

From: Clair Bell, Cabinet Member for Adult Social Care and Health and Public Health and Chairman of the Kent Health and Wellbeing Board

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To: Kent Health and Wellbeing Board – 16th September 2021

Subject: Proposal to Review and Reconfigure Kent Health and Wellbeing Board

Classification: Unrestricted

Summary:

This paper sets out the implications of the Health and Social Care Bill 2021 on Health and Wellbeing Board arrangements and seeks approval for the Kent Health and Wellbeing Board

- a) To review its current operating arrangements and terms of reference including membership and frequency of meetings in response to these requirements.
- b) To agree that the Kent and Medway Joint Health and Wellbeing Board transitions into the Integrated Care Partnership Board as of 1st April 2022

1. Introduction

- 1.1 Major changes are taking place in the way health and care is organised in England as the emphasis of national policy continues to shift towards preventing illness and promoting collaboration within local health and care systems. Integrated Care Partnerships, of which Kent and Medway is one, are being established in all areas of the country to drive changes that are intended to lead to better, more joined-up care for people and improvements in the health of the population.
- 1.2 The Health and Social Care Bill was published on July 5th, 2021, setting out the upper tier structures and functions of an Integrated Care Partnership and introduces new language to describe the emerging organisation and governance of the system, which may still be subject to change as the Bill passes through Parliament:
 - a) The Integrated Care System will be known as the Integrated Care Partnership.
 - b) There is a requirement for a new strategic partnership forum to be established called, in this document the Integrated Care Partnership Board. This is the collective meeting of all local partners including NHS organisations, local authorities, and other key stakeholders.

- c) Requirement for CCGs to be dissolved and the establishment of an Integrated Care Board (ICB) as the statutory NHS organisation from 1 April 2022. Its remit is to plan and commission health services in an area and fulfil any further responsibilities delegated by NHS England.
- 1.3 As well as confirming in law the structural arrangements that have been developing since 2016, with the establishment of Sustainability and Transformation Partnerships, the Bill sets out the four core purposes of an Integrated Care Partnership which are:
- Improving outcomes (population health and care)
 - Tackling inequalities in outcomes and access
 - Enhancing productivity and value for money
 - Supporting broader social economic development
- 1.4 This purpose of this paper is to set out the implications of the structural and governance changes proposed in the Bill on Health and Wellbeing Board arrangements. It describes how the requirement to develop an Integrated Care Partnership Board will duplicate the role and purpose of the Kent and Medway Joint Health and Wellbeing Board. The paper suggests that the work of the Joint Board will be continued through the Integrated Care Partnership Board and that the Joint Board has served its purpose.
- 1.5 Changes to the Kent and Medway Joint Health and Wellbeing Board will impact on Kent's Health and Wellbeing Board arrangements. Local Health and Wellbeing Boards have an important role to play in the emerging Integrated Care Partnership arrangements. This paper therefore also seeks approval for the Kent Health and Wellbeing Board to review its current terms of reference including membership, and frequency of meetings in response to these requirements.

2. Background

- 2.1 The Kent and Medway Joint Health and Wellbeing Board was established in 2018. It was constituted as an Advisory Sub Board of both Kent and Medway's Health and Wellbeing Boards as provided for in the Health and Social Care Act 2012. Its purpose has been to secure a collaborative approach between the Kent and Medway Health and Wellbeing Boards as the health and care system developed as a single partnership across the County.
- 2.2 In the three years it has been operating the Joint Health and Wellbeing Board has provided a strong democratic voice in the discussions of the future design and delivery of health and social care services. Most recently the Board has been focussing on population health and health inequalities and the impact of Covid-19 on the health and wellbeing of the population, suggesting an overlap with the core purposes of the Integrated Care Partnership.
- 2.3 When the Kent and Medway Joint Health and Wellbeing Board was established The Kent Board decided to reduce its meetings to once a year, or as required, to fulfil any statutory requirements. This was to focus resources

on the Joint Board and the opportunities and benefits of wider partnership working as one system. Therefore, the Kent Board has only met three times in the past three years. During those three years there has been significant changes in the structure and personnel of the NHS leaving the current membership of the Kent Health and Wellbeing Board out of date and based on old CCG structures

- 2.4 There have also been changes in the intervening 3 years with internal KCC structures and governance arrangements, for example the 0-25 Health and Wellbeing Board has developed into an Integrated Children's Delivery Board and a number of joint system wide boards have emerged, such as the learning disability and autism improvement board and the mental health alliance. Alongside this the four place based partnerships, (formerly known as 4 Integrated Care Partnerships) across Kent and Medway are in place, but it is unclear whether or how they will relate to the Health and Wellbeing Board.

3. National and Local Changes that will Impact on Health and Wellbeing Boards

- 3.1 An Integrated Care Partnership Board is described as the collective of all local partners including NHS organisations, local authorities, and other key stakeholders. It will be responsible for agreeing an integrated care strategy for improving health and well-being across the totality of the population it serves, built from local assessments of needs and focusing on reducing inequalities and addressing the consequences of the pandemic for communities.
- 3.2 The Partnership will be established in the form of a Board. Its terms of reference will be determined locally and any decision making responsibilities (if any) outside of developing the integrated care strategy will be delegated by partner organisations. The recently released NHS design framework describes the Integrated Care Partnership Board component membership and states that it should include local authority and Integrated Care Board NHS representation plus representatives as agreed from health and wellbeing boards; other statutory organisations such as Districts; voluntary, community and social enterprise (VCSE) sector partners; social care providers; and organisations with a relevant wider interest such as employers, housing and education providers. The membership may change as the priorities of the partnership evolve.
- 3.3 As can be seen there is significant similarity between the proposed remit of the Integrated Care Partnership Board and the Kent and Medway Joint Health and Wellbeing Board. It is suggested that to maintain both will lead to considerable overlap and duplication of role and purpose. The core membership of both will be the same, as are the stated purposes- to support integration, population health management and address Health Inequalities. Therefore, to rationalise our governance across the Partnership it is proposed that the Kent and Medway Joint Health and Wellbeing Board transitions into the Integrated Care Partnership Board as of 1st April 2022.

4. Context for Proposed Review of Kent Health and Wellbeing Board

- 4.1 Changes to the Kent and Medway Joint Health and Wellbeing Board will require a refocus on the role, purpose and membership of the Kent Health and Wellbeing Board which has been in abatement since 2018. This is necessary to ensure that the statutory duties relating to the Health and Wellbeing Board are discharged.
- 4.2 Members will recall the Health and Wellbeing Board Statutory functions:
1. Ensuring production of:
 - a. Joint Strategic Needs Assessment.
 - b. Local Joint Health and Wellbeing Strategy.
 - c. Pharmaceutical Needs Assessment.
 2. Reviewing commissioning plans in light of Local Joint Health and Wellbeing strategy.
 3. Promotion of integrated working.
- 4.3 Health and Wellbeing Boards also have a role in the new system wide arrangements. The Integrated Care Boards that will replace the Clinical Commissioning Groups have been given duties to relate to the Health and Wellbeing Board. It will be important for the Partnership to create a golden thread that runs between all the required strategies and plans to create a coherent picture for residents and staff. The Partnership needs to be clear about the expectations on the System as a whole to improve the health and wellbeing of the population and how each organisation will contribute individually to achieving those priorities. The Kent Health and Wellbeing Board will play a significant role in shaping these plans. It is worth describing the strategies and plans from across the System that the Kent Health and Wellbeing Board must be consulted on:
- **A joint local health and wellbeing strategy** setting out how the assessed needs in relation to the responsible local authority's area are to be met by the partners. Note there will be 2 Health and Wellbeing Board strategies that the Integrated Care Partnership will need to have regard to- one for Medway Council and one for KCC. KCC's strategy needs updating but it is recommended that the new strategy is based on the Health Inequalities Action plan currently in development.
 - **Integrated Care Strategy**- An Integrated Care Partnership Board must prepare a strategy (an "integrated care strategy") setting out how the assessed health and care needs in relation to its area are to be met by the partners.
 - **5 Year Forward plan with annual review** -Integrated Care Board Joint 5 year forward plan with annual review (will be statutory, must set out how it relates to the Health and Wellbeing Strategy and must share and consult with Health and Wellbeing Board.

- **Annual Report:** An integrated care board must, in each financial year, prepare an annual report on how it has discharged its functions in the previous financial year and in undertaking its review must consult each relevant Health and Wellbeing Board.
 - **Annual Performance Assessment:** NHS England must conduct a performance assessment of each integrated care board in respect of each financial year. In conducting a performance assessment, NHS England must consult each relevant Health and Wellbeing Board as to its views on any steps that the board has taken to implement any joint local health and wellbeing strategy to which the board was required to have regard.
 - **Joint capital resource use plan** for integrated care board and its partners (Health and Wellbeing Board Must have a copy).
 - **Local Plans in development:**
 - System Wide Health Inequalities action plan (local priority in development as part of the work of the Kent and Medway Joint Health and Wellbeing Board)
 - KCC ASCH Strategy (local- in development)
 - System Wide Learning Disability and Autism Strategy.
- 4.4 Given this proposed programme of work and to discharge its functions within the current national and local policy context it is recommended that the Kent Board is reinstated to at least 4 meetings per year and is reviewed to ensure its terms of reference and membership are fit for purpose.
- 4.5 Current Statutory Membership stands as follows and would need updating as at the time of establishment there were eight CCGs across Kent. Now there will be one Integrated Care Partnership, one Integrated Care Board and four local place based commissioning areas. At present, the Kent Board allows Chairs and Accountable Officers of CCGs to be Members. It also has three Cabinet Members alongside the Leader and has three Borough/District representatives. Statutory members are listed below, other members are at local discretion.
- Leader of the Council or their representative.
 - Director of adult social services.
 - Director of children's services.
 - Director of public health.
 - Local Healthwatch representative.
 - Representative of each relevant clinical commissioning group.
- 4.6 There is still some uncertainty and lack of clarity as the Integrated Care Partnership Board emerges. Therefore, any review of the Kent Health and Wellbeing Board will need to consider the following:

- Its relationship to the Integrated Care Partnership and requirements set out in the Bill. More guidance will be forthcoming through the Winter.
- Membership.
- Scope.
- The relationship with organisations currently not on the Board, notably NHS providers and representatives from the place based partnerships. (Formerly Integrated Care Partnerships)
- Resourcing/support for the Board including performance overview and policy support.
- Internal changes within KCC-particularly ensuring children and young people 0-25 agendas return to the Board's work programme.
- Not straying into scrutiny function (HOSC exists for this task and is a statutory Board of KCC).

5. Financial, legal and risk management implications

- 5.1 There will be a cost and resource allocation associated with re-establishing the Kent Health and Wellbeing Board in terms of administrative, performance and policy support. The Board itself will not have a budget.
- 5.2 There are no risks arising from the proposal.

6. Recommendations

- 6.1 The Health and Wellbeing Board is asked to agree:
- a) That the Kent Health and Wellbeing Board is subject to a review of its terms of reference and membership, taking into account the requirements of the Health and Social Care Bill 2021 and its future relationship to the emerging Integrated Care Partnership
 - b) That the Kent and Medway Joint Health and Wellbeing Board transitions into the Integrated Care Partnership Board as of 1st April 2022.

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