

**West Kent Health and Wellbeing Board Meeting**  
**20 February 2018, 16.00 - 18.00**  
**Venue: Tonbridge & Malling Borough Council Offices, Gibson Drive,**  
**Kings Hill, West Malling, ME19 4LZ**

**A G E N D A**

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| <b>1.</b><br><b>4.00pm</b> | <b>Welcome and Introductions</b><br>Apologies and Substitutes   | Chair   |
| <b>2.</b>                  | <b>Declaration of Disclosable Pecuniary Interests</b>   | All   |
| <b>3.</b>                  | <b>Minutes of the Previous Meeting – 17 October 2017</b>  | Chair   |
| <b>4.</b>                  | <b>Matters Arising</b>  | Chair   |
| <b>5.</b><br><b>4.10pm</b> | <b>Task &amp; Finish Group Updates</b><br>- Healthy Weight<br><br>- Self-Care                                 | Jane Heely,<br>Dr Andrew<br>Roxburgh<br>Dr Tony Jones |
| <b>6.</b><br><b>4.30</b>   | <b>Kent Health and Wellbeing Board Feedback</b><br>Future direction of the Kent HWB                           | Cllr Roger<br>Gough                                   |
| <b>7.</b><br><b>4.40pm</b> | <b>Development of new Strategic Partnership bodies for West Kent</b><br>Future direction of the West Kent HWB | Chair<br>Adam<br>Wickings                             |
| <b>8.</b><br><b>5.50pm</b> | <b>Any Other Business</b>   |   |
| <b>9.</b>                  | <b><u>Date Of Next Meeting</u></b><br>To Be Agreed  |   |

For any matters relating to the West Kent Health & Wellbeing Board, please contact:

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**Draft Minutes of West Kent Health and Wellbeing Board Meeting  
17 October 2017 16.00 -18.00  
Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill,  
West Malling, Kent, ME19 4LZ**

**PRESENT:**

|                    |  |
|--------------------|--|
| Dr Bob Bowes       | Chair, NHS West Kent Clinical Commissioning Group Governing Body (NHS WK CCG)  |
| Alison Broom       | Chief Executive, Maidstone Borough Council (MBC)                               |
| Dr Tony Jones      | GP Governing Body Member, NHS WK CCG   |
| Dr Andrew Roxburgh | GP Governing Body Member, NHS WK CCG   |
| Penny Graham       | Healthwatch Kent   |
| Cllr Fay Gooch     | Deputy Council Leader, MBC   |
| Dr Caroline Jessel | Lead for Clinical Outcomes & Transformation, NHS England                       |
| Jane Heeley        | Chief Environmental Health Officer, Tonbridge & Malling Borough Council (TMBC) |
| Hayley Brooks      | Head of Housing & Health, Sevenoaks District Council (SDC)                     |
| Cllr Pat Bosley    | SDC  |

**IN ATTENDANCE:**

|                         |   |
|-------------------------|---|
| Yvonne Wilson (Minutes) | Health & Wellbeing Partnerships Officer, NHS WK CCG   |
| Claire Griffiths        | Head of Communities, West Kent Housing Association  |
| Claire McAfee           | Team Leader, TMBC   |
| Dave Holman             | Commissioning Lead, Mental Health, Children & Maternity, NHS WK CCG   |
| Natalie Manuel          | Maternity Pioneer Project Officer, NHS WK CCG   |
| Hema Birdi              | Early Help District Manager, LCPG Co-Chair, Maidstone   |
| Paula Wilkins           | Chief Nurse, NHS WK CCG   |
| Rachel Parris           | Frailty and Medical Commissioning Programme Lead NHS WK CCG   |
| Amanda Kenney           | Commissioning Project Manager, NHS Swale and NHS Dartford, Gravesham and Swanley Clinical Commissioning Groups  |
| Becky Collins           | Quality Team Adviser, NHS WK CCG  |
| Liz Holness             | Senior Practitioner Occupational Therapist, Adult Social Care & Health Directorate, Adult Community Team, Kent County Council (KCC)                     |
| Richard Stanford-Beale  | Project Manager, KFRS   |
| Dr Lemma Yilma          | Locality Clinical Manager (Children and Young People), Tonbridge and Malling, Tunbridge Wells and Sevenoaks, Kent Community Health NHS Foundation Trust |
| CLIC GP Trainee         |   |

## Agenda Item 3

CLIC GP Trainee  
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| <p>1.</p> <p>1.1</p> <p>1.2</p> <p>1.3</p>                               | <p><b>Welcome and Introductions</b></p> <p>Dr Bob Bowes welcomed all present to the meeting, in particular those attending the Board to participate in the discussions on the Children's Services Integration and Falls Prevention Update.</p> <p>Dr Bowes Bob extended special thanks to Dr Caroline Jessell for her contributions to the work of the Health &amp; Wellbeing Board and wished Dr Jessell well as she was retiring from her post at NHS England at the end of October.</p> <p>Apologies were received from Cllr Roger Gough – for lateness, Reg Middleton, Sanjay Singh, Cllr Lynne Weatherly, Penny Southern, Lesley Bowles (Hayley Brooks attending as substitute), Julie Beilby, (Jane Heeley attending as substitute), Gail Arnold and Cllr Piers Montague,</p>  |                             |
| <p>2.</p>  | <p><b>Declaration of Disclosable Pecuniary Interests</b><br/>       There were none.</p>   |                             |
| <p>3.</p>  | <p><b>Minutes of the Previous Meeting – 15 August 2017</b><br/>       The minutes of the previous meeting were agreed as a true record.</p>  |                             |
| <p>4.</p> <p>4.1</p> <p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.1.4</p> | <p><b>Matters Arising</b></p> <p>Self Care/Social Prescribing</p> <p>Dr Bowes confirmed that he had met with Dr Tony Jones, Chair of the Self Care Group and GP representative on the WK CCG Governing body following the August Board Asset Mapping and Self Care Workshop events to give further consideration to how these agendas might be taken forward. The following issues were reflected upon:</p> <ul style="list-style-type: none"> <li>• Sign-posting to services and support alone would not be sufficient in ensuring local residents received the help they might benefit from – acknowledging that some individuals needed greater support to build own personal resources, address needs and access community assets;</li> <li>• There are a wide range of stakeholders across sectors offering sign-posting, with differing definitions of what signposting entailed o there is a need to look at overlaps/potential omissions; work was required to look at the Wellbeing Co-ordinators; Health &amp; Social Care Co-ordinators</li> <li>• As the new GP Clusters become the currency for how services are provided the approach to self-care/social prescribing needed to be better joined up – a puzzle rather</li> </ul> | <p>Self-Care Task Group</p> |

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| <p>4.1.5</p> <p>4.1.6</p> <p>4.1.7</p>                                  | <p>than a collection of its pieces.</p> <ul style="list-style-type: none"> <li>• The CCG will need to give greater consideration to the issues surrounding GP learning/development, Making Every Contact Count and its role when commissioning services.</li> </ul> <p>Alison Broom asked whether the CCG/health partners were aware of the potential opportunity to submit a bid to the Department of Health to support Social Prescribing and if so, would the CCG support such a bid.</p> <p>Dr Bowes confirmed that the CCG was aware of the opportunity.</p>  | <p>BB/TJ</p> |
| <p><b>5.</b></p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p> | <p><b>Kent Health &amp; Wellbeing Board Feedback</b></p> <p>The chair proposed that the Kent Health &amp; Wellbeing Board Feedback be delivered later on the agenda as Cllr Gough had not yet arrived at the meeting.</p> <p>Adam Wickings delivered a presentation on West Kent System Governance, which provided an overview of the new bodies established to support delivery of the ambitions of the Kent &amp; Medway STP. Mr Wickings expressed the view that the STP Delivery Board purpose was to make decisions and take actions which delivered change.</p> <p>Mr Wickings' presentation covered details of the newly established work streams/ways of working linked to the delivery of the Sustainability and Transformation Plan. Mr Wickings explained the current thinking in terms of the emerging health and social care landscape and outlined the definitions of the new organisational models and agencies involved.</p> <p>Mr Wickings invited Board members to consider the following questions:</p> <ul style="list-style-type: none"> <li>• How do the Improvement Board and HWB governance complement STP governance?</li> <li>• Where and how can we best deliver effective partnership work?</li> <li>• What partnerships do we need to ensure local care</li> <li>• That breaks down barriers within the NHS</li> <li>• That breaks down barriers between health and social care</li> <li>• That brings into local care the opportunities of the 3<sup>rd</sup> sector, of local communities, prevention, education, housing</li> <li>• How does the West Kent governance support the transition to the expected new NHS "end state" and "new models"?</li> </ul> <p>Comments in Discussion:</p> <ul style="list-style-type: none"> <li>- HWB deliberately structured in such a way so as not to mirror</li> </ul> |              |

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| <p>5.6</p>           | <p>the operation of the formal Kent Health &amp; Wellbeing Board – the workshop style approach felt to enable more depth/meaningful discussion between a broader range of stakeholders</p> <ul style="list-style-type: none"> <li>- New format HWB enables sharing of perspectives, exploration of issues, chance to feed in views and helpful networking and an increasing recognition that it may not be a body that takes decisions</li> <li>- HWB conversations are likely not to look solely at opportunities to standardise services; be focussed on delivering productivity/value for money, but may consider ways in which difference is positive, or conclude that work focused on delivering the changes in the health and care systems might benefit from a local/geographically focused approach</li> <li>- Careful consideration should be given to what should happen to the outcome of the HWB discussions so that important points of reflection can be fed into other parts of the system especially where there are difficult decisions to be taken or where the HWB is able to offer potentially simple solutions</li> <li>- How is the community voluntary sector and social enterprise voice considered?</li> <li>- Ensure there is careful reflection on the importance of economic, social and environmental aspects which are important for ensuring sustainability</li> </ul> <p><b>It was agreed</b> that a discussion to reflect on the issues in section 5.5 above be arranged between Adam Wickings and the HWB agenda-setting Task Group members.</p> | <p>BB, AW, Cllr LW, GS, Cllr RG, YW</p> |
| <p>6.</p> <p>6.1</p> | <p><b>Workshop Session</b></p> <p><b>Children's Services Commissioning &amp; Integration</b></p> <p>Dr Bowes formally introduced the agenda item by reminding the meeting that the Board had initially discussed the issue of the needs of children and young people at two Health &amp; Wellbeing Board meetings in October and December 2016 as part of the Board's efforts to understand what progress was being made to better align commissioning strategies that enabled the needs of children across West Kent to be met, and to consider whether the Board might offer its influence in helping identify priorities; important strategic issues which may not be being considered or where the Board could assist with resolving challenges. Dr Bowes explained that the Board was informed of a joint commissioning pilot initiative in the North Kent area and that there would be opportunities to reflect on lessons learned and potential benefits for extending the approach to West Kent. Officers from West Kent and Dartford Gravesham and Swanley CCG were invited to share their perspectives on the developments in the integration of commissioning children and young people</p>  |   |

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|       | related services.   |  |
| 6.1.1 | Dave Holman (Head of Mental Health, Children & Maternity Services, NHS West Kent CCG) introduced this item and explained that Karen Sharpe, the lead commissioning officer at Kent County Council was unable to join the meeting due to an unavoidable urgent matter. Mr Holman introduced Natalie Manuel (West Kent CCG Project Officer for the Maternity Pioneer) and Amanda Kenny, Dartford Gravesham and CCG.   |  |
| 6.1.2 | Mr Holman's presentation focused on providing an overview of key issues including levels of need; content of West Kent CCG's Children & Young People's Strategic Commissioning Plan (2016-2021) and its guiding principles; future arrangements for commissioning children's services and emerging proposals for ensuring effective links to the Sustainability and Transformation Plans (STP). Mr Holman highlighted the fact that children and young people had not featured explicitly in the STP to date but that work around transforming maternity services and addressing children and young people's mental wellbeing were driving the development of new models of care/support, integration of services and improving the alignment of acute and community pathways. Mrs Manuel briefly outlined work being led by West Kent and other CCGs which was informing national best practice in the delivery of choice and personalisation around the 'Better Births' agenda. |  |
| 6.1.3 | Mr Holman reported that there were plans for the STP Clinical Board to consider Mental Health, Cancer and Children's issues in the coming months and suggested that there was a strong commitment to work towards better integration evidenced by the decision at the recent Children's Summit, to use the Kent 0-25 Children's Health & Wellbeing Board as the vehicle for delivering maternity and children's service transformation. The Kent 0-25 Health & Wellbeing Board provides a cross-stakeholder link into the STP alongside arrangements for delivering care transformation; digital development; addressing workforce challenges and use of estate.  |  |
| 6.1.4 | Amanda Kenny, Commissioning Manager informed the Board of the cross sector work focusing on the needs of disabled children; children with special educational needs and identification of potential issues where efficiencies/ service improvements could be addressed. Ms Kenny gave some examples of challenges to be resolved that would support future joint working/integration also highlighted developments in relation to 'virtual' integrated team working governed by a Memorandum of Understanding across agencies.  |  |
| 6.1.5 | Ms Kenny advised the Board that the North Kent experience had confirmed the importance of key principles: <ul style="list-style-type: none"> <li>• the development of mutual understanding</li> <li>• good individual relationships between lead officers</li> </ul>  |  |

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| <p>6.1.7</p> | <ul style="list-style-type: none"> <li>• effective strategic leadership (joint posts between agencies helped ensure joined-up approaches and opportunities to explore potential for improving quality and financial savings )</li> </ul> <p>The following questions were identified for participants to reflect upon:</p> <ol style="list-style-type: none"> <li>i. Is the work on integrating children's services meeting the needs of children in West Kent?</li> <li>ii. Has the work which has been carried out highlighting pockets of need?</li> <li>iii. How might the Board engage with issues highlighted in the presentations and also alert those commissioning services to other problems and challenges which may not have been identified?</li> <li>iv. How will we know whether the changes being embarked upon, will make a difference, and what can partners involved in the Health &amp; Wellbeing Board bring to the agenda?</li> </ol>  |  |
| <p>6.1.8</p> | <p>Comments in discussion:</p> <ul style="list-style-type: none"> <li>• The journey for children and families 'in the system' should be made more holistic and less complex as families who have problems have a relatively easy path to resolve issues</li> <li>• Careful consideration should be given to addressing inequalities so that adequate support is given to those who find it difficult to access support and assistance</li> <li>• HWB acknowledged the value of the work described in the presentations but services are only part of the story – the Marmot Inquiry Report highlighted what makes healthy children thrive (exercise, diet, income, green spaces, play facilities) so strategies that promote a focus on prevention must underpin this work</li> <li>• Is the 0-25 HWB providing an effective strategic framework/direction for the partnerships with a responsibility to deliver good outcomes and change for children at a local level (Local Children's Partnership Group {LCPG})?</li> <li>• Concerns expressed that the LCPGs may not be equipped to lead the changes required to support the wellbeing of children and young people – issues include perceived poor/inconsistent engagement of stakeholders; lack of authority; data and information available to inform targeting of effort/resources</li> <li>• Whilst the 0-25 HWB is identified as the link with the LCPGs, is there also a link with the HWB where there is potential for joined up work around healthy weight and the ways that this issue affects children, families and adults</li> <li>• The HWB could provide a useful platform for considering the</li> </ul> |  |



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| <p>6.1.9</p> | <p>possibilities for intergenerational work which has the potential to support the development of community assets; community cohesion and the creation of civil society</p> <p><b>Suggested actions to address issues highlighted in the presentation and discussion were agreed:</b></p> <ul style="list-style-type: none"> <li>i. The Board will offer the issues contained in the appendix for other bodies such as the Improvement Board, the 0-25 Health &amp; Wellbeing Board to discuss and take appropriate steps to resolve the necessary matters:</li> <li>ii. Recommend to the Kent Health &amp; Wellbeing Board that a review be carried out of the effectiveness of the 0-25 Health &amp; Wellbeing Board's strategic capability, its relationship to the Local Children's Partnership Groups (LCPGs) and the issues which influence the operation of the LCPGs and any barriers to delivery of meaningful outcomes in response to strategic and operational requirements.</li> <li>iii. That the Health &amp; Wellbeing Board undertakes an assessment of its role (in light of the changes occurring across the health and social care system as a result of the wider public policy drivers), which is felt to now offer opportunities for wide ranging discussion with a broader range of stakeholders about important local issues and concerns, often with a prevention focus. It is acknowledged that the HWB provides a forum for sharing views, exploration of issues, opportunity to feed into strategic debates and for networking. Further consideration to be given to the extent to which the HWB is considered to be a decision-making body. See also related discussion and decisions at item 5.2 above.</li> </ul> | <p>BB, YW, AW<br/>ALL</p> |
| <p>6.2</p>   | <p><b>Feedback – Towards a Whole Systems Approach to Falls Prevention</b></p>   |                           |
| <p>6.2.1</p> | <p>Dr Bowes formally introduced the agenda item by reminding the meeting that the Board had initially discussed this issue at a special Workshop event in April in response to the fact that West Kent was an 'outlier' in relation to hip fractures and injuries due to falls. The April workshop had identified the need for a whole system approach to falls prevention. Dr Bowes had written to the Director of Public Health, the Acting Lead Public Health Consultant for Falls, the Commissioning leads in WK CCG and the Chief Officers responsible for Adult Social Care and Leisure at Kent County Council asking them to attend this meeting to report on how they had responded to the issues highlighted in the April Workshop.</p>  |                           |
| <p>6.2.2</p> | <p>Dr Bowes explained that the Acting Lead Consultant for Falls in Public Health had sent apologies. Dr Bowes welcomed Rachel Parris</p>  |                           |

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|  | <p>(WK CCG Frailty and Medical Commissioning Programme Lead) and Liz Holness, (Senior Practitioner Occupational Therapist in KCC's Adult Social Care &amp; Health Directorate) and invited both to offer presentations on behalf of the respective organisations.</p> <p>6.2.3 Ms Parris reported that the CCG had embarked on developing the case for change for a new Falls Pathway. The new model of care had been presented to the CCG's Governing body in July 2017 for approval to enable implementation of a new Falls Pathway. However, the Governing Body did not approve the case for change and the officers were asked to undertake further work and bring proposals for the new Pathway to a future meeting. Ms Parris reported that this work was ongoing.</p> <p>6.2.4 Ms Holness shared the KCC social care service perspectives on current provision which included:</p> <ul style="list-style-type: none"> <li>• Postural Stability Classes</li> <li>• Joint Working with partners</li> <li>• Training for staff</li> <li>• Health &amp; Safety and risk Planning</li> <li>• Falls Prevention Policy and Practice Guidance (for staff)</li> <li>• Falls Prevention Focus for Operational Team</li> <li>• Kent Enablement At Home inc goal setting for the service</li> <li>• Housing Needs Report</li> <li>• Telecare / Assistive Technology Provision</li> </ul> <p>6.2.5 Ms Holness reported on a number of service innovations which aimed to improve service quality and enhance user experience and satisfaction including new information sharing protocols/measures aimed at supporting carers in using hoists/lifting equipment. Ms Holness suggested there might be potential to explore the following initiatives with local stakeholders:</p> <ul style="list-style-type: none"> <li>- 'Man with a Van' type service with local councils?</li> <li>- 'Falls responder' service with OT input?</li> <li>- Additional Postural Stability Classes?</li> <li>- Health Promotion re the benefits of maintaining mobility and function with housing associations, local charitable organisations?</li> <li>- Develop a 'Falls Champion' role in social care teams – to raise awareness with colleagues and act as a link to signpost to local community services.</li> <li>- Use of further assistive technology e.g., telehealth, mobile phone apps?</li> </ul> <p>6.2.6 Comments &amp; Questions in discussion:</p> <ul style="list-style-type: none"> <li>• Is there a role for Falls Champions?</li> <li>• Is the input, partnerships between housing and health effective?</li> </ul> |  |
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| <p>6.2.7</p>                | <ul style="list-style-type: none"> <li>• Should a Falls Responder Service be established with Occupational Therapy service input and the Ambulance service?</li> <li>• Is there effective provision of Handyperson services?</li> <li>• Are there effective Strength &amp; Balance services – there is evidence that this type of service supports those most at risk, but no local models are in place across West Kent</li> <li>• Need a stronger focus on the need to keep people moving</li> <li>• Kent Fire &amp; Rescue Service Safe &amp; Well Visits reach West Kent residents and offers environmental, fire, falls, trips and slips advice that could also include support from 'trusted assessors' and mobilisation of minor adaptations – generally adds value for those at potential risk of falls</li> <li>• Need more careful consideration of the issues of falls within residential settings and potential for educational work with staff – how do the care home strategies in KCC and health assist?</li> </ul> <p><b>The following actions were agreed:</b></p> <ul style="list-style-type: none"> <li>• That agencies with a role to play in the prevention of falls be asked to consider the following issues and questions: <ul style="list-style-type: none"> <li>i. Whether the right people were being sign-posted to further support and if sign-posting activity is enhanced, is there sufficient capacity to address needs?</li> <li>ii. Ensure a strong preventative direction is being taken</li> <li>iii. Work towards integration of commissioning to prevent the operation of support and services into 'silos' and also remove the label of 'specialist' services so that other considerations such as nutrition, hydration and continence support is integral</li> <li>iv. That the CCG look at appropriate measures to support GPs in identifying patients who would benefit from referral to preventive services and support.</li> <li>v. Need more careful consideration of the issues of falls within residential settings and potential for educational work with staff (advice, training and support)</li> <li>vi. Review existing care home strategies across health and social care</li> <li>vii. Address fragmentation of the Falls Pathway/services</li> </ul> </li> </ul> | <p>NHS WK CCG<br/>BB, YW to review and agree best governance route to enable progression of relevant actions</p> |
| <p><b>7.</b></p> <p>7.1</p> | <p><b>Any Other Business – Future Agenda Items</b></p> <p>It was resolved that the Board will consider the following issues at future meetings:</p> <ul style="list-style-type: none"> <li>• Outcomes Based Accountability /Commissioning for Outcomes</li> <li>• West Kent HWB review of work.</li> </ul>   | <p>BB, YW</p>  |

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| 8. | <p><b>Date of Next Meeting</b><br/> <b>Tuesday 19 December 2017, Tonbridge &amp; Malling Borough Council Offices, Gibson Drive, Kings Hill, West Malling, ME19 4LZ</b></p>   | All |
| 9. | <p><b><u>West Kent Health &amp; Wellbeing Board Meetings 2017 - 2018:</u></b></p> <ul style="list-style-type: none"> <li>• <b>20 February 2018</b></li> <li>• <b>17 April 2018</b></li> </ul>  | All |
|    | <p>For any matters relating to the West Kent Health &amp; Wellbeing Board, please contact:<br/> Yvonne Wilson, Health &amp; Wellbeing Partnerships Officer<br/> NHS West Kent CCG<br/> Email: <a href="mailto:yvonne.wilson10@nhs.net">yvonne.wilson10@nhs.net</a></p> |     |

**West Kent**  
**Clinical Commissioning Group**  
West Kent Health and  
Wellbeing Board  
Establishing a West Kent  
Health & Wellbeing Senate

20 February 2018

Patient focused,  
providing quality,  
improving outcomes

# Agenda Item 7

## 1. Introduction

- 1.1 At a national level, health and care economies across England are being encouraged to become Integrated Care Systems (ICSs) as the next step in supporting the delivery and implementation of Sustainability and Transformation Plans (STPs). The basic idea behind integrated care is that different organisations from the health and care system work together to improve the health of their local population by integrating services and tackling the causes of ill health.
- 1.2 It marks a new approach that relies on collaboration between the different organisations delivering care – such as hospitals, GPs, community services, mental health services and social care – and the organisations paying for it – including clinical commissioning groups (CCGs) and local authorities. The emphasis is on places, populations and systems rather than organisations. If successful, integrated care will accelerate the implementation of new care models which aim to integrate care and promote population health.
- 1.3 The purpose of this paper is for discussion at the West Kent Health and Wellbeing Board (WK HWB) to support Board members in deciding on its future direction. The Board is invited to give consideration to:
  - Dis-band the existing HWB
  - Establish a brand new partnership body led by the local councils
  - Structure the new arrangements in such a way as to support the transition to the expected new models of care and to complement STP governance by delivering opportunities for improved engagement with the community, voluntary and social enterprise sector, local communities, education, housing and a stronger prevention focus
  - Establish strong collaborative working relationship to the West Kent Improvement Board/emerging Integrated Care System to inform and influence its approach to addressing the causes of ill health, promoting the wellbeing of local communities and maximising value from available resources in the delivery of more integrated health and care services
  - Consider what opportunities exist/should be created to engage existing partnerships and wider community interest groups

## 2 Background

- 2.1 The Kent Health and Wellbeing Board was established following the enactment of the Health and Social Care Act 2012 and from 1 April 2013 it became a committee of Kent County Council. The intention was to provide an effective body where commissioners, patient representatives and elected officials could have a collective overview of the health system in Kent, align areas of work, and share commissioning plans and good practice.
- 2.2 Kent HWB has been supported in its work by a series of sub committees referred to as CCG level Health and Wellbeing Boards. It was intended that the local Boards would lead and advise on the development of integrated commissioning strategies and plans at the local

CCG level to ensure a local focus on health and wellbeing, including a clear interest and emphasis on prevention, and enabling effective local engagement and monitoring of local outcomes. While it has been recognised that the HWBs have delivered work at a local level, it is acknowledged that they have struggled to achieve clarity on their scope, purpose and direction.

- 2.3 The Kent HWB has proposed to establish a joint committee with Medway Council for the purpose of providing a mechanism for oversight of and engagement in the Sustainability and Transformation Partnership activity relating to areas of common interest, particularly strategic commissioning, prevention and local care work streams.
- 2.4 Following the in-principle agreement to develop a joint HWB with Medway Council, the Kent HWB has explained that the future of the existing local Health and Wellbeing Boards are matters for each individual HWB to determine. As a result, the West Kent HWB has recognised the need for a re-fresh to strengthen opportunities for partnership working and collaboration that contributes to the implementation and co-ordination of effective prevention and wellbeing interventions.

### **3 Overview of Partnership activity led by West Kent HWB**

- 3.1 West Kent HWB held a development event in February 2017 and acknowledged that it had played a positive role in helping develop a better understanding of partnerships, an appreciation of different organisational perspectives and has been a useful forum to share information and focus on the determinants of health and wellbeing. However, it was felt that practical progress and quantifiable outcomes had been slow as the HWB faced a variety of challenges.
- 3.2 In February 2017, the HWB made radical changes to the way it operates and moved away from a committee style approach in favour of a series of workshop sessions which enabled the Board to secure participation from a broader spectrum of stakeholders, improve engagement of County, District and Borough Councillor representatives and focus on short term priorities given the state of 'organisational flux'.

### **4. Proposal: Establishing a West Kent Health & Wellbeing Partnership Forum/Senate**

- 4.1 HWB members are asked to consider and approve the radical re-fresh of the Board to provide a new Partnership Forum/Senate led by elected members representing Kent County Council (KCC) and the four district and borough councils across West Kent. The purpose of the Board will be to provide political input into the identification and delivery of partnership activities which contributes to the improvement of the health and well-being outcomes for local communities.
- 4.2 The Partnership Forum/Senate will focus on delivering opportunities for improved collaboration between health, local authorities and the community voluntary sector to strengthen the effectiveness of integrated services and support.

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- 4.3 The HWB Forum/Senate will develop a dynamic working relationship with the Improvement Board, making recommendations for action and feeding up priority local issues requiring consideration and collective action on behalf of Improvement Board members. In turn, the Improvement Board will from time to time identify issues which require responses which only councils and community sector interests meeting as the proposed Forum/Senate can mobilise.
  - 4.4 Regular two-way communication flows will take place and include consideration of the strategic and operational work plans of the Improvement Board and its relationship to emerging local issues as identified by the Partnership Forum/Senate.
  - 4.5 The Partnership Forum/Senate will champion a strong prevention focus as well giving a commitment to explore opportunities for mutual aid on high level strategic, policy and operational matters which impact the wellbeing of local communities.
  - 4.6 Draft Terms of Reference are attached at Appendix A for discussion and agreement.

## 5 Recommendations:

- 5.1 The Board is asked to:
  - a) Agree to the creation of a West Kent Health & Wellbeing Partnership Forum/Senate.
  - b) Agree that the West Kent Health & Wellbeing Senate should focus on being a vehicle for agreeing shared priorities and action for delivering the prevention and service integration agenda for West Kent where joint action would be beneficial and where the influence of the Improvement Board is required to ensure outcomes which positively impact the health and wellbeing of West Kent residents.
  - c) Delegate to the Chairman responsibility for agreeing Terms of Reference for the West Kent Health and Wellbeing Partnership Forum/Senate with the five lead Council Members representing KCC and West Kent local authorities.

### Report Author

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### Background Papers

<https://www.kingsfund.org.uk/publications/accountable-care-explained> - Accessed 2/2/18

Report Health & Wellbeing Board Development Event 21 February 2017

<https://democracy.kent.gov.uk/documents/s78682/Item%205%20HWBB%20review%20%20finalpdf> accessed 9/2/18

<https://democracy.kent.gov.uk/documents/s80927/item%206%20HWBB%20joint%20Board%20discussion%20paperFINAL14-17.pdf> accessed 9/2/18



## West Kent Health & Wellbeing Partnership Forum/Senate

### Draft Terms of Reference 2017-18

#### Vision

The vision of the West Kent Health and Wellbeing Partnership Forum/Senate is to complement the work of the West Kent Improvement Board by co-ordinating and developing partnership interventions with Kent County Council (KCC), local councils, community, voluntary and social enterprise sector which addresses the causes of ill health tackles health inequalities and improve health outcomes for West Kent communities.

#### 1. Purpose and Aims

- 1.1 To assist the Improvement Board by seeking out opportunities for co-ordinating the efforts of KCC and the four borough and district councils which contribute to improving the health and wellbeing of local communities.
- 1.2 To contribute to the agendas and work programme of the Improvement Board, by providing a community perspective on agreed change programmes.
- 1.3 To assist the Improvement Board to effectively engage with local elected members, community voluntary sector organisations and local communities by representing, advocating and amplifying the voice of local communities and their issues and concerns.
- 1.4 To support the work of the Improvement Board by sharing evidence of sustainable solutions to mitigate and prevent inequalities impacting on the health and wellbeing of communities.
- 1.5 To support the efforts of the Improvement Board to achieve better health and wellbeing outcomes by co-ordinating actions which address local economic and social costs associated with health inequalities.
- 1.6 To encourage and assist the Improvement Board to take a wider holistic view of the health and wellbeing needs of local communities and contribute by building resilience in neighbourhoods and localities.
- 1.7 To work with the Improvement Board to promote a culture of partnerships, collaboration and co-production in the development of a clear, unifying vision for services and support that enables people to take more responsibility for their own health and wellbeing.
- 1.8 The HWB Forum/Senate will develop a dynamic working relationship with the Improvement Board, making recommendations for action and feeding up priority local issues requiring consideration and collective action on behalf of Improvement Board members. In turn, the Improvement Board will from time to time identify issues which require responses which only councils and community sector interests can mobilise.

#### 2. What it does not include

- 2.1 Contractual discussions
- 2.2 Resolution of bipartite disagreements

## Agenda Item 7

### 3. Membership

3.1 The core membership of the Health and Wellbeing Partnership Forum/Senate shall be maintained small enough in number so as to enable effective partnership work. Other partners, interest groups and networks may be invited to meetings and special events as agreed from time to time.

3.2 The membership of the Senate shall consist of:

- a) West Kent Clinical Commissioning Group (CCG) Clinical Chair (Chair)
- b) Sevenoaks District Council: Health Lead Member
- c) Tonbridge and Malling Borough Council: Health Lead Member
- d) Maidstone Borough Council: Health Lead Member
- e) Tunbridge Wells Borough Council: Health Lead Member
- f) County Council: Health Lead Member

### 4. Decision Making and Quoracy

4.1 A quorum will only be considered to exist if the following minimum numbers of the members (or nominated representatives) are present: no business shall be transacted unless the following are present:

- a) One West Kent CCG Clinical Chair (or nominated deputy)
- b) Five Local Authority member representatives

4.2 The Chair will work to establish unanimity as the basis for decisions of the committee.

## Good Governance

### 1. Confidentiality

1.1 All Health and Wellbeing Partnership Forum/Senate members have a duty of confidentiality regarding all information disclosed, shared and discussed between and during meetings. There will be occasions when selected information must not be disclosed outside the Health and Wellbeing Partnership Forum/Senate. The person disclosing such information to the Partnership Forum/Senate is responsible for identifying it as confidential at the time it is given, and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information given to the Health and Wellbeing Partnership Forum/Senate will be referred to the Chair, whose decision on the matter will be final.

### 2. Conflicts of Interest

2.1 A conflict of interest is where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. These can be defined as follows:

- a) A direct pecuniary interest is when an individual may financially benefit from a decision (for example moving services to them from an alternative provider)
- b) An indirect pecuniary interest is when an individual may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision)
- c) A direct non-pecuniary interest is where an individual holds a non-remunerative or not-for profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract)
- d) An indirect non-pecuniary interest is when an individual may enjoy a qualitative benefit from the consequence of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house)
- e) In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will constitute a conflict of interest.

2.2 The Partnership Forum/Senate must, at all times, follow the Conflicts of Interest Policy that applies to NHS Kent Surrey and Sussex. This includes the maintenance of a register of interests for all members. Interests must be declared at the beginning of every meeting. Where an interest is declared, that member (voting or non-voting) is then disqualified from taking any further part, or in any way influencing via proxy or otherwise, discussion and voting on that matter, subject to that matter or individual not falling within the Secretary of State's waiver.

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