

Developing joint health and wellbeing board arrangements:

Kent and Medway Joint Health and Wellbeing Board

Summary

- A formal joint health and wellbeing board (HWB) established as an advisory sub-committee to Kent HWB and Medway HWB to be coterminous with the sustainability and transformation partnership (STP) footprint.
- A focus on prevention and deep dives into topics such as smoking, obesity and carers.
- Developing a system-wide performance dashboard.

Overview

Kent County Council covers a large county on the south east coast of England with 12 district councils and a population of around 1,554,600. Medway Council is a unitary council with a population of around 277,616 within the geographical boundary of the county. Kent and Medway sustainability and transformation partnership (STP) is coterminous with the county. It has eight CCGs which share a single accountable officer and are working to establish a strategic commissioner across the STP.

Kent and Medway councils are embedded in the work of the STP. Councillors and senior officers from both councils are members of the Programme Board; the Kent Council Leader is chair of the Local Care Implementation Group and the Director of Adult Social Care and Health Partnerships for Kent is chair of the Local Workforce Action Board. The STP prevention workstream co-ordinates STP related prevention activity and reports to the two directors of public health for Kent and Medway.

Kent has an integration vanguard – Encompass multi-speciality community provider (MCP) – which is based around a federation of around 16 GP practices in Canterbury and Coastal CCG. The MCP has five health and social care hubs – multi-disciplinary teams of GPs, social care, geriatricians, social prescribers, pharmacists, community nurses and health trainers. A model of hubs and multi-disciplinary teams will be scaled-up across Kent and Medway. The STP will develop into an integrated care system (ICS) and is exploring the development of two integrated care partnerships (ICP).

Councillor perspective

Kent and Medway joint HWB has now met several times, and we are finding the benefits of working together across the STP footprint. We have shared information about what is working

well in each area, so we can learn from each other. Our deep dives have identified health issues where we can better share data and approaches to make a difference together – such as stop smoking, obesity, reducing alcohol related harm and increasing physical activity.

We have also gained a better understanding of patient pathways and risk factors, and what drives increases in hospital attendance across the system. We will be able to collectively streamline processes in local care. Relationships in Kent and Medway are good, and meeting in the board means that we have got to know each other better. Even if we have differing views on issues, our relationships remain positive.

Certain principles were crucial to Medway when we agreed to set up a joint board – parity with Kent in terms of membership of the board, attendance by officers etc, and making sure that the agenda is focused on the system-wide issues relating to the STP. As well as the Joint HWB, we are maintaining regular meetings of Medway HWB to continue to tackle our local health and wellbeing challenges.

Councillor David Brake, Portfolio Holder Adult Services, Medway Council; Chair Kent and Medway Joint HWB 2018-19

Establishing the joint health and wellbeing board

The experience of working together in the STP encouraged Kent and Medway to have informal discussions about the potential benefits of setting up a joint HWB, and this led to agreement in principle to support a joint board. The STP is seeking to operate as a single health and care economy and partners identified many advantages in working together across the system. In summary these are:

- better solutions – system leaders could use combined expertise to tackle shared issues together rather than separately
- more efficient – issues could be considered in one forum rather than several
- democratic – a joint board would provide a strong democratic voice into STP planning.

Parallel discussion papers were submitted to the separate HWBs setting out the case for a joint board and recommending that the chairs of the HWBs should form terms of reference. After this was agreed, a paper was submitted to each HWB in March 2018 and formal approval was given to set up a joint board for a period of two years from 1 April 2018.

Kent and Medway joint HWB was established under Section 198 of the Health and Social Care Act 2012 as an advisory joint sub-committee of Kent HWB and Medway HWB. The joint board was seen as a new and untested arrangement, so it was established as an advisory sub-committee to the separate boards, rather than taking the option of delegating some or all their functions.

The HWBs wanted collective leadership for system-wide issues, but also wanted to carry on operating their statutory functions as individual boards to consider local priorities. Kent HWB has decided to have one meeting per year; Medway HWB will meet quarterly. This will enable the HWBs to discharge their other statutory duties that do not form part of the terms of reference for the joint board because they are not directly related to the work of the STP i.e. the production of a joint strategic needs assessment (JSNA), joint health and wellbeing strategy (JHWS) and pharmaceutical needs assessment.

The joint board meets quarterly. Its chair and administrative support are rotated annually between Medway and Kent. Between boards, an agenda-setting meeting takes place to ensure that the subsequent meeting is tightly focused on key priorities.

Membership of the board largely reflects a combination of the members of the individual HWBs, with parity between Kent and Medway. Voting members include the leader and up to three councillors from each council, the directors of adult social services, children's services and public health of each council, a local Healthwatch representative from each council area, and representation from the eight CCGs and the CCG accountable officer/STP chief executive.

Non-voting members include two Kent district councillors to represent the important health and wellbeing role undertaken by district councils, the Police and Crime Commissioner, and a representative of the Local Medical Council. Further members from emerging structures will be included when appropriate.

Work programme 2018-19

The board's agenda concerns the work of the STP and the issues that stem from this, in particular:

- a focus on adult social care and health integration (local care) and on prevention
- alignment of JSNAs and developing population health
- helping to shape the proposal for a system-wide strategic commissioner
- considering options for the local authorities in the development of the ICS and ICPs.

Overall, the board aims to develop a consensus about cost-effective health and care integration in an open and transparent way. It is also committed to taking joint action to tackle system-wide health challenges and health inequalities to improve health and wellbeing outcomes for local people. Members of the HWB have emphasised the importance of embedding prevention across all the STP workstreams.

As part of its work programme the joint HWB has started to undertake "deep dives" into key issues in prevention to identify opportunities to make a greater impact across the system by addressing the wider determinants of health, taking a broader perspective than STP prevention work. The board is keen to see data at a lower super output level and how this relates to health inequalities and also wants information about lessons learned from interventions undertaken so far, and about costs effectiveness. Areas considered so far or planned are smoking, obesity, alcohol, physical activity and NHS Health Check.

The Joint Committee has considered the implications of the CQC's [Beyond Barriers](#) report on system-wide reviews of integration. The board also queried the business case of elements of the Local Care Model to identify whether reductions in services based on forecasts of the impact of preventative services were sound. Future deep dives relating to local care include carers and the role of the voluntary sector.

The deep dives will be used to shape a whole-system performance framework with a set of measurable outcomes for prevention and local care aligned with other STP workstreams.

Councillor perspective

Kent County Council is committed to working closely with Kent and Medway STP to develop seamless health and care services, make a shift to prevention and ensure that together we make best use of resources. The Leader of Kent is the Chair of the Local Care Board and other councillors and officers are engaged in the STP workstreams.

As the chair of the Kent HWB and a member of the STP Programme Board, it became clear to me that a joint health and wellbeing board, which could consider the many issues that crossed both Kent and Medway, was the way forward. Discussions took place with the CCG and NHS providers about how current HWB structures were working and there was unanimous support for a forum aligned with the work of the STP which could progress developments relating to local care and prevention. It was agreed with Medway that the governance and chair would alternate on an annual basis.

Streamlining governance processes is important for effective joint working, as in the case of the emerging strategic commissioner, bringing together the eight CCGs in Kent and Medway. Also, working together in joint forums, such as the STP and joint HWB has led to improved relationships, particularly greater openness and honesty, between partners.

There is a huge amount of work still to do to implement integrated health and care. We also need to raise the profile of prevention to realise its potential for achieving long term savings. This will be the focus of the joint HWB in the coming year.

**Peter Oakford, Deputy Leader and Cabinet Member for Finance and Traded Services,
Vice Chair Kent and Medway Joint HWB 2018-19**

Challenges and benefits of a formal joint HWB

The joint board was able to start operating at a high level very quickly because members were familiar with the key issues in the STP programme. However, members were less familiar with the details of what was happening in public health, health, and adult social care in their neighbouring authority. This has led to discussions about the best ways of tackling health and wellbeing issues, and individual authorities have taken information back to their own teams. This has raised the profile of prevention and is likely to lead to greater learning and sharing of good practice and what works best.

Creating a joint committee of the Kent and Medway HWBs involves establishing new relationships, so developing a shared vision for the STP area will take time. There are also challenges, given that organisations in the joint board sometimes have different priorities and perspectives. A current example is the proposed reconfiguration of urgent stroke services in which Medway Maritime Hospital was not included within the preferred option of providers. One positive element is that the joint board provides a helpful forum for such issues to be examined openly and in depth with all parties – rather than separate conversations as in individual HWBs. As such it is an important part of the process.

The joint board has discussed the current position on governance and accountability for integrated arrangements. STP and ICS boards, HWBs and joint HWBs are not decision-making bodies; decisions have to be made by individual organisations, often using ‘workarounds’. Members felt that establishing the joint board was a very positive first step in building consensus

and collaboration, and that formal decision-making structures should only be established when joint working had matured in confidence, trust and shared vision.

CCG and STP perspective

Councillors and officers from Kent and Medway Councils are actively engaged in the governance arrangements and the work programmes of Kent and Medway STP, with a particular interest in local care and prevention. Because so many issues are system-wide, it made sense to establish a joint HWB which could consider these together, rather than discussions taking place in separate meetings.

There is a strong agreement across the NHS and the councils that we need to move from transactional arrangements to a partnership based on shared outcomes that improve the health, care and wellbeing of the people of Kent and Medway. Also, the relationships that are established through joint working stand us in good stead when we discuss issues that not all partners support – we focus on the issues, but relationships stay strong.

As we move towards a strategic commissioner, an ICS, and integrated care partnerships, there will be many changes in how we work together. The joint HWB, with its focus on long-term prevention and developing seamless health and care across the system, will have an important role for the future.

Glenn Douglas, Chief Executive of Kent & Medway STP and Accountable Officer for Kent and Medway CCGs

The future

The joint board will continue its agenda of deep dives into prevention and local care priorities which will inform a joint board performance dashboard to be produced in 2019. A key element of the dashboard will be to ensure that prevention is a part of all STP/ICS workstreams. The dashboard is also intended to hold partners to account for taking system-wide action to improve local care, improve health outcomes through better prevention, and align resources wherever possible.

The board is exploring a single JSNA to support population planning which takes into account deprivation and health inequalities across Kent and Medway. Both areas will still maintain their own JSNAs to support more local population planning and commissioning.

Key messages

The joint HWB has taken time and effort to set up and maintain, but it is very helpful for many reasons.

- It provides an open and democratic forum to discuss major developments such as reconfigurations, planning, commissioning and promoting integration across the STP/ICS footprint.
- It helps develop a shared strategic vision for health, public health and social care through a focus on prevention based on the social determinants of health and the needs and assets of local places.
- It allows members to identify, share and build on good practice across the system.

- The focus on deep dives, lower super output level data, lessons learned from interventions and information about cost effectiveness is a helpful framework for assessing the impact of prevention and care.

Contact

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Links

Encompass MCP
<http://www.encompass-mcp.co.uk/>

Joint Health and Wellbeing Committee
<https://democracy.medway.gov.uk/mgCommitteeDetails.aspx?ID=510>

Kent and Medway STP
<https://kentandmedway.nhs.uk/>

CQC (2018) Beyond barriers: how older people move between health and care in England.
<https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>