From: Roger Gough – Cabinet Member for Education and Health Reform

To: **Kent Health and Wellbeing Board**

Subject: **Kent Health and Wellbeing Board and Local Health and Wellbeing Board Relationships and Future Options**

Summary:

This report provides a brief overview of the piece of work being undertaken to review the relationship between the Kent Health and Wellbeing Board (KHWB) and Local Health and Wellbeing Boards (LHWBs). This report outlines the current relationships between the boards and provides details gleaned from an audit carried out to determine how the KHWB and the LHWBs are functioning and working locally and together.

In addition, this report describes the insight gathering, which has been undertaken with key stakeholders, and the key themes, issues and ideas which have emerged from this process. This insight gathering and audit material has helped to provide some context which has shaped the future options and recommendations for the Kent Health and Wellbeing Board and the Local Health and Wellbeing Boards.

Recommendation – for the Kent Health and Wellbeing Board to discuss the recommendations outlined in section 7 of this report.

1. Background

1.1 The Kent Health and Wellbeing Board was established following the enactment of the Health and Social Care Act 2012. From 1 April 2013 it became a committee of Kent County Council, prior to April 2013 the Health and Wellbeing Board operated in shadow form.

1.2 Bringing together County and District Councillors, senior officers from KCC, the NHS Area Team, Clinical Commissioning Groups, Social Care and Public Health, as well as representation from Kent Healthwatch, 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. Local Context

2.1 Given the scale and geography of Kent, it was agreed that a series of sub-committees known as Local Health and Wellbeing Boards should be created. 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. This would ensure that there was 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.

2.2 It is recognised that the LHWBs have delivered good work at a local level. However, it has been identified that since their introduction, they have struggled to achieve clarity on the scope, purpose and direction of the local boards. In addition there is a lack of a clear mechanism for communication between the local boards and the Kent Board. LHWB priorities may differ in line with local needs and demands, but the membership, size of the Board, and level of engagement with member organisations can also differ. This has consequently led to a variety of ways of operating at the local level. Whilst this is inevitable, and to a certain extent desirable, it can create difficulties in terms of monitoring progress and empowering the Local Boards to deliver key outcomes.

3. Scope of the work

3.1 In response to the issues highlighted above, and the LHWBs' request for a stronger sense of purpose, it was decided that work was required to look in detail at how the KHWB and the LHWBs are currently operating, and how an audit and insight gathering process can be used to support and develop future recommendations for the boards. The Audit captures the current priorities and actions of both the Kent board and the LHWBs, and the mechanisms for sharing information between the boards. The audit has helped define current roles and responsibilities, aiming to provide clarity and consistency in the future. This process has identified gaps within the relationships between the boards. The Audit provides some key context for current issues and therefore provides a basis for future options and possible changes to ways of working and relationships, described within the future options section of this report.

3.2 The second phase of the project concerned engagement with key partners and stakeholders. It was important to identify these key stakeholders and partners and arrange individual and group meetings with a wide variety of people to obtain a clear understanding of where the current issues lie, as well as identify how we can ensure that the LHWBs feel empowered to deliver their responsibilities with greater clarity and purpose, whilst the Kent Board focusses on strategic issues.

3.3 The conversations with stakeholders and partners have provided key themes and information which has helped to identify gaps in the ways that the LHWB and the Kent Board are working, and identify possible options for future relationships. This has informed proposals as to how the boards should operate in the future to ensure stronger and more sustainable relationships.

4. Audit

4.1 Audit Process

4.1.1 The audit process was designed to establish the current relationships and ways of working of both the LHWBS and the Kent HWB. This process has also helped to identify how these two tiers of boards are working together, and how effective this relationship is.

4.1.2 The audit process has mostly been carried out through desk top research which has involved looking at the LHWB and the Kent HWB published data and information online. Assessing the content of the minutes has also helped to identify a lot of key information concerning the quality of the discussion and actions taken forward from each meeting.

4.1.3 The attendance and the membership of the boards has also provided some key context around the roles and responsibilities of those on the board, and helped to shape some ideas around the capabilities and willingness of these members. Whilst looking at this in detail it was also important to assess the frequency of the meetings, and whether there is a consistent and regular approach for the boards across Kent.

4.1.4 A key part of the process of understanding the current ways of working and relationships between the Kent HWB and the LHWBs is by looking into the Boards' Terms of Reference and Work Plans, if they should have them. Again, this has aided in determining any variation between the boards, as well as between what the Terms of Reference and Work Plans suggest should be done, and what is actually achieved.

4.1.5 A further piece of work has been undertaken to add to the audit which highlights the LHWB priorities (as reflected in the CCG and others' plans), the specific agenda items discussed at the LHWB meetings, and the health priorities in each local area. This information helps to map the boards' position in relation to the issues that have been identified locally.

4.2 Audit Outcomes and Emerging Themes

4.2.1 The Kent HWB is a statutory body; therefore the minutes and agendas are published online. The LHWBs publish information, minutes, agendas and attendance details on their local authority websites. From studying this information, however, there seem to be discrepancies concerning the quality and quantity of the information provided. In some cases, information was not provided at all and the frequency in which boards meet is also unclear.

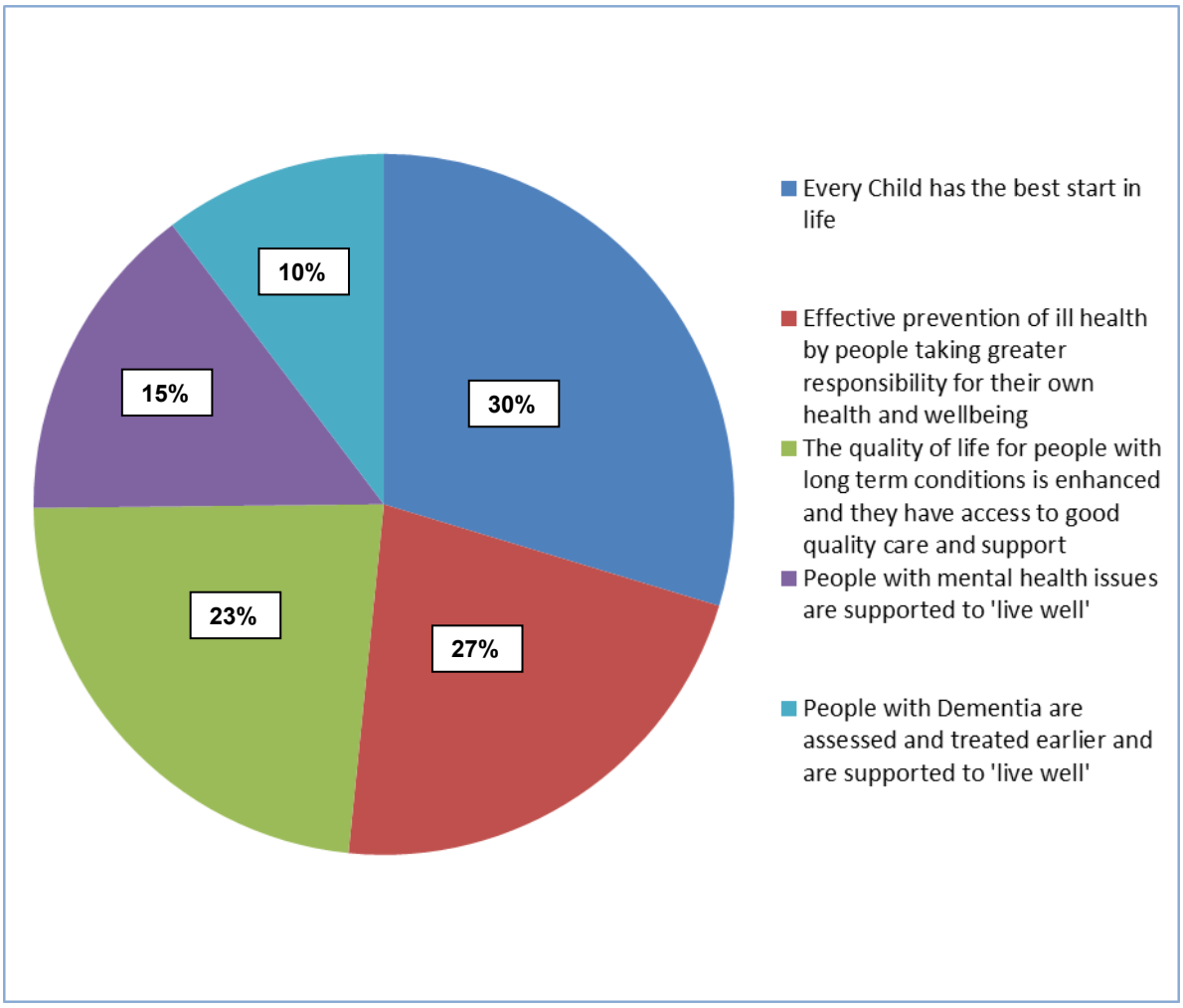
4.2.2 It has been recognised that there are several differences between the seven boards in the ways in which the meetings are scheduled and consequently run. Some of the LHWBs meet regularly and fairly frequently, every two or three months, others appear to meet less frequently with irregular timing between meetings. Similarly, the attendance differs significantly across the boards where some have frequently high levels of attendance, with many of the same members attending each time; however, some of the LHWBs have more inconsistent attendance. It is also important to note that some of

those who attend on a regular basis are official members; however, some LHWBs have frequent attendance from unofficial members, or representatives. In some cases there is reliance on a smaller 'core' group of attendees. This raises questions around membership, sustainability and succession planning.

4.2.3 A key part of the audit process was to assess the level and quality of work currently being undertaken by the LHWBs. It was recognised that within this scope, it would be important to understand not only the Local Priorities but the content of the LHWB meetings plus the quality of these conversations and the actions taken forward. As part of this process, the health and wellbeing priorities have been identified for each local area. This helps to inform the accountability and functions of each of the boards. Whilst this information usually relates specifically to public health priorities it raises wider questions about how the local boards are focusing on local priorities, how these are identified by the board and subsequently how they influence the agenda setting.

4.2.4 From this part of the audit it is clear that the specific health issues and priorities within a local area have been discussed in some detail within the LHWB meetings. In some cases there is a clear link between the priority and agenda items of the LHWBs, but in other cases there seems to be no obvious link. Due to the lack of publicly available LHWB work plans, it is difficult to identify whether the boards are addressing the priorities by design, or whether they are identified locally in a different way, such as being discussed at sub groups. It could for example be the case that other sub groups are taking forward local priorities and that the LHWB is providing a platform to discuss these issues through update reports from these group as opposed to specific agenda items.

4.2.5 The chart below represents the Kent Health and Wellbeing Strategy Outcomes, and the percentage of time the LHWBs spend on activities relating to these outcomes**.** Broadly speaking this shows that LHWBs are maintaining a focus on the five outcomes of the Joint Health and Wellbeing Strategy. Concerns that, for example, children's issues may not receive sufficient attention because agendas may concentrate on those regarding adults would appear to be unfounded. However, the chart does not give any indication as to whether discussion of issues on the agenda has led to concrete action or improved outcomes.



4.2.6 There is a wider issue about transparency which should be considered, given that the LHWB's are public facing and information about their work should be more readily available. However, there also needs to be a much closer connection and communication stream between the LHWB and the Kent Board and an agreement about the work plan and focus of the local boards. In this sense the issue around transparency links with the role of the Kent HWB and its role as a co-ordinating and to some degree 'tasking' group for the local boards. It has been suggested that the Kent Board needs to be operating at a higher strategic level and consequently feeding information and direction down to the Local Boards. From this, the LHWBs should have the knowledge, capacity and capability to deliver outcomes locally and consequently feed this information back up to the Kent Board. In this way the Local Boards will be more accountable and empowered to improve the health and wellbeing within their geographical areas.

5. Insight Gathering

5.1 Insight Gathering Process

5.1.1 Ensuring partner and stakeholder engagement was a vital process within this piece of work. It was identified that it would be important to have some attributable and informal conversations with relevant colleagues and partners to determine their views. It also provided the opportunity for issues to be raised.

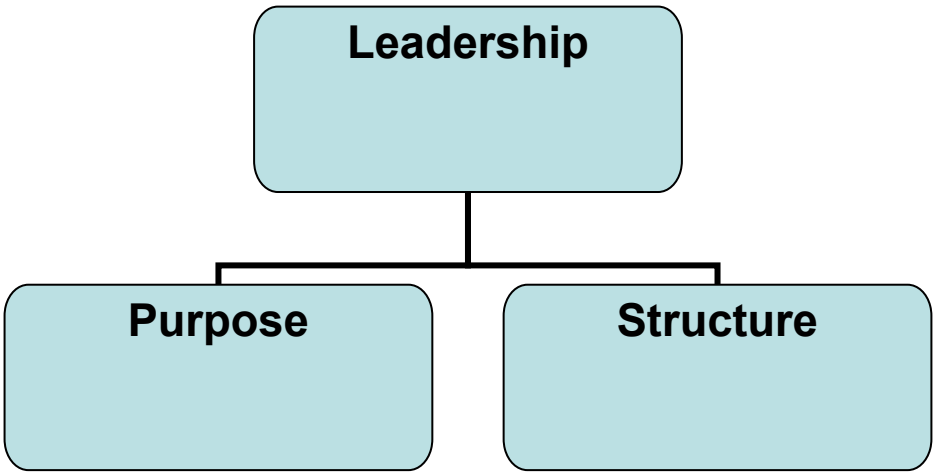
5.1.2 A number of key individual stakeholders and groups of people were identified as part of this engagement process. These included the following:

- A group meeting for the Chairs of all 7 LHWBs in July.
- Individual meetings with the Chairs of the LHWB
- Group or individual meetings with key KCC Members such as Graham Gibbens, Peter Oakford, Chris Smith, and Geoff Lymer
- Some KCC Corporate directors and Heads of Commissioning
- We also met with key external Partners such as Steve Inett (Healthwatch) and Dr Robert Stewart. (Chair of Pioneer Steering Group and Director of Clinical Design)
- The Kent Leaders (through attendance at their meeting on the 21st July).
- The Joint Kent Chiefs (through attendance at their meeting of March 12th)

6. Key Themes derived from Insight Gathering

6.1 The LHWBs have carried out good work to deliver outcomes locally but there are several issues which have been identified through conversations with partners and stakeholders, as areas for improvement.

6.2 Many of these key issues were identified in a number of different ways, and are common across different organisations represented on the boards. These common themes were raised by LHWB chairs, partners, senior officers and Members. Indeed there were common themes identified from across both the audit and the insight gathering. The key issues concern communication and relationships between the boards, accountability and purpose, engagement and representation, confidence and competence and the role of the Kent HWB. They can be grouped under three key headings; Leadership, Purpose and Structure.



Where there is a lack of leadership, the purpose and structure of the Local Boards is likely to be unclear. All three are required to ensure a fully functioning and effective working model.

6.2 Leadership

6.2.1 Feedback identified that there are issues around whether the members of the LHWBs have the perceived confidence or the skills to make a difference locally. One of the issues highlighted was that the boards are not statutory and therefore membership is voluntary and that this meant some partners were not willing to engage or share information freely. It was felt that members needed to be empowered to deliver outcomes.

6.2.2 Some stated that that there needs to be stronger communication streams coming from the Kent board to ensure that the Local Boards understand the high level priorities and strategies and feel as though they have the power to make a difference. It was felt that the Kent Health and Wellbeing Board needed to have a greater focus on the overarching strategic plan and priorities and consequently feed these messages down to the local boards. It was also felt to be important to recognise that the communication streams need to be improved from the LHWBs back to the Kent Board, and that they could provide a platform for Kent Board to understand what is being delivered locally, which would give the local boards greater confidence that the work they were undertaking was contributing to the Kent priorities and that it was having an impact.

6.2.3 Another common area of concern was that there is no agreed work plan between the Kent Health and Wellbeing Board and the LHWBs, and a lack of clarity around the ways in which the boards could be communicating to each other. It is this lack of clarity that has caused some members of the LHWBs to feel as though they are not empowered to deliver outcomes and make a difference. It is felt that the Kent Board should be working hard to be a strategic body which filters relevant information down.

6.2.4 In summary it was felt that the Kent Board needed to provide stronger leadership and direction based on the priorities set out through key documents such as the Joint Health and Wellbeing Strategic and JSNA and relating this to the work of the local boards more effectively. It was often

expressed that the Kent Board focused too much on the detail and rather should be setting the strategic direction whilst empowering the local boards to deliver the outcomes that are collectively agreed.

6.2.5 Whilst it is important to note that it was felt that the Kent HWB should be the leader for the Local Boards and be empowering the boards to be achieving outcomes locally, local partners must accept this role and invest responsibility and accountability in their representatives on the LHWBs. Without support from partner organisations, the LHWBs cannot function simply on the clear direction of the Kent HWB.

6.3 Purpose

6.3.1 Many stated that the Kent Board needed to start focussing more on policy as the county wide statutory board. However, there is some confusion over the role of the LHWB to support these responsibilities with the activities that they carry out locally and whether the LHWBs are acting as a statutory sub structure of the Kent Health and Wellbeing Board.

6.3.2 A key issue raised was that of accountability and whether the LHWB's were an important or indeed the right vehicle for taking forward specific areas of work. Due to the lack of clarity around the purpose of the boards, some organisations and members did not appear to be bought into the LHWB as a vehicle for tackling priorities and this was felt to be a particular issue for social care. In fact some commented that members of the LHWBs could sometimes focus too much on operational and local issues rather than considering the wider priorities.

6.3.3 This was felt to emphasise that the local boards are more of a collection of partners than an entity in their own right with partners not devolving accountability to the LHWBs as a vehicle to deliver their activities. The effectiveness of boards to make decisions and to hold their constituent members to account can therefore be compromised.

6.3.4 There is no standardised terms of reference represented across each of the LHWBs. This adds to the difficulty in understanding the representation of the members on the boards, as well as the roles and responsibility to the boards, and in sharing information with partners and to their own organisations. Some local boards have adopted terms of reference especially where there is a degree of co-terminosity between CCGs and district councils. Where boards straddle more than one district boundary issues of comparative influence in any decision making process has been difficult to resolve. The status of district authority officers has also proved problematic including whether they can be bound by the KCC code of conduct which would require them to declare any interests they may have that are relevant to the meeting.

6.3.5 Some district councils also find themselves having to attend multiple boards where their district straddles two CCG areas.

6.3.6 Whilst the good work being done locally by the boards was highlighted, the lack of clarity of purpose can mean some partners do not see the board as an effective vehicle for delivering their priorities. The purpose of the boards needs to be revisited and clarified in order to empower members. This is very much linked to the discussion around leadership and direction from the Kent Board.

6.4 Structure

6.4.1 Many respondents expressed confusion around representation on the LHWBs and the capacity in which people attended. From local government there is representation from both officers and Members. A number of members will fulfil more than one role. For example a local authority member of the local board could be chairing the board, representing their own district at a local board whilst also attending the Kent Board as a representative of their own authority, district councils more generally and their own health and wellbeing board. Who speaks for whom and when is not always clear. There is no mechanism to determine who should represent local boards at the Kent Board and vice versa.

6.4.2 There has also been a question raised around the roles of VCS on the local Boards. Some boards have VCS representatives but this is not consistent and there remains a question over the capacity in which they attend; is this as a provider or as a champion of the sector and if so what are the mechanisms for filtering information back in to the local VCS? An additional report has been provided on this issue setting out the opportunities for a future relationship between the VCS and the Kent HWB and local boards and should be read in conjunction with this report.

6.4.3 There is also an issue around how the Kent Board engages with partner organisations who are not board members. It has been established that providers should not be board members; however, an effective communication stream was felt to be vital to ensure that the provider relationship with the local board is constructive and effective. Some areas have established, or are proposing, arrangements where commissioners and providers meet collectively at a health economy level outside the local board structure. The relationships between these groups and the local boards are unclear apart from sharing membership of a number of people.

6.4.4 There are inconsistencies around how the LHWBs work with their sub committees. It has been recognised that some of the sub groups to the boards have been set up directly through the LHWB, for example the Mental Health Task Group in Canterbury. However some of these groups existed prior to the LHWBs being introduced. This has, in some cases, caused difficulty in developing a clear link between the sub groups, and a lack of a clear communication stream throughout.

6.4.5 Some LHWBs utilise their Integrated Commissioning Groups to a greater extent than others. Similarly Children's Operational Groups that exist in most areas are still exploring their relationships with local boards. (Also known as

Local Children's Partnership Groups these are intended to give consistency to partnership working to drive improvements in specific outcomes related to children and young people). It has also been recognised that some of the LHWBs may have effective relationships with some but not all of their sub groups. For example Ashford has a Lead Officer Group which acts as a steering group for officer prior to putting issues to the board, and also a Health Infrastructure Working Group. Ashford LHWB works well with these sub committees but less effectively with others, where communication streams and links are less clear.

6.4.6 Different boards are developing different substructures in order to address local priorities. Other differences exist in the existence of groups that may supplement the work of the boards such as Integrated Commissioning Groups. It is clear that there is no common work plan or strategy for the LHWBs and how they should be utilising their sub committees to improve the health and wellbeing within their geographical areas. There is a lack of clarity around the purpose of these sub committees and how the LHWBs could, or should, be relating to them.

7. Recommendations

7.1 Kent Health and Wellbeing Board

7.1.1 The Kent Health and Wellbeing Board will produce an outline work programme for the start of each year to enable local boards to plan their activity accordingly.

7.1.2 The Kent Board will clarify the means by which local issues can be escalated to the Kent Board.

7.1.3 The Kent Health and Wellbeing Board will ensure that relevant issues are referred to local boards with clear expectations regarding further action at a local level.

7.1.4 The Kent Board will provide policy support to the local boards to assist in the development of relevant substructures and work programmes.

7.1.5 Opportunities for development work for both chairs of the boards, and individual boards themselves, will be investigated and made available to local board members.

7.1.6 The Kent Board will provide data and information through its sub-group the Multi-Agency Data and Information Group.

7.2 Relationship between the Kent Board and local boards

7.2.1 The LHWB chairs will meet with the chair of the Kent Board every six months. This meeting will include consideration of the workplan of the Kent Board, and its relationship to the work plans of local Boards.

7.2.2 Each LHWB will send a representative to every Kent HWB, to update the Kent board on their activities locally, and to take any relevant information from the Kent board back. This representative will also be responsible for liaising with the Kent Board concerning issues and matters that would benefit from consideration at the Kent Board.

7.2.3 Proceedings of the Kent Board to be a standing item on all local board meeting agendas with particular reference to issues referred from the Kent Board for local consideration and action.

7.2.4 All agenda items that come to the Kent Board will be considered as to how local boards could and should be involved in their future progression.
All local boards will provide an annual report to the Kent Board regarding how they have been progressing with the five outcomes of the Kent Joint Health and Wellbeing Strategy, and their engagement with the commissioning plans of their constituent organisations. The report will also describe how issues referred from the Kent Board have been considered and how local implementation of any necessary activity has been supported.

7.3 Board business

7.3.1 All local boards will develop a work programme for the coming year. This work programme will relate to:

- the five outcomes of the Kent Joint Health and Wellbeing Strategy
- the health and wellbeing priorities of the area as identified by the Kent Public Health department
- the health inequalities within the area and between the area and others in Kent
- Engagement with the development of commissioning plans of the organisations represented on the board.

7.3.2 Engagement with the commissioning plans of partner organisations should focus on opportunities to promote integration, especially between health and social care services. Whether the plans offer the best possible approaches to local issues should also be considered.

7.4 Structure and Governance of local boards

7.4.1 All LHWBs should have an agreed Terms of Reference by March 2016. Proposals for Terms of Reference, to be drafted following discussion at meeting of Chairs of Boards, to be brought to the Kent Health and Wellbeing Board at its meeting in January 2016.

7.4.2 Local boards to review their membership, substructures and associated working groups to ensure they are fit for purpose. Substructures should provide capacity to deliver the activity required to implement the work of the

board to deliver the five outcomes of the Joint Health and Wellbeing Strategy and allow proper oversight of commissioning plans. The substructure may include the local Children's Operational Group(s) and Integrated Commissioning Groups. The responsibilities of groups in a Board's substructure for reporting to the Board on specific outcomes from the H&WB Strategy should be clearly defined.

7.4.3 Relationships between the local boards and other meetings of commissioners and providers should be clarified.

7.5 Wider relationships

7.5.1 The substructure adopted by the local boards must also ensure that the appropriate relationships with service providers within the area are properly represented.

7.5.2 Appropriate relationships with representatives of other important sectors and organisations should also be reflected in the membership of the board or within its substructures. These should include the Voluntary and Community Sector and could include other local stakeholders such as Parish Councils.

8. Background Documents

Appendix 1 Kent Health and Wellbeing Board Organisational Structure

9. Contact details

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Kent HWB

Members

Roger Gough (Chairman), Dr Fiona Armstrong, Dr Bob Bowes (Vice-Chairman), Ian Ayres, Cllr Andrew Bowles, Hazel Carpenter, Paul Carter (KCC Leader), Andrew Scott-Clark, Dr Darren Cocker, Ms Patricia Davies, Graham Gibbens, Felicity Cox, Steve Inett, Andrew Ireland, Dr Mark Jones, Dr Elizabeth Lunt, Dr Navin Kumta, Dr Tony Martin, Peter Oakford, Simon Perks, Dr Robert Stewart, Cllr Paul Watkins, Cllr Lynne Weatherly

Ashford CCG HWB	Canterbury and Coastal CCG HWB	Dartford, Gravesham and Swanley CCG HWB	South Kent Coast CCG HWB	Swale CCG HWB	Thanet CCG HWB	West Kent CCG HWB
Members	**Members**	**Members**	**Members**	**Members**	**Members**	**Members**
Cllr Michael Claughton Dr Navin Kumta Cllr Peter Oakford Simon Perks Bill Millar Neil Fisher Paula Parker Faiza Khan Mark Lemon Caroline Harris Tracy Dighton Martin Harvey Stephen Bell Philip Segurola John Bunnett Sheila Davison Christina Fuller	Eileen Shrubsole Debbie Smith Jayne Faulkner Faiza Khan Dr Mark Jones (Chairman) Sue Chandler Velia Coffey Amber Christou Michelle Farrow Neil Fisher Graham Gibbens John Gilbey Joe Howes Steve Inett Mark Lemon Paula Parker Simon Perks Cllr Ken Pugh Jonathan Sexton Sari Sirkia-Weaver Anne Tidmarsh Paul Watkins Alison Hargreaves (Secretary) Christopher Ives	Councillor Mrs Ann D Allen MBE Lesley Bowles John Britt Andrew Scott - Clark Andrew Scott- Clark Councillor Jane Cribbon Councillor Roger Gough Catherine Handley Dr Elizabeth Lunt Melanie Norris Councillor Tony Searles Debbie Stock Ann Tidmarsh	Councillor Paul Watkins (Chairman) Dr Joe Chaudhuri (Vice-Chairman) Theresa Oliver Karen Benbow Councillor Sue Chandler Councillor Patrick [Pat] Heath Jennifer Hollingsbee Mark Lobban Geoff Lymer Michael Lyons Ms Jessica Mookherjee Jan Perfect Mr Steve Inett		Colin Thompson Dr Tony Martin Councillor Mrs Iris Johnston (Vice-Chairman) Hazel Carpenter Dominic Carter Esme Chilton Councillor Graham Gibbens Councillor Elizabeth Green Madeline Homer Mark Lobban	Gail Arnold Julie Beilby William Benson Councillor Mrs Annabelle Blackmore Dr Bob Bowes (Chairman) Lesley Bowles Alison Broom Cllr Alison Cook County Councillor Roger Gough Jane Heeley Fran Holgate Dr Caroline Jessel Dr Tony Jones James Lampert Mark Lemon Jonathan MacDonald Reg Middleton ClrMark Rhodes Dr Sanjay Singh Penny Southern Malti Varshney Cllr Lynne Weatherly

Sub Groups

Children's Health and Wellbeing Sub Committee	Children's Operational Group	Children's Operational Group	Integrated Commissioning Group	Health improvement partnership	Children's Sub Committee	Task and finish group on long term conditions
Lead officer group	Mental Health Action Group	Health Inequality groups	Children's Strategic and Operational group	Swale/DGS Integrated Operational Commissioning Group		Childhood obesity task and finish group
Health Infrastructure Working Group	Joint Commissioning Delivery Group	Mental Health group	Healthier South Kent Coast Group	Children's Operational Group		Tobacco control and smoking cessation working group
	Alcohol strategy group and safeguarding group					Children's Operational Group
	Children's Centres District Advisory Board					
	KIASS Local Delivery Group					
	Troubled Families Local Operational Group					