

**Report to:** SKC HWBB 24.11.2015

**Title:** Recommendations for development of the South Kent Coast Health and Wellbeing Board

**Authors:** SKC HWBB Development Working Group

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**Recommendations:**

1. Develop the SKC HWBB into a commissioning board, with a flexible approach, enabling the Board to adapt to changing circumstances.
2. Establish the 'revised' Board model in shadow form for a year from April 2016, with the Board commissioning, the Integrated Care Organisation (ICO) /Integrated Executive Partnership Board (IEPB) model delivering and trialling new contracting models, and the research and evaluation stream linked closely to the shadow year arrangements.
3. The Shared Intelligence development days with the ICO are used in conjunction with the HWBB development.
4. The LGA potential support for local and national developments is explored further.
5. Establish a provider engagement sub-group/link to ICO, retain the SKC Local Children's Partnership Group and the Executive Group (for agenda planning and workflow – this Group may also be tasked with monitoring progress against outcomes and reporting to the Board), and receive reports/updates on the ICO workstreams as they develop and progress.

The Board would:

- ✓ Aim to be an equal partnership of local commissioners, with a single commissioning structure and oversight of the entire health and wellbeing system, recognising the best place for decisions to be taken and working at a pace and scale that makes sense locally, as per option 3 'Health and Wellbeing Board Plus', in this report.
- ✓ However, in the first instance, the Board would operate on an open book budgeting system, i.e., each partner retains their own budget, however for the chosen outcome the budgets are considered as a whole to be redirected or utilised in a different way to achieve the outcome.
- ✓ Take a flexible approach to commissioning, e.g., with large scale providers and specialist services, across CCG boundaries and also on a much more local level working with the Locality Delivery Groups.
- ✓ Oversee strategic commissioning as and when required, for example, the local Public Health commissioning workstream due to be re – tendered early 2016.
- ✓ Unblock any potential challenges to achieving local integrated health and wellbeing, influencing regional and national decision-making and oversee and local health and wellbeing projects/programmes.
- ✓ Direct the work of the sub-groups and set outcomes to be met in South Kent Coast.
- ✓ Develop a strategic commissioning/work programme based on:
  - A small set of agreed outcomes that will have the most impact. Recommend 2 pathways for the Board to consider first (full pathway, priorities and outcomes to be identified):
    - Frail elderly (including housing)
    - Obesity (children/whole family approach)

## **Background:**

The South Kent Coast Health and Wellbeing Board (SKC HWBB) covers the majority of Shepway District Council and Dover District Council, with the exception of 3 GP Practices in Dover District that fall within the Canterbury and Coastal Clinical Commissioning Group and 1 GP Practice in Shepway that falls within the Ashford Clinical Commissioning Group .

The board was established in 2011 as an early implementer and as a sub-committee of the County HWBB. It has its own agreed Terms of Reference and has been very much a board of commissioners, taking forward local projects, such as Healthy Living Pharmacy, Teenage Pregnancy Awareness projects, and has held workshops to take forward issues such as Cardio Vascular Disease and a local Alcohol Strategy. The Board has a localised Joint Strategic Needs Assessment, an Integrated Commissioning Strategy and a developing Local Health and Wellbeing Strategy.

The board has historically had 3 sub-groups, however, as indicated below these groups have since been streamlined to ensure there is no duplication and to embrace the workstreams of the Integrated Care Organisation:

- Integrated Commissioning Advisory and Support Group – led by SKC CCG, to enable joint working between the CCG, KCC, DDC and SDC, focusing on adults and the development of the Integrated Care Organisation, the Better Care Fund – the group has now merged with an ICO workstream focusing on Housing, Health and Social Care
- Healthier South Kent Coast Working Group – led by Public Health, to enable joint working to identify health inequalities and preventative work programmes – this group has now merged with an ICO workstream, Self Care and Prevention.
- SKC Local Children’s Partnership Group – led jointly by SDC, DDC and SKC CCG, to establish existing service provision, identify gaps and needs and projects to address these.

Alongside the SKC HWBB has been the development of an Integrated Care Organisation working towards ‘one budget, one service, one team’. This approach is looking at multi-speciality community provider model (MCP) based around natural communities-with 4 local delivery groups (Dover, Deal, Folkestone and Romney Marsh) and overseen by the South Kent Coast CCG Integrated Executive Programme Board ( IEPB). A draft Compact Agreement has been developed with a number of workstreams, one of which is the development of the SKC HWBB, to ensure the Boards develop in parallel.

## **Moving forward – aiming for a shared system leadership role**

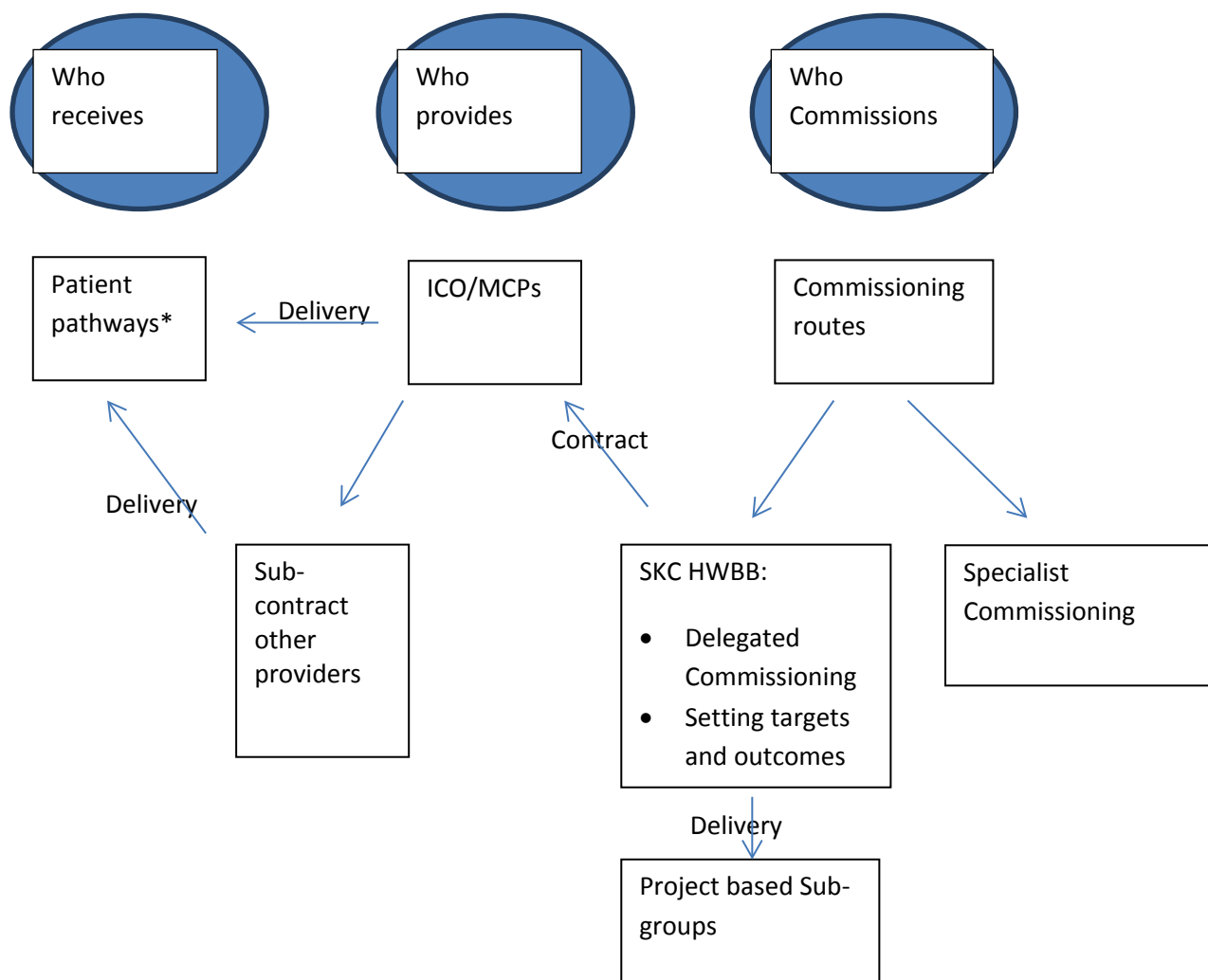
Long-term vision – ***the South Kent Coast Health and Wellbeing Board as the local executive decision-making body for the integrated budget – with a rebalanced membership drawn from CCGs and local authorities, fresh powers and duties, and supported by a single commissioning function that draws on the capacity and expertise from both the CCG and local authority.***

Following a SKC HWBB workshop in March 2015, it was agreed to look at how the Board could develop into a decision-making body, the membership and governance required to enable this, and identifying a small number of projects to look at joint commissioning.

It is widely accepted that health and wellbeing should be at the heart of all decision-making, it is also a widely held view that the current fragmentation of the organisational landscape is not sustainable (King's Fund Options for Integrated Commissioning).

Whilst pooled budgets may be a future possibility, it is not a starting point, and there is a general consensus that the starting point for developing a SKC HWBB that is a commissioning body should be open and transparent booking keeping, devolved commissioning decisions, with a commitment to subsidiarity (a principle that decisions should be taken at the most local appropriate level) and identifying a small number of priorities taking in all the wider determinants of health.

The proposed model for the evolved arrangements in South Kent Coast is as follows:



With the proposed model above, the developed SKC HWBB will be responsible for more and more of the commissioning arrangements and the ICO model responsible for the provider development and delivery through integrated contracting models.

The success of the developments will be based on having mutual trust and an agreed shared vision and purpose between all partners.

True commissioning will need to be identified and individual commissioning streams broken down around the chosen outcome(s) the Board will start with, including the development of specific and measurable objectives.

Joint Commissioning: broadly understood as the coming together of organisations in the form of a 'partnership, alliance or other collaboration' to take joint responsibility for commissioning a set of services (Glasby 2012). This can involve organisations working in partnership at all stages of the commissioning process, from the assessment of needs, to the planning and procuring of services, and the monitoring of outcomes.

#### **Links to the Integrated Care Organisation and Integrated Executive Programme Board:**

The ICO/IEPB is currently working with Shared Intelligence on a number of development days exploring culture and system leadership approaches going forward. It is proposed this is extended to the HWBB development to aim for a culture change across the whole shadow year arrangements.

Shared Intelligence has the potential to be able to facilitate a development session for the new HWBB arrangements in January 2016. The organisation is also developing a child obesity prioritisation tool for Public Health England that may be of interest to the shadow year arrangements.

Each partner to the IEPB has recently agreed to extend funding for research and evaluation for the ICO with the University of Kent, for an additional three years, and it is proposed this research and evaluation arm is steered toward the shadow year arrangements; of the HWBB becoming a commissioning board and delivered through an ICO integrated contract model.

#### **Proposed Membership of a newly established HWBB:**

- SKC Clinical Commissioning Group representative and lay member
- Dover District Council
- Shepway District Council
- Kent County Council
- Public Health
- Healthwatch
- Kent Fire and Rescue

#### **Governance arrangements:**

- A small group has been established to develop a Terms of Reference and suitable governance arrangements that enable the model to operate with all partners fully engaged
- Outcomes will need to be jointly agreed and a monitoring tool established

#### **Capacity to deliver the programme:**

As with any developing project capacity is key to meeting partner's requirements and timelines for successful delivery.

Currently a Working group has been meeting to develop the proposals outlined in this paper. The Group consists of:

Karen Benbow	SKC CCG
Michelle Farrow	DDC
Jyotsna Leney	SDC

Jess Mookherjee      Public Health (KCC)  
Mark Lemon            KCC

In addition Peter Hodgson (SKC CCG) has been working with identified Finance officers within DDC, SDC and KCC to explore financial modelling. Peter Wignall and Tim Madden (both SDC) are being involved in considering governance arrangements.

Alison Davis (KCC & SKC CCG) has recently joined the group to ensure alignment to the ICO development and has the potential for some project manager capacity.

Phil Swann (Shared Intelligence) has 2 development days to offer.

The LGA South East Health and Wellbeing Co-ordinator is also willing to explore support for fast streaming the SKC HWBB into a commissioning board.

#### **Next steps:**

- A Statement of Intent is drawn up for all partners to sign up to the developments and commit the capacity of the Working group to progress the proposals
- A detailed project plan is developed and agreed.
- A development session is held on 26<sup>th</sup> January 2016 (in place of the next scheduled HWBB meeting).

#### **Options considered:**

The following options have been identified in 'Options for Integrated Commissioning', The Kings Fund report. From their assessment of existing arrangements and emerging developments in different parts of the United Kingdom, three broad options emerge for how a single commissioning function, with a single integrated budget, could be developed:

##### **Option 1 – build on existing organisational and policy arrangements:**

- This option would involve no significant nationally imposed changes to current structures, working instead with the grain of existing organisations and policy processes. Health and social care funding would continue to be routed separately to CCGs and local authorities with an expectation that they reach local agreement on how their separate funding streams should be aligned around agreed local priorities and needs, and how services should be commissioned, and by whom.
- This approach would build on local relationships that are already being developed through the Better Care Fund planning process. It would be for CCGs and the local authority to agree whether their health and wellbeing board is ready and able to take on a formal decision-making role in respect of commissioning decisions.
- This option would be the least disruptive in terms of organisational change, allowing organisations to continue using existing mechanisms such as pooled budgets and lead commissioning arrangements to promote better integration of care. This approach would build on local relationships that are already being developed through the Better Care Fund planning process. It would be for CCGs and the local authority to agree whether their health and wellbeing board is ready and able to take on a formal decision-making role in respect of commissioning decisions. This option would be consistent with other policy initiatives such as the Integrated Care and Support Pioneers Programme and the emerging Forward View vanguard programme. National accountabilities would remain unchanged although local bodies would need to agree joint accountability arrangements for pooled budgets.

### Option 2 – CCG or local government to take responsibility

- Another option is to assign lead responsibility for commissioning either to local government – so that local authorities would become responsible for all health and social care commissioning – or to CCGs.
- A different way of implementing this option would be to emulate the Scottish approach and require local authorities and CCGs to agree between themselves which organisation should be the single commissioner. This avoids a prescriptive one-size fits- all approach but demands a high level of maturity from local organisations in order to reach agreement. It would almost certainly involve major organisational change at the local level and result in a mixture of arrangements across the country with either the NHS or local government being the accountable organisation.
- This would raise further issues of public and political accountability given the fundamentally different governance arrangements for CCGs and local authorities.

### Option 3 – a new vehicle: ‘health and wellbeing boards plus’?

- A third option is to establish a completely new local vehicle to be the single commissioner. This could appear to involve the most extensive organisational change of all as it would leave no role for either local authorities or CCGs. However, there is an evolutionary option that would not involve a complete upheaval of existing organisations but which would build on them – this is to revamp the role of health and wellbeing boards.
- Kings Fund has concluded that in their current guise, health and wellbeing boards are not fit for purpose to become the single commissioner. But there is no reason why, over time, they could not be re-cast as the local executive decision-making body for the integrated budget – with a rebalanced membership drawn from CCGs and local authorities, fresh powers and duties, and supported by a single commissioning function that draws on the capacity and expertise from both the CCG and local authority.
- This would minimise organisational change but is likely to require primary legislation to ensure that the board has adequate legal powers. This would take time but would allow existing boards to accelerate the pace of their development and capacity in the meantime. It would also require the development of a governance model that ensures the engagement of providers without compromising the essentially commissioning role of the new board, as Greater Manchester is proposing.

### Wider agendas:

The bigger picture of the agendas we are working towards cannot be lost and must be identified and detailed around the chosen priorities/pathways and any new model flexible enough to adapt to change around us:

Local Picture			Kent wide Picture	National Picture
CCG	SDC	DDC		
<ul style="list-style-type: none"> <li>• Corporate Plans</li> <li>• Housing strategies and plans</li> <li>• Regeneration/Economic Development Strategies</li> <li>• Local Plans and Supplementary Planning Guidance</li> <li>• State of the District report and Ward Profiles</li> <li>• Leisure/Sports strategy / play provision &amp; strategy</li> <li>• CCG Operational Delivery Plan</li> <li>• Environmental improvements (waste, litter, street scene)</li> </ul>			<ul style="list-style-type: none"> <li>• Emotional Health and Wellbeing Strategy</li> <li>• 6 ways to Wellbeing</li> <li>• Joint Strategic Needs Assessment</li> <li>• Health and Wellbeing Strategy</li> <li>• EKHUFT Clinical Strategy</li> <li>• Kent Accommodation Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Care Act</li> <li>• Devolution Bill/Act</li> <li>• Better Care Fund</li> <li>• Housing Regulations</li> <li>• Planning Regulations</li> <li>• NHS England and CCG Co-Commissioning</li> <li>• Comprehensive Spending Review</li> <li>• Five Year Forward View</li> <li>• NHS and Public Health Outcomes Framework</li> </ul>

<ul style="list-style-type: none"> <li>• Community Safety/Crime Reduction Plans</li> <li>• Troubled Family programmes</li> <li>• NHS South Kent Coast Annual report and accounts</li> <li>• Medium Term Financial Plans</li> <li>• NHS South Kent Coast CCG Prospectus and Constitution</li> </ul>		
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**Potential Work streams and Timeline: (dates to be added)**

	Sep	Oct	Nov	Dec	Jan 16	Feb	Mar	Apr
<b>Work Stream:</b>								
1. Define role of the newly developed SKC HWBB, through an 'Intention document'								
2. Identify commissioning streams relevant to chosen topics/pathways								
3. Identify and implement necessary governance arrangements (this may need to include strategic meetings of each sovereign body for sign off)								
4. Develop the financial framework								
5. Membership agreed and established								
6. Any identified training and/or development for Board members								
7. Membership and governance in place to 'go live' with redeveloped SKC HWBB								
8. Local Integration programme developed for further commissioning arrangements for the Board.								
9. Public Engagement programme identified and resourced								