HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
24 JANUARY 2017

MEDWAY HEALTH AND WELLBEING BOARD:
REVIEW OF PROGRESS

Report from: Dr Andrew Burnett, Director of Public Health
Author: Karen Macarthur, Consultant in Public Health

Summary

All upper tier and unitary authorities in England were required under the Health and Social Care Act 2012 to establish a Health and Wellbeing Board.

The Medway Health and Wellbeing Board was established in shadow form in 2012, becoming fully operational in April 2013. It brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway.

The purpose of this report is to provide information to the Committee on progress made by the Health and Wellbeing Board in 2016/17.

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 (HSCA) set out the requirement for all upper tier and unitary local authorities in England to establish a Health and Wellbeing Board (HWB), which would be established as a committee of the Council.

2. Background

2.1. Purpose of the Health and Wellbeing Board

2.1.1. The Medway HWB brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway.

2.1.2. The general principles underlying the creation of HWBs are:

- Shared strategic leadership and ownership within a local area for the identification of health and wellbeing issues for the population.
- Parity between board members in terms of their opportunity to contribute to the board’s deliberations, strategies and activities.
- Transparency and openness in the way the HWB carries out its work.
• Engagement with patient, user and public representation on an equal footing.

2.2. **Key tasks of the Health and Wellbeing Board**

2.2.1. HWBs have a number of statutory functions as laid out in the HSCA. These include:

- Co-ordinating the development of a Joint Strategic Needs Assessment (JSNA) which outlines the health and wellbeing needs of the community.
- Developing a Health and Wellbeing Strategy (HWS) which identifies priorities and sets out a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions.
- Promoting greater integration and partnership, including joint commissioning, integrated provision and pooled budgets.
- To consider Commissioning Plans and ensure they are in line with the Health and Wellbeing Strategy.
- To produce the pharmaceutical needs assessment for their area.
- Any other functions that may be delegated by the council under section 196 (2) of the HSCA 2012, e.g., certain public health functions.

2.3. **Membership of the Health and Wellbeing Board**

<table>
<thead>
<tr>
<th>MEDWAY HEALTH AND WELLBEING BOARD</th>
<th>MEMBERSHIP 2016/17</th>
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</thead>
<tbody>
<tr>
<td>Cllr D Brake</td>
<td>Chair - Portfolio Holder for Adult Services</td>
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<tr>
<td>Cllr D Carr</td>
<td></td>
</tr>
<tr>
<td>Cllr H Doe</td>
<td>Deputy Leader and Portfolio Holder for Housing &amp; Community Services</td>
</tr>
<tr>
<td>Cllr Gulvin</td>
<td>Portfolio Holder for Resources</td>
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<tr>
<td>Cllr G Etheridge</td>
<td></td>
</tr>
<tr>
<td>Cllr A Mackness</td>
<td>Portfolio Holder for Children’s Services</td>
</tr>
<tr>
<td>Cllr V Maple</td>
<td>Leader of the Labour Group</td>
</tr>
<tr>
<td>Dr Andrew Burnett</td>
<td>Interim Director of Public Health</td>
</tr>
<tr>
<td>Ann Domeney</td>
<td>Interim Deputy Director, Children and Adult Services</td>
</tr>
<tr>
<td>Ian Sutherland</td>
<td>Interim Director of Children and Adult Services</td>
</tr>
<tr>
<td>Dr Peter Green</td>
<td>Vice Chair - Chief Clinical Officer, Medway Clinical Commissioning Group</td>
</tr>
<tr>
<td>Dr Antonia Moore</td>
<td>Clinical Member, Medway Clinical Commissioning Group</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
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</tr>
<tr>
<td>Caroline Selkirk</td>
<td>Chief Operating Officer, Medway Clinical Commissioning Group</td>
</tr>
<tr>
<td>Pennie Ford</td>
<td>Director of Operations &amp; Delivery NHS England (South East)</td>
</tr>
<tr>
<td>Cath Foad</td>
<td>Healthwatch Medway</td>
</tr>
<tr>
<td>Invited Attendees (non-voting)</td>
<td></td>
</tr>
<tr>
<td>Lesley Dwyer</td>
<td>Chief Executive, Medway NHS Foundation Trust</td>
</tr>
<tr>
<td>Helen Greatorex</td>
<td>Chief Executive Officer, Kent and Medway NHS and Social Care Partnership Trust</td>
</tr>
<tr>
<td>Dr. Mike Parks</td>
<td>Medical Secretary, Kent Local Medical Committee</td>
</tr>
<tr>
<td>Martin Riley</td>
<td>Managing Director, Medway Community Healthcare</td>
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</table>

2.3.1. In addition, NHS England appoints a representative for the purpose of participating in the preparation of JSNAs and the development of the HWS and to join the HWB when it is considering a matter relating to the exercise, or proposed exercise, of NHS England’s commissioning functions in relation to the area and it is requested to do so by the HWB.

2.3.2. Representatives from the main NHS service providers were invited to join the Board as non-voting members during 2014. This recognised the importance of having a collective understanding of the whole system challenges and solutions facing Medway.

2.3.3. The terms of reference for the HWB were agreed by the Council on 24 April 2013.

3. Medway’s Health and Wellbeing Board: Progress in key areas in 2016/17

3.1. Sustainability and Transformation Plan

3.1.1 Every health and social care system is now required to create a Sustainability and Transformation Plan (STP), which will be the local blueprint for accelerating the implementation of the NHS Five Year Forward View 2016-2020. As a place-based plan, the STP must cover all areas of CCG and NHS England commissioned activity, including specialised services and primary care. The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care and reflecting local agreed health and wellbeing strategies.

3.1.2 Members of the Medway Health and Wellbeing Board as systems leaders have been closely involved in the development of the Kent & Medway STP with the most recent submission of proposals being made to NHS England in October 2017. More detailed plans are now being prepared and a fuller public consultation on these plans will take place in 2017. The Kent and Medway STP Programme Board have been clear about the importance of effective engagement with democratically elected representatives throughout the
process. This includes Lead Member representation on the Programme Board, along with on-going engagement with Health and Wellbeing Boards and Overview and Scrutiny Committees. Events and all member briefings are also being planned.

3.1.3 Medway Council Members and senior officers, and Medway HWB, have established parity with Kent County Council in all aspects of Kent and Medway STP development and governance.

3.1.4 There are four themes identified in the Kent and Medway STP as being key to the sustainability and transformation of our health and social care system. The first is the transformation of local care, moving to a model which prevents ill health, intervenes earlier and delivers excellent integrated care closer to home. The second is through improving productivity. To do this, a programme of modelling to identify, quantify and deliver savings through collaborative provider productivity is being developed. Thirdly, workforce, digital and estates have been prioritised as key enablers and work is ongoing to maximise effectiveness through optimising their use across the system. Finally, systems leadership in transforming the commissioning of care and in ensuring good communications and engagement has been identified as key in ensuring that the STP is aligned appropriately to the needs of the local population and work is ongoing to develop this.

3.2. Work has taken place across the Health and Social Care System to reduce the risks and harm associated with smoking.

3.2.1 In April 2016, Board Member support was given for the development of proposals to enable a system-wide approach to improve both the safety and effectiveness of a variety of types of care for patients/clients through the encouragement and enablement of smoking cessation before treatment, or during it, as clinically appropriate. Following the involvement of clinicians (of various types) and managers in primary and acute care, a policy to support clinicians in putting this into practice, that has been adopted by Medway Hospital NHS Foundation Trust, is to be taken to the Medway CCG Governing Body at the end of January and to the February meeting of the Medway Health and Wellbeing Board. Discussions with other service providers (for example, of both community and mental health services) will be undertaken subsequently. This policy, subject to effective implementation, has the potential to enable many more people to quit smoking and thereby to reduce the risks of a number of treatments (especially elective surgery) and to improve the effectiveness of many different types of treatment, as well as reduce the deleterious effect of smoking on a wide variety of conditions affecting health and independence.

3.3 Monitoring and Surveillance

3.3.1 The HWB has responsibility to ensure that robust performance and quality monitoring measures are in place with regard to the implementation and outcomes for the Medway Health & Wellbeing Strategy (HWS).

3.3.2 The monitoring and outcomes framework for Medway’s HWS includes monitoring of outcomes taken from the National Outcomes Frameworks for the NHS, Social Care, Public Health and Children which are aligned to the Medway Joint Health and Wellbeing Strategy 2012-17. The last report on key
HWS outcome indicators which was considered by the HWB in November 2016 is attached as appendix 1.

3.3.3 The HWB monitors progress on these key indicators on a six-monthly basis and decides if any additional action needs to be taken.

3.3.4 As part of the annual review process a paper reviewing JSNA indicators and the progress on the HWS 2012-17 was considered by the HWB in November 2016 to inform the commissioning plans of partner organisations. Given the ongoing concerns as to levels of smoking and other risk factors for poor health and wellbeing, the importance of ensuring prevention was highlighted substantially and it was agreed that this would be integrated into the commissioning plans of all organisations. In addition, cancer mortality rates were identified as being of ongoing concern along with the need to strengthen support for individuals living with long term conditions. This was similarly supported by HWB members.

3.4 Mental Health

3.4.1 At its June 2016 meeting the HWB focused on mental health, with papers presented by Medway CCG, the Kent and Medway crisis concordat, Kent and Medway NHS Social Care Partnership Trust and Medway Council. The HWB agreed unanimously to support the development of a greater integrated approach to mental health involving all relevant partners across all sectors. The first step for this was a multi-agency stakeholder workshop held in October.

3.4.2 Following this workshop, proposals were submitted to the HWB for a multi-agency mental health strategy to be developed. Work to develop this is now being taken forward.

3.5 Commissioning Plans

3.5.1 In March 2016 the HWB reviewed and provided comments on the 2016/17 commissioning plans of Medway CCG and Medway Council, ensuring that they took account of and were aligned to, priorities identified within Medway’s HWS. The HWB will be responsible for similarly reviewing 2017/18 commissioning plans in March 2017.

3.6 Better Care Fund Plan

3.6.1 The principle of the Better Care Fund (BCF) is for health and social care services to work in partnership in an integrated way through a single pooled budget.

3.6.2 This commitment to an integrated systems approach and partnership working aligns directly with the principles highlighted in the HWS, to Council priorities and to the Medway CCG Commissioning Plan.

3.6.3 The HWB continues to oversee the development of Medway’s BCF Plan, which came into force on 1 April 2015. At is meeting in June 2016, the HWB endorsed the individual schemes and services included within the scheme specifications of the draft Section 75 Pooled Fund for the Better Care Fund for
2016/17, and progress updates on the BCF plan are presented to the Board on an ongoing basis.

4. **Risk management**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
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<tbody>
<tr>
<td>Lack of progress in improving health outcomes</td>
<td>Effective action not taken by partners to implement Joint Health and Wellbeing Strategy</td>
<td>Commissioning plans reviewed by HWB. Review of outcome indicators</td>
</tr>
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5. **Financial and legal implications**

5.1 There are no direct financial or legal implications of this report.

6. **Recommendations**

6.1 The Committee is asked to note and provide formal comment on the information provided in this report.

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**Appendices**

None.

**Background papers**
