

## **CABINET**

**6 SEPTEMBER 2011**

### **ESTABLISHMENT OF A SHADOW HEALTH AND WELLBEING BOARD IN MEDWAY**

Portfolio Holders: Councillor Rodney Chambers, Leader  
Councillor David Brake, Adult Services

Report from: Alison Barnett, Director of Public Health

Author: Julie Keith, Head of Democratic Services

#### **Summary**

This report sets out proposals for the establishment of a shadow Health and Wellbeing Board (HWB) in Medway from April 2012 in response to the Health and Social Care Bill and following a facilitated event with key stakeholders in Medway on 11 July 2011.

#### **1. Budget and Policy Framework**

- 1.1 All upper tier Councils will be required to establish a Health and Wellbeing Board by April 2013 if the relevant provisions of the Health and Social Care Bill are enacted.
- 1.2 Development of the local Joint Strategic Needs Assessment (JSNA) will become a statutory responsibility of the Health and Wellbeing Board together with preparation of a Joint Health and Wellbeing Strategy, which at a minimum will have to address the needs identified in the JSNA.
- 1.3 The Department of Health has recently expressed its expectation that the majority of local authorities will have a Shadow Health and Wellbeing Board in place by October 2011. A network of early implementers has been established by the Department of Health involving in the region of 137 other local authorities. Medway has recently joined the network as this will provide access to shared learning, best practice, advice and guidance.

#### **2. Background**

- 2.1 The Health and Social Care Bill takes forward the areas of the White Paper, Equity and Excellence: Liberating the NHS (July 2010) and the subsequent Government response Liberating the NHS: legislative framework and next steps (December 2010) which require primary legislation.

- 2.2 The Bill outlines a new role for local authorities in the co-ordination, commissioning and overview (including scrutiny) of health, social care (both adults and children's), public health and health improvement. The key duties that Medway will have following enactment of the Bill are as follows:
- Creation of a Health and Wellbeing Board
  - Transfer of public health and health improvement functions from NHS Medway, including a ring-fenced budget
  - Expansion of the health and social care scrutiny functions
  - Establishment of a local Health Watch.
- 2.3 Upper tier local authorities will be required to set up a Health and Wellbeing Board which will be a statutory Committee responsible for promoting integrated working between health and social care commissioners, as well as promoting joint working with commissioners of services that impact on wider health determinants (for example, housing). The production of the JSNA and the Health and Wellbeing Strategy will be the responsibility of this Board. The main provisions in the Health and Social Care Bill relating to Health and Wellbeing Boards (HWBs) are summarised at Appendix 1 to this report.
- 2.4 In June, the NHS Futures Forum (chaired by Professor Steve Field) reported its findings. The Government established the Forum when it announced a period of "pause and reflect" in relation to the Health and Social Care Bill. The Forum was tasked to seek the views of NHS staff, patients, public and stakeholders on the changes outlined in the Bill. The Futures Forum reported on 13 June and the Government outlined its responses to the recommendations on the 14 June.
- 2.5 The most significant change in response to the period of "pause and reflect" is that proposed GP Consortia will now become Clinical Commissioning Groups (CCGs) comprising a broader membership from across the NHS and local communities. Before establishing any Clinical Commissioning Group, the NHS Commissioning Board will be required to consult, and take into account the views of, the local Health and Wellbeing Board.
- 2.6 The Government has also outlined that HWBs will:
- have a duty to involve users and the public
  - be involved throughout the process as CCGs develop their commissioning plans and there will be a stronger expectation for the plans to be in line with the Health and Wellbeing Strategy
  - be able to refer CCG commissioning plans back to CCGs or the NHS Commissioning Board for further consideration if they are deemed not to comply sufficiently with the local Health and Wellbeing Strategy or JSNA
  - have a pivotal role in promoting joint commissioning and integrated provision between health, public health and social care
  - play a formal role in authorising Clinical Commissioning Groups; the NHS Commissioning Board will have to take the views of the HWB into account in their annual assessment of CCGs
  - continue to operate as a Committee of the local authority; it will be a matter for each upper tier authority to determine the number of Councillors appointed to the HWB and it will be possible to have a majority of Councillors if they so wish
  - be subject to overview and scrutiny by the local authority's relevant Overview and Scrutiny Committees

2.7 The following programme of activity is underway in Medway to take forward the establishment of a shadow Health and Wellbeing Board by April 2012:

Action	Timeline
Brief members of the Cabinet, Health Partnership Board and Health and Adult Social Care Overview and Scrutiny Committee	June 2011
Facilitated event involving key stakeholders to consider and formulate recommendations in relation to: <ul style="list-style-type: none"> <li>• Constitution and Terms of Reference of Shadow HWB including scope for inclusion of wider determinants of health</li> <li>• Membership of Shadow HWB</li> <li>• Key relationships and ongoing dialogue with other forums eg providers, LSP and strategic partnerships, NHS Commissioning Board, Children's Trust</li> <li>• Transition arrangements</li> <li>• Work programme for HWB and delivery arrangements</li> </ul>	Monday 11 July
Health and Adult Social Care O and S Committee, Health Partnership Board and Medway CCG invited to comment on proposed membership, terms of reference and modus operandi of Shadow HWB	August 2011
Report to Cabinet seeking approval to establishment of Shadow HWB from 1 April 2012 with pre-shadow Board meeting from October 2011	6 September 2011
First meeting of pre-shadow HWB	October 2011
Refresh of Medway's JSNA via HWB	By April 2012
Shadow Health and Wellbeing Board goes live	1 April 2012
Development of Health and Wellbeing Strategy	2012/13
HWB goes live	1 April 2013

### 3. Outcome of facilitated event on 11 July 2011

3.1 On 11 July Medway hosted a facilitated event to explore the key issues surrounding the establishment of a HWB to which the following stakeholders were invited to participate:

- All Cabinet members
- Opposition Group Leaders
- Chairman and Opposition Spokespersons on Health and Adult Social Care and Children and Young People's Overview and Scrutiny Committees

- Chief Executive Medway Council
- Director of Public Health - Medway
- Director of Children and Adults - Medway (plus relevant Assistant Directors)
- Assistant Director Communications, Performance and Partnerships – Medway
- Director of Regeneration Community and Culture
- Assistant Director, Housing and Corporate Services
- LINK/Healthwatch representatives
- Chief Executive and Deputy Chief Executive of Kent and Medway PCT Cluster
- Chief Executives of Medway NHS Foundation Trust, Medway Community Healthcare and Kent and Medway NHS and Social Care Partnership Trust
- Representatives of Medway's GP Consortium
- All members of Medway's Health Partnership Board

3.2 There were 26 delegates at the 11 July event with good representation from across the range of stakeholders listed in paragraph 3.1 above.

3.3 The programme for the event is attached at Appendix 2 to this report and feedback under each of the key issues considered is set out in Appendix 3.

#### **4. Proposed composition, terms of reference and working arrangements for a Shadow Health and Wellbeing Board**

The full statutory responsibilities of the HWB will not be known until the Health and Social Care Bill is enacted. The Bill envisages that local authorities will establish the HWB as a Committee of the Council (to be treated as if it were appointed under section 102 of the Local Government Act 1972 to enable people other than Councillors to be appointed to the membership). This will have to be agreed at a meeting of Medway Council in the early part of 2013. In the meantime Shadow HWBs can only be advisory bodies with no executive decision-making powers. Therefore the Cabinet is recommended to establish a Shadow HWB in Medway from 1 April 2012 as a Cabinet Advisory Group which will start meeting in pre-shadow form from October 2011. The proposed working arrangements for the Shadow HWB are set out below:

##### **4.1 Membership**

It is proposed that the membership of the pre-shadow HWB should reflect current provisions in the Bill as follows:

At least one Councillor nominated by the Leader (who could be the Leader)\*  
 The Director of Children and Adult Services\*  
 The Director of Public Health\*  
 A representative of the local HealthWatch/LINK organisation\*  
 A representative of the Clinical Commissioning Group\*  
 PCT Cluster Chief Executive (or her nominee) until April 2013

\*denotes statutory member under current provisions of Health and Social Care Bill

(Note: Once the Bill is enacted the NHS Commissioning Board\* will be required to send a representative to participate in the preparation of the JSNA

and Joint Health and Wellbeing Strategy. It will have to also send a representative on request to discuss any matter relating to its local commissioning responsibilities.)

The Department of Health has advised that HWBs will discharge executive functions and should operate as equivalent executive bodies do in local government. The HWB will be holding commissioners to account and will itself be subject to scrutiny by the Council's Overview and Scrutiny Committees. Further work is required to set up appropriate governance arrangements in this context and in particular a clear relationship between the HWB and other key partnerships such as the Children's Trust and Community Safety Partnership. In the meantime the Leader will nominate Councillors to be appointed by the Cabinet to the Pre-Shadow and Shadow Board. In line with wishes expressed by the Medway CCG, it is suggested that the CCG should have 3 places on the Board in the Shadow year to provide an opportunity for more than one GP to be involved in the development of the work programme for the Board.

As part of agreeing its new structure earlier in the year, the LSP Board determined that for the purposes of leading and co-ordinating work on health and social care in Medway, the HWB once established, would replace the existing Health Partnership Board. As a Committee of the Council the HWB will, of course, have a different legal status to other lead partnerships affiliated to the LSP, but it is not considered sensible to sustain the Health Partnership Board, once the HWB is established. As part of implementation the Council will need to discuss with partners at what point the Health Partnership Board is wound down. This could be once the HWB is established in shadow or final form. There will need to be an ongoing mechanism in place for dialogue between the HWB and provider trusts and other stakeholders.

#### 4.2 Proposed terms of reference

The proposed terms of reference for the Shadow HWB (and pre-shadow Board) are as follows broadly reflecting the provisions in the Health and Social Care Bill at this stage and the response from the Government to the report of the Futures Forum:

- (i) To prepare the JSNA which identifies the current and future health and wellbeing needs of the local population and may address needs around wider determinants of health, for approval by the relevant partners as required.
- (ii) To prepare a Joint Health and Wellbeing Strategy for Medway to meet the needs identified in the JSNA, for approval by relevant partners as required.
- (iii) To prepare the Medway Pharmaceutical Needs Assessment for approval by relevant partners as required.
- (iv) To promote integrated working between commissioners of NHS, public health and social care services for the benefit of the health and wellbeing of the people of Medway.
- (v) To provide advice, assistance or other support appropriate for the purpose of encouraging the making of arrangements under section 75

of the National Health Service Act 2006 (ie arrangements under which NHS bodies and local authorities agree to exercise specified functions of each other.

- (vi) To keep commissioning plans for healthcare, social care (adult and children's services) and public health under review to ensure they are taking into account the JSNA and local HWB Strategy.
- (vii) To advise Medway Council's Cabinet of its views on whether the local authority is discharging its duty to have regard to the JSNA and Joint Health and Wellbeing Strategy in discharging its relevant functions
- (viii) To consider, and where appropriate, refer CCG commissioning plans back to the CCG or the NHS Commissioning Board for further consideration if they are deemed not to sufficiently comply with the local Health and Wellbeing Strategy.
- (ix) To encourage persons who arrange for the provision of services related to wider determinants of health such as housing, to work closely with the Board and other commissioners of health and social care
- (x) To involve users and the public in the work of the Board, as appropriate.
- (xi) To play a formal role in authorisation and annual assessment of the Medway Clinical Commissioning Group.

#### 4.3 Initial work programme

The initial work programme for the Shadow Board needs to be formulated by the pre-shadow Board. Taking into account the outcomes of the facilitated event on 11 July it is recommended that the work programme should include as a minimum:

- (i) overseeing a refresh of the JSNA with appropriate input from relevant stakeholders ( the pre-shadow Board will need to initiate this work if a refresh is to be achieved by Spring 2012)
- (ii) formulation of a process for development of a Medway Health and Wellbeing Strategy
- (iii) Identification and implementation of two key areas of focus for an action-learning approach during 2011 - 2013 to assist the Board to develop effective and successful ways of working
- (iv) development of an engagement strategy for dialogue with other key partners, stakeholders, service users and the public
- (v) development of proposed governance arrangements for the HWB from April 2013 for approval by Medway Council, including clear procedures covering issues of conduct, frequency of meetings, arrangements for voting, a quorum , relationships with the Children's Trust, local safeguarding arrangements, the Community Safety Partnership and Overview and Scrutiny Committees among others. (Note: This will be

subject to any further revisions to timescales in the Health and Social Care Bill)

#### 4.4 Next steps

4.4.1 If the Cabinet agrees to the proposals in this report a Shadow Health and Wellbeing Board will be set up in Medway from April 2012 with a pre-shadow Board meeting from October 2011; both to be constituted as Cabinet Advisory Groups. Views have been invited from the Health and Adult Social Care Overview and Scrutiny Committee, the Health Partnership Board and the CCG Board. The feedback from each is set out in paragraph 6 below. The Children and Young People Overview and Scrutiny Committee will be advised of progress at its next meeting in October.

### 5. Risk management

5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>
Failure to meet statutory timescales for introduction of HWB	Medway fails to meet statutory timescales for establishment of a Health and Wellbeing Board	The proposed plan builds in time and scope for all stakeholders to be involved in setting up the HWB with a clear timeline for achieving key milestones

### 6. Consultation

6.1 The proposed programme of activity leading to the establishment of a Health and Wellbeing Board in Medway provides for stakeholder engagement. The involvement of the LINK/local Health Watch will ensure the views of patients and service users are reflected.

6.2 Views on the proposed approach have been sought during August from the Health and Adult Social Care Overview and Scrutiny Committee, the Health Partnership Board (at its meeting with Delivering Health Together in Medway Board) and the Medway Clinical Commissioning Group Board. Comments from each are summarised as follows for consideration by the Cabinet

### **6.3 Health Partnership Board (HPB)/Delivering Health Together in Medway Board - 10 August 2011**

There was broad support for the approach outlined in the report. It was agreed that the Shadow Health and Wellbeing Board would need to ensure that public involvement and contact with hard to reach groups was addressed as it developed an engagement strategy. Reference was made to scope for partners to work together on public engagement and the potential of engaging with the 10,000 members of the Medway NHS Foundation Trust. Finally reference was made to continuing uncertainty relating to the funding for LINKs and Health Watch organisations who will have statutory representation on the Board. It is planned that one of the main items of business at the next meeting of the HPB with the Delivering Health Together in Medway Board on 12 October will be discussion about the Health and Wellbeing Board and how it should engage with provider organisations.

### **6.4 Medway Clinical Commissioning Board - 17 August 2011**

The CCG Board also expressed support for the approach outlined in the report and will be nominating three GPs to serve on the Board during its shadow phase.

### **6.5 Health and Adult Social Care Overview and Scrutiny Committee - 18 August 2011**

The Committee made several suggestions and comments relating to the shadow phase of the Board:

- i) that whilst there will be national strategies and priorities for the Board to accommodate it is hoped that the work of the Board will predominantly focus on meeting the needs and priorities identified at a local level in Medway
- ii) that the Kent Fire and Rescue Service should be included in the list of groups and organisations to be included in the Board's engagement strategy
- iii) that the Cabinet should be advised of a request from the Overview and Scrutiny Committee for specific feedback on how the work of the HWB Board is to be resourced and concerns expressed that without a budget the effectiveness of the Board could be compromised
- iv) that the composition of the Shadow HWB Board should include places for members from each of the two main opposition party groups on the Council noting that it may not be appropriate for these places to be occupied by members who are also on the Health and Adult Social Care or Children and Young People Overview and Scrutiny Committees because the Board is likely to be subject to scrutiny and this could give rise to a conflict of interest
- v) that the Chairman of the Shadow HWB Board should be invited to attend a meeting of the Health and Adult Social Care Overview and Scrutiny Committee in 6 months time to report and answer questions on the progress being made



## **7. Financial and legal implications**

- 7.1 The requirement to establish a local Health and Wellbeing Board is subject to enactment of the Health and Social Care Bill. The Health and Wellbeing Board will be a statutory Committee of the Council. In the meantime a pre-shadow and shadow HWB can have advisory status only.
- 7.2 There is no budget provision for work associated with establishment of the Shadow HWB. At this stage it is difficult to accurately project the future cost of supporting the Board. This will be estimated for the purposes of the formulation of the Councils budget for 2012/13. In the meantime the additional work associated with setting up a Shadow Board is being met from within existing resources.
- 7.3 The cost of the facilitated event in July 2011 was met from the 2011/12 Member Learning and Development budget.

## **8. Recommendations**

- 8.1 The Cabinet is recommended to agree to establish a Shadow Health and Wellbeing Board in Medway from 1 April 2012 as a Cabinet Advisory Group which will start meeting in pre-shadow form from October 2011, with the proposed membership, terms of reference and initial work programme as set out in section 4 of the report.
- 8.2 The Cabinet is asked to note the comments from the Health Partnership Board, Clinical Commissioning Group Board and the Health and Adult Social Care Overview and Scrutiny Committee and to agree these should be taken into account by the Board as it develops its work programme and
- 8.3 The Cabinet is asked to respond to the request from the Health and Adult Social Care Overview and Scrutiny Committee for feedback on resourcing the work of the Board.

## **9. Suggested Reasons for Decision**

- 9.1 The establishment of a shadow Health and Wellbeing Board responds to the requirements of the Health and Social Care Bill and follows a facilitated event with key stakeholders in Medway on 11 July 2011.

### **Lead officer contact**

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### **Background papers**

Health and Social Care Bill



**Health and Social Care Bill 2011 – provisions relating to Health and Wellbeing Boards**

<p>Duty to establish a HWB by April 2013</p>	<p>Every upper tier local authority is required to establish a Health and Wellbeing Board for its area – to be treated as if it were a Committee under section 102 of the Local Government Act 1972</p>
<p>Membership must consist of</p>	<p>At least one Councillor nominated by the Leader (who could be the Leader)  The Director of Adult Social Services  The Director of Children’s Services  The Director of Public Health  A representative of the local Healthwatch organisation  A representative of each relevant commissioning consortium ie local Clinical Commissioning Group  Other persons or representatives as the local authority thinks appropriate</p> <p>(The HWB may itself appoint additional members)</p> <p><b>Note:</b> The NHS Commissioning Board will be required to send a representative to participate in the preparation of the JSNA and Joint Health and Wellbeing Strategy. It will have to also send a representative on request to discuss any matter relating to its local commissioning responsibilities</p>
<p>Functions of HWBs</p>	<p>Duty to promote integrated working between commissioners of NHS, public health and social care services for the benefit of the health and wellbeing of the local population</p> <p>Must provide advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 (ie arrangements under which NHS bodies and local authorities agree to exercise specified functions of each other).</p> <p>May encourage persons who arrange for the provision of services related to wider determinants of health such as housing,</p>

	<p>to work closely with the Board and commissioners and may encourage such persons to work closely with commissioners of health and social care services</p> <p>Preparation of the JSNA which identifies the current and future health and wellbeing needs of the local population and may address needs around wider determinants of health</p> <p>Preparation of Joint Health and Wellbeing Strategy to meet the needs Identified in the JSNA</p> <p>May inform the local authority of its views on whether the local authority is discharging its duty to have regard to the JSNA and Joint Health and Wellbeing Strategy in discharging its relevant functions</p> <p>Duty to involve users and the public</p> <p>Preparation of the Medway Pharmaceutical Needs Assessment</p> <p>Formal role in authorisation and annual assessment of Clinical Commissioning Groups</p> <p>Involvement in process as CCGs develop their commissioning plans.</p> <p><b>(Note:</b> There is provision in the Bill enabling the Council to delegate any of its functions to the HWB).</p>
Power to call for information	The HWB may request information from the local authority and any person on the Board representing the local Healthwatch organisation or GP Consortia and any other person serving on the Board appointed by the Council or the Board itself

## Appendix 2

### Medway Health and Wellbeing Board Development Workshop

Monday 11 July 2011 - 3.30pm to 7.15pm

St Georges Centre, Pembroke Road, Chatham Maritime, Chatham ME4 4UH

#### Objectives:

To ensure everyone has a good understanding of how the wider health and social care economy fits together now and what the proposed changes are likely to mean in practice;

To identify the scope and remit of the new Health and Wellbeing Board and how it needs to work in order to be successful;

To identify the key groups, partnerships and organisations, which the Health and Wellbeing Board will need to work with;

**Facilitator:** Judy Oliver

#### Programme

3:30 pm	Refreshments available
4:00	Welcome and Opening Rounds
	How does the wider Health and Social Care Economy 'fit together' now?
	How is it likely to change by 2013?
	What is the scope and remit of the Health and Wellbeing Board?
5:30	Break
5:45	What are the strategic challenges in Medway that the Board needs to address?
	If the Board is going to be really effective, what outcomes do you want it to achieve by 2013?
	Who will the Health and Wellbeing Board need to relate to in order to implement the strategy for Medway
	How will the Board relate practically to other Partnership Boards and Stakeholders?
	Next Steps for Implementation
7:15	Close



## **Feedback from Medway Health and Wellbeing Board Development Workshop**

**Monday 11 July 2011 - 3.30pm to 7.15pm**

### **Present:**

#### **Medway Councillors:**

Rodney Chambers – Leader of the Council

David Brake – Cabinet member with responsibility for Adult Services

David Wildey – Cabinet member with responsibility for Children's Social Care

Councillor Geoff Juby – Leader of the Liberal Democrat Group

John Avey – Chairman of the Health and Adult Social Care (HASC) Overview and Scrutiny Committee (OSC)

Councillor Wendy Purdy – Vice Chairman of the HASC OSC

David Royle – Chairman of the Children and Young People (CYP) OSC

Councillor Adam Price – Labour Opposition Spokesperson on CYP OSC

Councillor Diana Smith – Liberal Democrat Opposition Spokesperson on CYP OSC

#### **Medway Council Officers:**

Neil Davies, Chief Executive, Medway Council

Rose Collinson, Director of Children and Adults

Stephanie Goad, AD, Communication, Performance and Partnerships

Richard Hicks, AD, Customer First, Leisure, Culture, Democracy and Governance

Dr Alison Barnett, Director of Public Health

Julie Keith, Head of Democratic Services

Rosie Gunstone, Democratic Services Officer

#### **NHS Medway and PCT Cluster**

Ann Sutton, Chief Executive, NHS Kent and Medway

Helen Buckingham, Deputy Chief Executive, NHS Kent and Medway

#### **Medway Community Healthcare**

Martin Riley, Chief Executive, Medway Community Healthcare

Peter Horn, Chairman, Medway Community Healthcare

#### **Medway NHS Foundation Trust**

Lois Howell, Director of Governance and Risk, Medway NHS Foundation Trust

#### **Medway Clinical Commissioning Group**

Dr Peter Green, Chairman of Medway Clinical Commissioning Group

Dr Awadh Jha, Medway Clinical Commissioning Group

Dr Manpreet Pujara, Medway Clinical Commissioning Group

**Medway LINK**

David Harris, Medway LINK

Richard Beckwith, Kent and Medway Networks Ltd (host for LINK)

**Kent and Medway NHS and Social Care Partnership Trust**

John Hughes, Director of Community Recovery, Kent and Medway NHS and Social Care Partnership Trust

**Health Partnership Board**

Martin Featherstone, Health Partnership Board

**Facilitator**

Judy Oliver, facilitator, Oliver and Company (UK) Ltd



**The following notes summarise the discussion and conclusions arising from this event:**

**The Health and Wellbeing Board - potential positives and negatives:**

What it should not be	What it should be
<ul style="list-style-type: none"> <li>• A talking shop</li> <li>• Bureaucratic</li> <li>• Change for change sake</li> <li>• Lacking in focus</li> <li>• Protected silos</li> <li>• More red tape</li> <li>• Jargon</li> <li>• Switched off</li> <li>• Adults only</li> </ul>	<ul style="list-style-type: none"> <li>• Transparent</li> <li>• Accountable</li> <li>• Listening</li> <li>• Accessible</li> <li>• Informed</li> <li>• Committed</li> <li>• Representative</li> <li>• Adding value</li> <li>• Championing</li> <li>• Continuous improvement</li> <li>• Innovative</li> <li>• Giving balance to wellbeing not illness</li> <li>• Cost effective</li> <li>• Doing what it says it will do</li> <li>• Action orientated</li> <li>• Celebrating what works well</li> <li>• Open and honest</li> <li>• Engaging with the third sector</li> <li>• Not ageist</li> <li>• Inclusive</li> <li>• Worth the investment needed</li> <li>• Doing the best it can</li> <li>• Demonstrating leadership</li> <li>• In touch with local people</li> </ul>

**Membership and remit of the board**

There was consensus that during the developmental stage the remit and work programme of the Shadow (and pre-Shadow) Board should have a clear and realistic focus. The view was expressed that initially membership of the Board should not go beyond the statutory requirements listed in the Health and Social Care Bill ie at least one Councillor nominated by the Leader, The Director of Children and Adults, Director of Public Health, Health Watch, Clinical Commissioning Group/PCT Cluster plus NHS Commissioning Board as required. The Board will need to develop an engagement strategy for ongoing dialogue and input by providers, other key partners, service users and the public.

## **Key questions the Health and Wellbeing Board will need to address in assessing effectiveness:**

- Has the Board ensured representation has been sought from hard to reach groups and does it really know about their needs?
- Has the Board made a difference and is it measuring the right things?
- Has it overcome cultural barriers with individuals, families and organisations?
- Has it identified successes?
- Has it enabled partners to work together without causing clogging?
- Has it found what works and what does not in order to ensure investment in the right things?
- Is it enabling value for money?
- How can the person on the street see the positive changes?
- Are partners commissioning in line with the Joint Strategic Needs Assessment and Health and Wellbeing Strategy?
- Have resources been used appropriately and effectively?
- Has the Board minimised waste across the various sectors involved in commissioning through more effective joint working?
- How will the Board be confident that it has rebalanced the system and taken £18m out?
- Can the Board assure itself that health and wellbeing systems are joined up for adults with mental health and that risk has been managed? (this should also cover the migration to a new mental health provider)

## **Key roles and responsibilities**

**In small groups participants considered worked examples of alcohol misuse, heart disease and dementia to establish the role of the new HWB and how it would relate the rest of the health, public health and social care systems. The key points arising from this exercise were:**

- The Health and Wellbeing Board will develop, agree and review the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy.
- One of the key roles of the HWB will be to determine priorities and map who needs to be involved in delivering solutions
- Work on the balance between prevention, intervention and aftercare was discussed
- The new Board represents an opportunity for strengthening the local evidence base for where preventative action works and for working across organisational boundaries to make it easier for people to make lifestyle changes. As an example of this, GPs present commended the Council for providing access for older people to free swimming
- A key strength will be joint ownership of these strategies by the Council and CCG via shared membership of the HWB
- It will be a challenge to ensure that commissioning plans across a multiplicity of agencies take account of the JSNA and HWB Strategy
- There could be tensions between delivery of national strategies and priorities and the ambitions of the HWB and commissioners to achieve a local focus

- Commissioners should be encouraged to seek support from the new clinical senate
- Regular monitoring and review will be a key role for the HWB

### **Key relationships**

**The conclusion of the participants was that the HWB would need to develop a strategy for engagement with a wide range of groups including:**

- Local Strategic Partnership
- Community Safety Partnership
- Overview and Scrutiny Committees
- Schools and Colleges
- Medway Health Watch
- Support groups
- Council for Voluntary Services
- Youth Groups
- Police
- Providers of services (not just NHS)
- Social and business networks
- Unions
- Youth Parliament
- Older People's Partnership
- Advocacy groups
- Children's Trust
- Service user groups/patients and public

### **Key themes/work programme for the Board**

It was agreed to set realistic expectations for the Board and to tackle a few things well rather than to take on too many issues and thereby fail to deliver. Tangible outcomes will be important. The role and work programme of the Board also needs to be clear.

The scope for the Board to work with the providers of services related to the wider determinants of health was discussed and it was accepted that there would be complex issues to address to make this meaningful.