

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 23 November 2011.

PRESENT: Dr J Allingham, Ms J Bostock (Substitute for Dr S Lundy), Dr B Bowes, Ms H Buckingham (Substitute for Ms A Sutton), Dr M Cantor (Substitute for Dr Fiona Armstrong), Mr P B Carter, Dr S Chaudhuri, Cllr M A Coffin (Substitute for Cllr M Worrall), Cllr J Cunningham, Mr G K Gibbens, Mr R W Gough, Cllr L Ingham (Substitute for Mr A Bowles), Mr A Ireland, Mr R Kendall, Ms M Peachey, Dr R Pinnock, Dr G Singh, Mr C Tomson, Mrs J Whittle and Dr D Woodhead

ALSO PRESENT: Cllr R Davison

IN ATTENDANCE: Ms S Brown (Business Manager - Public Health Unit) and Mr P Sass (Head of Democratic Services)

UNRESTRICTED ITEMS

12. Welcome

(Item 1)

The Chairman, Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform (KCC), welcomed everyone to this second meeting of the Shadow Health and Wellbeing Board.

13. Substitutes

(Item 2)

The following apologies and substitutes were received and noted:

Katherine Kerswell

Ann Sutton (represented by Helen Buckingham)

Dr Simon Lundy (represented by Jenny Bostock)

Cllr Mark Worrall (represented by Cllr Martin Coffin)

Dr Fiona Armstrong (represented by Mr Mick Cantor)

14. Declaration of Interests by Members in Items on the Agenda for this meeting

(Item 3)

Roger Gough explained that a template for the formal registration of interests by members of the Shadow Health and Wellbeing Board had been prepared and that it would be sent out to Board members for their views on the format and requested interest categories. Once agreed, Board members would be asked to complete the register with their own interests under each relevant category and return it to Peter Sass who would maintain a central register of interests. Even after completion, Board members would be required to declare any relevant interests at meetings of the

Shadow Health and Wellbeing Board if there was an item on the agenda that related to one of their registered interests. Any declared interests would be recorded in the minutes of Board meetings.

No members of the Shadow Health and Wellbeing Board declared any interests in relation to items on the agenda for this meeting.

15. Previous minutes/action points

(Item 4)

Referring to the minute of the discussion under item 7 (Our Vision for the role of the Health and Wellbeing Board), Jenny Whittle asked for the minutes to be amended to make reference to the need for a review of integrated provision for occupational therapy waiting times for children and young people, rather than the reference in the minutes to there having already been a successful pilot.

Subject to the above amendment, the Board agreed that the Minutes of the meeting held on 28 September 2011 were a correct record and authorised the Chairman to sign them as such.

Paul Carter updated the Board on the excellent progress being made on the Kent Health Commission in the Dover District area with Localis. The Commission was a forward-thinking project that sought to effect real change by re-shaping services delivered by acute hospital trusts, GPs and social care, with a view to achieving improved outcomes for community health by improving pathways for patients and managing budgets more efficiently. The Commission had its first meeting recently, which had been attended by Charlie Elphicke MP and he added that the Secretary of State for Health, Andrew Lansley, was very keen on the proposal and had asked for an interim report on progress by mid-December. Paul Carter stated that this was an exciting development and exactly the sort of thing that the Health and Wellbeing Board should be encouraging and supporting, adding that even a 5% saving on acute health budgets would produce £6 to £7m every year for community health spend.

Dr Chaudhuri declared a personal interest in the discussion on the Kent Health Commission as the clinical lead for the Dover Locality, South Kent CCG.

16. Health Needs for Kent - Health & Social Care maps - the JSNA for Kent - getting the right product

(Item 5)

Roger Gough explained that the agenda for this meeting had three main and connected strands: the Joint Strategic Needs Assessment (JSNA); the Health and Wellbeing Strategy; and developing provider relationships. With regard to the JSNA, he stated that it would come back to the Board in January for endorsement.

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, introduced Andrew Ireland, the recently appointed Corporate Director of Families and Social Care, to the Board.

Graham Gibbens introduced the draft JSNA, stating that it was currently out for consultation and being amended and improved all of the time prior to being adopted formally in March 2012 and that he welcomed any comments or suggestions as to

how the document could be shaped and further improved by the Board. He stated that the key to producing a good JSNA was about bringing together intelligence about the health and social care needs for the good of the people of Kent.

It was noted that one area of the document that would change was in relation to services for mental health and Mr Gibbens stated that CAMHS were currently reviewing the document with a view to providing much more information for the next iteration. Mr Gibbens referred to a number of examples in the current version of the document where there was excellent statistical information that would undoubtedly lead to intelligent and appropriate commissioning of relevant services.

A number of specific comments were made about where the document could provide more detail, such as in relation to local demographic information and population trends; determinants of health inequalities in different District areas; and where preventative services could have a wider role in reducing the need for other services.

CCG representatives welcomed the document and expressed the desire for it to be finalised as quickly as possible so that it could inform their commissioning plans, procurement activity, the relative priority attached to each service provided and the targeting and marketing of those services.

17. Towards a Health & Wellbeing Strategy *(Item 6)*

Andrew Scott-Clark, Director of Health Improvement (KCC) gave a presentation on the development of a Health and Wellbeing Strategy. The presentation discussed the context for the development of the Strategy and the strategy timescales for the purposes of guiding commissioning intentions. Of particular significance were the proposed priorities, which came out of the workshops earlier in the year. These were:

- Dementia
 - Early diagnosis
 - Integrated model
 - Accessible care pathways
- CAMHS
- Addressing Health Inequalities
- Equity of Health provision
- Integrated commissioning
- Push for 5% more investment in primary and community through shift in funding

It was suggested that these priorities were used to develop a shadow shadow Health and Wellbeing Strategy between now and the end of the financial year and that the period between April and October 2012 be used to iteratively develop the full Kent Health and Wellbeing Strategy, which would feed into the development of CCG and other Commissioners' Plans between October 2012 and March 2013.

Roger Gough asked the Board to discuss whether they thought the proposed priorities were the correct ones, adding that he thought it was better to start "lean and focused" at the beginning.

Paul Carter stated that the proposed priorities for the Health and Wellbeing Strategy were not dissimilar to those being examined by the Kent Health Commission in the Dover area, which he referred to earlier in the meeting.

A number of comments and suggestions were made by Board members, as follows:

- It was right to have Dementia as a priority, but the number of falls by elderly people had increased a great deal.
- Services for children were crucial, particularly healthy eating
- Increased joint-working was key to the future successful implementation of the Strategy, such as in relation to bed-blocking and improved pathways
- It was important to ensure that the Board was measuring the right things
- A suggestion was made that the Strategy should include Kent-level information, from which individual CCGs could tailor their priorities
- It was important to be realistic about what could be achieved in the Strategy and not seek to raise expectations too highly
- Health Inequalities was too broad and that it should be broken down to its individual determinants in different areas, e.g. obesity and smoking, so that individual CCGs could decide how best to tackle Health Inequalities in their own areas

Roger Gough thanked the Board for their helpful suggestions and comments, adding that the strategy was iterative and would come back to the Board again in January for further discussion.

18. Developing provider relationships, what does the Health and Well-Being Board need?

(Item 7)

Helen Buckingham introduced the item on developing provider relationships and what the Health and Wellbeing Board would need from these relationships. In particular, the Board was reminded that it had agreed there was a need for means to support the Board in engaging with Healthcare providers and a proposal was made to utilise Clinical Leadership Groups as such a mechanism.

The Board was in broad agreement to the role that the Clinical Leadership Group could have, as long as there was no “mission creep” and the Health and Wellbeing Board needed to be focused on commissioning. It was agreed that there was more work to do in relation to the specific roles and practical objectives for the CLG and that it would come back to the next meeting for a discussion.

19. Future dates to April 2013

(Item 8)

The following dates for future meetings were noted:

18 January 2012
21 March 2012
30 May 2012
18 July 2012

19 September 2012
21 November 2012
30 January 2013
27 March 2013