

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in Pendragon, Invicta House, County Hall, Maidstone on Wednesday, 30 May 2012.

PRESENT: Mr R W Gough (Chairman), Dr Fiona Armstrong, Dr B Bowes, Ms H Buckingham (Substitute for Ms A Sutton), Dr S Chaudhuri, Cllr J Cunningham, Cllr R Davison, Mr G K Gibbens, Dr M Jones, Mr R Kendall, Dr S Lundy, Cllr M Lyons, Dr T Martin, Dr R Pinnock, Mr C Tomson and Mrs J Whittle

ALSO PRESENT: Rebecca Barraclough, Kent LINK and Roderick Smith observing

IN ATTENDANCE: Ms C Davis (Strategic Business Advisor), Ms S Gratton (Head of Integrated Commissioning for NHS Eastern & Coastal Kent), Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Ms E White (Associate Director of Integrated Commissioning for Kent and Medway) (Public Health Specialist) and Mr P Wickenden (Democratic Services Transition Manager)

UNRESTRICTED ITEMS

41. Chairman's Welcome

(Item 1)

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

42. Substitutes & Apologies

(Item 2)

The following apologies were received and noted:

Councillor Lesley Ingham, Mr Paul Carter and Ms Ann Sutton

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

(Item 3)

There were none.

44. Previous Minutes/Action Points - 21 March 2012

(Item 4)

The Board agreed that the Minutes of the meeting held on 21 March 2012 were a correct record and that they be signed by the Chairman.

Matters Arising

Children's Centres

The Shadow Health and Wellbeing Board reminded the supporting officers that a map showing the location of the Children's Centres across Kent was required.

The Late Mark Worrall

The Board noted with sadness the recent death of Councillor Mark Worrall, Leader of Tonbridge and Malling Borough Council and placed on record their recognition for his contribution to the Shadow Health and Wellbeing Board.

45. Terms of Reference for the Shadow Health and Wellbeing Board - for noting and endorsement

(Item 5)

The Board noted and endorsed its terms of reference previously agreed by the Shadow Health and Wellbeing Board on 28 September 2011.

46. Health and Wellbeing Strategy: Chairman's update

(Item 6)

(1) Further to Minute 36 the Chairman informed the Board of the ongoing work in developing the Health and Wellbeing Strategy. The Shadow Health and Wellbeing Board noted that there would be a Strategy in place by the Autumn.

(2) The Chairman informed the Board that both Meradin Peachey and he had attended some National Learning Set meetings which had indicated that many other places are operating to a similar timescale concerning the Strategy.

47. Improving the lives of people living with dementia (Integrated care pathway, LINK's view and next steps)

(Item 7)

(In attendance Sue Gratton, Deputy Associate Director, Integrated Commissioning, NHS Kent and Medway, Anne Tidmarsh, Director Older People and Physical Disabilities, Kent County Council and Evelyn White, Associate Director, Integrated Commissioning, NHS Kent and Medway)

(1) Dementia is one of the main long term conditions of later life which has a huge impact on the capacity for independent living. In the United Kingdom it was estimated to cost over £19 billion per year with an projected doubling of the number of people who have dementia in the UK over the next 30 years. The report updated the Shadow Health and Wellbeing Board on:

- (i) needs analysis in relation to dementia in Kent;
- (ii) achievements to date;
- (iii) gaps identified; and
- (iv) the Integrated Commissioning Plans for Dementia

(2) The Board noted that the Prime Minister had recently published a "Challenge on Dementia" which sets down a number of areas for action to make life better for people with dementia and their carers. The Challenge focussed on three key areas:

- (a) driving improvements in health and social care;
- (b) creating dementia friendly communities that know how to help; and
- (c) better research

(3) The report before the Board sought to see that the Challenge was being addressed through the Commissioning Plans and what more could be done across Kent to meet the Challenge. Whilst considerable progress had been made in redesigning the services in order to reinvest in more universal preventative and early intervention support there remained a significant challenge to ensure that the growing number of people who will develop dementia over the coming years will be well supported and can continue to enjoy life with their dementia. The Plans were in line with the National Dementia Strategy and also take into account the Kent County Council Select Committee on Dementia.

(4) The Shadow Health and Wellbeing Board noted that the work was being led through the Health and Social Care Integration Board. The Board's role was important to ensure integration between health and social care but equally important was the joined up working with the independent and voluntary sector to ensure integrated care across all providers and all stages of the pathway of care.

(5) The Chairman invited Roger Kendall representative of Kent LINK on the Shadow Health and Wellbeing Board to receive their report setting out their views on Dementia Services in Kent (May 2012).

(6) Particular reference was made to a number of projects undertaken by Kent LINK in which dementia services had featured including:-

- (a) West Kent Enhanced Dementia Crisis (2009);
- (b) A User's Perspective of Day Centres in East/West Kent (2009/10);
- (c) Monitoring Quality of Residential Homes in East Kent (2011);
- (d) Monitoring Quality of Residential Homes across Kent (2012); and
- (e) Care of Older People in Hospitals (2012)

(7) The recommendations of Kent LINK which they would like to see the Shadow Health and Wellbeing Board taking into consideration were:

- (a) looking into further services for people with dementia, with a particular emphasis on how integration of health and social care services could help patients and carers; and
- (b) to consider leading on and working with others to raise public awareness and education in relation to dementia services.

(8) The Shadow Health and Wellbeing Board noted that the vision for people with dementia in Kent is *"that people with dementia receive timely diagnosis and support that promotes their independence and helps them 'live well' with dementia, and that all services and support are provide to the highest possible standards: promoting dignity, choice and respect"*

(9) The Board received a presentation on "Improving outcomes for People with Dementia" from Evelyn White, Associate Director Integrated Commission NHS Kent and Medway, Anne Tidmarsh, Director Older People Physical Disability, Kent County

Council and Sue Gratton, Deputy Associate Director Integrated Commissioning, NHS Kent and Medway.

(10) In a workshop session members of the Board addressed the following discussion items:-

- (a) *Reading the paper and plan, does it cover what you think it needs to cover? If not what is missing and what are the barriers to delivering the plan?*
- (b) *How would you like to receive feedback on progress; do you agree with the timescales for the actions, if not what are the two or three key actions you would prioritise?*
- (c) *Paul Burstow mentions dementia friendly communities and increased funding for research in dementia – how could we take these areas forward?*

(11) The workshop discussions raised the following issues:

How do we raise awareness and create dementia friendly communities? What role could Parish Councils and the police play? In Holland they have built villages that are dementia proof.

Action: communities across Kent need to be profiled. Could this be piloted through the Kent Forum?

GPs need convincing of the argument for early diagnosis. GPs tend to focus on the drug and treatment aspect, but there is a social element too. Getting patients to have the tests for early diagnosis is also a challenge.

The Planning Framework needs to take into account dementia friendly communities and we as leaders should influence it. What role do Locality Boards play in this?

From a GP perspective, if undiagnosed patients are diagnosed earlier, can we cope before the capacity is there? Uncoded and undiagnosed. We need to map this.

Access to drug treatment in East Kent is relatively poor. There needs to be a debate about efficacy.

Need to develop an investment plan for the year. Principle of investing in the community is good. The question is how successful we will be in doing this?

Will investment in prevention in the community make a difference? Financial savings will be reinvested in the community. CCGs may want to have a look at this. Particularly shift of resources from hospital beds into community.

Where should dementia services sit? In secondary or primary care? Keep dementia sufferers out of hospital (avoid crisis management where possible) by focusing on interventions that can be put in place in the home.

Emma Hanson has led the West Kent Crisis Service and has been very successful in a short time. There is evidence to support community based investment preventing

people going into hospital. The West Kent service is direct access and available out of hours. Different practices between East and West Kent.

How do we spread the message of what works? How do we transfer good practice and deal with things that do not work well.

There needs to be clarity around budget implications for CCGs.

Actions:

Anne Tidmarsh to bring back to the Board progress on the above issues

Anne Tidmarsh to compile a stronger case of argument for early diagnosis which can be presented to GPs and the wider community.

Anne Tidmarsh to have further local discussions, particularly regarding the impact on individual budgets.

(12) The Board noted the budget implications for Clinical Commissioning Groups (CCGs). Which it was important CCG Board should be encouraged to consider.

48. Workshop on Adult Social Care Transformation Plan

(Item 8)

(1) Mark Lobban, Director of Strategic Commissioning, Kent County Council gave the Board a presentation leading to a workshop and table discussion on "Adult Social Care Transformation and Integrated Commissioning".

(2) The presentation covered:

- (a) Meeting the challenges through transformation to use more effectively the adult Social Care Budget (net) in 2011/12 of £352 million;
- (b) The opportunities for more effective service delivery thorough "co-production"
- (c) What a future model may look like;
- (d) Taking transformation forward;
 - (i) April to June – to understand the business as a platform for transformation; understand how different parts of the business affect each other; identify spend that can be influenced, and spend that cannot
 - (ii) July to September – plan the work of the programme and allocate resources; develop and finalise a performance framework to monitor change; deliver plans for appropriate agreement; ensure programme management resources are in place
 - (iii) September 2012 – co-produce changes with stakeholders; re-design business processes to implement changes; develop clear role and responsibilities;
 - (iv) Develop tools to support people to make changes; and
 - (v) September 2012 – 2015 – Monitor people, processes and outcomes to check that expected benefits are realised; evaluate the effectiveness of the transformation programme.

- (3) The Shadow Board noted the intentions for Countywide Integrated Commissioning including the interface and opportunity to add value between NHS Kent and Medway's "Towards Sustainable Care for Kent and Medway" and Kent County Council's "Adult Social Care Transformation Programme Blueprint and Preparation Plan"
- (4) The presentation also covered the opportunity for Local Integrated commissioning e.g. creating a virtual joint commissioning team for Dover and Shepway which would work towards a joint commissioning strategy (local Health and Wellbeing Strategy and the production of a Joint Commissioning Plan for Kent). The strategy for Local Integrated Commissioning was to create a major shift from acute to community care:
 - (a) drive hard the efficiency of existing community services
 - (b) release money to invest in more community services
 - (c) reduce demand on acute services
 - (d) opportunity to invest further in community services
 - (e) not always about radical new services
 - (f) radical change is getting the whole system to work together
 - (g) integrated structures and pooled budgets may be a natural progression.

- (5) The table discussions covered the following points:

The vision is to have a healthcare partnership to be proud of and therefore the aim is to create an environment for change. We should be making it easier for people to do the right thing.

The way people work is one of the biggest barriers for change. It is difficult to overcome the view that the safest place is in hospital or a care home. Community nurses, paramedics etc will be disciplined if they do not follow procedure. Issue is around professional decision making and risk levels.

Acute admissions should be seen as a failure to deal with long term conditions.

There needs to be joint targets, incentives and penalties across agencies. There should be penalties written into contracts.

The issue for the Health and Wellbeing Board is to consider how do we create the environment of cultural shift? One of the enablers is 'information'. However Information Governance is a barrier. The group felt that there are levers for change through the Health and Wellbeing Strategy and this needs further exploration.

There needs to be a massive cultural shift to get more joint working between agencies. Building trust is key to this.

There are real opportunities to do things better and together e.g. should Adult Social Care be buying beds in the community, but not closing beds in hospital? Organisations often protect their own interests and have to balance the books - lurch from crisis to crisis.

The challenge is building relationships between organisations that traditionally have not had a huge amount of trust between them.

A sustainable care system means looking at this as a "system of care" and not health and social care.

Mark Lobban provided an invitation to find common ground in taking this forward. Everyone involved and taking responsibility. Treat each other as equals.

Actions:

There needs to be local strategies and plans for each area (Dover pilot used as an example)

Systems and information governance is a key issue. There needs to be an assessment of these issues and a paper to be presented at a future Board meeting.

49. Date of Next meeting: 18 July 2012