

## HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Medway Room, Sessions House, County Hall, Maidstone on Wednesday, 21 November 2012.

PRESENT: Mr R W Gough (Chairman), Dr B Bowes, Dr M Cantor, Mr P B Carter, Dr S Chaudhuri, Ms F Cox, Cllr J Cunningham, Ms M Farrow, Mr G K Gibbens, Mr A Ireland, Mr R Kendall, Cllr M Lyons, Ms M Peachey, Dr R Pinnock, Ms V Segall Jones, Mr R Stewart, Dr J Thallon, Mr C Tomson, Cllr P Watkins, Mrs J Whittle and Dr D Woodhead

IN ATTENDANCE: Ms C Davis (Strategic Business Advisor), Ms P Green, Mr A Houlden, Mr A Scott-Clark (Director of Health Improvement (KCC), NHS Kent and Medway), Ms M Varshney, Mr M Wilson, Ms H Wolstenholme and Mr P D Wickenden (Democratic Services Transition Manager)

### UNRESTRICTED ITEMS

#### **69. Welcome**

*(Item 1)*

(1) The Chairman, Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform welcomed everyone to the meeting for the meeting of the Shadow Health and Wellbeing Board. He made particular reference to Veronika Segall Jones who had been appointed to the Shadow Board as the representative for Local Healthwatch.

(2) The Board noted that the invitation to tender for the operation of Local Healthwatch had been sent out the previous week.

(3) The Shadow Board had two more meetings arranged before the Board came into operation on 1 April 2013 as required by the legislation.

(4) An officer team would be meeting shortly to work out a draft programme for the Health and Wellbeing Board for the forthcoming year. The proposed programme would be presented to the Committee at its January meeting.

(5) The Chairman informed the Shadow Board that the County Council were hosting the Communities and Local Government Select Committee next week. The following week the Chairman had been invited to give evidence to the Select Committee on the role being played in the Health reforms.

#### **70. Substitutes**

*(Item 2)*

The following apologies were received and noted.

Dr Fiona Armstrong and Dr Mark Jones

**71. Declaration of Interests by Members in Items on the Agenda for this meeting**  
*(Item 3)*

There were no declarations of Interest by Members on any items on the agenda for this meeting.

**72. Minutes of the Meeting held on 19 September 2012**  
*(Item 4)*

RESOLVED that the Minutes of the meeting held on 19 September 2012 are correctly recorded and that they be signed by the Chairman.

**73. Update on the draft Kent Joint Health and Wellbeing Strategy**  
*(Item 5)*

(1) The Shadow Health and Wellbeing Board were informed of the ongoing stakeholder engagement which concluded on 23 November 2012 and noted the initial comments received.

(2) Following the conclusion of the consultation process the Kent Joint Health and Wellbeing Strategy will be prepared. The Chairman will be asked to approve the Strategy on behalf of the County Council.

(3) The Shadow Health and Wellbeing Board noted that the draft Strategy had been circulated widely. To date 35 responses had been received.

(4) The Shadow Board noted that there had been informative and useful debates at the County Council's Health Overview and Scrutiny Committee and Policy and Resources Cabinet Committee.

(5) Mr Carter stressed the importance of getting the Strategy right. He said that the Strategy should be the catalyst to influence change working with the executives of the Clinical Commissioning Groups and the local Health and Wellbeing Boards.

(6) Dr Pinnock said that the outcomes in the Strategy needed to be achievable. He stressed the importance of the Clinical Commissioning Groups and Social Care Commissioning Strategies and the Local Health and Wellbeing Boards being compatible with the Kent Health and Wellbeing Board Strategy.

(7) The Strategy would be circulated electronically to all Members of the Shadow Board before it is approved.

**74. Safeguarding Children and engagement with the Board**  
*(Item 6)*

(1) Mrs Blyth Independent Chairman of the Kent Safeguarding Children Board (KCSB) made a presentation to the Shadow Board on its role and purpose.

- (2) The presentation provided the opportunity for the Shadow Health and Wellbeing Board to consider the interrelationship with the KSCB and its dual role to influence the Joint Strategic Needs Assessment. As an example Mrs Blyth suggested that the Health and Wellbeing Board should report back to the KSCB on how well early intervention services are embedded in Kent.
- (3) Membership of the KSCB was key and Mrs Blyth was particularly interested in how the Clinical Commissioning Groups would be represented on the KSCB.
- (4) Mrs Blyth informed the Board that she had met with the Mr Gough and they had discussed the possibility of the Annual report of the Kent Safeguarding and Children Board being submitted to a meeting of the Health and Wellbeing Board in July.
- (5) Mrs Whittle stressed the synergy and need to work together with the KSCB citing the opportunities to work together. She added that having a clear and formal reporting line was key moving forward.
- (6) Ms Davies expressed the view that within the newly created Clinical Commissioning Groups there was a key issue around the skill set and knowledge for safeguarding issues. She added that historically in the Primary Care Trust infrastructure there was one PCT which had taken the lead on these issues.
- (7) Mr Carter emphasised the need for a Communication Strategy for the Health and Wellbeing Board. It was important that CCG Executives identified the “big ticket” items. There needed to be a network to share good practice speedily.
- (8) Dr Woodhead said that there needed to be a collaborative approach across Kent and Medway. Having an operational post to ensure the two way communication between the relevant agencies was key and this was acknowledged by Mrs Blyth.
- (9) Ms Carpenter said that across Kent there were four Nursing Officers.
- (10) Mr Watkins expressed the view that from what had been said there did not appear to be a great deal to do to ensure that the agencies were joined up and working together.
- (11) Dr Woodhead said that from a CCG perspective there needed to be the ability to assess what was going on across Kent and Medway.
- (12) Mr Ireland said that the “Improvement Notice” which Kent County Council was addressing made it clear that the relationship between the agencies/ boards must be joined up.
- (13) Dr Pinnock said in times of immense change there was an opportunity for things to go wrong. Often issues were seen as threatening. He questioned whether existing teams should be dismantled. He added that there should not be a wasteful rethink if improvements could not be achieved.
- (14) Mrs Peachey said that there were opportunities here for CCGs. She added that there was a very important report about to be published by a Kent County Council Select Committee which had been looking at the issue of Domestic violence.

(15) The Board AGREED that work should continue around collaboration between the Board and the KCSB; the review of the KCSB annual report should be the bare minimum, and work should continue in areas such as the Common Assessment Framework.

(16) There would be a report back to the Health and Wellbeing Board on 30 January 2013 on the arrangements for collaboration which have been established.

(17) It was agreed that a response should be sent to the letter recently received from David Nicholson following the recent revelations relating to the late Jimmy Saville.

(18) Dr Pinnock asked about the role of the Care Quality Commission (if any in safeguarding issues) bearing in mind the Commission had an oversight role.

## **75. Update on Long Term Conditions**

*(Item 7)*

(1) Jenny Thomas, Assistant Director – Planned Care (NHS Kent and Medway) Anne Tidmarsh Director of Commissioning and Provision (KCC) and Abraham George (Assistant Director, Public Health Consultant (KCC) made a presentation on long terms conditions.

(2) The Shadow Board discussed how resources could be released and patients supported to prevent hospitalisation.

(3) The Board noted the work which was taking place in South Kent Coast where an Integrated Commissioning Plan was being prepared focussing on long term conditions.

(4) It was agreed that local Health and Wellbeing Boards should look to develop their own programmes of work regarding Long Term Conditions. This should be an item for the Chairman's continuing discussions with CCGs, and progress should be reported back to the Board.

## **76. Commissioners Role in Tackling Health Inequalities**

*(Item 8)*

(1) Professor Chris Bentley made a thought provoking presentation on tackling health inequalities and evidenced this with some examples across the country. He drew particular attention to how focussing on the right patients in terms of public health GPs and agencies could have a significant impact.

(2) Dr Chaudhuri said that the principles which Professor Bentley had articulated in his presentation would be key in the local health economy setting its priorities and making informed educated decisions. It would be important to have the flexibility between the Local Heath and Wellbeing Board and the Clinical Commissioning Group.

(3) Dr Bowes welcomed Professor Bentley's presentation which he said he would like his CCG Governing Body to see. He added some GPs just "do not get it"

- (4) Dr Chaudhuri expressed the view that it was important to look at what is achievable and what is practical.
- (5) Dr Pinnock spoke about the sub infrastructure for CCGs and the issue around devolution to local Health and Wellbeing Boards.
- (6) Professor Bentley stressed the importance of not neglecting any one group
- (7) Mr Ireland said it was key to have the data as local as possible for holding decision makers to account. The relationship between Local Health and Wellbeing Boards and this Board and their respective accountabilities was key.
- (8) Mr Tomson said that Clinical Commissioning Group leads understood the issues but this might not be the case for all GPs
- (9) It was AGREED that it would be helpful for all areas to identify their local priorities for reporting to the Kent Health and Wellbeing Board.

**77. Date of next meeting - 30 January 2013**  
*(Item 9)*