

## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 17 July 2013.

PRESENT: Mr R W Gough (Chairman), Dr B Bowes (Vice-Chairman), Dr F Armstrong, Mr I Ayres, Cllr Mrs S Chandler (Substitute for Cllr P Watkins), Cllr J Cunningham, Mr G K Gibbens, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr T Martin, Ms M Peachey, Mrs J Whittle, Cllr K Pugh (Substitute for Mr A Bowles), Mr M Ridgwell and Ms D Stock (Substitute for Ms P Davies).

IN ATTENDANCE: Ms E Hanson (Policy Manager), Mr J Lampert (Commissioning Manager - FSC), Mr M Lemon (Strategic Business Adviser), Mr J Littlemore (Head of Housing and Community Safety - Maidstone Borough Council), Mr A Scott-Clark (Director of Public Health Improvement), Mr M Thomas-Sam (Strategic Policy Adviser - FSC), Mrs A Tidmarsh (Director of Older People and Physical Disability), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer).

#### UNRESTRICTED ITEMS

##### **17. Chairman's Welcome**

*(Item 1)*

- (1) The chairman suggested moving the item on Befriending Services forward on the agenda and this was agreed.
- (2) The chairman said that the consultants from Frontline, who were due to present the item on System Leadership- Integrated Commissioning, would not be able to attend as planned because of severe delays on the M25 motorway.
- (3) The chairman said he had received a letter from the Kent and Medway CS about problems with Patient Transport Services. He said the Health Overview Scrutiny Committee was addressing the matter and that he would report any findings in due course.
- (4) The chairman reported that a Keogh review of Medway Maritime Hospital had recently concluded. He suggested that the Health and Wellbeing Board received a report from the Quality Surveillance Group for Kent and Medway.

##### **18. Substitutes**

*(Item 2)*

##### **19. Declarations of Interest by Members in Items on the Agenda for this Meeting**

*(Item 3)*

There were no declarations of interest.

## **20. Minutes of the Meeting held on 29 May 2013**

*(Item 4)*

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 29 May 2013 are correctly recorded and that they be signed by the chairman.

## **21. Befriending Services**

*(Item 15)*

- (1) Graham Gibbens (Cabinet Member for Adult Social Care and Public Health) and Emma Hanson (Head of Strategic Commissioning) said Kent had received a bronze award for its approach to reducing social isolation and loneliness and introduced the paper which set out a response to the research published by the Campaign to End Loneliness.
- (2) The paper described the prevalence of social isolation within Kent and the impact it could have on an individual's physical and emotional health. It identified the approach taken by Adult Social Care to address social isolation through the development of a core offer of community based services including befriending.
- (3) The paper also outlined the business case for investment in befriending services both in terms of improved outcomes for the individuals receiving the support and in financial terms for health and social care.
- (5) RESOLVED that the report be noted.

## **22. Public Health Priorities ( Presentation)**

*(Item 5)*

- (1) Meradin Peachey (Director of Public Health) gave a presentation called Transforming Public Health Outcomes. She set out: the PCT's expenditure in 2012/13 on public health issues that were now the responsibility of the County Council; an analysis of PCT expenditure on health lifestyle services; the context in which the public health business plan had been agreed and some activities and commitments that would contribute to the achievement of the Health and Wellbeing Strategy outcomes.
- (2) In response to a question she said that total expenditure on public health in West Kent was lower than average and the spend in East Kent was average.
- (3) RESOLVED:
  - (a) That the presentation be noted;
  - (b) That a more detailed report be considered at a future meeting.

## **23. Addressing Health Inequalities**

*(Item 6)*

- (1) Graham Gibbens (Cabinet Member for Adult Social Care and Public Health) Malti Varshney (Consultant in Public Health) and James Lampert (Commissioning Manager) introduced the report which identified the geographical areas where Clinical Commissioning Groups and other local

partners could focus their attention for effectively reducing health inequalities, by reducing disease and gender specific under- 75 mortality.

- (2) Based on the model suggested by Professor Chris Bentley, the Kent Public Health department had developed a methodology to identify the number of lives that would need to be saved for an effective reduction in health inequalities and to identify where resources should be targeted.
- (3) The paper set out the number of deaths that needed to be reduced in areas that have mortality rates within the top 20% of death rates for each clinical commissioning group area in order to achieve the average number of deaths across Kent and Medway.
- (4) In response to questions Ms Varshney said that:
  - She was as confident as she could be about the quality of the data in the report and would investigate any apparent discrepancies that were brought to her attention;
  - The data presented in the report considered mortality rates and not deprivation data;
  - It was hoped that this data and framework would be useful to inform decisions on the direction of travel, prompt discussion about variations between different parts of the county and help identify lessons to be learned.
- (5) RESOLVED:
  - (a) That the data reported in this paper be noted;
  - (b) That CCGs, NHS England and local authorities be supported to develop action plans to address the number of premature deaths targeting the areas with top 20% death rate;
  - (c) That the local system in working together through the local Health and Wellbeing Boards be supported in this. Action planning at a local level to develop local 'Mind the Gap' would continue and bring together the District Council and CCG priorities to tackle health inequalities. This would be used as the mechanism to identify contributions from various parts of the system (CCGs, District Councils, KCC, Health Watch and the voluntary sector) and address the wider determinants of health, health promotion and preventing poor health.

## **24. Kent Framework for the Prevention and Management of Falls**

*(Item 7)*

- (1) Ms Peachey (Director of Public Health) introduced the briefing paper which provided background information to stimulate discussion around developing a 'framework' for falls prevention and management for Kent's population.
- (2) A comprehensive picture across clinical commissioning group areas was presented at the meeting to provide a platform for further discussion and to

consider how this framework could contribute towards reducing A&E attendances, emergency admissions and need for residential care.

- (3) A report by the Kent Joint Policy and Planning Board (Housing) which set out the ways in which the Kent local housing authorities and housing associations could assist with falls prevention was also considered.
- (4) Malti Varshney (Consultant in Public Health), James Lampert (Commissioning Manager) and John Littlemore (Chairman of the Joint Policy and Planning Board (Housing) and Head of Housing and Community Services at Maidstone Borough Council) gave a presentation outlining the public health, social care and housing aspects of falls and falls prevention. Ms Varshney outlined the case for action, particularly as falls are on the increase in Kent, the population is ageing and there is a lack of co-ordination at both commissioning and provision levels. The four objectives for developing an integrated falls service published by the Department of Health were still relevant and the proposed framework concentrated on Objective 2 (responding to a first fracture) and Objective 3 (early intervention to restore independence) of the guidance. Mr Lampert set out the findings of the mapping and gapping exercise and gave some case study examples. Mr Littlemore outlined the role of housing professionals in preventing and managing falls.
- (5) During discussion comments were made about: the cost of introducing the framework; the need to integrate the framework with other services especially as it needed to be a 24-hour service; the opportunity to involve the voluntary and community sector; and the need to learn lessons from West Kent. It was confirmed that support for developing business plans and adopting the framework would be available from the Public Health team.
- (6) RESOLVED:
  - (a) That falls prevention and management services be seen as an important component of integrated services with specific outcomes for reducing the falls related burden of ill health across health and social care sector;
  - (b) That the implementation of the framework be led locally by commissioners represented at the local Integrated Commissioning Groups, reporting progress to the local Health and Wellbeing Boards;
  - (c) That progress on implementation be reviewed by the Health and Wellbeing Board in 6-9 months time.

## **25. Kent Framework for System Assurance**

*(Item 8)*

- (1) The Kent Health and Wellbeing Board (KHWB) had previously expressed a wish to develop an assurance framework across the Health and Social Care system.
- (2) The report was introduced by Mark Lemon (Strategic Business Adviser) and proposed that indicators from the national outcomes frameworks for NHS, Public Health and Adult Social Care, the Kent Health and Wellbeing Strategy and KCC Key Performance Indicators were taken as the basis for the

development of an overview of the health and social care system across Kent. These indicators would form a relatively simple Assurance Dashboard for the KHWB to assess current service effectiveness.

- (3) In addition the Board was asked to consider identifying indicators within the system that would alert the Board to potentially unsustainable pressures in the component sectors.
- (4) During the discussion comments were made about the need to:
  - (a) Include indicators relating to children's health and wellbeing;
  - (b) Choose indicators that demonstrated progress towards the achievement of the outcomes set out in the Health and Wellbeing Strategy;
  - (c) Choose some qualitative indicators which would provide information about people's experiences of the services or interventions;
  - (d) Avoid the creation of artificial measurements or those that would create perverse incentives;
  - (e) Choose indicators that demonstrated what was happening at a local level; and
  - (f) Adopt a balanced scorecard approach to presenting the information.
- (5) RESOLVED:
  - (a) That the contents of this paper be noted and the proposal for developing a Kent wide assurance framework be agreed in principle;
  - (b) That the development and ownership of the dash board for regular monitoring of the agreed indicators be approved;
  - (c) That the chairman writes to all members of the board summarising the discussion and inviting further feedback on the indicators to be included in the framework.
  - (d) That a further iteration of a Kent Framework for System Assurance be presented to the next meeting of the Health and Wellbeing Board.

## **26. Integrated Pioneer Programme Bid - Delivering the Vision**

*(Item 9)*

- (1) Anne Tidmarsh (Director of Older People and Physical Disability) introduced the paper, which included Kent's joint submission to the Department of Health's Integrated Pioneer Programme and proposed that work to deliver integrated care and support started immediately without the need to wait for the results of the bid in September. The paper also proposed the creation of a group to co-ordinate the work programme and asked how the HWB could embed this work into future health and wellbeing strategies.

- (2) During discussion there was general agreement that as the integration of health and social care services would be designed to meet local needs it would be appropriate for the CCG level health and wellbeing boards to drive activity and report progress with the KHWB undertaking a strategic co-ordinating role.
- (3) RESOLVED:
  - (a) That work to deliver the vision described in the Kent Integration Pioneer Bid submission be supported.
  - (b) That the governance arrangements be considered at a further meeting of the Health and Wellbeing Board and that Anne Tidmarsh, supported by Ian Ayres, prepare the report for this item.

## **27. Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategy and Timeline**

*(Item 10)*

- (1) Andrew Scott-Clark, Director of Public Health Improvement, introduced the report which sought approval of the timeline within which the Kent Joint Strategic Needs Assessment and the Kent Joint Health and Wellbeing Strategy would be produced in order to inform future health and care commissioning plans.
- (2) RESOLVED:
  - (a) That the difference between Joint Strategic Needs Assessments and Health and Wellbeing Strategy be noted;
  - (b) That the proposed timeline for production of both the Kent JSNA and the Kent Health and Wellbeing Strategy be approved.

## **28. Working Arrangements Between Boards**

*(Item 11)*

- (1) Michael Thomas-Sam (Strategic Policy Adviser) introduced the report which set out proposals intended to clarify the relationship between boards including the Kent Safeguarding Children's Board, the Kent and Medway Safeguarding Vulnerable Adults' Board and the Kent Children and Young People's Joint Commissioning Board that have distinctive but complementary roles for promoting health and wellbeing and the safety of children and vulnerable adults in Kent.
- (2) There was general agreement that the proposal was a practical way forward but that further development regarding Section 75 agreements should come as a result of other projects such as the pioneer work.
- (3) RESOLVED:
  - (a) That the development of a working protocol as outlined in paragraph 5.5 of the report be endorsed;

- (b) That a draft protocol be considered at the next meeting of the Health and Wellbeing Board on 18 September 2013;
- (c) That it be a long-term objective of the Health and Wellbeing Board to take delegated responsibility for all Section 75 agreements but that this develops over time from integration projects such as Pioneer rather than being implemented in advance of them.

## **29. West Kent CCG - Mapping the Future (Verbal Update)**

*(Item 12)*

- (1) Dr Bowes gave a short presentation on developing a blueprint for a sustainable health care system for West Kent.
- (2) He said all providers agreed that change was necessary and a series of workshops with patients, the voluntary sector providers and commissioners from health and social care had been held to consider how services might be delivered differently in the future. He said there was general agreement at the workshops that change was required and concluded by showing a map of provision in which providers had moved to a collaborative and non-competitive way to deliver re-configured services.
- (3) RESOLVED:
  - (a) That the presentation be noted;
  - (b) That a further report be considered at a future meeting of the Health and Wellbeing Board.

## **30. System Leadership - Integrated Commissioning (Verbal Update)**

*(Item 13)*

This agenda item was deferred to a future meeting as the consultants who were due to give a presentation were unable to attend.

## **31. Kent's Initial Stock-take of Progress against the Winterbourne View Concordat Commitment**

*(Item 14)*

- (1) Andrew Ireland (Director of FSC) introduced the report which gave an overview of the Winterbourne View Concordat, Kent's stock-take of progress against the commitments made in the Winterbourne View Concordat and actions to date. He said that this work was considered regularly by the Safeguarding Vulnerable Adults' Board and that Norman Lamb, Minister of State for Care and Support, had recently written to all health and wellbeing boards, stating his expectation that health and wellbeing boards would play a fundamental role in promoting and monitoring the work being undertaken in delivering the vision outlined in the Concordat and that the stock-take would provide a local assurance tool for health and wellbeing boards.
- (2) RESOLVED:
  - (a) That Kent's initial stock-take of progress against the Winterbourne View Concordat Commitment be noted;

(b) That Kent's delivery of the programme to date be noted.

**32. Date of Next Meeting 18 September 2013 at 6.30pm**  
*(Item 16)*