

KENT COUNTY COUNCIL

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, 20 November 2013.

PRESENT: Mr R W Gough (Chairman), Dr B Bowes (Vice-Chairman), Mr I Ayres, Mr A Bowles, Dr M Cantor, Ms H Carpenter, Mr P B Carter, Dr D Cocker, Cllr J Cunningham, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr L Lunt, Dr T Martin, Mr S Perks, Mr M Ridgwell, Mr A Scott-Clark, Cllr P Watkins and Mrs J Whittle

IN ATTENDANCE: Dr A George (Consultant in Public Health), Mr M Lemon (Strategic Business Adviser), Ms J Mookherjee (Consultant in Public Health), Ms S Scamell (Commissioning Manager Mental Health), Ms P Southern (Director of Learning Disability and Mental Health), 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

45. Chairman's Welcome

(Item 1)

- (1) Mr Gough opened the meeting by reminding members of the board to complete declarations of pecuniary interest.
- (2) He then welcomed Steve Inett, who will be the new chief executive of Healthwatch with effect from December 2013, and who was representing Healthwatch at the meeting.
- (3) Mr Gough said he would write to all members of the HWB with more details about the Big Lottery Resilience Fund which was seeking to invest in programmes to develop the mental health resilience of young people.
- (4) Mr Gough drew members' attention to the Public Health Annual Report which had been circulated to the HWB.
- (5) He concluded by saying he had received a letter from an organisation called Escaping Victimhood that provided residential programmes for those bereaved by manslaughter or murder and offered to share the information with partners.

46. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Dr F Armstrong, Ms F Cox and Ms M Peachey.

- (2) Dr M Cantor, Mr M Ridgwell and Mr Scott-Clark attended as substitutes for Dr F Armstrong, Ms F Cox and Ms M Peachey respectively.
- (3) It was noted that Dr Lunt had replaced Dr Bora as a Dartford, Gravesham and Swanley CCG representative on the HWB.

47. Declarations of Interest by Members in Items on the Agenda for this Meeting

(Item 3)

There were no declarations of interest.

48. Minutes of the Meeting held on 18 September 2013

(Item 4)

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 18 September 2013 are correctly recorded and that they be signed by the chairman.

49. Joint Health and Social Care Learning Disability Self-Assessment Framework

(Item 5)

- (1) Penny Southern (Director of Learning Disability and Mental Health) introduced the report which said that the Joint Health and Social Care Learning Disability Self-Assessment was a single delivery and monitoring tool that supported clinical commissioning groups and local authorities to assure NHS England, the Department of Health and the Association of Directors of Adult Social Services about progress against key priorities in the Winterbourne View final report (Annex B), Adult Social Care Outcomes Framework (2013-14), Public Health Outcomes Framework 2013-14 and the Health Equalities Framework.
- (2) The report also asked the HWB to support and agree the submission to IHaL website which would allow the Public Health Observatory to analyse Kent against the nationally agreed benchmark and would enable Kent to assess its own progress.
- (3) Tina Walker and Dawn Johnson (Co-chairs, Kent Learning Disability Partnership Board), Penny Southern, Sue Gratton (Associate partner, KMCS) and Malti Varshney (Public Health Consultant) gave a short presentation highlighting the key issues for Kent.
- (4) **RESOLVED:**
 - (a) That the content of the report be noted.
 - (b) That Kent's Joint Health and Social Care Learning Disability Self-Assessment Framework be agreed and supported for submission and publication.

- (c) That KCMS, Public Health and NHS England consider issues relating to nationally agreed screening programmes for people with learning difficulties.
- (d) That the outcomes form part of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Kent.
- (e) That a progress report sharing results and monitoring progress against the Kent Implementation Plan be received by the Health and Wellbeing Board in 2014.

50. Health and Wellbeing Strategy Outcome 4 - People with Mental Health are Supported to Live Well

(Item 6)

- (1) The Health and Wellbeing Board considered a suite of papers that provided information about the range of services currently commissioned by clinical commissioning groups, Families and Social Care and Public Health. The Board also received an overview of current investment and performance of Adult Social Services and the clinical commissioning groups against Outcome 4 of the Kent Joint Health and Wellbeing Strategy- People with Mental Health Issues are supported to Live Well.
- (2) Jill Roberts (Chief Executive of Sevenoaks Area Mind) gave a presentation about the Time to Change programme which aimed to end the stigma of mental health. This was followed by a presentation from Penny Southern, Jess Mookherjee, Hazel Carpenter and Dr Liz Lunt outlining the key headlines from the reports.
- (3) At the end of the presentation the HWB considered how it might address the challenges outlined in the presentation, possible changes to the primary care system to stop people falling through the net and the barriers to delivering mental health services in Kent.
- (4) During discussion the following issues were raised:
 - Encouraging veterans to access health services in general;
 - The transition of young people from child and adolescent mental health services to adult mental health services;
 - Responding to people in crisis and the development of urgent care pathways;
 - The numbers of children and adults with mental health issues being held in Police cells overnight because of a lack of suitable secure accommodation;
 - Transition and continuing support for those who had participated in talking therapies; and
 - The further development of relationships between primary care and other providers to ensure better care
- (5) **RESOLVED:**
 - (a) That the continuing progress towards the Health and Wellbeing Strategy and the development of local resources to support it be noted.

- (b) That a report on the specific issues raised be considered at a future meeting of the Board with a view to using it to inform the development of the next Kent Health and Wellbeing Strategy.

51. The Integration Transformation Fund

(Item 7)

- (1) Mr Gough invited Dr Robert Stewart (Clinical Design Director) to join the meeting.
- (2) Mr Gough proposed and the HWB agreed that:
 - (a) Most of the meeting scheduled for 29 January 2014 be devoted to the Integration Transformation Fund especially as a submission to the Department of Health was due by 15 February 2014,
 - (b) The meeting scheduled for 26 March 2014 be used to hear from a range of commissioners and look forward to the year ahead and beyond;
 - (c) Dementia (one of the outcomes identified in the Health and Wellbeing Strategy) be considered in May 2014.
- (3) Mark Lemon (Strategic Business Advisor) introduced a report called **The Integration Transformation Fund (ITF)** which gave an update on developments since August 2013 and in particular on the timescales and details issued by government and progress made in Kent.
- (4) He drew particular attention to: the need to create a shared plan for the totality of health and social care activity and expenditure; the announcement of funding allocations to councils; the indicator set currently being considered by ministers; and the timetable for completion of the planning templates. He also said the Pioneer Integration Group had already met.
- (5) Anne Tidmarsh (Director of Older People and Physical Disabilities) introduced a report called the **Department of Health Integrated Care and Support and Pioneer Programme** which provided an update on the governance arrangements for the delivery within the Integrated Care and Support Pioneer programme, the links with the Integration Transformation Fund and the terms of reference for the Kent Integration Pioneer Steering Group.
- (6) She said there had been a meeting with the NHS Improvement and Delivery Programme Liaison Manager who clarified the outcomes anticipated from the Pioneer Programme and gave feedback on the reasons Kent had been chosen as a pioneer.
- (7) During the discussion the following points were made:
 - There was a need to articulate a clear and radical vision to bring services together and how they would be different by 2015;
 - Emphasis should be on the Integration Pioneer and the need to guard against the ITF becoming an industry;

- Integration Pioneer status created the opportunity to draw best practice and innovation into Kent as well as providing access to those who could help overcome barriers to integration;
- Localism was extremely important and there needed to be coherence rather than absolute consistency across Kent.

(8) **RESOLVED:**

- (a) That the delivery mechanisms for the ITF plan be noted and the Integration Pioneer Steering Group be mandated to begin co-ordination of the plan;
- (b) That a programme support group be established from across the Board's member organisations to work on the Integration Pioneer Programme and the Integration Transformation Fund planning process;
- (c) That the final draft of the ITF plan for Kent be received at the next meeting of the HWB on 29 January 2014.
- (d) That the creation of the Integrated Pioneer Steering Group be noted subject to an amendment to the terms of reference from "Provide a strategic direction and oversee successful delivery of health and social care Integration in Kent" to "Provide advice on the strategic activity of the Health and Wellbeing Board in relation to health and social care integration in Kent."

(9) The HWB agreed to deviate from the order of the agenda and considered System Leadership next. The chairman invited John Deffenbaugh from Frontline and Laurie McMahon from Loop2 to join the meeting. The chairman said that the System Leadership project offer had been made to the HWB over a year ago and it was important to progress this to develop the approach to integrated commissioning.

(10) There was a discussion about the order in which the stages of the project should be conducted. The complexity and interlocking nature of the health economies in Kent; and the importance of localism and action at the health economy level was acknowledged; as was the need to involve local partners, providers, patients and carers and the urgency of developing a shared vision.

(11) **RESOLVED:**

- (a) That John Deffenbaugh and Laurie McMahon be asked to establish a pattern of meetings at the whole system level both before and after the HWB meeting scheduled for 29 January 2014.
- (b) That an event be arranged to clarify thinking prior to the meeting of the HWB on 29 January 2014.

(12) Abraham George (Consultant in Public Health) introduced a report called **Integrated Intelligence: how it will support integrated commissioning?** It made a case for whole systems intelligence and the need for a shift away from

analysing data at an organisational level to analysing information across the complete patient pathway.

- (13) Dr George also said that integrated or whole systems intelligence was increasingly seen as the game changer for integrated commissioning and transformation to meet the future challenges faced in the health and social care economy. Much work had already been done in Kent to move towards developing a framework to understand how the use of health and social care services varied across the whole population, how and what services needed to be transformed and improved, to build local evidence for whole system change and to move towards an integrated model of care.

(14) **RESOLVED:**

- (a) That the importance of this area of work and its links with the wider integration agenda be noted.
- (b) That the establishment of a task and finish group, reporting to the HWB to support the Integration Pioneer Steering Group to establish the processes and mechanisms to construct the plan and deliver aims and objectives across Kent, be endorsed.

52. Assurance Framework

(Item 8)

Consideration of this item was deferred to another meeting.

53. Pharmaceutical Needs Assessment

(Item 9)

- (1) Andrew Scott-Clark (Director of Public Health Improvement) introduced the report which: set out the statutory requirement for producing and publishing a pharmaceutical needs assessment (PNA); and sought agreement on the joint management of the process for undertaking the PNA and publishing the results in a Kent PNA and a Medway PNA).

(2) **RESOLVED:**

- (a) That the requirements for producing and publishing a Pharmaceutical Needs Assessment be noted.
- (b) That the establishment of a Joint Kent and Medway Steering Group to oversee the production, consultation and publication of the Kent Pharmaceutical Needs Assessment and the Medway Pharmaceutical Needs Assessment be agreed.

54. Co-option of members to the Health and Wellbeing Board

(Item 11)

- (1) The report invited the Health and Wellbeing Board to consider a change to its terms of reference to enable it to co-opt members.

(2) **RESOLVED:**

- (a) That the Selection and Member Services Committee be asked to agree an amendment to the terms of reference for the Health and Wellbeing Board to enable the co-option of non-voting members.
- (b) That authority be delegated to the Head of Democratic Services, in consultation with the chairman of the Health and Wellbeing Board, to invite Dr Robert Stewart, Clinical Design Director, White Gate Design to become a non-voting, co-opted member of the Health and Wellbeing Board subject to an amendment to its terms of reference being agreed by the Selection and Member Services Committee.

55. Revisions to terms of reference for CCG level health and wellbeing boards
(Item 10)

- (1) Mark Lemon (Strategic Business Advisor) introduced the report which set out a number of issues in the terms of reference for local health and wellbeing boards that needed clarification.
- (2) Concerns were raised about the status of officers who are statutory members of the HWB at local health and wellbeing boards; the difficulties of having elected members of the local health and wellbeing boards who were subject to the Kent Code of Conduct for Members and advisory members who were not. Views were also expressed that proposals in the report were a pragmatic and right way to go forward.
- (3) **RESOLVED** that a decision on this matter be deferred and officers be asked to consider further the issues raised.

56. Meetings for 2014
(Item 12)

RESOLVED that the dates of meetings of the Health and Wellbeing Board in 2014 be noted.