

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, 16 July 2014.

PRESENT: Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms P Davies, Mr G K Gibbens, Cllr J Howes (Substitute for Mr A Bowles), Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr L Lunt, Dr T Martin, Mr P J Oakford, Dr R Stewart and Dr J Thallon

ALSO PRESENT: Mr S Bone-Knell, Ms S Gratton and Mr S Mowla

IN ATTENDANCE: Ms E Hanson (Policy Manager), Mr M Lemon (Strategic Business Adviser), Mrs A Tidmarsh (Director, Older People & Physical Disability), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

85. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed Katherine Rake, Chief Executive of Healthwatch England to the meeting.
- (2) He reminded the Board that the Healthwatch Reference Group would welcome some clinical input into its work overseeing the work of Healthwatch.
- (3) He also told the meeting about a visit by Norman Lamb, Minister of State for Care and Support, to Broadmeadow Care Home, Folkestone that had taken last week and of Mr Lamb's positive view of activity to integrate health and social care provision.
- (4) Mr Gough said he had agreed to the addition of a report on integrated intelligence to the agenda for the meeting as it could not reasonably be deferred to the next meeting of the Health and Wellbeing Board.

86. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Cllr A Bowles, Mr E Howard-Jones, Mr S Perks and Cllr P Watkins. Cllr J Howes and Dr J Thallon attended as substitutes for Cllr A Bowles and Mr E Howard-Jones respectively.

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

(Item 3)

There were no declarations of interest.

88. Minutes of the Meeting held on 28 May 2014
(Item 4)

Resolved that the minutes of the Kent Health and Wellbeing Board held on 28 May 2014 are correctly recorded and that they be signed by the chairman.

89. Dementia Care and Support in Kent
(Item 5)

- (1) Anne Tidmarsh (Director of Older People and Physical Disability and chairman of the Kent Dementia Action Alliance) said progress had been made in improving services for people with dementia and their carers and encouraged board members to visit the information stand in the meeting room. She also introduced Sue Grattan (KMCS) and Emma Hanson (Head of Strategic Commissioning) who gave a presentation introducing the report. Dr Liz Lunt followed this with a presentation from the GP's perspective.
- (2) The report gave an overview of initiatives across Kent to improve access to a timely diagnosis of dementia and of improvements to services for patients and carers affected by dementia to ensure they are supported to live well with dementia and avoid unnecessary crisis events.
- (3) During the discussion it was said that: residents were not clear about the crisis support available; the availability of cognitive stimulation therapies varied across Kent; the single offer was welcome; and the hospital interface was important especially to avoid unnecessary discharge into permanent residential care;
- (4) The Board identified a need to: develop indicators that measured the outcome of the strategy and the impact of associated activity; address staff training to ensure staff in the independent and community sector were appropriately skilled to prevent unnecessary admissions to and longer stays than necessary in acute hospitals; campaign for an appropriate level of funding from central government for residential care services in Kent; and ensure the Accommodation Strategy reflected and built on the issues raised in the report.
- (5) Resolved that:
 - (a) The report and presentations be noted;
 - (b) Dementia be viewed as a long term condition with primary care taking an active role to promote timely diagnosis and the coordination of integrated care;
 - (c) Progress be noted and the continuation of work to reduce the stigma of a diagnosis of dementia and continuing to increase support available to people affected by dementia be endorsed, so people feel able to come forward to seek a diagnosis and when doing so can be well supported through the process;
 - (d) The Dementia Call to Action be endorsed and that CCGs and local authorities, working with their partners and local communities, fulfil the

ambition that 67% of people with dementia have a diagnosis and access to appropriate post-diagnosis support by 2015;

- (e) Kent's carers' organisations together with KCC and the CCGs be tasked to review their plans in the light of the recently published Call to Action for Carers of People with Dementia to understand where further improvements can be made;
- (f) A full review of the acute pathway be conducted and the development of different models of care with increased skills and breadth of services in the private and voluntary sector in order to avoid unnecessary admission and support timely discharges be supported;
- (g) A formal link between the Kent Health and Well Being Board and the Kent Dementia Action Alliance (DAA) be recognised and that this be replicated by local HWWBs and their local DAAs, so that the contribution of the wider partnership to improve support to people with dementia and their carers could be acknowledged.

90. Kent Fire and Rescue Service - Presentation

(Item 6)

- (1) Sean Bone-Knell (Director Operations – Kent Fire and Rescue Services (KFRS)) gave a presentation on the role of the KFRS and how the service could contribute to the achievement of the outcomes and targets in the Joint Health and Wellbeing Strategy.
- (2) There was general agreement that the KFRS had a valuable role to play and, in particular, in relation to falls prevention and the identification of dementia. It was considered that the best way to progress closer working was at the local health and wellbeing board level.
- (3) Resolved that:
 - (a) The presentation be noted;
 - (b) The Chairman writes to local health and wellbeing boards encouraging them to consider how they might engage with the KFRS and in particular in relation to falls prevention and the identification of dementia.

91. Kent Health and Wellbeing Strategy - 2014-2017

(Item 7)

- (1) Malti Varshney (Consultant in Public Health) and Mark Lemon (Strategic Business Adviser) introduced the report which included the final draft version of the Kent Joint Health and Wellbeing Strategy for approval. Changes to the text had been incorporated where appropriate following public comment. In particular Outcome 4 – People with mental health issues are supported to “live well” had been revised and changes had been made to some of the proposed metrics and measurements of performance.

- (2) Ms Varshney also said that the draft strategy had been considered by the Children's Social Care and Health Cabinet Committee and Adults' Social Care and Health Cabinet Committee.
- (3) During discussion it was confirmed that every effort would be made to refine targets and indicators over the next three months rather than six months suggested in the report. It was suggested that: the reference to "urgent" on page 64 be deleted; consideration be given to making the measures for Outcome 4 more specific and reference to transition as required by the Care Act 2014 be included. It was also agreed that dementia-friendly communities be promoted more explicitly and an indicator to measure this be considered.
- (4) The need for a single message and co-ordination of messages was also identified and agreed.
- (5) Resolved that:
 - (a) The revised Joint Health and Wellbeing Strategy for Kent be approved;
 - (b) The revised engagement and communication programme be agreed;
 - (c) Local health and wellbeing boards be tasked to report in November 2014 on how local populations are being engaged in discussions concerning the implementation of the strategy in their local areas;
 - (d) Local health and wellbeing boards be required to ensure local plans demonstrate how the priorities, approaches and outcomes of the Kent Joint Health and Wellbeing Strategy will be implemented at local levels and report this assurance to the Kent Health and Wellbeing Board in November 2014;
 - (e) The Chairman writes to all local health and wellbeing boards reminding them of the importance of the role they, and their constituent members, can play in communicating key messages to residents.

92. Better Care Fund: National Review

(Item 8)

- (1) Mark Lemon (Strategic Business Adviser) introduced the report which presented a summary of the recent Government announcement about the Better Care Fund. The changes outlined in the announcement related to the financial management of the risks associated with failure to reduce emergency admissions and, in particular, that up to £1 billion of the Better Care Fund would be allocated to local areas to spend on out-of-hospital services and the actual portion of this available to spend on Better Care Fund initiatives would depend on its level of performance in reducing emergency admissions.
- (2) Consideration was given to writing to the Department of Health but it was agreed not to pursue this course of action.
- (3) Resolved that the report be noted.

93. Potential Merger of Ashford Clinical Commissioning Group and Canterbury & Coastal Clinical Commissioning Group

(Item 9)

- (1) Dr Mark Jones and Dr N Kumta introduced the report which said that In July 2014 Ashford and Canterbury and Coastal CCGs intended to take a vote on merging and sought a view from the Health and Wellbeing Board on the structure of the local health and wellbeing boards in the event of a vote in favour of the merger.
- (2) The value of the working relationships that had been established within the local health and wellbeing boards was recognised and it was considered that dismantling such relationships and establishing new ones would be costly.
- (3) Resolved that:
 - (a) The report be noted;
 - (b) Should the merger take place the continuation of two separate local health and wellbeing boards be supported in principle and that further discussion take place outside the meeting.

94. Assurance Framework

(Item 10)

- (1) Malti Varshney (Consultant in Public Health) introduced the report which outlined changes to indicators since the last report and highlighted indicators that showed increasing good performance and those raising concerns.
- (2) It was suggested that future reports should include national benchmarks alongside the data relating to Kent. In response to a question Ms Varshney undertook to circulate a timescales for the production data for local health and wellbeing boards.
- (3) Resolved that:
 - (a) Areas of variance in the metrics between CCGs or districts be discussed further at local health and wellbeing boards;
 - (b) Assurances be sought that plans were in place to address the reduction in successful treatment exits and non-representations in substance misuse services;
 - (c) The development of local assurance framework reports for presentation to the local health and wellbeing boards over the next quarter be noted.

95. First HWBB Report of the JSNA/JHWS Steering Group for Kent

(Item 11)

- (1) Abraham George introduced the report by which was the first in a series of progress reports on the development of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The report described how the JSNA/JHWS steering group had been set up including its

terms of reference and membership as well as some of the topics that had been discussed.

- (2) It was confirmed that Education and Young People's services are members of the steering group.
- (3) Resolved that the report be noted and JSNA/JHWS Steering Group's work plan for the next six months be endorsed.

96. Proposal for Establishing an Intelligence-Enabled Integrated Commissioning Support Capability

(Item 13)

- (1) Shakeel Mowla introduced the report with a short presentation that outlined the current situation and challenges being faced by health and social care commissioners and proposed a means of designing and assessing the whole systems impact of strategic programmes.
- (2) A number of concerns were raised that led the Board to conclude that further consideration was needed.
- (3) Resolved that the proposal be referred to the Integrated Pioneer Group for review as part of a process for understanding the options for integrated intelligence before any further consideration by the Health and Wellbeing Board.

97. Date of Next Meeting - 17 September 2014

(Item 12)