

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 17 September 2014.

PRESENT: Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Mr A Bowles, Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms P Davies, Ms C Greener, Mr S Inett, Mr A Ireland, Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr C P Smith and Dr R Stewart

IN ATTENDANCE: Ms J Frazer (Programme Manager Health and Social Care Integration), Mr M Lemon (Strategic Business Adviser) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

98. Chairman's Welcome

(Item 1)

- (1) The Chairman confirmed that he had written to local health and wellbeing boards encouraging them to consider how they might engage with the Kent Fire and Rescue Service, particularly in relation to falls prevention and the identification of dementia, as agreed at the last meeting of Kent Health and Wellbeing Board on 16 July 2014.
- (2) He also said he had written, as agreed, to the local health and wellbeing boards asking them to ensure that the Kent Health and Wellbeing Strategy was reflected in any public engagement activities arranged by partner organisations and to report progress to the KHWB in November 2014.
- (3) Mr Gough said that the actions identified in minute 89(4) would be followed through alongside the resolutions at minute 89(5).
- (4) Mr Gough said that the Children's Health and Wellbeing Board had commissioned an Emotional Wellbeing Strategy for 0-25 year-olds and that a period of public engagement was underway on the strategy and the development of a supporting delivery plan. He suggested that this work be presented and discussed in more depth at the next meeting of the KHWB on 19 November with a view to recognising it as a supporting document beneath the Kent Health and Wellbeing Strategy.

99. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Dr B Bowes, Mr G Gibbens, Mr E Howard-Jones, Dr M Jones, Dr Kumta, Mr S Perks and Cllr P Watkins. Mr C Smith and Ms C Greener attended as substitutes for Mr Gibbens and Mr E Howard-Jones respectively.

100. Declarations of Interest by Members in Items on the Agenda for this Meeting
(Item 3)

There were no declarations of interest.

101. Minutes of the Meeting held on 16 July 2014
(Item 4)

Resolved that the minutes of the Kent Health and Wellbeing Board held on 16 July 2014 are correctly recorded and that they be signed by the Chairman.

102. BCF - Updates
(Item 5)

- (1) The Chairman thanked those involved in the submission to the Better Care Fund for their hard work in bringing it together.
- (2) Jo Frazer (Programme Manager, Health and Social Care Integration) thanked the staff from the Clinical Commissioning Groups and the Better Care Fund team for their input. She introduced the report which outlined: the steps taken following the assurance process; changes to the policy underpinning the BCF that lead to the re-introduction of pay for performance; and summarised the changes required to the templates. She also said Kent's BCF submission, which had been circulated to all members of the HWB, was very likely to be approved subject to conditions relating to delivery and governance arrangements.
- (3) In response to questions she confirmed that approximately £30m of the £101m BCF for Kent would be performance related pay and that payments for performance would be released quarterly at the Kent level.
- (4) Chris Greener introduced a report prepared by Paul Hyde (Finance Director Kent and Medway) which considered the financial risk and governance arrangements for the sophisticated pooled budget arrangements required by the BCF.
- (5) During discussion it was confirmed that S75 agreements would be between individual CCGs and KCC and that it was planned to use a generic template with an annex relating to each CCG. Comments were made that the changes to the BCF nationally made it less useful than anticipated and that the timescale for submission had not allowed for extensive public and patient engagement. There was also general agreement that: integration should be driven at a local and health economy level, in particular through structures that included provider engagement; the Board should have oversight of progress through the appropriate metrics; and the Pioneer programme was the vehicle to bring agencies together at the local level to drive integration and to lobby for legislative and policy changes at national level.
- (6) Resolved that:

- (a) The BCF plan be agreed and endorsed for submission to NHS England with a 3.5% target for emergency admissions across Kent;
- (b) The CFO Finance Group be asked to consider how the on-going finance and performance requirements of the BCF might be met and reported to the Health and Wellbeing Board;
- (c) The underlying principles to support the pay for performance element of the fund be noted;
- (d) The clear commitment to closer integration across health and social care through the Kent Pioneer Programme be endorsed;
- (e) The Area Team leads a group with CCG chief finance officers and senior leads identified by the KCC Corporate Director of Finance and Procurement to discuss and recommend pooled fund arrangements and provide a standard S75 agreement with local CCG annexes to support and deliver the Kent BCF plan and that this group be supported by the relevant experts in local government and National Support.

103. Quality and the Health and Wellbeing Board
(Item 6)

- (1) Steve Inett (Healthwatch) introduced the report and gave a short presentation to support a discussion about how the HWB could be best apprised of key strategic quality issues and ensure that the commissioning plans of its constituent organisations reflected the needs of the population.
- (2) During discussion, the members of the HWB said it was: important to avoid duplicating the work of other monitoring and regulatory bodies; that information should be high level to enable strong links with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, provide structured feedback to strategic commissioners and facilitate consideration of structural issues, such as workforce and service configuration, that cut across all organisations.
- (3) Resolved that:
 - (a) A small group meets to consider the nature of a quality overview report to the Health and Wellbeing Board;
 - (b) A further report be considered at a future meeting of the Health and Wellbeing Board.

104. Pharmaceutical Needs Assessment
(Item 7)

- (1) Andrew Scott-Clark (Interim Director of Public Health) introduced the report which included the draft form of the Kent Pharmaceutical Needs Assessment (PNA) proposed for consultation.
- (2) In response to questions about the ability of the PNA to respond to future residential and other developments, he confirmed that the legislation allowed

for the publication of regular amendments. He also confirmed that Equality Impact Assessments would be completed and the needs of hard to reach groups would be included in the final PNA.

(3) Resolved:

- (a) That the development of a draft Pharmaceutical Needs assessment be noted;
- (b) That the key findings and recommendations to be formally consulted on be noted as follows:
 - (i) Overall there is good pharmaceutical service provision in the majority of Kent.
 - (ii) Where the area is rural, there are enough dispensing practices to provide basic pharmaceutical services to the rural population.
 - (iii) The proposed major housing developments across Kent, the main ones being Chilmington Green near Ashford and Ebbsfleet Garden City, means that these areas will need to be reviewed on a regular basis to identify any increase in pharmaceutical need.
 - (iv) The proposed Paramount leisure site plans in North Kent to be reviewed regularly to identify whether visitors and staff will have increased health needs including pharmaceutical.
 - (v) The current provision of “standard 40 hour” pharmacies to be maintained especially in rural villages and areas such as Romney Marsh.
 - (vi) The current provision of “100 hour” pharmacies to be maintained
- (c) That proceeding to statutory consultation on the Pharmaceutical Needs Assessment with the key stakeholders and any other identified interested parties as per regulation and according to KCC’s policy be endorsed.

105. Healthwatch Annual Report 2014

(Item 8)

- (1) Steve Inett, Chief Executive Officer introduced the report, which included the Healthwatch annual report for 2014, and gave a short presentation outlining the role of Healthwatch, the activities underway to fulfil its role as the voice of the public and the projects planned for the future.
- (2) In response to a question, he said that Healthwatch was keen to be involved with the children’s health and wellbeing boards.
- (3) Resolved that the Healthwatch Annual Report 2014 be noted.

106. Date of Next Meeting - 19 November 2014

(Item 9)