

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, 12 February 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, Dr D Cocker, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr L Lunt, Dr N Kumta, Dr T Martin, Ms M Peachey, Cllr K Pugh (Substitute for Mr A Bowles), Dr R Stewart and Mrs J Whittle

ALSO PRESENT: Mr E Howard-Jones

IN ATTENDANCE: Dr A George (Consultant in Public Health), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

57. Chairman's Welcome

(Item 1)

The chairman opened the meeting by looking ahead to the next meeting of the Health and Wellbeing Board on 26 March 2014. He said the items for consideration would be the agreement of the final submission for the Better Care Fund and the endorsement of the CCG operating plans, commissioning plans for area teams, the integrated commissioning strategies, the multi-agency framework for children and young people in Kent and other related plans. To overcome the logistical challenge of considering these plans he suggested that an executive summary and a check list of key points be presented to the HWB.

58. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Cllr A Bowles, Cllr J Cunningham, Dr M Jones, Mr S Perks and Cllr P Watkins.

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

(Item 3)

There were no declarations of interest.

60. Minutes of the Meeting held on 20 November 2013

(Item 4)

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 20 November 2013 are correctly recorded and that they be signed by the chairman.

61. The Better Care Fund

(Item 5)

- (1) The report presented the first draft of the Kent Better Care Fund (BCF) plan and outlined the further steps required in advance of the final submission.
- (2) Dr Robert Stewart gave a presentation about the Integration Pioneer project and the steering group's proposed model of integrated services. This was followed by short presentations from North, East and West Kent about their proposals for integrating services and putting the patient at the centre of care.
- (3) During the discussion the following points were made:
 - The submission to the Better Care Fund needed to be clearer about the way in which some of the proposed schemes would be implemented and on their impact on citizens;
 - The submission also lacked sufficient detail to explain adequately what would be different;
 - Some detail was not yet available and would take time to develop;
 - The case studies quoted in the submission were relatively simple ones and the submission could be enhanced by the inclusion of case studies showing the management of people with complex and multiple conditions;
 - As the BCF was being funded by transferring resources from elsewhere there was a need to be clear about how integrated services would be delivered to avoid increasing the risk to providers and users of current services where budgets had been top sliced;
 - There was a need to involve other agencies such as acute hospital trusts and the South East Coast Ambulance Service to ensure the correct vertical and horizontal integration;
 - Delivering services using multi-disciplinary teams would require changes to medical and nursing education as well as the development and teaching of leadership skills for managing multi-disciplinary teams;
 - The long term role of community care and the associated manpower planning needed further consideration; and
 - The integration of the community and voluntary sector needed to be explored further and included in the submission.
- (4) RESOLVED:
 - (a) That the first draft of the Better Care Fund plan be agreed for submission to NHS England subject to the inclusion of the points made during the discussion;
 - (b) That progress to achieve a final submission be noted and the plan for continued activity be endorsed.

62. Assurance Framework

(Item 6)

- (1) Malti Varshney (Consultant in Public Health) introduced the report which provided performance figures on a suite of indicators based on Kent's Health and Wellbeing Strategy. This report detailed the indicators relating to the performance of the health and wellbeing board, progress towards achieving the Kent Health and Wellbeing Strategy Outcome 2 – *Effective prevention of ill-health by people taking responsibility for their health and wellbeing*, as well as some stress indicators across the whole system. *Stress indicators were considered important as they demonstrated where there was pressure in the system and made it possible to assess the impact of measures (such as better integration of health and social care) put in place to alleviate those pressures.* For example, a low take-up of flu vaccines could have an impact on admissions through accident and emergency departments and on bed occupancy
- (2) Additional indicators had also been added to the report to reflect the evolution of local and national data sets.
- (3) Ms Varshney said the report was an iterative process and would welcome comments. The HWB was also asked to consider future reporting of the Assurance Framework at district and local health and wellbeing board level to facilitate meaningful local action planning to achieve local targets and reduce the risk that good performance across Kent as a whole might mask local variations.
- (4) During discussion the following points were made:
 - Data relating to patient experience was important and mechanisms for its collection were being discussed with Healthwatch and others;
 - Obesity indicators and indicators relating to access to mental health services for children and adolescents should be included;
 - Consistency in measurement of data was important and should be in line with the national guidance for data collection, particularly around acute services;
 - As far as practicable data about the range of service provision and performance across Kent should be provided;
 - Data that enabled the board to monitor progress in achieving key outcomes was needed;
 - There was a distinction between assurance and performance; and this report was intended to provide assurance across the system as a whole although some performance indicators were used to inform it.
- (5) RESOLVED:
 - (a) That the report be noted;
 - (b) That the additional indicators proposed following discussions with stakeholders be agreed for inclusion in future reports;
 - (c) That data at local and CCG-level be provided to local health and wellbeing boards where it was available.

63. Children and Young People's Mental Health and Wellbeing Services

(Item 7)

- (1) Ian Ayres (Accountable Officer, West Kent CCG) said there had been a number of developments since he had written the report and suggested that the recommendation be amended.
- (2) Mr Ayres said the current service was not meeting the needs of children and young people. This was partly due to the fragmented approach to commissioning the various tiers of service and the separation of these services from children's services, drug and alcohol services as well as some issues that were being managed with the current provider.
- (3) Mr Ayres suggested that it was worth considering how the services could be integrated and provided seamlessly before they were commissioned.
- (4) Concerns were raised about issues at the point of transition from children and adolescent mental health services to adults' services
- (5) RESOLVED:
 - (a) That the principle of moving towards the integrated commissioning of a range of services for children and young people be endorsed;
 - (b) That Mr Ayres and Mr Ireland convene a group to consider how best to bring forward the integrated commissioning of a range of services for children and young people including CAMHS.

64. Joint Strategic Needs Assessment - 2013/14 Exception Report

(Item 8)

- (1) Abraham George (Consultant in Public Health) introduced the report which said that the Joint Strategic Needs Assessment was a set of reports, chapter and interactive maps and was kept under constant review and development. Almost all of the summary chapters had been reviewed and updated to reflect the latest policy, guidance and data trends. The report also included a list of new and emerging priorities and highlights. Dr Abraham drew particular attention to: the changes made to the chapters on smoking cessation and breast-feeding; issues identified relating to the quality of data for assessing mental health needs; and the completeness of registers for certain vulnerable groups including those with learning difficulties and sensory impairment.
- (2) The need for detailed data at local and CCG level was emphasised during the discussion and it was confirmed that such data would be provided to local health and wellbeing boards. The need for data from various organisations, including accident and emergency departments and the Police, to inform local activities to influence outcomes was also identified.
- (3) RESOLVED that the report be noted.

65. Date of Next Meeting 26 March 2014
(Item 9)