

## 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, 15 July 2015.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Mr G K Gibbens, Mr M Gilbert (Substitute), Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr E Lunt, Dr T Martin, Ms J Mookherjee (Substitute), Cllr K Pugh (Substitute), Dr R Stewart, Mrs D Tomalin (Substitute) and Cllr P Watkins

IN ATTENDANCE: Mrs A Hunter (Principal Democratic Services Officer)

#### UNRESTRICTED ITEMS

##### **154. Chairman's Welcome**

*(Item 1)*

- (1) The Chairman made announcements relating to the Health and Wellbeing Strategy event in June and the Charter for Homeless Health.
- (2) He said that the Joint Health and Wellbeing Strategy event on the 17 June had been attended by over 100 colleagues from the health and social care system and that it had been an interesting morning with a stimulating debate led by Noel Plumridge.
- (3) He also said the workshops at the event had generated ideas for improving ways of working together and a report on how they might be implemented would be made to the Health and Wellbeing Board later in the year.
- (4) He thanked those who had attended and said a similar event was planned for 2016.
- (5) The Chairman referred to the briefing note about the Homeless Health Charter that had been circulated to members of the board and said he would sign it, on behalf of the board, if members were happy for him to do so.
- (6) The Chairman said links to Police training DVDs had been circulated in advance of the meeting and that they were useful background information for item 6 on the agenda – Mental Health- Mental Health Responding to a Crisis.

##### **155. Apologies and Substitutes**

*(Item 2)*

Apologies for absence were received from Dr Armstrong, Dr Bowes, Cllr Bowles, Mrs H Carpenter, Mr Carter, Dr Cocker, Ms F Cox, Ms Davies, Mr Oakford, Mr Perks, Mr Scott-Clark and Cllr Weatherly. Cllr Pugh, Ms Tomalin, Mr Gilbert and Mrs Mookherjee attended as substitutes for Cllr Bowles, Ms Cox, Ms Davies and Mr Scott-Clark respectively.

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

There were no declarations of interest.

**157. Minutes of the Meeting held on 20 May 2015**  
*(Item 4)*

Resolved that the minutes of the meeting held on 20 May 2015 are correctly recorded and that they be signed by the chairman.

**158. One Public Estate Initiative**  
*(Item 5)*

- (1) Rebecca Spore (Director of Infrastructure) and Ros Adby (Property Asset Strategy Manager) introduced the report which asked the board to review the benefits and examples of how the One Public Estates (OPE) initiative had supported health and social care integration in other parts of the country, and to consider whether this should be explored further in relation to the delivery of health and social care in Kent. The report also asked the board to consider the establishment of an asset collaboration sub-group.
- (2) Ms Spore described the OPE initiative and circulated a diagram from the Department of Health's Local Estates Strategy that had been published in June 2015 and required all CCGs to have plans in place by the end of 2015 covering the primary care estate, community care and non-clinical estate.
- (3) In response to questions and comments Ms Spore said that: the OPE initiative in Kent was bringing together public sector partners including NHS Property Services and some acute trusts; estate requirements needed to be driven by commissioning and service needs; KCC retained the freehold of schools run as academies; and was well placed to maximise opportunities to make more effective and efficient use of the public estate locally.
- (4) During discussion concerns were raised about: committing resources to another initiative when organisations, particularly those not present, were "lean" and were facing challenges to deliver strategies and services within existing resources, as well as the complexity of primary care ownership and the ownership of all the estate used to deliver public services.
- (5) Interviews carried out by Healthwatch had identified premises and estates as an issue.
- (6) A pilot project to identify opportunities and to consider how the OPE might be implemented locally was suggested.
- (7) Resolved that:
  - (a) Proposals for a pilot scheme to answer specific questions relating to estates be developed using an existing local project(s);

- (b) Consideration be given to how the Department of Health's Local Estate Strategy and the requirement to establish local estates forums might fit with wider collaboration and integration of service commissioning and to possible links with the local health and wellbeing boards and the Health and Wellbeing Strategy.

## **159. Mental Health- Responding to a Crisis**

*(Item 6)*

- (1) The Chairman welcomed Dave Holman (Head of Mental Health Commissioning), DS Ann Lisseman, (Head of Criminal Justice Department, Strategic Partnerships Command - Kent Police), Penny Southern (Director of Disabled Children, Adults Learning Disability and Mental Health - KCC), Tim Woodhouse (Public Health Programme Manager - KCC), Malcolm McFrederick (Director of Operations – Kent and Medway NHS & Social Care Partnership Trust), Inspector Wayne Goodwin (Kent Police), Debbie Wade (Kent Police) and Sue Scamell (Mental Health Commissioning Manager - KCC) and invited them to give a presentation. A copy of the presentation is available on-line as an appendix to these minutes.
- (2) In response to questions and comments the presenters gave the following further information.
  - (a) One of the keys to reducing the number of detentions under Section 136 of the Mental Health Act 1983 was communication with and training for police officers as well as having systems in place with partners.
  - (b) The Concordat was aiming for a consistent approach to crisis care while simultaneously recognising local needs and priorities. For example, West Kent had commissioned a Crisis Café in response to local need and the local community safety partnership had considered the Concordat.
  - (c) Work was underway to bring services for the treatment and management of Personality Disorders together with a view to reducing the number of detentions under Section 136, the numbers presenting at A&E and the numbers repeatedly phoning 111 as well providing appropriate and timely interventions to those in need.
  - (d) A mental health nurse was on duty in the Kent Police Control Room to give advice to officers on the ground. It was anticipated that in the future nurses and unmarked ambulances would be deployed to ensure individuals received appropriate health assessment and service.
  - (e) All front line police officers received mandatory training in dealing with people with mental health issues annually.
  - (f) Using a reduction in the Section 136 detentions was a crude measure and it was intended to develop and refine the indicators within the Concordat as data improved.
  - (g) Service users had requested a single point of contact.

- (h) In response to a comment about the need for regular updates and specific data on improvements to and development of services, Mr Holman said the development of mental health services to avoid crisis and aid recovery was seen as an incremental process. The Concordat provided strategic direction and a mandate to work through specific issues resulting in specific outcomes.
  - (i) An action plan for every Crisis Concordat nationally was available on the Crisis Concordat website and the action plan for Kent was currently being refined.
- (4) Resolved that:
- (a) The work of the Kent and Medway Mental Health Crisis Care Concordat be supported;
  - (b) The governance framework of the Concordat group reporting progress annually to the Kent Health and Wellbeing Board be agreed;
  - (c) A report tracking the progress and impact of the Concordat be considered by the Health and Wellbeing Board within the next 6-9 months;
  - (d) Outcome 4 – People with Mental Health are supported to live well – of the Health and Wellbeing Strategy be reviewed.

**160. Update on Quality and the Health and Wellbeing Board**  
*(Item 7)*

- (1) Steve Inett (Chief Executive – Healthwatch) introduced Libby Lines ( volunteer with Healthwatch) and paid tribute to the work she had done in conducting interviews and collating the information. He then gave a presentation, a copy of which is available on-line as an appendix to these minutes.
- (2) During the discussion the importance and value of the public voice was recognised particularly in relation to finance, workforce and local engagement.
- (3) The need to avoid duplication and ensure any workplan focussed on areas where the patient and Healthwatch perspective added value to the work of the board was acknowledged.
- (4) The board was reminded of the work being undertaken by the Integration Pioneer Group to bring providers into the discussion and to support the Workforce Task and Finish Group to ensure no omissions or duplication. The Board was also informed that the Kent Integration Pioneer was part of various bids including an EU bid to become a test bed site to service local sites of innovation.
- (5) The role of Healthwatch in: challenging assumptions about what should be communicated; retaining focus on key messages; and advising about the methods of communication and engagement was acknowledged.

(6) Resolved that:

- (a) The priorities identified in the Quality Report form the priorities for the board;
- (b) Healthwatch be asked to prepare a further report on messages to be communicated to the public in conjunction with the Integration Pioneer Communications Group;
- (c) A regular report on progress, co-ordinated by Healthwatch, be received by the board.

**161. Minutes of the Local Health and Wellbeing Boards**

*(Item 8)*

Resolved that the minutes of local health and wellbeing boards be noted as follows:  
Dartford, Gravesham and Swanley – 17 June 2015  
West Kent – 19 May 2015.

**162. Date of Next Meeting 16 September 2015**

*(Item 9)*