AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 15th July, 2015, at 6.30 pm Ask for: **Ann Hunter**

Darent Room, Sessions House, County Hall, Maidstone Telephone **03000 416287**

Refreshments will be available 15 minutes before the start of the meeting

Membership

Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Mr A Bowles, 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 M Jones, Dr N Kumta, Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr S Perks, Mr A Scott-Clark, Dr R Stewart, Cllr P Watkins and Cllr L Weatherly

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Chairman's Welcome

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes

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

To receive any declarations of Interest by Members in items on the agenda for this meeting

4 Minutes of the Meeting held on 20 May 2015 (Pages 5 - 10)

To agree the minutes of the meeting held on 20 May 2015

5 One Public Estate Initiative (Pages 11 - 14)

To receive a report outlining the benefits of the One Public Estate Initiative and to consider whether to develop the opportunities arising from the initiative

6 Mental Health- Responding to a Crisis (Pages 15 - 26)

To note progress, support planned work across agencies and to agree the arrangements for reporting progress on the implementation of the Concordat to the Health and Wellbeing Board

7 Update on Quality and the Health and Wellbeing Board (Pages 27 - 32)

To receive a report on progress producing a Quality Report that fulfils the requirements set out in the Francis report and gives an overview of quality issues in Kent

8 Minutes of the Local Health and Wellbeing Boards (Pages 33 - 44)

To note the minutes of local health and wellbeing boards as follows:

Dartford Gravesham and Swanley - 17 June 2015
West Kent – 19 May 2015

9 Date of Next Meeting 16 September 2015

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
(01622) 694002

Tuesday, 7 July 2015

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 May 2015.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr A Scott-Clark, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Mr P J Oakford, Dr M Philpott (Substitute for Dr F Armstrong) and Mrs D Tomalin (Substitute for Ms F Cox)

IN ATTENDANCE: Mrs B Cooper (Corporate Director of Growth, Environment and Transport), Mr P Crick (Director of Environment, Planning & Enforcement), Mr T Godfrey (Policy Manager (Health)), Mr M Lobban (Director of Commissioning), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

142. Chairman's Welcome
(Item 1)

(1) The chairman welcomed Deborah Tomalin (Head of Commissioning at NHS England) to the meeting.

(2) Mr Gough reminded all board members that they had been invited to attend the Health and Wellbeing Strategy event on 17 June at the Detling Showground to consider progress on the objectives of the strategy and discuss how recent developments such as the Five Year Forward View, the Care Act and the Better Care Fund might inform the way forward. He said 276 people had been invited and that Noel Plumridge (commentator and broadcaster) would facilitate the event.

(3) The chairman also said that Joanna Fathers, a colleague on the KCC graduate scheme, was working on behalf of the Board to review how the local health and wellbeing boards had developed with particular reference to their relationship with the Kent Board and also to look at how the Kent Board might develop its relationship with the voluntary sector. He said she was arranging meetings with some HWB members, chairs of the local boards and others to collect views and observations with a view to presenting reports at the Health and Wellbeing Board on 16 September 2015.

143. Apologies and Substitutes
(Item 2)

(1) Apologies for absence were received from Dr F Armstrong, Cllr A Bowles, Mr Carter, Dr Cocker, Dr Lunt, Dr Kumta, Dr Martin, Mr Perks, Cllr Pugh, Dr Stewart and Cllr Weatherly.

(2) Dr Philpott attended as substitute for Dr Armstrong.

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

Dr Bowes made a declaration of interest in Item 7 – Commissioning Plan for NHS England as he was GP with a contract with a GMS contract. It was noted that the GPs present also had a similar interest.

145. Minutes of the Meeting held on 18 March 2015
(Item 4)

Resolved that the minutes of the meeting held on 18 March 2015 are correctly recorded and that they be signed by the chairman.

146. Workforce
(Item 5)

(1) The chairman welcomed Philippa Spicer (Local Director of Health Education England) and Tristan Godfrey (Policy Manager- Health) to the meeting. Mrs Spicer said that the purpose of the paper being considered by the board was to provide more information about the work of Health Education Kent Surrey and Sussex and drew the board's attention to the strategic planning framework set out in section 3 and the skills development strategy set out in section 5. She also said that more work was needed in relation to the health and social care integration agenda and the transformation of the workforce to meet the requirements of the shared vision of the future. She concluded by referring to the paper by the chairman proposing the establishment of a task and finish group to consider strategic workforce issues.

(2) The proposal to establish a workforce task and finish group was generally welcomed. Comments were made about: specific local difficulties in recruiting GPs; the need to address immediate and short term difficulties recruiting other professional staff to ensure that Kent was able to recruit and retain a significant share of the national supply of doctors; the need to re-balance the commissioning of education and move away from annual planning cycles; and the value of the strategic workforce planning programme bringing HE KSS, the universities of Kent and Surrey and 10 CCGs across the region together.

(3) Resolved that:

(a) The actions set out in the report from Health Education Kent Surrey and Sussex and actions to support the transformation of the workforce to meet a shared vision of the future be noted;

(b) A task and finish group be established to look specifically at strategic workforce issues and authority to agree the practical arrangements be delegated to the chairman, in consultation with other members of the board.

147. Kent and Medway Growth and Infrastructure Framework
(Item 6)

(1) The chairman welcomed Barbara Cooper (Corporate Director for Growth, Environment and Transport), Paul Crick (Director of Environment Planning and Enforcement), Mike Gilbert (Assistant Accountable Officer – Dartford Gravesham and Swanley CCG) and Dr Su Xavier (Consultant in Public Health Medicine – Dartford and Gravesham CCG) to the meeting.

(2) Mr Crick gave a presentation (available on-line as an appendix to these minutes) which outlined the projection for population growth across the county for the next 30 years and the funding required for the associated infrastructure. He said the Office of National Statistics projected a population increase of 305,000 by 2031 and KCC's projection was 293,000 based on district local development plans bringing the total population of Kent and Medway to just over 2 million. The infrastructure to support this increase in population would require £6.5 billion investment of which 67% had been secured leaving a funding gap of just over £2 billion. He concluded by referring to alternative service delivery models, the need to test and review such models and have a robust and informed discussion with Government.

(3) Mr Gilbert and Dr Xavier gave a presentation on the development of Ebbsfleet Garden City and wider housing development in north Kent with particular reference to the impact on health care services (available on-line as an appendix to these minutes). Mr Gilbert referred to the work to date and outlined the proposed development areas and the predicted growth in population.

(4) Dr Xavier drew attention to the impact of demographic changes on health servicesand said there was a once in a life time opportunity to influence the wider determinants of health such as environmental surroundings, transport to health services, leisure facilities and other services. She also said that even before the proposed Paramount development was considered there were concerns about GP capacity, the growing demands on A&E, mental health and community services as well as the importance of planning to meet future needs.

(5) Mr Gilbert said CCGs did not receive capital funding, funding for GPs was based on patient registrations and there was, on average, a 2-3 year lag between registration and receipt of funding. He also said that work being done to assess the impact of the Ebbsfleet development at a high, strategic level, had identified a significant gap in both revenue and capital funding. Further more detailed work was planned for the summer.

(6) The chairman thanked the presenters and said the Dartford Gravesham and Swanley Health and Wellbeing Board had considered these issues at a meeting the previous month where concerns about the adequacy of funding, the challenges and opportunities for new models of care and the opportunity to plan for health and healthy lifestyles had been identified.

(7) During discussion the value of the work being undertaken to assess the implications of growth was acknowledged. The need to engage in early and well-evidenced debate with central government and to lobby for some up front funding and assistance to meet the anticipated shortfall of over £2 billion was

recognised. The particular urgency to resolve these issues in relation to north Kent was also acknowledged.

(8) It was generally agreed that health and care services were currently under pressure particularly in relation to GP capacity, increasing demands on community services as a result of the increase in the numbers of frail elderly and growing demands on A&E, hospital beds and mental health services. It was also agreed that the Office of National Statistics' projections for population growth were useful at the whole Kent and Medway level but the detailed implications of growth needed to be considered at a local level.

(9) An offer from NHS England to provide information about GPs and descriptions of practices was welcomed.

(10) Resolved that:

(a) Following a review and challenge of the assumptions about the health and social care elements of planned growth for Kent and Medway a further report be considered at a Health Wellbeing Board meeting in six months;

(b) Appropriate engagement with partner organisations be facilitated;

(c) The local health and wellbeing boards be invited to engage in the discussion and consider the implications of growth for their local areas:

148. Commissioning Plans - NHS England, Adult Social Care and Children's Services
(Item 7)

(1) Deborah Tomalin (Director of Commissioning for NHS England South-East) introduced the NHS Commissioning Plan. She said that NHS England (Kent and Medway) had prepared a direct commissioning strategy in March 2014 which had been updated in July 2014 and circulated to the Health and Wellbeing Board. She outlined the role of NHS England (Kent and Medway) including the direct commissioning for health and justice healthcare, prescribed specialised services, services for armed forces health, primary care services and public health.

(2) Mrs Tomalin undertook to respond in writing to a query relating to the primary care budget. She also said that at an operational level, NHS England worked with general practices experiencing difficulties sustaining services and worked at a strategic level through the 10-point workforce plan and the Five Year Forward View to create new models of care and to make general practice an attractive option for medical graduates both locally and nationally.

(3) During discussion it was re-confirmed that the recruitment and retention of GPs would be considered as part of the work on workforce. It was also suggested that there was a need to quantify the issues and to press for a policy change at national level. Mrs Tomalin answered questions relating to pressures in primary care particularly in relation to dentistry. It was suggested

that local health and wellbeing boards might want to understand the detail as it related to their local area.

(4) Andrew Ireland (Corporate Director- Social Care, Health and Wellbeing) introduced a report which provided a summary of the Children's Commissioning priorities in the context of Kent County Council's 5-year vision and its transformation agenda. He drew particular attention to the plan to reduce residential placements by 200 annually, the success of the Enablement Service and the increasing partnership work to ensure services were aligned around the needs of children and families.

(5) It was suggested that the commissioning plan should state more explicitly the work being done towards integration and through the Better Care Fund, however it was also considered that work undertaken to understand needs and provide feedback to the public would increase awareness and understanding of integration.

(6) Mark Lobban (Director of Commissioning) introduced a report which provided a summary of Adults Social Care Commissioning priorities. He drew particular attention to the intention of working holistically with Education Services, the focus on prevention through the development of early help services and the emphasis on support for children leaving care and special education as they made the transition from Children's Services to Adult Services.

(7) Resolved that the NHS Commissioning Plan, the Kent Children's Commissioning Plan and the Kent Adults' Commissioning Plan be noted.

149. Assurance Framework
(Item 8)

(1) Malti Varshney (Consultant in Public Health) introduced the report which provided an overview of the indicators in the Kent Health and Wellbeing Strategy, gave information about stress indicators and highlighted areas of concern and exception relating to breast feeding, vaccinations for MMR and flu, male suicide rates, bed occupancy rates which remained above 85% for all acute hospitals in Kent except the East Kent Hospital University Foundation Trust, A&E attendance and the increase in non-acute "delayed days".

(2) Mr Scott-Clark (Director of Public Health) said work was underway with NHS England, Public Health England and the Director of Public Health in Medway to increase the uptake of MMR vaccinations and to plan for the next round of flu vaccinations.

(3) Comments were made about nursing capacity in the sub-acute sector, the difficulties agencies had in recruiting staff to deliver hospital discharge services and the consequent impact on the flow of patients through A&E. It was suggested that recruitment to this sector be considered by the task and finish group on workforce.

(4) Questions were also raised about how to get the best value from the Assurance Framework report and it was suggested that elements of it should be considered by local health and wellbeing boards.

(5) The need to consider plans for winter resilience and learn lessons from last year was acknowledged.

(6) Resolved that:
(a) Concerns regarding reporting and recording breastfeeding rates continue to be raised with relevant partners;
(b) Assurance be sought from NHS England on actions for improving the uptake of 2-dose MMR vaccination amongst 5 year olds;
(c) Assurance be sought from NHS England on actions for improving the uptake of flu vaccination in the target population;
(d) Assurance be sought from CCGs and Social Care on plans for ensuring capacity and capability of local systems to address potential demands during winter 2015/16.

150. Joint Strategic Needs Assessment Exception Report
(Item 9)

(1) Mr Scott-Clark (Director of Public Health) introduced the report which set out key excerpts of the JSNA chapter summaries that had been refreshed for 2014/15. He said the report had been delayed because of pressure on previous agendas for meetings of the Health and Wellbeing Board.

(2) Resolved that the report be noted.

151. Minutes of the Children's Health and Wellbeing Board
(Item 10)

Resolved that the minutes of the meetings of the Children's Health and Wellbeing Boards held on 3 February and 25 March 2015 be noted.

152. Minutes of the Local Health and Wellbeing Boards
(Item 11)

Resolved that the minutes of local health and wellbeing boards be noted as follows:

Ashford – 22 April 2015
Canterbury and Coastal – 25 March 2015
Dartford, Gravesham and Swanley – 15 April 2015
South Kent Coast – 20 January 2015
Swale – 18 March 2015
Thanet – 12 February 2015
West Kent – 20 January 2015.

153. Date of Next Meeting - 15 July 2015
(Item 12)

To*:* Health and WellBeing Board

Subject: One Public Estate Initiative

Classification: Unrestricted

Submitted by: Director of Infrastructure

Date: **15 July 2015**

Summary: Kent County Council has been a part of the One Public Estates (OPE) Initiative since September 2014, which builds upon the work undertaken to date bringing opportunities for all parts of the Public Sector across Kent to work collaboratively with regard to public property and land. This paper identifies the opportunity for the OPE initiative to work across the Health Estates in Kent and support the delivery of Kent's Joint Health and Wellbeing Strategy 2014-17.

Recommendations

The Board is asked to take note of the benefits and examples of how OPE has supported health and social care integration in other parts of the country and consider whether this should be explored further with regards to Kent's delivery of Health and Social Care.

If the board feel that they would like to develop the opportunities that OPE could present to them they are asked to endorse the creation of an asset collaboration mechanism through a sub group. The group would provide a place and space for partners to work through estates issues to achieve outcomes such as joint accommodation strategies, develop design principles and guidance for estates decisions and explore opportunities for a framework of charges across the estates.

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1 Background

1.1 The One Public Estate (OPE) programme is designed to facilitate and enable public sector bodies to work collaboratively on property and land matters. It is felt that by adopting the principles of OPE, the Kent Health and Wellbeing board will enable collaboration opportunities to be identified and encourage outcomes such as joint accommodation strategies across the Health Estates in Kent to be achieved. It will also provide a platform to analyse whether Estates management can sometimes be a barrier to integration or indeed whether it is actually a tool that can be used to instigate it. The proper utilisation of the health and care estate was identified during the roundtable discussion with Simon Stevens in January considering how to tackle the barriers to achieving the Five Year Forward

View in Kent as one of several key areas that need to be looked at in detail. The strategic benefits of considering estates across Kent are wider than the benefits of any particular scheme.

1.2 The Department of Health (DoH) has recently published the Local Estate Strategy requirements which set out the need for all CCGs, by the end of 2015, to have plans in place that cover the primary care estate along with community care and non-clinical estate. The strategy provides a guide to CCGs as to how the DoH sees engaging and working with public stakeholders as a key driver to delivering their 5 year forward view and the associated New Models of Care. There will be a need for Local Estate Forums (LEFs) to be developed across Kent, the DoH strategy does recognise that there may already be suitable forums set up in which the LEF can slip into. It also makes clear the links with the One Public Estate Programme and that local health economies are expected to participate in exploring opportunities across the wider public sector.

1.3 Over the last two years KCC Property Services and various Estates partners within the NHS have endeavoured to work collaboratively with all internal and external partners across Kent ensuring that opportunities to work in a coordinated manner are identified and progressed. Asset collaboration has taken place between KCC and NHS partners such as NHS Property company, KMPT and KCHT and has involved:

- sharing data regarding the assets within each portfolio
- mapping all data
- identifying opportunities for rationalisation or joint projects
- Reviews of all KCC assets, and where possible looking for opportunity for integration of services

1.4 In May 2014 KCC made an application to be a part of Round 2 of the One Public Estate Programme. It was confirmed on 5 August 2014 that KCC was successful and in September 2014 the 2nd round of the programme was launched to help promote cross public sector land and property rationalisation.

2 What is One Public Estate?

2.1 The OPE Programme is an initiative funded by the Cabinet Office Government Property Unit (GPU) and delivered on their behalf by the Local Government Association (LGA). The programme is designed to facilitate and enable local authorities to work successfully with central government and local agencies on public property and land issues through sharing and collaboration. KCC's responsibilities under the programme include supporting the development of centralised mapping (e-PIMS) and the creation of a suitable property forum(s) with strategic local partners to drive delivery of identified projects.

The OPE programme has four main objectives:

- Create economic growth – to enable released land and property to be used to stimulate economic growth, regeneration, new housing and jobs.
- Generate capital receipts – to release land and property to generate capital receipts.
- Reduce running costs – to reduce the running costs of central and local government assets.
- Deliver more integrated and customer focused services – to encourage publicly funded services to co-locate, to demonstrate service efficiencies, and to work towards a more customer- focused service delivery.

3. What could the benefits of OPE be for health and social care integration?

3.1 By utilising an extensive network of public sector partners, OPE could be used as a tool to support the delivery of Kent's Health and Wellbeing Strategy and assist in developing a fit for purpose estate that can deliver the Better Care Fund across Kent.

3.2 OPE complements the DoH Local Estate Strategy and LEFs that it advises are to be set up by CCGs. OPE could provide a platform to link the work that LEFs do into the wider public sector property estate and will promote joint working with central and local agencies on public property and land matters.

3.3 There are already various examples and case studies across the country where other local authorities have incorporated supporting health and social care in their OPE work programme:

- Essex has been undertaking locality reviews with their districts looking at housing opportunities. Part of this has been to identify sites which can be used for specialist housing for adults with disabilities to reduce the need for moving people into care and relieve pressure on the NHS.

- Manchester has linked the OPE programme to the Citywide Integrated Health Estates programme. The Integrated Estates programme is supporting the delivery of Living Longer Living Better strategy which sees integration between Health and Social care services. OPE being linked into the programme is creating good linkages with health partners and enabling sharing of resources including mapping of all public estate property in the city of Manchester and they are working on aligning the health and estates strategies.

- Leeds City Council and Leeds Community Health have partnered to develop and deliver an integrated health and social care service across the city, leading to the co- location of around 900 staff in various city wide hubs. Each team will have a main integrated office location with additional touchdown facilities located in other council and health

buildings. A working group has been set up which has developed a joint accommodation strategy, produced detailed design principles and guidance for estates decisions, together with a framework for charging and re-charging the costs of integrated service accommodation. They examined how the programme would enhance the service delivery, generate capital receipts through disposal of buildings and reduce the running costs across both organisations.

3.4 Assets have already been mapped across all public sectors in Kent, via OPE and e-pims, and these can be overlaid with Central Government assets to identify opportunities in which all public sector property can provide integration and collaboration solutions to delivering the local clinical strategies. The data that is mapped can be as high level or detailed as is required and can drill down to ward by ward level to identify a comprehensive picture of assets that are currently used or could potentially be used to deliver integrated health and social care.

3.5 OPE could add support and further increase the local profile of the integrated work that is already being undertaken across Kent. It equally could provide opportunities such as accessing procurement frameworks via Teckal arrangements between public sector partners.

3.6 Care pathways could be identified to show how local commissioning plans can be delivered and OPE can provide support to this process by showing how estates can assist with the delivery as well as identify what property is required and how this will be developed.

4. Recommendation to the Board:

4.1 The Board is asked to take note of the benefits and examples of how OPE has supported health and social care integration in other parts of the country and consider whether this should be explored further with regards to Kent's delivery of Health and Social Care.

4.2 If the Board feel that they would like to develop the opportunities that OPE could present to them they are asked to endorse the creation of an asset collaboration mechanism through a sub group. The group would provide a place and space for partners to work through estates issues to achieve outcomes such as joint accommodation strategies, develop design principles and guidance for estates decisions and explore opportunities for a framework of charges across the estates.

NHS
West Kent
Clinical Commissioning Group

Kent and Medway Mental Health Crisis Care Concordat

Kent Health and Wellbeing Board

15th July 2015

Patient focused,
providing quality,
improving outcomes

Kent and Medway Crisis Care Concordat

SUMMARY
The paper provides an update on the implementation of the Mental Health Crisis Care Concordat across Kent and Medway. A multi-agency framework is delivering the commitments made in the Kent and Medway Mental Health Crisis Care Concordat through a partnership approach. This area of work is being addressed by use of existing and planned commissioning intentions and service delivery arrangements and through new partnership arrangements within Crisis Concordat focus working groups.

Recommendation
Members are asked to note progress and support planned work across agencies.

Members are asked to agree to Concordat reporting progress to Health and Wellbeing Board on an annual basis.

1. Budget and Policy Framework

1.1 The Kent Joint Health and Wellbeing Strategy set five strategic outcomes to improve health and wellbeing for Kent residents. Outcome 4 aims to support people with mental ill health issues to live well in all settings.

1.2 The NHS Forward View and local NHS CCG 2/5 year plans set a key strategic outcome to meet the national objective of improving parity of esteem and reducing inequalities for people with mental health problems.

1.3 There is no additional or dedicated Mental Health Crisis Care Concordat budget identified in the national Crisis Care Concordat. Implementation of its commitments, the cost of governance arrangements and operational changes will be actioned through partnership agencies and are expected to be made through existing resources, or through future commissioning decisions.

2. Background

2.1. The *Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis,* was published by Department of Health on 18th February 2014 and signed by 22 National Organisations, including NHS England, the Association of Chief Police Officers, the Local Government Association, Public Health England, the Care Quality Commission, the Royal College of General Practitioners, Mind, the Association of Directors of Children's Services (ADCS), and Adult Social Services (ADASS) and the Royal College of Psychiatrists.

2.2. The National Concordat Signatories made a commitment "to work together, and with local organisations, to prevent crisis happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

2.3. The Concordat also provides important guidance based on service user experience about what is needed as urgent help. It sets out the case for change, the core principles and four domains around which outcomes should be designed and measured:

- Access to support before Crisis Point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well/preventing future crisis

2.4. The signatories of the Concordat expect local partnerships between the NHS, Local Authorities and the Criminal Justice System to work to embed the Concordat principles into service planning, commissioning and service delivery.

2.5. The Mandate from the government to NHS England for 2014-15 established specific objectives including that "Every community to have plans to ensure no one in Crisis will be turned away, based on the principles set out in this Concordat".

2.6. The National Concordat recognised that real change can only be delivered locally and expects every locality across England to work together through local partnerships to adopt and implement its principles. This should be evidenced by the publication of a local Mental Health Crisis Care Concordat setting out the commitment of local agencies to:

2.7.

- The development of a shared action plan to enable delivery;
- To reduce the use of police stations as places of safety;
- Evidence of sound local governance arrangements.

This expectation was reiterated in a joint letter to the Chairs of Health and Wellbeing Boards on 27th August 2014 from the Minister of State for Care and Support and the Minister of State for Policing and Criminal Justice (see Background Papers).

This was further reiterated in the Queen's Speech and the plans for the implementation of the Police and Criminal Justice Bill which will take forward the policing powers elements of the review of the use of sections 135 and 136 of the Mental Health Act 1983, including:

- prohibiting the use of police cells as places of safety for those under 18 years of age and further reducing their use in the case of adults
- reducing the current 72 hour maximum period of detention
- extending the power to detain under section 136 to any place other than a private residence

3. Progress to date

Governance and Process

3.1. Prior to the publication of the National Concordat, a Policing and Mental Health Partnership Board was already in place with representation from NHS, the Local Authorities and the Police. This group was set up to address concerns over the lack of Mental Health Act S136 Place of safety for children and young people in the county. This group provided the basis for the formal Kent and Medway Concordat Steering Group. The group is Co-Chaired by Dave Holman (Mental Health Commissioning Lead, West Kent CCG) and until April 2015 Chief Superintendent Adrian Futers, Strategic Partnerships Command, Kent Police. Adrian Futers has now been replaced by Ann Lisseman, Detective Superintendent, Head of Criminal Justice Department, Strategic Partnerships Command, Kent Police.

3.2. Membership of the Kent & Medway Concordat Steering Group includes the Kent and Medway Clinical Commissioning Groups (with West Kent CCG as the lead CCG); South East Coast Ambulance Service (SECAmb); Kent & Medway NHS and Social Care Partnership Trust (KMPT); Kent Police; Sussex Partnership NHS Foundation Trust; Medway Council; Kent County Council; South East Commissioning Support Unit; South London and Maudsley NHS Foundation Trust; and Medway NHS Foundation Trust, West Kent Mind, Samaritans, Healthwatch and the Magistrates Association.

3.3. Kent and Medway Mental Health Crisis Care Concordat declaration and initial action plan was published in December 2014 in line with national guidance. (See background papers).

3.4. The Steering Group developed a Multi-agency Action plan to enable the Concordat's core principles and outcomes to be delivered locally (see attached). The plan is organised to address the four domains set out at 2.3. The Action Plan was last updated in May 2015. The original plan of four working sub groups to oversee delivery of the action plan changed in May 2015. Following a review there was a recognition that some of the concordat work was duplication of core business already being undertaken by each agency. There will be two focused Task and Finish groups which can show tangible outcomes to achieve the core principles of the Concordat, ensuring the group's limited resources are better utilised. One of the task and finish groups will focus on section 136 reductions in line with the mandate from central government and as locally this is an urgent area to resolve. The second

group will focus on the prevention agenda and on supporting people following a mental health crisis. Key performance indicators have been developed to measure the progress of delivery.

3.5. Local governance for the local Mental Health Crisis Care Concordat is now in place. NHS England has recommended the Concordat reports directly to the Kent Health and Wellbeing Board on an annual basis to monitor progress, and for the board to provide the strategic partnership framework, which is crucial for this service area. This arrangement has been agreed in Medway through the Medway Health and Wellbeing board in April 2015.

Key actions

3.6. Good progress has been made by the Kent & Medway Concordat Steering Group. The multi-agency Action Plan demonstrates the complexity of work that is required to ensure there is urgent and emergency access to crisis care for a person experiencing a mental health crisis; locally the response needs to be proportionate, focused upon the person's needs and co-ordinated across partner agencies. Services must also be arranged so that there can be access to support *before* a crisis (to promote prevention) and *following* crisis, so that the person can make a recovery, stay well and learn from the crisis event preventing future crisis episodes.

3.7. Kent and Medway Partnership Trust (KMPT) have taken steps to develop a single point of access to a multi-disciplinary mental health team on a 24/7 basis and this telephone number has been shared with the Police and local GPs. This service is also linked to Mental Health Matters Helpline and NHS 111 provision.

3.8. A Mental Health Act S136 Place of Safety for children and young people is now operational in the county situated in Dartford , this was agreed in 2014 through a joint approach between children's and adult services. Further negotiations across agencies are ongoing to increase capacity across the county to alleviate the risk to children and young people if they have to travel to access this provision. NHS Contract Quality improvement and innovation (CQUIN) Contract arrangements are embedded in contracts for 2015/16 across children and adult agencies to enhance smooth transition pathways. This includes operational co location between children and adult crisis services on a 24/7 basis.

3.9. The Concordat Steering Group has accessed various patient and carer platforms including the Mental Health Action Groups established across Medway and Kent as a means to consult and engage with service user/patient groups and to highlight the commitments made in the local Concordat published in December 2014.

3.10. Crisis and Mental Health Awareness Training is delivered to local agencies through Mental Health First Aid training. In Medway this is delivered through the Medway Public Health Directorate.

3.11 A process to collate and analyse serious incidents has been agreed across different agencies so lessons can be learnt and applied to avoid and prevent future serious incidents. Over the last 12 months there have been 70 reported serious incidents, of which, 19 are still awaiting resolution.

3.12 A comprehensive police training package and including a training video has been agreed and delivered to over 3000 police officers, 500 police staff and watched a further 3378 times by other staff within the organisation. The DVD is now used nationally as a training resource within other police forces throughout England.

3.13 A range of Kent and Medway CCGs commissioning plans and intentions 2015/16 have been developed in line with Concordat requirements and good practice. The focus is to develop services to support patients in crisis, preventing attendance at Accident & Emergency and avoiding acute psychiatric admission. These include the developments of 24/7 acute Liaison Psychiatry, 111 service improvements, Street Triage initiative, Crisis Cafes and a focus on supporting frequent attenders within the acute environment with holistic packages of support.

3.14 KCC is currently undertaking a procurement process to deliver a Community Mental Health and Wellbeing service in conjunction with our CCG colleagues. This service will provide prevention, early intervention and recovery services for mental health. This service will help prevent entry into formal social care and health systems reduce suicide and prevent negative health outcomes associated with poor mental health.

3.15 There is a need to re-shape these services to meet increasing demand, re-balance investment across Kent and ensure compliance with the Care Act. The implementation of the new service in April 2016 will end current grant funded services with the voluntary sector and move to an integrated new Community Mental Health and Wellbeing Service. The approach will use investment in a more effective way to ensure Parity of Esteem for people experiencing mental health problems. Kent County Council is developing a strategic partnership model with a delivery network which will ensure that there remains a vibrant and diverse voluntary sector market.

3.16 The approach offers a unique opportunity to commission joined up services across social care, public health and CCGs, reducing duplication and ensuring best value across the whole spectrum of wellbeing. KCC are leading this piece of work but working collaboratively with CCGs.

4 Key priorities / Next Steps

Reduce the use of Section 136

4.1 Section 136 of the 1983 Mental Health Act (as amended 2007) is a power to detain a person that can be used by the Police where there is a concern that the person is suffering from a mental disorder. It is used at the Police Officer's discretion. Under this legal power the person can be taken to a Place of Safety. A Place of Safety can be an acute psychiatric in-patient unit, such as at Little Brook Hospital in Dartford. However there are occasions that such a Place of Safety may not be available and the person has to be detained in Police Custody, although this is not desirable and not in line with good practice guidance and police custody is not a suitable place of safety.

4.2 In Kent in 2014/15 there were 719 S136 episodes; only 21% of section 136 detentions result in hospital admission, with only between 10-12% of all section 136s being converted into formal hospital detention under the Mental Health Act. This is not sustainable and impacts on other parts of the mental health system. The use of out of area non-commissioned bed usage is currently high, in West Kent currently 11 patients a day are placed out of area, one reason for this is the use of S136 and the impact it has on KMPT Crisis care team staff that are required to support the 136 system, leading to resource gaps in supporting people in crisis in the community.

4.3 The key Crisis Care Concordat action through 2015/16 will be to significantly reduce the use of section 136 placements under the MH Act through a number of jointly agreed partnership initiatives providing officers with alternative options for someone presenting in crisis. A detailed review of all S136 placement activity for 2014/15 will be completed to enhance understanding of the current blocks in the system. Crisis intervention alternatives including need to be commissioned as a matter of urgency. These alternatives are highlighted further on in this report.

Improve information sharing

4.4 Improve information-sharing arrangements - both about local services that can be accessed in a crisis; and arrangements between partner agencies where there are specific causes for concern about particular individuals, including persons who may frequently present to local services in a crisis. This includes a single number for police to obtain advice.

Improve training and learning on mental health crisis

4.5 There were 120 suicides in Kent in 2014/15. This issue highlights the need for prevention and the need for suicide prevention training to be offered to other professional groups and to the wider voluntary sector (this was taken forward jointly by the Council and KMPT in 2014 and is shortly to be repeated by KMPT). A pan-county suicide prevention group led by KCC has recently refreshed the Suicide Prevention Strategy to further develop the prevention agenda in line with Concordat actions.

Street Triage

4.6 Street Triage is when mental health professionals (usually psychiatric nurses) provide on-the-spot advice to Police Officers who are dealing with people with possible mental health problems. This advice can include a clinical opinion on the person's condition, or appropriate information sharing about a person's health history.

4.7 The aim is, where appropriate, to help police officers make appropriate decisions, based on a clear understanding of the background to these situations. This should lead to people receiving appropriate care more quickly, leading to better outcomes and a reduction in the use of section 136.

4.8 Street Triage arrangements were piloted in East Kent during 2013/2014, when 648 assessments were completed through phone and direct contact reducing the need for inpatient activity. The original pilot project was funded by the Police Commission (PCC), the project was only viable to March 2015. The pilot project was a means to evaluate its success against some key expected benefits. Evaluation demonstrated that 'street triage' concept is beneficial, but it needed to be delivered in a different format, achieving similar outcomes whilst removing the need for specific police officers as there is no funding.

4.9 A new service model is now being developed across Kent and Medway with a view to commencing provision in September 2015. The new service will examine not only diversion at the point of contact but by identifying that contact much earlier and in a more timely way so the person does not reach crisis point in the first place. This should then support the primary issue of reducing the use of section 136 admissions.

Acute Liaison Psychiatry

4.10 People with mental health problems attending or admitted to an acute hospital environment should receive the same priority as those with physical health problems. Access to embedded liaison psychiatry with advice from a consultant specialising in mental health problems in hospitals needs to be available 24 hours a day in order to provide a urgent and proactive response.

4.11 National data suggests that meeting mental health needs in an acute setting will equate to supporting approx. 440 patients per month in a 500 capacity hospital. The average across Kent is currently 120 per month. All Kent CCG's are working towards implementation of a 24 /7 service in all hospitals 2015/16.

Crisis Café

4.12 This service aims to ensure local people experiencing a mental health crisis are able to access support through the provision of an integrated community resource out of hours without having to access mainstream mental health services. The scheme can be delivered through the voluntary sector. A pilot in North Kent delivered by Mental Health Matters operated for 34 weeks in 2014/15; this service saw over 100 patients. Self-reports suggested 15 patients were prevented attending A&E and/or saw their GP less often as a result of the service. In West Kent a pilot service is being developed with West Kent Mind to commence in September 2015. This service will be evaluated and a decision made whether to extend this; depending on its impact in reducing demand for out of hours emergency services and how this is able to support the needs of those experiencing mental health crises. A further element of this workstream will be locating a Mental health nurse in the Police Force Control room, this will provide vital triage advice to police and potentially SECAMB.

The Approved Mental Health Professional Service

4.13 The delivery of AMHP Services in Kent was reviewed in 2012/13 with a new model of delivery going live on the 30 June 2014. Kent AMHP Service is a centrally managed service; all referrals for Mental Health Act Assessments are received, triaged and if necessary set up for assessment. The service has two office bases at Priority House Maidstone and St Martin's Hospital.

4.14 The AMHP service is a key part of the Mental Health Concordat and expects to measure itself against the national framework for the concordat in terms of its ability to respond to s136 and to referrals where a person requires an urgent Mental Health Act assessment.

4.15 Increasingly, the AMHP service follows up and assesses patients detained to private hospitals outside of Kent. This means sending AMHPs out of County or asking AMHP services in the North of England to do assessments on its behalf which entails paying them for their services.

4.16 Outside of the Crisis Pathway, Kent AMHP Service has to ensure that it delivers Kent County Council Statutory Responsibilities for the displacement and appointment of Nearest Relatives, Guardianship Orders and review of Community Treatment Orders under the Mental Health Act.

4.17 There was a 13% increase in referrals to Kent AMHP service from 2013/14 to 2014/15. Nationally from 2012/13 to 2013/14 there was a 5% increase in Mental

Health Act assessments. Section 136 assessments account for over a third of all Mental Health Act assessments completed in the last financial year.

4.18 Kent AMHP Service is delivered as part of the section 75 agreement between Kent County Council and Kent and Medway NHS & Social Care Partnership Trust.

Kent Police

4.19 The key issue for Kent Police is to provide officers with an alternative option for someone presenting in a crisis. A range of service solutions to improve operational processes are being implemented and developed through 2015/16 NHS commissioning intentions in partnership with concordat agencies. Police now have a dedicated strategic lead and a team leading on the mental health and concordat agenda. A key early success is the implementation of a triage model providing access to a single phone number for police to obtain advice.

4.20 The Police are working with Kent County Council in the promotion of the Live it Well Strategy programme - six ways to wellbeing, focussing on diversion and making referrals at early opportunities to the wider system to support individuals.

4.21 Training and guidance will be provided for all Officers and Police staff through Kent Police's internal communications structure, internal briefings and Departmental Managers. In addition, this signposting resource will be incorporated into current relevant Kent Police training programs and within Kent Police's Suicide Prevention training scheduled for 2016.

4.22 There are several other standing groups across Kent and Medway that have within their Terms of Reference outcomes that contribute to achieving the principles of the local Crisis Care Concordat, including:

- The Kent & Medway Suicide Prevention Strategic Steering Group
- Kent Drug and Alcohol Action Team (DAAT) Board
- Kent Safeguarding Children's Board
- Kent and Medway CQUIN Working Group on Safe and Effective Transitions of Adolescents from Children and Young People Mental Health Services to Adult Mental Health Service
- Kent and Medway Adults Safeguarding Board
- Community Safety Partnership
- Kent and Medway Domestic Abuse Strategy Group

4.23 Going forward, it will be important for the Kent & Medway Crisis Concordat Steering Group to forge strong links to each of these groups, in order to achieve the principles in the local Concordat and ensure delivery.

4.24 In October 2014, NHS England and the DoH published *Improving Access to Mental Health Services by 2020*, this document set out a first set of mental health access and waiting time standards for introduction in 2015/16. These commitments were reaffirmed in the NHS mandate and in the NHS Forward View. A new allocation of £30million nationwide is to be targeted on effective models of liaison psychiatry in acute hospitals to help meet the new standards. Local planning will be required to modify service delivery accordingly through 2016/17. Furthermore, the Home Secretary, Theresa May, has pledged that there will be £15 million of new funding to provide health based place of safety for the 4,000 people a year who are detained under the Mental Health Act. The new funding will be targeted at the NHS, in partnership with Police and Crime Commissioners

5. Financial Implications

5.1. There are no identified financial implications arising for the Kent Health and Wellbeing Board arising from this report. Implementation of the Concordat commitments, the cost of governance arrangements and operational changes are matters for partnership agencies and are expected to be made through existing resources and future commissioning intention. Through the 2015/16 NHS planning framework CCG's have committed finances meeting the Parity of Esteem agenda, this includes crisis care commissioning intentions and plans.

6. Legal implications

6.1 The Health and Wellbeing Board has a statutory obligation under section 195 Health and Social Care Act 2012 to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Kent. Supporting the development of the Kent & Medway Mental Health Crisis Care Concordat is therefore within the remit of the Health and Wellbeing Board.

7. Recommendations

7.1 The Health and Wellbeing Board is asked to support the work of Kent & Medway Mental Health Crisis Care Concordat

7.2 The Health and Wellbeing Board is asked to agree to the governance framework of the concordat group reporting annually on progress to the Kent Health and Wellbeing board.

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Background papers
Mental Health Crisis Care Concordat -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

Kent and Medway Mental Health Crisis Care Concordat -
http://www.kent.police.uk/about_us/attachments/Kent_and_Medway_Mental_Health_Concordat.pdf

Letter from Norman Lamb and Mike Penning: Mental Health Crisis Care Concordat: Making Change Happen in your Area

Letter_Making Change Happen

By: Roger Gough, Cabinet Member for Education and Health Reform
Steve Inett, Chief Executive Healthwatch Kent

To: Health and Wellbeing Board, 15 July 2015

Subject: **Update on Quality and the Health and Wellbeing Board**

Classification: Unrestricted

Summary:

This paper updates the Board on progress regarding producing a Quality Report that fulfils the requirements set out in the Francis report and gives an overview of quality issues in Kent.
Issues affecting the quality of health and social care service to the public are often complex and rely on effective partnership working with other parts of the system.
Whilst issues for individual services are addressed by their commissioners, there is a potential role for the Board in addressing the complex issues that affect the experiences of patients and service users.
Many of those issues are already known and there is activity to address them. This report aims to identify the highest priority issues, plan how to understand what activity is happening to address them, and how to update the Board on progress.

The Board is asked to agree that:

(a) The Quality Report has effectively identified the potential priorities for the Board

(b) The Board has identified which issues will form the priorities of the Board

(c) Where there is no existing working group, Healthwatch Kent coordinate a group to understand current activity in each priority

(d) There is a regular update to the Board on progress coordinated by Healthwatch Kent

1. Introduction

The quality of health and social care service members of the public receive can be impacted by a range of complex factors. A paper was presented to the Kent Health & Wellbeing Board (KHWBB) in September 2014 recommending a regular report coordinated by Healthwatch Kent (HWK) that fulfilled the requirements set out in the Francis report and gave an overview of quality issues in Kent.

The aim of the report is to assist forward planning by Board membership organisations and agree priorities for consideration by the Board.
Discussions at the Board meeting in September raised concerns about the risk of duplication of existing performance management processes and getting further clarity about the purpose and format of the report.

At the KHWBB meeting in January 2015 it was agreed that the report be a short document summarising the issues raised from the sources above and identifying the key themes.
These issues would be gathered by Healthwatch Kent via conversations with the appropriate contact in each commissioning organisation, provider or group.

It is proposed that a very short list of issues be agreed as priorities which the KHWBB feel are having significant impact on the provision of quality services. AND can only be addressed by a cross-county, system-wide approach.
These issues will be very complex and need exploring in more depth including:

- Understanding work currently being undertaken that involves KHWBB members or groups such as QSG, Quality in Care, Pioneer etc.
- What might be needed to enhance that work including how partnership with Local HWBBs could effect change
- Understanding progress made and how progress is measured
- How progress might be reviewed in the future

Healthwatch Kent will report back to the KHWBB regularly with these findings.

2. Process

Healthwatch Kent contacted all members of the Kent Health and Wellbeing Board and therefore the chairs of the local boards, as well as other commissioners and providers in health and social care who are not members of the board but provided insight into system issues.

In total 36 people were invited to speak with us.

We spoke with 22 people mostly via telephone interview over a period of 6 weeks. The interviews were carried out by Healthwatch Kent CEO and volunteers.

The interview was structured as a conversation that set out the purpose of the report and encouraged respondents to highlight three areas. They were given complete freedom regarding the issues they chose, providing they were system issues. In the main respondents had prepared for the interview and already had their points prepared.

Notes were made of the responses. These were then collated and volunteers identified the key themes in what was said.

3. Results

The most common areas raised were:

- Finance
- Being Patient Focussed
- Workforce

We found it helpful to break down the results into perceptions from Health Commissioners, Health Providers and Kent County Council Teams on each of the three areas. Below are examples of what was said:

Finance

Health Commissioner	There is a need for transforming primary care, retaining the good in GP practice whilst giving headroom to develop. Possible transformation funds would enable this
Health Provider	Short term commissioning of innovative projects makes it difficult to run services. Schemes need to be in place long enough to evaluate what works well and makes a difference.
Kent County Council Teams	Need to continue to look at actual needs and highlight differences in funding levels in Kent compared to neighbouring areas.

Patient focus

Health Commissioner	Mismatch between public expectations and what can be delivered We need to be communicating to the

	public how services may need to change and be used, with the public taking on more responsibility and focus on prevention
Health Provider	How can patient dignity and respect be maintained in a highly pressured environment? Discharge difficult in a timely fashion when social services budgets are also cut. It is hard to manage discharge safely
Kent County Council Teams	System leadership not clear and so busy no time to share challenges Many doing similar things but called different names and at different paces

Workforce

Health Commissioner	There are not enough staff. How can we measure productivity and quality when there is such a shortfall? There needs to be more joint assessment to allow better patient treatment.
Health Provider	Challenges in recruiting and retaining, zones of groups of workforce in Kent and Medway mean everyone is fishing from same pools
Kent County Council Teams	There are significant cultural differences between health and social care and acute and community trying to achieve the same thing but differently. There needs to an integrated approach to recruitment.

Other issues of note were:

- Public awareness and articulating what good looks like
- System leadership and accountability is not clear
- Organisations continue to work in silos

- Some providers were unclear about the role of the KHWBB in the system as there is not enough communication
- Premises need to be reviewed together

4. Links with current work

It is reassuring that there are no surprises in the feedback received and work overseen by the KHWBB is already happening on some issues namely:

The Kent & Medway Growth & Infrastructure Framework discussed at the KHWBB in May could inform any discussions nationally about funding.

The Workforce Task & Finish Group

The work of the Integration Pioneer Project

5. Conclusion

The original discussion was that the KHWBB should select a shortlist of the issues to address as a priority. The board should consider if the issues highlighted in this report should inform the priorities of the board for the next twelve months. The board should then identify which issues are the agreed priorities.

The board should consider how best to gather information on existing activities for each priority e.g. task and finish groups or a single working group. Healthwatch Kent is able to coordinate a group if agreed.

The board should consider how progress is reported.

Recommendation(s)

The Board is asked to agree that:

(a) The Quality Report has effectively identified the potential priorities for the Board

(b) The Board has identified which issues will form the priorities of the Board

(c) Where there is no existing working group, Healthwatch Kent coordinate a group to understand current activity in each priority

(d) There is a regular update to the Board on progress coordinated by Healthwatch Kent

Contact Details

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DARTFORD BOROUGH COUNCIL

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD

MINUTES of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on Wednesday 17 June 2015.

Present:

Councillor Roger Gough – Kent County Council (Chairman)
Councillor Ann Allen – Dartford Borough Council
Councillor David Turner – Gravesham Borough Council
Councillor Tony Searles - Sevenoaks District Council & Swanley Town Council

Sheri Green	Dartford Borough Council
Graham Harris	Dartford Borough Council
Hayley Brooks	Sevenoaks District Council
Tristan Godfrey	Kent County Council
Melanie Norris	Gravesham Borough Council
Sarah Kilkie	Gravesham Borough Council
Su Xavier	Clinical Commissioning Group
Debbie Stock	Clinical Commissioning Group
Dr Liz Lunt	Clinical Commissioning Group
Stuart Collins	Kent County Council
Cecilia Yardley	Healthwatch

76. APOLOGIES FOR ABSENCE

Apologies for absence were received from Lesley Bowles, and it was noted that Hayley Brooks was attending on her behalf.

The Chairman, Councillor Gough welcomed Councillor David Turner to his first meeting of the Board. Councillor Turner was replacing Jane Cribbons as the Member representative for Gravesham Borough Council as a result of the recent political changes arising from the Local Government elections in May.

Councillor Gough expressed his thanks to Councillor Cribbons for her hard work and commitment to the Board over the past three years.

77. DECLARATIONS OF INTEREST

There were no declarations of interest made.

78. CONFIRMATION OF MINUTES

The minutes of the Dartford Gravesham and Swanley Health and Wellbeing Board held on 15 April 2015 were approved as a correct record of that meeting.

79. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD - MEETING HELD ON 20 MAY 2015

The Chairman reported on the following matters which were discussed at the Kent Health and Wellbeing Board.

Health Infrastructure
The Kent Board has identified proposals for an Infrastructure plan to address the challenges arising from residential and other developments across the County.

Comments on the Plan will be invited from all relevant parties with specific emphasis on the Commissioning Groups.

Workforce Issues
Problems recruiting and retaining Health Service staff are well recognised, and the Kent Board has established a one year Task and Finish Group to consider and assess ways to address the matter.

Assurance Framework
It has been recognised that this needs better consideration by the Kent Board, with emphasis being placed on some specific issues including preparations for winter pressures.

80. URGENT ITEMS

The Chairman reported that there were no urgent items for the Board to consider.

81. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS

The Board received a position statement on actions arising from previous meetings.

It was reported that the workshop event identified as an urgent issue at the last meeting and involving Kent Fire and Rescue, had now been finalised, and would take place at 2.00pm on Friday 10 July at Dartford Civic Centre.

82. PROGRESS AGAINST DGSHWB PRIORITIES

The Board considered a report, presented by Sheri Green, which explained the history of the development process for the Board's current priorities, and outlined the progress that the Board had made against the identified priorities.

It was noted that following a meeting on 5 August 2013, the DGS HWB (whilst in its development phase) had considered a presentation from KCC Public Health that provided statistical data detailing the key public health issues across the CCG area, broken down by district and set in the context of current population data and projected demographic trends.

Arising from the presentation the Board determined that it could not tackle all issues and agreed to focus on the following:-

- Obesity
- Falls
- Health Inequalities
- Demographic pressures
- Mental Health
- Teenage Pregnancy

It was also noted that the Board had agreed to look at the wider determinants of health as well as at the clinical information available, and what action the Board had taken against these particular priorities.

Additionally the Board had recognised that it needed to consider other issues, including the Better Care Fund submissions, CCG Commissioning and Operational Plans and various Kent-wide strategies such as the Kent Alcohol Strategy.

In addition to providing a review of performance Mrs Green explained that the report sought to define a way forward for the Board, to question the focus of the Board's work, and to identify priority areas for the concentration of efforts.

After much discussion the Board agreed

i. that in general terms the Board should review the Local Health Profiles annually and consider which issues it wishes to place particular focus on, either through the HIGs or its own meetings.

ii. that through consideration of the recently published Profiles, Officers should identify priorities for inclusion in a report for consideration by the next meeting of the Board

iii. that Su Xavier co - ordinate the production of the report identifying priorities for the Board for the forthcoming year

It was further agreed that the Board would

iv. maintain a focus on the changing demography of the area and the pressures that this will place on health services.

v. review falls data in 6 months to assess whether the new Pathway has had an impact or if more needs to be done, and by whom.

vi. receive the Kent Teenage Pregnancy Strategy once available for local consideration

83. UPDATE ON REVIEW OF HEALTH AND SOCIAL CARE

The Board received a brief report on the review process and informed Members of a number of meetings which had taken place with local stakeholders, developers and NHS England relating to the review and resources that would be required to adequately provide for the needs of the growing population in our area.

The Board noted the information.

84. REPORT FROM CHILDREN'S OPERATIONAL GROUPS

The Chairman welcomed Stuart Collins to his first meeting of the Board.

Mr Collins introduced a report on the work of the Children's Operational Groups (COGs) and explained the statistical analysis provided on the performance compared to targets identified in the Kent Health and Wellbeing strategy.

Arising from this the following points were raised

- The possible split of data to allow Swanley's performance to be considered separately from Sevenoaks
- That Gravesham's teenage conception rates should be considered by the relevant COG with a view to identifying and implementing best practice from elsewhere
- Issues relating to the meaning of some data – are reductions in numbers of cases a good or bad thing in some targets
- The possible addition of "Direction of Travel" and "Trends" to certain data sets in future reports.

The Board was otherwise happy with the content and presentation and noted the report.

85. REPORT FROM HEALTH INEQUALITIES GROUPS INCLUDING UPDATE ON MIND THE GAP

The Board was informed that the Health Inequalities Groups (HIGs) were not currently in a position to report to the HWB as they were awaiting statistical data from the Kent and Medway Public Health Observatory on the main area of their work, the "Mind the Gap" strategy.

The Board noted the position and agreed to postpone receiving the HIG report until the review of the Mind the Gap strategy and associated action plans are complete.

86. INFORMATION EXCHANGE

There were no issues reported for dissemination.

87. BOARD WORK PROGRAMME

The Board received and noted a report on its work plan for the future and on a number of amendments which were made arising from this meeting.

The meeting closed at Time Not Specified

Councillor J I Muckle
CHAIRMAN

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WEST KENT CCG HEALTH AND WELLBEING BOARD

DRAFT MINUTES OF THE MEETING HELD ON TUESDAY 19TH MAY 2015

Present:

Dr Bob Bowes (Chair)	Chair of West Kent CCG
Tracey Beattie	Mid Kent Environmental Health Manager, Tunbridge Wells Borough Council
Cllr Annabelle Blackmore	Leader of Maidstone Borough Council
Hayley Brooks	Health and Communities Manager, Sevenoaks District Council
Alison Broom	Chief Executive, Maidstone Borough Council
Cllr Roger Gough	Chair of Kent Health and Wellbeing Board
Jane Heeley	Tonbridge and Malling Borough Council
Fran Holgate	HealthWatch
Dr Caroline Jessel	NHS England
Dr Tony Jones	GP Governing Body member, WK CCG
Mark Lemon	Kent County Council
Dr Sanjay Singh	GP Governing Body member, WK CCG
Penny Southern	Director of Learning Disability and Mental Health, Kent County Council (by telephone)
Malti Varshney	Consultant in Public Health, Kent County Council
Cllr Lynne Weatherly	Tunbridge Wells Borough Councillor

In attendance:

Francesca Guy (minutes)	Deputy Company Secretary, WK CCG
Mark Gilbert	Public Health, Commissioning and Performance Manager (Public Health) Kent County Council
Val Miller	Public Health Specialist
Heidi Ward	
Sophie Lyon	South East Commissioning Support Unit

1. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting. Apologies had been received from the following:

Gail Arnold, Chief Operating Officer, WK CCG
Julie Beilby, Chief Executive, Tonbridge and Malling Borough Council
William Benson, Chief Executive, Tunbridge Wells District Council
Lesley Bowles, Chief Officer for Communities & Business, Sevenoaks District Council
Cllr Alison Cook, Sevenoaks District Councillor
Louise Matthews, Deputy Chief Operating Officer
Reg Middleton, Chief Finance Officer, WK CCG
Cllr Mark Rhodes, Tonbridge and Malling Borough Council
Dr Andrew Roxburgh, GP Governing Body member, WK CCG

2. MINUTES OF THE MEETING HELD ON TUESDAY 17TH MARCH 2015 AND ACTIONS FROM THE LAST MEETING

RESOLVED: That the minutes of the meeting held on Tuesday 17th March 2015 be approved as a correct record.

The following actions were discussed:

9/15 Incentive Schemes: It was agreed that Gail Arnold and Reg Middleton would present the 2015/16 CQUINs to the West Kent Health and Wellbeing Board (WK HWB) meeting in July 2015.

3/15 Matters Arising: It was agreed that Reg Middleton and Louise Matthews would provide the Better Care Fund performance report for the WK HWB meeting in July 2015.

3/15 Matters Arising: Malti Varshney agreed to bring any outstanding actions from previous WK HWB meetings to the next agenda setting meeting. The key themes from previous actions related to obesity and alcohol.

05/15 Towards Total Place: Penny Southern reported that the action to provide a breakdown of spend in adult social care and mental health was outstanding. Ms Southern agreed to follow this up with Anne Tidmarsh. **Action: Penny Southern**

07/15 West Kent Strategic Needs Assessment: Malti Varshney reported that she had set up a group to develop a West Kent Strategic Needs Assessment. The findings would be reported to the board in a few months' time.

3. DEVELOPING THE PUBLIC HEALTH STRATEGIC DELIVERY PLAN AND COMMISSIONING STRATEGY

Malti Varshney introduced the public health commissioning plan and highlighted the priority areas for 2015/16. Ms Varshney commented that this presented an opportunity to align the commissioning plans of different organisations and asked the WK HWB to:

- Comment on the proposed vision, strategy and commissioning intentions outlined in this paper;
- Highlight any opportunities for alignment around shared priorities;
- Discuss next steps on development of shared commissioning plans.

Alison Broom asked how prominent the social determinants of health were for each of the focus areas. Ms Varshney responded that once the overall approach had been agreed by the WK HWB, the detail would then be worked through with individual partners.

Dr Tony Jones asked whether there were sufficient links with the voluntary sector. Ms Varshney responded that she had started to build links as part of the development of the needs assessment, but agreed that these would need to be further strengthened.

Fran Holgate asked how the public voice would be incorporated into public health commissioning. Mark Gilbert responded that the scope of consultation would need to be agreed before going out to the public. Fran Holgate and Mark Gilbert agreed to discuss this further outside of the meeting. **Action: Fran Holgate/Mark Gilbert.**

Caroline Jessel commented that it would be useful to understand whether there were any areas where there was a need for a service which was currently not provided. Ms Varshney responded that the needs assessment would identify any areas of need.

The WK HWB supported the proposal for integrated preventative lifestyle services would be commissioned by public health and noted that further work would need to be done to understand what this would mean for individual organisations. It was also agreed that the voluntary sector would need to be represented.

4. TOWARDS TOTAL PLACE

Ms Varshney reported that this paper used the concept of Total Place to estimate the cost to the whole system of the consequences of obesity, including public health, primary care and bariatric services. The paper also outlined recommended actions to address obesity in West Kent.

The WK HWB discussed whether GPs and other health care professionals were in a unique position to address issues of weight and whether they should be encouraged to initiate this conversation with patients. It was noted that the number of obese patients listed on the QOF register did not reflect the totality of obesity in the population.

Annabelle Blackmore suggested that the WK HWB needed to take the lead on promoting public service messages in the media.

Caroline Jessel also suggested that NHS and local authority organisations should encourage cultural change by leading by example. Two other Health and Wellbeing Boards had made a resolution to lead by example.

Dr Sanjay Singh stated that any campaign would need to raise the awareness to the same level as drink driving campaigns and added that the plan needed to be evidenced-based and sustainable.

The Chair summarised the discussion and noted the following:

- The recommendations needed to be refocused on the basis of the discussion;
- The WK HWB had made a recommendation for a campaign of public awareness in West Kent, which attempted to change culture;
- The plan to address obesity needed to be evidence-based and sustainable.

The Chair and Malti Varshney agreed to take these actions away and report back to the next meeting of the WK HWB. **Action: Bob Bowes/Malti Varshney**

5. CHILDHOOD OBESITY: CAMPAIGNS AND MARKETING

Malti Varshney introduced this item by stating that this paper followed on from an action from the last WK HWB meeting to identify the outliers for childhood obesity and the actions to address this.

The WK HWB discussed the fact that schools should be the key audience for this piece of work and that this should be reflected in the recommendations. It would be possible from existing data to identify which schools had higher rates of obesity both at reception and by year six. The HWB should help the management of such schools to be aware of the problem and each District and Borough should work with local schools to address childhood obesity. It was suggested that one way would be to survey how many vending machines still existed in schools. Cllr Annabelle Blackmore and Alison Broom suggested that this should be taken forward through all districts and boroughs. **Action: All Districts and Boroughs**

Caroline Jessel asked whether there had been a change in the prevalence of child obesity since free school meals had been introduced. Malti Varshney agreed to follow this up. **Action: Malti Varshney**

Dr Sanjay Singh commented that a high percentage of obese teenagers were obese at pre-school age and therefore the strategy should focus on 0 – 5 year olds, for example the service specification for midwives in the antenatal phase. It was also suggested that the WK HWB should increase support for the National Child Measurement Programme in those wards with the highest prevalence of child obesity.

Dr Jones commented on the potential of using antenatal classes to provide information and knowledge to parents on healthy eating in order to prevent childhood obesity. The Board agreed that this should be pursued. The Chair agreed to write to the CCG with this proposal. **Action: Bob Bowes**

The Board also discussed the fact that health visitors had a significant opportunity to influence the childhood obesity agenda. Malti Varshney agreed to progress this through public health commissioning. **Action: Malti Varshney**

The Board agreed the recommendations as set out in the paper and agreed that they should be progressed with the Task and Finish Group. **Action: Jane Heeley**

6. UPDATE ON CHILDREN'S OPERATIONAL GROUPS

Hayley Brooks gave an update on the status of Children's Operational Groups (COGs) in the four local authority areas across West Kent. Ms Brooks reported that Tom Wilson was also undertaking a similar piece of work for the whole of Kent and that she had linked in with him on this work. Ms Brooks reported that each of the COGs had very similar terms of reference, however further work was needed to identify consistent priorities for each of the groups. A county workshop was taking place on 2nd June, following which we should have a better understanding of how COGs would work across the whole of Kent. Membership

should include representatives from the Health and Wellbeing Boards and the CCGs. The COGs would report to the Children's Health and Wellbeing Boards.

Fran Holgate asked how the public voice would be represented on the COGs. Ms Brooks responded that Healthwatch had been invited to attend, however she agreed to follow this up outside of the meeting. **Action: Hayley Brooks**

7. SYSTEM LEADERSHIP AND STRATEGIC COMMISSIONING PLANS

The Chair introduced this item and explained that the plans on a page provided a summary of the commissioning intentions of West Kent CCG in year 2 of the Mapping the Future strategy. The size of the schemes varied as did the level of detail provided however the plans gave an overview of the focus areas for the CCG. The Chair asked for confirmation from the WK HWB that it supported the direction of travel as set out in the plans and whether the balance of treatment vs prevention was right.

Alison Broom commented that the prevention agenda was a significant area for collaboration. A lot of work could be done in relation to regeneration and Ms Broom asked whether there was a specific piece of work that could be done to address this. Ms Varshney responded that some work had commenced in relation to planning.

Subject to these comments, the West Kent Health and Wellbeing Board supported the direction of travel as set out on the plans on a page.

The Chair commented that this work linked to the system leadership paper presented to the board at an earlier meeting. He intended to convene the provider forum in the summer.

8. ANY OTHER BUSINESS

Hayley Brook reported that Cllr Cook had stepped down and therefore there would be a new member representative for Sevenoaks.

9. DATE OF NEXT MEETING

The next meeting of the West Kent Health and Wellbeing Board is on Tuesday 21st July 2015 at 4 – 6pm in the Committee Room, Gibson Building, Gibson Drive, Kings Hill, West Malling ME19 4LZ.

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