

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 16 September 2015.

PRESENT: Mr R W Gough (Chairman), Mr P B Carter, CBE, Mr A Scott-Clark, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr N Kumta, Dr E Lunt, Dr T Martin, Mr P J Oakford, Dr S Phillips, Dr M Philpott, Cllr K Pugh, Dr R Stewart and Mrs D Tomalin

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

UNRESTRICTED ITEMS

163. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed Dr Sarah Phillips who is acting as clinical chair for Canterbury and Coastal CCG while Dr Mark Jones is on a sabbatical.
- (2) Mr Gough reminded the Board that a workshop to discuss the development of the JSNA would be held on 22 September and urged members to attend or to encourage others from their organisations to attend.
- (3) Mr Gough said that a consultation on closer working between the emergency services was taking place until 23 October. He said the consultation raised a number of interesting questions including the relationship between fire and rescue services and police and crime commissioners and a possible requirement to actively consider collaboration and integration. In addition parts of the consultation referred to the ambulance service. He said the County Council would respond to the consultation and that further information could be provided outside the meeting for those interested in examining and perhaps responding to the consultation.

164. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Dr Armstrong, Mr Ayres, Dr Bowes, Mrs Carpenter, Ms Cox, Mr Perks and Cllr Weatherly.
- (2) Dr Philpott and Mrs Tomalin attended as substitutes for Dr Armstrong and Ms Cox respectively.

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

(Item 3)

There were no declarations of interest.

166. Minutes of the Meeting held on 15 July 2015

(Item 4)

Resolved that the minutes of the meeting held on 15 July 2015 are correctly recorded and that they be signed by the Chairman.

167. Healthwatch Kent - Strategic Priorities 2015 and Annual Report for 2014/15

(Item 5)

- (1) Steve Inett (Chief Executive Officer- Healthwatch) introduced the report which summarised Healthwatch Kent's priorities for 2015 and included Healthwatch Kent's annual report which summarised its activities for 2014/15.
- (2) In response to questions, he said dental services were the third most frequently raised issue by members of the public; and that Healthwatch could play a role in communicating with the public about managing long term conditions, minimising waste and managing expectations about services and resources.
- (3) Resolved that the reports be noted.

168. JSNA Recommendations Report

(Item 6)

- (1) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) introduced the report and said the intention was to highlight key priorities in a way that would influence commissioning plans for next year. Dr Faiza Khan (Consultant in Public Health) gave a short presentation which is available online as an appendix to these minutes.
- (2) During discussion it was confirmed that: not all priorities had been highlighted in the presentation; the preventative agenda included addressing a range of activities including lifestyle issues such as smoking and obesity which had a significant impact on long term conditions and health inequalities; and local priorities were likely to vary across Kent. It was also stated that the NHS – Five Year Forward View and NHS England's priorities included similar priorities and that it would be useful to further develop the conversation about these issues at the JSNA event on 22 September 2015.
- (3) Resolved that:
 - (a) The report be noted;
 - (b) Local health and wellbeing boards be asked to develop their priorities based on the discussion of the board.

169. NHS England South (South East): Preparations for winter 2015/16

(Item 7)

- (1) Mrs Tomalin introduced the report which described the actions being taken by the health service to prepare for winter. She explained the structure for winter

planning activities and the toolkit being used by the Systems Resilience Groups to provide assurance on preparations for winter.

- (2) During discussion, questions were raised about the possibility of an exceptionally cold winter, the inclusion of the fire and ambulance service in planning for winter, the efficacy of the flu vaccine and the capacity of an already stretched system to respond to any abnormal increase in demand for services.
- (3) Comments were also made about: the need to raise public awareness of the challenges being faced by service providers; demographic changes such as the increased numbers of very elderly and very sick people; and the impact the increased need for double handed care packages had on the domiciliary care sector which had not fully recovered from last winter.
- (4) Resolved that:
 - (a) The report be noted;
 - (b) The pressures on the system continue to be monitored to identify reasons for any surge in demand;
 - (c) A further report containing an analysis of the situation and the impact of planned work programmes be considered by the HWB in January 2016.

170. Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25 years)- (CAMHS)

(Item 8)

- (1) Dave Holman (Head of Mental Health Programme) and Karen Sharp (Head of Public Health Commissioning) introduced the report which provided an update on the development of the Emotional Wellbeing and Mental Health Service for Children, Young People and Young Adults in Kent.
- (2) Mr Holman said the process of improvement started following concerns about CAMHS raised by the Health Overview and Scrutiny Committee in January 2014 and significant work had been undertaken to transform children's emotional wellbeing services in Kent including the development of an Emotional Wellbeing Strategy and a multi-agency delivery plan. He also said that performance in relation to assessment and treatment targets had improved following a surge in demand over the summer.
- (3) Mrs Sharp said the feedback from the consultation had influenced the design of the new model which included a whole-school approach to improving the emotional resilience of children and young people, a single point of access for specialist support and increased partnership working between health services and the local authority to facilitate a whole system approach.
- (4) Mrs Sharp said specifications were being finalised and had been developed following extensive consultation with a range of partners. She also said a joint programme board would be established to oversee the procurement of a contract for early help intervention by Kent County Council and a contract for additional and specialist help by the NHS.

- (5) In response to questions, it was acknowledged that the transition from children's to adults' services had not always been smooth and that efforts were being made to define requirements as part of the tender specification. It was anticipated that two years after the implementation of the new contracts fewer people would experience a crisis before getting support, waiting lists would be shorter and it would be easier to access help.
- (6) Resolved that:
 - (a) The contents of the report be noted;
 - (b) Progress would be reviewed by the Children's Health and Wellbeing board and at future meetings of the Health and Wellbeing Board.

171. Kent Health and Wellbeing Board and Local Health and Wellbeing Boards Relationships and Future Options
(Item 9)

(Joanna Fathers (Kent Graduate Programme) and Mark Lemon (Strategic Relationship Adviser were in attendance to present the report)

- (1) The Chairman introduced the report which provided an overview of the review of the relationship between the Kent Health and Wellbeing Board and the local health and wellbeing boards. He made particular reference to the wide ranging consultation with partners and the issues that had arisen including a need for clarity in relation to the roles of the Kent HWB and local health and wellbeing boards particularly in relation to taking forward specific areas of work, the development of a Kent workplan and its relationships to the work plans of local boards.
- (2) Joanna Fathers thanked all those who had contributed to the insight gathering which had shaped the proposals in the report.
- (3) During discussion, the need for a more systematic approach to planning agendas for the Kent Health and Wellbeing Board meetings and greater clarity about local health and wellbeing boards' role in reviewing services was acknowledged. It was suggested that as far as practicable, meetings of the chairmen of the local and Kent health and wellbeing boards should take place before or after other scheduled meetings.
- (4) Resolved that:
 - (a) An outline work programme for the Health and Wellbeing Board be produced for the start of each year to enable local boards to plan their activity accordingly;
 - (b) The means by which local issues can be escalated to the Kent Board be clarified;
 - (c) Relevant issues be referred by the Health and Wellbeing Board to local boards with clear expectations regarding further action at a local level;

- (d) Policy support be provided by the Health and Wellbeing Board to the local boards to assist in the development of relevant substructures and work programmes;
- (e) Opportunities for development work for both chairs of the boards, and individual boards themselves, be investigated and made available to local board members;
- (f) Data and information be provided by the Health and Wellbeing Board through its sub-group, the Multi-Agency Data and Information Group;
- (g) The chairmen of local health and wellbeing boards meet with the chairman of the Kent Board every six months. This meeting to include consideration of the workplan of the Kent Board, and its relationship to the work plans of local Boards;
- (h) Each LHWB sends a representative to every Kent HWB, to update the Kent board on their activities locally, and to take any relevant information from the Kent board back. This representative would also be responsible for liaising with the Kent Board concerning issues and matters that would benefit from consideration at the Kent Board;
- (i) Proceedings of the Kent Board to be a standing item on all local board meeting agendas with particular reference to issues referred from the Kent Board for local consideration and action;
- (j) All agenda items that came to the Kent Board would be considered as to how local boards could and should be involved in their future progression;
- (k) All local boards provide an annual report to the Kent Board regarding how they have been progressing with the five outcomes of the Kent Joint Health and Wellbeing Strategy, and their engagement with the commissioning plans of their constituent organisations. The report would also describe how issues referred from the Kent Board had been considered and how local implementation of any necessary activity had been supported;
- (l) All local boards develop a work programme for the coming year that relates to:
 - the five outcomes of the Kent Joint Health and Wellbeing Strategy
 - the health and wellbeing priorities of the area as identified by the Kent Public Health department
 - the health inequalities within the area and between the area and others in Kent
 - Engagement with the development of commissioning plans of the organisations represented on the board.

- (m) Engagement with the commissioning plans of partner organisations should focus on opportunities to promote integration, especially between health and social care services. Whether the plans offer the best possible approaches to local issues should also be considered.
- (n) All local health and wellbeing boards to have agreed terms of reference by March 2016. Proposals for terms of reference, be drafted following discussion at a meeting of chairmen of boards, and be brought to the Kent Health and Wellbeing Board at its meeting in January 2016;
- (o) Local boards review their membership, substructures and associated working groups to ensure they are fit for purpose. Substructures should provide capacity to deliver the activity required to implement the work of the board to deliver the five outcomes of the Joint Health and Wellbeing Strategy and allow proper oversight of commissioning plans. The substructure may include the local Children's Operational Group(s) and Integrated Commissioning Groups. The responsibilities of groups in a local board's substructure for reporting to the board on specific outcomes from the Health and Wellbeing Strategy should be clearly defined;
- (p) Relationships between the local boards and other meetings of commissioners and providers be clarified;
- (q) The substructure adopted by the local boards must ensure that the appropriate relationships with service providers within the area are properly represented.
- (r) Appropriate relationships with representatives of other important sectors and organisations to be reflected in the membership of the board or within its substructures. These should include the voluntary and community sector and could include other local stakeholders such as parish councils.
- (s) The Chairman be authorised to follow up issues of concern raised by some stakeholders outside the Board meeting.

172. Developing the relationship between Kent's Health and Wellbeing Board and the voluntary sector

(Item 10)

(Lydia Jackson (Policy and Relationships Adviser- VCS and Mark Lemon (Strategic Relationships Adviser) were in attendance to present the report)

- (1) The Chairman introduced the report which sought to address issues relating to the relationship between the Health and Wellbeing Board and the community and voluntary sector and the relationship between local health and wellbeing boards and the sector.
- (2) The important role of the community and voluntary sector was acknowledged as was the involvement of representatives from the sector in the development

of the Better Care Fund submission and their attendance at the JSNA event on the 22 September and at other events.

- (3) Resolved that:
 - (a) The report be noted;
 - (b) A group, comprising Patricia Davies, Steve Inett, a representative from Public Health and others, be established to progress thinking on the relationship of the VCS with Kent Health and Wellbeing Board and with local health and wellbeing boards and to report to a future meeting of the Health and Wellbeing Board.

173. Health and Social Care Integration

(Item 11)

- (1) Dr Stewart introduced the report which gave an update on health and social care integration including recent development and plans up to 2016.
- (2) He then introduced a report providing an update on progress made with the Kent Health and Social Care Integration Test Bed Site submission and seeking approval to progress to the next stage in the application to become a test bed site for innovation in the integration of health and social care.
- (3) Dr Stewart gave a brief outline of the submission, the challenges to be addressed through a Kent Test Bed Site, the types of innovation being sought, the requirements required for future collaboration and the funding available for those selected to be test bed sites
- (4) Resolved that:
 - (a) The proposed next steps in taking forward health and social care integration be endorsed;
 - (b) Progress made on the Kent Health and Social Care Integration Test Bed site be noted;
 - (c) Progression to the next stage of the application to become a Test Bed Site for innovation in integrated health and social care be approved

174. Minutes of local health and wellbeing boards

(Item 12)

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

Ashford - 22 July
Canterbury and Coastal - 9 July
Dartford, Gravesham and Swanley – 19 August
Swale 20 May and 15 July
Thanet – 11 June
West Kent - 21 July

175. Dates of meetings for 2016-2017

(Item 13)

Resolved that meetings of the Health and Wellbeing Board for 2016/17 be noted as follows:

27 January 2016, 16 March 2016, 25 May 2016, 20 July 2016, 21 September 2016, 23 November 2016, 25 January 2017 and 22 March 2017

176. Date of Next Meeting - 18 November 2015

(Item 14)