

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, 18 November 2015.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), 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, Mr G Lymer (Substitute for Mr P J Oakford), Dr T Martin, Mr S Perks, Dr M Philpott (Substitute for Dr F Armstrong), Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart and Cllr L Weatherly

IN ATTENDANCE: Mrs B Cooper (Corporate Director of Growth, Environment and Transport), Mr T Godfrey (Policy and Relationships Adviser (Health)), Mr M Lemon (Strategic Relationships Adviser (Health)), Ms K Sharp (Head of Public Health Commissioning), Ms P Southern (Director, Learning Disability & Mental Health), Mrs K Stewart (Director of Environment Planning and Enforcement), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

177. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed those who were present for item 5 – Update on the Joint Health and Social Care Self-Assessment Framework for 2014/15.
- (2) He said he had received a letter from Alistair Burt, Minister of State for Community and Social Care, confirming that the Better Care Fund would continue into 2016-17 but the minimum size of the fund would not be confirmed until after the Comprehensive Spending Review on 25 November. Mr Burt had also suggested that confirmation of its continuance would enable planning to begin for 2016-17 and suggested that a comprehensive evaluation of the BCF implementation be undertaken.
- (3) Mr Gough asked Ms Davies to comment on the South East Coast Ambulance Service (SECamb) which had been in the press recently. Ms Davies said the pilot project in question had been suspended following a review by Monitor and NHS England. A robust rectification plan was now in place and the outcome of a further audit by Monitor was awaited.
- (4) Ms Cox said that it had been agreed this morning that a briefing paper on the issue would be prepared for presentation to health and wellbeing boards in Kent, Medway, Surrey and Sussex.

178. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Dr Armstrong, Mrs Carpenter, Dr Lunt and Mr Oakford.
- (2) Dr Philpott and Mr Lymer attended as substitutes for Dr Armstrong and Mr Oakford respectively.

179. Declarations of Interest by Members in items on the agenda for this meeting
(Item 3)

There were no declarations of interest.

180. Minutes of the Meeting held on 16 September 2015
(Item 4)

Resolved that the minutes of the meeting held on 16 September 2015 are correctly recorded and that they be signed by the Chairman.

181. Update on the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) for 2014/15
(Item 5)

- (1) Penny Southern (Director of Disabled Children, Adults Learning Disability and Mental Health, KCC), Sam Holman (Joint Chair Kent Learning Disability Partnership Board), Daniel Hewitt (Shadow Joint Chair, Kent Learning Disability Partners), Tina Walker (Joint Chair of the Good Health Group), Sue Gratton (Project Manager, KCC/CCGs/Joint Chair of the Good Health Group), Malti Varshney (Consultant Public Health, KCC), Dr Gay Berman (Clinical Lead for Learning Disability, West Kent CCG) and David Holman (Head of Mental Health Commissioning, West Kent CCG) gave a presentation which was included on pages 17- 40 of the agenda.
- (2) The presenters were thanked for their presentation and for their commitment and hard work behind the scenes.
- (3) In response to questions and comments about the “red” ratings for finding and managing long term health conditions, health screening and for contract compliance it was confirmed that this was partly due to difficulties with data. However from the current year centrally collated comparative data would be available and significant work had been undertaken to increase the number of annual health checks, which in turn helped improve the diagnosis of conditions and the development of plans for their management.
- (4) Resolved that:
 - (a) A short briefing on the process and timeline for the submission of the Self-Assessment Framework in 2016 be received by the HWB when the details were released by NHS England;
 - (b) The development of the integrated commissioning arrangements between the Clinical Commissioning Groups and KCC be supported to ensure all agencies continued to work together to improve the lives of people with learning difficulties;

- (c) The future Joint Commissioning Plan for learning disability in 2016 should address the areas where Kent had scored a red rating (i.e. long term health conditions, breast cancer screening and bowel cancer screening);
- (d) The development of a Transforming Care Partnership for Kent and Medway be supported to take forward the Transforming Care strategic plans for reducing the number of specialist in-patient beds and improving community support.

182. Growth and Infrastructure Framework

(Item 6)

- (1) Barbara Cooper (Corporate Director - Growth, Environment and Transport) and Katie Stewart (Director - Environment, Planning and Enforcement) introduced the report which provided an overview of the Kent and Medway Growth and Infrastructure Framework (GIF) and action plan and sought the HWB's input to the development of the GIF to strengthen the health and social care infrastructure evidence base and a commitment to using it to shape health infrastructure provision to support housing growth.
- (2) Mrs Cooper said that the development of approximately 160,000 new homes and a population increase of 300,000 were planned for Kent and Medway to 2031 and the GIF and its associated action plan had been developed to become a framework and platform for creating an effective approach to planning and delivering the infrastructure necessary to support growth.
- (3) Mrs Stewart said the data for existing health provision had been taken from NHS Choices and future requirements and associated costs were derived from modelling the anticipated population growth to the existing provision. She also said that once developer costs had been taken into account, the NHS currently met the remaining costs of health infrastructure however it was expected that in future the NHS would not be able to meet the full costs. She said input from partners would be very welcome to build the evidence relating to health and social care so the GIF could be used to proactively manage the impact of London's growth on Kent and Medway and attract investment as well as giving partners a tool to test the impact of new delivery models.
- (4) During the discussion the need to plan for future health and social care needs was recognised. It was suggested that the growth already taking place in North Kent could be an opportunity to test models of future health and social care provision and of addressing health inequalities however there were also concerns that funding for services might continue to follow population growth.
- (5) The need for different models of care and extra-care facilities was mentioned, as well as the need for detailed work at local level to feed into the development of a single infrastructure delivery plan for Kent.
- (6) Mrs Stewart said that KCC wished to work collaboratively with health and other partners to ensure maximum benefit from the public estate.

- (7) In response to a question Mrs Cooper said that the Kent and Medway Economic Partnership had established a skills commission to identify and plan for future skills needs and she offered to share the notes of the commission relating to the health and social care sectors.
- (8) The work that had been done since May was acknowledged and it was suggested that conversations with the accountable officers for each of the CCGs be initiated to ensure all relevant local health data was included in the GIF and kept updated.
- (9) Resolved that:
 - (a) The contents and conclusions of the first GIF and its associated action plan be noted;
 - (b) It be agreed to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh;
 - (c) The GIF be used to help shape discussions about the future shape of health and social care service delivery.

183. Public Health Services Transformation and Commissioning Plans

(Item 7)

- (1) Karen Sharp (Head of Public Health Commissioning) gave a presentation which is available on-line as an appendix to these minutes.
- (2) In response to questions Mr Scott-Clark (Director of Public Health) and Ms Sharp gave the following information.
- (3) A lower layer super output area comprised about 1600 homes. There were 88 such areas in Kent where the health outcomes were significantly worse than for the rest of the population. Such areas required disproportionate input from a range of service providers including education and Job Centre Plus to make an impact.
- (4) When planning and re-shaping services return on investment was considered carefully and the intention was to take local plans into account when planning service delivery.
- (5) Contracts for a range of services had been aligned so they ended in October 2016 and that procurement for new services would begin in early 2016. The end dates of current contracts had been aligned to create the opportunity to take a strategic approach to commissioning rather than “more of the same”.
- (6) It was intended to work with district and borough councils to ensure their roles in licensing, planning and as leisure service providers were leveraged to drive health improvement.
- (7) The approach to public health commissioning was broadly welcomed and Healthwatch in particular had been pleased with its engagement in the change process.

- (8) Ms Cox said that NHS England was keen to work with Public Health and there were synergies with some of the contracts managed by NHS England. For example, community pharmacies could play a part in communicating with the public about changes to services.
- (9) Resolved that:
 - (a) The work to date be endorsed;
 - (b) The public consultation on public health programmes being conducted during November and December be endorsed and promoted with stakeholders.

184. Assurance Framework
(Item 8)

- (1) The Chairman introduced the report and said the format had been revised to take account of the wishes of the Board to concentrate on areas requiring further attention and in-depth analysis.
- (2) Malti Varshney (Consultant in Public Health) said the report highlighted areas that the Board may wish to seek greater assurance of and that some of these issues such as mental health and dementia would be considered as part of the Board's scheduled work plan. She suggested the Board might find it useful to undertake an in-depth exploration of obesity as it did not feature in the work plan.
- (3) She said one in five children aged 4-5, one-third of 10-11 year olds and 65% of adults were over-weight or obese and collaborative input was required from all partners to address this issue particularly as there was evidence that a 5-10% reduction in body weight had a positive impact on the incidence of diabetes and related conditions such as high cholesterol and blood pressure.
- (4) The report was welcomed by the Board and the following further information was given in response to questions and comments.
- (5) The importance of engaging with education providers to maximise the opportunity to increase activity and reduce obesity among primary and secondary school pupils was acknowledged and examples given of innovative practice, particularly in Scotland.
- (6) It was anticipated that the new focus of the health visiting services had on obesity and on working with families and Early Help Services would have a positive impact on number of obese children starting school. As there was no systematic weighing and measuring of secondary school pupils it was difficult to track what happened after year 6, however, data showed that there was an increase in diabetes among young people.
- (7) The relationship between education services and the role they could play in reducing obesity is to be part of a more detailed discussion planned for the meeting of the HWB on 25 May 2016.

- (8) There was evidence that healthy employees were more productive and had fewer absences and some Kent employers were supporting healthy work place initiatives. The importance of links between employers and leisure centre providers was acknowledged.
- (8) There was also general support for involvement with a project to consider a whole-systems approach to obesity being run by Public Health England and the Local Government Association in partnership with Leeds Beckett University.
- (9) Resolved that:
 - (a) The report be noted;
 - (b) Local health and wellbeing boards undertake a review of local action plans for addressing obesity and improving population outcomes (for children and adults and report progress in delivery and outcomes to the HWB at its meeting on 25 May 2016;
 - (c) The roles and impact of education providers and employers in addressing obesity be considered by the HWB on 25 May 2016.

185. Kent Health and Wellbeing Board Annual Report 2014-2015
(Item 9)

- (1) Mark Lemon (Strategic Relationships Adviser) introduced the report which sought agreement for the annual report of the HWB for 2014-2015 prior to its presentation to County Council and to the Health Overview and Scrutiny Committee (HOSC).
- (2) Mr Lemon said the HWB was required to report annually to County Council. The report aimed to summarise how it had discharged its statutory duty and explain the major issues it had considered during the year to the County Council and to the HOSC. He said the report would be accompanied by a short presentation covering integration (Better Care Fund, Vanguard and Pioneer), the HWB's involvement in addressing strategic issues (including the Workforce Task and Finish Group) and the work on developing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- (3) It was suggested that the presentation and annual report should set out the HWB's ambition for addressing significant structural issues over the coming years.
- (4) Resolved that:
 - (a) The annual report for 2014-15 be agreed subject to the inclusion of paragraphs setting out the HWB's ambition for addressing significant structural issues;
 - (b) The report be presented to Kent County Council on 10 December and to the Kent Health and Overview Scrutiny Committee on 27 November

with an accompanying presentation highlighting the major issues considered by the Board during 2014-15 and how they were being taken forward.

186. Local Digital Road Maps

(Item 10)

- (1) Tristan Godfrey (Policy and Relationships Adviser (Health)) introduced the report which provided information about the footprint and governance arrangements and asked the HWB to decide if it wished to be involved in the sign off of the roadmaps in accordance with the guidance published by the National Information Board.
- (2) Resolved that:
 - (a) The update on the footprint and governance arrangements of the local digital roadmaps be noted;
 - (b) The digital roadmaps be signed-off by the HWBB at the appropriate times and be included in the work programme.

187. Minutes of the Children's Health and Wellbeing Board

(Item 11)

Resolved that the minutes of the Children's Health and Wellbeing Board held on 30 July 2015 be noted.

188. Minutes of the Local Health and Wellbeing Boards

(Item 12)

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

Ashford – 19 October 2015
Canterbury and Coastal – 14 September 2015
Dartford, Gravesham and Swanley – 7 October 2015
South Kent Coast – 22 September 2015
Swale – 16 September 2015
Thanet – 17 September 2015
West Kent – 15 September 2015

189. Date of Next Meeting - 27 January 2016

(Item 13)

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