AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 18th November, 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), Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms F Cox, 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, Mr S Perks, Dr S Phillips, Cllr K Pugh, Dr R Stewart, Cllr P Watkins and Cllr L Weatherly

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By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

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 the meeting

4 Minutes of the Meeting held on 16 September 2015 (Pages 5 - 12)

To receive and agree the minutes of the last meeting

5 Update on the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) for 2014/15 (Pages 13 - 40)

To receive an update on the joint health and social care self-assessment framework for 2014-15

6 Growth and Infrastructure Framework (Pages 41 - 48)

To receive a report giving an overview of the recently launched Growth and Infrastructure Framework and associated plan

7 Public Health Services Transformation and Commissioning Plans (Pages 49 - 54)

To receive an update on a review of the programmes commissioned from the public health grant and the engagement taking place with a range of partners

8 Assurance Framework (Pages 55 - 58)

To receive a paper that provides exception reporting on areas requiring further attention by the Board

9 Kent Health and Wellbeing Board Annual Report 2014-2015 (Pages 59 - 82)

To agree the content of the Annual Report for 2014-2015

10 Local Digital Road Maps (Pages 83 - 86)

To receive an update on the footprint and governance arrangements of the local digital footprints; and consider how the Board might be involved in the sign-off of the roadmaps, including any role for the Local Health and Wellbeing Boards.

11 Minutes of the Children's Health and Wellbeing Board (Pages 87 - 92)

To note the minutes of the Children’s Health and Wellbeing

Board held on 30 July 2015

12 Minutes of the Local Health and Wellbeing Boards (Pages 93 - 134)

To note the minutes of local health and wellbeing boards 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

13 Date of Next Meeting - 27 January 2016

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, 10 November 2015

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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 fo 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:

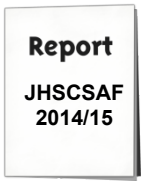
27 January 2016, 16 March 2016, 25 May 2016, 20 July 2016, 21 September 2016, 23 November 2016, 25 January 2017 and 22 March 2017

176. Date of Next Meeting - 18 November 2015
(Item 14)

To: Kent Health and Wellbeing Board


To be presented by: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Penny Southern, Director of Disabled Children, Adult Learning Disability and Mental Health

When: 18th November 2015

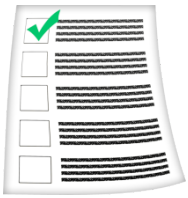


Subject: An update on the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) for 2014/15.

This includes a look at how well Kent compares with the rest of the country and what we are doing about where we have not done so well.

We will also look at an update on Transforming Care (Winterbourne).

Summary:
At the Kent Health and Wellbeing Board meeting on 19th November 2014 the Board agreed to support the submission and publication of the 2014 Kent Joint Health and Social Care Self-Assessment Framework (SAF).



The attached presentation tells you about the 2015 SAF, including:

- progress made in the 2015 SAF
- what has changed since last year and what we have done to improve
- a comparison of national results for 2015
- what we have done since we got our results

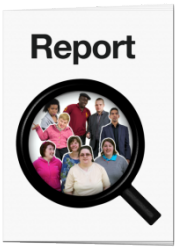
- and the process for the 2015/16 Joint Health and Social Care Self-Assessment Framework.

There is also an update on Transforming Care (Winterbourne).

These are the **recommendations** (what we will look at carefully) from the presentation:

- **To comment on the 2014/15 national comparison including the progress made this year against the SAF indicators.**

- **To comment on the update for Transforming Care (Winterbourne).**



- **To agree to receive a short briefing on the process and timeline for the submission of the SAF in 2016, when the details are released by NHS England.**

- **To agree to support the development of the integrated commissioning arrangements between the CCGs and KCC to ensure all agencies continue to work together to improve the lives of people with learning disabilities.**

- **To agree to require the future Joint Commissioning Plan for learning disability in 2016 addresses the areas where Kent have scored a red rating: long term health conditions, breast cancer screening and bowel cancer screening.**

- **To agree to support the development of a Transforming Care Partnership for Kent and Medway to take forward the Transforming Care strategic plans for reducing the number of specialist in-patient beds and improving community support.**

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Joint Health and Social Care Self-Assessment Framework (SAF) and update on Transforming Care (Winterbourne)

The Kent Health & Wellbeing Board

18th November 2015

KENT'S Joint Health and Social Care Self Assessment Framework

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
Penny Southern: Director of Disabled Children, Adults Learning Disability and Mental Health, KCC
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
David Holman: Head of Mental Health Commissioning, West Kent CCG

What is the Framework?

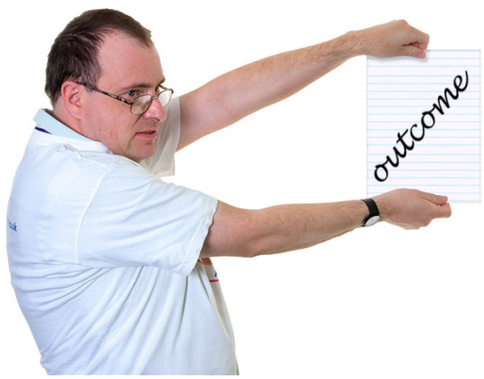
- It is a way to check that Health and Social Care in Kent are making sure things are getting better for people with a learning disability and to see what needs to be improved.

- It will keep a record of how well health and social care are providing services together in Kent.

- The Learning Disability Partnership Board, Clinical Commissioning Groups (CCGs), Health & Wellbeing Boards and the Local Authority are involved in doing this.

What will the Kent Health & Wellbeing Board need to do?

- It needs to hold Kent to account for completing and publishing the outcome and quality of Joint Health and Social Care Self Assessment Framework (SAF).



- It needs to ensure that the outcomes inform Health and Wellbeing Strategy and Joint Service Needs Assessment for people with a Learning Disability living in Kent.

- It needs to ask for evidence that shows improvements.

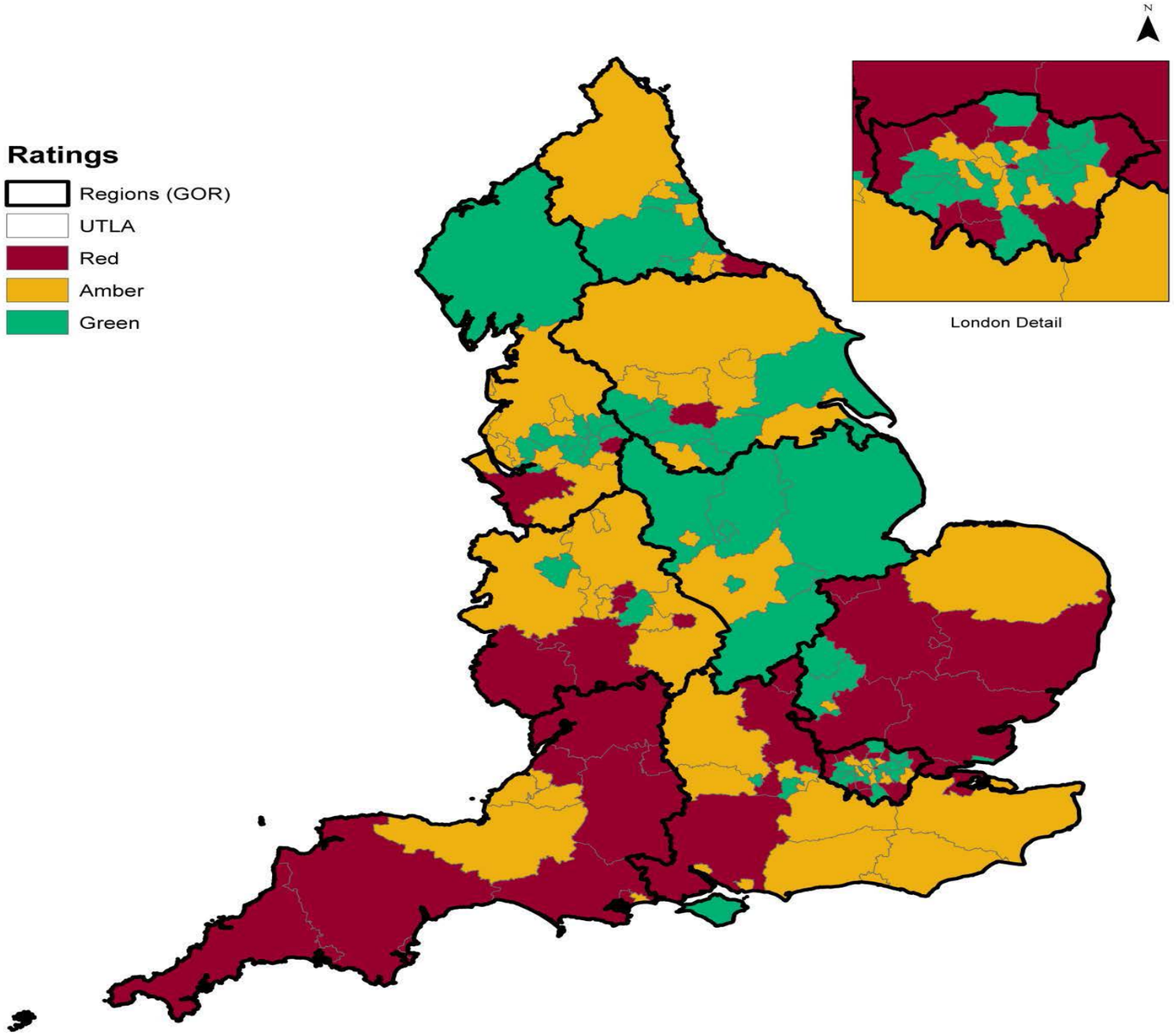
Outcome of the Self-Assessment Framework

Our overall rating was amber.

We have achieved an amber or green rating in all but 3 of the areas of the framework in 2014/15.

We had 3 red ratings in, health screening for cervical and breast cancer and for long term health conditions.

How do we compare nationally?



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Knowledge and Intelligence Team - East
IPH, Forvie Site, University of Cambridge
School of Clinical Medicine Box 113
Cambridge, CB2 0SR

Source: Joint Health and Social Care Learning Disabilities 2013-14
Map Created: 14/07/2015
Created by: Sebastian Fox

Facts and figures – our results for 2015

Average response highlighted in yellow

Question/ Measure	Total Response	Green %	Amber %	Red %	KENT Rating
A1	144	47.22%	42.36%	10.42%	Amber
A2	144	28.47%	45.83%	25.69%	Red
A3	150	0.00%	72.67%	27.33%	Amber
A4	143	20.28%	37.76%	41.96%	Amber
A5 -Cervical	103	4.85%	23.30%	71.84%	Red
A5 -Breast	106	13.21%	73.58%	13.21%	Red
A5 -Bowel	103	35.92%	53.40%	10.68%	Amber
A6	143	24.48%	58.74%	16.78%	Amber
A7	144	70.83%	27.08%	2.08%	Amber
A8	144	9.72%	87.50%	2.78%	Amber
A9	139	11.51%	69.78%	18.71%	Amber
B1	144	7.64%	40.97%	51.39%	Amber
B2	144	33.33%	43.06%	23.61%	Amber
B3	139	53.24%	41.01%	5.76%	Amber
B4	143	69.23%	30.77%	0.00%	Amber
B5	144	24.31%	75.00%	0.69%	Amber
B6	140	15.71%	82.14%	2.14%	Amber
B7	142	56.34%	33.10%	10.56%	Green
B8	150	44.67%	48.67%	2.00%	Amber
B9	123	49.59%	50.41%	0.00%	Amber
C1	143	59.44%	36.36%	4.20%	Green
C2	144	43.06%	54.86%	2.08%	Amber
C3	144	57.64%	41.67%	0.69%	Green
C4	144	55.56%	43.75%	0.69%	Green
C5	144	34.72%	47.92%	17.36%	Green
C6	144	40.28%	59.03%	0.69%	Amber
C7	144	38.19%	59.03%	2.78%	Green
C8	138	28.99%	67.39%	3.62%	Green
Totals	3997	33.60%	53.99%	12.41%	Amber

What has changed since last year

Last year (2014)

We scored **red** in 3 categories:

1. Finding and managing long term health conditions - obesity, diabetes, cardiovascular disease, epilepsy.
2. Health screening (for breast, bowel and cervical cancer).
3. Contract compliance (checking that residential homes are visited by KCC at least once a year).

This year (2015)

(The question about cancer screening was split into 3)

We scored **amber** contract compliance (and bowel cancer screening.

We scored **red** in health screening for breast and cervical cancer and for long term health conditions.

What we have done to improve on last year's red ratings

1. **Finding and managing long term health conditions**
   More people have signed up to the Learning Disability Directed Enhanced Service (DES). This has improved the identification and management for long term health conditions. We now know how many people with LD have other long term conditions: 70% of people with a learning disability have 1 or more long-term conditions and 22% of people with a learning disability have epilepsy. This data will help to inform the joint commissioning plan for 2016.

Work has started on an identification and flagging system on a Kent-wide basis. This measure remained red, but so much progress has been made since we received our results that if we were to rate Kent now it would be amber.

What we have done to improve on last year's red ratings

2. **Health screening (for breast, bowel and cervical cancer)**
   We have been working with Public Health England to create easy read information for bowel cancer screening. If this works well, we will roll this out for breast and cervical cancer screening too. This measure is now split into 3 sections. Bowel screening has moved from Red to Amber. Breast and cervical screening remain in Red.

3. **Contract compliance**
   KCC are now visiting all its residential homes at least once a year. This measure has moved from Red to Amber.

Where we have improved on last year's amber ratings

This year – the following measures changed from amber to green:

1. **Access to arts and culture**
   Information about accessible events is shared on the Kent Learning Disability Partnership Board website: www.kentldpb.org.uk.

To improve support of people accessing events when they might want to, KCC Commissioning team have linked with an advocacy organisation for the Quality in Care project. Work has started on gathering views of providers, service users, their families, health and social care professionals and other sources. Feedback will be used to rate providers and will be displayed publicly.

Where we have improved on last year's amber ratings

This year – the following measures changed from amber to green:

2. Carer satisfaction

KCC has sent a survey to see how satisfied carers and service users are with the service they are receiving and the input they receive on the care provided. Over 300 responses were received. From the responses received from carers, we have been awarded a green RAG rating.

Although we have a green rating we recognise there is improvement needed and this is something we will continue to work on.

Kent Learning Disability Partnership Board Monitors Progress –

<u>Staying Healthy</u> (A1-A9)**– this work is being monitored by the Good Health Group**

- Easy read check lists have been created so that people know what to take with them for Health Checks.
- Bowel screening posters have been created.
- Learning Disability GP Clinical Leads appointed across Kent.

<u>Keeping Safe</u> (B1-B9)**– this is being monitored by the Transforming Care Steering Group & Divisional Management Teams**

- Quality in Care.
- Kent Local Action Plan for Transforming Care.

<u>Living Well</u> (C1-C8)**– this is being led by the Kent Learning Disability District Partnership Groups**

- Community Inclusion – Accessibility audit
- District Partnership Groups' Action Plans

What we have done since receiving our results
Some headlines….

Staying Healthy – monitored by the Good Health Group

Cancer Screening:

- Local research in Dartford, Gravesham and Swanley showed only 24% of women with learning disabilities received cervical screening compared with over 80% of all eligible women.

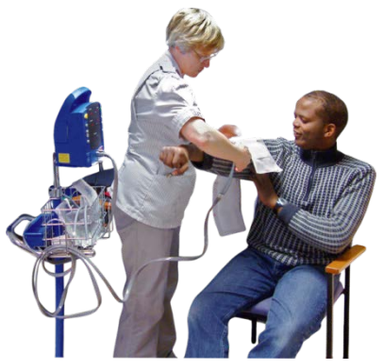
- As a result, questions and answers on cervical screening for women with learning disabilities were sent to all practices via a practice nurse or a newsletter.

- Public Health England have been working with people with learning disabilities to develop new posters and leaflets to raise awareness of bowel cancer.

- We still need better data on the uptake of screening by people with learning disabilities.

What we have done since receiving our results
Some headlines….

Staying Healthy

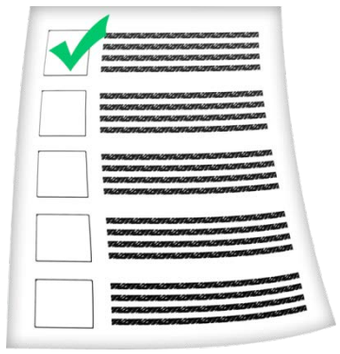


- A number of health pop-ups have taken place over the year in Canterbury run by the local District Partnership Group.

- Shepway District Partnership Group have held information finding sessions to find out what people know about cancer screening services and what their experiences of them have been. This information will be fed back to Public Health England and used in the SAF.

What we have done since receiving our results
Some headlines….

Staying Healthy



- Public Health has commissioned training for health improvement programmes for staff working with people who have a learning disability.

- The Good Health Group have been working with Public Health England to design posters for bowel screening.

- The Clinical Commissioning Group Clinical Leads for Learning Disability have been working hard with their GP colleagues to increase the number of Annual Health Checks.

What we have done since receiving our results
Some headlines….

Keeping Safe – Transforming Care Steering Group & Divisional Management Team for Learning Disability and Mental Health.

- KCC Commissioning staff are continuing to visit all providers of learning disability services on an annual basis.

- The Quality in Care framework was agreed by the Social Care, Health & Wellbeing Directorate Management Team in September 2015. This framework will look at the way we quality assure LD services.

What we have done since receiving our results
Some headlines….

Keeping Safe – Transforming Care Steering Group and the Divisional Management Team for Learning Disability and Mental Health

- The programme of transformation continues in Learning Disability services to reshape the learning disability residential market and to improve the range of short break facilities available to people with a learning disability and their carers.

- The Kent Pathways Service will provide support and training for specific life skills over a maximum 12 week period for people with a learning disability who can be more independent.

- The Shared Lives Service provides a family based living environment for people with a learning disability who might otherwise live in a residential setting.

What we have done since receiving our results

Some headlines….

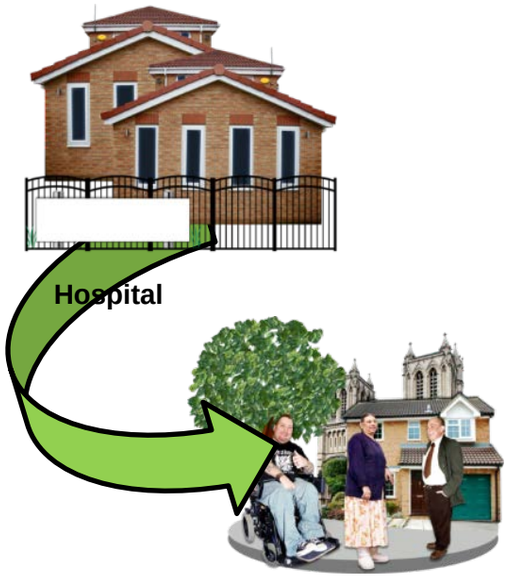
Living Well - this is being led by the Kent Learning Disability District Partnership Groups

- The Kent Valuing People Partnership have completed an audit of accessibility of sports and cultural venues. They are in contact with the venues that they have visited and are working with them to develop ways of improving access to services for people with a learning disability.

- Ashford District Partnership Group (DPG) has reviewed the Council's Tenants' Handbook to make it more accessible. The changes proposed by the DPG are being incorporated by Ashford Borough Council.

- Dover and Maidstone DPGs have held events around personal safety and safety in the community.

Transforming Care (Winterbourne) Update



Since the start of the Transforming Care Programme:

- 32 clients have been discharged from hospital.
- 67 clients remain as in-patients in a range of secure and non-secure hospitals.

Clinical assessments have identified that out of 67:

- 49 clients are appropriately placed in hospital.
- 18 clients need to move into the community.

Of the 18 clients that need to move into the community:

- 9 clients have community placements identified.
- 7 require very specialist community forensic. support but this is not currently available.
- 2 clients have not had community placements identified yet.

Transforming Care (Winterbourne) Update: Other News

- The Joint Plan - CCGs and local authorities need to set out a Joint Plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. The Plan for Kent has been approved by all CCGs. It has now been sent to KCC for approval.

- Kent & Medway Partnership Trust in-patient beds for people with a learning disability have been closed. A new care pathway has been commissioned to support people in the community. Commissioners are now developing arrangements to ensure that this care pathway works well.

- Commissioners are working with NHS England to ensure there is community forensic outreach support for people with learning disabilities. This will help us to move people from secure hospitals into the community. We will form a Kent and Medway Transforming Care Partnership to support these plans.

Learning Disability Integrated Commissioning

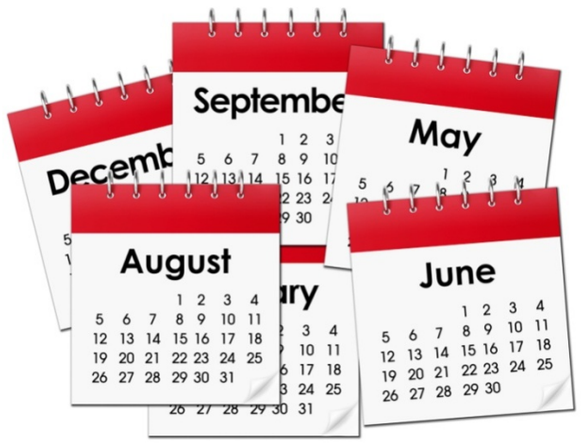
- The CCGs and KCC have agreed to work together on commissioning services and support for people with a learning disability.

- A new legal agreement (Section 75 Agreement) will set out how they will work together from April 2016.

- A pooled budget will be set up to commission integrated teams.

- A new Alliance Agreement is being explored to ensure the future of the integrated teams.

- A joint commissioning plan will be developed.



Process for the Joint Health and Social Care Learning Disability Self-Assessment Framework 2015/16

Public Health England

Public Health England will collect data nationally for the SAF this year. Public Health England have told us that a letter will be sent to all Partnership Boards about this soon.

This means that there will be no local data collection required. Each locality will be asked to review the data sent to them by Public Health England and use it to identify local improvements and priorities for the coming year.

Recommendations

The Health and Wellbeing Board is asked:

- To comment on the 2014/15 national comparison including the progress made this year against the SAF indicators.

- To comment on the update for Transforming Care (Winterbourne).

- To agree to receive a short briefing on the process and timeline for the submission of the SAF in 2016, when the details are released by Public Health England.

Recommendations

The Health and Wellbeing Board is asked:

- To agree to support the development of the integrated commissioning arrangements between the CCGs and KCC to ensure all agencies continue to work together to improve the lives of people with learning disabilities.

- To agree to require the future Joint Commissioning Plan for learning disability in 2016 addresses the areas where Kent have scored a red rating: long term health conditions, breast cancer screening and bowel cancer screening.

- To agree to support the development of a Transforming Care Partnership for Kent and Medway to take forward the Transforming Care strategic plans for reducing the number of specialist in-patient beds and improving community support.

By: **Barbara Cooper, Corporate Director, Growth Environment and Transport, KCC**
Katie Stewart, Director Environment Planning and Enforcement, KCC

To: **Health and Wellbeing Board**

Date: **18 November 2015**

Subject: **Growth and Infrastructure Framework**

Classification: **Unrestricted**

Summary:
This report provides an overview of the recently launched Kent and Medway Growth and Infrastructure Framework, and the associated action plan. It also seeks the Board's input to the development of the GIF, with a view to strengthening particularly the health and social care infrastructure evidence base and using it to help shape health infrastructure provision to support housing growth.

Recommendations:
The Board is recommended to:

a) note the contents and conclusions of the first GIF and its associated action plan;
b) agree to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh; and
c) agree to use the GIF to help shape discussions about the future shape of health and social care service delivery

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1. Background

1.1. Board members will be aware of increasing pressure on local authorities across the UK in delivering housing and economic growth. Within Kent and Medway alone, approximately 160,000 new houses are planned to 2031. In order to deliver such housing numbers, it is vital that the right infrastructure is in place to support that growth – infrastructure including not just roads and rail, but public services required to serve these new communities including education, leisure facilities, and critically health and care services.

1.2. The Kent and Medway **Growth and Infrastructure Framework (GIF)** has been developed to provide a clear picture of housing and economic growth to 2031

and the infrastructure needed to support this growth. It was finalised following its consideration by County Council in July and Kent Leaders in September. The full GIF can be accessed via the following weblink: www.kent.gov.uk/gif.

1.3. At a time when the Government has prioritised the delivery of housing and economic growth more generally, it is an absolutely critical time for Kent to use the GIF to not only promote Kent and Medway's infrastructure priorities, but also shape a more sustainable approach to funding infrastructure in the long term.

1.4. To this end, the final version of the GIF includes a **10-point action plan**, which taken together will ensure that the GIF becomes a framework and platform for creating a more sustainable and effective approach to planning, investing and delivering infrastructure to support growth. Please see Appendix for a summary of these actions.

2. The GIF on health and social care

2.1. As part of the infrastructure to support growth in Kent and Medway, the GIF provides evidence on the provision of healthcare and social care capacity across the area – both current provision and provision that would be required to support the planned housing growth to 2031.

Healthcare provision

2.2. It should be noted that there were challenges in gathering robust data on health infrastructure provision for this first version of the GIF – a challenge which it is hoped can be overcome in working more closely with partners in the sector. The data for existing provision was taken from NHS Choices data, whilst the future requirements and associated costs were derived from modelling that applies population growth to existing provision.

2.3. Specifically, the GIF provides the following data:

Current provision	Required provision to 2031

• Current primary healthcare, including:
  ○ Number of GPs
  ○ Patient list size
  ○ Patients per GP
  ○ Population per dentist
  ○ Population per pharmacy
  ○ Population per optician
	• Primary healthcare required to support population growth to 2031

• Current provision of hospital capacity, including:
  ○ Existing acute NHS hospitals
  ○ Existing community hospitals
	• Additional beds required to support population growth – including both hospital beds and mental health beds

2.4. The GIF is based on the existing healthcare model using population growth forecasts to establish level of demand for healthcare services. For acute hospital and mental health beds needed, the current UK bed to person ratios (i.e. steady state) was used and has been applied according to the forecast population growth.

2.5. Future requirements and associated costs and funding assumptions for primary, acute and mental healthcare have been based on benchmark modelling and have not yet, due to time constraints been validated or agreed by the NHS. In most cases of development, after developer contributions have been taken into account, the outstanding costs to deliver necessary infrastructure are usually met by the NHS. However, given the known funding deficit across public sector organisations including the NHS, it is expected that the NHS may no longer be able to meet the full cost of this funding requirement in future. As such, in the GIF, the proportion of the gap after developer contributions that is funded by the NHS has been reduced down from 100% to 75% in order to give a best estimate of future funding requirements.

Social care provision

2.6. The GIF maps current social care provision across Kent, including provision for people with learning disabilities; people with mental health needs; older people; and people with physical disabilities. The following capacity issues are identified:

Client group needs	Capacity issues in:
Learning disabilities	Ashford Dartford Dover Sevenoaks Tonbridge and Malling Tunbridge Wells
Mental health	Dartford Dover Tonbridge and Malling
Older people	Dartford Swale

	Thanet
Physical disabilities	Dartford Dover Gravesham Maidstone Swale Thanet Tonbridge and Malling Tunbridge Wells

2.7. Costs and future provision requirements are estimated on the basis of the Social Care Accommodation Strategy which sets out the forecast change in demand for the full range of care clients. This analysis has highlighted the need for considerable investment in older persons nursing and extra care accommodation and also supported accommodation for clients with learning disabilities.

2.8. Given the limitations on the data used for the GIF, there is a clear need to refine the picture of health and care infrastructure to meet future growth in the next and future iterations of the GIF. Nonetheless, whilst the findings of the GIF should be read with caution, they **highlight a critical challenge in funding health and social care provision to meet future demand**. In particular, the GIF has highlighted challenges in such provision in growth areas where there viability is more marginal.

3. Developing the health infrastructure of the future for Kent and Medway

3.1. In order to refine our understanding of this challenge and provide as robust an evidence base as possible from which to potentially attract funding and/or explore new delivery models, it is critical that the GIF is shaped by partners, including those around the Health and Wellbeing Board. There is also a clear opportunity to shape this part of the GIF with local Health and Wellbeing Boards moving forward.

3.2. From this work to refine the evidence base, the GIF could give the HWB a platform from which to **identify priorities for healthcare infrastructure for the future**. In doing so, the HWB is potentially a key partner in the GIF action plan, particularly around raising the profile of the need for better alignment of funding for healthcare infrastructure with growth.

3.3. Similarly, local partners will **be using the GIF to engage with London on more proactive management of the impact of London's growth** on Kent

and Medway. This will form part of a strategic conversation across the Southeast to ensure that where this growth impacts outside of London, the right infrastructure is delivered to support that growth. To broker this engagement, KCC will work through the Southeast Strategic Leaders (SESL) network, as well as Southeast authority officer networks (including a planning policy officers and directors groups).

3.4. Further, and perhaps more importantly, the GIF is intended to give partners a tool with which **to test the impact of new delivery models.** Within the current GIF, the option of an integrated health and social care model, similar to the Estuary View Medical Centre in Whitstable, is applied to the whole of Kent and Medway. The cost is estimated to be c. £500m, but the impact of revenue savings as a result of more efficient delivery may be deemed to outweigh this initial capital cost in the medium to long term. Further work on exploring the cost of such a model and the potential savings in revenue terms could be undertaken using the GIF as a framework.

3.5. Finally, KCC will use the GIF to enable a more **proactive approach to attracting investment** – not only from Government but from potential private sector sources as well. Work will be scoped to explore the potential of institutional investment, as well as to proactively prepare for future rounds of Local Growth Funding and/or other Government funding.

4. Recommendation

4.1. The Board is recommended to:

a) note the contents and conclusions of the first GIF and its associated action plan;
b) agree to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh;
c) agree to use the GIF to help shape discussions about the future shape of health service delivery

Report author/Relevant Director:

	Katie Stewart
	Director, Environment, Planning and Enforcement
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APPENDIX: GIF Action Plan

Action 1: Innovation in financing
Discussions with Government on the shortfall in capital funding growth and work collaboratively to find 'new innovative ways' of closing the funding gap (e.g. Tax Increment Funding (TI F), Institutional Investment, better application of CIL etc).

Action 2: A single Infrastructure Delivery Plan for Kent
Explore the feasibility of producing a single Infrastructure Delivery Plan for Kent and Medway reflecting the robust partnership working with the district authorities and Medway.

Action 3: A stronger relationship with London and the Southeast
Engage with South East Strategic Leaders and the County Councils in the South East on strategic issues and priorities, in particular transport, including linkages to London and radial routes to better connect the wider South East.

Action 4: Reform of CIL and developer contributions
Engage Government, using existing networks such as the County Councils Network where appropriate, to explore means of refining the current CIL and developer contribution mechanisms to better take account of varying viability in different areas of the country, to maximise the potential of CIL .

Action 5: The potential for private sector investment
Open discussions with the private sector including the development, pension and insurance sectors, and other investment sectors to explore the feasibility of establishing an 'Institutional Investment' pot for infrastructure and other mechanisms that may help fund infrastructure.

Action 6: A stronger relationship with the utilities
We will collaborate with the utilities sector to seek improved medium to long term planning aligned to the County's growth plans. A key role for the public sector will be to hold utilities companies to account to make the necessary capital investment. Through establishing County Council scrutiny arrangements for utility provision (which have the opportunity to feed into OFWAT, OFGEN, etc) matching utility companies' capital investment plans to the growth plan.

Action 7: Maximise the public estate
We will use the One Public Estate pilot commencing across Kent to seek to ensure we are maximising opportunities to lever in investment opportunities to fund and support growth.

Action 8: Ensuring the GIF is a "go-to" reference for infrastructure priorities

The GIF will be regularly refreshed to reflect the ongoing development of the Kent and Medway Local Plans and to enable refinement of many of the areas of evidence within the framework including costs and future funding assumptions.

Action 9: An integrated approach to planning and delivering growth
Monitor annually on a district-by-district basis:

- Progress of Local Plans;
- Delivery of housing and employment space;
- Receipts from developer contributions and CIL;
- Public and private sector investment in the county, including into the health and social care sectors and;
- Utility company capital investment.

Action 10: A robust design agenda for Kent and Medway
Consider how we can build on and refine current activity in the county aimed at ensuring high quality design, including working with Kent Planning Officers' Group and Design South East and updating the Kent Design Guide where required.

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To: **Kent Health and Wellbeing Board - 18th November 2015**

From: **Graham Gibbens, Kent County Council Cabinet Member for Adult Social Care and Health**

Andrew Scott Clark, Director of Public Health

Subject: **Public Health Services Transformation and Commissioning Plans**

Summary

The Public Health team at Kent County Council (KCC) are undertaking a review of the programmes commissioned from the public health grant. Engagement is taking place with a range of partners, to develop and improve our approach to public health. Our aim is to ensure that we promote health and wellbeing locally in collaboration with all partners, and that key services are focused on tackling health inequalities. This paper outlines some of the work to date.

Kent Health and Wellbeing Board is asked to:

1. Endorse the work to date.
2. Endorse the public consultation on public health programmes which is being conducted during November and December, and undertake to promote it with their stakeholders.

1. Introduction

1.1. This paper is to update the members of the Kent Health and Wellbeing Board on the Public Health transformation programme that is currently underway.

2. Background

2.1. In February 2015 KCC decided to review the programmes commissioned through the Public health grant. National drivers for this review included The NHS Five Year Forward View which identifies the need to radically increase the role of prevention, and The Care Act which describes new responsibilities that clearly show that effective prevention is crucial, whilst locally the Kent Health and Wellbeing Strategy clearly lays out the approaches that the health and social care system should take to the commissioning of services, namely integrated services, built around people.

2.2. Kent is not the only Local Authority to undertake this programme of work. It is clear that in many parts of the country Local Authorities are examining the approach to public health, in particular the adult health improvement services that are commissioned.

2.3. Reports such as The King's Fund Report – *Clustering of Unhealthy Behaviours Over Time* (2012) set out the need to review services and focus on a holistic approach to health improvement and the wider health system. Other parts of the country are also

proposing changes in line with these drivers, with the aim to integrate and realign these services.

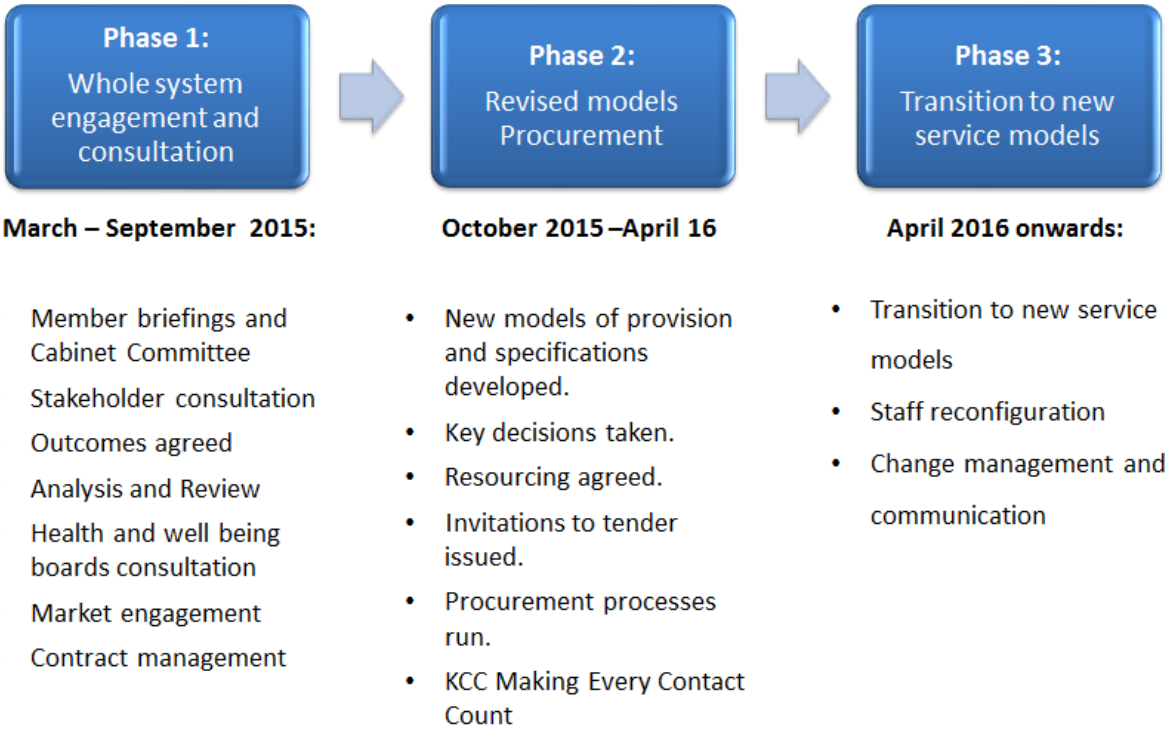
2.4. The Public Health team have therefore been conducting a review and analysis of the programmes commissioned through the Public Health grant. This review is providing a more thorough understanding of the potential and the limitations of the current services and there are clear opportunities for a new and more integrated approach.

2.5. In line with the Health and Wellbeing Strategy, we have particularly examined the quality and provision of preventative services in areas of highest need.

2.6. This work is in line with outcome 2 of the Health and Wellbeing Strategy, with a focus on how people are given the tools to take responsibility for their own health.

3. Timeline

3.1. The timeline for this programme of work is as follows.



3.2. A full public consultation of the proposals will be undertaken during November and December 2015.

4. Progress to date

4.1. In June 2015 KCC Adult Social Care and Public Health Cabinet Committee agreed to extend, as needed, and align all of the current adult health improvement contract dates so that a new model of provision could include within scope the range of services currently commissioned as standalone services.

4.2. Using the drivers for change outlined above a vision and outcomes framework has been developed. The vision is: “to improve and protect the health of the people across Kent, enabling them to lead healthy lives, with a focus on the differences in outcomes within and between communities”.

4.3. The analysis has been structured locally, and also into a Life Course approach as outlined in Sir Michael Marmot’s review. This life course review structures the understanding of our approach into the following

– Starting Well
– Living Well
– Ageing Well

4.4. The health outcomes and priorities have been mapped with each stage of the Life Course Approach. The priority areas are:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including Mental Health and Social Isolation)
- Sexual Health & Communicable Disease
- Wider Determinants of health

5. Wider engagement

5.1. Public Health have conducted a series of market engagement events which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and voluntary sector. Feedback included the following points :

- A strong appetite to engage in the programme.

- Suggestions that go beyond traditional ‘service-based’ approaches e.g. using behavioural science and marketing approaches to generate motivation.

- Different models emerging nationwide: many providers come with knowledge wider than Kent and are keen to share what has and hasn’t worked elsewhere.

- Keenness to collaborate between public, private and voluntary sector providers.

- Providers keen to explore new contract opportunities, in many cases beyond services that they are already providing - many providers are keen to diversify the service offer

- A number of different providers suggested commissioning a generic ‘behaviour change service’

6. Public Consultation

6.1 The next phase of the programme is to talk to the public about whether the emerging proposals will meet their needs. To ensure that a comprehensive picture is developed there are three elements to the consultation, which will run during November and the first half of December.

6.2 The first of the three elements is some behavioural insight work, which will focus on trying to develop an understanding of why those people with the unhealthiest lifestyles are likely to engage with our services. The key role of this study will be to further our understanding of the issues raised in The King's Fund report 'Clustering of unhealthy behaviours over time - Implications for policy and practice' (August 2012), which gave insight into which groups are at risk of engaging in multiple unhealthy behaviours.

6.3 The second element will consist of focus groups are also being run to investigate further into people's attitudes to services, why they would or wouldn't access them, and testing our assumptions about the services and the proposed model. The main focus group study will be conducted in each district, capturing information from numerous age groups and social groups. However, further focus groups will be held with Gypsy and Traveller communities, with individuals with learning disabilities, and with carers. These were areas identified by the Equalities Impact Assessment as likely to benefit from a more focussed look.

6.4 The final element is online/paper consultation is currently being undertaken, similar to the focus groups, but not as in-depth. This will allow us to engage with the wider public so that we can explain the proposed model, the options we have also looked at, and ascertain their opinions of the service.

6.5 Each of these studies will enable us to create an informed, intelligence led service that has the customer at the forefront of its design.

7. Emerging themes

7.1 A number of themes have come out of the stakeholder engagement, including discussion at the majority of Local Health and Wellbeing boards, which will inform some of the core principles for the approach moving forwards.

7.2 <u>Health promotion across the population</u>

One of the strongest pieces of feedback from stakeholders has been that communications play a significant role in supporting people to take responsibility for their health, and that the approach to public health messaging could be hugely strengthened and coordinated much more with partners. There is a need for a highly proactive approach to increase the use of campaigns, social marketing and communication channels across partners to produce high profile, high impact messages. The customer engagement that is being conducted, specifically the focus groups and behavioural insights work, will enable us to identify what messages and support will be most effective in driving behaviour change.

7.3 <u>A focus on health inequalities</u>

A key theme for both children and adult services has been to further identify the opportunity to enhance public health into partner programmes of work already in place

in communities where there are high health inequalities. It is also clear that better use of data and intelligence that is available can be used to target communities with high health inequalities. Work has now begun on a follow up to 'Mind the Gap', Kent's Health Inequalities strategy. Professor Chris Bentley is working in an advisory capacity to enable much greater targeting of health inequalities in the top 10 % most deprived areas in Kent, using data from the recent release of the updated Indices of Multiple Deprivation.

7.4 Locally flexible services

The current approach has been based on a one size fits all model across Kent. Future procurement should include local representation to ensure a model which varies according to local priorities. The service models in development must enable better alignment with local population need. Local representatives are welcomed to be involved in developing this model. It is clear from the feedback from the engagement described above, that a key element of work moving forward will be around ensuring that community based assets are working to support people to develop and maintain healthy lifestyles, recognising that services alone will not be enough to meet the health challenges outlined in the Kent Health and Wellbeing Strategy, and the Five Year Forward View.

7.5 Adult health improvement services

A core theme has been to move from provision which only tackles one health issue, to a more integrated approach, in line with the approaches laid out in the Kent Health and Wellbeing Strategy.

7.6 Children and Young People's services

7.6.1 A review of Children and Young People's services is also underway, including the School Public Health (School Nursing) service and Substance Misuse services for young people. In addition from October 2015 KCC has inherited the commissioning responsibility for the Health Visiting Service from NHS England. Prior to transfer we have worked closely with CCG's, General Practice and KCC to ask them for their experience of the service, and to develop the specification for the service from October 2015.

7.6.2 Key themes from these reviews have been a need for better visibility of core services, shared records, the importance of the safeguarding role and a more closely aligned approach with KCC Early help services, particularly in relation to emotional wellbeing and drug and alcohol services. In addition there must be a much more integrated approach to embedding health in core children's and families services.

8 **Conclusion**

8.1 Since February, Public Health has been undertaking a review and analysis of the services commissioned through the public health grant to ensure they are fit for purpose and reflect the approaches laid out in the Health and Wellbeing Strategy. The themes emerging from the stakeholder engagement clearly point to the need to ensure that the wider public sector; including Local Health and Wellbeing board partners, CCGs and all aspects of local authorities coordinate their approach to population level health promotion.

9 **Recommendation**

9.1 The Kent Health and Wellbeing Board are asked to:

1. Endorse the work to date;
2. Endorse the public consultation on public health programmes which is being conducted during November and December, and undertake to promote it with their stakeholders.

Report Author

Karen Sharp

Head of Public Health Commissioning
Kent County Council

By:	Roger Gough Cabinet Member for Education and Health Reform
To:	Kent Health and Wellbeing Board
Date:	18th November 2015
Subject:	Assurance Framework
Classification:	Unrestricted

Summary:

This paper provides exception reporting on areas requiring further attention by the Board. There are a number of areas that the Board may wish to seek in-depth assurance on; some of these such as mental health and dementia will be addressed as part of the scheduled work plan for the Board. Therefore it would be useful to undertake in-depth exploration of indicators that are not in the scheduled work plan such as obesity.

Recommendations:

The Health and Wellbeing Board is asked to:

1. Agree for local Health and Wellbeing Boards to undertake a review of local action plans for addressing obesity and improving population outcomes (for children and adults) and report back on progress in delivery and outcomes at the Board meeting in May 2016.

1. Introduction

The purpose of the Assurance Framework is to provide assurance on delivery of five outcomes of the Kent Health and Wellbeing Strategy along with additional care system stress indicators. In previous months the report has covered information on all indicators with detailed information on one outcome. To make the assurance process more effective this paper provides exception reporting on areas requiring further attention by the Board. Based on most recent available data the report also makes recommendation for the indicators that requires further in depth analysis and review of local actions to address these.

2. Exception Reporting

An overview analysis was undertaken of the data to identify areas for exception reporting. These indicators are highlighted in Table 1 along with a brief update and next steps.

Table 1

Indicator description	Update and next steps
Reducing the number of pregnant women with a smoking status at time of delivery	Work has commenced to address this indicator by Kent Public Health team in partnership with other colleagues
Increasing breast feeding initiation and continuation rates (variance across Trusts and local district level and poor completion rates)	Initiation and continuation needs cross sector action. Initiation rates at each Trust need further scrutiny and continuation completion rates to be re-evaluated following the change of data source from GPs to Health Visitors from October 2015.
Improving MMR vaccination uptake of two doses for five year olds	Director of Public Health is working with NHS England and Public Health England to gain

Indicator description	Update and next steps
	assurance.
Reducing proportion of 4-5 year olds and 10-11year olds with excess weight (variance at local district level)	Needs cross sector action across Kent.
Reducing the proportion of adults with excess weight (variance at local district level)	Needs cross sector action across Kent.
CAMHS related indicators: some of the sub-indicators are improving	Children and Young People's Emotional Health and Wellbeing strategy and delivery plan has been signed off by the Board. Ongoing work continues in partnership with KCC and CCGs to progress transformation plan and commission new pathways.
Indicators related to mental health and learning disability	These will be addressed in mental health related report to the Board as part of scheduled work plan
Indicators related to dementia	These should be addressed as part of scheduled work plan
Increasing the early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+)	Obesity related type 2 diabetes requires cross sector action
Reducing the number of hip fractures for people aged 65 and over (rate per 100,000).	This is a BCF indicator and KCC and CCG are working jointly to progress this.
Increasing the population flu vaccination coverage for those aged 65+ and for those at risk individuals.	Director of Public Health seeking ongoing assurance from NHS England and Public Health England for improved uptake. 2015/16 campaign recently launched
Urgent care stress indicators Bed Occupancy Rates in acute hospitals – Overnight, A&E attendances within four hours (all) from arrival to admission, transfer or discharge, and Number of delayed days by acute/non acute setting	In September the Board received a report from NHS England on winter preparedness. Further action is taking place at a Local level across sectors to address these issues.

3. Conclusion

The report highlights areas that the Board Members may wish to seek in depth assurance on, some of these such as mental health and dementia will be addressed as part of the scheduled work plan for the Board. Therefore it would be useful to undertake in-depth exploration of indicators that are not in the scheduled work plan such as obesity.

3.1 Obesity (adult and childhood)

Obesity is one of the most significant and complex health challenges affecting individual's health and wellbeing. It contributes significantly towards costs associated with health, social care and a wide range of other services. The Health and Wellbeing Board is in a uniquely influential position to champion transformational change for addressing obesity across all sectors.

Although Kent shows a decreasing excess weight in four-five year olds in 2013/14 (20.8%), and a lower proportion than nationally (22.5%) there is variance across the districts, with the lowest proportion of excess weight in Maidstone at 16.4% through to the highest in Gravesham at 24.6%. Gravesham has also been increasing in the proportion of excess weight since 2011/12. Some districts have seen an increase into 2013/14, these are Ashford (21.5%), Dartford (22.2%) and Swale (23.7%).

As with excess weight in four- five year olds, excess weight in ten-eleven year olds is also showing as having a slightly lower proportion than nationally at 32.7% to 33.5%. Kent has maintained this

rate since 2011/12. Across the districts the rate of excess weight in ten-eleven year olds ranges from 27.5% in both Sevenoaks and Tunbridge Wells to 37.5% in Dartford.
Dartford is also one of the districts with increasing excess weight along with Ashford (35.4%), Canterbury (32.9%), Maidstone (31.9%), Swale (34.7%) and Thanet (34.4%).

The data suggests that excess weight in adults for Kent is slightly above the national figure at 64.6% (national 63.8%) with variation between the districts of 54.2% in Canterbury to 68.8% in Swale.

4. Recommendations:

The Board are asked to note the contents of this report and agree the following recommendation:

4.1 Agree for local Health and Wellbeing Boards to undertake a review of local action plans for addressing obesity and improving population outcomes (for children and adults) and report back on progress in delivery and outcomes at the Board meeting in May 2016.

Report Prepared by

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From: Roger Gough – Cabinet Member for Education and Health Reform

To: **Kent Health and Wellbeing Board - 18th November 2015**

Subject: **Kent Health and Wellbeing Board Annual Report 2014-2015**

Summary: The Kent Health and Wellbeing Board is required to report annually to Kent County Council summarising how it has discharged its statutory duties and associated functions. The report has been scheduled for the County Council meeting of 10th December 2015 and is brought to the Kent Health and Wellbeing Board for agreement prior to presentation to County Council.

It is intended that the report will also be taken to the Kent Health Overview and Scrutiny Committee on 27th November.

Recommendations – The Kent Health and Wellbeing Board is asked to:

1. Agree the content of the Annual Report for 2014-2015 as attached

2. Agree that the report be presented to Kent County Council on 10th December, and the Kent Health Overview and Scrutiny Committee on the 27th November, with an accompanying presentation that will highlight the major issues considered by the Board during 2014-2015 and how they are being taken forward.

1. Background

1.1 The Kent Health and Wellbeing Board was established following the enactment of the Health and Social Care Act 2012. From 1 April 2013 it became a committee of Kent County Council, prior to April 2013 the Health and Wellbeing Board operated in shadow form.

1.2 Under the terms of reference for the Board it is required to submit an annual report to the County Council detailing how it has met its statutory obligations and performed other important functions that fall within its terms of reference. The report is not intended to be a comprehensive review of the Health and Social Care system in Kent but should focus on the work of the Board itself.

2. The Report

2.1 The attached report details the activity of the Board during the period April 2014 to March 2015. Particular attention is given to how the Board discharged its statutory responsibilities as required under the Health and Social Care Act 2012.

2.2 Appendices to the report give detail on the agenda items considered, the terms of reference the Board operates within, and the structure of the Board

and its subgroups and committees. Other sections of the report describe initiatives that have been developed with the involvement of the Board during the year.

3. County Council

3.1 The report is due for submission to Kent County Council at the meeting of 10th December 2015. It is proposed that an accompanying presentation focussing on major aspects of the Board's work such as Health and Social Care Integration and the associated activity around the Vanguard, BCF, Pioneer etc; workforce issues and how the Board has responded to the challenges they pose; and progress on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

4. Health Overview and Scrutiny Committee

4.1 The Kent Health and Wellbeing Board's Terms of Reference also recognise the relationship between the Board and the Kent Health Overview and Scrutiny Committee (HO&SC). It is intended that the attached report provides a focus for the annual consideration of the Board's activity by the HO&SC at its meeting on 27th November, again with an accompanying presentation.

5. Recommendations

5.1 The Kent Health and Wellbeing Board is asked to:

- Agree the content of the Annual Report for 2014-2015 as attached
- Agree that the report be presented to Kent County Council on 10th December with an accompanying presentation that will highlight the major issues considered by the Board during 2014-2015 and how they are being taken forward.

6. Contact details

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The Kent Health and Wellbeing Board 2014-2015

1. Introduction

This is the annual report for the Kent Health and Wellbeing Board for 2014/15. During this time the health and social care system experienced serious challenges including rising demand and limited resources. These challenges have fuelled the necessity for finding alternative ways to provide the services and care people need whilst increasing the quality of care they experience. Government policy has also driven the requirement to integrate the services we jointly provide and the ways in which they are commissioned.

The Kent Health and Wellbeing Board is at the forefront of these developments and has attracted significant national attention for how it has gone about its business.

2. The changing world of health and social care

As people enjoy longer lives, thanks in large part to advances in medical treatments, they also acquire long-term conditions that mean they need more help and support. In Kent population forecasts between 2010 and 2026 highlight that the number of 65+ year olds is to increase by 43.4% yet the population aged below 65 is only forecast to increase by 3.8% This will mean that Kent will have a relatively smaller population aged 20-49 years and considerable pressures on health and social care services as a result of services required for an ageing population.

Health and social care services will need to change to meet these different circumstances and the increased pressures they generate. This will affect the way services and care are funded, commissioned and provided. The Kent Health and Wellbeing Board brings together the key decision makers from across the County so that a more sustainable model of health and social care can be developed based, on integration. It is designed to improve the quality of care people receive and hopefully reduce costs, with more people living independently within the community, leading to less reliance on expensive and unnecessary hospital admissions.

Major initiatives from NHS England have been launched to find ways to meet these challenges such as the Health and Social Care Integration Pioneer Programme, the Better Care Fund and the Five Year Forward View and all have come within the scope of the Kent Health and Wellbeing Board.

3. The role of the Kent Board and its membership

The Kent Health and Wellbeing Board is a statutory body established by the Health and Social Care Act 2012 as a formal committee of the County Council. The Kent Board is composed of all the organisations that are responsible for the planning and commissioning of health and social care services in the county. The Act specified a minimum membership that in Kent has been extended to include representatives of

district councils, recognising we operate in a two tier authority area where district colleagues are critical partners.

The member organisations and their representatives are:

Kent County Council
Chair of the Board, Leader, Cabinet Members for Adult Social Care and Children's services, Director of Adult Social Care and Children's services, and Director of Public Health, Director of Clinical Engagement

Seven Clinical Commissioning Groups
The Accountable Officer and CCG Board Chair

Healthwatch Kent County Council
Chief Executive

NHS England
Area Team

Three representatives from District Councils
Selected by the Leaders of Kent councils

Under the Health and Social Care Act 2012 the Kent Board has five responsibilities:

- To ensure that a Joint Strategic Needs Assessment that identified the health priorities for the population is produced
- To ensure that a Pharmaceutical Needs Assessment is produced
- To ensure that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced
- To ensure that the commissioning plans of the CCG's and Kent County Council (social care and public health) properly reflect the needs identified in the Joint Strategic Needs Assessment and the priorities within the Joint Health and Wellbeing Strategy
- To promote the integration of health and social care

The Kent Health and Wellbeing Board is chaired by KCC Cabinet Member for Education and Health Reform, Cllr Roger Gough, and meets every two months. It met 6 times between April 2014 and March 2015. The Board does not have any dedicated resources and is administered as a Committee of Kent County Council by Democratic Services, a Secretariat of KCC.

The terms of reference for the Kent Health and Wellbeing Board are attached to this report as Appendix 2.

4. Substructures

In a county the size and complexity of Kent it is not possible for the Board to fulfil its responsibilities without a supporting structure where a lot of its work is conducted. In Kent a district based health and wellbeing board in Dover and Folkestone was established by the Department of Health in the period prior to the formal introduction of health and wellbeing boards as part of the "pathfinders" programme. To facilitate the work of the County level board Kent, uniquely, decided to expand this model and there are now seven local health and wellbeing boards, based on CCG geography, and with full representation from all relevant district councils that are formal subcommittees of the Kent board.

Other subgroups have been established to assist the Kent board for specific purposes.

The Kent Children's Health and Wellbeing Board focusses on issues relevant to our younger population.

The Kent Health and Social Care Integration Pioneer Steering Group is responsible for delivering the NHS England integration pioneer programme of which Kent was a founder member.

The Better Care Fund Assurance Group monitors the progress of the Better Care Fund (see below) plans developed to promote integration

The Multi-Agency Data and Information Group brings together the relevant data, information and intelligence from a variety of organisations to inform the business of the Board

Task and Finish groups are established as required. For example a group looking at workforce issues is currently meeting having been agreed in 14/15 to meet in 15/16.

5. The work of the Board

The Board successfully fulfilled its statutory requirements (as described above) in 2014/15.

To ensure that a Joint Strategic Needs Assessment (JSNA) that details the health needs of the population is produced.

The Board has received regular reports concerning development of the JSNA that was first completed in 2014. The JSNA is now due for substantial revision, having completed its first cycle, and this process has started. The new JSNA will be presented to the Board at its meeting of May 2016.

The current Kent Joint Strategic Needs Assessment can be found at:

http://www.kmpho.nhs.uk/jsna/

To ensure that a Pharmaceutical Needs Assessment is produced.

The Pharmaceutical Needs Assessment for Kent was presented to the Board at its meeting of 18th March 2015 following interim consideration at the meeting of 17th September 2014.

The current Pharmaceutical Needs Assessment for Kent can be found at:

http://www.kmpho.nhs.uk/reports-and-strategies/pharmaceutical-needs-assessments/kent-pharmaceutical-needs-assessments/

To ensure that a Joint Health and Wellbeing Strategy that reflects the needs identified in the JSNA is produced.

A new edition of the Joint Health and Wellbeing Strategy for 2014 - 2017 has been produced and was published in July 2014. This strategy builds on the initial one year strategy that was published in 2013.

The current Kent Joint Health and Wellbeing Strategy can be found at :

http://www.kent.gov.uk/__data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf

To confirm that the commissioning plans of the Clinical Commissioning Groups (CCGs), and the local authority (social care and public health) correspond with the priorities of the Joint Health and Wellbeing Strategy

The commissioning plans of the seven Clinical Commissioning Groups in Kent were presented to the Board and agreed at its meeting of 18th March 2015. Commissioning plans for Adult Social Care and NHS England, were considered and agreed at the meetings of 26th March 2014 and 20th May 2015. Children's Services and Public Health commissioning plans were agreed by the board at the meeting of 28th May 2014. These reports can be found at the following locations:

https://democracy.kent.gov.uk/documents/g5465/Public%20reports%20pack%2026th-Mar-2014%2018.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

https://democracy.kent.gov.uk/documents/g5466/Public%20reports%20pack%2028th-May-2014%2018.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

https://democracy.kent.gov.uk/documents/g5833/Public%20reports%20pack%2020th-May-2015%2018.30%20Health%20and%20Wellbeing%20Board.pdf?T=10

To promote the integration of health and social care services

The Board has devoted a lot of time to this responsibility. In particular it has overseen the introduction and implementation of the Better Care Fund. This programme was announced by government in 2013 to promote the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. Implementation has required establishing statutory s75 agreements (pooled budget arrangements) with

each of the seven CCGs in Kent that have brought £101 million of existing CCG budgets together.

The Kent proposals for the Better Care Fund were considered and endorsed by the Health and Wellbeing Board at the meetings of :

16th July 2014; 17th September 2014; 28th January 2015; and 18th March 2015.

The Better Care Fund plans can be found at:

http://www.kent.gov.uk/__data/assets/pdf_file/0015/12471/Better-Care-Fund-introduction-and-vision.pdf

The Board is also responsible for the Health and Social Care Integration Pioneer programme in Kent. This is a government initiative designed to bring all health and social care organisations in the county together to identify opportunities for more integrated working that is intended to improve the experience of patients whilst reducing costs. The Integration Pioneer programme should also identify the barriers that prevent organisations achieving the integration they aspire to.

The Kent Health and Social Care Integration Pioneer programme has reported progress to the Health and Wellbeing Board at the meetings of 19th November 2014 and 28th January 2015

The latest annual report for the Kent Integrated Care and Support Pioneer Programme can be found at:

http://www.local.gov.uk/documents/10180/6927502/Integrated+Care+Pioneer+Programme+Annual+Report+2014/76d562c3-4f7d-4169-91bc-69f7a9be481c

Kent's approaches towards the Better Care Fund and the Integration Pioneer programme have both attracted national recognition and have been cited as examples of good practice. Our Integration Pioneer programme has also developed an international reputation and is working in partnership with other countries in Europe and Japan.

Other national initiatives are also being trialled in Kent including the Prime Minister's Challenge to transform primary care services currently being implemented in Folkestone. This has successfully demonstrated how targeted investment can be used to develop co-operation between practices to deliver an 8:00 a.m. to 8:00 p.m. GP service for the area. The new working practices this entails may also be helpful in retaining and recruiting GPs who find them attractive.

6. Five Year Forward View – Vanguard Programme

The Board is involved with the development of the "New Models of Care" being developed as part of the NHS England Five Year Forward View and how they are being implemented in Kent.

During 2014/15 developments at Whitstable Medical Practice (Estuary View) were recognised as one of 29 examples across the country within the Vanguard programme associated with the NHS England Five Year Forward View. This is a major initiative that has the potential to transform the delivery of primary, hospital and social care and provide a model for other areas to adopt.

7. Other business

Apart from its statutory responsibilities the Kent Health and Wellbeing Board has also concerned itself with a number of other issues such as maintaining oversight of the implementation of the Joint Health and Wellbeing Strategy.

The five outcomes of the Joint Health and Wellbeing Strategy are:

• Every child has the best start in life

• Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

• The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

• People with mental health issues are supported to 'live well'

• People with dementia are assessed and treated earlier, and are supported to live well

The Kent Health and Wellbeing Board monitors progress and performance against key indicators for each of the five outcomes, tending to focus on specific outcomes at particular meetings. To this end the Board has received reports and presentations on key issues throughout the year including dementia, learning disability, mental health and children and young people. Progress on all outcomes will continue to be reported to the Board in 2015/16 and beyond. Key indicators are also contained within the Assurance Framework (see below). In addition the local Health and Wellbeing Boards also maintain an oversight of how these outcomes are being delivered at a CCG level.

Winter 2014/15

The pressures on the system generated by the changing demography of Kent residents became starkly apparent over the winter of 2014/15. Trends that have been observed over a number of years tested the system with an increased demand for hospital admissions from very old, frail and sick people. Bed occupancy rates in three of our four acute hospital trusts were significantly above 90% and the number

of bed days identified as due to delayed transfers of care increased by 15% in the Winter quarter.

Whilst largely the increased demand emanated from people who needed to be admitted to hospital it became apparent that lack of high level support services or facilities elsewhere meant that they stayed longer than necessary. The “Out of Hours” service also experienced serious difficulty. In addition demand for highly intensive home care services exceeded the ability of the market to supply them and discharging patients became increasingly difficult.

Generally the system in Kent was able to deal with the pressures, indeed better than a number of other areas of the country, but the experience provided a focus for the Board to review how Kent as a whole had coped and what lessons needed to be learnt for the coming year.

The Kent Assurance Framework

In response to the Francis report into the circumstances of the Mid Staffordshire hospital scandal and events at Winterbourne View the Board has developed an “Assurance Framework” that reports regularly on a suite of indicators designed to highlight when stresses may be appearing across the system, the indicators from the Joint Health and Wellbeing Strategy, and those relating to the Better Care Fund. In this way the Board is kept up to date with how the system is responding to the demands being placed upon it and progress towards the outcomes of the Health and Wellbeing Strategy. The Board has also commissioned Healthwatch Kent to identify and explore ways to address the key issues in the health and care system that may affect the quality of service that people experience.

8. Wider recognition and profile

The Kent Health and Wellbeing Board has been recognised nationally as an example of good practice and its views are sought regularly on how boards more generally can be effective. The Chair of the Kent Board, Roger Gough has been invited to speak at a number of events concerning Health and Wellbeing Boards. This has ensured that the Kent Board has maintained a high profile at national level.

The Board itself has hosted events related to its activities and responsibilities. The Board brought all commissioners and providers alongside representatives from KCC, the Voluntary and Community Sector and district councils to begin discussions about the Better Care Fund following its announcement. This event led directly to significant system progression including a ground-breaking Executive Programme Board in the North of the county designed to ensure effective development of new integration programmes.

A Provider Networking event took place on the 22nd September 2014, hosted by East Kent Hospitals University Foundation Trust.

In addition Simon Stevens, the Chief Executive of NHS England, welcomed an invitation to visit the Board and its wider group of stakeholders to discuss the

implementation and implications of the Five Year Forward View, shortly after its publication.

9. Endorsement, consideration and support

A number of issues have been presented to the Board for their consideration and endorsement. In 2014/15 these have included the implications of The Care Act, the Kent Accommodation Strategy that describes how Kent will meet the accommodation needs for people needing additional support, the contribution that the Kent Fire and Rescue Service can make towards people's health and wellbeing, systems resilience, and the restructure of the Early Years' Service.

10. Into 2015-2016

Tackling the big issues

The Health and Wellbeing Board has adopted a remit to try and tackle big structural issues within the system that are affecting our ability to deliver the care and treatment people need as we would wish. In a system as large and complex as health and social care there are many potential problems with the structures and processes we work within. The NHS financial system of Payment by Results is increasingly being recognised as being unhelpful to service redesign in some instances; managing the current financial situation is a challenge and the division between primary care and the acute sector can also be problematic. When Simon Stevens visited Kent he was clear that all of these needed to be addressed in order for the Five year Forward View to be able to succeed.

Above all problems related to workforce have been identified by all partners as an absolutely critical issue that is hindering the maintenance and development of the services they provide. These include difficulties in recruiting A&E Consultants, ensuring general practice is sustainable, finding sufficient and appropriately qualified nursing staff to ensure recommended safe staffing levels in hospitals, and very serious capacity problems in the social care workforce especially domicillary care.

The problems are multi-faceted and long-standing. For example the age profile of GPs working in Kent means many will be retiring in the near future. New entrants to the profession are more likely to want to work part-time and are also less inclined to adopt the traditional model of GP employment as partners in their own practice "business". This produces a number of challenges, not only in training sufficient doctors, which takes on average 7 years, but also in changing the way practices operate to accommodate the changes to working practices that new GPs will find attractive.

More broadly the whole primary care workforce is changing, requiring a different mix of skills than in the past and working in different contexts. For example GPs may need different training in order to understand the needs of greater numbers of patients with complex health issues living in the community. In some areas of Kent paramedic practitioners are now working with primary care, not just in the ambulance service. These roles are also developing in GP practices to visit patients and determine their most appropriate treatment and care, thereby reducing the pressure on GPs and also helping to avoid unnecessary hospital admissions.

Nurse recruitment is also problematic. The new training initiatives proposed by NHS England depend not only on adequate finance but often more critically on the availability of training placements which are nationally in short supply. Proposals to increase the number of nurses in any particular specialty, for example Health Visitors, may in practice lead to qualified nurses from other disciplines, especially adult hospital nursing, moving from one to another. Recruitment from abroad is actively pursued by most of our major providers but this can lead to an “internal market” within Kent to recruit and train staff from overseas and there is an additional lure towards London hospitals which can offer higher rates of pay.

Social care staff are often paid at minimum wage levels and these can be less attractive than alternative opportunities offered in the retail and catering sectors where the work is arguably less demanding as well as being better re-numerated. High property prices and cost of living can also affect the ability to recruit and train local people into lower paid jobs.

All areas of the country are struggling with these challenges but unless we can recruit and retain appropriate numbers of the right staff we will not be able to establish a high quality and sustainable system in Kent. We will need to move away from specific job roles and understand the skills needed to deliver care differently. This will also bring challenges.

The Health and Wellbeing Board received a presentation from NHS Health Education England that gave a comprehensive overview of workforce challenges and has established a working group with a specific remit to investigate the issues affecting the health and social care workforce in Kent. They are currently hearing from a wide range of stakeholders, including commissioners, providers, Healthwatch, NHS Health Education England, and NHS England to determine what we can do in Kent to improve our workforce situation. The group has received feedback from various sources across the County including a recent careers and workforce event for school pupils in East Kent. Recommendations will be reported early in the New Year.

The working group will also draw on other work being undertaken by a range of others. In particular Canterbury Christchurch University is implementing new training programmes for nurses which include experience of working in general practice to

familiarise student nurses with work in primary care. Hopefully this will lead to more nurses opting to work in primary care when they qualify.

Integration

Kent has been at the forefront of the drive towards integration. Our Integration Pioneer programme and Better Care Fund plans are nationally respected as best practice. In addition we host one of the 29 original Vanguards for New Models of Care proposed in NHS England's Five Year Forward View. These Vanguards are designed to develop and test new approaches to services and care. Based on the concept of integration the Whitstable Medical Centre is a vanguard "Multi-specialty Community Provider" (MCP) that is redefining how Primary Care operates.

As an MCP Whitstable Medical Centre is bringing a variety of services and interventions that previously have been available only in hospitals much closer to the community of patients they serve. X ray and other diagnostic tests can be done on site, obviating the need for visits to the local hospital; minor operations can be done at the centre and emergency treatment for those not requiring all the facilities of a major hospital can also be carried out. Ambulances can deliver appropriate patients straight to the Whitstable Medical Practice, reducing pressure on hard pressed Accident and Emergency Units and reducing the likelihood of people being admitted to the hospital. Plans have already been developed for a nursing and residential care home facility on-site enabling rapid access to medical assistance if required, again reducing the need for people to go to hospital when taken ill. The Vanguard is intended to explore whether this model of care is robust enough to serve the needs of a population in excess of 100,000 people and how it could be rolled out to other areas or nationally.

Integration is also happening in other ways and other places in Kent. In the North of the County Commissioners and providers are working together to redesign how they deliver their services. The Executive Programme Board for Dartford, Gravesham, Swanley and Swale is developing a range of programmes to improve the experience of people receiving care and treatment whilst using resources more effectively through joint and partnership working. The extensive development in the Ebbsfleet area, that is currently the subject of an application to the government's recently announced Healthy New Towns programme, provides a rare and exciting opportunity to design a local health and social care system from scratch.

The Better Care Fund also focussed attention on how integration was being progressed in Kent. Although its definition narrowed somewhat as it was implemented the BCF encouraged dialogue and partnership between different parts of the system. However it became apparent that, on its own, establishing the fund is not sufficient to deliver the scale and speed of integration necessary in Kent and we need to work hard at all the other aspects involved.

Similarly the Pioneer programme has provided a very useful forum to consider issues that can potentially impede progress towards better integration and produce solutions to overcome these. This has been particularly true in the very complex area of sharing information and data between different organisations within the system. Solutions generated by our Pioneer programme have been truly innovative and recognised nationally.

However, despite all the good work and progress on numerous issues much remains to be done, particularly with regard to increasing the pace of integration and evaluating and then rolling out successful programmes across the county. This will provide a major area of work for the Health and Wellbeing Board going forward.

The Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Health and Wellbeing Board is responsible for the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The updated strategy was published in 2014 and runs until 2017. The current JSNA is due for revision in 2016. The Health and Wellbeing Board continues to develop both of these to ensure they remain relevant to changing circumstances and needs of those that use them, especially commissioners who must take them into account when producing their plans and intentions.

A major event was held in June 2015 to consider how useful stakeholders were finding the JHWS. The feedback was that the strategy was broadly on track but that there were some changes in emphasis that would be helpful going forward.

The revision of the JSNA was the focus of another event held in September. A key challenge from Commissioners was that although the JSNA provided useful information it was less helpful in analysing the implications of the data to inform their decisions on investment, and disinvestment, in services. In Kent we are moving beyond the original conception of the JSNA and a working group is now looking at how a “JSNA Plus” can be developed that will include trend analysis, predictive modelling and value for money tools. A proposal on this model will be brought to the Health and Wellbeing Board in the New Year.

APPENDIX 1

Substantive agenda items taken by the Kent Health and Wellbeing Board in 2014/15

28th May 2014

Public Health Commissioning Plans
Children's Commissioning Plans
Health and Wellbeing Strategy and engagement plan
Accommodation strategy
Assurance Framework

16th July

Dementia care and support
Kent Fire and Rescue Service
Health and Wellbeing Strategy
Better Care Fund (National Review)
Potential merger Ashford and Canterbury and Coastal CCGs
Assurance Framework
Joint Strategic Needs Assessment /Joint Health and Wellbeing Strategy Steering Group report

17th September

BCF update
Quality and the Health and Wellbeing Board
Pharmaceutical Needs Assessment
Healthwatch Annual Report

19th November

Joint Health and Social Care Self-Assessment – Learning Disability
Kent Safeguarding Children Board Annual Report
Care Act
Integration Pioneer update
System Resilience
Minutes of local boards, Children and Young People's Health and Wellbeing Board and Emotional Health and Wellbeing Strategy
Delivering the Joint Health and Wellbeing Strategy – reports from local boards

28th January

Strategic Workforce issues
Early Years Restructure
Integration Pioneer update and Five Year Forward View
Assurance Framework and update on Quality
Better Care Fund s75 arrangements
Children's Health and Wellbeing Board minutes
Local Health and Wellbeing Board minutes

18th March

Review of CCG commissioning plans
Better Care Fund s75 arrangements
Pharmaceutical Needs Assessment
Protocol for joint working between Health and Wellbeing Board, Children and Young People's Health and Wellbeing Board, and the Kent Safeguarding Children Board
Minutes of local Health and Wellbeing Boards

APPENDIX 2

Kent Health and Wellbeing Board

Governance Arrangements

Role

The Kent Health and Wellbeing Board (HWB) leads and advises on work to improve the health and wellbeing of the people of Kent through joined up commissioning across the NHS, social care, public health and other services (that the HWB agrees are directly related to health and wellbeing) in order to:

• secure better health and wellbeing outcomes in Kent

• reduce health inequalities and

• ensure better quality of care for all patients and care users.

The HWB has a primary responsibility to make sure that health care services paid for by public monies are provided in a cost-effective manner.

The HWB also aims to increase the role of elected representatives in health and provide a key forum for public accountability for NHS, public health, social care and other commissioned services that relate to people's health and wellbeing.

Terms of Reference:

The HWB:

1. Commissions and endorses the Kent Joint Strategic Needs Assessment (JSNA), subject to final approval by relevant partners, if required.

2. Commissions and endorses the Kent Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the JSNA, subject to final approval by relevant partners, if required.

3. Commissions and endorses the Kent Pharmaceutical Needs Assessment, subject to final approval by relevant partners, if required.

4. Reviews the commissioning plans for healthcare, social care (adults and children's services) and public health to ensure that they have due regard to the JSNA and JHWS, and to take appropriate action if it considers that they do not.

5. Has oversight of the activity of its sub committees (referred to as Clinical Commissioning Group level Health and Wellbeing Boards), focussing on their role in developing integrated local commissioning strategies and plans.

6. Works alongside the Health Overview and Scrutiny Committee (HOSC) to ensure that substantial variations in service provision by health care providers are appropriately scrutinised. The HWB itself will be subject to scrutiny by the HOSC.

7. Considers the totality of the resources in Kent for health and wellbeing and considers how and where investment in health improvement and prevention services could improve the overall health and wellbeing of Kent's residents.

8. Discharges its duty to encourage integrated working with relevant partners within Kent, which includes:

• endorsing and securing joint arrangements, including integrated commissioning where agreed and appropriate;

• use of pooled budgets for joint commissioning (s75);

• the development of appropriate partnership agreements for service integration, including the associated financial protocols and monitoring arrangements;

• making full use of the powers identified in all relevant NHS and local government legislation.

9. Works with existing partnership arrangements, e.g. children's commissioning, safeguarding and community safety, to ensure that the most appropriate mechanism is used to deliver service improvement in health, care and health inequalities.

10. Considers and advises Care Quality Commission (CQC) and NHS Commissioning Board; monitors providers in health and social care with regard to service reconfiguration.

11. Works with the HOSC and/or provides advice (as and when requested) to the County Council on service reconfigurations that may be subject to referral to the Secretary of State on resolution by the full County Council.

12. Is the focal point for joint working in Kent on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

13. Reports to the full County Council on an annual basis on its activity and progress against the milestones set out in the Key Deliverables Plan.

14. Develops and implements a communication and engagement strategy for the work of the HWB; outlining how the work of the HWB will:

• reflect stakeholders' views

• discharge its specific consultation and engagement duties

• work closely with Local HealthWatch.

15. Represent Kent in relation to health and wellbeing issues in local areas as well as nationally and internationally.

16. May delegate those of its functions it considers appropriate to another committee established by one or more of the principal councils in Kent to carry out specified functions on its behalf for a specified period of time (subject to prior agreement and meeting the HWB's agreed criteria).

Membership

The Chairman is elected by the HWB.

1. Kent County Council:

• The Leader of Kent County Council and/or their nominee*
• Executive Director for Families and Social Care*
• Director of Public Health*
• Cabinet Member for Adult Social Care & Public Health
• Cabinet Member for Business Strategy, Performance and Health Reform
• Cabinet Member for Specialist Children's Services
• Any other County Council Member necessary for the effective discharge of HWB functions

2. Clinical Commissioning Group: up to a maximum of two representatives from each consortium (e.g. Chair of the CCG Board and Accountable Officer)*

3. A representative of the Local HealthWatch* organisation for the area of the local authority.

4. A representative of the NHS Commissioning Board Local Area Team*

5. Three elected Members representing the Kent District/Borough/City councils (nominated through the Kent Council Leaders)

*denotes statutory member.

Procedure Rules

1. Conduct. Members of the HWB are expected to subscribe to and comply with the Kent County Council Code of Conduct. Non-elected representatives on the HWB (e.g. GPs and officers) will be co-opted members and, as such, covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.

2. Declaration of Disclosable Pecuniary Interests. Section 31(4) of the Localism Act 2011 (disclosable pecuniary interests in matters considered at meetings or by a single member) applies to the HWB and any sub committee of it. A register of disclosable pecuniary interests is held by the Clerk to the HWB, but HWB members do not have to leave the meeting once a disclosable pecuniary interest is declared.

3. Frequency of Meetings. The HWB meets at least quarterly. The date, time and venue of meetings is fixed in advance by the HWB in order to coincide with the key decision-points and the Forthcoming Decision List.

4. Meeting Administration.

• HWB meetings are advertised and held in public and administered by the County Council.

• The HWB may consider matters submitted to it by local partners.

• The County Council gives at least five clear working days' notice in writing to each member of every ordinary meeting of the HWB, to include any agenda of the business to be transacted at the meeting.

• Papers for each HWB meeting are sent out at least five clear working days in advance.

• Late papers may be sent out or tabled only in exceptional circumstances.

• The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.

• The HWB meetings will be web cast where the facilities are in place

• The Chairman's decision on all procedural matters is final.

2. Meeting Administration of Sub Committees.

HWB sub-committees are administered by a principal local authority, in the case of the Clinical Commissioning Group level HWBs, by a District Council in that area. They will be subject to the provisions stated in these Procedure Rules.

3. Special Meetings.

The Chairman may convene special meetings of the HWB at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

The Chairman is required to convene a special meeting of the HWB if they are in receipt of a written requisition to do so signed by no less than three members of the HWB. Such requisition shall specify the business to be transacted and no other business shall be transacted at such a meeting. The meeting must be held within five clear working days of the Chairman's receipt of the requisition.

4. Minutes.

Minutes of all of HWB meetings are prepared recording:

• the names of all members present at a meeting and of those in attendance

• apologies

• details of all proceedings, decisions and resolutions of the meeting

Minutes are printed and circulated to each member before the next meeting of the HWB, when they are submitted for approval by the HWB and are signed by the Chairman.

5. Agenda.

The agenda for each meeting normally includes:

• Minutes of the previous meeting for approval and signing

• Reports seeking a decision from the HWB

• Any item which a member of the HWB wishes included on the agenda, provided it is relevant to the terms of reference of the HWB and notice has been given to the Clerk at least nine working days before the meeting.

The Chairman may decide that there are special circumstances that justify an item of business, not included in the agenda, being considered as a matter of urgency. He must state these reasons at the meeting and the Clerk shall record them in the minutes.

6. Chairman and Vice Chairman's Term of Office.

The Chairman and Vice Chairman's term of office terminates on 1 April each year, when they are either reappointed or replaced by another member, according to the decision of the HWB, at the first meeting of the HWB succeeding that date.

7. Absence of Members and of the Chairman.

If a member is unable to attend a meeting, then they may provide an appropriate alternate member to attend in their place, subject to them being of sufficient seniority to agree and discharge decisions of the Board within and for their own organisation.

The Clerk of the meeting should be notified of any absence and/or substitution at least five working days prior to the meeting. The Chairman presides at HWB meetings if they are present. In their absence the Vice- Chairman presides. If both are absent, the HWB appoints from amongst its members an Acting Chairman for the meeting in question.

8. Voting.

The HWB operates on a consensus basis. Where consensus cannot be achieved the subject (or meeting) is adjourned and the matter is reconsidered at a later time.

If, at that point, a consensus still cannot be reached, the matter is put to a vote. The HWB decides all such matters by a simple majority of the members present. In the case of an equality of votes, the Chairman shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chairman. For clarity, each Clinical Commissioning Group has one vote, irrespective of whether both the Clinical Lead and Accountable Officer for that Clinical Commissioning Group attend the HWB.

9. Quorum.

A third of members form a quorum for HWB meetings. No business requiring a decision shall be transacted at any meeting of the HWB which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chairman either suspends business until a quorum is re-established or declares the meeting at an end.

10. Adjournments.

By the decision of the Chairman, or by the decision of a majority of those members present, meetings of the HWB may be adjourned at any time to be reconvened at any other day, hour and place, as the HWB decides.

11. Order at Meetings.

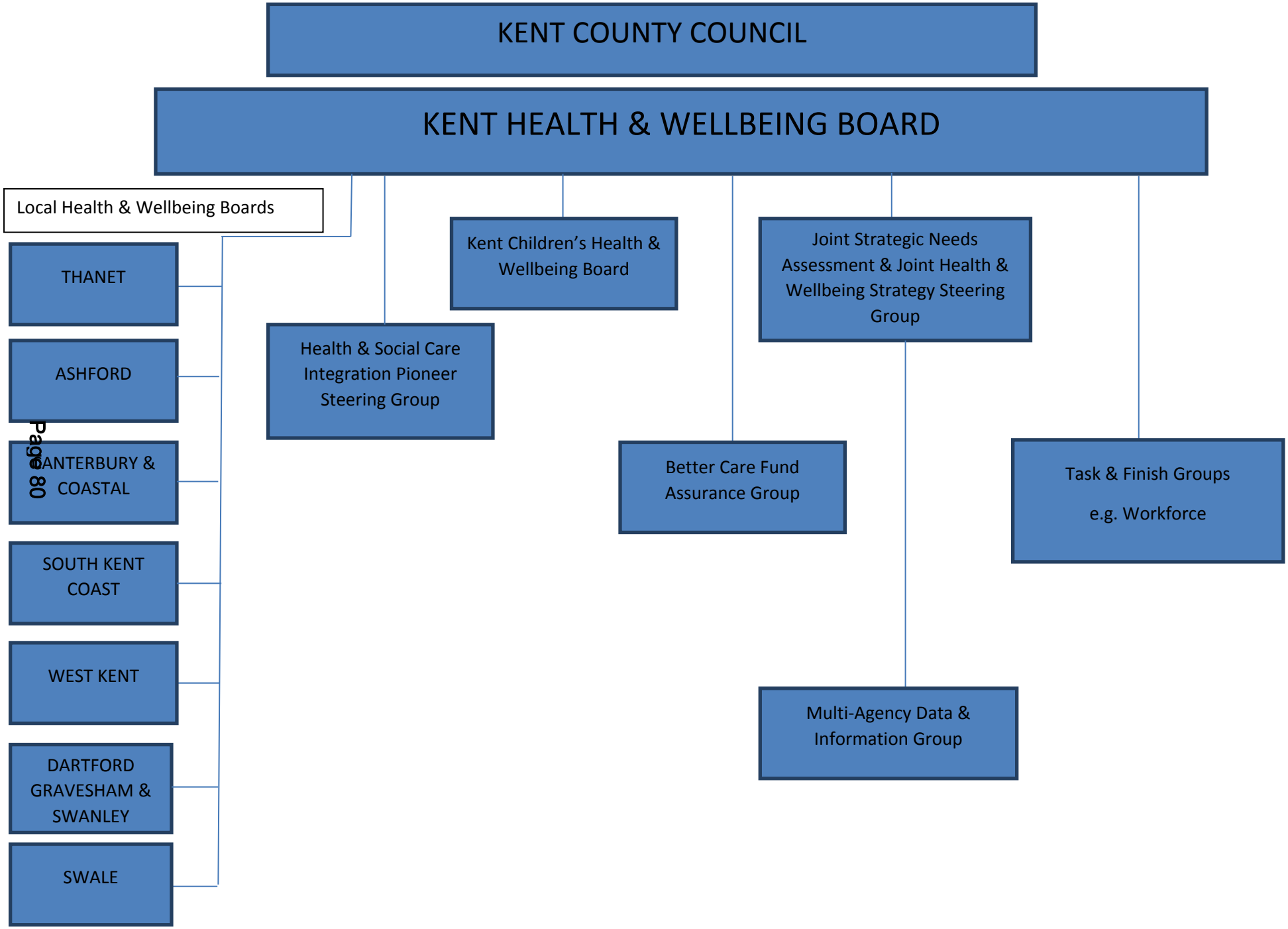
At all meetings of the HWB it is the duty of the Chairman to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.

12. Suspension/disqualification of Members.

At the discretion of the Chairman, anybody with a representative on the HWB will be asked to reconsider the position of their nominee if they fail to attend two or more consecutive meetings without good reason or without the prior consent of the Chairman, or if they breach the Kent Code of Conduct for Members.

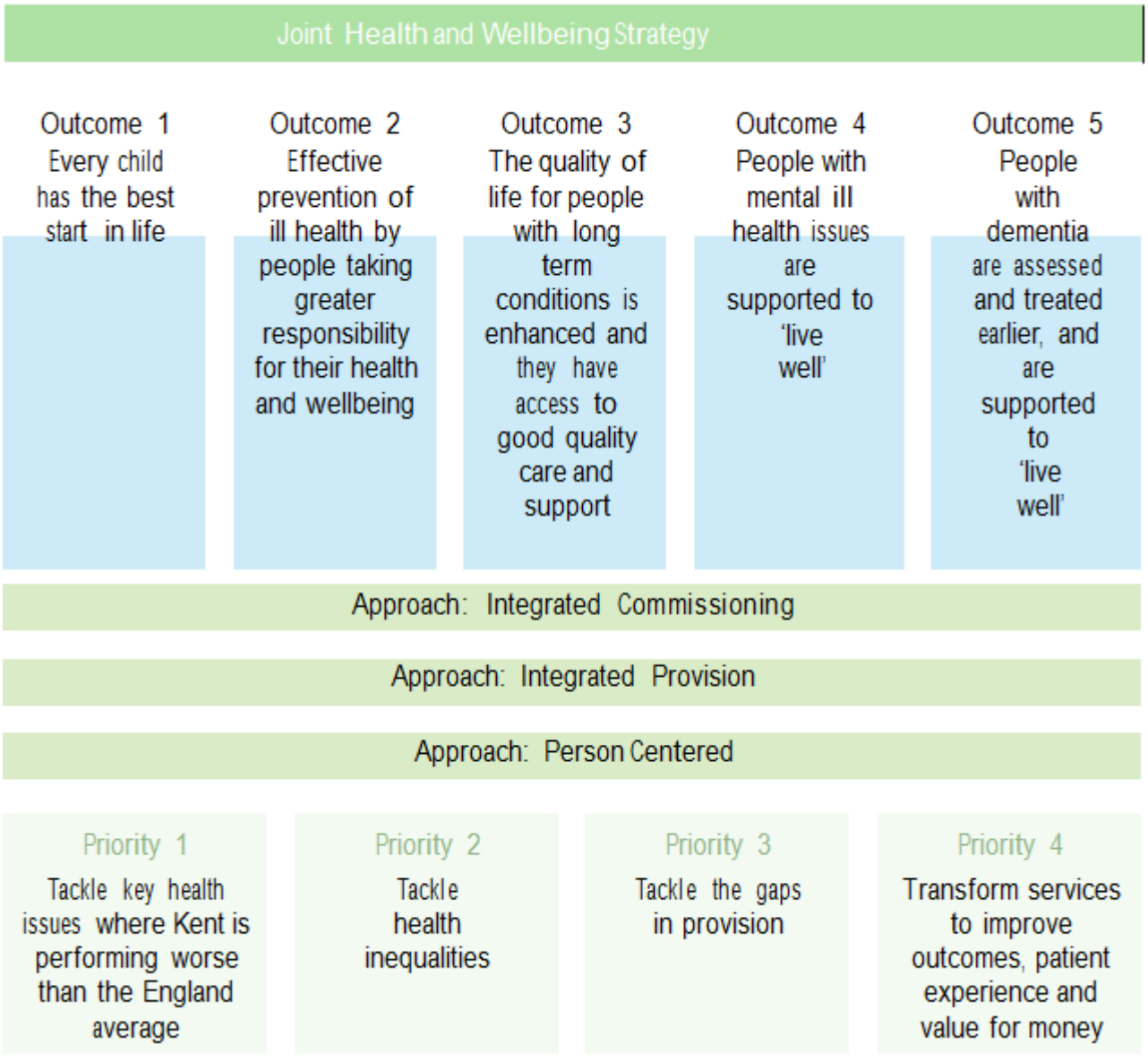
Appendix 3

THE KENT HEALTH & WELLBEING BOARD STRUCTURE



Appendix 4

The outcomes will be delivered by focusing on our priorities within each of the outcome areas, whilst ensuring that any intervention is informed by the three approaches, i.e. that it is centred around the person), that it is provided in a joined up way, and where appropriate it is jointly commissioned.



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By: Roger Gough, Cabinet Member for Education and Health Reform

To: Health and Wellbeing Board, 19 November 2015

Subject: **Local Digital Roadmaps**

Classification: Unrestricted

Summary:

Following on from the publication of the Five Year Forward View, guidance was published in September 2015 on the preparation of Local Digital Roadmaps. Local digital roadmaps are to be the plans for how local health and care economies will achieve the aim of being paper-free at the point of care by 2020. CCGs will lead on their development, with the involvement of local authorities and providers of NHS services. The guidance encourages Health and Wellbeing Boards to be involved in the sign-off of the roadmaps.

Recommendation:

Members of the Kent Health and Wellbeing Board are asked to:

(a) Update the Board on the footprint and governance arrangements of the local digital footprints; and

(b) Determine whether and how the Board will be involved in the sign-off of the roadmaps, including any role for the Local Health and Wellbeing Boards.

1. Introduction

(a) A central plank of last year's Five Year Forward View was the better use of information technology to drive better outcomes for patients. The National Information Board was established to articulate this strategy. In September 2015, the guidance document '*The Forward View into Action: Paper-free at the Point of Care – Preparing to Develop Local Digital Roadmaps'* was published.

(b) Local digital roadmaps are to be the plans for how local health and care economies will achieve the aim of being paper-free at the point of care by 2020. The guidance document accepts that this is a complex matter and cannot be done overnight. The role of the roadmaps is to generate local momentum and inform local prioritisation of the way forward.

2. Footprints

(a) CCGs are expected to lead the development of the roadmaps, and begin with determining the 'footprint' and governance for sign off. Footprints can cover a single or multiple CCGs, but all CCGs will be part of one footprint. Providers of NHS services are to be engaged in roadmap development, aligned to the footprint containing the lead commissioner but contributing to other footprints/roadmaps where they are a significant provider. The roadmaps will be part of the commissioning plans for 2016/17 and will be considered part of the CCG assurance framework.

(b) Kent County Council, like every local authority with a social care responsibility, is expected to align to one footprint for roadmap development. Where a local authority incorporates numerous footprints, the plans and milestones developed within the one footprint are to be shared and incorporated with other relevant roadmaps.

3. Timeline

- September to October 2015 - Local engagement to determine the footprint and governance for the roadmaps
- 30th October 2015 - Submission of footprint and governance templates
- Early November 2015 - Digital maturity self-assessment questionnaire and guidance issued
- November 2015 to January 2016 - Digital maturity self-assessment questionnaire returns received and quality assured
- December 2015 or January 2016 - Planning Guidance issued, incorporating templates and further guidance for local digital roadmaps
- January 2016 to April 2016 - Development of local digital roadmaps
- March 2016 - Digital maturity index published
- April 2016 - Submission of local digital roadmap

4. Role of the Health and Wellbeing Board

(a) Governance arrangements for producing the roadmaps are expected to continue after this point in order to oversee delivery. The guidance is not prescriptive about what the governance arrangements should be.

(b) The section relating to the role of the Health and Wellbeing Board is quoted in full:

- "Each footprint should also agree the sign-off route for the roadmap well in advance. We would encourage the Health and Wellbeing Board (or relevant sub-group) to be involved in the sign-off of the roadmaps. NHS England will assure completed roadmaps."

Recommendation(s):

Members of the Kent Health and Wellbeing Board are asked to:

(a) Update the Board on the footprint and governance arrangements of the local digital footprints; and

(b) Determine whether and how the Board will be involved in the sign-off of the roadmaps, including any role for the Local Health and Wellbeing Boards.

Background Documents

National Information Board (September 2015), '*The Forward View into Action: Paper-free at the Point of Care – Preparing to Develop Local Digital Roadmaps*,' http://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/09/digi-roadmaps-guid.pdf

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Children's Health and Wellbeing Board

30th July 2015
Medway Room, Sessions House, Sessions House

MINUTES

In attendance:

Patrick Leeson (PL)	KCC – Corporate Director – Education and Young People's Services (Chair)
Andrew Ireland (AI)	KCC – Corporate Director – Social Care, Health & Wellbeing
Colin Thompson (CT)	Consultant in Public Health (Children)
Hazel Carpenter (HC)	NHS - South Kent Coast CCG & NHS Thanet CCG, Accountable Officer
Thom Wilson (TW)	KCC - Head of Strategic Commissioning (Children's)
Gill Rigg (GR)	Kent Safeguarding Children Board Independent Chair
Michael Thomas-Sam (MTS)	KCC - Strategic Business Adviser
Amber Christou (AC)	For Abdool Kara, Interim Strategic Housing and Health Manager, Swale District Council
Dave Holman (DH)	Head of Mental Health Programme and Sevenoaks Locality Commissioning, NHS West Kent CCG
Matt Stone	On behalf of Ruth Hillman
Stephanie Brown	KCC Business Information & Support Officer (minutes)

Apologies:

Abdool Kara (AK)	Kent District Councils Chief Executives
Roger Gough (RG)	KCC - Cabinet Member Education and Health Reform
Lee Russell (LR)	T/Supt Kent Police
Karen Sharp (KS)	KCC - Head of Public Health Commissioning
Ally Hiscox (AH)	Deputy Chief Operating Officer NHS Swale and NHS Dartford, Gravesham and Swanley CCGs
Sue Mullin (SM)	Commissioning Support Manager - Inequalities NHS Thanet Clinical Commissioning Group, Thanet District Council
Mark Lobban (ML)	KCC - Director of Strategic Commissioning
Philip Segurola (PS)	KCC - Acting Director Specialist Children's Services
Peter Oakford (PO)	KCC - Cabinet Member SCS
Debbie Stock (DS)	NHS – Dartford, Gravesham, Swanley and Swale CCG Chief Operating Officer

		ACTION
1	**Minutes of the last meeting and Matters Arising:** Accuracy of minutes agreed. TW explained the Board hadn't met since March because the last Board meeting was a workshop with other invitees to review the locality arrangements for Children's Operational Groups. Item 4 - JSNA update - draft complete, this will be on the next agenda. Item 7 – regular written summaries provided for CCGs on what commissioning needs are. Item 8 – TP – updates made from last meeting, with Graham Gibbins, strategy will be sent out with minutes.	SB

3.	**Verbal update on current UASC position** TW explained that over the last 2 months there has been a significant increase in the numbers of Unaccompanied Asylum Seeking Children (UASC) coming into Kent averaging approx. 40 arrivals per week. From the time they are reported they are taken into the care of KCC within 6 hours. This has caused considerable strains on the system. KCC is working in partnership with Home Office and DfE. The DfE visited yesterday; there may be a possible dispersal so Kent doesn't have to take all of these YP into their care. The visit confirmed that the DfE were satisfied children were being kept safely, and noted that Kent is under immense strain. A discussion of the issues followed. Numbers have significantly increased since last year when KCC had planned to close Millbank. This was not enacted prior to increasing numbers of arrivals - and they now have occupancy of 100. DfE thought this was a good service. KCC is currently looking for alternative reception centres. Ladesfield will open 1st September. The Board was asked to bear with KCC as it tries to manage the knock on effect to the whole of SCS.	
4.	**Structures to Support Delivery** **New CYPP Development** TW gave presentation and explained the reasons why we need a new CYPP. The new plan will be completed by March 2016. Partners need to feel that there is effective partnership working, they are signed up, engaged, and feel ownership of the strategy. This board will drive the plan through to completion. KSCB will also have a key role. New children's partnership groups are fundamental for delivery in district areas. TW sought approval for the proposed approach including the involvement of CYP. • Following a discussion the Board agreed to the proposals with the following caveats -priorities to be agreed with CHWBB • plan must be broad in its overarching priorities and avoid too much detail • CHWBB keen to see detailed proposals re consultation and how it will be managed **Local Partnership Groups Blueprint (COGs)** TW went through the initial draft Blueprint – taken from the workshop including specific votes. Governance and name needs to be agreed. The groups should be aligned to this board and aligned to CYPP with clear links to Safeguarding. COGs (existing name for groups) are currently subgroup of Local Health and Well Being Boards. A discussion followed. It was agreed that local level leadership was essential and needs to be effective with a clear focus on outcomes for CYP and wider safeguarding issues in particular. There needed to be a balance between local empowerment and feedback to this Board and a clear a focussed brief. GR – will take to the KSCB. She would also like proposal around Safeguarding needs. TW – said he was raising this in as many meetings as possible over coming months – and attending existing or new groups in each district.	TW GR TW

	AC – need to make sure member orgs pick this up. PL – consideration must be given to some kind of admin support and there needs to be clear agreement for each district on the specifics so they can move forward. TW to speak to Sue Chandler TW – meeting in August with chairs being planned. There was discussion about chairing arrangements. It was agreed there needs to be a clear communication about the new arrangements. There is not an expectation that independent chairs are necessary, however each group should consider chair arrangements and elect its own chair. PL – proposed the groups should be called Local Children's Partnership Groups. All agreed. TW – expectation is that all areas will have a working LCPG by the end of September.	All All TW TW/MTS TW/MTS
6.	**Emotional Well-being Strategy** DH gave an update on the strategy. The paper was written by Jess Mookherjee. Product so far – EWB strategy, delivery plan to reflect wider actions, model that leads to contract specs for Aug 2016. Lots of engagement in this work. CYP video helped devise model. Lot of work around contracts over last 6-8 weeks – whether to extend or not. Contracts were extended in 2014 until Aug 2016 – this includes CAMHS, young healthy minds and harmful sexual behaviour and post sexual abuse services. Next steps – to agree a new model. This is almost complete. A key issue is Single Point of Access. The new model promotes wellbeing, timely access, working with the whole family. Draft spec. has gone out to colleagues for clinical and other input and review. It goes back to HOSC on 4th Sept to sign off model, contract procurement framework and finance. May not need to go to full consultation. PL – really encouraging, commitment to deliver by 2016 and not seek another extension. Hard to tell from delivery plan what will be different - is it possible to produce key messages doc in next couple of weeks? Whole system model diagram not quite right yet. Want more to happen at universal level progressively targeted and specialist. Some to go back to schools – a few more curves/circles. Will help schools deliver better. FK – some details have not been fully reflection from previous discussion. Also, Headstart opportunities. Model that must fit with new EH commissioning. Headstart plan to be completed and delivered in schools. DH – Next big headline is HOSC. Also, in terms of sign off, went to CCGs 2 months ago, and again in 2 months, needs to go to other boards. Not got sign off from CCGs yet. Looking for their support. HC – Clinician's voice needed. Also Headteachers and GPs want to understand implementation fully – more discussions needed locally? GPs need to	

	understand both as local commissioners and providers DH – going to Dartford – Local heads board. PL suggested he attend more district Headteacher meetings and offered to facilitate this. FK – Ruth on board now, probably capture together – GPs and Heads need to understand SPA triage is key. DH – Clarification is still awaited from Medway on whether they are in or out. Their current response was that would wait to see what spec looked like. They are currently "in".	
7.	**Sussex Partnership CQC** Matt Stone – acting AD in Sussex Partnership Matt attending on behalf of Ruth Hillman. Explained background. CQC looked at 6 children's teams – Medway and Maidstone teams were looked at and 4 other CAMHS services in 2 other areas. Difficult to pick out any specifics. PL – asked: timely access is critical – can you say more about way in which this is being addressed? MS – demand and capacity issues - recruitment issues in WK. Recognise need to be better at recruiting. Demand is also very high. New IT system, safe, confidential mobile access, rolled out 13th July. Integrates performance and practitioner data. Will be able to call up previous notes immediately. Risk Assessments not up to date as notes not all in one place – this has been recognised and addressed. Gone smoothly. Waiting lists – previous information system had impact on waiting lists, not accurate due to 2-3 system approach – not showing that child had been seen. Data cleansed, should now be more accurate but will still be waiting lists. Reporting monthly and weekly where required. Looking at recruitment – using all manner of incentives, so not relying on agency staff. Also looking at other ways of providing access to appropriate therapies as treatment of first choice. Looking at different ways to ensure YP are safe. More proactive with regular phone ins with families. Recovery plan for mandatory training – all staff will be up to date by November 2015 – level 3 safeguarding at forefront. Safeguarding is currently good. Serious Incidents levels were high due to chosen method of reporting. Issue re place of safety has been addressed. Inspectors were positive across children's division re range of therapies etc., recognised that need to make sure good practice is available across Kent. Responsiveness – accessibility – home treatment model was recognised as brilliant development. Families getting good info – they are directed to websites that practitioners will have checked. Undertaken with Healthwatch and other Kent partners. Good model, coherence in working within it. Still improvements to achieve.	

	Last page is an action plan. PL thanked HC – helpful short term actions being taken, congrats on outstanding and good aspects of the report, but also focus is needed on areas that require improvement.	
8.	**Integrated Reviews for Two Year Olds** Alex Gamby presented a joint paper with Colin Thompson about the integration of reviews currently delivered individually and separately by the Health Visiting Service as part of the Healthy Child Programme (HCP) and early education providers (Early Years Foundation Stage – EYFS) The proposed next steps are to extend the pilot activity in Thanet, because of the already well embedded working with health visitors and early years settings and also because Thanet has the highest number of children currently eligible for a free place at age two. The Board was asked to agree recommendations for the extended pilot. This was agreed with recommendations that read across ensured with new contract Karen Sharp is negotiating for HV to meet demands of pilot. CT to discuss further with Karen. This may involve an amendment to the timeline. AG agreed to report back to this Board in 12 months. Report back to board in about 1 year.	CT AG SB - agenda
9.	**Verbal update: Disabled Children's Distant Placements** ADCS note came out relating to DfE and Department of Health in relation to placements made for children that are distant from their home. This is linked to Winterbourne View work. There have been concerns nationally of a lack of partnership working – with specialist NHS commissioning not always informing local areas of details or aligning assessment. Email from Kate Shethwood. DH – work with Penny Southern re Winterbourne View that will feed back in to AO DMT. AI – The Winterbourne View work well established vehicle which should take the lead on this area – once it has been confirmed which CCGs are responsible for the three Kent young people affected. . DH – agreed to forward to Penny and pick up.	DH
10.	**AOB:** UASC – AI – gave a further, more detailed update on the current situation with UASC. The major spike of arrivals that has pushed total number of under 18 UASC to over 600. Establish more reception facilities, opening up a former care home in Whitstable – Ladesfield which will take another 40. This may only last 2 weeks before it's full, need more, have other options. Crossed Rubicon of being able to place in Kent.	

	HC – that's really helpful, been in contact with National Health SE. Need to keep in close contact with AI. **Date of next meeting:** 24th September 2015	

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **19th October 2015.**

Present:

Simon Perks – Accountable Officer, CCG (in the Chair);

Councillor Brad Bradford, Lead Member – Highways, Wellbeing and Safety, ABC

Tracey Kerly, Head of Communities and Housing, ABC;
Mark Lemon – Policy and Strategic Partnerships, KCC;
Caroline Harris – HealthWatch representative;
Tracey Dighton – Voluntary Sector Representative;
Richard Robinson – Housing Improvement Manager, ABC;
Christina Fuller – Cultural Projects Manager, ABC;
Lisa Barclay – Head of Programme Delivery, Ashford CCG;
Michelle Byrne – Funding and Partnerships Officer, ABC;
Chris Bown – Interim Chief Executive, East Kent Hospitals University NHS Foundation Trust;
Charlie Fox – Chief Officer, Red Zebra Community Solutions;
Michael James – Red Zebra Community Solutions;
Lorraine Williamson – Services Director, Crossroads Care;
Helen Mattock – Manager, Caring Altogether on Romney Marsh (CARM);
Sue Sawyer – Manager, Ashford Volunteer Centre;
Belinda King – Management Assistant, Environmental Health, ABC;
Keith Fearon – Member Services and Scrutiny Manager, ABC;

Apologies:

Peter Oakford - KCC Cabinet Member, Specialist Children's Services;
Jenny Whittle - KCC Member; Philip Segurola - KCC Social Services; Paula Parker – KCC Social Services; Faiza Khan - KCC Public Health; Sheila Davison – Head of Health, Parking & Community Safety, ABC; Dr Navin Kumta - Clinical Lead and Chair Ashford Clinical Commissioning Group; Neil Fisher - Head of Strategy and Planning, CCG; Martin Harvey – Patient Participation Representative (Lay Member for the CCG)

1. Declarations of Interest

Tracey Dighton said that she wished to add to her Declarations of Interests made previously, the fact that she was a Trustee of Case Kent and Red Zebra Community Solutions.

2. Notes of the Meeting of the Board held on the 22nd July 2015

The Board agreed that the notes were a correct record.

3. East Kent Hospitals University NHS Foundation Trust

3.1 Chris Bown, Interim Chief Executive of East Kent Hospitals University NHS Foundation Trust, attended the meeting and updated the Board on the following three issues:-

(a) Quality Care Commission Review
(b) Financial Situation
(c) Future Strategy

(a) Quality Care Commission Review

3.2 Chris Bown gave the background to the present position and advised that in March 2014 the Quality Care Commission had inspected the East Kent Hospitals and arising from that inspection the Trust had been placed in Special Measures. He described the principle issues of concern highlighted by the report and advised that since his appointment in April 2015 the Board had been refreshed and an Action Plan had been developed to tackle the issues raised arising from the inspection. In July of this year 50 inspectors had visited the three sites of the East Kent Hospitals and a report on the outcome of that visit was expected by the end of October or early November. Mr Bown said that he did not expect the report to contain any surprises as the Trust was aware of those areas which still required improvement, for example the performance of Accident and Emergency at the William Harvey Hospital. He believed that there were a range of areas which had seen significant improvements and from his discussions with staff there was a feeling that things were changing for the better. Despite this he considered there was still a long way to go. A Quality Summit would also be organised with a view to producing a revised and refreshed Action Plan.

3.3 In response to a comment that there did not appear to be enough communication with the public on issues at the right time, Chris Bown said that all staff were sent in advance any statements which were due to be made to the media and that good news articles were circulated on a daily basis but they were rarely published in the media. He said that staff had all been working incredibly hard and they were often disappointed if negative media coverage was given to issues being tackled by the Trust. The Trust was strengthening its communications capacity recognising the challenges ahead.

(b) Financial Situation

3.4 Chris Bown explained that across the whole country the NHS was currently looking at a deficit of £2b and the East Kent Hospitals Trust had a current projection of a £37m deficit from its overall budget of in the region of £540m if it was able to deliver £16m of savings. The programme to deal with this financial situation would take three years to turn around. He gave details of the substantial investment in staff which had recently been taken in terms of the recruitment of nurses from the UK and various countries in Europe and he also explained the difficulty of the fact that across the three Trusts there were currently ten Accident and Emergency Consultant vacancies. Where there were gaps in staffing, agency staff and locums were used but the cost of this provision was high. For example he explained that East Kent was currently

spending more on locum doctors than on nurses. Keeping all three acute hospitals staffed to a safe level was proving difficult and the Trust was required to pay premium rates. Of the current deficit of £37m that figure reflected the fact that the Trusts had to deliver £16m worth of savings in the current year and over the next three years a total of approximately £90m savings were needed. Appropriate Quality Impact Assessments were needed for all cost improvement plans but he emphasised that if the quality of care could be improved this would lead to a reduction in cost e.g. patients not staying in acute hospital beds longer than they needed to.

3.5 Simon Perks explained that across East Kent a Strategy Board had been established to collectively drive the changes outlined by Chris Bown. He said in particular Ashford CCG was challenged because it was required to break even on its budget. He believed that the overall issue of how health care was provided needed to be re-considered.

3.6 In response to a question, Chris Bown explained that the shortage of medical staff was an issue common to the whole country and was a big issue for the NHS. Locally in Kent it was difficult to maintain acute rotas for the three hospital sites and to ensure that those services were safe for the public.

(c) Strategic Future Strategy

3.7 Chris Bown said that in the short term workforce supply would not change and he believed there was a need to configure services very differently to ensure that they were always safe and effective. He said that technology and how services were provided would undoubtedly have a major contribution to this aim. However, it was important to be mindful of the needs of the elderly in terms of the application of new models of care both in the community and in hospital. He referred to the view of many clinicians that if a new hospital was built this would allow all emergency services to be located in one location covering East Kent. However this would cost in the region of between £600m-£700m and was therefore not affordable. Therefore clinicians were looking at the various options to provide safe, effective and affordable services in the future and this was likely to be subject to a public consultation exercise in Spring 2016. Work was being undertaken with HealthWatch prior to formal consultation with the public. A new Head of Communications had been appointed by the CCG's to head up the process but he emphasised that there had been no decisions made at the present time.

3.8 In response to a question as to whether the £90m of savings was achievable, Chris Bown considered that some elements of this were down to the Trust, but other elements were not and whether this figure could be achieved would not be known until all the options had been presented and considered. Once options had been developed Chris Bown explained that they would be brought before the various Health and Wellbeing Boards for consideration. Simon Perks commented that the overall resolution to the issue was not solely for the Trust as the issue of healthcare needed to be examined and more care provided in the community and thereby reduce the need for patients to spend time in hospital.

3.9 In terms of the steps the Trust was taking to improve the financial situation Chris Bown explained that already within the Action Plan there was an aim to improve productivity and he emphasised that the number one priority of the Trust was to ensure that it did not run out of cash in 2015/16. The Trust would be selling assets and the capital programme had been reduced.

3.10 Simon Perks referred to the upcoming comprehensive spending review and commented on how that might further affect the funding for the CCG's.

3.11 Tracey Dighton commented that there may be a point reached where consideration would need to be given to agreeing increased waiting times for certain types of care. Simon Perks commented that it was possible to consider the different levels of treatment throughout the country by consulting the document entitled "Atlas of Variation".

3.12 In conclusion Chris Bown reiterated that it was hoped to consult with the public in Spring 2016 following the examination of the various options presented by clinicians.

3.13 The Chairman thanked Chris Bown for attending the meeting.

4. The Voluntary Community and Social Enterprise Sector (VCSE) in Ashford

4.1 Included with the Agenda Papers was an introduction and covering report which set out details of the presentations the Board would receive and included recommendations for consideration. The presentations had subsequently been published with the Agenda for the meeting and were available on the Council's website.
https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=1907

(a) The State of the Sector

4.2 Charlie Fox, Chief Officer, Red Zebra Community Solutions gave a presentation. The presentation provided an overview of the VCSE Sector and explained how Red Zebra Community Solutions played a vital role in facilitating increased effectiveness of front line VCSEs and improving their resilience. Charlie Fox summarised the areas the further three presentations would cover and drew attention to the recommendations set out at the end of the covering report.

(b) How the Voluntary Sector Can Support People's Health and Wellbeing

4.3 Helen Mattock, Manager of Caring Altogether on Romney Marsh gave a presentation. Helen Mattock explained that CARM's key services included befriending, and enabling and reminiscence, which worked to improve the lives of their beneficiaries and demonstrated how such organisations could support the statutory sector in early intervention. The main focus of their services was for older people and the organisation currently had 120 volunteers and 8 part-time staff.

Liz Thorne who was the Chief Executive of the Tenterden and District Day Centre explained that she had worked with CARM on a number of issues and she believed that the work helped reduce the feeling of isolation for elderly people. She also emphasised that as a Sector voluntary organisations had changed and were more business-like and worked in partnership with each other.

(c) Community Care Navigator and Trusted Assessor

4.4 Sue Sawyer, Manager of the Ashford Volunteer Centre gave a presentation. The presentation covered how the Care Navigator Service operated at the William Harvey Hospital and helped patients to get the right help to meet their needs. During the presentation Sue Sawyer provided details of a case study which enabled a lady, following input of a Care Navigator, to have an operation and a short stay in hospital.

4.5 In response to a question, Sue Sawyer advised that KCC funded the Community Care Navigators whereas the CCG supported those Care Navigators who operated at the William Harvey Hospital.

(d) Social Return on Investment and Carer's Breaks

4.6 Lorraine Williams, Services Director of Crossroads Care gave a presentation. This drew attention to the needs of carers which were addressed in Ashford by Crossroads Care. This ensured that carers remained able to care for their loved ones and prevented them from having to access health services or falling into a cycle of poor mental health. She explained that within Kent there was in the region of 151,000 carers which saved the county a significant amount in potential costs if the care was provided by a statutory provider.

4.7 In response to a question Lorraine Williams explained that services were provided free of charge as carers were often not in a financial position to be able to pay for services or give up their employment. She also expressed concern that a letter had been received from the Kent County Council asking that they review their costs and had been given only two weeks to respond.

(e) Discussion and Questions

4.8 Mark Lemon explained that in terms of the issue of value versus cost it was difficult to persuade the Treasury in Whitehall in terms of making such investments as they did not appear to be interested in issues associated with prevention. He believed that the Sector did add value to the overall provision of health care and he explained that a recent Kent Board Meeting had discussed the relationship with the Voluntary Sector and a desire that local Boards developed effective relationships with those groups. Central to this was also the issue of how a local Board could demonstrate that it has an effective relationship with the Sector and he suggested that this issue should perhaps be considered by the Lead Officer Group (LOG).

4.9 Tracey Dighton believed that the Voluntary Sector should be treated as equal partners with the statutory providers but at the present time she considered this desire was far from being achieved. Simon Perks considered that there

was a need to understand collectively what would be lost if the various aspects of work undertaken by the Voluntary Sector were lost.

4.10 In conclusion Simon Perks suggested that in terms of the recommendations set out within the covering report, these should be considered by the Lead Officer Group including the role of the Local Board on this issue and to consider what mechanisms could be put in place to assess whether the relationship between the Board and the Voluntary Sector was robust.

The Board recommended that the recommendations set out within the covering report be referred to the Lead Officer Group for consideration and the outcome of those discussions be brought back to a future meeting of the Board.

5. Lead Officer Group (LOG) Report

5.1 The report provided an update of the work which had been progressing since the previous meeting in July 2015. Caroline Harris explained that the following key areas had been examined:-

- Obesity
- Smoking
- Road Safety
- Avoidable Admissions to Hospital
- Homelessness
- Workforce Pressures
- Domestic Abuse
- Mental Health
- A&E Pressures

5.2 The report explained that the LOG had considered each of the above areas and suggested that the HWB draw its priorities from that list. The LOG would continue its work with a view to recommending to the Board at its January meeting what should be considered as its key priorities for 2016. Caroline Harris then referred to two requests for HW Board membership and gave reasons why the LOG considered that the Board should decline the requests.

5.3 Mark Lemon also referred to eleven recommendations which were made by the Kent Health & Wellbeing Board for the Local Board which were considered important in developing a work programme.

5.4 Christina Fuller expressed concern that this was a significant amount of work for the LOG to undertake given its other work and Simon Perks suggested that an ad hoc meeting involving the Chairman and others be arranged to take forward this particular issue.

Recommended:

That (i) the current applications to join the Board be not supported for the reasons set out within the report.

(ii) the Local Children's Partnership Groups be included on the January 2016 Agenda to enable fuller discussion to take place and detailed reporting arrangements to be agreed.

(iii) the Chairman be consulted on how to take forward the recommendations of the Kent Board Meeting held on the 10th September 2015.

6. Partner Updates

6.1 Included with the Agenda were A4 templates submitted by Partners:-

(a) Clinical Commissioning Group (CCG)

Noted.

(b) Kent County Council (Social Services)

Noted.

(c) Kent County Council (Public Health)

Noted.

(d) Ashford Borough Council

Tracey Kerly confirmed that the Full Council at its meeting on the 15th October had supported the Cabinet's recommendation in terms of the Syrian Refugee Resettlement Programme. Under the programme up to 50 refugees would be taken per year over a 5 year period. Christina Fuller explained that in terms of the new Local Plan the decision on this was now likely to be taken in April 2016 and work would need to be channelled via the Lead Officer Group.

(e) Voluntary Sector Representative

Noted.

(f) HealthWatch Kent

Caroline Harris explained that there would be an integrated Health and Social Care Seminar to be held on 1st November 2015 at Singleton Village Hall. She explained that she would forward details of the event to the Borough Council for circulation to Health and Wellbeing Board Partners.

7. Update on the Kent Health & Wellbeing Board – 16th September 2015 and Kent Health & Wellbeing Strategy

7.1 The report included within the Agenda Papers included information on the Kent Joint Strategic Needs Assessment Workshop held on the 22nd June

2015 and the Kent Health & Wellbeing Board Meeting on the 16th September 2015. The report also covered the Local Health & Wellbeing Boards and their relationship with the Kent Health & Wellbeing Board and the Kent Health & Wellbeing Board Strategic Relationship with the Voluntary and Community Sector. Mark Lemon explained that further information on these issues could be obtained by following the website link included within the covering report.

The Board noted the report.

8. Forward Plan

8.1 Lisa Barclay agreed to check the position in terms of the Mental Health & East Kent Health Strategy and whether it would be in a position to be considered by the Board at its January 2016 meeting. Simon Perks also advised that he hoped that the Board would be able to consider the Health Strategy at its January meeting.

9. Date of the Next Meeting and Dates for 2016

9.1 The next meeting would be held on the 20th January 2016.

9.2 The following dates were also agreed for subsequent meetings:-

20th April 2016
20th July 2016
19th October 2016
17th January 2017

(KRF/VS)
MINS: Ashford Health & Wellbeing Board - 19.10.15

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Monday, 14th September, 2015 at 6.00 pm in the Canteen, Council Offices

Present: Velia Coffey (Chairman for the meeting)

Faiza Khan
Councillor S Chandler
Amber Christou
Mr Gibbens
Steve Inett
Mark Lemon
Simon Perks
Sari Sirkia-Weaver
Debbie Smith
Wendy Jeffreys
Karen Sharp

1 **APOLOGIES FOR ABSENCE**

Dr Mark Jones, Cllr Ken Pugh, Lorraine Goodsell, Jonathan Sexton, Jayne Faulkner, Joe Howes, Jane Durant, Mark Kilbey, Cllr Andrew Bowles, Anne Tidmarsh, Paula Parker

2 **MINUTES OF THE LAST MEETING AND ACTIONS**

The minutes were approved as an accurate record.

Actions
Item 4 Obesity data. This will be taken forward by the group that develops and implements the Health and Wellbeing Strategy priorities for Kent.

Item 8 peer review. This was considered by the Core Group and it was decided that a peer review is not appropriate at the moment as KCC are undertaking a peer review of the Kent Health and Wellbeing Board and also there are no appropriate comparators.

Mark Lemon reported that the review will go to the next Kent Health and Wellbeing Board and it is expected that there will be an element of self review required by the local Boards.

It is expected that the report will recommend that each local Board should have a representative at the Kent Board who feeds back to the local Board and ensures that key issues are also discussed locally. It was agreed that Amber Cristou and Steve Inett would fulfil this for Canterbury and Coastal.

Amber Cristou reported that the Local Government Association (LGA) are facilitating a workshop at the Swale Health and Wellbeing Board in November and any findings will shared.

3 **MATTERS ARISING**

None.

4 **STRATEGY AND PRIORITIES FOR CANTERBURY PROGRESS REPORT - FAIZA KHAN**

Faiza Khan gave an update on the nine agreed priorities for Kent and advised that meetings were being arranged with the partners who would develop and implement the action plans to seek their support.

Dover and Swale were asked for their input as to which groups should be approached to support this work.

Action: Faiza Khan and Velia Coffey to meet with Amber Cristou and Cllr Sue Chandler to discuss who should be responsible for Health and Wellbeing Strategy priorities in Dover and Swale.

5 **SMOKING AND TOBACCO DECLARATION - DEBBIE SMITH**

Debbie Smith presented her report and gave more information on the Local Government Declaration on Tobacco Control.

The following was highlighted:

- It was signed on 9 March 2015 by KCC and local councils are also invited to sign it. Clinical Commissioning Groups (CCG) are being asked to sign a statement of support.
- It will encourage collaborative working on stop smoking support, smoke free zones and smoke free children's parks. Work is already being done on the commitments but further collaborative work is possible.
- Stop smoking services will be re-commissioned in 2016 and this will be an opportunity to show how Kent County Council (KCC) are working in partnership with multiple agencies to address common problems.
- It was noted that signing the declaration commits the local authority to support reducing smoking initiatives and states that will work collaboratively to take steps to reduce smoking and enforce tobacco control using a partnership approach.
- It was agreed that the declaration should include the other local authorities in the CCG area and not just Canterbury.

Action: Debbie Smith to circulate list of activities which the Tobacco Control Alliance are already undertaking within the commitment on the declaration.

It was agreed by all that this should be supported in principle as it reflects work that is already being done.

6 **PUBLIC HEALTH TRANSFORMATION OF HEALTH IMPROVEMENT SERVICES - KAREN SHARP**

Karen Sharp gave a presentation and explained that a review of public health services is being undertaken as it has now been within KCCs remit for 2 years.

The following was highlighted:

- Services are being re-evaluated and reshaped where possible as it is expected that an in year saving will need to be made this financial year.
- Wide stakeholder engagement has taken place and public consultation starts in October.
- Following feedback from stakeholders the key outcomes have been identified and recommendations made regarding changes to services to achieve these outcomes.

- It was noted that more provision was needed for motivating people to make changes in their lives to improve their health rather than responding to need and a more local response rather than a Kent wide response may be more effective and help develop more supportive communities.
- Steve Inett offered Healthwatch support with regards to public engagement.
- It was noted that gaps between services seem to be widening and more supportive communities would help to plug these gaps.
- There is good overlap between these priorities and the local Health and Wellbeing Strategy priorities that have been agreed by this Board.
- The views of Vanguard will be sought and it was agreed that their input would be very valuable.
- The Board agreed that this approach was very clear and well structured and supported greater investment in motivational services to help people change their behaviour and access community resources rather than front line health services.
- Velia Coffey commented that all organisations could learn from each other with regards to communication and examples of good practice and where communications have been most effective should be shared.
- It was agreed that national campaigns such as Change for Life could be taken and localised to give greater effect and make it very relevant to local people.

7 **DIABETES PREVENTION PROGRAMME - SIMON PERKS**

Simon Perks reported that Canterbury and Coastal CCG are bidding to be part of join Kent Surrey and Sussex partnership focusing on supporting people with diabetes to live well and take greater responsibility for their health.

8 **CHILDRENS OPERATIONAL GROUP REPORT - SARI SIRKIA-WEAVER**

Sari Sirkia-Weaver presented the report and advised that the blueprint for partnership groups has been circulated by KCC and it reflects the current arrangements already in place for Canterbury. It is focused on the Kent priorities but expected that this will not differ significantly from the local priorities.

9 **MENTAL HEALTH ACTION GROUP REPORT - NEIL FISHER**

The report was received.

10 **ANY OTHER BUSINESS**

None.

11 **DATE OF NEXT MEETING**

Thursday 12 November 18.00, Guildhall, Canterbury.

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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 7 October 2015.

PRESENT: Councillor Roger Gough (Chairman) Kent County Council
Councillor Ann Allen MBE – Dartford Borough Council
Councillor Tony Searles – Sevenoaks District Council
Councillor David Turner – Gravesham Borough Council
Lesley Bowles – Sevenoaks District Council
Stuart Collins – Kent County Council
Sheri Green – Dartford Borough Council
Sarah Kilkie - Gravesham Borough Council
Val Miller – Kent Public Health (representing Andrew Scott-Clark)
Melanie Norris - Gravesham Borough Council
Dr Su Xavier – DGS Clinical Commissioning Group

ALSO PRESENT Tristan Godfrey (KCC), Karen Sharp (Kent Public Health) and Adam Green (CRI Gravesend)

100. APOLOGIES FOR ABSENCE

Apologies for absence were received from Graham Harris Dr Elizabeth Lunt, and Cecilia Yardley.

101. DECLARATIONS OF INTEREST

A declaration of Interest was made by Councillor Ann Allen in the additional item on the Agenda (taken as item 5) as she was Chair of Dartford Healthy Living Centre and they received funding from Kent County Council for commissioned services that they provided.

102. MINUTES

The Minutes of the Dartford, Gravesham and Swanley Health and Wellbeing Board held on 19 August 2015 were agreed as a correct record of that meeting.

103. KENT COUNTY COUNCIL, HEALTH AND WELLBEING BOARD.

The Chairman reviewed the meeting of the Kent Health and Wellbeing Board held on 16 September 2015 and drew Members' attention to the following items which were discussed

- Young Persons' Emotional Wellbeing
- Effects of Winter on Health Care
- Healthwatch Kent – Strategic Priorities

- Relationships between Kent HWB and the Voluntary Sector

He noted that two further items – Joint Strategic Needs Assessment and Arrangements For Local Boards - had been placed on the Agenda for this Board to consider and would be discussed later in the meeting.

104. URGENT ITEMS

The Chairman announced that he had been informed that there was one additional item, which was considered urgent as the report concerned the re - tendering of public health services and consultation on this was necessary before the next meeting of the Board.

Councillor Gough further announced that the matter would be considered as the first substantive item on the Agenda for the meeting.

105. PUBLIC HEALTH SERVICES TRANSFORMATION AND COMMISSIONING PLANS.

The Board received a presentation from Ms Karen Sharp the Head of Public Health Commissioning at Kent County Council together with a report explaining a review which was currently being undertaken on the use of the Public Health Grant, currently administered by Kent County Council.

It was noted that the review was driven by various initiatives including the NHS Five Year Forward View, and The Care Act both of which identified that effective prevention is key to the success of future Public Health provision and had used a Life Course model.

Ms Sharp also explained that it was felt that a move away from the currently favoured multi track individual specialist treatment approach to an holistic approach where more generically trained staff provided counselling services to be necessary and would be beneficial.

It was noted that a public consultation exercise is due to commence in November 2015 and that each of Kent's regional Health and Wellbeing Boards was to receive this report and presentation before that.

The following issues were raised by Board Members

- The possible negative aspects that can be raised by the proposed holistic approach

- The necessary balance which must be struck when deciding procurement priorities between specialist and generic services

- The maintenance of service provision by the voluntary sector given the difficulties involved in providing proofs of achievement

- The acceptance that generic counsellors will, in effect, become gatekeepers to specialised service provision.

- The necessity to maintain strong links between Clinical Commissioning Groups and Public Health commissioners.

- There is no one size fits all approach to this – what works in the leafy suburbs of Surrey will not apply to urban Gravesend

Having discussed this issue at some length it was agreed that the Board

a) should structure its future approach to individual problem areas to take into account the aims of the review.

b) Participate in identifying local priorities and shaping future service delivery.

c) Promote the public consultation on public health programmes during November utilising any appropriate partner publication and engagement activities

106. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS

The Board received a report on work issues outstanding from previous meetings and noted that the only uncompleted matter related to ongoing work on engagement with schools being undertaken by the Chairman.

107. KENT ALCOHOL STRATEGY - UPDATE

The Board received a verbal update from Mr Adam Green, Criminal Justice Team Leader from CRI Gravesend, on the work of his organisation which is implementing the Kent wide alcohol strategy in our area.

In view of the complexity of this matter Mr Green agreed to provide a written update on this matter when it returns to the Board in six months time. The Board also agreed that it would be helpful to invite Linda Smith, Kent Public Health to the same meeting in order that local progress can be put into a county-wide context.

108. HEALTHY TOWNS BID

The Board received a copy of a bid document submitted to the NHS for registration of interest to join the Healthy New towns Programme for the Ebbsfleet Development.

The bid document had been completed by the local Clinical Commissioning Group in conjunction with health partners from across the Board area.

The Board were informed that the bid document had recently been submitted and that an initial response was expected in November 2015.

It was also noted that the bid if successful would be included within the Ebbsfleet Masterplanning process, that an Estate Strategy Team was to be constituted, and that relevant partners would be involved.

The Board noted the current situation and that further reports on the bid would be provided in the standing item relating to New Developments. . It was also noted that KCC and the CCG were looking at their public estate strategies with a view to 'One Public Estate'. It was agreed that the Board should receive a future report on this.

109. UPDATE ON IMPLICATIONS OF NEW DEVELOPMENTS FOR THE HEALTH SECTOR AND THE NEW SHAPE OF SERVICE PROVISION

It was noted that there were no issues to report on this item.

110. JOINT STRATEGIC NEEDS ASSESSMENT: RECOMMENDATIONS

The Board received a report, originally presented to the Kent Health and Wellbeing Board on 16 September 2015, which outlined recommendations from the Joint Strategic Needs Assessment to that Board and to Clinical Commissioning Groups.

The recommendations relate to priorities to be adopted when considering commissioning plans for 2016/2017.

It was reported that a number of priority areas had been identified namely

- Obesity
- Alcohol, Smoking, Cancer and Stroke
- Integrated Care for the elderly
- Young Carers
- Mental Health

The Board discussed the need to differentiate between assurance that the service provision was achieving the correct outcomes and the introduction of actions to overcome problems.

The Board also raised the issue of how education could be engaged to include health education on the curriculum and it was noted that Public Health are already working to improve support to schools on health issues.

It was agreed that the Board would receive reports at the February meeting monitoring the effectiveness of local services relating to the identified service priorities.

111. ARRANGEMENTS FOR LOCAL BOARDS

The Board received a report which provided information on a review which has been undertaken of the relationship between the Kent Board and the local Health and Wellbeing Boards. This report had been presented to the Kent Board on 16 September 2015, which had accepted its recommendations.

The report explained the review process and set out the structures of the local boards and also made recommendations regarding

- Work to be carried out by the Kent Board to aid the work of local Boards
- The future relationship between the Kent board and the area boards.
- The business to be carried out by local Boards
- The structure and governance of local Boards
- The relationships between local Boards and the wider community.

It was accepted that many of the recommendations had already been accepted as good practice by the DGS Board and were being put into effect already, although there were some exceptions which were noted.

The Board therefore agreed to note the report and its recommendations.

112. INFORMATION EXCHANGE

It was noted that there was no information to be disseminated amongst Board Members.

113. BOARD WORK PROGRAMME

The Board received and noted a report on its work plan and on a number of additions and amendments which were made arising from this meeting, specifically, that the Board would receive reports on commissioning plans and current activity addressing priorities at its February meeting, and on the new Public Health model and its implications for Local Boards

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 22 September 2015 at 3.00 pm.

Present:

Chairman:	Councillor P A Watkins
Board:	Councillor P M Beresford Ms K Benbow Councillor S S Chandler Dr J Chaudhuri Councillor J Hollingsbee Councillor G Lymer Ms J Mookherjee Ms T Oliver
Also Present:	Mr M Lemon (Kent County Council) Ms K Sharp (Kent County Council) Ms V Torey (Kent County Council)
Officers:	Head of Leadership Support Head of Communication and Engagement Leadership Support Officer Team Leader – Democratic Support

15 APOLOGIES

Apologies for absence for were received from Mr M Lobban (Kent County Council) and Councillor M Lyons (Shepway District Council).

16 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

17 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members of the Board.

18 MINUTES

It was agreed that the Minutes of the Board meeting held on 23 June 2015 be approved as a correct record and signed by the Chairman.

19 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no matters raised on notice by members of the Board.

20 NEXT STEPS FOR THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD

The Board received an update from Ms M Farrow (Head of Leadership Support, Dover District Council) and Ms K Benbow, (Chief Operating Officer, South Kent Coast Clinical Commissioning Group).

It had been agreed at the Board's Away-Day in March 2015 to investigate what would be required for it to become the first Health and Wellbeing Board in Kent to take on the role of a commissioning/decision-making body. A working group had been formed to identify the required governance arrangements to enable this and a small number of projects/themes that could be used to start jointly commissioning.

A report from the King's Fund had identified 3 broad emerging options for integrated commissioning with a single budget. These were:

- Option 1 - To build on existing organisational and policy arrangements with funding routed separately to the Clinical Commissioning Group (CCG) and local authorities.
- Option 2 - For one partner – the CCG or local government – to take lead responsibility for commissioning.
- Option 3 - To create a new vehicle – the Health and Wellbeing Board Plus – as a local executive decision-making body to support a single budget commissioning function.

The preferred option was Option 3, which would require the development of a governance model and an understanding of how the budgets could be integrated. It was intended that a report would be submitted to the meeting of the Health and Wellbeing Board in January 2016 on how Option 3 could be delivered with a shadow form in place by April 2016.

However, it was acknowledged that the realities of delivering the new model might mean that the shadow body in April 2016 could be operating in a framework of aligned budgets rather than integrated budgets. The importance of not losing sight of the objective of delivering integrated commissioning during the development of the governance arrangements was also emphasised.

The Board was advised that the preferred option did not conflict with the aspirations of the Kent Health and Wellbeing Board, although it was noted that there was no consensus in favour of moving to an integrated commissioning model amongst local Health and Wellbeing Boards at this point.

RESOLVED: That the next steps and timeline be noted.

21 PUBLIC HEALTH SERVICES TRANSFORMATION AND COMMISSIONING PLANS

Ms J Mookherjee (Public Health Consultant, Kent County Council) and Ms K Sharp (Kent County Council) gave a presentation on Public Health Transformation.

The Board was advised that there were a number of drivers for transforming public health:

- NHS Five Year Forward View (which called for a radical upgrade in prevention);
- Demographics (a growing, ageing and diversifying population);
- Financial and Contractual Drivers (£4 million reduction in grant 2015/16);
- Improving Healthy life expectancy;
- Health inequalities;
- Health and Wellbeing Board priorities (calls for radical upgrade in prevention); and

- Care Act (local authorities have responsibility to provide services that prevent the escalation of care needs).

It was intended that the transition to new service models would begin in April 2016 following a process of whole system engagement and consultation leading to the development of revised models of procurement.

The agreed key outcomes for public health services were measured against 'Starting Well', 'Living Well' and 'Ageing Well' for the following areas:

- Smoking;
- Healthy eating, physical activity and obesity;
- Alcohol and Substance Misuse;
- Wellbeing (including mental health and social isolation); and
- Sexual health and communicable disease

It was recognised that the services needed to be promoted in a manner that was more attractive to those with the greater risk to motivate them to access the services and change their behaviour. As part of this the barriers to engagement with harder to reach groups needed to be identified and understood. It was suggested that as Shepway and Dover District Councils had contact with every resident through local services, such as waste, that they would be well placed to reach local residents.

The Board was informed that the contracts would need to be more flexible to adapt to changing needs and changing budgets with more focus on co-designing services at a CCG level through integrated local commissioning rather than contracting on a countywide basis in recognition of the varying local health inequality needs of each area.

RESOLVED: That the feedback from the engagement process be reported to a future meeting of the Board.

22 INTEGRATED CARE ORGANISATION AND LOCALITY GROUP UPDATES

Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) presented the report on the ICO Programme Progress.

The Board was informed that the four locality groups were now operating, each based around a hub within the area. The locality hubs were:

- Dover – New Buckland Hospital (working with East Kent Hospitals University Foundation Trust)
- Deal – Victoria Hospital
- Folkestone – Royal Victoria Hospital (working with East Kent Hospitals University Foundation Trust)
- Romney Marsh – Martello and the Romney Marsh Day Centre

The locality groups were driven from the bottom up by local General Practice and the health needs of each area. The memberships of each of the four locality areas were appointed on the same basis, although each area had its own individual projects in addition to shared CCG area wide projects such as aligning Community Nursing to General Practice to develop an integrated primary care team.

In respect of the future of the Royal Victoria Hospital, it was stated that the governing board had met with local campaigners and had invited them to join the group formed to look at the future use of the hospital. However, there were no proposals to turn the Royal Victoria Hospital into an acute hospital.

RESOLVED: That the updates be noted.

23 HEALTHIER SOUTH KENT COAST GROUP

Ms J Mookherjee (Public Health Consultant, Kent County Council) introduced the report on the Healthier South Kent Coast Group.

The Group was formed to support through multi-agency partnership working the achievement of objectives set by the South Kent Coast Health and Wellbeing Board and was made up of representatives from the South Kent Coast Clinical Commissioning Group (CCG), Kent County Council Public Health and Dover and Shepway District Councils. The key focus of the group was to imbed health prevention activity in a wide range of services.

The current activities of the Group were:

- CVS and health inequalities (working alongside the CCG's Cardiovascular Disease sub-group); and
- Improving physical activity and wellbeing in priority wards in Dover and Shepway by working with leisure providers and others.

The Group had made some progress in respect of the current activities and a developmental meeting would be held on 20 October 2015 to consider how the Group could further support the objectives of the South Kent Coast Health and Wellbeing Board in an environment of greater integration in respect of:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including mental health and social isolation)
- Sexual health and communicable disease
- Wider determinants of health (such as teenage pregnancy)

In respect of health inequalities it was suggested that it would be helpful for the Board to receive a presentation of health profiles for the CCG area.

RESOLVED: (a) That the progress of the Healthier South Kent Coast Group be noted.

(b) That the health profiles for the South Kent Coast Clinical Commissioning Group be presented to the next meeting of the Board.

24 CHILDREN'S OPERATIONAL GROUP

Councillor S S Chandler (Dover District Council) presented an update on the Children's Operational Group.

The Board was advised that although the Children's Operational Groups (COG) had been intended to be based on district council boundaries it had been agreed with Kent County Council that for Dover and Shepway it would be based on the South Kent Coast Clinical Commissioning Group (CCG) area. It was recognised that this would mean parts of both districts that were outside the CCG area would not be covered by the COG and the importance of ensuring that these areas was not forgotten was emphasised.

The Children and Young Peoples Plan would set the priorities for the COGs although it was accepted that local priorities may be different from countywide ones and the membership of the COGs would include representatives from education, the police and a safeguarding lead.

The COGs would report to the Kent Health and Wellbeing Board and the local Health and Wellbeing Boards, although there was uncertainty as to the arrangements for the administration of the COG.

RESOLVED: (a) That the update be noted.

(b) That the work programme of the Children's Operational Group be submitted to a future meeting of the South Kent Coast Health and Wellbeing Board.

(c) That the structure of the Children's Operational Group be circulated to the members of the Board.

25 URGENT BUSINESS ITEMS

There were no urgent items of business.

The meeting ended at 4.31 pm.

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DRAFT MINUTES

Health and Wellbeing Board – Tenth Formal Meeting

Meeting held on Wednesday 16 September 2015 at 10am

Committee Room, Swale House, East Street, Sittingbourne, ME10 3HT

Present	**Cllr Andrew Bowles (AB), *Leader, SBC*** **Cllr Ken Pugh (KP), *Cabinet Member for Health, SBC (Chair)*** **Abdool Kara (AK), *Chief Executive, SBC*** **Amber Christou, *Head of Residential Services, SBC*** **Cllr John Wright (JW), *Cabinet Member for Housing and Lead Member for Health, SBC*** **Tristan Godfrey (TG), *Policy Manager, KCC*** **Becky Walker (BW), *Interim Strategic Housing and Health Manager, SBC*** ***Housing*** **Bill Ronan (BR), *KCC***	**Helen Stewart (HS), *Kent Healthwatch*** **Julie Blackmore (JB), *Maidstone Mind*** **Alan Heyes (AH), *Community Engagement Lead, Mental Health Matters*** **Cllr Penny Cole (PC), *Deputy Cabinet Member Adult Social Care & Public Health, KCC*** **Sarah Porter (SP), *Policy and Performance, SBC*** **David Clifford (DC), *Policy and Performance manager, SBC*** **Su Xavier (SX), *Swale CCG*** **Ally Hiscox (AH), *Deputy Chief Operating Officer, KCC*** **Karen Sharp (KS), *Head of Public Health Commissioning, KCC***
Apologies	**Patricia Davies (PD), *Accountable Officer, Swale CCG*** **Penny Southern (PS), *Director Learning Disability and Mental Health, KCC*** **Chris White (CW), *Swale CVS*** **Debbie Stock (DS), *Chief Operating Officer, Swale CCG*** **Andrew Scott-Clark, *Director of Public Health, KCC***	**Dr Fiona Armstrong (FA), *Chair, Swale CCG*** **Terry Hall (TH), *Public Health, KCC*** **Paula Parker (PP), *Commissioning Manager, KCC*** **Neil Fisher (NF), *Head of Strategy and Planning, NHS Ashford CCG and NHS Canterbury and Coastal CCG***

NO	ITEM	ACTION
1.	**Introductions**	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves and apologies were noted.	
2.	**Minutes from Last Meeting**	
2.1	The minutes from the previous meeting were approved.	
2.2	Matters arising: ▪ P.2, 3.1: AC provided an update, MHAG to be invited when Health &	

	Wellbeing Improvement Partnership development day confirmed.	
	▪ P.3, 4.2: AK provided update on LCPG (Previously COG), Terms of Reference near completion. Swale meeting arranged for 28 September. ▪ JW advised he is attending the MFT meeting in September.	
3.	**Public Health Commissioning Programme**	
3.1	KS introduced the presentation on Public Health Commissioning. ▪ The transformational programme began March 2015 but not yet concluded. ▪ The primary driver was the expired contracts and need to review in light of investing he Public Health grant, and is seen as a mini transformation programme. ▪ The programme is currently in the first phase and is out to stakeholders. ▪ Prison substance misuse is in top three spend in Swale 2015/16. Public Health commission this service on behalf of NHS England. ▪ The outcomes are clear and focused; Starting Well to Living Well and Ageing Well showing grant spend through the these three areas. ▪ The way that Public Health is currently commissioned could increase health inequalities, as services are commissioned in silos. The new 'wellbeing approach' will commission broader "wellness" services. ▪ Looking at investing and allocating resources to motivate people to change. ▪ The Public Health model details integration across community services, but retains specialist services with a focus on "building responsibility". Dorset delivers a similar model with wellness coaches connecting local services.	
3.2	Points made in the discussion included: ▪ more Health Trainers are required in Swale, they are not very present in terms of activity, and demand is not being met; ▪ the Health Trainer service is a good service and is the start of the new Public Health model, drawing resources into this integrated approach should yield more trainers; ▪ the CCG currently have a health inequalities project as a vehicle for the health training service, therefore more awareness about the service is required; ▪ good practice at County level and nationally has been explored, although further suggestions are always welcome; ▪ June 2015 the Dept of Health closed their consultation on saving £200m (2015/16) in the Public Health Grant, providing four options on how this could be applied. KCC is looking at an approximate £4 million cut; ▪ the increase to Kent of asylum seeker children will not impact on this service significantly, but is impacting on other areas such as mental	

	health, children nurses etc; and ▪ this plan is a great delivery tool for the Board, providing a wellbeing plan embedding mental health across it to deliver a more holistic approach.	
4.	**Falls Prevention**	
4.1	Move to future date on the Forward Plan.	
5.	**Care Act implementation and Integration**	
5.1	TG provided an update as follows. ▪ This large piece of new legislation provides a one point of reference for social care to move forward. ▪ The implementation of the cap on care costs of £72,000 has been delayed until 2020. ▪ The appeals system implementation date is to be confirmed. Currently KCC has their own system and it is unclear how the new national system will impact on this service. ▪ Key implementation is the new responsibility for social care needs of prisoners.	
5.2	Points made in the discussion included: ▪ could explore the costs around in home care which will impact on KCC; and ▪ integration pioneer looking at the Disabled Facilities grant (DFG) and work on what housing can offer to all of the integration work.	
6.	**Kent Health and Wellbeing Board**	
6.1	AC introduced the discussion on the Kent H&WB agenda, highlighting Item 9, the report on the review of local boards which contains a considerable number of recommendations. Points made in discussion included: ▪ issues detailed within the report were anticipated from the start, and detail around CCG views and responsibilities is lacking; ▪ lead officers were not consulted on the report; ▪ the recommendations ask for a number of things to happen, however there is no clarity on who needs to undertake these changes, and no platform to provide views on these recommendations; ▪ if the recommendations are agreed there is a risk that throughout the County, districts and CCGs will not participate or contribute, leading to the expiration of Boards; ▪ the CCGs were consulted, and the JSNA is due for refresh to make it useful; ▪ this report should be raised at the Kent H&WB (16.09.15) and fed back to Kent leaders; ▪ the LGA has looked at health and wellbeing boards and the need for a fit for purpose review;	**AC/KP**

	▪ the CCG's account for the JSNA, although on occasion some elements of the JSNA are not relevant or reflective of the Swale economy.	
7.	**Partners Update / AOB – verbal update**	
7.1	**Swale CCG** ▪ Medway Foundation Trust (MFT) underwent a CQC review August 2015, the report is yet to be published. However on 16 and 17 September an active divert for some services, including blue light ambulances, was in place to Maidstone, Dartford and Canterbury. This enabled the emergency care pathway to be reviewed with specific training needs identified. A ward in Sheppey hospital has re-opened to free up pressure elsewhere. ▪ The home to assess model has begun in Swale. ▪ The urgent care re-design is on hold for two months due to a government directive on the 111 service. ▪ Adult community services procurement still on track, to be implemented April 2016. ▪ Health and Social Care qualification has gone live at Oasis Academy. ▪ Would like to be included as a Swale Planning consultee.	**RW**
7.2	**Public Health** ▪ Diabetes prevention programme with a national procurement for those borderline diabetic. Kent, Surrey and Sussex submitted a collective bid to increase chances of success.	
7.3	**Swale BC** ▪ Front-line mental health issues are overwhelming, particularly around prison release; there is a meeting in place to address concerns. This issue seems unique to Swale. Updates to be provided. ▪ The next Health and Wellbeing meeting scheduled for November will be a workshop with the LGA on the 18 November 9am-12 at Swale House. ▪ Preparations in readiness for CSR on 25 November 2015 continue, and will update partners as we go through the process. ▪ Expecting 20,000 migrants over the next few years. Government currently discussing with LGA to look at how this will work in practice. H&WB need to be aware of numbers and support needs to ensure services are in place, although currently very little information.	**AC** **AK**
7.4	**Mental Health Services** ▪ Identified a lack of supported housing available in Swale, and issues with discharge and Housing. ▪ Pending grant, the café in Swale will re-open winter 2015, has regular attendees. ▪ A suicide prevention day was held last week relating to football. ▪ Oasis Academy is actively supporting young people with mental health	

	issues on the Island.	

Next meeting date: **Wednesday 18 November 2015***

Time: **9.00am - 12.00pm**

Location: **Assembly Room, Swale Borough Council**

***This will be a Workshop and not a public meeting**

Future Meetings Dates (all 10.00 - 12.00pm at Swale House):

January 2016 – TBC

March 2016 – TBC

May 2016 – TBC

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 17 September 2015 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Hazel Carpenter (Thanet Clinical Commissioning Group), Esme Chilton (Future Creative), Councillor L Fairbrass (Thanet District Council), Madeline Homer (Thanet District Council), Emma Hanson (Kent County Council), Colin Thompson (Kent County Council) and Councillor Wells (Thanet District Council)

1. APOLOGIES FOR ABSENCE

Apologies were received from Clive Hart, Cllr Gibbens and Mark Lobban, for whom Emma Hanson was present as substitute.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 11 July 2015 were agreed.

4. LEADING INTEGRATED HEALTH AND SOCIAL CARE COMMISSIONING IN THANET

Alisa Ogilvie, Chief Operating Officer, Thanet CCG, presented the report which included a proposed roadmap and questions for consideration by the committee.

In response to comments and questions it was noted that:

- Members agreed to the roadmap and timescales contained within it.
- Members would be provided with a link to the KCC Health Wellbeing Board minutes.
- Thanet priorities were reconfirmed to be children, mental health, inequality and frail older people. It was agreed Local Partnership Groups should be established for each to develop the model of care and that there should be an Integrated Commissioning Group that would develop an integrated commissioning plan for Board approval in March 2016. The Thanet Health and Wellbeing Board would be required to agree the terms of reference of any sub-groups, however it was agreed that the Chairman would have delegated power to agree these between Board meetings to enable the groups to be set up.
- It was the Board's intention that terms of reference for it's subgroups would be considered at the November THWB meeting.

Jonathan Bates, Chief Finance Officer, Thanet CCG gave a presentation regarding ICO Finance, he highlighted that key to success would be joint working rather than silo working, the development of mutual respect, good management, and good governance.

In response to comments and question it was noted that:

- The pooling of money was not a prerequisite for co-working.
- Good governance should enable rather than block progress.

- Clarity of what was to be delivered was needed to allow providers to meet demand.
- A copy of Mr Bates' slides would be circulated to the Board.
- The direction of travel to align finances, and to form a shadow budget from 2016-2017 was agreed.

5. THANET CCG LOCALITY PROFILES

Colin Thompson, Consultant in Public Heath, KCC presented the item and noted that there were four different locality clusters each with a different population profile. In summary the committee were presented with key headlines for each of the four areas.

In response to comments and questions it was noted that:

- The data could assist the NHS in aligning its spend to areas of most need.
- Analysis of the data could prove instrumental in identifying areas for potential quick wins, which was one of the Boards objectives.

6. LOCAL ALCOHOL PROFILES

Colin Thompson, Consultant in Public Heath, KCC presented the item noting that Local Alcohol Profiles had been created for each local authority area in England. He advised that Thanet had scored better than some parts of Northern England, and explained that the Kent Alcohol Strategy had identified a need for greater work to be done within hospitals to target alcoholism. In response the QEQM has had alcohol liaison officers available to provide support to patients. These officers made 186 referrals to Turning Point, an increase from 6 referrals the previous year.

Mr Thompson noted that early intervention was key, and advised that the QEQM had seen a 25% reduction in alcohol specific admissions due to the work of the community detox service, this led to a saving of 83 bed days.

7. PUBLIC HEALTH TRANSFORMATION WORK

Karen Sharp, Head of Public Health Commissioning, KCC presented the report noting that the presentation would be made at all of the local Health and Wellbeing Boards in Kent. She explained that a number of key contracts were coming to an end, therefore it was a good time to evaluate and reshape public health provision.

In response to questions and comments it was noted that:

- Kent wide resources could be realigned to areas where health inequality was most prevalent.
- Public Health Transformation wished to move from a Kent wide focus to a local focus, therefore should align its priorities with the priorities of the local Health and Wellbeing Boards.

8. DEMENTIA UPDATE

This item would be received by Members at a future meeting of the THWB.

Meeting concluded : 12.20 pm

WEST KENT HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 15 TH SEPTEMBER 2015

Present:

Gail Arnold	Chief Operating Officer, NHS West Kent CCG
Dr Bob Bowes - Chair	Chair, West Kent Clinical Commissioning Group (CCG)
Cllr Pat Bosley	Sevenoaks District Council
Alison Broom	Chief Executive, Maidstone Borough Council
Cllr Roger Gough - Vice Chair	Kent County Council (KCC), Chair, Kent Health & Wellbeing Board
Steve Innet	Chief Executive Officer, Healthwatch Kent
Dr Tony Jones	GP Representative, NHS West Kent CCG
Mark Lemon	Strategic Business Adviser, KCC
Cllr Marion Ring	Portfolio Holder, Maidstone Borough Council
Gary Stevenson	Head of Environment & Street Scene, TWBC
Malti Varshney	Public Health Consultant KCC, NHS West Kent CCG
Cllr Lynne Weatherly	Portfolio Holder, Tunbridge Wells Borough Council (TWBC)

In Attendance:

Sarah Richards	TWBC
Kathryn Braggins	TWBC
Karen Hardy	KCC Public Health
Mark Gilbert	KCC Public Health & Commissioning
Jane Heeley	T&MBC
Yvonne Wilson - **Minutes**	NHS West Kent CCG
Sarah Robson	MBC
Heidi Ward	T&MBC
Becca Pilcher	KCC Public Health
Emily Lucas	KCC Public Health
Afshan Shah	GP Trainee
Indarpreet Channa	GP Trainee

1. WELCOME, APOLOGIES FOR ABSENCE AND SUBSTITUTES:

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

William Benson	Chief Executive (Resigned, *Gary Stevenson to replace*)
Cllr Annabelle Blackmore	*Substitute Cllr Marion Ring* - MBC
Lesley Bowles	Chief Officer for Communities and Business – *Substitute Hayley Brooks,* Sevenoaks District Council
Cllr Maria Heslop	Tonbridge & Malling Borough Council (T&MBC)
Dr Caroline Jessel	Clinical Transformation and Outcomes Lead, NHS England
Dr Andrew Roxburgh	GP representative, NHS West Kent CCG
Dr Sanjay Singh	GP representative, NHS West Kent CCG

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE PREVIOUS MEETING HELD 15 JULY 2015

3.1 The minutes of the previous meeting were agreed.

4. MATTERS ARISING

4.1 Action Points – See Actions Schedule attached.

5/15: To be reported upon under agenda item 5

7/15: To be reported upon under agenda item 6

3/15: Steve Innet reported that discussions had taken place between Public Health and Healthwatch Kent as part of the PH Transformation Plan.

5/15: It was reported that ability to provide this information was hampered by the school holiday period.

5/15: It was reported that the provision of vending machines was determined under existing school contracts and there was therefore no scope for any further action.

5/15: Bob Bowes reported that there was wide variation in the provision of ante natal classes across West Kent. The matter of revising the maternity services contract to address the need for action on smoking and obesity would be reflected in the revised service specification.

5/15: Malti Varshney reported that this would be addressed through the Public Health Commissioning process as the Health Visiting commissioning responsibility was due to transfer from NHS England to local authorities from October 2015.

9/15: Bob Bowes reported that no CCG representation had been secured and also outlined inherent challenges in securing GP representation for Task Groups. Concern was expressed about this outcome - the need for an appropriate lead (not necessarily a GP was emphasised.

RESOLVED: This remains an important issue for the West Kent Health & Wellbeing Board (WK HWB) further efforts be made to secure a representative from the CCG with consideration given to identifying a nursing or other appropriate officer, who could participate in the Children's Operational Groups. ***ACTION: HB/YW***

4.2 Update on Children's Operational Group – Oral Report

4.2.1 Hayley Brooks reported on the progress towards establishing new arrangements for ensuring the health and wellbeing of children and young people. Main developments reported:

- Each local Borough/District had arrangements in place for considering the future direction of Children's Operational Groups

- KCC Strategic Commissioning Lead for Children's Social Care (Tom Wilson) was working with local areas to ensure the design of effective bodies across West Kent – in line with KCC's 'The Blueprint for Children's Partnership Working'
- Arrangements would be such that KCC Strategic Commissioning would acknowledge local circumstances but also seek to ensure effective relationships with the top tier Kent Children & Young People Health and Wellbeing Board; Kent Safeguarding Children Board; Troubled Families Programme and Local Health & Wellbeing Boards.
- Sevenoaks District had a workshop to consider these matters on 16/09/2015..
- Maidstone Borough has a 'holding group' in place which has agreed a timetable for contributing to a brand new Kent-wide Children & Young People Plan (to be in place by March 2016).
- Tonbridge & Malling and Tunbridge Wells Boroughs did not yet have arrangements in place, though KCC Community Development officers were poised to assist.

4.2.3 Cllr Ring suggested that the recommendations of the Kent Health Overview Scrutiny Committee will need to be considered in the process of establishing Children's Partnership arrangements.

4.2.4 Malti Varshney suggested that each area would need to identify local strategic, operational and outcome focused priorities based on local knowledge and formal data and information.

4.2.5 **RESOLVED**: That the Board noted the oral report and points raised in discussion (4.2.3 and 4.2.4) and receive further reports on progress at future meetings .

4.3 Update on Obesity Strategy – Oral Report

4.3.1 Jane Heeley reported on progress against the Obesity Strategy 'action points'; at 4.1 above. Good progress was reported at district/borough level:

- Through the vehicle of the National Child Measurement Programme,
- Healthy Weight programmes commissioned by KCC PH and
- 'Other' measures, including forging links with practice based staff; borough meetings scheduled with WK CCG Medicines Optimisation Team, Maidstone area Practice Managers' Forum.

4.3.2 Letters had been drafted on behalf of the WK HWB Champion, for distribution to Early Years, Education and the WK CCG regarding contracts commitments.

4.3.3 Jane Heeley outlined the elements of a potential 'high profile' media campaign which could secure positive engagement and deliver positive messages to the strategy target market – total costs £60,000 - £70,000:

- Heart Radio adverts; Celebrity Chef and Heart Angels participation in 'community' events £41,000
- Development of a supporting website with data, measurement of engagement, social media blogs, press releases £10,000
- Bus advertising over 5 week period £9,000
- All WK HWB Members/Partner's Activities with consistent messages

4.3.4 The following comments and questions were raised in discussion:

- What evidence exists from elsewhere about the value for money of this proposed campaign?
- Need to ensure there is a clear understanding about the nature of the target market (susceptibility to the message, audience numbers)
- Kent Waste Partnership Initiative could link – with messages about reducing food waste and healthy eating
- Suggested that messages about healthy weight must start with local 'captive audiences' e.g., in GP settings (with GP based Health Trainers) and schools. Opportunities to focus on GP training in understanding how to make 'every conversation count' and effective sign-posting is key area of focus

4.3.5 Jane Heely confirmed the following;

- Population group/age profile for target audience correct
- Broadcast Transmitter splits so possible to target West Kent and Medway NHS Heart broadcasts to 399,00 weekly
- Good evidence of similar campaigns on health matters and Keep Kent Tidy

4.3.6 **RESOLVED:**

- To distribute information outlining evidence of success of this approach to all WK HWB partners
- Consider securing a proportionate sum from each agency represented on the WK HWB to resource this project total £60,000
  ACTION: JH/YW

4.4 Update on Alcohol Summit – Oral Report

4.4.1 Karen Hardy reported that the Task& Finish Group had met once since the last Board meeting to plan the event. Proposals include:

- Half day event on 22/10/2015 with external facilitator

- Provisional list of 80 delegates
- Advance information (data analysis) to be provided to delegates so that the Summit focuses on outcomes
- Agenda to include; multi-agency workshop groups considering case studies to identify and build knowledge, skills, gaps and find solutions.

4.4.2 **RESOLVED:**

- That the Summit Brief detailing the objectives and expected outcomes be circulated to Board members
- Task Group to consider day/date change to a Wednesday which may enable participation of GPs during their 'protected learning time'
  ACTION: KH/YW, TASK&FINISH GROUP

5. TOTAL PLACE

5.1 Health & Social Care Integration

5.1.1 Cllr Roger Gough laid copies of the schedule setting out the financial information by social care groups around the table and explained the information was presented according to age and 'other' adult services.

5.1.2 Bob Bowes sought clarification that the information related to the first four months of this year; and commented on the nature of the 'productivity' challenge.

5.1.3 Cllr Gough acknowledged the scale of overspend (though there was an expectation that improvements would be shown during the year), and highlighted the particular challenge of addressing the matter of unaccompanied asylum seeking children in East Kent.

5.2 Better Care Fund

5.2.1 Gail Arnold introduced the report and outlined current monitoring and reporting arrangements. The lack of synchronicity between dates for monitoring and WK HWB meeting meant the Board could not consider progress reports in advance of the submission.

5.2.2 The following points were raised in discussion:

- Anxious to consider how the Board can contribute to productivity (Bob Bowes)- linked to 5.1.3

- View expressed that resources directed to communities often came with advice about health limiting behaviours but with insufficient attention given to how to connect properly with communities; avoid duplication; enhance consistency and ensure closer co-operation between the boroughs and CCG.(Cllr Ring)

- It is through the Urgent Care Board that Social Care and CCG programmes are initiated with a focus on working in teams, innovating and agreeing joint projects (Dr T Jones)
- BCF is a useful discipline in taking steps towards sharing data, though some way to go yet regarding merging budgets. Swale HWB were reported to be moving ahead with information-sharing and partner examination which is helping build evidence for a way forward (Cllr Gough)
- Suggestion that 'pooling budgets' strategically goes beyond BCF and a mechanism of merging budgets and that the Board should begin to consider what this might look like (Steve Innet)
- BCF report helpful, would like better understanding of the impact of different work streams and to know what are the barriers to achieving more; also the HWB should reflect on whether there are actions other agencies can take? Ideas for cross cutting projects could include – Winter planning; Falls Prevention Pathway; Supporting Independence (including Disabled Facilities grant-giving and outcomes) and improving Co-ordinating services to deliver value for older people(Alison Broom).

5.2.3 **RESOLVED:**

- That the Board notes the Better Care Fund report
- That the KCC Revenue Budget Forecast Schedule 2015/2016 be discussed in the NHS West Kent CCG as part of exploring areas of joint working
- That a Frail Elderly Task & Finish Group be established with membership drawn from Chief Operating Officer level of the local districts and boroughs, CCG, KCC Social Care and Voluntary Sector to consider:
    - Assessment
    - Interdependencies
    - Benefits (welfare and adaptations)
    - Health
    - Mental Wellbeing
    - Delivering Value
    - Identification of/addressing barriers

ACTION: MV/YW

6. CONSIDERATION OF WEST KENT HEALTH & WELLBEING PROFILE

6.1 Malti Varshney introduced this item and explained that the draft document was not intended to replace the Kent Joint Strategic Needs Assessment, but was locally focused, with local analysis using available data sources including data and information provided by other public sector partners. The following key issues were highlighted in the presentation:

- Support the efforts of the WK HWB in setting its strategic direction and priorities for action
- Identify areas of high need that are contributing towards variation in health outcomes
- Information for Commissioners to target commissioning resources
- Methodology designed to reflecting on the 'lifecourse' approach – setting out issues for starting well; living well and ageing well
- Population level improved outcomes identified to promote understanding of the key areas/issues of challenge and highlights agencies with particular roles to play
- Further information on children's needs to be added
- Next Steps
- Board members invited to comment on findings and recommendations and ultimately use to determine priorities
- Instruct respective commissioners to note findings and use to inform commissioning intentions
- Align commissioning intentions across the organisations
- Seek assurance form respective commissioners

6.2 Points highlighted in discussion:

- Positive development recognised in helping to inform earlier in commissioning cycle
- Should there be a stronger focus on certain key geographical areas?
- How might a 'Total Place' approach apply?
- Should the Board be recommending a Total Place approach – advised to consider Margate Taskforce approach
- Lifecourse approach welcomed
- Is obesity a topic that is poorly addressed because of fragmented actions and should the focus be on prevention and lifestyle?
- Suggested that people often find 'behaviour change' a challenge and so likely need intensive resources to help ensure the expected change can be successful - is this a trade-off that might then lead to narrower focus of provision (because resources were targeted to those most in need of change in behaviours and outcomes)?
- Some local communities never think too far into the future.

6.3 **RESOLVED:**

- That the Board notes the report.
- That the slide presentation be made available to Board Members
- That Board members assess the Health & Wellbeing Profile and consider the implications for commissioning within their respective agencies.

- That an agenda item be added to the November Board meeting – for reports for each agency on implications and actions proposed
  ACTION: YW/ALL BOARD MEMBER AGENCIES

7. PUBLIC HEALTH SERVICES IMPROVEMENT STRATEGIES

7.1 Mark Gilbert (KCC Public Health Commissioning & Performance Manager) and Malti Varshney made a joint slide presentation.

7.2 Key points highlighted included:

- Key drivers for change(NHS Five Year Forward View; Care Act; Health & Wellbeing Board priorities; Improving healthy life expectancy; Tackling Health inequalities; a growing, ageing, diversifying population and Financial and contractual drivers (reduction in grant in 2015/2016)
- Current West Kent Public Health spend data
- Current service models
- Recent research evidence – 'clustering of unhealthy behaviours'; health improvement hub' approach and potential for innovation; 'invest to save over longer term' principles
- Recommended move to life-course approach
- Need to strengthen outcomes and so there are key themes to apply (inequalities focus; population wide health promotion with better multi-agency action and integration; children and young people's services to include emphasis on emotional wellbeing)
- Timeline for engagement and consultation (March – September 2015); revision of procurement models planned (October 2015); transition to new service models (April 2016)
- 9 High Impact Areas identified (Start in life; Healthy Schools/Pupils; Economically Active Communities; Active Travel; Housing; Environment; Stronger Communities; Public Protection; Health and Spatial Services).

7.3 The following range of questions were put to the Board for consideration/discussion:

- Are services fit for purpose?
- Is grant invested in the right way?
- What should be mandated and discretionary?
- How many and are the right people benefitting from services?
- How do services perform?
- How do contractual arrangements limit what can be done?
- Are we planning for the future?

7.4 Comments and Questions discussed:

- Is the funding for West Kent which was handed over by health correct? (Bob Bowes)
- The West Kent *share* of the grant had been historically 'underfunded' (Cllr Gough)
- Clarification sought on staffing costs (Dr T Jones)
- High Impact Area are complimentary to wider health determinants, HWB partners could assess what health and local councils do to address these issues and determine what activities have the biggest and least impact (Alison Broom)
- Local councils with partners have opportunities to 'design' communities (Sarah Robson)
- Suggestion that 'settings' are important, as is the need to consider the importance of being effective in communications with 'captive audiences' e.g., in the 1:1 communications between GP and patient or work in settings such as education/schools (Dr Tony Jones)
- Would be useful to see trend analysis and be able to understand what's happened after 'added investment' (Bob Bowes)
- Suggested that there is a wide body of knowledge about deprivation (see Marmot Review) partners involved in HWB must acknowledge key issues – about motivation to change, responses to deprivation and poverty needs to be increasingly sophisticated and nuanced (Mark Lemon)
- Need to encourage healthier choices to be the *easier choices* people make – Troubled Families approach with work with families or people 1:1 deserves careful consideration (Gary Stevenson)
- Important that PH understand the nature of existing services which often operate with 'add -ons' including effective sign-posting and referrals that could be described as 'wraparound and holistic' (Hayley Brooks)
- Districts/Boroughs welcome opportunity for involvement (Alison Broom).

7.5 **RESOLVED**:

- The Board duly noted the report and work carried out to date
- That each partner organisation represented on the Board participate in identifying local priorities and shaping future service delivery
  ACTION: MG/MV/KH/YW; WK HWB Members

8. <u>ACTIVE TRAVEL</u>

8.1 The Chair reported on an approach from the Tunbridge Wells Bike Group who were involved with partners in the Borough Council and Kent County Council in a campaign which supports the development of a new Cycling Strategy which included proposals for the introduction of 20mph speed limits.

8.2 The Chair suggested that there were links between travel and health including air quality and physical inactivity and sought views from Board Members on whether the Board could add additional value to work ongoing across the local boroughs.

8.3 **RESOLVED:** That a report on Active Travel measures be produced jointly by local authority partners and submitted to the WK HWB for endorsement.
ACTION: Local Authority partners; WK HWB

9. ANY OTHER BUSINESS

9.1 Kent HWB

9.1.2 Roger Gough referred WK HWB members to the minutes of the Kent HWB meeting of 15 July 2015 and reported on key issues considered at the Kent HWB of interest for the WK HWB including:

- Public Estates Initiative – **ACTION:** ***Local HWB will need to take actions agreed forward/BB***
- Healthwatch, Quality and the Health & Wellbeing Board

9.1.2 The Kent HWB would be considering An important paper at the next Scheduled meeting (16/09/2015) on Kent Health and Wellbeing Board and Local Health and Wellbeing Boards Relationships and Future Actions

9.1.3 **RESOLVED**:

- That this be added to the agenda for consideration at the next meeting.
- In order to facilitate effective communication between the two Boards, that consideration be given to amending the dates for the future meetings in 2016 to be held on 'even' months.
ACTION: YW/BB/RG

9.2 Steve Innet asked whether the issues surrounding the current position of Medway Maritime Hospital could be considered at the Board.

9.2.1 This was felt to be an Overview and Scrutiny Committee function, however it would be useful for the Board to discuss Winter Preparedness.

9.2.2 **RESOLVED:** That a paper be brought to a future meeting on Preparedness for Winter 2015.
ACTION: GA

10. DATE OF NEXT MEETING

Tuesday 17 November 2015, 4.00pm – 6.00pm, Conference Room, Sevenoaks District Council, Council Offices, Argyle Road, Sevenoaks, Kent, TN13 1HG.