



## AGENDA

### HEALTH AND WELLBEING BOARD

Wednesday, 16th March, 2016, 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, Dr D Cocker, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr S Perks, Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart Cllr P Watkins and Cllr L Weatherly

#### **Webcasting Notice**

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#### **UNRESTRICTED ITEMS**

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

1 Chairman's Welcome

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes

3 Declarations of Interest by Members in items on the agenda for this meeting

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

4 Minutes of the Meeting held on 27 January 2016 (Pages 5 - 12)

To receive and agree the minutes of the last meeting

5 A - Commissioning, Operational and Transformation Plans

To receive presentations on a health economy basis outlining the extent to which plans for 2016/17 and beyond reflect the Joint Health and Wellbeing Strategy, their contribution to the wider transformation agenda and the extent to which they assist integration and the “nine must-do’s”

B - Better Care Fund 2016/17 (Pages 13 - 16)

To receive an update on the Better Care Fund 2016/17 in relation to the policy and planning requirements, financial allocations, assurance and approval process

6 Joint Strategic Needs Assessment (Pages 17 - 22)

To receive a report presenting the outcomes from the Kent JSNA workshop in September 2015

7 Kent Health and Wellbeing Board Work Programme (Pages 23 - 26)

To agree a Forward Work Programme

8 Minutes of the Local Health and Wellbeing Boards (Pages 27 - 62)

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

Ashford – 20 January 2016

Canterbury and Coastal – 19 January 2016

Dartford, Gravesham and Swanley – 24 February 2016

South Kent Coast – 24 November 2015

Thanet – 21 January 2016

West Kent – 16 February 2016

9 Date of Next Meeting - 25 May 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, 8 March 2016**

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## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 27 January 2016.

PRESENT: Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr P B Carter, CBE, Ms P Davies, Ms P Ford (Substitute for Ms F Cox), Mr S Inett, Mr A Ireland, Dr M Jones, Dr N Kumta, Dr E Lunt, Mr G Lymer (Substitute for Mr G K Gibbens), Mr P J Oakford, Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart and Cllr L Weatherly

IN ATTENDANCE: Mr T Godfrey (Policy and Relationships Adviser (Health)), Mr M Lemon (Strategic Relationships Adviser (Health)) and Mrs A Hunter (Principal Democratic Services Officer)

#### UNRESTRICTED ITEMS

**190. Chairman's Welcome**  
(Item 1)

- (1) The Chairman welcomed Pennie Ford, Director of Assurance and Delivery at NHS England who was attending as substitute for Ms Cox and was also presenting agenda item 5.
- (2) Mr Gough thanked Healthwatch Kent for their contribution to the development of the draft Work Programme (agenda item 8).

**191. Apologies and Substitutes**  
(Item 2)

Apologies for absence were received from Ms Cox, Dr Cocker, Mr Gibbens, Dr Martin and Mr Perks. Ms Ford and Mr Lymer attended as substitutes for Ms Cox and Mr Gibbens respectively.

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

There were no declarations of interest.

**193. Minutes of the Meeting held on 18 November 2015**  
(Item 4)

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

**194. NHS preparations for and response to winter in Kent 2015/16**  
(Item 5)

- (1) Ms Ford introduced the report which described the actions taken by the health and social care system to prepare for and respond to winter. Ms Ford said that over Christmas and New Year in 2014/15 there had been severe pressure on the health and social care system; the key vehicles for winter preparedness and response were the systems resilience groups established in 2014; and the report provided a summary of the high level assurance that was now in place.
- (2) Ms Ford drew particular attention to: the System Resilience Group Assurance ahead of winter; surge management plans and exercises; the winter communication plan to reduce pressure on frontline services; and the winter resilience room that had been in operation between 17 December 2015 and 29 January 2016.
- (3) Ms Ford also said that the industrial action by junior doctors planned for January had been postponed and might take place in February.
- (4) Each of the CCGs provided an update on the experience over Christmas and New Year 2015/16.

#### North Kent

- (5) In north Kent, as predicted, there was increased pressure, particularly on acute services, over the Christmas period. The Darent Valley Hospital held up last year. This had continued in many respects this year, however, there had been deterioration in the Accident & Emergency position despite a reduction in activity levels. SECamb had seen an increase of 9% in the total number of calls received and the emphasis on “see and treat” and “hear and treat” had contributed to a 1% reduction in conveyance rates to the Darent Valley Hospital. The number of ambulance conveyances had reduced from an average of 450 per week for the first 2.5 weeks of January 2015 to an average of 400 for the same period in 2016.
- (6) It was considered that problems were likely to be the result of intra-hospital pressures and work was underway to understand the reasons. Efforts were also being made to understand the reasons for the increase in Delayed Transfers of Care from 1.7% in November/December 2015 to 2.74% in January 2016.
- (7) Primary care and ambulance services had coped well across DGS and Swale with providers of the out of hours service being able to fill all shifts; the 111 service had also coped well particularly as 50% of calls from Yorkshire and the north of England had been re-directed to the south as part of business resilience plans in response to flooding.
- (8) Ms Davies also said it was worth noting that the A&E Department at the Medway Hospital had remained “green” in the two weeks to Christmas and was one of the last hospitals nationally to declare “black” on 5 or 6 January 2016.
- (9) Overall, primary care, community services and the out of hours service were robust and had performed well, while there were lessons to be learned in relation to acute services.

## West Kent

- (10) Admissions to hospitals in Maidstone and Tunbridge Wells had remained level with a normal seasonal increase in the number of long stay patients which put more pressure on beds. The emphasis in the A&E Departments was to find beds quickly for those who needed to be admitted. In addition to some delayed transfers of care to social services, there were issues relating to nursing and care home capacity in West Kent and the potential need for accommodation with doctor oversight particularly for those who required rehabilitation and re-ablement services but not the full services of an acute hospital.

## East Kent

- (11) Ms Carpenter said that East Kent's performance had to be considered in the context of on-going activity including "discharge to assess programmes" that had been in place since October 2015; the A&E recovery plan; and work continuing in primary care to reduce hospital admissions, particularly, among the over 75's. East Kent Hospitals University Foundation Trust had an 82% bed occupancy rate on Christmas Eve but the position deteriorated from New Year's Eve onwards especially at the Queen Elizabeth, Queen Mother Hospital as a result of significant staff sickness and the lack of agency staff on shifts.
- (12) Footfall in primary care had been lower than predicted between Christmas and New Year but had been higher in A&E. Work was underway to understand why this was the case and to ensure people were sign posted to the correct service or capacity was provided where it was required.
- (13) The System Resilience Group in East Kent was now well placed to take forward the A&E Recovery Plan and there was now a clear focus on being prepared for the half-term holiday in February.
- (14) Dr Jones drew attention to work that was being done collectively to: avoid unnecessary admissions to hospital; manage the flow of patients through the hospitals; and avoid delayed transfers of care. The capacity of primary care during the day was satisfactory but there was a need to recognise capacity issues arising from seven-day working.
- (15) Mr Ireland said that there was a greater collective focus on sustainable ways of supporting patients to be in their own homes, however, there were acute pressures on workforce supply in the social care market as a whole and particularly on homecare. Integrated care responses would continue to be developed.
- (16) Mr Scott-Clark said that the flu rate, monitored by Public Health England was half the rate at the end of week 2 compared with the same period in 2015. However the prescribing guidance on anti-virals had been instituted in the last three weeks and this was triggered when flu rates were higher nationally. He also said that outbreaks of flu were being reported in primary schools but this could be due to increased vigilance.

(17) In response to questions, Ms Ford said that the industrial action taken by junior doctors had excluded urgent and emergency care and had affected elective activity. Trusts were now seeking to recover from this. The impact on services would be much greater if there was a full walk out and plans were being made to keep emergency care pathways open.

(18) Resolved that the report and updates be noted

**195. The new planning arrangements for health and social care**  
*(Item 6)*

(1) The Chairman said that agenda items 6 and 7 (New Models of Care - Progress Report – Presentation) were closely related and would be considered together.

(2) Mark Lemon (Strategic Relationships Adviser) introduced the report on the New Planning Arrangements for Health and Social Care by giving a short presentation a copy of which is available on-line at Appendix 1 to these minutes.

(3) Mr Ayres spoke about the planning footprint from a health perspective. He said the Strategic and Transformation Plans differed from previous plans and needed to be developed by system and by place as well as demonstrating that both individual organisations and the system as a whole could balance their budgets. There had been some discussion about the options for planning footprints including footprints designed to ensure the viability of acute providers such as an “A21 Corridor” as well as the development of footprints at a Kent level, at CCG level, at joint CCG level such as “East Kent”, or on a “Health Economy” level of north, east and west Kent.

(4) Ms Davies and Ms Carpenter gave presentations about the development of Strategic and Transformation Plans for the west and east Kent health economies which are available on-line as Appendices 2 and 3 of these minutes.

(5) Mr Ayres said that “Mapping the Future” project, undertaken a few years ago, had set out the vision of a sustainable future for west Kent and the foundations to build that future had been put in place over the last two years. This included:

- Re-commissioning the out of hours service into a two-year contract bringing together a range of services with a view to procuring a fully integrated care service from 2017;
- Developing Maidstone and Tunbridge Wells Hospital and the Kent Community Health Foundation Trust as a partnership of providers rather than as competitors;
- Working with GP practices and the development of two emerging federations with a view to them being at the heart of community based service provision;



- Running pilot programmes with Adult Social Care and other providers to align and integrate services with a view to procuring fully integrated services in a lead provider arrangement
- (6) Mr Ireland gave a presentation about the transformation of Adult Social Care which is available on-line as Appendix 4 to these minutes
- (7) There was general agreement that planning needed to be done: at the most appropriate level for the service; around natural populations rather than around acute service providers; and should focus on developing integrated primary and social care. Concerns were expressed about the difficulties presented by seeking to extend the footprint beyond Kent and Medway.
- (8) Dr Stewart said the Kent Integration Pioneer Steering Group had an important role, as a working group of the Kent HWB, to work with and across emerging new models of care including vanguards, integrated care organisations and federations. New community services and professional blended roles based around GP practice configurations linked to the estates and workforce strategies to support independence could be achieved by the CCGs, Social Care, Public Health and other providers coming together to design, learn and share clinical and social innovation to meet local challenges and integrate health and social care provision.
- (9) Resolved:
- (a) That the most appropriate planning footprints were the health economies of north, west and east Kent with recognition of the wider Kent and Medway dimension for some aspects of planning;
  - (b) That a range of governance models were emerging be noted; that there should be reports on the development of the Strategic and Transformation Plans to the HWB in March and May 2016 and that they should include updates on this aspect as appropriate;
  - (c) That the Board's workplan and forward agenda setting reflect the requirements to consider and agree the various plans to be produced over the coming months, including the evolution of the BCF in Kent, to deliver the wider integration requirement by 2020 in conjunction with the Sustainability and Transformation Plans;
  - (d) That the work, to be done outside the meeting, to ensure progress be recognised and that consideration be given to reframing the refreshed Health and Wellbeing Strategy, due in 2017, around plans for the integration of health and social care by 2020, although work to achieve this integration should be accelerated as much as possible;
  - (e) To note that, in practice the Assurance Framework covered the review and evaluation of progress towards the objectives of the plans including the nine "must-do's".

**196. New Models of Care - Progress Report - Presentation**

*(Item 7)*

This item was considered with the previous item (The New Planning Arrangements for Health and Social Care)

**197. Draft Kent Health and Wellbeing Board Work Programme**

*(Item 8)*

- (1) Tristan Godfrey (Policy and Relationships Adviser) introduced the report which included: a suggested outline Forward Work Programme; a proposal to better focus the work of the Board by defining its key areas of activity; and a suggestion for improving the co-ordination of future agendas.
- (2) It was suggested that the Board's primary focus should be on setting out and achieving ambitious and innovative targets and an in-depth discussion was required to define and agree this ambition.
- (3) Resolved that:
  - (a) An annual work programme for the Board in line with the approach set out in the report be agreed;
  - (b) Amendments to the Forward Work Programme be suggested prior to final agreement of the programme on 16 March 2016 and its communication to the local health and wellbeing boards;
  - (c) The Forward Work Programme be a standing item on future agendas;
  - (d) A lead officer to assist in the co-ordination of future agendas be nominated where appropriate.

**198. Kent Safeguarding Children's Board Annual Report**

*(Item 9)*

- (1) Mr Ireland introduced the report on behalf of Gill Rigg, Independent chair of the Kent Safeguarding Children Board (KSCB) . The report described the progress made in improving the safeguarding services provided for children and young people in Kent during 2014/15 as well as the challenges for the following year.
- (2) Mr Ireland said the KSCB was waiting its Ofsted inspection which could happen at any time up to March 2017. He also drew attention to the growing understanding and commitment in relation to child sexual exploitation (CSE) and to the issue of unaccompanied asylum seeking minors (UASM). He said that currently there were 930 UASM in the care of the county with a further 500 accessing care leaving services. Discussions about a national placement scheme were continuing but there were concerns that number of UASM being cared for in Kent could increase rapidly if a scheme was not in place by April.

- (3) Resolved that the progress and improvements made during 2014/15, as detailed in the annual report from the Independent Chair of Kent Safeguarding Children Board, be noted.

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

Resolved that the minutes of the meetings of the Children's Health and Wellbeing Board held on 15 September and 25 November 2015 be noted.

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

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

Canterbury and Coastal – 13 November 2015  
Dartford, Gravesham and Swanley – 9 December 2015  
Thanet 19 November - 2015  
West Kent – 17 November 2015

**201. Date of Next Meeting 16 March 2016**  
*(Item 12)*

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By: Roger Gough, Chairman - Health and Wellbeing Board

To: Health and Wellbeing Board – 16 March 2016

Subject: **Better Care Fund 2016/17**

Classification: Unrestricted

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**Summary:** This paper presents an update on the Better Care Fund 2016/17 in relation to the Policy and Planning Requirements; Financial Allocations; Assurance and Approval process.

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## **FOR INFORMATION**

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### **1. Introduction**

1.1 The purpose of this report is to update Board members on the way in which the Better Care Fund (BCF) will be implemented in the financial year 2016/17. This is based on the national policy framework and financial allocations which have recently been issued.

1.2 The published information confirms that the Department of Health (DH) and the Department for Communities and Local Government (DCLG) worked in partnership with the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and NHS England (NHSE) to develop the guidance. Even so, in line with the legal framework, NHS England has reserved power to make final decisions.

### **2. Key Policy and Planning Requirements**

2.1 As with the previous guidance, the latest document reiterates that BCF funding covers the minimum level of pooled fund and therefore it is open to local areas to decide if they wish to put in more than the specified minimum level.

2.2 The guidance makes it clear that the Health and Wellbeing Board, as well as the constituent Councils and CCGs, should sign off the plan. There are seven national conditions which local area plans must address. These relate to:

- (1) a condition to maintain (protect) the provision of social care;
- (2) a condition of making progress towards seven-day services;
- (3) a condition of better data sharing between health and social care using the NHS number;
- (4) a condition that there should be a joint approach to assessment and care planning;
- (5) a condition that the impact of the changes on NHS providers are factored into plans;
- (6) a condition that some of the money is invested in NHS-commissioned out-of-hospital services and;
- (7) a condition that local action plans should tackle delayed transfer of care.

2.3 There is confirmation that the Pay for Performance element of the BCF allocation, relating to the target to reduce non-elective admissions, has gone. It has been replaced with a requirement that the NHS is required to invest in out-of-hospital services. It appears that this is seeking to address the fact that, with more and more people being supported in the community, it comes with additional cost for which the NHS should have some ongoing responsibility. Recently, two of the four Acute Trusts are attempting to implement charging KCC fines for delayed transfer of care, which is unhelpful in terms of diverting resources away from the expenditure which actually addresses the problems.

2.4 It is worth stating that the Care Act contains a discretionary provision that acute trusts can choose to exercise in terms of whether to charge the local authority a penalty fine for delayed discharge days. The long-held agreement in Kent is that the fines system should not be used; instead we would re-invest resources in services.

2.5 The Social Care Capital Grant (SCCG) has transferred to the Disabled Facilities Grant (DFG), however, the funding process remains largely unchanged with funding routed through KCC to District and Borough Councils. The guidance confirms that “In order to maximise value for money of central funding, the Department of Health has concentrated its social care capital grant funding into the Disabled Facilities Grant, as research suggests it can support people to remain independent in their own homes,– reducing or delaying the need for care and support, and improving the quality of life of residents.” KCC is working with the District and Borough Councils to develop integrated working. It is very important that KCC reaches agreement with the District and Borough Councils otherwise there is likely to be a negative impact for all organisations.

2.6 There is an opportunity here to fully exploit technologies to support people in their own homes. The recent contract for the integrated community equipment services, for which KCC is the administering body, means that Kent should be in a better position to do more in this area.

2.7 The guidance recognises that local authorities have increased responsibility for prevention and carers’ support. The guidance further reminds CCGs that they have ongoing responsibility for reasonable investment in carer-specific support.

2.8 Also, the BCF plan needs to be seen in context of the Sustainability and Transformation Plans (STP). They are related and inter-dependent, and NHSE expects the impact of the BCF to be identified separately.

2.9 The decision that additional BCF funding will be made available to local authorities was confirmed in the Spending Review and Autumn Statement 2015. The Government’s blue book states that “From 2017-18, the government will make funding available to local authorities, worth £1.5bn by 2019-20, to be included in the Better Care Fund”. This could be interpreted as an expectation that local authority BCF and health authority BCF funds are to be pooled, which implies there may be strings attached to the local authority element, despite DCLG assurances to the contrary.

### 3. Overview of the Better Care Fund Allocations

3.1 In 2015/16, the national allocation for the Kent Better Care Fund was £101m. For 2016/17 this has been increased to £105m. The Social Care Capital Grant has ceased and the Disabled Facilities Grant has been increased from £7.2m to £14m. The detailed allocations are as follows:

<b>Contributions from Partners to Better Care Fund</b>	<b>£m Contribution</b>	<b>Summary of what is included</b>
Social Care Contribution (via CCG's)	£32.380m	Includes £28.742m Protection of Social Care and £3.545m for Care Act Implementation.
CCG Contribution	£59.792m	Includes Carer's Break Funding £3.443m; Out of Hospital Commissioned Services (ring fenced) £26.192m.
District/Borough Councils Contribution	£13.128m	Disabled Facilities Grant.
<b>Total BCF Funding in the S75 Agreement 2016/17</b>	<b>£105.300m</b>	

### 4. Assurance and Approvals Process

4.1 It is expected that local Better Care Fund plans will be agreed in line with the guidance. The key elements of the assurance and approval process, and the timescales, are being revised due to a delay in issuing the detailed planning guidance. The indicative final submission date is 25 April and the final plan is not likely to be ready for sign-off until after the March Health and Wellbeing Board and so would need to be signed off before the next meeting in May.

First BCF submission (following CCG Operating Plan submission on 8 Feb), agreed by CCGs and local authorities, to consist of: BCF planning return only All submissions will need to be sent to DCO teams and copied to <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a> .	2 March 2016
Assurance of CCG Operating Plans and BCF plans	March 2016

Second submission following assurance and feedback, to consist of: Revised BCF planning return High level narrative plan All submissions will need to be sent to DCO teams and copied to <a href="mailto:england.bettercaresupport@nhs.net">england.bettercaresupport@nhs.net</a>	21 March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

## 5. Recommendations

5.1 It is recommended that:

The Health and Wellbeing Board note the progress made to date on developing the Kent Better Care Fund 2016/17.

In order to submit the final plan on 25 April 2016, the Better Fund Plan will be signed off before the next Health and Wellbeing Board in May. The sign off process will include Roger Gough, Health and Wellbeing Board Chair and the Directorate Management Team and CCG Accountable Officers Group. This is dependent on Partners ensuring that their elements of plan go through the respective internal sign off process.

### Contact Details:

**Mark Sage**

Finance Manager (03000 416636)

**Jayne Urwin**

BCF Coordinator (03000 416792)

**Mark Lemon**

Strategic Relationships Adviser (03000 416387)



**By:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Kent Health and Wellbeing Board

**Date:** 16<sup>th</sup> March 2016

**Subject:** Joint Strategic Needs Assessment (JSNA)

**Classification:** Unrestricted

**Summary:** This report presents the outcomes from the Kent JSNA workshop in September 2015 comprising feedback and comments from four breakout sessions. This information has assisted in the development of a range of possible actions going forward.

**Recommendation:**

The Kent Health and Wellbeing Board members are asked to:

1. Comment on and endorse the contents of this report;
2. Approve the above actions in Section 3 designed to improve the JSNA development process; and
3. Agree future direction of the Kent JSNA.

## 1. Introduction

1.1 A half-day workshop was arranged in September to explore and discuss improvements to the JSNA and its development process. The workshop was also designed to address issues raised by commissioners about the JSNA, ie that in its current form it does not adequately inform commissioning decisions, in particular the relative value of different investment options.

1.2 Eighty four delegates attended the JSNA Workshop Event on 22<sup>nd</sup> September 2015. The following breakout sessions were run concurrently.

- Evaluation of the use of Kent JSNA in commissioning
- Data and intelligence
- JSNA development process and products
- Future accountability arrangements

1.3 Workshop feedback and notes were analysed to inform this report.

## 2. Results

## **2.1. Evaluation of the use of Kent JSNA in commissioning**

2.1.1. There seemed to be poor awareness about the content and potential uses of the JSNA and JSNA products. As a result, there was limited comment on its use in commissioning. The role of partners in the development of the JSNA was not very clear. Some felt a need to include additional JSNA chapter summaries and improve existing ones.

## **2.2. Data and intelligence**

2.2.1. It was felt that there was a lack of qualitative data in the JSNA and its embedded needs assessments. The JSNA was thought to be too strategic. In its current shape, the JSNA does not meet the need of the partners and that the current CCG and District profiles need to be further developed for local HWBBs purpose. The JSNA was felt to be too retrospective and not forward looking. Participants expressed a desire for more predictive analytics to describe service demand or population need.

2.2.2. The participants were complementary about the Health and Social Care maps. The extensive support from the JSNA and the Kent Public Health Observatory team was acknowledged, particularly about the wealth of data available.

## **2.3. JSNA development process and products**

2.3.1. There was a call for clear, strong recommendations from the JSNA. It was felt that training and education around the JSNA would be useful, especially in order to understand the use of the JSNA, the role of partners in development of the JSNA, how to improve communication between partners, and clarity around the role of district councils in the JSNA process. Participants wanted the JSNA to become a product to bring about change.

2.3.2. Some commented positively on the usefulness of the JSNA annual exception report, although it was felt that the recommendations could be more succinct.

## **2.4. Future accountability arrangements**

2.4.1. Participants strongly expressed a desire to reconvene the JSNA Steering Group, comprising appropriate partners. There was some discussion around the absence of evaluation and/or assurance of commissioning plans, as well as the need for a common sense test for the JSNA content. There was a call to align various priorities with commissioning values.

2.4.2. The JSNA was perceived to be of a sound structure and good evidence base, which supported Health and Wellbeing Board(s) decisions.

### **3. Discussion**

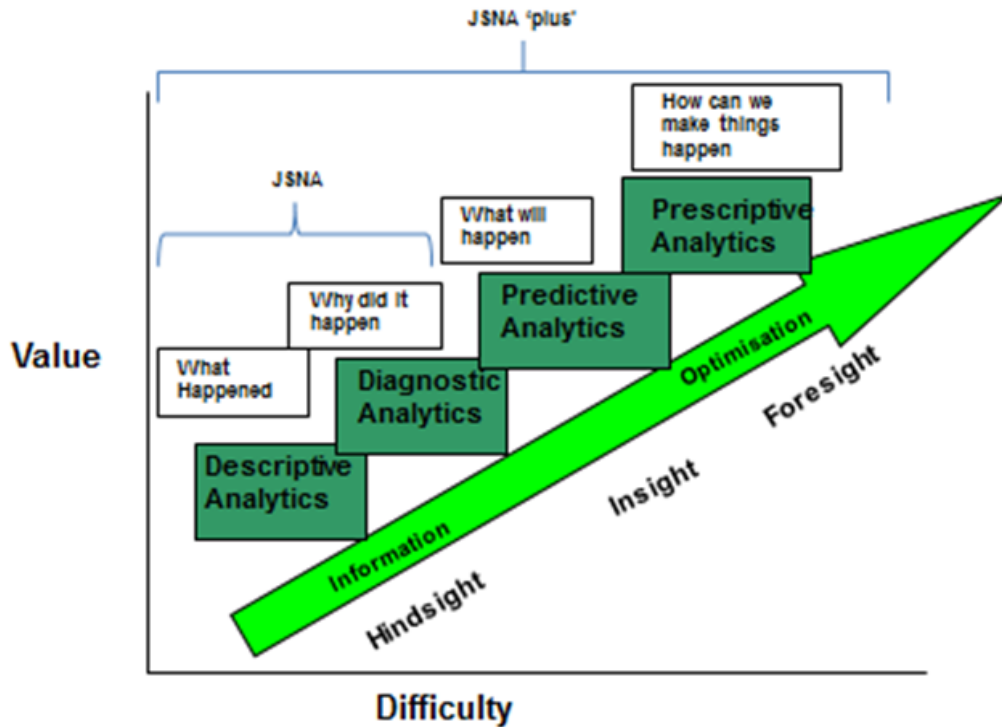
- 3.1. The workshop attracted a broad range of partners' views about the JSNA and the associated process and it was generally felt that this feedback provides sufficient evidence to frame a suite of recommendations to support the JSNA process and engagement with our partners. These actions centre around awareness and use of the JSNA, the editorial quality of the finished product(s) and the governance of the process.
- 3.2. In terms of user awareness, it is proposed that a range of training programmes be offered on the JSNA website and/or through other relevant public health training sources. This, coupled with other interventions, mentioned below, should help address the issue of lack of awareness.
- 3.3. It is proposed to put together a programme of meetings with local HWBBs to promote the JSNA, explain its development process (including the work of the multi-agency information group in KCC), how commissioners could use its 'products' in their planning work, what are its present limitations and how we can address them in future.
- 3.4. Questions have been raised around the quality and content of some of the JSNA 'products' particularly chapter summaries. A quality plan will be put in place to develop the necessary editorial structure which moves the process towards quality assurance rather than quality control. Author training, proof-reading and style compliance all contribute to this. The plan will be considered by the KCC Public Health Quality Committee.
- 3.5. There is a need to ensure consistent reporting of a patient/citizen's view of their health and wellbeing and use of health and care services. Public Health will be commissioning an appropriate organisation to pull together and regularly report all past and present user/citizen engagement work across Kent that is relevant to the JSNA chapter summaries.
- 3.6. The Kent JSNA development process has been managed by the JSNA / JHWS steering group, represented by key stakeholders, particularly KCC, districts and CCGs. The group should be reconvened, but with a smaller robust membership and terms of reference. The Group will be charged with formulating proposals that will address the concerns of commissioners and provide a JSNA that answers, at least in part, the more complex questions they are now raising. Membership of this group would comprise Public Health

representatives, KCC Policy team and representatives from the CCG and social care commissioning. Others could be co-opted as necessary for more specific topics or issues. The group would be tasked with determination of the scope and content as per partner needs, especially the predictive modelling elements, of the Kent JSNA Plus and reporting the proposals to the Kent Health and Wellbeing Board. The JSNA Development Group would be supported by the existing Multi Agency Data and Information Group that formerly reported to the JSNA and HWB Steering Group. The group will be tasked to work towards the proposed future vision for Kent shown in Section 4.

#### **4. Proposed Future Vision for the Kent JSNA**

- 4.1. While current data and datasets are useful in performance monitoring and describing variation and inequalities in healthcare provision, they are of limited use in answering complex commissioning questions, e.g. estimating impact of new models of care in the backdrop of reduced health and social care budgets.
- 4.2. The collection and analysis of health and care service data needs to change in order to answer the type of questions commissioners are currently asking. Figure 1 attempts to illustrate the current challenges around the scope and usability of the JSNA. Much of the current JSNA scope is high level, where information and intelligence largely answers hindsight questions such as ‘what happened?’ and ‘why did it happen?’ around recent changes in population health and exploring different risk factors.
- 4.3. However, commissioners appear to be phrasing more complicated questions such as ‘what will happen?’ and, more importantly, ‘how can it make things happen?’, namely foresight. A good example is a current project by Public Health to understand future bed capacity across health and care services. Whilst the tools, techniques and analytical capability is already available to intelligence teams to answer these questions, the current data and datasets that they use are not in an appropriate format i.e. not ‘joined up’ or readily accessible for this purpose. This process of moving from where we are today to where we would like to be, in terms of analytics, is called ‘JSNA Plus’.

4.4. Kent HWBB member organisations should adopt a common vision and strategy in bringing data and information together to enable better robust analyses and allow the Kent JSNA to discuss not just health and care inequalities but more importantly investment / disinvestment solutions for preferred models of care.



**Figure 1** Source: British Army, DataGov Conference September 2015

## 5. Recommendations:

The Kent Health & Wellbeing Board members are asked to:

1. Comment on and endorse the contents of this report;
2. Approve the above actions in Section 3 designed to improve the JSNA development process; and
3. Agree future direction of the Kent JSNA.

## 6. Contact details

### Report Author

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### Relevant Director:

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## 7. Acknowledgements

- Stephen Cochrane Public Health Specialist
- Emily Smith JSNA Development Officer
- Mark Lemon Policy & Strategy Advisor
- Tristan Godfrey Policy Manager
- Alice Mclean Administration Assistant

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

**To:** Health and Wellbeing Board, 16 March 2016

**Subject:** **Kent Health and Wellbeing Board Work Programme**

**Classification:** Unrestricted

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## **1. Introduction**

(a) Following the Board's agreement in September 2015 that a Forward Work Programme should be developed and shared with local Boards, a draft was presented to the Board on 27 January 2016. The approach set out at this time was approved by the Board.

(b) The draft Forward Work Programme has been amended and updated. This is attached. The Forward Work Programme will remain a live document and remain as a standing item on the Agenda.

## **2. Recommendation**

Members of the Kent Health and Wellbeing Board are asked to agree the attached Forward Work Programme.

## **Background Documents**

None.

## **Contact Details**

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**WORK PROGRAMME –2016/17  
Health and Wellbeing Board**

Agenda Section	Items
<b>25 May 2016</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	<ul style="list-style-type: none"> <li>• Feedback from Workforce Task and Finish Group</li> </ul>
<b>Area 2 - Core Documents</b>	<ul style="list-style-type: none"> <li>• JSNA Overview Report</li> </ul>
<b>Area 3 Promotion of Integration</b>	<ul style="list-style-type: none"> <li>• Draft Sustainability and Transformation Plans (to be submitted by the end of June)</li> <li>• Better Care Fund Refresh (submission date mid-late April)</li> </ul>
<b>Area 4 Notifications</b>	<ul style="list-style-type: none"> <li>• Kent Environment Strategy</li> </ul>
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the Childrens Health and Wellbeing Board</li> </ul>
<b>20 July 2016</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	<ul style="list-style-type: none"> <li>• Review of Outcome 2 – Prevention of ill-health</li> <li>• Review of “Mind the Gap”</li> <li>• Obesity Review</li> </ul>
<b>Area 2 - Core Documents</b>	
<b>Area 3 Promotion of Integration</b>	<ul style="list-style-type: none"> <li>• Final Sustainability and Transformation Plans</li> </ul>
<b>Area 4 Notifications</b>	
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• Crisis Care Concordat – Annual Report</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the Childrens Health and Wellbeing Board</li> </ul>
<b>21 September 2016</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	<ul style="list-style-type: none"> <li>• Review of outcome 3- Quality of Life for people with long term conditions</li> <li>• Relationship between the Kent Board and Local Boards Update</li> </ul>
<b>Area 2 - Core Documents</b>	
<b>Area 3 Promotion of Integration</b>	<ul style="list-style-type: none"> <li>• The Kent Board and Voluntary Sector Update</li> </ul>
<b>Area 4 Notifications</b>	<ul style="list-style-type: none"> <li>• One Public Estate/Local Estates Strategies Update</li> </ul>
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• KSCB Annual report</li> <li>• HWB Annual Report</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the Children’s Health and Wellbeing Board</li> </ul>

<b>23 November 2016</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	<ul style="list-style-type: none"> <li>• Review of Outcome 5 - Dementia</li> </ul>
<b>Area 2 - Core Documents</b>	<ul style="list-style-type: none"> <li>• JHWS Development Process</li> </ul>
<b>Area 3 Promotion of Integration</b>	<ul style="list-style-type: none"> <li>• Sustainability and Transformation Plans Update</li> </ul>
<b>Area 4 Notifications</b>	
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• Update on the Joint Health and Social Care Self-Assessment Framework</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the Childrens Health and Wellbeing Board</li> </ul>
<b>25 January 2017</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	<ul style="list-style-type: none"> <li>• Review of Outcome 1 – Every Child has the Best Start in Life</li> </ul>
<b>Area 2 - Core Documents</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Area 3 Promotion of Integration</b>	<ul style="list-style-type: none"> <li>• Better Care Fund Plans for 2017/18</li> </ul>
<b>Area 4 Notifications</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• Progress report on the Kent Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (CAMHS)</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the Childrens Health and Wellbeing Board</li> </ul>
<b>22 March 2017</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	
<b>Area 2 - Core Documents</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Area 3 Promotion of Integration</b>	<ul style="list-style-type: none"> <li>• Review of Commissioning Plans</li> </ul>
<b>Area 4 Notifications</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the Childrens Health and Wellbeing Board</li> </ul>
<b>Other items not allocated to a particular meeting</b>	

# Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **20<sup>th</sup> January 2016.**

## Present:

Dr. Navin Kumta – Clinical Lead and Chair, Ashford CCG, (Chairman);  
Faiza Khan – Public Health Specialist, KCC (Vice-Chairman);

Councillor Brad Bradford, Lead Member – Highways, Wellbeing and Safety, ABC  
Councillor Geoff Lymer, Deputy Cabinet Member for Adult Social Care and Public Health, KCC

Mark Lemon – Policy Advisor, KCC;

Theresa Oliver – HealthWatch

Michael James – Red Zebra Community Solutions;

Martin Harvey - Patient Participation Representative (Lay Member for the CCG);

Sheila Davison – Head of Health, Parking & Community Safety, ABC;

Lisa Barclay – Head of Programme Delivery, Ashford CCG;

Charlie Fox – Chief Officer, Red Zebra Community Solutions;

Stephanie Holt – Head of Countryside, Leisure & Sport, KCC

Belinda King – Management Assistant, Health, Parking & Community Safety, ABC;

Danny Sheppard – Senior Member Services and Scrutiny Support Officer, ABC;

## Apologies:

Peter Oakford - KCC Cabinet Member - Specialist Children's Services, Philip Segurola - KCC Social Services, Simon Perks - CCG, Neil Fisher – CCG, Helen Anderson – Ashford Local Children's Partnership Group, Tracey Kerly – ABC, Debbie Smith – KCC Public Health.

## 1. Notes of the Meeting of the Board held on the 19<sup>th</sup> October 2015

The Board agreed that the notes were a correct record.

## 2. Ashford Health & Wellbeing Board Priorities

- 2.1 Faiza Khan– Public Health Specialist, KCC, gave a presentation in order to facilitate a discussion on the priorities that the Ashford Health & Wellbeing Board might like to consider. These would be with the particular aims of reducing gaps in service, reducing health inequalities and improving outcomes for patients in the Ashford Borough in the coming years, all under the banner of 'A Healthier Ashford'. The presentation outlined the drivers for change leading to the development of the priorities and an action plan for this Board and detailed some of the particular issues that Ashford already faced and how they compared to other areas in the region and nationally.
- 2.2 Faiza Khan asked what the Board would like to see next in terms of data. The Board considered it would be useful to bring a specific paper to the next meeting to drill down in to some of the causes for the particular problem areas

highlighted for Ashford, and whether there was anything the Board could do about them when agreeing its priorities. The projected increase in mental health disorders was flagged as a particular issue. It was reiterated that whilst the issues were health related, many of the causes may be outside of the control of healthcare such as employment, population growth etc.

- 2.3 The Board then discussed health inequalities and examined a slide which gave an overview of what was happening in Ashford and other Kent Districts. The slide showed the gap between the most deprived and least deprived in Ashford in both the 75+ and 'all ages' categories was increasing in terms of cancer, circulatory diseases, respiratory diseases and all other diseases. There was one anomaly in the 'all causes – all ages' category where the gap was decreasing. The Board considered that the overall statistics were incredibly depressing bearing in mind all of the work that had gone in to addressing health inequalities over the years and asked if Faiza Khan could do some more analysis of the data to see what other areas which were performing slightly better, such as South Kent Coast and Thanet, were doing differently. A Member also asked if the cancer statistics could be broken down in to male/female. This would all be with a view to reporting back to the Board to see if there was anything it could be doing to affect the situation.
- 2.4 In terms of taking the priorities forward, it was agreed that the previously mentioned follow up report would come back to the next Board Meeting. Reducing inequalities was a cross cutting issue for the Board to consider and the table contained at page 30 of the Agenda papers could act as a good 'starter for 10' in terms of which organisations would be responsible for which areas within that. It was agreed that the issue of 'alcohol' should be re-labelled as 'substance abuse' and the issue of 'obesity' was not really one that ABC could take a lead on – this would be more for KCC Public Health. The Chairman said it would be useful to send this table to the next meeting of the Lead Officer Group (LOG) to determine how much work was already been undertaken by each organisation in these areas, and to come back to this Board with a maximum of five overarching priority areas to move forward on whilst also attaching some timescales. Early suggestions for priority areas included obesity, mental health, dementia and early diagnosis and prevention.
- 2.5 There was a wider discussion on the topic of obesity and it was considered that this would be an issue of education. There was perhaps a need to work more with schools to promote the benefits of healthy eating, proper cooking and exercise. It had to be targeted at school children, perhaps even at Primary level, as it was often too late to re-educate parents. It was considered that this should be one of the priority areas and be fed to the Children's Board.

### **3. East Kent Strategy Board**

- 3.1 The Chairman introduced the report which had been submitted by Simon Perks explaining that the East Kent Strategy Board had been established by local health and care commissioners to spearhead a new drive to determine how best to provide health and care services to the population of East Kent. The update provided some context about the ambitions and work of the Board and the programme of activity it would oversee. These changes were

necessary in the context of increased demand for services in an increasing challenging financial environment and there would be a need to develop new approaches and models for delivering care going forward. The work of the Board was supported by each of the four East Kent Clinical Commissioning Groups.

- 3.2 In response to a question about the timeframe for starting to look at and test options, the Chairman advised that there was a huge communication workstream to work through but they were aiming for late Summer/Autumn 2016.

#### **4. Kent Board Relationship with Local Boards and Future Options**

- 4.1 Mark Lemon – Policy Advisor, KCC introduced the report which had been submitted to the Kent Health & Wellbeing Board in September 2015 and had contained 17 specific recommendations for discussion, all around reviewing the relationship between the Kent Health & Wellbeing Board and the Local Boards. The work as described in the report had been undertaken in order to clarify the expectations the Kent Board had of the Local Boards, communications between the Boards and how business was transacted.
- 4.2 Mark Lemon said that it was clear that there was a lack of clarity on the purpose of the Local Boards and how they linked to the Kent Board. The list of recommendations had sought to provide some clarity and he drew attention to two specific recommendations; firstly suggesting an outline work programme for the Kent Board for the start of each year to enable Local Boards to plan their activity accordingly; and secondly for each Local Board to send a representative to every Kent Board meeting, to update on their activities locally, and to take back any relevant information from the Kent Board. 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. He also advised that there had been an offer from the Local Government Association (LGA) to run some development sessions with Local Boards to help reflect on what they did, look at their aspirations and help analyse what they needed to have in place to deliver those. He asked the Board if that was something they wanted to take up.
- 4.3 The Board said it would certainly be interested in engaging with the LGA and developing the question ‘what are we here for?’ The Chairman said that the Board’s meetings had covered some good ground, but there were certainly wider questions about what impact the Board was having and whether their time was currently being spent wisely. This was a time of rapid and necessary change in the health service and it would be important to position the Board correctly to assist in that and to be a truly commissioning organisation in the future. It was noted that a formal terms of reference for the Ashford Local Board was yet to be agreed and that doing this would probably be necessary as part of any work with the LGA. It was agreed to take discussions on the LGA development work forward to February’s Lead Officer Group (LOG) meeting.

- 4.4 The Board agreed that Navin Kumta as Chairman would act as the Ashford Board's representative on the Kent Board.

**Resolved:**

- That (i) **the Board accept the LGA offer to undertake some development sessions and further discussions take place at the Lead Officer Group in February.**
- (ii) **Navin Kumta act as the Ashford Board's representative on the Kent Health & Wellbeing Board.**

## **5. Voluntary Sector Next Steps**

- 5.1 Michael James - Red Zebra Community Solutions, tabled a slightly amended version of the report that was included within the Agenda papers. He advised that the report had come as an update from discussions at the last Board meeting on 19<sup>th</sup> October 2015 on the Voluntary Sector. The report focussed on three areas where resources might be concentrated to help support general health and wellbeing.
- 5.2 Charlie Fox, Chief Officer, Red Zebra Community Solutions, discussed social prescribing and advised that this could be an area which could be developed in Ashford. Red Zebra was currently working with the Multi-speciality Community Provider (MCP) GP group based at Whitstable Medical Practice to co-design and implement a social prescribing service. The service aimed to improve access by local people to the full range of services offered by the voluntary and community service in order to support them with improving their health and wellbeing. There was potential for an Ashford pilot scheme facilitated by Red Zebra and it was agreed to pursue this through the three Ashford Community Networks. Red Zebra had also suggested they could provide support to the three Ashford Networks (North, South and Rural) in helping them develop a more cohesive strategy with regard to feeding into the Health & Wellbeing Board agenda generally. This could involve a series of structured workshops, facilitated discussion around priority setting and focus groups.

**Action: Lisa Barclay to add Michael James to the invitation list for the three Ashford Community Networks.**

- 5.3 With regard to funding and grants Michael James advised that rolling funding could be aimed at organisations providing services where there was an overlap with Board priority areas. If rolling funding could cover a three year period this would allow organisations to plan ahead strategically and concentrate on service delivery. A small grants model could be managed in Ashford by Red Zebra to enable small organisations to provide health-related services. This would not just be about keeping the Voluntary and Community Sector going, but about delivering specific targets and outcomes as set by the Board. Areas already mentioned at this meeting such as mental health, healthy eating etc. could all be prioritised.

## **6. Public Health Programmes**

- 6.1 The paper gave an update on the transformation programme for Public Health commissioned services. A series of stakeholder and public consultation events had taken place, alongside a review of national developments and a review of the performance of current services and the paper outlined some of the work to date, key findings and recommended changes.
- 6.2 The Board agreed that Faiza Khan and Sheila Davison would work together to identify colleagues to be involved in the upcoming procurement processes. A representative from HealthWatch was suggested as one possibility.

### **Resolved:**

- That (i) **the work be noted.**
- (ii) **the recommendations for future delivery be noted.**
- (iii) **Faiza Khan and Sheila Davison work together to identify colleagues to be involved in the upcoming procurement processes.**

## **7. Kent Health & Wellbeing Board Meeting – 18<sup>th</sup> November 2015**

- 7.1 The Chairman advised that the meeting had covered a lot of ground and most of the areas had already been covered by this Board. One of the main areas of focus had been the Growth and Infrastructure Framework which would be covered by Stephanie Holt in the next Agenda item.
- 7.2 Mark Lemon mentioned Local Digital Road Maps and asked whether there was any role for the Local Boards to sign them off. The Chairman said this was his understanding and this would form part of the Local Board's agendas.

## **8. Growth and Infrastructure Framework**

- 8.1 Stephanie Holt – Head of Countryside, Leisure & Sport, KCC, introduced the paper and gave a presentation which provided an overview of the recently launched Kent and Medway Growth and Infrastructure Framework (GIF), and the associated action plan. She advised that the GIF had been developed to provide a clear picture of housing and economic growth to 2031, the infrastructure needed to support that growth and the infrastructure funding gap for Kent and Medway. One of its key elements was the evidence base on the provision of healthcare and social care capacity across the area, both at the current time and that which would be required to support the planned housing growth to 2031. The GIF would help shape discussions about the future shape of health and social care service delivery. The initial GIF had been well received by National Government but it had been necessary to produce it quite quickly and there was now a need to further analyse the local data that had been produced, some of which was already out of date, and discuss priorities with local partners such as this Board. The document

remained live and Officers were working towards a complete refresh using updated data by January 2017. She concluded by saying that the following issues needed further consideration: -

- What other data sources would be useful in terms of pulling together the chapters on health, community/social care and Ashford itself?
- Who else should they be linking with to develop the GIF?
- What outcomes would the Board like to see that would be useful for everyone involved?

8.2 Mark Lemon said it was also important to understand what the GIF was showing in terms of the infrastructure funding gap and what that was likely to do to health inequalities. Stephanie Holt said that an action plan would need to be developed across each area to deal with this as there was obviously only so much funding to go around.

8.3 In response to a question about the definition of funding Stephanie Holt advised that 'expected funding' was where there had been a commitment to funding whereas 'secure funding' was that which had already been received.

8.4 In terms of other groups that KCC should be linking with in order to develop the GIF the following were suggested: - the Clinical Commissioning Group Strategy Board; Ashford Borough Council's Strategic Planners; NHS England; the local Health Infrastructure Groups; local Police, local Fire and local Community Safety Units. The Chairman also agreed to send the Ashford Health Estates Paper through to Stephanie Holt.

8.5 Martin Harvey said that the potential funding gap in terms of Adult Social Care was alarming and although this may be adjusted by the Autumn Budget Statement, it was still an area to be cognisant of.

#### **Resolved:**

- That
- (i) **the contents and conclusions of the first GIF and its associated action plan be noted.**
  - (ii) **the Board agree to help shape the future of the GIF, along with the Health Infrastructure Group, by assisting in the contribution of robust and timely data and analysis to the next refresh.**
  - (iii) **the GIF be used to help shape discussions about the future shape of health and social care service delivery.**

## **9. Partner Updates**

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

### **(a) Clinical Commissioning Group (CCG)**

Lisa Barclay asked for feedback on the CCG's Sustainability and Transformation Plan which had been sent around and could be sent



again on request. This would be an agenda item for the next Board meeting in March.

Martin Harvey drew attention to the forthcoming Patient and Public Engagement (PPE) Strategic Engagement Day on Wednesday 30<sup>th</sup> March at the Singleton Environment Centre. All were welcome.

**(b) Kent County Council (Social Services)**

A question was raised regarding the focus on the Care homes contract and whether this was a review of the specification. It was agreed to seek clarification from Paula Parker.

**(c) Kent County Council (Public Health)**

No update.

**(d) Ashford Borough Council**

Sheila Davison advised that John Bunnett would be leaving his post in February and Tracey Kerly would be taking over as Interim Chief Executive of Ashford Borough Council and would continue to attend meetings of this Board. The Board noted its best wishes for the future to John.

The Syrian Vulnerable Persons Re-location Scheme was underway and the first three families had arrived in the Borough in December. Homes had been identified and extensive liaison had taken place with KCC, the CCG and the Police. An intensive programme of support was in place. Officers had indicated that the early signs were positive and the families had settled well. The Board agreed that it would be useful to get an update on the scheme at their July 2016 meeting.

Councillor Bradford advised that Farrow Court was now formally open and phase 1 of the scheme was complete with all current residents having moved in to their new accommodation. He said that he had been amazed by the facilities there and the whole project was a credit to Ashford and the Council. It was suggested that a future Ashford Health & Wellbeing Board meeting could be held there.

**(e) Voluntary Sector Representative**

Update noted.

Michael James advised that they were looking to appoint a permanent successor to Tracey Dighton as Voluntary Sector Representative on the Board and that would be in place for the next meeting in March.

**(f) HealthWatch Kent**

No update.

**(g) Ashford Local Children's Partnership Group**

Update noted

## **10. Forward Plan**

- 10.1 The Chairman advised that the focus of the next meeting in March would be mental health. It would also include an update on the CCG's Sustainability and Transformation Plan from Neil Fisher, a follow up report on priority setting from Faiza Khan and any update on the LGA development work.
- 10.2 As previously mentioned the July meeting would receive an update from Ashford Borough Council on the Syrian Vulnerable Persons Re-location Scheme.

## **11. Dates of Future Meetings**

- 11.1 The next meeting would be held on the 23<sup>rd</sup> March 2016.
- 11.2 The following dates were also agreed for subsequent meetings:-
- 20<sup>th</sup> July 2016  
19<sup>th</sup> October 2016

(DS)  
MINS: AHWBB Minutes 20-01-16

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Queries concerning these minutes? Please contact Danny Sheppard:  
Telephone: 01233 330349 Email: [danny.sheppard@ashford.gov.uk](mailto:danny.sheppard@ashford.gov.uk)  
Agendas, Reports and Minutes are available on: [www.ashford.gov.uk/committee](http://www.ashford.gov.uk/committee)

## CANTERBURY CITY COUNCIL

### CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Tuesday, 19th January, 2016  
at 6.00 pm in The Guildhall, Westgate, Canterbury

**Present:** Dr Mark Jones (Chairman)  
Velia Coffey  
Councillor S Chandler  
Mr Gibbens  
Mark Lemon Paula  
Parker Councillor  
Cllr Pugh Jonathan  
Sexton Jayne  
Faulkner Wendy  
Jeffreys  
Karen Britton – for Item3

#### 1 APOLOGIES FOR ABSENCE

Steve Inett  
Sari Sirkia Weaver  
Lorraine Goodsell  
Cllr Joe Howes  
Simon Perks  
Amber Cristou

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

The minutes of the meeting were agreed as an accurate record with one amendment on page 3 of the minutes which should read that the Improving Access to Psychological Therapies service runs on five days a week in Canterbury Job Centre and not two days as stated.

##### **Actions from the previous meeting:**

*Item 2. 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. This has been passed to Sam Bennett to follow up.*

*Item 3. The Agenda for the East Kent Strategy Board to be circulated to Health and Wellbeing Board members in advance of the meetings so they can give input. Simon Perks to find out if these agendas can be shared. Ongoing*

*Item 7. It was agreed to include South Kent Coast in the regular report from Sari Sirkia-Weaver. It was noted that it is not included in the current report but this could be due to meeting schedules.*

*Item 7. Mark Lemon and Sam Bennett to take back to KCC this issue of operational boundaries for the Local Children's Partnership Groups. Sam Bennett reported that she is looking at how outcomes will be measured and has recommended that indicators should be on a geographical level.*

*Item 9. Core Group to consider possible dates for development days with LGA.* Mark Lemon is attending the next core group meeting to discuss the Development Day. Kate Herbert from LGA will also attend.

### 3 **CANTERBURY DRAFT LOCAL PLAN AND HEALTH PROVISION - KAREN BRITTON**

Karen Britton, Head of Planning Policy at Canterbury City Council gave a presentation on the Canterbury Local Plan, how health provision is incorporated into the Plan and where the Plan is in the planning cycle at the moment.

Karen Britton advised that during the consultation period Canterbury City Council had contacted the NHS and the Clinical Commissioning Group (CCG) to seek their views. It was recognised that greater communication between the CCG and the Council would be welcomed. It was noted that provision for a new surgery or other health service can be set aside as part of a development within the Local Plan or can be included when the planning application is made for the development.

The following queries were raised:

- How is affordable housing being incorporated as helps reduce health inequalities? It was reported that the draft Local Plan states that there needs to be 30% affordable homes on all sites however this is being queried by the Inspector as many of the developments are linked to infrastructure investment by the developer so 30% affordable housing may not be achievable. Also the definition of affordable is being changed by the Government.
- What provision is there for sheltered and supported housing for an increasing ageing population? This is being investigated although it was noted that sheltered housing may not be the best way of addressing the needs of an ageing population.
- What requirement is there for open space as this is essential to health and wellbeing? The Local Plan specifies that walking/cycling etc should be encouraged and provides specific guidance on sites and open space provision. Then, as specific planning applications are submitted they are looked at in more detail.
- Should Health and Wellbeing Boards be a statutory consultee for planning developments?
- Has the Health Impact Assessment been used? Karen Britton advised that it had been used in the evidence gathering.
- Additional health provision will be needed, specifically community hospitals therefore a closer link between health and planners and better engagement is needed.

It was noted that the hospital site had been removed from the Local Plan as there was a lack of certainty as to whether the site would be available for development.

It was commented that Public Health Departments have helped significantly to improve health and wellbeing provision up to 2013 and it was hoped this would continue. Velia Coffey advised that previous work has been used to inform the Local Plan and this work has not been lost. It was also noted that there is a Duty to Cooperate across Local Authority boundaries so Local Authorities have collaborated as it is recognised that this will affect all of East Kent.

It was reported that not every council works on same timetable for their Local Plan. Dover's was adopted in 2010 and changes in the healthcare landscape and the introduction of the CCG has had an impact.

It was noted that the consultation is still open (closes on Friday 22 January) and Karen Britton welcomed all comments and feedback.

Mark Jones commented that the Growth and Infrastructure Fund is concerned with infrastructure planning for future population needs therefore a meeting between the CCG and council would be welcome to discuss this further.

**Action: Meeting between Canterbury City Council planning and Canterbury and Coastal CCG to be arranged.**

#### 4 **HEALTH STRATEGY AND PRIORITIES FOR CANTERBURY - SAMANTHA BENNETT**

Samantha Bennett gave an update on the priorities and reported that Kent Health and Wellbeing Board (HWB) has agreed that obesity is a priority and asked local HWBs to give an update on their plans to tackle obesity in May 2016. Obesity is not one of the local priorities but is already included as a strand in many of the priorities.

The following was noted:

- The Alcohol Action Plan will be presented to the Community Safety Partnership in the week commencing 25 January 2016 and will come back to this Board at the March 2016 meeting. They are looking for synergy with Dover and Swale and their plans around this issue.
- How will progress be monitored for each of the priorities? A dashboard has been produced but some data is only collected annually. The Board was asked how they wanted progress to be reported. It was agreed that a report would be produced annually and two (or more) priorities would be updated at each Board meeting depending on when data became available and on the advice of the group responsible for leading on each priority. If no data updates were available it was agreed that a progress report should be given on actions being undertaken.
- The Local Government Association Development Day will address the HWB work programme and help align it to the priorities.
- It was noted that Kent HWB and also South Kent Coast have also produced themes and priorities therefore there should be a co-ordinated rolling programme with other HWBs and responsible groups.

#### **Obesity**

Samantha Bennett reiterated that a report with an action plan on obesity needs to be submitted to the Kent HWB in May 2016.

It was suggested that Canterbury complete relevant sections of the Draft Obesity Framework to facilitate a local plan for Canterbury. The Board discussed this and agreed that a baseline is needed in order to measure outcomes and this would be a significant piece of work. It was suggested that the Board focus on a specific area that has been highlighted as a local problem and where collaborative working between health professionals, local authorities and other stakeholders will have a significant effect.

**Action: Samantha Bennett to review the Draft Obesity Framework with the Joint Commissioning Delivery Steering Group to identify work that is already in progress on obesity and assess where focus can be brought. Details to be brought to the core group.**

5 **2016/17 PLANNING ROUND UPDATE- NEIL FISHER**

Neil Fisher was unable to attend the meeting. The report was noted. Update to be given at the March 2016 meeting.

6 **EAST KENT HEALTH AND SOCIAL CARE STRATEGY BOARD UPDATE - SIMON PERKS**

Simon Perks was unable to attend the meeting and Mark Jones presented on his behalf. He advised that regular updates will be received from the Board and that the Board has not yet considered the options for change and no decisions have yet been made.

***Action: Simon Perks to advise what information can be shared with the Health and Wellbeing Board from the East Kent Health and Social Care Strategy Board.***

Mark Lemon raised concern that it needs to be made clear how the Strategy Board fits into other organisations as its functions seem to be complex and wide ranging.

7 **MENTAL HEALTH ACTION GROUP - NEIL FISHER**

The report was noted.

A comment was made that the paper is clinical in nature and should give an indication as to whether there are issues that should be addressed or where successes need highlighting.

Velia Coffey reported that issues with Children and Adolescent Mental Health Services (CAMHS) have been taken up by the Local Children's Partnership Group and good progress has been made. The 0-25 Health and Wellbeing Board (previously, the Children's Health and Wellbeing Board) has reported that a review of CAMHS for that age group is underway.

8 **LOCAL CHILDREN'S PARTNERSHIP GROUP**

The report was noted.

It was reported that the Chairs group had met and has agreed outcomes for Kent.

Swale's Local Children's Partnership Group (LCPG) is now constituted and four priorities have been submitted to KCC in order to receive some funding through the grant system.

It was noted that the LCPGs are set up on a district boundary basis not CCG boundary basis but as representatives of each Local Authority attend the Canterbury HWB it is hoped that links between the LCPGs and the HWBs will be maintained. It was recognised that this will be a challenge.

Information will shortly be received regarding Kent's proposals and these will be brought back to the next HWB in March.

***Action: Sari Sirkia-Weaver to make contact with the Chairs of neighbouring LCPGs and bring a joint report back to the HWB.***

9 **ANY OTHER BUSINESS**

None.

10 **DATE OF NEXT MEETING**

9 March 2016, 18.00 in the Canteen, Canterbury City Council Offices.

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## **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 24 February 2016.

**PRESENT:** Councillor Roger Gough (Chairman)  
Councillor Mrs Ann D Allen MBE  
Councillor Tony Searles  
Councillor David Turner  
Sheri Green  
Graham Harris  
Melanie Norris  
Sarah Kilkie  
Lesley Bowles  
Cecilia Yardley

**ALSO PRESENT:** Jenny Ellis, Job Centre Plus; Elizabeth Fairbairn, Violence Reduction Nurse; Val Miller, KCC Public Health; Dr Su Xavier; Dartford, Gravesham, and Swanley CCG

### **53. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Stuart Collins, Tristan Godfrey, Dr Elizabeth Lunt, and Debbie Stock.

Councillor Ann Allen apologised in advance that she would be late attending the meeting.

The Chairman being absent at the start of the meeting, Councillor Searles took the Chair until he arrived.

### **54. DECLARATIONS OF INTEREST**

There were no declarations of interest received.

### **55. MINUTES**

The minutes of the meeting of the Health and Wellbeing Board held on Wednesday 9 December 2015 were confirmed as a correct record of the meeting.

### **56. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD**

The Chairman, Councillor Gough having joined the meeting reviewed the meeting of the Kent Health and Wellbeing Board held on 27 January 2016 and drew Members' attention to the following matters which were discussed.

Winter Service Performance. The Kent Board had noted that there had not been any major service issues over the winter period but was concerned that this was possibly due to the very mild weather conditions.

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING  
BOARD

WEDNESDAY 24 FEBRUARY 2016

Issues relating to Darenth Valley Hospital were also noted but it was recognised that these were local issues only and not related to the winter.

Sustainability and Transformation Plans. The Kent Board was updated on Guidance circulated by the Department of Health relating to sustainability and transformation plans for health provision within the County. The Chairman commented that the intended “footprint” for the plan was likely to be Kent and Medway with three local focus areas of East, West and North Kent.

In response to a separate point raised by a Member, the Board agreed that it wished to receive a report on adolescent mental health, at a future meeting.

**57. URGENT ITEMS**

It was noted that there were no urgent items for the Board to discuss. The Action Plan for the Obesity Framework was circulated for discussion under Agenda item 11. ( Minute 63 below)

**58. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS**

The Board received a report on work issues which were outstanding from previous meetings, and noted that a number of matters had been added to the Board’s work plan.

Arising from this Councillor Turner enquired about the progress of dementia awareness training in schools and it was agreed that Stuart Collins would cover this during discussion on dementia scheduled for the next Board meeting.

**59. REGENERATION IN SWANLEY**

Following on from her presentation to the Board at the meeting held on 9 December 2015, Lesley Bowles further updated the Board on the progress of the planned regeneration at Swanley Town Centre.

Mrs Bowles reported that

- A Consultant had been engaged to draw up a Masterplan for the regeneration and they would look at the data arising from the public consultation exercises to be undertaken
- Public consultation had been undertaken, with both a shop unit being used to canvass passers - by and via an on line survey
- Specialist transport consultants Urban Flow had been engaged to look at traffic and transport issues

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING  
BOARD

WEDNESDAY 24 FEBRUARY 2016

- Work was to be undertaken in local schools to ensure that a balanced demographic of consultation was obtained
- Meetings are to be arranged with all stakeholders to consider health provision in the Town Centre

It was reported that despite the fact that detailed analysis of the consultation had yet to be undertaken, a major area of concern identified was traffic congestion and that public transport issues had not been seen as a priority matter.

The Board expressed a need to have further comment on the Masterplan when drafted and noted that a further update would be provided at a meeting towards the end of the summer.

Arising from the discussion of this matter Councillor David Turner raised the matter of grant funding for sports clubs to provide taster events to encourage young people to take up sport, which he felt would be of benefit to both their physical and mental health and wellbeing.

It was noted that some Councils employed Officers to undertake this role by direct provision and others by commissioning.

The Board therefore agreed to further investigate the progression of this initiative.

**60. EMPLOYABILITY AND HEALTH: A PRESENTATION**

The Board received a presentation from Jenny Ellis the Thames Gateway Manager from Job Centre plus.

Ms Ellis provided details of the numbers of persons claiming Employment Support Allowance, and thus unfit to work, in both Dartford and Gravesham together with a breakdown of the figures into physical and mental causes, highlighting the economic cost of mental health issues to the Country of around £105.2 billion per annum.

She explained the levels of support available to such claimants through her Service in terms of counselling and advice, job identification and local events such as job fairs.

She also highlighted problems encountered by her service relating to medical details provided by General Practitioners on fitness to work notes provided to clients, and on liaison with health professionals regarding public health matters.

The Board agreed

WEDNESDAY 24 FEBRUARY 2016

1. To receive a further report on the liaison between the CCG and Job Centre Plus relating to education of GPs
2. To note that Dr Xavier was to work with Job Centre Plus on a strategic approach to employability and health particularly around Public Health issues.

**61. VIOLENCE REDUCTION INITIATIVE**

The Board were informed of the details of an initiative currently undertaken by Staff Nurse Elizabeth Fairbairn of the William Harvey Hospital Ashford, to establish a violent crime reporting programme across hospitals in Kent, Surrey and Sussex.

The initiative consisted of the collection of data by local hospitals, the collation and the anonymization of the data and the transmission of the data to local Crime and Safety Partnerships who are able to use the data as intelligence in identifying violence hotspots and trends.

It was reported that national experience had shown that once implemented the initiative can

- Informed the targeting of police resources
- Inform Licensing applications and appeals
- Target problem premises
- Aid the Violence diffusion effect (Violence diffusion – research shows that when there is a decrease in violence in the public areas less violence filters into home and thus Domestic Abuse rates decrease)

Ms Fairburn explained that while NHS had now made the reporting of violence mandatory she had not been able to complete the necessary introduction to all the hospitals in her designated area, and the funding for the initiative was due to expire at the end of March 2016, and unfortunately new funding had not been identified.

The Board noted the great value of the initiative and expressed its concern that funding was an issue and it was suggested that local Crime and Safety Partnerships should be able to contribute to the funding of this project.

The Board therefore agreed that the local Crime and Safety Partnerships be approached to obtain the necessary funding for this initiative to continue.

**62. LOCAL GOVERNMENT ASSOCIATION SUPPORT PROGRAMME FOR HEALTH AND WELLBEING BOARDS**

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING  
BOARD

WEDNESDAY 24 FEBRUARY 2016

The Board was informed that an offer had been received from the Local Government Association to provide development support for our Board and thus enhance our relationship with the Kent HWB and provide better outcomes for Kent residents.

Arising from discussions with the LGA and the Chairman of our Board it was proposed that the LGA facilitated a workshop event for the DGS Board, which would provide an opportunity to learn from other Boards, and to consider

- how well the Dartford, Gravesham and Swanley Board is currently working,
- how it links with the Kent Board,
- whether membership needs to be changed/expanded in any way; and
- how to further develop the Board

It was also noted that the Board would need to identify a topic for the workshop event to focus on and would need to decide on the details of how the workshop was to be staged.

The Board agreed

- i. To take up the offer of support from the LGA
- ii. That the topic of Obesity be the subject of the Workshop event
- iii. That the workshop should be a freestanding event and not use a currently identified Board meeting date
- iv. Further issues be resolved between the Chairman and Officers

**63. LOCAL OBESITY FRAMEWORK: UPDATE**

Dr Xavier and Val Miller gave a brief update on the progress of the Local Obesity Framework and circulated to the Board a partially completed Action Plan Template which detailed progress and targets for the four themes identified in the Framework.

Board Members were invited to report on any inaccuracies identified in the Template and to pass any suggestions on publicity and promotion of the initiatives to Dr Xavier and Val Miller.

It was also suggested that the identification of an "Obesity Champion" may aid in publicising and progressing the work of the Action Plan and Framework.

The Board agreed that, as obesity had been identified as the topic for the LGA workshop event identified at item 62 in these minutes, it was appropriate that further consideration on the details of the Framework should be undertaken at that event.

WEDNESDAY 24 FEBRUARY 2016

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

It was reported that a decision on the Healthy New Towns bid submission was to be announced shortly and that the Board would be advised accordingly.

**65. MEETING DATES FOR 2016 / 2017**

The Board received and approved the schedule of meetings presented for 2016 / 2017 subject to further discussions on the viability of holding a meeting in August 2016.

It therefore was agreed that Board Members assess their availability to attend the meeting scheduled to take place on 10 August and be prepared to make a final decision on this matter at the next Board meeting.

**66. INFORMATION EXCHANGE**

The Board was informed that the Community Review of “Mind the Gap” by Chris Bentley had been circulated by Val Miller.

It was also suggested that the Board may wish to contribute to the consultation exercise currently under way on the proposed new River Thames crossing, although it was noted that there may be differing views within the Board on the proposals.

**67. BOARD WORK PROGRAMME**

The Board received a report on its work plan and noted the following additions to the plan for forthcoming meetings, which had arisen from this meeting.

- Progress against DGS HWB priorities: Kent Teenaged Pregnancy strategy – move to “To be Scheduled” section
  - Dementia Issues: move to 6 April Meeting
  - JSNA Issues: chair to discuss this item with Officers.
-

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 24 November 2015 at 3.00 pm.

Present:

Chairman: Dr J Chaudhuri (Vice-Chairman in the Chair)

Councillors: Councillor P M Beresford  
Ms K Benbow  
Councillor S S Chandler  
Mr M Lobban  
Councillor M Lyons  
Councillor G Lymer  
Ms J Mookherjee  
Ms T Oliver

Also Present: Ms S Baldwin (South Kent Coast Clinical Commissioning Group)  
Ms R Jones (East Kent Hospitals University NHS Foundation Trust)

Officers: Head of Leadership Support  
Leadership Support Officer  
Team Leader – Democratic Support

26 APOLOGIES

Apologies for absence were received from Councillor J Hollingsbee (Shepway District Council) and Councillor P A Watkins (Dover District Council).

27 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

28 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

29 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 Vice-Chairman.

30 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

31 DEVELOPMENT OF THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD

The Head of Leadership Support presented the recommendations for developing the South Kent Coast Health and Wellbeing Board into a commissioning board. The new commissioning board would exist in shadow form from April 2016 onwards.

It was intended that the Board would be an equal partnership of local commissioners with a single commissioning structure and oversight of the entire

health and wellbeing system. However, while pooled budgets were an aspiration for the future it was expected that each commissioning partner would retain control of its own budget in the short term. The first commissioning work streams would relate to frail elderly (including housing) and obesity (children/whole family approach).

The new health and wellbeing board would assume responsibility for additional commissioning arrangements over time with the Integrated Care Organisation model responsible for the development of providers through integrated contracting models.

It was acknowledged that there were more discussions required to identify the size of the pooled budgets involved, finalise the governance arrangements and agree a shared vision and purpose between all the commissioning partners.

In terms of the membership for the Board in its new role, it was proposed that this would need to be changed due to the new decision making powers it would exercise. It was proposed that the new Board would be composed of:

- South Kent Coast Clinical Commissioning Group (representative and lay member)
- Dover District Council
- Shepway District Council
- Kent County Council
- Public Health
- Healthwatch
- Kent Fire and Rescue

There was a consensus of opinion that the inclusion of Kent Police on the new Board would be beneficial.

RESOLVED: (a) That the South Kent Coast Health and Wellbeing Board be developed into a commissioning board with a flexible approach enabling the Board to adapt to changing circumstances.

(b) That the 'revised' Board model be established in shadow form for a year from April 2016 with the Board commissioning the Integrated Care Organisation (ICO) / Integrated Executive Partnership Board (IEPB) model delivering and trialling new contracting models, and with the research and evaluation stream linked closely to the shadow year arrangements.

(c) That the Shared Intelligence development days with the ICO are used in conjunction with the Health and Wellbeing Board development.

(d) That the potential LGA support for local and national developments be explored further.

(e) That a provider engagement sub-group be established with links to the ICO; that the South Kent Coast Local Children's Partnership Group be retained; that the Executive Group (for agenda planning and workflow) be retained with the Group possibly being tasked with monitoring progress against outcomes



and reporting to the Board; and reports/updates be received on the ICO work streams as they develop and progress.

- (f) That Kent Police be invited to join the revised Health and Wellbeing Board.

## 32 INTEGRATED CARE ORGANISATION WORKSTREAM UPDATE

The Board received an update from Ms S Baldwin, Head of Planning and Delivery of the South Kent Coast Clinical Commissioning Group.

The Integrated Commissioning Organisation (ICO) locality model covered acute hospital care, general practice providing a care co-ordination role and the locality hub providing urgent response support, integrated intermediate care and planned care.

There were six development work streams:

- Integrated Primary Care (based around GP practices bringing together a co-ordinated multi-agency, multidisciplinary team);
- Pathway Redesign (mental health, rheumatology, cardiovascular disease, respiratory disease, dermatology and diabetes);
- Integrated Intermediate and Urgent Care (bringing together health, social care and the voluntary sector intermediate care services into one response);
- Information Management and Technology (full interoperability across providers and promoting new technology where appropriate);
- East Kent End of Life Strategy refresh; and
- Pharmacy and Medicines Management (to ensure the safe and cost effective use of medicines).

The GP practices would be the core of co-ordinated care with an emphasis on self-care and prevention to improve outcomes and reduce health inequalities. It was intended that this would give the public confidence that the hospital wasn't always the most appropriate place for their care. The Martello Practice in Shepway was also testing virtual GP consultations through secure methods.

There had been two task and finish groups formed involving the health sector, social care sector, district councils, public health and the voluntary sector to address poor housing and the health issues that arose from it.

RESOLVED: That the update be noted.

## 33 KENT HEALTH AND WELLBEING BOARD AND LOCAL HEALTH AND WELLBEING BOARD RELATIONSHIPS AND FUTURE OPTIONS

The Head of Leadership Support presented the report in the absence of Mr M Lemon (Kent County Council).

There were 7 Local Health and Wellbeing Boards (including the South Kent Coast Health and Wellbeing Board) in addition to the parent Kent Health and Wellbeing

Board. Each Local Board led at the Clinical Commissioning Group level on the development of integrated commissioning strategies and plans.

However, the 7 Local Boards operated in a variety of ways with differing levels of engagement with member organisations and effectiveness. There were also concerns that there was a lack of a clear mechanism for communication between the Local Boards and the Kent Health and Wellbeing Board.

The report set out how these issues could be addressed and recommendations in respect of the Kent Health and Wellbeing Board and its relationship with the Local Boards.

RESOLVED: That the report be considered as part of the Board's next development day.

#### 34 LOCAL CHILDREN'S PARTNERSHIP GROUP UPDATE

Councillor S S Chandler provided an update on the Local Children's Partnership Group.

The action plan priorities for the Group were:

- Paediatric Dental Health Provision;
- Obesity;
- Breastfeeding;
- Perinatal Mental Health; and
- Smoking (at the point of delivery)

The Group would review existing contracts to identify gaps in service provision, which would be reported to the Health and Wellbeing Board, and analyse trends to identify services making a difference. There would be work undertaken to improve the links with GPs and community services via the Integrated Primary Care workstream and ensure that local communities were aware of the services available to them.

The remit of the Group had also been expanded to include the work around Troubled Families due to the health implications.

The action plan would be agreed by the Group in December 2015 and shared with the Health and Wellbeing Board, the Local Children's Partnership Group Chair's Group and the Children's Health and Wellbeing Board.

RESOLVED: That the update be noted.

#### 35 ESTABLISHMENT OF THE EAST KENT HEALTH AND SOCIAL CARE STRATEGY BOARD

The Chief Executive Officer (South Kent Coast Clinical Commissioning Group) and the Director of Strategy and Business Development (East Kent Hospitals University NHS Foundation Trust) introduced the report on the development of the East Kent Health and Social Care Strategy Board. The report had previously been considered by the Kent Health and Wellbeing Board.

The report recognised that the current health and social care model was not financially sustainable and that change was required. It sought to deliver safe, quality, affordable and sustainable clinical care for hospitals and primary care services in east Kent as well as integrating social care to ensure that the best use of resources was achieved. The biggest challenge would be to deliver sustainable clinical care and no consultation would be undertaken until a financially sustainable model could be developed.

The future model would involve local services delivered in the community, led by GP practices, with a single health and social care budget and smaller and safer acute hospitals. However, it was acknowledged that this needed to be done without destabilising other sectors. The work had started in September 2015 and was expected to be completed by October / November 2016 at the earliest.

The membership of the East Kent Health and Social Care Strategy Board would be comprised of the Clinical Chairs and Accountable Officers of the four East Kent Clinical Care Groups, the Chief Executives and Medical Directors of the health Trusts, the Corporate Director of Social Care, Health and Wellbeing for Kent County Council, the Chair of the Whitstable and Canterbury Vanguard and NHS England.

RESOLVED: That the report be noted.

36 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.58 pm.

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**WEST KENT HEALTH AND WELLBEING BOARD**  
**DRAFT MINUTES OF THE MEETING HELD ON 16 FEBRUARY 2016**

**Present:**

Cllr Annabelle Blackmore	Maidstone Borough Council (MBC)
Cllr Pat Bosley	Sevenoaks District Council (SDC)
Lesley Bowles	Chief Officer for Communities and Business, SDC
Alison Broom	Chief Executive, Maidstone Borough Council
Cllr Roger Gough	Vice Chair Kent County Council (KCC), Chair, Kent Health and Wellbeing Board
Cllr Maria Heslop	Tonbridge and Malling Borough Council (TMBC)
Dr Caroline Jessel	NHS England
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
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:**

Wendy Glazier	Interim Deputy Chief Nurse, WKCCG
Francesca Guy	WKCCG (minutes)
Penny Graham	Healthwatch Kent
Karen Hardy	Public Health, KCC
Jane Heeley	Tonbridge and Malling Borough Council
Chief Inspector Dave Pate	Kent Police
Andrew Scott-Clark	
Dr Mark Whistler	West Kent CCG GP Governing Body Member

**1. Welcome, apologies for absence and substitutes**

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

Dr Bob Bowes	Chair, NHS West Kent CCG – Cllr Roger Gough chaired the meeting
Julie Beilby	Chief Executive, Tonbridge and Malling Borough Council – Substitute, Jane Heeley
Steve Inett	Chief Executive Officer, Healthwatch Kent – Substitute, Penny Graham
Penny Southern	Director of Disabled Children, Adults Learning Disability and Mental Health
Yvonne Wilson	Health and Wellbeing Partnerships Officer, West Kent CCG – Substitute, Francesca Guy

**2. Declaration of Disclosable Pecuniary Interests**

No new declarations of interest were declared.

**3. Minutes of the previous meeting – 17 November 2015**

The minutes of the previous meeting held on 17 November 2015 were approved

subject to one amendment:

Paragraph 4.2.1 (last bullet point) should state "Mark Lemon had suggested engaging with two social marketing organisations..."

#### **4. Matters arising**

It was noted that the following actions were covered on today's agenda:

5/15 Total Place – Frail/Elderly Task and Finish Group  
7/15 Public Health Service Improvement Strategies  
4/15 Update on Obesity Strategy  
4/15 Update on Alcohol Summit  
5/15 Kent HWB and Relationship to Local HWBs and Future Options  
6/15 Total Place  
8/15 West Kent Health and Wellbeing Profile: Partner Responses

It was noted that an update on action 9/15 Active Travel Strategies and Plans would be provided at the April Board meeting.

#### **5. Public Health Improvement Transformation**

##### **5.1 Joint Response from Partners – Districts and Boroughs**

Lesley Bowles introduced this item and explained that the paper sought to bring together the comments of the district and borough councils in response to the funding proposal that had been submitted to the Kent Health and Wellbeing Board. A number of common themes had been identified:

- The overall west Kent health profile compared favourably to the national average, but there were pockets of deprivation that should not be ignored or overlooked. Funding should be targeted towards the most deprived decile of Lower Super Output Areas (LSOAs);
- All district and borough councils highlighted the need for partnership working;
- There needed to be a greater focus on the prevention agenda in order to make resources work harder;
- There was an emphasis on what district and borough councils could do to contribute to the public health agenda.

Lesley Bowles noted that four recommendations had been made as outlined in the paper, which the Board was invited to agree.

Cllr Pat Bosley was supportive of the four recommendations and stated that the local councils were ideally placed to support prevention and early intervention. Cllr Bosley looked forward to a closer working relationship with Kent County Council (KCC) public health.

Alison Broom commented that there was a strong desire to work together at the pre-commissioning stage. Better integration would help to address the causes of poor health (e.g., housing and environment) as well as the symptoms. Ms Broom suggested however that there might be a more sophisticated method of prioritising

funding, rather than just using the LSOAs.

Caroline Jessel commented that the recommendations were largely focussed on finance and stated that it was important to have an understanding of what methods were effective in addressing poor health.

Lesley Bowles urged for local organisations, activities and networks that contribute to the prevention agenda (e.g., health action teams) to continue.

Andrew Scott-Clark welcomed the contribution that councils wanted to make towards the transformation of public health commissioning programmes and supported partnership working. Mr Scott-Clark noted that the health inequalities gap in Kent had not closed over the last 10 years and that greater focus was needed on the 8 areas in Kent where life expectancy was lowest and mortality rates were the highest. It would not necessarily require a significant amount of resources; 3 additional health professionals per LSOA could make a difference to mortality rates.

Dr Tony Jones commented that the strategy needed to be clear about the mechanisms that would be used to get people in need in touch with the right services, as often this was the key barrier. GPs had a key role in signposting but needed to know what services were available and how to refer to them. Dr Jones suggested that services needed to be promoted. Andrew Scott-Clark responded that the plan was to build on work that was already taking place in the patches and agreed that general practice would have an important role to play. Capacity in the community would also need to be strengthened in order to deliver this.

The Chair summarised the discussion by stating that the Board recognised the importance of focussing on the most deprived LSOAs and recognised the difficulties in addressing the health inequalities in the area. The Board supported the proposal of joint working around care services and the development of an infrastructure to support this.

**RESOLVED:** That the Board accept the recommendations as outlined in the paper:

1. That the many very small pockets of deprivation that exist within west Kent should not be overlooked when calculations regarding allocations of funding using deprivation indices were made.
2. That the sparse, rural nature of the area and the difficulties that the older population and others have in accessing services were also taken into account.
3. That the local infrastructure and networking that was provided by district and borough colleagues should continue to be financially supported.
4. That the early intervention and prevention work that was available through those local networks and the potential to reduce costs further along the care pathway was taken into account when designing and commissioning services.

## 5.2 Public Health Programmes; Consultation Outcomes and Next Steps

Andrew Scott-Clark gave a presentation on the plans for the transformation of

public health commissioning programmes. In his presentation, Mr Scott-Clark stated that the proposal was to delay commissioning for 6 months to align with other aspects of public health commissioning. An additional 6 months would also allow for more effective planning.

Jane Heeley asked how local representatives would be involved. Andrew Scott-Clark responded that this had yet to be worked through in detail but would emerge at a later date.

Jane Heeley noted Mr Scott-Clark's point that there needed to be better integration between child and adult mental health services and commented that this principle should be applied to all aspects of health and social care services.

In response to a question from Cllr Maria Heslop, Mr Scott-Clark confirmed that the commissioning plans for health visitors and school nurses would include working with families and not just the child concerned.

Dr Tony Jones stated that GPs no longer recognised the health visitor or any other role related to health promotion and stated that it was important for school nurses to be proactive as they had a captive audience. Andrew Scott-Clark agreed with this point and agreed that the link between health visitors and general practice needed to be strengthened.

Cllr Annabelle Blackmore expressed concern about whether a boy with emotional problems would be likely to talk to a school nurse. Cllr Blackmore also noted that local authorities granted licenses and planning applications for fast food outlets and suggested that this was an area where local authorities could do more to tackle the obesity issue. Andrew Scott-Clark agreed that this was one example of the benefits of KCC and the district and borough councils working closer together.

**RESOLVED:** That the Board noted the update and recommendations for future delivery.

## **6. Kent Health and Wellbeing Board**

### **6.1 West Kent HWB Governance Task and Finish Group Report**

Lesley Bowles noted that this was an interim report from the Governance Task and Finish Group. The first meeting had focussed on the relationship of the West Kent HWB with the Kent HWB and had looked at the purpose of the West Kent HWB and its role in commissioning. The Governance Task and Finish Group had recommended, when a proposal was being discussed, that the whole care pathway was considered to ensure that the Board was apprised of any commissioning deadlines. The next meeting of the Task Group would focus on the Board's wider relationships.

Alison Broom noted that the West Kent HWB had held a workshop 18 months ago and had signed up to a model way of working and asked for the Task and Finish Group to take this into account.

Alison Broom questioned whether function 5.7 (Provide recommendations to Kent



Health and Wellbeing Board and other commissioning partners, how and where investment, resources and improvements can be made within the CCG area) should be incorporated into the Board's terms of reference and suggested that the Board needed to make a conscious decision about whether this would be one of its functions. The Chair commented that the work around Total Place would bring the board closer to this.

**RESOLVED:** That the Board noted the update from the Governance Task and Finish Group and noted the direction of travel.

## 6.2 Kent Health and Wellbeing Board

The Chair reported that the Kent Health and Wellbeing Board had met three weeks ago and had discussed two main items of substance: a review of winter, which the Board noted had been less strained than last year; and the focus on the development of Sustainability and Transformation Plans including planning footprints. The NHS England view was that the planning footprints needed to be of a certain size and had made a strong steer for the footprint to be based on the whole of Kent and Medway. More work would need to be done on the development of Sustainability and Transformation Plan and to put further pace behind the integration of health and social care.

## 7. Self-Care Strategy

Dr Tony Jones reported that the recent Practice Learning Time (PLT) event which had focussed on health promotion and social prescribing had received positive feedback.

Dr Tony Jones reported that the Five Year Forward View discussed a radical shift towards prevention and a focus on self-care. Dr Jones explained the difference between self-care and self-management: self-care related to the actions people took in order to establish and maintain health, prevent and deal with illness; self-management related to patients with diagnosed long-term conditions who developed an understanding of how their condition affected their lives and how to cope with their symptoms. Long-term conditions in particular (such as diabetes and COPD) accounted for a significant proportion of cost and hospital admissions and evidence suggested that self-management was effective in reducing unplanned admissions, particularly for people with COPD and asthma. Self-care and self-management would require education for the professional in motivation counselling, as well as for the patient about their condition. Mechanisms for peer support, such as group education, would also be important. Dr Jones noted that there were five areas of focus:

1. The concept of making every concept count;
2. Encouraging social prescribing, especially for those who were isolated;
3. Group support and group education;
4. Systems of signposting;
5. Empowering the public and the professional to support the shift towards prevention.

Caroline Jessel reported that an event was being held on 26<sup>th</sup> April which everyone was welcome to attend to share best practice ideas. Dr Jessel also reported that she had recently attended an event on culture and health which had showcased work already taking place in Kent, which demonstrated that Kent was already leading in this area.

Cllr Annabel Blackmore asked whether the concept of patient buddying could work across practices to protect patient confidentiality. Dr Jones agreed to take this point on board.

Cllr Blackmore asked whether social prescribing already happened and what the take up was. Dr Jones responded that the DORIS system was used for signposting and he thought that enhancing this system would be the best way to increase signposting.

**RESOLVED:** That the Board agree the following recommendations:

1. That the Board agree the strategic plan, including the principles and actions.
2. That the Board provide strong leadership and support.
3. That the Board hold partners to account for delivery of actions.

The Chair noted that the Board would need to be updated on progress against actions. **Action: WK HWB Work Programme**

Cllr Pat Bosley and Lesley Bowles left the meeting.

## **8. Task and Finish Groups**

### **8.1 Update on Obesity Task and Finish Group**

Jane Heeley gave an update on the work of the Obesity Task and Finish Group and reported the following:

- The Kent Health and Wellbeing Board was undertaking a review of local action plans for addressing obesity and had issued a template to complete to enable a Total Place approach. The WK HWB would be provided with an update on the outcome of this exercise at its meeting in April together with how any gaps identified would be addressed;
- The Change for Life Sugar Smart campaign was progressing well and had received attention from the media. The communications team was working hard to maintain the campaign's profile;
- The commissioning of tier 4 services would be transferred from NHS England to CCGs from 1<sup>st</sup> April 2016. Tier 3 services would continue to be provided by KCC;
- West Kent admissions of bariatric surgery were one of the highest across Kent and the patients had relatively good outcomes;
- Assurances had been sought from partners in relation to their actions to address obesity. The next step would be to develop a discussion with the food industry.

Cllr Annabel Blackmore asked whether Dr Bob Bowes' column in the Courier could also be published in the Kent Messenger or Down's Mail. Jane Heeley agreed to follow this up. **Action: Jane Heeley**

Cllr Maria Heslop left the meeting.

## 8.2 Alcohol Task and Finish Group

CI Dave Pate gave an update on the Alcohol Task and Finish Group and reported that the Task and Finish Group had met following the summit held on 20<sup>th</sup> October and had proposed a number of actions as set out in the paper. If the action plan was agreed by the Board, CI Pate would then write to the lead agencies to take forward the actions assigned to them. CI Pate thanked Karen Hardy, Malti Varshney and Cllr Annabel Blackmore for their support.

**RESOLVED:** That the Board agree the following recommendations:

1. Agree delivery of West Kent Alcohol Misuse Plan
2. Promote actions of the West Kent Alcohol Misuse Plan
3. Agree indicators to monitor West Kent Alcohol Misuse Plan

Andrew Scott-Clark noted that new guidance had been released from the UK Chief Medical Officers on alcohol consumption which needed to be taken into account in the development of the action plan. **Action: WK HWB members; Alcohol T&F Group**

## 8.3 Frail and Elderly

Dr Mark Whistler gave a presentation and made the following points:

- The Frail and Elderly strategy linked to the urgent care strategy as patients aged over 65 years old comprised the bulk of emergency admissions;
- Frail and elderly patients were likely to have a number of different conditions and the services that they required were fragmented;
- A number of different stakeholders had been involved in the development of the strategy;
- Discussion was ongoing about finding an adequate assessment tool for identifying frail and elderly patients;
- Integrated care was key to the strategy, in particular the integration of the acute sector and community services. There was good sign up from various agencies.

Malti Varshney reported that she had been tasked with setting up a Frail and Elderly Task and Finish Group and so far one meeting had been held with Dr Whistler and district and borough colleagues. The group was looking at the wider determinants of what could contribute towards the management of frail and elderly patients. The WK HWB would be provided with an update on progress made.

Cllr Annabelle Blackmore commented that, as the focus of the strategy was on co-ordinating various agencies, one of the most important enablers would be information technology. Dr Whistler responded that communication and care planning would be vital to this strategy and an IT system would be required to deliver

this. An electronic share care record was in the process of being developed and 1k patients' care plans had already been uploaded, which could be accessed by different agencies. Cllr Blackmore asked whether this would help to reduce bed blocking. Dr Whistler responded that he did not think that care planning would completely solve the problem of bed blocking, however it would be a contributory factor.

**9. Update: NHS West Kent CCG Work in Partnership with Local Councils**

Malti Varshney noted that this paper set out a number of key projects between WK CCG and local councils that had been agreed to support the delivery of the HWB strategy and the CCG priorities. There was an emerging theme related to planning and housing and the potential impact on health.

**RESOLVED:** That the Board note this update.

**10. Any other business – Future agenda items**

There were no items of other business.

**RESOLVED:** That the Board noted the proposed future agenda item.

**11. Date of next meeting**

Tuesday 19 April - Tonbridge and Malling Borough Council.

## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 21 January 2016 at 10.00 am in the Council Chamber,  
Council Offices, Cecil Street, Margate, Kent.

**Present:** Dr Tony Martin (Chairman); Councillors L Fairbrass (Thanet District Council), Councillor Gibbens (Kent County Council), Madeline Homer (Thanet District Council), Mark Lobban (Kent County Council), Colin Thompson (Kent County Council) and Clive Hart (Thanet Clinical Commissioning Group)

**In Attendance:** Steve Inett (Healthwatch)

### 9. APOLOGIES FOR ABSENCE

Apologies were received from Hazel Carpenter and Councillor Chris Wells.

### 10. DECLARATION OF INTERESTS

There were no declarations of interest.

### 11. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 19 November 2015 were agreed.

### 12. PERSONAL HEALTHCARE BUDGETS

Kallie Heyburn, Integrated Commissioning Group Chairman presented the item. It was explained to the Board that Personal Healthcare budgets use existing resources and use a non-medicalised model to improve wellbeing, based on an outcome based care plan.

Ms Heyburn confirmed that CCGs had been asked to develop and set out a 'local offer' by March 2016. The local offer will need to be included in the local Health and Wellbeing strategy.

In response to a question it was confirmed that work would be completed with KCC to look at where overlaps were with Personal Budgets and Direct Payments.

The Thanet Health and Wellbeing Board were asked to note the progress made and to agree the proposed approach.

### 13. REPORT FROM THE INTEGRATED COMMISSIONING GROUP

Kallie Heyburn, Integrated Commissioning Group Chairman presented an update and reported the emerging themes from the work that had been completed by the Integrated Commissioning Group (ICG).

It had been agreed at the previous meeting that in line with the Board's development roadmap, a draft Integrated Commissioning plan would be presented at this meeting. However, it was recognised that it had been challenging to achieve this as not all of the Local Partnership sub-groups had met.

Concerns were raised by the Board that the programme was behind schedule and therefore, it was agreed that recommended outcomes and a draft plan to deliver these outcomes would be presented at the next meeting.

In response to comments and questions:

-The ICG had been tasked with identifying one outcome for each sub-group for the first year. The Board were concerned that there be broader wellbeing outcomes in the plan and it was asked for the wider theme of 'obesity' to be considered rather than 'diabetes'.

- Mark Lobban, Director for Adult Social Care Commissioning, KCC, asked the Board to consider the frameworks and timescales involved in moving to an outcome focused model and integrating commissioning; involving providers and other stakeholders.

-The Board asked for clarity on what the relationship between the outcomes of the work of the Integrated Commissioning Group and the Integrated Provider Plan would be.

- In response to a concern raised that the public should be made aware that the different events feed into the one stream, Dr. Tony Martin, Clinical Chair – Thanet Clinical Commissioning Group reported that Communications had been working on a campaign with the local newspapers.

The Board agreed plans to organise a follow up to the June Development Awayday. The awayday will include consideration of the future membership of the Board.

#### **14. PUBLIC HEALTH PROGRAMMES UPDATE**

Colin Thompson, Consultant in Public Health and Karen Sharp, Head of Commissioning Public Health, KCC provided an update regarding Public Health Transformation.

The key issues identified through service, stakeholder, public and market engagement would feed into the development of service specifications and the commissioning approach for Public Health services, with the procurement plan being finalised during February 2016.

Development of a new approach would be needed to meet the challenges faced in Public Health, the changing needs of the population and the financial envelope of the Public Health Grant.

#### **15. THANET TACKLING OBESITY**

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, KCC provided feedback that it had been agreed at the Kent Health & Wellbeing Board that every district would provide a report on their plans to tackle obesity at the May meeting.

It was agreed that Colin Thompson would make a recommendation at the March Thanet Board meeting.

In response to comments and questions, it was noted that:

-It was suggested that there is a risk that free or discounted activities are not taken up by those most in need. It was also noted that physical activity should not be the only focus.

-The Board considered that promotion should be more targeted and queried how to reach the population. It was suggested that an information and signposting service could be made available in surgeries.

-More information was needed on what provision was being provided by the third sector.

An awayday was to be arranged for late February but avoiding the dates of the Thanet District Council Peer Review on 25 and 26 February.

Meeting concluded : 11.20am