KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 20 July 2016.

PRESENT: Mr R W Gough (Chairman), Cllr S Aldridge (Substitute for Cllr K Pugh), Dr F Armstrong, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr P B Carter, CBE, Dr S Chaudhuri, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr T Martin, Mr P J Oakford, Dr S Phillips, Mr S Perks, Mr A Scott-Clark, Dr R Stewart and Cllr L Weatherly

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

UNRESTRICTED ITEMS

225. Chairman's Welcome
(Item 1)

(1) The Chairman said that a response had been received to a letter he and Mr Gibbens had written to Alistair Burt, Minister of State for Community and Social Care regarding pharmacies and that it would be circulated in due course.

(2) Mr Gough welcomed Penny Graham who was a HealthWatch volunteer to the meeting.

(3) Mr Gough said he had met with the chairs of the local health and wellbeing boards and that they were keen to have a role in the preventative agenda.

226. Apologies and Substitutes
(Item 2)

(1) Apologies for absence were received from Mr Ayres, Dr Kumta, Dr Lunt, Cllr Pugh and Cllr Watkins.

(2) Cllr Aldridge attended as substitute for Cllr Pugh.

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

There were no declarations of interest.

228. Minutes of the Meeting held on 25 May 2016
(Item 4)

Resolved that the minutes of the meeting held on 25 May 2016 are correctly recorded and that they be signed by the Chairman.

229. Kent Environment Strategy
(Item 5)

(1) The Chairman said that the Kent Environment Strategy embraced a range of outcomes including ones relating to health and that it would be useful for the Board to consider areas of overlap. He then invited Carolyn McKenzie (Head of Sustainable Business and Communities) to present the report.

(2) Ms McKenzie said that over the previous 12 months the Kent Environment Strategy had been reviewed within KCC and with partners across Kent and Medway with a new plan agreed in November 2015. District Councils were now adopting the plan in accordance with their individual governance arrangements and a new annual implementation plan was being developed.

(3) Over the course of the previous Kent Environment Strategy a joint strategic needs assessment and sustainability appraisal chapter had been developed in conjunction with Public Health that identified issues and outcomes that were shared between environment and health. The Kent Environment Strategy had been one of the first to include a JSNA chapter and had been used as a national case study. As a result the revised Kent Environment Strategy included more health outcomes and had become a strategy for the environment, health and the economy.

(4) Ms McKenzie outlined the structure of the Kent Environment Strategy, drew the Board's attention to Domains One and Two of the Public Health Framework and Outcome Two of the Kent Health and Wellbeing Strategy which had the strongest links between health and environment and suggested that the Board agree a number of priority areas, encourage health and environment professionals to work together and to jointly commission services for mutually beneficial outcomes.

(5) Ms McKenzie tabled a summary of the UK Climate Change Risk Assessment 2017 Evidence Report which is available on-line as Appendix A and Appendix B to these minutes.

(6) The report, and particularly the direction of travel, was generally welcomed and comments were made about:

- The need for cycle paths to meet the needs of cyclists;
- The Kent Warm Homes Scheme;
- The role local health and wellbeing boards could play particularly in identifying local priorities and in tailoring initiatives to meet local needs;
- The relationship of the Kent Environment Strategy to the place-based Sustainability and Transformation Plans;
- The role of the environment in tackling health inequalities as set out in the Marmot Report.

(7) It was also confirmed that NHS England was represented on the Kent Environment Champions' Group, Public Health England had offered technical advice and support to Public Health for improvements to air quality in several areas of the County and that Kent related issues that needed to be raised

nationally could be done through Ms McKenzie who sat on the National Adaptation Advisory Panel.

(8) Resolved that:

(a) Local health and wellbeing boards be asked to identify key personnel to work with the Kent Environment Strategy team to take forward public health and environment initiatives locally;

(b) Local health and wellbeing boards be asked to identify areas where more support was required by health partners from the Kent Environment Strategy team.

230. Kent and Medway Crisis Care Concordat - Annual Report
(Item 6)

Dave Holman (Head of Mental Health Commissioning – NHS West Kent CCG), Rachel Ireland (Chief Superintendent Head of Strategic Partnership Command – Kent Police) and Sarah Holmes-Smith (Kent and Medway NHS Social Care Partnership Trust) were in attendance for this item.

(1) Mr Holman introduced the report which provided an update on the commitments made in the Mental Health Crisis Care Concordat across Kent and Medway. He referred in particular to paragraph 2.3 of the report which set out the four domains around which outcomes should be designed and measured and to paragraph 4 which outlined a number of initiatives supporting patients in crisis and preventing avoidable attendance at Accident and Emergency.

(2) Chief Superintendent Ireland said the main focus of the crisis prevention agenda was to reduce the number of Section 136 admissions. A detailed review of 134 cases from May 2016 had shown that decisions made by the Police to admit under Section 136 were reasonable at the time and that five individuals were responsible for 17 detentions. The results of the review as well as amendments to the use of Section 136 arising from the Police and Crime Bill were to be considered by the next meeting of the Crisis Concordat Steering Group on 21 July 2016 with a view to determining the next steps.

(3) In response to questions it was confirmed that:

- Options other than S136 detentions would be considered at the Crisis Care Concordat Steering Group meeting;
- The terms of reference of the detailed review did not require consultation with those detained but the importance of looking at an individual's circumstances and the support they were accessing prior to detention under S136 was acknowledged;
- The report to the Crisis Care Concordat Steering Group included consideration of alternative places of safety especially in relation to complex needs;
- Alternative modules of care such as the Sanctuary model in use in Manchester and the Richmond model in use in Sussex had been investigated and over the coming weeks a desired model for Kent and Medway would be agreed;

- The proposals in the Police and Crime Bill would have the effect of reducing the use of Police custody for Section 136 detentions;
- The KMPT Single Point of Access (SPOA) had received more than 10,000 calls since it came into operation in April 2016 and patients with urgent or emergency need were referred to appropriate services;
- The Police have access to professional advice through the SPOA and of the 134 cases reviewed 7 officers did not get a response on the phone;
- The feasibility of improving and expanding the S136 Place of Safety for children and young people in Dartford was being considered;
- Responding to a crisis was also included in the CAMHS Strategy and commissioning plan.
- Data at the local level was available and could be shared.

(4) Comments were made about the risk of designing and commissioning services without the involvement of clients and the need to ensure that any provision of places of safety was underpinned by certainty they were being used by those with mental health issues and not by those involved in anti-social behaviour was acknowledged. It was also acknowledged that the further investigation and review of Section 136 detentions could expose a range of other issues such as the commissioning of preventative services at an early stage and the difficulties of commissioning such services which were not all within the remit of the Crisis Care Concordat.

(5) Resolved that:

(a) The work of the Kent and Medway Health Crisis Care Concordat be supported;

(b) The governance framework of the concordat group reporting annually on progress to both the Kent and Medway Health and Wellbeing Boards be agreed;

(c) Data in relation to Section 136 be circulated to members of the Health and Wellbeing Board;

(d) The Board may wish to receive a written report on progress sooner than the annual report in July 2017.

231. Review of Outcome 2 - Prevention of Ill-health
(Item 7)

(1) Andrew Scott-Clark (Director of Public Health) introduced the report and gave a presentation which is available on-line as Appendix C to these minutes.

(2) In response to questions and comments, he said that health needs assessments could be conducted at community level to inform a place based approach to service delivery and acknowledged the statistical difficulties and risks inherent in dealing with small numbers. He also said it was expected that work currently underway to reduce health inequalities in pockets not large enough to feature in the map on slide 7 of the presentation would continue and assurance at a strategic level that plans were progressing and having an impact would be required. Mr Scott-Clark said that reducing health

inequalities required a systematic, place based and disproportionate response targeted at the most deprived communities.

(3) The need to involve district councils in the STP development process, particularly, in relation to the impact of their planning and licensing polices on health outcomes was acknowledged.

(4) Resolved that:

(a) The renewed approach to reducing health inequalities in Kent be endorsed;

(b) Local health and wellbeing boards take a place based approach and that local plans encompass population, service and community development based approaches;

(c) Regular reporting of progress be shared with the Kent Health and Wellbeing Board;

(d) The Kent Health and Wellbeing Board takes an overview on county-wide progress**.**

232. Kent Health and Wellbeing Board Work Programme
(Item 8)

Resolved that the Forward Work Programme be approved.

233. Minutes of the Local Health and Wellbeing Boards
(Item 9)

Resolved that the minutes of the local health and wellbeing boards be noted as follows:
Canterbury and Coastal – 10 May 2016
Dartford, Gravesham and Swanley – 8 June 2016
South Kent Coast – 17 May 2016
Thanet - 26 May 2016

234. Date of Next Meeting - 21 September 2016
(Item 10)

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Committee on Climate Change

UK Climate Change Risk Assessment 2017 Evidence Report

Key messages from the Synthesis Report

The global climate is changing, with greenhouse gas emissions from human activity the dominant cause. The global increase in temperature of 0.85°C since 1880 is mirrored in the UK climate, with higher average temperatures and some evidence of more extreme weather events. Average annual UK temperatures over land and the surrounding seas have increased in line with global observations, with a trend towards milder winters and hotter summers in recent decades. Sea levels globally and around the UK have risen by 15-20 centimetres since 1900. Whilst natural variability in the climate will continue to have a considerable influence on individual weather events, the recent episodes of severe and sustained rainfall are consistent with climate change projections.

Global emissions will need to peak soon and then decline rapidly for the Paris Agreement goals to be feasible. Even in this scenario the uncertain sensitivity of the climate to greenhouse gases means there would remain at least a small chance of 4°C or more of warming by 2100. It is therefore prudent to prepare for further warming whilst pursuing more stringent emission reductions as part of the global effort.

The overall aim of the CCRA Evidence Report is to assess the urgency of further action to tackle current and future risks, and realise opportunities, arising for the UK from climate change. Figure 1 presents the top six groups of risks where there is a need for additional, co-ordinated steps to be taken within the next five years and notes the chapters where the individual risks are discussed.

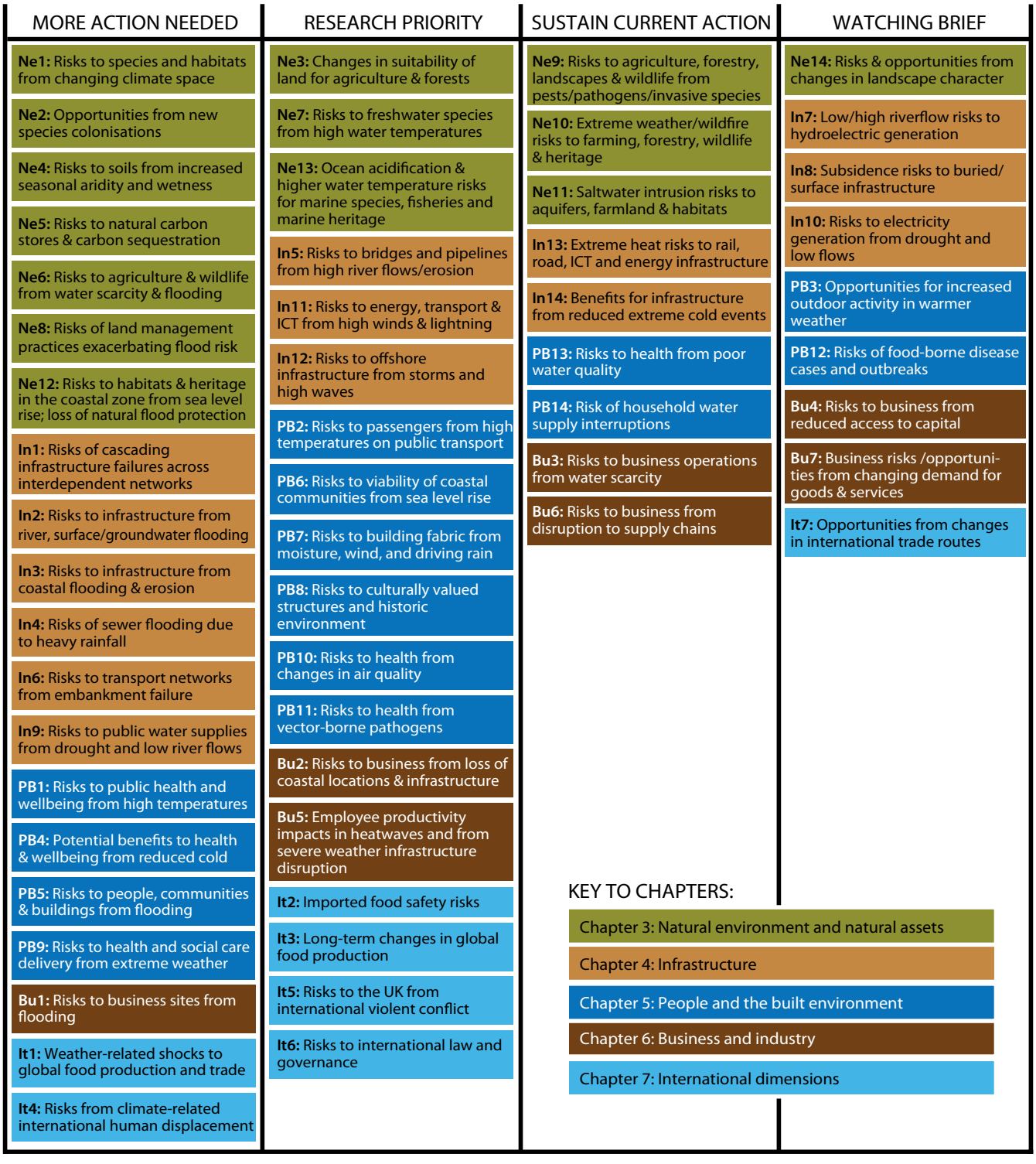
Figure 1: Top six areas of inter-related climate change risks for the United Kingdom

Note: Future magnitude is based on a combination of climate change and other drivers of risk (e.g. demographic change), taking account of how current adaptation policies and plans across the UK are likely to reduce risks. The urgency categories are defined as follows:

- ***More action needed:*** New, stronger or different government policies or implementation activities – over and above those already planned – are needed to reduce long-term vulnerability to climate change.
- ***Research priority:*** Research is needed to fill significant evidence gaps or reduce the uncertainty in the current level of understanding in order to assess the need for additional action.
- ***Sustain current action:*** Current or planned levels of activity are appropriate, but continued implementation of these policies or plans is needed to ensure that the risk continues to be managed in the future. This includes any existing plans to increase or change the current level of activity.
- ***Watching brief:*** The evidence in these areas should be kept under review, with long-term monitoring of risk levels and adaptation activity so that further action can be taken if necessary.

Figure 2 presents the full list of climate change risks and opportunities considered in the assessment. These include the exposure of interdependent infrastructure networks to multiple, correlated hazards (e.g. flooding and high winds), as well as the vulnerability of certain infrastructure types to specific hazards (e.g. road surfaces to high temperatures). Air quality in both urban and rural areas could deteriorate further though climate change will have less influence than pollution from transport, industry and farming. Risks will arise for culturally-valued buildings and landscapes from a combination of higher temperatures and rainfall intensities. There are also uncertain but potentially very significant international risks arising from climate-related human displacement, and the possibility of violent inter state conflict over scarce natural resources.

Figure 2: Urgency categories for climate change risks and opportunities for the UK



Note: Individual risks and opportunities are presented in the order they are discussed in the chapters (not in priority order).

www.theccc.org.uk/uk-climate-change-risk-assessment-2017

People and the built environment | Chapter 5

Increasing temperatures, rising sea-levels and modified rainfall will change the climate-related risks to people and the built environment. There are also potential opportunities for health and wellbeing from warmer weather.

These risks interact across multiple levels – communities, buildings, health systems and individuals – as shown below.

Climate change hazards affecting people and the built environment

	Communities and settlements	Buildings	Health and social care system	Population health
Heatwaves	Heatwaves, urban heat island, air pollution	Overheating	Overheating risks to patients, social care, occupational risks, energy use	Heatwave risks to population, mortality, injury etc.
Floods	Flooded communities, resilience, relocation, blight/ economic effects	Flood damage, damp, mould	Flood risks to NHS assets, service disruption	Flood impact on mental health, deaths and injuries
Drought	Risk to water supply, drought	Subsidence	Service disruption	Water supply failure, risks to public health
Cold	Risks from extreme weather	Damp homes, cold homes	Service disruption	Cold risks to mortality and morbidity

Flooding already poses a severe threat to people, communities and buildings. Climate change is expected to increase the frequency, severity and extent of flooding.

At present an estimated 1.8 million people live in areas at a 1:75 or greater annual risk of river, surface water or coastal flooding across the UK. This number by the 2050s is projected to rise to between 2.6 million (2°C scenario) and 3.3 million (4°C scenario), assuming low population growth and a continuation of current levels of adaptation. Significant and increasing investment will be required over time to address the projected increase in flood risk associated with climate change.

Between 0.5 to 1 metres of sea level rise could make some 200km of coastal flood defences in England highly vulnerable to failure in storm conditions.

Significant additional investment is likely to be required to maintain or to retreat defence lines to more sustainable locations. It is not known how much of the UK coastline is economically viable to protect in the future. Without further planning, affected communities are likely to be exposed to economic blight long before the physical risks manifest.

Higher average and extreme temperatures are likely to have a range of impacts on the UK population.

The number of heat-related deaths in the UK is projected to increase by around 250% by the 2050s (median estimate), due to climate change and the growing, ageing population, from a current baseline of around 2,000 heat-related deaths per year. There are no policies in place to reduce the risk of overheating in homes or other buildings.

There are some potential opportunities associated with higher temperatures. Outdoor activities may become more attractive, with perhaps an increase in active transport like cycling and walking. Very little quantitative evidence exists that considers these benefits.

Climate change could reduce the number of cold-related deaths in the future, but this effect is likely to be small unless more is also done to adapt cold homes.

As temperatures warm, the number of cold-related deaths is projected to decline by around 2% by the 2050s from a baseline of 35,000 – 50,000 per year. Climate change will reduce the risk, but the ageing population means there will be more vulnerable people at risk.

Further measures need to be taken in the next five years to tackle the large numbers of cold homes and reduce the impacts of cold weather on health.

There may also be risks to health services from an increase in the frequency and intensity of extreme weather events, but little is known about the capacity of the sector to cope. Climate change may also increase the capacity of existing UK mosquito species to transmit certain diseases that are harmful to human health.

Urgency of additional action to support people and the built environment

Risk/opportunity	Urgency score	Rationale for scoring
PB1: Risks to health and wellbeing from high temperatures	More action needed (research priority in Northern Ireland, Scotland & Wales)	The risk to health is likely to increase in the future as temperatures rise. There is some evidence that the risks of overheating in hospitals, care homes, schools and offices will increase in the future. There is more evidence for England than for the devlolved amministrations. Policies do not exist at present to adapt homes or other buildings to higher temperatures.
PB2: Risks to passengers from high temperatures on public transport	Research priority (sustain current action in England, watching brief in Northern Ireland & Scotland)	The action underway in London to assess and manage risks of overheating on public transport should continue, together with similar action as needed elsewhere in the UK.
PB3: Opportunities for increased outdoor activities from higher temperatures	Watching brief	Leisure and other activities are likely to be taken up autonomously by people as the climate warms.
PB4: Potential benefits to health and well-being from reduced cold	More action needed	Climate change alone is projected to reduce the health risks from cold, but the number of cold-related deaths is projected to decline only slightly due to the effects of an ageing population increasing the number of vulnerable people at risk. Further measures need to be taken in the next five years to tackle large numbers of cold homes and reduce cold effects on health, even with climate warming.
PB5: Risks to people, communities and buildings from flooding	More action needed (research priority in Northern Ireland, Scotland & Wales)	Under the most optimistic flood defence investment scenario for England, the level of risk declines but remains high by mid-century, and future spending plans for the devolved administrations are unclear. Increases in flood risk cannot be avoided under a 4°C climate scenario even in the most ambitious adaptation pathway considered.
PB6: Risks to the viability of coastal communities from sea level rise	Research priority	Research is needed to better characterise the impacts from sea level rise on coastal communities, thresholds for viability, and what steps should be taken to engage and support affected communities.
PB7: Risks to building fabric from moisture, wind and driving rain	Research priority	More research is needed to better determine the future level of risk and what further steps might be appropriate.
PB8: Risks to culturally valued structures and the wider historic environment	Research priority	Climate-related hazards damage historic structures and sites now, but there is a lack of information on the scale of current and future risks, including for historic urban green spaces and gardens as well as structures.
PB9: Risks to health and social care delivery from extreme weather	More action needed (research priority in Northern Ireland, Scotland & Wales)	There is some evidence of inconsistent planning for extreme weather across the UK. Surveys indicate that many Clinical Commissioning Groups, NHS providers, GPs and Local Authorities may not have appropriate plans in place.
PB10: Risks to health from changes in air quality	Research priority	More research is needed to understand the influence of climate change on ground level ozone and other outdoor air pollutants (especially particulates), and how climate and other factors (e.g. individual behaviour) affect indoor air quality.
PB11: Risks to health from vector-borne pathogens	Research priority	Further research is needed to improve the monitoring and surveillance of vector species and related infectious disease, and to assess the extent to which current efforts are focussed on those infections that pose the greatest long-term risks.
PB12: Risk of food borne disease cases and outbreaks	Watching brief	Regulations in place to monitor and control food-related hazards should be kept under review.
PB13: Risks to health from poor water quality	Sustain current action	Current policies and mechanisms to assess and manage risks to water quality in the public water supply should continue to be implemented.
PB14: Risk of household water supply interruptions	Sustain current action	Policies are in place to safeguard the continuity of public water supplies during droughts and from burst pipes in cold weather. These risks should be kept under review to make sure long-term risks continue to be managed appropriately.

Note: The urgency categories are defined as follows:

- ***More action needed:*** New, stronger or different government policies or implementation activities – over and above those already planned – are needed to reduce long-term vulnerability to climate change.
- ***Research priority:*** Research is needed to fill significant evidence gaps or reduce the uncertainty in the current level of understanding in order to assess the need for additional action.
- ***Sustain current action:*** Current or planned levels of activity are appropriate, but continued implementation of these policies or plans is needed to ensure that the risk continues to be managed in the future. This includes any existing plans to increase or change the current level of activity.
- ***Watching brief:*** The evidence in these areas should be kept under review, with long-term monitoring of risk levels and adaptation activity so that further action can be taken if necessary.

Progress on Outcome Two and Progress and future plans to reduce health inequalities

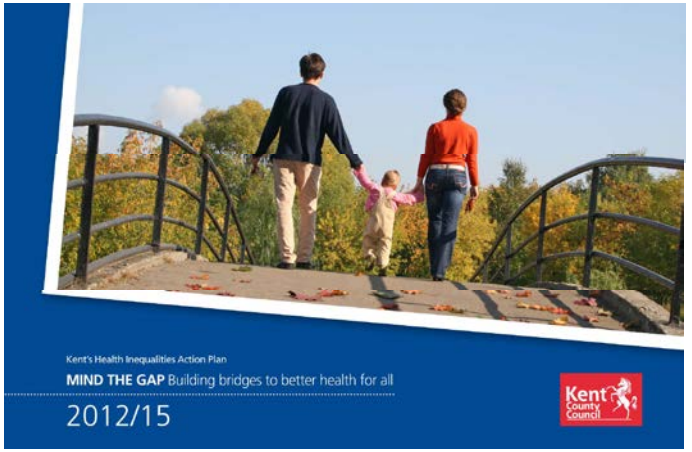
Andrew Scott-Clark
Director of Public Health
Kent County Council

Outcome Two: Exceptions

- Proportion of people receiving a NHS Health Check of the eligible population
  - **Below Average and Direction of Travel negative**

- No progress made on reducing health inequalities
  - Decline in the direction of travel for female healthy life expectancy
  - Reduction in slope index for health inequalities for males

Mind the Gap

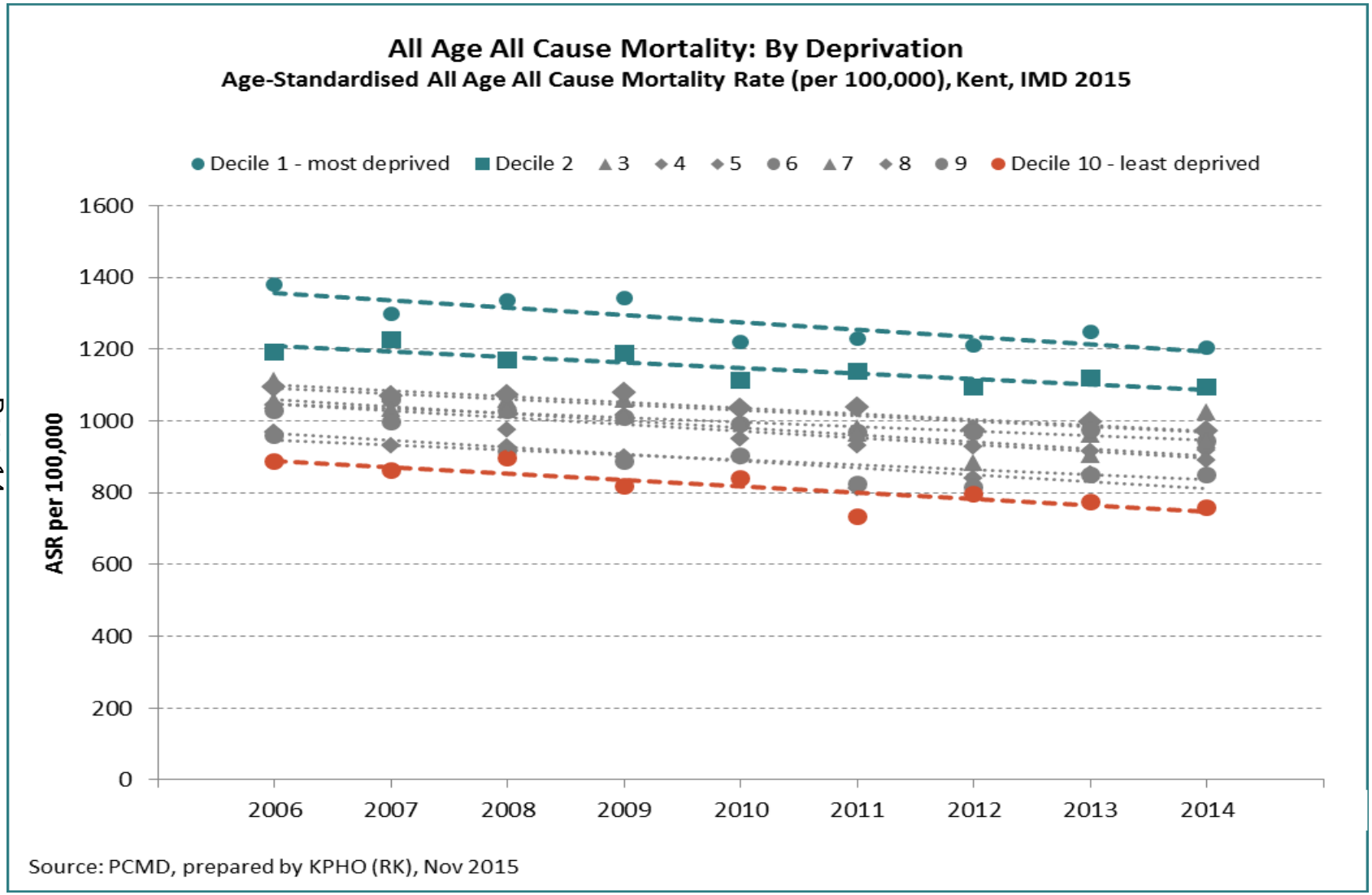


Mind the Gap agreed by KCC in 2012 and The Kent Joint Health and Wellbeing Strategy outlined reducing health inequalities as a priority for Kent

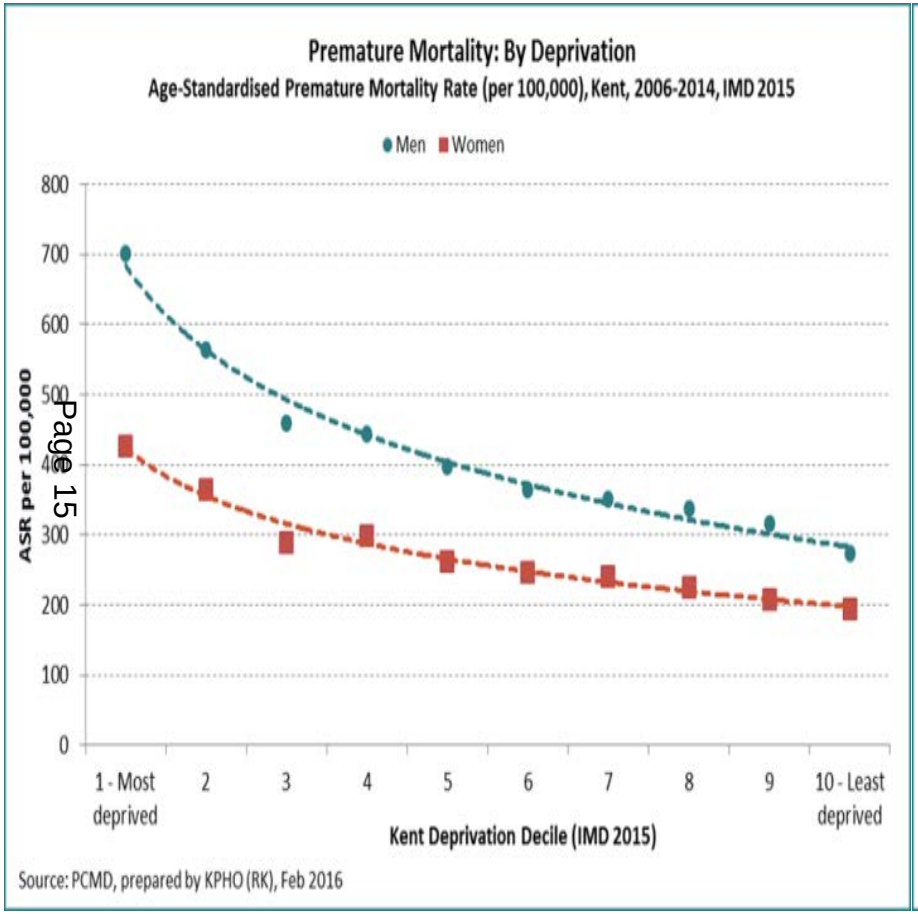
Working with Professor Chris Bentley, KCC Public Health have:

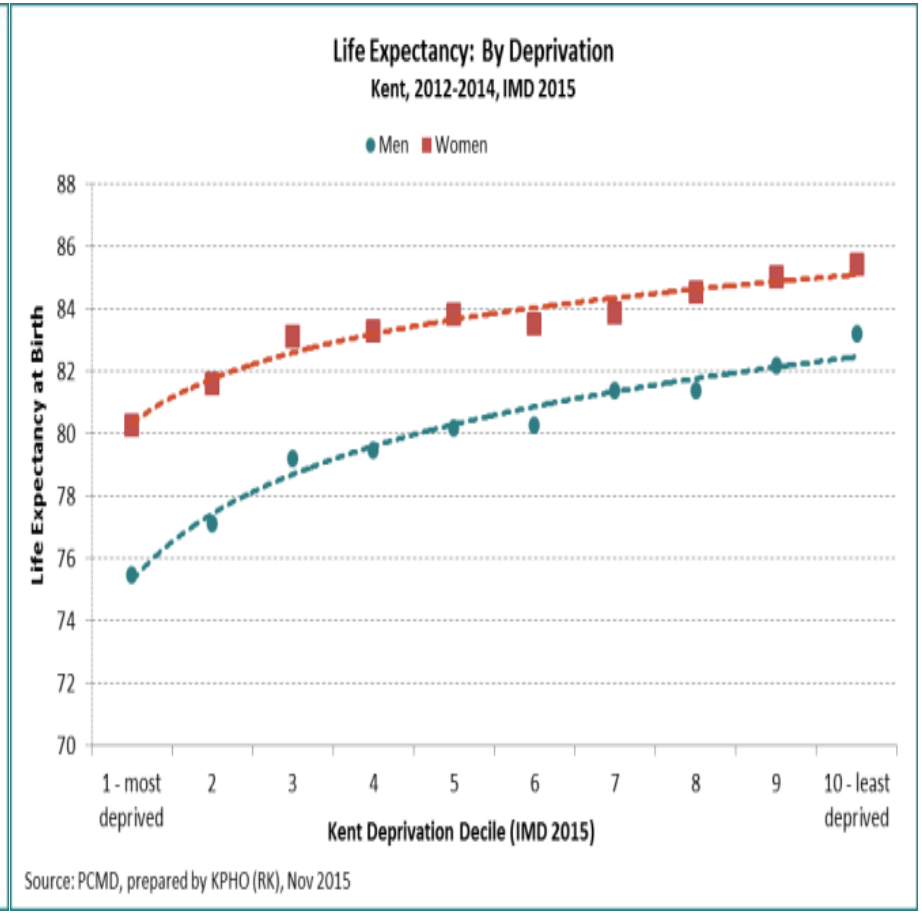
- Reviewed progress of Mind the Gap 2012/2015 (published in the Director of Public Health Annual Report 2015)
- Updated the data for the new measure of deprivation (IMD 2015)
- Analysed progress
- Made recommendations for how we improve our approach.

The gap is not narrowing!

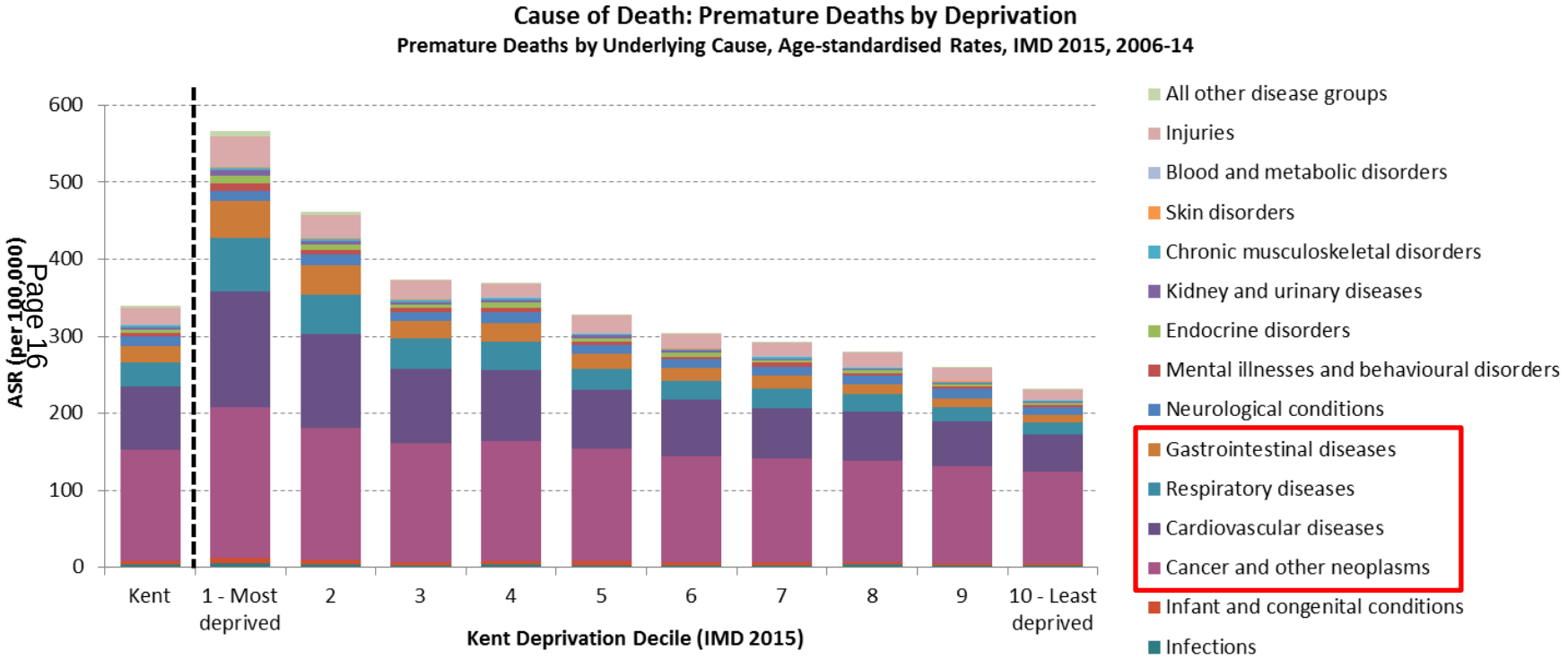


Disproportionate rates of premature mortality and life expectancy



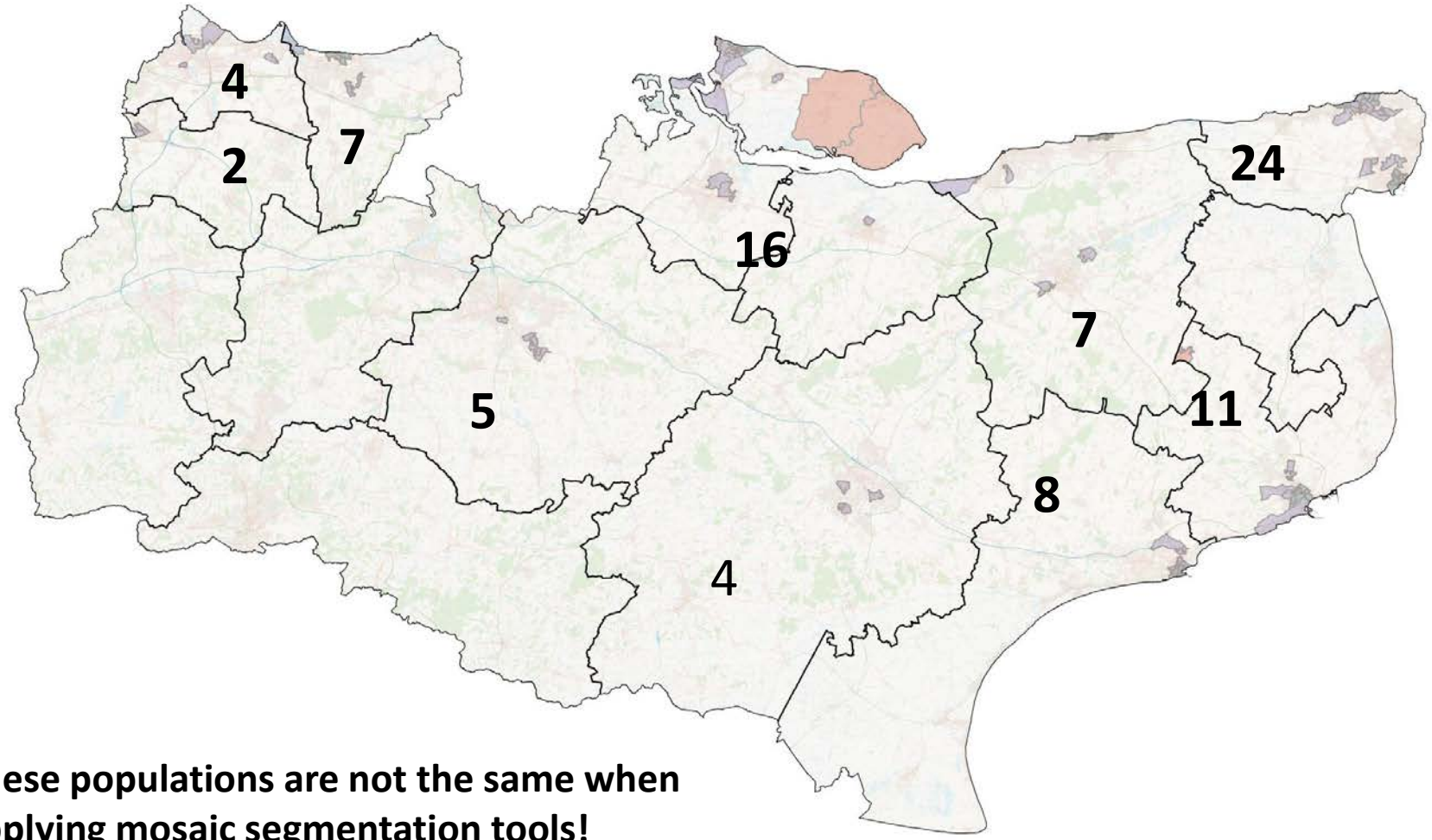


Main causes of premature deaths



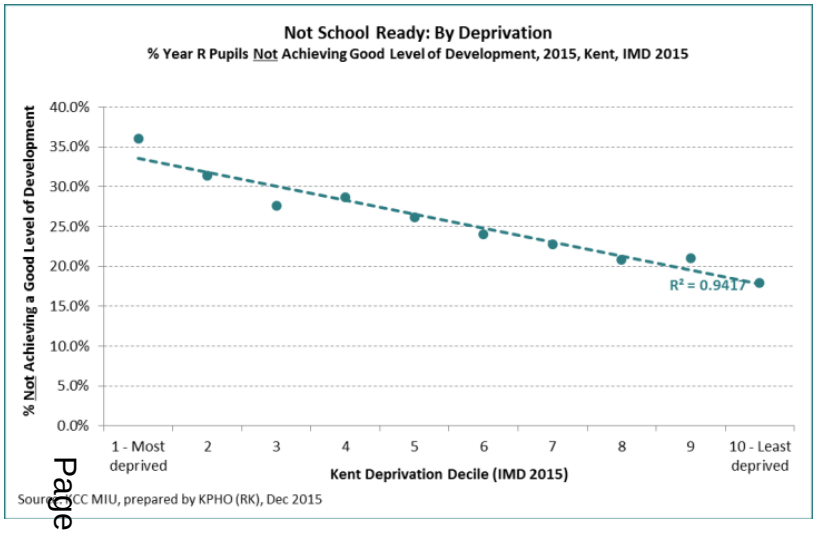
Source: PCMD, prepared by KPHO (RK), April 2016

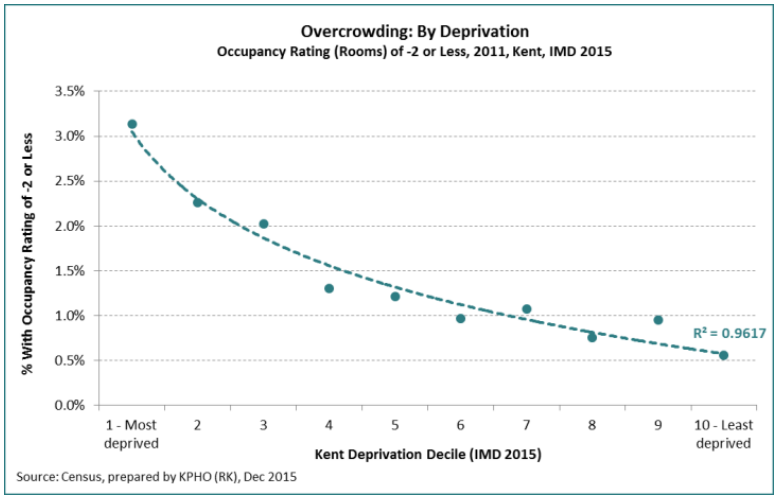
Populations in the lowest decile live here

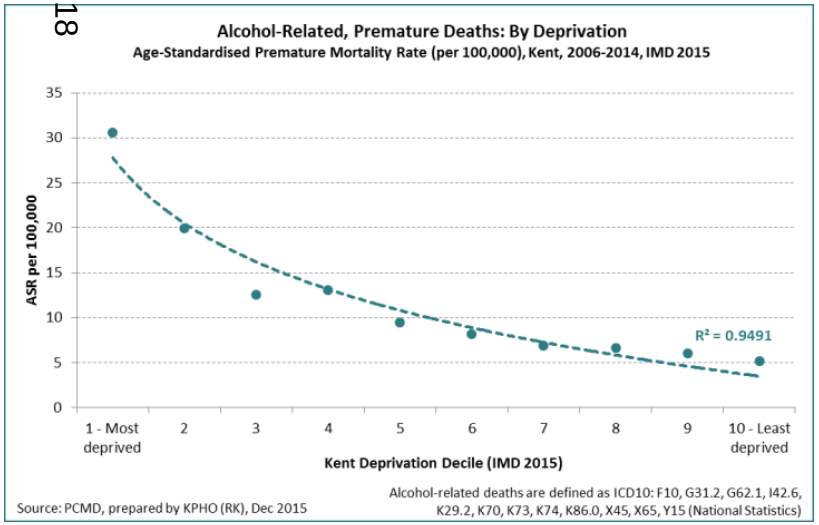


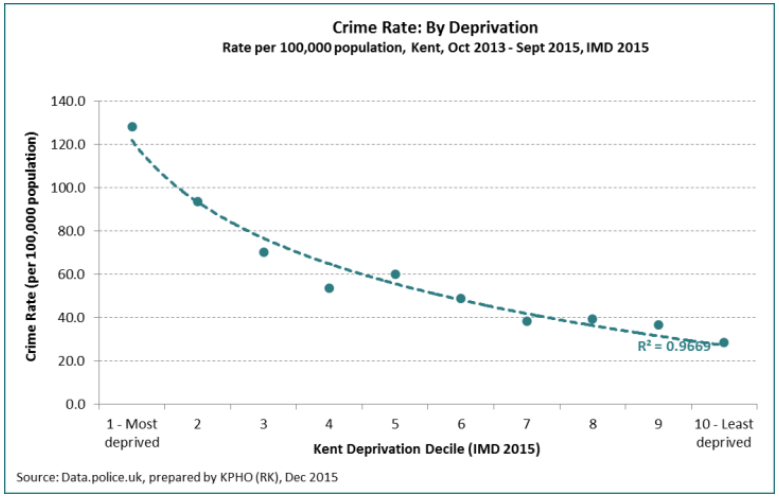
These populations are not the same when applying mosaic segmentation tools!

Health is not the only issue in these communities









New Approach

- Reducing health inequalities requires a more systematic, place based and disproportionate response
- Plans through Local Health and Wellbeing Boards focus upon local communities that encompass the 88 LSOAs and take a three pronged approach:
  - Population approaches
  - Service approaches
  - Asset based community development (“health creation”)
- Kent Mind the Gap thus becomes a series of local plans delivered locally

Recommendation

Kent Health and Wellbeing Board is asked to:

- Comment on progress made on key indicators reflecting progress in Outcome Two of the Kent Joint Health and Wellbeing Board Strategy.
- Support greater local Clinical Commissioning Group oversight for the NHS Health Check programme, particularly in encouraging practices where there is no engagement in delivery of the programme.

The Kent Health and Wellbeing Board is asked to CONSIDER, COMMENT and AGREE the following:

- The renewed approach to reducing health inequalities in Kent.
- That Local Health and Wellbeing Boards take a place based approach and for local plans to encompass population, service and community development based approaches.
- That regular reporting of progress is shared with the Kent Health and Wellbeing Board.
- That Kent Health and Wellbeing Board takes an overview on county wide progress.