



AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 21st September, 2016, at 6.30 pm Ask for: **Ann Hunter**
Darent Room, Sessions House, County Hall, Telephone **03000 416287**
Maidstone

Refreshments will be available 15 minutes before the start of the meeting

Membership

Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr P B Carter, CBE, Dr S Chaudhuri, Dr D Cocker, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr R W Gough (Chairman), 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, Dr S Phillips, Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart, Cllr P Watkins and Cllr L Weatherly

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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 20 July 2016 (Pages 5 - 10)

To receive and agree the minutes of the last meeting

- 5 Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care (Pages 11 - 16)

To consider progress made by the health and social care system towards Outcome 3 of the Health and Wellbeing Strategy

- 6 One public estate/ local estates update (Presentation)

To receive a presentation giving an update on progress

- 7 Draft Kent Health and Wellbeing Board Annual Report 2015-16 (Pages 17 - 36)

To note the draft report and suggest amendments to enable a final report to be produced

- 8 HealthWatch Kent Annual Report (Pages 37 - 46)

To receive and note the annual report from Kent HealthWatch

- 9 Kent Health and Wellbeing Board Forward Work Programme (Pages 47 - 50)

To agree a Forward Work Programme

- 10 Minutes of the Local Health and Wellbeing Boards (Pages 51 - 74)

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

Ashford – 20 July 2016
Canterbury and Coastal – 6 July 2016
South Kent Coast – 28 June 2016
West Kent – 5 July 2016

- 11 Date of Next Meeting - 23 November 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
(03000) 416647

Tuesday, 13 September 2016

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

To: Kent Health and Wellbeing Board

21 September 2016

Subject: Assurance Framework

Classification: Unrestricted

Summary:

This report provides information on indicators related to Outcome 3 of Kent's Health and Wellbeing Strategy which focuses on the quality of life for people with long term conditions. It also considers interface with the Sustainability and Transformation Plan (STP).

It also provides exception reporting on areas requiring further attention by the Board.

Recommendations:

The Board is asked to note the contents of this report and agree the following recommendations:

- a. Agree for local Health and Wellbeing Boards to undertake a review of local action plans for addressing hip fractures and injuries due to falls in people aged 65 and over, and report back on progress in delivery and outcomes at the Board meeting in March 2017.
- b. Agree for Kent Health and Wellbeing Board to align outcomes of the current Health and Wellbeing Strategy with delivery outcomes for the STP.

1. Introduction

This report provides information on indicators related to Outcome 3 of Kent's Health and Wellbeing Strategy which focuses on the quality of life for people with long term conditions. It also considers interface with the Sustainability and Transformation Plan (STP).

Kent and Medway health and social care system is required to develop plans for the delivery of Five Year Forward View through the Kent and Medway STP mainly for three areas:

- Improving the health and wellbeing of local population
- Transforming quality of care and performance
- Achieve and maintain sustainable finances and workforce

Successful achievement of the strategy outcomes and realisation of the ambitions of the STP relies on closer working between the health and social care system. Therefore it is important that going forward there needs to be an interface with the outcomes of the Kent Health and Wellbeing Strategy.

One of the key priorities for the delivery of the STP plan is through robust delivery of 'out of hospital care'. Given that the majority of urgent care pressure is attributed to older people with long term conditions, there is synergy in presenting information on local plans for out of hospital care along with the performance figures on a suite of indicators for Outcome 3.

To that effect this report will present progress on indicators related to Outcome 3. In addition, Board Members will receive presentations from CCGs and Social Care outlining their progress on plans for out of hospital and primary care services.

2. Exception Reporting

Overall performance in indicators for Outcome 3 suggests good progress, with the exception to the indicator related to reducing the number of hip fractures for people aged 65 and over. This would benefit from further analysis at a local level. The Public Health Outcomes Framework (PHOF) data suggests that Kent continues to have a higher rate compared to England, with last three reporting periods seeing an increasing trend (544 in 2012/13, 581 in 2013/14 and 598 in 2014/15). Overall, across Kent districts there is variation, with the highest being in Ashford in 2014/15. Additionally, data from PHOF for 'Injuries due to falls in older people aged 65 and over' also highlights Kent with a higher rate than England, with local variation (Appendix 2).

3. Update on current activity to address falls prevention in Kent

Work is being undertaken to improve partnership working to therefore improve referrals on a number of fronts. This includes links with district council housing and community falls service providers, and also care homes and community falls service providers. CCGs and Public Health will develop frailty pathways, and CCGs and GP practices will monitor polypharmacy prescribing.

A county-wide multi-agency falls group has been developed to enhance wellbeing outcomes of older residents of Kent through reducing preventable falls-related harm. The group consists of representatives from CCGs, District Council Housing, Social Care, Kent Fire and Rescue Service, South East Coast Ambulance Service, Kent Community Health Foundation Trust, Local Pharmacy and Medical Committees and Public Health. It has a number of functions that include developing and improving communication and information flow between all stakeholders at a local and district level, providing advice on policy development, planning and implementation of national initiatives, and making use of robust falls indicators and datasets in order to inform priorities and to evaluate progress and outcomes.

The Public Health department commission postural stability classes across Kent and there is at least one class operating in each district. Additionally, an integrated falls pilot with Kent Fire & Rescue Service (KFRS) is being piloted in the Dartford, Gravesham and Swanley (DGS) CCG area. The CCG, Public Health and the community falls service continue to work with the Home Care Team at KFRS to deliver an integrated falls pilot. Pathways have been established to allow the team within KFRS to risk assess people they felt were at risk of falls and refer them to the single point of referral for postural stability support.

However, given the high rate of injuries due to falls and associated costs it is important that local health and wellbeing Boards review their plans to address this.

4. Recommendations:

The Board is asked to note the contents of this report and agree the following recommendations:

- a. Agree for local Health and Wellbeing Boards to undertake a review of local action plans for addressing hip fractures and injuries due to falls in people aged 65 and over, and report back on progress in delivery and outcomes at the Board meeting in March 2017.
- b. Agree for Kent Health and Wellbeing Board to align outcomes of the current Health and Wellbeing strategy with delivery outcomes for the STP.

Report Prepared by

Malti Varshney, Consultant in Public Health malti.varshney@kent.gov.uk
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Key to KPI Ratings used

GREEN	Target has been achieved or exceeded, or in comparison to National
AMBER	Performance was at an acceptable level within the target or in comparison to National
RED	Performance is below an acceptable level, or in comparison to National
↑	Performance has improved relative to the previous period
↓	Performance has worsened relative to the previous period
↔	Performance has remained the same relative to the previous period

Data quality note: All data is categorised as management information. All results may be subject to later change.

Outcome 3: The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

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Indicator Description	Target	Previous status	Recent status	DoT	Recent time period	
3.1 Increasing clients with community based services who receive a personal budget/ direct budget (ASC KCC)	Unresolved with Adult Social Care KCC					
3.2 Alternative: Increasing the number of adult social care clients receiving a Telecare service (ASC KCC)	5,708	5,792 (g)	5,998 (g)	↑	April 2016	
3.3 Increasing the proportion of older people (65+) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/rehabilitation services (Stress. BCF. ASCOF, HSCIC)	82.1% (national)	83.8%	84.1%	↑	2014/15	
3.4 Alternative: Reducing admissions to permanent residential care (or nursing care) for older people (Stress. BCF. ASC KCC)	139	121 (g)	121 (g)	↔	April 2016	
3.5 Increasing the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (PHOF)						
	Persons	73.3% (national)	70.0%	72.4%	↑	2014/15
	Male	73.2% (national)	68.2%	71.3%	↑	2014/15

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
Female	73.1% (national)	72.7%	73.9%	↑	2014/15
3.6 Increasing the percentage of adults who are receiving secondary mental health services on the care programme approach recorded as living independently, with or without support (aged 18-69 years. PHOF)					
Persons	59.7% (national)	77.6%	75.3%	↓	2014/15
Male	58.4% (national)	76.6%	74.6%	↓	2014/15
Female	61.3% (national)	78.7%	76.2%	↓	2014/15
3.7 Reducing the percentage point gap in employment rate between those with a learning disability and the overall employment rate (PHOF.)	66.9% (national)	66.3%	65.0%	↑	2014/15
3.8 Increasing the early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+. PHOF)	6.4% (national)	6.2%	6.2%	↔	2014/15
3.9 Reducing the number of hip fractures for people aged 65 and over (rate per 100,000. PHOF)	571 (national)	581 (a)	598 (a)	↓	2014/15

Hip Fracture in people aged 65 and over - persons. (PHOF 4.14i)
per 100,000

	2010/11	2011/12	2012/13	2013/14	2014/15
Ashford	534	563	537	635	650
Canterbury	631	612	547	648	556
Dartford	628	659	639	679	614
Dover	508	595	499	594	661
Gravesham	560	522	581	451	634
Maidstone	683	594	475	576	624
Sevenoaks	591	611	516	622	540
Shepway	582	611	603	549	573
Swale	792	578	607	523	568
Thanet	646	633	548	601	649
Tonbridge & Malling	524	612	505	543	514
Tunbridge Wells	521	579	522	542	604
England	580	576	568	583	571
Kent	604	599	544	581	598

Injuries due to falls in people aged 65 and over - Persons (PHOF 2.24i)
per 100,000

	2010/11	2011/12	2012/13	2013/14	2014/15
Ashford	1,626	1,771	1,774	1,909	1,939
Canterbury	1,785	1,850	1,813	1,944	1,909
Dartford	2,269	2,515	2,814	2,804	2,800
Dover	1,737	2,039	1,717	1,926	1,992
Gravesham	2,020	2,172	2,512	2,353	2,392
Maidstone	2,230	2,300	1,949	2,415	2,438
Sevenoaks	2,348	2,377	2,364	2,523	2,539
Shepway	1,740	1,895	1,749	1,786	1,625
Swale	2,193	1,984	1,869	1,801	1,630
Thanet	1,904	2,166	2,085	2,324	2,307
Tonbridge & Malling	2,547	2,499	2,451	2,457	2,473
Tunbridge Wells	2,983	2,842	2,651	2,857	2,734
England	2,030	2,035	2,011	2,072	2,125
Kent	2,088	2,175	2,096	2,224	2,201

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By: Roger Gough, Cabinet Member for Education and Health Reform
To: Health and Wellbeing Board, 21st September 2016
Subject: **Draft Kent Health and Wellbeing Board Annual Report 2015-16**
Classification: Unrestricted

Summary:

This is the draft annual report for the Kent Health and Wellbeing Board covering the period from April 2015 until March 2016. As a formal committee of Kent County Council the Board is required to provide assurance that it is meeting its statutory responsibilities. The final version of this report will be submitted to County Council and will provide information about its core functions, other activities it has been involved in and the health and social care context it is currently working within. This is a draft report for consideration and amendment by the Board.

1. Introduction

This is the annual report for the Kent Health and Wellbeing Board for 2015/16. During this time the health and social care system experienced serious challenges including continued rising demand and limited resources. These challenges have fueled the necessity for finding alternative ways to provide the services and care people need whilst increasing the quality of care they experience. Government policy has also driven the requirement to integrate the services we jointly provide and the ways in which they are commissioned. Major initiatives from NHS England have been previously launched to find ways to meet these challenges such as the Health and Social Care Integration Pioneer Programme, the Better Care Fund and the Five Year Forward View and all have come within the scope of the Kent Health and Wellbeing Board.

Most recently, in December 2015 the Government tasked local health and social care systems to produce Sustainability and Transformation Plans (STP) that will deliver the 5 Year Forward View and the Kent Health and Wellbeing Board is at the forefront of this development.

2. The structure of the Kent Board and its membership

The Kent Health and Wellbeing Board is a statutory body established by the Health and Social Care Act 2012 as a formal committee of the County Council. However it does function in practice and in membership as a partnership board. The Kent Board is composed of all the organisations that are responsible for the planning and commissioning of health and social care services in the county. The Act specified a minimum membership that in Kent has been extended to include representatives of district councils, recognising we operate in a two tier authority area where district colleagues are critical partners. Membership, governance arrangements and terms of reference are attached to this report in Appendix 1.

The Kent Health and Wellbeing Board is chaired by KCC Cabinet Member for Education and Health Reform, Cllr Roger Gough, and meets every two months. It met 6 times between April 2015 and March 2016. A full list of agenda items considered at each meeting can be found

at Appendix 2. The Board does not have any dedicated resources and is administered as a Committee of Kent County Council by Democratic Services, a Secretariat of KCC.

3. Substructures

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

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

- The Kent Children’s Health and Wellbeing Board focusses on issues relevant to our children and young people
- The Kent Health and Social Care Integration Pioneer Steering Group is responsible for delivering the NHS England Integration Pioneer Programme of which Kent was a founder member
- The Better Care Fund Assurance Group monitors the progress of the Better Care Fund plans developed to promote integration
- The Multi-Agency Data and Information Group brings together the relevant data, information and intelligence from a variety of organisations to inform the business of the Board
- Task and Finish groups are established as required. For example a group looking at workforce issues came together in 15/16.

4. Statutory Responsibilities of the Board

Under the Health and Social Care Act 2012 the Kent Board has five responsibilities and in 2015/16 has successfully fulfilled its statutory requirements as described below:

4.1 To ensure that a Joint Strategic Needs Assessment that identifies the health priorities for the population is produced

Kent’s JSNA is available here:

<http://www.kpho.org.uk/joint-strategic-needs-assessment> .

Regular reports concerning the JSNA were received by the Board:

- An exception report was considered by the Board on 20th May 2015 highlighting key changes from the 2014-15 refresh of the JSNA
- A report came to the Board on 16 September 2015 outlining key recommendations from the Kent JSNA that may be considered by CCGs and other commissioners for 2016/17 commissioning plans.

The revision of the JSNA was the focus of an event held in September 2015. A key challenge from Commissioners was that although the JSNA provided useful information it was less helpful in analysing the implications of the data to inform their decisions on investment, and disinvestment, in services. In Kent we are moving beyond the original concept of the JSNA and a working group is now looking at how a “JSNA Plus” can be developed that will include trend analysis, predictive modelling and value for money tools.

4.2 To ensure that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced.

The updated strategy was published in 2014 and runs until 2017. It is available here:

<http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/joint-health-and-wellbeing-strategy>

The Board has continued to oversee the implementation of the strategy which has five outcomes:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

The Board monitors progress and performance against key indicators for each of the five outcomes through **the Kent Assurance Framework**. The Board has developed an Assurance Framework that reports regularly on a suite of indicators designed to highlight when stresses may be appearing across the system, the indicators from the Joint Health and Wellbeing Strategy, and those relating to the Better Care Fund. In this way the Board is kept up to date with how the system is responding to the demands being placed upon it and progress towards the outcomes of the Health and Wellbeing Strategy. The Board has also commissioned Healthwatch Kent to identify and explore ways to address the key issues in the health and care system that may affect the quality of service that people experience

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

It was agreed that the County Board and local boards would develop work programmes focussed on achieving the outcomes of the strategy and built on the findings of the JSNA.

The Board has received reports and presentations on key issues relating to the strategy throughout the year including health inequalities, learning disability, mental health and children and young people. Examples include:

- **Kent & Medway Mental Health Crisis Care Concordat** brings together organisations such as Police, Health, Social Care and Public Health to improve outcomes for people experiencing a mental health crisis. The Concordat's purpose is to improve communication with and training for police officers and to put systems in place with partners which will reduce the number of detentions under Section 136 of the Mental Health Act 1983
- **Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults 0-25 (CAMHS)** articulates a new model for the development of children's mental health services with a single point of access and seamless pathways ranging from universal early help through to highly specialist care with better transition between services. The development of this strategy was prompted by concerns

expressed by the Board about the CAMHS service and has developed into a wider solution including early intervention and prevention.

- **Kent Safeguarding Children's Board Annual Report** highlighted the Strategic Priorities for 2015-18 as Early Help, 'children who go missing', 'On-Line safety' and Female Genital Mutilation, Child Sexual Exploitation, Radicalisation, Domestic Abuse and working with parents with mental health and/or substance misuse issues. The Board noted the development of expertise and knowledge in relation to child sexual exploitation (CSE) and to the issue of unaccompanied asylum seeking minors (UASM).
- **Learning Disability- Joint Health and Social Care Self-assessment Framework and update on Transforming Care (Winterbourne).** The Self-assessment Framework identifies areas of weakness in health and social care services delivered to people with a learning disability. Transforming Care is the national response to the failings at Winterbourne View Hospital. The Board agreed
 - a) to support development of integrated commissioning arrangements between the Clinical Commissioning Groups and KCC to ensure all agencies continue to work together to improve the lives of people with learning difficulties;
 - b) The future Joint Commissioning Plan for learning disability in 2016 should address the areas where Kent had scored a red rating (i.e. long term health conditions, breast cancer screening and bowel cancer screening);
 - c) The development of a Transforming Care Partnership for Kent and Medway to take forward the Transforming Care strategic plans for reducing the number of specialist in-patient beds and improving community support.

4.3 To ensure that the commissioning plans of the CCGs and Kent County Council (social care and public health) properly reflect the needs identified in the Joint Strategic Needs Assessment and the priorities within the Joint Health and Wellbeing Strategy

Commissioning plans for the year of 2015-2016 for Children's Services, Adult Social Care and NHS England were considered and agreed at the meeting of 20th May 2015 and can be found here:

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=5833&Ver=4>

Public Health Transformation and Commissioning plans were agreed by the Board at the meeting of 18th November 2015.

<https://democracy.kent.gov.uk/documents/s60767/Item%207%20PH%20Nov%20HWBB%20report%20-%20v6.pdf>

The latest commissioning plans of the seven Clinical Commissioning Groups in Kent were presented to the Board and agreed at its meeting of 16th March 2016.

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=6180&Ver=4>

4.4 To ensure that a Pharmaceutical Needs Assessment is produced

The main aim of the Kent Pharmaceutical Needs Assessment is to describe the current pharmaceutical services in Kent, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

The Board approved the Kent's Pharmaceutical Needs Assessment on 20th May 2015 and it is available here:

<http://www.kpho.org.uk/health-intelligence/service-provision/pharmacy/pharmaceutical-needs-assessments>

The Board has involved itself in consultation concerning the future of community pharmacies following the announcement by the Department of Health and NHS England in December 2015, that funding to community pharmacies would be reduced and there would be a reconfiguration of pharmacy services. This was shown to have a serious effect on smaller, independent pharmacies, typically those in villages such as Lyminge and Lenham. An announcement was made by Government in September 2016 that due to national response to the consultation the proposed changes would not be implemented.

4.5 To promote the integration of health and social care

a) Sustainability and Transformation Plan (STP)

Background to the STP: In December 2015 Government issued planning guidance outlining a new approach to help ensure that health and care services are built around the needs of local populations.

To do this, every health and care system in England was tasked with producing a multi-year Sustainability and Transformation Plan, showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Local health and care systems came together in January 2016 to form 44 STP ‘footprints’ that would deliver plans that are based on the needs of local populations. The health and care organisations within these geographic footprints have been working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. NHS England has defined the footprint for our region which brings together Kent and Medway and appointed Glenn Douglas, Chief Executive of Maidstone & Tunbridge Wells NHS Trust, as the Senior Responsible Officer.

STPs must demonstrate how new models of care will be developed and full integration of health and social care achieved by 2020. The Kent and Medway plan is being developed to address the significant challenges in our footprint to provide a sustainable health and social care system, with many of the current providers in special measures and a significant financial deficit by 2021 if we do nothing. The plan must also consider how we will work with neighbouring footprints and communities with regard to those people who may cross boundaries to use local health services, for example people from Southeast London who are served by Darent Valley Hospital and people from Kent who may use services at the Conquest Hospital in Hastings.

The Health and Wellbeing Board has been involved in the development of the STP and the chair of the Board is a member of the Kent and Medway STP steering group, as is the Chair of the Medway Health and Wellbeing Board alongside NHS providers and commissioners.

These new planning arrangements, changes to the Better Care Fund and financial settlement for the NHS announced in the autumn statement were explored at the Board meeting 16th March 2016.

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=6180&Ver=4>

b) Better Care Fund

The Better Care Fund is a driver for integration as it promotes the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. There has not been any additional investment but implementation has required establishing statutory s75 agreements (pooled budget arrangements) with each of the seven CCGs in Kent that have brought £101 million of existing CCG budgets together. The Kent approach has been commended at a national level. In the autumn statement the government announced that it intends to continue with an expanded BCF. It is intended that the BCF will be an integral part of the progress towards the requirement of full integration of health and social care by 2020. Together with the Sustainability and Transformation Plans the BCF going forward must be able to demonstrate how this will be achieved.

The Board regularly monitors implementation of the BCF plan. M Papers were received on 16 September 2015: <https://democracy.kent.gov.uk/documents/s59610/Item%2011%201.pdf>

27 January 2016:

<https://democracy.kent.gov.uk/documents/s61863/Item%206%20BCF%20and%20planning%20paper%20final%20final%20final.pdf>

16 March 2016:

<https://democracy.kent.gov.uk/ielistDocuments.aspx?CId=790&MId=6180&Ver=4>

c) Pioneer programme

The national Integrated Care and Support Pioneer Programme was launched in November 2013 to assist selected authorities to progress with their health and social care integration plans at pace and scale. As one of the original Integration Pioneer sites Kent established an Integration Pioneer Steering Group (IPSG) as a sub-group of the Health and Wellbeing Board to coordinate the delivery of the objectives identified in the Kent Pioneer bid.

The Integration Pioneer Programme and team continue to support the diverse and expanding range of new models of care that are significant in the development of the STP.

The Board receives regular reports concerning these developments and papers have included progress reports relating to:

- **Encompass Vanguard Site:** The Kent Integration Pioneer is supporting the development of the Vanguard site which is providing a wide range of primary care and community services. Several members of the IPSG are members of the Vanguard Steering Group working in collaboration and supporting the establishment of the Vanguard.

The Vanguard: In January 2015, the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. In March 2015 the first group of Vanguard sites were chosen.

Encompass is a group of 16 GP practices in Whitstable, Faversham, Canterbury, Ash and Sandwich who are working together to provide more local services. This will mean that patients can receive more of their care from their local surgery, without the need to travel to hospital. Locally provided care includes minor injuries unit, diagnostics and screening, consultants conducting outpatients' clinics in the community and there are plans to extend into nursing care. The population size covered by these arrangements is now 170,000 people.

- **Formation of an Integrated Care Organisation:** South Kent Coast and Thanet CCGs are leading in developing new local models for health and care services coordinated by the GP. The CCG's membership is working with more than 200 clinicians, professionals and local people to finalise the design of services that each community needs.
- **Integrated Discharge Teams** at Darent valley consist of social care case managers, case officers and discharge coordinators providing an extended service outside of office hours to support people to leave hospital when they are well enough.
- **The Care Plan Management System** went live in West Kent in June 2016. This means moving care planning from GP systems to provide access to all of a person's care team for 2,250 people. The system was presented as good practice at a national conference hosted by NHS England.
- **Year of Care Programme** has provided a whole-system intelligence dashboard which delivers information on cost and activity across the health and social care economy. The dashboard has been instrumental in evaluating the integration projects being delivered across the county and in supporting systems modelling for the STP.
- **International and European Work stream:** Kent Integration Pioneers are taking the lead on behalf of the NHS and social care locally, nationally and internationally. Along with strong relationships with European partners, Pioneers have also worked with partners in New Zealand and Japan. The aim is to share transferable knowledge and learning on an international level. The impact of the UK leaving the EU is not yet known.
- **Kent Design and Learning Centre for Clinical and Social Innovation** opened in June 2016 to investigate, test and develop new technologies that can support people to remain independent for as long as possible.

d) In order to fulfil its duty relating to supporting the integration of health and social care the Board has also considered:

- **One Public Estate** (OPE) programme is designed to facilitate and enable public sector bodies to work collaboratively on property and land matters. The Board considered how the Department of Health's Local Estate Strategy and the requirement to establish local estates forums might fit with wider collaboration and integration of service commissioning and possible links with the local health and wellbeing boards and the Health and Wellbeing Strategy. A substantial amount of practical work in different localities has followed on from this.
- **Local digital roadmaps** are the plans for how local health and care economies will achieve their aim of being paper-free by 2020. It was agreed on 18th November 2015 that the roadmaps will be signed off by the Health and Wellbeing Board and regular progress updates will be reported to the Board
- **Workforce:** On 20 May 2015, the Board agreed to establish a task and finish group and work closely with Health Education England to look specifically at strategic workforce issues across the County. Workforce had been identified by the Board as one of the main barriers to implementing the necessary changes to the health and care system to make it both sustainable and deliver improvements to the quality and effectiveness of care. It was recognised that if the right actions could be identified, workforce would be a major enabler to deliver new models of care and the Five Year Forward View. The Group met 6 times between May and December 2015 and identified the following priority areas which were pursued in depth:
 - existing and emerging gaps
 - new models of care
 - productivity
 - recruitment and retention
 - cross-cutting – 'the Brand of Kent';

The Board agreed that joint work would continue around the issue of workforce. This aligned with the requirement to establish a Local Workforce Action Board to coordinate and support the workforce requirements of each STP. The Kent and Medway Workforce Action Board is currently under development and is building on the work of the Task and Finish Group.

5. Endorsement, consideration and support

A number of issues that either have implications for the health and wellbeing of the population or are likely to impact on the health and social care system have been presented to the Board for their consideration and endorsement. In 2015/16 these have included the:

- Kent and Medway Growth and Infrastructure Framework which highlighted that within Kent and Medway approximately 160,000 new houses are planned. Medway, Dartford, Maidstone and Canterbury are highlighted as areas of significant growth with a projected increase of 304,500 people equivalent to 18% increase in the population across the whole County (255,300 for Kent only). The Board was involved in shaping the development of the framework to take account of health and social care service delivery.
- Healthy New Towns scheme, which has recently started (2016) in Dartford, Gravesham and Swanley in relation to the Ebbsfleet Garden City development focused on working across capital developers, councils, social care and health to provide a healthy living space supported by innovative models of care delivery. This scheme is supported by the work of the One Public Estate programme.
- Winter preparedness: 16 Sept 2015 preparations for winter 2015-16 presented by NHS England South (South East) and 27 January 2016 review of arrangements for winter preparedness and resilience within the system with lessons learnt

6. The Future: 2016-17

6.1 Sustainability and Transformation Plans- Integration at pace and scale

Health and Wellbeing Boards are increasingly seen as part of the internal governance and accountability arrangements for local health and care systems with an expectation that they will be involved in the development and sign-off of policies and strategies across a wide range of areas and of different scale and scope.

The STP is designed to have a significant impact on the pace and scale of integration and will influence all aspects of health and social care. It provides the current framework for health and social care policy discussion. The Health and Wellbeing Board will continue to have the same statutory responsibilities that it currently has. The challenge for the Board as it goes forward will be to continue to fulfil its statutory duties and helps ensure delivery of the STP.

The STP also provides the Board with an opportunity to use the innovative approaches that Kent is leading on through its Pioneer status and the progress we have made through the Better Care Fund to increase the pace and scale of integration.

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

The introduction of the STP as the guiding vision for the future of the health and social care system will impact on the production of the Joint Health and Wellbeing Strategy for 2017 onwards and the Joint Strategic Needs Assessment. These documents should reflect challenges and innovation in the system that are necessary to articulate the case for change, focus change on improving local outcomes for the population and provide the means to

measure and evaluate effectiveness. This opportunity to provide a golden thread from the needs identified in the JSNA, into the new JHWS and through the STP into whole system planning will be explored by the Board during 2016/17 with a focus on agreeing a new approach to the JSNA and the Health and Wellbeing Strategy. The potential to translate those high level intentions into local actions will also be considered as part of the Board's work for 2016/17.

6.3 The Work of the Board

In July 2016 the Board agreed to adopt a work programme that will ensure it remains focussed on its primary objectives and this will direct the work of the Board for the next year.

(a) Area 1- Assuring Outcomes for Kent

- The practice of devoting part of a meeting to reviewing progress against one of the 5 outcomes of the Joint Health and Wellbeing Strategy has been viewed as one worth continuing. This will be supported by the assurance framework report being focused on producing data to help the Board understand progress against the outcome.
- Review of commissioning plans.
- Winter planning and resilience.
- Quality

(b) Area 2 – Core Documents

- JSNA refresh (underway).
- JHWS revision (from late 2016 onwards)
- PNA (next revision due 2018)

(c) Area 3 – Promotion of Integration

- Progress of the Five Year Forward View and Sustainability and Transformation Plans
- Strategic barriers and enablers – workforce, sustainability, technology and systems
- Integration Pioneer reports and Better Care Fund.
- Relationship with providers and VCS.

(d) Area 4 – Notifications

- Other important issues or policy documents which the HWB will wish to become informed about and respond to. More for short and medium term planning. Recent examples, Local Digital Roadmaps, One Public Estate Initiative.

(e) Area 5 – Reports to the Board

- Health Watch Annual Report.
- HWB Annual Report.
- Mental Health Concordat.

- Local commissioning/policy developments, e.g. Emotional Wellbeing Strategy for Children, Young People and Young Adults, Accommodation Strategy, Growth and Infrastructure Framework.
- Local Board Minutes.
- Children’s Health and Wellbeing Board minutes
- Annual report of the Kent Safeguarding Children’s Board Annual Report

5. Recommendation(s)

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

- (a) Note the contents of the report
- (b) Suggest amendments to the draft so that a final report can be produced for Kent County Council

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Appendix 1

The Governance Arrangements of the Board

Role

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

- secure better health and wellbeing outcomes in Kent
- reduce health inequalities and
- ensure better quality of care for all patients and care users.

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

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

Terms of Reference:

The HWB:

1. Commissions and endorses the Kent Joint Strategic Needs Assessment (JSNA), subject to final approval by relevant partners, if required.
2. Commissions and endorses the Kent Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the JSNA, subject to final approval by relevant partners, if required.
3. Commissions and endorses the Kent Pharmaceutical Needs Assessment, subject to final approval by relevant partners, if required.
4. Reviews the commissioning plans for healthcare, social care (adults and children's services) and public health to ensure that they have due regard to the JSNA and JHWS, and to take appropriate action if it considers that they do not.
5. Has oversight of the activity of its sub committees (referred to as Clinical Commissioning Group level Health and Wellbeing Boards), focussing on their role in developing integrated local commissioning strategies and plans.
6. Works alongside the Health Overview and Scrutiny Committee (HOSC) to ensure that substantial variations in service provision by health care providers are appropriately scrutinised. The HWB itself will be subject to scrutiny by the HOSC.
7. Considers the totality of the resources in Kent for health and wellbeing and considers how and where investment in health improvement and prevention services could improve the overall health and wellbeing of Kent's residents.
8. Discharges its duty to encourage integrated working with relevant partners within Kent, which includes:

- endorsing and securing joint arrangements, including integrated commissioning where agreed and appropriate;
 - use of pooled budgets for joint commissioning (s75);
 - the development of appropriate partnership agreements for service integration, including the associated financial protocols and monitoring arrangements;
 - making full use of the powers identified in all relevant NHS and local government legislation.
9. Works with existing partnership arrangements, e.g. children's commissioning, safeguarding and community safety, to ensure that the most appropriate mechanism is used to deliver service improvement in health, care and health inequalities.
 10. Considers and advises Care Quality Commission (CQC) and NHS Commissioning Board; monitors providers in health and social care with regard to service reconfiguration.
 11. Works with the HOSC and/or provides advice (as and when requested) to the County Council on service reconfigurations that may be subject to referral to the Secretary of State on resolution by the full County Council.
 12. Is the focal point for joint working in Kent on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.
 13. Reports to the full County Council on an annual basis on its activity and progress against the milestones set out in the Key Deliverables Plan.
 14. Develops and implements a communication and engagement strategy for the work of the HWB; outlining how the work of the HWB will:
 - reflect stakeholders' views
 - discharge its specific consultation and engagement duties
 - work closely with Local HealthWatch.
 15. Represent Kent in relation to health and wellbeing issues in local areas as well as nationally and internationally.
 16. May delegate those of its functions it considers appropriate to another committee established by one or more of the principal councils in Kent to carry out specified functions on its behalf for a specified period of time (subject to prior agreement and meeting the HWB's agreed criteria).

Membership

The Chairman is elected by the HWB.

1. Kent County Council:

- The Leader of Kent County Council and/or their nominee*
- Executive Director for Families and Social Care*
- Director of Public Health*
- Cabinet Member for Adult Social Care & Public Health
- Cabinet Member for Business Strategy, Performance and Health Reform

- Cabinet Member for Specialist Children's Services
 - Any other County Council Member necessary for the effective discharge of HWB functions
2. Clinical Commissioning Group: up to a maximum of two representatives from each consortium (e.g. Chair of the CCG Board and Accountable Officer)*
 3. A representative of the Local HealthWatch* organisation for the area of the local authority.
 4. A representative of the NHS Commissioning Board Local Area Team*
 5. Three elected Members representing the Kent District/Borough/City councils (nominated through the Kent Council Leaders)

*denotes statutory member.

Procedure Rules

1. **Conduct.** Members of the HWB are expected to subscribe to and comply with the Kent County Council Code of Conduct. Non-elected representatives on the HWB (e.g. GPs and officers) will be co-opted members and, as such, covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.
2. **Declaration of Disclosable Pecuniary Interests.** Section 31(4) of the Localism Act 2011 (disclosable pecuniary interests in matters considered at meetings or by a single member) applies to the HWB and any sub committee of it. A register of disclosable pecuniary interests is held by the Clerk to the HWB, but HWB members do not have to leave the meeting once a disclosable pecuniary interest is declared.
3. **Frequency of Meetings.** The HWB meets at least quarterly. The date, time and venue of meetings is fixed in advance by the HWB in order to coincide with the key decision-points and the Forthcoming Decision List.
4. **Meeting Administration.**
 - HWB meetings are advertised and held in public and administered by the County Council.
 - The HWB may consider matters submitted to it by local partners.
 - The County Council gives at least five clear working days' notice in writing to each member of every ordinary meeting of the HWB, to include any agenda of the business to be transacted at the meeting.
 - Papers for each HWB meeting are sent out at least five clear working days in advance.
 - Late papers may be sent out or tabled only in exceptional circumstances.
 - The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.
 - The HWB meetings will be web cast where the facilities are in place.
 - The Chairman's decision on all procedural matters is final.
5. **Meeting Administration of Sub Committees.** HWB sub-committees are administered by a principal local authority, in the case of the Clinical Commissioning Group level HWBs, by a District Council in that area. They will be subject to the provisions stated in these Procedure Rules.

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

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

7. **Minutes.** Minutes of all of HWB meetings are prepared recording:

- the names of all members present at a meeting and of those in attendance
- apologies
- details of all proceedings, decisions and resolutions of the meeting

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

8. **Agenda.** The agenda for each meeting normally includes:

- Minutes of the previous meeting for approval and signing
- Reports seeking a decision from the HWB
- Any item which a member of the HWB wishes included on the agenda, provided it is relevant to the terms of reference of the HWB and notice has been given to the Clerk at least nine working days before the meeting.

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

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

10. **Absence of Members and of the Chairman.** If a member is unable to attend a meeting, then they may provide an appropriate alternate member to attend in their place, subject to them being of sufficient seniority to agree and discharge decisions of the Board within and for their own organisation. The Clerk of the meeting should be notified of any absence and/or substitution at least five working days prior to the meeting. The Chairman presides at HWB meetings if they are present. In their absence the Vice-Chairman presides. If both are absent, the HWB appoints from amongst its members an Acting Chairman for the meeting in question.

11. **Voting.** The HWB operates on a consensus basis. Where consensus cannot be achieved the subject (or meeting) is adjourned and the matter is reconsidered at a later time. If, at that point, a consensus still cannot be reached, the matter is put to a vote. The HWB decides all such matters by a simple majority of the members present. In the case of an equality of votes, the Chairman shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chairman. For clarity, each Clinical Commissioning Group has one vote, irrespective of whether both

the Clinical Lead and Accountable Officer for that Clinical Commissioning Group attend the HWB.

12. **Quorum.** A third of members form a quorum for HWB meetings. No business requiring a decision shall be transacted at any meeting of the HWB which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chairman either suspends business until a quorum is re-established or declares the meeting at an end.
13. **Adjournments.** By the decision of the Chairman, or by the decision of a majority of those members present, meetings of the HWB may be adjourned at any time to be reconvened at any other day, hour and place, as the HWB decides.
14. **Order at Meetings.** At all meetings of the HWB it is the duty of the Chairman to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.
15. **Suspension/disqualification of Members.** At the discretion of the Chairman, any body with a representative on the HWB will be asked to reconsider the position of their nominee if they fail to attend two or more consecutive meetings without good reason or without the prior consent of the Chairman, or if they breach the Kent Code of Conduct for Members.

APPENDIX 2

Substantive agenda items taken by the Kent Health and Wellbeing Board in 2015/16

20th May 2015

Workforce
Kent and Medway Growth and Infrastructure Framework
Commissioning Plans: NHS England, Children's services and Adult Social Care Assurance Framework
JSNA Exception Report
Children's Health and Wellbeing Board minutes
Local Health and Wellbeing Board minutes

15th July 2015

One Public Estate Initiative
Kent and Medway Mental Health Crisis Care Concordat
Quality and the Health and Wellbeing Board
Local Health and Wellbeing Board minutes

16th September 2015

Healthwatch Annual Report
JSNA Recommendations Report
NHS England- Preparations for Winter 2015/16
Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25) – (CAMHS)
Kent Health and Wellbeing Board and Local Health and Wellbeing Boards Relationship and Future Options Paper
Developing the Relationship between Kent's Health and Wellbeing Board and the Voluntary Sector that recognises the important role the voluntary sector plays in the health and wellbeing of local communities and explore how that local intelligence and knowledge can be shared with Local Boards and County Board to inform commissioning
Health and Social Care Integration
Local Health and Wellbeing Board minutes

18th November 2015

Joint Health and Social Care Self-Assessment – Learning Disability
Growth and Infrastructure Framework
Public Health Services Transformation and Commissioning Plans Assurance Framework
Kent Health and Wellbeing Board Annual report
Local Digital Road Maps
Children's Health and Wellbeing Board minutes
Local Health and Wellbeing Board minutes

27th January 2016

NHS Preparations for and response to Winter 2015/16
The New Planning arrangements for Health and Social Care
New Models of Care progress report
Draft Kent Health and Wellbeing Board Work Programme
Kent Safeguarding Children's Board Annual Report
Children's Health and Wellbeing Board minutes
Local Health and Wellbeing Board minutes

16th March 2016

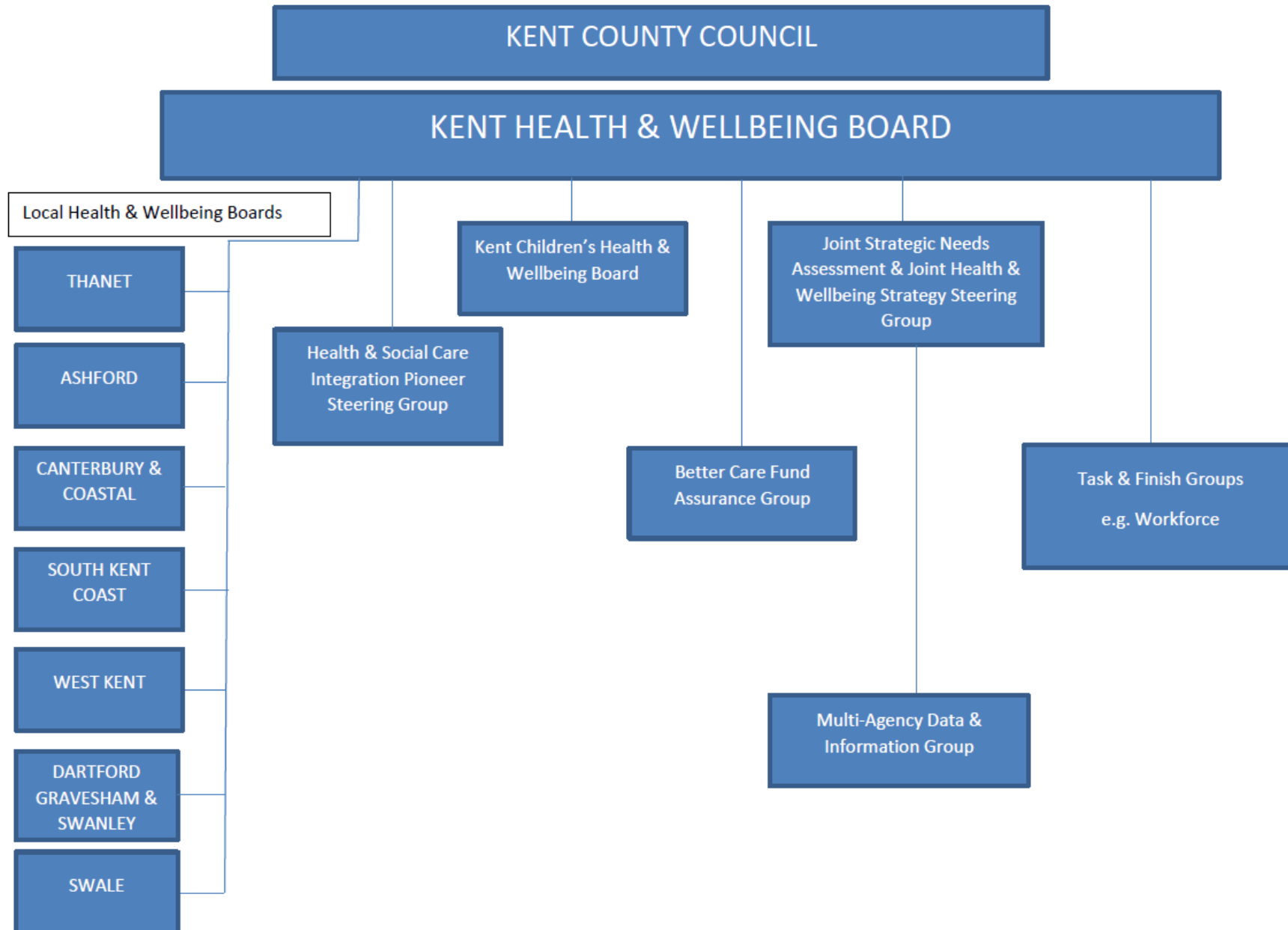
CCG Commissioning, operational and Transformation Plans with regard to STP
Better Care Fund

Joint Strategic Needs Assessment – outcomes of JSNA workshop

Kent Health and Wellbeing Board Work Programme- Finalised

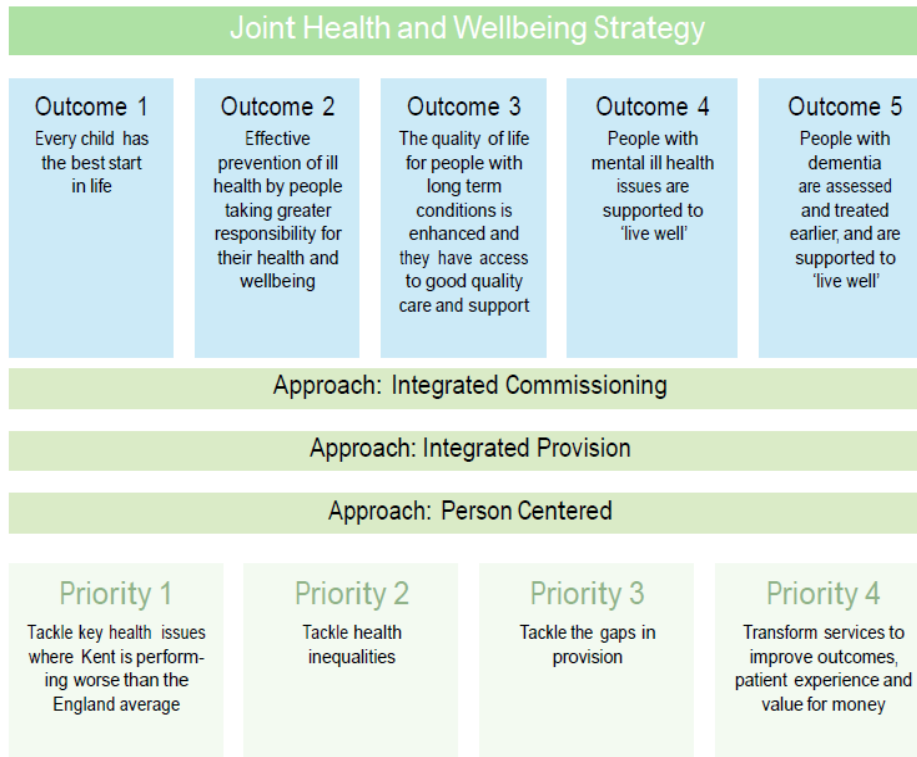
Local Health and Wellbeing Board minutes

THE KENT HEALTH & WELLBEING BOARD STRUCTURE



Appendix 4

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



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Our vision, mission and values



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Our vision

You, the public, are listened to, and involved in, improving our health and social care services in Kent.

Our mission

To raise the public's voice to improve the quality of local health and social care services in Kent.

We achieve this by

Listening to you about your experiences of health and social care services and taking those experiences to the people who commission health and social care services in Kent.



Our values

- Open and transparent
- Volunteer led
- Objective and balanced

- Working in partnership with organisations - no surprises
- Critical friend

- Balancing positive and negative, loud and quiet, many and few
- Truly represent residents of Kent



Foreward from our Chief Executive

This year we heard the fantastic news that our contract has been extended until April 2018.

Although this bought with it significant budget cuts it is testament to the hard work, dedication and commitment of our staff and volunteer force. Together they have developed an organisation that effectively and conscientiously listens to the public and acts upon their feedback. Thanks to our excellent relationships with the organisations that both commission and provide health and social care services we are then able to affect the change that is needed to benefit those people.

This year we have focused our efforts on listening more to people from all walks of life. Given the size of Kent, we focus on one District a month. Within each District we know and understand the communities that live there and proactively seek them out and visit them to hear about their experiences of local services. We've been welcomed into many different communities this year including travellers sites, homeless groups, a Chinese lunch club and a mosque. We've also worked with other organisations who are already working with groups that are often harder to reach such as the Roma community or people who suffer from domestic violence. We are committed to continuing this work in the year ahead and will continue to feedback everything we hear from the public about ANY health or social care service back to the organisations responsible to help them continue to improve services for the people of Kent.

At the time of writing, we are about to embark on our second Healthwatch Big Bus Tour. Last June we visited every District in Kent stopping our double decker vintage bus in busy public places. We spoke to hundreds of people over seven days about their experiences of services and we will be doing the same again this June. Come on board and see us!

This report gives you an insight into our work, but if you are interested in finding out more do please get in touch. We are always looking for people to get involved in any way they can so take a read and give us a call if you want more information.

You can reach us anytime on 0808 801 0102 or email us on info@healthwatchkent.co.uk

Steve Inett
Chief Executive, Healthwatch Kent

The year at a glance

This year we've reached 1,434 people on social media



We've spent hundreds of hours on hospital discharge - one of our top priorities this year



Our volunteers help us with everything from booking meetings to making decisions about our priorities and resources



We've visited 20 of our local services



Our reports have tackled issues ranging from children's mental health, dentists to physical disabilities



We've met hundreds of local people through our work in communities





What we do for you?

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

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What do we do for you?

- Give you information about health and social care services and signpost you to the correct service, either statutory or in the community.
- Inform you about your rights as a patient/ service user, but also your responsibilities to manage your own health and support services to enable them to be effective
- Listen to your experiences and signpost you to where to make a complaint and what support is available with complaining
- Record your experiences and look at trends and themes across the county, using those trends as a basis for what we investigate further
- Escalate serious concerns to the appropriate authority and monitor the outcome
- Respond to enquiries on our Freephone line within one working day
- Endeavour to meet as many people face to face as possible, in particular contacting groups who do not contact us by other means. To do this we will visit a different district council area each month and visits priority groups in that district.
- Be open and transparent in how we work
- Publish the following on our website:
 - Our Strategic Priorities and Annual report
 - Our Project and Enter & View Reports
 - A monthly update of our work
 - Our workplan for the year
 - Records of our regular meetings that set our priorities

What do we do for commissioners and providers?

- Work in a spirit of partnership, sharing information, informing you about work we are undertaking and supporting work that improves patient/service user experiences.
- Meet with you quarterly to discuss shared areas of concern and monitor an action plan made up of agreed issues, Healthwatch report recommendations and CQC findings.
- Act as a critical friend for consultations you undertake

What do we offer our volunteers?

- Be clear about the requirements and expectations of you and be open with you if there are any concerns about how you carry out your role.
- Give you clear roles so you can understand your commitment and what you will achieve.
- Give you training and experience in working in health and social care at a strategic level.
- Reimburse your out of pocket expenses
- Be appreciative of your time and efforts.

For other stakeholders we will:

Voluntary Sector

- Offer the opportunity for someone in your organisation or group to become a Community champion where you will receive a monthly update on our work and have a mechanism to tell us the experiences of the people you work with.
- Involve you in our public voice programme when we are in your area.
- Involve you in our projects where relevant.

District Councils

- Inform you when we are working in your area.
- Support councillors to share experiences of local residents.
- Keep you updated of the outcomes of our work.

To fulfil our other statutory roles we will:

- Use the outcome of escalations, projects and enter & view visits to make recommendations to Healthwatch England / Care Quality Commission to conduct special reviews or investigations.
- Use the database designed for the Local Healthwatch network to provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
- Work with CQC, Monitor and TDA where there are significant concerns about an organisation.
- Continue to be effective participants of the Kent and local Health & Wellbeing Boards.
- Continue to be effective participants of the Kent Health Overview & Scrutiny Committee and escalate concerns to them.
- Provide feedback on the quality accounts of providers annually.



How do we bring about change?

The answer is simple...
By listening



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We listen to people through a number of different ways:

- When people contact our Helpline directly
- By proactively visiting communities and groups especially those who are classed as seldom heard and may not share their feedback
- Through our regular Information stands at public places including libraries, gateways and hospital foyers
- By using our statutory powers to Enter & View any health or social care service and talk to patients and users about their experience
- On board our Healthwatch Big Bus which visited every Kent district

Here's just a few examples of where we have been this year:

- Chinese Lunch club
- Several Travellers sites
- Deaf groups
- Young Mums groups
- Mind, mental health support groups
- Roma community
- The Wrinkly roadshow for older people
- Diabetic Association
- Black African Community Church
- Events with the Roma community
- Disability Groups
- Rural libraries

What we've learnt from visiting services

- We've learnt so much from talking to people but here are a few snapshots
- Services do not currently work as efficiently or as joined up as they could particularly in relation to hospital discharge
 - It's extremely confusing for people about how to complain about services
 - The misconception about lack of NHS dentists often means people don't seek an NHS dentist and therefore don't have any treatment
 - End of Life Care is not always what the patient or family wants it to be
 - People with physical disabilities want a platform in Kent to raise their voice and be heard
 - People want to be involved in decisions about changes to services (big and small) but they are so often not given the opportunity
 - Young people want to be respected by services

Through this work we have been able to listen to people from all ages from young to old. We've also heard from people who would be classed as 'seldom heard' or vulnerable plus people who may not live within Kent but who use Kent's services.

What difference have we made?

In our hospitals: Our trained volunteers have visited hospitals across Kent talking to patients about their experiences of Outpatients, Accident & Emergency and Discharge. Through that work we have improved communications for patients in the waiting rooms, ensured clearer signage to help patients and families find their way better as well as improving dignity for patients at Darent Valley and Tunbridge Wells Hospitals.

GP services: We've seen many GP practices close in Kent over the past year. This is an issue shared across the South East. Working together with our local Healthwatches we have escalated our concerns to both Healthwatch England and NHS England who commission GP services. We are working with NHS England to improve the communication and support given to patients when their local GP practice closes.

All of our reports and recommendations can be found on our website. We work with the relevant provider and commissioner to influence the recommendations that we have made. To date, no provider or commissioner has declined to work with us. All our intelligence and reports are also shared with Healthwatch England and the Care Quality Commission.

In our Care Homes: we have escalated four cases of concern for patient safety to the Care Quality Commission and Kent County Council this year. All of these involved residents of care homes in Kent. All of our escalations have been investigated and in one instance the care home was prevented from accepting new residents until measures were put in place.

Dentists: Following our detailed report into NHS dental services we have made a number of recommendations. We will be working on these with NHS England and the Local Dental Practitioners Network to make the changes. We have also created two new leaflets for the public clarifying issues around dental charges and how to find an NHS dentist.

For mental health patients and carers: we've worked closely with our mental health trust to drive through some of the changes we have recommended. Together with patients and carers, we have finally secured the launch of a single phone number of patients and carers to use when they need to access mental health services. That work has also seen the creation of a Carers Charter which sets out the rights and responsibilities of carers. In addition we have conducted revisits Enter & View visits to three mental health wards in Kent and will continue to work with the Trust on our recommendations following these visits.

Physical Disabilities: in Kent there are many networks for older people, people with mental health or learning disabilities. There is not currently a platform for people with physical disabilities to make their voice heard and collectively discuss issues that matter to them. We are currently establishing a Kent wide network.

Changes to our services: we monitor and were relevant scrutinise consultations that involve changes to our social care or health services in Kent. Through our scrutiny work we have ensure the voice of patients was clearly heard during the process of change to our stroke services and to hospital services in East Kent. We have escalated our questions around some particular social care consultations and we continue to work with the County Council to improve the way they involve the public in their decision making.



Our Volunteers

Our volunteers are central to everything that we do. They are involved in every level from administration through to decision making.

Here's just a few examples of what our volunteers do for us:

- Hold regular sessions in Kent hospitals talking to patients about their experiences
- Represent Healthwatch at key meetings including all seven local Health & Well Being Boards ensuring that patient voice remains on the agenda
- Work with us to shape the workplan for the Kent Health & Well Being Board
- Visiting services as part of our Enter & View remit to talk to patients about their experiences
- Visiting community and seldom heard groups to understand their experiences of services
- Read, distil and analyse reports and information

Our **Intelligence Gathering Group** is made up of volunteers

They review the intelligence we receive from the public, meetings and reports

They identify themes and trends for our future work

Our **Deliberation & Directions Group** is made up of volunteers

Together they agree our priorities and projects

They define and shape our project work and allocate resources



The year ahead?

Together with our volunteers, we have identified the following priorities based on what we have heard from the public.



This list is not exhaustive and we will continue to respond to issues brought to our attention as described in the same section.

Carers

Equipment such as crutches, wheelchairs, hoists etc. This service has changed in 2015 and we plan to talk to people about their experience of the new service and work with the new provider to ensure patients views are used to improve the service.

Patient Transport

We plan to review the new non emergency patient transport service once it has changed to a new provider.

Health & Social Care Complaints

We will follow up our evaluation of complaints processes in health and social care with an evaluation of the improvements that have been made from complaints, and how those improvements are maintained.

Hospital Discharge

Continuing the work that we have already done this year in North Kent, we will turn our focus to improving the experience of people being discharged from hospital in both East & West Kent.

Children & Young Peoples Services

We will work closely with existing networks that gather feedback from young people and families. We will work closely with Children's Health & Wellbeing Boards to ensure that the voice of children, young people and their families are heard in setting strategic priorities and developing new services.

We will gather feedback on the challenges faced by children and their families in accessing health and social care services, in particular the experiences of schools referring children into services.

Integration of health & Social Care services

Healthwatch Kent has already been heavily involved in the plans for integrating services. We will monitor the impact of these plans and will gather the experiences of people, in particular older people, who are moving between services e.g.

1. From hospital to a care home
2. From hospital to the community
3. From the community to hospital

We will undertake this work where short term improvements in services can be made, without needing to wait for integrated services to become effective. We will employ our statutory power to enter & view services to speak to service users, carers, family and staff about their experiences and feed this back to the organisations involved. These reports will have recommendations which the organisations are required to respond to.



Finances

Table heading showing statement of activities for the year ending 31 March 2016

Income	
KCC Contract	£448,793
KCC Business case projects	£166,220
Total income	£615,013

Expenditure	
Engaging Kent	£28,115
Staff employment costs	£225,793
Staff recruitment / training	£2,530
Staff and volunteer expenses	£17,217
Volunteer costs, expenses & training	£16,591
Grants	£98,505
Advertising and promotion	£13,679
Professional fees	£8,308
Office related costs inc Insurance	£30,241
Total expenditure	£590,550



Balance sheet as at 31st March 2016

Fixed assets	
Tangible assets	£2,050
Current assets	
Debtors	£203,367
Cash at bank	£241,298
Total current assets	£444,665
Creditors	(£396,545)
(amounts falling due within one year)	
Net current assets / (liabilities)	£48,120
Total assets less current liabilities	£50,170
Provisions for liabilities Deferred tax	(£410)
Net assets	£49,760
Capital and reserves	£49,760

Notes
 Tangible assets, based on ICT equipment purchases minus a depreciation charge.
 Cash at Bank - funds allocated to current activities
 Creditors - trade creditors, taxation and social security, deferred income and accruals

Your voice counts

We want to hear from you

Tell us your experiences of health & social care services in Kent



By Telephone:
 Healthwatch Kent
 Freephone 0808 801 01 02



By Email:
[Info@healthwatchkent.co.uk](mailto:info@healthwatchkent.co.uk)



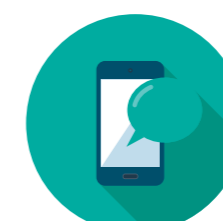
Online:
www.healthwatchkent.co.uk



By Post: Write to us or fill in and send a Speak out form. **Freepost RTLG-UBZB-JUZA**
 Healthwatch Kent, Seabrooke House,
 Church Rd, Ashford TN23 1RD



Face to Face:
 Call 0808 801 01 02 to arrange a visit



By Text: Text us on **07525 861 639**.
 By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.

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

To: Health and Wellbeing Board, 21 September 2016

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

Classification: Unrestricted

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 is 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
23 November 2016	
Area 1 - Assuring Outcomes for Kent	<ul style="list-style-type: none"> • Review of Outcome 5 - Dementia
Area 2 - Core Documents	<ul style="list-style-type: none"> • JHWS Development Process
Area 3 Promotion of Integration	<ul style="list-style-type: none"> • Sustainability and Transformation Plans Update • A Vision and Strategy for Adult Social Care 2016-2021
Area 4 Notifications	
Area 5 Reports to the Board	<ul style="list-style-type: none"> • Update on the Joint Health and Social Care Self-Assessment Framework • HWB Work Programme • Local board minutes • KSCB Annual report • Minutes of the 0-25 Health and Wellbeing Board
25 January 2017	
Area 1 - Assuring Outcomes for Kent	<ul style="list-style-type: none"> • Review of Outcome 1 – Every Child has the Best Start in Life
Area 2 - Core Documents	<ul style="list-style-type: none"> •
Area 3 Promotion of Integration	<ul style="list-style-type: none"> • Better Care Fund Plans for 2017/18
Area 4 Notifications	<ul style="list-style-type: none"> •
Area 5 Reports to the Board	<ul style="list-style-type: none"> • Progress report on the Kent Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (CAMHS) • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
22 March 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	<ul style="list-style-type: none"> • JSNA Exception Report
Area 3 Promotion of Integration	<ul style="list-style-type: none"> • Review of Commissioning Plans
Area 4 Notifications	<ul style="list-style-type: none"> •
Area 5 Reports to the Board	<ul style="list-style-type: none"> • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
Other items not allocated to a particular meeting	
	HWB Strategy Refresh

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Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the
20th July 2016.

Present:

Dr Navin Kumta – (Chairman);
Councillor Brad Bradford, Portfolio Holder for Highways, Wellbeing and Safety, ABC
(Vice-Chairman)

Graham Gibbens – Cabinet Member for Adult Social Care and Public Health, KCC;
Tracey Kerly – Chief Executive, ABC;
Philip Segurola – Social Services Lead, KCC;
Faiza Khan – Public Health, KCC;
Sheila Davison – Head of Health, Parking and Community Safety, ABC;
John Bridle – HealthWatch Representative;
Theresa Oliver – HealthWatch Representative;
Helen Anderson – Chair, Local Children’s Partnership Group;
Christina Fuller – Head of Culture, ABC;
Deborah Smith – KCC Public Health;
Liz Shutler – East Kent Hospitals University NHS Foundation Trust;
Richard Robinson – Housing Improvement Manager, ABC;
SallyAnne Logan – Chilmington Community Management Organisation Project
Manager, ABC;
Matthew Nouch – Policy Planner, ABC;
Neil Fisher – Head of Strategy and Planning, CCG;
Dr Jim Kelly – Kingsnorth Medical Practice;
Gerrard Abi-Aad, Head of Health Intelligence, KCC;
John Rivers – Rural Community Network;
Chris Morley – Ashford North Community Network;
Emma Hanson, Head of Strategic Commissioning Adult Community Support, KCC;
Austin Hardie – Shaw Trust;
Shelley Southon – Enterprise Manager Mental Health and Employment;
Councillor Geraldine Dyer, Lead Member Highways, Wellbeing and Safety, ABC;
Keith Fearon – Member Services Manager, ABC.

Apologies:

Peter Oakford – Cabinet Member, KCC, Simon Perks – Accountable Officer, CCG,
Caroline Harris – Voluntary Sector Representative, Lisa Barclay – CCG, Martin
Harvey- Patient Participation Representative.

1. Election of Chairman and Vice-Chairman

- 1.1 It was agreed that Dr Navin Kumta and Councillor Brad Bradford be elected
as Chairman and Vice-Chairman respectively of the Board for 2016/17.

2. Notes of the Meeting of the Board held on the 23rd March 2016

The Board agreed that the notes were a correct record.

3. Update on Ashford Health and Wellbeing Board Priorities

(a) Reduced Smoking Prevalence Update Report

Faiza Khan explained that 18% of the adult population in England smoked, however, the figures for Ashford were 26.4% which was slightly higher than the national average. This level increased to 42.1% among routine manual workers which compared with the England rate of 28%. This equated to an estimated 25,000 smokers living in Ashford at an economic cost to the community of £39.8 million per year. She further explained that a Task and Finish Group had been set up to address the trend of smoking prevalence in Ashford and the Action Plan would target activities in the wards that had the highest smoking.

The Vice-Chairman said that the figure set out within the report which stated that there were 960,000 deaths per year associated with smoking was shocking and he asked the Board to consider whether it should write to the Health Secretary seeking a ban on the sale of tobacco.

During discussion on this suggestion, it was noted that if this occurred it was inevitable that the sale of illicit tobacco would increase and therefore control over the composition of the cigarettes would be lost. It was also suggested that perhaps Ashford could be a pilot in terms of promoting smoke free places, for example the Town Centre and parks which could be considered as part of the process to “de-normalise” smoking.

Graham Gibbens outlined the steps currently taken to reduce smoking prevalence which included more discreet sale, the introduction of plain packaging and initiatives to discourage smoking generally. He supported the suggestion that Ashford consider making the Town Centre smoke-free and he said he believed that this would be a massive initiative and no doubt the issue of how the ban would be enforced would be paramount.

The Chief Executive said that in terms of approaching the Health Secretary the Board might wish to consider seeking support to further national campaigns aimed at smoking cessation and also outlining what Kent did on a County-wide basis in terms of this issue.

Dr Kelly commented that e-cigarettes were assisting smokers to cease their habit and therefore it was more the issue of banning tobacco sales rather than products which contained nicotine.

Graham Gibbens suggested that in addition to writing to the Health Secretary a letter also be sent to the Kent Leaders and the Kent Health and Wellbeing

Board as he considered it important that despite reducing budgets, there was a need to ensure that the budget for tobacco control was maintained.

The Board agreed that:

- (i) the proposed ambitions to reduce smoking prevalence in Ashford be supported.**
- (ii) further progress and update reports be received at future meetings.**
- (iii) the Chairman of the Board write to the Rt Hon. Damian Green MP and seek his support in raising the matter of banning the sale of tobacco with the Health Secretary and a similar letter be sent to the Kent Health and Wellbeing Board and Kent Leaders. The letters to also highlight the work being undertaken locally on this priority and the need to protect public health funds that are directed towards reducing smoking prevalence.**

(b) Healthy Weight Update Report

Deborah Smith advised that a priority Action Plan to facilitate the delivery of activities and new initiatives had been completed which fell under six work streams. The report sought the Board's approval to the delivery of these activities.

The Board agreed that:

- (i) the approach proposed by the Task and Finish Group be approved.**
- (ii) the six work streams that would form the basis of this work be agreed.**
- (iii) further progress and update reports be received at future meetings.**

4. Sustainability and Transformation

(a) Kent and Medway Sustainability Transformation Plan

Neil Fisher reported that the Kent and Medway Sustainability Transformation Plan would review existing service provision across all health economies. The Plan would endeavour to form a five year forward view for the whole of Kent but with specific aspects of the Plan focussing on the provision in West, North and East Kent. In terms of Primary Care, Neil Fisher said that there were vacancy issues and there was a general need to reconsider how services were delivered. Neil Fisher further explained that a formal public consultation exercise would commence in the Autumn and essentially the document would focus on shifting service provision into the community via the community networks.

(b) East Kent Hospitals University NHS Foundation Trust

Liz Shutler, Director of Strategic Development Planning – East Kent Hospitals University Trust, gave a presentation entitled “Sustainable Healthcare”.

The presentation had been published with the Agenda for the meeting and was available on the Council’s website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009>.

Liz Shutler drew attention to the fact that of the 1100 acute hospital beds, in the region of 300 were occupied by patients who did not need to be in a hospital and would have been better for the services to be provided out of hospital, on a community basis.

(c) GP Federation’s Vision for Healthcare in Ashford

Dr Jim Kelly and Gerrard Abi-Aad gave a presentation on the “Enhanced Primary Care and Scale and a Vehicle for New Models of Care”. Following the meeting, copies of both presentations had been published on to the Council’s website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009>.

During the presentation, Dr Kelly commented that whilst the current Local Plan out for consultation showed an estimated rise in the population of 30,000 there were no specific sites detailed within the Local Plan for new healthcare premises. He hoped that as part of the consultation health providers would ensure that they discussed this issue with the Local Plan’s team and provide specific consultation feedback.

(d) Community Networks

Chris Morley, Ashford North Community Network and John Rivers, Ashford Rural Community Network gave a presentation on the work of the networks. Reference was also made to the Ashford South Community Network on behalf of Caroline Harris. Following the meeting the presentation had been published with the Agenda for the meeting and is available on the Council’s website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009>.

In terms of the Ashford North Community, Chris Morley expressed a wish for Borough Councillors to become involved as at the present time he said that no ABC representatives had come forward to be represented at the meeting. In terms of the forthcoming consultation on the Local Plan, Chris Morley said that he believed the Health and Wellbeing Board members should consider making their own submission as part of that consultation in terms of the types of facilities it would like to see provided to meet healthcare provision in the near future. He said he was also supportive of any proposals to make Ashford a smoke-free town centre.

With reference to the rural network, John Rivers explained that the principle issue related to the lack of public transport which he said had reduced by in the region of 20% prior to previous service provision. He also expressed a wish that the use of IT become more efficient as he believed its universal application across different providers would help to meet the changes envisaged over the next five years.

The Chief Executive asked Liz about the nature of the questions which would be proposed during the Sustainability Transformation Plan consultation as she believed they needed to be readily understandable in terms of the general public.

Neil Fisher explained that the matter was still subject to discussions with clinicians and therefore the range of options for consultation was not yet available. He, however, indicated that different aspects of the overall Plan would be consulted upon.

In conclusion, the Chairman thanked all the presenters for attending the meeting.

The Board agreed that:

- (i) it was important for the right type of delivery vehicle to be put in place.**
- (ii) there was a need to ensure that a communication strategy was in place in terms of the consultation and ongoing issues associated with service provision.**
- (iii) health service providers be encouraged to respond to the Local Plan and Infrastructure Plan consultation in terms of the provision of future services.**
- (iv) ABC Members and representatives of Parish Councils be encouraged to participate in the community networks.**
- (v) the Board receive an annual report from the networks.**

5. Live it Well and Wellbeing Café

- 5.1 The Board received a presentation from Emma Hanson, Head of Commissioning, Kent County Council, Austin Hardie, Director of Transport and Enterprise Activity Shaw Trust and Shelley Southon, Enterprise Manager, Mental Health and Employment.
- 5.2 The presentation had been published with the Agenda for the meeting and is available on the Council's website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009>.

- 5.3 In accordance with Procedure Rule 9, Mr Claughton, a member of the public said by way of introduction that he hoped that the good work that had previously been undertaken by the former operator of the Centre, would continue in the future. He, however, said that he was disappointed at the way the KCC had handled the procurement process in terms of the current operator of the Centre. He said that he understood that the former operator had provided monthly reports to Kent County Council and data every six months. He believed that the change would have a huge impact on those residents in the Borough with mental health.
- 5.4 Austin Hardie said that the Shaw Trust was aiming to provide safe spaces for people with mental health issues and support would be provided by Community Navigators in order to ensure access to appropriate services. Currently, 15 safe spaces were available which enabled persons to visit, have a cup of tea and access a range of support services. In terms of the current centre, Austin Hardie said that he considered that it had been substandard in the past and therefore Shaw Trust's task was to make the Centre better and he said that if the Centre under Shaw Trust's management was not a success, he would be answerable to the Board and his own Chief Executive.
- 5.5 In terms of premises for the Centre, Emma Hanson advised that no firm commitment had yet been made on the current premises as it was considered that a Centre located nearer the Town Centre would be more preferable and more visible to be public.
- 5.6 The Chairman commented that if the Centre did relocate, there would be a need to ensure that the communication channels were in place to ensure that the previous clients were aware of the change in premises.
- 5.7 Graham Gibbens advised that as the appropriate Portfolio Holder at Kent County Council, he had taken the decision to award the current contract to Shaw Trust. He emphasised that no additional money was forthcoming from Central Government and it was important that no cuts were made locally in terms of the provision for mental health care. He believed that the current proposal ensured best value and would maintain the long-term provision of the service.

The Board noted the report.

6. Kent Health and Wellbeing Board Meeting 25th May 2016

- 6.1 The Agenda contained links to the full agenda papers for the above meeting. The Chairman gave a brief summary of the issues discussed at the meeting.

7. Partner Updates

- 7.1 Included with the Agenda were A4 templates submitted by all Partners apart from the Clinical Commissioning Group.

(a) Clinical Commissioning Group (CCG)

Neil Fisher apologised for not providing the update with the Agenda papers and then gave an update on the current initiatives the Clinical Commissioning Group was dealing with. This included a staff reconfiguration exercise and focussing on the new Sustainability Transformation Plan. In terms of the provision of future premises to serve health needs, Neil Fisher explained that in the past the CCG had not fed directly into the Local Plan process, however, he advised that in the future this would happen to a much greater extent.

(b) Kent County Council (Social Services)

Update noted.

(c) Kent County Council (Public Health)

Update noted.

(d) Ashford Borough Council

Update noted.

(e) Voluntary Sector

Updated noted.

(f) HealthWatch Kent

Update noted.

(g) Ashford Local Children's Partnership Group

Updated noted.

8. Forward Plan

- 8.1 Neil Fisher advised that there might need to be an Extraordinary Meeting of the Board following publication of the Single Transformation Plan for consultation.

9. Dates of Future Meetings

The next meeting would be held on 19th October 2016. This would focus on children and young people

Subsequent date 18th January 2017.

(KRF/AEH)

MINS: Ashford Health & Wellbeing Board - 20.07.16

Queries concerning these minutes? Please contact Keith Fearon:
Telephone: 01233 330564 Email: keith.fearon@ashford.gov.uk
Agendas, Reports and Minutes are available on: www.ashford.gov.uk/committee

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Wednesday, 6th July, 2016
at 6.00 pm in the The Guildhall, Westgate, Canterbury

Present: Dr Sarah Phillips (Chairman)

Sam Bennett
Simon Perks
Velia Coffey
Amber Christou
Mr Gibbens
Steve Inett
Mark Lemon
Councillor Cllr Pugh
Jonathan Sexton
Sari Sirkia-Weaver
Bill Millar

1 **APOLOGIES FOR ABSENCE**

Cllr Andrew Bowles, Cllr Joe Howes, Simon Perks, Cllr Sue Chandler, Neil Fisher, Lorraine Goodsell.

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

The minutes were approved as an accurate record.

Action: Sari Sirkia-Weaver to further analyse data for looked after children to establish whether the data is accurate and whether there is more that can be done to better provide for them.

New data sets will be provided in July and then on the first of every month thereafter.

Action: Mark Lemon to invite Thom Wilson, Head of Strategic Commissioning, Children's, Social Care, Health & Wellbeing at Kent County Council to the next meeting.

Complete.

Action: Neil Fisher and Wendy Jeffreys to further investigate the accuracy of the breastfeeding data.

Breastfeeding data is collected at the birth of the child and has now reached the required standards at 6 week.

Action: Cllr Sue Chandler and Sari Sirkia-Weaver to raise this at the Chairs meeting.

Ongoing.

Action: Outcomes of the Dover child obesity pilot stakeholder meeting to be reported at the Health and Wellbeing Board meeting in July 2016.

It was decided to bring this to a future meeting.

Action: Canterbury and Coastal Health and Wellbeing Board to write to Roger Gough to ask to delegate this responsibility to the local HWB.

Complete.

Action: Neil Fisher to produce a summary document of the Annual Plan which could be circulated to Councillors and more widely eg community networks to show what the changes will mean to local people.

Ongoing

Action: It was agreed that a report on progress towards meeting the constitutional standards would be brought to the next meeting.

Complete

3 **KENT CHILDREN AND YOUNG PEOPLE'S PLAN - THOM WILSON, KCC**

Thom Wilson did not attend.

Sari Sirkia-Weaver advised that the final version is now live and is waiting for sign off from Kent Health and Wellbeing Board (HWB).

4 **PROGRESS TOWARDS MEETING CONSTITUTIONAL STANDARDS - BILL MILLAR**

Bill Millar gave an update and advised that a paper would be circulated with the minutes.

The following was highlighted:

- A&E wait no longer than 4hrs for 95% of patients. This target remains a challenge. A recovery plan has been agreed with the Trust and over the last 8 weeks there has been an increase in performance up to 87%. The aim is to be 93% by September 2016.
- Cancer. There is good progress on improving pathways for cancer services. 2 areas are under pressure although communication with patients has been improved. Meeting these referral targets is still a challenge.
- Referral to treatment 18 weeks from GP to treatment. Orthopaedic and dermatology are still challenging areas and a plan has been agreed to get the orthopaedics on track by September 2016.
- Dementia. For early diagnosis Canterbury stands out as achieving the national standard and is rated 5th best across the country.
- Improving Access to Psychological Therapies (IAPT). Canterbury and Coastal are achieving the target of 95% of patients to be seen within 18 weeks.

It is recognised that there are still challenges but all partners are working together closely to achieve these standards. There have been improvements in collaboration in the past year and all senior members of partner organisations are attending meetings and working together to solve problems and meet targets.

5 **HOWE BARRACKS - VELIA COFFEY**

Velia Coffey reported that Canterbury City Council (CCC) have now met with all agencies regarding the movement of Redbridge residents to Howe Barracks. 147 families are due to be moved and this will happen at a steady rate.

It was noted that that as these houses were previously occupied it should present no additional burden on health services unless they have special health needs.

These are all family sized homes and it is expected that Redbridge will not under occupy them therefore there may be more families than there were previously. Redbridge are sharing information about the families as they receive it.

Secondary school provision is more of a concern and KCC have advised that places would be at Whitstable Community College which is difficulty journey from Howe Barracks. Primary school provision is likely to be met locally.

CCC have been working with Redbridge to manage the moves and are receiving full information from Redbridge. There is the possibility of an increase in hate crime as many people feel that these houses have been lost to local people. The profile in the local press has been high and CCC are collaborating fully with all agencies and welcoming people into the community.

Concern was raised that the families may be more vulnerable and have additional housing and health needs to the previous residents. Amber Cristou commented that London Boroughs are actively looking for housing in Kent (either existing properties or land for development) therefore this is unlikely to be an isolated event.

6 ENHANCED HOUSING PROVISION IN CANTERBURY DISTRICT - VELIA COFFEY

Velia Coffey advised that Canterbury has four enhanced sheltered schemes which offer services between a sheltered scheme and one offering extra care services.

The extra support is funded by a grant from KCC and this funding has now been reduced so CCC is looking to change the status of these to ordinary sheltered schemes.

CCC has been consulting on the options to move to that model and there has been resistance from some sections of community to the proposals and a compromise has been proposed. The original proposal involved removing some of the domestic services during the day and reducing the night support service. The night service is not good value for money and although the night service will be replaced with a peripatetic service this has been perceived as the service being cut. It was noted that the perception of the care provided was greater than the actual care that was provided.

The proposals have been to CCC's Community Committee 5 times with amendments and the latest proposal is that the peripatetic night service is rejected and residents pay an increased subsidy to include the night service. This proposal will be represented in September and, if agreed will be implemented in October.

Graham Gibbens commented that KCC's policy is to provide extra care sheltered housing and they will work with Canterbury to achieve this.

7 VANGUARD MODEL - BILL MILLAR

Bill Millar advised that there are 16 practices within Vanguard. This is a national pilot looking at delivering new models of care. Working within the community has offered the biggest opportunities in improving healthcare and work is being done on how community hubs can bring together communities and shift resources to support the change from acute to more community settings.

It was noted that Healthwatch have been involved with the East Kent Strategy Board (EKSB) and the consultation and queried how this would be integrated with Vanguard. It was advised that the strategy sets out direction of travel and defines the

outcomes and Vanguard is looking at what services should be seen as part of the provision of service.

It was noted that discussions are just starting, all partner input will be taken into account and the thinking will be shared.

The formal consultation will include all of East Kent and the Case for Change will then be made public and models of care such as Vanguard will be discussed.

Concern was raised that Local Authorities (LAs) are not being included and yet have significant input into facilities for physical activity, housing etc. Sarah Phillips commented that KCC are actively involved but there is a need to greater involve LAs for their more local knowledge.

This will be brought back to the Board as it progresses.

8 EAST KENT HEALTH AND SOCIAL CARE STRATEGY BOARD UPDATE - SARAH PHILLIPS

Sarah Phillips advised that there is a great deal of operational development within the EKSB and how it relates to Vanguard. It was noted that the Sustainability and Transformation Plan (STP) submissions were not permitted to be made public.

It was reported that EKSB is focussing on the Case for Change which is amalgamation of familiar data on EK as a whole. A narrative has been developed around this data to bring out the main points. A public facing document from this is being drawn up and is expected to generate a wide public debate around what, in healthcare, is not being done well and what needs to change.

Different demographics are being consulted in late summer/autumn and this will feed into a clinically led discussion on what provision is needed. This will include input from representatives of acute clinical care as well as social and preventative care. These ideas will be considered using evaluation criteria such as estates, workforce and deliverability and possible service configurations will be developed from there. These options will then be presented for formal consultation.

The Board discussed this and the following was highlighted:

- Healthwatch have been part of this and support the Case for Change. It has included good engagement and a robust process.
- How the high level strategy relates to services on the ground could be difficult to envisage and needs a wide range of people and input to bring different perspectives and ideas.
- The Strategy includes children and mental health services etc and involves looking to plug some of the current gaps and change the way that care is delivered to embed mental health service provision within all services so they are an integral part of the design.
- There is a new Chief Executive of Kent and Medway NHS and Social Care Partnership Trust (KMPT) and greater engagement has already been seen.
- The Board should be involved in contributing across many issues such as homelessness, rough sleeping, substance abuse etc. LAs must be included across all these discussions.
- Prevention is cheaper than crisis response. With regards to domestic abuse CCC have modelled that money spent by CCC on preventative measures benefits all agencies and if this money is not spent then cost of crisis support is higher.

- Communities are extremely important with regards to prevention and this should be kept at the forefront of any plans.

9 **ANY OTHER BUSINESS**

Sari Sirkia-Weaver reported that commissioning contracts for emotional wellbeing and family support were released last week and will be awarded in the autumn/winter. Childrens' and Adolescent Mental Health Services (CAMHS) and school nursing are expected to be contracted in April 2017.

10 **DATE OF NEXT MEETING**

14 September 2016, 18.00 at the Guildhall.

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Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 28 June 2016 at 3.08 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Mr A Ball (as substitute for Councillor Ms C Fox)
Ms K Benbow
Dr J Chaudhuri
Councillor J Hollingsbee
Mr S Inett
Councillor M Lyons
Councillor G Lymer

Also Present: Ms R Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust)

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

1 APOLOGIES

Apologies for absence were received from Councillor P M Beresford (Dover District Council), Councillor S S Chandler (Local Children's Partnership Group), Ms C Fox (Red Zebra), Mr M Lobban (Kent County Council) and Ms J Mookherjee (Kent Public Health).

The Board was advised that apologies for absence had also been received from Ms S Robson and Ms J Leney (Shepway District Council),

2 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the agreed Terms of Reference, it was noted that Mr A Ball had been appointed as substitute for Ms C Fox.

3 DECLARATIONS OF INTEREST

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

4 MINUTES

It was agreed that the Minutes of the Board meeting held on 17 May 2016 be approved as a correct record and signed by the Chairman.

5 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

6 SUSTAINABILITY AND TRANSFORMATION PLANS

Ms R Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) presented the report on the Sustainability and Transformation Plans.

The Board was advised that the Sustainability and Transformation Plans (STP) had 5 key elements:

- Local leaders working as a team;
- A shared vision;
- A programme of a coherent set of activities;
- Execution against the plan; and
- Learning and adapting.

It was acknowledged that in respect of Kent and Medway there were still challenges given that local priorities had shaped areas within the county differently.

The STP would need to:

- Close the health and wellbeing gap;
- Drive transformation to close the care and quality gap; and
- Close the financial and efficiency gap.

It was intended that by the end of June 2016 there would be:

- An STP with the models of care required to meet key priorities clearly described;
- A prioritised approach to describing ambitions for the future health and social care system in East Kent; and
- A plan for meeting the 9 “Must Do’s” in the Planning Guidance

The Kent Integrated Dataset had expanded on the ‘Year of Care’ dataset and would shortly include data from South East Coast Ambulance Service.

The East Kent Strategy Board was operating several clinical task and finish groups to develop clinical models and 4 workshops were planned for mid-July 2016 to review the work of the groups. The work was clinically driven focusing on the best care for patients and was not about saving resources.

It was intended that public engagement would commence shortly and the voluntary sector was involved as part of the patient and public engagement group.

In response to a question concerning funding arrangements it was stated that this would be based on the quality of the plans and at this stage it was unclear what funding East Kent would be receiving.

A Kent and Medway STP steering group had also been established with the Chair of the East Kent Strategy Board and the Chief Executive Officer of East Kent Hospitals University Foundation Trust as the East Kent representatives.

RESOLVED: That the presentation be noted.

7 INTEGRATED COMMISSIONING BOARD DEVELOPMENT UPDATE

Ms M Farrow (Head of Leadership Support, Dover District Council) updated the Board on the progress in developing an Integrated Commissioning Board following the Development Day held in March 2016.

There were 3 proposed options for the Integrated Commissioning Board, each offering different levels of commissioning and budgetary responsibility. As part of determining the preferred option consideration would need to be given to the governance arrangements and role of Board members, whether the Integrated Commissioning Board would need to be a legal entity in its own right and focusing on outcomes and where most value could be added.

While some of the proposed changes required outside approvals it was noted that some changes could be delivered locally. It was noted that accountability would still remain with the respective accountable body. It was intended that the new arrangements would be in place for April 2017.

RESOLVED: That the updated be noted.

8 CHILDREN'S ARRANGEMENTS ACROSS KENT

This item had been withdrawn from the agenda.

9 LOCAL CHILDREN'S PARTNERSHIP GROUP UPDATE

Councillor J Hollingsbee (Shepway District Council) presented the update on the Local Children's Partnership Group (LCPG). A copy of the latest CYPP District Dashboards for Dover and Shepway were circulated to members of the Board.

The Board was advised that an updated set of Dashboards would be produced in the next few weeks which would contain revised figures for some of the data such as teenage conception as the existing data provided was for 2013. The Dashboard would be updated monthly by Kent County Council and this would be used to inform local priorities.

There would be 6 meetings of the LCPG per year, split between formal meetings and workshops. The issue of young peoples' representation on the LCPG was raised and the Board was advised that this was being investigated. It was noted that Shepway had a greater history of collaborative working with schools and this needed to be developed for Dover.

RESOLVED: That the update be noted.

10 WORKFORCE STRATEGY

Ms M Farrow (Head of Leadership Support, Dover District Council) advised that in the absence of Mr T Godfrey (Kent County Council) a report would be submitted to the Board at its next meeting.

Members were advised that the Workforce Strategy supported the Sustainability and Transformation Plans and brought NHS England and local priorities together.

RESOLVED: That the update be noted.

11 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.36 pm.

WEST KENT HEALTH AND WELLBEING BOARD
DRAFT MINUTES OF THE MEETING HELD ON 5 JULY 2016

Present:

Dr Bob Bowes - Chair	Chair, NHS West Kent Clinical Commissioning Group (NHS WK CCG)
Roger Gough	Cllr Kent County Council, Chair Kent Health and Wellbeing Board, Vice Chair West Kent Health and Wellbeing Board
Penny Graham	Healthwatch Kent
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
Gary Stevenson	Head of Environment & Street Scene, Tunbridge Wells Borough Council, (TWBC)
Cllr Lynne Weatherly	Portfolio Holder, TWBC

In Attendance:

Heather Brightwell	Chair, Sevenoaks Local Children's Partnership Group (LCPG)
Hayley Brooks	Sevenoaks District Council
CLIC Trainee	NHS WK CCG
Karen Hardy	KCC Public Health
Matt Roberts	Maidstone Borough Council
Thom Wilson	KCC
Yvonne Wilson	NHS WK CCG (Minutes)

1. WELCOME, APOLOGIES FOR ABSENCE AND SUBSTITUTES:

The Chair welcomed everyone to the meeting.

Apologies had been received from the following Board members:

Gail Arnold	Chief Operating Officer, NHS West Kent CCG
Julie Beilby	Chief Executive, Tonbridge & Malling Borough Council
Cllr Annabelle Blackmore	Maidstone Borough Council
Lesley Bowles	Chief Officer for Housing, Health, Communities and Business, Sevenoaks District Council – Substitute, Hayley Brooks
Alison Broom	Chief Executive Maidstone Borough Council – Substitute, Matt Roberts
Reg Middleton	Finance Director, NHS WK CCG
Dr Andrew Roxburgh	GP representative NHS WK CCG
Dr Sanjay Singh	GP representative, NHS WK CCG
Penny Southern	Director of Disabled Children, Adults, Learning Disability & Mental Health, KCC
Malti Varshney	KCC Public Health/CCG Aligned PH Consultant

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE PREVIOUS MEETING HELD 19 APRIL 2016

3.1 The minutes of the previous meeting were agreed.

4. MATTERS ARISING

4.1 The Chair, Bob Bowes invited specific feedback on the following Action Points from previous meeting:

7/16: Welfare Reforms and Housing Planning Bill (2015 – 2016): Impact on Health
Hayley Brooks reported that initial discussions were yet to be held on the feasibility of setting up a Task & Finish Group. The HWB Partnerships Officer reported on a number of developments since the previous meeting which addressed recommendations of the last meeting including housing and homelessness workshop facilitated by Maidstone Borough Council involving participants from NHS WK CCG; Maidstone & Tunbridge Wells NHS Trust representation; national and local community voluntary sector; service users; Public Health; faith organisations; KCC and WK HWB.

Cross-borough Housing Strategy development event held (TMBC, SDC and TWBC) which included reflection on economic and health impacts and offered an opportunity to share the outcome of the recent Board deliberations and feed into the strategy development.

Liaison and engagement commenced with local Citizen's Advice Bureaux about the contribution they make, establishing links also with the Self-Care, Self-Management Task & Finish Group work.

Meeting held between NHS WK CCG and Sevenoaks District Council officers to explore joint work supporting work to address Delayed Transfers of Care.

CCG has accepted representation on cross-Kent Board developing protocols for Disabled Facilities Grant.

8/16: Growth & Infrastructure Framework (GIF)
Hayley Brooks reported that Chris Metherill, KCC had duly made contact with borough/district councils as recommended following the last Board Meeting.

5. ELECTION OF WK HWB CHAIR AND VICE CHAIR

Dr Bob Bowes was re-elected as Chair of the WK HWB. Cllr Roger Gough was re-elected as Vice Chair of the WK HWB.

6. KENT HEALTH & WELLBEING BOARD

Cllr Roger Gough highlighted the following key issues from the Kent HWB meeting:

- Discussion on Delivering the Five Year Forward View had been the main agenda item focussing on issues which were at that time a reflection of progress made.

Cllr Gough explained that the work had moved on from articulating a 'vision' to developing a 'plan'.

- Workforce Task & Finish Group co-chaired by Hazel Carpenter and Philippa Spicer presented its final report to the Board setting out issues and steps to tackle these. The Kent HWB agreed that this Action Board would serve under the governance of the Delivering the Five Year Forward View Group.
- The Board considered Kent's Better Care Fund (BCF) for 2017-18 which reflected little change from the previous year. The Kent HWB noted that there would be new arrangements for the BCF from 2018 – 2019 with a significant increase in monies from the period 2019 – 20 as part of the programme drive health and social care integration.
- A major review of Obesity work led by local HWBs was conducted and highlighted positive work across Kent. Cllr Gough noted that work on Delivering the Five Year Forward View had begun to recommend a strong focus on prevention, including tackling obesity and highlighting a need to promote increased levels of physical activity.
- Elements of the Joint Strategic Needs Assessment were reviewed.

7. UPDATE: DELIVERING THE FIVE YEAR FORWARD VIEW

7.1 Mark Lemon outlined the KCC position as set out in the attached paper as at 19 May 2016. Mr Lemon explained that the Steering Group was meeting regularly and a series of drafts reflecting on progress had been produced.

7.2 Cllr Gough reported the following additional information to Board members:

- System Leaders' workshop was held on 21 June 2016 (Bob Bowes and Cllr Roger Gough were in attendance)
- Draft Plan had been submitted to the NHS Executive on 30 June 2016 (this was the 5th version of the Plan)
- Kent & Medway System leaders (including Cllr Gough), were due to meet the NHS Chief Executive on 25 July 2016. The 'centre' had posed a number of key questions for the System Leaders, including how sustainability in the acute sector would be addressed; what investment would look like and how hospital rationalisation will be managed
- Emerging information suggests that the Plans submitted would be graded into three categories, those that adequately set out the plans for the designated footprint area; plans which demonstrated that the work being developed by the System Leaders was broadly on track and the final group where more work was required to construct a credible plan. Early indications suggested that 'support/assistance' may be given to footprint areas falling within this last category
- Localities would be given the period over the summer to do further work on Plans in time for re-submission in September 2016
- The current Plan version contained a coherent and cogent section on prevention
- Emerging Governance arrangements would need to involve 8 CCGs, 23 Providers and Commissioners and a total of 43 'relationships' in the system, a measure of the complexities across the Kent and Medway 'footprint'.

7.3 Bob Bowes reported on the "CCG position" and explained that there was now a new way of looking at issues, and no longer an approach which represented a 'CCG view'. Important areas for consideration included prevention; focus for investment; addressing population growth; ways of managing the clustering of populations around GP Federations; the clustering of services in community settings and staffing/skill-mix. A Kent Commissioning Forum and CCG representative body was being established as a Clinical Reference Group in the Delivering the Five Year Forward View governance structures.

8. TASK & FINISH GROUP REPORTS

8.1 Self-Care, Self- Management

8.1.1 Tony Jones reported that the group had now held a first meeting with participants drawn from a range of agencies and also including service user representatives. The following was agreed at the first meeting:

- Terms of Reference
- Chair and Vice – Chair arrangements
- Core principles/values and ways of working
- Priorities for action and lead officers

8.2 Governance

The HWB Partnerships Officer reported that the Group had not yet completed the task set by the HWB in response to the Kent HWB report on relationships, functioning and leadership, though all the issues highlighted by the Kent HWB had been reviewed in the drafting of the Annual Report before the WK HWB.

8.3 WK HWB Annual Report

8.3.1 Bob Bowes introduced the report and acknowledged that it offered the Board important opportunities to:

- place a sharper focus on the work it had carried out
- assess achievements
- refresh its 'direction of travel' within the context of the emerging new agenda
- consider the experience of the Task & Finish Groups
- evaluate the extent to which the HWB had been able to influence/drive forward the integration agenda
- review whether the HWB had influenced strategic commissioning

8.3.2 Bob Bowes invited Cllr Gough's comments as the Chair of the parent Committee to this Board. Cllr Gough expressed the view that the local HWBs were asked to conduct two differing types of business, within an environment in Kent, very different to many other places. Cllr Gough acknowledged the presence of social care at Board meetings had been patchy; discussions around commissioning and the drive towards integration had been limited. However, the role of the district/borough councils was central to the HWB making progress towards a prevention focus and the need for effective relationships between the CCG and councils at a local level was paramount in addressing inequalities and wider determinants. This aspect of the local HWBs work was felt to be what required strengthening as alluded to in the report.

8.3.3 Cllr Gough outlined his position in relation to implementing the Five Year Forward View developed, which was that as new models of care developed including stronger association between commissioners and providers, the rationale for and nature of HWBs as initially established must necessarily change.

8.3.4 Bob Bowes reported that as chair, he felt there needed to be a stronger focus on looking at how to make the HWB more effective by focusing on the population outcomes; how to ensure populations are better served in relation to addressing wider determinants as a result of improved strategic and operational efforts between the CCGs, councils and others.

8.3.5 Cllr Weatherly felt that the HWB had worked very hard, but had not achieved much that affected residents in obvious ways. Pat Graham commented that there was a need to identify common concerns and to understand the needs of different agencies.

8.3.6 The HWB Partnerships Officer drew members' attention to the recommendations set out within the boxes in the Annual Report and emphasised the importance of the Board being able to measure its success, track the work carried out and identified as important and link this to improved outcomes .

8.4 It was resolved:

8.4.1 The Chair and HWB Partnerships Officer to meet and review the recommendations and proposed work plan in detail and bring key issues back to an all Board member facilitated away-day' event on 16 September for agreement on the way forward. *ACTION: BB/YW*

8.4.2 To consider ways of strengthening CCG engagement with local councils:

- Discuss with CCG lead officers what potential opportunities exist to progress CCG business priorities by working more collaboratively with district and borough councils
- Invite district and borough council officers to participate in the CCG 'Town Hall' where the whole CCG staff come together to consider organisation-wide development. *ACTION: BB/YW/HB/JH/MR/MV*

8.4.3 That the Board give consideration to identifying a limited number of strategic priorities to which it can apply a stronger focus with the intention of making a measurable difference. *ACTION: WK HWB Event 16 September 2016*

9. LOCAL CHILDREN'S PARTNERSHIP GROUPS INCLUDING CHILDREN AND YOUNG PEOPLE'S PLAN: PROGRESS AND PROSPECTS

9.1 Thom Wilson, Head of Strategic Commissioning, Children's Social Care, Health & Wellbeing at KCC delivered a presentation to the Board based on the slide pack distributed in advance. Mr Wilson explained that the Section 10 of the Children's Act xxxx set out a requirement that agencies collaborate and that each area must maintain a partnership body to undertake strategic and operational planning around the needs of children and young people. In addition, Ofsted required each area to produce a strategy for children and young people.

9.2 KCC has developed a 'blueprint', setting out arrangements across the county area that also enables a district focus. Mr Wilson reported that the Children and Young People

Plan is being finalised against which 17 indicators of the health and wellbeing of local children and young people have been identified. Each Local Children's Partnership Groups has a strong focus on tracking and measuring indicators of success supported by training in Outcome Based Accountability (OBA) the methodology for delivering interventions capable of addressing the factors at the root cause of the chosen concern/problem/issue. Mr Wilson explained that a performance Dashboard is being compiled using public health and other data which will assist each of the LCPGs and the parent body, the 0-25 Health and Wellbeing Board to assess progress against the Plan ambitions. Mr Wilson described the programme for rolling out training for OBA for commissioning officers and LCPG members. Mr Wilson also explained that it may be possible to offer training on OBA to partners so that there is a shared understanding about the process and meaning behind the OBA methodology.

9.3 The Chairs of the West Kent LCPGs had been invited to attend the HWB, Heather Brightwell, the independent chair of the Sevenoaks LCPG was in attendance and shared her reflections on the challenges facing partnership groups to provide a real focus on making a difference and in making sure that identifying real outcomes for local communities, especially those most in need was at the heart of the partnership's work.

9.4 Bob Bowes commended the efforts to boost the effectiveness of the Local Children's Partnership Groups and reminded members that careful thought needed to be given to making sure the efforts of the LCPG were acknowledged and supported by the HWB which also has a duty to carefully consider how to establish strategic links with these and other strategic partnerships. It was agreed that this issue should also feed into the work to strengthen the HWB's effectiveness. *ACTION: BB/YW/MV/HWB members.*

10. WK HWB REPRESENTATION ON NHS WK CCG PRIMARY CARE COMMISSIONING COMMITTEE

10.1 Cllr Pat Bosley had volunteered to represent the interests of the WK HWB on this newly established Committee. Bob Bowes reported that the first meeting was being held this evening 5 July.

11. ANY OTHER BUSINESS

None.

12. DATE OF NEXT MEETING

Tuesday 18 October 2016, 4.00pm – 6.00pm, Tunbridge Wells Borough Council