

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 25 January 2017.

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

ALSO PRESENT: Dr J Bryant

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

UNRESTRICTED ITEMS

260. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed Neil Wickens from the Kent Police and Crime Commissioner's Office, Assistant Chief Constable Tim Woodhouse from Kent Police and Dr Jonathan Bryant from the South Kent Coast Clinical Commissioning Group to the meeting.
- (2) He also said that Commissioning Plans would be on the agenda for the next meeting of the Health and Wellbeing Board on 22 March and it was important that they were considered by the Board in a way that added value.

261. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Mr Ayres, Mr Carter, Dr Kumta, Dr Lunt, Mr Oakford, Cllr K Pugh, Mr Scott-Clark, Cllr Watkins and Cllr Weatherly.
- (2) Ms Duggal attended as substitute for Mr Scott-Clark.

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

(Item 3)

There were no declarations of interest.

263. Minutes of the Meeting held on 23 November 2016

(Item 4)

Resolved that the minutes of the last meeting are correctly recorded and that they be signed by the Chairman.

264. Update from the Kent Drug and Alcohol Partnership

(Item 5)

- (1) Jessica Mookherjee (Public Health Consultant), Assistant Constable Tim Woodhouse and Neil Wickens (Head of Policy Co-ordination and Research – Police and Crime Commissioner’s Office) introduced the report which provided an overview of: changes to the governance of the Kent Drug and Alcohol Partnership (KDAP); the latest Kent drug and alcohol strategy; and key findings from the recent health needs assessments for drugs and alcohol as well as performance data relating to substance misuse.
- (2) Ms Mookherjee referred, in particular, to section 2 of the report which set out changes in governance arrangements and to section 4 which set out information about the previous drug and alcohol strategy and the new one which was out for consultation. She also said that about £13m was spent on drug and alcohol related services in Kent and acknowledged the small, but significant, contribution to the budget made by the Police and Crime Commissioner.
- (3) Assistant Chief Constable Woodhouse said that Kent Police had a focus on reducing the impact of drug and alcohol related crime on communities and were keen to play a role in the partnership as it was a way of achieving a long term sustainable outcome. He said the Police focussed on organised crime and tried to divert young people away from the criminal justice system by referring them to pathways set out in the Drug and Alcohol Strategy.
- (4) In response to a question he said that commissioners of services were involved in the Kent Drug and Alcohol Partnership and that ways of further involving clinicians would be welcomed.
- (5) The Drug and Alcohol Strategy was welcomed by the Board and the following comments were made.
 - (i) Additional training and support for NHS staff (such as dentists) had been provided to assist with identifying hidden use of drugs and alcohol.
 - (ii) The work being undertaken in custody suites to deliver Alcohol Identification and Brief Advice (IBAs) interventions as well as the support provided for those being released from custody was recognised.
 - (iii) As the budgets for treatment services were reducing the focus was on providing services to dependent drinkers.
 - (iv) The previous strategy had a target of completing 97,000 IBAs and by October 2016 125,000 had been carried out.
 - (v) An appropriate balance between treatment and enforcement was essential as the illegal supply of drugs and alcohol also had to be tackled.

- (vi) Data suggested that the need for services had extended beyond the traditional areas of need and, for example, professional women were at greater risk of alcohol-related illness than they had been 14 years ago.
 - (vii) Data relating to the health care costs of drug and alcohol dependency could be provided for each CCG.
- (6) Mr Wickens said the Police and Crime Commissioner placed considerable emphasis on mental health issues including issues relating to drugs and alcohol. He said the Police and Crime Commissioner supported and endorsed the governance arrangements of KDAP and the new drug and alcohol strategy.
- (7) Resolved that:
- (a) The governance arrangements of KDAP be endorsed;
 - (b) The consultation period be noted;
 - (c) Members of the Board would respond to the consultation with more detailed comments.

265. Health and Wellbeing Strategy: Update Outcome 1 Every Child has the Best Start in Life

(Item 7)

- (1) Samantha Bennett (Consultant in Public Health), Karen Sharp (Head of Public Health Commissioning) and Dave Holman (Commissioner – West Kent CCG) introduced the report which provided an update on indicators associated with Outcome 1 – Every Child has the Best Start in Life – of the Kent Health and Wellbeing Strategy.
- (2) Ms Bennett said performance for some indicators had improved including a reduction in the rate of conceptions to under 18 year olds, a rise in the level of school readiness of children at the end of the reception year and a reduction in the number of unplanned hospitalisation rates for asthma in children and under 19s. She also said performance in relation to a number of other indicators had fallen below target and outlined some of the actions underway to improve performance.
- (3) Ms Sharp drew the Board's attention to paragraph 1.3 of the report which set out information about KCC's links with partners through the Local Children's Partnership Groups. The purpose of developing links was to understand and enhance delivery against the indicators set out in the Children and Young People's Framework.
- (4) In response to questions and comments officers responded as follows.
 - (i) Reducing rates of smoking among pregnant women was a challenge particularly as women with stressful lives believed that smoking created some time for them. A number of initiatives were, however, underway including investment in a specialist Smoking in Pregnancy Midwife at

East Kent Hospitals University Trust to support the BabyClear programme, a multi-agency meeting of all maternity providers with a view to working in partnership to reduce smoking prevalence and the receipt of £75,000 each by Thanet, Swale and South Kent Coast CCGs from NHS England to address the rates of smoking in pregnancy.

- (ii) The data relating to MMR vaccinations needed to be further investigated and reported; however, work was underway by the local NHS England team and local CCGs to improve uptake and to understand the reasons for variation in uptake.
- (5) Members of the Board said the increase in the proportion of 4-5 year-old children who were assessed as having excess weight was of concern and should be addressed urgently. Suggestions included working with planning authorities to ensure local communities had easily accessible sources of healthy food and supporting schools to encourage healthy eating and to incorporate physical activity into daily routines.
- (6) Allison Duggal undertook to contact London Boroughs that had been implementing “the daily mile” programme in their schools.
- (7) Ms Sharp referred to the extension of the reach of the national Change for Life campaign. Kent was investing in enhanced campaigning in relating to childhood obesity under this campaign which had strong brand recognition.
- (8) Resolved that:
 - (a) The contents of the report be noted;
 - (b) Public Health be asked to take forward work with NHS England and CCGs to understand issues relating to the variations in immunisation rates across Kent;
 - (c) A report be received by the Board setting out information on the activity of local health and wellbeing boards in addressing obesity, particularly childhood obesity, as well as the results of the Dartford Gravesham and Swanley Health and Wellbeing Board Childhood Obesity Workshop planned for 1 February 2017;
 - (d) The Chairman and others draw up a programme of engagement with schools and early years’ services to promote physical activity for the Board’s consideration.

266. Better Care Fund 2017/19

(Item 6)

- (1) Anne Tidmarsh (Director of Older People and Physically Disabled), Mark Sage (Finance Manager) and Jonathan Bates (Chief Finance Officer – South Kent Coast and Thanet CCGs) were in attendance for this item.
- (2) Mrs Tidmarsh gave a presentation which is available on-line as an appendix to these minutes. She also said that the Policy Framework and Planning

Guidance for the Better Care Fund (BCF) had not yet been issued but there was sufficient information on the planning requirements to agree the strategic direction.

- (3) Members considered that the BCF should be a meaningful part of the STP and that issues from the presentation could be considered during a commissioning workshop planned for 30 January. It was also considered that reporting on the BCF should be transparent with clarity about the budgets that were included and those that were not. The need to audit schemes within the BCF to ensure they were effective was identified, as was the need to identify the elements of integration best delivered locally and the elements best managed at county-level.
- (4) Members of the Board said that although the BCF was a relatively small element of health and social care budgets in Kent it must be used efficiently and effectively.
- (5) In response to comments, Mrs Tidmarsh said an over-arching S75 agreement would provide evidence of integrated working with pooled budgets and could build on areas of co-operation such as the health equipment budget.
- (6) It was also suggested that the Kent Integration Pioneer and the Design and Learning Centre for Social and Clinical Innovation might be able to add value to the STP process across Kent and Medway.
- (7) Resolved that:
 - (a) The draft planning guidance for the Kent Better Care Fund 2017-19 be noted;
 - (b) The Integration Road Map be noted and further work be undertaken to set out the activity to be carried out at local and county levels to ensure it aligned with and complemented the BCF timetable.

267. Update report on the Children's Integrated Commissioning Project
(Item 8)

- (1) Ally Hiscox (Assistant Director of Commissioning – Swale CCG) and Karen Sharp (Head of Public Health Commissioning) introduced the report which provided an overview and update on the progress of the Children's Integrated Commissioning Project in North Kent as well as providing information about successes to date, lessons learned and plans for future working.
- (2) Mr Ireland and Ms Davies, who are the project sponsors, commended the project to the Board.
- (3) Resolved that the implications of the Integrated Commissioning Project for Children's Services be noted.

268. Kent and Medway Safeguarding Adults Board - Annual Report 2015/16
(Item 9)

- (1) Andrew Ireland introduced the report by saying that the Kent and Medway Safeguarding Adults Board had appointed an independent chair, and that the number of enquiries relating to safeguarding issues had increased which was believed to reflect greater awareness and more robust reporting following the implementation of the Care Act 2014.
- (2) Resolved that the Kent and Medway Safeguarding Adults Board annual report for 2015/16 be noted.

269. Kent Health and Wellbeing Board Work Programme - 2017
(Item 10)

Resolved that the work programme be endorsed subject to the inclusion of an item on Dementia as agreed at the last meeting of the Health and Wellbeing Board.
(minute 252 refers)

270. Minutes of the Children's Health and Wellbeing Board
(Item 11)

Resolved that the minutes of the 0-25 Health and Wellbeing Board meeting held on 20 September 2017 be noted.

271. Minutes of the Local Health and Wellbeing Boards
(Item 12)

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

Canterbury and Coastal – 9 November 2016
Dartford, Gravesham and Swanley – 7 December 2016
South Kent Coast – 20 September and 23 November 2016
Thanet – 10 November 2016
West Kent – 20 December 2016.

272. Date of Next Meeting - 22 March 2017
(Item 13)

BCF 2017-2019 plan

- Must be an evolution from previous plans
- BCF needs to deliver the STP ambition
- To graduate from the BCF you need to move beyond the basic tick box to strategic ambition
- The roadmap needs to ensure alignment of key issues across Kent whilst supporting local delivery



Alignment across Kent

STP Vision for Health and Social Care Integration

Hospital Care

Local Care

Prevention

Mental Health

Enablers

Pioneer (KIPIG)

Local CCG
Transformation

Social Care
Transformation

ICES

Care Nav

CHC

Integrated Commissioning

What are we
doing now?

What moves us
further – from
BAU to more
ambition?

These become
the key
deliverables
within the BCF
through a
collaborative
approach

The Better Care Fund

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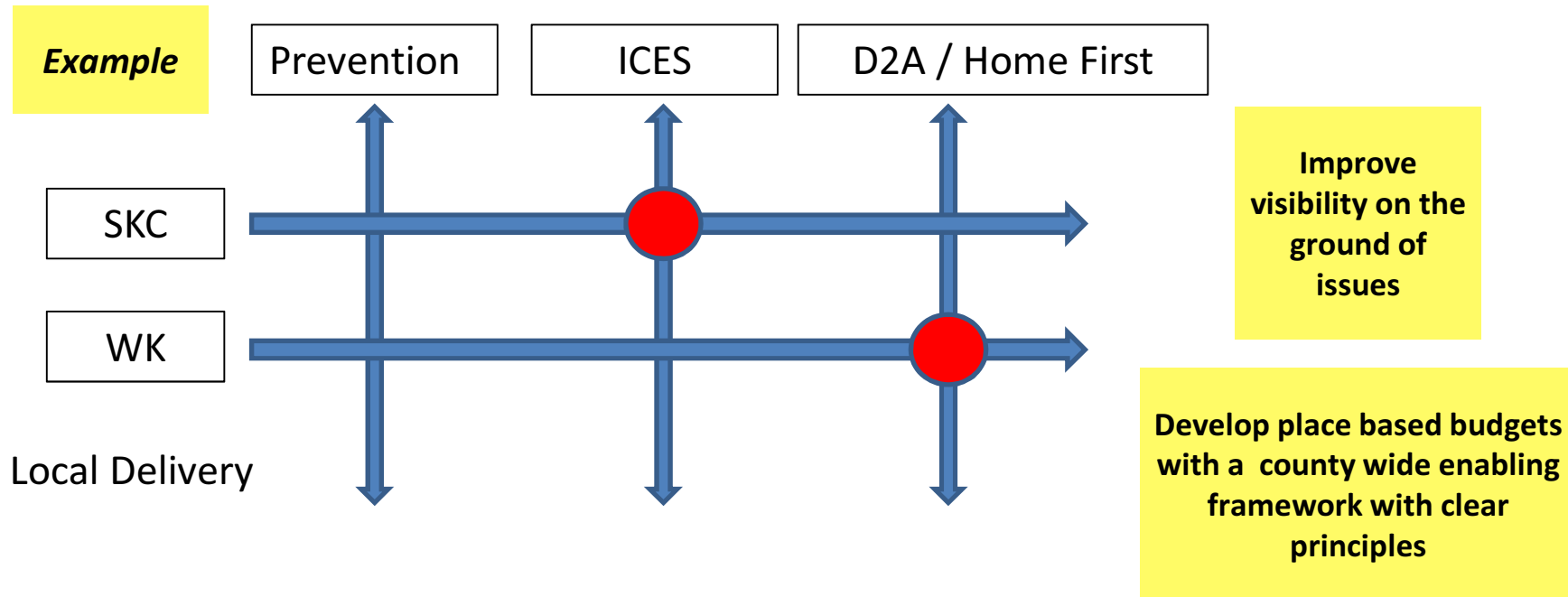


Ensuring Local Delivery

Could Section 75s be managed by a holding/resolution board?

Bring existing s75 into BCF arrangements to move away from single issues and focus on the whole

Key Deliverables of Integration (aligned to 12 STP Local Care Themes)



Key Questions to Develop the Roadmap

- What is currently in the plan?
- Where does it take us?
- Does the Board support putting in additional integration projects i.e. ICES?
- Could Section 75s be managed by a holding/resolution board? Reporting to the HWB but supporting the graduation of the BCF?
- Have we understood all the dependencies?

The Kent Health and Wellbeing Board is asked to:

- (1) Note the draft planning guidance for the KBCF 2017-19.
- (2) Discuss the Integration Roadmap and agree the strategic approach.

