AGENDA

HEALTH AND WELLBEING BOARD

Wednesday, 22nd March, 2017, at 6.30 pm Ask for: **Ann Hunter**

Council Chamber, Sessions House, County Hall, Maidstone Telephone **03000 416287**

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, Ms F Cox, Ms P Davies, Mr G K Gibbens, Mr R W Gough (Chairman), Mr S Inett, Mr A Ireland, Dr N Kumta, Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr S Perks, Dr S Phillips, Cllr K Pugh, 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 25 January 2017 (Pages 5 - 10)

To receive and agree the minutes of the last meeting

5 Draft Joint Kent Health and Wellbeing Strategy 2018-23 (Pages 11 - 38)

To receive an outline draft of the Kent Joint Health and Wellbeing Strategy 2018-23 for discussion and comment

6 Kent Health and Wellbeing Board Review of Commissioning Plans and STP Update (Pages 39 - 54)

To agree that the plans and activities of the commissioners represented on the Health and Wellbeing Board reflect the Joint Health and Wellbeing Strategy and to note and comment on the presentations covering key aspects of the STP

7 Kent Joint Strategic Needs Assessment Exception Report 2016/17 (Pages 55 - 60)

To receive a paper providing a list of key population highlights arising from the 2016/17 refresh of the Kent JSNA to enable the Board to be aware of relevant issues and trends which need to be addressed

8 Kent Health and Wellbeing Board Work Programme (Pages 61 - 64)

To agree a Forward Work Programme

9 0-25 Health and Wellbeing Board (Pages 65 - 72)

To note the minutes of the 0-25 Health and Wellbeing Board held on 21 November 2016

10 Minutes of the Local Health and Wellbeing Boards (Pages 73 - 108)

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

Ashford - 18 January 2017
South Kent Coast – 20 September 2016 and 22 November 2016
Swale – 21 September 2016 and 23 January 2017
Thanet – 12 January 2017

11 Date of Next Meeting - 7 June 2017

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)

John Lynch
Head of Democratic Services
03000 410466

Tuesday, 14 March 2017

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KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 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 he 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)

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

To: Health and Wellbeing Board, 22 March 2017

Subject: **Draft Joint Kent Health and Wellbeing Strategy 2018-23**

Classification: Unrestricted

Summary: This paper introduces the outline draft of the Kent Joint Health and Wellbeing Strategy 2018-23 for discussion and comment. This strategy is a radical departure from previous strategies and the Board are asked for a view on the approach and direction before it is developed further. It has been produced in response to the challenge set by commissioners to more effectively support commissioning decision making and within the context of current health and social care planning, including the NHS Sustainability and Transformation Plan.

1. Introduction

1.1 Health and social care commissioners have stated that the current Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy do not provide them with the detailed direction they need to inform their commissioning decisions. The Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy are more likely to be retrofitted onto commissioning plans than to shape them and the broad themes of previous strategies makes this easy to do. This leaves the Board with only limited opportunities to fulfil its statutory duty to assure itself that the plans do reflect the health priorities for the population.

1.2 Alongside this the Kent and Medway Sustainability and Transformation Plan (STP) is being developed to address the significant challenges in our area to provide a sustainable health and social care system. It also provides a focus on local health priorities, ill health prevention and the systems and structures that deliver health care.

1.3 On 23rd November 2016 the Health and Wellbeing Board agreed that a new, radical approach would be taken in developing the next Health and Wellbeing Strategy (The Strategy) and the Joint Strategic Needs Assessment (JSNA) to respond to these two drivers. The strategy has three aims:

- To set out the high level health priorities for the population from the JSNA that focus on areas where improvement is needed, where new national initiatives are being introduced, where the STP is developing new models of care or where partnership focus can lead to improved outcomes in life expectancy or the number of years lived in good health

- To address the challenge set by Commissioners to give them support in making commissioning decisions. We will develop the analytical and modelling capability across the system to support development of a JSNA Plus. This work will develop into a set of tools that enhance the work taking place in the STP to give commissioners a mutually agreed evidence base through which to test different commissioning scenarios and make more informed and targeted decisions. This is called System Dynamic Modelling and Kent is poised to be the leader in developing and operating such tools to produce a shift in how commissioning and planning is undertaken in health and social care.

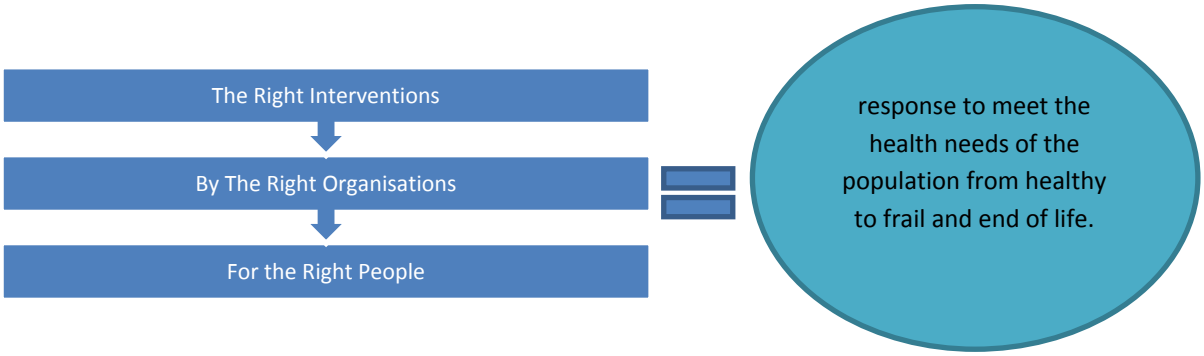
- To set out the Board's position within the current health and social care planning context, including the STP and ensure that it is effectively discharging its statutory duties.

1.4 This moves the strategy beyond a more traditional articulation of the local health priorities and creates a road map for the Board as it moves through the immediate health policy context and looks to the longer term. It is radically different from any previous Health and Wellbeing Strategy as it will no longer be a standalone document but will be embedded in a tool set that influences commissioning. A draft outline strategy is attached to this report and has been brought to the Board at an early stage to seek approval for this radical approach.

2. Action to Date

2.1 The Board agreed that a steering group would be formed to provide oversight of the development of the strategy. It is made up of representatives from across CCGs, Healthwatch, District, Social Care, Public Health, voluntary sector and KCC Policy and KCC Business Intelligence. A full list of members is available at appendix 1. The steering group has met four times since November 2016 and has set the format and direction for the strategy.

2a) Developing the Strategy within the Current Context



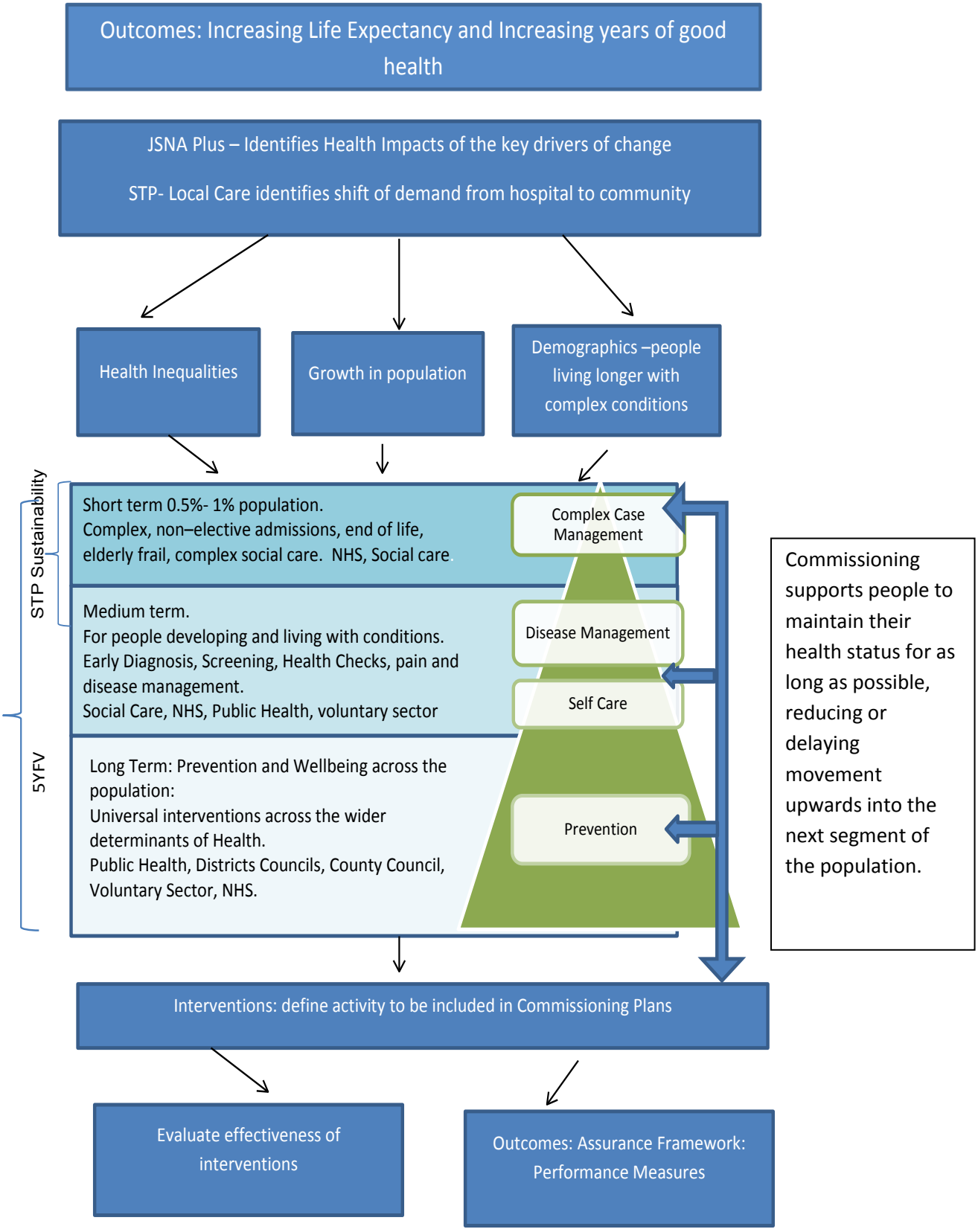
2.2 The Strategy focuses on the Board's unique role as a statutory board to oversee the whole system and work through its partnership to increase the

effectiveness of commissioning for the local population. The Board has a responsibility for the health of the whole population, from healthy people to those experiencing disability, chronic conditions, frailty and end of life. This is depicted in the pyramid of health population needs, shown below, which sets out this whole population approach and indicates how different organisations including those beyond health and social care can impact on the health and wellbeing of the population across all the segments of health need.

2.3 The role of the Board is to ensure that the planning context that currently exists, including the Sustainability and Transformation Plan, and the interventions identified in commissioning plans will impact on the right people across the whole spectrum of health needs and will support the strategic aims of the Board which are to extend life expectancy and years lived in good health.

2.4 This ambitious approach has led to a reappraisal of the best ways to support commissioners through the Joint Strategic Needs Assessment and work is underway to join up a suite of products including the Kent Integrated Dataset (KID), Whole Systems Dynamic Modelling and the Assurance Framework.

2.5 This suite of combined modelling and performance tools will help predict where the health needs of our growing population will manifest in the pyramid and create demands on the system. Evidence based commissioning in each segment of the population will help support and maintain those individuals at risk of progressing into ill health or into crisis so that their healthcare needs do not escalate and are managed in the community for as long as possible.



The Strategy on a page.

2b) Developing the Joint Strategic Needs Assessment Plus- a model for commissioners

2.6 As described above it is increasingly evident that in order to improve the health of the population a different approach to informatics is critical to understand where to focus effort, and, also how to take action and engage citizens at an individual level. Transformation programmes across the Health and Social Care system are being informed by a range of external analytics and modelling expertise that provides a narrative of high level health and social care usage based on assumptions drawn from national and local trend data.

2.7 However the Kent Integrated Dataset puts Kent at the forefront of possibilities in terms of analytics regarding the actual, real time use of local health and social care systems, moving away from assumptions based on national trends data to using locally validated data based purely on the activity of Kent people. This is a brand new approach to understanding the needs of the population and the existence of the KID is generating national interest. This work stream is being developed by in-house expertise drawn from across the system and led by Abraham George, Consultant in Public Health.

2.8 The KID gives the Board the opportunity to take a radical approach in developing a new strategy which places the Board at the centre of activity to support greater monitoring, influence and assurance of transformation, planning and commissioning.

2.9 The next step is to provide the system with the ability to make sense of what the linked data set can tell us to support commissioning. A national expert (Peter Lacey from Whole System Partnership who has already worked in Kent with Public Health and some CCGs) is currently working with key officers to develop in-house skills to use the data and information collected and to mine it by adopting the tools of system dynamics modelling.

2.10 The flow of the KID into the model to generate robust assumptions will create the 'perfect storm' of information and intelligence. The value of the modelling would also be in the ability for commissioners to test for alternative scenarios, using it as a 'what-if' laboratory for the impact of different commissioning decisions and return on investment. It will provide scenarios so that commissioners are able to analyse the impact of their commissioning plans, but it will not replace commissioners' decisions or tell them what should be commissioned. This approach to analysis is not currently available anywhere else across the system.

2.11 Work on the systems dynamic model for Kent started in January and to provide proof of concept the first phase focused on demographic and 'health and care' drivers of future population needs. It is acknowledged that for phase

two the KID, along with wider determinants of health now need to flow into the model. This innovative approach will have to be resourced, supported and embedded as a tool for commissioners in the commissioning cycle with staff identified and trained in using the model. In the future the Board will be able to assure itself that commissioning plans will be informed and validated by interrogation of the tool. Growing the in house capability to manage this work will result in a sustainable approach to modelling that is no longer dependent on external experts but is hosted by the County Council and is owned and managed across the partnership.

2.12 It has been proposed as part of the strategy to create a data governance partnership group that acts as a sub group to the Health and Wellbeing Board to lead on developments in this workstream and ensure links to the STP.

3. Developing thinking about the Future of the Board

3.1 The draft Strategy sets out how Health and Wellbeing Boards are increasingly seen as part of the internal governance and accountability arrangements for local health and care systems and beyond 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.

3.2 If the Board approves the strategy it could have a significant impact on the way the Board carries out its duties. It may require the development of different mechanisms to ensure it has the means and resources to consider whole systems issues and outcomes of commissioning. This is an opportunity for the Board to position itself and to review its governance and membership arrangements so that it is fit for purpose.in relation to the whole system as new models of care and new structures emerge under the STP.

4. Next Steps

4.1 If the Board agrees to this new approach to the strategy the steering group proposes to provide a final strategy for approval in September. This provides an opportunity for further refinement and development of the strategy. During that time the steering group will take action to:

a) Support phase two of the systems dynamic modelling to include flow of the KID, wider determinants of health and secure training for key officers, resources permitting.
b) Work with CCG and other Commissioners across health and social care to ensure that the model meets commissioners' needs.
c) Hold further discussions with public health colleagues about the health priorities emerging from the JSNA to agree a final list for assurance during year one.

d) Set up an outcomes and measures sub group of the Steering group to provide a new approach to the Assurance Framework for the Board to discuss.
e) Share the draft strategy with Local Health and Wellbeing Boards.
f) Engage key stakeholders, including the Voluntary sector and the public with guidance from Healthwatch Kent.

5. Recommendation:

The Board is asked to:

a) Approve the approach adopted in the first draft of the strategy for further development
b) Agree to the next steps to develop modelling as a tool for commissioners as described in 4 above.

Report Author:

Karen Cook
Policy and Relationships Adviser (Health)
03000 415281
Karen.cook@kent.gov.uk

Appendix 1: Members of the Joint Health and Wellbeing Strategy Steering Group

Gerrard Abi-Aad- Head of Health Intelligence Social Care, Health and Wellbeing, Kent County Council

Helen Buttivant- Consultant in Public Health, Dartford Gravesham and Swanley and Swale Clinical Commissioning Groups

Amber Christou-Head of Resident Services at Swale Borough Council

Karen Cook- Policy and Relationships Adviser, Kent County Council (Author)

Richard Fitzgerald- Business Intelligence Manager – Performance, Kent County Council

Abraham George- Consultant in Public Health, Kent County Council

Tristan Godfrey -Policy and Relationships Adviser, Kent County Council

Steve Inett- CEO Healthwatch, Kent

Alex Krutnik - Canterbury & Herne Bay Volunteer Centre representing Stronger Kent Communities

Mark Lemon- Strategic Relationships Adviser, Kent County Council (Chair)

Michael Thomas –Sam- Head of Strategy and Business Support Social Care, Health and Wellbeing, Kent County Council

Yvonne Wilson- Health & Wellbeing Partnerships Officer, NHS, West Kent CCG

Draft Kent Joint Health and Wellbeing Strategy 2018-2023

Outline Draft for Health and Wellbeing Board March 2017

Note: This is a high level outline draft of the strategy to set out a new and radical approach for discussion.

Authors: Karen Cook and Tristan Godfrey
Contact: karen.cook@kent.gov.uk

Foreword: Mr Gough

Introduction

Our vision is that everyone in Kent will have improved health and wellbeing and that inequalities in levels of health and wellbeing across the county will be reduced.

Our strategic aims for this strategy are to improve life expectancy and extend the number of years lived in good health.

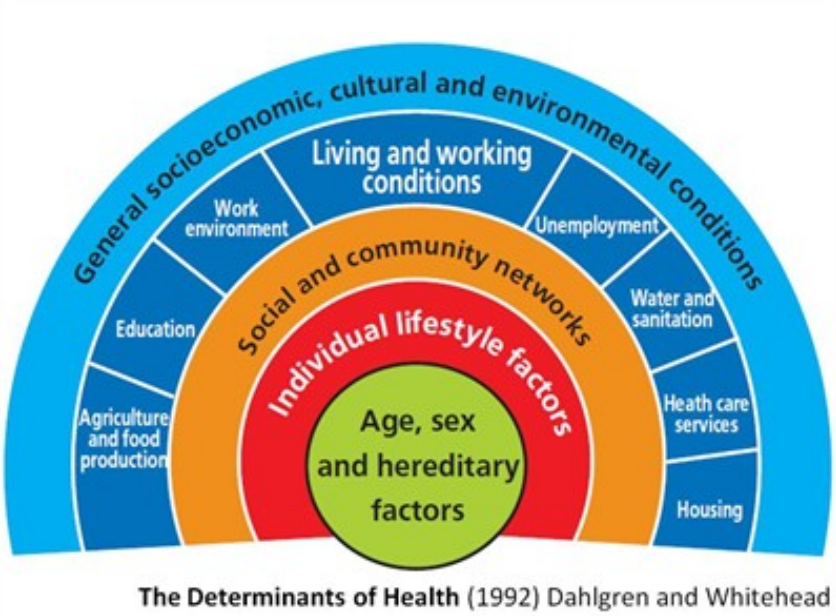
Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care, district councils and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the health needs of their local population and tackle inequalities in health. The Board is required by law to have a strategy in place that sets out how commissioners will be supported to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes. Service providers, commissioners, district and borough councils and local voluntary and community organisations all have an important role to play in identifying and acting upon these local priorities.

The third Kent Joint Health and Wellbeing Strategy has been produced at a time of unprecedented national and local scrutiny of the health and social care system. The challenges are clear. Kent, like the rest of England, has an ageing population that will require long-term complex care. There will also be growth in our population through new housing development and with rising levels of ill health predicted due to unhealthy lifestyle behaviours there will be increasing demands on the system. This additional and growing need means that unless health and social care can be transformed the system will become unsustainable. At the same time both Public Health and Adult Social Care budgets are reducing whilst demand and expectations on public services are growing.

At a time of fast paced change the Health and Wellbeing Board (The Board) has developed this strategy as a road map to navigate through the challenges of the next five years and it is intended to be a starting point for action. The Board, working through its partnership arrangements is seeking new ways to come together and

deliver differently to impact on health outcomes and, in addition, to give particular support and oversight to commissioning and the planning and delivery of services that focus on prevention, self-care and the social and economic root causes of poor health and wellbeing in our local communities.

This is because the health and well-being of individual people and local communities is affected by a wide range of factors. These factors can be outside of our control, such as gender or genetic make-up. Other factors exist which although are generally beyond the individual's control, can be improved upon with support from organisations such as the Government, Local Authorities and the NHS. These factors concern the environment, the economy, society and health as a whole and are generally interconnected with one another as shown in the model below.



The Determinants of Health (1992) Dahlgren and Whitehead

The Board is in a unique position to take a broad view on these wider determinants of health because of the statutory duties it has which include:

- Ensuring that a Joint Strategic Needs Assessment that identifies the health priorities for the population is produced
- Ensuring that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced
- Ensuring 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
- Promoting the integration of Health and Social Care
- Ensuring the production of a pharmaceutical needs analysis

The wider role of the Board means it can reach beyond the health and social care system to achieve its overarching aims by focusing relentlessly on those things that will contribute to increasing life expectancy and extending the number of years that people live in good health. The end result must be a better quality of life, health and wellbeing, including mental wellbeing, for the people of Kent.

Aims of the Strategy

The Board has identified three areas for action over the next five years:

Section One : Health Priorities Short Term: 1 year refresh Improving health outcomes for people	• Health priorities: To be developed: Health and wellbeing priorities from the Joint Strategic Needs Assessment are the focus for early action. It is not a list of everything we are doing but tackles population health issues where Kent is embedding new approaches, particularly through the STP or where improvements are not happening as quickly as hoped for.
Section Two: Tools for commissioners Medium Term System delivery, improving planning and commisioning	• Tools for commissioners and modelling: system modelling has a lot to offer and the aim is for Kent to be the leader in developing the tools to produce a shift in how commissioning and planning is undertaken in health and social care using the Kent Integrated Dataset to underpin both predictive analytics and system dynamic modelling which will lead to stronger evidence based commissioning.
Section Three: Developing Partnerships Long Term Developing the Board: Leadership and partnerships	• Developing the Board: The aim of National and Local policy is to deliver a fully integrated health and social care system by 2021. The Board needs to ensure it is fit for purpose to act upon the whole system to ensure people receive high quality and coordinated care, supporting them to live independently and achieve the best possible outcomes.

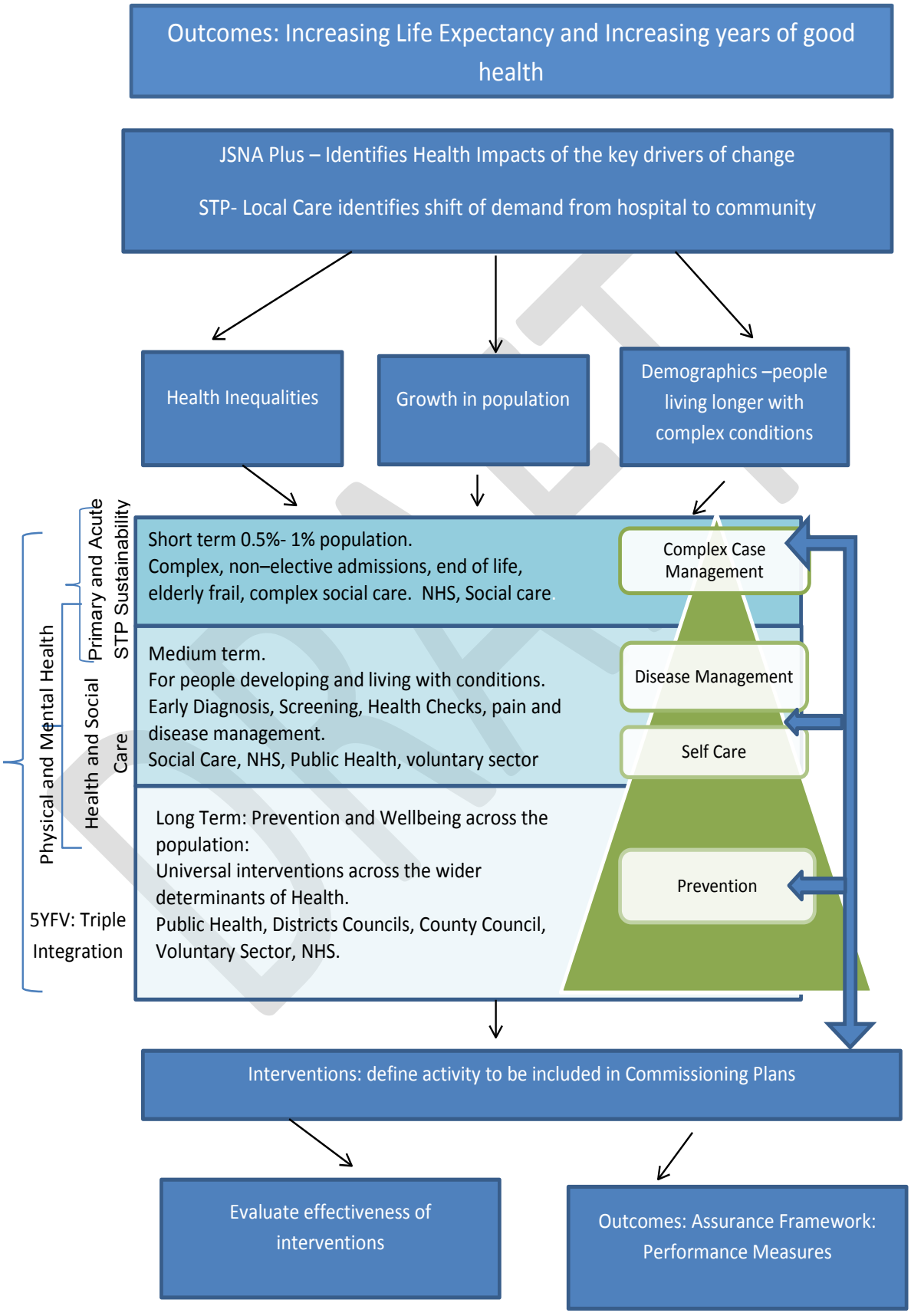
This approach addresses the Board's current challenges which include prioritising activity to improve the health outcomes of individuals, how to support the system to make better planning and commissioning decisions with reducing resources and how to make sure the Board is well placed to use its influence and partnership strengths to act on the whole system on behalf of local people.

The pyramid shown overleaf sets out the strategy as a model and shows where the activity of partnership organisations such as Districts, Voluntary Sector, Public Health, NHS and Social Care happens and how that activity can contribute to the health outcomes of the population. Looking at the system in this way has been recognised as the root of a successful model of integrated, cost effective care focussing on preventing ill health, disease management and keeping people out of hospital.

This population wide approach will take into account the health needs of everyone, including the mostly healthy right up to those people with chronic conditions, the elderly and extremely frail and those at the end of life. It will help to focus activity on identifying and supporting those most at risk in each segment of the population to prevent them from developing disease, progressing into greater ill health or into crisis.

This strategy does not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they will be delivered and the Health and Wellbeing Board will continue to consider all relevant commissioning strategies and plans to ensure that they have taken into account the priorities and approaches set out in this strategy. Appendix 1 shows how current plans and strategies across the County support the work of the Board and help it to deliver its strategic aims.

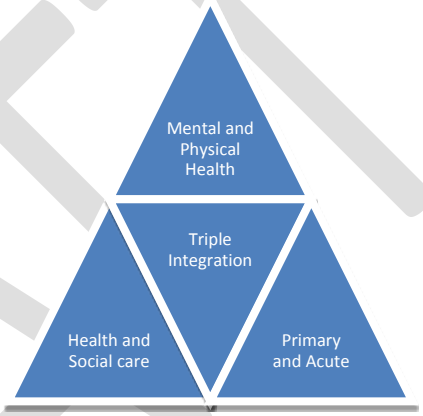
The Strategy as a Model



Context

The Health and Wellbeing Board will maintain its statutory duty to ensure that **all** planning and commissioning by Health and Social Care supports improvements in the health outcomes of the population, including the Sustainability and Transformation Plan and plans for integration.

Nationally, transformation of the NHS is being driven through a document called the Five Year Forward View which aims to redesign care by embracing a triple integration agenda which ends the separation of physical and mental health while combining health and social care and blurring the boundaries between primary and specialist care, something already begun by the vanguard sites.



In response to these challenges major change of NHS services at a local level is being managed through the Sustainability and Transformation Plan looking at the systems and structures of care delivery. At the time of writing the detail of the Plan for Kent is still being developed and consulted on.

a) Sustainability and Transformation Plan (STP), Integration and New Models of Care

STPs must demonstrate how new models of care will be developed and full integration of health and social care achieved by 2020. In this area the STP has been developed jointly with NHS, social care and public health leaders across Kent and Medway. The Kent and Medway plan is being developed to address the significant challenges in our area to provide a sustainable health and social care system, with many of the current providers of NHS services in special measures and a significant financial deficit by 2021 if we do nothing. At the same time *Your life, your well-being: A vision and strategy for adult social care* published in 2016 sets out how social care will transform to meet the challenges of growing demand and reducing budgets and how it will complement the STP and support the development of new models of care.

At the heart of this planning across both health and social care is the ambition to deliver more services locally and more conveniently either near or in someone's home, reducing the need to travel to hospital unless absolutely necessary, or to be in hospital longer than is needed. Widely available community based or *local care* is

the key to moving services out of hospital with health and social care staff working together (integration) to support an individual with their health and care needs.

Both the STP and Adult Social Care Vision are significant as they will support the Health and Wellbeing Board to deliver its statutory duty to promote integration. An important element of delivering integration is developing joint working arrangements – such as joint decision making structures, pooled or aligned budgets and shared staffing arrangements.

The Health and Wellbeing Board has been at the forefront of promoting integration through oversight of the local Integration Pioneer Programme and the Better Care Fund. Integration Pioneer continues to support the diverse and expanding range of new models of care that are significant in the development of the STP, such as the Encompass Multi-Speciality Community Provider Vanguard highlighted here.

Encompass Multi- Speciality Community Provider Vanguard is a group of 16 GP practices in Whitstable, Faversham, Canterbury, Ash and Sandwich which 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

The Better Care Fund (BCF) is a key 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. Together with the Sustainability and Transformation Plans the BCF must be able to demonstrate how integration will be achieved and it will continue to be monitored by the Board.

Going forward the Board should have oversight of the new models of care and emerging governance and commissioning mechanisms to deliver triple integration. The Board will focus on local care and prevention workstreams of the STP to make sure that the activity prioritised as part of the STP will deliver improved outcomes and better understanding of costs. This would include oversight of the proposed Kent and Medway Integrated commissioning organisation, Accountable Care Organisations or MCPs.

b) People at the centre of everything we do

We know that working in partnership with people and communities leads to better health, better outcomes and better use of resources and so we must include people and communities in shaping the future of services. The People and Communities Board, one of the Five Year Forward View programme boards, has published six principles for engaging people and communities. These principles will underpin the

approach of the Board and MUST be present in all the commissioning and planning we do across the system:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequality
- Carers are identified, supported and involved
- Voluntary, community and social enterprise, and housing sectors are involved as key partners and enablers
- Volunteering and social action are key enablers

The Board will also expect to see consideration to the national *I Statements* in all planning and commissioning strategies and in key performance indicators/measures to ensure that services are person centred and impacting successfully on an individual's outcomes.

I statements have been developed nationally with the Public and are an assertion about the feelings, beliefs and values of the person speaking. They are what people who frequently access health and social care services expect to feel and experience when it comes to personalised care and support. For example Person centred coordinated care means

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

Section One: Health Priorities

The aim of this strategy is to increase life expectancy and years lived in good health. Changes in such long term outcomes will take longer than the life of this strategy but the focus and actions highlighted here will contribute to changes in the health and behaviours of the population that are shown to be key factors in developing many preventable diseases and conditions that impact so negatively on our lives. For those that do develop long term conditions access to the right help and support to live with their conditions is paramount and as we age managing frailty and preparing for the end of life provides dignity and peace of mind for all, including family and friends who provide so much unpaid care.

The Joint Strategic Needs Assessment (JSNA) Overview Report for 2016[1] highlighted increasing growth, changing demographics and health inequalities as key drivers for future demands on services. We know that:

- In the next 5 years (2017 to 2022) the KCC area population is forecast to grow by 95,300, a 6.1% increase. Of this number up to 12,000 will potentially be in the new town in Ebbsfleet, if development proceeds there as expected. [2]
- The number of people aged 65 and over is growing much faster (at 11.1%) than the population aged under 65 (at 4.9%).
- According to the 2011 census there were 257,100 people in the KCC population with a long term health problem or disability (17.6%) with 116,407 of these limited a lot by their condition. There were also 58,300 (4%) people stating that they were in bad health.
- The majority of deaths in Kent were caused by chronic conditions including cancer (28%), respiratory disease (16%), coronary heart disease (11%), stroke (9%) and other circulatory diseases (9%).
- Whilst health outcomes have been improving for Kent as a whole, the differences in these outcomes between affluent and deprived populations persist. Current data highlights this - whilst mortality rates are coming down, the gap between the most affluent and the most deprived has not changed over the last 10 years, suggesting that efforts to tackle health inequalities are not yet having an impact on mortality rates.
- Risky health behaviours and poorer outcomes correlate strongly with those living in deprived areas: obesity prevalence, smoking prevalence, teenage pregnancy rates, alcohol related disease, registered disease prevalence, to name a few.

The JSNA has highlighted cancer, heart disease, lung disease, diabetes, obesity and stroke as the main causes of early death and as having the most impact on the number of years lived in good health. Lifestyle choices such as smoking, drinking, exercise and diet have an impact on our likelihood to develop these conditions, so focus on early prevention is becoming increasingly important to reduce demand in a health and social care system that is already stretched and facing significant financial challenges. The JSNA Exception Report 2017 states that unless there is full engagement of health and social care commissioners, providers, voluntary sector and communities themselves in preventing avoidable disease and disability and in delaying the onset of age-related disability, both the health and social care system in Kent and Medway will continue to be under pressure.

The table below sets out the health and wellbeing outcomes the Board aspires to across the local population, and is mindful of, as it brings its influence to bear across

[1]Working Together to Keep Healthy, Joint Strategic Needs Assessment Overview Report: August 2016
2 KCC Housing Led Population forecast October 2016.

the whole system. However we are already commissioning and delivering a range of interventions that will support us in tackling health inequalities and health needs across the County, focussed on improving access to services and targeting lifestyle factors such as obesity and smoking. Therefore we will develop analysis through the whole systems dynamic modelling tools to identify where to focus on a small number of priority issues where the Board can make a real difference through joint working and collective action. The priorities will allow for local variation and will be updated by the Board annually as the work from the new modelling tools begins to inform the JSNA Plus.

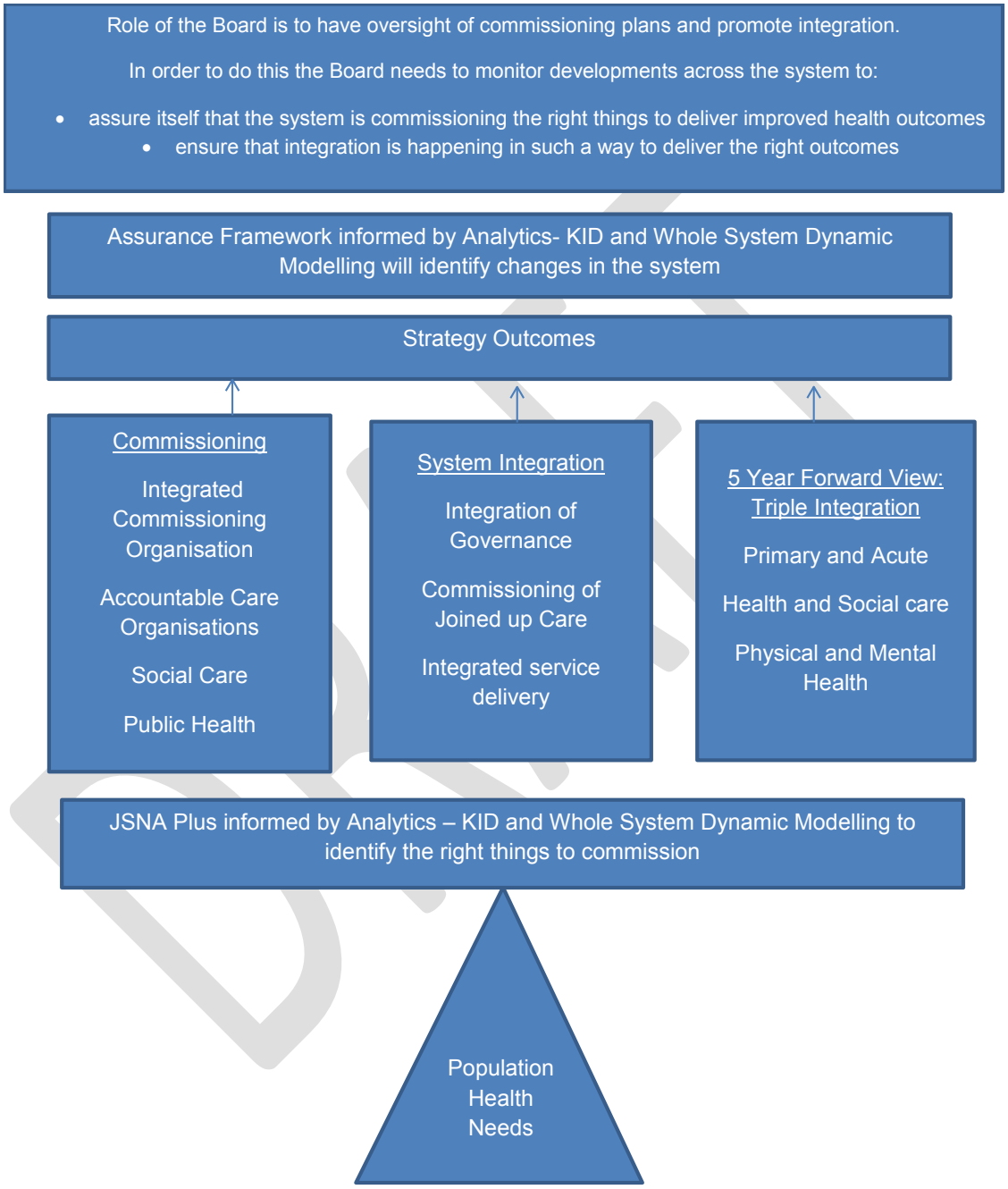
Strategic Gaps driven by the themes of triple integration and other health priorities identified by the JSNA have been identified for further development. These include:

- Local Care Offer reflecting activity prioritised as part of STP
- Multi Morbidity- More than one long term or chronic condition (integration of Acute and Primary including learning from Encompass Vanguard)
- Integration of Mental and Physical Health
- Prevention of ill health by targeting the main causes of death in the under 75s including prevention activity highlighted as part of STP
- Community assets and self-care
- Health Inequalities
- One health and social care system (integration of Health and Social Care)

0-4	5-15	16- Working age	Retirement	Elderly frail
▪ Healthy pregnancy ▪ Safe delivery ▪ More breast fed babies ▪ Good parenting ▪ Vaccinated ▪ Healthy Diet ▪ Physically active ▪ Reaching their developmental milestones ▪ Safe ▪ Happy ▪ Ready for school ▪ Non-smoking environments	• Resilient • Physically active • Healthy Diet • Safe • Mentally well • Happy • Going to school • Preparing for Work • Non-smoking environments • Young Carers are recognised and supported	▪ Ready for work ▪ Opportunities (Jobs, further education, volunteering) available ▪ Informed about sexual health ▪ Non Smokers ▪ Healthy Weight ▪ Physically active ▪ Mentally well ▪ Engaged in society ▪ Planning for later life ▪ Those in a caring role are recognised and supported	▪ Healthy ▪ Physically active ▪ Non smokers ▪ Later life planning in place ▪ Tools to self-care ▪ Mentally well ▪ Socially engaged (not lonely) ▪ Engagement in activities including volunteering opportunities ▪ Carers are recognised and supported	▪ Independent for as long as possible ▪ Tools to self-care ▪ Can get help in a crisis ▪ Not lonely ▪ Access to people, places and things to do ▪ Safe ▪ Warm ▪ Living well with dementia ▪ Carers are recognised and supported
Recurring themes across life course: Being a carer, transition and planning for the next stage in life, connection to a community				
Environmental Factors: Enough Money, Clean Air, Green Space, Housing, Warmth, Transport, Things to do, choice and control				
▪ Setting life course ▪ Reduced need for cancer, diabetes, heart disease, stroke, mental health services later in life	▪ Reduced need for MH services ▪ Increase in children of a healthy weight ▪ Reduction in job seekers	▪ Economically vibrant place to live with productive workforce ▪ Reduced costs attached to cancer, diabetes, heart disease, stroke, mental health services ▪ Fewer GP appointments ▪ Reduced number of suicides	▪ Reduced costs attached to diabetes, cancer, heart disease, stroke, mental health services ▪ Fewer GP appointments	▪ Fewer emergency admissions ▪ Fewer falls ▪ Fewer GP appointments ▪ Reduced Care home admissions

Draft Table: Outcomes for the Health and Wellbeing of the Kent Population

Section Two: Developing the Joint Strategic Needs Assessment: Tools for Commissioners



This diagram sets out how the Board should have oversight of the whole system as integrated commissioning develops. Commissioners will need support to explore and understand the needs of the population and how integrated commissioning can improve outcomes. The Board will need to have assurance that the right interventions have been commissioned and that health outcomes are improving.

In response to this challenge the Health and Wellbeing Board has decided to adopt a systems modelling methodology as part of the JSNA process, an approach that combines the best available evidence with the ability to explore future population health scenarios. This is a new approach where 'population health management', 'outcomes-based commissioning' and 'activated citizen' come together into an overall approach.

National thinking is also beginning to describe this move towards local learning health and care systems that allow localities to better "predict and prevent" as well as "diagnose and treat".[3] These new approaches require patient and population data to be used for supporting decision making and advanced analysis. The Kent Integrated Dataset puts Kent at the forefront of:

- Evidence-based commissioning
- Population-level trend and outcome analysis
- Integration and redesign of health and social care services
- Care pathway surveillance and optimisation
- Evaluation of investment / disinvestment strategies

The Kent Integrated Dataset links a wide range of data from Health and social care together for the first time providing the Board with valuable insight into the activity within the system and progress towards outcomes to provide greater monitoring, influence and assurance of commissioning plans.

To support the Board and commissioners we will develop the analytical and modelling capability across the system. This work will develop into a set of tools, the JSNA Plus, that will enhance the work taking place in the STP to give commissioners a mutually agreed evidence base through which to test different commissioning scenarios and make more informed and targeted decisions. This is called System Dynamic Modelling and Kent is poised to be the leader in developing and operating such tools to produce a shift in how commissioning and planning is undertaken in health and social care.

Section Three: Developing the Board

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 Board must ensure it remains fit for purpose at a time of unprecedented change and within the context of the STP to ensure it can effectively carry out its statutory

[3] Target Architecture: Draft Outputs from the Interoperability and Population Health Summit 21/12/16

duties. The Board needs to act upon the whole system to ensure people receive high quality and coordinated care that takes account of the opportunities presented by working in partnership to improve outcomes and target areas where progress is needed.

The STP is designed to have a significant impact on the progress 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 help ensure delivery of the STP. Through the Integration Pioneer, Better Care Fund, Sustainability and Transformation Plan and the hard work and initiative of many teams and individuals working across Kent, steady progress has already been made.

The emphasis now needs to shift from the activity of individual organisations with common outcomes as the goal, to all organisations operating as one system. The following sets out the steps required to complete the journey by the end of the strategy and put in place a sustainable framework for operating as one system. This will be done through the following strands of work:

- Ensuring alignment of Plans
- Commissioning Mechanisms
- Developing Strategic Relationship with Providers
- Reviewing Local Boards
- Reviewing Membership
- Local Data Partnership

Ensuring Alignment of Plans: The members of the Health and Wellbeing Board will use this strategy to guide their own plans, and exercise influence over the wider system helping to shape the strategies and initiatives that are being developed to respond to the challenges the County faces. However there is a limit to how much impact shared health and care plans can have. There is a need to align other strategies and plans across the whole system to the agreed health priorities for Kent, both to reduce the pressure on health and care budgets and make a bigger impact on the health of the population.

This relies on the willingness of partners such as Districts, and if possible of organisations in the wider system, such as the voluntary sector to consider and articulate health impacts in everything they do, seeking new ways to work together through wider partnerships to provide added value, reach and scope in tackling Kent's health priorities.

The Health and Wellbeing Board will maintain an overview of plans as part of its statutory duties to ensure alignment of commissioning plans of the CCGs, Public

Health and Social Care to the health priorities of the population. It will also continue to extend this oversight across the wider system with the expectation that each strategy or plan will demonstrate how it will contribute to improving the health of the Kent population by impacting on the wider determinants and on the different population cohorts described in the pyramid diagram. As an example plans that are currently aligned to the health priorities of the Kent population are set out in Appendix 1.

Commissioning Mechanisms: Work on bringing commissioning activity together across health and social care is already well established in particular areas (notably children's health). The STP has given an added impetus to going further on a wider whole system basis and new models of commissioning are in development as part of the STP. There will be a need for the Board to have a strategic overview of this work, challenging and supporting commissioners to invest in the right things and bringing the wider partnership together to more effectively share resources. A Kent and Medway Integrated Commissioning Organisation has been proposed and it is important that the Board has a robust and effective relationship with that organisation and is able to give oversight of activities to ensure that they are in line with the Strategy and the JSNA.

Strategic Relationship with Providers: As commissioning activity becomes shared across commissioners from different organisations the role of providers and the expectations on them will need to be fully understood. The Health and Wellbeing Board will need to evolve to understand the market and how providers are meeting the needs of the public. Therefore there will be a case for establishing a more strategic relationship with providers.

Local Boards: The Local Health and Wellbeing Boards will be better placed than the Kent-wide Board to consider plans and strategies directly impacting the wider determinants of health. However the Board with Local Chairs may wish to review current arrangements and membership to ensure this structure can effectively impact on local decision making.

Membership: The combination of the work streams above may necessitate consideration of the membership of the Health and Wellbeing Board going forwards, including representation from Providers and the Voluntary Sector.

Local Data Partnership: A collaborative data-economy is essential if the Board is to meet its statutory obligations efficiently and effectively. This requires the harnessing of the collective power and expertise of various information teams to secure the data needed to inform evidence-based commissioning and service re-design.
A data governance board is to be established for the Kent Integrated Dataset led by KCC Public Health and Clinical Commissioning Groups in improving local information management and data quality by creating a collaborative Intelligence partnership to support local service planning, based on mutual trust and assurance.

The board is expected to report directly to the Health and Wellbeing Board and will produce an informatics strategy for whole system planning and population health analytics, and describe the resources, skills and datasets from respective organisations to enable the above opportunities to become a reality.

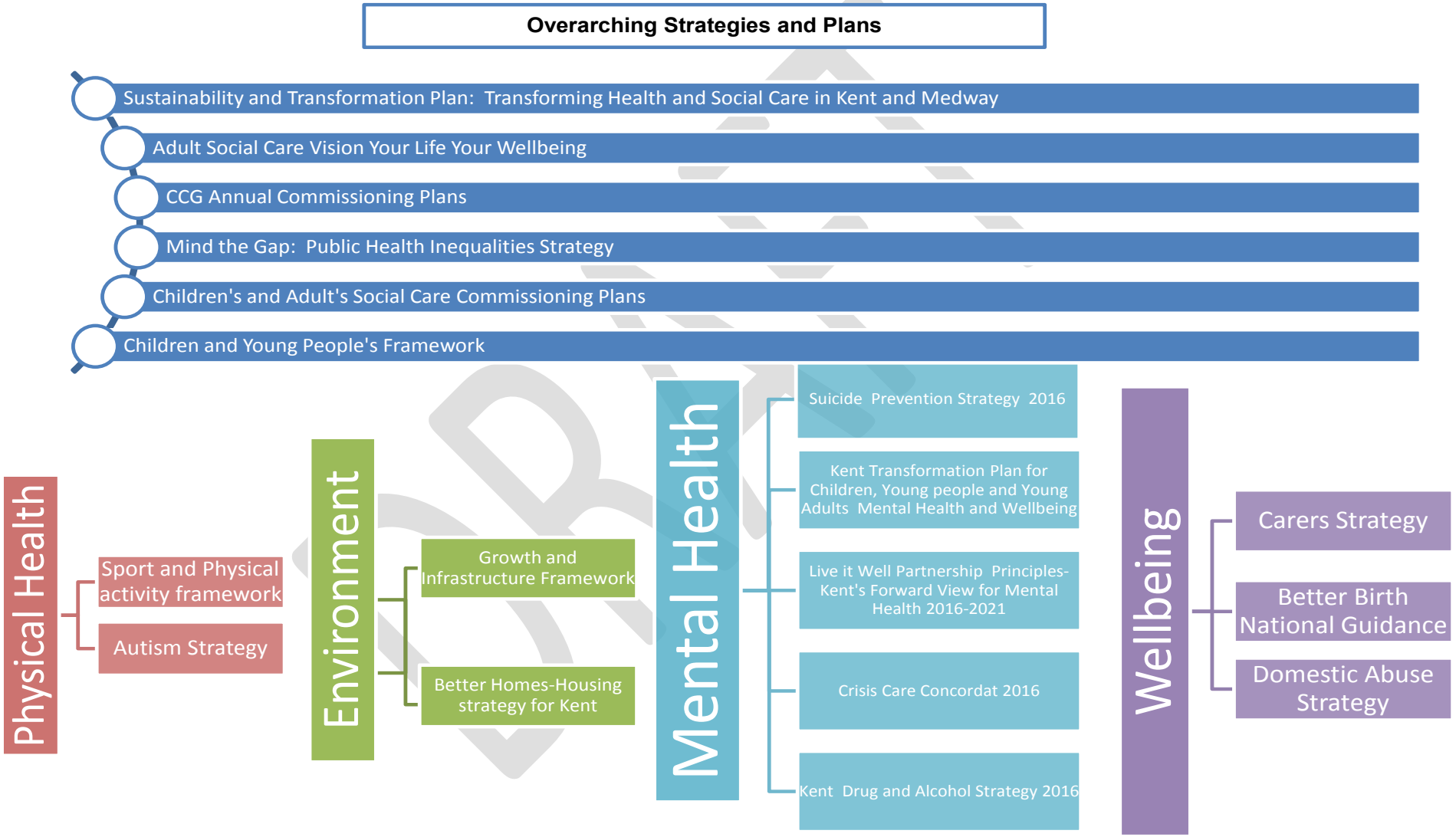
Conclusion

Whilst the overall health of Kent's population is good it is clear that we have some challenges ahead of us if we want to sustain this into the future. We need to think about how we provide support, care and treatment to our population to enable people to have long and fulfilling lives and, at the same time, live within our means. Key to this will be preventing people from becoming ill in the first place by encouraging, supporting and giving people the right tools to live positive, healthy lifestyles. We also need to ensure that we are making the best use of the assets we have by supporting commissioners to invest in the right things.

We know that lifestyle behaviours are important contributors to most preventable diseases and collectively impact on many long term illnesses. Thus, it is vital that we promote positive lifestyles particularly in our children and young people, if we are to reduce the numbers of people in Kent living with avoidable ill-health. Similarly, good mental health brings a wide range of benefits, including reduced health risk behaviour, reduced mortality and improvement in long term illness as well as improved educational outcomes and increased productivity at work.

Working with our communities to improve health is key to the success of this strategy, and in delivering the vision of a healthier population over the next five years.

Appendix 1: Strategies and Plans that support the Health and Wellbeing Strategy



Contributors-With Thanks to the Joint Health and Wellbeing Strategy Steering Group

Gerrard Abi-Aad- Head of Health Intelligence Social Care, Health and Wellbeing, Kent County Council

Helen Buttivant- Consultant in Public Health, Dartford Gravesham and Swanley and Swale Clinical Commissioning Groups

Amber Christou-Head of Resident Services at Swale Borough Council

Karen Cook- Policy and Relationships Adviser, Kent County Council

Richard Fitzgerald- Business Intelligence Manager – Performance, Kent County Council

Abraham George- Consultant in Public Health, Kent County Council

Tristan Godfrey -Policy and Relationships Adviser, Kent County Council

Steve Inett- CEO Healthwatch, Kent

Alex Krutnik - Canterbury & Herne Bay Volunteer Centre representing Stronger Kent Communities

Mark Lemon- Strategic Relationships Adviser, Kent County Council (Chair)

Michael Thomas –Sam- Head of Strategy and Business Support Social Care, Health and Wellbeing, Kent County Council

Yvonne Wilson- Health & Wellbeing Partnerships Officer, NHS, West Kent CCG

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

To: Health and Wellbeing Board, 22 March 2017

Subject: **Kent Health and Wellbeing Board – Review of Commissioning Plans and STP Update**

Classification: Unrestricted

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1. Introduction

a) The Health and Wellbeing Board has a responsibility to review the Commissioning Plans in the context of achieving the aims of the Joint Health and Wellbeing Strategy. This duty remains, but the wider policy environment within which the partner organisations of the Board operate has changed. Notably in the last year, CCG commissioning plans also need to be aligned to the Sustainability and Transformation Plan. A two-year planning cycle has also been introduced.

b) There has been a shift from acting as individual organisations with a shared Joint Health and Wellbeing Strategy to acting as a coordinated system. This has involved a greater development of shared plans at an earlier stage as a matter of course in the daily business of commissioning. There is therefore a need to consider how the review of commissioning plans is undertaken by the Board and adopt a new approach.

c) The Board has already established the practice of taking reports on specific Outcomes from the current Strategy and considering them in detail. One of the reasons for doing this was to increase assurance around the alignment with the Strategy across the year. Other substantive items considered at the Board also directly relate to the different Outcomes, or more than one. Others are able to provide assurance around the Priorities that cut across all of the Outcomes.

d) Appendix A to this report lists the majority of the substantive Board agenda items considered over the current financial year since the commissioning plans where last considered (excluding the current meeting).

e) The Board is asked to consider whether this information, along with other current activity, provides assurance that the plans and activity of the commissioners are aligned with the Joint Health and Wellbeing Strategy.

2. STP Update

a) At the meeting of 23 November 2016, it was agreed that the Health and Wellbeing Board had a continuing role to play in the further integration of health and social care and that key elements of the Sustainability and Transformation Plans (STP) would be reflected in the work programme of the Board.

b) The Local Care work stream is a core priority within the STP and a copy of the presentation to be given on this topic is attached at Appendix B.

c) Following the presentation on Local Care, commissioners will be asked to respond with presentations addressing the following challenges:

i. What do you see as the top 3 challenges for commissioners over the next 2 years and how do your plans seek to address them?

ii. How do the plans link to STP delivery, in particular of the Local Care strand? (For example, development of new commissioning models, e.g. alliance contracting).

iii. The STP bed audit identifies 1,007 patients in hospital who should not be there. What do the plans do to address this and ensure that these patients have access to more suitable care in the right place?

3. Recommendations

That the Board:

a) agree that the plans and activities of the commissioners represented on the Health and Wellbeing Board reflect the Joint Health and Wellbeing Strategy; and

b) agree note and comment on the presentations covering key aspects of the STP.

Background Documents

Joint Health and Wellbeing Strategy. http://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/joint-health-and-wellbeing-strategy

Contact Details

Tristan Godfrey
Policy and Relationships Adviser (Health)
(03000) 416157
tristan.godfrey@kent.gov.uk

Appendix A– HWB Agenda Items Mapped to Outcomes and Priorities of the Joint Health and Wellbeing Strategy

Part 1 - Outcomes

Outcome 1 – Every child has the best start in life.	
Kent Safeguarding Children Board - 2015/16 Annual Report	23 November 2016
Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing	23 November 2016
Health and Wellbeing Strategy: Update Outcome 1. Every Child has the Best Start in Life	25 January 2017
Update report on the Children's Integrated Commissioning Project	25 January 2017

Outcome 2 – Effective prevention of ill health by people taking greater responsibility for their health and wellbeing.	
Addressing Obesity: Progress Report from Local Health and Wellbeing Boards	25 May 2016
Kent Environment Strategy	20 July 2016
Review of Outcome 2 - Prevention of Ill-health	20 July 2016
Update from the Kent Drug and Alcohol Partnership	25 January 2017

Outcome 3 – The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.	
Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care	21 September 2016

Outcome 4 – People with mental ill health issues are supported to 'live well'.	
Kent and Medway Crisis Care Concordat - Annual Report	20 July 2016
Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing	23 November 2016
Kent and Medway Safeguarding Adults Board – Annual Report 2015/16	25 January 2017

Outcome 5 – People with dementia are assessed and treated earlier, and are supported to 'live well'.	
Review of Outcome 5 – Dementia	23 November 2016

Part 2 - Priorities

Priority 1 – Tackle key health issues where Kent is performing worse than the England average.	
Abridged Kent Joint Strategic Needs Assessment (JSNA) Overview Report 2016	25 May 2016

Priority 2 – Tackle health inequalities.	
Abridged Kent Joint Strategic Needs Assessment (JSNA) Overview Report 2016	25 May 2016

Priority 3 – Tackle the gaps in provision.	
Draft Sustainability and Transformation Plans – Presentation	25 May 2016
Abridged Kent Joint Strategic Needs Assessment (JSNA) Overview Report 2016	25 May 2016
Developing the Relationship between the Kent Health and Wellbeing Board and the VCS	23 November 2016

Priority 4 – Transform services to improve outcomes, patient experience and value for money.	
Draft Sustainability and Transformation Plans – Presentation	25 May 2016
The Kent Better Care Fund	25 May 2016
Workforce Task and Finish Group - Final Report and Recommendations	25 May 2016
One public estate/ local estates update	21 September 2016
Better Care Fund 2017/19	25 January 2017

Kent and Medway STP

Local Care Model

14th March 2017

STP outlined the aspiration for Local Care model which prevents ill health, intervenes earlier and delivers excellent, integrated care closer to home

Care Transformation workstreams

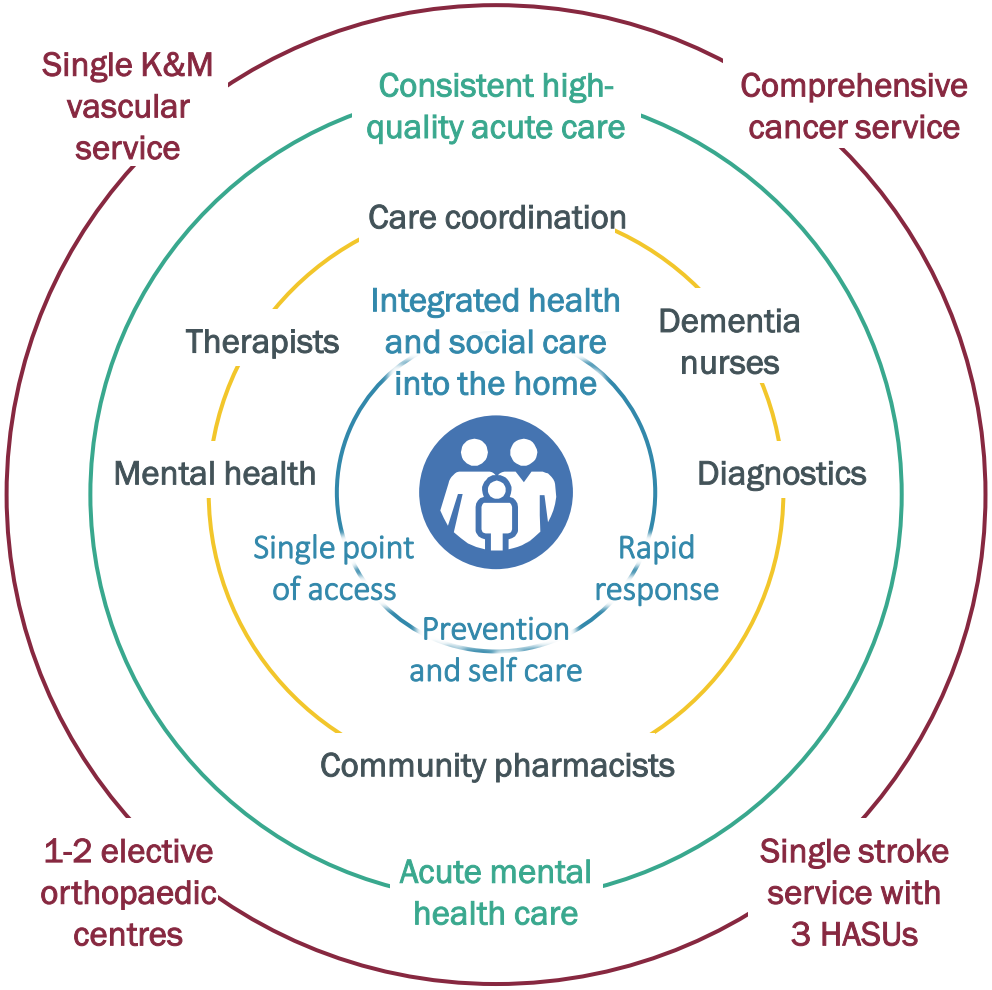
Prevention
Enlisting public services, employers and the public to support health and wellbeing

Local Care
A new model of care closer to home for integrated primary, acute, community, mental health and social care

Hospital Care
Optimal capacity and quality of specialised, general acute, community and mental health beds

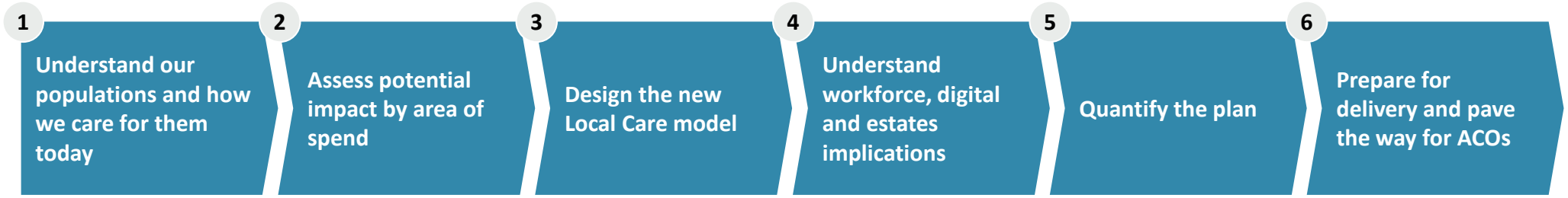
Mental Health
Bringing parity of esteem, integrating physical and mental health services, and supporting people to live fuller lives

Kent and Medway Future Care Model



Source: K&M STP

Local Care workstream has been developing strategy with structured process anchored in understanding needs of population



- Stratify the population by age and condition and identify key subsegments
- Understand patient stories, spend across the system, and issues today

- Develop initiatives to improve care and reduce spend through:
  - Benchmarking
  - Bed audits
  - Clinical input and literature review

- Draw the conceptual picture for the whole system
- Illustrate service model and key interventions
- Map out how patients are cared for, today vs. future

- Understand where care will be delivered and what skills are needed
- Identify opportunities to enable new models of care through digital innovation
- Develop workforce and estates plan to support

- Model the activity, capacity and finance impact of changes
- Compare future model vs. baseline to calculate potential savings

- Develop payment approach which will support ACO model
- Develop and embed performance tracking system
- Understand key OD work needed to facilitate road to ACOs

Source: Carnall Farrar approach to developing Local Care strategy

35 professionals from across health and social care have worked on the local model through twelve workshops

"The model is **great** on paper, we now need to make it **real**"

"Getting the **enablers** right will be **key** to ensuring that this is **transformational**,"

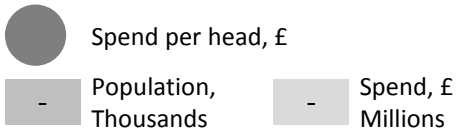
12 workshops
35 attendees
650 hours

Developed by: GPs, community nurses, acute nurses, social care representatives, community geriatricians, CCG representatives, provider representatives

Source: K&M STP Local Care

Kent population segmentation

2015/16 population size, total spend and spend per head by condition and age band



Age	Mostly healthy		Chronic conditions		Serious and enduring mental illness		Dementia		Cancer		Severe physical disability		Learning disability	
0-15	405		948		13,095				9,765		-		2,594	
	275.9	111.8	14.3	13.6	1.1	14.0			0.1	1.4	tbc	tbc	0.4	1.0
16-69	506		1,427		9,672		9,005		2,920		15,535		20,357	
	758.6	384.0	249.4	355.9	6.7	65.2	0.8	7.0	19.8	58.8	5.6	87.5	4.6	94.2
70+	939		2,790		9,040		6,584		3,695		16,295		13,470	
	67.6	63.5	90.5	252.4	1.0	9.4	9.1	59.7	20.5	75.8	18.6	302.8	0.3	4.1

Initial efforts have focused on elderly segments totaling 13% of the population and 40% of the spend

Notes: People registered to GP surgeries which flow into KID but had no activity in 2015/16 have been added to "mostly healthy" segments. Populations have been scaled to account for population registered to practices not flowing data into the KID. Spend has been scaled to match CCG data returns to account for data not included in the KID (e.g. CAMHS, non-PbR acute activity). Children's social care, prescribing costs and continuing care costs are not included.

Source: Kent Integrated Dataset; Carnall Farrar analysis; latest version as of 30/11/2016

Our vision for Local Care in Kent and Medway

Kent and Medway Local Care Vision

Our aim is to develop **holistic, patient-centered community and home-based care** across Kent and Medway resulting in:

- Wide ranging **proactive self-care and self-management measures** that reduce lifestyle risks and their causes
- Local people being given the **tools and information, services and support** needed to be accountable and responsible for their own care
- Connected care services, including **integrated health and social care**, resulting in patients being able to access services quickly and efficiently in a community setting where their needs are fully understood
- People **only attending hospital when essential**

Source: K&M STP Local Care workstream

We have agreed a set of key design principles to deliver this vision

Key design principles for Local Care

A. The Kent and Medway population as a whole is enabled and encouraged to be proactive regarding their own health and wellbeing and the Kent and Medway system is proactive in whole population prevention

B. Patients with long term care needs are supported to remain in their local communities through services wrapped around GP practices

C. If an urgent health need arises, the care a patient needs is provided within a community setting, as close to their place of residence as possible

D. If a stay in hospital is required there is a process from admission to discharge in order to minimise excessive length of stay and allow for a quicker patient recovery

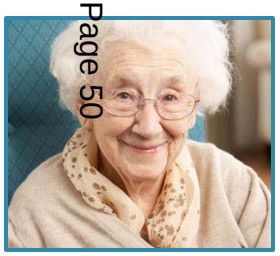
E. Specialist services are available to patients and their local care service providers when there is necessary need

Priorities to delivery the strategy

- General Practice (GP) groupings (30-50k) will be at the heart of communities, supporting patients who need help accessing the services they require
- Patients are cared for by multi-professional health and social care teams that are developed around local natural geographical networks and communities
- Services groupings covering specific populations will facilitate an in-depth focus on local communities
- Improved working relationships with all providers, civil society, Healthwatch, and other patient representatives

Source: K&M STP Local Care workstream

Health and care professionals have developed a vision for Dorothy's care, which will become more consistent and simpler to access



Currently, Dorothy's care is…

Inconsistent and overlapped: Unfamiliar staff provide similar services and do not fully understand her health and care needs

Decided without her involvement: She feels excluded from all major care decisions and doesn't get to say what she would like

Difficult to access: There are multiple, confusing points of contact for different services when she has a health or care issue

Focused only on her health needs: She does not understand the wider community support available to her

Only assessed by a specialist when she visits the hospital: When she quickly needs diagnostic tests or an expert opinion, she has to travel to multiple outpatient appointments

Dorothy's care will be…

Consistent and well organised:
She is visited by friendly faces who are familiar with her needs

Decided with her: She is involved with all decisions made regarding her care and communication regarding decisions is clear

Simple to access: She has one phone number that she is confident can help her in any way required

Focused on her: Her wider health and social needs are understood and it is easy for her access any community support she needs

Assessed by an expert without her having to go to the hospital: She is quickly provided with the specialist opinion or diagnostic results needed without going to hospital

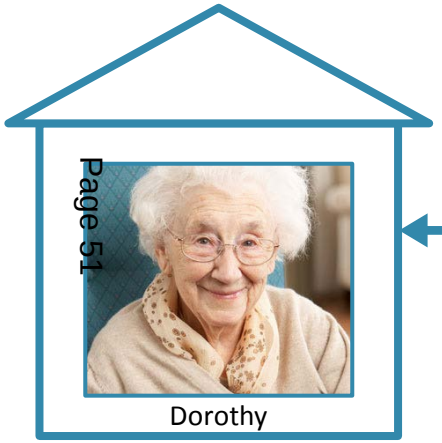
Source: K&M Local Care

K&M older persons complex care model will provide personalised, coordinated care

Supporting people to be healthy and independent

Self care and self management	Ensuring healthy living environment	Care and support planning	Case Management & Care Navigation

Proactive and continuing coordinated care for people who need it



Dorothy is 79, frail, has type 2 diabetes, COPD, cognitive impairment and depression

Single point of access call handling function

Pharmacist

GP +/-special interest

Peer supporter

Care navigator/ case manager

Health and social care worker

District nurse

Specialist geriatric care

MDT Extensivist function

MDT care functions

Reablement

Integrated health and social care package delivery

Discharge support

Rapid response

Health coaching

Housing support

End of life

Care planning

Episodic specialised inpatient care

Emergency admission requiring hospital treatment

Supporting services

Diagnostics	Specialist opinion	Falls service	Housing services

Source: K&M STP Local Care

Key elements of the complex elderly care model

Supporting people to be healthy and independent

1	Care and support planning with care navigation and case management	Care navigators and case managers integrate health and social care service delivery, and work much more collaboratively with a wide range of community care colleagues in order to coordinate the care required for their patients
2	Self-care and management	Support people and their carers to improve and maintain health and wellbeing by building knowledge and changing behaviours through proactive prevention and engagement
3	Healthy living environment	Work to ensure a healthy living environment to preserve long-term health & wellbeing e.g. falls prevention, housing improvements and alterations

Coordinated care for people who need it

4	Integrated health and social care into or coordinated close to the home	Patient centered, coordinated multi-disciplinary care services, wrapped around GP practices and community services providing care to patients who have care plans assigned dependent on their needs
5	Single point of access	A number called by the patient, the GP, community services and acute staff to support people with their care by gaining more efficient, coordinated access to services
6	Rapid Response	The ability within an MDT to respond rapidly to complex patients who are experiencing a health or social care need that left unattended would result in a possible hospital admission
7	Discharge planning and reablement	A pro-active, anticipatory service designed to target those patients who are medically optimised for discharge, no longer requiring an inpatient bed, but still needing some level of care to prevent their health from deteriorating

Supporting services

8	Access to expert opinion and timely access to diagnostics	The ability for primary care professionals to access a specialist opinion in the community setting and where appropriate, a specialist triage for diagnostics. Access to diagnostic services and the ability to ensure diagnostic results are full and timely will reduce the need for multiple outpatient appointments

Source: K&M STP Local Care workstream, Carnall Farrar

Local Care workstream will provide a toolkit then focus on helping local efforts to build and implement high-impact plans

Phases of STP work

1 Develop the Local Care strategy for Kent and Medway

- Bring together leaders in community-based care from across Kent and Medway around a joint vision
- Pool knowledge and experience and research new models of care and clinical evidence
- Co-design the Local Care framework with clinical input, including CCGs, LAs and providers
- Project forward activity and capacity requirements for population and hospitals before and after Local Care strategy
- Provide clinical models and quantification to Hospital Care and Clinical Senate to support future consultation

2 Provide a toolkit to help local teams build high-impact plans

- Deliver toolkit to CCG, providers and LAs
- Assist CCGs, providers and LAs in understanding how the toolkit can support plans
- Meet with local teams to solve key problems
- Hold workshops on key design questions to aid collaboration
- Identify components for K&M-wide working (e.g. SPoA) and mobilise working teams
- Develop comms and engagement material

3 Track and enable Local Care delivery

- Develop trajectories for activity and spend including reinvestment
- Develop supporting funding, contracting & payment approach
- Set out how commissioning transformation can support
- Develop Enabler requirements
- Illustrate potential delivery vehicles and future organisational forms
- Develop implementation approach and plan
- Develop more interactive front end for the KID to help tracking

Page 55

Source: K&M STP Local Care workstream, Carnall Farrar

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From:	Graham Gibbens Cabinet Member for Adult Social Care and Public Health
	Andrew Scott-Clark Director of Public Health
To:	Kent Health and Wellbeing Board
Date:	22nd March 2017
Subject:	Kent Joint Strategic Needs Assessment Exception Report 2016/17
Classification:	Unrestricted

Summary:

This paper provides a very brief list of key population highlights arising from the 2016/17 refresh of the Kent JSNA. The list enables the Kent Health and Wellbeing Board to be aware of relevant issues and trends which need to be addressed and reflect the key priorities and outcomes of the emerging Kent Joint Health and Wellbeing Strategy, due to be completed later this year.

Recommendations:

The Kent Health and Wellbeing Board is asked to **COMMENT** and **ENDORSE** the following recommendations:

- Ensure a system wide focus on prevention for the Kent & Medway STP.
- Continue the focus on the local populations that have the highest health inequalities.
- Support the ongoing development of the KID programme.

1 Introduction

1.1 The current JSNA 2016/17 refresh process is well underway and nearing completion and it has been taking place in parallel with the refresh of the Joint Health & Wellbeing Strategy (JHWS) as well as the Sustainability and Transformation Plan (STP) which has been developed jointly with NHS, Social Care and Public Health leaders across Kent and Medway.

1.2 The following needs assessments have been completed by the Public Health team in the last one year:

1.2.1 Oral Health
1.2.2 Perinatal Mental Health
1.2.3 Personality Disorders
1.2.4 All Age Autism Spectrum Disorders

1.2.5 Health Inequalities Action Plan
1.2.6 Sexual Health needs of prisoners
1.2.7 Evidence review of hyper-acute stroke units

2 Emerging Issues

2.1 The Joint Strategic Needs Assessment (JSNA) overview report for 2016 and the ensuing refresh of JSNA chapter summaries in late 2016 and early 2017 indicate key issues worthy of mention, including increased migration into Kent, an older population and inequities in heath and care service access, leading to health inequalities. Some of these exceptions have already been outlined in the 'case for change' section of the Kent & Medway STP discussed at the November 2016 Kent Health & Wellbeing Board meeting. As such they also act as a foundation for the short-term priorities for the Kent JHWS 2018 - 2023.

2.2 The following highlights have been summarised from latest health and demographic information for Kent:-

2.2.1 Latest local estimates suggest that in the next five years (2017 to 2022) the KCC area population is forecast to grow by 95,300, a 6.1% increase. Of this number, up to 12,000 will potentially be in the new town in Ebbsfleet, if development proceeds there as expected.

2.2.2 The number of people aged 65 and over is growing much faster (at 11.1%) than the population aged under 65 (at 4.9%).

2.2.3 Local analyses using the Kent Integrated Dataset (KID) indicate more than a third of the Kent population have at least one long term condition. However the majority of these people have multiple long term conditions, often both physical and mental health.

2.2.4 Most deaths in Kent were caused by chronic long term conditions including cardiovascular (including coronary heart disease and stroke) diseases (29%), cancer (28%) & respiratory disease (16%).

2.2.5 Poorer health behaviours and outcomes correlate strongly with those living in deprived areas and vulnerable risk groups such as children in care: obesity prevalence, smoking prevalence, teenage pregnancy rates, alcohol related disease, registered disease prevalence, to name a few.

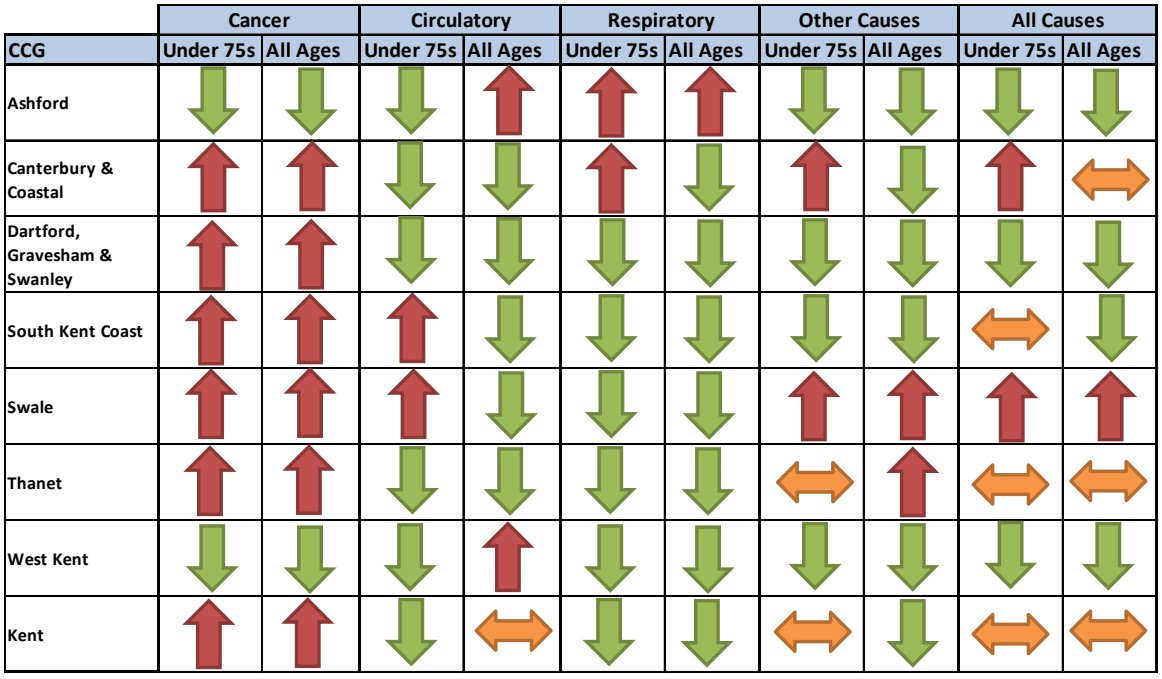
2.2.6 Whilst health outcomes have been improving for Kent as a whole, the differences in these outcomes between affluent and deprived populations persist. Current data highlights this - whilst mortality rates are coming down, the gap between the most affluent and the most deprived has not changed over the last 10 years, suggesting that efforts to tackle health inequalities are not yet having an impact on relative mortality rates. This is particularly true in terms of cancer across Kent. (See Figure 1 below).

2.2.7 Much of the inequalities gap (for cancer deaths) is mostly down to lung cancer with the number of deaths from lung cancer in the most deprived rising by 24% with the majority of these extra deaths being female (a 55% increase compared to 5% in males). There is also a similar widening in digestive cancers with the most deprived up 36% and the least deprived up 21%. This overall rise is driven by Oesophagus and pancreas cancers.

2.2.8 Lifestyle choices such as smoking, drinking, exercise and diet have an impact on our likelihood to develop these conditions so early prevention is becoming increasingly important to reduce demand in a health and social care system that is already stretched and facing significant financial challenges.

2.2.9 Population segmentation analyses carried out for the STP has helped identify the target risk populations, their per capita spend and the impact of interventions delivered at pace and scale (see Figure 2)

Figure 1: Summary for progress in mortality rates, 2009-11 – 2014-16, comparing most deprived decile with least deprived, by clinical commissioning group (CCG), various disease categories



Source: PCMD, ONS, IMD, KPHO

Gap between most and least deprived deciles is decreasing

Gap between most and least deprived deciles is increasing

Gap between most and least deprived deciles has remained unchanged (within a 5% tolerance)

Figure 2 Population Segmentation analysis showing per capita spend across different risk groups

Notes: People registered to GP surgeries which flow into KID but had no activity in 2015/16 have been added to "mostly healthy" segments. Populations have been scaled to account for population registered to practices not flowing data into the KID. Spend has been scaled to match CCG data returns to account for data not included in the KID (e.g. CAMHS, non-PbR acute activity). Children's social care, prescribing costs and continuing care costs are not included.
Source: Kent Integrated Dataset; Carnall Farrar analysis; latest version as of 30/11/2016

3. Conclusions

3.1 Whilst health outcomes have been improving for Kent as a whole, important differences in the outcomes between affluent and deprived populations persist, requiring a whole-systems approach to implementing preventative measures at population level.

3.2 Unless there is Wanless - type 'full engagement' of health and social care commissioners, providers, voluntary sector and communities themselves in preventing avoidable disease and disability and in delaying the onset of age-related disability, both the health and social care system in Kent and Medway will continue to be under pressure.

3.3 Previous discussions at Kent Health & Wellbeing Board raised the importance of targeting the populations residing in the 88 areas in Kent with the highest rates of all-age all-cause mortality. This continues to be a priority for Kent's health and care system.

3.4 A suite of preventative measures during and beyond the five year STP period is likely to yield a substantial financial and societal benefit to the Kent system if delivered at pace and scale with the participation of the wider health, social care and wider public sector workforce under the auspices of *Making Every Contact Count.*

3.5 A detailed economic case for prevention is being made through the use of local data and modelling techniques, results of which will be described in a future STP submission and the next iteration of the Joint Health & Wellbeing Strategy.

3.6 Much of the STP is already focused on the design and implementation of local care models, moving services out of hospital with health and social care staff working together (integration) to support an individual with their health and care needs. Emphasis is also given to parity of esteem, integrating physical and mental health services.

4 Moving the JSNA Forward

4.1 The development of the Kent Integrated Dataset (KID) is an exceedingly valuable resource which offers new opportunities to better understand historic integrated data and move the assessment of future need to new quality standards.

4.2 The JSNA development process is expected to change significantly in light of changes in staffing and the shift towards the use of better analytics for improved service planning and help inform STP and the Joint Health & Wellbeing Strategy going forward.

5 Recommendations

5.1 The Kent Health and Wellbeing Board is asked to **comment and endorse** the following recommendations:

- Ensure a system wide focus on prevention for the Kent & Medway STP.
- Continue the focus on the local populations that have the highest health inequalities.
- Support the ongoing development of the KID programme.

6 Contact Details

Report Authors:
Dr Abraham George
Consultant in Public Health
abraham.george@kent.gov.uk

Stephen D Cochrane
Specialist in Public Health
stephen.cochrane@kent.gov.uk

Relevant Director:
Andrew Scott-Clark
Director of Public Health
andrew.scott-clark@kent.gov.uk

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

To: Health and Wellbeing Board, 22 March 2017

Subject: **Kent Health and Wellbeing Board Work Programme - 2017**

Classification: Unrestricted

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1. Introduction

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

(b) The draft Forward Work Programme has been amended and updated. This is attached. The Forward Work Programme will remain a live document and 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

Tristan Godfrey
Policy and Relationships Adviser (Health)
(03000) 416157
tristan.godfrey@kent.gov.uk

Mark Lemon
Strategic Relationships Adviser (Health)
(03000) 416387
mark.lemon@kent.gov.uk

Ann Hunter
Principal Democratic Services Officer
(03000) 416287
ann.hunter@kent.gov.uk

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WORK PROGRAMME –2017/18
Health and Wellbeing Board

Agenda Section	Items
7 June 2017	
Area 1 - Assuring Outcomes for Kent	• Dementia (deferred to June at the agenda setting meeting for the HWB on 22 March 2017) • Update from local health and wellbeing boards on their review of injuries due to falls in people aged 65 and over (minute 239(6)(a) – 21 September 2016 refers) • Winter 2016/17
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• Childhood Immunisations • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
19 July 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• Progress Report on Kent Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (CAMHS) • Crisis Care Concordat- Annual Report • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board
20 September 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• Joint Health and Social Care Assessment Framework • KSCB Annual Report • HWB Annual Report • Health Watch Annual Report • HWB Work Programme • Local board minutes • Minutes of the 0-25 Health and Wellbeing Board

Updated 14 03 17

22 November 2017	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• **Kent Adults Safeguarding Board Annual Report** • **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
24 January 2018	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• **HWB Work Programme** • **Local board minutes** • **Minutes of the 0-25 Health and Wellbeing Board**
21 March 2018	
Area 1 - Assuring Outcomes for Kent	
Area 2 - Core Documents	
Area 3 Promotion of Integration	
Area 4 Notifications	
Area 5 Reports to the Board	• **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** • **End of life care**

Minutes of the 0-25 Health and Wellbeing Board Meeting
21 November 2016
2.00pm – 4.00pm
Medway Room Sessions House

Present:			
Andrew Ireland	AI	-	Social Care Health & Wellbeing Corporate Director, KCC (Chair)
Peter Oakford	PO		Cabinet member – Specialist Children's Services
Roger Gough	RG	-	Cabinet Member – Education & Health Reform, KCC
Karen Sharp	KS		Head of Commissioning Public Health, KCC
Amanda Kenny	AK	-	Swale & DGS Clinical Commissioning Group Commissioner
Simon Thompson	ST	-	Head of Partnerships and Communities, Kent Police
Helen Cook	HC	-	Children's Commissioning Manager, KCC
Sam Bennett	SB	-	Public Health Consultant , KCC
Jane O'Rourke	JO	-	East Kent Clinical Commissioning Group Head of Children's Commissioning
David Holman	DH	-	West Kent Clinical Commissioning Group, Children's Lead
Mark Walker	MW	-	Deputy Director Disabled Children, Adults learning Disability and Mental health, Representing Penny Southern KCC
Abdool Kara	AK	-	Chief Executive Swale Borough Council representing Joint Kent Chiefs
Philip Segurola	PSe	-	Specialist Children's Services Director, KCC
Naz Chauhan	NC	-	West Kent Clinical Commissioning Group
Gill Rigg*	GR	-	Kent Children's Safeguarding Board Independent Chair
Colin Thompson*	CT	-	Public Health Specialist, KCC
Liz Williams *	LW	-	Children's Commissioning Manager, KCC
Joanna Fathers*	JF	-	Children's Commissioning Officer, KCC
* Present for part of the Meeting			

Apologies	
Jenny Hollingsbee	South Kent Coastal CCG representing the LCPG Chairs
Sue Chandler	South Kent Coastal CCG representing the LCPG Chairs
Michael Thomas-Sam	Head of Strategy and Business Support
Stuart Collins	Director of Early Help, KCC
Penny Southern	Director of Disabled Children, Adults learning Disability and Mental health, KCC

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting and introductions were made.

2. Minutes from meeting held on 20 September 2016

2.1 The minutes were agreed as an accurate account after a minor adjustment to those who attended the meeting.

2.2 In reviewing the actions the following were noted:

- Action 1: Healthy Child Programme pathway and commentary – ongoing AK and AI to discuss after the meeting. **Action 1**
- Action 3a: Kent Housing Group invitation to the UCAS Partnership board – PSe it to attend their next meeting in January 2017.
- Action 4b: Children's Needs Assessment discussion at Kent Health & wellbeing board will take place at the January meeting.
- Action 7b Kent Children and Young Peoples framework is to be ratified at the January 2017 Kent Health and Wellbeing board meeting.
- Action 8: Turning the Curve presentation to be carried over to the next meeting. **Action 2**
- Action 10: Response paper to NHS England's integrated transformation KS and PSo are meeting week commencing 28 November to finalise. **Action 3**

2.3 All other actions were noted as completed.

3. UASC Update

3.1 The Chair provided a detailed update on UASC, highlighting the following:

- The number of new arrivals has currently ceased due to the action in Calais, and with the Dublin 3 arrangement clients are being processed through Croydon s across the Country with some reunited with family in Kent.
- As part of the Dublin Amendment the French authorities are dispersing refugees across France. Originally Kent staff who were working in the camps were asked to leave, however for a 3rd week, Kent staff along with Essex and Croydon children services have been providing guidance of which categories under the Dublin Amendment the young people should be attributed to.
- A recent meeting with Ministers resulted in the agreement that despite both Kent reception centres being empty to remain open until the end of this calendar year before returning them to the Youth Service.
- In addition the Government has agreed to assist Kent in persuading other local authorities where young people have been placed by Kent to take on the responsibility for the care of the young person.

3.2 Board members welcomed the news and raised the following points:

- The Government's announcement of new funding for projects tackling modern slavery.
- Department of Communities and Local Government (DCGL) prospectus on Controlling Migration fund has a much broader scope its funding application criteria.
- Joint Kent Chiefs are supporting current lobbying to have a clause placed in the Homelessness reduction act to bring some management to those being placed due to the number of homeless relocated by London Boroughs to Kent.
- A letter has been sent to Children's minister inviting them to Kent to discuss what support can be offered to address the significant issues of these along with asylum seekers and care leaver placements within Kent is creating.
- Clinical Commissioning Groups are providing GPs with a briefing note on how to process UASC clients.

4. Subgroup updates

4.1 Update on the review of the Healthy Child Programme

4.1.1 The above report provided members with an update on the work undertaken by the Health Child Programme Task and Finish subgroup and the key findings from the 3 workshops identified the following priorities:

- The need for more consistent information sharing and clear pathways between, Health education and Early Help
- 5-11 lack of year 6 screening
- NCMP – lack of clarity for specialist schools – development of a Healthy Weight Strategy and Framework.
- Improved rates of Child in Care initial health assessment
- Early identification of SEND including an initial consultation
- Systematic identification of substance misusing parents who have mental health and/or are experiencing domestic violence
- Weight management interventions for 11 – 19 age group across Kent including teenage parents
- Co-ordination of health interventions for at risk populations like Gypsy Roam Travellers and young parents
- Clarification of what the parenting offer is and what intervention support is available.

4.1.2 Board members noted the papers' recommendation and support the priority areas for additional enquiry.

4.2 Health Visiting Update

4.2.1 This became the responsibility of Local Authorities in 2015 and is part of the child health reform. The key elements of the service are:

- Universal checks to address health needs and early identification of those families with specific and complex needs
- Health promotion
- Safeguarding function
- Outcomes include:
    - Breastfeeding
    - Vaccination
    - Readiness for school
    - Reviews

4.2.2 The challenges include;

- Funding
- Performance and data quality.
- Antenatal referral
- Geographical footprint of district level working has resulted in disengagement by service user.

4.2.3 At July's Children's cabinet committee agreed to the recommendation to extend the existing contract for 18 months to June 2018 with the inclusion of a 10% reduction in funding over the 2 years to allow for a transformation and service remodelling to be developed. This will include:

- A universal offer for all

- A focus on the most vulnerable families

4.2.4 As part of the redesign the workshops clearly showed that there is a strong appetite for more opportunities in working in partnership to deliver services, through:

- Co-locations
- Shared Pathways
- Shared Outcomes
- Greater Information sharing
- Care conferences

4.2.5 The next steps are:

- To hold market and stakeholder engagement events
- Establish a GP reference group
- Draft an outline business case for March 2018
- Develop a new service specification that has includes;
  - utilisation of Children Centres,
  - fits in with the Healthy Child Programme
  - supports those children with disabilities/additional needs
  - links in with year 1 and year 2 nursery nurses

4.2.6 Members welcomed the progress made and support the proposal of a more co-ordinated approach especially for those with disabilities and additional needs.

4.3 Special Educational Needs and Disability (SEND) Update

4.3.1 The board agreed for this update be deferred to the next meeting and requested that at future meetings there is a representative from this group to ensure that the board is kept informed of developments within this important and key area of service delivery. Action agreed: KS to follow up with Patrick Leeson. **Action 4**

4.4 Children and Young People's Framework (CYPF) update

4.4.1 The key points provided to the board were:

- Framework will be live from January 2017 with the supporting dashboards available from end of November 2016 to enable local Children Partnership groups to review at a district level to show movement and comparison.
- The areas for prioritisation within the framework will be excess weight and NEET clients, which will be reflected in the main themes for the Early Preventative Grants along with Domestic Violence and Healthy Choices.
- Grants will available for bids from the end of November closing on 22 December with bids being assessed by local LCPGs with assurance that the decision process for the grants include 'Declaration of interests' section which will advise that where these are provided then the individual will not be allowed to sit on that panel.

4.4.2 HC agreed to draft some guidance notes for LCPG chairs on how to understand the dashboard in a meaningful way to ensure they are utilised their full potential. **Action 5**

4.5 Children and Adolescent Mental Health Service (CAMHS) Procurement

4.5.1 The Board were provided an overview of the above procurement which is underpinned by the 'Transformation plan for Children, Young People and Young Adults mental Health & Wellbeing, with the key highlights were:

- Procurement is on track with the process is being led by KCC's procurement team and has included a competitive dialogue which has been very useful in ensuring that the new model is fit for purpose.
- The KPIs will include:
  - Single point of contact
  - Harm reduction
  - Technology interventions
- A key change in the new specification is for countywide Crisis support.
- The contract award will be in February/March 2017 with a recommendation report coming to this Board. **Action 6**
- The transformation plan was published last week including NHS England guidance with alignment with the 'HeadStart' programme feeding information back to both NHS England and the Kent Health & Welling Board.

4.5.2 The board welcomed the update and the accompanying document saying it was very clear, informative and impressive in the accomplishments achieved.

5. Drug and Alcohol Strategy 2017-2022

5.1 The above paper and presentation gave board members a summary of the strategy's development, priorities and key themes to reflect the changes and challenges of drug and alcohol treatment provision. This includes:

- More focus in the treatment of clients with more complex needs
- Continuing with the Riskit programme and Dust Screening tool for young people.
- Focusing on substance misusing parents and hidden harm.

5.2 Board members welcomed the strategy's development as well timed in linking in with the CAMHS and Children's strategies and in noting the paper the following points were raised:

- The addition of Family resilience – support to improve the resilience of vulnerable families as well as individuals.
- The service's core offer to include reliable drug and alcohol testing for court proceedings within appropriate timescales.
- A consistent service across the county for young people to access support.
- The production of a youth friendly version of the strategy

5.3 Actions agreed

- All to review the draft strategy and feedback comments to CT. **Action 7a**
- CT/DH to present the strategy at the next Kent and Medway Concordat meeting. **Action 7b**

- CT and MW to meet to discuss the production of a youth friendly version of the strategy as part of the consultation process. **Action 7c**

6. Children's Integrated Commissioning Project (North Kent)

6.1 The above report provided the board with a detailed review and update on the progress of the Children's integrated commissioning project in North Kent, highlighting the following points:

- The project has two key components:
  - Identification and implementation of joint commissioning priorities and opportunities specially for children with disabilities for 2015/16
  - Review of models of joint commissioning and the options for future CCG/local authority joint commissioning activity.
- Success in financial and improved service provision
- Greater understanding in the way the commissioning cycle is interpreted by each organisation and teams.
- The benefits have included:
  - Better relationships and trusts across both organisations
  - Greater utilisation of resources more effectively across both organisations including buildings, staff time and budgets.
  - Better risk management with both organisations sharing the aligned /associated commissioning risks.
  - Better customer experience for those accessing services and support.
- Lessons learnt – these include:
  - Technical issues – differences in ICT systems making flexible working across KCC and NHS sites problematic but now resolved.
  - Information sharing – there are still some areas where by information needs to anonymised before sharing with stakeholder which takes time.
  - Governance – it would be easier and simpler to align CCG and KCC governance processes with all seven CCG rather than just the two in North Kent.

6.2 The North Kent CCG Joint Strategic Commissioning Group agreed to support the option to continue to build on the current work completed by:

- Producing a top level five year plan that will look at current contracts that require re-procuring to identify future integration or alignment of services in a systematic and staggered approach across the group.
- Development of a more integrated approach in delivering all service around the child including acute services for children, maternity, physical disability, education and Public Health services in order to create a central focus, budget and team to support service delivery.
- Look to develop opportunities in working collaboratively with both Education and Public Health.

6.3 In noting the paper board members welcomed the achievements of the project and its continuation and recommended that it should be taken to the Kent Health and Wellbeing Board. **Action 8**

7. Terms of Reference

7.1 in reviewing the revised terms of reference the following were agreed:

- Membership invitations to be sent to:
  - Police crime commissioner office membership
  - Kent Housing Group representative to be invited. **Action 9a**
- Inclusion of Link to local Health and wellbeing board. KS to revise. **Action 9b**

8. Any Other Business

8.1 AK announced that he will be stepping down as Chief Executive for Swale District Council and representative for Kent Joint Chiefs. The members joined the Chair in thanking AK for his support and valuable contribution he has made to the group over the past years.

8.2 Maternity:

- Kent has been awarded additional funding for mental health pre-antenatal in for North Kent for the next three years. The bid was place KMPT with Thanet being the lead CCG and will aide in the removal of the inequity.
- A further bid was place for Better Birth STP which was unsuccessful; however the feedback has been positive.
- West Kent CCG has also been successful in obtaining additional funding for pre-birth services.
- Actions agreed for a Maternity themed agenda to also include the revised Maternity needs assessment. **Action 10**

8.3 Human trafficking – action agreed ST to arrange for the Police lead to come and do a presentation. **Action 11**

Next meeting:

28 March 2017 Swale Room 2, Sessions House , Maidstone; 2.00pm – 4.30pm

Action List

Action Number	Action Required and By Whom	By When
	Outstanding Actions from 20 September 2016	
1	Action 1: Healthy Child Programme pathway and commentary – ongoing AK and AI to discuss after the meeting.	**21 November 2016**
2	Action 8: Turning the Curve presentation to be carried over to the next meeting.	**28 March 2017**
3	Action 10: Response paper to NHS England's integrated transformation KS and PSo are meeting week commencing 28 November to finalise.	**2 December 2016**
	Subgroup updates: **SEND**	
4	KS to follow up with PL to ensure that there is an update on Special Educational Needs and Disability (SEND) along with representative at future meetings.	**28 March 2017**
	Children and Young People's Framework (CYPF):	
5	HC to produce some guidance notes for LCPG chairs on how to best use the dashboards.	**December 2016**
	Children and Adolescent Mental Health Service (CAMHS) Procurement	
6	DH to bring the recommendation report to the Board.	**28 March 2017**
	Drug and Alcohol Strategy	
7a	All to review the draft strategy and feedback comments to CT	**February 2017**
7b	CT/DH to present the strategy at the next Kent and Medway Concordat meeting	**Next meeting**
7c	CT and MW to meet to discuss the production of a youth friendly version of the strategy as part of the consultation process.	**December 2016**
	Children's Integrated Commissioning Project (North Kent)	
8	Report to be shared at the Kent Health & Wellbeing board on the progress made.	**25 January 2017**
	Terms of Reference	
9a	Membership invitations to be sent to: o Police crime commissioner office o Kent Housing Group representative.	**28 March 2017**
9b	KS to add Inclusion of link to local Health and wellbeing boards.	
	Any other business	
10	PM to add Maternity and the revised Maternity needs assessment to the next agenda.	**28 March 2017**
11	ST to arrange lead for Human Trafficking to do a presentation and PM to add to agenda	**28 March 2017**

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **18th January 2017.**

Present:

Dr Navin Kumta – (Chairman);

Councillor Brad Bradford, Portfolio Holder for Highways, Wellbeing and Safety, ABC (Vice Chairman);

Sheila Davison – Head of Health, Parking and Community Safety, ABC;
Neil Fisher – Head of Strategy and Planning, CCG;
Jo Pannell – Healthwatch Representative;
Chris Morley – Patient and Public Engagement (PPE) – Ashford Clinical Commissioning Group;
Deborah Smith – KCC Public Health;
Mark Lemon – Policy and Strategic Partnerships, KCC;
Carolyn McKenzie – Head of Sustainable Business and Community – KCC;
Trevor Ford – Environment, Protection and Licensing Team Leader – ABC;
Belinda King- Management Assistant, ABC;
Keith Fearon – Member Services Manager, ABC.

Apologies:

Tracey Kerly – Chief Executive, ABC, Peter Oakford – Cabinet Member, KCC, Philip Segurola, KCC Social Services, Faiza Khan – Public Health, KCC, Simon Perks – Accountable Officer, CCG, John Bridle – Healthwatch Representative, Charlie Fox – Voluntary Sector Representative, Helen Anderson, Chair – Local Children's Partnership Group, Christina Fuller – Head of Culture, ABC,

1 Declarations of Interest

1.1 Dr Navin Kumta made a "Voluntary Announcement" as a local GP and Chairman of the CCG.

2 Notes of the Meeting of the Board held on the 19th October 2016

The Board agreed that the notes were a correct record.

3 Live Well Update

3.1 This item was deferred to the next meeting in April.

4 Updates on Ashford Health and Wellbeing Board Priorities

(a) Reduced Smoking Prevalence Update Report

The report provided an update on work and progress to date in terms of the Ashford Smoking Task and Finish Group in its aims to reduce smoking prevalence in Ashford. Deborah Smith advised that there had been progress on a number of initiatives and drew particular attention to the organisation of an illicit tobacco roadshow which had been organised in the town centre for five days from the 14th February 2017. The aim of the roadshow was to raise awareness of the negative impact illicit tobacco had on the local community, undermining efforts of smoking cessation and the links associated with illicit tobacco and organised crime. Sniffer dogs would also be present at the Roadshow which normally generated a great deal of interest from the general public and would help raise awareness of the initiative.

Deborah Smith also explained that resource packs were being distributed to local organisations and to the private sector to help those who wished to cease smoking. In terms of the "Vape" event held in November 2016 Deborah Smith said this had been very successful and since then the Stop Smoking Services team had trained Vape retailers and youth workers were being trained as quit coaches. In partnership with other organisations a One You health shop was to be established in the town centre which would be used to provide information on stopping smoking and healthy weight and other initiatives.

The Board agreed:

(i) the progress and outcomes of the activities to date be acknowledged.

(ii) support be given to the One You shop for Ashford.

(iii) any relevant further support to increase the impact on a reduction in smoking prevalence be agreed.

(b) Healthy Weight Update Report

The report provided an update on work and progress to date. Deborah Smith drew particular attention to the proposed establishment of a One You shop in the town centre which would promote the healthy lifestyle brand of One You and would also offer advice as a drop in facility. Work was also under way to audit and map areas of Ashford with particular hotspots. The main focus would be to encourage exercise and give motivation for persons to lose weight.

The Board agreed:

(i) the approach proposed by the Task and Finish Group.

(ii) the six work streamswhich would form the basis of the work.

(iii) further progress update reports be submitted to future meetings.

5 Kent Health and Wellbeing Board Meeting – 23rd November 2016

5.1 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 but drew particular attention to the discussion on the Sustainability Transformation Plan and also work on dementia and looking at producing an action plan in conjunction with nursing homes to ensure that those residents with dementia had that information recorded with their relevant General Practitioner.

6 Sustainability and Transformation Plan

6.1 Included within the agenda papers was a report which gave an update on the current status of the Kent and Medway Sustainability and Transformation Plan (STP) and the CCG Operational Plan for 2017-2019.

6.2 Neil Fisher explained the CCG's current position with regard to the STP and Operational Plan for 2017-19 both of which set out the intentions for the coming year and general strategic direction. The principal aim was to move care closer to where patients lived and away from acute care delivery, which in Ashford's case was provided by the William Harvey Hospital. This was based on the establishment of community networks. He said that there was a need to review how the networks operated and that he had met with the Chairs of the various networks recently to discuss this matter. He drew attention to a listening event to be held on the 17th February 2017 at 1.00 pm at the Julie Rose Stadium where residents could attend and ask questions and following on from this in June it was anticipated that there would be a period of wider public consultation. The proposals would then be submitted to the CCG governing bodies by December 2017.

6.3 Chris Morley said that the event on the 17th February was an opportunity for a focussed discussion and for residents to be made aware of what the plan was hoping to achieve. He further explained that Ashford had three community networks and he hoped to encourage the voluntary sector to become involved with their work and he was also particularly keen to encourage elected members to join the communities and be able to represent their residents' views. Neil Fisher explained that the three networks for Ashford were based on the demography of the population and were comprised of Ashford Rural, Ashford South and Ashford North. In terms of the role of elected members, Sheila Davison advised that she was to submit a report to the 9th February Cabinet meeting on the STP and indicated that she could certainly add a comment and recommendation about encouraging members to become involved in the community networks.

6.4 Mark Lemon asked whether there was confidence that the STP would deliver the changes required to sustain the health service especially during the current periods of maximum service demand. Neil Fisher said that to date none of the East Kent hospitals had declared major incidents this winter which was good news but he considered that this was part of the reason why services needed to transform and why it was necessary to examine the way in which services were delivered out of working hours in order to help reduce flows at A&E and how the service could be reconfigured to encourage self-care. He referred to the two new apps which were available, "WaitLess" and "Healthy Now", the latter of which would give guidance on self-help and allow residents to make informed decisions about managing their own care. The "WaitLess" app provided real time information of actual waiting times at A&E and minor injury units and took into account travelling time. This app could be helpful if one site was particularly busy but by using the app it was possible to identify another site which might have a reduced waiting time.

6.5 In terms of the two apps mentioned by Neil Fisher, Deborah Smith advised that they could be promoted in the One You shop referred to earlier at the meeting. Neil Fisher considered that the One You shop could be very helpful in explaining that residents' perceptions about health provision were often not accurate and were based for the most part on reporting of the national picture which was often not evident in the local area.

6.6 In response to a question, Neil Fisher accepted that social care was a very important issue and he explained that one aspect of the STP was to encourage all partners to work better together. Arising from this he considered that more effective solutions would flow.

6.7 Chris Morley said that he believed that the Board had a role in publicising which initiatives were working well. The Chairman said that all initiatives including self-help and partners working better together would all help towards the aim of engaging people and helping them become healthier.

The Board agreed that the report be received and noted.

7 Environmental Protection

7.1 A report "Kent Environment Strategy and Ashford's Air Quality" was included within agenda papers for the meeting. The report aimed to highlight the links between the Kent Environment Strategy, the Health and Wellbeing Board and the work of the Clinical Commissioning Groups, particularly associated with risks and opportunities.

(a) Kent Environment Strategy

Carolyn McKenzie gave a presentation on the Kent Environment Strategy. The presentation had been published on the Council's website under https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3083

Carolyn McKenzie explained that she was the Head of Sustainable Business and Community for Kent County Council and said that following a presentation to the Kent Health and Wellbeing Board she had been asked to attend local Health Boards in Kent.

In response to a question following the presentation, Carolyn McKenzie said that there was a need to drill down through the information presented within the report to assess how the information applied to Kent. This work would be done in conjunction with Public Health.

(b) Air Quality

Trevor Ford, the Environment, Protection and Licensing Team Leader, ABC gave a presentation on Ashford Air Quality. The presentation had been published on the Council's website under https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3083

In response to a question, Carolyn McKenzie drew attention to the recommendations set out within the report and said that the key next step was to agree priorities to take forward.

In terms of air quality, Councillor Bradford explained that he was aware that Stagecoach were rolling out a new fleet of minibuses based on a greater frequency of service which would help reduce the level of pollution in the environment. Furthermore he said that one of the aims of the Local Plan was to encourage more cycling throughout the Borough.

With reference to access to green spaces, Carolyn McKenzie said that there was evidence of a perception of fear for some residents in terms of accessing green spaces. Chris Morley also said that it was important to prevent the loss of sites of informal green space, which were currently available in the urban area, from development.

With reference to the Local Plan, Councillor Bradford explained that the issue of public realm was very important to the Borough Council and he drew particular attention to the new developments planned for Victoria Way and the project plan for the revamp of Victoria Park. Both of these schemes had a significant emphasis on the provision of public realm. He also referred to the work of Aspire who were helping to make the town's green spaces look better.

In response to a question as to whether there were specific locations in Ashford where air pollution was more significant, Trevor Ford advised that this would probably be next to the major arterial routes. Air quality was, however, only a contributory factor with ill health and this was often linked with other underlying health problems. Trevor Ford also said that it should be possible to map the highly specific areas but suggested that there could be initiatives such as looking at traffic light sequencing which would help improve the air quality in those areas.

The Board agreed that:

(i) a report on the possible next steps be produced and considered at a further Lead Officers' Group meeting with a view to an update being presented to the Board in April.

(ii) the development of an Ashford Air Quality Strategy be supported

(iii) training of staff relevant to the field of air quality be facilitated so that they were aware of how their work could contribute towards improving air quality and reducing exposure.

(iv) (a) Key personnel be identified to work with the KES team to take these initiatives forward.

(b) Areas where more support is needed by health partners from the KES team be identified.

8 Partner Updates

8.1 Included with the agenda were A4 templates submitted by all Partners except Kent County Council (Social Services) and the Voluntary Sector.

(a) Clinical Commissioning Group (CCG)

Update noted.

(b) Kent County Council (Adult Social Services)

Not provided.

(c) Kent County Council (Public Health)

Update noted.

(d) Ashford Borough Council

Sheila Davison confirmed that the Section 106 Agreement for Chilmington Green had been signed and also said that the Ashford Voice could be used to publicise the work of community networks.

In response to a question regarding whether there had been any concerns regarding rough sleepers over the winter period in Ashford, Sheila Davison said that no particular incidents had been brought to her attention but she was aware that Ashford Churches Together was providing a winter night shelter and that this would be available for a longer period compared to last year and therefore it was hoped that this would prevent some of the problems faced previously.

(e) Voluntary Sector

Not provided.

(f) Healthwatch

Update noted.

(g) Ashford Local Children's Partnership Group

In accordance with Procedure Rule 9, Helen Brown, Group Worker from Home-Start Ashford and District said she wished to ask the Board how it was engaging with families. She said that many families Home-Start worked with had anxiety issues and found it hard to attend such places as Children Centres.

Deborah Smith said Public Health had strong links with the schools and she referred to initiatives such as the Smoke Free School Gates and Healthy Weight schemes which families were able to benefit from. Furthermore she said that the One You shop would also allow advice to be given to parents when they were visiting the town.

Sheila Davison explained that Helen Anderson had originally been intending to provide a full response to the question, however, she said that this would now be provided outside of the meeting.

Helen Brown gave a brief overview of the work of Home-Start and said that principally they trained volunteers who would then work with families who wished to be helped. They also ran a group for fathers with children under 8 years of age and offered health checks and organised social events.

The Chairman asked that a copy of the response provided by Helen Anderson be circulated to Board members and he also advised that it was proposed that the focus of the July Board meeting would be the local Children's Partnership Group yearly update.

9 Forward Plan

9.1 It was noted that the Live Well item would now be included on the Forward Plan for April, together with an update on air quality. Sheila Davison explained that the Falls Strategy was currently shown on the agenda for the April meeting.

10 Dates of Future Meetings

10.1 The next meeting would be held on 26th April 2017.

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

19th July 2017
18th October 2017
17th January 2018

(KRF/AEH)
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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, 20 September 2016 at 3.00 pm.

Present:

Chairman:	Councillor P A Watkins
Councillors:	Councillor P M Beresford Ms K Benbow Dr J Chaudhuri Ms C Fox Councillor J Hollingsbee Councillor M Lyons Councillor G Lymer Ms J Mookherjee
Also Present:	Mr T Godfrey (Health Education England) Mr M Lemmon (Kent County Council) Ms J Leney (Shepway District Council)
Officers:	Head of Leadership Support Leadership Support Officer Team Leader – Democratic Support

12 APOLOGIES

An apology for absence was received from Councillor S S Chandler.

13 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

14 DECLARATIONS OF INTEREST

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

15 MINUTES

It was agreed that the Minutes of the Board meeting held on 28 June 2016 be approved as a correct record and signed by the Chairman.

16 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

17 DOVER AND SHEPWAY HEALTH PROFILES 2016

Ms J Mookherjee (Public Health Consultant, Kent County Council) introduced the Dover and Shepway Health Profiles for 2016.

The health priorities for Dover were as followed:

- Improving life expectancy by preventing suicide and heart disease and reducing smoking prevalence;
- Reduction in teenage pregnancy rates; and
- Improving physical activity in children and adults

The health priorities for Shepway were as followed:

- Improving physical activity in children and adults;
- Reduction in teenage pregnancy rates; and
- Reducing smoking during pregnancy.

In both districts the concentration of poor health was in the most deprived areas.

It was hoped that by sharing best practice in the two districts improvements could be achieved.

RESOLVED: That the Dover and Shepway Health Profiles be noted and actions agreed.

18 HEALTH INEQUALITIES STRATEGY

Ms J Mookherjee (Public Health Consultant, Kent County Council) introduced the Health Inequalities Strategy.

Across Dover and Shepway there were 19 areas of significant deprivation. The main groups affected were young people affected by a lack of opportunities and poor housing, deprived rural areas and areas with large social housing concentrations.

As part of tackling health inequalities, a place shaping approach was required. There was a need to map assets and areas of greatest need and identify what actions were needed and what could be done to sustain positive change. The NHS work forces also needed to be equipped to tackle these issues.

A range of organisations held community health data and this needed to be drawn together. Members of the Board agreed on the importance of changing behaviour at a young age and programmes such as healthy eating policies in schools were cited. However, it was noted that positive behaviour change had to be sustained at home as well.

It was noted that the first piece of work that needed to be undertaken was to identify assets and ownership and this could be done through the local hubs.

RESOLVED: (a) That the Health Inequalities papers from Kent County Council, and in particular the new locality data profiles published by Public Health England, be noted.

(b) That the approach to tackling the most economically vulnerable communities first and gathering more information on the communities in question be supported.

(c) That a joined up approach not duplicating existing work be adopted.

19 WORKFORCE STRATEGY

Mr T Godfrey (STP Workforce Programme Manager (Kent and Medway), Health Education England) presented the report to Members.

The Board was advised that five priority areas had been identified for detailed examination by the Workforce Task and Finish Group, which submitted. These were:

- existing and emerging gaps
- new models of care
- productivity
- recruitment and retention
- developing a cross-cutting 'Brand of Kent'

Health Education England had agreed an allocation of £200,000 with Kent County Council to support the implementation of these actions.

A Local Workforce Action Board (LWAB) for Kent had been established as part of the Sustainability and Transformation Plan (STP) and would build upon the Task and Finish Groups work.

In response to members questioning how the individual STPs being developed by local organisations would link with the wider STP, it was stated that the LWAB would provide a co-ordination role. The co-ordination of local organisation plans and models of care would allow planning for workforce training needs and the challenge was to bring together the differing views of each organisation so that they fit within the wider need.

In acknowledging that there was a movement of staff within and between organisations, it was noted that there was a need to ensure that training was 'passported' with the member of staff. Health Education England and Kent County Council had been working to develop new roles, upskill the existing workforce and improve the education, training and experience of trainees/students as part of the Skills Development Strategy. The need to support primary care and take pressure off of GPs was also acknowledged.

RESOLVED: That the report be noted.

20 CHILDREN'S ARRANGEMENTS ACROSS KENT

This item was withdrawn.

21 INTEGRATED COMMISSIONING BOARD DEVELOPMENT UPDATE

Ms M Farrow (Head of Leadership Support, Dover District Council) provided an update on the development of the Integrated Commissioning Board (ICB).

The Board was advised that the working group had met and was looking to work with Thanet on how they could both progress the development of an ICB. The next meeting would discuss options for resourcing and there needed to be agreement on how the ICB would function and the respective partners would meet their needs and responsibilities.

RESOLVED: That the update be noted.

22 EAST KENT STRATEGY BOARD UPDATE - TIME TO CHANGE

Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) presented the East Kent Strategy Board update.

The Board was advised that the next stage was to develop options for change to improve health and social care. A number of public engagement events would be held over the course of the next six weeks and proposals would have to be submitted to NHS England by 8 November 2016.

RESOLVED: That the update be noted.

23 URGENT BUSINESS ITEMS

The meeting ended at 4.18 pm.

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 22 November 2016 at 3.00 pm.

Present:

Chairman:	Dr J Chaudhuri (Vice-Chairman in the Chair)
Councillors:	Ms K Benbow Councillor S S Chandler Ms C Fox Councillor J Hollingsbee Councillor M Lyons Councillor G Lymer Ms J Mookherjee
Also Present:	Ms H Cook (Kent County Council) Mr M Lemon (Kent County Council) Mr M Needham (South Kent Coast Integrated Care Organisation) Ms J Wallace (Shepway District Council)
Officers:	Head of Leadership Support Leadership Support Officer Team Leader – Democratic Support

24 APOLOGIES

Apologies for absence were received from Mr S Inett and Councillor P A Watkins.

25 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

26 DECLARATIONS OF INTEREST

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

27 MINUTES

It was agreed that the Minutes of the Board meeting held on 20 September 2016 be approved as a correct record and signed by the Vice-Chairman.

28 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

29 PROPOSALS FOR OTTERPOOL PARK: HEALTH IMPLICATIONS

The Board received a presentation from Ms J Wallace, Otterpool Park Project Manager – Master Planning and Design (Shepway District Council).

Members of the Board were advised that Otterpool Park was a development between landowners Shepway District Council and its partner (the owners of Folkestone Race Course) that would deliver 12,000 new homes over the next 30 years. As part of this development it presented the opportunity to plan for current and future health and social care needs and encourage healthier lifestyles.

The presentation sought the Board's views on the opportunities for improving health services in East Kent, in developing a vision and objectives for health and wellbeing at Otterpool Park and to discuss who needed to be involved.

Members of the Board welcomed the opportunity to design in health from the start and Ms J Mookherjee advised that Public Health which was currently involved in a Health Impact Assessment in Ebbsfleet would be happy to assist with the Otterpool Health Impact Assessment.

The need to expand William Harvey Hospital to cope with growing population was discussed as was the importance of engaging with local primary care providers and commissioners.

Ms K Benbow advised that the South Kent Coast Clinical Commissioning Group was keen to be involved but reminded Board members that the Clinical Commissioning Group's funding was based on the actual number of people in its area.

RESOLVED: That the presentation be noted.

30 EAST KENT STRATEGY BOARD BRIEFING

Ms K Benbow, Chief Operating Officer (South Kent Coast Clinical Commissioning Group) presented the East Kent Strategy Board briefing and the Kent and Medway Sustainability Transformation Plans (STP) update.

It was advised that the timeline for the STP had changed following the decision to develop a countywide single model for local (out of hospital) care as well as the amount of work required to be undertaken and the assurance processes for NHS England. The East Kent Strategy Board would continue to operate as a delivery group within the context of the wider Kent and Medway STP.

The consultation on the STP was now due to take place in summer 2017 and this would also allow the 'purdah' period for the local elections in May 2017 to be completed first.

Members of the Board asked for a schedule for the STP to brought to the next meeting.

RESOLVED: That the update be noted.

31 INTEGRATED ACCOUNTABLE CARE ORGANISATION UPDATE

Mr M Needham, Chief Officer for the South Kent Coast Integrated Accountable Care Organisation (IACO) presented the update to the Board.

The IACO was a partnership of health and care providers seeking to develop a new system to support people being well and healthy in their own homes. The new system would be co-ordinated by the patients GP and deliver one service provided by one team from one budget. It would redesign care for 200,000 patients in 4 localities (Hythe and Rural, Folkestone, Dover and Deal).

Members discussed the need to better map voluntary sector and district council assets as part of the IACO work and acknowledged the variety of different sized organisations in the voluntary sector and their access to funding that was unavailable to the statutory sector.

It was agreed to bring the matter back to a future meeting with input from the voluntary sector and district council housing teams.

RESOLVED: That the update be noted.

32 CHILDREN AND YOUNG PEOPLE GROUP UPDATE

Ms H Cook, Kent County Council, presented the Children and Young Peoples Group update.

The Board was advised that the aim was to bring together numerous strategies including the KCC Strategic Commissioning Divisional Business Plan 2016-7, South Kent Coast Clinical Commissioning Group 2016-17 Operating Plan and the South Kent Coast Clinical Commissioning Group 2016 Patient Prospectus.

In the South Kent Coast Clinical Commissioning Group area the key focuses were:

- Dental hospital admissions
- Teenage mothers
- Breast feeding
- Smoking at the time of delivery
- Substance misuse hospital admission

There were national and local priorities set for the Children and Young Peoples Group and a dashboard was produced every 2 months that gave detailed information in respect of them. The Group was also looking at practical ways in which an indicator could be quickly changed for the better through no/low cost solutions. The example was cited that to improve children's school grades the first step was to ensure that they were in school.

The Group had £44,000 per district for grant applications and once the bids were submitted the local partnership determines how to award the funding in keeping with its priorities. The Board was advised that it was too early to ascertain if the first year of grants had achieved changes.

Members discussed the importance of teenagers being able to access advice on sexual health and contraception in East Kent and whether there were a sufficient number of trained GPs.

RESOLVED: That the update be noted.

33 URGENT BUSINESS ITEMS

There were no urgent business items.

The meeting ended at 5.01 pm.

DRAFT MINUTES

Health and Wellbeing Board – Formal Meeting

Meeting held on Monday 23 January 2017 2pm

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

Present	**Cllr Andrew Bowles (AB), *Leader, SBC (Chair)***	**Cheryl Fenton (CF), *Head of Mental Health,* KCC**
	Dr Fiona Armstrong (FA), *Chair, Swale CCG*	**Lyn Gallimore (LG), *Kent Healthwatch***
	Cllr Ken Pugh (KP), *Cabinet Member for Health, SBC*	**Russell Fairman (RF), *Sports and Physical Activity Officer, SBC***
	Becky Walker (BW), *Strategic Housing and Health Manager, SBC*	**Bill Ronan (BR), *KCC***
		Chris White (CW), *Swale CVS*
	Allison Duggal, *Deputy Director Public Health, KCC*	**Lauraine Griffiths (LG), *Project Manager (HeadStart Swale)*, KCC**
	***Zoe Callaway, Strategy and Enabling Officer,* SBC**	**Tristan Godfrey, *Policy Manager*, KCC**
	Cllr Penny Cole, *Deputy Cabinet Member for Adult Social Care and Public Health*, KCC	**Helen Buttivant, *Consultant in Public Health,* KCC**
Apologies	**Abdool Kara (AK), *Chief Executive, SBC***	**Patricia Davies (PD), *Accountable Officer, Swale CCG***
	Cllr Roger Gough (RG), *Cabinet Member Education and Health Reform, KCC*	**Helen Stewart (HS), *Kent Healthwatch***
	Cllr Sarah Aldridge (SA), *Deputy Member for Health, SBC*	**Andrew Scott-Clark (ASC), *Director Public Health, KCC***
		Terry Hall (TH), *Public Health, KCC*
	Amber Christou (AC), *Head of Residential Services, SBC*	**Karen Sharp, *Head of Public Health Commissioning,* KCC**

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NO	ITEM	ACTION
1.	**Introductions**	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves, and apologies were noted.	
2.	**Minutes from Last Meeting**	
2.1	The minutes from the previous meeting were approved.	
2.2	Matters arising: ▪ P.4, 7.2: TH advised this has been actioned but the localised Marmot indicators 2015 can be recirculated if requested.	
3.	**Sustainability and Transformation Plans (STP's)**	
3.1	MR presented an overview and update on the Kent and Medway STP. ▪ Strategic plans must be submitted by 30 June, although it is likely that new guidance will push this date back and it will be an ongoing piece of work. ▪ Key challenges for Kent and Medway are the growing elderly population, the future growth in housing and New Town development, and workforce pressures. ▪ Require system leadership and system strategy, and working together in collaboration strategically across all organisations. ▪ Require robust out of hospital care model and services to address demand now and in the future, with the delivery model for prevention key and vital. ▪ Acute trust providers place a priority on A&E access - therefore prioritising an unquantifiable risk over planned admissions. STP will require to better set apart planned and unplanned treatment. ▪ Five year plan – a formal change programme is required around STP. ▪ 21 October 2016 - submission to NHS England.	
3.2	Points made in the discussion included: ▪ Inequalities: the health improvement gap across Kent between the least and most affluent is not closing; ▪ 3% of NHS budget spent on prevention currently; ▪ there is a responsibility to provide care for all the population other than just those who have direct access to service; ▪ work to address inequalities is progressing – however, it will require an ongoing 15-20 year work programme; and ▪ need to generate money to fund out of hospital work.	

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4.	**HWB Progress and Update**	
4.1	AC provided an update on progress since the last H&WB meeting. ▪ AC will review other H&WBs across Kent and report back to Swale HWB at next meeting. ▪ Suggestion for Swale HWB to agree focussed priorities for a 12 month period, with the recommendation for one focus area to be frail elderly which links in well with Hospital Discharge/Falls Prevention already being delivered in partnership and increase in DFG funding will further develop. ▪ Additional DFG funding is due over the next two years, although this is not guaranteed. However, the DFG waiting list will be cleared by the end of the year, enabling better planning for the coming years. ▪ Initiated a new steering group exploring how to improve Swale DFG/frail elderly services and what further can be done, including exploring the inclusion of an OT on the housing team. The group will report back to the HWB. ▪ Opportunity to upscale prevention work with Kent Joint Policy and Planning Board support and input key to drive this further. ▪ Suggestions that the HWB meet quarterly going forward.	
4.2	Points made in the discussion included: ▪ focus on frail elderly meets all partners' objectives – however, it is important to keep the other strands such as children, obesity and inequalities, as they are also responsibilities; ▪ the HWB ToR came down to the Swale HWB from the Kent HWB, but may need reviewing; ▪ suggestion made to include a standard reporting item at the Swale HWB as the Children's HWB; and ▪ views on how to take the board forward should be fed back to AC or RW.	
5.	**Home First**	
5.1	SH and KH presented on Home First and the Staying Put service.	
5.2	SH provided information about Staying Put as follows. ▪ Staying Put is a Swale BC service that provides a comprehensive repair, adaptation, advice, support and handy-person service for elderly and disabled customers. ▪ Three funding streams: loans, grants, and home improvement. ▪ Swale CCG funding support falls prevention, hospital discharge, and health and safety checks. ▪ Health referrals have increased year-on-year – in 2015/16 there were 195 referrals.	

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5.3	KH provided information on Home First as follows. ▪ Swale's steering group links in to Medway's Home First, and there is also a steering group being set up in Darenth Valley. ▪ Home First pathway is an efficient and earlier move on from hospital back home, and applies to residential care homes also. ▪ Other pathways include health rehabilitation in community hospitals, and social care services provided at Blackburn Lodge. ▪ More than £1K per night to stay in hospital compared with the cost of a Staying Put job that could mean a patient is discharged sooner. ▪ The model requires more resources which are proving difficult, although there has been a reduction in community hospital usage. ▪ Process begins with early identification, followed by a safety assessment, discharge to home, OT assessment two hours later, and later additional assessments at home. ▪ Important to have wrap around services to support this process, but this is proving difficult due to funding available.	
5.4	Points made in the discussion included: ▪ Swale's health profile for hip fracture has reduced to national average levels across England; ▪ NHS frailty tool may be piloted working with GPs; ▪ issue around accessing customers at home to instil early prevention - GP referrals would aid this work, although a single point of referral for GPs would be helpful; and ▪ Staying Put can refer to KFRS and mental health services regarding cluttering.	
6.	**Partner Updates / AOB – verbal update**	
6.1	**Healthwatch** ▪ Community service contract mobilised 26.09.16. ▪ Community equipment review of the service and check effectiveness. ▪ Patient Transport Service non-emergency review to new provider. ▪ Evaluate health and social care complaints and improvements maintained. ▪ Review hospital discharge and personal experiences. ▪ Review care model and young carers with school involvement. ▪ Integration of services and monitor plans particularly frail elderly.	
6.2	**KCC Public Health** ▪ STP input and modelling underway. ▪ Healthy child programme proceeding.	

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	▪ Integrated health adult improvement programme running. ▪ Drug and alcohol procurement due. ▪ Health inequalities 'Mind the Gap' action plan move towards a focus on communities with worst health inequalities.	
6.3	**JPPB** ▪ Home First and Staying Put has presented to JPPB, and the work is being taken forward through district and hospital work. ▪ JPPB annual priority setting takes place on 5 October, with Frail Elderly as agenda item.	
6.4	**Swale BC** ▪ Homeless Reduction Bill due October 2016, although implications may be an increase in homelessness. An update will be given at the next HWB. ▪ Sport fund project delivers a health trainer to increase activity.	**AC**
Next meeting date: 18 January 2017 10am		
Future Meetings Dates **TBC – Quarterly (January, April, July, October 2017)**		

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Health and Wellbeing Board – Formal Meeting

Meeting held on Monday 23 January 2017 2pm

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

Present	**Cllr Andrew Bowles (AB), *Leader, SBC (Chair)***	**Cheryl Fenton (CF), *Head of Mental Health,* KCC**
	Dr Fiona Armstrong (FA), *Chair, Swale CCG*	**Lyn Gallimore (LG), *Kent Healthwatch***
	Cllr Ken Pugh (KP), *Cabinet Member for Health, SBC*	**Russell Fairman (RF), *Sports and Physical Activity Officer, SBC***
	Becky Walker (BW), *Strategic Housing and Health Manager, SBC*	**Bill Ronan (BR), *KCC***
		Chris White (CW), *Swale CVS*
	Allison Duggal (AD), *Deputy Director Public Health, KCC*	**Lauraine Griffiths (LGr), *Project Manager (HeadStart Swale)*, KCC**
	***Zoe Callaway (ZC), Strategy and Enabling Officer,* SBC**	**Tristan Godfrey (TG), *Policy Manager*, KCC**
	Cllr Penny Cole (PC), *Deputy Cabinet Member for Adult Social Care and Public Health*, KCC	**Helen Buttivant (HB), *Consultant in Public Health,* KCC**
Apologies	**Abdool Kara (AK), *Chief Executive, SBC***	**Patricia Davies (PD), *Accountable Officer, Swale CCG***
	Cllr Roger Gough (RG), *Cabinet Member Education and Health Reform, KCC*	**Helen Stewart (HS), *Kent Healthwatch***
	Cllr Sarah Aldridge (SA*), Deputy Member for Health, SBC*	**Andrew Scott-Clark (ASC), *Director Public Health, KCC***
	Amber Christou (AC), *Head of Residential Services, SBC*	**Terry Hall (TH), *Public Health, KCC***
		Karen Sharp (KS), *Head of Public Health Commissioning,* KCC

NO	ITEM	ACTION
1.	**Introductions**	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves, and apologies were noted.	
2.	**Minutes from Last Meeting**	
2.1	The minutes from the previous meeting were approved.	
3.	**HeadStart**	
3.1	LGr presented on the young person's and family centred resilience programme being piloted in Swale:	

	▪ pilot programmes are being developed across Swale and Gravesham over a two year period; ▪ participating schools will commit to deliver the programme up to five years; ▪ the programme will provide additional resources and support to address the gap around young people exposed to domestic abuse; ▪ referrals to the school will derive from a police-led programme 'Operation Encompass', with notifications securely emailed to trained school officers who will in turn check-in with the young person; and ▪ grant through 'Pay It Forward' will be open on-line to take some of this work further, with the young people involved being able to participate in the commissioning process.	
3.2	Points made in the discussion included: ▪ the work force training and education plan delivered by Kent, Surrey and Sussex may link in and can be supported by the dynamic purchasing system at KCC - details to be provided to LGr; ▪ Healthwatch CAHMS report identified that young people within schools do not know how to support their peers with mental health issues, and this needs to be addressed; ▪ Young Carers groups will link into the HeadStart programme; and ▪ KCC Public Health is undertaking work around young persons' suicide prevention, and this should be linked in to HeadStart.	**TG** **AD**
4.	**Swale Health Inequalities Update**	
4.1	HB provided an update on local health inequalities: ▪ health inequalities focus on access to and outcomes of the provision of healthcare; ▪ the life expectancy gap between the most affluent and most deprived is around ten years; ▪ the average life expectancy gap for men and women is increasing in the most affluent areas, but is decreasing the most deprived areas; ▪ the shift in retirement age to 68 years will increase the number of those living with a disability but out of work; ▪ the main causes of premature deaths for men under 75 years is respiratory disease, followed by cancer; ▪ the main causes of premature deaths for women under 75 years is respiratory disease, followed by 'other', which includes metabolic disease nervous diseases and birth and pregnancy related; ▪ in the most deprived areas the main cause of premature death for men is external factors, such as RTAs, and for women it is 'other; and ▪ the category of 'other' causes requires further investigation.	

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4.2	AD provided an update on the local JSNA: ▪ details can be found on the Kent Public Health Observatory website: http://www.kpho.org.uk/; ▪ the requirement for a JSNA is laid down in 2007 statutory guidance, which provides a comprehensive means to explore localised health data and improve service delivery; ▪ in Swale 57% of those who would be expected to suffer with coronary heart disease can be identified; and ▪ 82% of those who would be expected to suffer with COPD are identified, which may be reflective of an increased smoking cessation service and GP referrals.	
4.3	Points made in the discussion included: ▪ young people migrating into Swale is accounted for within the socio-economic factors when looking at the gap between the most and least deprived areas, although this is a complex process; ▪ need to identify the three main reasons for the increasing health inequalities gap, to be developed through a Swale H&WB Strategy drawing the main issues and outcomes together; ▪ only 20% of health issues are related to health care interventions, meaning 80% are related to socio-economic factors, and this should be explored in the Swale Strategy; ▪ the existing integrated healthy lifestyle service with NHS health checks can target and monitor the increase in the gap around respiratory disease; and ▪ the Health Inequalities Group and Primary Care are currently looking at respiratory health and circulatory disease, with a requirement to focus on how quickly changes can be implemented for future generations.	
5.	**Actions linking to the Swale H&WB**	
5.1	Requirement to identify priorities and how these can be tackled, taken through the CCG Health Inequalities Group to agree and initiate the Swale H&WB Strategy. This process should take approximately three months.	
5.2	KCC and the CCG will report on progress at the next H&WB meeting.	**HB** **AD**
6.	**Partner Updates / AOB – verbal update**	
6.1	**Healthwatch** ▪ Talks with the STP Board continue, and need to focus on how to better involve the public. ▪ CAMHS report recommendations have been included in the new contract. ▪ Urgent care review case for change with outcome for integrated	

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	systems providing a new service April 2019.	
	▪ Currently scrutinising West Kent CCG gluten-free food prescribing. ▪ Working with East Kent Hospital University Trust to increase services, particularly around deaf patients, the equality and diversity system, and the food and hydration of patients. ▪ Wheelchair services have been reviewed and retendered.	
6.2	**KCC Public Health** ▪ KCC Drug & Alcohol Strategy out for consultation, due 19 February.	
6.3	**Swale CCG** ▪ MFT CQC visit has been completed, and currently awaiting outcome - due March 2017. ▪ Current A&E issues nationwide, with MFT particularly affected. ▪ Care Review underway - the outcomes will be taken to Scrutiny Committee on Friday 27 January. ▪ STP work continues, with an emphasis on prevention.	
6.4	**Swale CVS** ▪ Successful companionship event run at Christmas, with a third more people requiring the service, mainly elderly and the disabled. ▪ Swale loneliness and support is provided through the Swale Elderly Forum, in partnership with CVS.	
6.5	**Swale BC** ▪ Sports and Physical Activity Framework has been taken to the CCG Health Inequalities Group. ▪ LCPG Grant Panel have agreed on which organisations and charities will receive a share of the overall grant of £55K.	

Next meeting date:

Wednesday 19 April 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices, Sittingbourne, ME10 3HT

Future Meetings Dates:

Wednesday 26 July 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices

Wednesday 25 October 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices

Wednesday 24 January 2018 10am – 12pm Committee Room (3rd Floor), Swale BC Offices

THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 12 January 2017 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

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

In Attendance: Maria Howdon

7. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Hazel Carpenter;
Sharon McLaughlin;
Councillor Wells.

8. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

9. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 10 November 2016 were agreed as a correct record.

10. THE KENT DRUG AND ALCOHOL STRATEGY

Colin Thompson, Public Health Specialist, KCC introduced the item for discussion.

The key points for noting are that:

- A public consultation on the strategy is currently underway, having been launched on 09 January 2017 and would end on 19 February 2017;
- The finalised strategy will be presented to the KCC Adult Health & Social Care Cabinet Committee by end of February, before sign-off by Councillor Gibbens and implementation in April, 2017;
- This proposals is built on the previous KCC Alcohol Strategy and the Kent Police Drugs and Alcohol Strategy;
- Governance arrangements for this strategy will be through the Joint Commissioning Group for Drugs and Alcohol that meets bi-monthly;
- Any views raised the Group will be fed into the Kent Drugs and Alcohol Partnership, which meets twice per year;
- Reports will then be taken to the county wide Health and Wellbeing Board and the county wide Crime Partnership Board;
- The strategy is built around 5 key themes, which are:
    - Resilience
    - Identification
    - Early help and harm reduction
    - Recovery
    - Supply

Members of the Board made the following comments:

- It was important to cross link issues that affect vulnerable people. For example individuals with mental health problems may also experience housing problems;
- This meant that access to improved housing should be an integral part of health promotion services;
- Agencies should provide appropriate advice and referrals;
- It was important to for the strategy to be translated to local engagement by various agencies;
- Issuing of off licences should be scaled down in the future in order to reduce domestic violence linked to alcohol misuse;
- It was hoped that the new strategy would raise health risk awareness of issues that affect older people in the community;
- Mental health is an issue that needs tackling in Thanet using dual diagnosis;

In response Colin Thompson said that:

- There is an Inequalities Group, which is a sub group of the Thanet CCG. They will monitor the implementation of the Kent Drug and Alcohol Strategy focusing on a Plan that will be developed specifically for Thanet area;
- Dual diagnosis was working well as an approach to addressing mental health problems in the county;

The Chairman suggested the need for the authorities to come up with high impact measures to address some of the health problems being experienced by communities. This could include setting the minimum prices for alcohol. One Board member suggested that such views could be forwarded to the LGA who then could lobby government. Madeline Homer offered to take the lead on that issue because Thanet District Council was already engaging the LGA on other policy matters. The Board agreed the suggestion.

Members noted the report.

11. SUICIDE PREVENTION

Mr Thompson introduced the item for discussion.

It was noted that:

- The approach by the campaign to target displaced individuals was appropriate as they were more vulnerable to depression and suicide;
- The campaign is making some progress and was getting some positive feedback;
- It was difficult to predict the trend. However the intervention by the KCC was dependent on making near accurate prediction of data (which can be variable due the small nature of the population of the some of the areas that were affected by suicides) and hence the challenge to intervene appropriately;
- There is a further campaign being arranged for this year on ‘Release the Pressure;’
- Man are more common to be involved in suicide;

Members made the following observations:

- It looks like most of the problems highlighting as being the cause of suicides are work related.
- Having a proper job that gives someone a stable future would help reduce the risk of suicides that are work related/lack of work and give an individual (especially the young ones) a sense of purpose in life;
- Posters with awareness messages should be put in in more places than GP surgeries. The options could include supermarkets and schools
- Early intervention to support individuals who may be experiences such problems that make them vulnerable to suicide.

In response to one of the comments, Colin Thompson agreed to feedback to colleagues working on the campaigns to consider more options on where to place the posters.

The report was noted.

12. EAST KENT DELIVERY BOARD UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG introduced the item for discussion and gave an update on the NHS Strategic Transformation Plan (STP) and East Kent Delivery Board.

It was noted that:

- There were some challenges facing the NHS;
  - These include an aging population;
  - Long term health conditions;
  - Significant funding gap of @ £28 Billion;
- At the national level the response to these challenges is the 5 year Forward View and the establishment of the STP;
- The focus is on:
  - Prevention;
  - Reaching people earlier;
  - Supporting people to self-manage;
  - Options for service re-design;
  - Focus to close the funding gap;
  - Focus on how we change the ways of working (for example in Thanet) in order to achieve greater results with less.
- Emphasis is on collaboration between agencies (including commissioning groups);
- Ambition is to narrow health inequalities;
- Establishing strong local care to support new hospital models;
- The STP has gone to an initial public consultation that started in November 2016;
- All work streams within the STP and EK Delivery Board are active including;
- Mobilisation workshops have been scheduled;
- Public engagement events with patient groups in Thanet are being planned for the out of hospital work stream;
- Kent and Medway patient reference groups will be set up.

Maria Howdon, Head of Membership Development (NHS Thanet CCG) also led the second half of the presentation and made the provided the following practical updates:

- Funding of work streams have been confirmed;
- There is support for transformational process for the next 3 years;
- Supporting practices on the ground to deliver the transformation;
- Training for Receptionists, Medical Assistants to take on more administrative roles and free up medical practitioners;
- Developing Innovative ways for staff recruitment and retention;
- Awarded the Estate and Technology Transformation fund bid of £622,000, Improving digital infrastructure to improve mobile working using GPs clinical system and linking GP practices in the area;
- Invest to improve access to primary care services;
- Funding for Clinical Pharmacist roles in practices: to support practices employ these professionals;
- Nurse Associate Schemes – upskilling health assistants and create opportunities so that they can take on other duties and roles;
- Develop and place other workforce options, like Physician Associates, Medical Assistants, Care Navigators and paramedic trainees within practices;

- Support the Primary Care Homes Practitioners (specialised role for GPs and Nurses) role;
- Premises Infrastructure development – this will cover Margate area (including conducting some feasibility studies at the Westwood Cross because of the housing development that has taken place in that area).

In summing up debate Board members said that the updates given at the meeting were good news. The public consultation to be conducted in mid-summer will give an opportunity for pre-consultation engagement. Thanet patients will be happy for decisions to be made at a local level. It was worth noting that more emphasis on self-care is important. Members felt very encouraged by these developments in particular the participation of patients at the earliest stages of the planning process. This approach adopts some of the aspects of the Esther Project thinking.

The Board further noted that the new models of working were very encouraging as highlighted by the Christmas bank holiday arrangement where patients could go to any surgery in the area (not necessarily where they are registered) and get help as those surgeries had access to patient data. This was a good intervention, encouraging and a demonstration that the new models were working. A new commissioning approach which would bring in one place the whole of remit of commissioning care and this would enable CCG to make necessary changes when needed.

Members agreed that Ms Ogilvie brings to the next meeting a report on the £75,000 funding for Thanet on ‘Non smoking during maternity.’

The Board noted the report.

Meeting concluded: 11.15 am

Integrating health and social care IN THANET

NHS

Transforming Primary Care in Thanet.

Thanet Health CIC

napc Primary Care Home

Maria Howdon, Head of Membership Development, NHS Thanet CCG

Progress (1)

- Investment in Primary Care
  - General Practice Forward View (GPFV)
    - Transformational support
    - Online consultation software
    - Training Care Navigators and Medical Assistants
    - Resilience / Vulnerable Practice Program
    - Improved Access Funding (2018 / 19
    - Estates, Technology and Transformation Fund
    - Winter Access

Progress (2)

- Retained Doctor Scheme
- Clinical Pharmacists
- Practice Based Mental Health Therapists
- GPFV Implementation resource

Primary Care Home Roles

- PCH Practitioners
  - GP
  - Advanced Nurse Practitioner
- 1st Wave Schemes
  - Nurse Associates
- Training Opportunities
  - Physician Associates
  - Paramedic Placements

National / Local Programs / Coverage

- January – March 2017
  - General Practice Improvement Leaders
  - Time for care program
  - Human Factors Training
  - Masterclasses
  - BBC National News
  - NHSE Visit tomorrow!

Questions?