



## AGENDA

### HEALTH AND WELLBEING BOARD

Wednesday, 14th June, 2017, at 6.30 pm

Ask for: **Ann Hunter**

**Darent Room, Sessions House, County Hall,  
Maidstone**

Telephone **03000 416287**

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

#### **Membership**

Dr F Armstrong, Mr I Ayres, Dr B Bowes, Ms H Carpenter, Dr S Chaudhuri, Ms F Cox, Ms P Davies, Dr S Dunn, Cllr F Gooch, Mr R W Gough, Mr S Inett, Mr A Ireland, Dr N Kumta, Dr E Lunt, Dr T Martin, Mr S Perks, Cllr K Pugh, Mr A Scott-Clark, Dr R Stewart and Cllr P Watkins

#### **Webcasting Notice**

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#### **UNRESTRICTED ITEMS**

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

1 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes

2 Election of Chairman

To elect a Chairman of Health and Wellbeing Board for the period to 1 April 2018

- 3 Election of Vice-Chairman
- To elect a Vice- Chairman of Health and Wellbeing Board for the period to 1 April 2018
- 4 Chairman's Welcome
- 5 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
- 6 Minutes of the Meeting held on 22 March 2017 (Pages 5 - 8)
- To receive and agree the minutes of the last meeting
- 7 A. - Social Care Update B. - BCF 2016/17 Outturn and 2017-19 Plan (Pages 9 - 28)
- A) To receive a report which was considered by the County Council at its meeting on 25 May 2017 in accordance with a recommendation made by the County Council (The documents referred to in the report can be accessed using the link <http://www.kent.gov.uk/about-the-council/have-your-say/budget-201718>)
- B) To receive a report that provides a summary of the outturn position for 2016/17, the second year of the Kent Better Care Fund and the approach being taken to plan for 2017-19
- 8 Update on Our Life Your Wellbeing Pilots (Pages 29 - 36)
- To receive a presentation on the Your Life, Your Wellbeing Transformation Programme
- 9 Kent Health and Wellbeing Board Work Programme (Pages 37 - 40)
- To agree a Forward Work Programme
- 10 Minutes of the Local Health and Wellbeing Boards (Pages 41 - 80)
- To note the minutes of local health and wellbeing boards as follows:

Canterbury and Coastal – 11 January 2017  
Dartford, Gravesham and Swanley – 1 February 2017 and 12  
April 2017  
South Kent Coast – 24 January 2017, 21 March 2017,  
Swale – 19 April 2017  
Thanet – 9 March 2017 and 25 May 2017  
West Kent – 18 April 2017

11 Date of Next Meeting - 19 July 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, 6 June 2017**

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## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 22 March 2017.

PRESENT: Dr B Bowes (Vice-Chairman), Mr P B Carter, CBE, Ms P Davies, Mr G K Gibbens, Mr R W Gough (Chairman), Mr S Inett, Dr N Kumta, Mr M Lobban (Substitute for Mr A Ireland), Dr E Lunt, Mr P J Oakford, Mr S Perks, Cllr K Pugh, Mr A Scott-Clark and Dr R Stewart

IN ATTENDANCE: Mrs L Whitaker (Democratic Services Manager (Executive))

#### UNRESTRICTED ITEMS

##### **273. Chairman's Welcome**

*(Item 1)*

- (1) Mr Gough welcomed Caroline Selkirk (Medway CCG), Michael Ridgwell (NHS England) and Peter Lacey (Whole System Partnership) to the meeting.
- (2) Mr Gough said that Dr Phillips was stepping down as clinical chair of the Canterbury and Coastal Clinical Commissioning Group and would no longer attend the Health and Wellbeing Board. He thanked her for her contribution to the Board and wished her every success in her new role with the Kent Community Health NHS Foundation Trust.
- (3) He also thanked Mark Lemon (Strategic Business Adviser) for his contribution to the work of the Board over many years.
- (4) Mr Gough said that, in the future, NHS England would attend meetings of the Board as required rather than attending every meeting.

##### **274. Apologies and Substitutes**

*(Item 2)*

- (1) Apologies for absence were received from Dr Armstrong, Mr Ayres, Ms Carpenter, Dr Chaudhuri, Mr Ireland, Dr Martin, Dr Phillips, Cllr Weatherly and Cllr Watkins.
- (2) Mr Lobban attended as substitute for Mr Ireland.

##### **275. Declarations of Interest by Members in items on the agenda for this meeting**

*(Item 3)*

There were no declarations of interest.

## **276. Minutes of the Meeting held on 25 January 2017**

*(Item 4)*

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

## **277. Draft Joint Kent Health and Wellbeing Strategy 2018-23**

*(Item 5)*

- (1) Mark Lemon (Strategic Business Adviser) and Abraham George (Consultant in Public Health) introduced the report which contained an outline draft of the Kent Health and Wellbeing Strategy 2018-23. Mark Lemon also gave a presentation which is available online as Appendix A to these minutes.
- (2) Mr Lemon said the format of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy had been revised following feedback from health and social care commissioners that the current documents did not provide sufficient detailed direction to inform commissioning decisions.
- (3) The revised approach to the Joint Health and Wellbeing Strategy aimed to: set out high level health priorities for the population from the Joint Strategic Needs Assessment in areas where improvement was required; support commissioners in making commissioning decisions; and set out the Board's position within the current health and social care planning context.
- (4) Peter Lacey (Whole Systems Partnership) gave a presentation and a short demonstration of a new dynamic modelling tool using the Kent Integrated Dataset. (A copy of the presentation is available online at Appendix B to these minutes)
- (5) The Members of the Board were generally supportive of the approach being proposed. They also made comments about: the need to ensure the model was robust and authoritative in order to influence commissioning decisions; the need to focus on the preventative or pro-active health agenda; the value of the model in mitigating the risk that health inequalities might increase; the desirability of integrating data relating to patient experience into the model; as well as the use of the model across all agendas and, in particular, for commissioning local care.
- (6) Resolved that:
  - (a) The approach adopted in the first draft of the strategy be approved for further development;
  - (b) The next steps to developing modelling, as a tool for commissioners, as set out in paragraph 4.1 of the report be agreed.

## **278. Kent Health and Wellbeing Board Review of Commissioning Plans and STP Update**

*(Item 6)*

- (1) Mr Gough introduced the report and the proposed approach to the consideration of commissioning plans. He outlined the need for commissioning plans to be aligned with the Sustainability and Transformation Plans (STP) and referred to the established practice of the Board in taking reports on specific outcomes of the Joint Health and Wellbeing Strategy. He then invited Caroline Selkirk (Medway CCG) to give a presentation on the Local Care work-stream within the STP. (A copy of the presentation was included as Appendix B to the report).
- (2) Members of the Board were supportive of the approach being taken and comments were made about the need to involve district councils and disaggregate information and data to CCG – level. It was also confirmed that the Kent Integrated Dataset did not yet include all data from children’s social care.
- (3) Mr Perks, Ms Davies, Dr Lunt, Dr Bowes and Mr Lobban gave short presentations outlining the key challenges and the links between their commissioning plans and the delivery of the STP. (Copies of the presentations are available online as Appendices C, D, E and F of these minutes).
- (4) Comments were made about the need for all partners to be fully engaged with piloting and implementing new models of service provision. It was suggested that the Board receive an update on the Your Life Your Wellbeing Pilots in East Kent and an update on social care, following a report, on additional government money for social care, to the County Council on 25 May.
- (5) Resolved that:
  - (a) The plans and activities of the commissioners represented on the Board reflect the Joint Health and Wellbeing Strategy;
  - (b) The presentations covering the key aspects of the STP be noted.

**279. Kent Joint Strategic Needs Assessment Exception Report 2016/17**  
(Item 7)

- (1) Abraham George (Consultant in Public Health) introduced the report which provided a list of key population highlights arising from the refresh of the Kent Joint Strategic Needs Assessment (JSNA). He referred to: the forecast that the population of Kent would increase by 6.1% over the next five years; the rate of increase in the number of people aged 65 and over compared with the growth in the number of people under 65; the indications, from the Kent Integrated Dataset (KID), that more than one third of the Kent population had at least one long term condition; and to the fact that, while health outcomes continued to improve for Kent as a whole, the gap between the most affluent and most deprived areas had not changed over the last 10 years.
- (2) Mr Scott-Clark said that the JSNA Exception Report should be read alongside reports relating to the Case for Change. He also said that the health inequalities gap arising from increased lung cancer rates would be addressed

through the Kent and Medway Cancer Alliance being established under the NHS Clinical Networks work programme.

(3) Resolved that:

- (a) A system wide focus on prevention for the Kent and Medway STP be endorsed;
- (b) A continued focus on the local populations with the highest health inequalities be endorsed;
- (c) The ongoing development of the KID programme be supported.

### **280. Kent Health and Wellbeing Board Work Programme**

*(Item 8)*

Resolved that the work programme be endorsed subject to the inclusion of the items relating to Your Life Your Wellbeing Pilot projects and social care, which had been identified earlier in the meeting.

### **281. 0-25 Health and Wellbeing Board**

*(Item 9)*

Resolved that the minutes of the 0-25 Health and Wellbeing Board held on 21 November 2016 be noted.

### **282. Minutes of the Local Health and Wellbeing Boards**

*(Item 10)*

Resolved that the minutes of local health and wellbeing boards be noted 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.

### **283. Date of Next Meeting - 7 June 2017**

*(Item 11)*

### **POST MEETING NOTE**

Following the announcement that a General Election would take place on 8 June, a decision was made to postpone the meeting of the Board scheduled for 7 June to 14 June 2017.

From: Paul Carter, Leader of the Council  
John Simmonds, Cabinet Member for Finance  
Graham Gibbens, Cabinet Member for Adult Social Care

To: County Council – 25 May 2017

Subject: Revised Budget 2017-18 and Medium Term Financial Plan  
2017-20

Classification: Unrestricted

**Summary:** This report sets out the material changes necessary to the 2017-18 Budget approved by County Council on 9 February 2017 following the announcements in the Chancellor's 2017 Spring Budget. These announcements result in such a significant and material change to the budget that it is appropriate to seek full Council approval. The previous approval gave the Corporate Director for Finance and Procurement delegated authority to agree minor changes to deal with outstanding technical issues prior to publication of the final Budget Book (blue combed) in March. However, the significance of the 2017 Spring Budget announcements goes well beyond to notion of technical issues.

Members are asked to bring to this meeting the final (blue combed) 2017-18 Budget Book and 2017-20 Medium Term Financial Plan (MTFP) documents published on 31 March 2017 to the meeting. These documents include the additional £26m of social care funding announced in the 2017 Spring Budget but no spending plans for this money. The blue combed document also includes the technical changes made under delegated powers.

Members are reminded that Section 106 of the Local Government Finance Act 1992 applies to any meeting where consideration is given to matters relating to, or which might affect, the calculation of council tax. Any Member of a local authority who is liable to pay Council Tax and who has any unpaid Council Tax amount overdue for at least two months, even if there is an arrangement to pay off the arrears, must declare the fact that they are in arrears and must not cast their vote on anything related to KCC's Budget or Council Tax.

Whilst it is unlikely that this meeting will consider the calculation of council tax, it is still pertinent to remind Members of this legal obligation.

## 1. Introduction

1.1. County Council approved the 2017-18 budget at its meeting on 9 February 2017. This budget was based on the provisional local government finance settlement announced on 15 December 2016<sup>1</sup>; the final notified council tax base and collection fund balances from districts; the estimated local share

<sup>1</sup> The final settlement was announced on 20<sup>th</sup> February and did not include any changes from the provisional settlement other than very minor redistribution of New Homes Bonus grant

of business rates and collection fund balances (on the basis we had not received final notification from all districts in time for council papers); and a combination of notified or estimated amounts for other grants. All of which make up the funding of the net budget requirement.

- 1.2. The approved budget included three amendments agreed at the meeting. These amendments had no impact on the overall budget requirement but had the effect of increasing spending on highway maintenance, local member grants, and Kent Support and Assistance Services through reducing reserves and the Minimum Revenue Provision (MRP) for capital financing.
- 1.3. The 2017 Spring Budget on 7 March 2017 included two announcements which have a significant impact on the approved budget:
  - An additional £2.02bn grant towards social care spending over the period 2017-20 (£1.01bn in 2017-18)
  - Three measures to mitigate the impact of business rate revaluation including additional protection for business losing entitlement for small business rate relief, £1,000 discount for public houses with rateable value of less than £100,000, and a discretionary relief scheme to be agreed by local councils
- 1.4. By far the most significant of these measures is the additional funding for adult social care. This will be paid as Department for Communities and Local Government (DCLG) grant. This will complement the previously announced Improved Better Care Fund (iBCF) which was already included in the 2017-20 settlement. The additional money will come as iBCF (new).
- 1.5. There are three purposes for the grant. These are as follows :
  - Meeting adult social care needs
  - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
  - Ensuring that the local social care provider market is supported.
- 1.6. The announcement of iBCF (new) has an impact on the following recommendations agreed by County Council on 9 February 2017:
  - Net revenue budget requirement of £906.959m for 2017-18
  - The directorate revenue and capital budget proposals as set out in draft Budget Book published on 10 January 2017 as amended by the latest updates
- 1.7. The Spring Budget announcements do not have any impact on the other recommendations relating to the capital budget, treasury management strategy, prudential indicators, MRP, budget management, or council tax. The council tax recommendation is based on the amount needed to fund the net budget requirement and included an increase below the level which would require a referendum and an additional 2% social care precept (in addition to the 2% raised in 2016-17). The approved budget

did not use the additional power to raise up to 3% through the social care precept (but no more than 6% over the three years) permitted under the 2017-20 local government finance settlement.

- 1.8. The blue combed budget book and MTFP published on 31 March 2017 included the additional social care grant; final business rate share and collection fund balance, and revised New Homes Bonus<sup>2</sup>. Collectively these increase the net budget requirement by £26.018m to £932.977m. The additional social care spending was shown as a new line (line 1) in the A to Z revenue budget, pending allocation to individual service lines. This paper focuses on the additional adult social care funding, further changes in business rates, and updated policy for Commercial Services reserves and dividend to KCC as it impacts on the revenue budget.

## 2. Additional Social Care Grant

- 2.1. The additional grant amounts to £52.282m for KCC over the three years 2017-20 (£26.091m in 2017-18). This equates to approx. 2.6% of the total additional funding nationally. The 2017-18 funding represents a substantial increase to the £363.636m budget for adult social care approved by County Council on 9 February 2017. The impact of the additional social care grant on the spending power for all authorities and KCC is reflected in tables 1 and 2 below. These compare to chart 2.7 and extract 3.2 in the blue combed MTFP document which still show the spending power from the provisional settlement.

Table 1

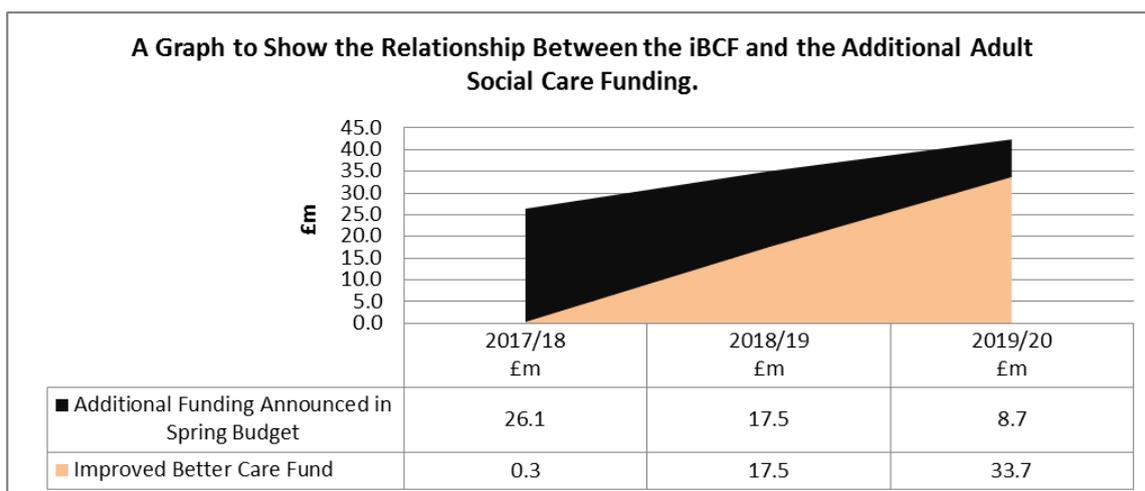
England					
Illustrative Core Spending Power of Local Government;					
	2015-16	2016-17	2017-18	2018-19	2019-20
	£ millions				
Settlement Funding Assessment <sup>2</sup>	21,249.9	18,601.5	16,632.4	15,598.8	14,584.3
Council Tax of which;	22,035.9	23,247.3	24,623.2	26,082.1	27,629.0
<i>Council Tax Requirement excluding parish precepts (including base and levels growth)</i>	22,035.9	22,858.5	23,789.7	24,760.7	25,773.5
<i>Potential additional revenue from referendum principle for social care</i>	0.0	381.8	814.2	1,289.6	1,811.5
<i>Potential additional Council Tax from £5 referendum principle for all Districts</i>	0.0	7.0	19.4	31.7	44.0
Improved Better Care Fund	0.0	0.0	1,115.0	1,499.0	1,837.0
New Homes Bonus <sup>3</sup>	1,200.0	1,485.0	1,251.9	938.0	900.0
Rural Services Delivery Grant	15.5	80.5	65.0	50.0	65.0
Transition Grant	0.0	150.0	150.0	0.0	0.0
The 2017-18 Adult Social Care Support Grant	0.0	0.0	241.1	0.0	0.0
<b>Core Spending Power</b>	<b>44,501.3</b>	<b>43,564.2</b>	<b>44,078.6</b>	<b>44,167.8</b>	<b>45,015.3</b>
Change over the Spending Review period (£ millions)					514.0
Change over the Spending Review period (% change)					1.2%

Table 2

<sup>2</sup> The final notification of business rates and adjustment to New Homes Bonus grant amount to a £0.073m reduction to the net budget and have been reflected as reduced contribution to general reserves (from £3.994m to £3.921m) as permitted under the minor technical issues delegated power granted to the Corporate Director for Finance and Procurement

Illustrative Core Spending Power of Local Government;					
	2015-16	2016-17	2017-18	2018-19	2019-20
	£ millions				
Settlement Funding Assessment <sup>2</sup>	340.015	283.386	241.948	218.757	197.047
Council Tax of which;	549.034	583.181	617.995	654.906	694.040
<i>Council Tax Requirement excluding parish precepts (including base and levels growth)</i>	549.034	571.976	594.465	617.855	642.184
<i>Potential additional revenue from referendum principle for social care</i>	0.000	11.205	23.530	37.051	51.856
<i>Potential additional Council Tax from £5 referendum principle for all Districts</i>	0.000	0.000	0.000	0.000	0.000
Improved Better Care Fund	0.000	0.000	26.392	35.019	42.380
New Homes Bonus <sup>3</sup>	7.886	9.306	7.805	5.643	5.415
Rural Services Delivery Grant	0.000	0.000	0.000	0.000	0.000
Transition Grant	0.000	5.682	5.685	0.000	0.000
The 2017-18 Adult Social Care Support Grant	0.000	0.000	6.192	0.000	0.000
<b>Core Spending Power</b>	<b>896.935</b>	<b>881.555</b>	<b>906.017</b>	<b>914.325</b>	<b>938.881</b>
Change over the Spending Review period (£ millions)					41.946
Change over the Spending Review period (% change)					4.7%

2.2. The additional adult social care grant will be paid as iBCF (new). The iBCF (old) was already built into KCC's medium term financial plan. The iBCF (new) announcement does not mean the Council has an additional £26.1m to spend in 2017-18, a further £17.5m in 2018-19 and a further £8.7m in 2019-20. It means we have an additional £26.1m available in 2017-18, which reduces to £17.5m more than the current MTFP for 2018-19 and reduces further to £8.7m more than the MTFP for 2019-20. This is demonstrated in graph 1 below.



2.3. The nature of the additional grant announcement means it is essential that not all of the additional spending in 2017-18 is ongoing recurring expenditure in 2018-19, 2019-20 and beyond. If this were the case it would increase the gap already identified in the latter years of the MTFP. This would not be acceptable at this stage in the financial planning cycle. Alternatively, and pending the final grant conditions, the Council could look to smooth the allocation by only spending a recurring £17.4m in 2017-18 and hold the balance in reserve to support 2019-20.

2.4. Market stability is already a key strand of the Adult Social Care work programme and the planned spending from the additional grant will complement the £6.8m in the existing approved budget for market stabilisation (although there will be no need to account for this KCC contribution through BCF). The new funding will complement KCC's

intention to target those areas of the market under the greatest pressure through additional price increases, over and above contractual increases<sup>3</sup>.

### *Delayed Transfers of Care*

- 2.5. The NHS and KCC are required to take account of the High Impact Change (HIC) model which describes the interventions advocated by the Department of Health and the Association of Directors of Adult Social Services, that can support local health and care systems reduce delayed transfers of care. These have been used to shape how funding can be targeted.
- 2.6. This list of proposed interventions' contains areas of targeted spend that will ensure there is a review of the initiatives and the impact across each of the client groups. These include interventions such as increasing the number of qualified staff in some of the Integrated Discharge Teams working in the Acute Hospital Trusts to enable assessments and transfers in to social care to happen more quickly. There are also activities to be discussed such as Home First, Discharge to Assess or enabling seven day services across the whole economy. All of these proposals must be fully considered. The full list for consideration is:
- Early Discharge Planning
  - Systems to monitor patient flow
  - Multi-disciplinary teams including colleagues from the Voluntary Sector
  - Home First initiatives
  - Enablement services
  - Seven day service
  - Trusted assessors
  - Focus on choice
  - Enhancing health in care home
- 2.7. The NHS Clinical Commissioning Groups' lead officers have already started to review these areas and suggested further discussions at the A&E Delivery Boards to further consider the viability and prioritisation of the proposals, and how quickly they could be implemented. These discussions are currently ongoing to ensure that all stakeholder views are considered.
- 2.8. Any actions which result in changes to individual A to Z budget lines will be clearly reported through budget monitoring and where key decisions are appropriate, the formal decision making process will be followed before implementation.

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<sup>3</sup> These contractual increases include National Living Wage (NLW), National Minimum Wage (NMW) and inflation, and amount to £7.267m in total

### *Market sustainability*

2.9. Many of the proposals listed in 2.6 are dependent upon expanding and vibrant domiciliary, residential and nursing markets. Investing in the sectors and working creatively and collaboratively with providers is foremost in the KCC approach.

2.10. KCC has been recently engaging with the sector with renewed vigour and at scale, as reflected in two events held in May with trade associations and providers. The events were with both domiciliary care providers and residential care providers. These events were well attended by the sector and both The Leader of the Council and the Cabinet Member for Adult Social Care attended alongside KCC officers. The discussion at these events was highly collaborative covering both short and long term opportunities and initiatives. The care market welcomed this engagement to jointly explore solutions and how KCC and the sector can work together to remove blockages impeding the workforce and get extra capacity into front line services.

2.11. KCC is committed as a result to leading the exploration of solutions in the following areas including but not limited to (not in order of importance).

- Collective buying arrangements such as for equipment and technology for care workers.
- Raising the profile and professional standing of the care profession including their training and development and career opportunities and progression as well as staff retention.
- Working with local universities to explore innovative ways for the workforce to access to the care profession.
- Work with the NHS so that the sector can increase its capacity to provide more step down facilities and services.

KCC will convene further events in July for the sectors to discuss the next steps in exploring the options in addition to the ongoing engagement.

2.12. As with DTOC it is too early to identify precise amounts to be allocated to market stabilisation. The detail will emerge and be reported through budget monitoring, and where necessary material sums will be subject to key decisions before being implemented.

### *Social Care Spending Pressures & Savings*

2.13. A new pressure in 2017-18 has emerged due to NHS Transforming Care, which in the absence of a specific transfer of funds from health authorities would add to social care costs. In 2017-18 the full year effect could be £2.5m, and this pressure needs to be clearly worked through with NHS colleagues to establish transfer of funding arrangements. At this stage there is a lack of certainty as to whether any funding will be made

available by NHS England and consequently, if this is not forthcoming, these transfers would have to be funded within the additional grant.

2.14. It needs to be recognised that KCC's existing budget for social care, approved in February 2017, was based upon a combination of funding additional spending pressures e.g. price increases and demographic growth, along with a programme of transformation and efficiency savings necessary to balance the budget within the resources available from central government and council tax. Some of these planned savings may need reviewing in light of the revised financial climate we are now in with the additional grant, especially where these would now be entirely counter-productive to the aims the Council is seeking to achieve through the two fold strategy outlined in this paper.

### *Council Tax Precept*

2.15. County Council agreed in February to levy the additional 2% social care council tax precept in 2017-18. This raised a total of £11.9m through the council tax precept, directly contributing towards the £27.9m of additional adult social care spending demands identified in the approved 2017-18 budget<sup>4</sup>. This increased the social care precept on a band C property from £19.36 in 2016-17 to £39.52 in 2017-18, as proposed in the Autumn Budget consultation. Consultation responses supported this increase and the additional spending demands funded from this precept have not changed despite the additional grant announcement. It is clear from the grant conditions that the government expects it to be used to support further additional spending over and above that already built into the approved budget. Therefore, the grant cannot be used as a substitute for the social care precept.

2.16. The planning assumptions in the MTFP include further 2% increases in the social care precept in the following two years, taking the total increases to the permitted 6% over three years. As with all assumptions in the MTFP these are subject to revision and the council tax charge, including the social care precept for 2018-19, will need to be agreed as part of the final 2018-19 budget in February 2018.

### *Further Development of the Strategy*

2.17. Engagement is a crucial component in finalising the priority list of interventions to target the additional resource accordingly. Letters have been received from the CCG Accountable Officers and Providers regarding the actions and approach for this funding. Discussions have taken place at the Accountable Officers and Social Care and Health Directorate Management Team on 5 April 2017 and 3 May 2017 and the Accountable Officers are broadly supportive of the direction, with assurance that the prioritisation list will be taken through the A&E Delivery Boards as part of this process. Similarly NHS Providers confirmed they are

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<sup>4</sup> The spending demands include realignment of base budget, contractual prices, market sustainability, demography and legislative

content and in broad agreement with the direction of travel, at a meeting held on 12 May 2017.

### **3. Business Rates Relief**

- 3.1. The other change to the budget detailed in this paper is the changes announced to business rate relief although this will have a much less significant impact on the budget. The changes to protect the loss of small business rate relief following revaluation and the £1,000 discount for public houses with a rateable value (RV) below £100,000 should have no impact on the County Council's net budget. The additional relief and discount will reduce the Council's share of local business rate yield, but the spring 2017 Budget confirmed that councils will be fully compensated for the loss of income. This will come via a separate grant.
- 3.2. Most small businesses will already be better off under the new relief arrangements which came into effect in April 2017. The only businesses which can be worse off are those where the revaluation has taken the RV to above the £12,000/£15,000 thresholds for small business rate relief. The additional measure announced in the Spring 2017 Budget limits the loss for such businesses (and the loss of rural rate relief for qualifying businesses) to £600 per year due to the revaluation.
- 3.3. The extension of small business rate relief protection (as described in paragraph 3.2 above) and the new £1,000 discount for public houses will be granted by billing authorities under discretionary powers. Billing authorities will be compensated for the additional relief and discount in full. This will reduce the County Council's 9% share of business rates under the 50% retention arrangements and the Council will be compensated by the appropriate share of grant, thus no impact on the net budget.
- 3.4. The new discretionary relief scheme for businesses most adversely affected by the revaluation could have an impact on the net budget. Following the Spring Budget announcement the government launched consultation on the proposed relief schemes on 9 March 2017. This consultation proposed that the additional funding announced in the Spring Budget would be distributed to local authorities according to a formula based on the number of properties with an RV of £200,000 or less facing more than a 12.5% in their business rates following the revaluation (before reliefs). This formula provides the 12 Kent districts with 1.99% of the total funds available.
- 3.5. Individual authorities would be responsible for designing their own local discretionary relief schemes within the funding allocated. Grant would be paid to billing and precepting authorities based on the estimated impact of reliefs under these local schemes. However, grant would be capped to the value of the formula allocation, the capped allocations for 2017-18 for Kent authorities are set in table 1 below. In such circumstances those authorities which offered more generous reliefs would have to fund the difference. This aspect of the arrangements could have an impact on the County Council's budget where the cost of the additional relief exceeds the additional grant.

<b>Table 1</b>	<b>Share of National Total</b>	<b>Kent Share £000s</b>	<b>District Share £000</b>	<b>County Share £000s</b>	<b>Fire Share £000s</b>
Ashford	0.20%	175	140	32	4
Canterbury	0.24%	212	170	38	4
Dartford	0.13%	115	92	21	2
Dover	0.13%	116	93	21	2
Gravesham	0.10%	87	69	16	2
Maidstone	0.16%	144	115	26	3
Sevenoaks	0.16%	142	113	26	3
Shepway	0.12%	106	85	19	2
Swale	0.20%	173	138	31	3
Thanet	0.19%	165	132	30	3
Tonbridge & Malling	0.19%	169	135	30	3
Tunbridge Wells	0.15%	134	107	24	3
<b>Total</b>	<b>1.99%</b>	<b>1,738</b>	<b>1,390</b>	<b>313</b>	<b>35</b>

3.6. In two tier areas it will be a condition of grant that the billing authorities consult precepting authorities about local schemes. The possible impact on the County Council's budget will not be known until this consultation has been published. It is anticipated the impact will be minimal.

#### **4. Commercial Services Dividend and Reserves**

4.1. The Commercial Services Board and the Shareholder Board have agreed a revised policy in relation to determining the dividend paid to KCC and the amount held in Commercial Services reserves. This will limit the amount of drawdown from reserves to contribute to the dividend to ensure that Commercial Services have an adequate reserve to deal with uncertain market conditions. At this stage in the year it cannot be predicted with any certainty the impact this revised policy will have on the 2017-18 dividend but any anticipated variations will be reported in budget monitoring and reflected in the 2018-19 budget and Medium Term Financial Plan as these are developed.

#### **5. Conclusion**

5.1. By far the most material change to the approved budget is the announcement of additional grant for social care. The improved Better Care Fund and the ability to raise a social care council tax precept were announced in the 2015 Spending Review. At that time the Council challenged Government that this funding was not sufficient to tackle the mounting problems for adult social care and that the back-loading of the iBCF into the later years of the four year settlement for 2016-20 needed to be reconsidered and brought forward.

5.2. The 2017-20 local government settlement provided some additional resources for adult social care through a one-off transitional grant and the

ability to levy up to an extra 1% additional social care council tax precept (provided no more than 6% was levied over the three years). However, this was still not sufficient. The further additional grant announced in the Spring 2017 Budget goes a lot further towards the sort of additional funding the Council has been seeking for social care.

- 5.3. It is now essential that we develop a strategy which enables this resource, together with the £6.8m market sustainability already included in the Council's approved budget, to be used in those areas where it will be most effective and hits the right spots. This report has focused on progress to date in developing this strategy and how it will be reflected in budget monitoring, and where further key decisions may be necessary, to support member scrutiny of the use of these funds.

#### **Recommendations:**

The County Council is asked to agree the following:

- (a) Revised net budget requirement of £932.977m (a change of £26.018m)
- (b) The overarching adult social care strategy outlined in this report arising from the additional £26.091m grant and the £6.8m market sustainability fund
- (c) Delegate the final decision on precise spending plans under this strategy to the Cabinet Member for Adult Social Care and Corporate Directors within the limits included in financial regulations, and through the established governance arrangements

The County Council is asked to note the following:

- (d) The £0.073m impact on the net budget requirement following minor technical changes following the final notification of business rate share and collection fund balance and New Homes Bonus grant
- (e) £0.073m reduction in the £3.994m contribution to general reserves in the approved budget
- (f) Potential impact on the local share of business rate tax base following the changes announced in the 2017 Spring Budget and additional compensation grant. These cannot be quantified until local discretionary relief schemes have been approved
- (g) The revised policy in relation to KCC dividends and Commercial Services reserves

#### **Background Documents**

KCC approved budget 2017/18

<https://democracy.kent.gov.uk/documents/s75066/Item%203%20-%20Budget%20and%20Medium%20Term%20Plan%20plus%20appendices.pdf>

<http://www.kent.gov.uk/about-the-council/have-your-say/budget-201718>

Chancellor's spring 2017 Budget

<https://www.gov.uk/government/topical-events/spring-budget-2017>

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From: Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

To: Kent Health and Wellbeing Board – 14<sup>th</sup> June 2017

Subject: **Kent Better Care Fund: 2016/17 outturn and 2017-19 plan**

Classification: Unrestricted

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**Summary:** This report provides a summary of the outturn position for 2016/17, the second year of the Kent Better Care Fund. In addition, the report sets out the approach being taken to plan for 2017-19.

**FOR DECISION**

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## 1. Introduction

- 1.1 2016/17 was the second year of the Kent Better Care Fund and an overview of the outturn position is provided in section 2 of this report.
- 1.2 The final Planning Requirements for 2017-19 are now not expected until after the General Election on 8<sup>th</sup> June. However, the 2017-19 Policy Framework, draft Planning Guidance, and other information has been issued which gives sufficient indication of the expected planning requirements for Kent Better Care Fund Strategic Leads to agree an approach to producing the 2017-19 plan. The approach being taken is set out in this report. This approach means that when the guidance is finally issued, the bulk of the work to produce the plan and submit to NHS England will already be complete.

## 2. 2016/17 Outturn

- 2.1 Kent's BCF Quarter 4 return was submitted to NHS England on 31<sup>st</sup> May 2017. Although the data is subject to update until it has been validated by NHS England later in 2017, it has given us useful indicative information regarding the final outturn.
- 2.2 Finance
  - 2.2.1 The Kent Better Care Fund was worth £105.3m in 16/17. The total expenditure relating to all partners was £103.9m, resulting in an underspend of £1.1m. This underspend was primarily contained within the District Facilities Capital Grant held by District Authorities. This is capital expenditure and under the terms of the grant, any uncommitted monies will be rolled into 17/18.
- 2.3 Performance Indicators
  - 2.3.1 In 2016/17 BCF performance was assessed against six metrics, as set out in Table 1 table below. Appendix 1 provides further narrative alongside each metric in the table.

**Table 1**

<b>Metric</b>	<b>Target Met</b>
Non Elective Admissions to Hospitals	Yes
Delayed Transfers of Care	No Improvement in Performance
Admissions due to Falls in People 65 Years and Older (local metric)	Data not yet available
Ability to Manage Long Term Conditions (GP Survey Data) (local metric)	Data not yet available
Rate of Permanent Admissions to Residential Care	Yes
Proportion of older people who were still at home 91 days after discharge from hospital into reablement / Rehabilitation Services	Data not yet available

2.3.2 Lack of availability of data has made assessment against some of these metrics challenging in year, particularly the two local metrics, and as a result a full assessment will not be possible until complete data sets are published later in 2017. As an acknowledgement of the data collection difficulties, the 2017-19 BCF will only require reporting against four metrics and the two local metrics ('Admissions due to Falls' and 'GP Survey Data') will no longer be used to monitor performance.

2.3.3 Partners have also agreed locally that 17/18 BCF schemes will be monitored against additional metrics. Each scheme will have at least one 'Key Performance Indicator' identified through which performance can be assessed against desired outcomes. This should enable a more meaningful performance review and understanding of scheme effectiveness in 17/18.

## 2.4 2016/17 Successes

- 2.4.1 The Quarter 4 return highlighted the following successes of the 2016/17 Kent BCF:
- Both the CCGs and KCC recognise the advantages of having a more integrated approach to the commissioning and delivery of both health and social care services. Both are exploring further opportunities to integrate functions to the benefit of both.
  - Development of integrated intermediate care service resulting in better support to the wider health and social care community in managing patients more proactively through joint development of pathways and shared reporting of outcomes
  - Care Navigation role and funding in development together with KCC to support people with non-medical needs and supporting integration with their communities. The pilot role should be operating from 1 June 2017.
  - Development of single point of access for intermediate care resulting in coordination of referrals to support services.

## 2.5 2016/17 Challenges

2.5.1 The following challenges have also been highlighted in the Kent BCF Quarter 4 return:

- Demands on the system increasing at the same time as the market is shrinking. This coupled with pressures on resources and data capture issues relating to the integrated frailty pathway within primary care.
- Difficulties and length of time it takes to get the right people together to make joint decisions
- Integrated data through the Kent Integrated Dataset requires additional development in order to keep pace with requirements for data coming out of the integration programme

## 3. **BCF Planning 2017-19**

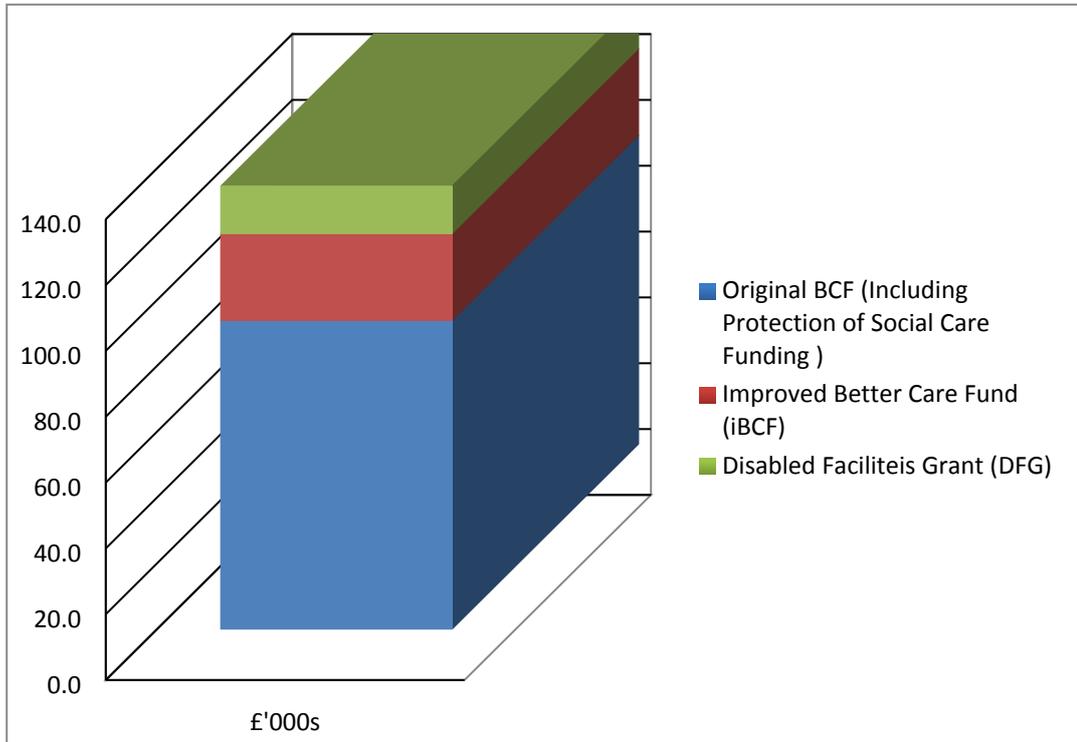
3.1 At the time of writing this report, the final BCF Planning Guidance and funding allocations are yet to be issued (now expected after the General Election on 8<sup>th</sup> June). However, draft documents have been circulated, and these indicate that the main changes to the BCF moving forward are:

- More emphasis on Integration leading up to 2020.
- Two year planning cycle 2017-19
- Reduction in the number of national conditions from eight to four
- No requirement to collect local metrics, resulting in centrally collected metrics being reduced to four.
- CCG minimum contributions will be updated in line with CCG allocations in both 2017-18 and 2018-19
- Disabled Facilities Grant will be paid to local authorities as in 2016-17, subject to grant conditions, not NHS England powers.

3.2 The Local Government Finance Settlement 2016/17 confirmed the continuation of the BCF (for 2016/17 the existing Kent Better Care Fund totalled £105m) and additional funding for adult social care through the Improved Better Care Fund (iBCF) worth £1.5bn by 2019/20. This additional funding will come from the Department of Communities and Local Government (DCLG), the same source as the Revenue Support Grant (RSG). The estimated value of the Kent BCF for 17/18 is shown below in Table 1:

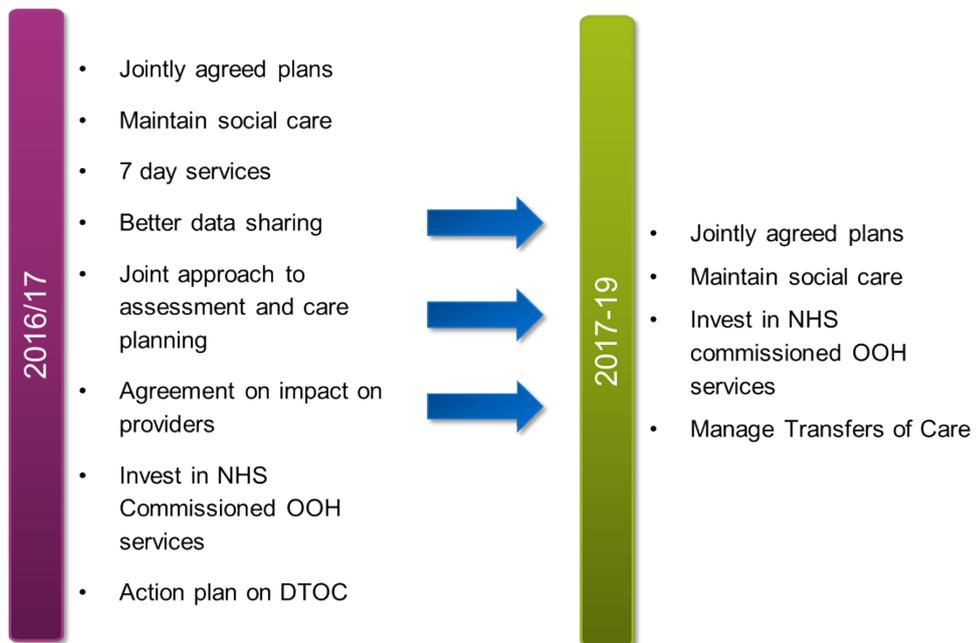
**Table 1**

<b>Funding Source</b>	<b>£'000s</b>	<b>Notes</b>
Original BCF – Including Protection of Social Care Funding	93.8	<i>Allocations unknown - Estimate based on 16/17 uplifted by inflation</i>
Improved Better Care Fund (iBCF)	26.4	
Disabled Facilities Grant (DFG)	14.4	
<b>Estimate BCF TOTAL 17/18</b>	<b>134.6</b>	



3.3 Chart 2 below is an extract from a March 2017 briefing session on the BCF, which shows the main changes to the national conditions between 2016/17 and 2017-19.

**Chart 2**



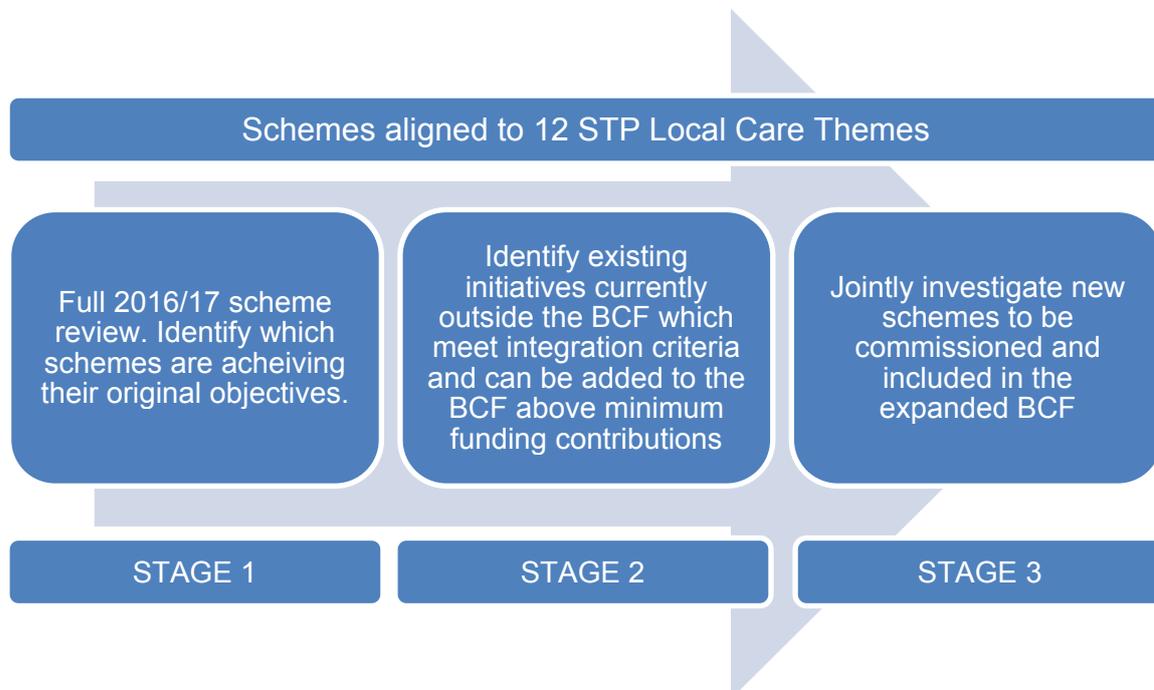
3.4 The revised approach to BCF planning seeks to simplify the planning requirement for local areas, whilst still ensuring that the conditions are met and local plans for furthering the integration of health and social care services through the BCF are in place.

3.5 The draft guidance has provided the following additional information around the four national conditions for 2017-19:

- 1) Jointly agreed plans
  - Agreed by Health & Wellbeing Boards
  - Involvement of other stakeholders – providers, housing authorities etc.
  - All minimum funding requirements met
  - CCG minimum contribution to increase in line with CCG overall budgets
- 2) Social Care Maintenance
  - Minimum contribution from CCGs is maintained in line with inflation
  - Local areas can agree higher/additional contributions from CCGs
- 3) NHS commissioned out of hospital services
  - Ring-fenced amount for use on NHS commissioned out of hospital services. This will be set out in allocations
  - This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – **can include social care**
  - Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan
- 4) Managing transfers of care
  - All local areas must implement the high impact change model for managing transfer of care
  - This is also a condition of the iBCF grant

#### **4. Kent 2017-19 roadmap**

- 4.1 In the absence of funding allocations, the Kent Strategic Leads Group, comprising of lead officers from KCC and the CCGs involved with the BCF planning process, have started planning for 2017-19 based on estimated BCF allocations for 2017-19. Estimates are based on the draft guidance that has been issued and uplifting the 2016/17 allocation for inflationary increases.
- 4.2 It is acknowledged that there are a number of stages to go through before full budgetary integration, and the Kent Strategic Leads have identified milestones as outlined in the roadmap below.



- 4.3 The roadmap will ensure alignment across Kent whilst supporting local delivery, aiming to move the BCF beyond minimum funding contributions and toward graduation.
- 4.4 Existing initiatives that are under consideration as part of Stage 2 include: Integrated Community Equipment Service (ICES), care navigator schemes, joint contracting for care home and domiciliary services, discharge to assess and integrated commissioning.
- 4.5 The BCF assurance timescales are currently unknown due to the delay in issuing the detailed planning guidance. The indicative final submission date is 6 weeks after guidance is issued and it is therefore unlikely that the final submission will align with the next Health and Wellbeing Board on 19<sup>th</sup> July 2017.
- 4.6 To ensure the assurance deadlines are met, it is likely that the Better Fund Plan will need to be signed off before the next Health and Wellbeing Board. In this event, it is proposed that the sign off process is delegated to Peter Oakford, Health and Wellbeing Board Chair, after agreement at the CCG Accountable Officers Directorate Management Team Meeting. This is dependent on Partners ensuring that their elements of plan go through the respective internal sign off process. The submitted plan will then be presented to HWB members at the next full meeting.

## **5. Improved Better Care Fund**

- 5.1 The Government's Spending Review in 2015 announced new money for the BCF (the "improved BCF" or "iBCF") of £105m for 2017/18, £825m for 2018-19 and £1.5bn for 2019-20. KCC's allocation of this has been factored into the Council's budget and Medium Term Financial Plan since 2016/17 and it is therefore not 'new money'.
- 5.2 The Spring Budget 2017 announced further additional money, increasing the iBCF to £1.115bn for 2017-18, £1.499bn for 2018-19 and £1.837bn for 2019-20.

Currently this second element is being treated as 'new money' for KCC, specifically for social care.

5.3 Kent's allocations are set out in the Table 2 below.

**Table 2**

	<b>2017/18 £'000</b>	<b>2018/19 £'000</b>	<b>2019/20 £'000</b>
Improved Better Care Fund (Spending Review 2015)	£301	£17,525	£33,683
Additional iBCF Funding Announced in Spring Budget 2017	£26,091	£17,494	£8,697
<b>Total iBCF</b>	<b>£26,392</b>	<b>£35,019</b>	<b>£42,380</b>

5.4 The iBCF grant will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. Conditions have been attached to the Grant. Grant paid to a local authority under this determination may be used only for the purposes of:

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported

5.5 The iBCF is subject to grant conditions, not NHS England powers.

5.6 The local authority must pool the grant funding into the local BCF and work with the CCGs to meet National Condition 4 (Managing Transfers of Care). Quarterly returns will be required to the Secretary of State.

5.7 The Government has made it clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. In terms of the wider context, the funding is also intended to support councils to continue to focus on core services, including help to cover the costs of the National Living Wage, as well as investing in new services.

## **6. Recommendations**

The Kent Health and Wellbeing Board is asked to:

- a) Note the 2016/17 outturn position, set out in section 2 of this report;
- b) Note the approach to developing 2017-19 plan, set out in section 4 of this report;
- c) Agree for the Chair of the Health and Wellbeing Board to have delegated authority to approve the plan, should the need arise in advance of the next Health and Wellbeing Board on 19<sup>th</sup> July.

### **Authors**

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**APPENDIX A**

	<b>Metric</b>	<b>Target Met</b>	<b>Narrative</b>
1	Non Elective Admissions to Hospitals	Yes	It is difficult to evidence the impact from the specific BCF schemes with so many variables in the system. Other projects will have had an impact as well. There is significant evidence that the IDT's have been very successful in preventing patients being admitted to hospital. There is a significant increase in the demand for admission to hospital and it is difficult to quantify the impact of BCF schemes over and above other measure that have been put in place.
2	Delayed Transfers of Care	No Improvement in Performance	Most areas have seen an increase in year DTOCs. The demand on discharges since the implementation of the BCF has increased considerably. It is agreed that BCF schemes will have delivered core services which will impact delayed discharges, however there are new factors which have had an even bigger impact, namely a pressured market. Capacity within the Social Care market has become increasingly squeezed, particularly around Dementia care and domiciliary care and this has more than cancelled the positivity of the BCF investment.
3	Admissions due to Falls in People 65 Years and Older	Date not yet available	Data not available for whole county
4	Ability to Manage Long Term Conditions (GP Survey Data)	Date not yet available	Data not available until July '17
5	Rate of Permanent Admissions to Residential Care	Yes	In North Kent the care home market capacity has reduced which has inevitably resulted in a reduction of admissions to care homes. However South Kent Coast's discharge to assess model has shown positive impacts.
6	Proportion of older people who were still at home 91 days after discharge from hospital into reablement / Rehabilitation Services	Date not yet available	Data collected annually and not yet available

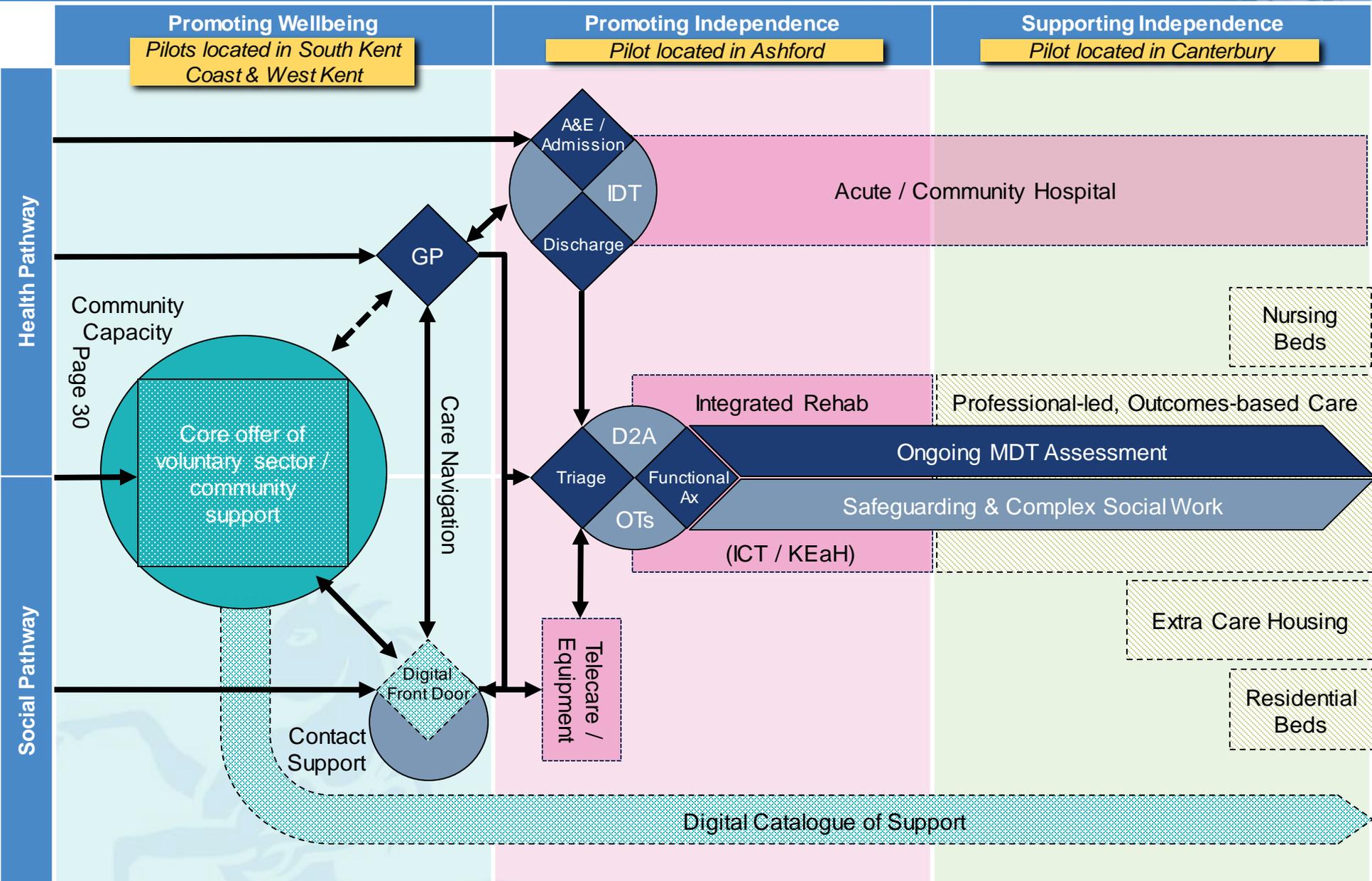


# Health and Wellbeing Board – Your Life, Your Wellbeing Transformation Programme

14<sup>th</sup> June 2017



# KCC are designing a new operating model to deliver our vision



# Programme Summary



Promoting Wellbeing	Promoting Independence	Supporting Independence
<p><i>Preventing people from entering formal health and social care systems.</i></p> <p><b><u>Projects</u></b></p> <p><b>Core Offer / Care Navigators</b> – commissioning the Voluntary and Community sector to provide a consistent capacity and capability of preventative support and a team of Care Navigators to promote and enable access.</p> <p><b>Front Door / Triage</b> – developing the initial point of contact, triage and assessment to maximise the appropriate use of preventative services and minimise inappropriate social care provision.</p> <p><b>Digital Offer</b> – designing a digital capability which enables service users and staff to better navigate the health and social care system, in particular the network of Voluntary and Community sector support.</p>	<p><i>Short term support, providing the best long term outcome for people.</i></p> <p><b><u>Projects</u></b></p> <p><b>Integrated Rehabilitation</b> – optimising the use of professional skill sets and minimising duplication across Intermediate Care and Enablement (KEaH) to create the most effective service.</p> <p><b>Urgent Care</b> – further developing the referral route out of hospital into Integrated Rehabilitation, to ensure rapid discharge and the best long term outcome for people.</p> <p><b>Dementia Enablement</b> – exploring the opportunity in better supporting people living with dementia to maximise their independence.</p>	<p><i>Ongoing support, maintaining wellbeing and self-sufficiency, avoiding unnecessary hospital stays.</i></p> <p><b><u>Projects</u></b></p> <p><b>Outcomes Based Homecare</b> – developing a model of professionally-led, outcomes – focussed homecare which continues to promote the independence of people with ongoing need by supporting them to work towards goals.</p> <p><b>SIS / Homecare</b> – designing the commissioning framework for all of KCC’s community support, including the new model of Outcomes Based Homecare.</p>

# This is making a significant contribution to Local Care



## Supporting people to be healthy and independent

1 Care and support planning with care navigation and case management

Pilot: Supporting Independence: Outcomes Based Homecare



2 Self-care and management

Pilot: Promoting Wellbeing: Core offer, digital offer / self assessment



3 Healthy living environment

Pilot: Promoting Wellbeing: Core offer



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4 Integrated health and social care into or coordinated close to the home

Pilot: Supporting Independence: Outcomes Based Homecare



5 Single point of access

Pilot: Promoting Wellbeing: Front door / triage



6 Rapid Response

Pilot: Promoting Independence: Urgent Care, Integrated Rehab



7 Discharge planning and reablement

Pilot: Promoting Independence: Integrated Rehab



## Supporting services

8 Access to expert opinion and timely access to diagnostics

N/A

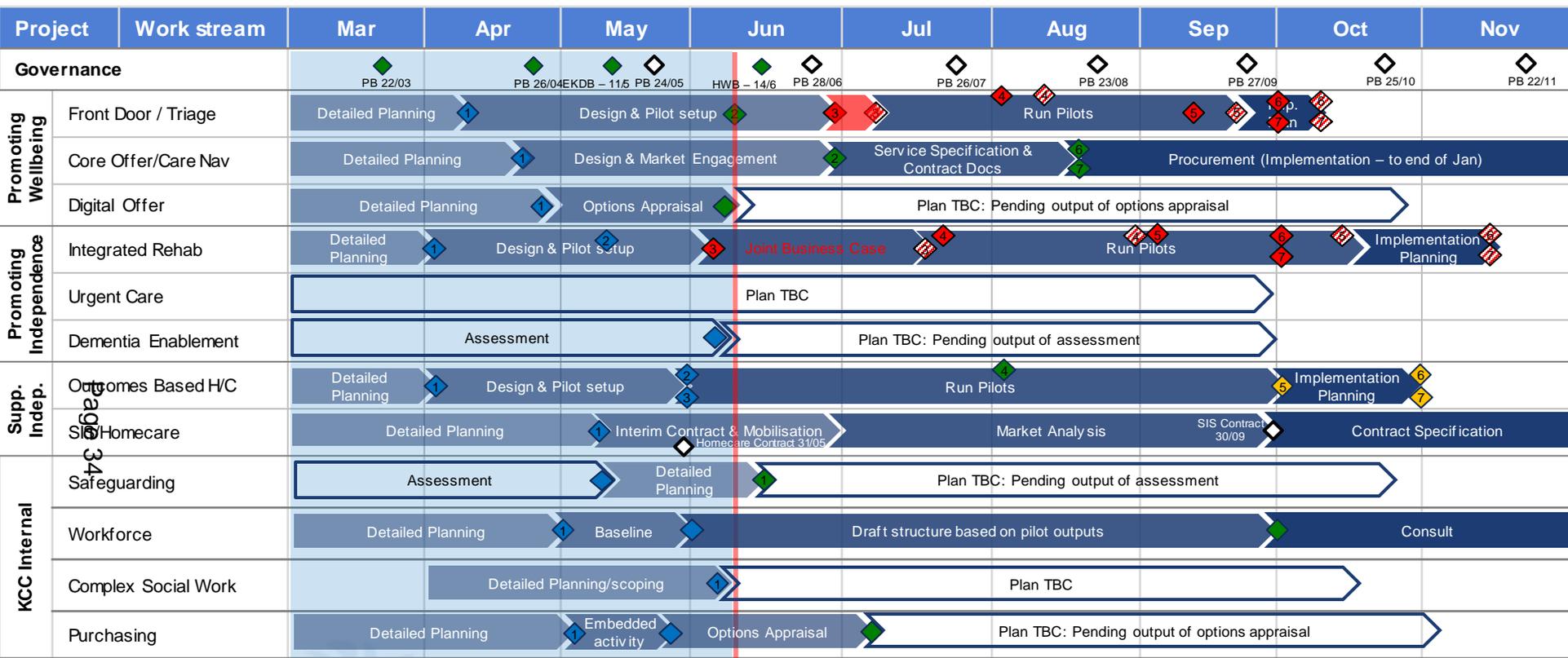


# Programme Status



	Project	Stage	RAG	Comments
Promoting Wellbeing	Front Door / Triage	Design	Yellow	Pilot delayed by 1 week to 10/07 due to there being additional time required to prepare provider
	Core Offer / Care Navigators	Design	Green	Contract is on track to begin procurement in mid-August, following Public Consultation
	Digital Offer	Design	Green	Options appraisal completed on 07/07 with next steps to be confirmed
Promoting Independence	Integrated Rehab	Design	Yellow	Joint Programme Board established between KCC and KCHFT to oversee the development of a Joint Business Case. This has delayed the start of the pilot
	Urgent Care	Planning	Yellow	Resource now in place, plan is being developed
	Dementia Enablement	Planning	Green	The assessment was completed on 02/06, a plan is now being developed to take the findings forward into Design
Supporting Indep.	Outcomes Based Homecare	Design	Green	Pilot with 100 Service Users began on 05/06 in the Whitstable area, working with 121 care, supported by Health colleagues from Encompass
	SIS/Homecare	Planning	Yellow	Team is now fully resourced, plan is being developed
KCC Internal	Safeguarding	Planning	Green	The assessment was completed in May, a plan is now being developed to take the findings forward into Design
	Workforce	Design	Green	KCC's new workforce is being designed based on the outcome of the pathway design – this is on track
	Complex Social Work	Planning	Yellow	Resource now in place, plan is being developed
	Purchasing	Design	Green	A new model for KCC purchasing is being developed to support the new pathway – this is on track

# Programme Status



Type	Description	L	I	Impact Description	Action Plan
Risk	Successful completion of pilots requires significant commitment of operational resources from all partners. This may not be secured due to operational pressures	3	5	The OBHC and Integrated Rehab pilots will be most significantly impacted – the full future model will not be able to be tested, lowering confidence and quality of final solution.	<ol style="list-style-type: none"> <li>Identify and raise resource requirements early to give maximum time to agree, backfill and mobilise</li> <li>Ensure appropriate governance to enable escalation of requirements</li> </ol>
Risk	Developing a model to be implemented county-wide requires awareness and strategic engagement from partners. This may not be achieved given the number of partners and the pace of progress.	2	5	Design and implementation will be delayed or the models compromised without the right input from all partners.	<ol style="list-style-type: none"> <li>Ensure and make use of appropriate governance to communicate details of the model and progress in design</li> <li>Develop a communication and engagement plan for areas not involved in design</li> </ol>

# Whole System Engagement



To effectively engage all partners, KCC are making use of existing forums. As well as the Health and Wellbeing Board, updates on the programme are regularly given in the following:

- East Kent Delivery Board – the majority of Pilot activity is located in East Kent, this board oversees the progress of design and it's contribution to Local Care
- Kent Integration Pioneers Implementation Group – the programme gives a monthly update, including deep dives into specific areas (for example, 12/06 is focussed on Integrated Rehabilitation) and seeks to ensure design is aligned with other local activity

The programme is also working with the STP Local Care Working Group, and in April took part in a 'deep dive' to explore the alignment between the Your Life, Your Wellbeing Programme and Local Care.

Senior KCC staff are kept well informed of the programme scope and progress and are able to identify links, raise concerns and answer queries in other joint forums.

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**By:** Peter Oakford, Deputy Leader of the Council and Cabinet Member for Strategic Commissioning and Health Reform

**To:** Health and Wellbeing Board, 14 June 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**

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**WORK PROGRAMME –2017/18**  
**Health and Wellbeing Board**

Agenda Section	Items
<b>19 July 2017</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	<ul style="list-style-type: none"> <li>• Dementia (deferred at the agenda setting meeting for the HWB on 22 March 2017. Last considered by the Board at its meeting in November 2016)</li> <li>• 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) Deferred from June to July with agreement of Chairman</li> <li>• Winter 2016/17</li> </ul>
<b>Area 2 - Core Documents</b>	
<b>Area 3 Promotion of Integration</b>	
<b>Area 4 Notifications</b>	
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• Progress Report on Kent Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (CAMHS)</li> <li>• Crisis Care Concordat- Annual Report</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the 0-25 Health and Wellbeing Board</li> </ul>
<b>20 September 2017</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	
<b>Area 2 - Core Documents</b>	<b>Health and Wellbeing Strategy</b>
<b>Area 3 Promotion of Integration</b>	
<b>Area 4 Notifications</b>	
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• Joint Health and Social Care Assessment Framework</li> <li>• Kent Safeguarding Children Board Annual Report</li> <li>• HWB Annual Report</li> <li>• Health Watch Annual Report</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the 0-25 Health and Wellbeing Board- March 2017</li> </ul>
<b>22 November 2017</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	
<b>Area 2 - Core Documents</b>	
<b>Area 3 Promotion of Integration</b>	
<b>Area 4 Notifications</b>	

<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• Kent Adults Safeguarding Board Annual Report (Victoria Widden)</li> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the 0-25 Health and Wellbeing Board</li> </ul>
<b>24 January 2018</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	
<b>Area 2 - Core Documents</b>	
<b>Area 3 Promotion of Integration</b>	
<b>Area 4 Notifications</b>	
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the 0-25 Health and Wellbeing Board</li> </ul>
<b>21 March 2018</b>	
<b>Area 1 - Assuring Outcomes for Kent</b>	
<b>Area 2 - Core Documents</b>	
<b>Area 3 Promotion of Integration</b>	
<b>Area 4 Notifications</b>	
<b>Area 5 Reports to the Board</b>	<ul style="list-style-type: none"> <li>• HWB Work Programme</li> <li>• Local board minutes</li> <li>• Minutes of the 0-25 Health and Wellbeing Board</li> </ul>
<b>Other items not allocated to a particular meeting</b>	
	<ul style="list-style-type: none"> <li>• HWB Strategy Refresh</li> <li>• End of life care</li> </ul>

# Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **26th April 2017**.

## Present:

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

Dr Navin Kumta – Clinical Lead and Chair, Ashford CCG (Vice-Chairman)

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

Neil Fisher – Head of Strategy and Planning, CCG;

Deborah Smith – KCC Public Health;

Karen Cook – Policy and Strategic Partnerships, KCC;

John Bridle – HealthWatch;

Tracey Tomkinson – One You, KCHFT;

Wendy Poole – Sheltered Housing, ABC;

Christina Fuller – Head of Culture, ABC;

Belinda King – Management Assistant, ABC;

Kirsty Morland – Member Services Officer, ABC;

Rosie Reid – Member Services and Ombudsman Complaints Officer, ABC.

## Apologies:

Peter Oakford – Cabinet Member, KCC, Simon Perks – Accountable Officer, CCG,

Chris Morley – Patient and Public Engagement (PPE), Ashford Clinical

Commissioning Group, Sharon Williams – Head of Housing, ABC, Rebecca Wilcox – Housing Operations Manager, ABC.

Prior to the commencement of the meeting it was agreed that item 10 on the agenda would be taken as the first item, once formal business had been undertaken.

## 1 Notes of the Meeting of the Board held on 18<sup>th</sup> January 2017

The Board agreed that the notes were a correct record.

## 2 Election of Chairman and Vice-Chairman

It was agreed that Cllr. Brad Bradford and Dr Navin Kumta be elected as Chairman and Vice Chairman respectively of the Board for 2017/18.

Cllr Bradford extended his personal thanks to Navin Kumta for his dedication to his role as Chairman for the past two years. This was echoed by the Board.

## 3 Update on the Sustainability and Transformation Plan

3.1 Neil Fisher advised that due to the calling of the General Election, he was unable to make comment or answer questions on the Plan as this was

affected by Purdah. He confirmed, however, that work continued on the Plan. A number of working groups had been looking at urgent care, elective services and local care ie community based and closer to home. Listening events had taken place with successful analysis coming out of those, however due to Purdah he was unable to share any further information. Public consultation was planned for the autumn.

## **4 Partner Update – CCG**

- 4.1 Neil Fisher drew attention to the update contained within the agenda papers. In response to a question, he advised that the CCG was satisfied that the space allocated for health provision at the Chilmington Green hub would be sufficient, however there were ongoing discussions regarding the use of the space in the building to be provided. Capital funding had been granted for development around Kingsnorth Medical Practice and Ivy Court, Tenterden. The funding would be used to support integrated models of care provision ie providing both GP facilities and space for other health users. He acknowledged that the estates strategy took into account local care changes and ABC's developing Local Plan. There was not a deadline in place for the completion of the Estates Strategy.
- 4.2 Deborah Smith advised that a meeting is due to take place regarding the extension of the One You project and invited the CCG to attend. Neil Fisher agreed that the CCG wished to be actively involved and that Lisa Barclay would be an appropriate contact.
- 4.3 John Bridle raised concerns about the level of provision of rheumatology services at the William Harvey Hospital. Neil Fisher advised that musculoskeletal services faced huge pressures, and this was a high priority area in relation to localised care. There were constraints on consultants, which was a nationally recognised problem.
- 4.4 Neil Fisher advised that the CCG were supportive of ABC's Local Plan and confirmed that a statement of supporting evidence would be provided for the public consultation process.

## **5 One You Presentation**

- 5.1 Using a PowerPoint presentation Tracey Tomkinson gave the Board an overview of the setting up and progress to date on the One You shop in Ashford. One You had been set up and launched in six weeks as part of a project supported by KCHFT, ABC and Public Health. She highlighted the services that One You provided, including NHS Health Checks, as well as signposting towards other services. Of those who visited One You 29% had been from the most deprived Wards in the Borough and word of mouth had played a large part in visitor numbers from those areas.
- 5.2 She advised that in order to ensure a continued success of the One You shop promotion through employers, businesses, CCG's, Schools and GP's would be vital. She felt strongly that people should be able to access such health provisions on the high street. Deborah Smith advised that Thanet were considering launching something similar, although to be led by the Voluntary

Sector. There were also suggestions for similar schemes in Canterbury, Sheerness and Sittingbourne. It was clear from customer feedback that the free blood pressure monitoring and NHS Health Checks and Health MOT's were a significant draw for the public. The support being provided for those experiencing mental health pressures were also thought to be extremely valuable. The contact being provided by staff was also considered to be helping to alleviate social isolation.

- 5.3 Tracey Tomkinson felt that there was scope for partner agencies to use and utilise One You. In response to a question, she advised that if a NHS Health Check was carried out paperwork was always sent to the GP. They had been compiling some data to enable them to contact visitors to follow up on visits, particularly in respect of high blood pressure levels and BMI. Deborah Smith offered to provide some support regarding data quality. Navin Kumta felt that it would be beneficial for this presentation to be given to the GP Consortium or at a GP training event and would liaise with Tracey Tomkinson regarding this.

## **6 Update on Ashford Health and Wellbeing Board Priorities**

### **Reducing Smoking Prevalence Update**

- 6.1 Deborah Smith introduced this item. She advised that progress had been made in relation to smoking in pregnancy, midwives were monitoring CO and the maternity ward at the William Harvey Hospital was raising awareness also. The challenge was the women who declined or were lost to the service once a referral had been made. Work in respect of illegal tobacco had been progressing with a roadshow taking place to raise awareness and six seizures made by Trading Standards. New legislation would come into effect next month in respect of e-cigarettes, this would be monitored by Trading Standards. In addition 13 youth workers were being trained and equipped to support young people to stop smoking.
- 6.2 In response to a question, she advised that quit packs were still being promoted. People were 7 times more likely to quit smoking if they had a method of support, such as a group than if they were to quit alone. This was an area in which One You would be able to assist, particularly in relation to signposting.

### **Resolved:**

- That (i) the report be received and noted,  
(ii) a full report on the outcomes of the Action Plan be provided to the July 2017 meeting.**

### **Healthy Weight Update**

- 6.3 Deborah Smith advised that much work and mapping had been carried out in respect of this priority and she felt it would be useful to provide an annual report to the Board on this matter.

**Resolved:**

- That (i) **the Board acknowledges the actions progressed by the Task and Finish Group,**  
(ii) **a full report on the Action Plan outcomes be provided to the July 2017 meeting.**

## **7 Kent Health & Wellbeing Board Meeting**

- 7.1 Navin Kumta advised that the Minutes of the Kent Health and Wellbeing Board Meeting held on 22<sup>nd</sup> March 2017 could be accessed using the link provided under item 7 of the agenda. In response to a question, he explained that the Board Meeting focussed on STP planning and the work required across Kent and Medway, and there was no further information for him to report to this Meeting and no specific actions for the Ashford Board.

## **8 Kent Joint Health and Wellbeing Strategy (draft)**

- 8.1 Karen Cook introduced this item. She had been invited by the Board to give an update on progress with the outline draft of the Kent Joint Health and Wellbeing Strategy 2018-23. She said that it was a statutory requirement to have a health and wellbeing strategy in place, and the purpose of the strategy was to set out how the Kent Health and Wellbeing Board would tackle the health needs of the local population. She advised that the new strategy would be a distinct move away from the previous approach, with emphasis on two particular challenges that the Board faced: firstly, providing more guidance to commissioners to support decision making; and secondly, around supporting the Kent Board further in the context of the sustainability and transformation process. She drew the Board's attention to page 32 of the agenda, and highlighted the processes and phases illustrated on the flowchart. Deborah Smith noted that there was a clear and well-developed prevention plan, which had been modelled against costs and outcomes. The Chairman said he felt the Council's focus should be on how to stop people getting into the health system in the first place, and the work that could be done to keep local residents fit and healthy. He considered that the One You shop could play a large part in helping change lifestyles and attitudes. It was also agreed that issues such as housing, leisure and green spaces were important factors in improving wellbeing, and should be addressed in local board action plans.
- 8.2 Karen Cook said that the key question was how to make the new strategy into a reality in the context of the Sustainability Transformation Plan (STP). The meeting agreed that there was a need to clarify the role of local boards, and their relationship with the Kent Board. It was considered that it would be helpful if the strategy included a clear statement of principles and guidance to provide direction at local level. Navin Kumta said it was important to highlight the prevention agenda, which was the main wellbeing agenda for local boards. He suggested that the Health & Wellbeing Board should indicate the local priorities for Ashford, and other Kent towns, so those items could be used as reporting items on the agenda at local board meetings. In this way local boards could demonstrate more clearly how they were meeting the prevention agenda locally. It was not clear how local boards fed into the STP

workstream, and Navin Kumta agreed to seek clarification at county level on how local boards could influence the prevention agenda.

- 8.3 Karen Cook drew the attention of the Meeting to Appendix 2 on page 53 of the agenda. She highlighted the six priorities which were proposed under the aims of the draft strategy. She said she would welcome feedback on whether these were the right mix of priorities, focused at the right level. The meeting agreed that these priorities appeared to be appropriate for Ashford, and could be worked on at local level. It was questioned how local boards could realistically influence the way commissioning was decided and how services were developed within the local area. Karen Cook said that the answer to this may be for more strategies to come to local boards, so local boards could develop an action plan over and above the strategy, which was specific and appropriate to the local area. She said the draft strategy adopted a light touch, in order to accommodate local solutions. She added that consultation would take place, together with engagement with the public, and the final strategy would be reported to the Kent Health and Wellbeing Board Meeting in September. She welcomed any comments or feedback, and encouraged members of the Board to join a sub group or steering group to assist the development of the strategy.

## **Resolved**

**That the report be received and noted.**

## **9 Partner Updates**

### **Ashford Borough Council**

- 9.1 Sheila Davison drew the Board's attention to the progress update on Chilmington Green on page 63 of the agenda. She also advised that progress had been made in respect of tackling domestic abuse, with the Council receiving £100K DCLG grant to provide additional refuge and support for victims. She advised that the Chief Executive of the East Kent Hospitals University NHS Foundation Trust and Navin Kumta had provided a briefing to Council Members on STP. In addition, work had commenced on an Air Quality Strategy, which was being developed in conjunction with the Overview & Scrutiny Committee. Christina Fuller added that a report was to be submitted to Cabinet on a new strategy for pitches and sports which would underpin the local health agenda.

### **Healthwatch**

- 9.2 John Bridle introduced this item. He highlighted the challenge of engagement with the public, and the difficulty reaching all groups within the community. He said more volunteers were needed at the hospital, particularly to take on a proactive role. Healthwatch would be publishing priorities for next year shortly. In response to a question about GP surgeries, he responded that Healthwatch relied on feedback from volunteers involved with patient participation groups. Tracey Tomkinson suggested that Healthwatch could use the One You shop on Mondays, and it was agreed that there were opportunities for Healthwatch and One You to signpost residents to each

other's services. There was a suggestion that the Create Festival would give an opportunity for services to promote themselves via publicity stands at the event.

### **Ashford Local Children's Partnership Group**

- 9.3 Helen Anderson advised that the aim of the Group was to provide a coordination function, particularly with regard to emotional health and wellbeing. Grants were now coming online for this year, with a transition programme running for schools from primary to secondary. The Group was also working on ante-natal health and development, and support for young parents, and the work which could be done in these areas with other partners. The Group was looking specifically at how to help children and young people in Ashford. Key priorities were based on data and partnership working. Tracey Tomkinson said that the One You shop could offer Health MOTs when health trainers were not available. Helen Anderson said the Group recognised the need for early intervention to support physical and mental health needs, and to encourage people beyond the stigma surrounding mental health.

## **10 Forward Plan**

- 10.1 It was agreed that the following items would be on the agenda for the Board Meeting on 19<sup>th</sup> July:

- Ashford Health and Wellbeing Board's Priorities One-Year on (Healthy Weight and Reducing Smoking Prevalence)
- Kent Health and Wellbeing Strategy update
- Local Children's Partnership Group Yearly Update
- Falls Strategy
- CCG Estates Strategy

## **11 Dates of Future Meetings**

- 11.1 The next meeting would be held on 19<sup>th</sup> July 2017.

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

18<sup>th</sup> October 2017

17<sup>th</sup> January 2018

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Queries concerning these minutes? Please contact Kirsty Morland:  
Telephone: 01233 330499 Email: [kirsty.morland@ashford.gov.uk](mailto:kirsty.morland@ashford.gov.uk)  
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## CANTERBURY CITY COUNCIL

### CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Wednesday, 11th January, 2017  
at 6.00 pm in the The Boardroom, Council Offices

**Present** Dr Sarah Phillips (Chairman)

Sam Bennett  
Neil Fisher  
Velia Coffey  
Councillor S Chandler  
Amber Christou  
Mr Gibbens  
Councillor Howes  
Mark Lemon  
Councillor Cllr Pugh  
Jonathan Sexton  
Sari Sirkia-Weaver

#### 1 **APOLOGIES FOR ABSENCE**

Simon Perks  
Wendy Jeffreys  
Steve Inett

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

The minutes were approved as an accurate record.

##### **Matters Arising**

Neil Fisher advised that the Annual Plan was submitted on 23 December 2016 and no feedback has been received so far from NHS England. The summary will be circulated.

Velia Coffey reported that she and Marie Royle met with Encompass (previously Vanguard) to discuss how community services can input into the new

Disabled Facilities Grant - Amber Cristou advised that Swale have spent their grants and would not be prepared to fund Kent County Council (KCC) Occupational Therapists (OTs).

It was noted that the assessment backlog in Canterbury district has now been resolved and now looking to work with Encompass to work smarter.

**Action: Amber Cristou to liaise with Marie Royle.**

##### **Sustainability and Transformation Plan**

Sarah Phillips advised that there is now a Kent and Medway Sustainability and Transformation plan (STP).

Sarah Phillips gave a presentation giving an update on the STP and advised that a further Case for Change document will be released covering the whole of Kent & Medway.

The following was highlighted:

- Hospital beds are being used by people unnecessarily as there is not the support available in their own home.

**Action: Sarah Phillips to circulate the hospital bed audit to Board members.**

Discussions have been ongoing for years around 'bed blocking' and facilitating people moving out of hospital in a timely way. Neil Fisher advised that delayed transfers are at their lowest level for a number of years and now the key is to prevent people being admitted in the first place and organisations need to work more closely to make this happen. The Health and Wellbeing Board and subgroups have helped facilitate organisations working together and it is felt that progress is being made.

- It is hoped that there will be a formal consultation in East Kent in Summer 2017.
- Engagement with the public is ongoing ahead of the formal consultation.

### 3 HEALTH INEQUALITIES DISCUSSION AND WORKSHOP

Sam Bennett gave a presentation with a focus on Canterbury data.

The following was highlighted:

- Smoking and drinking alcohol are higher in more deprived areas and have a big impact on mortality in deprived areas.
- In Canterbury the more deprived clusters are mainly people in social housing although it was noted that young people in private rented housing and also some rural areas also show some deprivation but do not reach a critical mass so risk being overlooked. It is easier to focus resources in obvious clusters such as social housing as this gives a focus.
- Canterbury has a high rate of alcohol admissions and work is being done to ascertain whether this is mainly students or residents in more deprived areas.
- Within education physical education is not a high enough priority as children from deprived areas are often behind academically and lose physical education time to more academic timetabling.
- Forces that put people into deprivation are very strong therefore targeting small groups of deprived people is not addresses the underlying causes. It was noted that the health inequalities do influence ongoing deprivation eg the ability to work, so small changes now may have future effects.
- Universal services and an offer to the whole population is of benefit to the whole population but those who are deprived tend to benefit more. Eg health trainers.
- Communities are not always cohesive therefore finding a community hub or centre can be difficult. Aylesham has had a lot of money invested into it and is has a good community but it is still showing as an area of deprivation, perhaps as opportunities are poor. It was noted that this could still be described as an area of deprivation even if the health of the residents had improved.
- Sam Bennett and Sari Sirkia Weaver are doing some work looking at inequalities in early years where the biggest changes can be made to achieve long term outcomes. The gap in attainment between children from more and less deprived areas is very high in Canterbury and is growing.
- Childrens' centres and other programmes such as Sure Start do lots of good work but resources are reducing so there is less focus on deprivation. The childrens' centre in Northgate is classed as outstanding therefore it could be used, with additional resources, to target some levels of deprivation. It was noted that outreach has been cut back and this has affected contacts with harder to reach families.

- It was agreed to support assets already in the community, such as childrens' centres and schools.

***Action: The Board was asked to each think how they can support the childrens' centres in their areas, and what additional support would be needed to take things further.***

**4 FOCUS OF THE BOARD IN 2017**

The Board discussed holding some of the meetings closed to the public with a more working group/workshop style meeting and hold a meeting in public perhaps twice a year to give meaningful public facing updates and sharing information that will be important to local people. This will encourage members of the public to attend.

It was agreed that openness is to be welcomed and the public meetings should be better publicised and more relevant to local people

It was agreed to alternate development and public facing meetings. that march meeting in MA room at 16.00.

***Action: Neil Fisher to ensure that the public meetings are well publicised through the CCG.***

**5 CQC REPORT FOR EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - FOR INFORMATION**

Noted.

**6 ANY OTHER BUSINESS**

Sarah Phillips advised that she will be chairing the next meeting in March but is taking up post as Medical Director for Kent Community Health NHS Foundation Trust from April 2017. The Board congratulated her on her appointment and thanked her for the work she had done with the HWB.

**7 DATE OF NEXT MEETING**

8 March 2017.

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DARTFORD BOROUGH COUNCIL

**DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD**

**MINUTES** of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on Wednesday 1 February 2017.

**PRESENT:** Councillor Roger Gough (Chairman)  
Councillor Mrs Ann D Allen MBE  
Councillor Tony Searles  
Nick Moor  
Melanie Norris  
Jo Pannell

**ALSO PRESENT:** Hayley Brooks, Helen Buttevant, Karen Cook, Allison Duggal, Tristan Godfrey, Terry Hall, Kashmir Powar, Elizabeth Read, and Manpinder Sahota.

**40. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Elizabeth Lunt, Sheri Green, Graham Harris, Sarah Kilkie, and Lesley Bowles.

The Chairman welcomed all attendees to the meeting especially Ms Jo Pannell to her first meeting as the new Healthwatch representative.

**41. DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**42. MINUTES**

The Minutes of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on 7 December 2016 were confirmed as a correct record of that meeting subject to a minor typographic correction.

**43. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD**

The Chairman updated the Board on two issues of relevance to our Board which had been discussed at the meeting of the Kent HWB held on 25 January 2017.

Councillor Gough reported that the Kent Board had discussed the future direction of the Better Care Fund, and had considered the next 2 year's funding streams which would be made available direct to local authorities and would be targeted at closer integration of Health Care.

The Kent Board also discussed Outcome 1 of the Kent Health and Wellbeing Strategy, "Every Child has the Best Start in Life". The discussion centred around areas of performance / underperformance of the Strategy and concentrated on

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- Issues relating to Child immunisation programmes
- Childhood Obesity
- Integrated Commissioning and better alignment in North Kent

#### **44. REVIEW OF FALLS PREVENTION ACTIONS**

The Board received a report which aimed to provide an update on work being undertaken by the Clinical Commissioning Group (CCG) and Kent Public Health, reviewing the efficacy of the Falls Pathway within Dartford, Gravesham and Swanley (DGS).

Information on this had been provided in December 2015 and August 2016, and that a number of issues had been identified and highlighted on each occasion.

It was also noted that the Kent HWB had requested a report from each local HWB on the issues of falls prevention for consideration at their March 2017 meeting.

Having considered the update report Board Members highlighted the following issues as being of concern bearing in mind the work being undertaken

- The increasing numbers of Accident and Emergency attendances due to falls
- The relatively high levels of long term hospital admissions due to falls
- Reporting problems for attendances which is identified in the report as an issue.
- The apparent conflict between some of the statistics provided.

Dr Sahota also highlighted the difficulty involved in identifying those at risk who were house bound and suggested that a simple blood pressure test, when sitting and then standing could aid in this respect.

Allison Duggal informed the Board that having read the report she was aware that additional information on the matter was available and that she would wish to present a more substantial report to a future meeting of the Board.

The Board agreed:

- a) That the report together with a short covering item highlighting the DGS concerns be passed to the Kent HWB for its March meeting, and;

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- b) To receive a further more detailed report on Falls at a Future Board meeting.

**45. SPORTS CLUB FUNDING**

The Board was reminded that a report had been requested setting out the work currently undertaken by the three constituent Boroughs to encourage residents to participate in sporting activities.

Having considered this report it was noted that while Council's provided facilities, and in some cases, funding for local sports clubs and individual participants, the increasing financial constraints on Local Authorities was impacting on their ability to continue to provide these, and concerns were expressed at the continuing future of some participants in sport as a result of this.

Additionally it was recognised that National Governing Bodies were increasingly changing the focus of funding streams for sports clubs (and Individuals) with a greater emphasis on elite funding.

The Board agreed

1. To invite a representative of Sport England to address the board on funding issues and priorities in future years
2. to note the content of the report

**46. URGENT ITEMS**

There were no urgent items for the Board to consider.

**47. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS.**

The Board received and noted a report on issues outstanding from previous meetings.

The clerk to the meeting reported that he had canvassed Members regarding alterations to arrangements for the schedule of meetings for the forthcoming year and had received replies from a number of Members although a significant number had yet to comment and proposals were yet to be formulated.

Accordingly the Chairman asked if any Member who was still to comment could do so in the very near future to facilitate the completion of the meeting plan for the next year.

**48. INFORMATION EXCHANGE**

The was no information for dissemination.

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**49. BOARD WORK PROGRAMME**

The Board considered a report on its programme of work for the forthcoming year.

It was reported that the next meeting, the last in the current Municipal Year, was scheduled to be held on Wednesday 12 April 2017 at Dartford, and that a significant number of reports were due to be considered.

Arising from the discussion of item 6 on the Agenda, Mr Hall reported that he would be able to invite a representative from Sport England to address the Board and provide information on funding questions.

Mr Hall agreed to liaise with the Clerk to the meeting to identify a suitable date for this.

DARTFORD BOROUGH COUNCIL

**DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD**

**MINUTES** of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on Wednesday 12 April 2017.

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

**Also**

**Present:** Haley Brooks; Helen Buttevant; Allison Duggal; Tristan Godfrey; Terry Hall; Colin Thompson; Manpinder Sahota; Graham Snape; and Karen White.

**50. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Lunt, Graham Harris, Anne Tidmarsh, Andrew Scott – Clark, Nick Moor, Lesley Bowles, and Jo Pannell.

Additionally it was reported that Ms Read from KCC was unable to attend the meeting and that consideration of her report on “Headstart” would be deferred to the next meeting.

In the absence of Councillor Gough at the commencement of the meeting the Chair was taken by Councillor David Turner.

**51. DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**52. MINUTES**

The Minutes of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on 1 February 2017 were confirmed as a correct record of that meeting.

Arising from the Minutes Helen Buttevant presented a short verbal update on the Obesity Workshop which had taken place immediately following the meeting.

Ms Buttevant reported that a Task and Finish working group had been established as part of a three pronged approach to addressing the outcomes of the Workshop.

It was noted that invitations had been issued to attend a first meeting of the Group but that the response had been poor with only five attendees.

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Concern was expressed by Board Members at the poor response as it was essential to obtain wide support for the obesity initiative and it was agreed that investigation should be undertaken into this.

In order to progress the establishment of the Task and Finish Group it was agreed that Terry Hall take on the role of interim Chairman of the Group, and aim to organise meetings following on from the County council elections, involving all relevant parties including schools and education providers.

**53. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD**

Councillor Gough, having arrived at the Meeting took the Chair and apprised the Board on the following matters discussed at the meeting of the Kent Health and Wellbeing Board held on 22 March 2017.

Councillor Gough explained that the Kent Board had spent considerable time discussing:

- The Joint Kent Health and Wellbeing Strategy, where the new draft document was considered which provided a more concise direction for commissioning officers and also looked at the role of local Health and Wellbeing Boards, and;
- The Kent Review of Commissioning Plans and STP Update, where local care work streams were reviewed especially relating to Integration in East Kent, and details of additional funding for social care was reported.

The Board noted the report from the Chairman.

**54. URGENT ITEMS**

It was noted that there were no urgent issues for the Board to consider.

**55. KENT DRUG AND ALCOHOL STRATEGY - UPDATE**

The Board received a report which presented an overview of the draft Kent drug and alcohol strategy and gave an update of the delivery of the substance misuse service by the current provider in west Kent CGL (Change, Grow, Live).

It was reported that the Strategy has been jointly developed by the Kent Police Service and KCC Public Health on behalf of the Kent Drug and Alcohol Partnership, allied with community groups and the public and it is hoped that the Strategy will ensure that treatment services are more focused on those with complex drug and alcohol issues.

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A draft of the Strategy has been submitted for public consultation, which ended at the end of February, and the final strategy will be launched in July 2017 following its presentation at the Kent Drug and Alcohol Partnership in April 2017 and Adult Health and the KCC Social Care Cabinet Committee in June 2017.

The strategy itself focusses on the following five major themes and these apply to both adult and child clients.

Resilience  
Identification  
Early Help & Harm Reduction  
Recovery  
Supply

Having been informed that the final Strategy will be presented to this Board once it has received final approval, it was agreed to note the report.

**56. MENTAL HEALTH - IMPACTS ON KENT POLICE SERVICE**

The Board received a verbal report from Sergeant Paul Squire of Kent Police which explained the impact that dealing with people with mental health issues was exerting on Kent Police, and the response that was being formulated by the Police Service.

It was noted that a specialist mental health team had been created following a successful pilot scheme based in Dartford. The Team will have three trained Officers based at each facility where a S.136 Suite (where persons with mental health issues are referred) is located, and their approach to clients will be more patient centred than was previously the case.

Sgt Squire informed the Board that this was a unique approach in the UK and was being undertaken with the full support of the County Police and Crime Commissioner, it being one plank in his six point plan for the County.

Sgt Squire stressed the importance of a joined up approach to dealing with this client group and asked that the teams receive as much support as possible from the Member groups represented on the Board.

The Board welcomed the information from Sgt Squire and pledged its support in whatever ways that it could to ensure the success of the new approach.

**57. KENT HEADSTART - MENTAL HEALTH RESILIENCE IN SCHOOL AGE CHILDREN / YOUNG PEOPLE**

It was noted that this matter had been deferred to the next meeting of the Board.

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**58. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS.**

The Board received and noted a report on issues outstanding from previous meetings.

The Clerk to the Board reported that the programme of meetings for the forthcoming year had been finalised and that Members had been provided with the schedule.

The Board noted the following schedule.

<u>Date</u>	<u>Venue</u>
June 28	Gravesham
August 30	Dartford
October 25	Gravesham
December 20	Dartford
February 21 2018	Gravesham
April 11	Dartford

**59. INFORMATION EXCHANGE**

The Board was informed that local Healthy Living Centres had undertaken to carry out an exercise involving Community Asset mapping and the Board Members undertook to provide support in this information gathering project.

**60. BOARD WORK PROGRAMME**

The Board considered a report on its current programme of work for the forthcoming year.

Arising from the report it was noted that the report on “Headstart”, deferred from consideration at this meeting was to be re scheduled for the meeting on 28 June 2017, and that a report “Making Every Contact Count” was probably to be written by Jess Muckerjee.

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 24 January 2017 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Dr J Chaudhuri  
Councillor P M Beresford  
Ms K Benbow  
Councillor S S Chandler  
Councillor J Hollingsbee  
Mr S Inett

Also Present: Head of Communities (Shepway District Council)

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

34 APOLOGIES

Apologies for absence were received from Ms C Fox and Councillor M Lyons.

35 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

36 DECLARATIONS OF INTEREST

Dr J Chaudhuri advised that he had an indirect interest in the Dover Leisure Centre item as he was involved in the provision of health services to Whitfield.

37 MINUTES

It was agreed that the Minutes of the Board meeting held on 22 November 2016 be approved as a correct record and signed by the Chairman.

38 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

39 KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN

Karen Benbow, Chief Operating Officer (South Kent Coast Clinical Commissioning Group) presented the update on the Kent and Medway Sustainability and Transformation Plan (STP).

The objective of the STP was to deliver a radical transformation in health and wellbeing, quality of care and financial sustainability in four key areas:

- Care Transformation (preventing ill health, intervening earlier and bringing care closer to home);
- Productivity (maximising efficiencies in shared services, procurement and prescribing);
- Enablers (investing in estates, digital infrastructure and work force); and
- System Leadership (developing the commissioner and provider structures needed to unlock greater scale and impact).

The STP continued the development of 'Local Care' (i.e. out of hospital care) that the South Kent Coast Clinical Commissioning Group had been working on prior to the STP. Local Care would bring together primary care general practices into larger clusters that would be able to work with community, mental health and social care services to deliver an integrated service in the community and home environment.

In East Kent it was estimated that the change to a Local Care model would achieve activity savings of £160 million and free 300 acute hospital beds through being able to discharge patients to appropriate local care. However, it was emphasised that this did not mean that there were plans to reduce the number of acute beds accordingly.

A working group was looking at issues around workforce gaps and how to make jobs more interesting and provide opportunities for progression.

There were four tiers of care which would provide the appropriate care at the point at which it was needed:

- Level 1 - Prevention (including the development of healthy life styles);
- Level 2 – Primary and Community Care Access (8am to 8pm access by practices co-operating)
- Level 3 – Minor Injury Units and Extending Access
- Level 4 – Acute Care, Emergency, Specialist and In-Patient

Members of the Board were advised that working with Kent County Council was fundamental in respect of integrated health and social care provision. This included the joint commissioning of community beds to ensure consistency of commissioning costs.

Bids had been submitted for national transformation funding in respect of mental health, cancer and diabetes. These were one-off funds to enable changes in service delivery.

A number of listening events would be held in February 2017 on the options with the formal consultation taking place during summer 2017. The listening events would be clinically led and structured around a presentation and a discussion.

In response to comments by Mr S Inett, the Board was advised that it was accepted that the language used in the listening events and consultation needed to be clear for the public and terminology explained.

The importance of clarity around proposals for the future of acute hospitals and Accident and Emergency Centres was emphasised as this was a significant concern

for many people. The Board was advised that the building of a new hospital in Canterbury was not an option due to the costs involved.

RESOLVED: That the presentation be noted.

40 DOVER LEISURE CENTRE

Emma-Jane Allen, Principal Infrastructure and Delivery Officer (Dover District Council) and Laura Corby Principal Leisure Officer (Dover District Council) presented the report on the proposals for the new £26 million Dover Leisure Centre.

The Leisure Centre would have a county standard 8 lane, 25 metre pool and offer an increased range of facilities including more health and fitness stations. The overall facility mix would meet strategic sporting needs as identified in the Dover District Indoor Sports Facility Strategy. There would also be an increase in the amount of accessible access and the provision of 'changing places' changing rooms. The design also allowed for the addition of a spa or expansion to the leisure facilities in the future.

It was intended that a planning application would be submitted in March 2017 and the new Leisure Centre would be open in early 2019.

The Council had worked with Sport England since the start on the Leisure Centre and would be applying for a capital grant from them once invited to do so. The Active Aging Fund was also inviting expressions of interest for schemes that engaged older people which linked to the prevention and wellbeing agenda and there was a synergy between health and leisure on a number of issues including tackling obesity and inactivity.

RESOLVED: That the presentation be noted.

41 CHILDREN AND YOUNG PEOPLE'S UPDATE

Councillor J Hollingsbee (Shepway District Council) informed the Board that the grant application process had been completed and the successful applicants would be notified shortly.

The priorities for the Children and Young Peoples' Dashboard were set by the Children and Young Peoples Framework as followed:

- Children and young people grow up in safe families and communities
- Children and young people have good physical, mental and emotional health
- Children and young people learn & have opportunities to achieve throughout their lives
- Children and young people make safe and positive decisions

Members received an update on the latest Dover and Shepway Dashboards for Children and Young People. As a result of the Dashboards, the issues in respect of the number of 16-17 year olds entering the youth justice system and self-harm hospital admissions were being looked at further.

Overall, the Dashboards remained helpful but there was a need to improve the consistency of the data collection in some areas. In particular, in Dover where there was limited access to public health services there was less data available.

Members were advised that teenage pregnancy rates still remained an issue and for Dover the issue of breast feeding had been added as a priority with allocated funding.

RESOLVED: That the update be noted.

42 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.40 pm.

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 21 March 2017 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Dr J Chaudhuri (Vice-Chairman in the Chair Min No.50 - 53)  
Councillor P M Beresford  
Ms K Benbow  
Councillor S S Chandler  
Ms C Fox  
Councillor J Hollingsbee  
Mr S Inett

Also Present: Hilary Knight (South Kent Coast Clinical Commissioning Group)  
Mark Needham (Chief Officer, Integrated Accountable Care Organisation)  
Wendy Slater (Project Manager Integrated Commissioning South Kent Coast Clinical Commissioning Group)

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

43 APOLOGIES

Apologies for absence were received from Councillor M Lyons (Shepway District Council) and Councillor G Lymer (Kent County Council).

44 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointment.

45 DECLARATIONS OF INTEREST

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

46 MINUTES

It was agreed that the Minutes of the Board meeting held on 24 January 2017 be approved as a correct record and signed by the Chairman.

47 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

48 PREVENTION, SELF-CARE AND HOUSING WORKSTREAMS UPDATE

The Board received an update on the Prevention, Self-Care and Housing work streams from Dr J Chaudhuri and Wendy Slater (Project Manager Integrated Commissioning South Kent Coast Clinical Commissioning Group).

Housing

Members were advised that South Kent Coast Clinical Commissioning Group was working with Dover District Council and Shepway District Council to identify opportunities to support people remaining independent at home, preventing avoidable hospital admissions and enabling people to be discharged more easily from hospital through the use of Disabled Facilities Grants (DFG) to help adapt properties. This also covered identifying needs assessments for falls.

A task and finish group led by EK Housing was preparing to address the issues raised including improving communications and raising awareness of available support services.

Shepway District Council was looking at bringing services together in a pilot area to speed up delivery and both district councils had commissioned work on private sector housing data.

Prevention and Self-Care

South Kent Coast Clinical Commissioning Group had been awarded the bid to deliver the Age UK Personalised Integrated Care Programme. This was a national programme to be administered locally. The Programme promoted independence and the prevention of avoidable hospital admissions for people with long term conditions. The programme had been launched in January 2017.

In respect of Care Navigation, ensuring that people received the support they needed at the right time underpinned South Kent Coast Clinical Commissioning Groups local care model. Work was underway to increase current resources in order to provide equitable access across the area and it was complemented it the work of the Age UK Personalised Integrated Care Programme.

The Public Health Priorities for South Kent Coast were focussed on healthy weight with opportunities to support early identification are being considered.

RESOLVED: That the update be noted.

49 DOVER DISTRICT COUNCIL LOCAL PLAN REVIEW PROCESS

The Principal Infrastructure and Delivery Officer and the Senior Planner presented the process for the Dover District Council Local Plan Review.

As part of the review it was recognised that the built and natural environment were

major determinants of health and that the design of the built environment and access to natural spaces had an influence on health and wellbeing. In addition, the National Planning Policy Framework required planners to take account of local health and wellbeing needs and strategies/service plans as part of the development of the Local Plan and there was a duty to co-operate in the making of the Local Plan on health issues.

Members of the Board were advised that from 1 April 2017, NHS England would be delegating responsibility for S106 agreements to local Clinical Commissioning Groups. As part of this South Kent Coast Clinical Commissioning Group was developing the resources to deal with these more proactively.

Councillor P A Watkins advised that there was the opportunity for South Kent Coast Clinical Commissioning Group to help Dover District Council and Shepway District Council identify where there were health needs.

The Board was advised that primary care funding was based on population rather than the number of dwellings in contrast to the housing growth numbers of the Councils.

In response to a question on the impact of space on physical and mental health, members were advised that the Council controlled this through setting a policy on housing density and minimum space standards.

It was intended that the establishment of good working relationships between planning and health and the sharing of information would provide evidence to justify planning outcomes.

- RESOLVED:
- (a) That the presentation be noted.
  - (b) That officers from Shepway District Council provide a presentation on their Local Plan to a future meeting.

## 50 VARIATION TO THE ORDER OF THE AGENDA

The Chairman, Councillor P A Watkins, left the meeting and the Vice-Chairman assumed the Chairmanship.

A variation to the order of the agenda was announced to take the item on Maternal Smoking Cessation before the Local Care Update.

- RESOLVED: That the order of the agenda be varied to take the item on Maternal Smoking Cessation as the next item of business.

## 51 MATERNAL SMOKING CESSATION

The Board received an update from Hilary Knight (South Kent Coast Clinical Commissioning Group) on Maternal Smoking Cessation.

The Improvement and Assessment Framework (IAF) provided information of the effectiveness of local commissioning of Maternity services enabling the South Kent

Coast Clinical Commissioning Group as well as other local health systems and communities to conduct self-assessments of their progress in respect of maternal smoking cessation and assisting improvement. As a result of this data NHS England offered the South Kent Coast Clinical Commissioning Group £75,000 in additional financial support for reducing smoking in pregnant women. The funding could be used for a range of measures such as

- Carbon monoxide monitors and consumables;
- Training for midwives (both in using the equipment and in better engaging with women on the issue of smoking cessation);
- Leadership, project management and administration; and
- Training to enable stop smoking services to make the most of referrals

The Board was advised that Kent County Council Public Health had also provided funding for a one year secondment for a Specialist Midwife in smoking cessation. This secondment would run until September 2017.

It was acknowledged that there were factors such as transport links and local topography that impacted on the accessibility of smoking cessation services.

RESOLVED: That the update be noted.

## 52 LOCAL CARE UPDATE

The Board received an update from Mark Needham, (Chief Officer, Integrated Accountable Care Organisation).

It was stated that the majority of the 30 practices in the South Kent Coast area had signed up to developing a single legal entity for the purpose of delivering more services collectively (Channel Healthcare Alliance). The Alliance would have the following benefits:

- It would give Primary Care one voice and enable it to organise more effectively and efficiently to manage demand and provide better care in the community;
- It would be better prepared in the event of any future practice closures driven partly by a combination of finance, workforce and/or performance issues;
- It would break the chain of more people going to hospital, resulting in exponential growth of hospital budgets and more limited growth in the funding of out of hospital services; and
- It would offer better recruitment and retention opportunities for clinical staff.

There were also plans to create four Primary Care Access Hubs in the South Kent Coast areas located in the three Community Hospitals (Deal, Buckland, Royal Victoria Hospital) and one most likely situated in the Oaklands Surgery in Hythe (with satellite branches for the Marshes). These would enable any patient to access any hub and receive the same level of high quality care on the same day.

Work undertaken had found that over 50% of the care provided by GPs for minor illness could be provided by another suitably qualified professional such as a Nurse practitioner, Mental Health Nurse or Physiotherapist.

A decision had been made to continue with the remaining 2 years of the contract with the Kent Community Health NHS Hospital Foundation Trust although a market engagement process was underway to identify what other providers could provide. The formal procurement process for a provider after the existing contract had expired was expected to start during 2017/18.

The Board discussed the role that community services could provide and the importance in ensuring that the public were aware of the changes.

RESOLVED: That the progress on local care and current thinking of the localities for future joint ventures / partners for community services be noted.

53 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.41 pm.

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# DRAFT MINUTES

## Health and Wellbeing Board – Formal Meeting

Meeting held on Wednesday 19 April 10am – 12pm

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

<b>Present</b>	<p><b>Cllr Andrew Bowles (AB), Leader, SBC (Chair)</b></p> <p><b>Cllr Ken Pugh (KP), Cabinet Member for Health, SBC</b></p> <p><b>Cllr Sarah Aldridge (SA), Deputy Member for Health, SBC</b></p> <p><b>Amber Christou (AC), Head of Residential Services, SBC</b></p> <p><b>Becky Walker (BW), Strategic Housing and Health Manager, SBC</b></p> <p><b>Allison Duggal (AD), Deputy Director Public Health, KCC</b></p> <p><b>Cheryl Fenton (CF), Head of Mental Health, KCC</b></p>	<p><b>Russell Fairman (RF), Sports and Physical Activity Officer, SBC</b></p> <p><b>Christine White (CW), Swale CVS</b></p> <p><b>Vicky Sward (VS), Project Officer (HeadStart Swale), KCC</b></p> <p><b>Tristan Godfrey (TG), Policy Manager, KCC</b></p> <p><b>Helen Buttivant (HB), Consultant in Public Health, CCG</b></p> <p><b>Karen Sharp (KS), Head of Public Health Commissioning, KCC</b></p> <p><b>Terry Hall (TH), Public Health, KCC</b></p> <p><b>Cllr Roger Clark (RC), SBC</b></p>
<b>Apologies</b>	<p><b>Dr Fiona Armstrong (FA), Chair, Swale CCG</b></p> <p><b>Cllr Penny Cole (PC), Deputy Cabinet Member for Adult Social Care and Public Health, KCC</b></p> <p><b>Bill Ronan (BR), KCC</b></p>	<p><b>Patricia Davies (PD), Accountable Officer, Swale CCG</b></p> <p><b>Andrew Scott-Clark (ASC), Director Public Health, KCC</b></p> <p><b>Alan Heyes (AH), MHAG</b></p>

<b>NO</b>	<b>ITEM</b>	<b>ACTION</b>
<b>1.</b>	<b>Introductions</b>	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves, and apologies were noted.	
<b>2.</b>	<b>Minutes from Last Meeting</b>	
2.1	The minutes from the previous meeting were approved.	
<b>3.</b>	<b>Healthier You – Diabetes Prevention Programme</b>	

# DRAFT MINUTES

<p>3.1</p> <p>3.2</p>	<p>HB presented on the Diabetes Prevention programme in Swale:</p> <ul style="list-style-type: none"> <li>▪ This programme is part of the national NHS five year forward view and Kent is the first county to implement the programme;</li> <li>▪ it is aimed at those who need to reduce the risk of type 2 diabetes:</li> <li>▪ the programme is being delivered as a phased roll-out due for completion by 2020;</li> <li>▪ eligibility is for those aged above 18 years, and classed as non-diabetic but Hyperglycaemic;</li> <li>▪ referrals can be made by GP's and NHS Health trainers with a valid blood test taken within the last 12 months;</li> <li>▪ the programme is provided as 13 sessions (total 16 hours) across a 12 week period and delivered in small groups;</li> <li>▪ Swale is the first district in Kent to implement the programme, starting in October 2016 and to date it has been successful with 151 referrals; and</li> <li>▪ Moving forward, those who have not yet referred into the programme will be contacted to increase referrals and a South East steering group will undertake some national evaluation work.</li> </ul> <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> <li>▪ The programme criteria is set by NHS England and is aimed at those aged 18 years+ as type 2 onset normally occurs in adulthood, and the programme content would be very different for children with testing being more difficult; and</li> <li>▪ Health trainers should be encouraged to refer into the Swale programme.</li> </ul>	<p></p> <p><b>HB</b> <b>RF</b></p>
<p><b>4. Swale/North Kent Vulnerable Adult Programme</b></p>		
<p>4.1</p> <p>4.2</p>	<p>AC provided an update on the Swale/North Kent Vulnerable Adult Programme:</p> <ul style="list-style-type: none"> <li>▪ The aim is to develop a hospital discharge service and although this stalled slightly due to the implementation of the new Virgin Care contract, Home First is now up and running; and</li> <li>▪ an update report on Swale Home First will be provided at the next H&amp;WB meeting,</li> </ul> <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> <li>▪ Important to understand how integrated discharge works, as it seems to be slowing down recently; and</li> <li>▪ The Swale Home Improvement Agency aims to deliver a pilot for the Integration Pioneer developing a temporary adaptations solution for hospital discharge to enable KCC Occupational Therapists (OT) to work on longer term and permanent adaptations.</li> </ul>	<p><b>AC</b></p>

# DRAFT MINUTES

<b>5.</b>	<b>Presentation: Adult Health Improvement Proposals 2016/17</b>	
5.1	<p>KS delivered a presentation on the Adult Health Improvement Proposals 2016/17:</p> <ul style="list-style-type: none"> <li>▪ The allocation of the public health grant has historically gone directly into services, currently there is a change of focus towards the behavioural change cycle and therefore there is a need to refocus funding to ensure those who need it are able to access services;</li> <li>▪ the new model is set around motivation to enable and maintain change with the outcome to improve health;</li> <li>▪ motivation is set on three stages, support to change, making the change and maintaining the change;</li> <li>▪ this will be mainly achieved through conversations with local residents, linking in district councils who have access to wider health determinants such as housing challenges; and</li> <li>▪ the basis of the new proposals is to implement a model that instils self-care with a responsibly for own health.</li> </ul> <p>5.2 Points made in the discussion included:</p> <ul style="list-style-type: none"> <li>▪ The basis of this proposal is taken from the Kings Fund Report that explains how District councils are in a good position to influence many factors of good health':  <a href="https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf">https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf</a>;</li> <li>▪ A 'health hub' will provide one access point although arrangements will be localised to need;</li> <li>▪ In Swale KCHFT, health trainers, healthy weight programme and the stop smoking programme may be the start for good access points but will need to link to other services;</li> <li>▪ Important that health trainers are linked into the effective working model, and with sound social prescribing an effective route can be established for service users to attend group sessions with peer support to encourage and sustain attendance;</li> <li>▪ There have already been some change around self-care with fit bits and smart phone apps, and GP's can incorporate these moving away from service provision towards self-service and health improvements.</li> <li>▪ Important to ensure those who deliver other KCC invested services including porchlight for example, are connected into this model, to ensure all areas are incorporated including mental health and well-being;</li> <li>▪ When model is agreed the Swale H&amp;WB Board will receive quarterly updates and Comm's being discussed in Q1 and one to one services for groups discussed in Q2.</li> </ul>	KS

# DRAFT MINUTES

<b>6.</b>	<b>Priorities and Sub Groups</b>	
6.1	<ul style="list-style-type: none"> <li>▪ The drafted ToR for the proposed H&amp;WB sub group was presented to the Board;</li> <li>▪ There is a requirement to scope out views around if and how this sub group is taken forward, despite wanting to be in partnership there are constraints due to Swale not having a dedicated health resource or obligations;</li> <li>▪ Tangible outcomes will need to be set to ensure the partnership and the Board are relevant;</li> <li>▪ KCC can be recognised as a health resource for Swale and other Kent districts, especially with Comm's although a new structure to be implemented at KC from 1 June 2017 may delay any support with this;</li> <li>▪ The Swale H&amp;WB needs full support from all partners to ensure it is relevant to all partners, however the STP has diverted resources away from the local board and therefore a meeting with senior officers is recommended following elections and prior to the October H&amp;WB meeting possibly to take place instead of the July Board;</li> <li>▪ The Kent H&amp;WB Strategy is being reviewed and this may implications for local boards moving forward;</li> <li>▪ The prevention agenda should remain prevalent across districts and will need to be held to account through local boards; and</li> <li>▪ Clarity is required over how STP's link into local H&amp;WB Boards and what the district role is within the STP that is not legal in statute. The H&amp;WB steering group have indicated that STP's cannot stand alone but must be incorporated across all partner agencies.</li> </ul>	<b>AC</b>
<b>7.</b>	<b>Partner Updates</b>	
7.1	<p><b>HeadStart</b></p> <ul style="list-style-type: none"> <li>▪ Currently working in seven secondary and 10 primary schools in Swale.</li> <li>▪ Official launch fortnight commences 24 April 2017.</li> <li>▪ Available to those aged 10-16 years.</li> <li>▪ Positive feedback received from the Detling Showground event which included all health and mental health.</li> </ul> <p>7.2 <b>Swale CCG</b></p> <ul style="list-style-type: none"> <li>▪ Helen Buttivant advised that she is leaving the CCG on the 31 May 2017. Everyone thanked Helen for her valuable work and commitment to Swale.</li> </ul> <p>7.3 <b>Swale CVS</b></p> <ul style="list-style-type: none"> <li>▪ Focus on social isolation and the Swale Seniors Forum provides many activities for members including arts, cinema visits, games club and dance/movement classes.</li> </ul>	

# DRAFT MINUTES

7.4	<ul style="list-style-type: none"> <li>▪ Have 2000 volunteers on the car scheme and befriending service.</li> </ul> <p><b>KCC Public Health</b></p> <ul style="list-style-type: none"> <li>▪ Recommissioned care funding to healthy living centres 2017/18.</li> </ul>	
7.5	<ul style="list-style-type: none"> <li>▪ Tasked to lead on community asset mapping project.</li> </ul> <p><b>Swale BC</b></p> <ul style="list-style-type: none"> <li>▪ Sport England and inactivity model, submission of expression interest completed. This was a joint bid across the district with health. Outcome due June 2017.</li> <li>▪ LCPG funds have been confirmed.</li> <li>▪ Troubled Families target was exceeded</li> <li>▪ A presentation for Virgin Care would be welcomed.</li> </ul>	<b>Swale CCG</b>
<p><b>Next meeting date:</b>          Wednesday 26 July 2017 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices - <b>TBC</b></p>		
<p><b>Future Meetings Dates:</b>          Wednesday 25 October 2017 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices          Wednesday 24 January 2018 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices</p>		

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## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 9 March 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), Clive Hart (Thanet Clinical Commissioning Group), Madeline Homer (Thanet District Council) and Colin Thompson (Kent County Council).

### 1. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Sharon McLaughlin;  
Councillor Gibbens;  
Mark Lobban;  
Hazel Carpenter.

### 2. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

### 3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12 January 2017 were agreed as a correct record.

### 4. MATERNAL SMOKING CESSATION UPDATE

Claire Haywood, Commissioning Support Manager (Maternity and Acute Paediatrics), Thanet CCG provided the update which detailed how additional funding to reduce maternal smoking would be used.

During consideration of the item it was noted that:

- There was currently no data available on the effects of 'vaping' while pregnant. Vaping was not being offered to pregnant women as an alternative to smoking within Thanet.
- Maternal smoking rates within Thanet were disproportionately high when compared to areas with a similar level of deprivation.
- Midwifery compliance with carbon monoxide (CO) testing and referral to stop smoking services had been poor in Thanet, however compliance had begun to improve with the introduction of a specialist Midwife.
- Midwives would attend challenging conversation training and Ms Haywood would be present to emphasise the importance of addressing smoking during pregnancy.
- It was hoped that funding could be used to enhance the current Stop Smoking Service in order to offer home visits to pregnant mothers.
- There was enough funding to offer home visits from a stop smoking advisor for nine months, after this time the contract was due for tender. If the service was successful, Public Health would consider the inclusion of stop smoking advisor home visits when looking at the contract tender.
- The new contract should include performance targets for compliance with CO testing and referrals. A financial penalty could be included for poor performance.

- Ms Haywood would confirm to Mr Hart whether the Thanet South and Thanet North areas mentioned in the report referred to parliamentary boundaries.

## 5. EAST KENT DELIVERY BOARD UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG introduced the item.

During consideration of the item it was noted that:

- There would be a presentation at a future board meeting to show specifically how integration related to Thanet.
- There had been a successful acute urgent response pilot which had kept people safe outside of the hospital setting. It was proposed to extend the pilot for a further three months.
- A recent listening event, to update the public on the programme of work, had been well attended. The main themes highlighted by attendees of the event were:
  - Travel – times, public transport, roads.
  - Workforce – shortages, stress for staff
  - Local care – want services closer to home
  - Voluntary sector – funding, integration
  - Prevention – more focus needed on self-care;
  - Aspiration, isolation issues
  - New housing – pressure on the system
  - QEQM – worried services will change
- These themes would form the basis of future consultation.
- Councillors would be kept up to date as it was recognised that they had an important role to play within the community.

## 6. INTEGRATING CHILDREN'S COMMISSIONING

Jane O'Rourke, Head of East Kent Children's Commissioning Support, Thanet CCG and Karen Sharp, Head of Public Health Commissioning and Health of Children's Strategic Commissioning, KCC introduced the item by giving a summary of the work undertaken in North Kent and the impact on service provision that had been seen.

During consideration of the item it was noted that:

- The project in North Kent had a focus on disabled children's services. The focus could be on any local priority.
- A key methodology was to focus initially on what was to be achieved, then consider the structural requirements for integration later in the process.
- Some of the challenges experienced as a result of integration in North Kent included; language differences between organisations, cultural differences, compatibility of IT systems and access to shared documents.
- Thanet District Council had a strong history of integrated working with partners, and would be open to suggestions for further integration.

The Board agreed to look at an integrated approach to the support and enhancement of children's wellbeing through schools. The Board wished to invite an Area Education Officer to a future meeting in order to consider what avenues for integration maybe appropriate.

Meeting concluded: 11.00 am

## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 25 May 2017 at 10.00 am in the Austen Room, Council Offices, Cecil Street, Margate, Kent.

**Present:** Madeline Homer (Chairman); Councillors L Fairbrass (Thanet District Council), Clive Hart (Thanet Clinical Commissioning Group), Sharon McLaughlin (Thanet Children's Committee) and Colin Thompson (Kent County Council)

**In Attendance:** Karen Cook, Emma Hanson, Maria Howdon and Ailsa Ogilvie

### 7. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN FOR 2017/18

The Board agreed that Madeline Homer be the Chairman for this meeting only and that the election of the substantive Chairman of the Board for 2017/18 be deferred to the next meeting scheduled for 20 July 2017.

Madeline Homer in the Chair.

### 8. APOLOGIES FOR ABSENCE

Apologies were received from the following members:

Dr Martin;  
Cllr Wells;  
Cllr Gibbens;  
Hazel Carpenter;  
Steve Inett.

### 9. DECLARATION OF INTEREST

There were no declarations of interest made at the meeting.

### 10. MINUTES OF THE PREVIOUS MEETING

The Board agreed the minutes to be a correct record of the meeting that was held on 9 March 2017.

### 11. LOCAL CARE UPDATE

Maria Howdon introduced the report with a PowerPoint presentation, which is attached as an annex to the minutes. During debate the following points were made:

- The Enhanced Frailty Pathway was a scheme for the over 60s that is used to identify pre-frailty before onset of the condition;
- A multi-disciplinary team was set up for this pathway;
- A number of players are involved that include the Hospices;
- There will be upskilling of staff;
- **Medicines Optimisation** - This approach has helped identify some medicines that some patients do not need;
- There was an increasing number of referrals coming from Age UK;
- There is now a reduction in non-elective activity;
- Feedback regarding this approach has been positive;

- Benefits for Thanet have been an estimated £25k saving for the A&E As a result of IT SET up which has seen surgeries being able to access patients records across surgeries;
- There has been a positive effect on staff turnover- before the new approach there were 24 nurse vacancies and currently there are none;
- This is evidence that the approach is working and having some good results.

The Board made the following comments:

- This was commendable work and there are opportunities to make the approach work even better;
- Phase 2 of the programme will aim to improve access to services;
- There is a Listening Event that has been arranged in Thanet to talk to the local residents about the East Kent Programme of working and the context within which the proposed changes to health delivery is going to work;
- The Chair of the Royal College of General Practitioners, Dr Helen Lampard-Stokes and members of NHSE New Care Models Team will be visiting Thanet on 06 June 2017 and will be at the Sands Hotel. Appointments will be sent out to all Thanet Health & Wellbeing Board Members.

## **12. DRAFT KENT HEALTH AND WELLBEING STRATEGY**

Karen Cook introduced the report and the presentation was highly interactive. The following points were made:

- The development of the Kent Health and Wellbeing Strategy was a statutory requirement;
- The strategy sets out the priorities of the health requirements of the local population and this helps with the planning and commissioning decisions;
- STP, Case for Change & Development – These were contextual issues in which the strategy was being developed;
- The Kent Delivery Board signed off the draft strategy on 22 March 2017;
- Thanet HWB was being asked to provide some feedback to the draft strategy;
- A formal consultation would be conducted and focus group discussions will also be held with the voluntary sector;

### **Priority 1 - Developing a preventative approach**

- Highlight the need to address reasons why individuals develop such problems;
- Emphasise the need for early diagnosis for diabetes to prevent the problem getting worse;
- Kent and Medway has been awarded There was a £1.4 million funding to increase patient participation in structured for educational programme for Kent and Medway on how individuals can live better lifestyles to improve self management;
- Good housing helps towards creating that better lifestyle;
- Transient housing is one of the problems affecting supporting families;
- Social housing does improve housing conditions for communities;
- A presentation on housing at the next Board meeting would be helpful;
- There is a working group that is reviewing the measures of the work currently in progress.

### **Priority 2 - Improving children's health and wellbeing**

- In Thanet there is a 13 month wait list for diagnosis and getting help with children with speech and language difficulties;
- Smoking in premises should also be included in the strategy as it affects children;
- Alcohol misuse in young people needs to be in the strategy.

**Priority 3 - Promoting good mental health and emotional wellbeing**

- Resilience and prevention should be some of the terms to use in the strategy;
- ADHDA and ASCA & C assessments – there is a backlog issue which needs addressing;
- It was important to be mindful of medicalising behaviour.

**Priority 4 - People are supported to live well as they age and stay independent for as long as possible**

- Socialisation will need to be included as one of the factors that contribute to an individual's wellbeing.

**Priority - 5 Reducing health inequalities**

- Commissioning services might be the key to addressing the issue of resource allocation where there are competing demands;
- Commissioners would need to be given the right tools to make decisions that will deliver services that are effective;

**Priority 6 - The system works well together to support people in hospital and in the community**

- There were no suggestions made for this priority.

In summary the Board agreed that these priorities in the draft strategy were appropriate for Thanet.

Members request that a presentation be made to the next meeting on the 'Housing Situation in Thanet (in General).' The discussion would focus on the housing situation in Thanet in the context of health and wellbeing of the local community.

**13. EAST KENT DELIVERY BOARD UPDATE**

Alisa Ogilvie led the discussion and gave a brief update regarding the work of the Delivery Board and made the following points:

- Changes being driven at East Kent level were the same as those underway in Thanet;
- A Listening Event has been arranged for end of June/ early July 2017;
- The event will receive wide publicity;
- A number of staff have been 'Esther Trained;'
- Esther listening events were going to be conducted in June 2017.

The report was noted.

**14. THANET HEALTH AND WELLBEING BOARD MEMBERSHIP**

Members raised the following points:

- Was the timing right for the board to consider including the voluntary sector in the Board membership moving forward?
- The voluntary sector was a key stakeholder in health and wellbeing matters for the local community;
- The challenge was to come up with selection criteria for appointing representatives that was fair;
- It might be that a representative each representing children's and another representing adults' wellbeing is appointed;
- Members were going to explore this further outside the meeting and feedback to the next Board meeting.

Subject to the above, there was agreement to voluntary sector membership.

**11.00 am:**

The Board briefly adjourned the meeting to observe a minute's silence.

**AOB**

Sharon McLaughlin gave an update on current work activities of the LCPG as follows:

- 2 sub-groups have been set up;
- One is the Opportunities to Achieve Sub Group;
- Another is the Keeping Safe Sub Group;
- Between them they run a number of projects that can access £55,000 that was allocated this year to assist with the work of the LCPG;

**Opportunities to Achieve projects**

- One of the projects is on working with children
- Child in need and child protection;
- Another project was on working with youth groups in Broadstairs (diversion activities in summer);

**Keeping Safe projects**

- Oasis are working with selected primary schools;
- In discussion with Penny Button on another a project idea for supporting troubled families, which could focus on domestic abuse in Thanet;
- There was a suggestion that early intervention to work with affected children affected by domestic abuse from an early age;
- There were current considerations for joint funding with the Arts Council on working with young children (early years)
- And working with frontline staff on how to de-escalate situations at the workplace.

Meeting concluded: 11.10 am