

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 22 November 2017.

PRESENT: Mr P J Oakford (Chairman), Dr B Bowes (Vice-Chairman), Cllr S Aldridge, Dr F Armstrong, Mr I Ayres, Mr P B Carter, CBE, Dr S Chaudhuri, Ms P Davies, Mr I Duffy, Dr A Duggal (Substitute for Mr A Scott-Clark), Dr S Dunn, Mr G K Gibbens, Mr R W Gough, Mr S Inett, Dr N Kumta, Mr S Perks, Ms A Singh, Ms H Smith and Dr R Stewart

ALSO PRESENT: Cllr Alan Jarrett and Mr Neil Davies

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

UNRESTRICTED ITEMS

309. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed Cllr Alan Jarrett and Mr Neil Davies from Medway Council and Glen Douglas (Chief Executive of the Sustainable Transformation Partnership) to the meeting.
- (2) He invited Cllr Jarrett and Mr Davies to comment on the proposal to develop joint health and wellbeing arrangements. Mr Jarrett said he supported the proposals in principle. He referred to the proposed membership, as set out in paragraph 3.2 of the report, and said he strongly supported the inclusion of representatives from district councils with a minimum of observer status. He also said the Medway Health and Wellbeing Board would continue to operate, the terms of reference of the joint board were key to its success and should be written in a way that ensured any joint board did not acquire executive functions.
- (3) Mr Davies said a joint board would facilitate working with the STP.

310. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Cllr F Gooch, Dr S MacDermott, Dr T Martin and Mr A Scott-Clark. Alison Duggal attended as substitute for Mr Scott-Clark.

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

(Item 3)

There were no declarations of interest.

312. Minutes of the Meeting held on 20 September 2017

(Item 4)

Resolved that the minutes of the meeting held on 20 September 2017 are correctly recorded and that they be signed by the Chairman.

313. Update on the STP and its links with the HWB - Presentation by Glenn Douglas - Chief Executive of Kent and Medway STP

(Item 5)

- (1) Mr Douglas gave a presentation which is available on-line at Appendix 1 to these minutes.
- (2) Comments were made about the need to consider patient involvement and engagement in the new arrangements; the role of the HWB in having a strategic overview of the arrangements for and the delivery of local care; the reduction in investment in primary care as a proportion of the total NHS spent; the tension between central control and local autonomy particularly in relation to local care; and the relationship between the Case for Change and the Joint Strategic Needs Assessment.
- (3) Concerns were also raised that social care funding might be used to support the acute sector and that Better Care Funding might be withdrawn.
- (4) Dr Stewart said the Kent and Medway Integration Pioneer was a working group of the Health and Wellbeing Board and had developed into the Design and Learning Centre for Clinical and Social Innovation (DLC). The DLC was now recognised as the Service Improvement and Innovation facility for the Kent and Medway STP in collaboration with Medway and Swale Centre of Organisational Excellence and the Academic Health Science Network.
- (5) Resolved that the presentation be noted.

314. Discussion paper: Health and Wellbeing Board - proposal to move to a joint board with Medway Council

(Item 6)

- (1) David Whittle (Director of Strategy, Policy, Relationships and Corporate Assurance) introduced the report which provided the foundation for further discussion to support the Board in coming to an in-principle agreement to develop a joint arrangement. He referred to Cllr Jarrett's comments at the beginning of the meeting in support of such an arrangement and said that if it was the wish of the Board, terms of reference and other technical matters could be developed by officers.
- (2) Comments were made about the relationship of a joint board with local care providers and integrated commissioning as well as the opportunity to learn from Medway's experiences in local care commissioning.
- (3) In response to questions and comments, Mr Whittle confirmed that the intention was to have representatives from the Strategic Commissioner function and a representative from each Accountable Care Partnership (ACP).

- (4) Comments were also made about the importance of arrangements for children and the 0-25 Health and Wellbeing Board in any new arrangements.
- (5) Resolved that:
 - (a) It be agreed to recommend to County Council the creation of a Joint Board with Medway Council dependent on agreement from Medway Council, and further discussions with STP Leadership;
 - b) The joint Board would focus on the Kent and Medway STP;
 - c) Membership might include future representation from the strategic commissioner function and ACPs as new structures developed;
 - d) Responsibility for agreeing Terms of Reference for the joint Board with Medway Council and STP Leadership be delegated to the Chairman.

315. Kent and Medway Growth and Infrastructure Framework - 2017 Update
(Item 7)

- (1) Katie Stewart (Director of Environment., Planning and Enforcement) introduced the report which provided an overview of the emerging Kent and Medway Growth and Infrastructure Framework (GIF) and asked the Board to make recommendations on the emerging headline messages and infrastructure costings for the update of the GIF.
- (2) Sarah Platts (Strategic Planning Infrastructure Manager) outlined the approach taken to developing the GIF including engagement with the STP, the emerging narrative and costings. The analysis showed a significant gap between the funding required and the anticipated contributions from central government, developer contributions and other sources.
- (3) Comments were made about the need to use the same language as being used in the STP; to avoid any implication that primary care practices might be forced into larger buildings; and to move away from the idea that the proposed hubs were physical buildings when it might be the way that services would be aggregated virtually to deliver services to populations of 40,000-50,000.
- (4) Comments were also made about the desirability of following other authorities who were considering radical ways of raising funds for infrastructure delivery; and the need to lobby government for adequate funding to meet current and future growth forecasts.
- (5) Resolved that the report be noted.

316. NHS Preparations for and Response to Winter in Kent 2017/18
(Item 8)

- (1) The Chairman welcomed Mr Duffy to the meeting. Mr Duffy said that planning for winter 2017/18 had started towards the end of last winter. Two debriefs had been held which had led to further work in relation to demand and

capacity. Local A&E Delivery Board (LAEDB) plans for winter across Kent and Medway, had been assured as “Amber”, however the plans continued to be developed, refined and tested with support from NHSE/NHSI. NHSE were also working with LAEDBs to produce a Kent and Medway Surge Plan in order to strengthen mutual aid agreements. He also said that each LAEDB would conduct a Surge Capacity Exercise ahead of winter.

- (2) Mr Duffy also said that all LAEDBs were promoting the nationally led “Stay Well this Winter Campaign” which was aimed at asking the public to protect themselves from the cold and included encouragement to be vaccinated against the flu.
- (3) Mr Duffy thanked the Health and Wellbeing Board for its continued support and said the Health and Wellbeing Board needed to retain good oversight of funds and to continue to work to deliver the required reductions in the delayed transfers of care which were key to providing capacity in the acute sector. He concluded by saying robust plans were in place to manage this year’s winter pressures, a strong national communications plan was being supported and delivered locally, and LAEDBs had well-rehearsed plans to manage the impact of emergencies.
- (4) Comments were made about the plans in place in East Kent to respond to winter, the opportunity to further exploit information systems to help with the escalation process, the capacity of primary care to assist in extreme emergencies, the role of the out-of-hours GP service. Further comments were made about the fact that during times of pressure, it tended to be across the whole system including both primary and acute care, as more people were sick, they also tended to be sicker and to stay in hospital for longer; and there was a limited number of staff with the appropriate skills who could be called upon to respond to increased demand.
- (5) Resolved that the report be noted.

317. Kent Safeguarding Children Board Annual Report

(Item 9)

- (1) Members of the Board expressed surprise that a representative of the Kent Safeguarding Children Board was not in attendance to present the report. Mr Ireland suggested a report providing an update on the recommendations made by Ofsted be received at a future meeting of the Health and Wellbeing Board. He also outlined some of the potential changes to arrangements for safeguarding children arising from the Health and Social Care Act.
- (2) Resolved that the Chairman of the Kent Safeguarding Children Board be asked to attend the meeting of the Health and Wellbeing Board in January 2018 to present an update on actions since the Ofsted inspection and potential changes to arrangements for safeguarding children arising from the Health and Social Care Act.

318. 0-25 Health and Wellbeing Board

(Item 10)

Resolved that the minutes of the meeting held on 19 July 2017 be noted.

319. Minutes of the Local Health and Wellbeing Boards

(Item 11)

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

Ashford - 18 October 2017

Canterbury and Coastal – 5 October 2017

Dartford, Gravesham and Swanley – 25 October 2017

South Kent Coast – 16 May 2017

Thanet – 7 September 2017

West Kent – 15 August 2017 and 17 October 2017

320. Date of Next Meeting 24 January 2018

(Item 12)

- (1) Mr Oakford said that this was Andrew Ireland's last meeting and thanked him for his contribution to the organisation and for his personal support and patience. He also wished him well for the future.
- (2) Resolved that from April 2018 the meetings of the Health and Wellbeing Board be held during the working day.

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Kent and Medway STP Update and Links with the Health and Wellbeing Board

Glenn Douglas Chief Executive

22nd November 2017

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

K&M STP Priorities

Stroke

- Establishment of Hyper Acute Stroke Units – Three HASUs proposed in Kent and Medway
- Currently at the Pre Consultation Business Case (PCBC) stage
- NHS England support in early 2018
- Public consultation will begin after approval by NHS E. Estimated March 2018

East Kent Acute Services

- Work is ongoing to refine current options
- Due diligence being undertaken around an offer from local developer
- Formal options appraisal process of short list to begin mid January 2018



K&M STP Priorities

System Transformation

- Establishment of a single strategic commissioner for Kent and Medway
 - Currently working with the eight Clinical Commissioning Groups to move towards achieving this
 - Tight timeline set by NHS England
- Development of Accountable Care Partnerships (ACPs) across East and Medway, North and West Kent being seen as Provider collaborations
- Ensuring local commissioning is not compromised and relationships/work continue
- Working to identify strategic/local commissioning split
- Accountable Care System seen as a Kent and Medway wide footprint
- Providers moving to a Memorandum of Understanding to collaborate, particularly on back office and productivity



Local Care

- Key Priority
- Money from development of models to implementation in conjunction with CCGs and other partners
- Current investment case in outline needs to be refined in order to ensure central funding
- Where possible, we are looking to bring forward schemes to impact on this winter
- Integration of Public Health priorities in design and implementation



Winter

- Expectation of a very challenging winter period
- The STP will contribute to helping to manage the system through the next few months
 - Effective use of existing meetings
 - Staff/bank agencies across Kent and Medway
 - Co-ordinating A&E Delivery Boards



Other Areas:

Public Health Agenda

- Integrate into all business cases
- Integrate particularly with Local Care

Mental Health

- Extensive progress made
- Integration into Local Care and System Transformation
- Equal focus on physical and mental health together
- Outstanding work to encompass CAMHS

Digital

- Key enabler
- Work together to break down issues particularly around Information Governance

Workforce

- Kent and Medway-wide bank and agency management
- Bid for Medical School



STP and HWB Relationship for consideration

- Need to streamline governance of the STP
- The need to better understand and manage the statutory versus the programme (STP) governance arrangements (including Health and Wellbeing Boards) The need to link to other structures and arrangements (Learning Centre for Clinical and Social Innovation, Academic Health Science Network, Mascoe...)
- Particular issues around priority areas such as children and cancer and how we link to existing arrangements to order to plan robustly (e.g. 0 to 25 Health and Wellbeing Transformation Board, Local Maternity System (LMS) network, Cancer Alliance...)
- Link to district and borough councils
- A recognition that there is no perfect governance structure and we have to work with the existing primary legislation



- Development of a single strategic commissioner (potentially a single CCG in time) and accountable care arrangements will help re-establish the cohesiveness of the relationship with upper tier Health and Wellbeing Boards
- Is there a potential for a single Kent and Medway Health and Wellbeing Board?



A number of areas where the STP would welcome leadership from the Health and Wellbeing Boards:

- Leading on the STP work on prevention and wellbeing, which we are struggling to progress (can't just be an investment strategy, although will be part of local care development)
- A champion for integration in local care delivery, including working with the STP to establish a Kent and Medway Local Care Board
- Population health needs informing the case for change and as a sponsor of the case for change



The STP provides the opportunity for prevention to be embedded in health and social care strategy for Kent and Medway

Prevention strategy

- The Prevention workstream is being led by Directors of Public Health at KCC and MUA
 - The strategy has focussed on developing business cases around obesity and smoking as well as ensuring there is a prevention focus in the system-wide programmes, such as the Cancer Alliance and Local Maternity System
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Next steps

- The Prevention workstream is discussing with the STP Finance Group the development of a finance model for funding additional prevention activity
 - The development of a Kent and Medway Clinical Strategy will be based on a refreshed case for change and needs assessment, which is being led by the DPHs and to be delivered in early 2018
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HWB support

- HWB input into the development of business case approach will help to support the investment by the health and social care system into prevention
- HWB support for aligning the case for change with the JSNA will ensure that the clinical strategy is prioritising the appropriate population health needs



The HWB could provide support with the development of the Clinical Strategy

- Owning the Case for Change
- Focus on aligning the Case for Change with the Joint Strategic Needs Assessment



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