

## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 21 March 2012.

PRESENT: Mr R W Gough (Chairman), Dr B Bowes, Dr M Cantor, Mr P B Carter, Dr S Chaudhuri, Mr A D Crowther (Substitute for Mr A Bowles), Mr G K Gibbens, Mr R Kendall, Cllr M Lyons, Mr K Smith (Substitute for Cllr P Watkins), Ms A Sutton, Mr C Tomson, Mrs J Whittle, Dr D Woodhead and Cllr M Worrall

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Ms M Peachey (Kent Director Of Public Health) and Mr P D Wickenden (Democratic Services Transition Manager)

#### UNRESTRICTED ITEMS

##### **30. Welcome**

*(Item 1)*

The Chairman, Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform (KCC), welcomed everyone to the meeting of the Shadow Health and Wellbeing Board.

##### **31. Substitutes**

*(Item 2)*

The following apologies were received and noted:

Dr Fiona Armstrong, Joint Clinical Lead, Swale CCG – substituted by Dr F M Cantor

Dr Roger Pinnock, Chair, Ashford CCG

Mrs Michelle Farrow, Leadership Support Manager, Dover District Council

Councillor John Cunningham, Tunbridge Wells Borough Council

Councillor Leslie Ingam, Member, Housing, Health and Wellbeing, Swale BCI

Councillor Paul Watkins, Leader, Dover District Council – substituted by Councillor Kit Smith

##### **32. Declaration of Interests by Members in Items on the Agenda for this meeting**

*(Item 3)*

Dr B Bowes declared an interest as his wife works in a Children's Centre which was the subject of discussion at Item 9 on the Board's agenda.

##### **33. Previous Minutes/Action Points - 18 January 2012**

*(Item 4)*

The Board agreed that Minutes of the meeting held on 18 January 2012 were a correct record and that they be signed by the Chairman.

### **34. Chairman's remarks - the Board's work programme (Oral report)**

*(Item 5)*

(1) The Chairman informed the Board that at the current time there were many unknowns in the development of the Health and Wellbeing Board. These included:-

- Money
- Supply Side
- Patient experience and engagement
- Integration
- Our existing plans, strategies and frameworks

(2) To take the work of the Board forward the Chairman suggested that the Board might wish to consider holding a workshop to look at the following important issues:-

- (a) NHS Operating Plan;
- (b) Children's Services Improvement Plan; and
- (c) Social Care Transformation Plan

(3) The purpose of the proposed workshop would be to look at the interrelationship between these three Plans which would help to inform the Health and Wellbeing Strategy which is being developed.

(4) The suggested timelines were as follows:

*Spring-Summer*

- A range of meetings to share the understanding of key issues

*Summer*

- Clinical Commissioning Group authorisation
- Building engagement capacity for Health and Wellbeing Strategy
- Shadow benchmarking of Plans against Health and Wellbeing Strategy

*Autumn*

Cycle of:-

- Strengthened Joint Strategic Needs Assessment, Health and Wellbeing Strategy
- Public engagement
- New commissioning plans
- Working as a team

(5) Mr Ireland suggested that in addition to the three Plans referred to in subparagraph (2) above the Board may wish to consider expanding the issues to include the Children's Centres.

(6) RESOLVED: that the report be noted.

### **35. Joint Strategic Needs Assessment (JSNA)**

*(Item 6)*

(1) Further to Minute 27 the Shadow Health and Wellbeing Board had before them the latest version of the Joint Strategic Needs Assessment (JSNA).

(2) Mr Gibbens informed the Board that the consultation would be concluded at the end of March 2012. During the debate the following comments were made:

- GP Representatives said that the JSNA has implications for the way in which GPs work. The JSNA needs to reflect more appropriately what is happening on the ground and related to GP practices. Specific reference was made to public health and moving this more to the GP suite. This was acknowledged by the Board as a real challenge between the strategic requirements of a JSNA and what happens at a practice level.
- With regard to Community Engagement the JSNA is a process which should be used as a working tool for dialogue and engagement.
- Citizen and service user engagement is key to ensuring what the NHS and the County Council is putting in place to inform their decisions on service delivery.
- An audit of all the citizen and service user engagements would be completed by early April for inclusion in the JSNA,
- The establishment of a local Healthwatch and the emerging Locality Boards will have key roles moving forward.

### **36. Health and Wellbeing Strategy: Progress to date and the way forward (Presentation)**

*(Item 7)*

(1) Further to Minute 25 the Chairman informed the Board of the ongoing work in developing the Health and Wellbeing Strategy. It was important to build on the priorities identified by the Board. Consultation with other key partners was key moving forward, it was important to recognise and understand all the opportunities. The Shadow Board acknowledged that it was important that the Strategy had 'real people issues' – not expressed in an operational way but as a 'service user'/patient'.

(2) The Board acknowledged that the Strategy needed to reflect both the strategic and District needs in what the Strategy was seeking to achieve.

(3) The Strategy would be important in terms of a two way dialogue, e.g. Clinical Commissioning Groups and the Commissioning Plans.

### **37. Strategic Overview of NHS and Social Care Finance (Presentation)**

*(Item 8)*

(1) The Shadow Health and Wellbeing Board received a presentation by Mr R Smith, Director of Financial Planning and Strategy NHS Kent and Medway PCT, giving an overview of NHS and Social Care Finance. A copy of the presentation is attached as an appendix to these Minutes.

(2) RESOLVED: that Mr Smith be thanked for an excellent, detailed presentation.

### **38. The Principles and Health & Wellbeing Outcomes of Children's Centres**

*(Item 9)*

*(Helen Jones, Head of Commissioning, Families and Social Care, Kent County Council and Linda Denne, Service Commissioning Manager, Consulting Service, NHS Kent and Medway were in attendance for this item)*

(1) The Shadow Health and Wellbeing Board had a very comprehensive report which set out for the Board how Children's Centres across Kent had developed and how health services were currently being delivered in these Centres.

(2) The Board acknowledged that there is a variance in current links between Children's Centres and health professionals across Kent, and, in particular, the links between General Practice and Children's Centres.

(3) The Kent Children's Centres outcomes Framework for commissioned services provides an overview of strategic outcomes to guide and support commissioners in developing services within Children's Centres in Kent. This Framework aims to deliver the revised core purpose for Children's Centres which enables and guides services to be targeted at those most in need whilst maintaining availability to all.

(4) The Board noted that Children's Centres contribute significantly to the Public Health Outcomes Framework.

(5) The Health Visitor Implementation Plan 2011-2015 – A Call to Action published in February 2011 sets out the coalition Governments vision to increase the number of Health visitors nationally by 4,200. The Board noted that Kent and Medway have the highest target, 420 new Health Visitors.

(6) The Shadow Health and Wellbeing Board were invited to discuss how the review of the delivery of Children's Centres may further develop joint working and improve outcomes including:

- Should the age range be extended to have a more family focus whilst not diluting the core purpose for 0-5 year olds?
- Could some Children's Centres have specialisms?
- Could more targeted and specialist services be delivered in those areas with the most vulnerable families?

(7) The Shadow Health and Wellbeing Board acknowledged the central role Children's Centres can play in multi agency working to achieve the National Implementation Plan.

(8) Reference was made to the way good work is already taking place in parts of the County to align some health services to Children's Centres.

(9) There was a real opportunity to drive this agenda forward together working collaboratively across the agencies. The opportunity to maximise the use of Children's Centres and align some services provided by GPs to provide a more equitable service across the County. The Leader of the Council sought the views of Health colleagues, GPs and Clinical Commissioning Groups on the value of Children's Centres.

(10) The Shadow Health and Wellbeing Board recognised that the Children's Centres could play a significant role for expectant new parents, public health, children's mental health and those mental health services for children in the community.

(11) The Board asked for a map of where the 97 Children's Centres are located across the County and a description of what each Children's Centre provides in the way of services so gaps can be identified.

(12) The Board acknowledged that the Team were confident that they would be able to achieve the target of 420 new Health Visitors for Kent and Medway. One GP representative, whilst supportive of Health Visitors, expressed the view that it is very difficult to measure services and outcomes for the Health Visitor Team.

(13) Commissioning Services through a mix of commissioners and providers will need to be handled with care and streamlined where possible.

(14) It was important to reflect where local pilots, e.g. Dover and Shepway, fitted into the wider vision.

(15) In conclusion the Board noted that responsibility for the provision of Children's Centres rests with the Local Authority. There would be a core offer of services. The challenge is to ensure that there is the right number of Children's Centres in the right place offering a broader but equitable range of services.

### **39. Dover Health and Wellbeing Board: Progress Report**

*(Item 10)*

(1) The Shadow Health and Wellbeing Board received a short report seeking approval to the Draft Terms of Reference for the Dover District Shadow Health and Wellbeing Board which was to be established as a Sub-Committee of this Board.

(2) RESOLVED that:

(a) the Terms of Reference for the Dover Shadow Health and Wellbeing Board be approved; and

(b) the development of the Board noted.

### **40. Date of next meeting - Wednesday 30 May 2012**

*(Item 12)*

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# **Kent Health and Wellbeing Board**

**21st March 2012**

## **Strategic Overview Of NHS and Social Care Finance**

**Rod Smith – Director Of Financial  
Planning and Strategy**

# Main Headings

- Annual spending
- Main Financial Drivers
- Medium Term Assumptions?
- Linking Finance with health and outcomes – (a quick Cook's tour)

# Annual Spending (2012/13)

- Initial Revenue Limit
  - Kent only, £2.4bn
  - Around £1,720 per weighted person
  - Around £4.70 per person per day

## To be delegated to emerging Clinical Commissioning Groups (2012/13)

	£m
• Dartford,Gravesham & Swanley	275
• Swale	123
• Canterbury	245
• Thanet	197
• South East Coast	262
• Ashford	136
• South of West Kent	459
•	1,697

## Main Financial Drivers

- Population growth and ageing £15m
- Additional demand £14m
- Tariff/ inflation/efficiency (£15m)
- Quality £15m
- Commissioning Intentions (£41m)
- 1% surplus & 2% Headroom

## Medium Term Annual Assumptions?

- NHS may expect small real terms growth  $> \text{zero}$  and  $< 0.5\%$
- Population growth/ageing around  $1.5\%$
- Provider tariff deflator around  $0.8\%$ , embedding  $4\%$  efficiency and increased quality incentives
- Commissioning Intentions net saving between  $0.5\%$  and  $1\%$

## Sensitivities

- Relationship between inflation and tariff
  - For 2012/13 2.5% inflation and 4% efficiency assumed resulting in negative 1.5% tariff adjustment.
- Additional demand above level explained by demography.
- Impact of commissioning plans

## Expected Impact

- “Smaller/ hotter” acute services
- Services adapting towards community and home settings
- Real time information and risk stratification used to manage patients proactively, with focus on prevention.
- Increased use of innovative technology
- Personalised care, especially long term conditions

# Health and Outcomes.....

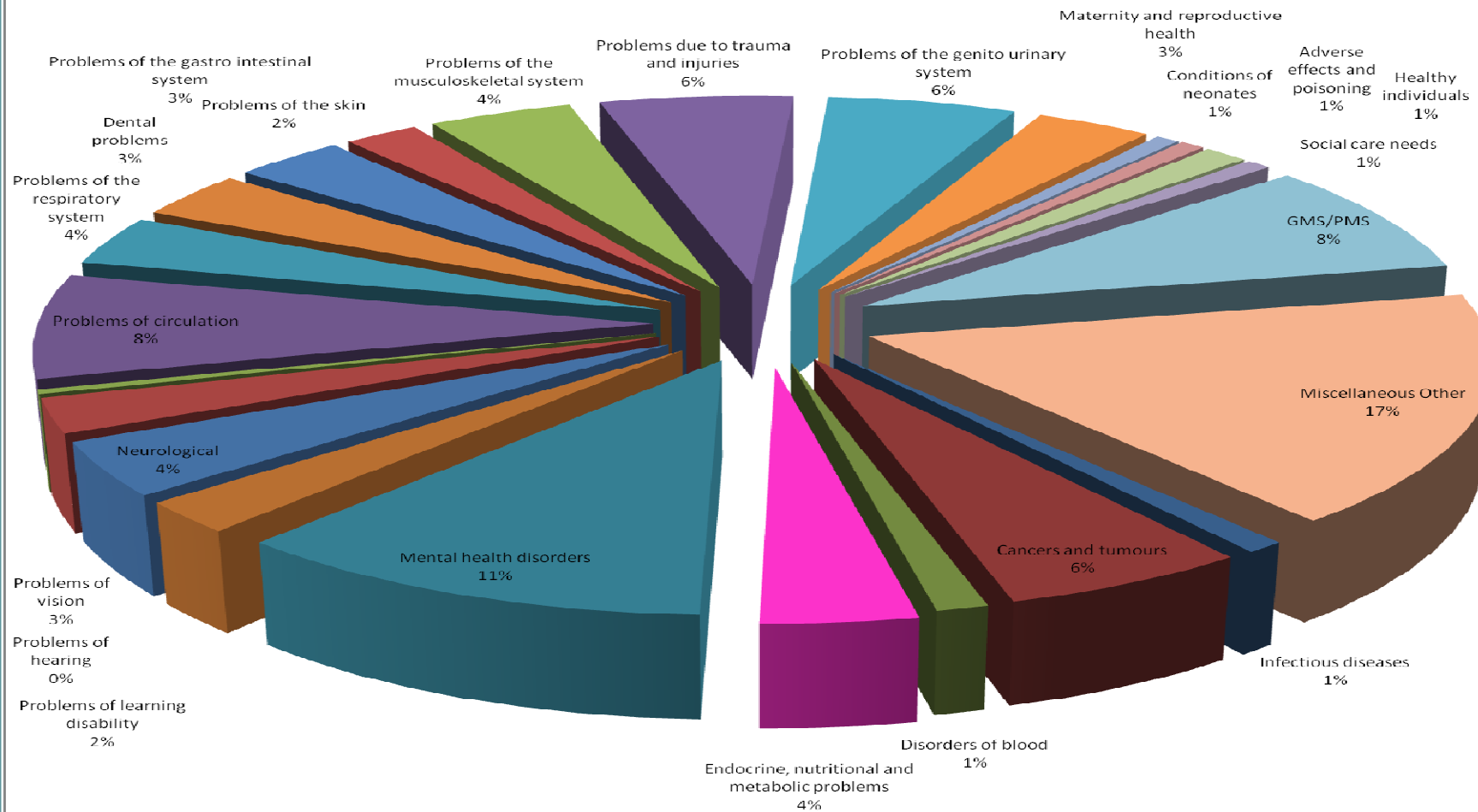
# Linking £ with health and outcomes

## 23 Programme Budgeting Categories

- |    |  |    |   |
|----|--|----|---|
| 1  | Infectious Diseases                              | 14 | Skin Problems   |
| 2  | Cancers & Tumours                                | 15 | Musculoskeletal System Problems<br>(excludes Trauma)    |
| 3  | Blood Disorders                                  | 16 | Trauma & Injuries                                       |
| 4  | Endocrine, Nutritional and Metabolic<br>Problems | 17 | Genito Urinary System Disorders<br>(except infertility) |
| 5  | Mental Health Problems                           | 18 | Maternity & Reproductive Health                         |
| 6  | Learning Disability Problems                     | 19 | Neonates  |
| 7  | Neurological System Problems                     | 20 | Poisoning   |
| 8  | Eye/Vision Problems                              | 21 | Healthy Individuals                                     |
| 9  | Hearing Problems                                 | 22 | Social Care Needs                                       |
| 10 | Circulation Problems (CVD)                       | 23 | Other Conditions  |
| 11 | Respiratory System Problems                      |    |   |
| 12 | Dental Problems                                  |    |   |
| 13 | Gastro Intestinal System Problems                |    |   |

# Kent View

## Kent Programme Analysis



# Benchmarking tool

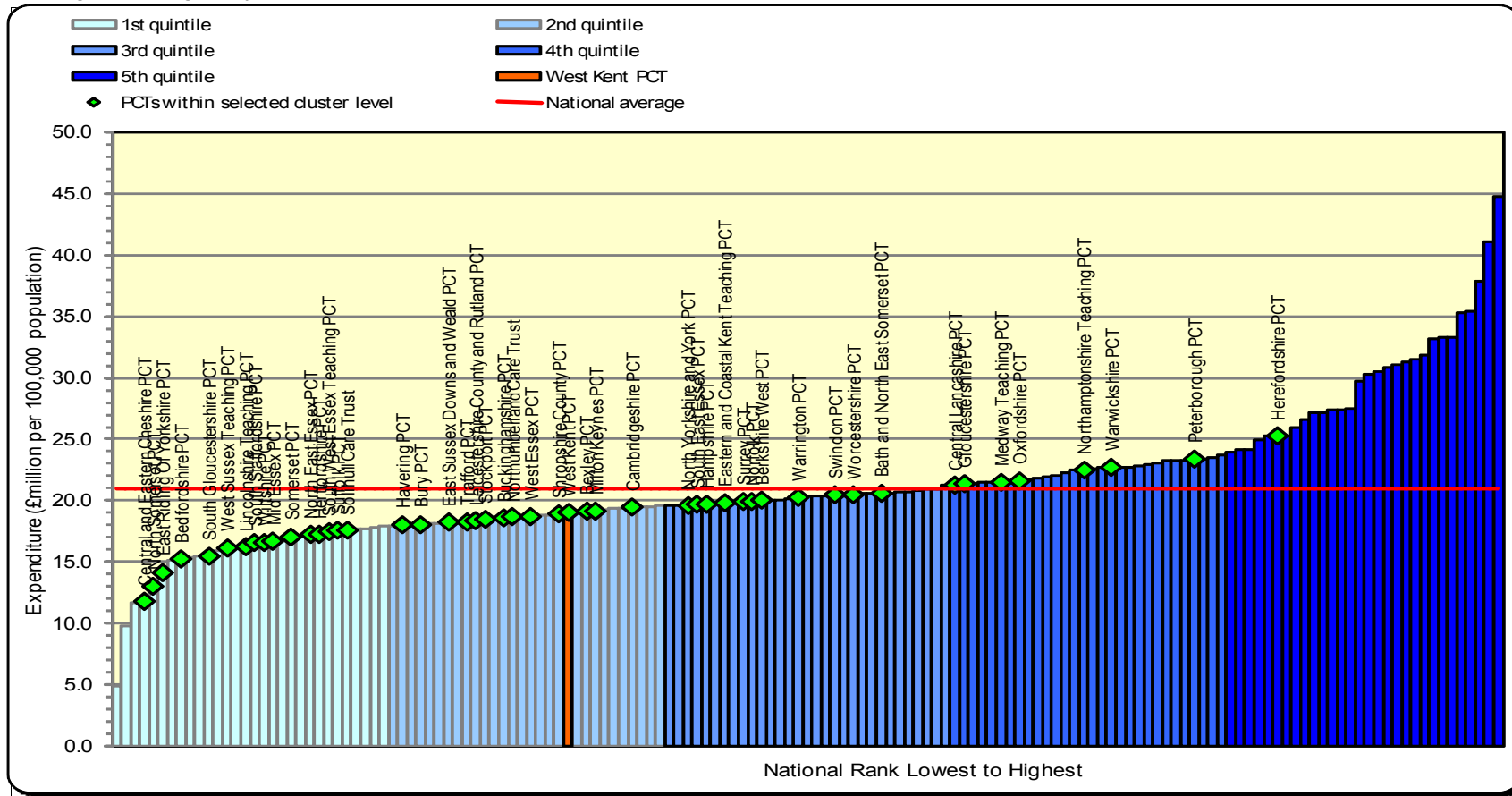
- Start at PCT level
- Select a
  - programme area
  - care setting
  - peer cluster (ONS)
  - weighting (a level of standardisation)
- Example using mental health...

# WKPCT 2010/11 Mental Health Expenditure

## All PCTs expenditure per 100,000 population

<b>Programme category</b>	05. Mental health disorders	<b>ONS Cluster level</b>	1 SUPER (7 groups)
<b>Primary Care Trust</b>	West Kent PCT	<b>Population weighting</b>	UNIFIED WEIGHTED POPULATION
<b>Care Setting</b>	14. Total Expenditure	<b>Benchmark</b>	National average

Note on interpretation: PCTs with large amounts of expenditure in category 23x for a given care setting may have less expenditure allocated to disease specific categories within that care setting. To aid comparison of expenditure on disease specific categories and within care settings the 'All commissioner chart with 23x' sheet shows the same information as the chart below with additional information on the amount of expenditure in 23x for the chosen care setting on the negative y axis.



# What has happened over time?

- Compare since 2006/07

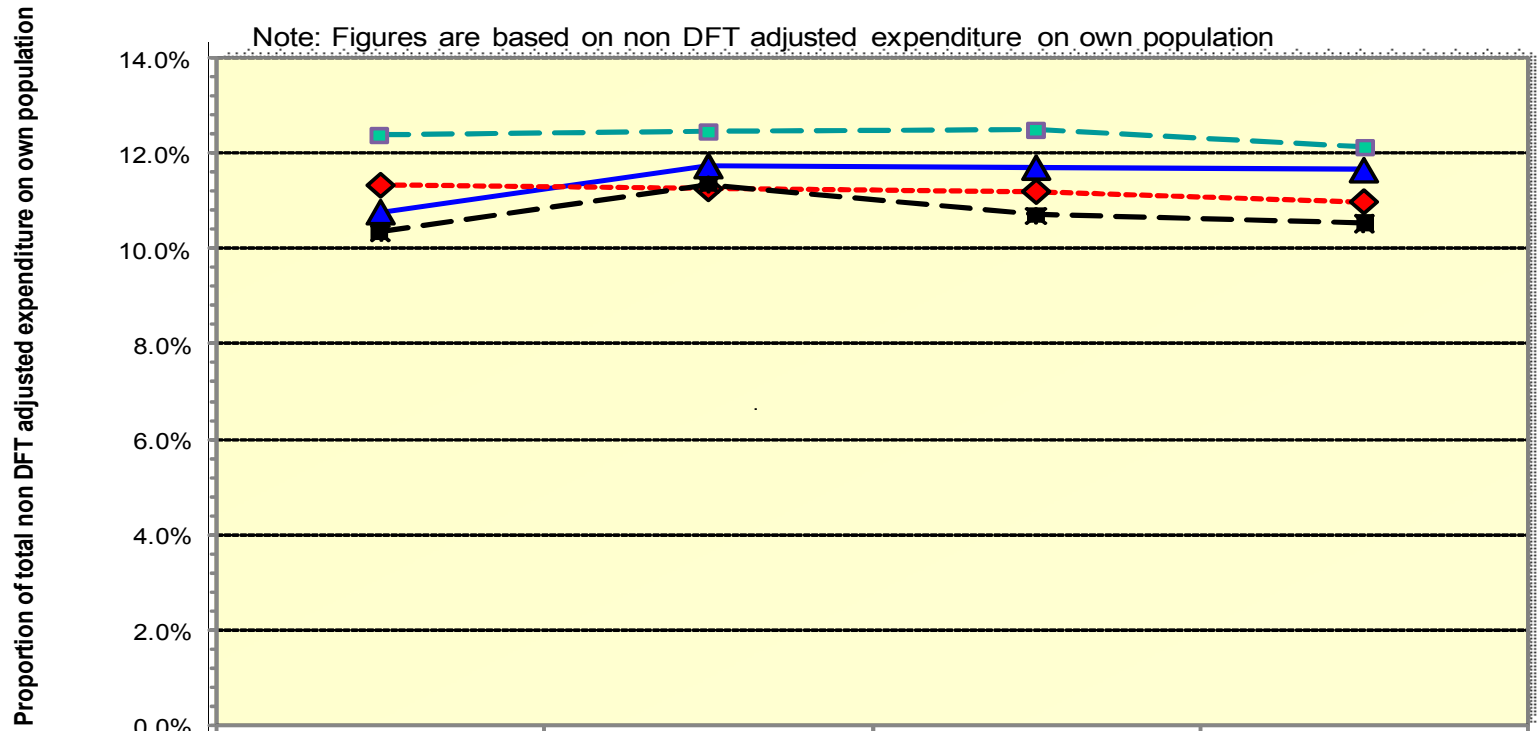
Select commissioner: Q37 West Kent PCT (5P9) ▼

Select programme: 05. Mental health disorders ▼

Select cluster level: 1 SUPER (7 groups) ▼

Cluster description: Prospering UK

### Programme spend on own population as a percentage of total spend compared to cluster, SHA and national averages



	2006-07	2007-08	2008-09	2009-10
Selected PCT	10.76%	11.73%	11.70%	11.64%
Cluster Average	11.33%	11.26%	11.20%	10.99%
Host SHA Average	10.35%	11.34%	10.71%	10.54%
National Average	12.38%	12.45%	12.49%	12.15%

## Information at practice level...

- Practice level is the building block for Clinical Commissioning Groups.
- Systems and processes must develop and adapt to produce SMART information at the appropriate level of detail.

# WKPCT has a large variation at practice level for reported vs expected prevalence of depression

NHS comparators – depression reported vs Expected Prevalence Aged >=18 – Practice level

## West Kent PCT - Depression Reported vs Expected Prevalence Aged >=18

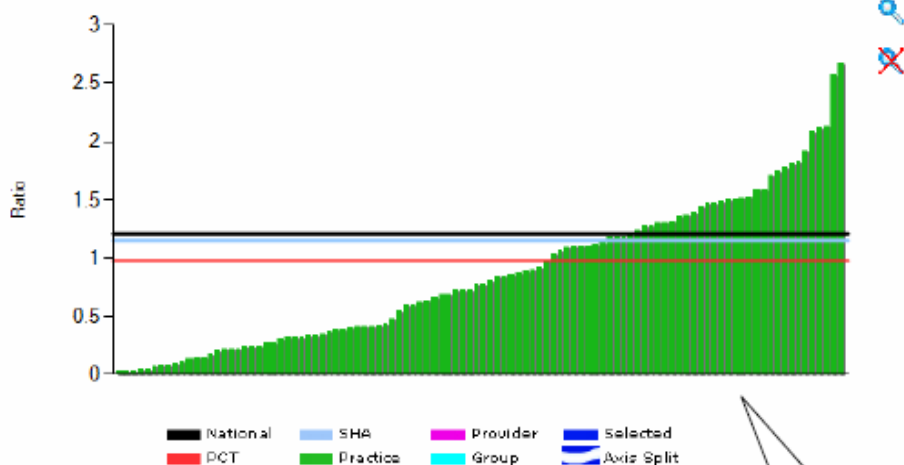
Period/Year: Rolling Year - 2008/2009; Activity



2007/2008 2008/2009

Annual

View Alerts Definition Interpretation



### Organisational View

View your organisation at peer group level, above or below:

» National » SHA

### Display Other Groupings

View your organisation against a peer group:

Custom  Common

Group:

Please select a group...

### Graph View Options:

Ranked

Time Series

Ratio  Expected Count

Reported Count  Population

### Statistics

Type	Org	Ratio	Reported Count >=18	Expected Count >=18	Difference	Population >=18
PCT	5P9	0.98	44,940	45,798	-858	544,386
SHA	Q37	1.15	346,409	300,350	46,059	3,596,013
National		1.21	4,373,974	3,617,391	756,583	42,871,182

Easy to identify high and low spending practices. Can compare practices within groups based on need of population

## Spend and Outcomes

- SPOT (spend and outcomes tool)
- Developed by Association of Public Health Observatories
- Matches spend with available and relevant outcomes for each programme area

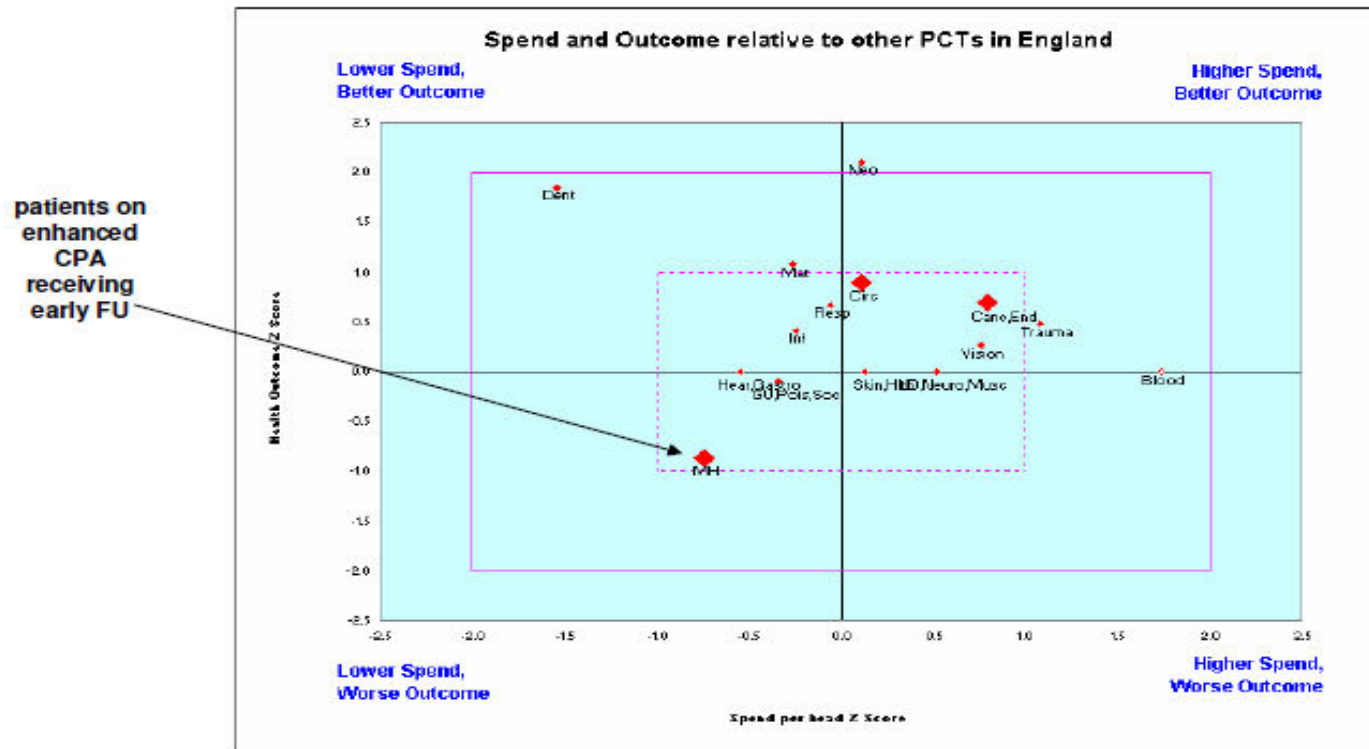
## WKPCT has a low spend and outcome quadrant for Mental Health disorders when compared to PCTs nationally

Each diamond represents a disease category and shows spend and outcomes compared to PCTs Nationally

2008/2009 APHO Spend and Outcomes Tool – Each diamond represents a disease category and shows spend and outcomes compared to the national average

## West Kent PCT has a lower spend and worse outcome for Mental Health disorders when compared to PCTs nationally

West Kent PCT 2008/09

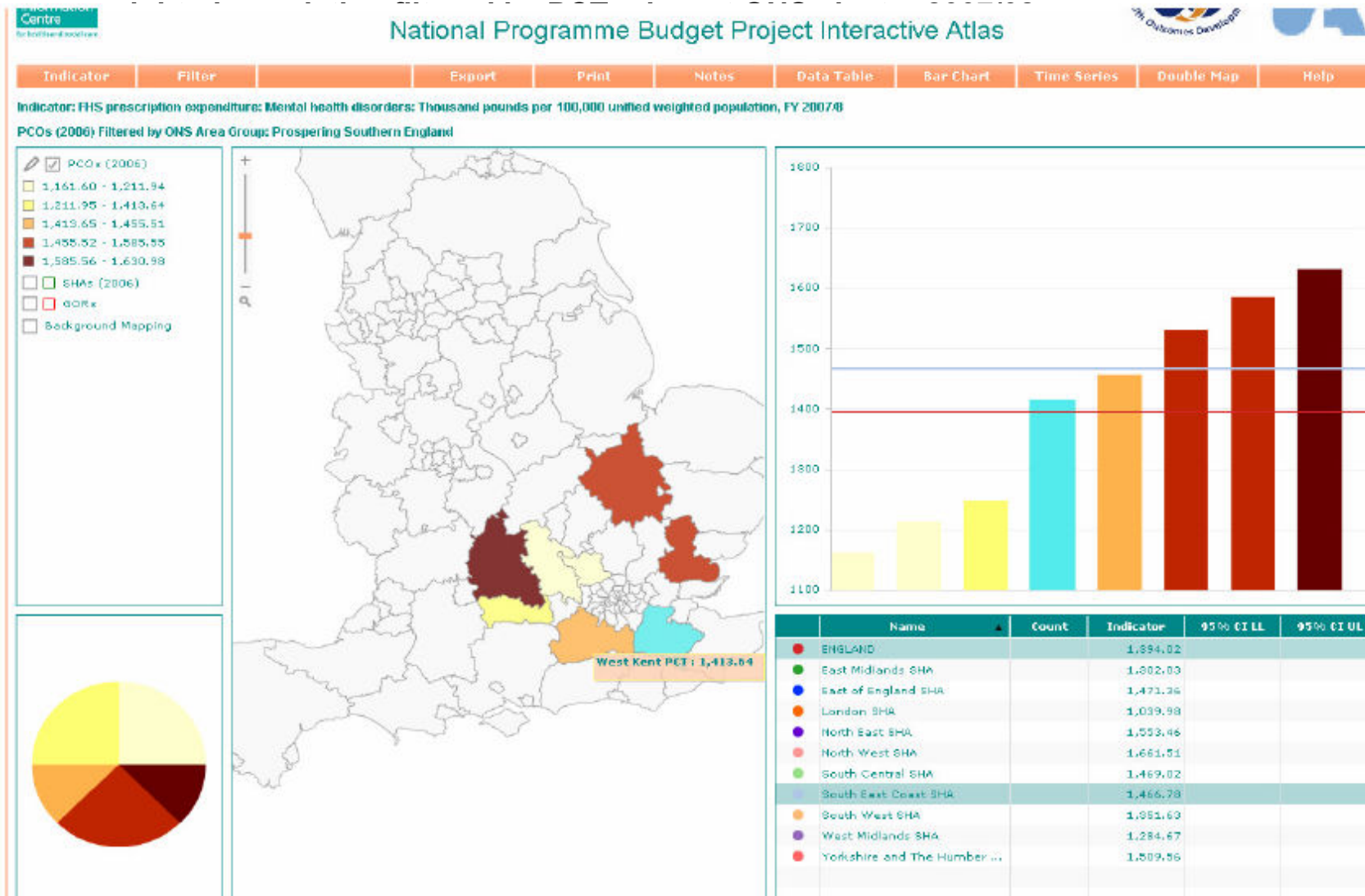


## Triangulate using for example Programme Budget Atlas

- Provided on our behalf by the National Centre for Health Outcomes Development, under contract to the NHS Information Centre.
- The Atlas links programme budgeting expenditure data, as presented in the programme budgeting spreadsheet with an array of outcome data.
- By using mapping software, bar charts and correlation plots, the Atlases provides an illuminating and user-friendly way of analysing and presenting data.
- Atlases available via an NHS Net connection from:  
[www.nchod.nhs.uk](http://www.nchod.nhs.uk)

# WKPCT has an average FHS prescribing expenditure when compared to similar PCTs (Prospering Southern England)

FHS Prescription expenditure : Mental Health. Thousand pounds per 100,000 unified



## Where to with programme analysis?

- Department of Health interested in what we have done in Kent.
- Recent two day visit involving GPs, Public Health Directors and Kent County Council.
- Potential to make the approach far more useful.

Thank You

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