KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD (SHADOW)

MINUTES of a meeting of the Health and Wellbeing Board (Shadow) held in the Medway Room, Sessions House, County Hall, Maidstone on Wednesday, 30 January 2013.

PRESENT: Mr R W Gough (Chairman), Dr Fiona Armstrong, Dr B Bowes, Mr A Bowles, Ms H Carpenter, Mr P B Carter, Dr S Chaudhuri, Mr D Cocker (Substitute for Dr C Mah), Ms F Cox, Cllr J Cunningham, Cllr R Davison, Mr G K Gibbens, Mr A Ireland, Mr R Kendall, Cllr M Lyons, Dr T Martin, Ms M Peachey, Mr S Perks, Dr R Pinnock, Ms V Segall Jones, Mr C Tomson and Mrs J Whittle

ALSO PRESENT: Ms V C Edwards and Ms J Ford, Department of Health

IN ATTENDANCE: Ms D Benton (Staff Officer to the Cabinet Member for Business, Strategy, Performance and Health Reform), Ms C Davis (Strategic Business Advisor), Mr A George, Mr D Godfrey (Public Policy), Mr A Scott-Clark (Director of Health Improvement (KCC), NHS Kent and Medway), Mrs A Tidmarsh (Director of Older People and Physical Disability), Ms M Varshney and Mr P D Wickenden (Democratic Services Transition Manager)

UNRESTRICTED ITEMS

78. Substitutes
(Item 2)

The following apologies and substitutes were received and noted:-

Councillor Paul Watkins, Michelle Farrow, Amber Christy and Dr M Jones. Derek Conway was substituting for Lesley Ingham.

79. Chairman's welcome
(Item 1)

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

80. Declaration of Interests by Members in Items on the Agenda for this meeting
(Item 3)

There were no declarations of interest by Members on any items on the agenda for this meeting.

81. Minutes of the Meeting held on 21 November 2012
(Item 4)

RESOLVED that, subject to the deletion of Ms F Cox from the list of attendees present, the Minutes of the meeting held on 21 November 2012 are correctly recorded and that they be signed by the Chairman.

82. Kent Health and Wellbeing Board - Future shape and draft work programme 2013-14
(Item 5)

(1) The Shadow Board noted that a Health and Wellbeing Board Planning Group of Officers had met on 9 January 2013 to discuss the future shape of the Shadow Board and work programme as it moves from meeting in a "shadow form" to being fully operational from 1 April 2013.

(2) The proposal is for the Shadow Board agendas to have a four fold structure along the following lines:-

(a) "deep dive" on priorities and outcomes on a rolling basis;
(b) performance management/review of where local Health and Wellbeing Boards are at on a quarterly basis;
(c) sign off of plans and strategies; and
(d) developmental/workshop sessions four times a year.

(3) The Board will continue to meet bi-monthly on a Wednesday evening at 6.30pm at Sessions House, County Hall, Maidstone. It was agreed that it would be beneficial to have four extra workshops/development sessions outside of the formal Board meetings to devote time to specific topics such as a Clinical Commissioning Group conference, provider engagement and a workshop for commissioners.

(4) The operating principles, terms of reference and membership of the Shadow Board were also reviewed at the workshop. The Shadow Board noted that secondary regulations on the establishment of Health and Wellbeing Boards will shortly be published which will impact on the operation of the Board, and a further paper will be brought back to the Shadow Board on Wednesday 27 March 2013.

(5) Ms Felicity Cox suggested, and the Shadow Board agreed, that it would be useful at the March meeting for the Shadow Board to look at the Direct Commissioning Plans of the Area Teams.

(6) Colin Tomson questioned whether the proposed work programme reflected the provider relationships. The Chairman responded that, to some extent, this would be dealt with elsewhere on the agenda.

(7) Roger Kendall referred to the final meeting of LINks in the South East Region and asked that consideration be given to wider representation of the voluntary sector on the Shadow Board.

(8) The Chairman suggested to the Shadow Board that it may be useful at sometime in the future to have an informal session focussing on finance.

(9) RESOLVED that:-

(a) the proposed programme for the Health and Wellbeing Board 2013 – 2014 be endorsed, with an item on the addition of the Direct Commissioning of the Area Teams; and
(b) a report be submitted to the March 2013 meeting of the Shadow Board, setting out the way forward following the publication of the secondary regulations.

83. Joint Kent Health and Wellbeing Strategy
(Item 6)

(1) The Shadow Board received a further draft of the Kent Joint Health and Wellbeing Strategy, which reflected the extensive and ongoing dialogue the Shadow Board has had in the preparation of the Strategy.

(2) The Chairman informed the Shadow Board that the draft Strategy before it had been through several iterations since Christmas, to improve the structure of the document and cast it in a more logical order. The final version of the Strategy would be sent to all Shadow Board members within the week, with a note from the Chairman of what had changed and why. He added that he would very much welcome the comments of Shadow Board members and, in particular, Clinical Commissioning Group (CCG) colleagues, with examples of good practice across the County, which could be highlighted in the document.

(3) The Shadow Board noted:-

(a) a summary of the wider engagement on the draft strategy which took place in the Autumn of 2012 and the comments and amendments made to the Strategy as a consequence; and

(b) there were a number of places where some further information on targets/outcomes was awaited. In addition, the Shadow Board is asked to suggest areas of best practice that they would like to include in the 12 month Strategy.

(4) Ms Peachey suggested, and the Shadow Board agreed, that the document would be further improved with some case studies “to bring the document alive”; for example, one on Healthchecks or Telehealth.

(5) Mr Ireland said he felt that there was the opportunity to improve the document in places, with greater clarity between the input and the desired outcomes set out in the Strategy.

(6) Ms Segall-Jones said that she welcomed the Strategy, which would be useful to Healthwatch. She added that any data or examples, such as the case studies suggested by Ms Peachey, would add to patients’ understanding of the document.

(7) Mr Carter emphasised the need for a Communication Strategy. He said there needed to be a plain English version of the Strategy which would be an easy read for the public. He added that the public needed to be reassured that the services we collectively deliver are quality services and provide value for money for the residents of Kent.

(8) Dr Pinnock said that the graph on page 7 of the Strategy appeared to be wrongly labelled. “Co-Morbidity: Number of people living with Long Term Conditions in Kent 2010/11”. Mr Scott-Clark acknowledged that what was required was some explanatory dialogue to clarify the position.

(9) Mr Tomson referred to the paragraphs on “Years of life lost by people dying early, which are considered preventable” (pages 8 and 9), which he said would benefit from some graphics; in particular, some of those which Professor Bentley had presented to the Shadow Board at its last meeting. Ms Davis acknowledged that there would be a number of graphics in the final version of the Strategy.

(10) Mr Carter re-affirmed his earlier view that it was important that there is a Communication strategy for the launch of this Strategy.

(11) RESOLVED that, having taken into account the comments set out in sub-paragraphs (3) to (10) above, the final version of the Strategy be circulated to all members of the Shadow Board with the changes highlighted, and, if necessary, the reasons why.

84. Provider Relationships (verbal update)
(Item 7)

(1) The Chairman informed the Shadow Board that he saw the three “Whole Systems Delivery Boards” as a key “building block” of future relationships with commissioners and providers.

(2) He said that, as a bare minimum, he proposed that reports from the Whole Systems Delivery Boards should be noted by this Shadow Board.

(3) There is a need for larger events involving providers a couple of times a year, and this might link to the work that Felicity Cox is proposing in relation to the renewed Integrated Plan Board. It might be possible to hold meetings of this Shadow Board, ie by meeting on the same day with morning or afternoon sessions.

(4) Finally, the Chairman suggested that the providers could be involved in discrete pieces of business which the Shadow Board may wish to commission in the future through Task and Finish Groups.

(5) The Chairman said that he would set out his proposals in a letter which he would send to Shadow Board Members in the next two weeks. There would be a session later in the year to review the relationship with providers.

85. Public Health Outcomes Framework
(Item 8)

(1) The Shadow Board noted that the Public Health Outcomes Framework “Healthy Lives, Healthy People: Improving outcomes and supporting transparency”, sets out a vision for public health, desired outcomes and the outcomes and indicators which show how well public health is being improved and protected.

(2) The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four domains:-

(a) improving the wider determinants of health;
(b) health improvement;
(c) health protection; and
(d) healthcare, public health and preventing premature mortality

(3) The Shadow Board noted that baseline data for 39 of the 66 indicators at upper tier local authority level was published on 20 November 2012.

(4) The Shadow Board had before it a brief overview of how Kent ranks against other local authorities across all the indicators contained within the four domains.

(5) In the Shadow Board's discussion, Dr Pinnock said it would be helpful to have a more in-depth view on a District-by-District basis or at a Clinical Commissioning Group level. The Chairman acknowledged that this should be possible.

(6) Taking Health Checks forward to ensure comprehensive uptake, local learning from implementation across East and West is important. The learning would be useful in helping inform local Health and Wellbeing Boards. However, the overview of the countywide picture would take place at this Board.

(7) Dr Pinnock said it would be helpful for the Clinical Commissioning Groups and the local Health and Wellbeing Boards to be aware of what they should be doing and what the measurements against the indicators are.

(8) Dr Chaudhuri asked whether the money allocated for public health would be kept centrally. The Chairman responded that, initially, this would be the case, as no decisions had yet been taken to agree the most appropriate mechanism for allocating this money, and at what level. Mr Carter said that this issue needed to be addressed so the public health response in terms of service delivery is right and appropriate.

(9) RESOLVED that the report be noted.

86. Reconfiguration Proposals for East Kent Hospitals (verbal update)
(Item 9)

(1) The Board noted that the East Kent Hospitals University NHS Foundation Trust (EKHUFT) had completed a Clinical Strategy Review.

(2) Since the launch of the initial engagement and communication process for the Trusts Clinical Strategy Review, there had been a number of stakeholder engagement events.

(3) Following the CCG/GP Stakeholder Engagement Event held on 25 July 2012, which was attended by GP leaders from Ashford, C4G (Canterbury), Thanet and Swale CCGs, it was clear that they were vital to the process. Both parties agreed and said they were committed to working in partnership to jointly agree any short- and long-term strategies for a sustainable future.

(4) The Board considered what the role of the Kent Health and Wellbeing Board should be in the consultation on re-configuration proposals. The timing of the engagement and consultation for Health and Wellbeing Boards needed to be agreed. The Chairman suggested that one way forward would be if the Chairman of the Shadow Board is involved early in the discussions for any re-configuration proposals.

(5) Ms Carpenter said that it was key to define what constitutes early engagement with the Health and Wellbeing Board. She questioned how the EKHUFT would take this forward in their consultation process, together with the engagement with 4 CCGs. The Whole Systems Delivery Board for East Kent was meeting on 14 February 2013. It was suggested and agreed that the minutes of the 14 February 2013 East Kent Whole Systems Delivery Board would be made available to the March meeting of this Shadow Board.

(6) The relationship and clear and quick communication channels between the three Chairmen and supporting officers of the Whole Systems Delivery Boards was fundamental. Colin Tomson said that this linkage between the Shadow Board and the Whole Systems Delivery Board was key, as it was at these Boards that clinically-based discussions take place which are clinically led. Anne Tidmarsh suggested that social care providers should be part of the Whole Systems Delivery Boards.

(7) The Chairman said that that there should be an amalgamation of all the information available which should be brought to the Shadow Board as a report.

(8) Dr Pinnock expressed the view that the Shadow Board should not be diffident about this and he questioned the proposal about the Shadow Board only exercising a holding brief. He felt that the Health and Wellbeing Board should be reasonably active in these issues as it was countywide and would want to ensure that proposals fit in with the Joint Kent Health and Wellbeing Strategy. He concluded that the mechanism between providers who were proposing reconfiguration changes should be fairly strong.

(9) Ms Carpenter referred to a piece of work she was doing with Mark Lobban which she would let the Chairman have.

(10)The Chairman said he would write to all the major providers proposing a way forward. He said he would share the letter with Shadow Board members first, before it is sent.

87. Care in the Digital Age
(Item 10)

(1) The Health and Wellbeing Board has a duty to support and facilitate integrated care. One area where there is value in further work being done is around better use of digital technologies across public, private and voluntary sector organisations – driven by customer requirements.

(2) The Strategic Commissioning Division of Families and Social Care, Kent County Council, is proposing to commission a piece of work called “Care in the Digital

Age", supported by and engaging with member organisations of the Kent Health and Wellbeing Board.

(3) This programme could provide an opportunity to align and connect some of the currently disconnected work that is going on in various parts of our system. This includes:-

- KCC Social Media Strategy Development
- Patient-held records (health and social care)
- Developing community capacity/voluntary sector
- Social media developments
- Patient and public engagement
- Personalisation and co-production – real time conversations with the public and providers
- KCC Customer Service Strategy
- Patient/service user feedback
- "3 million Lives" Programme (for which Kent is a Department of Health pathfinder) – advanced assistive technologies
- Other advanced assistive technologies (telehealth, telecare, web-based and smartphone apps, etc)

(4) The Shadow Board noted that the next step was a meeting with the Care in the Digital Age Team and key stakeholders. A work programme would be developed which will include delivery of a Kent- wide conference and follow-up report, which will be presented back to the Health and Wellbeing Board.

(5) RESOLVED that the report be noted.

88. Tobacco Control in Kent
(Item 11)

(1) The Shadow Board noted that, as of 1 April 2013, local authorities and CCGs will be assessed on how well they are reducing health inequalities in their area. The Public Health Outcomes Framework includes a number of measures that are directly related to smoking and several that have very strong links. In time, this may also determine whether local authorities will be paid the Health Premium supplement to the public health budget.

- Smoking tobacco is the single biggest cause of health inequalities. To reduce health inequalities, we need to reduce the number of smokers in Kent.
- Smoking remains the biggest cause of premature death and is responsible for more loss of life than the next four factors (including obesity and alcohol) combined.
- 70% of smokers want to give up.

(2) With a smoking prevalence of 21.34% and an adult population of 1,153,000, Kent has an estimated smoking population of 246,071. To reduce the number of smokers in Kent, we need to help existing smokers give up and reduce the number of young people who take up smoking.

(3) The Shadow Board noted that Kent had developed a Tobacco Control Strategy ("Towards a Smokefree Generation") which addresses the use of tobacco across

the life-course and provides a coherent programme of interventions which address the local priorities for Kent. Critically, we need to reduce the number of children who start smoking.

(4) To co-ordinate the Strategy, it was proposed to establish a Tobacco Control Board for Kent, which would develop from the existing Tobacco Control Alliance in Kent. The proposed membership would include representatives from Kent County Council Public Health, the District Councils (very important in delivering on all aspects of tobacco), CCGs, Stop Smoking services, Education and Youth services, Trading Standards, Environmental Health, Police, Fire and Rescue, Revenue and Customs and other key stakeholders.

(5) The Board would have a specific remit to use the Brunel/NICE return- on-investment model to deliver the cost savings for Kent generated from a comprehensive tobacco control and smoking cessation programme.

(6) The Board would also be responsible for the production and implementation of a Kent Health Inequalities Action Plan ("Mind the Gap") for Tobacco Control and identifying further ways in which tobacco use in Kent can be "de-normalised" and reduced.

(7) The Shadow Board noted that the current programmes of activity require an annual budget of approximately £655,000. It was proposed that the funding continues to be provided from the Public Health ring-fenced budget for Kent at this level.

(8) RESOLVED that the Shadow Board:-

(a) recommend to the County Council that a Tobacco Control Board be established as soon as is practical; and

(b) a comprehensive Tobacco Control Strategy be funded and implemented, with a particular focus on preventing young people from starting to smoke.

89. End of Life Care - presentation
(Item 12)

(1) Anne Tidmarsh made a short presentation on the issues surrounding "End of Life Care", illustrated with statistics and graphs.

(2) At the conclusion of the presentation, the meeting was invited to address the following questions in its table discussions. The questions were:-

- Do Kent County Council and the Clinical Commissioning Groups need to do anything differently?
- If they do, what should be done differently? What does the Shadow Health and Wellbeing Board think about access to specialist palliative care services for non-cancer-related end of life care?
- Integrated Teams, Risk Stratification, Single Point of Access, Carers' support, Tele-technology and social care support would be available as part of integrated commissioned services; should this form part of the local Health and Wellbeing Boards' strategies?

- How should key outcomes be included in the Health and Wellbeing Board strategy?

(3) A summary of the table discussions is as follows:

- Need to ensure that appropriate systems are in place for patients who do not wish to be resuscitated.
- It is difficult to “pin down” what good practice is in this area – we all need to work together on this issue.
- Important to use the Patient and Public Groups in a more structured relationship with patients and their families.
- There should be appropriate advanced care planning; this should be done across the Community Services, including Health and Social Care.
- The policies surrounding “Do not Resuscitate” should be simplified.
- Early links with the patient and family “Patient Knows Best” was key, as was anticipatory care planning.
- Co-ordination of services and speed of response was crucial for end of life care.
- Services needed to be available 24 hours a day – they do not need to be in person.
- There needs to be a better flow of information across the Health and Social Care economy.
- Look at alternative ways of supporting patents and families 24 hours a day – especially palliative care.
- Sharing good practice.
- Getting the pathway right – having clear procedures between the South East Coast Ambulance Service, Police and nursing homes.
- Managing Public Views – some people feel very comfortable discussing what they would like at the end of their life, whereas others do not.
- The East Kent pilot and the West Kent Strategy need to be brought together and shared.
- Some of the data in the presentation – what do CCGs do about Active Care Planning?
- Starting a dialogue at the appropriate time with the patient and family members should be carried out in a systematic way.
- There were issues of poor communication with partner agencies, the Police, ambulance service, etc, which need to be addressed.
- It is a bureaucracy and is operating in a way which is not appropriate.
- Cancer is a linear illness, whereas others are more erratic and do not follow a predictable course. In these circumstances, Do not Resuscitate would not be appropriate.
- Potential to have a “Death Card”, similar to the kidney donor card.
- Capacity within hospices and the funding for additional hospices
- Collectively, the outcomes need to be defined for Local Health and Wellbeing Boards.
- Need to query and interrogate the data and outcomes.

(4) The Chairman and Shadow Board concluded that the following were the main issues arising from the table discussions for starting a dialogue:-

(a) the Patient and Public Groups were key groups for engagement. The involvement of these groups would be useful for the engagement with patients and their families in these very difficult conversations;
(b) re-examining and interrogating the data, including how the pilot in East Kent has worked, *vis a vis* the Strategy in West Kent;
(c) the linkage between the "Patient Knows Best" and the power to resuscitate;
(d) defining the outcomes for Local Heath and Wellbeing Boards and the relationship with this Shadow Board; and
(e) reviewing the pathways for End of Life Care including the involvement of other agencies in the pathway, e.g. Nursing Homes, Police, etc.

90. Future Meeting Dates 2013
(Item 13)

The Board noted its next meeting dates:-

Wednesday 27 March 2013

Wednesday 29 May 2013
Wednesday 17 July 2013
Wednesday 18 September 2013
Wednesday 20 November 2013

All meetings to start at 6.30 pm.