

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, 29 May 2013.

PRESENT: Mr I Ayres, Mr P B Carter, Ms F Cox, Ms P Davies, Mr R W Gough, Dr D Grice (Substitute), Mr R Kendall, Dr N Kumta, Dr T Martin, Ms M Peachey, Mr S Perks, Cllr K Pugh, Cllr P Watkins and Mrs J Whittle

IN ATTENDANCE: Ms C Davis (Strategic Business Advisor), Mrs J Dixon-Sherreard (Policy Manager), Ms J Ely, Mr A George, Mrs R Henn-Macrae (District Manager), Mr A Scott-Clark (Director of Public Health Improvement) and Mr M Thomas-Sam (Head of Policy and Service Development)

UNRESTRICTED ITEMS

1. Chairman's Welcome

(Item 1)

- (1) As chairman of the former Health and Wellbeing Board (Shadow), Roger Gough, Cabinet Member for Education and Health Reform, welcomed everyone to the first meeting of the Health and Wellbeing Board. He confirmed that this meeting and future meetings of the Health and Wellbeing Board would be webcast.
- (2) He drew the Board's attention to a flyer for a conference on Integrating Health and Social Care to be held on 19 June 2013 at the Saga Pavilion, Sandgate.
- (3) He advised the Board that, at an event on 1 May 2013, the South East Coast Clinical Senate had expressed a strong desire to build a relationship with the Health and Wellbeing Board and it was agreed that he would write to the Senate to initiate this process.

2. Apologies and Substitutes

(Item 2)

- (1) Apologies were received from: Dr Fiona Armstrong, Swale CCG; Dr Bob Bowes, West Kent CCG; Ms Hazel Carpenter, South Kent Coast and Thanet CCGs; Dr Darren Cocker, South Kent Coast CCG; Mr Graham Gibbens, Cabinet Member for Adult Social Care and Public Health; Dr Mark Jones, Canterbury and Coastal CCG; Mr Michael Ridgwell, NHS England; and Ms Veronika Segall-Jones, Healthwatch.
- (2) The following substitutes were also noted: Dr David Grice for Dr Mark Jones; Mr Andrew Harrison for Ms Hazel Carpenter; Mr Roger Kendall for Ms Veronika Segall-Jones; and Cllr Ken Pugh for Cllr Andrew Bowles.

3. Election of Chairman

(Item 3)

- (1) Proposed by Cllr Ken Pugh and seconded by Cllr Paul Watkins that Roger Gough be elected as chairman. There being no other nominations it was
- (2) **RESOLVED** that Roger Gough be elected as chairman of the Health and Wellbeing Board.

4. Election of Vice Chairman

(Item 4)

- (1) Proposed by Jenny Whittle and seconded by Patricia Davies that Dr Bob Bowes be elected as vice chairman. There being no other nominations it was
- (2) **RESOLVED** that Dr Bob Bowes be elected as vice chairman of the Health and Wellbeing Board.

5. Declarations of Interest by Members in Items on the Agenda for this Meeting

(Item 5)

There were no declarations of interest by members of the board on any items on the agenda for the meeting.

6. Minutes of the Meeting of the Health and Wellbeing Board (Shadow) held on 27 March 2013

(Item 6)

RESOLVED that the minutes of meeting of the Health and Wellbeing Board (Shadow) held on 27 March 2013 are correctly recorded and that they be signed by the chairman.

7. Delay in the Statutory Assessment of Children and Young People with Special Educational Needs (SEN)

(Item 7)

- (1) The Health and Wellbeing Board considered a report by Roger Gough (Cabinet Member for Education and Health Reform) and Julie Ely (Head of Special Educational Needs) which provided information about the performance against National Indicator (NI 103). This indicator measures the time taken to produce SEN statements and the report said that Performance during 2012 was below target and remained a significant cause of concern in 2013. It also said that an analysis indicated that the root causes of delay were late receipt of professional advice from health contributors to the assessment and placement pressure.
- (2) Julie Ely, introduced the report and in particular she made the following statements:

- There is a statutory duty to carry out an assessment of special educational need on children with the greatest learning difficulty and the responsibility of the Designated Medical Officer to coordinate the NHS contribution to the assessment is set out in the SEN Code of Practice;
 - Approximately 100 new, first time assessments are initiated every month;
 - The time taken to conduct an assessment should not exceed 26 weeks;
 - In 2010/11 Kent's performance against NI 103 was 88% compared with the national average of 95% and 98% achievement by statistical neighbours;
 - In August 2012 actual performance was 70% for a twelve-month rolling year;
 - Improvements to performance were made in 2012/13 but were insufficient to reach the prescribed targets;
 - Proposals in the Children and Families Bill will reduce the time allowed for assessments from 26 to 20 weeks;
 - 50% of complaints from service users related to dissatisfaction with the assessment process, gaps in provision and/or placement;
 - In 2010 Brian Lamb reported meeting parents who battled to get the needs of their child identified and met. The Government had responded to his report with a Green Paper in 2010 proposing transformation, and the draft Children and Families Act which is due in 2014.
- (3) During discussion it was agreed that: the tone of the report was not as helpful as it could be and the style felt more like performance management than partnership working. It was also agreed there was a need to share the underlying analysis with the Board; and to monitor progress against agreed actions.
- (4) **RESOLVED:**
- (a) That the report into the delay and causes be noted;
 - (b) That the Head of Special Educational Needs circulates a report setting out the issues and background data to the Board;
 - (c) That the Board receives a report in six months monitoring actions and achievements in addressing the issues.

8. Kent's Pathfinder for the Children and Families Act 2014

(Item 8)

- (1) The Health and Wellbeing Board considered a briefing report by Roger Gough (Cabinet Member for Education and Health Reform) and Julie Ely (Head of Special Educational Needs) about the Kent Pathfinder which is testing reforms proposed in the Children and Families Bill. The report also drew attention to an amendment to the bill in March 2013 which will impose a legal duty on clinical commissioning groups to secure the health services that are specified in the Education, Health and Care (EHC) Plans
- (2) Julie Ely introduced the report and in particular she made the following statements:

- 20 pathfinders have been invited by the Government to test proposed reforms set out in the Children and Families Bill including Kent which is a member of the SE7 Pathfinder group comprising East and West Sussex, Medway, Surrey, Hampshire and Brighton and Hove;
- The bill introduces a single system from birth to 25 for children with SEN and their families that demands a more streamlined assessment process integrating education, health and care services; offers families and young people with an EHC plan a personal budget; and places a legal duty on clinical commissioning groups to secure health services specified in the EHC plans;
- SE7 is developing a common framework for assessment and a children and family centred plan that focuses on outcomes. In Kent the work has focussed on co-production with parents and carers, developing an understanding of effective key working approaches, the development of the local offer, identifying how multi-agency assessments can be integrated; developing a prototype for integrated EHC plans and piloting the use of personal budgets.

(3) **RESOLVED:**

- (a) That the briefing report be noted;
- (b) That the proposed statutory duties be noted;
- (c) To ensure that a joint commissioning approach is reflected in Pathfinder development;
- (d) That the establishment of task and finish groups or other mechanisms be considered to enable each health economy to address the particular issues in its area.

9. Joint Strategic Needs Assessment Update

(Item 9)

- (1) The Health and Wellbeing Board considered a report by Roger Gough (Cabinet Member for Education and Health Reform) and Dr Abraham George (Public Health Consultant) which sought approval for the establishment of a project development group to oversee the rolling programme of Joint Strategic Needs Assessment (JSNA) updates as well as approval for the process to be used.
- (2) The report was introduced by Abraham George who said there was a statutory duty to undertake a JSNA which in turn informs the Health and Wellbeing Strategy.
- (3) There was broad support for the approach outlined but concerns were raised about the blurring of the purposes of the JSNA and HWB Strategy and that the proposed date of 1 September for the production of the overview chapter would be too late to inform the commissioning cycle. For future years the JSNA would need to be completed for the 1 April to fit with the commissioning cycle.

- (4) **RESOLVED:**
- (a) That the process to update the JSNA be agreed;
 - (b) That the membership of the JSNA Project Development Group as set out in paragraph 2.2 of the report be agreed;
 - (c) That Andrew Scott-Clark leads the preparation of a report to a future meeting of the Health and Wellbeing Board setting out the timetable for the development of the JSNA, the Health Wellbeing Strategy and the commissioning cycle.

10. Establishment of Sub Committees

(Item 10)

- (1) The Health and Wellbeing Board considered a report by Roger Gough (Cabinet Member for Education and Health Reform) which sought to establish sub committees to be known as CCG level health and wellbeing boards.
- (2) Caroline Davis introduced the report and said that the proposed sub committees had been running in shadow format and they now need to be formally established. She also said that Kent was the only area to have taken this approach and that the shadow sub committees had identified local priorities and were working well.
- (3) During discussion it was made clear that partners were individually taking responsibility for the achievement of priorities and that the CCGs were not and could not delegate accountability. The need to revise the tone of the example of governance arrangements/terms of reference attached at appendix A to the report was identified.

(4) **RESOLVED:**

- (a) That the Kent Health and Wellbeing Board establish a series of sub committees, to be known as CCG level Health and Wellbeing Boards;
- (b) That the governance arrangements will follow those set out in the Kent County Council's Constitution and the Kent Health and Wellbeing Board's Terms of Reference. This includes the use of the KCC Elected Members Code of Conduct for all members of the CCG level HWBs;
- (c) That minor changes to membership of the CCG level HWBs will not need to be notified to the Kent HWB;
- (d) That each CCG HWB will report at least on an annual basis to the Kent HWB, unless otherwise directed.

11. System Performance - Early Indicators for 2013 (Verbal Report)

(Item 11)

- (1) The chairman asked the accountable officers from each of the clinical commissioning groups to give an update. The updates will be circulated to members of the Board

(2) Paul Carter suggested having a performance dashboard for “what good looks like”. The indicators should be reviewed against the outcomes listed in the Health and Wellbeing Strategy.

(3) **West Kent CCG**

Ian Ayres reported that:

- Performance in West Kent is on track at the end of month one.
- Activity at Maidstone and Tunbridge Wells hospitals is running slightly below plan and finances for the CCG as a whole are at budgeted levels.
- Urgent care performance is the key cause of concern with delays to admissions from A&E failing to meet the four-hour target. This continues a trend seen through the winter and, although overall activity had not increased, patients needing admission were sicker than normal and required longer stays in hospital. Performance has improved over the four weeks and the trust is currently meeting the four-hour target.
- Discharges from hospital to home or into care have continued to be challenging. All agencies have been working together to ensure patients are able to leave hospital and receive rapid and appropriate re-ablement services.

(4) **Dartford, Gravesham and Swanley CCG**

Patricia Davies said that:

- The eight clinical commissioning groups have agreed to take the lead on contracts as follows:
 - DGS are the lead commissioners for Darent Valley Hospital, the North Kent health economy contract with KCHT, Fawkham Manor and London;
 - Swale CCG are the lead commissioners for SECAMB, 111 and host the North Kent Quality Team;
 - Both DGS and Swale CCGs hold contracts with KMPT, MTW, EKHUFT, MFT;
 - Swale CCG holds a contract with MCH;
 - West Kent CCG provides the lead commissioning role for KMPT, MTW;
 - Ashford and Canterbury CCGs provide the lead commissioning role for EKHUFT
 - Medway CCG provide the lead commissioning role for MFT, MCH and hosts the Safeguarding team for all eight CCGs in Kent and Medway.
- Darent Valley Hospital achieved all of the NHS constitutional targets for 2012/13. For month one the A&E figures were at 93% and in May 2013 was in excess of 97%. It is anticipated that the trust will achieve the quarter one gateway performance of 95% or above.
- Achieving targets relating to cancer treatments remains challenging and work is continuing with the trust to resolve issues.

- Single point of access went live at end of April for both Swale and DGS CCGs and feedback from GPs on the first three weeks of operation had been very positive.
- Medway Foundation Trust had been identified as requiring a review and support following the Francis report. A report on the findings of the review is imminent.
- North Kent CCGs have developed a joint steering group with KCC to monitor Section 75 agreements and jointly agree the commissioning plans for re-ablement and social care funds locally and are looking at opportunities for joint commissioning, streamlining processes and joint working.

(5) **East Kent CCGs**

Simon Perks said that:

- Performance for month one was broadly on track.
- Performance in outpatients in EKHUFT in cancer and children's services is being reviewed.
- Spend is at budgeted levels.
- Work is underway to build greater sustainability into the orthopaedic waiting list position.
- Waits in A&E had exceeded four hours but are now on target.
- There is now a focus on the effective discharge of patients.

- (6) **RESOLVED** that a review of performance against the priorities set out in the HWB Strategy be included as a standing item on agendas for the Health and Wellbeing Board.

12. Health and Social Care Integration "Pioneers"

(Item 12)

- (1) The Health and Wellbeing Board considered a report by Roger Gough (Cabinet Member for Education and Health Reform) which provided information about Integrated Care and Support: Our Shared Commitment report published on 14 May 2013 and sought endorsement to submit an expression of interest by KCC in partnership with health.
- (2) Michael Thomas-Sam, Strategic Business Adviser – KCC, introduced the report and said that becoming a pioneer would create access to external support; provide a sound foundation for flexibility, assist with overcoming barriers to health and social care integration and provide an opportunity to influence national developments. He also outlined the "pioneer approach" and described the selection process and timetable.
- (3) During discussion the importance of clarifying the distinction between commissioning and provision as part of the bid was identified as was the need to reflect local input to capture the diversity in different parts of Kent.
- (4) **RESOLVED** that the proposal for Kent County Council and Kent Clinical Commissioning Groups to submit an expression of interest application be

endorsed subject to clarifying the distinction between commissioning and provision and reflect local input to capture diversity.

13. Every Day Matters- Kent's Multi-agency Strategic Plan for Children and Young People

(Item 13)

- (1) The Health and Wellbeing Board considered a report by Jenny Whittle (Cabinet Member Specialist Children's Services) and Andrew Ireland (Corporate Director, Families and Social Care) which included the final draft of Every Day Matters: Kent Multiagency Strategic Plan for Children and Young People 2013-16 that reflected feedback from a number of individuals and organisations. The Health and Wellbeing Board was asked for any further comments and to endorse its publication.
- (2) Jenny Whittle introduced the report and said the strategic plan would shape key priorities for the future and reflected earlier discussions with the Health and Wellbeing Board. She thanked Michael Thomas-Sam and Jenny Dixon-Sherreard for their working in bringing the draft together.
- (3) **RESOLVED** that the final draft of Every Day Matters: Kent's Multiagency Strategic Plan for Children and Young People 2013-2016 be endorsed.

14. Disabled Children's Charter for Health and Wellbeing Boards

(Item 14)

- (1) Rosemary Henn-macrae introduced the item saying the chairman had received a letter from the Children's Trust Tadworth who had created a Disabled Children's Charter for Health and Wellbeing Boards inviting the Kent Health and Wellbeing Board to sign up to the charter. She said that the commitments in the charter were either already being met or were ones that Kent could aspire to meet and were very similar to the Every Disabled Child Matters Charter to which Kent had been a signatory.
- (2) **RESOLVED** that authority be delegated to the chairman to sign the Disabled Children's Charter for Health and Wellbeing Boards.

15. Local Children Services Arrangement

(Item 14a)

- (1) The chairman agreed to consider this report which had not been included on the agenda published on the 20 May as a matter of urgency because its consideration could not be deferred to the next meeting of the Health and Wellbeing Board scheduled for 17 July 2013 as the Cabinet Member for Specialist Children's Services will make a decision on this matter before the end of June 2013 having taken into account any views put forward by the Health and Wellbeing Board.

- (2) This paper by the Roger Gough (Cabinet Member for Education and Health Reform) and Andrew Ireland (Corporate Director Families and Social Care) informs the Health and Wellbeing Board about the proposed local children services arrangement to support the county Children and Young People's Joint Commissioning Board at the CCG Health and Wellbeing Boards level rather than retaining a district-based arrangement.
- (3) The paper was introduced by Jenny Whittle who said the core purpose of the proposal was to avoid duplication and to target efforts by working with CCGs.
- (4) During discussion questions were raised about whether children's issues should be a standing item on the agendas for the Health and Wellbeing Board or whether there should be a sub-group and how the CCG-level health and wellbeing boards might deal with items relating to children. It was suggested that the existing protocol between the Health and Wellbeing Board and the Joint Commissioning Board be re-circulated.
- (5) **RESOLVED:**
 - (a) That the Health and Wellbeing Board supports the proposal subject to CCG accountable officers being able to resolve how this would work in practice addressing the issues raised in paragraph 3 above.
 - (b) That the Cabinet Member for Specialist Children's Services will take the decision to approve the local children services arrangement no later than July 2013.

16. Date of Next Meeting - Wednesday 17 July 2013 at 6.30pm
(Item 15)