

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, 19 November 2014.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), Mr A Bowles, Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Ms P Davies, Mr G K Gibbens, Mr E Howard-Jones, Mr S Inett, Mr A Ireland, Dr M Jones, Dr E Lunt, Dr N Kumta, Dr T Martin, Mr P J Oakford, Mr S Perks, Dr R Stewart and Cllr L Weatherly

IN ATTENDANCE: Ms J Frazer (Programme Manager Health and Social Care Integration), Mr T Godfrey (Policy Manager (Health)), Ms P Southern (Director, Learning Disability & Mental Health), Mr M Thomas-Sam (Strategic Policy Adviser), Mr T Wilson (Head of Strategic Commissioning (Children's)) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

107. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed Cllr Mrs Lynne Weatherly who was taking over from Cllr J Cunningham as one of the district/borough council representatives on the Health and Wellbeing Board (HWB).
- (2) Mr Gough drew the board's attention to the health and social care maps which were available on the Kent and Medway Public Health Observatory website.
- (3) Mr Gough said that a provider networking event, hosted by the East Kent Hospitals University NHS Foundation Trust and sponsored by the HWB, on 22 September had been successful. Providers were keen to provide integrated services and asked that commissioners be equally integrated in their approach to commissioning. Providers were also interested in the vision for commissioning in the future.
- (4) Mr Gough said he had drafted a response to a letter received from Jeremy Hunt urging HWBs to consider positions for providers on their boards. He had discussed this with some CCGs and there was broad agreement that it was not appropriate to include providers on the Kent HWB, however, links between the Board and the health economy level bodies in which providers played a strong role (such as the Executive Programme Board in North Kent) should be strengthened and formalised. He said he would circulate a draft response before submitting it.
- (5) Mr Gough concluded by drawing the Board's attention to a report from Grant Thornton called "Pulling Together the Better Care Fund - Delivering improvements through integrated health and social care" and said some of the

key issues raised in this report would be considered in greater detail at the next meeting of the Kent HWB on 28 January 2015.

108. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Dr F Armstrong and Cllr P Watkins.

109. Declarations of Interest by Members in Items on the Agenda for this Meeting
(Item 3)

There were no declarations of interest.

110. Minutes of the Meeting held on 17 September 2014
(Item 4)

Resolved that the minutes of the Kent Health and Wellbeing Board held on 17 September 2014 are correctly recorded and that they be signed by the Chairman.

111. Update on the Joint Health and Social Care Self-Assessment Framework for 2013/14
(Item 5)

- (1) Mr Gibbens, Cabinet Member for Adult Social Care and Public Health, introduced the paper. He also introduced Tina Walker, Co-Chair of the Kent Learning Disability Partnership Board and Daniel Hewitt, Co-Chair of the Good Health Group and commended the recommendations in the report to the board.
- (2) The report asked the HWB to comment on the: 2013/14 National Comparison Action Plan including the progress made in the red indicators of the RAG rating; the way in which Kent was approaching the 2014/15 Joint Health and Social Care Self-Assessment Framework (JHSCAF) and the Kent Action Plan for the Winterbourne View. It also asked the HWB to agree the process for sign off of the JHSCAF to be submitted in January 2015.
- (3) Tina Walker, Daniel Hewitt, David Holman, Penny Southern, Malti Varshney and Sue Gratton gave a presentation, copies of which were included in the agenda pack for the meeting.
- (4) Following the presentation, Mr Gibbens said that the red ratings, and particularly the red rating for health screening for people with disabilities, were of concern and asked how this might be improved in the future. Examples were given of events and practices in Ashford, Canterbury & Coastal and South Kent Coast CCGs designed to raise awareness and improve outcomes. It was also suggested that simplifying the process for commissioning services might need further consideration.
- (5) During the discussion, having a named clinical lead within each CCG was considered to be very important as was the ability to undertake clinical audits and to work collaboratively with GPs in order to understand the issues and develop realistic and achievable plans for improvement.

- (6) It was suggested that it would be helpful for the HWB to understand the figures for admission and discharge of clients into the range of secure and non-secure hospitals. During discussion that followed the number of patients admitted through the CCGs and NHS England was confirmed as was the fact that more people had been discharged than had been admitted. The very complex needs of individuals was acknowledged and there was agreement that services had to be provided in the best interests of patients and service users and not be solely target driven. Mr Howard-Jones reported that work had been undertaken to understand how placements could best be made and ensure services were patient rather than target driven. The existence of targets had however been helpful in focussing on the needs of patients, including the safe discharge of those with complex needs.
- (7) Ms Southern said that when the Winterbourne programme started the aim was to design sustainable pathways in the community and to invest money in community services not only to facilitate discharge but to prevent unnecessary admissions. She also said Kent had been subject to a “deep dive” and had made it clear to Andrew Cousins from the Winterbourne National Programme that Kent would continue to work within the principles of the programme with an approach focussed on the needs of users but this meant not all targets would be met. A letter on this matter was being drafted and she welcomed the HWB’s support for the approach adopted.
- (8) Resolved that the sign-off of the JHSCAF 2014 for submission in January 2015 be delegated to the Chairman

112. Kent Safeguarding Children Board - 2013/14 Annual Report

(Item 6)

- (1) Gill Rigg, Independent Chair of the Kent Safeguarding Children Board introduced the annual report for 2013/14. She said the report described progress made up to eight months ago and there had been significant progress since then including the re-structure of the board and the development of a robust business plan. She also said the report had been submitted to the Head of Paid Service, the Leader of the Council and the Police and Crime Commissioner as required.
- (2) In response to questions she said that: health colleagues were very engaged with safeguarding issues including undertaking the chairmanship of KSCB health sub-group and having a named GP on the Board. She considered the take-up of training within health services to be good and there was always a need to do more. She also said the financial restraints across the public sector had resulted in training being provided in ways other than attending traditional whole-day courses.
- (3) During discussion it was confirmed that health agencies provided their own single agency training for safeguarding children and vulnerable adults, with the KSCB being responsible for multi-agency training. It was suggested that there was a need to progress multi-agency audits and that the HWB could facilitate

this by supporting the collection and provision of whole system data for review by the KSCB.

- (4) Mrs Rigg said there was increased awareness of child sexual exploitation and the KSCB had commissioned an independent review which would contribute to the development of a plan for reducing child sexual exploitation.
- (5) Resolved that:
 - (a) All partners represented on the HWB would commit to supporting multi-agency audits;
 - (b) The progress and improvements made during 2013/14, as detailed in the annual report from the Independent Chair of KSCB be noted.

113. Care Act 2014 - A New Legal Framework for Adult Social Care

(Item 7)

- (1) Michael Thomas-Sam, Strategic Business Adviser to Social Care, introduced the report which sought to raise awareness and understanding of the main changes to the legal framework for adult social care and support services being established by the Care Act 2014 which would come into effect from April 2015. This would be followed by funding reforms (including a cap on care costs) with effect from April 2016.
- (2) He said that the changes would have significant implications for Kent residents, Kent County Council and partners. He said local authorities would have to address new or extended responsibilities relating to the core duties of wellbeing and, in particular, in respect of prevention and integration. He also said there were significant changes to the national minimum eligibility criteria and the rights of carers to receive support. It was also anticipated that the number of people coming forward for needs and financial assessments would increase significantly because of changes to the cap on care costs.
- (3) During discussion it was suggested that families and individuals would benefit as a result of the Care Act 2014 as it was significantly more generous than the recommendations set out in the Dilnot review and this should be communicated to the public. It was also said that the government had not yet confirmed the funding for the proposals and local authorities were awaiting the announcement of the funding in the Comprehensive Spending Review.
- (4) It was suggested that the needs of carers be considered and that Healthwatch, in conjunction with KCC officers, would make a short presentation at a future meeting of the HWB.
- (5) The requirement to assess the care and support needs of prisoners was welcomed and Mr Scott-Clark undertook to consider the impact as part of the Joint Strategic Needs Assessment (JSNA).
- (6) Resolved that the key issues set out in the report and their implications as they may impact on the future development of the JSNA be noted

114. Kent Integration Pioneer Programme Update

(Item 8)

- (1) Dr R Stewart introduced the report which provided an update on the work of the Pioneer. He said the Pioneer programme was one year old and that he would report to the HWB on the outcome of a workshop planned for December 2014. This workshop was to be supported by the Leadership Centre to further consider how the Integration Pioneer Steering Group could best ensure the aims and objectives of Kent as a pioneer could be achieved and how it could be used to share lessons learned, spread best practice and barrier bust across Kent. He also said that the Innovation Hub had been recognised by the EU as a site of excellence as part of the CASA European Innovation Programme.
- (2) The importance of establishing the governance arrangements, including risk sharing arrangements, for the use of the Better Care Fund was emphasised and it was confirmed that a sub-group of finance officers established at the last meeting of the HWB on 17 September 2014 was due to report at the next meeting of the board on 28 January 2015.
- (3) Resolved that:
 - (a) The report and progress to date within Kent's Pioneer programme be noted;
 - (b) The approach for developing workstreams in evaluation, Europe and the Innovation Lab be supported.

115. Systems Resilience

(Item 9)

- (1) Tristan Godfrey, Policy Manager – Health, introduced the report which set out a number of challenges to the health and social care system that might require a whole-system response.
- (2) During discussion assurances were given that there were tried and tested plans to respond effectively to major incidents such as terrorist threats, however a prolonged period of pressures and any enforcement of section 31 action presented greater challenges. Every effort was being made to model the potential impact and respond to changes in a planned way. The need for an informed debate with Public Health about health needs and the provision of services at the Kent and Medway level was identified and it was suggested that support from the HWB for these further discussions would be welcomed.
- (3) Resolved that:
 - (a) Work underway to plan responses to the immediate pressures be noted and the fact that consideration was being given to minimising the risk from longer term pressures be welcomed;
 - (b) Consideration be given, outside the meeting, about how the HWB could continue to be assured that the risk of any one of the key challenges destabilising the whole health and care system is being minimised;
 - (c) The report be noted.

116. Minutes of Local Health and Wellbeing Boards

(Item 10)

- (1) There was support for receiving minutes of local health and wellbeing boards as it facilitated the flow of communication. It was also suggested that consideration be given to how learning and best practice could be shared across the county and to be mindful of the potential of local health and wellbeing boards to drive forward change at the local level and to have a role in responding to issues relating to safeguarding children.
- (2) Resolved that the minutes be noted.

117. a) Minutes of the Children's Health and Wellbeing Board b) Emotional Health and Wellbeing Strategy
(Item 11)

a) Minutes of the Children's Health and Wellbeing Board

- (1) Resolved that the minutes of the Children's Health and Wellbeing Board held on 12 September 2014 be noted.

b) The Way Ahead: Draft Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (0-25) in Kent – Part 1

- (2) Dave Holman, Head of Mental Health Programme Area - West Kent CCG, introduced the report. He said that: 50% of mental health issues were diagnosed before age 14; 75% before the age of 18; and accounted for about 6% of NHS spend. He described the process used by a multi-agency sub group to develop the draft emotional health and wellbeing strategy and how the views of children, young people and others had been gathered and used to inform the strategy. He also described the principles of the strategy, the engagement process currently underway and the next steps towards finalising the strategy and agreeing a delivery plan. He also said a rollover of existing contracts had been agreed to enable the new model and services to be procured and implemented.
- (3) Thom Wilson, Head of Strategic Commissioning, said that an appreciative enquiry considered the engagement of young people and others to be an example of good practice. He also said the fact that a number of contractual arrangements would come to an end at the same time created a "golden opportunity" to implement the strategy and effect transformational change.
- (4) The need for continued engagement with young people, particularly teenagers, was acknowledged as was the view that ideas about ways to engage would come from young people. It was suggested that Healthwatch was well-placed to monitor and review how changes in services were operating on the ground and to ensure young people continued to be at the heart of service development.
- (5) It was also confirmed that performance data from the Sussex Partnership NHS Foundation Trust was available at both county and CCG level
- (6) Resolved that:

- (a) The Emotional Health and Wellbeing Strategy for Children, Young People and Young Adults (0-25) in Kent be recognised as sitting beneath the Joint Kent Health and Wellbeing Strategy as a key part of the response to two of its overarching outcomes;
- (b) The invitation to attend an Emotional Wellbeing Summit, on 18 December, to support the development of the delivery plan be noted.

118. Promoting and Delivering the Kent Joint Health and Wellbeing Strategy - Progress reports from local Health and Wellbeing Boards
(Item 12)

Resolved that the progress report from local health and wellbeing boards be noted.

119. Date of Next Meeting - 28 January 2015
(Item 13)