

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, 18 March 2015.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Ms H Carpenter, Mr P B Carter, CBE, Mr A Scott-Clark, Dr D Cocker, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Mr B Jones (Substitute for Ms P Davies), Dr N Kumta, Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr S Perks, Dr M Philpott (Substitute for Dr F Armstrong) and Dr R Stewart

IN ATTENDANCE: Ms J Frazer (Programme Manager Health and Social Care Integration), Mr M Thomas-Sam (Strategic Policy Adviser), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

132. Chairman's Welcome (Item 1)

- (1) The Chairman referred to a request from the Assistant Chief Constable Jo Shiner that Kent Police be represented on the Health and Wellbeing Board and said he would seek the views of the board members before responding.
- (2) He said the visit by Simon Stevens on 24 February had been constructive and thanked those who had made presentations and other contributions to the event. He said that it would be helpful to consider some of the key issues raised such as estates and workforce at future meetings of the Health and Wellbeing Board and the local health and wellbeing boards.
- (3) Mr Carter said that it would be helpful to consider what could be done in Kent to maximise the return on expenditure on health and social care if Kent were offered similar freedoms and flexibilities as Manchester.
- (4) Mr Gough said it was intended to consider the commissioning plans for adult social care and specialist children's services at the next meeting of the HWB. He also proposed that consideration of NHS England's commissioning plans also be deferred to that meeting to enable a representative of NHS England to be present. He suggested that NHS England's Commissioning Plan was not reprinted in agenda packs for the next meeting.

133. Apologies and Substitutes (Item 2)

Apologies for absence were received from Dr F Armstrong, Dr B Bowes, Cllr A Bowles, Ms P Davies, Mr E Howard-Jones, Dr M Jones and Cllr L Weatherly. Dr M Philpott, Cllr K Pugh and Mr B Jones attended as substitutes for Dr F Armstrong, Cllr A Bowles and Ms P Davies respectively.

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

Dr D Cocker declared an interest in Item 7 – Pharmaceutical Needs Assessment as he was a dispensing doctor and a director of a company that ran a pharmacy.

135. Minutes of the Meeting held on 28 January 2015
(Item 4)

- (1) In response to a question about minute 125, Early Years Restructure, it was confirmed that the detail relating to issues such as membership and chairmanship had yet to be finalised. It was also reported that there was general support for the process from the children's health and wellbeing boards and that the district council chief executives had supported the process at a recent meeting.
- (2) Resolved that the minutes of the meeting held on 28 January 2015 are correctly recorded and that they be signed by the Chairman.

136. Review of Commissioning Plans
(Item 5)

- (1) Dr N Kumta introduced the commissioning plans for Ashford and Canterbury CCGs. He referred in particular to the need to dissolve traditional boundaries between primary care, community services, hospitals, social care and other services in order to meet patients' needs and expectations. He said Ashford and Canterbury CCGs were well placed to deliver against these expectations and drew the Board's attention to the "Strategic Plan on a Page" set out on page 13 of the agenda papers.
- (2) Dr D Cocker introduced the South Kent Coast CCG's commissioning plan. He said the plan was building on a solid foundation from 2014/15 and that it included £6.3m savings, prioritised mental health and parity of esteem, aimed to consolidate early work on out of hospital services and to support the hospital trust with the development of strategies for improving cancer diagnosis and treatment times and musculo-skeletal and integrated dermatology pathways. He explained the links between the commissioning plan and the Kent Health and Wellbeing Strategy and set out the structure of integrated care in the South Kent Coast CCG area.
- (3) Dr T Martin introduced Thanet CCG's commissioning plan by setting out the vision for Thanet and the priority areas for 2015/15. He said the priorities for 2015/16 were to ensure patients received: high quality, equitable and integrated GP services and out of hospital care; timely, clinically appropriate and high quality care in hospital; high quality mental health care in the most appropriate setting; and to ensure high quality children's services.
- (4) Mr Carter said he thought the East Kent CCGs had received a poor financial settlement both for growth and basic need. If this was the case across the county he suggested that collective representations were made to redress this.

He also said that the County Councils' Network had commissioned a report looking at the capitation allocations across the country against demographic and relative needs.

- (5) It was suggested that in about 12 months' time the board considers the impact of initiatives in Thanet to address health inequalities and the impact of the development of community hubs (multi-speciality community provider (MCP) model). It was also suggested that safeguarding aims should be as specific as possible and should include appropriate references to child sexual exploitation which now had "national threat" status.
- (6) Mr Ayres introduced the West Kent Plan by saying it was year 2 of a five-year plan and much of year 1 had been spent unpacking inherited contracts, getting quality systems in place and building leadership and organisational capacity. He said the West Kent Vision and plans were similar to the recently published NHS Five Year Forward View and referred to a number of initiatives already underway or planned in West Kent including: coaching clinical micro systems, the integration of GP out of hours services with home care services, building teams based around practices, the purchase of software to assist care plan management and secondary care referrals, work with Maidstone and Tunbridge Wells NHS Trust to develop a clinical strategy, new models for contracting, the development of treatment pathways, total place budgets and workforce training particularly in relation to the training of doctors and nurses.
- (7) Mr Jones and Dr Lunt gave a presentation on the commissioning plans for Dartford, Gravesham and Swanley CCG and Swale CCG. Mr Jones said that, in addition to the aims set out in the presentation, it was intended to build on the previous year's successes such as the integrated discharge teams at the Darent Valley and Medway Maritime hospitals and the integrated primary care teams developed around groups of GP practices.
- (8) He drew attention to the "plans on a page" and said that 11,000 new homes by 2030 were planned for Ebbsfleet resulting in a population increase of 27,000 over and above the normal projected growth of 21,000. He said the CCG was working with NHS England to highlight the potential shortfall in funding and had made submissions for funding for infrastructure to the DCLG and the Urban Development Corporation. He said the development of the Paramount Theme Park would attract 5,000 construction workers and 40,000 visitors per day by 2020 but as this population would be considered to be transient additional demand was unlikely to be funded.
- (9) Mr Jones also referred to the Better Care Fund, the North Kent Education, Research and Innovation Hub and initiatives with further education colleges to develop courses and qualifications to provide opportunities for local people to qualify in health and social care.
- (10) Dr Lunt drew particular attention to the commissioning intentions in relation to urgent care and long term conditions; a new community dermatology service; the implementation of an emotional and wellbeing service with KCC; the emphasis on reducing health inequalities in primary care as well as plans to review the neurodevelopmental pathway for autism/ADHD across Kent and to review services for disabled children with KCC.

- (11) During the discussion there was general support for: the prominence being given to dealing with health inequalities; the emergence of innovation hubs in North and West Kent; and the plans for emotional health and wellbeing and autism services. It was suggested that workforce development initiative with further education colleges in North Kent be shared more widely.
- (12) In response to a question about supporting and motivating patient participation groups to enable them to contribute to the resolution of challenges being faced by GPs, Ms Carpenter offered to share a recent report produced in the South Kent Coast area. It was also suggested that more work might need to be done to understand more fully how patient participation groups and GP practices could work together.
- (13) The Board was told that Ian Dodge, National Director of Commissioning Strategy at NHS England, was visiting Kent on Friday 27 March and the key message to him would be that adequate resources were required to ensure innovation continued at pace and scale regardless of whether sites had achieved Vanguard status or not.
- (14) Mr Scott-Clark introduced the Public Health Commissioning Plan. He said much of the last year had been spent dealing with issues arising from the transfer of the public health service from the NHS, there had been no growth in the budget and there were growth pressures from NICE Technology Appraisals, implementing obesity pathways and increasing the number of health checks. He said that better ways of commissioning lifestyle behaviour programmes were being investigated to avoid unnecessary handovers between programmes. Mr Scott-Clark said the Public Health Commissioning Plan had been structured into three areas: starting well; living well and ageing well. He referred in particular to: programmes to reduce obesity in children; provide emotional health and wellbeing services for 0-25 years; reduce premature deaths from vascular disease or poor lifestyles by promoting health checks; support people to remain well and in their own homes, prevent falls and reduce the above average number of neck of femur fractures.
- (15) In response to a question about falls and actions following the Kent Fire and Rescue Services presentation to the HWB on 16 July 2014 it was confirmed that: Public Health was working with the KFRS and social landlords to reduce falls and fires; local health and wellbeing boards had been asked to take this forward and efforts were being made to include data from the KFRS in the Year of Care report.
- (16) Resolved that:
- (a) The CCGs' Commissioning Plans and the Public Health Commissioning Plan be noted;
 - (b) A report be received at a future meeting of the HWB providing an update on actions taken by local health and wellbeing boards as a result of the KFRS' presentation.

137. Better Care Fund Section 75 Agreement

(Item 6)

- (1) The Chairman introduced the report which provided assurance that the Better Care Fund (BCF) Section 75 pooled fund agreement had been through all partners' approval channels in order to be approved for implementation from 1 April 2015.
- (2) Mrs Tidmarsh (Director of Older People and Physical Disability) said the HWB had received reports on the BCF at its meetings in September and December 2014.
- (3) Ms Frazer (Programme Manager Health and Social Care) thanked the Chief Finance Officers' Group (NHS Area team led group of chief finance officers from the CCGs and Kent County Council) and Robyn Parsons (Graduate Trainee) for their work in bringing this workstream to a conclusion and enabling the agreement to be signed.
- (4) Resolved that the assurance provided by the CFO Group that the Section 75 Agreement: ensures delivery of the desired outcomes of the Kent Better Care Fund Plan; has completed the legal process; has been approved through the relevant parties' processes and will be signed to be implemented from 1 April 2015 be noted.

138. Pharmaceutical Needs Assessment

(Item 7)

- (1) Mr Scott-Clark introduced the report by saying that in November 2013 the HWB had agreed to the establishment of a steering group to oversee the production, consultation and publication of the Pharmaceutical Needs Assessment (PNA) and in September 2014 had agreed to the formal consultation on the draft PNA.
- (2) In response to questions he said there was no evidence that people were not able to access the core dispensing services which formed the basis of the PNA and variations the availability of additional services such as emergency hormonal contraception were addressed as far as possible through the commissioning of services. He also said that details of all additional services provided in pharmacies would be published alongside the PNA.
- (3) Resolved that
 - a) The key strategic findings of the PNA be noted as follows:
 - Overall there is good pharmaceutical service provision in the majority of Kent
 - Where the area is rural, there are enough dispensing practices to provide basic dispensing pharmaceutical services to the rural population
 - There are proposed major housing developments across Kent, the main ones being Chilmington Green near Ashford and Ebbsfleet Garden City. This will mean that these areas will need to be

reviewed on a regular basis to identify any increases in pharmaceutical need

- The proposed Paramount leisure site plans in North Kent should be reviewed regularly to identify whether visitors and staff will have increased health needs including pharmaceutical
- The current provision of “standard 40 hour” pharmacies should be maintained especially in rural villages and areas such as Romney Marsh
- The current provision of “100 hour” pharmacies should be maintained.

- (b) The final PNA be approved for publication subject of final checking with NHS England on any pharmaceutical service application grants made following consultation and final tweaks through proofing and editing;
- (c) At the agenda setting meeting for the Health and Wellbeing Board meeting on 20 May, consideration be given to developing a further paper on community pharmacies to address inequalities in access to additional pharmaceutical services outside the PNA and to encourage innovative practice.

139. Revised Protocol on the Working Arrangements between the Kent Health and Wellbeing Board, Kent Children's Health and Wellbeing Board and Kent Safeguarding Children Board

(Item 8)

- (1) Mr Thomas-Sam (Strategic Business Adviser – Policy and Strategic Relationships) introduced the report which provided contextual information relating to the revised draft protocol setting out working arrangements between the Kent Health and Wellbeing Board, the Kent Children’s Health and Wellbeing Board and the Kent Safeguarding Children’s Board.
- (2) In response to a comment about the prominence being given to child sexual exploitation it was suggested that it be noted that responsibility for this issue was implicit within the remit of all boards and that an amendment be made to paragraph 3.4 of the protocol to reflect the fact the HWB’s role extended to health and care services and was not limited to health improvement and prevention services.
- (3) Resolved that the revised draft protocol be agreed subject to the inclusion of specific references to the role of all three boards in relation to child sexual exploitation and an amendment to paragraph 3.4 of the protocol to reflect the KHWB’s role in relation to health and care services.

140. Minutes of the Local Health and Wellbeing Boards

(Item 9)

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

Ashford- 21 January 2015

Canterbury and Coastal – 27 January 2015

Dartford Gravesham and Swanley – 17 December 2014 and 11 February 2015

Swale – 28 January 2015 and

West Kent 20 January 20 January 2015

- 141. Date of Next Meeting - 20 May 2015**
(Item 10)