

**WEST KENT HEALTH AND WELLBEING BOARD**  
**DRAFT MINUTES OF THE MEETING HELD ON 17 NOVEMBER 2015**

**Present:**

Gail Arnold	Chief Operating Officer, NHS West Kent Clinical Commissioning Group (NHS WK CCG)
Dr Bob Bowes - Chair	Chair, NHS WK CCG
Cllr Annabelle Blackmore	Maidstone Borough Council (MBC)
Cllr Pat Bosley	Sevenoaks District Council (SDC)
Lesley Bowles	Chief Officer for Communities and Business, SDC
Cllr Roger Gough - Vice Chair	Kent County Council (KCC), Chair, Kent Health & Wellbeing Board
Steve Innet	Chief Executive Officer, Healthwatch Kent
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
Reg Middleton	Chief Finance Officer, NHS WK CCG
Dr Andrew Roxburgh	GP representative, NHS WK CCG
Dr Sanjay Singh	GP representative, NHS WK CCG
Penny Southern	Director of Disabled Children, Adults Learning Disability & Mental Health, KCC
Gary Stevenson	Head of Environment & Street Scene, TWBC
Malti Varshney	Public Health Consultant KCC, NHS WK CCG
Cllr Lynne Weatherly	Portfolio Holder, Tunbridge Wells Borough Council (TWBC)

**In Attendance:**

Mark Atkinson	NHS WK CCG
Kathryn Braggins	TWBC
Hayley Brooks	SDC
Olivia Crill	KCC
Andy Fairhurst	KCC Public Health
Karen Hardy	KCC Public Health
Jane Heeley	
Dave Holman	NHS WK CCG
Sophie Lyon	South East Commissioning Support Unit (Senior Associate, Communications)
Yvonne Wilson	NHS WK CCG (Minutes)
Sarah Richards	TWBC
Heidi Ward	T&MBC

**1. WELCOME, APOLOGIES FOR ABSENCE AND SUBSTITUTES:**

The Chair welcomed everyone to the meeting. Apologies had been received from the following Board members:

Julie Beilby	Chief Executive, Tonbridge & Malling Borough Council (T&MBC) – Substitute, Jane Heeley
Alison Broom	Chief Executive, Maidstone Borough Council – Substitute, Sarah Robson
Cllr Maria Heslop	T&MBC
Dr Caroline Jessel	Clinical Transformation and Outcomes Lead, NHS England

## **2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**

There were none.

## **3. MINUTES OF THE PREVIOUS MEETING HELD 15 SEPTEMBER 2015**

3.1 The minutes of the previous meeting were agreed.

## **4. MATTERS ARISING**

4.1 Action Points – See Actions Schedule attached.

5/15: Malti Varshney reported that it was too early to be able to draw conclusions.

4/15: On agenda, Item 4.2 – Update Obesity Strategy (Campaigns)

5/15: Considered under agenda Item 6 – Total Place

9/15: The CCG were now taking steps to formally recruit a GP to the role of Clinical Lead for Children's Services.

11/15: On agenda, Item 9 – Active Travel Strategies and Plans

4/15: On agenda, Item 4.3 – Update Alcohol Summit

6/15: On agenda, Item 8 – Consideration of West Kent Health and Wellbeing Profile – Partner Responses

9/15: On agenda, Item 10 – Winter Preparedness

4.2 Update on Obesity Strategy (Campaigns) – Oral Report

4.2.1 Jane Heeley reported on the following developments:

- Detailed literature search was completed which showed that high profile media campaigns were most likely to raise public awareness, but as yet there was no conclusive evidence to state that people changed their behaviour as a direct result
- Public Health England were launching a 3 month national Change4Life campaign focusing on 'sugar swaps'
- Links had been made with KCC Public Health Campaigns Team who were investing approximately £50,000 in a localised campaign to boost the Change4Life messages by targeting additional resources and direct interventions using a range of measures, including intelligence from the National Child Measurement Programme partnership and working with local schools between January – March 2016.

- Mark Lemon was considering engaging two social marketing organisations to undertake work with people in 'priority wards' in partnership with providers eg Housing bodies

4.2.2 Ms Heeley recommended to the Board that it endorse the following proposal:

- To support the PH England Change4Life campaign
- To endorse the KCC Public Health 'booster' media campaign to include the focus on specific schools in each of the 4 District/Boroughs in partnership with the locality National Child Measurement Programme groups. Information on outcomes to be provided as an integral aspect of the campaign
- That each WK HWB partner agency commit to utilising their own communications, media and marketing resources to promote co-ordinated local messages during the lifetime of the spring 2016 Change 4Life project (January – March 2016)

4.2.3 Discussion and Questions:

- What conclusive evidence exists on anticipated outcomes of campaigns and on 'what works at a population level
- The Public Health Consultant confirmed that bodies of evidence including population level campaigns / information leaflets reinforced with 1:1 interactions including those with GPs identified as 'trusted advisers' promoting 'Exercise Prescriptions' delivers some successful outcomes. Although more robust evidence is always needed. However, population level campaigns established awareness and appreciation of 'brands', such as Change4Life
- Potential to utilise WKCCG GP Protected Learning Time event in February to raise awareness about local programmes, referral routes and build GP engagement
- GP reports that broad campaigns addressing antibiotic use appear to impact on a positive shift in patient attitudes

4.2.4 **RESOLVED:** That the Board accept the recommendations outlined at 4.2.2 and explore opportunities to strengthen GP engagement and appreciation of the 'Social Prescribing' approach.

**ACTION: TJ/BB. JH/YW** to co-ordinate the dissemination of shared messages for use by Board Member partner agencies.

4.3 Update on Alcohol Summit – Oral Report

4.3.1 Karen Hardy reported on progress. The summit took place on the 20<sup>th</sup> October, Dr Tony Jones, representing the WK HWB chaired the event. 35 delegates representing 19 separate organisations were in attendance.

Facilitated table discussions allowed delegates to reflect on the six pledges in the Kent Alcohol Strategy using case studies to stimulate discussion.

- 4.3.2 There was a clear emphasis on strengthening and improving the existing structures and partnerships to enable effective action in tackling alcohol related harm with more focused and streamlined partnership working. Training and support for a much wider range of people to be able to deliver brief interventions was raised by delegates as well as raising awareness of local services.
- 4.3.3 The Task & Finish Group meets early December to develop a robust Action Plan to address the 25 actions identified in the Summit and will submit a report to the next meeting of the WKHWB.
- 4.3.4 **RESOLVED:**  
Board members noted progress and agreed to receive a Report and Action Plan from the Task & Finish Group at the next meeting in February 2016. Cllr Annabelle Blackmore (Maidstone Borough Council) identified as the Board's Champion on Alcohol Related Harm  
**ACTION: KH/DP/YW, TASK & FINISH GROUP**

#### **KENT HEALTH & WELLBEING BOARD**

##### Local Health and Wellbeing Boards, Relationships and Future Options

- 5.1 Cllr Roger Gough provided a brief oral update to the Board on the topics considered and main outcome of the previous Kent Health & Wellbeing Board Meeting held on 16 September 2015. Agenda items considered included Winter Pressures; Emotional Wellbeing Strategy for Children & Young People and a review of the Healthwatch Annual Report. Cllr Gough explained the most significant issues were:
- addressing the need to assess agency Commissioning Plans and ensure these were developed in synergy across partner organisations in a timely fashion
  - getting relationships between the Kent Board and the Voluntary, Community Sector right (this issue was also pertinent for the local HWBs)
  - ensuring clarity and consistency to support systematic work and structured relationships with Boards and the Chairs
  - ensuring effective arrangements were in place to deliver health and wellbeing ambitions, making sure relationships between the statutory Board at the Kent wide level and local HWBs were fit for purpose, provided the right mechanism to implement strategic objectives and also deliver changes in the health and social care systems.
- 5.2 Cllr Gough referred specifically to the actions set out in section 7 of the report, acknowledging that there were a number of areas where the Kent Board

itself has had to reflect carefully on its own responsibilities in providing clear direction and enabling good communication with Local Boards and the wider provider landscape. Additional development support was also being made available from the Local Government Association to assist local Boards in establishing their roles.

- 5.3 Bob Bowes WK HWB Chair, reflected on the need for the Kent HWB to strike the right balance between requiring local HWBs to address 'Kent-wide' agendas/issues, and a need for local HWBs to ensure their own agendas are properly focused on local population needs which requires a collective focus at very local, discrete neighbourhood level.
- 5.4 The following points were raised by Board Members in discussion:
- Healthwatch welcomed the proposal for the annual meetings cycle to focus on assessing progress against each of the five themes reflected in the Kent Health & Wellbeing Strategy and considering further action or intervention required where barriers hampered delivery
  - Kent HWB might consider agreeing a focus on a single topic for health promotion campaigning for the year which might enable a stronger, consistent set of actions by partner agencies involved in the HWBs
  - Could be a timely opportunity for the Board to define its aspirations and outcomes and consider whether the substructures and governance arrangements supports delivery
  - WK HWB might benefit from support that helps it become more effective in delivering outcomes
- 5.5 **RESOLVED:** Set up a Task& Finish Group to consider the report and respond to all the specific recommendations for Local Health & Wellbeing Boards and report to the 16 February WK HWB.  
Sevenoaks District Council representatives agreed to join the Agenda Setting Core Group  
**ACTION: ML/LB/YW; Cllr Bosley/LB**

## 6. **TOTAL PLACE**

### 6.1 Swale Total Resource Pilot: Findings

- 6.1.1 Olivia Crill, from Contracting and Transformation Unit, KCC outlined the main findings of the Swale Total Resource Pilot established with the Dartford Gravesham and Swanley Health and Wellbeing Board. The Pilot was undertaken to test an approach (focusing on two specific outcomes – frail elderly and reducing obesity) to quantify the 'whole system' resources picture to inform future joint commissioning activity.

6.1.2 Ms Crill reported on what worked well, highlighted areas identified for improving the methodology and explained caveats on the data captured including:

- Need to be clearer about the definitions
- Reduce subjectivity about what is relevant
- Be clearer about information requested
- Consider standardisation to aid analysis
- Seek access a broader range of organisations
- Capture information on contract end dates to identify opportunities for change

Caveats

- 25% of project/service returns were missing expenditure figures
- Did not capture all projects/services which are contributing
- Applied own methodology for apportioning spend, not possible for all projects/services
- CCG spend covered more than one district so rough measures may not represent how spend is actually deployed
- Categorised projects/services by theme

6.1.3 Ms Crill reported on headline outcomes including expenditure per organisation and per theme as well as being able to identify services being delivered to improve outcomes, identify gaps, duplication and opportunities. Emerging information will be used in Swale to inform analysis of how to most effectively target resources, inform their Health Improvement Plans and inform commissioning and service planning.

## 6.2 West Kent Planning – Early Work Towards 'Place Based' Budgets

6.2.1 Reg Middleton, NHS West Kent CCG Chief Finance Officer presented details of the early work being carried out in partnership with KCC towards 'Place Based Budgets' following on from the commitment to share investment plans between KCC and the NHS WK CCG. The presentation outlined the context for this work:

- Challenging financial outlook across the public sector
- Increasing demand
- Acknowledgement of interdependencies between public sector organisations – 'cause and effect'
- The need to work together to achieve the best outcomes for the residents of West Kent

- 6.2.2 Mr Middleton reported on the financial information provided to the WK HWB in September, which was the starting point for discussions between the CCG and KCC and highlighted the differences in how the respective agencies categorised budget spend, and reflected on the initial lines of enquiry. Principal opportunities for taking work forward would likely focus on 'placed based' settings with potential opportunity to align/integrate commissioning; combine purchasing/procurement power and integrate service provision.
- 6.2.3 The Slide presentation provided further detailed examples of the potential for joint work between KCC and NHS WK CCG:
- Therapy services
  - Integrated health & social care teams
  - Joint Service Specifications
  - Joint assessments of patients
  - Frail Elderly Surveillance service
  - Children's services, including unaccompanied asylum seekers
- 6.2.4 Mr Middleton reported that NHS WK CCG and KCC had given a commitment to pursue the following areas of work:
- Continue to exchange information between KCC/CCG Integrate investment plans relating to frail elderly, Public Health, people with Learning Disabilities and Mental Health
  - Learn from progress made elsewhere between neighbouring CCGs and KCC
  - Take steps towards integrating District Councils into 'Place Based' plans (Housing, Disabled Facilities Grants, etc.)?
  - Other public services – e.g. Fire and Rescue services and vulnerable patient checks
  - Pursue opportunities relating to joint procurement
  - Examine potential for developing integrated service models or aligned commissioning
- 6.2.5 The following points were raised in discussion:
- Both presentations welcomed, described different approaches and provided the Board with a good starting point to progress better integration
  - Good ideas and potential opportunities brought forward for consideration
  - Agreement that time should be invested to secure better alignment
  - Results of Swale Pilot approach could mean there is a useful 'tool/evidence base' for strategy and commissioning plan development
  - Swale Pilot identified resources spent on carers, which then enabled a better understanding about the proportion spent on carers/prevention and tackling isolation. Does this help partners to question, whether the priorities identified are the right ones?
  - This work enables partners to look at issues in a different way, to take the lessons of the Pilot and begin to trial/refine the approach (starting with low risk areas?)

- Suggested by the Chair that the Swale approach could be applied to the Board's existing priorities/Task & Finish Groups
- Greater focus on GPs sign-posting effectively required

6.2.6 **RESOLVED:** That the Swale approach be applied to the Board's existing priorities (Task & Finish Groups: Frail Elderly; Alcohol; Obesity).  
That the Board notes the joint work between KCC and NHS WK CCG and encourages officers to progress proposed areas of work and feedback on outcomes at a future Board meeting.

**ACTION: MV/JH/DP/YW/OC; KCC/RM**

## **7. EMOTIONAL WELLBEING STRATEGY FOR CHILDREN, YOUNG PEOPLE AND YOUNG ADULTS (0 – 25)**

7.1 Dave Holman Head of Mental Health programme area at NHS West Kent CCG updated the WK HWB on developments of the Emotional Wellbeing and Mental Health Service for Children, Young People and Young Adults in Kent. Mr Holman reported that since the last report to the Board two years ago, there was a greater strategic awareness of the importance of prevention and the impact of positive mental wellbeing in later life.

7.2 Mr Holman explained that the strategy has been developed and consulted upon with children, young people and families. A new model of services on offer had been developed with better access to early support; a single point of timely access; increased availability of consultation from specialist services; a new 'whole family' protocol encompassing assessment of wider family needs; multi-agency response to tackle Child Sexual Exploitation and better transition between services. Mr Holman reported that there were now two sets of specifications, setting out Universal and Specialist provision; a joint Contract Procurement Board with the procurement process to be completed by end of August 2016. The current dedicated financial envelope to deliver the new model is over £22m.

7.3 Mr Holman asked the Board to note the work completed to date and next steps which included refinement of service specifications and the performance framework; creation of a workforce development plan, implementation of the procurement.

7.4 Board members suggested that there was a need to ensure effective links with schools (Mr Holman explained there was good multi-agency engagement through the Transformation Implementation Group which reported to the Children & Young People's Health and Wellbeing Board), and also to the District level Local Children and Young People Partnership Groups.

Mr Holman confirmed that good links with education sector had been made to ensure full benefits of this strategy were realised.

7.5 **RESOLVED:** That the WK HWB members duly note the report. That the WK HWB encourage effective links to be made to the Local Children's Operational Group structures. **ACTION: DH/LCOGs**

## **8. WEST KENT HEALTH & WELLBEING PROFILE: PARTNER RESPONSES**

8.1 The Chair Bob Bowes, introduced this item and welcomed the responses received from the District and Borough Councils which all emphasised the value placed on the assessment of the needs of West Kent communities and the potential for the profile to assist councils in strategy, policy and service development with detailed evidence about needs and challenges. Local councils reported that high level needs assessment at a Kent-wide level, has the potential to render local less visible when reviewing health and social care information at the Kent wide level. The Chair suggested that there were a number of themes emerging across the responses submitted by local councils:

- Concerns about the potential impact of the outcome of the consultation about transforming Public Health commissioning and future funding
- Need to acknowledge the work across the local councils which support the health of local communities
- Need to ensure better confidence about the outcomes being delivered, and the difference being made, particularly in times of financial constraint there is a need to ensure effective commissioning

8.2 The following points were raised in discussion:

- The Board must look at ways of achieving practical outcomes and consider opportunities for joint commissioning, sharing leadership and developing a strong work programme that takes forward the local priorities
- The Board should consider taking a Total Place approach to addressing the issues highlighted in the Health Profile so that it demonstrates how it is used to enable joined up working
- Suggestion that the Board explores the concept of Social Prescribing and looks at the mechanisms for 'sign posting' that also has the potential to support a 'self-care' approach (Care Navigators, CAB Project in Sevenoaks and Health and Social Care Co-ordinators)

8.3 **RESOLVED:**

8.3.1 That the Chair, will highlight the themes and issues identified by the West Kent councils at the Kent Health and Wellbeing Board meeting, particularly the matter of the potential outcome of the KCC Public Health Plans. **ACTION:BB**

8.3.2 That the Board explores opportunities and potential outcomes of co-commissioning at a local/neighbourhood level where areas of need identified in the Health Profile. (To include consideration of focus on a neighbourhood; GP Practice; ward or strategic issue, and also what opportunities exist for each borough to focus on the same issue/topic). **ACTION: ALL**

8.3.3 That the Board notes the NHS WK CCG response.

## **9. ACTIVE TRAVEL STRATEGIES AND PLANS**

- 9.1 Hilary Smith, Economic Development Manager at Tunbridge Wells Borough Council and Andy Fairhurst, Physical Activity Manager at KCC gave a joint presentation to the Board, following the Board's decision in September, to receive a joint report prepared by the four boroughs, district and Kent County Council.
- 9.2 Ms Smith reported that each of the local councils offered a series of initiatives and interventions to promote active travel ranging from walking buses, guided cycle rides and training for adults and children. In addition, there are a range of capital projects and improvements such as cycle racks; enhanced way finding signage. Each local council has District Transport and Cycling Strategies, a programme of capital projects and improvements, and designated Air Quality Management Areas in place as set out in the report Appendices A, B and C pp345 – 349).
- 9.3 Mr Fairhurst outlined the County Council's statutory responsibilities for strategic planning for highways with key county-wide priorities which link to economic development, growth and investment. The current Local Transport Plan includes a priority for 'A Safer and Healthier County'. KCC is currently developing an Active Travel Strategy in partnership between Public Health, Growth, Environment and Transport Directorate that will highlight the impact of inactivity, pollution and set out measures to facilitate active travel and change population behaviours, providing strategic guidance
- 9.4 Ms Smith emphasised some barriers to effective implementation of active travel strategies:
- Lack of political support/champions
  - Urban environment space restrictions
  - Conflicting user requirements
  - Availability of Funding/Funding regime requirements/timetables
  - Limited Public support/understanding
- 9.5 The joint report recommended strengthening collaboration between KCC and the WK HWB partners around active travel to enable practical actions to promote the benefits; influence policy and strategy agendas, inform commissioning agendas and assist with securing external funding. Due to time constraints, the Board was not able to fully consider all the recommendations contained in the report.

- 9.6 **RESOLVED:** That the WK HWB and partners respond to the consultation on Local Transport Plan 4 (LTP4) **ACTION: HS/AF/WK HWB and partner organisations**  
That the Chair make representation about the issues highlighted in the presentation to local MPs on behalf of West Kent localities. **ACTION: BB**

## 10. WINTER PREPAREDNESS

- 10.1 Mark Atkinson, Head of Urgent Care Commissioning at NHS WK CCG gave an overview of the processes in place to ensure urgent and emergency care services are "Winter Prepared" for 2015 – 2016. A single overarching plan for urgent and emergency services in West Kent has been developed in partnership with the Emergency Care Intensive Support Team (ECIST) and the System Resilience Group (SRG) to review the opportunities to improve flow, safety and effectiveness of urgent and emergency care across the system prior to winter.
- 10.2 Mr Atkinson reported on the challenges of the whole system especially in the Emergency Department and that the priority was to address these challenges through co-ordination, leadership, communication and confidence in delivery. NHS England (NHS-E) is responsible for facilitating an assurance process which in turn is reviewed by a Regional Team responsible for providing assurance to a National Support Team.
- 10.3 Mr Atkinson explained that an effective response was required from a wide range of partners including GPs, Community Provider organisations, Acute Hospitals staff, social care, residential homes. Actions taken included:
- Update of NHS 111
  - Established links with community pharmacists
  - Improvements to a Directory of Services for GPs
  - Launch of 'Health Help Now' app
  - Integrated Hospital Discharge Scheme
  - Testing of the planned interventions (Operation Polar)
  - Review of a range of Care Pathways
- 10.4 Mr Atkinson shared identified risks including fragility of social care networks and organisation quality issues (e.g., South East Coast Ambulance Services, Medway NHS Foundation Trust and East Kent Hospitals University NHS Trust, both hospitals were subject to Care Quality Commission[CQC]special measures).
- 10.5 Special funding had been made available from the Department of Health to assist with access to Liaison Psychiatry support in recognition of the links between winter pressures and the impact on people with mental health

problems needing crisis support. Outreach services had been developed to provide early care and support to prevent attendance at Accident & Emergency departments.

- 10.6 **RESOLVED:** That the Board note the report and re-visit the outcome of the plans in 2016. **ACTION: MA/GA/YW**

That a dialogue is established to explore links to social care. **ACTION: PS/GA/MA**

11. **ANY OTHER BUSINESS**

None.

**DATE OF NEXT MEETING**

Tuesday 16 February 2016, 4.00pm – 6.00pm, Tunbridge Wells Borough Council

DRAFT