

WEST KENT HEALTH AND WELLBEING BOARD
DRAFT MINUTES OF THE MEETING HELD ON 16 FEBRUARY 2016

Present:

Cllr Annabelle Blackmore	Maidstone Borough Council (MBC)
Cllr Pat Bosley	Sevenoaks District Council (SDC)
Lesley Bowles	Chief Officer for Communities and Business, SDC
Alison Broom	Chief Executive, Maidstone Borough Council
Cllr Roger Gough	Vice Chair Kent County Council (KCC), Chair, Kent Health and Wellbeing Board
Cllr Maria Heslop	Tonbridge and Malling Borough Council (TMBC)
Dr Caroline Jessel	NHS England
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
Gary Stevenson	Head of Environment & Street Scene, TWBC
Malti Varshney	Public Health Consultant KCC, NHS West Kent CCG
Cllr Lynne Weatherly	Portfolio Holder, Tunbridge Wells Borough Council (TWBC)

In attendance:

Wendy Glazier	Interim Deputy Chief Nurse, WKCCG
Francesca Guy	WKCCG (minutes)
Penny Graham	Healthwatch Kent
Karen Hardy	Public Health, KCC
Jane Heeley	Tonbridge and Malling Borough Council
Chief Inspector Dave Pate	Kent Police
Andrew Scott-Clark	
Dr Mark Whistler	West Kent CCG GP Governing Body Member

1. Welcome, apologies for absence and substitutes

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

Dr Bob Bowes	Chair, NHS West Kent CCG – Cllr Roger Gough chaired the meeting
Julie Beilby	Chief Executive, Tonbridge and Malling Borough Council – Substitute, Jane Heeley
Steve Inett	Chief Executive Officer, Healthwatch Kent – Substitute, Penny Graham
Penny Southern	Director of Disabled Children, Adults Learning Disability and Mental Health
Yvonne Wilson	Health and Wellbeing Partnerships Officer, West Kent CCG – Substitute, Francesca Guy

2. Declaration of Disclosable Pecuniary Interests

No new declarations of interest were declared.

3. Minutes of the previous meeting – 17 November 2015

The minutes of the previous meeting held on 17 November 2015 were approved

subject to one amendment:

Paragraph 4.2.1 (last bullet point) should state "Mark Lemon had suggested engaging with two social marketing organisations..."

4. Matters arising

It was noted that the following actions were covered on today's agenda:

5/15 Total Place – Frail/Elderly Task and Finish Group
7/15 Public Health Service Improvement Strategies
4/15 Update on Obesity Strategy
4/15 Update on Alcohol Summit
5/15 Kent HWB and Relationship to Local HWBs and Future Options
6/15 Total Place
8/15 West Kent Health and Wellbeing Profile: Partner Responses

It was noted that an update on action 9/15 Active Travel Strategies and Plans would be provided at the April Board meeting.

5. Public Health Improvement Transformation

5.1 Joint Response from Partners – Districts and Boroughs

Lesley Bowles introduced this item and explained that the paper sought to bring together the comments of the district and borough councils in response to the funding proposal that had been submitted to the Kent Health and Wellbeing Board. A number of common themes had been identified:

- The overall west Kent health profile compared favourably to the national average, but there were pockets of deprivation that should not be ignored or overlooked. Funding should be targeted towards the most deprived decile of Lower Super Output Areas (LSOAs);
- All district and borough councils highlighted the need for partnership working;
- There needed to be a greater focus on the prevention agenda in order to make resources work harder;
- There was an emphasis on what district and borough councils could do to contribute to the public health agenda.

Lesley Bowles noted that four recommendations had been made as outlined in the paper, which the Board was invited to agree.

Cllr Pat Bosley was supportive of the four recommendations and stated that the local councils were ideally placed to support prevention and early intervention. Cllr Bosley looked forward to a closer working relationship with Kent County Council (KCC) public health.

Alison Broom commented that there was a strong desire to work together at the pre-commissioning stage. Better integration would help to address the causes of poor health (e.g., housing and environment) as well as the symptoms. Ms Broom suggested however that there might be a more sophisticated method of prioritising

funding, rather than just using the LSOAs.

Caroline Jessel commented that the recommendations were largely focussed on finance and stated that it was important to have an understanding of what methods were effective in addressing poor health.

Lesley Bowles urged for local organisations, activities and networks that contribute to the prevention agenda (e.g., health action teams) to continue.

Andrew Scott-Clark welcomed the contribution that councils wanted to make towards the transformation of public health commissioning programmes and supported partnership working. Mr Scott-Clark noted that the health inequalities gap in Kent had not closed over the last 10 years and that greater focus was needed on the 8 areas in Kent where life expectancy was lowest and mortality rates were the highest. It would not necessarily require a significant amount of resources; 3 additional health professionals per LSOA could make a difference to mortality rates.

Dr Tony Jones commented that the strategy needed to be clear about the mechanisms that would be used to get people in need in touch with the right services, as often this was the key barrier. GPs had a key role in signposting but needed to know what services were available and how to refer to them. Dr Jones suggested that services needed to be promoted. Andrew Scott-Clark responded that the plan was to build on work that was already taking place in the patches and agreed that general practice would have an important role to play. Capacity in the community would also need to be strengthened in order to deliver this.

The Chair summarised the discussion by stating that the Board recognised the importance of focussing on the most deprived LSOAs and recognised the difficulties in addressing the health inequalities in the area. The Board supported the proposal of joint working around care services and the development of an infrastructure to support this.

RESOLVED: That the Board accept the recommendations as outlined in the paper:

1. That the many very small pockets of deprivation that exist within west Kent should not be overlooked when calculations regarding allocations of funding using deprivation indices were made.
2. That the sparse, rural nature of the area and the difficulties that the older population and others have in accessing services were also taken into account.
3. That the local infrastructure and networking that was provided by district and borough colleagues should continue to be financially supported.
4. That the early intervention and prevention work that was available through those local networks and the potential to reduce costs further along the care pathway was taken into account when designing and commissioning services.

5.2 Public Health Programmes; Consultation Outcomes and Next Steps

Andrew Scott-Clark gave a presentation on the plans for the transformation of

public health commissioning programmes. In his presentation, Mr Scott-Clark stated that the proposal was to delay commissioning for 6 months to align with other aspects of public health commissioning. An additional 6 months would also allow for more effective planning.

Jane Heeley asked how local representatives would be involved. Andrew Scott-Clark responded that this had yet to be worked through in detail but would emerge at a later date.

Jane Heeley noted Mr Scott-Clark's point that there needed to be better integration between child and adult mental health services and commented that this principle should be applied to all aspects of health and social care services.

In response to a question from Cllr Maria Heslop, Mr Scott-Clark confirmed that the commissioning plans for health visitors and school nurses would include working with families and not just the child concerned.

Dr Tony Jones stated that GPs no longer recognised the health visitor or any other role related to health promotion and stated that it was important for school nurses to be proactive as they had a captive audience. Andrew Scott-Clark agreed with this point and agreed that the link between health visitors and general practice needed to be strengthened.

Cllr Annabelle Blackmore expressed concern about whether a boy with emotional problems would be likely to talk to a school nurse. Cllr Blackmore also noted that local authorities granted licenses and planning applications for fast food outlets and suggested that this was an area where local authorities could do more to tackle the obesity issue. Andrew Scott-Clark agreed that this was one example of the benefits of KCC and the district and borough councils working closer together.

RESOLVED: That the Board noted the update and recommendations for future delivery.

6. Kent Health and Wellbeing Board

6.1 West Kent HWB Governance Task and Finish Group Report

Lesley Bowles noted that this was an interim report from the Governance Task and Finish Group. The first meeting had focussed on the relationship of the West Kent HWB with the Kent HWB and had looked at the purpose of the West Kent HWB and its role in commissioning. The Governance Task and Finish Group had recommended, when a proposal was being discussed, that the whole care pathway was considered to ensure that the Board was apprised of any commissioning deadlines. The next meeting of the Task Group would focus on the Board's wider relationships.

Alison Broom noted that the West Kent HWB had held a workshop 18 months ago and had signed up to a model way of working and asked for the Task and Finish Group to take this into account.

Alison Broom questioned whether function 5.7 (Provide recommendations to Kent

Health and Wellbeing Board and other commissioning partners, how and where investment, resources and improvements can be made within the CCG area) should be incorporated into the Board's terms of reference and suggested that the Board needed to make a conscious decision about whether this would be one of its functions. The Chair commented that the work around Total Place would bring the board closer to this.

RESOLVED: That the Board noted the update from the Governance Task and Finish Group and noted the direction of travel.

6.2 Kent Health and Wellbeing Board

The Chair reported that the Kent Health and Wellbeing Board had met three weeks ago and had discussed two main items of substance: a review of winter, which the Board noted had been less strained than last year; and the focus on the development of Sustainability and Transformation Plans including planning footprints. The NHS England view was that the planning footprints needed to be of a certain size and had made a strong steer for the footprint to be based on the whole of Kent and Medway. More work would need to be done on the development of Sustainability and Transformation Plan and to put further pace behind the integration of health and social care.

7. Self-Care Strategy

Dr Tony Jones reported that the recent Practice Learning Time (PLT) event which had focussed on health promotion and social prescribing had received positive feedback.

Dr Tony Jones reported that the Five Year Forward View discussed a radical shift towards prevention and a focus on self-care. Dr Jones explained the difference between self-care and self-management: self-care related to the actions people took in order to establish and maintain health, prevent and deal with illness; self-management related to patients with diagnosed long-term conditions who developed an understanding of how their condition affected their lives and how to cope with their symptoms. Long-term conditions in particular (such as diabetes and COPD) accounted for a significant proportion of cost and hospital admissions and evidence suggested that self-management was effective in reducing unplanned admissions, particularly for people with COPD and asthma. Self-care and self-management would require education for the professional in motivation counselling, as well as for the patient about their condition. Mechanisms for peer support, such as group education, would also be important. Dr Jones noted that there were five areas of focus:

1. The concept of making every concept count;
2. Encouraging social prescribing, especially for those who were isolated;
3. Group support and group education;
4. Systems of signposting;
5. Empowering the public and the professional to support the shift towards prevention.

Caroline Jessel reported that an event was being held on 26th April which everyone was welcome to attend to share best practice ideas. Dr Jessel also reported that she had recently attended an event on culture and health which had showcased work already taking place in Kent, which demonstrated that Kent was already leading in this area.

Cllr Annabel Blackmore asked whether the concept of patient buddying could work across practices to protect patient confidentiality. Dr Jones agreed to take this point on board.

Cllr Blackmore asked whether social prescribing already happened and what the take up was. Dr Jones responded that the DORIS system was used for signposting and he thought that enhancing this system would be the best way to increase signposting.

RESOLVED: That the Board agree the following recommendations:

1. That the Board agree the strategic plan, including the principles and actions.
2. That the Board provide strong leadership and support.
3. That the Board hold partners to account for delivery of actions.

The Chair noted that the Board would need to be updated on progress against actions. **Action: WK HWB Work Programme**

Cllr Pat Bosley and Lesley Bowles left the meeting.

8. Task and Finish Groups

8.1 Update on Obesity Task and Finish Group

Jane Heeley gave an update on the work of the Obesity Task and Finish Group and reported the following:

- The Kent Health and Wellbeing Board was undertaking a review of local action plans for addressing obesity and had issued a template to complete to enable a Total Place approach. The WK HWB would be provided with an update on the outcome of this exercise at its meeting in April together with how any gaps identified would be addressed;
- The Change for Life Sugar Smart campaign was progressing well and had received attention from the media. The communications team was working hard to maintain the campaign's profile;
- The commissioning of tier 4 services would be transferred from NHS England to CCGs from 1st April 2016. Tier 3 services would continue to be provided by KCC;
- West Kent admissions of bariatric surgery were one of the highest across Kent and the patients had relatively good outcomes;
- Assurances had been sought from partners in relation to their actions to address obesity. The next step would be to develop a discussion with the food industry.

Cllr Annabel Blackmore asked whether Dr Bob Bowes' column in the Courier could also be published in the Kent Messenger or Down's Mail. Jane Heeley agreed to follow this up. **Action: Jane Heeley**

Cllr Maria Heslop left the meeting.

8.2 Alcohol Task and Finish Group

CI Dave Pate gave an update on the Alcohol Task and Finish Group and reported that the Task and Finish Group had met following the summit held on 20th October and had proposed a number of actions as set out in the paper. If the action plan was agreed by the Board, CI Pate would then write to the lead agencies to take forward the actions assigned to them. CI Pate thanked Karen Hardy, Malti Varshney and Cllr Annabel Blackmore for their support.

RESOLVED: That the Board agree the following recommendations:

1. Agree delivery of West Kent Alcohol Misuse Plan
2. Promote actions of the West Kent Alcohol Misuse Plan
3. Agree indicators to monitor West Kent Alcohol Misuse Plan

Andrew Scott-Clark noted that new guidance had been released from the UK Chief Medical Officers on alcohol consumption which needed to be taken into account in the development of the action plan. **Action: WK HWB members; Alcohol T&F Group**

8.3 Frail and Elderly

Dr Mark Whistler gave a presentation and made the following points:

- The Frail and Elderly strategy linked to the urgent care strategy as patients aged over 65 years old comprised the bulk of emergency admissions;
- Frail and elderly patients were likely to have a number of different conditions and the services that they required were fragmented;
- A number of different stakeholders had been involved in the development of the strategy;
- Discussion was ongoing about finding an adequate assessment tool for identifying frail and elderly patients;
- Integrated care was key to the strategy, in particular the integration of the acute sector and community services. There was good sign up from various agencies.

Malti Varshney reported that she had been tasked with setting up a Frail and Elderly Task and Finish Group and so far one meeting had been held with Dr Whistler and district and borough colleagues. The group was looking at the wider determinants of what could contribute towards the management of frail and elderly patients. The WK HWB would be provided with an update on progress made.

Cllr Annabelle Blackmore commented that, as the focus of the strategy was on co-ordinating various agencies, one of the most important enablers would be information technology. Dr Whistler responded that communication and care planning would be vital to this strategy and an IT system would be required to deliver

this. An electronic share care record was in the process of being developed and 1k patients' care plans had already been uploaded, which could be accessed by different agencies. Cllr Blackmore asked whether this would help to reduce bed blocking. Dr Whistler responded that he did not think that care planning would completely solve the problem of bed blocking, however it would be a contributory factor.

9. Update: NHS West Kent CCG Work in Partnership with Local Councils

Malti Varshney noted that this paper set out a number of key projects between WK CCG and local councils that had been agreed to support the delivery of the HWB strategy and the CCG priorities. There was an emerging theme related to planning and housing and the potential impact on health.

RESOLVED: That the Board note this update.

10. Any other business – Future agenda items

There were no items of other business.

RESOLVED: That the Board noted the proposed future agenda item.

11. Date of next meeting

Tuesday 19 April - Tonbridge and Malling Borough Council.