

WEST KENT HEALTH AND WELLBEING BOARD
DRAFT MINUTES OF THE MEETING HELD ON 19 APRIL 2016

Present:

Dr Bob Bowes - Chair	Chair, NHS West Kent Clinical Commissioning Group (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council
Cllr Pat Bosley	Sevenoaks District Council (SDC)
Penny Graham	Healthwatch Kent
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
Dr Andrew Roxburgh	GP representative, NHS WK CCG
Dr Caroline Jessel	Clinical Transformation and Outcomes Lead, NHS England (NHS E)
Malti Varshney	Public Health Consultant KCC, NHS WK CCG
Cllr Lynne Weatherly	Portfolio Holder, Tunbridge Wells Borough Council (TWBC)
Cllr Maria Heslop	Tonbridge & Malling Borough Council (TMBC)

In Attendance:

Ian Ayres	Accountable Officer, WK CCG
Satnam Kaur	Chief Housing Officer, TMBC
Hayley Brooks	SDC
Stephanie Holt	KCC
Karen Hardy	KCC Public Health
Val Miller	KCC Public Health
Jane Heeley	TMBC
Tracey Beattie	TWBC
Yvonne Wilson	NHS WK CCG (Minutes)
Linda Hibbs	Kent Housing Group
Heidi Ward	T&MBC
Andrew Holmes	Department for Work & Pensions, JobcentrePlus, Tonbridge
Jeremy Cross	Citizens Advice Bureau
Eleanor xx	Citizens Advice Bureau
Mr Walsh	Member of Public

1. WELCOME, APOLOGIES FOR ABSENCE AND SUBSTITUTES:

The Chair welcomed everyone to the meeting, especially Penny Graham, the new Healthwatch representative on the Board and Mr Walsh, member of the public.

Apologies had been received from the following Board members:

Cllr Roger Gough	Kent County Council
Lesley Bowles	Chief Officer for Housing, Health, Communities and Business, Sevenoaks District Council – Substitute, Hayley Brooks)
Reg Middleton	Finance Director, NHS WK CCG
Gail Arnold	Chief Operating Officer, NHS West Kent CCG
Dr Sanjay Singh	GP representative, NHS WK CCG
Julie Beilby	Chief Executive, Tonbridge & Malling Borough Council (TMBC) – Substitute, Jane Heeley

Cllr Annabelle Blackmore
Gary Stevenson

Penny Southern

Maidstone Borough Council
Head of Environment & Street Scene, TWBC – Substitute,
Tracey Beattie
Director of Disabled Children, Adults, Learning Disability &
Mental Health, KCC

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE PREVIOUS MEETING HELD 16 FEBRUARY 2016

3.1 The minutes of the previous meeting were agreed.

4. MATTERS ARISING

4.1 The Chair, Bob Bowes reported on the following Action Points from previous meetings:

9/15: CCG formally recruited a GP, Dr Brynn Bird to the role of Clinical Lead for Children

11/15: Active Travel Strategies and Plans – Still awaiting feedback from the TWBC Officer who co-ordinated the Board report to be able to draft letter to MPs as agreed at the xx meeting. **ACTION:** TWBC. LTP4 Consultation due in May 2016.

4.2 The Chair reported that work was now underway to establish the Self Care Task & Finish Group including the identification of group membership; governance; tasks to support the delivery of the implementation plan and meeting dates. Progress update will be scheduled at a future Board meeting. **ACTION: YW/T&F Group Chair**

4.3 The Chair reported that the Frail Elderly Task & Finish Group had been established and met once since the last Board meeting. **ACTION: YW/T&F Group Chair**

5. KENT HEALTH & WELLBEING BOARD

The Chair read out the following report from the Kent HWB Chair on key issues from the Kent Board meeting:

5.1 The Board considered Kent's Better Care Fund submission for 2016-17 and agreed that it should be signed off by the Chairman, working with the formal processes of the CCGs and local authority

5.2 As is usual at the March meeting, commissioning plans for the coming year were reviewed and approved. Plans were considered in the light of their compatibility with the Health and Wellbeing Strategy, their contribution to transformation and integration and fulfilment of the nine 'must do's' in recent NHS England guidance

5.3 Proposals to enhance the operation of the JSNA, emerging from the September 2015 conference, were approved to be taken forward

5.4 The formal part of the meeting finished a little earlier than usual to allow Board members to undertake a full hour's informal discussion of the implications of the STPs, in particular for the role of the Board. Options including a strong role for a reshaped Board in STP governance, and a strong role for the Integration Pioneer, were discussed. There were a variety of views but agreement that the Board must engage fully with the STP if it were not to see its relevance much reduced, and also that strong clinical engagement was vital.

6. NEW PLANNING ARRANGEMENTS FOR HEALTH AND SOCIAL CARE

6.1 Ian Ayres, Accountable Officer, NHS WK CCG gave a presentation which provided the CCG's perspective of the key drivers for change in the health service (and social care) arena; new requirements for planning and delivering services 2016 - 2021; priorities and new models of care; local financial framework and the wider policy context.

6.2 Mr Ayres outlined the new requirement on health service stakeholders to establish stronger collaborative partnerships to deliver financial stability in the healthcare system based on the reversal of the separation of the commissioning and provider functions (which had been the thrust of healthcare policy and practice for more than 20 years) and development of new service models. Across the country, 44 planning 'footprints' (defined geographic areas) are now the focus for the creation of a 'place based' Sustainability and Transformation Plan (STP) that sets out the steps for delivering balanced finances for the whole system by 2021. STP must be submitted by June 2016. Each organisation in the system must also produce a 1 year Operational Plan that relates to the overarching STP. Operational Plans must be submitted by April 2016. Mr Ayres highlighted the financial challenges facing the NHS including delivering £22billion efficiency savings. 'System leaders' have now been agreed in each of the 'footprint' areas. The planning footprint is Kent and Medway. The system leader is Glen Douglas CEO, Maidstone & Tunbridge Wells NHS Provider Trust.

6.3 Mr Ayres outlined NHS England's objectives for 2016/17 – which placed strong emphasis on tackling inequalities, addressing poor outcomes, driving improvements in quality of care and experience of care, and prevention of ill health and support for people to live healthier lives. Mr Ayres emphasised that the role of the Health and Wellbeing Board and contribution of partners across the local authorities in West Kent and community sector was vital in delivering these ambitions and the local priorities expressed in the Health and Wellbeing Strategy and West Kent profile. Mr Ayres also explained that the CCG was committed to working with KCC on the Integration Pioneer framework.

6.4 Mr Ayres concluded his presentation by directing Board members to pp10-12 and 14, 15 of the accompanying presentation which reflected the national context and the CCGs local priority themes, population groups and financial matters:

- Nine must do's for 2016/17 NHS England Planning Guidance
- Planning Priority Themes (including working with local councils; Frailty; Dementia; avoiding the need for Urgent Care – which links with WK HWB work streams around self-care, social prescribing and the Frail and Elderly
- NHS WK CCG allocations and Draft Financial Framework

6.5 Points shared in discussion included:

- Caution, not to underestimate the scale of challenges facing the NHS (£22bn savings) as this has never a requirement (ML).
- Need for the public to better understand that hospital/health services will look radically different in the future (ML)
- Devolution is another factor of which to be mindful (ML)
- Acknowledgement of the scale of challenges facing health and other partners and particularly in light of local appreciation of the change in the character of local populations, plans for housing growth/spatial planning matters.(AB)
- CCG has new role in the commissioning of primary care services and an invitation will be extended for a representative from the WKHWB to sit on the CCG Primary Care Committee (BB)
- Need to discuss opportunities for 'cross-fertilizing' workforce at grass roots level/consider opportunities for better use of workforce (DrTJ)

6.6 The Chair thanked Mr Ayres for his presentation and reminded members of the need to reflect on the relationship between the issues highlighted and WK HWB responsibilities. **ACTION: BB**

7. WELFARE REFORMS AND HOUSING PLANNING BILL (2015 – 2016): IMPACT ON HEALTH

7.1 The Chair introduced Andrew Holmes DWP and Satnam Kaur, TMBC who were invited to present the two main areas of the report's focus, welfare and work related measures, housing measures and potential impact. The Chair invited Board members to assess any likely responses in relation to the Board's ability to "control; influence and affect any change".

7.2 Andrew Holmes reflected on the challenges facing DWP and its customers in light of the Government's Welfare Reforms which requires public bodies like DWP to do more but with fewer resources. DWP was now looking at ways of increasing effectiveness, making better linkages with health and building relationships that might assist the clients/patients who were often accessing both services. Mr Holmes

emphasised that DWP was not looking to interfere with the patient-GP relationship or GP decisions. DWP is interested in creating better understanding about other support available to help patients back to work.

7.3 Mr Holmes outlined initiatives being trialled in other parts of the County with partners including the CAB; the promotion of better use of the 'Fit Note' and other developments including JobcentrePlus participation in GP training programmes which was seeking to enable better outcomes.

7.4 Comments and questions in discussion included:

- Format of previous Protected Learning Time Event with Jobcentre Plus had not been successful, different approach to strategic discussions needed
- Acknowledgement required that there were no 'simple solutions'; change likely not to happen using 'traditional' methods – role for therapy; third sector 'unofficial' sector also has an important role to play and sustainable funding principles/arrangements were key
- When considering the potentially complex circumstances of patients/JobCentrePlus clients opportunities for building confidence, skills in 'alternative routes' to work were needed
- Need to consider external funding resources e.g., 'Tomorrow's People' Project in MBC; Building Better Opportunities Fund to create opportunities for people furthest away from the jobs market that helps with skills development and to bridge the divide between work and ill health in its different forms. 12/05/2016 decision on external funding for Kent districts. (AB)
- WK HWB and local GPs interested in and committed to developing approaches to Social Prescribing as in other areas this was helping individuals and communities establish a sense of belonging and cohesion. Important to recognise strong local interest in this (recent events at which pioneer, Sir Sam Everington spoke was evidence of this). Recognition this was chance to release resources.

7.5 Satnam Kaur, Chief Housing Officer at TMBC presented those sections of the report outlined in pp5 -11, which considered the links between the welfare and housing reform measures and health. Ms Kaur summarised the main issues as follows and emphasised the interconnectedness of the new measures:

- Fundamental shift in the approach to housing need
- Pledges in relation to Home Ownership
- New definitions of Affordable Housing
- Expansion of 'Starter Homes'
- Wider housing market conditions were set to have local impact (Rising Property Prices and Rental levels)

- Changes within the Social Housing sector (end to life-time tenancies; extension of Right To Buy; introduction of Pay To Stay)
- New Definition of Child Poverty
- Benefits rate freeze
- Rent Reductions
- New eligibility criteria for benefits, including further reductions to benefits cap
- Young People Housing related benefit restrictions

7.6 Ms Kaur reflected on early indication of the effects in West Kent; drew the attention of Board members to section 5 of the report on 'cumulative impacts of the reforms on health and wellbeing: implications for West Kent' and offered examples of some characteristic features emerging from the changes including:

- Rise in number of evictions (private landlords issuing notice to quit)
- Rise in waiting lists for housing – across West Kent 3500 people on waiting lists and unable to access market products (Challenges exist for Local Authorities with regards to meeting statutory duties)
- Increase in homelessness
- Rise in need for temporary housing/longer stay in temporary accommodation
- Increasing financial hardship (including as a result of rise in private sector rents)
- Increase in overcrowded households
- Private sector housing becoming increasingly unaffordable
- Benefit Cap – likely new impact will affect 2-3 bedroom households

7.7 Ms Kaur encouraged the Board to consider areas where they had the potential to intervene to mitigate negative effects of the reforms and shared some examples of good practice across West Kent. Ms Kaur commended the report to Board members and invited careful consideration of the recommendations as set out in section 8 of the report.

7.8 Comments and Questions in Discussion:

- Partners poised to support local GPs in serving their patients better, whilst also respecting the GP role and client confidentiality. Other agencies can offer advice and sign-posting around a broad range of issues such as debt/money management; relationship breakdown and welfare/benefits using volunteer advisers in different settings across West Kent.
- Recommendation on Making Every Contact Count within all the agencies in West Kent should be given the highest priority by the Board (Need to articulate what it means for Every Contact to Count and ask Commissioners to ensure it happens).
- Scope for boosting GP knowledge about what other sectors can offer, e.g., housing professionals access people in their own homes and are well-placed to sign post

- Needs careful thought about the most effective/appropriate models for communities as there is some experience of establishing projects yet, these were not accessed by patients
- Good evidence base exists which can assist in identifying initiatives that deliver good outcomes e.g., network of advice providers who have agreed a local referral protocol (Currently, 30 providers are offering cross-referrals)
- Across West Kent, different demography in communities so a number of different approaches needed.
- Advice services can also offer home visits; focus on needs and tailor services and support where needed (e.g., specific to frail elderly people)

7.9 The Chair thanked Ms Kaur, Mr Holmes for the presentation and other officers for bringing the report to the Board.

7.10 RESOLVED:

- a) That the Board agree to all the recommendations laid out in the report and as there are a number of existing partnership bodies within the housing arena give further consideration to the most appropriate mechanism for seeking delivery of the recommendations and points highlighted in the accompanying discussion.
- b) Ensure clarity about what it means to a service user, if 'every contact counted' and ensure services which seek to deliver on that ambition are effectively commissioned. *ACTION:* Malti Varshney and Hayley Brooks to establish a Task & Finish Group to determine how to assure delivery of the actions agreed.

8. GROWTH AND INFRASTRUCTURE FRAMEWORK (GIF)

8.1 Stephanie Holt, Head of Countryside, Leisure and Sport at Kent County Council, gave a short presentation on the work carried out to date to develop a comprehensive picture of the plans and needs linked to the development and delivery of housing and economic growth which also includes associated infrastructure such as roads, rail, public services (including health facilities).

8.2 Ms Holt explained how the GIF had been developed to date covering the period up to 2031, with full endorsement from Kent County Council in July 2015 and Kent leaders in September of the same year. The GIF was intended to identify infrastructure priorities and inform a sustainable approach to funding infrastructure. A 10 point action plan has been created to enable a framework for sustainable and effective approach to planning, investing and delivering infrastructure that supports growth.

8.3 Ms Holt outlined the importance of securing the Health and Wellbeing Board support to strengthen the health and social care information within the existing

Framework document and refine the evidence base. Ms Holt explained that in time, the GIF will provide an essential tool capable of informing conversations about growth across the County; inward investment and in helping to situate Kent's position in relation to the capital and region-wide.

8.4 Board members suggested the following useful information sources be accessed:

- CCG Business Intelligence Unit
- CCG GP data set out in the Quality Outcomes Framework
- Sustainability and Transformation Plan – *when produced*
- West Kent Health and Wellbeing profile
- Respective local authorities

8.5 **RESOLVED :**

- a) **That the report recommendations are duly noted by the WK HWB**
- b) **Ms Holt invited to make contact with each borough planning department, and CCG Business Intelligence Unit**

9. OBESITY TASK AND FINISH GROUP

9.1 Jane Heeley, Task & Finish Group chair introduced the report on the work carried out to address obesity at a population level in West Kent. Ms Heeley reported to the Board that the comprehensive review included a detailed mapping exercise and assessment of the Strategic Action Plan for Healthy Weight. This work had been undertaken by the Task & Finish Group members, supported by a wider group of colleagues who have been consulted on the proposed actions to address obesity.

9.2 Ms Heeley explained that the report included three appendices (the mapping exercise; a report on the local contribution to the Public Health England Change4Life campaign with a sample selection of resources used on display for Board members to view). The strategic action plan had been updated and outlined the intention of the Task & Finish Group to develop the 'total place' principle/approach endorsed by the Board to future work.

9.3 Ms Heeley explained that the mapping template (appendix 1) is organised around four main themes under which suggested actions, partner agencies, timescale, funding and additional effort required to ensure outcomes are set out:

Theme 1 – Environmental and Social Causes of unhealthy weight;

Theme 2 – Give every child the best start in life and into adulthood;

Theme 3 – Develop a confident workforce skilled in promoting healthy weight; and

Theme 4 – Provide support to people who want to lose weight.

Ms Heeley advised the Board of a particular area of major concern around Theme 3 - development of workforce skills to provide brief interventions and implement 'making every contact count'- and explained that this delivery action requires a focus by all partners.

9.4 Ms Heeley advised Board members that The Task & Finish Group had recently signed up to the Community of Interest for this research project recently commissioned by PHE, Local Government Association and the Association of Directors of Public Health. This is a three year programme exploring with local authorities and other partners what a whole systems approach to tackling obesity might look like on the ground. The goal is to produce a draft road map by the autumn of this year and publish it in final form by September 2018. Ms Heeley commended the review to the Board and invited consideration on the recommendations at section 5 of the report

9.5 Responses from Board members:

- The Chair welcomed the review of work and thanked Task & Finish Group members, the Board's Obesity Champion and Jane Heeley. The issues highlighted in the review report and appendices now needed to be addressed.
- Workforce development issues were vital to the success of this and other areas of the WK HWB work, and is acknowledged as a priority area of work.
- The Task & Finish Group was asked to give greater consideration to interventions designed to promote better engagement with local people (particularly with sections of communities who were 'seldom heard') and to encourage active and empowered communities.

9.6 **RESOLVED: That the Board accept the recommendations set out in the report:**

- a) Approve the revised Strategic Action Plan for Healthy Weight and agree to its presentation to the Kent Health and Well-being Board. ACTION: VM, JH
- b) That KCC and CCG will produce integrated commissioning plans that clearly identify how excess weight is addressed in a systematic way, including tiers 1 to 4 and across all age ranges. Preventative services and evaluation methods should be included as core components of these plans. ACTION: KCC, CCG
- c) Principle partners are brought together to review how Theme 3 – Developing a confident workforce, skilled in promoting Healthy Weight, in the mapping template can be addressed. If this is found to be a Kent wide issue, it is recommended that the Kent Health and Well-being Board requests a county wide review. ACTION: BB, YW
- d) Healthwatch and PPG representatives are invited to become champions for this agenda. ACTION: YW, SI/PG, SS

- e) The Task and Finish Group identify a programme of campaigns associated with healthy weight and promotes these through partners with the assistance of Media and Communications colleagues. ACTION: JH, LW, T&F Group, KCC, LAs

10. ANY OTHER BUSINESS

10.1 Future Agenda Item

Development of Local Children's Partnership Groups agreed as an agenda at the June meeting. Thom Wilson (Head of Strategic Commissioning, Children's Social Care, Health & Wellbeing, KCC) and the four local Chairs to be invited to present a report.

10.2 Re-Election of Chair and Vice-Chair

The Chair advised the Board that the current Terms of Reference made provision for the re-election of its officers annually and that this would be done at the June meeting. Bob Bowes reported that he would seek re-selection to the position of WK HWB Chair.

10.3 New NHS West Kent CCG Primary Care Committee: Recruitment Lay Member

Chair Bob Bowes reported that NHS West Kent CCG had taken on co-commissioning of GP services and had set up a new Primary Care Committee on which the CCG was seeking lay and independent members on this body which would drive developments in new approaches to primary care. A formal invitation to join the new Primary Care Committee was extended to a member of the WK HWB. The CCG was seeking an individual with an interest in developing out of hospital services

11. DATE OF NEXT MEETING

Tuesday 21 June – Maidstone Borough Council.