

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, 25 May 2016.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), Dr M Cantor (Substitute for Dr F Armstrong), Ms H Carpenter, Mr P B Carter, CBE, Ms F Cox, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr N Kumta, Dr E Lunt, Mr G Lymer (Substitute for Mr P J Oakford), Dr T Martin, Mr S Perks, Dr S Phillips, Mr A Scott-Clark, Dr R Stewart, Cllr P Watkins and Cllr L Weatherly

ALSO PRESENT: Mr G Douglas and Mr M Ridgwell

IN ATTENDANCE: Mr T Godfrey (Policy and Relationships Adviser (Health)), Mr M Sage (Finance Manager (Frontline Services)), Mrs A Tidmarsh (Director, Older People and Physical Disability) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

212. Chairman's Welcome

(Item 1)

- (1) The Chairman thanked Members for their support for letter that he and Mr Gibbens had sent to ministers and others in relation to pharmacies.
- (2) He also welcomed Dr Phillips to the Board.

213. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Dr Armstrong, Dr Chaudhuri, Ms Davies, Mr Oakford and Cllr Pugh.
- (2) Dr Cantor and Mr Lymer attended as substitutes for Dr Armstrong and Mr Oakford respectively.

214. Declarations of Interest by Members in items on the agenda for this meeting

(Item 3)

There were no declarations of interest.

215. Minutes of the Meeting held on 16 March 2016

(Item 4)

Resolved that the minutes of the meeting held on 16 March 2016 are correctly recorded and that they be signed by the Chairman.

216. Draft Sustainability and Transformation Plans - Presentation

(Item 5)

- (1) The Chairman welcomed Glenn Douglas (Maidstone and Tunbridge Wells NHS Trust) and Michael Ridgwell (NHS England – Kent and Medway) who gave a presentation on Delivering the Five Year Forward View. A copy of the presentation is available on line as an appendix to these minutes.
- (2) It was confirmed that the 1% of budget that CCGs were required to keep as a surplus was not available for their use and was often used to support providers' deficits.
- (3) In response to questions, Mr Douglas said there were variations in the development of plans across Strategic and Transformation Plan (STP) areas but there was an expectation that by the end of June all plans would be sufficiently developed to enable them to be assessed. The development of the STP in Kent and Medway was not significantly behind the development of plans elsewhere and a meeting with NHS England would take place in July to agree an implementation plan. The plans were currently in a draft stage.
- (4) Mr Douglas said the STP would set out the vision for health and social care provision, options for delivery and a plan for delivering the vision. He also said the direction of travel set out in the STPs submitted by the end of June would be an important, but not the only, factor in the determination of the financial allocation over the next five years.
- (5) Mr Douglas also said: it was important to develop a system-wide understanding of the implications of commissioning intentions; the East Kent Strategy Board had begun to do this in East Kent and a similar exercise was required for West Kent.
- (6) Mr Ridgwell said that the STP was a five-year strategy that would lead to plans with clear targets and milestones.
- (7) The emphasis in the STP on preventing people being admitted to hospital was welcomed and the need to move away from relying on small scale public health services (relating to smoking cessation, health weight and alcohol use) to deliver large scale impacts was recognised.
- (8) Comments were also made about the importance of challenging assumptions and understanding individual organisations' objectives as well as identifying 3-5 key actions to deliver sustainable health and social care services across Kent.
- (9) The desirability of replicating the Vanguard model elsewhere in Kent was acknowledged as was the role of the Kent Integration Pioneer.
- (10) The Integration Pioneer had been renamed the Kent and Medway Integration Pioneers and as well as being a working group of both the Kent and Medway HWBs it was suggested that it could become a working group of the Kent and Medway five- year forward view group. In addition, the Design and Learning Centre for Clinical and Social Innovation had been launched to make out of

hospital care safer with an initial focus on developing a prototype of an Integrated Community Healthcare Centre which, if rolled out across Kent, could radically reduce the need for acute care beds and ensure a shift of investment from the acute sector to the community as well as attracting innovation funding.

- (11) Resolved that the presentation be noted.

217. The Kent Better Care Fund

(Item 6)

- (1) Anne Tidmarsh (Director Older People and Physically Disabled) and Mark Sage (Finance Manager) introduced the report which set out the Better Care Fund (KBCF) Plan for 2016-17, the approval process and the development of the S75 Agreement as well as the final outturn position of the KBCF for 2015/16.
- (2) Mr Sage said: the 2016-17 plan built on previous plans for establishing an integrated system and supported the implementation of the STPs; funding for the KBCF had increased to £105m for 2016/17 from £101m in 2015/16; the Social Care Capital Grant had ceased and the funding for the Disabled Facilities Grant had increased from £7.2m to £13.1m. Mr Sage also said that a Deed of Variation was being drafted to cover the continuation of the joint commissioning arrangements and drew particular attention to the KBCF outturn for 2015/16 set out in paragraph 5 of the report.
- (3) In response to questions, it was confirmed that the Disabled Facilities Grant was now allocated to district and borough councils and was not a direct replacement for the Social Care Capital Grant.
- (4) Attention was also drawn to the work planned for 2016/17 to assess and design a further phase of adult social care transformation and it was confirmed that this would be presented to the HWB in due course.
- (5) Resolved that:
 - (a) The Kent BCF plan submitted to NHS England be endorsed;
 - (b) The work undertaken as part of the assurance process be noted;
 - (c) The progress towards the S75 Agreement 2016/17 be noted.

218. Workforce Task and Finish Group - Final Report and Recommendations

(Item 7)

- (1) Tristan Godfrey (Policy and Relationships Adviser) introduced the report which summarised the findings of the task and finish group including the five priority areas that had been identified, an indicative action plan, and proposals to consolidate and operationalise the work.

- (2) Mr Godfrey outlined the background to the establishment of the task and finish group and said that the recommendations of the group were intended to be supportive of the STP implementation.
- (3) Mrs Tidmarsh said that, although the Task and Finish Group had completed its work, the work should continue in the form of a working group of the Integration Pioneer Steering Group that would align with the Workforce Action Board to identify best practice in health and social care and support the STP.
- (4) During the discussion it was suggested that: the health of the workforce providing health and social care be included in the work of the Workforce Action Board to ensure staff modelled good lifestyle behaviours; assumptions should be tested in one or two community hubs and used to inform planning for wider implementation; some issues would need to be escalated nationally; there would be a need to assess which aspects of health and care work could be safely transferred to other staff and involve the voluntary sector and others in the delivery of care.
- (5) Resolved that:
 - (a) It be agreed that the Workforce Task and Finish Group had completed its work but that the work should continue in the form of a working group of the Integrated Pioneer Steering Group and be aligned with the Workforce Action Board to meet the needs of the STP;
 - (b) The priority work areas for the group be those identified by the Task and Finish Group. That is
 - existing and emerging gaps
 - new models of care
 - productivity
 - recruitment and retention
 - cross-cutting – “the Brand of Kent”
 - (c) The principle that the developing action plan recognises the importance of the activities at both the local and county-wide level be supported.

219. Addressing Obesity: Progress Report from Local Health and Wellbeing Boards

(Item 8)

- (1) Andrew Scott-Clark introduced the report which provided information about the progress of local health and wellbeing boards in addressing obesity as requested by the Kent Health and Wellbeing Board at its meeting in November 2015. He said a national childhood obesity strategy was scheduled for publication during the summer, a county-wide obesity strategy was being developed and suggested that both strategies be considered by the Board in due course.
- (2) Comments were made about: the difficulties in tackling obesity given the extensive advertising of foods containing fat, sugar and salt; the potential need for legislation similar to that used to reduce the number of smokers; and the need to measure the outcome of any interventions to reduce obesity.

- (3) Resolved that:
- (a) Obesity continues to be a priority for the local HWBBs across Kent;
 - (b) Tackling obesity be integral to the prevention strategy of the sustainability and transformation plan;
 - (c) A county-wide partnership healthy weight group be set up with representation from the local healthy weight groups/HWBB;
 - (d) The group be responsible for monitoring the progress of the local action plans and sharing learning.

220. Abridged Kent Joint Strategic Needs Assessment (JSNA) Overview Report 2016

(Item 9)

- (1) Mr Scott-Clark introduced the report which included an abridged version of the refreshed Kent Joint Strategic Needs Assessment (JSNA) Overview Report 2016. He said that the report focussed attention on the key locality and Kent wide priorities that had emerged during the refresh.
- (2) He drew particular attention to the eight priorities set out in paragraph 1.4 of the report.
- (3) Comments were made about the differences in life expectancy across the county and the potential need for different levels of funding to close the gap as well as the need for consistent interventions at scale. It was also suggested that at the next review of commissioning plans the Board considered the extent to which they take the JSNA into account.
- (4) In response to a question, Mr Scott-Clark said that although dementia was not specifically mentioned in the abridged JSNA report, it was a clear priority and outcome in the Health and Wellbeing Strategy and would be reviewed in detail by the HWB in November 2016.
- (5) Resolved that the key strategic findings of the refreshed JSNA Overview Report 2016 and the priorities be endorsed.

221. Forward work programme of the Board

(Item 10)

Resolved that the Forward Work Programme be approved subject to the inclusion of the HealthWatch Annual Report on the agenda for the Health and Wellbeing Board meeting on 21 September 2016.

222. Minutes of the 0-25 Health and Wellbeing Board

(Item 11)

Resolved that the minutes of the meetings of the 0-25 Health and Wellbeing Board held on 12 January and 26 March be noted.

223. Minutes of the Local Health and Wellbeing Boards

(Item 12)

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

Ashford – 23 March 2016

Canterbury and Coastal – 9 March 2016

Dartford, Gravesham and Swanley – 6 April 2016

South Kent Coast – 26 January 2016

Swale – 27 January 2016

Thanet – 24 March 2016

West Kent – 19 April 2016

224. Date of Next Meeting - 20 July 2016

(Item 13)