

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, 21 September 2016.

PRESENT: Mr R W Gough (Chairman), Dr F Armstrong, Mr I Ayres, Dr B Bowes (Vice-Chairman), Dr S Chaudhuri, Mr I Duffy (Substitute for Ms F Cox), Mr G K Gibbens, Mr M Gilbert (Substitute for Dr E Lunt), Mr S Inett, Mr A Ireland, Mr B Jones (Substitute for Ms P Davies), Dr N Kumta, Dr T Martin, Mr P J Oakford, Dr S Phillips, Cllr K Pugh, Mr A Scott-Clark and Dr R Stewart

IN ATTENDANCE: Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

235. Chairman's Welcome

(Item 1)

- (1) The Chairman welcomed Caroline Selkirk, Ian Sutherland and Cllr David Brake from Medway Health and Wellbeing Board to the meeting and thanked them for agreeing to attend to contribute to item 5 - Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care.
- (2) Mr Gough also said that following a previous report to the HWB Board and discussions at a sub-group, comprising representatives from social care, public health and clinical commissioning groups, a proposal to engage with the voluntary sector had been developed. It was proposed, through Kent HealthWatch, to undertake a survey to provide initial high level analysis to the Board about whether engagement with the voluntary and community sector would be beneficial. The focus of the survey was to assess the attitude of the VCS towards influencing strategies such as the Health and Wellbeing Strategy and, if so, to identify the most appropriate mechanisms. In addition the survey would also consider the perceptions of the VCS of the key challenges within the health and social care system. It was anticipated that the survey would be conducted in October and early November.

236. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Mr Carter, Ms Carpenter, Ms Cox, Ms P Davies, Dr E Lunt, Mr S Perks, Cllr P Watkins and Cllr L Weatherly.
- (2) Mr I Duffy, Mr B Jones and M Gilbert attended as substitutes for Ms Cox, Ms Davies and Dr Lunt respectively.

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

(Item 3)

There were no declarations of interest.

238. Minutes of the Meeting held on 20 July 2016

(Item 4)

- (1) Mr Scott-Clark provided an update on developments referred to in minutes 225 (1). He said confirmation had been received from the new Minister of State, that the implementation of the planned reduction in funding for community pharmacies was being delayed.
- (2) Resolved that the minutes of the last meeting are correctly recorded and that they be signed by the Chairman subject to the replacement of the words “admissions” and “admit” with the words “detentions” and “detain” in minute 230(2).

239. Outcome 3 of the Health and Wellbeing Strategy and Development of Out of Hospital Care

(Item 5)

- (1) Mr Gough said Malti Varshney (Consultant in Public Health) would set out performance against key indicators relating to Outcome 3 (Quality of life for people with long term conditions) of the Kent Health and Wellbeing Strategy (KHWBS) and this would be followed by consideration of out of hospital care across the county which was also integral to the work on the Sustainability and Transformation Plan (STP) being done across Kent and Medway.
- (2) Ms Varshney introduced the report which provided information on indicators related to Outcome 3 of the KHWBS. She drew particular attention to performance in relation to the number of adult social care clients receiving a telecare service and the target of increasing the proportion of older people at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital, where performance was good and to performance in relation to reducing hip fractures for over 65's and for injuries due to falls in people over 65 where performance was below the targets set. She also said that although performance in relation to delayed transfers of care varied over the months, it had increased in July 2016 for reasons related to both NHS and Social Care.
- (3) In response to questions she confirmed that the data she referred to was available to clinical commissioning groups and her team would assist with access on request. She also said that if local health and wellbeing boards would find it useful, consideration could be given to quantifying the annual direct health care costs of fractures and falls as well as the on-going costs to social care.
- (4) Ian Ayres (West Kent CCG), Dr T Martin (Thanet CCG), Dr J Chaudhuri (South Kent Coast CCG), Dr F Armstrong (Dartford Gravesham and Swanley CCG), Dr S Phillips (Canterbury and Coastal CCG), Dr N Kumta (Ashford CCG), Dr B Bowes (West Kent CCG) and Ms C Selkirk (Medway CCG) gave a presentation on progress on implementing out of hospital care in each CCG. A copy of the presentation is available on-line as Appendix A to these minutes.

- (5) Following the presentation comments were made as follows:
- Given the shortage of GPs consideration be given to having frailty specialist nurses;
 - Given the contrast between Kent having seven clinical commissioning groups and Medway having one it was unsurprising that integration of health and social care appeared to be more advanced in Medway;
 - Kent had implemented a range of integrated services such as learning disabilities, children's services and mental health but progress was less in services to older people that would be central to the development of the STP;
 - The need to involve social care providers (both domiciliary and residential) in discussions at an early stage;
 - The need to develop core strategies and principles for service delivery which could be interpreted locally for different environments;
 - Assumptions being made about reducing the cost of care, by moving care from the acute sector to integrated service delivery around hubs or clusters might have an impact on internal NHS markets;
 - The need for good "cross-border" arrangements between hubs or clusters to ensure economies of scale;
 - The potential for the Integration Pioneer to test models of care to ensure they were safe for both citizens and professionals and that there was a consistent approach across the county which was sufficiently flexible to recognise local differences;
 - The development of the STP and the integration of health and social care are predicated on assumptions, supported by evidence, that care of people in their own homes improves clinical outcomes, improves re-ablement and enables a better quality of life: however, the vision of how this might operate in practice from the patient's perspective needs to be more clearly articulated and not considered only in terms of organisation design;
 - Since July 2016 much work has been done to draw learning from pilots and the next step was to quantify and describe in detail what the various elements of the service might look like and plan its implementation;
 - All GPs were urged to submit data to a central repository to enable the robust needs assessment backed up by evidence from the whole STP area to be produced;

(6) Resolved that:

- (a) Local health and wellbeing boards undertake a review of injuries due to falls in people aged 65 and over, and report back on progress in delivery and outcomes at the Board meeting in March 2017;
- (b) Subject to clarification of the data relating to hip fracture, and agreement by email, to ask local health and wellbeing boards to include hip fractures in their reviews;
- (c) To align outcomes of the current health and wellbeing strategy with the delivery outcomes of the STP;
- (d) Issues relating to social care be included in the work being undertaken for the STP by Carnall Farrar;

(e) A progress report be considered by the Board in six months.

240. One public estate/ local estates update (Presentation)

(Item 6)

- (1) Rebecca Spore (Director of Infrastructure) gave a presentation which is available on-line as Appendix B to these minutes).
- (2) In response to questions, she said that the quality of the data on the collaboration portal and e-pims depended on quality of the information uploaded; however, it was anticipated that there would be a commitment from the members of the Kent Estate Partnership to upload high quality information. She also said that e-pims provided information about public sector landholdings.
- (3) Ms Spore also said that discussions with the Cabinet Office were taking place to consider how e-pims and the Shape Model being rolled out across Kent, might be linked together to enhance information and avoid multiple data entry.
- (4) Comments were made that, at the national level, some NHS funding streams were predicated on receipts from assets sold by NHS Property Services being returned to the Treasury and there was, therefore, little incentive at the local level to declare any assets as surplus or unfit for purpose. Further comments were made relating to the need to understand the revenue consequences of receipt from the sale of capital.
- (5) It was also suggested that the utilisation of estate be considered as many services were delivered from privately owned property .
- (6) In response to comments, Ms Spore said: the utilisation of property, including privately owned property, should be included in any review of property use and at the point of commissioning services; issues relating to releasing capital locally from the sale of property could be escalated via the One Public Estate Initiative to the Cabinet Office; and that it might be possible for health organisations to rent public sector assets at a lower cost than renting from the private sector or NHS Property Services. She also said that during discussions relating to the One Public Estate Initiative and the development of the Sustainability and Transformation Plan (STP) opportunities to make the most efficient use of the public estate would become apparent and specific difficulties escalated through the initiative.
- (7) Resolved that:
 - (a) Ms Spore be thanked for her presentation;
 - (b) The streams of work in the One Public Estate Initiative and in the development of the STP be supported.

241. Draft Kent Health and Wellbeing Board Annual Report 2015-16

(Item 7)

- (1) Karen Cook (Policy and Relationship Adviser – Health) and Mark Lemon (Strategic Relationship Adviser) introduced the draft annual report for the Kent Health and Wellbeing Board covering the period April 2015 to March 2016.
- (2) Mrs Cook said that, in addition to being a partnership board, the Health and Wellbeing Board was a formal committee of Kent County Council and as such was required to provide assurance that it was meeting its statutory responsibilities. The final annual report of the board would be presented to the Health Overview and Scrutiny Committee on 7 October 2016 before being submitted to the County Council on 8 December 2016.
- (3) She asked the Board to consider the draft annual report and to suggest amendments.
- (4) Resolved that:
 - (a) The draft report be noted;
 - (b) An amendment be made to the last sentence of paragraph 4.4 so that it read “An announcement was made by Government in September 2016 that, due to national response to the consultation, the proposed changes would not be implemented by October 2016 as planned;
 - (c) Reference be made to the protocols relating to the Kent Safeguarding Adults Board and the Kent Safeguarding Children’s Board;
 - (d) Amendments be made to ensure all job titles were correct in the final report.

242. HealthWatch Kent Annual Report

(Item 8)

- (1) Steve Inett (Chief Executive) introduced the 2015/16 annual report for HealthWatch. He also gave a presentation highlighting the key activities and achievements as well as outlining the priorities for the future. A copy of the presentation is available on-line as Appendix C to these minutes.
- (2) In response to a question about the priority accorded to mental health issues, Mr Inett said that when HealthWatch Kent had been first established it had done considerable work with carers and users of mental health services and other areas now needed to be prioritised.
- (3) Resolved that
 - (a) The annual report be noted;
 - (b) HealthWatch Kent be thanked for their appropriate balance of challenge and support that added value across the health system.

243. Kent Health and Wellbeing Board Forward Work Programme
(Item 9)

Resolved that the Forward Work Programme be endorsed.

244. Minutes of the Local Health and Wellbeing Boards
(Item 10)

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

Ashford – 20 July 2016
Canterbury and Coastal – 6 July 2016
South Kent Coast – 28 June 2016
West Kent – 5 July 2016

245. Date of Next Meeting - 23 November 2016
(Item 11)