

DRAFT MINUTES
West Kent Health and Wellbeing Board Meeting
18 October 2016
16.00 -18.00
Venue: Committee Room A
Tunbridge Wells Borough Council

PRESENT:

Bob Bowes	Chair, NHS West Kent Clinical Commissioning Group (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council (MBC)
Malti Varshney	Public Health Consultant, Kent County Council, NHS WK CCG
Gary Stevenson	Head of Street Scene, Tunbridge Wells Borough Council (TWBC)
Lesley Bowles	Chief Officer Communities & Business, Sevenoaks District Council (SDC)
Dr Caroline Jessel	NHS England (NHS E)
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Cllr Pat Bosley	Sevenoaks District Council
Steve Humphrey	Director of Planning, Housing & Environmental Health, Tonbridge & Malling Borough Council (TMBC)
Penny Graham	Volunteer, Healthwatch, Kent

IN ATTENDANCE:

Nazima Chauhan	N HS WK CCG
CLIC Trainee	NHS WK CCG
CLIC Trainee	NHS WK CCG
CLIC Trainee	NHS WK CCG
Kas Hardy	PH KCC
Dave Holman	NHS WK CCG
Heidi Ward	TMBC
Helen Wolstenholme	TWBC
Yvonne Wilson (Minutes)	NHS WK CCG

1.	Welcome and Introductions	ACTIONS
1.1	Chair, Bob Bowes welcomed all present to the meeting.	
1.2	There were no declarations of pecuniary interests made.	
1.3	Apologies were received from: Gail Arnold, Mark Lemon, Dr Sanjay Singh, Dr Tony Jones, Cllr Roger Gough, Cllr Maria Heslop, Cllr Lynne Weatherly, Julie Beilby had advised a Substitute – Steve Humphrey to attend.	

2.	Declaration of Pecuniary Interests There were none declared.	
3.	Minutes of the Previous Meeting – 5 July 2016	Chair
3.1	The minutes of the previous meeting were agreed as a true record.	
4.	Matters Arising	Chair
4.1	There were no matters arising which were not included as items on the agenda, nor reflected in the Forward Work Programme.	
5.	Assurance Framework	
5.1	Malti Varshney introduced the report which provided members with an opportunity to examine the West Kent position in relation to progress against a limited number of the Joint Health and Wellbeing Strategy Indicators: Outcome 1 – Every child has the best start in life Outcome 2 – Effective prevention of ill health by people taking greater responsibility for their health and wellbeing and Indicator 3.9, reducing the number of hip fractures for people aged 65 and over (as requested by the Kent Health and Wellbeing Board).	
5.2	Ms Varshney highlighted the eight indicators outlined in section 3 of the report, where West Kent performance was rated 'Red' suggesting performance is below an acceptable level in comparison to the Kent average or National figures and invited comments from members of the Board on the following specific issues: <ul style="list-style-type: none"> • Increasing Slope Index showing there was little success in addressing inequalities amongst men • Figures showed 2/3 of the population with excess weight • Breast and Cervical cancer screening is decreasing in certain districts (this was of particular concern, as there was evidence from research of a link between deprivation and 'health enhancing behaviours') • There was particular concern regarding Hip Fractures and Injury due to falls. 	
5.3	The following comments were shared in discussion: <ul style="list-style-type: none"> • Where interventions to address falls prevention had been funded, had any evaluation been undertaken to understand the impact /increase in falls? (Cllr Bosley) 	

	<ul style="list-style-type: none"> • There were different parts of the system commissioning interventions aimed at addressing falls, there should be consideration on 'joining up' this activity (Malti Varshney) • The CCG had withdrawn the current Falls Prevention and Postural Stability service. Plans were in hand to enter into discussions about re-procurement (Andrew Roxburgh) • The Board should consider the scope for examining related areas of activity which may impact on these indicators. There was scope for the CCG to assess the Right Care Packs (which provided a focus on variation between activity in West Kent in relation to similar populations and assisted the focus on local areas where intervention, might be necessary. It was suggested that pathways for musculo-skeletal conditions and osteoarthritis might be useful starting points • It was reported that the Board had undertaken a depth review of this issue in the past, concern was expressed about the outcome of that activity – need to re-visit (Alison Broom) • In the last 3 years, the position had been very different as West Kent districts had been held up as exemplars (Bob Bowes) • The Alcohol Task & Finish Group had met recently to review its action plan and had agreed to focus attention on the development of specific measures for assessing improvement. Each action within the Strategy Plan had an identified 'owner/lead agency' and they were being supported to look at what data sets were available and the scope for examining integrated data sets (Kas Hardy) • The role of the Local Children's Partnership Groups was vital in terms of work with children and young people to influence prevention and early education, the Board needed to ensure good dialogue on these issues (Cllr Bosley) • There was also a need to reflect on the complexity of the issue and also to consider the need to address other related issues such as balance, social isolation, depression – Tai Chi, Dance are both activities that could be of benefit. (Caroline Jessel) <p>5.4 The Board resolved:</p> <p>1. To commission a time limited piece of work to explore the 'story' behind the West Kent falls and hips and fractures position and recommend a series of actions to be implemented. That this work to include:</p> <ul style="list-style-type: none"> • Review of the Board's previous work and the outcomes identified and achieved • Exploration of Right Care Packs and links between local variation and outcomes • Assessment of current Health Pathways and review of potential for improving outcomes by considering the scope for reflection on socially determined interventions as part of the care/support offer (wider 	<p>Commissioners NHS WK CCG/PH</p> <p>YW</p> <p>Task & Finish Group to report Progress</p> <p>YW NHS WK CCG</p>
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	<p>determinants interventions, self-care; self-management and social prescribing options)</p> <ul style="list-style-type: none"> Explore opportunities for work with relevant strategic partnership groups, agencies, commissioning bodies and population groups to address issues which analysis demonstrates persistent challenges for West Kent. <p>2. To encourage its existing Task & Finish Groups orientate their delivery and action plans towards addressing outcomes where there are concerns for West Kent performance as outlined in sections 3 of the report considered by the Board</p> <p>3. That the Chair to write to the lead for Alcohol Services in KCC</p>	<p>MV/TJ</p> <p>Chair/YW to ensure follow up with LCPG Task & Finish Group Chairs Bilateral discussions CI DP/Cllr LW/Cllr AB Chair, YW</p>
<p>6. Commissioning Children's Services – Outline Proposals & Prospects</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>Karen Sharp, KCC was unable to attend the meeting for the presentation. Dave Holman , Head of Mental Health, Children's and Maternity Services and Nazima Chauhan NHS West Kent CCG Senior Commissioning Manager for Children & Maternity Services were in attendance for this item. Mr Holman gave a presentation to the Board which highlighted the key areas of activity and the proposed timetable for commissioning children's, mental wellbeing services and outlined work on a national maternity services pilot which was likely set to transform the scope and character of existing services.</p> <p>The presentation highlights included a focus on:</p> <ul style="list-style-type: none"> Facts & Figures (117,000 children & young people aged between 0-19, 23,000 are between 0-4 years old and that children & young people account for approximately 25% of total West Kent CCG population) Strategic Fit Levels of Need Vision and Guiding Principles for the NHS WK CCG Commissioning Plans for Children's Services 2016 – 2021 Governance Structure Provider Landscape Outcomes for Children – West Kent Position <p>Mr Holman advised the Board of the work currently underway to progress the National Maternity Pioneer which followed a National Review of Maternity Services under the chair of Baroness Cumberledge. The following local agencies were involved in Wave One of the initiative:</p> <ul style="list-style-type: none"> West Kent CCG High Weald Lewes Havens CCG Maidstone & Tunbridge Wells NHS Trust 	

6.4	Mr Holman explained that as one of seven areas selected nationwide, local health organisations will work with NHS England to develop and test new approaches for improving maternity care and promote their national adoption. Mr Holman signalled the commitment to include a focus on prevention; opportunities to highlight life-style and behaviour change and to enable a real transformation in the scope and character of local maternity services.	
6.5	Mr Holman reported on current work streams in 2016/2017: <ul style="list-style-type: none"> • Service model for Special School Nursing Service - CCG • Community Paediatric Continence Service - CCG • Children's Community Nursing Service - CCG • Therapy Services - CCG • Review of acute pathways - CCG • Commissioning of services for children and young people with special educational needs or a disability – CCG and KCC 	
6.6	Current Procurements: <ul style="list-style-type: none"> • School Public Health Nursing including emotional health and wellbeing – <i>Kent County Council</i> • Child and Adolescent Mental Health Services – <i>Kent County Council and CCG</i> • Health Visiting Service – <i>Kent County Council</i> • Family Weight Management – <i>Kent County Council</i> 	
6.7	Mr Holman concluded the presentation by inviting Board members to consider three key questions: <ul style="list-style-type: none"> • Is our focus on commissioning priorities correct? • Options for future integrated commissioning arrangements? • Role of the West Kent Local Children's Partnership Groups? 	
6.8	Comments and Discussion <ul style="list-style-type: none"> • Local data shows challenges for West Kent on MMR and Obesity outcomes. Recommended that this information should be considered when developing joint commissioning plans. (Malti Varshney) • How will prevention and social prescribing fit into this agenda (Alison Broom) • LCPGs are developing well and 'have feet on the ground' and are enthusiastic to have been provided with Outcomes Dashboard. Consideration could be given to delegating responsibilities to them (Bob Bowes) • KCC was in the process of having good dialogue/negotiation with Districts and Boroughs on a clearer model on the shape of future public health activity (Alison Broom) • What opportunities could be developed to establish better 	See Assurance Framework Report Appendices DH, Chair Role for

	development of local services and approaches especially in light of the STP/Delivering the Five Year Forward View (Bob Bowes/Alison Broom/Dave Holman)	District/Borough involvement in NHS WK CCG Programme Oversight Groups, DH/YW
6.9	The Chair thanked Mr Holman and Naz Chauhan for the presentation and requested that the slide presentation pack be distributed to Board members.	YW
6.10	<p>The Board resolved to:</p> <ol style="list-style-type: none"> 1. Invite KCC and NHS WK CCG to present a detailed written report on progress and plans for closer co-operation in the Commissioning of Children's Services in time for the next Board meeting on 20/12/16. 2. Explore invitation for District and Borough representation onto the newly established NHS WK CCG Children's Programme Oversight Group. 	<p>YW, KS, DH</p> <p>Chair, DH, YW</p>
7.	Update: Implementing the Health and Wellbeing Board Annual Report Recommendations	
7.1	The Chair provided a brief update on progress towards addressing the recommendations emerging from the Board's Annual Report.	
7.2	<u>Officer Development Event 16 August 2016</u>	
7.2.1	Bob Bowes reported that the officer event in August had been well – attended with presentations from NHS WK CCG, KCC, District/.Boroughs and Public health. The meeting had identified a range of issues and challenges to progressing effective work in partnership. These were outlined in a report to be distributed to Board members.	YW
7.2.2	<p>Gary Stevenson had participated in the event, and had also given a presenting of the current issues and concerns for boroughs and districts. Mr Stevenson reported that it had been positive to gain a better understanding of the different priorities of the partner agencies. Important issues had included considering:</p> <ul style="list-style-type: none"> what opportunities existed for influencing each other's agendas at an earlier stage benefits inherent in being able to put faces and names to job roles of officers in partner organisations when carrying out respective job roles need for a two way event to share perspectives on local issues/build better knowledge/understanding of organisational priorities and begin to map out areas of joint interest. 	

7.2.3	<p>A limited number of suggested actions had been taken forward since the meeting including:</p> <ul style="list-style-type: none"> • Chief Officer meetings with the Accountable Officer of the CCG and its Chair with their counterparts in each of the District Borough Councils • Organisation of Board awayday on 17 January 2017, at which the issues highlighted at the August Officer event would assist in determining the agenda for the Board's development • The four District/Borough councils were participating in the NHS WK CCG 'Town Hall' event where there would be an opportunity to present to the whole CCG staff group. 	<p>Chair, IA</p> <p>HWB Members TWBC, MBC, T&MBC, SDC</p>
7.3	<u>Strengthening Relationships Between the Health and Wellbeing Board and the LCPGs</u>	
7.3.1	<p>The Chair reported on the dialogue with the Chairs of the LCPGs. Individual contacts were made with each of the chairs and a face to face meeting had taken place. The Chair reported that the LCPG chairs had indicated that support from the Board in relation to providing effective links and requests for reviewing the commissioning of services would help address improving outcomes for children.</p>	
7.3.2	<p>Work undertaken by the LCPGs to 'drill down' into priority local issues, e.g., excess weight at Year Reception and Year 6, had shown that interventions needed to happen earlier to focus on prevention opportunities that could only be delivered by Health Visiting and Maternity staff. This meant that influencing the scope of these services through joined up commissioning was vital – but beyond the scope of the LCPGs themselves – but distinctly possible through the intervention and actions at the Health and Wellbeing Board.</p>	
7.4	<p>It was resolved that:</p> <ol style="list-style-type: none"> 1. The Board note the update. 2. The report on the outcomes from the Officer event to be distributed to the Board members. 3. The Chair to continue to facilitate connections with the LCPGs which assist positive outcomes for children across West Kent 	<p>YW</p> <p>Chair, YW</p>
8.	Delivering the Five Year Forward View	
8.1	<u>Kent & Medway Sustainability & Transformation Plan</u>	
8.1.1	<p>The Chair updated Board members of the progress regarding development of the Sustainability & Transformation Plan for the Kent & Medway footprint. The Chair reported a challenging situation regarding financial sustainability with a £100m deficit in the current year. The STP had therefore included a series of measures with a focus on:</p>	

	<ul style="list-style-type: none"> • Delivering 'quick wins' on prevention (falls; blood pressure prevention; self-care and patient expertise) • Transforming hospital care (considering the development of centres of excellence and possible hospital re-configuration) • Local Care (with services offered out of hospital in community settings; development of GP Federations and clusters of practices formed around populations of around 50,000 patients supported by enhanced care/support teams which will demand closer relationships with local councils). 	
8.1.2	<p>Comments and Discussion:</p> <ul style="list-style-type: none"> • Earlier engagement with the STP process would have been helpful (AB) • Need to seize opportunities to have discussion with boroughs and districts about assets and plans for 'places' as soon as possible as local councils can help the developments towards 'GP clusters and hubs' happen through their planning, Local Plan role (AB, SH) • Presentation to the Board on the 'West Kent Deal' would be helpful (LB) • NHS WK CCG Town Hall event planned for 10 November, with District and Borough council officers from the 4 local councils presenting to all CCG staff as part of a process aimed at strengthening working relationships between officers and Executive members (MV) • Planning for <i>health</i> in local communities is important to help shift the burden away from <i>healthcare services</i> towards '<i>health creating assets</i>' - based thinking that's more focused on creating healthy societies (Dr CJ) 	
8.1.3	<p>It was resolved:</p> <ol style="list-style-type: none"> 1. That Chair, Bob Bowes would support the development of the Federations to encompass the establishing of cluster structures and conversations between GP leaders and District and Borough councils. 2. District and Borough Council Chief Officers to be invited to meet with CCG Governing Body members to discuss the 'West Kent Deal' 	<p>Chair</p> <p>Chair, YW</p>
8.2	<u>NHS West Kent Clinical Commissioning Group Primary Care Strategy</u>	
8.2.1	Bob Bowes gave a brief outline of the NHS WK CCG Strategy for transforming Primary Care focusing on specific aspects of the presentation slides 'A Vision for a Vibrant and Sustainable Future For Out of Hospital Services in West Kent 2016 – 2021'.	
8.2.2	Dr Bowes explained that plans for the future include networks of practices are working together in <i>Multisystem Community Providers</i> ; integrated with care teams from community, secondary care, social care and the voluntary sector. New structures and workforce	

<p>8.2.3</p> <p>8.2.4</p> <p>8.2.5</p>	<p>models will allow clinicians to spend more time with their patients, greater continuity of care and higher quality care. Dr Bowes reported that the new ways of working will allow easy access to the right clinician at the right time, and for patients with complex needs proactive management in the community by a wider multidisciplinary team headed up by their GP and appropriate specialist. This approach would be underpinned by a shared clinical record.</p> <p>Dr Bowes outlined a selection of the emerging CCG Work Programme for strengthening primary care:</p> <ul style="list-style-type: none"> • Estate Strategy • Managing demand for general practice services • Reduce the complexity of reporting • Develop IT • Strengthen the workforce; recruitment, training, retention and Make Every Contact Count • Tackle out of hospital bed capacity/Care homes • Enhance access to diagnostics • Build teams of community and complex care nurses • Mental health provision outside hospital • Advice from Consultants • Work with partners to create integrated services <p>There was consensus in the meeting about the need to enable the development of closer working relationships with district and borough councils and Make Every Contact Count was felt to be an important vehicle for strengthening confidence amongst staff and professional groups.</p> <p>It was resolved that:</p> <p>1. The Board invites Public Health England to attend the Board to give a presentation on Make Every Contact Count.</p>	<p>YW, MV</p>
<p>9.</p> <p>9.1</p>	<p>Kent Health and Wellbeing Board</p> <p>The Chair fed back on issues considered at the Kent Health and Wellbeing Board. The Board was invited to address the following issues:</p> <ul style="list-style-type: none"> • Review the West Kent position in relation to hip fracture and falls (Discussed under agenda item 5 Assurance Framework). • Consider the work emerging from the Kent Estates Strategy • Board is to seek assurance on the outcomes reflected in the local Obesity Strategy (particularly in relation to children) 	<p>Future Agenda Items BB, YW</p>
<p>10.</p> <p>10.1</p>	<p>National Childhood Obesity Strategy</p> <p>Apologies were received from Cllr Lynne Weatherly and Jane Heeley.</p>	

10.2	<p>It was resolved that:</p> <ol style="list-style-type: none"> 1. The Task & Finish Group be invited to review the outcomes Identified in the Local Action Plan, following the recent national conference on obesity. 2. The Task & Finish Group to assess the implications of the new National Children's Obesity Strategy and identify outstanding issues, issues which will need to be reflected in local delivery plans. 	Obesity Task & Finish Group JH/LW
11.	Any Other Business – Future Agenda Items	
11.1	<p>The Board resolved to include the following items on the agenda of the December meeting:</p> <ul style="list-style-type: none"> Update: Health Inequalities Action Plans Commissioning Children's Services Public Health England Perspective on Delivering Make Every Contact Count 	YW
12.	<p>Date of Next Meeting</p> <p>16.00 – 18.00, Tuesday 20 December 2016, Committee Room, Tonbridge & Malling Borough Council, Gibson Drive, King's Hill, West Malling, ME19 4LZ.</p>	All
13.	<p><u>West Kent Health & Wellbeing Board Meetings and Events 2016 - 2017:</u></p> <ul style="list-style-type: none"> 17 January 2017 – Board Development Event, Mercure Hotel 21 February 2017 - Maidstone Borough Council 18 April 2017 – Sevenoaks District Council 	All