

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, 23 November 2016.

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

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

UNRESTRICTED ITEMS

246. Chairman's Welcome

(Item 1)

- (1) The Chairman said that he proposed to consider the Sustainability and Transformation Plan (STP), which had been published earlier in the day, as an urgent item and welcomed Glenn Douglas who had been asked to introduce it.
- (2) The Chairman referred to a letter from the Home Secretary and the Secretary for Health about the desirability of police and crime commissioners and health and wellbeing boards working together. He also said that this Board had planned to invite the Kent Police and Crime Commissioner to a future meeting and suggested that the Kent Health and Wellbeing Board might, in due course, re-consider its membership.
- (3) Mr Gough also referred to a letter received from the Parliamentary Undersecretary at the Department of Health, David Mowat MP, encouraging health and wellbeing boards to develop strong relationships with general practices in their areas and highlighting good practice.
- (4) The Chairman concluded his opening remarks by saying that a response to the letter about community pharmacies that he had sent together with the Leader of the Council (Paul Carter) and the Cabinet Member for Adult Social Care and Health (Graham Gibbens) had been received. Mr Gibbens said it was important to continue to promote the role of community pharmacies.

247. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Dr F Armstrong, Mr P Carter, Ms F Cox, Dr S Phillips, Cllr K Pugh and Cllr P Watkins. Mr I Duffy and Cllr Mrs S Chandler attended as substitutes for Ms F Cox and Cllr P Watkins respectively.

248. Declarations of Interest by Members in items on the agenda for this meeting
(Item 3)

There were no declarations of interest.

249. Minutes of the Meeting held on 21 September 2016
(Item 4)

Resolved that the minutes of the last meeting are correctly recorded and that they be signed by the Chairman.

250. Kent Safeguarding Children Board - 2015/16 Annual Report
(Item 5)

- (1) Mark Janaway (Programme and Performance Manager) introduced the report and said it was a statutory requirement that the Kent Safeguarding Children Board (KSCB) reported its annual report to the Health and Wellbeing Board. He also said:
- The new independent Chair of the KSCB (Gill Rigg) had built on the previous year's significant re-organisation of the Board and the increased contribution being made by the Board's sub-groups was having a significant impact on the conduct of the Board's business;
 - One of the key challenges for the Board had been the continuing development of its response to Child Sexual Exploitation (CSE). Work in this area included: the establishment of a multi-agency child sexual exploitation group; the establishment of a cohort of 100 multi-agency CSE Champions; and the development of training for taxi drivers and hoteliers in conjunction with district councils in support of Operation Willow;
 - A second challenge was to ensure that the voices of children and young people were captured and used to influence the priorities and activity of the Board and partner agencies. The Board has a standing item on its agenda to give young people the opportunity to give presentations to the Board and had provided the opportunity for significant challenge to the Board members from some young people who have experienced services as clients. In addition young people had been directly involved in the KSCB annual conference
 - The number of children with a Child Protection Plan in Kent had fallen from 1,240 in March 2015 to 1,049 in March 2016. The Board continued to monitor the position to ensure it was in line with its statistical neighbours and that all agencies had a common understanding of the thresholds for child protection intervention.
 - The number of Children in Care (excluding Unaccompanied Asylum Seeking Children) had fallen from 1,502 to 1,454 over the period being reviewed. As of 31 March 2016 (excluding Unaccompanied Asylum Seeking Children) 1,283 Children in Care had been placed in Kent by other local authorities which was an increase of 72 on the previous year;

- At year end, 2014/15, there were 1,052 Children In Need (CIN) cases that had been open for 12 months or more compared with 992 in 2015-16, a reduction of 60 cases. For CIN cases open for 6 months or more, the figures were 1,472 for 2015/16 against 1,633 for 2014/15, a decrease of 161;
 - The Kent Family Support Framework (KFSF) had been launched to ensure the highest quality service delivery and improved outcomes for children, young people and families who need Early Help. The Early Help Triage team had received around 800 Early Help Notifications (EHNs) per month. At 31 March 2016, there were 3,143 open cases of children and families being supported by Early Help Units. The percentage of cases closed with a positive outcome had increased from 68.8% in March 2015 to 83.4% in March 2016. The percentage of cases stepped up from Early Help to Specialist Children's Services had reduced from 9.4% in March 2015 to 5.5% in March 2016.
 - At 31 March 2016 there were 866 UASC Children in Care in Kent which was an increase of 498 from 368 at 31 March 2015;
 - KSCB was committed to publishing the findings from all serious case reviews. One serious review had been commissioned in 2015-16 but had not yet been published because of continuing criminal proceedings;
 - A number of multi-agency audits to understand what was happening in relation to protecting children in frontline settings were undertaken. The follow up to the Section 11 audit on the "Voice of the Child" was also undertaken with statutory agencies providing evidence to the Board on progress against their action plans. The outcomes of all audits were used to inform the KSCB training programme.
- (2) Mr Janaway concluded by saying that the Board had continued with its scrutiny and challenge role through the development of a business group and that the stable membership of the Board's groups had enabled them to be more focussed on key issues.
- (3) The involvement of young people in the work of the Board was welcomed. Mr Ireland provided further information about unaccompanied asylum seeking children and children in care in Kent. He said 1,300 children had been placed in Kent by other local authorities, despite representations to ministers. Of 1,400 Kent children in care, only a very small number were placed outside the authority. There were, however, in total more than 4,000 children in care resident in Kent which was the highest number for any English local authority. Many of these placements were unplanned and, not only were there risks to the children being placed, there was pressure on services in some parts of the county. He said conversations at ministerial level have moved from focusing on the numbers being placed in Kent to the risks to the children of being placed in some parts of Kent.

- (4) Mr Oakford said that he was due to meet the Minister of State for Children and Families in the next fortnight and had extended an invitation to that meeting to Kent Police.
- (5) Resolved that the Kent Safeguarding Children Board's annual report for 2015/16 be noted

251. Sustainability and Transformation Plan

(Item 5a)

- (1) The Chairman welcomed Glenn Douglas (Chief Executive of Maidstone and Tunbridge Wells NHS Trust and former Chairman of the STP Steering Group) and Ian Sutherland from Medway HWB to the meeting.
- (2) Mr Douglas said that the publication of the Sustainability and Transformation Plan (STP) earlier in the day had been a significant step forward. He said that progress had been made in establishing the governance arrangements and acknowledged that further work was required in relation to communications and public engagement. Mr Douglas also said:
 - The publication of the STP created the ability for the NHS and Social Care to discuss plans and ideas with the public and their own staff;
 - The STP for Kent and Medway was very similar to plans produced elsewhere in the country; and reflected the fact that all organisations were facing similar issues;
 - It was an advantage that the Kent and Medway STP was a work in progress as it could be influenced following public engagement which was planned for early 2017.
 - Ruth Carnall was now Chairman of the STP Programme Board.
- (3) Mr Douglas concluded his introduction by asking the HWB to consider its role in supporting the next stages in the process.
- (4) The Members of the Board generally welcomed the publication of the STP and considered that the HWB had number of roles in relation to the STP including:
 - System leadership in relation to the prevention agenda;
 - Ensuring that social care featured in local care plans;
 - Establishing linkages between the work being done at Board level, at the health economy level and by CCGs through commissioning plans and working towards using a common language across all plans to facility effective community engagement;
 - Strategic oversight of plans to deliver the STP;
 - Clinical leadership;
 - Promoting further health and social care integration through the BCF including the ESTHER program which was an important element in the workforce development of the STP under the Integration Pioneer programme, managed by the Design and Learning Centre and the work of the Kent Integration Pioneer Implementation Group.
- (5) It was also said that:
 - The public understood that services needed to change and were keen to be part of that process;

- Current organisation structures had evolved over 20 years and were largely predicated on an internal market in the NHS, however, there was an urgent need to re-align ways of working to meet the demands of the STP;
 - Members of the public had expressed concerns about difficulties in making GP appointments;
 - Any financial deficit in the system would have to be managed by the STP.
- (6) In response to questions, Mr Douglas said:
- Engagement with the public about the STP was planned for early 2017 with any formal consultations starting no sooner than June;
 - The drive for greater integration between health and social care made intellectual sense but the challenge was to identify specific issues and projects and assess their effectiveness in enabling greater integration;
 - A significant key to success of the STP was effective out of hospital care;
 - The commissioning process may need to change to drive further integration;
 - The Chancellor's Autumn Statement and a meeting earlier in the day with NHSI made it clear that the financial position would remain challenging with a budget deficit predicted nationally and that it was important to have credible plans.
- (7) Mr Sutherland said the discussion about the STP at the Medway Health and Wellbeing Board had been similar to the discussion this evening and that in Medway the importance of health and social care integration had been underwritten by appointing senior representatives from across health and social care to the Clinical Board in addition to nursing and medical representatives.
- (8) The Chairman drew the discussion to a close by saying there was broad agreement that the HWB had a continuing role to play in the prevention agenda and the further integration of health and social care and acknowledged changes being made to the BCF which would further support integration. He also said that key elements of the STP would flow into the HWB's future work programme.

252. Review of Outcome 5 - Dementia

(Item 6)

- (1) Alison Duggal (Deputy Director of Public Health) introduced the Assurance Framework report which set out information on indicators related to Outcome 5 of the Health and Wellbeing Strategy, focussing on "People with Dementia are assessed and treated earlier and are supported to live well" and also considered the interface with the Sustainability and Transformation Plan. She said there was evidence that progress had been made in increasing the number of patients diagnosed with dementia as a percentage of the estimated prevalence; however, for some of the indicators data was either not available or very limited.
- (2) Anne Tidmarsh Director Older People and Disability - KCC), Elizabeth Lunt (Clinical Chair- Dartford Gravesham and Swanley CCG), Dave Holman (Commissioner – West Kent CCG) and Linda Caldwell (Commissioner - East

Kent CCGs) gave a presentation which is available on-line as an appendix to these minutes.

- (3) During the discussion the move away from the medicalisation of dementia and increased support being provided by local communities and the voluntary sector to enable people to continue to live independent and social lives was welcomed and supported. Some examples of good practice were shared including: dementia drop-in clinics being trialled in Deal; the development of extra care housing in conjunction with district councils; and the provision of training and education programmes for care and nursing home staff;
- (4) The importance of support and training for staff in nursing and residential care homes and for domiciliary care staff to enable them to respond to the challenging behaviour associated with some cases of dementia was emphasised. The need to engage with regulatory organisations was also mentioned particularly as care home owners needed to be confident they would not transgress any regulation while providing good quality end of life care.
- (5) It was also said that the care pathway should start prior to diagnosis as there was evidence that the progress of or onset of dementia could be delayed.
- (6) In addition to prevention and early diagnosis, it was also acknowledged that some people will inevitably get to a more advanced stage of dementia, especially close to the end of their lives and it was important to ensure that training and attitudes in care homes and among regulators did not encourage unnecessary hospital admissions.
- (7) In response to a question Mr Holman said that the framework for commissioning services to provide support from diagnosis to end of life should be re-visited. Ms Caldwell said that the mental health service could be involved in supporting patients make the transition into a care home and ensuring that the staff understood any individual needs.
- (8) Resolved that:
 - (a) Given the changes made in the arrangements for data collection and reporting, Health and Social Care Commissioners would collectively develop and agree a new set of dementia related indicators across Kent and Medway;
 - (b) NHS Clinical Commissioning Groups work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency;
 - (c) Following the Dementia Risk Summit, Local Integrated Commissioning Groups be asked to ensure a robust local system for integrated commissioning and provision of care for people with dementia;
 - (d) The Health and Wellbeing Board receive a further report in 2017 which would include: best practice in care pathways; workforce development particularly in relation to care homes and domiciliary care services; the

prevention and delay of the onset of dementia including the programme of health checks; as well as considering the relationship with regulators.

253. Developing a Joint Health and Wellbeing Strategy 2018-21

(Item 7)

- (1) Karen Cook (Policy and Relationships Adviser – Health) and Mark Lemon (Strategic Relationships Adviser – Health) introduced the report which set out an overview of initial thinking about the development of the next Kent Joint Health and Wellbeing Strategy (JHWS).
- (2) In response to a question, Mrs Cook said that the proposed JHWS working group would use the multi-agency data and information group and the findings of the Kent Integrated Dataset to inform the development of performance indicators and outcome measures for the strategy.
- (3) Steve Inett volunteered to be a member of the proposed JHWS working group.
- (4) Members of the Board expressed concerns about the capacity of staff and Board members to undertake the work associated with the STP and the development of a new JHWS. It was, however, also recognised that a new JHWS was required and that it should be done as soon as possible so it could inform and guide the STP work.
- (5) Resolved that:
 - (a) The guidance on the timeline and structure for the new JHWS 2018-21 outlined in the report be noted; and
 - (b) A Joint Health and Wellbeing Strategy working group be established as a sub group of the Health and Wellbeing Board.

254. Developing the Relationship between the Kent Health and Wellbeing Board and the VCS

(Item 8)

- (1) Lydia Jackson (Policy and Relationships Adviser -VCS) and Steve Inett (CEO – HealthWatch) introduced the report which set out details of a survey conducted by HealthWatch Kent to gather the views of the of the voluntary and community sector (VCS) in relation to its future relationship with this Board and suggested some possible next steps.
- (2) The survey had provided sound evidence of a desire amongst the VCS to engage with the Board and to influence the design and delivery of health and social care services and most preferred email or communication via an umbrella organisation.
- (3) Ms Jackson also said that to be effective, any engagement needed a well-defined purpose and clear parameters and suggested that the development of the Joint Health and Wellbeing Strategy provided an opportunity to test out how the relationship between the Board and VCS might work in practice.

- (4) Mr Ireland said that the re-commissioning of the infrastructure support referred to in paragraph 3.2 had not yet been fully completed as work was underway to overcome technical procurement issues before the contract was finalised.
- (5) During the discussion of the items it was suggested that the HWB may need to re-consider its previous decision not to include health and social care providers in the Board's membership.
- (6) Resolved that:
 - (a) The findings of the recent survey conducted by Healthwatch be noted;
 - (b) The proposals to engage with the VCS be noted;
 - (c) The establishment of a working group to consider how engagement is best taken forward over the longer term be agreed.

255. Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing

(Item 9)

- (1) Andrew Ireland and Ian Ayres introduced the report.
- (2) Mr Ireland said that the Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing was a very important document which addressed previous concerns and demonstrated the ability of the system to develop a coherent and transformational policy that could influence the commissioning and procurement of services. He also said young people had been involved in every stage of its development and drew the Board's attention to figure 1 in the report.
- (3) Mr Ayres said that a number of lessons had been learned from the process including the length of time taken to reach the point where co-commissioning could take place. He also said that dialogue with providers had started and the plan was to send out invitations to tender for CAMHS services early in 2017, award contracts in February and for the new providers to start in September.
- (4) Resolved that the Kent Transformation Plan for Children, Young People and Young Adults' Mental Health and Wellbeing be noted.

256. 0-25 Health and Wellbeing Board

(Item 10)

Resolved that the minutes of the meeting of the 0-25 Health and Wellbeing Board held on 15 June 2016 be noted.

257. Kent Health and Wellbeing Board Work Programme

(Item 11)

Resolved that work programme be endorsed subject to links with the Sustainability and Transformation Plan being considered at the next agenda setting meeting.

258. 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 – 19 October 2016

Dartford, Gravesham and Swanley – 25 August 2016

Swale – 21 September 2016

Thanet – 8 September 2016

West Kent CCG – 18 October 2016.

259. Dates of Health and Wellbeing Board Meetings in 2017/18

(Item 13)

Resolved that meetings of the Health and Wellbeing Board take place at 6:30pm on 7 June, 19 July, 20 September, 22 November 2017, 24 January and 21 March 2018.