

Draft Minutes of West Kent Health and Wellbeing Board Meeting
15 August 2017 16.00 -18.00
Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill,
West Malling, Kent, ME19 4LZ

PRESENT:

Dr Bob Bowes	Chair, NHS West Kent Clinical Commissioning Group Governing Body (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council (MBC)
Roger Gough	Cabinet Member, Kent County Council (KCC), Vice Chair
Tony Jones	GP Governing Body Member, NHS WK CCG
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Penny Graham	Healthwatch Kent
Gail Arnold	Chief Operating Officer (Transformation) NHS WK CCG
Piers Montague (TMBC)	Councillor, Tonbridge & Malling Borough Council
Dr Caroline Jessel	Lead for Clinical Outcomes & Transformation NHS England
Jane Heeley	Chief Environmental Health Officer, TMBC
Hayley Brooks	Head of Housing & Health, Sevenoaks District Council (SDC)

IN ATTENDANCE:

Heidi Ward	Health Improvement Manager, TMBC
Sarah Richards	Healthy Lifestyles Coordinator, TWBC
Anton Tavernier-Gustave	Healthy Living Project Officer, SDC
Yvonne Wilson (Minutes)	Health & Wellbeing Partnerships Officer, NHS WK CCG
Priscilla Kankam	Head of Primary Care & Medicines Optimisation, NHS WK CCG
Claire Griffiths	Head of Communities, West Kent Housing Association
Donna Clarke	Health & Social Care Co-ordinator, Kent Community Health Foundation Trust (KCHFT)
Jenny Wilders	Imago
Danny Hewis	Deputy CEO, INVOLVE
Stephanie Rhodes	Head of Service, KCHFT
Jacqueline Bobb	CEO Fusion Healthy Living Centre
Ann Taylor	Chair, Kent Integrated Care Alliance
Penny Nichols	Chief Officer, Age Concern, Malling
Libby Hoyle	Health & Social Care Co-ordinator, KCHFT
Adam Chalmers	Head of Partnerships & Engagement, TWBC
Diane Aslett	Development Officer, Age UK in Kent Consortium
Viv Lyons	Patient Representative, Self-Care Task Group
Christopher Woodley	Councillor, Vice Chair, Kent Association of Local Councils

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Paul Clarke
Jackie Sumner

Healthy Lifestyles Commissioning Officer, MBC
Head of Community Investment, Town & Country
Housing Group (TCHG)

Jo Tonkin

Public Health Specialist, KCC

1.	Welcome and Introductions	Action
1.1	Dr Bob Bowes welcomed all present to the meeting, in particular those attending for the special Workshop Sessions on Mapping Community Assets and Self - Care/Social Prescribing. It was agreed that individual introductions would not be made given the numbers in attendance.	
1.2	Apologies were received from Gary Stevenson, Reg Middleton, Sanjay Singh, Cllr Lynne Weatherly, Julie Beilby, Penny Southern, Cllr Fay Gooch, Cllr Pat Bosley, Tristan Godfrey, Lesley Bowles (Hayley Brooks attending as substitute), Julie Bielby (Jane Heeley attending as substitute) and Emma Hanson.	
2.	Declaration of Disclosable Pecuniary Interests There were none.	
3.	Minutes of the Previous Meeting – 20 June 2017 The minutes of the previous meeting were agreed as a true record.	
4.	Matters Arising	
4.1	These were not considered as the Falls update was scheduled for the October Board Meeting and the Healthy Weight Task Group had yet to fully consider the outcome of the Board's June Workshop.	Identify Board meeting date for Healthy Weight Task Group Feed Back. BB/YW/JH
5.	Kent Health & Wellbeing Board Feedback	
5.1	Cllr Roger Gough reported that following on the Local Government elections, Cllr Peter Oakford, Deputy Leader of KCC had taken on the role of Kent HWB Chair. Cllr Gough explained that the Kent Board had recognised the Kent & Medway Sustainability & Transformation Plan's (STP) emphasis on the importance of prevention but that there was a shrinking dedicated public health workforce and therefore changes	

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5.2	<p>required in the ways the public is supported to become more interested in changing their own behaviours and lifestyles. The Kent Board's new Chair would be reflecting on the Kent HWB's position in relation to the strategic demands of the STP and to articulate the role of HWBs so as to avoid duplication.</p>	<p>Future Agenda Item 17 October</p>
<p>6.</p> <p>6.1</p> <p>6.1.1</p> <p>6.1.2</p> <p>6.1.3</p> <p>6.1.4</p>	<p>Workshop Session</p> <p><i>Community Based 'Asset Mapping'</i></p> <p>Emma Hanson was unable to fulfil the commitment to present the work KCC had embarked upon.</p> <p>Presentations were delivered by Sarah Richards and Jackie Sumner, Diane Aslett and Hayley Brooks, focussing on:</p> <ul style="list-style-type: none"> a) Tunbridge Wells Borough Council Initiative b) Age UK (Kent) Personal Independence Project c) Sevenoaks District Council Community Asset Directory <p>Points covered in the Tunbridge Wells Joint Presentation:</p> <ul style="list-style-type: none"> • Addressing resident economic wellbeing and financial security ties into improved health status • Need to explore potential to align asset mapping work with GIS maps, NHS Digital, ONS and Kent Integrated Database (KID) • Demonstrated the value of partnership working in turning around people's lives using 'heat maps' where data about employment status; welfare benefits; health and care needs overlaid. • Use of volunteering; peer to peer support and local community development opportunities including environmental improvements showing success at building social cohesion and individual confidence. • Links with Walking For Health Group based in local GP Surgery and additional potential to help increase physical activity of local residents as result of improvements to the woods in Sherwood area. <p>Points covered in the Sevenoaks District Council Presentation:</p> <ul style="list-style-type: none"> • Under banner of One You, Kent, the council is working to develop a holistic assessment which supports access into services, engagement opportunities such as addressing housing, debt and employment to enable good foundations 	

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6.1.5	<p>for health.</p> <ul style="list-style-type: none"> • Focus on change, motivation, make and maintain change with the mapping of local assets across range of services provides a ready resource for new Wellbeing Advisors trained in motivational interviewing. • Local approach included offering community outreach assessment to cohort of benefits cap customers. • Interest also in establishing links to GP Practices/GP Clusters, with fledging work with x2 specific Practices. <p>Points covered in the Age UK Presentation:</p> <ul style="list-style-type: none"> • Pilot trialled in 2014 where staff work alongside Health & Social Care staff in Dartford, Gravesham & Swanley, Swale and Canterbury Coastal areas to help those who might benefit from re-learning daily living skills; re-building confidence; at risk of social isolation. • Guided conversations held with the individual to explore needs, interests that guide personalised solution focused work. • Stressed this is not a sign-posting service but about seeing people themselves as assets – ‘volunteers recruited to order’ and offer peer-to-peer support. • Pilot developed a directory (records bus maps, routes/stopping points; local conveniences) to help connect people to what's available and also relies heavily on social media <p><i>Self-Care, Social Prescribing</i></p>	
6.2	<p>Dr Tony Jones updated the Board on the progress of the Self-Care Group which including members from the CCG; Public Health, District and Borough Councils and community, voluntary sector and outlined ways in which the group had enabled development of a shared approach to social prescribing and self-care that informed work agencies promoted separately and increasing in partnership, through alignment of activities.</p>	
6.2.1	<p>Dr Tony Jones invited the audience to consider the following issues which the Task Group had explored together in its meetings and events which included input from the CCG Medicines Optimisation Team; Public Health Campaigns Manager; Citizens Advice Alliance:</p>	
6.2.2	<ul style="list-style-type: none"> • Early interventions, ideally prevention, are enormously cost efficient • Prevention targeted at risky behaviours: smoking, unhealthy diet, excess alcohol intake, substance misuse, inactivity and 	

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6.2.3	<p>social isolation</p> <ul style="list-style-type: none">• Primary care interventions have been traditionally 1:1 challenge/discussion/education which can be maximised through strategies such as Making Every Contact Count (MECC), sometimes with onward referral to centralised services. Emerging evidence that practice based activity results in greater engagement of GP patient populations.• Council interventions: MECC, but more commonly group activity reliant on recruitment/referral by other agencies. Councils have other ways of intervening such as licensing and support to voluntary sector• The challenge for all is better engagement. How can we get staff and public alike to engage with these agendas? Evidence suggests that employed staff engaged with their own lifestyle management will help ownership of the agenda to likewise influence others.• Engagement must have its basis in understanding. This necessitates an educational process and the right attitude and confidence that may be more routed in issues of the will. What's in it for me and why should I?• Research suggests that engagement is linked to values and motivations and for each individual will vary and there will be a trade-off between pleasurable/addictive lifestyle choice and behaviour change. Motivational counsellors will understand this and have the skills to help the individual to discover their inner motivations and drivers through reflective discovery.• A question of scale. 75% of the population have contact with their GP each year and those with risky lifestyle choices and established disease more frequently so the value of brief interventions should not be despised and MECC across all public sector employees makes sense.• Small groups are highly effective at using the power of peer support and learning to enhance outcomes thus council initiatives can have significant impact for a not inconsiderable number of highest risk individuals. <p>Dr Jones stated that the Self-Care Task Group is keen to hear comments and views on how it should look to develop work that promotes larger scale initiatives such as 'One You' where</p>	
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6.3	<p>it can have community impact raising levels of awareness and are attractive as a means of societal awareness and informing choice. In addition, he suggested that education at scale is probably a largely untapped resource where potential audiences where in schools, surgeries, local workplaces and included those with long term health conditions who might benefit from being offered the knowledge, skills and attitudes/confidence that the patient needs to optimise and even reverse the disease trend in their lives. Finally, Dr Jones commented that the best strategies are rooted in simplicity and our challenge is to understand the basics as outlined and to develop them into simple doable strategies for our localities. General Comments and Questions in response to presentations:</p> <ul style="list-style-type: none">• Why the focus on mapping community assets (KCC Public Health developed a toolkit and the exercise is part of the new PH contracts across the boroughs and districts)• Presentations enabled a focus on a variety of community development and development of civil society approaches.• Partner agencies involved in commissioning and managing range of interventions described to reflect on appearance of points of duplication and in future seek to ensure that local offers are joined up.• Acknowledgement that self-care is good for residents and clinicians and commissioners should ensure its part of the early intervention approach.• Future actions around self-care to encourage a change in the mindset of local populations.• Can we measure outcomes?• Need to share the outcomes of the local council community asset mapping and make sure we are not just labelling a service and having a map – social sustainability and creating the conditions for healthy living/creating connectedness must be the end goal.• University of Essex work on Neuroscience of Behaviour Change Theory might be of value to inform local developments.	
6.4	<ul style="list-style-type: none">• Future work to take into account the need to mobilise people across all communities. <p>Discussions continued in small groups. The following priority issues emerged following the round table discussions:</p>	

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6.5	<ol style="list-style-type: none"> 1) All to promote One You / Use the One You resources, tailor promotions; offer solutions too including self care 2) Consider development of shared support directories to facilitate sign-posting and also helping with direct support to individuals who need more encouragement 3) Consider sharing data to assist targeting of interventions in areas of greatest need 4) Target communities and areas which would benefit most 5) Work with/alongside local people and in communities 6) Commission for outcomes that have a direct effect 7) Need to ensure links across both agendas 8) Action Plan required for Making Every Contact Count (MECC) – Priority for NHS WK CCG and all other providers 9) How can we support innovation and consider working at scale by targeting the 'captive audiences' (Whole populations; people in their workplaces; specific groups) <p>It was resolved that Chair Bob Bowes and Dr Tony Jones would meet to consider the issues raised in discussion and make recommendations on actions that aim to assist delivery of this agenda.</p>	BB/TJ
7. 7.1	<p>7. Any Other Business – Future Agenda Items</p> <p>It was resolved that the Board will consider the following issues at the next meeting:</p> <ul style="list-style-type: none"> • Outcomes Based Accountability and Commissioning for Outcomes 	Chair/Yvonne Wilson
8.	<p>Date of Next Meeting 17 October 2017, Tonbridge & Malling Borough Council Offices, Gibson Drive, Kings Hill, West Malling, ME19 4LZ</p>	All
9.	<p><u>West Kent Health & Wellbeing Board Meetings 2017 - 2018:</u></p>	All

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	<ul style="list-style-type: none">• 19 December 2017 TBC• 20 February 2018• 17 April 2018	
	<p>For any matters relating to the West Kent Health & Wellbeing Board, please contact: Yvonne Wilson, Health & Wellbeing Partnerships Officer NHS West Kent CCG Email: yvonne.wilson10@nhs.net Tel: 01732 375251</p>	