

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room - Sessions House on Wednesday, 21 March 2018.

PRESENT: Mr P J Oakford (Chairman), Dr B Bowes (Vice-Chairman), Dr M Cantor (Substitute for Dr F Armstrong), Mr P B Carter, CBE, Dr S Chaudhuri, Dr A Duggal (Substitute for Mr A Scott-Clark), Mr G K Gibbens, Cllr F Gooch, Mr R W Gough, Dr S MacDermott, Dr T Martin, Mr S Perks, Ms P Southern (Substitute for Ms A Singh) and Dr R Stewart

ALSO PRESENT: Ms C Selkirk

IN ATTENDANCE: Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

321. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Dr Fiona Armstrong, Ian Ayres, Andrew Scott-Clark, Matt Dunkley and Anu Singh.

Dr Mick Cantor was present as a substitute for Dr Fiona Armstrong, Dr Allison Duggal for Mr Scott-Clark and Ms Southern for Ms Singh.

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

(Item 3)

There were no declarations of interest.

323. Minutes of the Meeting held on 22 November 2017

(Item 4)

(1) The minutes of the last meeting, held on 22 November 2017, were agreed as a correct record, subject to the following amendment:

a) Dr Tony Martin be deleted from the list of those present.

(2) The minutes were signed by the Chairman accordingly.

324. Establishment of a new Kent and Medway JOINT Health and Wellbeing Board

(Item 5)

(1) Karen Cook (Policy and Relationships Adviser (Health)) introduced the report which set out a proposal to secure a collaborative approach between the Kent

and Medway Health and Wellbeing Boards as they contribute to the development of the Sustainability and Transformation Partnership Plans.

(2) In response to questions, Karen Cook said the proposed Membership of the Kent and Medway Joint Health and Wellbeing Board would be two representatives representing the district councils across Kent and Medway. She said that there would also be representation from Local Medical Committees to assist with clinical representation.

(3) Resolved that:

- a) The Health and Wellbeing Board agree to the establishment of a new Kent and Medway Joint Health and Wellbeing Board constituted as an Advisory Sub-Committee, with Terms of Reference and procedure rules as set out in the report;
- b) The membership of the Sub Committee be as set out in paragraph 5 of Appendix 1 to this report; and
- c) The role and continuation of the KAMJHWB be reviewed after two years.

325. KSCB Update on Ofsted Recommendations from the Review of the Local Safeguarding Children Board (LSCB), March 2017

(Item 6)

(1) Gill Rigg (Independent Chair - Kent Safeguarding Children Board (KSCB) and Mark Janaway (Programme and Performance Manager, Kent Safeguarding Children Board) introduced the report which provided an update on the Ofsted recommendations from the review of the Local Safeguarding Children Board and the progress that had been made against the recommendations.

(2) In response to a question, Gill Rigg discussed safeguarding in schools and said that the Safeguarding Children Board only scrutinised and assessed the schools or early years settings in Kent which were not rated as good or outstanding to avoid duplicating the work that had been carried out by Ofsted.

(3) Resolved that the report be noted.

326. Joint Strategic Needs Assessment - Exceptions Report 2017-18

(Item 7)

(1) Abraham George (Public Health Consultant) introduced the report which set out the changes made to the Joint Strategic Needs Assessment development process and provided a summary of the new priorities emerging from audits, briefings, chapter summaries and needs assessments as well as case studies from the Kent whole population cohort model.

(2) In response to a question, Allison Duggal (Deputy Director of Public Health/Public Health Consultant) said the analysis and reports that had been undertaken by the Kent Public Health team included health inequalities. She added that the Sustainability Transformation Plan (STP) and prevention workstream

concentrated on addressing the life expectancy gap between the least and most deprived.

- (3) In response to a question, Abraham George said that it was important for Public Health to continue to monitor health inequalities and understand the causes of health inequalities and the impact of various programmes. He emphasised the importance of understanding which programmes were the most effective, and that further investment in early diagnosis and treatment was required.
- (4) In response to a question, Abraham George said that for progress to be made, it was important that the Kent Public Health team had access to data to undertake analyses, and to have an integrated protocol to ensure that efficient ways of reporting the analyses were in place.
- (5) In response to a question, Allison Duggal said that greater investment from the STP delivery board and KCC was required on primary prevention services.
- (6) Resolved that:
 - (a) It be agreed to adopt a broader consistent structure for outlining priorities for population health improvement, encompassing: primary prevention (lifestyle modification) for the whole population; secondary prevention (early diagnosis and treatment) for those at risk of LTCs e.g. Cancer and Mental Health; and tertiary prevention (recovery, rehabilitation and reablement of patients with complex needs), ensuring better quality of care;
 - (b) Greater investment from the STP delivery board and KCC was required on primary prevention services such as smoking cessation and weight management integrated directly into local care and acute care models of the Kent & Medway STP;
 - (c) Emphasis should be placed on *Making Every Contact Count* for workforce planning and understand in more detail how frontline NHS and social care staff can incorporate key principles such as better identification of risky behaviour, brief advice and onward referrals for lifestyle modification;
 - (d) Social prescribing from primary care and onward referral to district and other public-sector services such as Fire and Rescue Safe and Well visits, Warm Home interventions to tackle fuel poverty and other home improvements to reduce unintentional injuries such as slips trips and falls be industrialised;
 - (e) The use of risk profiling tools in primary care to identify patients at high risk of rehospitalisation who might benefit from social prescribing be industrialised and existing tools be improved by incorporating more information on social determinants of health, such as information on housing insulation and better governance arrangements to allow district officers and NHS clinicians to work together to access such tools; and
 - (f) An update be added to a future agenda of the new Kent and Medway Joint Health and Wellbeing Board for review.

327. Kent Pharmaceutical Needs Assessment 2018 - 2021

(Item 8)

- (1) Allison Duggal introduced the report which set out information relating to pharmaceutical and dispensing services in GP surgeries.
- (2) In response to a question, Allison Duggal said the Kent Pharmaceutical Needs Assessment was based on the requirements from NHS England, and there were regulations which needed to be adhered to regarding the process and consultation stages.
- (3) In response to a question, Allison Duggal said that community pharmacies were driven by commercial interests. She added that Kent were ensuring that there were pharmacies available to all its residents.
- (4) Resolved that:
 - (a) The Health and Wellbeing Board approve the process and timeframe.
 - (b) The Health and Wellbeing Board approve the final PNA ready for publication subject to final checking with NHS England regarding any pharmaceutical service application grants made following the consultation and any final changes arising from proofing- reading and editing.

328. Kent & Medway Safeguarding Adults' Board Annual Report - April 2016 - March 2017

(Item 9)

- (1) Mr Gibbens introduced the report which set out the Kent and Medway Safeguarding Adults' Annual Report for 2016/17 and detailed the work of the multi-agency partnership in managing safeguarding adults' issues in 2016-2017.
- (2) Resolved that the report be noted.

329. 0-25 Health and Wellbeing Board

(Item 10)

Resolved that the minutes of the 0-25 Health and Wellbeing Board be noted.

330. Minutes of the Local Health and Wellbeing Boards

(Item 11)

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

Ashford – 17 January 2018

Canterbury and Coastal – 11 January 2018

Dartford, Gravesham and Swanley – 21 February 2018

South Kent Coast – 7 November 2017

Thanet – 9 November 2017 and 11 January 2018

West Kent – 20 February 2018

331. Date of Next Meeting

(Item 12)

- (1) Mr Oakford said that it was important that the first Kent and Medway Health and Wellbeing Board focused on significant topics to make best use of the board.
- (2) Resolved that from April 2018 the meetings of the Kent Health and Wellbeing Board be held during the working day.