

KENT COUNTY COUNCIL

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent and Medway Joint Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 25 June 2019.

PRESENT: Mrs C Bell, Cllr David Brake, Dr B Bowes, Mr P B Carter, CBE, Scott Elliott, Cllr Doe, Mr G Douglas, Mr M Dunkley CBE, Mr R W Gough, Mr S Inett (Substitute for P Graham), Cllr A Jarrett, E Lyons-Backhouse, Mr Chris McKenzie, Mr P J Oakford, Cllr M Potter, Mr M Scott, Mr A Scott-Clark, Ms C Selkirk, Ms P Southern and Mr J Williams

ALSO PRESENT: Cathy Bellman

IN ATTENDANCE: Ms K Cook (Commissioning Manager, SCHW) and Mrs A Taylor (Scrutiny Research Officer)

UNRESTRICTED ITEMS

1. **Apologies and Substitutes**

(Item 1)

1. The Kent and Medway Joint Health and Wellbeing Board agreed that Mr Oakford would be Chairman and Cllr Brake Vice-Chairman for the coming year.

2. Apologies had been received from Dr Allingham, Mr Ayres, Dr Stewart and Mr Sutherland.

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

(Item 2)

1. Cllr Martin Potter made a declaration of non-pecuniary interest as he was a member of the Kent and Medway STP Non-Executive Director Oversight Group.

3. **Minutes of Meeting held on 19 March 2019**

(Item 3)

RESOLVED that the minutes of the meeting held on 19 March 2019 were a correct record and that they be signed by the Chairman.

4. **Progress on Prevention Strategy for Kent and Medway**

(Item 4)

Physical Activity Deep Dive

1. James Williams, Director of Public Health for Medway Council, introduced this item, the cost, to the wider economy, of physical inactivity was £7.4billion per year, and to the NHS it was approximately £1.2billion, to Kent it was £18million and Medway £19million, this was a significant burden. The paper set out the actions taken within the system, to address this challenge and asked what more could be done to improve the accessibility and uptake of services.
2. Scott Elliott, Head of Health and Wellbeing Services, Medway Council, explained that the report was based on the principles set out in 'Everybody active every day'. Mr Elliott referred to page 22 of the document - 'Active Society – creating a social movement' and was about raising the profile of physical activity and the opportunities which existed. The second area was 'Moving professionals' Making Every Contact Count and ensuring that physical activity became embedded in mandatory training and conversations relating to physical and mental health and wellbeing. Mr Elliott also referred to Active Environments – creating the right spaces and Moving at Scale – scaling up interactions that make us active.
3. Andrew Scott-Clark explained that the Chief Medical Officer had commissioned a review of the evidence base of physical activity. Although this was not yet published there was not expected to be a major overhaul of the guidelines.
4. Eunice Lyons-Backhouse asked whether "The Daily Mile" was routinely part of the curriculum in primary schools and whether it was taking place in most primary schools. Scott Elliott explained that in Medway around 1/3 of schools were taking part and schools were being actively encouraged to participate.
5. Clair Bell asked about the role of the district councils and their role in looking after open spaces and cycle paths, James Williams confirmed that it was a county sports partnership that worked across Kent and Medway.
6. James Williams referred to people with a disability who were 50% less likely to be physically active.
7. Members commented that finding funding to meet obligations for statutory needs was often difficult, whether this was through the NHS or jointly or locally. It was considered that funding was unsystematic.

Learning Disability Annual Health Checks

8. Allison Duggal explained that people with learning disabilities had poorer health outcomes than the rest of the population. The Learning Disability Annual Health Check (delivered by GPs through a directly enhanced service commissioned by the NHS) was one of the ways in which this was addressed. Around 25% of people with a learning disability in Kent were on the register and of those that were on the register many still did not get their annual health check. There was also sometimes confusion between the Learning Disability Health Check and the NHS health check. The Health Check aimed to provide holistic support and intervention to improve health outcomes. Across Kent there were around 24,000 people with learning disabilities who were not on the register, the uptake was better in more deprived areas. NHS England had set a target for GPs and Clinical Commissioning Groups to increase access to the Learning Disability Health Checks and the NHS Long Term Plan committed to piloting a specific health check for people with autism. Members of the Board were asked to discuss how partner organisations could support in the areas set out in paragraph 3.5.1 of the report (page 39).

9. Steve Inett asked of those on the register how many were in supported accommodation for example who might be being supported to access the health check? And for those who were not on the register how they were being encouraged to access the health check. Allison Duggal explained that promotion of the learning disability health check experience showed it relied on clinical leadership and pushing forward the health check, this was being looked at currently. Penny Southern explained that in terms of the individuals on the register it was possible to make reasonable adjustments and link to GP surgeries, this was not mandatory and it was a complex picture. There was a wider population who were not accessing the service.

10. Chris McKenzie commented that it was important to ensure that individuals were on the register and try to ensure that the uptake of health checks was promoted at every available opportunity. James Williams agreed that the board had an opportunity to review what was currently happening and possibly undertaking a deeper dive with engagement from colleagues in primary care. Penny Southern agreed that it would be helpful to have a further look at this issue including alternative ways of delivery. Bob Bowes explained that as this was voluntary there was a degree of choice and some GPs may not understand the benefit that health checks bring to the resident.

11. Angela Harrison asked whether it would be possible to have the numbers/percentages on individuals on the register for each district? The Chairman suggested that this be followed up outside of the Board meeting.

12. Bob Bowes suggested that the Board recommend to Commissioners that they wished to see an improvement in the take up of Learning Disability Health Checks. The Chairman challenged the NHS Board Members to have a further look at this and bring a paper back to a future meeting.

RESOLVED that Members of the Kent and Medway Joint Health and Wellbeing Board challenge the NHS Board Members to have a further look at ways of increasing the uptake of Learning Disability Annual Health Checks and bring a paper back to a future meeting.

NHS Check: Over 75 Eligibility

13. Andrew Scott-Clark explained that this paper had come back to the Board following a query about why the NHS Health Checks Program stopped at 74. The paper clarified the basis for the NHS Health Check Program and described the arrangements in place for people over the age of 75. He confirmed that anybody who is registered with a GP (if they haven't been seen within the preceding 12 months) can receive a health check.

14. Cllr Howard Doe queried how many people knew that this option was available? There were concerns that people were not aware and local authorities should do more to make people aware that checks were available and recommend that they take up this opportunity.

15. Cllr Potter explained that he had previously discussed the take up of Health Checks with different cohorts, he asked for a report to a future Board setting out the take up for different cohorts.

16. Dr Bob Bowes asked what the efficacy was and what was the service trying to achieve through these health checks. Cllr Howard Doe agreed and stated that it was important that individuals were aware that this service existed, particularly for people suffering from social isolation.

17. Allison Duggal explained that it was important to consider whether there was a good economic argument for health checks for younger people.

18. Scott Elliott concurred that much of the discussion was around health economics, the data for health checks was important to tackle the health inequalities that exist. The purpose of the health checks was early detection and signposting people to the right services. There was a rich data set which could be shared with Members before the next Board meeting.

19. David Brake asked how any greater awareness would be undertaken? There was a shortfall of GPs in communities, how would this be dealt with? Dr Bob Bowes confirmed that GPs did not always undertake health checks, these were done by a health care assistant and there was no shortage of health care assistants.

5. Progress on Local Care including the Local Care Implementation Board *(Item 5)*

1. Cathy Bellman gave Members an update on local care delivery. A copy of this presentation is available here: [Local Care Update](#)

2. Cllr Allan Jarrett explained that he had concerns about consistency and approach it was important to ensure that consistency was achieved as quickly as possible.

3. Steve Inett thanked Cathy for being a consistent driving force behind these issues, in response to a question Cathy explained that the ambitions around the investment and numbers achievable were overstated, some sense checking had now been done and the numbers were a lot more realistic.

4. Caroline Selkirk stated that there were two sides to this, in East Kent they looked at the total opportunity rather than what could be achieved in one individual year.

5. Chris McKenzie welcomed the Multi-Disciplinary Teams (MDT) approach, there were significant potential benefits.

6. David Brake highlighted the role of the carers who were relied on so much for help and assistance, including the role of young carers. There was a need to look carefully to ensure that young people were supported as much as possible.

RESOLVED that the Kent and Medway Joint Health and Wellbeing Board note the content of this report, in particular:

- a) Support having a framework to assist the development of the MDT/PCNs
- b) Endorse the approach to achieving consistency in the delivery of Local Care across K&M; cohort modelling, reporting on inputs/outputs (delivery and financial savings).

6. Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities *(Item 6)*

1. Dr Bob Bowes gave Members a presentation on Creating a new commissioning landscape in Kent and Medway. A copy of this presentation is available here: [Creating a new commissioning landscape in Kent and Medway](#)
2. Cllr Alan Jarrett stated that the more difficult element was allocation of resources, there were difficult discussions had around dealing with conflicting demands and the relative levels of health inequalities and disadvantage.
3. Matthew Scott was pleased to see the continued reference to mental health, in response to a question Dr Bowes explained that the 80% within the presentation referred to the running cost of administration. It was not considered that the NHS was over managed.
4. Steve Inett explained that in the past he had seen the following steps repeat themselves; the award of a contract, the existing provider diminish as the end of the contract approaches, new provider, demand found to be higher than was commissioned for, trimming process – leading to adjusting KPIs or more investment. He asked whether it would be helpful to hold a workshop to look at some examples of what had happened previously and how that would look in the new way. Dr Bowes did not think that the risk of re-procurement was necessarily the area to focus on, it was important to focus on the risk of maturity and confidence that the partners had in each other and the skills with which the commissioners could write the contract. Glenn Douglas considered that it was important to develop a more partnership orientated approach to working together and that a workshop to challenge ways of working would be helpful, the health service could learn a lot from the way local authorities commission services.
5. Mr Gough asked how the Kent and Medway Partnership Board fitted into the structure, Dr Bowes explained that the Partnership Board brought providers and commissioners together as the evolved programme board.

RESOLVED that the Kent and Medway Joint Health and Wellbeing Board thank Dr Bowes for his presentation and note its contents.

7. Work Programme *(Item 7)*

1. Karen Cook asked the Board, which was set up initially for a period of two years, whether they would like to use the next meeting for some workshop and development time offline to determine whether the Board should continue as it is, whether the Terms of Reference should be reviewed and to consider the long term plan. Karen Cook suggested that the Terms of Reference should include children, mental health and Autism for example.
2. Caroline Selkirk suggested that Local Care be brought to alternate Boards rather than every Board, Karen Cook considered that this was sensible and the workshop could look at the forward work programme as well as other Governance issues.
3. It was considered that the workshop be extended to an afternoon on 17 September 2019 and the next agenda setting meeting would also be cancelled.
4. Members considered it important to plan and prepare well.
5. In response to a follow up from Cllr Martin Potter about NHS Healthcheck information for people 40-74 Karen Cook confirmed that this information would be circulated to Members before the workshop.

RESOLVED that the next meeting of the Joint Board, on 19 September 2019, be an afternoon workshop session.