

## **WEST KENT CCG HEALTH AND WELLBEING BOARD**

### **MINUTES OF THE MEETING HELD ON 18 MARCH 2014**

**Present:** Dr Bob Bowes (Chairman) and Gail Arnold, William Benson, Alison Broom, Councillor Richard Davison, County Councillor Roger Gough, Steve Humphrey (substituting for Jane Heely), Mark Lemon, Mairead MacNeil and Malti Varshney

**In Attendance:** Kevin Day, Alison Finch, Rob Jarman, Katie Latchford, Val Miller, Sarah Robson and Chief Inspector Simon Wilson

#### 1. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Lesley Bowles, Councillor John Cunningham, Jane Heely, Steve Inett, Dr Tony Jones, Councillor Brian Lukker, Chief Inspector Dave Pate, Dr Sanjay Singh and Dr Meriel Winter.

#### 2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

#### 3. MINUTES OF THE MEETING HELD ON 21 JANUARY 2014

**RESOLVED:** That the Minutes of the meeting held 21 January 2014 be approved as a correct record subject to the amendment of the first sentence of Minute 12 (CCG Commissioning Plans) to read:

It was noted that there is a scheme in Liverpool where people admitted with alcohol problems are taken better care of.

#### 4. MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 21 JANUARY 2014

##### Minute 4 – General Overview of Substance Misuse in West Kent CCG District

In response to a question by the Chairman, Malti Varshney undertook to ensure that the liver disease mortality rates for each district in the West Kent CCG area are circulated to the Board.

#### 5. HEALTHY WEIGHT - ADULTS

The Chairman agreed to take this item first due to one of the presenters having to leave at 6.00 p.m. to attend another meeting.

Val Miller, Public Health Specialist, presented an overview of adult excess weight rates (overweight and obese combined) calculated by Public Health England as part of the Public Health Outcomes Framework. It was noted that:

- The England rate is 63.8% and the West Kent Districts are statistically similar which means that only one third of the population in West Kent is a healthy weight. Being obese substantially increases the chances of a person developing a wide range of medical problems, including type 2 diabetes, heart disease and many common cancers. Overweight and obese adults are also likely to have children who are overweight. If levels of obesity continue to rise at their present rate, there will be unmanageable pressures on the NHS and adult social care and implications for the whole economy.
- Excess weight is a complex issue, influenced by a range of factors including social and economic deprivation and age. With the new health and wellbeing agenda in local government, there are new opportunities for working with colleagues in disciplines such as sports and play, environmental health, trading standards, licensing and planning to tackle the problem.

Sarah Robson, Community Partnerships Manager, Maidstone Borough Council, presented a snapshot of obesity in Maidstone, which showed that 10.7% of 4-5 year olds and 20% of 10-11 year olds are obese. Children who live in more deprived areas are more likely to be overweight and obese than those from the most affluent areas. Access to healthy food and adopting healthier life styles is more difficult in deprived areas.

A map of the Borough was displayed which showed the location of hot food takeaways in clusters near schools and in deprived areas.

Rob Jarman, Head of Planning and Development, Maidstone Borough Council, gave a presentation on the contribution that Local Planning Authorities can make to improving public health and wellbeing, including shaping an urban environment that encourages people to adopt healthier lifestyles. He explained that:

- It is common place in developments above a certain size for the Local Planning Authority to seek contributions for healthcare.
- There is potential to work with the Board and other partners on a Supplementary Planning Document, the purpose of which would be to explain the Council's approach as Local Planning Authority towards encouraging better access to healthy food. There are two main elements to this: Restricting the development of new hot food takeaways particularly in deprived areas and areas of poor health and promoting the creation of more allotments and encouraging community growing opportunities.

- There is guidance relevant to this in the National Planning Policy Framework (NPPF) and the draft Local Plan, which is being put out to consultation, sets out ways in which public health principles and planning can be integrated to reduce health inequalities.
- Existing Local Plan policies aim to protect retail streets from being diluted by non A1 uses where this would harm the vitality and viability of the centre or the shopping character of a particular street. A number of Local Planning Authorities have adopted Supplementary Planning Documents which include a 400m exclusion zone around shops and leisure centres etc. designed to deter people from submitting planning applications for hot food takeaways in these zones.
- To date, five Local Planning Authorities have had their policies tested at appeal, but there are no examples of appeals where a Planning Inspector has cited the exclusion zone as the only consideration (fear of crime and highway safety have been cited). It is necessary to produce an evidence base to justify the formulation of policies to be followed when determining planning applications for hot food takeaways.

Members of the Board commented that:

- In terms of the evidence base, it would be necessary to demonstrate a direct link between access to unhealthy food and the long term health outcomes, and this might not become apparent for some years.
- Planning alone will not provide the solution, but has a role which could be developed in conjunction with the Board and other partners.
- There is an opportunity to influence the design of developments to include access to open space and trim trails etc. and also to promote walking and cycling as alternative forms of travel.

Kevin Day of Kent Sport gave a presentation on how sport and physical activities can have a positive effect on those who are considered overweight or obese. It was noted that:

- Kent Sport can provide advice and support regarding funding opportunities for sporting activities.
- The Active People Survey commissioned by Sport England continuously measures the number of people taking part in sport across the nation and in local communities.
- Kent Active People data shows an increase in adults doing 3 x 30 sport and active recreation since 2005/6 of 5.2% across Kent. Inactive People data for 2012-13 shows that 44.9% of people in Kent are physically inactive and the cost of physical inactivity in

Kent is £21m per year. This date could be shared with health partners with a view to pooling resources, sharing intelligence and piloting activities.

Members of the Board commented that:

- Tools are being developed to target those at risk due to inactivity and to direct effective intervention.
- Physical inactivity has implications for social care in terms of the provision of adaptations and equipment etc.

Val Miller gave a short presentation on Kent's Healthy Weight Pathway for adults to receive treatment for obesity. Specific reference was made to the four tiers of service provision, barriers to effectiveness and the financial implications in terms of commissioning weight management services. Val concluded by commending the in-house tier 2 programme at the Balmoral Surgery, Deal as a model for primary care.

Members of the Board commented that:

- Consideration should be given to the impact of obesity on employers in terms of lost productivity etc. and the role employers can have in tackling obesity and promoting healthy living.

**RESOLVED:** That the presentations be noted with interest and that the slides be circulated to all Members of the Board.

## 6. COMMUNITY SAFETY (BARRIERS AND PERSPECTIVES)

Chief Inspector Simon Wilson introduced a briefing paper outlining the activities of the four Community Safety Partnerships in the West Kent CCG area in relation to substance and alcohol misuse which is associated with a wide range of criminal and anti-social behaviour. He said that, as an example, up to 20,000 people come into Maidstone on a Saturday night and they are vulnerable to harm or causing harm due to drug or alcohol misuse. It is necessary to educate people to make informed choices.

Members of the Board commented that:

- There is a need to include clinicians on Community Safety Partnership Boards.
- There is a need for a proactive and co-ordinated approach to prevention and education to avoid duplication of effort and resources. This should include intelligence sharing and targeted work.
- Could consideration be given to linking co-ordinated outreach work to late night levies?

In response to a question by the Chairman, William Benson agreed to follow up the possibility of alcohol related hospital admissions being coded as a trial exercise. It was noted that at present, unless a patient stays for more than four hours they are not recorded. The data could be used to quantify costs and inform decision making on preventative measures.

**RESOLVED:** That the position be noted.

7. CCG/STRATEGIC COMMISSIONING PLAN

Gail Arnold, Chief Operating Officer, presented the WKCCG Strategic Commissioning Plan 2014-19 making specific reference to the following:

- The NHS outcome framework domains, outcome measures, key improvement measures and West Kent specific targets and initiatives.
- The need for alignment with the Better Care Fund.
- The widening gap between need and what can currently be afforded within the funding available.
- Stakeholder engagement including Mapping the Future.
- Current health challenges in West Kent.
- Ambitions to be achieved by 2018/19 having regard to the data available in relation to the electoral wards in West Kent CCG in the highest mortality quantiles for those aged under 75 and the causes of death.

Members of the Board made reference to the following:

- The need to discuss responsibilities in relation to the "Collective Challenge" to ensure effective service delivery and investment.
- The need to make decisions now regarding the funding of the health and care services to be provided in future.
- The need for a co-ordinated partnership approach to achieve positive outcomes.
- The need to consider how to engage schools in a pro-active way in the education/preventative agendas as there is potential to achieve positive results in ten years' time.
- The need to use the available data to direct resources where required.
- The need for an indepth discussion on the role, responsibilities and ambitions of the Board and how member organisations can work

together to achieve best development having regard to the defined Plan outcomes and available resources.

**RESOLVED:** That subject to the points raised in the discussion, the presentation be noted with interest.

8. UPDATE ON BCF

The West Kent Better Care Fund Plan was circulated for consideration prior to discussion at the Kent Board the following week. It was noted that the Plan would be amended to include reference to district involvement in prevention.

**RESOLVED:** That comments or proposals for inclusion in the Plan going forward should be sent to the Chairman and/or Gail Arnold at the WKCCG in time for consideration by the Kent Board on 26 March 2014.

9. CHILDREN'S OPERATIONAL GROUPS

Alison Broom drew the Board's attention to a letter she had received that day setting out details of the decision which has been taken to establish Children's Operational Groups (COGs) on local Health and Wellbeing Board boundaries. It was noted that the COG is now a sub-group of the local Health and Wellbeing Board and accountable to it for the effective delivery of its programme. The Board felt that it should have been consulted on the new arrangements and that clarification is required.

**RESOLVED:** That clarification be sought regarding the role of the Children's Operational Groups and their governance arrangements.

10. FUTURE DATES - FREQUENCY AND VENUE OF MEETINGS

The Board considered the arrangements for future meetings.

**RESOLVED:**

1. That arrangements be made for the Board to meet on a monthly basis (at 4.00 p.m. on the third Tuesday where possible) at venues within the West Kent area.
2. That the next meeting of the Board be arranged to take place at 4.00 p.m. on Tuesday 15 April 2014 at the offices of Tonbridge and Malling Borough Council at Kings Hill.
3. That arrangements be made for the Board to have a discussion (in May) on its role, responsibilities and ambitions and how member organisations can work together to achieve best development having regard to the Strategic Commissioning Plan outcomes and available resources; the discussion to include the implications of the arrangements in relation to the Children's Operational Groups and the partnership working environment in Kent generally.

11. DURATION OF MEETING

5.40 p.m. to 7.50 p.m.