AGENDA

WEST KENT CCG HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday 15 April 2014
Time: 4.00 p.m.
Venue: The Committee Room, Tonbridge and Malling Borough Council Offices, Gibson Drive, Kings Hill, West Malling

Membership:

Gail Arnold, Councillor Steve Beerling, William Benson, Dr Bob Bowes (Chairman), Lesley Bowles, Alison Broom, Councillor John Cunningham, Councillor Richard Davison, County Councillor Roger Gough, Jane Heeley, Dr Caroline Jessel, Dr Tony Jones, Veronika Segall Jones, James Lampert, Mark Lemon, Councillor Brian Luker, Mairead MacNeil, Reg Middleton, Dr Sanjay Singh, Malti Varshney and Dr Meriel Wynter

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Continued Over/:

Issued on 7 April 2014

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Kent County Council, Policy and Strategic Relationships, Room 2.65, Sessions House, Maidstone ME14 1XQ

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.

Report of: Katie Latchford, Maidstone Borough Council on behalf of Childhood Obesity Task and Finish Group

To: West Kent CCG Health and Wellbeing Board

Subject: West Kent Childhood Obesity Task and Finish Group

Classification: Unrestricted

Summary
Following its August 2013 meeting this Board requested a number of Task and Finish Groups were established, to review how collaborative working and a co-ordinated provision of services can better address specific causes of ill health.

This is the final report of the Childhood Obesity Group on how it met its aims and identified areas for future multi-agency work.

1 INTRODUCTION

1.1 The Childhood Obesity Task and Finish Group agreed to focus on the broadest definition of childhood obesity through concentrating on a system wide approach across the life course of the 'child' – i.e. -9 months to 18.

1.2 The group remit included:

- Developing a sound common understanding of the issues related to childhood obesity
- Developing an understanding of cross organisational issues i.e. planning, transport, health and care, levels of physical activity which contribute towards obesity prevalence at population level
- Articulating clearly how different organisations are linking up to resolve the issue
- Reporting to the board issues that are barriers
- Developing a plan of action that will resolve the identified issues
- Making strategic recommendations to the board that require senior support
- Underpinning recommendations with sound evidence.

1.3 The membership of the group included representatives from both delivery and commissioning partners; these included representatives from:

- Kent County Council (various including Public Health, Children's Centres, Early Years, Sport)
- Midwifery, MTW
- Health visitors
- Breastfeeding, CIC
- Kent Community Health NHS Trust
- Maidstone Borough Council,
- Tonbridge and Malling Borough Council
- Tonbridge Wells Borough Council
- Sevenoaks Borough Council

2 PROGRESS

2.1 The group mapped intervention and outcomes across the life-course identifying 6 key areas for focus, these were:

- Pre-conception and maternity
- Health visiting
- 0-5/ children's centres
- Primary school age
- Secondary school age
- Family

The draft mapping is attached at appendix 1.

2.2 Interim findings presented at the December 2013 meeting of the West Kent health and wellbeing board included:

- Work on childhood obesity needs to focus on early intervention and prevention with families and children aged 0-5.
- Support should be given in pregnancy to those women identified as having a high BMI. There is currently a minimal service offered in West Kent and no consistency in referrals or support across the area.
- There needs to be more consistency and clarity on referrals following the 2 year check where children are identified as overweight or obese. Currently referred back to GP, onward referral and support not monitored or reported – pathway needs to be clearer.
- There are currently no comprehensive 0-5 preventative services and thought needs to be given to how we deliver this in partnership, including weight management for under 2s and services for under 5s.
- Work needs to be undertaken to support professionals across the sector in challenging where obesity is present in a child or family, and giving consistent messages and advice.
- Current child weight management pathway is not working for under 5s and further work needs to be undertaken to identify the barriers for older children and adolescents.

2.3 Work to address and distil these down to key priorities for action was the focus of the last 3 meetings.

3. CONCLUSIONS: Gaps in Service, Barriers to Success and commissioning opportunities

3.1 In identifying and attempting to address existing barriers, the group drafted the plan at appendix 2.

3.2 The plan raised 3 overarching principles:

3.2.1 There is a need to commission a pathway and associated services for childhood obesity that represents a whole system approach across the early years of the life course; that identifies and understands the different pressures that come in to play at different ages and can flex accordingly.

3.2.2 Work needs to be developed to identify a coherent lead for commissioning this stream of work that bridges the differences in practice and contracting between midwifery, health visiting, primary care and those

who commission and delivery services focused on specific age and geographical criteria outside of the 'health' sphere.

3.2.3 Communication is key – be that communicating information on programmes that are available, communication between different parts of the system, communicating referrals and results; or communicating with children or families about obesity.

3.3 The action plan also highlighted the barriers identified and commissioning needs as a consequence. In summary, the group identified the following barriers and gaps in service provision in West Kent:

3.3.1 There are currently no comprehensive services provided for pregnant women with a high BMI. There is patchy provision and local pilot projects, but comprehensive contracted provision is not there.

3.3.2 The provision of breast feeding support in West Kent is not consistent across the area.

3.3.3 There are no weight management services for children under the age of 5 and for all ages access to tier 3 services are not available unless there is illness or co-morbidities present. Current referral processes from front line/ primary care to specialist services are not clear, and a feedback loop is not present.

3.3.4 There are currently gaps in colleted data on childhood obesity as no comprehensive data collected on young children's referrals or outcomes.

3.3.5 The current pathway for weight management in children and young people is not functioning as it stands.

3.3.6 There is a gap in commissioning and coordinating weight management services across the early stages of the life course between partners at all levels; universal, tier 2 and tier 3.

3.3.7 Professionals at all levels still feel that they are not able to talk to children, young people and their families on weight issues.

3.3.8 There are currently no specifically commissioned services for weight management in adolescence.

4. RECOMMENDATIONS

4.1 The West Kent Health and Wellbeing Board are asked to consider the following recommendations in light of the barriers identified by the task and finish group listed at 3.3.

4.1.1 Consideration is given to the provision of specialist services within the midwifery contract for women with a high BMI during pregnancy. This should be linked to services provided by GPs and health visitors through

the 6 week check and information shared to increase referrals to community weight loss programmes post-partum.

4.1.2 That all partners support and link in to the new Breast Feeding Service that will be in place in West Kent by October 2014.

4.1.3 That consideration be given to commission comprehensive services for weight management for under 5s that complements existing provision from health visitors, but provides a coherent pathway from community based provision to specialist services at tier3. A review of specialist services provided to obese young people is undertaken, including criteria, referral routes and pathways. That consideration is given to the provision of a comprehensive specialist service for obese children and young people and funds sought from across the system to commission appropriately.

4.1.4 That work is undertaken with the Kent Public Health Observatory to establish what data is collected, what data could or should be collected and what data best represents the efficacy of work to reduce childhood obesity to provide a comprehensive evidence base.

4.1.5 The current pathway is not functioning well, with a disconnect at certain points. A simplified healthy weight pathway is being developed through the local NCMP operational groups to cover local universal provision to specialist services. Care needs to be taken to ensure that the pathway covers the whole of the life course of the child. Also the pathway needs to cover all (not just medical) work that is being commissioned to reduce childhood obesity i.e. work to limit access to take aways near primary schools; provision of sport and physical activity in children's centres, schools and community based settings; work on community engagement and healthy cook and eat programmes.

4.1.6 The task and finish group attempted to map any and all services that were provided by other partners to tackle obesity in children and young people. It became clear that individual parts of the system were commissioning limited services to tackle childhood obesity, but these were not coherent or joined up. Work needs to be completed to identify a lead commissioning body for services to tackle childhood obesity across the life course and system, so that there is an overview of services that are commissioned within and outside the 'health' sphere. This might be the children and young people's commissioning function, or the newly established West Kent level COG that is now a sub-groups of the West Kent Health and Wellbeing Board.

4.1.7 Issues were raised by professionals from all parts of the system that do not want to or do not feel equipped to talk about weight with children and families. Training should be identified and commissioned to support professionals in talking about weight issues. This should include elements of the NICE behaviour change guidelines and motivational interviewing.

4.1.8 Whilst the task and finish group identified the lack of services specifically for adolescents as a gap in provision, on consultation with KIASS and

other agencies providing support to that age group, they felt that commissioning weight management interventions was counter productive as issues often stemmed from very complex emotional/ psychological issues. Further work needs to be undertaken to commission appropriate weight management interventions for adolescents that are agreed by all commissioning partners.

Mapping childhood obesity interventions and outcomes

Pre-conception & maternity

H&WB in pregnancy Mind the gap: increase BF prevalence, BF friendly, increase awareness Should be 1:1 support for women with high BMI in all districts Advice Breastfeeding Buddies Nutritional advice Lactation consultants Volunteer peer support Breast feeding friendly Active baby programme Reduced BMI of mother – less complications in pregnancy and birth Reduced risk of obesity in later life for child	pregnancy and birth Reduced risk of obesity in later life for child Reduce issues during pregnancy related to increased weight e.g. GD Housing – minimum standards housing DV Teenage mums Normalise breast feeding

Health Visiting

Interventions	**Outcomes**
Advice Breastfeeding Buddies Nutritional advice 2 year checks -> GP referral if weight concerns Not able to offer antenatal breastfeeding advice until staff levels increase No specific service to refer to	Reduce weight Reduce issues during pregnancy related to increased weight e.g. GD Supporting breastfeeding workplaces and business Increase breastfeeding numbers Healthy eating award Campaigns 'here & now' Support breast feeding

Pre-school (0-5)

Interventions	**Outcomes**
Breastfeeding peer supporter groups Advice Active baby programme rolled out Breastfeeding Buddies Little stirrers Nutritional advice Sporty Kidz 2 year check Health walks Diet/ cooking advice New baby targeted services Community chef Cook and eat Organised play Play schemes Active travel Toddler gym equipment Whole family involvement	Lessen weight problems in yr R Increase physical activity Increase knowledge base for parents

Primary (5-10)

Interventions	Outcomes
Kent School Games/ school games – local intra and inter school activities leading to county finals Outdoor leisure facilities Primary school PE & Sport Premium funding to improve PE & Sport offer and engage the leaset active Maintain/ improve free access Change4Life clubs – alternative activities to attract the least active. Council open spaces Other providers – e.g. cricket (Chance to Shine), Bikeability, Tesco's FA Skills, Local 'But in@ schemes led by secondary schools Planning OS policy PE sport play – more sport/ fitness advice Cycling strategy Cycle training offered to year 6 -0 could we offer level 1 lower? LEAP/ go for it Mind the gap: promote HW for children, healthy activities healthy choices awards in schools NCMP locality Leisure pass Free school meals Sport/ outdoor workshop Sport clubs Leisure cook and eat Summer play scheme Walk to school Little stirrers Spring in to sport Go for it DMAX Kick start 0-10	Active travel to school Increased physical activity More exercise Reduce obesity Uptake of free school meals Change in behaviour

Secondary (11-18)

Interventions

Kent School Games/ school games – local intra and inter school activities leading to county finals
Sportivate – sports programme for 11-25 year olds
Excel 11-18
Satellite Clubs – clubs for 11+ linked to main sports club, but located on secondary school site where possible
Cook and eat
Highways – being developed for year 7/8 level 3
Health trainer sessions
Outdoor leisure facilities
Maintain/ improve free access
Council open spaces
Planning OS policy
Cycling strategy
Mind the gap: promote HW for children, healthy activities
Leisure pass

Outcomes

Active travel

More exercise

Body image?

Children and families

Interventions

Healthy club/ active Kent – online information resource on activities and healthy eating
LEAP
National governing body of sport products/ programmes: E.g. No strings/ smash-up Badminton; instant Ping Pong; back to netball; run England project/ Park Run etc
Planning family
'Dance for fun' (follow on for LEAP families)
Active travel options
community events
Cycle 2 work
Go care (discounted gym membership for low income)
Travel plans
Encouraging cycling/ walking for leisure
Park fit/ park run
Health walks

Outcomes

Increased activity levels for children and families

Reduced levels of obesity for children and families

Increased levels of healthy eating for children and families

Activity for whole family as a choice

Increased physical activity

Reduced obesity/ health issues

DRAFT: Childhood obesity barriers and actions

Key points:

Can we commission a pathway and associated services that represent a whole system approach across the early years of the life course which identifies and understands the different pressures that come in to play at different ages and is able to flex accordingly?

Work needs to be developed to identify a coherent lead for commissioning this stream of work that bridges the differences between midwifery, health visiting, in to primary care and those who commission and deliver services focused on specific age and geographical criteria.

Communication is key – be that communicating information on programmes that are available; communication between different parts of the system; communicating referrals and results; or communicating with children and families about obesity

Barriers identified	Action taken	Barriers still existing	Commissioning need/ who leads
No comprehensive services provided for pregnant women with a high BMI	Tunbridge Wells currently running a pilot to run a 6-8 week course in children's centres (Tunbridge and Cranbrook) Not identified any areas of specific need.	Current provision of specialist midwifery services limited to a maximum of 3 hours per district, with coverage patchy.	Need to increase provision of specialist midwifery services to women with increased BMI. Need to link service in to health visitors who can refer and signpost in to T2 services delivered by Districts in West Kent. 6 week check as primary first referral point, however unclear if GPs are happy to speak about weight to post-partum women.
Comprehensive provision of breast feeding support across WK	Tender for new service about to be released (07 April 2014) with decision on providers being taken in May and new service fully in place by October. Baby friendly initiative being rolled out across Kent. Health visitors providing universal	Problems with data collection from 6-8 week check. 2 key issues are that data is not being submitted/ collected correctly. Firstly, data is not passing from practices to child health records and secondly that data is not accurately recording breast feeding status.	Are GPs the right people to complete the 6-8 week check, or are health visitors better placed as they were historically. Is there are need to commission training for GPs?

	services - new leads now appointed.		
T1 & T2 no service provision for under 5s	Mapped pockets of provision that are being piloted by districts and providers: Maidstone is piloting a sporty kidz programme run with 'fire fit' in children's centres Maidstone is running a pilot with Active kidz in private nurseries focused on increasing physical activity and reducing obesity through healthy eating Maidstone and Sevenoaks are piloting a project with south east dance that focuses on family physical activity and developmental play Maidstone, Tunbridge Wells and Tonbridge and Malling are working with Little Stirrers to deliver family cook and eat courses in children's centres, primary schools and community settings.	All work described in action taken are ad hoc programmes commissioned by Districts – not systematic commissioned approach in west Kent. There is no centrally commissioned approach to providing early intervention services for obese children and their families. Still issues of who leads what and who commissions what – not finding duplication, rather that there is little or no commissioning of scaleable services.	Need to identify a lead commissioner for T2 services for obese children and their families under 5. To be commissioned alongside universal services that run with midwifery and health visiting. This should be the children and young people's commissioning function; however it was questioned whether this was in fact working in West Kent.
T3 no service for under 5s unless co morbidities / illness	In developing the current pathway for children (5+) discussions with paediatrics highlighted that there was not the capacity to offer paediatric and dietetic services to children and young people who were only obese, there had to be illness or co-morbidities for services to be offered. No services were offered to those under 5.		The possibility of a comprehensive service for children and young people at T3 needs to be investigated and funds sought from across the system to commission appropriately.
T3 no coherent services for children	Current referral pathway identifies		Following on from the above,

from primary care through to dietetics/ peads	the need for referrals to be made from primary care through to Paediatrics/ dialectics following concerns raised, however it is clear that services are not available for many children and young people to be referred in to. Data collection and feedback is also problematic with primary care professionals reporting that they are not able to see the progress of any referrals made to services.		referral routes and data collection need to be improved to allow all parts of the system to analyse the efficacy and value for money of any interventions put in place.
Referral routes/ reporting not clear	Discussions with key people to understand how the system works currently and the referral routes for obese children and their families	A key barrier identified was that where concerns were raised at the 2 year check by health visitors regarding a child's weight, they were referring the family to the GP. There was no follow up to check that the family had attended and discussed the issues with their GP. Even if they had, it has become clear that the referral route available to the GP to paediatrics and dietetics is not clear and that services are difficult to refer in to in their current form. There are also concerns that the 2 year check is still patchy in some areas of West Kent. This means that a child may not be assessed in terms f their weight until the NCMP measurements in year R.	A lead needs to be identified to work on developing a clear referral system for obese children that ensure follow ups are taking place.
No coherent pathway/ commissioning model esp. through	The current pathway was discussed at length and gaps identified. A	There is still a 'disconnect' in referrals at certain points.	Sense check the new pathway to see if it has solved any of the barriers

the early stages of the life course	simplified healthy weight pathway has been developed that allows flexibility to show local delivery. This has been developed through the local NCMP operational groups (which focus mainly on school aged children) who have done a very good job of bringing people and services together to understand what is out there.		identified through this process. Look at replicating the simple governance seen in the NCMP operational groups to enable coherent commissioning across the system.
How do we link/ coordinate commissioning outside of our control i.e.: • KIASS • Children's Centres • Education • Midwifery • Health Visiting • School nurses	Attempted to map any and all services that were provided by other partners to tackle obesity in children and young people	It became clear that individual parts of the system were commissioning limited services to tackle childhood obesity, but these were not coherent or joined up/	Identify a lead commissioning body for services to tackle childhood obesity across the life course and system, so that someone has an overview of services that are commissioned within and outside the 'health' sphere. This might be the children and young people's commissioning function, or the newly established West Kent level COG that is now a sub-groups pf the West Kent Health and Wellbeing Board.
Primary care information in and information out	All local services for weight management (currently commissioned 5+) are now on DORIS so that GPs are able to make informed referrals.	Still issues with professionals from all parts of the system that do not want to or do not feel equipped to talk about weight with children and families.	Training identified to support professionals in talking about weight commissioned and delivered. TO include elements of the NICE behaviour change guidelines and motivational interviewing.
There are no T2 weight management services for adolescents	Spoke to KIASS and other agencies providing support to adolescents. They are not currently commissioning weight management	There are no T2 weight management services for adolescents	Investigate the possibility of commissioning a partnership service across the agencies involved which tackles the mental and physiological

	interventions and not planning to as they feel that a focus on weight is counter productive as issues often stem from very complex emotional/ psychological issues. There is no commissioning specifically focused on adolescents from KCC Public Health.		issues of weight management for adolescents. Funding for this will need to be sought from across the system which will be difficult.
Communication issues – no one understands each others programmes	Investigated the possibility of more closely unifying commissioning so that a universal service is available across West Kent and scaleable to Kent level.	Still issues as complex landscape of commissioned and universal services provided which is difficult for professionals to navigate	Investigate commissioning a single point of referral that is able to take referrals from all people and direct to the most appropriate services.

By:	Presented by Malti Varshney, Consultant in Public Health, KCC; written by Jo Tonkin, Pubic Health Specialist, KCC
To:	West Kent Health and Wellbeing Board
Subject:	Final Report from the Children and Young People Task and Finish Group
Classification:	Unrestricted

Summary

This paper reports on the work of the Children and Young People's Task and Finish Group.

It briefly lays out the process, identifies findings and proposes recommendations to the Health and Wellbeing Board in relation to leadership, indicators of success, governance, membership and mechanisms that the Board should consider in order to achieve the best possible outcomes for children and young people.

Introduction

The Task and Finish group arose from a presentation made to West Kent Health and Wellbeing Board on children and young people's services.

The aim of the group was to

- Bring together children's commissioners from KCC Children's Services, Public Health, KMCSU with a representative from the CCG to identify key outcomes, priorities, based on identified need, for the CCG
- Identify actions, on the basis of evidence, for how they might be progressed given the strategic direction proposed in the Kent Health and Wellbeing Strategy
- Identify key barriers to progress
- Present these back to the Board for agreement and a decision as to how best to monitor progress

This task and finish group was progressed in the context of a changing governance framework for health and wellbeing for children and young people at Kent and CCG level.

The task was underpinned by the principles agreed in the Health and Wellbeing Strategy. Those are:

- Integrated Commissioning
- Integrated Provision
- Person Centred services

Body of the Report:

Methodology:

The Task and finish group included: Martin Cunnington / Alex Cheshire Kent and Medway Commissioning Support Unit (KMCSU), Mark Ironmonger, West Kent Clinical Commissioning Group (WK CCG), Karen Coffey, Early Intervention Manager, Kent County Council (KCC), Malti Varshney, Public Health Consultant and Jo Tonkin, Public Health Specialist, KCC.

The group took as its starting point the commissioning intentions of the Kent Health and Wellbeing Strategy and the priorities identified in the 'West Kent CCG Commissioning Plan 13-15'and agreed a framework for collecting information about Health and Wellbeing Board priorities.

The information was then compiled and analysed. Gaps in knowledge were identified and were followed up. Update reports were provided to the West Kent Health and Wellbeing Board.

Patient Participation Group (PPG) : The group has not approached the PPG to date . The group judged that the current scope of the task was complex and required refinement before meaningful participation could be undertaken.

Context:

A detailed audit of services and performance was not undertaken. However the diagram below shows a summary of children and young people's services in West Kent (and Kent):

<table>
<tr><th></th><th>Ante-natal</th><th>0-5 yrs</th><th>5-11</th><th>12-15</th><th>16 - 18</th></tr>
<tr><td rowspan="4">Universal Needs (Tier 1)</td><td colspan="5">GP & COMMUNITY HEALTH SERVICES, SCHOOLS / COLLEGES
(School Nursing)</td></tr>
<tr><td colspan="2">MATERNITY AND PRE-SCHOOL CARE (Children's Centres, Health Visitors, Nurseries)</td><td colspan="3">EDUCATION AND TRAINING
(Key Stages 1-4, Vocational and Academic Pathways, Apprenticeships, FE and HE)</td></tr>
<tr><td colspan="5">SOLIHULL APPROACH
(Solihull Parenting Programmes 0-7 yrs, Workforce - Wide Training Programme)</td></tr>
<tr><td colspan="5">VOLUNTARY & COMMUNITY SECTOR AND LEISURE PROVIDERS
(Mediation & Counselling Services, After School & Holiday Clubs, Youth & Sports & Activity Clubs, Uniformed Groups)</td></tr>
<tr><td rowspan="6">Range from Low/ Vulnerable to High/ Complex Needs (Tier 2 and 3)</td><td></td><td colspan="4">EARLY INTERVENTION AND PREVENTION COMMISSIONED SERVICES
(Intensive Family Support Services, Domestic Abuse, Family Mediation, Positive Relationships, Young Carers Service, Adolescent Support Service)</td></tr>
<tr><td colspan="5">EARLY INTERVENTION AND PREVENTION KCC & PARTNER SERVICES
(MASH, Health Visitors, Midwives, GPs, Housing Support, Early Support Programmes, Substance Mis-use Service, Portage, Specialist and Disability Services, SEN Support, Family Support Services, 16+ Homeless, KIASS, Troubled Families, Educational Psychologists, Integrated Family Support Services, EIP Teams)</td></tr>
<tr><td></td><td></td><td colspan="3">EMOTIONAL HEALTH AND WELLBEING SERVICE
(Young Healthy Minds, CAMHS, Post Abuse Services, Therapy)</td></tr>
<tr><td></td><td colspan="4">PARENTING PROGRAMMES
(Incredible Years, Strengthening Families, Strengthening Communities)</td></tr>
<tr><td></td><td></td><td colspan="3">HEALTH IMPROVEMENT & SEXUAL HEALTH SERVICES
(Healthy weight, smoking cessations and sexual health service)</td></tr>
<tr><td colspan="5">EDGE OF CARE
(Safer Stronger Families, Family Group Conferencing)</td></tr>
<tr><td rowspan="3">Complex or Acute Needs (Tier 4)</td><td colspan="5">KCC SPECIALIST CHILDREN'S SERVICES
(Virtual School Kent, Disabled Children Team, Unaccompanied Asylum Seeking Children Teams, Children in Care Teams, Fostering & Adoption Team, Commissioned Service including Leaving and After Care Service, Independent Fostering Provision, Residential Homes and Special Schools, Short Breaks and Respite Units, Adoption, Kinship)</td></tr>
<tr><td></td><td></td><td></td><td></td><td>YOUTH OFFENDING & PROBATION
(Bail and Remand)</td></tr>
<tr><td colspan="5">HOSPITAL AND ACUTE HEALTH SERVICES
(Tier 4 CAMHS – SLaM, Accident and Emergency, Sexual Health, Paediatric, Sexual Exploitation, End of Life Care, Disability Services, Oncology</td></tr>
</table>

Kent County Council services are being transformed to progress integrated and personal centred.

Findings:

The group has identified progress across all the outcomes and priorities. There are also areas where increased engagement from Health and Wellbeing partners may result in greater improvement.

The group identified the following actions as key priorities for West Kent Health and Wellbeing Board:

Priority	Rationale	Current barriers to progress	Actions and roles
Review of and development of a Community Paediatric Nursing Team to better manage long term conditions in the community	Improved health and social care outcomes for children, young people and their families Reduced costs and repatriate funding from high cost care Secure nursing care and public health interventions for children in Special Schools	Capacity and continuity to progress Structural barriers to repatriation of funds from high cost care Fragmentation of health commissioning and formative stage of new structures	Clinical Commissioning Group to commission a review of the Community Paediatric Nursing Team NHS England to facilitate repatriation of funds from acute to the community Health and Wellbeing Board to be assured that the health needs of all children are met so that they can be engaged in education, family and community life,
Build effective ante natal and post natal pathways which improve health and reduce risks to mother and child	Outcomes for breastfeeding and smoking in pregnancy require improvement in West Kent Pathway improvements provide opportunities to address parental substance misuse, domestic violence and mental health	Whole systems approach is required but is not yet in place.	Health and Wellbeing Board to initiate and oversee a multi agency review of the ante and post natal pathway.

	Significant improvements in morbidity can be achieved through making improvements to the pathway		
Improving emotional health and wellbeing and mental health[1]	Clinical concerns about the current performance of the service	Fragmented accountability Systems wide approach to emotional health and wellbeing is indicated.	Health and Wellbeing Board to support a review of the emotional health and wellbeing pathway across Kent. Progress and monitor a resulting multi-agency action plan to ensure improvements across the pathway.
Implementation of SALT (Speech and Language Therapy) Framework and in particular the Balance System Framework	The delivery of SALT is critical to children and young people accessing and benefiting universal, targeted and specialist services. SALT implementation has system wide benefits.	A SALT Framework has been developed by a multi agency group across Kent. Systems wide engagement is now required to ensure that it can be implemented in West Kent.	Health and Wellbeing Board lead in implementing the SALT Framework in West Kent West Kent CCG to ensure that the Balance System Framework be embedded across all those working with children and young people.

The group identified that schools and colleges are key partners in the delivery of health and wellbeing outcomes for children and young people , for example, under 18 conceptions and risk taking behaviour, yet are largely absent from West Kent Health and Wellbeing Board decision making.

Commissioning and decision making around children and young people's issues happens at different geographies and involves different partners. Where commissioning occurs Kent wide, it is not clear who is tasked with and what the mechanism is for providing feedback.

[1] CAMHS delivery fell out of scope of the group because of the representation on the group but has been articulated as a priority for West Kent CCG.

Data and information sharing occurs at different geographies and is reported to different settings. This makes intelligence gathering and assurance complex and obtuse.

Some of the priorities require refinement and may benefit from clarity regarding what the Health and Wellbeing Board expects will be achieved, over what time frame. Capacity may be an issue.

Data and information sharing occurs at different geographies and is reported to different settings. This makes intelligence gathering and assurance complex and obtuse.

Conclusions:

The current governance framework for achieving children and young people's outcomes in West Kent requires strengthening to ensure that West Kent CCG Health and Wellbeing Board can be assured that outcomes for children and young people in West Kent are being progressed and to ensure that outcomes which require a systems wide focus can be progressed.

There are opportunities for integrated commissioning, provision or person centred approaches in Kent. However, these opportunities will only be progressed if representation, reporting and lines of accountability between West Kent Health and Wellbeing Board and decision making bodies at different geographies can be established.

Progress is being made against the priorities but clarity of leadership, purpose and expectation is required overall. There are specific priorities for the Board which the group have identified that require systems wide effort and could achieve improvements for children and young people in West Kent like reviewing and improving the antenatal and postnatal pathway.

Schools are a key partner in progressing improvements for health and wellbeing but are largely absent from Health and Wellbeing Board discussions.

DISCUSSION POINT: How are commissioners currently influencing education providers to progress health and wellbeing of children and young people? How can this be improved?

RECOMMENDATIONS for the BOARD

1. A sub group of the West Kent Health and Wellbeing Board needs to be established. It will:
    - take as its constituents all children and young people resident in West Kent
    - be formed around the key priorities for children and young people in Kent. This will need to include the health needs of parents that impact significantly on children and young people

- add value to and ensures lines of accountability to existing Kent wide commissioning arrangements
- include Education representation

2. Establish clear outcomes and targets on the commissioning priorities so clarifying what success looks like for the children and young people population of West Kent.
3. The Health and Wellbeing Board needs to consider progressing as priority:
    - Review and develop a Community Paediatric Nursing Team to better manage long term conditions in the community
    - Build effective ante natal and post natal pathways
    - Improving child and adolescent emotional health and mental health
    - Implementation of SALT (Speech and Language Therapy) Framework
4. The role that primary care plays in progressing each commissioning priorities for children and young people needs to be articulated, implemented and monitored.
5. Review the progress and identify milestones for the development of integrated commissioning, provision and person centred services for children and young people in Kent. This includes ensuring that there are opportunities for children, young people and their families in West Kent have the opportunity to share their experiences and shape commissioning, development, delivery and review of services.

Jo Tonkin
Public Health Specialist- Child Health
Kent County Council
Jo.tonkin@kent.gov.uk

By: Jane Heeley, Malti Varshney and Allan Gregory

To: West Kent CCG Health and Wellbeing Board

Subject: West Kent Tobacco Control and Smoking Cessation Task and Finish Group

Classification: Unrestricted

Summary

Following its August 2013 meeting this Board requested a number of Task and Finish Groups were established, to review how collaborative working and a co-ordinated provision of services can better address specific causes of ill health.

This final report of the Tobacco Control Group outlines how the Group has met its aims and identified areas for future multi-agency work.

1. Introduction

1.1 The importance of taking a multi-agency approach to tobacco control was quickly embraced by this group, whose membership comprised representatives from Districts, Public Health, Midwifery Service, Stop Smoking Service, Trading Standards and the Kent Fire and Rescue Service. Presentations were also made to the Patient Participation Group.

1.2 The aims of the Group were as follows:

- Develop an understanding across West Kent around the various work streams relating to tobacco control and smoking cessation;
- To identify any gaps in service provision;
- To review how the various agencies can work collaboratively to support improved outcomes;
- Develop an on-going action plan to continue this work; and
- Make strategic recommendations to this Board regarding the delivery of this work
- To identify barriers to delivery of tobacco control programme.

1.3 This report explains how we have achieved those aims and makes recommendations to this Board for the future delivery of this work.

1.4 A review of electronic cigarettes is outside the scope of this Group, because national view and guidance around harm reduction for tobacco is still emerging, and we are awaiting national guidance on regulation and potential use of e-cigarettes as potential medicines.

2. Work of the Kent Tobacco Control Service

As of April 2013 local authorities and Clinical Commissioning Groups will be assessed on how well they are reducing health inequalities in their area. The Public Health Outcomes Framework includes a number of measures that are directly related to smoking and several that have very strong links. In time this may also determine whether local authorities will be paid the Health Premium supplement to the public health budget.

The Kent strategy has a clear emphasis on engaging and empowering young people and families to avoid smoking. The Kent Tobacco Control Programme will focus on i) enabling partners to be clear about their contribution to a comprehensive tobacco control agenda and, ii) the cross-cutting issue of protecting young people from the harmful effects of tobacco.

In delivering the tobacco control programme, an underlying aim will be to support partners to become exemplars in tobacco control by:

- Developing capacity: providing training and seminars on tobacco control topics (e.g. harm reduction, e-cigarettes, shisha, …)
- Developing a Communications Strategy: supporting partners to amplify national campaigns locally; and jointly promote Kent/District/Partner based schemes.
- Supporting partners to be vocal advocates for tobacco control
- Support Kent partners to address Health Inequalities through action on Tobacco Control (via local Mind The Gap Action Plans)
- Ensuring partners are fully engaged with cessations services.

3. Gaps in Service Provision and Barriers to success

3.1 **Partner Engagement**

As a result of discussions over the life of this T&F Group an Action Plan (Annex 1) has been produced which has identified both a number of areas where partner organisations are not fully engaged in the aims of the Tobacco Control Strategy,

through a variety of reasons and areas where all partners could achieve greater success by adopting a more integrated/collaborative approach to this priority area.

3.2 In summary the Action Plan identified the following barriers and gaps in service provision in West Kent:

- **Local Leadership**
  Our organisations are not taking sufficient local leadership on tobacco control both internally with its workforce and externally with the people it comes into contact with. Within our organisations we should be identifying individuals/teams that can be trained to deliver VBA's (very brief advice) and generating quality referrals to the Stop Smoking Services, to target in particular the routine and manual smoking population and vulnerable groups.

- **Having difficult conversations**

  A number of agencies identified that the routine delivery of stop smoking messages to client groups had stalled, often due to the perception of delivering a difficult message. Like the point above this identified a training need. This is currently being addressed in the Midwifery Service through the "babyClear" initiative supporting action on smoking in pregnancy.

- **Integrated commissioning**

  Whilst some effective linkages exist between the Stop Smoking Service and frontline officers in Districts, strategic links to industrialise tobacco control interventions do not exist, that would facilitate more integrated ways of working. Stop smoking services have a role in tobacco control particularly in their workplace based work. This is distinct from smoking cessation. Partner agencies have a role in the future commissioning of tobacco control and stop smoking services. Integrated commissioning with children and young people services, maternity and community engagement needs to be explored. Currently there are insufficient ways that engage and enable young people to reduce or quit smoking.

- **Illicit Tobacco**
  The Group identified that "quitters" might refer to sources of illicit tobacco, which would provide important intelligence for Trading Standards services. There needs to be mechanisms in place for co-ordinating this type of intelligence from

a range of agencies, including the Stop Smoking Service, community wardens and PCSOs.

- **Secondary Care**

  There is a need to review services with reference to the newly published NICE guidance smoking cessation within secondary care.

- **Education**

  Whilst there are many initiatives that promote the dangers of smoking to young people, there is a need for schools and others, to recognise the importance of quality tobacco education programmes and adopt them accordingly.

4. Conclusions

In working with this Task and Finish group, the above county-wide vision was able to be tested with West Kent partners. The resulting action plans and learning gained will in turn support the emerging county-wide action plans.

The Group has developed a multi-agency action plan that focuses on supporting and developing capacity in tobacco control to take forward tobacco control initiatives.

5. Recommendations

Recommendation 1: Delivery of Action Plan

On-going mechanisms need to be in place between the main professional groups involved in this agenda to maintain the momentum initiated by the T&F Group and buy in at a high level within the relevant organisations to address the gaps and barriers to integrated pathways as outlined above.

- The Group recommends that The West Kent Health and Wellbeing Board establish a group to oversee the delivery of the action plan (Attachment A). The group to comprise of the CCG, Stop Smoking Service, Kent Public Health, Children's Services within NHS Kent Community Health Trust, schools, youth services, Kent Fire and Rescue, Trading Standards, Districts and Boroughs and the Midwifery Service is established, led by a District/Borough representative.

- This must support the aims and priorities of the Kent Tobacco Control strategy, namely in assisting every smoker to quit, reducing the exposure to second hand smoke, prevent the uptake of smoking, and tackle cheap and illegal tobacco in our communities and address the criminal activity in its supply.

Recommendation 2: "Make Every Contact Count"

The actions of the above group can be enhanced by stakeholder organisations identifying key staff and services that are well placed to deliver VBA's.

- The Group recommend that a training programme established to support this method of communication, through funding from KCC Tobacco Control Team. Stakeholder organisations should be set targets for the delivery of VBA's to be monitored by the above Kent PH Team.
- Incorporate the provision of VBA into service specifications and contracts.

Recommendation 3: Return on Investment

Although the return on investment for a comprehensive tobacco control interventions has been established, a more detailed breakdown to demonstrate which partners contribute what to the strategy has not yet been developed. The development of accountability within this system was felt to be beneficial.

- West Kent Health and Wellbeing Board request Public Health to report back in two months' time on how this might be achieved.

Recommendation 4: Strategic Leadership and Commitment

The benefits of a comprehensive approach to tobacco control, and it's role in tackling health inequalities, child/family poverty, community empowerment and improving the health and wellbeing of communities, is well established. There is a need for this fact to be stipulated and recognised within partner organisations strategic delivery plans; thus ensuring the tobacco control agenda is promoted at senior levels within the organisations with clear lines of accountability and leadership.

- The Group recommends that West Kent CCG / West Kent Health and Wellbeing Board explore becoming a signatory to the Local Declaration on Tobacco Control (originally aimed at local authorities, but now including health and wellbeing organisations); and in turn advocate that partner organisations with the CCG follow suit.

By: Ivan Rudd, Public Health Specialist for Mental Health and Wellbeing

To: West Kent CCG Health and Wellbeing Board

Subject: Mental Health and Wellbeing Task and Finish Group

Classification: Unrestricted

Summary
The Mental Health Task and finish Group was tasked by the HWBB to review key issues and make recommendations to the HWBB on how it could support wellbeing and the prevention of mental ill health.

1. Introduction

1.1 The Task and Finish Group for Mental Health was formed subsequent to a presentation made to West Kent Health and Wellbeing Board. The aim of the Group was to understand:

1. Mental health improvement opportunities funded by Section 256,
2. Opportunities for supporting employers and schools in prevention
3. The need for a communications strategy to make sure that everyone who might need the service finds it easy to access.
4. How can we build community resilience? What would districts/ boroughs, the various sectors of the NHS need to do to enhance this?

1.2 In this brief report we explain how we have addressed these and we make recommendations to this Board.

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1.3 **The T&F Group membership changed overtime and included**:

Ivan Rudd, Public Health Specialist KCC (Chair - Hayley Brooks Manager Sevenoaks District Council unable to attend meetings)
Anton Tavernier-Gustav, Sevenoaks Council
Katie Latchford, Maidstone BC
Heidi Ward, Tonbridge and Malling BC

Sara Watkins, Tunbridgewells BC
David Chesover , Deputy Chair NHS West Kent CCG
Ivan Rudd, Public Health Specialist KCC
Dave Holman NHS West Kent CCG
Sue Scamell, KCC
Jill Roberts, CEO Sevenoaks Mind
James de Pury NHS West Kent CCG

2. The role of Kent's Live it Well on preventing mental ill health and promoting wellbeing.

The Live It Well Strategy and Kent's Health and Wellbeing Strategy vision in Kent is to:

- improve health outcomes,
- deliver better coordinated quality care,
- improve the public's experience of integrated health and social care services and,
- ensure that the individual is involved and at the heart of everything we do.

We have sought to use these themes in the Task and Finish Group's approach to meeting Public Health Outcomes Framework priority – a reduction in suicide - a key outcome for mental health commissioners. There are five core actions outlined in the Kent & Medway Suicide Prevention Plan which is being reviewed at this time. These are:

- Reducing risk in high risk groups
- Promoting the wellbeing in the wider population
- Reducing the availability and lethality of methods of suicide
- Improving reporting of suicides in the media
- Monitoring of suicides and statistics

A summary of the revised suicide prevention action plan will be shared with the Board and opportunities for west Kent to support the outcome will be flagged.

3. Gaps in Service Provision and Barriers to success

3.1 Communication with the Public

The T&F group identified that more can be done to make the public aware of the MH support that is available to them and those they care for. We looked at the communication resources that existed such as the Live it well website – www.liveitwell.org.uk which was a key product of the Live It Well strategy. The group recognised the strategy could be revisited and form part of a wider communication strategy and action plan to ensure greater understanding in West Kent of services available throughout the life course.

3.2 Education and the Workplace

There are many initiatives within schools and in workplaces to maintain health and improve wellbeing but it is difficult to map them or to have a strategic sense of their quality in West Kent. For schools, the recent changes in education has meant there is no direct control on what is offered in schools and governing bodies are able to set up the wellbeing and pupil support structures that seem most appropriate. It is not clear how good universal provision is, and how it complies with NICE Guidance on Emotional Health and Wellbeing in primary and secondary schools. There have been small scale reviews of compliance with NICE guidance such as when it was used by KCC Public Health to invite schools to submit an expression of interest in a school mentoring and web-based counselling service called Mindful. Mindful forms part of a range of school based interventions to maintain mental health and grow resilience that will be evaluated as part of Head Start the Big Lottery intervention in Kent.

Universal parenting provision. Parenting is most important determinant of mental health across the life course. It influences a child's ability to benefit from primary education and builds the confidence and skills that contribute to a successful secondary education. The infant's emotional and social brain is very plastic and it is the relationship with parents that shapes it. This dictates risk and resilience for mental illness and psychological distress throughout life. The current universal parenting support picture is unclear similar finding is also referenced in Children and Young people's task and Finish Group and will require a multiagency input.

Data quality issues. In our research into the mental health and wellbeing needs of the population of west Kent, we found data is poor on their ability to benefit from services. Data is often not available at the level and quality required. KCC Public Health will be revisiting data issues as part of an ongoing wider needs assessment process.

Workforce mental health and wellbeing. The workplace is a key environment to promote good mental health and there is a range of guidance on how to maintain and improve health and wellbeing in the workforce. Sevenoaks Mind is leading a major 'Chatter Matters' campaign based on improving health in the workplace amongst other objectives and it will link into the wider communications strategy. We are exploring supporting GPs through the flagging of workplace wellbeing support on GP systems such as DORIS and will feed progress back to the Board.

Six Ways to Wellbeing Campaign. KCC PH have worked with west Kent local authority partners to promote workplace wellbeing and to begin to build knowledge and understanding of the Six Ways to Wellbeing Wheel of Wellbeing (WOW) mental health promotion initiative developed by South London and Maudsley NHS Foundation Trust. The Kent Six Ways to Wellbeing campaign aims to improve people's understanding of mental health and well-being – in effect, social marketing the concept of mental wellbeing as a 'positive asset' that can be grown by both individual and collective action. The Six Ways to Wellbeing has the potential to provide a unifying theme across interventions and can be used in the context of every contact counts. The six themes are:

1. **Connect -** with family, friends, colleagues, neighbours
2. **Be active** - walk, run, garden, dance
3. **Take notice** - be curious, reflect on experiences
4. **Keep learning** - try something new
5. **Give** - doing something for others
6. **Care** - for the planet – sustainability

Community resilience in West Kent is the focus of an asset mapping exercise commissioned by KCC and will be reported back to the West Kent HWBB in the autumn.

Section 256 Services. West Kent CCG hosts the Programme Oversight Group is the strategic driver for mental health in West Kent, minutes and forward plan now shared with the Clinical Strategy Group. . It was agreed by T&F Group members that this is

the appropriate forum for developing Section 256 services. Section 256 provides funding for the Local Authority to support voluntary sector providers to provide the Services for people with mental health needs. The Section 256 agreement has been signed off and future plans will be shared with all HWBB partners as they are developed this financial year.

Conclusion:

Partners working together on the HWBB can help integrate the prevention of mental ill health and the promotion of mental wellbeing in West Kent.

5. Recommendations

Recommendation 1: Delivery of a Communication Strategy and Action Plan

- A meeting of communication leads across the West Kent HWBB partnership should be supported by the Board to work together to further develop a strategy and action plan that seeks to close the gap in the population's understanding of services available. KCC Public Health will facilitate the development of an integrated approach.

Recommendation 2: Promotion of the Six Ways to Wellbeing themes

- The Board is asked to support West Kent local authority Community Development Workers and other front line staff across the system to actively participate in presentations of Six Ways to Wellbeing campaigns in each District to improve their understanding of the six themes and and to encourage Six Ways workshops across West Kent.

Recommendation 3: Data Quality

- The Group recommends that West Kent Health and Wellbeing Board receive an update during the year from commissioners reviewing the quality of service data available to inform future needs assessments.

Recommendation 4: Workforce Mental Health and Wellbeing

- The Board is asked to note the growing interest in workplace wellbeing and to receive a presentation on what more can be achieved in West Kent.

Recommendation 5: Universal Parenting support.

- The Group recommends the Board supports a study of access and barriers to universal parenting opportunities in West Kent; KCC PH would be happy to work with partners in this review.

Recommendation 6: Update on Big Lottery Head Start

- Progress on the evaluation of the Head Start interventions will be shared with the Board later in the year.

Recommendation 7: Commissioning Section 256 services

- It is recommended that the Board receive a report in the autumn on progress being made commissioning services through Section 256.

Agenda Item 10

NHS
West Kent
Clinical Commissioning Group

NHS West Kent's update to WK HWBB; dementia

April 2014

Patient focused, providing quality, improving outcomes

NHS West Kent's dementia service audit

Introduction

Following recommendations from the West Kent Health and Wellbeing board (December 2013) and West Kent's clinical strategic group (February 2014) regarding dementia this short paper outlines the recommended objectives and summarises the findings from a service audit against these objectives. This service audit will be used to agree the action plan for dementia in West Kent for the next 5 years to support delivery of mapping the future. Please note the aims and objectives from the 2012-13 Kent and Medway dementia plan have been considered in the development of this report and progress against these in West Kent have been included in this paper.

NHS West Kent CCG Vision for the Future for Dementia

The vision for dementia care in West Kent is one where people receive a timely diagnosis so they can be well supported and enabled to make plans for their future and can continue to have a meaningful life in their local community for as long as possible. It is also one where dementia is seen as a long-term condition and managed well in primary care alongside people's other conditions, through the integrated care team, which will have access to specialist help and advice as appropriate.

Key outcomes

In February 2014 West Kent's clinical strategy group agreed the key outcomes for dementia are;

- **Improving diagnosis rates by 24%**, the national average is currently 48% and West Kent 42% against an ambition to reach 66% by March 2015, by increasing awareness, providing training, provision of an effective dementia assessment service and dementia support service
- **Increase length of stay at home** by providing crisis and carers support and by supporting people to live well with their dementia
- **Reducing hospital admissions** by supporting dementia suffers and carers with changing health and care needs at their own homes
- **Reducing length of hospital stay** by Improving acute hospital care and enable timely return to home or care home. The CCG aims to reduce excess bed days next financial year by 10%
- **Allow all dementia patients expected to die at their preferred place of death** by providing End of Life support

Recommendations from the West Kent Health and Wellbeing board (December 2013)

- West Kent needs to explore how can we focus on prevention of dementia: *There is no certain way to prevent all types of dementia. However, a healthy lifestyle can help lower risk of developing dementia when you are older. It can also prevent cardiovascular diseases, such a strokes and heart attacks.*
- There needs to be links with housing and the KCC's accommodation strategy for people with Dementia *– KCC have drafted the accommodation strategy and dementia is a key component of this*
- Patient and carer experience should be prioritised regarding service planning for people with dementia*– service users and carers in West Kent are being involved in developing the plan on a page for dementia and their invaluable insights will be included in this work*

•There should be case note audits undertaken for people admitted to care homes/the acute trust considering if these were inappropriate why is this – identifying gaps across the system including support to ensure safe risks can be taken to support people in the community – *this has not been undertaken to date and plans are being developed to undertake this*

•Are prescribing rates in WK higher/lower/same as the national average for dementia drugs- *The rate of Anti-Dementia Medication Items per 1000 patients in WK is lower than national levels*

•A report regarding dementia friendly communities should be tabled at the WK HWBB – *KCC are drafting a report for dementia friendly communities in West Kent*

•Are projections regarding increasing numbers of people with dementia based just on age? If so should this be reviewed? *It has been confirmed that projections use POPPI and PANSI estimates of dementia prevalence which are based upon age and gender. PANSI relates to people aged 30-64 and POPPI to people aged 65+. Public health are looking at enhancing their modelling capability, but this methodology is standard practice to date.*

•Need to consider how will WK address people not wanting a diagnosis of dementia? *There are discussions with the mental health trust regarding how people can be encouraged to seek a diagnosis of dementia. This includes enhanced communication between the practitioner and the patient*

Appendix 1 summarises the recommended strategic objectives for West Kent and dementia and progress against each objective.

Conclusion:

The work of Task and Finish Group is still ongoing and the Board is asked to note the progress made to date. All parts of the health and care system will need to work in

collaboration to achieve good health outcomes for the population with Dementia and their carers. A service audit is currently being undertaken to identify gaps in the service provision/ utilisation. The findings from this audit will inform service redesign / future commissioning intentions.

Recommendations:

The Board Members are asked:

- to note progress made to date and endorse the approach taken to address outcomes for population with Dementia; to complete the service audit for dementia in West Kent by July 2014 and agree an implementation plan to improve the physical, emotional and social wellbeing for people with dementia and their carers in West Kent.
- to provide support from their individual organisations to successfully improve the wellbeing for people with dementia and their carers in West Kent. Collaborative working is required from the CCG, Public Health, county council, districts and borough councils, the voluntary sector, the independent sector and Health and Social care providers.

Strategic objective	What is happening now in West Kent?
To ensure patient and carer engagement in dementia in reviewing existing services and designing any new services	• In West Kent a questionnaire was undertaken by people with dementia and their carers. 199 questionnaires were received. The majority of these were posted or given to carers and people with dementia by Crossroads, the ADSS and the Alzheimer's Society. A summary of these responses are available in a separate report
To raise public and professional awareness about and reduce stigma associated with dementia	• Dementia friendly communities are being developed in the following geographical areas; Tonbridge and Malling / West Malling Village, Tunbridge Wells and Maidstone • A communication campaign is being developed for dementia awareness week (18th-24th May 2014) and will encourage people to talk about dementia, providing case studies in West Kent including Dementia friendly communities
To ensure people with dementia are proactively supported to improve their physical, emotional and social wellbeing	• Use of risk stratification and Integrated working through multi-disciplinary teams; Risk stratification identifies patients at risk of hospitalisation based on last 12 months hospital activity and although this in not dementia specific it will include some patients with dementia. Personalised care plans will be developed with patients and carers and shared with professionals who support the person with dementia
To ensure that people with dementia are supported at the end of their life	• To enable people to plan for their end of life (advance care plans, DNARs) and to enable people with dementia to die in their place of choice; these should be built into assessment/care planning. • The palliative care LES return includes a column that asks practices to record patients on the EOLC register who is frail elderly/dementia so we have quarterly records by practice/locality. However not all frail elderly will have dementia
To ensure carers for people with dementia are supported to improve their physical, emotional and social wellbeing	• The carers crisis service is being underutilised in WK • The performance report for Carers short breaks (Nov 13 – end Jan 14) shows WK has the highest Distribution of delivered hours against Carer population (almost 30%). However WK does not have the highest use of the urgent services • The Quarterly Performance Report for Carers Assessment and Support Services (Q3) advises for WK the following is being achieved; assist to identify new carers within the locality. The following target is amber; Assist to identify carers from seldom heard communities • Across Kent the second highest category for Client groups supported by carers identified is dementia (physical disability is the highest) There is significantly higher Information, advice, guidance and signposting for South West Kent than Maidstone and Malling – in SWK there is also a higher number of carers assessments being offered

To ensure there is adequate accommodation and housing in West Kent for people with dementia	• The hospices support people with dementia both at the Hospice, in the community and in care homes. • There are gaps in affordable dementia residential care particularly in affluent areas of Tunbridge Wells and Sevenoaks, evidence of this is that only 20% of the people who live in Sevenoaks and need residential care are placed in Sevenoaks homes – due to high cost provision. There is very little provision for early onset of dementia service users (Stangrove Lodge has a small unit). Dementia Nursing is in short supply. • Most sheltered housing units across the WK area will support people with dementia to some degree, but the exact figures are not available. There are 2 extra care sheltered housing schemes in Maidstone (Tovil Green Court and Thomas Place) and 1 that covers the Sevenoaks (Emily Court) but there are no extra care schemes in Tonbridge or Tunbridge Wells. FSC commissions services in care homes which are out of County. However, the Accommodation Strategy indicates that across WK there are approx. 5,500 sheltered housing units. The proportion of the people who live in these settings who have dementia is not clear. • Community hospitals support people with dementia where this is appropriate NB if the facilities are deemed inappropriate and unsafe alternative accommodation will be sought where available. Each patient is assessed as an individual by each community hospital to ensure that we can meet their needs. The environment at Sevenoaks is not really suitable for this group for this type of patient as the ward is upstairs and it is difficult to prevent pts accessing the stairs. All the hospital staff have had dementia awareness training
To increase the number of people with a diagnosis of dementia and to increase the number of people receiving an early diagnosis and treatment	• 55 of the 62 WK GP practices have provided the CCG with the number of people currently on their dementia register – this information is provided in a separate report. This suggests the poorest early diagnosis rates are in Weald and TTW
For people with dementia and their carers to be provided with post-diagnostic support	• The highest average attendance per session at Dementia cafes in WK are in Maidstone although 4 other localities in Kent have higher attendance (total localities in Kent =20). Tunbridge Wells has the lowest average attendance per session in WK • NHS WK CCG and KCC grant fund the Alzheimer's society to provide peer support workers; 2 in Maidstone and 1 in TTW There are 8 Peer Support Groups in Kent and 4 in WK; Maidstone, Sevenoaks, TW and West Malling. In WK Sevenoaks seems to have the lowest attendance levels
For assistive technology to support people with dementia to effectively manage their physical, emotional and social wellbeing in their own	• Telecare usage within KCC is broken down by Social service locality at present. In terms of assessment and monitoring KCC are in the process of setting up assessment proximity monitoring pilots through a company called 'just checking'. KCC are also looking to trial a range of GPS trackers which can potentially contribute to the safety of people with dementia. All Telecare provision is based on eligibility to FACS and is allocated on a needs basis. Therefore in theory there should not be any inequalities. Gaps will occur if the person requiring Telecare services is not known to KCC. • Tele-health; the overall level of numbers involved is still quite small (less than 20 since April 2013) and suggests potential for

home	improvement and growth; we cannot currently provide any further breakdown of this information within the West Kent locality, or by specific condition.
When a person with dementia is admitted to an acute general hospital, they have their privacy and dignity respected and staff have the right skills to provide good quality care	• At TWH an area outside one of the elderly care wards has been made dementia friendly and is designed as a café area. Patients can eat their meals in this area, providing social stimulation in a non-clinical environment as well as undertaking activities. • At Maidstone Hospital the day room on the elderly care ward has been improved to make it dementia friendly together with an activities co-ordinator for the patients with dementia. This entails providing cognitive stimulation as well as exercise classes for these patients, and also a sociable area for them to eat their lunch. • MTW have a full training programme established at MTW to ensure staff have the right skills to provide good quality care.
To ensure the appropriate use of prescribing of anti-dementia drugs	• There is a very large gap between the expected number of people with dementia, and those identified and a small gap between those identified and the number of people receiving ant-dementia medicines. Please note liquid is not included medication because it is not possible to estimate dose for this and therefore impossible to calculate the number of patients • Very little medication was prescribed in primary care until 1 April 2013 when shared care was introduced. All practices are now prescribing some anti-dementia drugs although some levels are low. These practices should be targeted for training and encouragement and encouraged to accept more shared care anti-dementia prescribing. Low prescribing GPs could be encouraged to attend training or/and buddied with a higher prescribing practice for support • Please note some of the patients will be receiving medication from KMPT which is not shown and there will always be some patients for whom the medication is not suitable and some who do not want it. As more patients are identified more prescribing will occur.
For people with dementia and/or their carers to be supported in a crisis to prevent access to acute services	• The dementia crisis service (Meritum and Crossroads); the highest use of the service in WK is Tonbridge, Tunbridge Wells and the Weald and the lowest use is in Invicta.