

WEST KENT CCG HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON 15 JULY 2014

Present: Dr Bob Bowes (Chairman) and Gail Arnold, Alison Broom, Councillor Alison Cook, Jane Heeley, Dr Caroline Jessel, Dr Tony Jones, Mark Lemon, Councillor John Perry (substituting for Councillor Annabelle Blackmore), Sarah Richards (substituting for William Benson), Penny Southern, Malti Varshney, Councillor Lynne Weatherly and Kelly Webb (substituting for Lesley Bowles)

In Attendance: Steve Charman, Mark Gilbert, James Harman, Louise Matthews, Jess Mookherjee, and Ivan Rudd

1. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from Julie Beilby, William Benson, Councillor Annabelle Blackmore, Lesley Bowles, Hayley Brooks, Councillor Roger Gough, Fran Holgate, Dave Holman, Jonathan MacDonald, Councillor Mark Rhodes and Dr Sanjay Singh.

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE MEETING HELD ON 15 APRIL 2014

RESOLVED: That the Minutes of the meeting held on 15 April 2014 be approved as a correct record.

4. CHILDREN'S OPERATIONAL GROUP UPDATE AND NEXT STEPS

Steve Charman and James Harman presented a paper updating the Board on the role of the new Children's Operational Groups (COGs) and their governance, membership and meeting arrangements. It was noted that concerns had been expressed across the West Kent local authorities about the loss of a district perspective and a number of Councils had set up their own children's groups/partnerships with their own agendas. Members of the Board commented that:

- There was a need for a discussion on how wide the remit of the COG should be, including its influence over commissioning, to inform decisions on membership.
- There was confusion as to whether the COG was meant to be "operational" or "strategic".

- The proposed terms of reference of the COG should be refined to avoid duplication and to provide direction, accountability and a stronger link back to the West Kent Health and Wellbeing Board.
- The role and terms of reference of the COG should be aligned to the Kent Joint Health and Wellbeing Strategy, the first priority of which was the interest and wellbeing of children.
- Membership of the Board should include Public Health and other health sector representatives and representatives of other genuinely interested groups.
- The role of the COG should include mapping service provision, identifying gaps in provision and promoting opportunities for integrated commissioning and service delivery.

The Chairman suggested that, having regard to the issues raised, he should write to the district Chief Executives, Kent County Council and the CCG with a view to setting up a working group to look in greater detail at the role, terms of reference, governance arrangements and membership of the new COG.

RESOLVED: That the proposal to set up a working group to look in greater detail at the role, terms of reference, governance arrangements and membership of the new COG be endorsed.

5. MENTAL HEALTH NEEDS ASSESSMENT FOR WEST KENT

Jess Mookherjee presented an overview of mental health needs in West Kent, making reference to:

- The commitment made in the Government's Mental Health Strategy "No Health without Mental Health" to parity of esteem between mental and physical health services and the clear objective to improve the physical health of those with a mental disorder.
- "Time to Change", a high profile national campaign aimed to end the stigma and discrimination faced by people who experience mental health problems.
- The likelihood of adults with symptoms of mental health disorder having co-morbid conditions.
- Risk factors, vulnerable groups, the prevalence of mental health disorders by age and gender, the likelihood of people suffering from mental illness in certain geographical areas, and ways to improve resilience.

Members of the Board commented that:

- Effective communication was required so that people are aware of the mental health and wellbeing support services available.

- Partnership in Action could provide a directory of services for cross referrals.
- Inequalities should be addressed through the targeted commissioning and delivery of services.
- There was a role for the Board in ensuring that patients with mental health problems have medical health checks.

RESOLVED: That the presentation be noted with interest.

6. FEEDBACK FROM TASK AND FINISH GROUP FOR MENTAL HEALTH

Ivan Rudd presented the findings and recommendations of the Mental Health and Wellbeing Task and Finish Group. Mr Rudd explained that the Group had focused on the following issues:

- Mental health improvement opportunities funded by Section 256;
- Opportunities for supporting employers and schools in prevention;
- The need for a communications strategy to make sure that everyone who might need the service finds it easy to access; and
- How to build community resilience, including what would district/borough councils and the various sectors of the NHS need to do to enhance this?

Members of the Board commented that although district/borough councils were well engaged in workplace health and wellbeing initiatives, more support was needed from the local business community, and this was being addressed.

RESOLVED:

1. That the Programme Oversight Group chaired by the West Kent CCG is the appropriate forum for exploring the development of Section 256 services.
2. That the Children's Operational Group when in place should consider as a priority the emotional health and wellbeing support available in schools and also the merits of a review of access and barriers to universal parenting opportunities in West Kent.
3. That the growing interest in workplace health and wellbeing be noted and that arrangements be made for the Board to receive a presentation in due course on the progress being made and what can be achieved.
4. That the Live it Well Strategy should be refreshed and that the revision process should form part of a wider communication strategy with an action plan to ensure greater understanding in West Kent of services available throughout the life course.

5. That the Task and Finish Group should continue to develop its community resilience work, but the membership of the Group should be reviewed to include people with the appropriate skills and expertise to take this forward.

7. BETTER CARE FUND UPDATE AND NEXT STEPS

Louise Matthews introduced a paper updating the position with regard to the Better Care Fund (BCF), the purpose of which was to ensure a transformation in integrated health and social care. It was noted that:

- The Department of Health and the Department for Communities and Local Government had reviewed the first set of local plans for the BCF. Initial feedback suggested that there were national concerns that the BCF plans did not sufficiently evidence how the two major aims of improving patient care and easing financial pressure on the NHS would be met; that there was insufficient detail about the potential savings the BCF could deliver; and that local plans to implement the policy had not evidenced the impact on the acute sector. A revised set of templates would be issued to address these concerns.
- Informally the NHS England Area Team had shared with the West Kent CCG revised templates that were being used for fast tracked sign-off for three areas of the south only to provide an insight as to what it was expected the revised template would look like for all other plans.
- A series of changes aimed at improving the BCF were set out in a Government press release issued on 5 July 2014. The changes related to the financial management of the risks associated with failure to reduce emergency admissions. Specifically, up to £1 billion of the BCF would be allocated to local areas to spend on out of hospital services but the actual portion of this available to spend on BCF initiatives would depend on the level of performance in reducing emergency admissions.

Members of the Board expressed concern about the potential impact of the changes on the resilience of the NHS and the implications of the target for reducing emergency admissions not being met. It was suggested that when BCF plans were being formulated, consideration should be given to the impact of the resultant shift in resources and that representatives of the Ambulance Trust and NHS 111 should be involved in discussions on the delivery of the plans.

RESOLVED: That the action required to achieve a Kent Better Care Fund final submission be noted and that subject to the issues raised in the discussion, the next steps outlined in the CCG paper be endorsed.

8. LOCAL ASSURANCE REPORT

Mark Gilbert advised the Board that the Kent Health and Wellbeing Board had developed an assurance framework that included a range of activity and outcome indicators from across the health and social care system in Kent. The aim was to provide updates on a regular basis to highlight whether indicators were progressing in the right direction. Mr Gilbert then presented a report providing a specific West Kent overview of these indicators. It was noted that the targets could be reset to provide a more localised perspective.

Members of the Board commented that:

- A subset of indicators was needed to enable the Board to address area based health inequalities and to compare performance with that of areas with similar demographic profiles. Mr Gilbert indicated that this could be looked at.
- An innovative approach was required to encourage individuals to make healthy lifestyle choices and to make every contact count.

RESOLVED:

1. That the report be noted.
2. That ownership of the framework be approved for the purposes of regular monitoring of the agreed indicators.

9. CARE QUALITY COMMISSION - SAFEGUARDING REVIEW

The Chairman updated the Board on the findings and recommendations of the Care Quality Commission arising from its recent review of health services for looked after children and safeguarding arrangements within health for all children in the West Kent, Dartford, Gravesham and Swanley, and Swale areas. It was noted that the CCG was pulling together a joint action plan with partners to implement all of the recommendations made by the review.

RESOLVED: That the report be noted.

10. DATE OF NEXT MEETING

RESOLVED:

1. That the next meeting of the Board be arranged to take place at 4.00 p.m. on Tuesday 16 September 2014 at The Gateway, King Street, Maidstone.
2. That subsequent meetings of the Board should be arranged to take place at other Council offices within the West Kent area on a rotational basis.

11. DURATION OF MEETING

4.15 p.m. to 6.20 p.m.