

WEST KENT CCG HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON TUESDAY 15 APRIL 2014

Present: Dr Bob Bowes (Chairman) and Gail Arnold, Hayley Brooks, Alison Broom, Councillor Richard Davison, Tristan Godfrey, County Councillor Roger Gough, Jane Heeley, Steve Inett, Dr Caroline Jessel, Dr Tony Jones, Councillor Brian Lukker, Jonathan MacDonald, Mairead MacNeil, Dr Sanjay Singh, Malti Varshney and Tracy Veasey

In Attendance: Julie Beilby, Alexandra Dave, Katie Latchford and Martine McCahon

1. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from William Benson, Lesley Bowles, Councillor John Cunningham, Dave Holman, James Lampert, Mark Lemon and Dr Meriel Wynter.

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE MEETING HELD ON 18 MARCH 2014

RESOLVED: That the Minutes of the meeting held on 18 March 2014 be approved as a correct record.

4. MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 18 MARCH 2014

Minute 9 – Children’s Operational Groups

In response to a question, the Chairman said that he had written to Kent County Council seeking clarification regarding the role of the new Children’s Operational Groups (COGs) and their governance arrangements, and a reply was awaited. The decision to establish the Children’s Operational Groups as sub-groups of the local Health and Wellbeing Boards, accountable to them for the effective delivery of their programmes, brought new responsibilities which would need to be discharged.

Julie Beilby advised the Board that the establishment of the new COGs had been discussed by the Kent Chief Executives who had expressed concern, particularly about the loss of a District perspective. She would refer the need for further clarification back to the Kent Chief Executives with a view to them raising the matter with the County Council.

5. OVERVIEW OF TASK AND FINISH GROUPS

Malti Varshney presented an overview of the Task and Finish Groups which had been established to review how collaborative working and the co-ordinated provision of services could better address specific causes of ill health and tackle health inequalities. Reference was made in the presentation to (a) the topics covered by the Task and Finish Groups and their common objectives and findings and (b) the lessons learned, the recommended way forward and the key challenges which had been identified.

In response to a question as to whether any interventions had been identified which might address all cases, Malti explained that every contact should count and issues relating to system connectivity needed to be addressed to enable people to be directed to the right place. Partner organisations should be identifying individuals/teams that could be trained to deliver quick, brief advice to high risk groups, targeting in particular unhealthy lifestyle choices such as alcohol and tobacco.

RESOLVED: That the presentation be noted with interest.

6. CHILDHOOD OBESITY TASK AND FINISH GROUP

Katie Latchford presented the findings and recommendations of the Childhood Obesity Task and Finish Group.

Members of the Board commented that:

- Consideration should be given to the provision of comprehensive joined-up services for women with a high BMI during pregnancy.
- There was reluctance on the part of professionals at all levels to talk about weight to children, young people and their families, and this meant that potential weight management referrals were slipping through the net.
- There were nationally mandated activities in relation to childhood obesity. In Kent there was also the Workplace Health Programme. No work had been undertaken locally to engage with the food industry.
- There was a need to work with schools on initiatives to tackle obesity in children and young people, promote healthy lifestyles and increase physical activity. As an example, schools could be encouraged to remove vending machines that offer unhealthy foods from their buildings.
- There was a need for a simple strategy with a comprehensive, integrated approach to screening, prevention, early intervention and commissioning aimed particularly at children aged 0-5 years and adolescents.

- There was a need to promote local leadership at all levels with strategic leadership through the Health and Wellbeing Board. Consideration could be given to the appointment of a person to champion the cause and move things forward.
- The possibility of promoting healthy eating in association with local food producers should be explored.
- Children’s centres were well placed to engage with families and children at an early stage and to offer interventions to start to build healthy eating habits.
- There was a real opportunity to promote the commissioning of services to tackle obesity in children and young people in a different, comprehensive joined-up way. For example, adhoc programmes were currently being commissioned by District Councils whereas a systematic commissioned approach was required. Council departments such as planning and leisure should be fully involved to ensure a joined-up approach.

RESOLVED:

1. That the report of the Childhood Obesity Task and Finish Group be noted.
2. That the Group be requested to give further consideration to the points raised in the discussion; in particular, the possible use of Children’s Centres as providers and the need to (a) raise the profile of obesity in children and young people and (b) to promote prevention through education.

7. **CHILDREN AND YOUNG PEOPLE TASK AND FINISH GROUP**

Malti Varshney presented the findings and recommendations of the Children and Young People Task and Finish Group. Malti explained that the Group had identified that the current governance framework for achieving outcomes in services for children and young people needed to be strengthened. There were opportunities for integrated commissioning, provision or person centred approaches, but these could only be progressed if representation, reporting and lines of accountability between the Board and decision making bodies at different geographies could be established. Progress was being made against priorities, but clarity of leadership, purpose and expectation was required. Schools and colleges were key partners in the delivery of health and wellbeing outcomes for children and young people, but were largely absent from West Kent Health and Wellbeing Board discussions and decision making.

Members commented that:

- There was a need to engage education providers in the Board’s discussions and decision making regarding the health and wellbeing of children and young people.

- In terms of the proposed establishment of a Sub-Group of the Board to progress the health and wellbeing of children and young people, clarification was required as to the role of the new Children's Operational Group (COG) to avoid duplication.
- Given the current uncertainty regarding the role of the COG, it could be argued, if it was considered that there was potential for improvement, that there was a case for the establishment of a Children's/Young People's Sub-Group of the Board which would build upon common themes whilst having regard to different District needs.

RESOLVED: That further consideration be given to the establishment of a Children's/Young People's Sub-Group of the Board to address the conclusions and recommendations of the Task and Finish Group at the proposed Board development event, taking into account the implications of the decision to establish the COGs on Health and Wellbeing Board boundaries.

8. TOBACCO CONTROL AND SMOKING CESSATION TASK AND FINISH GROUP

Jane Heeley presented the conclusions and recommendations of the Tobacco Control and Smoking Cessation Task and Finish Group. Jane explained that the whole agenda in relation to smoking cessation was more advanced as smoking remained the main cause of preventative death. The Task and Finish Group had developed a multi-agency action plan that focused on supporting and developing capacity in tobacco control to take forward tobacco control initiatives.

Members of the Board commented that:

- Districts could engage with employers through the Work Place Wellbeing Charter on initiatives relating to tobacco control and smoking cessation.
- National advertising in relation to the health risks associated with smoking was blatant. It was the issue of denial that needed to be addressed.
- Training was needed to overcome the perception on behalf of health practitioners of having to deliver a difficult message in relation to smoking.
- In terms of "Making Every Contact Count", stakeholder organisations should be identifying key staff and services well placed to deliver "very brief advice" and generate referrals. The provision of "very brief advice" should be incorporated into service specifications and contracts.

- The skills of frontline staff should be developed to enable them to encourage and support patients to adopt healthier lifestyles and to signpost them to appropriate preventive services.

RESOLVED: That the recommendations of the Task and Finish Group be endorsed.

9. MENTAL HEALTH AND WELLBEING TASK AND FINISH GROUP

RESOLVED: That consideration of the report of the Mental Health and Wellbeing Task and Finish Group be postponed until the next meeting of the Board.

10. PROGRESS TO DATE ON DEMENTIA TASK AND FINISH GROUP

Martine McCahon updated the Board on the progress made to date by the Dementia Task and Finish Group. It was noted that all parts of the health and care system would need to work in collaboration to achieve good health outcomes for people with dementia and their carers. A service audit was being undertaken to identify gaps in service provision/utilisation. The findings from the audit would inform service redesign/future integrated commissioning intentions.

Members of the Board commented that:

- There was a need to ensure that people with dementia are proactively supported to improve their physical, emotional and social wellbeing and to raise public and professional awareness of dementia by, for example, developing dementia friendly communities in West Kent.
- The vision for dementia care was moving from a medically based model of health care to a social model.

RESOLVED: That the progress made to date by the Task and Finish Group be noted, and that the recommendations of the Group be endorsed.

11. BOARD DEVELOPMENT PROGRAMME

The Board gave further consideration to its role, responsibilities and ambitions.

Members of the Board commented that:

- Consideration should be given to the development of the democratic element in the work of the Board and the costs/benefits of building health and wellbeing into the culture of all public service providers.
- The Kent Health and Wellbeing Board provided an overview of the health system in Kent and strategic direction, but the West Kent Health and Wellbeing Board could lead and advise on the

development of CCG level integrated commissioning strategies and plans and monitor outcomes. There was potential to influence commissioning and provision across the NHS, social care, public health and district councils etc. to ensure that resources were directed where required.

- The opportunity should be taken to promote the role and responsibilities of the Board and its relationship with providers.
- Education was the common denominator and resources were required to provide leadership on the commissioning and provision of services.
- A whole system approach was required to the effective commissioning of plans and services.
- It was disappointing that there were no elected Members on the Board of the CCG.

RESOLVED: That the points raised in the discussion be taken into account at the forthcoming Board development event.

12. DATE OF NEXT MEETING

RESOLVED: That the next meeting of the Board be arranged to take place on Tuesday 17 June 2014 at a venue within the West Kent area to be finalised. The meeting should commence early in the afternoon and take the form of a development session with the discussion led by a facilitator.

13. DURATION OF MEETING

4.00 p.m. to 6.05 p.m.