

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

### **MINUTES OF THE MEETING HELD ON TUESDAY 16 SEPTEMBER 2014**

**Present:** Dr Bob Bowes (Chairman) and Julie Beilby, Benson, Mrs Blackmore, Bowles, Broom, Gough, Heeley, Holgate, Jones, Lemon, Varshney and Weatherly

**In attendance:** Louise Matthews and Linda Smith

12. **APOLOGIES FOR ABSENCE**

It was noted that apologies for absence had been received from Penny Southern, Gail Arnold, Dr Caroline Jessel, Reg Middleton, Dr Sanjay Singh and Councillor Mrs Alison Cook.

13. **DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**

There were none.

14. **MINUTES OF THE MEETING HELD ON 15 JULY 2014**

It was agreed that the bullet points as minuted under Item 5 – Mental Health Needs Assessment for West Kent were important issues that should be kept sight of by the Board and that this should therefore become a regular agenda item.

**RESOLVED:** That the Minutes of the meeting held on 15 July 2014 be approved as a correct record and Mental Health Needs Assessment for West Kent should become a regular agenda item.

15. **BOARD DEVELOPMENT AND COG UPDATE - DR BOB BOWES**

Dr Bowes gave a presentation to the Board following the work undertaken with John Deffenbaugh. This detailed the journey through JSNA to the WKCCG HWB and who the commissioners were and who the Board providers are.

The Chairman suggested that the next meeting be dedicated to the future development of the Board and the way it is constituted.

A member of the Board suggested that an assessment should be carried out on the Children's Joint Strategy. Malti Varshney (MV) advised that this had last been carried out in 2010. She undertook to circulate a copy with the minutes.

**RESOLVED:** That the next meeting be dedicated to the future development of the Board.

16. BETTER CARE FUND UPDATE, CCG - GAIL ARNOLD/LOUISE MATTHEWS

Louise Matthews, after circulating the papers for the Better Care Fund, emphasised that the plan needed to be submitted by 12 noon on 19<sup>th</sup> September 2014 and asked for any further comments to be submitted to her by Thursday, 18<sup>th</sup> September.

The Board's attention was drawn to the following:-

- \* that major changes had been made around the case for change from page 9
- \* Section 4 Plan of Action on Page 13 – more detail had been given on the schemes and the details behind them
- \* Section 5 – Risks and Contingency - although the risk factors had not changed greatly, more linkage had been included with strategic plans
- \* Section 7 – more detail added to iii) onwards
- \* Section 8 – More on engagement, separating it out
- \* Annexes – repackaging the information, investment requirements and key success factors

The Board noted the financial aspects of this submission, which included a saving of £1.9m if A&E admissions could be reduced by 3.5%. The savings would go into a Kent pot and then redistributed to all the districts.

It was noted and agreed that money received for payment by results that comes in for health and social care should be monitored by the Board.

The Board was asked to sign up to the submission and this was agreed. Although some concern was raised as to the level of funding as a whole across all districts.

The Board acknowledged that this was a significant part of the process to get to where they wanted to be. However, it recognised that this only covered about 4% of the budget.

The Board thanked Louise and Gail for their hard work in producing this submission.

**RESOLVED:** That the Board agree and sign up to the Better Care Fund submission.

17. KENT JOINT HEALTH AND WELLBEING STRATEGY; WEST KENT HEALTH AND WELLBEING BOARD'S PARTNER ORGANISATIONS' PLANS FOR PUBLIC ENGAGEMENT, IDENTIFICATION OF GAPS AND PLANS TO CLOSE THEM - DR BOB BOWES

The Chairman emphasised that a report needed to be brought to the Board in November.

Members of the Board commented that:

- a questionnaire had been put on the KCC website which related to the Healthy Weight Promotion and it indicated that the new service would go live in April. This could have implications for other Districts who are carrying out their own service. MV stated that the exercise was to look at what model of commissioning should be taken but no decisions had been taken.
- should the Board look at cold designing of services, ask other colleagues for their suggestions
- should the Board be talking about a partnership service rather than commissioning which is vital to the Board for development

**RESOLVED:** That a report be brought to the Board in November on this issue.

18. KENT JOINT HEALTH AND WELLBEING STRATEGY; WEST KENT HEALTH AND WELLBEING BOARD'S PARTNER ORGANISATIONS' PLANS FOR IMPLEMENTATION, IDENTIFICATION OF GAPS AND PLANS TO CLOSE THEM - DR BOB BOWES

The Chairman introduced this item and emphasised that any areas identified where there was gaps needed to be fed back to him.

**RESOLVED:** That information from partners should be fed back to the Chairman.

19. WEST KENT TOBACCO CONTROL AND SMOKING CESSATION WORKING GROUP - JANE HEELEY

Jane Heeley introduced this item by explaining that the action plan had been presented to the Board in April and following a development session which focused on how all partners could collectively work to address population needs, six principles were identified, which were:

- Problem-based approach
- Articulate ambition
- Population level
- Audiences

- Risk sharing
- Holding to account

The Board noted that:

- although there was a lot of success in reducing smoking nationally, there was still a high rate of smoking related deaths
- there was an emerging picture related to e-cigarettes and there needed to be a piece of work undertaken on this
- there needs to be more advocates within services that can talk confidently to people they come into contact with about quitting smoking, it was noted that a half day training session was available
- rates of referrals by GPs to the scheme had declined but this was thought to be somewhat due to the increased usage of e-cigarettes
- various initiatives had been introduced, including trading standards identifying hot spots where teenagers buy their cigarettes and talking to the shop owners
- GPs had indicated that patients prefer to go to local groups when referred and children seem to respond better when approached within school, rather than on their way out
- It maybe worthwhile engaging with local landlords and housing association to spread the message
- Work had been taken place with the Chamber of Commerce to promote the Healthy Business Award
- A lot of work on the Home First scheme had been carried out – an initiative to help older people stay well and independent
- Work was ongoing to target disadvantaged areas

**RESOLVED:** That the Board noted the approach taken so far and agreed to sign up to the Local Government Declaration on Tobacco control. Jane Heeley stated that she would circulate it to Board Members and also to partners to take this forward.

20. ALCOHOL STRATEGY FOR KENT 2014-2016 - LINDA SMITH

Linda Smith gave a presentation to the Board on the Kent Alcohol Strategy 2014-2016 that was approved by Kent Adult Social Care and Health Cabinet Committee earlier this year.

The key aims of the Alcohol Strategy for Kent 2014-2016 are to:

- a) reduce alcohol related specific deaths
- b) continue to reduce alcohol-related disorder and violence year on year
- c) raise awareness of alcohol-related harm in the population
- d) increase pro-active identification and brief advice at primary care
- e) increase numbers referred into treatment providers as appropriate

Six Pledges have been developed which are:-

**Prevention and Identification** – Identification and Brief Advice in Primary Care and pharmacies, training, social marketing and targeted promotion

**Treatment** – Improve liaison at A&E

**Enforcement and Responsibility** – Tackling night-time economy, reduction of violence, use of crime and community partnerships, spot checks on traders, working with industry

**Local Action** – Continue good practice using KCAP model and expand into areas where there is no KCAP

**Vulnerable groups and inequalities** – Priorities dual diagnosis by improving the links between mental health workers and substance misuse treatment providers, domestic violence awareness campaigns and working with perpetrators

**Children and young people** – Continue with Riskit, lead a Kent-wide campaign, co-ordinate hidden harm strategy linked to KIASS, systematic screening in A&E

The Board noted that:-

- the majority of people in West Kent and the UK consume alcohol responsibly, however excessive consumption of alcohol is a growing problem in Kent and nationally
- Alcohol contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption
- Liver disease is almost wholly attributed to alcohol misuse and is the fifth largest cause of death in England
- It is a huge cost to the public purse but many costs are not able to be taken into account
- In Kent it is estimated that alcohol harm accounts for approx £108m of health commissioning resource each year
- Initiatives include shops/clubs stocking only alcohol reduced wines and spirits (trialled in Brighton)

**RESOLVED**: That the Board:

- a) noted the report and agreed the key actions from the strategy;
- b) agree to the development of a Local Alcohol Action Plan to

implement the Kent Alcohol Strategy; and

- c) agree to the creation of a multi-partner Task and Finish Group which would address the six pledges.

21. TEENAGE PREGNANCY STRATEGY CONSULTATION - MALTI VARSHNEY

Malti Varshney updated the Board on the work being undertaken in relation to the teenage pregnancy strategy. It was noted the consultation had now finished on the website and all the feedback was being collated which would inform the final version of the strategy.

**RESOLVED:** That the action taken to date be noted.

22. ANY OTHER BUSINESS

Dentistry – The Board had a discussion on access to NHS dentistry which the lack of appeared to be huge problem in Kent, especially for older people.

**RESOLVED:** That Board Members feed back to the Chairman to appraise him of any experiences that they had heard about (within the next couple of weeks) and he would write to NHS England to express the concerns on behalf of the Board.

23. DATE OF NEXT MEETING

The next meeting would be held at Tonbridge & Malling Offices on 21 October 2014 starting at 4 p.m. The meeting would include one agenda item, 'Development of the Board'.