

**West Kent Health and Wellbeing Board Meeting**  
**17 October 2017, 16.00 -18.00**  
**Venue: Tonbridge & Malling Borough Council Offices, Gibson Drive,**  
**Kings Hill, West Malling, ME19 4LZ**

**A G E N D A**

<b>1.</b> <b>4.00pm</b>	<b>Welcome and Introductions</b>  Apologies and Substitutes	Chair
<b>2.</b>	<b>Declaration of Disclosable Pecuniary Interests</b>	All
<b>3.</b>	<b>Minutes of the Previous Meeting – 15 August 2017</b>	Chair
<b>4.</b>	<b>Matters Arising</b>	Chair
<b>5.</b> <b>4.10pm</b>	<b>Kent Health and Wellbeing Board Feedback</b>  - Future direction and fitness for purpose of the Kent HWB - Development of new Strategic Partnership bodies for West Kent and relationship with HWB	Cllr Roger Gough Chair Adam Wickings
<b>6.</b> <b>4.20pm</b>	<b>Feedback from Strategic Commissioners on Whole Systems Approach to Falls Prevention</b>	Public Health KCC CCG
<b>7.</b> <b>5.10pm</b>	<b>North Kent Pilot Children's Commissioning Model: Progress &amp; Future Prospects for Integration across West Kent</b>	KCC CCGs
<b>5.50pm</b>	<b>Any Other Business – Future Agenda Items</b>	
7.1	Outcomes Based Accountability and Outcomes Focused Commissioning	
7.2	Healthy Weight Task Group Update - December	
7.3	HWB Annual Review : <i>Future Role</i>	

8.	<b><u>Date Of Next Meeting</u></b> 19 December 2017	
9.	<b><u>Future Meeting Dates 2017 - 2018</u></b> <b>Tuesday 20 February 2018</b> <b>Tuesday 17 April 2018</b>  For any matters relating to the West Kent Health & Wellbeing Board, please contact:  Yvonne Wilson, Health & Wellbeing Partnerships Officer NHS West Kent CCG Email: <a href="mailto:yvonne.wilson10@nhs.net">yvonne.wilson10@nhs.net</a>	

**Draft Minutes of West Kent Health and Wellbeing Board Meeting**  
**15 August 2017 16.00 -18.00**  
**Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill,**  
**West Malling, Kent, ME19 4LZ**

**PRESENT:**

Dr Bob Bowes	Chair, NHS West Kent Clinical Commissioning Group Governing Body (NHS WK CCG)
Alison Broom	Chief Executive, Maidstone Borough Council (MBC)
Roger Gough	Cabinet Member, Kent County Council (KCC), Vice Chair
Tony Jones	GP Governing Body Member, NHS WK CCG
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Penny Graham	Healthwatch Kent
Gail Arnold	Chief Operating Officer (Transformation) NHS WK CCG
Piers Montague	Councillor, Tonbridge & Malling Borough Council (TMBC)
Dr Caroline Jessel	Lead for Clinical Outcomes & Transformation NHS England
Jane Heeley	Chief Environmental Health Officer, TMBC
Hayley Brooks	Head of Housing & Health, Sevenoaks District Council (SDC)

**IN ATTENDANCE:**

Heidi Ward	Health Improvement Manager, TMBC
Sarah Richards	Healthy Lifestyles Coordinator, TWBC
Anton Tavernier-Gustave	Healthy Living Project Officer, SDC
Yvonne Wilson (Minutes)	Health & Wellbeing Partnerships Officer, NHS WK CCG
Priscilla Kankam	Head of Primary Care & Medicines Optimisation, NHS WK CCG
Claire Griffiths	Head of Communities, West Kent Housing Association
Donna Clarke	Health & Social Care Co-ordinator, Kent Community Health Foundation Trust (KCHFT)
Jenny Wilders	Imago
Danny Hewis	Deputy CEO, INVOLVE
Stephanie Rhodes	Head of Service, KCHFT
Jacqueline Bobb	CEO Fusion Healthy Living Centre
Ann Taylor	Chair, Kent Integrated Care Alliance
Penny Nichols	Chief Officer, Age Concern, Malling
Libby Hoyle	Health & Social Care Co-ordinator, KCHFT
Adam Chalmers	Head of Partnerships & Engagement, TWBC
Diane Aslett	Development Officer, Age UK in Kent Consortium
Viv Lyons	Patient Representative, Self-Care Task Group
Christopher Woodley	Councillor, Vice Chair, Kent Association of Local Councils
Paul Clarke	Healthy Lifestyles Commissioning Officer, MBC
Jackie Sumner	Head of Community Investment, Town & Country Housing Group (TCHG)
Jo Tonkin	Public Health Specialist, KCC

## Agenda Item 3

<p>1.</p> <p>1.1</p> <p>1.2</p>	<p><b>Welcome and Introductions</b></p> <p>Dr Bob Bowes welcomed all present to the meeting, in particular those attending for the special Workshop Sessions on Mapping Community Assets and Self - Care/Social Prescribing. It was agreed that individual introductions would not be made given the numbers in attendance.</p> <p>Apologies were received from Gary Stevenson, Reg Middleton, Sanjay Singh, Cllr Lynne Weatherly, Julie Beilby, Penny Southern, Cllr Fay Gooch, Cllr Pat Bosley, Tristan Godfrey, Lesley Bowles (Hayley Brooks attending as substitute), Julie Bielby (Jane Heeley attending as substitute) and Emma Hanson.</p>	<p>Action</p>
<p>2.</p>	<p><b>Declaration of Disclosable Pecuniary Interests</b></p> <p>There were none.</p>	
<p>3.</p>	<p><b>Minutes of the Previous Meeting – 20 June 2017</b></p> <p>The minutes of the previous meeting were agreed as a true record.</p>	
<p>4.</p> <p>4.1</p>	<p><b>Matters Arising</b></p> <p>These were not considered as the Falls update was scheduled for the October Board Meeting and the Healthy Weight Task Group had yet to fully consider the outcome of the Board's June Workshop.</p>	<p>Identify Board meeting date for Healthy Weight Task Group Feed Back. BB/YW/JH</p>
<p>5.</p> <p>5.1</p> <p>5.2</p>	<p><b>Kent Health &amp; Wellbeing Board Feedback</b></p> <p>Cllr Roger Gough reported that following on the Local Government elections, Cllr Peter Oakford, Deputy Leader of KCC had taken on the role of Kent HWB Chair. Cllr Gough explained that the Kent Board had recognised the Kent &amp; Medway Sustainability &amp; Transformation Plan's (STP) emphasis on the importance of prevention but that there was a shrinking dedicated public health workforce and therefore changes required in the ways the public is supported to become more interested in changing their own behaviours and lifestyles.</p> <p>The Kent Board's new Chair would be reflecting on the Kent HWB's position in relation to the strategic demands of the STP and to articulate the role of HWBs so as to avoid duplication.</p>	<p>Future Agenda Item 17 October</p>

<p><b>6.</b></p> <p>6.1</p> <p>6.1.1</p> <p>6.1.2</p> <p>6.1.3</p> <p>6.1.4</p> <p>6.1.5</p>	<p><b>Workshop Session</b></p> <p><i>Community Based 'Asset Mapping'</i></p> <p>Emma Hanson was unable to fulfil the commitment to present the work KCC had embarked upon.</p> <p>Presentations were delivered by Sarah Richards and Jackie Sumner, Diane Aslett and Hayley Brooks, focussing on:</p> <ul style="list-style-type: none"> <li>a) Tunbridge Wells Borough Council Initiative</li> <li>b) Age UK (Kent) Personal Independence Project</li> <li>c) Sevenoaks District Council Community Asset Directory</li> </ul> <p>Points covered in the Tunbridge Wells Joint Presentation:</p> <ul style="list-style-type: none"> <li>• Addressing resident economic wellbeing and financial security ties into improved health status</li> <li>• Need to explore potential to align asset mapping work with GIS maps, NHS Digital, ONS and Kent Integrated Database (KID)</li> <li>• Demonstrated the value of partnership working in turning around people's lives using 'heat maps' where data about employment status; welfare benefits; health and care needs overlaid.</li> <li>• Use of volunteering; peer to peer support and local community development opportunities including environmental improvements showing success at building social cohesion and individual confidence.</li> <li>• Links with Walking For Health Group based in local GP Surgery and additional potential to help increase physical activity of local residents as result of improvements to the woods in Sherwood area.</li> </ul> <p>Points covered in the Sevenoaks District Council Presentation:</p> <ul style="list-style-type: none"> <li>• Under banner of One You, Kent, the council is working to develop a holistic assessment which supports access into services, engagement opportunities such as addressing housing, debt and employment to enable good foundations for health.</li> <li>• Focus on change, motivation, make and maintain change with the mapping of local assets across range of services provides a ready resource for new Wellbeing Advisors trained in motivational interviewing.</li> <li>• Local approach included offering community outreach assessment to cohort of benefits cap customers.</li> <li>• Interest also in establishing links to GP Practices/GP Clusters, with fledgling work with x2 specific Practices.</li> </ul> <p>Points covered in the Age UK Presentation:</p> <ul style="list-style-type: none"> <li>• Pilot trialled in 2014 where staff work alongside Health &amp;</li> </ul>	
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## Agenda Item 3

	<p>Social Care staff in Dartford, Gravesham &amp; Swanley, Swale and Canterbury Coastal areas to help those who might benefit from re-learning daily living skills; re-building confidence; at risk of social isolation.</p> <ul style="list-style-type: none"> <li>• Guided conversations held with the individual to explore needs, interests that guide personalised solution focused work.</li> <li>• Stressed this is not a sign-posting service but about seeing people themselves as assets – ‘volunteers recruited to order’ and offer peer-to-peer support.</li> <li>• Pilot developed a directory (records bus maps, routes/stopping points; local conveniences) to help connect people to what’s available and also relies heavily on social media</li> </ul>	
6.2	<i>Self-Care, Social Prescribing</i>	
6.2.1	<p>Dr Tony Jones updated the Board on the progress of the Self-Care Group which including members from the CCG; Public Health, District and Borough Councils and community, voluntary sector and outlined ways in which the group had enabled development of a shared approach to social prescribing and self-care that informed work agencies promoted separately and increasing in partnership, through alignment of activities.</p>	
6.2.2	<p>Dr Tony Jones invited the audience to consider the following issues which the Task Group had explored together in its meetings and events which included input from the CCG Medicines Optimisation Team; Public Health Campaigns Manager; Citizens Advice Alliance:</p> <ul style="list-style-type: none"> <li>• Early interventions, ideally prevention, are enormously cost efficient</li> <li>• Prevention targeted at risky behaviours: smoking, unhealthy diet, excess alcohol intake, substance misuse, inactivity and social isolation</li> <li>• Primary care interventions have been traditionally 1:1 challenge/discussion/education which can be maximised through strategies such as Making Every Contact Count (MECC), sometimes with onward referral to centralised services. Emerging evidence that practice based activity results in greater engagement of GP patient populations.</li> <li>• Council interventions: MECC, but more commonly group activity reliant on recruitment/referral by other agencies. Councils have other ways of intervening such as licensing and support to voluntary sector</li> <li>• The challenge for all is better engagement. How can we get staff and public alike to engage with these agendas? Evidence suggests that employed staff engaged with their</li> </ul>	

<p>6.2.3</p> <p>6.3</p>	<p>own lifestyle management will help ownership of the agenda to likewise influence others.</p> <ul style="list-style-type: none"> <li>• Engagement must have its basis in understanding. This necessitates an educational process and the right attitude and confidence that may be more routed in issues of the will. What's in it for me and why should I?</li> <li>• Research suggests that engagement is linked to values and motivations and for each individual will vary and there will be a trade-off between pleasurable/addictive lifestyle choice and behaviour change. Motivational counsellors will understand this and have the skills to help the individual to discover their inner motivations and drivers through reflective discovery.</li> <li>• A question of scale. 75% of the population have contact with their GP each year and those with risky lifestyle choices and established disease more frequently so the value of brief interventions should not be despised and MECC across all public sector employees makes sense.</li> <li>• Small groups are highly effective at using the power of peer support and learning to enhance outcomes thus council initiatives can have significant impact for a not inconsiderable number of highest risk individuals.</li> </ul> <p>Dr Jones stated that the Self-Care Task Group is keen to hear comments and views on how it should look to develop work that promotes larger scale initiatives such as 'One You' where it can have community impact raising levels of awareness and are attractive as a means of societal awareness and informing choice. In addition, he suggested that education at scale is probably a largely untapped resource where potential audiences where in schools, surgeries, local workplaces and included those with long term health conditions who might benefit from being offered the knowledge, skills and attitudes/confidence that the patient needs to optimise and even reverse the disease trend in their lives. Finally, Dr Jones commented that the best strategies are rooted in simplicity and our challenge is to understand the basics as outlined and to develop them into simple doable strategies for our localities.</p> <p>General Comments and Questions in response to presentations:</p> <ul style="list-style-type: none"> <li>• Why the focus on mapping community assets (KCC Public Health developed a toolkit and the exercise is part of the new PH contracts across the boroughs and districts)</li> <li>• Presentations enabled a focus on a variety of community development and development of civil society approaches.</li> <li>• Partner agencies involved in commissioning and managing</li> </ul>	
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	<p>range of interventions described to reflect on appearance of points of duplication and in future seek to ensure that local offers are joined up.</p> <ul style="list-style-type: none"> <li>• Acknowledgement that self-care is good for residents and clinicians and commissioners should ensure its part of the early intervention approach.</li> <li>• Future actions around self-care to encourage a change in the mindset of local populations.</li> <li>• Can we measure outcomes?</li> <li>• Need to share the outcomes of the local council community asset mapping and make sure we are not just labelling a service and having a map – social sustainability and creating the conditions for healthy living/creating connectedness must be the end goal.</li> <li>• University of Essex work on Neuroscience of Behaviour Change Theory might be of value to inform local developments.</li> <li>• Future work to take into account the need to mobilise people across all communities.</li> </ul>	
6.4	<p>Discussions continued in small groups. The following priority issues emerged following the round table discussions:</p> <ol style="list-style-type: none"> <li>1) All to promote One You / Use the One You resources, tailor promotions; offer solutions too including self care</li> <li>2) Consider development of shared support directories to facilitate sign-posting and also helping with direct support to individuals who need more encouragement</li> <li>3) Consider sharing data to assist targeting of interventions in areas of greatest need</li> <li>4) Target communities and areas which would benefit most</li> <li>5) Work with/alongside local people and in communities</li> <li>6) Commission for outcomes that have a direct effect</li> <li>7) Need to ensure links across both agendas</li> <li>8) Action Plan required for Making Every Contact Count (MECC) – Priority for NHS WK CCG and all other providers</li> <li>9) How can we support innovation and consider working at scale by targeting the 'captive audiences' (Whole populations; people in their workplaces; specific groups</li> </ol>	
6.5	<p><b>It was resolved that Chair Bob Bowes and Dr Tony Jones would meet to consider the issues raised in discussion and make recommendations on actions that aim to assist delivery of this agenda.</b></p>	BB/TJ



<p>7.</p> <p>7.1</p>	<p><b>Any Other Business – Future Agenda Items</b></p> <p>It was resolved that the Board will consider the following issues at the next meeting:</p> <ul style="list-style-type: none"> <li>• Outcomes Based Accountability and Commissioning for Outcomes</li> </ul>	<p>Chair/Yvonne Wilson</p>
<p>8.</p>	<p><b>Date of Next Meeting</b>  <b>17 October 2017, Tonbridge &amp; Malling Borough Council Offices,</b>  <b>Gibson Drive, Kings Hill, West Malling, ME19 4LZ</b></p>	<p>All</p>
<p>9.</p>	<p><b><u>West Kent Health &amp; Wellbeing Board Meetings 2017 - 2018:</u></b></p> <ul style="list-style-type: none"> <li>• <b>19 December 2017 TBC</b></li> <li>• <b>20 February 2018</b></li> <li>• <b>17 April 2018</b></li> </ul>	<p>All</p>
	<p>For any matters relating to the West Kent Health &amp; Wellbeing Board, please contact:  Yvonne Wilson, Health &amp; Wellbeing Partnerships Officer  NHS West Kent CCG  Email: <a href="mailto:yvonne.wilson10@nhs.net">yvonne.wilson10@nhs.net</a>  Tel: 01732 375251</p>	

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**West Kent Health & Wellbeing Board 15 August 2017  
Asset Mapping & Self-Care, Self-Management Workshop Notes**

<b><u>Self – Care and Social Prescribing</u></b>	<b><u>Statements</u></b>
<p>Every Contact Counts (Motivational Interviewing H&amp;SCC).</p> <p>Engage &amp; Empower – identify motivation.</p> <p>Raise Profile of Services (111, Pharmacies, Voluntary Sector).</p> <p>Trigger Points – retirement, bereavement, diagnosis.</p> <p>Healthy Business Awards (Relatively cheap intervention).</p> <p>Rural vs Town (Where you live affects how you ‘self-care’).</p> <p>Support – offer follow up to ensure engagement is maintained.</p> <p>How can you ‘Quality Assure’ the range of services and resources that might be included in any local directories.</p> <p>Lots of examples of new ways of using social media where its possible to establish positive, supportive online networks/groups so that other people’s “experience moments” become “teachable moments”.</p> <p>How can we deliver self-care at scale.</p>	<p>How ‘the system’ behaves/responds to the individual, really matters Local Councils find it difficult to address this, it’s influenced by attitudes, priorities.</p> <p>There’s a complex provider landscape that feels like navigation without maps!</p> <p>Identifying people’s wants is important.</p> <p>What’s available and will it help? (How much might it cost?) and What might you be able to do to help yourself?.</p> <p>Planning needs to support active travel (this is at the heart of the leadership in local councils, the passion of the ‘workers’ and the willingness of organisations to do things that they don’t directly benefit from.</p> <p>Need to create a culture that fosters both halves of the enabling relationships coin.</p> <p>Can our Clinician colleagues tell us what proportion of our local population might have long-term conditions and may need help with practising self-care, self-management.</p> <p>We would like to encourage our Clinician colleagues to appreciate the importance/significance of cohesive communities.</p> <p>Is it OK that we should have a 1000 flowers blooming? Should we also look at better co-ordination across West Kent, across District and Boroughs and at neighbourhood level.</p>

Agenda Item 3

<b>Promoting Self-Care in our own Organisations</b>	<b>Practical Projects &amp; Initiatives to support Asset Mapping, Community Development</b>
<p>Acknowledge – all staff have a potential to influence.</p> <p>Recognise importance of doing things with and not necessarily for people.</p> <p>Educate people about their conditions so they can be more efficient at self-caring.</p> <p>Develop self-belief and confidence of individuals. How do we achieve this? Would take time, could be costly and there is often a requirement to evidence costs and benefits and make a clear case for investment – pilots help with this.</p> <p>Be prepared to open non-threatening communication.</p> <p>Build knowledge so that conversations do not have a detrimental impact.</p> <p>Need people prepared to guide/support/accompany.</p> <p>Phased transitions – start with self-care approach →re-open community hospitals/rehab services→intermediate steps towards residential care.</p> <p>Time is also an important consideration.</p> <p>Collect/share data that may help prove initiatives work (think about outcomes vs outputs – possibility of using ‘control groups’).</p> <p>Every organisation needs to foster ‘enabling’ relationships with residents/patients and local voluntary sector.</p>	<p>ESA and Job Seekers Allowance (JSA) does not support self – care as you have to be medicalised to avoid losing £30pw</p> <p>Student Rooms in Care Homes – free in exchange for 30 hours of social activity input to residents (Holland)</p> <p>Co-location of Older Person’s Residential Care facilities with Nursery School evidence shows therapeutic benefit for older people (Scandinavia) How we can interlink the asset mapping with NHS digital, ONS data set and the KID to ensure the known assets stay up to date.</p> <p>Kent Connects, brings together GIS teams from all the Kent LAs, propose a meeting with KCC/ LAs and CCG to understand how we can better share data about communities and assets</p> <p>There are small scale data sharing agreements going on locally, i.e. Nourish sharing foodbank data with Town &amp; Country Housing Group (TCHG) or JobCentre Plus (JCP) sharing benefit claimants’ data to produce heat maps for targeted work at street level so we need to better understand how we do this in accordance with IG guidance.</p> <p>Invest in volunteering – support, training, consider tailored volunteering.</p> <p>Create/Share large/single pool of volunteers.</p> <p>Community Asset Mapping approach is a means of addressing health inequality that’s embedded in working closely with local communities.</p>

<u>Addressing the issue of Different Geographies</u>	<u>Promoting Culture Shift</u>
<p>North Kent Devolution Group conversations provides a timely opportunity to ensure work is joined (to also include the health inequalities work in specific geographical locations) up to help promote self-care and health improvement.</p> <p>Consider developing a central interactive map showing what's available locally – in terms of the standard range of services.</p> <p>Reservations expressed about creating a single resource.</p> <p>Public agencies might collectively consider helping stimulate a local focus in 'areas of need'.</p>	<p>Not about format, it's a process issue</p> <p>Concept of 'social capital' is important, however who helps with community development?; what might be the most impactful activities (<i>Sherwood work acknowledged as there is experience of a targeted approach</i>)</p> <p>Get together and share perspectives (like this forum).</p> <p>Educate at youngest age groups so we see changes over time.</p> <p>Cross professional boundaries/silos – share our expertise in what works well</p> <p>Ensure consistency across the county – so that we can begin to express a way of working with Kent &amp; Medway communities.</p>

**KEY MESSAGES FROM DISCUSSION & FEEDBACK:**

- 1) All to promote One You / Use the One You resources, tailor promotions; offer solutions too including self care
- 2) Consider development of shared support directories to facilitate sign-posting and also helping with direct support to individuals who need more encouragement
- 3) Consider sharing data to assist targeting of interventions in areas of greatest need
- 4) Target communities and areas which would benefit most
- 5) Work with/alongside local people and in communities
- 6) Commission for outcomes that have a direct effect
- 7) Need to ensure links across both agendas
- 8) Action Plan required for Making Every Contact Count (MECC) – Priority for NHS WK CCG and all other providers
- 9) How can we support innovation and consider working at scale by targeting the 'captive audiences' (Whole populations; people in their workplaces; specific groups.

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**AGENDA ITEM: 6**

**West Kent Health & Wellbeing Board Meeting 17 October 2017**

**Update Workshop: *Towards a Whole Systems Approach to Falls Prevention***

***From Current State to Ideal Status***

Hip Fractures in people aged 65 and over are higher than national rates in districts in West Kent. Injuries due to falls in people aged 65 and over in all four districts is higher than the national level.

Falls prevention and management services should be seen as an important component of integrated services with specific outcomes for reducing the falls related burden of ill health across health and social care sector. Commissioners need to work with stakeholders (providers and the voluntary sector) to identify the 'at risk' population for timely intervention).

The CCG has a role in commissioning treatment and prevention measures which can influence prevention of falls; District and Borough councils have a role in managing the environment to reduce falls and home hazards, whilst the Public Health role is to strengthen the system (which includes mobilising the population group and others such as the community and voluntary sector).

West Kent Health & Wellbeing Board is seeking to stimulate discussion around development of a 'framework' for falls prevention and management for its population. The Board recently hosted a workshop involving a wide range of stakeholders including providers from across the local health economy; county, district and borough councils; the community, voluntary sector; advocacy groups and commissioners of services to explore the issues which might influence the development of a 'Whole Systems Approach to Falls Prevention'.

After the workshop the lead officers responsible for developing services and support were contacted and asked to look at opportunities for strengthening joint working and integrated commissioning. The Workshop Update offers an opportunity to hear from the main agencies with a lead responsibility and to take part in developing a commitment to support the delivery of a fresh approach to prevention of falls across West Kent.

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**AGENDA ITEM: 6b**

**West Kent Health & Wellbeing Board Meeting 17 October 2017  
Update Workshop: North Kent Pilot Children's Commissioning Model -  
Progress & Future Prospects for Integration across West Kent**

West Kent Health and Wellbeing Board (WK HWB) will be considering the issue of *Commissioning Children's Services - Outline Proposals & Prospects* at its meeting by way of a follow up to presentations from NHS West Kent CCG and Kent County Council Commissioning lead officers in October and December 2016.

Since then, a Pilot Children's Commissioning Model project has been progressing in the North Kent CCG area and a recent summit was hosted by Hazel Carpenter, the Accountable Officer for Thanet and South Kent Coastal CCGs to reflect on current and future arrangements. West Kent HWB will facilitate a conversation about the current state and future prospects with a broad range of partners including community and voluntary sector groups.

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