

**Draft Minutes of West Kent Health and Wellbeing Board Meeting  
20 February 2018, 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) Chief Executive, Maidstone Borough Council (MBC)
Dr Tony Jones	GP Governing Body Member, NHS WK CCG
Penny Graham	Healthwatch Kent
Jane Heeley	Chief Environmental Health Officer, Tonbridge & Malling Borough Council (TMBC)
Hayley Brooks	Head of Housing & Health, Sevenoaks District Council (SDC)
Lesley Bowles	Chief Officer for Communities & Business, SDC
Gary Stevenson	Head of Environment and Street Scene, Tunbridge Wells Borough Council (TWBC)
Cllr Lynne Weatherly	Portfolio Holder for Communities and Wellbeing, TWBC
Cllr Piers Montague	Cabinet Member for Housing, TMBC

**IN ATTENDANCE:**

Yvonne Wilson (Minutes)	Health & Wellbeing Partnerships Officer, NHS WK CCG
Claire McAfee	Team Leader, TMBC
Caroline Walker	Communications Manager, NEL Commissioning Support Unit

1.	<b>Welcome and Introductions</b>	
1.1	Dr Bob Bowes welcomed all present to the meeting.	
1.2	Apologies were received from Cllr Roger Gough, Julie Beilby, (Jane Heeley attending as substitute), Gail Arnold, Cllr Fay Gooch, Alison Broom, Dr Andrew Roxburgh and Cllr Pat Bosley.	
2.	<b>Declaration of Disclosable Pecuniary Interests</b> There were none.	
3.	<b>Minutes of the Previous Meeting – 17 October 2017</b> The minutes of the previous meeting were agreed as a true record.	

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<p><b>4.</b></p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p>	<p><b>Matters Arising</b></p> <p>Item 4.1, Social Prescribing Update on meeting agenda.</p> <p>Item 5, Kent Health &amp; Wellbeing Board Feedback to be covered on the agenda under items 6 and 7.</p> <p>Item 5.6, The Chair reported that a series of discussions had taken place as agreed and the outcome was reflected in the report attached at agenda item 7 Development of new Strategic Partnership bodies for West Kent.</p> <p>Issues discussed at 6.1 and 6.2 on children's commissioning and falls prevention to be fully addressed as part of the future governance arrangements.</p> <p>Item 7, Review of work and outcomes focus to be covered under item 7 on the agenda.</p>	
<p><b>5.</b></p> <p>5.1</p> <p>5.1.1</p>	<p><b>Task &amp; Finish Group Updates</b></p> <p>Self-Care &amp; Social Prescribing</p> <p>Dr Tony Jones outlined plans for a Prevention focused Protected Learning Time event for the Maidstone Clusters was planned to help improve staff engagement and ownership of the prevention agenda and stimulate motivation of patients. Dr Jones explained that a number of speakers were lined up for the event in early March including:</p> <ul style="list-style-type: none"> <li>• Wayne Gough, Kent County Council Public Health Communications lead will present the strategy for One You Kent and share information about how One You can support patients to make positive changes to their lifestyle for longer term health.</li> <li>• Dr Kate Little, Clinical Champion for Physical Activity at Public Health England will talk to primary care staff about the Health benefits of exercise.</li> <li>• Practice nurse training session on maximising benefits of health checks and understanding Q(CVS)Risk</li> </ul>	

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5.1.2	<ul style="list-style-type: none"> <li>Wakefield Vanguard commissioned to deliver training to up to 400 reception staff over 8 half days, part of the application of Making Every Contact Count (MECC) in a primary care context.</li> </ul>	
5.1.3	<p>Dr Jones explained that the Task Group had not met for a while, but had been instrumental in promoting One You Kent, raising awareness of its potential; supporting the development of the CCG and Involve Kent Social Prescribing Bid submitted to the Department of Health and building a common understanding and awareness of self-care and social prescribing amongst a diverse range of stakeholder organisations.</p> <p>With regard to the Task Group's future plans Dr Jones suggested that as progress to promote this agenda now included building and extending alliances and partnerships between general practices, the community voluntary sector and local councils the next round of meetings would reflect on the Self - Care, Self - Management Strategy document and assess the scope for future delivery and implementation activity.</p>	
5.1.4	<p>Board members highlighted the following issues in discussion:</p> <ul style="list-style-type: none"> <li>With regards to the active signposting training for GP reception staff – care should be exercised when identifying referral mechanisms for agencies such as Age UK (as highlighted in Dr Jones' presentation) which offered different services/support depending on which council area the services was offered in. Council representatives were keen to work with Dr Jones and Wakefield Vanguard on these and other related issues to ensure there was effective alignment.</li> <li>Recognition that practitioners' behaviour must change and move towards a new culture. Development of clinical leadership and contracting/commissioning arrangements required to help drive change.</li> <li>Suggested need for focus on secondary prevention as they relate to people with long-term conditions.</li> </ul>	
5.1.5	<p><b>It was resolved</b> that the Task Group will give consideration to the issues highlighted at 5.1.4 in relation to collaboration with the local councils and secondary prevention.</p> <p><b>It was acknowledged</b> that work was required in relation to the contracting/commissioning and clinical leadership issues</p>	<b>TJ, Self Care Task Group</b>
5.1.6	<p>which were likely strategic matters for the West Kent Improvement Board or others in the system.</p>	<b>BB via West Kent Improvement</b>

<p>5.2</p> <p>5.2.1</p>	<p>Healthy Weight</p> <p>Jane Heeley, the joint chair of the Task Group highlighted the following key actions taken at the series of meetings held following the Board workshop in 2017:</p> <ul style="list-style-type: none"> <li>• Membership of the Task Group expanded to include representation from all Districts, Dr Andrew Roxburgh, Clinical Lead for Healthy Weight.</li> <li>• The Healthy Weight Strategic Action Plan to be revised following feedback from the Board to include more emphasis on physical activity, review professional groups that should be included such as physiotherapists, midwifery and health visiting professionals.</li> <li>• Recognition that the Local Children's Partnership Groups (LCPG's) ARE pivotal to the delivery of this agenda in relation to children and families. These Groups have the right people around the table and although it may not be a priority for the groups in relation to their dashboard, all WK Groups welcome the challenge of addressing this agenda and have given a commitment to work with the Healthy Weight Group to develop local initiatives to take this agenda forward.</li> <li>• Family Weight Management Services</li> </ul> <p>Significant changes have been made to the commissioning arrangements across Kent which places responsibility for delivering this service onto School Nurses. In addition the Task Group have engaged with the two lead contacts from the Schools Public Health Team. In addition, the Chairman has written to the KCC Chair of Education asking how physical activity and weight issues are being addressed in schools.</p> <ul style="list-style-type: none"> <li>• With the introduction of the One You Service Districts are working with Leisure Centres/Trusts looking at how to establish links with them to deliver the overall agenda and to understand what outreach work are they doing, what innovative initiatives are they offering clients and whether they are measuring outcomes or developing case studies that can be used.</li> <li>• The last Task Group meeting included a special session with Kent Sport. A follow-up meeting with the One You Team Leaders has been planned, to specifically look at how we can work locally with Kent Sports to promote this initiative with</li> </ul>	<p><b>Board.</b></p>
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<p>5.2.2</p>	<p>partners including GPs. Engagement with the CCG Clinical lead GP had been very beneficial for the strengthening of links with primary care staff and a Primary Care Protected Learning Time (PLT) session in a Leisure Centre is being considered once the framework for developing this work has been developed.</p> <ul style="list-style-type: none"> <li>• Work with GP Clusters was positive with West Kent Districts and KCHFT partners building links with local cluster leads and pharmacies. One You Prescription pad being trialled. Social prescribing models are being linked into the One You Service.</li> <li>• The Task Group plans to review the Healthy Foundation Project from Liverpool to see if this can be used as a model of best practice and understand better what outcomes might be achieved. Maidstone Borough Council is likely to pilot this and other west Kent Districts will also consider.</li> </ul> <p>Ms Heeley concluded by sharing three key challenges which the Task Group had identified required further careful consideration and advice from the HWB:</p> <ol style="list-style-type: none"> <li>i. High degree of diverse activity, how should this be co-ordinated most effectively across West Kent. Current thinking is that working at a very local level with the right professional groups will help achieve some local outcomes; understand what works and develop a portfolio of good practice that can be shared.</li> <li>ii. Make Every Contact Count (MECC) training –WK HWB is formally requested to use its influence with the agencies represented on the Board and others to consider how this can be delivered most effectively.</li> <li>iii. Better understanding needed on what is happening in the education sector and whether/how the Task Group might be able to assist that work or not.</li> </ol> <p>Board members highlighted the following issues in discussion:</p> <ul style="list-style-type: none"> <li>• What steps could be taken to address obvious areas of overlap, e.g., MECC</li> <li>• What scope is there for the suggested Protected Learning Time events with Leisure Centres to be locality/cluster based?</li> </ul>	
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5.2.3	<ul style="list-style-type: none"> <li>Focus on peer support with young parents may be a potential area for joint work across both Task Groups.</li> </ul>	
5.2.4	<p>The Chair thanked Dr Jones and Ms Heeley for the comprehensive updates and the Task Group members for their commitment to both agendas.</p> <p><b>It was resolved</b> that both Task Groups continue to meet in the future and acknowledged that further consideration would need to be given to their place within the governance landscape going forward.</p>	
5.3		
<b>6.</b>	<b>Kent Health &amp; Wellbeing Board Feedback</b>	
6.1	<p>The chair explained that the Kent Health and Wellbeing Board agenda was moving in a new direction, towards alignment with the Sustainability &amp; Transformation Partnership (STP) and current consideration to establish a joint committee with Medway Council to enable oversight of issues relating to the Kent and Medway STP.</p>	
6.2	<p>The Chair reminded members that the CCG Joint Chief Operating Officer Adam Wickings had attended the Board meeting in October, to lead the discussion on details of the newly established governance structures linked to the delivery of the Sustainability and Transformation Plan in West Kent. The Chair reported that as agreed at that Board meeting, discussions had now taken place with representatives of the five councils to progress the future arrangements for the West Kent arrangements.</p>	<p><b>BB via West Kent Improvement Board.</b></p>

<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p>	<p><u>Development of new Strategic Partnership bodies for West Kent</u> <u>Future direction of the West Kent HWB</u></p> <p>The Chair introduced the report for this agenda item explaining that it deliberately does not provide an exact blueprint but sets out the proposals for a new body in place of the current WK HWB where the five councils will play a leading role. The Chair suggested that the new body will have a 2-way relationship with the West Kent Improvement Board (IB) which is developing as the key focal point for the local Integrated Care System.</p> <p>The Chair articulated the emerging governance structure for the Integrated Care System where the IB relates to the STP, Department of Health and the wider system challenges which may arise from time to time. The Chair went onto outline that the Accident &amp; Emergency and Local Delivery Boards will have a formal reporting link into the Improvement Board and the new Member body (Health &amp; Wellbeing Senate) and the Clinical Cabinet would both have a dynamic relationship to the IB.</p> <p>Board members raised the following issues in relation to the proposals outlined in the accompanying report and the Chair's introduction:</p> <ul style="list-style-type: none"> <li>• Suggest inclusion of Healthwatch in the proposed membership</li> <li>• Propose that consideration is given to the role of the various council internal health and wellbeing groups as they enable engagement with the community and voluntary sectors</li> <li>• Member engagement can be complicated as they are elected to serve a four year term, but Cabinet leads are selected annually – it should be acknowledged that continuity can be an issue</li> <li>• Positive acknowledgement given of the value being placed on having elected member engagement/leadership, there is a need for specialist expertise and broad knowledge to support proper involvement in debates on health matters and members rely on officers to advise and steer.</li> <li>• Elected members remain committed to supporting health improvement for local community members.</li> <li>• Consideration should be given to the other partnership bodies which exist, such as the Local Strategic Partnership; Local Children's Partnership Groups where the remit of the HWB Senate may potentially overlap and/or duplicate. It should be noted that these also have elected member</li> </ul>	
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<p>7.4</p> <p>7.5</p>	<p>representation</p> <ul style="list-style-type: none"> <li>• How will Cluster and lead GP engagement be secured?</li> </ul> <p><b>It was agreed</b> to formally disband the existing West Kent Health &amp; Wellbeing Board and establish a brand new partnership body.</p> <p><b>It was resolved</b> that a meeting between the Improvement Board Chair, Clinical Commissioning Group Officers, support officers and elected members of the 5 councils be held in 4 weeks' time, to agree operating arrangements and Terms Of Reference.</p>	<p><b>BB</b></p>
<p><b>8.</b></p> <p>8.1</p> <p>8.2</p>	<p><b>Any Other Business</b></p> <p>None.</p> <p>The chair formally thanked members for their various contributions to the work of the Health and Wellbeing Board.</p>	
<p><b>9.</b></p>	<p><b>Date of Next Meeting</b></p> <p>As the Board was now disbanded, there would be no future meetings held.</p>	