

Draft Minutes of West Kent Health and Wellbeing Board Meeting
17 October 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)
Dr Tony Jones	GP Governing Body Member, NHS WK CCG
Dr Andrew Roxburgh	GP Governing Body Member, NHS WK CCG
Penny Graham	Healthwatch Kent
Cllr Fay Gooch	Deputy Council Leader, MBC
Dr Caroline Jessel	Lead for Clinical Outcomes & Transformation, NHS England
Jane Heeley	Chief Environmental Health Officer, Tonbridge & Malling Borough Council (TMBC)
Hayley Brooks	Head of Housing & Health, Sevenoaks District Council (SDC)
Cllr Pat Bosley	SDC

IN ATTENDANCE:

Yvonne Wilson (Minutes)	Health & Wellbeing Partnerships Officer, NHS WK CCG
Claire Griffiths	Head of Communities, West Kent Housing Association
Claire McAfee	Team Leader, TMBC
Dave Holman	Commissioning Lead, Mental Health, Children & Maternity, NHS WK CCG
Natalie Manuel	Maternity Pioneer Project Officer, NHS WK CCG
Hema Birdi	Early Help District Manager, LCPG Co-Chair, Maidstone
Paula Wilkins	Chief Nurse, NHS WK CCG
Rachel Parris	Frailty and Medical Commissioning Programme Lead NHS WK CCG
Amanda Kenney	Commissioning Project Manager, NHS Swale and NHS Dartford, Gravesham and Swanley Clinical Commissioning Groups
Becky Collins	Quality Team Adviser, NHS WK CCG
Liz Holness	Senior Practitioner Occupational Therapist, Adult Social Care & Health Directorate, Adult Community Team, Kent County Council (KCC)
Richard Stanford-Beale	Project Manager, KFRS
Dr Lemma Yilma	Locality Clinical Manager (Children and Young People), Tonbridge and Malling, Tunbridge Wells and Sevenoaks, Kent Community Health NHS Foundation Trust
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<p>1.</p> <p>1.1</p> <p>1.2</p> <p>1.3</p>	<p>Welcome and Introductions</p> <p>Dr Bob Bowes welcomed all present to the meeting, in particular those attending the Board to participate in the discussions on the Children's Services Integration and Falls Prevention Update.</p> <p>Dr Bowes Bob extended special thanks to Dr Caroline Jessell for her contributions to the work of the Health & Wellbeing Board and wished Dr Jessell well as she was retiring from her post at NHS England at the end of October.</p> <p>Apologies were received from Cllr Roger Gough – for lateness, Reg Middleton, Sanjay Singh, Cllr Lynne Weatherly, Penny Southern, Lesley Bowles (Hayley Brooks attending as substitute), Julie Beilby, (Jane Heeley attending as substitute), Gail Arnold and Cllr Piers Montague,</p>	
<p>2.</p>	<p>Declaration of Disclosable Pecuniary Interests There were none.</p>	
<p>3.</p>	<p>Minutes of the Previous Meeting – 15 August 2017 The minutes of the previous meeting were agreed as a true record.</p>	
<p>4.</p> <p>4.1</p> <p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.1.4</p>	<p>Matters Arising</p> <p>Self Care/Social Prescribing</p> <p>Dr Bowes confirmed that he had met with Dr Tony Jones, Chair of the Self Care Group and GP representative on the WK CCG Governing body following the August Board Asset Mapping and Self Care Workshop events to give further consideration to how these agendas might be taken forward. The following issues were reflected upon:</p> <ul style="list-style-type: none"> • Sign-posting to services and support alone would not be sufficient in ensuring local residents received the help they might benefit from – acknowledging that some individuals needed greater support to build own personal resources, address needs and access community assets; • There are a wide range of stakeholders across sectors offering sign-posting, with differing definitions of what signposting entailed o there is a need to look at overlaps/potential omissions; work was required to look at the Wellbeing Co-ordinators; Health & Social Care Co-ordinators • As the new GP Clusters become the currency for how services are provided the approach to self-care/social prescribing needed to be better joined up – a puzzle rather 	<p>Self-Care Task Group</p>

<p>4.1.5</p> <p>4.1.6</p> <p>4.1.7</p>	<p>than a collection of its pieces.</p> <ul style="list-style-type: none"> • The CCG will need to give greater consideration to the issues surrounding GP learning/development, Making Every Contact Count and its role when commissioning services. <p>Alison Broom asked whether the CCG/health partners were aware of the potential opportunity to submit a bid to the Department of Health to support Social Prescribing and if so, would the CCG support such a bid.</p> <p>Dr Bowes confirmed that the CCG was aware of the opportunity.</p>	<p>BB/TJ</p>
<p>5.</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p>	<p>Kent Health & Wellbeing Board Feedback</p> <p>The chair proposed that the Kent Health & Wellbeing Board Feedback be delivered later on the agenda as Cllr Gough had not yet arrived at the meeting.</p> <p>Adam Wickings delivered a presentation on West Kent System Governance, which provided an overview of the new bodies established to support delivery of the ambitions of the Kent & Medway STP. Mr Wickings expressed the view that the STP Delivery Board purpose was to make decisions and take actions which delivered change.</p> <p>Mr Wickings' presentation covered details of the newly established work streams/ways of working linked to the delivery of the Sustainability and Transformation Plan. Mr Wickings explained the current thinking in terms of the emerging health and social care landscape and outlined the definitions of the new organisational models and agencies involved.</p> <p>Mr Wickings invited Board members to consider the following questions:</p> <ul style="list-style-type: none"> • How do the Improvement Board and HWB governance complement STP governance? • Where and how can we best deliver effective partnership work? • What partnerships do we need to ensure local care • That breaks down barriers within the NHS • That breaks down barriers between health and social care • That brings into local care the opportunities of the 3rd sector, of local communities, prevention, education, housing • How does the West Kent governance support the transition to the expected new NHS "end state" and "new models"? <p>Comments in Discussion:</p> <ul style="list-style-type: none"> - HWB deliberately structured in such a way so as not to mirror 	

<p>5.6</p>	<p>the operation of the formal Kent Health & Wellbeing Board – the workshop style approach felt to enable more depth/meaningful discussion between a broader range of stakeholders</p> <ul style="list-style-type: none"> - New format HWB enables sharing of perspectives, exploration of issues, chance to feed in views and helpful networking and an increasing recognition that it may not be a body that takes decisions - HWB conversations are likely not to look solely at opportunities to standardise services; be focussed on delivering productivity/value for money, but may consider ways in which difference is positive, or conclude that work focused on delivering the changes in the health and care systems might benefit from a local/geographically focused approach - Careful consideration should be given to what should happen to the outcome of the HWB discussions so that important points of reflection can be fed into other parts of the system especially where there are difficult decisions to be taken or where the HWB is able to offer potentially simple solutions - How is the community voluntary sector and social enterprise voice considered? - Ensure there is careful reflection on the importance of economic, social and environmental aspects which are important for ensuring sustainability <p>It was agreed that a discussion to reflect on the issues in section 5.5 above be arranged between Adam Wickings and the HWB agenda-setting Task Group members.</p>	<p>BB, AW, Cllr LW, GS, Cllr RG, YW</p>
<p>6.</p> <p>6.1</p>	<p>Workshop Session</p> <p>Children's Services Commissioning & Integration</p> <p>Dr Bowes formally introduced the agenda item by reminding the meeting that the Board had initially discussed the issue of the needs of children and young people at two Health & Wellbeing Board meetings in October and December 2016 as part of the Board's efforts to understand what progress was being made to better align commissioning strategies that enabled the needs of children across West Kent to be met, and to consider whether the Board might offer its influence in helping identify priorities; important strategic issues which may not be being considered or where the Board could assist with resolving challenges. Dr Bowes explained that the Board was informed of a joint commissioning pilot initiative in the North Kent area and that there would be opportunities to reflect on lessons learned and potential benefits for extending the approach to West Kent. Officers from West Kent and Dartford Gravesham and Swanley CCG were invited to share their perspectives on the developments in the integration of commissioning children and young people</p>	

	related services.	
6.1.1	Dave Holman (Head of Mental Health, Children & Maternity Services, NHS West Kent CCG) introduced this item and explained that Karen Sharpe, the lead commissioning officer at Kent County Council was unable to join the meeting due to an unavoidable urgent matter. Mr Holman introduced Natalie Manuel (West Kent CCG Project Officer for the Maternity Pioneer) and Amanda Kenny, Dartford Gravesham and CCG.	
6.1.2	Mr Holman's presentation focused on providing an overview of key issues including levels of need; content of West Kent CCG's Children & Young People's Strategic Commissioning Plan (2016-2021) and its guiding principles; future arrangements for commissioning children's services and emerging proposals for ensuring effective links to the Sustainability and Transformation Plans (STP). Mr Holman highlighted the fact that children and young people had not featured explicitly in the STP to date but that work around transforming maternity services and addressing children and young people's mental wellbeing were driving the development of new models of care/support, integration of services and improving the alignment of acute and community pathways. Mrs Manuel briefly outlined work being led by West Kent and other CCGs which was informing national best practice in the delivery of choice and personalisation around the 'Better Births' agenda.	
6.1.3	Mr Holman reported that there were plans for the STP Clinical Board to consider Mental Health, Cancer and Children's issues in the coming months and suggested that there was a strong commitment to work towards better integration evidenced by the decision at the recent Children's Summit, to use the Kent 0-25 Children's Health & Wellbeing Board as the vehicle for delivering maternity and children's service transformation. The Kent 0-25 Health & Wellbeing Board provides a cross-stakeholder link into the STP alongside arrangements for delivering care transformation; digital development; addressing workforce challenges and use of estate.	
6.1.4	Amanda Kenny, Commissioning Manager informed the Board of the cross sector work focusing on the needs of disabled children; children with special educational needs and identification of potential issues where efficiencies/ service improvements could be addressed. Ms Kenny gave some examples of challenges to be resolved that would support future joint working/integration also highlighted developments in relation to 'virtual' integrated team working governed by a Memorandum of Understanding across agencies.	
6.1.5	Ms Kenny advised the Board that the North Kent experience had confirmed the importance of key principles: <ul style="list-style-type: none"> • the development of mutual understanding • good individual relationships between lead officers 	

<p>6.1.7</p>	<ul style="list-style-type: none"> • effective strategic leadership (joint posts between agencies helped ensure joined-up approaches and opportunities to explore potential for improving quality and financial savings) <p>The following questions were identified for participants to reflect upon:</p> <ol style="list-style-type: none"> i. Is the work on integrating children's services meeting the needs of children in West Kent? ii. Has the work which has been carried out highlighting pockets of need? iii. How might the Board engage with issues highlighted in the presentations and also alert those commissioning services to other problems and challenges which may not have been identified? iv. How will we know whether the changes being embarked upon, will make a difference, and what can partners involved in the Health & Wellbeing Board bring to the agenda? 	
<p>6.1.8</p>	<p>Comments in discussion:</p> <ul style="list-style-type: none"> • The journey for children and families 'in the system' should be made more holistic and less complex as families who have problems have a relatively easy path to resolve issues • Careful consideration should be given to addressing inequalities so that adequate support is given to those who find it difficult to access support and assistance • HWB acknowledged the value of the work described in the presentations but services are only part of the story – the Marmot Inquiry Report highlighted what makes healthy children thrive (exercise, diet, income, green spaces, play facilities) so strategies that promote a focus on prevention must underpin this work • Is the 0-25 HWB providing an effective strategic framework/direction for the partnerships with a responsibility to deliver good outcomes and change for children at a local level (Local Children's Partnership Group {LCPG})? • Concerns expressed that the LCPGs may not be equipped to lead the changes required to support the wellbeing of children and young people – issues include perceived poor/inconsistent engagement of stakeholders; lack of authority; data and information available to inform targeting of effort/resources • Whilst the 0-25 HWB is identified as the link with the LCPGs, is there also a link with the HWB where there is potential for joined up work around healthy weight and the ways that this issue affects children, families and adults • The HWB could provide a useful platform for considering the 	

<p>6.1.9</p>	<p>possibilities for intergenerational work which has the potential to support the development of community assets; community cohesion and the creation of civil society</p> <p>Suggested actions to address issues highlighted in the presentation and discussion were agreed:</p> <ul style="list-style-type: none"> i. The Board will offer the issues contained in the appendix for other bodies such as the Improvement Board, the 0-25 Health & Wellbeing Board to discuss and take appropriate steps to resolve the necessary matters: ii. Recommend to the Kent Health & Wellbeing Board that a review be carried out of the effectiveness of the 0-25 Health & Wellbeing Board's strategic capability, its relationship to the Local Children's Partnership Groups (LCPGs) and the issues which influence the operation of the LCPGs and any barriers to delivery of meaningful outcomes in response to strategic and operational requirements. iii. That the Health & Wellbeing Board undertakes an assessment of its role (in light of the changes occurring across the health and social care system as a result of the wider public policy drivers), which is felt to now offer opportunities for wide ranging discussion with a broader range of stakeholders about important local issues and concerns, often with a prevention focus. It is acknowledged that the HWB provides a forum for sharing views, exploration of issues, opportunity to feed into strategic debates and for networking. Further consideration to be given to the extent to which the HWB is considered to be a decision-making body. See also related discussion and decisions at item 5.2 above. 	<p>BB, YW, AW ALL</p>
<p>6.2</p>	<p>Feedback – Towards a Whole Systems Approach to Falls Prevention</p>	
<p>6.2.1</p>	<p>Dr Bowes formally introduced the agenda item by reminding the meeting that the Board had initially discussed this issue at a special Workshop event in April in response to the fact that West Kent was an 'outlier' in relation to hip fractures and injuries due to falls. The April workshop had identified the need for a whole system approach to falls prevention. Dr Bowes had written to the Director of Public Health, the Acting Lead Public Health Consultant for Falls, the Commissioning leads in WK CCG and the Chief Officers responsible for Adult Social Care and Leisure at Kent County Council asking them to attend this meeting to report on how they had responded to the issues highlighted in the April Workshop.</p>	
<p>6.2.2</p>	<p>Dr Bowes explained that the Acting Lead Consultant for Falls in Public Health had sent apologies. Dr Bowes welcomed Rachel Parris</p>	

	<p>(WK CCG Frailty and Medical Commissioning Programme Lead) and Liz Holness, (Senior Practitioner Occupational Therapist in KCC's Adult Social Care & Health Directorate) and invited both to offer presentations on behalf of the respective organisations.</p>	
6.2.3	<p>Ms Parris reported that the CCG had embarked on developing the case for change for a new Falls Pathway. The new model of care had been presented to the CCG's Governing body in July 2017 for approval to enable implementation of a new Falls Pathway. However, the Governing Body did not approve the case for change and the officers were asked to undertake further work and bring proposals for the new Pathway to a future meeting. Ms Parris reported that this work was ongoing.</p>	
6.2.4	<p>Ms Holness shared the KCC social care service perspectives on current provision which included:</p> <ul style="list-style-type: none"> • Postural Stability Classes • Joint Working with partners • Training for staff • Health & Safety and risk Planning • Falls Prevention Policy and Practice Guidance (for staff) • Falls Prevention Focus for Operational Team • Kent Enablement At Home inc goal setting for the service • Housing Needs Report • Telecare / Assistive Technology Provision 	
6.2.5	<p>Ms Holness reported on a number of service innovations which aimed to improve service quality and enhance user experience and satisfaction including new information sharing protocols/measures aimed at supporting carers in using hoists/lifting equipment. Ms Holness suggested there might be potential to explore the following initiatives with local stakeholders:</p> <ul style="list-style-type: none"> - 'Man with a Van' type service with local councils? - 'Falls responder' service with OT input? - Additional Postural Stability Classes? - Health Promotion re the benefits of maintaining mobility and function with housing associations, local charitable organisations? - Develop a 'Falls Champion' role in social care teams – to raise awareness with colleagues and act as a link to signpost to local community services. - Use of further assistive technology e.g., telehealth, mobile phone apps? 	
6.2.6	<p>Comments & Questions in discussion:</p> <ul style="list-style-type: none"> • Is there a role for Falls Champions? • Is the input, partnerships between housing and health effective? 	

<p>6.2.7</p>	<ul style="list-style-type: none"> • Should a Falls Responder Service be established with Occupational Therapy service input and the Ambulance service? • Is there effective provision of Handyperson services? • Are there effective Strength & Balance services – there is evidence that this type of service supports those most at risk, but no local models are in place across West Kent • Need a stronger focus on the need to keep people moving • Kent Fire & Rescue Service Safe & Well Visits reach West Kent residents and offers environmental, fire, falls, trips and slips advice that could also include support from 'trusted assessors' and mobilisation of minor adaptations – generally adds value for those at potential risk of falls • Need more careful consideration of the issues of falls within residential settings and potential for educational work with staff – how do the care home strategies in KCC and health assist? <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • That agencies with a role to play in the prevention of falls be asked to consider the following issues and questions: <ul style="list-style-type: none"> i. Whether the right people were being sign-posted to further support and if sign-posting activity is enhanced, is there sufficient capacity to address needs? ii. Ensure a strong preventative direction is being taken iii. Work towards integration of commissioning to prevent the operation of support and services into 'silos' and also remove the label of 'specialist' services so that other considerations such as nutrition, hydration and continence support is integral iv. That the CCG look at appropriate measures to support GPs in identifying patients who would benefit from referral to preventive services and support. v. Need more careful consideration of the issues of falls within residential settings and potential for educational work with staff (advice, training and support) vi. Review existing care home strategies across health and social care vii. Address fragmentation of the Falls Pathway/services 	<p>NHS WK CCG BB, YW to review and agree best governance route to enable progression of relevant actions</p>
<p>7.</p> <p>7.1</p>	<p>Any Other Business – Future Agenda Items</p> <p>It was resolved that the Board will consider the following issues at future meetings:</p> <ul style="list-style-type: none"> • Outcomes Based Accountability /Commissioning for Outcomes • West Kent HWB review of work. 	<p>BB, YW</p>

8.	Date of Next Meeting Tuesday 19 December 2017, Tonbridge & Malling Borough Council Offices, Gibson Drive, Kings Hill, West Malling, ME19 4LZ	All
9.	<u>West Kent Health & Wellbeing Board Meetings 2017 - 2018:</u> <ul style="list-style-type: none"> • 20 February 2018 • 17 April 2018 	All
	For any matters relating to the West Kent Health & Wellbeing Board, please contact: Yvonne Wilson, Health & Wellbeing Partnerships Officer NHS West Kent CCG Email: yvonne.wilson10@nhs.net	