

AGENDA

WEST KENT CCG HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday 18 April 2017

Time: 4.00 pm

Venue: Tonbridge and Malling Borough Council

	<u>Page No.</u>
1. Welcome and Introductions Chair	
2. Declaration of Disclosable Pecuniary Interests	
3. Minutes of the Previous Meeting held on 20 December 2016 Chair	1 - 22
4. Matters Arising Update: Implementing the Health and Wellbeing Board Annual Report Recommendations <ul style="list-style-type: none">- Board Development Event 21 February 2017- Assurance Framework - short briefing for Board Members	
5. Kent Health and Wellbeing Board Feedback <ul style="list-style-type: none">- Focus on the Kent Health & Wellbeing Strategy and the revised Joint Strategic Needs Assessment	
6. Workshop : Towards a Whole Systems Approach to Falls Prevention from Current State to Ideal Status	23 - 25

Continued Over/:

Issued on 10 April 2017

The reports included in Part I of this agenda can be made available in **alternative formats**. For further information about this service, or to arrange for special facilities to be provided at the meeting, **please contact Yvonne Wilson** on 01732 375251

Kent County Council, Policy and Strategic Relationships, Room 2.65, Sessions House, Maidstone, ME14 1XQ

7. Sustainability and Transformation Plan (STP): Challenges and Prospects

8. **Health Improvement Model: Local Authority Devolution**

- Objectives behind the proposed changes
- Progress & Prospects for Local District and Borough Councils
- Local systems and partner arrangements

9. **Any Other Business - Future Agenda Items**

Update: Total Place Resource - Emerging Work in West Kent
between NHS WK CCG and KCC
Local Care

Alcohol Related Harm : Task & Finish Group

- A Proposal to the Board for a Sustainable Approach to Tackling Local Challenges June 2017

Community Asset Mapping June 2017

Tackling Obesity – Workshop Session June 2017

Self-Care, Self - Management – Workshop Session August 2017

North Kent Pilot Children's Commissioning Model - Workshop
Session October 2017

10. **Date of Next Meeting**

Tuesday, 20 June 2017

11. **Future Meeting Dates 2017-18**

- 15 August 2017
- 17 October 2017
- 19 December 2017 (TBC)
- 20 February 2018
- 17 April 2018

Agenda Item 3

Draft Minutes of West Kent Health and Wellbeing Board Meeting

20 December 2016

16.00 -18.00

**Tonbridge & Malling Borough Council, Gibson Drive, Kings Hill,
West Malling, Kent, ME19 4LZ**

PRESENT:

Gail Arnold (GA)	Chief Operating Officer, NHS West Kent Clinical Commissioning Group
Alison Broom (AB)	Chief Executive, Maidstone Borough Council (MBC)
Pat Bosley (PB)	Councillor, Sevenoaks District Council (SDC)
Lesley Bowles (LB)	Chief Officer Communities & Business, SDC NHS England (NHS E)
Roger Gough (Cllr RG)	Councillor, Kent County Council (KCC) - Chair
Steve Humphrey (SH)	Director of Planning, Housing & Environmental Health, Tonbridge & Malling Borough Council (TMBC)
Mark Lemon (ML)	KCC
Gary Stevenson (GS)	Head of Street Scene, Tunbridge Wells Borough Council (TWBC)
Malti Varshney (MV)	Public Health Consultant, KCC, NHS WK CCG
Lynne Weatherly (Cllr LW)	Councillor, TWBC

IN ATTENDANCE:

Nazima Chauhan	NHS WK CCG
Kevin Driscoll (KD)	Public Health England Kent, Surrey & Sussex
Tristan Godfrey (TG)	STP Workforce Programme Manager , Kent and Medway Health Education England, Kent, Surrey and Sussex
Priscilla Kankam	NHS WK CCG
Kas Hardy (KH)	PH KCC
Jane Heeley (JH)	TMBC
Matt Roberts	MBC
Karen Sharp(KS)	KCC
Heidi Ward	TMBC
Sarah Ward (SW)	MBC
Helen Wolstenholme	TWBC
Yvonne Wilson (Minutes)	NHS WK CCG
Sarah	TWBC

1.	Welcome and Introductions	Action
1.2	Vice Chair, Cllr Roger Gough was acting in the position of chair as Bob Bowes was unable to attend. Cllr Gough welcomed all present to the meeting.	

<p>1.3</p> <p>1.4</p>	<p>Apologies were received from:</p> <p>Dr Bob Bowes, Dr Tony Jones, Penny Graham, Cllr Maria Heslop, Dr Caroline Jessel, Reg Middleton, Dr Andrew Roxburgh, Dr Sanjay Singh, Cllr Fran Wilson, Julie Beilby had advised a Substitute – Steve Humphrey to attend.</p> <p>Cllr Fran Wilson, Leader, Maidstone Borough Council will be attending the Board in the future as one of the Borough's representatives.</p>	<p>YW</p>
<p>2.</p>	<p>Declaration of Disclosable Pecuniary Interests There were none.</p>	
<p>3.</p>	<p>Minutes of the Previous Meeting – 18 October 2016 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>4.2</p> <p>4.2.1</p>	<p>Matters Arising</p> <p>Update: Implementing the Health and Wellbeing Board Annual Report Recommendations</p> <p>It was reported that the date of the Board Development Event re-scheduled to the 17 January 2017 will need to be re-arranged. A new date would be identified and invitations extended to Board members to participate.</p> <p>Chief Executive Officer & Leader Meetings</p> <p>Cllr Gough relayed feedback from Dr Bob Bowes on themes which have emerged in the course of the meetings between the CCG Accountable Officer (Ian Ayres) the Chair, Bob Bowes and the Leaders and Chief Executives of the four district and borough councils:</p> <ul style="list-style-type: none"> • Geography; the difference in size between the CCG area and the LAs' areas make it difficult to engage and commit when the CCG has to have one policy across all. This will be simplified for the LAs by clustering of LAs but more complex for the CCG. • Perception of the Boroughs/Districts are that although much Public Health data is received and debated by the board, the Board does not derive clear requests to commissioners from these conversations, in other words, progress seems stalled on delivery. The West Kent Health and Wellbeing Board (WK HWB) has not gained authority over commissioners, but also has not tried to do so. • WK HWB has not moved commissioners towards budgetary unification; shared risk taking or joined-up commissioning. For example, NHS WK CCG and local authorities (LAs) have a crucial agenda in 'one public estate' but different stages of strategy 	<p>Yvonne Wilson/Bob Bowes</p>

<p>4.3 4.3.1</p>	<p>development mean that CCG and LAs work on this has been limited so far, although good progress is being made in some areas.</p> <p>CCG Town Hall Event</p> <p>Representatives s from the 4 local councils took up an invitation to lead an all CCG Staff event in November to start the process of strengthening joint working/collaboration and generating better awareness of the role of local councils in promoting the health and wellbeing of local residents. The Town Hall event was led by senior council officers and covered the following key issues:</p> <ul style="list-style-type: none"> • How Councils work • Decision making • Local authority finances • Day in the life of a Council: • District/borough council role in health • Tackling the wider determinants of Health • Health Improvement Initiatives • Case Studies (self-neglect; weight;) • Scenarios – ‘doing things differently – working better together’ 	
<p>4.3.2</p>	<p>Golden Nuggets/Future Action – Progressing Make Every Contact Count (MECC) training for a range of staff groups; use of the Primary Care information resource (DORIS) to better promote referrals into the healthy lifestyles programmes offered by local councils; Risk identification; Need to explore opportunities around the development of New Primary Care Models; Social Prescribing; Better use of Technology and others who can support/promote wellbeing e.g., Pharmacists and Care Navigators.</p>	
<p>4.4</p>	<p>It was resolved: to ensure that the issues highlighted in paras 4.2 and 4.3 inform the agenda for the planned Board Development event.</p>	<p>Yvonne Wilson/Bob Bowes</p>
<p>5. 5.1</p> <p>5.2</p>	<p>Assurance Framework</p> <p>Ms Varshney and Mrs Wilson gave a brief introduction to the main findings of the report, drawing the Board’s attention to the various appendices highlighting the specific outcomes and recommendations identified to address the issues in the report. The Board’s attention was drawn to the fact that there were 7 recommendations, not eight as one was duplicated.</p> <p>Comments in discussion included:</p> <ul style="list-style-type: none"> • Top level analysis unhelpful as it doesn’t sufficiently express what the difference is that should be expected. Particular reference made in relation to childhood obesity – a whole family approach required and information contained in report does not help the Board to be assured.(AB) • Is there a strategy for measuring progress on Dementia issues? KHWB had asked all local HWBs to provide assurance. • It was acknowledged that a number of the issues highlighted will need to be addressed in the Task & Finish Groups (JH) and the specific obesity reference in the report was found to be helpful (JH). 	

<p>5.3</p> <p>5.4</p> <p>5.4.1</p>	<p>Ms Varshney and Mrs Wilson provided some further details to Board members about the actions required to ensure delivery against the outcomes, including childhood obesity.</p> <p>It was resolved that:</p> <p>The recommendations presented in the report are agreed and that a report to be prepared in time for the next Board meeting that sets out the details of <i>who</i> will be required to take <i>what</i> action to ensure the recommendations can be delivered by specific agencies/groups and <i>how</i> progress towards delivering meaningful outcomes will be effectively monitored.</p>	<p>Yvonne Wilson Malti Varshney</p>
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<p>Commissioning Children’s and Maternity Services – Proposals & Prospects</p> <p>Karen Sharp, the Interim lead for Children's Commissioning shared a Powerpoint Presentation which adopted an approach that considered <i>universal, additional, intensive and specialist</i> support/services model. Ms Sharp outlined areas of activity within Children’s Commissioning which included:</p> <ul style="list-style-type: none"> • Health Visiting (subject to a 10% efficiency savings programme in 2016 -17 and 2017 - 2018) • School Nursing • Family Support (New Youth and Young Carers provision) • Intensive Support (Troubled Families, Drugs & Alcohol and Portage) • Integration • Commissioning against outcomes (contained in the Children & Young People Framework) <p>Ms Sharp outlined the review programme which was underway. Ms Sharp explained that KCC's ambition was to re-design services (linked to the KCC Front Door Review); create a stronger focus on emotional well-being; strengthen the school nursing service offer within secondary schools settings; better align school nursing with child and adolescent mental health services and establish greater synergy between different elements of the children/family support offer.</p> <p>Ms Sharp emphasised current work towards integration in partnership between KCC and North Kent CCGs. The Plan included seeking opportunities for joint procurement, re-modelling; agreement on shared local priorities and better consistency of approach.</p> <p>Comments, Discussion & Questions</p> <ul style="list-style-type: none"> • What linked work was being considered with districts, borough and Local Children’s Partnership Groups(LCPGs) and between KCC Specialist Commissioning and CCGs 	

<p>6.5</p> <p>6.5.1</p> <p>6.5.2</p>	<p>(needs of children with disabilities)?</p> <ul style="list-style-type: none"> • Indicators within the Children and Young People Framework of interest – what endorsement had been secured from partners and had any work been carried out to assess overlaps with the Joint Health & Wellbeing Strategy and CCG Plans? • Perceived value in assessing the progress on the integration pilot in North Kent. • Broad endorsement of the 'direction of travel' outlined and keenness expressed in reviewing progress and prospects for adopting/embedding good practice elsewhere. • Note cross-Kent work to strengthen Children's Centre, Early Help and Health Visiting collaboration. • Interest in exploring the approach to risk assessment and early preventative support e.g., reviewing needs of families at risk of homelessness; vulnerable young people; young care leavers so as to anticipate needs and assemble early support/intervention. <p>It was resolved that:</p> <p>The agencies represented on the WK HWB seek to formally endorse the Children & Young People Framework</p> <p>Officers requested to prepare a report that provides a detailed update on the progress made towards embedding the new operational arrangements for integrated/ joint working currently being piloted by North Kent CCGs and KCC be submitted to the Board in 6-9 months' time. The purpose will be to consider lessons learnt and to assess the prospects for implementing an integrated children's service model across health and KCC in the West Kent area.</p>	<p>Relevant WK HWB Member organisations</p> <p>Karen Sharp</p>
<p>7.</p> <p>7.1</p> <p>7.2</p>	<p>Addressing Health Inequalities in West Kent</p> <p>Ms Varshney and Ms Hardy introduced this item by presenting an overview of the key Public Health issues in relation to understanding relative deprivation across West Kent. Ms Hardy explained that mapping across Kent was evaluated at a West Kent level and paints the picture of little deprivation compared to Kent, with only 5 Lower Super Output Areas (LSOAs) being identified in the West Kent CCG area of having deprivation scores of 37.9 or above. However, this did not mean that West Kent does not have deprivation relative to its more affluent areas. Examples of the types of deprivation found in West Kent were shared.</p> <p>Maidstone Borough Council Sarah Ward, Maidstone's Health & Housing Manager reported on</p>	

	<p>how the Borough council had addressed the inequalities agenda. Ms Ward explained that the Maidstone Health and Wellbeing Board is the key mechanism for driving forward priorities identified for the area and owns the Inequalities Action Plan. Internal departments also held responsibility for contributing to delivery. A review of progress highlights that the following areas are significantly worse than the national average:</p> <ul style="list-style-type: none"> • Statutory Homelessness Acceptances (per 1000 households) • Admission episodes for alcohol-related conditions (ASR per 100,000) • Excess winter deaths (single year, all ages/person) <p>Four sub groups are established to lead delivery and in addition, a range of other stakeholders will contribute, such as KCC, CCGs and voluntary and community sector partners.</p>	
7.3	<p>Sevenoaks District Council Lesley Bowles, Chief Officer, Communities and Business updated the Board on the objectives, actions and priorities set out in the council's Inequalities Plan. Ms Bowles explained the arrangements for reviewing progress, identifying achievements and areas of challenge. Five main areas of concern have been highlighted:</p> <ul style="list-style-type: none"> • An increase in numbers killed or seriously injured on our roads (45.1 to 51.8 per 100,000 population) • Increases in smoking related deaths (164 to 236.1 per 100,00 population), excess winter deaths (17.6 to 19.6 ratio) and hip fractures in 65s and over (451 to 616 per 100,000 population) • Increases in recorded diabetes (5.0% to 5.4%) and malignant melanoma (13.7 to 18.0 per 100,000 population) • An increase in drug use (2.0 to 2.2 per 1,000 population) • An increase in alcohol specific hospital stays for the under 18s (35.0 to 28.9 per 100,00 population) <p>Ms Bowles reported that a new three year plan which includes six priorities for action had been approved for the period 2015 – 2018 and at the half year stage, just over 89% of actions were 'on target'.</p>	
7.4	<p>Tonbridge & Malling Borough Council Jane Heeley, the Chief Environmental Health Officer presented the update on work carried out at TMBC. Ms Heeley explained that a partnership body and a group representing key frontline services held responsibility for delivering a range of activities intended to address health inequalities. Ms Heeley explained how the Council's Inequalities Plan reflected the six Life-course objectives as categorised in the Marmot Review (2010).</p> <p>Ms Heeley reported on the plans for developing a new Health Inequalities Action Plan in 2017 to run until 2020 and made</p>	

	<p>reference to the current work on 'devolution' in partnership with Sevenoaks District Council and Tunbridge Wells Borough Council. Ms Heeley explained that the new devolution proposals were likely to positively impact on delivering health improvement across the three council areas. A detailed progress update schedule was attached to the report allowing closer examination of the objectives agreed and outcomes.</p> <p>Tunbridge Wells Borough Council</p> <p>7.5 Gary Stevenson, the Head of Environment & Street Scene outlined the local activity relating to health inequalities and updated the Health & Wellbeing Board on progress against the Tunbridge Wells Health Inequalities Action Plan.</p> <p>Mr Stevenson reported on the aims of the group which oversees the health inequalities agenda in Tunbridge Wells which includes supporting the wider workforce to understand the causes of Health Inequalities and how the work that is undertaken and decisions made have a positive or negative influence on Health Inequalities. Mr Stevenson highlighted the importance placed on joint work with partners to facilitate a reduction in Health Inequalities and shared information on the new model for consolidating the resources of the three councils participating in the 'West Kent Deal' (TWBC, SDC and TMBC). Mr Stevenson explained that the West Kent Deal aimed to offer a single referral point for the three Districts that feeds into a local arrangement for each district or borough that enables a holistic assessment of individual needs and considers the wider determinants of health such as debt, employment and housing conditions.</p> <p>NHS West Kent CCG</p> <p>7.6 Gail Arnold, Chief Operating Officer gave a detailed slide presentation to Board members which set out the CCG vision for primary care built on a strong bedrock of General Practice with the following characteristics:</p> <ul style="list-style-type: none"> Sustainable In A Suitable Estate Supported By Technology Efficient Skilled Workforce Accessible Timely High Performing Patient Centred Holistic Population Based Healthcare <p>Ms Arnold explained that the new primary care model is based on a</p>	
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<p>7.7</p> <p>7.8</p> <p>7.9</p> <p>7.9.1</p> <p>7.9.2</p>	<p>'hub and cluster' model, but working with the other local care providers to fully align and further develop to full 'Multi-specialty Community Provider' (MCP) status. Ms Arnold outlined the workstreams (and enablers) being developed to help transform care for patients moving towards a model which prevents ill health, intervenes earlier and delivers excellent, integrated care closer to home.</p> <p>Ms Arnold explained how in line with the model outlined in the "The Five Year Forward View", practices are getting together in clusters or network of practices to share knowledge, resources and teams. Ms Arnold reported on the ways in which inequalities would be addressed by intervening earlier; (more and timely preventative measures) and reducing the gap in health and wellbeing outcomes.</p> <p>The Chair Cllr Gough thanked all the officers who had presented the work being led by the six agencies across West Kent.</p> <p>Questions, Comments and Discussion:</p> <ul style="list-style-type: none"> • That there were examples of shared approaches to addressing inequalities in local communities. (Cllr RG) • The majority of the most deprived LSOAs are in Maidstone and two are in Sevenoaks District. (AB, MV) • The Public Health presentation provides a useful starting point for considering the content, variation and outcomes of NHS Health Checks (GS, GA) • That the Asset Mapping approach adopted by KCC PH potentially offers a useful approach to targeted work in areas showing features of deprivation (GS, MV, AB) • Interest was expressed in the targeted approach to intervention undertaken by the KCC Children's Services Commissioning Unit (GA) <p>It was resolved:</p> <p>To receive a report at the next meeting which identifies common areas of interest where partners can learn lessons that help provide assurance in relation to addressing inequalities. This would explicitly explore the correlation between delivery outcomes of NHS Health Checks and areas of Deprivation and assess the potential for creating bespoke elements to be added to the Health Check – to influence improved outcomes and greater confidence in the value of the programme.</p> <p>A report to be presented to a future Board meeting on the outcomes identified in the Asset Mapping work completed in TWBC area with a view to exploring the potential for a 'consistency of approaches' towards asset mapping (to also relate to the Devolution Deal; focus on the formation of Local Care facilities and</p>	<p>Gail Arnold and Karen Sharp</p> <p>Gary Stevenson/</p>
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	'spatial patterns' within the context of the development of New Models of Primary Care).	Helen Wolstenhulme
8.	Delivering the Five Year Forward View Workforce Development & Role of Make Every Contact Count (MECC)	
8.1	Tristan Godfrey, STP Workforce Programme Manager for Kent & Medway, (Health Education England, Kent, Surrey & Sussex, Policy Adviser for STP Workforce workstream) and Kevin Driscoll, Public Health England, Kent, Surrey & Sussex MECC Lead, gave a joint presentation to the Board. Mr Godfrey and Mr Driscoll highlighted that Workforce is a key enabler for the Kent and Medway STP and reported that £480k funding had been allocated through Medway Council, to deliver Making Every Contact Count (MECC) as an integral aspect of workforce development and the prevention agenda which is at the heart of the STP. It was explained that a portion of this funding was to be made available specifically for the benefit of the primary care workforce	
8.2	Mr Driscoll reported that six MECC Spearheads have been established across Kent, Surrey and Sussex. The current position was that longer term planning was required to ensure that MECC is aligned with local STP aims and objectives and to tackle three key issues which have emerged in delivering MECC across Kent and Medway: <ul style="list-style-type: none"> i. Harnessing targeted workforces e.g. 'housing sector'; ii. Industrializing preventative working across all sectors and scoping the training needed for this approach; iii. Working with new ICO/MCPs in embedding a new culture of pro-active health and social care. 	
8.3	It was resolved:	
8.3.1	To note the report.	
8.3.2	To ask officers to continue local efforts to develop arrangements for delivering MECC training to key occupational groups across West Kent.	Agencies represented on WK HWB Malti Varshney
9.	Kent Health and Wellbeing Board	
9.1	Cllr Roger Gough provided feedback from the Kent Health and Wellbeing Board on issues of joint concern for the West Kent Board.	
9.2	It was resolved:	
9.2.1	That the West Kent HWB contribute to work around 'One Public	TBC

<p>9.2.2</p> <p>9.2.3</p>	<p>Estate' initiative.</p> <p>That the WK HWB ensures that there is an integrated system for assurance in relation to Dementia (including work with care homes; and arrangements for 'end of life care)</p> <p>That once the H&WB Strategy Review is completed later in 2017 – WK HWB to ensure that it takes full account of it to ensure it establishes a plan of action that adds value to the STP ambitions</p>	<p>Dave Holman/Yvonne Wilson</p> <p>Chair, All Board Awayday</p>
<p>10.</p> <p>10.1</p> <p>10.2</p>	<p>Update: Obesity Task & Finish Group</p> <p>Jane Heeley reported progress of the Obesity Task & Finish Group including:</p> <ul style="list-style-type: none"> • Chair and Member Champion attendance at the recent National Conference which focussed on national guidance and monitoring, through contributions from the authors of the Childhood Obesity Action Plan and NICE, as well as highlighting a number of interventions that have achieved some strong outcomes. • Engagement with KCC PH Campaigns officers who reported on the outcomes of the local booster campaign to support national Change4Life Sugar Smart initiative and shared options for continuing to strengthen the proposed follow up national campaign. In addition, members explored the issue of value for money of interventions in relation to outcomes – issues linked to the findings in relation to National Child Measurement Programme. • Discussions regarding the National Diabetes Screening Programme and links with Healthy Lifestyles Programmes; Audit of 'commissioned arrangements for Tier 2 services (to help avoid duplication and effective use of local resources) • Acknowledgement of the need for effective engagement with other agencies and partnerships around the Obesity agenda. <p>It was resolved:</p> <p>That the Task & Finish Group Chair provide a report to the next Board meeting on its intentions for extending its influence to strengthen the delivery actions of a range of agencies across the system could be encouraged to undertake – given the issues highlighted under the Health Inequalities agenda item – where progress remains poor in addressing obesity.</p>	<p>Cllr Lynne Weatherly/Jane Heeley</p>
<p>11.</p> <p>11.1</p>	<p>Any Other Business – Future Agenda Items</p> <p>It was resolved that: The items suggested on the meeting agenda were agreed to be brought forward onto the Work Programme for the Health and Wellbeing Board.</p>	<p>Chair/Yvonne Wilson</p>

<p>12.</p> <p>12.1</p> <p>12.2</p> <p>12.3</p>	<p>Date of Next Meeting 21 February 2017 Cancelled</p> <p><u>Next Meeting</u> - 18 April 2017 – Sevenoaks District Council</p> <p>Board Development Event : 21 February 2017, 13.30 – 17.00, Mercure Hotel, 8 Tonbridge Road, Pembury, Tunbridge Wells, TN2 4QL</p>	All
<p>13.</p>	<p><u>West Kent Health & Wellbeing Board Meetings:</u></p> <p><u>Proposed Future Meeting Dates 2017 -2018</u></p> <ul style="list-style-type: none"> • 20 June 2017 • 15 August 2017 • 17 October 2017 • 19 December 2017 TBC • 20 February 2018 • 17 April 2018 	All
	<p>For any matters relating to the West Kent Health & Wellbeing Board, please contact:</p> <p>Yvonne Wilson, Health & Wellbeing Partnerships Officer NHS West Kent CCG Email: yvonne.wilson10@nhs.net Tel: 01732 375251</p>	

Quorum 7: To be made up of at least one representative from each of the main partners (Kent County Council, District/Borough Councils and West Kent CCG)

Report West Kent Health & Wellbeing Board Development Event – 21 February 2017

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Discussion topic	Comments
Achievements	<ul style="list-style-type: none"> • Signposting • Better understanding of partnerships and different perspectives • A useful forum to share information, develop partnerships and focus on the determinants of health and wellbeing • The geography works quite well • The West Kent Integration Board matches the WHWBB with the exception of Swanley • (slowly) building relationships between commissioners • WKHWBB may have given credibility to work streams that districts/ borough were already working towards • Gained understanding of JSNA, HWBB agenda, each other • Establishing the relationship • Brought a focus on priority areas • Task and finish groups and development of strategies • Closer working with the LA – sharing office etc • Communication improved • Plans now more reflective of partnerships • Clinical microsystems (quality improvement in primary care) more joined up • Self-care group – effective • Helicopter view informing delivery • Maidstone – housing team now attend delayed discharge meetings • Shared understanding of challenges • Improved strategic relationships • Whole system view • Comprehensive presentations • Spring board to delivery in other form e.g. planning, strategic estates, mapping tools
Challenges	<ul style="list-style-type: none"> • Practical progress slow • Lack of awareness of the 'positives' outcomes that the Board has initiated • STP experience has led to a set of views that contribution of the districts and borough NOT valued and that they do not have a role to play • Successes don't always come back to Board • Relationship with Kent HWBB? Formal sub committee

- Lack of guidance
- Inconsistency between HWBB
- Will partners cede authority to the Board?
- Concerns about economies of scale and accountability and performance management
- Is the future of LHWBBS as commissioning organisations? Particularly in light of the WKCCG likely to be incorporated into a Kent CCG
- Membership – are the right people there? Should providers be represented?
- Willingness to co commission
- Disconnect between what people would like and expect and what they're prepared to do
- Focus is too wide – changing behaviours or changing environment
- Austerity leads to risk aversion in sovereign organisations – is the WKHWBB the right vehicle to reduce perceived risk
- Geography?
- Board members – struggle to understand what is the difference that participation makes
- Not enough feedback about any successes
- Shift thinking about the opportunities that the devolution deal can help deliver
- Frustrations about the fact that the devolution deal has not been a central focus of the Boards deliberation
- Lack of engagement from social care – should be involved but where are they?
- WKHWBB ambitions to tackle the sorts of issues we are trying to deliver – can't be resolved without KCC social care
- The board needs to challenge other members – all need to be accountable
- Board members need to be prepared to challenge their own organisations and existing thinking about current provision of services
- Need to challenge commissioning culture
- Can 'trusted partners' be considered to provide services?
- Are existing commissioning cycles a barrier to innovation (health and social care)
- Misguided objectives and complexity
- Need for energy, passion, higher level champions
- Issue of power – can develop strategy but capacity to influence delivery?
- How can we be enablers?
- How can we hold each other to account?
- Should we be asking for clearer sign up?
- Are individuals as committed as they should be?

Report West Kent Health & Wellbeing Board Development Event – 21 February 2017

	<ul style="list-style-type: none"> • Does it need to be all about delivery? • Do we follow the evidence? • Are we good enough as prioritisation? • What happens between meetings? • Who's responsible for taking it forward? • Lack of funds • Clusters – delivery points? • Districts – working differently
<p>Future roles and responsibilities</p>	<ul style="list-style-type: none"> • Influence the STP and its delivery • Needs to avoid duplication and needs to add value • Help each of the respective organisations understand respective levels of clustering • WHWBB should focus on identifying needs and how to address them at a strategic level • Capturing the overview and the work of the other boards and plans • Having boards own basket of indicators for West Kent and a way to measure/ share them • Be a forum for sharing best practice and innovation • Scan the horizon for the future challenges and start the conversations – how will this affect us jointly and separately • Be a sounding board on ideas and challenges • Do we want to be a delivery group? • Responsibility and power should be agreed by the Kent Board • Necessary focus on wellbeing • Mechanisms for localism and sharing – inc teams, IT, premises • Opportunities of clustering • 'big enough to cope, small enough to care' • Feedback • Design and implementation of local care arrangements • Social prescribing • One public estate • Influence cluster leads to influence self-care agenda • Work force planning • IT, digital connectivity • Do we need to exist? In this form?

Report West Kent Health & Wellbeing Board Development Event – 21 February 2017

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	<ul style="list-style-type: none"> • Adult social care – join up is happening on the ground but not at a strategic level. • This makes no sense to the man in the street – do we need an engagement plan? To work with the voluntary sector? Use networks more? Hold listening events? • STP view of prevention is medicalised – needs to look at root causes. • Support system permissions – risk averse behaviours, we need to get culture change and support • Potential of Right Care methodology • Co commissioning of public health – needs to be embedded • Kent and Medway – STP join p? HWB Join up?
Short term priorities	<ul style="list-style-type: none"> • Given the organisational flux, focus on a deliverable plan which can be delivered over the next 6-12 months. • Tighten up the T&F groups – objective is inequalities, need milestones, report back regularly • Pick one priority – e.g. MECC, obesity, alcohol • Look at critical issues – obesity, alcohol etc review what has been done • Task and finish – what has followed from that work? • Look at engagement of social care • Sign up to a shared priority? • Be a partnership rather than a board? • Hold meetings in the same, accessible place • Influence the local plan • Consider the geography? • Hear about the local delivery of the STP (local element) • Use WKHWBB to unblock issues e.g. identifying outcomes, what can we do to help • Continue communication and improve signposting • What other representatives/ links would enhance the WKHWBB? – Community Safety Partnerships? Local Children’s Partnerships? • What are our respective agencies challenges? How do we help each other? • Role of interpretation and translation • Horizon scanning – what are the big things coming? • Task and finish groups don’t finish so short term need to deliver at least one measurable output • Need to decide between focus on internal understanding and things that directly affect residents • Develop a single view of the world • Focus on specific geographies with defined measures of performance, clear responsibilities of each org. • Board needs to demonstrate it is competent.

Report West Kent Health & Wellbeing Board Development Event – 21 February 2017

	<ul style="list-style-type: none"> • What does a reboot mean? For organisations and for residents in the context of the changing landscape • The local board is not mini KHWBB – should it be a delivery arm of KHWBB? • STP – making sure we all understand the strategy and oversight of the local delivery
Longer term evolution	<ul style="list-style-type: none"> • Difficult to predict given various 'clustering' • We have to be flexible • Ensure we keep a handle on the local/delivery • Speak to local people – are we meeting their needs? • Bring together prevention and primary care

Workshop Feedback

Question	1 - disagree	2	3	4	5 - agree
The workshop objectives were clearly communicated			x1	x1	X5
The content of the workshop supported the objectives				X4	X3
The break out sessions worked well				X3	X4
The workshop objectives were met				X4	X3

Comments:

What would you have liked more time on?

- May have been good to rotate
- Cluster groups
- Clearer definition of health inequalities and how they can be impacted

What would you suggest to improve the workshop?

- Attendance from social care
- It was excellent – slides difficult to see though.

Report West Kent Health & Wellbeing Board Development Event – 21 February 2017

Additional comments

- Really useful thank you
- Helpful and interesting, thanks
- Balance of the topics was broadly right, my only comment is that we would clearly have benefitted from scene setting/ shared understanding of the changing landscape at the start
- I thought it was a good experience. We all had some really good ideas – the challenge now is to capture all of those ideas and be sure to implement them in a structured and disciplined way. Really good session, good facilitation

MINUTES APPENDIX West Kent Health & Wellbeing Board 18 April 2017 Delivery Action Plan for Minutes of Meeting
20.12.16 - Assurance Framework Report

Report recommendation(s)	Action required: Agency/Lead	Outcome expected/By when & Monitoring Arrangements	Update
<p>i. Align outcomes of the current Health and Wellbeing Strategy with the delivery outcomes for the Sustainability & Transformation Plan</p> <p>ii. Explore opportunities for working with relevant strategic partnership groups, agencies, commissioning bodies and population groups to address issues which analysis has presented as showing persistent challenges for performance outcomes in West Kent.</p> <p>iii. Ensure the Board's existing Task & Finish</p>	<p>West Kent West Kent Health & Wellbeing Board Development Event 21 February 2017 to consider relationship between its stated priorities and the Sustainability & Transformation Plan</p> <p>All issues which the Assurance Report Analysis presents as showing persistent challenges for performance outcomes in West Kent to be shared with relevant agencies and partnership groups with a view to the body assessing opportunities which may exist to address the issue.</p> <p>Task & Finish Groups to be requested to consider what action they can take to address concerns.</p>	<p>To be agreed at Development Event 21 February 2017</p> <p>Alcohol and Obesity Task & Finish Groups to report</p>	<p>No definitive decision taken at WK HWB Development Event. Issue to be highlighted at 18 April meeting following discussion on this matter at the Kent HWB</p> <p>Examples: Programme Lead for commissioning Dementia services to be requested to provide a report to the Board on progress in working with Providers to address the issue of people admitted to hospital with dementia receiving appropriate assessment. Community Safety Partnerships to be approached re hospital admissions relating to alcohol harm. Local Children's Partnership Groups to be approached in relation to obesity data/information.</p> <p>Obesity Task & Finish Group requested to reflect on the</p>

<p>Groups orientate their delivery and action plans towards addressing outcomes where there are concerns for West Kent performance.</p> <p>iv. NHS West Kent Clinical Commissioning Group (NHS WK CCG) to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.</p> <p>v. West Kent Health & Wellbeing Board (WK HWB) to both influence and ensure a robust local system for integrated commissioning and effective alignment between the National Child Measurement Programme to ensure effective</p>	<p>Programme Lead for commissioning Dementia services requested to provide a report to the Board on progress in working with Providers to address the issue of people admitted to hospital with dementia receiving appropriate assessment.</p> <p>Agenda Item(s) on arrangements for joint Commissioning of Children's Services provides opportunity for Board members to input into the future plans for children's services</p> <p>Board agreed to consider the outcome of the North Kent Joint Commissioning/Integrated Working Pilot in 6 months' time and determine lessons to be learnt for West Kent.</p>	<p>formally to HWB as part of the Board Work Programme.</p> <p>By April 2017</p> <p>By June 2017</p>	<p>issues highlighted in the report – to include proper consideration of the links it might establish with other groups such as the Local Children's Partnership Groups (LCPGs) to ensure co-ordinated delivery actions.</p> <p>Chair discussed Assurance report issues with Alcohol Task & Finish Group Chair and Officer Lead. Report requested to next WK HWB meeting.</p> <p>Email sent to DH and MMCH</p> <p>To be added to WK HWB Work Programme 2017 – 2018</p>
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<p>joined up delivery actions with the work of the LCPGs</p> <p>vi. Agree appropriate mechanism for assessing the challenges relating to performance with NHS Health Checks Uptake (which has reduced from the 2014/15 level);</p> <p>Slope index in Inequalities across all four districts in West Kent for males;</p> <p>Alcohol related admissions in some districts has slightly increased from 2013/14;</p> <p>Screening for cervical and breast cancer in those districts where there has been a reduction from 2014</p> <p>vii. That further investigation be carried out in relation to the Public Health England website description of the West Kent</p>	<p>CCG Chief Operating Officer to meet with KCC PH Commissioning Lead to explore opportunities for creating 'bespoke NHS Health Check'</p> <p>Request advice from KCC PH on how this might be tackled. Determine what the implications are for Borough/District Councils and the respective Devolution Deals</p> <p>Delivery Action for WK CCG Mental Health commissioning lead. Potential Delivery Action for x4 local Community Safety Partnerships</p> <p>CCG lead for Specialist Commissioning to advise</p> <p>KCC and CCG to interrogate the Public Health England description.</p>	<p>To be advised</p> <p>By April 2017</p>	<p>Aligned Public Health Consultant to progress</p> <p>Emails sent</p>
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<p>overall rate, and the male rate, as "similar to the benchmark", whereas, they label the female rate as "above the benchmark".</p> <p>viii. Requests that the joint commissioners of the Kent Carers Support Services ensure that contract performance management will include KPI's and evidence that will help us measure specific outcomes, such as those outlined in Appendix 3.</p>	<p>Joint commissioners of the Kent Carers Support Services to develop KPI's and generate evidence</p>		
<p>7. Health Inequalities</p> <p>7.9.1 To receive a report at the next meeting which identifies common areas of interest where partners can learn lessons that help provide assurance in relation to addressing inequalities. This would explicitly explore the correlation between delivery outcomes of NHS Health Checks and areas of Deprivation and assess the potential for creating bespoke elements to be added to the Health Check – to influence</p>	<p>Insufficient time to fully consider these matters. Since the last meeting in December, the Board has held a Development Event (February) which agreed to identify more dedicated time within meetings for deliberation and decision-making. Suggest that the Board has dedicated time at future meetings for the following issues which will help the Board identify areas of interest:</p> <ul style="list-style-type: none"> • A new approach to the Kent Health & Wellbeing Strategy 		<p>Kent HWB considered the new approach to developing the Kent Health & Wellbeing Strategy – feedback to be</p>

<p>improved outcomes and greater confidence in the value of the programme.</p> <p>7.9.2 A report to be presented to a future Board meeting on the outcomes identified in the Asset Mapping work completed in TWBC area with a view to exploring the potential for a 'consistency of approaches' towards asset mapping (to also relate to the Devolution Deal; focus on the formation of Local Care facilities and 'spatial patterns' within the context of the development of New Models of Primary Care).</p>	<ul style="list-style-type: none"> • Links between the NHS Health Checks Results and Deprivation. Time required to enable discussion between KCC and WK CCG on the potential for developing 'bespoke' elements to the checks. A report could then be brought back to the HWB <p>It has been agreed that this will be considered at the June HWB meeting, with Tunbridge Wells Borough Council officers taking a lead in presenting the work carried out in that area.</p>		<p>given to WK HWB at 18 April meeting.</p> <p>Additional support required to facilitate discussion between CCG and KCC and provide feedback to Board.</p> <p>Since last meeting work carried out to explore what work has been undertaken/feasibility of a Tunbridge Wells focused presentation has highlighted that Asset Mapping has also been carried out in other areas in West Kent and the Board will benefit from taking a broader view of work undertaken, outcomes/progress and future prospects.</p>
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Agenda Item 6

West Kent Health & Wellbeing Board Meeting 18 April 2017

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 managing 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 developing a 'framework' for falls prevention and management for its population.

Current State

	2010/11	2011/12	2012/13	2013/14	2014/15	DOT (2 most recent)
Injuries due to fall in people aged 65 and over (persons, per 100,000. PHOF)						
Ashford	1,626 (g)	1,771 (g)	1,774 (g)	1,909 (a)	1,939 (a)	
Canterbury	1,785 (g)	1,850 (g)	1,813 (g)	1,944 (a)	1,909 (g)	æ
Dartford	2,269 (a)	2,515 (r)	2,814 (r)	2,804 (r)	2,800 (r)	æ
Dover	1,737 (g)	2,039 (a)	1,717 (g)	1,926 (a)	1,992 (a)	
Gravesham	2,020 (a)	2,172 (a)	2,512 (r)	2,353 (r)	2,392 (r)	
Maidstone	2,230 (r)	2,300 (r)	1,949 (a)	2,415 (r)	2,438 (r)	
Sevenoaks	2,348 (r)	2,377 (r)	2,364 (r)	2,523 (r)	2,539 (r)	
Shepway	1,740 (g)	1,895 (a)	1,749 (g)	1,786 (g)	1,625 (g)	æ
Swale	2,193 (a)	1,984 (a)	1,869 (a)	1,801 (g)	1,630 (g)	æ
Thanet	1,904 (a)	2,166 (a)	2,085 (a)	2,324 (r)	2,307 (r)	æ

	2010/11	2011/12	2012/13	2013/14	2014/15	DOT (2 most recent)
Injuries due to fall in people aged 65 and over (persons, per 100,000. PHOF)						
Tonbridge & Malling	2,547 (r)	2,499 (r)	2,451 (r)	2,457(r)	2,473 (r)	
Tunbridge Wells	2,983 (r)	2,842 (r)	2,651 (r)	2,857 (r)	2,734 (r)	æ
Kent	2,030 (r)	2,035 (r)	2,011 (r)	2,072 (r)	2,125 (r)	
National	2,088	2,175	2,096	2,224	2,201	æ
Hip Fractures in people aged 65 and over (persons, per 100,000. PHOF)						
Ashford	534 (a)	563 (a)	537 (a)	635 (a)	650 (a)	
Canterbury	631 (a)	612 (a)	547 (a)	648 (a)	556 (a)	æ
Dartford	628 (a)	659 (a)	639 (a)	679 (a)	614 (a)	æ
Dover	508 (a)	595 (a)	499 (a)	594 (a)	661 (a)	
Gravesham	560 (a)	522 (a)	581 (a)	451 (g)	634 (a)	
Maidstone	683 (r)	594 (a)	475 (g)	576 (a)	624 (a)	
Sevenoaks	591 (a)	611 (a)	516 (a)	622 (a)	540 (a)	æ
Shepway	582 (a)	611 (a)	603 (a)	549 (a)	573 (a)	
Swale	792 (r)	578 (a)	607 (a)	523 (a)	568 (a)	
Thanet	646 (a)	633 (a)	548 (a)	601 (a)	649 (a)	
Tonbridge & Malling	524 (a)	612 (a)	505 (a)	543 (a)	514 (a)	æ
Tunbridge Wells	521 (a)	579 (a)	522 (a)	542 (a)	604 (a)	
Kent	580 (a)	576 (a)	568 (a)	583 (a)	571 (a)	æ
National	604	599	544	581	598	

West Kent Health & Wellbeing Board Meeting 18 April 2017

Workshop: Towards a Whole Systems Approach to Falls Prevention

From Current State to Ideal Status

A G E N D A

<p>4.15pm</p>	<p>Presentations</p> <p>Local Analysis</p> <p>Commissioning arrangements for Falls Management</p> <p>Commissioning Adult Community Support</p> <p>Considering the Needs of Older People</p>	<p>Karen Hardy Public Health KCC</p> <p>Natalie Rennie West Kent CCG</p> <p>Emma Hanson KCC</p> <p>Ken Scott</p>
<p>4.35pm</p>	<p>Small Group Discussion</p> <p>What might a 'whole-system' approach in West Kent look like?</p> <p>Consider the Scope of Effective Falls Services - What are the Ingredients of an Effective Falls Prevention Approach?</p> <p>What is the Contribution all Stakeholders Can Make?</p> <p>How will we know that Changes have been made to improve Outcomes across West Kent?</p>	<p>All</p>
<p>5.05pm.</p>	<p>Feedback</p> <p>Share Themes and Issues</p> <p>Agree Actions for Delivering Change</p>	