

## **MAIDSTONE BOROUGH COUNCIL**

### **Community, Environment and Housing Overview and Scrutiny Committee**

#### **MINUTES OF THE MEETING HELD ON TUESDAY 12 AUGUST 2014**

**Present:** Councillor J.A. Wilson (Chairman), and  
Councillors Mrs Grigg, Munford, Naghi, Mrs Parvin,  
Round, Sargeant, Mrs Stockell and Vizzard

**Also Present:** Councillor Perry

1. THE COMMITTEE TO CONSIDER WHETHER ALL ITEMS ON THE AGENDA SHOULD BE WEB-CAST

**RESOLVED:** That all items on the agenda be webcast.

2. APOLOGIES

Apologies were received from:

- Councillor Joy;
- Councillor Mortimer;
- Councillor B Watson, and;
- Alison Broom, Chief Executive, Maidstone Borough Council (MBC).

3. NOTIFICATION OF SUBSTITUTE MEMBERS

- Councillor Grigg was present as substitute for Councillor Joy;
- Councillor Vizzard was present as substitute for Councillor Mortimer, and;
- Councillor Naghi was present as substitute for Councillor Watson.

4. NOTIFICATION OF VISITING MEMBERS/WITNESSES

It was noted that Councillor Perry was present as Cabinet Member for Community and Leisure Services to observe.

5. DISCLOSURES BY MEMBERS AND OFFICERS

There were no disclosures.

6. TO CONSIDER WHETHER ANY ITEMS SHOULD BE TAKEN IN PRIVATE BECAUSE OF THE POSSIBLE DISCLOSURE OF EXEMPT INFORMATION

**RESOLVED:** That all items on the agenda be taken in public as proposed.

7. MINUTES OF THE MEETING HELD ON 15 JULY 2014

**RESOLVED:** That the minutes of the meeting held on 15 July 2014 be approved as a correct record and signed by the Chairman.

8. UPDATE ON THE WEST KENT HEALTH AND WELLBEING BOARD - WHAT DIFFERENCE ARE THEY MAKING TO MAIDSTONE?

The Chairman welcomed Dr Bob Bowes, Chairman of the West Kent Health and Wellbeing Board (WKHWB) and Dr Jones, GP from Maidstone and member of the WKHWB and thanked them for attending.

Dr Bowes delivered his presentation explaining it was focused on the issues faced by the HWB. He began by explaining where the WKHWB sat in the structure.

The Kent HWB (KHWB) was established as a result of the Health and Social Care Act 2012. However, it was explained the structure of HWBs best suited a unitary authority system and not a county the size of Kent with a mixture of unitary, district and borough councils. As a result KHWB created local HWBs in Kent as sub-committees co-terminus with the local Clinical Commissioning Groups (CCG). This allowed for local say and local steer on strategy at CCG level.

Dr Bowes went on to explain:

- The Children's Health and Wellbeing group was yet to be formed, but would provide reports to WKHWB;
- No reports, as yet, had been received from local authorities with a health and wellbeing remit. This was something that needed to be done to ensure there was alignment with the services provided;
- The WKHWB had no budget, no authority and no staff to help with administration etc.
- The major influence in the delivery of services sat with the providers of the service because this was what mattered to the public. Dr Bowes suggested, as resources were so scarce, strategic bodies such as the CCGs and HWBs, should have a higher public profile and public awareness of what they do.
- The WKHWB had difficulties in receiving a population needs assessment data set that was credible, comprehensive and made sense of the needs of the local community.

Questions raised by Dr Bowes presentation included:

- How much influence should providers have on the services they delivered?
- Are providers delivering on WKHWB's strategy?

- How aligned were the providers and local authorities strategies with the WKHWB's strategy?
- How did the WKHWB focus its instructions to the providers given the enormity of the needs?

Dr Bowes' outlined the responsibilities of the WKHWB. These included:

- Bringing democratic legitimacy to the commissioning of health and social care. It was explained that having elected members sitting on the WKHWB was extremely powerful and brought a sense of public ownership and accountability;
- Preventing ill health by promoting good health to reduce inequalities. This had the lowest spend but resulted in the highest savings. However, preserving services meant continuous fire fighting. Better engagement and joining up with district and borough councils, who provided preventative services, was needed;
- Integrating health and social care commissioning, ensuring commissioners achieved integrated delivery. Also that, commissioners' strategies were aligned with the Kent County Council (KCC) Health and Wellbeing Strategy. This was an important role and one only the WKHWB could carry out.

The last slide of Dr Bowes' presentation showed a graph of the causes of death by Maidstone Ward. The graph showed Park Wood was in the top quintile for deaths through circulatory disease, cancer and other diseases. This information was from the Population Needs Assessment.

Dr Bowes pointed out that some of the more affluent Wards showed inequalities in how young people died. He felt that by addressing some of the issues that caused this would be a success for the borough.

The Chairman welcomed Dr Tony Jones, Maidstone GP to the meeting and asked him to make comment.

Dr Jones explained he had been involved in health and wellbeing for a number of years and represented the local voice of the residents on the WKHWB.

Dr Jones felt in his experience the work of WKHWB and Maidstone Borough Council (MBC) was closely aligned. He also stated that KCCs decision to constitute local HWB with CCGs was a good decision for local service provision.

Dr Jones stated he would like to explore practical opportunities to work with MBC on health promotion and inequalities at an informal, local level that would make a difference to residents of the borough.

Dr Bowes reported WKHWB had Task and Finish Groups working on specific issues in the borough, such as:

- Mental Health and Child and Adolescent Mental Health Service
- Child Obesity
- Alcohol misuse – including licencing, accident and emergency and ambulance services
- Drug and tobacco control

Sarah Robson, Community Partnership Manager, MBC reported that information from the WKHWB was filtered down to her team and regular update meetings were held with Alison Broom, Chief Executive, MBC. The MBC Health Inequalities Action Plan had been developed picking up on the priorities of the Task and Finish Groups and MBC action plans and wider plans (ie Community Safety Unit Plans) were aligned accordingly.

During further discussion the following points were made:

- There was scope for joined up working with the Planning, Transport and Development Overview and Scrutiny Committee (PTDOSOC) who were looking at developing a walking and cycling strategy. It was agreed the PTDOSC could link with the doctors surgeries in Maidstone committed to the health benefits of cycling.
- Youth obesity was acknowledged as an issue, as was youth malnutrition in not only deprived areas but affluent areas too.
- Sport and play needed more work as the knock on effects of this encouraged greater health and wellbeing.
- More help was needed for working on youth access to alcohol, tobacco and other substances including so called 'legal highs'. It was agreed there was potential for synergy for the HWB and licencing to work together on this.
- Resident input at Ward member level, where Councillors got to hear from residents where service levels were not being met, may facilitate a missing tier of monitoring health services.
- Working together at Primary Care level worked best around a core team, such as local medical practices, although a means of joining other activities around this would be needed. Areas missing that would be of benefit to residents included:
  - Nursing capability for multiple, long term, complex conditions;
  - Integration between GPs and mental health services at practice level;
  - Co-ordination of health and social care at practice level.
- Development of a federation of GP practices with multi-disciplinary teams in Maidstone was underway working on town wide health agendas.
- Patient self-care, encouraging peer support and connecting people with similar conditions and life experiences could create a sense of

community. This was an area where the voluntary sector could assist.

- Concern was raised that the WKHWB had no power or money. Dr Bowes explained the Commissioners held the budgets. The HWB could ask the Commissioners to focus on a particular area of health and wellbeing, for example if an area was identified as having a particularly high rate of cardio vascular health issues. If the Commissioners failed to take action, the Health and Social Care Act stated the HWB could report it to the Secretary of State for Health. However, although any such recommendations to Commissioners would make a difference, it was difficult to get the HWB in a position where it could make them. The difficulty lay in; identifying a need because the subject was so large; focusing on what could be delivered, and then; developing an expertise and instruction set that made sense to the Commissioners.
- The issue of Maidstone residents having to travel to Pembury Hospital for treatment, for example head injuries, and maternity services, raised concerns. Dr Bowes explained, Maidstone and Tunbridge Wells NHS Trust had two hospitals (Maidstone and Pembury). Services had become increasingly specialised and there was a need to provide these at scale by experts working together. Two hospitals were not able to do this. Pembury Hospital was successful in developing quality services that delivered good care. Services had been centred for patient safety above convenience.
- Dr Jones explained that both Maidstone and Pembury Hospitals had the capability of dealing with significant head injuries. However, the ambulance trust were told to take significant injuries to Pembury. Not all head injuries would be classed as significant and could be treated at Maidstone. This demonstrated a communication issue that needed to be addressed to ensure the right patients were taken to the right hospital.
- Information from patients gathered during the Mapping the Future project, demonstrated patients would be prepared to travel any distance for elective, non-emergency, treatment in order to get the best care.
- Cases where emergency treatment was required would be taken to the nearest service competent to deal with the emergency, which was not necessarily Pembury.
- Concern was raised regarding the accessibility of HWB documents and minutes. Councillors were made aware that the WKHWB was currently administered by MBC (this would change to another local member authority at the end of the year) and all minutes and related documents were available on the MBC website.
- It was pointed out there was work being done that promoted health and wellbeing with support from parish councils and MBC, including

running clubs, skate parks, youth clubs, all supporting health and wellbeing.

- Suggestions going forward included working with residents and businesses on:
  - A 'quality mark' for businesses who refused to sell legal highs and alcohol to underage customers;
  - Promotion of competitive sports;
  - Joined up planning of public transport;
  - Providing the Public Needs Statistics in a format residents could understand easily;
  - Establishing referral methods for walking groups, fire, ambulance and other services to feedback observed concerns to medical professionals.

**RESOLVED:**

- a) That contact details for doctors surgeries in Maidstone who promote cycling and walking be passed on to the Planning, Transport and Development Overview and Scrutiny Committee for inclusion in their Cycling and Walking review;
- b) That access details for the Population Needs Assessment for the Maidstone Borough and other Health and Wellbeing statistics be made available to Councillors<sup>1</sup>;
- c) That access details to the WKHWB agendas and minutes be made available to Councillors<sup>2</sup>, and;
- d) That the Joint Kent Health and Wellbeing Strategy be made available to Councillors<sup>3</sup>.

9. **ADULTS AND OLDER PEOPLES SERVICES - REVIEW OF LONELINESS AND ISOLATION**

The Committee discussed the draft scoping document for the review of loneliness and how to reduce it.

---

<sup>1</sup> <http://www.kmpho.nhs.uk/geographical-areas/local-authorities/maidstone-local-authority/?p=1>

<sup>2</sup> <http://meetings.maidstone.gov.uk/ieListMeetings.aspx?CId=568&Year=0>

<sup>3</sup> <http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/joint-health-and-wellbeing-strategy>

The Committee agreed the issue of loneliness and isolation affected many different groups within communities. It was suggested the issues were less prevalent in rural areas where there was a greater sense of community and the review could therefore focus on rural and urban areas as the needs were different.

It was suggested, with an ageing population there was already a considerable amount of support and activities for the elderly.

The Committee agreed the review needed to focus on identifying where there were gaps in provision for lonely and isolated people and that these people be included in deciding what was provided.

Sarah Robson, Community Partnership Manager, explained data was not being captured for those aged 80 plus, disabled people and older carers and suggested one of these areas could be the focus of the review. Ms Robson also suggested there needed to be clarity of the definition of 'loneliness' and 'isolation' to help focus the review.

**RESOLVED:**

- a) That Jo Tonkin, Public Health Specialist, Kent Public Health be asked to provide a report on Loneliness and Isolation in Maidstone to the review Working Group prior to the meeting of 11 November 2014. The report to identify the profile of lonely and isolated adults and older people in the Borough and what support was provided for them to help the review Working Group identify the focus for the review and the relevant witnesses to invite to the meeting of 11 November 2014.
- b) That the meeting of 11 November 2014 be used to interview Jo Tonkin and the relevant witnesses identified by the review Working Group.

10. **OVERVIEW AND SCRUTINY COMMITTEES TERMS OF REFERENCE - REVIEW**

**RESOLVED:**

- a) That the revisions to Article 6 of the Council's Constitution as set out in Appendix A of the report of the Overview and Scrutiny Officer, be noted.
- b) That the change to the Committee's name from Community, Leisure Services and Environment Overview and Scrutiny Committee to Community, Environment and Housing Overview and Scrutiny Committee, be noted.

11. **FUTURE WORK PROGRAMME**

**RESOLVED**: That the future work programme, as set out in appendix a to the report of the Overview and Scrutiny Officer, be endorsed subject to the following changes:

- The meeting of 11 November 2014 be used to interview witnesses for the review of Isolation and Loneliness in Older People;
- The Maternity Services – are they working? Item be moved from 11 November 2014 to 13 January 2015;
- The Young Carers item be moved from 9 December 2014 to 10 February 2015;
- The draft report on Overview of Health Services in Maidstone Borough be programmed in for 10 March 2015.
- The Child and Adolescent Mental Health Services review be included as part of the update of the recommendations from the Accessing Mental Health Services Before the Point of Crisis programmed in for the meeting of 9 September 2014.

12. DURATION OF MEETING

18:30 to 20:10pm