

**MAIDSTONE BOROUGH COUNCIL**

**MINUTES OF THE SPECIAL COMMUNITIES OVERVIEW &  
SCRUTINY COMMITTEE MEETING HELD ON WEDNESDAY 21  
NOVEMBER 2012**

**PRESENT:** Councillors Mrs Blackmore (Chairman), Brindle, Mrs Grigg, Mrs Joy, D Mortimer, McLoughlin, Munford and Mrs Parvin

**60. Apologies.**

Apologies were received from Councillor Vizzard and Councillor de Wiggondene.

**61. Notification of Substitute Members.**

Councillor Grigg substituted for Councillor Vizzard.

**62. Notification of Visiting Members.**

Councillor Yates and Councillor Beerling were present as Visiting Members with an interest in item 6 on the agenda, Kent Joint Health and Well-being Strategy consultation.

**63. Disclosures by Members and Officers.**

Councillors Yates and Beerling declared an interest in item 6 on the agenda, Kent Joint Health and Wellbeing Strategy consultation; Councillor Yates by virtue of his involvement with Age Concern and Councillor Beerling as Chairman of Switch cafe.

**64. To consider whether any items should be taken in private because of the possible disclosure of exempt information.**

It was agreed that all items be taken in public as proposed.

**65. Kent Joint Health and Wellbeing Strategy Consultation**

Andrew Scott-Clark, Director of Health Improvement (Public Health) and Malti Vashney, Lead Public Health Consultant for Maidstone District gave a presentation which provided the Committee with a background to the Kent Joint Health and Wellbeing Strategy Consultation. Mr Scott-Clark explained that it would provide a strategic picture and demonstrate how the Joint Health and Being Strategy had been developed.

The following points were made in the presentation:

- The Health and Wellbeing Board (HWBB) were responsible for the production of the strategy under consultation;

- The HWBB will bring NHS, Public Health and most importantly, Social Care together;
- Kent HWBB was a pathfinder, established before April 2012;
- The Joint Strategic Needs Assessment (JSNA) would help identify overlap and through joined up working;
- HWBB membership included representatives from district councils and public representation from Healthwatch (formally Local Involvement Network LINKs);
- HWBB had approved a substructure, local HWBB centred around the CCG configuration. This was being piloted by Dover;
- Legislation allowed County to delegate responsibility to local boards;
- For the first time ever, GPs would be accountable; and
- Long Term Conditions (LTC) were the biggest challenge.

Mr Scott-Clark explained that the strategy reflected the needs of Kent determined by national health profiles and the Department of Health's national outcomes framework. The Strategy set out four priorities and three approaches aimed at delivering five key outcomes.

The Committee was informed that the Kent HWBB would have a strategic influence over commissioning decisions across health, public health and social care and would have a responsibility for joining up services by bringing together the NHS, CCGs and local councils. Members queried how the HWBB would be a driver for this. It was explained that the HWBB was an overseeing body; it would undertake a Joint Strategic Needs Assessment (JSNA) with the involvement of CCGs and local councils to determine how health needs should be addressed and how best to deliver services. It was stressed that the needs in Maidstone could be different to other areas in Kent and there was a necessity to make the JSNA meaningful locally. Mr Scott-Clark informed the Committee of the HWBB's decision to approve local HWBBs which would mirror CCGs, taking on strategic responsibilities and interpreting them locally. CCGs were responsible for achieving better outcomes.

Mr Scott-Clark emphasised the need for joined up working in environmental, housing and community work as large amounts of money were being invested in areas of deprivation. He highlighted an example of how GPs had worked with a local council to address a local health inequality. A link was made by a public health officer between the spend on respiratory illness by GPs and poor housing, namely houses in multiple occupation. The CCG worked with the local authority on selective licensing for landlords to improve housing quality and a new scheme was introduced in Thanet as a result.

Members questioned the non inclusion of care home provision for the aging population in the strategy. Mr Scott-Clark explained that the outlook was for GPs, clinicians and social care providers to put packages of care together to help prevent the elderly from being institutionalised in hospitals or care homes. Instead a package of care would enable them to manage their conditions in their own homes which was part of the national

strategy of prevention and Long Term Conditions (LTC). It was explained that the majority of funding for public health went to acute care (hospitals) despite the majority of assessments being made in the primary care setting. The strategy was to keep people out of hospital and treat them in the community. The Committee felt that clarification should be given within the strategy on this.

Members raised the issue of mental health services and the pressure locally on providers such as MIND. Mr Scott Clark explained that mental health provisions were driven centrally and may not meet the needs of local people. He referenced the Live it Well Strategy for Mental Health commissioned by GPs and local authorities. Members considered who should be lobbied to ensure local needs were met; CCGs either locally or collectively at County level.

The Committee requested that the following information be provided:

- The commissioning factsheet referenced which showed who was responsible for commissioning; and
- The department of Health's diagram from the presentation which was unclear in its current form.

**It was recommended that:**

- a) The following response be submitted in response to the consultation:

On 21st November 2011 the Communities Overview and Scrutiny Committee at Maidstone Borough Council invited Andrew Scott-Clark, Director of Health Improvement (Public Health) and Malti Varshney, Lead Public Health consultant for Maidstone district, to its meeting. The Committee received a presentation and interviewed Mr Scott-Clark and Mrs Varshney in relation to the draft Health and Wellbeing Strategy under consultation.

Members of the Committee agreed to make individual responses via the online questionnaire. In addition the Communities Overview and Scrutiny Committee would like to raise the following points in its open response:

- The draft strategy refers to an aging population but omits those in long term care or in need of long term care. This Committee understands the national strategy of prevention and the desired outcomes which would enable patients to manage long term conditions. It is vital that those in long term care or in need of long term care can continue to be cared for in their own homes. It is vital this is addressed in the final version of the strategy; and
- This Committee's membership, through its ward member and wider experience, feels strongly that there is an obvious gap in mental health provisions. In order for this to be addressed there must be an improved emphasis within this strategy on mental health services. This must be maintained in future versions of this

document to continue to drive the commissioning of ongoing mental health services; and

- b) Maidstone Borough Council lobby the West Kent Clinical Commissioning Group in respect of raising the profile and priority level of mental health issues to ensure essential funding within the borough; and
- c) The following information be provided and circulated electronically to the Committee:
  - The commissioning factsheet referenced which showed who was responsible for commissioning; and
  - The department of Health's diagram from the presentation which was unclear in its current form.

**66. Duration of meeting**

2 p.m. to 4 p.m.