

## WEST KENT CCG HEALTH AND WELLBEING BOARD (EXTERNAL MEETING)

Tuesday, 17 December 2013

**Present:** Councillor Roger Gough (Chairman), Tony Jones, Malti Varshney, Mark Lemon, Jane Heeley, Councillor Cunningham, Councillor Davison, Councillor Luker, James Lampert, Tracey Beattie, Caroline Jessel, Mairead Macneil.

**Others in Attendance:** Jo Tonkin, Katie Latchford, Bruno Capone, Martine McCahon, Steve Inett, John Littlemore, Ivan Rudd.

### APOLOGIES FOR ABSENCE

WKHWP50 Apologies for absence had been received from Dr Bob Bowes, Councillor Beerling, William Benson (Tracey Beattie in attendance) and Dr Sanjay Singh.

### DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

WKHWP51 There were none.

### MINUTES OF THE PREVIOUS MEETING

WKHWP52 Councillor Davison reiterated that the terms of reference with regard to voting rights had still not been clarified. The agenda front sheet stated that the quorum would be a third of voting members, but that the minutes of the last meeting said that the Boards would have no voting members at all, since resolutions would be made by consensus. Mark Lemon explained that the Kent Health and Wellbeing Board had not agreed the proposed terms of reference for the CCG area Boards and that as such, the West Kent Health and Wellbeing Board had no agreed terms of reference. Mr Lemon would be producing an options paper for the Kent Health and Wellbeing Board. Councillor Cunningham suggested simply removing the word *voting*, so that the quorum would be one third of members of the Board.

It was noted that Councillor Gough's name needed to be corrected and that Reg Middleton had been incorrectly listed as attending the meeting.

With the permission of the Chairman, Caroline Jessel asked the Board whether it would nominate volunteers to participate in a forthcoming project called "Call to Action" about how the NHS would change to deal with future challenges. The Board endorsed Tony Jones and Malti Varshney as representatives of the Board on the project.

**RESOLVED:** That, subject to the above, the minutes of the meeting of 19 November be agreed.

### UPDATE ON PROGRESS IN WEST KENT AGAINST THE DEMENTIA ACTION PLAN

WKHWP53 Martine McCahon introduced the report on progress in developing dementia care in West Kent. It was known that the number of people living with dementia was set to increase as the population lives longer. Diagnosis rates in West Kent (currently 42%), in common with other CCGs in Kent, are below the national average (48%). A number of projects are aimed at

increasing awareness (for both staff and patients / carers) of the benefits of the support available, reducing stigma attached with dementia and making it easier to obtain a diagnosis, with the expectation that over time this will increase diagnosis rates. It remains the ambition of WK CCG to achieve the national target of 66% diagnosis rate by March 2015.

Ms McCahon felt that it was a good example of integrated commissioning but that it remained a challenge to understand the breadth of the contribution made by the voluntary sector to dementia care. The diagnosis rate appeared low at 42% and had gone down from the level reported previously. Ms McCahon introduced Bruno Capone who explained to the Board that:

- Dementia was difficult to diagnose in a timely way
- A diagnosis of dementia must be correct, and not be masked by other conditions
- GPs had reported that the 10 minute screening questionnaire was time consuming since 50 or 100 screenings would only potentially lead to one diagnosis
- Self screening tests would be a good future collaboration opportunity with KCC
- Healthcare professionals and the independent care sector needed training on how to deal with dementia
- Crisis support plans were increasingly important, especially with regard to latter stages sufferers
- The range of projects available needed to be linked together with a clear outcome to enable patients to maintain their independence

The Board commented as follows:

- Gail Arnold queried whether the increase in dementia sufferers was related to the ageing of the population
- Tony Jones emphasised the need for the private sector providers of care to be engaged with future plans
- The Chairman said that the Kent HWB would be looking at dementia in May 2014
- Steve Inett felt that the patient voice and feedback on admissions should be included
- Malti Varshney stated that integrated care must be aligned with integrated commissioning

Tony Jones explained that a hospital admission for a dementia sufferer would be likely to increase cognitive decline. It was vital that there were mechanisms to keep dementia sufferers out of hospital. For example, the unintended consequences of concern at a care home about a dementia sufferer could lead to an hospital admission which in turn would impact negatively on the health of the sufferer. Care should take place in a community setting, with the safety of the patient foremost.

Tracey Beattie enquired about whether the prescribing rate was higher or lower than average. Bruno Capone said that it seemed high, and felt that there was little or no reason to put people with dementia on anti-psychotic drugs. Dr Capone emphasised that the impact of recent projects would be that the level of correct and timely diagnoses of dementia would increase.

Caroline Jessel had read that type 2 diabetes was thought to be a cause of

Alzheimer's, and asked whether projects could focus on the prevention of diabetes. Secondly she recalled that the previous dementia strategy had three categories of dementia, with the most severe requiring palliative care, and queried whether that was still the case. Mr Capone responded by saying that the care plan approach was needed for all patients at an individual rather than generalised level. Caroline Jessel re-emphasised that the emphasis needed to be on prevention. Martine McCahon surmised that confidence about how to deal with dementia sufferers was key to avoid poor decisions being taken.

**ACTION:**

- Need to explore how can we focus on prevention of dementia
- There needs to be links with housing and the KCC's accommodation strategy for people with Dementia.
- Patient and carer experience should be prioritised regarding service planning for dementia
- There should be case note audits undertaken for people admitted to care homes/the acute trust considering if these were inappropriate why is this – identifying gaps across the system including support to ensure safe risks can be taken to support people in the community
- Are prescribing rates in WK higher/lower/same as the national average for dementia drugs?
- A report regarding dementia friendly communities should be tabled at the WK HWBB
- Are projections regarding increasing numbers of people with dementia based just on age? If so should this be reviewed? This needs to be looked into.
- Need to consider how will WK address people not wanting a diagnosis of dementia?

**CHILDHOOD OBESITY TASK AND FINISH GROUP**

WKHWB54 Katie Latchford introduced the report and asked the Board to note that Gravesham and Dartford had incorrectly been included on the attendees list on page 33.

The group had identified six key priorities:

- Work on childhood obesity needs to focus on early intervention and prevention with families and children aged 0-5.
- Support should be given in pregnancy to those women identified as having a high BMI. There is currently a minimal service offered in West Kent and no consistency in referrals or support across the area.
- There needs to be more consistency and clarity on referrals following the 2 year check where children are identified as overweight or obese. Currently referred back to GP, onward referral and support not monitored or reported – pathway needs to be clearer.
- There are currently no comprehensive 0-5 preventative services

and thought needs to be given to how we deliver this in partnership, including weight management for under 2s and services for under 5s.

- Work needs to be undertaken to support professionals across the sector in challenging where obesity is present in a child or family, and giving consistent messages and advice.
- Current child weight management pathway is not working for under 5s and further work needs to be undertaken to identify the barriers for older children and adolescents.

Malti Varshney commended the report and felt that the work of the group could be shared across Kent. It was important that GPs made an input to the work. Tony Jones commented that he had no examples where a child had been referred to him and he felt that behaviour change had to be promoted through parents.

Councillor Cunningham felt that the final report would be improved if it could show the impact of the work in a chart format.

**ACTION:**

- 1) That the group invite with Tony Jones to participate as appropriate in the work of the group; and
- 2) Subject to the group noting the comments made by the Board, the approach identified in the report, be endorsed.

**PROGRESS MADE BY CHILDREN AND YOUNG PEOPLE TASK AND FINISH GROUP**

WKHWP55 Jo Tonkin introduced the report. The current governance framework for achieving children and young people's outcomes in West Kent was described as fragmented and immature. Links to Kent Children's Safeguarding Board and opportunities for learning about safeguarding issues for the West Kent population needed to be considered. There were opportunities to better assist in integrated commissioning, provision or person centred approaches. There were changes being made to the overall governance structure in Kent which had the potential to accelerate the priorities for children and young people that West Kent Health and Wellbeing Board had identified. Progress was being made against the priorities but clarity of leadership, purpose and expectation was required. Schools were a key partner in progressing improvements for health and wellbeing but were largely absent from Health and Wellbeing Board discussions.

The Chairman felt that the leadership should come from the Board, and that one of the findings of the group could recommend that. It would then complement the priorities of the Kent Health and Wellbeing Strategy. The development of the Children and Young People's subgroup was supported, and it was felt that the membership of that subgroup could be sourced from the Board.

**ACTION:**

- 1) The Chairman would meet with other Health and Wellbeing Board Chairmen where the Children's architecture issue will be addressed to seek agreement concerning the way forward.

- 2) The recommendations as set out in the report, be endorsed by the Board.

### **WEST KENT HEALTH AND WELLBEING BOARD MENTAL HEALTH TASK AND FINISH GROUP**

WKHWP56 Ivan Rudd introduced the report. It was noted that the final sentence of item 3 on page 43 should have read ...'*campaign plan team to meet in January*'. Steve Inett queried the role of acute services which did not seem to be covered in the report. Malti Varshney responded by saying that the Board should not replicate the work of the CCG, but that a more holistic report could be prepared for a future update from the group, if required. A visiting member commended the inclusion of veterans in the report, and noted that more work could be done on housing veterans.

**ACTION:** That Ivan Rudd liaise with interested parties on veterans and that a future update from the group notes the comments made by the Board.

### **WEST KENT INTEGRATED COMMISSIONING GROUP UPDATE**

WKHWP57 James Lampert introduced the report and the Board noted that the item was not a task and finish group, but a report to the Board from the West Kent Integrated Commissioning Group.

Endorsement from the Board was sought for the 4 priorities identified by the group:

- Falls prevention in older people
- Self-Care/Self-management
- Winter Warmth
- Integration of community equipment and assistive technologies

In response to a question from Tracey Beattie, James Lampert explained that the voluntary sector had not been involved in the work as the group was made up of commissioners only. Councillor Cunningham commended the ongoing work in Tunbridge Wells on falls prevention. Jane Heeley added that there would be a good opportunity to identify the return on investment in terms of quality of life improvement.

**ACTION:** That subject to the group considering the comments of the Board, the four priorities for the group be endorsed.

### **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES - RESPONSE FROM THE WEST KENT CCG**

WKHWP58 The Chairman requested that the Board note the report. Mairead Macneil understood the pressure that the provider was under, but felt that the impact of improvements had not yet been seen. The Chairman reported that the future of the service would be discussed at the Kent Health and Wellbeing Board and the current challenges would be suitable for review by the Kent Health Overview and Scrutiny Committee.

## ANY OTHER BUSINESS

WKHWB59 The late item on Tobacco Control was taken after item 7. Jane Heeley outlined the progress of the task and finish group and explained that collaborative links with Kent Fire and Rescue Services and midwifery services were being pursued. There was also a natural synergy between the work of the tobacco group and the obesity task and finish group. Councillor Luker queried whether the spend per smoker of £1000 per annum was correct, and Jane Heeley confirmed that it was. Councillor Cunningham felt that the group should look more closely at schools, since young people tended to start smoking with their peer group. Jo Tonkin said that the Board could consider a future topic around the leadership given by schools to young people on health.

Turning to other business, the Chairman said that a conference call would take place to set the forward work programme of the Board and District Council colleagues were urged to involve themselves proactively in setting the work programme.

Due to resource changes at Tunbridge Wells, the Committee clerking role would need to be reviewed.

**ACTION:** That Mark Lemon resolve the future committee clerking role for the West Kent Health and Wellbeing Board, in liaison with District representatives.

## DATE OF THE NEXT MEETING

WKHWB60 The date of the next meeting would be 21 January 2014, at Tonbridge and Malling Borough Council.

NOTE: The meeting concluded at 19:30.