

# Public Document Pack



Democratic Services  
White Cliffs Business Park  
Dover  
Kent CT16 3PJ

Telephone: (01304) 821199  
Fax: (01304) 872452  
DX: 6312  
Minicom: (01304) 820115  
Website: [www.dover.gov.uk](http://www.dover.gov.uk)  
e-mail: [democraticservices@dover.gov.uk](mailto:democraticservices@dover.gov.uk)

17 June 2013

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** on Tuesday 18 June 2013 at 3.30 pm, the following Minutes that were unavailable when the agenda was printed.

5 **MINUTES** (Pages 2 - 7)

To confirm the attached Minutes of the meeting of the Board held on 9 April 2013.

Yours sincerely

A handwritten signature in black ink, appearing to be "Nicky", written over a horizontal line. The signature is fluid and cursive.

Chief Executive

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 9 April 2013 at 3.30 pm.

Present:

Chairman: Councillor P A Watkins

Board: Ms K Benbow (Chief Operating Officer, NHS South Kent Coast Clinical Commissioning Group)  
Councillor P Carr (Shepway District Council)  
Councillor S S Chandler (Dover District Council)  
Dr J Chaudhuri (South Kent Coast Clinical Commissioning Group)  
Councillor R Gough (Kent County Council)  
Councillor P G Heath (Dover District Council)  
Mr M Lobban (Director of Strategic Commissioning, Kent County Council)  
Councillor M Lyons (Shepway District Council)  
Ms J Mookherjee (Assistant Director of Public Health, Kent County Council)  
Ms J Perfect (Chief Executive, CASE Kent)

Also Present: Councillor P Beresford (Dover District Council)  
Ms C Davies (Strategic Business Advisor, Kent County Council)  
Mr R Jackson (Policy and Performance Officer, Shepway District Council)  
Mr B Porter (Head of Communities, Shepway District Council)

Officers: Leadership Support, Health and Wellbeing Manager  
Team Leader – Democratic Support  
Democratic Support Officer

43 APOLOGIES

Apologies for absence were received from Councillor R Gough (Kent County Council), Dr H Armstrong (C4G Clinical Commissioning Group), Alternative Service Delivery Manager (DDC) and Mr C MacKenny (Clinical Commissioning Group).

44 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

45 DECLARATIONS OF INTEREST

Councillor M Lyons declared that he was a governor of the East Kent Hospitals University Foundation Trust.

46 NOTES

It was agreed that the Notes of the Board meeting held on 5 February 2013 be approved as a correct record and signed by the Chairman.

47 TERMS OF REFERENCE

The Board was advised that the Terms of Reference for the Board were based upon a core framework agreed by the Kent Health and Wellbeing Board that was

common to all Clinical Commissioning Group (CCG) level Boards. However, at a local Board level each Board was free to implement local variations outside of the core framework as it agreed were appropriate.

There would be a Board for every CCG in Kent, with each a sub-committee of the parent Kent Health and Wellbeing Board. It was proposed that the Membership of the South Kent Coast Health and Wellbeing Board would comprise of:

- 2 Dover District Council representatives
- 2 Shepway District Council representatives
- 2 South Kent Coast Clinical Commissioning Group representatives
- 2 Kent County Council representatives
- 1 Public Health representative
- 1 Voluntary Sector representative
- 1 Healthwatch representatives
- 1 Local Children's Board Trust representative

The South Kent Coast Health and Wellbeing Board would elect its own Chairman and Dover District Council would be the host administering authority.

The Kent County Council Code of Conduct would apply to all Board members and a brief overview of the Code was provided by the Team Leader – Democratic Support (DDC).

RESOLVED: That the revised Terms of Reference be recommended to the Kent Health and Wellbeing Board for approval.

48 CLINICAL COMMISSIONING GROUP AND PUBLIC HEALTH FUNDING EXPLAINED

The Board was advised that the overall public health budget administered by Public Health Kent which, was from 1 April 2013 was the responsibility of Kent County Council, was £42.1 million. This excluded public health programmes outside of Public Health Kent's commissioning resource, such as those commissioned by the National Commissioning Board and Public Health England (public health screening, prison health and veterans' health services).

However, the majority of this commissioning was currently committed as followed:

- 40% was allocated via commissioning to Kent Community Health Trust through a historical block contract;
- 30% was allocated to commission through Kent Drug and Alcohol Team to drug and alcohol services; and
- 9% was allocated for staffing costs.

The remaining £8.2 million was to be allocated to deliver the Public Health Outcomes Framework, which was aimed at increasing life expectancy and reducing the gap in life expectancy between communities. This was currently commissioned and delivered countywide to maximise efficiency and retain the integrity of services.

The Health Improvement Services that were the responsibility of Kent County Council included:

- sexual health (at CCG level this included targeted work to reduce the number of conceptions by under 18 year olds in Dover and Shepway and work via Dover Health Centre to work with immigrant communities sexual health);
- public mental health;
- physical activity and obesity programmes (Health walks, Fresh Start and Exercise Referral for adults);
- nutrition programmes (Change for Life Clubs and Ready, Steady, GO! For children);
- tobacco control (48 GP's and pharmacies in Dover and Shepway were engaged in delivering the stop smoking programme with Kent Community Health Trust operating focused quit clubs in work places, for pregnant women in Shepway and for mental and physical disabilities in Dover);
- drug and alcohol misuse (primarily targeted towards drug detox);
- dental public health (epidemiology, dental screening and oral health improvement including water fluoridation);
- children's health (100% of schools in Shepway and 98% in Dover had achieved Health School status, with 67% and 71% respectively engaged with the Healthy Schools Enhancement Programme);
- reducing and preventing birth defects (population level interventions working with Public Health England);
- Health at work;
- NHS Health Check Programme;
- Accidental injury prevention (such as falls prevention); and
- Seasonal mortality

The Board was informed that work was being undertaken to try and break expenditure down to a local CCG level.

In addition to public health provision, South Kent Coast CCG was also responsible for commissioning local hospital services via East Kent Hospitals University Foundation Trust (QEQM and William Harvey) and other acute trusts, enhanced services such as minor surgery at GP surgeries, end of life and long term condition provision, mental health services, minor injury units, community nurses and other non-contracted arrangements. The services not commissioned by the CCG included GP services and dentistry amongst others.

- RESOLVED:
- (a) That the report be noted.
  - (b) That the feasibility of including public health services provided by the Voluntary and Community Sector in future reports be explored.
  - (c) That a report breaking the commissioning down to Clinical Commissioning Group level be brought to a future meeting.

#### 49 JOINT INTEGRATED COMMISSIONING STRATEGY AND PLAN

The Director of Strategic Commissioning (Kent County Council) provided an update on the Integrated Commissioning Group's planning work to date. The Group was comprised of members from Dover and Shepway District Council's, South Kent Coast CCG and Kent County Council.

The priorities identified by the Group for commissioning were:

- Intermediate Care;
- Falls and Falls Prevention;
- Telehealth; and
- Healthy Living.

The Group was working to identify funding across agencies and break this down to CCG level, although it was acknowledged that not all budgets were co-terminus with CCG boundaries at this point. There was also work being undertaken to understand the outcomes resulting from current expenditure.

The Board identified the need for the Group to form linkages with other groups such as the voluntary and community sector, Kent Public Health, District Council Disabled Adaptation programmes, Hospital Trusts and the Ambulance Trust as these held budgets and data that would be of assistance in identifying commissioning activity.

RESOLVED: That the update be noted.

## 50 INTERMEDIATE CARE SERVICES PROJECT UPDATE

The Board was advised that the project team included representatives from CCG, Kent County Council, Kent Community Health Trust, East Kent Hospitals University Foundation Trust, District Councils and patient and voluntary sector representatives. In response to comments from the Board it was acknowledged that District Council Housing representatives would be of assistance in understanding the role of extra care housing in the provision of intermediate care services.

The key objectives of the project were:

- To develop an agreed definition of intermediate care;
- To undertake a robust needs assessment of intermediate care to show current provision and service efficiencies, current need and impact on services and future population and service needs;
- To identify commissioning options (including short and medium term) informed by needs assessment outcomes to achieve a future vision for intermediate care; and
- To outline a business case for a future model of care (if required).

As an example of an alternative model of care, the Director of Strategic Commissioning (Kent County Council) cited the example of the 'best bed is your own bed' model used by Islington. The Board was advised that as part of the work being undertaken there was a need to understand the work being undertaken by community hospitals (such as respite care) and local councils (disabled adaptations and extra care housing).

In response to discussions as to the definition of what should be included within the definition of Intermediate Care, the Chief Operating Officer (NHS South Kent Coast Clinical Commissioning Group) stated that she would circulate the national guidance definition to Board members. However, it was agreed that sufficient flexibility needed to be retained so that if something fell outside the definition but was still felt to be useful it could still be examined by the project team.

Councillor P A Watkins raised the issue of commissioning local intermediate care beds as part of the project work and was advised that this would be considered as part of the options appraisal.

- RESOLVED:
- (a) That the update be noted.
  - (b) That it be recommended to the project team that District Council housing representatives be included as part of the project team membership.
  - (c) That a definition of Intermediate Care be circulated to Board members.

51 CLINICAL COMMISSIONING GROUP UPDATE

The Board was advised that South Kent Coast CCG had been authorised was now a statutory body with an agreed operational plan. The majority of its Board was now in place and the remaining vacancies would be filled as part of the rectification plan to deal with the conditions attached to authorisation.

The East Kent Federation of Clinical Commissioning Groups met monthly to look at group commissioning and the South Kent Coast CCG met weekly with the Canterbury and Coast CCG.

RESOLVED: That the update be noted.

52 HEALTH AND WELLBEING BOARD SPONSORED PROJECTS UPDATE

(a) Healthy Living Pharmacy Project

The Assistant Director of Public Health (Kent County Council) advised the Board that the Healthy Living Pharmacy Project was still in the process of being accredited and that a report would be submitted to a future meeting on its progress.

(b) Mental Health Project

The Board was informed that health trainers in libraries in Shepway were looking at linking with GP's in areas of deprivation as reading was beneficial for good mental wellbeing.

(c) Troubled Families

The Policy and Performance Officer (Shepway District Council) advised that a report on the Troubled Families agenda would be brought to a future meeting as Kent County Council had made some funding available to districts.

(d) Aging Well Project

Shepway District Council were interested in applying to the Big Lottery Fund for funding to tackle social isolation. If successful the project would need to be led by a voluntary and community sector partner but Shepway District Council would help co-ordinate the bid given the challenging timescales involved.

The Board was advised that Age UK in Shepway had indicated that it was interested in participating in the project and CASE Kent had also indicated its willingness to provide support to the project.

(e) Sexual Health

The Leadership Support and Corporate Communications Manager informed the Board that the funding allocated to a café project in Dover had unspent funding available and it was proposed that this would be used to fund sexual health advice in Dover following a need being identified.

- RESOLVED:
- (a) That the Draft Proposal and Outline for a localised Health and Wellbeing Strategy be agreed.
  - (b) That an update on the Health Living Pharmacy Project be provided to a future meeting.
  - (c) That a report on the troubled families' agenda be provided to a future meeting.
  - (d) That the Board endorse Shepway District Council's bid for Big Lottery Funding for tackling social isolation.
  - (e) That the Board endorse the proposal to use unspent funding from the Café Project to provide sexual health advice.

53 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no items raised on notice by Members of the Board.

54 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 5.23 pm.