## Public Document Pack



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# **SHADOW BOARD**

The Health and Social Care Act 2012 received Royal Assent on 27 March 2012. The Act makes provision for the establishment of Health and Wellbeing Boards. It is envisaged that these will become operational from April 2013 at which point they will become responsible for the discharge of a range of statutory responsibilities. Health and Wellbeing Boards will exist in 'shadow' status until April 2013 as a non-statutory forum. Until that time The Dover and Shepway Health and Wellbeing Board will meet in its shadow status in an advisory capacity for the purpose of working towards readiness for assuming its statutory responsibilities.

During the period throughout which the Board is meeting in its shadow status the Board intends that as a matter of practice its proceedings will be conducted in accordance with procedures informed by the Local Government Act 1972. Accordingly, agendas for the Board will be published five clear working days in advance of the date of the meeting and unless considering exempt or confidential information the agenda papers and meeting itself will be open to the public. Where exempt or confidential information is to be considered notice will be given in advance on the agenda as to which items it applies too.

26 November 2012

Dear Member of the Shadow Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD (SHADOW)** will be held in the HMS Brave Room at these Offices on Tuesday 4 December 2012 at 3.30 pm

Yours sincerely

Chief Executive

## **AGENDA**

1 **APOLOGIES** 

#### 2 APPOINTMENT OF SUBSTITUTE MEMBERS

To note appointments of Substitute Members.

## 3 **DECLARATIONS OF INTEREST**

To receive any declarations of interest from Members.

## 4 **NOTES** (Pages 4 - 9)

To confirm the attached Notes of the meeting of the Shadow Board held on 23 October 2012.

## 5 **CLINICAL STRATEGY ENGAGEMENT PROCESS**

To receive a presentation from Carmen Dawe, Assistant Director of Strategic Development, East Kent Hospitals University NHS Foundation Trust.

## 6 CLINICAL COMMISSIONING GROUP UPDATE

To receive a presentation from Karen Benbow, Chief Operating Officer, NHS SKC Clinical Commission Group on:

- (a) Authorisation Process
- (b) Draft Five Year Commissioning Strategy

## 7 HEALTH AND WELLBEING BOARD WORK PROGRAMME (Page 10)

- (a) South Kent Coast CCG Community Engagement Strategy To receive a presentation from Karen Benbow, Chief Operating Officer, NHS South Kent Coast Clinical Commissioning Group.
- (b) Joint Integrated Commissioning Strategy and Plan To receive an update from James Lampert, Commissioning Manager, Kent County Council.
- (c) Intermediate Care Services Update To receive a report from James Lampert, Commissioning Manager, Kent County Council.
- (d) Public Health Projects Update To receive an update from Jess Mookherjee, Assistant Director of Public Health, NHS Kent and Medway.
- (e) Patient Knows Best: Update on Pilots in South Kent Coast CCG Area To receive an update from Dr Joe Chaudhuri.
- (f) South Kent Coast Health and Wellbeing Board Sub-Groups To receive an update from Michelle Farrow, Leadership Support Manager, Dover District Council.

## 8 MATTERS RAISED BY MEMBERS OF THE BOARD

To consider any other business raised by members of the Board.

This item replaces the previous 'any other business' item and will run until the Board moves beyond shadow status and public notice requirements come into effect.

## **Access to Meetings and Information**

- Members of the public are welcome to attend meetings of the Council, its Committees and Sub-Committees. You may remain present throughout them except during the consideration of exempt or confidential information.
- All meetings are held at the Council Offices, Whitfield unless otherwise indicated on the front page of the agenda. There is disabled access via the Council Chamber entrance and a disabled toilet is available in the foyer. In addition, there is a PA system and hearing loop within the Council Chamber.
- Agenda papers are published five clear working days before the meeting. Alternatively, a limited supply of agendas will be available at the meeting, free of charge, and all agendas, reports and minutes can be viewed and downloaded from our website www.dover.gov.uk. Minutes are normally published within five working days of each meeting. All agenda papers and minutes are available for public inspection for a period of six years from the date of the meeting. Basic translations of specific reports and the Minutes are available on request in 12 different languages.
- If you require any further information about the contents of this agenda or your right to gain access to information held by the Council please contact Rebecca Brough, Team Leader - Democratic Support, telephone: (01304) 872304 or email: rebecca.brough@dover.gov.uk for details.

Large print copies of this agenda can be supplied on request.

Notes of the meeting of the **DOVER AND SHEPWAY SHADOW HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on 23 October 2012 at 3.30 pm.

Present:

Chairman: Councillor P A Watkins

Present: Ms K Benbow (Chief Operating Officer, NHS South Kent Coast

Clinical Commissioning Group)

Councillor S S Chandler (Dover District Council)

Dr J Chaudhuri (South Kent Coast Clinical Commissioning Group) Ms C Davies (Strategic Business Advisor, Kent County Council)

Councillor R Gough (Kent County Council)
Councillor P G Heath (Dover District Council)

Mr R Jackson (Policy and Performance Officer, Shepway District

Council)

Mr J Lampert (Commissioning Manager, Kent County Council) Mr M Lobban (Director of Strategic Commissioning, Kent County

Council)

Mr C MacKenny (Clinical Commissioning Group)

Ms J Mookherjee (Assistant Director of Public Health at NHS Kent

and Medway)

Mr B Porter (Head of Communities, Shepway District Council)

Officers: Chief Executive

Leadership Support and Corporate Communications Manager

Leadership Support Officer

Senior Infrastructure and Delivery Officer

**Environmental Enforcement and Protection Manager** 

Team Leader – Democratic Support

#### 16 APOLOGIES

Apologies for absence were received from Councillors P Carr and M Lyons (Shepway District Council), Dr H Armstrong (C4G Clinical Commissioning Group) and the Alternative Service Delivery Manager.

#### 17 DECLARATIONS OF INTEREST

There were no declarations of interest from Members.

#### 18 NOTES

It was agreed that the Notes of the Board meeting held on 4 September 2012 be approved as a correct record and signed by the Chairman.

# 19 <u>UPDATE FROM THE CLINICAL COMMISSIONING GROUP (CCG) ON AUTHORISATION PROCESS</u>

Ms K Benbow informed the Board that Dr Cocker had replaced Dr Chee Mah as the Clinical Chair of the Clinical Commissioning Group. The CCG would shortly be in a position to make its lay member appointment to its board.

It was expected that the commissioning document for the CCG would be signed off that week with a mock assessment in November 2012 prior to the real assessment in December 2012.

RESOLVED: That the update be noted.

#### 20 KENT HEALTH COMMISSION UPDATE

#### (1) Review of Work Programme

The Leadership Support and Corporate Communications Manager advised that following the third facilitated session two additional items were added to the work programme. These were:

- To maintain awareness and input, if necessary and required, to the Canterbury C4 CCG work programme to ensure 'whole population' links; and
- Evidence base for intermediate care beds in Dover (with the potential to lead to a Full Business Case)

In addition, health inequalities would be added to the District/CCG action plan.

#### It was agreed:

That the Strategic Business Advisor (Kent County Council) and Leadership Support and Corporate Communications Manager (Dover District Council) would work to ensure that the work streams of for the Kent Health and Wellbeing Board and the Dover and Shepway Health and Wellbeing Board were co-ordinated wherever possible.

#### (2) <u>Joint Integrated Commissioning Strategy and Plan</u>

The Director of Strategic Commissioning (Kent County Council) informed the Board that a Virtual Integrated Commissioning Group had been established to develop a strategy, plan and toolkit for undertaking integrated commissioning. The Group comprised of the South Kent Coast CCG, Dover District Council, Kent County Council and Shepway District Council and had identified four key areas of commissioning activity which supported the delivery of the partners shared objectives. There were:

- (a) Preventative services;
- (b) Short term care (including a focus on local Intermediate Care and Enablement services);
- (c) Management of Long Term Conditions (including accommodation needs); and
- (d) End of life care

The recent facilitated meeting of the Board had had expressed support for the Commissioning Strategy being developed. The Board was advised that the plan was still in development and further work had to be undertaken to clarify the governance arrangements as the final commissioning decisions still rested with individual partner organisations, as well as the detail of how resources were to be allocated. As part of this work was being undertaken to understand how activity, spend and outcome in commissioning were linked.

The process would also be reported in Thanet and the C4G CCG group area so that sufficient information could be compiled to enable meaningful engagement with the acute health sector.

The Director of Strategic Commissioning informed the Board that less than £2 million out of £10 million countywide was being spent in East Kent on mental health services in response to a question from Councillor P A Watkins on the difficulty on finding out information on the level of mental health service expenditure in East Kent.

The problem of patients being charged to mental health services who actually had other issues such as pain management was raised as well as the importance of the strategy including dementia care needs. The majority of dementia care beds for Dover and Shepway residents were provided in either Thanet or Canterbury.

The need for close co-operation between the county council and district council's was identified in respect of the provision of extra care housing and the support that was needed to make it successful.

## It was agreed:

- (a) That mental health services would be included within the plan.
- (b) That the focus of the Integrated Commissioning Plan, subject to the above amendment, be endorsed.

## (3) <u>Project Brief for Intermediate Care Services</u>

The Board was advised that an East Kent Intermediate Care Review had been commissioned from NHS Kent and Medway by the CCG's covering Ashford, Canterbury, South Kent Coast and Thanet. In particular there was concern that Dover was under-served in regard to some community health and social care facilities. The initial findings of the report were expected by the end of October 2012.

Councillor P A Watkins reminded the Board that East Kent Hospitals was expected to make a decision on the business case for Buckland Hospital soon and of the strength of local feeling in respect of the provision of beds at Buckland.

#### It was agreed:

- (a) That the Board would await the outcome of the East Kent Review of Intermediate Care report prior to progressing further with new local work on the matter.
- (b) That the Virtual Integrated Commissioning Group be requested to analyse the East Kent Review of Intermediate Care in respect of how it related to local need with a view to producing a business case and options appraisal for intermediate care/enablement services for the South Kent Coast Area.

## (4) South Kent Coast CCG Community Engagement Strategy

The Chief Operating Officer (NHS South Kent Coast CCG) advised that the Community Engagement Strategy under development would link to the activity of the Dover and Shepway Health and Wellbeing Board. The CCG's would still have the same consultation responsibilities as the current Primary Care Trusts.

It was suggested that Dover and Shepway District Council's and Kent County Council's experience in community engagement could be fed into the CCG work under development.

#### It was agreed:

That the South Kent Coast CCG Community Engagement Strategy be added to the agenda for the December 2012 meeting of the Board.

## (5) Public Health Projects Update

The Assistant Director of Public Health (NHS Kent and Medway) advised that the steering group for the Healthy Living Pharmacy Project had met twice and had reported very positive engagement with local pharmacies.

The 'World Cafe' event on 30 October 2012 was the next step in the project where pharmacies would come together to discuss the project. It was planned that the eight pharmacies elsewhere in Kent already certified as Healthy Living Pharmacies would mentor local pharmacies participating in the project.

Councillor S S Chandler advised that once a venue had been found a youth nutrition project would be launched.

#### It was agreed:

That an update be given to the next meeting of the Board on the project.

#### (6) Patient Knows Best – Update on pilots in South Coast Kent CCG Area

Dr J Chaudhuri presented a paper on the roll out of the 'Patient Knows Best' (PKB) pilots. It was expected that the pilots would commence at the end of November 2012 and a training plan had been agreed with health and social care providers to ensure sufficient capacity existed in time for the start of the pilots. The Proactive Care cohorts of patients would be the first group to participate in PKB as these were patients already identified as actively wishing to be involved in the management of their Long Term Conditions.

#### It was agreed:

That the update be noted.

## 21 <u>ACTION POINTS FOR GOING LIVE</u>

The Leadership Support and Corporate Communications Manager advised that majority of the action points identified in the agenda would be dealt with by the governance arrangements for the Board and Integrated Commissioning.

Councillor P A Watkins proposed that awarding the members of the Health and Wellbeing Board observer status at the CCG Boards would assist in building a strong relationship between the work of the two groups.

The nature of the relationship between the Board and the local Children's Trusts and schools was considered in relation to health inequalities.

#### It was agreed:

- (a) That the update be noted.
- (b) That the possibility of awarding observer status to Health and Wellbeing Board members on the CCG Board be investigated.

#### 22 DRAFT PARKS AND OPEN SPACES STRATEGY

The Senior Infrastructure and Delivery Officer presented a summary of the draft Dover District Council Parks and Open Spaces Strategy report to the Committee for its consideration.

The Board was advised that the district was well provided for in respect of most types of open space and particularly for natural and semi-natural open space that was accessible to the public. It was acknowledged that there was only one 'Green Flag' amenity in the district which was lower than that of neighbouring authorities and that with the high growth agenda contained within the Local Plan there would be increased pressure on the district's parks and open spaces. Dover District Council was in the process of bidding for lottery funding to improve Kearsney Abbey to Green Flag status.

In order to assess current and future need an audit had been conducted and standards for provision were to be proposed for the following categories:

- Accessible green space;
- Outdoor sports facilities;
- Children's play space; and
- Community gardens and allotments.

The audit found that parks and open spaces were Dover District Council's second most accessed service after car parking, with walking/dog walking the most popular reason for using the parks and open spaces and that two-thirds of all visits to parks and open spaces occurred within 2 miles of home.

The Assistant Director of Public Health (NHS Kent and Medway) suggested that a joint bid between the NHS and Dover District Council for funding under the Kent Military Covenant to promote the 'green gym' concept to military leavers would be feasible given the high number in both Dover and Shepway Districts. The Head of Communities (Shepway District Council) advised that a green gym currently operated at the Warren in Folkestone.

Dr J Chaudhuri suggested that Health Maps could link into the Parks and Open Spaces Strategy and would support the work being undertaken in respect of health inequalities.

## It was agreed:

- (a) That the presentation be noted.
- (b) That Mr B Porter be requested to investigate if the Shepway District Council Parks and Open Spaces Strategy could be brought to a future meeting of the Board.
- (c) That the Assistant Director of Public Health (NHS Kent and Medway) be requested to explore the matter as a possible extension to the work programme.

## 23 MATTERS RAISED BY MEMBERS OF THE BOARD

Dr J Chaudhuri informed the Board that he had attended a meeting of a Pensioners Forum in Shepway where he had given a presentation on CCG's. The meeting was well attended and a 'Question and Answer' session was held afterwards. A further presentation was to be given to members of the Ghurkha community and the need to take such groups into consideration when developing CCG plans was discussed.

It was proposed by Dr J Chaudhuri, and duly seconded, that the name of the Board be changed to reflect the name of the CCG that it was co-terminus with.

#### It was agreed:

That the Board be renamed the South Kent Coast Health and Wellbeing Board with effect from its next meeting.

The meeting ended at 5.13 pm.

## East Kent Intermediate Care Review

A review of Intermediate care was requested by East Kent Urgent Care Board. The objective is to provide service detail that supports the clear identification of a local model of intermediate care for the East Kent population. This report is due to be presented at East Kent Urgent Care Board Operational Delivery Board 18/12/12.

## The report will:

- 1. document current provision of intermediate care including the re-ablement element of services
- 2. identify current, informal pathways for professionals referring users into the service;
- 3. provide definitions of the frequently used terminology
- 4. identify current activity and any gaps in the current service
- 5. Provide local population projections for aged 65+

Intermediate Care covers a range of services. This has involved the expansion and development of community health and social services including reablement /short term care service to promote independence.

The aims continue to be firstly, to provide a genuine alternative to hospital admission for some carefully selected patients and, secondly, to provide early supported discharges for others. Both aims require the provision of opportunities for further assessment and rehabilitation of older people. It is also expected that the increased availability of Intermediate Care will prevent frail older people transferring to long-term care directly from an acute service.

A bed profile specific to Dover district has been completed to look at where people from Dover requiring intermediate care beds are placed to inform future commissioning of intermediate care beds for this district.

The review is an integrated piece of work. The report is the first step in agreeing a strategy for what Intermediate Care is and will deliver for the population of East Kent ensuring it is tailored to local needs.