

Minutes of the meeting of the **SOUTH KENT COAST SHADOW HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 5 February 2013 at 3.30 pm.

Present:

Chairman: Councillor P A Watkins (Dover District Council)

Board: Ms H Armstrong (Canterbury and Coastal Clinical Commissioning Group)
Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group)
Councillor P M Beresford (Dover District Council)
Dr J Chaudhuri (Deputy Clinical Chair, South Kent Coast Clinical Commissioning Group)
Mr N Fisher (Head of Strategy and Planning (Designate) Ashford and Canterbury and Coastal Clinical Commissioning Group)
Councillor R Gough (Kent County Council)
Councillor P G Heath (Dover District Council)
Councillor M Lyons (Shepway District Council)
Mr C Mackenny (Practice Managers Representative, South Kent Coast Clinical Commissioning Group)

Also Present: Councillor P M Brivio (Dover District Council)
Ms C Davis (Strategic Business Advisor, Kent County Council)
Ms J Empson (Kent County Council)
Mr R Jackson (Policy and Performance Officer, Shepway District Council)
Mr M Lobban (Director of Strategic Commissioning, Kent County Council)
Mr R Millard (Partnership Manager, South East Strategic Partnership for Migration)
Mr A Avenell
Ms J Mookherjee (Assistant Director of Public Health, NHS Kent and Medway)
Mr J Newington (Chairman, Kent and Medway Air Quality Partnership)
Mr B Porter (Head of Communities, Shepway District Council)

Officers: Chief Executive
Leadership Support and Corporate Communications Manager
Leadership Support Officer
Team Leader – Democratic Support

32 APOLOGIES

Apologies for absence were received from Councillors P Carr (Shepway District Council) and S S Chandler (Dover District Council) and the Alternative Service Delivery Manager.

33 APPOINTMENT OF SUBSTITUTE MEMBERS

The Board was advised that Councillor P M Beresford was present as substitute for Councillor S S Chandler.

34 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members of the Board.

35 NOTES

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

36 POLLUTION AND HEALTH

The Board received a presentation from Mr J Newington, Chairman of the Kent and Medway Air Quality Partnership, on the impact of airborne pollution on health.

The Partnership worked to promote improvements in air quality and assist District Councils in delivering statutory functions relating to air quality. The partnership also maintained a network of monitoring sites across the county and made forecasts as to where to expect pollution episodes. It was estimated that poor air quality caused more mortality than road accidents nationally and was comparable to alcohol misuse in terms of economic and health impact.

In respect of transport pollution, while levels were relatively low in Kent and Medway there was a toxic element to the pollution. Councillor P A Watkins cited the Townwall Street, Dover and Dover Docks as examples of Air Quality Management (AQM) areas relating to transport pollution. Dr J Chaudhuri advised that, anecdotally, workers in AQM areas were more likely to have respiratory issues.

In the Kent and Medway area it was estimated that there were 1180 early deaths due to PM2.5 and that even moderate pollution levels caused an increase in emergency respiratory admissions.

The Assistant Director of Public Health (NHS Kent and Medway) informed the Board that work was being undertaken in conjunction with the Partnership to develop a work stream for air quality. One of the lessons from local mining communities was that the main impact of respiratory problems often manifested later in life. For areas of deprivation, area quality was one of several issues that impacted on health and it was difficult to draw a direct causal link between air quality and health.

Mr J Newington informed the Board that in Sussex, SMS alerts were issued relating to pollution levels and Sevenoaks and London had also developed an alert service to warn those most at risk. Currently the Partnership sent out an email in Kent informing people about pollution levels and was interested in finding out the views of others as to the best way to alert people at risk from air quality issues. The detail of monitoring information held by the Partnership meant that it was possible to give square kilometre level alerts to GP's if required. The consensus opinion of the Board was that any alert system should only be used where the potential impact of poor air quality was significant in line with the advice of the Health Protection Unit.

In response to a question relating to the distribution of air quality monitoring sites and the apparent focus on North Kent, it was stated that the network had developed from District Council AQM obligations and areas such as Ashford Borough Council and Shepway District Council with no designated AQM areas had no monitoring stations as a consequence.

It was agreed:

To note the presentation.

37 EU BID - MIGRATION FUND

The Partnership Manager (South East Strategic Partnership for Migration) provided a verbal update to the Board on the potential opportunity for health related bids for an EU fund administered by the UK Border Agency. The fund was for projects related to newly arrived third country (non-European Union) nationals.

Any bid would need to show economies of scale and it was suggested that a coastal communities bid in conjunction with local authorities such as Portsmouth, Southampton, Brighton, Hastings, Shepway and Dover would meet that criteria.

The idea of building on the multi-agency work being undertaken with the Nepalese community in Shepway was cited as a potential project, particularly around health inequalities and access to health services. This could be undertaken in conjunction with Kent County Council's 'Health in Europe' unit.

It was agreed that:

A bid should be made to the fund and that it should link back to the Health and Wellbeing Board.

38 CLINICAL COMMISSIONING GROUP UPDATE

(a) Authorisation

The Board was informed that the South Kent Coast CCG 'Desktop Review' and 'Mock Panel' had been undertaken in December 2012 and considerable progress had been made on outstanding issues. The remaining 22 red areas were not insurmountable and some of these related to posts that were vacant at the time. The summary of the assessment had recognised the degree of collaboration with Social Services.

In respect of the Canterbury and Coastal CCG that after its assessment it had seven outstanding red areas to be resolved.

(b) Performance Indicators

The Board was advised that the South Kent Coast CCG was required to select three indicators by which to be measured for signs of improvement at the end of 2013. The three indicators that had been initially identified by the CCG were:

- (1.2) Under 75 Mortality Rate From Respiratory Disease
- (2.3i) Unplanned Hospitalisation For Chronic Ambulatory Sensitive Conditions (adults)
- (3.1ii) Patient Reported Outcome Measures For Elective Procedures - Knee Replacement

As an alternative to indicator 3.1ii which it was recognised might overlap with other programmes, the CCG had considered selecting indicator 2.1 (Proportion of People Feeling Supported to Manage Their Condition).

(c) Operating Plan

The Board was advised that the Operating Plan was not yet finalised and an update would be brought to a future meeting.

(d) Community Engagement Strategy

The Board was advised that the drafted strategy was required as part of the annual assessment of the South Kent Coast CCG and that links with the Community and Voluntary Sector, Dover District Council, Kent County Council and Shepway District Council could be included in a future update to the strategy.

It was agreed:

To note the update.

39 NATIONAL UPDATE

Councillor P A Watkins raised the issue of making a bid between the Health and Wellbeing Board partners for the pilot Single Integrated Commissioning Programme in keeping with the principle of subsidiarity and commissioning being undertaken at a local level.

The Director of Strategic Commissioning (Kent County Council) stated that budget pooling was being considered for the future but that he was not in a position to commit to it at this point in time although he acknowledged that the direction of travel in commissioning would lead to discussions about integrated commissioning in the future. The area of intermediate care was cited as one possible area where integrated commissioning could work, bringing together physical, social and mental needs. However, an important part of any future integrated commissioning would be to identify areas of expenditure that could be influenced and those that could not.

The Board was advised by the Director of Strategic Commissioning that it was not possible to disaggregate all budgets to a district level as expenditure was needs driven at the county level.

It was suggested that if there was additional new funding available through the programme then there might be advantages in making a bid.

The Chief Executive (Dover District Council) suggested that at the heart of the discussion was the vision for the future of the Health and Wellbeing Board and whether it acted like a scrutinising body or a commissioning body.

It was noted that the draft regulations made provision for the delegation of functions and funding to Health and Wellbeing Boards, although it was acknowledged that clarity and accountability in decision-making was vital if control of commissioning was undertaken at a local Board level.

The Board accepted the offer of the Chief Operating Officer (South Kent Coast Clinical Commissioning Group) and Ms Jo Empson (Kent County Council) to bring forward reports to the Board for public health expenditure and the disaggregation of finances for the South Kent Coast CCG and the Community and Voluntary Sector respectively.

It was agreed:

- (a) That the potential for making a bid for the Single Integrated Commissioning Programme be explored.
- (b) That the Assistant Director of Public Health (NHS Kent and Medway) be requested to submit a report to a future meeting of the Board on public health expenditure and the disaggregation of finances.

40 ACTION POINTS FOR GOING LIVE

(a) Revised Terms of Reference

The Leadership Support and Corporate Communications Manager informed the Board that she was still waiting on secondary regulations and would not be able to provide a further update until these had been issued.

(b) Updated Work Programme/Action Plan and Health Inequalities Plan

The Leadership Support and Corporate Communications Manager presented the Work Programme to the Board. As part of the structure being developed for the Board it was proposed that a Wellbeing Group covering both Dover and Shepway Districts would be formed.

It was agreed:

To note the update.

41 HEALTH AND WELLBEING BOARD WORK PROGRAMME

(a) Joint Integrated Commissioning Strategy and Plan

The Director of Strategic Commissioning (Kent County Council) advised that the Strategy and Plan had moved from development to updating on performance progress.

(b) Intermediate Care Services Project Update

In the absence of an update on the Intermediate Care Services Project, Councillor P A Watkins advised that the planning application for Buckland Hospital had now been submitted to the district council and that this made reference to the potential for the provision of intermediate care services on the site. However, the current application did not include plans to build an intermediate care facility and there was a need to ensure that East Kent Hospitals retained the land for future use.

The Chief Operating Officer (South Kent Coast Clinical Commissioning Group) advised that work was underway on understanding patient needs for Deal Hospital.

(c) Patient Knows Best

Dr J Chaudhuri presented the report updating the Board on the Patient Knows Best project.

MATTERS RAISED BY MEMBERS OF THE BOARD

The Board was informed by the Strategic Business Advisor (Kent County Council) that the first meeting of the Canterbury and Coast Health and Wellbeing Board would be held in the near future and that Dover District Council would be a member of it.

The meeting ended at 5.40 pm.