

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 3 September 2013 at 3.30 pm.

Present:

Chairman: Dr J Chaudhuri

Board: Ms K Benbow
Councillor P M Beresford (In place of Councillor P A Watkins)
Mrs S S Chandler
Councillor P G Heath
Councillor J Hollingsbee
Mr M Lobban
Councillor G Lymer
Councillor M Lyons
Ms J Mookherjee
Ms J Perfect

Also Present: Ms Z Mirza (Head of Integrated Commissioning, South Kent Coast Clinical Commissioning Group)

Officers: Head of Communication and Engagement
Head of Leadership Support
Head of Strategic Housing
Leadership Support Officer
Team Leader Democratic Support

16 ELECTION OF A CHAIRMAN

It was proposed by Councillor S S Chandler and duly seconded

RESOLVED: That Dr J Chaudhuri be elected Chairman for the duration of the meeting.

17 APOLOGIES

An apology for absence was received from Councillor P A Watkins (Dover District Council).

18 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the Terms of Reference, Councillor P M Beresford had been appointed as substitute for Councillor P A Watkins (both Dover District Council).

19 DECLARATIONS OF INTEREST

There were no declarations of interest from members of the Board.

20 MINUTES

It was agreed that the Minutes of the Board meeting held on 18 June 2013 be approved as a correct record and signed by the Chairman.

21 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no matters raised by members of the Board within the notice period.

(a) Intermediate Care Project - Final Output and Recommendations

Ms Z Mirza (Head of Integrated Commissioning, South Kent Coast Clinical Commissioning Group) presented the report on the Intermediate Care Project to the Board. The project had been undertaken jointly by the South Kent Coast Clinical Commissioning Group (CCG), Kent County Council (KCC), Dover District Council (DDC) and Shepway District Council (SKC) with the objective of achieving the right model of care for CCG area residents.

The objective of the project was to get the patient back to their previous level of functionality and, where appropriate, to be cared for in their own home.

The project had demonstrated differences in the current situation between the two districts, with Shepway having a provision of intermediate care 'step-up / 'step-down' beds that was lacking in Dover. In the Dover District this function was being fulfilled by Deal Hospital and was delaying the return of patients to their homes.

The provision of these intermediate care beds was important as part of hospital admission avoidance as was the installation of home adaptations in enabling people to return home. As part of this there was a requirement for assertive case management to ensure that patients received the appropriate services (such as physio) at the right time to aid their return to previous levels of functionality.

If both of these were correctly used then it would free nursing beds for their proper purposes.

It was emphasised that the project was dependent upon all stakeholders engaging and planning strategically with short and long term measures. An example of this was the required time to under the necessary commissioning processes, such as the provision of extra care housing and increased investment in disabled adaptations which required a significant lead time to deliver. It required a short term alternative option while it was being delivered.

The Board discussed the role that the Buckland Hospital site might have in respect of the intermediate care project and was advised that the CCG was in discussions with East Kent Hospitals over potential uses for land at the site. However, it was confirmed that East Kent Hospitals were not putting any beds in the new Buckland Hospital.

The issue of care for dementia patients was highlighted and the shortage of extra care sheltered housing provision for them.

The Board was advised that the CCG Cabinet had approved the report.

RESOLVED: (a) That the Intermediate Care Project – Final Output and Recommendations be agreed.

(b) That the Board receive an update in six months time on the project.

(b) Falls Response Service

Ms J Empson presented the report on the Falls Response Service.

The Board was informed that the service promoted a multi-agency, multi-disciplinary approach and through integrated early intervention could make significant steps towards restoring independence.

Nationally, the NHS Federation had proposed that a falls prevention strategy could reduce the number of falls by 30%. It suggested that aligned budgets from health and social care organisations could result in efficiencies as where one organisation prevented a fall this created savings for others.

The Board discussed the role of district council housing in falls prevention and in particular the benefit of small adaptations could bring. Councillor S S Chandler advised that Dover District Council had created a new fund to help deliver small adaptations more effectively.

RESOLVED: That the briefing be received and noted.

22 FLEXING DOMICILIARY CARE

Ms J Empson advised the Board that the one year Flexing Domiciliary Care project had been launched in Dover and Thanet on 1 August 2013.

The aim of the project was through integrated service delivery to avoid unnecessary hospital admissions, avoid admission into long term care services and reduce delayed discharges. A key part of delivering this was to give service providers to ability to make more decisions to provide the right intervention at the right time. To participate in the project, the service provider needed to be either contracted, hold the relevant 'Approved Provider Status' and/or be delivering domiciliary care services in the two local authority areas and sign-up to the contract terms and conditions.

In response to concerns raised by Councillor S S Chandler that this kind of care was historically difficult to access in rural areas, the Board was advised that an analysis of location could be provided.

RESOLVED: That the Board receive an update in six months on the progress of the project.

23 PUBLIC HEALTH UPDATE

Ms J Mookherjee advised the Board that the uncommitted element of the public health budget would be identified by the end of September 2013. It could then be allocated to new projects.

(a) Addressing Health Inequalities in Kent

The report identified geographical areas where resources could be targeted at reducing health inequalities. This was particularly important in areas of deprivation as the data showed a significant link between poverty and early mortality.

The Board was advised that in tackling health inequality issues in the longer term there needed to be cultural changes achieved that would deliver improvements in 20 – 30 years' time. In tackling these issues it was vital to use the right medium to reach the desired target audience and build on existing strengths and successes. While overall public health was improving nationally there was a smaller proportion of the population for whom health inequalities were growing.

RESOLVED: That an update be provided to the next meeting on health inequalities for the South Kent Coast Health and Wellbeing Board area.

24 DEMENTIA FRIENDLY COMMUNITIES

The Leadership Support and Health and Wellbeing Manager provided an update on the Dementia Friendly Communities project. The Board was informed that Eastry had volunteered for the project and was being assessed. The first meeting would be held on 9 October 2013 at Eastry Village Hall.

RESOLVED: That the update be noted.

25 URGENT BUSINESS ITEMS

None.

26 CHILDREN'S SERVICES ARRANGEMENTS

The Leadership Support and Health and Wellbeing Manager provided an update on proposals for Children's Services Arrangements. It was proposed that while the new Children's Operational Groups (COG) would be based on CCG areas, its representatives on the CCG level Health and Wellbeing Boards would be based on district areas.

In the Dover district it was hoped to focus on the link with the troubled families work and that it would be project based (such as food and health).

RESOLVED: That the report be received and noted.

The meeting ended at 5.24 pm.