

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 22 October 2013 at 3.30 pm.

Present:

Chairman: Councillor P A Watkins

Board: Ms K Benbow  
Councillor S S Chandler  
Dr J Chaudhuri  
Councillor P G Heath  
Councillor J Hollingsbee  
Mr M Lobban  
Councillor G Lymer  
Ms J Perfect  
Mr I Rudd

Also Present: Mr G Houlston (South Kent Coast Clinical Commissioning Group)

Officers: Chief Executive  
Head of Leadership Support  
Leadership Support Officer  
Team Leader – Democratic Support

27 APOLOGIES

Apologies for absence were received from Councillor M Lyons (Shepway District Council) and Ms J Mookherjee (Kent Public Health Department).

28 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the Terms of Reference, Mr I Rudd had been appointed as substitute for Ms J Mookherjee.

29 DECLARATIONS OF INTEREST

There were no declarations of interest declared by members of the Board.

30 MINUTES

It was agreed that the Minutes of the Board meeting held on 3 September 2013 be approved as a correct record and signed by the Chairman.

31 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

32 APPOINTMENT OF A VICE-CHAIRMAN

It was proposed by Councillor P G Heath, duly second and agreed:

RESOLVED: That Dr J Chaudhuri be appointed as Vice-Chairman for the remainder of the municipal year 2013/14.

### 33 CCG ANNUAL OPERATING PLAN

The Board received a presentation from Ms K Benbow and Mr G Houlston on the CCG Annual Operating Plan.

The Board was advised that South Kent Coast CCG had undertaken a refresh of its Strategic Commissioning Plan, which was underpinned by a two year operational plan. The Strategic Commissioning Plan for 2014-16 focused on the following areas:

- Planned care
- Urgent care
- Long Term conditions
- Children and young people
- Mental health; and
- Older people

In response to a question from Councillor P G Heath, it was stated that the CCG was working with partners based on the Health Needs Assessment to identify what outpatient services were needed at Deal Hospital. East Kent Hospitals University Foundation Trust (EKHUFT) had previously identified Buckland Hospital, Dover as the districts new outpatient centre and was rationalising services into fewer locations as a result. The advantage of this was that it would help facilitate the delivery of multi-discipline services in a single meeting at a single location.

The Board was advised that the decision to move services from Deal to Dover was part of the Dover Project consultation, although Councillor P A Watkins questioned whether the public were aware of this fact.

It was recognised that for future service transformation there needed to be work undertaken to explain to patients in simple, clear terms would the impact of the changes would be to them.

A concern was raised that by centralising services into fewer locations there would be sections of the public who would have difficulty in accessing public transport links to travel the greater distances required. The Board was advised that EKHUFT had held talks with Stagecoach on addressing this issue.

RESOLVED: That the Annual Operating Plan be noted.

### 34 INTEGRATED TRANSFORMATION FUND

The report on the Integrated Transformation Fund was introduced by the Head of Leadership Support.

The Board was advised that the objective of the Integrated Transformation Fund was to deliver the integration of health and social care services through a single pooled budget by 2018. The funding for this was based on a number of existing funding components as well as new allocations of funding from the Clinical Commissioning Group budget. As the funding was based on a pooled budget and not a transfer of budget local authorities and the NHS would be equal partners. It was emphasised that the new allocations did not represent additional funding.

The role of district council's in the provision of disabled facilities grants to enable the prompt discharge of patients from hospitals to their homes was identified as a key component in delivering the integration of health and social care services as was the overall shift in delivery from acute care to the community and primary care sectors.

RESOLVED: (a) That the report be noted.

(b) That Integrated Transformation Fund be added to the agenda as a standing item.

35 KCC FAMILIES AND SOCIAL CARE - ACCOMMODATION STRATEGY

The report on the Accommodation Strategy was introduced by Mr M Lobban, Director of Strategic Commissioning (Kent County Council). The Board was advised that detailed maps for Dover District Council and Shepway District Council areas would be brought forward to a future meeting.

The report provided an overview of the Accommodation Strategy being developed by KCC Families and Social Care and in particular outlined the phases, stakeholders and timescales in its development and delivery.

There was a need to undertake an assessment of intermediate care beds to identify whether there was sufficient supply of beds in the districts and whether those were fit for purpose. As part of this, a wider understanding of provision countywide was needed to track the movement of people where there was insufficient accommodation locally to care for them. It was agreed that it would be beneficial to hold a meeting involving all the Kent CCGs as the Strategy would have a significant cross-cutting impact on primary care services.

RESOLVED: That the report be noted.

36 SOUTH KENT COAST CCG HEALTH INEQUALITIES STRATEGY (REPORT) AND UPDATED PHE HEALTH PROFILES FOR DOVER AND SHEPWAY 2013

Mr I Rudd presented the report which set out the main areas of health inequality in the Dover District Council and Shepway District Council areas.

The main areas of health inequality for the Dover District were:

- Childhood obesity (by Year 6, 20.5% classified as obese)
- Low levels of breast feeding compared to England average

- High levels of smoking during pregnancy compared to the average for England
- Adult smoking and obesity in the district was worse than the average for England
- Male life expectancy in deprived areas was 7.5 years less than the average for England

The main areas of health inequality for the Shepway District were:

- Male life expectancy in deprived areas was 9.4 years less than the average for England
- Childhood obesity (by Year 6, 20.5% classified as obese)
- Low levels of breast feeding compared to the average for England
- High levels of smoking during pregnancy compared to the average for England
- Higher levels of teenage pregnancy compared to the average for England
- Lower levels of adult physical activity compared to average for England

The Head of Leadership Support advised that the Healthy Dover/Shepway Group would be reporting to a future meeting on this matter in more detail.

Councillor P A Watkins advised that the issue of health inequalities formed part of Dover District Council's annual State of District report.

RESOLVED: That the report be noted.

### 37 INTEGRATED COMMISSIONING GROUP

The Head of Leadership Support presented an update on the on-going work of the Integrated Commissioning Group. The Board was advised that the Group was engaged on working on a Health Inequality Strategy, Falls Prevention and 'teletchnology' with partners organisations.

RESOLVED: That the update on the work of the Integrated Commissioning Group be noted.

### 38 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 5.15 pm.