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& Hythe



SOUTH KENT COAST HEALTH AND WELLBEING BOARD

White Cliffs Business Park Dover Kent CT16 3PJ
Telephone: (01304) 821199 Facsimile: (01304) 872300

27 August 2018

Dear Member of the Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** will be held in the HMS Brave Room at these Offices on Tuesday 4 September 2018 at 3.00 pm

Members of the public who require further information are asked to contact Rebecca Brough on (01304) 872304 or by e-mail at democraticservices@dover.gov.uk.

Yours sincerely

A handwritten signature in black ink, appearing to read "Nicky", written over a white background.

Chief Executive

South Kent Coast Health and Wellbeing Board Membership:

Dr J Chaudhuri	South Kent Coast Clinical Commissioning Group
Ms K Benbow	South Kent Coast Clinical Commissioning Group
Councillor P M Beresford	Dover District Council
Councillor S S Chandler	Dover LCPG
Ms C Fox	Community and Voluntary Sector Representative
Councillor J Hollingsbee	Folkestone and Hythe District Council
Mr S Inett	Healthwatch Kent
Councillor N S Kenton	Dover District Council
Councillor M Lyons	Folkestone and Hythe District Council
Councillor G Lymer	Kent County Council
Ms J Mookherjee	Kent Public Health, Kent County Council
Vacancy	Kent County Council

AGENDA

1 **ELECTION OF A CHAIRMAN**

The South Kent Coast Health and Wellbeing Board is required to elect a Chairman at the first meeting of the Board held on or after 1 April each year.

The term of office for the Chairman will be 4 September 2018 to 31 March 2019.

2 **APPOINTMENT OF A VICE-CHAIRMAN**

The South Kent Coast Health and Wellbeing Board is required to appoint a Vice-Chairman at the first meeting of the Board held on or after 1 April each year.

The term of office for the Vice-Chairman will be 4 September 2018 to 31 March 2019.

3 **APOLOGIES**

To receive any apologies for absence.

4 **APPOINTMENT OF SUBSTITUTE MEMBERS**

To note appointments of Substitute Members.

5 **DECLARATIONS OF INTEREST** (Page 5)

To receive any declarations of interest from Members in respect of business to be transacted on the agenda.

6 **MINUTES** (Pages 6 - 8)

To confirm the attached Minutes of the meeting of the Board held on 9 January 2018.

7 **MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD**

Any member of the Health and Wellbeing Board may request that an item be included on the agenda subject to it being relevant to the Terms of Reference of the Board and notice being provided to Democratic Services at Dover District Council (democraticservices@dover.gov.uk) at least 9 working days prior to the meeting.

8 **DEVELOPING A HEALTHY COMMUNITIES STRATEGY**

To receive a presentation.

Presenter: Dr Steve Mann, Head of Communities (Places Leisure).

9 **PUBLIC HEALTH UPDATE - RESTRUCTURE AND FUTURE WORKING RELATIONSHIP** (Pages 9 - 13)

To receive a presentation.

Presenter: Jess Mookherjee, Consultant in Public Health (Kent County Council).

10 **LOCAL CARE UPDATE** (Pages 14 - 18)

To receive a presentation.

Presenter: Karen Benbow, Chief Operating Officer (NHS South Kent Coast CCG)

11 **EAST KENT CLINICAL COMMISSIONING GROUPS IN SPECIAL MEASURES**
(Page 19)

To consider the attached report.

Presenter: Karen Benbow, Chief Operating Officer (NHS South Kent Coast CCG)

12 **OTTERPOOL PARK UPDATE**

To receive an update.

Presenter: Jyotsna Leney, Community Services Manager (Folkestone and Hythe District Council)

13 **FUTURE OF THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD / ESTABLISHING AN EAST KENT BOARD PROPOSALS** (Pages 20 - 21)

To consider the attached report.

Presenter: Michelle Farrow, Head of Leadership Support (Dover District Council)

14 **URGENT BUSINESS ITEMS**

To consider any other items deemed by the Chairman to be urgent in accordance with the Local Government Act 1972 and the Terms of Reference. In such special cases the Chairman will state the reason for urgency and these will be recorded in the Minutes.

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.

- 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, Democratic Services Manager, telephone: (01304) 872304 or email: democraticservices@dover.gov.uk for details.

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

Declarations of Interest

Disclosable Pecuniary Interest (DPI)

Where a Member has a new or registered DPI in a matter under consideration they must disclose that they have an interest and, unless the Monitoring Officer has agreed in advance that the DPI is a 'Sensitive Interest', explain the nature of that interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a DPI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation permitting them to do so. If during the consideration of any item a Member becomes aware that they have a DPI in the matter they should declare the interest immediately and, subject to any dispensations, withdraw from the meeting.

Other Significant Interest (OSI)

Where a Member is declaring an OSI they must also disclose the interest and explain the nature of the interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a OSI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation to do so or the meeting is one at which members of the public are permitted to speak for the purpose of making representations, answering questions or giving evidence relating to the matter. In the latter case, the Member may only participate on the same basis as a member of the public and cannot participate in any discussion of, or vote taken on, the matter and must withdraw from the meeting in accordance with the Council's procedure rules.

Voluntary Announcement of Other Interests (VAOI)

Where a Member does not have either a DPI or OSI but is of the opinion that for transparency reasons alone s/he should make an announcement in respect of a matter under consideration, they can make a VAOI. A Member declaring a VAOI may still remain at the meeting and vote on the matter under consideration.

Note to the Code:

Situations in which a Member may wish to make a VAOI include membership of outside bodies that have made representations on agenda items; where a Member knows a person involved, but does not have a close association with that person; or where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position. It should be emphasised that an effect on the financial position of a Member, relative, close associate, employer, etc OR an application made by a Member, relative, close associate, employer, etc would both probably constitute either an OSI or in some cases a DPI.

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 9 January 2018 at 3.00 pm.

Present:

Chairman: Dr J Chaudhuri

Members: Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler
Councillor N S Kenton

Officers: Head of Leadership Support (Dover District Council)
Community Services Manager (Shepway District Council)
Masterplanning, Urban Design and Viability Manager (Shepway District Council)
Leadership Support Officer (Shepway District Council)
Democratic Services Manager (Dover District Council)

1 APOLOGIES

Apologies for absence were received from Councillor J Hollingsbee, Mr S Inett, Councillor M Lyons and Ms J Mookherjee.

2 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

3 DECLARATIONS OF INTEREST

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

4 MINUTES

It was agreed that the Minutes of the Board meeting held on 7 November 2018 be approved as a correct record and signed by the Chairman.

5 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

6 UPDATE ON OTTERPOOL PARK GARDEN TOWN DEVELOPMENT

The Board received an update on the Otterpool Park Garden Town Development.

Members were advised that the draft Core Strategy would be going to Cabinet shortly prior to consultation. The design was a landscape led process which has dictated where building would take place and there would be a mix of green space and urban areas. In total the project would take 30 years with Phase 1 (c.2,000 houses) expected to take 10 years with the aim of starting work on site in 2020.

A bid had been made to the Housing Infrastructure Fund which would help front fund physical infrastructure such as schools, rail, roads and health.

Health and wellbeing opportunities were being investigated and discussions would take place with Kent County Council Public Health and the Clinical Commissioning Group over the design of the health offer. This included preventative healthcare measures as part of the overall design.

Ms K Benbow advised that 2,000 houses were not enough to warrant an additional GP practice and primary care was already stretched in Folkestone and couldn't absorb the additional population. There was also concern that any extra care housing would generate additional pressures on primary care services in Folkestone.

RESOLVED: That the update be noted and a further update be given on health provision to a future meeting.

7 REVISED TERMS OF REFERENCE FOR THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD

The Head of Leadership Support (Dover District Council) circulated the revised Terms of Reference to the Board.

Members were advised that other Health and Wellbeing Boards in Kent were reviewing their individual arrangements but no decisions had been made yet.

RESOLVED: That the matter be added to the agenda for the next meeting.

8 UPDATE ON THE PUBLIC HEALTH WORKSTREAM

The Board received an update on the Public Health work stream.

Members were advised that the East Kent Smoking Action Plan covered the 5 East Kent authorities. In addition, Dover had a red indicator on smoking during pregnancy and the work stream would seek to identify actions in respect of tackling it. The full action plan with targets would be reported back to the Board.

The Head of Leadership Support (Dover District Council) advised that it was important that Kent County Council provide a public health representative for the workstream, even if on a case-by-case basis, so that existing knowledge and resources could be tapped into at a local level.

RESOLVED: That the Chairman of the Board and the Head of Leadership Support (Dover District Council) draft a letter in respect of accessing Kent County Council public health support.

9 URGENT BUSINESS ITEMS

Clinical Commissioning Group Update

Members were advised that there would be one accountable officer for Kent, with two managing directors (one for East Kent and one for West Kent). The principle of commissioning local services would continue but where, such as with cancer services, there was benefit in commissioning countywide this would be done.

The matter would become clearer as the STP structures formalised and HR processes concluded.

RESOLVED: That the update be noted.

The meeting ended at 4.30 pm.

Briefing From: Jessica Mookherjee
To: South Kent Coast Health and Well Being Board
Date: 24/08/2018
Briefing Title: **CHANGES TO THE STRUCTURE OF PUBLIC HEALTH SPECIALIST AND CONSULTANT SUPPORT ACROSS KENT COUNTY COUNCIL**

The public health team in Kent County Council has moved from Adult Social Care and Health Directorate into the new Strategic Commissioning Directorate. The head of this directorate is Vincent Godfrey. The Director of Public Health continues to be Andrew Scott Clark and he remains a member of the Kent County Council Corporate Management Team.

KCC now has an integrated commissioning team. The Public health consultants and specialists have a separate sub-team where support is provided on all public health matters and to Council commissioners as required. There are currently five consultants of public health (including DPH Andrew Scott Clark). There are a reduced number of specialists who work to and support the consultants in public health. The public health commissioners work across a whole system KCC corporate structure and continue to deliver excellence in public health commissioning for the public health budget – supported by specialists and consultants in public health and the public health observatory.

Due to the reduction and restructure of public health specialists and consultants it is no longer feasible or efficient to provide one consultant for one CCG and one District. Kent public health still has a statutory responsibility to deliver the Public Health Outcomes Framework and must work strategically across all commissioning teams and with the Strategic Transformation Partnerships across Kent and Medway. There will still be a commitment to reducing health inequalities and working with partners, including the NHS across Kent. In addition, the Kent and Medway STP prevention workstream is led by public health, with a consultant lead officer (Allison Duggal) and two SRO's in the DsPH from Kent and from Medway (Andrew Scott-Clark and James Williams). Much of the work with partners will be centred on the STP work and will link in with NHS and District and Borough partners for delivery of prevention and the reduction of health inequalities. KCC Public Health continues to be represented at STP Programme Board and Clinical & Professional Board and every effort is made to ensure representation at local care implementation boards and CCG Board meetings.

The consultant portfolios are provided as an appendix. All consultants work closely with the STP and sit on the various transformation boards covered by their portfolios. There are 2 consultants covering West Kent: Abraham George and Allison Duggal; and 2 consultants covering East Kent; Sam Bennet and Jess Mookherjee.

Jessica Mookherjee: Consultant in Public Health, Kent County Council. August 2018.

APPENDIX 1: CONSULTANT PORTFOLIOS: JANUARY 2018

Andrew Scott-Clark DPH

PH Leadership:	Corporate Board CMT Cabinet Joint Chair with NHS E for LHRP LRF HOSC and JOSOC Kent Children's Safeguarding Board Chair Child Death Overview Panel Chair LeDeR Programme
STP:	Programme Board Clinical Board SRO Prevention Kent and Medway Cancer Alliance and lead for Cancer Prevention
Specialty Topics:	NHS Health Checks Tobacco Control PH Academy
External Portfolio:	ADPH rep for National Steering Group for NHS Health Checks SE ADPH Council Rep Chair of SE ADPHs Chair of SEPHIG Chair of SE Tobacco Control Network

Allison Duggal

- PH Leadership:** Deputy to DPH
- Specialty Topics:** Obesity
Healthy New Towns (Ebbsfleet)
Health Protection inc TB/Air Quality
Lead for PH OD
Quality of PH Commissioned programmes supported by Penny Spence
West Kent PH Consultant Support
Pharmaceutical Needs Assessment
KCC Health and Safety Committee
Emergency planning
- STP:** Programme Leadership for STP Prevention
- External Portfolio:** NICE QSAC Member
ADPH Finance Group Member
PHE EQA Clinical Advisor
- Directorate Link:** Growth, Economy and Transport.

Abraham George

- Specialty Topics:** Long Term Conditions
KID
JSNA and Modelling
Case for Change (West of Kent)
West Kent PH Consultant Support
Advice and Support for NHS Policy and Individual Funding Requests
Educational Supervisor

Jess Mookherjee

Specialty Topics: Substance Misuse
Mental Health
Prison and Offender pathways
Kent Community Safety, Crime Partnerships
Domestic Violence
Age Well
Educational Supervisor
East Kent PH Consultant Support

External Portfolio: HEE/Faculty Training Programme Director lead 0.5WTE

Directorate Link: Adult Social Care and Health

STP: Mental Health and Well Being, Suicide Prevention.

Samantha Bennett / Wendy Jeffreys

Specialty Topics: Children's including Maternity
Sexual Health
Oral Health
Learning Disabilities
East Kent PH Consultant Support

Directorate Link: Children, Young People and Education

STP: Children's Transformation

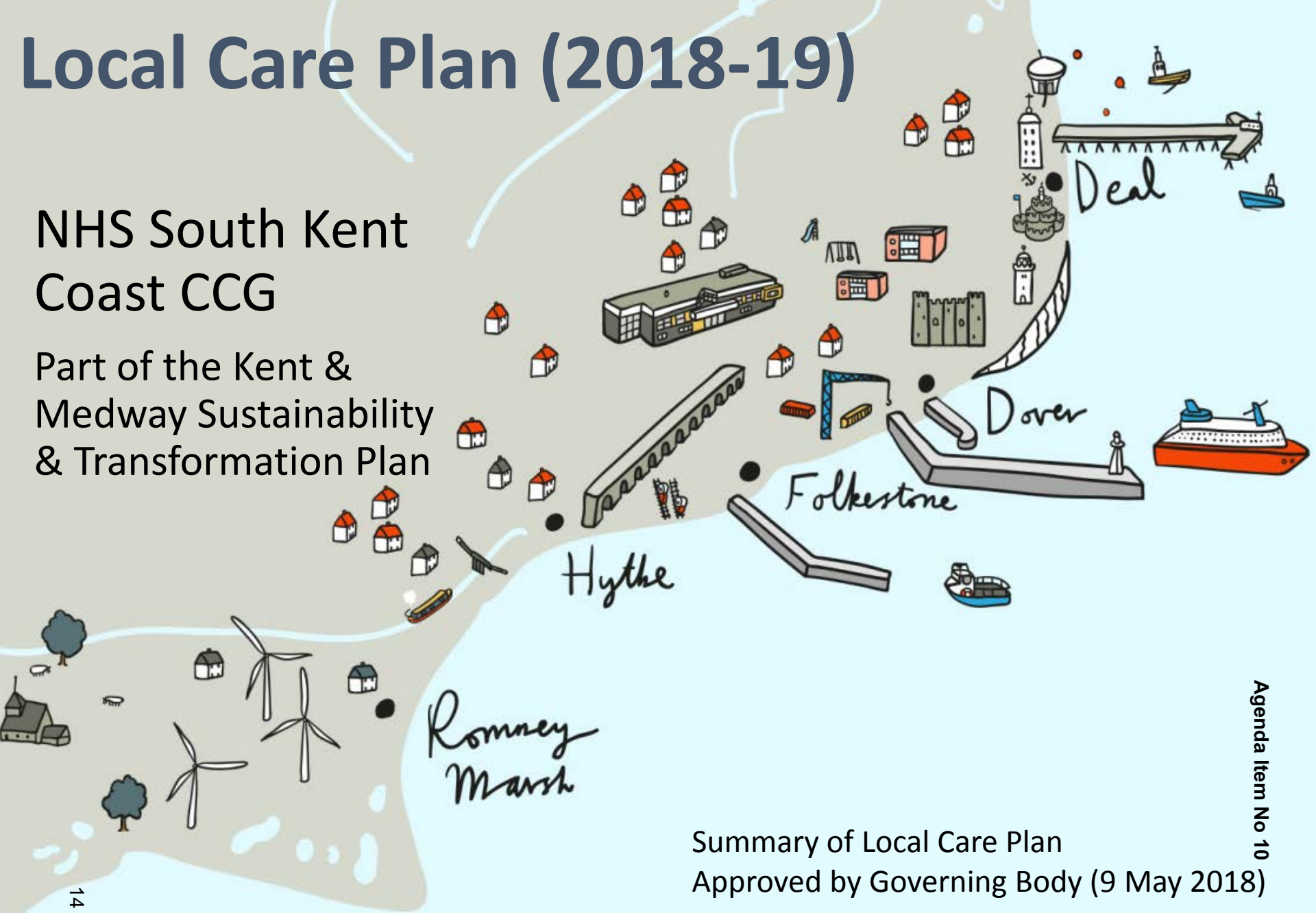
NOTE ON GEOGRAPHY

West Kent	East Kent
CCGs	CCGs
Dartford, Gravesham and Swanley CCG West Kent CCG Swale CCG	Ashford CCG Canterbury CCG South Kent Coast CCG Thanet CCG
Districts	Districts
Dartford Gravesham Swale Maidstone Sevenoaks Tonbridge and Malling Tunbridge Wells	Ashford Canterbury Dover Shepway and Thanet

Local Care Plan (2018-19)

NHS South Kent Coast CCG

Part of the Kent & Medway Sustainability & Transformation Plan



Summary of Local Care Plan
Approved by Governing Body (9 May 2018)

Overview

Vision - Our local care plan supports people to be well and healthy in their own homes in Deal, Dover, Folkestone and Hythe & Rural Localities.

Aim – Patients only visit hospital when necessary. More care is provided out of hospital supported by primary care at scale.

Communities of Practice - Use education and training to support improvement and create a sustainable workforce.

Live within our means - Through transformation, development funds and new ways of working to redistribute resources from acute care over time.

Health needs analysis- Deprivation statistics are higher than the Kent average and the England average, with generally worse health outcomes.

The deprivation in this area has resulted in the following health outcomes:

- Higher premature mortality rates.
- Higher numbers of people living with a disability.
- Higher hospital admission rates.

Meeting the needs of hard to reach communities including Asylum Seekers and minority communities, where English maybe a second language.

Significant range of homes – care; nursing; LD; dementia village (Dover, 2019-20); Retirement villages (in development)

Major housing developments– Otterpool, Folkestone & Hythe over the next 10+ years

Primary Care resilience

On average - South Kent Coast has 1 GP for 2500 patients, with 20% of GPs set to retire in 5 years this number is projected to increase to 3,000+

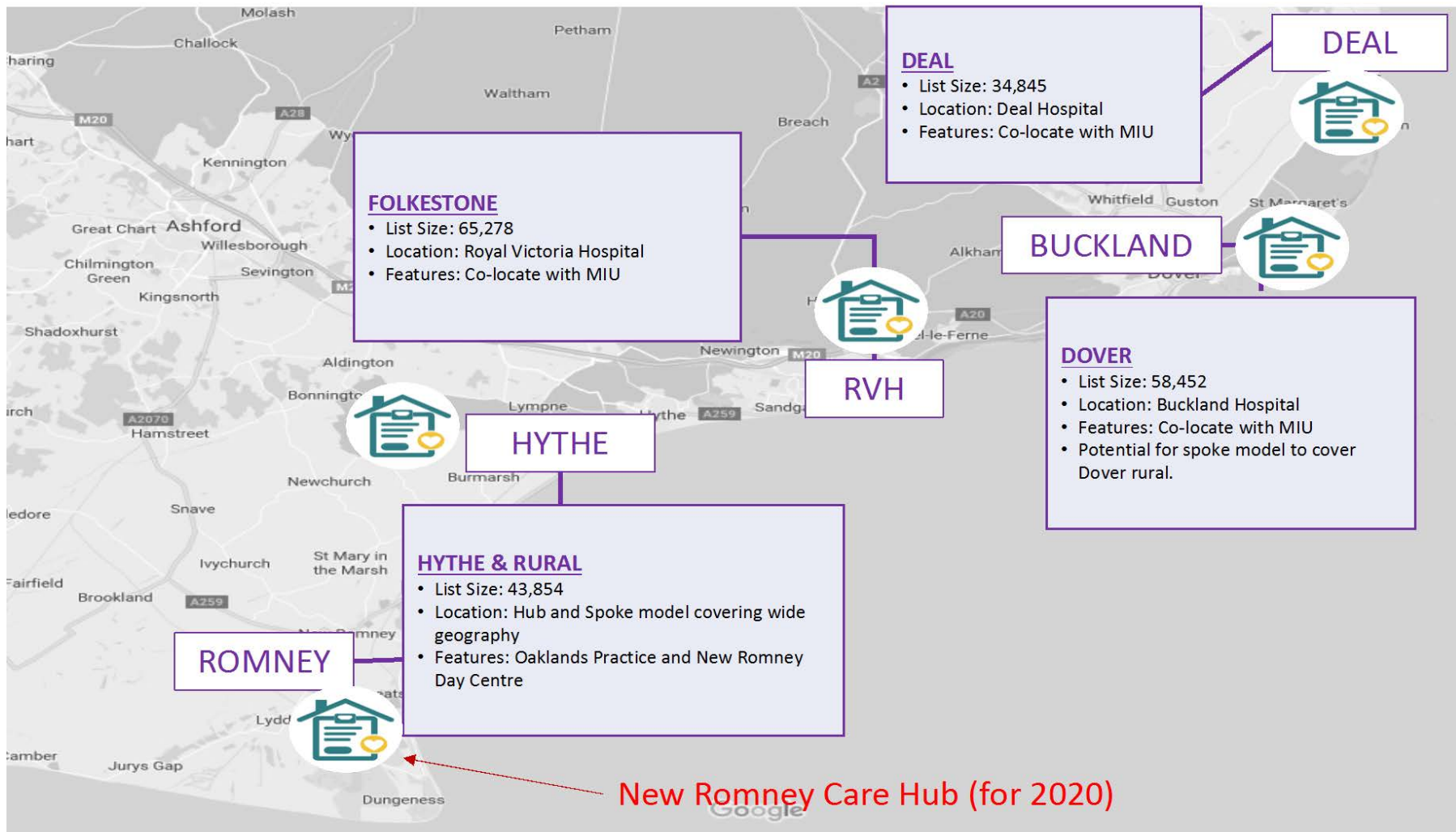
- 13,000+ patients go to A&E when practices are open requiring no treatment and no investigation.
- Increasing pressure on primary care services due to an ageing and growing population with more complex health needs and difficulties recruiting medical staff particularly GPs
- The current consulting model is unsustainable with a smaller future workforce in primary care.
- The unscheduled care system is confusing and difficult to navigate for patients.

Our priorities include:





- 1. Operational resilience**
- 2. Shared resources and joint working including federated primary care**
- 3. Attract clinical talent**
- 4. Hubs – to transform estate at scale**

ABOUT US: 206,000 patients in 4 Localities

35,000 - 65,000 / 4 Hubs for local care services



SKC Locality Profiles

Locality	IACO Leads/ Notes	Practices	Practice List Size	No. of GPs	Care Homes Provision							
						LD	Residen- tial	Nursing	Total	AE	NELS	
Deal 35,575 pop		Balmoral Surgery	12,892	8	Homes		8	6	14	191	141	
		Cedars Surgery	10,511	7								
		Manor Road	2,282	1	Beds		245	170	415			
		St Richards Road	9,890	5								
Dover 60,185 pop		Aylesham Practice	6,696	2	Homes	28	12	3	43	459	309	
		Buckland Medical Centre	3,913	1								
		Lydden Surgery	4,746	4								
		Pencester Health	4,095	5								
		Pencester Surgery	9,379	5	Beds	233	340	119	692			
		Peter Street Surgery	6,530	2								
		St James Surgery	8,454	4								
		The High Street Surgery	7,977	5								
White Cliffs Medical Centre	8,395	3										
Folkestone 65,339 pop <i>* Includes 1,197 still to be allocated in quarterly list size data for Folkes East FP</i>		Central Surgery	2,619	1	Homes	42	13	3	58	405	269	
		Guildhall Street Surgery	8,822	4								
		Hawkinge and Elham	9,144	3								
		Manor Clinic	7,656	4								
		Park Farm Surgery	3,220	1	Beds	291	413	134	833			
		Sandgate Surgery	11,648	11								
		The New Surgery	10,823	6								
		The White House	10,210	4								
Hythe & Lyminge 44,849 pop		New Lyminge Surgery	4,262	3	Homes		6	4	10	201	159	
		Oak Hall Surgery	6,004	4								
		Oaklands Health Centre	11,371	7								
		Orchard House Surgery	4,117	1	Beds		141	166	307			
		Sun Lane Surgery	5,052	3								
		The Surgery	2,733	2								
		Church Lane Surgery	6,587	5	Homes		5	3	8	136	4	106
		Martello Health Centre	4,723		Beds		134	92	226			

Local Care Service Provision - South Kent Coast

South Kent Coast wide urgent care provision

➤ **Step Up/down beds**

Complex/at risk pts
Dementia pts
Rehabilitation
Deal Hospital

➤ **GP Streaming**

GPs in KCH MIU and A&Es at WHH and QEQMH – 8.00-18.30/7 days per week

➤ **Minor Injury Units (MIUs)**

8.00-8.00 7 days per week

- **Buckland Hospital**
- **Royal Victoria Hospital**
- **Deal Hospital**

➤ **Care Home Rapid Response Line**

Safety net response/ not to replace current primary or community care responses .

Co-ordinated via the LRU with 'warm transfer' to Rapid Response teams in the local areas.

Rapid Response would provide advice and where needed a face to face response

- ### ➤ **Public Health Programmes**
- Stop smoking/Healthy walks etc.

Locality provision 35-65,000 popn of registered patients

Integrated Multi-disciplinary Team (currently working at practice level > moving to 15,000+ clusters > full locality model with specialist support)

GP, Practice Nurse, Community/LTC Nurse, MH Worker, Pharmacists, AHP, Social Workers, Care Navigators, Primary Care Mental Health Workers

Additional support varies locally: Integrated Discharge Team / Intermediate Care Teams (KCHFT); Psychiatry (Adult and Older People), Community Mental Health Teams (KMPT), Range of Voluntary Sector providers. Health Trainers (KCC, Public Health)

➤ **Wound Care Clinics**

Wound Management Centers (KCHFT) and Primary Care Services.

➤ **Mental Health Care**

Drop in dementia clinics in place across all 4 localities led by clinicians with voluntary sector service support.
Primary Care Mental Health Workers
Care Home Specialist Dementia Nurses

➤ **Improved Access to Psychological Therapies**

➤ **Catheter Clinics**

Service specification is now under review with a focus on reducing infection rates

➤ **Home Visiting Service**

See Primary Care at scale

➤ **Falls Prevention**

KCHFT service (2 localities).
Service specification review underway working with the KCC
Falls prevention commissioned service.

➤ **Social prescribing**

8 Care Navigators; business case in development with KCC to increase the number of wte in East Kent.

Planned Care –Buckland, RVH and Deal Hospitals.:

- New rheumatology service (Tiers of Care);
- Including: Phlebotomy; Children's Assessment Unit; East Kent rehabilitation and Out Patient Physiotherapy services ;
- Women's Health services – consultant antenatal, post natal breast feeding clinics; colposcopy; pre and post natal clinicians, day care.
- Renal dialysis services;
- Diagnostic services – x-ray and ultrasound;
- Range of audiology services including ENT and one stop hearing services
- Ophthalmology cataract surgery
- Various Out-Patient clinics including cardiology, colorectal, dermatology, diabetic, endocrinology

Primary Care at scale

New Primary Care Services (Hubs)

8am-8pm & weekends subject to ongoing utilization audit

For minor illness – GPs, Nurses, and Physiotherapy assessments

Mental health pathway potentially mobilization from November.

- Buckland Hospital
- Royal Victoria Hospital
- Deal Hospital
- Oaklands Surgery (Hythe)
- New Romney Day Centre

Home Visiting Service 8am-6pm – weekdays

Paramedic Practitioner, Nurses and HCAs supporting all SKC practices.

Frailty MDTs

Mobilization from Q4 although earlier implementer sites are expected

Working at a minimum cluster level of 15000 patients

Dear colleagues,

I am writing to let you know that, following the annual assessment by NHS England of clinical commissioning groups (CCGs) nationwide, all four of the east Kent CCGs have been placed in special measures.

This was the automatic result for NHS Ashford, Canterbury and Coastal, and South Kent Coast CCGs of being rated 'inadequate' in the 2017/18 annual assessment process.

NHS Thanet CCG was rated 'requires improvement' but was placed in special measures with its neighbours because it shares the same challenges and this ensures the whole system can move ahead together. You may see some media coverage about this in the news.

The challenges that we need to address are:

- the financial position of the CCGs in east Kent
- delivery of constitutional standards at East Kent Hospitals University NHS Foundation Trust (such as A&E waiting times, cancer waits, 18-week waits)
- the need for more effective east Kent-wide working.

Work is well underway to make the necessary improvements. This started with a detailed review of our governance and the development of a financial recovery plan. We are making changes to bolster and streamline our decision-making processes, reducing duplication, so we can move ahead at pace.

As you know, a major priority for us – because of the clinical quality, financial and system impact it will have – is to transform the way we look after frail older people and people with complex health and care needs.

This will see people getting far more joined-up care resulting in less time in hospital beds, which is much better for them, and will enable hospital staff to deliver the specialist care and treatment, that only they can provide, to greater numbers of people.

We are also working hard with our partners on a pre-consultation business case for changing the way health services in east Kent are organised and delivered. This is key to the long-term clinical and financial future of our system.

Having all four east Kent CCGs under the special measures regime opens up better opportunities to work together across east Kent to bring about rapid change, and give us access to greater support from NHS England.

Yours sincerely,

Caroline Selkirk
Managing Director of Ashford, Canterbury and Coastal, South Kent Coast, and Thanet clinical commissioning groups

**Peter Oakford – Member for Tunbridge Wells North
Deputy Leader & Cabinet Member for Strategic
Commissioning & Public Health**

**Thanet Health & Wellbeing Board
Canterbury & Coastal Health & Wellbeing
Board
South Kent Coast Health & Wellbeing Board
Ashford Health & Wellbeing Board
DGS Health & Wellbeing Board
West Kent Health & Wellbeing Board
Swale Health & Wellbeing Board**

Members' Desk
Sessions House
County Hall
Maidstone
Kent ME14 1XQ

Direct Dial: 03000 416521
E-Mail: peter.oakford@kent.gov.uk
Ask For: Peter Oakford
Date: 4 June 2018

Dear Chairman

I am writing to officially inform you that on 22nd March 2018 the Kent Health and Wellbeing Board agreed to create a joint health and wellbeing board with Medway Council.

Given these new arrangements I wanted to clarify the relationship between the Kent Board and Local Boards. The Kent Board is keen for Local Boards to be able to respond to the emerging commissioning arrangements of the STP as they see fit. This position supports the findings of the review that I carried out last Summer where it was clear that there was a mixed view about the future for Local Boards. A number of respondents made the point that local Boards could not be separated from the emerging place based sub-structure for delivery of the STP. There was widespread expectation that whatever new integrated health and social care arrangements might be created through the STP, these will have a local footprint (most likely through Integrated Care Systems) that would inevitably further challenge the purpose and role of local Boards

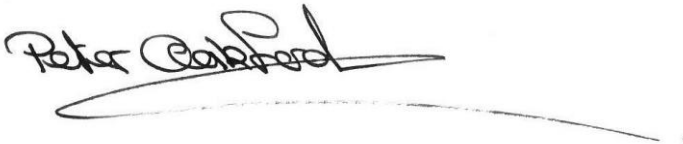
Local Boards will be considering how to move forward in a way that makes sense in their local geography and ensures the local democratic voice continues to influence commissioning of local health and care services in the most effective way. This may mean that local Boards develop beyond their current Health and Wellbeing Board arrangements.

Local arrangements are already evolving in response to the newly emerging context for health and social care commissioning, for example West Kent HWB has recognised the need for a re-refresh to strengthen opportunities for partnership working

and collaboration and with effect from 20 February 2018, the West Kent Health & Wellbeing Board was disbanded. In its place, a new West Kent Health and Wellbeing Elected Member Forum will be established. To support these changes and to acknowledge the reduced meetings of the Kent Board it will no longer be necessary to report and send local board meeting minutes to the Clerk of the Kent Health and Wellbeing Board.

The future of Local Boards is entirely in the gift of each local area and I shall look forward to seeing how they evolve in the months ahead. As the chair of the Kent HWB, I would also like to take this opportunity to thank you for your commitment and valued contribution to the health and wellbeing agenda for Kent.

Regards

A handwritten signature in black ink, appearing to read 'Peter Oakford', with a long horizontal flourish extending to the right.

Peter J. Oakford

**Chair of the Kent Health and Wellbeing Board
KCC Deputy Leader
Cabinet Member for Strategic Commissioning & Public Health**