

Public Document Pack

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 16 May 2017 at 3.02 pm.

Present:

Chairman: Councillor P A Watkins

Members: Dr J Chaudhuri
Ms S Baldwin
Councillor P M Beresford
Councillor S S Chandler
Councillor J Hollingsbee (Minute Nos 63 and 64 only)
Mr M Lobban
Mr I Rudd

Also present: Ms K Cook (Strategic Policy, Kent County Council)
Ms S Robson (Shepway District Council)

Officers: Leadership Support Officer
Democratic Support Officer

54 ELECTION OF A CHAIRMAN

The Democratic Support Officer called for nominations for a Chairman for 2017/18.

It was proposed by Councillor S S Chandler and duly seconded that Councillor P A Watkins be elected Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

RESOLVED: That Councillor P A Watkins be elected as Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

55 APPOINTMENT OF A VICE-CHAIRMAN

The Democratic Support Officer called for nominations for a Vice-Chairman for 2017/18.

It was proposed by Councillor P A Watkins and duly seconded that Dr J Chaudhuri be appointed Vice-Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

RESOLVED: That Dr J Chaudhuri be appointed as Vice-Chairman of the South Kent Coast Health and Wellbeing Board for the Council year 2017/18.

56 APOLOGIES

Apologies for absence were received from Councillor G Lymer (Kent County Council), Councillor M Lyons (Shepway District Council), Ms K Benbow (South Kent Coast Clinical Commissioning Group), Mr S Inett (Healthwatch Kent) and Ms J Mookherjee (Kent Public Health, Kent County Council).

57 APPOINTMENT OF SUBSTITUTE MEMBERS

It was noted that, in accordance with Council Procedure Rule 4, Ms S Baldwin had been appointed as substitute for Ms K Benbow and Mr I Rudd for Ms J Mookherjee.

58 DECLARATIONS OF INTEREST

Dr J Chaudhuri declared an interest by reason that his GP surgery had been incorporated into Channel Health Alliance, the single legal entity for delivering collective health services.

59 MINUTES

It was agreed that the Minutes of the Board meeting held on 21 March 2017 be approved as a correct record and signed by the Chairman.

60 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

61 KENT SOCIAL CARE TRANSFORMATION UPDATE

The Board received an update from Mr Lobban on the Kent Social Care Transformation strategy. The strategy was a new, outcome-focused model for the delivery of adult social care which would be more responsive to individuals' needs. The draft strategy was due to go to Kent County Council's (KCC) Cabinet Committee for adoption on 21 July 2017, following a 4-week period of consultation.

A number of workshops had been held to consider how different roles within the NHS and KCC, providing similar services, worked together, and whether this relationship could be improved in terms of coordination, accessibility, response, etc. A particular focus had been the role of occupational therapists and social workers in relation to hospital discharges. Pilots in Ashford and Canterbury had examined how services could be brought together and a homecare model which involved nurses rather than social workers overseeing domiciliary care.

Dr J Chaudhuri pointed out that there had been a similar initiative some years previously, and queried opportunities for joint training. Mr Lobban agreed that there was a duplication of roles within KCC and the NHS. It was proposed that specialist staff would be employed by the NHS, with a health and social care workforce employed by KCC. Hours of employment, poor rates of pay and career pathways would need to be addressed.

Ms S Baldwin reported that Medway had also reviewed its domiciliary care workforce. Nurse-led homecare could promote health and wellbeing and was an untapped resource. Mr Lobban commented that nurses were a scarce commodity which was why consideration was being given to having some of their work done by lower-skilled workers, with the appropriate support and supervision. In response to Councillor P A Watkins who queried the division of responsibility within such an arrangement, Mr Lobban clarified that the proposal was very much in the design phase and would need further scoping and discussions with nursing and domiciliary care professionals.

Mr Lobban advised that there were other complications, in that NHS services were free but social care was chargeable for those with means. These issues would need to be worked through. Moreover, whilst coordination and supervision would be crucial, it was recognised that the public sector did not have a good track record in coordinating its services with the independent sector. He reassured the Board

that KCC was not underestimating the demand for these services. In this regard, carrying out frequent reviews could reduce demand and free up capacity.

In response to Councillor S S Chandler, Mr Lobban reported that 40% of the needs of people receiving domiciliary care could be met in another way, potentially through the voluntary sector. KCC believed it could make savings in domiciliary care, but this was likely to require an investment of £2 million in the voluntary sector. Whilst the voluntary sector required continuity and consistency in terms of grant-funding, they also wanted some flexibility in how they approached 'jobs'. KCC was looking at how it could network with the wider voluntary sector through one partner.

RESOLVED: That the update be noted.

62 DRAFT KENT HEALTH AND WELLBEING STRATEGY 2018-2023

Ms K Cook presented the report which outlined the draft Kent Health and Wellbeing Strategy 2018-2023, the development of which was a statutory requirement. The Strategy set out how the Kent Health and Wellbeing Board would operate in the future, and how commissioners could be supported in a different way. It was anticipated that the final Strategy would be presented to the Kent Board in September.

There was discussion around Kent's health priorities. Dr Chaudhuri agreed with the priorities set out in the report, but suggested that comparisons would be beneficial so that performance against previous strategies could be measured. Ms Cook recognised that there was a need for an assurance framework that would provide meaningful information to the Board on outcomes.

RESOLVED: That the report be noted.

63 KENT PUBLIC HEALTH UPDATE

Mr I Rudd advised that, whilst difficult, there was more that could be done to ensure that more people were accessing preventative services earlier.

In response to a question from Councillor P M Beresford, Dr Chaudhuri reported that there was anecdotal evidence to suggest that more people were using e-cigarettes to stop smoking than NHS services. It was also acknowledged that, whilst brief intervention on alcohol could be very effective, healthcare professionals were often reluctant to ask people about their drinking habits. The NHS was at the same point on alcohol as it had been with smoking 20 years ago. There needed to be far greater emphasis on prevention – a matter which a local sub-group was looking at. He remarked that there were a lot of preventative services being provided by a number of organisations. He was keen to see a comprehensive service which covered prevention, wellbeing and rehabilitation.

In response to Councillor Watkins, Ms Cook clarified that there was a new Kent-wide consortium of voluntary sector organisations called Supporting Kent Communities (SKC) whose contract had started in March. It was likely that someone from SKC would act as the voluntary sector's representative on the Board, but she undertook to obtain further information. Councillor Watkins advised that some local access points were likely to close in the coming months, thus reducing the opportunities to disseminate information to communities. The Board would need to decide how it could compensate for these closures.

RESOLVED: That the update be noted.

64 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.39 pm.