

Public Document Pack

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 7 November 2017 at 3.00 pm.

Present:

Chairman: Dr J Chaudhuri

Councillors: Ms K Benbow
Councillor S S Chandler (as substitute for Councillor P M Beresford)
Councillor J Hollingsbee
Mr S Inett
Councillor M Lyons

Also Present: Ms S Jaswal (Centre for Health Service Studies, University of Kent)
Mr M Needham (Integrated Accountable Care Organisation)

Officers: Head of Leadership Support
Leadership Support Officer
Community Safety Manager (Shepway District Council)
Democratic Services Manager

65 ELECTION OF A CHAIRMAN

The Democratic Services Manager called for nominations for the position of Chairman following the resignation of Councillor P A Watkins.

It was moved by Councillor J Hollingsbee and duly seconded that Dr J Chaudhuri be elected as Chairman for the remainder of the municipal year 2017/18.

In the absence of other nominations it was

RESOLVED: That Dr J Chaudhuri be elected as Chairman of the South Kent Coast Health and Wellbeing Board for the remainder of the municipal year 2017/18.

66 APOLOGIES

Apologies for absence were received from Councillors P M Beresford (Dover District Council) and G Lymer (Kent County Council).

67 APPOINTMENT OF SUBSTITUTE MEMBERS

It was noted that, in accordance with the Terms of Reference, Councillor S S Chandler had been appointed as substitute for Councillor P M Beresford.

68 DECLARATIONS OF INTEREST

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

69 MINUTES

It was agreed that the Minutes of the Board meeting held on 16 May 2017 be approved as a correct record and signed by the Chairman.

70 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

71 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

Karen Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) presented the update on the Sustainability and Transformation Plan (STP).

The Board was advised that the four Clinical Commissioning Groups (CCGs) in East Kent and the East Kent Hospitals University Foundation Trust (EKHUFT) had signed a Memorandum of Understanding regarding a new system of local care relating to the provision and delivery of some cardiology, respiratory and rheumatology services. This would result in more planned care taking place in a community setting rather than at hospitals which would free up hospital beds across East Kent for more urgent and emergency cases.

Expressions of Interest were being sought for providers of tier 2 rheumatology services based on the model piloted in Deal and provided elsewhere in the UK. Members of the Board were advised that the competitive procurement process could take up to 12 months to complete.

The Stroke Programme Board was leading a review of acute stroke services for the Kent and Medway STP and would be consulting on the list of options in early 2018. It was anticipated that the shortlist would include several options involving three specialist hyper acute stroke centres at the existing acute hospitals.

An update was also provided on the challenges in building a sustainable workforce for the future in Kent and Medway. A multi-disciplinary workshop had been held in October which aimed to recognise the current workforce risks for all partners; identify current and future workforce needs; and quantify the gaps between new care models.

In respect of GP vacancies, it was stated that some areas within Dover and Shepway were able to recruit but others were struggling to fill vacancies.

Members of the Board expressed support for proposals for a new medical school to be built in Kent and cited the success of Canterbury Christ Church University in recruiting nursing students.

RESOLVED: That the update be noted.

72 INTEGRATED CARE ORGANISATION RESEARCH AND EVALUATION PROJECT

The Board received a presentation from Sabrina Jaswal (Centre for Health Services Studies, University of Kent) in respect of the Integrated Care Organisation Research and Evaluation Project.

The Centre for Health Services Studies (CHSS) had been working with the South Kent Coast Clinical Commissioning Group (CCG) to develop evidence based Key Performance Indicators and monitoring frameworks for specific integrated care initiatives that would enable the CCG to evaluate outcomes internally. The specific integrated care initiatives selected were End of Life Care (EOLC), Deal Multidisciplinary Team (MDT) and Integrated Intermediate Care (IIC).

The outcome from the work would be to identify for the CCG what was working and what wasn't in the three areas evaluated.

RESOLVED: (a) That the presentation be noted.

(b) That a further update be provided in six months.

73 SOUTH KENT COAST HEALTH AND WELLBEING BOARD: NEXT STEPS

The Board received a report from Michelle Farrow (Head of Leadership of Support, Dover District Council) on the future role of the South Kent Coast Health and Wellbeing Board (SKCHWBB).

The SKCHWBB had been formed in 2011 with aspirations relating to integrated service commissioning. The introduction of the Sustainability and Transformation Plans (STP) and local Integrated Accountable Care Structures meant that many of these aspirations were being met and it was considered appropriate to review the future role of the SKCHWBB.

It was proposed that should the members of the Board wish to continue with the SKCHWBB that it reduce the number of meetings from the current six per year and focus its activities on:

- (a) Reducing health inequalities;
- (b) Creating a high quality health and care system; and
- (c) Having a financially sustainable health and care system

The role of the Board would be:

- (a) To enable and facilitate collaborative working across the South Kent Coast
- (b) To identify, and seek to address, any challenges/obstacles that might hinder delivery of added value, improvements in reducing health inequalities or improvements in health and wellbeing outcomes locally.
- (c) To review the delivery of local outcomes and priorities contained within the Kent and Medway Sustainability and Transformation Plan, Integrated Accountable Care Organisations, Clinical Commissioning Groups and Local Authorities and to provide support where applicable.

Members discussed the achievements of the SKCHWBB to date and agreed that it should continue. The consensus of opinion was that six meetings per year were too many and that four meetings per year would be more appropriate.

The issue of CCGs working closer together at an East Kent level was raised and it was suggested that there would be merit in joint working between Boards on matters of commonality.

RESOLVED: That an updated set of Terms of Reference be brought to the 9 January 2018 meeting of the Board.

74 INTEGRATED ACCOUNTABLE CARE ORGANISATION UPDATE

Mark Needham (Chief Officer, Integrated Accountable Care Organisation) presented an update.

The Local Care Hubs would provide access to primary care services 7 days a week between 8am to 8pm with practices working as hubs serving 35,000 – 65,000 patients. The successful delivery of Local Care Hubs would reduce the number of hospital admissions and release funding for increased investment in prevention.

The service specification had identified the complex range of services that needed to be provided through the Local Care Hubs. The home visiting service had gone live in August 2017 and had 300 contacts during September. The minor injury hubs were expected to go live in early 2018.

There was some duplication of services between organisations that needed to be converted into integration and mental health and health and wellbeing still needed to be integrated into the hubs. There would need to be 20-30 care navigators (approximately 1 per practice).

The Board was advised that there were currently 3.75 funded care navigator posts and that the South Kent Coast Clinical Commissioning Group was unable to fund the remaining balance of needed care navigator posts. The care navigator posts were non-medical roles and it was suggested that Dover and Shepway District Councils could provide the needed care navigators. The Board was advised that the care navigator posts would need to be filled by 1 April 2018.

The Head of Leadership Support (Dover District Council) advised that there needed to be more information provided on the care navigator role so that its implications could be better understood and that specific examples of where this model had been adopted elsewhere would be of assistance.

RESOLVED: That the update be noted.

75 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.45 pm.