

Notes of the implementation meeting of the **DOVER AND SHEPWAY SHADOW HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday 4 September 2012 at 3.30 pm.

Chairman: Councillor P A Watkins

Present: Councillor P Carr (Shepway District Council)  
Councillor S S Chandler  
Councillor R Gough (Kent County Council)  
Councillor P G Heath  
Ms K Benbow (Clinical Commissioning Group)  
Dr J Chaudhuri (Clinical Commissioning Group)  
Ms S Pitt (East Kent Primary Care Trust)  
Ms J Mookherjee (NHS West Kent)  
Ms C Davis (Kent County Council)  
Mr R Jackson (Shepway District Council)  
Mr J Lampert (Kent County Council)

Also Present: Councillor B W Bano  
Councillor P M Beresford  
Councillor P M Brivio  
Councillor M A Russell  
Councillor C J Smith

Officers: Chief Executive  
Leadership Support Officer  
Democratic Support Officer

Apologies for absence were received from Dr H Armstrong (C4G Clinical Commissioning Group), the Alternative Service Delivery Manager and the Leadership Support and Corporate Communications Manager.

## 10 NOTES

In respect of Note No 7, Ms Davis welcomed comments on the draft report which would feed into the development of the county-level Joint Health and Wellbeing Strategy which would, ultimately, influence a local health and well-being strategy.

In respect of Note No 9, the Board was advised that a correction needed to be made, in that it was Dr Chee Mah who had been appointed as clinical chair of the Clinical Commissioning Group (CCG).

Subject to the amendment relating to the CCG, it was agreed that the Notes of the Committee meeting held on 12 June 2012 be approved as a correct record and signed by the Chairman.

## 11 CLINICAL COMMISSIONING GROUP (CCG) UPDATE

Dr Chaudhuri reported that Karen Benbow had been appointed as the Chief Operating Officer. In addition, Hazel Carpenter had been appointed as the Accountable Officer and Jonathan Bates as the Finance Officer.

The Board was advised that, in relation to the annual operating fund, engagement events were due to be held with GP practices in Dover and Shepway. Eight CCGs across Kent and Medway were likely to be authorised, with Medway, Dartford and

Gravesham in the first wave. The four east Kent CCGs would be included in wave 4 in November. Authorisation was an ongoing process and would be granted according to conditions.

Ms Davis advised that Dover and Shepway was the only area operating a two-tier Health and Wellbeing Board (HWBB) system. A draft paper for the Kent HWBB, outlining a similar model to Dover's, would be circulated to Leaders in due course. This would emphasise the model of local engagement and monitoring, feeding up to County level. Members commented that a one-tier system could prove too homogenous and was unlikely to meet the disparate needs of the various districts.

Ms Benbow reported that the CCG was required to develop a five-year strategy and a one-year delivery plan. The former would outline the CCG's vision on population outcomes and operational strategies, and the latter would be an ongoing document that set out priorities for the next financial year and how Department of Health targets would be met. The five-year strategy would be completed by the end of October, and a series of events with practices and the public were due to be held in September. There was consensus that the Board should have sight of the draft and final strategies.

It was agreed

- (a) That details of CCG Board members and their positions be circulated by Dr Chaudhuri.
- (b) That the update be noted.

## 12 HEALTH AND WELLBEING BOARD WORK PROGRAMME

### (a) Joint Integrated Commissioning Plan (JICP)

Mr Lampert advised that the JICP would be an integrated commissioning strategy and delivery plan, focusing on preventative and community services and end-of-life care for adults. For the first time, the district councils had been involved in developing the JICP. Ms Mookherjee commented that the JICP would interact with a local health and well-being strategy (the latter being the overarching plan for the Board), and efforts were being made to align these as they had become 'disconnected' due to reforms. The JICP would encompass several elements, including health inequalities and areas around children and families. It was noted that work on children's services and health inequalities would be carried out separately to the JICP.

It was intended to take the JICP to the facilitated session on 20 September and to the Kent Health Commission on 4 October, with a draft plan ready by November 2012.

### (b) Potential Public Health Projects Update

Ms Mookherjee reported on the development of a new interactive software tool. The software allowed users to access data down to street and house level, and would prove a useful tool for planning public services. The CCG had helped to develop the software and would be involved in authorising licence applications. The software currently utilised health and social care data, but this could be extended to local authority and other data.

The Board was advised that the Healthy Living Pharmacy project was progressing, with 33 of the best performing pharmacies already registered. All pharmacies in Dover and Shepway would be invited to participate, and an engagement event was due to be held at the end of October. The project would cover weight management, smoking cessation and sexual health services amongst others, and was a low cost way of delivering easy access prevention services. It was anticipated that there would be greater uptake of these services through the participating pharmacies, which would be re-branded. The £80,000 funding across Dover and Shepway would facilitate training, publicity, etc. It was agreed that it would be helpful for the project manager to report to a future meeting of the Board.

(c) Buckland Hospital

Several members raised concerns that the new Buckland hospital development would not have intermediate care beds. There was consensus that, initially, a needs assessment should be undertaken to identify need and existing community bed capacity. Subject to the results, a business case would then be developed. Ms Mookherjee undertook to ascertain whether there was capacity within her team to carry out the needs assessment, in cooperation with Kent County Council (KCC) and linking to the Kent Community Trust's internal review of bed usage. It was agreed that it would be appropriate for the JICG to consider this matter at its next meeting as a strategic overview was required. Working with others, Ms Pitt undertook to draw up a project plan to develop a needs assessment.

(d) Patients Know Best

Dr Chaudhuri reported on Patients Know Best, a secure online system which allowed the patient to determine and control who was given access to their personal records. The system, which complied fully with NHS Data Protection requirements, would enable data to be shared across different organisations, resolving many of the confidentiality issues that currently hampered the sharing of information amongst GPs, hospitals, etc. Swale, the South Kent Coast CCG and the Kent and Medway PCT Cluster would be piloting the system for patient care plans. It was very much hoped that the system would be rolled out across Kent.

It was agreed:

- (a) That, in relation to intermediate care beds, a report be submitted to the next meeting of the Board, setting out the specification for the needs assessment, including scope of research, methodology and timetable.
- (b) That a presentation on Patients Know Best be made to the Board at a future meeting.

13 3RD FACILITATED SESSION – 20 SEPTEMBER 2012

Ms Mookherjee raised concerns that the agenda for the session on 20 September lacked any reference to the Board's work programme and future direction. Although the JICP was included, this was only one aspect of the Board's work. It was agreed that the original Work Plan be reviewed and included on the agenda, and the item on the roles of the KCC and Dover District and Shepway Boards be considered last for 30 minutes.

It was agreed:

That the agenda for the 3rd Facilitated Session be amended as suggested.

14 DRAFT KENT JOINT HEALTH AND WELLBEING STRATEGY

The Board was advised that the Kent HWBB was required to produce a Joint Health and Wellbeing Strategy. Key stakeholders had been consulted and the Strategy would go out for public engagement in October. The document would focus on a wide range of health issues and, in particular, on areas where Kent was doing worse than the national average. It would be a high-level, county-wide document. Members were advised to send comments by 10 September which would be considered by the KCC Board on 19 September. The Strategy was due to be adopted in December.

It was agreed:

To note the draft Kent Joint Health and Wellbeing Strategy.

15 MATTERS RAISED BY MEMBERS OF THE BOARD

There was discussion regarding third sector representation on the Board. It was agreed that representatives from Dover and Shepway were needed. Community Healthwatch could be a potential source of representatives, and it was suggested that those with local links could be approached. Alternatively, lay members of the East Kent PCT could be considered. In response to Councillor Watkins, the Board was advised that the Dover Adult Services Partnership (DASP) came under the Board, although it did not report to the Board. There was consensus that the DASP lacked direction and would benefit from a membership review. Ms Mookherjee offered to attend meetings.

It was agreed:

That voluntary sector membership of the Board and DASP membership should be reviewed.

The meeting ended at 5.18 pm.