

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 18 June 2013 at 3.40 pm.

Present:

Chairman: Councillor P A Watkins

Board: Ms K Benbow
Councillor P Carr (In place of Councillor J Hollingsbee)
Dr J Chaudhuri
P G Heath
Mr M Lobban
G Lymer
Councillor M Lyons
Ms J Mookherjee
Ms J Perfect

Also Present: Councillor P Beresford (Dover District Council)
Councillor S S Chandler (Dover District Council)
Councillor M A Russell (Dover District Council)
Alternate Service Delivery Manager
Ms C Davies (Strategic Business Advisor, Kent County Council)
Mr A Hammond (Shepway District Council)
Dr T S Gill (Chair of Kent NHS LPC)
Ms G O'Grady (Local Project Delivery Manager Shepway, Troubled Families)
Ms N Reeves (Local Project Delivery Manager Dover, Troubled Families)
Ms T Schneider (Kent County Council Project Officer)
Mr M Thomas-San (KCC Strategic Business Advisor)

Officers: Chief Executive
Team Leader – Democratic Support
Head of Leadership Support
Head of Communication and Engagement

1 ELECTION OF CHAIRMAN

It was proposed by Councillor P Carr and duly seconded

RESOLVED: That Councillor P A Watkins be elected Chairman for the ensuing municipal year.

2 APOLOGIES

Apologies for absence were received from Councillor J Hollingsbee (Shepway District Council), and Mr B Porter (Shepway District Council).

3 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the Terms of Reference, Councillor P Carr had been appointed as substitute for Councillor J Hollingsbee (both Shepway District Council).

4 DECLARATIONS OF INTEREST

There were no declarations of interest from members of the Board.

5 MINUTES

It was agreed that the Minutes of the Board meeting held on 9 April 2013 be approved as a correct record and signed by the Chairman.

6 TROUBLED FAMILIES PROGRAMME

The Board received a presentation from Ms N Reeves and Ms G O'Grady on the Troubled Families Programme.

The objective of the Troubled Families programme was to work with 120,000 families in England to improve their lives by addressing some of the problems they faced and as a consequence improve the communities around them. This would be achieved through:

- Getting children back to school
- Reducing youth crime and anti-social behaviour
- Putting adults on the path back to work
- Reducing the amount public services have to spend on the troubled families

The programme would be delivered through local authorities and partner organisations in the public sector.

The Dover Business Case

The programme would over three years assist 167 families in the Dover District through:

- Additional workers
- Lead workers
- Challenger Troop
- Troubled Families Support Fund

The Shepway Business Case

The programme would over three years assist 225 families in Shepway District through:

- Retention of family champions from the 'Working Families Everywhere' pilot
- Four family champions working with 10 families each per year
- Innovative and creative approach to engaging and supporting families holistically

The Troubled Families programme had health implications in dealing with the issues of poor health, domestic abuse and substance abuse that were relevant to the work of the Board.

The issue of data sharing and Disclosure and Baring Service (formerly Criminal Records Bureau) checks was raised and it was questioned whether GP's had sufficient clearance required for the Common Assessment Framework (CAF).

- RESOLVED: (a) That the presentation be noted.
- (b) That regular updates be provided to the Board on the progress of the Troubled Families Programme.

7 HEALTHY LIVING PHARMACY UPDATE

The Board received an update on the Healthy Living Pharmacy (HLP) project from Dr T S Gill and Ms J Mookherjee.

There were 30 pharmacies in Dover and Shepway that met the requirements to be able to participate in the HLP project and 13 would be operating as HLP's from July 2013.

The Dover/Shepway HLP project was currently the only funded programme in Kent and the funding was being used to train HLP staff to enhance the patient experience. The HLP's would provide a wide range of services and would need to effectively integrate with other health care providers. However, the HLP programme in the Isle of Wight had demonstrated that a significant reduction in emergency hospital admissions and deaths due to respiratory conditions could be achieved through early intervention by HLP's with the 'walking well'.

The next steps in the HLP project were to:

- Promote its visibility to the general public and improve collaboration with GP's in respect of referrals and pro-active working.
- Finish the accreditation of Wave 1 of the HLP projects.
- Assess the impact of HLP on public health.
- Ensure that HLP was linked to the integrated commissioning approach.

An example of potential collaborative working was the issue of wasted medicine, which it was estimated amounted to £6-7 million pounds in East Kent each year.

The HLP project would be formally launched in the autumn.

RESOLVED: That the update be noted.

8 DEMENTIA FRIENDLY COMMUNITIES

The Board received a presentation from Ms T Schneider on Dementia Friendly Communities.

The issue of dementia was a national and local priority for the Board, engaging several health partner organisations and work was being undertaken to improve the current diagnostic rate for dementia over the next two years as early intervention yielded improved results for people living with dementia.

Dementia Friendly Communities were those which improved the quality of life for people living with dementia and their carers through the provision of safe communities in which it was possible to offer access to local facilities and maintain

people's social networks. The overall intention was to ensure that people living with dementia still felt part of their community.

In Shepway, Brockhill School was working with a local care home to put on a joint show called 'ladder to the moon' which was educating young people so that they understood the disease of dementia.

It was recognised by the Board that the Community and Voluntary Sector played a significant role in caring for people with dementia, particularly with 2/3 of people with dementia living in the community.

RESOLVED: That the presentation be noted.

9 CONTRACT PORTFOLIO - SKC RESIDENTS

The Board received a presentation from Ms K Benbow relating to the contract portfolio arrangements for South Kent Coast.

The contract arrangements broadly fell into one of three categories:

- Community contracts
- Large contracts with East Kent hospitals and the mental health trust
- Services where the contract was held by a different Clinical Commissioning Group

The majority of the contracts were for a period of 3 years, although some were commissioned on an annual basis.

Councillor P A Watkins advised that the Kent Health and Wellbeing Board had identified a lack of speech and language therapy in West Kent and he questioned whether there was a similar situation in East Kent.

RESOLVED: That the update be noted.

10 CHILDREN'S TRUST PARTNERSHIP BOARD ARRANGEMENTS

Mr M Thomas-San presented the report on the proposed arrangements for local children's services in Kent.

The Board was advised that local children's services would be based on Clinical Commissioning Group areas as opposed to District Council boundaries. The intention of the new arrangements was to improve integrated commissioning and working, with a clear focus on improving health, education and social care outcomes for all children and young people.

It was proposed that the new Children's Trust Partnership Board would be set up as a sub-group of the Kent Health and Wellbeing Board. An example of the link between the two bodies work was projects on teenage pregnancy. Councillor P A Watkins advised that a representative of the Children's Trust would be a voting member of the Board.

RESOLVED: That the presentation be noted.

11 INTEGRATED COMMISSIONING PLAN

(a) Priority Work Stream

Dr J Chaudhuri provided an update to the Board on the South Kent Coast Intermediate Care Review Project. The timescale for the project had been revised as further time was needed to assess data on patient flows and further discussions were required with stakeholders.

In response to a comment from Councillor P A Watkins expressing the view that local people would be concerned by any delays in provision of intermediate care services it was stated that there was a need for more robust data before physical provision could be made.

The Chief Executive cited the need for detailed data sharing on patient flows between organisations in order to properly understand the consequences of local decisions beyond individual Clinical Commissioning Group boundaries. He cited the Wayfarers Centre in Sandwich, as any closure of the centre would have an impact on intermediate care provision elsewhere in the Dover District.

(b) Falls Prevention and Technology/Assistive Technologies

The Board noted the reports for information. It was agreed that further information specific to Dover and Shepway was required.

(c) Healthy Living

The Board was advised that a full report would be made to the next meeting.

RESOLVED: That the updates be noted.

12 PUBLIC HEALTH UPDATE

Ms J Mookherjee provided an update to the Board on health inequality targets.

13 JOINT DEVELOPMENT DAY

The Leadership Support, Health and Wellbeing Manager provided an update to the Board on the Local Government Associations development tools for Health and Wellbeing Boards.

14 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no matters for which notice had been given by members of the Board.

15 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 5.45 pm.