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22 January 2016

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** on Tuesday 26 January 2016 at 3.00 pm, the following reports that were unavailable when the agenda was printed.

4 **MINUTES** (Pages 2 - 6)

To confirm the Minutes of the meeting of the Board held on 24 November 2015.

Yours sincerely

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

Chief Executive

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 24 November 2015 at 3.00 pm.

Present:

Chairman: Dr J Chaudhuri (Vice-Chairman in the Chair)

Councillors: Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler
Mr M Lobban
Councillor M Lyons
Councillor G Lymer
Ms J Mookherjee
Ms T Oliver

Also Present: Ms S Baldwin (South Kent Coast Clinical Commissioning Group)
Ms R Jones (East Kent Hospitals University NHS Foundation Trust)

Officers: Head of Leadership Support
Leadership Support Officer
Team Leader – Democratic Support

26 APOLOGIES

Apologies for absence were received from Councillor J Hollingsbee (Shepway District Council) and Councillor P A Watkins (Dover District Council).

27 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

28 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

29 MINUTES

It was agreed that the Minutes of the Board meeting held on 23 June 2015 be approved as a correct record and signed by the Vice-Chairman.

30 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

31 DEVELOPMENT OF THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD

The Head of Leadership Support presented the recommendations for developing the South Kent Coast Health and Wellbeing Board into a commissioning board. The new commissioning board would exist in shadow form from April 2016 onwards.

It was intended that the Board would be an equal partnership of local commissioners with a single commissioning structure and oversight of the entire

health and wellbeing system. However, while pooled budgets were an aspiration for the future it was expected that each commissioning partner would retain control of its own budget in the short term. The first commissioning work streams would relate to frail elderly (including housing) and obesity (children/whole family approach).

The new health and wellbeing board would assume responsibility for additional commissioning arrangements over time with the Integrated Care Organisation model responsible for the development of providers through integrated contracting models.

It was acknowledged that there were more discussions required to identify the size of the pooled budgets involved, finalise the governance arrangements and agree a shared vision and purpose between all the commissioning partners.

In terms of the membership for the Board in its new role, it was proposed that this would need to be changed due to the new decision making powers it would exercise. It was proposed that the new Board would be composed of:

- South Kent Coast Clinical Commissioning Group (representative and lay member)
- Dover District Council
- Shepway District Council
- Kent County Council
- Public Health
- Healthwatch
- Kent Fire and Rescue

There was a consensus of opinion that the inclusion of Kent Police on the new Board would be beneficial.

- RESOLVED:
- (a) That the South Kent Coast Health and Wellbeing Board be developed into a commissioning board with a flexible approach enabling the Board to adapt to changing circumstances.
 - (b) That the 'revised' Board model be established in shadow form for a year from April 2016 with the Board commissioning the Integrated Care Organisation (ICO) / Integrated Executive Partnership Board (IEPB) model delivering and trialling new contracting models, and with the research and evaluation stream linked closely to the shadow year arrangements.
 - (c) That the Shared Intelligence development days with the ICO are used in conjunction with the Health and Wellbeing Board development.
 - (d) That the potential LGA support for local and national developments be explored further.
 - (e) That a provider engagement sub-group be established with links to the ICO; that the South Kent Coast Local Children's Partnership Group be retained; that the Executive Group (for agenda planning and workflow) be retained with the Group possibly being tasked with monitoring progress against outcomes

and reporting to the Board; and reports/updates be received on the ICO work streams as they develop and progress.

- (f) That Kent Police be invited to join the revised Health and Wellbeing Board.

32 INTEGRATED CARE ORGANISATION WORKSTREAM UPDATE

The Board received an update from Ms S Baldwin, Head of Planning and Delivery of the South Kent Coast Clinical Commissioning Group.

The Integrated Commissioning Organisation (ICO) locality model covered acute hospital care, general practice providing a care co-ordination role and the locality hub providing urgent response support, integrated intermediate care and planned care.

There were six development work streams:

- Integrated Primary Care (based around GP practices bringing together a co-ordinated multi-agency, multidisciplinary team);
- Pathway Redesign (mental health, rheumatology, cardiovascular disease, respiratory disease, dermatology and diabetes);
- Integrated Intermediate and Urgent Care (bringing together health, social care and the voluntary sector intermediate care services into one response);
- Information Management and Technology (full interoperability across providers and promoting new technology where appropriate);
- East Kent End of Life Strategy refresh; and
- Pharmacy and Medicines Management (to ensure the safe and cost effective use of medicines).

The GP practices would be the core of co-ordinated care with an emphasis on self-care and prevention to improve outcomes and reduce health inequalities. It was intended that this would give the public confidence that the hospital wasn't always the most appropriate place for their care. The Martello Practice in Shepway was also testing virtual GP consultations through secure methods.

There had been two task and finish groups formed involving the health sector, social care sector, district councils, public health and the voluntary sector to address poor housing and the health issues that arose from it.

RESOLVED: That the update be noted.

33 KENT HEALTH AND WELLBEING BOARD AND LOCAL HEALTH AND WELLBEING BOARD RELATIONSHIPS AND FUTURE OPTIONS

The Head of Leadership Support presented the report in the absence of Mr M Lemon (Kent County Council).

There were 7 Local Health and Wellbeing Boards (including the South Kent Coast Health and Wellbeing Board) in addition to the parent Kent Health and Wellbeing

Board. Each Local Board led at the Clinical Commissioning Group level on the development of integrated commissioning strategies and plans.

However, the 7 Local Boards operated in a variety of ways with differing levels of engagement with member organisations and effectiveness. There were also concerns that there was a lack of a clear mechanism for communication between the Local Boards and the Kent Health and Wellbeing Board.

The report set out how these issues could be addressed and recommendations in respect of the Kent Health and Wellbeing Board and its relationship with the Local Boards.

RESOLVED: That the report be considered as part of the Board's next development day.

34 LOCAL CHILDREN'S PARTNERSHIP GROUP UPDATE

Councillor S S Chandler provided an update on the Local Children's Partnership Group.

The action plan priorities for the Group were:

- Paediatric Dental Health Provision;
- Obesity;
- Breastfeeding;
- Perinatal Mental Health; and
- Smoking (at the point of delivery)

The Group would review existing contracts to identify gaps in service provision, which would be reported to the Health and Wellbeing Board, and analyse trends to identify services making a difference. There would be work undertaken to improve the links with GPs and community services via the Integrated Primary Care workstream and ensure that local communities were aware of the services available to them.

The remit of the Group had also been expanded to include the work around Troubled Families due to the health implications.

The action plan would be agreed by the Group in December 2015 and shared with the Health and Wellbeing Board, the Local Children's Partnership Group Chair's Group and the Children's Health and Wellbeing Board.

RESOLVED: That the update be noted.

35 ESTABLISHMENT OF THE EAST KENT HEALTH AND SOCIAL CARE STRATEGY BOARD

The Chief Executive Officer (South Kent Coast Clinical Commissioning Group) and the Director of Strategy and Business Development (East Kent Hospitals University NHS Foundation Trust) introduced the report on the development of the East Kent Health and Social Care Strategy Board. The report had previously been considered by the Kent Health and Wellbeing Board.

The report recognised that the current health and social care model was not financially sustainable and that change was required. It sought to deliver safe, quality, affordable and sustainable clinical care for hospitals and primary care services in east Kent as well as integrating social care to ensure that the best use of resources was achieved. The biggest challenge would be to deliver sustainable clinical care and no consultation would be undertaken until a financially sustainable model could be developed.

The future model would involve local services delivered in the community, led by GP practices, with a single health and social care budget and smaller and safer acute hospitals. However, it was acknowledged that this needed to be done without destabilising other sectors. The work had started in September 2015 and was expected to be completed by October / November 2016 at the earliest.

The membership of the East Kent Health and Social Care Strategy Board would be comprised of the Clinical Chairs and Accountable Officers of the four East Kent Clinical Care Groups, the Chief Executives and Medical Directors of the health Trusts, the Corporate Director of Social Care, Health and Wellbeing for Kent County Council, the Chair of the Whitstable and Canterbury Vanguard and NHS England.

RESOLVED: That the report be noted.

36 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.58 pm.