

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 26 January 2016 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Members: Councillor P M Beresford  
Ms K Benbow  
Councillor S S Chandler  
Dr J Chaudhuri  
Ms C Fox  
Councillor J Hollingsbee  
Mr S Inett  
Councillor M Lyons  
Councillor G Lymer  
Ms J Mookherjee

Also Present: Ms K Sharp (Kent Public Health)  
Mr M Lemon (Kent County Council)  
Ms J Leney (Shepway District Council)

Officers: Head of Leadership Support  
Team Leader – Democratic Support

37 APOLOGIES

An apology for absence was received from Mr M Lobban (Kent County Council).

38 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

The Board noted that Mr S Inett had replaced Ms T Oliver as the Healthwatch Kent representative on the South Kent Coast Health and Wellbeing Board since the publication of the agenda.

39 DECLARATIONS OF INTEREST

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

40 MINUTES

It was agreed that the Minutes of the Board meeting held on 24 November 2015 be approved as a correct record and signed by the Chairman.

41 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

42 PUBLIC HEALTH PROGRAMMES

The Board received a presentation from Ms K Sharp (Head of Commissioning Public Health) on the transformation programme for services commissioned by Public Health.

The drivers for change in the commissioning of public health services were:

- NHS Five Year Forward View (calling for a radical upgrade in prevention);
- Health and Wellbeing Board Priorities (calling for a radical upgrade in prevention);
- Care Act (a responsibility to provide services that prevent the escalation of care needs);
- Demographics (a growing, ageing and diversifying population);
- Health Inequalities;
- Improving Healthy Life Expectancy; and
- Financial and Contractual (reduction in grant in 2015/16)

The services commissioned from the Public Health grant were:

- Services for children, including the Health Visiting service;
- School Nursing service; and
- Core public health programmes for adults (healthy weight, health trainers and smoking cessation services).

The outcomes were judged against the Starting Well, Living Well and Ageing Well objectives.

It was recognised that the current approach was not achieving the desired improvements in respect of health inequalities and there was a need for radical change. This included recognition that unhealthy habits reinforced each other and that to achieve real change services needed to focus on multiple unhealthy habits and the value of early childhood intervention to foster good habits.

The Board was advised that consultation and engagement had identified a number of key issues and local priorities that would be addressed through the revised service models and approaches. The need for new models of communication to reach both targeted groups and the wider public was discussed, including utilising opportunities through social media.

The timeline for the transformation programme was to transition to the new service models from April 2016 onwards following engagement and consultation (March and September 2015) and the development of revised models of procurement (October 2015 to April 2016).

In response to a question from Councillor P A Watkins, the Board was advised that discussions were ongoing between the South Kent Coast Clinical Commissioning Group and Public Health on the co-design of community nursing services to better integration with primary care providers.

There was concern expressed over the lack of awareness in schools of the school nursing service and the importance of both physical and mental health being covered was emphasised.

The need to integrate the work of voluntary and community sector agencies, which were often not in receipt of public funding, into wider public health provision in a co-ordinated way was raised.

- RESOLVED:
- (a) That the presentation and the work undertaken be noted.
  - (b) That the recommendations for future delivery be noted.
  - (c) That the involvement of the South Kent Coast Clinical Commissioning Group in the procurement process be noted.

43 DELIVERING THE FORWARD VIEW: NHS PLANNING GUIDANCE 2016/17 - 2020/21

The Board received a presentation from Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) on delivering the NHS Forward View.

The NHS Forward View set 3 essential tasks for NHS England in delivering it:

- Continuing to implement the 5 Year Forward View;
- Restoring and maintaining financial balance; and
- Delivering core access and quality standards for patients

As a result of this, the South Kent Coast Clinical Commissioning Group was required to produce the following plans:

- A 5 Year Sustainability and Transformation Plan (STP) to implement the 5 Year Forward View in the South Kent Coast area, based upon better integration with local authorities (and particularly prevention and social care) and focused on local populations rather than individual organisations; and
- A 1 Year Operation Plan for 2016/17 (OP) which supported the delivery of a high quality STP.

The Board was advised that the STP was an 'umbrella plan' with a number of specific delivery plans beneath it and was required to cover all areas of primary care commissioning by NHS England and South Kent Coast Clinical Commissioning Group. The STP had to be submitted to NHS England by the end of June 2016 for approval and there would be funding available from 2017/18 onwards to support the STP.

The deadline for the submission of the draft Operational Plan was 8 February 2016 with the deadline for the submission of the final Plan on 11 April 2016. There were 9 key elements to the Operational Plan:

- That it developed a high quality STP with critical milestones designed to accelerate the delivery of the 5 Year Forward View;
- That the system be returned to aggregate financial balance (the CCG was meeting this target but East Kent Hospitals University NHS Foundation Trust was not) with a focus on efficiency, productivity and unwarranted variation in the demand for health care;

- The development of a local plan for the sustainability and quality of general practice;
- Ensure the delivery of Accident and Emergency and ambulance targets;
- Ensure the delivery of referral to treatment time target;
- Deliver the 62 day treatment target for cancer;
- Achieve and maintain 2 new mental health access standards and achieve a dementia diagnosis rate of at least 67% (currently 62%);
- Transform care for people with learning disabilities (working with Kent County Council); and
- Implement an affordable plan to make improvements in quality and require providers participate in annual publication of avoidable mortality rates.

There were also a number of targets relating to 7 day service provision for acute hospital services (25% of the population would have access to services that were compliant with 4 priority clinical standards) and enhanced primary care services (20% of the population would have access) by March 2017 with the intention of improving ease of access to services and reducing deaths by increasing primary care and consultant cover and access to diagnostic services at weekends.

The Board was advised that as the Operational Plan built on existing work being undertaken by the South Kent Coast Clinical Commissioning Group, engagement with the community and stakeholders had already been considered.

In response to a question from Councillor P A Watkins, Mr M Lemon (Kent County Council) advised that the transformation of social care services was needed as part of the NHS Forward View and to achieve the required financial savings.

The Board discussed the issues affecting the recruitment of new doctors and nurses and the importance of work force planning at both primary care and the hospital trust level in ensuring there were sufficient resources to deliver the plans.

RESOLVED: That the presentation be noted.

#### 44 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.46 pm.