

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 20 September 2016 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Councillor P M Beresford
Ms K Benbow
Dr J Chaudhuri
Ms C Fox
Councillor J Hollingsbee
Councillor M Lyons
Councillor G Lymer
Ms J Mookherjee

Also Present: Mr T Godfrey (Health Education England)
Mr M Lemmon (Kent County Council)
Ms J Leney (Shepway District Council)

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

12 APOLOGIES

An apology for absence was received from Councillor S S Chandler.

13 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

14 DECLARATIONS OF INTEREST

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

15 MINUTES

It was agreed that the Minutes of the Board meeting held on 28 June 2016 be approved as a correct record and signed by the Chairman.

16 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

17 DOVER AND SHEPWAY HEALTH PROFILES 2016

Ms J Mookherjee (Public Health Consultant, Kent County Council) introduced the Dover and Shepway Health Profiles for 2016.

The health priorities for Dover were as followed:

- Improving life expectancy by preventing suicide and heart disease and reducing smoking prevalence;
- Reduction in teenage pregnancy rates; and
- Improving physical activity in children and adults

The health priorities for Shepway were as followed:

- Improving physical activity in children and adults;
- Reduction in teenage pregnancy rates; and
- Reducing smoking during pregnancy.

In both districts the concentration of poor health was in the most deprived areas.

It was hoped that by sharing best practice in the two districts improvements could be achieved.

RESOLVED: That the Dover and Shepway Health Profiles be noted and actions agreed.

18 HEALTH INEQUALITIES STRATEGY

Ms J Mookherjee (Public Health Consultant, Kent County Council) introduced the Health Inequalities Strategy.

Across Dover and Shepway there were 19 areas of significant deprivation. The main groups affected were young people affected by a lack of opportunities and poor housing, deprived rural areas and areas with large social housing concentrations.

As part of tackling health inequalities, a place shaping approach was required. There was a need to map assets and areas of greatest need and identify what actions were needed and what could be done to sustain positive change. The NHS work forces also needed to be equipped to tackle these issues.

A range of organisations held community health data and this needed to be drawn together. Members of the Board agreed on the importance of changing behaviour at a young age and programmes such as healthy eating policies in schools were cited. However, it was noted that positive behaviour change had to be sustained at home as well.

It was noted that the first piece of work that needed to be undertaken was to identify assets and ownership and this could be done through the local hubs.

RESOLVED: (a) That the Health Inequalities papers from Kent County Council, and in particular the new locality data profiles published by Public Health England, be noted.

- (b) That the approach to tackling the most economically vulnerable communities first and gathering more information on the communities in question be supported.

- (c) That a joined up approach not duplicating existing work be adopted.

19 WORKFORCE STRATEGY

Mr T Godfrey (STP Workforce Programme Manager (Kent and Medway), Health Education England) presented the report to Members.

The Board was advised that five priority areas had been identified for detailed examination by the Workforce Task and Finish Group, which submitted. These were:

- existing and emerging gaps
- new models of care
- productivity
- recruitment and retention
- developing a cross-cutting 'Brand of Kent'

Health Education England had agreed an allocation of £200,000 with Kent County Council to support the implementation of these actions.

A Local Workforce Action Board (LWAB) for Kent had been established as part of the Sustainability and Transformation Plan (STP) and would build upon the Task and Finish Groups work.

In response to members questioning how the individual STPs being developed by local organisations would link with the wider STP, it was stated that the LWAB would provide a co-ordination role. The co-ordination of local organisation plans and models of care would allow planning for workforce training needs and the challenge was to bring together the differing views of each organisation so that they fit within the wider need.

In acknowledging that there was a movement of staff within and between organisations, it was noted that there was a need to ensure that training was 'passported' with the member of staff. Health Education England and Kent County Council had been working to develop new roles, upskill the existing workforce and improve the education, training and experience of trainees/students as part of the Skills Development Strategy. The need to support primary care and take pressure off of GPs was also acknowledged.

RESOLVED: That the report be noted.

20 CHILDREN'S ARRANGEMENTS ACROSS KENT

This item was withdrawn.

21 INTEGRATED COMMISSIONING BOARD DEVELOPMENT UPDATE

Ms M Farrow (Head of Leadership Support, Dover District Council) provided an update on the development of the Integrated Commissioning Board (ICB).

The Board was advised that the working group had met and was looking to work with Thanet on how they could both progress the development of an ICB. The next meeting would discuss options for resourcing and there needed to be agreement on how the ICB would function and the respective partners would meet their needs and responsibilities.

RESOLVED: That the update be noted.

22 EAST KENT STRATEGY BOARD UPDATE - TIME TO CHANGE

Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) presented the East Kent Strategy Board update.

The Board was advised that the next stage was to develop options for change to improve health and social care. A number of public engagement events would be held over the course of the next six weeks and proposals would have to be submitted to NHS England by 8 November 2016.

RESOLVED: That the update be noted.

23 URGENT BUSINESS ITEMS

The meeting ended at 4.18 pm.