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Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 20 January 2015 at 3.00 pm.

Present:

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

Board: Ms K Benbow
S S Chandler
P G Heath
Councillor J Hollingsbee
Mr M Lobban
Councillor M Lyons
Ms J Perfect
Mr D Reid (as substitute for Councillor Mr S Inett)

Also Present: Councillor P M Beresford (Dover District Council)
Ms A Davis (Kent County Council)
Mr M Mellor (Shepway District Council)
Mr I Rudd (Kent County Council)
Mr M Thomas-Sam (Kent County Council)

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

41 APOLOGIES

Apologies for absence were received from Mr S Inett (Healthwatch Kent) and Councillor G Lymer (Kent County Council).

42 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the agreed Terms of Reference, it was noted that Mr D Reid had been appointed as substitute for Mr S Inett.

43 DECLARATIONS OF INTEREST

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

44 MINUTES

It was agreed that the Minutes of the Board meeting held on 25 November 2014 be approved as a correct record and signed by the Chairman.

45 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

(a) Matters Raised On Notice By Members of the Board

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

(b) Matters referred by the Scrutiny (Community and Regeneration) Committee

The Board was advised that the Scrutiny (Community and Regeneration) Committee had requested that the Board include the issue of Suicide Prevention in its work programme.

Ms M Farrow stated that the work programme would be reviewed to see if an update could be provided to a future meeting of the Board.

RESOLVED: That updates be provided to the Board on the outcomes of the Kent Suicide Prevention Strategy at appropriate points.

46 SOUTH KENT COAST HEALTH & WELLBEING BOARD WORK PLAN REVIEW

Ms M Farrow advised the Board that a Development Day would be arranged for Board Members. The Development Day was needed as there had been a number of recent legislative changes that needed to be discussed and due to the volume of work undertaken by the Board's sub-groups.

RESOLVED: That a Development Day be arranged.

47 NHS FIVE YEAR FORWARD VIEW / INTEGRATED CARE ORGANISATION

The Board received a presentation from Ms K Benbow, Chief Operating Officer of the South Kent Coast Clinical Commissioning Group (SKCCCG) and Ms A Davis, Integration Programme, Kent County Council.

NHS Five Year Forward View

The NHS Five Year Forward View, published in October 2014, set out the vision for the NHS over the next five years including priorities for NHS operational delivery and new models of care to support better, more flexible working across traditional organisational boundaries. This supported existing work being undertaken by the SKCCCG in respect of integrated working.

There were four new models of care promoted by the strategy:

- Multi-specialty community providers – The CCG was looking to develop this model.
- Integrated primary and acute systems – This was more relevant to the Thanet CCG due to the presence of Queen Elizabeth the Queen Mother Hospital in Margate.
- New approaches to creating smaller viable hospitals – East Kent Hospitals were working with the clinical strategy to right size services with an emphasis on more treatment at home where appropriate.
- Enhanced health in care homes – The importance of integrated working with other partners such as social services to deliver improved care in care homes.

Integrated Care

Integrated Care was defined as hospital and community based services (social services, primary care, voluntary sector, health education, etc.) working together to provide a single care plan for the patient. In contrast, the current situation was one of a complex system with lots of boundaries and multiple care plans for the patient.

For the patient, integrated care would appear to be one cohesive, co-ordinated service (regardless of which organisation providers worked for) with one budget for the patient's care.

The components of Integrated Care were:

- Levels – Empowerment and self-care
- Person centred – Care delivered around a person's needs
- Data sharing – Integrated information used to develop shared care planning and anticipatory care planning
- Integrated community teams – Including GP's, specialist nursing, social care, mental health and consultants
- Integrated access – That 'no door should be the wrong door'
- Integrated skill mix – Generic skills across workforce with one assessment
- Integrated equipment and use of technology – The use of telehealth and telecare
- Crisis response and rapid response – quick action for patients and carers
- Integrated discharge teams – To reduce hospital admission and facilitating discharge
- Community capacity and community agents/navigators – Providing advice and support and building community networks

A central 'hub' formed an important part of delivering Integrated Care. While, Dover, Deal and Folkestone all had local hospitals that could service as hubs there still needed to be further work undertaken for Hythe and Romney Marsh for identifying a potential hub.

The Board was advised that there were still challenges to be resolved before Integrated Care could be delivered as this was only at the initial vision stage and there was still a 3 - 5 year programme of work to be undertaken. However, subject to the details being developed SKCCCG was keen to be a pioneer of this approach.

The role of the Health and Wellbeing Board was to provide oversight and encourage the integration of services in the development of Integrated Care.

The consensus view of the Board was that the Integrated Care approach was to be welcomed and links with other strategies, such as the Kent County Council Accommodation Strategy were highlighted.

RESOLVED: That the presentation be noted.

48 BETTER CARE FUND UPDATE

The Board received an update from Ms K Benbow, Chief Operating Officer of the South Kent Coast Clinical Commissioning Group (SKCCCG).

The Board was advised that the Kent-wide Better Care Fund Plan, which included the SKCCCG Plan, had been approved by NHS England and funding would be made available subject to the following standard conditions being met:

- That the Fund must be used in accordance with the approved Plan through a Section 75 pooled fund agreement; and

- That CCG's were only able to release the full value of the funds linked to non-elective admission reduction if the target was met in accordance with the Technical Guidance.

In response to a question over staff recruitment and retention, the Board was advised that no problems had been encountered to date, although primary care capacity was scarce.

RESOLVED: That the update be noted.

49 UPDATE ON THE A&E SITUATION LOCALLY

The Board received a verbal report from Ms K Benbow, Chief Operating Officer of the South Kent Coast Clinical Commissioning Group (SKCCCG) in response to a request from Councillor P A Watkins that the Board be updated on the situation.

The Board was advised that East Kent Hospitals had failed to meet the 95% target on Accident and Emergency (A&E) waiting times although despite this, East Kent Hospitals had been the best performing trust in Kent. A plan was in place to ensure the trust achieved the 95% target and as part of this an exercise called 'Perfect Week' would be undertaken to focus on the effective discharge of patients.

In addition, media was being used to encourage attendance at A&E only where necessary as a significant number of cases seen at A&E would have been more appropriately dealt with by primary care or minor injury units.

RESOLVED: That the update be noted.

50 CARE ACT 2014 IMPLEMENTATION

The Board received a presentation from Mr M Thomas-Sam, Strategic Business Adviser Social Care, Kent County Council on the implementation of the Care Act 2014.

The Care Act had a significant legislative impact, replacing or repealing a number of pieces of primary and secondary legislation. The key changes in the Act from April 2015 were:

- A duty to assess and meet the eligible needs of individuals with care and support needs and the eligible needs of their carers;
- A national minimum eligibility criteria – (a) needs related to physical or mental impairment; (b) inability to achieve at least two outcomes; and (c) significant impact on wellbeing.
- The power to charge for all types of care and support unless prohibited by law, although in practical terms no changes will take effect until 2016.
- The introduction of a new national Universal Deferred Payment scheme intended to prevent people from having to sell their homes in their lifetime in order to pay for their care. Instead, eligible people would have their care home bills paid for by the council until they chose to sell their home or upon their death.

- A duty to promote wellbeing, a duty to provide information, advice and access to independent financial advice and a duty to promote a diverse and high quality market of care and support services.

A further set of changes would be implemented from 2016 to establish new rights for residential self-funders, extend means-testing, and introducing a financial cap on care costs.

The Board was advised that in order to deliver these changes, a Care Act Implementation Programme had been set-up to identify the additional activity required (such as in providing assessments) and the estimated cost of delivering the Care Act's changes. A grant of 12.1 million had been provided by the Government towards the costs of implementing the Act.

There was concern expressed that in some individual circumstances it would be possible to spend more than the financial cap value before the cap itself came into effect and that as the Kent County Council care package costs were cheaper than the cost of commercial providers' packages, there would still be a financial burden for self-funders.

RESOLVED: That the presentation be noted.

51 CHILDREN'S OPERATIONAL GROUP UPDATE

Councillor S S Chandler advised that a 3rd stakeholder group meeting would be held in February and that an update would be provided to the next meeting.

RESOLVED: That the update be noted.

52 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 5.26 pm.