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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, 23 June 2015 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins (Minute No. 1 to 9 only)

Board: Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler (Chairman for Minute No. 9 to 14 only)
Councillor J Hollingsbee
Councillor M Lyons
Ms J Mookherjee
Ms T Oliver

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

1 ELECTION OF A CHAIRMAN

The Team Leader – Democratic Support called for nominations for a Chairman for the ensuing municipal year 2015/16.

It was moved by Councillor M Lyons, duly seconded and in the absence of any other nominations it was

RESOLVED: That Councillor P A Watkins be elected as Chairman of the South Kent Coast Health and Wellbeing Board for the ensuing municipal year 2015/16.

(Councillor P A Watkins took the Chair upon his appointment)

2 APPOINTMENT OF A VICE-CHAIRMAN

It was moved by Councillor P A Watkins, duly seconded by Councillor M Lyons, and in the absence of any other nominations it was

RESOLVED: Dr J Chaudhuri be appointed as Vice-Chairman for the ensuing municipal year 2015/16.

3 APOLOGIES

Apologies for absence were received from Dr J Chaudhuri (South Kent Coast Clinical Commissioning Group), Mr M Lobban (Kent County Council) and Ms J Perfect (Case Kent).

4 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

5 DECLARATIONS OF INTEREST

Councillor M Lyons advised that he was a Governor of the East Kent Hospitals University NHS Foundation Trust.

6 MINUTES

It was agreed that the Minutes of the Board meeting held on 20 January 2015 be approved as a correct record and signed by the Chairman.

7 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

8 EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST

The Board received a presentation from Ms R Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) on the Trusts 2 to 10 Year Strategy 'Delivering our Future'.

The Board was informed that a recent Care Quality Commission (CQC) report had provided an overall rating of 'inadequate' for the Trust. A further inspection was planned for July 2015 by the CQC.

The Trust faced operational issues in respect of A&E services, poor performance in respect of waiting time targets (the A&E four-hour target was unmet) and workforce constraints, with significant agency staff costs.

The Board was advised that the Trust had performed well in respect of infection control rates for Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C. Diff) and had a hospital death ratio that was 20% lower than the national average. In addition, new models of care and service improvement were being developed (one-stop Out Patient clinic facilities and a new hospital in Dover).

However, there were pressures of increasing demand (1% growth per year) which equated to an additional 76,000 people using the Trusts services over a 10 year period and increased patient expectations for quality care provided close to home. Demographically, East Kent was predicted to have both an increasing younger population (1.3% growth per year) and over 75 year old population (3.5% growth per year).

In addition, the Trust faced financial challenges despite a £6 million surplus for 2013/14 on a turnover of £526 million. The financial position of the Trust was projected to worsen with a deficit of £40 million projected for 2017/18 rising to a deficit of £147 million by 2020.

The Board was advised that if no changes were made, the Trust would be dealing in 2023 with a 16% increase in inpatient demand (an additional 15,000 people), an increase of 17% for day cases (12,000 people) and an increase of 15% for outpatient services (92,000 people) that it did not have the spare capacity in staff, estate or beds to deliver.

The proposals for meeting this demand involved:

- Changes to the current pattern of unsustainable services over 3 hospital sites, which was supported by a clinical consensus that reconfiguration was

required and concerns that 3 site unselected medicine was unsustainable in the medium term;

- The reconsideration of future care delivery (service consolidation/centralisation, local service delivery, delivering existing services in different setting and/or starting new service delivery); and
- An integrated care strategy (health and social care campus) with integration with primary care services and the creation of teaching nursing homes. As part of this, some services could be localised - Tier 0 (self-care and preventative activities), Tier 1 (primary care), and Tier 2 (non-acute care) – and some services could be centralised - Tier 3 (secondary non-complex acute care) and Tier 4 (tertiary complex acute care).

The Trust was working with Ernst and Young to model possible options and researching good practice and models of care. It was seeking to develop a clinical model with clinicians and staff and working with Clinical Care Groups and other providers to agree an East Kent Health Economy approach to the issues. There was also an on-going patient and public engagement strategy that had seen the trust speak to over 767 people (56% face-to-face).

The process for the strategy was based on two phases:

- Phase A – Preparatory works (stakeholder analysis and mapping with the gathering of general views) followed by Pre-Consultation (gathering views on proposed changes prior to public consultation).
- Phase B – Formal public consultation (gather views on the details of the proposed changes), post consultation (feedback analysis and report generation) and finally the identification and agreement of a preferred option.

The outcome would have to deliver a clinically, operationally and financially sustainable position for the Trust.

In response to Councillor P A Watkins question as to whether the proposed timetable for public consultation in early 2016 was achievable given the length of time previous consultations had taken, the Board was advised that the important factor was that a proper public consultation with clear and viable options needed to be conducted and that if it meant the public consultation needed to be undertaken at a later date than planned then it would be.

The Board discussed the need for reducing agency expenditure in the NHS, both locally and nationally, and the importance of encouraging local schools and colleges to promote health careers in order to develop a new generation of clinical staff with local ties. Ms R Jones acknowledged that while the Trust's focus was on more traditional methods of recruitment, it had tried alternative models for recruitment, such as a programme targeted at local schools and colleges to promote careers in health which had provided sufficient new staff to tackle a shortfall in theatre staff at Queen Elizabeth the Queen Mother Hospital (QEQM).

Councillor J Hollingsbee urged the Trust to review its position in respect of work experience opportunities so that 15 year olds could take part as there was more chance of influencing career choices at that age.

Ms K Benbow informed that Board that the integrated care plans for both the South Kent Coast CCG and the Trust were compatible, although still in early phases. The importance of avoiding unnecessary admissions to A&E and hospital were emphasised.

- RESOLVED: (a) That Ms R Jones be thanked for the presentation and it be noted.
- (b) That the Board receive a further presentation prior to the proposals going to public consultation.

9 CCG 2015/16 OPERATIONAL PLAN AND THE 2015/16 QUALITY PREMIUM

Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) introduced the report on the CCG's Operational Plan 2015/16 and the Quality Premium 2015/16.

The Board was advised that the main focus of the commissioning plans related to 'Out of Hospital' services as part of a multi-speciality community provider (MCP) model. However, the plan also included schemes that would impact on 'in hospital' pathways and the patient overlap between 'in hospital' and 'out of hospital' care.

In respect of mental health services, the intention was to embed a psychiatry liaison in hospitals to reduce the number of sections taking place for patients presenting with mental health issues and deliver an improved patient experience with better outcomes in the setting of an acute hospital. A new performance indicator in respect of 'Early Intervention in Psychosis' had also been adopted.

As part of the hospital programme in the operational plan, emphasis was placed on working with the East Kent Hospitals University NHS Foundation Trust (EKHUFT) and other secondary care providers to develop new models for secondary care and engaging with EKHUFT to ensure that the consolidation of outpatient services to six sites preserved equitable access to outpatient services, particularly for Deal and Shepway patients.

The CCG also planned to implement a new practice level model for community nursing to ensure that care was better co-ordinated with GP Specialist Nursing for vulnerable patient groups and managing the care of patients with long term conditions.

RESOLVED: That the South Kent Coast Operational Plan 2015/16 and Quality Premium 2015/16 be noted.

10 ELECTION OF A CHAIRMAN FOR THE REMAINDER OF THE MEETING

The Chairman, Councillor P A Watkins, left the meeting during Minute Number 9 and in the absence of the Vice-Chairman, the Team Leader – Democratic Support called for nominations for a Chairman to preside at the remainder of the meeting.

It was proposed by Councillor M Lyons, and duly seconded, that Councillor S S Chandler be elected Chairman for the remainder of the meeting. In the absence of any other nominations it was

RESOLVED: That Councillor S S Chandler be elected as Chairman for the remainder of the meeting.

(On being elected, Councillor S S Chandler assumed the Chairmanship for the remainder of the meeting.)

11 PUBLIC HEALTH PERFORMANCE AND PROGRAMME UPDATE

Ms J Mookherjee (Consultant in Public Health, Kent County Council) presented the report on developing the Public Health Strategic Delivery Plan and Commissioning Strategy.

A strategic review was being undertaken to develop a new commissioning model that tackled health inequalities and reflected the shared priorities and objectives of local partners. Key outcomes would be delivered through integrated service delivery rather than standalone provision. In addition, new contracts would be commissioned to allow for flexibility to reflect changes in demand.

However, key programmes would continue to be commissioned while the review took place, structured under a 'Starting Well', 'Living Well' and 'Ageing Well' approach.

The key public health priorities were:

- Smoking (particularly while pregnant)
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing including mental health and social isolation
- Sexual health and communicable disease
- Wider determinants of health (including Crime)

Overall, greater innovation and integrated working was vital to ensuring the maximum impact on shared priorities and public health outcomes was achieved against the backdrop of reductions in the public health budget. The work of falls prevention

Members of the Board discussed the Folkestone Community Hub approach to service delivery, noting that while well received it was not a 'one-size-fits-all model' and might not be the best approach for all locations. However, lessons learnt from the Hub approach could be applied elsewhere.

RESOLVED: That the update be noted.

12 INTEGRATED CARE ORGANISATION UPDATE

The update on Integrated Care Organisation was presented by Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group).

The Board was advised that locality areas had been agreed and Local Delivery Groups had been formed in Dover, Deal, Folkestone and Romney Marsh. The composition of each of the Groups was the same with GP lead support, statutory and voluntary agency attendance and patient and public attendance. It was recognised that each locality had its own issues and would have its own service delivery model as a consequence. The Dover and Folkestone localities were also in receipt of the Prime Minister's Challenge Fund.

Each of the Groups had a 'hub' which was Buckland Hospital for Dover; Deal Hospital for Deal; Romney Marsh Day Centre and Martello for Romney Marsh; and Royal Victoria Hospital for Folkestone.

The Board was advised that as part of the Integrated Care Organisation programme, best practice was being developed for patient and public involvement and both groups had been involved from an early stage.

RESOLVED: That the update be noted.

13 FEEDBACK FROM THE DEVELOPMENT SESSION AND NEXT STEPS

Ms M Farrow (Head of Leadership Support, Dover District Council) presented the feedback from the Development Session held on 31 March 2015. Members of the Board were advised that an update would be given at the next meeting in respect of the agreed next steps from the Development Session, particularly around clarifying the role of the Board in respect of Integrated Care Organisation development.

RESOLVED: That the feedback be noted.

14 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.46 pm.