

Public Document Pack

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 22 September 2015 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Board: Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler
Dr J Chaudhuri
Councillor J Hollingsbee
Councillor G Lymer
Ms J Mookherjee
Ms T Oliver

Also Present: Mr M Lemon (Kent County Council)
Ms K Sharp (Kent County Council)
Ms V Torey (Kent County Council)

Officers: Head of Leadership Support
Head of Communication and Engagement
Leadership Support Officer
Team Leader – Democratic Support

15 APOLOGIES

Apologies for absence for were received from Mr M Lobban (Kent County Council) and Councillor M Lyons (Shepway District Council).

16 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

17 DECLARATIONS OF INTEREST

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

18 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 Chairman.

19 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

20 NEXT STEPS FOR THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD

The Board received an update from Ms M Farrow (Head of Leadership Support, Dover District Council) and Ms K Benbow, (Chief Operating Officer, South Kent Coast Clinical Commissioning Group).

It had been agreed at the Board's Away-Day in March 2015 to investigate what would be required for it to become the first Health and Wellbeing Board in Kent to take on the role of a commissioning/decision-making body. A working group had been formed to identify the required governance arrangements to enable this and a small number of projects/themes that could be used to start jointly commissioning.

A report from the King's Fund had identified 3 broad emerging options for integrated commissioning with a single budget. These were:

- Option 1 - To build on existing organisational and policy arrangements with funding routed separately to the Clinical Commissioning Group (CCG) and local authorities.
- Option 2 - For one partner – the CCG or local government – to take lead responsibility for commissioning.
- Option 3 - To create a new vehicle – the Health and Wellbeing Board Plus – as a local executive decision-making body to support a single budget commissioning function.

The preferred option was Option 3, which would require the development of a governance model and an understanding of how the budgets could be integrated. It was intended that a report would be submitted to the meeting of the Health and Wellbeing Board in January 2016 on how Option 3 could be delivered with a shadow form in place by April 2016.

However, it was acknowledged that the realities of delivering the new model might mean that the shadow body in April 2016 could be operating in a framework of aligned budgets rather than integrated budgets. The importance of not losing sight of the objective of delivering integrated commissioning during the development of the governance arrangements was also emphasised.

The Board was advised that the preferred option did not conflict with the aspirations of the Kent Health and Wellbeing Board, although it was noted that there was no consensus in favour of moving to an integrated commissioning model amongst local Health and Wellbeing Boards at this point.

RESOLVED: That the next steps and timeline be noted.

21 PUBLIC HEALTH SERVICES TRANSFORMATION AND COMMISSIONING PLANS

Ms J Mookherjee (Public Health Consultant, Kent County Council) and Ms K Sharp (Kent County Council) gave a presentation on Public Health Transformation.

The Board was advised that there were a number of drivers for transforming public health:

- NHS Five Year Forward View (which called for a radical upgrade in prevention);
- Demographics (a growing, ageing and diversifying population);
- Financial and Contractual Drivers (£4 million reduction in grant 2015/16);
- Improving Healthy life expectancy;
- Health inequalities;
- Health and Wellbeing Board priorities (calls for radical upgrade in prevention); and

- Care Act (local authorities have responsibility to provide services that prevent the escalation of care needs).

It was intended that the transition to new service models would begin in April 2016 following a process of whole system engagement and consultation leading to the development of revised models of procurement.

The agreed key outcomes for public health services were measured against 'Starting Well', 'Living Well' and 'Ageing Well' for the following areas:

- Smoking;
- Healthy eating, physical activity and obesity;
- Alcohol and Substance Misuse;
- Wellbeing (including mental health and social isolation); and
- Sexual health and communicable disease

It was recognised that the services needed to be promoted in a manner that was more attractive to those with the greater risk to motivate them to access the services and change their behaviour. As part of this the barriers to engagement with harder to reach groups needed to be identified and understood. It was suggested that as Shepway and Dover District Councils had contact with every resident through local services, such as waste, that they would be well placed to reach local residents.

The Board was informed that the contracts would need to be more flexible to adapt to changing needs and changing budgets with more focus on co-designing services at a CCG level through integrated local commissioning rather than contracting on a countywide basis in recognition of the varying local health inequality needs of each area.

RESOLVED: That the feedback from the engagement process be reported to a future meeting of the Board.

22 INTEGRATED CARE ORGANISATION AND LOCALITY GROUP UPDATES

Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) presented the report on the ICO Programme Progress.

The Board was informed that the four locality groups were now operating, each based around a hub within the area. The locality hubs were:

- Dover – New Buckland Hospital (working with East Kent Hospitals University Foundation Trust)
- Deal – Victoria Hospital
- Folkestone – Royal Victoria Hospital (working with East Kent Hospitals University Foundation Trust)
- Romney Marsh – Martello and the Romney Marsh Day Centre

The locality groups were driven from the bottom up by local General Practice and the health needs of each area. The memberships of each of the four locality areas were appointed on the same basis, although each area had its own individual projects in addition to shared CCG area wide projects such as aligning Community Nursing to General Practice to develop an integrated primary care team.

In respect of the future of the Royal Victoria Hospital, it was stated that the governing board had met with local campaigners and had invited them to join the group formed to look at the future use of the hospital. However, there were no proposals to turn the Royal Victoria Hospital into an acute hospital.

RESOLVED: That the updates be noted.

23 HEALTHIER SOUTH KENT COAST GROUP

Ms J Mookherjee (Public Health Consultant, Kent County Council) introduced the report on the Healthier South Kent Coast Group.

The Group was formed to support through multi-agency partnership working the achievement of objectives set by the South Kent Coast Health and Wellbeing Board and was made up of representatives from the South Kent Coast Clinical Commissioning Group (CCG), Kent County Council Public Health and Dover and Shepway District Councils. The key focus of the group was to imbed health prevention activity in a wide range of services.

The current activities of the Group were:

- CVS and health inequalities (working alongside the CCG's Cardiovascular Disease sub-group); and
- Improving physical activity and wellbeing in priority wards in Dover and Shepway by working with leisure providers and others.

The Group had made some progress in respect of the current activities and a developmental meeting would be held on 20 October 2015 to consider how the Group could further support the objectives of the South Kent Coast Health and Wellbeing Board in an environment of greater integration in respect of:

- Smoking
- 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 (such as teenage pregnancy)

In respect of health inequalities it was suggested that it would be helpful for the Board to receive a presentation of health profiles for the CCG area.

RESOLVED: (a) That the progress of the Healthier South Kent Coast Group be noted.

(b) That the health profiles for the South Kent Coast Clinical Commissioning Group be presented to the next meeting of the Board.

24 CHILDREN'S OPERATIONAL GROUP

Councillor S S Chandler (Dover District Council) presented an update on the Children's Operational Group.

The Board was advised that although the Children's Operational Groups (COG) had been intended to be based on district council boundaries it had been agreed with Kent County Council that for Dover and Shepway it would be based on the South Kent Coast Clinical Commissioning Group (CCG) area. It was recognised that this would mean parts of both districts that were outside the CCG area would not be covered by the COG and the importance of ensuring that these areas was not forgotten was emphasised.

The Children and Young Peoples Plan would set the priorities for the COGs although it was accepted that local priorities may be different from countywide ones and the membership of the COGs would include representatives from education, the police and a safeguarding lead.

The COGs would report to the Kent Health and Wellbeing Board and the local Health and Wellbeing Boards, although there was uncertainty as to the arrangements for the administration of the COG.

RESOLVED: (a) That the update be noted.

(b) That the work programme of the Children's Operational Group be submitted to a future meeting of the South Kent Coast Health and Wellbeing Board.

(c) That the structure of the Children's Operational Group be circulated to the members of the Board.

25 URGENT BUSINESS ITEMS

There were no urgent items of business.

The meeting ended at 4.31 pm.