

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 24 January 2017 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Dr J Chaudhuri
Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler
Councillor J Hollingsbee
Mr S Inett

Also Present: Head of Communities (Shepway District Council)

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

34 APOLOGIES

Apologies for absence were received from Ms C Fox and Councillor M Lyons.

35 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

36 DECLARATIONS OF INTEREST

Dr J Chaudhuri advised that he had an indirect interest in the Dover Leisure Centre item as he was involved in the provision of health services to Whitfield.

37 MINUTES

It was agreed that the Minutes of the Board meeting held on 22 November 2016 be approved as a correct record and signed by the Chairman.

38 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

39 KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN

Karen Benbow, Chief Operating Officer (South Kent Coast Clinical Commissioning Group) presented the update on the Kent and Medway Sustainability and Transformation Plan (STP).

The objective of the STP was to deliver a radical transformation in health and wellbeing, quality of care and financial sustainability in four key areas:

- Care Transformation (preventing ill health, intervening earlier and bringing care closer to home);
- Productivity (maximising efficiencies in shared services, procurement and prescribing);
- Enablers (investing in estates, digital infrastructure and work force); and
- System Leadership (developing the commissioner and provider structures needed to unlock greater scale and impact).

The STP continued the development of 'Local Care' (i.e. out of hospital care) that the South Kent Coast Clinical Commissioning Group had been working on prior to the STP. Local Care would bring together primary care general practices into larger clusters that would be able to work with community, mental health and social care services to deliver an integrated service in the community and home environment.

In East Kent it was estimated that the change to a Local Care model would achieve activity savings of £160 million and free 300 acute hospital beds through being able to discharge patients to appropriate local care. However, it was emphasised that this did not mean that there were plans to reduce the number of acute beds accordingly.

A working group was looking at issues around workforce gaps and how to make jobs more interesting and provide opportunities for progression.

There were four tiers of care which would provide the appropriate care at the point at which it was needed:

- Level 1 - Prevention (including the development of healthy life styles);
- Level 2 – Primary and Community Care Access (8am to 8pm access by practices co-operating)
- Level 3 – Minor Injury Units and Extending Access
- Level 4 – Acute Care, Emergency, Specialist and In-Patient

Members of the Board were advised that working with Kent County Council was fundamental in respect of integrated health and social care provision. This included the joint commissioning of community beds to ensure consistency of commissioning costs.

Bids had been submitted for national transformation funding in respect of mental health, cancer and diabetes. These were one-off funds to enable changes in service delivery.

A number of listening events would be held in February 2017 on the options with the formal consultation taking place during summer 2017. The listening events would be clinically led and structured around a presentation and a discussion.

In response to comments by Mr S Inett, the Board was advised that it was accepted that the language used in the listening events and consultation needed to be clear for the public and terminology explained.

The importance of clarity around proposals for the future of acute hospitals and Accident and Emergency Centres was emphasised as this was a significant concern

for many people. The Board was advised that the building of a new hospital in Canterbury was not an option due to the costs involved.

RESOLVED: That the presentation be noted.

40 DOVER LEISURE CENTRE

Emma-Jane Allen, Principal Infrastructure and Delivery Officer (Dover District Council) and Laura Corby Principal Leisure Officer (Dover District Council) presented the report on the proposals for the new £26 million Dover Leisure Centre.

The Leisure Centre would have a county standard 8 lane, 25 metre pool and offer an increased range of facilities including more health and fitness stations. The overall facility mix would meet strategic sporting needs as identified in the Dover District Indoor Sports Facility Strategy. There would also be an increase in the amount of accessible access and the provision of 'changing places' changing rooms. The design also allowed for the addition of a spa or expansion to the leisure facilities in the future.

It was intended that a planning application would be submitted in March 2017 and the new Leisure Centre would be open in early 2019.

The Council had worked with Sport England since the start on the Leisure Centre and would be applying for a capital grant from them once invited to do so. The Active Aging Fund was also inviting expressions of interest for schemes that engaged older people which linked to the prevention and wellbeing agenda and there was a synergy between health and leisure on a number of issues including tackling obesity and inactivity.

RESOLVED: That the presentation be noted.

41 CHILDREN AND YOUNG PEOPLE'S UPDATE

Councillor J Hollingsbee (Shepway District Council) informed the Board that the grant application process had been completed and the successful applicants would be notified shortly.

The priorities for the Children and Young Peoples' Dashboard were set by the Children and Young Peoples Framework as followed:

- Children and young people grow up in safe families and communities
- Children and young people have good physical, mental and emotional health
- Children and young people learn & have opportunities to achieve throughout their lives
- Children and young people make safe and positive decisions

Members received an update on the latest Dover and Shepway Dashboards for Children and Young People. As a result of the Dashboards, the issues in respect of the number of 16-17 year olds entering the youth justice system and self-harm hospital admissions were being looked at further.

Overall, the Dashboards remained helpful but there was a need to improve the consistency of the data collection in some areas. In particular, in Dover where there was limited access to public health services there was less data available.

Members were advised that teenage pregnancy rates still remained an issue and for Dover the issue of breast feeding had been added as a priority with allocated funding.

RESOLVED: That the update be noted.

42 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.40 pm.