

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 14 June 2017.

PRESENT: Dr F Armstrong, Dr B Bowes, Ms P Davies, Mr G K Gibbens, Mr R W Gough, Mr S Inett, Mr A Ireland, Dr N Kumta, Dr S Lundy (Substitute for Dr S Dunn), Dr E Lunt, Dr T Martin, Mr P J Oakford, Mr A Scott-Clark and Dr R Stewart

ALSO PRESENT: Mr G Lymer

IN ATTENDANCE: Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

284. Apologies and Substitutes

(Item 1)

Apologies for absence had been received from Mr I Ayres, Ms H Carpenter, Mr P B Carter, Dr J Chaudhuri, Ms F Cox, Dr S Dunn, Cllr F Gooch, Mr S Perks, Cllr K Pugh and Cllr P Watkins.

Dr S Lundy was present as a substitute for Dr S Dunn.

285. Election of Chairman

(Item 2)

Dr B Bowes proposed and Mr G K Gibbens seconded that Mr P J Oakford be elected Chairman of the Board.

There being no other nominations, this was agreed without a vote, and Mr Oakford duly took the chair.

286. Election of Vice-Chairman

(Item 3)

Mr R W Gough proposed and Dr N Kumta seconded that Dr B Bowes be elected Vice-Chairman of the Board.

There being no other nominations, this was agreed without a vote.

287. Chairman's Welcome

(Item 4)

1. The Chairman thanked Mr Gough for his chairmanship of the Board over 6 years and the vast knowledge of the subject matter that he had built up over this time. A proud culmination of the work of the Board so far was the recent signing-off of the Kent and Medway Transformation Plan, and, with the advent of Sustainability and

Transformation Plans (STPs), the Board was now moving into a new era. This might be a good time to review the Board's work and direction and ask if it was still fit for purpose. Mr Oakford added that he planned to visit each member of the Board in turn to seek their views on the Board's future direction.

2. Mr Gibbens referred to a letter received from the Chief Executive of the East Kent Hospitals University Trust (EKHUFT) about the emergency transfer of some services from the Kent and Canterbury Hospital on 19 June, which had been tabled at the meeting and would be emailed to Board members. He referred to local residents' concerns about the proposals and highlighted the importance of the public being kept fully informed, despite the attendance at a recent public meeting to discuss the issue having been very low. He said it was vital that the transfer of services be as smooth as possible, and asked that the issue be reviewed at a future meeting of the Board. Dr Armstrong explained that the service transfer was to protect quality and clinical safety and that the issue was primarily one of workforce. Dr Lunt agreed and said that both primary and secondary care sectors were struggling nationally with workforce issues. Dr Kumta assured the Board that the Trust had not planned to be in a position to need to make such a transfer; it had done this as an emergency measure.

288. Declarations of Interest by Members in items on the agenda for this meeting
(Item 5)

There were no declarations of interest.

289. Minutes of the Meeting held on 22 March 2017
(Item 6)

RESOLVED that the minutes of the Board's meeting held on 22 March 2017 are correctly recorded and they be signed by the Chairman.

290. Revised Budget 2017-18 and Medium Term Financial Plan 2017 - 2
(Item 7A)

1. Mr Ireland introduced the report, which had been considered and its recommendations agreed by the County Council on 25 May 2017. He explained that a tour of local delivery boards would commence on 15 June and that, following consideration and comment by the Adult Social Care Cabinet Committee on 9 June 2017, two key decisions were about to be taken which would pass the benefit of the additional government funding to the care sector by extending contracts for a package of community support services, including domiciliary care and other homecare services.

2. Ms Davies reported that the issue had been discussed in detail at meetings of the CCGs' Accountable Officers. She added that it was important that the money be spent where it could close the gap in health inequalities, and she said providers were very willing to be part of joint working to find a solution. Mr Inett added that there had been engagement with all relevant groups, including the public. Mr Ireland commented that taking too long to decide how to spend the additional funding could mean there would be less time for it to have an impact before winter 2017/18 set in. As the additional funding was non-recurrent but would be phased over three years,

the County Council would need to be careful not to overcommit it. Ms Davies added that, to make best use of the money to support social care, services need to be integrated as far as possible.

3. RESOLVED that the information set out in the report, and given in response to comments and questions, be noted.

291. Better Care Fund 2016/17 Outturn and 2017/19 Plan
(Item 7B)

Mrs A Tidmarsh, Director, OPPD, and Miss M Goldsmith, Finance Business Partner, were in attendance for this item.

1. Mrs Tidmarsh introduced the report and explained the background and context to the request for the Chairman of the Health and Wellbeing Board to have delegated authority to approve the plan, given that it had to be agreed by CCGs and Accountable Officers, should the need arise in advance of the next meeting of the Board. Miss Goldsmith clarified that the funding listed at Table 2 in the report was 'flat cash' and was a combination of new and existing monies.

2. Dr Bowes and Mr Ireland agreed that the additional funding allocated for adult social care could be used as a driver for integration and that plans for spending it should now be made more specific.

3. RESOLVED that:-

- a) the 2016/17 outturn position and the approach to developing the 2017/19 plan be noted; and
- b) the Chairman of the Health and Wellbeing Board be given delegated authority to approve the plan, given that it had to be agreed by CCGs and Accountable Officers, should the need arise in advance of the next Health and Wellbeing Board.

292. Update on 'Your Life, Your Wellbeing' Pilots
(Item 8)

1. Mrs Tidmarsh presented a series of slides which set out phase 3 of the 'Your Life, Your Wellbeing' Transformation programme, the design phase, which would include pilot schemes and projects. An outline of and timetable for the latter was included. Mrs Tidmarsh responded to comments and questions from the Board, including the following:-

- a) Ms Davies expressed concern about the timelines attached to the projects and commented that not much pilot activity was being proposed for East Kent. Mrs Tidmarsh explained that the stages of implementation were still becoming clear. Although most of the design work had indeed evolved in East Kent, it was expected that projects tried in one area could be rolled out across other areas;

- b) Mr Inett welcomed the work set out in the report and Mrs Tidmarsh emphasised the links to the STP and local care services and the aim to establish a single point of access;
- c) the Chairman asked why the timelines set out did not seem to include time for evaluation and Mrs Tidmarsh agreed that this element could be more clearly shown as part of the work stream;
- d) Dr Kumta also welcomed the programme of projects set out and asked where and by whom the joint business case for the integrated “rehab” project would be signed off. Mrs Tidmarsh explained that, when ready, the joint business plan would be signed off by the County Council;
- e) Dr Kumta asked how the local care projects would be delivered, and Mrs Tidmarsh explained that these would need to feed into both the local care STP and the local CCG; and
- f) in response to a question about how roll-out would be effected across the county, Mrs Tidmarsh explained that the same process would be used as had been followed successfully before; roll-out would be straightforward if a single agency were involved, but in the case of integrated services, negotiation and joint agreement would be needed. Some services leant themselves to being delivered by a single agency, while other services required integration. Mr Ireland added that integration would allow much more to be delivered and would achieve better value for money. The STP included much useful detail of governance models which could be used to deliver integrated services. Dr Bowes undertook to raise this issue at a meeting of his Clinical Board on 15 June. Ms Davies added that, although there was a great appetite among CCGs to deliver integrated services, the different statuses of services (i.e. social care was means-tested while health care was free at point of delivery) would add complexity.

2. RESOLVED that the information set out in the presentation and given in response to comments and questions be noted, and the progress to date be welcomed.

293. Kent Health and Wellbeing Board Work Programme

(Item 9)

RESOLVED that the work programme be agreed, with the addition of the Pharmaceutical Needs Assessment to the agendas for September 2017 (for pre-consultation discussion) and March 2018 (for final sign-off).

294. Minutes of the Local Health and Wellbeing Boards

(Item 10)

RESOLVED that the minutes of local health and wellbeing boards, listed below, be noted:

Ashford – 26 April 2017

Canterbury and Coastal – 11 January 2017

Dartford, Gravesham and Swanley – 1 February 2017 and 12 April 2017

South Kent Coast – 24 January 2017 and 21 March 2017
Swale – 19 April 2017
Thanet – 9 March 2017 and 25 May 2017

295. Date of Next Meeting - 19 July 2017
(Item 11)

POST MEETING NOTE:

This meeting was subsequently cancelled as it was considered to be too soon following the 14 June meeting.