

## Sevenoaks Locality Board

Minutes of the meeting held on 5<sup>th</sup> July 2012 at Sevenoaks District Council Offices  
starting at 7pm

Board Members in attendance:

Chairman: Cllr. Fleming (SDC) Vice-Chairman: Cllr. Brookbank (KCC)

### District Councillors

Cllrs. Mrs. Bosley, Ms. Chetram, Clark, Ramsay and Searles (apologies from Cllr Davison)

The County Councillors for the 7 County Electoral Divisions representing the Sevenoaks  
District:

Cllrs: Brazier, Chard, Gough, Lake, J. London, Parry

Agenda Item		Actions
1	The minutes of last meeting were agreed.	
2	<p><b>Health arrangements, links with Locality Boards, County Health and Wellbeing Board, Health Overview and Scrutiny Committee and other governance structures – Andrew Scott-Clark, Director of Health Improvement, NHS Kent and Medway</b></p> <p>Following an invitation by the Locality Board, Andrew Scott-Clark gave a presentation to inform Members about the emerging health structures and to help Board members look at how the new health arrangements affect the local position.</p> <p>The PCTs would be abolished on the 31st march 2013 but functions would need to continue. PCTs were now commissioners rather than providers of services.</p> <p>Contracts for this area would be provided by providers in London and the Kent and Medway Trust. Previous provider services have now gone to Kent Community Healthcare Trust. They also:</p> <ul style="list-style-type: none"><li>• Buy collaboratively very specialist services across boundaries because of the nature of specialisms, often done by the London teaching hospitals.</li><li>• Hold contracts for primary care contracts.</li></ul> <p>In the new world of Public Health, integrated commissioning will change the whole landscape so that instead of commissioning for illness types, e.g. cardiology, commissioning will be holistically driven.</p>	

	<p>The Health and Social Care Act has driven the changes and these represent the biggest change to the NHS since its inception. The aim is to bring service provision closer to the individual.</p> <p>The national commissioning board would have oversight.</p> <p>Health watch, taking over from Link, would have a seat on the Health and Wellbeing Board. It would be commissioned by the upper tier authority.</p> <p>Health and well being boards aim to share outcomes, integrated commissioning and give strategic direction. In a two tier authority and a large organisation like Kent, this is harder to achieve. The County has a Health and Wellbeing Board which is now in shadow state.</p> <p>Cllr Parry asked who is ultimately responsible for service provision. Andrew Scott-Clark said that this depends on the issue. In terms of delivery, the provider is responsible. However KCC would not wish to see poor or deteriorating care and could react to complaints through the commissioning process.</p> <p>Cllr Fleming asked how it was intended to overcome the potential postcode lottery situation, with different GPs commissioning different services. Andrew Scott-Clark said that NICE should be able to prevent this having a negative impact bearing in mind that there are differing needs in different places.</p> <p>Cllr Chard said localism and local choice is a good thing,</p> <p>Cllr Gough said that the strategic direction is an important function of the Health and Wellbeing Board</p> <p>Cllr Brookbank was concerned that there would be two different CCGs and this is where the postcode lottery would start. It was agreed that this would be a key point and the Locality Board may want to come back to this.</p> <p>In the north of the District would be the Dartford, Gravesham and Swanley Commissioning Group and the south of the District would be covered by another group of CCGs who would be joining together.</p> <p>The Health and Wellbeing Board would be responsible for the Joint Strategic Needs Assessment (JSNA), the plan that would inform the delivery of integrated local services. This would help collectively to address the underlying determinants of health and wellbeing. This includes determinants such as deprivation.</p> <p>3 factors in the Sevenoaks District were worse than the national</p>	
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<p>average. These were breastfeeding, alcohol related illnesses and malignant melanoma.</p> <p>Members considered that inequality was just as important in the Sevenoaks District as anywhere else. Cllr Lake asked whether this lack of health problems would bring less funding to the area.</p> <p>Andrew Scott-Clark said there was a level across which there needed to be universal service but it should also be proportionate to the need. Cllr Chard said that money would be spent differently across Kent. Cllr Fleming was concerned that the allocation would be much lower in West Kent than East Kent.</p> <p><b>Issues for the locality board</b></p> <p>Members discussed how they might collectively improve the health and wellbeing of the population of the District and what the role of the Locality Board should be.</p> <p>Andrew Scott-Clark said that it was a matter for the Locality Board to decide and then take this forward with the Health and Well-being Board.</p> <p>Cllr Fleming thought that this needed careful consideration as involvement was already multi-layered.</p> <p>Cllr Chard suggested that an example might be that, if the Community Health Trust wished to change services in the District, eg, our two 2 community hospitals, the Locality Board might be involved in the discussions and help to ensure the correct provision in the District.</p> <p>With the setting up of CCGs some services would be changed. Perhaps the Locality Board should be asking people whether they want these changes. Other roles might include being an advocate for people so that they can access the service they need to access when they need to access it. However, it was important not to duplicate the Health and Wellbeing Board.</p> <p>Cllr Gough thought that anything the Locality Board did would not duplicate the Health and Wellbeing Board as the latter would have a County focus rather than a local one.</p> <p>Cllr Fleming felt that whatever role the Locality Board adopts should be realistic. It would be good to be the voice of the people but only if the Board was actually able to make a difference with the powers and resources that it has. A useful piece of work would be to map services across the District and try to influence improvements.</p> <p>Cllr Chard said that the Health Overview and Scrutiny Committee or</p>	
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	<p>something like it will continue to exist. However, this was unlikely to pick up on individual local issues and this might be a role for the Locality Board.</p> <p>Robin Hales thought that Local Members' understanding and knowledge of the District was very important and that there might be a role to stand up for the needs of the District. Members may wish to ensure that the District receives its fair share of the commissioning funding and services and that the commissioned services match the need.</p> <p>Andrew Scott-Clark said that 5 year forward looking plans would be drawn up soon.</p> <p>Faisa Khan is the Public Health officer allocated to Sevenoaks District at this stage. The JSNA would have District chapters. It was intended to do some consultation over the summer, including with the Locality Board.</p> <p>Members thanked Andrew Scott-Clark for a very helpful and informative presentation.</p>	
3	<p><b>Library update</b> – Cllr Robert Brookbank, Vice-Chair of the Locality Board and Chair of the Library Sub-Group</p> <p>Cllr Brookbank reported back on the recent meeting of the Sub Group.</p> <p>The action points agreed at the meeting were as follows:</p> <p>It was agreed to report back to the Locality Board at its July meeting and to undertake individual meetings with local stakeholders for every library in the District with a view to bringing a full report to the Locality board after those meetings.</p> <p>Sue Sparks would invite County and District Councillors and Parish Councils to the local meetings.</p> <p>Mobile libraries will be looked at ultimately but the first priority would be the current library buildings.</p> <p>From time to time, it would be necessary for the Locality Board to become involved in more detail as projects began to progress.</p> <p>The sub group would meet again at the end of August with a view to updating the Locality Board meeting on 24th September.</p>	
4	<p><b>Troubled Families</b></p> <p>There would be an update at the next meeting.</p>	
5	<p><b>Youth Transformation update</b></p>	

	<p>Registration for youth groups and other providers closed on 22<sup>nd</sup> June. The next stage would be for applications to be assessed. The Locality Board was asked to set up a sub-group of Members to help appraise applications for the District. Members were asked to let Lesley Bowles know if they wished to take part in the Group. Young people would be involved in the first stage of appraisal.</p>	<p><b>ACTION</b> All Members</p>
6	<p><b>Community Plan</b> Lesley Bowles reported that arrangements were being made to consult regarding the next three year Community Plan action plan and the long term vision for the District. Members would be invited to take part in a consultation workshop immediately before the next Locality Board meeting.</p>	
7	<p><b>Local Children's Trust Board</b> Jackie Marks reported that the Local Children's Trust Board had been given access to a Community Chest of £400,000 across the County, to be apportioned on a first come first served basis. Members felt that the LCTB was the best group to decide which local needs were a priority. Jackie Marks informed the Board that the following suggestions had already been made:</p> <p>High quality advice and guidance, debt, housing benefits,</p> <p>Counselling,</p> <p>Domestic abuse, raising awareness in schools</p> <p>Bullying through the Internet.</p> <p>Transition at key times to help them settle in</p> <p>High level support for families with children under 5.</p> <p>Families who have teenagers who have problems with drugs and alcohol</p> <p>Respite project for young careers between 18 and 25 year olds.</p>	