#### MAIDSTONE BOROUGH COUNCIL

## MINUTES OF THE COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE MEETING HELD ON FRIDAY 26 OCTOBER 2012

**PRESENT:** Councillors Mrs Blackmore (Blackmore), Mrs Grigg,

Mrs Joy, McLoughlin, Munford and English

## 41. The Committee to consider whether all items on the agenda should be web-cast.

It was resolved that all items be webcast.

#### 42. Apologies.

Apologies were received from Councillors Brindle, Mortimer, Mrs Parvin, Vizzard and de Wiggondene.

#### 43. Notification of Substitute Members.

Councillor Mrs Grigg and English substituted for Councillors Mortimer and Vizzard respectively.

#### 44. Notification of Visiting Members.

Councillors Warner and Yates attended as Visiting Members with an interest in item 7, Kent Community Health NHS Trust - Consultation on becoming a Community NHS Foundation Trust, on the agenda.

#### 45. Disclosures by Members and Officers.

Councillor Yates declared an interest in item 7 on the agenda by virtue of his involvement with the Disability Forum and Age Concern.

## 46. To consider whether any items should be taken in private because of the possible disclosure of exempt information.

It was agreed that items be taken in public as proposed.

## 47. Kent Community Health NHS Trust - Consultation on becoming a Community NHS Foundation Trust

Marion Dinwoodie, Chief Executive of the Kent Community Health NHS Trust, gave a presentation (**Appendix A**) which detailed the service currently provided by the Trust which was made up of 5,400 staff and responsible for 9% of health care in Kent which equated to approximately £212m and delivered more than sixty services.

The presentation outlined the trust's vision and values and its ambition to be a choice provide and improve public health services.

Mrs Dinwoodie's presentation focused on the 'Long Term Conditions (LTC)' challenge which she explained affected the growing older age group. She informed the Committee that this group provided the biggest challenge faced in the community and were associated with:

- 70% of health and social care costs;
- 70% of unscheduled hospital admissions; and
- 50% of GP Consultations

She described the preventative approached associated with all the trust's priorities which was to help and enable patients to manage long term conditions or multiple long term conditions. This was part of a national strategy and GPs were said to applying this to their patient lists by identifying patient's needs and taking a holistic approach. The Committee were informed that health trainers played role in this and in the future delivery of services in the community, helping patients manage their conditions in the community setting to prevent emergency situations and acute care being the first and only solution. A pilot run in Margate had seen a 70% reduction in people going to hospital.

An additional part of approach was the trusts ambition to double its number of health visitors over the next three years. Members raised concerns about this target. They were informed

The Committee were informed of differences between an NHS Trust and a Foundation Trust. This difference was the formal and tangible involvement of the public, patients and carers, and staff. The Foundation Trust would manage itself and could have members. There was a need therefore to show accountability which was the main thrust of the consultation questions and feedback.

There was an opportunity for the public to become involved in the decision made by the Trust and the services by becoming members. Members would then be encouraged to elect a Council of Governors who represent their views. The proposed number of governors was 25 and include public, staff and appointed stakeholder governors.

The committee were informed that the membership so far was made up 55% young adults as a result of mobile phone applications and work carried out around sexual health

The advantage of being a Foundation Trust was that if there was a surplus of funds initiatives from staff and partners could be 'pump primed' and the business could grow.

It was identified that at present money was in acute care and th

**It was resolved** that the following statement be submitted on behalf of the Committee in response to the consultation:

Maidstone Borough Council is fully supportive of the proposed changes to the Kent Community Health NHS Trust including its vision and core principles. However, we want more funding for West Kent to balance the current inequalities that exist between West Kent and East Kent in the delivery of community health care by health trainers.

We address this statement particularly to the Clinical Commissioning Groups and Kent County Council in support of the aspirate Foundation Trust.

This Committee want the Foundation Trust to ensure there are no occurrences of duplications in resources for public health initiatives by providing information and guidance to the Community Development Team at Maidstone Borough Council via Abi Mogridge, Head of Health Well-Being.

With regards to the proposed board of Governors, the Committee would like it to be noted that in the event of services delivered by the Foundation Trust expanding substantially outside Kent, representation for all areas, including Maidstone remains fair.

#### 48. Duration of Meeting.

10. 00 a.m. to 11.45 a.m.

## Welcome

# Meeting with Maidstone Borough Councillors

Marion Dinwoodie
Chief Executive





## Who we are

- Kent Community Health NHS Trust was formed from Eastern and Coastal Kent Community Services NHS Trust and West Kent Community Health on 1 April 2011
- We serve approximately 1.4million people living in Kent and provide some services in Medway and outside of Kent
- We have 3.2m contacts with patients every year
- Our budget is £212m (approximately 9% of the health care market in Kent)
- We have 5,400 staff (4,300 whole time equivalents)





### What we are here to do

#### **Our Mission**

Our mission is to provide high quality, value for money community based services to prevent people from becoming unwell, to avoid people going into hospital or to leave earlier and to provide support closer to home

#### **Our Vision**

"To be the provider of choice by delivering excellent care and improving the health of our communities"

#### **Our Values**

Caring with compassion
Listening, responding and
empowering
Leading through partnerships
Learning, sharing and
innovating
Striving for excellence



## What we are here to do

- We deliver services in patients' homes, all GP surgeries, 15 health centres, 26 community clinics, 7 minor injury units and 12 Community Hospitals
- We work with:
  - 8 Clinical Commissioning Groups (including Medway)
  - Kent County Council
  - 12 District Councils
  - 3 whole health systems (North, East, West Kent)
- We deliver more than 60 services, see our online directory of services on our website <u>www.kentcht.nhs.uk</u> for full details





## Our staff include....

- Community nurses
- Dieticians
- Health visitors
- Doctors and Dentists
- Podiatrists
- Occupational therapists
- Physiotherapists
- Family therapists

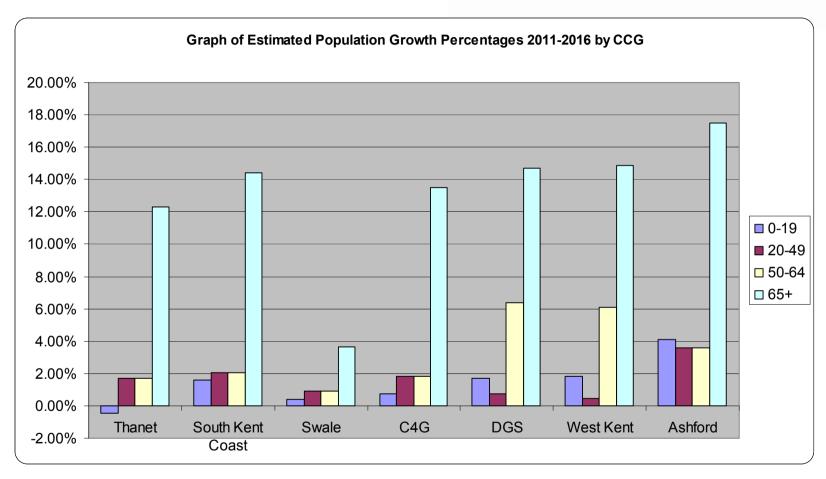
- Clinical psychologists
- Speech and language therapists
- Radiographers
- Pharmacists
- Health trainers
- Health Improvement specialists
- School nurses

and many more....



## The LTC challenge





Long-term conditions account for:

70% of health and social care costs; 70% of unscheduled admissions; 55% of GP consultations; multiple conditions; 252% rise by 2050





## Our strategy for improving your health

- Prevent people from dying prematurely
- Enhance the quality of life for people with long-term conditions
- Help people to recover following ill health or injury
- Ensure people have a positive experience of care
- Treat and care for people in a safe environment





## **Local focus**

- The population of Maidstone stands at 155,200
- By 2015 the number of 85-year-olds and older is expected to rise by 21.7 per cent
- Adult obesity is worse than the national average
- 4,455 children in the Maidstone district live in poverty
- Children in Maidstone spend less time doing physical activity than the national average
- 17.3% of children suffer from obesity
- Life expectancy is 7.2 years lower for men and 5.9 years lower for woman in the most deprived areas of Maidstone than in the least
- There are more road accidents and deaths than the national average
- Teenage pregnancy is higher than average





## **Local strategy**

- Bring together health and social care staff in integrated teams focused around GP surgeries
- Develop a single point of access for referrals
- Work with GPs, Acute Care and Adult Social Care on improving the management of Long Term Conditions and care of older people
- Work with local care homes to reduce the number of older people inappropriately admitted to hospital
- Invite 42,900 eligible people in West Kent to have a health check
- Double the number of health visitors over three years
- Provide specialist NHS and social care for children under one roof (Heathside)
- Support people to quit smoking (we helped 1,014 Maidstone people to quit last year)
- Reduce teenage pregnancy through additional services and innovations





## Why we want to become a Foundation Trust

# So that local people and our staff have a greater say in the future of our services through membership of our Trust

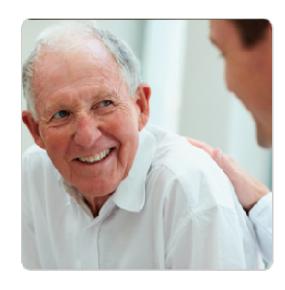
- We propose two types of members Public and Staff
- We propose that members will vote for a 25 strong Council of Governors which will include:
  - One public governor from each of the 12 district council areas in Kent
  - One public member to represent the rest of England
  - Four staff governors
  - Eight stakeholder governors
- The Council of Governors will represent your voice and hold the Trust's Board to account





## Becoming a Foundation Trust will help us to....

- To put patients and carers at the centre of our organisation
- •To ensure that the services we deliver best meet your needs
- To drive up the quality of care through patient involvement



- •To be the provider of choice for patients and commissioners
- To have greater financial flexibility and freedoms
- To support stronger integration with primary and social care





## Thank you

Questions

