THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 29 July 2013 at 9.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Councillors C Hart (Thanet District Council), Johnston (Thanet District Council), Sue McGonigal (Thanet District Council), Councillor Gibbens (Kent County Council), Dr Tony Martin (Thanet Clinical Commissioning Group), Dominic Carter (Thanet Clinical Commissioning Group), Jo Empson (Kent County Council) and Jessica Mookherjee

1. ALSO PRESENT:

Police Inspector Mark Pearson – Margate Task Force
Gerald Bassett – Head of Commissioning Delivery - NHS
Alison Issott – Chief Accountable Officer - NHS
Laura Berry – Strategic Commissioning-Community Support - KCC
Mark Lemon – Strategic Business Advisor - KCC

2. APOLOGIES FOR ABSENCE

Apologies were received from Andrew Scott-Clark for whom Jessica Mookerjee was substitute, Mark Lobban for whom Jo Empson was substitute. Apologies were also received from Hazel Carpenter.

3. ELECTION OF CHAIRMAN AND VICE CHAIRMAN

The Democratic Services Officer introduced the item which called for nominations for the election of the Chairman of the Board.

Councillor Iris Johnston, (TDC Cabinet Member for Community Services) proposed and Councillor Clive Hart, (Leader of TDC and Cabinet Member for Strategic Economic Development Services) seconded and members of the Board agreed that Dr Tony Martin be elected the Chairman of the Thanet Health & Wellbeing Board.

Dr Martin in the Chair.

The Democratic Services Officer called for nominations for the post of the Vice Chairman.

Councillor Johnston proposed, Dr Martin seconded and Board members agreed that Councillor C. Hart be elected the Vice Chairman of the Board.

4. TERMS OF REFERENCE

The Thanet CCG Health and Wellbeing Board considered the Terms of Reference as set out in the agenda.

It was proposed Councillor Johnston and seconded by Dominic Carter that:

The terms of reference for the Thanet Health and Wellbeing Board be agreed.

5. SHOW AND TELL PRESENTATION BY MARGATE TASK FORCE

The Thanet Health and Wellbeing Board received a presentation from Police Inspector Mark Pearson.

Inspector Pearson advised the Board that the multi-agency Margate Task Force (MTF) in partnership with the Thanet Community Safety team were aiming to transform public services in a cost effective and efficient way using multi-agency response teams in the wards of Margate Central and Cliftonville West. The presentation included details of the real issues around the use of street drugs including heroine, crack cocaine and cannabis, also challenges of effectively assessing levels of sexual exploitation. The Wards most affected in Thanet are Margate Central and Cliftonville West. The statistics show these areas to have multiple risks to vulnerable people. The figures show high levels of individuals released from prison and Looked after Children (LAC). Approximately a third of Thanet's crime & anti-social behaviour occurred in the two wards.

The presentation included a 'mental health map' that showed both where the majority of ambulance pick-ups and crime hotspots were located. The map helped people to understand where the most vulnerable spots were and where to focus resources. Inspector Pearson added that there were 42 nationalities accommodated within these two wards; the biggest cohort being Czech Roma and Slovak Roma. He added that 'Gang Cooperatives' were known to exist involving a number of nationalities (including local white English).

Residents comments had been sought for in a 'Your Home, Your Health' survey. This involved agencies gathering information on a defined 'street' with multi-agency visits to the street to help residents complete the "Your Home Your Health" forms. The purpose of the survey was to lay a foundation for effective problem solving and achieving sustainable outcomes and a creating synergy between social justice and community justice.

Inspector Pearson highlighted future threats and said there was significant opportunity to improve joint risk assessments specific to safeguarding children. Looking forward working smarter and improving information sharing/exchanging was critical and 'health' was most important in understanding the resource needs from the various partners.

It was noted that the MTF had received awards in excellence of partnership working.

Board members raised the following questions:

Regarding the drug proliferation in these wards, would that be because it has been underground for some time or is it getting worse?

Inspector Pearson advised that the problem was getting worse because it is financially lucrative. For example a 17 year old, can make a substantial amount of money each day dealing drugs. He added that local charities were helping.

If it is so lucrative there has got to be demand. Where is the demand?

The demand was primarily from vulnerable unemployed people and mental health sufferers who were more at risk of drug exploitation. These two wards have the highest number of people claiming Job Seekers Allowance anywhere else in the UK.

What was the main driver for child exploitation or was it a mental health issue?

Inspector Pearson said that they were assessing how cooperatively different groups worked on child exploitation and that it was financially lucrative. It was a case of gathering information from partners, particularly regarding the health of young people.

Did health practitioners, who were the most likely to come into contact with young people; recognise the signs or other indicators of child abuse and exploitation?

There was a need for child exploitation training which was being done but there was a need to work smarter.

A representative from KCC advised that Ofsted regulated the Quality Care Commission and that KCC-Social Services would work together with the Margate Task Force with regular involvement?

Inspector Pearson said that there was a need for partners to talk to each other and for details to be shared to minimise harm. It is necessary to improve the strategic element and up to us to find the solution through front end engagement. They were not interested in regulators.

It was noted by the Chairman that GP's were used to seeing children with bruises but there was also a need to look for other signs when seeing young girls and boys. He asked what the MTF were missing in regard to resources and information.

Inspector Pearson said that a children's safeguarding nurse actually linked to the task force would be more effective in dealing with mental health, education and child safeguarding issues. He added that all of the partners were important but this link was missing. Information sharing was also very important.

Other Board Members advised that this meeting was the ideal place for the presentation and hoped for more education and social services input in the future.

Making the best use of the monies available when faced with the challenges like health tourism was key. What conduits were there to Central Government that could change empowerment?

In answering, Inspector Pearson said that silo working should stop and be replaced by co-located local services. Social and economic inclusion and a centre for social justice in areas where there is the most vulnerability is needed. Task forces in the right areas, for example Medway, Swale, and North Kent are very important. He asked how the Board saw the service integration provision. The possibility of secondments or a private individual with a lump of cash would help.

Another KCC representative asked what the role of the Kent and Medway NHS Social Care Partnership Trust (KMPT) was. He asked the Chairman what was needed to improve mental health, which was a real issue in Thanet and what we should do more of. He suggested that the partnership groups should have round table discussions and a Social Services representative should be on the Task Force.

The Chairman advised that Licensing of premises was improving now that Thanet Council had introduced 'selective licensing'.

A Member explained that in their view if the housing problem was solved then everything else would follow. Little social housing was available in Cliftonville with too much poor quality housing.

Inspector Pearson added that 1/3 of Kent mental health issues were in Thanet. A number of these were 'looked after children', prison releases, offenders; living in low cost and poor quality housing. The increase in housing costs in London meant that people were being pushed into South East Coastal towns which was a challenge for MTF. A simple solution was for groups to work together and support people.

A further question was asked regarding whether MTF had a specific social services person to contact?

Inspector Pearson informed the Board that a Children's Social Services officer was coming on board as a member of the team.

It was then asked how, as a local board could they make a case to the Kent Health and Wellbeing Board to bridge the huge gap in mental health service provision in the district, particularly in counselling.

Inspector Pearson explained that the Margate Task Force were commissioning their own mental health and counselling as they couldn't get it from public health.

A representative from KCC said that the points raised were quite right and asked whether people were suffering a high level of need and those that were, were they long terms residents of Margate or were they transient? Also was their a retention of mental health workers in the area?

Inspector Pearson said those people with high end mental health needs stayed in the area.

Jessica Mookherjee added that she would report back to this Board regarding mental health providers and the expected number of services needed as a priority. Public mental health was very important and the need was acute in these 2 wards which impacted on the whole area. She added that it would be interesting to find out through an equity audit and assessment, how effective the providers had been. She recommended that a 'mini task force' be set up with all the providers around the table. A concentrated effort was required to ensure that the priority areas are given the appropriate resources.

It was added that new arrangements and extra funding had now been put into mental health.

Jessica Mookherjee said that she would bring a programme to this Board on Public Mental health.

A TDC representative expressed her concerns on the issue of child mental health and the need for a children's safety plan and how important it was to get this right.

A KCC representative advised that Kent Integrated Adolescent Support Service (KIASS) could look at how and who would develop a childrens safety plan and assured the Board that he would make sure this is a priority piece of work and would be done.

Inspector Pearson made reference to the referral form and said that if a Social Services representative was with them when visiting vulnerable households then situations could be dealt with in a much more effective and timely way rather than being bogged down with bureaucracy.

6. PRESENTATION ON DOMICILIARY CARE FOR OLDER PEOPLE

The Board received a presentation from Joanne Empson from Kent County Council on Domiciliary Care for Older People.

The presentation explained how future commissioning to help care for older people in their own home was developing.

A TDC representative asked what telecare was?

Joanne advised that this was a personal alarm, where the user could raise the alert by pressing a red button that they kept about themselves at all times. Some types of these alarms could alert a family member when something was wrong. Joanne went on to show a map that indicated where the 'hotspots' were located and the density of the over 85 population and service users. They were moving towards 'Outcome Based Homecare' which gave flexible domiciliary care to the elderly so improving individual outcomes for service users and reducing hospital admission and admission into long term care services.

The process was being simplified and piloted in Thanet and Dover. Phase 1 development included a 'dynamic monitoring form and form tracker, simplifying the understanding and communicating of outcomes.

A representative of the Clinical Commissioning Group (CCG) asked about the benefits of Telehealth and Telecare and what the trends were?

In response Joanne said that it was looking at what was being provided, for example key safes, and whether the equipment was the best that could be provided and how it was deployed. She added that if equipment was deployed for maximum outcome then they have it right.

A TDC representative had concerns regarding the limited respite care for carers. She added that money was not paid to staff/workers at a lower level who had a very stressful role.

Joanne said that she understood the concerns and that they did need to support the workforce.

Other concerns were that visiting carers needed the time to ensure that homes were safe for the elderly, such as removing trip hazards (like rugs).

Joanne replied that it was how they commissioned that and then taking that time to ensure provision of a more flexible service.

7. DEVOLUTION OF CHILDRENS BOARDS

Jessica Mookherjee reported to the Board on the acute issues that young people were facing in Thanet, particularly in Margate Central and Cliftonville West wards. The following on child health gives an outline of the issue:

There is an increase in under 2's being taken into care in Thanet (predominantly from young parents).

Thanet has the highest number of looked after children (LAC) – both those who originate from Thanet and those who are placed in Thanet from other CCG areas in Kent. Currently in total there are 235 LAC in Thanet.

Thanet has 1054 children in need (CHIN).

77 Child, Adolescent and Family Service (CAFs) were initiated in Thanet in May 2013 alone (including step down).

Other local authorities (OLA) tend to place children in Thanet owing to the number of private foster carers in the area-predominantly these originate from London boroughs. We are not always told when an OLA has been placed.

LAC impact on health services through increased uptake of Child and Adolescent Mental Health Services (CAMHS), GP surgeries. Also impact on education.

Approximately 50% of children starting school in more deprived areas have a speech, language and communication need (SLCN) not related to a disability
Obesity in years 5-6 is high in Thanet.

The October meeting of this Board was to be dedicated solely to this item.

Jessica added that it was important that the right agencies are around the table for the meeting and the right recommendations were made.

8. ADDRESSING HEALTH INEQUALITIES IN KENT

Councillor Graham Gibbons outlined the report which had been presented to the Kent Health and Wellbeing Board and identified geographical areas where Clinical Commissioning Groups (CCG's) and other local partners could focus their attention for effectively reducing health inequalities, by reducing disease and gender specific under 75 mortality.

The figures reported were based on the model suggested by Professor Chris Bentley. The Kent Public Health department had developed a methodology to identify the number of lives that would need to be saved for an effective reduction in health inequalities and where to target resources.

Councillor Gibbons directed the Board to Appendix 7 of the report where it showed the mortality in females and males for all circulatory disease in the under 75's for 2010-12, showing the Local Super Output Areas (LSOA's) in the highest two deciles.

By using Lower Super Output Areas, high risk communities could be identified in affluent and deprived parts of Kent. The report presented patterns of premature mortality (under 75) in the Lower Super Output Areas (LSOAs) which contained the highest mortality rates. It further addressed this issue by showing how many lives could be saved if death levels within this top quintile (containing 20% of the population) were reduced to the average level for Kent and Medway at this time (2010-12).

'Mind the Gap, Building bridges to better health for all' was a cross system approved Health Inequalities action plan providing strategic direction, and was produced by KCC in collaboration with District Councils. The action plan was based on the principles of Marmot's life-course approach and had been aligned to the Joint Strategic Need Assessment (JSNA) priorities and relevant policies and plans. Councillor Gibbons added that the Board needed to look closely at 'Mind the Gap' and suggested that Chris Bentley attend a future meeting to help establish how, as teams/partners they could make a difference and how issues could be addressed.

Jessica Mookherjee said that the South Kent Coast may not want to necessarily use the KCC model. The 'Right Services, to the Right People at the Right Time' is a good example. Perhaps Thanet would like their own style.

A representative from TDC said that there was a wider issue regarding statistics and that the figures must be somewhere. She asked for statistics over the last 6 years on QEQM maternity. Jessica added that although the statistics would be hard to disentangle that it had been a good question and she would look into it.

The Chairman said that the item on ‘Devolution of Children’s Boards’ be the only item on the October agenda and ‘Mental Health’ on the November agenda.

The Health & Wellbeing Board were asked to note:

i) The data reported in this paper
ii) Support CCG’s and NHS England to develop action plans to address the identified number of postponed premature deaths targeting the areas with top 20% death rate.
iii) Support the system in working together through the local Health and Wellbeing Boards. Action planning at a local level to develop local ‘Mind the Gap’ needs to continue and bring together the District Council and CCG priorities to tackle health inequalities. This should be used as the mechanism to identify contribution from various parts of the system (CCG’s, District Councils, KCC, Health Watch and voluntary sector) and address the wider determinants of health, health promotion and preventing poor health.

Meeting concluded : 10.40 am