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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 28 November 2013 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Councillors C Hart (Thanet District Council), Johnston (Thanet District Council), Sue McGonigal (Thanet District Council), Andrew Scott-Clark (Kent County Council), Mark Lobban (Kent County Council) and Hazel Carpenter (Thanet Clinical Commissioning Group)

15. ALSO PRESENT:-

Janice Wason	Strategic Community Manger – TDC
Mark Lemon	Strategic Business Advisor-Health & Well Being Boards – KCC
Colin Thompson	Public Health Specialist – KCC
Jo Frazer	Programme Manager, Health and Social Care Integration - NHS
Kim Solley	Associate Partner Mental Health KMCS
Faye Haves	Commissioning Manager – TCCG
Margaret Mogentale	Commissioning Manager – TCCG
Jess Andrews	Commissioning Manager – TCCG
Adrian Grant	Head of Integrated Commissioning - TCCG

16. APOLOGIES FOR ABSENCE

Apologies were received from Councillor G Gibbens for whom Councillor G Lymer was substitute.

Apologies were also received from Dominic Carter and Gerald Bassett (for whom Faye Haves and Jess Andrews were in attendance).

17. MINUTES OF THE PREVIOUS MEETING

Subject to an amendment to the minutes at item 10, Dominic Carter and not Carpenter, the minutes were approved and signed by the Chairman.

18. CHILDREN'S AGENDA

Andrew Scott-Clark, Director of Public Health Improvement for KCC introduced the report which gives a summary of the workshop results from the "Thanet Children's Summit" meeting held on 26th September 2013.

The workshop involved members of the Thanet Health and Wellbeing Board, Thanet Children's Trust Board and several other relevant commissioning stakeholders who considered a range of questions relating to children and young people in Thanet.

In setting out to deliver a greater ambition in Thanet Andrew said that they must:

- Align governance of all commissioners so that it 'happens' in one place with a single leadership – 'Thanet Children's Board'
- Align resources and where it gives better results that we 'pool' budgets
- Increase the aspiration of the outcomes we expect from the delivery of services – we want the best in health, social care and education

- Set challenging highly aspirational goals and realistic annual plans
- Agree mutual agency support for delivering each other's targets

Andrew continued to emphasise the importance of integrated working with other providers to ensure the best outcome for children. He added that though County were not all in agreement on the best way forward, locally it was important that a sub committee (Children's Trust Board) of the Health and Wellbeing Board be established to ensure delivery of the aspirations as mentioned above, for children and young people in Thanet. Andrew suggested that at the next Thanet Health and Wellbeing Board meeting (23rd January 2013) an item for the agenda could be 'What the Board's aspirations are and what we want to nail down in order to deliver more focus and positive outcomes for children'. He added that nothing substantive had been achieved thus far although he was encouraged by the attendance at the Workshop of key players. It was important to establish Terms of Reference for the sub-committee to ensure that it could go onto deliver the desired aspirations.

Both Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group and Councillor Johnston, Thanet District Council supported what Andrew had said with Hazel adding that they had to go through the Governance arrangements to establish how the Sub-Committee will function to enable it to focus on what they were all trying to do. Councillor Johnston was concerned that opportunities were being missed in dealing with big issues concerning maternity and the loss of children's centres. Reference was made to the TDC 'sport for energy' team (page 9 of the paper) where it stated that this was something that needed to change. Councillor Johnston emphasised that this was a mistake as the 'sport for energy' team had recently won sports awards for their work with young people and interaction with youth clubs.

Dr Martin, Chairman of the Thanet Health and Wellbeing Board said that reassurance was needed that the Sub-Committee of the THWBB and Local Children's Trust Board (LCTB) could overcome the current gaps in integration of multi-agency working and services. Hazel added that clarity was also needed in establishing who needed to be around the table for these discussions and that with the Committee and governance arrangements right, a clearer picture of what integrated commissioning would look like can be determined. Mark Lemon, Strategic Business Advisor, in agreeing with Hazel, added that the Sub-Committee needed to be more locally driven rather than a 'talking shop'. Andrew said that it was important to get it right locally, in Thanet, and then it would work for Kent.

Dr Martin asked how near to completion the 'Terms of Reference' for the sub-committee were. Hazel, in answering said that a draft had been written but that further work was required. Dr Sue McGonigal, Chief Executive, Thanet District Council said that clarification around resources and how they were managed required more focus and that the terms of reference should inform this process. Andrew recommended that the Terms of Reference be brought back to the Thanet Health and Wellbeing Board following review at the Kent Health and Wellbeing Board in January 2014.

AGREED.

19. INTEGRATED COMMISSIONING

The Board agreed to take items, 4, 6 and 7 together.

- (4) Integrated Commissioning
- (6) Pioneer Bid
- (7) Integrated Transformation Fund

Members of the Thanet Health and Wellbeing Board received a presentation from Mark Lobban, Director of Strategic Commissioning, entitled 'Kent as Integration Pioneers'. The presentation (attached) had been produced by Jo Frazer, Programme Manager Health and Social Care Integration.

Mark, in giving the presentation advised the Board of the significant savings that needed to be made and the Kent Plan for 2013-2018. The headline was that 'An integrated health and social care system that has at its heart an ability to assist people to live as independent a life as is possible for them given their needs and circumstances. (Optimum integrated health and social care pathway, commissioning and provision)'. He added that they needed to know how efficient these services were today and how they can be made better and also how to make the necessary savings. It was essential that both were achieved.

The Integration Pioneer Programme had identified 14 areas to lead on health and social care integration. The outcome of the 'Pioneer' bid had been presented to the Kent Health and Wellbeing Board on 20 November 2013. This was underpinned by the Integration Transformation Fund (£3.8bn) announced by the Government and would dramatically accelerate the timescales for achieving the integration of health and social services.

In discussing the Health and Social Care Integration Mark summarised the following:-

- To recognise that the scale of challenge is unprecedented and required a radically different approach
- It was necessary to fully understand the current operating model including cost, activity and outcomes
- Appreciate the current and future pressures of partner organisations and how much resource should be invested in social care
- Produce individual 5 year strategies with detailed 2 year plans for both health and social care
- Recognise that you can't jump from A to B in one go
- Understand the inter-dependencies between commissioning, care pathways and optimisation
- Move forward at pace and scale in waves ensuring at the end of each wave outcomes have been improved & money saved (measure impact)
- Carefully prioritise and sequence activities-If everything is a priority then nothing is!
- Ensure that the Integration Transformation plan is the output and coming together of the individual health and social care plans-it can't be something separate
- Fully engage health and social care providers
- Ensure that the pooled budget scope reflects the agreed priorities, for example, intermediate care/enablement
- Put in place robust governance and programme management arrangements which are fully resourced by the partners

Jo Frazer said that the Integrated Transformation Fund was part of the Pioneer bid and not necessarily just about the funding, that there was a focus on older persons. Dr Martin said that the children's group (sub-committee) was a priority to ensure integration of children's services but it was also important to deal with the vulnerable elderly as a major topic for the next meeting.

Hazel said that it was extremely urgent to integrate services to co-produce new and improved pathways to care through a model of self-care and self-management and enhanced rapid response. She added that the Pioneer process was complete and it was now about doing the right things locally. A joint strategic needs analysis for the Pioneer management was to focus on how to get resources.

Dr Martin, in referring to the Kent Plan said that building shared visions of future services was the foundation to achieving successful outcomes for the people of Thanet. Mark Lobban, in continuing with the presentation was asked by Sue McGonigal for more clarity in relation to the commissioning arrangements as KCC had a 'twin hatted' approach. Mark in response said that it was very complex as the budgets were held by Operational Directors but that the Directorate Management Team collectively took commissioning decisions which could include doing things themselves.

Jo Frazer added that the Pioneer Programme had been the result of a policy document and that it supported the narrative 'I know' from what 'you do'. She said that she would be happy to arrange a programme team to work locally. It was agreed that an update on the Pioneer Programme at a future meeting would be valuable.

Members agreed items 4, 6 and 7.

20. MENTAL HEALTH

Kim Solley, Associate Partner Mental Health KMCS outlined the paper which sets out the objectives of the national "No health without mental health strategy" and shows how 2 local strategies set out to achieve better outcomes and reduce inequalities for the people of Kent who are either known to have a mental illness or those with or at risk of common mental health problems. The 2 strategies are "outcome four for mental health – Kent Health and Wellbeing strategy" and the Kent "Live it Well strategy".

The Thanet Health and Wellbeing Board are asked to host a mental health summit where key leaders are presented with the findings of the Joint Strategic Needs Assessment and Assets by Public Health in order to consider and understand the needs of the people of Thanet. They can then collectively agree that target group, strategic priorities and actions required ensuring "every contact counts" for those most at risk of developing a mental health problem.

Members of the Board supported the need for a summit and added that preventing young people from becoming depressed and developing mental health problems was of paramount importance. It was emphasised that focus should be on prevention and the provision of mechanisms to give resilience which isn't happening currently. Councillor Hart, Leader, Thanet District Council said that the living conditions in Thanet were a contributory factor in mental health problems and that planning needed to look at the size of rooms.

Dr Martin felt that it would not be appropriate to hold a mental health summit along with the THWBB.

Proposed by Hazel Carpenter and seconded by Dr Martin that:

"to set a date and location for a mental health summit following the next THWBB meeting which was scheduled for 23 January 2014"

AGREED.

21. PIONEER BID

Taken together with 4, 6 and 7.

22. INTEGRATED TRANSFORMATION FUND

Taken together with 4, 6, and 7.

Meeting concluded : 11.55 am

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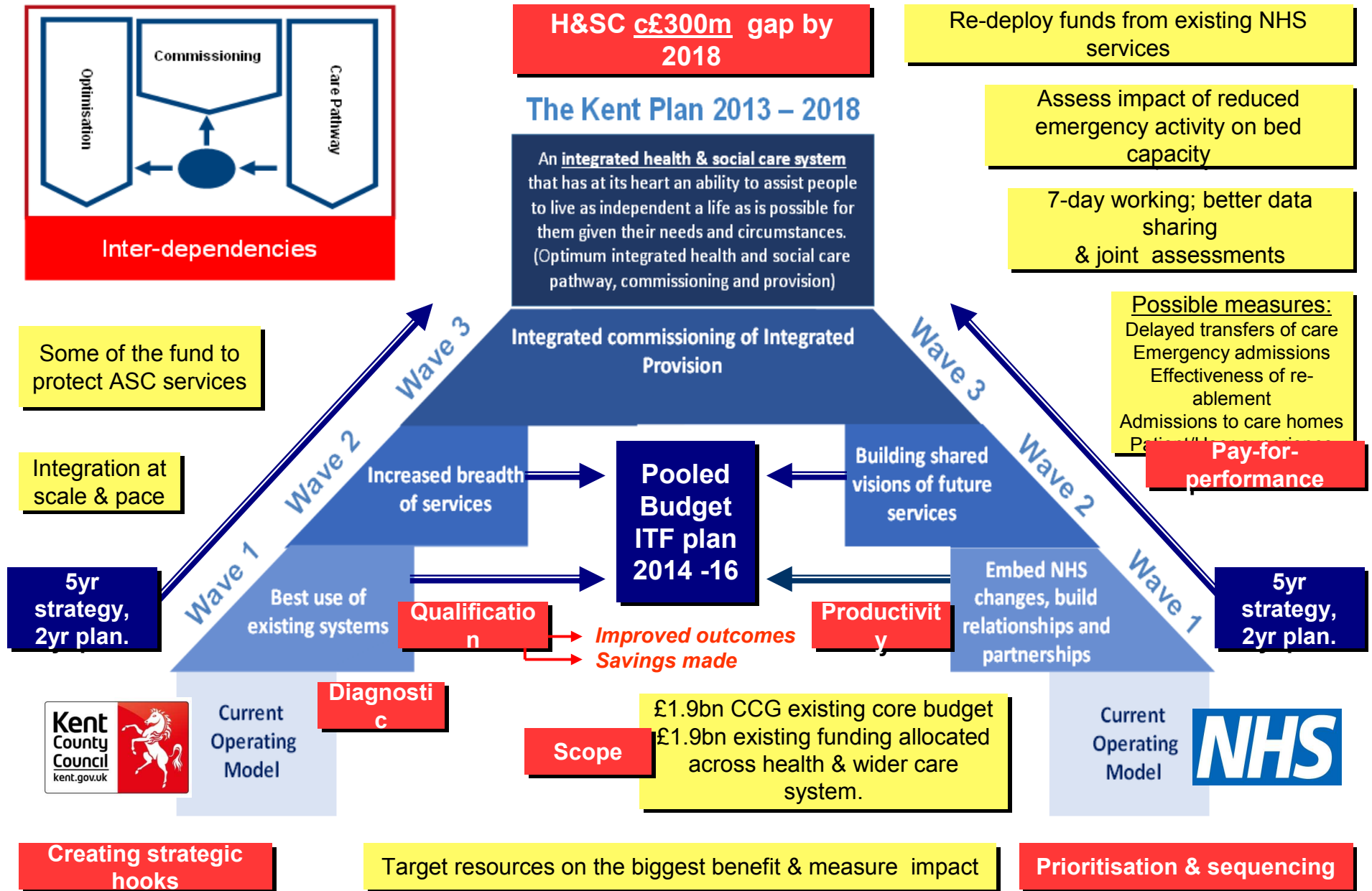
Health and Social Care Integration



*Integration Transformation Fund
- a catalyst for sustainable whole
system change*



Health and Social Care Integration



Health and Social Care Integration



- Recognise that the scale of challenge is unprecedented and requires a radically different approach
- Fully understand the current operating model (cost, activity and outcomes)
- Appreciate partner organisations current & future pressures – how much resource should be invested in social care?
- Produce individual 5 yr strategies with detailed 2 yr plans for both health & social care
- Identify the ‘hooks’ in these plans - key design decisions will need provisional agreement so plans can then be formulated on both sides in preparation.
- Recognise that you can’t jump from A to B in one go
- Understand the inter-dependencies between commissioning, care pathways & optimisation
- Move forward at pace & scale in waves ensuring at the end of each wave outcomes have been improved & money saved – measure impact!
- Carefully prioritise & sequence activities - If everything is a priority then nothing is!
- Ensure that the ITF plan is the output & coming together of the individual health & social care plans – it can’t be something separate
- Fully engage health & social care providers
- Ensure that the pooled budget scope reflects the agreed priorities e.g. intermediate care / enablement
- Put in place robust governance & programme management arrangements which are fully resourced by the partners





thank you



MENTAL HEALTH THANET HEALTH AND WELL BEING BOARD

Introduction

This paper sets out the objectives of the national “No health without mental health strategy” and shows how 2 local strategies set out to achieve better outcomes and reduce inequalities for the people of Kent who are either known to have a mental illness or those with or at risk of common mental health problems. The 2 strategies are “outcome four for mental health - Kent Health and Well-being strategy” and the Kent “Live it Well strategy”.

In addition this paper details evidence which suggests that mental health and wellbeing should not only be viewed as mental health outcomes but also as factors that influence all other health outcomes. As such a new approach is put forward to identify and target those most at risk of developing a mental illness.

The Thanet Health and Wellbeing Board are asked to host a mental health summit where key leaders are presented with the findings of the Joint Strategic Needs Assessment and Assets by Public Health in order to consider and understand the needs of the people of Thanet. That they can then collectively agree the target group strategic priorities and joined-up actions required to make “every contact count” for those most at risk of developing a mental health problem.

Context

Mental health problems are found in people of all ages, regions, countries and societies. In Britain one in four people will experience some kind of mental health problem in the course of a year with anxiety and depression as the most common disorder (*HM Government (2011), No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*)

The Kent Health and Wellbeing (HWB) Strategy was developed in partnership between social care and mental health and informed by the Department of Health 2012 framework ‘No health without mental health’.

The six objectives of No Health without Mental Health for CCGs are:

1. More people will have good mental health
2. More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems by starting well, developing well, working well, living well and ageing well.
3. More people with mental health problems will recover
4. More people who develop mental health problems will have a good quality of life with greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.
5. More people with mental health problems will have good physical health, fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.
6. More people will have a positive experience of care and support

The Kent HWB strategy supports the 'No Health without Mental Health' framework commitment that care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Mental health is affected by issues in the environments we live in, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who do have work, debt and income level, the ability to live independently and autonomously and freedom from pain and ill health.

Both Kent's strategies are informed by the Joint Strategic Needs Assessment (JSNA) for Kent published in 2009. Its refresh is expected in December 2013. It identified the determinants of mental health and wellbeing as housing, employment, social capital and healthy lifestyles. (It is worth noting that debt is an even stronger risk factor for mental illness than low income).

The JSNA also identified inequalities as a fundamental underlying feature of most health outcomes in Kent. Rates of death are higher in those who are more disadvantaged and emergency admissions are associated strongly with deprivation status. This is likely to be because uptake of preventative services such as screening is poor and also because research has shown that people from deprived areas are less likely to visit their GP early when they have symptoms of ill health and more likely to attend A&E.

Evidence

In England, people living in the poorest areas will, on average, die seven years earlier than people in the more affluent ones and will spend more of their shorter lives living with a disability, including mental health problems (*The Marmot Review (2010), Fair Society, Healthy Lives*). There is a clear link between social and economic inequalities and mental health problems; (*Campion J, Bhugra D, Bailey S, Marmot M (In press), Inequality and mental disorder: opportunities for action. The Lancet*) people living on the lowest fifth of household incomes are twice as likely to develop common mental health problems as those on the highest incomes (*McManus S, et al. (2009) Adult psychiatric morbidity in England, 2007: Results of a household survey. The Health and Social Care Information Centre, Social Care Statistics*)

While there have been some improvements to mental health services since 2008, such as the Improving Access to Psychological Therapies Programme, the level of need remains high. *London School of Economics and Political Science (2012), How mental illnesses losses out in the NHS*. In Thanet referrals to primary care talking therapies has increased by 45% since 2012/13 and the number of people entering treatment is 1187. Cases are reported as more complex than other parts of Kent and 44% people reported recovery against a target of 50%. However 11% who recovered came off sick pay against a target of 5%.

NHS England has identified that 12581 people have an estimated need for primary care talking therapies in Thanet. Therefore the target of numbers of people entering treatment was achieved in Thanet.

Unfortunately the World Health Organisation predicts that depression will be the second biggest cause of illness by 2020 (Murray CJ. Lopez AD. (1996), *Evidence-based health policy; lessons from the Global Burden of Disease Study*) and by 2026, the number of people in England who experience a mental health problem is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million, even before the impact of the current recession is taken into account (McCrone P, Dhanasiri S, Patel A, et al (2008), *Paying the price. The cost of mental health care in England to 2026*)

Addressing inequalities is essential to reducing the prevalence of mental health problems. However, it is important to acknowledge that people will always experience adversity and difficult circumstances. It is as equally important, therefore to build resilience within people and communities to prepare for these times.

Context for Thanet

Thanet district has suffered from long-term economic and social problems and is the most deprived local authority area in Kent; is among the 20% most deprived areas in the country (*English Indices of Deprivation 2010 Dept for Communities and Local Government*). Thanet council is in the process of developing a plan which will set out how and where homes, jobs, community facilities, shops and infrastructure will be delivered and the type of places and environments it wants to create to improve the quality of life and opportunities for local people.

Whilst the HWB strategy outcome four for mental health focuses very much on service provision for those who already have a mental health problem, the live it well strategy sets out the need to address mental health and wellbeing in a joined up way and make improvements for those with common mental health problems.

The Marmot Review looked at strategies for reducing health inequalities and concluded that “focusing solely on the most disadvantaged will not reduce health inequalities sufficiently”. It advised on both universal and targeted solutions to build individual and community resilience, with a particular focus on groups at increased risk of developing mental health problems such as people with long term physical health conditions, older people, pregnant women or new mothers who are socially isolated and people who are unemployed or in poor housing.

It is likely therefore that a targeted psychological and social approach in Thanet for those most at risk of developing a mental health problem and using the leadership and authority of the HWB partnership to drive forward together will have more of an impact on prevention, early detection, resilience and wellbeing.

Conclusion

There is a strong moral and economic case to tackle the challenge that mental health problems pose for the people of Thanet. There is also evidence of the effectiveness of strategies and the practical steps that can be taken to reduce the prevalence of mental ill health to promote well-being and build resilience.

Making a difference to bigger health inequalities within Thanet needs to be targeted towards people who are most at risk.

Whilst it is important to improve pathways for people with mental illness (HWB strategy outcome 4) it is as equally important to address mental wellbeing and resilience so to improve the lives of more people in Thanet (Live it well). This will also enhance the other work to address health inequalities and improve physical health. (No health without mental health)

Recommendation

The recommendation is to hold a Thanet summit for mental health to bring together the key leaders and decision makers from the partner organisations represented on the HWB Board to:

- Consider and understand the Joint Strategic Needs Assessment and Assets (JSNAA) for Thanet including those most at risk of developing mental health problems.
- Set the strategic direction for mental health and well-being in Thanet and open up new ways for a mental health and well-being focus across all services and departments
- Agree target groups and the actions required so frontline staff can make every contact count

The HWB Board is asked to approve the proposal to host a mental health summit for Thanet in January 2014.