# THANET HEALTH AND WELLBEING BOARD

**Minutes of the meeting held on 23 January 2014 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), Councillor Gibbens (Kent County Council), Mark Lobban (Kent County Council) and Hazel Carpenter (Thanet Clinical Commissioning Group)

## 23. ALSO PRESENT:

| | |
|---|---|
| Alison Issott | Chief Operating Officer - TCCG |
| Faye Hames | Commissioning Manager – TCCG |
| Margaret Mogentale | Commissioning Manager – TCCG |
| Adrian Grant | Head of Integrated Commissioning – TCCG |
| Mark Lemon | Strategic Business Advisor - KCC |
| Gerald Bassett | Head of Commissioning Development – NHS |
| Martyn Cassell | Community Safety and Leisure Manager - TDC |

## 24. DECLARATIONS OF INTEREST FOR OFFICERS

A brief discussion took place regarding the subject of officers giving declarations of interest at meetings. Councillor Gibbens said that some debate had been had on this matter at County wide sub-committee meetings and it was agreed that this facility should be included for future meetings once clarification on the wording for these declarations is agreed.

## 25. APOLOGIES FOR ABSENCE

Apologies were received from Dominic Carter, Lay Member PPE, Thanet CCG.

## 26. MINUTES OF THE PREVIOUS MEETING

The minutes of the Thanet Health and Wellbeing Board meeting held on 28 November 2013, were approved and signed by the Chairman.

## 27. CHILDREN'S SUB COMMITEE AND TOR'S

Hazel Carpenter, Accountable Officer, Thanet Commissioning Group introduced the report which was to agree the terms of reference of a Children's sub group, now known as the 'Children's Sub-Committee'. It was agreed that the Chair of the Local Children's Trust Board should become the Chair of the Children's Sub-Committee and that the governance arrangements should ensure that the Chair was accountable to the Thanet Health and Wellbeing Board. It was also proposed that the Chair of the Children's Sub-Committee should be appointed as a member of the Thanet Health and Wellbeing Board to ensure the group can be held to account.

The draft terms of reference were attached for consideration but Hazel felt that although she recommended that it was the way forward the terms of reference for the new Children's Sub-Committee should be more ambitious and clear and recommended the Children's Sub-Committee be asked to recommend revision to the

terms of reference to ensure they had scope to develop and oversee delivery of a children's plan. Councillor Johnston advised the Board that she had been a member of the Local Children's Trust Board and asked whether she would now be appointed to the Children's Sub-Committee. Sue McGonigal advised that this would be the case.

Dr Martin asked that a report be brought to the next meeting (20 March 2014) with the final terms of reference for the Children's Sub-Committee.

Agreed.

**28. PATIENTS WITH MULTI-MORBIDITY-OVER 75'S**

Adrian Grant, Head of Integrated Commissioning, Thanet CCG presented the paper from Ralph McCormack, Interim Chief Operating Officer for Thanet CCG, on Patients with Multi-Morbidity, Over 75's.

Thanet Clinical Commissioning Group had held a workshop involving clinicians to gather views on the issues facing the population (above) to try and inform strategic thinking and development of improved service responses.

The four main themes are:

- Short Term Care and Support Work streams-Reducing unnecessary hospital admissions/supporting better discharges.
- Long Term Care and Support Work streams - Developing an integrated health and social care response (i.e. integrated teams/ pathways, Key Strategic Partnerships).
- Improving Mental Health.
- Tackling medication processes to improve patient outcomes.

It was noted that the first two points had particular relevance to the population of over 75's.

Sue McGonigal, Chief Executive, Thanet District Council, in referring to the unscheduled emergency admissions, which are a significant cost to the local NHS budget and added pressure on precious urgent care resources, asked how integrated the ambulance service was in this debate and to the health and wellbeing agenda in general.

Adrian Grant said that it had not as yet been discussed and advised that all partners would be invited to a summit in order to discuss such issues. Dr. Martin added that there is a plan for GP's records to be available to anyone who is caring out of hours to ensure that all patients' notes and needs are available to each service. Currently each service has its own system but there is a need for all notes from all services/places to be together in one system.

Hazel Carpenter, Accountable Officer advised that KCC and TDC should be clear about any changes wanted to services and communicate any developments at the summit.

Councillor Johnston was concerned about the indirect impact on the elderly that housing had, especially if they were required to move. In looking at long term care and support workstreams, developing an integrated health and social care response (i.e. integrated teams/pathways and key strategic partnerships), she added that the elderly were not good at requesting what they needed and that more work should be done with carers and not always with GP's. Dr Martin, in agreeing said that the most needy do ask for what they need but many ask for what they want and not necessarily what they need and added that work was required to find the most efficient and effective way of dealing with this.

A comment was made by Councillor Hart, Leader, Thanet District Council in relation to tackling medication processes to improve patient outcomes, and gave an example of the elderly being given multiple prescriptions (paracetamol) which could potentially be very dangerous. It was noted that poor medication management does not support proactive management of long term conditions, can lead to confusion and falls which can ultimately lead to hospital admissions or care home referrals. Dr. Martin said that it was important to get the right care in the right place and deciding what was appropriate for what age and that it was a clear opportunity to develop new skills and jobs in the care sector to support growth of the local elderly population.

Andrew Scott-Clark, in continuing with his presentation explained the diagram shown at appendix 2. He said that a multi-disciplinary care team, with named and known individuals would follow a patient wherever they were in Thanet which would speed processes up for those individuals.

Mark Lobban, Director of Strategic Development, KCC outlined the links to the 'Better Care Fund', which is a critical part of, and aligned to, the NHS 2 year operational plans and the 5 year strategic plans as well as local government planning. The £3.8bn Better Care Fund (formerly the Integration and Transformation Fund) was announced by the Government in June 2013 to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas. He added that it was important to have a joint agenda and hold events to establish how the services would come together in a cohesive way.

Hazel Carpenter, Accountable Officer Thanet and South Kent Coast CCG's, added that the BCF was just a thread of the finances and process for the THWBB and that it was important to establish a strategy to define the work we needed to do.

Councillor Gibbens, KCC said that little reference was made to the 'Telehealth and Telecare' services. He added that to make it work GP's needed to provide a service that patients could trust. It had been suggested that this may require them to work 7 days a week for 12 hours a day. Dr. Martin said 'Telehealth' had not been as successful as had been hoped. Patients in this area had been resistant to its introduction. Further debate took place on this subject but the overarching idea was that it was not just about Telecare/Health but the complete package i.e. door sensors and remote alarms. It was also noted that it could not replace human contact. In explaining how with certain medical conditions, such as diabetes, heart failure and chronic obstructive pulmonary disease, the use of these services could improve the process of establishing the level of medical care required.

The proposal for the summit was to focus on 'out of hospital care for the over 75's'.

AGREED.

**29. ASPIRATIONS FOR THANET**

Andrew Scott-Clark introduced his presentation which was designed to engender debate about what the overall aspirations are for the Health and Wellbeing of the Thanet population in order to agree how the Health and Wellbeing Board empowers others to deliver the agenda.

The priorities for Kent are that:

- Every child has the best start in life
- Effective prevention through people taking greater responsibility for their health and wellbeing
- Improved quality of life for people with long term conditions (access to good quality care and support)
- People with Mental Health issues are supported to live well
- People with dementia are assessed and treated earlier

The ultimate challenge for life expectancy is to close the gap between the most deprived and the least deprived and flatten this line.

The aspirations for Thanet's Children are to:

- Reduce the prevalence of smoking mothers
- Increase the prevalence of breast feeding
- Reduce alcohol specific stays in hospital of the under 18's
- Reduce teenage conception rates
- Deliver the universal child health programme to the whole Thanet children population

Andrew Scott-Clark added that it was important that the 'Children's Sub Committee (Children's Operational Group) focussed on these 5 areas. Councillor Hart agreed that these headings were right and asked whether 'best practice' had been looked for in other areas. He gave the example of teenage conceptions in Dover being reduced. Councillor Johnston said that a lot was down to education and also agreed with the headings. She added that more funding was needed to support mothers breastfeeding for longer. Drug abuse involving young school children was a real concern but the use of alcohol in young people was an even wider problem.

Sue McGonigal said that she was not sure how we are attacking the root cause of these lifestyle choices. She added that young people learn behaviours from family and that this was a concern. It was noted that the Police had advised that drugs were a significant problem in all age groups.

Councillor Gibbens suggested to the Board that Professor Chris Bentley FRCP, FFPH be invited to attend a meeting of the Thanet Health and Wellbeing Board. The Professor could advise on whole system reviews and support for strategic assessment best practice to address health and wellbeing improvement, health inequalities, and population healthcare. Andrew Scott-Clark advised that Professor Bentley had not to date been invited to a meeting and it was agreed that this was a good idea. He added that discussion should be about the whole picture, prevention, treatment and education. Mark Lobban, in addressing the Board said that if everything was a priority then nothing is! Dr. Martin added that it was about helping people raise their social aspirations and reducing overall demand.

The prevention aspirations are to:

- Reduce the prevalence of smokers
- Ensure at least 50% of people invited for a health check take up the invitation
- Reduce early deaths from cardiovascular disease
- Reduce the number of falls that lead to hip fractures

Andrew Scott-Clark said that this was about the whole pathway. He added that delivery of the new model was key to the aspirations for prevention. Hazel Carpenter supported this theory and added that partners also needed to be convinced in supporting the new model. It was suggested and agreed that the wording should be 'All providers fully participating'. Dr Martin said that it was not just aspirations but about a plan to meet those aspirations. A plan should involve all providers and Andrew Scott-Clark added that it was how the Board collectively should oversee the delivery of the new model of integrated health and social care for the population of Thanet.

The aspirations for Mental Health in Thanet (Mental Health is a separate item on the agenda) are for a Summit to be held to consider:

- Zero tolerance on waiting lists for both adult mental health and child and adolescent mental health services
- Services reviewed and commissioned to ensure demand is equalled by capacity
- Low level and preventative mental health services mapped.

Hazel Carpenter agreed that we should have zero tolerance on waiting lists for adults and children's mental health services and added that there should be equality in both mental and physical health. The process was in need of sorting out to ensure that patients have access and are referred to the correct service. Councillor Gibbens, although supporting what Hazel Carpenter had said, was concerned that 'zero tolerance' was not a realistic target. He added that we should monitor how we are doing and realistic targets be brought to a future meeting of this Board. Hazel Carpenter advised that the 'Mental Health Summit' would have been held by then and realistic milestones for Thanet agreed. Andrew Scott-Clark asked why they couldn't pre-empt the summit. Sue McGonigal said that a plan (action plan) translating the aspirational vision into a programme was essential. It was suggested and agreed that the following be added: 'Improve aspirations for the people in the District'.

Andrew Scott-Clark continuing with his presentation advised the Board of the following:

- Dementia diagnosis rates are increased to ensure the estimated prevalence of dementia is known to local service
- Integrated service provision specifically includes dementia pathways and meets all national guidance.

He added that he didn't think that Thanet met the national guidance in meeting service provision but that diagnosis rates were up. Dr. Martin felt that the aspiration should be that people with Dementia should live safely at home and Thanet should meet the national targets.

In considering the wider determinants the following were discussed:

- Education
- Crime:Community Safety
- Employment: Regeneration Board
- Environment
- Housing
- Margate Taskforce

Councillor Hart felt that Housing was the key and that if this was right then the rest would sort itself. Discussions had taken place with Margate Task Force on how there work can link into the work of the Board. Andrew Scott-Clark said that the next step is to develop a plan with accurate information following monitoring of numbers and bring this back to the THWBB to review progress made. It was suggested that the 'Integrated Commissioning Group' be used to drive part of this project as a multi-stakeholder.

Noted.

**30. JSNA PROCESS**

Andrew Scott-Clark introduced his presentation which had been prepared by Natasha Roberts, Head of Health Intelligence.

Data and information underpin the JSNA and there is a recommended data inventory which covers more that 350 indicators. A refresh of Joint Strategic Needs Assessments are carried out annually and help the development of the joint health and wellbeing strategy. In so doing it is important to know where it begins and understanding where we are now, also to identify gaps in knowledge. He added that all the data is bought together and collectively indicates what is relevant to the population of Kent. There are about 40 needs assessments 'Umbrella of needs assessments' that contribute to the overall summary document of the Joint Strategic Needs Assessment.

A draft report is to go to the next Kent Health and Wellbeing Board (29 January 2014) with the final report being signed off by March 2014. The JSNA will identify priorities in Kent, for CCG's and for Districts. A number of the priorities are likely to be similar at all commissioning levels. There will however be localised priorities within communities which will need to be addressed to improve health outcomes and to reduce health inequalities.

Sue McGonigal asked whether the information in the HWB Strategy would be at Kent level with individual reference or down to us for the Thanet Strategic Plan. Andrew Scott-Clark said that it would be kept at higher level. Members were concerned that if this was so and the priorities were spread evenly that Thanet would lose as our needs were greater. Dr. Martin assured Members of the Board that any papers would be passed to them in advance of the next meeting.

The link below is for information only.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf

Noted.

**31. UPDATE ON THE 'PIONEER PROGRAMME'**

Mark Lobban, Director of Strategic Development, KCC gave a brief update on the Pioneer Programme and advised Members of the Board that he would give the Kent Sharepoint web address out with the minutes which would provide a more detailed update. He added that the 1st draft of the BCF (Better Care Fund) would be taken to the KHWBB on 12 February 2014. Please see below:

Key update:

- Integration Pioneer Steering Group was tasked in helping coordinate the development of the Better Care Fund.
- Second Steering Group meeting engaged with providers on proposed content of the fund.
- On-going meetings of the IPSG will be themed around key topics of the Pioneer programme. Next meeting on Information Systems/Information Governance.
- An integration pioneer working group has been established – Adrian Grant is the representative for Thanet CCG.
- The Kent Pioneer programme plan will be available at the end of January and will outline the overarching delivery plan based on the original submission.
- A Kent SharePoint site is available to access information on the programme. For access email pioneers@kent.gov.uk. This will also feed the national Pioneer website ICASE – www.icase.org.uk
- An update on Kent as an Integration Pioneer has been circulated, explaining what it means for Kent and what support is available. If not received please email pioneers@kent.gov.uk for a copy.

Key Actions for February

- National programme will confirm performance measures they expect Pioneer sites to monitor.
- Pioneers will undertake a baseline assessment to inform future progress within the programme.
- First draft BCF to HWB on 12 February.

Update noted.

**32. BETTER CARE FUND (BCF)**

Adrian Grant, Head of Integrated Commissioning, TCCG gave a verbal update on the work that is being done in Thanet.

The £3.8bn Better Care Fund (formerly the Integration and Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

The next steps in implementing the Better Care Fund are to come up with a viable proposal to push for the provision of services outside of hospital. Health and Wellbeing Boards are encouraged to extend the scope of the plan and pooled budgets. The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health care. The 1st draft of the plan to 2018 will be considered at high level and refined through a 5 year strategic plan. The final version is to be considered by the Kent Health and Wellbeing Board in late March 2014.

Hazel Carpenter said that the update had been very helpful and confirmed that the Better Care Fund was not 'new money'. She added that assurance was needed when drawing up contracts that funding was released in a way that made sense. Members asked whether any of the BDF monies would find its way to private care homes. Adrian Grant said that this was possible. He added that Health and Wellbeing Boards on behalf of the NHS (on a higher level) were to formulate proposals on what is acceptable use of the BCF.

Some Members were concerned about the monitoring of care homes and hoped that 'spot checks' were intended to be part of the plan. Hazel Carpenter advised that anywhere that community money was spent, systems and processes were in place. The CQC (Care Quality Commission) had minimum standards to be met.

In continuing the discussion regarding the Better Care Fund, Sue McGonigal asked whether this money was 'ring-fenced'. Mark Lobban said that it was an artificial ring-fence and that plans should show how the new duties are being met. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

Hazel Carpenter, in addressing the Board advised that the focus was on drawing up contracts for statutory organisations and ensuring that they were 'tight' and done by the deadline. She added that it was a difficult and complex process with a difficult balance to be made.

The link below is for information only:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

Update noted.

## 33. DATE TO BE SET FOR A 'MENTAL HEALTH SUMMIT'

Gerald Bassett, Head of Integrated Commissioning in addressing the Board advised that a provisional date was being considered for the Mental Health Summit. This is 27 February 2014, the location is yet to be decided although Glo-Gen and the Turner Centre were being considered.

Noted.

Meeting concluded : 12.08 pm

# Aspirations for Thanet

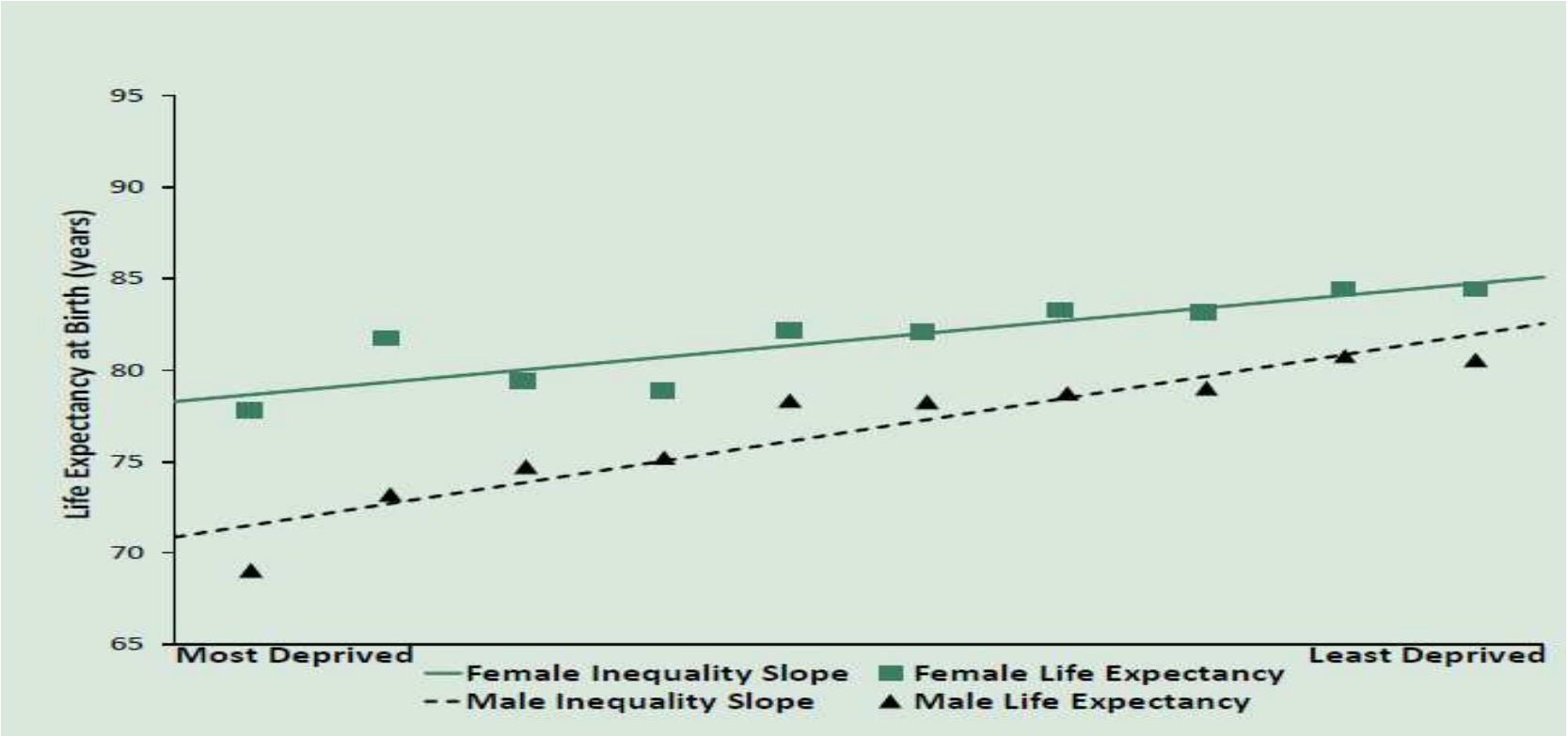
## Thanet Health and Wellbeing Board

Andrew Scott-Clark
Director of Public Health Improvement
23rd January 2013

# Outcomes for Kent

- Every Child has the best start in life
- Effective prevention through people taking greater responsibility for their health and wellbeing
- Improved quality of life for people with Long Term Conditions (access to good quality care and support)
- People with Mental Health issues are supported to live well
- People with dementia are assessed and treated earlier

# Life Expectancy: ultimate challenge




Based upon pooled 2006-2010: Thanet males have 11.7 years difference in life expectancy
Thanet females have a 6.8 years difference in life expectancy

# Aspirations for Thanet: Children

- Reduce smoking prevalence of smoking mothers
- Increase the prevalence of breast feeding
- Reduce alcohol specific stays in hospital of the under 18s
- Reduce teenage conception rates
- Deliver the universal child health programme to the whole Thanet children population.

# Aspirations for Thanet: Prevention

- Reduce the prevalence of smokers
- Ensure at least 50% of people invited for a health check take up the invitation.
- Reduce early deaths from cardiovascular disease
- Reduce the number of falls that lead to hip fractures

# Aspirations for Thanet: LTC

- Oversee the delivery of a new model of integrated health and social care for the population of Thanet.
  - Integrated health and social care teams operating in every practice in Thanet
  - Risk profiling being done systematically
  - EKHUFT and KCHT fully participating
    - Reduction in inappropriate A&E attendances
    - Length of Stay  by Thanet residents in hospital reduced
    - Hospital Consultants practicing in community settings

# Aspirations for Thanet: Mental Health

- Mental Health Summit to consider?

- Zero tolerance on waiting lists for both adult mental health and child and adolescent mental health services
- Services reviewed and commissioned to ensure demand is equalled by capacity.
- Low level and preventative mental health services mapped.

# Aspirations for Thanet: Dementia

- Dementia diagnosis rates are increased to ensure the estimated prevalence of dementia is known to local service.
- Integrated service provision specifically includes dementia pathways and meets all national guidance.

# Aspirations for Thanet: Wider determinants

- Education
- Crime: Community Safety
- Employment: Regeneration Board
- Environment
- Housing
- Margate Taskforce

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# Joint Strategic Needs Assessment and Health and Wellbeing Strategy

Andrew Scott-Clark
Director PH Improvement
KCC

Prepared by:
Head of Health Intelligence
natasha.roberts@kent.gov.uk

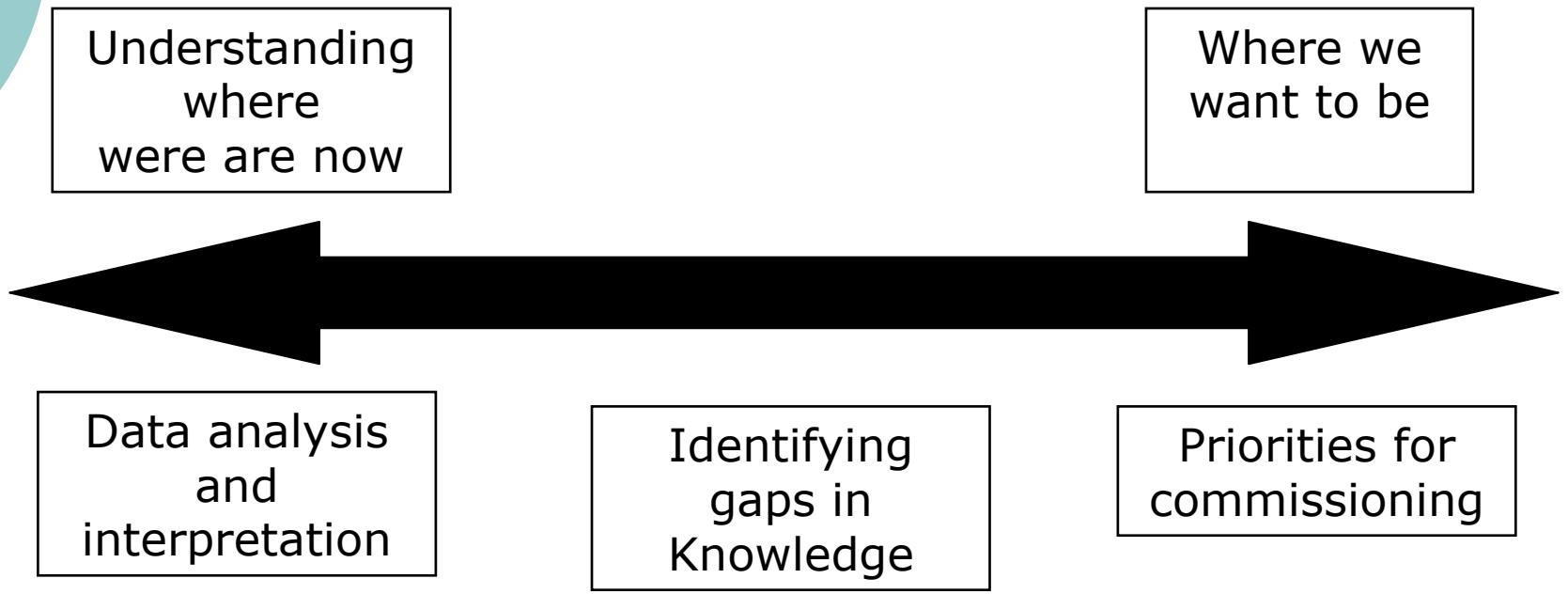
# What the guidance says

- In 2007 duty for DPH, DASS and DCS to jointly produce JSNA to influence commissioning of services (Section 116 of the Local Government and Public Involvement in Health Act 2007)

In 2010, GP consortia and local authorities, including Directors of Public Health, will each have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment (JSNA), through the arrangements made by the Health and Wellbeing Board. (Healthy lives, Healthy People: Our Strategy for Public Health in England states)

In 2013 Statutory guidance was published stating that Health and Wellbeing boards will develop joint health and wellbeing strategies, based on the assessment of need outlined in their JSNA.

# Where does it begin?



# What informs the assessment of where we are now?

**1. Population**
- Age, Sex, Ethnicity
- Migration
- Births and deaths
- Vulnerable groups

**3.Lifestyle & Health Improvement**
- Physical Activity
- Healthy Eating
- Alcohol
- Drug misuse
- Smoking
- Screening

**4. Health & Wellbeing Status**
- Life expectancy & mortality
- Children & young people
- Disability
- Mental Health
- CHD/Stroke,
- Cancer
- Respiratory health
- Sexual health

**2. Community Wellbeing**
- Housing
- Education
- Environment
- Economy and income
- Crime and disorder

**5. Service utilisation**
Social Care
Health Care

**6. Priorities for action**
- Patient views
- Stakeholder groups
- Links

# How to make sense of the data

Data analysis
and interpretation
(core dataset)

Benchmarking
•International
•National
•Local
•Peer groups

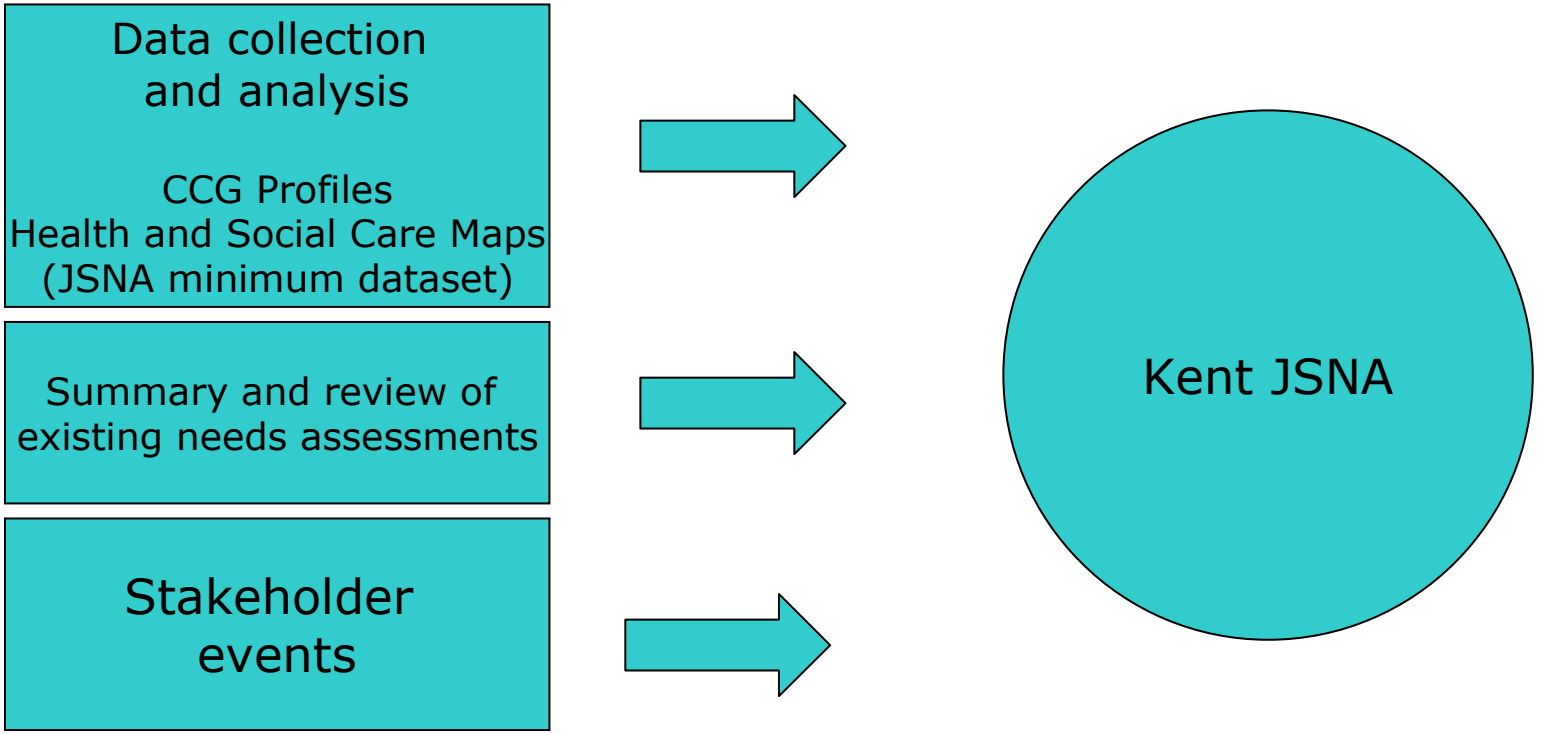
Evidence of best practice
•NICE guidelines
•Literature review

User views, patient,
public engagement

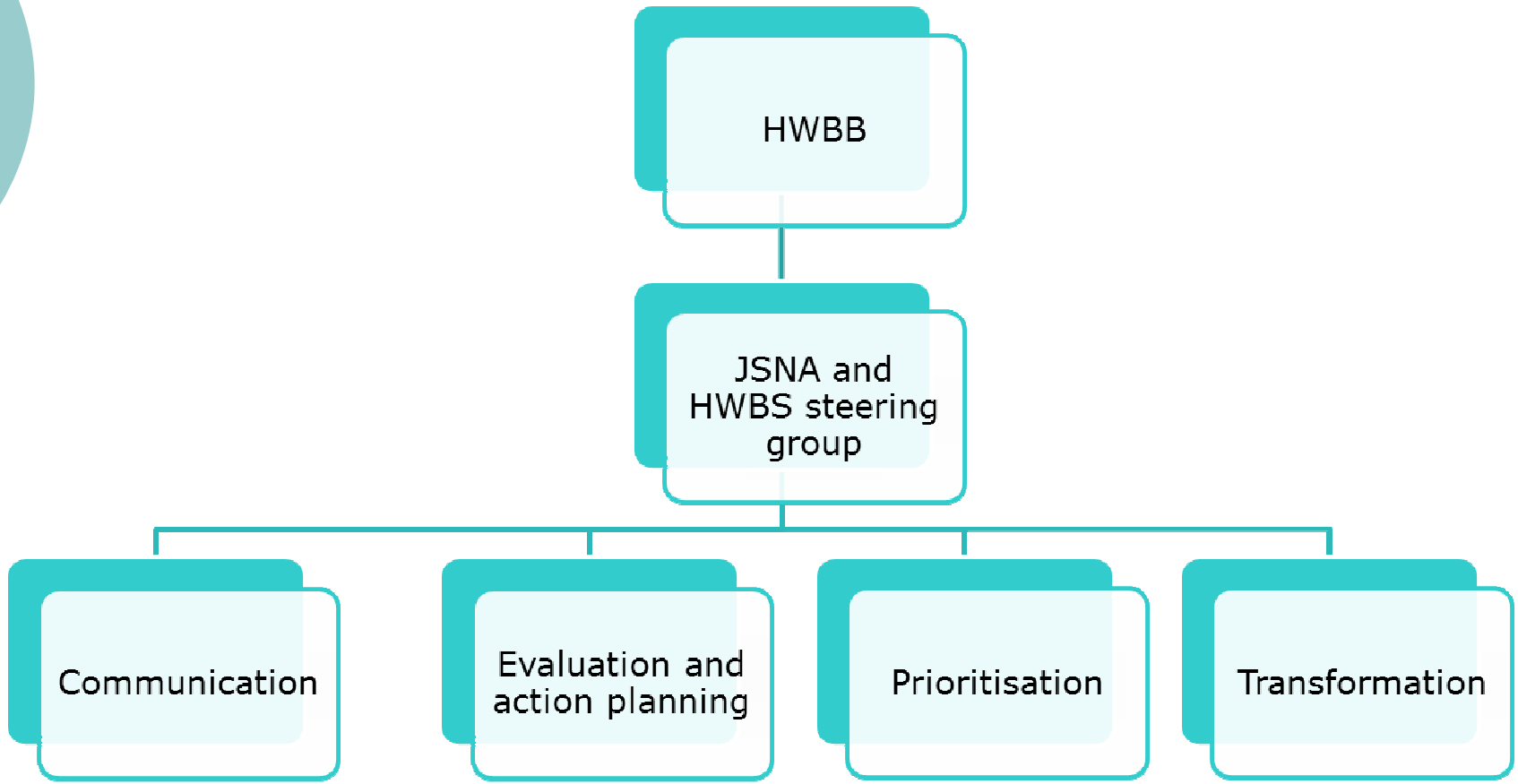
Existing needs
assessments

Commissioning
Priorities

# The Kent Process



# Governance


HWBB
JSNA and HWBS steering group
Communication
Evaluation and action planning
Prioritisation
Transformation

# What do we need to have in place?

- Access to data sets from multiple agencies, police, KCC, NHS, probation, District Councils,
- Skilled analysts
- Mapping tools, population segmentation (mosaic), statistical packages (SPSS), website development
- Information sharing protocols and rigorous Information governance
- 'Umbrella of needs assessment'

Smoking

Veterans

CHD

Alcohol

Mental Health

Housing

Dementia

Diabetes

Stroke

Children

COPD

Learning disabilities

Eating disorders

CAMHS

Carers

# What does the JSNA tell us?

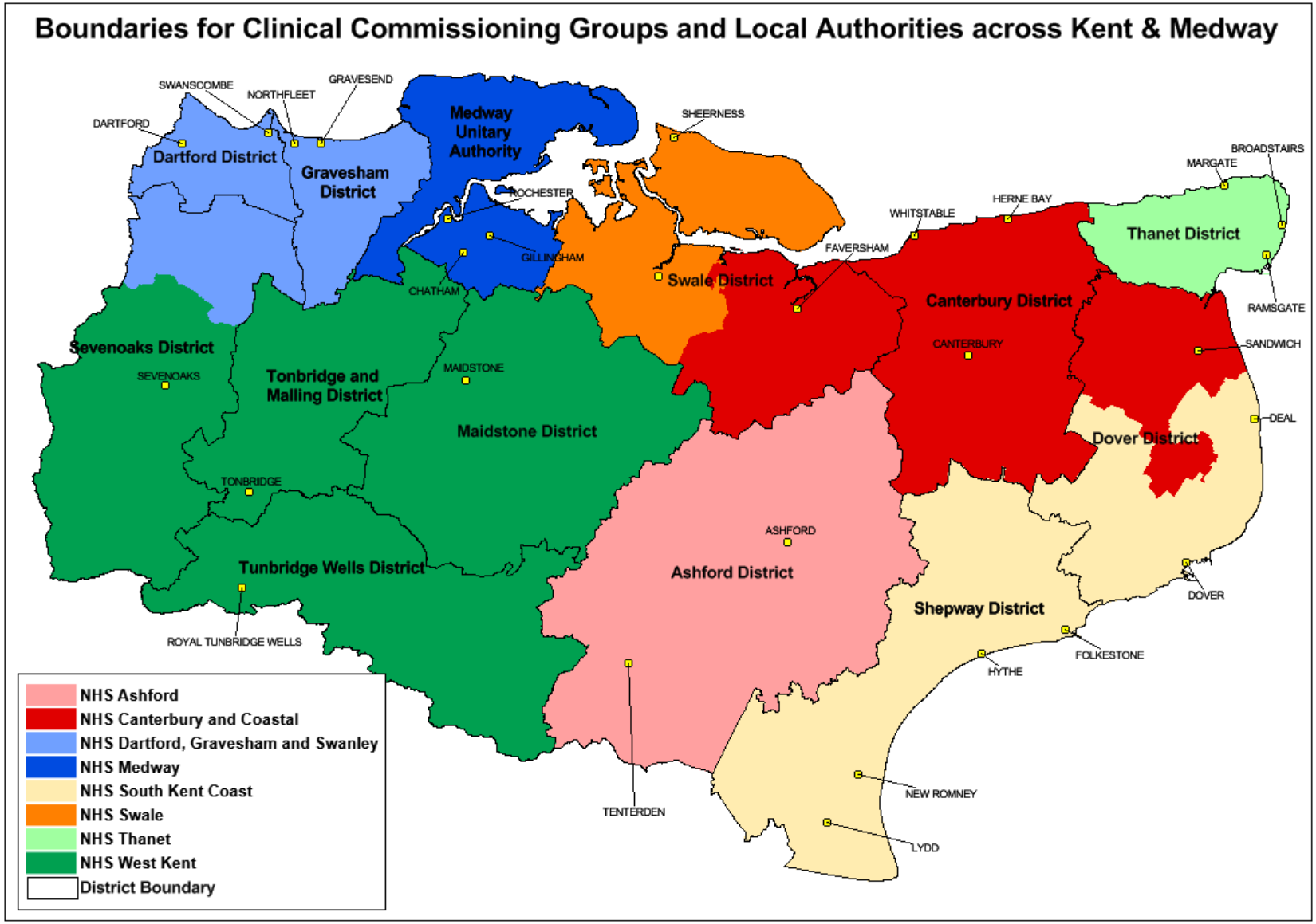
- Priorities for reducing health inequalities
  - Strategic and local
- Priorities for improving health and social care outcomes
  - Based on national and local comparisons and sometimes international
- Where Kent is improving health
- Areas for further work
  - Leads to more in-depth topic specific needs assessments
- Local perceptions

# The Kent Approach

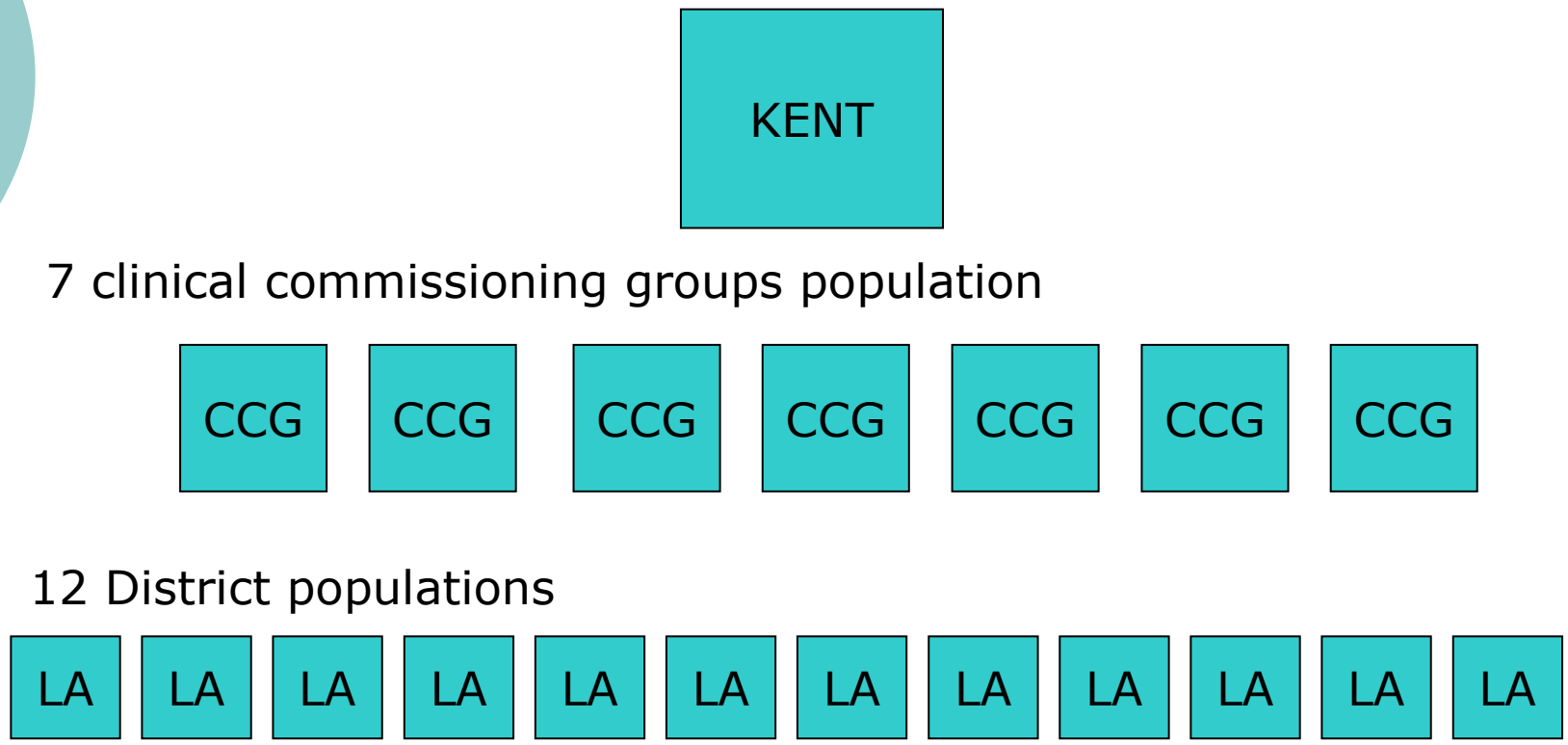
Umbrella of multiple needs assessments
What is it needed for?

- Advise 7 CCG commissioning plans
- Advise the HWB strategy
- Advise HWB to review CCG commissioning plans
- Advise 12 districts commissioning health improvement

# CCGs across Kent



# What will the JSNA look Like



# Examples of Priorities for Kent

- Support the growing number of patients diagnosed with Dementia with a social model of care and shift acute spend
- Ensure that all patients with a long term condition have a diagnosis and are in appropriate treatment
- Preventative services for stop smoking need to continue to reduce the smoking prevalence in Kent and improve future health outcomes

# Priorities NHS West Kent CCG

- Reduce rates of Alcohol admissions in Males
- Implement Identification and Brief Advice (IBA) though Health Checks
- Reduce prevalence of obesity in Year R children
- Early intervention for school age children through the Healthy Schools Programme
- Reduce the level of undiagnosed patients with LTC
- Case finding through health checks. Early intervention to prevent poor health outcomes in later life

# Priorities for Thanet (example)

- Reduce prevalence of smoking in adults
- Commission stop smoking services that target the local population
- Increase levels of physical activity in children
- Encourage use of Green spaces and local activities within the community

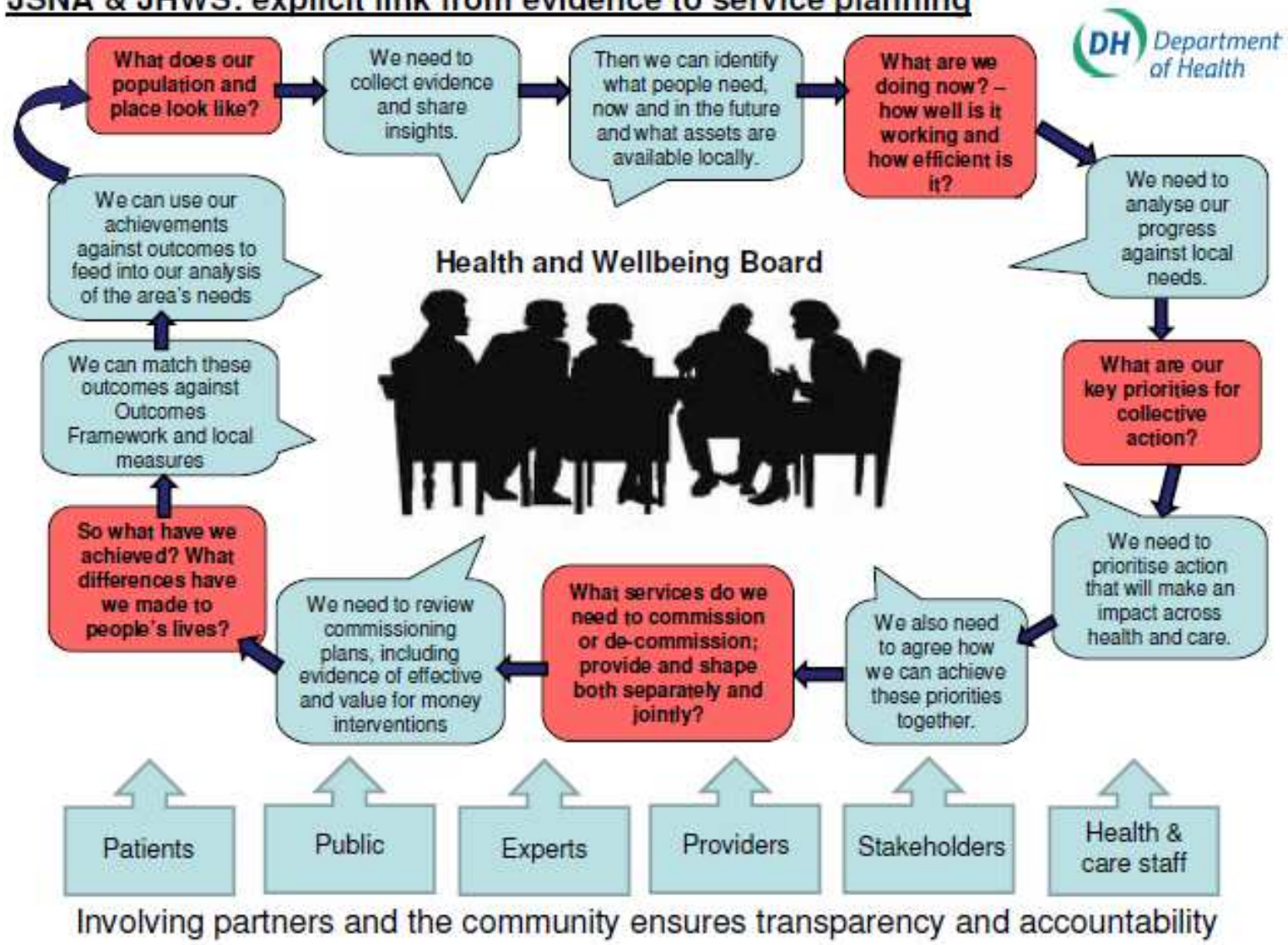
# Products and resources

- HEALTH NEEDS OF KENT Summary document integrating adults and children detailing key priorities and recommendations for Kent, CCGs and District Councils
- WEBSITE Multiple detailed needs assessments , summarised by theme on the Kent and Medway Public Health Observatory website
- Observatory briefings monthly indicating needs assessment in progress
- Health and Social Care Maps
- CCG profiles
- National resources and tools

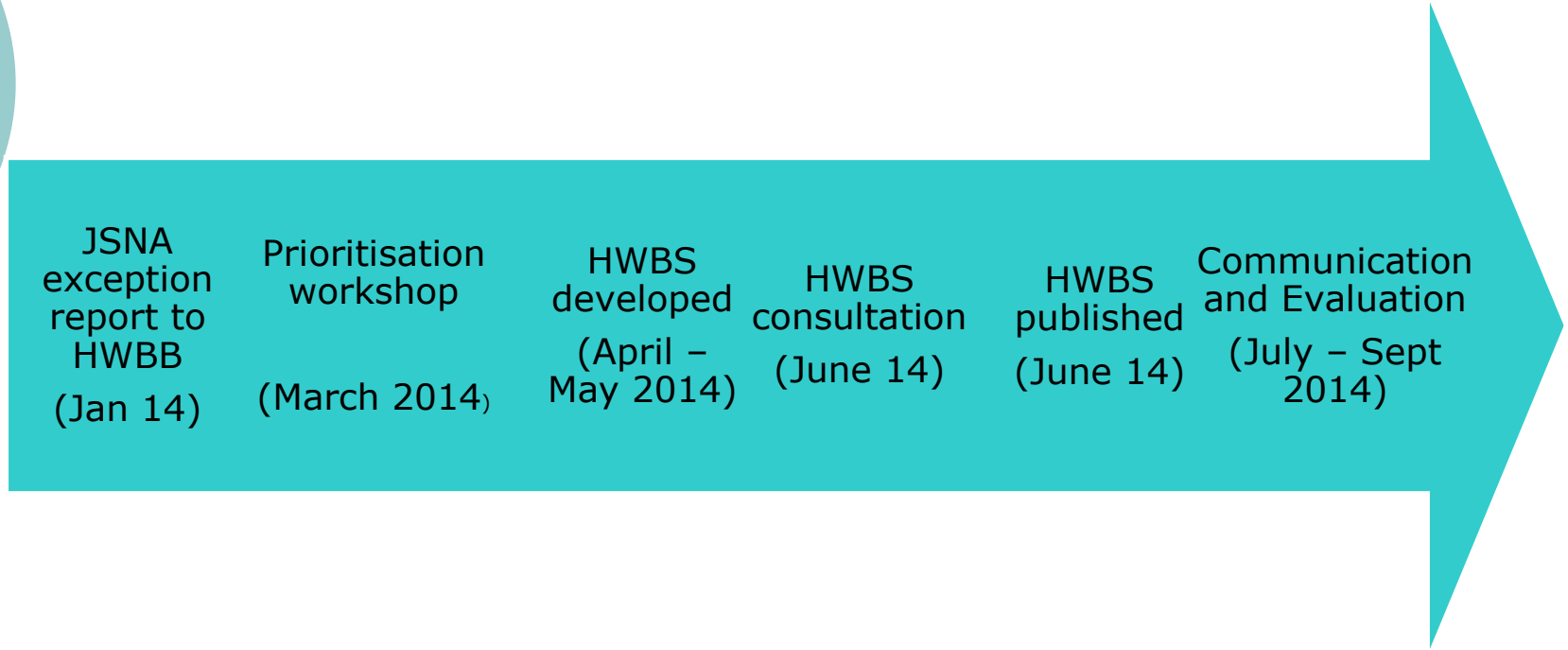
# Who is the JSNA for?

- Kent County Council
- District
- CCGs
- Health Wellbeing boards at all levels
- Children centres

## JSNA & JHWS: explicit link from evidence to service planning



# Timeline


JSNA exception report to HWBB
(Jan 14)
Prioritisation workshop
(March 2014)
HWBS developed
(April – May 2014)
HWBS consultation
(June 14)
HWBS published
(June 14)
Communication and Evaluation
(July – Sept 2014)