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Date: **13 January 2016**
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THANET HEALTH AND WELLBEING BOARD

21 JANUARY 2016

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 21 January 2016** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Dr Tony Martin (Chairman); Hazel Carpenter, Esme Chilton, Councillor L Fairbrass, Councillor Gibbens, Madeline Homer, Mark Lobban, Colin Thompson, Clive Hart and Councillor Wells

A G E N D A

Item No

1. **APOLOGIES FOR ABSENCE**

2. **DECLARATION OF INTERESTS**

   To receive any declarations of interest. Members are advised to consider the advice contained within the Declaration of Interest form attached at the back of this agenda. If a Member declares an interest, they should complete that form and hand it to the officer clerking the meeting and then take the prescribed course of action.

3. **MINUTES OF THE PREVIOUS MEETING** (Pages 1 - 4)

   To approve the minutes of the meeting held on 19 November 2015, copy attached.

4. **PERSONAL HEALTHCARE BUDGETS**

   Kallie Heyburn (Integrated Commissioning Group Chairman) to provide an update.

5. **REPORT FROM THE INTEGRATED COMMISSIONING GROUP**

   Kallie Heyburn (Integrated Commissioning Group Chairman) will present.

6. **PUBLIC HEALTH PROGRAMMES UPDATE** (Pages 5 - 10)

   Colin Thompson (Consultant in Public Health, KCC) to provide an update.

Declaration of Interests Form

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 19 November 2015 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Councillor L Fairbrass (Thanet District Council), Councillor Gibbens (Kent County Council), Madeline Homer (Thanet District Council), Colin Thompson (Kent County Council), Clive Hart (Thanet Clinical Commissioning Group) and Councillor Wells (Thanet District Council)

1. APOLOGIES FOR ABSENCE

Apologies were received from Hazel Carpenter, Esme Chilton and Mark Lobban.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 17 September 2015 were agreed.

4. THANET CANCER STRATEGY

Colin Thompson, Consultant in Public Heath, KCC presented the item noting that Thanet was statistically worse than the England average for a number of cancer indicators. These indicators included; incidence and mortality in under 75's, prevalence, percentage of urgent GP referrals with cancer, stage at diagnosis and one year survival rate. Mr Thompson also noted that survival rates were generally much lower in more deprived areas of the district.

In response to comments and questions it was noted that:

- The Thanet Cancer Strategy 2015-2020 had been drafted as a first step in addressing these challenges.
- There was a need to encourage uptake of screening to improve early diagnosis, particularly in more deprived areas of the district.
- There would be a meeting towards the end on November to discuss delivery of the action plan.
- The Thanet Health Inequalities Group would report back to the Board in four to six months to advise how the more deprived areas of the district were being targeted.

5. OBESITY - FOLLOWING A COUNTYWIDE HEALTH NEEDS ASSESSMENT

Colin Thompson, Consultant in Public Heath, KCC presented the item noting that it has been agreed at a recent Kent Health and Wellbeing Board meeting, to review local action plans to tackle obesity. Mr Thompson recommended to members that a Thanet Obesity Action Plan be drafted and tabled at the next Thanet Board meeting.

In response to comments and questions it was noted that:

- This was a good opportunity to develop an effective strategy/action plan.

- There was a Thanet wide need for a sustained public health campaign to educate people.
- Thanet could be a pilot for the national campaign to make physical health and social education (PHSE) statutory in schools.
- The Local Children's Partnership Board for Thanet, and KCC's education lead officer for the Thanet area could be key in delivering change in Thanet's primary schools.
- Mr Thompson would arrange an initial meeting with Peter Oakford (KCC Cabinet Member for Specialist Children's Services), the KCC education lead for Thanet, Tony Martin, and a representative from TDC, to look at an example of a school in Scotland that had demonstrated health and educational benefits from the introduction of regular physical exercise in school. Any suggestions arising from this meeting would be tabled at the next meeting of the Thanet Local Partnership Group for Children.
- The Thanet Health Inequalities Group would look at how obesity could be tackled across all age groups.

6. LEADING INTEGRATED COMMISSIONING - UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG, presented the update and introduced the terms of reference for each of the sub-groups.

In response to questions and comments it was noted that:

- The terms of reference were a good starting point and may develop once the subgroups meet. Any significant changes would be bought back to the Board for agreement.
- It was agreed that the integrated commissioning group is established to offer commissioning support to the Board during the transition. It will be a staff group representing senior commissioning staff from partner organisations.
- It was agreed that the integrated commissioning group would collate and issue the Board with regular updates on the work of the subgroups unless particular representation from a sub-group was required.

Sue Martin, Head of Governance, Thanet CCG presented an initial governance roadmap which sought the views of the Board.

In response to comments and questions it was noted that:

- Sue Martin would like to be put in contact with the relevant governance officers from each organisation to allow her to continue governance mapping. She would report her progress to the Board.
- The Board agreed to accept the LGA's offer to assist in the development of the Board. However this assistance should keep within the existing time table for development.
- The LGA had offered assistance to all Kent Boards, and it was thought that Swale and Canterbury had also expressed an interest in the LGA's offer.

7. BETTER CARE FUND UPDATE

Ailsa Ogilvie, Chief Operating Officer, Thanet CCG introduced the item, and Members noted the report.

8. ANY OTHER BUSINESS

Colin Thompson advised that the consultation documents for Transformation Health Improvement, referred to at the last Board meeting by Karen Sharp, were now available and a copy would be circulated to members.

Colin Thompson clarified that the agreement of the Kent Health and Wellbeing Board for 'Local Boards' to seek assurance from the local system resilience groups regarding winter preparedness plans, referred to East Kent Boards not the Thanet Health and Wellbeing Board.

Tony Martin advised that members should look at the County Growth and Infrastructure Framework as it had received a number of questions at the Kent Health and Wellbeing Board meeting.

Tony Martin added that he would circulate a document called 'Placed Based Systems of Care' for information as it had particular relevance to unified budgets.

Meeting concluded: 11.10 am

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To: **Thanet Health and Wellbeing Board**

From: **Colin Thompson, Consultant in Public Health**

Karen Sharp, Head of Commissioning Public health

Date: **21st January 2016**

Subject: **Public Health Programmes**

Summary

This paper gives an update on the transformation programme for Public Health commissioned services. Over the last few months a series of stakeholder and public consultation events have taken place, alongside a review of national developments, and a review of the performance of current services. This paper outlines some of the work to date, key findings and the recommended changes.

The Board are asked to:

1. Note and comment on the work.
2. Note the recommendations for future delivery.
3. Identify colleagues to be involved in the upcoming procurement processes.

1. Introduction

1.1. Following the paper and presentation to Thanet Health and Wellbeing Board on 17th September 2015, this paper gives an update of the work since then to review services commissioned from the Public Health grant. The services in scope for the review were services for children, including the Health Visiting service, School Public Health (school nursing) service and also the core public health programmes for adults, including healthy weight, health trainers and smoking cessation services.

2. Stakeholder engagement

2.1. During September and October the Public Health team engaged with a range of stakeholders to gather their input into the process. A number of themes come out of this stakeholder engagement. These include a much more effective approach to communication about health across the population, and also a much greater focus on tackling health inequalities. It was consistently clear that better use of data, intelligence and customer insight can be used to effectively message with a range of different communities and can also be used far more effectively to proactively target communities with the highest health inequalities.

3. Locally Flexible Services

3.1. The current approach to the commissioning of services has been based on a one size fits all model across Kent. Future procurement will include local representation to ensure a model which can vary according to local priorities and reflect local need. Local representatives are welcomed to be involved in developing this model.

4. Children and Young People

4.1. Services in scope of the review included Health Visiting, the Family Nurse Partnership (FNP), the School Public Health Service (also known as the School nursing service) and the Young People's Substance Misuse Service.

4.2. A public consultation took place on Public Health services for children and young people aged 0 – 19 closed on December 15th and received a good level of response. The favoured delivery model from the consultation is for services to be focused more clearly across age groupings for 0 - 4, 5 – 11 and 12-19. The response suggests a clear preference for a model which has a much greater focus on addressing children's needs aligned to their age and developmental needs. There will be a series of meetings during January to follow this model up with key stakeholders.

4.3. Several focus groups were delivered throughout Kent with participants who are currently involved with, or who have had recent involvement with the Health Visiting service. The initial report identifies that whilst there is a largely positive experience of the service, there is a lack of a clear and consistent understanding of the priorities of the Health Visiting service and the breadth of the service offer. This consultation echoed the review of the School Public Health service which identified some positive experience of the service, but also particularly from professionals a lack of visibility of the service clarify on what the service should offer, the priorities for the service, and eligibility for the service. It also echoed consultation with the Kent Youth County Council on public health services for children and young people in which a majority of young people highlighted that the school nursing offer of service in secondary schools should be much more visible to students and should focus on managing emotional health and wellbeing as well as physical health needs. This supports the public consultation for a more focused approach on the specific challenges adolescents face.

4.4. Market engagement events have been held as part of the consultation. This brought a good number of local and national providers together and the event enabled service providers to feedback their views. Key considerations raised included making sure that in any model transition arrangements were clear and that there should be a fairer distribution of total resources across the age range. The feedback also clearly suggested that the skills to deliver drug and alcohol treatment interventions are significantly different to universal work with all families and that whilst these services should be clearly aligned in key pathways of care, an organisation skilled and experienced in substance misuse should with be procured, to deliver this aspect of the pathway.

4.5. In addition, a workforce modelling tool has been commissioned with the current providers of Health Visiting and School Nursing to assess the service's current capacity to deliver all aspects of the service. This with the needs assessment for Thanet will ensure that the capacity of service that we commission is much more closely aligned with population size and community need.

4.6. Discussions are also underway with NHS England to explore the opportunities to align commissioning of their contracted services for school aged immunisations and the Child Health Information System. NHS England has confirmed that they would like to align their procurement process with KCC through the joint development of specifications and a joint evaluation process.

4.7. Both Thanet and the Kent Health and Wellbeing Board have identified tackling obesity as key priority and activity to address this is being embedded in future model development. Kent's Emotional Health and Wellbeing Strategy identified the need for a stronger approach in universal services on mental health for children and young people to meet need before issues escalate. The new service models will prioritise these issues contribute to this universal offer, ensuring that support is available at the earliest opportunity.

5. Adult health improvement

5.1. Public Consultation

5.1.1. During November and December a proposed model to integrate core public health services such as smoking and healthy weight, was tested with the public through a consultation process and a series of focus groups. To ensure that a comprehensive picture was developed there were three elements to the consultation.

5.2. Online/Paper consultation

5.2.1. This involved a consultation document which was promoted for an online response, as well as paper copies which were distributed to GPs surgeries, Libraries among other community venues. This allowed us to engage with the wider public, explaining the proposed model, the options we have considered and to get opinions of how the service should be shaped.

5.2.2. The key findings were that the proposed model was generally well received. Three quarters (75%) of respondents agreed with the proposed model, and only 9% disagreed. Just over half (54%) of respondents felt that they should be allocated based on need, with the remaining respondents stating that they should be open to everyone (19%), 'by referral only' (18%) and 'other' (9%)

5.3. Focus Groups

5.3.1. The second element of the insight work, consisted of focus groups that were run to investigate further into people's attitudes to services, why they would or wouldn't access them, and testing our assumptions about the services and the

proposed model. There were twelve focus groups that reflected different demographics.

5.3.2. The 12 workshops showed that Participants considered health to be about both their physical and mental health, they recognised the wider determinants of poor health and that people are acutely aware that health inequalities exist. There was huge support for an integrated model dealing with a range of health issues. However participants also recognised the limits to what services can and should do given that adults are in control of whether they engage in unhealthy behaviours. This suggests that the message about self-motivation as being key to success must be consistently conveyed.

5.4. **Behavioural Insights**

5.4.1. A behavioural insight study has also been undertaken, which focused on developing our understanding of why those people with the unhealthiest lifestyles are least likely to engage with our services. The report showed that people with no qualifications were more than five times as likely as those with higher education to engage in all four poor behaviours.

5.4.2. The Behavioural Architects were appointed to carry out a piece of in depth research, working with twelve people over a course of two weeks, understanding their daily choices, and the influences on their behaviour. The key findings from the work which supported the integrated model included

- Identity is strongly tied to local friends and family and the area around where people live
- Consistent habit loops for all four behaviours enables them to be used interchangeably
- Unhealthy habits reinforce one another through 'negative snowballing' clearly indicates that an integrated model would be more likely to support this group of people to make a sustained change.
- Unhealthy behaviours are incredibly accessible and offer a way to exert choice and control
- Unhealthy behaviours are often default coping strategies for dealing with more acute challenges

5.4.3. Each of these studies will enable us to create an informed service that has the person at the heart , whilst enabling us to develop campaigns that will help to motivate people to change their lifestyles, and then to engage with our services if they need support to make a change.

6. Market Engagement

6.1. A series of market engagement events have been conducted which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and community and voluntary sector. Feedback included a strong appetite to engage in the programme and suggestions that go beyond traditional 'service-based' approaches e.g. using

behavioural science, technology and marketing approaches to generate motivation.

7. Next Steps

7.1. The key issues identified through service, stakeholder, public and market engagement will feed into the development of service specifications and our commissioning approach for Public Health services, with the procurement plan to be finalised during February 2016.

8. Timeline

8.1. The work to transform public health services has been divided into three phases and is on track for delivery. To deliver within this timescale any new procurement process will need to begin in March to deliver the new model to start by October 2016.

9. Conclusion

9.1. Development of a new approach is needed to meet the challenges faced in public health, the changing needs of the population and the financial envelope of the public health grant.

9.2. The stakeholder engagement phase of the project clearly supported the direction of travel.

10. Recommendations

10.1. The Board are asked to:

- Note and comment on the work.
- Note the recommendations for future delivery.
- Identify colleagues to be involved in the upcoming procurement processes.

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THANET DISTRICT COUNCIL DECLARATION OF INTEREST FORM

Do I have a Disclosable Pecuniary Interest and if so what action should I take?

Your Disclosable Pecuniary Interests (DPI) are those interests that are, or should be, listed on your Register of Interest Form.

If you are at a meeting and the subject relating to one of your DPIs is to be discussed, in so far as you are aware of the DPI, you **must** declare the existence **and** explain the nature of the DPI during the declarations of interest agenda item, at the commencement of the item under discussion, or when the interest has become apparent

Once you have declared that you have a DPI (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote on the matter;
2. Withdraw from the meeting room during the consideration of the matter;
3. Not seek to improperly influence the decision on the matter.

Do I have a significant interest and if so what action should I take?

A significant interest is an interest (other than a DPI or an interest in an Authority Function) which:

1. Affects the financial position of yourself and/or an associated person; or
   Relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on your behalf of, you and/or an associated person;
2. And which, in either case, a member of the public with knowledge of the relevant facts would reasonably regard as being so significant that it is likely to prejudice your judgment of the public interest.

An associated person is defined as:

- A family member or any other person with whom you have a close association, including your spouse, civil partner, or somebody with whom you are living as a husband or wife, or as if you are civil partners; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
- Any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
- any body in respect of which you are in a position of general control or management and which:
  - exercises functions of a public nature; or
  - is directed to charitable purposes; or
  - has as its principal purpose or one of its principal purposes the influence of public opinion or policy (including any political party or trade union)

An Authority Function is defined as: -

- Housing - where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease; or
- Any allowance, payment or indemnity given to members of the Council;
- Any ceremonial honour given to members of the Council
- Setting the Council Tax or a precept under the Local Government Finance Act 1992

If you are at a meeting and you think that you have a significant interest then you **must** declare the existence **and** nature of the significant interest at the commencement of the

matter, or when the interest has become apparent, or the declarations of interest agenda item.

Once you have declared that you have a significant interest (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote (unless the public have speaking rights, or you are present to make representations, answer questions or to give evidence relating to the business being discussed in which case you can speak only)
2. Withdraw from the meeting during consideration of the matter or immediately after speaking.
3. Not seek to improperly influence the decision.

Gifts, Benefits and Hospitality

Councillors must declare at meetings any gift, benefit or hospitality with an estimated value (or cumulative value if a series of gifts etc.) of £100 or more. You **must,** at the commencement of the meeting or when the interest becomes apparent, disclose the existence and nature of the gift, benefit or hospitality, the identity of the donor and how the business under consideration relates to that person or body. However you can stay in the meeting unless it constitutes a significant interest, in which case it should be declared as outlined above.

What if I am unsure?

If you are in any doubt, Members are strongly advised to seek advice from the Monitoring Officer or the Democratic Services and Scrutiny Manager well in advance of the meeting.

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS, SIGNIFICANT INTERESTS AND GIFTS, BENEFITS AND HOSPITALITY

MEETING……...

DATE…… **AGENDA ITEM** ……

DISCRETIONARY PECUNIARY INTEREST ☐

SIGNIFICANT INTEREST ☐

GIFTS, BENEFITS AND HOSPITALITY ☐

THE NATURE OF THE INTEREST, GIFT, BENEFITS OR HOSPITALITY:

……

……

……

NAME (PRINT): ……

SIGNATURE: ……

Please detach and hand this form to the Democratic Services Officer when you are asked to declare any interests.