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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 10 November 2016 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Present: Dr Tony Martin (Chairman); Hazel Carpenter (Thanet Clinical Commissioning Group), Councillor L Fairbrass (Thanet District Council), Clive Hart (Thanet Clinical Commissioning Group), Mark Lobban (Kent County Council), Sharon McLaughlin (Thanet Children's Committee) and Linda Smith (Kent County Council)

In Attendance: Kallie Hayburn (Thanet Clinical Commissioning Group), Maria Howden (Thanet Clinical Commissioning Group), Steve Inett (Healthwatch).

1. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Councillor Gibbens.
Madeline Homer.
Colin Thompson for whom Linda Smith was a substitute.
Councillor Wells.

2. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

3. MINUTES OF THE PREVIOUS MEETING

It was noted that Kallie Hayburn and Ailsa Ogilvie should be recorded as in attendance of the meeting. Subject to this amendment, the minutes of the meeting held on 8 September 2016 were agreed as a correct record.

4. THANET LEADERSHIP GROUP - FOUR THEMATIC QUESTIONS

Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group, provided a presentation using the attached slides.

During consideration of the item it was noted that:

- The Thanet Leadership Group (TLG) met monthly and was designed to knit together a number of different agencies and bodies.
- The presentation had also been given to the Community Safety Partnership Working Party and Invest Thanet.
- Some of the work of the TLG included strategic overview of the Margate Task Force; and working with other local governments to try and manage the placement of children and other vulnerable people within Thanet from areas such as London.
- It was suggested that addressing inequalities (such as the disparity in life expectancy between wards) within Thanet could be included in the main aspirations and outcomes of the TLG.
- Moving forward it was important to identify and include any missing agencies/bodies from the governance structure. Then the TLG needed ensure that these agencies/bodies had programmes of work that incorporated the key aspirations and outcomes identified by the TLG.

Sharon McLaughlin, Independent Chair of the Thanet Children's Partnership Group, provided the Board with an update advising that:

- The Children's Partnership Group had invited tenders for the early intervention grant.
- Thanet had received £400,000.00 of funding for health and justice for young people, which looked at the key indicators that put young people at risk.

5. HEALTH RESPONSE TO HOUSING DEVELOPMENT IN THANET

Maria Howden, Head of Membership Development, Thanet CCG provided a presentation using the attached slides.

During consideration of the item it was noted that:

- Thanet CCG had recently won 'Healthcare Provider of the Year' at the National Association of Primary Care's annual awards. Efforts were being made to capitalise on Thanet's raised profile to encourage health care professionals to come and work in Thanet.
- Cross working with Thanet District Council was taking place as it would be essential to ensure health infrastructure development was timed and located to match housing development in the district.
- KCC was currently undergoing a review of the work undertaken by social workers, which could feed into how the primary care home would work.
- To maximise efficiency, there was need to ensure that people were working to the limit of their licence/training across the health care sector.
- Workforce planning needed to be clear on the need, realistic and deliverable. It was recognised that there was currently a lack of health care professionals in the district, which was likely to become more acute in the future. Steps would need to be taken to address this shortage.
- Consideration of how the transformation would fit in to wider East Kent, Kent, and Kent and Medway level service structures was needed.

6. EAST KENT STRATEGY BOARD BRIEFING/UPDATE

Hazel Carpenter, Accountable Officer, Thanet Clinical Commissioning Group introduced the item for discussion.

It was noted that:

- The East Kent Strategy Board began in September 2015 with the intention to reach public consultation stage in early 2017. However it was now expected that this consultation would take place in June 2017, after the local government elections.
- The Strategy Board included representatives from all health providers, Kent County Council and the four East Kent CCG's.
- Work was due to start on the Sustainability and Transformation Plan for the Kent and Medway area, as required by NHS England. The work of the Strategy Board would feed into this process.

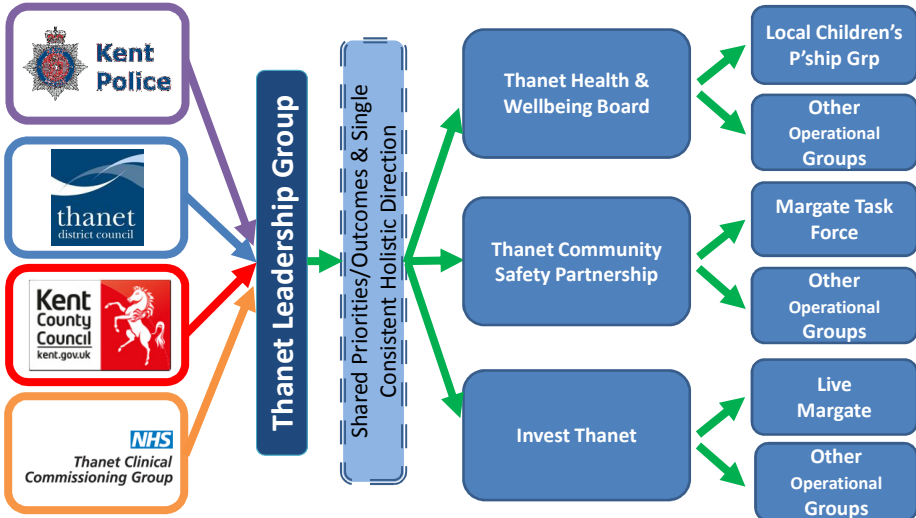
Meeting concluded: 11.00 am

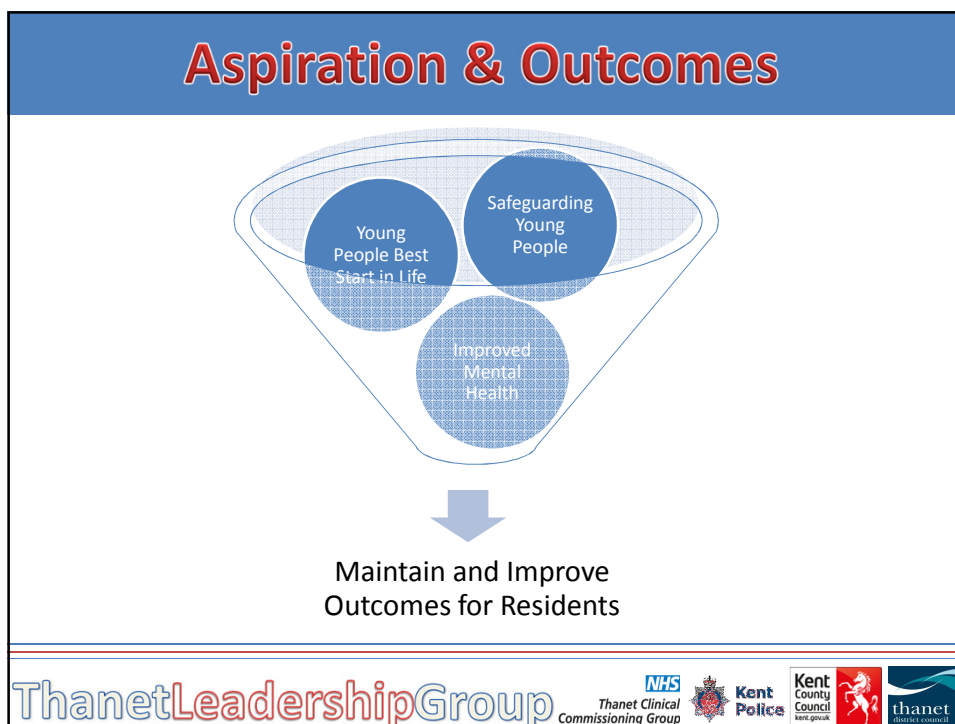
Thanet Leadership Group

Chief Executive, Thanet District Council
Accountable Officer, Thanet Clinical Commissioning Group
East Divisional Commander, Kent Police
Director Strategy, Policy, Risk & Corporate Assurance, Kent County Council
Director of Public Health, Kent County Council



Thanet Leadership Group







Transforming Primary Care in Thanet.



Maria Howdon, Head of Membership Development, NHS Thanet CCG



Challenges in Thanet.

- Ageing population
- More chronic, complex conditions
- High levels of deprivation
- Undiagnosed conditions
- Overstretched resources
- Workforce shortage
- Significant growth in housing



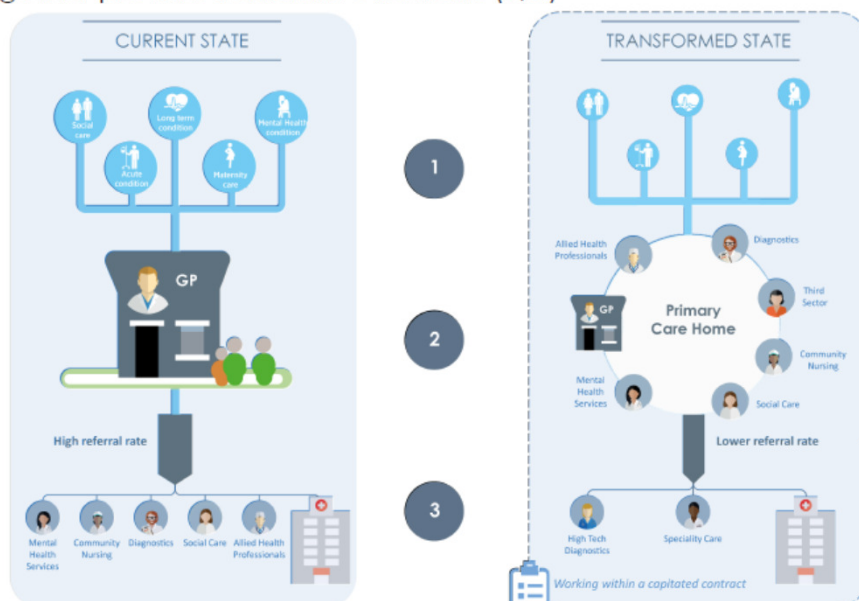
Primary Care Home.

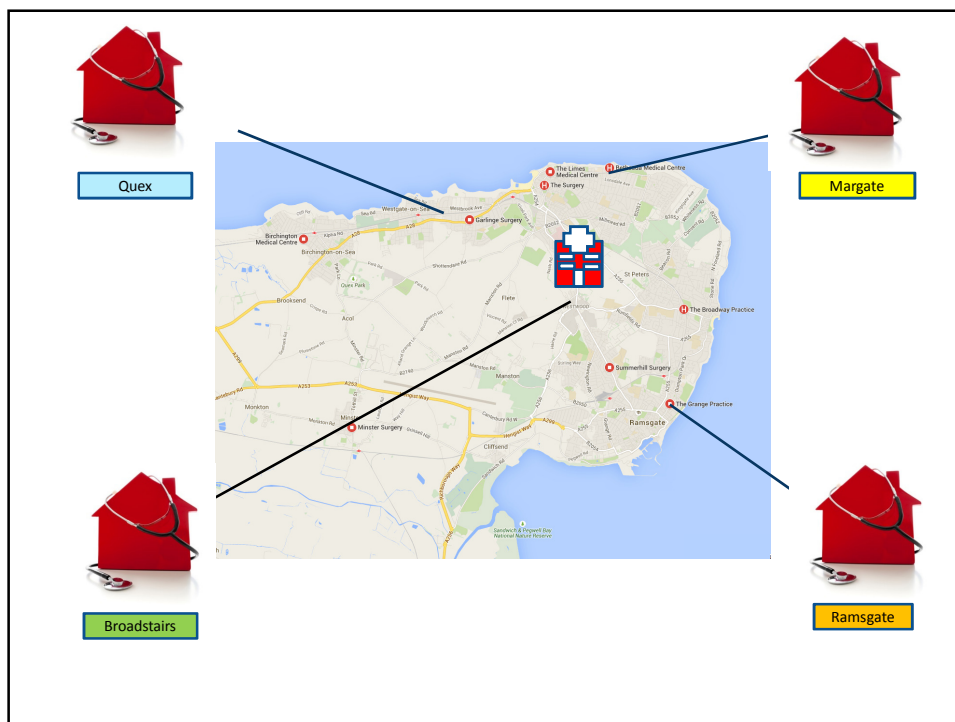
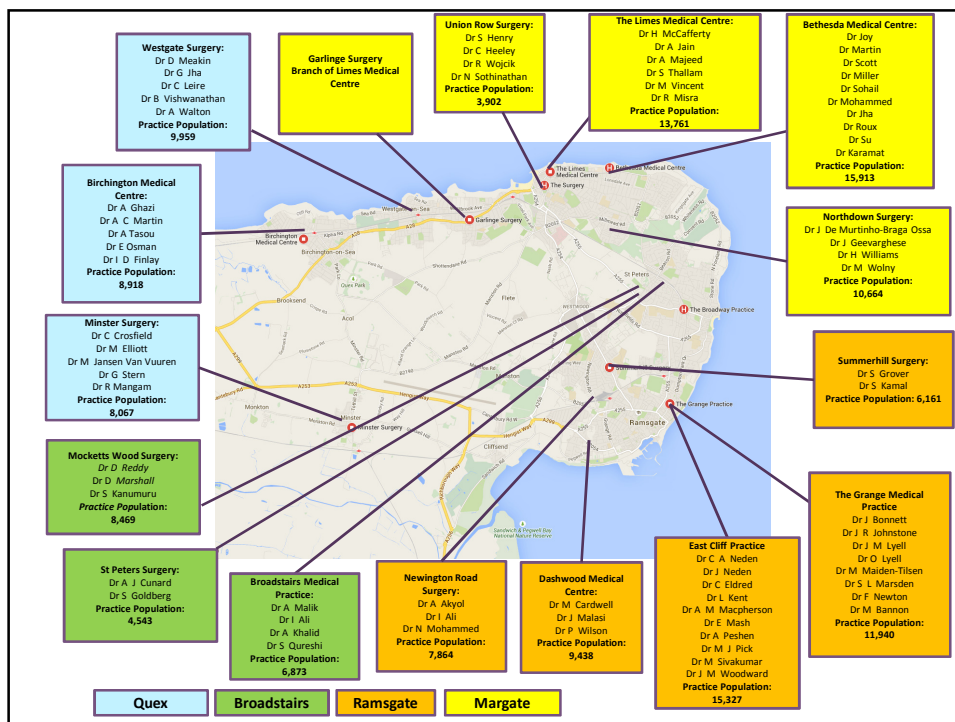
Characteristics:-

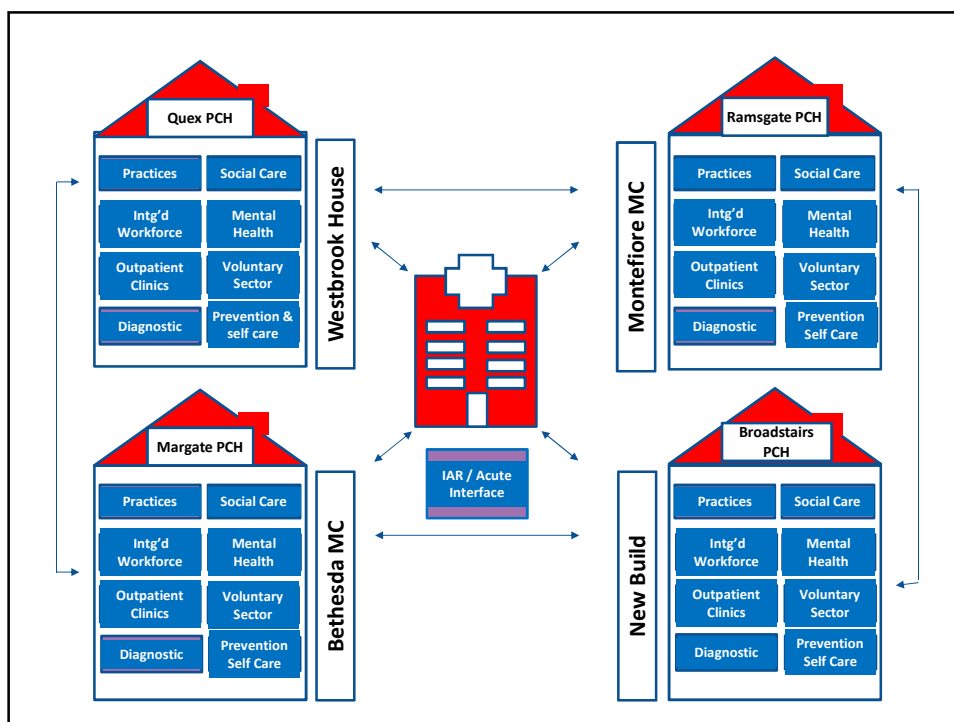
- Provision of care to a **defined, registered population of between 30 – 50k**;
 - A combined focus on **personalisation of care** with improvement in population health outcomes;
 - An **integrated workforce**, with a strong focus on partnerships spanning primary, secondary and social care; and
 - **Aligned clinical financial drivers** through a **unified capitated budget** with appropriate shared risks and rewards.
- The focus will drive locally owned, bottom up change that is sustainable.
 - Move from current to a 'transformed' state.
 - One of fifteen national Rapid Test Sites for the Primary Care Home (PCH).



The Primary Care Home uniquely combines characteristics which together provide cumulative benefits (1/2)







What will help us deliver this?

- Co-design of model
- Estates, Technology and Transformation Bids
 - Premises
 - Digital Infrastructure
 - Plan B?
- Building resilience
- Training, Education, New and Interesting Roles
- Partnership working
- Investment
- MCP Contract
- Integrated Accountable Care Organisation
- Robust transformation strategy



Questions?



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