



Date: **30 October 2017**
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THANET HEALTH AND WELLBEING BOARD

9 NOVEMBER 2017

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 9 November 2017** in the Austen Room, Council Offices, Cecil Street, Margate, Kent.

Membership:

Councillor Gibbens, Mr Godfrey, Mr Hart, Ms Homer, Mr Inett, Dr Martin, Ms McLaughlin, Ms Ogilvie, Councillor S Piper, Ms Sykes and Councillor Wells.

A G E N D A

Item
No

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATION OF INTEREST**
3. **MINUTES OF THE PREVIOUS MEETING** (Pages 3 - 6)
To approve the minutes of the Thanet Health & Wellbeing Board meeting held on 7 September 2017, copy attached.
4. **UPDATE ON THE LOCAL CHILDREN'S PARTNERSHIP**
5. **EAST KENT PROGRAMME BOARD UPDATE** (Pages 7 - 10)
6. **THANET LEADERSHIP GROUP - STATEMENT OF INTENT** (Pages 11 - 12)

Declaration of Interests Form

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 7 September 2017 at 10.00 am in the Austen Room,
Council Offices, Cecil Street, Margate, Kent.

Present: Clive Hart (Thanet Clinical Commissioning Group), Rob Kenyon (Thanet District Council), Dr Tony Martin (Thanet Clinical Commissioning Group), Sharon McLaughlin (Thanet Children's Committee), Ailsa Ogilvie (Thanet Clinical Commissioning Group), Councillor S Piper (Thanet District Council) and Claudia Sykes (Voluntary Sector Adult Services)

1. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN FOR 2017/18

Mr Hart proposed, Ms Sykes seconded and the Board agreed that Dr Martin be the Chairman for the remainder of the 2017/18 year.

Dr Martin proposed, Mr Hart seconded and the Board agreed that Councillor Reverend Piper be the Vice Chairman for the remainder of the 2017/18 year.

2. APOLOGIES FOR ABSENCE

Apologies were received from the following members:

Councillor Wells;
Councillor Gibbens;
Ms Carpenter;
Ms Homer for whom for whom Mr Kenyon was present as substitute.

3. DECLARATION OF INTEREST

There were no declarations of interest made at the meeting.

4. MINUTES OF THE PREVIOUS MEETING

The Board agreed the minutes to be a correct record of the meeting that was held on 20 July 2017.

In follow up to the report on housing in Thanet presented at the last Board meeting, discussion had taken place between the Thanet CCG and Thanet District Council to incorporate the Council's Housing department in to the better care fund planning process.

5. EAST KENT PROGRAMME BOARD UPDATE

Ms Ogilvie gave the board an update regarding the emerging themes from the East Kent Listening events.

During consideration of the item it was noted that:

- There were still some listening events scheduled to take place.
- Response was largely positive to the proposed new hospital model; people particularly liked proposals for a greater focus on local services and an increase to out of hours services.
- At Thanet listening events, participant's greatest concern was regarding accessibility of services.
- Other concerns raised at event across East Kent and Medway included:

- Whether there was sufficient workforce to implement such an ambitious service redesign.
- That there appeared to be a lack of focus on some services areas, such as mental health and children's services.
- It was recognised that changes needed to be sustainable and future proofed.
- The listening events were ongoing and report of the findings would be brought before the Board once complete.

Dr Martin advised that a briefing statement was being prepared which detailed how the Thanet Leaders Group intended to move forward. The briefing statement would be circulated to Board members.

6. UPDATE FROM THE THANET INTEGRATED ACCOUNTABLE CARE ORGANISATION ON LOCAL CARE DEVELOPMENT

Ms Windibank, Chief Accountable Officer, Thanet Integrated Accountable Care Organisation (TIACO), and Ms Howden, Head of Membership Development, Thanet Clinical Commissioning Group presented the item which provided a summary of the work that had been done.

During consideration of the item it was noted that:

- A local level integrated commissioning body, envisaged by the Thanet Leadership Group, would help drive local care provision forward. Without this body, or something similar, there was a chance that local decision making could be moved away from local boards up to an East Kent level.
- The needs of the community should determine what enhanced services were provided at GP surgeries. There was a programme to visit patient participation groups to ascertain their needs.
- There was mixed evidence to show that enhanced service provision in GP surgeries led to a significant reduction in Hospital admissions. The hospital was often seen a central hub of the community.
- Tiers of care looked to provide the right kind of care in the right setting, ideally this took place in the home or as near to the patient's home as possible.
- The integrated acute response team was piloted to support frail individuals to receive care in or near to their home and to avoid unnecessary hospital stays.
- The voluntary sector was a pivotal element of an integrated approach to supporting patients.
- Underway was a review to establish the need for beds in Thanet, the results of this review would be brought before the Board.
- The TIACO had adopted an ethos to provide care around the needs of the patient inspired by the Swedish Esther model.
- The primary care mental health team was set to expand from three to five individuals. They would be aligned with the primary care home hubs and would work directly with GPs.
- Work was underway to develop a social prescribing structure. This work took place in coordination with voluntary groups.
- The first primary care home hub, at the Bethesda site in Margate, was expected to go live in March 2020. Another hub was proposed at Westwood Cross, initial discussions had taken place and a coordinated approach was needed with the Council.
- The Board was advised of the positive impact that the enhanced frailty pathway had made on identification and treatment of frail patients. The aim was to improve the overall wellbeing on the over 60's.
- NHS England had endorsed the enhanced frailty pathway scheme.

Agenda Item 3

Ms McLaughlin offered to give a presentation on the work of the Local Children's Partnership at the next meeting of the Board.

Meeting concluded: 11.10am

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Update from the meeting of the East Kent Programme Board 12 October 2017

About the East Kent Programme Board

The East Kent Programme Board has been set up by local health and care commissioners to spearhead the drive to determine how best to provide health and care services to the population of east Kent. Its work is part of the wider Sustainability and Transformation Plan (STP) for Kent and Medway.

Comprising all organisations involved in the planning, provision and delivery of health and care services in this area, the Board is an advisory board with a clinical chair. Its membership includes the chief executives and most senior clinicians, practitioners and leaders of east Kent's NHS and care services. The Board oversees a work programme and advises local health and care commissioners whose role it is to plan the future pattern of services across east Kent.

As of 17 November 2016, the East Kent Programme Board has a new and formalised role within the governance structure of the Kent and Medway STP. This allows the Board to build on the work it has done at an east Kent level with colleagues in health and social care across Kent and Medway.

The following update covers the key agenda items discussed at the meeting.

Local care update

All four Clinical Commissioning Groups (CCGs) in east Kent and East Kent Hospitals University Foundation Trust (EKHUFT) have signed a Memorandum of Understanding (MoU) regarding a new system of local care relating to the provision and delivery of some cardiology, respiratory and rheumatology services. A new approach to these three key areas will see more planned care taking place outside of hospital and in a community setting meaning that patients will not need to travel to a hospital for treatment, can receive care closer to home, hospital beds across east Kent will be freed up for more urgent and emergency cases and specialist senior clinical care can be concentrated on treating these cases.

The new approach is being implemented during October and November and all organisations have been asked to share data so that an accurate and timely picture of the status of implementation can be built with the Board receiving regular reports on progress.

The Board also received an update on the implementation of the pneumonia pathway and frailty work that is currently being progressed across east Kent and will receive further updates about this at future meetings.

The East Kent Programme Board member organisations include:

NHS South Kent Coast CCG; NHS Canterbury and Coastal CCG; NHS Ashford CCG; NHS Thanet CCG; East Kent Hospitals University NHS Foundation Trust; Kent Community Health NHS Foundation Trust; Kent & Medway NHS and Social Care Partnership Trust; South East Coast Ambulance NHS Foundation Trust; Encompass Vanguard and Kent County Council.



Stroke

The Board received an update on the Kent and Medway stroke review. The Stroke Programme Board, which is leading the review of acute stroke services on behalf of the Kent and Medway STP, has looked at several possible models and expects to make an announcement on the list of options it will consult on early next year.

This follows a programme of detailed engagement with key stakeholders, in-depth clinical review and evaluation and the consideration of a wide number of options.

The shortlist is likely to include several options involving three specialist hyper acute stroke centres at existing acute hospitals. This shortlist will then be presented to a joint committee of clinical commissioners, independently chaired, who will make the final decision on the shortlist for consultation. Commissioners expect to take these proposals out to a formal public consultation in early Spring 2018.

Workforce update

At STP level, a dedicated workstream is looking at how best to build a sustainable workforce for the future across Kent and Medway. Within east Kent, work has been going on for some time to map current and future demand, identify areas of particular challenge and to develop plans alongside other workstreams to help achieve a sustainable workforce for health and care services.

In east Kent, major workforce challenges have been identified as:

- an ageing population and increased demand for services
- difficulty recruiting and retaining specialist and non-specialist staff i.e. GPs, ED (emergency department) medical staff, nursing, social care workers
- not consistently meeting clinical standards/guidance for workforce levels; and,
- high reliance on temporary staffing at high cost and variability in quality.

The Board received an update on progress to date including a report on the outcomes of a multidisciplinary workshop held at the beginning of October, attended by representatives from all partner organisations across the east Kent health and care economy.

The workshop's main aims were to: recognise the current workforce risks that all partners are managing; identify current and future workforce needs; quantify the gaps between new care models.

Key themes from the workshop included:

- the use of existing skills, capabilities and resources in adopting changes in working practices;
- the need for greater trust and confidence between organisations in the training and competencies of roles shared and working across local care;
- enthusiasm for more shared learning and examples of working differently across East Kent;
- the suggestion of a shared framework that supports changes, promotes localism whilst maintaining an East Kent identity to support future resource and skills development;

The East Kent Programme Board member organisations include:

NHS South Kent Coast CCG; NHS Canterbury and Coastal CCG; NHS Ashford CCG; NHS Thanet CCG; East Kent Hospitals University NHS Foundation Trust; Kent Community Health NHS Foundation Trust; Kent & Medway NHS and Social Care Partnership Trust; South East Coast Ambulance NHS Foundation Trust; Encompass Vangauw and Kent County Council.



- a core set of common competencies that exist across all staff groups supporting the delivery of new models for example leadership skills as part of multi-disciplinary teams;
- the development of a workforce strategy for east Kent;
- greater clarity and the use of a common language across roles and services to support more effective and consistent care navigation.

The Board noted that concerns about the health and care workforce is a key theme that has surfaced during engagement activity, with recent listening events and staff feedback highlighting anxieties about staffing, morale, recruitment and retention.

Whilst there has been a significant amount of work already done to assess the current workforce model and future needs, more work is needed to refine any gaps in capacity and capabilities and a further update on workforce development will be shared at the next meeting in November.

For more information about the work of the East Kent Programme Board visit:

<http://kentandmedway.nhs.uk/where-you-live/plans-east-kent/>

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Thanet Leadership Group

Statement of Intent

Successful collaborative operational practice, has been in place in parts of the district for many years, through a combination of co-located services and Partnerships. Both have helped successfully challenge service-specific delivery and enabled progress in delivering positive outcomes for the district.

The Thanet Leadership Group (TLG) was originally set up in October 2015, to provide collaborative strategic direction and oversight for both the public sector agencies and partnerships operating in the Thanet district.

The TLG has been keen to create the conditions where genuine change can happen, shifting away from individual organisation's priorities, to one where the place, Thanet, is the primary driver.

The TLG recognises that collaboration and partnership working is fundamental to place based approaches, to respond to the complex challenges that Thanet faces. Therefore to focus its activity where it can have the greatest impact, the TLG has agreed it will:

- Develop a TLG set of core operating principles to guide all partnership collaborations within Thanet to deliver the; 'one team, one voice, one budget' concept.
- Review and rationalise the partnership composition within Thanet. Enabling a governance and decision making structure, which is streamlined and outcome focussed.
- Incrementally develop the Local Care Model, drawing in different services and assets that can support, enable and progress the delivery of better outcomes for the District. E.g. build a new set of collaborative service arrangements, such as joint-commissioning, based on place (Thanet), with an aspiration to co-designing with those responsible for delivery and the communities they serve.

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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 £25 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 Committee Services 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:

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.....
.....

NAME (PRINT):

SIGNATURE:

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