

## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 8 May 2014 at 10.00 am in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

**Present:** Dr Tony Martin (Chairman); Councillors Johnston (Thanet District Council), Penny Button (Thanet District Council), Hazel Carpenter (Thanet Clinical Commissioning Group), Esme Chilton (Thanet's Children's Board), Councillor Gibbens (Kent County Council), C Hart (Thanet District Council), Mark Lobban (Kent County Council) and Andrew Scott-Clark (Kent County Council)

### 43. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dominic Carter and Sue McGonigal, for whom Penny Button, Head of Safer Neighbourhoods, Thanet District Council, was present as substitute.

### 44. APPOINTMENT OF CHAIRMAN

It was proposed by Councillor Johnston, seconded by Councillor Gibbens and AGREED:

THAT Dr Tony Martin be appointed Chairman for the ensuing year.

CHAIRMAN IN THE CHAIR

### 45. APPOINTMENT OF VICE-CHAIRMAN

It was proposed by Councillor Hart, seconded by Andrew Scott-Clark and AGREED:

THAT Councillor Johnston be appointed Vice-Chairman for the ensuing year.

### **VOTE OF THANKS - INSPECTOR MARK PEARSON**

On behalf of Kent Police and the multi agencies represented on the Margate Task Force, Inspector Mark Pearson thanked the Health and Wellbeing Board members for their vital support in the investigation into a child exploitation case in Margate, Gravesend, Dover and Folkestone.

Inspector Pearson stated that the operation, one of the biggest of its kind in Kent's history, had culminated the previous day in a series of warrants on premises across Kent, Yorkshire and the Midlands; the arrest of 22 persons; and 8 children being placed in care. Many organisations had been involved, including the Slovakia police, national crime officers and the Kent County Council Social Services.

### 46. MINUTES OF THE PREVIOUS MEETING

Esme Chilton suggested that any references to "Children's Committee" or "Children's Sub-Committee" (*pages 1 & 2 of the minutes*) should be changed to, "Children's Board".

Subject to that amendment, the minutes of the meeting held on 20 March 2014 were APPROVED and signed by the Chairman.

Matters arising

1. **Minute No. 38 (iii):** Councillor Johnston stated that the concerns of the family had been well founded.
2. **Minute No. 42:** It was noted that “funding for the sports agenda” would be place on the agenda for consideration at a future meeting of the Board.
3. **Minute No. 38 “Better Care Fund”:** Reference was made to negative press coverage concerning Better Care Fund Plans.

Hazel Carpenter reported that the Chief Executive of NHS England had asked CCGs to “stress test” their Plans to ensure they were negotiable and actionable. It was believed that the direction of travel of Thanet’s Plan could continue irrespective of what was happening on a national level.

**47. DECLARATIONS OF INTERESTS**

There were no declarations of interests.

**48. ASPIRATIONS FOR THANET**

Andrew Scott-Clark gave a presentation on the key aspirations for health and wellbeing in Thanet over the next five years (*slides now published on the website as part of the details for this meeting*).

In addition to the information on the slides, Andrew Scott-Clark made the following points:

**A. Smoking in Pregnancy:**

Statistics provided were based on self-reported evidence.

There were now initiatives in place whereby midwives monitored carbon monoxide levels, but these were likely to result in the rate of smoking in pregnancy going up before it came down. Carbon monoxide readings had recently resulted in three lives being saved; in those cases, however, the source of carbon monoxide had been from a boiler rather than from smoking.

**B. Breast feeding initiations:**

It was important to have more joined-up working across the district. For example, shops could be encouraged to offer protected areas for breast feeding.

**C. Reduce alcohol specific stays in hospital:**

Kent County Council had recently reviewed a new alcohol strategy, and it was proposed to bring this to the next meeting of the Board.

**D. Reduce teenage conceptions:**

The roles of the Health and Education Services in combatting this problem were very much complementary.

Although some schools, particularly Marlow & Hartsdown, provided excellent sexual education, it was felt that Education’s approach needed to be more universal and systematic.

**E. Deliver universal child health programmes:**

A report would be brought to a future meeting of the Board on commissioning intentions relating to school nursing.

At this point, the meeting was left open for members' participation. Comments included:

**i. In relation to Breast feeding initiations:**

(Councillor Johnston) More breast feeding friendly signs/stickers should be displayed in public places.

(Esme Chilton) In Deal, the Breast Feeding Support Group had been very successful in promoting breast feeding in public premises. Methods used included the display of stickers and provision of support for staff.

**ii. In relation to reducing teenage conceptions:**

(Councillor Johnston) It should be noted that not all conceptions resulted in deliveries. There was a "generational cycle" of teenage conceptions which needed to be broken.

(Councillor Hart) Dover had reportedly implemented some successful initiatives to reduce teenage conceptions.

(Esme Chilton) The Children's Board was in a good position to support the education side of things. Working alongside young people, the Board could make a real impact in preventing teenage pregnancies.

**iii. In relation to reducing smoking in pregnancy:**

(Councillor Johnston) Hard-hitting campaigns, featuring the use of posters, could be used to help combat this problem.

Councillor Gibbens expressed concern that the Board had not yet agreed on specific targets to focus on, commit to and regularly review.

A debate ensued on which philosophy to adopt in relation to the Board's objectives:

*EITHER*

a. Have realistic, achievable targets;

*OR*

b. Have aspirations.

It was noted that there was a danger of the Board becoming frustrated if aspirations were so ambitious that they could not be achieved. On the other hand, aspirations encouraged "stretch" and the best, rather than merely the expected, being achieved.

It was also pointed out that sufficient capacity (e.g., in terms of midwifery) required to be in place before any of the extra pieces of work to enable targets to be met could be carried out.

**(Resumption of slide presentation)**

Further points not included in the slides were made by Andrew Scott-Clark as follows:

## F. Early deaths from heart disease and stroke

A more systematic approach was required, with persons known to be less prone to present for treatment being targeted.

## G. Hip fracture rates

Preventative measures included: encouraging postural stability and exercise and ensuring that homes were fit for purpose.

In an ensuing discussion, the following comments were made, and questions asked:

- iv. (Esme Chilton) How is “premature death” defined?

Andrew Scott-Clark replied that premature death referred to death of persons aged under 75 years. Strokes and heart disease were regarded as preventable in the under 75's.

- v. (Councillor Johnston) At a neighbourhood meeting that she had recently attended, a “Fun Day” with a health emphasis had been discussed.
- vi. (Councillor Hart) Frail elderly persons should be discouraged from having rugs in their homes as they could result in trips and falls.
- vii. (Councillor Hart) Could residents still present for health checks even though they had disposed of the letters of invitation?

Andrew Scott-Clark replied: Yes.

Commissioning of “opportunistic health checks” (e.g., targeting wards where premature deaths were prevalent) had now been put in place.

It was noted that the aspirations for Thanet over the next five years, as set out in the slides, were as follows:

|                                    | <b>Aspiration – next 5 years</b>                                                                                                                                |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Smoking in pregnancy               | 5% reduction                                                                                                                                                    |
| Breast feeding initiation          | Increase initiation rates to 75% and maintain at least 50% breast feeding over 6 to 8 weeks                                                                     |
| Alcohol specific stays in hospital | Reduce rate to below 40.0                                                                                                                                       |
| Teenage Conceptions                | Reduce rate to below 30                                                                                                                                         |
| Prevalence of adult smokers        | Reduce to 20%                                                                                                                                                   |
| NHS Health Checks                  | All eligible population invited for a health check (100%)<br><i>(By end of current financial year, 50% of eligible cohort have received a NHS health check)</i> |

|                                            | <b>Aspiration – next 5 years</b>                                                           |
|--------------------------------------------|--------------------------------------------------------------------------------------------|
| Early deaths from heart disease and stroke | Reduce rate to 50 ( <i>equating to preventing 44 persons in Thanet dying prematurely</i> ) |
| Hip fractures in persons aged 65 or over   | Achieve a rate of below 450 ( <i>equating to more than 30 hip fractures prevented</i> )    |

It was RESOLVED:

“THAT the professionals come back with realistic and challenging targets for appropriate periods of time which the Board can sign up to and that the Board considers the level of funding that would be required to achieve those targets”.

#### **49. PUBLIC HEALTH**

##### **(a) Programme and Performance - Adults and Children & Young People**

Andrew Scott-Clark presented his two reports, which had been before two Cabinet Committees of the county council.

He pointed out that future reports would relate specifically to Thanet and give a clear understanding of what was being commissioned and how much money was being spent in the district.

Questions and comments were received by Board members as follows:

1. (Councillor Johnston) It was her understanding that funding had been provided to mothers some years previously to encourage them to breast feed. What had happened to that initiative?

Dr Martin undertook to find out what he could about such funding.

2. (Dr Martin) Was it the case that “greens” (targets achieved or exceeded) on a county level could be “reds (performance below pre-defined floor standards) in the case of Thanet?

Andrew Scott-Clark replied that there would be sensitivity to local needs, in order to turn reds at local level into greens.

##### **(b) Commissioning Intentions**

Andrew Scott-Clark and Mark Lobban presented the draft Strategic Priority Statement for 2014/15, which it was noted had already been before two Cabinet Committees of Kent County Council.

Andrew Scott-Clark said that a more detailed paper on public health intentions would be considered by Kent County Council on 28 May, after which it would come to the Board.

He added that Public Health was now in a good position to align its commissioning intentions with those of the local CCG and other directorates in the county.

Mark Lobban drew the attention of the Board to the following sections in the document:

- I. The Social Care, Health & Wellbeing Directorate Structure (*page 8*), which outlined the 5 divisions of the directorate for which he had responsibility for commissioning;
- II. The Top 3 Priorities for Specialist Children's Services in 2014/15 (*page 13*)
- III. The reference to the Better Care Fund and Transformation Programmes on page 41.

Mark Lobban concluded by pointing out that the information provided in this county-wide document required breaking down on an area by area basis.

The meeting was opened up for members' comments, which included:

- i. (Councillor Johnston) Was it not vital that timely sharing of information between organisations took place within the Information Governance (IG) framework?

Mark Lobban stated that the issue around sharing of information could feature in the Strategy for Thanet.

Andrew Scott-Clark pointed out that there were two levels of sharing data:

- 1) between care providers
- 2) between commissioners and co-commissioners

Co-commissioners were now beginning to join up data.

Penny Button pointed out that there was robust sharing of information within the Margate Task Force and offered to give Board members names of persons they could get in touch with.

- ii. (Hazel Carpenter) The document was extremely useful from the following perspectives:
  - 1) It provided good clarity on how the CCG and KCC could integrate and align;
  - 2) It highlighted the differences in approach, as between the County Council and the CCG, regarding governance and procurement; this should enable a meaningful dialogue to take place;
  - 3) It also indicated a need for the CCG and KCC to work together in relation to the Transformation Programmes and Care Pathways; particularly in relation to the pathways for vulnerable and the provision of adequate medical advice.
  - 4) In relation to the table on Directorate Resources on Page 52 of the document, discussions on the scope of and funding for learning disability and mental health services in Thanet should take place between KCC and the CCG.
- iii. (Councillor Johnston) As a result of working with a specific family, it seemed that parents of children with autism had to go to court for a decision regarding funding.

**50. AGENDA ITEMS FOR THE NEXT MEETING, ON 17 JULY 2014**

Items for the agenda for the next meeting of the Board were NOTED as follows:

As outlined on the agenda for this meeting

- i. Public Health – Commissioning Intentions
- ii. Proposals in relation to Margate Task Force
- iii. Feedback on “Our Children, Our Future” Workshop
- iv. Update on the Mental Health Summit
- v. Update on the Frail Elderly Summit

Arising from this meeting

- vi. Alcohol Strategy for Thanet (minute no. 48c refers)
- vii. Aspirations for Thanet (decision at minute no. 48refers – page 5 of minutes)

It was FURTHER NOTED that the Thanet Health & Wellbeing Plan would be considered at a special meeting/summit, the details of which were presently being finalised.

*[Post meeting script: This summit will take place from 9.45 am to 12.45 pm in the Council Chamber, Thanet District Council Offices on Thursday, 4 September 2014]*

**51. THANET WORKSHOP ON INEQUALITIES LED BY PROFESSOR CHRIS BENTLEY**

Councillor Gibbens reported that this had been a very useful and inspirational event and said that he hoped that the information presented could help formulate outcome-focussed targets for the Board to consider.

Hazel Carpenter referred to positive results from the event as follows:

- A. The Thanet CCG staff structure had been re-adjusted to include a post which had been specifically created for addressing health inequalities;
- B. A further workshop, tailored for GPs, would take place in the near future.

Meeting concluded : 11.45 am