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## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 13 November 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), E Green (Thanet District Council), Hazel Carpenter (Thanet Clinical Commissioning Group), Dominic Carter (Thanet Clinical Commissioning Group), Esme Chilton (Children's Board), Madeline Homer (Thanet District Council), Mark Lobban (Kent County Council) and Andrew Scott-Clark (Kent County Council)

**In Attendance:** Anne Charman, Karen Maxted and Margaret Mogentale

### 1. APOLOGIES FOR ABSENCE

Apologies were received from Mr Gibbens.

### 2. DECLARATION OF INTERESTS

There were declarations received at the meeting.

### 3. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 4 September 2014 were agreed.

### 4. ASPIRATIONS FOR THANET

Andrew Scott-Clark led the discussion on the item with a power-point presentation. He emphasised the need for using more positive data in order to convey a positive message to the public. Mr Scott-Clark requested Board members to agree on the best approach to present statistical data, whether through percentages or the 'thermometer.' He said that life expectancy data showed significant inequalities between Thanet and other areas in the county. There was therefore a need to provide support that was proportionate to the significance of the problem in Thanet.

#### **Aspirations for Children**

Mr Scott-Clark said that with regards to the Aspirations for Children, officers were still working on coming up with some of the Key Performance Indicators (KPIs). As regards the Universal Child Programme, not all the mandatory performance indicators were currently being delivered in Thanet and other areas of the county.

#### **Women Not Smoking**

Evidence based approach was being used to support an early referral approach for pregnant mothers and first time mothers under 18. The aspiration was to have 95% of women not smoking when pregnant in 4 years' time. CO<sup>2</sup> monitoring has helped identify early on a number of issues/problems not necessarily related to smoking, like a leaking boiler in one of the households. Midwives were engaging expecting mothers and talking to them about smoking up to the point they gave birth.

The Board agreed to aspire to achieve the following target; that 95% of women not smoking when pregnant in 4 years' time.

### **Women Initiating Breastfeeding**

Mr Scott-Clark said that there were challenges regarding the information system. Peer support programmes for midwives to work with individual mothers had been started county wide. He was going to find out the age profile of breastfeeding women in Thanet.

The Board agreed to aspire the following, that 75% of new mothers would be breastfeeding in 5 years' time and maintain at least 50% breastfeeding over six to eight weeks.

### **Reduce Alcohol Specific Stay in Hospitals**

Mr Scott-Clark said that Thanet has the highest admission rates in the county. Madeline Homer said that TDC had previously directly funded pastoral street persons in Thanet. Mr Scott-Clark advised the meeting that work was in progress on some initiatives that would increase children resilience to say no to peer pressure in relation to alcohol use.

The aim to reduce alcohol related stays in hospitals from 58.3% per 100,000 to 40% in 5 years' time. Board members suggested that more discussions be conducted that would look at approaches that the Licensing function of Council could play to the health and wellbeing of the local residents.

### **Reduce Teenage Pregnancy**

Thanet's aspiration was to reduce the rate to below 30% in the next 5 years.

### **Reduce Prevalence of Adult Smokers/Adults Not Smoking**

Members were concerned that currently the advertisements that were being put out by companies selling cigarettes were sending the wrong messages to the public. Mr Scott-Clark said that discussions were on-going about the national policy on e-cigarettes.

The Board agreed to aim for a 20% reduction in smoking in 5 years' time.

### **NHS Health Checks**

Mr Scott-Clark said that letters were sent out to individuals in the 40-74 age groups who were not on the register for health checks of vascular diseases. However the challenge was to get some of those individuals who would have received the letters to actually attend appointments. Thanet statistics were not yet available.

The Board agreed to aim for 100% population invitation for a health check. And that by the end of the current financial year 50% of eligible cohort would have received an NHS Health Check.

### **Early Deaths From Heart Disease & Stroke**

Mr Scott-Clark said that the current mortality rate due to cardio-vascular disease was 95% in Thanet. The aim was to reduce it to 50% in the next 5 years.

### **Hip Fractures**

The meeting was advised most falls occurred in people's own homes and that landlords were being encouraged to ensure that their properties had appropriate facilities to ensure that hazards were kept to a minimum.

Esme suggested that safeguarding children information should be added to that monitoring report. A report will be brought to the next Board meeting.

Thanet aspiration was to reverse the current trend hip fracture rate from 523 for the over 65yrs to below 450 in the next 5 years.

**5. ASSURANCE FRAMEWORK**

Andrew led discussion on the item. He gave a brief overview of the framework for monitoring of the agreed indicators. He said that county targets will be used to report back at a local level.

The report was noted.

**6. KENT TEENAGE PREGNANCY STRATEGY 2015-2020**

Andrew advised of the need to conduct extensive consultation with stakeholders through stakeholder engagement events with district representatives, teachers and young people in order to implement the county strategy on preventing teenage pregnancy. In order to successfully implement the strategy, joined up working was required. There should be universal access to services for young people. The services should be friendly. The challenge was how schools could be engaged effectively to break the cycle of teenage pregnancy. Part of the aspiration was to find ways to get young women into employment or back to school. The strategy now required to be translated into an action plan for implementation and monitoring in Thanet.

The report was noted.

**7. NHS STATEMENT OF SUPPORT FOR TOBACCO CONTROL**

Andrew indicated that the report sought the support of the NHS and the Thanet Board for the initiative that sought to stop tobacco smoking. He said part of the strategy to stop young people from smoking was to work with families. The approach had to be pragmatic; with an initial target being to lead individuals to gradually stop smoking but later on move to permanently abstinence.

Andrew suggested that Thanet District Council appoints a representative to attend the meetings of the Tobacco Anti-Smoking Alliance. He was going to provide the minutes of the last meeting of the Alliance held on 12 November 2014. Thanet CCG, TDC and the board should sign up to the 'Stop Tobacco Smoking' Campaign.

The Board agreed that Andrew Scott-Cark would draft a letter that would be signed by the TDC Leader and Board Chairman signing up to the Campaign.

**8. RECOMMENDATIONS OF KCC HEALTH & WELLBEING BOARD AT ITS MEETING ON 16 JULY 14**

(a) **Engagement with the Kent Fire and Rescue Service, particularly in relation to falls and dementia**

Madeline Homer outlined how engagement was taking place with the Kent Fire & Rescue Service (KFRS) through the Margate Task Force. Support of vulnerable persons was a high priority, illustrated by the fact that the Task Force now had its own dedicated Vulnerable Person Officer. Going forward, work would take place with KFRS in relation to health related issues such as dementia, slips, trips and falls. Penny Button, Head of Safer Neighbourhoods (Thanet Council) had spoken to Sean Bone-Knell, KFRS Director of Operations, and would be meeting with the KFRS Strategic Lead to discuss how this could be taken forward and broadened to the rest of Thanet. An update on progress would be brought to the next meeting of the Board.

The report was noted.

(b) **Ensure that the Kent Joint Health and Wellbeing Strategy is reflected in all public engagement activities**

Hazel Carpenter reflected on the meetings of the Board since its inauguration one and a half years ago, and the various debates that had taken place, particularly through the offices of Andrew Scott-Clark, on matters developed within the Kent Health and Wellbeing Strategy. There was undoubtedly synergy between the joint strategy and the work of the Board.

However, what has been done implicitly rather than explicitly was anything around engaging with the public on issues specifically relating to the Strategy; for example, the various Summits which had been organised by the CCG and supported by the Board.

Hazel referred to the need for the Board to develop a strategy on communications and public engagement.

Esme Chilton suggested that consideration should be given to how public engagement takes place online.

The report was noted.

(c) **Demonstrate how the priorities, approaches and outcomes of the Joint Strategy will be implemented at local levels**

It was noted from Andrew Scott-Clark that all of the aspirations agreed by Thanet Board fitted into the Kent Joint Strategy. Clearly, Thanet Board was localising Kent-wide priorities and ensuring delivery.

Hazel concurred that key elements of the joint strategy were in action, and some in development. The Board needed to be sharp, however, on how these were put together through the Thanet Plan.

She added that it was important to reflect, in the near future, on what a good health and wellbeing board for Thanet should look like and what the next developmental step should be to ensure that public engagement and communications were right, and that measures and outcomes were right in reflecting the County Strategy.

Tony Martin stated that he would circulate the results of an online benchmarking exercise that had recently been undertaken by the clerk in relation to Health & Wellbeing Boards in Kent. It was important to assess where that Board was delivering and where it was not delivering and to ensure that it added value.

The report was noted.

## 9. **THE THANET PLAN**

Hazel Carpenter led the discussion. She said that all the six work streams were now active. The focus has been on 'beefing up' the care support outside the hospital. Madeline Homer suggested that the roles played by Thanet District Council and Kent County Council ought to be made clear in the Thanet Plan. Madeline and Hazel were going to talk about that issue outside the meeting.

Members noted the report.

10. **AGENDA TOPICS FOR THE NEXT MEETING, TO BE HELD AT 10.00 AM ON THURSDAY, 12 FEBRUARY 2015**

The Chairman confirmed that the next Board meeting would be on Thursday, @ 10.00am on 12 February 2015.

Meeting concluded: 12.15 pm

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