

# Public Document Pack

## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 11 June 2015 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), Councillor Gibbens (Kent County Council), Mark Lobban (Kent County Council), Colin Thompson (Kent County Council), Councillor Wells (Thanet District Council), Clive Hart (Thanet Clinical Commissioning Group) and Larissa Reed (Thanet District Council)

### 1. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN FOR 2015/16

Councillor Gibbens proposed, Councillor Wells seconded and Members agreed that Dr Martin be appointed as Chairman of the Thanet Health and Wellbeing Board for the ensuing year.

Dr Martin proposed, Councillor Wells seconded and Members agreed that Councillor Fairbrass be appointed Vice-Chairman of the Thanet Health and Wellbeing Board for the ensuing year.

### 2. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 12 February 2015 were agreed.

### 3. DEVELOPMENT OF THE THANET HEALTH AND WELLBEING BOARD

Alisa Ogilvie, Chief Operating Officer, Thanet CCG, presented her report noting that there would be an executive group set up which would report to the Thanet Health and Wellbeing Board (THWB). She added that there had been a THWB development workshop held on 3<sup>rd</sup> June during which it was agreed that there should be a shift of responsibilities from the CCG to THWB and that the purpose of this item was to seek ratification from those present to move in that direction.

In response to comments and questions it was noted that:

- Members highlighted that they felt the development session had been a useful exercise. Advice from TDC and KCC policy officers would now be required in order to progress the proposed developments;
- delivery was what mattered to the public, therefore it was important to demonstrate least one successful and meaningful outcome quickly.
- this development of THWB should take place over the next 12 months to coincide with a retendering exercise that KCC would be undertaking.

It was agreed that the executive group would provide an update on the development of the THWB at the next meeting.

### 4. DEMENTIA BRIEFING

Colin Thompson, Consultant in Public Health, KCC presented the report which gave a background to the condition and gave an update on work carried out both within Thanet and nationally.

In response to comments and questions it was noted that:

- there is still a degree of stigma attached to dementia, this could adversely impact early identification and treatment;
- some councils have offered dementia awareness training;
- an assessment would be required to establish the level of support and facilities (both medical and non-medical) available to those with dementia within Thanet;
- E-Kids, Age UK Thanet, and dementia friendly café's provide some support to dementia sufferers. Links to these organisations would be made available on the TDC's website.

Members agreed that the executive group would appoint a lead officer to establish the level of dementia service available in a medical setting and within the community.

## 5. AGE UK SUPPORT

Diane Aslett and Nicola Parish from Age UK gave a presentation on the work of Age UK with a particular focus on the Support at Home Service.

It was noted that there was a focus on the early identification of problems before issues could develop in more serious conditions.

It was recognised that the Support at Home Service prevented repeated hospital visits by enabling those discharged from hospital to get back on their feet and regain independence.

## 6. QUALITY PREMIUM 2015/16

Adrian Halse, Senior Business Analyst, Thanet CCG introduced the report which gave some background to the principles of the quality premium and detailed specific indicators chosen by the Thanet CCG.

In response to comments and questions it was noted that the Thanet CCG had been required to submit its proposals to NHS England in May, however it wished for the Thanet Health and Wellbeing Board to ratify the indicators. These indicators were largely derived from blanket indicators issued across the country.

Members agreed to ratify the list of indicators as set out in paragraph 4.2 of the report, namely:

Urgent and Emergency Care	30% aligned to <i>Number of non-elective patients who are discharged at weekends or bank holidays.</i>
Mental Health	30% aligned to <i>Number of people with severe mental illness who are currently smoking.</i>
Local Priorities	10% aligned to <i>C2.5 People with diabetes diagnosed less than a year who are referred to structured education.</i>  10% aligned to <i>C3.12 Hip fracture: timely surgery.</i>

## 7. EKHUFT POSITION STATEMENT

The Chairman introduced the item, and noted the following:

- there would need to be a shift of increased care provision with in the community rather than in hospitals.

- the health service had seen a trend of medical specialisation, however there would be an increasing demand for consultants with more generalised expertise, this knowledge would take time to develop.
- that acute health care could not continue in its current form when faced with changing budgets and demographic, Buckland Hospital could be an example of what future health provision might look like.

In response to comments it was noted that effective communication would be vitally important, and co-ordination would be required with elected Members at TDC and KCC.

## **8. ADULT SOCIAL CARE TRANSFORMATION**

Mark Lobban, Director of Commissioning Social Care, KCC presented the item. He noted that this was to update Members regarding phase two of the transformation. Mr Lobban advised that the modelling was based upon success demonstrated in Ashford where improvements to the Ashford enablement team had resulted in 90% of people having no on-going care needs after a period of enablement.

In response to questions and comments it was noted that:

- the Thanet Health and Wellbeing Board would have a role in assessing the success of the integrated support proposal;
- the transformation would require a larger domiciliary workforce with care providers becoming more specialist;
- there are currently some perverse incentives in domiciliary care that encourage dependency on the service rather than independence;
- more needed to be done to get young people interested in domiciliary work, there was recognition that current pay and conditions were not an incentive to young people to embark on a career as care workers;
- secondary schools received an invitation to the East Kent Social Care and Health Careers Event which would take place in October 2015.

It was agreed that the executive board would look further into the transformation programme at its next meeting.

## **9. HEALTH INEQUALITIES IN THANET**

Colin Thompson, Consultant in Public Health, KCC presented the report noting that compared with the other districts in Kent, Thanet had the widest gap in health inequalities between its areas.

Members agreed the recommendations as set in the report, namely:

“Thanet Health and Wellbeing Board should ensure that tackling health inequalities is one of its key priorities.

A health inequalities action plan should be developed. This work should be led by Kent County Council Public Health, in partnership with all stakeholders. The action plan will be brought to the next Health and Wellbeing Board.

All Stakeholders to identify a lead individual who will take the responsibility of reducing health inequalities.

Establishing a Thanet Health Action Group as a sub-group of the Health and Wellbeing Board. This group can deal with more detailed actions relating to localised health issues such as implementation of the local alcohol action plan.”

## **10. THANET HEALTH PROFILE**

Colin Thompson, Consultant in Public Health, KCC presented the document, noting that the profile is produced by Public Health England each year. He added that it was evident that a number of indicators showed Thanet as significantly worse than the England average.

It was noted that these issues of inequality were persistent and on-going, they had been highlighted in 2004 and remained a problem. More resource was required into areas where inequality was most prevalent.

Members agreed that the executive group would look into inequalities as a priority order to drive the issue forward.

**11. REPORT ON THE CHILDREN'S BOARD**

Members noted the report.

**12. AGENDA TOPICS FOR THE NEXT MEETING**

A number of items were referred to the executive board for investigation and development, an update on these items would be provided at the following meeting of the THWB.

Meeting concluded: 12.00 pm