

THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 17 September 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), Esme Chilton (Future Creative), Councillor L Fairbrass (Thanet District Council), Madeline Homer (Thanet District Council), Emma Hanson (Kent County Council), Colin Thompson (Kent County Council) and Councillor Wells (Thanet District Council)

1. APOLOGIES FOR ABSENCE

Apologies were received from Clive Hart, Cllr Gibbens and Mark Lobban, for whom Emma Hanson was present as substitute.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 11 July 2015 were agreed.

4. LEADING INTEGRATED HEALTH AND SOCIAL CARE COMMISSIONING IN THANET

Alisa Ogilvie, Chief Operating Officer, Thanet CCG, presented the report which included a proposed roadmap and questions for consideration by the committee.

In response to comments and questions it was noted that:

- Members agreed to the roadmap and timescales contained within it.
- Members would be provided with a link to the KCC Health Wellbeing Board minutes.
- Thanet priorities were reconfirmed to be children, mental health, inequality and frail older people. It was agreed Local Partnership Groups should be established for each to develop the model of care and that there should be an Integrated Commissioning Group that would develop an integrated commissioning plan for Board approval in March 2016. The Thanet Health and Wellbeing Board would be required to agree the terms of reference of any sub-groups, however it was agreed that the Chairman would have delegated power to agree these between Board meetings to enable the groups to be set up.
- It was the Board's intention that terms of reference for its subgroups would be considered at the November THWB meeting.

Jonathan Bates, Chief Finance Officer, Thanet CCG gave a presentation regarding ICO Finance, he highlighted that key to success would be joint working rather than silo working, the development of mutual respect, good management, and good governance.

In response to comments and question it was noted that:

- The pooling of money was not a prerequisite for co-working.
- Good governance should enable rather than block progress.

- Clarity of what was to be delivered was needed to allow providers to meet demand.
- A copy of Mr Bates' slides would be circulated to the Board.
- The direction of travel to align finances, and to form a shadow budget from 2016-2017 was agreed.

5. THANET CCG LOCALITY PROFILES

Colin Thompson, Consultant in Public Health, KCC presented the item and noted that there were four different locality clusters each with a different population profile. In summary the committee were presented with key headlines for each of the four areas.

In response to comments and questions it was noted that:

- The data could assist the NHS in aligning its spend to areas of most need.
- Analysis of the data could prove instrumental in identifying areas for potential quick wins, which was one of the Boards objectives.

6. LOCAL ALCOHOL PROFILES

Colin Thompson, Consultant in Public Health, KCC presented the item noting that Local Alcohol Profiles had been created for each local authority area in England. He advised that Thanet had scored better than some parts of Northern England, and explained that the Kent Alcohol Strategy had identified a need for greater work to be done within hospitals to target alcoholism. In response the QEQM has had alcohol liaison officers available to provide support to patients. These officers made 186 referrals to Turning Point, an increase from 6 referrals the previous year.

Mr Thompson noted that early intervention was key, and advised that the QEQM had seen a 25% reduction in alcohol specific admissions due to the work of the community detox service, this led to a saving of 83 bed days.

7. PUBLIC HEALTH TRANSFORMATION WORK

Karen Sharp, Head of Public Health Commissioning, KCC presented the report noting that the presentation would be made at all of the local Health and Wellbeing Boards in Kent. She explained that a number of key contracts were coming to an end, therefore it was a good time to evaluate and reshape public health provision.

In response to questions and comments it was noted that:

- Kent wide resources could be realigned to areas where health inequality was most prevalent.
- Public Health Transformation wished to move from a Kent wide focus to a local focus, therefore should align its priorities with the priorities of the local Health and Wellbeing Boards.

8. DEMENTIA UPDATE

This item would be received by Members at a future meeting of the THWB.

Meeting concluded : 12.20 pm