

## THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 24 March 2016 at 10.00 am in the Council Chamber,  
Council Offices, Cecil Street, Margate, Kent.

**Present:** Dr Tony Martin (Chairman); Clive Hart (Thanet Clinical Commissioning Group), Mark Lobban (Kent County Council), Sharon McLaughlin (Thanet Children's Committee) and Linda Smith (Kent County Council)

**In Attendance:** Val Miller, Public Health Specialist for Healthy Weight, KCC and Kallie Heyburn, Head of Strategic Planning and Commissioning, Thanet CCG

### 16. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Colin Thompson, substituted by Linda Smith;  
Councillor Gibbens;  
Councillor Wells;  
Councillor L. Fairbrass;  
Madeline Homer, substituted by Penny Button;  
Hazel Carpenter.

### 17. DECLARATION OF INTERESTS

There were no declarations of interest made at the meeting.

### 18. MINUTES OF THE PREVIOUS MEETING

The minutes were agreed as a correct record of the meeting that was held on 21 January 2016.

### 19. THANET HEALTHY WEIGHT ACTION PLAN

Val Miller, Public Health Specialist for Healthy Weight, KCC led discussion with a presentation to the Board. She said that the Action Plan was still work in progress and that it was an iterative process as officers were still collating information from partner agencies including KCC. Adult excess weight was prevalent in the county, with two thirds of adult population viewed as being obese. Prevalence of obesity in Year 6 school children was observed as well.

The Board was concerned about children leaving primary school overweight. It was reported that other Health and Wellbeing Boards were working on similar issues using the same action plan template across Kent. The causes of obesity were shared in the 2007 Foresight Report's 108 factors that included genetics, exercise, environment, diet and psychology.

Val Miller said that it was important for organisations to start thinking about workforce development to help address this significant health issue. Providing training to frontline staff to pass on the message on healthy weight would build the confidence of staff to engage residents and raise issues about obesity when providing them with services. It was also essential that adequate resources would need to be commissioned to provide services for weight loss to individuals who require such services.

Concerns were raised about the BME and disability groups being under represented at forums where these issues were debated. There was a need for joined up working and for the Board to use its influence to identify sources of funding that could be shared and accessed for weight loss services.

Communication across agencies was key in order to share information on what different agencies were doing in addressing this health issue. Having an influence over planning, licensing, leisure and environmental services would also help fight obesity for the local communities. Children in the age group 11-19 years did not have as much services to help them with overweight problems. There was a need to consider early health notification and child protection issues when dealing with overweight children. There was a key role to be played by the media, elected Members, local role models and campaigns. It was observed that the sugar tax recently introduced was a step in the right direction by government.

Members suggested that this action plan on healthy weight be made part of the Thanet Health & Wellbeing Board agenda. This plan could include working with schools and nurseries programmes that promote healthy weight for children as well as the diversionary activities by the Justice system that work with children that were picked off streets. It was important to be aware that children from deprived areas and families were more vulnerable and susceptible to obesity problems.

The interventions should therefore aim to reach out to these marginalised individuals and families. Identifying health champions in partner agencies' staff would also be a good start. Attention should be given to creating play spaces when decisions are made by the Council's planning department. Parks and cliff walks should also be promoted. These efforts could be supplemented by sending out subtle messages like promoting smoke free homes for families. The Board should ask difficult questions that would help progress the agenda for healthy weight. This could include challenging the services that were being provided by vending machines in work places, leisure centre leasing conditions and the general food marketing approaches by organisations.

The Board noted the presentation.

## **20. INTEGRATED COMMISSIONING AND ALIGNMENT**

Kallie Heyburn, Head of Strategic Planning and Commissioning, Thanet CCG made a presentation to the meeting. She said that the proposed approach of integrated commissioning and outcomes based commissioning would provide seamless services to patients. A workshop was held on 3 March 2016 with members of the Integrated Commissioning Group together with clinical leads, commissioning manager and chairs of the Local Partnership Groups to start mapping out the services that were currently being offered. The finance picture would need to be clearly identified in order to quantify the efficiency savings whilst improving services being offered. It was hoped that the proposed plan would be implemented in 2017/18.

Board members said that the proposed integrated working should be put at the centre of activities of the partner agencies that are working towards integrated commissioning of health and social care services. There are a number of organisational challenges that would need to be overcome in order to achieve full integration by 2020. These included the current budgetary constraints, budget deficit and efficiency savings.

The other significant challenge is for the integrated commissioning group to establish a new model of integrated working. This would include rewording the terms of reference of the group and bring together the appropriate commissioners to this debate and work out the governance issues leading to an agreed change model that cuts across sectoral interest barriers.

Board members agreed that it would be helpful for the Away Day session that has been planned for early May 2016, be used to develop the Board further and bring in the right professionals to sit on it. This would help ensure that governance arrangements for the commissioning group are set out appropriately in order to move forward the agenda for integrated commissioning.

Some of the questions that would need to be considered are: 'are we seeking to identify a model for service delivery or just to identify the outcomes? Do we want to commission the outcomes or just the model? It was important for the commissioning leadership to identify the model of care and its functionality. What would be the roles and responsibilities between the strategic commissioners and the people who are accountable for the new organisation?'

Members noted the presentation.

## **21. VERBAL UPDATE ON HEALTH INEQUALITIES IN THANET**

Linda Smith, Public Health Specialist for Thanet, KCC introduced the item for discussion.

### **Thanet Health Inequalities profile**

KCC Public Health is taking a new approach to reducing health inequalities in the county, by producing focussed analysis of the most deprived areas. Multivariate segmentation techniques have been used to identify different 'types' of deprivation affecting communities in Thanet:

- Young people lacking opportunities;
- Families in social housing;
- Young people in poor quality housing.

The Health Inequalities Group has met twice and work is underway to develop a Thanet Plan based on these revised Public Health Locality Profiles.

### **Thanet Child Health Profile**

Highlighted for discussions were areas of improvement such as the teenage pregnancy rate in Thanet is at its lowest since records began in 2001. Alcohol-related hospital admissions for those under 18 years are also declining.

The 0-19 year population is set to increase by 3% over the next five years equating to 1000 additional young people in the area by 2020. Wards with relatively high levels of child poverty (50%) are some of the poorest in Kent.

Education attainment and unauthorised absence from school continue to be a key challenge in several wards.

### **Department of Health Visit**

The Department of Health (Equity and Communities) and Public Health England are collaborating and sharing resources to tackle health inequalities. They will be visiting Margate and talking to the various partner agencies Colin Thompson will be coordinating the visit; date to be confirmed.

### **Dual Diagnosis: Care Improvement**

A revised partnership joint working agreement to improve care for individuals with a mental health and a substance misuse condition (dual diagnosis) has been agreed by the Strategic Steering Group for Kent and Medway in March 2016. This will be supported by a Kent and Medway Partnership Trust dual diagnosis policy, a care pathway, training and webbased resources for practitioners. It will be implemented with immediate effect and promoted in the coming months.

The report was noted.

Meeting concluded: 11.20 am