

THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 26 May 2016 at 10.00 am in the Pugin & Rossetti Rooms,
First Floor, Council Offices, Cecil Street, Margate.

Present: Dr Tony Martin (Chairman); Councillor L Fairbrass (Thanet District Council), Councillor Gibbens (Kent County Council), Clive Hart (Thanet Clinical Commissioning Group), Madeline Homer (Thanet District Council), Mark Lobban (Kent County Council) and Linda Smith (Kent County Council)

1. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN FOR 2016/17

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

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

2. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Hazel Carpenter
Colin Thompson, for whom Linda Smith was present.
Sharon McLaughlin
Councillor Wells

3. DECLARATION OF INTEREST

There were no declarations of interest made at the meeting.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24 March 2016 were agreed as a correct record.

5. GROWTH AND INFRASTRUCTURE FRAMEWORK

Stephanie Holt, Head of Countryside, Leisure and Sport Group, KCC presented the item, during which it was noted that:

- The Kent and Medway Growth and Infrastructure Framework (GIF) was developed to provide an understanding of the infrastructure required to support housing and economic growth up to 2031.
- It was recognised that there were gaps in the data used to create the GIF, and that accuracy was important as it would impact on local government funding. Errors could lead to funding gaps. It was intended that the GIF be updated by January 2017.
- Work would take place with district councils to agree infrastructure priorities.
- Public Health England developed a tool called SHAPE (a Strategic Health Asset Planning and Evaluation application) which KCC used to develop housing strategy. Data from SHAPE could be used to feed in to the GIF.

- Some key contacts to assist in the development of the GIF were:
 - Sue Martin – Head of Governance, South Kent Coast CCG and Thanet CCG
 - Colin Thompson – KCC – Consultant in Public Health
 - Alan Fitzgerald – KCC SHAPE lead.

6. THANET CCG ANNUAL REPORT

Sue Martin, Head of Governance, South Kent Coast CCG and Thanet CCG presented the item during which it was noted that:

- The auditors had given an unqualified opinion for the CCG accounts and also for value for money.
- Thanet CCG had achieved financial balance.
- Block contracts for EKHUFT had recently moved to a payment by result system, this potentially shifted the risk of budget overspend to local CCG's.
- The annual report would be circulated to the members of the Board after the meeting.

7. QUALITY PREMIUM

Adrian Halse, Senior Business Analyst, Thanet CCG presented the report during which it was noted that:

- The quality premium rewards CCG's for achievement of certain measures. Mandatory measures make up 70% of the available award, and 30% is allocated on the basis of achievement of three locally set measures and targets.
- The Board was asked to ratify Thanet CCG's choice of locally set indicators which had been submitted to NHS England for approval.
- The three indicators were chosen because they were highlighted as appropriate by the RightCare data, and were indicators which could be easily measured.
- Payment as a result of achievement of these indicators would be received in December 2017. Payment for the 2015/16 year would be made in December 2016, however payment would be reduced as not all the targets had been met.

The Board agreed to ratify the list of locally set indicators as set out in paragraph 3.5 of the report, namely:

17 - Genito-Urinary - Reported to estimated prevalence of CKD (%)	As noted in our operational plan, Right Care has highlighted cardio vascular disease, and tackling diabetes is also a key concern for the CCG in 2016/17. A key part of this work will be ensuring that more is done in primary care to prevent the need for secondary care interventions. CKD is linked to bother cardio vascular and diabetes and practices will need to continue to achieve high rates of diagnosis as part of this work. The intention is to exceed the national average.
37 - Mental Health - Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression	Mental health outcomes have been highlighted in the RightCare data for Thanet and improving access to psychological therapies is a key part of our operational plans around mental health next year. The intention will be to exceed the national average in terms of access rates.
43 - Mental Health - % of people who are "moving to recovery" of those who have completed IAPT treatment	Mental health outcomes have been highlighted in the RightCare data for Thanet and improving access to psychological therapies is a key part of our operational plans around mental health next year. The intention will be to exceed the national average in terms of recovery rates.

8. THEMATIC QUESTIONS FROM THE THANET LEADERSHIP GROUP

The Chairman introduced the item during which it was noted that:

- Three options had been considered at the recent Thanet Health and Wellbeing Board workshop. The preferred option was to create an Integrated Commissioning Board (ICB) which would adopt some of the work mandated to the Board.
- Similar conversations were taking place across other districts within Kent.
- The intention was to encourage integrated public services at a local level that were tailored to meet local needs.
- A clear proposal and appropriate governance arrangements would need to be established before being brought before Members for decision.

It was agreed that:

- The Chairman would formally speak to Roger Gough, KCC Cabinet Member for Education & Health Reform and Chairman on the Kent Health and Wellbeing Board to express the Board's desire to establish an ICB.
- The Executive Group would meet to consider governance arrangements and develop some challenge questions, proposals for group development would be reported back to the next THWB meeting.
- This topic would be a regular item on future agendas.

9. SERIOUS INCIDENT REPORT

The Board agreed that the public and press be excluded from the meeting for agenda item 9 as it contained exempt information as defined in paragraph 1 of Schedule 12A of the Local Government Act 1972 (as amended).

It was noted that:

- The Thanet CCG would consider how lessons learned information would be disseminated to relevant organisations going forward.
- Madeline Homer would share the lessons learnt with relevant individuals from Housing Services and the Police on this occasion.

10. REPORT FROM LOCAL PARTNERSHIP GROUPS

The Board noted the report.

Meeting concluded: 11.45 am