

DRAFT MINUTES

Health and Wellbeing Board – **Sixth** Formal Meeting

Meeting held on Wednesday 28 January 2015 2014 at 09:30am

Committee Room, Swale House, East Street, Sittingbourne, ME10 3HT

Present	<p>Cllr Andrew Bowles (AB), <i>Leader, SBC (Chair)</i></p> <p>Cllr Ken Pugh (KP), <i>Cabinet Member for Health, SBC</i></p> <p>Abdool Kara (AK), <i>Chief Executive, SBC</i></p> <p>Cllr John Wright (JW), <i>Cabinet Member for Housing and Lead Member for Health, SBC</i></p> <p>Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i></p> <p>Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i></p> <p>Colin Thompson (CT), <i>Public Health, KCC</i></p> <p>Terry Hall (TH), <i>Public Health, KCC</i></p> <p>Bill Ronan (BR), <i>Community Engagement Manager, KCC</i></p>	<p>PSE Jane Hurn (JH), <i>Mental Health Project Worker, Kent Police</i></p> <p>Sarah Williams (SW), <i>Assistant Director, Swale CVS</i></p> <p>Helen Stewart (HS), <i>Kent Healthwatch</i></p> <p>Tristan Godfrey (TG), <i>Policy Manager, KCC</i></p> <p>Cllr Chris Smith (CS), <i>Deputy Cabinet Member Adult Social Care & Public Health, KCC</i></p> <p>Steve Furber (SF), <i>Vice-Chair, Swale Mental Health Action Group</i></p> <p>Jo Purvis (JP), <i>Strategic Housing and Health Manager, SBC</i></p> <p>Becky Walker (BW), <i>Housing Strategy and Enabling Officer, SBC</i></p>
Apologies	<p>Debbie Stock, <i>Chief Operating Officer, Swale CCG</i></p> <p>Su Xavier, <i>Swale CCG</i></p> <p>Chris White, <i>Swale CVS</i></p> <p>Paula Parker, <i>Commissioning Manager, KCC</i></p> <p>Mark Lemon, <i>Strategic Business Advisor, KCC</i></p>	<p>Penny Southern, <i>Director Learning Disability and Mental Health, KCC</i></p> <p>Amber Christou, <i>Head of Housing and Health, SBC</i></p> <p>Alan Heyes, <i>Community Engagement Lead, Mental Health Matters</i></p>

NO	ITEM	ACTION
1.	Introductions	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves and apologies were noted.	
2.	Minutes from Last Meeting	
2.1	The minutes from the previous meeting were approved.	
2.2	Matters arising: <ul style="list-style-type: none"> ▪ p.1, 2.2: PP to share a list of respite/support services for dementia carers ▪ p.2, 2.2: TH to confirm if there is still a pharmacy at Teynham Street 	<p>PP</p> <p>TH</p>

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3.	The Care Act 2014	
<p>3.1</p> <p>3.2</p>	<p>TG introduced a presentation on the new Care Act. The key points were:</p> <ul style="list-style-type: none"> ▪ this is the biggest change to social care since 1948; ▪ from April 2015, KCC will have a duty to assess and meet the needs of both service users and carers if they meet the eligibility criteria. The national eligibility criteria will be slightly higher than KCC's existing criteria, which is set at medium; ▪ KCC will also take responsibility for the care needs of eligible prisoners; ▪ the focus will be on outcomes for people and a better quality of life. More support will be offered to carers to them in their role; ▪ KCC are looking at aligning the Kent Health and Wellbeing Strategy and the JSNA with the Care Act requirements so that the outcomes can be measured; ▪ from April 2016, there will be a cap on care costs of £72K; ▪ there could be a large increase in the number of assessments required, which may have capacity and resource implications for KCC; and ▪ AB suggested circulating the paper prepared by KCC for the November Kent Health and Wellbeing Board with the minutes. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ KCC can delegate most functions except for adult safeguarding responsibilities. It is an option to delegate, not a requirement. KCC are currently looking at potential delegations; ▪ the infrastructure and workforce are in place to do the assessments but there could be an initial large spike in demand for assessments from self-funders and carers. This is an unknown quantity and difficult to plan for; and ▪ potential forecasts have estimated that the number of assessments could increase from 400 per year to 4,000. If this occurred, KCC would have to look at the options of outsourcing some assessments. 	<p>JP</p>
4.	Mental Health Concordat	
4.1	<p>JH presented on the Mental Health Concordat. The key points were:</p> <ul style="list-style-type: none"> ▪ the Concordat is a partnership agreement aimed at helping people experiencing a mental health crisis to get the right support. It is important that they can have access to services 24 hours a day; ▪ where the police come into contact with someone in crisis they are not always the best people to be able to help that person as they don't have access to things like medical records. Kent Police need to ensure they work with other local agencies to get that person the right support and/or assessment; ▪ a key aspect of the Concordat is treating people with dignity and respect 	

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4.2	<p>and looking at it as a medical issue rather than a police one i.e. using unmarked police cars or ambulances to transport people rather than marked police cars. This helps to reduce stigmatization of mental health;</p> <ul style="list-style-type: none"> ▪ Kent Police are currently working with Kent Publish Health around suicide prevention and doing a lot to promote the Live it Well website; ▪ There is a Concordat sub-group looking issues around ensuring people get timely assessments. The three-hour timescale is difficult to deliver on the ground, particularly where there is dual diagnosis with substance or alcohol misuse; and ▪ Kent Police will be having someone from Mental Health Matters in the Control Room so that they can identify at the call stage if a s.136 assessment might be needed. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ there seems to be an increasing demand for VCS services but diminishing resources. Kent Police need to consider funding the VCS to help deliver the Concordat[▪ the CCGs are signed up to the Concordat and are working together on this so that all Kent residents can receive the same service irrespective of where they live. The CCGs also fund the Street Triage service so people can be triaged properly and only receive s.136 assessments where necessary; ▪ there is a need to ensure that all frontline staff are properly trained in dealing with people in mental health crisis, including reception staff, call centre and control centre staff; and ▪ a request was made for Kent Police to come back to the Board in six months to review how this has been working locally in Swale. JP to add to Forward Plan. 	JP
5.	Family Nurse Partnership	
5.1	KCHT were unfortunately unable to attend to present on this item. It was agreed to reschedule for a future meeting.	BW
6.	JSNA Evaluation	
6.1	<p>CT gave an overview of KCC's JSNA Evaluation. The key points were:</p> <ul style="list-style-type: none"> ▪ KCC are looking at how well the JSNA is used by other organisations and how meaningful it is to them; and ▪ KCC would like local HWBs to respond and also member organisations to respond directly. 	
6.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ it would be more meaningful to have a workshop or focus group on this rather than fill out a questionnaire, so that there can be some more discussion about it; and ▪ AB wrote to Roger Gough previously asking for some form of joint learning event for local HWB Chairs, and this could be included as part of 	

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	a wider engagement process.	
7.	Health Improvement Partnership Update	
7.1	<p>CT provided an update on the Health Improvement Partnership (HIP). The key points were:</p> <ul style="list-style-type: none"> ▪ the HIP is a sub-group of the HWB, focussing on public health issues. The first meeting was held on 22 January, and future meetings will be bi-monthly; ▪ the HIP discussed the Local Health Action Plan for Swale and identified a number of priority objectives for the Board to focus on over the next 12 months, taken from the list of priorities agreed at the HWB on 19 November; ▪ the Board asked if these could be circulated and they can then review and feedback. CT to circulate list; ▪ KP asked if he could be provided with a list of attendees of the HIP and any minutes from meetings. CT to provide; and ▪ JP offered to circulate the agreed ToR to remind the Board of the HIP's purpose etc. 	<p>CT</p> <p>CT</p> <p>JP</p>
8.	Better Care Fund	
8.1	<p>TG updated on the Better Care Fund. The key points were:</p> <ul style="list-style-type: none"> ▪ the BCF Plan for Kent has now been approved by DoH; ▪ work is underway around the financial arrangements. There will be one pooled budget but with seven distinct chapters for each CCG area. There will be no cross-subsidy from one area to another in the event of poor performance; ▪ Disabled Facilities Grant funds monies will go into the pooled budget and then back out to Districts for 2015/16; and ▪ KCC is looking at the role of local Health and Wellbeing Boards in monitoring and overseeing performance of the BCF at the local level. 	
9.	Kent Health and Wellbeing Board	
9.1	<p>The papers for the Kent Health and Wellbeing Board were discussed. Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ TH raised that there had been a paper due to the go to the Kent HWB about CIL and s.106 agreements but this seems to have been delayed. AK was concerned about a paper on this going to the Kent HWB without any consultation with the Districts as the Local Planning Authorities. KP to ask at the Kent HWB meeting when this paper is due; ▪ it was noted that COGs were mentioned in the Early Years' Service paper but it was still not clear around their role and the link with other groups such as the Children's HWB. There was concern that without a COG there is nowhere to discuss local safeguarding issues with KCC; ▪ one view was that now that there are well-established systems in place 	<p>KP</p>

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	for joint working was there a continuing role for the Pioneer Group?	
10.	Partners' Update/AOB	
10.1	Swale CCG <ul style="list-style-type: none"> ▪ The CCG are undertaking their contracting round with providers for 2015/16. There will be a warm-up event on 11 February for interested suppliers of community services. There will be no significant changes to the community services to be provided. The contract will be for seven years. ▪ Medway Foundation Trust will be presenting to Kent HOSC with Swale CCG. MFT are failing to meet A&E targets of seeing patients within four hours. 	
10.2	Swale Borough Council <ul style="list-style-type: none"> ▪ SBC are going through the budget process. There are no proposed cuts to frontline staff, or any Council Tax increase. 	
10.3	KCC <ul style="list-style-type: none"> ▪ Children's Social Services will be going through the efficiency process with KCC's efficiency partner as part of the transformation programme. 	
10.4	Mental Health Matters <ul style="list-style-type: none"> ▪ A written update on the Wellbeing Cafes will be circulated. SF to provide to BW. 	SF/BW
10.5	Kent Healthwatch <ul style="list-style-type: none"> ▪ Healthwatch will be holding a Swale public engagement event on 11 March. SW offered to publicise through the CVS networks 	SW
Next meeting date: Wednesday 18 March 2015* Time: 9.30am – 11.30am Location: Committee Room, Swale Borough Council *This meeting will be in public		
Future Meetings Dates (all 9.30 – 11.30 at Swale House): 20 May 2015 15 July 2015 16 September 2015 18 November 2015		