

Health and Wellbeing Board - Seventh Formal Meeting

Meeting held on Wednesday 18 March 2015 at 09:30am

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

| Present | Cllr Andrew Bowles (AB), Leader, | Tristan Godfrey (TG), Policy | |
|-----------|---|--|--|
| | SBC (Chair) | Manager, KCC | |
| | Cllr Ken Pugh (KP), Cabinet | Chris White (CW), Swale CVS | |
| | Member for Health, SBC | Cllr Chris Smith (CS), Deputy Cabinet | |
| | Abdool Kara (AK), Chief Executive, SBC | Member Adult Social Care & Public Health, KCC | |
| | Amber Christou, Head of Service Housing and Health, SBC | Steve Furber (SF), Vice-Chair, Swale Mental Health Action Group | |
| | Cllr John Wright (JW), Cabinet Member for Housing and Lead Member for Health, SBC | Becky Walker (BW), Interim Strategic Housing and Health Manager, SBC Housing | |
| | Colin Thompson (CT), <i>Public</i> Health, KCC | Carol O'Maley (COM), Family Nurse Partnership | |
| | Terry Hall (TH), <i>Public Health, KCC</i> | Christy Holden (CH), Head of Strategic Commissioning – | |
| | Su Xavier (SX), Swale CCG | Accommodation Solutions, KCC | |
| | Megan Philpott (MP), Swale CCG | | |
| | Helen Stewart (HS), Kent Healthwatch | | |
| Apologies | Patricia Davies (PD), Accountable Officer, Swale CCG | Penny Southern (PS), <i>Director</i> Learning Disability and Mental | |
| | Dr Fiona Armstrong (FA), <i>Chair,</i> Swale CCG | Health, KCC | |
| | | Alan Heyes (AH), Community | |
| | Debbie Stock (DS), Chief Operating Officer, Swale CCG | Engagement Lead, Mental Health Matters | |
| | Paula Parker (PP), | | |
| | Commissioning Manager, KCC | | |

| 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: | | |
| | p.1, 2.2: PP to share a list of respite/support services for dementia carers to be carried forward | PP | |
| | p.2, 3.1: TG advised wording on point two to be amended to read "The | | |



3. 3.1

3.2

national eligibility criteria will **be on a par** with KCC's existing criteria, which is set at moderate:" p.4, 7.1: AC advised the ToR is being revised p.4, 9.1: AK advised the COG will not be established prior to June 2015 p.5, 10.4: SF apologised for the delay in providing the Wellbeing Café update, and advised this should be ready in the next few days. SF to SF provide to BW. **KCC Accommodation Strategy** CH introduced a presentation on KCC's Accommodation Strategy focusing on older persons housing. The key points were: the strategy was launched in July 2014 and is available on-line; this strategy is required to secure better accommodation outcomes, make savings, and provide modern fit-for-purpose accommodation; the strategy is district-based, with analysis going up to 2021; placement patterns were looked at and it was found that there are many cross-district placements: 2,500 units are required across Kent, with the need to increase extra care provision in particular; there is a requirement to increase nursing care by 2,000 units, and a need to increase the workforce to support this; the national vacancy rate for older persons schemes is 7% compared with Kent which is 3%: there is a 30% increased need for accommodation for those aged 85yrs+; there is a need to review care provision after hospital discharge; and the Isle of Sheppey is a priority where there is a case to incentivise build of accommodation. Points made in the discussion included: need to get homes inspected in plenty of time before discharge to ensure they are fit and adequate. Requires multi-agency approach to discharge; adaptations should be carried out as early as possible to avoid the use of nursing homes in the short term. Adaptations works should be 'upstreamed' to ensure completion prior to discharge. This can be managed by Swale BC's HIA; there are rehabilitation facilities at Sheppey Hospital that are not being fully utilised, and cottage hospitals could also be used for respite care: requirement for a matched workforce to patient needs;

the community service review is critical to driving the needs outlined in the strategy forward. Community hospitals are not directly under the

there is a working group looking at all issues raised, which will be

escalated through the CCG Executive Board;



| a request was made for the presentation slides to be emailed out; and a request made for a synopsis of the discussion to be sent to AB. Falls Prevention PP was unfortunately unable to attend to present on this item. It was agreed to reschedule for a future meeting. Family Nurse Partnership COM introduced a presentation on the FNP. The key points were: available to first time mums under the age of 20 years and until their child turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | RW |
|--|----|
| Falls Prevention 4.1 PP was unfortunately unable to attend to present on this item. It was agreed to reschedule for a future meeting. Family Nurse Partnership COM introduced a presentation on the FNP. The key points were: available to first time mums under the age of 20 years and until their child turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| PP was unfortunately unable to attend to present on this item. It was agreed to reschedule for a future meeting. Family Nurse Partnership COM introduced a presentation on the FNP. The key points were: available to first time mums under the age of 20 years and until their child turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | RW |
| to reschedule for a future meeting. Family Nurse Partnership COM introduced a presentation on the FNP. The key points were: available to first time mums under the age of 20 years and until their child turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | RW |
| COM introduced a presentation on the FNP. The key points were: available to first time mums under the age of 20 years and until their child turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| available to first time mums under the age of 20 years and until their child turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| turns two; focuses on increasing breastfeeding rates, reducing smoking during pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| pregnancy rates, increase father involvement, increase employment and reduce welfare dependency, better antenatal health, reduce substance misuse, increase school readiness, and prolong time between subsequent births; use of a client-focused behaviour changing model; two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| two FNPs working in Swale with capacity for 25 clients each - at the end of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| of January 2014 had 44 cases, although aware there are 114 clients who could access the service; and referrals are via midwife, but also welcomed from other agencies at kcht.FNP@nhs.net . Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| kcht.FNP@nhs.net. Points made in the discussion included: reiterated that the clients must be 20 years or younger to participate as | |
| reiterated that the clients must be 20 years or younger to participate as | |
| | |
| this is a licence requirement of the programme and is only available to first time mums; | |
| the programme is looking to be expanded across all Kent districts; and | |
| FNP work closely with children centres, assessing client's readiness to engage in other service provision. Handover to health visitor when child turns two years old. | |
| 6. Swale Health & Wellbeing Improvement Partnership Update | |
| 6.1 CT gave an overview of the KH&WIP priorities: | |
| Eight priorities were suggested by KH&WIP which were presented to PSB last week for feedback. This resulted in six priorities being recommended: | |
| Reduce obesity through physical activity and healthy nutrition | |
| Reducing increased and higher risk alcohol use, substance misuse and legal highs | 1 |
| Prevent and reduce mental ill health and improve identification and diagnosis rates | |



| | Promote and increase dementia services and diagnosis rates | | |
|-----|--|----|--|
| | Reduce the number of falls within the home amongst over-65 and work to reduce length of hospital stay of those who have fallen | | |
| | 6. Reduce smoking across all groups | | |
| | The action plan will be populated through KH&WIP. The final draft will be signed off at the next Swale H&WB. | | |
| 6.2 | Points made in the discussion included: | | |
| | social isolation should be included as a priority - it was noted that this links across priorities 2, 3, 4 and 5, although we can consider making it the seventh priority; | | |
| | access to services was also discussed, and it was noted that this links across all priorities; and | | |
| | require short, medium, and long term gains, and agreed action target dates should be measured at one year to allow for review and adjustment. | RW | |
| 7. | Better Care Fund | 1 | |
| 7.1 | TG provided an update on the Better Care Fund (BCF). A short paper to be taken for sign off to Kent H&WB 18 March meeting. | | |
| 7.2 | Points made in the discussion included: | | |
| | Chief Finance Officers group changing to an overarching monitoring group, and exploring local options for sub groups; | | |
| | focus on integrated discharge or primary care teams with increased work around dementia pathway, reducing admission and increasing successful discharge; | | |
| | no more than three sub groups should be in place with prevention plan/ strategy beyond care and health and focusing borough-wide; and | | |
| | may require a parent and early intervention sub group. | | |
| 8. | Kent Health & Wellbeing Board | | |
| 8.1 | AC updated on Kent Health & Wellbeing Board. The key issues was the revised draft Protocol, setting out the working arrangements between the KHWB, Kent Children's Health and Wellbeing Board (CHWB), and Kent Safeguarding Children Board (KSCB). | | |
| 8.2 | A communications plan will be discussed at the KHWB meeting 18 March. | | |
| 9. | Partners' Update/AOB | | |
| 9.1 | Swale Borough Council | | |
| | SBC went Live with Universal Credit on 16 March for single claimants only. Two clients processed to date. | | |
| | Planning permission for the Town Centre regeneration granted at Planning Committee on 16 March - start on site summer 2015. | | |



• The pre-election period commences 20 March.

9.2 Kent Healthwatch

- Healthwatch held a Swale public engagement event on 11 March.
- Overview provided of the Healthwatch Kent Care Home Programme that examined provision in three homes across the county, and suggested recommendations.
- Overview provided of the report undertaken on Mental Health and GP support, with the aim to work with commissioners, NHS England and GPs to improve the experiences of mental health patients.

9.3 Public Health

 Andrew Scott-Clark has been appointed as the Director of Public Health at KCC.

9.4 **Mental Health Matters**

 Many organisations remain unclear about funding for mental health services 2015 and into 2016.

Next meeting date: Wednesday 20 May 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):

15 July 2015

16 September 2015

18 November 2015