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Health and Wellbeing Board – Eighth Formal Meeting

Meeting held on Wednesday 20 May 2015 at 09:30am

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

Present	<p>Cllr Ken Pugh (KP), <i>Cabinet Member for Health, SBC (Chair)</i></p> <p>Abdool Kara (AK), <i>Chief Executive, SBC</i></p> <p>Amber Christou, <i>Head of Service Housing and Health, SBC</i></p> <p>Cllr John Wright (JW), <i>Cabinet Member for Housing and Lead Member for Health, SBC</i></p> <p>Terry Hall (TH), <i>Public Health, KCC</i></p> <p>Su Xavier (SX), <i>Swale CCG</i></p> <p>Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i></p> <p>Chris White (CW), <i>Swale CVS</i></p> <p>Tristan Godfrey (TG), <i>Policy Manager, KCC</i></p> <p>Hannah Gates (HG), <i>Housing Strategy Officer, SBC</i></p>	<p>Cllr Chris Smith (CS), <i>Deputy Cabinet Member Adult Social Care & Public Health, KCC</i></p> <p>Helen Stewart (HS), <i>Kent Healthwatch</i></p> <p>Becky Walker (BW), <i>Interim Strategic Housing and Health Manager, SBC Housing</i></p> <p>Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i></p> <p>Bill Ronan (BR), <i>KCC</i></p> <p>Charlotte Hudson (CH), <i>Safer & Stronger Communities Manager, SBC</i></p> <p>Stephanie Curtis (SC), <i>Safer & Stronger Communities Officer, SBC</i></p> <p>Liza Thompson (LT), <i>Service Director, SATEDA</i></p>
Apologies	<p>Cllr Andrew Bowles (AB), <i>Leader, SBC</i></p> <p>Penny Southern (PS), <i>Director Learning Disability and Mental Health, KCC</i></p> <p>Alan Heyes (AH), <i>Community Engagement Lead, Mental Health Matters</i></p>	<p>Debbie Stock (DS), <i>Chief Operating Officer, Swale CCG</i></p> <p>Paula Parker (PP), <i>Commissioning Manager, KCC</i></p> <p>Andrew Scott-Clark, <i>Director of Public Health, KCC</i></p> <p>Steve Furber (SF), <i>Vice-Chair, Swale Mental Health Action Group</i></p>

NO	ITEM	ACTION
1.	Introductions	
1.1	KP 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	<p>Matters arising:</p> <ul style="list-style-type: none"> ▪ p.1, 2.2: PP to share a list of respite/support services for dementia carers – to be carried forward ▪ p.4, 6.1: Total Resource Pilot to be fed into action plan and a draft to be 	PP

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	circulated as soon as ready	AC/RW
3.	Domestic Abuse Services in Swale	
3.1	<p>SC and LT introduced a presentation on domestic abuse, the CSP agenda and SATEDA. The key points were:</p> <ul style="list-style-type: none"> ▪ a local Community Safe Plan is in place, with priorities including Crime, Anti-Social Behaviour, Domestic Abuse, Reducing Reoffending, and Supporting Victims; ▪ from April 2013 CCGs became statutory members of CSPs; ▪ Swale has the second highest rate of Domestic Abuse incidents in Kent; ▪ Government definition of domestic abuse can encompass but is not limited to: psychological, physical, sexual, financial, and emotional. ▪ SATEDA is a client-led service providing safe options for clients; ▪ referrals come from across the Borough from various organisations, although there have been no referrals from GPs to date. Referrals can be made via email at admin@sateda.org; ▪ there is an e-learning package available for health professionals at http://kdac.org.uk/health-professionals/; ▪ would like to strengthen links with GP surgeries to encourage referrals and sign-posting; ▪ 48% of those referred are identified as having a mental health issue, but referrals from Mental Health are very limited; and ▪ training can be provided, along with leaflets, posters and information cards. 	CCGs via SC
3.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ GPs may not be aware of SATEDA or may be referring through other routes such as Safeguarding. Work is required to improve referrals from GPs and better links with the local hospitals is required; ▪ a representative from the CCGs should attend CSP forum; ▪ SATEDA work with all members of the community regardless of sexual orientation or gender. The only exception is the Freedom Project which is written for women. SATEDA received 16 male referrals in 2014; ▪ most cases are repeat cases as victims are unlikely to leave on the first occasion. A telephone call-back service is provided which may assist repeat victims; ▪ it may be useful for SATEDA to link into Health Care Services via both CCGs. 	CCGs SATEDA/ CCGs
4.	Troubled Families Update	
4.1	<p>CH introduced a presentation on the Troubled Families Programme. The key points were:</p>	

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4.2	<ul style="list-style-type: none"> ▪ Phase 1 a 3 year 'payment by results' programme has completed, identifying 503 families and 'turned around' 236; ▪ Phase 2 has a five year extension with a target of 1,292 families, the largest cohort in Kent. New measurement criteria applies and is based on a family focused plan. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ good links exist at an operational level; however, improvement is required at a strategic level; ▪ a briefing from Public Health is required; and ▪ Troubled Families should be set as an agenda item at Kent H&WB. 	<p>CH KP</p>
5 Total Resource Pilot		
5.1	<p>AK provided introduction to project in Olivia Crill's absence. The key points are:</p> <ul style="list-style-type: none"> ▪ two strategic outcomes are being focussed upon for the pilot - 'keeping vulnerable older people safe in their own homes' and 'reducing obesity in children, young people and adults'; ▪ the pilot will examine all spend relating to these outcomes, seeking a move towards a commissioning for outcomes approach, and will demonstrate value around this methodology; ▪ there are two priority outcomes around Health and Social Care integration with the Better Care Fund, and examining activity, nutrition and lifestyle choices; and ▪ data collection is about to start with reporting due August/September 2015. 	
5.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ focusing on obesity in children may be limited, there is a requirement to consider linking adult behaviour into this; and ▪ the pilot will help to initiate the change process which can be complex. This is useful when considering the County-wide commissioning process, particularly as funding and resources are increasingly limited, requiring better and more efficient services. 	
6 Additional Board Members		
6.1	<p>KP opened up the option of additional members to the Board for debate, following KICA's request to attend Swale's H&WB. The key points raised include:</p> <ul style="list-style-type: none"> ▪ clarity is needed regarding the purpose of the Alliance and how they would contribute to the Board. We must be mindful of strategic governance, but as a meeting in public they are welcome to attend; ▪ KCC H&WB view is also necessary to provide guidance on inclusion of KICA membership; ▪ we must be mindful that there may be a conflict of interest in having a 	

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	<p>provider attend, although they are welcome to present;</p> <ul style="list-style-type: none"> ▪ others such as KFRS and the Police should also be included on the Forward Plan and invited to present. 	RW
6.2	<p>It was agreed to invite KICA to present to a future Board meeting, and a view about their membership of the Board would be deferred until after we had heard from them.</p>	AC/RW
7	Better Care Fund – verbal update	
7.1	<p>TG presented on the standing item. The key points were:</p> <ul style="list-style-type: none"> ▪ now in implementation phase so less to update on; ▪ joint commissioning is already in place for Children’s Services, LD and Mental Health; ▪ it would be useful to see a local dashboard of indicators reporting local outputs in North Kent, including wider Health and Social Care; ▪ DFG funding is now included within the BCF budget, but it is unclear how this will affect next year’s delivery. There is growing concern across Kent as it is still unclear where the focus of DFGs is locally. Reassurance was provided that there is a legal duty to pass on the DFG funds to LAs but this does not yet have a specific time frame. It was suggested that this item be discussed at Kent H&WB; and ▪ BCF should remain as a standing item, with the additional provision of a data/performance dashboard. 	AC/RW & TG
8	Kent Health Wellbeing Board	
8.1	<p>There was a short discussion on the Kent H&WB agenda. Items of note were:</p> <ul style="list-style-type: none"> ▪ Confirmation that the workforce review is based around a five year time period; and ▪ the Kent and Medway Infrastructure Framework looks at how planning and health fit together, focusing on the future growth at Ebbsfleet and Ashford to ensure health needs are taken into account in the planning process. 	
9	Partners Update/AOB – verbal update	
9.1	<p>Swale Borough Council</p> <ul style="list-style-type: none"> ▪ Universal Credit roll out very quiet so far. ▪ Housing Team is currently appearing on BBC Housing Enforcers. ▪ Submitted Local plan, examination in public due in Sept 2015. ▪ Election outcomes shared: Conservatives remain in administration and Andrew Bowles as Leader with the same Cabinet, which will be reviewed in August 2015. ▪ The number of safeguarding referrals is increasing noticeably. ▪ Positive feedback has been provided from KCHT around improved 	

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	<p>hospital discharge rates from Medway into Swale and the positive effect this has had on A&E.</p>	
9.2	<p>Swale CCG</p> <ul style="list-style-type: none"> ▪ Urgent Care Review across North Kent, overarching principles for future development. New service aims to be in place October 2016, to include a paramedic practitioner pilot led by South Kent Coastal for Swale. ▪ Year-end financial duties met, although MFT did not meet year end targets for A&E. Community Care Service review is going out to tender. Integrated commissioning wants to focus on Older Persons moving forward. ▪ Educational commissioners across South East to identify those who may want an apprentice-type health role 16-25 years but not limited to this age. ▪ Home First project saw 95% rate return home rather than into a care setting. 	
9.3	<p>Kent Healthwatch</p> <ul style="list-style-type: none"> ▪ Health Watch Bus will be out w/c 8 June 2015. Details to be sent out but will not visit Sheppey. 	
9.4	<p>Public Health</p> <ul style="list-style-type: none"> ▪ Physical inactivity pilot now open in Swale. ▪ Tobacco Control Alliance championing smoke-free homes initiative in child centres, and also smoke free parks in Ashford. ▪ KCC signed declaration on tobacco control. 	
9.5	<p>KCC</p> <ul style="list-style-type: none"> ▪ Thom Wilson will be delivering COG programme at a workshop in early June, with the aim to report back to July H&WB. Looking at a district-based model, 12 groups, with safeguarding critical component. ▪ KCC Social Care -, Phase 2 of transformation looking at broadening out to LD housing and what provision is required. ▪ Three public health contracts coming up for review. ▪ There is a H&WB Strategy review event on 17 June. 	
<p>Next meeting date: Wednesday 15 July 2015</p> <p>Time: 9.30am – 11.30am</p> <p>Location: Committee Room, Swale Borough Council</p> <p>All meetings will be in public</p>		
<p>Future Meetings Dates (all 9.30 – 11.30 at Swale House):</p> <p>16 September 2015</p> <p>18 November 2015</p>		

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