

DRAFT MINUTES

Health and Wellbeing Board – Tenth Formal Meeting

Meeting held on Wednesday 16 September 2015 at 10am

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

Present	<p>Cllr Andrew Bowles (AB), <i>Leader, SBC</i></p> <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 Residential Services, SBC</i></p> <p>Cllr John Wright (JW), <i>Cabinet Member for Housing and Lead Member for Health, SBC</i></p> <p>Tristan Godfrey (TG), <i>Policy Manager, KCC</i></p> <p>Becky Walker (BW), <i>Interim Strategic Housing and Health Manager, SBC Housing</i></p> <p>Bill Ronan (BR), <i>KCC</i></p>	<p>Helen Stewart (HS), <i>Kent Healthwatch</i></p> <p>Julie Blackmore (JB), <i>Maidstone Mind</i></p> <p>Alan Heyes (AH), <i>Community Engagement Lead, Mental Health Matters</i></p> <p>Cllr Penny Cole (PC), <i>Deputy Cabinet Member Adult Social Care & Public Health, KCC</i></p> <p>Sarah Porter (SP), <i>Policy and Performance, SBC</i></p> <p>David Clifford (DC), <i>Policy and Performance manager, SBC</i></p> <p>Su Xavier (SX), <i>Swale CCG</i></p> <p>Ally Hiscox (AH), <i>Deputy Chief Operating Officer, KCC</i></p> <p>Karen Sharp (KS), <i>Head of Public Health Commissioning, KCC</i></p>
Apologies	<p>Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i></p> <p>Penny Southern (PS), <i>Director Learning Disability and Mental Health, KCC</i></p> <p>Chris White (CW), <i>Swale CVS</i></p> <p>Debbie Stock (DS), <i>Chief Operating Officer, Swale CCG</i></p> <p>Andrew Scott-Clark, <i>Director of Public Health, KCC</i></p>	<p>Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i></p> <p>Terry Hall (TH), <i>Public Health, KCC</i></p> <p>Paula Parker (PP), <i>Commissioning Manager, KCC</i></p> <p>Neil Fisher (NF), <i>Head of Strategy and Planning, NHS Ashford CCG and NHS Canterbury and Coastal CCG</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.2, 3.1: AC provided an update, MHAG to be invited when Health & 	

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	Wellbeing Improvement Partnership development day confirmed.	
	<ul style="list-style-type: none"> ▪ P.3, 4.2: AK provided update on LCPG (Previously COG), Terms of Reference near completion. Swale meeting arranged for 28 September. ▪ JW advised he is attending the MFT meeting in September. 	
3.	Public Health Commissioning Programme	
3.1	<p>KS introduced the presentation on Public Health Commissioning.</p> <ul style="list-style-type: none"> ▪ The transformational programme began March 2015 but not yet concluded. ▪ The primary driver was the expired contracts and need to review in light of investing the Public Health grant, and is seen as a mini transformation programme. ▪ The programme is currently in the first phase and is out to stakeholders. ▪ Prison substance misuse is in top three spend in Swale 2015/16. Public Health commission this service on behalf of NHS England. ▪ The outcomes are clear and focused; Starting Well to Living Well and Ageing Well showing grant spend through the these three areas. ▪ The way that Public Health is currently commissioned could increase health inequalities, as services are commissioned in silos. The new 'wellbeing approach' will commission broader "wellness" services. ▪ Looking at investing and allocating resources to motivate people to change. ▪ The Public Health model details integration across community services, but retains specialist services with a focus on "building responsibility". Dorset delivers a similar model with wellness coaches connecting local services. 	
3.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ more Health Trainers are required in Swale, they are not very present in terms of activity, and demand is not being met; ▪ the Health Trainer service is a good service and is the start of the new Public Health model, drawing resources into this integrated approach should yield more trainers; ▪ the CCG currently have a health inequalities project as a vehicle for the health training service, therefore more awareness about the service is required; ▪ good practice at County level and nationally has been explored, although further suggestions are always welcome; ▪ June 2015 the Dept of Health closed their consultation on saving £200m (2015/16) in the Public Health Grant, providing four options on how this could be applied. KCC is looking at an approximate £4 million cut; ▪ the increase to Kent of asylum seeker children will not impact on this service significantly, but is impacting on other areas such as mental 	

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	<p>health, children nurses etc; and</p> <ul style="list-style-type: none"> this plan is a great delivery tool for the Board, providing a wellbeing plan embedding mental health across it to deliver a more holistic approach. 	
4.	Falls Prevention	
4.1	Move to future date on the Forward Plan.	
5.	Care Act implementation and Integration	
5.1	<p>TG provided an update as follows.</p> <ul style="list-style-type: none"> This large piece of new legislation provides a one point of reference for social care to move forward. The implementation of the cap on care costs of £72,000 has been delayed until 2020. The appeals system implementation date is to be confirmed. Currently KCC has their own system and it is unclear how the new national system will impact on this service. Key implementation is the new responsibility for social care needs of prisoners. 	
5.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> could explore the costs around in home care which will impact on KCC; and integration pioneer looking at the Disabled Facilities grant (DFG) and work on what housing can offer to all of the integration work. 	
6.	Kent Health and Wellbeing Board	
6.1	<p>AC introduced the discussion on the Kent H&WB agenda, highlighting Item 9, the report on the review of local boards which contains a considerable number of recommendations. Points made in discussion included:</p> <ul style="list-style-type: none"> issues detailed within the report were anticipated from the start, and detail around CCG views and responsibilities is lacking; lead officers were not consulted on the report; the recommendations ask for a number of things to happen, however there is no clarity on who needs to undertake these changes, and no platform to provide views on these recommendations; if the recommendations are agreed there is a risk that throughout the County, districts and CCGs will not participate or contribute, leading to the expiration of Boards; the CCGs were consulted, and the JSNA is due for refresh to make it useful; this report should be raised at the Kent H&WB (16.09.15) and fed back to Kent leaders; the LGA has looked at health and wellbeing boards and the need for a fit for purpose review; 	AC/KP

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	<ul style="list-style-type: none"> the CCG's account for the JSNA, although on occasion some elements of the JSNA are not relevant or reflective of the Swale economy. 	
7.	Partners Update / AOB – verbal update	
7.1	<p>Swale CCG</p> <ul style="list-style-type: none"> Medway Foundation Trust (MFT) underwent a CQC review August 2015, the report is yet to be published. However on 16 and 17 September an active divert for some services, including blue light ambulances, was in place to Maidstone, Dartford and Canterbury. This enabled the emergency care pathway to be reviewed with specific training needs identified. A ward in Sheppey hospital has re-opened to free up pressure elsewhere. The home to assess model has begun in Swale. The urgent care re-design is on hold for two months due to a government directive on the 111 service. Adult community services procurement still on track, to be implemented April 2016. Health and Social Care qualification has gone live at Oasis Academy. Would like to be included as a Swale Planning consultee. 	RW
7.2	<p>Public Health</p> <ul style="list-style-type: none"> Diabetes prevention programme with a national procurement for those borderline diabetic. Kent, Surrey and Sussex submitted a collective bid to increase chances of success. 	
7.3	<p>Swale BC</p> <ul style="list-style-type: none"> Front-line mental health issues are overwhelming, particularly around prison release; there is a meeting in place to address concerns. This issue seems unique to Swale. Updates to be provided. The next Health and Wellbeing meeting scheduled for November will be a workshop with the LGA on the 18 November 9am-12 at Swale House. Preparations in readiness for CSR on 25 November 2015 continue, and will update partners as we go through the process. Expecting 20,000 migrants over the next few years. Government currently discussing with LGA to look at how this will work in practice. H&WB need to be aware of numbers and support needs to ensure services are in place, although currently very little information. 	AC AK
7.4	<p>Mental Health Services</p> <ul style="list-style-type: none"> Identified a lack of supported housing available in Swale, and issues with discharge and Housing. Pending grant, the café in Swale will re-open winter 2015, has regular attendees. A suicide prevention day was held last week relating to football. Oasis Academy is actively supporting young people with mental health 	

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issues on the Island.

Next meeting date: Wednesday 18 November 2015*

Time: 9.00am - 12.00pm

Location: Assembly Room, Swale Borough Council

***This will be a Workshop and not a public meeting**

Future Meetings Dates (all 10.00 - 12.00pm at Swale House):

January 2016 – TBC

March 2016 – TBC

May 2016 – TBC