

DRAFT MINUTES

Health and Wellbeing Board – Formal Meeting

Meeting held on Wednesday 27 January 2016 10am

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

Present	Cllr Andrew Bowles (AB), <i>Leader, SBC (Chair)</i> Cllr Ken Pugh (KP), <i>Cabinet Member for Health, SBC</i> Abdool Kara (AK), <i>Chief Executive, SBC</i> Amber Christou (AC), <i>Head of Residential Services, SBC</i> Cllr John Wright (JW), <i>Cabinet Member for Housing and Lead Member for Health, SBC</i> Bill Ronan (BR), <i>KCC</i> Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i> Mark Lemon (ML), <i>Strategic Relationships Advisor, KCC</i> Kate Herbert (KH), <i>LGA</i>	Julie Blackmore (JBL), <i>Maidstone Mind</i> Sarah Porter (SP), <i>Policy and Performance, SBC</i> Ally Hiscox (AHi), <i>Deputy Chief Operating Officer, Swale CCG</i> Karen Sharp (KS), <i>Head of Public Health Commissioning, KCC</i> Terry Hall (TH), <i>Public Health, KCC</i> Becky Walker (BW), <i>Strategic Housing and Health Manager, SBC</i> Cllr Sarah Aldridge (SA), <i>Swale BC</i> Jane Barnes (JB), <i>Assistant Director- Older People and Physical Disability, KCC</i>
Apologies	Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i> Chris White (CW), <i>Swale CVS</i> Su Xavier (SX), <i>Swale CCG</i> Helen Stewart (HS), <i>Kent Healthwatch</i> Tristan Godfrey (TG), <i>Policy Manager, KCC</i>	Alan Heyes (AH), <i>Community Engagement Lead, Mental Health Matters</i> Cllr Penny Cole (PC), <i>Deputy Cabinet Member Adult Social Care & Public Health, KCC</i> Cllr Roger Gough (RG), <i>Cabinet Member Education and Health Reform, KCC</i>

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, 2.2: AK provided an update; LCPG is now up and running with Alan Bayford as chair. P.3, 6.1: AC provided update: Cllr Pugh attended September Kent H&WB and raised Swale's concerns; further follow up at the Swale H&WB workshop held in November. 	

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	<ul style="list-style-type: none"> ▪ P.4, 7.1: RW advised that Planning are aware that Health need to be a consultee, and contact details have been shared. ▪ P.4, 7.3: AC advised that two multi-agency prison release meetings have been held, and a protocol drawn up. There are plans to formalise a strategic overview, particularly in regard to changes at Elmley. ▪ P.4, 7.3: AK advised no cuts to front line services for 2016/17. 	
3.	Review from the LGA workshop	
3.1	<p>KH presented a Next-Steps refresher on Swale's H&WB workshop held November 2015.</p> <ul style="list-style-type: none"> ▪ Reminder of the five LGA self-assessment tool statements provided. <ul style="list-style-type: none"> (i) Visions and ambition – agreed that the meetings are well managed and the board is ambitious, with partners agreeing the 'big ticket' items, do require narrative for change. (ii) System leadership and partnership working – ability to influence already evident, but a sense this could be improved and requirement to align to others' strategies and plans. (iii) Delivery and impact – outcomes impact are good, although JSNA data should be used. (iv) Communication and engagement – need to increase public engagement, and methods of gathering views require improvement. (v) Integration system redesign – require more emphasis on prioritisation and prevention, along with maximum value for money across all partners. ▪ The key message focuses on the importance of not underestimating the time required for joint working and improving relationships, and how we can collectively improve jointly determined outcomes through a problem-solving approach. 	
3.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ a supportive approach which recognises all that is going on across the Borough to improve the health and wellbeing of residents and to enable self-responsibility can be taken forward through an effective problem solving operational group; ▪ there is a need to understand from KCC the minimum required to fulfil Local Board requirements, whilst enabling a thematic outcomes-focus of an operational group; ▪ the chair of the DGS H&WB has suggested a merger with Swale H&WB; ▪ there are critical issues unique to Swale – so any merger would need to be designed to enable these to be identified and prioritised; and ▪ the strategic role can line up with the expectations of County, whilst an operational group can focus on Swale issues. 	

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4.	Discussion on options and next steps	
4.1	<p>ML provided an update following on from the KCC H&WB paper of September 2015.</p> <ul style="list-style-type: none"> ▪ The paper sets out the local H&WB requirements, although there is no prescribed method for delivery. ▪ A merger between the H&WBs of Swale and DGS has been mooted, subject to discussions with DGS. ▪ A local solution-focused group will provide a forum to move Swale's local issues forward. 	
4.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ the lack of commissioning powers and different footprints has led to an ineffective Swale board. However, it was pointed out that some LHWBBs are starting to take on some commissioning powers; ▪ the workshop in November provided a way forward with the suggestion of a thematic based operational group which can be established. This needs to be worked up further to set out who will sit on the group and what this means for the LHWBB; ▪ an annual meeting/workshop could set the programme of priorities, and the thematic operational group could then take these forward; ▪ Thanet and South Coast are looking at a joint commissioning board, particularly due to the many changes ahead and the new models of care being implemented; ▪ agreed that an annual board meeting or workshop should be established to agree to the priorities, and each operational meeting should be thematic-based, and the approach reviewed at the end of 2016/17; ▪ discussions regarding the Swale and DGS merger need to be taken forward through a meeting with Cllr Gough, Swale and DGS CCG, Cllr Bowels, Cllr Pugh, Abdool Kara, and Amber Christou; ▪ establish what the DGS secretariat arrangements are; and ▪ operational group meetings should be established, the themes/priority suggestions should be emailed to group members. 	<p>AC</p> <p>AC</p> <p>RW</p> <p>AC</p>
5.	Public Health Programmes	
5.1	<p>Care Act implementation and integration (verbal update) unavailable - agreed to defer and Public Health Programmes presentation provided.</p>	
5.2	<p>KS provided an update as follows:</p> <ul style="list-style-type: none"> ▪ requirement for efficiency due to proposed 10% cut in funding 2016/17; ▪ key question around accessibility of services in Swale and whether they are set against need; ▪ children and young people focus groups established a need to look at adolescents, the purpose of the health visiting service, and aligning services with local priorities; 	

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5.3	<ul style="list-style-type: none"> adult health improvement consultation discovered that the public desire a realignment of services in areas where there are high health inequalities; recognition that unhealthy habits substitute for one another - therefore move towards a 'dual diagnosis' model with integrated service provision; and a procurement strategy for integrated services is the next step. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> LCPG can ensure the most appropriate representation from SBC prior to any commissioning; and requirement for increase in counselling services across Swale. 	
6.	Kent Health and Wellbeing Board	
6.1	KP, PD, and FA to attend KCC Board. No specific issues or comments to take forward.	
7.	Partners Update / AOB – verbal update	
7.1	<p>Healthwatch (RW gave update provided by HS)</p> <ul style="list-style-type: none"> Public voice events held in Swale in January. Visiting two hard-to-reach groups in January to get feedback on local issues. Next mental health project has been approved, focusing on out-of-area placements, repatriation process, and length of stay. Kent-wide PPG project nearing completion - this is linked in with local work in Swale. Project on patient choice under discussion. Discharge 'Home to Assess' project and current review / development (social services). 	
7.2	<p>Swale BC</p> <ul style="list-style-type: none"> Completed purchase of third property for use as temporary accommodation. Marmot indicators 2015 are Kent-wide and not reflective of Swale's issues. Public Health will look to localise these. CCG and Virgin have been invited to deliver a presentation to Members. Local Plan examination letter due imminently, with an increased number of homes required in Swale. The increase in population will impact on health care provision requirements. Spirit of Sittingbourne has reached agreement with a cinema provider. Devolution negotiations currently ongoing. Kent CC have suggested a focus on health and social care. North Kent are looking at a focus on growth and regeneration. 2016/17 budget agreed no major impacts. 	TH

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7.3	Swale CCG <ul style="list-style-type: none"> ▪ NHS CCG planning guidance to develop a sustainability and transformation plan over the next five years. ▪ Seasonal pressures over the Christmas and New Year period were well managed. ▪ Industrial action currently planned for 10 February – plans are in place. ▪ Virgin Care successful in the services review tender for Memorial and Sheppey Hospital. ▪ Urgent care review underway after a pause. ▪ NHS England agreed that CCG can take delegated commissioning of some GP services. ▪ The diabetes programme across Kent, Surrey and Sussex want to work with Swale CCG. 	
7.4	KCC – Learning Disabilities and Mental Health <ul style="list-style-type: none"> ▪ Stakeholder workshop on 28 January looking at ‘Home to Assess’. ▪ Blackburn Lodge – currently reviewing the plan with no change due over next two to three years. 	
Next meeting date: TBC		
Future Meetings Dates TBC		