

DRAFT MINUTES

Health and Wellbeing Board – Formal Meeting

Meeting held on Monday 23 January 2017 2pm

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

Present	<p>Cllr Andrew Bowles (AB), Leader, SBC (Chair)</p> <p>Dr Fiona Armstrong (FA), Chair, Swale CCG</p> <p>Cllr Ken Pugh (KP), Cabinet Member for Health, SBC</p> <p>Becky Walker (BW), Strategic Housing and Health Manager, SBC</p> <p>Allison Duggal (AD), Deputy Director Public Health, KCC</p> <p>Zoe Callaway (ZC), Strategy and Enabling Officer, SBC</p> <p>Cllr Penny Cole (PC), Deputy Cabinet Member for Adult Social Care and Public Health, KCC</p>	<p>Cheryl Fenton (CF), Head of Mental Health, KCC</p> <p>Lyn Gallimore (LG), Kent Healthwatch</p> <p>Russell Fairman (RF), Sports and Physical Activity Officer, SBC</p> <p>Bill Ronan (BR), KCC</p> <p>Chris White (CW), Swale CVS</p> <p>Lauraine Griffiths (LGr), Project Manager (HeadStart Swale), KCC</p> <p>Tristan Godfrey (TG), Policy Manager, KCC</p> <p>Helen Buttivant (HB), Consultant in Public Health, KCC</p>
Apologies	<p>Abdool Kara (AK), Chief Executive, SBC</p> <p>Cllr Roger Gough (RG), Cabinet Member Education and Health Reform, KCC</p> <p>Cllr Sarah Aldridge (SA), Deputy Member for Health, SBC</p> <p>Amber Christou (AC), Head of Residential Services, SBC</p>	<p>Patricia Davies (PD), Accountable Officer, Swale CCG</p> <p>Helen Stewart (HS), Kent Healthwatch</p> <p>Andrew Scott-Clark (ASC), Director Public Health, KCC</p> <p>Terry Hall (TH), Public Health, KCC</p> <p>Karen Sharp (KS), Head of Public Health Commissioning, KCC</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.	
3.	HeadStart	
3.1	LGr presented on the young person's and family centred resilience programme being piloted in Swale:	

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3.2	<ul style="list-style-type: none"> ▪ pilot programmes are being developed across Swale and Gravesham over a two year period; ▪ participating schools will commit to deliver the programme up to five years; ▪ the programme will provide additional resources and support to address the gap around young people exposed to domestic abuse; ▪ referrals to the school will derive from a police-led programme 'Operation Encompass', with notifications securely emailed to trained school officers who will in turn check-in with the young person; and ▪ grant through 'Pay It Forward' will be open on-line to take some of this work further, with the young people involved being able to participate in the commissioning process. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ the work force training and education plan delivered by Kent, Surrey and Sussex may link in and can be supported by the dynamic purchasing system at KCC - details to be provided to LGr; ▪ Healthwatch CAHMS report identified that young people within schools do not know how to support their peers with mental health issues, and this needs to be addressed; ▪ Young Carers groups will link into the HeadStart programme; and ▪ KCC Public Health is undertaking work around young persons' suicide prevention, and this should be linked in to HeadStart. 	<p>TG</p> <p>AD</p>
4. Swale Health Inequalities Update		
4.1	<p>HB provided an update on local health inequalities:</p> <ul style="list-style-type: none"> ▪ health inequalities focus on access to and outcomes of the provision of healthcare; ▪ the life expectancy gap between the most affluent and most deprived is around ten years; ▪ the average life expectancy gap for men and women is increasing in the most affluent areas, but is decreasing the most deprived areas; ▪ the shift in retirement age to 68 years will increase the number of those living with a disability but out of work; ▪ the main causes of premature deaths for men under 75 years is respiratory disease, followed by cancer; ▪ the main causes of premature deaths for women under 75 years is respiratory disease, followed by 'other', which includes metabolic disease nervous diseases and birth and pregnancy related; ▪ in the most deprived areas the main cause of premature death for men is external factors, such as RTAs, and for women it is 'other; and ▪ the category of 'other' causes requires further investigation. 	

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<p>4.2</p> <p>4.3</p>	<p>AD provided an update on the local JSNA:</p> <ul style="list-style-type: none"> ▪ details can be found on the Kent Public Health Observatory website: http://www.kpho.org.uk/; ▪ the requirement for a JSNA is laid down in 2007 statutory guidance, which provides a comprehensive means to explore localised health data and improve service delivery; ▪ in Swale 57% of those who would be expected to suffer with coronary heart disease can be identified; and ▪ 82% of those who would be expected to suffer with COPD are identified, which may be reflective of an increased smoking cessation service and GP referrals. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ young people migrating into Swale is accounted for within the socio-economic factors when looking at the gap between the most and least deprived areas, although this is a complex process; ▪ need to identify the three main reasons for the increasing health inequalities gap, to be developed through a Swale H&WB Strategy drawing the main issues and outcomes together; ▪ only 20% of health issues are related to health care interventions, meaning 80% are related to socio-economic factors, and this should be explored in the Swale Strategy; ▪ the existing integrated healthy lifestyle service with NHS health checks can target and monitor the increase in the gap around respiratory disease; and ▪ the Health Inequalities Group and Primary Care are currently looking at respiratory health and circulatory disease, with a requirement to focus on how quickly changes can be implemented for future generations. 	
<p>5.</p>	<p>Actions linking to the Swale H&WB</p>	
<p>5.1</p> <p>5.2</p>	<p>Requirement to identify priorities and how these can be tackled, taken through the CCG Health Inequalities Group to agree and initiate the Swale H&WB Strategy. This process should take approximately three months.</p> <p>KCC and the CCG will report on progress at the next H&WB meeting.</p>	<p>HB</p> <p>AD</p>
<p>6.</p>	<p>Partner Updates / AOB – verbal update</p>	
<p>6.1</p>	<p>Healthwatch</p> <ul style="list-style-type: none"> ▪ Talks with the STP Board continue, and need to focus on how to better involve the public. ▪ CAMHS report recommendations have been included in the new contract. ▪ Urgent care review case for change with outcome for integrated 	

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	systems providing a new service April 2019.	
	<ul style="list-style-type: none"> ▪ Currently scrutinising West Kent CCG gluten-free food prescribing. ▪ Working with East Kent Hospital University Trust to increase services, particularly around deaf patients, the equality and diversity system, and the food and hydration of patients. ▪ Wheelchair services have been reviewed and retendered. 	
6.2	KCC Public Health <ul style="list-style-type: none"> ▪ KCC Drug & Alcohol Strategy out for consultation, due 19 February. 	
6.3	Swale CCG <ul style="list-style-type: none"> ▪ MFT CQC visit has been completed, and currently awaiting outcome - due March 2017. ▪ Current A&E issues nationwide, with MFT particularly affected. ▪ Care Review underway - the outcomes will be taken to Scrutiny Committee on Friday 27 January. ▪ STP work continues, with an emphasis on prevention. 	
6.4	Swale CVS <ul style="list-style-type: none"> ▪ Successful companionship event run at Christmas, with a third more people requiring the service, mainly elderly and the disabled. ▪ Swale loneliness and support is provided through the Swale Elderly Forum, in partnership with CVS. 	
6.5	Swale BC <ul style="list-style-type: none"> ▪ Sports and Physical Activity Framework has been taken to the CCG Health Inequalities Group. ▪ LCPG Grant Panel have agreed on which organisations and charities will receive a share of the overall grant of £55K. 	

Next meeting date:

Wednesday 19 April 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices, Sittingbourne, ME10 3HT

Future Meetings Dates:

Wednesday 26 July 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices

Wednesday 25 October 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices

Wednesday 24 January 2018 10am – 12pm Committee Room (3rd Floor), Swale BC Offices