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	**Cllr Andrew Bowles (AB), *Leader, SBC (Chair)***	**Cheryl Fenton (CF), *Head of Mental Health,* KCC**
	Dr Fiona Armstrong (FA), *Chair, Swale CCG*	**Lyn Gallimore (LG), *Kent Healthwatch***
	Cllr Ken Pugh (KP), *Cabinet Member for Health, SBC*	**Russell Fairman (RF), *Sports and Physical Activity Officer, SBC***
	Becky Walker (BW), *Strategic Housing and Health Manager, SBC*	**Bill Ronan (BR), *KCC***
		Chris White (CW), *Swale CVS*
	Allison Duggal, *Deputy Director Public Health, KCC*	**Lauraine Griffiths (LG), *Project Manager (HeadStart Swale)*, KCC**
	***Zoe Callaway, Strategy and Enabling Officer,* SBC**	**Tristan Godfrey, *Policy Manager*, KCC**
	Cllr Penny Cole, *Deputy Cabinet Member for Adult Social Care and Public Health*, KCC	**Helen Buttivant, *Consultant in Public Health,* KCC**
Apologies	**Abdool Kara (AK), *Chief Executive, SBC***	**Patricia Davies (PD), *Accountable Officer, Swale CCG***
	Cllr Roger Gough (RG), *Cabinet Member Education and Health Reform, KCC*	**Helen Stewart (HS), *Kent Healthwatch***
		Andrew Scott-Clark (ASC), *Director Public Health, KCC*
	Cllr Sarah Aldridge (SA), *Deputy Member for Health, SBC*	**Terry Hall (TH), *Public Health, KCC***
	Amber Christou (AC), *Head of Residential Services, SBC*	**Karen Sharp, *Head of Public Health Commissioning,* KCC**

DRAFT MINUTES

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.4, 7.2: TH advised this has been actioned but the localised Marmot indicators 2015 can be recirculated if requested.	
3.	**Sustainability and Transformation Plans (STP's)**	
3.1	MR presented an overview and update on the Kent and Medway STP. ▪ Strategic plans must be submitted by 30 June, although it is likely that new guidance will push this date back and it will be an ongoing piece of work. ▪ Key challenges for Kent and Medway are the growing elderly population, the future growth in housing and New Town development, and workforce pressures. ▪ Require system leadership and system strategy, and working together in collaboration strategically across all organisations. ▪ Require robust out of hospital care model and services to address demand now and in the future, with the delivery model for prevention key and vital. ▪ Acute trust providers place a priority on A&E access - therefore prioritising an unquantifiable risk over planned admissions. STP will require to better set apart planned and unplanned treatment. ▪ Five year plan – a formal change programme is required around STP. ▪ 21 October 2016 - submission to NHS England.	
3.2	Points made in the discussion included: ▪ Inequalities: the health improvement gap across Kent between the least and most affluent is not closing; ▪ 3% of NHS budget spent on prevention currently; ▪ there is a responsibility to provide care for all the population other than just those who have direct access to service; ▪ work to address inequalities is progressing – however, it will require an ongoing 15-20 year work programme; and ▪ need to generate money to fund out of hospital work.	

DRAFT MINUTES

4.	**HWB Progress and Update**	
4.1	AC provided an update on progress since the last H&WB meeting. ▪ AC will review other H&WBs across Kent and report back to Swale HWB at next meeting. ▪ Suggestion for Swale HWB to agree focussed priorities for a 12 month period, with the recommendation for one focus area to be frail elderly which links in well with Hospital Discharge/Falls Prevention already being delivered in partnership and increase in DFG funding will further develop. ▪ Additional DFG funding is due over the next two years, although this is not guaranteed. However, the DFG waiting list will be cleared by the end of the year, enabling better planning for the coming years. ▪ Initiated a new steering group exploring how to improve Swale DFG/frail elderly services and what further can be done, including exploring the inclusion of an OT on the housing team. The group will report back to the HWB. ▪ Opportunity to upscale prevention work with Kent Joint Policy and Planning Board support and input key to drive this further. ▪ Suggestions that the HWB meet quarterly going forward.	
4.2	Points made in the discussion included: ▪ focus on frail elderly meets all partners' objectives – however, it is important to keep the other strands such as children, obesity and inequalities, as they are also responsibilities; ▪ the HWB ToR came down to the Swale HWB from the Kent HWB, but may need reviewing; ▪ suggestion made to include a standard reporting item at the Swale HWB as the Children's HWB; and ▪ views on how to take the board forward should be fed back to AC or RW.	
5.	**Home First**	
5.1	SH and KH presented on Home First and the Staying Put service.	
5.2	SH provided information about Staying Put as follows. ▪ Staying Put is a Swale BC service that provides a comprehensive repair, adaptation, advice, support and handy-person service for elderly and disabled customers. ▪ Three funding streams: loans, grants, and home improvement. ▪ Swale CCG funding support falls prevention, hospital discharge, and health and safety checks. ▪ Health referrals have increased year-on-year – in 2015/16 there were 195 referrals.	

DRAFT MINUTES

5.3	KH provided information on Home First as follows. ▪ Swale's steering group links in to Medway's Home First, and there is also a steering group being set up in Darenth Valley. ▪ Home First pathway is an efficient and earlier move on from hospital back home, and applies to residential care homes also. ▪ Other pathways include health rehabilitation in community hospitals, and social care services provided at Blackburn Lodge. ▪ More than £1K per night to stay in hospital compared with the cost of a Staying Put job that could mean a patient is discharged sooner. ▪ The model requires more resources which are proving difficult, although there has been a reduction in community hospital usage. ▪ Process begins with early identification, followed by a safety assessment, discharge to home, OT assessment two hours later, and later additional assessments at home. ▪ Important to have wrap around services to support this process, but this is proving difficult due to funding available.	
5.4	Points made in the discussion included: ▪ Swale's health profile for hip fracture has reduced to national average levels across England; ▪ NHS frailty tool may be piloted working with GPs; ▪ issue around accessing customers at home to instil early prevention - GP referrals would aid this work, although a single point of referral for GPs would be helpful; and ▪ Staying Put can refer to KFRS and mental health services regarding cluttering.	
6.	**Partner Updates / AOB – verbal update**	
6.1	**Healthwatch** ▪ Community service contract mobilised 26.09.16. ▪ Community equipment review of the service and check effectiveness. ▪ Patient Transport Service non-emergency review to new provider. ▪ Evaluate health and social care complaints and improvements maintained. ▪ Review hospital discharge and personal experiences. ▪ Review care model and young carers with school involvement. ▪ Integration of services and monitor plans particularly frail elderly.	
6.2	**KCC Public Health** ▪ STP input and modelling underway. ▪ Healthy child programme proceeding.	

DRAFT MINUTES

	▪ Integrated health adult improvement programme running. ▪ Drug and alcohol procurement due. ▪ Health inequalities 'Mind the Gap' action plan move towards a focus on communities with worst health inequalities.	
6.3	**JPPB** ▪ Home First and Staying Put has presented to JPPB, and the work is being taken forward through district and hospital work. ▪ JPPB annual priority setting takes place on 5 October, with Frail Elderly as agenda item.	
6.4	**Swale BC** ▪ Homeless Reduction Bill due October 2016, although implications may be an increase in homelessness. An update will be given at the next HWB. ▪ Sport fund project delivers a health trainer to increase activity.	**AC**
Next meeting date: 18 January 2017 10am		
Future Meetings Dates **TBC – Quarterly (January, April, July, October 2017)**		