DRAFT MINUTES

Health and Wellbeing Board – Second Formal Meeting

Meeting held on Wednesday 28 May 2014 at 09:30am

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

Present:	**Cllr Andrew Bowles (AB), *Leader, SBC (Chair)*** **Abdool Kara (AK), *Chief Executive, SBC*** **Patricia Davies (PD), *Accountable Officer, Swale CCG*** **Debbie Stock (DS), *Chief Operating Officer, Swale CCG*** **Dr Fiona Armstrong (FA), *Chair Swale CCG*** **Paula Parker (PP), *Commissioning Manager, KCC*** **Cllr Geoff Lymer (GL), *Vice-chair Adult Social Care and Health Cabinet Committee, KCC*** **Alan Heyes (AH), *Mental Health Matters*** **Tristan Godfrey (TG), *Policy Manager, KCC*** **Terry Hall (TH), *Public Health, KCC*** **Dr Faiza Khan (FK), *Public Health Consultant, KCC*** **Penny Southern (PS), *Director Learning Disability and Mental Health, KCC*** **Bill Ronan (BR), *Community Engagement Manager, KCC*** **Lyn Gallimore (LG), *Kent Healthwatch*** **Jo Purvis (JP), *Health Partnerships Officer, SBC*** **Emily Baxter (EB), *Project Manager Public Health, KCC*** **Karen Sharp (KS), *Head of Public Health Commissioning, KCC***
Apologies:	**Cllr Ken Pugh, *Cabinet Member for Health, SBC*** **Cllr Chris Smith, *Chair Adult Social Care & Health Cabinet Committee, KCC*** **Amber Christou, *Head of Housing, SBC*** **Mark Lemon, *Strategic Business Advisor, KCC*** **Simon Perks, *Accountable Officer, Canterbury and Coastal CCG***

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 Informal Meeting**	
2.1	The minutes from the previous informal meeting were approved.	
3.	**Health Checks Programme**	
3.1	EB gave a presentation on the NHS Health Checks Programme. The key points were: ▪ this is a five-year programme started in 2011/12 targeting 40-74 year olds to assess their risk of developing CVD; ▪ patients identified as high risk are referred to their GP; those requiring	

DRAFT MINUTES

	lifestyle changes are referred to KCHT for information and advice; others are invited to have a re-check in five years' time; ▪ early onset of CVD linked to deprivation – Swale has the third highest prevalence of early onset in Kent; and ▪ 35,000 with a CVD condition diagnosed in Swale, around 30% of the population.	
3.2	Points made in the discussion included: ▪ the 35,000 figure may not be residents, it probably includes double-counting where a person has more than one CVD, and it could also include holiday makers registered temporarily with a local GP for the summer; ▪ uptake in Swale is 38%, this is low but it is the same in all areas; ▪ PH have worked with large local employers such as factories and distribution centres to access hard-to-engage groups; ▪ DoH requires that every person invited for a health check is sent a letter. Concerns were raised that this is not the best way to contact people and may be ignored by people or they may not have the literacy to understand it. It was suggested that other communication methods be considered such as email, text, or sending a mock birthday card; ▪ SBC works closely with local community groups, which could be an access route into local residents. Public Health to consider how they can link into these; ▪ potentially SBC could provide its Contact Centre with healthcheck data and they could remind people they are due a healthcheck should they get in contact with SBC. This would require engagement from GP practices. Swale CCG to consider potential; ▪ are we ensuring that patients from smaller GP practices who are not engaged with the programme are getting healthchecks? Yes – these get picked up by pharmacists and KCHT clinics; and ▪ it would be helpful to see the breakdown of take-up by GP practice. Public Health to provide.	**EB** **DS/PD** **EB/FK**
4.	**Kent Public Health Commissioning Intentions**	
4.1	KS gave a presentation on Kent Public Health's Commissioning intentions for 2014/15. The key points were: ▪ KPH are reviewing every service that it has inherited to see if it fits within the KPH commissioning model/approach; ▪ reviewing legacy projects and interventions – need to ingrate these as they are currently not as joined-up as they could be; ▪ new pages have been added to the KMPHO regarding indicators at a local level using Instant Atlas maps – these are available at: http://www.kmpho.nhs.uk/health-and-social-care-maps/instant-atlas-reports/	

DRAFT MINUTES

	▪ we currently have a block contract with KCHT for a lot of services and want to test the market more, have better involvement with community groups and the VCS, and are planning a programme of work with the Customer Engagement Team to help design services/interventions; ▪ KS has met with Swale CCG to see what links/joint approaches can be made between public health and CCG commissioning, and also want to do this with Districts. Meeting between KPH and SBC to be arranged; and ▪ KPH keen to look at better ways of joining-up communication of public health campaigns and messages, and using LA/CCG communication channels.	**KS/JP**
4.2	Key points raised in the discussion were: ▪ SBC happy to support communication of public health messages and campaigns; ▪ need to focus on what the key public health outcomes and targets are for Swale and monitor these as a HWB. KPH, Swale CCG, Social Care, and SBC to consider what these are and how we can improve these for Swale and communicate these together; ▪ it is important to understand KPH spend and activity on a local level. The Interim Director of Public Health has said these will be available in July. KS to check if this is the case; and ▪ will social value aspirations be tied into KPH contracts? KCC has a requirement for that and KPH also trying to get the 'six ways to wellbeing' into all new KCC contracts. SBC and Swale CCG also need to consider how that can be achieved locally.	**KS/DS/ PS/JP** **KS**
5.	**Board Governance and Structures**	
5.1	JP introduced a paper on the proposed officer structure to support the Board. The key points were: ▪ three officer-led sub-groups are proposed to support the work of the Board: (i) a Children's Operational Group, focusing on children and young people's issues (which is a KCC requirement); (ii) an Integrated Commissioning Group, focusing on bringing commissioning across the CCG, KCC and SBC closer together (already up and running); and (iii) a Health Improvement Group, focusing on co-ordinating delivery of services and strategies to improve residents' health and reduce health inequalities (not yet established). ▪ 'Task and Finish' groups would be set up to focus in on specific issues eg breastfeeding, as and when required; and ▪ the Chairs of the Groups will be invitees of the HWB, and will be invited to sit on (or nominate someone to sit on) the other sub-groups to ensure the agendas of the various groups and joined-up and avoid duplication.	

DRAFT MINUTES

5.2	Key points raised in the discussion were: ▪ we do not want the architecture to be too unwieldy and it also needs to be sustainable; ▪ the need to focus on what the priorities for the area should be – these can be developed by the Health Improvement Group; ▪ the need to consider the impact of other existing groups and whether we would be duplicating anything already operating eg the North Kent BCF Delivery Group and the Integrating Commissioning Group. All to consider existing groups and inform JP; ▪ we also need to ensure that appropriate links are made between the Children's Operational Group and the Kent-wide Children and Young People's Health and Wellbeing Board; ▪ it was suggested that mental health have its own sub-group. JP explained that the view was taken that mental health should sit within each of the sub-groups rather than be considered as a separate issue. It was suggested that the newly reformed Swale Mental Health Action Group could fulfil this function and feed back to the Board as the Chair, AH, already sits on the Board; and ▪ it was agreed that this architecture is a good starting point and should be tested for a year and then reviewed, subject to any final revisions following feedback from Board members on other groups that may impact upon it. If necessary, JP to bring a short update to the next HWB meeting.	**ALL** **JP**
6.	**Better Care Fund**	
6.1	The Cabinet Office are currently looking at the assurance mechanisms for the Better Care Fund and undertaking a risk assessment process. Kent is already thought to be in a good position in terms of their assurance requirements.	
7	**Kent Health and Wellbeing Board**	
7.1	Kent Health and Wellbeing Strategy: concerns were raised around KCC tasking Local Health and Wellbeing Boards with a monitoring role in relation to the Kent Strategy, when no resources are being provided to enable this.	
7.2	At this point AB left the meeting and AK took over as Chair.	
8.	**Partners Update**	
8.1	Swale CCG ▪ Swale CCG presented to Kent Leaders the previous week on work they are undertaking in North Kent. ▪ Swale CCG have also established a joint programme management office for the Better Care Fund with KCC for North Kent. They are committed to starting their Better Care Fund activity during this year (before the BCF officially starts in 2015), to enable them to test their model and make sure they have got it right.	

DRAFT MINUTES

8.2	Mental Health Matters ▪ MHM are producing a paper about developing a single point of contact for Talking Therapies in Kent. ▪ MHM are doing some research into having a crisis house for people with mental health needs to relieve pressure on hospital beds. A similar house has recently been developed in Medway for people with personality disorders. ▪ They are also working with South Kent Coast CGG to develop a mental health strategy and could do the same for Swale. ▪ Swale Mental Health Local Action Group has been reformed and the next one will be on 23 June.	
8.3	KCC ▪ A new dedicated 24/7 MH approved practitioner service has been set-up to help people in crisis. ▪ KCC are looking at integrating commissioning for LD. ▪ Swale Breastfeeding Group should be set-up and finalised soon. ▪ Kent-wide Physical Activity and Weight Group has been established and will be undertaking a leisure centre impact analysis. ▪ Public Health have agreed the new contracts for the Healthy Living Centres, including the one in Sheerness. ▪ The Public Health Alcohol Strategy has been produced. This can come to a future HWB. ▪ The Teenage Pregnancy Strategy has also been approved.	**FK/JP**
8.4	Kent Healthwatch ▪ Healthwatch have been asked to undertake a 'deep dive' into the impact on Medway and Dartford of the closure of A Block at Medway Hospital. ▪ They are also undertaking research into access to health services for Eastern Europeans, starting in Thanet.	
8.5	***At this point the fire alarm went off and the meeting necessarily ended.***	
9.	**Any Other Business**	
9.1	Not covered.	

Next meeting date: **Wednesday 16 July 2014***

Time: **9.30am – 11.30am**

Location: **Committee Room , Swale Borough Council**

***This meeting will be in public**

Future Meetings Dates (all 9.30 – 11.30 at Swale House):

Wednesday 17 September

Wednesday 19 November