

# DRAFT MINUTES

## Health and Wellbeing Board – **Third** Formal Meeting

Meeting held on Wednesday 16 July 2014 at 09:30am

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

<b>Present:</b>	<p>Cllr Andrew Bowles (AB), <i>Leader, SBC (Chair)</i></p> <p>Cllr Ken Pugh (KP), <i>Cabinet Member for Health, SBC</i></p> <p>Amber Christou (AC), <i>Head of Housing, SBC</i></p> <p>Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i></p> <p>Debbie Stock (DS), <i>Chief Operating Officer, Swale CCG</i></p> <p>Dr Fiona Armstrong (FA), <i>Chair Swale CCG</i></p> <p>Cllr Geoff Lymer (GL), <i>Vice-chair Adult Social Care and Health Cabinet Committee, KCC</i></p> <p>Tristan Godfrey (TG), <i>Policy Manager, KCC</i></p> <p>Terry Hall (TH), <i>Public Health, KCC</i></p> <p>Bill Ronan (BR), <i>Community Engagement Manager, KCC</i></p> <p>Sarah Williams (SW), <i>Assistant Director, Swale CVS</i></p> <p>Steve Furber (SF), <i>Vice-Chair, Swale Mental Health Action Group</i></p> <p>Lyn Gallimore (LG), <i>Kent Healthwatch</i></p> <p>Jo Purvis (JP), <i>Health Partnerships Officer, SBC</i></p> <p>Lesley Clay (LC), <i>Partnerships Manager, Joint Policy and Planning Board</i></p> <p>Sarah Williamson (SWi), <i>Project Worker, Joint Policy and Planning Board</i></p>
<b>Apologies:</b>	<p>Cllr Chris Smith, <i>Chair Adult Social Care &amp; Health Cabinet Committee, KCC</i></p> <p>Dr Faiza Khan, <i>Public Health Consultant, KCC</i></p> <p>Abdool Kara, <i>Chief Executive, SBC</i></p> <p>Paula Parker, <i>Commissioning Manager, KCC</i></p> <p>Alan Heyes, <i>Mental Health Matters</i></p> <p>Penny Southern, <i>Director Learning Disability and Mental Health, KCC</i></p> <p>Mark Lemon, <i>Strategic Business Advisor, KCC</i></p> <p>Simon Perks, <i>Accountable Officer, Canterbury and Coastal CCG</i></p>

NO	ITEM	ACTION
<b>1.</b>	<b>Introductions</b>	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves and apologies were noted.	
<b>2.</b>	<b>Minutes from Last Meeting</b>	
2.1	The minutes from the previous meeting were approved.	
2.2	Outstanding actions were: <ul style="list-style-type: none"> <li>§ p.3, 4.2 – meeting between SBC, Swale CCG and KCC to be arranged re local priorities</li> <li>§ p.3, 4.2 – KS to confirm that local PH data will be available by end July. JP to chase.</li> </ul>	<p><b>JP/DS/F</b></p> <p><b>K</b></p> <p><b>JP</b></p>

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3.	<b>Think Housing First</b>	
3.1	<p>LC and SWi gave an overview of Think Housing First, the Housing Health Inequalities Plan for Kent. The key points were:</p> <ul style="list-style-type: none"> <li>§ The Joint Policy and Planning Board (JPPB) is a strategic group, bringing housing and health together across Kent. membership includes all 12 Local Authorities, KCC Social Care, Kent Public Health, Kent Probation and the Prison Service</li> <li>§ Think Housing First is a strategic health inequalities plan with two purposes: 1) to show how housing can reduce health inequalities and 2) to demonstrate to other agencies what housing does.</li> <li>§ The importance of this work has been recognised by the Smith Institute: <a href="http://www.smith-institute.org.uk/file/Housing%20associations%20and%20the%20NHS.pdf">http://www.smith-institute.org.uk/file/Housing%20associations%20and%20the%20NHS.pdf</a></li> <li>§ There are lots of private sector housing impacts on health. Organisations such as Staying Put, Swale's Home Improvement Agency, can undertake work in people's homes that can save the health service money in the long-run, i.e. around falls prevention</li> <li>§ Housing is an important part of any partnership alongside health and social care and the Care Act 2014 states that housing is a health-related service</li> <li>§ Progress has already been made, including LAs agreeing to signpost households placed in temporary accommodation to GP services; working with KFRS to identify households where there is a risk of fire from smoking to develop targeted campaigns and health and safety checks; and promoting healthy eating courses through the Kent Tenant Engagement Group</li> <li>§ Currently exploring the pathway for rough sleepers with TB, including length of time they spend in hospital unnecessarily</li> <li>§ Health promotion work can be carried out through Kent HomeChoice, the system used by Kent residents to bid for social homes, which receives around 5,000 visits per day</li> <li>§ JPPB are also developing a housing and health calculator to show how improving health conditions can reduce costs to health</li> </ul>	
3.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> <li>§ Wholehearted support for this agenda and bringing housing and health closer together. The links between housing and health were clearly recognised at the LGA Conference.</li> <li>§ GPs can currently write prescriptions for exercise but is there a case for them writing prescriptions for housing interventions? In Leicester this is already happening. JP to find out more. <a href="http://www.telegraph.co.uk/earth/energy/10842297/GPs-to-prescribe-a-boiler-to-patients-living-in-cold-homes.html">http://www.telegraph.co.uk/earth/energy/10842297/GPs-to-prescribe-a-boiler-to-patients-living-in-cold-homes.html</a></li> <li>§ Need to establish a baseline, so we can show how we've made a difference. This will be done through Think Housing First monitoring arrangements, which will set a baseline in year one. Staying Put's contract with Swale CCG also has targets which are monitored monthly.</li> <li>§ SBC Housing Services will be piloting how to better identify people</li> </ul>	JP

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	<p>with mental health issues and get them referred to appropriate services, particularly those who need intervention before they go into crisis. Need to ensure links with psychological therapy services.</p> <p>§ LC will be attending all local HWBs to highlight Think Housing First and the links between housing and health inequalities. Happy to return and feedback at the November HWB.</p>	<b>LC/JP</b>
<b>4.</b>	<b>Physical Inactivity Programme</b>	
4.1	<p>AF gave a presentation on Kent Public Health's Physical Inactivity Programme. The key points were:</p> <p>§ Reducing physical inactivity is not just about weight loss. There is a proven link with all cause mortality.</p> <p>§ Highest risk people are those who do no/less than 30 mins exercise per week.</p> <p>§ Active People Survey mapped out areas where there is a prevalence for people doing less than 30 mins exercise per week. Sheerness is one of these areas.</p> <p>§ Main reasons given were: injury/disability; lack of time; lack of money; not seen as important/necessary.</p> <p>§ Kent Public Health are looking to set up a support programme to help people access appropriate activities and provide motivation to encourage them to partake in exercise.</p> <p>§ Developing an assessment tool to identify what sections of the population they need to target. Will screen GP patients lists for those at high risk of conditions which suggest they may be physically inactive i.e. diabetes, hypertension. Will then screen down further to those who really need intervention and will potentially cost health more in the future.</p> <p>§ The assessment tool will establish what type of support they need – brief intervention, 12 months support or recommendations for more activity.</p> <p>§ Public Health are working with Kent HomeChoice to see how the assessment process can be built into the housing register application process</p> <p>§ Have a provisional budget, but still needs to be agreed by KCC</p>	
4.2	<p>Key points raised in the discussion were:</p> <p>§ Keen to embed this into Swale CCG communications with GPs; FA happy to arrange workshops/presentations to GPs</p> <p>§ GP time is limited but practice nurses have more time, do health checks and have more dialogue with patients</p> <p>§ Need to consider how this links into IPCTs</p> <p>§ Need to consider barriers to activity within the built environment. Are working with Kent Highways and other partners around travel to work.</p> <p>§ Physical activity can also have great impacts on mental health, need to think how we link this into the mental health pilot work.</p>	<b>FA/AF</b>       <b>AC</b>
<b>5.</b>	<b>Mental Health POC Review</b>	
5.1	<p>KP spoke about the Member review of mental health provision, undertaken by SBC's Policy Overview Committee and circulated their recommendations. The key points were:</p> <p>§ SBC are not a provider to mental health services but will work with partners to influence. Strong links have already been made with the CCGs and local partnerships, including SBC attending the Swale CCG</p>	

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	<p>mental health commissioning groups to oversee MH contracts.</p> <p>§ Right that mental health is include across all the HWB sub-groups and that we have a metal health representative at the main HWB.</p> <p>§ Young people’s mental health will be picked up by the Children’s Operational Group sub-group. Head start services to build young people’s emotional resilience are being piloted in Canterbury.</p> <p>§ The recommendation around a crisis house for those living hospital without somewhere to live has been discussed with KCC, who have shown interest in the idea. Awaiting more details around potential costings and will discuss further with KCC and report back to the HWB.</p> <p>§ KP suggested that Kent Police attend a future HWB to talk about what they are doing around the mental health concordat and the street triage service.</p>	<p>JP/AH</p> <p>JP</p>
<b>6.</b>	<b>Better Care Fund</b>	
6.1	<p>TG updated the Board on the Kent submission:</p> <p>§ The Government are introducing a pay for performance element related to a reduction in emergency admissions; they are recommending a local target of 3.5%. Concerns were raised about having a Kent target as there are different levels of admissions across the different hospitals within the Kent economy.</p>	
6.2	<p>DS updated the Board on the Swale CCG approach to the BCF:</p> <p>§ Swale CCG are taking a programme management approach –Alison Davies is the programme manger working across Swale CCG, DGS, CCG and KCC Social Care</p> <p>§ Focussing on the Integrated Primary Care Teams and the Integrated Discharge Teams and putting additional dementia nurses into the community teams. AD can provide an update at a future meeting if required.</p>	JP/AD
<b>7.</b>	<b>Kent Health and Wellbeing Board</b>	
7.1	<p>§ Concerns were raised around the late paper tabled on integrated intelligence. Swale CCG had not been consulted on this.</p> <p>§ Agreement to the principle of integration but concerns about how it is being done. There was a feeling that this was being rushed through.</p> <p>§ Cllr Joe Howes attending the Kent HWB as a District representative as AB and KP unable to attend. JP to brief on Swale HWB’s position before the meeting.</p> <p>§ PD to raise concerns directly with Roger Gough as Chair of the Kent HWB.</p>	<p>JP</p> <p>PD</p>
<b>8.</b>	<b>Partners Update</b>	
8.1	<p><u>Swale CCG</u></p> <p>§ Dr Phil Barnes is now Acting Chief Executive of Medway Foundation Trust (MFT), following Nigel Beverley’s departure.</p> <p>§ MFT have not made progress since their last CQC inspection and will remain in special measures</p> <p>§ Swale CCG commission services from MFT, but have limited leverage and are not responsible for their regulation</p>	
8.2	<u>Swale CVS</u>	

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<p>8.3</p> <p>8.4</p> <p>8.5</p>	<p>§ Currently delivering arts intervention across Swale</p> <p>§ Working with the Healthy Living Centre on the 6 Ways to Wellbeing</p> <p><u>Kent Healthwatch</u></p> <p>§ Undertaking work into CAMHS; deep dive into mental health services and impact of the move of mental health in-patient provision from Medway on patients and families.</p> <p><u>KCC</u></p> <p>§ Developing an integrated care pathway for alcohol in Swale. Planned stakeholder event for 29<sup>th</sup> September. All to hold in diary. Invites will be sent by Public Health.</p> <p><u>Mental Health Matters</u></p> <p>§ Also looking at impact of travel to Dartford for acute services on patients and families</p> <p>§ Welcome the Live it Well hub that Swale CCG are looking to develop within the Sheerness Gateway</p>	<p><b>ALL</b></p>
<p><b>9.</b></p>	<p><b>Future Meetings</b></p>	
<p>9.1</p>	<p>JP advised that meeting dates for 2015 need to be set. All agreed to continue with bi-monthly meetings based on the Kent Health and Wellbeing Board timetable. JP to arrange.</p>	<p><b>JP</b></p>
<p><b>Next meeting date: Wednesday 17 September 2014*</b></p> <p><b>Time: 9.30am – 11.30am</b></p> <p><b>Location: Committee Room , Swale Borough Council</b></p> <p><b>*This meeting will be in public</b></p>		
<p><b>Future Meetings Dates (all 9.30 – 11.30 at Swale House):</b></p> <p><b>19 November 2014</b></p> <p><b>28 January 2015</b></p> <p><b>18 March 2015</b></p> <p><b>20 May 2015</b></p> <p><b>15 July 2015</b></p> <p><b>16 September 2015</b></p> <p><b>18 November 2015</b></p>		