

DRAFT MINUTES

Health and Wellbeing Board – **Fourth** Formal Meeting

Meeting held on Wednesday 17 September 2014 at 09:30am

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

Present	<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>Cllr John Wright (JW), <i>Cabinet Member for Housing and Lead 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>Ally Hiscox (AH), <i>Deputy Chief Operating Officer, Swale CCG</i></p> <p>Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i></p> <p>Su Xavier (SX), <i>Swale CCG</i></p> <p>Cllr Chris Smith (CS), <i>Deputy Cabinet Member Adult Social Care & Public Health, KCC</i></p> <p>Jo Pannell (JoP), <i>Kent Healthwatch</i></p>	<p>Abdool Kara (AK), <i>Chief Executive, SBC</i></p> <p>Paula Parker (PP), <i>Commissioning Manager, KCC</i></p> <p>Alan Heyes (AH), <i>Community Engagement Lead, Mental Health Matters</i></p> <p>Tristan Godfrey (TG), <i>Policy Manager, KCC</i></p> <p>Terry Hall (TH), <i>Public Health, KCC</i></p> <p>Jo Purvis (JP), <i>Strategic Housing and Health Manager, SBC</i></p> <p>Dr Phil Barnes (PB), <i>Acting Chief Executive, Medway Foundation Trust</i></p> <p>Linda Smith (LS), <i>Public Health, KCC</i></p> <p>Tracey Schneider (TS), <i>Project Manager, KCC</i></p> <p>Gill Harris (GH), <i>Planning Manager, SBC</i></p> <p>Katie Matson (KM), <i>Systems and Performance Officer, SBC</i></p>
	Apologies	<p>Debbie Stock, <i>Chief Operating Officer, Swale CCG</i></p> <p>Bill Ronan, <i>Community Engagement Manager, KCC</i></p> <p>Sarah Williams, <i>Assistant Director, Swale CVS</i></p> <p>Lyn Gallimore, <i>Kent Healthwatch</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>

NO	ITEM	ACTION
1.	Introductions	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves and apologies were noted.	
1.3	JP informed the Board that Lyn Gallimore was retiring from Healthwatch, and therefore the Board, due to health issues. AB wished Lyn well and recorded his thanks for her work with the Board. AB to send a note of thanks to Lyn as well.	AB
2.	Minutes from Last Meeting	
2.1	The minutes from the previous meeting were approved.	

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2.2	<p>Matters arising:</p> <ul style="list-style-type: none"> § p.1, 2.2: meeting between SBC, KCC and Swale CCG been arranged to discuss priorities; § p.1, 2.2: JSNA local assurance framework for Swale has been completed and will be circulated with the minutes; § p.3, 3.2: JP to provide the Board with information regarding GPs and housing interventions; and § p.4, 6.2: JP to contact Alison Davies about a future presentation to the HWB on Integrated Discharge Teams. 	<p>JP</p> <p>JP</p> <p>JP/AD</p>
3. Medway Foundation Trust Review		
3.1	<p>PB gave an update on Medway Foundation Trust (MFT). The key points were:</p> <ul style="list-style-type: none"> § MFT was rated overall as inadequate by CQC following full inspection at the end of April, and remains in special measures; § some individual units were rated as good – children’s, intensive care and dementia, with the neo-natal unit rated as top five within the country for outcomes. The hospital was also rated good overall for caring; § concerns were raised by CQC around use and reliability of data and management of surgical pathway, (not the clinical ability of surgical staff); § patient flow through the hospital needs improving. Need to reduce delays in discharge to free up bed capacity and prevent hospital getting congested and patients getting stuck in A&E as nowhere to move onto; § A&E needs improving – it is overcrowded and is not being used efficiently, particularly the Vanguard Unit which was meant to be used for triage but because of hospital congestion was getting blocked by patients they couldn’t move on. The Vanguard unit is being removed. § MFT are trying to move away from the Monday-to-Friday culture, i.e. having consultant/surgeon ward rounds at the weekends so people can be discharged, which will help with the flow of patients within the hospital; § MFT are undertaking work alongside University Hospitals Birmingham Foundation Trust to make improvements; looking at structures, operations, comms, data and IT; and § MFT are also making the management structure leaner and are currently out to recruit a new CEO and COO. 	
3.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> § culture change is difficult and MFT need to get the clinicians to buy into the vision and for all staff to commit to owning the current problems and working towards resolving them. The main focus is on having a high quality emergency and clinical pathway, but there is a need to still ensure support for other good functioning units; 	

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	<ul style="list-style-type: none"> § attracting and retaining good quality staff is also a challenge but MFT is committed to ensuring that the standard of recruitment is not lowered. Some clinicians will be attracted by the challenge of working at MFT and working to help bring about improvement; § MFT remain committed to the model of seven day working and has been chosen as an early adopter in December 2013; and § the Board were pleased with the proposed changes and are happy to support MFT with the implementation. 	
4.	Alcohol Strategy for Kent 2014-16	
4.1	<p>LS introduced the Kent Alcohol Strategy. The key points were:</p> <ul style="list-style-type: none"> § there is a nationwide rise in liver deaths and alcohol-related harms. Huge cost to the public purse, around £3.5b annual cost to the NHS. Kent has the largest alcohol-related costs to the NHS within the South East; § the new strategy is focusing on prevention and stopping people with lower levels of alcohol consumptions from progressing to acute harm; § trying to implement a behavior/culture change amongst people, particularly the middle classes, who do not necessarily think that their alcohol consumption is too high. Would like to get to the same place in relation to alcohol as now are on smoking; § looking to try to identify people who are at risk of alcohol-related harm earlier and target them with appropriate interventions/messages. Working with GPs and pharmacies, running pilots in A&E, and developing scratch-cards to give to people to self-identify; § KPH have developed an Integrated Care Pathway tool for services to use to help refer people on to appropriate interventions, including advice, local services, and specialist treatments. This has been piloted in South Kent Coast CCG area and KPH are now looking to roll this out in Swale. Workshop on 29 September will look at this in more detail; § also looking to improve the quality of treatment for people coming through specialist treatment. Better working needed with mental health services. Looking at including something around dual diagnosis in future GP contracts; and § the education of young people around these risks is very important. KPH has the Risk It Programme, going into schools to raise awareness. Also looking at how they can link in with Troubled Families. 	
4.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> § need to get the message into secondary schools - not just a one-off talk, but ensure the message is promoted all the time. Could look at training champions within schools; § this is a big issue for housing and SBC are keen to ensure that frontline staff are aware of and can deal with people with alcohol problems. Have had AA in before to train staff and will do so again; 	

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	<ul style="list-style-type: none"> § need to also look at how to link alcohol harm and mental health better, and how those with dual diagnosis can be better helped; § the focus can't just be on alcoholism, we also need to target prevention amongst those who are not at that stage but do drink more than recommended. particularly those who think that they do not have a problem; § campaigns and communications will be aimed at the mass population to hit those groups, and KPH is undertaking work with GPs to proactively identify patients on their registers who may be at risk, so they can receive more targeted intervention; § KPH will also be including in their new contracts the need to have a workforce trained in alcohol awareness; § also need to consider raising awareness amongst our own workforces. SBC happy to do this for their staff, and to encourage Public Service Board partners to do the same; and § need to use the workshop on 29 September to design a framework for the pathway and interventions, and to set local priorities. 	
5.	Swale Borough Council Local Plan	
5.1	<p>GH provided an update to the Board on the progress of SBC's emerging Local Plan (LP). The key points were:</p> <ul style="list-style-type: none"> § health and wellbeing are embedded within the LP, and there is a core strategy policy on health and wellbeing; § SBC need to ensure that they create space in the plan for health provision and identify the necessary infrastructure required. Work has been undertaken with NHS Estates to map and identify existing health provision and capacity and the potential future need; and § the NHS have already indicated that it might be difficult to meet requirements without developer contributions. A draft of the LP will be available on the SBC website towards the end of October, with a formal consultation expected to start just before Christmas. JP to circulate link to the Board when available. 	JP
5.2	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> § the need to ensure that the CCG plans reflect the LP projections for future development, expected increases in population, and local capacity. PD stated that the CCG are working with NHS England around primary care capacity and future requirements. In Swale there are particular issues around a population shift and growth in numbers of older people, and also an ageing GP population; and § the lack of viability of new development in some parts of the Borough will mean that it will be difficult to raise the necessary developer contributions to deliver all the required infrastructure, including health. 	
6.	Dementia Action Alliance	
6.1	TS explained about the Kent Dementia Action Alliance and the work that has	

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	<p>been undertaken in Sittingbourne and Sheppey so far. The key points were:</p> <ul style="list-style-type: none"> § aiming to build dementia-friendly communities (DFCs) within Kent, to reduce the stigma of dementia and aid community cohesion; § the Kent-wide Dementia Action Alliance feeds into the Kent HWB. Some areas, such as Swale, have their own local action alliances; § in Swale there are two distinct communities, Sittingbourne and Sheppey, and each has their own alliance. So far, a few meetings have been held in each area; § work that has come out of that includes organising dementia friend awareness raising sessions. A couple have been held at the Oasis Academy on Sheppey, and sessions are being set-up for SBC frontline staff and Members; and § looking to set-up public engagement events to raise awareness of services available to people with dementia and their families and trying to encourage people to have as active a life as possible. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> § the Joint Policy and Planning Board and Kent Housing Group have developed a 'Dementia Action Alliance' for Kent housing organisations. Work is going to be undertaken to train housing officers from AmicusHorizon in how to spot the early signs of dementia when they are doing home visits; and § support needs to be offered to carers as well as sufferers from dementia. People do not always know what services are out there, eg carer crisis/respite services. PP to share list of services that are operating locally. 	PP
7.	Better Care Fund	
7.1	TG updated the Board that the latest BCF submission was due to be submitted to DOH on 19 September, subject to the agreement of the Kent HWB.	
7.2	PD stated that the North Kent BCF Plan had been sent to the assessors for comment, and had received positive feedback.	
8.	Kent Health and Wellbeing Board	
8.1	The agenda for the Kent HWB was noted with no comments.	
9.	Forward Plan	
9.1	KMPT Review has been put back to the November meeting.	
9.2	Local assurance framework to be added to the Forward Plan.	
10.	Partners' Update/AOB	
10.1	Swale CCG	
	<ul style="list-style-type: none"> § Swale CCG are continuing to support MFT as they try to improve. § The CCG Performance Report was noted by the Board as being very 	

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<p>10.2</p>	<p>helpful.</p> <p>KCC</p> <p>§ KCC's efficiency partners will be looking at how to work better with health services to reduce the numbers of people going into hospital.</p> <p>§ Due to changes to be implemented through the Care Act, the numbers of people who will be able to access a social care assessment are expected to increase from April 2015. This could put additional strain on services. CS suggested that we have a briefing on the Care Act at a future Board.</p> <p>§ Social care are looking at how they can work better with the VCS and what services the VCS can offer.</p>	<p>JP</p>
<p>10.3</p>	<p>Kent Public Health</p> <p>§ The Board noted the Healthy Living Pharmacy update paper. AB thought that there is a pharmacy at Teynham Street, which wasn't listed in the paper. TH to check.</p> <p>§ KCC Members briefing on health inequalities to be held on 15 Oct at 2pm.</p>	<p>TH</p>
<p>10.4</p>	<p>Mental Health Matters</p> <p>§ MHM have started offering telephone counselling services to those with mental health issues.</p> <p>§ The proposed Live It Well Hub at the Gateway has been put on hold</p> <p>§ A Crisis Café is due to be opened in Medway to prevent people going to A&E in the evenings if they just need some time out or someone to talk to.</p>	
<p>10.5</p>	<p>SBC</p> <p>§ SBC have finalised their budget proposals, with papers available on this in late November. There will be no frontline cuts.</p> <p>§ Proposals for the regeneration of Sittingbourne Town Centre have been developed, and a planning application is expected in October.</p> <p>§ Andrew Ervine, a former employee of SBC, is undertaking a PhD into partnerships and would like to use the partnerships of Swale, including the Board, to inform his research. The Board agreed to this. Members of the Board will shortly receive an email questionnaire from AE to complete.</p>	

Next meeting date: Wednesday 19 November 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):

28 January 2015

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18 March 2015

20 May 2015

15 July 2015

16 September 2015

18 November 2015