

DRAFT MINUTES

Health and Wellbeing Board – Formal Meeting

Meeting held on Wednesday 19 April 10am – 12pm

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 Sarah Aldridge (SA), <i>Deputy Member for Health, SBC</i></p> <p>Amber Christou (AC), <i>Head of Residential Services, SBC</i></p> <p>Becky Walker (BW), <i>Strategic Housing and Health Manager, SBC</i></p> <p>Allison Duggal (AD), <i>Deputy Director Public Health, KCC</i></p> <p>Cheryl Fenton (CF), <i>Head of Mental Health, KCC</i></p>	<p>Russell Fairman (RF), <i>Sports and Physical Activity Officer, SBC</i></p> <p>Christine White (CW), <i>Swale CVS</i></p> <p>Vicky Sward (VS), <i>Project Officer (HeadStart Swale), KCC</i></p> <p>Tristan Godfrey (TG), <i>Policy Manager, KCC</i></p> <p>Helen Buttivant (HB), <i>Consultant in Public Health, CCG</i></p> <p>Karen Sharp (KS), <i>Head of Public Health Commissioning, KCC</i></p> <p>Terry Hall (TH), <i>Public Health, KCC</i></p> <p>Cllr Roger Clark (RC), <i>SBC</i></p>
Apologies	<p>Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i></p> <p>Cllr Penny Cole (PC), <i>Deputy Cabinet Member for Adult Social Care and Public Health, KCC</i></p> <p>Bill Ronan (BR), <i>KCC</i></p>	<p>Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i></p> <p>Andrew Scott-Clark (ASC), <i>Director Public Health, KCC</i></p> <p>Alan Heyes (AH), <i>MHAG</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.	
2.	Minutes from Last Meeting	
2.1	The minutes from the previous meeting were approved.	
3.	Healthier You – Diabetes Prevention Programme	

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<p>3.1</p> <p>3.2</p>	<p>HB presented on the Diabetes Prevention programme in Swale:</p> <ul style="list-style-type: none"> ▪ This programme is part of the national NHS five year forward view and Kent is the first county to implement the programme; ▪ it is aimed at those who need to reduce the risk of type 2 diabetes: ▪ the programme is being delivered as a phased roll-out due for completion by 2020; ▪ eligibility is for those aged above 18 years, and classed as non-diabetic but Hyperglycaemic; ▪ referrals can be made by GP's and NHS Health trainers with a valid blood test taken within the last 12 months; ▪ the programme is provided as 13 sessions (total 16 hours) across a 12 week period and delivered in small groups; ▪ Swale is the first district in Kent to implement the programme, starting in October 2016 and to date it has been successful with 151 referrals; and ▪ Moving forward, those who have not yet referred into the programme will be contacted to increase referrals and a South East steering group will undertake some national evaluation work. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ The programme criteria is set by NHS England and is aimed at those aged 18 years+ as type 2 onset normally occurs in adulthood, and the programme content would be very different for children with testing being more difficult; and ▪ Health trainers should be encouraged to refer into the Swale programme. 	<p>HB</p> <p>RF</p>
<p>4. Swale/North Kent Vulnerable Adult Programme</p>		
<p>4.1</p> <p>4.2</p>	<p>AC provided an update on the Swale/North Kent Vulnerable Adult Programme:</p> <ul style="list-style-type: none"> ▪ The aim is to develop a hospital discharge service and although this stalled slightly due to the implementation of the new Virgin Care contract, Home First is now up and running; and ▪ an update report on Swale Home First will be provided at the next H&WB meeting, <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ Important to understand how integrated discharge works, as it seems to be slowing down recently; and ▪ The Swale Home Improvement Agency aims to deliver a pilot for the Integration Pioneer developing a temporary adaptations solution for hospital discharge to enable KCC Occupational Therapists (OT) to work on longer term and permanent adaptations. 	<p>AC</p>

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5.	Presentation: Adult Health Improvement Proposals 2016/17	
5.1	<p>KS delivered a presentation on the Adult Health Improvement Proposals 2016/17:</p> <ul style="list-style-type: none"> ▪ The allocation of the public health grant has historically gone directly into services, currently there is a change of focus towards the behavioural change cycle and therefore there is a need to refocus funding to ensure those who need it are able to access services; ▪ the new model is set around motivation to enable and maintain change with the outcome to improve health; ▪ motivation is set on three stages, support to change, making the change and maintaining the change; ▪ this will be mainly achieved through conversations with local residents, linking in district councils who have access to wider health determinants such as housing challenges; and ▪ the basis of the new proposals is to implement a model that instils self-care with a responsibly for own health. <p>5.2 Points made in the discussion included:</p> <ul style="list-style-type: none"> ▪ The basis of this proposal is taken from the Kings Fund Report that explains how District councils are in a good position to influence many factors of good health': https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf; ▪ A 'health hub' will provide one access point although arrangements will be localised to need; ▪ In Swale KCHFT, health trainers, healthy weight programme and the stop smoking programme may be the start for good access points but will need to link to other services; ▪ Important that health trainers are linked into the effective working model, and with sound social prescribing an effective route can be established for service users to attend group sessions with peer support to encourage and sustain attendance; ▪ There have already been some change around self-care with fit bits and smart phone apps, and GP's can incorporate these moving away from service provision towards self-service and health improvements. ▪ Important to ensure those who deliver other KCC invested services including porchlight for example, are connected into this model, to ensure all areas are incorporated including mental health and well-being; ▪ When model is agreed the Swale H&WB Board will receive quarterly updates and Comm's being discussed in Q1 and one to one services for groups discussed in Q2. 	KS

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6.	Priorities and Sub Groups	
6.1	<ul style="list-style-type: none"> ▪ The drafted ToR for the proposed H&WB sub group was presented to the Board; ▪ There is a requirement to scope out views around if and how this sub group is taken forward, despite wanting to be in partnership there are constraints due to Swale not having a dedicated health resource or obligations; ▪ Tangible outcomes will need to be set to ensure the partnership and the Board are relevant; ▪ KCC can be recognised as a health resource for Swale and other Kent districts, especially with Comm's although a new structure to be implemented at KC from 1 June 2017 may delay any support with this; ▪ The Swale H&WB needs full support from all partners to ensure it is relevant to all partners, however the STP has diverted resources away from the local board and therefore a meeting with senior officers is recommended following elections and prior to the October H&WB meeting possibly to take place instead of the July Board; ▪ The Kent H&WB Strategy is being reviewed and this may implications for local boards moving forward; ▪ The prevention agenda should remain prevalent across districts and will need to be held to account through local boards; and ▪ Clarity is required over how STP's link into local H&WB Boards and what the district role is within the STP that is not legal in statute. The H&WB steering group have indicated that STP's cannot stand alone but must be incorporated across all partner agencies. 	AC
7.	Partner Updates	
7.1	<p>HeadStart</p> <ul style="list-style-type: none"> ▪ Currently working in seven secondary and 10 primary schools in Swale. ▪ Official launch fortnight commences 24 April 2017. ▪ Available to those aged 10-16 years. ▪ Positive feedback received from the Detling Showground event which included all health and mental health. <p>7.2 Swale CCG</p> <ul style="list-style-type: none"> ▪ Helen Buttivant advised that she is leaving the CCG on the 31 May 2017. Everyone thanked Helen for her valuable work and commitment to Swale. <p>7.3 Swale CVS</p> <ul style="list-style-type: none"> ▪ Focus on social isolation and the Swale Seniors Forum provides many activities for members including arts, cinema visits, games club and dance/movement classes. 	

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<p>7.4</p> <ul style="list-style-type: none"> ▪ Have 2000 volunteers on the car scheme and befriending service. <p>KCC Public Health</p> <ul style="list-style-type: none"> ▪ Recommissioned care funding to healthy living centres 2017/18. <p>7.5</p> <ul style="list-style-type: none"> ▪ Tasked to lead on community asset mapping project. <p>Swale BC</p> <ul style="list-style-type: none"> ▪ Sport England and inactivity model, submission of expression interest completed. This was a joint bid across the district with health. Outcome due June 2017. ▪ LCPG funds have been confirmed. ▪ Troubled Families target was exceeded ▪ A presentation for Virgin Care would be welcomed. 	<p>Swale CCG</p>
<p>Next meeting date: Wednesday 26 July 2017 10am – 12pm Committee Room (3rd Floor), Swale BC Offices - TBC</p>	
<p>Future Meetings Dates: 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</p>	