

DRAFT MINUTES

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

Meeting held on Wednesday 19 November 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 John Wright (JW), <i>Cabinet Member for Housing and Lead Member for Health, SBC</i></p> <p>Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i></p> <p>Su Xavier (SX), <i>Swale CCG</i></p> <p>Colin Thompson (CT), <i>Public Health, KCC</i></p> <p>Hannah McKenzie (HM), <i>Kent Healthwatch</i></p> <p>Chris White (CW), <i>Swale CVS</i></p> <p>Chris Beaney (CB), <i>Assistant Director LD, KCC</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>Jo Purvis (JP), <i>Strategic Housing and Health Manager, SBC</i></p> <p>Pippa Barker (PB), <i>KMPT</i></p> <p>Karen Dorey-Rees (KDR), <i>KMPT</i></p> <p>Nicola Jones (NJ), <i>Interim Head of Quality and Safety, Swale CCG</i></p>
Apologies	<p>Debbie Stock, <i>Chief Operating Officer, Swale CCG</i></p> <p>Dr Fiona Armstrong, <i>Chair, 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>Terry Hall, <i>Public Health, KCC</i></p> <p>Cllr Chris Smith, <i>Deputy Cabinet Member Adult Social Care & Public Health, KCC</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>Cllr Ken Pugh, <i>Cabinet Member for Health, SBC</i></p> <p>Amber Christou, <i>Head of Housing, SBC</i></p> <p>Abdool Kara, <i>Chief Executive, SBC</i></p>

NO	ITEM	ACTION
1.	Introductions	
1.1	JW 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.2, 2.2: JP to contact Debbie Stock about presentation on Integrated Discharge Teams	JP
	§ p.5, 5.2: PP to share a list of respite/support services for dementia	PP

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	carers § p.6, 10.3: TH to confirm if there is still a pharmacy at Teynham Street	TH
3.	KMPT Mental Health Quality Review	
3.1	AB joined the meeting and assumed the Chair.	
3.2	<p>NJ presented on the CCG quality review into MH provision across North Kent. The key points were:</p> <ul style="list-style-type: none"> § insight visits were undertaken at four locations in June: Littlebrook; Medway and Swale Crisis Team; Swale Community Recovery Team; and Medway Psychiatric Liaison Service; § the review found high vacancy rates with a high use of agency staff; e-rostering was not being used to its full potential, and staff were feeling under pressure but did feel supported and spoke highly of their colleagues; § there was a lack of consistent communication between teams, particularly the crisis and community teams; and § a number of follow-up visits were carried out and found that many of the recommendations were starting to be implemented. A final report will be going to the CCG Governing Body in January. 	
3.3	<p>PP and KDR presented KMPT's response to the review. The key points were:</p> <ul style="list-style-type: none"> § there is a national issue recruiting registered mental health nurses and the added local issue regarding the proximity of some of the London Trusts, who can pay staff more; § recruitment on the acute wards for vacancies previously filled by agency staff is underway. Where agency staff are used, they are employed for three months to provide some consistency; § integrated working between the crisis and community teams is improving and work is going on with GPs the community team and the local mental health action groups around inappropriate referrals to the crisis team; § KMPT are also looking at the s135 assessment process to see how this can be made smoother, and also how to free up the crisis team to deliver home treatment; § there are frequent admissions to acute wards from Medway and Swale. A panel has been set up to look at this and treatment to prevent admissions; and § Littlebrook will be undergoing a major refurbishment beginning in January, which will add an additional three rooms. 	
3.4	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> § need a workforce strategy around psychiatric liaison community nurses. If we are trying to prevent acute admissions we need to ensure that we increase staffing levels amongst community teams accordingly; § custody liaison nurses working closely with the police and the street 	

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	<p>triage team identify at the first instance if people need a s136 admission; and</p> <p>§ Patient/relative feedback was sought on the follow-up visits and the Healthwatch Kent recommendations from their review will be incorporated into the final CCG report.</p>	
4.	Mental Health Crisis Provision	
4.1	<p>AH outlined the proposals for MH crisis cafe provision within Swale. The key points were:</p> <p>§ they have received winter pressures monies to be able to fund this, although less than they were hoping for due to funds needing to be redirected to Medway A&E;</p> <p>§ just started a similar project in Medway;</p> <p>§ due to the geographical nature of Swale and lack of evening transport, the proposal is for two cafes, one in Sittingbourne and one on Sheppey. Currently considering the Pulse cafe in Sittingbourne and the Healthy Living Centre in Sheerness;</p> <p>§ the cafes will provide support to people over the weekends who are experiencing crisis. Idea is to prevent them from presenting at A&E and to reduce social isolation;</p> <p>§ planning to start this in early December and will be running events to encourage people to come along to the service; and</p> <p>§ hoping to make a business case around the benefits to A&E to get funding for after the pilot period.</p>	
4.2	<p>Points made in the discussion included:</p> <p>§ this will be a very welcome and valuable service - what can partners do to help? Promote service and ensure frontline services are aware and can signpost;</p> <p>§ AB would like to visit the service once it is up and running. AH to organise through JP;</p> <p>§ Swale CCG looked at the people from Swale presenting at A&E, and around 43% were known to mental health services;</p> <p>§ Many people with mental health issues may need other support beyond care i.e. social interaction; and</p> <p>§ wellbeing measurements of service users at the beginning and end of the interaction with the service will help to show if it is making a difference to people.</p>	AH/JP
5.	Draft Children and Young People's Emotional Health and Wellbeing Strategy	
5.1	<p>CT provided an outline of the Draft CYP Emotional Health and Wellbeing Strategy. The key points were:</p> <p>§ This is a multi-agency strategy, with a key aim of reducing pressure on Tier 3 services;</p>	

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5.2	<ul style="list-style-type: none"> § golden thread running through the strategy of the promotion of emotional wellbeing amongst CYP; § aim is to engage with CYP earlier to prevent the need for Tier 3 services; and § it is expected that a delivery plan for the strategy will be in place by February next year. <p>Points made in the discussion included:</p> <ul style="list-style-type: none"> § there is not much in strategy about emotional resilience amongst the under-5s. CT will feed this back; § BR suggested the Board invite the lead for the Head Start programme at KCC to present to the Board. JP to add to Forward Plan; and § the consultation closes on 5 January if organisations wish to feed back directly. The consultation can be accessed here: http://consultations.kent.gov.uk/consult.ti/EWStrategy/consultationHome 	CT JP
6.	Health and Wellbeing Board Prioritisation	
6.1	<p>JP outlined the proposed priorities for the Health and Wellbeing Board. The key points were:</p> <ul style="list-style-type: none"> § priorities have been developed from the local assurance framework for the JSNA and the Kent Joint Health and Wellbeing Strategy; § areas of focus have been identified based on where Swale is under-performing or where it was thought the Board could have the most impact; and § these will be for 12 months and will then be reviewed. The Health Improvement Partnership will develop an action around these and bring back to the Board. <p>The priorities were agreed by the Board</p>	JP/TH/ CT/SX
7.	Integrated Commissioning Group Update	
7.1	<p>PP outlined that that ICG had been undertaking work around falls prevention and working with KCC on the Accommodation Strategy. A fuller item on this to be brought back to the Board at a future meeting.</p>	JP/PP
7.2	<p>PP updated that a decision had been taken to merge the Swale and DGS ICGs into one North Kent Operational Commissioning Group. The purpose of the Group will be to look at ways of aligning more commissioning across organisations.</p>	
7.3	<p>There will be a rotating chair and location between Swale and DGS.</p>	
7.4	<p>PD advised that it was thought that having the single group would make it more focused.</p>	
7.5	<p>JP asked if Public Health would be involved as they were in the ICG but weren't on the ToR for the new Group. PP advised that they would be invited to join. SX also stated that she would be happy to feed in as required.</p>	

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8.	Better Care Fund	
8.1	<p>TG updated on the Better Care Fund. The key points were:</p> <ul style="list-style-type: none"> § the Kent Health and Wellbeing Board agreed to a target of 3.5% reduction in emergency admissions; § the Kent BCF Plan was approved by DoH with support, indicating there are still some issues to iron out; and § a Finance sub-group of the Kent HWB has been set-up to look at governance and accountability and will report back to the Kent HWB in January. 	
8.2	<p>PD informed the Board that the Medway BCF Plan had been approved with conditions because of MFT and this could have impacts for Swale patients.</p>	
9.	Kent Health and Wellbeing Board	
9.1	<p>The agenda for the Kent HWB was noted with no comments.</p>	
10.	Partners' Update/AOB	
10.1	<p>Swale CCG</p> <ul style="list-style-type: none"> § The GP out-of-hours contracts and walk-in centre contracts both expire next April. Undertaking a wholesale review of community services across Swale and DGS to look at provision and need. § Swale CCG are contracting directly with Maidstone and Tunbridge Wells Trust for some elective/planned services to enable MFT to concentrate on urgent and non-elective cases. This will initially be for six months. § The majority of local NHS winter pressure funds will be directed to MFT to support their A&E service over the winter. JW stated that it would be nice if some winter funds could be redirected to housing services such as DFGs and Staying Put. PD reiterated that they had been directed that funds needed to go to MFT. 	
10.2	<p>KCC</p> <ul style="list-style-type: none"> § The second phase of KCC's transformation programme is underway. § KCC are reviewing the numbers of people with learning disabilities in residential care and how they can be supported in independent living. Also looking at developing an enablement service for adults with a learning disability. § Similar work is happening around older people, evaluating acute demand and enabling people to remain in their own homes. They are also looking at how they can work closer with the VCS to support people in the community. 	
10.3	<p>Kent Public Health</p> <ul style="list-style-type: none"> § The County-wide Teenage Pregnancy Strategy has been agreed. This should naturally sit with the Children's Operations Group (COG) but there are still ongoing discussions with KCC about the role and remit of the COGs. 	

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10.4	Mental Health Matters § Considering whether there is potential to interlink the Live it Well Hub and the crisis café.	ALL
10.5	Swale CVS § Currently undertaking some work around support for trustees. § Board member organisations can use the Swale CVS CEN if they have information they need to share with the VCS.	
10.6	Kent Healthwatch § Healthwatch will be looking at the Swale area in February. Keen to link in with any local community groups. All to consider and feed back to Hannah at Healthwatch.	
Next meeting date: Wednesday 28 January 2015* 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): 18 March 2015 20 May 2015 15 July 2015 16 September 2015 18 November 2015		