

# MINUTES

## Health and Wellbeing Board – Formal Meeting

Meeting held on Monday 23 January 2017 2pm

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

<b>Present</b>	Cllr Andrew Bowles (AB), <i>Leader, SBC (Chair)</i>	Cheryl Fenton (CF), <i>Head of Mental Health, KCC</i>
	Dr Fiona Armstrong (FA), <i>Chair, Swale CCG</i>	Lyn Gallimore (LG), <i>Kent Healthwatch</i>
	Cllr Ken Pugh (KP), <i>Cabinet Member for Health, SBC</i>	Russell Fairman (RF), <i>Sports and Physical Activity Officer, SBC</i>
	Becky Walker (BW), <i>Strategic Housing and Health Manager, SBC</i>	Bill Ronan (BR), <i>KCC</i>
	Allison Duggal (AD), <i>Deputy Director Public Health, KCC</i>	Chris White (CW), <i>Swale CVS</i>
	Zoe Callaway (ZC), <i>Strategy and Enabling Officer, SBC</i>	Lauraine Griffiths (LGr), <i>Project Manager (HeadStart Swale), KCC</i>
	Cllr Penny Cole (PC), <i>Deputy Cabinet Member for Adult Social Care and Public Health, KCC</i>	Tristan Godfrey (TG), <i>Policy Manager, KCC</i>
		Helen Buttivant (HB), <i>Consultant in Public Health, CCG</i>
<b>Apologies</b>	Abdool Kara (AK), <i>Chief Executive, SBC</i>	Patricia Davies (PD), <i>Accountable Officer, Swale CCG</i>
	Cllr Roger Gough (RG), <i>Cabinet Member Education and Health Reform, KCC</i>	Helen Stewart (HS), <i>Kent Healthwatch</i>
	Cllr Sarah Aldridge (SA), <i>Deputy Member for Health, SBC</i>	Andrew Scott-Clark (ASC), <i>Director Public Health, KCC</i>
	Amber Christou (AC), <i>Head of Residential Services, SBC</i>	Terry Hall (TH), <i>Public Health, KCC</i>
		Karen Sharp (KS), <i>Head of Public Health Commissioning, KCC</i>

NO	ITEM	ACTION
1.	<b>Introductions</b>	
1.1	AB welcomed attendees to the meeting.	
1.2	All attendees introduced themselves, and apologies were noted.	
2.	<b>Minutes from Last Meeting</b>	
2.1	The minutes from the previous meeting were approved.	
3.	<b>HeadStart</b>	
3.1	LGr presented on the young person's and family centred resilience programme being piloted in Swale:	

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	<ul style="list-style-type: none"> <li>▪ pilot programmes are being developed across Swale and Gravesham over a two year period;</li> <li>▪ participating schools will commit to deliver the programme up to five years;</li> <li>▪ the programme will provide additional resources and support to address the gap around young people exposed to domestic abuse;</li> <li>▪ referrals to the school will derive from existing police domestic abuse notifications sent via a secure email address to trained school officers who will in turn keep that young person in mind and trigger a domains conversation if there is a change in behaviour or other concern with the young person; and</li> <li>▪ grant through ‘Pay It Forward’ will be open on-line to take some of this work further, with the young people involved being able to participate in the commissioning process.</li> </ul>	
3.2	Points made in the discussion included:	TG
<ul style="list-style-type: none"> <li>▪ the work force training and education plan delivered by Kent, Surrey and Sussex may link in and can be supported by the dynamic purchasing system at KCC - details to be provided to LGr;</li> <li>▪ Healthwatch CAHMS report identified that young people within schools do not know how to support their peers with mental health issues, and this needs to be addressed;</li> <li>▪ Young Carers groups will link into the HeadStart programme; and</li> <li>▪ KCC Public Health is undertaking work around young persons’ suicide prevention, and this should be linked in to HeadStart.</li> </ul>		
4.	<h4>4. Swale Health Inequalities Update</h4> <p>HB provided an update on local health inequalities:</p> <ul style="list-style-type: none"> <li>▪ health inequalities focus on access to and outcomes of the provision of healthcare;</li> <li>▪ the life expectancy gap between the most affluent and most deprived is around ten years;</li> <li>▪ the average life expectancy gap for men and women is increasing in the most affluent areas, but is decreasing in the most deprived areas;</li> <li>▪ the shift in retirement age to 68 years will increase the number of those living with a disability but out of work;</li> <li>▪ the main causes of premature deaths for men under 75 years is respiratory disease, followed by cancer;</li> <li>▪ the main causes of premature deaths for women under 75 years is respiratory disease, followed by ‘other’, which includes metabolic disease nervous diseases and birth and pregnancy related;</li> <li>▪ in the most deprived areas the main cause of premature death for men is external factors, such as RTAs, and for women it is ‘other’; and</li> </ul>	AD

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	<ul style="list-style-type: none"> <li>▪ the category of 'other' causes requires further investigation.</li> </ul>	
4.2	<p>AD provided an update on the local JSNA:</p> <ul style="list-style-type: none"> <li>▪ details can be found on the Kent Public Health Observatory website: <a href="http://www.kpho.org.uk/">http://www.kpho.org.uk/</a>;</li> <li>▪ the requirement for a JSNA is laid down in 2007 statutory guidance, which provides a comprehensive means to explore localised health data and improve service delivery;</li> <li>▪ in Swale 57% of those who would be expected to suffer with coronary heart disease can be identified; and</li> <li>▪ 82% of those who would be expected to suffer with COPD are identified, which may be reflective of an increased smoking cessation service and GP referrals.</li> </ul>	
4.3	<p>Points made in the discussion included:</p> <ul style="list-style-type: none"> <li>▪ young people migrating into Swale is accounted for within the socio-economic factors when looking at the gap between the most and least deprived areas, although this is a complex process;</li> <li>▪ need to identify the three main reasons for the increasing health inequalities gap, to be developed through a Swale H&amp;WB Strategy drawing the main issues and outcomes together;</li> <li>▪ only 20% of health issues are related to health care interventions, meaning 80% are related to socio-economic factors, and this should be explored in the Swale Strategy;</li> <li>▪ the existing integrated healthy lifestyle service with NHS health checks can target and monitor the increase in the gap around respiratory disease; and</li> <li>▪ the Health Inequalities Group and Primary Care are currently looking at respiratory health and circulatory disease, with a requirement to focus on how quickly changes can be implemented for future generations.</li> </ul>	
<b>5.</b>	<b>Actions linking to the Swale H&amp;WB</b>	
5.1	Requirement to identify priorities and how these can be tackled, taken through the CCG Health Inequalities Group to agree and initiate the Swale H&WB Strategy. This process should take approximately three months.	
5.2	KCC and the CCG will report on progress at the next H&WB meeting.	<b>HB</b> <b>AD</b>
<b>6.</b>	<b>Partner Updates / AOB – verbal update</b>	
6.1	<p><b>Healthwatch</b></p> <ul style="list-style-type: none"> <li>▪ Talks with the STP Board continue, and need to focus on how to better involve the public.</li> <li>▪ CAMHS report recommendations have been included in the new contract.</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Urgent care review case for change with outcome for integrated systems providing a new service April 2019.</li> </ul>	
6.2	<ul style="list-style-type: none"> <li>▪ Currently scrutinising West Kent CCG gluten-free food prescribing.</li> <li>▪ Working with East Kent Hospital University Trust to increase services, particularly around deaf patients, the equality and diversity system, and the food and hydration of patients.</li> <li>▪ Wheelchair services have been reviewed and retendered.</li> </ul> <p><b>KCC Public Health</b></p> <ul style="list-style-type: none"> <li>▪ KCC Drug &amp; Alcohol Strategy out for consultation, due 19 February.</li> </ul>	
6.3	<p><b>Swale CCG</b></p> <ul style="list-style-type: none"> <li>▪ MFT CQC visit has been completed, and currently awaiting outcome - due March 2017.</li> <li>▪ Current A&amp;E issues nationwide, with MFT particularly affected.</li> <li>▪ Care Review underway - the outcomes will be taken to Scrutiny Committee on Friday 27 January.</li> <li>▪ STP work continues, with an emphasis on prevention.</li> </ul>	
6.4	<p><b>Swale CVS</b></p> <ul style="list-style-type: none"> <li>▪ Successful companionship event run at Christmas, with a third more people requiring the service, mainly elderly and the disabled.</li> <li>▪ Swale loneliness and support is provided through the Swale Seniors Forum, in partnership with CVS.</li> </ul>	
6.5	<p><b>Swale BC</b></p> <ul style="list-style-type: none"> <li>▪ Sports and Physical Activity Framework has been taken to the CCG Health Inequalities Group.</li> <li>▪ LCPG Grant Panel have agreed on which organisations and charities will receive a share of the overall grant of £55K.</li> </ul>	

**Next meeting date:**

Wednesday 19 April 2017 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices, Sittingbourne, ME10 3HT

**Future Meetings Dates:**

Wednesday 26 July 2017 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices

Wednesday 25 October 2017 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices

Wednesday 24 January 2018 10am – 12pm Committee Room (3<sup>rd</sup> Floor), Swale BC Offices