

## HEALTH AND WELLBEING BOARD

13 JUNE 2013

6:30 pm – 8:22 pm

Councillor David Ryder-Mills

Councillor Margaret Thompson  
(Vice Chair)

Councillor Andrea Craig

Councillor Julie Pickering  
(Vacancy)

Dr Nazim Jivani – Kingston CCG

Dr Phil Moore – Kingston CCG

Maria Tunmer - Voluntary Sector  
(vacancy) –Healthwatch Kingston

Dr Jonathan Hildebrand -

Director of Public Health

David Smith\* – Director of  
Health and Adult Services

Nick Whitfield\* – Joint  
Director of Learning and  
Children's Services.

### Advisory Members

Siobhan Clarke\* – Your Healthcare

Dr Emma Whicher\* – South West London and St George's Mental Health Trust

Jane Wilson – Kingston Hospital NHS Trust

Apologies for absence were received from Siobhan Clarke, Dr Emma Whicher, for whom Andrew Dean attended as alternate and Nick Whitfield, for whom Mary Mullix attended as alternate.

### DECLARATIONS OF INTEREST

None

#### 1. MINUTES

**RESOLVED** that the minutes of the meeting held on 18 April 2013 are confirmed as a correct record.

#### 2. UPDATE FROM THE DIRECTORS

#### Appendix A

Prior to the Board becoming a statutory committee of the Council on 1 April 2013, the Directors report was traditionally compiled by the Director of Health and Adult Services. The report format has now been amended to incorporate information and updates from the Director of Public Health and the Joint Director of Children's Services.

David Smith confirmed that the Disabled Children's Charter, which is highlighted in the update, would be returning to the September Board meeting for discussion.

Following communication from the Department of Health to Councils, CCG's and Health and Wellbeing Boards and in light of the Winterbourne View Concordat, 4 placements in low secure hospitals have been reviewed. Of the 23 placements in care homes or supported living, there are currently 2 outstanding reviews, a report

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needs to be submitted to the Department of Health in early July and a local authority/CCG progress update will be brought to the September Board meeting.

Following a request from Members for a summary of Health and Wellbeing Board activities and current strategies, it was suggested that an overview of strategies, information on progress of strategies to date and actions required with regards to progress is brought to the September meeting of the Board.

**RESOLVED** that the update is noted and that an overview of current strategies endorsed by the Board is brought back to the September meeting.

Voting: unanimous.

### 3. **JOINT HEALTH AND WELLBEING STRATEGY: ACTION PLANS** Appendix B

The Health and Wellbeing Board formally approved the Joint Health and Wellbeing Strategy at its meeting on 18 April 2013, it was subsequently agreed that action plans for each of the 4 key areas would be presented to the Board to enable members to be informed of progress in each area. The action plans highlighted key areas within the themes which responsible managers identified for the Board to review. The key areas included where good progress has been made and also identified any areas where difficulties have been encountered. Each key theme action plan detailed relevant financial, governance and risk issues.

The Board thanked Dr Hildebrand and his team for the work that they had undertaken in producing the detailed action plans. Members commented that not all of the outcomes are easily measurable and that care must be taken moving forward to ensure that the desired outcomes are measurable, whether quantitatively or qualitatively.

**RESOLVED** that the report is noted and the Director of Public Health is advised of the following comments;

1. the format of the action plans is generally supported, however, a coversheet highlighting areas of concern where outcomes are likely to be missed would be desirable
2. the provision of early education and childcare which some 2 years olds will be entitled to from September could be included within the Children and Young People's action plan
3. the process of assigning responsibility to a named person for individual action points should be explored.

### **REASON FOR DECISION**

To provide a mechanism for monitoring progress against the key themes of the Joint Health and Wellbeing Strategy.

Voting: unanimous.

**4. REFUGEE AND MIGRANT STRATEGY - 6 MONTHLY UPDATE Appendix C**

The Health and Wellbeing Board endorsed the Refugee and Migrant Strategy 2010-15 at its July 2012 meeting. The Strategy aims to improve the health and wellbeing of refugees, asylum seekers and migrants, reduce health and social inequalities that impact on refugees, asylum seekers and migrants, propose the implementation of detailed action plans specifically to meet the needs of refugees and migrants, improve access to services and improve service delivery and continuously engage with the refugee/migrant community and assess current need.

Key performance indicators were developed with strategic partners under 6 themes and approved by the Board in December 2012. It was agreed that 6 monthly progress reviews would be reported to the Board. The report highlighted successes and challenges using a RAG (red, amber, green) rating to indicate whether progress is ongoing with active projects taking place (green), whether projects are in the early stages of implementation (amber) or whether projects are facing delays (red).

Relationships with key partners including Refugee Action Kingston (RAK) have been continuously improving since the Board was last updated. Refugee Action Kingston's crisis support project has progressed well and has just completed its first year. RAK has seen an increase in the number of people accessing its services and receiving support in accessing health and social care services, which was one of the projects key objectives.

Language skills are of particular importance for refugee and migrant communities and funding has been secured to provide English language classes until 2015 through Learn English at Home (LEAH). The 'Sustainable ESOL (English for Speakers of Other Languages) in Kingston' project, which has been running for 3 years is a continuing success and the Equalities and Communities Engagement Team are currently awaiting the outcome of their bid for further funding for this project.

The Board emphasised that whilst the provision of translation services was key, future focus needs to be on language classes and supporting the refugee and migrant communities in learning English.

**RESOLVED** that;

1. The update is noted
2. The format and layout of the KPI's is supported

**REASON FOR DECISION**

To support key elements of the disadvantaged communities work being undertaken on behalf of the Health and Wellbeing Strategy.

Voting: unanimous.

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**5. HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'**

**Appendix D**

The Department of Health has recently circulated a framework document entitled 'Integrated Care and Support: Our Shared Commitment,' developed by a collaboration of national partners setting out how local areas can take further steps toward integration. Expressions of interest are being invited from local areas interested in becoming integration pioneers as a means of driving forward change at scale and pace. This would involve working across public health and social care systems and alongside other local authority departments and voluntary organisations.

At recent Health and Wellbeing Board meetings the Board considered proposals for further integration between adult social care, public health and Kingston Clinical Commissioning Group. The national support and expertise that will be available to pioneers will be of significant help to Kingston in realising its ambitions for greater integration and subsequently better outcomes for service users.

**RESOLVED** that

1. The expression of interest is supported
2. The development of the application in consultation with the Kingston Strategic Partnership and Kingston Clinical Commissioning Group is noted

**REASON FOR DECISION**

Integrated care and support, centred on the individual, is a key means to improving the experiences and outcomes of people using health and care services. The Health and Wellbeing Board have a statutory duty to encourage and promote integrated working between health, social care services and health related services.

Voting: Unanimous

**6. HEALTHY WEIGHT AND PHYSICAL ACTIVITY NEEDS ASSESSMENT**

**Appendix E**

Maintaining a healthy weight and taking sufficient exercise are vital to ensuring people's health and wellbeing. The Kingston healthy Weight and Physical Activity Needs Assessment and Strategy has been developed over 18 months with strong engagement from local stakeholders and aims to improve the strategic direction required to reduce obesity and physical inactivity and to promote a healthy weight, physical activity and participation in sport in Kingston.

In order to ensure partnerships are held accountable to deliver against their commitments the strategy will require the endorsement of the Health and Wellbeing Board. The Community Sport and Physical Activity Network (CSPAN) is prepared to broaden both its membership and remit and to become the accountable body responsible for effective delivery, clear evaluation and reporting of progress annually to the Board.

**RESOLVED** that

1. the Healthy Weight and Physical Activity Needs Assessment and Strategy 2013-16 summary document, including the proposed new Community Sport and Physical Activity Network structure and role is approved
2. the proposed recommendations outlined within the Strategy and action plans are approved
3. annual progress updates will be reported to the Board

**REASON FOR DECISION**

To provide stakeholders in Kingston with a clear strategic direction for tackling obesity, physical inactivity and low participation in sport.

Voting: Unanimous

**7. AUTISM STRATEGY FOR ADULTS**

**Appendix F**

In December 2012 the statutory guidance ‘Fulfilling Rewarding Lives’ was published. This followed the 2009 Autism Act. The draft Autism Strategy sets out Kingston’s aims to improve the lives of adults with autism in the Borough. the strategy is in draft form and following approval by the Health and Wellbeing Board will be subject to consultation and engagement with service users, carers and other stakeholders.

The Board agreed that the draft Strategy successfully highlights some key areas of focus, however, it was agreed that the Strategy requires further development and that particular attention should be paid to the transition between children and adult care and services.

**RESOLVED** that the Strategy is developed further and brought back to September meeting of the Board.

**REASON FOR DECISION**

To ensure that the Strategy is fit for purpose and fulfils the aim of improving the lives of adults with autism within the Borough.

Voting: Unanimous

**8. URGENT ITEMS AUTHORISED BY THE CHAIR**

None

Signed.....Date.....  
Chair

## HEALTH AND WELLBEING BOARD

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### PUBLIC QUESTIONS

#### Question from Mr Jason Clelland

1. As Safeguarding is of paramount importance would you please explain the risk assessment process prior to the introduction of the Alcohol and Substance Misuse service being delivered at Surbiton Health Centre?

Dr Jonathan Hildebrand explained that in terms of risk assessments, these are done on the basis of the risk that each individual service user may pose. The Community Wellbeing Service carries out a risk assessment for each user which is repeated on a regular basis as this is the most effective way of ensuring that any risk is minimised.

#### Questions from Ms Susan Illsley

1. Could the Board explain the discrepancy between the mental health budget and the sexual health budget as detailed in the report to the Board on the 18 April 2013?

Dr Jonathan Hildebrand explained that the paper presented to the Board on 18 April discussed the ring fenced public health grant. The budget allocated to mental health is purely for mental health promotion, as the Clinical Commissioning Group funds other elements of the mental health service. The Local Authority funds all elements of the sexual health service (an open access service) which is why this budget is significantly greater.

2. Do the planning department and the Health and Wellbeing Board liaise? (for example the redevelopment of the market place is focusing on selling hot and cold food, this could pose a health issue with regards to obesity)

Jo Carr, Public Health Programme Lead for Obesity, confirmed that there needs to be stronger links with other departments including planning. The report seeking approval of the Healthy Weight and Physical Activity Needs Assessment and Strategy would create a new group focussing on environment, thus improving relations with departments such as planning and environmental health.

3. With regards to the action plan on B7 looking at mental health, are we looking at outcomes or aims?

Dr Jonathan Hildebrand confirmed that the action plan lists outcomes. If work is achieved and successful in the key areas these outcomes will be delivered in the future.

**Question from Mr Peter Kelk**

1. With regards to the needle exchange service at Surbiton Hospital, who thought it appropriate to locate this service next to a school, and to place benches outside facing the play area? There was no consultation on the location of the service. I would like to know how the decision was taken and whether it is in line with Home Office guidance.

Dr Jonathan Hildebrand explained that there were consultations when the hospital site was through the planning process, there was also a community event held at Lime Tree Primary School. The Home Office guidance referred to relates to rehabilitation services, as opposed to treatment services. The Public Health team have spoken to the Home Office who have confirmed that they are not aware of any specific guidance relating to treatment sites.