

**TONBRIDGE AND MALLING  
HEALTH ACTION TEAM**

**MINUTES**

**Tuesday 8th September 2015**

**14:00-16:00**

**Present:**

Jane Heeley	Chair, Chief Environmental Health Officer, TMBC
Heidi Ward	Health Improvement Manager, TMBC
Caroline Lower	Case Worker Manager, Family Mosaic (HIA)
Karen Hardy	KCC Public Health Specialist
Satnam Kaur	Chief Housing Officer, TMBC
Julia Burton-Jones	Project Officer (Dementia Specialist), Diocese of Rochester, C of E
Anne Charman	Community Liaison Officer, KCC
Linda Hibbs	Private Sector Housing Manager
Stephen Gregg	Leisure Services Manager, TMBC
Chris Parker	Dementia Friendly Tonbridge
Kerry Harrison	Heart of Kent Hospice
Anita Cleugh	Ass Dir. of Customer Services, Circle Housing
Stuart Tickle	Safer & Stronger Communities Manager

**Apologies**

Martin Guyton	Chief Executive TMLT
Mark Raymond	Chief Corporate Policy Officer, TMBC
Claire West	Russet Homes
Vicki Morrey	Heart of Kent Hospice
Jill Roberts	CEO, West Kent MIND
Rachel Parris	Programme Lead/Planned Care & Integrated Commissioning, WKCCG
Merle Brigden	DAVSS Trustee & Domestic abuse adviser
Yvonne Wilson	Health & Wellbeing Partnerships Officer

**Actions**

**Apologies, welcome and introductions**

J H welcomed members and passed on apologies of absentees and asked members to introduce themselves.

**1. Minutes and actions of previous meeting**

JH went through the minutes of the previous meeting and the minutes were accepted by the group with regards to accuracy.

Comments arising from the minutes:

- Tracey Schneider has now met with KH to discuss Dementia friendly initiative and Kent Healthy Business Award. The initiative is being actively promoted through businesses.
- HW represents TMBC at the Tonbridge Dementia Friends Steering group and an update was provided by CP as part of the agenda item 2.
- HW made contact with Fiona Skinner from Health Visitors.

For the benefit of new members JH gave an overview of the background to the meeting and how members of the meeting actively work together to improve the health and wellbeing of the local population. JH explained priority themes had been identified; Healthy weight and Physical activity, Dementia Friendly Tonbridge, Preventing falls/housing.

## 2. Dementia Friendly Tonbridge

CP

Chris Parker (CP) from Abbey Funerals gave an overview of the progression of the work that the Tonbridge Dementia Friends (DF) Steering group have achieved over the past 6 months.

- April - a steering group was formed made up of members representing different parts of the local community; Church, TMBC (HW) The Town Team, Chamber of Commerce. Local businesses
- May – during dementia awareness week a launch meeting was held at the Angel Centre which was very well attended. Starting with a dementia friendly session and was followed by a brain storming session to identify areas to focus on.
- Agreed action points include providing training and raising awareness and understanding of dementia, encourage community support and promote DF businesses and organisations by encouraging use of the Recognition symbol.

### Achievements to date

- DF sessions held at a range of businesses
- Abbey Funerals and Tonbridge Osteopath have applied for and received recognition symbols. Bubbles Launderett, Warners Solicitors, Angel Indoor Bowls club and Tonbridge Methodist church are in the process of applying.
- Actively engaged with Tonbridge Juddians Rugby Club and a range of other businesses but difficulty engaging with Taxi firms
- CCG – James De Puy has arranged DF training for all non-clinical staff
- TMBC – training arranged for all staff.
- Churches very supportive and Rochester Diocese are introducing a dedicated chaplaincy the focus of which will dementia care (in attendance at meeting)
- Funding – donations of £700 held by Town Team on behalf of the ground. TMBC supporting printing, marketing & staff through Health Team.

- Looking for venues to deliver training.
- Attending TAMs Older People event on October 1<sup>st</sup> at Angel Centre.
- Town wide event being planned as part of the dementia awareness week 2016.

ST explained his role in TMBC with regards to licensing and as the lead for DF and vulnerable person's team lead as part of his role in Kent Fire and Rescue.

KH from Hospice explained about there being a clinical nurse specialist at the hospice and advanced planning for the care of patients with dementia.

Stephen Gregg (SG) explained how the Youth Forum had mental health and physical health as a key area of work and it would be good to link with the DF agenda.

### **Actions**

- HW to send CP Stuart Tickles contact details and CP to liaise with ST over problems engaging with taxi firms and room hire at the fire station for DF session.
- SG to liaise with CP with regards to engaging with Youth Forum and schools.
- Anita Cleugh (AC) to liaise about refresher training for Circle Housing.
- ST/SG to find out whether it is possible to hold Dementia Friendly events at the Rigby Club and Fire Station.

**HW/CP/  
ST**

**SG/CP  
AC/CP**

### **3. Housing – Falls Prevention**

**SK/LH**

A presentation was delivered by Satnam Kaur (SK) and Linda Hibbs (LH) on the work of the Housing Team reiterating how housing, particularly around falls prevention, is a priority for the HAT.

3 key areas of work are covered by our Housing Service;

- Strategy & Enabling – enabling policy setting
- Housing Needs
- Private sector housing

Key facts:

- 1 in 3 people over 65 and 1 in 2 people over 80 fall at least once a year
- High cost to hospital, community healthcare and social care services

Housing enforcement

- Housing Health and Safety Rating System
- Looking at hazards
- Harm outcomes
- A legal requirement for property to be “safe”

- Housing can take action by serving notice

Housing assistance 2014-16– Home Safety Assistance, warm homes (Health Improvement Agency (HIA) delivers Winter Warmth Scheme), home improvements. Examples were given to show how improvements such as installing handrails, improve lighting, remove glass door. This gives an obvious annual savings to NHS and society which can be calculated through the Housing Health Cost Calculator.

LH explained that a lot of work being done to increase GP and health professional referral (social prescribing).

### **Actions**

Presentation to be sent out with minutes

HW

#### **4. West Kent Health & Wellbeing Board**

JH

JH gave an update on the work of the West Kent Health and Wellbeing Board (WKHWBB) which is held monthly and chaired by Bob Bowes. It is a multidisciplinary team with elected members including health watch. A priority for the board is obesity and increasing physical activity and JH explained that she is the lead officer for the Obesity Task & Finish Group, presently looking at GP engagement, a media campaign, increasing physical activity and weight management programmes. A recent agenda item looked at how there needed to be an integrated approach to alcohol and this would be considered at the alcohol summit involving a West Kent group of stakeholders, aimed at engaging partners to support the alcohol agenda such as carrying out identification and brief advice (IBAs) on alcohol and signposting to appropriate services.

JH Alcohol related mortality and hospital admissions for Tonbridge & Malling is higher than the national average.

### **Actions**

Details of Alcohol Summit to be sent to HAT members

KH/HW

#### **5. CCG Update**

CCG representative not present so update postponed for next meeting

#### **6. KCC Public Health Update**

KH

KH updated the group on how the public health cuts would be happening in year irrespective of the results of the public health consultation. KH spoke of how the cuts will impact on the programmes and initiatives run and commissioned by TMBC Health Team as part of the health improvement budget. The Dir of Public Health is in present discussions with CEOs of borough and district councils to see where the

cuts will be made.

The budget cuts have also eaten into initiatives that aim to tackle the winter determinants of health such as the Winter Warmth initiative this year, however, KCC are waiting to hear the results of a bid to the National Agency for Action.

WKHWBB have set up a task and finish group to drive forward setting up an Alcohol summit. AC offered a venue at Circle Housing for the event.

KH went on to talk about the West Kent Population Profile' which takes a broad look at areas of health including housing, Looked after children & hospital admissions.

- Liver disease and respiratory increasing
- 0-4 short stay hospital admissions mainly due to respiratory
- 80-84 long stay admissions

Alcohol levels increasing possibly because of a change in culture, mixed media and alcohol linked to areas of deprivation and domestic abuse.

#### **Action**

AC/KH to liaise over the possibility of using a venue at Circle Housing  
KH to send information to HW to distribute with minutes.

**KH/AC**

#### **7. A.O.B**

Anne Charman (AC) spoke of the combined member grants and the process of applying;

- Identify project, what it is aiming to achieve and how it is going to benefit the community.
- Contact AC
- Own bank account
- Faith groups need to ensure it incorporates all faiths

JH went through the TOR which was signed off by the group

## GLOSSARY OF HEALTH TERMS

ABBREVIATION/TERM	DEFINITION
BCF	<p>Better Care Fund - The Better Care Fund was announced in June 2013 to drive the transformation of local services to ensure that people receive better and more integrated care and support. The fund will consist of at least £3.8 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.</p>
CCG	<p>Clinical Commissioning Group - groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services including:</p> <ul style="list-style-type: none"> <li>•Planned hospital care</li> <li>•Urgent and emergency care</li> <li>•Rehabilitation care</li> <li>•Community health services</li> <li>•Mental health and learning disability services</li> </ul> <p>They work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc) to ensure services meet local needs. CCG boards are made up of GPs from the local area and at least one registered nurse and one secondary care specialist doctor.</p> <p>Clinical Commissioning Groups are responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All General Practices belong to a Clinical Commissioning Group.</p> <p>Clinical Commissioning Groups are overseen by NHS England at a national level. NHS England is a new body that ensures that Clinical Commissioning groups have the capacity and capability to successfully commission services for their local population. NHS England will also ensure that the Clinical Commissioning Groups meet their financial responsibilities.</p>
COPD	<p>Chronic obstructive pulmonary disease - is characterised by airflow obstruction that is not fully reversible. The airflow obstruction does not change markedly over several months and is usually progressive in the long term. COPD is predominantly caused by smoking. Other factors, particularly occupational exposures, may also contribute to the development of COPD. Exacerbations often occur, where there is a rapid and sustained worsening of symptoms beyond normal day-to-day variations.</p>
DFC	<p>Dementia Friendly Community - The Dementia Friendly Communities programme focuses on improving inclusion and quality of life for people living with dementia</p>
HAT	<p>Health Action Team – A Council led group comprising internal services such as health improvement, Leisure, Community</p>

	Development and Community Safety with partners that are working with us to deliver our health improvement priorities. The Group meets 4 times a year.
JSNA	Joint Strategic Needs Assessment - a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities.
LTC	Long term conditions - a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease and chronic obstructive pulmonary disease.
West Kent MIND	The West Kent part of MIND, the national mental health charity.
WKHWB Board	West Kent Health and Well-being Board - its role is to focus on improving the health and wellbeing of local people through joined up commissioning across the NHS, social care, district councils, public health and other services. This is in order to secure better health and wellbeing outcomes and better quality of care for all patients and care users in west Kent
WKDAA	West Kent Dementia Action Alliance - is a member of the Kent Dementia Action Alliance and as such is part of the Kent initiative 'Working towards becoming a Dementia Friendly Community'.