

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **23rd October 2013.**

Present:

Councillor Michael Cloughton – Chairman, Cabinet Member, ABC;
Navin Kumta – Vice-Chairman, Clinical Lead, Ashford CCG

John Bunnett – Chief Executive, ABC
Penny Southern - Families and Social Services Lead, KCC
Paula Parker – Families and Social Services Representative
Marion Gibbon – Public Health Representative, KCC
Sheila Davison – Public Health Representative, ABC
Neil Fisher – Head of Strategy and Planning, Ashford CCG
Jane Miller – Families and Social Services, KCC
Dave Harris – Families and Social Services, KCC
Steve Inett – HealthWatch Representative
Martin Harvey – Patient Participation Representative, Lay Member CCG
Keith Fearon – Member Services and Scrutiny Manager, ABC
Belinda King – Management Assistant, ABC
Martin Cunnington – Interim Associate Partner (Children’s and Maternity Services KMCS) (for item 9 only)
Julie Ely – Head of Special Needs, KCC (for item No 9.only)

Apologies:

Cllr. Jenny Whittle, KCC
Mark Lemon, Policy and Strategic Relationships, KCC

1 Introduction

1.1 The Chairman welcomed all those present and the member of the public and advised that this was the first open meeting of the Board.

2 Notes of the Meeting of the Board held on the 24th July 2013

2.1 It was agreed that the Minutes were a correct record of the meeting.

3 Revisions to Terms of Reference for CCG Level Health and Wellbeing Boards

3.1 The report set out the proposed amendments to the Terms of Reference and Procedure Rules of the Board which were still to be formally agreed by all parties and subject to final approval by the Kent Health and Wellbeing Board.

- 3.2 The Chairman referred to the comment in paragraph 3.4 and advised that the statement was incorrect in that the guidance on the Kent Code of Conduct for Members had not been circulated.
- 3.3 Sheila Davison advised that the report had been produced by Mark Lemon of Kent County Council and she then took the Board through the report noting in particular the following:-
- Officers would not act as voting members.
 - The meeting of all Chairs of all Local HWBs' on 3rd December 2013 would be attended by Sheila Davison as the Chairman was unavailable on that day.
 - Navin Kumta attended the Kent Health and Wellbeing Board as the representative for the Ashford Health and Wellbeing Board.
 - Although the Kent County Council's Constitution did not permit public participation, local discretion could apply and therefore the Ashford Borough Council Scheme of Public Participation would be used.
 - The voting arrangements would be on the basis of one vote per organization, i.e. KCC/ABC/CCG and HealthWatch. The Board did not have decision making powers and therefore it was expected that the business would be conducted on the basis of consensus.

The Board agreed the report.

4 Clinical Commissioning Group (CCG) – Priority Setting Engagement Event

- 4.1 Navin Kumta gave a verbal introduction to the report and advised that the third planning session had looked at establishing the priorities for 2014/15.
- 4.2 Neil Fisher further explained that the ideas put forward by providers and member practitioners had been discussed with the aim of establishing a priority and a clear steer on the overall outcome of the priorities. These included a revision of outpatient services; increasing one stop facilities; further advice and guidance prior to discharge; dementia and in particular out of hours support; the mental health services such as dealing with eating disorders; and all age ADHD (Attention Deficit Hyperactivity Disorder) services. Neil Fisher further explained that the area of children's services' objectives examined included support for looked after and disabled children. The next step would be to work up a full business case for each of the objectives for inclusion in the annual commissioning plan. The target deadline to complete all this work was before Christmas 2013.

The Board received and noted the report.

5 Update on the Integrated Commissioning Group

- 5.1 Included within the Agenda papers was the Integrated Commissioning Group's (IIG) Highlight Report for the quarter 3 period, October to December 2013.
- 5.2 Dave Harris explained that in May representatives from Kent County Council, Ashford Borough Council and the Clinical Commissioning Group had met to discuss commissioning priorities. These had been examined and refined and three priorities had been established covering:-
- a) Dementia with Kent County Council as lead;
 - b) Behavioural and emotional needs with the Ashford Clinical Commissioning Group as lead; and
 - c) Eating disorders/obesity with Ashford Borough Council as the lead.
- 5.3 Three sub-groups had been established and would feed back into the commissioning process.
- 5.4 Neil Fisher explained that in terms of Dementia it was recognised that there were a large number of people being treated for Dementia but had not had a clinical diagnosis. Therefore at this stage it was difficult to estimate how many Dementia sufferers would be identified and therefore what level of funding was needed to be allocated to support it. John Bunnett considered it was important that the CCG responded to the needs assessment as it related to Ashford and not just the whole of Kent and it was these areas of work that the Borough Council would wish to progress. He asked whether the CCG worked with the schools on the issue of obesity. Paula Parker confirmed that schools were represented on the sub-group and a report would be brought back to the next meeting setting out a plan as to how the priority could be tackled. Navin Kumta also explained that the Chairman of the Children's Trust Board sat on the main Health and Wellbeing Board and said it might be useful for the January meeting of this Board to have an update on the Children's Trust Board. John Bunnett considered that there was a need to reconcile the early initiatives which could be picked up now rather than wait until next year and make the schools aware sooner rather than later. Dave Harris also clarified that in terms of Dementia work this would be centred on increasing independence by helping to keep the person in the home environment rather than moving to direct care.

The Board received and noted the report.

6 The Integration Transformation Fund

- 6.1 The report advised that the £3.8bn Integration Transformation Fund (ITF) announced by the Government dramatically accelerated the timescales for achieving the integration of health and social care services. Government expectations were that a fully integrated system should be in place by 2018

and be based on actions identified to start in 2014-2015 with the beginning of significant delivery in 2015-2016. Plans to spend the funding had to be agreed by the statutory Health and Wellbeing Board who assumed responsibility for monitoring the achievements of the targets required; agreed contingency plans for reallocating funding if targets were missed; and be satisfied that providers, especially acute Hospital Trusts, had been effectively engaged in the planning process. Paula Parker took the Board through the report and explained that in paragraph 2 the ITF funding components were set out.

The Board:

- i) acknowledged the timescales involved in the preparations of the Kent Plan and the Integrated Transformation Fund.**
- ii) recognised the need to align integration activity with the requirements of delivering through the ITF in Kent.**

7 The Public Health Resource and Programme for Ashford

- 7.1 In accordance with Procedural Rule 9, Annie Jeffrey, a member of the public, attended and said she had a question relating to mental health provision in Ashford. She explained that she was a member of the East Kent Carers Council and also Chair of Charing PPG. She said that acute mental health services in Ashford were in crisis and completely unacceptable as was the rest of Kent and Medway. She asked why did the Arundel Unit at the William Harvey Hospital remain empty when there were no available beds and patients were being transported all over the country because these wards were closed. It had been acknowledged that due to data errors these wards should never have been closed in the first place. Annie Jeffrey also said that patients were being ferried around Kent which was an issue for the Police who were often accompanying the patients. Local in-patient provision was essential for service users in Ashford to keep contact with family and friends as many mental health patients ended up homeless, in prison or dead. She said that if the William Harvey Hospital closed there would be a public outcry which in her view indicated that when it came to mental health it did not seem to matter. In conclusion she said that services were going backwards with high suicide and readmission rates and commented that there was a duty of care but asked where was the care?
- 7.2 Marion Gibbon explained that the Board was looking at this from a public health prevention perspective and said the cases referred to by the speaker related to those persons who needed acute care.
- 7.3 Navin Kumta said this had been discussed at the CCG in September and the view had been that the priority should be providing support for mental health issues as a community based service. He said that the Arundel Ward was not appropriate as it was a mixed ward and was not integrated with other

services. With the aim to provide more support in the community, work would be undertaken with Kent County Council and the Carer's Service. In terms of available data he said it was not possible to assess the impact for Ashford. He accepted that in terms of the time lag there was a delay in community service providing support, and it was proving difficult to catch up in terms of the provision. He stressed that there was no new money available and if more resources were to be placed within the mental health arena this would have to be drawn from elsewhere within the current budgets.

- 7.4 The Chairman also explained that there would be an item on the next agenda of the Board in January to discuss this in more detail. Steve Inett explained the role of HealthWatch and said that he would examine the evidence put forward by Annie Jeffrey.
- 7.5 Marion Gibbon then introduced the report she had produced for the Board which described the commissioning resource that Public Health Kent, which was part of Kent County Council, were responsible for. It also provided a brief description of the resource currently serving Ashford.
- 7.6 In response to a question from the Chairman, Marion Gibbon explained that the practitioners who would be assisting in terms of the healthy weight initiative were nutritionists and also were experienced in dealing with behavioural change. Penny Southern explained that there would be a Performance Framework produced for each of the other outcomes which would be colour coded in terms of overall level of performance. She further explained it was important that targets were correct in terms of the initiatives for Ashford.
- 7.7 John Bunnett asked what steps could the Borough Council take to influence the outcomes and how could it feed into the process. Marion Gibbon explained that work on producing the Ashford Health Profile was on-going, and it was hoped to produce a draft of the document in the next few weeks.
- 7.8 Navin Kumta commented on whether it was possible to try and regulate the number of fast food outlets within the area.
- 7.9 In terms of planning and licensing matters John Bunnett highlighted the national as well as local perspective. Neil Fisher said that one of the major changes in terms of smoking reduction related to Government legislation which had banned smoking in public places.

The Board received and noted the report.

8 Making the Kent Joint Health and Wellbeing Strategy a Local Strategy for Ashford

- 8.1 The report explained that the twelve months strategy was a starting point for a partnership approach to improve health and care services whilst reducing health inequalities. The report gave an overview and focused on the issues

that needed to be tackled. Set out within the report were links to the Ashford Health Profile 2011 and the 'Kent Health Inequalities Action Plan: Mind the Gap' document. Marion Gibbon explained that the health profile showed the Indices of Multiple Deprivation 2010 for the wards in the Ashford Borough area. Marion Gibbon drew particular attention to the health summary for Ashford set out on page 51 of the Agenda, which showed areas where Ashford was better than the England average and areas where Ashford needed to do better.

The Board noted the report.

9 Kent SEND (Special Educational Needs and Disabilities) Strategy

- 9.1 The Board received a presentation by Martin Cunnington, Interim Associate Partner (Children's and Maternity Services) KMCS and Julie Ely who was Head of Special Needs at Kent County Council on the above strategy. A copy of the slides used for the Powerpoint presentation had been loaded onto the Agenda page of Ashford Borough Council
<https://secure.ashford.gov.uk/cgi-bin/committee/index.cfm?fuseaction=doctrack.details&ItemID=1640>
- 9.2 In response to a comment about language issues within schools Martin Cunnington explained that in the 0-5 age group up to 50% of children in Ashford had language needs and therefore, for example, it was important to encourage parents to read to their children.
- 9.3 Penny Southern also commented that issues raised within the strategy were small in terms of numbers when compared to issues such as cancer and dementia.
- 9.10 In conclusion the Chairman thanked Martin Cunnington and Julie Ely for their presentation.

10 Items for the Forward Plan

- 10.1 The following items were suggested for the agenda for the next meeting:-
- Mental Health
 - Commissioning Plan
 - William Harvey Hospital – Strategy
 - Update on Children's Trust Board

11 Next Meeting

- 11.1 The next meeting would be held on Wednesday 22nd January 2014.

Queries concerning these minutes? Please contact Keith Fearon:
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