

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the
22nd January 2014

Present:

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

John Bunnett – Chief Executive ABC
Paula Parker – Families and Social Services Representative, KCC
Andrew Scott-Clark – Public Health Representative, KCC
Sheila Davison – Public Health Representative, ABC
Neil Fisher – Head of Strategy and Planning, Ashford CCG
Susan Scamell – Mental Health Commissioner, KCC
Martin Harvey – Patient Participation Representative, Lay Member CCG
Dr Anne Imkampe – Public Health Registrar, KCC
Stephen Bell – Local Children’s Trust
Mark Lemon – Policy and Strategic Relationships, KCC
Simon Cole – Planning Policy Manager, ABC
James Renwick – Policy Planner, Community Infrastructure and Levy
Tracy Dighton-Brown – Voluntary Sector Representative
Rory Franklin – Ashford Community Mental Health Team
Keith Fearon – Member Services and Scrutiny Manager, ABC
Belinda King – Management Assistant, ABC

Apologies:

Cllr. Jenny Whittle, KCC
Penny Southern, Social Services Lead, KCC
Marion Gibbon, Public Health, KCC
Simon Perks, Accountable Officer, CCG

1 Introduction

1.1 The Chairman welcomed all those present to the meeting.

2 Notes of the Meeting of the Board on the 23rd October 2013

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

3 Mental Health Provision – Progress towards Kent Joint Health & Wellbeing Strategy – Outcome 4 Ashford

- 3.1 The report provided a joint update on progress on the “Kent Joint Health & Wellbeing Strategy – Outcome 4 – Mental Health, people with mental health issues are supported to live well”.
- 3.2 The Chairman referred to a recent Government announcement by the Deputy Prime Minister, Nick Clegg, who had indicated that in terms of mental health appropriate resources would be allocated to it. Furthermore the Deputy Prime Minister had indicated that neither stigma nor inequalities should exist. Sue Scamell advised that in the region of £4.9m support was provided by the voluntary sector which could be seen as an additional investment above the current amount of funding allocated towards the service.
- 3.3 Navin Kumta explained that there were different levels of depression and it was important for GPs to ensure that people suffering from depression did not fall through any gaps in the system and that a seamless care service was provided. Neil Fisher explained that in terms of some illnesses there were clear waiting times/measures for which treatment should be made available. However these did not apply to the same degree to mental health issues and indeed some waiting times for assistance were excessive. Neil Fisher further explained that waiting times had reduced and that in terms of Ashford there was a reducing suicide rate, whereas in Canterbury this was increasing.
- 3.4 Tracy Dighton-Brown asked how the Ashford CCG Working Group integrated with the various organisations and Navin Kumta said it would be appropriate for an update from the CCG to be brought back to this Board.
- 3.5 Stephen Bell explained that his organisation was responsible for the “Young Healthy Mind” service which provided early intervention services and he said that in Ashford that was provided as a Tier 2 service and that there were no waiting lists for assistance with issues such as self-harming. There was, however a need for common assessment frameworks to be undertaken as there was a slow-down in referrals for onward support beyond his service.
- 3.6 In terms of the Community Safety Partnership, Sue Scamell advised that there were strategic meetings between the police and the CCG in West Kent which looked at the inter-relationship between the police and the ambulance services. There was also the development of a police triage service and a dedicated telephone number for police officers to use in terms of obtaining crisis support.
- 3.7 The Chairman referred to the recommendations in the report which asked that an East Kent summit be held for mental health to bring together key leaders and decision makers and he sought the views of the Board as to whether they supported this recommendation. Following discussion the Board agreed that this meeting should have an Ashford focus and be held late March, April period.
- 3.8 In accordance with Procedure Rule 9, Annie Jeffrey, a member of the public attended and asked a question relating to mental health provision in Ashford and Kent.

- 3.9 Navin Kumta reiterated the answer he had given to a similar question asked at the previous meeting of the Board on 23 October 2013 but said that work was continuing in GP practices to try and enhance the community services for people suffering with mental health issues.
- 3.10 Annie Jeffrey explained that she had raised this issue with Damian Green MP and others and the Chairman suggested that in view of comments made by the Deputy Prime Minister she should perhaps write to Nick Clegg MP.

The Board:

Agreed to hold an Ashford based summit for mental health to bring together the key leaders and decision makers from the partner organisations represented on the AHWB Board to:-

- a) **Consider and understand the Joint Strategic Needs Assessment and Assets (JSNA) for Ashford, including those most at risk of developing mental health problems.**
- b) **Set the strategic direction for mental health and wellbeing in Ashford and open up new ways for a mental health and wellbeing focus across all services and departments.**
- c) **Agree target groups and the actions required so frontline staff can make every contact count.**

4 Better Care Fund:- Update

- 4.1 Included with the Agenda Papers was a draft planning guidance from NHS England which provided a significant amount of detail about the Better Care Fund (BCF).
- 4.2 Mark Lemon explained that the BCF related to the re-allocation of existing money from different pots and that the Kent Health and Wellbeing Board had to agree the BCF Plan for submission before the 14th February 2014 for initial assurance with final plans being submitted on or before the 4th April deadline to the Department of Health. He explained that the Kent Health and Wellbeing Board meeting date had been moved to the 12th February to allow them to consider the document. In financial terms, for Kent as a whole, £101m of funding already in the system had been earmarked for the fund, with the Ashford CCG proportion being approximately £7.3m. Disabled Facilities Grants were included within this overall sum for the Ashford CCG and there was a need to ensure it was properly transferred to districts in a timely manner. The BCF Plan was a minimum requirement that National Health England required in terms of what expenditure plans were in place. However, Mark Lemon explained that as Kent was in the Pioneer Programme, the DCLG expected the Pioneer Scheme to go much further.
- 4.3 Paula Parker said that it was expected that Disabled Facilities Grants would be handed straight to the District Councils without issue or delay. However, in

future she indicated that it might be appropriate to examine whether the services provided with the grant could be undertaken differently. Furthermore she indicated that each CCG had within its remit to protect adult social care. Overall the Better Care Fund was a push to ensure that all partner organisations worked together.

- 4.4 Given the tight timescales Sheila Davison enquired as to how the Ashford HWBB would feed into the final plan and in response Neil Fisher indicated that this would have to be undertaken electronically due to the tight timescale. He explained that the process was extremely complicated and furthermore the CCG had to submit a five year plan by June 2014.
- 4.5 John Bunnett commented that it appeared that there was limited scope to incorporate Ashford related initiatives within the Plan but stressed that it was important that these initiatives were picked up following the submission of the BCF.
- 4.6 Tracy Dighton-Brown explained that there were over 300 voluntary groups in Ashford and that in terms of acute primary care, small areas of consultation had been undertaken. However she hoped that the next year's consultation process would look rather different.

The Board noted the progress on the Better Care Fund submission.

5 Strategic Commissioning Plan – April 2014 - March 2019

- 5.1 The Strategic Commissioning Plan April 2014 – March 2019 produced by the Ashford Clinical Commissioning Group was included within the Agenda Papers for the meeting.
- 5.2 Neil Fisher explained that the CCG was required to produce a two year operational plan with a five year plan to follow later. There was also a need to contribute to a plan referred to as “Unit of Planning” which was a whole plan covering the East Kent area with major providers. He drew attention to the following three key measures:-
- Improve health generally;
 - Reduce inequalities;
 - Ensure a parity of esteem (from a mental health point of view).
- 5.3 He also explained that there was a focus on the 75+ age group with more input from General Practice and to reflect a variety of several other plans. He explained that this draft plan would be brought back to each meeting of the Board and he stressed that it was vital that he had feedback from partners on the various components included within it.

- 5.4 John Bunnett expressed the hope that there would be a plan solely for Ashford as at the present time the plan did not contain any specific initiatives relating to the Ashford Borough area. Neil Fisher commented that if issues were picked up by the Integrated Commissioning Group they could be incorporated within the plan.
- 5.5 The Chairman considered that there was a need for guidance to be given to the Borough Council in terms of what the CCG required in terms of the plan to ensure it reflected its wishes. Sheila Davison suggested that it appeared that a number of different themes were not coming together and therefore it would be appropriate for a piece of work to be undertaken to agree how all organisations could work to achieve the desired result.

The Board received and noted the report.

6 Health and Wellbeing in Planning – Ashford Emerging Local Plan

- 6.1 Simon Cole explained that his team was currently working on reviewing the Local Plan which had to look to the year 2030. He said that there were several areas related to the Health Agenda which included spatial planning, i.e. where development went, cycling initiatives; infrastructure for health services, and he explained that the National Planning Policy Framework gave guidance on how a plan should be formed. Therefore the Borough Council had to work with a range of organisations to decide where mutual benefits lay in terms of planning to ensure each plans were complementary. He said that another key change was that the funding from Section 106 Agreements would change following the introduction of the Community Infrastructure Levy (CIL) from April 2015 and the Council's ability to ensure strategic infrastructure was provided was likely to be more difficult to achieve.
- 6.2 Simon Cole then emphasised that the Borough Council needs to know what it considered should be provided could actually be delivered. He then ran through the principal key thoughts set out within his report and said that he was more than happy to talk off line with representatives of the various organisations on those key thoughts.
- 6.3 Navin Kumta questioned whether the Integrated Commissioning Group needed to have a representative from the Planning Unit at future meetings.
- 6.4 Tracy Dighton-Brown explained that MIND had produced an excellent booklet showing ways in which Planning Departments could work with local communities in terms of mental health provision.
- 6.5 Andrew Scott-Clark gave examples of the initiatives the Public Health Service Team at KCC was involved with which included in some areas trying to restrict the number of fast food outlets in the vicinity of schools, reducing traffic speed and providing health impact assessments. Simon Cole emphasised that it was important to justify any policies included within the

Local Plan and to provide a justifiable evidence base which could be tested on enquiry.

6.6 The contact details for Simon Cole and James Renwick are shown below:-

simon.cole@ashford.gov.uk,
james.renwick@ashford.gov.uk

The Board noted the report.

7 Local Children's Trust

- 7.1 Stephen Bell explained that the Local Children's Trust was a multi-agency service and had been in place for a number of years. He considered it extremely important to support the prevention agenda and he believed that the Trust Board had a valuable contribution to make to the work of the Ashford Health and Wellbeing Board and the priorities for Ashford as a whole. Tabled at the meeting was a diagram which set out the priorities for Ashford Children and Young People covering Early Years (foetal to 5 years); Middle Childhood (6-11 years); Early Adolescence (12-18 years) and Late Adolescence (18-21 years).
- 7.2 The Chairman explained that the Local Children's Trust Board was a Sub-Committee of the Ashford Health and Wellbeing Board.
- 7.3 Stephen Bell referred to various initiatives the Trust had been involved in and in particular he drew attention to the work in Ashford to assist parents in terms of how to play with their children. He said that if initiatives were put in place in the early years of the child's development, it helped in later years.
- 7.4 In terms of the future the Chairman commented that Stephen Bell was welcome to be a member of the Ashford Health and Wellbeing Board and Navin Kumta said he would like to see a report on the work of the Trust Board to be considered at a future meeting.

The Board noted the report.

8 Report from the Voluntary Sector Representative

- 8.1 Tracy Dighton-Brown of the Ashford Counselling Service was the representative on the Ashford Health and Wellbeing Board and she explained that CASEKent and the Ashford Volunteer Centre had created a Steering Group to take forward engagement with the Statutory Sector. The aim was for the Voluntary Sector to be able to speak to the Ashford Health and Wellbeing Board with one voice, even though they represented over 300 voluntary groups in Ashford.
- 8.2 The Local Voluntary Sector intended to highlight 3-4 case studies of organisations working with people in some of these groups and provide

examples to illustrate good relationships between the two sectors. It would also outline cases where commissioning had worked well, including bringing in ideas from elsewhere in the county and the rest of the UK. The report was hoped to be available by mid-March. Martin Harvey explained that there had been a successful event held the previous week which had shown the willingness of the voluntary sector to work with the CCG.

The Board received and noted the report.

9 Integrated Commissioning Group

- 9.1 Paula Parker explained that the ICG had last met before Christmas and it had become apparent that work on preparing and submitting the BCF would take urgent precedence over other issues. She considered there was a need to refocus what the ICG was doing and commissioning for Ashford and to work with the Local Children's Trust to provide input into this process. She indicated that she would like to be in a position to report back to the main Board on progress by its next meeting in April.
- 9.2 In response to a question about what Ashford Borough Council could be doing in terms of moving forward initiatives, Paula Parker said that there were several initiatives discussed at the ICG which included an Obesity Plan for Ashford; a Fall Strategy for Ashford; and work on Dementia Services. However, the final work on these projects had yet to be signed off bearing in mind that they needed to relate to the Better Care Fund.
- 9.3 John Bunnnett expressed concern over the lack of progress jointly commissioning any new projects within Ashford. He highlighted several areas of work undertaken by the Borough Council that had a direct impact on health and wellbeing but he was unable to find them reflected within KCC or CCG commissioning plans. Reference was made to the JSNA and the need to develop specific projects aimed at the health issues outlined within this document.
- 9.4 Neil Fisher commented that via the ICG the Borough Council's representatives could have input into the Borough Council's budget plans if the Borough Council wished to take forward any specific initiatives. John Bunnnett considered that it was apparent to him that there was a need for there to be a plan for Ashford sitting within the various overarching plans discussed at the meeting.
- 9.5 The Chairman suggested that the representatives on the Board meet separately to clarify the way forward.

The Board received and noted the report.

10 Ashford Health Profile

- 10.1 Dr Anne Imkampe, Registrar in Public Health gave a presentation on the Ashford Health Profile. The slides covered the following issues:-
- Overview
 - Life Expectancy
 - Adult Obesity
 - Smoking
 - Smoking in Pregnancy
 - Breast feeding
 - Homelessness
 - Cancer
 - New Developments
- 10.2 Andrew Scott-Clark referred to the issue of smoking and explained that initiatives were moving to the development of a harm reduction strategy by the use of long-term nicotine therapy. This would lead to a change in policy of NICE. In terms of obesity there would be a report to the KCC's Cabinet in May, in terms of breast feeding he explained that KCC offered a breast feeding support service, and on the issue of smoking in pregnancy work was being undertaken at midwives' level.
- 10.3 John Bunnett said that the presentation was very informative and in particular it highlighted that the Borough Council needed to do more in terms of looking at the issue of homelessness.
- 10.4 The Chairman thanked Dr Imkampe for her presentation.

The Board received and noted the report.

11 Items for the Forward Plan

- 11.1 The following items were suggested for forthcoming agendas of the Board:-
- Forward planning to enable more timely discussion of commission plans
 - Inequalities
 - Jasmin Vardimon Dance Academy (perhaps July meeting)

12 Next Meeting

- 12.1 The next meeting would be held on Wednesday, 23rd April 2014.

Queries concerning these minutes? Please contact Keith Fearon:
Telephone: 01233 330564 Email: keith.fearon@ashford.gov.uk
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