

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the
23rd April 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
 Marion Gibbon – Public Health, KCC
 Dr Anne Imkampe – Public Health Registrar, KCC
 Sheila Davison – Public Health Representative, ABC
 Neil Fisher – Head of Strategy and Planning, Ashford CCG
 Simon Perks – Accountable Officer, CCG
 Lillian Ndawula – Health Watch Representative
 Caroline Harris – Health Watch Representative
 Mark Lemon – Policy and Strategic Relationships, KCC
 Stephen Bell – Local Children’s Trust
 Tracy Dighton – Voluntary Sector Representative
 Tracey Kerly – Head of Community and Housing, ABC
 Richard Robinson – Housing Improvement Manager, ABC
 Sharon Williams – Housing Operations Manager, ABC
 Sylvia Roberts – Senior Housing Options Officer, ABC
 Christina Fuller – Cultural Projects Manager, ABC
 Keith Fearon – Member Services and Scrutiny Manager, ABC
 Belinda King – Management Assistant, ABC

Also Present:

Councillor Mrs Dyer

Apology:

Martin Harvey – Patient Participation Representative, Lay Member CCG

1 Introduction

- 1.1 The Chairman welcomed all those present to the meeting. He advised that he had received notification from Penny Southern that due to clashes with her other work commitments, in future Mairead MacNeil would attend meetings on her behalf.

2 Notes of the Meeting of the Board held on the 22nd January 2014

- 2.1 Tracey Dighton referred to paragraph 4.6 and clarified that t meaningful consultation had not taken place over the Better Care Fund. Marion Gibbon clarified that paragraph 10.2 related to new guidance issued by NICE rather than a change in policy.
- 2.2 In terms of the recommendations in Item 3 Mental Health Provision – Progress Towards Kent Joint Health and Wellbeing Strategy – Outcome for Ashford, Navin Kumta said the proposed Ashford based summit was still under discussion. He also explained that Paula Parker and Sue Luff were in the process of developing a strategic direction for mental health in Ashford with an anticipated delivery date of June this year.
- 2.3 Subject to the updates and clarifications shown above the Minutes were agreed as a correct record.

3 Lead Officer Group Quarterly Report April to June 2014

- 3.1 Christina Fuller introduced herself to the Board and explained that she was the Cultural Projects Manager at Ashford Borough Council and managed the team which was involved with various aspects of health intervention work. She explained that since the last meeting of the Board a Lead Officer Group (LOG) had been established with the aim of providing support to the Board. The report set out in detail the organisations/service areas comprising the LOG and also the principle purpose which was to push through the initiatives being undertaken by key delivery partners. The report also requested that the Chairman of the LOG become a member of the AHWB.
- 3.2 Set out within paragraph 8 of the report were the LOG's views on which areas should become priority areas for the AHWB. These were:-
- Independent living and self-management for those with long-term conditions.
 - Dementia.
 - Homelessness.
 - Obesity.
 - Falls prevention.
 - Sustainable Development for health and wellbeing.

- 3.3 In terms of making progress against priorities, Christina Fuller said it was necessary to focus together on those projects' initiatives which would have the greatest chance of improving the health and wellbeing of residents within the community.
- 3.4 The Chairman commented that whilst there were six priorities set out, he considered that mental health was relevant to several if not all of the priorities. He also referred to the appendix to the report and in particular to the section on demographics, and highlighted the cost factor associated with the increasing need for health and social care for the elderly either at home or in care homes.
- 3.5 Tracy Dighton referred to the issue of mental health and in particular to the resulting inequalities suffered by people with mental health and said she had concerns that it did not appear to be at the forefront of suggested priorities. In response Christina Fuller said she believed that there were so many threads across mental health issues within all of the priorities, but in particular those associated with dementia.
- 3.6 Marion Gibbon said she believed that as Ashford grew, particularly in terms of new developments, it was important that they catered for issues associated with mental health, and therefore it was a cross-cutting issue. Tracy Dighton confirmed that in her view she would expect mental health to be clearly stated as a cross-cutting issue. The Chairman said that this would be incorporated within the overall work of the Board.
- 3.7 Mark Lemon commented that given the scale of the Better Care Fund hardly any issues could be dealt with outside of the BCF Framework.

The Board agreed that:

- a) the membership, purpose and reporting arrangements of the Lead Officer Group be approved.**
- b) the quarterly update templates provided by partners be noted.**
- c) that the Chair of the LOG becomes a non-voting member of the AHWB.**
- d) The six local priorities for 2014/15 as set out within the report be agreed.**
- e) The LOG identify the “must do projects” linked to the AHWB priorities and present these for approval at the next meeting.**
- f) Future meetings be focused on each priority area to enable debate and further joined up working.**

4 Partner Updates

4.1 Included in the Agenda were A4 templates submitted by partners. Comments at the meeting made in respect of the following individual updates are set out below.

a) Clinical Commissioning Group (CCG)

Simon Perks said he wished to give an update into how the CCG was organised and in particular the prospect of the Ashford CCG merging with the Canterbury CCG in 2015. He explained that both CCG's had given approval to continue to work on the proposals.

Simon Perks explained that at the current time both CCG's worked very closely in that he advised both groups and Neil Fisher in his role covered both the Ashford and Canterbury areas. He said that the proposals were not intended to change the nature of the Health and Wellbeing Boards and Patient Participation Groups.

Simon Perks summarised the principle reasons driving the proposals for the merger and said that in terms of clinical leadership a merge would provide better shared leadership in terms of focusing on primary care under the Better Care Fund. He said that Ashford knew how best to provide for the health needs of the area which would involve care being undertaken in the communities by the development of community hubs. In financial terms both CCG's were relatively small when compared to others in England which had, for comparison, populations of in the region of 400,000. He said that the 2015/16 financial year would be challenging and by shaping the CCG's more efficiently this would help to address any reductions in funding which might follow in due course.

Mark Lemon said that there would be a need for further discussions on this issue as the Health and Wellbeing Board was currently based on CCG boundaries and its Constitution would need to be examined if this was to change. Simon Perks commented that if it was not possible to have individual Ashford Health and Wellbeing Boards in Canterbury and Ashford this would be the stopping point in terms of taking forward the proposal.

b) Kent County Council

Paula Parker explained that KCC were currently undergoing a Transformation Programme which set out their response to the increasing financial pressure Local Government faced as public sector austerity continued beyond 2015. She summarised the success stories since the last update which included workshops on the KCC Accommodation Strategy; the Homecare Tender; the Telecare Tender

and advised that Kent had been made an agreed pilot site to tackle malnutrition in older people. Work was also progressing on the Dementia Friendly Alliance and the Better Care Fund had been agreed in principle by the Kent Health and Wellbeing Board. For the next quarter work would be focused on malnutrition, falls and residential relet.

In response to a question Paula Parker confirmed that malnutrition would be focused on the 65+ age group with the issue of obesity and malnutrition being picked up later.

In response to a question about work with the voluntary sector, Paula Parker explained that in June an event was being organised regarding engagement with the voluntary sector and she undertook to provide details of that event in due course.

Tracy Dighton said in terms of responses to consultations from the voluntary sector it would be likely that responses would be different from organisations which had obtained a grant, and from those that did not.

Sharon Williams said that Ashford Borough Council was looking to understand what the voluntary sector could offer, particularly in terms of homelessness and she said it would be useful to co-ordinate the work of both Authorities. The Chairman suggested that the Officers liaise directly on this outside of the meeting.

c) Public Health (KCC)

Marion Gibbon summarised the work currently underway which included a healthy weight review; smoking and tobacco control review; harm reduction pilot; smoking in pregnancy work; and procurement of breastfeeding support. In terms of success stories since the last update, Marion Gibbon explained that there were new plans for the Healthy Club which supported people to be more active, and also that health check invitation targets had been met, although there had only been a 37% take up rate. In response to a question she agreed to examine the statistics to find out the percentage rate as it applied to Ashford. Future works included a new strategy for stop smoking and tobacco control and work with the Jasmin Vardimon Dance Company.

The Chairman explained that the issue of eating disorders would be the focus of the October meeting of the Board.

d) Local Children's Trust

Stephen Bell advised that they had received formal notification of Kent County Council's decision to disband the Local Children's Trusts across Kent. In view of this he said that it was important not to lose sight of groups during the transformation process. In terms of mental

health and children he said that research showed the prevalent age group was the 11 to 19 year age group but he stressed that if early intervention was achieved in the years 6 to 11 it could reduce the later development of mental health issues. Stephen Bell then summarised the areas the Trust was focusing on for the next quarter which included working with young people in Stanhope which showed particular spikes of need. In terms of welfare reform he considered that there was a need to monitor this closely, particularly in terms of malnutrition.

Sharon Williams explained the work Ashford Borough Council had undertaken in terms of the Welfare Agenda and in particular work to address issues caused by homelessness. This included signposting ways for assistance to help people move out of circumstances which could lead to homelessness such as working with Job Centre Plus and the Voluntary Sector. She also explained that banks were now visiting the Ashford Gateway to give advice to those persons who needed help in terms of setting up a bank account. In conclusion she said that in terms of the increased use of food banks, there was a need for further analysis of who was using that facility.

e) Ashford Borough Council Quarterly Update

John Bunnett referred to the update set out within the Agenda and drew particular attention to the fact that Ashford Borough Council had now purchased International House. Further developments within the town included the likely submission of a planning application for a cinema and eateries; the expansion of the Designer Outlet and the work Hadlow College would be undertaking in terms of the new campus for K College. He said that the initiatives he had outlined would bring benefits in terms of employment and thereby a link to public health improvement. Furthermore Ashford was on course to achieve the delivery of in the region of 800 new homes throughout the year and the planning application for Chilmington Green would be likely to be considered in the autumn of this year. John Bunnett urged members of the Board to engage with the Council over the various developments in order to maximise health gain.

Navin Kumta said it was important in terms of strategic work to know about the new developments in terms of their scale and likely infrastructure. John Bunnett said he was sure that colleagues from the Planning Department would welcome input from the various agencies involved in the provision of health as there would be opportunities for such information to influence Section 106 Agreements in terms of infrastructure which the developer would be required to contribute towards as part of their development.

5 Focus on Homelessness

- 5.1 The covering report for this part of the meeting explained that the priority theme for this meeting was Homelessness and three presentations would be

given. The covering report summarised the main points of the presentations and contained recommendations which would be considered following the individual presentations.

a) Think Housing First

Included within the Agenda for the meeting was a report titled “Think Housing First” which presented the strategy to reduce health inequalities in Kent through access to good quality and affordable housing.

Richard Robinson, the report author, explained that it set out the positive work undertaken by the housing team at Ashford to address health issues. He drew particular attention to the Action Plan which contained five objectives which were:-

- Reduce the negative impact of homelessness on health;
- Encourage people to live in homes with good air quality;
- Ensure homes are warm, dry and free from hazards;
- Develop our neighbourhoods to be healthy places;
- Strengthen the role housing played in ill-health prevention.

Richard Robinson then referred to the work the Borough Council was undertaking on re-modelling of the Farrow Court Sheltered Housing Unit and advised that in addition to residential provision, there would be support and care services which included support services for Dementia. He believed that the Council had an enabling role in influencing the design of new dwellings. The Chairman said he was particularly grateful for the work Ashford Access had done in conjunction with the Borough Council in terms of improving the design and accessibility of housing and public buildings.

Tracy Dighton referred to the role of the voluntary sector and the important role it could play in this sector. She said people often needed a shoulder to cry on or help with filling out forms and these were roles which could be undertaken by the voluntary sector. She considered that for a relatively small amount of money a great deal of assistance could be obtained from the sector and it was a resource wasted if investment was not made. Richard Robinson said he would be pleased to forge a better working relationship with the voluntary sector. Sharon Williams commented that due to cuts in Government funding it was not always possible to provide funding for certain groups. Christy Holden said she saw a real advantage of joined up working between the voluntary sector and the Borough Council and the County Council.

Stephen Bell referred to funding available from the DWP “Fair Chance” which was a payment by results scheme in terms of getting young adults into employment.

b) Ashford Homelessness Strategy

Included with the Agenda Papers was a report entitled “Homelessness Strategy”, which gave an outline of Ashford Borough Council’s Homelessness Strategy and identified current operational practices.

Sharon Williams, the report author gave a presentation and explained that it was important to understand and identify the need for early intervention in terms of potential homelessness situations. The strategy showed how the Council worked with all agencies on this issue. The strategy was due for review which would shortly be undertaken and would be taken through the Lead Officer Group process. A major aspect of the team’s work was to prevent evictions and therefore to directly try to address issues which may be occurring in the home of the potentially homeless person. It was also the aim to identify clear housing pathways for persons leaving prison or from hospital, to ensure homelessness did not arise. She also referred to the problem of alcohol addiction which was a major cause of family breakdown and the fact that under the Welfare Reform Agency persons aged under 35 and in receipt of benefit, had no other choice but to take accommodation in a House in Multiple Occupation in order to maintain their benefit level. In terms of young people there was a need to develop rapid response with services such as Social Services, particularly when the person may have been excluded from home. Further work needed to be developed on this.

Sylvia Roberts explained in terms of handling the homelessness issue, the Housing Department had changed its working practices to deal with the demand and she advised that four Housing Option Officers were currently employed within this service. The service hoped to offer an immediate telephone appointment with the person concerned which would be followed up via a visit in the home. Arising from this she advised that parental evictions had reduced and overall the number of acceptances of homelessness was down and therefore the incidence of prevention had increased.

c) KCC Accommodation Strategy

Included with the Agenda Papers were copies of the slides used by Christy Holden in giving her presentation on the Accommodation Strategy.

Christy Holden gave the presentation and expanded on the various points presented in each slide. She drew particular attention to the slide headed “Ashford Provision” and in terms of extra care explained

that the figures in brackets under the heading “OP” should read (5/262) and not (4/215).

In terms of the slide headed “Some Conclusions” Navin Kumta asked whether the bullet points were in priority order. In response Christy Holden advised that they were not.

In response to a question about respite care, Christy Holden responded that there was a need to look at the different models of how such care was managed.

Tracey Kerly referred to the issue about the “appropriateness” of the home. For example if the home was too big or the person living in the home could no longer get upstairs it was an issue about making available accommodation which would best suit their needs.

The Chairman thanked all of the presenters for their presentations and then put the recommendations to the Board.

The Board:

Approved the following recommendations:-

- a) **the implementation and delivery of the “Think Housing First” be supported and a further report be presented to the Ashford HWB where detailed costs and benefits of delivering the Action Plans are presented together with recommendations as to how Ashford intended to take the actions forward.**
- b) **The information provided within the KCC Accommodation Strategy be noted.**
- c) **The implementation and delivery of the Homelessness Strategy be supported and be addressed as part of that process with the issues highlighted within the report. Progress to be reported to a future Ashford HWB.**

6 Next Meeting

- 6.1 The Chairman advised that the main topic of the next meeting would be Dementia. The next meeting would be held on 23rd July 2014.

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Queries concerning these minutes? Please contact Keith Fearon:
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