

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the 23rd July 2014.

Present:

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

Faiza Khan – Public Health, KCC;
Caroline Harris – Health Watch Representative;
Martin Harvey – Patient Participation Representation, Lay Member CCG;
Tracy Dighton – Voluntary Sector Representative;
Mark Lemon – Policy and Strategic Relationships, KCC;
Stephen Bell – Local Children’s Trust;
Sue Luff – Ashford CCG;
Peter Marsh – Dementia Alliance;
Keeley Taylor – Dementia Carer;
Christina Fuller – Cultural Projects Manager, ABC;
Richard Robinson – Housing Improvement Manager, ABC;
Keith Fearon – Member Services and Scrutiny Manager, ABC;
Belinda King – Management Assistant, ABC.

Also Present:

Councillors Chilton and Clokie.

Apologies:

Peter Oakford (KCC Member, Portfolio Holder for Childrens Services appointed as substitute for Jenny Whittle), Simon Perks, Paula Parker, Mairead MacNeil, Neil Fisher, John Bunnett, Sheila Davison.

1 Declaration of Interest

Martin Harvey made a “Voluntary Announcement” as his wife had obtained a placement on “Ashford Turning Point”.

2 Notes of the Meeting of the Board held on the 23rd April 2014

The Board agreed that the Minutes were a correct record.

3 Kent Health and Wellbeing Board Update

- 3.1 The covering report dealt with the 28th May meeting and therefore Mark Lemon gave an oral report on the 16th July meeting. He advised that issues covered were Dementia Care and Support in Kent, a presentation from Kent

Fire and Rescue Service who had expressed a wish to work with public services over a range of health and wellbeing topics such as the “Falls Agenda” and “Fire Fit” which focussed on fitness and exercise.

- 3.2 Navin Kumta also said that the Fire Service were happy to help in terms of being the public face of initiatives the Board wished to progress.
- 3.3 Mark Lemon suggested that in due course the Board may wish to consider asking for a presentation from the Kent Fire and Rescue Service.

The Board noted the report.

4 Kent Joint Health and Wellbeing Strategy

- 4.1 Included within the agenda papers was the above strategy which had been published by Kent County Council on behalf of the Kent Health and Wellbeing Board.
- 4.2 In response to a comment about whether the document should include more statistics, Mark Lemon explained that the information contained within the document had been drawn straight from the Joint Strategic Needs Assessment (JSNA) which had been previously presented to the Board and was available to view on the Kent and Medway Observatory website. The Chairman referred to Outcome 3 in terms of older people and disabled audits and enquired whether those audits had been undertaken. Mark Lemon said he was not aware of the current position but agreed to find out for the Chairman.
- 4.3 Martin Harvey referred to Outcome 4 regarding mental health and said the initiative to increase employment of people with mental illness should be subject to appropriate risk assessments being undertaken.
- 4.4 Mark Lemon advised that the Kent Health and Wellbeing Board had welcomed the strategy and that further work would be undertaken on it with a view to reporting back to the November meeting of the Kent Board. Martin Harvey commented that it would be appropriate to include actual targets within the performance measures stated and Mark Lemon confirmed that this work was ongoing and would be included. Christina Fuller hoped that the performance indicators within the document could be considered by the Lead Officer Group to ensure that the priority work Ashford was undertaking echoed the KCC strategy.
- 4.5 Mark Lemon advised that there would be no formal consultation period as the document had largely been a refresh of documents formerly presented to the various Boards. It would be placed on the website and it was expected that the document would be used as a consultation tool in its own right in terms of engaging local populations. It was important that the strategy was completed to inform commissioning decisions from September.

- 4.6 Navin Kumta hoped that the Ashford Health and Wellbeing Board would be able to consider the revised document at its October meeting prior to its consideration by the main Kent Board in November.
- 4.7 Tracy Dighton said that in terms of engagement with the voluntary sector and patients it was not clear how the document would help the Board to engage on current “hot issues” and commented that the Kent Board’s priorities might not tie up with the local Board’s priorities.
- 4.8 Navin Kumta replied and explained that it was for the local Board to consider how to approve schemes within its area and local variations could be included but there was a need to ensure that they did not contradict the aims of the wider over-arching Kent Strategy.
- 4.9 Mark Lemon commented that in Ashford certain circumstances may vary from other areas of the County and therefore it was important that the Board could react to “hot issues” by setting key local priorities. Both Stephen Bell and Caroline Harris said they had concerns that there would be no further consultation on the revised document. Stephen Bell also had concerns as the JSNA was based on historical data and therefore it was important to be aware of the current position.
- 4.10 Navin Kumta accepted that there was a need for a refresh document but explained that the JSNA was the starting block.
- 4.11 The Chairman said that in view of the comments made at the meeting he wondered whether there was a need for a root and branch review on how the Board and the various Partners were engaging the public and explaining the Board’s goals.

The Board noted the report subject to the comments made at the meeting and as included within the discussion outlined above.

5 Focus on Dementia – Introduction and Covering Report

- 5.1 The Chairman drew attention to the report which had been included within the agenda papers for the meeting. The Board considered the three following presentations prior to considering the recommendations.
- 5.2 a) **Dementia Alliance “Guess What? You Can Still Live Well with Dementia”**

Peter Marsh of the Dementia Alliance gave the above presentation. A copy of the slides used was available in the agenda papers for the meeting. He outlined the work of the Dementia Alliance and explained that on the 18th June 2014 there had been a community event which had been attended by 57 people.

Richard Robinson gave details of the work being undertaken on Farrow Court in Stanhope and he advised that the first phase of

accommodation was on target to be completed by March 2015 with the associated Day Centre following in April 2015. The design of the development had been dementia friendly with an aim to be able to help the broader community. He further explained that residents of Farrow Court were being trained to ensure that they were dementia friendly. Phase 2 would be completed at the end of 2016 when the final total of 104 new units of accommodation would be available.

In response to a question as to whether the themes of the Farrow Court development would be rolled out for schemes in other areas of the Borough and in villages such as Aldington, Richard Robinson explained that the development at Aldington was only a third of the size of the Farrow Court development but said that it was hoped that the principles adopted for the Farrow Court scheme would be rolled out for schemes in other villages.

The Board discussed whether there was a perceived attitude people adopted in terms of the diagnosis of dementia and a feeling that people were often reluctant to be assessed as they wished to avoid increasing stress if such a diagnosis was made. Navin Kumta said that from his personal experience more members of the public were coming forward for diagnosis but he was aware that those persons did not want to be seen as a burden. He believed that the stigma was no longer attached to the diagnosis of dementia but said that there was a challenge to ensure that healthcare providers had increased support networks available to allow people to still enjoy a long and healthy life.

b) Dementia Strategic Framework – An Ashford CCG Perspective

Sue Luff gave a presentation on the CCG perspective and a copy of the slides she used was included within the agenda papers for the meeting. As part of her presentation she explained that there was one Admiral Nurse devoted to Ashford who had needed administrative support to ensure that she could meet the needs required of her position. The development of community networks by the CCG was evolving and would involve work with existing village networks.

In response to a question as to how Ashford compared to other areas in terms of the provision of Admiral Nurses, Sue Luff explained that in terms of East Kent the figure was comparable but this was less than other areas of the country. It was for this reason that steps had been taken to bring the Admiral Nurse in with the rest of the support team.

c) Carers Support – Supporting Carers in Ashford, Shepway and Swale

Keeley Taylor gave a presentation, a copy of which had been included within the agenda papers and explained the role of Carers Support. She explained that the organisation supported those aged 16 and older and helped to support people who were supporting adults. She said carers could be wide ranging, for example a neighbour who undertook

shopping for another person but she said that it was estimated that in the region of 6,000 people every day took on a caring role. One of the issues of this was, however, that quite often the carer's own health deteriorated as they needed time to themselves. Carers Support offered help and a response within 48 hours and could offer respite care or telephone or face to face support. She then spoke in detail about two particular case studies and outlined the outcomes which were available to provide support.

In response to a question, she indicated that in the region of 11% of existing patients were indeed themselves carers and sometimes carers had dementia themselves. She further explained that currently there were 1,694 people identified with dementia in Ashford, Shepway and Swale but she estimated that this would rise to 8,000 in two years' time. In terms of help, she said that Carers Support often made recommendations that support be given via Crossroads, however, other options were available to offer patients choice.

Navin Kumta said that the emphasis of support was still based on assistance being given for people in their own home, however, he said it was important to ensure that the patient was safe. Keeley Taylor said she was confident that Carers Support could deal with the anticipated increase in the number of cases they were dealing with but she indicated that there was a need for appropriate support to be made available by the CCG to allow the service to continue.

d) General Discussion on Presentations and Recommendations

The Board considered that there was a gap in terms of a day centre provision to support and provide dementia care although there was a facility at West View, Tenterden. However, for a number of people within the Borough this was a difficult location for people to get to.

Richard Robinson said in terms of the work at Farrow Court he referred to earlier, discussions were being held with Age UK with a view to providing dementia support on Saturdays and Sundays. In terms of the recommendations, Navin Kumta suggested that the word "strategies" in Recommendation (c) be substituted with the word "activities".

Martin Harvey suggested that there was a need to consider involving the private sector and in particular employers in Ashford who may wish to buy into the aspirations of the provision of a new centre. He offered his direct assistance on this initiative based on his previous experience with a major charity. Richard Robinson agreed to feed back this offer to a future meeting which was looking into this issue.

In terms of the location of a centre, the Chairman suggested that Repton Park would be an ideal location where it was easily accessible from the town centre.

The Board recommended that:-

- (a) An action plan be received from the Ashford Dementia Action Alliance for subsequent consideration and adoption by the Board.**
- (b) Work continue towards the provision of additional affordable dementia care provision for the residents of Ashford with this becoming an Ashford HWB “must do” project.**
- (c) Endorse those activities that promote earlier diagnosis of people with dementia.**
- (d) Actively promote Carers’ Support Services alongside support for patients.**

6 Lead Officer Group Quarterly Report

6.1 The report provided an update of the work which had been progressing since the previous meeting held on the 23rd April 2014. The report also set out details of the following “must do” projects identified by Lead Officers given their need for a multi-agency approach:-

- Community Networks (Lead CCG)
- Farrow Court (Lead ABC)
- Rough Sleeping (Lead ABC)
- Dementia Friends/Day Care (Dementia Alliance)
- Healthy Weight – Obesity (Lead KCC)
- Infrastructure Planning (Lead ABC)

Christina Fuller explained the background to the “must do” projects outlined above and in reference to “the infrastructure planning group” she considered it was important that whilst this was not a task and finish project, the work by the group was important to feed in to the Local Plan.

The Board agreed the “must do” projects outlined within the report that support the AHWB priority areas and agreed that the LOG monitor progress and report quarterly to the Board.

7 Partner Updates

7.1 Included with the Agenda were A4 templates submitted by Partners. Comments made at the meeting in respect of the following individual updates as set out below:-

(a) Clinical Commissioning Group (CCG)

Navin Kumta explained that the vote as to whether the Ashford and Canterbury CCG’s should merge would be taken at a meeting to be held the following day. Following the result of the vote there would be a meeting of the Working Group to discuss how this could be communicated to the public and

other affected Partners. In terms of the constitutional aspects of the potential merger, Mark Lemon explained that the current Board was a Sub-Committee of the main Kent Health and Wellbeing Board and as it presently stood it would be expected that there be one local Board covering both areas. However, he said that at a recent Kent Health and Wellbeing Board it was considered that there was a need to be pragmatic over this particular issue and one Board for both areas may not be the outcome.

Martin Harvey said that in his view there was a need to protect the interests of the public.

(b) Kent County Council (Social Services)

No further comments.

(c) Kent County Council (Public Health)

Faiza Khan gave further details on work currently being undertaken by Kent Public Health. This included an alcohol strategy; tenders for sexual health services; suicide prevention and teenage pregnancies initiatives. She also commented there was an issue that once health visitors had received their training they were taking posts in London as a higher salary was available for those positions. In an attempt to remedy the situation, steps had been taken to ensure that if this happened the cost of training was now recovered from the health visitors. She said that other issues being worked on were a new model scheme for school health, breast feeding and there had been a response by the Kent County Council on the consultation on plain packaging for tobacco.

(d) Ashford Borough Council

Christina Fuller advised of an amendment to the statement produced by Ashford Borough Council and advised that the capital funding obtained from the Arts Council for the Jasmin Vardimon International Dance Academy was £150,000 and not the figure of £362,000 as set out in the report. The figure of £362,000 related to the total funding required for the Stage 2 aspect of the bid to the Arts Council.

(e) LCT/Children's Operational Group

Stephen Bell advised that the membership of the Children's Board had now been established and the new group would be meeting in September. There was a need to align the strategy of the Kent Children's Health Programme with those of the Ashford Health and Wellbeing Board.

The Chairman commented that he believed that the CXK premises within the former Magistrates' Court building had totally transformed and he had been very impressed on the internal layout of the facilities which he believed were good news for Ashford.

8 CCG Strategic Commissioning Plan 2014 - 2019

- 8.1 The presentation was included for information within the agenda papers. There was disappointment that Neil Fisher was unable to attend and present the strategy. Navin Kumta indicated that if any members of the Board had any further comments to make on the document they should be sent directly to Neil Fisher at the CCG. Martin Harvey said he understood that a user friendly version for the website was due to be produced by the 23rd July 2014 and he asked whether this had been done. Navin Kumta said he was not aware of the current situation. Mark Lemon advised that the Chairman of the Board would in due course be receiving a letter from Roger Gough asking the Board to ensure that their plans were tied in with those set out within the strategy.

9 Next Meeting

- 9.1 The Chairman advised that the main topic of the next meeting would be Healthy Weight. The next meeting would be held on 22nd October 2014.

(KRF/AEH)

MINS:Ashford Health & Wellbeing Board - 23.07.14

Queries concerning these minutes? Please contact Keith Fearon:
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