

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **21st January 2015.**

Present:

Navin Kumta – Vice-Chairman in the Chair - Clinical Lead, Ashford CCG;

Tracy Kerly – Head of Communities and Housing, ABC;

Deborah Smith – Public Health, KCC;

Sheila Davison – Head of Health, Parking & Community Safety, ABC;

Neil Fisher – Head of Strategy and Planning, CCG;

Caroline Harris – HealthWatch Representative;

Martin Harvey – Patient Participation Representative (Lay Member for the CCG);

Tracy Dighton – Voluntary Sector Representative;

Amanda Godley – Ashford MHAG Co-Chair and SpeakUpCIC, Project Co-ordinator;

Mark Lemon – Policy and Strategic Relationships, KCC;

Keith Fearon – Member Services and Scrutiny Manager, ABC;

Belinda King – Management Assistant, ABC;

Renu Sherchan – Environmental Health, ABC.

Also Present:

Councillor Britcher.

Apologies:

Cllr. Michael Claughton – Chairman – Cabinet Member, ABC;

Peter Oakford – Cabinet Member, KCC;

Philip Segurola – Social Services Lead, KCC;

Faiza Khan – Public Health, KCC;

Simon Perks – Accountable Officer, CCG;

John Bunnett – Chief Executive - ABC;

Christina Fuller – Cultural Projects Manager, ABC.

1 Declarations of Interest

Tracy Dighton made a Voluntary Announcement as she was employed by two 'not for profit' organisations, namely Ashford Counselling Service and SpeakUpCIC. She was also a Trustee for Case Kent.

Amanda Godley made a Voluntary Announcement as Co-Chair of Ashford MHAG and a SpeakUpCIC Project Co-ordinator.

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

The Board agreed that the Notes were a correct record.

3 CCG Merger: Update

- 3.1 Navin Kumta advised that the merger was no longer taking place and this was despite successful presentations being made to a Panel in Tonbridge and discussions with patients and HealthWatch. The Panel saw no reason not to proceed with the merger however a letter had been received from NHS England stating that they believed that small CCG's offered better traction for achieving plans. Navin Kumta said that despite this the two CCG's were still looking at working closely together in order to reduce the risk which created the need to look into merger discussions in the first place.

The Board noted the update.

4 Focus on Mental Health – Mental Health Needs and Service Performance in Ashford

- 4.1 Circulated separately from the agenda was a copy of the PowerPoint presentation produced by Neil Fisher of the Clinical Commissioning Group. Neil Fisher gave the presentation, and set out below under the specific headings, answered questions raised by members of the Board. In introducing the presentation Neil Fisher explained that people with mental health problems died on average 20 years earlier than people with no mental health problems, with the principle cause of death being cardiovascular illness. He explained that his presentation included only specific information as it related to Ashford's profile, but he advised that the full 120 page document was available for viewing on the Public Health website.

Proportion of CCG Budget Spent on Mental Health Services

- 4.2 Tracy Dighton advised that she understood that the CCG spent in the region of 8.7% on mental health services, whereas the national average figure was 13%. Neil Fisher acknowledged that the need was greater than the current spend and that nationally it was recognised that mental health services were under-funded. Tracy Dighton further commented that studies showed that investment in mental health services helped to reduce and achieve savings in other areas of health provision. Sheila Davison referred to the data regarding emergency admissions for self-harm over 100,000 population that whilst not indicating a particular issue within Ashford it had been a subject of concern over the past year. Neil Fisher said that whilst the figure for Ashford on this particular issue was lower than the rest of England, there was a need to ensure that help was available, as principally if problems could be identified at an earlier stage it would address issues for later in that person's life. Sheila Davison said that she thought it was useful to map the trends of these indicators for the future and be aware of feedback from those working with young people.
- 4.3 In terms of the percentage of the population of Ashford with mental health diagnosis, Neil Fisher said this was slightly lower than the national picture. Furthermore nearly 90% of patients had a comprehensive care plan which he believed was a very good figure. In terms of the percentage of the patients

admitted as an in-patient Neil Fisher explained that the figures for Ashford were significantly lower in proportion than the rest of England and commented that the reasons for this could be because high standard community based services had reduced the need for admission. He acknowledged that some would comment that it was because Ashford did not have any mental health in-patient beds. On balance he considered that there was an element of both points in the shown figures.

- 4.4 Tracy Dighton said that she understood that 25 patients from the county occupied beds out of the area. Neil Fisher said that for the last two quarters in terms of Ashford's residents there had been no admittances outside of the Ashford area. He said they were predominantly to the north of Kent where the nearest hospital provision could be outside of the county.
- 4.5 With reference to the slides on patients on Care Programme Approach in settled accommodation, and patients on Care Programme Approach in employment, Neil Fisher considered that the figures reflected very well on the position as it related to Ashford. However the figures on patients on Care Planning were relatively poor.
- 4.6 Neil Fisher also explained that in terms of peer group comparators, the Ashford CCG was compared with ten others from around the country by NHS Right Care, and they looked at the pathways of care and what those pathways of care were looking to achieve.

Dementia Diagnosis

- 4.7 Neil Fisher explained that the overall target was 67.5% by the end of March 2015. However the CCG figures were in the region of 50%. The CCG were in regular contact with their General Practitioners about this and stressing that although there was limited treatment available for patients with dementia, there were social care provisions which would provide help. He believed that the work being undertaken would see an improvement in the overall figures by the end of March.

Strategic Aims – Focus for 15/16

- 4.8 Tracy Dighton asked whether care planning was reducing. Neil Fisher commented that NHS Right Care had said that Ashford could do better and that patients should all have a care plan upon discharge from hospital and for long-term conditions.

Mental Health Priorities

- 4.9 In terms of waiting times for people entering a course of treatment in Adult IAPT Services, Neil Fisher explained that at the present time there were no targets for children or young people but he believed that over time a target would probably be set.

General Questions arising from the Presentation

- 4.10 Mark Lemon commented that Government targets appeared to be skewed to acute treatment time. Neil Fisher said he agreed with the comment and new targets were being introduced on a regular basis and this was leading to changes in the system to enable those targets to be met.
- 4.11 Tracy Dighton asked what qualitative feedback the CCG received in terms of mental health service users. In terms of issues which affected Ashford, Neil Fisher stated that communication was sometimes raised as an issue by patients with service providers not always being unaware what services were available. He also said that he believed the correlation between health and social care was weak but believed that the community networks were improving this situation and that this Board was helping to improve the links between health and social care and other areas where there was an overlap between services. Although he accepted that concern had been expressed about the availability of beds in the area, he did not think that evidence supported this perception.
- 4.12 Caroline Harris said that HealthWatch was undertaking work with mental health providers which could be fed back to the Mental Health Groups. Neil Fisher also explained that he understood the Care Quality Commission was looking at the performance of the mental health service providers. Tracy Dighton suggested that the Chief Executive of Kent and Medway Partnership Trust be invited to a future meeting.
- 4.13 Amanda Godley had concerns over appropriate training for GP's in terms of mental health services. Neil Fisher explained that GP's had eight formal training sessions per year, one of which would have been on mental health. Additionally GP's could pick up on this area on a personal basis. The CCG was trying to emphasise what services existed to provide support for patients with mental health issues.
- 4.14 Tracy Dighton commented that the Voluntary Sector had no direct funding which could lead to some organisations ceasing to exist. She asked whether there would be a fund available to support such groups in the future. Navin Kumta explained that in his capacity as Chairman of the CCG that they were attempting to shift spend in the secondary sector to increase funding for the community networks. He explained that funding was stretched due to problems of demand at Accident and Emergency and said that if persons sought help from other available resources such as GP's or walk-in centres, then this would allow funds to be freed up to support funding for other sectors. Neil Fisher explained that Canterbury CCG had allocated £20,000 to help in terms of grants to the Voluntary Organisations and he commented that it would be helpful if this issue was vocalised within the community and in particular that expenditure on Accident and Emergency resulted in there being less funds available to spend on other health services. Navin Kumta suggested that the Better Care Fund could be another avenue to be explored in terms of support. Mark Lemon believed that the Board's discussion on this particular issue would be helpful. Neil Fisher agreed to give a similar

presentation for the voluntary sector to address the issues raised including Better Care Fund.

- 4.15 In conclusion Navin Kumta thanked Neil Fisher for the presentation which all had found very useful and said that he believed that Mental Health should be covered by future Lead Officer Group reports in order to keep the Board updated about developments. Mental health would also be subject to further consideration at subsequent meetings held in January of the Board. He said he would support the invitation of mental health providers to attend that meeting. These recommendations were supported by the Board.

5 Lead Officer Group (LOG) Quarterly Report

- 5.1 The report provided an update of the work which had been progressing since the previous meeting held on the 22nd October 2014 and set out a series of recommendations for consideration by the Board.
- 5.2 Sheila Davison referred to the draft Local Performance Progress Plan which had been circulated separately from the main Agenda. KCC Public Health had been leading on gathering the information for the Plan and work was still in progress.
- 5.3 In terms of individual projects Sheila Davison referred to the initiative on rough sleeping and advised that Ashford Borough Council had identified a budget of £20,000 towards the cost of a scheme in conjunction with Porchlight. The need for additional funding was highlighted.
- 5.4 With reference to the Infrastructure Working Group, Neil Fisher said that in relation to Ivy Court, Tenterden he had attended a meeting that week and said that there was a need for options to be developed as it was apparent that there was a need to make available more health provision from those premises. He had met with NHS England and Property Services to take this forward with a view to a further meeting being held on the 5th February 2015.
- 5.5 The report advised that the Kent Board had adopted the Kent Alcohol Strategy 2014-16 and that the LOG would consider this in February to assess whether there was a need for additional priority action for Ashford. Neil Fisher explained that brewers themselves had a legal obligation in terms of drink awareness but this also related to wider areas such as the availability of alcohol and the operation of pubs and clubs. Sheila Davison said she believed that there were two aspects to this issue. Firstly the health and wellbeing issue and secondly community safety. She explained that at the present time the Kent Alcohol Strategy was not a priority of the Ashford Health and Wellbeing Board but felt that in due course this would need to be considered. She said that the issue was a priority under the Community Safety Agenda falling within substance misuse.
- 5.6 For future reports Navin Kumta asked that the names of the officers on the LOG be included within the report.

The Board agreed that:

- (i) the emerging draft Local Performance Progress Plan (LPPP) (circulated separately from the Agenda) be used as a robust framework to identify and evidence the local response to the Joint Kent Health and Wellbeing Board.**
- (ii) information be inputted to the LPPP and work on presenting ideas for joint promotion be considered by the Board in April together with the Chairman's formal report.**
- (iii) it be noted that Ashford Borough Council had identified a budget of £20,000 towards the cost of a Rough Sleeping initiative from April 2015 and partners be invited to consider any financial support they can provide to meet the shortfall of £14,155.**
- (iv) the Project Updates and that further work on project outcomes be required to collorate with the Kent Joint Health and Wellbeing Strategy, be noted.**
- (v) the Lead Officer Group to consider the request for funding to support the Rough Sleeping Project as referred to in Recommendation (iii) above.**
- (vi) the Kent Board's adoption of the Kent Alcohol Strategy and work required to identify priority local delivery be noted.**
- (vii) the progress for developing the new Homelessness Strategy be noted and consideration be given to the potential and the need for closer joint working in the future to address areas of common concern.**

6 Partner Updates

6.1 Included with the Agenda were A4 templates submitted by Partners

(a) Clinical Commissioning Group (CCG)

Noted.

(b) Kent County Council (Social Services)

Noted.

(c) Kent County Council (Public Health)

Deborah Smith referred to recent data which showed an increase in smoking prevalence in Ashford. The Board was supportive of the need to consider this particular issue further.

(d) **Ashford Borough Council**

Tracey Kerly advised that a bid had been made to DWP for funding from the Flexible Support Fund to help those with mental health problems. Furthermore the new Welfare HUB was now available to provide assistance.

(e) **Ashford Children's Health & Wellbeing Board**

Noted.

(f) **Case Kent/Voluntary Sector Representative**

Tracy Dighton drew attention to the difficulties encountered by small voluntary groups in accessing funding via the Kent Business Portal due to the complex nature of the process.

Deborah Smith explained that a new commissioning system would be introduced which although it required certain steps to be followed, it was a lot simpler than the current system. She agreed to ask a colleague to send details of this system to Tracy Dighton and also said that she saw no reason why an officer who handled those grants could not attend a network meeting with the Voluntary Sector to explain how the process worked.

(g) **HealthWatch Kent**

Caroline Harris explained that HealthWatch had carried out a review of visits to the William Harvey A&E and Outpatients and would review them again in the Spring. Navin Kumta considered that the HealthWatch perspective should be reflected within the Action Plan.

Tracey Dighton explained that she had suggested that the Voluntary Sector be invited to give a presentation at a future LOG meeting with a view to them becoming more involved in the process.

7 Forward Plan

7.1 The Board noted the Forward Plan for subsequent meetings of the Board.

8 Next Meeting and Dates for 2015

8.1 Keith Fearon advised that the next meeting on the 22nd April 2015 would provisionally be held at Chamberlain Manor, Drovers Roundabout, Ashford subject to the satisfactory completion of the development. He indicated that he would let Members of the Board know in due course when the position was cleared.

(KRF/VS)

MINS: Ashford Health & Wellbeing Board - 21.01.15

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210115

Queries concerning these minutes? Please contact Keith Fearon:
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