

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the 22nd July 2015.

Present:

Simon Perks – Accountable Officer, CCG (in the Chair);

Councillor Brad Bradford, Lead Member – Highways, Wellbeing and Safety, ABC
Deborah Smith – KCC Public Health

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

Neil Fisher – Head of Strategy and Planning, CCG;

Mitchell Fox – Kent Police Divisional Commander (East Kent)

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

Tracy Dighton – Voluntary Sector Representative;

Mark Lemon – Policy and Strategic Partnerships, KCC;

Stephen Ingram – NHS England

Simon Cole – Policy Manager, ABC

Richard Robinson – Housing Improvement Manager, ABC;

Dave Harris - KCC Social Services;

Michael James – Case Kent;

Christina Fuller – Cultural Projects Manager, ABC;

Keith Fearon – Member Services and Scrutiny Manager, ABC;

Apologies:

Philip Segurola, KCC Social Services, Peter Oakford, KCC Cabinet Member – Specialist Children's Services, Chris Bown, Interim Chief Executive East Kent Hospitals Trust, Dr Navin Kumta, Clinical Lead and Chair Ashford Clinical Commissioning Group, John Bunnnett, Chief Executive, ABC, Tracey Kerly, Head of Communities and Housing, ABC, Paula Parker, KCC Social Services, Caroline Harris, HealthWatch

1. Election of Chairman and Vice Chairman

It was agreed that Dr Navin Kumta and the KCC Public Health Representative be elected as Chairman and Vice Chairman respectively of the Board for 2015/16.

2. Election of Chairman of the Lead Officer Group

It was agreed that Caroline Harris be elected as Chairman of the Lead Officer Group.

3. Notes of the Meeting of the Board held on the 22nd April 2015

The Board agreed that the notes were a correct record.

4. East Kent Hospitals University NHS Trust and Update on Constitutional Standards

4.1 Simon Perks explained that Chris Bown, Interim Chief Executive of East Kent Hospitals University NHS Foundation Trust, was unable to be at the meeting but advised that he was happy to give an update to the Board as he had been involved with the Trust over this issue. He also explained that at the previous meeting he had agreed to give an update on the nature of the constitutional standards the CCG worked within. These fell broadly across four standard areas across East Kent:-

- (i) Diagnostic Services
- (ii) Cancer Services
- (iii) Elective Procedures
- (iv) Accident and Emergency

He advised that all of the above targets were under pressure and monitors were in place on the performance of the Trust and the CCG. Of the four, Diagnostic Services were back on track and Cancer Services required a marginal improvement as there was currently a 62 day wait for services. This was also a general problem across the country. In terms of waiting times for Elective Procedures, 90% were within the target of 18 weeks of being treated but certain procedures such as Orthopaedic Care faced a number of challenges. A number of these cases were dealt with in hospital rather than being referred back into secondary care. He explained that an Improvement Plan had been agreed with the Trust and the plan was to return to full compliance by October 2015 at the latest.

4.2 In terms of Accident and Emergency he explained that the target had been achieved until March 2014 but since then it had not been delivered and at the current time was actually in decline. He explained that East Kent Hospitals were in the bottom 10 of acute Trusts in the whole country and he believed that the way in which Trusts had been achieving the target prior to March 2014 had been unsustainable. This was largely due to the fact that the Trust had significant workforce problems and a scale of vacancies which included some very senior clinical positions. He referred to the recent announcement by the Secretary of State in which he had expressed a wish to reduce the overall costs of locum staff employed within the various Hospital Trusts throughout the Country.

4.3 He said that a meeting was due to take place on 29th July 2015 with the Monitor and NHS England to scrutinise the Improvement Plan and to assess whether it would help deliver compliance to the standard. Simon Perks said he had doubts whether this would be achieved by Autumn but he stressed the need for it to be achieved prior to Christmas. He said the pressure was not so much on the overall numbers attending A & E but it related to the nature of the care required to be provided, in particular to the elderly who arrived with more complex conditions. Steps were being taken to reduce the number of those members of the elderly population who were required to attend A & E and to provide preventative services at an earlier stage.

- 4.4 In response to a question, Simon Perks explained that there was no short term proposal to re-configure the delivery of the services but in the long run he considered that this would be inevitable particularly as in East Kent emergency cases were handled across three relatively small hospitals. He referred to the recent decision of the governing body at the William Harvey Hospital to close the Chemotherapy Unit and he said that this was an example of where the Unit had insufficient staff to operate safely.
- 4.5 In response to a question as to the reasons why people attended A & E rather than other services, Simon Perks said that he had examined a report on patient records which had been done to assess which pathway those people had followed for care. He said it was apparent that people had not understood which care provider to seek assistance from and there was also evidence that the signposts for appropriate care were not clear enough.
- 4.6 Tracy Dighton said she would like to flag the issue of the importance of the voluntary sector and care navigators and expressed the hope that the funding issue could be put on a more stable basis. Simon Perks said he agreed with the point and considered that the voluntary sector had a large role to play in any new model of care.
- 4.7 Simon Perks explained that the Interim Chief Executive of the NHS Hospitals Trust would be in post for a year and he said that the Trust had appointed a new Chairman and that the Trust was being re-inspected by the CQC shortly with their report being published in October. He explained that he had had a recent meeting with the Hospital Trust and they were keen to look at a strategy across the whole healthcare system, a process which would be led by the CCG as Commissioners.
- 4.8 Richard Robinson explained that it was important to include work Housing Services undertook within this area in terms of the health agenda and he referred to the Farrow Court scheme which would be opened in Autumn and the recent completion of the Chamberlain Manor scheme and works in progress at Aldington and Little Hill, St Michaels. He hoped that GP's could be encouraged to promote the facilities that would be made available via these different schemes following their completion.
- 4.9 In response to a question about communications with the public, Simon Perks said that he believed that the new Trust was more open and were keen to get their communications processed right with a clear vision of where they intended to go.

The Board agreed that Chris Bown, the Interim Chief Executive of East Kent Hospitals University NHS Foundation Trust, be invited to attend the October meeting of the Board.

5. Focus on Sustainable Development for Health and Wellbeing

- 5.1 Included with the Agenda papers was an introduction and covering report which set out details of the presentations the Board would receive and

included recommendations for consideration. The presentations had subsequently been published with the agenda for the meeting.

(a) Preparing for Growth

- 5.2 Simon Cole, Policy Manager, Planning and Development, Ashford Borough Council, gave a presentation. The presentation covered the timeline for the development of the new Local Plan and supporting Infrastructure Schedule which would be effective up to 2030.

(b) The Next Five Years

- 5.3 Neil Fisher, Head of Strategy and Planning, CCG, gave a presentation. The covering report explained that the purpose of the presentation would be to show how services in Ashford may look in the next five years following the implementation of the CCG's Five Year Forward View. This included changes in how services were provided and what the impact of Community Networks might be.

(c) Planning for the Future

- 5.4 Stephen Ingram, Head of Primary Care, NHS England South (South East) gave a presentation. The covering report explained that the presentation would cover the direction of travel for NHS England South and how they were helping to identify future service and asset requirements given democratic trends and the need for an integrated approach to health service provision.

(d) Discussion and Questions

- 5.5 Simon Perks referred to a point made by Stephen Ingram during his presentation and said that he would support the location of primary care facilities at the William Harvey Hospital. He also explained that at Ivy Court, Tenterden Sunday working was being tested. He believed that the general theme of all presentations was that there was a need to speed up the overall planning process. Simon Cole confirmed that from his point of view there was a need to pull together the evidence base which would be used when the proposals set out within the draft plan were presented to the local examination in public. It was clear from the presentation from Stephen Ingram that the answers to primary care were now changing in that in future years this could see the General Practitioners having larger surgery lists but employing a team of people who would assist and provide specialist services freeing up the GP for the more critical consultations with patients.
- 5.6 Mark Lemon asked whether NHS funding included any contributions from developers and commented that several items of infrastructure might not actually be located in Ashford and therefore there would be a need to look to effective transport provision for patients to get to those facilities.
- 5.7 Stephen Ingram said that NHS England did not receive any funding direct from developers and their main source of funding was to provide revenue support to facilities once they had been provided. The level of revenue available was adjusted every five years based on the population growth.

- 5.8 In response to a question, Simon Cole explained that agencies, such as KCC Public Health could feed into the overall process by way of the Health Infrastructure Group but stressed that this was not the only way that this could be undertaken. He said his task was to produce a plan that was flexible and one which could have been demonstrated to have been produced on a sound basis.
- 5.9 Sheila Davison suggested that KCC Public Health might wish to join the Health Infrastructure Group which would now also have a link with the Hospital Trust.
- 5.10 In conclusion, Simon Perks said that it was important to link the Hospital strategy with achieving a single vision for Ashford prior to going to the public with the Board's thoughts and ideas. He said that the development and work of community networks was crucial in terms of engaging the public with the proposals for the future.

The Board recommended that:

- (a) **the need for partners to provide policy direction and infrastructure detail to support the drafting of the local plan be noted.**
- (b) **the Health Infrastructure Working Group consider the draft on behalf of the Ashford Health and Wellbeing Board.**
- (c) **representatives of East Kent Hospital Trust and KCC Public Health be invited to join the Health Infrastructure Works Group.**

6 Lead Officer Group (LOG) Report – Performance Progress Plan and Theme Setting

- 6.1 The report provided an update of the work which had been progressing since the previous meeting held on the 22nd April 2015. 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 – Neil Fisher, CCG)
 - Farrow Court (Lead - Richard Robinson, ABC)
 - Rough Sleeping (Lead – Sharon Williams, ABC)
 - Dementia Day Care (Lead – Lisa Barclay, CCG)
 - Healthy Weight – Obesity (Lead – Simon Harris, ABC)
 - Infrastructure Planning (Lead ABC)
- 6.2 Christina Fuller explained that the Performance Plan was being reviewed. She hoped to be in a position to report back to the Board in October.
- 6.3 Richard Robinson said that it was intended that Farrow Court would be completed by the end of September and that he wished to encourage all health professionals to attend the opening event.

The Board noted the report.

7 Partner Updates

7.1 Included with the Agenda were A4 templates submitted by Partners:-

(a) Clinical Commissioning Group (CCG)

Noted.

(b) Kent County Council (Social Services)

Dave Harris gave a further update to the information set out within the report published with the agenda.

(c) Kent County Council (Public Health)

Deborah Smith explained that nationally there would be a £200m cut in support to Public Health and KCC were waiting to hear how that would affect their budget.

(d) Ashford Borough Council

Sheila Davison gave an update and explained that Ashford had now completed the purchase of Park Mall Shopping Centre and advised that there would shortly be a public exhibition of proposals to develop Elwick Place.

(e) Ashford Children and Young Persons Health and Wellbeing Committee

No update available as former Chairman of the Committee had left and the post was yet to be filled. Simon Perks said that this would be discussed outside of the meeting.

(f) Case Kent/Voluntary Sector Representative

Noted.

(g) HealthWatch Kent

Keith Fearon explained that HealthWatch were producing a report on out of area mental health beds/placements and that they would welcome any contributions from partners.

8 Update on the Kent Health & Wellbeing Board – 15th July 2015

8.1 Mark Lemon gave a summary of the major issues considered at the meeting of the Kent Health and Wellbeing Board on 15th July 2015. These included:-

(i) Public Estates Initiative involving NHS and KCC.

- (ii) Mental Health Group Concordat including S136 issues relating to those with mental health problems that involved the Police.
- (iii) Quality and the Health and Wellbeing Board which stemmed from the Francis Report into the issues at the Mid-Staffordshire Hospital Trust.

Mark Lemon further explained that a Workforce Sub-Committee had been established and would meet shortly. An initiative by HealthWatch to engage the public would also be undertaken.

9 Update on the Kent Health and Wellbeing Strategy event and KCC health and Wellbeing Review.

- 9.1 Mark Lemon explained that the event on the 17th June 2015 had been well attended with over 100 colleagues from across all the agencies and the event had allowed KCC to take stock of the current strategy. An overview of performance against the current five objectives showed mixed progress which was probably inevitable given that it was only the mid-point in the overall five year strategy. He explained that a report on the event would be submitted to the Kent Board in the Autumn.
- 9.2 In terms of a review of the work of the Health and Wellbeing Board, discussions had been held with the future Chairpersons of the other local Boards and Mark Lemon explained that now Dr Navin Kumta had been appointed as Chairman of this Board a discussion with him would also take place. He also explained that details were provided on how Boards in other areas of the country operated which included some Boards which operated on a basis of full delegation.

The Board noted the report.

10 Forward Plan

- 10.1 The Board noted the Forward Plan of subsequent meetings. Simon Perks suggested that at either the October or January 2016 meeting the Board could consider the East Kent Health Strategy.
- 10.2 Annie Jeffreys explained that she had received a letter from the CCG advising that she had been appointed to the Board, however, it appeared that this decision had not been formally ratified. Simon Perks said that he would ensure that this issue was placed on the agenda for the next meeting.

11 Next Meeting

- 11.1 The next meeting would be held on the 21st October 2015.

(KRF/AEH)
MINS: Ashford Health & Wellbeing Board - 22.07.15

