

# Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **19<sup>th</sup> October 2015**.

## Present:

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

Councillor Brad Bradford, Lead Member – Highways, Wellbeing and Safety, ABC

Tracey Kerly, Head of Communities and Housing, ABC;

Mark Lemon – Policy and Strategic Partnerships, KCC;

Caroline Harris – HealthWatch representative;

Tracey Dighton – Voluntary Sector Representative;

Richard Robinson – Housing Improvement Manager, ABC;

Christina Fuller – Cultural Projects Manager, ABC;

Lisa Barclay – Head of Programme Delivery, Ashford CCG;

Michelle Byrne – Funding and Partnerships Officer, ABC;

Chris Bown – Interim Chief Executive, East Kent Hospitals University NHS Foundation Trust;

Charlie Fox – Chief Officer, Red Zebra Community Solutions;

Michael James – Red Zebra Community Solutions;

Lorraine Williamson – Services Director, Crossroads Care;

Helen Mattock – Manager, Caring Altogether on Romney Marsh (CARM);

Sue Sawyer – Manager, Ashford Volunteer Centre;

Belinda King – Management Assistant, Environmental Health, ABC;

Keith Fearon – Member Services and Scrutiny Manager, ABC;

## Apologies:

Peter Oakford - KCC Cabinet Member, Specialist Children's Services;

Jenny Whittle - KCC Member; Philip Segurola - KCC Social Services; Paula Parker –

KCC Social Services; Faiza Khan - KCC Public Health; Sheila Davison – Head of

Health, Parking & Community Safety, ABC; Dr Navin Kumta - Clinical Lead and

Chair Ashford Clinical Commissioning Group; Neil Fisher - Head of Strategy and

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

## 1. Declarations of Interest

Tracey Dighton said that she wished to add to her Declarations of Interests made previously, the fact that she was a Trustee of Case Kent and Red Zebra Community Solutions.

## 2. Notes of the Meeting of the Board held on the 22<sup>nd</sup> July 2015

The Board agreed that the notes were a correct record.

### **3. East Kent Hospitals University NHS Foundation Trust**

3.1 Chris Bown, Interim Chief Executive of East Kent Hospitals University NHS Foundation Trust, attended the meeting and updated the Board on the following three issues:-

- (a) Quality Care Commission Review
- (b) Financial Situation
- (c) Future Strategy

#### **(a) Quality Care Commission Review**

3.2 Chris Bown gave the background to the present position and advised that in March 2014 the Quality Care Commission had inspected the East Kent Hospitals and arising from that inspection the Trust had been placed in Special Measures. He described the principle issues of concern highlighted by the report and advised that since his appointment in April 2015 the Board had been refreshed and an Action Plan had been developed to tackle the issues raised arising from the inspection. In July of this year 50 inspectors had visited the three sites of the East Kent Hospitals and a report on the outcome of that visit was expected by the end of October or early November. Mr Bown said that he did not expect the report to contain any surprises as the Trust was aware of those areas which still required improvement, for example the performance of Accident and Emergency at the William Harvey Hospital. He believed that there were a range of areas which had seen significant improvements and from his discussions with staff there was a feeling that things were changing for the better. Despite this he considered there was still a long way to go. A Quality Summit would also be organised with a view to producing a revised and refreshed Action Plan.

3.3 In response to a comment that there did not appear to be enough communication with the public on issues at the right time, Chris Bown said that all staff were sent in advance any statements which were due to be made to the media and that good news articles were circulated on a daily basis but they were rarely published in the media. He said that staff had all been working incredibly hard and they were often disappointed if negative media coverage was given to issues being tackled by the Trust. The Trust was strengthening its communications capacity recognising the challenges ahead.

#### **(b) Financial Situation**

3.4 Chris Bown explained that across the whole country the NHS was currently looking at a deficit of £2b and the East Kent Hospitals Trust had a current projection of a £37m deficit from its overall budget of in the region of £540m if it was able to deliver £16m of savings. The programme to deal with this financial situation would take three years to turn around. He gave details of the substantial investment in staff which had recently been taken in terms of the recruitment of nurses from the UK and various countries in Europe and he also explained the difficulty of the fact that across the three Trusts there were currently ten Accident and Emergency Consultant vacancies. Where there were gaps in staffing, agency staff and locums were used but the cost of this provision was high. For example he explained that East Kent was currently

spending more on locum doctors than on nurses. Keeping all three acute hospitals staffed to a safe level was proving difficult and the Trust was required to pay premium rates. Of the current deficit of £37m that figure reflected the fact that the Trusts had to deliver £16m worth of savings in the current year and over the next three years a total of approximately £90m savings were needed. Appropriate Quality Impact Assessments were needed for all cost improvement plans but he emphasised that if the quality of care could be improved this would lead to a reduction in cost e.g. patients not staying in acute hospital beds longer than they needed to.

- 3.5 Simon Perks explained that across East Kent a Strategy Board had been established to collectively drive the changes outlined by Chris Bown. He said in particular Ashford CCG was challenged because it was required to break even on its budget. He believed that the overall issue of how health care was provided needed to be re-considered.
- 3.6 In response to a question, Chris Bown explained that the shortage of medical staff was an issue common to the whole country and was a big issue for the NHS. Locally in Kent it was difficult to maintain acute rotas for the three hospital sites and to ensure that those services were safe for the public.

**(c) Strategic Future Strategy**

- 3.7 Chris Bown said that in the short term workforce supply would not change and he believed there was a need to configure services very differently to ensure that they were always safe and effective. He said that technology and how services were provided would undoubtedly have a major contribution to this aim. However, it was important to be mindful of the needs of the elderly in terms of the application of new models of care both in the community and in hospital. He referred to the view of many clinicians that if a new hospital was built this would allow all emergency services to be located in one location covering East Kent. However this would cost in the region of between £600m-£700m and was therefore not affordable. Therefore clinicians were looking at the various options to provide safe, effective and affordable services in the future and this was likely to be subject to a public consultation exercise in Spring 2016. Work was being undertaken with HealthWatch prior to formal consultation with the public. A new Head of Communications had been appointed by the CCG's to head up the process but he emphasised that there had been no decisions made at the present time.
- 3.8 In response to a question as to whether the £90m of savings was achievable, Chris Bown considered that some elements of this were down to the Trust, but other elements were not and whether this figure could be achieved would not be known until all the options had been presented and considered. Once options had been developed Chris Bown explained that they would be brought before the various Health and Wellbeing Boards for consideration. Simon Perks commented that the overall resolution to the issue was not solely for the Trust as the issue of healthcare needed to be examined and more care provided in the community and thereby reduce the need for patients to spend time in hospital.

- 3.9 In terms of the steps the Trust was taking to improve the financial situation Chris Bown explained that already within the Action Plan there was an aim to improve productivity and he emphasised that the number one priority of the Trust was to ensure that it did not run out of cash in 2015/16. The Trust would be selling assets and the capital programme had been reduced.
- 3.10 Simon Perks referred to the upcoming comprehensive spending review and commented on how that might further affect the funding for the CCG's.
- 3.11 Tracey Dighton commented that there may be a point reached where consideration would need to be given to agreeing increased waiting times for certain types of care. Simon Perks commented that it was possible to consider the different levels of treatment throughout the country by consulting the document entitled "Atlas of Variation".
- 3.12 In conclusion Chris Bown reiterated that it was hoped to consult with the public in Spring 2016 following the examination of the various options presented by clinicians.
- 3.13 The Chairman thanked Chris Bown for attending the meeting.

#### **4. The Voluntary Community and Social Enterprise Sector (VCSE) in Ashford**

- 4.1 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 and were available on the Council's website.  
<https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=1907>

##### **(a) The State of the Sector**

- 4.2 Charlie Fox, Chief Officer, Red Zebra Community Solutions gave a presentation. The presentation provided an overview of the VCSE Sector and explained how Red Zebra Community Solutions played a vital role in facilitating increased effectiveness of front line VCSEs and improving their resilience. Charlie Fox summarised the areas the further three presentations would cover and drew attention to the recommendations set out at the end of the covering report.

##### **(b) How the Voluntary Sector Can Support People's Health and Wellbeing**

- 4.3 Helen Mattock, Manager of Caring Altogether on Romney Marsh gave a presentation. Helen Mattock explained that CARM's key services included befriending, and enabling and reminiscence, which worked to improve the lives of their beneficiaries and demonstrated how such organisations could support the statutory sector in early intervention. The main focus of their services was for older people and the organisation currently had 120 volunteers and 8 part-time staff.

Liz Thorne who was the Chief Executive of the Tenterden and District Day Centre explained that she had worked with CARM on a number of issues and she believed that the work helped reduce the feeling of isolation for elderly people. She also emphasised that as a Sector voluntary organisations had changed and were more business-like and worked in partnership with each other.

**(c) Community Care Navigator and Trusted Assessor**

- 4.4 Sue Sawyer, Manager of the Ashford Volunteer Centre gave a presentation. The presentation covered how the Care Navigator Service operated at the William Harvey Hospital and helped patients to get the right help to meet their needs. During the presentation Sue Sawyer provided details of a case study which enabled a lady, following input of a Care Navigator, to have an operation and a short stay in hospital.
- 4.5 In response to a question, Sue Sawyer advised that KCC funded the Community Care Navigators whereas the CCG supported those Care Navigators who operated at the William Harvey Hospital.

**(d) Social Return on Investment and Carer's Breaks**

- 4.6 Lorraine Williams, Services Director of Crossroads Care gave a presentation. This drew attention to the needs of carers which were addressed in Ashford by Crossroads Care. This ensured that carers remained able to care for their loved ones and prevented them from having to access health services or falling into a cycle of poor mental health. She explained that within Kent there was in the region of 151,000 carers which saved the county a significant amount in potential costs if the care was provided by a statutory provider.
- 4.7 In response to a question Lorraine Williams explained that services were provided free of charge as carers were often not in a financial position to be able to pay for services or give up their employment. She also expressed concern that a letter had been received from the Kent County Council asking that they review their costs and had been given only two weeks to respond.

**(e) Discussion and Questions**

- 4.8 Mark Lemon explained that in terms of the issue of value versus cost it was difficult to persuade the Treasury in Whitehall in terms of making such investments as they did not appear to be interested in issues associated with prevention. He believed that the Sector did add value to the overall provision of health care and he explained that a recent Kent Board Meeting had discussed the relationship with the Voluntary Sector and a desire that local Boards developed effective relationships with those groups. Central to this was also the issue of how a local Board could demonstrate that it has an effective relationship with the Sector and he suggested that this issue should perhaps be considered by the Lead Officer Group (LOG).
- 4.9 Tracey Dighton believed that the Voluntary Sector should be treated as equal partners with the statutory providers but at the present time she considered this desire was far from being achieved. Simon Perks considered that there

was a need to understand collectively what would be lost if the various aspects of work undertaken by the Voluntary Sector were lost.

- 4.10 In conclusion Simon Perks suggested that in terms of the recommendations set out within the covering report, these should be considered by the Lead Officer Group including the role of the Local Board on this issue and to consider what mechanisms could be put in place to assess whether the relationship between the Board and the Voluntary Sector was robust.

**The Board recommended that the recommendations set out within the covering report be referred to the Lead Officer Group for consideration and the outcome of those discussions be brought back to a future meeting of the Board.**

## **5. Lead Officer Group (LOG) Report**

- 5.1 The report provided an update of the work which had been progressing since the previous meeting in July 2015. Caroline Harris explained that the following key areas had been examined:-

- Obesity
- Smoking
- Road Safety
- Avoidable Admissions to Hospital
- Homelessness
- Workforce Pressures
- Domestic Abuse
- Mental Health
- A&E Pressures

- 5.2 The report explained that the LOG had considered each of the above areas and suggested that the HWB draw its priorities from that list. The LOG would continue its work with a view to recommending to the Board at its January meeting what should be considered as its key priorities for 2016. Caroline Harris then referred to two requests for HW Board membership and gave reasons why the LOG considered that the Board should decline the requests.

- 5.3 Mark Lemon also referred to eleven recommendations which were made by the Kent Health & Wellbeing Board for the Local Board which were considered important in developing a work programme.

- 5.4 Christina Fuller expressed concern that this was a significant amount of work for the LOG to undertake given its other work and Simon Perks suggested that an ad hoc meeting involving the Chairman and others be arranged to take forward this particular issue.

### **Recommended:**

- That (i) the current applications to join the Board be not supported for the reasons set out within the report.**

- (ii) **the Local Children's Partnership Groups be included on the January 2016 Agenda to enable fuller discussion to take place and detailed reporting arrangements to be agreed.**
- (iii) **the Chairman be consulted on how to take forward the recommendations of the Kent Board Meeting held on the 10<sup>th</sup> September 2015.**

## **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)**

Noted.

**(d) Ashford Borough Council**

Tracey Kerly confirmed that the Full Council at its meeting on the 15<sup>th</sup> October had supported the Cabinet's recommendation in terms of the Syrian Refugee Resettlement Programme. Under the programme up to 50 refugees would be taken per year over a 5 year period. Christina Fuller explained that in terms of the new Local Plan the decision on this was now likely to be taken in April 2016 and work would need to be channelled via the Lead Officer Group.

**(e) Voluntary Sector Representative**

Noted.

**(f) HealthWatch Kent**

Caroline Harris explained that there would be an integrated Health and Social Care Seminar to be held on 1<sup>st</sup> November 2015 at Singleton Village Hall. She explained that she would forward details of the event to the Borough Council for circulation to Health and Wellbeing Board Partners.

## **7. Update on the Kent Health & Wellbeing Board – 16<sup>th</sup> September 2015 and Kent Health & Wellbeing Strategy**

7.1 The report included within the Agenda Papers included information on the Kent Joint Strategic Needs Assessment Workshop held on the 22<sup>nd</sup> June

2015 and the Kent Health & Wellbeing Board Meeting on the 16<sup>th</sup> September 2015. The report also covered the Local Health & Wellbeing Boards and their relationship with the Kent Health & Wellbeing Board and the Kent Health & Wellbeing Board Strategic Relationship with the Voluntary and Community Sector. Mark Lemon explained that further information on these issues could be obtained by following the website link included within the covering report.

**The Board noted the report.**

## **8. Forward Plan**

- 8.1 Lisa Barclay agreed to check the position in terms of the Mental Health & East Kent Health Strategy and whether it would be in a position to be considered by the Board at its January 2016 meeting. Simon Perks also advised that he hoped that the Board would be able to consider the Health Strategy at its January meeting.

## **9. Date of the Next Meeting and Dates for 2016**

- 9.1 The next meeting would be held on the 20<sup>th</sup> January 2016.
- 9.2 The following dates were also agreed for subsequent meetings:-
- 20<sup>th</sup> April 2016
  - 20<sup>th</sup> July 2016
  - 19<sup>th</sup> October 2016
  - 17<sup>th</sup> January 2017

(KRF/VS)

MINS: Ashford Health & Wellbeing Board - 19.10.15