

# Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the  
**27<sup>th</sup> February 2019**

## **Present:**

Councillor Brad Bradford - Portfolio Holder for Community Safety and Wellbeing, Ashford Borough Council (Chairman)

Dr Navin Kumta – Clinical Lead, Ashford Clinical Commissioning Group

Councillor Mrs Jenny Webb – Deputy Portfolio Holder for Community Safety and Wellbeing, Ashford Borough Council

Sheila Davison – Head of Community Safety and Wellbeing, Ashford Borough Council

John Bridle – HealthWatch Kent

Chris Morley – Patient and Public Engagement, Ashford Clinical Commissioning Group

Dr Jim Kelly – Ashford Clinical Providers

Roy Isworth – Kent Association of Local Councils

Helen Anderson – Ashford Local Children’s Partnership Group

Karen Cook – Policy and Strategic Partnerships, Kent County Council

Christina Fuller – Head of Culture, Ashford Borough Council

Rebecca Wilcox – Housing Operations Manager, Ashford Borough Council

Angela d’Urso – Community Safety and Wellbeing Manager, Ashford Borough Council

Belinda King – Management Assistant, Ashford Borough Council

Keith Fearon – Member Services Liaison Manager, Ashford Borough Council

## **Apologies:**

Mark Wiltshire – Ashford Local Children’s Partnership Group

Neil McElduff – NHS Ashford CCG

## **1 Declaration of Interest**

- 1.1 Councillor Mrs Webb and Chris Morley declared Voluntary Interests as they were Directors of the Ashford Volunteer Centre. Dr Jim Kelly declared a Voluntary Interest as a Partner of Kingsnorth Medical Practice and Roy Isworth declared a Voluntary Interest as Chairman of Tenterden Social Hub.

## **2 Notes of the Meeting of the Board held on 14 November 2018**

**Resolved:**

**That the Board agreed that the notes were a correct record.**

### **3 East Kent Update**

- 3.1 Sheila Davison introduced the report which updated on the progress made since the previous meeting of the Board and advised that there had been a meeting of Chairmen of East Kent Health Authorities who had supported the need to work across the East Kent area. A workshop session would be held in April to discuss the terms of reference and it was likely that there would be two meetings a year, one strategic and one operational.
- 3.2 Sheila Davison also explained that the April meeting would be chaired by Madeline Homer from Thanet District Council who had previously led the strategic East Kent Group. In conclusion she thanked the Board for their support on this issue.

**Resolved that the Ashford Health and Wellbeing Board received and noted the report.**

### **4 Terms of Reference for the Ashford Health & Wellbeing Partnership**

- 4.1 Angela d'Urso introduced the report and advised that since the last meeting the terms of reference had been amended to reflect the comments made at the meeting and she had also reviewed and reduced the proposed core membership. Wider membership would be incorporated in the various sub - groups which would be established to take forward the identified priorities. Angela d'Urso also explained that it was proposed that the new Partnership meet three times a year.
- 4.2 Dr Navin Kumta said that he believed that the Chair of the Federation should have a role on the Group, as outlined in the terms of reference.
- 4.3 In response to a comment about whether there would be any connectivity between the long term health plans of the NHS on issues such as cancer, Angela d'Urso said that she believed that such issues would be better dealt with at the East Kent level, leaving the local Board to deal with Ashford issues. Helen Anderson said the Ashford Children's Group would also need to consider how to feed into the new Group. Angela d'Urso had reflected relationships with other partnerships within the governance map and agreed that interconnectivity was crucial.
- 4.4 Dr Jim Kelly said that he believed that a major priority was the provision of appropriate infrastructure and he suggested that there was a need to have input

from a senior representative from planning who could assist in terms of helping to identify a site for a new high quality health centre or the expansion of an existing facility. It was also important that GP surgeries were able to grow to accommodate increased patient numbers and to also be attractive places for medical staff to work. The Board discussed this issue at length and the Chairman considered that this matter should be raised with the Head of Planning and Development, particularly in terms of input from planning into the work of the sub- groups. He also said that the Portfolio Holder for Planning should be part of the core group.

- 4.5 In terms of the STP and local care, it was noted that this should be dealt with by the Estates Group and at an East Kent level. The estates group would link closely to the partnership's Infrastructure group.

**Resolved:**

**That the Ashford Health and Wellbeing Board:**

- (i) **approve the terms of reference as set out in Appendix 1 to the report, with consideration to the inclusion of a planning representative as part of the membership and moving the Chair of the GP Federation to the providers section to correct a table error.**
- (ii) **note that the Council is undertaking steps to adjust the constitution as necessary.**

## **5 Action Plans for 2019/20: Update & new priorities**

- 5.1 Angela d'Urso advised that following the last meeting she had developed action plans, in conjunction with partners, for the new priorities of 'Inequalities', 'Infrastructure' and 'Innovation'. The action plans were attached as appendices to the report.
- 5.2 Chris Morley said that he believed that workforce was a key item and he referred to the reduction in the number of GP's in Kent. Dr Jim Kelly concurred and said that 25% of GP's were over 55 years of age and there was an urgent need to ensure that plans were in place to replace them. Ashford needed to be attractive to potential GPs and the practices needed to be able to expand and improve their facilities. Dr Jim Kelly also said that it was important that Canterbury now had a medical school and opportunities would exist to attract GPs. However, many doctors wished to be placed in London, and East Kent was therefore often their second choice.
- 5.3 Sheila Davison explained the significant work the Council was undertaking to help enhance the facilities Ashford had to offer and thereby attract people, but she considered that the attraction of GP's was a major piece of work for the Infrastructure Group.
- 5.4 Angela d'Urso also said that the Council's bursary scheme might be an area to explore to help support students who wished to take a second degree and

additionally visits could be made to those locations where future staff could come from. Chris Morley also suggested that contact should be made with the Ashford College to try and encourage those students who took social care courses to move into health and social care employment. Angela d'Urso said that perhaps the college could be invited to participate in a sub group. The Board also discussed the possibility of making contact with the new medical school with a view to offering training practice in the 2<sup>nd</sup> or 3<sup>rd</sup> years or of visiting schools and 6<sup>th</sup> forms and promoting the option of staying in East Kent. On the latter point Roy Isworth said that he would be happy to be a member of a Panel which would visit and talk to schools.

- 5.5 Rebecca Wilcox explained that the Housing Service was reviewing its policy on key workers with a view to redefining the definition of what constituted a key worker. This would be an important area for the partnership to be involved in. She also explained that in conjunction with social housing partners they were looking at ways to deliver more affordable housing. Work was also underway on mental health issues and substance abuse.
- 5.6 There was some discussion around the inequalities priority and the Board agreed that the projects should be slimmed to focus only on those that were additional to business as usual, that were true partnership activity and that addressed an inequality as identified by Public Health England data – ensuring focus on an area where we can have impact. The Board also agreed that the work around smoking and obesity should move to Innovation, and feed into the development of the OneYou offer.
- 5.7 It was noted that the subgroups would need to drive the work forward, with the Partnership having oversight through performance reporting by exception. Membership of the subgroups would therefore be key. Angela d'Urso would now write terms of references for all subgroups and ensure that the right membership was captured within this. A timetable of partnership and subgroup meetings had already been developed, and work to deliver the priorities would begin in advance of the next partnership meeting.

**Resolved:**

**That the Ashford Health and Wellbeing Board:**

- (i) agreed the Ashford Health and Wellbeing Partnership's (AHWP) priorities for 2019/20.**
- (ii) agreed the action plans to deliver against the identified priorities as set out in Appendix 1 to the report, subject to the changes discussed.**
- (iii) noted the delivery mechanisms being established in order to progress the action plans.**

## **6 Presentation: Ashford Estates Strategy**

- 6.1 Deferred to the next meeting.

## 7 Partner Updates

- 7.1 **Ashford Borough Council:** Rebecca Wilcox advised that the Minister for Communities and Local Government had issued a consultation paper on the Homelessness Reduction Act and were looking at establishing a Board to look into this issue. She also explained that the Kent Housing Group were considering a Health and Wellbeing Strategy for the whole of Kent. There were some possible opportunities for the partnership to think about here in terms of funding.
- 7.2 Sheila Davison also drew attention to the latest edition of the Ashford You magazine which set out detailed information on the various initiatives the Borough Council had been involved with. She also drew particular attention to the opening of the Elwick Cinema and new hotel; the opening of the Repton Community Centre; the new bursary scheme; the Snowdogs Art Project; The Town Centre Consultation and also advised that 2019 was the year of the environment.
- 7.3 Christina Fuller explained the Borough Council's Walking and Cycling Strategy would be submitted to the Cabinet in March which would form part of an overall 10 year strategy to push the Health and Wellbeing agenda. The procurement process for the new Leisure Operator would also be completed in the near future.
- 7.4 Angela d'Urso reported that One You had had its highest number of visitors in January, 292 and since it had opened it had delivered 4626 interventions. She also explained that about a third of all customers visiting the shop lived in the 6 most deprived wards in Ashford.
- 7.5 The Chairman, Cllr Bradford also advised of the success of the Rolvenden Rocket Project and said that there was interest from other villages in the borough.
- 7.6 **Ashford Volunteer Centre:** Cllr Mrs Jenny Webb advised that the Ashford Volunteer Centre had received funding of £121k over the next 3 years. The 'time banking' initiative was being developed and a 'Mens Shed' had been provided for the isolated and ex-servicemen. Up to 15 people had attended the Macmillan support group and corporate volunteers were being sought from those organisations who supported such volunteering schemes
- 7.7 **Kent County Council:** Karen Cook advised of the discussion at the last Kent and Medway Health and Wellbeing Board held in December 2019, which had concentrated on obesity and sugar in diets. In terms of the STP, it was noted that there would be 41 primary care networks and at the next meeting there would be a discussion on System Commissioners. The operation of the Board over the first year had been successful and the NHS were looking at developing PPI's and a performance dashboard.
- 7.8 **Ashford Local Children's Partnership:** Helen Anderson advised that the partnership would be undergoing a staff restructure and that her current role of District Manager was likely to disappear and perhaps be replaced on an area basis. Headstart had presented on counselling, resilience and mental health first aid. Funding was also in place for the establishment of safe places in schools.

- 7.9 **Tenterden Social Hub:** Roy Isworth explained that the hub was diversifying and would no longer just be a centre for the elderly. A new community bus service would start in June and that service would also be used to deliver meals to the poorest of families in the summer holiday period. He also expressed a plea that steps be taken to bring the building at East Cross back into use. In response Navin Kumta said that reference to that building was contained within the Estates Strategy and that Neil McElduff could respond to that issue at the next meeting.
- 7.10 **Ashford Clinical Commissioning Group:** Chris Morley advised that the engagement exercises would be restarted and would be branded as Health Reference Groups and meet 6 times a year. Membership would include Healthwatch and the Borough Council and it would be run on more like a workshop basis, with the first meeting taking place on 27 April. He invited the Board to suggest any items for the Group to discuss. Chris Morley also referred to the requirement from the NHS for Urgent Treatment Centres to be established in across the Country with 27 national standards. For Ashford, this could be established on the William Harvey Hospital site.
- 7.11 **Healthwatch:** John Bridle advised that Healthwatch would continue to act as a patient champion and that they had recently had a stall in Ashford Town Centre. He also advised that he had recently visited the newly renovated Danemore scheme and he said that the Borough Council should be congratulated for the excellent work on the refurbishment.
- 7.12 **Ashford Clinical Providers:** Dr Jim Kelly explained that in future funding would be passed to GP practices via the new networks (formerly known as Hubs) and therefore all practices would be part of a network. GP's had up to 15 May to notify the CCG of which network they had joined. In terms of Urgent Treatment Centres, he said that his own personal view was that the CCG may have to give some leeway in sharing the 27 national standards between such centres established Ashford. He considered that perhaps an alternative site to the William Harvey should be examined, particularly as between 80% and 90% of assistance happened in primary care.
- 7.13 **Ashford CCG:** Navin Kumta explained that the new GP contracts needed to be signed by June 2019 and that the results of the East Kent STP consultation would hopefully be available by Quarter 4 2019/20. Decisions had also been made on the locations of the specialist stroke clinics in East Kent.

## 8 Dates of Future Meetings

- 8.1 The Member Services Team would schedule these meetings and advise of the dates in due course.

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