

# Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the  
**18th April 2018**

## **Present:**

Councillor Brad Bradford - Portfolio Holder for Community Safety and Wellbeing, ABC (Chairman)

Dr Navin Kumta – Clinical Lead and Chair, Ashford CCG (Vice-Chairman)

Sheila Davison – Head of Community Safety and Wellbeing, ABC

Karen Cook – Policy Advisor, KCC

John Bridle – HealthWatch

Chris Morley – Patient and Public Engagement (PPE) (Ashford CCG)

Roy Isworth – KALC

Deborah Smith – Public Health, KCC

Matthew Capper – Director of Performance and Delivery (NHS Ashford and Canterbury)

Liz Shutler- Deputy Chief Executive – East Kent Hospitals University NHS Foundation Trust

Susan Acott – Chief Executive- East Kent Hospitals University NHS Foundation Trust

Neil McElduff – NHS Ashford CCG

Dr Jim Kelly- Ashford Clinical Providers

Dr Sadia Rashid - Ashford Clinical Providers

Helen Anderson – Ashford Local Children's Partnership Group

Sharon Williams – Head of Housing, ABC

Lois Jarrett – Head of Development Management and Strategic Sites, ABC

Belinda King – Management Assistant, ABC

Keith Fearon – Member Services Manager, ABC

## **Apologies:**

Councillor Jenny Webb, Deputy Portfolio Holder for Community Safety and Wellbeing, ABC, Tracey Kerly, Chief Executive, ABC.

## **1 Notes of the Meeting of the Board held on 17 January 2018**

The Board agreed that the notes were a correct record.

## **2 Update on the Kent Health and Wellbeing Board Meeting – 21<sup>st</sup> March 2018**

- 2.1 The Minutes of the Kent Health and Wellbeing Board meeting held on 21<sup>st</sup> March 2018 could be accessed using the link provided under item 4 on the agenda.

- 2.2 Karen Cook advised that the meeting had discussed the merger of the Kent Board with the Medway Board and therefore in the future the Kent Board in its current guise would only meet on an annual basis. She said that she understood that Peter Oakford, the Cabinet Member for Strategic Commissioning and Public Health at Kent County Council would be writing to Chairmen of the local Health and Wellbeing Boards advising them of this change and inviting them to consider how the agenda should be taken forward on a local basis. Sheila Davison suggested that this item could be the main subject of discussion at the next meeting of the Board in July 2018.

**Resolved:**

**That the future of the Board be discussed at the next meeting in July 2018.**

### **3 Update on Ashford Health and Wellbeing Board Priorities**

**(a) Stop Smoking Action Plan report 2017-2018: Quarter 4: January to March 2018**

- 3.1 Debbie Smith introduced this item. She advised that smoking prevalence was declining nationally and locally with Ashford rates estimated at 17.4%. Smoking amongst routine and manual workers had also decreased. However, the Government had set a challenging target of no disparity of prevalence between social groups by 2022. Debbie Smith advised that Public Health at Kent County Council had restructured and the result of this was that she would no longer be able to attend the Ashford Health and Wellbeing Board. She, however, advised that the initiatives set out in both the Stop Smoking Action Plan and the Healthy Weight Action Plan would still be taken forward by Task and Finish Groups. The overall aim of reducing smoking would remain within the Sustainability and Transformation Plan at Kent and Medway level.

**Resolved:**

**That the Board agreed that the report be received and noted.**

**(b) Healthy Weight Action Plan report 2017-18 Quarter 4: January to March 2018.**

- 3.2 Debbie Smith drew attention to the progress report. The report advised that adult excess weight and obesity rates were higher in Ashford than the national average (67.1% in Ashford compared to 61.3% nationally). She advised that the report was suggesting that the recommendations of the Task and Finish Group be taken forward and that a new action plan be established and set up within the framework of the Sustainability Transformation Plan.
- 3.3 The Chairman said that on behalf of the Board he wished to thank Debbie Smith for her contribution to the work of the Board.

**Resolved:**

- That**
- (i) the Board agreed that the report be received and noted.**
  - (ii) the recommendations as set out in the conclusion of the report be accepted.**
  - (c) Housing & Health**

- 3.4 The report provided an overview of the progress in relation to the Housing and Health priority. Sharon Williams advised that she had held a very positive meeting with Lisa Barclay of the CCG and had explored the opportunity for joint working. She drew attention to Appendix 1 of her report which set out the five main areas of future work and explained that she would now take this forward with Lisa Barclay. The proposed organisation of a workshop would be placed on the back burner for the time being. Sharon Williams also explained that a housing representative would be invited to sit on future complex case meetings with the CCG which would enable, if appropriate, housing to offer housing solutions to potential problems. Helen Anderson indicated that she would contact Sharon Williams off-line to discuss her report in relation to the Young People and Children Service.

**Resolved:**

**That the Board agreed that the report be received and noted.**

- (d) Diabetes Update**

- 3.5 The next report would be submitted to the July 2018 meeting.

## **4 Sustainability and Transformation Plan**

- (a) Kent and Medway Sustainability and Transformation Partnership and East Kent Acute Transformation**

- 4.1 The report summarised the progress made to date and identified the key next steps in terms of the Kent and Medway Sustainability and Transformation Partnership and East Kent Acute Transformation. Liz Shutler, Deputy Chief Executive, EKHUFT gave a presentation which had been published on the Council's website under:

<http://ashford.moderngov.co.uk/ieListDocuments.aspx?CId=164&MId=3127&Ver=4>

- 4.2 Roy Isworth said that he supported the aims of prevention and the early discharge of patients from hospital for local care and explained that Tenterden currently had an empty clinic with four consultation rooms and a rehab unit which had space for 30 beds. He said there had been no liaison with Tenterden local health providers and the NHS and he suggested that this site could perhaps be used as a pilot project.

- 4.3 Matthew Capper said he believed the site presented huge possibilities and said that this issue would be covered later in the meeting under the Ashford Estate Strategy paper. He considered it was highly likely that facilities would be developed on that particular site. In response to a question about the future provision of screening for Prostate Cancer, Liz Shutler explained that the service was investing in endoscopy services but said that inevitably demand would grow and investment would need to increase. Susan Acott, Chief Executive, EKHUFT spoke about a change in the nature of care provided within the A&E setting. The demand today was more about supporting people with longer-term health conditions which could be better addressed outside an A&E setting. It was emphasised that only a small percentage of a hospitals work related to specialist and major emergency care.

**(b) Local Care Arrangements**

- 4.4 Matthew Capper, Director of Performance and Delivery (NHS Ashford and Canterbury) gave a presentation on the implementation of local care. The presentation had been published on the Council's website under:

<http://ashford.moderngov.co.uk/ieListDocuments.aspx?CId=164&MId=3127&Ver=4>

- 4.5 Matthew Capper said that the main issue was centred around the transfer of care and overall to re-balance available funds for healthcare provision. He said that in producing the presentation he had examined in great detail what was comprised of local care, the cost, and the enablers and he had also met with the Ashford Providers to discuss this issue. The report explained that the strategy addressed the question whether the CCG had access to sufficient infrastructure to allow its future commissioning plans to be delivered. In making this assessment there was a need to consider the CCG vision, the strategic goals, the population, health need and regeneration drives for change.

**Resolved:**

**That the presentations be received and noted**

**5 Ashford CCG – Estates Strategy and Implementation Plan**

- 5.1 Neil McElduff gave a presentation on the Ashford CCG Estates Strategy and Implementation Plan. The report and presentation had been published on the Council's website under:

<http://ashford.moderngov.co.uk/ieListDocuments.aspx?CId=164&MId=3127&Ver=4>

- 5.2 Roy Isworth said he believed that there was a need for a Single Strategic Commissioning Body and gave examples in Tenterden where facilities were currently operated by different organisations, for example West Cross Hospital by KCC and the Social Hub by a charitable organisation. In terms of frailty, he believed that proper preventative care could help identify patients who were vulnerable and therefore help reduce admission to the East Kent Hospital system.
- 5.3 Neil McElduff agreed with this view and emphasised that the facility in Tenterden was costing money to run even though it was empty and there was therefore a need as part of the overall Estates Strategy to undertake work to make the buildings more productive. He believed that Tenterden was an ideal place to commence this process and he was keen to make this happen.
- 5.4 In response to a question about the overall facilities in Ashford, Neil McElduff explained that he had worked with the GP practices and would be visiting each practice again to discuss how the Estate Strategy could be taken forward.

**Resolved:**

**That the presentation be received and noted.**

## **6 Sustainability of Primary Care in Ashford (impact of Growth and Local Care Shift)**

- 6.1 The report highlighted the risks to stability and sustainability of Primary Care in Ashford if growth (in population and out of hospital “local” care) was inadequately resourced and managed. Dr Jim Kelly representing Ashford Clinical Providers advised that it was understood that savings could be made in the overall health budget by reducing the need for hospital care. This, however, required Primary Care to be properly funded and at the present time he believed that it was under great pressure and the ability to look after more patients would only be possible if appropriate funding was put in place. With the growth in the population he said it was difficult to add more people to the local GP’s lists and if they were added this created more pressure which could be to the detriment and safety of current patients. He particularly explained that if the demographics of an area were for a relatively young population, the new patients were not totally funded. He considered that the current system was broken and there was a lack of engagement with the Primary Care Providers. He explained that A&E received more funding for a single case compared to the funding provided for one patient over the whole of a practice year. He said there had been a situation in Folkestone where a local practice had failed which had led to the CCG having to provide alternative facilities for 5,000 patients and provide appropriate incentives. In summary, he believed there was a need to find a more suitable and sustainable way forward.
- 6.2 Matthew Capper explained the role of the CCG under the 2012 Act in terms of common healthcare provision and advised that the CCG had responsibility to purchase more services. This had generally led to certain funds being ring-

fenced for particular activities. He said that the re-purposing of money could happen but that could not take place overnight and this needed to be a staged process. He also explained that funding had increased by £12 per patient for Primary Care.

- 6.3 Lois Jarrett, Head of Development Management and Strategic Sites (ABC) explained that there were two ways in which the CCG could engage with the planning process over the provision of new health infrastructure. The first was at the development plan stage when planning policy was formulated and site based policies were agreed. The second related to planning applications as part of the development management process and views could be fed in during consideration of the relevant planning applications. She drew attention to the proposals for Chilmington from the identification of a community hub and GP practice to be provided and funded as part of that development. She emphasised that the CCG needed to be in a position to engage with both of these processes. Neil McElduff advised that he had recently met with Mrs Jarrett and he had now agreed a format by which the CCG would respond to planning consultations and steps had been made to improve the CCG's response to the process. He had also established an audit trail for Section 106 funding responses to ABC. Lois Jarrett emphasised that under the CIL Regulations, proposals now had to contain fully justified reasoning and said it was particularly important that the largest projects were targeted for funding. From the CCG's point of view it was therefore important for them to be able to invest their time in terms of the CIL process. Lois Jarrett said she would also welcome views from the health sector on the various items which were currently the subject of allocations under the Section 106 arrangements i.e. green space, walking trails etc. which were cited as health benefits.
- 6.4 In response to an earlier comment, Dr Jim Kelly said that although funding had increased per patient, the funding came with various strings attached which included the requirement to work additional hours and increase staff. He also said that the Ashford Clinical Providers would be happy to attend future meetings with the CCG to discuss future provision.

**Resolved:**

- That**
- (i) the impending premises, resource, workforce and workload crisis in Primary Care which threatens to derail the plans for population and local care growth in Ashford be noted.**
  - (ii) the necessary partnership work with the local GP Federation (ACP Ltd) and the CCG to ensure primary care was enabled to meet the additional challenges of population and local care growth and avoid destabilisation of existing services be supported.**

## **7 Primary Care Co-Commissioning Committee – Nominated Representative Request**

- 7.1 Set out within the Agenda papers was a letter from the Primary Care Co-Commissioning Committee to the Chairman seeking the nomination of a

representative from the Health and Wellbeing Board to attend the Ashford and Canterbury CCG Primary Care Commissioning Committee.

7.2 Sheila Davison advised that she had attended the last meeting.

**Resolved:**

**That Sheila Davison be nominated as the Ashford Health and Wellbeing Board's representative on the Ashford and Canterbury CCG Primary Care Commissioning Committee.**

## **8 Partner Updates**

### **(a) Clinical Commissioning Group**

8.1 Update not provided.

### **(b) Kent County Council (Public Health)**

8.2 Navin Kumta referred to the work on smoking + cessation and gave a cautionary warning that this might be seen as a bit of a challenge in terms of additional work for GP's. Debbie Smith said she was aware of this point and indicated this would be subject to a future discussion with the GP's themselves.

### **(c) Ashford Borough Council**

8.3 Sharon Williams advised that the Homelessness Reduction Act was now in force and her team was now seeing an increase in the numbers of people seeking help. She said that the whole emphasis of the Act was about the prevention of homelessness. However, she said that there was a need to keep an eye on the overall funding for the initiative.

### **(d) Voluntary Sector**

8.4 Not provided as position currently vacant.

### **(e) HealthWatch**

8.5 John Bridle referred to the issues of carers and said it was apparent that they were not receiving the support that they needed and furthermore they were a relatively hard to reach group as there was no central database of people providing such services. He also said that and in many cases the people providing the care did not classify themselves as such.

8.6 Debbie Smith suggested that perhaps the One You Shop could emphasise any help available to carers by the use of flyers or posters etc. and the staff could be encouraged to engage with visitors and offer support in terms of those sectors of the community who were carers when they were able to do so. Karen Cook also whether it would be possible to produce something on this issue to tie in with National Carers Week. The Chairman advised that he

would take this issue forward and discuss with the staff from the One You Shop.

**(f) Ashford Local Children's Partnership Group**

- 8.7 Helen Anderson referred to the Snow Dogs Initiative being promoted by the Borough Council and said she would wish to involve young people in this project and she said she would make contact with the Arts and Cultural Initiatives Manager to take this forward.

## **9 Forward Plan**

- 9.1 Given the discussion earlier in the meeting about the future of Health and Wellbeing Boards across the County, it was agreed that the future of the Board be the main topic of consideration at the next meeting in July and no additional presentations on other topics would be added to that agenda. The Board considered that a representative from the Ashford Clinical Providers and also a representative from Adult Social Care should be invited to aid the discussion.

## **10 Dates of Future Meetings**

- 10.1 The next meeting would be held on 18th July 2018.

- 10.2 Subsequent dates:

17<sup>th</sup> October 2018



Queries concerning these minutes? Please contact Keith Fearon:  
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