

# Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **22<sup>nd</sup> October 2014.**

## **Present:**

Councillor Michael Cloughton – Chairman - Cabinet Member ABC;  
Navin Kumta – Vice-Chairman - Clinical Lead, Ashford CCG;

Sheila Davison – Public Health, ABC;  
Simon Perks – Accountable Officer, CCG;  
Mark Lemon – Policy and Strategic Relationships, KCC;  
Christina Fuller – Cultural Projects Manager, ABC;  
Simon Harris – Sports Projects Manager and Active Ashford Co-ordinator, ABC;  
Debbie Smith – Public Health, KCC;  
Annette Haigh – Community Engagement Officer, Ashford;  
Stuart Bain – Chief Executive, East Kent Hospitals Trust;  
Rachael Spencer – Kent Fire and Rescue Service;  
Val Miller – Public Health, KCC;  
Sharon Williams – Housing Operations Manager, ABC;  
Keith Fearon – Member Services and Scrutiny Manager, ABC;  
Belinda King – Management Assistant, ABC;  
Renu Sherchan – Environmental Services, ABC

## **Also Present:**

Councillors Chilton, Clokie and Sims.

## **Apologies:**

Philip Segurola - KCC Social Services, Paula Parker – KCC Social Services,  
Caroline Harris – HealthWatch Representative, Martin Harvey – Patient Participation  
Representative Lay Member CCG, Tracy Dighton – Voluntary Sector  
Representative, Stephen Bell – Local Childrens' Trust, John Bunnnett – Chief  
Executive - ABC.

## **1 Notes of the Meeting of the Board held on the 23<sup>rd</sup> July 2014**

**The Board agreed that the Notes were a correct record subject to an amendment to Minute No. 1 “Declarations of Interest” to read “Martin Harvey made a “Voluntary Announcement” as his wife had obtained a placement with Turning Point and that may well be Turning Point Ashford and the addition of the following words at the end of the sentence at paragraph 4.3 “...for both employer and employee”.**

## **2 Care Quality Commission (CQC) Report on the William Harvey Hospital - Action Plan**

- 2.1 Simon Perks introduced Stuart Bain explaining that there were no quick fixes to the problems identified and that some of the items in the CQC report may need to come back to future Board meetings and that further updates might be appropriate.
- 2.2 Stuart Bain, Chief Executive of the East Kent Hospitals University NHS Foundation Trust explained the background to the CQC report and said that visits used to be unannounced and covered 16 criteria and over the past seven years a number of such visits had been undertaken. In Summer 2013, 14 Trusts across the country had been subject to more vigorous tests responding to national concern over hospital mortality rates i.e. the Keogh review. Stemming from these checks, the new CQC inspection arrangements were being rolled out over every Trust and in early March three hospitals under the control of the East Kent Trust were examined. The inspection was against five domains covering eight different services. Stuart Bain said that the report was quite critical in terms of the William Harvey Hospital over a number of areas but he said that in terms of critical care had been identified as being good over all sites and within all services. The hospital was also rated as good for care and response to patients' needs. The Trust had reflected upon this report and had looked at key areas to improve. Stuart Bain explained in more detail the changes being pursued within the outpatients service which had been under pressure due to the introduction of a cancer two week pathway target which had resulted in follow on appointments for patients being pushed further back than desired. The East Kent Trust saw more cancer patients on a two-week pathway than any other hospital in the country. Work on this particular action point would be the culmination of six new purpose built units, one of which was the new hospital in Dover which, when it opened in Spring 2015, would take pressure off Ashford and Canterbury.
- 2.3 In terms of Accident & Emergency, Stuart Bain said they recognised that demand had risen sharply and had reached a level of 600 patients per day being seen in July. He said that people were using A & E for different reasons but the most prevalent age group was the 18 to 30's. He said that the vast majority did not necessarily need to be seen in A & E and instead efforts needed to be made to direct those people to alternative and more appropriate forms of assistance. Staffing was another issue with nationally over 300 consultant posts currently vacant with not enough qualified personnel to fill these posts. Stuart Bain also said these were the main areas which concerned the Trust. Disconnect between staff and management was seen as something that the Trust needed to put right. Stuart Bain emphasised the connection between a targets culture and a patient centred culture i.e. essentially they both wanted the same thing but believed that this did not always gets explained clearly enough. He said that they needed to be better at helping staff to understand that the targets for services were not imposed for the sake of it but were based on what was believed to be appropriate standards of care.

- 2.4 In terms of action to be undertaken, he explained that the hospitals had been placed under special measures which required the Trust to meet every month with Monitor who had appointed an Improvement Director to advise the Chairman and the Board. Stuart Bain explained the role of Monitor who were the independent regulators of foundation trusts. It was their responsibility to make sure that hospitals were run well on behalf of patients. An Action Plan had been produced to measure progress against the various steps identified for improvement. In conclusion he said if members of the Board wished to view the Action Plan, it was available on NHS Choices website.
- 2.5 The Chairman said he supported the point about appropriate standards and targets for care and said that in the report he was concerned there had been no mention of dementia or dementia care. He had also been concerned at the lack of staff, in particular trained staff to fill the vacant posts.
- 2.6 Stuart Bain said there was a national shortage of appropriately trained staff and advised that in January 2013 they had identified an appropriate budget to recruit the nurses they needed for the posts available but they had had great difficulty in recruiting them. They had recruited staff from Ireland and Portugal however there was a problem as once staff were established they often moved up to one of the London teaching Hospitals. At the present time, 75% of the vacant posts had now been filled. In terms of A and E, four or five new consultants had been recruited but he said they too were attracted to move to London to work in the Teaching Hospitals. The best estimate nationally in terms of availability of nurses was in the region of 10,000 too-few fully qualified nurses. In response to a question, he advised that it was Government policy that each nurse now had to have a degree and this was adding pressure where in some specialist areas other professionals could provide care but as they were not qualified nurses this was not permitted. However, the Trust was undertaking work with health care assistants in terms of the role they performed in the hospitals.
- 2.7 Mark Lemon said the Kent County Council believed that the CQC report was a wake-up call for all the hospitals in Kent and Medway and indicated that wide scale system change was necessary to see more hospital services transferring into the community and a greater focus for the hospitals on the highly specialised care. The role of the primary health sector and social care was seen as fundamental. He said that Health and Wellbeing Boards and indeed the Ashford Health and Wellbeing Board had a role to help this particular issue.
- 2.8 The Chairman confirmed that the Board would provide assistance in any areas it could.
- 2.9 Sheila Davison said that she had received a question from HealthWatch on this particular agenda item in which they had raised the issue of the new houses that would be developed at Chilmington and asked what work was being undertaken to assess the impact that this would have on GP surgeries. Sheila Davison advised that there was an established health infrastructure group who would work with the CCG to look at population growth and encourage and re-engineer at an early stage any changes required to

services. Stuart Bain confirmed that the Trust had undertaken a number of areas of work which included transportation whereby the Trust had with the Council looked at bus routes with the view to helping patients gain access to the various hospital locations.

- 2.10 Councillor Clokie said that there was a particular issue in Tenterden whereby a Doctors' surgery wished to expand but the NHS who owned the building next door were unwilling to make their property available. Sheila Davison said that a meeting had been set up to look at this particular issue.
- 2.11 Deborah Smith referred to the demand for services within A & E and said that Public Health KCC and the voluntary sector staff were available to help relieve the pressure on the services in terms of focusing messages for specific health issues on the 18-30 age group. It was agreed that a campaign to promote people seeking the advice of pharmacists could be useful. In conclusion the Chairman thanked Stuart Bain for addressing the meeting.

### **3 CCG Merger: Update**

- 3.1 Included within the Agenda papers was a copy of a presentation entitled "Preparing for the Future" produced by the Ashford, Canterbury and Coastal Clinical Commissioning Group.
- 3.2 The Chairman advised that the proposed merger had been discussed at Patient Participation Group meetings and one of the principal comments made was the lack of communication about the merger from GP's to the patients in terms of how it impacted on patients.
- 3.3 Navin Kumta advised that 92% of the Ashford General Practices voted in favour of the merger and in Canterbury the figure was 80%. He explained that the principal aim behind the merger was to improve services to patients and provide more care in the community. The merger would help support the development of Community Networks which were seen as the strategic solution to reducing pressure on the hospital and improving the service. The request to merge had been submitted to NHS England who had considered the matter on the 16<sup>th</sup> October 2014. Feedback to date had been positive. The final decision was however awaited.
- 3.4 Simon Perks explained that the implementation date was still set at April 2015 and the CCG were re-aligning their commissioning staff, setting up the appropriate geography of networks and agreeing budgets at network levels.

**The Board noted the report.**

### **4 CCG Strategic Commissioning Plan 2014-19**

- 4.1 Included with the agenda papers was the Strategic Commissioning Plan for 2014-2019. This was the CCG's first five year plan which also contained a two year operational aspect.

- 4.2 Navin Kumta explained that the five year Commissioning Plan followed the production of the Operational Plan and showed the basic needs for Ashford. He asked that if any of the members of the Board had comments on the document, they should direct them to the CCG. Simon Perks explained that announcements were expected from NHS England on the 24<sup>th</sup> October 2014 about what areas Commissioning Plans might also need to look at and therefore there would be a need for the CCG to reflect on the messages stemming from any statement from NHS England. This was the NHS England's Five Year Forward Review.

**The Board noted the report.**

## **5 Focus on Healthy Weight**

- 5.1 Included within 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.

### **(a) Kent Fire and Rescue Service Firefit Scheme**

Rachael Spencer the Vulnerable Person Liaison Officer gave the above presentation. The "Firefit" Initiative focussed on improving inclusion, quality of life and was an excellent engagement tool which could support multiple campaigns within KFRS and external partners. The presentation drew attention to the "Pop-Up Events" which were used by Kent Fire Service to promote a healthy lifestyle and Smoke Free Homes whilst conducting home safety visits.

### **(b) Healthy Weight - County Perspective**

Val Miller, Public Health Specialist gave a presentation on how KCC Public Health was working towards creating a healthy weight strategy. This would be considered by the Kent Health and Wellbeing in due course. Val Miller went through the slides of her presentation, a copy of which had been included within the agenda for the meeting.

### **(c) Healthy Weight Perspective - Ashford**

Simon Harris gave a presentation on the Healthy Weight Perspective as it related to Ashford and a copy of the slides he used was included within the agenda papers for the meeting. Simon Harris explained that Ashford was the coordinator on healthy weight but the initiative was being handled in partnership by Ashford Borough Council, Kent County Council Public Health and the CCG. In terms of timescales he hoped to have established the Task and Finish Groups who would commence work in November with a view to the plan being produced in May to July 2015.

### **General Discussion**

Navin Kumta said he endorsed all the recommendations within the report and considered there was a need to communicate with stakeholders what issues

the Board and its partners were currently undertaking. In terms of what was the definition of being overweight and obese, Navin Kumta explained that it related to a person's Body Mass Index and explained that this could be checked online. He also believed that the initiative outlined during the Firefit presentation was excellent as it would encourage children to feed back to the parents information that they had been given during the sessions that they attended.

Val Miller referred to the previous work on "Action on Salt" whereby there had been a phased reduction in the amount of salt in processed foods and considered that the same principles could work if applied to the reduction of sugar in processed foods. Simon Perks commented that this largely related to the food industry and therefore the Board had limited influence over their actions. Val Miller explained that the initiative could be taken forward if the Secretary of State for Health gave a strong message to the food manufacturers that they should reduce the level of sugar in their products. She advised that she had attended a recent conference when the speaker, Professor McGregor had said that he was sure that manufacturers would agree to reductions if there was a level playing field and all companies had to comply. Val Miller also explained that local authorities could reduce the availability of fast food by controlling the location and opening hours of fast food outlets by the use of planning and licensing legislation.

In response to a question Val Miller said both the weight and the height of a child was taken into account in determining whether a child was classed as overweight or obese. In terms of the process all parents would be sent a letter two weeks before their child was due to be weighed and within six weeks they would be advised on the outcome.

Sheila Davison advised that there was a need to establish a project lead for this initiative and it was agreed that Board Members would discuss this offline and report back to the Board in due course.

**The Board recommended that:**

- (a) Support be given to the need for a localised Action Plan for subsequent consideration by the Board.**
- (b) An Action Plan be requested that promotes healthy weight interventions and be brought before a future meeting of the Board.**
- (c) The work of the Kent Fire and Rescue Service (KFRS) as relevant to the Board's priorities as a "Must Do" project be supported.**

## **6 Lead Officer Quarterly Report**

- 6.1 The report provided an update of the work which had been progressing since the previous meeting held on the 23<sup>rd</sup> July 2014. The report also included information and progress on each of the "Must Do" projects. Farrow Court was highlighted as being currently on target.

- 6.2 The Kent Board required local Health and Wellbeing Boards to ensure local plans “demonstrate how the priorities, approaches and outcomes of the strategy would be implemented at local levels”. An assurance was required to be given to the Kent Board in November. The Board also confirmed that they agreed that Navin Kumta should represent the Board at the Kent Board when this issue was discussed.
- 6.3 Sheila Davison also explained that HealthWatch had asked a question about when there would be an update on homelessness. She advised that this could be dealt with in the update submitted to the January meeting of the Board. She also reported that Linda Caldwell of NHS South East Commissioning would be producing a business case for establishing day care services for people with Dementia in conjunction with Age UK. It was also confirmed that Sue Luff remained the lead for the Community Networks project.

**The Board recommended that:**

- (a) It be noted that the Lead Officer Groups need to meet to respond to the Kent Health and Wellbeing Board’s request to evidence local engagement and implementation of the Joint Health and Wellbeing Strategy.**
- (b) The Ashford representative be authorised to report on outcomes at the Kent Health and Wellbeing Board meeting in November (this will be Navin Kumta).**
- (c) A report be submitted to the Board in January on the outcome of the meeting as set out in (b) above.**
- (d) The progress of the “Must Do” projects to date be noted.**
- (e) Approval be given to the handling of requests for the Ashford Board to consider strategy, policy and other similar documents through the Local Officer Group where appropriate.**
- (f) The need for a voluntary sector representative and HealthWatch to include a Partner Update if needed be endorsed.**

## **7 Partner Updates**

7.1 Included with the agenda were A4 templates submitted by partners.

**(a) Clinical Commissioning Group (CCG)**

Sheila Davison reported that Health-Watch wanted their continued support for the community networks being established to be noted and their offer of any help and assistance they could give to the process.

**(b) Kent County Council (Social Services)**

The Chairman said it was difficult for the Board to consider this issue when there were no Social Services representatives from Kent County Council. He considered it was important to have the relevant people at the meeting.

**(c) Kent County Council (Public Health)**

Deborah Smith reported that the assurance framework for Ashford was available to be viewed on the KCC website.

**(d) Ashford Borough Council**

Sheila Davison reported that Ashford had committed funding to creating a new post to support work on Domestic Abuse.

**(e) Ashford Childrens' Health and Wellbeing Board**

Annette Haigh explained that the second meeting had been held on the 15<sup>th</sup> October 2014 and that they had agreed the establishment of the Ashford Childrens' and Young Peoples' Health and Wellbeing Board. Navin Kumta commented that the name was not appropriate as it was not a Board because it was a Sub-Committee of the Ashford Health and Wellbeing Board. Annette Haigh agreed to take this comment back to the organisation and asked that the following priorities be agreed.

- Not in Education Employment or Training (Lead - Louise Fisher)
- Mental Health (Lead – Stephen Bell)
- Healthy Living to include healthy weight and smoking (Lead – Sarah Mills)
- Play (Lead – Emma Dyer who was the Head Teachers representative)

**The Board noted the progress reports and agreed the priorities to be set up by the Ashford Childrens' Health and Wellbeing Board.**

## **8 Forward Plan**

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

## **9 Next Meeting and Dates for 2015**

9.1 The Chairman sought Members of the Board's views as to whether to change the meeting time to 9.30 am to therefore allow up to three hours for the meeting to consider all its business. Those Members of the Board present agreed to this suggestion. The next meeting would be held on Wednesday 21<sup>st</sup> January 2015 at 9.30 am.

9.2 The subsequent dates as set out below were noted:-

22<sup>nd</sup> April 2015  
22<sup>nd</sup> July 2015



21<sup>st</sup> October 2015  
20<sup>th</sup> January 2016

(KRF/AEH)

MINS:Ashford Health & Wellbeing Board - 22.10.14

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