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CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Tuesday, 25th November, 2014
at 6.00 pm in the The Guildhall, Westgate, Canterbury

Present: Dr Mark Jones (Chairman)
Faiza Khan
Councillor S Chandler
Velia Coffey
Amber Christou
Mr Gibbens
Councillor Gilbey
Councillor Howes
Steve Inett
Mark Lemon Paula
Parker Simon
Perks Councillor
Pugh Jonathan
Sexton Sari Sirkia-
Weaver Chris Ives
Linda Smith
Stuart Bain (present for part of the meeting)

1 APOLOGIES FOR ABSENCE

Cllr Watkins
Anne Tidmarsh
Neil Fisher

2 MINUTES OF THE LAST MEETING AND ACTIONS

The minutes were approved with a minor amendment on page 5 item 10. Paragraph 5 to read;
Jonathan Sexton suggested that further investigation was made into CAMHS in schools as the provision could be funded by the schools from within their baseline funding.

The following action is still to be completed, all other actions are complete,
Cllr Pugh advised that Kent and Medway NHS and Social Care Partnership Trust (KMPT) has recently undergone a review and a meeting will be held next week to discuss the findings.

Action: Cllr Pugh to circulate the report regarding the KMPT review as soon as it is available.

3 CARE QUALITY COMMISSION REPORT REGARDING EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - STUART BAIN

Stuart Bain, Chief Executive of East Kent Hospitals University HNS Foundation Trust (EKHUFT) introduced himself and gave some background information on the Care

Quality Commission (CQC) and their inspection process. He reported that the CQC visited the 3 district hospitals in March 2014 and inspected 8 key areas of service in each hospital against 5 domains. Each hospital was then scored and given a rating out of 4. The reports highlighted a number of concerns and gave the Trust overall a rating of 'inadequate'.

A quality summit was held which included a number of stakeholders and the Trust was given 20 days to produce an action plan. This is a public document and identifies the 'must dos' to address each of the concerns. The actions fall into 3 groups:

- Practical issues eg fire doors do not meet standards, and these are easy to address.
- Wholly agreed challenges eg capacity to deal with the number of incoming patients. These issues are being addressed through a strategy which will be followed by a consultation before implementation.
- Challenging issues which are more difficult to address eg engagement of staff, and addressing these is more of a culture change and takes a significantly longer time to achieve. The CQC report and the publicity around it may have decreased morale and there is concern that there may be a drop in staff satisfaction and engagement in the short term.

The action plan will be used by the CQC to assess whether the actions have been addressed and also Monitor will use it to assess progress on a monthly basis. EKHUFT will continue to engage staff and progress the actions. It was noted that Healthwatch attend the monthly meetings and have met with senior managers to offer their support.

Stuart Bain commented that he felt that the tone of the report over exaggerated some of the problems but recognised that there is work to do.

Cllr Pugh queried whether centralising the outpatient service would increase problems and was advised that the new structure will increase capacity as staff are currently spread very thinly across the district and locations often lack modern diagnostic equipment. The new site will be in 6 purpose built buildings housing all the specialists in one place and will offer a one stop shop approach from 07.00 – 20.00 Monday to Friday with services also available on Saturdays.

It was noted that the positive messages regarding the changes to the outpatient service will be communicated to the public as the changes happen and feedback will be sought from individuals as they access the new service.

Pressures on the Accident and Emergency (A&E) department were discussed and it was reported that pressures are often because of pinch points in other parts of the hospital rather than too many patients coming into A&E. A more structured approach is being taken with regard to discharging patients to ensure they have adequate support when they leave hospital.

A query was raised regarding how staff give feedback and Stuart Bain reported that staff can report problems both anonymously and in person. Senior managers meet regularly with staff however there is still a lack of engagement. A new Director of Human Resources was appointed in September and although they have brought in new ideas it was acknowledged that there is no quick way to bring about a culture change.

A comment was made that one of the challenges was to review the health and social care system so that it could work sustainably, especially in the acute sector. The Board offered their support to the Trust in making the necessary changes to bring them out of special measures and it was noted that supporting the elderly in the community to keep them out of hospital and enabling better end of life care in the community would be a key area where all the Board organisations could be involved.

It was brought to the Board's attention that all the services in the hospital had been rated good for care and compassion and all critical care services rated good. Outcome measures are good and mortality rates are 20% below the average in the country.

Stuart Bain reported that recruitment and staff retention is difficult at nursing as well as consultant levels and staff recruited from overseas often move to the London hospitals although this is thought not to be due to a lack of affordable housing in the District.

It was agreed that partnership working would be key in bringing about the necessary changes in the NHS locally and Simon Perks commented that there is a need to ensure that the Better Care Fund is being implemented locally to support the aim of the Trust to keep people out of hospital through providing better support in the community.

Action: For consideration by the Core Group.

The Chairman thanked Stuart Bain for attending.

4 ALCOHOL STRATEGY DRAFT IMPLEMENTATION PLAN & POSITION STATEMENT FROM CANTERBURY COMMUNITY SAFETY PARTNERSHIP - VELIA COFFEY, LINDA SMITH

Velia Coffey commented that responsibility for undertaking a gap analysis on work already being done around the Alcohol Strategy had been delegated to the Community Safety Partnership (CSP) but that this was not yet complete. A report will be presented at the next meeting.

Linda Smith gave a presentation on the alcohol strategy, the physical and mental health problems associated with alcohol abuse, crime and the financial cost to individuals, organisations and communities. She outlined how the national strategy will address some of these issues and how the Kent Strategy is doing this on a local level through the Kent Alcohol Strategy Pledges.

Linda Smith offered support to the local groups who are leading on this.

It was noted that boundary issues are important here and there is a need to include Faversham and Dover and to share information.

5 MENTAL HEALTH PROVISION UPDATE - NEIL FISHER

Simon Perks presented an update on behalf of Neil Fisher.

- The Discharge service has been re-launched since last year to address quality issues, delays for people moving on from hospital and out of area beds including home visits to ensure everything is set up before discharge
- The out of area treatment panel has been tightened up and people no longer have to wait on the ward for a month until the panel meets. It is very important

that when people are recovered they are discharged when required as they will become more distressed and unwell the longer they are delayed.

- Bed pressure increasing early discharge: Some people do revolve and that can be about finding them the right placement for them. It takes time to find right placement. There will always be a number of patients who do come back but other need to be discharged when they are well or they can deteriorate again by staying on the ward too long. When people are stable they need to be allowed to make their own decisions and mistakes. The acute admission ward sometimes cannot provide what is needed.
- As of 24th October there were no Canterbury patients based in out of area beds. Efforts made to repatriate people in appropriate manner as soon as possible.
- New Faversham Umbrella Centre manager is keen to welcome everyone to the Umbrella Centre and extended an invitation to all to drop in
- Rethink Mental Illness have produced a report on Access to Mental Health Services in Canterbury & Coastal CCG Areas which will be circulated with minutes.
- More planning guidance for 15/16 coming out in December focusing on MH waiting times for initial assessments.

Action: Neil Fisher to give an update on services provided to patients in crisis, triage facilities etc.

It was commented that although the report indicated that fewer patients are cared for out of area the statistics are for just one day and that the figure is probably higher. Simon Perks reported that this is a current focus and progress will be reported as work is done by the commissioners.

6 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) - NEIL FISHER

Simon Perks gave the following update on behalf of Neil Fisher.

- Task and finish group preparing the Strategy and it has been really positive collaborative.
- Covers both preventative and early intervention aspect and also the emphasis on better involvement of parents which was a concern in the recent Healthwatch report.
- This year there has been huge improvement in CAMHS and SFPT are now out of special measures.
- Waiting times are much better (unlike England generally) and the service is now responsive to urgent requests.
- Kent strategy addresses the remaining shortcomings in children and young persons' emotional health provision and covers the concerns in the report by MPs in the Times recently
- David Grice comment "Looking forward to other areas of children's commissioning working as well as this !"
- Sussex Partnership CQC Visit in January.

Steve Inett advised that feedback from the Sussex Partnership will be shared.

It was recognised that individual reports of experience of the service are not good and there is overall dissatisfaction.

Action: Neil Fisher to liaise with David Grice and children's commissioners.

The need for preventative services was also discussed and it was commented that the Healthwatch report did not emphasise enough the needs of children who do not yet need to access CAMHS.

7 CHILDREN'S HEALTH AND WELLBEING BOARD - SARI SIRKIA-WEAVER
Sari Sirkia-Weaver gave an update on the work of the Children's Operational Group and highlighted the following:

- Reports that she had received indicated that the CAMHS service is not improving sufficiently.
Action: Sari Sirkia-Weaver is due to meet the Programme Director for CAMHS before Christmas to talk further about this and will report back after that meeting.
- There are no formal lines of reporting from the local Children's Operational Group (COG) to the Kent Health and Wellbeing Board and methods of sharing good practice and learning have not yet been established.
- The Early Help Notification process has now replaced the Common Assessment Framework (CAF) and although this went live in September no referrals were made until November and there is now a large backlog of referrals in the pipeline. There are no assessment tools and staff have had little training.
- The Coastal Children Centre hub was inspected by OFSTED in September 2014 and was rated as good.
- A sub group of the COG has been established for safeguarding issues and will be supported by the Kent Safeguarding Children's Board.
- A group of young mothers supported by the Riverside Children's Centre have made a film about attitudes towards young parents and this has been very well received.
- One of the priorities is around healthy weight for children and a specialist is coming to the next COG to report on obstacles and barriers to delivering this and how the COG can help.

Amber Cristou queried whether the COG had planned to expand to Swale and was advised that there are no plans at the moment.

Grave concern was raised over the implementation of the new CAF system and the evidence that needs are not being addressed in individual cases as they are coming through and this will result in delays and a backlog. It was agreed that it is not acceptable that the new system was put in place without it being adequately resourced. This should be flagged a risk to all organisations as families in crisis are not being helped in a timely way.

Action: Sari Sirkia-Weaver to draft a letter to Andrew Ireland to express the Board's concerns.

Action: Alison Hargreaves to ensure that Simon Perks and Mark Jones take this for the Clinical Commissioning Groups to consider.

8 EMOTIONAL HEALTH STRATEGY - SARI SIRKIA-WEAVER
Sari Sirkia-Weaver brought the Boards attention to the Strategy and encouraged all to comment if they wished. The consultation closes on 5 January 2015. Commissioning intentions will be developed following the consultation.

- 9 **DEMENTIA FRIENDLY COMMUNITIES - VELIA COFFEY**
Velia Coffey reported that she had visited Sevenoaks District Council to see how they are working with communities to raise awareness of dementia. Ashford Borough Council also has a specialist scheme which has a more integrated approach. Velia Coffey suggested that as the population is ageing, organisations should be doing more individually and raising awareness as part of their overall strategies and policies.
Paula Parker commented that Kent County Council (KCC) have a dementia friendly programme and work is being done in Herne Bay and Whitstable.
Action: Paula Parker to bring a report outlining the work that is being done around dementia and how this information is disseminated to partner organisations.
- 10 **ANY OTHER BUSINESS**
It was agreed that the Core Group would discuss the potential need for written rather than verbal updates at future meetings.
- 11 **DATE OF NEXT MEETING**
27 January 2015, 18.00, Guildhall Canterbury.