

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Tuesday, 27th January, 2015
at 6.00 pm in the The Guildhall, Westgate, Canterbury

Present: Dr Mark Jones (Chairman)

Faiza Khan
Councillor S Chandler
Velia Coffey
Amber Christou
Neil Fisher
Mr Gibbens
Councillor Gilbey
Councillor Howes
Steve Inett
Mark Lemon
Paula Parker
Councillor Cllr Pugh
Sari Sirkia-Weaver
Anne Tidmarsh
Mark Kilbey
Jayne Faulkner
Debbie Smith
Hilary Clayton
Richard Davis (Item 3)
Peter Marsh (Item 4)

1 APOLOGIES FOR ABSENCE

Cllr Watkins
Jonathan Sexton
Simon Perks
Cllr Andrew Bowles

2 MINUTES OF THE MEETING HELD ON 25 NOVEMBER 2014 AND ACTIONS

The minutes were approved as an accurate record.
All actions were complete.

Mark Jones reported that a letter was sent to Andrew Ireland regarding concerns over the changes to the Common Assessment Framework and that a response had been recently received.

Action: Response to this letter to be circulated to the Board.

3 UPDATE FROM PILGRIMS HOSPICES - RICHARD DAVIS

Richard Davis advised that the Hospice is continuing to provide a service as before and inpatient units are open in Canterbury, Thanet and Ashford as well as other outreach services. A new Chief Executive has recently been appointed and starts on 9 February 2015. The Trustee body is being expanded and the Board are considering the new 3 year strategy. It was noted that the deficit is covered by reserves for 24 months.

A query was raised regarding how work within the community was to be expanded and Richard Davis advised that this would depend on resources.

It was noted that key stakeholders will be involved in all future developments and it was agreed that the Canterbury and Coastal Health and Wellbeing Board (HWB) would be kept informed.

4 DEMENTIA FRIENDLY COMMUNITIES - PETER MARSH

Peter Marsh reported success had been achieved across parts of east Kent and they are now hoping to expand in the Canterbury area. He gave a presentation on the work they are doing to help people live well with dementia within the community.

A newsletter will be published twice a year and a website is also available. It is hoped that the projects will gain momentum through the Canterbury area. Velia Coffey stressed that Canterbury City Council are very keen to be involved and keen to seek ways to involve the rural communities as well as the city. It was agreed that the alliances are community led and are designed to specifically meet the needs of the local community.

Cllr Pugh commented that he had attended a meeting in Swale but had received no further information. It was advised that Sittingbourne and Sheppey groups are still very active and meet regularly and local schools are very involved.

Steve Inett commented that differences in the health resources available can influence the success of the alliances in different parts of the county. Peter Marsh commented that the project is funded by the Clinical Commissioning Group (CCG) and match funded by Kent County Council (KCC) but there is still a need to get GP practices on board and ensure that services are appropriate to the needs of dementia patients. The Community Trust, Mental Health Trust and the three Acute trusts are all involved in the alliance and there is a focus on partnership working.

It was reported that dementia care is a key part of the Community Networks so there is a need to link with the alliances to provide a multi agency solution making it easy for people to access the services they need within their community.

5 MENTAL HEALTH SERVICE UPDATE - NEIL FISHER

Neil Fisher gave an overview of the mental health needs in the area and the service provided and gave comparators both nationally and locally.

The presentation is attached.

The following was noted:

- The amount of money spent by the CCG per head on mental health services is average compared to England as a whole.
- Levels of diagnosis in the area are lower than expected but this may mean that there are more undiagnosed cases rather than less need.
- One of the key aspects of care is the Care Programme approach as this gives the best outcomes for patients. The number of people who have (or are aware they have) a Care Programme in Kent is low.
- Access to a primary care counselling service is poor in the CCG area.
- Waiting time standards are now in place for mental health patients for primary care counselling and crisis care.
- Mental health has been highlighted as a top priority within the strategic aims of the CCG.

- Concern was raised that there a little evidence of preventative measures or early treatment for mental health patients which could prevent the need for further treatment. New standards are being set and it is thought that this will become a focus following the general election.
- Dementia diagnosis, whilst the best in Kent, is still not meeting the targets. It is hoped that the target of 67% diagnosis will be met by March 2015 and the CCG is only 1 of 2 areas expected to reach this target.
- Access and referral is reported by service users to be poor. Kent and Medway NHS and Social Care Partnership Trust (KMPT) are commissioned for crisis care but it was acknowledged that more use could be made of community groups such as those supporting the homeless and vulnerable.
- Carers report that there is a lack of opportunity to engage with services.
- A half day workshop on care planning is due to be held and KMPT will be involved.
- No Canterbury patients have been placed out of area.
- A query was raised on how mental health issues are being addressed in areas of higher deprivation. This is being done by Public Health Commissioning.
Action: Faiza Khan to circulate information on how mental health issues are being addressed in areas of high deprivation.
- The incidence of mental health problems is higher in social housing where it often contributes to people losing their home. Care Programmes are really important in helping to address this.

6 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE UPDATE - NEIL FISHER

Neil Fisher reported that there is a focus on the children's and adolescent mental health service (CAMHS) and wait times for assessment and urgent assessment are being reviewed. The Health Overview and Scrutiny Committee have also been focusing on this.

Weekly reporting was put in place in mid 2014 and they are now meeting the minimum standards for 4 week wait for assessment. Treatment time is currently 13 weeks.

Sari Sirkia Weaver reported that she and Suzi Wakeham met with four representatives from CAMHS to talk about various issues including waiting times and referrals. It was acknowledged that there are gaps in provision especially for those people with lower level problems. CAMHS will organise a joint training session with stakeholders to improve communications and a newsletter will be distributed. A representative from CAMHS will also join the Children's Operational Group and this was seen as a very positive step forward.

The transition from CAMHS to adult mental health services was raised as a concern and it was noted that there is group focussing on this.

It was suggested that CAMHS were asked if they perceive there to be a problem with transition.

It was agreed that, in future, this item will form part of the Children's Operational Group update.

7 ALCOHOL STRATEGY LOCAL RESPONSE - VELIA COFFEY
Velia Coffey presented the report as an audit of what is expected of Canterbury City Council and what is being done already. The alcohol strategy will be included in the strategic plan and will be used to address the local issues.

8 INTEGRATED COMMISSIONING GROUP UPDATE - PAULA PARKER
Paula Parker presented the report.

Action: A report on the work on falls to be brought to a future meeting.

It was noted that excellent planning for winter and a multi agency response has meant that east Kent has performed the best across Kent and Medway with no breaches of the 12 emergency standards and no black events.

9 LOCAL RESPONSE TO HEALTH AND WELLBEING STRATEGY - FAIZA KHAN
Faiza Khan reported that the action plan was submitted in September 2014 and in May 2015 will be reviewed against the outcomes. It was suggested that 4 or 5 measures are prioritised by the Core Group and reported to the next HWB meeting and also to the CCG Board.

Action: 4 or 5 measures to be prioritised by the HWB Core Group and reported to the next Board meeting.

9.1 Use of Joint Strategic Needs Assessment

Faiza Khan advised that feedback was being sought on how the JSNA has been used, how often it has been referred to in commissioning discussions and plans and how useful it has been.

A more detailed local needs assessment is being worked on for Ashford and one for Canterbury and it is hoped this will be available in the next few weeks.

10 CHILDREN'S OPERATIONAL GROUP REPORT
Sari Sirkia Weaver presented the report.

It was noted that the health visiting service will move to KCC and a query was raised as to whether they will continue to employ specialised health visitors. Faiza Khan offered to investigate this further.

Concern was raised that there is currently no mechanism for information or good practice to be shared with other Children's Health and Wellbeing Boards or with the Kent Children's Health and Wellbeing Board. There is no governance structure or national or county steer and the Board asked Mark Jones to raise this as a concern at the Kent Health and Wellbeing Board meeting. It was suggested that a workshop was held involving all key stakeholders.

Action: Mark Jones to raise concern at the Kent Health and Wellbeing Board regarding governance and information sharing between Children's Health and Wellbeing Boards at both local and county level.

11 ANY OTHER BUSINESS
None.

12 DATE OF NEXT MEETING
25 March 18.00 Guildhall Canterbury