

CANTERBURY CITY COUNCIL

CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

Minutes of a meeting held on Wednesday, 25th March, 2015
at 6.00 pm in the The Guildhall, Westgate, Canterbury

Present: Velia Coffey (Chairman for the meeting)

Faiza Khan
Amber Christou
Neil Fisher
Mr Gibbens
Councillor Gilbey
Councillor Howes
Mark Lemon
Paula Parker
Simon Perks
Councillor Pugh
Jonathan Sexton
Sari Sirkia-Weaver
Hilary Clayden
Jayne Faulkner
Debbie Smith

1 APOLOGIES FOR ABSENCE

Mark Jones
Mark Kilbey
Cllr Sue Chandler
Cllr Andrew Bowles
Anne Tidmarsh
Steve Inett

2 MINUTES OF THE MEETING HELD ON 27 JANUARY 2015 AND ACTIONS

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

3 MATTERS ARISING

Item 4 Dementia Friendly Communities

Peter Marsh has made contact with Canterbury City Council and work is progressing.

Item 10 Children's Operational Group

A letter has been received from KCC and will be circulated with the minutes. A discussion was held at the Kent Health and Wellbeing Board (KHWB) around how the KHWB, Kent Children's Health and Wellbeing Board and the Children's Safeguarding Group relate. The KHWB will continue to review how the local Children's Health and Wellbeing Boards (CHWB) operate and relate across the district and it is likely that they will be established on a district basis. This has also been discussed at the Kent Council Leaders meeting.

4 LOCAL RESPONSE TO HEALTH AND WELLBEING STRATEGY - FAIZA KHAN
Faiza Khan gave a presentation and advised that she had used different sources of data to show areas where Canterbury is rated red against local or national standards.

It was highlighted that the key theme running through all the measures was to reduce inequalities within communities and improve access for all.

Faiza Khan invited questions and asked the Board to identify the key priorities for future focus.

A request was made to break the alcohol admissions statistics into age ranges.
Action: Neil Fisher to speak to the Community Safety Partnership (CSP) alcohol group to get more specific age related statistics on alcohol admissions.

A query was raised regarding the violent crime statistics as Canterbury is not usually flagged as problem area in this respect. It was noted that the CSP will deal with these issues so there may not be a need for the Health and Wellbeing Board to focus on it.

It was stated that primary care under diagnosis is a common problem and is often a result of over demand. There may be a need to look at health promotion services to help support primary care services and improve this situation rather than rely on improvements in primary care services which are already over stretched.

It was suggested that it may be useful to target specific GP practices where improvements can be made and that this approach may also help address inequalities of access within specific communities. Simon Perks reported that practices are encouraged to be more proactive and to compare themselves to their peers and to challenge themselves on areas where they feel they can improve.

It was noted that prevention should be included in any care pathway rather than starting the pathway at diagnosis.

The Board discussed the priorities and agreed to delegate identifying the priorities to the Core group.

Action: Core group to agree the priorities for the local response to the health and wellbeing strategy.

5 NHS CONSTITUTIONAL STANDARDS - SIMON PERKS

Simon Perks stated that the NHS constitution sets out what the NHS will do and to what standard. It forms part of Clinical Commissioning Group (CCG) performance framework however delivery of these standards has not been a high focus for the CCG and 4 standards now need to be improved upon. These will be a focus for the CCG for the near future

There are four key areas where standards have not been met:

- Referral to treatment – waiting times for routine surgery. Compliance is required by April 2015 but this will not be achieved until 2015/16.
- Diagnostics – diagnostic tests within 6 weeks. An improvement plan is in place and the CCG has been compliant since December 2014 so this is now being monitored.
- A&E waiting times – the CCG has performed poorly since the first quarter of 2014. There is whole system work being undertaken to try and address this situation.
- Secondary care mental health – Significant work is going into this.

Significant resource is being put into these standards and solutions are wide ranging and varied however there are some internal processes that need to be reviewed at East Kent Hospitals University NHS Trust (EKHUFT) to help streamline discharge processes and provide social care support packages to free up beds in a timely way and smooth the patient flow through the hospital.

It was noted that EKHUFT had had to respond to a Care Quality Commission inspection and this will have diverted some resource. There is now greater joint working between agencies such as social care, primary care etc and the CCG is looking at jointly commissioning services.

This is a less positive report to the one given Stuart Bain at EKHUFT last year. It was noted these are health economy issues rather than just local hospital issues and that changes in management at EKHUFT mean that things are improving now and EKHUFT is taking these issues very seriously.

6 CCG OPERATIONAL PLAN 2015/16 - NEIL FISHER

Neil Fisher gave a presentation on the Operating Plan for 2015/16. It was noted that this is still being developed of the nine strategic objectives, seven are set as part of the operating framework and are broken into three groups, effectiveness, experience and safety.

Action: The slides to be circulated with the minutes.

It was reported that the timeline for the post implementation review for dementia has not yet been set.

Simon Perks commented that business case timetables and post implementation review timetables are important steps forward and encourage focus on specific projects, their delivery, outcomes and financial implications.

7 CHILDREN'S OPERATIONAL GROUP (TO INCLUDE CAMHS) - SARI SIRKIA WEAVER

Sari Sirkia-Weaver presented the paper and invited questions from the floor or by e-mail following the meeting.

The following comments were made:

The KHWB recognises the importance of the work of the Childrens Operational Group (COG).

Encouraged to see work that being done on speech and language.

Dover COG are working well and within the district boundaries.

Action: Core Group to consider whether to ask Rick Bradley from KCA to present the Mind and Body Programme

8 REVIEW OF CURRENT STRUCTURE AND FUNCTION OF THE HEALTH AND WELLBEING BOARD - VELIA COFFEY / NEIL FISHER

Velia Coffey presented the structure charts for the Canterbury HWB and how it related to other groups. It was reported that these structures are in place to deliver on the priorities set by the Board.

Neil and Velia had updated the charts to show that the five key outcomes were each allocated to a working group but that some gaps had been identified and two other groups had now been included relating to KCC Public Health (as they commission on

behalf of the CCG) and also the Community Safety Partnership and its work on the Alcohol Strategy

Action: The structures to be circulated with the minutes.

It was noted that the CSP has a very important role to play in providing an overall picture of community health with regards to alcohol abuse, violence etc.

A query was raised as to the role of the HWB in the transformation of services, the level of complexity involved in these changes, and the expertise of the Board. It was agreed that the Core Group would decide whether these complex issues should be brought to the Board. It was noted that the HWB is not a decision making group and currently has no agreed Terms of Reference therefore had no powers to make decisions on these issues.

9 ANY OTHER BUSINESS

None.

10 DATE OF NEXT MEETING

26 May 2015 at 18.00 in the Canteen at Canterbury City Council Offices.