

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **20th January 2016.**

Present:

Dr. Navin Kumta – Clinical Lead and Chair, Ashford CCG, (Chairman);
Faiza Khan – Public Health Specialist, KCC (Vice-Chairman);

Councillor Brad Bradford, Lead Member – Highways, Wellbeing and Safety, ABC
Councillor Geoff Lymer, Deputy Cabinet Member for Adult Social Care and Public Health, KCC

Mark Lemon – Policy Advisor, KCC;

Theresa Oliver – HealthWatch

Michael James – Red Zebra Community Solutions;

Martin Harvey - Patient Participation Representative (Lay Member for the CCG);

Sheila Davison – Head of Health, Parking & Community Safety, ABC;

Lisa Barclay – Head of Programme Delivery, Ashford CCG;

Charlie Fox – Chief Officer, Red Zebra Community Solutions;

Stephanie Holt – Head of Countryside, Leisure & Sport, KCC

Belinda King – Management Assistant, Health, Parking & Community Safety, ABC;

Danny Sheppard – Senior Member Services and Scrutiny Support Officer, ABC;

Apologies:

Peter Oakford - KCC Cabinet Member - Specialist Children's Services, Philip Segurola - KCC Social Services, Simon Perks - CCG, Neil Fisher – CCG, Helen Anderson – Ashford Local Children's Partnership Group, Tracey Kerly – ABC, Debbie Smith – KCC Public Health.

1. Notes of the Meeting of the Board held on the 19th October 2015

The Board agreed that the notes were a correct record.

2. Ashford Health & Wellbeing Board Priorities

- 2.1 Faiza Khan– Public Health Specialist, KCC, gave a presentation in order to facilitate a discussion on the priorities that the Ashford Health & Wellbeing Board might like to consider. These would be with the particular aims of reducing gaps in service, reducing health inequalities and improving outcomes for patients in the Ashford Borough in the coming years, all under the banner of 'A Healthier Ashford'. The presentation outlined the drivers for change leading to the development of the priorities and an action plan for this Board and detailed some of the particular issues that Ashford already faced and how they compared to other areas in the region and nationally.
- 2.2 Faiza Khan asked what the Board would like to see next in terms of data. The Board considered it would be useful to bring a specific paper to the next meeting to drill down in to some of the causes for the particular problem areas

highlighted for Ashford, and whether there was anything the Board could do about them when agreeing its priorities. The projected increase in mental health disorders was flagged as a particular issue. It was reiterated that whilst the issues were health related, many of the causes may be outside of the control of healthcare such as employment, population growth etc.

- 2.3 The Board then discussed health inequalities and examined a slide which gave an overview of what was happening in Ashford and other Kent Districts. The slide showed the gap between the most deprived and least deprived in Ashford in both the 75+ and 'all ages' categories was increasing in terms of cancer, circulatory diseases, respiratory diseases and all other diseases. There was one anomaly in the 'all causes – all ages' category where the gap was decreasing. The Board considered that the overall statistics were incredibly depressing bearing in mind all of the work that had gone in to addressing health inequalities over the years and asked if Faiza Khan could do some more analysis of the data to see what other areas which were performing slightly better, such as South Kent Coast and Thanet, were doing differently. A Member also asked if the cancer statistics could be broken down in to male/female. This would all be with a view to reporting back to the Board to see if there was anything it could be doing to affect the situation.
- 2.4 In terms of taking the priorities forward, it was agreed that the previously mentioned follow up report would come back to the next Board Meeting. Reducing inequalities was a cross cutting issue for the Board to consider and the table contained at page 30 of the Agenda papers could act as a good 'starter for 10' in terms of which organisations would be responsible for which areas within that. It was agreed that the issue of 'alcohol' should be re-labelled as 'substance abuse' and the issue of 'obesity' was not really one that ABC could take a lead on – this would be more for KCC Public Health. The Chairman said it would be useful to send this table to the next meeting of the Lead Officer Group (LOG) to determine how much work was already been undertaken by each organisation in these areas, and to come back to this Board with a maximum of five overarching priority areas to move forward on whilst also attaching some timescales. Early suggestions for priority areas included obesity, mental health, dementia and early diagnosis and prevention.
- 2.5 There was a wider discussion on the topic of obesity and it was considered that this would be an issue of education. There was perhaps a need to work more with schools to promote the benefits of healthy eating, proper cooking and exercise. It had to be targeted at school children, perhaps even at Primary level, as it was often too late to re-educate parents. It was considered that this should be one of the priority areas and be fed to the Children's Board.

3. East Kent Strategy Board

- 3.1 The Chairman introduced the report which had been submitted by Simon Perks explaining that the East Kent Strategy Board had been established by local health and care commissioners to spearhead a new drive to determine how best to provide health and care services to the population of East Kent. The update provided some context about the ambitions and work of the Board and the programme of activity it would oversee. These changes were

necessary in the context of increased demand for services in an increasing challenging financial environment and there would be a need to develop new approaches and models for delivering care going forward. The work of the Board was supported by each of the four East Kent Clinical Commissioning Groups.

- 3.2 In response to a question about the timeframe for starting to look at and test options, the Chairman advised that there was a huge communication workstream to work through but they were aiming for late Summer/Autumn 2016.

4. Kent Board Relationship with Local Boards and Future Options

- 4.1 Mark Lemon – Policy Advisor, KCC introduced the report which had been submitted to the Kent Health & Wellbeing Board in September 2015 and had contained 17 specific recommendations for discussion, all around reviewing the relationship between the Kent Health & Wellbeing Board and the Local Boards. The work as described in the report had been undertaken in order to clarify the expectations the Kent Board had of the Local Boards, communications between the Boards and how business was transacted.
- 4.2 Mark Lemon said that it was clear that there was a lack of clarity on the purpose of the Local Boards and how they linked to the Kent Board. The list of recommendations had sought to provide some clarity and he drew attention to two specific recommendations; firstly suggesting an outline work programme for the Kent Board for the start of each year to enable Local Boards to plan their activity accordingly; and secondly for each Local Board to send a representative to every Kent Board meeting, to update on their activities locally, and to take back any relevant information from the Kent Board. This representative would also be responsible for liaising with the Kent Board concerning issues and matters that would benefit from consideration at the Kent Board. He also advised that there had been an offer from the Local Government Association (LGA) to run some development sessions with Local Boards to help reflect on what they did, look at their aspirations and help analyse what they needed to have in place to deliver those. He asked the Board if that was something they wanted to take up.
- 4.3 The Board said it would certainly be interested in engaging with the LGA and developing the question ‘what are we here for?’ The Chairman said that the Board’s meetings had covered some good ground, but there were certainly wider questions about what impact the Board was having and whether their time was currently being spent wisely. This was a time of rapid and necessary change in the health service and it would be important to position the Board correctly to assist in that and to be a truly commissioning organisation in the future. It was noted that a formal terms of reference for the Ashford Local Board was yet to be agreed and that doing this would probably be necessary as part of any work with the LGA. It was agreed to take discussions on the LGA development work forward to February’s Lead Officer Group (LOG) meeting.

- 4.4 The Board agreed that Navin Kumta as Chairman would act as the Ashford Board's representative on the Kent Board.

Resolved:

- That (i) the Board accept the LGA offer to undertake some development sessions and further discussions take place at the Lead Officer Group in February.**
- (ii) Navin Kumta act as the Ashford Board's representative on the Kent Health & Wellbeing Board.**

5. Voluntary Sector Next Steps

- 5.1 Michael James - Red Zebra Community Solutions, tabled a slightly amended version of the report that was included within the Agenda papers. He advised that the report had come as an update from discussions at the last Board meeting on 19th October 2015 on the Voluntary Sector. The report focussed on three areas where resources might be concentrated to help support general health and wellbeing.
- 5.2 Charlie Fox, Chief Officer, Red Zebra Community Solutions, discussed social prescribing and advised that this could be an area which could be developed in Ashford. Red Zebra was currently working with the Multi-speciality Community Provider (MCP) GP group based at Whitstable Medical Practice to co-design and implement a social prescribing service. The service aimed to improve access by local people to the full range of services offered by the voluntary and community service in order to support them with improving their health and wellbeing. There was potential for an Ashford pilot scheme facilitated by Red Zebra and it was agreed to pursue this through the three Ashford Community Networks. Red Zebra had also suggested they could provide support to the three Ashford Networks (North, South and Rural) in helping them develop a more cohesive strategy with regard to feeding into the Health & Wellbeing Board agenda generally. This could involve a series of structured workshops, facilitated discussion around priority setting and focus groups.

Action: Lisa Barclay to add Michael James to the invitation list for the three Ashford Community Networks.

- 5.3 With regard to funding and grants Michael James advised that rolling funding could be aimed at organisations providing services where there was an overlap with Board priority areas. If rolling funding could cover a three year period this would allow organisations to plan ahead strategically and concentrate on service delivery. A small grants model could be managed in Ashford by Red Zebra to enable small organisations to provide health-related services. This would not just be about keeping the Voluntary and Community Sector going, but about delivering specific targets and outcomes as set by the Board. Areas already mentioned at this meeting such as mental health, healthy eating etc. could all be prioritised.

6. Public Health Programmes

- 6.1 The paper gave an update on the transformation programme for Public Health commissioned services. A series of stakeholder and public consultation events had taken place, alongside a review of national developments and a review of the performance of current services and the paper outlined some of the work to date, key findings and recommended changes.
- 6.2 The Board agreed that Faiza Khan and Sheila Davison would work together to identify colleagues to be involved in the upcoming procurement processes. A representative from HealthWatch was suggested as one possibility.

Resolved:

- That (i) **the work be noted.**
- (ii) **the recommendations for future delivery be noted.**
- (iii) **Faiza Khan and Sheila Davison work together to identify colleagues to be involved in the upcoming procurement processes.**

7. Kent Health & Wellbeing Board Meeting – 18th November 2015

- 7.1 The Chairman advised that the meeting had covered a lot of ground and most of the areas had already been covered by this Board. One of the main areas of focus had been the Growth and Infrastructure Framework which would be covered by Stephanie Holt in the next Agenda item.
- 7.2 Mark Lemon mentioned Local Digital Road Maps and asked whether there was any role for the Local Boards to sign them off. The Chairman said this was his understanding and this would form part of the Local Board's agendas.

8. Growth and Infrastructure Framework

- 8.1 Stephanie Holt – Head of Countryside, Leisure & Sport, KCC, introduced the paper and gave a presentation which provided an overview of the recently launched Kent and Medway Growth and Infrastructure Framework (GIF), and the associated action plan. She advised that the GIF had been developed to provide a clear picture of housing and economic growth to 2031, the infrastructure needed to support that growth and the infrastructure funding gap for Kent and Medway. One of its key elements was the evidence base on the provision of healthcare and social care capacity across the area, both at the current time and that which would be required to support the planned housing growth to 2031. The GIF would help shape discussions about the future shape of health and social care service delivery. The initial GIF had been well received by National Government but it had been necessary to produce it quite quickly and there was now a need to further analyse the local data that had been produced, some of which was already out of date, and discuss priorities with local partners such as this Board. The document

remained live and Officers were working towards a complete refresh using updated data by January 2017. She concluded by saying that the following issues needed further consideration: -

- What other data sources would be useful in terms of pulling together the chapters on health, community/social care and Ashford itself?
- Who else should they be linking with to develop the GIF?
- What outcomes would the Board like to see that would be useful for everyone involved?

8.2 Mark Lemon said it was also important to understand what the GIF was showing in terms of the infrastructure funding gap and what that was likely to do to health inequalities. Stephanie Holt said that an action plan would need to be developed across each area to deal with this as there was obviously only so much funding to go around.

8.3 In response to a question about the definition of funding Stephanie Holt advised that 'expected funding' was where there had been a commitment to funding whereas 'secure funding' was that which had already been received.

8.4 In terms of other groups that KCC should be linking with in order to develop the GIF the following were suggested: - the Clinical Commissioning Group Strategy Board; Ashford Borough Council's Strategic Planners; NHS England; the local Health Infrastructure Groups; local Police, local Fire and local Community Safety Units. The Chairman also agreed to send the Ashford Health Estates Paper through to Stephanie Holt.

8.5 Martin Harvey said that the potential funding gap in terms of Adult Social Care was alarming and although this may be adjusted by the Autumn Budget Statement, it was still an area to be cognisant of.

Resolved:

- That
- (i) **the contents and conclusions of the first GIF and its associated action plan be noted.**
 - (ii) **the Board agree to help shape the future of the GIF, along with the Health Infrastructure Group, by assisting in the contribution of robust and timely data and analysis to the next refresh.**
 - (iii) **the GIF be used to help shape discussions about the future shape of health and social care service delivery.**

9. Partner Updates

9.1 Included with the Agenda were A4 templates submitted by Partners:-

(a) Clinical Commissioning Group (CCG)

Lisa Barclay asked for feedback on the CCG's Sustainability and Transformation Plan which had been sent around and could be sent

again on request. This would be an agenda item for the next Board meeting in March.

Martin Harvey drew attention to the forthcoming Patient and Public Engagement (PPE) Strategic Engagement Day on Wednesday 30th March at the Singleton Environment Centre. All were welcome.

(b) Kent County Council (Social Services)

A question was raised regarding the focus on the Care homes contract and whether this was a review of the specification. It was agreed to seek clarification from Paula Parker.

(c) Kent County Council (Public Health)

No update.

(d) Ashford Borough Council

Sheila Davison advised that John Bunnett would be leaving his post in February and Tracey Kerly would be taking over as Interim Chief Executive of Ashford Borough Council and would continue to attend meetings of this Board. The Board noted its best wishes for the future to John.

The Syrian Vulnerable Persons Re-location Scheme was underway and the first three families had arrived in the Borough in December. Homes had been identified and extensive liaison had taken place with KCC, the CCG and the Police. An intensive programme of support was in place. Officers had indicated that the early signs were positive and the families had settled well. The Board agreed that it would be useful to get an update on the scheme at their July 2016 meeting.

Councillor Bradford advised that Farrow Court was now formally open and phase 1 of the scheme was complete with all current residents having moved in to their new accommodation. He said that he had been amazed by the facilities there and the whole project was a credit to Ashford and the Council. It was suggested that a future Ashford Health & Wellbeing Board meeting could be held there.

(e) Voluntary Sector Representative

Update noted.

Michael James advised that they were looking to appoint a permanent successor to Tracey Dighton as Voluntary Sector Representative on the Board and that would be in place for the next meeting in March.

(f) HealthWatch Kent

No update.

(g) Ashford Local Children's Partnership Group

Update noted

10. Forward Plan

- 10.1 The Chairman advised that the focus of the next meeting in March would be mental health. It would also include an update on the CCG's Sustainability and Transformation Plan from Neil Fisher, a follow up report on priority setting from Faiza Khan and any update on the LGA development work.
- 10.2 As previously mentioned the July meeting would receive an update from Ashford Borough Council on the Syrian Vulnerable Persons Re-location Scheme.

11. Dates of Future Meetings

- 11.1 The next meeting would be held on the 23rd March 2016.
- 11.2 The following dates were also agreed for subsequent meetings:-
- 20th July 2016
19th October 2016

(DS)
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