

## CANTERBURY CITY COUNCIL

### CANTERBURY AND COASTAL HEALTH AND WELLBEING BOARD

**Minutes of a meeting held on Wednesday, 9th March, 2016  
at 6.00 pm in the Canteen, Council Offices**

**Present:** Dr Mark Jones (Chairman)  
Velia Coffey  
Neil Fisher  
Mr Gibbens  
Councillor Howes  
Steve Inett  
Mark Lemon  
Simon Perks  
Cllr Pugh  
Sari Sirkia-Weaver  
Councillor P Watkins  
Sam Bennett  
Cllr Andrew Bowles  
Wendy Jeffreys  
Sarah Phillips  
Cllr Simon Cook  
Karen Sharp (for item 3)

**1 APOLOGIES FOR ABSENCE**

Amber Cristou  
Jonathan Sexton  
Cllr Sue Chandler

**2 MINUTES OF THE LAST MEETING, ACTIONS AND MATTERS ARISING**

The minutes of the meeting were agreed as an accurate record.

**Actions from the previous meetings:**

**Actions outstanding from 12 November 2015**

*Item 2. Faiza Khan and Velia Coffey to meet with Amber Cristou and Cllr Sue Chandler to discuss who should be responsible for Health and Wellbeing Strategy priorities in Dover and Swale. This has been passed to Sam Bennett to follow up.*

A meeting has been arranged and the outcome reported at the next meeting.

**Actions from 19 January 2016**

*Item 3 Meeting between Canterbury City Council planning and Canterbury and Coastal CCG to be arranged.*

Complete.

*Item 4 Samantha Bennett to review the Draft Obesity Framework with the Joint Commissioning Delivery Steering Group to identify work that is already in progress on obesity and assess where focus can be brought. Details to be brought to the core group. There is an item on this agenda.*

*Item 6 Simon Perks to advise what information can be shared with the Health and Wellbeing Board from the East Kent Health and Social Care Strategy Board.*

This has been raised with the programme director regarding engagement and a monthly report will be shared with the HWBs.

*Item 8 Sari Sirkia-Weaver to make contact with the Chairs of neighbouring LCPGs and bring a joint report back to the HWB.*

A meeting is due to be held on 10 March.

### 3 **PUBLIC HEALTH SERVICES TRANSFORMATION - KAREN SHARP**

Karen Sharp gave a presentation regarding progress with the Transformation Programme and gave an update on some of the outcomes.

The consultation process was highlighted and some of the results of the research was presented regarding the importance of patterns of behaviour, motivations and the importance of a holistic approach rather than addressing single problems.

It was noted that many of the services are due to be re-procured therefore what is commissioned needs to fit with the new structures in providers and with other organisations such as local councils. Therefore the recommendation will be not to re-procure until this can be further aligned.

The Board agreed that this was a really positive approach and the focus on changing behaviours was welcomed by the Board as was the decision not to procure immediately.

Concern was raised that mental health provision for young people stops at 19 and there may be a gap for 19-25s with regard to mental health.

It was reported that Northgate Ward are running a pilot with a Health Trainer in the medical practice. Their caseload is determined using GP lists to target specific preventative care to high risk patients.

### 4 **STRATEGY AND PRIORITIES FOR CANTERBURY. - SAM BENNETT**

Samantha Bennett reported that at the previous meeting the Board had agreed reporting on priorities on a rolling programme of 2 priorities per meeting. The Core Group had since narrowed the priorities to obesity and alcohol as these had been identified as being the ones where partnership working could have the most impact and therefore these two will be focussed on.

It was noted that Making Every Contact Count should be used to reinforce messages and this can be cross cutting across all the priorities.

#### **Alcohol**

Velia Coffey advised that responsibility for actions around this had been delegated to the Community Safety Partnership (CSP) who had been working with the Clinical Commissioning Group (CCG) and Public Health. It was noted that the high student population in Canterbury is not relevant as the anomalously high admissions were by children. This is being further investigated by the Local Children's Partnership Group.

It was noted that the CSP have been working with enforcement teams and specific operations have been undertaken with the police and trading standards targeting premises selling to those underage, groups of street drinkers etc in both Canterbury and Herne Bay. There has been good collaboration with the night time economy in Canterbury.

A query was raised as to whether age ranges for admissions had been broken down further and whether it was for example, 15/16 or 8/9 year olds. It was reported that numbers are small, ages are known and it is known which wards they live in. Samantha Bennett advised that she has looked at A&E data to establish the reason for their admission but the data is not detailed enough and since the numbers are very small it makes it difficult to identify which injuries are alcohol related. Also it cannot be identified whether it is the same small number of children re-presenting or whether it is new cases each time. Work is being done to improve the recording of alcohol as an underlying cause for admission.

### **Obesity**

The obesity framework has been used to list all the activities across organisations regarding obesity and has identified that there is already a lot of work being undertaken around this.

Obesity in year 6 school children is of concern. Wendy Jeffreys advised that she has met with Kent Community Health NHS Foundation Trust, Canterbury City Council and local children's centres to look at the activities available for children and has also identified schools with a spike in obesity levels to help them learn from what other schools are doing around tackling obesity.

It was agreed that schools needed to be fully engaged for the work on both alcohol misuse and obesity whilst recognising that they have limited resources to commit to these issues specifically.

Sari Sirkia-Weaver reported that a representative of the Healthy Weight Team sits on the Local Children's Partnership Group (LCPG) and has commented that it is difficult to get children to come along to healthy weight meetings and there is a need to encourage parents to bring their children. Once the children are attending the success rate is very high. Again, a focus on Making Every Contact Count and giving a consistent message would improve take up rates for healthy weight groups.

Samantha Bennett advised that the report on tackling obesity will be circulated when it's complete and will go to the Kent Health and Wellbeing Board (HWB).

It was agreed that this work would be led by the Local Children's Partnership Group and would be brought to the next HWB Core Group meeting and the next HWB meeting.

## **5 2016/17 PLANNING ROUND UPDATE- NEIL FISHER**

Neil Fisher gave an update and advised that there are two plans being produced by the CCG, one for the next 12 months and a five year strategic review.

The 12 month plan is due on the 4<sup>th</sup> April 2016 and feedback has already been received on the first draft. The report will be circulated before it is submitted on 4 April.

KCC have concern over the one year sustainability plans and the fact that the plan will include Medway, not just Kent. It is expected that the Medway Maritime Hospital will require significant resources and this could have an impact on the rest of Kent.

**6 EAST KENT HEALTH AND SOCIAL CARE STRATEGY BOARD  
UPDATE - SIMON PERKS**

It was noted that the Board will produce regular updates for stakeholders to increase transparency.

It was noted that a good outline for the plan needs to be produced by June in order to get access to Sustainability and Transformation funding. This plan must now include Medway as well as Kent and there is a risk that some of the initial work that had gone into a Kent plan will be lost.

Sarah Phillips advised that the Programme content has only recently been developed and NHS England have given some indications of the topics. It is clinically led and the Clinical Forum will have a number of sub groups centred around prevention and self care. Each group will follow a similar format and produce an aspirational view on each workstream.

Concern was raised that the HWB had not been consulted or involved in this plan and a request was made for a joint members briefing for all Councillors in the CCG area before it is made public. It was stressed that stakeholders must feel that they have been consulted and welcomed this whilst noting that a planning framework needs to be in place first.

**7 LGA DEVELOPMENT DAY**

Mark Jones advised that Kate Herbert from the LGA had met with the Core Group and with Mark Lemon and agreed an away half day. There will be an initial stocktake questionnaire circulated to all Board members which will be used as a starting point for the Development Day. The session will be used to scope some possibilities for the future role of the board.

Mark Jones stressed the need for all Board members to participate and be available for the Development Day if at all possible.

**8 MENTAL HEALTH ACTION GROUP REPORT - NEIL FISHER**

Comments and questions were invited.

**9 LOCAL CHILDREN'S PARTNERSHIP GROUP UPDATE - SARI SIRKIA**

**WEAVER** Sari Sirkia-Weaver drew attention to the work being done by the obesity group and alcohol misuse group. It was also noted that Canterbury has been chosen as a pilot for young people aged 16-24 not in education, employment or training (NEETS) group

**10 ANY OTHER BUSINESS**

Mark Jones advised that this is the last time he will chair the Board as he is standing down as Clinical Chair of the CCG. Dr Sarah Phillips will take over as Clinical Chair and the Board was asked for their opinion on her taking on the chair of this Board. Sarah Phillips was duly appointed as Chair for future meetings. The

Board thanked Mark Jones for all his work.

11

**DATE OF NEXT MEETING**

10 May 2016, 18.00, Canteen at Canterbury City Council Offices.