

Ashford Health & Wellbeing Board (AHWB)

AGENDA ITEM 4 – Lead Officer Group Quarterly Report April to June 2014

(Christina Fuller, Chair)

What have we been up to since the last update?

1. Since the last AHWB meeting a Lead Officer Group (LOG) has been established. The group involves senior managers from each of the following organisations/service areas:
 - CCG
 - KCC
 - Public Health
 - ABC
 - Local Children's Trust
2. The purpose of the group is to provide support to the AHWB. In particular it will:
 - Oversee performance against Ashford's health & wellbeing priorities
 - Advise on the progress of key projects and task and finish groups
 - Coordinate requests from third parties to make presentations to Board
 - Coordinate and review the submission of partners strategies to the Board
 - Review local health data and information and report as necessary
 - Maintain a forward plan for meetings of the Board which supports dialogue on priority areas.
3. The LOG proposes to pull together a report for each AHWB meeting. The LOG report will append a single page update from each partner to inform Board members of what is going on in their world, tell others about key achievements, indicate what they are focusing on over the next quarter and identify any challenges and risk.
4. The first set of Partner Updates are provided at Agenda Item 5. Each partner will provided an overview of its content and answer any specific questions at that point in the meeting.
5. Future LOG reports will draw on the information provided by the partners and provide a summary for the Board on common themes and risks.
6. It is requested that the Chair of the LOG becomes a member of the AHWB.

What are our local priorities?

7. The Ashford Health Profile 2013 presented to the last AHWB highlighted many health & wellbeing concerns that need to be tackled. A summary is provided at Appendix A.
8. The LOG have informally consider this information and believe that the following should become the agreed priority areas for the AHWB:
 - Independent living & self management for those with long-term conditions

- Dementia
 - Homelessness
 - Obesity
 - Falls prevention
 - Sustainable development for health & wellbeing
9. It should be noted that domestic abuse and road traffic accidents are also areas of considerable concern for Ashford. They have not been suggested as priority areas for the AHWB primarily because they already have a focus within the Community Safety Partnership.

Why are these areas a priority?

10. **Independent living & self management for those with long-term conditions** is highlighted as a priority for several reasons. Our population is ageing and therefore there is an increasing need for health and social care for the elderly. While emergency admissions are lower than the rest of Kent, more can be done to avoid admissions. Encouraging self-management of those with long-term conditions and ensuring good access to primary care including out-of-hours is vital. Our aim needs to be the development of projects where health and social care services work together to support people.
11. **Dementia** is increasing as our population ages. There is a need to improve rates of recognition and diagnosis and getting people into the right services when they need them. Improved access to community support including housing, supported housing options and dementia friendly communities is crucial in enabling patients to stay within their own communities for longer.
12. **Homelessness** is high within Ashford compared to the England average and getting worse. Those who are homeless have disproportionately more health problems compared to the general population. Hospital services are used more frequently and the health needs of homeless people are currently not met and access to primary care and prevention programmes need to improve.
13. **Obesity** is a significant problem for Ashford which starts when people are young. In Year 6 (i.e. the last year of primary school) almost 1/5th of Ashford's children are classified as obese. Ashford also performs particularly badly in terms of adult inactivity which is clearly contributing to a picture of Ashford adult obesity that is worse than the England average. Obesity prevalence in Ashford is higher in high deprivation areas, with 25-30% of the population being classified as obese. Obesity, however, is not confined to areas of high deprivation. In most wards the percentage of people being obese is also high, with 20-25%.
14. **Falls prevention** - rates of hip fractures are high in some Ashford wards. Access to falls prevention services needs to focus on worst wards.
15. **Sustainable development for health & wellbeing** has to be a priority for an area such as Ashford which is growing rapidly and will continue to do so for many years. There is a need to not only ensure access to primary care for new communities but as a need to ensure that new residents are able to access preventative health programme. We need to encourage a physical environment that encourages physical activity and design new built areas with community space, safe roads and cycle lanes. We need to design making healthy choices

into our communities, encourage social cohesion and create environments that have a positive influence on our mental health. There is a strong and growing body of evidence that community-based approaches to improving health and providing care and support can be cost effective, deliver better outcomes and help to prevent health and social care needs arising. This is where we get ahead of the game.

What do we need to focus on specifically?

16. In order to make any progress against these priorities it is necessary to focus together on those projects/initiatives that have the greatest chance of improving the health & wellbeing of our community.
17. AHWB members are of course working on numerous projects that contribute to these priorities. It is suggested, however, that the Board can through focusing on specific projects ensure not only that they are delivered but that all partners support how they can contribute to their design and delivery.
18. For the next AHWB it is suggested that the LOG presents what it jointly believes are the 'must do projects'. Partners will need to consider what are the most crucial initiatives that will impact the priorities. These projects will then be given a focus at future AHWB meeting and monitored accordingly.
19. In identifying the 'must do projects' it is suggested that the following criteria be employed:
 - High level of contribution to our Area's priorities;
 - The outcome of this project brings significant long term value to our customers;
 - The requirement to meet legal, compliance, or regulatory mandates (i.e. would the partner or customer be exposed to a significant risk or impact if the project is not offered?);
 - Provides for multi-partner involvement and other services/products can depend on it to deliver their outcomes (i.e. adds significant value and leverage for other partners) and
 - Supports the principles of integrated commissioning.
20. Future LOG reports will highlight key risks for our AGREED 'must do projects', report on any success stories particularly relevant to our priorities plus future planning and horizon scanning.
21. The LOG also recommends that each AHWB meeting focuses on a specific priority area with a view to identifying progress and gaps in service provision. Over time the presentations will help influence future projects and inform commissioning decisions.

The AHWB is asked to:

- a) **Approve the Membership, purpose and reporting arrangement of the Lead Officer Group;**
- b) **Consider the quarterly update templates provided by partners;**
- c) **Agree the Chair of the LOG becomes a non voting member of the AHWB**
- d) **Agree the six local priorities for 2014/15;**
- e) **Agree that LOG identify the 'must do projects' linked to the AHWB priorities and present these for approval at the next meeting;**

- f) Agree to focus future meetings on each priority area to enable debate and further joined up working.**

Ashford Health Profile Summary

Demographics

- Population is ageing therefore increasing need for health and social care for elderly people at home or in care homes
- Large difference in life expectancy between wards and this is a strong indicator of health inequalities. Need to ensure that access to care is equitable across different groups

Community

- Level of GCSE attainment is lower compared to the England average
- Homelessness is high and homeless people have disproportionately more health problems than the general population. Hospital services are used more frequently. Health needs of homeless people are currently not met and access to primary care and prevention programmes need to improve.

Lifestyle

- People living in deprived areas consume less fruit and vegetables. Need to ensure public health healthy eating programmes continue to be delivered
- Adult obesity is a particular problem. Need a combined group approach addressing diet and exercise. Provision mainly consists of 1:1 appointments and commissioners may wish to consider installing group level interventions in addition.
- Smoking prevalence is highest in those from routine and manual occupations. Need an approach based on harm-reduction for those who are not able to stop. Suggested we encourage use of licensed nicotine-containing products and support programme expected to roll out in Kent in 2014.

Inequalities by group

Young people

- Obesity is a significant problem. There are many programmes running but are they reaching the correct target groups.
- Teenage pregnancy rates are falling but still high in areas of deprivation. Need to continue supporting services including school-based SRE provided within Health Schools Programme. Also involvement of HOUSE.

Maternity

- Smoking during pregnancy is a problem with rates significantly higher than England average. NICE guidance indicates a number of interventions. Are they available within Ashford?
- Breast feeding initiations rates are low in Ashford.

Older people

- Rates of hip fractures are high in some wards. Access to falls prevention services needs to focus on worst wards

Use of health service

- Emergency admissions lower than in rest of Kent. But can more be avoided?
Encouraging self-management of those with long-term conditions and good access to primary care including out-of-hours are important.
- National screening uptake targets not met for all practices. This is an issue for those serving more deprived wards.

Long term conditions

- Likely to increase as the population ages. Large variations in prevalence by practice suggesting a risk of under diagnosis in some population groups.
- Focus should be on self-care but with appropriate services and equipment to support patients and carers.

Population expansion

- Ashford is going to grow rapidly over the next few years. Need to:
 - Ensure access to primary care with capacity to include new residents in preventative health programmes
 - Encourage physical activity and design new built areas with community space, safe roads and cycle lanes
 - Promote health eating by making fresh food available locally and give space for own/community gardens.
 - Design that encourages social cohesion and have positive influences on people with mental health problems.