Ashford Health & Wellbeing Board (AHWB)

AGENDA ITEM 7 – Lead Officer Group (LOG) Report (Christina Fuller, Chair)

What have we been up to since the last update?

1. The Board will recall that the LOG was recently set up to support joined up progress and alert the Board to any risks and changes of the agreed local health and wellbeing priority areas (refer appendix A). The LOG was charged with identifying the 'must do' projects linked to these AHWB priorities. This report introduces the suggested projects for discussion and agreement by the Board.

2. As previously agreed the 'must do' projects must respond to the priority areas and provide a long term impact. They should include opportunities for integrated commissioning and involvement from a number of agencies. When considering these projects the Board is asked to note that individually most support more than one local priority.

3. The LOG will monitor an action plan for each agreed 'must do' project and support the lead partner to meet key milestones. The level of impact will be monitored using performance indicators for each project. The Board will receive a progress report with any risks to delivery.

4. The Board is asked to note that a significant amount of other initiatives and projects are being delivered to support local priorities and other areas of concern such as domestic violence, smoking, mental health, etc. Such work is summarised in the Partner Updates.

What are the 'must do' projects?

a) Community Networks (lead CCG)

There is a strong and growing body of evidence that community based approaches to improving health and providing sustainable care and support can be cost effective, deliver better outcomes and help to prevent health and social care needs arising. These are the key principles behind Community Networks which for Ashford includes three area hubs – Ashford South, Rural and Ashford North.

Each hub area will include tailored community based services such as outpatient support, specialist diagnostics etc, as well as core community based health and social care services for example, community nursing, minor injuries, sexual health, carer support, counselling services etc. They will be designed and provided to support the needs and demands of each area.

There will be a multitude of projects and commissioning programmes for each hub. For example a Stanhope health space is being looked at that will support community based services and help promote health and wellbeing services to local residents particularly but not exclusively, in this case, local young people.

Community Networks impact on all the local priorities and demands a multi-agency delivery approach.

b) Farrow Court (lead ABC)

The remodelling of Farrow Court has a total estimated cost of £15.542m. The scheme occupies a prominent location on the entrance to the Stanhope estate and the design proposed aims to create a landmark feature.

The proposal for Farrow Court which is overwhelmingly supported by all partner agencies is to offer independent accommodation to a group of older and vulnerable residents with varying needs of support. The proposal is to create facilities offering a community focus, not only within the scheme itself, but also for people in the surrounding area who will be actively encouraged to make use of the facilities.

The scheme has been designed as a dementia friendly scheme and includes a day centre, restaurant, communal lounge and gardens, a mix of 104 one and two bedroom care ready apartments, including 12 learning disability flats and 8 recuperative care flats, a shop, hairdressers and therapy room. Various services, delivered by different partners, will complement the scheme itself, such as extending work in the day centre to seven days a week with a particular focus on supporting people with dementia at the weekends and having site based care staff.

The Farrow Court Project Board is chaired by Tracey Kerly and the membership includes Members, ABC Officers, KCC Officers, Director of Older People & People With Disability Service, Accommodation Solutions, Head of Adult Services - Ashford Locality, Age UK – Ashford, and various reps from contractor partners and managing agents.

This project particularly supports independent living and dementia but has a community based approach and as such plays a major part in supporting the health and social care activity in South Ashford, supporting the Community Network strategy.

c) Rough Sleeping (lead ABC)

This project supports the ‘Think Housing First’ agenda and homelessness priority. It focuses on tackling the causes and impacts of rough sleeping. The project will target known rough sleepers to ensure that they are engaged with health services and specific specialist services such as drug and alcohol services.

The project will aim to link with health and other relevant agencies to help rough sleepers or those in danger of becoming rough sleepers to tackle the root causes of their homelessness and identify a safe environment for assessment of their needs. This will involve targeted help to support the rough sleeper in accessing accommodation and relevant support.

The service should be up and running by the Autumn and will need identified contacts from health and social services to develop the proposals which will also aim to incorporate the ‘Think Housing First’ objectives and also the governments ‘No second Night Out’ targets.

This project supports a significant element of the homelessness strategy and priority areas. It requires a joined up approach from a range of preventative and targeted services.

d) Dementia Friends/Day Care (Dementia Alliance)

The Board will have received a set of presentations that will help determine the 'must do' project.

e) Healthy Weight – Obesity (lead KCCG)

The key stakeholders that are both commissioning and providing services in support of local adult and children weight management and promotion are meeting to discuss in more detail local priority projects.

The Public Health Observatory is analysing up to date data on obesity rates and agencies are assessing the impacts of current programmes to ensure that resources are targeted to provide the most effect results particularly when looking at the pathway for improved healthy weight. KCC's current consultation on the future provision of healthy weight programmes finishes on 18 August 2014. The link to the consultation directory is: http://consultations.kent.gov.uk. There is a short questionnaire so that KCC can provide services in the ways that people say they want to use them.

At the next Board meeting in October this analyses and other data will be presented along with examples of successful interventions and a 'must do' project identified.

f) Infrastructure Planning (Lead ABC)

An Infrastructure Working Group with ABC planners, NHS England, Chair of CCG, CCG commissioners and KCC has started work on current needs and growth demands to determine what is needed in physical health infrastructure.

The NHS has recently commissioned an audit of surgery provision, looking at their capacity and potential for growth. This work will feed into the Local Plan which will help support the planning of health and social care provision i.e. GP practices, health centres, care homes and community spaces.

A number of specific projects will also be discussed to help better plan current provision. The group is due to meet again in September.

This planning work is a 'must do' given that sustainable development for health & wellbeing is a priority for Ashford as a growth area.

The AHWB is asked to:

- **Approve the above 'must do' projects that support the AHWB priority areas and agree that the LOG monitor progress and reports quarterly to the Board.**

Appendix A

Why are these areas a priority? (agreed by AH&WB April 2014)

1. **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.
2. **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.
3. **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.
4. **Healthy Weight/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%.
5. **Falls prevention - r**ates of hip fractures are high in some Ashford wards. Access to falls prevention services needs to focus on worst wards.
6. **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.