

Ashford Health & Wellbeing Board (AHWB)

AGENDA ITEM 8 – Lead Officer Group (LOG) Report (Christina Fuller, Chair)

Local Implementation of the Kent Joint Health and Wellbeing Strategy

1. The Kent Health and Wellbeing Board at its last meeting considered the final draft of the Joint Health and Wellbeing Strategy. One of the recommendations agreed was that the strategy should be used to engage with the public at a local level in order to stimulate discussion and understanding about the changes that will inevitably occur as integration gathers pace and services are moved out of hospitals and into the community. Local health and wellbeing boards were charged with ensuring that the strategy would be reflected in all public engagement activities planned by partner organisations and that *meaningful engagement on the issues involved was being undertaken*. If this is not the case then plans should be made to address any gaps. Local health and wellbeing board should report back to the November meeting of the Kent Board on this process.
2. A second recommendation agreed by the Kent Board requires the local Health and Wellbeing Boards to ensure local plans *demonstrate how the priorities, approaches and outcomes of the Strategy will be implemented at local levels* and report this assurance to the Kent Board in November 2014. Again, if any gaps are identified actions to remedy these deficiencies should be taken.
3. The LOG briefly discussed these requirements and agreed that a dedicated meeting is required to:
 - a) study Public Health's recently produced Assurance Framework that provides the direction of travel for Ashford against the indicators in the Joint Health and Wellbeing Strategy;
 - b) discuss what further action is required;
 - c) agree how best to capture local interpretation of the Kent priorities; and
 - d) identify gaps in engaging and communicating with local people.

The voluntary sector and Health Watch are key to such discussion and relevant Board members have been invited to attend this meeting.

4. All lead partners have been asked to collate relevant information in readiness. The meeting is scheduled for November just before the Kent Board, allowing Ashford's representative to report as requested. Feedback from the Kent Board will help the LOG report on gaps to the Ashford Health and Wellbeing Board at its meeting in January.

The AHWB is asked to:

- **Note the LOG's need to meet to respond to the Kent Health and Wellbeing Board's request to evidence local engagement and implementation of the Joint Health and Wellbeing Strategy;**

- Authorise the Ashford representative to report on outcomes at the Kent Health and Wellbeing Board meeting in November; and
- Agree for a report to come to the Board in January on the above.

‘Must do’ Project Progress

5. A progress template for each agreed ‘must do’ project has been created and the lead partners will be including key performance outputs and delivery risks. These will be provided at the January Board giving the LOG time to discuss project aims and joint targets. The following provides a brief summary of progress to date.

a) Community Networks (lead CCG)

Ashford has three community networks – Ashford South, Rural and Ashford North. Work is completed to set up the Rural Community Network and there have been several GP group meetings for Ashford South where the notion of a new health zone was discussed. Two conferences for residents and professionals on local health needs have taken place. Areas such as more mental health services, continuity of care, preventative working, family support and improved communications between agencies, and access to community services were highlighted.

b) Farrow Court (lead ABC)

Construction commenced September 2013 and Phase 1 completion (31 no. apartments) is on schedule to finish March 2015 with communal facilities coming on stream in May 2015. Service and funding arrangements with Age UK and KCC are ongoing.

c) Rough Sleeping (lead ABC)

Links with health and other relevant agencies to help rough sleepers or those in danger of becoming rough sleepers have taken place. The root causes of their homelessness and how a safe environment for assessment of their needs is still being explored. The project is being scoped further.

d) Dementia Day Care (Dementia Alliance)

The new Dementia Alliance has recently agreed 3 key areas of work in addition to looking at extending dementia day care. These include consulting local people living with dementia on what service they need, promoting the dementia helpline, and holding an awareness raising event. Further discussion on an additional dementia day centre is required but opportunities to undertake further dementia work at the new care scheme at The Warren will be pursued.

e) Obesity

The Board will be receiving a set of presentations on Healthy Weight to help identify gaps in service provision. A priority project may emerge.

d) Infrastructure Working Group

This working group is an excellent opportunity to consider the nature, scale and capacity of health service provision across the borough and how that may influence the decision-making process on which new sites should be brought forward under the Local Plan. Council planners have engaged with colleagues from KCC in looking at likely future pressures on their service-providing facilities and a forthcoming meeting will engage health service colleagues. As a starting point, a dialogue around the pressures arising from new housing growth will be useful so it can establish a basis for the consideration of where new development should be located.

The AHWB is asked to:

- **Note the progress of projects to date.**

Arrangements for dealing with requests for the Ashford Board to consider strategy, policy and issues of growing concern

6. A number of organisations, including partners, request that strategy documents are brought before the Ashford Health and Wellbeing Board (the Board). In order to ensure that such strategies are appropriately considered it is recommended that they are initially reviewed by the LOG and where necessary a presentation given at their monthly meetings (unless a Board meeting falls in that month). Such timing is unlikely to delay the presentation of any strategy to the Board.
7. The LOG undertakes to report to the Board the outcome of the review via the LOG quarterly report. This report will include any relevant recommendations and where appropriate the strategy document, policy or other similar document will be circulated to Board Members.
8. When necessary the LOG will recommend a full presentation to the full Board. This will, where possible, be tied into a meeting that is focusing on a theme of relevance to the strategy. Regular strategy documents e.g. the CCG commissioning plan will be programmed into the Board's forward plan. In the case of consultation documents the above will be influenced by any deadlines and where necessary the LOG will suggest alternative handling arrangements.
9. There is also request for discussion on issues of growing concern. The horizon scanning part of the partner update reports goes some way to flag such issues that Board members can then discuss. Updates are also thought valuable from the voluntary health sector and Health Watch and it is suggested to the Board that the representatives also, if needed, produce an update report for the Board's information.

The AHWB is asked to:

- **Approve the handling of requests for the Ashford Board to consider strategy, policy and other similar documents through the LOG where appropriate.**

- **Endorse the need for the voluntary sector rep and Health Watch to include a Partner Update if needed.**