Ashford Health and Wellbeing Board

ASHFORD
BOROUGH COUNCIL

Notice of a meeting, to be held in Committee Room No. 2 (Bad Münstereifel Room), Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Wednesday, the 21st January 2015 at 09.30 am

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Agenda

Page Nos.

1. **Welcome and Apologies**

2. **Declarations of Interest:-** To declare any interests which fall under the following categories, as explained on the attached document: 1

   a) Disclosable Pecuniary Interests (DPI)
   b) Other Significant Interests (OSI)
   c) Voluntary Announcements of Other Interests

   See Agenda Item 2 for further details – but please note this is an Ashford Borough Council document which members might nonetheless find helpful. It is understood that KCC will be issuing guidance to members on interests in the near future.

3. Notes of the Meeting of this Board held on the 22nd October 2014

4. CCG Merger: Update (please refer to agenda item 7(a) CCG Update)

5. Focus on Mental Health:

   (a) Mental Health Needs and Service Performance in Ashford – Neil Fisher – Report to follow

6. Lead Officer Group Quarterly Report – Christina Fuller

7. Partner Updates

   (a) Clinical Commissioning Group – Neil Fisher

   (b) Kent County Council (Social Services) – Philip Segurola

   (c) Kent County Council (Public Health) – Faiza Khan

   (d) Ashford Borough Council – Tracey Kerly

   (e) Ashford Children's Health & Wellbeing Board – Stephen Bell

   (f) Case Kent/Voluntary Sector Representative – Tracy Dighton

(g) Healthwatch – Caroline Harris

8. Forward Plan

April 2015 – Independent Living & Self Management for those with Long-term Conditions and Falls Prevention (KCC Lead) plus Commissioning Plan Update (CCG). Note: Subject to the completion of the development the meeting to be held at Chamberlain Manor, Drovers Roundabout, Ashford

July 2015 – Sustainable Development for Health & Wellbeing (ABC)

October 2015 – Progress Report and Refreshment of AHWB Priorities (ALL)

9. Next Meeting & Dates for 2015

22nd April 2015
22nd July 2015
21st October 2015
20th January 2016

Under the Council's Public Participation Scheme, members of the public can submit a petition, ask a question or speak concerning any item contained on this Agenda (Procedure Rule 9 Refers).

KRF/VS
12th January 2015

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Telephone: 01233 330564 Email: keith.fearon@ashford.gov.uk
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Declarations of Interest (see also "Advice to Members" below)

(a) **Disclosable Pecuniary Interests (DPI)** under the Localism Act 2011, relating to items on this agenda. The nature as well as the existence of any such interest must be declared, and the agenda item(s) to which it relates must be stated.

A Member who declares a DPI in relation to any item will need to leave the meeting for that item (unless a relevant Dispensation has been granted).

(b) **Other Significant Interests (OSI)** under the Kent Code of Conduct as adopted by the Council on 19 July 2012, relating to items on this agenda. The nature as well as the existence of any such interest must be declared, and the agenda item(s) to which it relates must be stated.

A Member who declares an OSI in relation to any item will need to leave the meeting before the debate and vote on that item (unless a relevant Dispensation has been granted). However, prior to leaving, the Member may address the Committee in the same way that a member of the public may do so.

(c) **Voluntary Announcements of Other Interests** not required to be disclosed under (a) and (b), i.e. announcements made for transparency reasons alone, such as:

- Membership of outside bodies that have made representations on agenda items, or
- Where a Member knows a person involved, but does not have a close association with that person, or
- Where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position.

[Note: an effect on the financial position of a Member, relative, close associate, employer, etc; OR an application made by a Member, relative, close associate, employer, etc, would both probably constitute either an OSI or in some cases a DPI].

Advice to Members on Declarations of Interest:

(a) Government Guidance on DPI is available in DCLG's Guide for Councillors, at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/240134/Openness_and_transparency_on_personal_interests.pdf

(b) The Kent Code of Conduct was adopted by the Full Council on 19 July 2012, with revisions adopted on 17.10.13, and a copy can be found in the Constitution at http://www.ashford.gov.uk/part-5---codes-and-protocols

(c) If any Councillor has any doubt about the existence or nature of any DPI or OSI which he/she may have in any item on this agenda, he/she should seek advice from the Head of Legal and Democratic Services and Monitoring Officer or from other Solicitors in Legal and Democratic Services as early as possible, and in advance of the Meeting.

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **22nd October 2014.**

Present:

Councillor Michael Claughton – Chairman - Cabinet Member ABC;
Navin Kumta – Vice-Chairman - Clinical Lead, Ashford CCG;

Sheila Davison – Public Health, ABC;
Simon Perks – Accountable Officer, CCG;
Mark Lemon – Policy and Strategic Relationships, KCC;
Christina Fuller – Cultural Projects Manager, ABC;
Simon Harris – Sports Projects Manager and Active Ashford Co-ordinator, ABC;
Debbie Smith – Public Health, KCC;
Annette Haigh – Community Engagement Officer, Ashford;
Stuart Bain – Chief Executive, East Kent Hospitals Trust;
Rachael Spencer – Kent Fire and Rescue Service;
Val Miller – Public Health, KCC;
Sharon Williams – Housing Operations Manager, ABC;
Keith Fearon – Member Services and Scrutiny Manager, ABC;
Belinda King – Management Assistant, ABC;
Renu Sherchan – Environmental Services, ABC

Also Present:

Councillors Chilton, Clokie and Sims.

Apologies:

Philip Segurola - KCC Social Services, Paula Parker – KCC Social Services, Caroline Harris – HealthWatch Representative, Martin Harvey – Patient Participation Representative Lay Member CCG, Tracy Dighton – Voluntary Sector Representative, Stephen Bell – Local Childrens' Trust, John Bunnett – Chief Executive - ABC.

1 Notes of the Meeting of the Board held on the 23rd July 2014

The Board agreed that the Notes were a correct record subject to an amendment to Minute No. 1 "Declarations of Interest" to read "Martin Harvey made a "Voluntary Announcement" as his wife had obtained a placement with Turning Point and that may well be Turning Point Ashford and the addition of the following words at the end of the sentence at paragraph 4.3 "…for both employer and employee".

2 Care Quality Commission (CQC) Report on the William Harvey Hospital - Action Plan

2.1 Simon Perks introduced Stuart Bain explaining that there were no quick fixes to the problems identified and that some of the items in the CQC report may need to come back to future Board meetings and that further updates might be appropriate.

2.2 Stuart Bain, Chief Executive of the East Kent Hospitals University NHS Foundation Trust explained the background to the CQC report and said that visits used to be unannounced and covered 16 criteria and over the past seven years a number of such visits had been undertaken. In Summer 2013, 14 Trusts across the country had been subject to more vigorous tests responding to national concern over hospital mortality rates i.e. the Keogh review. Stemming from these checks, the new CQC inspection arrangements were being rolled out over every Trust and in early March three hospitals under the control of the East Kent Trust were examined. The inspection was against five domains covering eight different services. Stuart Bain said that the report was quite critical in terms of the William Harvey Hospital over a number of areas but he said that in terms of critical care had been identified as being good over all sites and within all services. The hospital was also rated as good for care and response to patients' needs. The Trust had reflected upon this report and had looked at key areas to improve. Stuart Bain explained in more detail the changes being pursued within the outpatients service which had been under pressure due to the introduction of a cancer two week pathway target which had resulted in follow on appointments for patients being pushed further back than desired. The East Kent Trust saw more cancer patients on a two-week pathway than any other hospital in the country. Work on this particular action point would be the culmination of six new purpose built units, one of which was the new hospital in Dover which, when it opened in Spring 2015, would take pressure off Ashford and Canterbury.

2.3 In terms of Accident & Emergency, Stuart Bain said they recognised that demand had risen sharply and had reached a level of 600 patients per day being seen in July. He said that people were using A & E for different reasons but the most prevalent age group was the 18 to 30's. He said that the vast majority did not necessarily need to be seen in A & E and instead efforts needed to be made to direct those people to alternative and more appropriate forms of assistance. Staffing was another issue with nationally over 300 consultant posts currently vacant with not enough qualified personnel to fill these posts. Stuart Bain also said these were the main areas which concerned the Trust. Disconnect between staff and management was seen as something that the Trust needed to put right. Stuart Bain emphasised the connection between a targets culture and a patient centred culture i.e. essentially they both wanted the same thing but believed that this did not always gets explained clearly enough. He said that they needed to be better at helping staff to understand that the targets for services were not imposed for the sake of it but were based on what was believed to be appropriate standards of care.

2.4 In terms of action to be undertaken, he explained that the hospitals had been placed under special measures which required the Trust to meet every month with Monitor who had appointed an Improvement Director to advise the Chairman and the Board. Stuart Bain explained the role of Monitor who were the independent regulators of foundation trusts. It was their responsibility to make sure that hospitals were run well on behalf of patients. An Action Plan had been produced to measure progress against the various steps identified for improvement. In conclusion he said if members of the Board wished to view the Action Plan, it was available on NHS Choices website.

2.5 The Chairman said he supported the point about appropriate standards and targets for care and said that in the report he was concerned there had been no mention of dementia or dementia care. He had also been concerned at the lack of staff, in particular trained staff to fill the vacant posts.

2.6 Stuart Bain said there was a national shortage of appropriately trained staff and advised that in January 2013 they had identified an appropriate budget to recruit the nurses they needed for the posts available but they had had great difficulty in recruiting them. They had recruited staff from Ireland and Portugal however there was a problem as once staff were established they often moved up to one of the London teaching Hospitals. At the present time, 75% of the vacant posts had now been filled. In terms of A and E, four or five new consultants had been recruited but he said they too were attracted to move to London to work in the Teaching Hospitals. The best estimate nationally in terms of availability of nurses was in the region of 10,000 too-few fully qualified nurses. In response to a question, he advised that it was Government policy that each nurse now had to have a degree and this was adding pressure where in some specialist areas other professionals could provide care but as they were not qualified nurses this was not permitted. However, the Trust was undertaking work with health care assistants in terms of the role they performed in the hospitals.

2.7 Mark Lemon said the Kent County Council believed that the CQC report was a wake-up call for all the hospitals in Kent and Medway and indicated that wide scale system change was necessary to see more hospital services transferring into the community and a greater focus for the hospitals on the highly specialised care. The role of the primary health sector and social care was seen as fundamental. He said that Health and Wellbeing Boards and indeed the Ashford Health and Wellbeing Board had a role to help this particular issue.

2.8 The Chairman confirmed that the Board would provide assistance in any areas it could.

2.9 Sheila Davison said that she had received a question from HealthWatch on this particular agenda item in which they had raised the issue of the new houses that would be developed at Chilmington and asked what work was being undertaken to assess the impact that this would have on GP surgeries. Sheila Davison advised that there was an established health infrastructure group who would work with the CCG to look at population growth and encourage and re-engineer at an early stage any changes required to

services. Stuart Bain confirmed that the Trust had undertaken a number of areas of work which included transportation whereby the Trust had with the Council looked at bus routes with the view to helping patients gain access to the various hospital locations.

2.10 Councillor Clokie said that there was a particular issue in Tenterden whereby a Doctors' surgery wished to expand but the NHS who owned the building next door were unwilling to make their property available. Sheila Davison said that a meeting had been set up to look at this particular issue.

2.11 Deborah Smith referred to the demand for services within A & E and said that Public Health KCC and the voluntary sector staff were available to help relieve the pressure on the services in terms of focusing messages for specific health issues on the 18-30 age group. It was agreed that a campaign to promote people seeking the advice of pharmacists could be useful. In conclusion the Chairman thanked Stuart Bain for addressing the meeting.

3 CCG Merger: Update

3.1 Included within the Agenda papers was a copy of a presentation entitled "Preparing for the Future" produced by the Ashford, Canterbury and Coastal Clinical Commissioning Group.

3.2 The Chairman advised that the proposed merger had been discussed at Patient Participation Group meetings and one of the principal comments made was the lack of communication about the merger from GP's to the patients in terms of how it impacted on patients.

3.3 Navin Kumta advised that 92% of the Ashford General Practices voted in favour of the merger and in Canterbury the figure was 80%. He explained that the principal aim behind the merger was to improve services to patients and provide more care in the community. The merger would help support the development of Community Networks which were seen as the strategic solution to reducing pressure on the hospital and improving the service. The request to merge had been submitted to NHS England who had considered the matter on the 16th October 2014. Feedback to date had been positive. The final decision was however awaited.

3.4 Simon Perks explained that the implementation date was still set at April 2015 and the CCG were re-aligning their commissioning staff, setting up the appropriate geography of networks and agreeing budgets at network levels.

The Board noted the report.

4 CCG Strategic Commissioning Plan 2014-19

4.1 Included with the agenda papers was the Strategic Commissioning Plan for 2014-2019. This was the CCG's first five year plan which also contained a two year operational aspect.

4.2 Navin Kumta explained that the five year Commissioning Plan followed the production of the Operational Plan and showed the basic needs for Ashford. He asked that if any of the members of the Board had comments on the document, they should direct them to the CCG. Simon Perks explained that announcements were expected from NHS England on the 24th October 2014 about what areas Commissioning Plans might also need to look at and therefore there would be a need for the CCG to reflect on the messages stemming from any statement from NHS England. This was the NHS England's Five Year Forward Review.

The Board noted the report.

5 Focus on Healthy Weight

5.1 Included within the agenda papers was an introduction and covering report which set out details of the presentations the Board would receive and included recommendations for consideration.

(a) Kent Fire and Rescue Service Firefit Scheme

Rachael Spencer the Vulnerable Person Liaison Officer gave the above presentation. The "Firefit" Initiative focussed on improving inclusion, quality of life and was an excellent engagement tool which could support multiple campaigns within KFRS and external partners. The presentation drew attention to the "Pop-Up Events" which were used by Kent Fire Service to promote a healthy lifestyle and Smoke Free Homes whilst conducting home safety visits.

(b) Healthy Weight - County Perspective

Val Miller, Public Health Specialist gave a presentation on how KCC Public Health was working towards creating a healthy weight strategy. This would be considered by the Kent Health and Wellbeing in due course. Val Miller went through the slides of her presentation, a copy of which had been included within the agenda for the meeting.

(c) Healthy Weight Perspective - Ashford

Simon Harris gave a presentation on the Healthy Weight Perspective as it related to Ashford and a copy of the slides he used was included within the agenda papers for the meeting. Simon Harris explained that Ashford was the coordinator on healthy weight but the initiative was being handled in partnership by Ashford Borough Council, Kent County Council Public Health and the CCG. In terms of timescales he hoped to have established the Task and Finish Groups who would commence work in November with a view to the plan being produced in May to July 2015.

General Discussion

Navin Kumta said he endorsed all the recommendations within the report and considered there was a need to communicate with stakeholders what issues

the Board and its partners were currently undertaking. In terms of what was the definition of being overweight and obese, Navin Kumta explained that it related to a person's Body Mass Index and explained that this could be checked online. He also believed that the initiative outlined during the Firefit presentation was excellent as it would encourage children to feed back to the parents information that they had been given during the sessions that they attended.

Val Miller referred to the previous work on "Action on Salt" whereby there had been a phased reduction in the amount of salt in processed foods and considered that the same principles could work if applied to the reduction of sugar in processed foods. Simon Perks commented that this largely related to the food industry and therefore the Board had limited influence over their actions. Val Miller explained that the initiative could be taken forward if the Secretary of State for Health gave a strong message to the food manufacturers that they should reduce the level of sugar in their products. She advised that she had attended a recent conference when the speaker, Professor McGregor had said that he was sure that manufacturers would agree to reductions if there was a level playing field and all companies had to comply. Val Miller also explained that local authorities could reduce the availability of fast food by controlling the location and opening hours of fast food outlets by the use of planning and licensing legislation.

In response to a question Val Miller said both the weight and the height of a child was taken into account in determining whether a child was classed as overweight or obese. In terms of the process all parents would be sent a letter two weeks before their child was due to be weighed and within six weeks they would be advised on the outcome.

Sheila Davison advised that there was a need to establish a project lead for this initiative and it was agreed that Board Members would discuss this offline and report back to the Board in due course.

The Board recommended that:

(a) Support be given to the need for a localised Action Plan for subsequent consideration by the Board.

(b) An Action Plan be requested that promotes healthy weight interventions and be brought before a future meeting of the Board.

(c) The work of the Kent Fire and Rescue Service (KFRS) as relevant to the Board's priorities as a "Must Do" project be supported.

6 Lead Officer Quarterly Report

6.1 The report provided an update of the work which had been progressing since the previous meeting held on the 23rd July 2014. The report also included information and progress on each of the "Must Do" projects. Farrow Court was highlighted as being currently on target.

6.2 The Kent Board required local Health and Wellbeing Boards to ensure local plans "demonstrate how the priorities, approaches and outcomes of the strategy would be implemented at local levels". An assurance was required to be given to the Kent Board in November. The Board also confirmed that they agreed that Navin Kumta should represent the Board at the Kent Board when this issue was discussed.

6.3 Sheila Davison also explained that HealthWatch had asked a question about when there would be an update on homelessness. She advised that this could be dealt with in the update submitted to the January meeting of the Board. She also reported that Linda Caldwell of NHS South East Commissioning would be producing a business case for establishing day care services for people with Dementia in conjunction with Age UK. It was also confirmed that Sue Luff remained the lead for the Community Networks project.

The Board recommended that:

(a) It be noted that the Lead Officer Groups 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.

(b) The Ashford representative be authorised to report on outcomes at the Kent Health and Wellbeing Board meeting in November (this will be Navin Kumta).

(c) A report be submitted to the Board in January on the outcome of the meeting as set out in (b) above.

(d) The progress of the "Must Do" projects to date be noted.

(e) Approval be given to the handling of requests for the Ashford Board to consider strategy, policy and other similar documents through the Local Officer Group where appropriate.

(f) The need for a voluntary sector representative and HealthWatch to include a Partner Update if needed be endorsed.

7 Partner Updates

7.1 Included with the agenda were A4 templates submitted by partners.

(a) Clinical Commissioning Group (CCG)

Sheila Davison reported that Health-Watch wanted their continued support for the community networks being established to be noted and their offer of any help and assistance they could give to the process.

(b) Kent County Council (Social Services)

The Chairman said it was difficult for the Board to consider this issue when there were no Social Services representatives from Kent County Council.He considered it was important to have the relevant people at the meeting.

(c) Kent County Council (Public Health)

Deborah Smith reported that the assurance framework for Ashford was available to be viewed on the KCC website.

(d) Ashford Borough Council

Sheila Davison reported that Ashford had committed funding to creating a new post to support work on Domestic Abuse.

(e) Ashford Childrens' Health and Wellbeing Board

Annette Haigh explained that the second meeting had been held on the 15th October 2014 and that they had agreed the establishment of the Ashford Childrens' and Young Peoples' Health and Wellbeing Board. Navin Kumta commented that the name was not appropriate as it was not a Board because it was a Sub-Committee of the Ashford Health and Wellbeing Board. Annette Haigh agreed to take this comment back to the organisation and asked that the following priorities be agreed.

- Not in Education Employment or Training (Lead - Louise Fisher)
- Mental Health (Lead – Stephen Bell)
- Healthy Living to include healthy weight and smoking (Lead – Sarah Mills)
- Play (Lead – Emma Dyer who was the Head Teachers representative)

The Board noted the progress reports and agreed the priorities to be set up by the Ashford Childrens' Health and Wellbeing Board.

8 Forward Plan

8.1 The Board noted the Forward Plan for subsequent meetings of the Board.

9 Next Meeting and Dates for 2015

9.1 The Chairman sought Members of the Board's views as to whether to change the meeting time to 9.30 am to therefore allow up to three hours for the meeting to consider all its business. Those Members of the Board present agreed to this suggestion. The next meeting would be held on Wednesday 21st January 2015 at 9.30 am.

9.2 The subsequent dates as set out below were noted:-

22nd April 2015
22nd July 2015

21st October 2015
20th January 2016

(KRF/AEH)

MINS:Ashford Health & Wellbeing Board - 22.10.14

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Mental Health Needs and Performance in Ashford

A PICTURE OF HEALTH

People with mental health problems die on average

20 years earlier

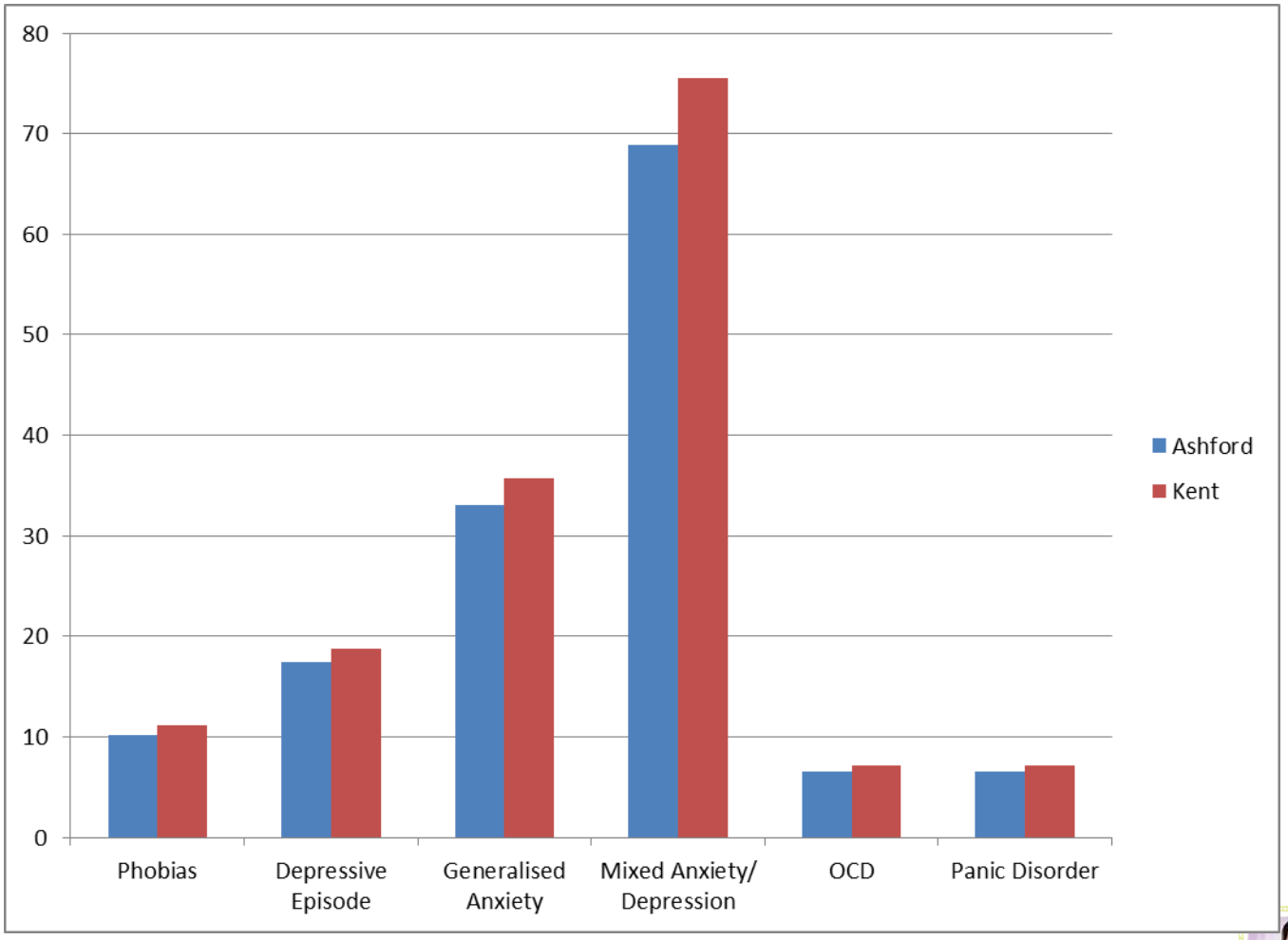
than people with no mental health problem.

Mental Health Needs in Ashford

Some facts about Ashford…

- Common mental disorders:
  - 11,940 of people aged 18-64 years: 16.1%
- Psychotic disorder:
  - 297 people in Ashford CCG: 0.4%.
- Post-traumatic stress disorder:
  - 2895 people, aged 18-64
- Anti-social personality disorder:
  - 256 people ages 18-64 years in Ashford CCG.
- Estimated that 148 women have postnatal depression
- Estimated that there are 334 adults with borderline personality disorder.
- In 2012, 5 people died through committing suicide.

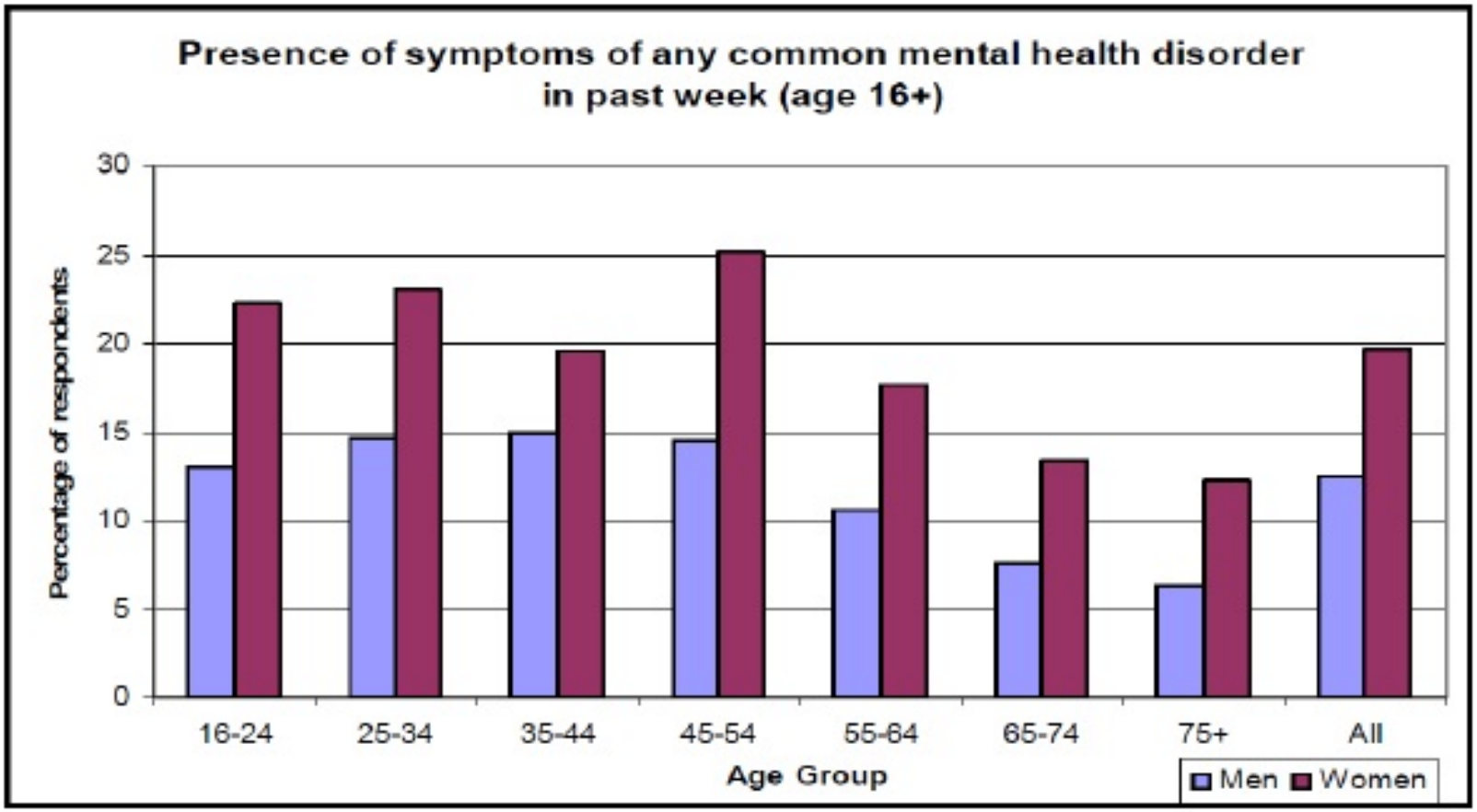
Common Mental Health Problems



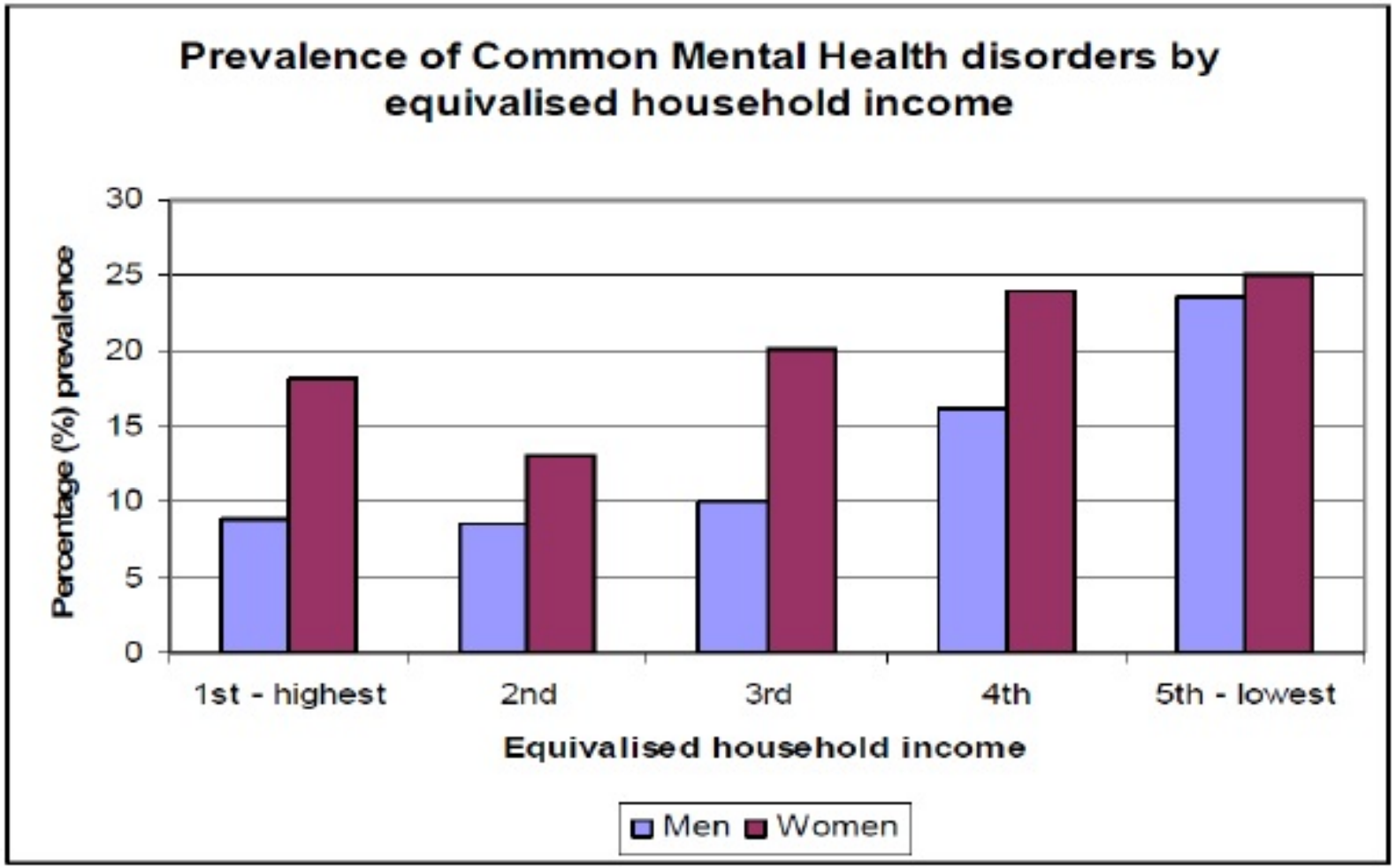
% of total at risk of mental health problems

Released prisoners	90%
Adolescents leaving Care to live independently	80%
Sufferers of Hate Crime	60%
Asylum seekers & refugees	50%
People who are lesbian, gay or bi-sexual	39%
Gypsies and travellers	35%
Those with severe or profound hearing impairment	33%
Marital status: divorced	27%
People with a learning disability	25%
Marital status: separated	23%
Carers	18%
Adult survivors of childhood sexual abuse	12%
Veteran and ex-military	6%

Age Profile


Presence of symptoms of any common mental health disorder in past week (age 16+)
Percentage of respondents
30
25
20
15
10
5
0
16-24
25-34
35-44
45-54
55-64
65-74
75+
All
Age Group
Men
Women

Link To Deprivation

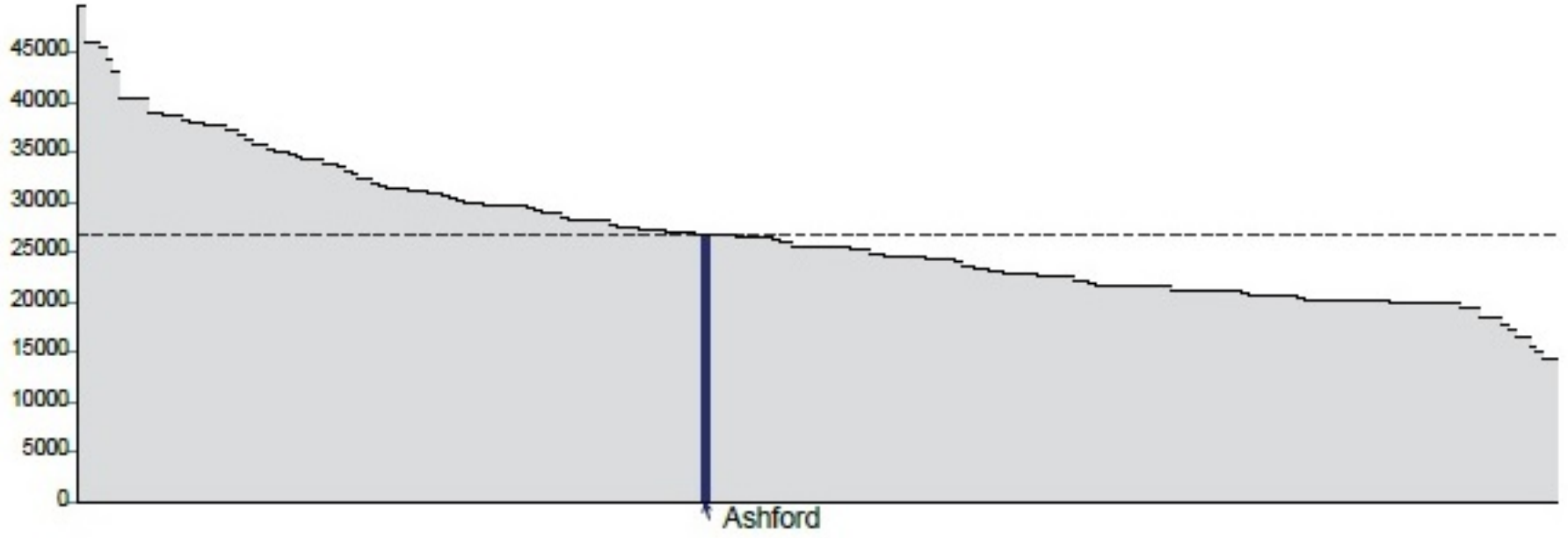


Ashford Profile

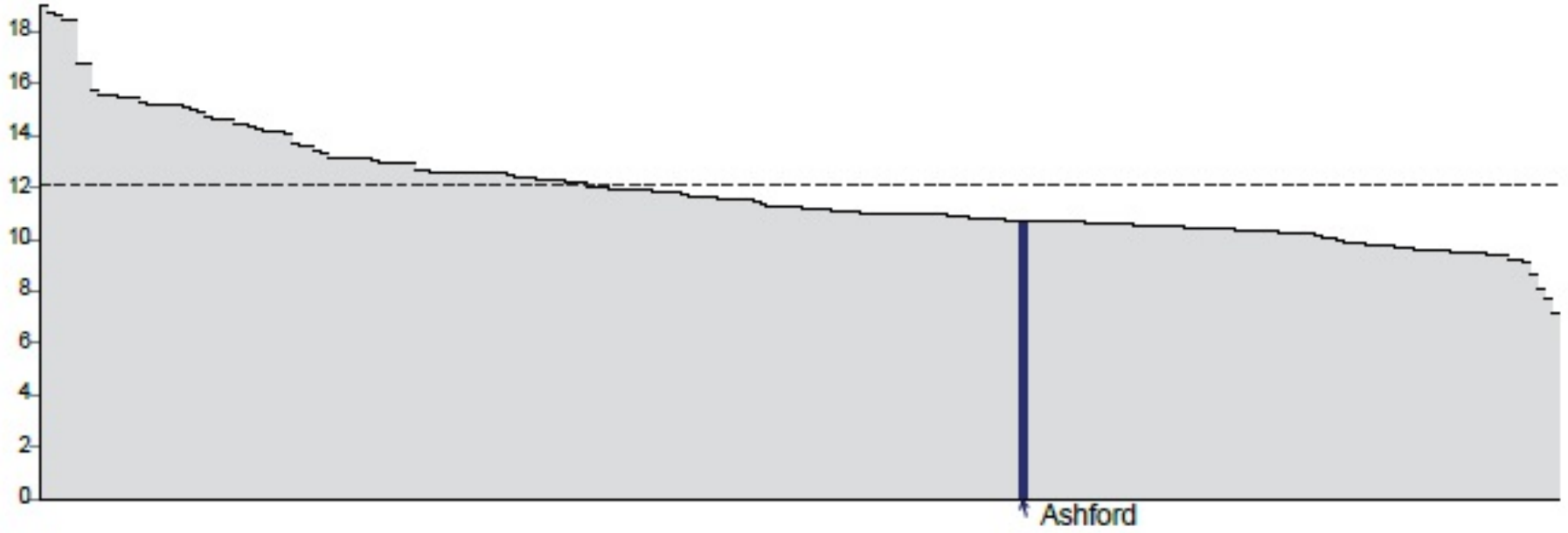
National Comparators

£ spent per person with Mental Health condition

(pop 100,000)



Proportion of CCG budget spent on Mental Health services



- Significantly lower than England average
- Not significantly different from England average
- Significantly higher than England average
- Significance not calculated

Domain	Indicator	Period	Local value	Eng. value	Eng. lowest	Eng. highest
Levels of mental health and illness	1 Depression: QOF prevalence (18+)	2012/13	7.5	5.8	2.9	11.5
	2 Depression: QOF incidence (18+)	2012/13	1.5	1.0	0.5	1.9
	3 Depression and anxiety prevalence (GP survey)	2012/13	9.8	12.0	8.1	19.5
	4 Mental health problem: QOF prevalence (all ages)	2012/13	0.67	0.84	0.48	1.48
	5 % reporting a long-term mental health problem	2012/13	4.1	4.5	2.5	8.2

Domain		Indicator	Period	Local value	Eng. value	Eng. lowest	Eng. highest
Treatment	6	Patients with a diagnosis recorded	2013/14 Q1	16.7	17.8	1.1	63.2
	7	Patients assigned to a mental health cluster	2013/14 Q1	72.8	69.0	1.9	94.8
	8	Patients with a comprehensive care plan	2012/13	86.5	87.3	79.9	95.0
	9	Patients with severity of depression assessed	2012/13	91.1	90.6	77.4	97.8
	10	Antidepressant prescribing (ADQs/STAR-PU)	2012/13	5.8	6.0	2.7	9.0
	11	People with a mental illness in residential or nursing care per 100,000 population	2012/13	22.2	32.7	0.0	124.3
	12	Service users in hospital: % mental health service users who were inpatients in a psychiatric hospital	2013/14 Q3	1.2	2.4	0.7	12.3
	13	Detentions under the Mental Health Act per 100,000 population	2013/14 Q1	16.3	15.5	0.0	44.5
	14	Attendances at A&E for a psychiatric disorder per 100,000 population	2012/13	236.4	243.5	3.0	925.5
	15	Number of bed days per 100,000 population.	2013/14 Q1	2791	4686	685	11073
	16	People in contact with mental health services per 100,000 population	2013/14 Q1	953	2176	116	5442
	17	Carers of mental health clients receiving of assessments	2012/13	20.3	68.5	0.0	343.4
	18	Spend (£s) on mental health in specialist services: rate per 100,000 population	2012/13	26650	26756	14296	49755
	19	% secondary care funding spent on mental health	2011/12	10.7	12.1	7.1	19.1

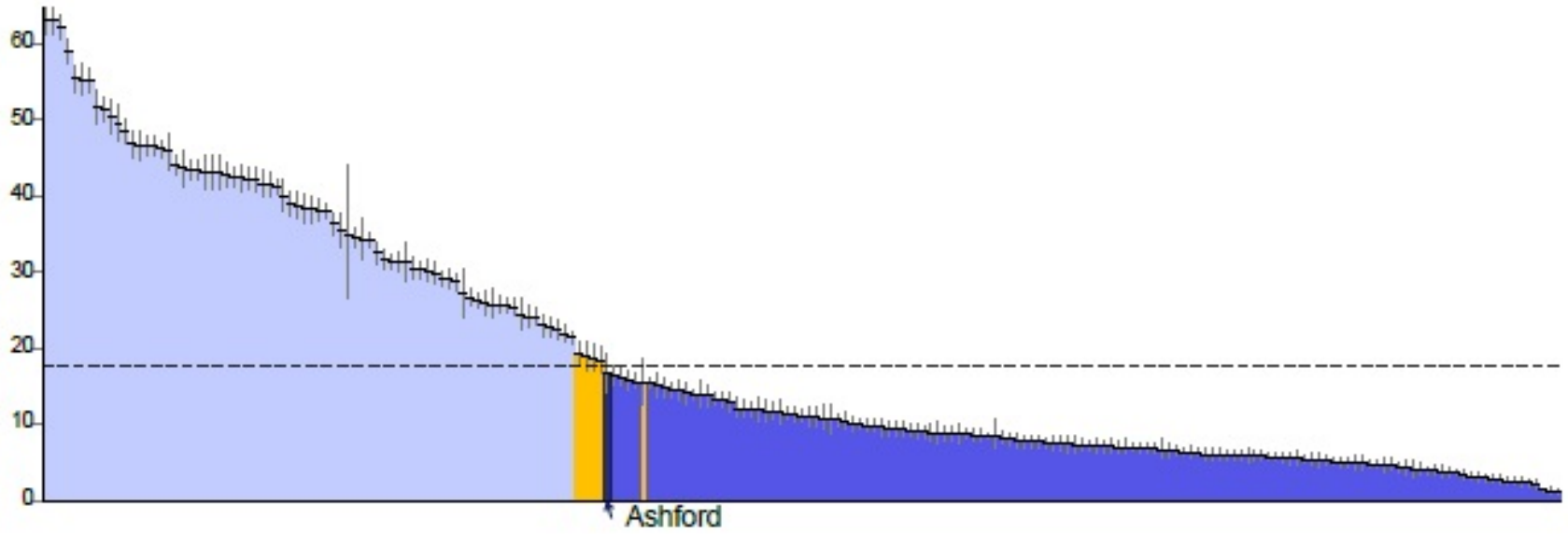
- Significantly lower than England average
- Not significantly different from England average
- Significantly higher than England average
- Significance not calculated

England Average

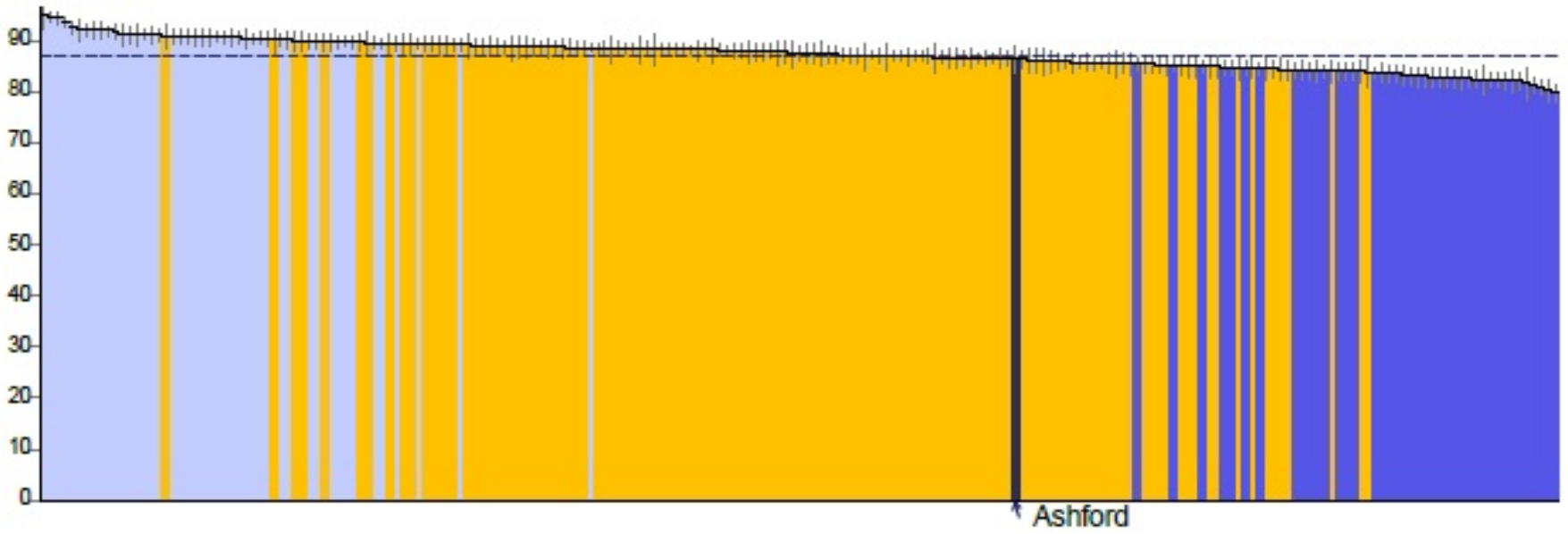
England Lowest | 25th Percentile | 75th Percentile | England Highest

Domain		Indicator	Period	Local value	Eng. value	Eng. lowest	Eng. highest
Outcomes	20	People on Care Programme Approach per 100,000 population	2013/14 Q1	233	531	17	1895
	21	% CPA adults in settled accommodation	2013/14 Q1	79.4	61.0	5.0	94.6
	22	% CPA adults in employment	2013/14 Q1	11.6	7.0	0.0	22.7
	23	Emergency admissions for self harm per 100,000 population	2012/13	146.7	191.0	49.8	595.6
	24	Suicide rate	2010 - 12	- *	8.5	4.8	19.6
	25	Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population	2012/13	84.9	116.0	68.6	201.7
	26	Rate of recovery for IAPT treatment	2012/13	50.3	45.9	22.6	80.3

% pop with Mental Health diagnosis

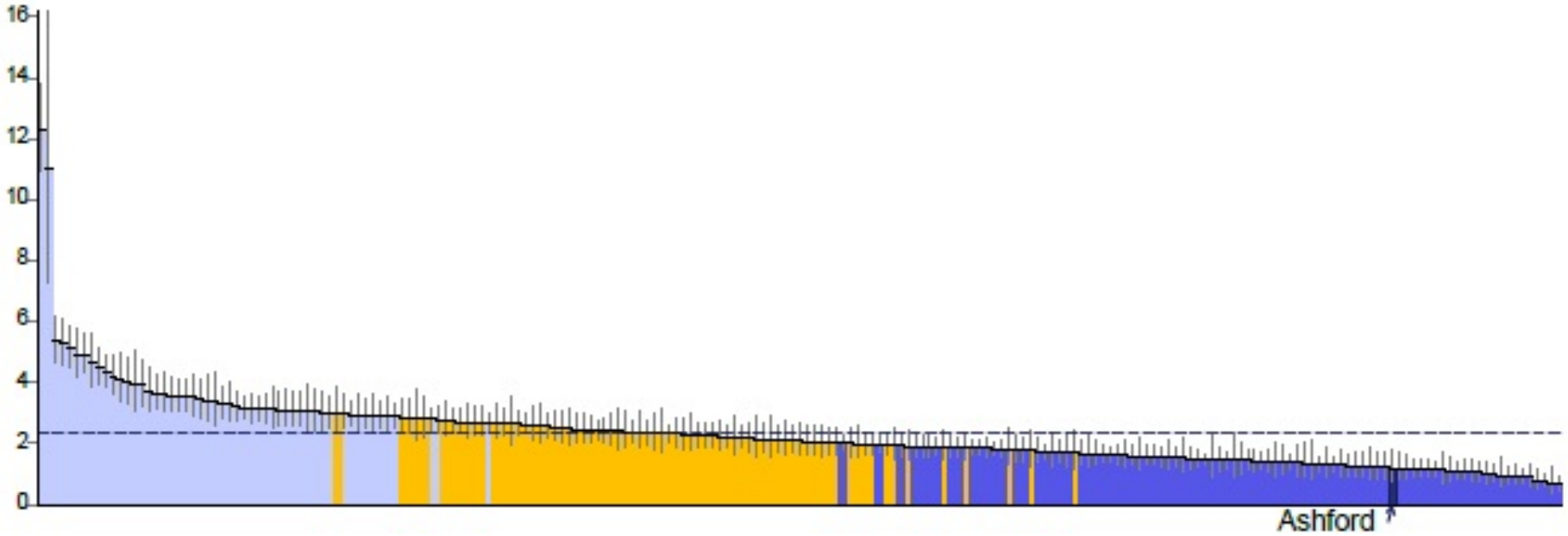


% patients with a Comprehensive Care Plan



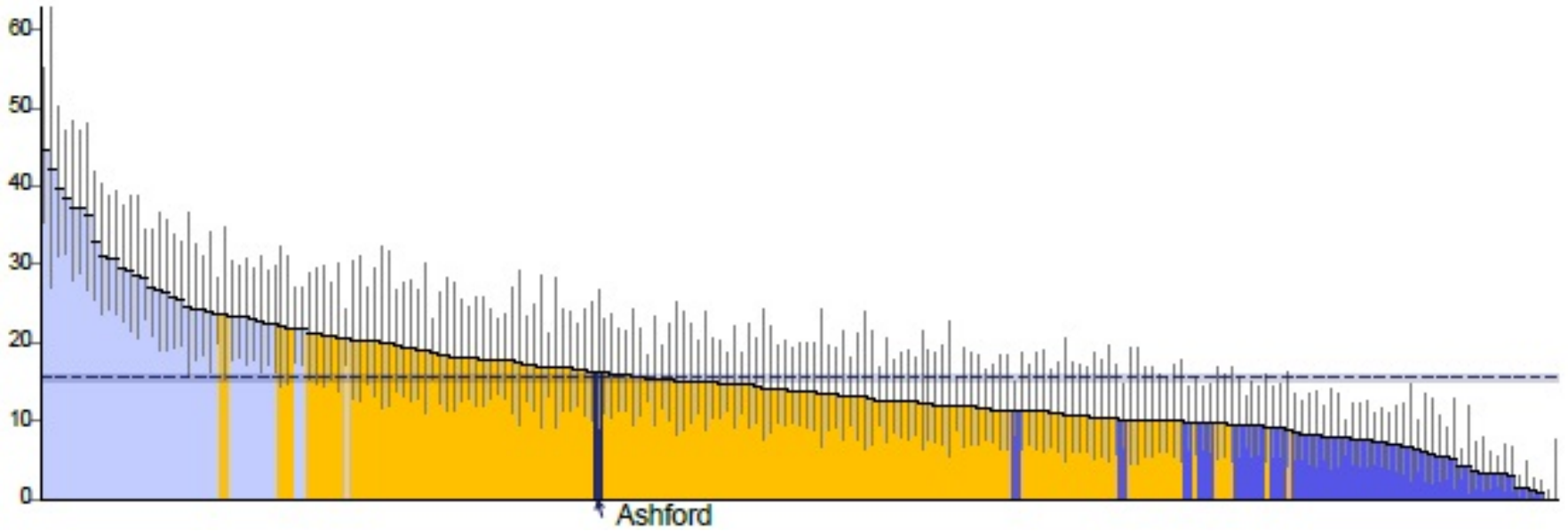
% admitted as inpatient

(per 100,000 population)

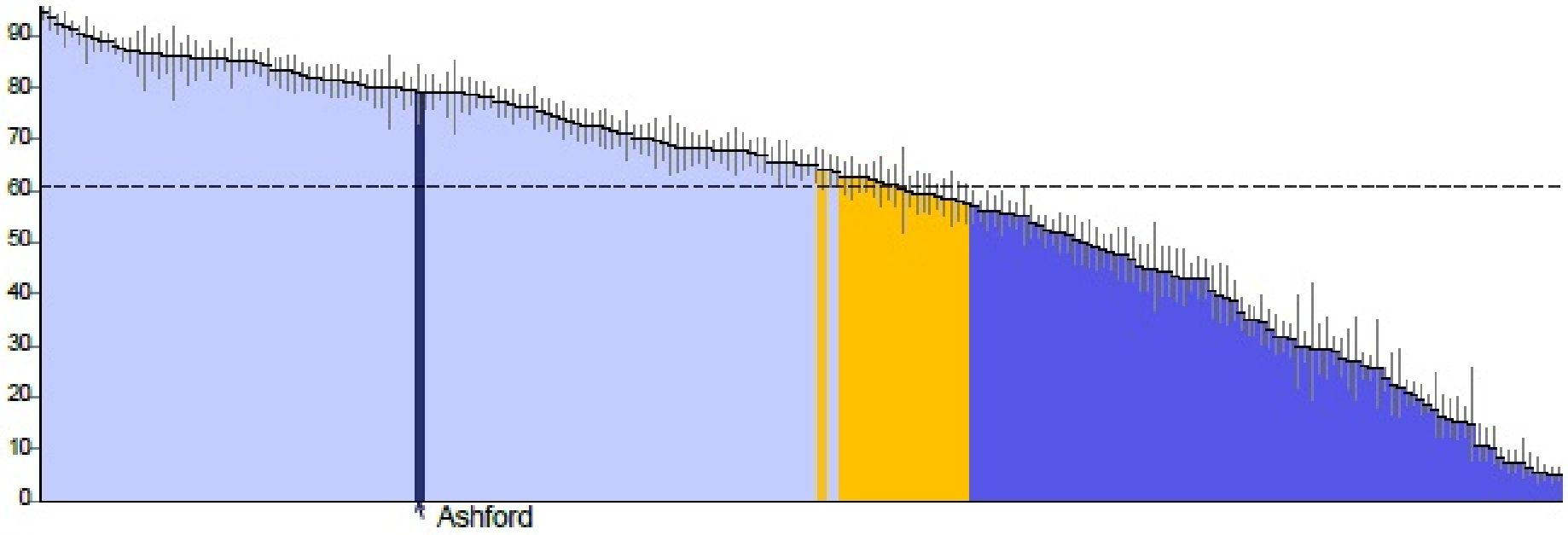


Number of detentions under Mental Health Act

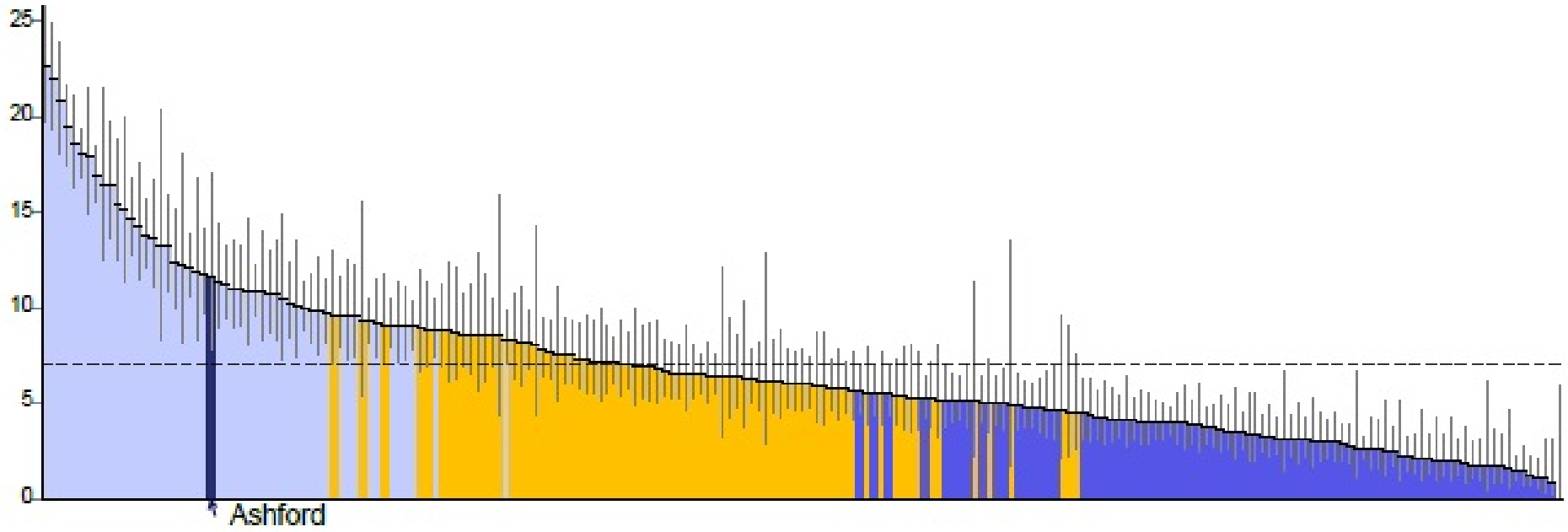
(per 100,000 population)



% patients on “Care Programme Approach” in settled accommodation

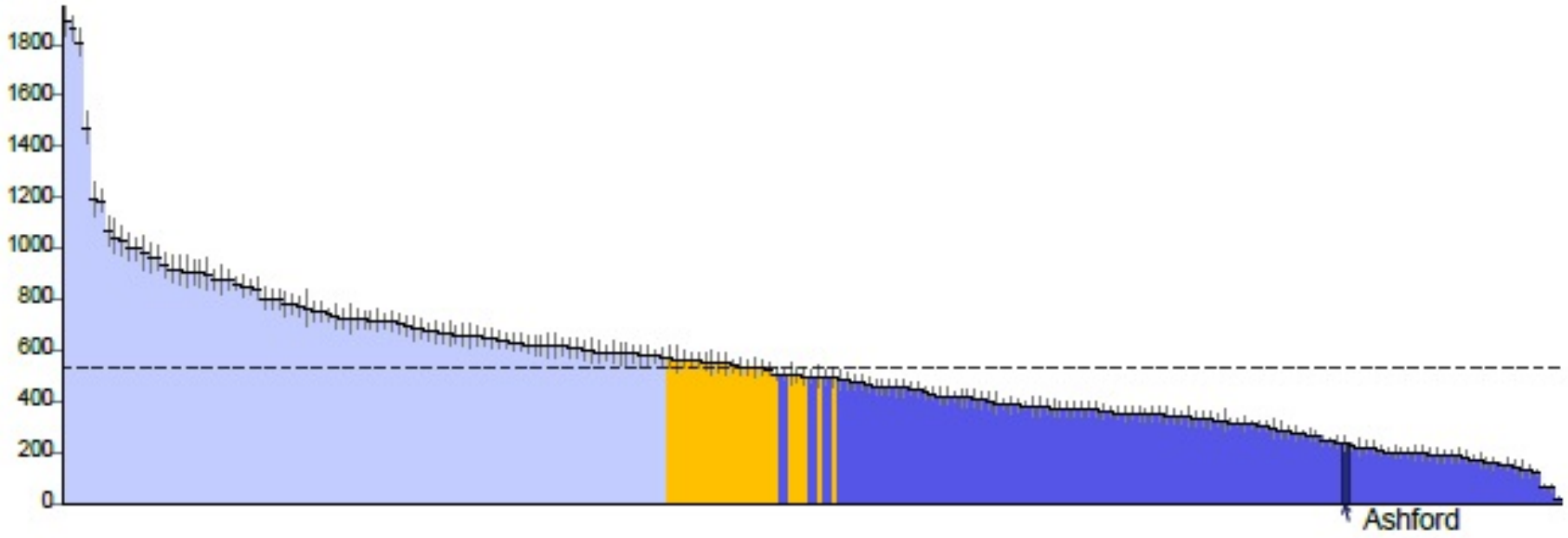


% patients on “Care Programme Approach” in employment



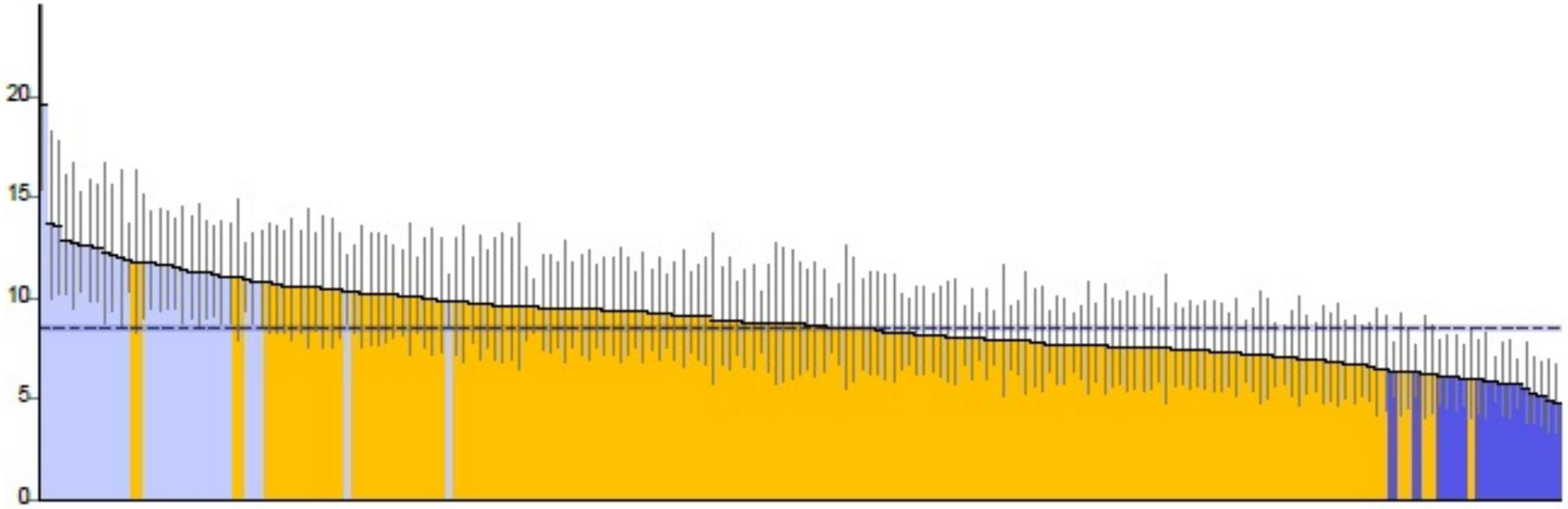
Patients on “Care Programme Approach”

(per 100,000 population)

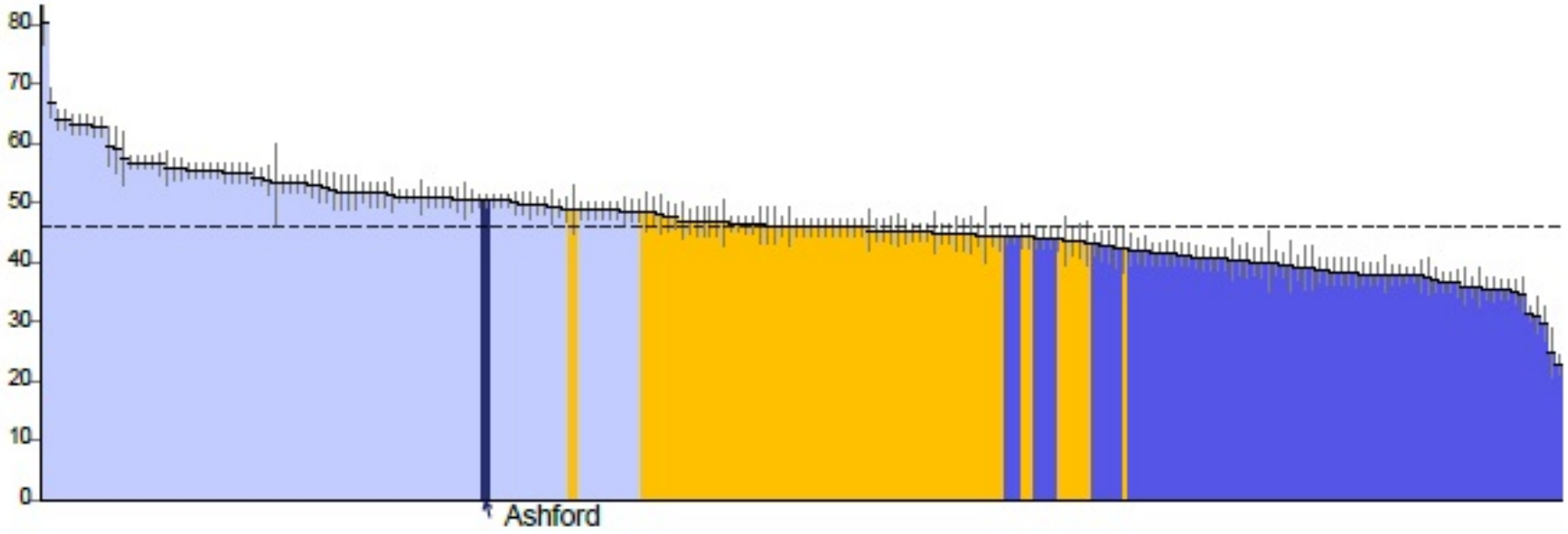


Suicide Rate

(per 100,000 population)

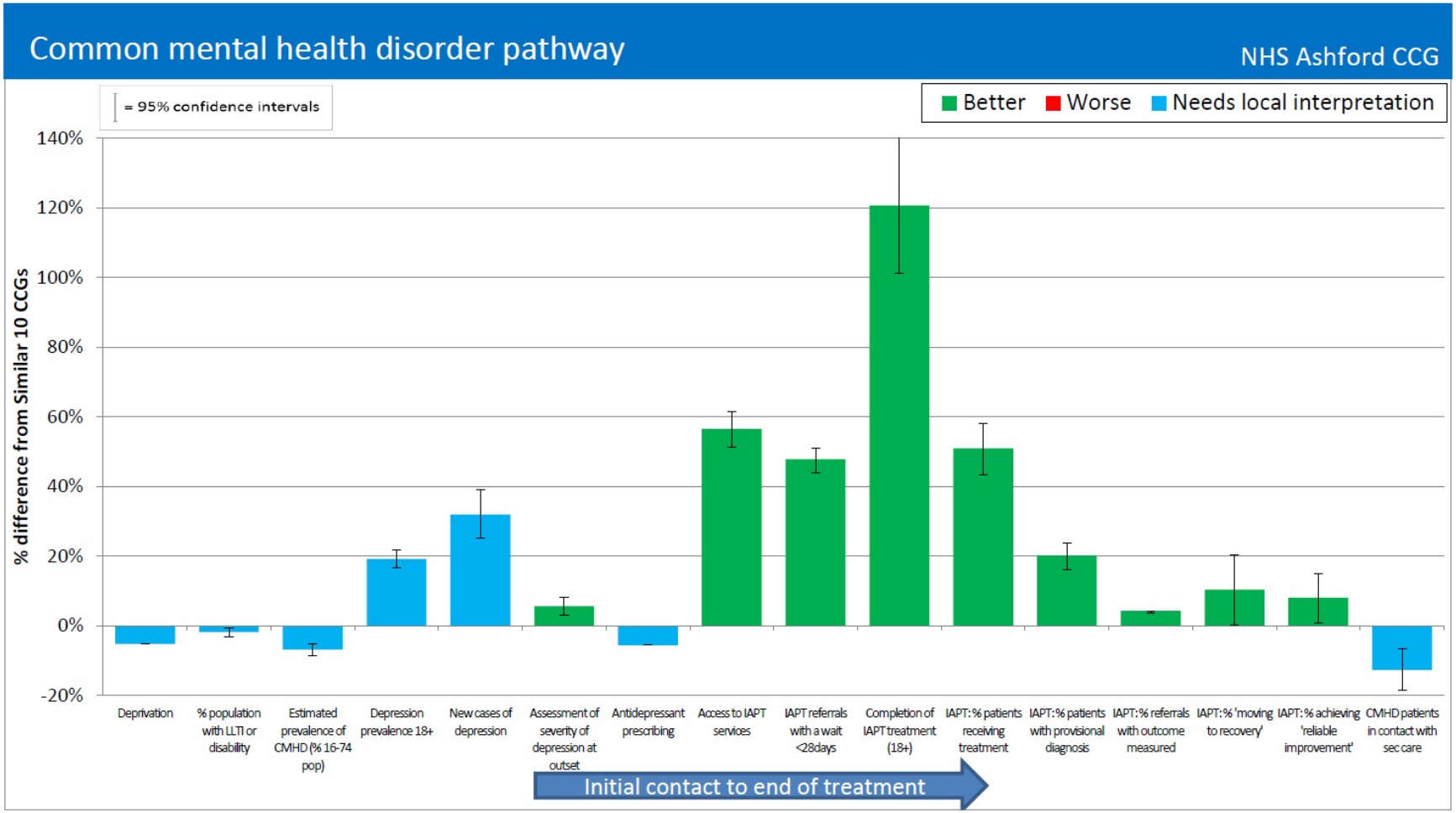


Rate of recovery for IAPT treatment

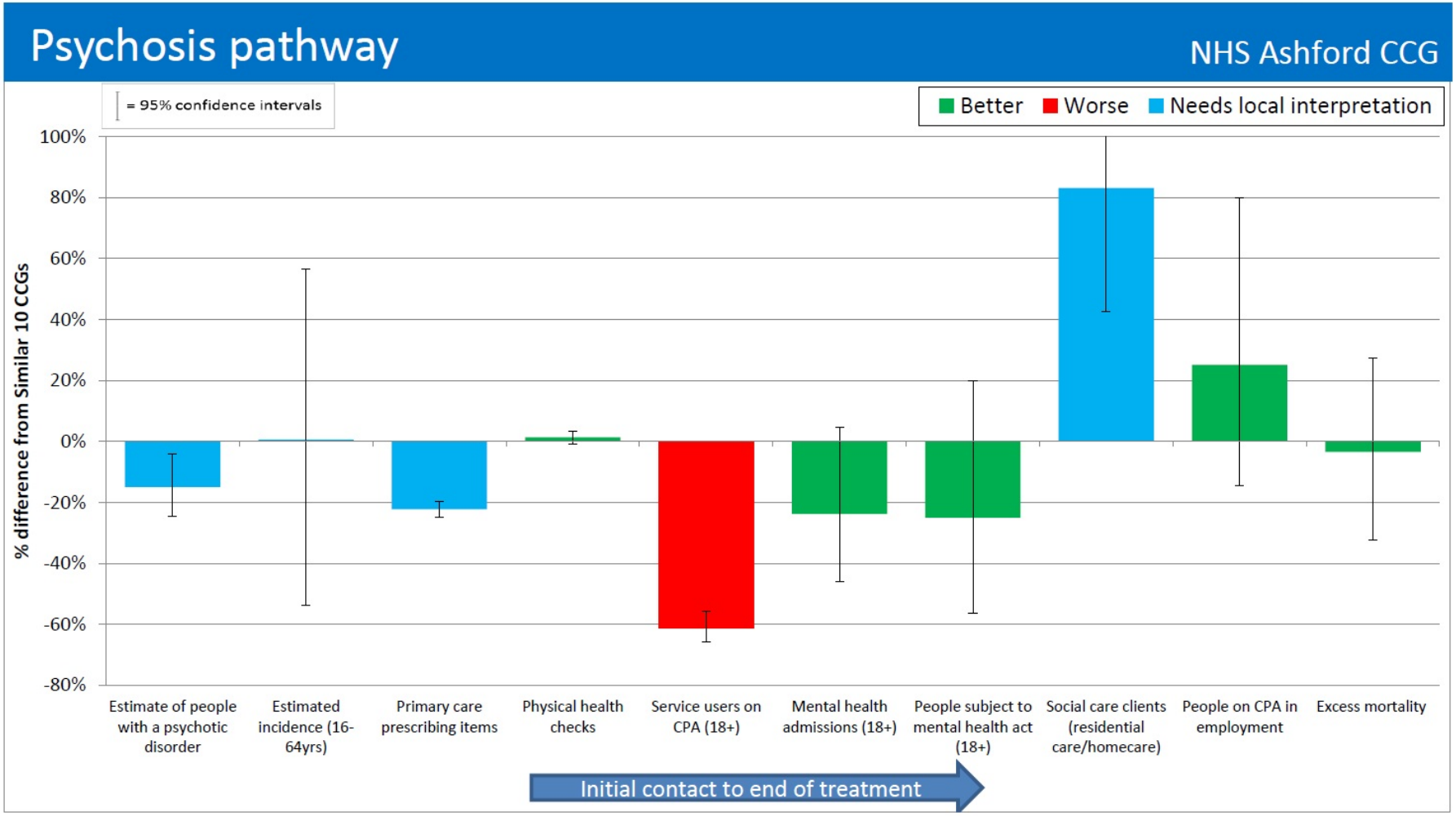


Peer Group Comparators

NHS Right Care – Common Mental Illness



NHS Right Care - Psychosis



Dementia Diagnosis – target of 67.5%

G Number	Practice	Sep-14	Dementia Prevalence	Number on QOF Register		Dec-14	Dementia Prevalence	Number on QOF Register
09C	**CCG**	49.87%	1486	741		50.69%	1548	784
G82730	Kingsnorth Medical Practice	39.21%	61	24		38.21%	63	24
G82050	Sydenham House Medical Centre	87.96%	164	145		68.02%	210	143
G82080	Willesborough Health Centre	34.96%	200	70		36.82%	204	75
G82049	Hollington Surgery	38.31%	31	12		42.18%	31	13
G82053	Woodchurch Surgery	57.15%	119	68		60.45%	122	74
G82087	New Hayesbank Surgery	73.15%	202	148		75.85%	199	151
G82094	Charing Surgery	36.96%	119	44		38.72%	121	47
G82142	Wye Surgery	36.18%	105	38		36.88%	106	39
G82186	Hamstreet Surgery	40.86%	81	33		45.64%	81	37
G82735	St Stephen's Health Centre	30.25%	40	12		34.55%	41	14
G82114	Ivy Court Surgery	43.70%	263	115		48.38%	269	130
G82688	Singleton Surgery	30.19%	20	6		48.11%	21	10
G82712	Singleton Medical Centre	31.18%	16	5		37.71%	16	6
G82658	Sellindge Surgery	31.06%	64	20		33.03%	64	21

2015/16
Planning Guidance

Strategic Aims – Focus for 15/16

Improving the health of the local population by reducing variation:

- NHS Right Care
  - Circulatory Diseases
  - ***Mental Health Care Planning***
  - Breast Cancer
  - Neurology
  - Detection of Long Term Conditions
  - Personal Decision Aids

Strategic Aims – Focus for 15/16

Enabling greater independence by bringing care closer to home:

- **Community Networks**
  - ***Mental Health***
  - Long Term Conditions
  - Older People
  - Children & Young People

- **Alignment of Provider Strategies**
  - Development of Primary and Community based Care
  - EKHUFT Clinical Strategy and future Model of Care
  - KCHT Community based model
  - KMPT Recovery Model

Strategic Aims – Focus for 15/16

- **Ensuring timely access to services through excellent design:**
  - IUCC
  - Primary Care – 7 Day Working
  - Achieving RTT
  - Cancer Pathways
  - ***Mental Health – Parity of Esteem***
- **Better integration of services through sharing information and resource:**
  - MIG
  - Care Planning
  - Better Care Fund

Mental Health Priorities

- Develop and agree service development and improvement plans with providers, setting out how providers will prepare for and implement the standards during 2015/16
- New waiting time standards IAPT:
  - 75% of adults should have had their first treatment session within six weeks of referral
  - 95% treated within 18 weeks
- The Crisis Care Concordat:
  - include the provision of mental health support as an integral part of NHS 111 services;
  - 24/7 Crisis Care Home Treatment Teams.

Any

Questions?

Ashford Health & Wellbeing Board (AHWB)

AGENDA ITEM – Lead Officer Group (LOG) Report

Performance Progress Plan

1. The Board will recall that local health and wellbeing boards were charged with ensuring that partners undertake meaningful local engagement on issues in the Joint Kent Health and Wellbeing Strategy and that local plans demonstrate how the priorities, approaches and outcomes of the Strategy will be implemented.

2. The LOG discussed these requirements at its November meeting. It was agreed that:

    a) the partner updates reported to the Board were a valuable record of how the strategy was being delivered and other areas of concern given local priorities and should continue;
    b) Kent Public Health's recently produced Assurance Framework provides a good mechanism to evidence the direction of travel for Ashford against the indicators in the Joint Health and Wellbeing Strategy;
    c) By combining practitioner experience and a wide range of data sets as well as the JSNA (Joint Strategic Need Assessment), a robust and measured Local Performance Progress Plan can be produced and
    d) Initiatives to engage and communicate with local people on programmes and initiatives should also be captured in the Progress Plan.

3. Further discussion on how collectively partners should locally promote health strategy, awareness of changes and issues is to take place soon. The marketing and communication contacts within each partner organisation will be meeting to agree how and when best to undertake joint promotional activity.

4. KCC Public Health has been leading on gathering the information for the Local Performance Progress Plan and the emerging draft is attached for the Board's information.

The AHWB is asked to:

- **Consider the emerging draft Local Performance Progress Plan (LPPP attached) and agree to use this as a robust framework to identify and evidence the local response to the Joint Kent Health and Wellbeing Board;**

- **Agree to input information to the above LPPP and work on presenting ideas for joint promotion to be considered by the Board in April alongside the Chairman's formal report.**

‘Must do’ Project Progress

5. Below is a summary update of the ‘must do’ projects from the lead partners including some key performance outputs. Further work on identifying project outcomes and correlating targets with the Kent Joint Health and wellbeing Strategy is needed.

a) Community Networks (lead CCG)

Community based networks aim to improve the health and wellbeing of local people by working in partnership with local communities to create a sustainable healthcare system, integrating hospitals, GP’s, social care, and community services including the voluntary sector.

Ashford has three community networks now set up – Ashford South, Rural and Ashford North and the second round of meetings will take place in January. 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. Seven Day GP service pilot in place across all networks and CCG is developing a business case submission to be presented to Prime Ministers Challenge Fund by 16th January for extending seven day services.

Performance Output	*Target*
Identify core and supporting services for network development	April 2015
Submit business case and performance measures for network	June 2015

b) Farrow Court (lead ABC)

The proposal for Farrow Court which occupies a prominent location on the entrance to the Stanhope estate, 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.

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/June 2015. Service and funding arrangements with Age UK and KCC are ongoing.

Performance Output	*Target*
Phase 1 apartments practically complete	March 2015
Phase 1 communal areas complete	June 2015
Phase 1 tenant decanting	July 2015
Phase 2 commencement	August 2015
Phase 2 completion	March 2017

c) Rough Sleeping (lead ABC)

The Housing Options Team have worked with Porchlight to develop a proposal to work proactively with all partners to address this growing problem and to be able to reduce the time that people spend sleeping rough in the district. Porchlight would also tie this into ongoing work with KCC's Commissioned Services team to identify the impact of funding reductions and to ensure that rough sleepers stay high on the agenda for future commissioning plans.

Based on meetings between Ashford Borough Council's Housing Options Team and Porchlight we propose to employ a local Rough Sleeper worker to provide immediate contact with reported rough sleepers. They will act as a communication channel to identify, support and move rough sleepers off the streets. This post will be supported by other members of the East Kent Rough Sleeper team and will conduct additional street outreach sessions in both early morning and evening and during the day.

Porchlight will explore the feasibility of putting in a crashpad emergency facility at Simon Mead House, Simons Avenue, Ashford, which is an existing supporting housing provision. In addition the worker could manage temporary accommodation and move-on to more permanent accommodation, including liaison with private sector landlords and provide tenancy sustainment.

Currently Ashford Borough Council have identified a budget of £20,000 towards the costs of this scheme with April 2015 but would invite partners to consider any financial support that can be provided to meet the shortfall of £14,155.

The outcomes expected will be strategically linked into other partner outcomes such as ensuring registration with a GP service and signposting and proactive encouragement to address health and social care issues. It is hoped that this project with provide the initial engagement with socially disadvantaged individuals to take them through a pathway to independence, including employment and training advice.

It is proposed to commence the project with Porchlight as soon as they are in a position to recruit to the position, however at this stage unless we are in a position to meet the funding gap we may have to reduce the scope of the project accordingly.

Performance Output/Indicators	*Target*
Secure funding for project	Feb 2015
Recruit/commission worker	March/April 2015
Same day or next working day contact with rough sleepers	90%
Reduce number of rough sleepers	By 60%

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 is being pursued.

e) Healthy Weight - Obesity (Public Health)

Since the presentation at the last Board meeting partners have been meeting to agree the approach for devising a local plan. A number of commissioned initiatives are under review including the national Child Weight Management programme so partners believe that it will be more beneficial at this time to look at producing a localised (ward level) plan and pilot this in the next 6 months. South Ashford is seen as a good area to pilot given a potential new project forming around a GP referral scheme to local services. This will mentor participants to navigate through the best opportunities for them and their family. Further discussions on costs and arrangements will confirm the priority project's reach and identify key outcomes.

Performance Output	Target
Draft a localised action plan	April 2015
Agree the brief and key outcomes with appropriate partners for the GP referral scheme	March 2015

d) Infrastructure Working Group (ABC)

The working group has met and is using the Strategic Health Asset Planning and Evaluation application (**SHAPE**) to support work to identify current and future pressures on their service-providing facilities. This is helping inform the Local Plan. A number of infrastructure projects were also discussed including Chilmington Community Hub and supporting discussions between Ivy Court Surgery and NHS England Area Team regarding development plans in Tenterden. An update of the mapping work is scheduled for the Board in July as part of the Sustainable Development theme item.

The AHWB is asked to:

- **Note the project updates and that further work on project outcomes is required to correlate with the Kent Joint Health and Wellbeing Strategy.**

- **Consider the request for funding to support the Rough Sleeping project (explained under 5c).**

Strategies

6. As previously agreed any strategies or action plans for adoption by the Board are initially reviewed by the LOG and when necessary a full presentation to the Board will be recommended where support and endorsement is required.

Kent Alcohol Strategy 2014-16

7. This strategy, recently produced by KCC Public Health has been approved by the KCC Cabinet and the Kent Health and Wellbeing Board. It can be sourced at: http://www.kmpho.nhs.uk/lifestyle-and-behaviour/alcohol/

8. This Alcohol Strategy has a six point pledge for reducing alcohol-related harm in Kent, that are:

    1 Improve Prevention and Identification
    2 Improve the Quality of Treatment
    3 Co-ordinate Enforcement and Responsibility
    4 Tailor the plan to the local community
    5 Target Vulnerable groups and Tackle Health Inequalities
    6 Protect Children and Young People.

    Also seven evidence-based high impact steps are included to help tackle harm from alcohol in Kent:

    1 Work in partnership: enhance, strengthen and support each other – not duplicate
    2 Develop activities to control the impact of alcohol misuse in the community
    3 Influence change through advocacy and leadership
    4 Improve the effectiveness, quality and capacity of specialist treatment services
    5 Have specialist workers in key locations– like A & E Departments
    6 Provide more help to encourage people to drink less through identification and brief advice
    7 Amplify national social marketing by local action and publicity.

9. Each local Health and Wellbeing Board is responsible for 'owning' and developing a local alcohol plan and reporting on progress to the Kent HWB. This requires further work and the LOG have suggested that elements are included in the Ashford Community Safety Partnership's annual strategic assessment which is taking place on the 22 January 2015. The link to the strategy shows local data. There is an increasing trajectory for hospital admissions and AE attendances and several wards are above the Kent average for admissions. The LOG in February will discuss the data and local need and whether there is additional priority action for Ashford given the evidence base.

10. This information will then come forward for the AH&W Board to reflect on and support if they are so minded.

The AHWB is asked to:

- **Note the Kent Board's adoption of the Kent Alcohol Strategy and work required to identify priority local delivery.**

Homelessness Strategy Update

11. The Board will recall that at its meeting in April 2014 the need to carry out a homelessness review for the borough was planned that will consider a wide population of households who are homeless or at risk of homelessness, not just those who are unintentionally homeless and have a priority need. The

review informs the Homelessness Strategy and helps determine if current activities are adequate and appropriate to meet aims of preventing and reducing homelessness and whether any changes or additional provision is needed.

12. As previously stressed, key to the review is engagement with a range of partners to understand their thoughts and ideas around local pressures and how services could work together to prevent and reduce homelessness. The 10 local challenges set out in the ministerial statement 'Making Every Contact Count: A Joint Approach to the Prevention of Homelessness' have been used as the basis for consultation and the subsequent development of the Homelessness Strategy action plan. These 10 local challenges can be found via www.gov.uk within the DCLG department (page 4 of the statement). Of particular note for this Board are challenges to actively work in partnership with voluntary sector and other local partners to address support, education and training needs; have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support; and have a homelessness strategy which sets out a proactive approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs.

13. A stakeholder consultation event was held in November 2014. A range of agencies and organisations attended and the attendees were asked for feedback against each of the Local Challenges. Common themes emerging were:

a) Joint commitment to the prevention of homelessness at a strategic level
b) Joint working across all organisations
c) Early intervention is key to homelessness prevention
d) Improve communication between partners
e) Increased public awareness of homelessness and causes of homelessness
f) Where to go for help – easy to understand information
g) Demand for accommodation for client groups with high support needs and those who do fit into priority need criteria
h) Further develop relations with private landlords to increase availability of suitable accommodation for homeless households
i) Work to breakdown misconceptions of private rented sector with tenants
j) Work with tenants to understand responsibility of renting.

14. The basis of the consultation feedback and the gaps identified against each of the local challenges will be the basis for the new homelessness strategy document which will be shared with the next Health and Wellbeing Board meeting.

The AHWB is asked to:

- **Note the progress for developing the new Homelessness Strategy and consider the potential and the need for closer joint working in the future to address areas of common concern.**

Horizon Scanning

15. The partner update reports go some way to flag such issues that Board members should be aware of. Areas of some concern, worthy of consideration by the Board are:

a) Continued pressure on finances for all organisation and the importance of service transformation as a mechanism to deal with financial constraints without cutting services;
b) Need to refresh our priorities drawing on JSNA and practitioner information. Note that smoking rates maybe a concern and this might need to be a priority/must do project for the Board and issues of air quality;
c) Need to better coordinate grant processes and build in longer term sustainability for those projects that are successful;
d) Feedback on the CQC action plan;
e) Membership of the HWB in the context of addressing cross cutting issues.

Ashford Health and Wellbeing Performance Progress Document

The Kent Health and Wellbeing Strategy sets out 4 priorities. Each priority has 5 outcome areas.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average
Priority 2 – Tackle health inequalities
Priority 3 – Tackle the gaps in service provision
Priority 4 – Transform services to improve outcomes, patient experience, and value for money

Outcome 1-Every child has the best start in life
Outcome 2-Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
Outcome 3-The quality of life for people with long term conditions is enhanced and they have access to good quality care & support
Outcome 4-People with mental health issues are supported to 'live well'
Outcome 5-People with dementia are assessed and treated earlier, and are supported to live well

This action plan is to be read in conjunction with the Local HWBB Performance Report.

Outcome 1	**Every child has the best start in life**		***Targets and Indicators** (Please note all targets are national targets)	**Commence**
1.1	A reduction in the number of pregnant women who smoke at time of delivery	Baby Clear programme is being delivered in acute trusts by midwives. There has been commitment from the CCG to get the midwifery services on board with the initiative This will also be part of the Health Visitor role Baby Be Smoke free. A programme for teenage pregnant mums being piloted in Kent. Smoke free policy covering hospital grounds	**Target**: 11% by 2015 **Latest Value**: 13.1% (Local figures) **Time Period**: 2013/14 **Source**: HSCIC Control Action Plan	

		Work with Children Centres on the ' Smoke free home' agenda (PH) Smoke free parks and family spaces	**Lead**: Public Health	
1.2	An increase in breastfeeding Initiation rates	Best Beginning programme in birthing centres and acute trusts From October 1st 2014 PS Breast feeding will be delivering the countywide contract for Infant Feeding Services to work with hospitals, community health services and children centres to increase initiation and continuance. Breastfeeding friendly public venues/booths Also included as part of HV role.	**Target**: 73.90% **Latest Value**: 72.10% **Time period**: 2012/13 **Source**: PHOF national average 12/13 **Lead**: CCGs	
1.3	An increase in breastfeeding continuance 6-8 weeks	From October 1st 2014, PS Breast feeding will be delivering the countywide contract for Infant Feeding Services to work with hospitals, community health services and children centres to increase initiation and continuance. Also to focus on improving the quality of data recording and reporting of breastfeeding.	**Target**: 47.20% **Latest Value**: 40.80% **Time Period**: 2012/13 **Source**: PHOF national average 12/13 **Lead**:	

			Public Health	
1.4	A reduction in conception rates for young women aged under 18 years old (rate per 1,000)	Kent Teenage Pregnancy Strategy developed. Would require strong Leadership provided by the local HWBB CCG level H&W action plans with SMART targets Integrated performance framework for the strategy at CCG and district level Decrease in pregnancies between 15-18 and steady numbers falling in older groups.	**Target**: 25.9 **Latest Value**: 25.9 **Time Period**: 2012 **Source**: PHOF Kent level 2012/13 **Lead**: Public Health	
1.5	An improvement in MMR vaccination uptake two doses (5 years old)	Improving call and recall in GP practices Timely reporting of data Accurate information to parents to help them make an informed decision	**Target**: 95% **Latest Value**: 92.2% **Time Period**: 2012/13 **Source**: Public Health **Lead**: NHS England (Supported by PHE)	
1.6	An increase in school readiness: all	The 'Born to move' initiative is a Health Visitor led project to raise awareness of the importance of human interaction	**Target:** 51.7%	

	children achieving a good level of development at the end of reception as a percentage of all eligible children	between parent /carer and infant or child to enable optimal development, physically & emotionally. Health improvements are addressing inequalities from the start through a universal multi-agency project: 'Making everywhere as good as the best'. Make sure the whole team understand biological, social and psychological aspects of child health....up to date with neuroscience, with skills to promote positive parenting' *Transforming Community Services: Ambition, Action, Achievement' - Department of Health: 2011* 'Move from valuing what we measure to measuring what we value' to demonstrate improved outcomes. The project supports the five key stages in public health: starting well; developing well; living well; working well; ageing well. Long term outcomes of the project are:- • Increased vocabulary at 5 years predicts future success at GCSE and beyond, so improving educational attainment and communication skills. • Children develop positive attitudes towards physical activity – reducing childhood obesity levels. Avon longitudinal study identifies 8 risk factors in first year to target help where it is needed most. • Increased parent and carer participation and awareness of their vital role in helping children to achieve improved self-esteem, ability for social interaction and development of problem solving skills.	**Latest value:** Still awaiting for value **Source**: PHOF national average 12/13 **Lead**: To be determined	

		In addition to this there is also a Health Visitor/School Nurses collaborative called 'Clean and Dry, and 'Ready for School' to improve school readiness.		
1.7	A reduction in the proportion of 4-5 year olds with excess weight	KCC responsible for commissioning the Mandatory programme weight and measurement programme for Yr R and Yr 6 (National Child Measurement Programme), this programme provided by KCHT School Nursing Team. KCHT Healthy Schools Team support local schools, healthy weight is a key element of this provision. Provision of programmes for children and families also provided by KCHT Health Improvement Team. Sports Partnership team at KCC provide many resources for schools to increase physical activity. Public Health working with Children Centres to increase the amount of activates offered and engaged with which promote healthy lifestyle KCC's walking bus scheme to be promoted in schools Public Health Team are leading on developing a County strategy on Healthy Weight. Public consultation on healthy weight – findings due in November 2014.	**Target**: <21.7% **Latest value**: 21.7% **Time Period**: 2012/13 **Source**: Public Health **Lead**: Public Health	
1.8	A reduction in the proportion of 10-11 year olds with excess weight	Mandatory programme to weight and measure Yr R and Yr 6 (National Child Measurement Programme), KCC commissions KCHT School Nursing Team to do this. KCHT Healthy Schools Team support local schools, healthy weight is a key element of this provision. Provision of	**Target**: <32.7% **Latest Value**: 32.7%	

		programmes for children and families also provided by KCHT Health Improvement Team. Sports Partnership team at KCC provide many resources for schools to increase physical activity. Public Health Team are leading on developing a County strategy on Healthy Weight. Public consultation on healthy weight – findings due in November 2014	**Time Period**: 2012/13 **Source**: Public Health **Lead**: Public Health	
1.9	An increase in the proportion of SEN assessments within 26 weeks	KCC has published a Strategy to improve the outcomes for Kent's children and young people with SEN and those who are disabled (SEND and create at least 275 additional places for pupils with autism (ASD) or behavioural, emotional and social needs (BESN), increasing the number of Kent special school places and establishing new specialist resourced provision (SRP) within our schools, alongside investment in the skills of school staff creating capacity across all schools. The benefits will include greater choice for parents and a reduction in the number of children placed outside the maintained sector in county. We have steadily increased the number of assessments completed within 26 weeks, however the Children & Families Act, from September 2014, will require assessments to be completed within 20 weeks and we are introducing new systems to be compliant with the statutory changes. • Undertake a process analysis for the new assessment process and implement steps to deliver a 20 week completion timescale • Ensure all professionals engaged in the integrated assessments in each district are aware of revised timescales • Complete a review of paper based processes within the	**Target**: 90% **Latest Value**: 94.5% **Time Period**: March 2014 **Source**: Cabinet Report **Lead**: KCC	

		assessment procedures and identify areas where paperless working can minimise timescales and reduce administration in assessments • Evaluate the impact of the pilot for Local decision making for assessments, ensure it is encouraging school to school support and the delivery of Core Standards • Identify and test systems for robust monitoring and timely access to High Needs Funding (HNF) as an alternative to assessment. • Analyse trends in assessments requests and compare with HNF requests		
1.10	A reduction in the number of Kent children with SEN placed in independent or out of county schools	• Implement a 3-year plan to increase specialist resourced provision (SRP) in mainstream • Develop Service Level Agreements for SRPs • Liaise with NHS therapy commissioners and NHS providers to ensure relevant services are in place in new mainstream provision • Ensure that SEN commissioning plans are included in the school capital programme • Implement the outcome from a review of Special school designations • Extend core standards to special schools • Review PEO impact and direct expertise to Kent schools and annual reviews	**Target**: No target stated **Latest Value**: 583 **Time Period**: March 2014 **Lead**: KCC	

		• Introduce a Dynamic Procurement System (DPS) for out county placements • Develop robust systems for College placements and high needs funding • Ensure new commissioning arrangements for Warm Stone PRU are operating effectively		
1.11	A reduction in CAMHS average waiting times for routine assessment from referral	The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children's emotional wellbeing. A cross Kent Children and Young Persons Emotional Wellbeing strategy is being developed.	**Target**: 6 weeks **Latest value:** Still awaiting for value **Source**: KMCS **Lead**: CCGs	
1.12	A reduction in the number waiting for a routine treatment CAMHS	The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for childrens emotional wellbeing. A cross Kent Children and Young Persons Emotional Wellbeing strategy is being developed.	**Target**: 10 weeks **Latest Value**: (565) **Time period**: (April 2014) **Source**: KMCS **Lead**: CCGs	

1.13	An appropriate CAMHS caseload, for patients open at any point during the month	The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children and emotional wellbeing. A cross Kent Children and Young Persons Emotional Wellbeing strategy is being developed.	**Target**: 8408 (Kent & Medway) **Latest Value**: 8523 **Time period**: April 2014 **Source**: Business Continuity Capacity Plan **Lead**: CCGs	
1.14	A reduction in unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 100,000)	Waiting on feedback from CCG	**Target**: No target stated **Latest Value**: 14.6 **Time period**: 2013/14 **Lead**: NHS England (supported by CCG)	
1.15	A reduction in unplanned hospitalisation for diabetes (primary diagnosis) people	Waiting on feedback from CCG	**Target**: No target stated **Latest Value**: 7.3	

	aged under 19 years old (rate per 100,000)		**Time period**: 2013/14 **Lead**: NHS England (supported by CCG)	
1.16	A reduction in unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 100,000)	. Waiting on feedback from CCG	**Target**: No target stated **Latest Value**: 8.8 **Time period**: 2013/14 **Lead**: NHS England (supported by CCG)	
1.18	Outcome 1: Every Child has the best start in life	• **Affordable housing on major sites** e.g. Finbury/ Chilmington Green. • **Housing developments** and focus on design that supports health living. • **Economic development activities** e.g. commercial quarter & Elwick Place • **Ashford College Development** • **Safety in Action** workshops for year 6 children covering range of safety issues including drug awareness and accident prevention. • **Domestic abuse**- Additional funding committed for three years. Will enable Ashford to have a full time IDVA and One stop shop/ freedom coordinator.		

		• **Domestic abuse awareness day** • **Active Green Travel report project-** encourages primary school children to use an active travel method estimated 120,000 journeys saved already. Schools selected on the basis of obesity data. • **Mind the gap project-** identifying strategies and programmes being pursued by partners as viewed against known areas of deprivation. Will form an action plan and help identify any gaps in service provision or where focus needs to be shifted.		
Outcome 2	**Effective prevention of ill health by people taking greater responsibility for their health and wellbeing**		***Targets and Indicators** (Please note all targets are national targets)	
2.1	An increase in Life Expectancy at Birth	Breast feeding 6-8 weeks health check Immunisation Antenatal screening programme Public Health programmes to reduce smoking in pregnancy Post natal support to mother Increase the number of healthy births to families Sustain the drive to reduce teenage pregnancy.	None stated as of yet. **Source**: PHOF Kent Level **Lead**: Public Health	
2.2	An increase in Healthy Life Expectancy	Public Health are leading on programmes to encourage as many primary aged school children in the borough, as possible, to use active travel to school. The project is running with some	None stated as of yet. **Source**:	

		current target schools. It needs additional funding to be expanded into target areas of the borough. Due to the age of the children they are accompanied on the walk / cycle / scoot to school by parents or extended family members, increasing exercise by household, on a wholesale basis. Smoke free homes project.	PHOF Kent Level **Lead**: Public Health	
2.3	A reduction in the Slope Index for Health Inequalities	Public Health are looking to develop a project to help support young people at risk of self-harm. The project will aim to link in closely with local schools, GPs and other relevant agencies (including in relation CAMHS and Young Healthy Minds). It is likely that the project will focus on supporting individual young people on a one-to-one basis. There may also be scope to work therapeutically with small groups of young people where this issue has been identified.	None stated as of yet. **Source**: PHOF Kent Level **Lead**: Public Health	
2.4	A reduction in the proportion of adults with excess weight	Fresh Start is delivered by the local pharmacy advisor and involves a weekly appointment to discuss a personal weight loss plan. The programme includes advice and support on healthy eating, recipes and meal ideas and beating the cravings. In addition KCC PH team also commission the Health Trainer programme which offers free, confidential one-to-one support, to help patients make positive lifestyle changes. The programme is active in the most deprived areas of Kent to reduce health inequalities. Up to six free sessions are offered to support, encouragement and practical assistance in local venues. Health Trainers work with individuals to establish what changes the person wishes to make, to develop a personalised behaviour change plan and to provide support and encouragement to enable them to achieve their goals.	**Target**: <64.6% **Latest Value**: 64.6% **Time period**: 2012 **Source**: PHOF Kent Level 2012 **Lead**: Public Health	

		Issues that can be helped you with include: - accessing local services - physical activity - healthy eating - healthy weight - stopping smoking - alcohol/drugs concerns - reducing stress - sexual health concerns Public Health Team are leading on developing a County strategy on Healthy Weight. Public consultation on healthy weight services – findings due in November 2014		
2.5	An increase in the number of people quitting smoking via smoking cessation services	This is an important measure to support the 4 week quit indicator, but there are additional measures that we should include to reduce the take up of smoking under a preventative approach and harm reduction initiatives. Eg: • Promote smoke-free acute and mental health hospitals (PH48)) • Support Smoke-free legislation (through standardised packaging of tobacco products and smoke free work vehicles etc.) • Support smokers to cut down to quit where they are not yet ready to quit abruptly (PH45) • Support educational approaches to reducing the risk of young people taking up smoking (through schools, youth settings etc) **(note: national target to reduce smoking prevalence of 15yr olds to 12% by 2015)** There are also other potential indicators for smoking cessation services to record quit smoking rates at 12 weeks and for quits to be CO verified (rather than self reported). Another emerging issue is to support people with learning disabilities and mental health issues to quit smoking or reduce their levels of smoking.	**Target**: 9249 or 52% quit rate **Latest value:** Still awaiting for value **Source**: Public Health **Lead**: Public Health	

		Explicitly targeting take up of stop smoking services and reducing smoking prevalence from routine and manual workers and areas of deprivation .		
2.6	An increase in the proportion of people receiving NHS Health Checks of the target number to be invited	Increase outreach opportunities for those not accessing checks at GP practice. Increase awareness about the NHS Health Check across Kent through targeted marketing.	**Target**: 50% **Latest value:** Still awaiting for value **Source**: Public Health **Lead**: Public Health	
2.7	A reduction in alcohol related admissions to hospital	Will be addressed via the Kent Alcohol strategy 2014-16. Each HWB area is requested to develop a local alcohol action plan to implement the Kent Alcohol Strategy 2014-16.	No target stated. **Lead**: Public Health	
2.8	(Breast Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous years on 31st March	The breast screening units send out regular reports to GP practices regarding screening uptake during the practice's screening round in order to make practices aware of who is attending or not, and to encourage informed choice and uptake. We are currently starting a piece of what to understand how practices use that information and identify how best to use it going forward.	No target stated. **Lead**: NHS England	
2.9	(Cervical Cancer Screening) An increase in the proportion of eligible	The breast screening units will start to send the Screening and Immunisation Team uptake data on each round so that in advance vans going to particular areas (especially those with low uptake historically), we can support and encourage	No target stated. **Lead**: NHS England	

	women screened adequately within the previous 3 years on 31st March	practices to make use of promotional material to reach their eligible population.		
2.10	A reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000)	PH strategy to prevent young p from taking up smoking and also to increase the number of smokers quitting. Targeting areas of deprivation and routine and manual workers, people with mental health and learning disabilities. There are also specific indicators on mortality due to lung cancer which could be included (PHOF 51). Also could include PHOF 29: smoking related deaths (all ages) and COPD prevalence	No target stated. **Latest value**: 285.2 **Time Period**: 2010-12 **Lead**: Public Health	
2.11	A reduction in the under-75 mortality rate from cancer (rate per 100,000)	Ashford, Canterbury and Coastal, South Kent Coast and Thanet Clinical Commissioning Groups and East Kent Hospitals University NHS Foundation Trust have developed a Cancer Recovery Plan to improve cancer care and reduce under 75 mortality from cancer.	No target stated. **Latest Value**: 138 **Time Period**: 2010-12 **Lead**: Public Health	
2.12	A reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)	**CCG**	No target stated **Lead:** Public Health	
2.13	Outcome 2: Effective prevention of ill health by	• **Community safety Partnership Projects** around substance misuse e.g. community engagement day in Victoria Park.		

	people taking greater responsibility for their health and wellbeing.	• **Council housing** planned maintenance programme to have additional focus on energy efficiency and hard to heat (bigger impact in rural areas). Link to fuel poverty. • **More street properties and 'buy-backs'** (of former council owned home lost under Right to Buy) to increase stock numbers. Will impact on helping homeless families. • **Homelessness-** New process developed as a direct recommendation from the 'Think Housing First Action Plan' linking those in temporary accommodation to GPs. • **Christchurch House-** council run short stay accommodation providing support for homeless persons. • **Sheltered scheme managers** given specific health related target for 2014 to promote events in scheme with health theme e.g. exercise, healthy eating, falls prevention work e.g.		
Outcome 3	The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.		***Targets and Indicators** (Please note all targets are national targets)	
3.1	An increase in clients with community based services who receive a personal budget and/or direct budget	CCG	**Target**: To be determined. **Latest Value**: 67% **Time Period**: Feb 2014 **Lead**: Social Care	

3.2	An increase in the number of people using telecare and telehealth technology	CCG	**Target**: To be determined **Latest value**: 2,992 **Time Period**: Feb 2014 **Lead**: Social Care	
3.3	An increase in the proportion of older people (65 and older) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/ rehabilitation services	CCG	**Target**: To be determined **Latest value**: 84% **Time Period**: March 2014 **Lead**: Social Care	
3.4	A reduction in admissions to permanent residential care for older people	KCC	To be determined **Lead**: Social Care	
3.5	An increase in the percentage of adults	KCC has recently completed a pilot for people with a learning disability in order to ensure that they are able to live in their	To be determined	

	with a learning disability who are known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)	own homes for longer and also to ensure that they can become more independent. The final report is encouraging about the potential for the use of telecare for people with a learning disability and an implementation plan is being developed to ensure that the recommendations are acted on. The Pathways to Independence Project looks at enabling people with a learning disability to achieve increasing independence in their daily lives from creating confidence to enable people to travel independently to take part in voluntary work. This enablement projects aims to boost independence with the impact of enabling people with a learning disability to engage with their community and to stay at home for longer. Case studies can be found on KNeT on: http://knet/ourcouncil/Pages/SC-pathways-to-independence-case-studies.aspx.	**Lead**: Social Care	
3.6	An increase in the percentage of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support. (Persons/Male/Female)	% of people in settled accommodation (NI149) which KMPT have to report on as part of their dashboard the target.	To be determined **Lead**: Social Care	
3.7	A reduction in the gap in the employment rate	The Pathways to Independence address this issue. In addition to this there is a lot of work that goes on through the Kent Learning Disability Partnership about employment. Through	To be determined **Lead**:	

	between those with a learning disability and the overall employment rate	the 'What I Do Group', the Learning Disability Partnership has engaged with Kent Supported Employment who regularly attend meetings and provide information and advice to people with learning disabilities. The Department of Work and Pensions has a member of staff who attends meetings of the Partnership Board. The What I Do Group has created a training DVD for Job Centre Plus staff which trains the staff in how to meet the needs of people with learning disabilities through longer appointments, having meetings in meeting rooms, being ready to help people with learning disabilities use the computers etc.	Social Care	
3.8	An increase in the early diagnosis of diabetes.	CCG	To be determined **Lead**: To be determined.	
3.9	A reduction in the number of hip fractures for people aged 65 and over (rate per 100,000).	Ashford and Canterbury CCG are working collaboratively in addressing falls amongst older adults aged 65 and over. Based on the Falls Framework which was agreed by the Kent Health and Wellbeing Board, a task and finish group has been set up as a cross organisational group to develop an effective pro-active and re-active falls pathway across the localities of Ashford and Canterbury and Coastal. The group's aim is to implement recommendations in line with the Better Care Fund, development of the Community Networks and the Integrated Urgent Care Centre (IUCC) and the Over 75 CQUIN, over 2014/15: The outcomes expected to be achieved is to reduce the rates of injury as a result of a fall in the over 65's by: i) Early identification of those likely to have a fall (e.g.	**Target**: No target stated **Latest Value**: 544 **Time period**: 2012/13 **Lead**: Public Health	

		medication reviews, housing issues) ii) Engaging with the community postural stability classes for continued care through therapeutic exercise classes to help reduce the likelihood of another fall.		
3.10	Outcome 3: The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.	• **Provision of land and extra care scheme** in St.Michael's and extra care scheme progressing at the Warren. • **Little Hill Extra Care Scheme**- site gifted to KCC as part of the Excellent Homes for All PFI projects. Will offer 41 extra care apartments at affordable rents. • **Delivering further 39 new build dwellings-** will ensure some are tailored around families with complex needs i.e. adapted properties. • **Limes move**-on facility approved. • **Farrow court independent accommodation**. Designed as a dementia friendly scheme including day provision.		
Outcome 4	**People with mental ill health issues are supported to 'live well'**		***Targets and Indicators** (Please note all targets are national targets)	
4.1	An increased crisis response of A&E liaison within 2 hours – urgent	CCG	**Target**: 95% **Latest Value**: 73.5% **Time Period**: Q3 2013/14 **Source**: KMCS	

			Lead: CCGs	
4.2	An increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours	CCG	**Target**: 100% **Latest Value**: 100% **Time Period**: Q3 2013/14 **Source**: KMCS **Lead**: CCGs	
4.3	An increase in access to IAPT services	CCGs	To be determined **Lead**: CCGs	
4.4	An increase in the number of adults receiving treatment for alcohol misuse	Promoting well-being in the general population (eg IAPTS & Six ways to well-being) Will be addressed via the Kent Alcohol strategy 2014-16. National measures: Kent sits in top quarter for achieving successful / completed treatment outcomes for alcohol treatment.	To be determined **Lead**: KDAAT/ Public Health	
4.5	An increase in the number of adults receiving treatment for drug misuse	Will be addressed via the Target schedule (contract) based on successful completions	To be determined **Lead**: KDAAT/ Public Health	

4.6	A reduction in the number of people entering prison with substance dependence issues who are previously not known to community treatment	Nationally, this can't be measured and community data capture system is not aligned. New national measures have just been announced. Local work is progressing to implement this new measure via a system to track referrals from community treatment to prisons and vice versa.	No target **Lead**: KDAAT/ Public Health	
4.7	An increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment	The system was recently revised to a Recovery Treatment focus system which is very successful. National measures: Kent sits in top quarter for achieving successful / completed treatment outcomes for drug treatment. A working group is being established to address low service uptake for this cohort and alternative models are being scoped for those with addiction to prescription only medications and OTC.	To be determined **Lead**: KDAAT/ Public Health	
4.8	An increased employment rate among people with mental illness/those in contact with secondary mental health services	This is a key target in the 'Live it Well Mental Health 'strategy for Kent. KCC and CCG are going out to consultation to decipher whether the strategy is fit for purpose and meets all priorities.	**Target**: 10% (PCA) **Latest value**: 7.4% **Time period**: 2012/13 **Source**: Needs confirmation from KCC **Lead**:	

			CCGs	
4.9	A reduction in the number of suicides (rate per 100,000)	Public Health are working with KMPT to reduce the risk of suicide in high risk groups by putting measures in place to support middle aged and older men Promoting wellbeing in the general population (eg IAPTS & Six ways to well-being) Reducing the availability and lethality of suicide methods (eg Working with Network Rail re safety measures on the railway) Improving the reporting of suicide in the media Monitoring suicide statistics regularly	To be determined **Latest value**: 7.36 **Time Period**: 2010/12 **Lead**: Public Health	
4.10	An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey	KCC-social care	No target **Lead**: Social Care	
4.11	An increase in the percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers	KCC-social care	No target **Lead**: Social Care	

	survey			
4.12	An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.	KCC-social care	No target (4 measures) **Lead**: Social care	
4.13	Outcome 4: People with mental health issues are supported to 'live well'	• **Sk8side Saturday night opening at HOUSE** educational and diversionary activities to support young people in improving and managing mental wellbeing. • **Self-Harm Project-** improving mental wellbeing for young in Ashford. Training programme for 20+ front line professionals and curriculum sessions and activities at HOUSE.		
Outcome 5	**People with dementia are assessed and treated earlier and are supported to live well.**		***Targets and Indicators** (Please note all targets are national targets)	
5.1	An increase in the reported number of patients with Dementia on GP registers as a percentage of estimated prevalence	This is a national priority and the CCGs have a target to meet of 67% diagnosis rate (against expected prevalence) by March 2015. The CCG is developing actions to achieve this.	To be determined **Latest Value**: 43.40% **Time Period**: 2012/13 **Lead**: CCGs	
5.2	A reduction in the	This isn't a specific target, but we do now have a dashboard	To be determined	

	rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000	which monitors admissions.	**Latest Value**: 24.8 **Time Period**: 2012/13 **Lead**: CCGs	
5.3	A reduction in the rate of admissions to hospital for patients older than 74 years old with a secondary diagnosis of dementia, rate per 1000	As above.	To be determined **Latest Value**: 49.6 **Time Period**: 2012/13 **Lead**: CCGs	
5.4	A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000	As above.	To be determined **Latest Value**: 229.3 **Time Period**: 2012/13 **Lead**: CCGs	
5.5	A reduction in the total bed-days in hospital per	As above.	To be determined **Latest value**:	

	population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000		458.7 **Time Period**: 2012/13 **Lead**: CCGs	
5.6	An increase in the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who a. have been identified as potentially having dementia b. who have been identified as potentially having dementia, who are appropriately assessed c. who have been identified as potentially having dementia, who are appropriately assessed,	This is the national CQUIN which acute trusts have to achieve. EKHUFT are on track with this.	To be determined. **Lead**: CCGs	

	referred on to specialist services in England (by trust)			
5.7	A reduction in the proportion of people waiting to access Memory Services - waiting time to assessment with MAS.	Don't think we are going to reduce the number of people waiting for assessment anytime soon as referrals have continued to increase over the last two or three years. KMPT have a KPI to achieve of ensuring that 95% of people who are referred to MAS have their first assessment within 28 days. The last data we have (for July) for Canterbury shows 73% achievement.	**Target**: 90% within 4 weeks **Latest value:** Still awaiting for value **Source**: KMCS **Lead**: CCGs	
5.8	An increase in the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months	This is part of the dementia QOF. Therefore if the diagnosis rates and therefore QOF registers increase, so should the number of people being reviewed.	To be determined **Lead**: CCGs & KCC	
5.9	A reduction in care home placements	This is one of the CCG aims, although I'm not sure there is a specific target. This is being supported by the geriatrician project.	To be determined **Lead**: CCGs & KCC	
5.10	Outcome 5: People with dementia area assessed and	• **Dementia Kent Action Alliance-** ABC signed up. About 200 staff have undertaken dementia friends training. ABC hosted first meeting of Ashford Dementia Action		

	treated earlier and supported to 'love well'.	Alliance. Key projects identified. • **Dementia- Discussions with ABC, Social Services and Age UK about making the Day Centre at Farrow Court facility a centre of excellence.** The discussions include aiming to deliver services seven days a week with a specific focus on dementia clients at weekends.		

Ashford Health & Wellbeing Board (AHWB)

CCG Partner Quarterly Update

Update from	CCG
Quarter concerned	October to December 2014
What's going on in our world	Implemented Local Referral Unit giving alternative pathways to A&E attendances and admissions Currently operationalising the LRU 7 Day working in Ashford Rural Network offering in excess of 200 additional appointments per month as alternative to A&E attendances and to assist with long term needs patients care. Avoided over 130 admissions through this scheme alone in December Currently preparing bid to PM Challenge Fund for extended 7 day working NHS England published " Achieving Better Access to Mental Health Services by 2020" setting out waiting times standards for mental health services
Success stories since last AHWB	On trajectory for IAPT national recovery rate Winter surge funding has reduced attendances and admissions through A&E Increased care plans, through IT system, available to all health providers Dementia diagnosis rate increased to over 50% but currently behind planned trajectory Curing national pressures through A&E, locally we have no 12-hour target breaches, only area in Kent to achieve this standard.
What we are focusing on for the next quarter <u>specific to the key projects</u>	Continued development of community network over winter period to test model assumptions Implementing revised specification for Westview to support creating of capacity for GP beds and non-weight bearing patients National Planning Guidance for 2015/16 was published on 22nd December
Anything else relevant to AHWB priorities NOT mentioned above	

Strategic challenges & risks including horizon scanning?	Ensuring that implementation of community networks is balanced with current demands of capacity
Any thing else the Board needs to know	
Signed & dated	Neil Fisher 13 January 2015

Ashford Health & Wellbeing Board (AHWB)

Agenda Item No. 7(b)

Partner Quarterly Update KCC (Social Services)

Update from	KCC
Quarter concerned	October to December 2014
What's going on in our world	• Continuing with KCC Transformation • Home Care tender –now mobilised • Community Equipment tender- work ongoing • Developing Core Offer for Mental Health Services in the community • Integrated Discharge teams with CCG, EKHUFT, and KCHT in WHH
Success stories since last AHWB	• KCC has started next phase of transformation • A Dementia Ashford Alliance web site has been created: this will be developed over time to include notes of meetings and will enable the public to see what progress organisations were making against their actions. http://www.dementiaaction.org.uk/local_alliances/8430_ashford_kent_dementia_action_alliance • On 26 January 2015, the Reading Agency will be launching Reading Well Books on Prescription for dementia. This will provide help and support for people with dementia, carers' of people with dementia and anyone who would like to find out more about the condition or is worried about symptoms. Collections of the books included in the Books on Prescription dementia leaflet have been purchased for Ashford, Tenterden & Wye libraries. Customers may however put in a free request to have a book sent to any library of their choice. • In Ashford the Alzheimer's society have 2 Dementia Cafes: • A morning Café which runs out of St Teresa's Hall, Maidstone Road, Ashford Kent TN24 8TX, this café meets on the 1st Wednesday of the month between 10.00am and 12.00pm. • Alzheimer's society also have a lunch Café which runs out of the Conningbrook Hotel, Canterbury Road, Kennington, Ashford, Kent TN24 9QR. This café meets on the 3rd Tuesday of the month between 12.00 – 2.00pm. • We have one peer support group running in Ashford this runs out of the Community room at the Crooksfoot Tesco on Junction 10. The Peer Support group meets every 2nd and 4th Monday between 12.00 and 2.00pm. • The main contact for the Cafes and the peer support group is our Support Group Facilitator Debbie Swinnerton, she can be contacted at our Lympne office 08450405919
What we are focusing on	• Working with CCG to develop Community Networks • Our Place (Wye and Hixhill, supporting a community to be self-

for the next quarter <u>specific to the key projects</u>	sufficient) • Mobilisation of Home care providers • Working with Westview Integrated care centre to understand their nutritional policy • Farrow court- Sheltered scheme undergoing remodelling to extra care, will provide 84 older persons fats, 12 LD and 8 recuperative care • Charing- Feasibility underway for extra care scheme and bungalows as part of larger residential development.
Anything else relevant to AHWB priorities NOT mentioned above	Kent County Council Adult Social Care fund Age UK Ashford and Tenterden to provide day services. Age UK are moving from their present site into Farrow Court. This will allow Age UK to expand their services, in a building designed to be dementia friendly. Age UK also provide a pop in service (Joe Fagg) in St John's Lane in Ashford which can provide support and advice on services and other information. Age UK can be contacted on 01233 620635. Crossroads Care also provide a short break service which provides planned respite for the carers of people with dementia. The service is delivered in people's own homes and the carers are all trained to manage people with dementia. Crossroads can be contacted on 0845 900 3735. All of the above services are available to people whether they have been assessed for social care or not
Strategic challenges & risks including horizon scanning?	No
Any thing else the Board needs to know	No
Signed & dated	Paula Parker 19/12/14

Ashford Health & Wellbeing Board (AHWB)

Agenda Item No. 7(c)

Partner Quarterly Update KCC (Public Health)

Update from	Public Health
Quarter concerned	October to December 2014
What's going on in our world	**Healthy Weight** Kent Healthy Weight workshop on 8th December inviting stakeholders and partners to inform future commissioning for Healthy Weight services. Simon Harris also attending to contribute and to develop an Ashford specific workshop to develop ideas and outcomes locally. Date of Ashford workshop to be confirmed. **Smoke Free Parks and play spaces** Kent Public Health and Ashford Borough Council are working together to pilot an initiative to keep children's play areas Smoke Free in Ashford. This will form part of Ashford's litter campaign. This work is continuing. Other district council's have expressed an interest and are keen to engage in this initiative.
Success stories since last AHWB	**Babyclear** Outcomes from the Babyclear, Smoking in Pregnancy service have identified increased referrals to stop smoking services. Referrals and support are provided by midwives and further support from Acute and CCGs are required to sustain the programme. A briefing paper is being prepared for CCGs and Clinical Groups.
What we are focusing on for the next quarter <u>specific to the key projects</u>	**Healthy Living Pharmacies** Accreditations for the Healthy Living Pharmacy programme will be awarded to successful pharmacies from February 2015. 12 of the 20 (60%) pharmacies in Ashford have expressed an interest in the accreditation. Accreditation will provide pharmacies with the HLP status, identifying them as delivering good practice and offering quality support and referrals to a range of health improvement areas (eg. Obesity, smoking, alcohol use). This has potential to impact upon the development of Community Networks and the Healthy Weight project in Ashford.
Anything else relevant to AHWB priorities NOT mentioned above	**Tobacco Control** Recent prevalence data has identified Ashford's smoking prevalence increase from 18% to 21.1% between 2013 and 2014. Routine and Manual worker smoking prevalence has also increased from 29.8% to 34.7% respectively. Ashford and Thanet are the only districts in Kent that have seen an increase in the two prevalence indicators within this period. Kent is higher than the Kent and national average for these indicators. This is a particular concern considering the health conditions associated with smoking and the economic impact it has for individuals and for services.

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<tr><th>Domain</th><th>#</th><th>Indicator 2013</th><th>England</th><th>Kent</th><th>Ashford</th><th>England</th><th>Kent</th><th>Ashford</th></tr>
<tr><td></td><td>12</td><td>Smoking Prevalence</td><td>19.5</td><td>20.9</td><td>18.0</td><td>18.4 ↓</td><td>19 ↓</td><td>21.1↑</td></tr>
<tr><td>Tobacco Control Profile data</td><td>47</td><td>Smoking Prevalence Routine & Manual Workers (From TCP 2012)</td><td>29.7</td><td>31.3</td><td>29.8</td><td>28.6 ↓</td><td>28.4 ↓</td><td>34.7 ↑</td></tr>
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<tr><td>Strategic challenges & risks including horizon scanning?</td><td>Smoking rates
Increased smoking rates may be a concern for Ashford if the trend continues to increase, bucking the national and Kent trend for smoking.</td></tr>
<tr><td>Any thing else the Board needs to know</td><td></td></tr>
<tr><td>Signed & dated</td><td>8th December 2014</td></tr>
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Ashford Health & Wellbeing Board (AHWB)

Agenda Item No.7(d)

Ashford Borough Council Partner Quarterly Update

Update from	Ashford Borough Council
Quarter concerned	October to December 2014
What's going on in our world	• **Finance.** The council is planning its budget for 2015-16. Despite improving economic data, the fiscal environment remains tough, with further reductions in government grant likely. We are planning for the revenue support grant to have been removed by government completely by 2018-19. Inflationary pressures alone mean that the council needs to find an additional £650,000 just to stand still each year. The council has stated its ambition to seek to be independent of government grant by 2018-19 financial year, or as soon after as possible. Initiatives such as the council's property acquisition strategy, securing additional revenue streams, and innovations such as the creation of two companies wholly owned by the council, are helping to bridge what would otherwise have been gaps in budget. • **Junction10a** again progressing with submission by the Highway Authority through the Development Consent Order process in Autumn 2015, aiming to complete the scheme by late 2018. • **Jasmin Vardimon International Dance Academy** – Funding now in place for initial stage of the project. Council leading the business case and project viability assessment. • **Elwick Place** plans progressing to mixed retail, leisure, office and residential (estimated 600 jobs). Proposals being developed for hotel, cinema, additional car parking and 153 dwelling. Planning application expected in next few months. • **Designer Outlet Expansion** (phased extension to double floor space). Planning application submitted. The application proposes demolishing part of the existing Designer Outlet Centre and building an extension comprising of retail shops and restaurants, as well as a re-configured car park, public realm improvements, landscape and highway works and other associated enhancements. • **Ashford College** (£25m campus for 1,000 students) progressing with revised design produced by Hadlow College. Phase 1 construction by end 2016. Ongoing support from the council for this important project. • **International Station spurs** (finding signalling solutions to enable future interoperability for all international service providers). Key to retaining Eurostar and other services in Ashford. Programme management and governance group established.

	• **Chilmington Green** (development based on Garden City principles (1000 jobs and 5,750 houses) resolution to grant planning permission given. Subject to a s106 agreement which has yet to be completed. Many Reserved Matter applications likely so final layout and numbers will not be known for many years. • **Commercial Quarter (**55,000 sq m commercial office floor space plus 150 homes). Agent appointed & architects working on design and layout. • **Public realm works** on the Commercial Quarter (between Dover Place and Station) have been granted planning permission. Work likely to start in February • **Ashford International Model Railway Exhibition Centre**. Proposals continue to be developed. Presentation to council members took place in December. • **Marsh Million.** Growth fund designed to help increase economic prosperity in the rural parts of the area, available not only to small businesses but voluntary and community groups, charities, social enterprises and education organisations. The EPS offers grants between £10,000-£100,000 for projects looking to grow and diversify the Romney Marsh economy. • **TENT1** planning permission granted 28 October. Will see an additional 249 homes in Tenterden. Includes new access and open space. Agreement will provide 87 affordable homes, contributions towards additional school, healthcare, sports and leisure facilities plus additional car parking at the leisure centre. • **Community Trigger** – new measures introduced from October 2014 for those experiencing Anti-social Behaviour. Gives victims/communities the right to request a review of action taken. Involves ABC, CCG & Police on the review panel. Info at http://www.ashford.gov.uk/community-trigger. • **Conningbrook Lakes Country Park** has moved a step closer following the signing of agreements between the Brett Group and the Council. Land now effectively handed over to the council to begin preliminary works. Aim to open the park to the public and water sports clubs summer2015. • **Spin Studio.** A dedicated studio to be developed in the Stour Centre. Should be open by April 2015. • **Repton Park Community Centre.** Planning application anticipated in spring 2015. • **Spearpoint sports facilities.** Pursuing Sports Council funding and planning permission granted for new pavilion, s106 monies from the council. • **Singleton Village Hall**. Extension under construction. • **New Repton Park** including active play (zip wire etc. opening shortly.
Success stories since	• **Self Harm Project** – aimed at improving mental wellbeing for

last AHWB	young people. Key elements were a training programme for front line professionals and curriculum sessions and activities at HOUSE. The Project has been completed and the report is under review for possible further funding from KCC Public Health. • **Dementia Kent Action Alliance** – 273 staff have now attended a dementia friends session. Really positive feedback with already 28% reporting they have used the knowledge since training session. • **Domestic Abuse** – New One Stop Shop & Freedom Coordinator appointment made. Funding provided to ensure an Independent Domestic Violence Advisor is available to working across the borough. • **Christchurch House** – Council's short-stay accommodation for people who find themselves homeless is now open. • **Little Hill Extra Care Scheme –** this Council site was gifted to KCC in June this year as part of the Excellent Homes for All PFI project. When complete in April 2016 it will offer 41 extra care apartments at affordable rents. This Project will also deliver 12 units of move-on (short-term) accommodation at St. Stephens Walk in Ashford to help people acquire the skills to live independently. The scheme will be operational in September 2015. • **Housing Developments** – Access the full programme at http://www.ashford.gov.uk/developments-coming-soon • **Infrastructure health projects** – Meeting between Council, CCG & NHS Area Team/Property Progress to discuss the Local Plan and health infrastructure requirements. Focus on Chilmington Green and Ivy Court/East Cross. • **Play area** opposite John Wesley school being constructed (all s106 monies). • **Ashford Supporting Families programme** has seen 66% of 198 families either in full time work or back in education and not committing ASB/crime.
What we are focusing on for the next quarter <u>specific to the key projects</u>	• **Dementia -** Detailed discussions continue with ABC, Social Services and Age UK about the arrangements for making the Day Centre at the new Farrow Court facility a centre of excellence. The discussions include aiming to deliver services seven days a week with a specific focus on dementia clients at weekends. • **Healthy weight** – Focus of October Board meeting. The Board agreed with the proposal of an action plan being written. A task and finish group will be meeting in the New Year. Local projects are under review and a new emphasis on this work and a potential new project being supported with additional links to the Stanhope Hub project. • **Farrow Court** – building work continues on site with 33 dwellings in phase 1 due for completion by early June 2015 including communal. Once phase 1 is complete phases 2 and

	3 will commence with anticipated completion of these in late 2016. • **Homelessness** – Ashford Homelessness Strategy Review and Refresh Stakeholder Event took place in November. Five rough sleepers found in the Ashford area on the night of the 11th November i.e. the national survey night. • **Community network (Stanhope)** – Project brief defined and key local partners engaged in project development. Discussions with KCC Public Health, Ashford BC, Ashford Supporting Families and CCG re funding to take place in early January for a pilot period of an initial six months. This pilot period includes the need for a project coordinator. Start date of project will be defined as soon as funding agreed.
Anything else relevant to AHWB priorities NOT mentioned above	• Need to identify funding to enable the Ashford walk to school project to continue. • Need to identify funding to continue the self harm project.
Strategic challenges & risks including horizon scanning?	**Kent Health & Sustainability Conference 2014** - Issues highlighted by the conference. Need to consider how better to join the two complimentary agendas within Ashford. Also need to consider if greater focus is needed an air quality in light of the impact this has on health.
Any thing else the Board needs to know	**Free Training.** Sevenoaks Mind are providing a free two day mental health first aid course on the 23 and 24 April at the council. There are six external places on offer. The training is being funded by KCC. If anyone is interested contact tracey.butler@ashford.gov.uk.
Signed & dated	Sheila Davison – 8 January 2014

Ashford Health & Wellbeing Board (AHWB)

Agenda Item No. 7(e)

Ashford Children's Health & Wellbeing Board - Partner Quarterly Update

Update from	Ashford Children's Health & Wellbeing Board
Quarter concerned	October to December 2014
What's going on in our world	The CHWB committee have developed the key priority framework which highlight the key priorities for Ashford as: **Mental Health – including emotional health** With the following topics as the key priorities as a focus: Transition into adult services Waiting times Inward referral Pathways Step-up and Step-down processes (Specialist Children's Services and Early Help) Parental Consent **Play/ Early Start** With the following topics as the key priorities as a focus: Play in primary and pre-schools Play in rural areas – Facilities/access as a barrier Upskilling parents Promotion of the importance of play Workforce **Healthy Living – Obesity & Smoking** With the following topics as the key priorities as a focus: Healthy weight Active Lifestyle Pre-school healthy weight awareness Smoking – Reduction Impact Smoking- Promoting cessation Smoking –Prevention **NEET's** With the following topics as the key priorities as a focus: Lack of functional skills Employability – lack of level 2 Apprenticeships Track 'unknowns' to reduce hidden NEETs A detailed action plan is being developed early in January
Success stories since last	None to report

AHWB	
What we are focusing on for the next quarter <u>specific to the key projects</u>	The key issues the board will be focused on over the next quarter are • Transfer to the KFSF for CAF and ensuring this is shared across all agencies and that pathways to services are clearly understood as are thresholds • Young people's mental health and accessing early help • Children's centre reform and access to services • Childhood obesity 0-4 priority • Promotion of apprenticeship opportunities in Ashford
Anything else relevant to AHWB priorities NOT mentioned above	None to report although the ACHWBC meeting on the 27th January and an update note will be circulated .
Strategic challenges & risks including horizon scanning?	The strategic review of service integration undertaken by Newton Europe (commissioned by KCC)
Any thing else the Board needs to know	None
Signed & dated	Stephen Bell 08/01/15

Ashford Health & Wellbeing Board (AHWB)

Agenda Item No. 7(f)

Partner Quarterly Update Template

Update from(delete as applicable)	Case Kent/ Voluntary Sector representative
Quarter concerned (delete as applicable)	October to December 2014
What's going on in our world	Many of the organisations involved in health and welfare are going through the process of looking for funding for next year. There was a November deadline for expressions of interest through the Kent Business Portal. There are concerns about a lack of clarity about what funding will be available and the future format of commissioned services and grants from KCC and the CCGs.
Success stories since last AHWB	There are over 350 voluntary and community organisations in Ashford so we hope to use a couple of examples as a flavour of what's happening in the sector overall. Charing Gardening Club was awarded £9k by Awards for All for a therapeutic gardening project. They are accepting referrals through local GPs. A number of organisations had to leave International House recently. CASE Kent, the voluntary and community sector infrastructure body which covers Ashford provided a workshop, funded by Ashford Borough Council, to help the groups find new premises, potential partners for collaborative work and to work on their financial sustainability. One organisation is likely to close in the near future. Others have moved to the Centre for Independent Living and are very much in demand. These are all disability support groups.
What we are focusing on for the next quarter <u>specific to the key projects</u>	CASE Kent will be working on a 'State of the Sector' report on the Voluntary Sector in the new year. This will look at how 'cost-effective' the sector is, funding issues for the sector, sustainability and engagement with statutory bodies (including health and local CCGs).
Anything else relevant to AHWB priorities NOT mentioned above	CASE Kent put in a bid to run some Dementia Awareness Road shows in Ashford. This bid was based on a successful project ran by CASE Kent as part of a previous health promotion project in 2009-2010. The bid was unsuccessful as it was pointed out that The Alzheimer's Society have a Dementia Awareness 'bus' travelling to local Tesco's across the country but the CASE Kent model intended to Dementia-specific services out to local village halls/health centres so it is still a project worth consideration as it has the potential to reach a lot of people at a relatively low-cost.

Strategic challenges & risks including horizon scanning?	A lack of proportionality in grants and contracting arrangements with small and medium not-for-profits creates a risk that the smaller organisations will not be able to gain funding and will not be able to deliver the same impact as at present. Some risk closure as alternative sources of funding are increasingly difficult to obtain. Within 1 -2 years the impact of the loss of the volunteering time currently provided will be felt. Some organisations do not need funding from the statutory sector but benefit from support and infrastructure advice. The trustees of CASE Kent, have issued notice that lack of funds means they need to consider future options for the organisation, including closure. This would have a strong negative impact on smaller not for profits that rely on their help.
Anything else the Board needs to know	Greater communication and engagement with the sector is needed as many smaller organisations have found it difficult to keep up with the changes in the statutory sector and to predict the future direction.
Signed & dated	

Ashford Health & Wellbeing Board (AHWB)

Agenda Item No. 7(g)

Partner Quarterly Update Template – Healthwatch

Update from	Healthwatch Kent
Quarter concerned	October to December 2014
What's going on in our world	**Healthwatch Kent – Ashford focus** ➢ Monthly meetings with Monitor regarding the East Kent Hospital University Foundation Trust (EKHUFT) CQC Action Plan. We have a team of dedicated volunteers who are working with us on this project. ➢ Linked to the above, we are organising Enter & View visits to William Harvey A&E and Outpatients. We will return again in Spring to chart their improvements. ➢ Developing an action plan with Kent and Medway NHS & Social Care Partnership Trust (KMPT) following our reports into the experiences of mental health carers and the transfer of patients from Medway into Kent. ➢ Holding Public Voice Feedback events throughout Kent. ➢ Working as a Partner on the KCC Integration Pioneer Project. ➢ Enter & View visits to Learning Disability services and Care Homes (reports to be published early Jan).
Success stories since last AHWB	**Healthwatch Kent – Ashford focus** ➢ Established an Ashford Area team that will be pro-actively looking at issues within the Ashford Borough. Members will be visiting Ashford GP surgeries to talk to them about Healthwatch and check they are displaying Healthwatch info ➢ Signatories to the Kent and Medway Crisis Care Concordat. ➢ Meeting with SECamb at the Make Ready Centre Ashford and a visit / tour of NHS 111 Call centre Ashford. ➢ Attended the first meetings of the Stakeholder Community Network in the Ashford CCG.
What we are focusing on for the next quarter specific to the key projects	**Healthwatch Kent – Ashford focus** ➢ Looking at ways of building patient / public awareness of Healthwatch Kent in the Ashford Area, ➢ Continue to look at ways of establishing pro-active working partnerships with ABC, KCC, CCG and Voluntary Sector in the Ashford Area ➢ Starting a project around hospital complaints processes ➢ Continuing to support EKUHFT's Action Plan ➢ Publishing reports around Dementia and Care Plans for mental health patients ➢ Starting a project around Access to GPs – will be focusing on one CCG area and sharing findings with all CCGs

Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	
Any thing else the Board needs to know	
Signed & dated	Nicky Scott, Communications, Healthwatch Kent 13 December 2015