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.		