## Ashford Health & Wellbeing Board, Chairman's Report April 2015

## Overview of opportunities and activity during the past year

The Board brings together elected members, local commissioning leads from Public Health, NHS, CCG's, social care and the voluntary sector to work together and support one another to improve the health and wellbeing of the local population and reduce health inequalities. The Board provides a forum for challenge, discussion and the involvement of local people.

By working collaboratively the Board and recently established Lead Officer Group have broadened appreciation of each other's agenda which has made for a clearer understanding and better incorporation of the work and views of other stakeholders such as Healthwatch & Patient Participation.

It has been important to focus on the local impact of key commissioning plans for primary care, led by the CCG, and adult social care. We have also provided a platform to engage over the development our housing strategies and public health commissioning. In addition, with the introduction of priority themes, we have shared, discussed and agreed direction on key areas including housing and homelessness, healthy weight, dementia, mental health services and independent living are service areas that we consider of prime importance at local level.

With regards to best practice for local delivery the Integrated Commissioning Group (recently renamed the Joint Commissioning Delivery Group) has concentrated on how health can best support adult social care, whilst the newly formed local Children's Health and Wellbeing Committee is focusing on children and young people's mental health services. The Infrastructure Health Group is adding the health and social care dimension to the development of the Local Plan. They are all playing an important role in reshaping services and planning the future health infrastructure.

The Board has followed the progress of a number of priority projects to help demonstrate how the many different strategies and commissioning plans are influencing change and work on the ground. Clearly, the Community Networks are significant local change management vehicles, the impact of which will be seen over time. Smaller neighbourhood projects such as the The South Ashford Hub has involved considerable cooperation between Board members, securing funding bids from Public Health and Ashford Supporting Families.

Partners have also supported each other on several others projects including smoking initiatives, development of Ivy Court, Rough Sleepers initiative and support for the Dementia Care Programme. The Day Centre at the new Farrow Court is planned as a facility of excellence.

The Board's aims and aspirations are now clear and should be pursued in order to ensure success. There is no doubt however that the process has created a

considerable amount of work where the overall administration of the Board meetings is concerned.

## The upcoming year

I leave the chair after two years. It is a well organised forum where working relationships are forming strong and desirable outcomes for the benefit of local residents. If this is to continue the Board needs strong attendance with an emphasis on better engagement and more effective communication with its community. It also needs greater clarity as to the role of the local health and wellbeing boards and the relationship with its Kent Board which I have recently discussed with the chairman.

The work by the Local Officer Group on producing a Local Performance Plan should be acknowledged and a review of Ashford's Health Profile will once again help set the agenda for the Board's key local priorities over the summer. This is an opportunity to recognise and support education, job creation, community development, environmental protection & sports, leisure & culture provision ie those elements that have the greatest and most sustainable influence on health & wellbeing. We would all agree the funding mechanisms and commissioning is still very much directed towards health and social service provision so it will be important to look at further integration.

Going forward we will need to understand and react to new announcements about health and social care. The views of local policy shapers, professional groups and the public will be crucial. We know that the NHS will be under increasing financial strain, despite plans for additional funding and pressures on GPs and adult social care will be even greater.

I would recommend a workshop takes place to enable Board members to reflect again on this complex and changing environment and agree the fundamental aims of the Board and help ensure commitment for joining up locally.

I conclude by asking all involved to ensure that as much effort and energy as possible is put into making this local Board work as well as it possibly can for the residents of Ashford. I recognise that health and wellbeing is probably one of the most challenging agendas and it is only by working together that we can and will continue to make progress and build on the positive start we have made.

I should personally like to thank all Board members for their help and support.

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Portfolio Holder for Health and Communities

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