

Ashford Health and Wellbeing Board



ASHFORD
BOROUGH COUNCIL

Notice of a meeting, to be held in Committee Room 2 (Bad Münstereifel Room), Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Monday, the 19th October 2015 at 09.30 am

The Members of this Board are:-

Dr. Navin Kumta – Clinical Lead and Chair Ashford Clinical Commissioning Group (Chairman)

Cllr Brad Bradford – Lead Member for Highways, Wellbeing and Safety, Ashford Borough Council

Cllr Peter Oakford – Cabinet Member for Specialist Children’s Services, Kent County Council

Simon Perks – Accountable Officer at NHS Ashford and NHS Canterbury and Coastal Clinical Commissioning Groups

Bill Millar – Chief Operating Officer, NHS Ashford Clinical Commissioning Group

Neil Fisher – Head of Strategy and Planning (Ashford and Canterbury), Clinical Commissioning Group

Paula Parker – Commissioning Manager – Community Support, lead for urgent and intermediate care, Kent County Council

Faiza Khan – Public Health Specialist, Kent County Council

Mark Lemon – Policy Advisor, Kent County Council

Caroline Harris – HealthWatch representative

Tracy Dighton – Voluntary Sector representative

Martin Harvey – Patient & Public Engagement (PPE) Ashford Clinical Commissioning Group

Philip Segurola – Acting Director of Specialist Children’s Services, Kent County Council

John Bunnett – Chief Executive, Ashford Borough Council

Sheila Davison – Health, Parking and Community Safety Manager, Ashford Borough Council

Christina Fuller – Cultural Projects Manager, Ashford Borough Council.

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 July 2015
- 4. East Kent Hospitals University NHS Foundation Trust – Chris Bown (Interim Chief Executive)
- 5. Focus on Voluntary Sector – Resilience & Workforce
 - (a) Introduction: State of the Voluntary Sector Ashford (Charlie Fox & Michael James)
 - (b) Care Navigations: Sue Sawyer (Ashford Volunteer Centre)
 - (c) Dementia: Lorraine Williamson (Crossroads Care)
 - (d) Befriending: Helen Mattock (CARM – Caring Altogether on Romney Marsh)
- 6. Lead Officer Group Report – Focus on setting the Board's new priorities for 2016/17 – Caroline Harris
- 7. Partner Updates
 - (a) Clinical Commissioning Group – Neil Fisher
 - (b) Kent County Council (Social Services) – Philip Segurola
 - (c) Kent County Council (Public Health) – Deborah Smith
 - (d) Ashford Borough Council – Tracey Kerly
 - (e) Voluntary Sector Representative – Tracy Dighton
 - (f) Healthwatch – Caroline Harris
- 8. Update on the Kent Health & Wellbeing Board (meeting 16th September) and Kent Health & Wellbeing Strategy – Mark Lemon
- 9. Forward Plan

- January 2016 – Mental Health & East Kent Health Strategy

10. Date of the Next Meeting and dates for 2016:

20th January 2016

20th April 2016

20th July 2016

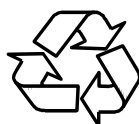
19th October 2016

17th January 2017

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/AEH
9th October 2015

Queries concerning this agenda? Please contact Keith Fearon:
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 July 2015.

Present:

Simon Perks – Accountable Officer, CCG (in the Chair);

Councillor Brad Bradford, Lead Member – Highways, Wellbeing and Safety, ABC
Deborah Smith – KCC Public Health

Sheila Davison – Head of Health, Parking & Community Safety, ABC;

Neil Fisher – Head of Strategy and Planning, CCG;

Mitchell Fox – Kent Police Divisional Commander (East Kent)

Martin Harvey – Patient Participation Representative (Lay Member for the CCG);

Tracy Dighton – Voluntary Sector Representative;

Mark Lemon – Policy and Strategic Partnerships, KCC;

Stephen Ingram – NHS England

Simon Cole – Policy Manager, ABC

Richard Robinson – Housing Improvement Manager, ABC;

Dave Harris - KCC Social Services;

Michael James – Case Kent;

Christina Fuller – Cultural Projects Manager, ABC;

Keith Fearon – Member Services and Scrutiny Manager, ABC;

Apologies:

Philip Segurola, KCC Social Services, Peter Oakford, KCC Cabinet Member – Specialist Children's Services, Chris Bown, Interim Chief Executive East Kent Hospitals Trust, Dr Navin Kumta, Clinical Lead and Chair Ashford Clinical Commissioning Group, John Bunnnett, Chief Executive, ABC, Tracey Kerly, Head of Communities and Housing, ABC, Paula Parker, KCC Social Services, Caroline Harris, HealthWatch

1. Election of Chairman and Vice Chairman

It was agreed that Dr Navin Kumta and the KCC Public Health Representative be elected as Chairman and Vice Chairman respectively of the Board for 2015/16.

2. Election of Chairman of the Lead Officer Group

It was agreed that Caroline Harris be elected as Chairman of the Lead Officer Group.

3. Notes of the Meeting of the Board held on the 22nd April 2015

The Board agreed that the notes were a correct record.

4. East Kent Hospitals University NHS Trust and Update on Constitutional Standards

4.1 Simon Perks explained that Chris Bown, Interim Chief Executive of East Kent Hospitals University NHS Foundation Trust, was unable to be at the meeting but advised that he was happy to give an update to the Board as he had been involved with the Trust over this issue. He also explained that at the previous meeting he had agreed to give an update on the nature of the constitutional standards the CCG worked within. These fell broadly across four standard areas across East Kent:-

- (i) Diagnostic Services
- (ii) Cancer Services
- (iii) Elective Procedures
- (iv) Accident and Emergency

He advised that all of the above targets were under pressure and monitors were in place on the performance of the Trust and the CCG. Of the four, Diagnostic Services were back on track and Cancer Services required a marginal improvement as there was currently a 62 day wait for services. This was also a general problem across the country. In terms of waiting times for Elective Procedures, 90% were within the target of 18 weeks of being treated but certain procedures such as Orthopaedic Care faced a number of challenges. A number of these cases were dealt with in hospital rather than being referred back into secondary care. He explained that an Improvement Plan had been agreed with the Trust and the plan was to return to full compliance by October 2015 at the latest.

4.2 In terms of Accident and Emergency he explained that the target had been achieved until March 2014 but since then it had not been delivered and at the current time was actually in decline. He explained that East Kent Hospitals were in the bottom 10 of acute Trusts in the whole country and he believed that the way in which Trusts had been achieving the target prior to March 2014 had been unsustainable. This was largely due to the fact that the Trust had significant workforce problems and a scale of vacancies which included some very senior clinical positions. He referred to the recent announcement by the Secretary of State in which he had expressed a wish to reduce the overall costs of locum staff employed within the various Hospital Trusts throughout the Country.

4.3 He said that a meeting was due to take place on 29th July 2015 with the Monitor and NHS England to scrutinise the Improvement Plan and to assess whether it would help deliver compliance to the standard. Simon Perks said he had doubts whether this would be achieved by Autumn but he stressed the need for it to be achieved prior to Christmas. He said the pressure was not so much on the overall numbers attending A & E but it related to the nature of the care required to be provided, in particular to the elderly who arrived with more complex conditions. Steps were being taken to reduce the number of those members of the elderly population who were required to attend A & E and to provide preventative services at an earlier stage.

- 4.4 In response to a question, Simon Perks explained that there was no short term proposal to re-configure the delivery of the services but in the long run he considered that this would be inevitable particularly as in East Kent emergency cases were handled across three relatively small hospitals. He referred to the recent decision of the governing body at the William Harvey Hospital to close the Chemotherapy Unit and he said that this was an example of where the Unit had insufficient staff to operate safely.
- 4.5 In response to a question as to the reasons why people attended A & E rather than other services, Simon Perks said that he had examined a report on patient records which had been done to assess which pathway those people had followed for care. He said it was apparent that people had not understood which care provider to seek assistance from and there was also evidence that the signposts for appropriate care were not clear enough.
- 4.6 Tracy Dighton said she would like to flag the issue of the importance of the voluntary sector and care navigators and expressed the hope that the funding issue could be put on a more stable basis. Simon Perks said he agreed with the point and considered that the voluntary sector had a large role to play in any new model of care.
- 4.7 Simon Perks explained that the Interim Chief Executive of the NHS Hospitals Trust would be in post for a year and he said that the Trust had appointed a new Chairman and that the Trust was being re-inspected by the CQC shortly with their report being published in October. He explained that he had had a recent meeting with the Hospital Trust and they were keen to look at a strategy across the whole healthcare system, a process which would be led by the CCG as Commissioners.
- 4.8 Richard Robinson explained that it was important to include work Housing Services undertook within this area in terms of the health agenda and he referred to the Farrow Court scheme which would be opened in Autumn and the recent completion of the Chamberlain Manor scheme and works in progress at Aldington and Little Hill, St Michaels. He hoped that GP's could be encouraged to promote the facilities that would be made available via these different schemes following their completion.
- 4.9 In response to a question about communications with the public, Simon Perks said that he believed that the new Trust was more open and were keen to get their communications processed right with a clear vision of where they intended to go.

The Board agreed that Chris Bown, the Interim Chief Executive of East Kent Hospitals University NHS Foundation Trust, be invited to attend the October meeting of the Board.

5. Focus on Sustainable Development for Health and Wellbeing

- 5.1 Included with 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. The presentations had subsequently been published with the agenda for the meeting.

(a) Preparing for Growth

- 5.2 Simon Cole, Policy Manager, Planning and Development, Ashford Borough Council, gave a presentation. The presentation covered the timeline for the development of the new Local Plan and supporting Infrastructure Schedule which would be effective up to 2030.

(b) The Next Five Years

- 5.3 Neil Fisher, Head of Strategy and Planning, CCG, gave a presentation. The covering report explained that the purpose of the presentation would be to show how services in Ashford may look in the next five years following the implementation of the CCG's Five Year Forward View. This included changes in how services were provided and what the impact of Community Networks might be.

(c) Planning for the Future

- 5.4 Stephen Ingram, Head of Primary Care, NHS England South (South East) gave a presentation. The covering report explained that the presentation would cover the direction of travel for NHS England South and how they were helping to identify future service and asset requirements given democratic trends and the need for an integrated approach to health service provision.

(d) Discussion and Questions

- 5.5 Simon Perks referred to a point made by Stephen Ingram during his presentation and said that he would support the location of primary care facilities at the William Harvey Hospital. He also explained that at Ivy Court, Tenterden Sunday working was being tested. He believed that the general theme of all presentations was that there was a need to speed up the overall planning process. Simon Cole confirmed that from his point of view there was a need to pull together the evidence base which would be used when the proposals set out within the draft plan were presented to the local examination in public. It was clear from the presentation from Stephen Ingram that the answers to primary care were now changing in that in future years this could see the General Practitioners having larger surgery lists but employing a team of people who would assist and provide specialist services freeing up the GP for the more critical consultations with patients.
- 5.6 Mark Lemon asked whether NHS funding included any contributions from developers and commented that several items of infrastructure might not actually be located in Ashford and therefore there would be a need to look to effective transport provision for patients to get to those facilities.
- 5.7 Stephen Ingram said that NHS England did not receive any funding direct from developers and their main source of funding was to provide revenue support to facilities once they had been provided. The level of revenue available was adjusted every five years based on the population growth.

- 5.8 In response to a question, Simon Cole explained that agencies, such as KCC Public Health could feed into the overall process by way of the Health Infrastructure Group but stressed that this was not the only way that this could be undertaken. He said his task was to produce a plan that was flexible and one which could have been demonstrated to have been produced on a sound basis.
- 5.9 Sheila Davison suggested that KCC Public Health might wish to join the Health Infrastructure Group which would now also have a link with the Hospital Trust.
- 5.10 In conclusion, Simon Perks said that it was important to link the Hospital strategy with achieving a single vision for Ashford prior to going to the public with the Board's thoughts and ideas. He said that the development and work of community networks was crucial in terms of engaging the public with the proposals for the future.

The Board recommended that:

- (a) **the need for partners to provide policy direction and infrastructure detail to support the drafting of the local plan be noted.**
- (b) **the Health Infrastructure Working Group consider the draft on behalf of the Ashford Health and Wellbeing Board.**
- (c) **representatives of East Kent Hospital Trust and KCC Public Health be invited to join the Health Infrastructure Works Group.**

6 Lead Officer Group (LOG) Report – Performance Progress Plan and Theme Setting

- 6.1 The report provided an update of the work which had been progressing since the previous meeting held on the 22nd April 2015. The report also set out details of the following “must do” projects identified by Lead Officers given their need for a multi-agency approach:-
- Community Networks (Lead – Neil Fisher, CCG)
 - Farrow Court (Lead - Richard Robinson, ABC)
 - Rough Sleeping (Lead – Sharon Williams, ABC)
 - Dementia Day Care (Lead – Lisa Barclay, CCG)
 - Healthy Weight – Obesity (Lead – Simon Harris, ABC)
 - Infrastructure Planning (Lead ABC)
- 6.2 Christina Fuller explained that the Performance Plan was being reviewed. She hoped to be in a position to report back to the Board in October.
- 6.3 Richard Robinson said that it was intended that Farrow Court would be completed by the end of September and that he wished to encourage all health professionals to attend the opening event.

The Board noted the report.

7 Partner Updates

7.1 Included with the Agenda were A4 templates submitted by Partners:-

(a) Clinical Commissioning Group (CCG)

Noted.

(b) Kent County Council (Social Services)

Dave Harris gave a further update to the information set out within the report published with the agenda.

(c) Kent County Council (Public Health)

Deborah Smith explained that nationally there would be a £200m cut in support to Public Health and KCC were waiting to hear how that would affect their budget.

(d) Ashford Borough Council

Sheila Davison gave an update and explained that Ashford had now completed the purchase of Park Mall Shopping Centre and advised that there would shortly be a public exhibition of proposals to develop Elwick Place.

(e) Ashford Children and Young Persons Health and Wellbeing Committee

No update available as former Chairman of the Committee had left and the post was yet to be filled. Simon Perks said that this would be discussed outside of the meeting.

(f) Case Kent/Voluntary Sector Representative

Noted.

(g) HealthWatch Kent

Keith Fearon explained that HealthWatch were producing a report on out of area mental health beds/placements and that they would welcome any contributions from partners.

8 Update on the Kent Health & Wellbeing Board – 15th July 2015

8.1 Mark Lemon gave a summary of the major issues considered at the meeting of the Kent Health and Wellbeing Board on 15th July 2015. These included:-

(i) Public Estates Initiative involving NHS and KCC.

- (ii) Mental Health Group Concordat including S136 issues relating to those with mental health problems that involved the Police.
- (iii) Quality and the Health and Wellbeing Board which stemmed from the Francis Report into the issues at the Mid-Staffordshire Hospital Trust.

Mark Lemon further explained that a Workforce Sub-Committee had been established and would meet shortly. An initiative by HealthWatch to engage the public would also be undertaken.

9 Update on the Kent Health and Wellbeing Strategy event and KCC health and Wellbeing Review.

- 9.1 Mark Lemon explained that the event on the 17th June 2015 had been well attended with over 100 colleagues from across all the agencies and the event had allowed KCC to take stock of the current strategy. An overview of performance against the current five objectives showed mixed progress which was probably inevitable given that it was only the mid-point in the overall five year strategy. He explained that a report on the event would be submitted to the Kent Board in the Autumn.
- 9.2 In terms of a review of the work of the Health and Wellbeing Board, discussions had been held with the future Chairpersons of the other local Boards and Mark Lemon explained that now Dr Navin Kumta had been appointed as Chairman of this Board a discussion with him would also take place. He also explained that details were provided on how Boards in other areas of the country operated which included some Boards which operated on a basis of full delegation.

The Board noted the report.

10 Forward Plan

- 10.1 The Board noted the Forward Plan of subsequent meetings. Simon Perks suggested that at either the October or January 2016 meeting the Board could consider the East Kent Health Strategy.
- 10.2 Annie Jeffreys explained that she had received a letter from the CCG advising that she had been appointed to the Board, however, it appeared that this decision had not been formally ratified. Simon Perks said that he would ensure that this issue was placed on the agenda for the next meeting.

11 Next Meeting

- 11.1 The next meeting would be held on the 21st October 2015.

(KRF/AEH)
MINS: Ashford Health & Wellbeing Board - 22.07.15

The Voluntary Community and Social Enterprise Sector (VCSE) in Ashford

Ashford Health & Well Being Board - October 19th 2015

Introduction and Covering Report

We feel it is important to talk to the Board about the nature of the VCSE in Ashford and how these organisations support their beneficiaries, particularly where their objectives overlap with the priorities of the statutory sector represented by the Board.

We have chosen three organisations working specifically within the Board's priority areas:

- **Ashford Volunteer Centre - Care Navigator Service** (*Independent living, dementia, sustainable development for health and wellbeing*)
- **Caring Altogether on Romney Marsh (CARM)** – Befriending (*independent living, falls prevention*)
- **Crossroads Care – Carers Support Service** (*Dementia, independent living*)

We have also chosen the local Infrastructure organisation, Red Zebra Community Solutions; they provide invaluable support to the VCSE around governance, funding, training and representation and will provide an overall perspective on The State of the Sector.

With regard to the pressing need to make savings by the statutory sector in the immediate form and through early intervention programmes to prevent people's lives unravelling – with the associated moral and financial burdens, the above organisations have included specific impacts, with the potential for savings to be made by statutory sector agencies.

Much of the VCSE in Ashford deliver services on a very local level and for it to continue to effectively deliver these vital services we believe stable investment needs to be made in the form of longer term funding – this applies to those organisations in receipt of funding and those not currently funded by the statutory sector. It also needs healthy investment in the Infrastructure bodies that enable these organisations to function at their optimum.

There is huge potential for the VCSE to leverage in funds to provide services for beneficiaries to address the demand which statutory bodies are finding increasingly difficult to meet.

Presentation 1

Charlie Fox Chief Officer, Red Zebra Community Solutions
The State of the Sector

“Charities play a vital role in improving our society and make a huge contribution to the UK economy. They are the biggest builders of social capital, and provide crucial support to people and communities across the country, often those that are hardest to reach.”

(A Financial Sustainability Review; NCVO; July 2015)

There is a widespread recognition of the value of an effective and dynamic voluntary sector in supporting community action and in particular vulnerable individuals.

Preventative and early intervention services prevent or delay escalation to more costly health and care interventions and can:

- Improve wellbeing
- Reduce unnecessary health appointments
- Reduce reliance on medication

This presentation provide an overview of the VCSE sector and how Red Zebra Community Solution plays a vital role facilitating increased effectiveness of frontline VCSEs and improving their resilience.

Presentation 2

How the voluntary sector can support peoples' health and well-being.

Helen Mattock, manager CARM

CARM's key services befriending, enabling and reminiscence, can greatly improve the lives of their beneficiaries and demonstrates how the VCES can support the statutory sector in early intervention. Helen will explain how, via the co-ordination of their 120 volunteers the VCSE can help the statutory sector with provision of services including falls prevention and assistance with diagnosis (dementia). She will evidence how CARM delivers savings whilst ensuring a better quality of life for their beneficiaries

Presentation 3

Community Care Navigator & Trusted Assessor

Sue Sawyer, Manager Ashford Volunteer Centre

This will cover how the Care Navigator Service operates at the William Harvey Hospital and helps patients to get the right help to meet their needs. By linking them with community resources, beneficiaries have the choice and control over possible ways forward; they can be given this information by someone coming to their home to discuss options. Sue Sawyer will provide a detailed Case Study of a lady who with the input of a Care Navigator was able to be discharged from hospital without delay. She will also present a counter-factual scenario of what would happen if the lady in this Case Study had a bad fall and was rushed to hospital, this will factor in the associated cost to health services

Presentation 4 Social Return on Investment & Carers Breaks

Lorraine Williamson, Services Director Crossroads Care

This will highlight the needs of Carers which are addressed in Ashford by Crossroads Care and how the CCG can best support organisations like Crossroads Care to ensure that carers remain able to care for their loved ones and preventing them from having to access health services or falling into a cycle of poor mental health. This will also explore how one

of their network partners, Carers Trust has helped them to build an impact and outcomes measurement framework which will enable the Carers organisations to provide an accurate Social Return in Investment for their services. This framework was piloted in Greater Manchester in 2013 and this pilot identified that for every £1 invested in Carers Services the local health authority saved £3.90

Recommendations to the Board

- Explore ways to engage meaningfully, with the VCSE as an equal partner and to develop joint initiatives to leverage in additional, external funding not accessible to the statutory sector
- Recognise the social and economic value of community based services that address social isolation, improve independence and reduce costs to statutory services
- Create an a 'resilience' funding to support smaller organisations
- Change how VCSEs are funded; longer term funding that enables organisations to make strategic decisions and to respond to statutory sector objectives
- Develop a social prescribing scheme for Ashford
- Work with the VCSE to better understand economic savings to the system

Ashford Health & Wellbeing Board (AHWB)

Lead Officer Group (LOG) Report

Priority Setting

1. Since the last meeting of the Board, the LOG has met twice to discuss the key areas of work that we need to focus on for the coming year. A review was undertaken of the current health & wellbeing priorities of Board members with the aim of identifying those areas under greatest pressure (e.g. where a relevant indicator, such as those within the JSNA, suggests performance is worse than the national average). The LOG also considered those areas that are most likely to benefit from collaborative activity.
2. The following key areas were examined:
 - Obesity
 - Smoking
 - Road safety
 - Avoidable admissions to hospital
 - Homelessness
 - Workforce pressures
 - Domestic abuse
 - Mental health
 - A&E pressures
3. At the same time as the LOG discussions have been taking place, Public Health have been developing their commissioning strategy. Further information on this can be found within the Public Health Partner Update. The LOG is planning to discuss this strategy at its November meeting in order to inform the decision as to what the HWB's priorities should be. Into this mix we must also add the JSNA recommendations as relevant to Ashford.
4. In selecting the HWB priorities it is important that we don't attempt to reflect every poor indicator or service pressure. The purpose is to agree those areas that the Board will monitor and more importantly make clear those areas that it will work on collaboratively to improve.
5. The LOG suggests that the Board should consider what indicators/services are in the most precarious or deteriorating position and discuss what preventable early intervention work could be undertaken. It is suggested that in setting targets we focus on actual numbers rather than trends. For example, the Ashford Health Profile indicates that 292 year six children are obese and we need to reduce this figure by 34 to bring our performance in line with the current England average. The LOG felt this approach would really focus attention on supporting individual and very clearly indicate how well or otherwise we are doing.
6. The LOG has considered each of the areas in this light and suggests the HWB draws its priorities from the following list:

- **Obesity** – Reducing the number of obese children (year 6)
 - **Smoking** – Reducing smoking prevalence in manual workers
 - **Road safety** – Reducing the number being killed or seriously injured
 - **Avoidable admissions to hospital** – Reducing unavoidable admissions
 - **Homelessness** - High number of people presenting themselves homeless
 - **Workforce** – Shortages of key professions as reflected in the Kent HWBs recent discussions
 - **Domestic Abuse** – High number of those suffering domestic abuse
 - **Mental Health** – Service weaknesses as identified in the recent CQC report
 - **A&E** – Too many presenting at A&E
7. **The LOG is aiming to complete this piece of work and recommend to the Board at its January meeting what should be considered as its key priorities for 2016.**
8. **The LOG would appreciate feedback from the HWB on the suggested approach.**

Community Network Progress

9. The Community Networks were discussed at the last LOG meeting and it was suggested that Network Lead Officers be invited to the January HWB meeting in order to provide information on what activity is taking place and more importantly how partners could or are assisting.

HWB Membership Requests

10. At the last HWB meeting it was suggested that membership requests are initially considered by the LOG with a view to making recommendations to the Board. Currently we have requests from Annie Jeffery (Chair of the Ashford Mental Health Group) and Jane Burnett (Governor for the EK Hospital Trust).
11. These requests have been discussed by the LOG. The outcome being that the LOG felt that mental health is already well represented by existing Board members and that the HWB does not have individual representative for particular areas of illness. Were the Board to agree the appointment, it is important to stress it would be a non-voting position and it is recommended that it be linked to membership and nomination by the Ashford Mental Health Group.
12. With regard to the application linked to the Hospital Trust, it is noted that the HWB does not have providers as Board members. The fact the application has been made by a member of the Council of Governors however is an important distinction. The LOG felt that patients were well represented by existing Patient & Public Engagement and Healthwatch positions and therefore suggest that this request is also respectfully declined.

13. For the Boards information, the current guidance on membership is as follows:

“The local HWBs have similar membership to that of the Kent Health and Wellbeing Board.

Typically membership is as follows:

- District/Borough/City Council Leader/Senior Member
- Kent County Council Cabinet Member or Deputy Cabinet Member
- CCG Senior Officer
- CCG GPs
- Healthwatch representative
- Other representatives as identified and agreed by the local HWB, e.g. voluntary sector

Advisory Members

- District/Borough/City Council senior officers
- Kent County Council Families and Social Care Corporate Director (or their nominee)
- Kent County Council Public Health Consultant
- Chair of the Children’s Operational Group (when appointed)

In addition to the core membership, other people can be invited by the Chairman to attend the meeting to present as and when required.

14. The LOG asks the Board to consider the current applications taking into account the guidance and feedback provided above.

Local Children’s Partnership Groups

15. Information on the Kent Local Children’s Partnership Groups (LCPGs) is appended below. Note in regard to governance the LCPGs will report to the HWB. This effectively replaces the Children & Young Person’s Health & Wellbeing Committee and no doubt we will receive Partner Updates from the Ashford LCPG in future. The first meeting of the LCPG is on the 16th October and ensuring robust and productive connectivity with the HWB and other strategic groups in Ashford is considered as fundamental issue.

16. It is recommended that the LCPG be included on the January 2016 HWB agenda so that a fuller discussion can take place and detailed reporting arrangements can be agreed.

KENT LOCAL CHILDREN'S PARTNERSHIP GROUPS

PURPOSE

Local Children's Partnership Groups (LCPGs) ensure a consistent approach to partnership working at district level across Kent. They provide a connection between countywide strategic bodies and those working with children and young people at a local level.

LCPGs' primary purpose is to drive improvement in specific outcomes for local children and young people. The work of each LCPG should be highly-focussed, data-driven and underpinned at all times by delivering a measurable improvement in selected indicators. The activity of the group will include:

- Sharing information to provide understanding of local services and their thresholds
- Providing a vehicle for identifying and addressing local needs and gaps in service provision
- Facilitating and pooling resources to meet the needs of local children and families.

The work of LCPGs will support both the development and delivery of Kent's Children and Young People's Plan which will be aligned with the aims and ambitions of Children's Health and Wellbeing Board (CHWB).

LCPGs play a key role in relation to safeguarding and promoting the welfare of children and young people, and as such provide an important link between the Kent Safeguarding Children Board (KSCB) and local services and organisations working with children and young people.

GROUP ROLES

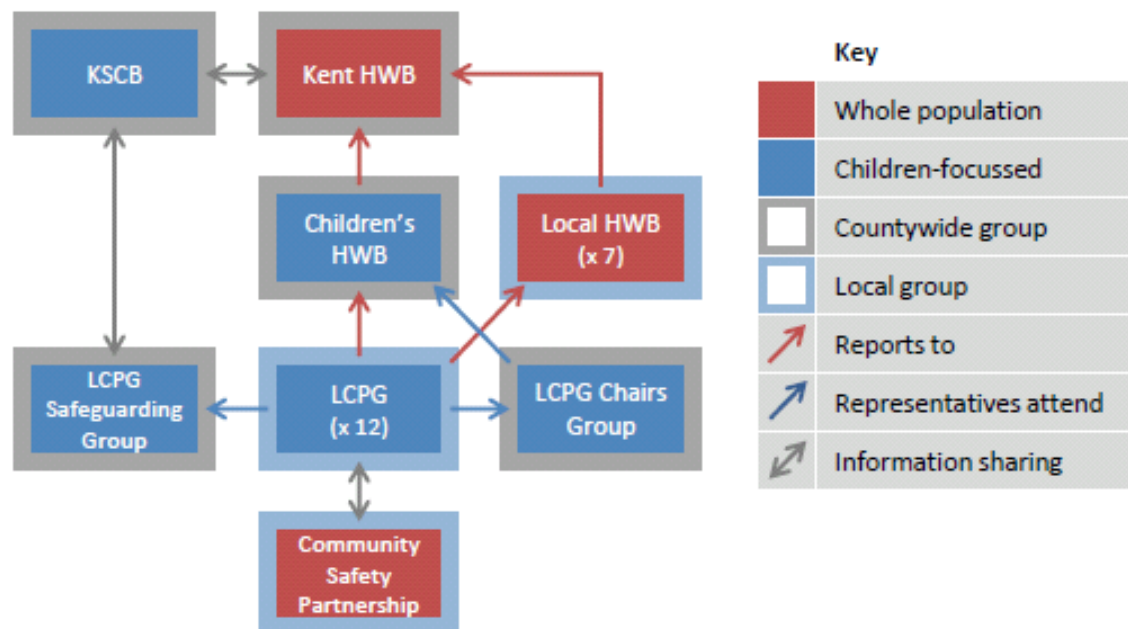
Each district will have an LCPG which represents a wide range of partners from across the public and voluntary sectors working with children (suggested membership is included). It is expected that each district's LCPG will be representative of the entirety of their district area.

To support consistency between the groups, there is expectation that each LCPG will ensure the following specific roles are fulfilled:

- **CHAIR:** Each LCPG will nominate or elect a chair from the membership of the group. The core purpose of this role is to ensure the group remains focused on improving the agreed priority outcomes for children and young people in their district. In addition to district LCPG meetings, there is an expectation that the twelve chairs will meet as a group to support and co-ordinate partnership working across districts. It is expected that two of these LCPG Chairs will attend each meeting of the Children's HWB to represent the group of twelve LCPGs.
- **SAFEGUARDING LEAD:** A group member should be nominated who will ensure the promotion of safeguarding within the group's work to improve outcomes. The Safeguarding Leads will meet as a group on a quarterly basis and link to the KSCB, ensuring up to date information is shared between county and district.
- **LOCAL HWB LINK:** A nominated group member who will attend Local Health and Wellbeing Board meetings and ensure communication and joint working between the two groups.

GOVERNANCE

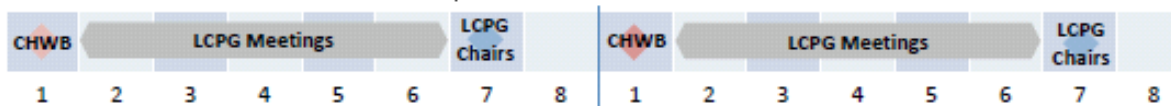
The diagram represents the relationship that Local Children's Partnerships Groups have with other key local and countywide groups, further explanation is provided below.



- Local Children's Partnership Groups (LCPGs) report to the countywide Children's Health and Wellbeing Board. The Children's HWB is the county's principle partnership group that brings partner agencies together to improve outcomes for children and young people. LCPGs are expected to report data relating to district outcomes and indicators alongside narrative and analysis on progress to the Children's HWB.
- LCPGs will also report to the Local Health and Wellbeing Board in their area. There are seven Local HWBs which are associated to CCG areas, therefore some LCPGs will be linked to more than one Local HWB. Reporting arrangements should be agreed at a local level accordingly.
- The Children's HWB and the seven Local Health and Wellbeing Boards report to the Kent Health and Wellbeing Board.
- The chair of each LCPG will be a member of the LCPG Chairs Group. Two members of the LCPG Chairs Group will attend each meeting of the Children's HWB providing the means for communication between the Children's HWB and the twelve LCPGs.
- Similarly, the safeguarding lead from each LCPG will attend the LCPG Safeguarding Group. This group will link with the Kent Safeguarding Children Board (KSCB) ensuring accurate and timely sharing of information between district and countywide groups in relation to safeguarding.
- In each local area, there is an expectation that the LCPG will develop and maintain links with the Community Safety Partnership and ensure that information is shared and joint working is encouraged where appropriate.

MEETING ARRANGEMENTS

- The CHWB meets every two months. Minutes from the CHWB will be shared with the LCPG Chairs.
- It is expected that each LCPG will meet every two months (six times a year), in the weeks following the CHWB so that key messages from the CHWB can be communicated and discussed at district level.
- The LCPG Chairs Group will also meet as a group every two months, after all of the 12 LCPGs and before the next CHWB.
- This suggests an approximate eight week (two month) cycle of meetings as demonstrated below:



- Similarly, the LCPG Safeguarding Leads should meet in line with KSCB meetings which take place four times per year.
- All LCPG member organisations are expected to contribute as appropriate to co-ordination, administration and meeting venues to ensure the smooth running of LCPG and associated meetings.

GROUP MEMBERSHIP

An LCPG is owned by its members, who are accountable to one another. It is expected that members will support the group in a way which reflects their organisation's responsibilities and resources by:

- Attending or being represented at every meeting;
- Responding to actions in a timely way as agreed by the group;
- Sharing data that supports the delivery of the group's priorities.

Each LCPG should include representation from the following organisations working in their district:

District Council	Local Schools & FE Colleges	Social Care
CCG	Police	Early Help
Community Safety Partnership	Voluntary Sector	Children's Commissioning
Public Health	Housing	Education

OUTCOMES & INDICATORS OF SUCCESS

The key driver of the activity of LCPGs will be the new countywide Children and Young People's Plan which will clearly set out the most important outcomes and associated indicators for children and young people in Kent. LCPGs will be key contributors to the plan's development, which will take place in parallel to the evolution of these groups.

In addition to the CYPP, each LCPG may have its own agreed set of locally determined outcomes, tailored to the needs of children and young people in the local area. Because of the LCPGs' extensive contribution to the CYPP, it is hoped that the need for additional local outcomes and indicators will be minimised.

Selection of outcomes and indicators should be data-driven, with partner members of LCPGs sharing relevant data to help understand local need. It is expected that consultation with local children and families will also be used to inform the selection of outcomes. Data should also be shared in order to monitor progress against indicators.

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Clinical Commissioning Group – Quarter 2: July to September 2015

What's going on in our world	<p>Commenced implementation of Ashford Health and Wellbeing Café, following agreement for CCG funding</p> <p>Action Plans in place to address underperformance against national constitution measures</p> <p>Community Networks meeting continue</p>
Success stories since last AHWB	<p>Achieving IAPT national recovery rate</p> <p>Increased care plans, through IT system, available to all health providers</p> <p>Dementia diagnosis rate now over 54% (4% increase in last quarter) but still behind planned trajectory</p> <p>Over 75 identifying frailty scheme that our membership has agreed to, this links in to the CQIN pathway work that our Community and Acute providers have been working on. This will support a reduction in falls, by identifying frailty before crisis.</p>
What we are focusing on for the next quarter <u>specific to the key projects</u>	<p>Development of MCP model for Ashford locality, along similar line to national vanguard sites.</p> <p>Continued development of community network to test model assumptions</p>
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	<p>Ensuring that implementation of community networks is balanced with current demands of capacity</p> <p>Designing and implementing new models of care as part of NHS Five Year Forward View</p>
Any thing else the Board needs to know	
Signed & dated	

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update Template

Update from	KCC
Quarter concerned	October to December 2015
What's going on in our world	<ul style="list-style-type: none"> • Completing the successful work at the William Harvey Hospital and in the community with KCC hospital team and KCC enablement has meant that this model can now be rolled out elsewhere in the county. • Developing the whole Systems work Discharge to Assess model • The Delivering Differently in Neighbourhood project in Wye, now have officers in place to take forward. • The Age UK integrated care pilot goes live in Q3 2015 and a project officer has now been appointed to support this work. • Voting for 2015 Dementia Friendly Community Awards closed on 30 August and winners will be announced shortly in each of the following categories: <ol style="list-style-type: none"> 1. Kent's Best Organisational Initiative 2. Kent's Best Partnership Project 3. Kent's Best Local Community Involvement Initiative 4. Kent's Best Intergenerational Initiative 5. Kent's 'Dementia' Volunteer Award 6. Kent's most influential/inspiring person living with dementia
Success stories since last AHWB	<ul style="list-style-type: none"> • The success of work carried out a William Harvey Hospital with KCC hospital teams and in the community with KCC enablement teams mean the model can be rolled out to the whole county. • The Local Government Association carried out a whole systems diagnostic at William Harvey Hospital July 2015
What we are focusing on for the next quarter <u>specific to the key projects</u>	<ul style="list-style-type: none"> • Working with Supported Living and Housing providers to strategically plan the delivery of KCC's My Life, My Home initiative over the next 2 to 3 years. KCC data predicts a growth in Supported Living across the Ashford & Shepway locality of around 40% over current levels by 2020. • Independent Advocacy tender of statutory and non-statutory services
Anything else relevant to AHWB priorities NOT mentioned above	KCC Transformation programme continues

Strategic challenges & risks including horizon scanning?	Potential impact of the National Minimum Wage / Living Wage, Andrew Ireland's letter to provider is provided below.
Any thing else the Board needs to know	No
Signed & dated	Paula Parker 30/09/15



By Email

Social Care, Health and Wellbeing
Room 1.64
Sessions House
Maidstone
Kent
ME14 1XQ

Email: Communitysupport@kent.gov.uk

Date: 22 September 2015

Dear Provider

Re: National Living Wage

Following the announcement of the introduction of a National Living Wage (NLW) from April 2016 I wanted to take this opportunity to clearly state the County Council's position and approach to this, alongside our obligations regarding the cost of care.

You will be aware that an initial financial assessment was presented to our Directorate Management Team (DMT). This was based on information provided by a cross section of the sector and using assumptions in order to isolate all other price pressures reported. This ensured that only the impact of the NLW was shown. DMT requested further work in order to fully understand whether the assumptions and calculations were correct.

KCC is operating in an environment of significant financial challenge and needs to single out the issues presented. Therefore the authority is isolating the different financial pressures and has already made representation to the Government ahead of the Comprehensive Spending Review the impact of the recent announcement of the NLW. You should know that, through ADASS, I am also continuing to work with other Directors to make sure that this critical issue remains high on the political agenda.

This does, in no way, diminish the Council's responsibilities to have regard to the cost of care and the Council will continue to work with providers in making sure that this is achieved. There are different factors for the different sectors. For home care, we acknowledge that there is a need to review the fees for contracted providers in light of the increases to the National Minimum Wage in 2015. For older persons care homes, there is a need to establish a clear approach to pricing for the new contract.

kent.gov.uk

It is important to separate and understand the key issues that have or will impact on provider's finances in 2015/16 and 2016/17 and to satisfy KCC Members that any fee review is reasonable and specific to the different price pressures and other key, specific statute/case law which will impact on the whole sector.

Whilst we acknowledge our responsibilities under the Care Act to ensure market sustainability and taking into account the costs of our providers. In addition, there are of course employer responsibilities and our expectations are laid out in the specification and terms and conditions of our contracts.

There are a number of opportunities to feed in to the processes. Commissioning staff have been collecting feedback from providers and other national research and have been working with finance, policy and procurement colleagues to understand this. Mark Lobban, Director of Commissioning, has been attending meetings with the Trade Associations.

I am sure we would all agree that time is of the essence in ensuring ongoing market sustainability and that the next steps are to proactively coordinate the Kent Social Care position of the impact of the NLW for the Comprehensive Spending Review and to work on the different elements of impact of the NMW separately.

Yours sincerely

Andrew Ireland
Corporate Director – Social Care, Health and Wellbeing

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Public Health - Quarter 2: July to September 2015

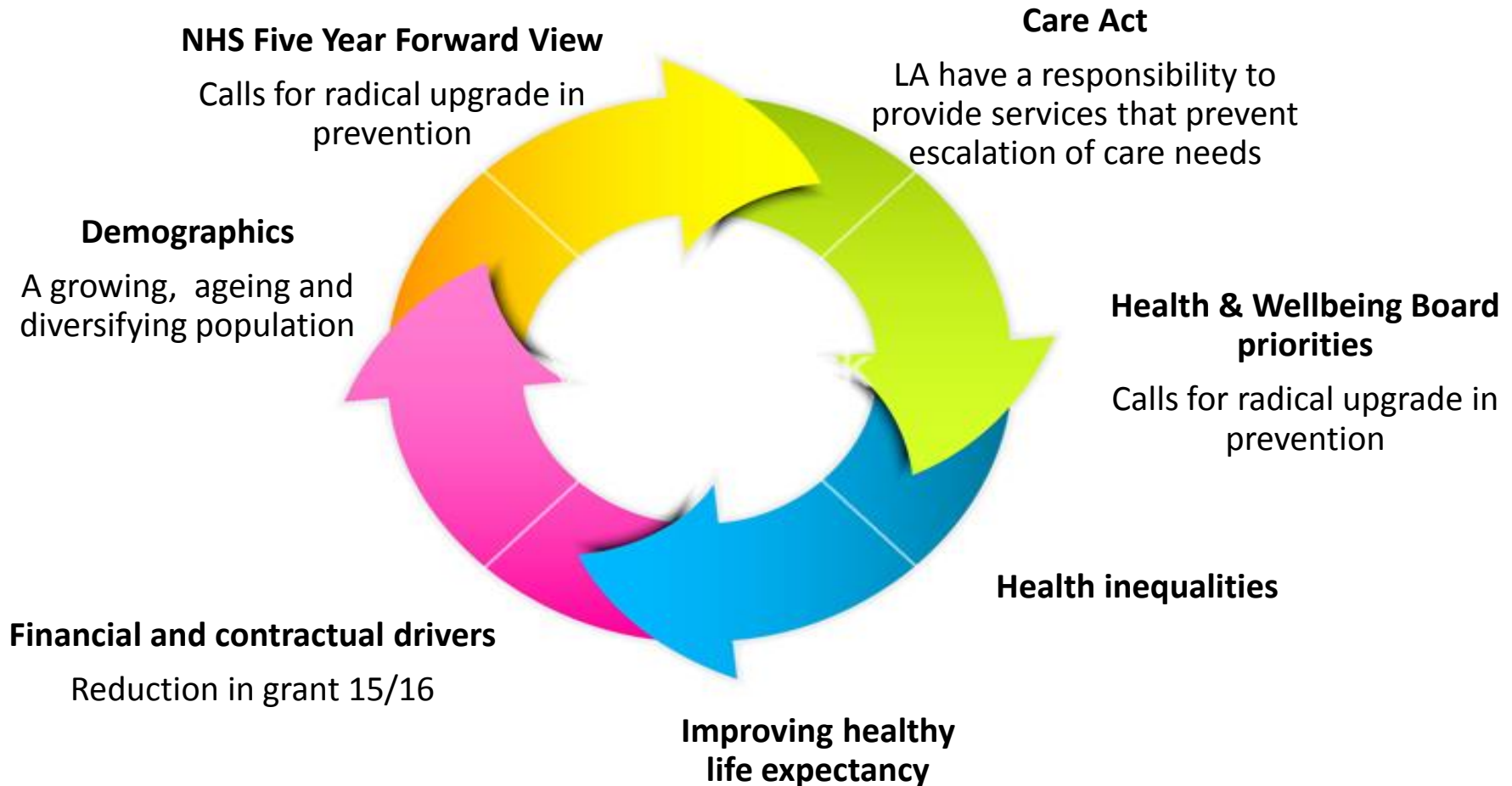
<p>What's going on in our world</p>	<p>Smoke Free Homes – The Smokefree Homes programme (originally piloted in Northfleet) is coming to Ashford! Children Centre staff around the County are being asked to engage in training on the harmful effects of second hand smoke near children and will encourage and support families make their homes smokefree. Smoke Free Homes packs (designed by Kent residents) will be distributed via the Childrens Centres to provide incentive and support for a smoke free home.</p> <p>Public Health Improvement Commissioning Strategy – Kent Public Health are reviewing their current commissioning process for health improvement services with a view to reflect the public health contracting approach in line with other relevant commissioning plans. The Review will consider service outcomes and performance, wider priorities and customer insight as well as addressing spend and service delivery though a life course approach for a new Integrated commissioning model commencing September 2016. Health Improvement services that may be affected are: Smoking, Healthy Eating, Physical Activity, Obesity, Alcohol & Substance Misuse and some sexual health services).</p> <p>Public Health are currently visiting all Health and Wellbeing Boards and Kent Health and Wellbeing Board by the end of 2015 to invite them to engage in the consultation exercise that will help shape the future commissioning model. It has not been possible to secure an agenda item on this Ashford Health and Wellbeing Board but further information is available in the attached powerpoint presentation and Kent Public Health Commissioning Team would welcome attending the next Ashford Health and Wellbeing Board to discuss this with stakeholders further. The views and response from the Board would be considered along with outcomes from other Health and Wellbeing Board and public consultation due to commence in November 2015. However, all local Health and Wellbeing Boards are being asked to comment on the proposal and promote the consultation more widely in their district.</p>
<p>Success stories since last AHWB</p>	
<p>What we are focusing on for the next quarter</p>	<p>Recommendation to the Health and Wellbeing Board to consider the following health priorities where Ashford is</p>

<p><u>specific to the key projects</u></p>	<p>performing below the England average (APHO Health Profile data 2015:)</p> <ul style="list-style-type: none"> - Statutory Homelessness - Violent Crime - Obese Children in Year 6 - Killed and Seriously injured on roads.
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<p>Kent County Council are revising the County's Health Inequalities Plan, working with Chris Bentley's model of identifying specific numbers of groups of people in the County who are at greatest risk of CVD mortality and working collaboratively with other services to reduce the mortality rates of these groups of people to reduce inequalities.</p>
<p>Strategic challenges & risks including horizon scanning?</p>	<p>Public Health anticipate further potential in-year funding cuts arising from the Autumn Spending Review 2015.</p>
<p>Any thing else the Board needs to know</p>	<p>There is currently a County Review of Domestic Violence services conducted by the Kent Community Safety Partnership and other partners to identify where resources can be best placed to provide efficiencies and emphasis on prevention where appropriate. Kent Public Health plan to continue to fund domestic violence services but will not be able to continue the health service contribution it has historically funded.</p>
<p>Signed & dated</p>	<p style="text-align: right;">30/09/15</p>

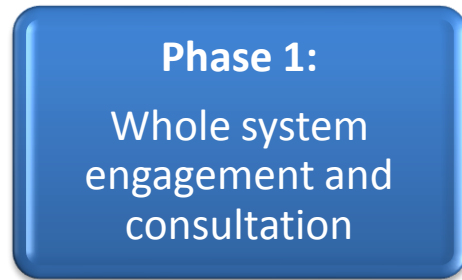
Public Health Improvement Commissioning Strategy

Ashford Health & Wellbeing Board 21st Oct 2015

PH Transformation Programme - Drivers for Change



Timeline



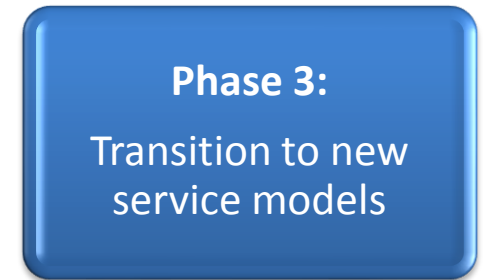
March – September 2015:

- Member briefings and Cabinet Committee
- Stakeholder consultation
- Outcomes agreed
- Analysis and Review
- Health and well being boards consultation
- Market engagement
- Contract management



October 2015 –April 16

- New models of provision and specifications developed
- Public Consultation
- Key decisions taken
- Resourcing agreed
- Invitations to tender issued
- Procurement processes run
- KCC Making Every Contact Count



April 2016 onwards:

- Transition to new service models
- Staff reconfiguration
- Change management and communication

Public Health Transformation - Our Key Questions

- Are our services fit for purpose?
- Do we invest our grant in the right way?
- What is mandated and what is discretionary?
- How many people and do the right people benefit from our services?
- How do our services perform?
- How do our contractual arrangements limit what we can do?
- Are we planning for the future?

Review

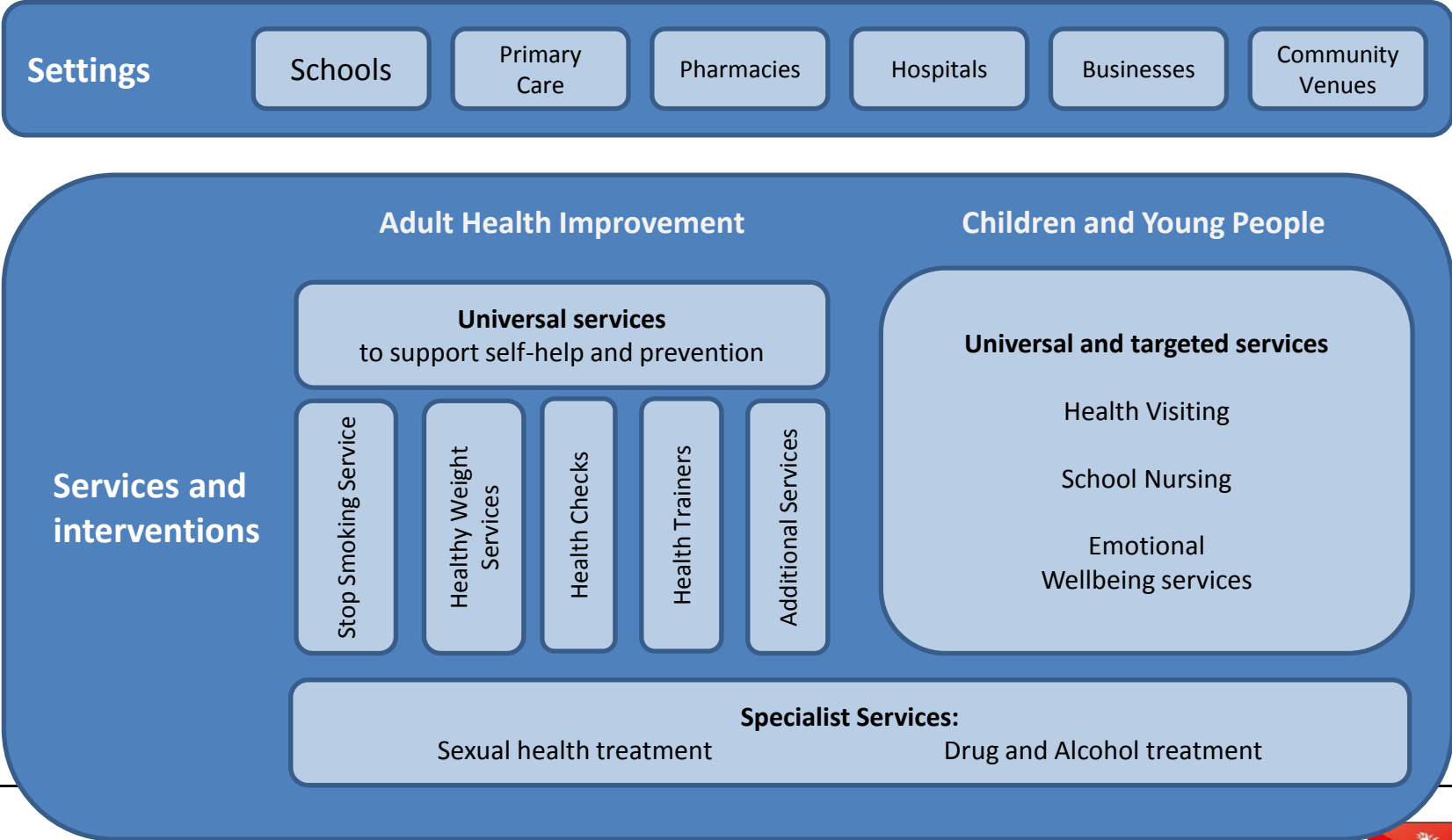
➤ Reviewed:

- Outcomes
- Spend
- Performance of services
- Health profiles across Kent
- National developments and Key research
- The Market
- Wider system priorities
- Customer insight

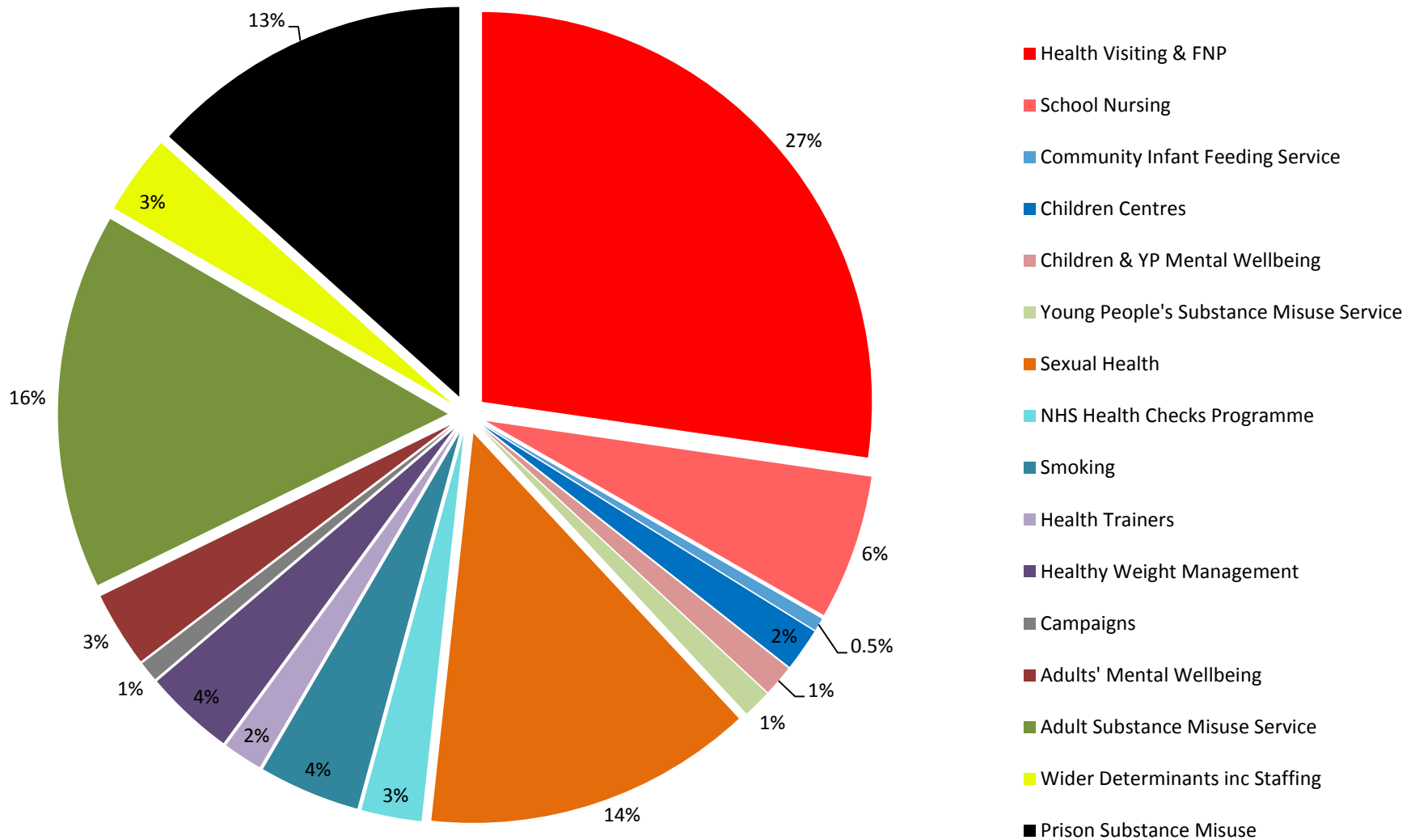
Key Outcomes

	Starting Well	Living Well	Ageing Well
Smoking	<ul style="list-style-type: none"> • Reduce smoking prevalence in general • Reduce in target populations 		
Healthy Eating, Physical Activity & Obesity	<ul style="list-style-type: none"> • Reduce levels of excess weight • Increase levels of physical activity • Increase levels of breastfeeding • Reduce levels of tooth decay in children (5 year olds) 		
Alcohol & Substance Misuse	<ul style="list-style-type: none"> • Reduce alcohol-specific admissions to hospital • Increase successful completions for drug and alcohol misusers 		
Wellbeing (including Mental Health and Social Isolation)	<ul style="list-style-type: none"> • Improve wellbeing of population • Reduce self harm and suicide rates • Reduce social isolation • People >65 with mental ill health are supported to live well 		
Sexual Health & Communicable Disease	<ul style="list-style-type: none"> • Maintain access to specialist sexual health services • Reduce rates of sexually transmitted infections • Reduce levels of teenage pregnancy • Reduce excess <75 mortality rates 		

Current Model



Ashford Public Health Spend Breakdown 15/16 - based on NHS England Formula



		Starting Well – Ashford		
		Agreed Outcomes	Current Health Performance <i>Source: PHOF unless stated</i>	PH Activity
Smoking	Reduce smoking prevalence at age 15	Smoking prevalence at age 15 (2009-12) – <i>regular smokers only</i> : Ashford: 9.1%		Stop Smoking Service Tobacco control programmes
	Reduce smoking prevalence at time of delivery	Smoking prevalence at time of delivery (Q2 14/15) Ashford CCG: 10.1%		
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight in children	% children classified as overweight or obese (2013/14)		Early Help Workforce funding Ready Steady Go Change4Life
		4-5 yr olds (YR): 22%	10-11 yr olds (Y6): 35%	
	Increase levels of breastfeeding	% all mothers who breastfeed their baby in first 48hrs after delivery (breastfeeding initiation) (2013/14): Kent: 71.3%		Community Infant Feeding Service
	Increase physical activity in young people	<i>No data available</i>		Sky Ride
	Reduce levels of tooth decay	% children with one or more decayed, missing or filled teeth (aged 5 years) (2012): Kent 19.8%		Dental Health Programmes
Alcohol & Substance Misuse	Reduce under 18 hospital admissions due to alcohol	Alcohol specific admission rate per 10,000 population aged <25 (2011/12 to 2013/14) – Source: SUS, ONS Ashford: 7.0		Young People’s Substance Misuse Service
	Reduce levels of drug taking and use of legal highs	Drug specific hospital admissions: rate per 10,000 population aged <25 (2011/12 to 2013/14) – Source: SUS, ONS Ashford: 6.6		
Wellbeing	Increasing emotional resilience in families and young people	Admissions for mental health, rate per 1,000 population, ages 0-17 (2011/12 to 2013/14) – Source: SUS, ONS Ashford: 1.1		Domestic Abuse Projects Mental Health First Aid Youth Mental Health Matters Helpline Positive Relationships Social Integration Activities Project Young Healthy Minds
	Ensure levels of social and emotional development	School readiness: % children achieving a good level of development at end of reception year (2013/14) Kent: 68.5%		
	Reducing levels of self-harm and suicide rates	Deliberate self harm admission rate per 10,000 population aged 0-17 (2011/12 - 2013/14) – Source: SUS, ONS Ashford: 10.4		
Sexual Health, Communicable Disease	Reduce rates of Chlamydia	chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15) Ashford: 934		Condom Programme Integrated Sexual Health Service National Chlamydia Screening Programme Pharmacy Sexual Health Programme
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs/100,000 (2013) Ashford: 578		
	Reduce levels of teenage pregnancy	<18 conception rate /1,000 (2013) Ashford: 23.5		
All Priorities	As above	As above		Children Centres Health Visiting & FNP School Nursing

Living Well – Ashford			
	Agreed Outcomes	Current Health Performance <i>Source: PHOF unless stated</i>	PH Activity
Smoking	Reduce smoking prevalence in general population	Smoking prevalence in general population 18+ (2013) Ashford: 21.1%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013) Ashford: 34.7%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Ashford: 67.4%	Ready Steady Go Change 4 Life Fresh Start Tier 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013) Ashford: 24.2%	Health Walks Exercise Referral Scheme
Alcohol & Substance Misuse	Reduction in number of people drinking at problem levels	Alcohol specific admission rate /10,000 population aged 25 - 64 (2011/12 - 2013/14) – Source: SUS, ONS Ashford: 37.0	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol	Drug specific hospital admissions, rate per 10,000 population aged 25+ (2011/12 to 2013/14) – Source: SUS, ONS	
	Reduction in drug misuse	Ashford: 8.2	
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Ashford: 35.3	Domestic Abuse Projects Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduction in suicide rates	age-standardised mortality rate from suicide and injury of undetermined intent/100,000 population (2011-13) Ashford: 7.6	
	Reduction in domestic abuse	rate of domestic abuse incidents (recorded by the Police) /1,000 (2013/14) Kent: 18.1	
Sexual Health, Communicable Disease	Increase early diagnosis of HIV	Late diagnosis of HIV % newly diagnosed with a CD4 count less than 350 cells per mm ² (2011-2013) Ashford: 42.9	Integrated Sexual Health Service Pharmacy Sexual Health Programme Psychosexual Counselling
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs /100,000 (2013) Ashford: 578	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013) Ashford: 147.8	NHS Health Checks Programme
All Priorities	As above	As above	Children’s Centres Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

Ageing Well – Ashford

Agreed Outcomes

Current Health Performance

Source: PHOF unless stated

PH Activity

Smoking

Reduce smoking prevalence

Smoking prevalence in general population 18+ (2013)
Ashford: 21.1%

Smoking Cessation Service
Tobacco Control

Healthy Eating, Physical Activity and Obesity

Reduce levels of excess weight

% excess weight in adults (2012)
Ashford: 67.4%

Fresh Start
Tier 3 Weight Management
Health Walks
Exercise Referral Scheme

Alcohol & Substance Misuse

Reduction in number of people drinking at problem levels

Alcohol specific admission rate /10,000 population aged 65+ (2011/12 - 2013/14) - Source: SUS, ONS

Adult Substance Misuse Service

Reduction in hospital admissions due to alcohol

Ashford: 21.3

Wellbeing (inc Mental Health & Social Isolation)

Improve wellbeing

Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS
Ashford: 34.8

Kent Sheds
Mental Health Community Services
Mental Health First Aid
Mental Health Matters Helpline
Mental Wellbeing Programmes
Primary Care Link Workers

Reduce social isolation

% adult social care users who have as much social contact as they would like (2013/14)
Kent: 45.8%

People with mental ill health are supported to live well

Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS
Ashford: 34.8

Sexual Health

Reduce rates of STIs

No data available for 65+

Integrated Sexual Health Service

All Priorities

As all above

As all above

Health Trainers
Healthy Living Pharmacies
Learning Disability Health Improvement Programme
NHS Health Checks Programme

Market Engagement and research 1

- Much research points to understanding issues with clustering of unhealthy behaviours (King's Fund analysis)
- Providers keen to explore new opportunities and diversify their service offer to engage with us
- Many providers are doing a great deal of thinking about their strategies - some are re-focusing their service offer to respond to the potential market for health improvement
- Organisations included integrated health improvement hub models that have recently been established e.g. Live Well Dorset, Live Well Suffolk.
- Some providers expressed concern about the idea of creating an integrating health improvement model. Eg dilution of specialist expertise, risk of restricting the market

Market Engagement

- Suggestions for commissioning programmes that go beyond traditional ‘service-based’ approaches e.g. using behavioural science and marketing to generate motivation for healthier lifestyles .
- A number of different providers suggested commissioning a generic ‘behaviour change service’
- Providers wish to understand more about how VCS can come together in partnerships to bid
- Pharmacies are keen to engage in health improvement agenda offer a wider range of public health services
- Few suggestions for reductions in spend; most suggestions on principles of ‘invest to save over the long-term’

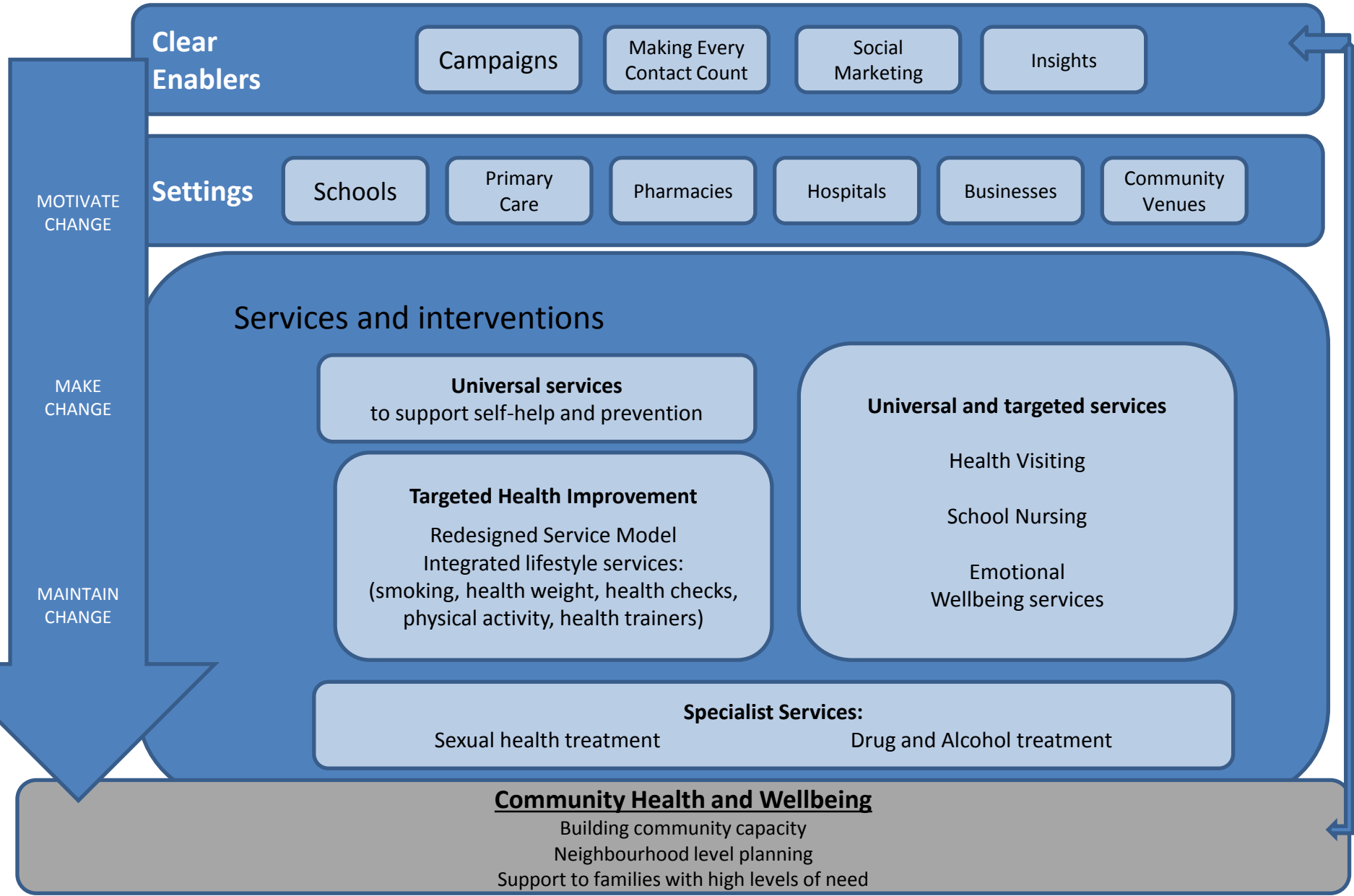
Key themes

- Health Promotion across the population
 - Co-ordination with partners
 - Enhancing the approach to motivation
- Focus on health inequalities
- Locally flexible services (co-design)
- Integration of adult health improvement services
- Children and young people's services
 - Better visibility and Shared records
 - Better and further integration of services
- Embedding a the focus on emotional health and wellbeing

The 9 High Impact Areas

- The Best Start in Life
- Healthy Schools and Pupils
- Helping People find and stay in work
- Active and Safe Travel
- Warmer and Safer homes
- Access to Green and Open spaces
- Strong communities, Wellbeing and Resilience
- Public protection and regulatory services
- Health and Spatial services

Adult and Children Health Improvement Model



Local Public Health Model

Local priorities to inform approach,
with mental and emotional wellbeing
underpinning everything we do

Whole Population Health Promotion

Campaigns and communications Making Every Contact Count Community Champions
Websites and social marketing Partner Communications

Universal Access Services

Health Visiting School Nursing Health Checks
Healthy Living Centres Healthy Living Pharmacies
Universal Health Improvement Services

Targeted Health Improvement Services

Integrated Adult Health Improvement Service
Motivational approaches

Specialist Services

Alcohol, drugs &
Sexual health

**Integrated community
approaches**

Community Health and Wellbeing

Building community capacity and improving access to community resource

Motivate
Change

Make
Change

Maintain
Change

Next Steps

- Stakeholder engagement continues
- New models of provision developed
- Public Consultation
- Further customer insight work
- Resourcing agreed
- Models and specifications finalised
- Procurement processes as appropriate

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Ashford Borough Council – Quarter 2: July to September 2015

<p>What's going on in our world</p>	<ul style="list-style-type: none">• Park Mall – Council has purchased and is operating Park Mall.• M20 Junction10a – Traffic modelling completed. Scheme design being revisited which has put the project back. Consultation likely in November. The formal Development Consent Order application is likely in April 2016, with a start on site of early 2018, with about 18 months construction period.• Stour Centre Regeneration & Jasmin Vardimon International Dance Academy – due to escalating project costs and difficulties in obtaining Arts Council England funding regrettably the Council was no longer in a position to assist the Jasmin Vardimon project with its ambitious plans. Instead the Council is seeking to move forward with new plans for upgrading the Stour Centre sports facility. Officers would continue to work closely with the Members' steering group and external partners to find an alternative way of delivering an affordable and deliverable project. This will continue to remain one of the Big Eight corporate priorities.• Elwick Place - A planning application for the first phase, including the cinema, hotel and restaurants has now been submitted to the Council.• Public realm works around International House underway and scheduled to complete in November.• Designer Outlet Expansion (phased extension to double floor space). Planning application has now been approved i.e. as of 23 Sept 2015.• Ashford College (£16m campus for 1,000 students) Demolition of old buildings on site underway. Campus will be completed in early 2017 and open from September that year.• International Station spurs (finding signalling solutions to enable future interoperability for all international service providers). European Commission has agreed to contribute half of the required funding for an essential update of signalling equipment at Ashford International Station. The remainder of the funding will be covered by the South East Local Enterprise Partnership. This investment will ensure that Ashford remains an international destination, maintaining direct rail access to continental Europe.• Chilmington Green (development based on Garden City principles (1000 jobs and 5,750 houses) resolution to grant planning permission given. Ongoing s106 discussions.• Commercial Quarter (55,000 sq m commercial office floor space plus 150 homes). Council working with local developers Quinn Estates Ltd and George Wilson Holdings Ltd on the site earmarked for the first new office building in the Ashford Commercial Quarter. Together they will help bring forward the exciting plans to redevelop the area into a dynamic new main business hub in the town.• TENT1 – (additional 249 homes in Tenterden). Delays over section 106 discussions but final decision imminent.
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	<ul style="list-style-type: none"> • Conningbrook Lakes Country Park – it is open. Over time the park will offer a range of leisure and water based activities while also providing a gateway for walkers and cyclists to explore the Stour Valley. • Repton Park Community Centre - Planning application submission anticipated in early autumn 2015. Design of the building, name for the centre and signage being finalized with key players. • Willesborough Community Centre - The conversion of St Marys Church Willesborough into a shared space serving both church and community will be complete in September. Volunteers at the church plan a range of services centred on a community café. These will be focused on the five areas of Wholeness & Wellbeing, Children, The Elderly, Life Skills & Management and The Wider World. It is expected that a debt centre serving the whole of Ashford will be established and run by the church. • Local Plan – a new Local Plan is currently being prepared which will look ahead to 2030. It is expected that formal public consultation on a draft Plan will take place next Spring. • Syrian Vulnerable Persons Re-location Scheme – Following David Cameron’s announcement that the Country will receive 20,000 Ashford Borough Council is considering how it can play its part in providing for refugees locally. A Kent wide group has been set up to coordinate provision across the County so that education, social care and health needs can also be met.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Self Harm Project - AKA ‘About You’. Progress is being made in terms of partnership working with the CCG via Community Networks, some work still do with Ashford schools. • Dementia – Information on dementia to be included within the Council’s Induction Process. This will also cover what it means being a Dementia Friendly Organisation and promote Dementia Friends. ABC continues to host and attend Ashford DAA. Last meeting on 8th September identified that group needs to define some shared goals. • Domestic Abuse – Freedom programme courses up and running. Now recruiting women to attend a recovery tool kit (i.e. a follow on from Freedom to provide top up support). Exploring a limited One Stop Shop in Tenterden at St Mildred’s Church Hall. • Little Hill Extra Care Scheme – this Council site was gifted to KCC in June last year as part of the Excellent Homes for All PFI project. When complete in Summer 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 November 2015. • New Build Affordable Homes - Programme agreed to deliver the fifth phase of the programme which was the provision of 106 units of which 50 units were proposed for the redevelopment of an existing sheltered housing scheme at Danemore in Tenterden. Access the full programme at http://www.ashford.gov.uk/developments-coming-soon. A bid for funding for the Danemore scheme has been made through the Care and Support Specialised Housing Fund (CaSSH) phase 2. Outcome

	<p>will be known in October.</p> <ul style="list-style-type: none"> ● Chamberlain Manor extra care scheme (Housing and Care 21) - opened officially on 17th July. 67 units for rented and shared ownership and communal facilities. All rented apartments are allocated. Approximately half of the shared ownership apartments are now reserved. Hairdressing salon (part of the facilities to benefit the wider community as well) is let. ● Spearpoint sports facilities. Sports Council funding secured and approval given to replace the Spearpoint pavilion with a new community building. Progressing and aim for construction to start in 2016. ● 'Smoke Free' Play Spaces – Pilot project to encourage an emotional response from local residents, discouraging them from smoking in public places and around children. Three additional play spaces in Repton Park now in place with Bulleid Place to follow later in the year as part of a wider refurbishment. Evaluation through consultation with primary school children and residents to take place in the autumn. Tenterden Council considering introducing on the Recreation Group play space. Waiting for the evaluation to finish in November. ● Community Safety Partnership drop-in shop - 1042 engagements were made at the week long drop-in shop in County Square, Ashford in August. The purpose was to raise public awareness of the community safety services available from community safety partners. There was free face painting, competitions and practical help and advice on young people services, drug, alcohol and mental health, employment, managing debt, personal safety, road safety, education and crime prevention. Partners that attended included: Turning Point, KCC Wardens, Kent Police, KFRS, Citizens Trust, Sk8side, Early Help, Welfare Intervention Officers, Victim Support, Domestic Abuse Coordinator, KCC Road Safety, Community Safety Unit, AWPAC and TCAT. ● MIND café - CCG have approved the location of HOUSE for the MIND café. Provisional start date 23 October 2015 from 6pm to 10pm and then the same time every Friday and Saturday. MIND are looking at further funding to increase operating times. HOUSE will provide a relaxed atmosphere which is idea for the counselling service. Potential partnership to be explored with Ashford Leisure Trust on using additional facilities for the service.
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> ● Dementia - Day Centre at the new Farrow Court facility. ● Healthy Weight - group set up and a plan is being written and discussed in October; The 'Aspirational Health Zone' project aimed at Stanhope residents has recruited a coordinator to start in September; ● Farrow Court –anticipated that residents will move into their new accommodation starting in November and a formal opening event for phase one will be take place in December or January. ● Rough Sleepers Project, Porchlight commissioned, joint working started and a multi agency working group has been set up. ● Homelessness Strategy – Being reviewed. Following Cabinet approval on 8th October the draft strategy will be out for public consultation on the Council's consultation Portal. If information required contact sharon.williams@ashford.gov.uk.

	<ul style="list-style-type: none"> • Infrastructure group meeting – The group hasn't met since the presentation in July. ABC awaiting confirmation of NHS GP provision for growth.
Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> • ABC/KCC Delivery Deal – draft endorsed by ABC cabinet. The Deal is designed to improve joint working between the two organisations in delivering key projects and services. Includes a commitment to playing a leading role in promoting health & wellbeing and continuing to focus and strengthen the Ashford HWB. • Sexual Health in Ashford – ABC responded to the consultation document on how sexual health services are delivered in Kent. Need to increase access to services was supported especially in the context of projected growth in Ashford's population. The suggested new service within the Tenterden area was welcomed as was the need for community and outreach services and links to existing youth services. • Domestic Abuse – As part of the government funding to help support victims of domestic abuse, ABC Housing are putting together a bid, looking at providing accommodation to local residents needing to flee their property for a short time due to domestic abuse. At bid is aimed at providing a gender neutral service, who can support heterosexual male and female victims as well as those from the LGBTQ community. Support for the bid has been given by the Chair of the Community Safety Partnership and Ashford HWB.
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> • ABC is currently preparing its new corporate plan. Discussions being informed by changing population demographics and desire to support healthy living with a particular focus on our leisure and cultural offer.
Any thing else the Board needs to know	<ul style="list-style-type: none"> • Stoptober – Promotional support being given for Stoptober including an article for our housing tenants as those in social housing have high smoking prevalence compared to other tenures.
Signed & dated	Sheila Davison – October 2015

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Voluntary Sector – Quarter 2: July to September 2015

<p>What's going on in our world</p>	<p>Local voluntary and community sector infrastructure body Case Kent has merged with EKVAS and formed Red Zebra Community Solutions. The new infrastructure body covers the whole of East Kent.</p> <p>Many charities are working through the tendering process for the community and mental health service delivery contracts next year. Currently, potential strategic partners are being selected. This has been an onerous process for small organisations despite support offered by the STAMP programme.</p>
<p>Success stories since last AHWB</p>	<p>There are over 350 voluntary and community organisations in Ashford so here are a couple of examples as a flavour of what's happening in the sector overall.</p> <p>Ashford Counselling Service has been awarded £136, 650 over three years by the Big Lottery Fund to work with parents with postnatal depression. The service will be delivered in Ashford Children's Centres working closely with the Early Intervention team.</p> <p>An Ashford Well Being Café will be opening at the the "House" at the Stour Centre, Ashford and will offer. The provisional start date is proposed for 23rd October.</p> <p>The café will be open from 6 – 10pm Friday & Saturday initially for a 6 month pilot period and will offer:</p> <ul style="list-style-type: none">· An initial welcome and assessment by a mental health support worker –· Opportunities for social and creative activities· On site one to one support by a mental health support worker and/ or an onsite CPN <p>The purpose of the initiative will be to: provide out of hours support to people experiencing mental health problems which do not require hospital admission; Support a common approach for mental health providers and community safety teams; Identify and address the role mental health issues play in anti-social behaviour.</p> <p>This has been set up in line with the Kent & Medway Mental Health Crisis Care Concordat and after successful pilots of similar Cafes in Swale and Medway, Mid Kent Mind along with other voluntary organisations offered our project proposal for a Wellbeing Café based within the Ashford CCG locality.</p>

What we are focusing on for the next quarter <u>specific to the key projects</u>	CASE Kent has produced a report examining the impact of the Voluntary Sector in East Kent. We will present this information at the October Board meeting. The report looks at how 'cost-effective' the sector is, funding issues for the sector, sustainability and engagement with statutory bodies (including health and local CCGs). We will be working with local organisations in the voluntary and statutory sectors to address the recommendations in the report.
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	It is coming to the time of year when grants are up for renewal and it is likely that Voluntary organisations will face cuts to their grants once more in the next financial year. Savings have been made by many organisations already operating very close to the bone and closure is a very real threat to some organisations. KCC's preference to put tenders out to larger consortium or lead partners does not sit well with smaller charitable organisations whom are extremely under resourced and in many cases dependent on volunteers alone. They provide vital services for local people and require comparatively low levels of funding to operate. A resilience fund for these smaller organisations is a possible solution, to enable them to concentrate on delivery of service.
Anything else the Board needs to know	
Signed & dated	Tracy Dighton, Michael James. 5 th October 2015.

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Healthwatch Kent – Quarter 2: July to September 2015

<p>What's going on in our world</p>	<p><u>Healthwatch Kent – Ashford focus</u></p> <ul style="list-style-type: none"> ➤ Enter & View visits completed to William Harvey A&E and Outpatients. Reports will be published soon ➤ Worked with CQC on their return inspection to all EKUHFT sites. Report expected in October ➤ Working with EKUHFT to engage the public around their clinical strategy and the future of hospital services in East Kent. First East Kent Strategy meeting involving all partners took place Sept 10th to determine next steps. ➤ Published report following Enter & View visit to St Martins mental health unit at Canterbury
<p>Success stories since last AHWB</p>	<p><u>Healthwatch Kent – Ashford focus</u></p> <ul style="list-style-type: none"> ➤ Healthwatch has involved over 1,000 members of the public in the first phase of the East Kent Strategy work. ➤
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<p><u>Healthwatch Kent – Ashford focus</u></p> <ul style="list-style-type: none"> ➤ Continued detailed work to engage the public about the future of East Kent Hospitals and design options ➤ EKUHFT actions following the latest CQC report ➤ Mental Health out of county beds ➤ KMPT improvement actions following their 'requires improvement' rating ➤ Improving public consultations ➤ Planning End of Life Care project for 2016
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<p><u>Healthwatch Kent – Ashford focus</u></p> <ul style="list-style-type: none"> • There is a Kent wide review of stroke & vascular services (not being run by Healthwatch – lead by CCGs & NHS England). Very tight timings for public involvement with gaps in engagement to date
<p>Strategic challenges & risks including horizon scanning?</p>	<p><u>Healthwatch Kent – Ashford focus</u></p> <ul style="list-style-type: none"> • Stroke review is not working in tandem with the EKUHFT review – potential conflict here
<p>Anything else the Board needs to know</p>	<p><u>Healthwatch Kent – Ashford focus</u></p>
<p>Signed & dated</p>	

Ashford Health and Wellbeing Board 19th October 2015

Kent Joint Strategic Needs Assessment workshop of 22nd September and Kent Health and Wellbeing Board meeting of 16th September

Kent Joint Strategic Needs Assessment Workshop

The Joint Strategic Needs Assessment for Kent is due to be updated next year. The Kent Health and Wellbeing Board hosted a workshop for stakeholders and other interested parties on 22nd June. The purpose of the workshop was to discuss how the JSNA could be more relevant to those that use it, especially in its function of informing the plans and decisions of the various commissioners of health, social care and public health services.

Over 80 people attended from across the various sectors including CCG representatives, providers and the VCS. Some short presentations introduced the morning followed by workshops on various topics designed to improve our understanding of what the JSNA needs to contain, who has valuable contributions to make to the data and information it contains, and how it can be presented and supported by other information and tools to make it properly useful to commissioners and others.

The results are currently being analysed and will be reported back to the Kent Health and Wellbeing Board in the new year. The next revision of the JSNA is due to be discussed at the Kent H&WB next May.

Kent Health and Wellbeing Board

The Kent H&WB met on the 16th September. Main agenda items included reports on the Strategic Priorities of Healthwatch Kent; key items from the current JSNA that need to be reflected in the commissioning plans of CCGs and others in the next commissioning round; the Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25 yrs); the relationship between the Kent Board and the local health and wellbeing boards; the issue of the Kent board and its relationship with the Voluntary and Community sector; the Kent Health and Social Care Integration Test Bed site submission; and the minutes from the local health and wellbeing boards.

Full details can be found at:

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MIId=5835&Ver=4>

Local Health and Wellbeing Boards and their relationship with the Kent Health and Wellbeing Board

The relationship between the Kent Board and its local subcommittees has been an issue for discussion for some time. Both parties have voiced dissatisfaction in the past and this report followed a review of how the relationship is working, and perceived to be working, conducted over the Summer.

The report contains a raft of 17 recommendations, 6 of which relate to the Kent Board. These are designed to clarify the expectations of the Kent Board with respect to what the local boards should do and how they should go about their business. They are designed to be enabling rather than proscriptive and to provide a framework that local boards can develop within. Local boards are being offered support from the KCC policy function and opportunities provided by the LGA to assist their implementation of the recommendations and their development. Over the next 6-12 months it is hoped that local boards can establish how they wish to take local issues forward within the framework expected by the Kent Health and Wellbeing Board.

Kent Health and Wellbeing Board and strategic relationship with VCS

Another issue that has been raised from time to time and featured in the discussions around the Kent Joint Health and Wellbeing Strategy at the event held in June, is that of the Kent board's relationship with the Voluntary and Community Sector. KCC has recently agreed a new VCS policy to inform its work with the sector and this has added impetus to the debate around the role of the Kent Health and Wellbeing Board.

The report outlined the issues involved and was based on the assumption that whilst engagement with the VCS at the local board level is essential, the relationship at a more strategic level is less clear.

The Kent Board agreed to set up a small working group to look at two related questions:

Should the Kent Health and Wellbeing Board have a strategic relationship with the Voluntary and Community Sector above and beyond that which will be forged at a more local level ?

If so, what should that relationship be about and what mechanisms will need to be established to progress this ?

Mark Lemon

Strategic Relationships Adviser
Kent County Council
Strategy Policy and Assurance

28th September 2015