

# 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 Wednesday, the 20<sup>th</sup> July 2016 at 09.30 am

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The Members of this Board are:-

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

Faiza Khan – Public Health Specialist, Kent County Council ( Vice Chairman)

Cllr Brad Bradford – Portfolio Holder 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

Mark Lemon – Policy Advisor, Kent County Council

John Brindle - HealthWatch representative

Caroline Harris – Voluntary Sector representative

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

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

Helen Anderson – Ashford Local Children’s Partnership Group

Tracey Kerly – Chief Executive, Ashford Borough Council

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

Christina Fuller – Head of Culture, Ashford Borough Council.

## Agenda

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1. <b>Election of Chairman and Vice-Chairman of the Board</b>	
2. <b>Welcome and Apologies</b>	
3. <b>Declarations of Interest:-</b> 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 3 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.

- |    |  |       |
|----|--|-------|
| 4. | Notes of the Meeting of this Board held on the 23 <sup>rd</sup> March 2016   | 2-10  |
| 5. | Update on Ashford Health and Wellbeing Board Priorities (Faiza Khan)   |       |
|    | (a) Reducing Smoking Prevalence Update Report  | 11-17 |
|    | (b) Healthy Weight Update Report   | 18-34 |
| 6. | Kent Health & Wellbeing Board Meeting held 25 <sup>th</sup> May 2016 (Navin Kumta) – verbal update (link to papers)<br><a href="https://democracy.kent.gov.uk/ieListDocuments.aspx?CIId=790&amp;MIId=618">https://democracy.kent.gov.uk/ieListDocuments.aspx?CIId=790&amp;MIId=618</a><br><u>1</u> |       |
| 7. | Sustainability and Transformation  |       |
|    | (a) Kent and Medway Sustainability Transformation Plan<br>Neil Fisher (to follow)  |       |
|    | (b) Chief Executive of East Kent Hospitals University NHS Foundation Trust (Matthew Kershaw)   | 35-40 |
|    | (c) GP Federation’s Vision for Healthcare in Ashford (James Kelly)   | 41-42 |
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| 8. | Live it Well and Wellbeing Café (Emma Hanson Head of Strategic Commissioning, Adult Community Support, KCC)/Shaw Trust (Austin Hardie)   | 43-45 |
| 9. | Partner Updates  |       |
|    | (a) Clinical Commissioning Group – Neil Fisher (to follow)   |       |
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10. Forward Plan

October 2016 (Theme: Children and Young People)

- Children and Young People's Plan (Helen Anderson)
- Looked after Children (Louise Simpson/Esme Risner)
- The Syrian Project – Sharon Williams

11. Dates of Future Meetings

19<sup>th</sup> October 2016

18<sup>th</sup> January 2017

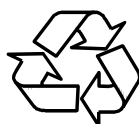
**Under the Council's Public Participation Scheme, members of the public can submit a petition, ask a question or speak concerning any item contained on this Agenda (Procedure Rule 9 Refers).**

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KRF/AEH  
11<sup>th</sup> July 2016

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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](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 Corporate Director (Law and Governance) 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 and Wellbeing Board held on the **23<sup>rd</sup> March 2016.**

## **Present:**

Navin Kumta – (Chairman);

Councillor Brad Bradford, Lead Member - Highways, Wellbeing and Safety, ABC;  
Geoff Lymer - Deputy Cabinet Member for Adult Social Care and Public Health, KCC;

Simon Perks - Accountable Officer, CCG;

Neil Fisher - Head of Strategy and Planning, CCG;

Lisa Barclay - Head of Programme Delivery, Ashford CCG;

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

Deborah Smith - KCC Public Health;

Mark Lemon - Policy and Strategic Partnerships, KCC;

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

Helen Anderson - Chair, Local Children's Partnership Group;

Caroline Harris - Voluntary Sector Representative;

Christina Fuller - Head of Cultural Services, ABC;

Louise Piper - East Kent Mental Health Commissioning Team;

Julie Blackmore - Acting Chief Executive, MIND;

James Walker - Operations Manager, MIND;

Daniel Carter - Principal Policy Planner, ABC;

Belinda King - Management Assistant, Health, Parking & Community Safety, ABC;

Keith Fearon – Member Services and Scrutiny Manager, ABC;

## **Also Present:**

Councillors Clokie, Galpin, Koowaree.

Annie Jeffrey - Co Chair of the Ashford Mental Health Group

## **Apologies:**

Philip Segurola - Social Services Lead, KCC; Peter Oakford – Cabinet Member, KCC.

## **1. Urgency Provision**

The Chairman advised that in accordance with Section 100B(4)(b) of the Local Government Act 1972 he had accepted the late inclusion of an item regarding details of local Health and Wellbeing Board activities associated with the promotion of healthy weight as a matter of urgency by reason of special circumstances, namely that the Action Plan needed to be returned to Kent Public Health within the next two weeks. This linked with the intention to undertake an Obesity Review as timetabled within the Kent HWB Work Programme 2016/17.

## **2. Notes of the Meeting of the Board held on the 20<sup>th</sup> January 2016**

The Board agreed that the notes were a correct record.

## **3. Ashford Health and Wellbeing Board Priorities**

- 3.1 Following the previous meeting when a list of indicators had been considered for Ashford in terms of its performance as compared to the comparator CCGs, for this region and England, it had been discussed at the Lead Officer Group where two priorities, namely smoking and obesity (adults and children) were agreed to be put forward for approval by the Board.
- 3.2 Deborah Smith advised that in both of these cases Ashford was worse than the national average and explained that a further report on this issue would be presented to the next meeting of the Board.
- 3.3 In response to a question, Deborah Smith said that the voluntary sector would have a huge contribution to play in terms of taking forward these priorities which she believed should be delivered in partnership.
- 3.4 In response to a comment, Deborah Smith also acknowledged that the public were not generally aware of the definition of obesity and the use of Body Mass Index (BMI). Caroline Harris said that if partners wished to use her as a conduit to share information with other members of the voluntary sector, she would be happy to do so.

**The Board recommended:**

- That
- (i) **smoking and obesity (adults and children) be agreed as priorities.**
  - (ii) **further reports be presented to the Board updating on progress for the priority areas.**

## **4. Ashford Healthy Weight Action Plan**

- 4.1 The report had been accepted on to the Agenda by the Chairman as a matter of urgency. The report explained that the Ashford Healthy Weight Action Plan was Ashford's local response to the Kent Healthy Weight Draft Strategy 2016-2020. The report identified local priority actions for discussion and feedback as well as an Action Plan documenting current healthy weight action by Partners. The report was an opportunity for Partners to provide support for the Ashford Healthy Weight Action Plan and, subject to any detailed feedback give authorisation to the Chairman of the Ashford HWB to present the completed Healthy Weight Action Plan i.e. the KCC template to the Kent HWB for their meeting in May 2016.
- 4.2 Deborah Smith advised that following consideration by the Board, it was hoped that the Healthy Weight Action Plan i.e. the completed KCC template could be presented to the Kent Health and Wellbeing Board and therefore if

there were any additional comments e.g. from the CCG and voluntary sector following the meeting, they should be submitted to her by 4<sup>th</sup> April 2016.

- 4.3 In response to a question, Deborah Smith explained that the data presented within the plans had been drawn from information from Public Health England. The necessary references would be included in the final document. Deborah Smith also acknowledged that reference to nutrition should be reflected in the paper and also to note that the taking of certain psychiatric medicine could lead to weight gain.

**The Board recommended:**

- That (i) **the Chairman of the Ashford HWB be authorised to present the Healthy Weight Action Plan i.e. the KCC final template to the Kent HWB subject to any further comments received from Partners by 4<sup>th</sup> April 2016.**
- (ii) **the Healthy Action Plan and KCC template be circulated electronically to all members of the Board with a request that if they have any comments on the document, that they be sent to Deborah Smith at [deborah.smith@kent.gov.uk](mailto:deborah.smith@kent.gov.uk) by 4<sup>th</sup> April 2016.**

## **5. Mental Health**

- 5.1 Prior to consideration of the presentations, Councillor Galpin asked how mental health support would be provided to vulnerable people now that the much used and popular Live it Well Centre was set to close.
- 5.2 Mark Lemon explained that the services were commissioned by KCC and that following a procurement process the new contract had been won by Shaw Trust. Shaw Trust had had discussions with MCCH about how the facility can be developed and how support could be given to those providing services from the Centre. Reference was made to the complicated lease arrangements that existed in regard to the KCC owned building.
- 5.3 Councillor Galpin thanked Mark Lemon for the response but asked what would happen to those people who were displaced following these new arrangements. Mark Lemon undertook to raise this matter with his relevant colleagues at County Hall with a view to issuing a statement to the Board on the present situation.
- 5.4 Councillor Bradford advised that he had visited the Live it Well Centre recently and said that he understood that from next week the public would need to be registered to be able to use the facility. He believed the current arrangements, which included the provision of a good meal for a low price, was very worthwhile and he explained that users and staff were worried what would happen in the future.
- 5.5 Mr Cloughton, who was the Chairman of the Ashford Access Group expressed concern at the handling of the situation by the Kent County Council and said that representatives from the Shaw Trust had not been willing to

attend meetings of the Mental Health Action Group to discuss their proposed arrangements for the use of the premises.

- 5.6 Annie Jeffrey read a detailed statement from the Shaw Trust which other members of the Board acknowledged was in a similar format to the version they had already seen.

### **Presentations**

- 5.7 Following the meeting the presentations had been published with the Agenda for the meeting and were available on the Council's website <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=1977>

#### **(a) Mental Health Strategy**

Louise Piper – East Kent Mental Health Commissioning Team gave a presentation on the Five Year Mental Health Strategy for East Kent. She explained that the strategy set out the East Kent Clinical Commissioning Groups priorities for improving the mental health outcomes for the adult population of East Kent in the next five years. The presentation also explained the six priority areas for change and it was noted that an online survey was running from 1<sup>st</sup> April to 31<sup>st</sup> May 2016, copies of which were available by emailing the following address:-

[ekmentalhealth.commissioning@nhs.net](mailto:ekmentalhealth.commissioning@nhs.net)

Louise Piper explained that she was scheduled to attend a number of meetings to give updates on the developing Mental Health Strategy but said that if any Partners were aware of other organisations who wished to meet with her and her team, they should contact her direct.

Following a question, and after clarification, it was noted that from 1<sup>st</sup> April 2016 a police cell was no longer considered an appropriate place to hold those experiencing a mental health crisis. Use of a police cell as a 'place of safety' for those under-18s was specifically prohibited.

Louise Piper advised that steps were being taken to identify alternative arrangements and she undertook to let members of the Board know details in due course.

Lisa Barclay commented that in terms of young people, there was a representative from the Child and Adolescent Mental Health Service (CAMHS) in all accident and emergency sites in the county. The importance of early intervention was emphasized.

Geoff Lymer commented on different approaches to mental health and outlined concerns about how support was currently provided. He undertook to make enquiries as to whether there were any examples of best practice on this issue in other parts of Europe that might be useful to the Board.



**(b) Wellbeing Café**

Julie Blackmore, the Acting Chief Executive of MIND and James Walker the Operations Manager gave a presentation on the work of the Ashford Wellbeing Café which operated from the Stour Centre. Julie Blackmore explained that the purpose of the café was to provide out of hours support to people experiencing mental health problems which did not require hospital admission and which could be supported by mental health support workers and volunteers. The report advised that to date 42 individuals had been supported who mostly attended regularly and there were an average of four new service users per week. Individuals had attended in the region of 300 occasions. Julie Blackmore further explained that currently the café was open on Friday and Saturday evenings and these two sessions a week were provided at a cost of approximately £52,000. To provide an additional session per week would cost a total of £78,000. She believed that the work undertaken by the café had helped the individuals who had attended and had also reduced the potential financial implications on service providers.

In terms of funding, Lisa Barclay advised that the CCG had identified funding for a further period of six months and she asked whether Board partners could assist in funding the café for the remainder of the year.

**(c) Other Local Voluntary Sector Projects**

Lisa Barclay explained that the CCG had funds as part of their transformation plans and intended to work with the voluntary sector on initiatives such as self-harm, providing a universal service across partners, improving crisis services; and establishing single points of access.

**Recommended:**

- That
- (i) Mark Lemon seek clarification of the services to be provided at the Live It Well Centre, information on the commissioning process, and advise as to any gaps in service provision associated with the changes. Mark to arrange for a statement to be presented to the Board.**
  - (ii) the Chief Executive of the Shaw Trust be invited to the next meeting to give an update on what would be delivered from the premises and to discuss any teething problems encountered with the new arrangements.**
  - (iii) the statement referred to in (i) above be circulated to the Board and members of the Ashford Borough Council.**
  - (iv) the Board consider that the Wellbeing Café should continue to be supported and requested the Lead Officer Group give consideration to potential funding for the remainder of the year and this be brought back to the next meeting of the Board.**

## 6. Ashford Borough Council Local Plan

6.1 Daniel Carter, Principal Policy Planner, Ashford Borough Council gave a presentation which covered:-

- Local Plan to 2030
- Infrastructure Delivery Plan
- Current Community Infrastructure Levy

Daniel Carter explained that in May 2016 the draft Local Plan would be submitted to the Council for approval following which it would be subject to an eight week consultation period. It was anticipated that the public examination would be held in late 2016, early 2017 with a view to adopting the new Local Plan by Summer 2017.

6.2 In response to a question Daniel Carter explained that the Local Planning Authority's Infrastructure Plan should inform a review of the Growth Infrastructure Plan as part of that it was essential that the future needs in Ashford were known. He also advised that provision needed to be evidenced based and Partners were encouraged to ensure that they responded to the draft Local Plan and Infrastructure Plan in due course.

**The Board noted the report.**

## 7. CCG Annual Operating Plan

7.1 Enclosed with the Agenda was a draft Annual Operating Plan detailing the commissioning intentions for the forthcoming financial year. The document was a work in progress with a final submission to NHS England due on 4<sup>th</sup> April 2016.

7.2 Neil Fisher explained that this one year operating document formed Year 3 of the Five Year Plan. He indicated that the Plan represented not a change of direction but an acceleration of pace. He explained that the gaps in the document regarding constitutional standards were still subject to discussions with providers. An update on the acute provider remaining in special measures was provided and also the financial position of the CCG was highlighted. Neil Fisher undertook to supply a copy of the latest draft as of 31<sup>st</sup> March 2016. He asked that if any Partners had comments they be sent to him direct.

**Recommended:**

- That (i) **the Board formally support the current draft of the Operating Plan.**
- (ii) **the final annual Operating Plan be shared across membership of the Board, community networks and public meetings.**

## 8. East Kent Strategy Update

- 8.1 The report advised that the East Kent Strategy Board had been established by local health and care commissioners to spearhead a new drive to determine how best to provide health and care services to the population of East Kent. The update outlined the latest developments regarding the future of local health and care services. The importance of maintaining a local focus was emphasised.
- 8.2 Simon Perks advised that in future it was anticipated that the East Kent Strategy Board would communicate with all stakeholders and would become a regular monthly feature.

**Recommended:**

- That (i) the contents of the report be noted.
- (ii) a copy of the monthly communication be forwarded to Partners and for distribution to Borough Councillors and the various Parish Councils within the area.

## **9. Kent Health and Wellbeing Board Meetings – 27<sup>th</sup> January and 16<sup>th</sup> March 2016**

- 9.1 The Agenda contained links to the full Agenda papers for the above meetings. The Chairman explained that several of the issues covered at the above meetings had also been discussed at this meeting of the Board.

## **10. Partner Updates**

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

**(a) Clinical Commissioning Group (CCG)**

Update noted.

**(b) Kent County Council (Social Services)**

Update noted.

**(c) Kent County Council (Public Health)**

Update noted.

**(d) Ashford Borough Council**

Update noted.

**(e) Voluntary Sector**

No update available.

Caroline Harris explained that a full update would be presented to the next meeting.

**(f) Healthwatch Kent**

Update noted.

**(g) Ashford Local Children's Partnership Group**

Update noted.

## **11. Forward Plan**

- 11.1 The Chairman asked that a standard item from the Local Officers Group be produced to give an update on progress on the Board's priorities.
- 11.2 In addition to the items listed for the July meeting, it was noted that the Board had agreed that the Shaw Trust should be invited to the July meeting together with an update on the possible financial support for the Wellbeing Café. It was also agreed that the Kent Joint Strategic Needs Assessment be included in the Forward Plan for October 2016.
- 11.3 It was also suggested that Jim Kelly of the Ashford Care Providers be invited to address the Board at a future meeting.

## **12. Dates of Future Meetings**

- 11.1 The next meeting would be held on 20<sup>th</sup> July 2016.
- 11.2 Subsequent dates:-
- 19<sup>th</sup> October 2016  
17<sup>th</sup> January 2017

(KRF/AEH)

MINS: Ashford Health & Wellbeing Board - 23.03.16

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**Agenda Item No:** 5

**Report To:** Ashford Health & Wellbeing Board

**Date:** 20<sup>th</sup> July 2016

**Report Title:** Priority 1 – Reducing Smoking Prevalence Update Report (1)

**Report Author:** Deborah Smith

**Organisation:** Kent Public Health



**Summary:**

Smoking prevalence rates are high in Ashford (26.4%) and have increased significantly in the last two years. Regular smoking results in the increased likelihood of premature mortality and is an economic and health burden to the community.

Ashford Task and Finish group aim to develop six ambitions to reduce smoking prevalence in the district. The proposed Action Plan to reduce smoking prevalence in Ashford is submitted to the Board for approval.

**Recommendations:**

- The Ashford Health & Wellbeing Board be asked to:-**
- a) Agree the proposed ambitions to reduce smoking prevalence in Ashford.
  - b) Agree to receive further progress and update reports at future meetings

**Policy Overview:**

The imminent National Stop Smoking Strategy is due to be published in 2016. It is expected that national targets will be ambitious; in the region of 9% smoking prevalence in the general population and 5% among pregnancy women by 2025. If Ashford is to achieve these targets, we will need to reverse the current trend of smoking prevalence.

**Financial Implications:**

No additional costs identified at present. As partner budgets are currently stretched, all activity will need to be commissioned and / or delivered flexibly and creatively within existing resources where possible. It is anticipated that the Action Plan can be delivered within the current Kent Tobacco Control budget.

**Risk Assessment**

YES – to be completed as details of activities are finalised

**Equalities Impact Assessment**

YES – to be completed as details of activities are finalised

**Other Material Implications:**

None

**Background Papers:**

None

**Contacts:**

Email: Deborah.smith@kent.gov.uk  
Tel: 03000 416696

**Report Title:**

**Purpose of the Report**

1. From 1<sup>st</sup> April 2016, Ashford Health and Wellbeing Board have identified two key priorities to be delivered in the Ashford district:
  - 1.1 Reduce Smoking Prevalence
  - 1.2 Reduce Obesity and Excess Weight Rates

These priorities are acknowledged as performance outliers in the Ashford district with estimated rates performing worse than the national average. Other areas of work (such as Mental Health) remain important and will continue to be addressed by the Board.

- 2 At the last Ashford Health and Wellbeing Board meeting the Board agreed that a Task and Finish group be set up for each of the two priorities to progress partnership initiatives to reduce Smoking Prevalence in Ashford (including Smoking in Pregnancy) , to agree the proposed approaches to tackling these priorities and to receive regular updates on developments.  
This report is the first update from the planning work that has been undertaken prior to the task and finish group convening for the first time on the July.

**Background**

- 3 Smoking is still the main cause of preventative death in the UK, killing around 96,000 people a year nationally. Smoking also accounts for over one third of respiratory deaths, over one quarter of cancer deaths and one seventh of cardio vascular disease deaths<sup>1</sup>

18% of the adult population in England smoke and around half of all regular smokers will eventually die of smoking related deaths.

Smoking is a serious lifestyle and medical issue. Nicotine is highly addictive, but it is the 7,000 chemical components that are hazardous to health. Two thirds of smokers start before the age of 18 (despite it being illegal to sell cigarettes to anyone under the age of 18) and of the young people who try smoking, between one third and one half will become regular smokers<sup>1</sup>.

Although national smoking prevalence rates have reduced year on year, prevalence rates in Ashford are significantly higher than the national average (26.4% compared to the national rate of 18%) and has increased to 42.1% among routine and manual workers (England rate is 28%)<sup>2</sup>.

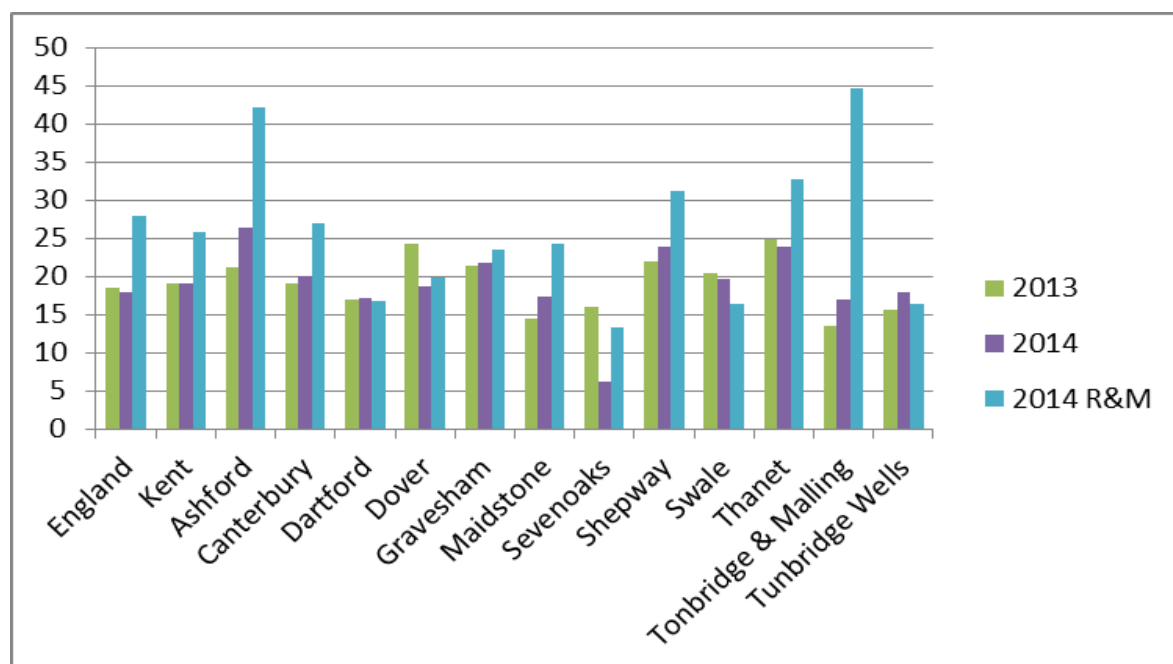
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<sup>1</sup> Action on Smoking and Health Factsheet: Smoking Statistics (June 2016)

<sup>1</sup> Ibid

<sup>2</sup> Public Health England, Public Health Outcome Framework profiles June 2016

## Smoking Prevalence in Kent by District



Source: Public Health Outcome Framework

The national Tobacco Control Strategy is due to be published in Summer 2016. Public Health have been working closely with ASH, Public Health England, Cancer Research UK and the British Heart Foundation – all of whom have an influence on the direction of the new strategy and on the future national targets, which are likely to be ambitious and a potential challenge for Kent.

Kent Tobacco Control Alliance have been peer assessed by Public Health England in May 2016 and are regarded as having excellent vision and leadership, working in line with the national agenda. However, Ashford has one of the highest smoking prevalence rates and one of the lowest GP engagement rates in engaging with stop smoking services

### **Report Specific Section Headings**

- 4 In the last year, eight of the twelve local authorities in Kent have seen an increase in smoking prevalence, despite the national trend reducing by 1% in this period. However, estimated rates have increased in Ashford by 5.3% in the last year, resulting in the highest prevalence in Kent. It is currently unclear why Ashford rates have increased dramatically and examining data at a more local level is less inclined to increase accuracy.
- 5 Taking the data available; there are an estimated 25,000 smokers living in Ashford, at an economic cost to the community of £39.8m per year. This accounts for £5.5m pa to the local NHS (£363k of which is caused by passive smoking) and £8m cost to society due to early deaths. Later life care due to smoking costs Ashford £2.9m per year. Early deaths will also lose businesses 407 years of productivity and 39,002 sick days lost per annum, costing £8m in



monetary terms. Each year, Ashford businesses will also lose £19.7m in loss of productivity due to smoking breaks and £3m pa in sick pay.

- 6 Although two thirds of smokers are reported to want to quit smoking, only 5-10% of smokers are likely to contact Stop Smoking Support services, despite quit attempts are up to 7 times more likely to be successful via support services. Nationally NHS services are seeing a 20-25% decline in access to services, indicating that smokers are either less likely to want to quit or would prefer to try to quit without support. The Kent Tobacco Control Alliance is working collaboratively with Public Health England to explore social marketing concepts that enable us to better understand the motivation and behaviours that can incentivise smokers to quit. This exploration has resulted in a number of innovations that have been trialled or are currently being piloted nationally.
  
- 7 A Task and Finish Group has been set up to address the trend of smoking prevalence in Ashford and report to the Ashford Health and Wellbeing Board. The proposed Action Plan (Appendix 1) will target activities in wards that have the highest smoking prevalence:

Stanhope	South Willesborough
Victoria	Washford Farm
Aylesford Green	Godinton
Norman	Park Farm South
Beaver	Park Farm North

All activities in the Action Plan will be co-designed and delivered in partnership with the local community and will include a clear communications plan.

## **Risk Assessment**

- 8 A Risk assessment will be undertaken for each of the activities as this work progresses. All partners will need to work collaboratively to achieve successful outcomes. Further detail on the risk assessment will be provided in the next Board update.

## **Equality Impact Assessment**

- 9 All Activities will be subject to an Equality Impact Assessment (EIA). They may be universally offered to Ashford residents, but specific target groups and areas of highest prevalence will be targeted with the aim to reduce the gap in inequalities. The Board will be updated on the EIA process as it progresses.

## **Other Options Considered**

- 10 All options considered are included in the proposed Action Plan. The Task and Finish group are open to further proposals for additional or alternative options as they arise throughout the course of this work.

## **Consultation**

11 All activities undertaken in the Action Plan will be conducted in consultation with specific target groups in the local community and co-designed with target groups where possible.

## **Implications Assessment**

12 The progress and outcomes of this work will be submitted to Kent Health and Wellbeing Board as part of Ashford's update on progress on reducing smoking prevalence as one of Ashford Health and Wellbeing Board's priorities.

## **Handling**

13 The Task and Finish Group will report progress and performance to the Ashford Health and Wellbeing Board as a regular agenda item at each of the HWB meetings. Further updates will also be made available on request of the Board.

## **Conclusion**

14 This work is ongoing.

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## ASHFORD SMOKING ACTION PLAN

## ASHFORD TASK AND FINISH GROUP

Theme	Activity	How this will be achieved:
<b>1. Smoking in Pregnancy</b>	Reduce smoking prevalence in pregnant women	Midwifery role with lead for smoking in pregnancy recruited to work across EKHUFT (including William Harvey Hospital ) to support the babyclear programme to increase referrals into the stop smoking service and reduce numbers of smokers who are Lost to Service.
<b>1. Illicit Tobacco</b>	Trading Standards to deliver Ashford-based roadshow on Illicit Tobacco to raise awareness of the criminality of illicit cigarettes and promote enforcement activity available in the area.	Illicit and cheap tobacco undermines attempts to encourage people to quit smoking. It is also often linked to other organized crime activity in the area.
<b>2. Raising Awareness</b>	Maximise opportunities for local and national campaigns to: <ul style="list-style-type: none"> <li>- Give prominence and 'cues' to quitting smoking</li> <li>- To help prevent the take up on smoking</li> <li>- To raise awareness of the range of offers from the Stop Smoking Services.</li> <li>- To support people who want to quit using other means without accessing behavioural support from stop smoking services if this is what they choose.</li> </ul>	Kent SmokeFree Campaign (launched in May 2016) to be launched locally in Ashford in areas with highest smoking prevalence and in local workplaces. Other campaigns (such as Smoke Free Homes and Smoke Free Parks) can also be targeted in areas of greatest need and in local touch points in the community. National Stoptober campaign to have specific focus in areas of greatest need.
<b>3. Promote Kent Quit Packs</b>	Promote the accessibility of newly developed Quit Packs on offer to help people give up smoking on their own if they choose to do so.	Exploring Quit packs piloted by other authorities to identify resources that are useful in assisting smokers to quit

<p><b>4. E-cigarettes</b></p>	<p>In line with national public health messages, ensure that people who wish to quit smoking using e-cigarettes are supported to do so to increase the success of their quit attempt.</p>	<p>Raise public awareness on the current research and evidence of e-cigarettes, provide appropriate training for stop smoking advisors and health professionals to advise on the use of e-cigarettes and ensure that Vape Shops comply with new Tobacco Product Directive legislation</p>
<p><b>5. Provide stop smoking support for young people</b> (current gap in service)</p>	<p>Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.</p>	<p>Roll out Youth Worker training to enable them and other key professionals to become Quit Coaches (stop smoking advisors) to initiate discussions with young people about smoking, encouraging them to consider quitting and support them in their quit attempt.</p>
<p><b>6. Identify innovative ways to help people quit</b></p>	<p>Working with the community and voluntary sector to identify ways to motivate smokers to want to quit and help them quit successfully.</p>	<p>Targeting smokers and working with agencies that already engage with this target group to better understand motivators to quit and cues for behaviour change.</p>

**Agenda Item No:** 5



**Report To:** Ashford Health & Wellbeing Board

**Date:** 20<sup>th</sup> July 2016

**Report Title:** Priority 2 – Healthy Weight Update Report (1)

**Report Author:** Deborah Smith

**Organisation:** Kent Public Health

**Summary:**

Ashford Healthy Weight Task and Finish group has now been established and agreed an approach to reducing excess weight rates in Ashford among Children and Adults. A range of targeted actions have been identified under 6 different work-streams which are currently being planned and progressed to include measurable indicators of success. Appendix 1 represents the priority action plan (work in progress) and will include engagement from the local community and a clear Communications plan. This work will continue to be developed by the Task and Finish group and report to the Ashford Health and Wellbeing Board for approval.

**Recommendations**

**The Ashford Health & Wellbeing Board be asked to:-**

Agree the approach proposed by the Task & Finish group  
Agree the six Work streams that will form the basis of this work.

Agree to receive further progress and update reports at future meetings.

**Policy Overview:**

The Kent Healthy Weight Strategy is still in draft form awaiting the release of the overdue National Strategy document. Once agreed, the Kent strategy will inform the direction to reduce obesity across the County to be delivered at local district levels. Ashford Healthy Weight Task and Finish Group have identified priorities to be delivered in Ashford that are aligned to the draft Kent strategy but which are likely to be considered over and above (ie in addition to) the expected local strategy rather than duplicate activity.

**Financial Implications:**

No additional costs identified at present. One of the key actions to audit the current provision in the target areas will help determine value for money of existing provision. As partner budgets are currently stretched, all activity will need to be commissioned and / or delivered flexibly and creatively within existing resources where possible.

**Risk Assessment:**

YES – to be completed as details of activities are finalised

**Equalities Impact Assessment:**

YES – to be completed as details of activities are finalised

**Other Material Implications:**

None.

**Background Papers:**



Ashford Healthy Weight (3).docx

Ashford Healthy Weight HWB paper

**Contacts:**

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Tel: 03000 416696 (Mobile: 07850210919)

## Report Title: **Priority 2 – Healthy Weight Update Report (1)**

### Purpose of the Report

1. With effect from the 1<sup>st</sup> April 2016, Ashford Health and Wellbeing Board have identified two key priorities to be delivered in the Ashford district:
  - a. Reduce Smoking Prevalence
  - b. Reduce Obesity and Excess Weight Rates
 These priorities are acknowledged as performance outliers in the Ashford district with estimated rates performing worse than the national average. Other areas of work (such as Mental Health) remain important and will continue to be addressed by the Board.

PHOF Indicator	England rate:2016	Ashford rate: 2016	Comments:
Excess weight 4-5 year olds	<b>21.9</b>	<b>23.6</b>	Ashford increased since 2012
Excess Weight 10-11 year olds	<b>33.2</b>	<b>34</b>	
Excess Weight: Adults	<b>64.6</b>	<b>67.5</b>	
Proportion of population having their 5 a day	<b>52.3</b>	<b>52.7</b>	Self Reported: Active People survey

*Source: Public Health England, Public Health Outcome Framework*

2. At the last Ashford Health and Wellbeing Board meeting the Board agreed that a Task and Finish group be set up for each of the two priorities to progress partnership initiatives to reduce Ashford's prevalence of excess weight, to agree the proposed approaches to tackling these priorities and to receive regular updates on developments. This report is the first update from the newly formed task and finish group.

### Background

3. On the 25<sup>th</sup> May 2016, Kent Health and Wellbeing Board (HWB) recommended that obesity should continue to be a priority for local HWBs across Kent. In due course, a countywide partnership healthy weight group will be developed to performance monitor local action plans. It is anticipated that the work undertaken by the Ashford Task and Finish Group can contribute to the development of Ashford's local action plan.
4. Healthy Weight and Tackling Obesity has been identified by Ashford HWB as a priority because it is concerned that Ashford has:
  - a) More 10-11 year olds overweight than the England average
  - b) More 4-5 years olds overweight than the England average
  - c) More physically inactive adults than the England average
  - d) More adults with excess weight than the England average
  - e) Fewer women breastfeeding than the England average

Healthy Weight is not just a social lifestyle issue; it is also linked to heart-disease, stroke, diabetes, osteoarthritis and breast, colon and endometrial cancer.

## Report Specific Section Headings

5. On the 2<sup>nd</sup> June a Healthy Weight Task and Finish group for Ashford was established involving: Ashford Borough Council (Simon Harris and Alex Waller); Public Health (Deborah Smith and Faiza Khan); Healthy Weight Services: KCHFT (Jo Hulks); the voluntary sector (Caroline Harris) and Ashford CCG (Neil Fisher). Apologies were given from the CCG.

The Task and Finish Group agreed to lead on and oversee a range of Ashford-specific activities that fall within the Kent Strategy themes:

- 5.1 Provide support for people who want to lose weight
- 5.2 Develop a confident workforce skilled in promoting healthy weight
- 5.3 Provide support for specific target groups in a non-stigmatising way
- 5.4 Take action on the causes of unhealthy weight

6. A proposed Priority Action Plan to facilitate the delivery of activities and new initiatives has been completed for the Board's approval (Appendix 1). Actions fall under 6 work-streams:

- 6.1 **Making Every Contact Count:** Identify relevant front line staff for training to deliver relevant Information & Brief Advice (IBA).
- 6.2 **Assess the Impact** of current resources on target groups
- 6.3 **Promote** current provision and commissioned programmes
- 6.4 **Workplace** – Offer and develop programmes targeted to workforces
- 6.5 **Innovation:** Consult with target groups to identify effective bespoke programmes to support weight management
- 6.6 **Review** Healthy Weight programmes for Children

*Further description of the works-streams giving information on the aims and objectives of the work is provided in Appendix 2.*

Individual members of the Task and Finish group are responsible for leading and co-ordinating the delivery of each work-stream, but all partners and wider stakeholders are required to support the facilitation of these actions and a communications plan will be developed for each of the activities. Wider stakeholders will include engagement with residents, clients and users; working with Housing Associations, other local groups (including voluntary groups) and explore the potential of working with the commercial sector where there is increased value and reach (supermarkets and slimming clubs where appropriate).

Further details on outcomes and performance monitoring will be included in the planning of each of the activities.

## Risk Assessment

7. A Risk assessment will be undertaken for each of the activities as this work progresses. The Task and Finish group stressed that all partners will need to work collaboratively to achieve successful outcomes. The need for CCG involvement was emphasised. Further detail on the risk assessment will be provided in the next Board update.

## **Equality Impact Assessment**

8. All Activities will be subject to an Equality Impact Assessment (EIA). They may be universally offered to Ashford residents, but specific target groups and areas of highest prevalence will be targeted with the aim to reduce the gap in inequalities. The Board will be updated on the EIA process as it progresses.

## **Other Options Considered**

9. The Healthy Weight Priority Action Plan is currently being developed further for the HWB's approval. The Task and Finish group are open to further proposals for additional or alternative options as they arise throughout the course of this work.
10. The Kent Healthy Weight Strategy (to which this work is aligned) has been developed considering the response of public and provider consultation. All individual activities will be delivered following feedback and engagement from the communities who are target audiences for this work.

## **Implications Assessment**

11. The progress and outcomes of this work will be submitted to Kent Health and Wellbeing Board as part of Ashford's update on progress on Healthy Weight. However, Ashford HWB will also be expected to report on the development of the Ashford local Healthy Weight Strategy and activities that are delivered in response to this which currently sit outside the scope of the Ashford Task and Finish Group.

## **Handling**

12. The Task and Finish Group will report progress and performance to the Ashford Health and Wellbeing Board as a regular agenda item at each of the HWB meetings. Further updates will also be made available on request of the Board.

## **Conclusion**

13. This work is ongoing.

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## Appendix 1

### HEALTHY WEIGHT PRIORITY ACTION PLAN Ashford Health and Wellbeing Board Task and Finish Group

<u>Work-stream</u>	<u>Target Areas/Groups:</u>	<u>Partner Lead</u>	<u>Partners involved in Delivery:</u>	<u>Activities:</u>	<u>Timescale:</u>	<u>Cost:</u>
1. Deliver brief advice training to front line staff to raise awareness and signpost to available information and support:- in line with Making Every Contact Count (MECC)	Across Ashford (general) targeting: Stanhope Victoria Norman Aylesford Green Beaver Road Godinton Highfield Adults with a LD Adults with MH issues	<b>Jo Hulks</b> KCHFT	Brief Advice training to be delivered to: Youth Workers Social Care (LD) Childrens Centres Healthy Living Centres Health Trainers Homestart (Families) Age UK (Older People) Action with Communities (ALL) MIND (Mental Health) Headway ] Health Walk volunteers	a. identify and agree who will receive training (including GPs)  b. Develop training package and deliver training programme  c. Link with Health Walk Volunteers (Get Walking programme), Change for Life Housing Association project and other similar programmes  d. monitor advice and referral delivered	tba	Nil
2. Assess impact of current resources on target groups	All commissioned programmes across Ashford compared to programmes in wards with high obesity rates: Stanhope Victoria	<b>Deborah Smith</b> Public Health  <b>Simon Harris</b> <b>Alex Waller</b> ABC	Health Equity Audit of current commissioned provision, engaging views and experiences of participants	a. Conduct Health Equity Audit, consulting with participants	1. Mapping 6 weeks (complete by eo August)	ABC funding graduate

	Norman Aylesford Green Beaver Road Godinton Highfield	<b>+ Graduate</b>				
3.Further promote current commissioned programmes and campaigns	Work with providers to promote activity in priority areas: Stanhope Victoria Norman Aylesford Green Beaver Road Godinton Highfield	<b>Deborah Smith</b> <b>Faiza Khan</b> Public Health	Develop Communication strategy to promote current provision  Publicity to: GP surgeries Pharmacies Vol Orgs HLCs Children Centres Village halls Retail outlets ABC website KCC website HWB website	a.Health Equity Audit to identify key programmes b. Work with providers to market successful programmes c.Distribute publicity in key sites, considering non-English speaking populations d. Identify relevant campaigns (eg. Sugar Smart, National Diabetes week) and promote in key sites	tba	£ potentially (for marketing materials) Although current providers will be encouraged to market their programmes effectively
4.Offer and develop programmes to workforces	Target Ashford businesses who employ Routine & Manual workers	<b>Deborah Smith</b> <b>Faiza Khan</b> Public Health  <b>Caroline Harris</b> Voluntary sector	ABC and PH to develop strategy to expand service delivery in the workplace-as per NICE guidance	a.Work with weight loss providers to establish a pilot offer to businesses b.Contact companies engaged in Kent Healthy Businesses Awards c. Link with Health	tba	£ potentially if increasing provision

				Checks delivered in Kent Businesses d.Refine pilot and roll out to other Ashford businesses		
5.Consult with target groups to develop bespoke programme to support weight management	Stanhope Victoria Norman Aylesford Green Beaver Road Godinton Highfield Adults with a LD Adults with MH issues	<b>Deborah Smith</b> Public Health <b>Simon Harris</b> ABC <b>Caroline Harris</b> voluntary sector  <b>+ Graduate</b>	Consultation to pilot bespoke programme	a.identify method of engagement with public b.ascertain people's views, needs and aspirations c.Work with providers to develop bespoke programme and partners to promote/ market the activity d.Explore Shepway hub model for Ashford e. Monitor and evaluate	Following mapping - Planning - Dec 16 Delivery Mar 17	£ potentially for consultation £ for delivery
6.Review Healthy Weight programmes for Children	3 targeted Ashford Healthy Schools (Beaver Green, Ashford Oaks, Victoria Road)	<b>Jo Hulks</b> KCHFT	Schools KCC Early Help Childrens Centres	a.Audit healthy weight programmes delivered in Healthy Schools. b.Engage with schools to identify effective approaches	tba	nil

## Appendix 2

### Aims and Objectives of the Healthy Weight Work-streams

	<u>Work-stream:</u>	<u>Aims and Objectives of the Work-Stream:</u>
1.	<b>Deliver brief advice training to front line staff to raise awareness and signpost to available information and support:- in line with Making Every Contact Count (MECC)</b>	A training package has been developed which delivers consistent messages around both healthy eating and physical activity; addresses any concerns around raising the issue of weight and identifies relevant signposting opportunities . Initial scoping has identified early help and local housing associations as key partners. Outcomes are to be linked to existing commissioned work streams. Work has already been undertaken to deliver training to a number of groups across Ashford and the challenge is to understand how this can link with strategic plans and measurable outcomes for these key partners. Engagement is required from existing partnership groups including the LCPG and to link with the newly appointed housing trustee. This work will also link with the existing Food Champions programme and current participants working in early help and local supermarkets.
2.	<b>Assess the Impact</b> of current resources on target groups	A mapping exercise has already been undertaken to identify the range of healthy weight support available for people in the Ashford area. In localities where there are highest levels of overweight people, this work needs to be developed to ascertain the take up and outcomes of provision. An audit will be carried out to identify levels of awareness, engagement, outcomes, value for money and impact on targeted groups. This will provide a baseline to assess what works well, how resources can work collaboratively for greater impact and identify gaps in provision.
3.	<b>Promote</b> current provision and commissioned programmes	There will be a communications strategy to effectively promote the services and resources available to those in targeted groups. This will include relevant campaign messages (national and local) and raising awareness of services to targeted groups and to the organisations that support them (eg.

		Health, community, voluntary, workplace, commercial sector). A meeting with Public Health's head of campaigns has been scheduled for the 11 <sup>th</sup> July to develop this proposal further.
4.	<b>Workplace</b> – Offer and develop programmes targeted to workforces	The employer has a role in supporting their workforce to be and remain healthy. There are already a number of networks that currently engage local businesses in the health agenda. Starting with the Kent Healthy Business Awards and the Kent Chamber of Commerce, we will seek opportunities to provide support to businesses on healthy weight, healthy eating and physical activity. Local businesses with higher levels of Routine and Manual workers will be targeted and work will include agencies that are already providing healthy weight support and/or resources to businesses.
5.	<b>Innovation:</b> Consult with target groups to identify effective bespoke programmes to support weight management	The audit of local provision (see 2) will provide a bench-mark of resources and identify targeted groups of people who are overweight but not accessing behaviour change support. With the assistance of trusted community and voluntary agencies, we will seek to engage with specific targeted groups to further understand triggers in behaviour change and identify what can make a difference in people's lives.
6.	<b>Review</b> Healthy Weight programmes for Children	A targeted family weight management course, Ready steady Go is already commissioned by KCC and delivered by KCHFT. The challenge is engaging families and identifying appropriate referrals. Work has already been undertaken to engage key schools within the district offering a package of support. This is to be linked with the development of a Childrens healthy weight pathway and packages of care on offer from professionals including health visitors, school nurses and early help teams. This workstream will evaluate data to identify key target areas; establish key stakeholders; identify opportunities to provide key messages and illustrate the benefits and importance of leading a healthy lifestyle. An audit and evaluation of the existing healthy weight/NCMP locality working group is currently underway and this workstream will link to these outcomes..

## Ashford Healthy Weight Action Plan

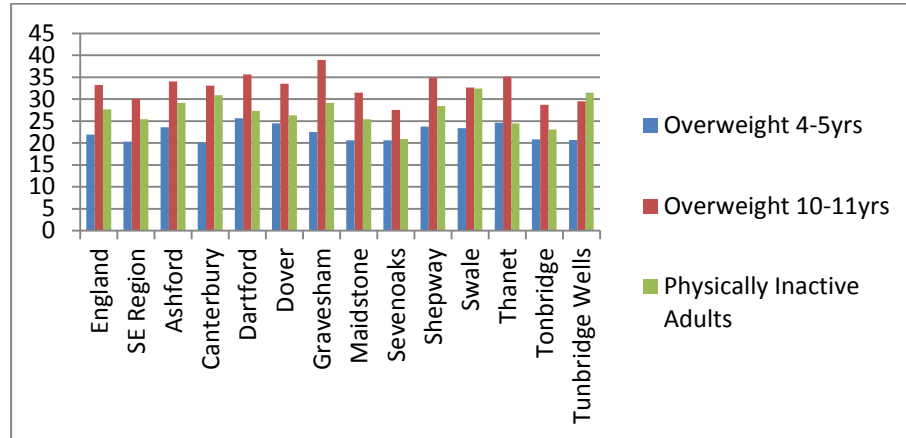
### Introduction

This Ashford Healthy Weight Action Plan is Ashford's local response to the Kent Healthy Weight draft strategy 2016-2020. This plan provides local context to the healthy weight needs for Ashford and adopts the Kent strategic approach to identify local priority actions that need to be developed in addition to Kent strategic activity, particularly tier 1 (prevention and reinforcement) and tier 2 (identification and primary level) interventions. Therefore, the Ashford Healthy Weight Action Plan compliments and is informed by the Kent strategy rather than duplicates its vision, objectives and approach.

### The Position in Ashford

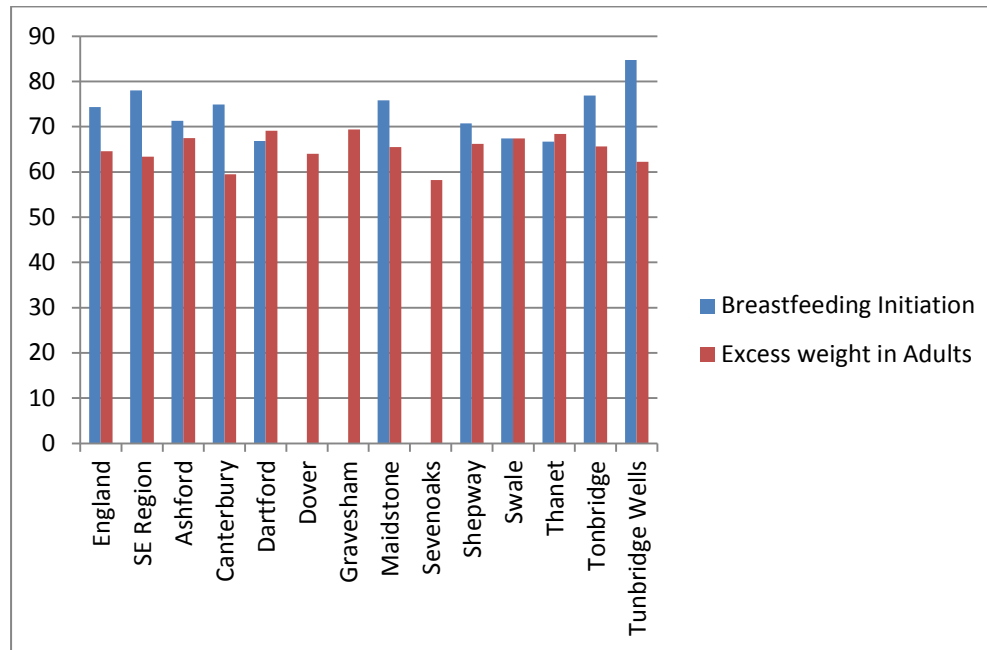
Relevant Public Health performance indicators show that the Ashford is performing slightly worse than the England average for excess weight among 4-5yrs and 10-11 year olds and for physical Inactivity among Adults.

**Chart 1**



Other related Public Health Outcome indicators show that Ashford is performing considerably worse than England average for breast feeding and for excess weight in Adults. It is estimated that there are approximately 57,620 overweight adults in Ashford.

**Chart 2**



*NB: Breastfeeding data in Dover, Gravesham and Sevenoaks has not been validated therefore cannot be used*

Although unhealthy weight is linked to heart-disease, stroke, diabetes, osteoarthritis, endometrial cancer, breast cancer and colon cancer the relative screening indicators show that Ashford is performing either the same or performing well against the England average. Life expectancy at birth and premature mortality rates are also comparatively good in Ashford and the intake of 5 a day (fruit and vegetables) is also higher than the England average in Ashford. This may indicate that primary health care responds well to the health outcomes of the local population or that the increased burden of ill health resulting from unhealthy weight is yet to manifest and be realized.

Despite this, Ashford has the 5<sup>th</sup> highest excess weight rates among the 12 Kent district authority areas and the 2<sup>nd</sup> highest inactivity rate in Kent. Both issues need to be addressed in the Ashford Action Plan.

Those at most risk of or are experiencing Unhealthy Weight (Table 1):

<b>Wards:</b>	<b>Population Groups:</b>
Stanhope	People suffering from depression
Victoria	People with learning disabilities
Norman	People with poor mental health
Aylesford Green	
Beaver Road	
Godinton	
Highfield	

### Normalisation of Weight

A number of public sector commissioned and commercial services are delivered across Ashford, although these are promoted disparately through a range of resources. One of the issues in the lack of lifestyle change to healthier eating is that many people who are overweight consider themselves to be of normal weight and do not perceive a related health risk. Training to raise awareness among the population is a Kent and national strategic outcome that Ashford commissioning teams can support through Making Every Contact Count. Key relevant professionals and front line staff will be identified to undertake healthy lifestyle conversations with people, where appropriate, to increase motivation and signpost to local services.

A Healthy Weight model in Ashford will need to incorporate the views of those who responded to the Kent consultation, identified in the draft Kent Healthy Weight Strategy:

- Overwhelming need for Advice (96%\*) and support (81%\*) for healthy eating
  - Availability and affordable fresh fruit and vegetables (95%\*)
- \*Of 602 Kent adults consulted
- Health and social care and voluntary sector partners reported the need for locally tailored services and additional resources for targeting services at areas of greatest inequalities.

And combine these to meet the 4 key objectives of the Kent strategy:



Kent Strategy Objective	Ashford commitment to delivering objective:
1. Provide support for people who want to lose weight	Through local and Kent-wide healthy weight programmes
2. Develop a confident workforce skilled in promoting healthy weight	Secure Information and Brief Advice training for key identified front-line workers to assist in the promotion of healthy weight
3. Provide support for specific target groups in a non-stigmatising way	Ensure that healthy weight programmes and information and awareness is accessible and desirable to those who have an unhealthy weight in the specific target groups. Programmes and health promotion will be co-designed with the target communities to ensure that they offered in a non-stigmatising way.
4. Take action on the causes of unhealthy weight	Audit and monitor healthy school initiatives to ensure that they are delivered effectively to target groups. Co-design campaigns and promote national campaigns to target groups. Ensure that programmes address the physiological, psychological, social and environmental factors associated with unhealthy weight.

The Ashford Healthy Weight Task and Finish Group will be responsible for identifying Ashford specific priorities and actions to meet the unique and additional needs for residents in the Ashford area. The actions will be undertaken to ensure that all programmes and delivery will be co-designed with the local community, particularly those who are identified as at higher risk from obesity (see table 1). The Task and Finish Group will regularly and update the Ashford Health and Wellbeing Board of progress and identify any further issues and recommendations as this work progresses. By April 2017, it is proposed that alongside the Kent strategy, Ashford will have a comprehensive audit of effective healthy weight programmes that will be widely promoted among key

professional workers in Ashford that will be able to either provide direct advice or signpost to support for all residents who need it. There will also be increased awareness of healthy weight in this area and targeted bespoke programmes co-designed with those most at risk of unhealthy weight that will be effective and act as an exemplar for a way forward to improve healthy lifestyles in Ashford.

**Ashford Actions to Support Kent Draft Healthy Weight Strategy:**

<b><u>Activity</u></b>	<b><u>Location</u></b>	<b><u>Delivered by</u></b>	<b><u>Action</u></b>	<b><u>Responsible lead:</u></b>	<b><u>By When</u></b>	<b><u>Cost</u></b>	<b><u>New or Existing</u></b>
Identify relevant front line staff to for training to deliver IBA (Responding to MECC)	Across Kent? Or Vulnerable Groups? High prevalence areas?	KCHFT	Identify staff and arrange training and monitoring of delivery	Simon Harris and Debbie Smith	December 2016	Nil	New
Assess impact of current resources on target groups	Vulnerable groups High prevalence areas	Working group of ABC, Public Health, & Providers	Audit of current provision Engaging target groups in consultation	Debbie Smith and Simon Harris	December 2016	Nil	Existing
Further promote current provision and commissioned programmes	Across Kent? Or High prevalence areas & vulnerable groups	KCHFT	Develop strategy to promote existing provision and raise awareness locally	Debbie Smith & Simon Harris	December 2016	£ potentially (for marketing materials)	Existing
Offer and develop programmes to workforces	Target areas of high prevalence, R&M workers	KCHFT	Strategy to expand existing offer to companies (as per NICE recommendations)	Simon Harris and Debbie Smith to explore	December 2016	£ potentially if increasing provision	Existing
Consult with target groups	Vulnerable groups and areas with high	ABC & PH	Consultation to pilot bespoke programme	Simon Harris and Debbie Smith	Planning Dec 16 Delivery Mar 17	£ potentially for consultation	New

bespoke programme to support weight management	prevalence					£ for delivery	

**Non-commercial Weight Management Services Currently commissioned by Public Sector:**

<b><u>Programme</u></b>	<b><u>Location</u></b>	<b><u>Type (drop in, appt. etc)</u></b>	<b><u>When</u></b>	<b><u>Numbers Registered</u></b>	<b><u>Outcomes Achieved</u></b>
<b>Fresh Start</b> 12 week support to assist with weight management in pharmacies and community settings	Charing Pharmacy Paydens Pharmacy, Tenterden Paydens Pharmacy, Mill Court, Ashford Paydens Pharmacy, Hawkhurst Delmergate Pharmacy, Trinity Road, Ashford Boots Pharmacy – High Street, Ashford Asda Pharmacy Willow Centre, Childrens Centre	Drop in	Pharmacy Opening Hours	tbc	tbc
<b>Family Lifestyle Sessions</b> Nutrition advice and exercise activity for the whole family	Stanhope Leisure Centre	Register	Weekly	tbc	Tbc
<b>Specialist Weight Management service</b> for people with BMI 40+ (or 35+ with related health conditions) – 12 month programme	only available in Swale at present	Register	Weekly	tbc	Tbc
<b>Health Trainer programme</b> Brief 8 – 12 week intervention to support people to manage their weight offering motivation and support for goal setting	Ray Allen Centre	Register	Weekly	tbc	tbc
<b>Health Walks</b>	Conningbrook hotel, Kennington Charing Surgery Charing Surgery (advanced)	Drop in	Mondays 9.30am Mondays 9.45am Thursdays 2.15pm	tbc	Tbc

	<p>Charing Surgery (beginners)  Smarden Charter Hall  Ashford areas – variable (<i>Contact: Stevie 07821009854 for locations</i>)  Hamstreet surgery  Ashford Town/Ashford Gateway  Singleton Environment Centre  Tenterden Zion Baptist Church  Shadoxhurst Kings Head Car Park  Tenterden St Andrews Catholic Church  Wittersham St Johns Baptist Centre  Victoria Park : Learning Disabilities Forum  Ashford Library  Stour Centre  Willesborough, Blakes Court  Hayesbank Surgery</p>		<p>Tuesdays 10.15am  Mondays 10am  Wednesdays 10am</p> <p>Wednesdays 1pm  Thursdays 10.30am  Fridays 9.30am  Fridays 10am  Saturdays 10.45am  Tuesdays 10.15am  Wednesdays 10am  Mondays 10.15am  Thursdays 10.30am  Tuesdays 9.30am  Tuesdays 10.15am  Wednesdays 9.30am</p>		
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**Known Commercial Programmes:**

<b><u>Programme</u></b>	<b><u>Location</u></b>	<b><u>Type (drop in, appt. etc)</u></b>	<b><u>When</u></b>	<b><u>Numbers Registered</u></b>	<b><u>Outcomes Achieved</u></b>
<b>Weight Watchers (£6.25pwk)</b>	Highbury Hall, Tenterden Julie Rose Stadium, Kennington The Swan Centre Kingsnorth Leisure Centre St Michaels Village Hall, Tenterden	Register	Weekly	tbc	tbc
<b>Slimming World (£4.12 pwk for 12 weeks)</b>	Phoenix Community Primary School Kennington, Ashford International Julie Rose Centre, Kennington Ashford Oaks Primary School Willesborough Primary School Elwick Club Willesborough Junior School Wyvern School The Swan Centre Beaver Green Community School Woodchurch Primary School Spring Grove School	Register	<b><u>When</u></b>	<b><u>Numbers Registered</u></b>	<b><u>Outcomes Achieved</u></b>
<b>Fitter for Life (£-unknown)</b> 12 week Nutrition and exercise programme (netmums)	Hilton Business Centre, Wootten Road, Ashford	Appointment	Mondays, Wednesdays, Fridays	tbc	tbc
<b>Rethink your body (£15)</b> advice for people who have problems with food (netmums)	Only available in Canterbury at present	Drop in	Clinic once per month 7.30pm – 9pm	tbc	tbc

# Sustainable Healthcare

Ashford Health and Wellbeing Board - 20 July 2016

**Matthew Kershaw**  
**Chief Executive**

# Challenges and opportunities

- Improvements in healthcare have had a dramatic effect on life expectancy
- We have a growing, ageing population living with long-term conditions, resulting in a significant increase in demand for our services
- A large number of the patients in acute hospital beds would be better cared for at home, in a nursing home or in the community
- Despite all our efforts, challenges in recruiting, faced nationally, are putting our staff under pressure
- And if we make no changes the Trust will have a deficit of £43m at the end of 2020/21
- We need to make sure people are cared for as close to home as possible and are only in hospital for as long as they need to be
- This is an opportunity to improve the way care is delivered and to make it more affordable so that we can meet increasing demand

# Why change is needed

- To meet this demand we need to transform the way we work to ensure:
  - people are cared for in the right place
  - care is safe and effective
  - our workforce is used as effectively as possible
  - We live within our means financially
- We are working with our commissioners and partners in health and social care on new models of care so that more patients can be treated out of hospital
- New initiatives are being developed to support this such as Multi-specialty Community Providers and Integrated Care Organisations
- There are plans for East Kent to have four MCPs for each CCG, to include:
  - acute interface and rapid response
  - Diagnostics
  - higher acuity ambulatory care
  - ALL provided more locally to the population
- Included in our Sustainability and Transformation Plan



# Transforming acute care

- Some of our hospital services are already centralised, e.g:
  - A&E at Margate and Ashford and an Urgent Care Centre at Canterbury
  - acute general surgery based at Margate and Ashford
  - Ashford provides specialist cardiology for the whole of Kent and Medway
- We need to go further to concentrate some of our services across sites, to:
  - deliver services 24 hours a day, 7 days a week
  - make better use of our scarce specialist resource
  - ensure specialists see more patients and remain experts in their field
- We are working with our clinicians to look at how we can best configure our services across our three main sites, for planned, urgent and emergency care
- No decisions have been made and any changes will be consulted on by commissioners

# Our improvement journey

- The Care Quality Commission said the Trust had made “significant improvements” when it visited us in July 2015
- The CQC upgraded the Trust’s rating from “inadequate” to “requires improvement”
- The CQC praised our staff for how caring they were, which they rated as Good
- Improvement has continued at a pace - overseen by the Improvement Plan Delivery Board – led by Dr David Hargroves and Chief Nurse Sally Smith
- We are being re-inspected over three days on September 5, 6 and 7
- The inspection will focus on the emergency pathway, medicine, maternity, care of the deteriorating patient and end of life
- The team will also be interested in leadership across the organisation (well-led domain)
- We are preparing with a mock inspection visit involving many of our external partners

## Engaging the public

- We hold regular involvement sessions with our staff, who are also our local residents and sometimes our patients. Their friends and family are too
- We work closely with our governors who represent the “voice” of their local constituents, helping us to improve our services
- Our friends and family surveys and patient experience team ensure we get feedback from patients so we can improve the care we provide
- We are improving the information we make available to the public by turning our members publication into a low cost Trust magazine, free for anyone to pick up in GP surgeries, pharmacies and other community sites, starting from August
- We are involving our clinicians, wider staff and partners in discussions about future models of care

## **ASHFORD CLINICAL PROVIDERS Ltd. Agenda Item 7 ( c )**

Enhanced Primary care at scale and a vehicle for “New Models of Care”. -Dr. Jim Kelly

A federation of all 14 local GP practices who have come together to work with the CCG address the health needs of Ashford’s population through “joined up” service redesign and delivery.

### Arose out of;

A desire to build on the strengths of local Primary care.

A recognition that commissioners needed robust locality wide cost effective alternatives to allow shift from hospital to community care and prevent “commissioning in a vacuum”.

A frustration that the primary care team had been systematically dismantled to the detriment of patient care.

A belief that by working at scale in general practice we can support the commissioning of a wider range of Primary Care services and collaborate more effectively with other providers in integrated care initiatives.

### Opportunity for;

Development (perhaps through a joint venture with KCHFT) of the whole range of health and social care services from 3 distinct Hubs within our community by becoming a “Multidisciplinary Community Provider” (MCP) holding its own unified budget for the provision of all local care and purchasing selected additional specialised services from a smaller “hotter” acute secondary care service.

### Recognising the challenges of;

Rapid Local growth and increasing pressure on a National (and Local) Health Service in crisis compounded by an ageing population, rising obesity and LTC, Increased demand (both needs and wants) on all services within the NHS, Falling/Static NHS investment.

National drive to move care closer to home (FYFV) and a recognition that integrated models of health and social care should be more clinically and cost effective.

### The Vision;

The NHS 5 Year Forward View describes Multispecialty Community Providers (MCPs) as care models based on ‘extended group practices’ in the form of federations, networks or single organisations offering a wider range of care using a broader range of professionals. The document specifically mentions primary care employing consultants or taking them on as partners, bringing in ‘senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social works and other staff... shifting the majority of outpatient consultations and ambulatory care out of hospital settings’.

Encompass (Canterbury/Whitstable vanguard) is an example of this with a super-partnership federating several other practices to form a fledging MCP.

Our federation hopes to be a fast follower but will need our CCG to share our “primary care led” vision to make this a reality!

Stabilising Primary care has to be the priority.

Historic variation in funding and contracts.

CCG and Federation commitment to support practices by “levelling up” those with access to fewer funding streams.

GP + as a means of enhancing the Primary Care offer- The evidence from one local Practice.

Community Practitioner/Matron for complex care co-ordination and navigation. Complex Diabetes Care with GPSi and PNSi. Urgent Telephone Access service using senior GPs.

Resulted in Lowest activity and costs in all unscheduled health and social care sectors (in all of East Kent).

Conclusion is that; Investment in high quality frontline primary care staff and systems actually cools down activity in other more expensive sectors and streamlines the patient journey.

Deliverables 2017?

More timely access to health and social care needs through service redesign including:-

IT integration (EMIS Web with MIG)

Ever expanding GPSi and consultant delivered local patient triage, assessment and treatment services

Relocation of care/community teams (mental health, health visitor, midwife, social worker, district and community nurses etc). Weekend/evening GP access in all 3 Ashford Hubs.

Formation of GP Federation led MCP shadow board as a joint venture with KCHFT involving all local stakeholders.

Acute care collaboration between ACP and EKHUFT.

Risks and potential “blocks.”

- 1) Lack of grassroots GP involvement and approval of Strategic Transformation Plans.
- 2) Over representation of larger providers to the detriment of local GPs (see above)
- 3) “Transformation” is not a substitute for adequate funding –“false economies of scale”.
- 4) Risk averse commissioning. Failure to pump prime, use “preferred provider” procurement to boost Primary care workforce and skill mix (to include consultants).Federation/MCP management and business development expertise.

# ASHFORD CLINICAL PROVIDERS Ltd.

Enhanced Primary care at scale  
and a vehicle for New Models of Care.

Becoming part of the Sustainability and Transformation agenda.

Dr. Jim Kelly

# INTRODUCTION AND OVERVIEW

- Who and Why ?
- Our Vision
- Local Drivers
- National Drivers
- Five year forward View and New Models of Care
- MCP – what is it, why is it our preferred model, how far away are we?
- Achievements and shared CCG priorities
- Stabilizing and Energizing Primary care through brave co-commissioning.
- What can be achieved by investing in Primary Care.
- Outcomes and deliverables
- Potential Risks, blocks and resource implications.

# Who we are....

- A Locality wide federation of every single practice within the Ashford CCG boundary:-
- Sydenham House Medical Practice
- Kingsnorth Medical Practice
- New Hayesbank Surgery
- Willesborough Health Centre
- Hollington Surgery
- Sellindge Medical Practice
- Wye Surgery
- South Ashford Medics
- Ivy Court Surgery
- Woodchurch Surgery
- Singleton Medical Centre
- Singleton Surgery
- Ham Street Medical Practice
- The Charing Medical Practice



- Combined list size circa 125,000 co-terminus with Ashford CCG.
- Facilitating the CCG plans for integration within and between the 3 Ashford Locality Hubs (North, South and Rural),
- Developing partnerships with all local providers including:-
- Kent County Council/Social Services
- East Kent Hospital University Foundation Trust
- Kent Community Health Foundation Trust
- South East Coast Ambulance Service (SECAMB)
- Kent and Medway Partnership Trust (Mental Health)
- And a range of community and voluntary sector stakeholders.

# Why?

- A desire to build on the strengths of local Primary care.
- A frustration that the primary care team had been systematically dismantled to the detriment of patient care.
- A belief that by working at scale in general practice we can support the commissioning of a wider range of Primary Care services and collaborate more effectively with other providers in integrated care initiatives.
- A recognition that commissioners needed robust locality wide cost effective alternatives to allow shift from hospital to community care and prevent “commissioning in a vacuum”.

# Our Vision

- Short term –
- Provide support for existing Primary care services to allow CCG co-commissioners to boost investment by the use of **GMS/PMS Plus** services.
- Work with the CCG and NHS England to secure investment in high quality healthcare **Premises** which are fit for the future.
- **Expansion in the provision of referral triage, outpatient clinics, diagnostics, screening, physical and psychological therapies** all as one stop services closer to home (preferably within a patients own practice/hub).
- **Repatriate** community/specialist nurses and health visitors back to the practice/Hub based **PHCT**. Facilitate re-ablement of patients to their own homes wherever possible by reconnecting primary care with community ICTs/social services.
- Introduce a **‘virtual ward’** where patients in the community at risk of hospital admission can be discussed by MDT’s –getting meaningful community matron access to A+E and the wards to facilitate appropriate early patient discharge using a fully integrated IT solutions (**single care record**).
- Adapt the **weekend service** currently running in the rural Hub to both North and South Hubs for the benefit of patients and to “decompress” 111, OOH and A+E.
- Reduction in hospital admissions by horizontal collaboration with EKHUFT by providing **an in-reach service at the front door of A+E**. Ramp up this service to cope with additional demand during peak winter pressures.

# Our Vision

- Medium term –
- Development (perhaps through a joint venture with KCHFT) of the whole range of health and social care services from 3 distinct Hubs within our community by becoming a “Multidisciplinary Community Provider” (MCP) holding its own unified budget for the provision of all local care and purchasing selected additional specialised services from a smaller “hotter” acute secondary care service,

# Local Drivers (growth/complexity)

- 2014 approval to build 5,750 homes at Chilmington Green (3,350 by 2021);
- IN ADDITION; Newly published Ashford Area Plan by 2030...
- 2300 new dwellings in smaller developments clustered in Southern Urban fringe (in addition to the 1000 already agreed at Finberry/Bridgefield).
- 2200 new dwellings elsewhere in Urban Ashford.
- Proposed development at Tenterden – 250 houses (and other villages another 250)
- Potential of 28,200 new residents.
- Average life expectancy in Ashford is 83.4 years for women and 80.7 years for men;
- Long Term Conditions increasing – more than ¼ of population have LTC of which 12% have 3+ conditions;
- Kent and Medway Public Health Observatory estimates by 2019 Ashford Over 65's will grow by 10% and comprise 20% of the population

# National Drivers

- Demographic;
- Ageing population, rising obesity and LTC
- Increased demand (both needs and wants) on all services within the NHS.
- Socio/Political;
- Recognition of the erosion of Primary care funding from 11% to less than 8% in last 10 years! (GPFV)
- Recognition that integrated models of health and social care *should* be more clinically and cost effective.
- National drive to move care closer to home (FYFV).

# Five Year Forward View and New models of care (NMC)

October 2014 set out several NMCs designed to ‘dissolve traditional boundaries’ between general practice, community services, hospitals and social care.

- Vanguard sites have now been selected to test these new models of integration, though movement towards more integrated care is already well underway in many parts of England.
- This was demonstrated by the large number of applications for vanguard site status from providers and commissioners already engaged in integration work, including some organisationally ambitious projects (of which we were one).



# FYFV and NMC (cont)

- The current arrangements of competing providers and, at times, rigid separation between general practice, community providers, secondary care and social care are having a detrimental effect on patients, with disjointed service delivery, duplication, increased costs and flows of funding which create perverse incentives that do not reflect patient needs.
- There is incongruity between competitive procurement policy (and law) and more collaborative working. Most new models of integrated working will have implications for commissioning practice and policy as commissioners work closely with a defined group of established providers. As the need for increased collaboration becomes increasingly important, tensions with current competitive procurement policy may ultimately need to be resolved centrally (and pending this, negotiated locally).



# Multispecialty Community Providers (MCPs)

- The 5YFV describes Multispecialty Community Providers (MCPs) as care models based on 'extended group practices' in the form of federations, networks or single organisations offering a wider range of care using a broader range of professionals. The document specifically mentions primary care employing consultants or taking them on as partners, bringing in 'senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social works and other staff... shifting the majority of outpatient consultations and ambulatory care out of hospital settings'.
- The variation in current MCP models is very evident. It seems there are three broad types of MCP model, each of which have different implications for general practitioners and service development:
  - The 'soft' MCP; Larger practices secure locality wide contracts for services under AQP.
  - The 'directed' MCP; Where practices are grouped - by the commissioner - into locality provider groups.
  - MCP development through large scale GP provider networks or geographically based collaborative arrangements between GPs and other providers

# MCP development through large scale GP provider networks

- The GP provider in this model could be a GP network, a large super-partnership or in some cases an MCP created through collaborative working between, for example, a large community provider and a large, well organised group of GPs.
- Encompass is an example of this with a super-partnership loosely federating several other practices to form a fledging MCP.
- Our federation has a more formal structure and will need our CCG to invest time, money and expertise into a New MCP for Ashford whilst sharing our “primary care led” vision!

# Achievements so far- MSK

An MSK Triage service was started in December 2014 in response to an unprecedented rise in referrals into EKHUFT.

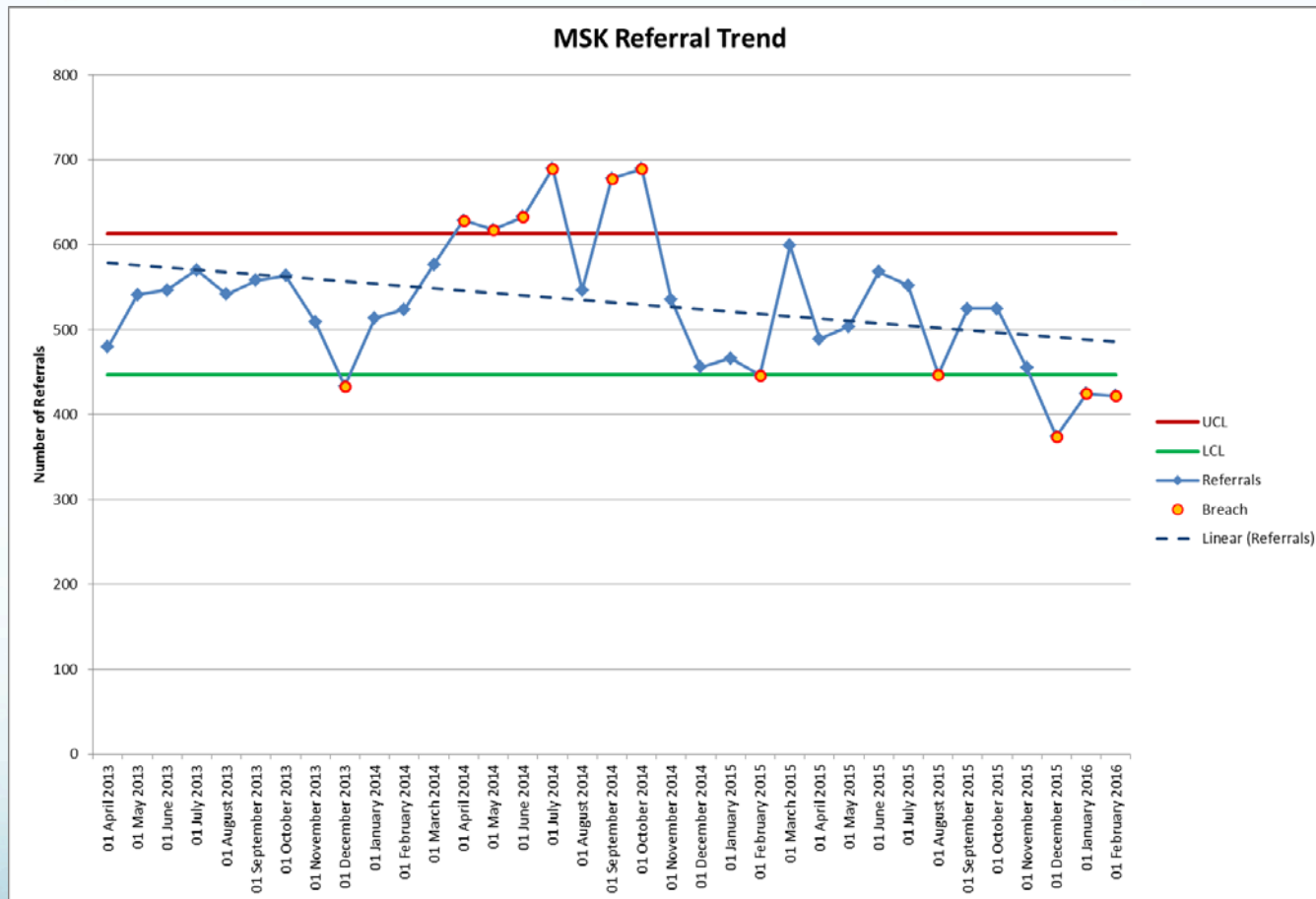
This has had the impact of reducing referrals to EKHUFT by 21.9% from 2014/15 to 2015/16 and by 33% from the peak referral period of April-November 2014.

Referral levels are now less than 2012/13 which is a considerable achievement particularly that Triage has addressed the normal growth in referrals year on year associated with population growth.

£900k of the targeted £1.4m savings was achieved. Although the project did not achieve its full savings target, the financial impact on the CCG would have been significant if the level of referrals had not been addressed alongside extended waiting times, a higher level of breaches of RTT targets and higher numbers on the waiting list.

It is recommended that MSK Triage is continued and becomes business as usual by the CCGs own Post implementation review

# MSK Continued



# Learning from MSK Triage Pilot

- Joined up working with CCG/EKHUFT has released savings in first 12 months of pilot
- Patients are being seen quicker and closer to home
- Surgeons only consult with surgical cases. Depressurised hospital outpatients for the benefit of all East Kent residents.
- GP referrers have peer to peer education and feedback
- Increased trust and collaboration between practices.
- Increased confidence for commissioners to think “outside the box” by utilising local skills and expertise.

# Achievements so Far-TeleDerm

- In conjunction with the CCG, role out of Dermatology Triage and consultant led clinics incorporating GPSI and Telederm;
- 6 practices currently. CCG anxious to roll this out to all practices.
- Novel arrangement in that the savings are shared between provider and commissioner.

# What next?

- Build on the success on GPSI led Referral triage and expand to Cardiology, ENT, Urology etc.
- Consultant led and delivered outpatient slots for those deemed by triage to need surgical treatment to allow direct listing at a surgical provider.
- In partnership with the CCG further develop the rural hub model of weekend working.
- Integration of the Community Teams into primary care with the help of the CCG/KCHFT.
- Pursue the Multispecialty Community Provider model through a joint venture with KCHFT.
- Work with the CCG to **boost investment into GMS/PMS Plus**, premises, workforce development and retention and integrated IT.



# Stabilising Primary care

- Historic variation in funding and contracts.
- CCG and Federation commitment to support practices by “levelling up” those with access to fewer funding streams.
- Support those on APMS to secure longer term GMS contracts.
- Support those on GMS to increase funding for enhanced Access/Quality/Scope of services by commissioning GMS+
- Support those on PMS who have developed GP+ services to retain funding for these whilst the CCG/Federation work up GMS+



# GP + as a means of enhancing the Primary Care offer- What one local practice did....

- Employed Community Practitioner/Matron for complex care co-ordination and navigation, virtual ward, End of Life and 1<sup>st</sup> response
- Urgent Telephone Access service using senior GPs and Matron. Allowed increased access without compromising continuity of care and facilitated longer face to face GP appointments as appropriate.
- Complex Diabetes Care with GPSi and PNSi
- So what were the Results....

# Why greater and sustained investment in front line primary care might be the solution?

- Size doesn't matter (that much)!
- Adequate staffing and appropriate Skill mix and IT utilisation DOES!
- Results in Lowest activity and costs in all unscheduled health and social care sectors (in all of East Kent).
- Conclusion is that; Investment in high quality frontline primary care staff and systems actually cools down activity in other more expensive sectors and streamlines the patient journey.
- For every single patient an additional £30/year spent in Primary Care can release £60 in Non-elective and £150 in total costs elsewhere.

# Deliverables 2017

- More timely access to health and social care needs through service redesign including:-
- Weekend/evening GP access in all 3 Ashford Hubs.
- IT integration (EMIS Web with MIG)
- Ever expanding GPSi and consultant delivered local patient triage, assessment and treatment services
- Relocation of care/community teams (mental health, health visitor, midwife, social worker, district and community nurses etc).
- Acute care collaboration between ACP and EKHUFT.
- Formation of GP Federation led MCP shadow board as a joint venture with KCHFT involving all local stakeholders.

# Risks and potential “blocks.”

- 1) Lack of grassroots GP involvement and approval of Strategic Transformation Plans.
- 2) Over representation of larger providers to the detriment of local GPs (see above)
- 3) “Transformation” is not a substitute for adequate funding –“false economies of scale”.
- 4) Risk averse commissioning. Failure to pump prime, use” preferred provider” procurement to boost Primary care workforce and skill mix (to include consultants).

# Resource Implications

- Both Human and Financial!
- Need to boost;
- Primary care workforce and skill mix (to include consultants).
- Federation/MCP management and business development expertise.
- Will require local commissioners to make brave decisions to stabilise, enhance and energise a Primary care led Local Health and Social Care Service designed around and involving the residents of Ashford.

Presentation to the Ashford Health and Well Being Board –  
Per capita cost analysis using the Kent Integrated Dataset.  
20 July 2016

Gerrard Abi-Aad, Head of Health Intelligence, Kent County  
Council and Dr James Kelly, Kingsnorth Medical Centre

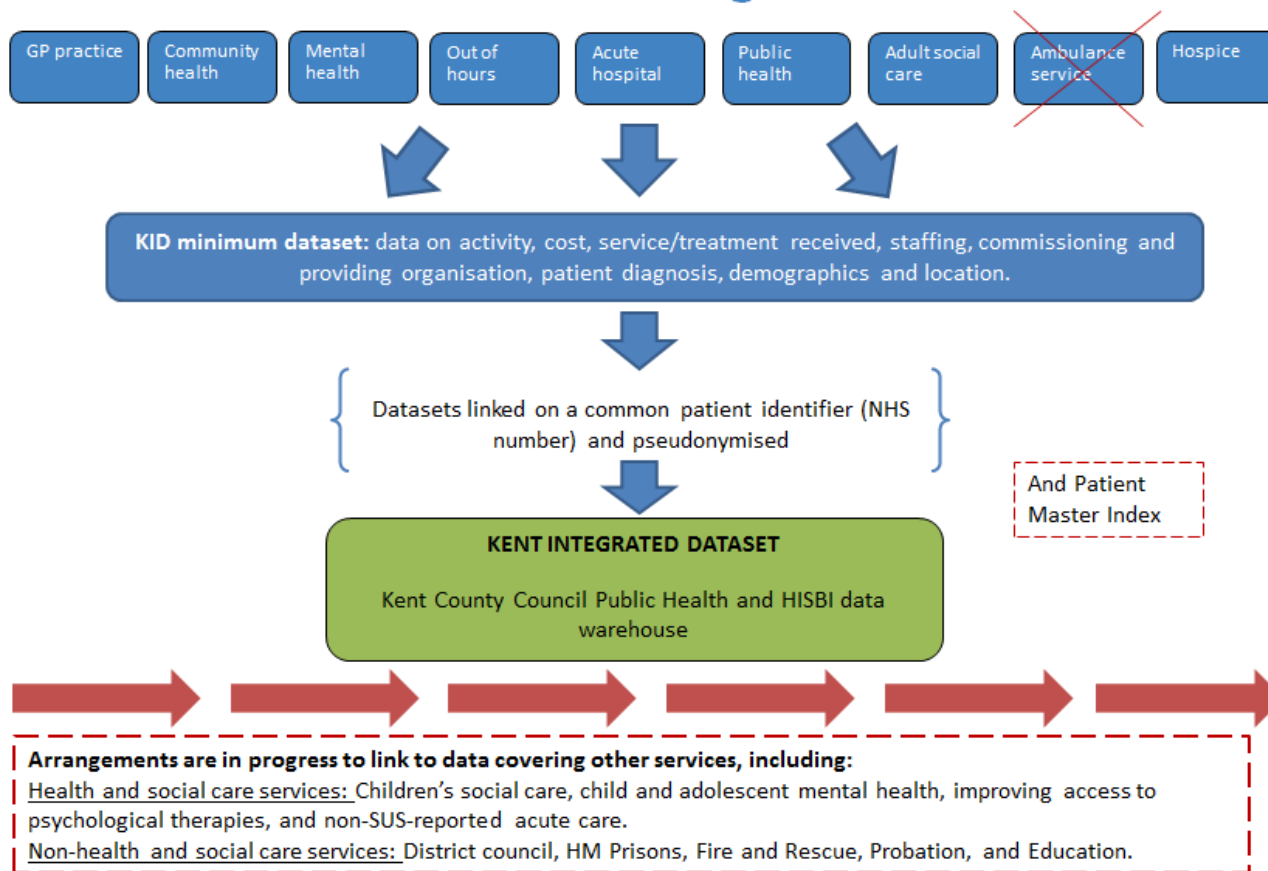
# Introduction

🍊 Null hypothesis:

‘Hot primary care confers no cost containment with regard to summed per capita costs associated with ASC, Community care, in-patient elective/non elective care, Outpatient and A&E attendances and OoH care’.

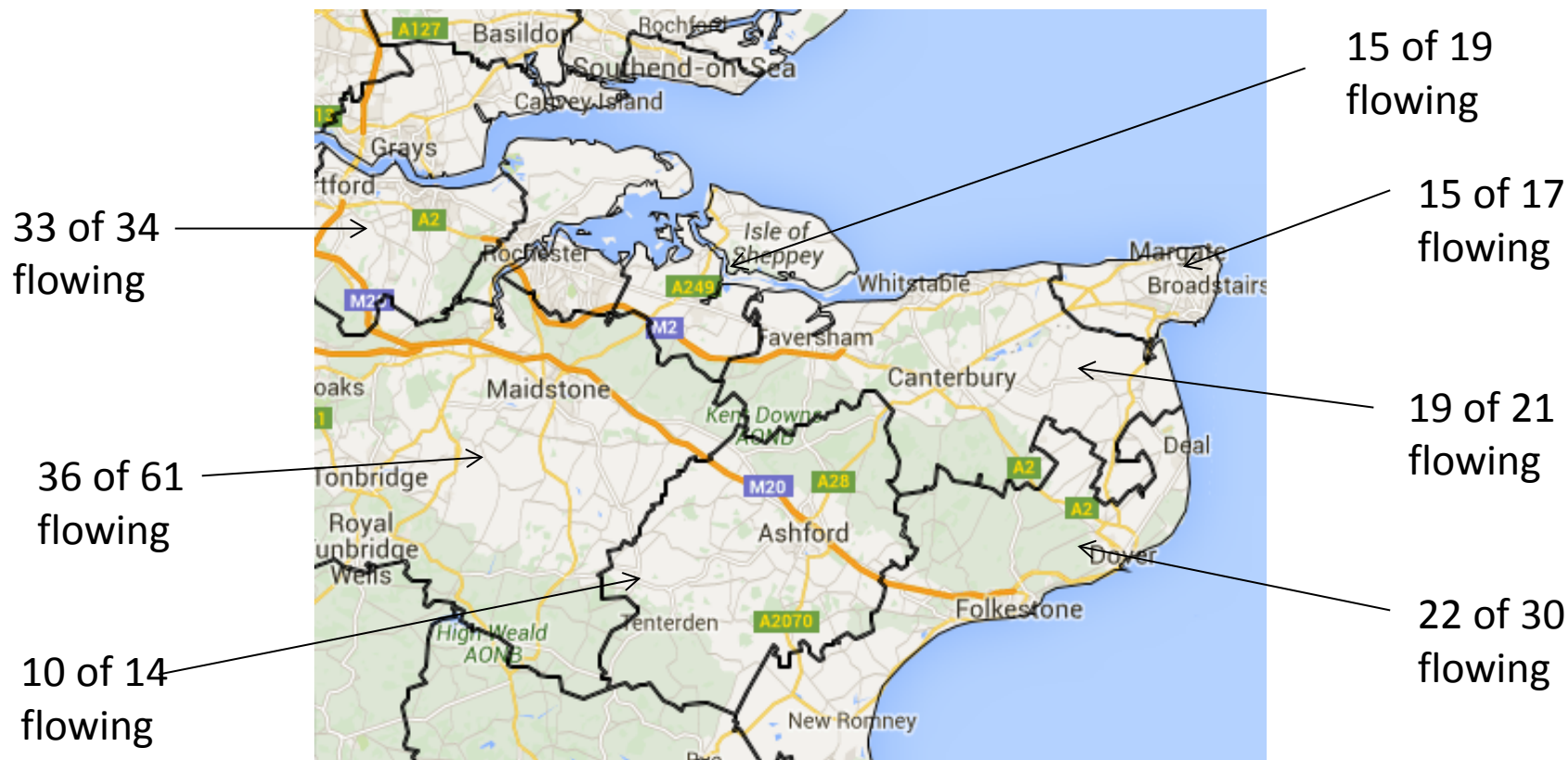
# Data flows

## Flow of data into the Kent Integrated Dataset

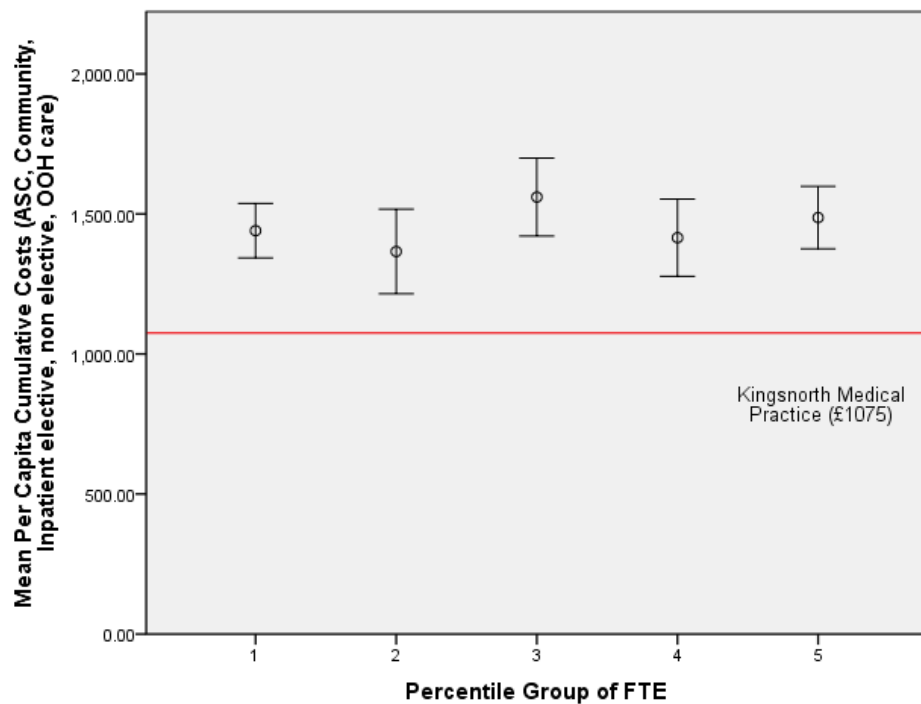




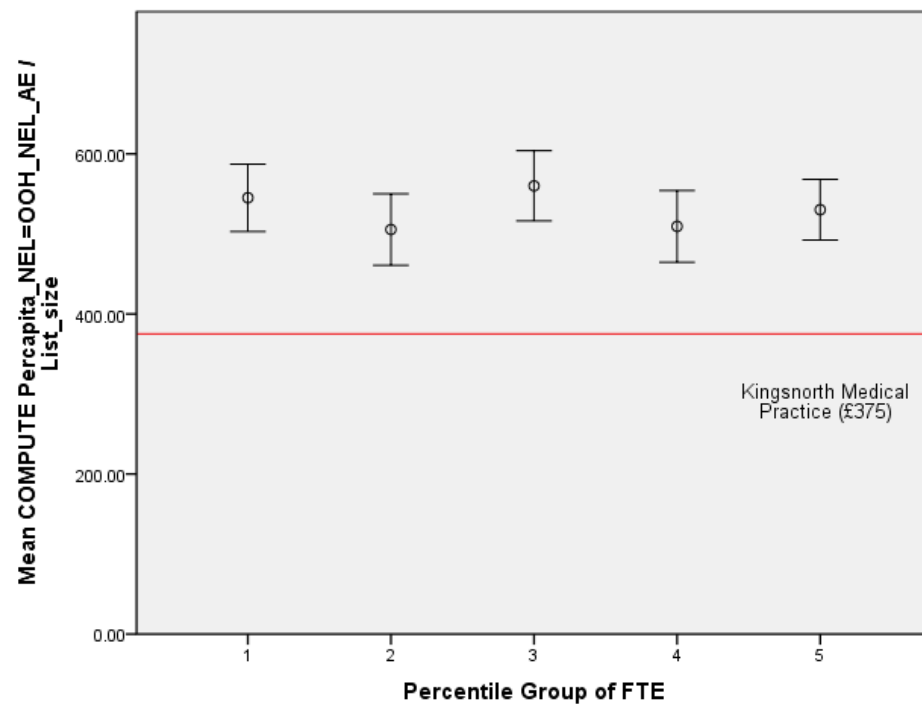
# Current practice sign-up rate: 67%



# Costs vs Quintile of FTE

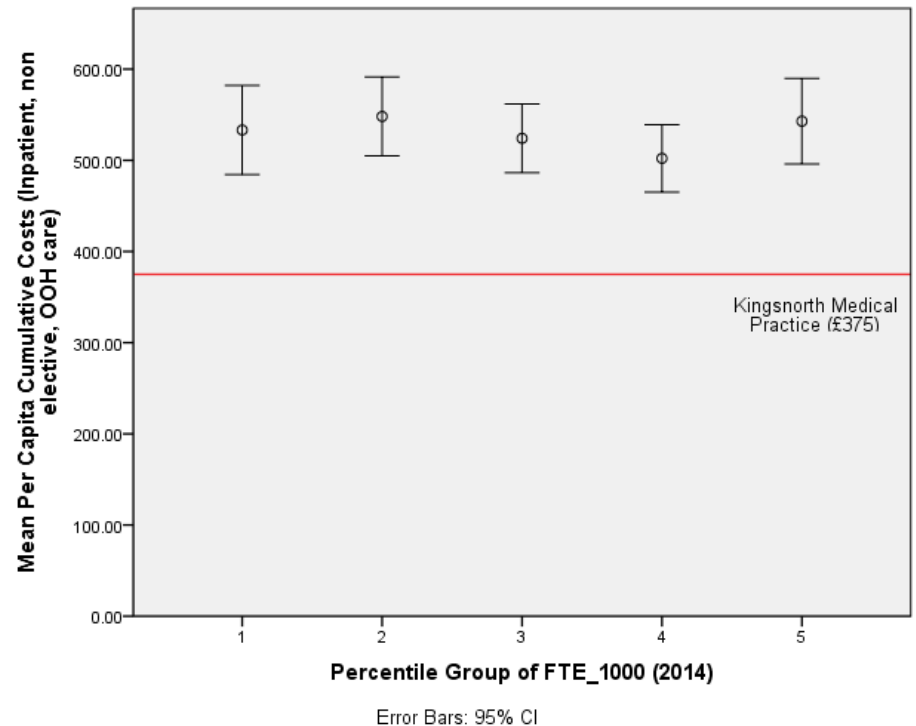
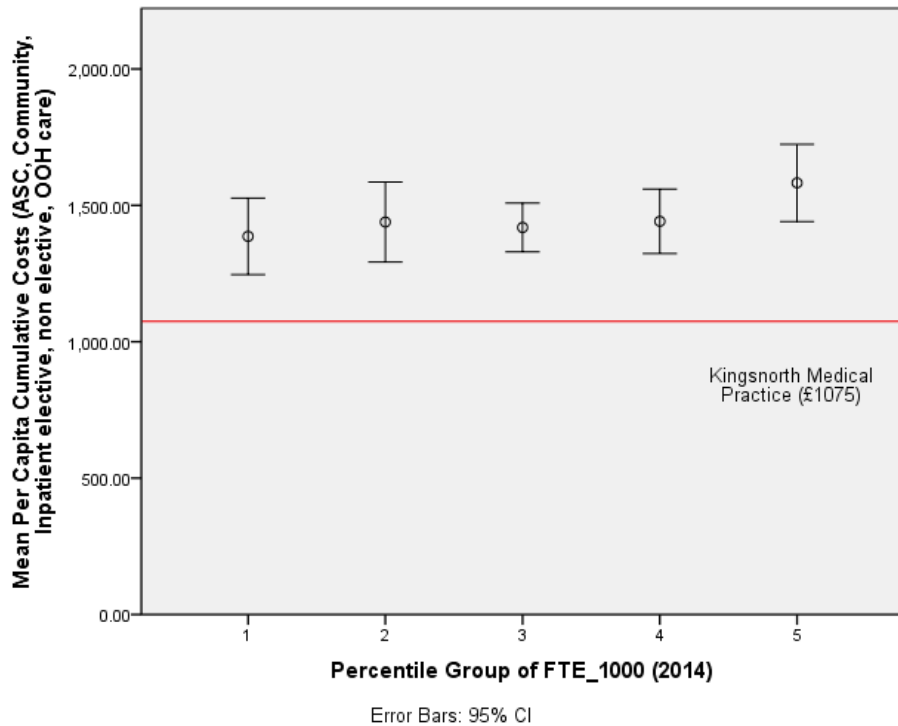


Error Bars: 95% CI

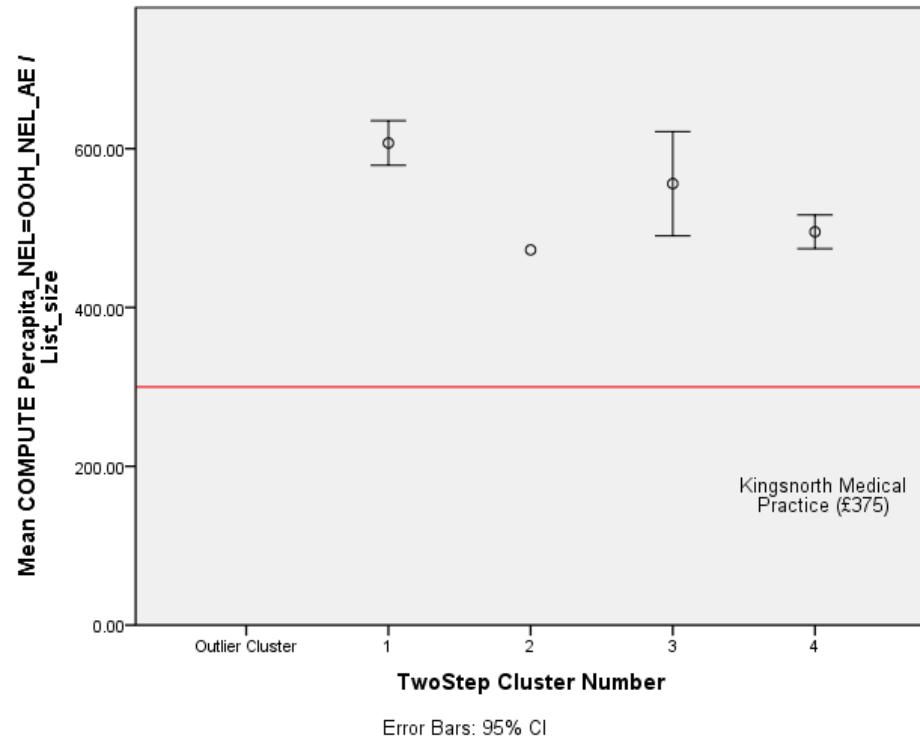
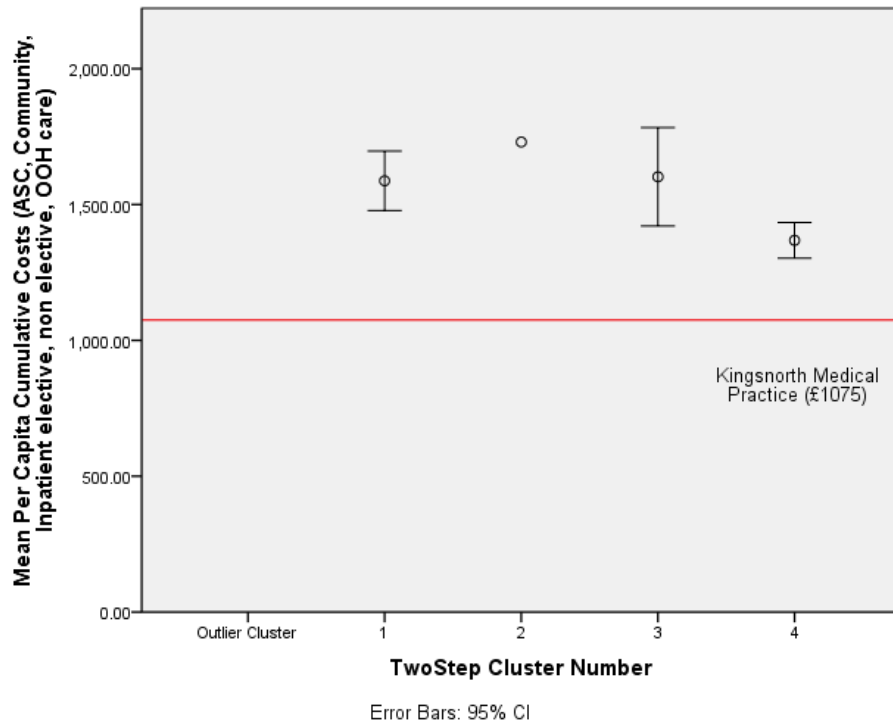


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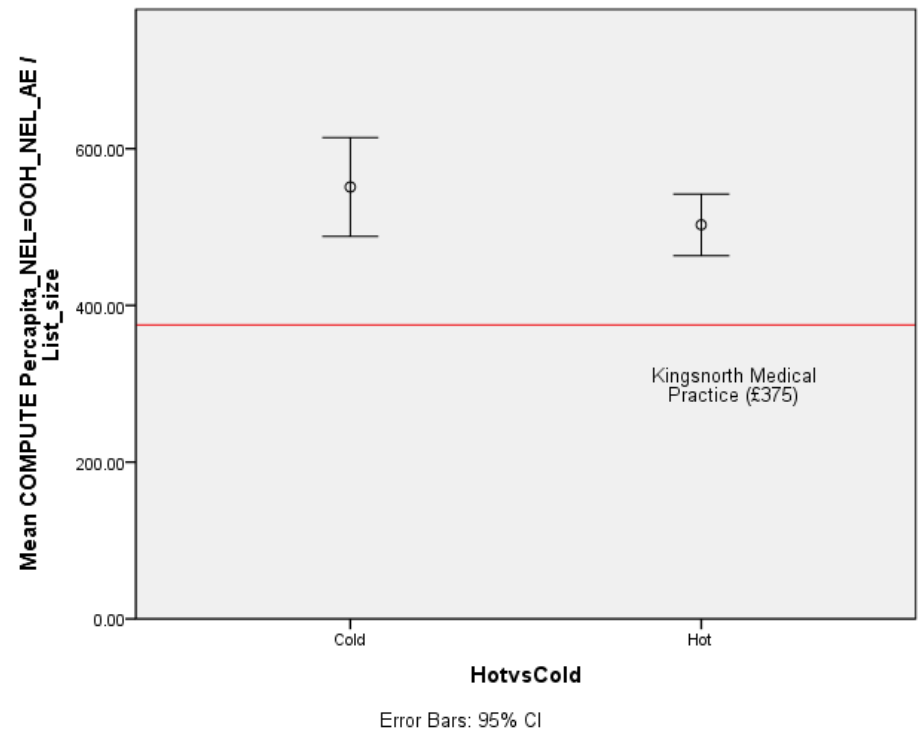
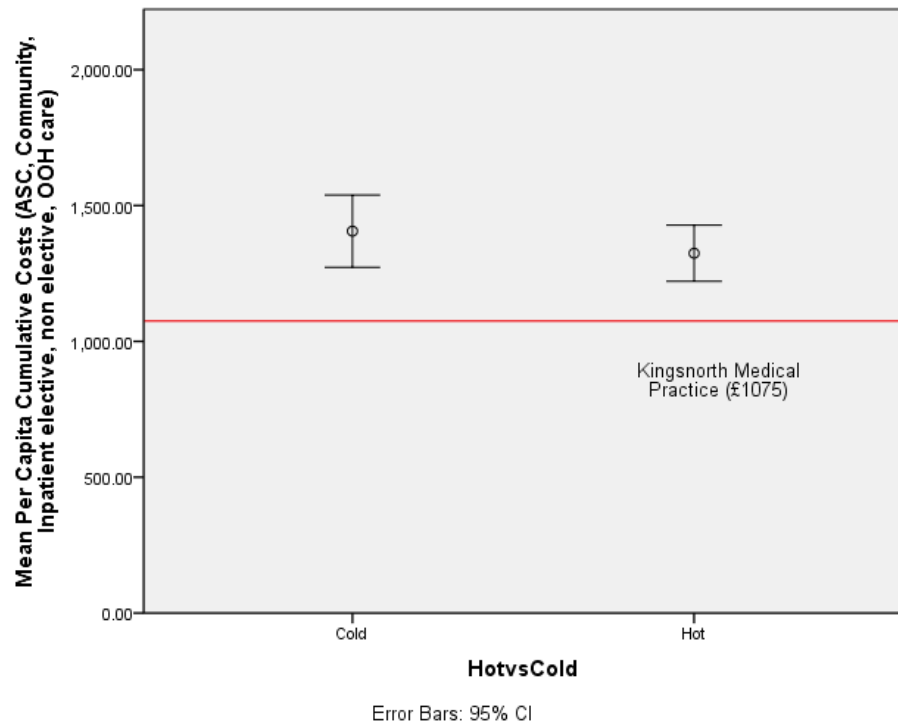
# Costs vs Quintile of FTE\_1000



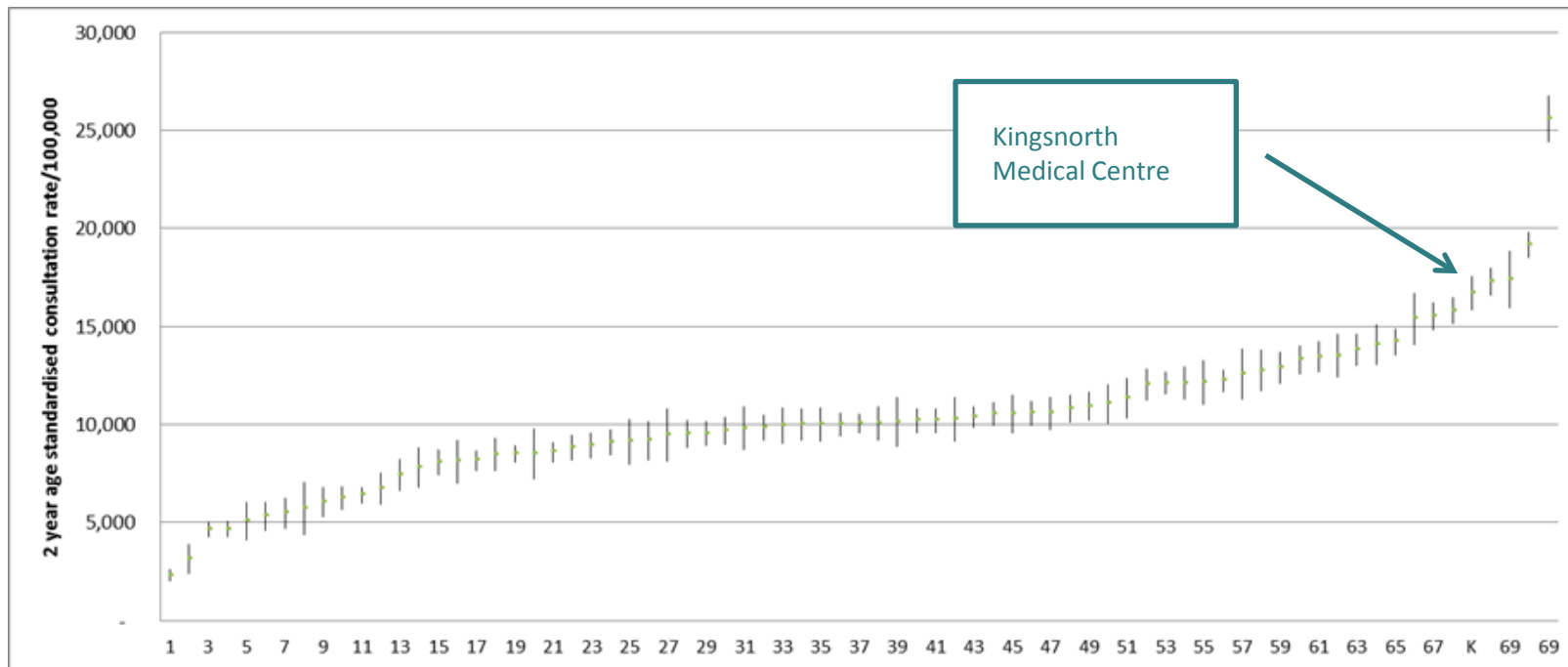
# Costs vs statistical cluster (FTE\_1000 & IMD\_2015)



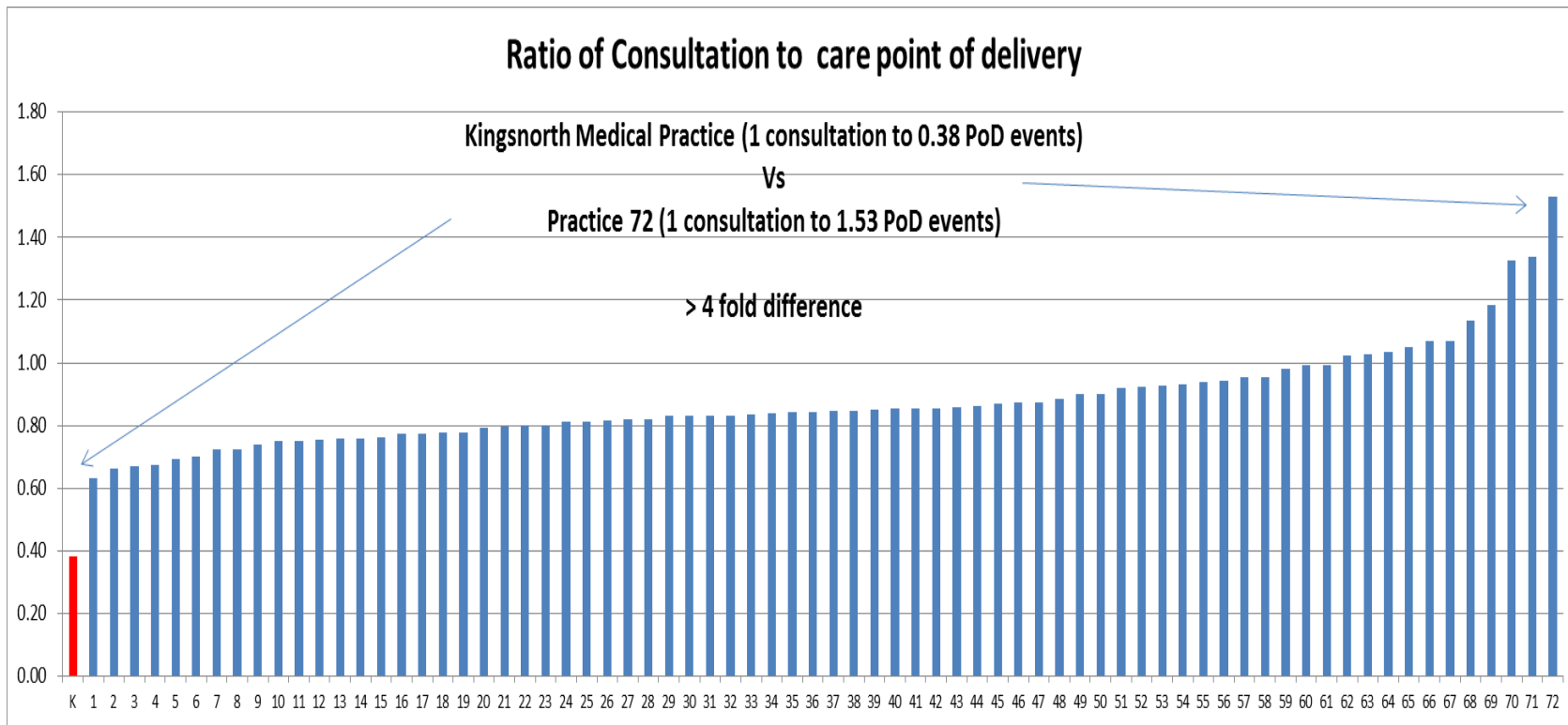
# 'Hot' vs 'Cold' (SAR/100,000, Q1 vs Q5)



# Distribution of consultations/100,000



# Distribution of SAR/100,000



# Ashford CCG

Practice	Practice	CCG	List_size	Percapita	Percapita_NEL
<b>G82730</b>	<b>Kingsnorth Medical Practice</b>	<b>Ashford CCG</b>	<b>11,188</b>	<b>£ 1,075</b>	<b>£ 375</b>
G82688	Singleton Surgery	Ashford CCG	3,809	£ 1,060	£ 410
G82712	Singleton Medical Centre	Ashford CCG	3,086	£ 996	£ 410
G82186	Hamstreet Surgery	Ashford CCG	6,843	£ 1,457	£ 428
G82658	Sellindge Surgery	Ashford CCG	4,714	£ 1,736	£ 448
G82142	Wye Surgery	Ashford CCG	8,341	£ 1,182	£ 450
G82094	The Charing Surgery	Ashford CCG	8,823	£ 1,488	£ 453
G82114	Ivy Court Surgery	Ashford CCG	14,463	£ 1,451	£ 466
G82053	Woodchurch Surgery	Ashford CCG	3,563	£ 1,730	£ 473
G82080	The Willesborough Health Centre	Ashford CCG	13,107	£ 1,536	£ 492
G82050	Sydenham House Medical Centre	Ashford CCG	20,247	£ 1,610	£ 512
G82735	South Ashford Medics - St Stephens	Ashford CCG	8,427	£ 1,347	£ 517
G82087	New Hayesbank Surgery	Ashford CCG	16,685	£ 1,547	£ 519
G82049	Hollington Surgery	Ashford CCG	3,394	£ 1,454	£ 530

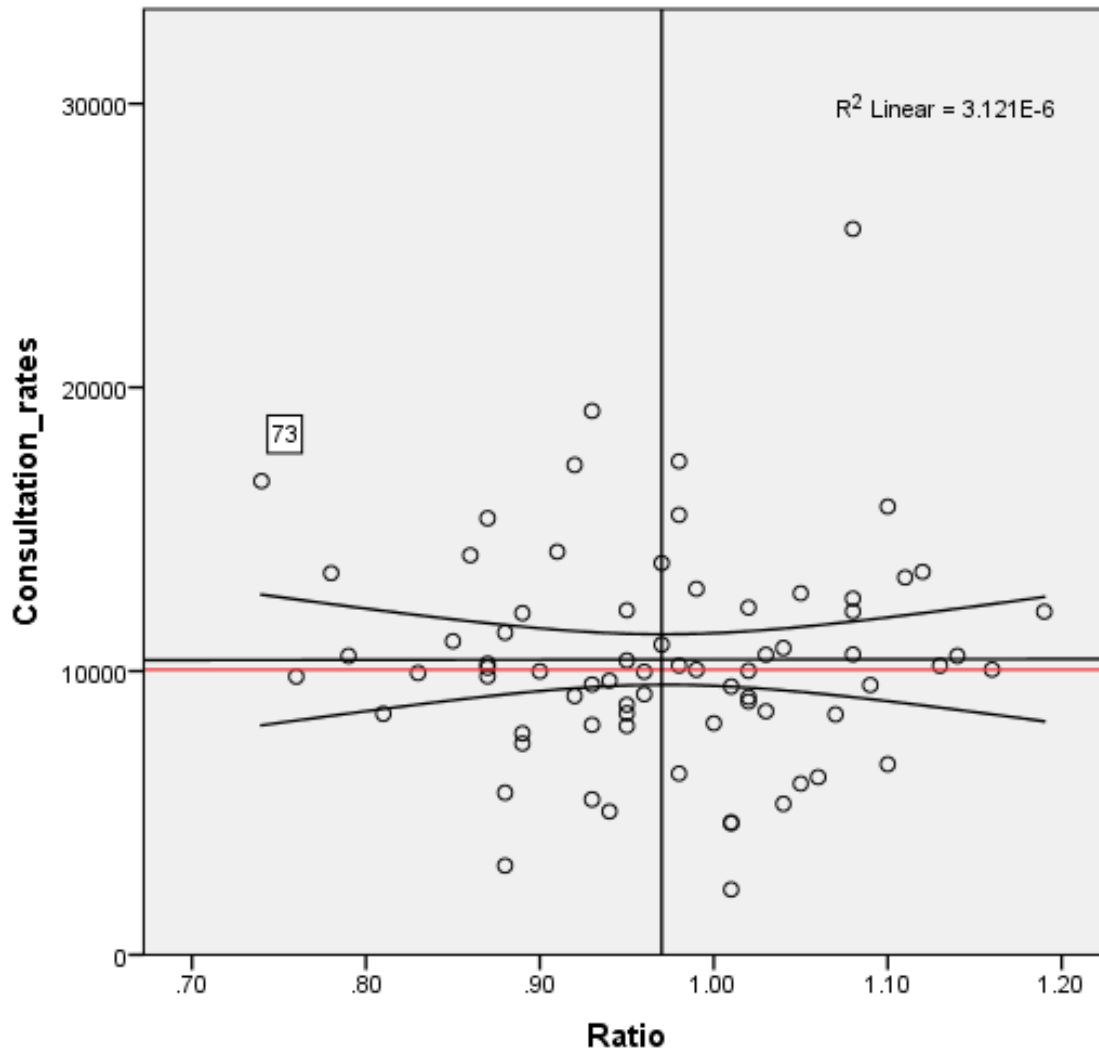


# Potential per capita savings

	Statistical Cluster	5% Trimmed mean (All). Per capita costs	5% Trimmed mean (NEL). Per capita costs
a	TC_1	£1554	£607
b	TC_3	£1600	£554
c	TC_4	£1363	496
d	Kingsnorth Medical Centre	£1075 (actual per capita cost)	£375 (actual per capita cost)

Average per capita savings	£ (all)	£ (NEL)
(a-c)	£191	£111
(b-c)	£237	£58
(a-d)	£479	£232
(b-d)	£525	£179

# Does the weighted formula adequately account for need?



# Findings

1. Practice size does not discriminate for cost efficiency.
2. Also, when practice costs were compared using FTE\_1000 population ratio clusters, per capita costs gradients were accentuated with better resourced practices generating higher mean per capita costs
3. Significant differences were observed between statistical cluster groups 1 and 4, with cluster 4 having a significantly lower mean per capita total and non-elective cumulative cost per patient.
4. Kingsnorth Medical Centre (KMC) is a statistical outlier at the low end of the cluster distribution (i.e. beyond the 95% ICI)
5. Despite the fact that there are highly significant variations in consultation intensity, for the majority of practices included in the analysis, there were no significant differences in cost per capita between 'hot' and 'cold' practices (notable exception was KMC)
6. If the cost efficiencies observed in the KMC are attributable to the configuration of the practice (running 'hot' with notable nuances in the way business is done) – potential cost savings are likely to be highly significant if the KMC operating model were rolled out across the CCG

# Next steps

1. Matched cohort linked person level analysis to ascertain true differences – for example between Kingsnorth configuration and other configuration types
2. Compare 'appropriateness' of fit of the Carr-Hill weighted practice populations?

**Community Network**  
**ASHFORD NORTH**

# Ashford North

## **Regular members:**

- Chair, Kennington Community Forum (Chair)
- Associate (Engagement), South East CSU
- Willesborough Health Centre PPG and Vice-chair, APPG
- Willesborough Health Centre PPG and APPG
- Adult Services (Ashford), KCHFT
- Lay Member Patient and Public Engagement, Ashford CCG
- Wye Surgery PPG
- Development Officer, Red Zebra
- Retired C4G GP and Community Networks clinical lead
- Business Support Manager, Ashford CCG
- Chief Executive, Ashford Volunteer Centre
- Independent member, APPG
- Ashford Governor, EKHUFT

# Ashford North

## **Current items:**

- Annual Plans:
  - NHS England Business Plan 2016/17
  - NHS Ashford and Canterbury and Coastal CCGs Annual Plan 2016/17
  - Ashford Local Plan to 2030
- Community Nursing Service Specification
- Marchwood CIC Project
- Health Improvement Services – introduction
- KMPT Single Point of Access
- Over 60s Community Service
- Ashford Wellbeing Café – updated report

# Ashford North

## Challenges:

- Communication Strategy
  - Who knows what we do?
  - How do we engage with wider community?
- Scale – understanding the NHS
- Lack of participation from
  - Ward Members
  - Parish Councils





# Community Networks

Meeting your community's health and social care needs

A PICTURE OF  
HEALTH

# What are community networks?




- They help make sure health and social care services are meeting the needs of our population.
- Advisory groups focusing on the needs of their communities.

# Network membership includes:

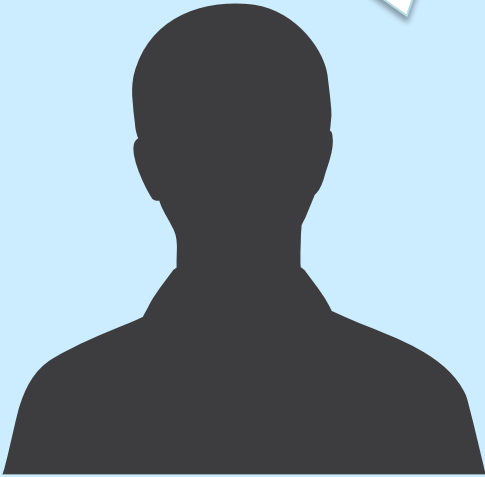
- Patient Participation Groups
- Organisations that provide health and social care services
- Voluntary and community organisations
- GPs
- Clinical Commissioning Group (CCG)



# What will we do?



Have the chance to input into individual projects



Meet regularly to discuss the health priorities for our area

# What have we worked on so far?



# What have we worked on?

- **In Ashford North we have:**
  - Established a wellbeing café for people who need help and support with their mental health at weekends. It means people who experience anxiety, low mood, loneliness and isolation can drop in and speak to a trained mental health support worker over a cup of tea or coffee. High attendance in first twelve weeks with positive outcomes reported to date.
  - Started a project to reduce the number of prescriptions for paracetamol, and encourage patients to purchase it from pharmacies and shops. Potential also to target other medications (eg: antihistamines). Project paper has been updated following January network meeting for discussion with PPGs/APPG.



# What have we worked on?

- **In Ashford South we have:**
  - Supported Sk8side youth club with the newly commissioned 'About You' programme providing emotional and wellbeing support through counselling and exercise for young people aged 13 to 19. It covers a range of issues linked to mental health problems. Sessions cover relationships, self-esteem, substance misuse and self-harm. They have run successfully in conjunction with a local school, with positive outcomes reported to date.
  - Supported the new Stanhope Healthy Living Zone project, which follows a model found elsewhere such as in Thanet (which includes a drop-in café, computers to support people trying to find employment, other aspects such as mental health support, stop smoking advice, education, and healthy eating programme). Services are currently being mapped.
  - Discussed current health visiting arrangements and the need for si coordination of these as essential to Ashford South's demographic gathering and analysis currently taking place.



# What have we worked on?

- **In Ashford Rural we have/will be:**
  - Development of West View Integrated Care Centre
    - ✓ Reviewed how we currently pay for services.
    - ✓ Currently agreeing service specification for the future.
    - ✓ Proposals to be taken to March Health Reform Panel for support.
    - ✓ Plan to implement proposed changes early 2016/17 financial year.

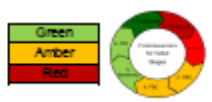




# What have we achieved?

8 projects map to the Community Network

**Key**  
 On track with plan  
 Risk of slippage, challenges ahead  
 Slipped or significant risk to deliver



**Community Network A. North**

Project Name	Community Network Summary of Project	Current status	Project Stage
MSK Triage - Ashford - P/001/15	People with musculoskeletal (MSK) conditions - such as back pain or arthritis - will be assessed quicker than before so they can be given the right treatment sooner. This project will make sure all GP referrals are looked at by EKHUFT's trauma and orthopaedics team to assess whether a hospital appointment or community service is needed. This is likely to mean more people will be treated in the community rather than being referred to an acute hospital. By reducing the amount of referrals we can also save around £1.48 million.	Green	5. Monitoring
MSK Spinal Pain - Ashford and Canterbury - P/003/15	We want to introduce a new option for treating patients with chronic back pain to make sure they are getting the best treatment. Patients who experience long-term back pain have in the past been offered spinal injections to alleviate pain. However, clinical evidence from the National Institute for Health and Care Excellence (NICE) shows that these injections may not be the best course of pain relief for some patients. Instead they should be offered other options to manage their condition, including physiotherapy and counselling. By reducing unnecessary injections, we could save around £700,000 for Ashford and Canterbury CCGs.	Red	5. Monitoring
Dermatology - Ashford - P/004/15	We are changing how people with skin conditions are treated by using new technology to speed up diagnosis. By making sure patients are assessed quicker, they can start treatment sooner. The current system means the vast majority of people are referred to a specialist appointment at a hospital regardless of whether this is needed. Our new system means that patients can be remotely assessed by a specialist before a decision is made about whether hospital treatment is needed. This would reduce unnecessary referrals and save around £500k.	Red	5. Monitoring
Discharge to Assess - East Kent Wide - P/006/15	Older people in east Kent will be able to leave hospital earlier thanks to a new scheme introduced this autumn. Discharge to Assess is running as a six-month pilot to help older people leave an acute hospital by completing the assessment of their ongoing care at home, in a community hospital or a care home - instead of in an acute hospital. There are three pathways depending on the needs of the patient and what level of ongoing care is needed.	Amber	5. Monitoring



# What about the future?

- The NHS is changing.
- Five Year Forward View says care should be in the **community**, closer to the patient's home.
- New 'models of care' being developed. This includes the Multispecialty Community Provider (MCP) being developed in Canterbury.



# What will the future look like?

- Increasingly we need to manage systems – networks of care – not just organisations.
- The traditional barriers between primary care, community services, and acute hospitals need to be dissolved.
- Out-of-hospital care needs to become a much larger part of what the NHS does, supported by smaller specialist hospital services
- Services integrated around patients with shared responsibility and care plans keeping people well.



# What will that mean locally?

Our vision is to have comprehensive, integrated local care and health services:

- tailored to communities.
- supported by a chain of high quality, smaller acute hospitals with access to safer specialist services.
- a wider range of organisations and individuals working to maintain good health and wellbeing.



# Communication and media

- If you have ideas for other stakeholders that could be part of the network please do **spread the message** and discuss with your network chair.
- If you are approached by the media please contact the Communication Lead: Alex McNally. Email: [alex.mcnally@nhs.net](mailto:alex.mcnally@nhs.net)



**Any questions?**



# Community network

- **Contact Details: Network chairs (via CCG office)**
- **Office: 03000 424815**
- **[ashford.ccg@nhs.net](mailto:ashford.ccg@nhs.net)**



**Thank you**





## **Community Mental Health & Wellbeing Service update 29<sup>th</sup> March 2016 for the Ashford Health and Wellbeing Board**

### **1. Background**

Kent County Council (KCC), with the seven Kent Clinical Commissioning Groups (CCG's) are responsible for providing prevention, early intervention and recovery services for mental health and wellbeing. These services help prevent entry into formal social care and health systems, reduce suicide; and prevent negative health outcomes associated with poor mental health by supporting recovery and preventing relapse.

Since June 2014 a comprehensive period of stakeholder engagement has taken place, including people who use services and carers, regarding how community mental health and wellbeing services should be contracted and delivered, with Ashford providers fully participating and contributing within the engagement process to develop the new specification and model for the service.

The vision for the new service is to keep people well and provide a holistic offer of support for individuals living with mental health and wellbeing needs in Kent and to deliver support in line with national and local guidance and protocols. The new approach will put a greater focus on outcomes and engage people in innovative ways.

### **2. The Community Wellbeing Service**

The Community Mental Health and Wellbeing Service will go live on the 1<sup>st</sup> April 2016, the contract term is for 5 years with an option to extend for a further 2 years.

Following a robust, open and transparent procurement process Shaw Trust has been awarded the Strategic Partner role for the Ashford area. The procurement process was based on a fixed funding allocation for each CCG area, enabling the procurement evaluation to focus solely on quality and the impact of the Strategic Partner to deliver the outcomes that matter most to people contained within the specification.

The new service across Kent will have a common identity "Live Well Kent" and will include a number of existing grant funded organisations and new organisations specialising in arts, culture, employment, volunteering, exercise and sports, as well as linking with counselling and other social care and healthcare services.

The core of the new service is the promotion of mental health and wellbeing. The key outcomes below ensure that people:

- are connected to their communities and feel less lonely and isolated
- have more choice and control and feel empowered
- have access to a wide range of opportunities to support their personal recovery which include life-long learning, employment and volunteering, social and leisure and healthy living support
- are appropriately supported to manage their recovery

The new service offers open access, where people can refer for an assessment and will be offered a range of services matched to their needs. There will be a number of ways people can access the new service. This includes a Freephone telephone number, via a health or social care professional referral, by walking into a community building, or online. The service has a target to respond to new enquiries within two working days to ensure people with mental health needs can be supported quickly to ensure crisis are avoided wherever possible.

### **3. The Ashford Live it Well Centre**

The Ashford Live it Well Centre building is owned by KCC and there are no plans to sell. KCC is actively working with Shaw Trust to transfer the lease to ensure continuity for the current organisations working from the building. Shaw Trust envisage this building becoming a community hub involving local charitable and community organisations. As part of the hub proposal, teams from primary care, social care, Improving Access to Psychological Therapies services, Kent Enablement and Recovery team and other relevant services would be co-located at the site creating holistic support for service users. The priority is to deliver a service that are user driven and responsive to local need.

This new service will offer a broad and diverse delivery network supporting service users to achieve their goals and aspirations.

Shaw Trust has had discussions with a range of providers throughout the procurement process, and post contract award with organisations interested in being involved in the delivery of the new service. Shaw Trust recognised early on that grant funded organisations had concerns about how to adapt to the new funding approach, and how to deliver against the new outcomes for the service. They have responded by offering 6 month grants to enable existing provision to continue. Within the Ashford area providers include Porchlight, MCCH, Ashford and Tenterden Umbrella, Centra Care and Support. Additionally, Shaw Trust is looking at how they can support smaller charities to bid for additional funding opportunities. We all believe that the new contract is an opportunity to deliver better outcomes for people. It is important that community organisations form an important part of the delivery and we are all committed to achieving that ambition.

Shaw Trust will continue to provide updates to local Mental Health Action Groups (MHAG's), which has included a question and answer briefing as well as general information. Going forward Shaw Trust will be inviting the Chairs and Co-Chairs of

all service user representative groups to meet with them and share their views, answer any questions and set our approach to delivering this service. This engagement will remain a feature of their continued communication.

This is an exciting opportunity to deliver a more focused and person-centred approach to mental health support in local communities across Kent.

#### **4. Attendance at the July 20<sup>th</sup> 2016 Ashford Health and Wellbeing Board**

In order to fully inform the board of the commissioning strategy and procurement process and to update regarding the new model of care and delivery, Emma Hanson, Head of Strategic Commissioning for KCC and Austin Hardie Director of Charitable and Enterprise Activity at Shaw Trust will attend to give a full presentation and will be available for a question and answer session.

KCC, the CCG's and Shaw Trust are committed to improving outcomes for people with mental health concerns. This new model of delivery has been designed to improve outcomes for individuals but also importantly to support the voluntary, community and social enterprise sector to flourish and grow their capacity to deliver high quality support ensuring the success of this new service.

**Mark Lobban**  
**Director of Commissioning**  
**Kent County Council**

**Austin Hardie**  
**Director of Charitable Operations & Enterprise Activities**  
**Shaw Trust**

# Live Well Kent

## Ashford Health and Wellbeing Board July 20<sup>th</sup> 2016

Emma Hanson

Head of Commissioning Kent County Council

Austin Hardie

Director of Charitable and Enterprise Activity



# Our aim...

- To improve support for people with mental health problems
- To get the best possible outcomes within the resources we have available
- To develop a system that is both affordable and sustainable
- To encourage growth and diversification of provider market including the voluntary, community and social enterprise sector



# A Life not a Service !



Deficit Approach	Asset Approach
Identifies problems or needs	Identifies opportunities and strengths
People as service users	People with lots to offer and contribute
Does to people	Helps people to take control of their lives
Fixes people	Supports people to develop their potential
Focuses on individuals	Focus on communities and neighbourhoods



# Where we were;

- Services were not fully aligned to our strategic outcomes or priorities
- Historic growth; different services in different areas, equalled inequity of access and a postcode lottery
- Services provided via a wide range of voluntary sector partners who were not consistently networked together
- Lack of performance management we didn't know what we were getting for our investment and we couldn't compare the quality and impact of services





# Integrated Commissioning

- **Public Health**; universal services that support prevention, emotional health and wellbeing.
- **Adult Social Care**; day opportunities, employment services and service user engagement
- **Clinical Commissioning Groups**; secondary community mental health services and acute mental health services, psychological therapies
- **Supporting People**; housing related schemes

Historically services worked in silos for people on their journey. We have developed a new approach that is design to enable people

We have aligned budgets to create a new approach to tackling stigma and improving well-being.

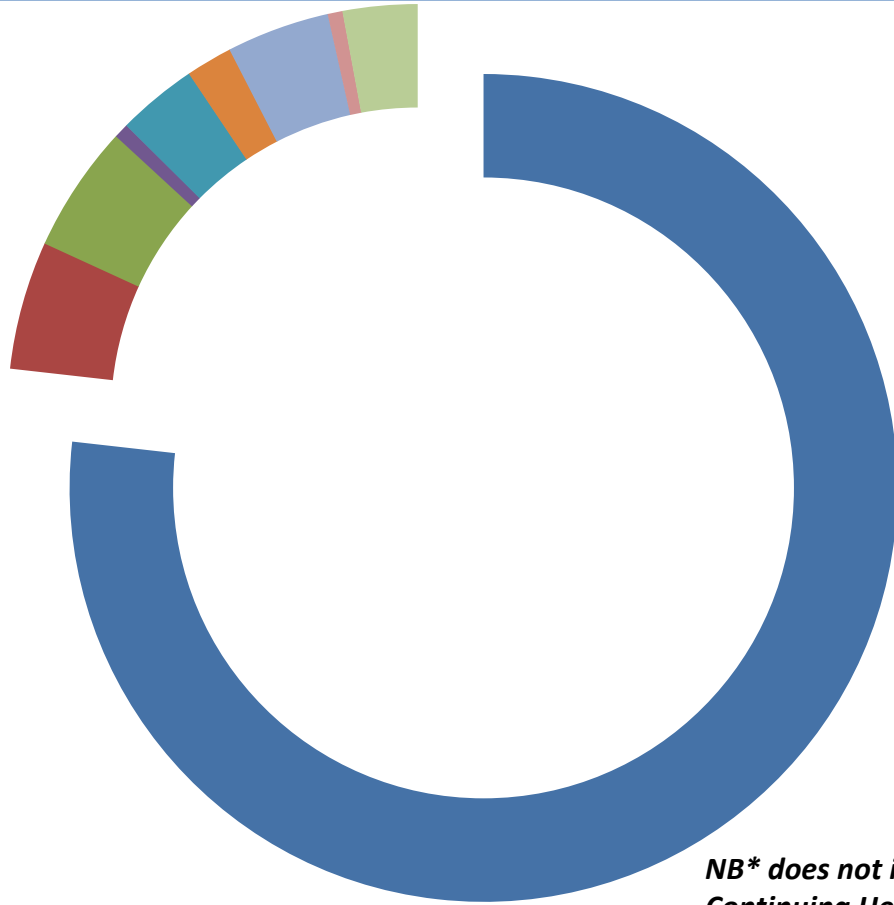


## Key facts ....

- Total pot 4m per year, with historic funding re-profiled and allocated according to need
- A 5yr contract with an optional 2yr extension clause
- Contract let in four lots to mirror CCG areas
- Outcomes focused contract with some specified requirements around employment, housing and community link workers
- Includes co-location of primary care social workers



# Profile of Investment 2015/16



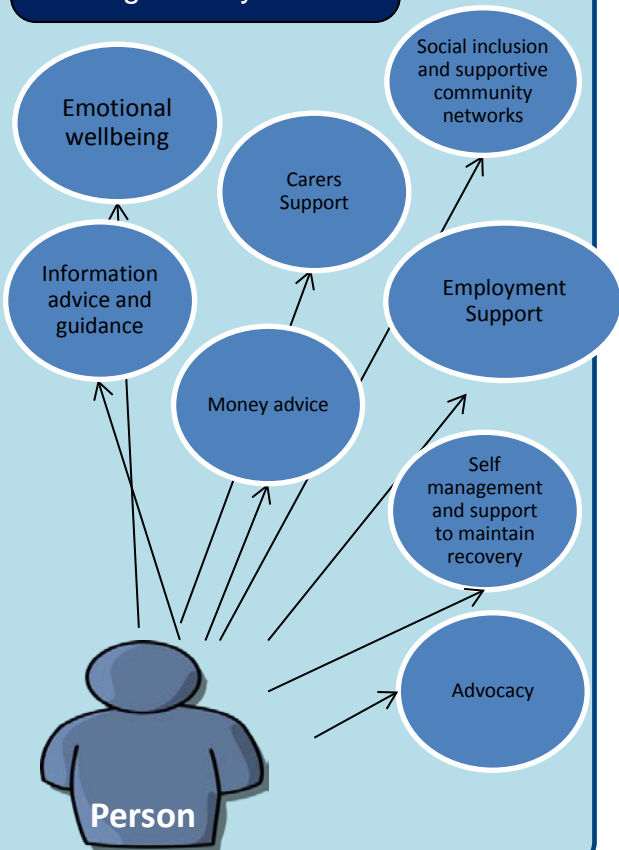
- CCG Funding to KMPT £129m
- IAPT £8.5m
- KCC Residential Care £8.4m
- Direct Payments £1m
- Supported Accommodation £5.3m
- Community Support £3.1m
- KCC Staffing seconded to KMPT £6.8m
- KCC Staffing in Primary Care £1m
- Voluntary Sector £4.9m

*NB\* does not include Primary, General Hospital or Continuing Health Care Spend*

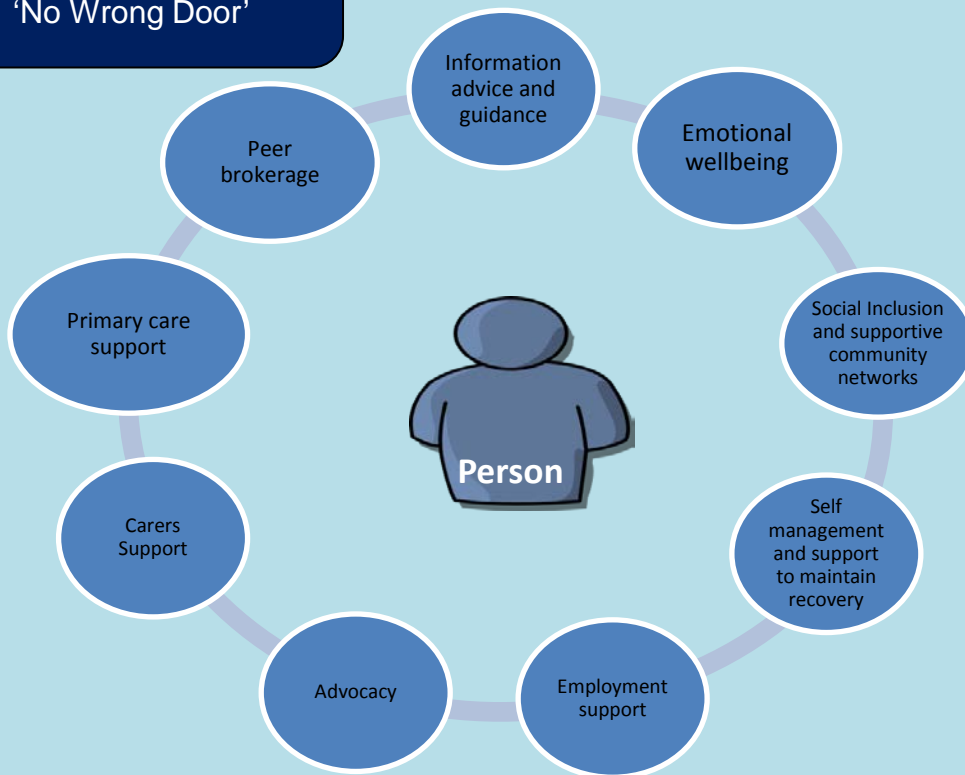


# The Vision - Person Centred Community Based Services

Old Model confusing array that you had to navigate for yourself



New Model  
Universal Access  
'No Wrong Door'



# *The Co-Production Journey...*

- May – June 2014 Insight gathering people who do not use services
- July 2014 2 x Multi - Stakeholder Workshops
- August to Sept 2014 Insight gathering via existing MH forums
- October 2014 to January 2015 Key Stakeholder Engagement Workshops
  - 3 x Strategic Partner
  - 4 x Delivery Network
- October 2014 – Jan 2015 Insight gathering community support services
- Jan – Feb 2015 Stakeholder Paper – widely circulated
- April 2015 Formal Public Consultation
- May 2015 – Final Market Engagement Event
- June – July 2015 Encouraged potential strategic partners to hold own events with delivery networks



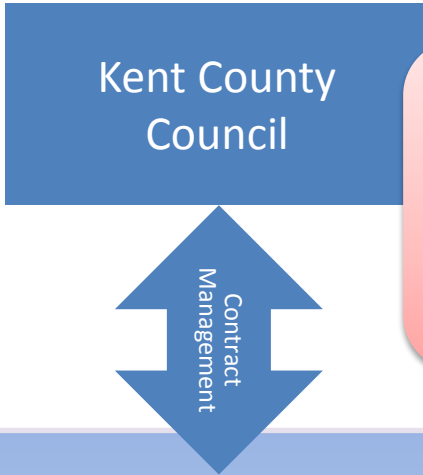
# STAMP Programme

Develop skills, knowledge, resources and connections to:

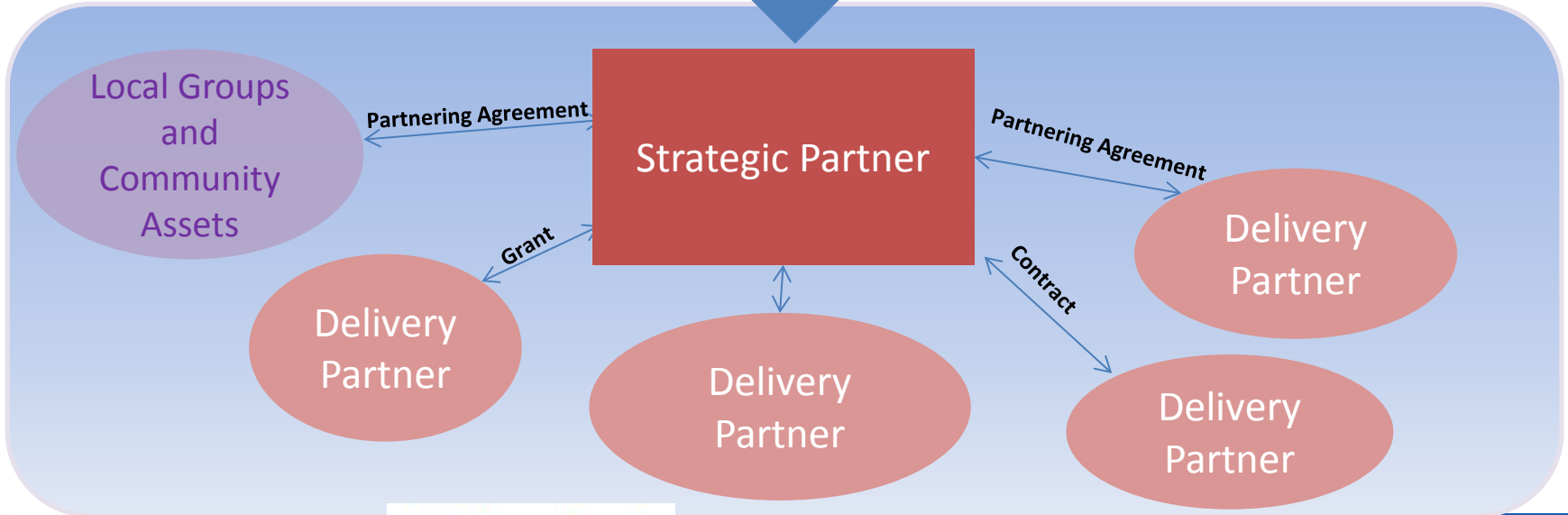
- Access new funding streams
- Tender successfully to deliver public sector services
- Set up and/or join consortia
- Launch new social enterprises
- Build their capacity and resilience
- Plan for a more secure, sustainable future
- Delivered via: 1-2-1 support, specialist workshops, networking events and access to online resources



“A strategic partnership involves a formal agreement between two or more parties that have agreed to share finance, skills, information and/or other resources in the pursuit of common goals”



Co-produce model at workshops with providers – refined with lots of input about how to develop/deliver outcomes and safeguard delivery network



# Competitive Dialogue

..... is a public-sector tendering option that allows for bidders to develop proposals in response to a client's outline requirements. Only when their proposals are developed to sufficient detail are tenderers invited to submit competitive bids ....





Developed Business Case

Stakeholder and Market Engagement  
Outcomes / Models

Publish OJEU Notice

Issue PQQ and invitation to submit outline solution (ISOS)  
Bidders Workshop

Begin dialogue

Issue invitation to participate in dialogue

Shortlist SP's for competitive dialogue  
Development of DP Matrix  
Specification Engagement

PQQ and ISOS received and evaluated

Range of themed meetings regarding Spec, pay mechs, T&Cs, TUPE etc

Close dialogue

Invite bidders to submit final solution

Select bidders and award contract & mobilisation .....

Kent  
County  
Council  
kent.gov.uk



ShawTrust  
Ability at work

Porchlight



NHS

# Pro's and Con's of Approach

## Pro's

- Really helps shape construction of service
- Allows for provider perspective
- Enables commissioners to understand from providers point of view
- Ensures service commissioned in best possible for outcomes

## Con's

- Labour intensive and costly for LA and providers - especially those who are not successful
- Repetitive Process
- Slow Process



# Evaluation Criteria

- **100% quality criteria**, we gave the price envelope and ask providers what they would do with it to meet the require outcomes of the service specification
- Bidders were assessed initially on **60 % minimum quality** threshold i.e. all bidders had to achieve a 60% on their quality score for pricing to be evaluated
- Those who achieve 60% on quality were then be evaluated on price per quality point
- The successful bidder for each lot was the bidder with the **best price per quality point**
- Strategic Partners were limited to apply for three lots with the realisation that the maximum award was two lots



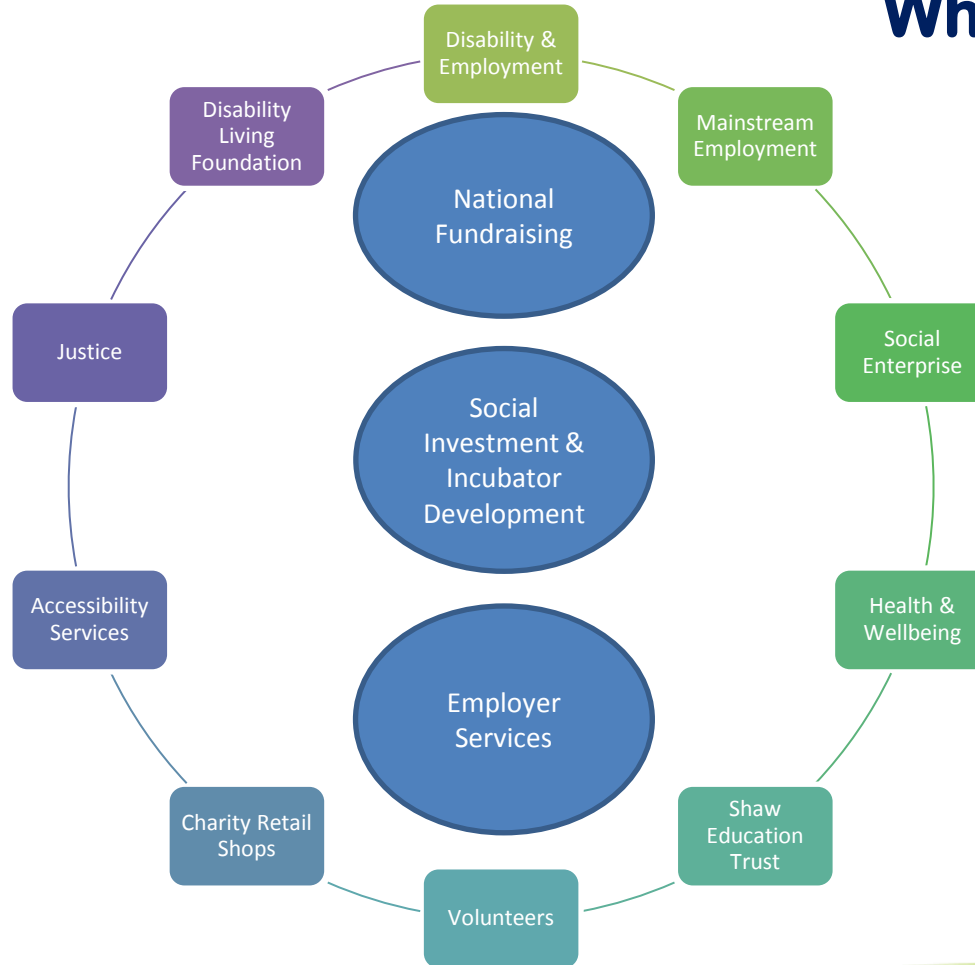
# What we have achieved ... The Network

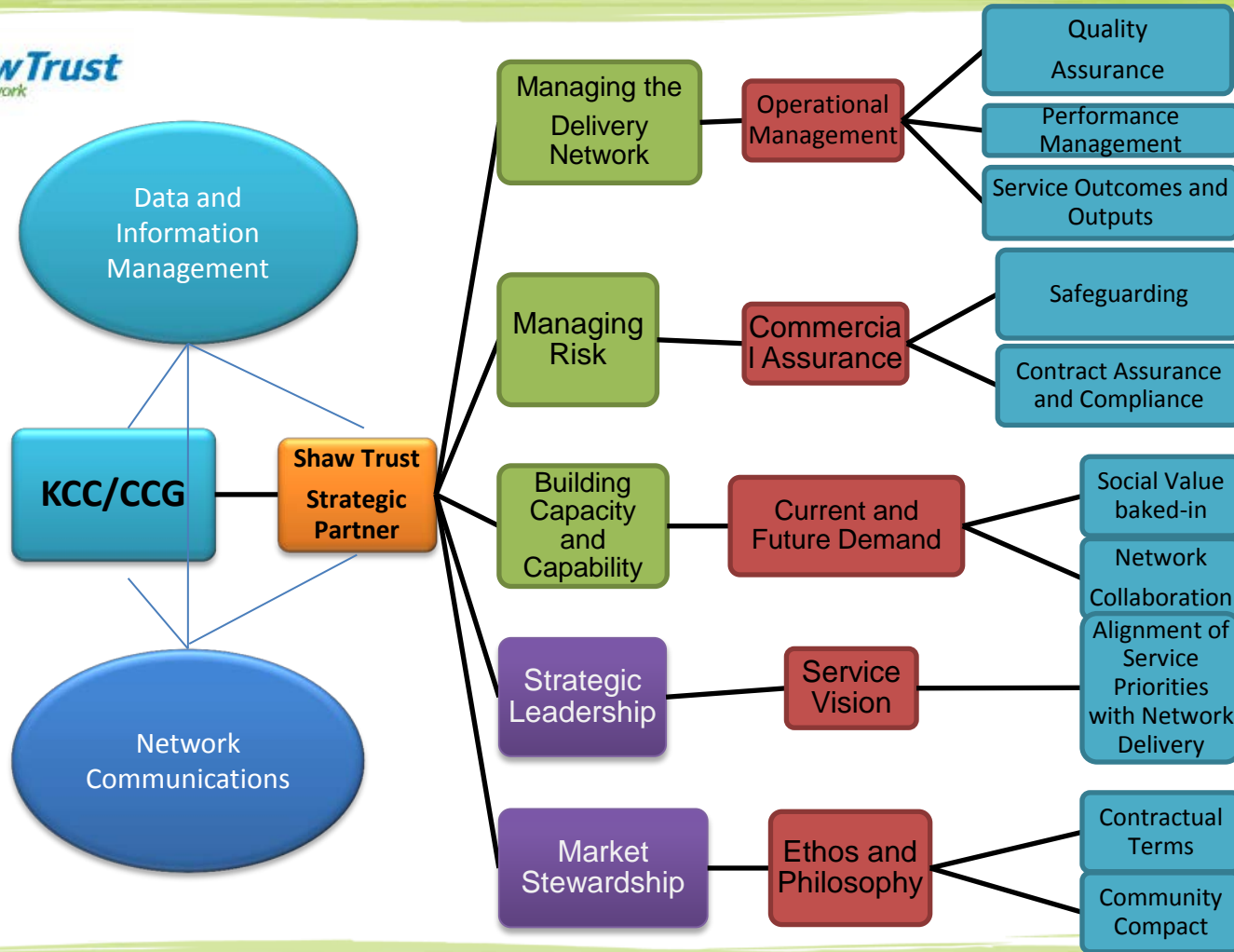
- Strong Strategic Partners who can help delivery network innovate, thrive and develop
- Two Strategic Partners are;
  - Porchlight
  - Shaw Trust
- A diverse range of delivery partners over 60 in total with 15 from Arts and Cultural Sector
- 40K innovation fund – to seed fund good ideas
- A network that will continue to grow and diversity
- A whole systems based approach to individual journeys



## Who We Are....

- Charity not for profit with a Non-Executive Board.
- Turnover of £109m per annum - no debt.
- Over 1400 staff working across the UK.
- We believe in a 3<sup>rd</sup> sector value proposition for public sector commissioners =  $\frac{\text{Outcome}}{\text{Cost}}$
- Largest supply chain the UK welfare to work market with 94 end-2-end suppliers.
- ***50% of all major delivery is subcontracted to our delivery network.***





# What we have achieved ...The model

- A new model to support wellbeing, self management, promote recovery, tackle social isolation and reduce stigma
- Built on principles of community development and connectivity – ***a life not a service***
- Focus on prevention and early intervention to reduce need for secondary mental health services
- Proportionate performance management with a focus on outcomes





# Live well Kent

Community wellbeing



0800 567 7699

[info@livewellkent.org.uk](mailto:info@livewellkent.org.uk)



# Evaluation – Live Well Kent

Co-produced KPI's and data set to track progress and measure impact

## **Systems Outcomes**

- Using NHS numbers to track outcomes
- In order to evidence impact on Acute Mental Health PBR clusters

## **Personal Outcomes**

- SWEMWB (Short, Warwick, Edinburgh Mental Wellbeing Scale)
- Wider Wellbeing scales to show personal journey .. Self selected/reported and person centred
- 6 and 12 month follow ups

**Network Feedback** – Merlin Standard compliance



# Measures of success – Live Well Kent

- People are talking about and taking care of their mental health
- Move from a crisis driven to a preventative model of support
- Flourishing community, peer support – ***life not a service***
- Well networked delivery network, sharing costs, sharing best practice continuously improving and diversifying ...
- Re-profiling of mental health investment with additional funds being brought into Kent
- Improved community engagement leading to sustainable lives
- Reduced stigmatisation in local communities



# Ashford Wellbeing Café

- From mid June has moved to the Live Well centre in Ashford – Friday and Saturday Evenings
- Continues to be well received and attended with no drop in numbers ... but people using as when they want ..
- Shaw Trust and the delivery network are looking how they can support this going forward in conjunction with Maidstone and Mid Kent Mind
- Further meeting with Shaw Trust, KCC and the CCG's took place on the 7<sup>th</sup> July to look at how collectively the delivery network can support the Wellbeing Café long term and continue the good work.
- Public Health will be undertaking an evaluation of the café in October



Since 1st April when the new service went live we have had 116 Ashford residents referred to the Live Well Kent service.

## Referrals range from

- Secondary Care,
- GPs,
- Carers,
- Self referrals (highest referrals)
- Police,
- Housing / welfare officers,
- Therapists,
- Community organisations,

## Activities Range from

- Arts and culture
- Carers Support
- Finance, Debt and Benefits Support
- Housing Support
- Counselling services
- Smoking Cessation
- Healthy Eating
- Sports and fitness / Exercise
- Peer Support
- Crisis Support
- Wellbeing Support



‘When you’re in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I’ve learnt to say ‘no’ and step back at the right time before I’m are overwhelmed.’ **Leng**



# Christian's story

- I developed depression, and then got diagnosed with Bipolar Disorder
- I was encouraged by a friend to get involved with Live Well Kent. I learnt to believe in myself again, gain skills and take a different direction
- Live Well Kent taught me along with other health providers that if I accept who I am and recognise my skills and abilities there is no end to what I can achieve.
- I am now involved with Ashford Live Well Centre volunteering for gardening



# Our duty is to promote well-being

A yellow smiley face toy is positioned in the center of the image, resting on a sandy beach. The smiley face has a simple, friendly expression with closed eyes and a slight smile. The background shows a blurred view of the ocean and a clear sky, suggesting a peaceful, outdoor setting.

## The Care Act:

- Places ***well-being at its heart***: the primary responsibility of local authorities is the promotion of the individual wellbeing of both those with care needs and carers
- Shifts responsibility from ***providing services to meeting needs***
- Focuses on the need for services to be preventative, and stresses the importance of using the existing strengths and assets of individuals and communities ***an assets based approach***



Questions,  
Comments and / or  
Thoughts ....




## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for Kent County Council (Social Services) - Quarter 1: April to July 2016

What's going on in our world	<p><b>Consultation for the Dover Gateway</b> This is now closed. Decision will be shared the beginning of August.</p> <p><b>Start your day with a healthier commute</b> KCC are proposing you ditch the car and walk or cycle to your local bus stop or train station as part of your daily commute. It's healthier for you and better for the environment – <a href="#">have your say on our draft Active Travel Strategy</a>.</p> <p><b>Business Continuity plan</b> KCC are raising awareness of business continuity planning with staff to keep services operational in times of business continuity.</p>
Success stories since last AHWB	Ashford Community Wardens supported the successful District "Safety in Action" fortnight.
What we are focusing on for the next quarter <u>specific to the key projects</u>	<p><b>Community Mental Health and Wellbeing Service</b></p> <p>KCC along with the seven CCGs, have consulted widely with arrange of stakeholders, including people living with mental health issues to co-produce a new Community Mental Health and Wellbeing Service. This new service went live in April and replaces a range of historic grant funded services - providing person centred support that champions mental wellbeing within communities, builds resilience and supports people to stay well or recover from mental health problems.</p>
Anything else relevant to AHWB priorities NOT mentioned above	KCC continues with the current transformation programme
Strategic challenges & risks including horizon scanning?	As above
Signed & dated	11/07/16 Paula Parker

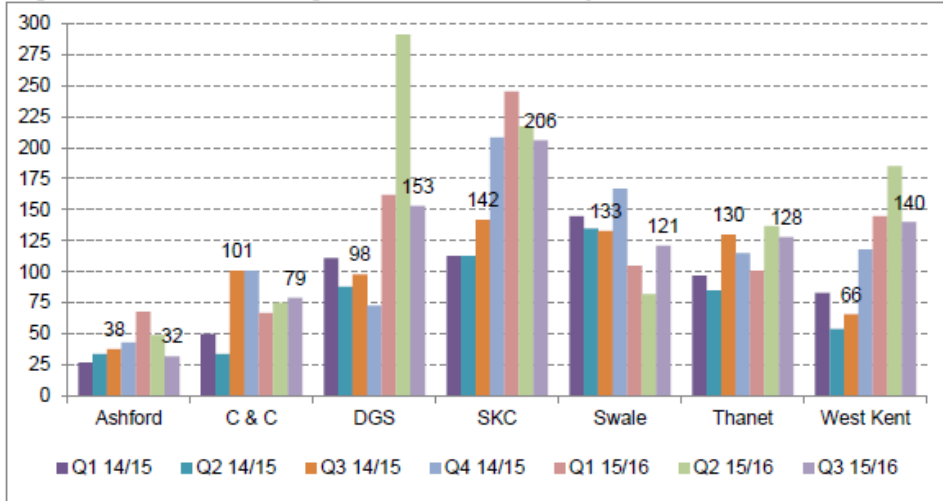
# Ashford Health & Wellbeing Board (AHWB)

## Partner Quarterly Update for Public Health – Quarter 1: April to June 2016

<p>What's going on in our world</p>	<ul style="list-style-type: none"> <li>Public Health Kent and Medway contributing to the Prevention chapter of the Sustainability Transformation Plan. The themes included are Obesity, Physical Activity, Alcohol, Smoking, Workplace Health and Mental Health.</li> </ul>
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> <li><b>Release the Pressure campaign:</b> aimed at reducing suicide rates in Kent. (Suicide rates in Kent are at their highest level since 2002 and suicide is the leading killer of men under 45. In 2014, there were 163 suicides in the county - nearly 80% were men). Release the Pressure Campaign is targeted to men aged 30 to 60-years-old who live in Kent and who are feeling stressed, anxious, low in mood or depressed. During the campaign period, the helpline saw a 20% increase in male callers. Other results:             <ul style="list-style-type: none"> <li>Helpline calls – Average calls per month last year - <u>1,171</u></li> <li>Calls in first month of the campaign - <u>1507</u></li> <li>Following the campaign calls to the helpline have increased by:                 <ul style="list-style-type: none"> <li>15% overall</li> <li>20% amongst men</li> </ul> </li> </ul> <p>20,000 unique visits to the website 515 people clicked on web chat option from the website 19 million impacts with men through all channels</p> </li> </ul>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<p><b><u>SMOKING</u></b></p> <ul style="list-style-type: none"> <li>Jointly-appointed post for a Midwife with a lead on Smoking in Pregnancy across EKHUFT will start in eight weeks. The post is to champion a reduction in smoking in pregnancy rates, supporting midwives and stop smoking services in strengthening the Babyclear programme.</li> <li>Young People's quit smoking service delivered by Youth Workers and other key professionals working with young people will be rolled out in the next quarter. This is based on a pilot programme in Shepway and training is being undertaken to roll out a similar programme in Ashford.</li> <li>Smokefree Kent campaign launched to signpost smokers to Stop Smoking Services. New services include a Quit Pack for people who wish to quit smoking alone and new telephone support for those who require more support. <a href="http://www.kent.gov.uk/social-care-and-health/health/healthy-living/smokefree-kent">http://www.kent.gov.uk/social-care-and-health/health/healthy-living/smokefree-kent</a></li> </ul> <p> smokefree-stop-smoking-here-poster.pdf</p> <p><b><u>OBESITY</u></b></p> <ul style="list-style-type: none"> <li>District multi-agency National Child Measurement Programme (NCMP) groups plan and oversee the supportive work that is</li> </ul>

	<p>undertaken in schools, including working with schools to develop whole school plans for promoting healthy eating, physical activity and emotional well-being. A range of organisations support this approach by offering cookery, sports premium activities, Inspire Kent and Family Weight Management Programmes for example.</p> <ul style="list-style-type: none"> <li>• The Kent Health and Well-being Board has requested that all the local Boards develop action plans for tackling adult and child obesity.</li> <li>• Public Health Communications is extending the Change4Life's Sugar Smart campaign across Kent using a number of communication channels to promote the campaign messages and resources. Online advertising has been used to target Kent families on social media and websites such as Mums Net, Primary Times and Kent Online. The Director of Public Health has written to all the GP practices and a number of schools within Kent, providing campaign materials and encouraging engagement.</li> </ul>
Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
Strategic challenges & risks including horizon scanning?	Public Health and other County Council departments need to identify further cost savings for future financial years.
Any thing else the Board needs to know	<ul style="list-style-type: none"> <li>• <b>Health Trainers:</b> The Health Trainer service operates across Kent and in addition to providing a signposting service, Health Trainers also provide one to one sessions assisting clients to reach or maintain their set goals. The Health Trainers service is commissioned to target those most deprived communities in Kent. The most prevalent goals that Health Trainers assist their client in reaching are: <ul style="list-style-type: none"> <li>- To change or maintain diet/healthy eating</li> <li>- To change or maintain exercise</li> <li>- To change or improve emotional wellbeing</li> </ul> </li> </ul> <p>The graph below outlines new clients accessing the service in 2014/15.</p>

Figure 11: New clients accessing the Health Trainer Service by CCG



Signed & dated

Deborah Smith

4<sup>th</sup> July 2016



Stop smoking here

Ask how we can help you

quit smoking for good!

Pop in or visit  
[kent.gov.uk/smokefree](http://kent.gov.uk/smokefree)  
Call a friendly NHS advisor  
on 0300 123 1220  
or text 'quit' to 87023



DON'T LOSE OUT ON  
YOUR FREE QUIT KIT,  
SCAN HERE

  
SMOKEFREE



# Ashford Health & Wellbeing Board (AHWB)

## Partner Quarterly Update for the Ashford Borough Council – Quarter 1: April to July 2016

<p>What's going on in our world</p>	<ul style="list-style-type: none"><li>• <b>Elwick Place Development</b> – Council approved funding to construct a mixed use leisure development incorporating cinema, hotel, food and beverage establishments, car park and retail use in Elwick Road. This is a significant development which will create a vibrant town centre through an enterprising approach. It helps ensure the borough council achieves its long-term objective of self-reliance using income generated through rents and business rates without the need for central government funding. The project illustrates the importance of the town centre and council's determination to stimulate the local economy. Announcement made that Cineworld has submitted a planning application for an IMAX screen at Eureka Leisure Park and confirmed the Elwick Place cinema is to be a Picturehouse theatre</li><li>• <b>Park Mall</b> – The work to revitalise Park Mall has been welcomed by Damian Green MP, who in February visited the ever-improving shopping centre that was bought by Ashford Borough Council in 2015.</li><li>• <b>M20 Junction10a</b> – The formal Development Consent Order application is due to be submitted in mid-July 2016, with a start on site in late 2017, with about an 18 months construction period.</li><li>• <b>Victoria Road</b> - Leading property regeneration company U+I is given planning permission to bring forward 660 homes and new amenities across two sites in Ashford with a total value of £180 million. Both sites are in close proximity to the station. The proposed schemes for both sites, designed by local architect, Guy Holloway, will help to create over 200 jobs for the local area and build a new community on Victoria Road, which is already benefiting from significant public realm investments and improved highway infrastructure.</li><li>• <b>Repton Connect (the new Community Centre)</b> – Planning permission approved in February 2016. The contract for the works will be announced at the end of Junewith completion in summer 2017 being planned. A Trust is being created to manage the building.</li><li>• <b>Bridgefield Park</b> – A consultant/project manager will be appointed in the summer to coordinate play facilities and amenities for the Park for build in 2017.</li><li>• <b>Designer Outlet Centre Extension</b> - Resolution to grant planning permission subject to a s106 agreement which should be signed shortly.</li><li>• <b>Spearpoint Pavillion</b> - The old Spearpoint Pavilion building has now been demolished and site preparation is underway. The new building is almost complete.</li><li>• <b>Victoria Park</b> –A Heritage Lottery Fund bid application for the fountain and surrounding piazza area of the park expected late June 2016.</li><li>• <b>Development Update</b> – go to <a href="http://www.ashford.gov.uk/development-update">http://www.ashford.gov.uk/development-update</a></li><li>• <b>Ashford Voice</b> – See May edition via <a href="http://ashfordvoice.ashford.gov.uk/may/welcome/welcome-to-mays-issue-of-ashford-voice">http://ashfordvoice.ashford.gov.uk/may/welcome/welcome-to-mays-issue-of-ashford-voice</a> Note HWB members can use our monthly 'e-zine' for their own news.</li><li>• <b>Ashford International Model Railway Education Centre (AIMREC)</b> – Planning permission granted and Cabinet recommendation to Council to provides a secured loan to AIMREC. Work on securing land continues.</li><li>• <b>Charing applies to become a designated neighbourhood area</b> - If approved this will allow the parish council to carry out its own neighbourhood planning.</li></ul>
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<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> <li>• <b>Dementia awareness week</b> – assisted promoting the Ashford Dementia Action Alliance event i.e. a Tea party for the Queen’s 90th.</li> <li>• <b>Safety in Action</b> – Following the continued success of our Annual Safety In Action event, the latest event took place on for a two week period from 13th June – 24th June 2016. It was held at the Rare Breeds Centre Woodchurch. This year the event involved engagement with nearly 1300 year 6 pupils (10-11 year olds) from 38 out of the 39 local primary schools. It was a huge success.</li> </ul>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> <li>• <b>Healthy Weight</b> – On-going work on how best to target those groups most in need. A report on Ashford’s draft obesity plan will go to July’s AHWB. The Obesity Task Group has been set up and has met. There are five strands that sit under the Kent Strategy. A further task group meeting is planned to progress work and look at what can be done over and above the Kent Strategy. Initiatives will target vulnerable groups.</li> </ul>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> <li>• <b>Local Plan</b> – The Council’s draft Local Plan was issued for public consultation on the 15 June. Open for comments until the 10 August 2016. More details at <a href="http://www.ashford.gov.uk/local-plan-2030">http://www.ashford.gov.uk/local-plan-2030</a>.</li> <li>• <b>Development Update</b> – Latest newsletter that provides an update on the latest position on the main Local Plan documents and how they are progressing. Available at <a href="http://www.ashford.gov.uk/development-update">http://www.ashford.gov.uk/development-update</a></li> <li>• <b>Ashford Homelessness Review and draft Homelessness Strategy consultation</b> – open until 15th July. Responses can be submitted on-line.</li> <li>• <b>Create Music Festival.</b>  <b>What:</b> To be part of the new Create Music Festival ‘Love Ashford Zone’, please email <a href="mailto:emily.holland@ashford.gov.uk">emily.holland@ashford.gov.uk</a>  <b>Where:</b> Victoria Park, South Ashford  <b>When:</b> Saturday 23 July, 11:30 – 21:00</li> <li>• <b>Links:</b> <a href="http://www.createfestival.co.uk">www.createfestival.co.uk</a></li> <li>• <b>Parkrun</b> – press release issued in support of Parkrun and indicating on intention to introduce a charge for use of Victoria Park. Ashford’s HWB mentioned in the press release in the context of obesity being priority. Parkrun for juniors (4-14) is ever increasing in popularity.</li> <li>• <b>‘On Your Feet Britain’ Day</b> - Council staff participated this event which tied in with Workplace Wellness Week.</li> <li>• <b>Mental Health Awareness Week 2016</b> – Council staff provided with information on depression and our Employee Assistance Programme was promoted.</li> <li>• <b>Workplace Wellness Week April 2016</b> for Council staff focusing on physical, emotional and mental health</li> <li>• <b>Monthly Council Root and Branch article ‘Wellbeing Wonders’</b> - focusing on different topics each month.</li> <li>• <b>Conningbrook Lakes</b> - closed due to the growth of blue-green algae. However there are plenty of other health related things to take part in, including walks with KWT (Kent Wildlife Trust) and Ashford Leisure Trust (ALT)</li> <li>• <b>Big Boys Do Cry Samaritan Campaign</b> – This initiative is to try and break down the barriers that prevent suicidal men from seeking help. The poster is being displayed in some of the Borough’s public conveniences and an unveiling event by the Mayor took place on 12<sup>th</sup> July.</li> </ul>
<p>Strategic challenges &amp; risks including</p>	<ul style="list-style-type: none"> <li>• <b>Kent Police changes</b> - Ashford is now combined with Shepway within the East Division under Chief Inspector Elmes and the changes are now in operation.</li> </ul>



horizon scanning?	
Any thing else the Board needs to know	<ul style="list-style-type: none"> <li>• <b>Junk food advertising</b> - The LGA has called for councils to be granted more freedom to ban junk food advertising near schools. The LGA says banning such advertising near schools, nurseries and children's centres would reduce children's exposure to unhealthy food.</li> <li>• <b>NHS Blood and Transplant (NHSBT)</b> - reviewing programme of mobile blood donation sessions in Ashford. NHSBT runs a travelling bloodmobile vehicle based out of Ashford. As part of their review, they are considering disestablishing this vehicle meaning that instead we will be asking donors to give blood at a different session near to their home address. They stress that there will still be plenty of blood donation sessions in the area, so every donor that wants to give blood will still be able to do so. They continue to run a number of sessions in public venues throughout the area.</li> <li>• <b>KCC Domestic Abuse Service Integration</b> - consultation on the delivery of its commissioned Domestic Abuse Support Services - <a href="http://consultations.kent.gov.uk/consult.ti/DAService/consultationHome">http://consultations.kent.gov.uk/consult.ti/DAService/consultationHome</a></li> <li>• <b>Heritage Trail</b> - A new, exciting trail highlighting Ashford Town Centre's heritage sites was launched on Sunday 5th June. Details at: <a href="http://www.ashford.gov.uk/ashford-heritage-trail">http://www.ashford.gov.uk/ashford-heritage-trail</a></li> </ul>
Signed & dated	Sheila Davison – 5 July 2016

## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for the Voluntary Sector – Quarter 1: April to June 2016

<p>What's going on in our world</p>	<p>The Voluntary Sector Rep, Ashford Volunteer Centre and Red Zebra held the first of what is hoped to be quarterly network meeting at the Council Chamber on 23<sup>rd</sup> June.</p> <p>It was well attended with 32 people attending from 25 different organisations. It is hoped that these events will be held on a quarterly basis in order to not only feedback information to the HWBB Rep but to share information on a far wider basis. The next meeting is scheduled for late September</p>
<p>Success stories since last AHWB</p>	<p>A new Community Group called Dynamic Health and Well Being have applied to Big Lottery Awards for All to run a project delivering health-related activities to encourage, educate and empower young people to adopt positive healthy lifestyles and behaviours. There will be 10 sessions available each with a separate theme including (relating to board priorities) one on smoking and one on healthy eating. Feedback from the lottery funding officer has been positive and it seems likely funding will be awarded for this project.</p>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<p>Encouraging more Ashford voluntary Sector organisations running services that relate to priorities to feed into the Health &amp; Well Being Board agenda.</p>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	
<p>Strategic challenges &amp; risks including horizon scanning?</p>	<p>At the network meeting many organisations stated that they were finding it difficult to recruit volunteers without whom they cannot effectively provide services for people in Ashford. Work needs to be done to find a more effective way of matching volunteering opportunities with volunteers.</p> <p>KCC are likely to put Voluntary Sector and Volunteering out to tender under the same contract later this year which is likely to impact on the support available to the sector in Ashford</p>
<p>Any thing else the Board needs to know</p>	<p>The Voluntary Sector rep has been involved with the Task and Finish group set up to look at Obesity and Smoking in Ashford and will feed back to Voluntary Sector partners once the final report has been completed.</p>
<p>Signed &amp; dated</p>	<p>Caroline Harris Michael James 4<sup>th</sup> July 2016</p>

## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for Healthwatch Kent – Quarter 1: April to June 2016

What's going on in our world	<ul style="list-style-type: none"> <li>• Healthwatch Kent contract extended for a further 2 years</li> <li>• Completed project on dentists and have produced information leaflets for patients advising about costs, rights etc.</li> <li>• On line survey of CAMHS completed with over 200 responses -report to be published shortly.</li> <li>• Annual Report published on website.</li> <li>• Quality Accounts – part of our role is to provide comment on the Quality Accounts that all NHS Providers have to produce and publish.</li> </ul>
Success stories since last AHWB	<ul style="list-style-type: none"> <li>• Red Bus Tour -We visited every District in Kent over 8 days talking to people about their experiences of any health and social care service. Over 300 people stopped to give us in depth feedback about services and we reached over 40,000 people in total.</li> <li>• EKHUFT Outpatients visits – Improvements to signage, new appointments system to prevent overbooking from December.</li> </ul>
What we are focusing on for the next quarter <u>specific to the key projects</u>	<ul style="list-style-type: none"> <li>• Patients experience of the discharge process in East and West Kent.</li> <li>• Patient Participation Group project – committed to supporting up to 3 groups in each CCG area. This follows our in depth report on the challenges facing PPGs across Kent.</li> <li>• End of life Care.</li> <li>• Carers assessments.</li> <li>• GP appointments, triaging.</li> </ul>
Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> <li>• Plans to work closely with CCG to identify PPGs who might need assistance</li> <li>• Looking at CCG forward action plans targets</li> <li>• Identifying carers groups in Ashford to take part in Carers Assessment project</li> <li>• Continued work with mental Health service providers</li> </ul>
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> <li>•</li> </ul>
Any thing else the Board needs to know	<ul style="list-style-type: none"> <li>•</li> </ul>
Signed & dated	Theresa Oliver July 2016

## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for Local Children's Partnership Group – Quarter 1: April to June 2016

What's going on in our world	<ul style="list-style-type: none"> <li>• LCPG consolidated membership to include local Members, CCG and other local providers in line with the blue print for membership.</li> <li>• 4 priorities have been identified</li> <li>• Outcomes Based Accountability exercise is being undertaken for the 4 priorities which will lead to action plans to include key local partners.</li> <li>• Linkage with other strategic groups in Ashford is being pursued.</li> </ul>
Success stories since last AHWB	<ul style="list-style-type: none"> <li>• LCPG grant funded services in place and fully embedded in the district with clear access routes.</li> </ul>
What we are focusing on for the next quarter <u>specific to the key projects</u>	<ul style="list-style-type: none"> <li>• Performance feedback from local grant service providers to be considered at July LCPG</li> <li>• Completion of OBA exercise across the 4 priorities</li> <li>• Consolidation of local actions in line with OBA and Children &amp; Young Persons Plan.</li> <li>• Ensuring voice of families, children &amp; young people is strongly represented in the work being undertaken.</li> </ul>
Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> <li>• Mental Health as a priority which links with AHWB &amp; was one of the top priorities at the Ashford Youth Action Group.</li> <li>• Join up between Local Inclusion Forum Team (attended by schools) and Early Help, to include use of nurture groups to ensure alignment of services for families, children &amp; young people.</li> </ul>
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> <li>• Opportunities for joint working with others, an Ashford approach across priorities.</li> <li>• Challenge not to duplicate work/meetings and to streamline the processes in place to allow swift access to appropriate services.</li> <li>• Funding – all avenues for joint bids and sharing of resources need to be explored.</li> </ul>
Any thing else the Board needs to know	<ul style="list-style-type: none"> <li>• All schools and Early Years settings have nominated link workers from Early Help.</li> </ul>
Signed & dated	Helen Anderson – 2 <sup>nd</sup> July 2016