# Ashford Health and Wellbeing Board



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 19<sup>th</sup> October 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 Bridle - HealthWatch representative

Charlie Fox – Voluntary Sector representative

Caroline Harris – 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. Welcome and Apologies
- 2. **Declarations of Interest:-** To declare any interests which fall under the following categories, as explained on the attached document:

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6.		Kent Strategy Board Update: Better Health & Care in East Kent – to Change (Navin Kumta)	30-46
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### 10. Forward Plan

### January 2017

- Live it Well Update
- Strategic Transformation Plan
- Focus: Environment

### April 2017

- Integrated Commissioning Plan
- Kent Joint Health & Wellbeing Strategy
- Focus: Ashford Community Safety Partnership

### July 2017

- Community Networks Yearly Update
- Local Children's Partnership Group Yearly Update
- Focus: TBA
- 11. Dates of Future Meetings

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> October 2016

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### **Declarations of Interest (see also "Advice to Members" below)**

(a) <u>Disclosable Pecuniary Interests (DPI)</u> under the Localism Act 2011, relating to items on this agenda. The <u>nature</u> 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 <u>nature</u> 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 <u>before the debate and vote</u> 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) <u>Voluntary Announcements of Other Interests</u> 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 <u>not</u> 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 <u>not</u> 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 <a href="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</a>
- (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 <a href="http://www.ashford.gov.uk/part-5---codes-and-protocols">http://www.ashford.gov.uk/part-5---codes-and-protocols</a>
- (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 & Wellbeing Board held on the **20**<sup>th</sup> **July 2016.** 

#### Present:

Dr Navin Kumta – (Chairman);

Councillor Brad Bradford, Portfolio Holder for Highways, Wellbeing and Safety, ABC (Vice-Chairman)

Graham Gibbens – Cabinet Member for Adult Social Care and Public Health, KCC;

Tracey Kerly - Chief Executive, ABC;

Philip Segurola - Social Services Lead, KCC;

Faiza Khan - Public Health, KCC;

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

John Bridle - HealthWatch Representative;

Theresa Oliver – HealthWatch Representative;

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

Christina Fuller - Head of Culture, ABC;

Deborah Smith - KCC Public Health;

Liz Shutler – East Kent Hospitals University NHS Foundation Trust;

Richard Robinson - Housing Improvement Manager, ABC;

SallyAnne Logan – Chilmington Community Management Organisation Project Manager, ABC;

Matthew Nouch - Policy Planner, ABC;

Neil Fisher – Head of Strategy and Planning, CCG;

Dr Jim Kelly – Kingsnorth Medical Practice:

Gerrard Abi-Aad, Head of Health Intelligence, KCC;

John Rivers – Rural Community Network;

Chris Morley – Ashford North Community Network:

Emma Hanson, Head of Strategic Commissioning Adult Community Support, KCC;

Austin Hardie – Shaw Trust:

Shelley Southon – Enterprise Manager Mental Health and Employment;

Councillor Geraldine Dyer, Lead Member Highways, Wellbeing and Safety, ABC;

Keith Fearon - Member Services Manager, ABC.

### **Apologies:**

Peter Oakford – Cabinet Member, KCC, Simon Perks – Accountable Officer, CCG, Caroline Harris – Voluntary Sector Representative, Lisa Barclay – CCG, Martin Harvey- Patient Participation Representative.

### 1. Election of Chairman and Vice-Chairman

1.1 It was agreed that Dr Navin Kumta and Councillor Brad Bradford be elected as Chairman and Vice-Chairman respectively of the Board for 2016/17.

# 2. Notes of the Meeting of the Board held on the 23<sup>rd</sup> March 2016

The Board agreed that the notes were a correct record.

# 3. Update on Ashford Health and Wellbeing Board Priorities

### (a) Reduced Smoking Prevalence Update Report

Faiza Khan explained that 18% of the adult population in England smoked, however, the figures for Ashford were 26.4% which was slightly higher than the national average. This level increased to 42.1% among routine manual workers which compared with the England rate of 28%. This equated to an estimated 25,000 smokers living in Ashford at an economic cost to the community of £39.8 million per year. She further explained that a Task and Finish Group had been set up to address the trend of smoking prevalence in Ashford and the Action Plan would target activities in the wards that had the highest smoking.

The Vice-Chairman said that the figure set out within the report which stated that there were 960,000 deaths per year associated with smoking was shocking and he asked the Board to consider whether it should write to the Health Secretary seeking a ban on the sale of tobacco.

During discussion on this suggestion, it was noted that if this occurred it was inevitable that the sale of illicit tobacco would increase and therefore control over the composition of the cigarettes would be lost. It was also suggested that perhaps Ashford could be a pilot in terms of promoting smoke free places, for example the Town Centre and parks which could be considered as part of the process to "de-normalise" smoking.

Graham Gibbens outlined the steps currently taken to reduce smoking prevalence which included more discreet sale, the introduction of plain packaging and initiatives to discourage smoking generally. He supported the suggestion that Ashford consider making the Town Centre smoke-free and he said he believed that this would be a massive initiative and no doubt the issue of how the ban would be enforced would be paramount.

The Chief Executive said that in terms of approaching the Health Secretary the Board might wish to consider seeking support to further national campaigns aimed at smoking cessation and also outlining what Kent did on a County-wide basis in terms of this issue.

Dr Kelly commented that e-cigarettes were assisting smokers to cease their habit and therefore it was more the issue of banning tobacco sales rather than products which contained nicotine.

Graham Gibbens suggested that in addition to writing to the Health Secretary a letter also be sent to the Kent Leaders and the Kent Health and Wellbeing

Board as he considered it important that despite reducing budgets, there was a need to ensure that the budget for tobacco control was maintained.

### The Board agreed that:

- (i) the proposed ambitions to reduce smoking prevalence in Ashford be supported.
- (ii) further progress and update reports be received at future meetings.
- (iii) the Chairman of the Board write to the Rt Hon. Damian Green MP and seek his support in raising the matter of banning the sale of tobacco with the Health Secretary and a similar letter be sent to the Kent Health and Wellbeing Board and Kent Leaders. The letters to also highlight the work being undertaken locally on this priority and the need to protect public health funds that are directed towards reducing smoking prevalence.

### (b) Healthy Weight Update Report

Deborah Smith advised that a priority Action Plan to facilitate the delivery of activities and new initiatives had been completed which fell under six work streams. The report sought the Board's approval to the delivery of these activities.

### The Board agreed that:

- (i) the approach proposed by the Task and Finish Group be approved.
- (ii) the six work streams that would form the basis of this work be agreed.
- (iii) further progress and update reports be received at future meetings.

### 4. Sustainability and Transformation

(a) Kent and Medway Sustainability Transformation Plan

Neil Fisher reported that the Kent and Medway Sustainability Transformation Plan would review existing service provision across all health economies. The Plan would endeavour to form a five year forward view for the whole of Kent but with specific aspects of the Plan focussing on the provision in West, North and East Kent. In terms of Primary Care, Neil Fisher said that there were vacancy issues and there was a general need to reconsider how services were delivered. Neil Fisher further explained that a formal public consultation exercise would commence in the Autumn and essentially the document would focus on shifting service provision into the community via the community networks.

### (b) East Kent Hospitals University NHS Foundation Trust

Liz Shutler, Director of Strategic Development Planning – East Kent Hospitals University Trust, gave a presentation entitled "Sustainable Healthcare".

The presentation had been published with the Agenda for the meeting and was available on the Council's website under <a href="https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId">https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009.</a>

Liz Shutler drew attention to the fact that of the 1100 acute hospital beds, in the region of 300 were occupied by patients who did not need to be in a hospital and would have been better for the services to be provided out of hospital, on a community basis.

### (c) GP Federation's Vision for Healthcare in Ashford

Dr Jim Kelly and Gerrard Abi-Aad gave a presentation on the "Enhanced Primary Care and Scale and a Vehicle for New Models of Care". Following the meeting, copies of both presentations had been published on to the Council's website under

https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId =2009.

During the presentation, Dr Kelly commented that whilst the current Local Plan out for consultation showed an estimated rise in the population of 30,000 there were no specific sites detailed within the Local Plan for new healthcare premises. He hoped that as part of the consultation health providers would ensure that they discussed this issue with the Local Plan's team and provide specific consultation feedback.

### (d) Community Networks

Chris Morley, Ashford North Community Network and John Rivers, Ashford Rural Community Network gave a presentation on the work of the networks. Reference was also made to the Ashford South Community Network on behalf of Caroline Harris. Following the meeting the presentation had been published with the Agenda for the meeting and is available on the Council's website under

https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId =2009.

In terms of the Ashford North Community, Chris Morley expressed a wish for Borough Councillors to become involved as at the present time he said that no ABC representatives had come forward to be represented at the meeting. In terms of the forthcoming consultation on the Local Plan, Chris Morley said that he believed the Health and Wellbeing Board members should consider making their own submission as part of that consultation in terms of the types of facilities it would like to see provided to meet healthcare provision in the near future. He said he was also supportive of any proposals to make Ashford a smoke-free town centre.

With reference to the rural network, John Rivers explained that the principle issue related to the lack of public transport which he said had reduced by in the region of 20% prior to previous service provision. He also expressed a wish that the use of IT become more efficient as he believed its universal application across different providers would help to meet the changes envisaged over the next five years.

The Chief Executive asked Liz about the nature of the questions which would be proposed during the Sustainability Transformation Plan consultation as she believed they needed to be readily understandable in terms of the general public.

Neil Fisher explained that the matter was still subject to discussions with clinicians and therefore the range of options for consultation was not yet available. He, however, indicated that different aspects of the overall Plan would be consulted upon.

In conclusion, the Chairman thanked all the presenters for attending the meeting.

### The Board agreed that:

- (i) it was important for the right type of delivery vehicle to be put in place.
- (ii) there was a need to ensure that a communication strategy was in place in terms of the consultation and ongoing issues associated with service provision.
- (iii) health service providers be encouraged to respond to the Local Plan and Infrastructure Plan consultation in terms of the provision of future services.
- (iv) ABC Members and representatives of Parish Councils be encouraged to participate in the community networks.
- (v) the Board receive an annual report from the networks.

# 5. Live it Well and Wellbeing Café

- 5.1 The Board received a presentation from Emma Hanson, Head of Commissioning, Kent County Council, Austin Hardie, Director of Transport and Enterprise Activity Shaw Trust and Shelley Southon, Enterprise Manager, Mental Health and Employment.
- The presentation had been published with the Agenda for the meeting and is available on the Council's website under <a href="https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009">https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=2009</a>.

- 5.3 In accordance with Procedure Rule 9, Mr Claughton, a member of the public said by way of introduction that he hoped that the good work that had previously been undertaken by the former operator of the Centre, would continue in the future. He, however, said that he was disappointed at the way the KCC had handled the procurement process in terms of the current operator of the Centre. He said that he understood that the former operator had provided monthly reports to Kent County Council and data every six months. He believed that the change would have a huge impact on those residents in the Borough with mental health.
- 5.4 Austin Hardie said that the Shaw Trust was aiming to provide safe spaces for people with mental health issues and support would be provided by Community Navigators in order to ensure access to appropriate services. Currently, 15 safe spaces were available which enabled persons to visit, have a cup of tea and access a range of support services. In terms of the current centre, Austin Hardie said that he considered that it had been substandard in the past and therefore Shaw Trust's task was to make the Centre better and he said that if the Centre under Shaw Trust's management was not a success, he would be answerable to the Board and his own Chief Executive.
- 5.5 In terms of premises for the Centre, Emma Hanson advised that no firm commitment had yet been made on the current premises as it was considered that a Centre located nearer the Town Centre would be more preferable and more visible to be public.
- 5.6 The Chairman commented that if the Centre did relocate, there would be a need to ensure that the communication channels were in place to ensure that the previous clients were aware of the change in premises.
- 5.7 Graham Gibbens advised that as the appropriate Portfolio Holder at Kent County Council, he had taken the decision to award the current contract to Shaw Trust. He emphasised that no additional money was forthcoming from Central Government and it was important that no cuts were made locally in terms of the provision for mental health care. He believed that the current proposal ensured best value and would maintain the long-term provision of the service.

### The Board noted the report.

# 6. Kent Health and Wellbeing Board Meeting 25<sup>th</sup> May 2016

6.1 The Agenda contained links to the full agenda papers for the above meeting. The Chairman gave a brief summary of the issues discussed at the meeting.

## 7. Partner Updates

7.1 Included with the Agenda were A4 templates submitted by all Partners apart from the Clinical Commissioning Group.

### (a) Clinical Commissioning Group (CCG)

Neil Fisher apologised for not providing the update with the Agenda papers and then gave an update on the current initiatives the Clinical Commissioning Group was dealing with. This included a staff reconfiguration exercise and focussing on the new Sustainability Transformation Plan. In terms of the provision of future premises to serve health needs, Neil Fisher explained that in the past the CCG had not fed directly into the Local Plan process, however, he advised that in the future this would happen to a much greater extent.

### (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

Updated noted.

### (f) HealthWatch Kent

Update noted.

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

Updated noted.

### 8. Forward Plan

8.1 Neil Fisher advised that there might need to be an Extraordinary Meeting of the Board following publication of the Single Transformation Plan for consultation.

### 9. Dates of Future Meetings

The next meeting would be held on 19<sup>th</sup> October 2016. This would focus on children and young people

Subsequent date 18<sup>th</sup> January 2017.

(KRF/AEH)

MINS: Ashford Health & Wellbeing Board - 20.07.16

Queries concerning these minutes? Please contact Keith Fearon: Telephone: 01233 330564 Email: keith.fearon@ashford.gov.uk
Agendas, Reports and Minutes are available on: www.ashford.gov.uk/committee

**Agenda Item No:** 

4(a)



Report To: Ashford Health & Wellbeing Board

**Date:** 19<sup>th</sup> October 2016

**Report Title:** Priority 1 – Reducing Smoking Prevalence Update Report (2)

**Report Author:** Deborah Smith

**Organisation:** Kent Public Health

### **Summary:**

Progress has been made on six of the seven actions identified in the Smoking Task and Finish Group Action Plan for Ashford. The seventh action to develop focus groups is scheduled for delivery following the local audit in the new year. This report provides an update on each of the actions along with a comprehensive Risk Assessment undertaken by the Group. Also attached is the Communication Update for this Health and Wellbeing Board priority which will be updated quarterly. The purpose of the Communication Update is to provide information on local Smoking issues and progress undertaken to the Health and Wellbeing Board partners, other local agencies and to interested members of the public.

### Recommendations: The Ashford Health & Wellbeing Board be asked to:-

- a) Agree the approach of the progress of the Action Plan undertaken.
- b) Agree to item 3.5 Vape event being delivered on Thursday 27<sup>th</sup> October 2016
- c) Agree the format of the Communication report and further quarterly updates.

Policy Overview:	
Financial Implications:	None to date. Delivered within current resources
Risk Assessment	YES – attached
Equalities Impact Assessment	YES – currently being undertaken
Other Material Implications:	None
Background Papers:	None
Contacts:	Email: Deborah.smith@kent.gov.uk Tel: 03000 416696

### **Report Title:**

### **Purpose of the Report**

1 The Ashford Smoking Task and Finish Group aims to reduce smoking prevalence in Ashford and has met twice to progress the Action Plan to support the Ashford Health and Wellbeing priority on Smoking. This paper reports to the Board on progress to date. Specific focus on delivery in lower socio-economic areas where smoking prevalence is high, can contribute towards reducing local health inequalities.

### **Background**

2 The serious harms of smoking have been well documented and presented to the Ashford Health and Wellbeing Board. The Board has agreed the Ashford Action Plan aimed at maximising all opportunities to deliver the Kent Tobacco Control Strategy at a local level using local resources and commitment. The Kent Strategy follows the proposed National Tobacco Control Strategy (to be published imminently).

### **Report Specific Section Headings**

### 3. Update on Action Plan Themes

3.1 **Smoking in Pregnancy**: The Midwife with a Smoking in Pregnancy (SIP) lead started her post on 12<sup>th</sup> September 2016 and is tasked to support midwives CO monitor all women at time of first booking and to make appropriate referrals into the stop smoking services. This post is jointly appointed by Kent Public Health and East Kent Hospitals University Foundations Trust (EKHUFT) and will cover all hospitals in the EKHUFT area, including the William Harvey Hospital, Ashford and will assist with identified issues of the babyclear programme in particular, CO monitoring, referral and take up of quit service.

The latest babyClear data (2016/17) for East Kent Hospitals University Foundations Trust (EKHUFT) reflects the same issues experienced countywide:

2016/2017	BabyClear					
TOTAL East Kent Hospitals	April	May	June	July	August	TOTALS
Number of Booking Appointments E3	595	625	588	535	545	2888
Known Smokers at Booking E3	102	104	93	102	103	504
CO Readings at Booking E3	317	371	344	291	286	1609
Total Referrals on Quit Manager	26	28	26	19	30	129
Number of referrals received with CO reading recorded	16	14	15	14	17	76
% of referrals received with CO reading recorded	62%	50%	58%	74%	57%	59%
Pregnant	25	28	26	19	30	128
Not Pregnant	1	0	0	0	0	1
Declined Service on contact	6	4	3	2	4	19
Unable to contact/Referral Closed	13	16	15	16	19	79
Accepted Service on contact	7	8	8	1	7	31

On average, only 56% of women at first booking appointment are in receipt of CO monitor testing (against a target of 95%). 17% of women seen are known to be smokers but only 4% of women seen and 25% of known smokers are referred to the Stop Smoking Services. This new Midwifery lead on SIP will implement an agreed workplan to tackle the issues experienced with the babyclear programme.

- 3.2 Illicit Tobacco: remains a problem in society. Often linked with other organized crimes, it accounts for approximately 10% of tobacco sales and can be purchased on the street for as little as £2 per pack of 20 cigarettes. It is often a gateway to young people starting smoking and children are often groomed by gangs to supply illicit tobacco and cigarettes to other young people. Following a successful pilot in Shepway and Thanet, Trading Standards will deliver an Illicit Tobacco Roadshow in Ashford Town Centre to raise public awareness that illicit tobacco is a criminal offence and blight on our society and to caution suppliers that sniffer dogs and raids are operational in the area. The event will take place in either October 2016 or February 2017 (depending on capacity) and will be measured by counting face to face contact with the public and by the amount of information provided to enforcement officers including follow up outcomes.
- 3.3 Raise Awareness through campaigns: maximising opportunities to publicise the Kent Smokefree Campaign and other resource materials through easily accessible resource packs. Posters and resources (Appendix 2) are currently being distributed to Ashford:
  - All GP surgeries in Ashford
  - All Pharmacies in Ashford and

Vets	Businesses	Other
Peter Edgar	Ashford Leisure Trust	Ashford Council Reception
Barrow Hill	MJ Allen	Mote Housing Association
Companion Care	Givaudan UK	Dental Surgeries in Ashford
Margetts & Associates	MPR IT solutions	
Cinque Port Vets –	Ashford International	
Ashford & Tenterden	Hotel	
Eureka	Spirit Divine	
Milbourn Equine	Congreve	
	Aims Financing	
	Kare Plus	
	William Harvey	
	Hospital	

In addition, there are plans for Public Health to place a Kent Smokefree advert in Ashford Voice, Parish Magazines and other quarterly magazines by the end of October.

- 3.4 Promote Quit Packs: Quit resource packs are designed to support people who want to quit smoking without accessing stop smoking service provision. The packs (advertised online as part of Kent Smokefree campaign) have shown to be very popular and are posted to customers with the aim of following up their quit attempt and take every opportunity to ensure that the quit attempt is successful. These will be available at:
  - Ashford Council Reception
  - All GP surgeries in Ashford
  - Dental Surgeries in Ashford

- 3.5 **E-cigarettes:** Task and Finish Group partners will host an event to stop smoking services, Vape retailers and suppliers and Vapers in the community. The aim is to share information on national mandatory regulations, ensuring stop smoking advisers are equipped to provide the best knowledge and support to people who wish to quit using e-cigarettes and to encourage Vape shops to signpost smokers to the stop smoking services to assist in their quit attempt. A guest speaker to report on the current research into the safety of e-cigarettes will be invited; the event will take place in Ashford on the 27th October.
- 3.6 Stop Smoking Support for Young People: A presentation on the impact of smoking upon young people was given to the Ashford Youth Action Group on the 7th September followed by an interesting conversation with young people on smoking issues. The Group were in overwhelming support of training Youth Workers to become Quit Coaches who will be equipped to skilled to deliver level 2 bespoke Stop Smoking Advisory support to young people who smoke. To date, the Youth Workers currently training to level 1 in preparation for the level 2 training in January 2017.
- 3.7 Identify innovative ways to help people quit: it is considered important to gain the views of smokers in Ashford and to understand the motivators and incentives to quit. This will take place following an asset mapping audit that is about to take place alongside the Ashford Obesity asset mapping exercise to be further developed in a local focus group scheduled for January 2017. In the meantime voting cigarette litter bins are being considered to obtain smokers views on the potential for a Smoke free Ashford town-centre. The letter addressed to the Rt Honourable Damian Green MP, impressing Ashford Health and Wellbeing's priority to reduce smoking and the demand on tobacco and on promoting smokefree futures has been drafted for approval and sign off.
- 4. To ensure that reducing health inequalities is embedded in our approach, all actions will be targeted to Ashford Town Centre and residents in wards with the highest smoking prevalence in Ashford. These are:

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 communication distributed through monthly infographics sheets which is to serve as the Smoking priority Communications update (Appendix 3).

### **Risk Assessment**

5. A Risk assessment (Appendix 4) has been undertaken for each of the activities as this work progresses. All partners will need to work collaboratively to achieve successful outcomes.

**Equality Impact Assessment** 

6. All Activities are subject to an Equality Impact Assessment (EIA) which is currently being undertaken. Activities will 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** 

7. 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

8. 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** 

9. 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

10. 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

Ashrord 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

Contacts:

11. This work is ongoing.

Email:Deborah.Smith@kent.gov.uk

**Deborah Smith** Tel: 03000 416696

### **ASHFORD SMOKING ACTION PLAN**

ASHFORD TASK AND FINISH GROUPTheme	Activity	How this will be achieved:
1. Smoking in Pregnancy	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.
1. Illicit Tobacco	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.
2. Raising Awareness	<ul> <li>Maximise opportunities for local and national campaigns to: <ul> <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> </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.
3. Promote Kent Quit Packs	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
4. E-cigarettes	In line with national public health messages, ensure that	Raise public awareness on the current

	people who wish to quit smoking using e-cigarettes are supported to do so to increase the success of their quit attempt.	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
5. Provide stop smoking support for young people (current gap in service)	Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.	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.
6. Identify innovative ways to help people quit	Working with the community and voluntary sector to identify ways to motivate smokers to want to quit and help them quit successfully.	Targeting smokers and working with agencies that already engage with this target group to better understand motivators to quit and cues for behaviour change.



# stop for your children

Choose one of many FREE products and services on offer including:



Quit Nit



Online Support



Quit Club



Pharmacy Support



Support

Ready to quit?

Call 0300 123 1220 to talk to an NHS Advisor

### Statistics on Smoking in Ashford July 2016 A significant Health Issue Smoking in pregnancy In 2015-16 11.3% of births were Raising Awareness to women who were smokers Ashford HWB will ensure that more front line in pregnancy. staff receive information and brief advice training to raise awareness and signpost to available information and support. 11.3% 26.4% **Smoking Prevelance** It is estimated that 26.4% Routine and of adults in Ashford smoke manual workers (25,000 people). This is an Smoking rates have increased increase of 5% on last year by over 7% in the last year to and 8.4% higher than the 42.1% among Routine and Manual Worker groups in England average (18%) Ashford. This is higher than the England average of 28%. Smoking rates among young £34.3m people Occasional and regular smoking rates among young people in Cost Ashford are slightly Each year, smoking in Ashford Deaths higher than the costs the community £34.3m 1 in 6 deaths in adults aged national average. and the NHS across Ashford 35 or over can be caused £5.5m pa. by smoking (Source: hscic.gov.uk/lifestyles) E-cigarettes Around 1/3rd of adults who currently smoke have tried electronic cigarettes. Only 15% of the public accurately believe that electronic cigarettes are a lot less harmful than smoking. (Source: ASH, May 2016) Statistics sourced from Public Health England Public Health Outcomes Framework



### What Ashford HWB will do

# Reduce number of women who smoke in pregnancy

Work with midwives to routinely CO monitor pregnant women and refer those who smoke directly to the NHS stop smoking service.



### Illicit Tobacco

Work with Trading Standards and other partners to raise awareness of the harms associated with illicit tobacco use.



# Raise awareness of the harms caused by smoking

Promote local and national campaigns that are aimed at reducing the take up of smoking and promoting services that can help people quit.



### Quit packs

Promote the accessibility of Quit Packs in the Ashford area to help people quit smoking on their own if they prefer not to access NHS services.



### Innovation

Tailor support services for young people and adults to increase the number of people who are motivated to quit smoking.

### Appendix 4

# RISK ASSESSMENT OF ACTIVITIES UNDERTAKEN FROM THE ASHFORD TASK AND FINISH GROUP SMOKING ACTION PLAN

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation
Midwifery SIP role	To engage midwives in routine CO monitoring and increase	Midwives unreceptive to using CO monitor	Possible	Major	15	Role includes training and obtaining management support as part of midwifery role. Also each monitor coded to midwife for auditing.
	number of pregnant women	Problems with monitor/ resources	Possible	Significant	6	New machines purchased to replace problematic ones
	who smoke to take up SSS	Unable to follow up women referred to SSS	Very Likely	Serious	20	Implement strategy to follow up women who are LTS or decline service an refer to midwife for further discussion about smoking
		Unsustainable due to funding after 1 year	Possible	Moderate	6	i)Share plan and improved perfomance with CCGs for future ii)co-funding. Included in STP Business Case iii)Midwifery service to embed best practice and champion future implementation
Illicit Tobacco	To raise awareness of the harms caused by illicit	Low turn out at event	Possible	Significant	6	i)Consider time of year (weather dependent) ii)Media publicity will generate awareness iii)Consider site for roadshow
	tobacco and to reduce use of illicit tobacco	Negative response from Public	Very Unlikely	Minor	1	Previous roadshows have shown positive response, particularly with presence of sniffer dogs who generate attention. Any negative response should be outweighed by positive response from public as a whole.
		No tip off or further informaton gathered	Possible	Minor	3	Success will also derive from raising awareness, not just from successful raids as a result of the event

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation
Campaigns	Raise awareness of stop smoking services to	Key organisations not receiving campaign packs	Possible	Moderate	3	Be open to additional organisations who can raise awareness throughout the year.
	reduce smoking prevalence	Organisations do not display campaign material	Possible	Significant	9	i)Send out campaign packs with letter explaining impact of smoking in Ashford ii)Distributers to spot check their appropriate organisations
		Not enough campaign packs to meet demand	Unlikely	Moderate	4	200 packs prepared. Further packs can be printed to meet further demand.
		Too many campaign packs produced	Possible	Minor	1	Campaign materials already available. Cost of resource time.
		Unable to measure effectiveness of campaign materials	Possible	Minor	1	Those accessing SSS are reoutinely asked where they heard about the service although difficult to differentiate between this campaign and posters distributed through other means.
Quit Packs	Support people to quit smoking	Lack of promotion	Unlikely	Signfiicant	6	Distributers can spot check to ensure that Quit Packs are visible to public
	alone without service interventio n with support of quit pack	Distribute packs without registration	Possible	Moderate	6	i)Clear instructions to organisations displaying packs ii)Clear and easy to use registration forms iii)Record number of packs distributed
		High number of lost to followup (people not reporting quit status)	Very Likely	Signficiant	15	Previous experience shows that high numbers of recipients do not respond to follow up. Although this is unfortunate, successful quits may show up in overall prevalence figures.

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation		
Vape Event	Work in patnership to support people who wish	Conflicting views on e-cigarettes	Possible	Signifiican t	9	Speaker to provide the facts about e-cigarettes and NCSCT guidelines should neutralise views against the use of e-cigarettes.		
	to quit smoking using e- cigarettes	Negative Press	Possible	Moderate	6	Closed meeting, not open to public. Briefing to be provided to partners beforehand. Attendance by invitation		
		County Hotel Venue perceived as unsuitable	Possible	Moderate	6	Greater risk of not reaching target group if alternative venue is used		
people suppo young people give u		youth workers to support young people to give up	youth workers to support young	Low rate passing level 1 training	Very Unlikely	Significant	3	Support given to training both at levels 1 and 2. Many youth workers already trained to level 1
			Time not available to undertaken training	Very unlikely	Moderate	2	Commitment and willingness noted from YAG meeting.	
		Youth worker time resource to deliver stop smoking support	Very Unlikely	Significant	3	Smoking will be one of the YAG priorities so commitment to delivery is assured		
Focus Groups	To obtain views and comments of smokers on ways to incentivise and motivate quitting	Low Attendance	possible	Signficant	9	i)All views (however low in number) are important. ii)Target priority areas to assure views are representative of communities we need to reach. iii)Use key community partners to promote event		

Action	Aim	Risk	Likelihoo d	Impact	Risk Score	Mitigation
Focus Groups	To obtain views and comments of smokers on ways to incentivise and motivate quitting	Lack of motivation to quit from priority communities	Very Likely	Minor	5	It is assumed that smokers who attend may not have strong motivation to quit which is why they are still smokers. It is therefore important to gather insights from this group
		Unrepresenta tive attendance	Possible	Significant	9	In event of this happening, a survey will go out to key community partners in addition to the views gathered at the event

### The Matrix Table

When you have an impact level for a risk and have gauged its likelihood, you can give the risk a score. This will represent the combination of its impact and its likelihood. The Matrix Table will give you the score. For the assessable version of the table please click here

are descessable version of the table product short here							
	Very likely	5	5	10	15	20	25
poo	Likely	4	4	8	12	16	20
ikelihood	Possible	3	3	6	9	12	15
Lik	Unlikely	2	2	4	6	8	10
	Very Unlikely	1	1	2	3	4	5
			1	2	3	4	5
RISK RATING MATRIX			Minor Moderate Significant Serious Major				
					Impact		

Deborah Smith Public Health Specialist 28<sup>th</sup> September 2016 Agenda Item No: 4 (b)

Report To: Ashford Health & Wellbeing Board

**Date:** 19<sup>th</sup> October 2016

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

**Report Author:** Deborah Smith **Organisation:** Kent Public Health

Summary: The Healthy Weight Action Plan is being progressed to raise

awareness of the issues of an unhealthy weight and promote access to services where appropriate. This will be delivered through a range of initiatives in different settings targeting areas where unhealthy weight is known to be most prevalent

Recommendations The Ashford Health & Wellbeing Board be asked to:-Agree the progress of the Healthy Weight Action Plan The Ashford Health and Wellbeing Board are being invited to comment on the progress of the plan. **Policy Overview:** The Healthy Weight Action Plan is aligned to the Kent strategic Healthy Weight Action Plan and the newly published national Action Plan. Financial Implications: None to date **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: Contacts: Email: Deborah.Smith@kent.gov.uk Tel: 03000 416696 (Mobile: 07850210919)

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

### **Purpose of the Report**

 The Ashford Healthy Weight Action Plan has been progressed by the Task and Finish Group. This paper reports to the Board on progress to date with specific emphasis on delivery in lower socio-economic areas where obesity rates are high.

Excess weight remains a concern for Ashford, with an increasing trend since 2012 and rates higher than the England average.

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

Source: Public Health England, Public Health Outcome Framework

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

### Background

2. The Ashford Healthy Weight Action Plan builds on additional activity to be delivered over and above the work delivered strategically across Kent. The national Healthy Weight Action Plan has been recently published and sets the direction for reducing Healthy Weight across England. The Ashford plan is aligned to national and Kentwide plan.

### **Report Specific Section Headings**

### 3. Update on the Healthy Weight Action Plan activities

3.1 Deliver Brief advice Training to front life staff to raise awareness and signpost to available information and support: A briefing has been prepared highlighting the training package available to raise awareness and start motivational discussions on healthy weight. A list of Ashford businesses and organisations is being compiled to ensure that the training is offered as widely and as appropriately as possible. Health Walk Volunteers (Get Walking programme) and Moat Housing will be included in the training offer and all Childrens Centres will be offered the training. Ashford CCG will need to consider how this can fit with its strategic and local networks agenda and Making Every Contact Count (MECC).

gı

The Task and Finish Group are exploring a pilot Health Shop in the town centre for the public to drop in for support and information on living healthier, including advice about healthy weight and smoking. A weigh-in service would be supported by current service providers delivering on an outreach basis.

- 3.2 Assess Impact of Current Resources on Target Groups: additional resources have been identified to deliver a service audit across Healthy Weight Services available for Ashford residents. The audit will identify who from the areas with the highest obesity rates access current resources and ascertain which outcomes, if any, are recorded. The outcome of this audit will inform a focus group in early 2017 to raise awareness of current provision and glean insights from local people on the services available that most suit their needs.
- 3.3 Further promote current commissioned programmes and campaigns more widely in the area: National Sugar Smart, National Diabetes Week and One You campaigns are being collated in a resource pack for distribution in key sites in Ashford. Consideration will be given to non-English speaking populations.
- 3.4 Offer and develop programmes to workforces: Companies engaged in Kent Healthy Business Awards and those offering Health Checks to their workforce are being prioritised to offer healthy weight checks and advice for employees as part of the Healthy Workforce initiative. The resource pack and brief intervention training are being offered as part of the initial offer and further work can progress to engaging with workers and employers as part of a focus group or survey to better understand their interest and need for further support.
- 3.5 Consult with target groups to develop bespoke programme to support weight management: This work will form the second phase of the audit work, aligning the current pathway of weight management support for people who are overweight, against insights into their perceived need and support required to achieve positive outcomes.
- 3.6 Review Healthy Weight Programmes for Children: The Healthy Weight Programme Review is soon to be released. The outcomes and recommendations of the Review will be considered to identify how best to proceed to ensure that children in target areas have the best opportunities to maintain a healthy weight.

### **Risk Assessment**

4. A Risk assessment for each activity in the Action Plan has been undertaken. The assessment shows how health inequalities is being addressed through targeted work but the main systemic concern is that activities (service delivery and raising awareness) are dependent on those with the greatest need having the motivation to change existing behaviours. In the cycle of behaviour change, some may not yet be at the readiness stage to decide to make a change in lifestyle and will therefore be less likely to access services or absorb campaign information. The focus group work aimed at obtaining insights from local people will help realize what may attract the attention of local people.

### **Equality Impact Assessment**

5. 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**

6. The provision of a Health Shop in the town centre is an additional option considered by the task and finish group which could potentially deliver a number of key aims to raise public awareness and deliver activity on an outreach basis. The Task and Finish group are committed to explore this idea further by contacting the Medway High Street Hub, learning from their process of delivery and looking at key successes before piloting a similar Health Shop in Ashford.

### **Implications Assessment**

7. 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. A regular info-graphics sheet will be updated to demonstrate the work achieved by the Task and Finish Group to date (See Appendix 1).

### **Handling**

8. 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

9. This work is ongoing.

Contacts: Email: Deborah.Smith@kent.gov.uk

**Deborah Smith** Tel: 03000 416696

### **Appendix 1**

# Healthy Weight in Ashford

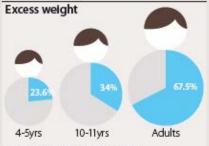
# July 2016

### A significant Health Issue

### **Raising Awareness**

Being obese or overweight is measured by your Body Mass Index (BMI) calculated by your age, height and weight. Calculate your BMI online:

http://www.nhs.uk/Tools/Pages/ Healthyweightcalculator.aspx



### Excess weight among children:

Ashford has higher than the Kent and national average for 4-5 year olds (23.6%) and 10-11 year olds (34%) with excess weight. Excess weight among 4-5 year olds is increasing.

#### Excess weight in adults:

67.5% of adults in Ashford have excess weight. This is higher than the Kent (65.1%) and national average (64.6%).

### Recorded Diabetes



6.1 people per 1,000 are recorded as having diabetes in Ashford. This is less than the Kent average of 6.2 (per 1,000 popn) but we need to ensure that all of those who have the condition are recorded on the GP register.

### **Nutrition in Ashford**



52.7% of people in Ashford consume 5 or more portions of fruit and vegetables a day. This is about the same as the national average but a decline of 5.4% from last year.

#### **Active Ashford**



Active: 58.5%

Inactive: 30.29

58.5% of people in Ashford are physically active but 30.2% are physically inactive. These rates are worse than the Kent and England average.

Statistics sourced from Public Health England Public Health Outcomes Framework



35+ Morbidly Obese

25-35 Overweight

18.5-25 Normal weight

- -18.5 Underweight



### What Ashford HWB will do

### Raising Awareness

Ashford HWB will ensure that more front line staff receive information and brief advice training to raise awareness and signpost to available information and support.



### Identify provision

Ashford HWB will scope services and support activity available to ensure that it is available and accessible to people who most need it.



### Consult

With local people who have weight concerns to identify effective support services that can support good weight management.



### **Promote**

Effective campaigns and health messages to help people make informed choices.



### Support Workplace health

by working with local employers to target effective service provision to the Ashford workforce.



### Review

Healthy Weight programmes for Children in three targeted primary schools in Ashford:

Beaver Green, Ashford Oaks, Victoria Road.



Better health and care in east Kent:

care in east Kent:
Time to change





# Why do we need to change?

Our current NHS system isn't designed to meet the needs of today's population. Some of our services were designed to meet the needs of people in the 1960s, 70s, and 80s and while they've done that and much more, we know there are better ways of organising how we care for people.

In some areas we are struggling to deliver the quality of care we want to. Local people tell us they find it hard to get a GP appointment, and too many people have to wait too long in A&E or to see a specialist. In addition, we struggle to find enough staff to deliver services in east Kent.

What's more all of us, the people who use services, are changing. The good news is we are living for longer, but we are living with more long-term conditions, such as diabetes, dementia and heart disease which increases demand for health and care services.

Health care is changing too. More treatments nowadays can be offered out of hospital or with shorter hospital stays because of new medicines and medical techniques.

We also have to accept we don't have unlimited money to spend, so we need to use what we have wisely. For example, large hospitals are expensive to run. If we invest in better services out of hospital and in helping people to stay well we can do more with the money we have.

Finally, we need to attract staff with the right skills and experience to deliver the best quality services. Finding new and innovative ways of working will make east Kent more attractive to potential employees and help us keep hold of the great staff we already have.

We believe health and social care services in east Kent can and should be better. We – that is health and social care leaders and staff working together with patients and the public – need to take action now to make sure health and social care services in east Kent are able to meet the challenges and demands of the 21st century.



At the moment we don't know exactly how things will change, but we do know that we need to close up some 'gaps' in our health and social care system. Across east Kent we want to reduce the:

### Health and wellbeing gap

The gap between people who have the best health and people with the poorest health. At the moment people living in the most deprived areas of east Kent are likely to have worse health than those living in more well-off areas. We want to change this.



### Care and quality gap

The gap between the availability and quality of services you need and the availability and quality of services we currently provide. In east Kent we often do not meet national quality standards. This is partly because of increasing demand for services and also because of problems finding enough staff to run services effectively. Also there are too many differences in the care people receive depending on where they live. We want to change this.



### Financial and efficiency gap

The gap between the money we have and the cost of providing services. Our finances in east Kent are under increasing pressure and we are heading for a big shortfall if we don't find ways to work differently and smarter. We want to change this.







Our aims are to make health and care:

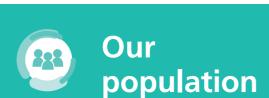
- Easier to access: services available when and where you need them.
- More coordinated: teams of health and social care professionals working closely together to offer you personalised care.
- Proactive: health and social care professionals supporting you and your family to lead healthier lives and tackling treatable conditions before they get worse.

 Affordable and sustainable: living within our means, spending the money we have for the greatest impact, and planning with certainty what services we can afford to provide in to the future.

We believe this ambition is in line with the changes, you, the local people of east Kent, have told us you would like to see.

Now is the time to start thinking about the changes we want to make and this leaflet describes some of the reasons why in more detail.

### Our health and care in facts and figures



Almost 670,000 people live in east Kent. By 2020 this number will increase by over **21,000** 









We have a growing number of people living with long-term conditions like diabetes, lung diseases and heart disease



The number of people over the age of 70 will rise by 20% in the next 5 years



1 in 4 of east Kent residents are affected by a mental health problem

# Our health and care in facts and figures

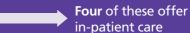


East Kent has **446** GPs working across **82** practices 446 \*\*\*\*\*

82 practices



**Six** community hospitals offer a range of services



3 # # #

Three main hospitals provide acute care services

# Our health and care in facts and figures



We have £1.3 billion to spend each year on health and social care in east Kent



£300 million is spent on social care



**£1 billion** is spent on NHS services



£500 million on acute care





**£413 million** on primary and community care





**£87 million** on mental health services

# What you've told us you want from local services

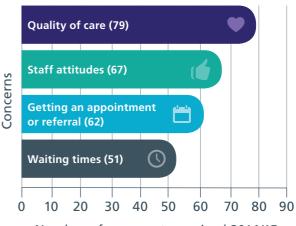
Meeting the needs of local people is our top priority. Research carried out by Healthwatch shows us that people in east Kent want to see the NHS and social care working more efficiently and offering higher quality care.

We know from discussions the clinical commissioning groups in east Kent have in their communities, and the work done by Healthwatch, that local people would like:

- care to be as close to home as possible
- appointments that are easy to book and at convenient times
- the NHS and social care to work in a more joined up way
- more support to help people live healthy lives
- quick action when you become unwell or need extra help.

From what local people have said, there is a real need to improve NHS and social care services. We want to make changes to improve the quality of care we can offer and make sure we can be more efficient and spend our money where it will have the greatest benefit.

Some of the most common concerns raised by local people are about:



Number of comments received 2014/15

Find out more about how your local NHS has listened to and acted on your views over recent years on our website.





## Challenges we face

#### Supply versus demand

The biggest challenge we face is an ever growing need for health and social care services and not enough resources in the right place to meet that demand.

- Some services already don't have enough capacity to meet demand.
   This means you are waiting longer for treatment or to get an appointment.
- By 2020 we predict all our services will be over capacity if we don't change the way we work.

#### **Health inequalities**

People who live in our poorest communities are more likely to develop serious illnesses and to die at a younger age than those in our most well-off areas. This isn't fair – we all deserve to live a long and healthy life.

 In our poorest communities 25% more people die from heart disease before the age of 75 than in the wealthiest areas. For cancer it's 20% more and 50% more for lung disease.

#### **GP** services and primary care

There are a lot of differences between the services we offer in primary care across east Kent. That impacts on the quality of care for patients; some have access to better treatment than others. We are also facing a big shortfall of GPs and practice nurses as many are about to retire.

- We only spot 14-18% of cancers at the earliest stage in primary care, compared to a national average of 22%.
- Around a third of our practices in east Kent are too small and run by just one or two doctors. This means they can't necessarily offer you a wide range of services.
- When a doctor retires or leaves they are hard to replace, leaving a gap in local services. Some practices have already closed.

Women living in the poorest areas of east Kent could die as much as 20 years earlier than women in the most well-off areas. Men could die 12 years earlier.



In some areas you are **twice** as likely to end up in hospital because of a problem that could have been avoided if it had been better managed in primary care.



#### **Community care**

A lot of our community teams of staff are not joined up with each other which is frustrating for patients and duplicates work. In addition, we don't have the right systems and services in place to allow people to be cared for at home, rather than in hospital.

 We know that for every day an older person stays in a hospital bed they experience 5% muscle wastage. We want to care for more people at home to help them keep their independence.

Around half of our community hospital beds are occupied by patients who could be cared for in their own homes if the right support was in place.



#### **Acute care**

We are struggling to achieve some of the basic NHS standards for quality of care in east Kent and we don't have enough staff to deliver some specialist services. Lots of unplanned admissions to hospitals means routine and planned care may be delayed.

- We are not able to employ enough doctors with the right skills and experience to provide cover 24 hours a day, 7 days a week in some services.
- 15% of people wait longer than four hours in A&E to be discharged, or admitted – it should be no more than 5%.

At any one time there are around **300** people in hospital beds who could be discharged if the right support was available elsewhere.



 10% of patients are waiting longer than the 18 week standard to see a consultant after being referred by their GP.

#### Mental health care

Mental health care in east Kent is struggling to keep up with demand. It needs to change if it's going to be able to meet our future needs, particularly around care for people with dementia.

- Around 95% of our mental health inpatient beds are being used all of the time. This means we often have to send people outside of Kent to get the treatment they need. This is often a bad experience for the person needing care and for their family.
- Currently only 21% of people estimated to have anxiety and depression have access to counselling and talking therapies.

We estimate that almost 40% of people with dementia in east Kent have not yet been diagnosed.

40% **††††††**†**†**  There have recently been cuts to funding for social care and the way services are currently organised doesn't always meet the needs of local people.

- Two thirds of our dementia beds are based in the Dover, Deal and Folkestone area, with only a small percentage available in the Ashford and Thanet areas. This means people can't always find the right care home near to where they live.
- A number of care homes in east Kent have closed recently. We have more residential care places than we need, but not enough nursing care places meaning you are not always able to access the right type of care home for your needs.

#### **Staffing**

As is the case across England, the whole of the NHS and social care in east Kent is facing challenges with recruiting enough staff to deliver your services.

- Over a quarter of our GPs and practice nurses are aged over 55, meaning they will soon be retiring. We are finding it very hard to replace GPs.
- Kent Community Health NHS
   Foundation Trust has 8% of its jobs unfilled and around 20% of the staff who work for the trust are approaching retirement.
- 12% of nursing staff at East Kent Hospitals University NHS Foundation Trust are over 55 and a further 15% are over 50 years old.

During the 2015/16 financial year East Kent Hospitals University NHS Foundation Trust spent £28 million on agency staff - £12 million of that on locum doctors.

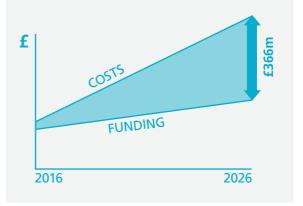


#### **Funding**

In the past we have been able to balance the books each year, but with a growing demand on services this is becoming harder to do, and we are now facing a shortfall in funds.

 Our budget increases by around 0.7% each year but increase in use of services is around 2 to 3%, and the cost of staff, medicines and equipment are rising too.

If we don't change the way we work we know that by 2026 the difference between what we have and what we need to spend will be £366 million.





### What do we need to do to address the challenges?

We believe the answer to all these challenges lies in three key areas:

- 1. Doing much more to help you stay well so you don't develop some of the illnesses we know can be caused by unhealthy lifestyles.
- 2. Redirecting more of our resources into primary and community services so we can offer more care out of hospital.
- 3. Organising services across our acute hospital sites in the most efficient and effective way to care for our whole population.

#### What are the benefits?

We think the benefits of this approach will include:

- More support available to help you live a healthy lifestyle, meaning you will be less likely to develop ill-health later in life.
- Larger GP practices, or groups of practices working together, to offer better access to GPs, other health and

care professionals and a wider range of services close to where you live.

- Joined up teams of doctors, nurses and other health and care professionals working closely together outside of hospitals to offer you care designed to meet your personal needs.
- These teams will know you, understand your needs and be talking to each other all the time to make sure they are up to date with your individual circumstances.
- They will be able to act quickly if you become unwell, helping you avoid unplanned admissions to hospitals.
- Hospitals that are under less pressure and better able to deliver routine and planned care.
- East Kent will be an attractive place to work, helping us recruit and keep hold of good staff.
- We will be able to balance the books and deliver the services you need with the money we have.



Over recent years the NHS in east Kent has engaged widely with staff and local people to find out what you think of services and your ideas for improvement. Some of the changes suggested are already being implemented, such as the new teams of GPs, nurses, counsellors, health visitors, social workers and community paramedics working together from health centres in Whitstable and elsewhere.

During the rest of 2016 we will continue to have conversations with local people, staff, patient and carer groups, politicians and partners such as the voluntary sector, about the issues we have described here. We will be asking what is important to you and getting your views on our emerging ideas for how services could be better organised in east Kent.

Some potential changes are already being explored by local doctors and health and care leaders. Emerging plans are looking at how health and social care professionals could work in 'hubs' within local communities offering a range of services. We are also looking at how acute care could best be organised across each of our acute hospital sites.

We will carefully consider all the views we have heard as we develop these detailed plans.

Once we have developed more detailed options, working with a wide range of partners and building on all these conversations, we will formally consult on our plans. Only then, following a public consultation, will we make any decisions about the future shape of services.

### How to get involved

If you would like to get more involved in this important work you can join your local Clinical Commissioning Group health network, patient participation group linked to your GP practice or contact Healthwatch. Visit our website for more information. www.eastkent.nhs.uk





### **Contact us**

Web: www.eastkent.nhs.uk Email: info.eastkent@nhs.net

Phone: 03000 424 758

If you would like this document in an alternative format or language, please contact us on email: info.eastkent@nhs.net

or phone: 03000 424 758

Si vous voulez ce document en format rechange, vous pouvez nous contactez a 03000 424 758/info.eastkent@nhs.net

Ja vēlaties šo dokumentu citā formātā vai valodā, lūdzu, sazinieties ar mums pa telefonu 03000 424 758/info.eastkent@nhs.net

Ak by ste chceli tento dokument v inom formate alebo inom jazyku, prosim kontaktujte nas na 03000 424 758/info.eastkent@nhs.net

Jeśli chcieliby Państwo ten dokument w innym formacie lub języku, prosimy o kontakt 03000 424 758/info.eastkent@nhs.net

Jei norėtumėte šį dokumentą gauti alternatyviu formatu, ar kalbą, susisiekite su mumis numeriu 03000 424 758/info.eastkent@nhs.net

Daca doriti ca acest document sa fie in alt format sau alta limba, va rog sa ne contactati la 03000 424 758/info.eastkent@nhs.net

यदि तपाईलाई यो दश्तावेज वैकल्पिक ढाँचामा वा अन्य भाषामा चाहिएमा हामीलाई 03000 424 758/info.eastkent@nhs.net सम्पर्क गर्नुहोस।!

## East Kent **Strategy Board**





# Better health and care in east Kent: Time to change



# The challenges

Why health and social care needs to change

# The national picture



NHS in England treats a million people every 36 hours



People living for longer and living with more, and multiple, long term conditions



One in four living with a long term condition such as diabetes, heart disease or dementia



Long term conditions account for 50% of GP appointments and 70% of hospital bed days

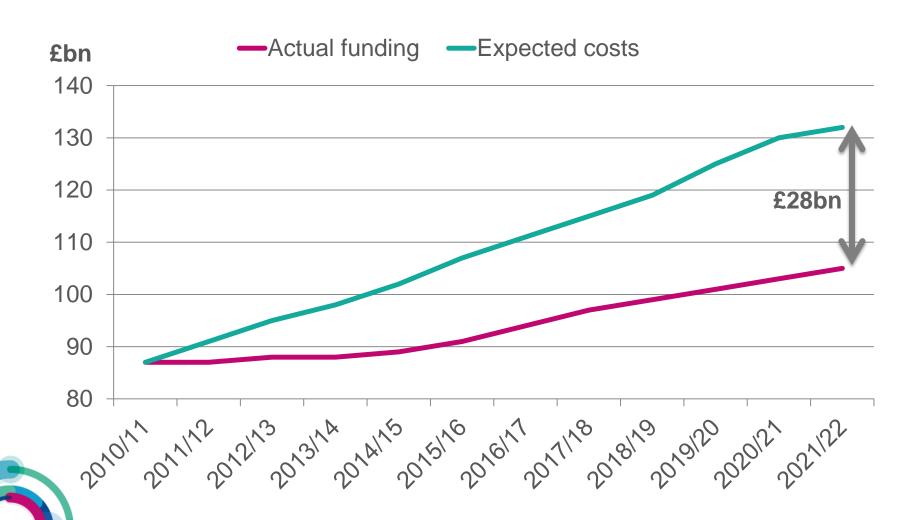


80% deaths from major diseases like cancer and heart disease linked to lifestyles factors such as smoking, obesity and alcohol



Predicted 60% rise in older people needing long term care by 2030

# The national NHS funding gap



# National plan to address national challenges

- Five Year Forward View is five year strategic plan for NHS
- Focus on
  - prevention of ill health
  - supporting patients to self manage conditions
- Gives local NHS areas seven options for redesigning how services are organised
- Says more funding needed to close £28bn gap
  - BUT also need to find ways to manage demand and be more efficient



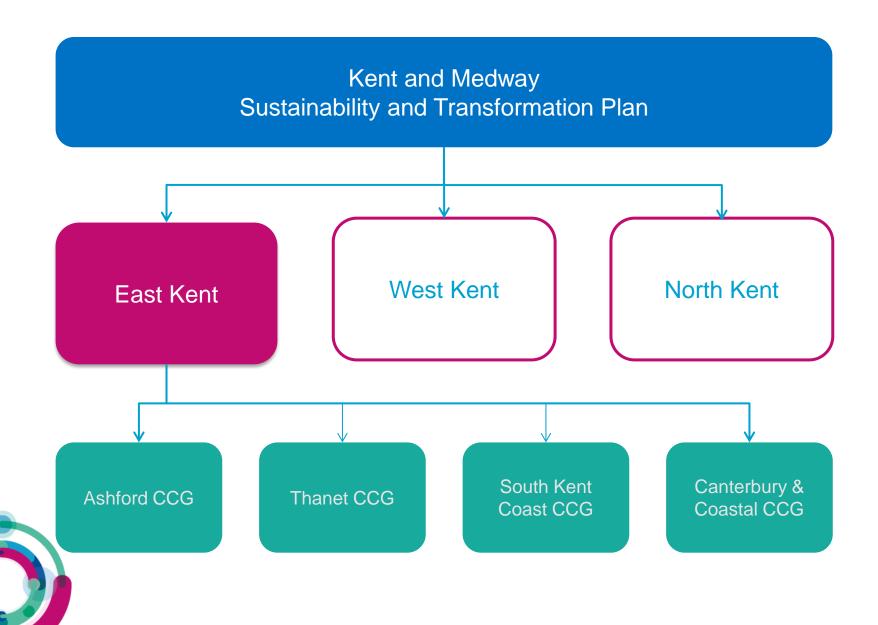


# Local plans to address local challenges

- Kent and Medway Sustainability and Transformation Plan
- Collaboration between NHS and social care organisations
- Starting to think about plans for services to meet the needs of everyone in Kent and Medway
- NHS England will approve the plan
- Health and social care organisations in east Kent are involved



## How east Kent fits in



# East Kent at a glance



## Our population

Almost 670,000 people live in east Kent. By 2020 this number will increase by over 21,000





There is a growing number of people with long term conditions like diabetes, lung and heart disease



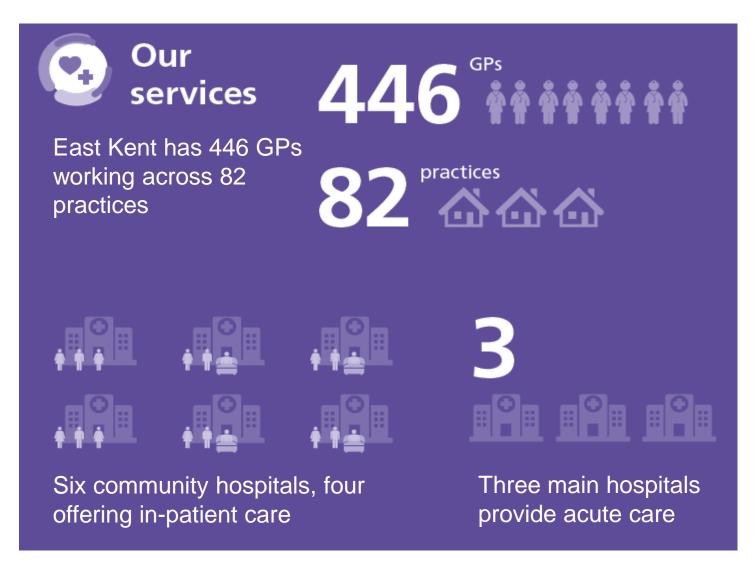
The number of people over 70 will rise by 20% in next 5 vears



1 in 4 people in east Kent living with a mental health problem



# East Kent at a glance:





# East Kent at a glance



# Our finances

We have £1.3 billion to spend each year on health and social care services



£300m

£300 million is spent on social care



£1 billion is spent on NHS services



£500 million on acute care



£413 million on primary and community care



£87 million on mental health services



# The challenges in east Kent

Find out more about the challenges we face in our case for change booklet.

Available at <a href="https://www.eastkent.nhs.uk">www.eastkent.nhs.uk</a>







# Addressing the challenges

Designing new ways of working in east Kent

# **Our ambitions**

We need to close three gaps in health and social care:

Health and wellbeing gap

Those with the best health

Those with the poorest health

Care and quality gap

The availability and quality of services local people need

The availability and quality of services we deliver

Financial and efficiency gap

The money we have

The cost of providing services

# How will we achieve this?

Doing much more to help you stay well so you don't develop some of the illnesses we know can be caused by unhealthy lifestyles

Redirecting more of our resources into primary and community services so we can offer more care out of hospital

Organising acute hospital services in the most efficient and effective way



# How could services be organised in east Kent?

Level 1

• Everyone: Prevention of ill health and help with self care

Level 2

 Day to day health and care needs: 16 health centres based in local communities open 8am to 8pm, 7 days a week.

Level 3

• Urgent and specialist care needs: 4 'health centre+' spread across east Kent, open 24 hours a day, 7 days a week.

Level 4

 Acute care: main hospitals providing emergency care, very specialist services, and planned inpatient care



People will move up and down levels of care depending on their individual needs

# How might this happen?

### 1: Improving our 'business infrastructure'

New ways of sharing information, right staffing in place, better ways of working, reduced duplication and improved commissioning

### 2: Preventing ill health

Do more to prevent ill health, support the most vulnerable and isolated and create healthy communities

### 3: Meeting day to day needs out of hospital

Teams of health and social care professionals providing a wider range of services in different locations based in in local communities

### 4: Meeting complex needs out of hospital

Teams of health and social care professionals supporting people with multiple or complex health needs close to where they live, over the long term



### 5: Getting specialist input

Multidisciplinary teams supported by input from hospital consultants and other specialists where needed

### What might the future look like?

### Integrated health and care services, delivered out of hospital:

- Designed around GP practices, grounded in primary care
- Teams of different health and social care professionals working with the patient's GP
- Social services, voluntary sector and NHS working together
- Secondary care (physical and mental health) expertise to integrate with primary care expertise where this improves care and efficiency
- Out of hospital provision through care and treatment provided in local networked health centres (with different GP practices working together physically and virtually) - with a range of day-to-day and some more specialist services
- Smaller acute hospitals focused on specialist care:
  - Safer, more specialist, hospital services, serving the whole of east Kent not just local populations



# What next

We need to develop a range of options for organising health and care in east Kent

Case for change
Describe why we need to change and start to gather views on new ways of working

Develop options
Work with staff,
patients, public
and other
stakeholders to
prepare different
options for east
Kent

Formal consultation Gather views proposed options for new ways of working

After consultation
Analyse the feedback from consultation and prepare a report on findings.
Discuss findings with stakeholders

Make decisions and implement Agree the preferred option and develop plans for implementation. Continue to share progress and discuss plans with stakeholders



# **Questions to think about**

- How can health and social care services support people to be more in control of their own care?
- How can health and social care services support people to take more responsibility for their own health?
- What three things would make the biggest difference in improving patient experience?
- What do you think are the main health and social care challenges are for east Kent?



# **Get involved**

- Website: www.eastkent.nhs.uk
- Email: info.eastkent@nhs.net
- Phone: 03000 424 758



**Agenda Item No:** 8(a)

Report To: Ashford Health & Wellbeing Board

**Date:** 19<sup>th</sup> October 2016

Report Title: Children & Young People – Emotional Health & Well-being

**Report Author:** Helen Anderson

**Organisation:** Early Help & Preventative Services, KCC.

**Summary:** An update on Early Help & Preventative Service and

partnership working others to promote emotional health and

well-being.

Recommendations: The Board be asked to:-

Support the plans for further alignment of services and

partnership working in this area of work.

#### Purpose of the report

1. To focus on children and young people as part of the collective responsibility of services in Ashford.

2. To show the joint working that is happening in Ashford from Early Help and Preventative Service through to more specialist interventions.

#### Background

- 3. Looking at how we work across services that support families, children and young people in Ashford there are many examples of joint/partnership working already in place. The Early Help & Preventative Service has been in place over a year now and it was felt that an update for the AHWB would be helpful.
- 4. It is also helpful to use the AHWB as a place to look at the future direction of services which focus on promoting the emotional health and well-being of children and young people as the core purpose of this Board is to look for ways to improve the health of those living in Ashford.

#### Report specific section heading

- 5. Current –mapping the services and the approaches across commissioning organisations that are currently available to children, young people and their families in Ashford, with particular focus on support for mental health, substance misuse and domestic violence. Awareness of financial constraints and the need to focus on a preventative and potentially family wide approach.
- 6. Future HeadStart programme for Kent, commissioning and procurement underway of new services and how to ensure a smooth transition, building on all the successful interventions, addressing gaps and making best use of

resources. Possibilities for joint bids, use of funding and sharing of resources being embedded within the culture of collaborative working, welcoming new and creative ways of working with children & young people.

Joint Health and Social Care Childrens & Adolescent Mental Health Service procurement under way. Model includes a single point of access to deliver a system wide approach to triage and multi disciplinary service support offer.

#### Conclusion

- 7. Given that we are at a time of service transformation and there are opportunities to further develop partnership working, the need to ensure all partners are involved in shaping the way that we work in Ashford to improve the emotional health and well-being of children & Young people.
- 8. This is a wide agenda with new research and feedback coming out all the time so it is vital for us to discuss and agree the most appropriate use of our combined efforts across agencies, making sure that we are well-informed by what children, young people and their families tell us makes the most difference to them.
- 9. Seeking endorsement and support from AHWB and feedback opportunities as this area of work evolves.

**Contacts:** Email: Ashfordearlyhelp@kent.gov.uk

Tel: 03000 410305

# Ashford Health & Well-being Board

17<sup>th</sup> October 2016

# Update around Children's Services in Ashford

# We are ambitious for our children, young people and young adults

Working collaboratively with our providers, voluntary sector organisations, education providers, we are determined to achieve the outcomes that children and families have asked us to achieve.

Education and Young People's Services

## Early Help and Preventative Services

Strategy and Three Year Plan





#### **Four Workstrands**

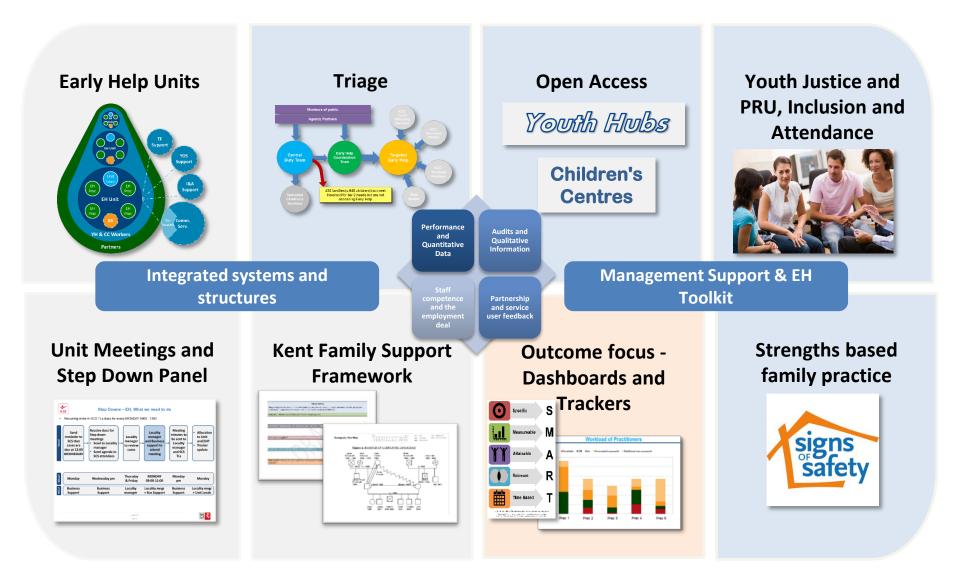
- Whole system partnership approach across the range of EHPS
- Develop effective family focused practice approaches
- Support good health and emotional wellbeing
- Promote educational and vocational achievement

#### **Four Principles**

- Involve children, young people and families,
- Improve life chances, build family resilience and use the strengths of families
- Practice is informed by professional judgement and the working relationship with the child and family
- Work is outcome focused, informed by evidence, performance and evaluation

#### **Early Help and Preventative Service Delivery Model**

Intervening as soon as possible in a timely and responsive way to ensure good outcomes



Step-Downs to EHPS	• Dec 2014 20%	May 2016 - 22.7%
Step-Ups to SCS	• Jan 2015- 15%	May 2016 - 8 %
Number of cases closed	• Jan 2015 - 118	May 2016 - 599
Cases Closed with Outcomes Achieved	• Jan 2015 - 49%	May 2016 – 85%
Early Help Notifications received	• Jan 2015 - 832	April 2016 - 790
Permanent Exclusion (Sept – Mar)	• 2014/15 – 73	2015/16 – 54
Fixed Term Exclusions (Sept – Mar)	• 2014/15 – 7484	2015/16 – 6400
Votes cast in Kent Youth County Council elections	• 2013 – 23,014	2015 – 30,039
Number of young people who have completed a D of E Award	• 2013/14 – 2,202	2015/16 – 2,592
Free for 2 - early years placements	• Sum 15: 3818, 57.95%	Sp 16: 4082 , 67.10%

### The Year of Open Access



Children, young people and young adults receive support that promotes recovery, and they are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions.

**EARLY HELP** 

Children, young people and young adults have improved emotional resilience and where necessary receive early support to prevent problems getting worse

RECOVERY & TRANSITION

Child, Adolescent & Family

**ACCESS** 

Children, young people and young adults receive support that recognises and strengthens their wider family relationship

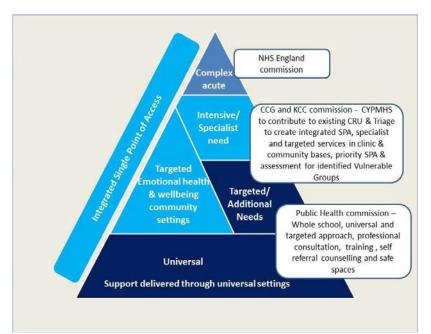
WHOLE FAMILY APPROACH

Children, young people and young adults who need additional help receive timely, accessible and effective support

## We want to achieve it together and across the system

- Kent has developed strong partnership arrangements locally and cross-county, which will support long-term change
- The Whole System Model illustrates how schools, local communities and specialist services will work in a more integrated way, and how emotional wellbeing will be promoted and embedded in all aspects of the model which will include a multi-agency communications strategy

## The <u>Kent Emotional Health and Wellbeing model</u> is currently progressing through procurement and will be in place for April 2017. The system has five key elements



- Single Point of Access/Early Help Triage: Will direct partners to the relevant part of these systems.
- Specialist: Assessment, diagnosis and treatment.
   Supporting children who need a Targeted or
   Specialist mental health service, including behaviour issues or where the impact of trauma, abuse, neglect or attachment needs that are severely impacting on their mental health.
- —**Targeted**: Interventions for emotional wellbeing issues, or undiagnosed/unspecified mental health needs. *Aligned with the Early Help and Preventative Service with a clinically qualified Emotional Health and wellbeing worker based in every Early Help Unit*
- -Health Needs PRU: clinical specialists working alongside the Health needs PRU to assist with reintegration to mainstream school where there has been a diagnosed mental health concern.
- —School Public Health Service: Supports schools to promote good general health and emotional wellbeing

## **Emotional Health & Well-being Support**

#### Preventative

#### Addressing

Responsive/Acute

Healthy Lifestyles; 6 Ways to Wellbeing Change for Life Children Centre's offer Youth Provision Active Learning Extra Curricular Activities;

- At School
- Cubs/Scouts, etc
- Sport clubs

Support Networks; Children Centres Youth Provision Health Visitors Midwives Schools GP's PASS Mentoring Family Work; Mediation;

- Stepahead
- Ashford Mediation
- Family Group Conference

Early Help Workers Shaw Trust

Live Well Stonham Homestart

Family Intensive Programme

Parenting;
Solihull
Early bird
Early bird Plus
Cygnet
School run programmes
Story Sacks
Number Sacks
Book Start
Reconnect

Schools; STLS EHCP

IASK FLO's

TA's

Learning Mentors Muddy Wellies

LIFT KHNES

Educational Psychologist IMAGO- assembly work Addaction Mind and Body Barnados & Rising Sun; Positive Relationships

Spectrum; ASD Ashford Kent Autistic Trust National Autistic Society Rainbow Centre Counselling;

**Faversham Counselling** 

Service

Rubicon Cares

Fegans

Young Healthy Minds Harbour Project Family Matters METRO Chat

School bought in

A&E

Mental Health Crisis Line

Early Psychosis Team

CY IAPT

**Eating Disorder Unit** 

PSICON

Paediatrician

**Specialist Childrens Services** 

Inpatient Ward.

ChYPS;

ADHD Nurse

Family Therapy

1:1 work

Psychiatrist

Psychologist

**Home Treatment Team** 

Multi-Agency Training;

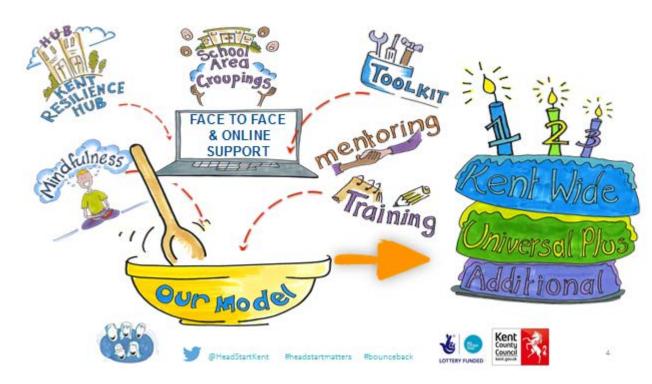
- Addaction
- ChYPS
- KAT, etc

Web based support;

- Winston Wishes
- Live It Well
- Understood, etc

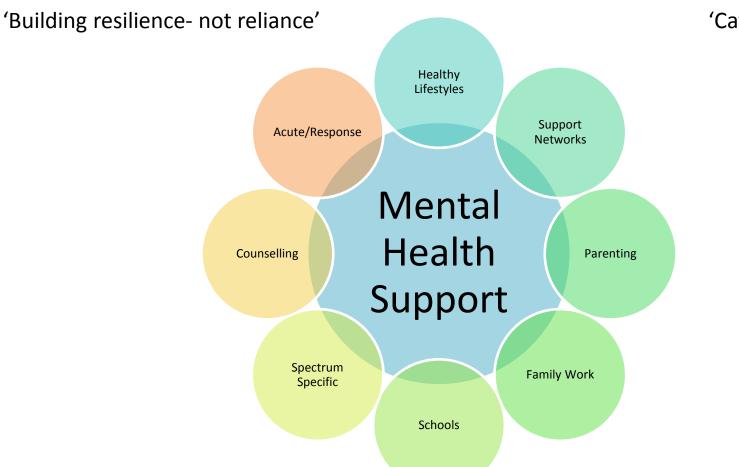
## Headstart Kent is a £10m investment by the Big Lottery over the next 5 years, starting in the Autumn Term of 2016.

- Level 1 All Kent schools and communities
   Resources will be accessed through the Headstart resilience hub and training.
- Level 2 Enhanced support to 134 schools and communities in Headstart Groupings of schools



• **Level 3** – **Targeted support** to young people focusing on the early identification of young people who, as a result of domestic abuse may benefit from additional early support to help build their resilience and emotional wellbeing to prevent future adverse outcomes.

## The Future



'Catch and Carry'

## **Contact Details**

Early Help District Manager: Helen Anderson

Email: helen.anderson@kent.gov.uk

Telephone: 03000 410657

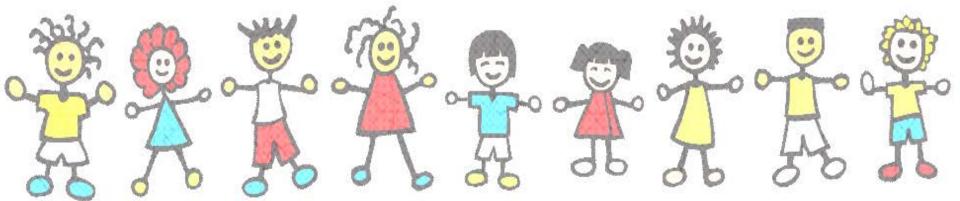
For any Ashford specific Early Help enquiries please email: <u>ashfordearlyhelp@kent.gov.uk</u>

Telephone: 03000 410305

# Rebecca Ransley Service Manager Children and Young Person's Service

Ashford Health and Wellbeing Board 19/10/2016

Kent County Council



## The Service



Team Managers

Stewart Law
South Kent Adolescent team

Patricia Hatcher

Ashford CIC

Christine Stirling
Dover CIC

Thomas Miles
Ashford CIC2

Nicola Smith Shepway CIC

Chipo Mukoki Fostering Team Siobhan Hamilton Fostering Team

Jemma Edge
Contact Coordinator

## The Service

South Kent Children and Young person's service has:

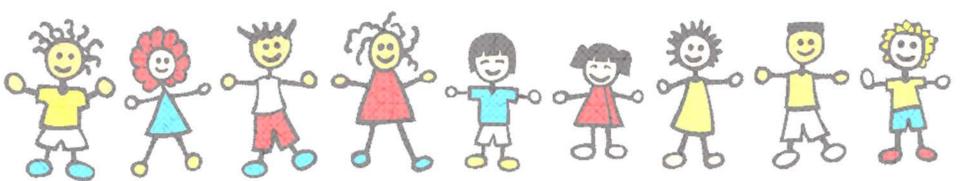
Adolescent Team – Working with adolescents of the edge of care and young people who present as potentially homeless aged 16 and 17. Since the 1st January 2016 the team have undertaken 13 Joint housing assessments 4 of these young people remain open to the service and 9 have closed (two needed to come into care) Plan to work closely with Early Help with this cohort upon referral

#### Four Children in Care Teams-

Dover Children in Care Team based at Poltons

Dover.

- Shepway Children in Care Team, based at Poltons Dover.
- Ashford Children in Care Team based at Kroner House, Ashford.
- Ashford Children in Care Team 2, based at Westchurch House, Ashford.
- Contact Service, based at Westchurch House, Ashford.
- Fostering Service, based at Westchurch House, Ashford.



## Who are the children

Kent has 9,447 children subject to Specialist Children Services interventions.

- > 2,210 Children in Care.
- 769 Unaccompanied Asylum Seekers.

South Kent Service supports 55 Children in Need living in the community and 356 Children in Care 66 of these are unaccompanied asylum seeking children.

158 Children in care are placed in Ashford, includes those who are placed at Millbank Ashford Reception Centre (not all originate from



## What's Going Well

County Services in Place for Children in Care such as:

- Virtual School Kent.
- Children in Care CAMHS.
- Annual Health Assessments by LAC Nurses
- Advocacy.
- Oversight by an independent Reviewing Officer.
- Consistency of Social Worker in the South.
- Participation, local events improving educational attainment, strong fostering community.

## **Local Partnerships**

What's going well

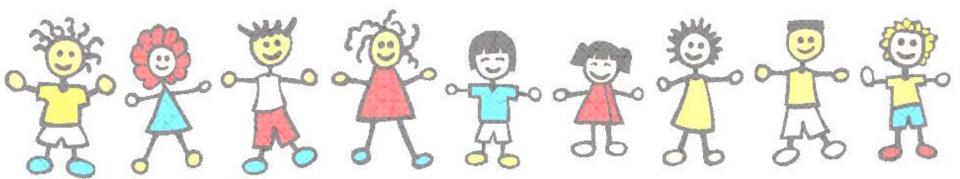
Adolescent Team have good links with:

Ashford Borough Council,

Independent providers such as Stonham, YMCA What matters forum, Links in Youth Hub,

Ashford Methodist Church has a support group for UASC.

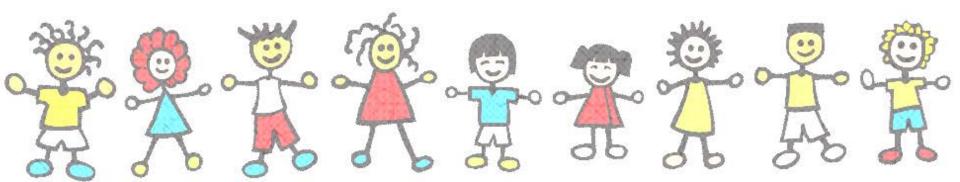
Multi Agency, Anti social behaviour cooperation with local police.



## What could be better

Improved engagement of Ashford Children and their carers within their local communities.

Questions/discussions



Agenda Item No: 8 (c)

Report To: Ashford Health & Wellbeing Board

**Date:** 19<sup>th</sup> October 2016

**Report Title:** Syrian Vulnerable Persons Relocation Scheme (SVPRS) in

Ashford

**Report Author:** Anne Forbes – Refugee Resettlement Co-Ordinator

**Organisation:** Ashford Borough Council

**Summary:** Following the pledge from the UK Government in September

2015 to provide refuge for 20,000 of the most vulnerable refugees from Syria, Ashford committed to accepting up to 50 refugees per year for 5 years under the Syrian Vulnerable Persons Relocation Scheme. This report outlines the background, the current position, what has gone well and the challenges faced in developing a refugee support programme in Ashford since the first families arrived in December 2015. We ask for the support of the Board in further developing a robust resettlement and integration programme to enable this vulnerable group to re-build their lives.

Recommendations: The Board be asked to:-

Support Ashford Borough Council's Refugee Resettlement Project to enable, ensure and improve access to health and social care services for the refugees re-settled in Ashford through the SVPR Scheme and, where possible extend initiatives to other individuals or groups who have settled in Ashford but who are not supported directly under the Scheme.

#### Purpose of the report

1. To inform the Board regarding Ashford Borough Council's commitment to the Syrian Vulnerable Persons Relocation Scheme, how it has progressed so far, the challenges faces and plans for the future.

2. To ask for the support of the Board to encourage partnership working and innovative thinking to enable Ashford Borough Council to continue to develop a proactive, supportive resettlement and integration programme for the Syrian refugees. The ultimate aim is to ensure the refugees relocated to Ashford under the Scheme have the best possible chance to rebuild their lives having escaped such tragic and traumatic circumstances and that they are enabled to make a positive contribution to their new community.



#### Background

- 3. On 7<sup>th</sup> September 2015 the Government announced that the UK would commit to accepting 20,000 of the most vulnerable Syrian refugees from their exile in the countries bordering Syria (Lebanon, Jordan, Turkey, Iraq and Egypt) over the subsequent 5 years. Ashford Borough Council stepped forward and agreed to offer resettlement for up to 50 Syrians per year for 5 years. Ashford, recognising the pressures on Kent County Council as a result of the number of unaccompanied asylum seeking children (UASC) supported by Social Services, agreed that the refugees accepted to the Borough would be family groups and not individuals. In recognition of the shortage of available social housing in the whole South East region it was decided that no social housing would be used to meet the commitment and that private sector housing would be identified.
- 4. The first 3 families, totalling 14 people, arrived in Ashford in December 2015 and were housed in private rented accommodation spread across the Borough. 2 more families arrived in January, one in April and one in August. To date there are 33 people in 7 family units. 3 families are expecting babies. We are likely to accept 3 or 4 more families before Christmas 2016.
- 5. The refugees arrive in the UK with 5 years Leave to Remain with Humanitarian Protection giving the same rights to access services and benefits as a resident UK citizen.
- 6. The families are provided with intensive keyworker support after arrival to help them to settle into their new environment and to access services including education and healthcare. Support is continued throughout the first year and available, if needed, for the subsequent 4 years.
- 7. The support provided by Ashford Borough Council is funded via a tariff paid through the Home Office from the Foreign Aid Budget and so does not pose any financial burden on the Local Authority. In the first year funding to support the educational needs of school age children is paid to KCC Education via this tariff. The local CCG are able to claim funding for healthcare needs of families resettled in their area directly from the Home Office.
- 8. Close partnership working with KCC education, schools, the CCG, the DWP and other key partners has enabled Ashford BC to ensure that access to essential services for refugees on arrival is as smooth as possible. This has gone well generally but there is still work to be done.
- 9. The refugees are eager to access employment as soon as possible after arrival to support their families and make better lives. The main barrier to employment is lack of English.
- 10. The majority of the refugees that have arrived in Ashford to date have had no English learning prior to coming to the UK.
- 11. Supporting the refugees has been a steep learning curve for all those involved and many lessons have been learned. Barriers and challenges have emerged, many of which have been solved and some of which still need to be overcome to give the refugees the best possible opportunity to build fulfilling and productive lives in their new home.

#### Removing barriers to successful integration for the Syrian refugees

- 12. The project to support the resettlement of Syrian Refugees in Ashford has almost reached its first anniversary. The families that have arrived so far are settling in and making the most of the opportunities they are given. Many challenges and barriers have been met and many have already been solved. Some have yet to be uncovered. Some of the so far unsolved difficulties are:
  - a. ESOL (English for Speakers of Other Languages) provision for adults is patchy. Where ESOL has been accessed the refugees have fed back that they do not find it intensive enough to give them a really good start.
  - b. There is no automatic offer for educational provision for newly arrived 16-18 year olds living with their family and courses suitable for that age group who have minimal or no English either do not exist or are difficult to access.
  - c. Access to GP services has sometimes proven to be difficult for families with limited English. This can be frustrating and has, on occasion, led to inappropriate use of emergency services (999 and A&E).
  - d. Additional funding provided by the Home Office for education is inadequate to cover the costs of support if a child has a higher than average level of need. Other funding streams to support children experiencing difficulties with their learning are not accessible for this group.
- 13. Ashford Borough Council remains fully committed to working hard with partners in both the statutory and voluntary sector to provide the best possible service for the Syrian refugees coming to the Borough, to enable them to successfully integrate into the community and build successful new lives in Ashford.

#### Conclusion

- 14. Ashford Borough Council is committed to providing refuge and support for up to 250 of the most vulnerable Syrians over the next 5 years. The families that have arrived so far are settling in well however some barriers to accessing services and challenges to successful integration have been identified.
- 15. Close partnership working with both statutory and voluntary services is central to ensuring the success of the project.
- 16. In order to address the outstanding barriers and challenges identified above and any further issues that may be identified Ashford Borough Council would like the Board to support the establishment of a working group of key partners to discuss and find solutions and to develop innovative models for supporting this group.

**Contacts:** Email: anne.forbes@ashford.gov.uk

Tel: 01233 330826 or 07909 800425

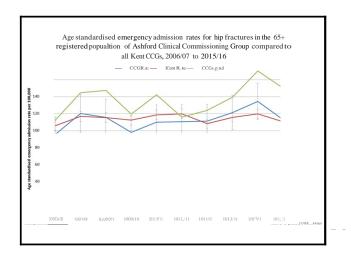
## Partner Quarterly Update for Ashford Clinical Commissioning Group (CCG) – Quarter 2: July to September 2016

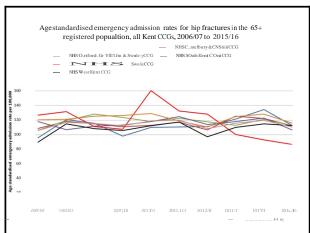
What's going on in our world  Success stories since last AHWB  What we are focusing on for the next quarter	<ul> <li>Annual planning guidance published Sept 2016</li> <li>Commencing Annual Operating Plan</li> <li>Contractual discussions with all main providers underway</li> <li>Action Plans in place to address underperformance against national constitution measures</li> <li>Development of MCP model for Ashford locality, along similar line to national vanguard sites.</li> <li>Public discussion of the East Kent Case for Change</li> <li>Maintained reduction in T&amp;O referrals</li> <li>Roll out of online GP Referral Support Tool</li> <li>Dementia diagnosis rate maintained</li> <li>Continued development of MCP model for Ashford locality, along similar line to national vanguard sites.</li> </ul>
specific to the key projects  Anything else relevant to AHWB priorities NOT mentioned above	<ul> <li>Development of Sustainability and Transformation Plan, in line with national directive</li> <li>Development of Annual Operating Plan</li> </ul>
Strategic challenges & risks including horizon scanning?	<ul> <li>Ensuring that implementation of community networks is balanced with current demands of capacity</li> <li>Designing and implementing new models of care as part of NHS Five Year Forward View</li> <li>Deliver of Sustainability and Transformation Plan</li> </ul>
Any thing else the Board needs to know	
Signed & dated	Neil Fisher 6 <sup>th</sup> October 2016

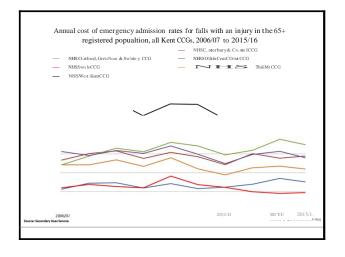
## Partner Quarterly Update for Public Health – Quarter 2: July to September 2016

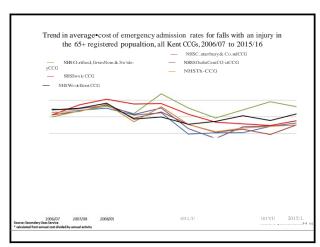
What's going on in our world  Success stories since last AHWB	<ul> <li>Public Health Kent and Medway contributing to the Prevention chapter of the Sustainability Transformation Plan. The themes included are Obesity, Physical Activity, Alcohol, Smoking, Workplace Health and Mental Health. Business Cases with Return on Investment calculations have been submitted.</li> <li>The Chartered Institute of Environmental Health has reported on the success of Ashford Smokefree Parks and presented an Ashford Case Study that will be promoted nationally as part of National Environmental Health Day (on 26<sup>th</sup> September 2016).</li> </ul>
What we are focusing on for the next quarter specific to the key projects	<ul> <li>Midwife with a lead on Smoking in Pregnancy post has started and will be responsible for implementing the babyClear programme across EKHUFT. Currently only 50% of women are being CO monitored at first midwifery appointment against a target of 95%. The post is to champion a reduction in smoking in pregnancy rates, supporting midwives with routine CO m monitoring and encourage pregnant women who smoke to access stop smoking services.</li> <li>Stoptober campaign targeting resources in Acute Hospitals, raising awareness of stop smoking services and offering support to Quit.</li> <li>The Smoking Task and Finish Group are exploring work with primary schools in areas with greatest smoking prevalence to adopt Smoke Free School Gates signage to discourage parents from smoking on the periphery of school grounds.</li> <li>A range of other initiatives delivered by the Smoking Task and Finish group are identified through the Action Plan Update Report for the Ashford Health and Wellbeing Board.</li> <li>OBESITY</li> <li>The National Obesity Strategy has now been published. https://www.gov.uk/government/publications/childhood-obesity-a-planfor-action/childhood-obesity-a-planfor-action/childhood-obesity-a-planfor-action/childhood-obesity-a-planfor-action.</li> <li>Further progress on the Ashford Healthy Weight Action Plan is highlighted in the Update Report to the Ashford Health and Wellbeing Board.</li> </ul>
Anything else relevant to AHWB priorities NOT mentioned above	<ul> <li>Health Inequalities – The new Health Inequalities Strategy, Mind the Gap 2 has been produced and recommends an Asset-based approach to identifying local community resources. The Healthy Weight and Smoking Task and Finish Groups will organize an asset-based mapping exercise for Healthy Weight and Smoking in the lowest Lower Super-output areas (LOSAs) which have the highest obesity and smoking rates.</li> </ul>

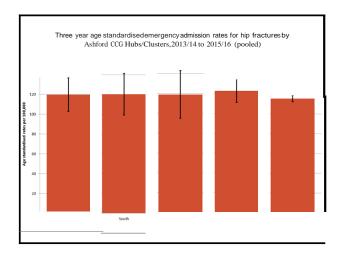
Strategic challenges & risks including horizon scanning?	Public Health and other County Council departments need to identify further cost savings for future financial years.	ţ
Any thing else the Board needs to know	No	
Signed & dated	Deborah Smith 4 <sup>th</sup> July 2016	

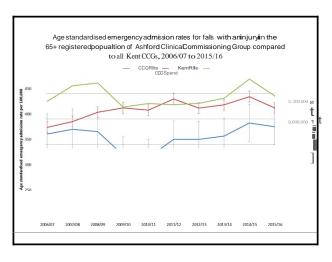


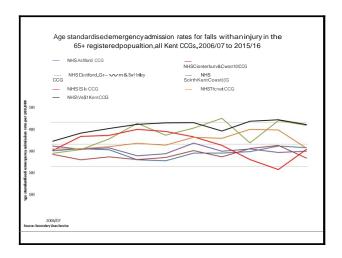


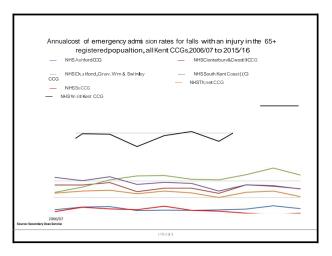


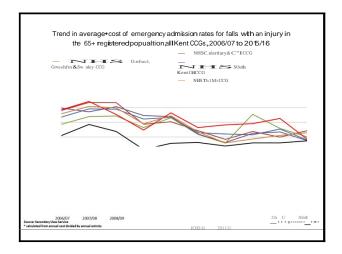


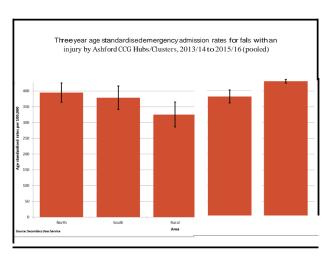












## Partner Quarterly Update for the Ashford Borough Council – Quarter 2: July to September 2016

What's going on in our world

 Repton Connect (the new Community Centre) – Works commenced in September. Artist impression below. The council is working with our internal communications team to send the message out to the community about the proposed works and we would be grateful if you are able to pass this message onto colleagues. It is hoped the building will open autumn 2017 and offer an activity/meeting space, large field, a multi use games and a car park. It is adjacent to land dedicated for health facilities and the Council is working with the CCG and Public Health look at opportunities to bring this forward.



- Bridgefield Park A Landscape Consultant has been appointed to coordinate play facilities and amenities for the new park in Kingsnorth. A planning application will hopefully be this year with completion, all being well in late Summer 2017.
- Victoria Park –A Heritage Lottery Fund bid application for the fountain and surrounding piazza area of the park will be resubmitted in early 2017 alongside looking at refurbishment of various elements in the park.
- Chilmington S106 Agreement remains unsigned although it is hoped that the legal agreements will be complete by the end of 2016. Nevertheless, work is ongoing with a Phase 1 master planning workshop delivered in September 2016 which explored a range of elements including housing layout, highways, the district centre design, landscaping, and proposed positioning of phase 1 community facilities. The workshop enabled some lively debate and valuable input from a range of stakeholders and residents. The Council is working with the CCG to look at opportunities for early health provision and will keep the Board informed of progress. Internally the Council is shifting focus towards the delivery of Chilmington and is equally working with KCC to develop a Working Protocol (under the District Deal) to enable officers to collaborate effectively and efficiently in a way which befits the quality and sustainability agenda at Chilmington.
- Ashford College Topping Out Ceremony took place in late September to celebrate construction of the new-build college reaching roof height the first of Ashford's Big 8 projects to reach this advanced stage. Ashford College, which is part of the Hadlow Group, is due to open to students in September 2017.
- Spearpoint Pavillion Official opening took place on the 8<sup>th</sup> October.
- Elwick Place Development 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 Cineworld has received a resolution to grant a planning application for an IMAX screen at Eureka Leisure Park and confirmed the Elwick Place cinema is to be a Picturehouse theatre.
- M20 Junction10a The formal Development Consent Order application has been submitted by Highways England and is available to view on the National infrastructure Planning (PINS) website. The application was open for representations until 3rd October. The examination in public is expected to commence in November this year.
- Victoria Road (Powergen) Leading property regeneration company
  Development Securities Ashford 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.
- Victoria Road (east) proposal by U+I for 200 homes, a new brewery, a new Aldi store and an hotel.
- **Designer Outlet Centre Extension** planning permission issued subject to a s106 agreement.
- Ashford Voice See latest edition of the council's newsletter via <a href="http://ashfordvoice.ashford.gov.uk/september-2016/welcome/welcome-to-our-autumn-issue-of-ashford-voice">http://ashfordvoice.ashford.gov.uk/september-2016/welcome/welcome-to-our-autumn-issue-of-ashford-voice</a>. Note HWB members can use our monthly 'e-zine' for their own news.
- Ashford International Model Railway Education Centre (AIMREC) Planning permission granted and Cabinet recommendation to Council to provides a secured loan to AIMREC. Work on securing land continues.

#### Success stories since last AHWB

- Syrian Refugees Ashford's commitment to resettling the most vulnerable Syrian refugees as part of the government's five-year national resettlement programme has been widely praised. The recent Home Affairs Select Committee report, published in August, found that Ashford has currently taken more refugees (a total of 33, made up from seven families) than any other local authority area in the south east.
- Road safety Road safety is one of the priorities for the Ashford Community Safety Partnership. In September a campaign was launched with the help of Moreline a wizard hedgehog that offers road safety advice and teaches children how to stay safe around highways and cars. The campaign not only aims to educate children on the importance of staying safe around roads, but also highlight road safety issues such as parking and driving near schools to get parents thinking about their driving habits. Moreline is now visiting local schools to offer advice on road safety. Ahead of this, the council has provided warning parking signs to reinforce stopping restrictions and remind drivers not to park in locations which cause issues on schools premises'. This enables them to trial the effectiveness of the signs before purchasing their own.
- Award Winning Engagement The Council received two awards at the
  prestigious national Engagement Excellence Awards ceremony held at the
  Natural History Museum in London in late September. The Engagement
  Excellence Awards seek to celebrate excellence in employee engagement. The
  Council was one of only a few local authorities to be nominated against national
  and global brands.
- Ashford's Smokefree play parks The Chartered Institute of Environmental Health (CIEH) is calling for voluntary 'no smoking zones' to be implemented across the UK wherever children play or learn. In a bid to help protect children's

health and reduce the perception among young people that smoking is normal behaviour, the CIEH launched a campaign on World Environmental Health Day (26th September 2016) to extend non-smoking areas around places such as schools and play parks, or locations where young people learn or play. To support their cause the CIEH produced a selection of case studies demonstrating the benefits of introducing smoke free environments. It includes Ashford's smoke free play areas initiative.

What we are focusing on for the next quarter specific to the key projects

- Healthy Weight Additional staff resource identified to support the healthy weight work project around service audit mapping. See public health update for more information.
- Ballot Butt Bins Plans in place to trial ballot butt bins in Ashford Town Centre.
   Working with public health to see if we can tie in signposting to stop smoking services and support.
- ActiveEveryday (activities for the Over 60's) promotional campaign was launched early October and aims to help local people see what's on everyday and the opportunities to be active (even for 10 minutes!)
- Conningbrook Lakes development of activities the council will continue to look at opportunities to bring forward various sports activities at the Lakes and work on the masterplan of the site as the housing development progresses.
- **Smoking** further promotion of the smokefree play parks including providing support to Tenterden who wish introduce there. Also starting to work on the Smokefree school gates project.

Anything else relevant to AHWB priorities NOT mentioned above

- Child Sexual Exploitation (CSE) The CSP's Child Sexual Exploitation sub-group's current focus is on raising awareness and training. Future training plans include taxi driver awareness sessions and going into schools to find out what training they have received and what additional training they would like. The sub-group are exploring the possibility of holding an event on safeguarding similar to the recent one held in Shepway in Ashford aimed at year 8 children; this may be going into individual schools as Ashford does not have a venue as big as the Lees Cliff Hall. British Transport Police have said they would like training and would also use their influence in respect of a poster campaign.
- Local Plan The Council's draft Local Plan was issued for public consultation on the 15 June. More than 2800 representations have been received. It is likely that amendments to the draft plan will be published for further consultation in early 2017. More details at <a href="http://www.ashford.gov.uk/local-plan-2030">http://www.ashford.gov.uk/local-plan-2030</a>
- **Development Update** 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>
- Ashford Homelessness Review and draft Homelessness Strategy A report incorporating the views of various stakeholders will be presented to councillors on 13<sup>th</sup> October for their consideration and seeking their endorsement of the new strategy.
- Create Music Festival Its 21<sup>st</sup> birthday was a fantastic success. Over 12,000 attended and via Facebook over 91,000 were reached over the two day festival. Time for partners on the HWB to think about how they can participate in 2017 to promote their causes.
- Kestrel Park Work began at the start of September on a new play area for young people, Kestrel Park, at Brisley Farm open space in Kingsnorth and is due to finish in Spring 2017. The open space next to the historic Coleman's Kitchen woods is a well-loved area of natural beauty in the borough, with a natural meadow and backdrop of ancient woodland of Iron Age importance popular among walkers.
- Litter enforcement From early September to council started working with a private enforcement company to help tackle littering and other environmental blights in the borough. This includes dealing with discarded cigarette ends.

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Strategic challenges & risks including horizon scanning?	East Kent – Exploratory work has begun across the five East Kent Authorities (Ashford, Canterbury, Dover, Shepway and Thanet) to see if there is scope to work more closely together. Focus at this stage on comparing costs and structures to establish whether there is a high level business case to explore a merger more thoroughly.
Any thing else the Board needs to know	Transport - The county's residents are being asked whether they agree with Kent County Council's priorities for the future of transport in the county. A public consultation of the Local Transport Plan launched in August and runs until October 30.
Signed & dated	Sheila Davison – 5 October 2016

## Partner Quarterly Update for the Voluntary Sector – Quarter 2: July to September 2016

What's going on in our world	KCC have put infrastructure/volunteering services out to tender for one contract rather than the current arrangement for multiple contracts for specific districts. Red Zebra have submitted a tender and the decision on who gets the contract will be announced in October. This will impact on voluntary, community and social enterprise sector (VCSE) support services across Kent.
Success stories since last AHWB	The Centre for Independent Living in Kent (CILK) have received funding from Healthwatch to set up and run a county-wide disability forum. This will enable people who have a physical disability to have a say in how services are run or can be improved when things are not working well. The launch event of Kent Physical Disability Forum was in Maidstone on 5 <sup>th</sup> October.
	Wye Community Farm obtained £9k funding from Big Lottery Awards for All to run their Rural Skills Training for ex-offenders for a second year. The first year saw several attendees find a pathway back into employment after taking part in this project in the course of doing their community payback.
	Skillnet Group have been awarded funding by Youth Music to deliver the 'Composed: Musicians Development Programme' to support aspiring young musicians with learning difficulties, disabilities and/or autism. The project is also open to young musicians who face other challenging circumstances in life such as mental health difficulties and homelessness.
What we are focusing on for the next quarter specific to the key projects	Exploring ways to encourage more Ashford VCSE organisations running services that relate to priorities to feed into the Health & Wellbeing Board agenda.
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	A lack of proportionality in grants and contracting arrangements with small and medium not-for-profits creates a risk that the smaller organisations will not be able to gain funding and will not be able to deliver the same impact as at present. Some risk closure as alternative sources of funding are increasingly difficult to obtain.
Anything else the Board needs to know	Caroline Harris resigned as the VCSE board representative in August and Charlie Fox, Red Zebra's CEO was confirmed as her

	successor. Board chair Navin Kumta and vice-chair Brad Bradford both confirmed their support for this appointment.
	Red Zebra are planning to hold a VCSE network meeting in November that explores the changes in health & social care in Kent and how and why the sector can and should engage. The meeting will probably take place at the Business Point, Sevington, Ashford and the key speaker will be Rachel Jones from East Kent Strategy Board/East Kent Hospitals University NHS Foundation Trust. Anyone who would like more information or wishes to attend should contact michaeljames@redzebra.org.uk
Signed & dated	Charlie Fox October 7 <sup>th</sup> 2016

## Partner Quarterly Update for Healthwatch (Kent) Quarter 2: July – September 2016

What's going on in our world	<ul> <li>Sustainability &amp; Transformation Plan (STP) - Healthwatch is keen to assist in ensuring as wide a public consultation as possible is achieved.</li> <li>British Sign Language Cards – We are reviewing the success of these cards which are presented to health or social care service when a patient needs a ESL interpreter.</li> <li>Physical Disability Forum – A new forum to raise the voice of people with physical disabilities launched this month in Maidstone. The aim is to ensure that their voice is heard regarding changes and improvements to services.</li> <li>Carers - This month sees the start of a new project aimed at gaining Carers' views on the new Carer Assessments.</li> </ul>
Success stories since	CAMHS – Healthwatch has be in touch with the Commissioners and the Benefit should be published within the post two weeks.
last AHWB	<ul> <li>the Report should be published within the next two weeks</li> <li>Access to GP's in East Kent – We have identified interesting</li> </ul>
	strategies which should result in the publication of a Report to be
	circulated to these practices prior to publication to all GP surgeries.
What we are focusing	Patients experience of the discharge process in North Kent - This will
on for the next	continue the work carried out in East and West Kent
quarter <u>specific to the</u>	• Patient Participation Group project – this remains a high priority we will be supporting up to 3 groups in each CCG area. This follows our in
key projects	depth report on the challenges facing PPGs across Kent.
	Access to GP's – A huge issue we will monitor methods adopted by
	surgeries in tackling increased numbers of patients.
	Carers assessments – we will continue to monitor these.
	GP closures in Thanet - we will endeavour to ensure better
	information and support for patients whose GP surgery has closed or is in danger of closing.
	is in danger or closing.
Anything else	Plans to continue working closely with CCG to identify PPGs who
relevant to AHWB	might need assistance
priorities NOT	Looking at CCG forward action plans targets
mentioned above	Continued work with mental Health service providers
Strategic challenges &	
risks including	
horizon scanning?	
Any thing else the	
Board needs to know	
Signed & dated	John Bridle
	10 <sup>th</sup> October 2016

#### Partner Quarterly Update for LCPG – Quarter 2: July to September 2016

What's going on in our world	<ul> <li>LCPG meetings have core membership secured to include key partners to consider the needs of children and young people, working with families and with others who have contact with them to influence improvement of outcomes.</li> <li>Last LCPG did not take place in September – new date is 21/10/16 where priorities will be reviewed and progress assessed as new dashboard has been published.</li> <li>Work has focused on locally defined priority areas and grant funding has been allocated for one year to meet local need.</li> <li>Grant-funded providers include: Brogdale, Fegans, Rising Sun, Homestart &amp; Imago.</li> <li>Providers have been giving feedback about the rate of referrals, the challenges and successes as they get into a rhythm of the work.</li> </ul>
Success stories since last AHWB	<ul> <li>Join-up between services has been helpful. The initial setting up event was useful for those new to working in the district.</li> <li>Some of the grant funded services which have provided specific summer activities have been well received as an addition to those provided by Early Help and other local services.</li> <li>Targeted groups are being run for families, children &amp; young people in Ashford in response to feedback from partners and using local data/intelligence.</li> </ul>
What we are focusing on for the next quarter specific to the key projects  Anything else relevant to AHWB priorities NOT mentioned above	<ul> <li>Linkage with CSP, AHWB and other strategic groups to ensure that priority areas are picked up across Ashford and action taken is well co-ordinated, resources shared and duplication avoided.</li> <li>Looking at best ways to share work streams and the information more effectively so all practitioners can either provide a service (at an appropriate level) or know where to sign-post people to for the right support/information.</li> <li>Impact of the grant-funded services to be assessed and any variations in delivery to be negotiated and learning to be shared.</li> <li>One year on from Early Help &amp; Preventative Services launch, networking events have been set up for feedback and to support further partnership working.</li> <li>Schools event took place on 3/10/16.</li> <li>Dates for Early Years settings and other partners will be circulated shortly.</li> </ul>
Strategic challenges & risks including horizon scanning?	Capacity of local services to provide what is required as the needs emerge or where longer-term investment is required if integrated and partnership working is not successfully encouraged.
Any thing else the Board needs to know Signed &	KSCB have offered to pilot 2 workshops in Ashford: A safeguarding refresher course and 'The Voice of the Child – hearing and understanding children and young people'. This is an opportunity for multi-agency training which would be very valuable. As soon as dates are agreed, they will be circulated.
dated	Helen Anderson 4/10/16