

Ashford Health and Wellbeing Board



ASHFORD
BOROUGH COUNCIL

Notice of a meeting, to be held in Committee Room 2 (Bad Münstereifel Room), Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Wednesday, the 18th January 2017 at 09.30 am

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

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

Mark Lemon – Policy Advisor, Kent County Council

John Bridle - HealthWatch representative

Charlie Fox – Voluntary Sector representative

Chris Morley – 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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a) Disclosable Pecuniary Interests (DPI)	
b) Other Significant Interests (OSI)	
c) Voluntary Announcements of Other Interests	

See Agenda Item 2 for further details – but please note this is an Ashford Borough Council document which members might nonetheless find helpful. It is understood that KCC will be issuing guidance to members on interests in the near future.

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10. Forward Plan	
<u>April 2017</u>	
• Election of Chair and Vice-Chair	
• Kent Joint Health & Wellbeing Strategy (Mark Lemon and Karen Cook)	
• Falls Strategy	
• Focus: Partnership Working (All)	
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• Community Networks Yearly Update (Network Chairs)	
• Local Children’s Partnership Group Yearly Update (Helen Anderson)	
• Focus: Sustainability and Transformation Plan (Neil Fisher)	

October 2017

- Review of the Board's Priorities (All)
- Sustainability and Transformation Plan (Neil Fisher)

11. Dates of Future Meetings

26th April 2017

19th July 2017

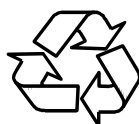
18th October 2017

17th January 2018

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

KRF/AEH
10th January 2017

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Declarations of Interest (see also “Advice to Members” below)

- (a) **Disclosable Pecuniary Interests (DPI)** under the Localism Act 2011, relating to items on this agenda. The nature as well as the existence of any such interest must be declared, and the agenda item(s) to which it relates must be stated.

A Member who declares a DPI in relation to any item will need to leave the meeting for that item (unless a relevant Dispensation has been granted).

- (b) **Other Significant Interests (OSI)** under the Kent Code of Conduct as adopted by the Council on 19 July 2012, relating to items on this agenda. The nature as well as the existence of any such interest must be declared, and the agenda item(s) to which it relates must be stated.

A Member who declares an OSI in relation to any item will need to leave the meeting before the debate and vote on that item (unless a relevant Dispensation has been granted). However, prior to leaving, the Member may address the Committee in the same way that a member of the public may do so.

- (c) **Voluntary Announcements of Other Interests** not required to be disclosed under (a) and (b), i.e. announcements made for transparency reasons alone, such as:

- Membership of outside bodies that have made representations on agenda items, or
- Where a Member knows a person involved, but does not have a close association with that person, or
- Where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position.

[Note: an effect on the financial position of a Member, relative, close associate, employer, etc; OR an application made by a Member, relative, close associate, employer, etc, would both probably constitute either an OSI or in some cases a DPI].

Advice to Members on Declarations of Interest:

- (a) Government Guidance on DPI is available in DCLG’s Guide for Councillors, at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/240134/Openness_and_transparency_on_personal_interests.pdf
- (b) The Kent Code of Conduct was adopted by the Full Council on 19 July 2012, with revisions adopted on 17.10.13, and a copy can be found in the Constitution at <http://www.ashford.gov.uk/part-5---codes-and-protocols>
- (c) If any Councillor has any doubt about the existence or nature of any DPI or OSI which he/she may have in any item on this agenda, he/she should seek advice from the 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 **19th October 2016**.

Present:

Dr Navin Kumta – (Chairman);

Faiza Khan – Public Health, KCC;

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

John Bridle – HealthWatch Representative;

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

Christina Fuller – Head of Culture, ABC;

Deborah Smith – KCC Public Health;

Neil Fisher – Head of Strategy and Planning, CCG;

Councillor Paul Clokie - Portfolio Holder for Housing and Home Ownership, ABC;

Lisa Barclay- CCG

Rachel Ransley- Service Manager, Childrens and Young Persons Service, KCC

Anne Forbes - Refugee Resettlement Co-Ordinator, ABC

Belinda King- Management Assistant, ABC

Keith Fearon – Member Services Manager, ABC.

Apologies:

Peter Oakford – Cabinet Member, KCC, Geoff Lymer – KCC, Philip Segurola, KCC Social Services, Cllr Brad Bradford - Portfolio Holder for Highways, Wellbeing and Safety, ABC, Tracey Kerly - Chief Executive, ABC, Simon Perks- Accountable Officer, CCG, Mark Lemon- Policy and Strategic Relationships, KCC, Charlie Fox – Voluntary Sector representative.

1 Notes of the Meeting of the Board held on the 20th July 2016

- 1.1 The Chairman said that it was with sadness he had to report that Martin Harvey, the Patient Participation Representative, had passed away since the previous meeting in July. He said he was sure that the Board would wish to acknowledge and reflect on the hard work he had undertaken in his role.

The Board agreed that the notes were a correct record.

2. Update on Ashford Health and Wellbeing Board Priorities

(a) Reduced Smoking Prevalence Update Report

The report detailed progress to date in terms of the work of the Ashford Smoking Task and Finish Group in its aims to reduce smoking prevalence in Ashford. Deborah Smith explained that progress had been made in terms of all of the actions and she referred in particular to the placement of the voting

cigarette litter bins which could in future be used to obtain smokers' views on a variety of smoking and health related issues. The initial 'warm up' question had been about preferences between the TV programme Strictly Come Dancing and X Factor, but Deborah Smith advised that the questions would change over time. She drew attention to the proposed Vape shop event which was to be held on the 27th October 2016, whereby relevant shopkeepers would be invited to an evening with a view to raising their awareness in terms of steps smokers could take to cease smoking.

In response to a question, Deborah Smith advised that a separate service was responsible for work within schools on smoking initiatives. She indicated that the Task and Finish Group were also considering a proposal to establish a smoke-free school gates scheme.

In response to a further question about whether the various smoking initiatives would be rolled out to the rural areas including Tenterden, Deborah Smith explained that she had met with Parish Councils and alerted them to the various resources which were available. She confirmed that if any Parish Council required assistance, her team would be happy to help with support.

Sheila Davison also explained that the Borough Council was in contact with Tenterden Town Council over the smoke-free play area project.

The Board agreed:

- (i) the approach and progress against the Action Plan.**
- (ii) to support the Vape Event as set out in paragraph 3.5 to be delivered on Thursday 27 October 2016.**
- (iii) the format of the communication report and further quarterly updates be agreed.**

(b) Healthy Weight Update Report

Deborah Smith advised that the report set out progress to date with specific emphasis on delivery in lower socio-economic areas where obesity rates were high.

Sheila Davison believed that the communication report for both healthy weight and smoking would be usefully added to the dedicated Health and Wellbeing web page on the Borough Council's website.

In reference to paragraph 3.6 – Review Healthy Weight Programme for Children, Deborah Smith agreed that progress on this initiative could be reported to the next meeting, together with information on an action plan for obesity.

The Board agreed:

- (i) the approach and progress against the Action Plan.**

- (ii) **the report on the Healthy Weight Programme Review and a National Action Plan for Obesity be included on the agenda for the January 2017 meeting.**

3. Kent Health and Wellbeing Board Meetings 20th July and 21st September 2016

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

4. East Kent Strategy Board Update: Better Health & Care in East Kent – Time to Change

- 4.1 Included within the agenda papers for the meeting was a document produced by NHS East Kent entitled “Better Health and Care in East Kent: Time to Change”.

- 4.2 The Chairman gave a detailed presentation on the content of the document which had subsequently been published with the agenda for the meeting and was available on the Council’s website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3047>

- 4.3 The Chairman said that the document acknowledged that there was a need to close up some “gaps” in the health and social care system and across East Kent there was a wish to reduce:

- Health and wellbeing gap
- Care and quality gap
- Financial and efficiency gap

John Bridle considered there was certainly a need for the population to be responsible for their own health in terms of lifestyle choices etc, however, he believed there was also a need to invest more money in the service. He also explained that there was an event being held that day at the William Harvey Hospital at which Healthwatch were trying to get the message across to hard to reach groups.

- 4.4 Neil Fisher advised that in terms of finance it had been made clear to the CCG that there would be no extra funding and nationally the NHS would have to find in the region of £20bn in savings.

- 4.5 In terms of the proposal to establish 16 health centres, Neil Fisher explained that these broadly related to localities rather than physical buildings and they were comprised of current GP practices who were coming together to look to work as one provider.

- 4.6 Neil Fisher said that it was clear that it was national policy to move towards providing care out of the hospital environment and in the New Year a consultation document would be published, although at this stage there were no clear options available for consideration. He drew attention to the

document entitled 'Transforming Health and Care in Kent' which was on the CCG website and which included a link to a survey and he said he would encourage Board members to view the site and complete the survey. For Ashford there would be a discussion between GP providers and the Community Health Trust. The likely commissioning date for the new service would be 2018/19 and at this stage the CCG were considering awarding a 10 year contract containing specific outcomes expected of the providers.

- 4.7 Councillor Clokie asked why the process to establish the new system of health provision had taken so long to progress and consult upon as the concept of enabling surgeries to become multi-use health providers and therefore reducing hospital admissions had been discussed a number of years ago.
- 4.8 Neil Fisher clarified that consultation was a legal requirement and those exercises had to run for a period of 12 weeks. The Chairman also explained that the process had taken time to reach the stage it was currently at and that it involved a change in culture of the GP practices.
- 4.9 During further discussion, the Board accepted that early intervention and prevention of health issues was the key in reducing the numbers that needed to have primary care. There would need to be a discussion between Partners to find agreement as to how the preventative programme could be best delivered.
- 4.10 In conclusion the Chairman said broadly that people would need to change the way they accessed services which had to be available at times which were convenient for members of the public.

The Board agreed that the report and presentation be received and noted.

5. Strategic Transformation Plan

- 5.1 Neil Fisher advised that this item had been largely covered under the previous item "Better Health and Care in East Kent".

6. Children and Young People

(a) Emotional Health and Wellbeing

Helen Anderson and Lisa Barclay gave a presentation on "Children and Young People – Emotional Health and Wellbeing". The report and presentation had been published on the Council's website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3047>

Lisa Barclay referred to the slide which showed all the services provided by different agencies and considered there was a need to collectively scope how they could all work better together to provide an improved service. Paramount to this was also how steps could be taken to improve how young people were engaged in this process.

Circulated at the meeting was a document entitled “Making Resilience Everyone’s Business” produced by HeadStart Kent who had obtained £10m funding from the Big Lottery. She also referred to a video she had hoped to be able to show at the meeting, however, this had not proved possible. The link to the video is <https://vimeo.com/156168943>.

In response to a question about how people were made aware of what services were available, Lisa Barclay said that they were examining ways in which opportunities to share information, had been undertaken as part of a scoping exercise.

(b) Looked After Children

Rebecca Ransley, Service Manager for Children and Young Persons Scheme, gave a presentation which had been included within the agenda for the meeting and was also available on the Council’s website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3047>

During the presentation, Rebecca Ransley explained that one of the major challenges facing Kent was that there were an insufficient number of foster carers and adopters. She explained that there were 158 children in care in Ashford and her team undertook a significant amount of work in terms of sexual health, drugs and alcohol awareness which were important in terms of reducing potential problems as the children grew into adults. Helping at this age also had a massive impact on their future health.

Anne Forbes explained that the Borough Council had been assisting families and teenagers who had moved to the Borough as part of the Syrian Vulnerable Persons Relocation Scheme. She asked whether help would be available via the Children and Young Persons Service. Rebecca Ransley explained that as the Syrian teenagers were within current family arrangements, they fell outside of her team’s work, however, Lisa Barclay suggested that there was a need to look how the services linked with each other to help provide support.

The Board agreed that a recommendation to this effect would be appropriate.

In conclusion, Rebecca Ransley explained that there was a need for approximately an additional 40 foster carers for Ashford alone and asked Partners to assist in encouraging families to come forward to make themselves available for carers support. Further information was included on the Kent County Council website.

(c) Syrian Vulnerable Persons Relocation Scheme

Anne Forbes referred to a report she had produced and which was included within the agenda for the meeting entitled “Syrian Vulnerable Persons Relocation Scheme in Ashford” and said she wished to thank all agencies for their help in terms of establishing a support network for Syrian families who had arrived prior to Christmas 2015. She explained there had been no blueprint for the re-settlement of refugees in the UK and therefore putting arrangements in place had been a steep learning curve.

Councillor Clokie said he believed that the Officers had worked very well on the scheme and he considered the families had settled very quickly and advised that some were now in employment. Anne Forbes drew attention to paragraph 12 of her report which dealt with removing barriers to successful integration of the Syrian refugees and said that some problems were common to other members of the community such as gaining access to GP services. Anne Forbes said she sought the Board's support for assistance in securing support for the Syrian refugees especially when their eligibility for the various mainstream funded projects was not immediately obvious. Helen Anderson advised that there was a local Children's Partnership Group meeting on 21st October 2016 and she said she would be happy to take the message back in terms of providing support to the Syrian community.

The Board agreed that:

- (i) support be given to plans for the further alignment of services and partnership working in this area of work.**
- (ii) providers be brought together to discuss ways in which improved partnership working could improve services.**
- (iii) 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.**

7. Partner Updates

7.1 Included with the Agenda were A4 templates submitted by all Partners apart from the Kent County Council (Social Services).

(a) Clinical Commissioning Group (CCG)

Update Noted

(b) Kent County Council (Social Services)

Not provided.

(c) Kent County Council (Public Health)

Faiza Khan went through in detail the issues set out within the Partner update. She focussed on the series of slides included within her presentation regarding hip fractures and injuries from falls and undertook to supply the slides in a larger format for circulation to Board members. Neil Fisher explained that falls were included within the Better Care Plan but he was not aware of who was the service lead.

The Chairman suggested that the falls issue be discussed at the Local Officers Group and report back with an update to the January meeting of the Board.

(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 the Strategic Transformation Plan would need to move to the April 2017 meeting but the Integrated Commissioning Plan could take its place for the January 2017 meeting. This meeting also to receive an update on the Ashford Falls Strategy.
- 8.2 Deborah Smith considered it would be appropriate for the Board at its April 2017 meeting to set the priorities for the forthcoming year and advised that for the July meeting it would be possible to report back on the outcome of the work in terms of stop smoking and the healthy weight priorities.
- 8.3 In terms of the aim of working better together, Deborah Smith considered that the issue of how the Partners could better meet challenges should be addressed. The issue should be discussed by the Local Officers Group with a view to an item being placed on the agenda for the April 2017 meeting. The Chairman also suggested that the focus for the July 2017 meeting be the "Time to Change" consultation outcome.

9. Dates of Future Meetings

- 9.1 The next meeting would be held on 18th January 2017. This would focus on Environment.

(KRF/AEH)

MINS: Ashford Health & Wellbeing Board - 19.10.16

Queries concerning these minutes? Please contact Keith Fearon:

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Live Well Kent

Ashford Health and Wellbeing Board

16th January 2017

Emma Hanson
Head of Commissioning Kent County Council
Liz Bailey
Programme Lead Live Well Kent



Overview of Live Well Kent

- The **Live Well Kent** Programme provides a holistic offer of support for individuals living with mental health and wellbeing needs in Kent.
- Aim is to support wellbeing, self management, **promote recovery**, tackle social isolation and **reduce stigma**.
- Built on principles of '**a life not a service**' providing opportunities to help individuals manage issues in life that impact on their mental health and wellbeing.
- Focus on **prevention** and **early intervention** to reduce need for secondary mental health services
- It aims to help **prevent entry** into social care and health systems, reduce suicide and **prevent negative health outcomes** associated with poor mental health.



Live Well Kent Delivery Model

- There is a **diverse network of providers** contracted to deliver the LWK programme.
- **Mandatory services** include Housing and Employment Support.
- Includes **alternative provision** of sports and leisure, arts and culture, volunteer groups, environmental groups.
- Development of a system that is both **affordable** and **sustainable**
- To encourage growth of **provider market** across the voluntary, community and social enterprise sector.
- To get the **best possible outcomes** within the resources we have available



Live Well Kent Delivery Model

At Live Well Kent your new life journey looks something like this...



Live well Kent
Community wellbeing



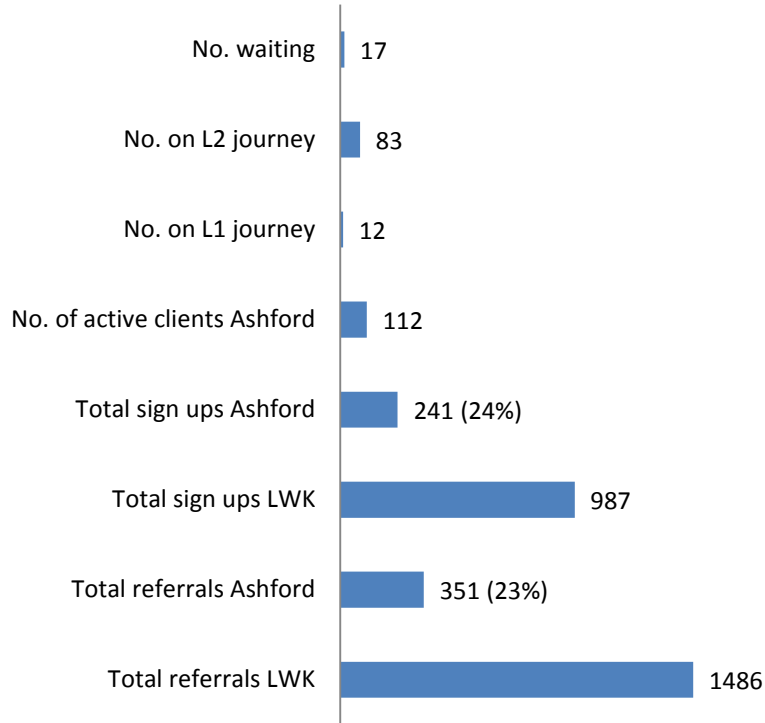
Where we are now

- The programme has been in operation for 9 months and referrals to the service has been significantly higher than expected.
- We have had a 29% increase in the volumes of clients accessing the service across both our lots.
- The complexity of clients that are being seen with a serious mental illness is much higher than anticipated meaning clients are being seen for longer.
- 25% of the total referrals are for Ashford CCG area with over 50% aged between 20 – 45 yr
- Mental Health and Wellbeing services are delivered across a range of settings and locations in Ashford.
- We have three centres that we directly deliver services from, The Live Well Centre, and Ashford and Tenterden Umbrella Centre.
- LWK clients are also seen by the Community Link Workers and Community Navigators in other parts of the community including; the Gateway Centre, Library, coffee shops, leisure centre.

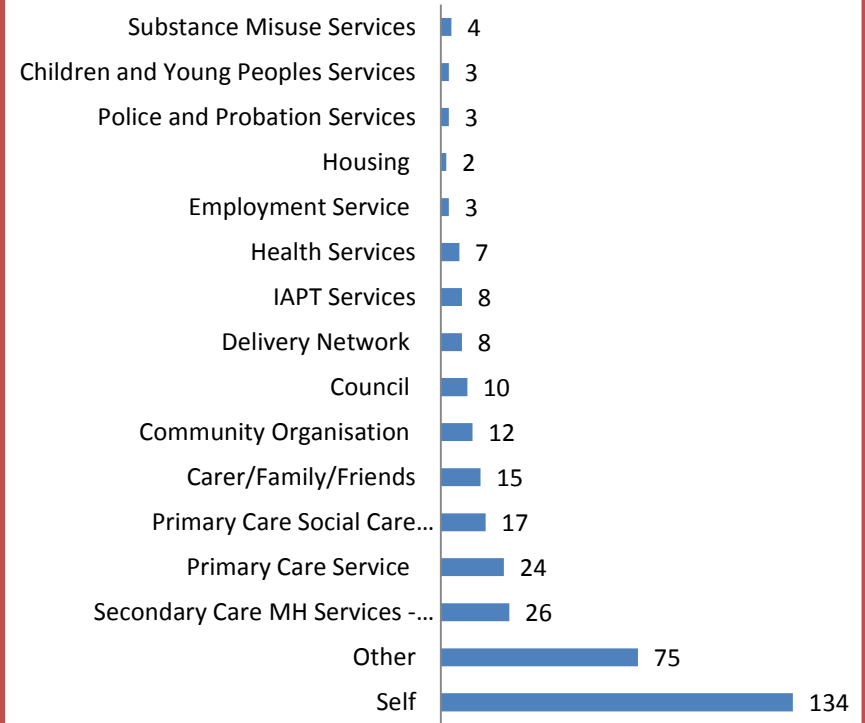


Referrals to Live Well Kent (April – Dec)

Client volumes in Ashford

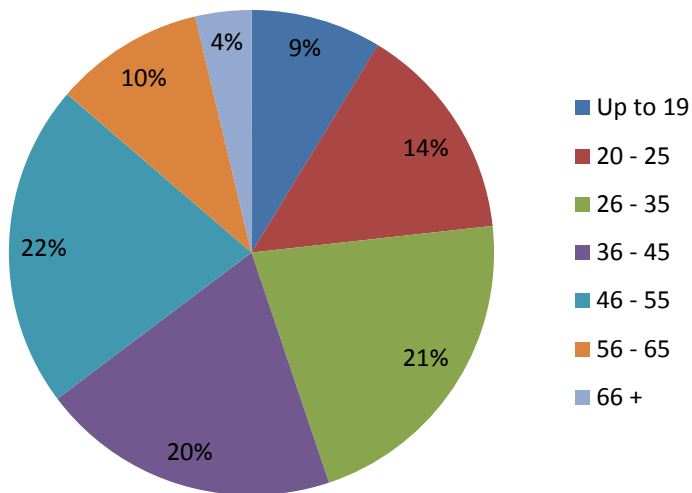


Referral Source Ashford

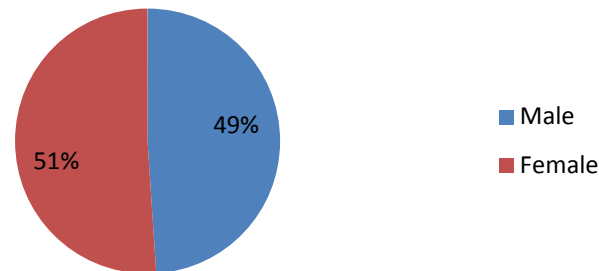


Demographics of Ashford LWK clients (Apr - Dec)

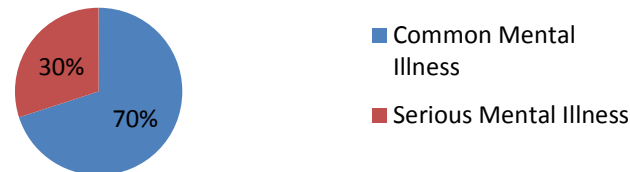
Age Profile of Ashford LWK Clients



Gender split of Ashford Clients



Level of complexity of Clients in Ashford



LWK Service Delivery in Ashford

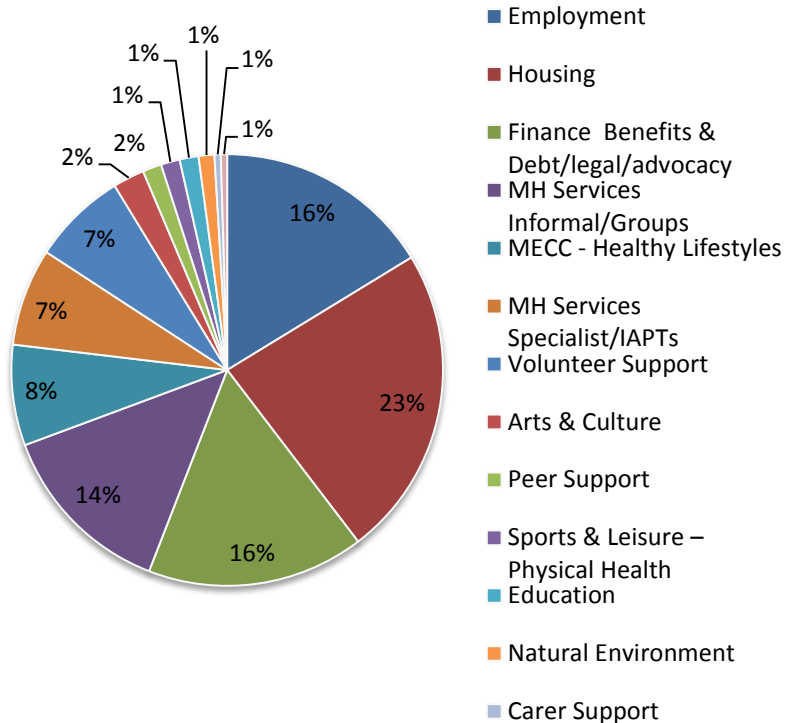
The following services are commissioned by Shaw Trust:

- **2 Community Link Workers** – hold a caseload of clients supported up to 8 weeks
- **1 Community Navigator** – hold a caseload of clients supported up to 12 months
- **MCCH** - deliver a range of wellbeing services both in the Centre and across the community
- **Shaw Trust** - provide a range of employment support services
- **Centra Care** - provide specialist housing support advice for service users in the centre and across the community
- **Ashford and Tenterden Umbrella Centre** – provide a range of social support activities in 2 centres
- **Live Well Kent IT Support Group** - a volunteer run activity within the Centre by clients
- **Live Well Kent Volunteer Gardening Group** - a volunteer run activity within the Centre by clients.



Interventions and Services offered (Apr – Dec)

Types of Interventions for Ashford Clients



Organisations referred to for Ashford Clients

- Ashford Umbrella Centre
- Ashford Council
- Citizens Advice Bureau
- PIP
- Welfare officer
- CAB - Tenterden
- MCCH Wellbeing support
- Shaw Trust - Employment
- Kent Social Services
- Porchlight accommodation
- Porchlight rough sleeper service
- Sanctuary supported living
- Centra Housing Support
- Ashford council
- Think action
- Volunteer centre
- Insight Healthcare
- Community mental health team
- Maidstone and Mid Kent Mind
- Single Point of Access



Mental Health and Wellbeing services in Ashford

Other services being delivered from the Ashford Live Well Building:

- IAPT services – one to one counselling and CBT
- KMPT Recovery Group
- NHS Healthy Lifestyles Team – Stop Smoking service
- Primary Care Mental Health Social work Team
- Kent Enablement Recovery Service
- Speak Up Service User Forum

Well Being Café

- This is run by Maidstone Mind and the CCG has agreed to continue funding it until September 17 when it is hoped further data on the impact on urgent care and other services will be available.



LWK Programme Outcomes

Personal Outcomes:

- Access a wide range of opportunities to support their personal recovery
- Connect to their communities and feel less lonely and socially isolated
- Have choice, control, and feel empowered
- Report and optimise physical and emotional wellbeing
- Stay in or enter employment
- Be supported to be independent and manage their long term conditions
- Be in stable accommodation and managing their life
- Achieve economic wellbeing.
- Be appropriately supported to manage their recovery

System Outcomes:

- Reduce the number of people entering hospital in crisis and residential care admissions
- Reduce the numbers entering secondary mental health care
- Increase numbers of people accessing support including information, advice and sign posting
- More people in employment
- More people in stable housing and managing their tenancies
- More people supported to achieve emotional wellbeing
- Reduce stigma and discrimination
- Increase levels and models of mutual/peer support



LWK Outcomes for Ashford

- Outcomes for clients supported by the LWK programme are recorded using 2 different questionnaires.
- These are recorded at the end of the clients journey to demonstrate distance travelled according to their goals.
- Improvement rates in Ashford are significantly higher than in other CCG areas within Lots 2 and 3 and across the Shaw Trust LWK programme as a whole.
- Services being delivered within the Ashford LWK programme are having a positive impact on the mental health and well being of those services users accessing them.

Total with both Start and End SWEMWBS & Wider Wellbeing Scale completed (in period)	Ashford	LWK
% improvement in "I've been feeling optimistic about the future"	44%	35%
% improvement in "I've been feeling useful"	38%	28%
% improvement in "I've been feeling relaxed"	42%	28%
% improvement in "I've been dealing with problems well"	42%	30%
% improvement in "I've been thinking clearly"	42%	29%
% improvement in "I've been feeling close to other people"	29%	20%
% improvement in "I've been able to make up my own mind about things"	28%	19%

Key Issues

Funding to MH services in Ashford

- Concerns raised over social care and public health spend in Ashford (45% reduction)
- Kent County Council and the allied CCG's across Kent took a decision to realign the delivery of Community Mental Health services across the County.
- Funding was allocated according need with areas with the highest levels of deprivation receiving a bigger proportion.
- Ashford having fewer residents living within the bottom quintiles received proportionately less funding based on the estimated need.
- The service commissioned has been designed to provide community support and progression predominantly to service users with a common mental illness as opposed to serious mental illness.
- Figures indicate that then profile for Ashford closely follows the planning assumption of 75% common Mental Illness and 25% serious mental Illness.



Key Issues

How are Shaw Trust spending the funding?

- The LWK funding for Ashford CCG area is being used to commission the following services:
 - 2 Community Link Workers
 - 1.2 Community Navigators
 - MCCH Wellbeing services
 - Shaw Trust Employment services
 - Centra Care Housing services
 - Ashford and Tenterden Umbrella Centre
 - Live Well Kent IT Support Group and Volunteer Gardening Group
- Since commencing services in April 16 the numbers of referrals to our service has been significantly higher than anticipated. In Ashford we have received 351 referrals, almost twice as many as under the previous funding arrangements
- Despite the funding realignment we are still managing to significantly increase the numbers of people in Ashford being supported with their mental health and wellbeing needs in their communities



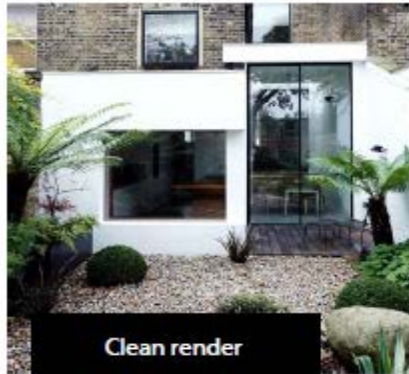
Key Issues

Ashford Live Well Building Refurbishment

- In April of last year we took over the Ashford Live Well Centre from MCCH and re-established most of the service provision on-site.
- The Ashford Centre is in a fairly poor state of repair and does not represent what we believe people deserve within a modern community mental health setting.
- Shaw Trust have committed to investing a limited amount of funding to bring the building up to a basic standard ensuring that everyone using the Centre can do so in a safe, modern environment.
- Consultation has started with Service Users, Volunteers and Providers using the building, to seek views and opinions on the redesign of the building from a design and utilisation perspective.
- Shaw Trust see the Centre as a fantastic community asset that should be developed over a period of time into a central hub of provision of community health and wellbeing in Ashford.



Ashford Design Concept



Clean render



FHR10



Garden features



Decking to annex



Outside gazebo activities area



Dark grey windows



Glazed linked walkway



Glazed entrances

Ashford Design Concept



Usually bold contrast between walls and doors



Modern take on the traditional



Enhanced existing features



Calm but bolder colour palette



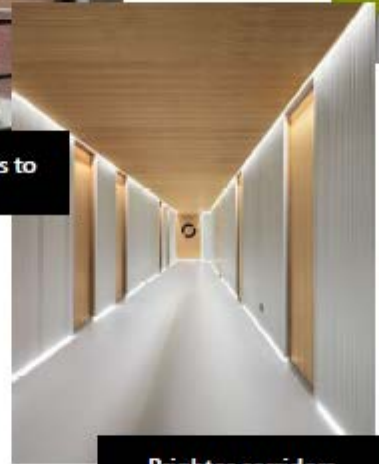
Ashford Design Concept



Display/IT equipment



Bi-fold patio doors to deck



Brighter corridors



Folding dividing screens



Clean lines furniture

Ashford Design Concept



Nature based wall murals and artwork



Quirky details



Tactile hangings



Future Service provision

- The programme is nine-months into a five year contract and we are working across a range of providers and organisations to establish two things:
 - A firm baseline around the level of demand, in terms of the volume of service users likely to require support and help over the longer-term.
 - A more needs-led and responsive community-based service provision
- This will focus on prevention and progression, helping people move away from statutory mental health service and function independently in their lives.
- We have already worked with service users to gauge what's working well and what services are required from the LWK programme in the future.
- We will continue to engage with existing service user forums, accessing service users who are not part of any forum, engaging with carers and engaging with providers at Network Interface meetings.
- Intelligence gathered from engaging with these groups will provide us with continual feedback to help shape the future service provision for the duration of the contract.



Future Service Provision

- We will continue to work across the wider community and network of providers to market and promote the services within LWK.
- This will included an engagement programme to work with GPs in the area to ensure the pathways for mental health and wellbeing services are understood.
- LWK services are working with the KERS team, IAPTs, PC Social Workers, PC MH Nursing teams to establish a more robust integrated approach.
- This includes reviewing the assessment process to reduce duplication, enabling referrals between agencies to happen more quickly to improve the client journey
- We will be working more closely with colleagues in NHS Adult Mental Health Services, CAMHS, and Adult Social Care to ensure pathways in and out of the community are clearly defined and the journey for the patients and service users and their families is a positive experience.



Service User Experience

I will use what I've learned to improve my mental & physical wellbeing, being here has also helped me to move past issues in my creative life! Which is very important to me!"

When I came to Shaw Trust, I was in a bad way, but you helped me stand on my own two feet. I have been working for 7 months and could not be happier."

"For the first time I can truly say I'm on a journey from a sexually abused child to an adult survivor thank you Caroline."

"This service has given me hope, when I had given up, it is based on care and professionalism. If the staff I have worked with are the quality supporting this service then I can only see it being a success, I held out my hand and they held it and supported me"

"After being quite ill and having a stay in hospital, Tim has successfully secured a place at Canterbury Christ Church University, completing a Doctorate. Has also successfully found more stable accommodation, after being in totally unsuitable accommodation"

Questions,
Comments and / or
Thoughts



Agenda Item No: 5(a)
Report To: Ashford Health & Wellbeing Board
Date: 18th January 2017
Report Title: Priority 1 – Reducing Smoking Prevalence Update Report (3)
Report Author: Deborah Smith
Organisation: Kent Public Health



Summary:

Progress has been made on each of the seven actions to support the reduction of smoking prevalence in Ashford, particularly aimed at communities where people are most likely to smoke. One of the notable activities that will be accessible to all groups is the opening of a One You shop in Park Mall, Ashford. The aim of the shop is to make healthy lifestyle advice and support accessible to people in Ashford. Multi-agency partners are working collaboratively to ensure resources are available to provide the best lifestyle outcomes for people in Ashford.

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

- a) Acknowledge the progress and outcomes of the activities to date.
- b) Agree and support the One You Shop for Ashford
- c) Offer any relevant further support to increase the impact on a reduction of smoking prevalence.

Policy Overview:

Financial Implications:	Minimal cost implication to be determined for the set up of the One You shop. Almost all costs are being met by mobilizing current and existing resources flexibly.
Risk Assessment	YES – previously submitted
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 One of the Ashford Health and Wellbeing Board's priorities is to reduce smoking prevalence in Ashford. Since April 2016, the multi-agency Smoking Task and Finish Group has been delivering on 7 key specific actions to help reduce smoking across a range of different settings. This report provides an update on work and progress to date.

Background

- 2 Although there is currently a national decline in prevalence, smoking remains the main cause of preventable disease in the UK, accountable for 1 in 6 of all deaths and is a risk factor for lung cancer (90% of which is attributable to smoking), chronic obstructive pulmonary disease (COPD), and heart disease. It is also associated with cancers of the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Mortality rates due to smoking are three times higher in the most deprived areas than in the most affluent areas, demonstrating that smoking is intrinsically linked to inequalities.

Action on Smoking and Health estimate that smoking prevalence of 26.4% in Ashford (England average 18%) equates to approximately 25,000 people. This costs society nearly £40m per annum in Ashford alone.

Additional data sources are being compiled by Public Health England and it is anticipated that the Annual Population Survey (APS) will replace the integrated household survey data in due course.

Report Specific Section Headings

- 3 Update on Action Plan Themes

3.1 Smoking in Pregnancy: Since the recruitment of the Midwife with a Smoking in Pregnancy (SIP) lead in September, an audit has revealed that there has been a 15% increase in compliance of women being CO monitored at the point of first booking in East Kent from 67% in September to 82% in November 2016. Currently, two thirds of women who are referred to stop smoking services either decline or become '*do not attends*'. This may be reflected in an increase of women who are reported as 'smoking status at the time of delivery' (SSATOD) has increased from 11% in Quarter 1 2016/17 to 13.1% in Quarter 2 2016/17. However, it is too early to realize the results of the improved practices that have been introduced since September and it is hopeful that the SSATOD rates will reduce proportionately. Further training has been provided to midwives to promote the babyclear programme and there are plans to align post-natal smoking cessation support from midwifery to health visiting support teams. Maternity wards across hospitals in the EKHUFT will receive training later this month to deliver brief information and advice to patients who smoke and Nicotine Replacement Therapy will be available in maternity wards. A smoking policy is also being produced for Special Care Baby Units to inform parents of the risks of second hand smoke. This forms part of a wider initiative to support Smoke Free Hospital status.

3.2 Illicit Tobacco: An illicit tobacco roadshow has been organized in the town centre for 5 days from the 14th February 2017. The aim of the roadshow is to raise awareness of the negative impact illicit tobacco has on the local community, undermining efforts of smoking cessation and the links associated with illicit tobacco and organized crime.

Sniffer dog teams will be present at the roadshow and are considered a popular draw to the roadshow. There will be a local intervention programme offered to schools to support these messages later in the year.

3.3 Raise Awareness through campaigns: Posters and campaign resources have been distributed to some local Ashford businesses and to local veterinary surgeries. Further packs are being printed and will be sent to Ashford:

- GP surgeries
- Pharmacies
- Voluntary sector agencies
- Dental Surgeries
- Housing Associations
- Opticians
- Psychological Therapies
- Patient Participation Group
- CCG Consortium
- Parish Councils

In addition, there has been a Smokefree advert in December's edition of Ashford Voice and plans for adverts in Parish Magazines throughout the year.

Local Primary schools are being contacted to engage in the Smoke Free School Gates programme. The aim of the programme is to reduce visibility of adults smoking in front of children, thus de-normalizing smoking behaviours and to reduce the harms caused by second hand smoke to children. Although still in its infancy, the concept of smoke free school gates has reaped media attention from Kent online. The response was met with overall support for not smoking at school gates with a few comments on people's right to smoke outdoors in public areas.

3.4 Promote Quit Packs: Quit packs are still being issued to people who want to quit smoking without accessing stop smoking services but many in receipt of packs have chosen not to be followed up making it difficult to assess the success of quit packs. Public Health England report that generally 70% of people will use the quit kits to start a quit attempt. Using general estimates we would expect approximately 12.5% to go on to successfully quit.

3.5 E-cigarettes: A 'Vape' event was held in November 2016 with Ashford Borough Council, Public Health, Stop Smoking Services, Trading Standards and Vape shops in attendance. Four representatives attended from Vape Shops although others have since shown interest in further partnership working. Following research on evidence reviews, Public Health England reports that although the long term effects of e-cigarettes are not yet known, they are considered around 95% less harmful than smoking and can be useful

to some people as an aid to quit smoking altogether. The use of “e-cigarettes could be a game changer in public health in particular by reducing the enormous health inequalities caused by smoking”¹. The purpose of the event was to identify ways of working in partnership, promoting opportunities for people to quit smoking and to signpost smokers to stop smoking services. Trading Standards reported on the legislation enforceable from May 2017 and the Vape Retailers welcomed the regulations, agreeable that alternative cheaper products on the market should also be subject to safety and quality standards. Stop Smoking Services provided brief intervention training to 13 vape shop workers in December, promoting access to quit services, behavioural support to quitters using e-cigarettes and for services to signpost to retailers that can provide advice and information on e-cigarette use. The Stop Smoking Service provide impartial advice and do not endorse a specific product or retailer.

3.6 Stop Smoking Support for Young People: Ashford Youth Workers are being identified to be trained to become Quit Coaches. Names and training dates are currently being confirmed but staffing capacity is an issue for some youth clubs and centres (such as Sk8side) who are unable to nominate a representative at present.

3.7 Identify innovative ways to help people quit: One You shop

A town centre shop has been identified to become the new Ashford One You one-stop shop that will offer lifestyle information and advice as a drop-in facility. The Task and Finish group have mobilized collective resources to ensure that the One You shop will be ready to open early February. The shop will offer weigh-in support and advice on healthy weight management and exercise, quit smoking advice and support, health checks and access to health trainer services. There will also be opportunities to access advice and support on mental health, diabetes and relevant urgent care messages (such as the Health Help Now app). A communications sub-group is managing the launch of the One You shop which is likely to be the first One You Shop in England. The One You shop will initially run as a pilot and will be first evaluated at four months.

Risk Assessment

4. Since the risk assessment submitted in the last report there has been strong partnership working across all agencies, including the voluntary sector. It should also be noted that the One You shop is working to very tight timescales to open in early February 2017.

Equality Impact Assessment

5. 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.

¹ Professor Ann McNeill, King's College London <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>

Other Options Considered

6. 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

7. 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

8. 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

9. 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

10. This work is ongoing.

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ASHFORD SMOKING ACTION PLAN

ASHFORD TASK AND FINISH GROUP Theme	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	Maximise opportunities for local and national campaigns to: <ul style="list-style-type: none"> - Give prominence and 'cues' to quitting smoking - To help prevent the take up on smoking - To raise awareness of the range of offers from the Stop Smoking Services. - To support people who want to quit using other means without accessing behavioural support from stop smoking services if this is what they choose. 	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 people who wish to quit smoking using e-cigarettes are	Raise public awareness on the current research and evidence of e-cigarettes, provide

	supported to do so to increase the success of their quit attempt.	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.

Deborah Smith
Public Health Specialist
5th January 2017

Agenda Item No: 5(b)

Report To: Ashford Health & Wellbeing Board

Date: 18th January 2017

Report Title: Priority 2 – Healthy Weight Update Report (3)

Report Author: Deborah Smith
Organisation: Kent Public Health



Summary:

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

Recommendations

The Ashford Health & Wellbeing Board be asked to:-

Agree the approach proposed by the Task & Finish group

Agree the six Work streams that will form the basis of this work.

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

Policy Overview:

The Kent Healthy Weight Action Plan has now been released in line with the national strategy. Ashford Healthy Weight Task and Finish Group have identified priorities to be delivered in Ashford that are aligned to the Kent Action Plan which is yet to be localised but which are over and above (i.e. in addition to) the Kent Plan rather than duplicate activity.

Financial Implications:

No additional costs identified at present. All activity will need to be commissioned and / or delivered flexibly and creatively within existing resources where possible.

Risk Assessment:

YES – to be completed as details of activities are finalised

Equalities Impact Assessment:

YES – to be completed as details of activities are finalised

Other Material Implications:

None.

Background Papers:

None

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

Purpose of the Report

1. The second priority for the Ashford Health and Wellbeing is to improve Healthy Weight among children and adults in Ashford. To deliver the six identified actions to support this priority, the Healthy Weight Task and Finish Group has met monthly and have undertaken a approach to raising awareness and maximising advice and support opportunities within local communities. This report provides an update on work and progress to date.

Background

2. Despite trends improving in Ashford, the area still has:

More 10-11 year olds overweight than the England average

More 4-5 years olds overweight than the England average

More physically inactive adults than the England average

More adults with excess weight than the England average

Fewer women breastfeeding than the England average

Health risks associated with being overweight and obese include diabetes, heart-disease, stroke, osteoarthritis and breast, colon and endometrial cancer.

Report Specific Section Headings

- 3.1 Training offering brief intervention and advice on healthy weight has been packaged and is available to health professionals. Take up has been slow and will be re-promoted effectively to a range of key professionals including Youth Workers, Social Care workers, Children's Centres, Healthy Living Centres, voluntary sector and GPs. The aim of the training is to raise awareness of the health risks associated with being overweight and to signpost to relevant services.
- 3.2 An audit of known healthy weight services has been conducted by Emma Everett of Ashford Borough Council. This information is currently being mapped to known but anonymised activity and attendance rates to help determine whether they are being accessed by people who would most benefit from them. Once completed, the audit will then local consultations to ascertain relevant insights into the type of support the most at risk groups would be interested in accessing. The second phase of focus work will begin early 2017.
- 3.3 There are a range of services and activities available to people who wish to lose weight, but many are unknown to the public and require further promotion and awareness. Delivering the brief intervention training identified in 3.1 above will assist key professionals in raising awareness of effectively signpost people to appropriate services. In addition a resource pack has been produced to distribute to parish councils, GPs, pharmacies, dental surgeries, opticians and local businesses to raise the profile of healthy weight management.
- 3.4 In addition, a One You shop will be opening in Ashford town centre in February. Promoting the healthy lifestyle brand of One You, this one-stop shop will offer lifestyle information and advice as a drop-in facility. The shop will offer innovative ways of providing weigh-in support and advice as well as quit smoking advice and support, health checks and access to health trainer

services. There will also be opportunities to access advice and support on mental health, diabetes and relevant urgent care messages (such as the Health Help Now app). A communications sub-group is managing the launch of the One You shop which is likely to be the first One You Shop in England. The One You shop will initially run as a pilot.

Risk Assessment

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

Equality Impact Assessment

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 Healthy Weight Priority Action Plan is currently being developed further for the HWB's approval. The Task and Finish group are open to further proposals for additional or alternative options as they arise throughout the course of this work.

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.

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.

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Appendix 1

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

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

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

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

Appendix 2

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

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

Agenda Item No: 7
Report To: Ashford Health & Wellbeing Board
Date: 18th January 2017
Report Title: Sustainability and Transformation Plan
Report Author: Neil Fisher
Organisation: NHS Ashford CCG



Summary: This report represents an update for the Board on the current status of the Kent and Medway Sustainability and Transformation Plan (STP) and the CCG Operational Plan for 2017-2019

Recommendations: The Board be asked to:-
Note the report

Purpose of the report

1. To provide assurance to the HWBB
2. To update the HWBB on progress against the national STP expectation

Background

3. Previous verbal and written updates have been provided to the HWBB on this subject
4. The STP is set in the context of nationally mandated expectation

Report specific section heading

- 5.
- 6.

Conclusion

7. Progress has been in line with national expectations

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Sustainability and Transformation Plan Report to Ashford Health and Wellbeing Board

Sustainability and Transformation

In October 2014, NHS England published “Five Year Forward View” (5YFV), which set out their vision for services over the coming five years. This document identifies that, in order to meet patients’ needs and expectations, we need to dissolve traditional boundaries. Long term conditions are now the central focus of the NHS commissioners; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care.

As a result there is now quite wide consensus on the direction which the NHS needs to take. Increasingly we need to manage systems – networks of care – not just organisations. We need to ensure that we have comprehensive, integrated local care and health services which are;

- tailored to communities
- provided through Multispecialty Community Providers (MCP)
- supported by a chain of high quality, smaller, acute hospitals with access to safer specialist service

Both NHS Ashford CCG and Canterbury and Coastal CCG are in a good position to deliver against these expectations. Our initial five year strategic vision, which was published in 2014, clearly set out our intention to transform our services towards a more community centric approach through our Community Networks approach.

Additionally, we are fortunate to have a national exemplar model – Encompass – which is currently being delivered across the Whitstable, Canterbury and Faversham areas and is designed to test out these new models of care.

i. Sustainability and Transformation Plan (STP)

Kent and Medway, like other parts of England, have the challenge of balancing significantly increasing demand, the need to improve quality of care and improve access all within the financial constraints of taxpayer affordability over the next five years. Health and social care, with partners, have come together to develop this Sustainability and Transformation Plan. We have a track record of working well together and, increasingly, of integrating our approach to benefit our population by achieving more seamless care, and workforce and financial efficiencies.

This is an exciting opportunity to change the way we deliver prevention and care to our population. We are working in new ways to meet people’s needs and aspirations, ensuring an increased quality of support by a flexible NHS and social care provision.

Our main priority is to work with clinicians and the public to transform Local Care through the integration of primary, community, mental health and social care and re-orientate some elements of traditional acute hospital care into the community. This allows patients to get joined-up care that considers the individual holistically – something patients have clearly and consistently told us they want.



We believe the way to achieve this is to enhance primary care by wrapping community services around a grouping of GP practices, to support the communities they serve, and to commission and manage higher-acuity and other out-of-hospital services at scale, so that we are able to:

- meet rising demand, including providing better care for the frail elderly, end of life patients, and other people with complex needs, who are very clear that they want more joined-up care;
- deliver prevention interventions at scale, improve the health of our population, and reduce reliance on institutional care; done well this will enable us to take forward the development of acute hospital care (through reducing the number of patients supported in acute hospitals and supporting these individuals in the community).

Clinical evidence tells us that many patients, particularly the elderly frail, who are currently supported in an acute hospital are better cared for in other settings. Changing the setting of care for these individuals will be truly transformational. We know it is possible to deliver this change and already have local examples to build upon where this new approach is being delivered (such as the Encompass Vanguard comprising 16 practices (170,000 patients) in east Kent who are operating as a multi-specialty community provider (MCP), providing a wide range of primary care and community services).

We also need to focus more on preventing ill-health and promoting good health and our Local Care model needs to deliver population-level outcomes through delivery at scale. This is needed to support individuals in leading healthy lives, as well as reduce demand and costly clinical interventions. We also need a disproportionate focus on the populations where health outcomes are the poorest.

In response to this, acute care will need to change to improve patient experience and outcomes; achieve a more sustainable workforce infrastructure; and make best use of our estate, reducing our environmental impact and releasing savings. We want to continue to create centres of acute clinical expertise that see a greater separation between planned and unplanned care. This would end the current pattern of much-needed surgery being delayed because of pressure on beds for non-elective patients. Through this we will deliver referral to treatment time (RTT) targets; improve workforce rotas, retention and morale; and release significant savings, alongside investment in Local Care.

This is an ambitious plan of work and we are committed to progressing it for the benefits of the people we serve.

ii. STP Summary

The Kent and Medway health and care system is seeking to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting.



More than that, the system will transform services to deliver proactive care, and ensure that support is focused on improving and promoting health and wellbeing, rather than care and support that is solely reactive to ill health and disease.

Core to the model is the philosophy of health and care services working together to promote and support independence, utilising statutory, voluntary and where appropriate the independent sector to deliver the right care, in the right place, at the right time.

Our transformation plan will bring a profound shift in where and how we deliver care. It builds on conversations held with local people about the care they want and need and has the patient at its heart:

- Our first priority is developing Local Care, building on local innovative models that are delivering new models of care, which brings primary care general practices into stronger clusters, and then aggregating clusters into multispecialty community provider (MCP) type arrangements, and, potentially, into a small number of larger accountable care organisation (ACO) type arrangements that hold capitated budgets
- Local Care will enable services to operate at a scale where it will be possible to bring together primary, community, mental health and social care to develop truly integrated services in the home and in the community
- This model will manage demand for acute services, enabling significant reductions in acute activity and length of stay which amount to ~£160m of net system savings by 2020/21 and relieve pressure on our bed base
- We have also therefore committed to a Kent and Medway-wide strategy for **Hospital Care**, which will both ensure provision of high-quality specialist services at scale and also consider opportunities to optimise our service and estate footprint as the landscape of care provision becomes more local
- Work is ongoing to surface potential opportunities and evaluate them ahead of public consultation from June 2017

Over the last year we have built the new working relationships and launched the discussions which enable us to work at a greater scale and level of impact than before.

In recent months we have made dramatic improvements in our STP, moving from a fragmented and unsustainable programme to one which has a truly transformational ambition, engages health and social care leaders from across the footprint, has robust governance oversight, and brings the system back towards sustainability.

Our plan aims for a radical transformation in our population's health and wellbeing, the quality of our care, and the sustainability of our system by targeting interventions in four key areas:



	STP Position
<p>Care transformation Preventing ill health, intervening earlier and bringing excellent care closer to home</p>	<p>Transforming our care for patients, moving to a model which prevents ill health, intervenes earlier, and delivers excellent, integrated care closer to home.</p> <p>This clinical transformation will be delivered on four key fronts:</p> <ul style="list-style-type: none"> • Local care (Out-of-hospital care) • Hospital transformation • Mental health • Prevention
<p>Productivity and Modelling Maximising synergies and efficiencies in shared services, procurement and prescribing</p>	<p>We will undertake a programme to identify, quantify and deliver savings through collaborative provider productivity addressing the following areas:</p> <ul style="list-style-type: none"> • CIPs and QIPP delivery (see section DN – add ref) • Shared back office and corporate services (e.g. finance, payroll, HR, legal) – the trust is leading on this for the Kent and Medway STP • Shared clinical services (e.g. pathology integration) • Procurement and supply chain • Prescribing
<p>Strategic enablers Investing in estates, digital infrastructure and the workforce needed to underpin a high-performing system</p>	<p>We need to develop three strategic priorities to enable the delivery of our transformation:</p> <ul style="list-style-type: none"> • Workforce • Digital • Estates
<p>System leadership Developing the commissioner and provider structures which will unlock greater scale and impact</p>	<p>A critical success factor of this programme will be system leadership and system thinking. We have therefore mobilised dedicated programmes of work to address:</p> <ul style="list-style-type: none"> • Commissioning transformation - enabling profound shifts in the way we commission care • Communications and engagement - ensuring consistent communications and inclusive engagement

Our financial strategy now directs the system back to sustainability, closing the “do-nothing” financial challenge.

Working with health and social care professionals, patients and the public, we are continuing to develop our plan and design the transformation programme which will deliver it.



We anticipate that some elements of the core transformation will influence 2017/18 operational planning and that a first wave of holistic transformation will launch in 2018.

iii. East Kent Delivery Board

Since it was established in the autumn of 2015 the East Kent Strategy Board (EKSB) has brought together local health and social care leaders and taken a collaborative approach to redesigning services for the people of east Kent to make sure they are safe, high quality and sustainable both now and in the future. In 2016 the NHS and local authorities were asked to develop STPs, in our case for the whole of Kent and Medway. The EKSB has closely aligned with, and fed into, the Kent and Medway STP as it has developed, so the east Kent strategy work *is* the STP content for east Kent.

We will now operate as an East Kent Delivery Board to refine recommendations for how services could best be organised in east Kent in the future, ensuring that the specific needs of east Kent people are considered. However, the new approach will also enable us to take full account of the wider picture across Kent and Medway, linking in with broader work streams.

iv. 2017-2019 Operating Plan

The CCG will concentrate effort and resources to deliver the first year of transformational change agreed as part of the Kent and Medway STP. The key deliverables for the year will concentrate on the Local Care agenda and will be:

- Implementing and supporting the governance and organisational forms required to make local care work, i.e.; strengthening the East Kent Confederation and East Kent Delivery Board, progressing the Vanguard, Accountable Care Organisations, incentivising alliance and cooperative working.
- Ensuring primary care is prepared and resourced to take on its extended role by investing £5 per head per practice in providing an extended range of core services, forming teams and services at community level, improving access, resilience and skills, IT and estate and promote patient self-management.
- In collaboration with health and social care partners ensure services and arrangements are in place to better support the frail elderly and those of working age with enduring conditions to prevent admission and if admitted to support earlier discharge, placement and support at home, (thereby reducing acute/community beds).
- Move ambulatory care in a range of priority specialties (including diabetology and dermatology) from a hospital to a locally focused model of care delivery, (thereby reducing unnecessary and duplicative attendances and costs).
- Remodel local mental health crisis services and services for the older adults with mental health problems to form part of an integrated local approach to prevention, early intervention and accessible support.



National Priorities and Constitutional Targets

Many of the national priorities are purposefully prioritised in our transformational work summarised above. In addition, we also intend to deliver:

- Develop a **Sustainability and Transformation Plan**, implementing milestones, so that you are on track for full achievement by 2020/21.
- **Finance** - Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals.
- **Primary Care** - Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, tackling workforce and workload issues, and supporting general practice at scale.
- **Urgent and emergency care** - AED waits to target by April 2018, primarily by focusing on primary care prevention and interception including a primary care AED front end at the WHH and improve flow by rebalancing community services, especially those that allow rapid discharge and reablement and to avoid the necessity for community and other beds by agreeing more flexible resources between health and social care through pooling and better care fund arrangements. In addition the acute provider will be supported in achieving exemplary practice in terms of AED treatment, low lengths of stay and other flow improvements.
- **Referral to treatment times and elective care** - RTT waits to target by October 2017, primarily by working and incentivising the Trust to ensure optimum practice and improved theatre efficiency, selective investment in pinch points such as endoscopy and procurement of external, independent sector capacity especially in orthopaedics, to allow current back logs to be addressed.
- **Cancer** - Cancer compliance by February 2017, mainly as part of the RTT programme but in addition by supporting and incentivising improvements in referral management arrangements and reporting of results and findings by the Trust.
- **Mental health** - Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages. Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. Increase baseline spend on mental health to deliver the Mental Health Investment Standard. Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- **People with learning disabilities** - Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- **Improving quality in organisations** - Implement plans to improve quality of care, particularly for organisations in special measures.



CCG Specific Priorities

In addition, we are prioritising the follow areas of improvement and service redesign;

- Continue the implementation of the Urgent Care Centre model of care
- Reduce the variation in Unscheduled Care admissions and attendances
- Continued Referral Management
- Improvement of cancer service (in line with Six Clinical Priorities)
- Expand “Advice and Guidance” approach
- Re focus of Discharge to Assess programme, into Home First service
- Implementation of Care Homes strategy
- Improved diagnosis and care for Dementia (in line with Six Clinical Priorities)
- Increased service provision for Looked After Children (including Unaccompanied Asylum Seekers)
- Improve access to Maternity Services (in line with Six Clinical Priorities)
- Support the further development of new models of care, including Encompass vanguard site
- Support practice transformation, helping our GPs to develop the new models of care within their own practice
- Aid the shift towards 100% e-booking for secondary care appointments
- Continue to support the implementation of local healthy lifestyle strategy
- Improve access for Early Intervention Psychology (in line with Six Clinical Priorities)
- Improve access for Improving Access for Psychological Therapies (in line with Six Clinical Priorities)
- Continue to monitor action plans following CQC reviews for all providers
- Continue to drive improvements in quality through site visits

Delivering the Plan

Certainty of delivery will be improved by:

- Our programme and project management arrangements will be consolidated on an East Kent basis and will support the key initiatives shown above with a basic level of general and educative support being given to continuous improvement and small scale initiatives.
- Our performance management and delivery assurance arrangements will be strengthened and supported by provider incentivisation and achievement payments.



Resourcing the Plan

The budget is strongly linked to delivering the plan and assuring financial recovery and stability, in particular;

- Growth resources will be targeted at purposeful transformation initiatives and mainly in primary and community areas to allow earlier intervention and quicker take from secondary services and/or buying additional external activity as is the case with the RTT proposal.
- The majority of QIPP will arise from detailed and large scale transformation programmes and is openly recycled to facilitate such programmes and reward and incentivise delivery, partnership working and service improvement.
- Reserves will be commensurate with risk and to ensure maximum application of scarce resources will be based on simpler forms of contract with balanced risk sharing arrangements.

Neil Fisher
Head of Strategy and Planning
January 2017



Agenda Item No:



Report To: Ashford Health & Wellbeing Board

Date: 18th January 2017

Report Title: Kent Environment Strategy and Ashford's Air Quality

Report Author: Trevor Ford (ABC) and Carolyn McKenzie (KCC)

Organisation: Ashford Borough Council – Environmental Protection
Kent County Council – Sustainable Business & Communities

Summary:

Kent faces unprecedented growth and change over the coming decades. Kent Environment Strategy 2015: A strategy for environment, health and economy recognises and addresses the challenges and opportunities that this will bring.

It is essential that growth is managed intelligently, providing much needed economic benefits, whilst still protecting and enhancing our natural and historic environment to create and sustain communities that are vibrant, healthy and resilient.

An associated environmental factor to which this strategy impacts is local air quality. Generally Ashford's air quality is considered to be 'good' however given continued and planned growth within the borough it is important at a minimum to retain that standard. Where possible it should be an aim to reduce the effect of harmful pollutants to minimise public health impacts.

Recommendations: The Board be asked to:-

1. Discuss the areas of synergy between the public health outcomes, the Ashford Health and Wellbeing Board and the Kent Environment Strategy and agree the priority areas for action.
2. Identify;
 - a. key personnel to work with the KES team to take these initiatives forward
 - b. areas where more support is needed by health partners from the KES team
3. Support the development of an Ashford Air Quality Strategy
4. Facilitate training of staff relevant to the field of air quality so that they are aware of how their work can contribute towards improving air quality and reducing exposure.

Purpose of the report

1. The purpose of this report is threefold:
 - To highlight the links between the Kent Environment Strategy, the Health and Wellbeing Board, and the work of the Clinical Commissioning groups, particularly associated risks and opportunities.
 - To identify areas of activity where working together could lead to shared positive benefits and outcomes
 - To raise awareness of air quality as a public health issue, understand the Ashford context, provide an opportunity to discuss the issue, and to identify useful actions

Background

2. The Kent Environment Strategy: A strategy for environment, health and economy (KES) was agreed by Kent Leaders in November 2015 and adopted by Kent County Council in January 2016.
3. As a result of the development of the sustainability chapter of the JSNA, a significant change in the revised Strategy is the strengthened links between health and environment. There are a number of health risks related to environmental factors for example poor air quality, but also opportunities to deliver positive health benefits, particularly in relation to the natural and historic environment.
4. This report seeks to match the priorities of the KES against that of the AHWB, identifying joint priorities for action, where resources could be maximised and additional benefits achieved.
5. Domains One and Two of the Public Health Framework and Outcome Two of the Kent Health and Wellbeing Strategy make the strongest links between health and the environment.
6. The areas where environmental factors have the most significant impact on health outcomes and indicators, both positive and negative, which could be tackled through joint commissioning are highlighted below.
 - Utilisation of open space and the natural and historic environment to tackle health issues such as obesity, isolation and mental health
 - Support for Active Travel initiatives which will have a positive impact on air quality, as well as obesity, mental health
 - Initiatives to improve the warmth of the homes of those residents with pre-existing health conditions to reduce excess winter deaths and support independent living
 - Identification and mitigation of the health risks of climate change and severe weather events on the health of Kent residents
7. There is now considerable research documenting these links and the mutual benefits that can be achieved through health and environment professionals

co-commissioning outcomes. For example, supporting conservation volunteering can tackle obesity, social isolation and mental health issues and more directly the Kent Warm Homes and Winter Warmth project targets excess winter deaths as well as carbon reduction through installing heating systems in homes of those with pre-existing health conditions.

8. Appendix A maps the links between the Public Health Indicators and the KES Priorities and highlights some existing initiatives that are already delivering positive benefits. However, activity to date has not been consistent across Kent and much more could be achieved through the implementation of the KES.
9. One of the environmental factors considered as part of the KES, is air quality and pollution.
10. Air pollution is associated with a number of adverse health impacts. It is recognised as having a significant impact on human health, including premature mortality, allergic reactions, and cardiovascular diseases. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with inequalities, because areas with poor air quality are also often the less affluent areas^{1,2}.
11. The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion³.
12. The National Institute for Health and Care Excellence (NICE) have produced a draft document which is current out for consultation, titled Air pollution: outdoor air quality and health. This document goes on to provide recommendations to control air pollution including;
 - Planning new developments –
 - Limiting need for vehicles,
 - Siting buildings away from high pollution areas,
 - Locating vulnerable groups in less sensitive sites (schools/nursing homes),
 - Building configurations to aid pollution dispersion,
 - Including air quality in the local plan and developing local planning guidance
 - Provide infrastructure for low emission travel – cycle and walking routes, electric car charging points etc,
 - Travel plans for new developments to reduce motorised trips
 - Trees/vegetation in open spaces - where it does not restrict ventilation and dispersion of pollutants.
 - Clean air zones/congestion charge zones.
 - Driver training for public sector transport services and vehicle fleets to encourage fuel efficient and low emission driving techniques.
 - Ensuring vehicle procurement includes a low/zero emission target.

¹ Environmental equity, air quality, socioeconomic status and respiratory health, 2010

² Air quality and social deprivation in the UK: an environmental inequalities analysis, 2006

³ Defra. Abatement cost guidance for valuing changes in air quality, May 2013

- Schemes to ensure smooth driving and speed reduction.
- Planning cycle routes – where possible locating them off main roads, minimising exposure.
- Awareness programmes.

Ashford's Air Quality

13. Ashford is the largest borough in Kent, with a fast-growing population. There are 14,680 new dwellings proposed between 2011 and 2030. In addition redevelopment in the town promises to bring more visitors, employment and in turn journeys into the town centre.

Although the urban area of Ashford is expanding, much of the borough is rural in character, including protected areas such as the North Downs and the High Weald.

14. The Environmental Protection Team at Ashford Borough Council monitor nitrogen dioxide (NO₂) concentrations through the use of passive diffusion tubes at 27 sites within the borough.

This data forms part of the Kent Air Quality Monitoring Network and is fed into the www.kentair.org.uk website as well as to DEFRA as part of national requirements.

In line with local authority practice Ashford Borough Council do not have any automatic monitoring stations.

15. Current projects and involvement with air quality, excluding ongoing monitoring, include;
- Reviewing and responding to planning applications considered likely to have an air quality impact.
 - Air quality messages through Kent Highways Virtual Message Signs (VMS) on main arterial routes, such as; **Save fuel, cut pollution, switch off when stopped**
 - Provision of electric vehicle charging points - Five double points have been installed around the borough for use by the public and ABC staff, and usage records highlight a trend towards increasing use of plug-in vehicles.
 - Contribution to the KM Charity Group 'Walk to School' scheme, which is associated with 13 school participants and three walking buses.
 - A28 improvements, associated with the Chilmington development.
 - M20 Junction 10/10A improvements
16. Particulate monitoring (PM₁₀ and PM_{2.5}) is not commonly undertaken by individual boroughs, but funded by Defra through the Automatic Urban and

Rural Network, and some other limited sites operated by agencies such as the Highways Agency.

The closest monitoring is carried out at Medway, Thanet which both demonstrate a downward trend to levels of particulate matter (PM₁₀ and PM_{2.5}).

The Public Health England (PHE) report Estimating Local Mortality Burdens Associated with Particulate Air Pollution provide some useful statistics on the contribution of particulate matter to public health broken down by borough.

Within the Ashford borough is calculated that particulate matter contributes towards the death of 50 persons (age 25+) mostly through associated respiratory and cardiovascular disease. An alternate metric which is perhaps more useful for decision making is the associated 539 of life-years lost, which takes into account life expectancies at age of death.

The report demonstrates that Ashford is the 2nd lowest borough in Kent in relation to attributable deaths and 3rd lowest for associated life-years lost. The report does however state that uncertainty in the increased mortality burden could range from approximately one-sixth to double the modelled figures. An extract of the report for the County of Kent is shown at *Appendix A*

17. With reference to Nitrogen Dioxide (NO²) levels, Ashford has not declared a air quality management area (AQMA). Such AQMAs are only declared where there is existing exceedance of national standards, or where standards are considered likely to be exceeded.

Annual mean concentrations of NO² for the past five years show a slight downward trend, indicating that air quality conditions within the borough are improving.

Details of the data sets, monitoring, and current air quality status within the borough are contained within the Ashford Borough Council 2016 Annual Status Report.

Conclusion

18. There are strong links between health and the environment, both risks and also opportunities. Many positive benefits and outcomes could be achieved by those in the health and environment sectors co-developing and co-commissioning environment and health initiatives.
19. As part of the development and delivery of the KES, it is recommended that the Ashford Health and Wellbeing Board agree a number of priority areas as outlined in this report where health and environment professionals should be encouraged and supported by the HWB to work together and jointly commission mutually beneficial outcomes.
20. With specific regard to the environmental factor of air quality, despite the existing trend towards improving air quality, we are conscious of the growth of the town and the potential for both negative and positive impacts on air quality.

It is our intention to ensure that Ashford retain a 'good' level of air quality, and the burden associated with poor air quality both in terms of damage to public health and burden on public sector resource is avoided. The support of the Ashford Health and Wellbeing Board would go a great way to assist this aim.

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Background Documents –

Kent Environment Strategy
<http://www.kent.gov.uk/environmentstrategy>

PHE Estimating local mortality burdens associated with particulate air pollution
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332854/PHE_CRCE_010.pdf

Particulate matter summary
<http://lagm.defra.gov.uk/public-health/pm25.html>

Ashford Air Quality Annual Status Report
http://www.kentair.org.uk/documents/ABC_ASR_2016.pdf

Appendix A – Health and Environment Synergies

Appendix B – Public Health England: Estimating Local Mortality Burdens associated with Particulate Air Pollution

Appendix A - Health and Environment Synergies

Public Health Outcome	Kent Environment Strategy Priority	Existing/potential initiatives
<p>Natural Environment – Access to/use of Green Spaces</p> <p>1.16 Utilisation of outdoor space for exercise/health reasons</p> <p>1.18 Social Isolation</p>	<p>1.1 Strengthen our understanding of the health, social and economic value of our natural and historical assets.</p> <p>7.1 Improved access for all</p>	<p>Volunteering – Country Parks and Countryside Management Partnerships</p> <p>Green Gyms</p> <p>Forest Schools</p> <p>Explore Kent - promoting access to the countryside</p>
<p>Air Quality</p> <p>3.01 Fraction of mortality attributable to particulate air pollution (England 5.3, South East 5.2, Kent 5.4)</p>	<p>1.5 Build our understanding of local air and noise pollution and associated health outcomes to determine targeted actions</p> <p>7.2 Support residents, businesses and communities in being well connected to services, with sustainable and active travel options</p>	<p>Low Emissions Strategy (Development)</p> <p>Active Travel Strategy</p> <p>JAMBUSTERS - Support take up of Active Travel options – schools travel planning to reduce car use and support active travel</p>
<p>Fuel Poverty</p> <p>1.17 Fuel Poverty</p> <p>Excess Winter Deaths</p>	<p>6.2 Improve the resource efficiency of our homes, reducing costs, tackling fuel poverty and improving health outcomes</p>	<p>Kent Warm Homes – www.kent.gov.uk/warmhomes and Winter Warmth</p> <p>Kent Fuel Poverty Action Plan</p>
<p>Severe Weather/climate change</p> <p>3.07 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies</p>	<p>1.2 Continue to assess the economic, health and social impacts of climate change on our businesses, services and residents and take action where appropriate.</p>	<p>Joint Strategic Needs Assessment Review, to incorporate new risks identified by the Committee on Climate Change Risk Assessment (12 July 06)</p> <p>Public Health Champions Training</p>

Appendix B – Public Health England – Estimating Local Mortality Burdens associated with Particulate Air Pollution

Area	Population age 25+ (x 10 ³)	Deaths age 25+	Mean anthropogenic PM _{2.5} (µg m ⁻³)*	Attributable fraction [†] (%)	Attributable deaths [‡] age 25+	Associated life-years lost [§]
Kent CC	984.5	13466	9.8	5.6	745	7436
Ashford	78.8	928	9.4	5.4	50	539
Canterbury	98.6	1516	9.4	5.3	81	748
Dartford	64.3	811	11.8	6.7	54	518
Dover	75.9	1184	9.1	5.2	61	602
Gravesham	67.9	846	10.9	6.2	52	563
Maidstone	105.0	1332	10.0	5.6	75	769
Sevenoaks	81.2	988	10.1	5.7	57	572
Shepway	72.5	1119	9.2	5.2	58	565
Swale	91.0	1194	10.0	5.7	68	700
Thanet	92.0	1697	9.4	5.3	90	830
Tonbridge and Malling	81.6	930	10.0	5.7	53	569
Tunbridge Wells	75.6	920	8.9	5	46	462

Source: Public Health England

Kent Environment Strategy

A Strategy for Environment, Health and Economy

Ashford Health and Wellbeing Board
Carolyn McKenzie – Kent County Council

What is the Kent Environment Strategy?

Setting the direction for the county

- Strategic Context and Framework
- High level priorities
- Partnership
- Significant opportunity or challenge

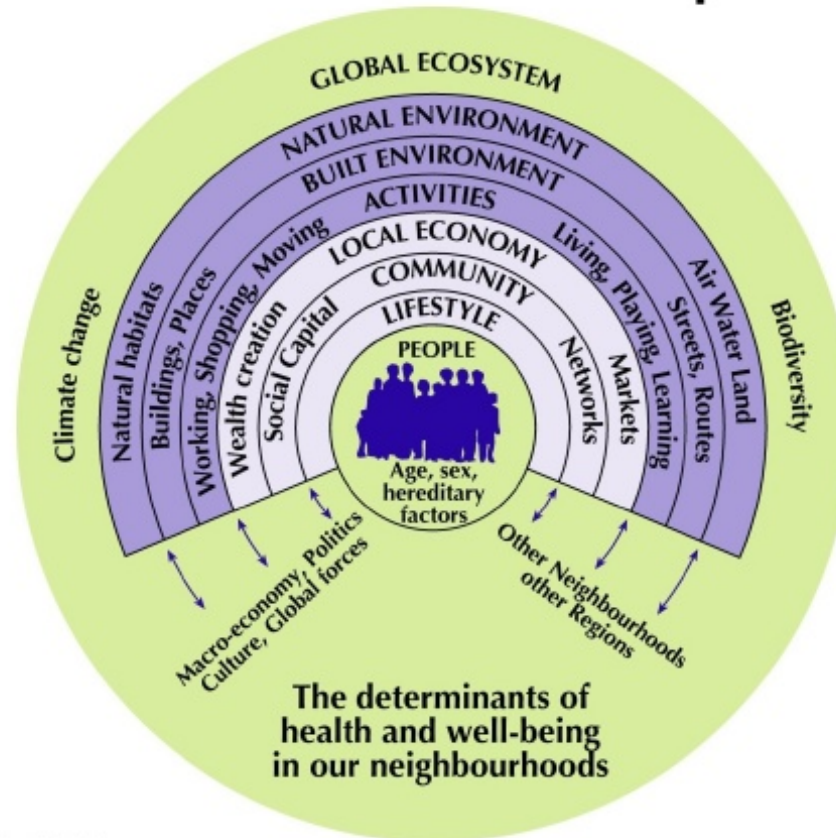


Why work in partnership?

- Cross boundary issues
- Resources/expertise
- Funding
- Greater impact and better outcomes



The Health Map



Barton and Grant 2006

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy
Taking account of the health quality as well as the length of life
 (Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities
Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)

DOMAINS

DOMAIN 1:

Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Indicators }
 Indicators }
 Indicators } Across the life course

DOMAIN 2:

Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators }
 Indicators }
 Indicators } Across the life course

DOMAIN 3:

Health protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators }
 Indicators }
 Indicators } Across the life course

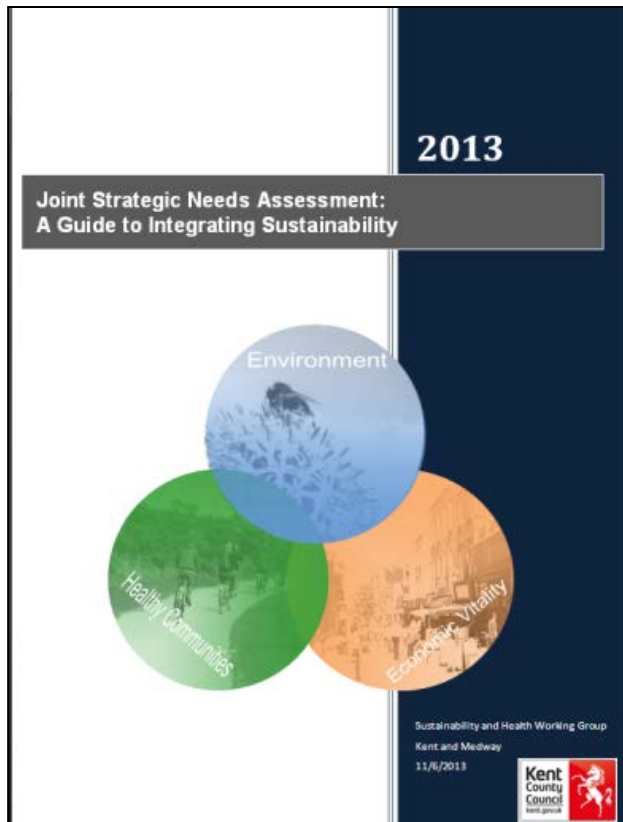
DOMAIN 4:

Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators }
 Indicators }
 Indicators } Across the life course

JSNA SUSTAINABILITY CHAPTER



<http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx>

Sustainability Component affecting Public's Health

- Planning
- House and fuel poverty
- Transport
- Climate Resilience
- Air Quality
- Workplace and supply chain
- Natural Environment

Domains

Sustainability Priority	Supports Social Care Domains:	Supports Public Health Domains:
Planning	<ol style="list-style-type: none"> 1. Enhancing quality of life for people with care and support needs 2. Delaying and reducing the need for care and support 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm 	<ol style="list-style-type: none"> 1. Improving wider determinants of health 2. Health Improvement 3. Health Protection 4. Healthcare, public health and preventing premature mortality
House and fuel poverty	<ol style="list-style-type: none"> 1. Enhancing quality of life for people with care and support needs 2. Delaying and reducing the need for care and support 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm 	<ol style="list-style-type: none"> 1. Improving wider determinants of health 2. Health Improvement 4. Healthcare, public health and preventing premature mortality
Transport	<ol style="list-style-type: none"> 1. Enhancing quality of life for people with care and support needs 2. Delaying and reducing the need for care and support 	<ol style="list-style-type: none"> 1. Improving wider determinants of health 2. Health Improvement 3. Health Protection
Climate Resilience	<ol style="list-style-type: none"> 3. Ensuring that people have a positive experience of care and support 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm 	<ol style="list-style-type: none"> 1. Health Protection
Air Quality	<ol style="list-style-type: none"> 2. Delaying and reducing the need for care and support 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm 	<ol style="list-style-type: none"> 3. Health Protection 4. Healthcare public health and preventing premature mortality
Workplace and supply chain	<ol style="list-style-type: none"> 1. Enhancing quality of life for people with care and support needs 2. Delaying and reducing the need for care and support 3. Ensuring that people have a positive experience of care and support 4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm 	<ol style="list-style-type: none"> 1. Improving wider determinants of health 2. Health Improvement 3. Health Protection
Natural Environment	<ol style="list-style-type: none"> 1. Enhancing quality of life for people with care and support needs 2. Delaying and reducing the need for care and support 	<ol style="list-style-type: none"> 1. Improving wider determinants of health 2. Health Improvement 3. Health Protection

Strategic Outcomes

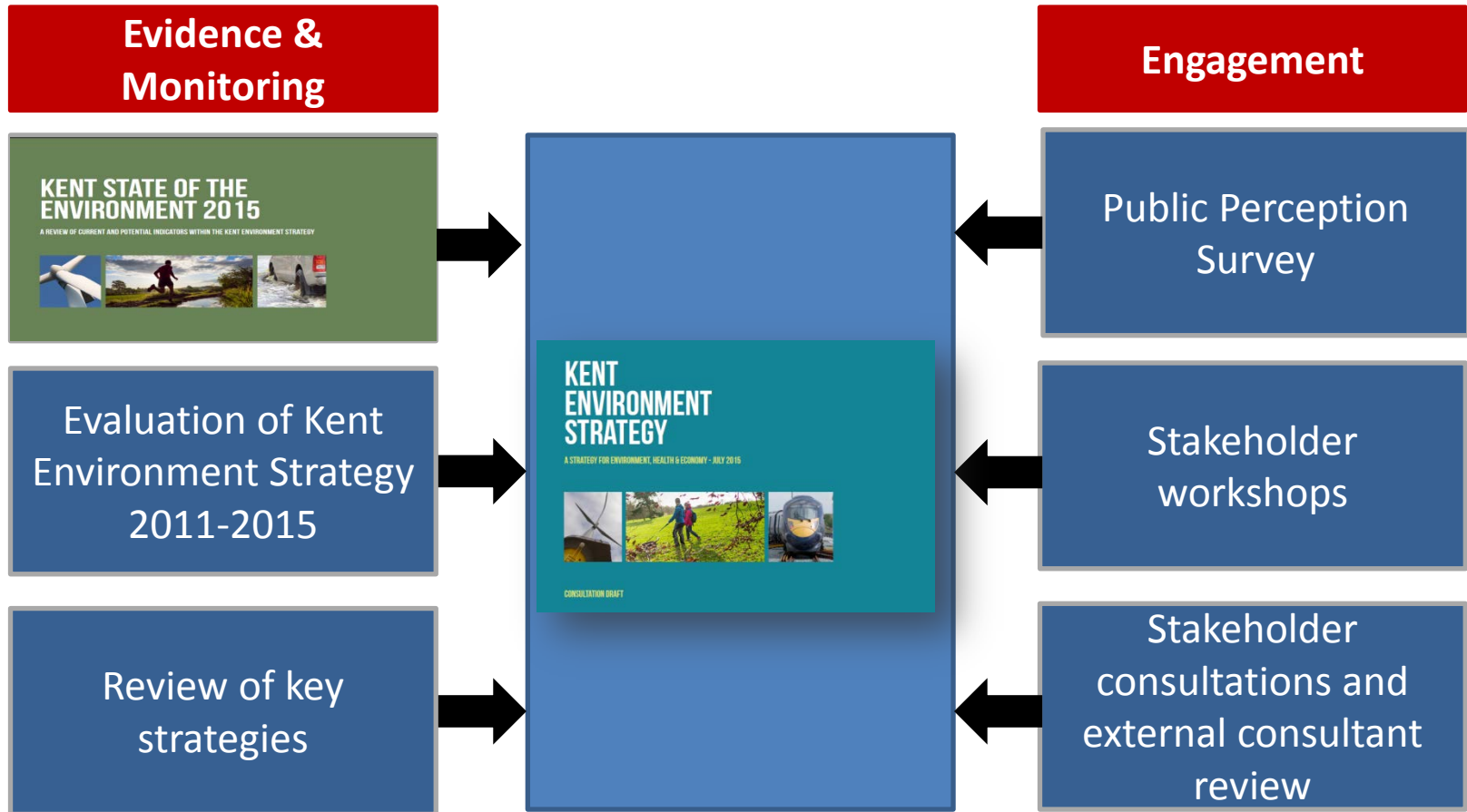


Residents have a high quality of life saving money in warmer healthier homes and benefiting from the many services provided by the natural environment

A resilient, competitive economy and low carbon economy

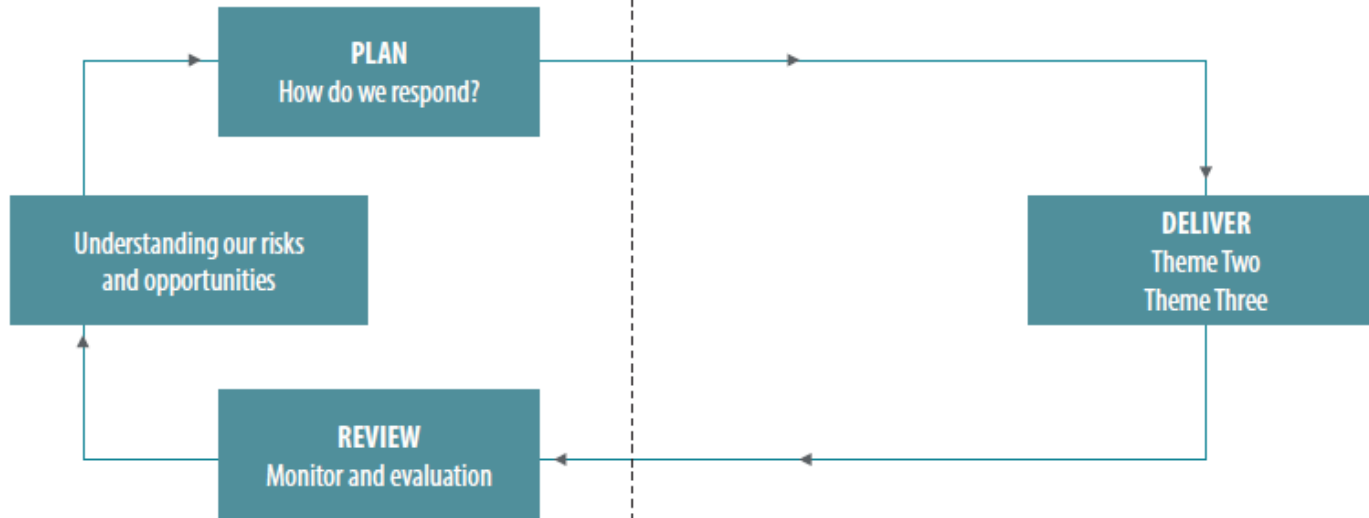
Communities and businesses are resource efficient and prepared for severe weather events

Our Approach



EVIDENCE

DELIVERY



THEME ONE: BUILDING THE FOUNDATIONS FOR DELIVERY

- 1 Bridging gaps in understanding our risks and opportunities to identify actions;
- 2 Integrating and influencing strategy and policy;
- 3 Building resources, capabilities and changing behaviour;
- 4 Monitoring and evaluation.

THEME TWO: MAKING BEST USE OF EXISTING RESOURCES, AVOIDING OR MINIMISING NEGATIVE IMPACTS

- 5 Conserve and enhance the quality and supply of the county of Kent's natural resources and assets;
- 6 Improve our resource efficiency such as energy and water;
- 7 Ensure sustainable access and connectivity for businesses and communities.

THEME THREE: TOWARD A SUSTAINABLE FUTURE

- 8 Influence future sustainable growth for the county of Kent;
- 9 Improve the county of Kent's environmental, social and economic resilience to environmental change;
- 10 Supporting growth in the rural economy and low carbon and environmental services sector.

KENT ENVIRONMENT STRATEGY

A STRATEGY FOR ENVIRONMENT, HEALTH & ECONOMY - MARCH 2016



FOCUS KES:

- REDUCING
NEGATIVE
ENVIRONMENTAL
IMPACTS FROM A
'POOR'
ENVIRONMENT
- MAXIMISING
BENEFITS OF OUR
NATURAL AND
HISTORIC ASSETS

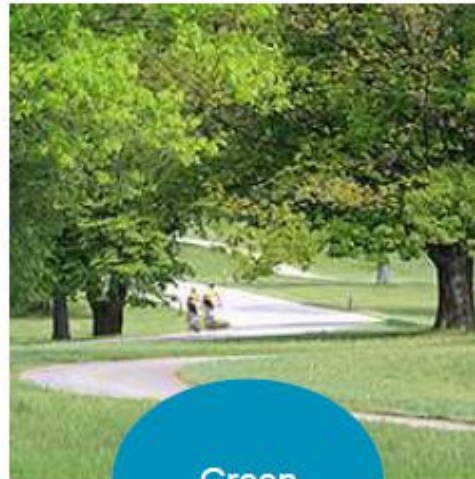
Our factory setting is to be in a sociable group, supportive environment and have a purpose

People



Sociable

Place



Green

Purpose



Valued

© 2015 Intelligent Health



People



Loneliness

Place



Hostile

Purpose



Rejection

Fear and Chronic Stress

© 2015 Intelligent Health



- Poor environment – home or surroundings
- Air quality
- Traffic noise
- Limited access green space
- Even if access don't use
- Climate change impact
- Less ability to adapt

UK Climate Change Risk Assessment 2017



Key Impacts

<p>Flooding and coastal change risks to communities, businesses and infrastructure (Ch3, Ch4 Ch5, Ch6)</p>	<p>MORE ACTION NEEDED</p>
<p>Risks to health, wellbeing and productivity from high temperatures (Ch5, Ch6)</p>	
<p>Risk of shortages in the public water supply, and for agriculture, energy generation and industry (Ch3, Ch4, Ch5, Ch6)</p>	
<p>Risks to natural capital, including terrestrial, coastal, marine and freshwater ecosystems, soils and biodiversity (Ch3)</p>	
<p>Risks to domestic and international food production and trade (Ch3, Ch6, Ch7)</p>	
<p>New and emerging pests and diseases, and invasive non-native species, affecting people, plants and animals (Ch3, Ch5, Ch7)</p>	<p>RESEARCH PRIORITY</p>
<p>NOW -----> RISK MAGNITUDE -----> FUTURE LOW MEDIUM HIGH</p>	

Climate Resilience and Health

Risk / Issue	Impacts
Flooding	<ul style="list-style-type: none">• Drowning or physical trauma• Damage to infrastructure, displacement and disruption• Mental health impacts (e.g., anxiety and depression)• By 2050s looking at twice as many deaths, up to 50% more injuries and twice as many mental health events relating to flooding (compared to 2020s)• Vulnerability of infrastructure
Temperature increases	<ul style="list-style-type: none">• 800 'heat related' deaths occur in the UK with 80,000 days additional NHS hospitalisation• Expected to increase by 70% in 2020s, 260% in 2050s, 540% in 2080s• Most at risk include pre-existing respiratory and cardiovascular problems as well as those impacted by thermoregulation• Vulnerability of infrastructure

Climate Resilience

Evidence

- Severe weather and climate change pose significant threat and opportunities for residents and service provision
- Main issues for Kent include:
 - Flooding
 - Mortality and morbidity relating to temperature
 - Food and water borne diseases
 - Vector borne diseases
 - Air quality
 - Vulnerability of infrastructure and built environment



Response

- Identification of groups with pre-existing conditions
- Alert and prepare
- Flood related mental and physical health risks
- Map infrastructure and develop actions as appropriate
- Sign up to the severe weather impacts monitoring system (SWIMS)



Chronic Stress

Stress
Hormones

Physical
Inactivity

And other
poor health
behaviours

leads to inflammation
Mitochondrial damage and telomere shortening

Depression

Cancers

Cardiovascular

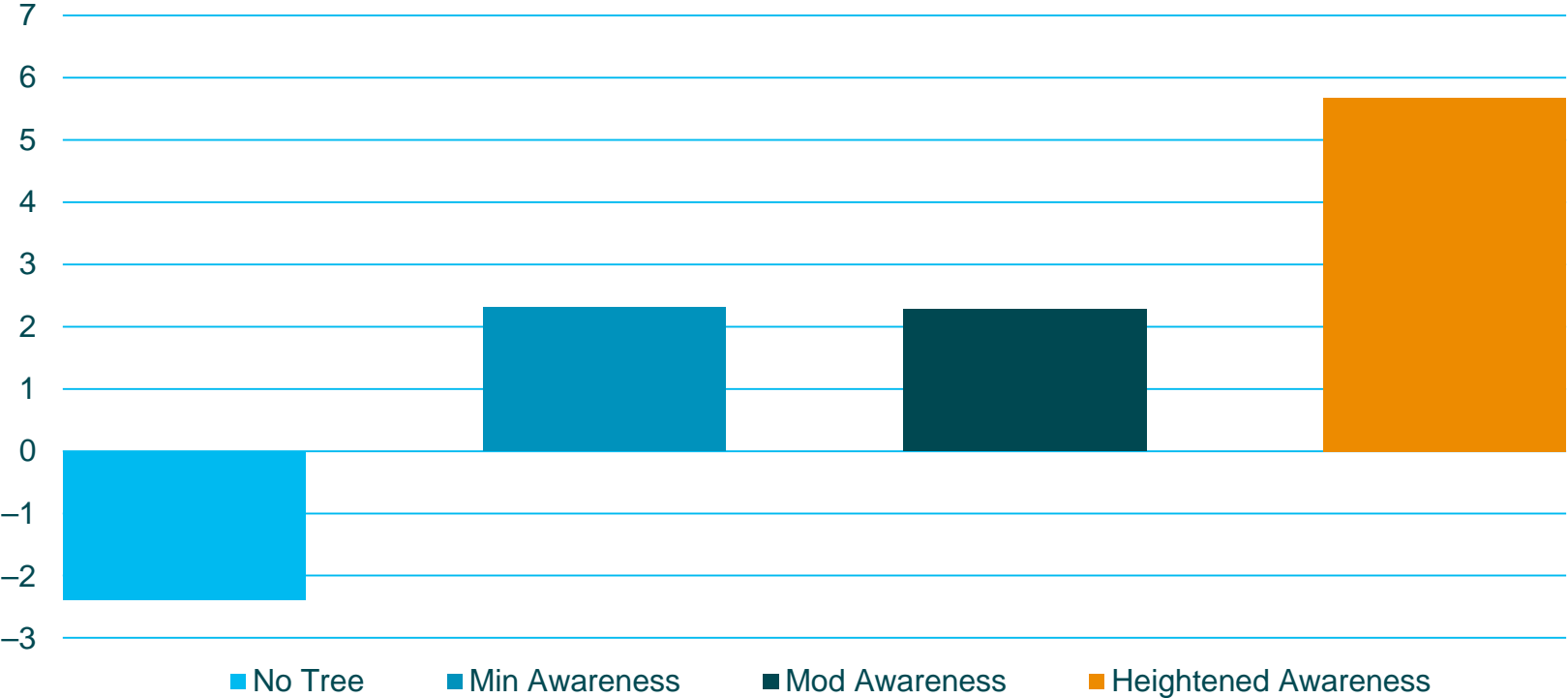
Diabetes

Dementia



The Effect of Trees on Cognitive Performance

Digit Span Backward Test

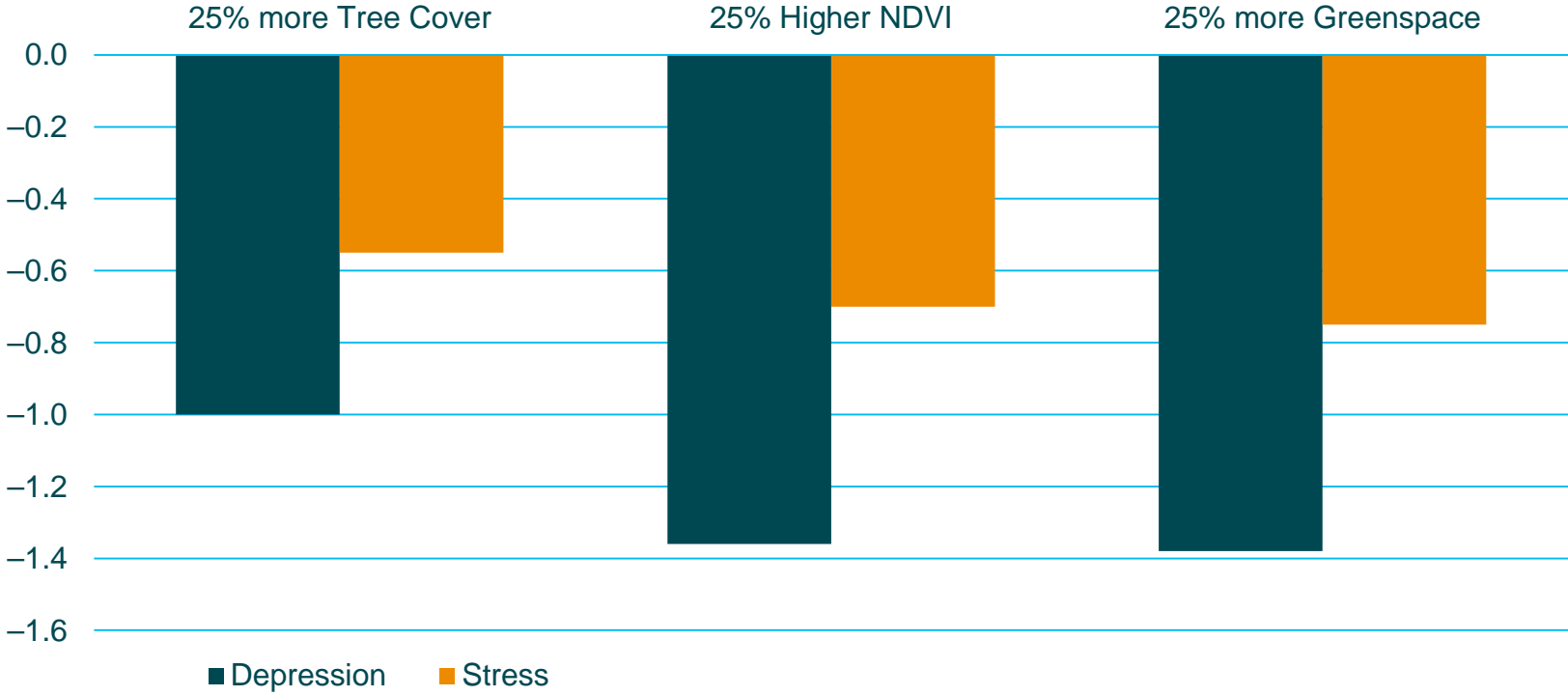


Lin, Ying-Hsuan, et al. "Does awareness effect the restorative function and perception of street trees?" Cognitive Science 5 (2014): 906.



Association Between Trees, Vegetation, Depression and Stress

Normalized Difference Vegetation Index (NDVI)

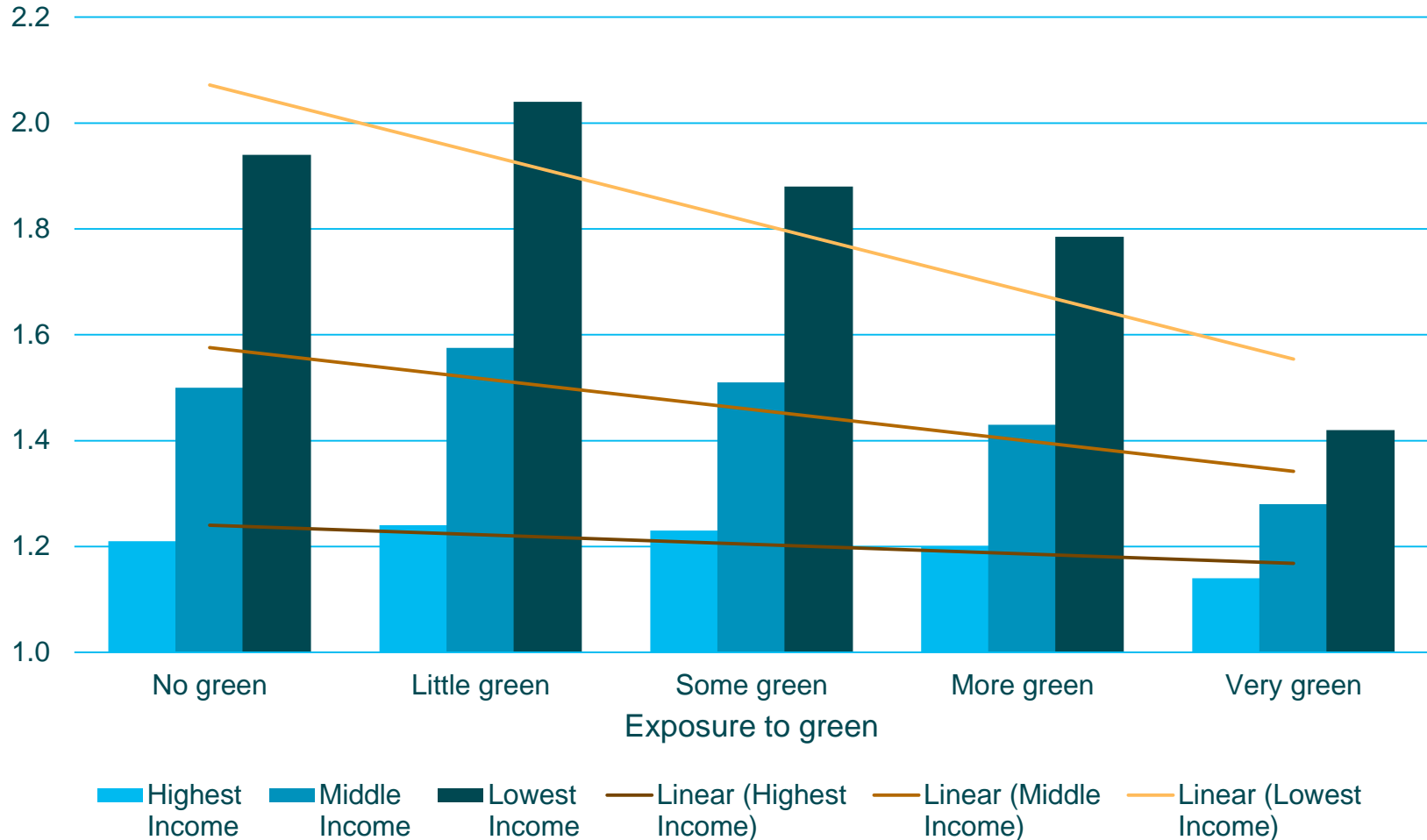


Beyer, Kirsten MM, et al. Int.J of environmental research and public health 11.3 (2014): 3453-3472



Green Space reduces Health Inequalities

Incidence Rate Ratio



Mitchell, R. and Popham, F. (2008) Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet* 372(9650):pp. 1655-1660.



Nature and the Unborn Child

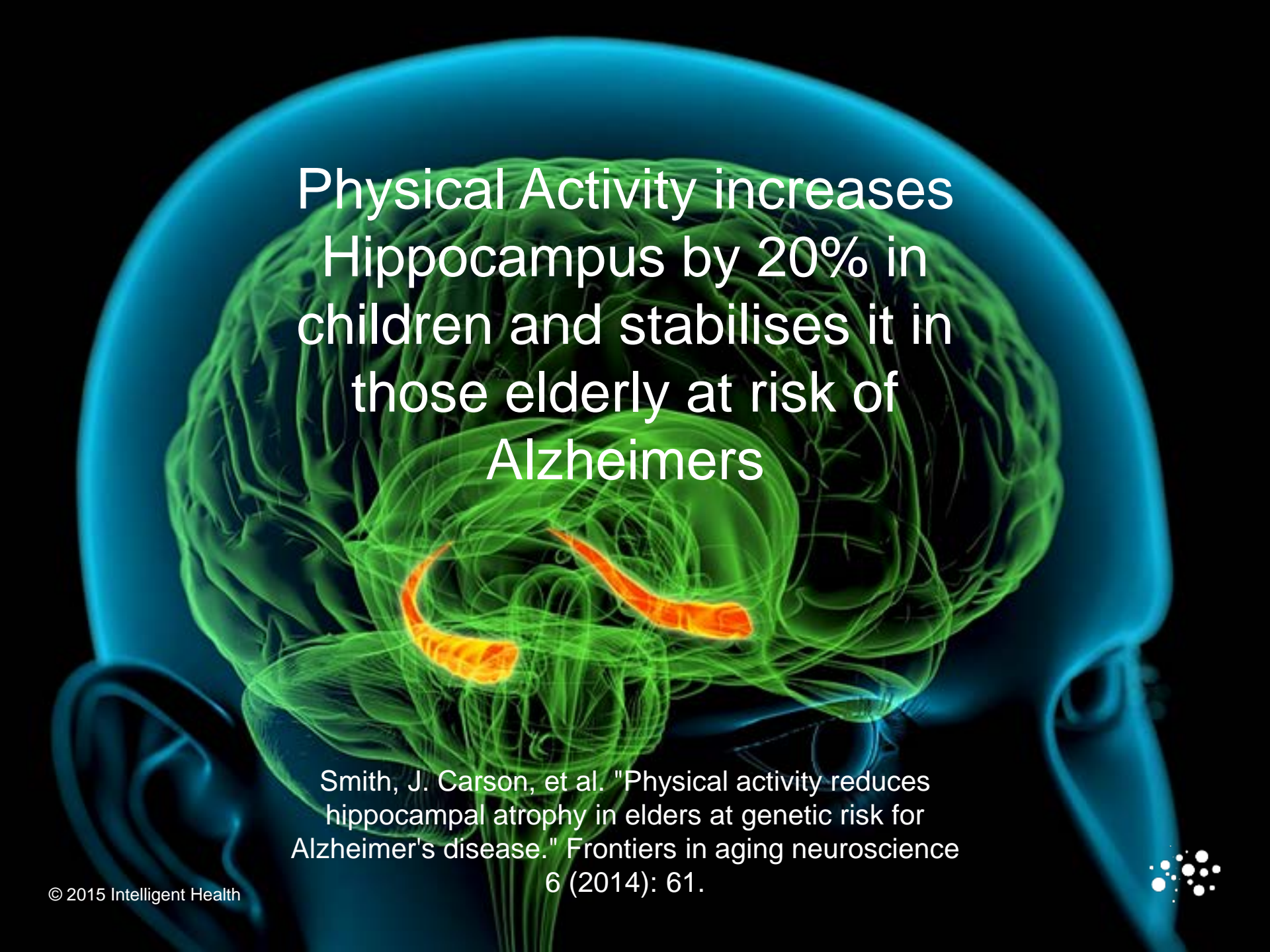
High
Blood Pressure
in pregnant
women increased
by 14% for every
300 meters away
from green
space

Birth
weight and
baby's head
size were larger
within the 500
metres of
green space



1. Grazuleviciene R et al Int J Environ Res Public Health 2014 11 2958-2972
2. Davvand P Env Health Perspectives 120 10





Physical Activity increases
Hippocampus by 20% in
children and stabilises it in
those elderly at risk of
Alzheimers

Smith, J. Carson, et al. "Physical activity reduces hippocampal atrophy in elders at genetic risk for Alzheimer's disease." *Frontiers in aging neuroscience* 6 (2014): 61.



Some Examples

- Minimising negative environmental impacts
- Providing a place for informal, self-directed access to nature
- A venue for outdoor recreation and sport or programmes that use the outdoors as part of their day-to-day activities, such as outdoor education
- A basis for projects and programmes that specifically use the outdoors to improve physical and mental health and reduce social isolation.

warm homes

Save energy, save money



ENERGY EFFICIENCY - RETROFITTING







Dandelion Time
Restoring hope to young lives



SHERWOOD SHEDDERS







- Kent Nature Partnership www.kentnature.org.uk
- Explore Kent www.explorekent.org
- Countryside Management Partnerships
- <http://www.kent.gov.uk/about-the-council/partnerships/countryside-management-partnerships>



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Ashford's Air Quality

Trevor Ford MCIEH, MIOA

Environmental Protection & Licensing Team Leader

trevor.ford@ashford.gov.uk

01233 330 397

Ashford's growth

- Largest borough in Kent
- Fast growing population
- 14,680 new dwellings proposed between 2011 and 2030
- Ashford town redevelopment
- J10A & A28

Monitoring

- NO₂ monitoring
- Fixed monitoring
- PM_{2.5} or PM₁₀ monitoring

Public Health England

Ashford's particulate matter

- Contributes to the death of 50 persons (age 25+).
 - 2nd lowest in Kent
- Contributes to 539 of life-years lost.
 - 3rd lowest in Kent

Current ABC AQ work

- Member of Kent AQ Monitoring Network
- Planning applications
- VMS signage
- Electric vehicle provision
- KM 'walk to school' scheme
- M20 J10A and A28 improvements

Conclusion

- Despite the trend toward improved air quality, we are conscious of the potential impact of major development in Ashford.
- We aim to retain a 'good' air quality status and minimise the burden of poor AQ on public health and local authority resource.

Recommendations

We ask the board to;

- Support an AQ strategy
- Assist in identifying actions to reduce the effect of air pollution
- Facilitate training of staff relevant to AQ

Ashford Health & Wellbeing Board (AHWB) Item 9(a)

Partner Quarterly Update for NHS ASHFORD CCG – Quarter 4: October to December 2016

<p>What's going on in our world</p>	<ul style="list-style-type: none"> • Contracts being signed with providers • Action Plans in place to address underperformance against national constitution measures • Development of MCP model for Ashford locality in collaboration with Kent Community NHS Foundation Trust • Meeting challenge of additional pressures on urgent care and GP services over winter period
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Maintained reduction in T&O referrals • Embedding use of the Mental Health and Wellbeing Café, in collaboration with Shaw Trust • Dementia diagnosis rate maintained • Completed Annual Operating Plan in line with national timescales • Head of Agreement signed with all providers in line with earlier nationally mandated timelines • Launch of "WaitLess" app
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Supporting the development of the OneYou Shop • Continued development of MCP model for Ashford locality • Continued development of Sustainability and Transformation Plan • Delivering against projects aimed to reduce reliance on patient hospital services
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> •
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> • Ensuring that implementation of community networks is balanced with current demands of capacity • Designing and implementing new models of care as part of NHS Five Year Forward View • Deliver of Sustainability and Transformation Plan • Ensuring effective public engagement and support for developing long (and short) term strategic direction
<p>Any thing else the Board</p>	<ul style="list-style-type: none"> •

needs to know	
Signed & dated	

Ashford Health & Wellbeing Board (AHWB) – Item 9 (c)

Partner Quarterly Update for Public Health KCC – Quarter 4: October to December 2016

<p>What's going on in our world</p>	<p><u>Dental Health</u></p> <ul style="list-style-type: none"> • Launch of the Children's Oral Health Improvement Programme Board (COHIPB) in September 2016 with the aim to make sure that every child grows up free from tooth decay. • In 2015, extractions rates in hospital settings (in under 10's) higher in Ashford than in Kent and England. • Between 2008 and 2015, survey data indicates that decay prevalence in five-year-olds reduced in all of the Kent districts with a statistically, significantly reduction in Shepway (33.1% to 15.9%), Dover (28.4% to 12.5%), Thanet (27.9% to 16.7%) and Ashford (26.5% to 15.1%). <p><u>Sexual Health</u></p> <ul style="list-style-type: none"> • The C card programme has evolved and is now known as 'Get it' – this provides condoms to under 24's extended to those aged 20-24years. This is available on line through the sexual health website, as well as registration/pick up points. • A weekly outreach sexual health service opened in Tenterden. <p><u>Obesity</u></p> <p>Latest data Ashford NCMP</p> <ul style="list-style-type: none"> • In 2015/16, levels of excess weight amongst reception year pupils in Ashford were higher than Kent, the South East and England. • Levels of excess weight amongst year 6 pupils in Ashford are also higher than the South East average, but similar to Kent and England. • Whilst the prevalence of overweight, obesity and excess weight amongst year 6 pupils living in Ashford remains at a similar level to that recorded in 2010/11, there is some evidence of an increase amongst reception year pupils. 26.1% of the reception year pupils measured in 2015/16 living in Ashford were overweight or obese.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • All Local Health and Wellbeing Boards in Kent have childhood obesity as a priority with mapping exercises feeding into action plans. The majority of Local Children's Partnership Groups (LCPGs) also have also prioritised childhood obesity and are conducting outcome-based accountability processes to action plan in their areas. Through the Annual Conversations, Early Help are setting targets for childhood obesity where it is identified as a priority. • An audit undertaken of NCMP Locality groups has led to a paper being taken to the LCPG Chairs group in December to agree governance of local groups. This is being considered in the context of governance of other locality groups
<p>What we are focusing on for the next quarter <u>specific to the key</u></p>	<ul style="list-style-type: none"> • Public Health is leading on the development of the Prevention stream of the STP. Workshops are being help to discuss projects. PID and project plans developed awaiting sigh off.

<u>projects</u>	
Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> • There will be a separate report on smoking and obesity presented to the Board.
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> • Cuts to Public Health budgets all over the country.
Any thing else the Board needs to know	<ul style="list-style-type: none"> • Breast cancer screening and cervical screening uptake going down in Ashford. • Breastfeeding initiation low in Ashford • Incidence of TB high • Hip fractures high in Ashford
Signed & dated	Dr Faiza Khan 06/01/17

Ashford Health & Wellbeing Board (AHWB) –Item 9(d)

Partner Quarterly Update for the Ashford Borough Council – Quarter 4: January to March 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none">• Council Tax – ABC is likely to still set the lowest council tax in Kent following the approval of its draft budget for 2017-18.• 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. Work likely to start early in 2017.• Repton Connect (the new Community Centre) – Works commenced in September 2016 and the building offering an activity/meeting space, large field, a multi use games and a car park should be open autumn 2017.• Bridgefield Park (Kingsnorth) – Play facilities and amenities for the new park in Kingsnorth. Planning application for play facilities and amenities to be considered in February 2017. Construction scheduled for completion in late Summer 2017.• Chilmington – the S106 Agreement has been signed and the planning permission will be issued shortly. Work is on-going 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 report from the workshop is available to stakeholders and partners. The Council is working with the CCG to look at opportunities for early health provision as part of the CCG's Estates Strategy. 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 that befits the quality and sustainability agenda at Chilmington. A draft community development strategy has been produced which will hopefully be adopted in April 2017 and work to set up the Community Management Organisation (who will operate and own the community facilities) is well underway. Discharge of planning conditions and reserved matters applications are expected shortly.• Ashford College - is on schedule to open to students in September 2017. Phase 1A likely to commence in Spring 2017 with a 12-month build programme.• M20 Junction10a –Examination in public commenced on 2 December and will run for 6 months. Business case complete and with the CLG with a view to it being considered by relevant Government Minister in late October. HCA agreement to forward fund but needs CLG signoff.• Victoria Road (Powergen) - Leading property regeneration company, Development Securities Ashford given planning permission to bring forward 660 homes and new amenities across two sites in Ashford with a total value of £180 million.• Designer Outlet Centre Extension - planning permission issued and s106 agreement reached.• Ashford Voice – See latest edition of the council's newsletter via http://ashfordvoice.ashford.gov.uk/decemberjanuary-2016/welcome/welcome-to-our-bumper-festive-issue-of-ashford-voice. 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 provide a secured loan to AIMREC. Work on securing land continues.• Kestrel Park - open space in Kingsnorth is due to finish in Spring 2017.
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<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Ashford Volunteer Centre - Volunteers were awarded a certificate by the council in recognition for their outstanding contribution and work in the borough. • Farrow Court - Ashford's first fully dementia-friendly housing scheme has scooped an award at the 2016 Kent Design and Development Awards. Phase 2 remains on target for a summer 2017 completion • Danemore sheltered housing scheme - has now been handed over to contractors to demolish and rebuild. Estimated completion is early summer 2018. • Quarry House – rural extra care scheme completed in July 2016. First rural extra care scheme built on an exception site with land leased to Housing and Care 21 for a nominal rent from ABC. 33 units of rented and shared ownership accommodation, with priority given to those with a local connection to nearby rural parishes. Communal facilities open to wider community.
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Healthy Weight & Smoking – Opening of One You Health Hub in Town Centre. Should be opening February 2017. • Active Everyday (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!). More information at www.ashford.gov.uk/active-everyday. A new 3-month calendar will be available for February. • Health Infrastructure and the Local Plan – On-going work to support the CCG regarding development of health infrastructure within Ashford as linked to the local plan and STP. • Victoria Park redevelopment - A first stage Heritage Lottery Fund bid application for the park will be submitted in early 2017 that will aim to encourage more people to the park. • Conningbrook Lakes - programme of events to be scheduled and promoted.
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • Local Plan – The Council's draft Local Plan was issued for public consultation on the 15 June. More than 2800 representations were received. It is likely that amendments to the draft plan will be published for further consultation in early 2017. More details at http://www.ashford.gov.uk/local-plan-2030 • Development Update – Latest newsletter highlights the unprecedented levels of inward investment. Focus on the major projects that now being delivered. Available at http://www.ashford.gov.uk/development-update. • Homelessness strategy – Approved by Cabinet in October 2016. Includes a 10-point action plan to address local challenges. These include not placing any 16 or 17 year olds in B&B accommodation and enhancing prevention work and engagement across the private and public sectors. Note that Ashford is the first authority in the southeast to be declared "housing business ready" by the Government. Over 40% of all rural local needs homes built in Kent are in Ashford.
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> • East Kent – Exploratory work undertaken 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.
<p>Any thing else the Board needs to know</p>	<ul style="list-style-type: none"> • Medium-Term Financial Plan 2017-22 – Through good asset management, planning ahead and investing in long-term assets the council is well placed financially. The council has long spoken of its ambition to be self-sufficient by 2018/19 or as soon after as practicable. • Staff fundraising - Reverse Advent Calendar for the homeless night shelter, appeal for donations for our Syrian refugees (especially baby stuff), and raised

	<p>the over £1k since September for ABC staff charity Retreat Animal Rescue.</p> <ul style="list-style-type: none">• Stop Smoking Quit Club – ABC running another Stop Smoking Quit Club for staff i.e. the seven-week programme supported by the NHS.
Signed & dated	Sheila Davison – 6 January 2017

Ashford Health & Wellbeing Board (AHWB) – Item 9(f)

Partner Quarterly Update for Healthwatch Kent – Quarter 4: October to December 2016

<p>What's going on in our world</p>	<ul style="list-style-type: none"> • Support to the East Kent Case for Change (and wider STP) • Support to EKHFT with Patient groups seeking information about changes to services • Published our Best Practice Guide to Engagement • Offering free Engagement Healthchecks to all providers and commissioners to review engagement • Launched the Kent wide Physical Disability Forum
<p>Success stories since last AHWB</p>	<p>Reports published on the following:</p> <ul style="list-style-type: none"> • Complaints • CAMHS • Out of county beds for mental health patients • St Martins Hospital, Canterbury Enter & View report <p>All these reports are available on our website</p>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Support for three PPG groups in Ashford • Engagement Healthcheck for Ashford CCG has been completed – awaiting feedback <p>We will be publishing our next reports on:</p> <ul style="list-style-type: none"> • Access to GPs • Hospital Discharge • Carers Assessments • Pharmacies and changes to repeat prescriptions <p>We are starting a new projects around Autistic services for children</p> <p>We will shortly be publishing updates on the feedback from the following services:</p> <ul style="list-style-type: none"> • Community Mental Health • Services for Eastern European communities • Accessible Information Standards • Services for Gypsy & Traveller communities <p>If you have feedback or information about any of these services do please get in touch.</p> <p>We will be continuing our programme of visiting seldom heard groups and communities to hear about their experiences of health & social care services.</p>

<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> Ashford CCG have appointed a new Lay Member to their Governing Body (Chris Morley).
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> We have had a significant budget cut which will mean we have to reduce the amount of activity we undertake. We are still available for commissioned work.
<p>Any thing else the Board needs to know</p>	<ul style="list-style-type: none"> We will be visiting large businesses and employers over the summer to hear about people's experiences of services.
<p>Signed & dated</p>	<p>Nicky Scott Healthwatch Kent 6th Jan 2017</p>

Ashford Health & Wellbeing Board (AHWB) – Item 9(g)

Partner Quarterly Update for Ashford LCPG – Quarter 4: October to December 2016

<p>What's going on in our world</p>	<ul style="list-style-type: none"> • Further joining up of the local strategic groups and shared objectives to ensure best use of time and resources against Ashford priorities. • Focus on embedding the voice of children, young people and their families in all we do and develop. • Sharing the learning from past projects and what we know are the local issues that have been difficult to resolve, requiring a well-planned and determined multi-agency approach (taking into account the other groups working on issues like smoking, healthy weight etc.)
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Smoke free school gates – Schools engaging by designing posters etc. • Quit coaching (to help quit smoking) is in place for young persons to be trained allowing them to offer counselling to their peers. There are two youth workers currently volunteering in this area – need more. • Healthy weight programmes – an audit is being undertaken of all healthy weight programmes in the district to determine success rates and who is attending etc. Focus group work will drive an understanding of need and requirements. • One You Shop – Park Mall– Opening first week in February. Branding from Public Health. Healthy weight plan being reviewed • Aspire Uprising– performing well to assist the children struggling in school and at home to prevent exclusions. Mental health and anger management are the most prevalent issues. Links to local employment opportunities and skills development. • One Stop Shop – Attendance very good. • Improvement in Early Help provision has been recognised and praised by Head Teachers at recent meeting • School readiness and achievement in Ashford schools is generally good. • Positive working relationships between CSU, Police and partners. • Young people seem to enjoy living in Ashford from feedback via ABC • Awareness of CSE increasing • Potential 'place shaping' developments e.g. Ashford College
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Forming a Task & Finish Group for Self-Harm (data needs exploration) • Encouraging Parenting Groups to reflect 'Now' issues – Parenting Steering Group to add to agenda. • Building effective links for 'Smoking & Healthy Weight' T & F Groups • Increasing number of 'Quit Coaches' and groups • Encouraging attendance at upcoming Organised crime training event Tues, 24 Jan 2017 • Assist to Andrew Bidmead in shaping the Police Youth Officer role • Map multi-agency groups across the District to aid initiatives to reduce duplication and provide focus on key issues. • Illicit tobacco roadshow taking place in the February half term • Continue to promote the inclusion and involvement of YP in seeking resolution to their issues.

<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • Mental Health & well-being focus for service development in Early Help with new Mental Health Worker roles being integrated into intensive family work in the near future (links with new commissioning and the introduction of HeadStart in summer 2017 in Ashford) • Monitoring ongoing of grant awarded services from LCPG to measure impact and to inform future direction, working with other local agencies to make best use of resources. • Multi-agency consideration of grants for next financial year – process underway currently and successful providers to be announced next month. • Adolescent Risk Management meetings established and led by Integrated Family Services Manager and linkage with ASB panel.
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> • Ongoing service transformation and consolidation of new commissioned services.
<p>Any thing else the Board needs to know</p>	<ul style="list-style-type: none"> • Free For 2 – take up has increased to 3rd highest in County and 10% higher than last year's take-up. • Active Learner project – needs to be championed to ensure it continues to be led by Ashford in terms of practice development across all agencies in partnership with parents.
<p>Signed & dated</p>	<p>Helen Anderson 06/01/17</p>