

# Ashford Health and Wellbeing Board



ASHFORD  
BOROUGH COUNCIL

Notice of a meeting, to be held in the Council Chamber, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Wednesday, the 26<sup>th</sup> April 2017 at 09.30 am

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The Members of this Board are:-

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

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

Cllr Brad Bradford – Portfolio Holder for Highways, Wellbeing and Safety, Ashford Borough Council

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

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

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

Karen Cook – 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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1. **Welcome and Apologies**
2. **Declarations of Interest:-** To declare any interests which fall under the following categories, as explained on the attached document: i
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  - 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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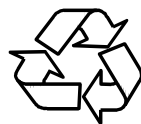
**Under the Council’s Public Participation Scheme, members of the public can submit a petition, ask a question or speak concerning any item contained on this Agenda (Procedure Rule 9 Refers).**

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KM/AEH  
18 April 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](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 **18<sup>th</sup> January 2017**.

## Present:

Dr Navin Kumta – (Chairman);

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

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

Neil Fisher – Head of Strategy and Planning, CCG;

Jo Pannell – Healthwatch Representative;

Chris Morley – Patient and Public Engagement (PPE) – Ashford Clinical Commissioning Group;

Deborah Smith – KCC Public Health;

Mark Lemon – Policy and Strategic Partnerships, KCC;

Carolyn McKenzie – Head of Sustainable Business and Community – KCC;

Trevor Ford – Environment, Protection and Licensing Team Leader – ABC;

Belinda King- Management Assistant, ABC;

Keith Fearon – Member Services Manager, ABC.

## Apologies:

Tracey Kerly – Chief Executive, ABC, Peter Oakford – Cabinet Member, KCC, Philip Segurola, KCC Social Services, Faiza Khan – Public Health, KCC, Simon Perks – Accountable Officer, CCG, John Bridle – Healthwatch Representative, Charlie Fox – Voluntary Sector Representative, Helen Anderson, Chair – Local Children's Partnership Group, Christina Fuller – Head of Culture, ABC,

## 1 Declarations of Interest

- 1.1 Dr Navin Kumta made a “Voluntary Announcement” as a local GP and Chairman of the CCG.

## 2 Notes of the Meeting of the Board held on the 19<sup>th</sup> October 2016

The Board agreed that the notes were a correct record.

## 3 Live Well Update

- 3.1 This item was deferred to the next meeting in April.

## **4 Updates on Ashford Health and Wellbeing Board Priorities**

### **(a) Reduced Smoking Prevalence Update Report**

The report provided an update on work and progress to date in terms of the Ashford Smoking Task and Finish Group in its aims to reduce smoking prevalence in Ashford. Deborah Smith advised that there had been progress on a number of initiatives and drew particular attention to the organisation of an illicit tobacco roadshow which had been organised in the town centre for five days from the 14<sup>th</sup> February 2017. The aim of the roadshow was to raise awareness of the negative impact illicit tobacco had on the local community, undermining efforts of smoking cessation and the links associated with illicit tobacco and organised crime. Sniffer dogs would also be present at the Roadshow which normally generated a great deal of interest from the general public and would help raise awareness of the initiative.

Deborah Smith also explained that resource packs were being distributed to local organisations and to the private sector to help those who wished to cease smoking. In terms of the “Vape” event held in November 2016 Deborah Smith said this had been very successful and since then the Stop Smoking Services team had trained Vape retailers and youth workers were being trained as quit coaches. In partnership with other organisations a One You health shop was to be established in the town centre which would be used to provide information on stopping smoking and healthy weight and other initiatives.

#### **The Board agreed:**

- (i) the progress and outcomes of the activities to date be acknowledged.**
- (ii) support be given to the One You shop for Ashford.**
- (iii) any relevant further support to increase the impact on a reduction in smoking prevalence be agreed.**

### **(b) Healthy Weight Update Report**

The report provided an update on work and progress to date. Deborah Smith drew particular attention to the proposed establishment of a One You shop in the town centre which would promote the healthy lifestyle brand of One You and would also offer advice as a drop in facility. Work was also under way to audit and map areas of Ashford with particular hotspots. The main focus would be to encourage exercise and give motivation for persons to lose weight.

#### **The Board agreed:**

- (i) the approach proposed by the Task and Finish Group.**
- (ii) the six work streams which would form the basis of the work.**

- (iii) further progress update reports be submitted to future meetings.

## **5 Kent Health and Wellbeing Board Meeting – 23<sup>rd</sup> November 2016**

- 5.1 The agenda contained links to the full agenda papers for the above meeting. The Chairman gave a brief summary of the issues discussed at the meeting but drew particular attention to the discussion on the Sustainability Transformation Plan and also work on dementia and looking at producing an action plan in conjunction with nursing homes to ensure that those residents with dementia had that information recorded with their relevant General Practitioner.

## **6 Sustainability and Transformation Plan**

- 6.1 Included within the agenda papers was a report which gave an update on the current status of the Kent and Medway Sustainability and Transformation Plan (STP) and the CCG Operational Plan for 2017-2019.
- 6.2 Neil Fisher explained the CCG's current position with regard to the STP and Operational Plan for 2017-19 both of which set out the intentions for the coming year and general strategic direction. The principal aim was to move care closer to where patients lived and away from acute care delivery, which in Ashford's case was provided by the William Harvey Hospital. This was based on the establishment of community networks. He said that there was a need to review how the networks operated and that he had met with the Chairs of the various networks recently to discuss this matter. He drew attention to a listening event to be held on the 17<sup>th</sup> February 2017 at 1.00 pm at the Julie Rose Stadium where residents could attend and ask questions and following on from this in June it was anticipated that there would be a period of wider public consultation. The proposals would then be submitted to the CCG governing bodies by December 2017.
- 6.3 Chris Morley said that the event on the 17<sup>th</sup> February was an opportunity for a focussed discussion and for residents to be made aware of what the plan was hoping to achieve. He further explained that Ashford had three community networks and he hoped to encourage the voluntary sector to become involved with their work and he was also particularly keen to encourage elected members to join the communities and be able to represent their residents' views. Neil Fisher explained that the three networks for Ashford were based on the demography of the population and were comprised of Ashford Rural, Ashford South and Ashford North. In terms of the role of elected members, Sheila Davison advised that she was to submit a report to the 9<sup>th</sup> February Cabinet meeting on the STP and indicated that she could certainly add a comment and recommendation about encouraging members to become involved in the community networks.

- 6.4 Mark Lemon asked whether there was confidence that the STP would deliver the changes required to sustain the health service especially during the current periods of maximum service demand. Neil Fisher said that to date none of the East Kent hospitals had declared major incidents this winter which was good news but he considered that this was part of the reason why services needed to transform and why it was necessary to examine the way in which services were delivered out of working hours in order to help reduce flows at A&E and how the service could be reconfigured to encourage self-care. He referred to the two new apps which were available, "WaitLess" and "Healthy Now", the latter of which would give guidance on self-help and allow residents to make informed decisions about managing their own care. The "WaitLess" app provided real time information of actual waiting times at A&E and minor injury units and took into account travelling time. This app could be helpful if one site was particularly busy but by using the app it was possible to identify another site which might have a reduced waiting time.
- 6.5 In terms of the two apps mentioned by Neil Fisher, Deborah Smith advised that they could be promoted in the One You shop referred to earlier at the meeting. Neil Fisher considered that the One You shop could be very helpful in explaining that residents' perceptions about health provision were often not accurate and were based for the most part on reporting of the national picture which was often not evident in the local area.
- 6.6 In response to a question, Neil Fisher accepted that social care was a very important issue and he explained that one aspect of the STP was to encourage all partners to work better together. Arising from this he considered that more effective solutions would flow.
- 6.7 Chris Morley said that he believed that the Board had a role in publicising which initiatives were working well. The Chairman said that all initiatives including self-help and partners working better together would all help towards the aim of engaging people and helping them become healthier.

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

## **7 Environmental Protection**

- 7.1 A report "Kent Environment Strategy and Ashford's Air Quality" was included within agenda papers for the meeting. The report aimed to highlight the links between the Kent Environment Strategy, the Health and Wellbeing Board and the work of the Clinical Commissioning Groups, particularly associated with risks and opportunities.

### **(a) Kent Environment Strategy**

Carolyn McKenzie gave a presentation on the Kent Environment Strategy. The presentation had been published on the Council's website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3083>



Carolyn McKenzie explained that she was the Head of Sustainable Business and Community for Kent County Council and said that following a presentation to the Kent Health and Wellbeing Board she had been asked to attend local Health Boards in Kent.

In response to a question following the presentation, Carolyn McKenzie said that there was a need to drill down through the information presented within the report to assess how the information applied to Kent. This work would be done in conjunction with Public Health.

**(b) Air Quality**

Trevor Ford, the Environment, Protection and Licensing Team Leader, ABC gave a presentation on Ashford Air Quality. The presentation had been published on the Council's website under <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3083>

In response to a question, Carolyn McKenzie drew attention to the recommendations set out within the report and said that the key next step was to agree priorities to take forward.

In terms of air quality, Councillor Bradford explained that he was aware that Stagecoach were rolling out a new fleet of minibuses based on a greater frequency of service which would help reduce the level of pollution in the environment. Furthermore he said that one of the aims of the Local Plan was to encourage more cycling throughout the Borough.

With reference to access to green spaces, Carolyn McKenzie said that there was evidence of a perception of fear for some residents in terms of accessing green spaces. Chris Morley also said that it was important to prevent the loss of sites of informal green space, which were currently available in the urban area, from development.

With reference to the Local Plan, Councillor Bradford explained that the issue of public realm was very important to the Borough Council and he drew particular attention to the new developments planned for Victoria Way and the project plan for the revamp of Victoria Park. Both of these schemes had a significant emphasis on the provision of public realm. He also referred to the work of Aspire who were helping to make the town's green spaces look better.

In response to a question as to whether there were specific locations in Ashford where air pollution was more significant, Trevor Ford advised that this would probably be next to the major arterial routes. Air quality was, however, only a contributory factor with ill health and this was often linked with other underlying health problems. Trevor Ford also said that it should be possible to map the highly specific areas but suggested that there could be initiatives such as looking at traffic light sequencing which would help improve the air quality in those areas.

**The Board agreed that:**

- (i) a report on the possible next steps be produced and considered at a further Lead Officers' Group meeting with a view to an update being presented to the Board in April.
- (ii) the development of an Ashford Air Quality Strategy be supported
- (iii) training of staff relevant to the field of air quality be facilitated so that they were aware of how their work could contribute towards improving air quality and reducing exposure.
- (iv)
  - (a) Key personnel be identified 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 be identified.

## 8 Partner Updates

8.1 Included with the agenda were A4 templates submitted by all Partners except Kent County Council (Social Services) and the Voluntary Sector.

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

Update noted.

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

Not provided.

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

Update noted.

**(d) Ashford Borough Council**

Sheila Davison confirmed that the Section 106 Agreement for Chilmington Green had been signed and also said that the Ashford Voice could be used to publicise the work of community networks.

In response to a question regarding whether there had been any concerns regarding rough sleepers over the winter period in Ashford, Sheila Davison said that no particular incidents had been brought to her attention but she was aware that Ashford Churches Together was providing a winter night shelter and that this would be available for a longer period compared to last year and therefore it was hoped that this would prevent some of the problems faced previously.

**(e) Voluntary Sector**

Not provided.

**(f) Healthwatch**

Update noted.

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

In accordance with Procedure Rule 9, Helen Brown, Group Worker from Home-Start Ashford and District said she wished to ask the Board how it was engaging with families. She said that many families Home-Start worked with had anxiety issues and found it hard to attend such places as Children Centres.

Deborah Smith said Public Health had strong links with the schools and she referred to initiatives such as the Smoke Free School Gates and Healthy Weight schemes which families were able to benefit from. Furthermore she said that the One You shop would also allow advice to be given to parents when they were visiting the town.

Sheila Davison explained that Helen Anderson had originally been intending to provide a full response to the question, however, she said that this would now be provided outside of the meeting.

Helen Brown gave a brief overview of the work of Home-Start and said that principally they trained volunteers who would then work with families who wished to be helped. They also ran a group for fathers with children under 8 years of age and offered health checks and organised social events.

The Chairman asked that a copy of the response provided by Helen Anderson be circulated to Board members and he also advised that it was proposed that the focus of the July Board meeting would be the local Children's Partnership Group yearly update.

## **9 Forward Plan**

- 9.1 It was noted that the Live Well item would now be included on the Forward Plan for April, together with an update on air quality. Sheila Davison explained that the Falls Strategy was currently shown on the agenda for the April meeting.

## **10 Dates of Future Meetings**

- 10.1 The next meeting would be held on 26<sup>th</sup> April 2017.
- 10.2 The following dates were also agreed for subsequent meetings:-

19<sup>th</sup> July 2017  
18<sup>th</sup> October 2017  
17<sup>th</sup> January 2018

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**Agenda Item No:****Report To:** Ashford Health & Wellbeing Board**Date:** 26<sup>th</sup> April 2017**Report Title:** Priority 1 – Reducing Smoking Prevalence Update Report (4)**Report Author:** Deborah Smith**Organisation:** Kent County Council Public Health**Summary:**

Work on delivering the Smoking Task and Finish group Action Plan has been ongoing and has incorporated a number of proactive initiatives; the most notable is the Ashford One You shop. Appendix 1 gives the current Action Plan to date and Appendix 2 offers a public facing summary of the issues and progress that has been achieved.

**Recommendations: The Board be asked to:-**

Note the contents of this report  
Agree to receive a full report on the outcomes of the Action Plan for June 2017.

**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 delivered 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.
3. 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.

## Report specific section heading

### Action Plan Update

4. **Smoking in Pregnancy:** More midwives in the Ashford Midwifery teams are CO monitoring pregnant women at the first appointment in line with the Babyclear programme. This is an initial and essential part of the programme that identifies smoking status. The most significant improvement is from the Ashford Red team who recorded 62.5% CO monitoring compliance in October 2016 and are now operating at 81% compliance. In February 2017, 21 smokers were identified from 97 women CO monitored which gives an estimated smoking in pregnancy prevalence of 21.6% in Ashford. The East Kent Midwife with the lead in Smoking in Pregnancy is supporting midwifery teams to routinely CO monitor pregnant women and encourage referrals to Stop Smoking Services where appropriate. More work is needed to encourage women who smoke to accept Stop Smoking Service support.

#### Babyclear CO Monitoring data – Ashford February 2017

Team	Total Bookings	CO Monitored	Not Monitored	% Monitored	Smokers	Referred	Not Referred	%Referred	%smokers of total bookings	% smokers of CO monitored
Ashford Red	63	51	12	81%	13	11	2	85%	21%	25%
Ashford Sapphire	51	46	5	90%	8	7	1	88%	16%	17%
<b>TOTALS</b>	<b>114</b>	<b>97</b>	<b>17</b>	<b>85.50%</b>	<b>21</b>	<b>18</b>	<b>3</b>	<b>86.50%</b>		
*The total % of Co Monitored is taken from the total amount of bookings*										Feb-17

Maternity wards in William Harvey Hospital now offer NRT to pregnant women who would like support in giving up smoking and the Special Care Baby Unit has introduced a campaign to raise awareness of the potential harm to babies of cigarette smoke trapped on skin and in clothing.

5. **Illicit Tobacco:** Aim to raise public awareness on the dangers and illegality of buying and selling illicit tobacco and its potential link to wider organized crime. Trading Standards organised an illegal tobacco roadshow in Ashford from Tuesday 14th until Saturday 18th February 2017, to educate the public on the dangers of illicit tobacco, to carry out enforcement visits to remove illicit tobacco from the market place and to disrupt illicit tobacco sales activity within Ashford. A roadshow trailer was parked for three days in Ashford High Street, one day in Stanhope and one day at the Stour Leisure Centre. The three different locations were used in order to target the different demographics of Ashford residents.

Enforcement visits carried out by Trading Standards over the four days provided seizures from six retail premises. The items that were being seized consisted mostly of Nepalese chewing and oral tobacco. In addition, Polish cigarettes and potentially counterfeit cigarettes were seized. The Intel gathered during the week highlighted there is an issue with illicit tobacco being sold online and via residential addresses within the Ashford borough.

People who visited the roadshow were invited to undertake a short questionnaire. Between 13th February and 24th February 33 questionnaires were completed which showed 91% of respondents were aware of illegal tobacco, 48% had come into contact with illegal tobacco and 91% agreed that we need to keep it out of our community. Out of the 48% of people that had

come into contact with illegal tobacco, 37% of these said that they didn't know how to report it if they came across it. Hopefully, the presence of the tobacco trailer, the literature handed out and the conversations with people helped to make the routes available to report illegal tobacco known.

In addition to the roadshow, two theatre production companies were commissioned to visit and educate children on the dangers of smoking in two Primary Schools and two Secondary Schools within the Ashford borough. Pre and post-performance questionnaires have been completed by the children at the schools and this data is still to be collated and analysed.

6. **Raising Awareness:** In conjunction with the Ashford Healthy Weight Action Plan, the aim is to further promote current commissioned programmes and campaigns - the launch and opening of Ashford One You shop has created opportunities to deliver campaign messages and a convenient location to deliver commissioned programmes. Ashford One You has been promoted in all annual council tax letters, in the local newspaper and through TV advertisements. One You flyers are being sent to all Ashford GP surgeries and pharmacies in Ashford. Resource packs containing healthy weight and smoking health promotion messages are being sent to local communities including Housing Associations, dentists and voluntary organisations.
7. **Promote Kent Quit Packs:** Free Kent Quit Packs are offered to people wanting to quit smoking without receiving behavioural support from Stop Smoking Services. The packs have been acquired from national NHS resources and delivered as part of Kent County Council's Kent Smokefree campaign. The packs have been placed in all GP surgeries and most vets in Ashford, at Ashford Borough Council reception area and advertised at Ashford Leisure Centre.

User response and feedback has been low making it difficult to track the outcome of Quit Kits. Nearly 100 quit kits have been issued from Ashford GP surgeries, with 29 people booking onto the stop smoking service, resulting in 5 quits to date with some still on going on the quit programme.

The view of the Task and Finish group is that the quit kits would not effectively inspire or motivate people to quit but to review and revamp the contents of the Quit kits would be expensive and value for money and effectiveness will need to be assured before any further investment would be made.

8. **E-cigarettes:** In line with national public health messages, ensure that people who wish to quit smoking using e-cigarettes are supported to do so to increase the success of their quit attempt. Following an event with Vape retailers in October 2016, Kent Stop Smoking Services provided level 1 stop smoking training to 13 local Vape shop staff. The purpose of the training was to equip retailers to signpost customers to stop smoking services where appropriate. Although the event received positive feedback there have not been any appropriate referrals to the service. Although disappointing this is not entirely unexpected but has provided channels for future working and building relationships with Vape shops which may be useful when new legislation is implemented in May 2017.
9. **Provide stop smoking support for young people:** 13 Youth Workers in Ashford are currently receiving training to become Quit Coaches to bridge the current gap in stop smoking support for young people. The final part (level 2)

training is scheduled for 17th May, which will upskill youth workers to provide motivational and quit support to young people.

10. **Identify innovative ways to help people quit:** - the launch and opening of Ashford One You shop has created opportunities to deliver campaign messages and a convenient location to deliver commissioned programmes. Ashford One You has been promoted in all annual council tax letters, in the local newspaper and through TV advertisements. There were 18 people in receipt of stop smoking service support at the One You shop within the first 25 days of opening but interest has increased more recently and a weekly clinic now operates from the shop running at full capacity.

## **Conclusion**

11. The Smoking Task and Finish group have explored a number of ways of increasing support and reducing prevalence of smoking in Ashford. Further data analysis of smoking prevalence estimates are being undertaken to present to Ashford Health and Wellbeing Board in June 2017. This work will evaluate the activities undertaken by the group in the last year and will set proposed objectives for the coming year (2017/18).

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Tel: 03000 416696



ASHFORD SMOKING ACTION PLAN 2016/17

ASHFORD TASK AND FINISH GROUP

Theme	Aim	How this will be achieved:	Progress	Lead	Cost
<b>1. Smoking in Pregnancy</b>	Reduce smoking prevalence in pregnant women	<p>Improved rates of identifying women who smoke.</p> <p>More women who smoke to be referred to Stop Smoking support</p> <p>More women encouraged to accept support from services and go on to quit smoking.</p>	<ul style="list-style-type: none"> <li>Smoking Status at Time of Delivery rates have reduced slightly in the last 12 months: 12.4% to 11.8%<sup>1</sup></li> <li>Improved rates of midwives identifying and referring pregnant women who smoke (Red Team: from 77% to 81% CO monitor compliance and from 37.5% to 85% of smokers referred to services. Sapphire Team: 85% to 90% CO monitor compliance and from 57.1% to 88% of smokers referred.</li> <li>Third hand smoke awareness and guidelines in place in William Harvey Hospital</li> <li>NRT offered in Maternity wards at WHH.</li> <li></li> </ul>	Rachel Garrett	Equiv. £10K

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<sup>1</sup> Q4 2015/16 to Q3 2016/17

Theme	Aim	How this will be achieved:	Progress	Lead	Cost
<b>2.Illicit Tobacco</b>	Reduce prevalence of Illicit Tobacco in Ashford and raise public awareness on the dangers and illegality of buying and selling illicit tobacco	<p>Illicit Tobacco Roadshow in Ashford town in February 2017.</p> <p>Roadshow will raise public awareness of consequences of illicit tobacco</p> <p>Theatre visit to 4 Ashford primary schools to raise awareness to children of dangers of tobacco and its potential involvement with organised crime.</p>	<ul style="list-style-type: none"> <li>• Illicit Tobacco Roadshow delivered in Ashford town centre between 10-17 February 2017.</li> <li>• As a result of intelligence provided at the roadshow, 6 retailers were prosecuted for dealing in illicit tobacco.</li> <li>• Awaiting Report on Roadshow</li> </ul>	Debbie Smith/ Trading Standards	£7.5K
<b>3.Raising Awareness</b>	<p>Maximise opportunities for local and national campaigns to: Give prominence and 'cues' to quitting smoking</p> <p>To help prevent the take up of smoking</p> <p>To raise awareness of the range of offers from the Stop Smoking Services.</p>	<p>Kent SmokeFree Campaign (launched in May 2016) targeted in hotspots in the Ashford locality in areas with highest smoking prevalence and in local workplaces.</p> <p>Campaign resource packs produced and distributed to:</p> <ul style="list-style-type: none"> <li>-GPs</li> <li>- Vol Orgs</li> <li>-Pharmacies</li> <li>- Gateway</li> <li>-Drug Misuse</li> <li>- vets</li> <li>- Housing orgs</li> <li>-Parish Councils</li> </ul>	<ul style="list-style-type: none"> <li>• Resource pack distributed to: -GPs - Vol Orgs -Pharmacies - Gateway -Drug Misuse - vets - Housing/Homelessness orgs -Parish Councils</li> <li>• Kent Smokefree campaign flyers/posters sent to all GPs, Gateways and Pharmacies and local businesses and adverts place in Ashford Voice and Kentish Express.</li> <li>• One You shop launched on 10<sup>th</sup> February and had provided 43 information and advice interventions within the</li> </ul>	Debbie Smith	£0 Delivered as part of Kent campaign costs

	To support people who want to quit using other means without accessing behavioural support from stop smoking services if this is what they choose.	One You shop – drop in shop to be open to the public to provide information and advice on healthy lifestyles including support to quit smoking.	<p>first 25 days of opening.</p> <ul style="list-style-type: none"> <li>Public Facing update sheet on Smoking in Ashford produced and available on the Ashford HWB website..</li> <li>Smoke Free School Gates being planned for 4 Ashford primary schools.</li> </ul>		£8,316
<b>4.Promote Kent Quit Packs</b>	Promote the accessibility of newly developed Quit Packs on offer to help people give up smoking on their own if they choose to do so.	Exploring Quit packs piloted by other authorities to identify resources that are useful in assisting smokers to quit	<ul style="list-style-type: none"> <li>Quit Packs were displayed in all GP surgeries and most vets in Ashford.</li> <li>Quit Packs were displayed at ABC Council Reception and advertised at Ashford Leisure Centre.</li> <li>Quit Kits were made available but were not popular with the public. Feedback suggests that hard-hitting messages are more effective than Quit Packs.</li> </ul>	Sarah Martin	£0
<b>5.E-cigarettes</b>	In line with national public health messages, ensure that people who wish to quit smoking using e-cigarettes are supported to do so to increase the success of their quit attempt.	Raise public awareness on the current research and evidence of e-cigarettes, provide appropriate training for stop smoking advisors and health professionals to advise on the use of e-cigarettes and ensure that Vape Shops comply with new Tobacco Product Directive legislation	<ul style="list-style-type: none"> <li>Vape event took place in Ashford on 27<sup>th</sup> October. Four retailers/suppliers attended (50%). Positive discussions highlighted value of working in partnership particularly on legislation due in May 2017.</li> <li>13 local Vape shop staff have received level 1 stop smoking training from the Stop Smoking Services</li> </ul>	Debbie Smith/ Sarah Martin	£0

<p><b>6. Provide stop smoking support for young people</b> (current gap in service)</p>	<p>Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.</p>	<p>Roll out Youth Worker training to enable them and other key professionals to become Quit Coaches (stop smoking advisors) to initiate discussions with young people about smoking, encouraging them to consider quitting and support them in their quit attempt.</p>	<ul style="list-style-type: none"> <li>• 13 Youth Workers currently undertaking level 1 training</li> <li>• 13 Youth workers will go on to receive level 2 training</li> <li>• Quit Coach support will be delivered to young people in June 2017.</li> <li>• Resources targeted to young people purchased to help Quit Coaches motivate smokers to quit</li> </ul>	<p>Debbie Smith</p>	<p>£3,000</p>
<p><b>7. Identify innovative ways to help people quit</b></p>	<p>Working with the community and voluntary sector to identify ways to motivate smokers to want to quit and help them quit successfully.</p>	<p>Targeting smokers and working with agencies that already engage with this target group</p> <p>Work towards a Smokefree Ashford</p>	<ul style="list-style-type: none"> <li>• Voting cigarette Litter bin located in town for trail period and received positive media interest.</li> <li>• Letter from Ashford HWB to MP and Secretary of State to support tobacco sales ban and promote the idea of Smokefree Ashford.</li> </ul>	<p>Cllr Brad Bradford</p>	<p>£2,500</p>

# Statistics on Smoking in Ashford

January 2017

## A significant Health Issue

### Raising Awareness

Ashford HWB is committed to helping reduce smoking prevalence in the Ashford population.

### Smoking and health

Smoking is a risk factor for lung cancer, COPD, heart disease and cancers of the lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

### Smoking rates

The highest levels of smoking are estimated in:

**22.5%**  
Stanhope ward

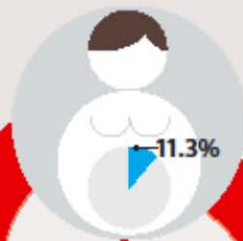
**20.9%**  
Victoria ward

**20.8%**  
Norman ward

**20.8%**  
Aylesford Green

### Smoking in pregnancy

In 2015-16 11.3% of births were to women who were smokers in pregnancy.



### Cost

Each year, smoking in Ashford costs the community £34.3m and the NHS across Ashford £5.5m.

**£34.3m**



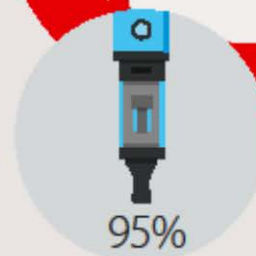
### Smoking rates among young people

Some Youth Workers in Ashford will become Quit Coaches to support young people who want to give up smoking.



### E-cigarettes

Public Health England reports that e-cigarettes are around 95% less harmful than tobacco.



Statistics sourced from Public Health England Public Health Outcomes Framework

**Agenda Item No:**



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

**Date:** 26<sup>th</sup> April 2017

**Report Title:** Priority 2 – Healthy Weight Update Report (4)

**Report Author:** Deborah Smith

**Organisation:** Kent County Council, Public Health

**Summary:** Ashford Healthy Weight Task and Finish group has progressed the Healthy Weight Action Plan to reduce excess weight rates in Ashford among Children and Adults. Appendix 1 shows the progress of the action plan to date. Further monitoring and evaluation will lead to a report on achieved outcomes to be submitted to the next Health and Wellbeing Board with recommendations for revised actions for the new financial year (2017/18).

**Recommendations: The Board be asked to:-**

Acknowledge the Actions progressed by the Task & Finish group

Agree to receive a report on Action Plan outcomes at the next meeting.

**Purpose of the report**

1. This report is to provide an update on progress of the Healthy Weight Action Plan.

**Background**

2. The Healthy Weight Action Plan (see Appendix 1) was produced in April 2016 to support the national and Kent level healthy weight strategy to deliver further actions locally to support the improvement of healthy weight in the Ashford community. Healthy Weight and Obesity is identified as a priority because despite trends improving in Ashford, the area still has:
  - a) More 10-11 year olds overweight than the England average
  - b) More 4-5 years olds overweight than the England average
  - c) More physically inactive adults than the England average
  - d) More adults with excess weight than the England average
  - e) Fewer women breastfeeding than the England average

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

## Report specific section heading

A summary overview of the Actions are listed below:

3. *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)* – currently Childrens Centre staff have been in receipt of this brief advice training with little appetite or resources available for other partners to invest in training and delivery. The One You shop, however, has provided an excellent location with opportunities to signpost the public directly to support services available.
4. *Assess impact of current resources on target groups .through Health Equity Audit of current provision, engaging views and experiences of participants* – Audit now complete; contains list of commissioned healthy weight services in the Ashford area and post-code representation of participants; particularly those living in areas of the highest obesity rates. Phase 2 of the project is being planned for 2017/18 to include consultation with communities and an aim to engage some of the private healthy weight organisations to encourage equitable access.
5. *Further promote current commissioned programmes and campaigns* - the launch and opening of Ashford One You shop has created opportunities to deliver campaign messages and a convenient location to deliver commissioned programmes. Ashford One You has been promoted in all annual council tax letters, in the local newspaper and through TV advertisements. One You flyers are to be sent to all Ashford GP surgeries and pharmacies. Resource packs containing healthy weight and smoking health promotion messages are being sent to local communities including Housing Associations, dentists and voluntary organisations.
6. *Offer and develop programmes to workforces more widely in the area* – healthy weight, stop smoking support and economic evidence offered to local businesses in Ashford but more strategic approach is needed to encourage local businesses to promote healthier lifestyles to their workforces. Flyers and posters have been distributed and One You advertisements has helped towards this and Ashford Borough Council has offered time for each of their staff to visit the One You shop in Ashford for an individual Health Check. His event can be marketed to other businesses as an example of good practice along with cost benefits.
7. *Consult with target groups to develop bespoke programme to support weight management* – this will be undertaken as phase 2 of Action 2. This also meets Public Health targets for community asset mapping.
8. *Review Healthy Weight programmes for Children* - 3 participating Schools (Beaver Green, Ashford Oaks, Victoria Road) have varying levels of engagement. Stanhope, Ashford will be included in a new Public Health pilot to increase Child Health Measurement Programme engagement which will be designed to increase community participation.

**Conclusion:**

Ashford One You shop has been instrumental in delivering healthy weight advice to Ashford residents. Weigh-in services and blood pressure checks are particularly popular and provide a valuable opportunity to enter dialogue on healthy weight behaviour change.

Raising awareness in communities and promoting messages more widely has been addressed through the production of a resource pack which is being distributed to health and local organisations.

In addition, the service mapping of healthy weight provision is currently being analysed and will provide the basis for a more in depth analysis of provision that will be more conducive to behaviour change in targeted communities.

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## Appendix 1

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

<u>Action</u>	<u>Target Areas/Groups:</u>	<u>Partner Lead</u>	<u>Outcome:</u>	<u>Timescales:</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: <i>Stanhope</i> <i>Victoria</i> <i>Norman</i> <i>Aylesford Green</i> <i>Beaver Road</i> <i>Godinton</i> <i>Highfield</i> <i>Adults with a LD</i> <i>Adults with MH issues</i>	<b>Jo Hulks</b> KCHFT  Brief Advice training to be delivered to: Youth Workers Social Care (LD) Childrens Centres Healthy Living Centres Health Trainers Homestart (Families) Age UK (Older People) Action with Communities (ALL) MIND (Mental Health) Headway ]	Brief Advice training Currently being delivered to Childrens Centres  Further advice and signposting offered in Ashford One You shop to over 150 people, nearly 50% of which have been delivered to people who live in the wards with the highest prevalence of obesity.	<b>All:</b> 31 March 2017	Nil: within One You shop funding

		Health Walk volunteers Housing Assns.			
2. Assess impact of current resources on target groups ...  ..through Health Equity Audit of current provision, engaging views and experiences of participants	All commissioned programmes across Ashford compared to programmes in wards with high obesity rates: Stanhope Victoria Norman Aylesford Green Beaver Road Godinton Highfield	<b>Deborah Smith</b> Public Health  <b>Emma Everett</b> ABC	<ul style="list-style-type: none"> <li>Health Equity Audit framework identifies the healthy weight services available and who is accessing them.</li> <li>This information highlights low access to services in areas of greatest need</li> <li>Phase 2 of the project is being planned to include .Consulting with participants and will involve speaking to local people about the services on offer</li> </ul>	31 <sup>st</sup> March 2017	Nil
3. Further promote current commissioned programmes and campaigns more widely in the area	Work with providers to promote activity in priority areas: Stanhope Victoria Norman Aylesford Green Beaver Road Godinton Highfield	<b>Deborah Smith</b> <b>Faiza Khan</b> Public Health  Publicity to: GP surgeries Pharmacies Vol Orgs HLCs Children Centres Village halls Retail outlets ABC website KCC website HWB website	<ul style="list-style-type: none"> <li>Ashford One You shop promotes range of commissioned healthy weight activities with drop-in Weigh ins being most popular. 22 People have joined the Weigh to Go programme and 36 referred to Healthy Weight advice.</li> <li>Resource packs distributed to all GPs and Pharmacies in Ashford</li> <li>Potential for CCG to promote One You to GPs, physiotherapists IAPT s etc.</li> </ul>	Ongoing  e: resource pack prepared for public and business distribution by group	£ nil -current providers will be encouraged to market their programmes

Offer and develop programmes to workforces	Target Ashford businesses who employ Routine & Manual workers	<b>Deborah Smith</b> <b>Faiza Khan</b> Public Health	<ul style="list-style-type: none"> <li>• Healthy Weight promoted to local businesses to encourage healthier employees</li> </ul>		
Consult with target groups to develop bespoke programme to support weight management	Stanhope Victoria Norman Aylesford Green Beaver Road Godinton Highfield Adults with a LD Adults with MH issues	<b>Deborah Smith</b> Public Health <b>Simon Harris</b> ABC  voluntary sector	<ul style="list-style-type: none"> <li>• identify method of engagement with public</li> <li>• ascertain people's views, needs and aspirations</li> <li>• Work with providers to develop bespoke programme and partners to promote/ market the activity</li> <li>• Monitor and evaluate</li> </ul>	Following mapping - Planning from April 2017	£ potentially for consultation £ for delivery
Review Healthy Weight programmes for Children	3 targeted Ashford Healthy Schools (Beaver Green, Ashford Oaks, Victoria Road)	<b>Jo Hulks</b> KCHFT	<ul style="list-style-type: none"> <li>• Healthy weight action plan being delivered in healthy schools but engagement could be improved</li> <li>• Plans to address engagement through NCMP pilot project</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• From April 2017</li> </ul>	nil

# Healthy Weight in Ashford

January 2017

## A significant Health Issue

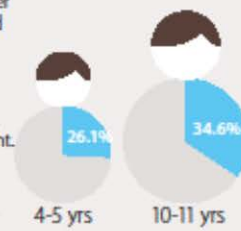
### Raising Awareness

Being obese or overweight is measured by your Body Mass Index (BMI) calculated by your age, height and weight. Calculate your BMI online: <http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>



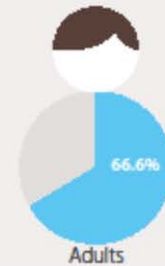
### Overweight and obese

Ashford has higher than the Kent and national average for 4-5 year olds (26.1%) and 10-11 year olds (34.6%) with excess weight. Excess weight among 4-5 year olds is increasing.



### Excess weight

66.6% of adults in Ashford have excess weight. This is higher than the Kent (65.5%) and national average (64.8%) but is a reduction on last year.



Source: 2015/16 PHE data

### Recorded Diabetes



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

### Nutrition in Ashford



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

### Active Ashford



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

Statistics sourced from Public Health England Public Health Outcomes Framework

**Agenda Item No:****Report To:** Ashford Health & Wellbeing Board**Date:** 26<sup>th</sup> April 2017**Report Title:** Ashford One You shop**Report Author:** Debbie Smith**Organisation:** Public Health**Summary:**

Ashford One You is a one stop shop designed for Ashford residents to drop in and receive advice and information on healthy lifestyles. It launched the start of its 4 month pilot on the 10<sup>th</sup> February 2017 and has received good attendance with particular public interest in Healthy Weight, drop in weigh-to-go, Health MOTs/Checks and Blood Pressure checks. Public awareness of One You is increasing and there is a call to extend the pilot period of One You from 4 months to 2 years which will give time and opportunity to measure success effectively.

**Recommendations: The Board be asked to:-**

Note the presentation tabled at the HWB meeting  
Note the progress of Ashford One You facility  
Comment on the Ashford One You shop.  
Support the extension of the pilot period to two years

**Purpose of the report**

1. This report is to accompany the tabled presentation to the Ashford Health and Wellbeing Board on the Ashford One You shop.
2. The report and presentation will provide information and background on Ashford One You and a summary of progress to date.

**Background**

3. Ashford Health and Wellbeing Board has identified two health and wellbeing priorities; smoking and obesity. The Task and Finish Groups for each of these priorities organize the delivery of respective Action Plans aimed to deliver reduced smoking prevalence and reduced numbers of people obese or with excess weight. One of the key actions that spans both priorities is the creation of a public drop-in space designed to support Ashford residents take control over their own health and wellbeing by providing a range of commissioned services, predominantly to promote stop smoking services, healthy weight interventions and Health MOTs or Health Checks. Working within a limited budget and tighter timescales, partners have pulled existing

resources to launch the opening of the One You shop in Ashford town centre on the 10<sup>th</sup> February. The shop is located at 7 Park Mall and is open Tuesdays to Fridays from 9.am to 5pm and from 9am to 1pm on Saturdays.

## Report specific section heading

### 4. One You Shop Delivery

4.1 The premises in Park Mall is conveniently placed in Ashford Town Centre but positioned in a quieter corner of the Mall away from the main thoroughfare. This is not ideal but there has been significant public awareness in the local newspaper articles, flyers sent out with Council Tax bills and more recently, television advertisements all of which help generate awareness of One You.

4.2 The One You shop is being managed by the Public Health commissioned Health Improvement services, Kent Community Health Foundation Trust (KCHFT). KCHFT deliver stop smoking, healthy weight, health check and health trainer services in scheduled locations in Ashford and are inputting additional resources to deliver in the One You setting as well.

### 5. One You Shop Activity

5.1 Within the first 25 days of opening there have been:

- 362 people were recorded as accessing the One You shop
- Of which 218 people went on to receive further detailed healthy lifestyle information and interventions.

This means that 60% of people who walked into the One You Shop have received more in depth information, advice or intervention.

5.2 From this information, we are able to identify a profile of customers; the ward in which they live, their gender and the type of health information they requested or are interested in and accessed either at the shop or via referrals from the shop.

5.3 Of the 218 people who received healthy lifestyle information in the One You shop, there were 344 lifestyle interventions; noting that some people had more than one intervention during their visit.

5.4 Summary of Interventions:

All services	Blood Pressure	Physical Activity	Health Check	Health MOT	Stop Smoking	Health Trainer	Healthy Weight	Other	Total
30	29	22	33	32	43	6	142	7	344
9%	8%	6%	10%	9%	13%	2%	41%	2%	

- 41% of the interventions were on the topic of healthy weight
- 48% of interventions were on healthy weight and physical activity combined.
- 13% of interventions were on stop smoking.
- 53 people had a weigh-in intervention; that is 37% of all healthy weight interventions

## **6. Health Inequalities**

6.1 63 people from 9 of Ashford's most deprived wards have visited the One You shop in the first 25 days of opening and have received one or more interventions. The total number of interventions among the most deprived wards in this period is 104.

6.2 The 9 most deprived wards in Ashford are:

- Stanhope
- Victoria
- Beaver green
- Aylesford Green
- Norman
- Bockhanger
- Boughton Aluph and Eastwell
- South Willesborough
- Downs West

6.3 The following summary shows a breakdown of the numbers of people and activity levels of One You customers who live in Ashford's most deprived communities.

- 29% of all people that have received a service at the One You shop come from the nine deprived wards in Ashford
- 24% of all healthy weight interventions in the One You shop are from people who live in the most deprived wards in Ashford
- 44% of all stop smoking interventions in the One You shop are from people who live in the most deprived wards in Ashford

## **Conclusion**

7. One You Ashford is the first One You shop opened in the Country. Although still too early to determine the success of One You it is clear that there is interest in meeting the early health needs of the population in a local, convenient, drop in environment. Activity and profile details are being measured to ensure that One You is reaching the people who need support the most in a way that is most accessible to them. It is hoped that in meeting this need and supporting people to take control over their own lifestyle behaviours, there will be a reduced preventable demand on primary care and acute services.

7.1 A meeting is scheduled for early May for key partners to discuss the extension of the pilot period to secure the future of the One You provision in the town centre for Ashford residents. In the meantime, attendance at the One You shop continues to be good, particularly as more people become aware of One You and what it has to offer.

### **Contacts:**

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**To:** Ashford Health and Wellbeing Board 26th April 2017  
**Subject:** Draft Joint Kent Health and Wellbeing Strategy 2018-23  
**Classification:** Unrestricted

**Summary:** This paper introduces the outline draft of the Kent Joint Health and Wellbeing Strategy 2018-23 as discussed at the Kent Health and Wellbeing Board on 22<sup>nd</sup> March 2017. This strategy is a radical departure from previous strategies and has been produced in response to the challenge set by commissioners to more effectively support commissioning decision making.

## 1. Introduction

A radical approach to the Kent Joint Health and Wellbeing Strategy 2018-2013 was approved at the Kent Health and Wellbeing Board on November 23<sup>rd</sup> 2016. This new way of working was driven by the needs of commissioners who were asking for better guidance from the strategy and the Joint Strategic Needs Assessment (JSNA) to support them in their decision making.

The Board's decision in November led to the development of both:

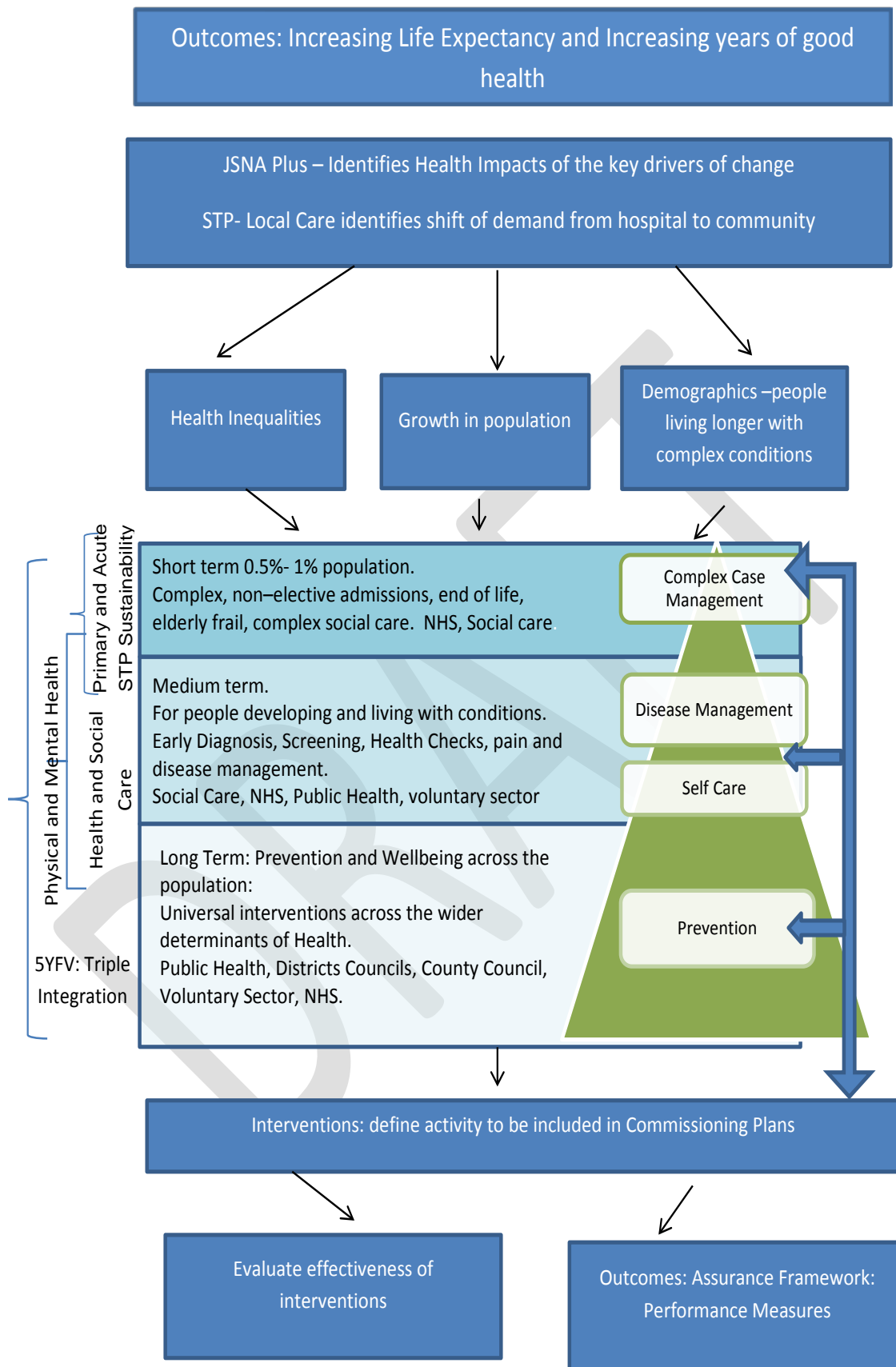
- a strategy that was presented as a draft outline on March 22<sup>nd</sup>, based on the model shown overleaf and
- a new methodology to the JSNA that includes the modelling of flow and capacity through the health and social care system with the opportunity to explore the impact of different commissioning and planning decisions on outcomes. This is called whole system dynamic modelling.

The draft strategy is attached (Appendix 1). A final version of the strategy is due to be presented to the Board in September.

## 2. The Strategy

The Strategy focuses on the Board's unique role as a statutory board to oversee the whole system and work through its partnership to increase the effectiveness of commissioning for the local population. The Board has a responsibility for the health of the whole population, from healthy people to those experiencing disability, chronic conditions, frailty and end of life. This is depicted in the pyramid of health population needs, shown below, which sets out this whole population approach and indicates how different organisations including those beyond health and social care can impact on the health and wellbeing of the population across all the segments of health need.





### **3. Priorities**

The draft strategy was approved by the Board with the expectation that the priorities section would be a particular focus for development. More work has been done to describe the priorities coming from the JSNA and to identify those areas of health needs where Kent is either not performing well or where new initiatives need to be embedded. It is hoped that this section becomes the template from which Local Boards can extract their priority areas for action based on the needs of their local populations. The initial draft is attached at Appendix 2. This will be used as the basis for stakeholder and public engagement and discussion.

#### **4. For Discussion**

**a) Ashford Local Health and Wellbeing Board are asked to comment on the strategy, particularly the priorities section attached at Appendix 2.**

Report Author:

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**Appendix 1**

***Draft Kent Joint Health and Wellbeing  
Strategy 2018-2023***

***Outline Draft for Health and  
Wellbeing Board March 2017***

Note: This is a high level outline draft of the strategy to set out a new and radical approach for discussion.

***Authors: Karen Cook and Tristan Godfrey  
Contact: [karen.cook@kent.gov.uk](mailto:karen.cook@kent.gov.uk)***

# *Foreword: Mr Gough*

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## *Introduction*

**Our vision is that everyone in Kent will have improved health and wellbeing and that inequalities in levels of health and wellbeing across the county will be reduced.**

**Our strategic aims for this strategy are to improve life expectancy and extend the number of years lived in good health.**

Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care, district councils and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the health needs of their local population and tackle inequalities in health. The Board is required by law to have a strategy in place that sets out how commissioners will be supported to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes. Service providers, commissioners, district and borough councils and local voluntary and community organisations all have an important role to play in identifying and acting upon these local priorities.

The third Kent Joint Health and Wellbeing Strategy has been produced at a time of unprecedented national and local scrutiny of the health and social care system. The challenges are clear. Kent, like the rest of England, has an ageing population that will require long-term complex care. There will also be growth in our population through new housing development and with rising levels of ill health predicted due to unhealthy lifestyle behaviours there will be increasing demands on the system. This additional and growing need means that unless health and social care can be transformed the system will become unsustainable. At the same time both Public Health and Adult Social Care budgets are reducing whilst demand and expectations on public services are growing.

At a time of fast paced change the Health and Wellbeing Board (The Board) has developed this strategy as a road map to navigate through the challenges of the next five years and it is intended to be a starting point for action. The Board, working through its partnership arrangements is seeking new ways to come together and deliver differently to impact on health outcomes and, in addition, to give particular support and oversight to commissioning and the planning and delivery of services

that focus on prevention, self-care and the social and economic root causes of poor health and wellbeing in our local communities.

This is because the health and well-being of individual people and local communities is affected by a wide range of factors. These factors can be outside of our control, such as gender or genetic make-up. Other factors exist which although are generally beyond the individual's control, can be improved upon with support from organisations such as the Government, Local Authorities and the NHS. These factors concern the environment, the economy, society and health as a whole and are generally interconnected with one another as shown in the model below.



The Determinants of Health (1992) Dahlgren and Whitehead

The Board is in a unique position to take a broad view on these wider determinants of health because of the statutory duties it has which include:

- Ensuring that a Joint Strategic Needs Assessment that identifies the health priorities for the population is produced
- Ensuring that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced
- Ensuring that the commissioning plans of the CCGs and Kent County Council (social care and public health) properly reflect the needs identified in the Joint Strategic Needs Assessment and the priorities within the Joint Health and Wellbeing Strategy
- Promoting the integration of Health and Social Care
- Ensuring the production of a pharmaceutical needs analysis

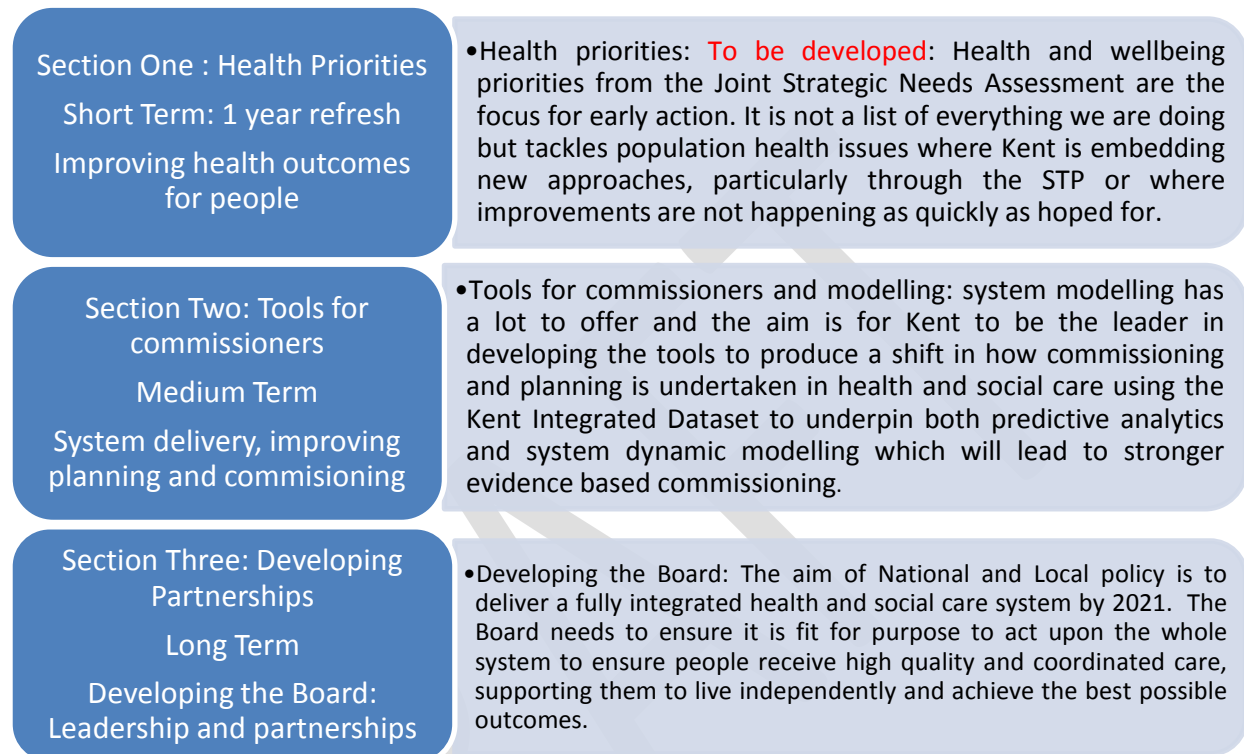
The wider role of the Board means it can reach beyond the health and social care system to achieve its overarching aims by focusing relentlessly on those things that

will contribute to increasing life expectancy and extending the number of years that people live in good health. The end result must be a better quality of life, health and wellbeing, including mental wellbeing, for the people of Kent.

## *Aims of the Strategy*

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The Board has identified three areas for action over the next five years:



This approach addresses the Board's current challenges which include prioritising activity to improve the health outcomes of individuals, how to support the system to make better planning and commissioning decisions with reducing resources and how to make sure the Board is well placed to use its influence and partnership strengths to act on the whole system on behalf of local people.

The pyramid shown overleaf sets out the strategy as a model and shows where the activity of partnership organisations such as Districts, Voluntary Sector, Public Health, NHS and Social Care happens and how that activity can contribute to the health outcomes of the population. Looking at the system in this way has been recognised as the root of a successful model of integrated, cost effective care focussing on preventing ill health, disease management and keeping people out of hospital.

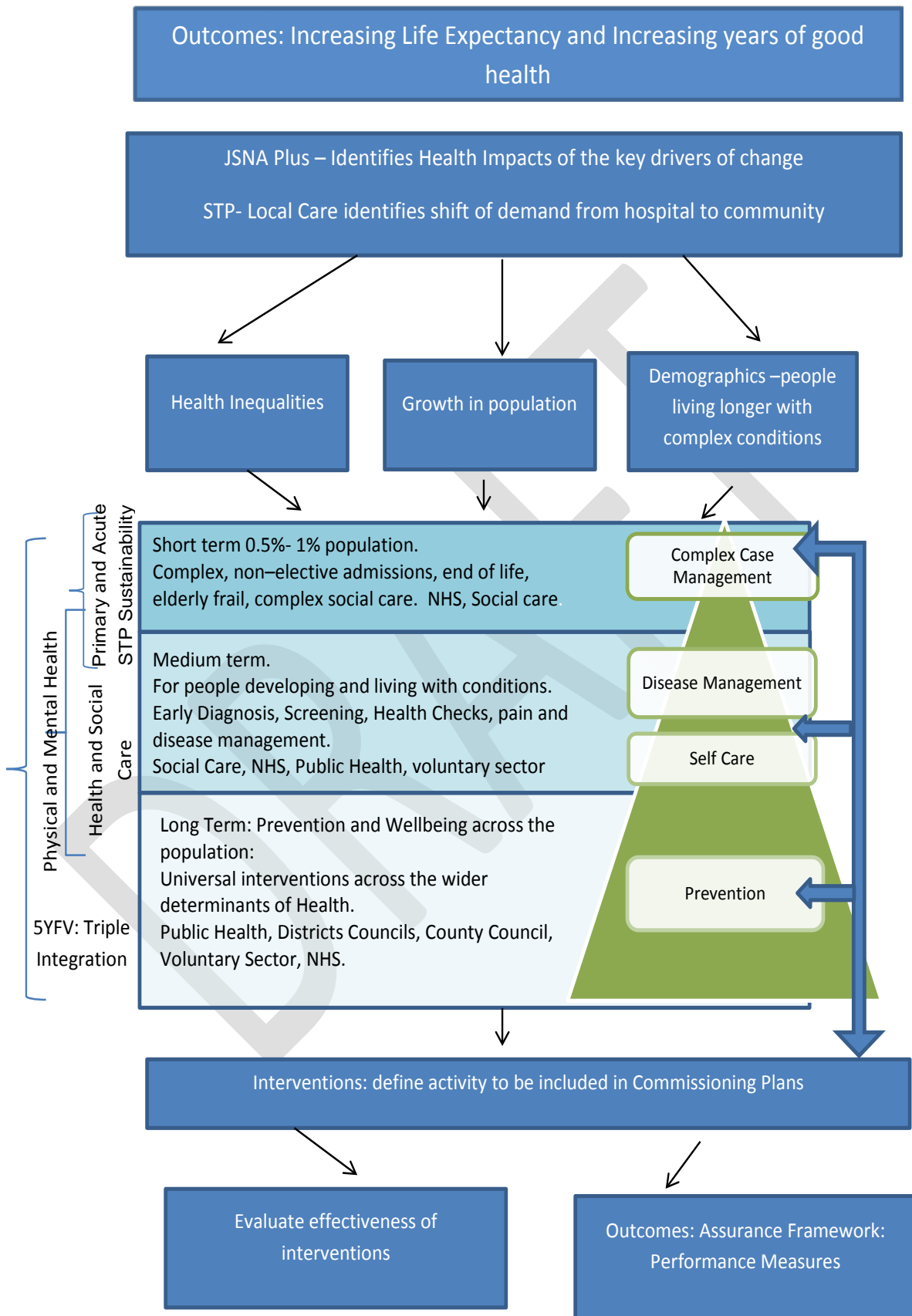
This population wide approach will take into account the health needs of everyone, including the mostly healthy right up to those people with chronic conditions, the elderly and extremely frail and those at the end of life. It will help to focus activity on

identifying and supporting those most at risk in each segment of the population to prevent them from developing disease, progressing into greater ill health or into crisis.

This strategy does not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they will be delivered and the Health and Wellbeing Board will continue to consider all relevant commissioning strategies and plans to ensure that they have taken into account the priorities and approaches set out in this strategy. Appendix 1 shows how current plans and strategies across the County support the work of the Board and help it to deliver its strategic aims.

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## The Strategy as a Model





## Context

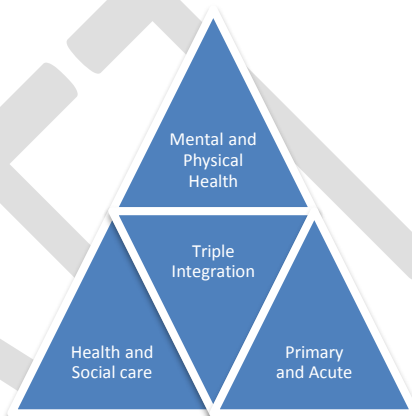
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The Health and Wellbeing Board will maintain its statutory duty to ensure that **all** planning and commissioning by Health and Social Care supports improvements in the health outcomes of the population, including the Sustainability and Transformation Plan and plans for integration.

Nationally, transformation of the NHS is being driven through a document called the Five Year Forward View which aims to redesign care by embracing a triple integration agenda which ends the separation of physical and mental health while combining health and social care and blurring the boundaries between primary and specialist care, something already begun by the vanguard sites.

In response to these challenges major change of NHS services at a local level is being managed through the Sustainability and Transformation Plan looking at the systems and structures of care delivery.

At the time of writing the detail of the Plan for Kent is still being developed and consulted on.



### **a) Sustainability and Transformation Plan (STP), Integration and New Models of Care**

STPs must demonstrate how new models of care will be developed and full integration of health and social care achieved by 2020. In this area the STP has been developed jointly with NHS, social care and public health leaders across Kent and Medway. The Kent and Medway plan is being developed to address the significant challenges in our area to provide a sustainable health and social care system, with many of the current providers of NHS services in special measures and a significant financial deficit by 2021 if we do nothing. At the same time *Your life, your well-being: A vision and strategy for adult social care* published in 2016 sets out how social care will transform to meet the challenges of growing demand and reducing budgets and how it will complement the STP and support the development of new models of care.

At the heart of this planning across both health and social care is the ambition to deliver more services locally and more conveniently either near or in someone's home, reducing the need to travel to hospital unless absolutely necessary, or to be in hospital longer than is needed. Widely available community based or *local care* is

the key to moving services out of hospital with health and social care staff working together (integration) to support an individual with their health and care needs.

Both the STP and Adult Social Care Vision are significant as they will support the Health and Wellbeing Board to deliver its statutory duty to promote integration. An important element of delivering integration is developing joint working arrangements – such as joint decision making structures, pooled or aligned budgets and shared staffing arrangements.

The Health and Wellbeing Board has been at the forefront of promoting integration through oversight of the local Integration Pioneer Programme and the Better Care Fund. Integration Pioneer continues to support the diverse and expanding range of new models of care that are significant in the development of the STP, such as the Encompass Multi-Speciality Community Provider Vanguard highlighted here.

**Encompass Multi- Speciality Community Provider Vanguard** is a group of 16 GP practices in Whitstable, Faversham, Canterbury, Ash and Sandwich which are working together to provide more local services. This will mean that patients can receive more of their care from their local surgery, without the need to travel to hospital. Locally provided care includes minor injuries unit, diagnostics and screening, consultants conducting outpatients' clinics in the community and there are plans to extend into nursing care. The population size covered by these arrangements is now 170,000 people.

The Better Care Fund (BCF) is a key driver for integration as it promotes the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. Together with the Sustainability and Transformation Plans the BCF must be able to demonstrate how integration will be achieved and it will continue to be monitored by the Board.

Going forward the Board should have oversight of the new models of care and emerging governance and commissioning mechanisms to deliver triple integration. The Board will focus on local care and prevention workstreams of the STP to make sure that the activity prioritised as part of the STP will deliver improved outcomes and better understanding of costs. This would include oversight of the proposed Kent and Medway Integrated commissioning organisation, Accountable Care Organisations or MCPs.

#### **b) People at the centre of everything we do**

We know that working in partnership with people and communities leads to better health, better outcomes and better use of resources and so we must include people and communities in shaping the future of services. The People and Communities Board, one of the Five Year Forward View programme boards, has published six principles for engaging people and communities. These principles will underpin the

approach of the Board and MUST be present in all the commissioning and planning we do across the system:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequality
- Carers are identified, supported and involved
- Voluntary, community and social enterprise, and housing sectors are involved as key partners and enablers
- Volunteering and social action are key enablers

The Board will also expect to see consideration to the national *I Statements* in all planning and commissioning strategies and in key performance indicators/measures to ensure that services are person centred and impacting successfully on an individual's outcomes.

***I statements*** have been developed nationally with the Public and are an assertion about the feelings, beliefs and values of the person speaking. They are what people who frequently access health and social care services expect to feel and experience when it comes to personalised care and support. For example

Person centred coordinated care means

*"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"*

## ***Section One: Health Priorities***

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The aim of this strategy is to increase life expectancy and years lived in good health. Changes in such long term outcomes will take longer than the life of this strategy but the focus and actions highlighted here will contribute to changes in the health and behaviours of the population that are shown to be key factors in developing many preventable diseases and conditions that impact so negatively on our lives. For those that do develop long term conditions access to the right help and support to live with their conditions is paramount and as we age managing frailty and preparing for the end of life provides dignity and peace of mind for all, including family and friends who provide so much unpaid care.

The Joint Strategic Needs Assessment (JSNA) Overview Report for 2016<sup>1</sup> highlighted increasing growth, changing demographics and health inequalities as key drivers for future demands on services. We know that:

- In the next 5 years (2017 to 2022) the KCC area population is forecast to grow by 95,300, a 6.1% increase. Of this number up to 12,000 will potentially be in the new town in Ebbsfleet, if development proceeds there as expected.<sup>2</sup>
- The number of people aged 65 and over is growing much faster (at 11.1%) than the population aged under 65 (at 4.9%).
- According to the 2011 census there were 257,100 people in the KCC population with a long term health problem or disability (17.6%) with 116,407 of these limited a lot by their condition. There were also 58,300 (4%) people stating that they were in bad health.
- The majority of deaths in Kent were caused by chronic conditions including cancer (28%), respiratory disease (16%), coronary heart disease (11%), stroke (9%) and other circulatory diseases (9%).
- Whilst health outcomes have been improving for Kent as a whole, the differences in these outcomes between affluent and deprived populations persist. Current data highlights this - whilst mortality rates are coming down, the gap between the most affluent and the most deprived has not changed over the last 10 years, suggesting that efforts to tackle health inequalities are not yet having an impact on mortality rates.
- Risky health behaviours and poorer outcomes correlate strongly with those living in deprived areas: obesity prevalence, smoking prevalence, teenage pregnancy rates, alcohol related disease, registered disease prevalence, to name a few.

The JSNA has highlighted cancer, heart disease, lung disease, diabetes, obesity and stroke as the main causes of early death and as having the most impact on the number of years lived in good health. Lifestyle choices such as smoking, drinking, exercise and diet have an impact on our likelihood to develop these conditions, so focus on early prevention is becoming increasingly important to reduce demand in a health and social care system that is already stretched and facing significant financial challenges. The JSNA Exception Report 2017 states that unless there is full engagement of health and social care commissioners, providers, voluntary sector and communities themselves in preventing avoidable disease and disability and in delaying the onset of age-related disability, both the health and social care system in Kent and Medway will continue to be under pressure.

The table below sets out the health and wellbeing outcomes the Board aspires to across the local population, and is mindful of, as it brings its influence to bear across the whole system. However we are already commissioning and delivering a range of

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<sup>1</sup>Working Together to Keep Healthy, Joint Strategic Needs Assessment Overview Report: August 2016

<sup>2</sup> KCC Housing Led Population forecast October 2016.

interventions that will support us in tackling health inequalities and health needs across the County, focussed on improving access to services and targeting lifestyle factors such as obesity and smoking. Therefore we will develop analysis through the whole systems dynamic modelling tools to identify where to focus on a small number of priority issues where the Board can make a real difference through joint working and collective action. The priorities will allow for local variation and will be updated by the Board annually as the work from the new modelling tools begins to inform the JSNA Plus.

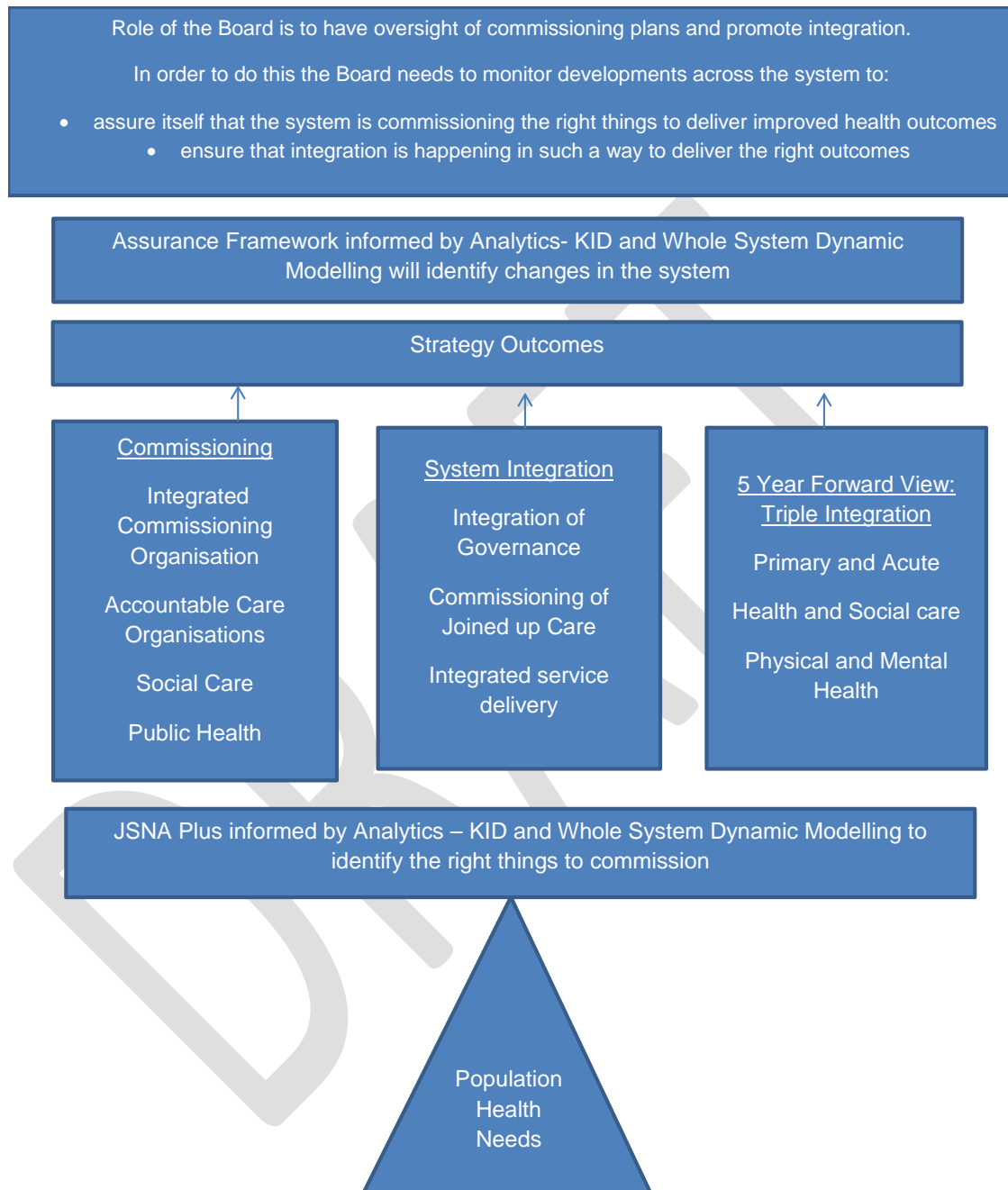
Strategic Gaps driven by the themes of triple integration and other health priorities identified by the JSNA have been identified for further development. These include:

- Local Care Offer reflecting activity prioritised as part of STP
- Multi Morbidity- More than one long term or chronic condition (integration of Acute and Primary including learning from Encompass Vanguard)
- Integration of Mental and Physical Health
- Prevention of ill health by targeting the main causes of death in the under 75s including prevention activity highlighted as part of STP
- Community assets and self-care
- Health Inequalities
- One health and social care system (integration of Health and Social Care)

0-4	5-15	16- Working age	Retirement	Elderly frail
<ul style="list-style-type: none"> <li>▪ Healthy pregnancy</li> <li>▪ Safe delivery</li> <li>▪ More breast fed babies</li> <li>▪ Good parenting</li> <li>▪ Vaccinated</li> <li>▪ Healthy Diet</li> <li>▪ Physically active</li> <li>▪ Reaching their developmental milestones</li> <li>▪ Safe</li> <li>▪ Happy</li> <li>▪ Ready for school</li> <li>▪ Non-smoking environments</li> </ul>	<ul style="list-style-type: none"> <li>• Resilient</li> <li>• Physically active</li> <li>• Healthy Diet</li> <li>• Safe</li> <li>• Mentally well</li> <li>• Happy</li> <li>• Going to school</li> <li>• Preparing for Work</li> <li>• Non-smoking environments</li> <li>• Young Carers are recognised and supported</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ready for work</li> <li>▪ Opportunities (Jobs, further education, volunteering) available</li> <li>▪ Informed about sexual health</li> <li>▪ Non Smokers</li> <li>▪ Healthy Weight</li> <li>▪ Physically active</li> <li>▪ Mentally well</li> <li>▪ Engaged in society</li> <li>▪ Planning for later life</li> <li>▪ Those in a caring role are recognised and supported</li> </ul>	<ul style="list-style-type: none"> <li>▪ Healthy</li> <li>▪ Physically active</li> <li>▪ Non smokers</li> <li>▪ Later life planning in place</li> <li>▪ Tools to self-care</li> <li>▪ Mentally well</li> <li>▪ Socially engaged (not lonely)</li> <li>▪ Engagement in activities including volunteering opportunities</li> <li>▪ Carers are recognised and supported</li> </ul>	<ul style="list-style-type: none"> <li>▪ Independent for as long as possible</li> <li>▪ Tools to self-care</li> <li>▪ Can get help in a crisis</li> <li>▪ Not lonely</li> <li>▪ Access to people, places and things to do</li> <li>▪ Safe</li> <li>▪ Warm</li> <li>▪ Living well with dementia</li> <li>▪ Carers are recognised and supported</li> </ul>
<i>Recurring themes across life course: Being a carer, transition and planning for the next stage in life, connection to a community</i>				
<i>Environmental Factors: Enough Money, Clean Air, Green Space, Housing, Warmth, Transport, Things to do, choice and control</i>				
<ul style="list-style-type: none"> <li>▪ Setting life course</li> <li>▪ Reduced need for cancer, diabetes, heart disease, stroke, mental health services later in life</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduced need for MH services</li> <li>▪ Increase in children of a healthy weight</li> <li>▪ Reduction in job seekers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Economically vibrant place to live with productive workforce</li> <li>▪ Reduced costs attached to cancer, diabetes, heart disease, stroke, mental health services</li> <li>▪ Fewer GP appointments</li> <li>▪ Reduced number of suicides</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduced costs attached to diabetes, cancer, heart disease, stroke, mental health services</li> <li>▪ Fewer GP appointments</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fewer emergency admissions</li> <li>▪ Fewer falls</li> <li>▪ Fewer GP appointments</li> <li>▪ Reduced Care home admissions</li> </ul>

Draft Table: Outcomes for the Health and Wellbeing of the Kent Population

## Section Two: Developing the Joint Strategic Needs Assessment: Tools for Commissioners



This diagram sets out how the Board should have oversight of the whole system as integrated commissioning develops. Commissioners will need support to explore and understand the needs of the population and how integrated commissioning can improve outcomes. The Board will need to have assurance that the right interventions have been commissioned and that health outcomes are improving.

In response to this challenge the Health and Wellbeing Board has decided to adopt a systems modelling methodology as part of the JSNA process, an approach that combines the best available evidence with the ability to explore future population health scenarios. This is a new approach where ‘population health management’, ‘outcomes-based commissioning’ and ‘activated citizen’ come together into an overall approach.

National thinking is also beginning to describe this move towards local learning health and care systems that allow localities to better “predict and prevent” as well as “diagnose and treat”.<sup>3</sup> These new approaches require patient and population data to be used for supporting decision making and advanced analysis. The Kent Integrated Dataset puts Kent at the forefront of:

- Evidence-based commissioning
- Population-level trend and outcome analysis
- Integration and redesign of health and social care services
- Care pathway surveillance and optimisation
- Evaluation of investment / disinvestment strategies

The Kent Integrated Dataset links a wide range of data from Health and social care together for the first time providing the Board with valuable insight into the activity within the system and progress towards outcomes to provide greater monitoring, influence and assurance of commissioning plans.

To support the Board and commissioners we will develop the analytical and modelling capability across the system. This work will develop into a set of tools, the JSNA Plus, that will enhance the work taking place in the STP to give commissioners a mutually agreed evidence base through which to test different commissioning scenarios and make more informed and targeted decisions. This is called System Dynamic Modelling and Kent is poised to be the leader in developing and operating such tools to produce a shift in how commissioning and planning is undertaken in health and social care.

## ***Section Three: Developing the Board***

Health and Wellbeing Boards are increasingly seen as part of the internal governance and accountability arrangements for local health and care systems with an expectation that they will be involved in the development and sign-off of policies and strategies across a wide range of areas and of different scale and scope.

The Board must ensure it remains fit for purpose at a time of unprecedented change and within the context of the STP to ensure it can effectively carry out its statutory duties. The Board needs to act upon the whole system to ensure people receive

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<sup>3</sup> Target Architecture: Draft Outputs from the Interoperability and Population Health Summit 21/12/16



high quality and coordinated care that takes account of the opportunities presented by working in partnership to improve outcomes and target areas where progress is needed.

The STP is designed to have a significant impact on the progress of integration and will influence all aspects of health and social care. It provides the current framework for health and social care policy discussion. The Health and Wellbeing Board will continue to have the same statutory responsibilities that it currently has. The challenge for the Board as it goes forward will be to continue to fulfil its statutory duties and help ensure delivery of the STP. Through the Integration Pioneer, Better Care Fund, Sustainability and Transformation Plan and the hard work and initiative of many teams and individuals working across Kent, steady progress has already been made.

The emphasis now needs to shift from the activity of individual organisations with common outcomes as the goal, to all organisations operating as one system. The following sets out the steps required to complete the journey by the end of the strategy and put in place a sustainable framework for operating as one system. This will be done through the following strands of work:

- Ensuring alignment of Plans
- Commissioning Mechanisms
- Developing Strategic Relationship with Providers
- Reviewing Local Boards
- Reviewing Membership
- Local Data Partnership

**Ensuring Alignment of Plans:** The members of the Health and Wellbeing Board will use this strategy to guide their own plans, and exercise influence over the wider system helping to shape the strategies and initiatives that are being developed to respond to the challenges the County faces. However there is a limit to how much impact shared health and care plans can have. There is a need to align other strategies and plans across the whole system to the agreed health priorities for Kent, both to reduce the pressure on health and care budgets and make a bigger impact on the health of the population.

This relies on the willingness of partners such as Districts, and if possible of organisations in the wider system, such as the voluntary sector to consider and articulate health impacts in everything they do, seeking new ways to work together through wider partnerships to provide added value, reach and scope in tackling Kent's health priorities.

The Health and Wellbeing Board will maintain an overview of plans as part of its statutory duties to ensure alignment of commissioning plans of the CCGs, Public Health and Social Care to the health priorities of the population. It will also continue to extend this oversight across the wider system with the expectation that each

strategy or plan will demonstrate how it will contribute to improving the health of the Kent population by impacting on the wider determinants and on the different population cohorts described in the pyramid diagram. As an example plans that are currently aligned to the health priorities of the Kent population are set out in Appendix 1.

**Commissioning Mechanisms:** Work on bringing commissioning activity together across health and social care is already well established in particular areas (notably children's health). The STP has given an added impetus to going further on a wider whole system basis and new models of commissioning are in development as part of the STP. There will be a need for the Board to have a strategic overview of this work, challenging and supporting commissioners to invest in the right things and bringing the wider partnership together to more effectively share resources. A Kent and Medway Integrated Commissioning Organisation has been proposed and it is important that the Board has a robust and effective relationship with that organisation and is able to give oversight of activities to ensure that they are in line with the Strategy and the JSNA.

**Strategic Relationship with Providers:** As commissioning activity becomes shared across commissioners from different organisations the role of providers and the expectations on them will need to be fully understood. The Health and Wellbeing Board will need to evolve to understand the market and how providers are meeting the needs of the public. Therefore there will be a case for establishing a more strategic relationship with providers.

**Local Boards:** The Local Health and Wellbeing Boards will be better placed than the Kent-wide Board to consider plans and strategies directly impacting the wider determinants of health. However the Board with Local Chairs may wish to review current arrangements and membership to ensure this structure can effectively impact on local decision making.

**Membership:** The combination of the work streams above may necessitate consideration of the membership of the Health and Wellbeing Board going forwards, including representation from Providers and the Voluntary Sector.

**Local Data Partnership:** A collaborative data-economy is essential if the Board is to meet its statutory obligations efficiently and effectively. This requires the harnessing of the collective power and expertise of various information teams to secure the data needed to inform evidence-based commissioning and service re-design.

A data governance board is to be established for the Kent Integrated Dataset led by KCC Public Health and Clinical Commissioning Groups in improving local information management and data quality by creating a collaborative Intelligence partnership to support local service planning, based on mutual trust and assurance. The board is expected to report directly to the Health and Wellbeing Board and will produce an informatics strategy for whole system planning and population health

analytics, and describe the resources, skills and datasets from respective organisations to enable the above opportunities to become a reality.

## *Conclusion*

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Whilst the overall health of Kent's population is good it is clear that we have some challenges ahead of us if we want to sustain this into the future. We need to think about how we provide support, care and treatment to our population to enable people to have long and fulfilling lives and, at the same time, live within our means. Key to this will be preventing people from becoming ill in the first place by encouraging, supporting and giving people the right tools to live positive, healthy lifestyles. We also need to ensure that we are making the best use of the assets we have by supporting commissioners to invest in the right things.

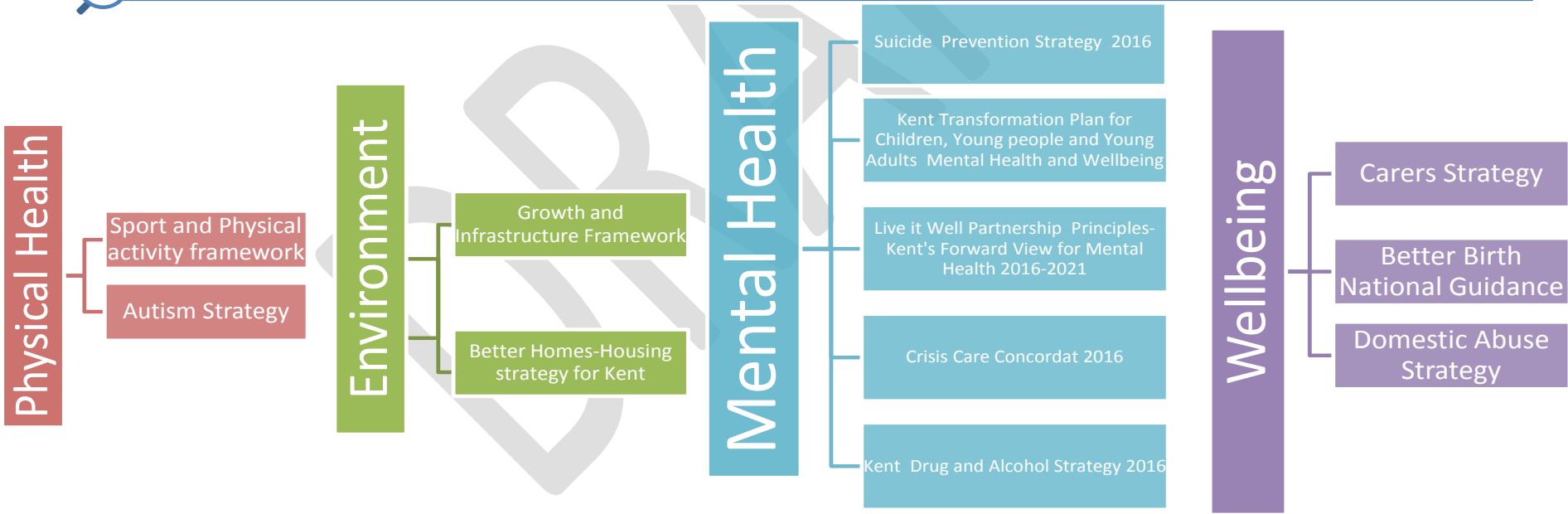
We know that lifestyle behaviours are important contributors to most preventable diseases and collectively impact on many long term illnesses. Thus, it is vital that we promote positive lifestyles particularly in our children and young people, if we are to reduce the numbers of people in Kent living with avoidable ill-health. Similarly, good mental health brings a wide range of benefits, including reduced health risk behaviour, reduced mortality and improvement in long term illness as well as improved educational outcomes and increased productivity at work.

Working with our communities to improve health is key to the success of this strategy, and in delivering the vision of a healthier population over the next five years.

**Appendix 1: Strategies and Plans that support the Health and Wellbeing Strategy**

**Overarching Strategies and Plans**

- Sustainability and Transformation Plan: Transforming Health and Social Care in Kent and Medway
- Adult Social Care Vision Your Life Your Wellbeing
- CCG Annual Commissioning Plans
- Mind the Gap: Public Health Inequalities Strategy
- Children's and Adult's Social Care Commissioning Plans
- Children and Young People's Framework



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## **Appendix 2 Developing Kent's Health Priorities**

**Aims of the Strategy:** Extended years lived in good health and extended life expectancy

<b><u>Priorities: What we want to achieve</u></b>	<b><u>We want to see the following outcomes</u></b>	<b><u>Measures- to be developed though outcomes and measures sub group but could include:</u></b>
<p>1. Developing a preventative approach</p> <p>We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they: Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.</p>	<ul style="list-style-type: none"> <li>• The gap in life expectancy across Kent will narrow.</li> <li>• More people (people means all people in this strategy- children and adults) will be physically active.</li> <li>• More people will be a healthy weight</li> <li>• More people will take up screening</li> <li>• Fewer people will start smoking and fewer women will smoke in pregnancy</li> <li>• Reduction in Alcohol consumption</li> <li>• Housing</li> <li>• Improved air quality</li> <li>• People engaged in their communities /volunteering</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in obesity across the population</li> <li>• Reduction in diabetes diagnosis</li> <li>• Reduction in death due to cancer in the U75</li> <li>• Reduction in deaths due to cardiovascular (including coronary heart disease and stroke) diseases</li> <li>• Rate of alcohol related admissions to hospital</li> </ul>
<p>2. Improving children's health and wellbeing</p> <p>Improving children's health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.</p>	<ul style="list-style-type: none"> <li>• More babies will be born healthy</li> <li>• Children and young people with complex needs will have a good, 'joined up' experience of care and support</li> <li>• More families, children and young people will have healthy behaviours</li> <li>• Children and young people are safe</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking in pregnancy</li> <li>• Breast feeding rates</li> <li>• Rate of domestic abuse incidents recorded by police</li> <li>• Looked after children health checks</li> <li>• Homeless young people</li> <li>• Number of accidents</li> <li>• Children and young people who are not engaged in education, employment or training</li> </ul>

<p>3. Promoting good mental health and emotional wellbeing</p> <p>Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.</p>	<ul style="list-style-type: none"> <li>• More people (people means all people in this strategy - children and adults) will have good mental health</li> <li>• More people with mental health problems will recover.</li> <li>• More people with mental health problems will have good physical health.</li> <li>• Children and young people are supported with robust and timely MH services</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of access to Improving Access to Psychological Therapy (IAPT)/ talking therapies</li> <li>• Waiting times for CAMHS</li> <li>• The proportion of adults in contact with secondary mental health services in paid employment</li> <li>• Physical health checks for patients with a severe mental illness</li> <li>• Proportion of people feeling supported to manage their condition</li> <li>• Number of suicides</li> </ul>
<p>4. People are supported to live well as they age and stay independent for as long as possible</p> <p>The growing number of older people in Kent will have a major impact, as older people are more likely to experience disability and long-term conditions. Part of the challenge will be to make sure that the right services are in place so that older people can remain independent for as long as possible. The number of people over 85 years old is predicted to increase significantly. People over the age of 85 often need more support from health and social care services. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing</p>	<ul style="list-style-type: none"> <li>• Older adults will have a good experience of care and support.</li> <li>• More adults with dementia will have access to care and support.</li> <li>• Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible.</li> <li>• Older carers will be supported to live a fulfilling life outside caring</li> <li>• Housing</li> <li>• Social isolation and loneliness</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of non-elective admissions</li> <li>• The proportion of people aged 65 and over who are still at home 91 days after discharge into rehabilitation</li> <li>• Overall satisfaction with their care and support of people using adult social care services</li> <li>• Estimated diagnosis rate for people with dementia</li> <li>• Carer reported quality of life</li> <li>• Telecare/health take up</li> <li>• Excess winter deaths</li> </ul>
<p>5. Reducing health inequalities</p>	<ul style="list-style-type: none"> <li>• Focus on the 88 poorest lower super output areas to improve the health of those living in those places</li> <li>• Industrialise those interventions that support people to adopt different lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>• Narrow the gap in life expectancy between the richest and poorest</li> <li>• Reduce the difference in incidence of disease between the richest and poorest</li> </ul>

	behaviours	
6. The system works well together to support people in hospital and in the community	<ul style="list-style-type: none"> <li>• STP: workforce planning, integration and local care supports the health outcomes of the Health and Wellbeing strategy</li> <li>• People know where to go to find appropriate help</li> <li>• Better Care Fund supports integration and timely discharge from hospital</li> <li>• Making every contact count (MECC)</li> <li>• Pioneer- Esther</li> <li>• Development of digital, universal care record</li> </ul>	<p>To be developed:</p> <p>Delayed transfers of care  GP appointments  A and E visits</p>

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**Agenda Item No:**



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

**Date:**

**Report Title:** Sustainability and Transformation Plan

**Report Author:** Neil Fisher

**Organisation:** NHS Ashford CCG

**Summary:** This verbal 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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## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for NHS ASHFORD CCG – Quarter 4: January to March 2017

What's going on in our world	<ul style="list-style-type: none"> <li>• Working with East Kent Hospitals to assess and respond to removal of Junior Doctor grades from Kent and Canterbury Hospital</li> <li>• Development of MCP model for Ashford locality in collaboration with Kent Community NHS Foundation Trust</li> <li>• Supported the development of the OneYou Shop</li> <li>• Developing Project Initiation Documents relating to transformation projects, alongside our provider colleagues</li> </ul>
Success stories since last AHWB	<ul style="list-style-type: none"> <li>• Maintained reduction in T&amp;O referrals</li> <li>• Held "Listening Events" relating to Sustainability and Transformation Plan</li> <li>• Contracts signed with all providers in line with earlier nationally mandated timelines</li> <li>• Launch of "WaitLess" app</li> </ul>
What we are focusing on for the next quarter <u>specific to the key projects</u>	<ul style="list-style-type: none"> <li>• Continued development of MCP model for Ashford locality</li> <li>• Continued development of Sustainability and Transformation Plan</li> <li>• Delivering against projects aimed to reduce reliance on patient hospital services</li> <li>• Combined Ashford Community Networks meeting, to look at the Local Care element on the Sustainability and Transformation Plan</li> </ul>
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> <li>• Ensuring that implementation of community networks is balanced with current demands of capacity</li> <li>• Designing and implementing new models of care as part of NHS Five Year Forward View</li> <li>• Deliver of Sustainability and Transformation Plan</li> <li>• Ensuring effective public engagement and support for developing long (and short) term strategic direction</li> </ul>
Any thing else the Board needs to know	
Signed & dated	Neil Fisher 13 <sup>th</sup> April 2017

# Ashford Health & Wellbeing Board (AHWB)

## Partner Quarterly Update for Public Health – Quarter 4: January to March 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"><li>• Live Well services offering support for people with mental health conditions are being well received. Attached is Kent brochure giving details of support delivered.  LWK_CLIENTDLLEAF LET_FINAL_LO.pdf</li><li>• Public Health have just completed the Kent all Age Neurodevelopmental Needs Assessment (which covers the autism spectrum) using data from the Kent Integrated Data (KID) set. This Needs Assessment will be available shortly.</li><li>• The Joint Strategic Needs Assessment is currently being refreshed and will be published later in the year.</li><li>• Further work is about to commence on place and cause of death data.</li><li>• Ashford workplace event held on 7th April at the Invicta Business Point with 80 delegates across Kent focussed on:<ul style="list-style-type: none"><li>The ageing workforce</li><li>Mental Health in the workplace</li><li>The national Occupational Health Service (Fit for Work)</li></ul></li><li>• Public Health are working collaboratively on the specification for Health Visiting services and integrated activity with Health Visiting and Early help provision in Children's Centres.</li></ul>
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"><li>• <b>One You shop opened in Ashford.</b> This drop-in facility provides advice and information on healthy weight, smoking, health checks and health MOTS and is the first One You shop in the country. It has had 218 people through the doors in the first 25 days and 344 low level interventions offering support, advice, signposting and referrals. Health MOTs and Health Checks are popular interventions with the public as well as regular Weigh-ins and blood pressure checks. The shop opened on the 10th February and is being piloted initially for 4 months although funding is being sought to extend the pilot period for 2 years to meet demand and popularity.</li><li>• <b>Smoking in Pregnancy</b> – There has been an increase in the number of midwives CO monitor pregnant women at first appointment and consequently more pregnant women who smoke are being referred into the Stop Smoking services. Ashford midwifery teams located in the centre of Ashford are experiencing more difficulty in identifying smokers and referring them despite the higher prevalence in these areas. William Harvey Hospital now offer Nicotine Replacement Therapy and referral to quit support for smokers in maternity wards. A third-hand smoke guidance and poster in the hospital's Special Care Baby Unit have been produced to raise awareness of the harms of cigarette smoke on skin and clothing when parents pick up their babies.</li></ul>

<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> <li>• Evaluating Obesity and Smoking Action Plans in Task and Finish groups</li> <li>• Developing new proposals for forthcoming Obesity and Smoking Action Plans for 2017/18.</li> <li>• Planning the sustainability and future delivery of Ashford One You shop</li> <li>• Developing improved stop smoking provision to women who smoke in pregnancy.</li> <li>• Submitting proposals for further planned developments for Smoking, Physical Activity, Mental Health, Alcohol and Workplace health within the Kent and Medway Sustainability and Transformation Plan within given timescales.</li> </ul>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<p>n/a</p>
<p>Strategic challenges &amp; risks including horizon scanning?</p>	<ul style="list-style-type: none"> <li>• The extension of the Ashford One You shop pilot is dependent on secured funding which is currently being explored across partnerships.</li> </ul>
<p>Any thing else the Board needs to know</p>	<p>n/a</p>
<p>Signed &amp; dated</p>	<p>12<sup>th</sup> April 2017</p>

# Ashford Health & Wellbeing Board (AHWB)

## 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"><li>• <b>Belgic Court</b> – The construction of this new housing scheme has been completed. It is a supported housing development for vulnerable young people who are between 16-25 years that require housing-related support to achieve independent living. The scheme consists of eight one bedroom flats, one of which is a disabled adapted property.</li><li>• <b>Syrian Refugees</b> – An exclusive interview was set up with the Kentish Express and a Syrian refugee family, receiving a positive two-page spread in the paper.</li><li>• <b>Ashford Illicit Tobacco Roadshow</b> - Promoted the roadshow which took place in February in support of Trading Standards, KCC Public Health and Community Wardens.</li><li>• <b>Ashford International Station signalling upgrade</b> - £10.5m has now been secured for this project. This will see the retention and potential expansion of international rail services, cementing our links on the European high speed rail network and enabling the next generation of Eurostar trains to continue to stop at Ashford. Aim is to deliver by spring 2018. It is anticipated the project will lead to the creation of 1,000 jobs.</li><li>• <b>Elwick Place Development</b> – Council approved funding to construct a mixed-use leisure development incorporating cinema, hotel, food and beverage establishments, car park and retail use in Elwick Road. Work likely to start mid 2017.</li><li>• <b>Commercial Quarter (CQ 38)</b> – Construction started in January. The first phase of the Commercial Quarter will see 80,500 sq ft of exceptional and adaptable office space developed, along with retail and restaurants on the ground floor and additional car parking and landscaping. In total, 590,000 sq ft of office space and 150 homes will be delivered within the quarter, with the emphasis on quality and job creation. For more information about Ashford's priority regeneration projects and many success stories visit <a href="http://www.ashfordfor.com">www.ashfordfor.com</a>.</li><li>• <b>Repton Connect (the new Community Centre)</b> – Works commenced in November 2016 and the building offering an activity/meeting space, large field, a multi use games and a car park should be open winter 2017/18.</li><li>• <b>Bridgefield Park (Kingsnorth)</b> – Play facilities and amenities for the new park in Kingsnorth. Planning application for play facilities and amenities was approved in February 2017. There will be an archaeological study taking place on the site from April 2017 and the land transfer will be required to be agreed to enable construction for completion in late Summer 2017.</li><li>• <b>Chilmington</b> – the s106 Agreement has been signed and the planning permission issued. 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 worked 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</li></ul>
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	<p>planning conditions and reserved matters applications are ongoing.</p> <ul style="list-style-type: none"> <li>• <b>Ashford College</b> - is on schedule to open to students in September 2017. Phase 1A likely to commence in summer 2017 with a 12-month build programme.</li> <li>• <b>M20 Junction10a</b> - Examination in public commenced on 2 December and will run for 6 months. A decision on the Development Consent Order needed to build the junction will be made by December 2017 at the latest. CLG has agreed to forward fund developer contributions element of funding agreement to forward fund with repayment to HCA.</li> <li>• <b>Designer Outlet Centre Extension</b> - planning permission issued and s106 agreement reached. Amendments to the design being considered.</li> <li>• <b>Ashford Voice</b> – See latest edition of the council’s newsletter via <a href="http://www.ashford.gov.uk/search/text-content/ashford-voice-2nd-birthday-edition-out-now-wednesday-13th-march-475">http://www.ashford.gov.uk/search/text-content/ashford-voice-2nd-birthday-edition-out-now-wednesday-13th-march-475</a>. Note HWB members can use our monthly ‘e-zine’ for their own news.</li> <li>• <b>Ashford International Model Railway Education Centre (AIMREC)</b> – Planning permission granted and Cabinet recommendation to Council to provide a secured loan to AIMREC. Work on securing land continues.</li> <li>• <b>Kestrel Park</b> - open space in Kingsnorth is due to finish in Spring 2017.</li> <li>• <b>Conningbrook Lakes</b> – Clarion housing group completes deal to build 300 high-quality new homes.</li> </ul>
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> <li>• <b>Farrow Court</b> - 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</li> <li>• <b>Danemore sheltered housing scheme</b> - has now been handed over to contractors to demolish and rebuild. Estimated completion is early summer 2018.</li> <li>• <b>Domestic Abuse</b> – Council agreed to continue funding for domestic abuse work and made the post of Domestic Abuse Service Coordinator. Report to Cabinet highlighted increasing demand for services and highlighted that the Ashford One Stop Shop is one of the busiest in the county. Receiving 50 to 60 referrals each quarter.</li> <li>• <b>Domestic Abuse</b> - £100k DCLG grant received to support victims of domestic abuse by providing refuge facilities. Project to be delivered with housing and domestic abuse agencies.</li> </ul>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> <li>• <b>Healthy Weight &amp; Smoking</b> – ONEYOU Health Shop opened in the Town Centre. See separate update.</li> <li>• <b>Active Everyday (activities for the over 60’s)</b> – The calendar can be downloaded via the following link <a href="http://www.ashford.gov.uk/active-everyday">http://www.ashford.gov.uk/active-everyday</a>.</li> <li>• <b>Victoria Park redevelopment</b> - A first stage Heritage Lottery Fund ‘Parks for People’ application, total cost of £4m for the refurbishment of the park has been submitted; a decision will be made in mid June.</li> <li>• <b>Conningbrook Lakes</b> - programme of events to be scheduled and promoted. A range of measures to improve the quality of water at Conningbrook Lakes Country Park has been approved.</li> <li>• <b>Community Toilet Scheme &amp; demolition of Vicarage Lane toilet</b> –Vicarage Lane toilet has now been demolished. Alternative facilities are available through the community toilet scheme which has more disabled and able bodied provisions across the town, they are open longer, seven days a week and monitored for damage and cleanliness by business operators. The scheme is also independently monitored by council staff who are also endeavouring to recruit new members on to the scheme. Note that this includes toilets within the Gateway which include facilities for those with profound and multiple learning disabilities and their carers. Further details via <a href="http://www.ashford.gov.uk/community-toilet-scheme">http://www.ashford.gov.uk/community-toilet-scheme</a></li> </ul>

<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> <li>• <b>Syrian refugees</b> - Home Secretary Amber Rudd visited Ashford in March where she met Syrian refugees families. The visit received considerable media attention including a feature in Grazia.</li> <li>• <b>Local Plan</b> – The Council’s draft Local Plan was issued for public consultation on the 15 June. More than 2800 representations were received. Note there are revised requirements for housing, a further 1,250 dwellings, required as a result of the revised household projections over the period to 2030. Proposed revisions to the draft Plan are due to be considered by the Cabinet in June / July with a 6 week public consultation period to follow. More details at <a href="http://www.ashford.gov.uk/local-plan-2030">http://www.ashford.gov.uk/local-plan-2030</a> .</li> <li>• <b>Development Update</b> – Latest newsletter highlights the unprecedented levels of inward investment. Focus on the major projects that now being delivered. Available at <a href="http://www.ashford.gov.uk/development-update">http://www.ashford.gov.uk/development-update</a>.</li> <li>• <b>Workplace Wellness Week</b> – annual week for ABC employees at the end of April focusing on physical, emotional and mental wellbeing. More work planned on this throughout the year with a particular focus on mental health in line with our sickness absence trends.</li> </ul>
<p>Strategic challenges &amp; risks including horizon scanning?</p>	<ul style="list-style-type: none"> <li>• <b>East Kent</b> – Exploratory work was completed across the five East Kent Authorities (Ashford, Canterbury, Dover, Shepway and Thanet) to see if there is scope to work more closely together including the potential for a merger. A business case was commissioned, however, in February 2017 Ashford council decided not to pursue a merger and withdrew from the process. Further details available with the Cabinet paper available via the council’s website.</li> </ul>
<p>Any thing else the Board needs to know</p>	<ul style="list-style-type: none"> <li>• <b>STP</b> - Presentation given to cabinet on the 9th February on the STP by Matthew Kershaw, the Chief Executive of East Kent Hospitals Trust and by Dr Navin Kumta, Chairman of the CCG. Provided an opportunity members of the council to discussion the latest developments, explore the plans and focus and understand the opportunities and implications for Ashford. Members were specifically recommended to engage with the networks and the transformation work.</li> <li>• <b>Stagecoach</b> – investment of £2.8 million in 30 new Mercedes minibuses for Ashford. The minibuses are fitted with ‘Euro 6’ specification low-noise engines – representing the latest in clean engine technology. The service was launched in February.</li> <li>• <b>Child Exploitation</b> - Ashford taxi drivers learnt how to look out for signs of child exploitation after the council organised a series of free training sessions.</li> <li>• <b>Ashford’s Create Music Festival</b> – This year’s event is on Saturday 22nd July 2017 from 12noon until 9pm. Opportunity for stakeholders to promote their services. Organisers are also hosting a range of additional events under the banner “Create Platform” around the Borough.</li> <li>• <b>Ashford International Station</b> – £10.5m secured for the signalling upgrade. Will see retention and potential expansion of international rail services.</li> <li>• <b>Air Quality Strategy</b> – Evidence being drawn together of council activity relevant to improving air quality, from energy efficient boiler upgrades in housing stock, electric car charging, planning policy, procurement procedures, to cycle to work schemes for staff. This work has highlighted a number of positive areas in which the Council contribute to air quality which can go unseen. As expected, it also highlighted possible areas for improvement, many of which require resources or funding. A task and finish group, drawing on Overview and Scrutiny Committee membership, has been set up to progress this work and develop a draft strategy.</li> <li>• <b>Smog early warning scheme</b> - A scheme, involving texts, emails and automated phone calls, could be created to alert people across the UK with asthma, heart conditions or lung disease to stay indoors when air pollution is about to surge. The proposal for the scheme, similar to the existing one for flood alerts. Defra met recently with officials from Asthma UK, Age UK, the British Heart</li> </ul>

	<p>Foundation and other groups to discuss warning systems that could be included in a new air quality strategy to be published in April.</p> <ul style="list-style-type: none"><li>• <b>Ashford named 12th best commuter town for London</b> - in an article in Kent News.</li></ul>
Signed & dated	Sheila Davison – 10 <sup>th</sup> April 2017



## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for Healthwatch Kent - Quarter 4: January to March 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"><li>• Following the publication of our Best Practice Guide to Engagement we have reviewed Ashford CCG's engagement activities as part of our Engagement Programme. The CCG are working on our recommendations</li><li>• Continue to support the East Kent Case for Change and wider STP</li><li>• Continue to support EKUHFT with their financial recovery plan and communicating with patients about the changes to services</li><li>• Offered tailored face to face support to PPGs across Kent - no uptake from Ashford area</li></ul>
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"><li>• The East Kent Case for Change has been published and promoted through 4 public events across East Kent (one in Ashford). Hundreds of people attended these events.</li><li>• We have been advising NHS England about patient engagement and involvement. New statutory guidance on how CCGs should involve patients has been published this week (April 2017).</li><li>• We have published our report on access to GPs</li><li>• Recommendations from our Outpatients report in East Kent have largely been accepted and worked on. The full report can be found on our website.</li></ul>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"><li>• Supporting Ashford CCG to re-ignite the Ashford PPG Chairs group and Community Networks. These networks are essentially for the upcoming public engagement and consultation around the STP</li><li>• We will continue to encourage Ashford CCG and other organisations to engage better with public and patients especially with those groups who are hard to reach</li><li>• Working with other NHS organisations, we are establishing a Youth Forum to support better involvement of young people in changes to services</li><li>• We will be visiting large employers during September to engage with working people. We want to hear from them about their experiences of health and social care services. We are looking for organisations to get involved in this programme.</li></ul>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"><li>• We have created a Public &amp; Patient Advisory Group (PPAG). This is a key governance group whose role is to drive forward patient involvement and engagement around the STP. The Lay Member for Ashford CCG is part of this group as are patients.</li><li>• We have started a regular blog around the STP to help demystify the process. You can read it on our website.</li></ul>

Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"><li>• We will be publishing our strategic priorities for 2017/18 shortly.</li><li>• We will be publishing the trends and themes that we heard from the public in 2016/17 shortly.</li></ul>
Any thing else the Board needs to know	
Signed & dated	Nicky Scott Healthwatch Kent  April 2017

## Ashford Health & Wellbeing Board (AHWB)

### Partner Quarterly Update for Local Children's Partnership Group – Quarter 4: January to March 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"> <li>• The further development of action-orientated project work related to local priorities using standard data set, local intelligence and partner contributions to address the key priorities for Ashford.</li> <li>• Continuing to develop linkage between projects like the One You at Park Mall, information sharing about positive activities and services available locally in an ever-changing context as part of the development of the LCPG.</li> <li>• Achieving clarity about access routes and providing information sharing opportunities about new and existing services/resources so that best use of these can be made.</li> </ul>
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> <li>• Grant funding from last year has been evaluated and the outcomes reported to LCPG. Successful cases studies have been shared. Effective approaches to working with children, young people and families have been used to inform best ways of engaging and achieving positive change for future funding opportunities.</li> <li>• Introduction to new grant funded services and clear access routes for services being defined in liaison with partners. Grant funding was allocated against the priority areas that the LCPG agreed: Empowering families to make healthy choices and building resilience in families.</li> <li>• Young people in Ashford voted that the priorities for them in 2017 were:             <ol style="list-style-type: none"> <li>1. Mental health services should be improved. We should learn about common mental health issues at school and learn how to maintain good health and well-being.</li> <li>2. A curriculum to prepare us for life. Schools should cover topics including finance, budgeting, first aid, politics, relationships and sex education.</li> <li>3. Bullying – this is a big issue for young people online and offline. More support should be provided to deal with and tackle bullying behaviour. Improve education for young people on internet safety.</li> </ol> </li> </ul>
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> <li>• Continued work with EHWPB agenda to include the voice of young people by joining up with the Youth Action Group.</li> <li>• Focus on emotional health and well-being in schools, preparation for the introduction of HeadStart in the summer and a co-ordinated approach to include the newly commissioned service for direct work with children and young people.</li> </ul>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> <li>• Children's Services in Kent have recently undergone an Ofsted inspection and the outcome of this will be known soon. We will discuss this at LCPG and share key messages and learning.</li> </ul>

Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> <li>• Changing context as new services develop and funding is always under consideration.</li> <li>• Culture of partnership working requires investment from all partners.</li> </ul>
Any thing else the Board needs to know	<ul style="list-style-type: none"> <li>• Forthcoming training opportunities for those working directly with families will be advertised as part of the new grant funded services.</li> </ul>
Signed & dated	Helen Anderson 13/4/17