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 19th July 2017 at 09.30 am

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The Members of this Board are:-

Cllr Brad Bradford – Portfolio Holder for Health, Parking and Community Safety, Ashford Borough Council (Chairman)

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

Faiza Khan – Public Health Specialist, Kent County 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

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

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

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- October 2017
    - Ashford Local Children's Partnership Group update
- January 2018 - TBA

12. Dates of Future Meetings

18th October 2017
17th January 2018

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

KM/AEH
11 July 2017

Queries concerning this agenda? Please contact Keith Fearon:
Telephone: 01233 330564 Email: keith.fearon@ashford.gov.uk
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Declarations of Interest (see also "Advice to Members" below)

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

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

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

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

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

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

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

Advice to Members on Declarations of Interest:

(a) Government Guidance on DPI is available in DCLG's Guide for Councillors, at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/240134/Openness_and_transparency_on_personal_interests.pdf

(b) The Kent Code of Conduct was adopted by the Full Council on 19 July 2012, with revisions adopted on 17.10.13, and a copy can be found in the Constitution at http://www.ashford.gov.uk/part-5---codes-and-protocols

(c) If any Councillor has any doubt about the existence or nature of any DPI or OSI which he/she may have in any item on this agenda, he/she should seek advice from the 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 **26th April 2017.**

Present:

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

Dr Navin Kumta – Clinical Lead and Chair, Ashford CCG (Vice-Chairman)

Sheila Davison – Head of Health, Parking and Community Safety, ABC;
Neil Fisher – Head of Strategy and Planning, CCG;
Deborah Smith – KCC Public Health;
Karen Cook – Policy and Strategic Partnerships, KCC;
John Bridle – HealthWatch;
Tracey Tomkinson – One You, KCHFT;
Wendy Poole – Sheltered Housing, ABC;
Christina Fuller – Head of Culture, ABC;
Belinda King – Management Assistant, ABC;
Kirsty Morland – Member Services Officer, ABC;
Rosie Reid – Member Services and Ombudsman Complaints Officer, ABC.

Apologies:

Peter Oakford – Cabinet Member, KCC, Simon Perks – Accountable Officer, CCG, Chris Morley – Patient and Public Engagement (PPE), Ashford Clinical Commissioning Group, Sharon Williams – Head of Housing, ABC, Rebecca Wilcox – Housing Operations Manager, ABC.

Prior to the commencement of the meeting it was agreed that item 10 on the agenda would be taken as the first item, once formal business had been undertaken.

1 Notes of the Meeting of the Board held on 18th January 2017

The Board agreed that the notes were a correct record.

2 Election of Chairman and Vice-Chairman

It was agreed that Cllr. Brad Bradford and Dr Navin Kumta be elected as Chairman and Vice Chairman respectively of the Board for 2017/18.

Cllr Bradford extended his personal thanks to Navin Kumta for his dedication to his role as Chairman for the past two years. This was echoed by the Board.

3 Update on the Sustainability and Transformation Plan

3.1 Neil Fisher advised that due to the calling of the General Election, he was unable to make comment or answer questions on the Plan as this was

affected by Purdah. He confirmed, however, that work continued on the Plan. A number of working groups had been looking at urgent care, elective services and local care ie community based and closer to home. Listening events had taken place with successful analysis coming out of those, however due to Purdah he was unable to share any further information. Public consultation was planned for the autumn.

4 Partner Update – CCG

4.1 Neil Fisher drew attention to the update contained within the agenda papers. In response to a question, he advised that the CCG was satisfied that the space allocated for health provision at the Chilmington Green hub would be sufficient, however there were ongoing discussions regarding the use of the space in the building to be provided. Capital funding had been granted for development around Kingsnorth Medical Practice and Ivy Court, Tenterden. The funding would be used to support integrated models of care provision ie providing both GP facilities and space for other health users. He acknowledged that the estates strategy took into account local care changes and ABC's developing Local Plan. There was not a deadline in place for the completion of the Estates Strategy.

4.2 Deborah Smith advised that a meeting is due to take place regarding the extension of the One You project and invited the CCG to attend. Neil Fisher agreed that the CCG wished to be actively involved and that Lisa Barclay would be an appropriate contact.

4.3 John Bridle raised concerns about the level of provision of rheumatology services at the William Harvey Hospital. Neil Fisher advised that musculoskeletal services faced huge pressures, and this was a high priority area in relation to localised care. There were constraints on consultants, which was a nationally recognised problem.

4.4 Neil Fisher advised that the CCG were supportive of ABC's Local Plan and confirmed that a statement of supporting evidence would be provided for the public consultation process.

5 One You Presentation

5.1 Using a PowerPoint presentation Tracey Tomkinson gave the Board an overview of the setting up and progress to date on the One You shop in Ashford. One You had been set up and launched in six weeks as part of a project supported by KCHFT, ABC and Public Health. She highlighted the services that One You provided, including NHS Health Checks, as well as signposting towards other services. Of those who visited One You 29% had been from the most deprived Wards in the Borough and word of mouth had played a large part in visitor numbers from those areas.

5.2 She advised that in order to ensure a continued success of the One You shop promotion through employers, businesses, CCG's, Schools and GP's would be vital. She felt strongly that people should be able to access such health provisions on the high street. Deborah Smith advised that Thanet were considering launching something similar, although to be led by the Voluntary

Sector. There were also suggestions for similar schemes in Canterbury, Sheerness and Sittingbourne. It was clear from customer feedback that the free blood pressure monitoring and NHS Health Checks and Health MOT's were a significant draw for the public. The support being provided for those experiencing mental health pressures were also thought to be extremely valuable. The contact being provided by staff was also considered to be helping to alleviate social isolation.

5.3 Tracey Tomkinson felt that there was scope for partner agencies to use and utilise One You. In response to a question, she advised that if a NHS Health Check was carried out paperwork was always sent to the GP. They had been compiling some data to enable them to contact visitors to follow up on visits, particularly in respect of high blood pressure levels and BMI. Deborah Smith offered to provide some support regarding data quality. Navin Kumta felt that it would be beneficial for this presentation to be given to the GP Consortium or at a GP training event and would liaise with Tracey Tomkinson regarding this.

6 Update on Ashford Health and Wellbeing Board Priorities

Reducing Smoking Prevalence Update

6.1 Deborah Smith introduced this item. She advised that progress had been made in relation to smoking in pregnancy, midwifes were monitoring CO and the maternity ward at the William Harvey Hospital was raising awareness also. The challenge was the women who declined or were lost to the service once a referral had been made. Work in respect of illegal tobacco had been progressing with a roadshow taking place to raise awareness and six seizures made by Trading Standards. New legislation would come into effect next month in respect of e-cigarettes, this would be monitored by Trading Standards. In addition 13 youth workers were being trained and equipped to support young people to stop smoking.

6.2 In response to a question, she advised that quit packs were still being promoted. People were 7 times more likely to quit smoking if they had a method of support, such as a group than if they were to quit alone. This was an area in which One You would be able to assist, particularly in relation to signposting.

Resolved:

That (i) the report be received and noted,
(ii) a full report on the outcomes of the Action Plan be provided to the July 2017 meeting.

Healthy Weight Update

6.3 Deborah Smith advised that much work and mapping had been carried out in respect of this priority and she felt it would be useful to provide an annual report to the Board on this matter.

Resolved:

That (i) the Board acknowledges the actions progressed by the Task and Finish Group,
(ii) a full report on the Action Plan outcomes be provided to the July 2017 meeting.

7 Kent Health & Wellbeing Board Meeting

7.1 Navin Kumta advised that the Minutes of the Kent Health and Wellbeing Board Meeting held on 22nd March 2017 could be accessed using the link provided under item 7 of the agenda. In response to a question, he explained that the Board Meeting focussed on STP planning and the work required across Kent and Medway, and there was no further information for him to report to this Meeting and no specific actions for the Ashford Board.

8 Kent Joint Health and Wellbeing Strategy (draft)

8.1 Karen Cook introduced this item. She had been invited by the Board to give an update on progress with the outline draft of the Kent Joint Health and Wellbeing Strategy 2018-23. She said that it was a statutory requirement to have a health and wellbeing strategy in place, and the purpose of the strategy was to set out how the Kent Health and Wellbeing Board would tackle the health needs of the local population. She advised that the new strategy would be a distinct move away from the previous approach, with emphasis on two particular challenges that the Board faced: firstly, providing more guidance to commissioners to support decision making; and secondly, around supporting the Kent Board further in the context of the sustainability and transformation process. She drew the Board's attention to page 32 of the agenda, and highlighted the processes and phases illustrated on the flowchart. Deborah Smith noted that there was a clear and well-developed prevention plan, which had been modelled against costs and outcomes. The Chairman said he felt the Council's focus should be on how to stop people getting into the health system in the first place, and the work that could be done to keep local residents fit and healthy. He considered that the One You shop could play a large part in helping change lifestyles and attitudes. It was also agreed that issues such as housing, leisure and green spaces were important factors in improving wellbeing, and should be addressed in local board action plans.

8.2 Karen Cook said that the key question was how to make the new strategy into a reality in the context of the Sustainability Transformation Plan (STP). The meeting agreed that there was a need to clarify the role of local boards, and their relationship with the Kent Board. It was considered that it would be helpful if the strategy included a clear statement of principles and guidance to provide direction at local level. Navin Kumta said it was important to highlight the prevention agenda, which was the main wellbeing agenda for local boards. He suggested that the Health & Wellbeing Board should indicate the local priorities for Ashford, and other Kent towns, so those items could be used as reporting items on the agenda at local board meetings. In this way local boards could demonstrate more clearly how they were meeting the prevention agenda locally. It was not clear how local boards fed into the STP

workstream, and Navin Kumta agreed to seek clarification at county level on how local boards could influence the prevention agenda.

8.3 Karen Cook drew the attention of the Meeting to Appendix 2 on page 53 of the agenda. She highlighted the six priorities which were proposed under the aims of the draft strategy. She said she would welcome feedback on whether these were the right mix of priorities, focused at the right level. The meeting agreed that these priorities appeared to be appropriate for Ashford, and could be worked on at local level. It was questioned how local boards could realistically influence the way commissioning was decided and how services were developed within the local area. Karen Cook said that the answer to this may be for more strategies to come to local boards, so local boards could develop an action plan over and above the strategy, which was specific and appropriate to the local area. She said the draft strategy adopted a light touch, in order to accommodate local solutions. She added that consultation would take place, together with engagement with the public, and the final strategy would be reported to the Kent Health and Wellbeing Board Meeting in September. She welcomed any comments or feedback, and encouraged members of the Board to join a sub group or steering group to assist the development of the strategy.

Resolved

That the report be received and noted.

9 Partner Updates

Ashford Borough Council

9.1 Sheila Davison drew the Board's attention to the progress update on Chilmington Green on page 63 of the agenda. She also advised that progress had been made in respect of tackling domestic abuse, with the Council receiving £100K DCLG grant to provide additional refuge and support for victims. She advised that the Chief Executive of the East Kent Hospitals University NHS Foundation Trust and Navin Kumta had provided a briefing to Council Members on STP. In addition, work had commenced on an Air Quality Strategy, which was being developed in conjunction with the Overview & Scrutiny Committee. Christina Fuller added that a report was to be submitted to Cabinet on a new strategy for pitches and sports which would underpin the local health agenda.

Healthwatch

9.2 John Bridle introduced this item. He highlighted the challenge of engagement with the public, and the difficulty reaching all groups within the community. He said more volunteers were needed at the hospital, particularly to take on a proactive role. Healthwatch would be publishing priorities for next year shortly. In response to a question about GP surgeries, he responded that Healthwatch relied on feedback from volunteers involved with patient participation groups. Tracey Tomkinson suggested that Healthwatch could use the One You shop on Mondays, and it was agreed that there were opportunities for Healthwatch and One You to signpost residents to each

other's services. There was a suggestion that the Create Festival would give an opportunity for services to promote themselves via publicity stands at the event.

Ashford Local Children's Partnership Group

9.3 Helen Anderson advised that the aim of the Group was to provide a coordination function, particularly with regard to emotional health and wellbeing. Grants were now coming online for this year, with a transition programme running for schools from primary to secondary. The Group was also working on ante-natal health and development, and support for young parents, and the work which could be done in these areas with other partners. The Group was looking specifically at how to help children and young people in Ashford. Key priorities were based on data and partnership working. Tracey Tomkinson said that the One You shop could offer Health MOTs when health trainers were not available. Helen Anderson said the Group recognised the need for early intervention to support physical and mental health needs, and to encourage people beyond the stigma surrounding mental health.

10 Forward Plan

10.1 It was agreed that the following items would be on the agenda for the Board Meeting on 19th July:

- Ashford Health and Wellbeing Board's Priorities One-Year on (Healthy Weight and Reducing Smoking Prevalence)
- Kent Health and Wellbeing Strategy update
- Local Children's Partnership Group Yearly Update
- Falls Strategy
- CCG Estates Strategy

11 Dates of Future Meetings

11.1 The next meeting would be held on 19th July 2017.

11.2 The following dates were also agreed for subsequent meetings:-

18th October 2017
17th January 2018

Agenda Item No:	5
Report To:	**Ashford Health & Wellbeing Board**
Date:	19 July 2017
Report Title:	Update on Development of the Kent Health and Wellbeing Strategy 2018-2013
Report Author:	Karen Cook, Policy and Relationships Adviser (Health)
Organisation:	Kent County Council

Summary:	The Kent Health and Wellbeing Strategy is currently being renewed. Since a draft was presented to the Board in April: • there has been progress on developing the priorities and measures • Stakeholder engagement events have taken place. The outcomes of these activities are shared in this report.

Recommendations:	**The Board are asked to:-** Comment on the updated priorities table and on the proposed outcomes measures that have emerged following engagement with stakeholders and officers since the last meeting.

1. Purpose of the report

2. This report is intended to update the Board on progress on the development of the Kent Health and Wellbeing Strategy originally tabled as a draft at the Board on 26th April 2017.

Activity since the last meeting

3. **Informal Engagement**: Informal engagement has taken place to discuss the proposed priorities.

a) Engagement has included:

- A focus group with voluntary sector organisations to discuss outcomes for children and young people
- A focus group with voluntary sector organisations to discuss outcomes for older people
- A focus group with Healthwatch staff and volunteers to discuss the priorities
- Deep dive discussions with officers to explore issues relating to vulnerable children and also the wider determinants such as air quality, leisure, country parks, sport and physical activity

- Reports and discussions with 5 local health and wellbeing boards

b) Some key themes that have emerged across the focus groups are:

- Parenting, especially support for young parents
- Preparedness for school
- Difficulty in navigating complex systems with information that is too much and not targeted
- Supporting people of all ages with low level mental health and wellbeing issues
- Supporting younger old people, newly retired to live life to the full and to plan for later life
- Transport
- Access and use of digital/internet
- Modernising services so they are attractive to the next generation of older people
- The benefits of volunteering and being engaged in your community to raise self-esteem, confidence and connectedness
- People need to be working in the community to find and connect to people who will not access services themselves.
- There are not yet many examples of integration

c) Local Health and Wellbeing Boards

Feedback from Local Health and Wellbeing Boards looked at the particular detail of the priorities table. The overall priorities were broadly welcomed and agreed. Summarised below are the main areas raised for further consideration.

System issue- how you ensure high level strategy gets delivered at a local level. How do local Boards feedback to influence planning and outcomes locally.

Preventative approach

- Include social isolation/ loneliness
- Measures shouldn't ask for reductions- such as reduction in diabetes diagnosis as more diagnosis is a good thing. Measures should not have targets but direction of travel.
- Financial situation and deprivation
- Reducing debt as possible measure?
- Improving housing standards

For Children and Young people-

- focus on best start in life-
- Add smoking in pregnancy
- Include a reference to teenage mothers/ teenage pregnancy.
- add alcohol admissions for young people
- add exclusion rates in school
- Nutrition in pregnancy
- Discussion about outcome that cyp with complex needs have good joined up care- should stay in and support better use of education, health and care plans

- Add particular reference to childhood obesity as so important
- Sexual health
- Long waits for speech and language therapy

Mental Health and Emotional wellbeing

- Discussion about outcome that more people with MH problems will recover as not everyone will recover. Suggested change to include that people are supported to live well with their conditions.
- Suggestion to look at 5 year forward view for MH to link to national targets as measures.
- Include transition
- ADHD/ autism
- Reference Headstart Programme- promoting emotional metal health and wellbeing at an early stage for children 10-16 happening in Kent
- Include reference to social isolation

Older people

- Housing reference should be focusing on warm homes disabled facilities grants that support independence

4. Outcomes Measures

An outcomes and measures subgroup has also been meeting to establish measures that will support the Board in overseeing the impact of activity linked to the strategy and the priorities. Three meetings have taken place to date.

5. Next Steps

a) Following approval from the new chair of the Health and Wellbeing Board wider consultation should take place in July with the strategy posted on line for public comment.

b) The Health and Wellbeing Strategy Steering group is meeting on 7th July to discuss the latest draft of the strategy and the priorities table which is also attached here for comment. The long list of potential measures is included in the priorities table and comment is also sought from this Board to develop a short list for presentation to the Kent Board.

6. Conclusion

Development of the strategy continues at pace in order to meet the September deadline for a final draft to be presented at the Kent Board.

Contacts: Email: Karen.cook@kent.gov.uk
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Table 1 : Priorities Table Draft dated July 5th 2017

Priorities: What we want to achieve	***WE want to see the following outcomes***	***Measures- to be developed though outcomes and measures sub group but could include:***
1. Embedding a preventative approach	• The gap in life expectancy across Kent will narrow. • More people (people means all people in this strategy- children and adults) will be physically active. • More people will be a healthy weight • More people will be physically active • More people will take up screening • Fewer people will start smoking • Reduction in Alcohol consumption • Housing is fit for purpose and poor housing should be addressed • Improved air quality • Communities take an active role in improving health and wellbeing, including volunteering	• The number of days of moderate or higher air pollutants • Physically active adults: Inactive (less than 30 minutes) Fairly active (30-149 minutes) Active (150+Minutes) per week. • The proportion of adults with excess weight the proportion of people receiving a NHS Health Check of the eligible population • Alcohol related liver injury • the proportion of eligible women screened adequately in the breast cancer screening programme • the proportion of eligible women screened adequately in the cervical cancer screening programme • All cause all age mortality rates under 75 • The early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+.) • the successful completion and non-re-presentation of opiate drug users leaving community substance misuse treatment services

2. Improving children's health and wellbeing	• More babies will be born healthy • More children will have stable family environments • Fewer women will smoke in pregnancy • More families, children and young people will have healthy behaviours • Mothers will be encouraged and supported to breastfeed if they wish to do so • Children and young people are safe • Vulnerable children are protected • Children and young people are in education, employment or training	• Smoking rates at the time of delivery • Breastfeeding continuance 6-8 weeks • Teenage Mothers • MMR vaccination (2 years) one dose • Children in care immunisations • Proportion 4-5 year olds with excess weight • Proportion 10-11 year olds with excess weight • Rate of Child protection per 100,000 • Rate of Children in need per 100,000 • Fixed period exclusion for primary age children • Fixed period exclusion for secondary age children • Children killed or seriously injured on Kent roads • Children aged 16-18 Not in education, employment or training • Hospital admissions due to substance misuses- 15-24 years old
3. Promoting good mental health and emotional wellbeing 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.	• More people (people means all people in this strategy - children and adults) will have good mental health • More people with mental health problems will recover or be supported to live well • More people with mental health problems will have good physical health. • Children and young people are supported with robust and timely mental health services	• Average waiting times for mental health services • Number of new Children and young people under 18 receiving treatment in NHS funded community services in the reporting period • % of people using outdoor space for exercise/ health reasons • Hospital stays for self-harm • The percentage of adults who are receiving secondary mental health services on the care programme approach recorded as living

(3 Cont..) 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.	• There is access to green spaces and things to do • People are supported into employment	independently, with or without support (aged 18-69 years.) • Access to IAPT (Increasing Access to Psychological Therapies) services • The number of suicides (rate per 100,000) 3 year average • The percentage of respondents who according to the Annual Population survey have low satisfaction or low worthwhile
4. People are supported to live well as they age and stay independent for as long as possible There is a growing number of older people in Kent with those over 85 years old predicted to increase significantly. This will have a major impact as this age group traditionally need more support from health and social care services as they age and become frail. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing. Part of the challenge will be to make sure that the right services are in place so that they can remain independent for as long as possible.	• Older adults will have a good experience of care and support • More adults with dementia will have access to care and support • Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible • Older carers will be supported to live a fulfilling life outside caring • Housing is warm and risk of trips and falls reduced • Social isolation and loneliness is reduced • There is support for people with dementia and their carers • Older people will be supported to be physically active	• The number of people using telecare and telehealth technology (ASC KCC) • The proportion of older people (65+) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/rehabilitation services • The reported number of dementia patients on GP registers as a percentage of estimated prevalence • The proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months • Older people experience of social care-annual survey • Non elective admission rates Over 75 • Excess winter deaths • Carers survey • The population Flu vaccination coverage for those aged 65+.

5. Reducing health inequalities Health inequalities refer to the avoidable differences in health status between individuals depending on their life circumstances. Our health is shaped by the conditions in which we are born, grow, live, work and age.	• Health needs in Kent are disproportionately greater in the most deprived populations. Closing the 'health gap' will require a faster improvement in health in these areas, so moving forward we will need to better engage with these communities at a local level to improve both wellbeing and health outcomes • Take action through the wider partnership approach, between the County Council departments, District Councils, CCGs, healthcare providers, and community partners to address those issues that lead to health inequalities, including lifestyle choices	• Take up of screening • Referrals to lifestyle services • Fuel poverty % number of households • Gap in attainment for CYP with FSM KS2-KS4 • Reducing the slope index for health inequalities Male (years) and Female (years)
6. The system works well together to support people with good quality, person centred care Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family.	• STP: workforce planning, integration and local care transformation through new models of care • People know where to go to find appropriate help • Better Care Fund supports integration and timely discharge from hospital • Making every contact count (MECC) • Pioneer- Esther model to support teams with person centred approaches • Increase in social prescribing • Carers are supported	• Acute/Urgent Bed Occupancy Rate – Overnight (NHS England) • A&E Attendances within 4 hours (all) from arrival to admission, transfer or discahrge (NHS England) • Delayed transfers of care shown by responsible organisation - social care or health.

Agenda Item No:	6(i) (a)

Report To:	**Ashford Health & Wellbeing Board**
Date:	19th July 2017
Report Title:	Priority 1 – Reducing Smoking Prevalence Final Report 2016/17
Report Author:	Deborah Smith
Organisation:	Kent Public Health

Summary:	In April 2016, the smoking prevalence in Ashford was reported at 26.4%, 5.3% higher than the Kent average. To address this concern, a multi-agency Task and Finish group was established to deliver targeted initiatives additional to those delivered as part of the Kent Tobacco Control strategy to further reduce smoking rates in Ashford. New data available now shows that Ashford's smoking prevalence has reduced by 9% to 17.4%. This is now only 2.2% above the Kent average. It is estimated there is 8,500 fewer smokers in the Ashford area. A report updating the progress on the Stop Smoking Action Plan is attached, showing how the activities that have contributed to smoking prevalence, although cannot be considered to be a direct result of the activities. It is expected that the longer term impact of the activities may be realized in future prevalence figures.

Recommendations:	**The Ashford Health & Wellbeing Board be asked to:-** a) Note the update and progress of the 2016/17 Action Plan b) Agree to the recommendations in this report c) Agree to the Task and Finish Group delivering the recommendations in this report through an Action Plan for 2017/18.

Policy Overview:	The National Tobacco Control Strategy has still not yet been published, but recommended targets expect a smoking prevalence of 9% in the general population and 5% among pregnancy women by 2025. Policies that need to be considered in the development of this and future work are: • The Sustainability and Transformation Plan (Prevention Workstream) • NHS England Saving Babies' Lives Care Bundle • NICE guidance. • Legislation preventing smoking in cars with children • Standard Packaging legislation • The Tobacco Products Directive 2014/14/EU regulations on E-cigarettes

Financial Implications:	There has been no dedicated budget for the delivery of the Action Plan. The activities have, in the main, been delivered within existing resources, making every contact count and maximising opportunities to work in partnership. Where delivery was dependent on costs, partners have funded according to relevance to their Health and Wellbeing agendas and Business Plans.

Report: **Background**

Smoking is the main cause of preventive disease in the UK, accountable for 1 in 6 of all deaths in England. Smoking is a risk factor for lung cancer (90% of which is attributable to smoking), chronic obstructive pulmonary disease (COPD) and heart disease; it is 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.

Smoking is a modifiable lifestyle risk actor and Public Health England report that effective tobacco control measures can reduce smoking prevalence in the population. Preventing ill health through smoking cessation and reducing the take up of smoking can significantly reduce the financial burden to the NHS.

In April 2016, Ashford's smoking prevalence stood at 26.3%, nearly 8% higher than the Kent average.

In response, Ashford Health and Wellbeing Board set a priority to Reduce Smoking prevalence in the District and the multi-agency Task and Finish group was established to deliver targeted initiatives over and above those delivered in the Kent Tobacco Control Strategy.

Smoking Statistics in Ashford

From April 2016 to March 2017:

- The smoking prevalence in Ashford has reduced by 9% (from 26.3% to 17.4%) although it is still 2.2% higher than the Kent average.
- There were approximately 25,000 people who smoked in Ashford. This figure has reduced to an estimated 16,500 smokers.
- There is a 7% reduction in the number of ex-smokers but a 16% increase in people who have never smoked showing that more people are not taking up smoking than there are giving up smoking.
- Smoking prevalence is higher among routine and manual groups. The prevalence among these groups in Ashford has decreased by 16.4% (from 40.9% to 24.5%).
- There has been a 10.5% increase in ex-smokers (to 31.7%) and nearly half (43.8%) of people from these groups have never taken up smoking.

Impact of Smoking in Ashford

Smoking Related Mortality

- In 2016, 495 adults in Ashford died from smoking attributable

illnesses.

- The majority of deaths are from COPD, lung cancer and heart disease respectively.
- Between 2013-15, 2,198 potential years of life were lost in Ashford due to smoking related illnesses

Smoking Related Health Costs

- In Ashford each year there are over 200 lung cancer registrations, 200 COPD emergency admissions and nearly 50 oral cancer registrations
- There are lower than national average Smoking attributable hospital admissions in Ashford but his still accounts for 935 people in 2012/13, 996 people in 2013/14 and 846 in 2014/15.
- In 2011/12 (the latest figures available) the cost in Ashford of smoking attributable hospital admissions amounted to £2.4m.

Financial Costs to Ashford

In 2016, smoking in Ashford cost the local society £39.8m.
The major cost (£19.7m) was attributable to local business productivity costs, £5.5m to the local NHS economy, £2.9m for aftercare from illnesses caused by smoking and £679k to local authority costs.

Aim

The Aim of the Task and Finish Group is to mobilise effective programmes to reduce the prevalence of smoking in Ashford within limited and existing resources. This will be achieved in two ways::

i) Reduce the number of people who start smoking
ii) Increase the number of quitters

Delivery

Having established Terms of Reference, the Task and Finish Group devised a Tobacco Control Action Plan for imminent delivery. The Action Plan comprised the following programmes:

1. Reduce smoking prevalence in pregnant women
2. Raise public awareness on the harms of buying and selling illicit tobacco and its links with organised crime
3. Maximise opportunities for local and national campaigns to:
   -Give prominence and ‘cues’ to quitting smoking
   -To help prevent the take up of smoking
4. To support people who want to quit smoking in diverse but effective ways
5. Promote the accessibility of Quit Packs
6. Deliver Quit coaches: stop smoking support for young people
7. Work with community and voluntary sector to identify ways to motivate smokers to want to quit and help them quit successfully.

Further detail and outcomes for each of the programme are tabled in The Stop Smoking Action Plan (Appendix 1.)

Conclusion

All programmes in the Plan were implemented. One of the main successful outcomes has been the One You shop, discretely listed under the aim of raising public awareness of stop smoking support services but clearly visible, tangible and has delivered support and advice to over 100 smokers in Ashford. The One You shop is also testament to effective partnership working and mobilizing existing resources and identifying need. Analysis of data also shows that there is now more women CO monitored to identify their smoking status in pregnancy and more identified smokers are being referred to stop smoking services. This has resulted in a slight decrease in numbers of women recorded as smoking in pregnancy although continued work on this theme is expected to generate greater improvements.

It is less easy to ascertain the outcomes of some other programmes such as promoting campaigns although the reach of resource packs, One You promotion and adverts are more easily measured.

The number of quit packs that have been distributed has been disappointingly low and as predicted, difficult to follow up and measure success. Feedback informs that the packs are not attractive or effective enough in supporting smokers to quit.

Despite numbers of people visiting the Illicit Tobacco Roadshow being fairly low, the event generated positive publicity in the Kentish Express and Trading Standards used local intelligence to seize illicit tobacco from six retailers. The theatre events followed in local primary schools and a large number of school children recall seeing the roadshow. From this and previous experience, the roadshows are considered successful in raising public awareness but are less likely to engage openly in the event.
Early outcome measures from Quit Coaches will be available in the next two to three months. Nationally, it is estimated that two thirds of smokers start before the legal age of smoking (18) so it is critical that this work continues to discourage young people from taking up smoking in the first place.

In conclusion, there are clear financial and health benefits in continuing the drive to reduce smoking prevalence in Ashford. Any ongoing and future work should be supported with a clear communications plan and active engagement from all partners.

Recommendations

The Task and Finish Group recommend the Ashford Health and Wellbeing Board support the following Stop Smoking programmes for 2017/18

Activity	Rationale
1.Support William Harvey Hospital to become a Smokefree site	Staff and patients smoking within the hospital grounds is in conflict with a healthy hospital environment and exposes patients to second and third hand smoke. Also, this is a national agenda
2.Reduce Smoking in Pregnancy	Building on current good practice, more can be done to encourage pregnant women who smoke to quit
3.Increase number of quitters in Ashford	It is estimated there are over 16,000 people in Ashford who smoke. Two thirds of smokers report that they would like to be able to quit (national data).
4. Support people who vape to quit smoking	34.2% of people who try to give up smoking are likely to use e-cigarettes to help them quit
5. Develop Quit Coach Support	More quit coaches are needed to provide systematic support to young people. Quit Coaches are considered a trusted source to provide information and advice to young people.
6. One You Shop	To build on the success of the One You shop as a place where people can 'drop in' for advice and Quit support on smoking
7.Campaigns Strategy	To provide a targeted approach to the above activities and help support the work towards a Smokefree Town Centre.

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ASHFORD STOP SMOKING ACTION PLAN OUTCOME REPORT 2016/17 Appendix 1

ASHFORD TASK AND FINISH GROUP

Theme	Aim	How this was achieved:	Outcomes Achieved	Cost
1. Smoking in Pregnancy	Reduce smoking prevalence in pregnant women	Improved rates of identifying women who smoke. More women who smoke to be referred to Stop Smoking support More women encouraged to accept support from services and go on to quit smoking.	• Smoking Status at Time of Delivery (SATOD) rates have reduced slightly in the last year: (47 women identified as SATOD Q4 20165/16 to 42 women SATOD Q4 2016/17) • More 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) • Second and Third hand smoke awareness and guidelines in place in William Harvey Hospital to raise awareness of harms when holding baby after smoking. • NRT is now routinely offered in Maternity wards at William Harvey Hospital	£0 *(Within existing resources)*
2.Illicit Tobacco	Reduce prevalence of Illicit Tobacco in Ashford and raise public awareness on the dangers of buying & selling illicit tobacco	a)Illicit Tobacco Roadshow in Ashford town: Feb 2017. b)Raise awareness of con-sequences of illicit tobacco c)Theatre visit to Ashford primary schools to inform children of dangers of tobacco and links to organised crime.	• Illicit Tobacco Roadshow delivered by Trading Standards and Kent Fire and Rescue in Ashford town between 10-17 February 2017. • As a result of intelligence provided at the roadshow, 6 retailers were prosecuted for dealing in illicit tobacco. • Theatres were popular in 4 schools raising awareness with children who took non-smoking messages home.	£7.5K

Theme	Aim	How this was achieved:	Outcomes Achieved	Cost
3.Raising Awareness	Maximise opportunities for local and national campaigns to: Give prominence and 'cues' to quitting smoking To raise awareness of the range of offers from the Stop Smoking Services.	Kent SmokeFree Campaign (launched in May 2016) targeted in hotspots in the Ashford locality in areas with highest smoking prevalence and in local workplaces. Campaign resource packs to be produced and distributed key organisations: 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.	• Kent Smokefree campaign advert in One Voice distributed to all households in Ashford and in Kentish Express • Resource pack distributed to all Ashford: *GPs * Vol Orgs *Parish Councils *Pharmacies -*Gateway *Vets *Housing/Homelessness orgs • One You shop launched on 10th February and has had nearly 1,000 visitors. Over 100 stop smoking advice, information and/or interventions have taken place. One You flyers were sent out with all Council Tax bills to All Ashford residents. • Public facing Fact Sheets on Smoking in Ashford produced and available on the Ashford HWB website.. • Smoke Free School Gates competition and signage at 3 Ashford primary schools to request parents do not smoke at school gates.	£8,316 For One You delivery £300 smoke free school gates All other actions delivered as part of Kent campaign costs
4.Promote Kent Quit Packs	Promote the accessibility of newly developed Quit Packs on offer to help people give up smoking on their own if they choose to do so.	Promote and pilot Quit packs that can support people to quit smoking if they choose not to access stop smoking services. Promoted in: - all GP surgeries - most vets in Ashford. - ABC Council Reception - Ashford Leisure Centre	• 97 Quit Kits distributed • 30% reported quit attempt • 17% reported Quit • Pilot resulted in 3-4 GP surgeries making 1-2 Stop smoking service referrals per week	£0

Theme	Aim	How this was achieved:	Outcomes Achieved	Cost
5.E-cigarettes	In line with national public health messages, ensure that people 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	• Vape event took place in Ashford on 27th October. Four retailers/suppliers attended (50%). Positive discussions highlighted value of working in partnership particularly on legislation taken place in May 2017. • 13 local Vape shop staff have received level 1 stop smoking training from the Stop Smoking Services but there have been no referrals into the service to date. • Stop Smoking advisers are now better informed on the use of e-cigarettes	£0
6.Provide stop smoking support for young people (current gap in service)	Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.	Roll out Youth Worker training to enable them 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.	• 5 Youth Workers in Ashford have completed level 1 and 2 training to become Quit Coaches • A Further 8 Youth workers are completing level 1 training and will go on to level 2 training to become Quit Coaches • Quit support resources are provided to all Quit Coaches • Quit Coach support is being delivered to young people in June 2017 but it is too early to gain results.	£1,500
7.Identify innovative ways to help people quit	Work with community and voluntary sector to motivate smokers to want to quit and help them quit successfully.	• Work with agencies that already engage with this target group • Work towards a Smokefree Ashford • Group explored use of hard-hitting images to effectively target smokers	• Voting cigarette Litter bin located in town for trail period and received positive media interest. • Letter from Ashford HWB to MP and Secretary of State to support tobacco sales ban and promote the idea of Smokefree Ashford. No response received. • Further work needed for a Smokefree Ashford. • One You Ashford promoted as part of One You Public Health campaign • Limited engagement with voluntary sector	£0

Total Cost: £17,616

Agenda Item No:	6(i) (b)

Report To:	**Ashford Health & Wellbeing Board**
Date:	19th July 2017
Report Title:	Priority 2 – Healthy Weight Prevalence Final Report 2016/17
Report Author:	Deborah Smith
Organisation:	Kent Public Health

Summary:	The Healthy Weight Task and Finish group has delivered then reviewed outcomes of the Action Plan implemented for 2016/17. Promotion of some of the existing programmes (such as Very Brief Information training and Healthy Weight programmes in schools) have been challenging, indicating that the offer could be revised and tailored to local need to become a more attractive resource. Campaign and health promotion resources have been widely disseminated but tangible outcomes on healthy weight as a result of this work are hard to evidence. The launch of the One You shop, promoting Healthy Weight, Stop Smoking and other lifestyle support services has proved to be popular with the Ashford residents, particularly as a resource to receive information, advice and regular weigh in sessions. To date, 941 people have accessed the One You shop in Ashford and 300 interventions on Healthy Weight have been delivered. The Task and Finish Group would welcome continuing this work to raise the profile of the One You shop and support the development of additional healthy lifestyle services to meet the public needs. Plans for engagement groups in areas of highest obesity prevalence are also considered valuable to identify the specific attitudes, behaviours and motivators of local people to help shape provision for the future.

Recommendations:	**The Ashford Health & Wellbeing Board be asked to:-** Note the update and progress of the 2016/17 Action Plan a) Agree to an Action Plan for 2017/18 with activities to achieve the Kent Healthy Weight priorities. b) Agree to the Task and Finish Group overseeing the delivery of the One You shop and to deliver focussed insight work in areas of high obesity prevalence to understand attitudes, behaviours and motivators for healthy weight.

Policy Overview:	In January 2017, Public Health England published an Action Plan on Childhood Obesity, reporting on a trend of increased weight among children. Kent 's Healthy Weight Action Plan, based on national guidance, is still waiting to be finalised, but the Ashford Task and Finish group would wish to continue with any further

	Healthy Weight work in alignment with the national guidance and Kent priorities.
Financial Implications:	There has been no dedicated budget allocated to this work of this group. The Ashford Action Plan has been delivered within existing resources.

Report: **Background**

In England, nearly a third of children aged 2 to 15 are overweight or obese. Obese adults have double the risk of dying prematurely than adults of a healthy weight and are seven times more likely to become a type 2 diabetic[i].

The economic cost of obesity impacts upon social care, the local economy and the NHS. It was estimated that the NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15.[i]

Impact of Excess Weight in Ashford

PHOF Indicator	**England rate**	**Ashford prevalence:** 2014/15	**Ashford Prevalence** 2015/16	**Trend:**
Excess weight 4-5 year olds	22.1	23.6	26.1	⇧
Excess Weight 10-11 year olds	34.2	34	34.6	⇧
Excess Weight: Adults	64.8	67.5	66.6	⇩
Proportion of population having their 5 a day	52.3	52.8	47.6	⇩

In the last year, Ashford has seen an increase in the numbers of children (age 4-5 years and 10-11 years) with excess weight which is in line with the national trend. However, Ashford still has higher than national rates for 4-5 years with excess weight (estimated 26.1% in Ashford against a national rate of 22.1%) and 34.6% of 10-11 year olds are estimated to have access weight; 0.4% above the national rate.

The number of overweight Adults has decreased in Ashford despite no significant change in the national trend. More adults are reported to be physically active but despite this, a higher number of adults are inactive and fewer daily portions of fruit and vegetables are reported.

Aim

The Ashford Healthy Weight Task and Finish Group convened to deliver specific actions to help reduce excess weight in Ashford communities. The Action Plan was implemented in June 2016 and this report updates on the progress and learning to date.

Ashford Task and Finish Group Action Plan

The Healthy Weight Action Plan comprises the following programmes:

1. Deliver brief advice training to front line staff
2. Audit current healthy weight resources on target groups

3. Promote current programmes and campaigns more widely
4. Offer and develop programmes to workforces
5. Consult with target groups to develop bespoke programmes
6. Review Healthy Weight Programmes for Children

Further detail and outcomes for each of the programme are tabled in The Healthy Weight Action Plan (Appendix 1.)

Conclusion

Progress was made on all programmes in the Plan but uptake from wider stakeholders was limited. Very Brief Intervention training has been offered to partners including the voluntary sector and Ashford Leisure Trust, but there has been no take up to date other than to Public Health leads in Ashford Childrens Centres. The purpose of the training is to raise awareness and initiate discussions on the issues of unhealthy weight and to signpost appropriately to weight management services. Although broad delivery of the training has not been successful, the One You shop has proved to be an innovative source of addressing healthy weight for individuals in the community. Of the 941 people who have visited the shop so far, a third have gone on to receive healthy weight advice and interventions including the popular Weigh to Go service.

Fresh Start programmes and Ready Steady Go were Healthy weight programmes piloted in two primary schools in Ashford but there was insufficient take up from families. Further learning from this has resulted in a research programme conducted to improve engagement on healthy weight initiatives in schools.

The audit on current healthy weight programmes delivered across Kent has been interesting, especially when overlaid with prevalence of obesity rates. Although not all programmes, especially within the private sector have been included at this stage, plans to share the mapping outcomes along with proposals for further local community engagement work are expected to generate greater interest from providers such as Slimming World and Weight Watchers. The results to date inform that many of the identified services are locally accessible to people who live in the areas of highest obesity prevalence but these are not the groups of people who are accessing existing services. Further local community engagement work is planned to better understand attitudes and behaviours of Ashford residents most at risk of obesity and to identify ‘motivators’ that may encourage overweight adults to access healthy weight support.

Resource packs containing posters for healthy weight and stop smoking and promotion of the One You shop have been widely distributed to GPs, Parish Councils, Voluntary Agencies, Vets, Dentists, Housing Associations and local businesses as well as advertisements issued in Ashford Voice and Kentish Express earlier in the year. One You Flyers were also issued in every residents council tax bill which resulted in a sharp increase in footfall to the One You shop. The posters issued to local businesses are a pre-curser to a local business event planned for later in 2017 to raise awareness of the impact and economic cost that an over-weight workforce and employees who smoke has on productivity costs and to the local community.

In conclusion, the implementation of the One You shop has demonstrated

value and success in delivering healthy weight management advice and services for people who are looking to work towards a healthier weight. This work has clear measurable indicators that can be tracked as people access One You. However, the effects of campaign and promotion work is less easily measured. Some of the packaged programmes, such as Very Brief Intervention training and the Healthy Weight programmes in schools are less successful in terms of take up and further planned community engagement events will help ensure that offers are both desirable and accessible to local communities.

Recommendations

Considering the national and local trend for excess weight needs to reduce significantly and there are recommended themes from the Kent Healthy Weight strategy, the Task and Finish Group recommend the Ashford Health and Wellbeing Board support the following Healthy Weight Actions for 2017/18:

1. Improve Food Standards in all settings
    - Provide public education including knowledge and skills across all ranges
    - Increase access to nutritious and tasty food
    - Implement campaigns
2. Increase levels of physical activity in all settings
    - Increase usage of leisure, sport and recreational facilities
    - Implement Kent Active Travel Strategy
3. Reduce Social Isolation
    - The Local Authority should work with partners and communities to develop healthier environments and Healthy Towns
    - Undertake health impact assessments on major new builds
4. Create healthier environments
    - Use planning and licensing powers to create healthier environments
    - Reduce adult absenteeism caused by unhealthy weight

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HEALTHY WEIGHT STRATEGIC ACTION PLAN 2016/17 Appendix 1

Ashford Health and Wellbeing Board Task and Finish Group

Theme	**Action**	**Outcome:**	**Cost:**
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)	Very Brief Information (VBI) training was offered to Ashford Leisure Trust and Voluntary Sector but no uptake to date VBI training offered in line with partnership work with Ashford Oaks and Ready Steady Go Adults pilot but not undertaken Healthy Weight Services promoted at Homestart event to promote/raise awareness but no uptake for VBI training One You shop offers Healthy Weight information and advice, Weigh to Go and referrals to Ready Steady Go, Fresh Start and other Healthy Weight programmes	Brief Advice training delivered to Childrens Centres and Public Health leads in Ashford Childrens Centres. VBI training continues to be offered to partners Since the launch of The One You shop in February 2017 there has been a significant increase in the awareness and advice offered to the public regarding healthy weight. From February to June 941 people have visited the shop and there has been 952 brief information and advice given on lifestyle issues. Of the 574 that have gone on to receive interventions and/or referrals, there have been nearly 500 interventions relating to healthy weight, healthy eating and physical activity. There have also been 116 stop smoking interventions, over 50 Health checks, nearly 70 Health MOTs and over 70 blood Pressure checks. This highlights that people are likely to have more than one intervention at the One You shop.	Nil: within One You shop funding
2. Assess impact of current	Healthy Weight Programmes delivered in	The Healthy Weight Audit identifies the healthy weight services available and who	Nil

resources on target groups through Healthy Weight Service Audit. Consult with target groups to identify motivators and effective programmes to support weight management	Ashford have been mapped against obesity prevalence. Further services to be approached and mapped (eg. Weight Watchers and Slimming World).	is accessing them. The information highlights high numbers of people in areas of highest obesity prevalence accessing services. However, rates of people with excess weight have not decreased. Phase 2 of the project has been planned to engage and consult with targeted communities to identify views on local services and motivators that would help people attain a healthy weight.	
3. Further promote current commissioned programmes and campaigns more widely in the area	Resource packs containing posters and flyers on healthy weight and stop smoking distributed to all GPs, Dentists and Pharmacies in Ashford. Packs also distributed to various veterinary practices, local businesses and to all voluntary centres, Housing Associations and Parish Councils in Ashford. Kent Stop Smoking campaign advertised in Kentish Express and Ashford Voice. One You campaign marketed through television advertisement, newspaper reports, flyers inserted in Council Tax bills and through a number of other sources. Potential for CCG to promote One You to GPs, physiotherapists IAPT s etc.	The launch of the One You shop has seen a significant result in raising awareness and signposting people to healthy weight services. To date, 492 sessions of advice and information has been given on Healthy Weight, Healthy Eating and Physical Activity.	£ nil
4. Offer and develop programmes to workforces	Healthy Lifestyle posters sent to local businesses. Health MOTs offered to Ashford Borough Council staff	Healthy Weight promoted to local businesses to encourage healthier employees	£ nil

	Further plans to encourage employers to signpost to the One You shop and services		
Review Healthy Weight programmes for Children	**Fresh Start Group/Ready Steady Go Pilot:** The project vision was to run a free weight management group hosted at a target school for KS2 parents/carers. The model encompassed the current Fresh Start model with Ready Steady Go content to engage adults of children identified above a healthy weight who attend the target schools. The model provides a 2 for 1 approach in weight management which will efficiently widen our reach and improve performance for both RSG/FSG programmes. This model was offered to Ashford Oaks and Willesborough; Ashford Oaks was prioritised. Despite support offered and Family Liaison Officer (FLO) input no families were recruited. Plans to address school engagement with the healthy weight agenda through NCMP pilot project.	Ashford Oaks Primary School All parents informed of programme through parent mail Barracuda Poster set up in the school foyer Posters and adverts were displayed in school Leaflets were put in school book bags to send the messages home Health Weight Team attended school to promote engagement and recruit into the programme Information was provided to all school staff via team meetings Whole school text and facebook notification sent to all families Workplace health checks/MOTs for the school staff were delivered in January 2017. Ready Steady Go 12 week programme commenced in April with 6 people attending	£ nil

Appendix 2

Ashford priority postcodes + obesity final.png (Command Line)

[i] Childhood Obesity: A Plan for Action, Department of Health, January 2017 https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action

Agenda Item No:	6(ii)
Report To:	**Ashford Health & Wellbeing Board**
Date:	19th July 2017
Report Title:	**Priorities 2018-23**
Report Author:	Sheila Davison
Organisation:	Ashford Borough Council

Summary:	This paper proposes priorities for the Ashford Health and Wellbeing Board for the period 2018-23.

Recommendations:	**The Ashford Health & Wellbeing Board is asked to discuss and agree priorities for the period 2018-23.**

Policy Overview:	The priorities are set against the developing Kent Health and Wellbeing Strategy and Kent & Medway Sustainability and Transformation Plan. They are relevant to all organisations represented on the Ashford Health and Wellbeing Board and will support those organisations to delivery their core public health responsibilities.
Financial Implications:	No specific costs identified. Identified activity will need to be commissioned and / or delivered collaboratively, flexibly and creatively within existing resources where possible.
Risk Assessment	No
Equalities Impact Assessment	No
Other Material Implications:	None
Background Papers:	None

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Agenda Item No.

Report Title: Priorities 2018-23

Purpose of the Report

1. At the last Ashford Health and Wellbeing Board meeting, the Lead Officer Group were asked to consider priorities for the coming year and to take into account progress against the current priorities of reducing smoking prevalence and reducing obesity and excess weight rates. See complimentary reports on the agenda for this meeting.

2. This paper presents the outcome of the discussions by the Lead Officer Group and outlines a number of health indicators that can be considered relevant to the setting of future priorities for the Board.

3. It is suggested that the priorities are set for a longer period in order to align with the developing Kent Health and Wellbeing Strategy as presented to the April Board meeting (reference AHWB 260417 minute 8). The draft Strategy identified a broad aim of extending years lived in good health and extended life expectancy. Priorities, outcomes and measures were also proposed.

4. Finally this papers suggests that the number of priorities are increased and that the scrutiny role of the Board be expanded in order to give oversight of a wider range of health indicators and opportunity to address an expanded range of health related subjects.

Background

5. In order to set future priorities the Lead Officer Group reviewed a range of data but for the purpose of this paper focused primarily on the 2016 Ashford Health Profile as benchmarked to the South East Region. Since this meeting the 2017 Health Profiles have been published and this paper has been prepared having reference to the most up to date information.

6. The 2017 Health Profile, which is provided in full at Appendix 1, provides a snapshot overview of health for the Borough. The aim of the Health Profile is to:

    - provide a consistent, concise, comparable and balanced overview of the population's health
    - inform local needs assessment, policy, planning, performance management, surveillance and practice
    - be primarily of use to joint efforts between local government and the health service to improve health and reduce health inequalities
    - empower the wider community

Priorities under consideration

7. The more detailed information provided by the 2017 Health Profile suggests that the following indicators are appropriate to consider as priority areas / indicators to monitor:

    a. Children in low income families (under 16s)

b. Statutory homelessness
c. GCSEs achieved
d. Violent crime (violent offences)
e. Long term unemployment
f. Smoking status at time of delivery
g. Breastfeeding initiation
h. Obese children
i. Excess weight in adults
j. Recorded diabetes
k. Hip fractures in people 65 and over
l. Killed and seriously injured on roads
m. Smoking related deaths

8. These indicators have been selected on the basis of a comparison with the England and/or South East regional data. They are selected when the Ashford position is worse or the recent trend indicates a static or worsening situation. The data as bench marked to the South East region is provided below:

Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

Benchmark Value
Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Ashford			Region England		South East region		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2015)	2015	–	-	17.3	-	21.8	-	-	-
Children in low income families (under 16s)	2014	↑	4,180	17.2%	14.7%	20.1%	28.7%		6.6%
Statutory homelessness	2015/16	→	12	0.2	0.8*	0.9	-	*Insufficient number of values for a spine chart*	-
GCSEs achieved	2015/16	–	761	55.3%	60.3%	57.8%	45.0%		78.7%
Violent crime (violence offences)	2015/16	↑	1,822	14.8	16.8	17.2	35.4		7.2
Long term unemployment	2016	↓	204	2.7*	2.0*	3.7*	8.4		0.4
Smoking status at time of delivery	2015/16	↓	166	11.3%	9.7%	10.6%*	19.0%		4.4%
Breastfeeding initiation	2014/15	–	1,017	71.3%	78.0%	74.3%	63.8%		89.2%
Obese children (Year 6)	2015/16	→	262	19.1%	17.1%	19.8%	24.2%		10.4%
Hospital stays for alcohol-specific conditions (under 18s)	2013/14 - 15/16	–	24	28.0	36.5	37.4	121.3		13.2
Under 18 conceptions	2015	↓	44	18.7	17.1	20.8	35.7		5.4
Smoking prevalence in adults	2016	–	-	17.4%	14.6%	15.5%	25.7%		4.9%
Percentage of physically active adults	2015	–	-	58.5%	60.2%	57.0%	49.8%		69.4%
Excess weight in adults	2013 - 15	–	-	66.6%	63.3%	64.8%	70.6%		52.0%
Cancer diagnosed at early stage	2015	–	274	51.2%	52.1%	52.4%	39.0%		59.8%
Hospital stays for self-harm	2015/16	–	192	158.7	211.8	196.5	350.6		70.9
Hospital stays for alcohol-related harm	2015/16	–	524	440	527	647	753		374
Recorded diabetes	2014/15	↑	5,876	6.1%	5.7%	6.4%	8.4%		3.8%
Incidence of TB	2013 - 15	–	32	8.7	7.6	12.0	47.8		1.2
New sexually transmitted infections (STI)	2016	↓	321	419	648	795	1,387		223
Hip fractures in people aged 65 and over	2015/16	–	137	589	562	589	708		312
Life expectancy at birth (Male)	2013 - 15	–	-	80.2	80.5	79.5	77.2		82.5
Life expectancy at birth (Female)	2013 - 15	–	-	84.0	84.0	83.1	82.0		86.7
Infant mortality	2013 - 15	–	16	3.6	3.2	3.9	6.0		1.3
Killed and seriously injured on roads	2013 - 15	–	193	52.2	49.1	38.5	85.1		22.9
Suicide rate	2013 - 15	–	36	11.6	10.2	10.1	15.2		6.0
Smoking related deaths	2013 - 15	–	-	-	249.4	283.5	-	*Insufficient number of values for a spine chart*	-
Under 75 mortality rate: cardiovascular	2013 - 15	–	183	56.7	62.3	74.6	104.7		43.1
Under 75 mortality rate: cancer	2013 - 15	–	442	137.3	129.4	138.8	166.2		98.6
Excess winter deaths	Aug 2012 - Jul 2015	–	214	22.0	18.8	19.6	29.4		6.9

Source: https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000008/ati/101/are/E07000105

9. Clearly it would be unrealistic for the Board to focus on so many indicators, therefore, it is suggested that priority could be given to the following which are most closely aligned to the work of the Board and its membership:

    a. Homelessness
    b. Smoking and pregnancy
    c. Breastfeeding initiation
    d. Obesity in children and excess weight in adults
    e. Diabetes
    f. Hip fractures in people 65 and over
    g. Smoking related deaths

10. Additionally the Board could decide to have oversight of the other indicators supporting the work of related groups that have a greater ability to implement programmes and projects that would improve the relevant indicators. The Board could consider other indicators as part of its forward plan and receive updates from relevant organisations or groups. For example, Ashford is significantly worse than the England average with regard to the number killed and seriously injured on roads. A focused review of our road safety activity in collaboration with the Ashford Community Safety Partnership would be beneficial.

11. It is suggested that the current smoking and obesity working groups should continue. Further consideration by the Lead Officer Group is necessary with regard to the support that can be provided by the Board for the various work streams relevant to breastfeeding initiation, diabetes and hip fractures.

12. It is appropriate, however, for lead organisations to be agreed for each of the priority areas and the following is proposed:

    a. Homelessness – Ashford Housing Sub Group
    b. Smoking and pregnancy – Ashford Local Children's Partnership Group
    c. Breastfeeding initiation – Ashford Local Children's Partnership Group
    d. Obesity in children and excess weight in adults - HWB via its specific working group
    e. Diabetes – Ashford Clinical Commissioning Group
    f. Hip fractures in people 65 and over – Ashford Housing Sub Group
    g. Smoking related deaths - HWB via its specific working group

13. While it is suggested that the above priorities are set for the next five years, the Lead Officer Group will review relevant health data and other health information on an annual basis. Where appropriate recommendations will be made to the Board to change the priorities. This is particularly relevant to the Kent and Medway Sustainability and Transformation Plan (STP) and the work undertaken by the STP Partnership Board.

Areas not covered by the Health Profiles

14. There is a danger in only focusing on the indicators highlighted by the Health Profiles. It is important to remember that health and wellbeing are primarily shaped by factors outside the direct influence of health services, and we need to constantly look at this bigger picture. As we know the gaps of almost 20

years in health expectancy between people living in the most and least deprived areas of the UK is not explained by the ability to access health care but by our experience of the factors that make us healthy including safe and rewarding work, education, housing, resources, our physical environment and social connections.

15. The Board needs to bear this in mind and where necessary scrutinise a far wider range of services.

16. A useful infographic on 'What Makes Us Health?' has been published recently by The Health Foundation and is provided at Appendix 2. More information on this is available at http://www.health.org.uk/blog/infographic-what-makes-us-healthy.

Risk Assessment

17. A risk assessment will be undertaken when relevant for each of the activities as this work progresses. All partners will need to work collaboratively to achieve successful outcomes.

Equality Impact Assessment

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

Other Options Considered

19. The Board could continue to focus on a smaller number of priorities as it has for the last year. This would, however, miss the opportunity to give attention to the broader health indicators that are worse within Ashford. It will be important for the Board to be open to further proposals for additional or alternative options as they arise throughout the course of the next five years.

Consultation

20. The Lead Officer Group has discussed the priorities considered in this paper. Any specific activity undertaken will be conducted in consultation with specific target groups in the local community and co-designed with target groups where possible.

Implications Assessment

21. The progress and outcomes of this work will be submitted to Health and Wellbeing Board and where necessary to the Kent Board.

Handling

22. The Lead Officer Group will report progress and performance to the Ashford Health and Wellbeing Board as a regular agenda item for the smoking and obesity priorities at each of the HWB meetings. Further updates will also be made available on request of the Board as relevant to all other agreed priorities.

Conclusion

23. This paper provides the Board with an opportunity review the current picture of people's health in Ashford so that it can help members to understand the community's needs and support joint working to improve health and reduce inequalities.

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Sheila Davison Tel: 01233 330224

Public Health England

Protecting and improving the nation's health

Ashford

District

This profile was published on 4th July 2017

Health Profile 2017

Health in summary
The health of people in Ashford is varied compared with the England average. About 17% (4,200) of children live in low income families. Life expectancy for both men and women is higher than the England average.

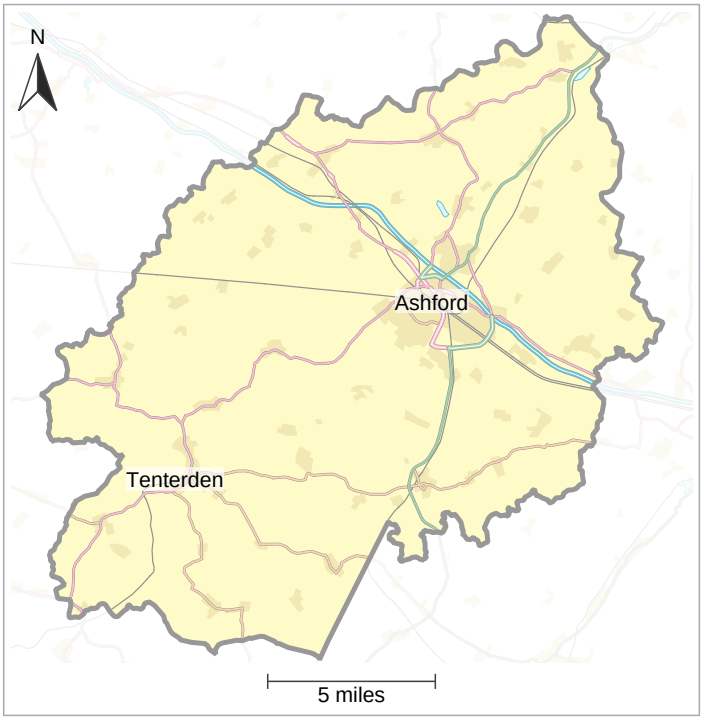
Health inequalities
Life expectancy is 4.0 years lower for men in the most deprived areas of Ashford than in the least deprived areas.

Child health
In Year 6, 19.1% (262) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 28*. This represents 8 stays per year. Levels of breastfeeding initiation are worse than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 440*, better than the average for England. This represents 524 stays per year. The rate of self-harm hospital stays is 159*, better than the average for England. This represents 192 stays per year. The rate of people killed and seriously injured on roads is worse than average. The rate of sexually transmitted infections is better than average. Rates of statutory homelessness, violent crime, long term unemployment and early deaths from cardiovascular diseases are better than average.

Local priorities
Priorities in Ashford include improving levels of healthy weight among adults and children through increasing physical activity, addressing health inequalities (heart disease), and addressing smoking prevalence and smoking in pregnancy. For more information see www.ashfordccg.nhs.uk and www.kpho.org.uk

* rate per 100,000 population

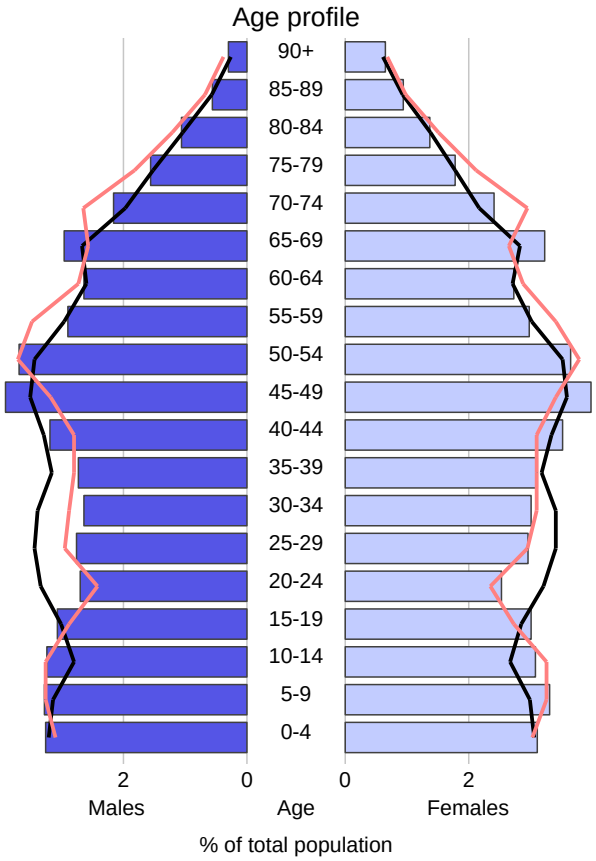


This profile gives a picture of people's health in Ashford. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

Follow @PHE_uk on Twitter

Population: summary characteristics



	Males	Females	Persons
Ashford (population in thousands)			
Population (2015):	60	64	124
Projected population (2020):	64	68	132
% people from an ethnic minority group:	5.4%	7.0%	6.2%
Dependency ratio (dependants / working population) x 100			68.3%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

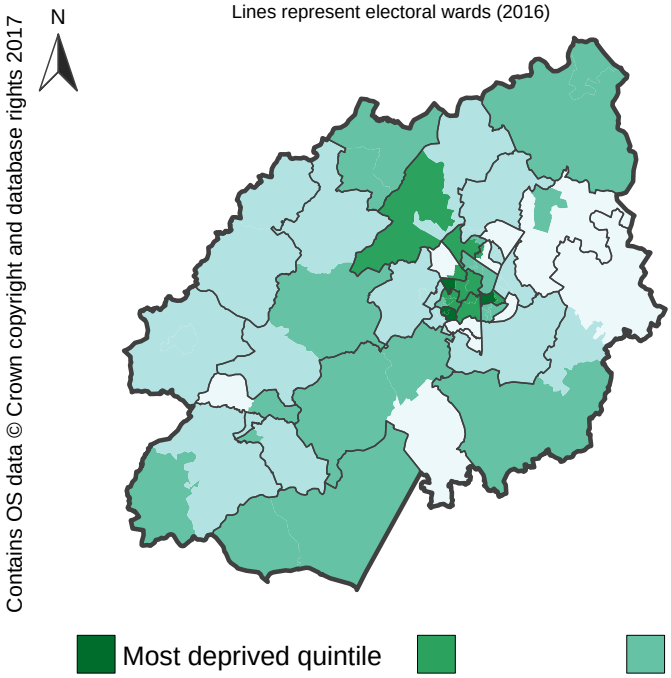
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

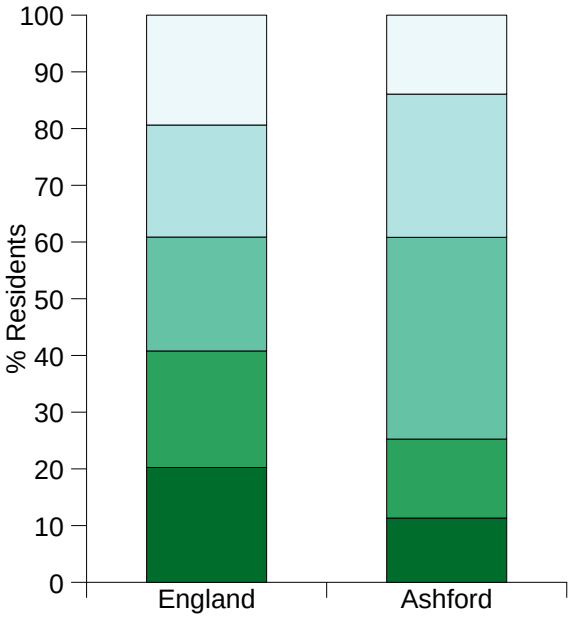
Ashford 2015 (Male)
Ashford 2015 (Female)
England 2015
Ashford 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



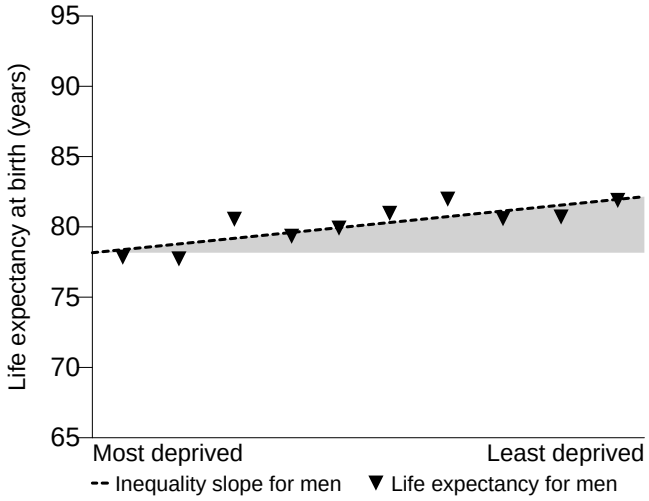
This chart shows the percentage of the population who live in areas at each level of deprivation.



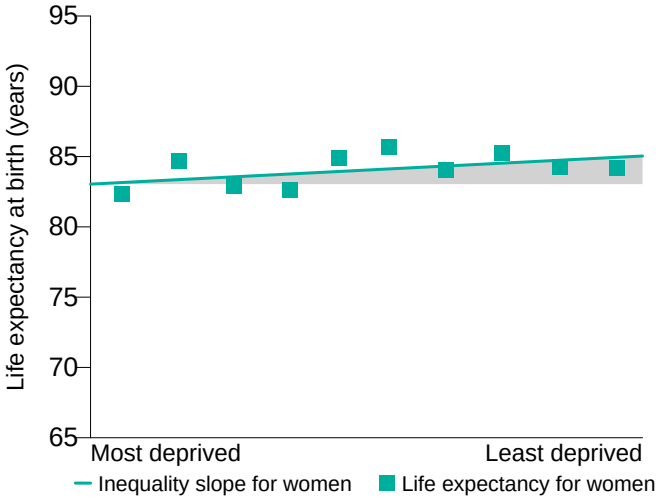
Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 4.0 years



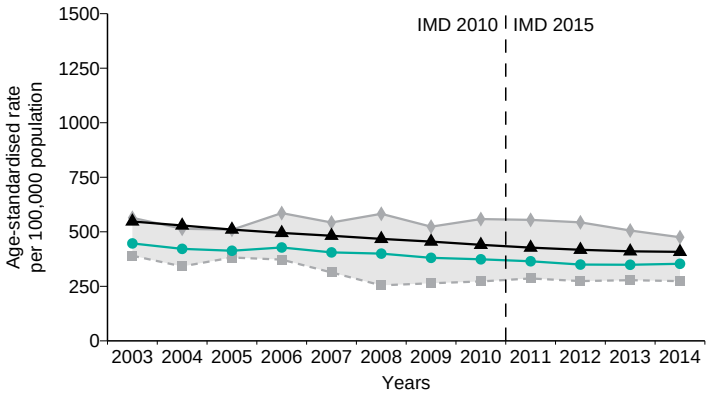
Life expectancy gap for women: 2.0 years



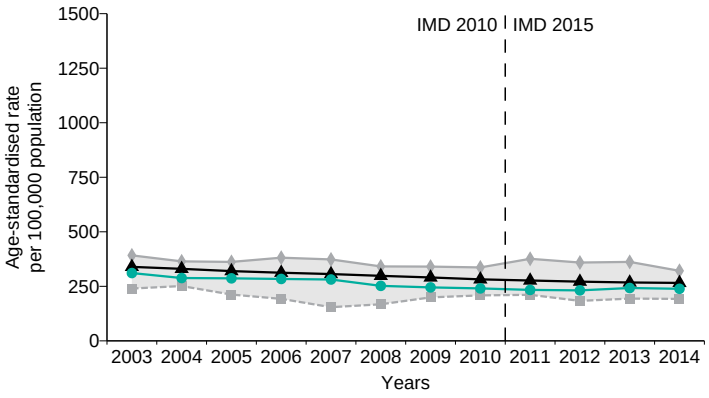
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

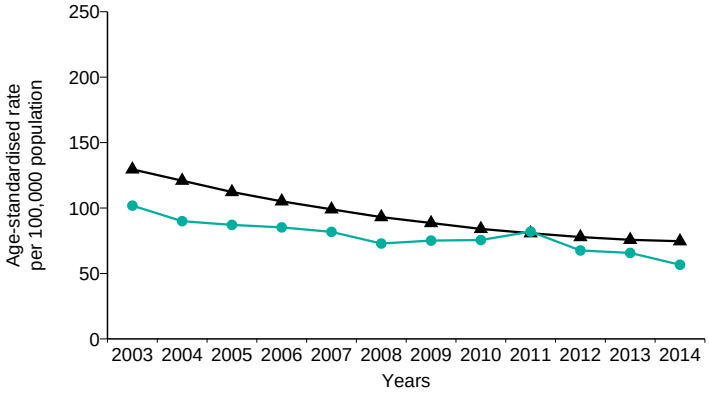
Early deaths from all causes: men



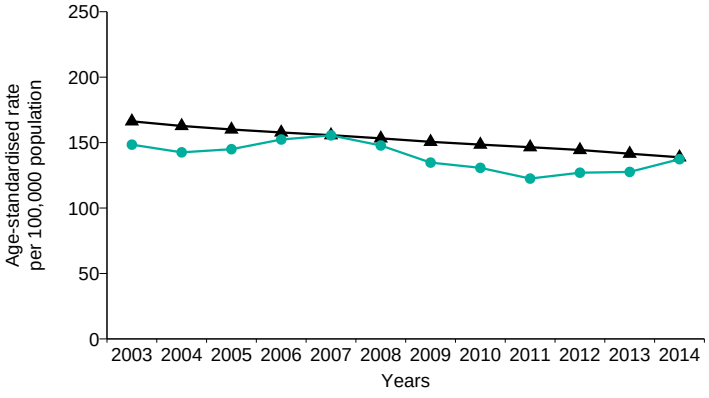
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



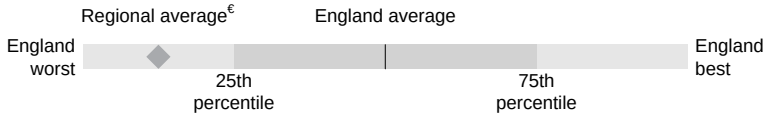
Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

England average | Local average | Local least deprived | Local most deprived | Local inequality

Health summary for Ashford

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	17.3	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	4,180	17.2	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	12	0.2	0.9			
	4	GCSEs achieved	2015/16	761	55.3	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	1,822	14.8	17.2	36.7		4.5
	6	Long term unemployment	2016	204	2.7 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	166	11.3	10.6 $1	26.0		1.8
	8	Breastfeeding initiation	2014/15	1,017	71.3	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	262	19.1	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	24	28.0	37.4	121.3		10.5
	11	Under 18 conceptions	2015	44	18.7	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	17.4	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	58.5	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	66.6	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	274	51.2	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	192	158.7	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	524	440.2	647	1,163		374
	18	Recorded diabetes	2014/15	5,876	6.1	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	32	8.7	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	321	418.5	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	137	589.2	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	80.2	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	84.0	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	16	3.6	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	193	52.2	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	36	11.6	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	n/a	n/a	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	183	56.7	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	442	137.3	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	214	22.0	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 **2** % children (under 16) in low income families **3** Eligible homeless people not in priority need, crude rate per 1,000 households **4** 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority **5** Recorded violence against the person crimes, crude rate per 1,000 population **6** Crude rate per 1,000 population aged 16-64 **7** % of women who smoke at time of delivery **8** % of all mothers who breastfeed their babies in the first 48hrs after delivery **9** % school children in Year 6 (age 10-11) **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population **11** Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) **12** Current smokers (aged 18 and over), Annual Population Survey **13** % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey **14** % adults (aged 16 and over) classified as overweight or obese, Active People Survey **15** Experimental statistics - % of cancers diagnosed at stage 1 or 2 **16** Directly age sex standardised rate per 100,000 population **17** Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population **18** % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes **19** Crude rate per 100,000 population **20** All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 **21** Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over **22, 23** The average number of years a person would expect to live based on contemporary mortality rates **24** Rate of deaths in infants aged under 1 year per 1,000 live births **25** Rate per 100,000 population **26** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) **27** Directly age standardised rate per 100,000 population aged 35 and over **28** Directly age standardised rate per 100,000 population aged under 75 **29** Directly age standardised rate per 100,000 population aged under 75 **30** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts $1 There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

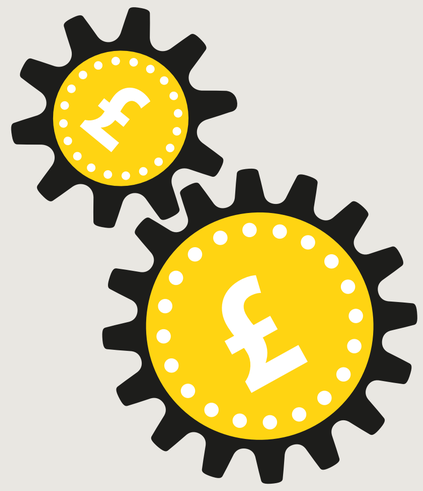
What makes us healthy?

AS LITTLE AS
10% of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:

Good work

Our surroundings



Money & resources

Housing

The food we eat

Transport

Education & skills

Family, friends & communities

But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

The Health Foundation

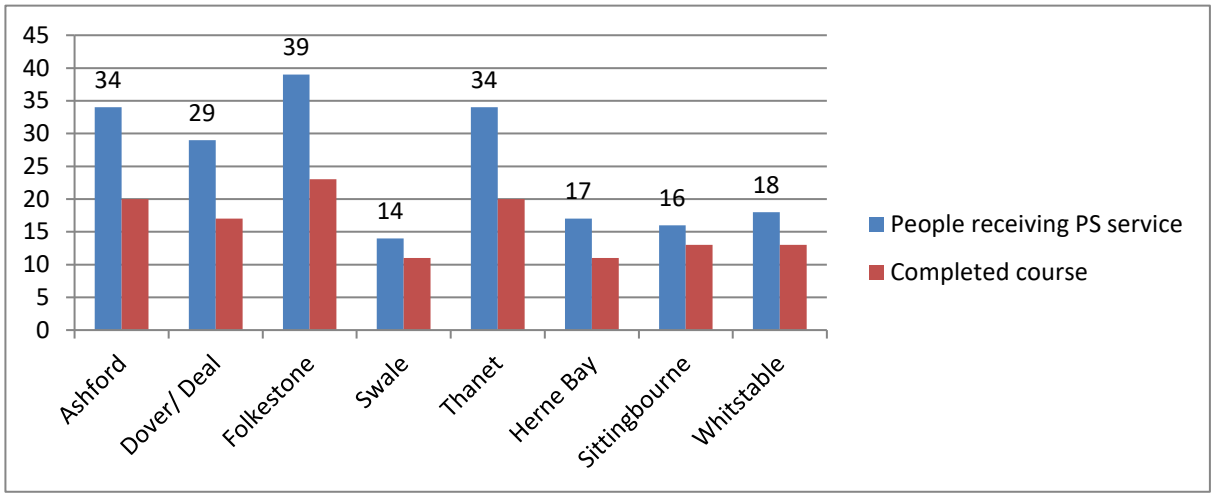
References available at www.health.org.uk/healthy-lives-infographics

Agenda Item Number	Agenda Item Number:7
Report to:	Ashford Health and Wellbeing Board
Date:	19th July 2017
Report Title:	Update on Postural Stability and Falls service in Ashford
Report Author:	Deborah Smith
Organisation:	Kent County Council, Public Health
	The Falls Referral Process The Kent Falls Prevention Service offers Postural Stability classes and a Falls Prevention clinic. Referrals can be made by a health professional or by self-referral through a single point of access. Referrals are collated and individually scored by the Public Health team and then forwarded to the appropriate Postural stability or Falls prevention classes. Postural Stability classes are delivered as a 36 week programme run by Kent Community Health Foundation Trust (KCHFT) and funded by the Public Health department. The more intensive Falls Service is also delivered by KCHFT but commissioned by the Clinical Commissioning Group (CCG).
	Ashford Area Numbers of people being referred into the Postural Stability classes in East Kent areas are typically quite low. Numbers of those referred to classes, completing the 36 week programme and having improved their postural stability score are as follows:

East Kent Postural Stability Service Referrals

	Ashford	Dover/ Deal	Folkestone	Swale	Thanet	Herne Bay	Sittingbourne	Whitstable
People receiving PS service	34	29	39	14	34	17	16	18

Completed course	20	17	23	11	20	11	13	13
Scores improved at 36 weeks (awaiting data)								



Indicators for Falls

The health profile indicator on emergency admissions for fractured neck of femur in people aged 65+ shows Ashford to be the same as the national average (589 per 100,000 population) in 2015/16. This is a significant improvement on the previous year when Ashford performed worse than the England average with 708 admissions per 100,000. Further information on improved postural stability is being analysed to ascertain improved outcomes as a result of the postural stability service. Success of postural stability classes and Falls classes should be seen as part of a preventative programme to reduce the number of falls resulting in emergency admissions for fractured neck of femur. The aim is for Ashford to continue its current trend in decline in such emergency admissions.

More Information

Further performance data on the delivery of the Falls Service can be made available by East Kent CCG Commissioning services.

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for NHS ASHFORD CCG – Quarter 1: April to June 2017

What's going on in our world	• Working with East Kent Hospitals to minimise and assess impact following removal of Junior Doctor grades from Kent and Canterbury Hospital • Continued development of MCP model for Ashford locality in collaboration with Kent Community NHS Foundation Trust • Developing Clinical Transformation Plans relating to transformation projects, alongside our provider colleagues • Running a second series of "listening events" as part of public discussion and development relating to Sustainability and Transformation Plan
Success stories since last AHWB	• Transfer of services from Kent and Canterbury Hospital to William Harvey Hospital following removal of junior doctors • Initial listening events held with good attendance
What we are focusing on for the next quarter <u>specific to the key projects</u>	• Continued development of MCP model for Ashford locality • Continued development of Sustainability and Transformation Plan • Delivering against projects aimed to reduce reliance on patient hospital services • Combined Ashford Community Networks meeting, to look at the Local Care element on the Sustainability and Transformation Plan
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	• Ensuring that implementation of community networks is balanced with current demands of capacity • Designing and implementing new models of care as part of NHS Five Year Forward View • Deliver of Sustainability and Transformation Plan • Ensuring effective public engagement and support for developing long (and short) term strategic direction
Any thing else the Board needs to know	

Signed & dated	Neil Fisher 11.07.17

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Public Health – Quarter 1: April to June 2017

What's going on in our world	• The Sustainability and Transformation Plan: Prevention workstream is continuing and has been subjected to Check and Challenge and Listener events. Data modelling and analytics are being applied to ascertain economic investment and targeting effectively to vulnerable groups. • Further engagement work with East Kent CCG Commissioning teams to deliver innovative programmes to reduce smoking in pregnancy rates. These include the development of Home Visit Stop Smoking Advisors for women who smoke in pregnancy which is scheduled to commence in September 2017.
Success stories since last AHWB	• Ashford One You shop pilot has been extended for a further 2 years (to June 2019). • Smokefree School Gates – sign competition for primary schools has been held. Final judging to agree winning sign is to take place on the 6th July.
What we are focusing on for the next quarter <u>specific to the key projects</u>	• Continued work on the Sustainability and Transformation Plan • Smoke Free Hospital grounds • Multi-agency Action Plan to address unhealthy weight in Ashford • Insight mapping into the attitudes, behaviours and motivators of healthy weight among wards with the highest obesity prevalence in Ashford is being planned for delivery in September.
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	• Sustainability and Transformation Plan delivery dependent on adequate funding
Any thing else the Board needs to know	• The Public Health department at Kent County Council has been restructured from the 1st June 2017. The main public health themes remain the same, but the delivery of the work will inform an integrated service approach.
Signed & dated	Deborah Smith 05.07.17

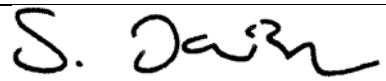
Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Ashford Borough Council – Quarter 1: April to June 2017

What's going on in our world	• **Conningbrook Lakes (New development)** – Clarion housing group purchased the site from ABC and Brett Group in March 2017 and intend to commence construction of 300 high-quality new private homes in September 2017 with sale and marketing commencing in December and first occupations expected in Spring 2018. • **Working to become Dementia Friendly** – ABC has been a member of the Ashford Dementia Action Alliance since 2014 and is now working to become dementia friendly and applying for the recognition symbol. This is in line with our corporate plan priority of supporting our growing senior population to lead full and independent lives. ABC will work cross-service and with partners, businesses and other organisations to encourage them to become dementia friendly. Also to embed dementia training within the Council's training and induction programmes. • **Danemore sheltered housing scheme –** Works started in May. The £9m project will see the rebuild of 34 dementia friendly units with an estimated completion in early summer 2018. • **Elwick Place Development –** Works have commenced on the construction of this mixed-use leisure development incorporating cinema, hotel, food and beverage establishments, car park and retail use in Elwick Road. • **Elwick Road Temporary Car Park** – Construction just started on this new car park located opposite the college. Approximately 100 spaces will be available from Aututm 2017. Permits available for parking. • **Commercial Quarter (CQ 38)** – Quinn Estates started construction of the new office building 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, public realm improvements and additional car parking. The building is due for completion in spring 2018. For more information about Ashford's priority regeneration projects and many success stories visit www.ashfordfor.com. • **Repton Connect (the new Community Centre)** – Works on going. Building offering an activity/meeting space, large field, a multi-use games and a car park should be open winter 2017/18. • **Bridgefield Park (Kingsnorth) –** Play facilities and amenities for the new park in Kingsnorth. Planning application approved for play facilities and amenities in February 2017. Construction starts late summer with completion in May 2018. • **Ashford College, Elwick Road** – Creative Arts Show took place between 23rd and 29th June. Freshers Fair planned for Thursday 28 September at the new campus on Elwick Road from 11:30-14:00; the Community Safety Unit will be co-ordinating a number of items for the event. • **M20 Junction10a** - Examination in public closed on 2 June. A decision on the Development Consent Order needed to build the

	junction being 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. • **Designer Outlet Centre Extension** - planning permission issued and s106 agreement reached. Amendments to the design agreed. Construction starts shortly. • **Ashford Voice** – See latest edition of the council's newsletter via http://www.ashford.gov.uk/search/text-content/ashford-voice-out-now-28th-june-817. • **Ashford International Model Railway Education Centre (AIMREC)** – Looking for a more feasible site in the town centre. • **Kestrel Park** – Families, residents and visitors attended the official opening of this on 16th June. Kestral Park is an open space located at Brisley Farm, Kingsnorth. • **Active Everyday (activities for the over 60's)** – The calendar can be downloaded via the following link http://www.ashford.gov.uk/active-everyday. • **Conningbrook Lakes (Activities)**: The lakes have been temporarily closed due the discovery of blue algae but levels are low. Works that aim to reduce the algae will be complete by the autumn. An open day event on 9 September (11am-5pm) will showcase activities and groups.
Success stories since last AHWB	• **Safety in Action 2017** – This year's two-week event for Year 6 children took place in June at the Rare Breeds Centre with 38 borough schools attending. The event included a number of workshops including some around road safety and healthy relationships. • **Ashford's Create Music Festival, 22nd July** – Create has been awarded Cultural Event of the year at 2017 Kent Creative Awards. • **Healthy Weight & Smoking** –ONE YOU Health Shop given go-ahead to continue for a further 2 years following on from the initial trial period. • **Retail**: The vacancy rate for empty shop units in Ashford is currently at an all-time low.
What we are focusing on for the next quarter specific to the key projects	• **Victoria Park redevelopment** - A first stage Heritage Lottery Fund 'Parks for People' application, total cost of £4m for the refurbishment of the park looks promising. • **Chilmington** – Further to the previous update, work is ongoing to discharge planning conditions and enable submission of reserved matters applications. Expected timetable for full consent is autumn 2017 where upon developers will mobilise for detailed designs and house building. First residents expected autumn/early winter 2018. Proving layouts for the community hub as well as the health provision nearing agreement. Currently includes provision for GP's as per the S106. Reasonably urgent discussions planned with East Kent NHS (Wendy Malkinson, Simon Perks and Neil Fisher) over degree of fit with NHS long-term plans and, at the developer's request, to include them also. The matter of concern remains that NHS planning does not coincide with the development plan for Chilmington.

Anything else relevant to AHWB priorities NOT mentioned above	• **New Horizon/Vulnerabilities Investigation Team** - Presentation given to Ashford Community Safety Partnership on this new team, which is due to be in place in September 2017. • **Syrian refugees** – ABC Refugee Resettlement Project is continuing to work closely with statutory, voluntary and business partners to support the Syrian Refugee families in Ashford to settle and integrate. We are developing our programme to enhance well-being by building on resilience and encouraging peer group support. We will be exploring and working to develop, in conjunction with the CCG, appropriate support services for individuals diagnosed with specific mental health needs where such support cannot currently be locally through NHS services. Ashford's model for supporting resettled refugees has engendered interest nationally from central government, other local authorities and academic research bodies. The project continues to be a learning process for all agencies involved. Ashford currently has 13 families totalling 61 individuals. The biggest barrier to project development continues to be acquisition of suitable affordable properties. This is a major problem all over the South East region. • **Local Plan** – The Cabinet has agreed a series of proposed changes to the draft Local Plan in June. Public consultation on the changes is scheduled to commence on 7th July and run until the 31st August. There are revised requirements for additional housing over the Plan period to 2030 with around a further 1500 dwellings to be planned for and consequently several new site allocations are now being proposed, mainly in the rural parts of the borough. More details at http://www.ashford.gov.uk/local-plan-2030. • **Development Update** – Latest newsletter highlights the unprecedented levels of inward investment. Focus on the major projects that now being delivered. Available at http://www.ashford.gov.uk/development-update. • **Ashford Heritage Strategy** – The strategy, which is currently in draft form, sets out the Council's aims and objectives to safeguard Ashford's historical assets and develop the borough's cultural offer for the enjoyment of residents and visitors. The formal consultation is due to commence mid-July. • **Air Quality Strategy –** Work is also progressing at a county level with KCC pulling together a Low Emissions Strategy and Action Plan. This has been supported by the Kent and Medway Air Quality Partnership and the Kent Environment Strategy (KES) Steering Group. KCC's Head of Sustainable Business and Communities is also involved in the revision to the Kent Health & Wellbeing Strategy and further incorporating green space, air quality, cold/warm homes, climate change impacts e.g. flooding.
Strategic challenges & risks including horizon scanning?	
Any thing else the Board	• **Grenfell Tower**: Ashford Borough Council has confirmed that it does not have any high-rise tower blocks in the borough within its housing stock. All fire risk assessments were updated this year with no

needs to know	outstanding priority actions. There is a “stay put” policy in place, but every block has a fire action plan and grade D smoke detectors. Following on from the tragic fire at Grenfell Tower in June the authority has been in contact with colleagues at Kent Fire and Rescue Service and will work with them to ensure working practices continue to follow the best advice and are efficient. Matters will be reviewed and any necessary action will be taken on any appropriate recommendations made following the Grenfell investigation.
Signed & dated	 Sheila Davison – 7 July 2017

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Healthwatch Kent – Quarter 1: April to June 2017

What's going on in our world	Healthwatch Kent continues to engage with the public and react to their feedback about local health and social care services. We recently published reports on repeat prescriptions, access to GP's and delayed discharge from hospital. You can find the reports on the 'Projects' page of our website. Our work on delayed discharge is ongoing and our steering group recently agreed several new projects (start dates are to be confirmed). If board members (or anyone else) would like to receive regular updates on our work they can email info@healthwatchkent.co.uk or call 0808 801 0102 and ask to be added to our newsletter mailing list.
Success stories since last AHWB	**Patient and Public Advisory group** Healthwatch Kent has created a Patient and Public Advisory group to support and drive forward conversations about the Sustainability and Transformation Plan (STP) for Kent and Medway. The group consists of staff responsible for engagement with the public, lay members from Kent and Medway's Clinical Commissioning Groups, representatives from voluntary groups, patient representatives and members of the public. The group has already made several recommendations (including the need for more public to be involved in every workstream of the STP) and will continue to meet regularly. A series of public events focusing on the STP will take place across Kent over the coming weeks. The Ashford event will take place on 6 July from 1pm to 4pm at the Holiday Inn Central Hotel. Please email nelcsu.engagement@nhs.net for more information or to sign up to attend. **The KCC People's Panel.** Healthwatch Kent have developed a 'People's Panel'. The panel meets monthly and provides the opportunity or all Kent County Council (KCC) colleagues to discuss ideas and issues with members of the public. This month the panel discussed the Health and Wellbeing Strategy being developed for Kent; next month they will review KCC's core standards for social care.
What we are focusing on for the next quarter <u>specific to the key projects</u>	Our priorities for the next quarter include: • Actively supporting engagement on the STP for Kent and Medway whilst exercising our statutory responsibility to act as a critical friend. • Working directly with organisations to improve their mechanisms for dealing with complaints. • Gathering feedback from people who have experienced delayed discharge from hospital and sharing it with the trusts.

	• Working with other founding members to develop a forum that will ensure that organisation engage effectively with young people.
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	
Anything else the Board needs to know	
Signed & dated	

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Local Children's Partnership Group – Quarter 1: April to June 2017

What's going on in our world	• Established working groups have been looking at emotional health and well-being, self-harm and how local services can be better integrated. • Applied for funding for mental health initiative from PCC fund (conference and shared learning to ensure that lower level concerns are picked up rather than escalating). • LCPG grant funded services underway and quarterly reporting shows that they are mobilised and beginning to have an impact: • West Kent Mind is working closely with primary schools to develop a comprehensive training package for staff with practical application in terms of working with children and families. • Homestart – Chill with Dad, continues to be well-attended and meets a local need. • Project Salus, working with selected primary schools to support transition to secondary school. • Mid Kent Mind – offering family resilience events. • Rising Sun – providing support for boys who have experiences domestic abuse.
Success stories since last AHWB	• Working in partnership with CSU to deliver Safety in Action sessions about emotional health and well-being, included senior members from the youth hub working alongside Early Help staff. A very successful event, positive feedback and an opportunity to advertise youth activities to children as they transition into secondary school.
What we are focusing on for the next quarter <u>specific to the key projects</u>	• Further integration of emotional health and well-being services as Headstart programme is coming to Ashford in August/September 2017. The recruitment process has begun for the staff who will be supporting Ashford to deliver the programme which has to become self-sustaining over a 2 year period. • Training as a focus for all staff across agencies working with children so that they are able to deal with mental health as confidently as physical health in terms of first aid. • Joining up of youth services, in Tenterden and Ashford to ensure good coverage and appropriate opportunities for targeted work. • Continue to work in partnership to improve school readiness, early intervention and Specialist Children's Services.

Anything else relevant to AHWB priorities NOT mentioned above	• Kent Children's Services Ofsted has been published – overall grade: Good. • Nurture Group being run for children at one of the Children's Centres, good progress being made and shows the power of multi-agency working.
Strategic challenges & risks including horizon scanning?	• Capacity to deliver appropriate/high quality services to meet local need with a growing population and demands that that brings.
Anything else the Board needs to know	• The LCPG is keen to develop further work with Early Years settings and to work with families to embed the Active Learning approach. This has been run in Children's Centres and Health Visiting have provided training to ensure champions are available locally to promote this. The next phase is to roll this out further, working in partnership with other agencies.
Signed & dated	Helen Anderson - July 2017

Agenda Item No. 10

Ashford Health & Wellbeing Board – Membership

To address the vacant KCC Officer and Voluntary Sector positions on this Board and subsequently the AHWB Lead Officer Group.