

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 18th October 2017 at 09.30 am

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 – Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health 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
- 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
- Mr R Isworth - KALC
- 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.

- | | | |
|-----|---|-------|
| 3. | Notes of the Meeting of this Board held on the 19 th July 2017 – Note: to be amended to show Chris Morley as present at the meeting | 1-7 |
| 4. | Update on the Kent Health and Wellbeing Board held on 20 th September 2017 -
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=7635
– Navin Kumta | |
| 5. | Ashford Health and Wellbeing Priorities: | |
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| | (b) Obesity in Children and Excess Weight in Adults – Deborah Smith | 23-29 |
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Ashford Vineyard
Headstart | |
| 11. | Dates of Future Meetings | |
| | 17 th January 2018 | |
| | 18 th April 2018 | |
| | 18 th July 2018 | |
| | 17 th October 2018 | |
| 12. | To consider passing the following resolution to exclude the public:- | |

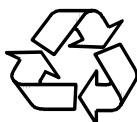
That pursuant to Section 100A(4) of the Local Government Act 1972 as amended the public be excluded from the meeting during consideration of the following item as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the public were present there would be disclosure of exempt information hereinafter specified by reference to paragraph 3 of Schedule 12A of the Act

E1 Sustainability and Transformation Plan – Faiza Khan/Allison Duggall 91-95

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

KRF/AEH
10th October 2017

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

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

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

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

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

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

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

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

Advice to Members on Declarations of Interest:

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

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the
19th July 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)

Geoff Lymer, Chairman of Health Reform and Public Health Cabinet Committee,
KCC

Councillor Andrew Buchanan, Deputy Portfolio Holder for Highways, Wellbeing and
Safety, ABC

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

Faiza Khan, Public Health, KCC

Neil Fisher – Head of Strategy and Planning, CCG

Karen Cook – Policy and Strategic Partnerships, KCC

Paul Kennedy, District Partnership Manager, KCC

John Bridle – HealthWatch

Sharon Williams – Head Of Housing, ABC

Alex Waller, Sports and Activity Project Officer, ABC

Will Train, Corporate Scrutiny and Overview Officer, ABC

Keith Fearon – Member Services Manager, ABC

Apologies:

Peter Oakford – Cabinet Member, KCC, Helen Anderson, Ashford Local Children's
Partnership, Deborah Smith, Public Health, KCC, Tracey Kerly, Chief Executive,
ABC, Christina Fuller, Head of Culture, ABC.

1 Notes of the Meeting of the Board held on 26 April 2017

The Board agreed that the notes were a correct record.

2 Update on the Kent Health and Wellbeing Board Meeting – 14 June 2017

- 2.1 Navin Kumta advised that the Minutes of the Kent Health and Wellbeing
Board meeting held on 14th June 2017 could be accessed using the link
provided under item 4 on the agenda. There were no specific actions to be
addressed by the Ashford Health and Wellbeing Board.

3. Update on the Kent Joint Health and Wellbeing Strategy

- 3.1 The report asked the Board to comment on the updated priorities set out in a table within the report and on the proposed outcome measures that had emerged following engagement with stakeholders and officers since the last meeting.
- 3.2 Karen Cook advised that Mr Oakford had signalled his intention to review the membership of the Kent Board and therefore the strategy had been deferred to the November meeting of the Kent Board. She drew attention to the proposed themes set out in paragraph 3(b) of the report. Chris Morley advised that he was keen to talk off- line in terms of future collaboration.
- 3.3 In response to a comment, Karen Cook said that she would be happy to assist in ensuring alignment of Ashford's priorities with the overall Kent Strategy.
- 3.4 The Board were advised that public consultation on the Strategy will now take place in October.

Resolved:

That the report be received and noted.

4 Update on Ashford Health and Wellbeing Board Priorities

(a) Reducing Smoking Prevalence Final Report 2016/17

- 4.1 Faiza Khan introduced this item. She advised that good progress had been made in relation to smoking prevalence in pregnant women, vaping and the being undertaken by the One You Shop on smoking cessation. The Smoking Action Plan was on track and one of the next steps was to work with the William Harvey Hospital (WHH) and other acute trusts in Kent to ensure that the hospital sites are Smokefree. Neil Fisher clarified that smoking was already banned on those sites but the ban was not enforced. Faiza Khan said that she supported the suggestion of establishing cessation advisors at the WHH and also said that any initiative should start with the staff who currently smoked on the site. The Chairman advised that the same staff should not undertake the enforcement and prevention/education aspects. Chris Morley referred to the economic impact of reducing smoking in terms of the workforce and suggested that this be raised with the Federation of Small Businesses and the Institute of Directors. The Chairman offered to raise the subject with the local Chamber of Commerce.
- 4.2 In response to a question about the accuracy of smoking statistics, Faiza Khan explained the background as to how they were produced.

- 4.3 Paul Kennedy emphasised the need to focus attention on preventing children from starting to smoke in the first place and the potential involvement by the Local Children's Partnership Group.

Resolved:

The Board agreed that:

- (i) the update and progress of the 2016/17 Action Plan be received and noted.**
- (ii) the recommendations as set out in the report be approved.**
- (iii) the Task and Finish Group deliver the recommendations in the report through an Action Plan for 2017/18.**

(b) Healthy Weight Prevalence Final Report 2016/17

- 4.3 Faiza Khan drew attention to the progress report and referred to the need to understand the barriers faced by people who were not making use of existing schemes to assist in reducing weight. She drew attention to the proposed Healthy Weight Actions for 2017/18 as set out on page 26 of the report and sought the Boards approval to them.
- 4.4 Navin Kumta supported the message of increasing physical activity to help maintain a healthy weight and said that it was important that this be conveyed to families. He said that if the various initiatives were promoted people could make their own decisions about exercise and healthy eating. Chris Morley considered that it would be a relatively straightforward exercise for the Borough Council to perhaps consider organising events on the various Multi Use Games Areas in the Borough for activities linked to this initiative. Geoff Lymer highlighted the links between excess weight and alcohol consumption.
- 4.5 Sharon Williams said that the Borough Council could help in terms of promoting the initiative via its links to tenants of Council housing stock.
- 4.6 Sheila Davison suggested that the Task and Finish Group be asked to further develop the proposed Action Plan and identify specific activities for the next year.

Resolved:

The Board agreed that:

- (i) the progress of the 2016/17 Action Plan be received and noted.**
- (ii) the Task and Finish Group be asked to review the Action Plan and bring back to the Board a yearlong programme of activities for approval.**
- (iii) the broad aims of the Action Plan for 2017/18 with activities to achieve the Kent Healthy Weight priorities as set out in the report be supported**

(c) Priorities 2018-23

- 4.7 The report set out proposed priorities for the Ashford Health and Wellbeing Board for the period 2018-23.
- 4.8 Sheila Davison drew attention to paragraph 9 which set out the proposed priorities and advised that this was based on the recently published Health Profile health data with a focus on the comparison with National and South East Region data. Paragraph 12 of the report identified lead organisations for each of the priorities. Sharon Williams suggested that homelessness could be linked to a more generic priority for health and housing as there were linkages between the Single Transformation Plan and Disabled Facilities Grants. This priority could also give attention to the falls indicator.
- 4.9 In response to a comment about whether the broader issues of GCSE attainment and children in low income should be included as priorities, Sheila Davison highlighted that the Board is able to review progress against any of the indicators. She undertook to map the indicators set out in paragraph 8 to lead partners/groups where possible. Following further discussion the Board agreed priorities under four broad headings.

Resolved:

The Board agreed that:

- (i) the four priorities for 2018-23 be Housing; Smoking; Obesity in children and excess weight in adults; and Diabetes.**
- (ii) the leads for the four priorities would be Ashford Borough Council for housing; Kent County Council (Public Health) for Smoking and Obesity/Excess Weight and the Clinical Commissioning Group for Diabetes.**
- (iii) the broader indicators set out in paragraph 8 would be further examined and where possible be linked to lead partners/groups.**

5 Update on Postural Stability and Falls Service in Ashford

- 5.1 Faiza Khan advised that this report had been produced for the Board arising from a request made at a previous meeting.

Resolved:

That the report be received and noted.

6 Sustainability and Transformation Plan (STP)

- 6.1 Neil Fisher gave a presentation on this this item. Also tabled at the meeting was a report entitled 'Service Models and Hurdle Criteria' which together with the presentation had been published on the Council's website under:- <https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3166>
- 6.2 Neil Fisher advised that it was intended to undertake full consultation on the proposals in early 2018. He also undertook to distribute copies of two reports which analysed early engagement survey results.
- 6.3 Sharon Williams referred to the problem of people being discharged from hospital and then presenting themselves to the Borough Council as homeless and asked whether it was possible in future to obtain specific information in advance of such patients being discharged. Neil Fisher considered that this was the type of issue which could be picked up by one of the three clusters proposed for the Ashford Borough area.
- 6.4 Chris Morley drew attention to the meeting on 26 July of the three Community Forums covering Ashford which would discuss how the proposed arrangements would work and he encouraged the Board and all elected Members to attend.
- 6.5 Neil Fisher said that he would produce an update report for each Board meeting and he also suggested that it would be helpful for the Ashford Clinical Providers to attend a future meeting.

Resolved

The Board agreed that:

- (i) **progress reports on the STP be presented to future Health and Wellbeing Board meetings.**
- (ii) **the Ashford Clinical Providers be invited to attend a future meeting.**

7 Partner Updates

(a) Clinical Commissioning Group

7.1 Update noted

(b) Kent County Council (Social Services)

7.2 Not provided

(c) Kent County Council (Public Health)

7.3 Update noted

(d) Ashford Borough Council

- 7.4 Sheila Davison advised that the 2018 National Wellbeing Symposium might be held in Ashford and she suggested that the Board may wish to use this as an opportunity to promote its work.
- 7.5 Alex Waller gave a brief presentation on the Beat the Streets which is a project that turns a town into a game where people earn points as they walk, cycle and run around. It involves players tapping a registered card on sensors placed at various locations in an area over a seven-week period. The aim was to improve health by participants walking, running or cycling between the given points. The cost for the Ashford urban area was estimated at £96k and for the whole borough would be £134k however there were match-funding opportunities available from Sport England. At this stage Alex Waller sought approval of the Board to submit an expression of interest.
- 7.6 The Chairman said that the game would give the Council and its partners an opportunity to plan routes between areas and it would also be open for schools to register and participate.
- 7.7 Neil Fisher advised that he was aware that East Sussex had introduced the game into their area.

The Board agreed that:

- (i) the Beat the Streets game be supported in principle.**
- (ii) a report be submitted to the next meeting providing more information about the scheme including a timeline and comments about future sustainability.**
- (iii) a representative from the company that organizes the event and a local authority who have experience in operating the game be invited to attend the next meeting.**

(e) Voluntary Sector

- 7.8 Not provided.

(f) Healthwatch

- 7.9 John Bridle advised that Healthwatch wished to engage with the public and other Groups in terms of feedback about local health and social care services. A report they had produced on travelers would be published shortly.

(g) Ashford Local Children's Partnership Group

- 7.10 Update noted.

8 Ashford Health and Wellbeing Board – Membership

- 8.1 The Board was asked to address the vacant KCC Officer and Voluntary Sector positions on the Board and subsequently the AHWB Lead Officer Group.
- 8.2 The Chairman considered that the Kent Association of Local Councils (Ashford Branch) should be invited to nominate a representative to join the Board.
- 8.3 The Board discussed the current lack of a representative of the Voluntary and Community Sector and considered that a way forward would be to invite a representative linked to specific items on the Forward Plan and involve them in the more focused work of the Board's Task Groups.

Resolved:

- (i) **The Board agreed that the Kent Association of Local Council's (Ashford Branch) be invited to nominate a representative to join the Board.**
- (ii) **Voluntary and Community Sector representatives be invited to attend the Board in relations to specific items on the Forward Plan and where relevant to specific Task Groups.**

9 Forward Plan

- 9.1 It was agreed that the following items would be on the agenda for the Board meeting on 18th October 2017.
- Ashford Local Children's Partnership Group update
 - Beat the Streets
 - Priorities 2018-2023 – Project Leads
- 9.2 In terms of the January meeting, the topics of Health and Housing and a possible presentation from Ashford Vineyard were added.

10 Dates of Future Meetings

- 10.1 The next meeting would be held on 18th October 2017.
- 10.2 Subsequent date:
17th January 2018

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Agenda Item No: 5 (a)
Report To: Ashford Health & Wellbeing Board
Date: 18th October 2017
Report Title: Stop Smoking Action Plan report 2016-2017:
One Year On
Report Author: Deborah Smith
Organisation: Kent County Council, Public Health



Summary: At a time when Smoking Prevalence is declining on average 1% per year, Ashford has seen a reduction of 8.9% in the last year, but is still 1.9% higher than the England average. The rate now stands at 17.4% (previously 26.3%). The One You shop in Ashford has been a huge success and now operates a dedicated weekly stop smoking clinic. There has also been considerable media campaigns that have raised awareness and consciousness about quitting smoking and there is a more accessible and successful pathway to refer pregnant women who smoke into stop smoking services. Some of the initiatives undertaken in 2016 are continuing into 2017, particularly in supporting Smokefree environments, such as hospitals, parks and school gates. The government has set a national target for reducing smoking prevalence to 12% by 2022 which means Ashford will need to reduce its prevalence by a further 5.4%. An additional target of reducing the inequalities of smoking is perhaps a harder challenge. Smoking still remains one of the main preventable health concerns and is the main theme of the Sustainability and Transformation Plan Prevention workstream which is now setting the framework for a range of health priorities. The proposals in the STP are commensurate with the 2017 Stop Smoking Action Plan for Ashford.

Recommendations: The Board be asked to:-

- i) Note the contents of this report
- ii) Comment on the report
- iii) Note that the 2017 Action Plan is in place following previous recommendations of the Board
- iv) Considering this report, agree to the continued delivery of the 2017 Action Plan
- v) Agree to pilot further work with GPs to increase referrals into the Stop Smoking Service

Purpose of the report

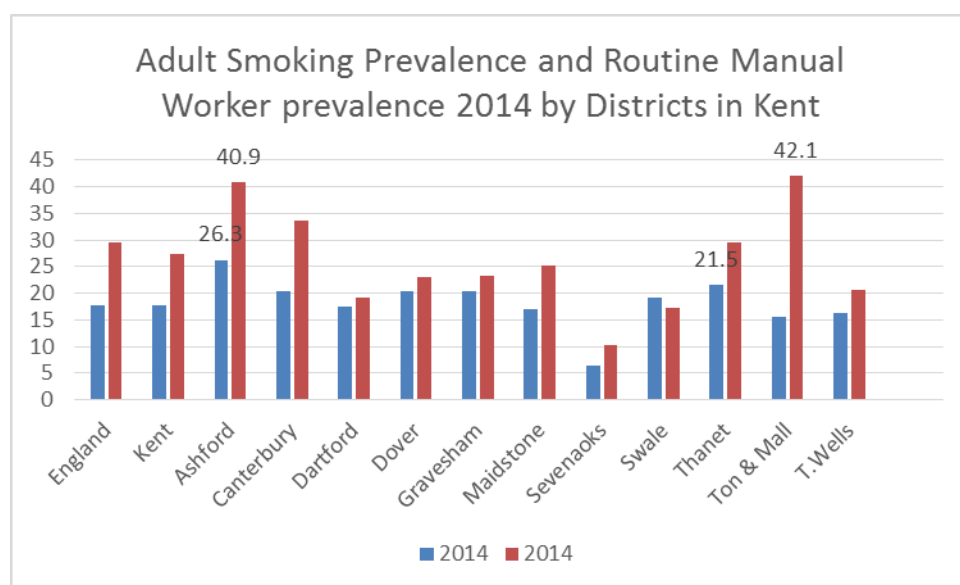
1. In 2016, Ashford Health and Wellbeing Board identified Smoking and Obesity as two main priority areas to be addressed. In response, partners assembled a task and finish group for each priority to identify areas of work over and

above those already delivered as part of the respective Kent wide strategies. This report provides an overview of the Stop Smoking Action Plan, detail of the work progressed and outcomes that have contributed to the reduction of smoking prevalence in Ashford over the last year.

Background

- In April 2016, the latest smoking prevalence available for Ashford was for 2014 status estimated at 26.3%. This is higher than the national average and the District Authority with the highest prevalence rate in Kent. Smoking prevalence among Routine and Manual Workers in Ashford was also exceptionally high at 40.9% of the population; 11.3% above the national average.

Chart 1: Smoking Prevalence in Ashford 2014



Source: Public Health England, Local Tobacco Control Profiles

- Action on Smoking and Health (ASH) provide economic estimates of the local costs attributed to smoking which include costs to the NHS and health and social care services, to businesses through loss of productivity and costs related to sickness absence and to local authorities who bear the burden of environmental costs of smoking. The cost of Smoking in Ashford alone amounts to £39.8m pa. £23.2m of this costs local businesses and employers in loss of productivity and sickness absences. £5.2m is attributed to treating smoking related ill health in the NHS and a further £0.3m due to passive smoking. Nearly £3m is spent on the effects of smokers and ex-smokers poor health later in life as a result of smoking related illness.
- The Stop Smoking Task and Finish Group was convened in June 2016 and met monthly to set objectives, agree decisions and report on progress of programme activities that had taken place between each meeting throughout the year. The membership of the Task and finish Group is listed in Appendix 1.
- The Action Plan contained 7 agreed programmes covering a range of tobacco control issues. There has been no additional funding for the delivery of these

activities; they have been delivered within the limitations of existing resources and staff and with the determination to work collaboratively and with shared responsibility for tobacco control concerns. These activities are:

1. Smoking in Pregnancy
2. Illicit Tobacco
3. Raise awareness of the harms caused by smoking and opportunities to access stop smoking services
4. Promote Kent Quit Packs
5. Approach to E-cigarettes
6. Provide stop smoking support for young people
7. Identify innovative ways to help people to quit.

6. Progress to Date:

6.1 Smoking in Pregnancy

Number of women who smoke in pregnancy are calculated using Smoking at Time of Delivery (SATOD) figures, reported by Midwifery services to the Department of Health. Although, generally, smoking prevalence figures have declined, smoking in pregnancy rates remain stubbornly high (14.8% in Ashford Q1 2017-18 data)¹. The risks associated with smoking are a major concern. Public Health England report:

“Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes..... Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy”².

Midwives are seen by most pregnant women as a reliable and trusted source of information and advice on health during pregnancy. All midwives in Kent support the national babyclear programme by CO monitoring women at their first ante-natal appointment and referring all those with a high CO reading directly to the stop smoking service. Historically, there have been issues with not all midwives routinely CO monitoring and with referred women accepting support from the stop smoking service. A midwife with a Smoking in Pregnancy lead has been appointed across East Kent Hospitals trust area. Since starting this role, Rachael Garrett has:

- Increased CO monitoring compliance among Midwives through audits, providing training and improving practice methods. **Ashford Midwifery teams are reporting 90% CO monitoring compliance**

¹ NHS Digital SATOD accessed 15/10/17

² Public Health England: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/6/gid/1938132886/pat/6/par/E12000008/ati/102/are/E10000016/iid/20301/age/1/sex/2>

and 84% of smokers referred to stop smoking services in September 2017 against 81% and 47% respectively in September 2016.

- Raising awareness of 3rd hand smoke (transferring carcinogenic particles from skin/clothing onto babies) in Special Care Baby Unit at William Harvey Hospital (Appendix 3)
- Encouraging William Harvey Hospital to be a Smokefree Site
- Contacting known smokers that do not access stop smoking services to encourage quitting throughout pregnancy. **This work is ongoing and is resulting in a dedicated stop smoking clinic for pregnant women who smoke at the One You shop, Ashford**

6.2 Illicit Tobacco

Cheap and Illicit tobacco can be readily accessible in parts of the community and undermines attempts and incentives for quitting smoking. Due to its affordability, it also acts as a gateway to young people starting smoking. It is estimated that 90% of adults who smoke regularly started smoking before the age of 19. Selling and distributing illicit tobacco is also often linked to other organized crime activity (such as drugs and child sex exploitation). The task and finish group have worked closely with Kent Trading Standards to organize an Illicit Tobacco Roadshow, featuring working sniffer dogs to raise awareness of the impact of selling and receiving illicit tobacco and the wider associations it may have in local communities (See Appendix 2). Enforcement visits accompanied the roadshows in February 2017 and resulted in illicit tobacco seizures from six retail premises. Of a survey of people who visited the roadshow, 48% said they had already been in contact with illegal tobacco and 91% of people agreed that it should be kept out of Ashford's community. To follow up on messages, two theatre production companies were commissioned to educate children on the dangers of smoking in local primary schools. These productions were well received by the schools who have asked for repeat performances in future academic years.

6.3 Raising Awareness

Existing Stop Smoking and Healthy Weight campaign materials have been collated and distributed in an Ashford Campaign pack sent to all GPs, Pharmacies, Voluntary Organisations, Pharmacies, Drug Misuse Services, housing groups, veterinary practices, dentists and parish councils. The purpose is to maximise awareness among organisations and groups who could promote the materials further. The Kent Smokefree campaign (launched in May 2016) has also been advertised in targeted Ashford resources, such as Ashford Voice, local newspapers and in all council tax bills. There has also been positive response to social media with 42,280 impressions from Kent Online and 56,108 impressions on Facebook.

The Task and Finish Group acknowledges the constraints of measuring effectiveness of dissemination of campaign materials, but one of the undoubtedly most successful campaigns have the launch of the One You shop. The One You shop in Ashford received media attention at its launch in February and has been followed by a TV advert on national television. The

'drop in' shop in Ashford Town Centre is the product of key partners working closely together, integrating resources and sharing commitment to deliver health and wellbeing services in an innovative way. The shop in Park Mall opened to the public on 8th February and offers health support and advice on a wide range of health issues. To date, 1624 people have visited the shop. Further information and detail is provided under item 6.7. 'innovation'.

6.4 Promote Quit Packs:

Quit Packs have been obtained from the Department of Health and are designed to support those who wish to quit smoking, but do not wish to access behavioural or support services in their attempt. The packs are fairly generic and provide literature rather than practical resources or support. To pilot the interest in Quit Packs, they were placed in all GP surgeries, vets and at Ashford Borough Council Reception area and advertised at the Stour Centre. Of the 100 quit kits issued, only 29 people registered with the stop smoking services. User feedback suggests that the packs are bland and uninspiring. The task and finish group have considered revamping the packs to be more motivational, but the costs associated with this are high and value for money would need to be assured before further funding was sought. The group are now looking into whether the quit packs could be an effective additional support alongside behavioural support and NRT or pharmacotherapy.

6.5 E-Cigarettes

In August 2015, Public Health England published an expert independent evidence review which concludes that e-cigarettes are significantly less harmful than smoking and have the potential to help smokers quit. The key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

The Task and Finish Group (and Kent Community Health Foundation Trust in particular) have developed good working relationships with Vape retailers in Ashford. At a local event in October 2016, local retailers endorsed their support for the E-cigarette regulations introduced in December that year. The regulations require all retailers and suppliers to submit information of all components and ingredients of Vape products which need to comply with new legal requirements. The retailers concur that almost all users of e-cigarettes do so as an aid to quit smoking. 8 have attended level 2 stop smoking training which has forged business relationships between services but not resulted in any known quitters. Organisations such as Public Health England and the National Centre for Smoking Cessation and Training accept that vaping is a popular method for smokers to attempt quitting and recommend that Stop Smoking Services support them where possible. The Kent Stop

Smoking Service offers this support but there are further opportunities to work together to ensure quit attempts are successful.

6.6 Young People

The legal minimum age at which tobacco can be bought is 18. Nicotine is highly addictive, making it difficult to stop smoking. It is estimated that an estimated 9.1% of 15 year olds in Ashford smoke (2009-12 figures). This equates to 123 15 year olds living in Ashford, smoking regularly and contributes to the 201 11-15 year olds who smoke. An additional 466 young people aged 16-17 years who live in Ashford smoke regularly. All of these modelled estimate figures are higher than the national average indicating that unless smoking prevalence among young people reduces, it is likely that Ashford will continue to have a higher than average adult smoking prevalence. Young people are statistically less likely to access stop smoking services or to attempt to quit smoking, so eight Quit Coaches have been trained from Uprising Youth Service to deliver stop smoking support to young people. The support service will commence imminently and is likely to generate small numbers of quitters, although it is anticipated that the success rate could be higher than average. More Quit Coaches are being trained across Ashford Youth provision and there are proposals for Peer Educators in Ashford to introduce young people to the One You shop services where a bespoke stop smoking group can be delivered. This work is still being progressed.

6.7 Innovation

A substantial proportion of the Task and Finish Group time has been attributed to the development of the One You shop. Since it opening on 8th February 2017:

1624 have attended and 843 of those have received at least one intervention. 1392 interventions have been undertaken. Healthy Weight advice (including accessing the Booth of Truth) has been the most successful draw to the shop (36%), but health MOTs, Health Checks and blood pressure checks have also been hugely popular (25%). 15% of interventions have been for stop smoking services and 15% on physical activity. 30% of all interventions have been accessed by people who live in the 7 most deprived wards of Ashford. These services have proven to be a Segway into conversations about health which have led to effective signposting to healthy weight and stop smoking services and are unlikely to have taken place in other settings. The latest figures are encouraging and have set an exemplar for other authorities wishing to support communities in the same way.

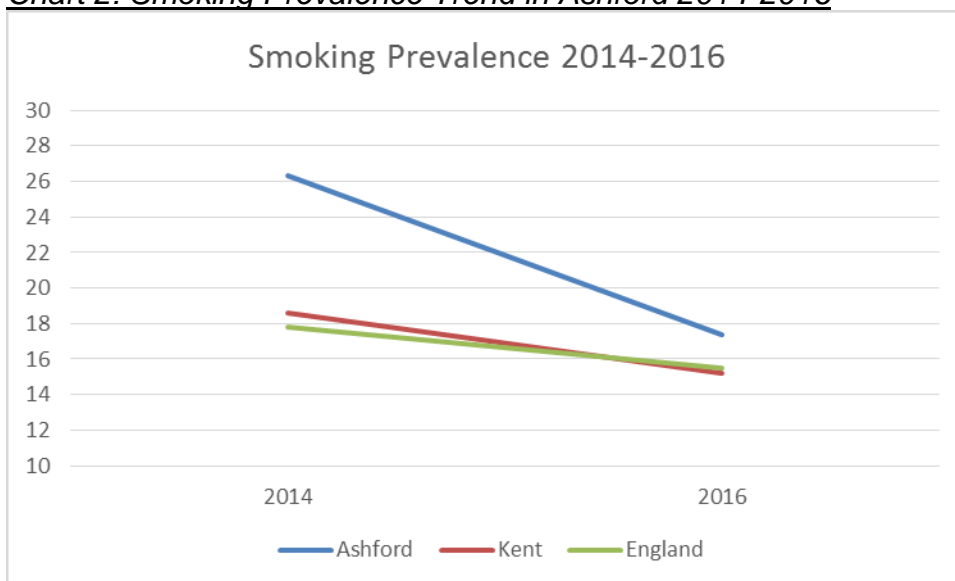
7. **Smoking Prevalence in Ashford 2016**

Smoking Prevalence in Ashford is now 17.4%; 1.9% above the national average. This time last year, the prevalence rate in Ashford was 8.5% above the national average (26.3% and 17.8% respectively).

There has also been significant reduction of routine and manual workers who smoke in Ashford. Last year, Ashford was 11.3% higher than the national

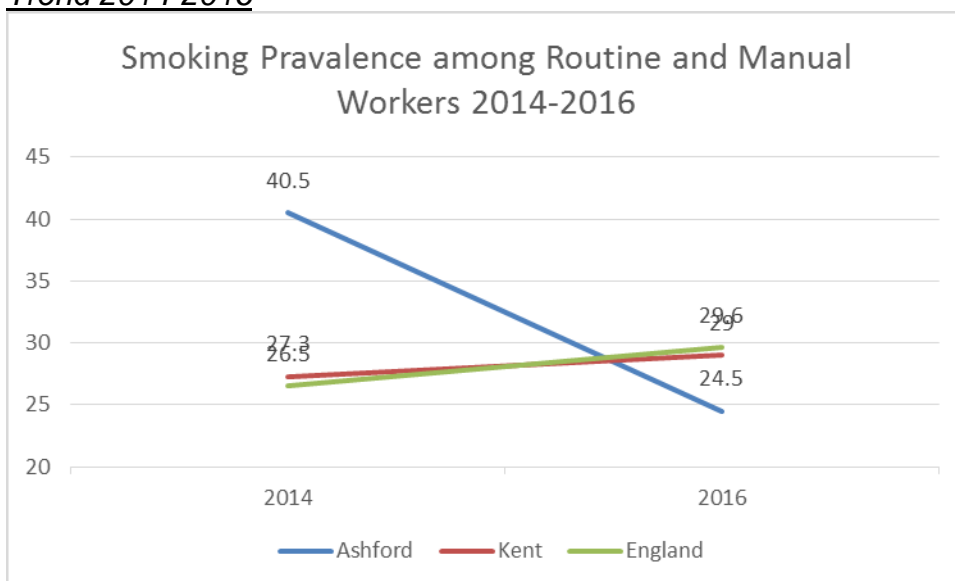
average and now sits at 2% below the England rate. This is a reduction of 13.3%.

Chart 2: Smoking Prevalence Trend in Ashford 2014-2016



Source: Public Health England, Local Tobacco Control Profiles

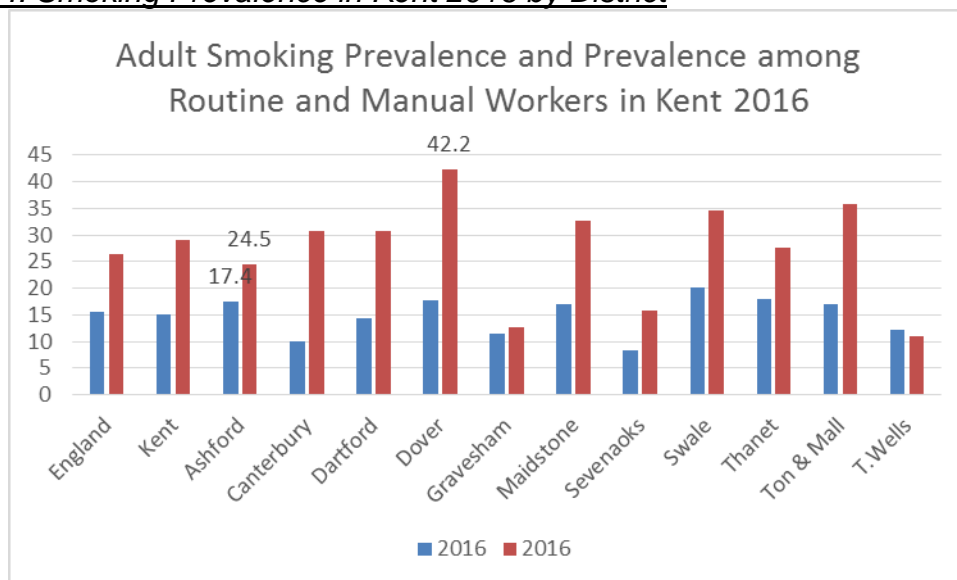
Chart 3: Smoking Prevalence among Routine & Manual Workers in Ashford Trend 2014-2016



Source: Public Health England, Local Tobacco Control Profiles

8. In the last year, data shows that Ashford's adult smoking population is 8.9% lower than last year and 16.4% lower among routine and manual workers. In total it is estimated that there are approximately 8,000 fewer smokers in Ashford, although the general population is increasing. Further reductions are needed if we are to meet the national target of 12% or less by 2022 as set in the Tobacco Control Plan for England³.

Chart 4: Smoking Prevalence in Kent 2016 by District



Source: Public Health England, Local Tobacco Control Profiles

9. Not all of this reduction can be attributed to the Ashford Action Plan as there has been a national decline of 1% per annum and district level smoking rates are difficult to estimate accurately. Activity rates from the Stop Smoking Service (KCHFT) reveal an increase in the numbers of people quitting smoking in Ashford, although there is under-representation of stop smoking support among Ashford GP services.

Table 1: People accessing Stop Smoking Quit Service April-June 2017 (Q1) by CCG

Stop Smoking Service Report Q1 2017-2018

CCG	Quit Date Set	Quits achieved
Ashford	155	71
Canterbury	247	135
DGS	215	105
South Kent Coast	282	146
Swale	193	100
Thanet	225	125
West Kent	269	122
Total	1586	804

³ Department of Health, Towards a Smokefree Generation: A Tobacco Control Plan for England, July 2017

10. GPs are an important point of access for patients wanting to quit smoking, and there is potential for the task and finish group to pilot further collaborative working.

Conclusion

11. There have been a number of initiatives and pilots delivered to further reduce smoking prevalence in Ashford. Some of these, such as the One You shop, Smoking in Pregnancy initiatives and the Illicit Tobacco Roadshow have produced significant results. Others have been more challenging; most notably the Quit Packs. Implementing Quit Coaches to support young people to quit smoking and securing a smoke free hospital site are examples of work in progress and are being developed under the 2017 Action Plan (Appendix 4).
12. The Sustainability and Transform Plan prevention work stream presents a range of programmes to reduce smoking and prevent the take up of smoking across Kent and Medway. This is in recognition that smoking incurs a considerable economic and resource burden on our health and social care systems. The STP will set a framework for new priorities in prevention and the task and finish group's work will continue to compliment the Plan at a local level.
13. On average, the national trend in smoking prevalence is seeing a decline of 1% per annum and Ashford has reduced its smoking prevalence by 8.9%. The Tobacco Control Plan published this year sets a trajectory for a Smokefree environment, de-normalising smoking to prevent the take up of smoking in the first place and supporting smokers to quit to aspire to a 12% prevalence by 2022. The challenge is for Ashford is that it has 5 years to reduce smoking prevalence by a further 5.4%.

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Tel: 03000 416696 (07850 210919)

Ashford Smoking Task and Finish Group

Terms of Reference

Purpose:

to deliver a tobacco control action plan in Ashford to achieve a reduction in the prevalence of smoking across the district and the de-normalisation of tobacco, thus:

- Reducing the harmful effects of tobacco on the Ashford population.
 - Reducing health inequalities caused by tobacco
 - Reducing the economic burden of tobacco on our communities
-

Objectives:

The Group will fulfil the purpose through:

Collaboration

1. agreeing the activities and measures and outcomes of the Action Plan. tobacco control;
2. providing a co-ordinated approach to addressing tobacco control through key interventions
3. providing a high level of challenge and strategic support to delivering the tobacco control programme
4. contributing resources and commitment to the delivery of the Action Plan
5. providing multi-agency support and advice to the Stop Smoking agenda.
6. Contributing to innovative ideas to help reduce the smoking prevalence and social norm of smoking.

Advocacy for Tobacco Control

7. championing the cause of stopping smoking and tobacco control within the organisations and networks of members of the Board.
-

Membership:

Public Health Specialist (Deborah Smith) - Chair
Ashford Borough Council (Cllr Brad Bradford)
Ashford Borough Council (Christina Bailey)
Kent Stop Smoking Services – KCHFT (Sarah Martin)
Kent Stop Smoking Services – KCHFT (Susan Piddock)
Ashford One You Project Manager – KCHFT (Tracey Tomkinson)
East Kent CCG Childrens Commissioning (Jade Price)
East Kent CCG Childrens Commissioning (Jane Kirby)
South Ashford Community Network (Bob Shrubb)
EKHFT Midwife with lead in SIP (Rachael Garrett)

Frequency of Meetings:

The Group will meet monthly.

If members are unable to attend a meeting, they will endeavour to send a representative



Do you smoke when your child is not around?
Do you cuddle your baby after smoking?
If so, your **child's health is still at risk**



3rd HAND SMOKING KILLS.

Your child can inhale residual tobacco smoke which remains on your skin, hair, clothes, furniture and in your car after you have smoked.

GO SMOKE FREE

- ✓ Smoke free house
- ✓ Smoke free car
- ✓ Smoke free family

Kent Stop Smoking Service are here to help you go smoke free:
Call: **0300 123 1220**
Visit: www.kenthealthandwellbeing.nhs.uk

Appendix 4

Proposed ASHFORD SMOKING ACTION PLAN 2017/18

ASHFORD TASK AND FINISH GROUP

Theme	Aim	How this will be achieved:	Progress	Lead	Cost
<p>1.Smokefree William Harvey Hospital</p>	<p>Support William Harvey Hospital to a Smokefree Hospital status with no smoking enforced within all areas of the hospital grounds (in compliance with NICE guidance PH48)</p>	<p>Engage with William Harvey hospital to deliver a Smokefree policy</p> <p>Make NRT available on all wards across the hospital</p> <p>Provide on-site Quit smoking programmes delivered by SS advisers</p> <p>Introducing enforcing role across hospital grounds</p> <p>Litter enforcement Contractor to issue FNPs</p> <p>Update signage in appropriate areas of the hospital grounds</p> <p>Introduce policy to encourage medical staff to identify smokers and refer to quit services</p> <p>Promote Stop Smoking within the hospital building</p>	<p>Meeting took place on 1/9/17</p> <p>Awaiting further contact with Trust to:</p> <ul style="list-style-type: none"> *Revise policy *Address litter *Increase enforcement *SS Advisers *train staff 	<p>Rachael Garrett, Debbie Smith</p>	

Theme	Aim	How this will be achieved:	Progress	Lead	Cost
2. Smoking in Pregnancy	<p>Reduce smoking prevalence in pregnant women</p> <p>Consider adding consultation room in One You shop for SIP delivery by Rachael 1 day pwk</p>	<p>Improved rates of identifying women who smoke.</p> <p>More women who smoke to be referred to Stop Smoking support</p> <p>More women encouraged to accept support from services and go on to quit smoking.</p> <p>Increased number of quitters</p> <p>Promotion of Smokefree homes</p> <p>Promote and/or develop Smoking in Pregnancy campaign</p>	<p>Rachael: *Midwife contact to increase acceptance of service</p> <p>*Operating clinics in One You from eo Sept</p>	Rachael Garrett	
3. Increase the number of Quitters in Ashford	Increase the number of smokers in Ashford quitting using stop smoking services.	<ul style="list-style-type: none"> • Increase number of referrals of Ashford smokers into the Stop Smoking Service • Work with GPs and CCGs to increase referrals into stop smoking services • Pro-active targeted approach (eg. Workplaces) to identify smokers and encourage to set quit date with stop smoking services 	<p>*AHWB report to include recommendations to increase referrals in Ashford</p> <p>*Dedicate Oct meeting to GPs & CCGs?</p> <p>*Brad to contact Chamber of Commerce</p>	<p>Sarah Martin</p> <p>Brad</p>	
4.E-cigarettes	Work with Vape retailers to support more people to quit smoking completely.	<p>Engage with Vape retailers/suppliers on the implementation of legislation.</p> <p>Work collaboratively to encourage</p>	No Further developments at this stage	Sarah Martin	

		smokers/vapers to quit smoking			
5.Quit Coaches	Reduce the number of young people who smoke	<p>Train Youth Worker staff to become Quit Coaches</p> <p>Identify young people who smoke and motivate/ incentivise them to quit</p> <p>Deliver Stop Smoking support to young people in a way that meets their needs</p> <p>Work towards achieving Quit status among young people who smoke</p>	Debbie meeting Jim on 8/9/17 to broaden Quit Coach offer to other workers with YP. Pt YWkrs in particular find difficulty in obtaining time to complete level 1.	Debbie/Jim	
6.One You shop	Increase number of people who quit smoking by accessing the Ashford One You shop.	<p>Promote stop smoking support to people who access the One You shop</p> <p>Identify smokers through Health Checks, Health MOTs, Health Trainers and other generic services offered in One You.</p> <p>Offer the One You shop as a drop in facility to help people quit smoking</p>	190 in-depth discussions and interventions from Feb-June 2017. 25% come from the top 7 IMD wards	Debbie Smith/Tracey Tomkinson	
7. Campaigns Strategy	Develop Multi-partnership to maximise potential to encourage people to stop smoking and live in a smokefree environment	<ul style="list-style-type: none"> • Campaigns in areas where people smoke • One You targeting SIP • One You on Billboard • Work towards Smokefree Town centre • Roll out Smoke Free School Gates 	Next agenda dedicated to developing this work	Christina Bailey	

Agenda Item No: 5(b)
Report To: Ashford Health & Wellbeing Board
Date: 18th October 2017
Report Title: Healthy Weight Action Plan report 2016-2017:
One Year On
Report Author: Deborah Smith
Organisation: Kent County Council, Public Health



Summary:

Obesity is a serious and growing problem. Nearly 770,000 people in Kent are estimated to be either overweight or obese. Morbid obesity (BMI 40+) reduces life expectancy by 8–10 years.

The impact of this on the Kent health economy is estimated to be over £55m. This is contributed to by 44% of the incidence of diabetes, 23% of heart disease and between 7%-41% of certain cancers. In 2011 the Department of Health published Healthy Lives: Healthy People: A call to action on obesity in England. Its ambition is to achieve:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020

Although there has been a slight decline in Adults excess weight in Ashford (from 67.5% in 2012/14 to 66.6% in 2013/15), the data shows an increase in childhood obesity at a local and national level over the last three years. The range of programmes delivered by the Healthy Weight Task and Finish group have identified that access to healthy weight services and interventions is more successful when supported through a model and a brand that the public associate with. This is evident in the success of the healthy weight interventions delivered in or referred by the One You shop.

Recommendations: The Board be asked to:-

- i) Note the contents of this report
- ii) Comment on the report
- iii) Support the continued success of the One You shop

Purpose of the report

1. Smoking and Healthy Weight are two main priorities of the Ashford Health and Wellbeing Board. In 2016, local partner agencies convened a task and finish group to produce an action plan of programmes that will be delivered over and above those running as part of the current Healthy Weight Strategy. This report provides an overview of the Healthy Weight Action Plan, detail of the work progressed and outcomes that have been achieved so far.

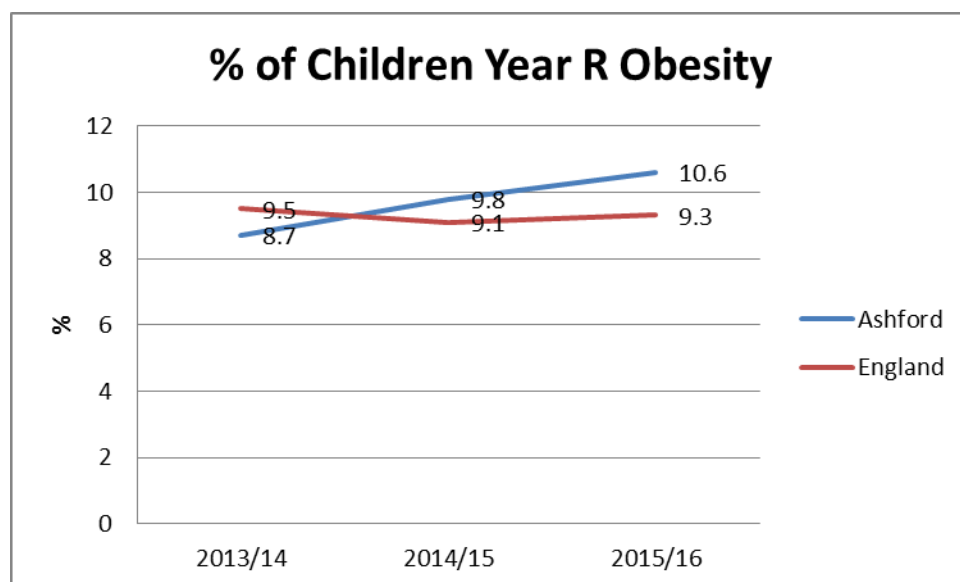
Background

2. In 2013-15, the latest data suggested that around 66% of adults in Ashford were overweight or obese. The term 'excess weight' is used to define adults with a body mass index (BMI) greater than 25 (kg/m²). This data was collected by the Active People Survey by Sport England on an annual basis but there has been no further data published since and it is likely that other data sources will be used in future.

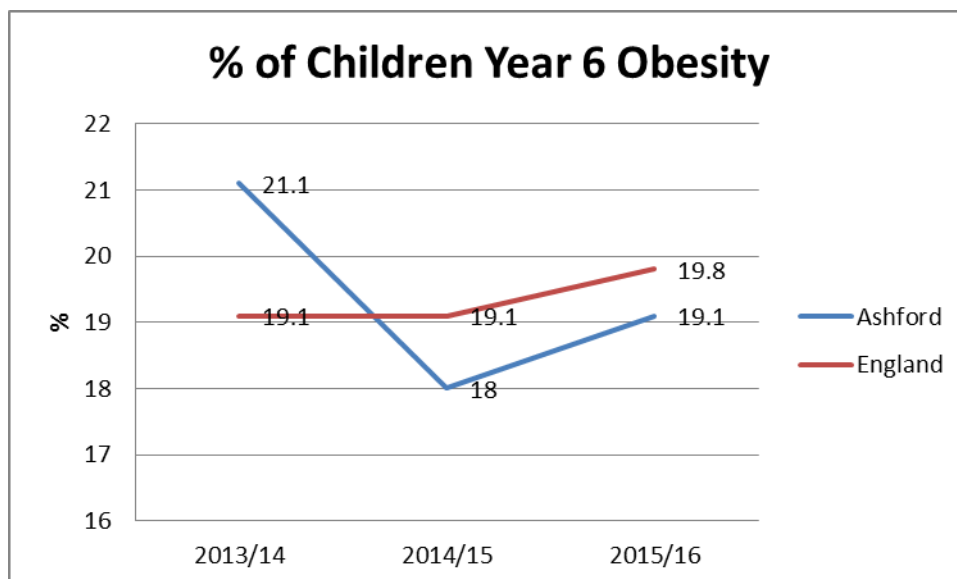
In the last three years, childhood obesity at Reception year (4-5 year olds) has increased slightly in Ashford (from 8.7% in 2013/14 to 10.6% 2015/16) but has remained similar to the England average (9.3%). Year 6 children (10-11 year olds) has a variable trend in Ashford and has a higher level of obesity than year R children.

In terms of numbers of people, it is estimated that there are 157 obese children in Year R and 262 obese children in Year 6 in Ashford (2015/16).

Chart 1: % of Obese Children in Ashford and England from 2013-2016



Source: NHS Digital, National Child Measurement Programme



Source:
NHS
Digital,
National
Child

Measurement Programme

3. As obesity prevalence increases, there is an increased cost burden to the Health Service and to society.

The following table (taken from the Draft Kent Healthy Weight Strategy) shows the estimated addition cost of obesity by 2030:

Estimated additional costs related to obesity to CCGs by 2030

CCG	2012 registered population*	% Kent population	Additional cost (£m)
NHS West Kent CCG	466,245	31.1%	£17.2m
NHS Dartford Gravesham and Swanley CCG	248,912	16.6%	£9.1m
NHS Ashford CCG	123,536	8.2%	£4.5m
NHS Canterbury and Coastal CCG	212,388	14.2%	£7.9m
NHS Swale CCG	108,377	7.2%	£4.0m
NHS Thanet CCG	139,545	9.3%	£5.3m
NHS South Kent Coast CCG	200,403	13.4%	£13.4m
total	1,499,422	100%	£55.4m

*NHS England CCG 2012 registered population

4. The Task and Finish group created a Health Weight Action Plan for Ashford. The Action Plan consists of 5 areas of work to help raise awareness of unhealthy weight and obesity and promote healthy weight programmes where possible.

The areas of work were:

1. Deliver brief advice training to front line staff
2. Assess impact of current resources on target groups
3. Promote current commissioned programmes and campaigns more widely in the area
4. Offer and develop programmes to workforces
5. Review Healthy Weight programmes for Children

5. Progress to Date:

5.1 Deliver brief advice training to front line staff

Very Brief Information (VBI) training was offered to Ashford Leisure Trust and the Voluntary Sector but there was no uptake. Healthy Weight Services promoted brief advice training at a Homestart event to promote and raise awareness of training available, but again there was no take up. Ready Steady Go-Adults pilot was offered in partnership with Ashford Oaks School but there was insufficient interest to commence the programme. On reflection, it has been difficult to engage with professional partners to offer training for them to provide information and advice to their target audiences. This is unsurprising in settings where there are competing priorities and healthy weight advice does not form part of their core business.

From the opening of the One You shop in Ashford in February 2017, the public have overwhelmingly sought Healthy Weight information and advice more than any other service supervision. This has led us to conclude that weight management is an important lifestyle issue for individuals and that the One You shop provides the ideal setting for people to access the level of support and advice they feel comfortable with. Individual weigh-ins are popular with the public and the shop has also signposted to referrals to Weigh to Go, Ready Steady Go, Fresh Start and other Healthy Weight programmes.

5.2 Assess impact of current resources on target groups

The task and finish group have undertaken a service mapping exercise to locate a range of healthy weight initiatives available in the Ashford area and identify, at ward level, the residencies of people who access these services. This information is overlaid with ward level obesity prevalence. The results are presented in a map (appendix 1) which shows a high number of commissioned healthy weight services and numbers of people who access them. The map suggests that access to healthy weight services does not vary according to deprivation. However, there are limitations to this work as there are many more weight management services available in the community. Had organisations such as Weight Watchers and Slimming World participated, the map may reveal a different picture and outcome data is also needed to determine success measures.

Phase 2 of this work is now almost complete. Activmobs have been commissioned to undertake insights from local people to gauge the views and motivators of aspiring to a healthy weight. The aim is to understand what would incentivise people who do not currently access services to lose weight and what service models could practically fit in with their lifestyle.

5.3 Promote current commissioned programmes and campaigns more widely in the area

Resource packs containing posters and flyers on healthy weight and stop smoking have been distributed to all GPs, dentists and pharmacies in Ashford. Packs have also distributed to various veterinary practices, local

businesses and to all voluntary centres, Housing Associations and Parish Councils in Ashford.

The One You campaign has been marketed via television advertisements, newspaper reports and flyers inserted in Council Tax bills.

There is the potential for Ashford CCG to promote One You to other health professionals, GPs, physiotherapists and Improving Access to Psychological Therapies (IAPT) programmes.

5.4 Offer and develop programmes to workforces

This will be followed by a local business event planned for the New Year 2018 to incentivise businesses to promote a healthier workforce. This is in line with the draft Kent Healthy Weight Action Plan recommendations:

“Workplaces are also well-placed to intervene. The Corporate Health & Performance Group study found that obese employees take significantly more short – and long-term sickness absence than workers of a healthy weight and that there is growing evidence to support employers becoming more involved in tackling obesity. The study showed that obese people took 4 days extra sick days a year and for every 1,000 people employed this resulted in productivity losses of £126,000”.

As a major local employer, Ashford Borough Council offered all of their staff opportunities to receive a Health MOT at the One You shop, Ashford.

The forthcoming business event will include opportunities for employers to signpost employees to the One You shop and services.

5.5 Review Healthy Weight programmes for Children

Engagement with the pilot schools to review Healthy Weight programmes for children has been problematic. Despite support offered and Family Liaison Officer input, no families were recruited. Public Health is now proposing to work with researchers to review engagement in the NHS National Child Measurement programme and are keen to engage with the task and finish group to identify key schools and work collaboratively to deliver outcomes in providing family based support for children who are overweight.

6. The One You shop Ashford

The Ashford One You shop opened on 8th February 2017. The shop is open Tuesdays to Fridays from 9.am to 5pm and from 9am to 1pm on Saturdays.

Since the shop has opened and to the end of July 2017:

- **1624** people were recorded as accessing the One You shop
- Of the **1624** people accessing the One You shop, **843** people went on to receive further detailed healthy lifestyle information and interventions
- A total of **1392** healthy lifestyle advice and interventions have taken place

Information and advice on Healthy Weight and weight management interventions have been the most popular reason for people accessing the One You shop. To date, there have been 509 Healthy Weight and 205 physical activity and walking interventions. This is 51% of all interventions. More people from the Victoria ward have accessed these interventions than people from any other ward in Ashford. This is hugely positive considering Victoria ward has the highest rates of obesity in Ashford.

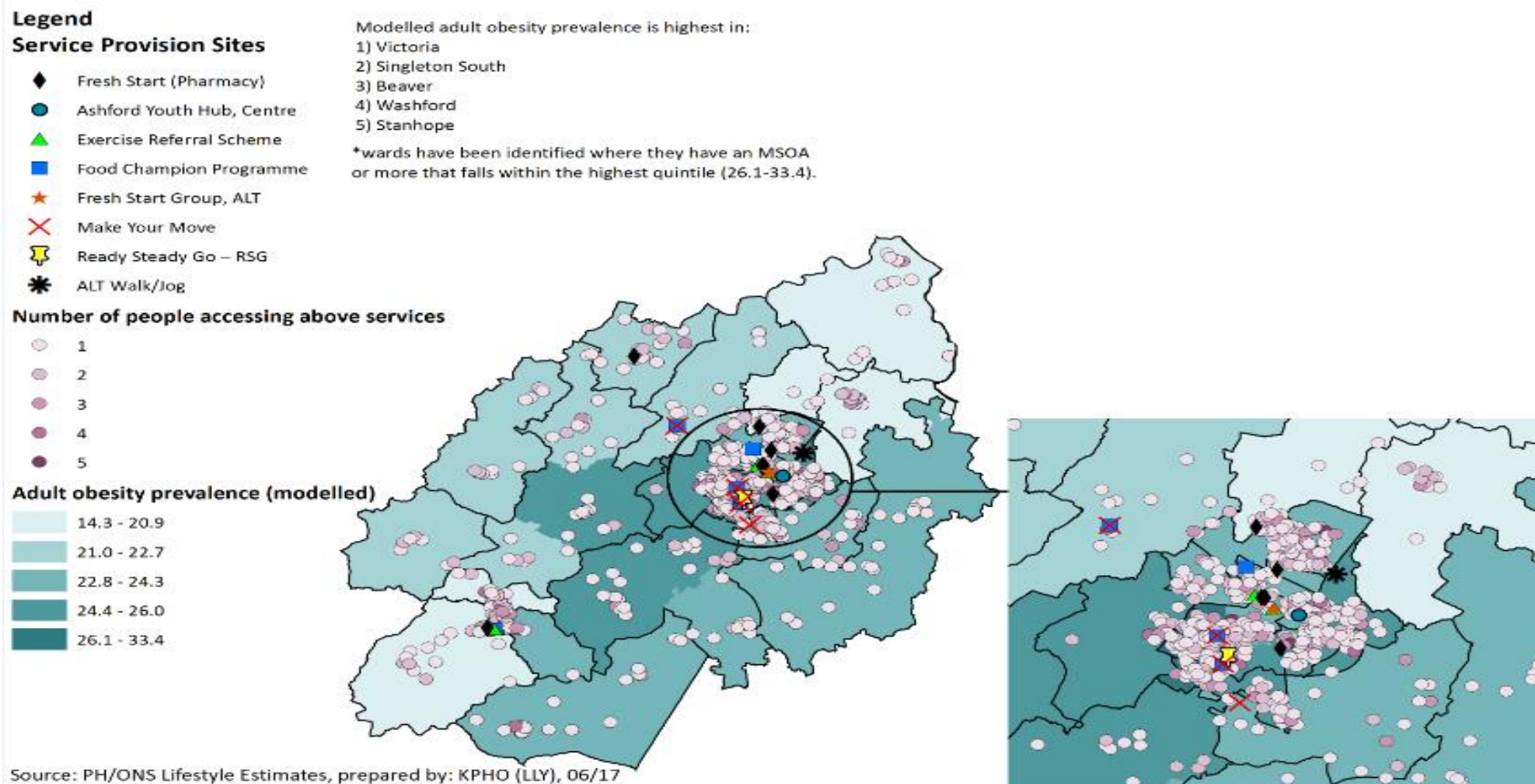
Conclusion

Much of the work in the Action Plan is still ongoing. To date, it has been recognized that there needs to be a fresh approach to delivering weight management services and these have been harnessed in the One You shop. The supporting data evidences this. More creative approaches need to be explored to reduce the increasing trend of childhood obesity (both locally and nationally). Once finalised, the insights work on healthy weight in local communities will be valuable to shape future provision which may require further collaborative working among partners in the public and private sector. The One You shop may provide an effective location to deliver this.

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Ashford Healthy Weight Service map - service provision sites and the number of people accessing each of these services with modelled adult obesity prevalence overlaid



Agenda Item No: 5 (c)
Report To: Ashford Health & Wellbeing Board
Date: 18th October 2017
Report Title: Housing and Health
Report Author: Sharon Williams
Organisation: Ashford Borough Council, Head of Housing



Summary: Report to provide an overview of progress on housing and health, a new priority for the Ashford Health & Wellbeing Board.

Recommendations: **The Board be asked to note the contents of this report and provide feedback as appropriate**

Purpose of the report

1. The Ashford Health and Wellbeing Board, at its last meeting in July 2017, identified Housing as a priority area. This report provides an overview of progress made since that meeting and expected outcomes.

Background

2. At the last meeting, the Board was advised of the council's aspiration to develop a Health and Housing Strategy to sit under its wider Housing Framework. This aspiration acknowledges the huge potential that housing has to play, not only in supporting the provision of safe and healthy homes, but also as a setting for the delivery of the preventative health agenda. Central to the strategy will be the aspiration to support local care as developing through the health transformation agenda.
3. For this piece of work to be meaningful, and to develop some realistic and achievable actions, it was agreed that input and active participation would be required from colleagues in both health and social care.
4. It was suggested that a workshop would be a useful starting point to discuss what the main issues are and where can housing, health and social care can come together for the benefit of the resident(s).

Progress to Date

5. Contact has been made with colleagues in both health and social care with a view to identifying issues that need to be covered, examples of good joint working in this area and the identification of appropriate projects.

6. The format of the workshop has been developed and the initial focus is likely to be on how housing can assist the health transformation agenda. It is planned to consider some successful housing and health case studies in order to identify potential projects for our locality.
7. It was originally planned for the workshop to take place in October, however, we are awaiting availability dates from colleagues which means the workshop has been delayed.
8. In addition to the workshop, the chief executive is discussing with KCC adult social services the future housing provision for our aging population and how we can better responding to the preventative health agenda within the housing arena.

Conclusion

9. It is early days for this priority but the potential benefits to our population's health are enormous. There is clear evidence of the links between housing and health and the developing local care plans are emphasising the importance of appropriate housing provision.

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Agenda Item No: 6
Report To: Ashford Health & Wellbeing Board
Date: 18th October 2017
Report Title: Vulnerable Adults, Frail Elderly and Universal 55+ Health and wellbeing resources
Report Author: Julie Thain
Organisation: Sense Interactive



Summary: Presentation from Sense Interactive Ltd on resources for delivering health & wellbeing messages to local communities. The focus being on resources for frail elderly and carers.

Recommendations: The Board be asked to:-

Consider whether the resources would be of to Board members and if so recommend next steps to take forward.

Purpose of the report

1. To provide background to a presentation by Julie Thain, Sense Interactive Ltd.

Background

2. Sense Interactive have over 15 years experience in the Health and Social Care sector and during that time have completed in excess of 800 projects across the UK.
3. The health and wellbeing resources being presented today have now been commissioned by over 120 Clinical Commissioning Groups/local Authorities, Health Visiting Teams/School Nursing Teams/Health Boards, Public Health Teams/Safeguarding Boards, Early Years Teams, Well-being boards , etc. Sometimes the resources are commissioned by a single party but more often than not they are commissioned collaboratively for best value.

Materials available

4. The materials contain important information delivered in a simple and engaging way and are all about providing information to help avoid unnecessary GP visit and A&E attendances and reducing social care episodes whilst emphasising health promotion, self-care, well-being and safeguarding.
5. The resources fit with, or compliment STP workstreams.

6. The resources can be produced as printed handbooks, websites or Apps. In this sector (frail elderly/carers) we would recommend a combination of printed books and a website. Examples of the handbook will be available at the meeting.
7. The websites produced offers a narration, which are useful for those with lower literacy levels, visual impairment, or when English is a second language. All text is written to literacy level Year 7 (UK national average) and our websites adhere to all national accessibility guidelines.
8. The website can contain a library of additional information in the form of existing local and national PDFs, as well as links to NHS copyright free film clips e.g.: <http://www.nhs.uk/Video/Pages/Careplan.aspx>
9. The materials produced are currently being used in different ways by different groups. Multi language options are available either as a fully functioning site with voiceover or as text only print outs. The site can also include a library section for commissioners to include local and national PDFs and a "blog" or news area. Print friendly text only option is also available.
10. The resource can be adapted to incorporate local branding, local services, settings and initiatives. The site can be hosted free of charge if required and links provided to your own digital platforms. "Thumbnails" are supplied for use on local site and these can be any given size to suit needs.

Website examples

11. Below are links to recently produced HTML sites. Although the subject matter doesn't necessarily relate to older people they hi-light functionality that can be included:
 - <http://warwickshire.sensecds.com> - This shows an example of a universal 55+ site.
 - <http://www.healthyearlyyears.co.uk> - This sites shows how we can incorporate NHS video and is really good example of a local library.
 - <http://enfield.sensecds.com> - This sites shows multi lingual options. If you click on Somali you will see a fully functioning site with voiceover. The languages shows the text only option.
 - <http://www.suttonchildhealth.co.uk> - This site includes information on local services and sessions.
 - <http://healthwatch.sensecds.com> - This is an example of a young person's site.
12. PDF examples of the Carers and Frail elderly booklets is available with this report.

Conclusion

13. This report and presentation will hopefully be of interest to Board members and provides an opportunity to review the resources and discuss a possible project for Ashford.

Contact

julie@sensecds.com

A guide to later life

maintaining
independence
and living well



NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group



Welcome



Hartlepool and Stockton-on-Tees' older people contribute a huge amount to the region. To help this continue, it is really important that older people are able to live as independently and safely as possible including; staying connected with friends, family and community. Older age should be celebrated.



Independence and well-being can be more difficult to maintain for those who become frail or who have one or more chronic illnesses. If the right support is not available, poor health can restrict older people's ability to continue living life to the full.



Older people who are frail, or who have long-term illnesses, therefore need support to manage their health conditions so that they can maintain the aspects of their lives that they most value. We understand support needs to go beyond clinical and care issues to include the whole range of factors and concerns that older people see as most important.



Even at the oldest ages good choices about a healthy lifestyle can make a big difference. We hope you enjoy reading through the information and it helps you stay as fit and healthy as you can.

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A guide to services

We have a wide range of healthcare and adult services.
See which service or professional is best to help you.

Self-care

Self-care means keeping fit and healthy, as well as knowing how to take medicines, treat minor ailments and seek help when you need it. If you have a long-term condition, self-care is about understanding that condition and how to manage it.



When it's less urgent than 999

111

If you think you need help urgently during the day or night you should call **NHS 111** before you go to any other health service.

By calling **NHS 111** you will be directed straight away to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call **NHS 111**:

- When you need help fast but it's not life threatening.
- When you think you need to go to A&E or another NHS urgent care service.
- When it's outside of your doctor's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local doctor to call.

Doctor

You will need to register with a local doctor. Your doctor can advise, give you the medicines you need and point you in the right direction if you need other specialist services. You will usually need to make an appointment. After 6.30pm weekdays, at weekends and public holidays you can call the GP out-of-hours service on **NHS 111**.

Pharmacist

Your local pharmacist will know about most everyday health issues. They can suggest the best medicine to help. Tell them if you are taking another medicine.

A&E

Call 999 for immediate, life-threatening emergencies. A&E and 999 are emergency services that should only be used when badly injured or have symptoms of critical illness.

Social Care

Most of the support we give is aimed at supporting people to keep their independence, in their own home and in their local community. We offer support and information on your health, day services and opportunities to socialise in the community as well as advice on things like having a social worker, housing and entitlements.

Dementia support

The Alzheimer's Society Dementia Friendly Communities Initiative. It is about organisations, communities and individuals enabling people with dementia to continue living a good life by making them feel supported, welcomed and encouraged about accessing their local community.
www.alzheimers.org.uk

Voluntary sector

We have a great voluntary support network throughout our community. The voluntary sector offers support in the form of health groups, practical support with things like transport, wheelchair loan and coffee shops. They provide thousands of volunteers to help make a difference in our community. You may also wish to be a volunteer and help others too.



Contacts

For information on money matters, benefits, keeping healthy, travelling and more, contact your local Age UK. Call 0800 169 6565 for advice or information or visit www.ageuk.org.uk

What can I do?

- Try to get the help you need to remain as independent as possible.
- Find out as much as you can about your illness.
- Talk to your doctor or practice nurse about the medicines you are taking.
- Review your Care Plan regularly, if you are unsure what this is, ask your doctor.
- Taking care of your own health, known as 'self-care', can help you overcome the day-to-day challenges of your condition.
- It really helps to lead a healthy lifestyle if you have a long-term condition, talk to your doctor and other healthcare workers about this.

Long-term conditions

Management and understanding

Many older people have one or more long-term condition, which may include frailty, heart disease, dementia, arthritis, diabetes and respiratory disease. These conditions cannot be cured but can be controlled (and often improved) with medication and other therapies. Having a long-term condition does not mean you cannot keep your independence and quality of life.

Living with a long-term condition or having a partner who is affected can be a challenge. There is support and information to help you be well equipped to manage your condition and in turn to be as independent as possible.

Knowing about and understanding your long-term condition can really help. Visit your doctor to review your condition and medication regularly and make sure you attend check-ups.

Make sure you discuss your medicines with your doctor and pharmacist. Sometimes, taking a mixture of different medicines can result in forgetfulness, dizziness or feeling unwell (all over 60s are eligible for free NHS prescriptions).

Your Care Plan

Everyone with a long-term condition can have a Care Plan. It is written especially for you and will help you receive the help you need from health professionals and social workers. You decide together what care and support you need and how it will be provided. It's based on what you want, so you're in control. If you think a Care Plan could help talk to your doctor, nurse or social worker.



Doctor says

There are several forms of effective treatment, including:

- Lifestyle changes, such as losing weight.
- Pelvic floor muscle training (exercising your pelvic floor muscles by squeezing them).
- Bladder training, so you can wait longer.

Your doctor or the Continence Advisory Service can assess what type of bladder or bowel problem you have, give general advice on controlling symptoms, give information on pelvic floor exercises and bladder training and give treatment with prescribed medicines.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Continence

Surprisingly common

Bladder and bowel problems are surprisingly common but embarrassment stops many people from talking to their doctor. Whilst it is more likely, it is not inevitable, that we may lose some bladder control as we get older. In general, urinary incontinence affects twice as many women as men and becomes more common with increasing age.

It is normal to go to the toilet four to seven times a day and pass up to a pint of urine at a time. People with urinary (wee) incontinence get the urge to go far more often and pass a lot less urine each time. Make sure you do not stop drinking, this can lead to dehydration, bladder infection, dizziness and other complications. Bowel incontinence can be a bowel accident, when you don't reach the toilet in time, or leaking from the bowel that you are unaware of.

Some people are not incontinent but still have a problem with their bladder or bowel. The symptoms can be improved, and often cured, with simple methods. Your doctor can also check the symptoms for other complications.

There are specialist nurse led continence clinics with home visits for those unable to travel.

What can I do?

- Do not stop drinking, this could lead to dehydration.
- Try not to be embarrassed and get help.
- Ask about the Continence Advisory Service.
- Ask about incontinence products such as pads or appliance for bedding.
- Avoid using sanitary pads for incontinence.
- Avoid constipation. Speak to your doctor or practice nurse and get advice on eating well.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Constipation

Simple things can help

Constipation is more common in older people. Stools (poo) are often dry and hard and it might be painful or difficult to go to the toilet. How often you have a poo alters from person to person and may be 2-3 times daily to twice per week so think about what is 'normal' for you.

Constipation can be caused by a number of things such as not eating enough fibre or not drinking enough fluid. Some conditions can cause constipation, as can a lack of exercise or movement (such as being in bed or immobile) and some medicines.

Make sure there is enough fibre and fluid in your diet. Drinking enough fluid is important. Introduce apple, pear or prune juice. Try a glass of fruit juice or warm water with lemon each morning to help with regular bowel movements. Leaving the skins on fruits and vegetables, if they are edible, will increase fibre intake. Cut down on foods that may cause constipation, such as cheese and eggs, as well as those that cause gas, such as carbonated drinks, broccoli and cabbage.

What can I do?

There are simple things you can do to avoid constipation:

- Constipating medication should be adjusted.
- Increase dietary fibre.
- Drink enough.
- Exercise (where possible), some movement is better than none.
- Ask about laxatives.



Nurse says

It is important to drink 8 cups of fluids a day which can include water, tea, herbal teas, fruit juices and sugar-free squash. Avoid constipation as an overloaded bowel can prevent the catheter from draining.

You should be able to live a relatively normal life with a urinary catheter. The catheter and bag can be concealed under your clothes.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Catheter care

You can live a relatively normal life

A urinary catheter is usually used in people who have difficulty passing urine naturally. It can also be used to empty the bladder before or after surgery and to help perform certain tests.

Depending on the type of catheter you have and why it's being used, the catheter may be removed after a few minutes, hours or days, or it may be needed for the long term. Catheters should only be inserted by a trained healthcare professional. Catheters should be avoided if at all possible and it is important to discuss alternatives. A catheter should be removed by your doctor or nurse, not by you.

A catheter is inserted via the urethra (a urethral catheter).

There are different types of catheter:

- An indwelling catheter is one that stays in place all the time.
- An intermittent catheter is inserted at regular intervals during the day to drain the bladder and is then removed.

What can I do?

- Ask if there is an alternative to using a catheter.
- Make sure you drink enough fluid.
- Take extra care with personal hygiene.
- Women should make sure they wipe front to back after going to the toilet.
- Eat well and avoid constipation.

I care for a person with dementia

Help at home:

There are lots of things a carer or family can do to support the person with dementia and help them stay independent:

- Always put things like keys back in the same place.
- Keep important numbers next to the phone.
- Put notes on important cupboards and doors.
- Keep a large calendar with space to write daily reminders.
- Write a daily 'to do' list for last thing before bed, like lock door, check oven is turned off.



Dementia

More serious than just forgetting things

Dementia often develops slowly and is not always noticed in the early stages. Sometimes dementia can be confused with mild forgetfulness often seen in normal ageing. Some medicines and drugs, depression, anxiety, unhealthy eating and thyroid problems could also cause forgetfulness and may not be dementia at all. All types of dementia damages brain cells meaning that the brain cannot work as well as it should.

Some medicines and drugs, depression and anxiety can cause forgetfulness.

See your doctor if you are worried about:

- Your memory.
- You find it difficult to recognise people or objects you know.
- You find it hard to write or talk.
- You find it hard to carry out daily tasks.
- Your personality and mood changes.

Your doctor will be able to either reassure you or refer you to a specialist. Early diagnosis of dementia is important to allow you to get the right help and treatments and to plan for the future.



What can I do?

A healthy lifestyle may reduce the risk of developing dementia:

- Eat well.
- Keep as active as you can.
- Keep a healthy weight.
- Get regular check ups.
- Get enough sleep.

For more information on dementia call the Alzheimer's Society Helpline **0300 222 11 22** or visit NHS Choices www.nhs.uk

Dementia

Dementia is a common concern for many as they grow older. Symptoms, such as forgetfulness, confusion, and emotional outbursts may not be recognised as dementia at first, but may gradually worsen. If you think you or your partner are being affected by dementia (see page 14), talk to your doctor.

Coping with depression

Recognising symptoms of depression and getting help early is important. Depression can just happen, but more often it is 'triggered' by things that happen like losing a partner or illness. Symptoms may include loss of appetite, being unable to sleep, weight loss and having little energy. Talk to your doctor if you are affected by a combination of symptoms for a period of time.

Mental health & well-being

Taking control of your mental health

Mental well-being means the positive ability to enjoy life and cope with its difficulties and challenges.

There are many ways in which you can maintain good mental health, even if physical and health issues are making life more of a challenge. Just as we care for our bodies, we need to look after and exercise our minds.

Being a bit forgetful can often come with age, and does not mean you have dementia.

We all feel a little sad or down from time to time but feeling down is not the same as being depressed or having depression. Take steps to help prevent depression. Depression can affect older people. Many older people experience psychological or emotional distress associated with factors linked to old age, including loss of independence, loneliness and losses of many kinds, including bereavements. Those with serious illnesses can be more likely to feel lonely and isolated. If you feel unable to cope it is important to tell your doctor, do not suffer in silence, get help.

What can I do?

- Look after your health by eating a healthy diet, taking some regular exercise and taking medication correctly.
- Keep yourself busy and occupied - gardening, crosswords, keeping up with current affairs, cooking, libraries, computers and social networks, outings and events.
- Keep learning - try something new or rediscover an old interest.
- Keep in touch - chat to friends and family on the phone or arrange for visits and outings together.
- Get a pet if you feel it would benefit you and if you are able to look after it.
- Ask for help if you need it.



Cancer

A scary word

You can **reduce your risk of cancer** by leading a healthy lifestyle. It is never too late to make healthy lifestyle changes. There are no proven ways to prevent cancer but you can reduce your risk of getting it.

It is important to know your body and recognise any changes, such as lumps or unexplained bleeding and to get advice about whether they might be serious. Check yourself regularly. The most important thing is not to ignore something you notice. **Take advantage of the free screening available.** Screening aims to pick up cancer at an early stage when treatment is likely to be more effective. Many cancers can be controlled and cured if caught early on. Some of the most common forms of cancer are breast cancer, lung cancer, prostate cancer, bowel cancer and skin cancer.

What can I do to lower my risk?

- A healthy balanced diet and keeping to a healthy weight.
- Drinking less alcohol.
- Stopping smoking.
- Protecting your skin from harmful sun damage.

Doctor says

Screening

People aged 70 and over can request screening if they have not been automatically invited. Over 70s can request a bowel cancer screening kit by calling the free helpline on **0800 707 60 60**.

After the age of 70, women can make their own appointments for breast cancer screening every three years.

SMOKEFREE Call 0800 022 4332 or visit www.smokefree.nhs.uk

It's never too late!

Giving up smoking at any age has health benefits. Even if you already have a smoking-related disease, stopping smoking can prevent your condition from getting worse.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Skin

Becomes more fragile and can damage easily

As we age our skin changes, becoming thinner. This results in our skin becoming more fragile and easily damaged with any injuries to the skin being slow to heal. It is very important that older people take care of their skin because they are more prone to skin infection and skin disease due to the changes that take place to skin as we age. Some medicines make the skin itchy.

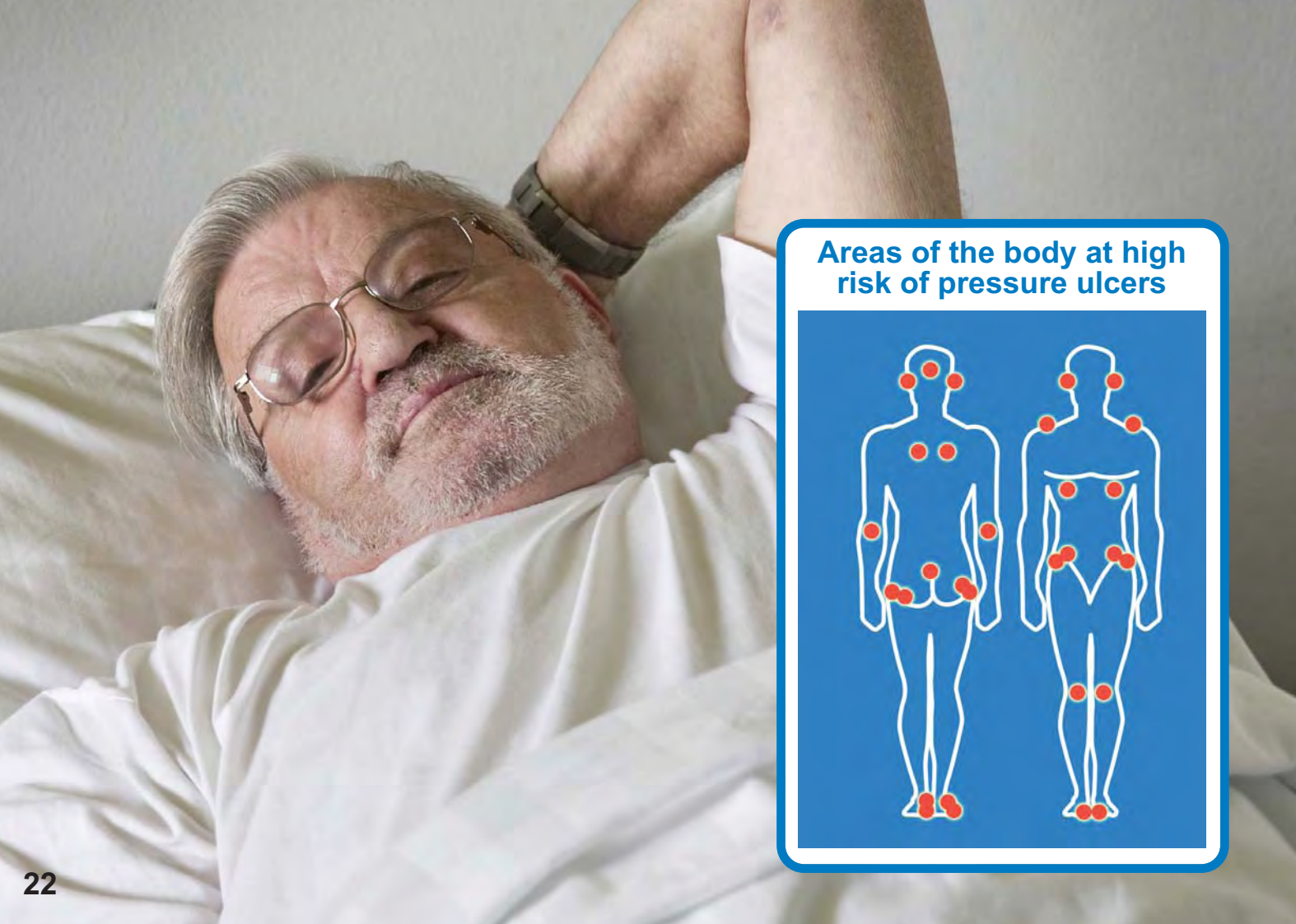
Many older people suffer from dry skin. Dry skin feels rough and scaly and may become cracked and sore. It is important to use moisturisers regularly, especially after washing. Use mild, non perfumed soaps, bath and shower gels. Warm water is less drying than hot water. Don't add bath oil to your water as it will make the bath slippery.

Moisturisers should be applied in a downward motion in the direction of hair growth at least twice a day. Care should be taken to protect your skin from sun exposure and pressure. If you stay in the same position and are unable to move freely, you may experience cracked, dry skin. Try to change position.

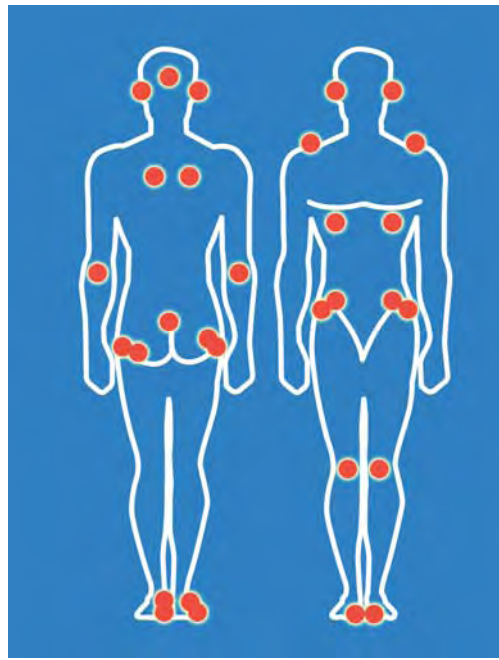
A healthy and balanced diet and drinking enough fluids (8 cups daily) also helps keep the skin healthy.

What can I do?

- Keep moving as much as you are able.
- Change position at least every 2 hours.
- Moisturise regularly.
- Drink 8 cups daily.
- Ask about how you can self-manage skin care.
- Keep out of hot midday sun as older skin is more prone to sunburn.
- Keep skin clean, but don't over do it.
- Wear cotton or natural fibres.



Areas of the body at high risk of pressure ulcers



Pressure ulcers

Sometimes known as 'bedsores' or 'pressure sores'

People over 70 years old are particularly vulnerable to pressure ulcers, as they are more likely to have mobility problems and ageing skin. Pressure ulcers tend to affect people with health conditions that make it difficult to move, especially those confined to lying in a bed or sitting for long periods of time.

Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose bone or muscle.

Pressure ulcers have a negative impact on the quality of life; they are unpleasant to live with and can be very painful. Certain dietary supplements, such as protein, zinc and vitamin C, have been shown to speed up wound healing. If the diet lacks these vitamins and minerals, skin may be more vulnerable to developing pressure ulcers.

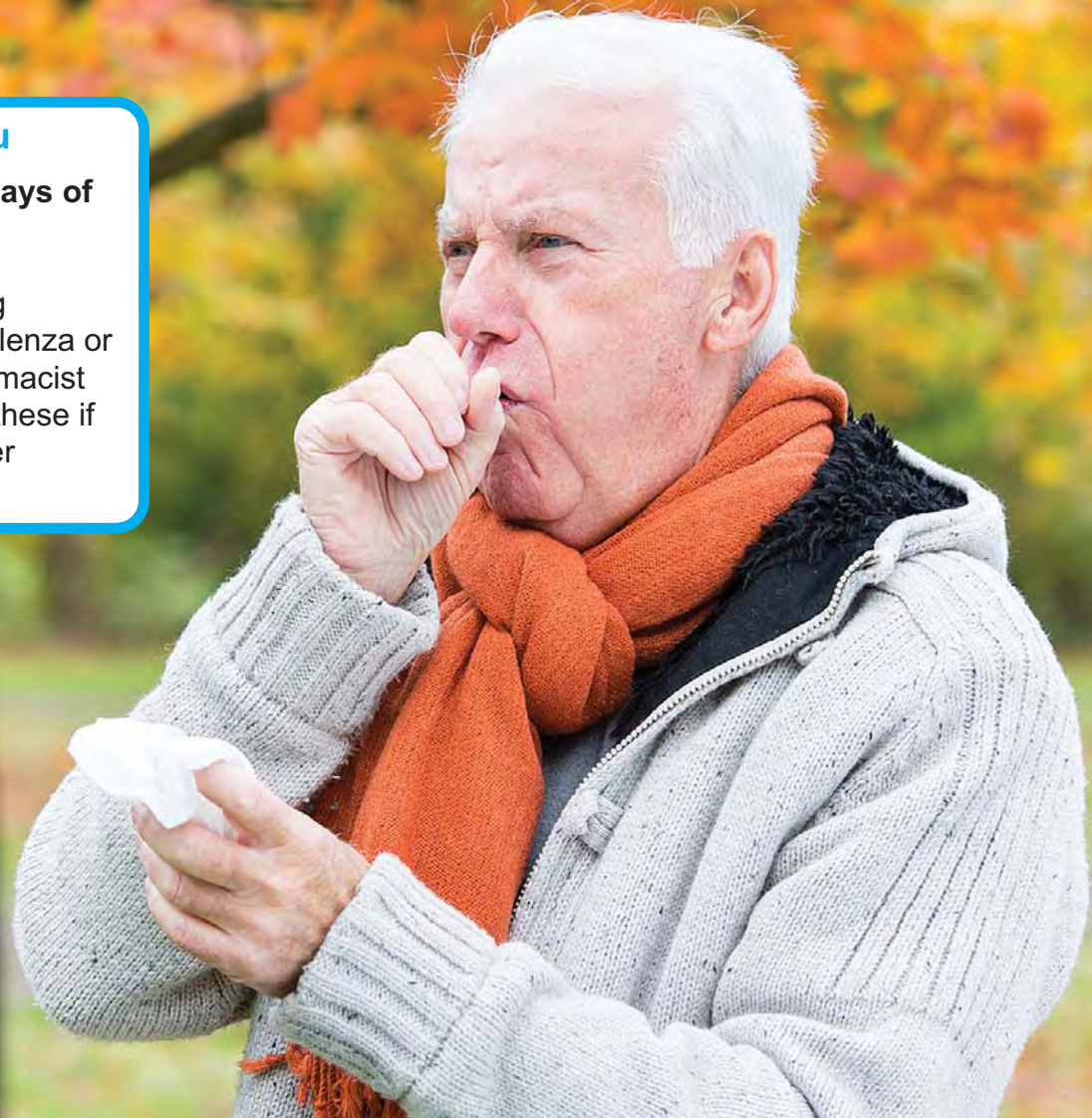
What can I do?

- It is important that you are eating a balanced diet and drinking plenty of fluids to help prevent pressure ulcers.
- Change your position as much as possible to prevent pressure ulcers.
- Ask about pressure-relieving devices.
- Make regular checks of your skin (use a hand mirror if it is hard to see) and tell your doctor or nurse if you are worried.
- Moisturise regularly.
- Keep clean but don't over do it, as soaps can dry skin.

Preventing flu

There are three main ways of preventing flu:

- Flu jab
- Hygiene - handwashing
- Antiviral medicines (Relenza or Tamiflu). Tell your pharmacist or doctor before using these if you are taking any other medicines.



Keeping well in winter

Look after yourself this winter

In the winter, colds and flu are circulating and older people can be particularly vulnerable to the effects of cold weather.

Certain health conditions are more obvious when a cold spell takes hold - more people experience chest problems, such as infections and breathing problems.

Winter can affect our health in all sorts of ways. Lack of natural daylight can lead to the winter blues, winter health risks like colds, flu and falls on ice, and winter weight gain is common.

Pneumonia vaccine

People over 65 need only a single vaccination which will protect you for life. Those with long-term conditions may need a five-yearly vaccination depending on their underlying health problems.

Flu jab

The best time of the year to get a flu vaccination is in the Autumn from September to early November. It is free and it is effective against the latest flu virus strains. Flu can be very serious for older people. Even if you've already had a flu jab in previous years, you need another one this year. Doctor's surgeries offer flu clinics, contact your surgery for details.

What can I do?

- Minor illnesses such as colds or sore throats can get worse quickly when you are older, so it's important to get help early. Pharmacists are a fantastic source of help so make use of them, or call **NHS 111**.
- Get your yearly flu jab.
- Stay in when it's freezing.
- Avoid walking on slippery, icy streets.
- Keep warm.
- Eat well.
- Move about.

Lifestyle and well-being

Make these 4 simple changes now

1 Giving up smoking has huge health benefits. It is never too late to give up. Just because you've tried to give up before and not succeeded, does not mean you can't do it. Many people make several attempts before they succeed. **Stop Smoking Service 0800 085 2917 or ask at your local surgery.**

2 Cut down on alcohol. Older people may be more susceptible to the effect of alcohol, so drinking less is recommended. If you are taking medication and drinking alcohol, check with your doctor or pharmacist that it is safe.

NHS recommends
MEN 3-4 UNITS DAILY
WOMEN 2-3 UNITS DAILY
SHOULD NOT REGULARLY EXCEED

3 Your diet should include starchy foods such as rice and pasta, protein such as meat, fish, soya products and dairy products such as milk and cheese and fruit and vegetables. Try to avoid too much fat and sugar. Balance is the key. **Five portions of fruit and vegetables per day.**

4 Increase physical activity.

How many units/calories in alcohol?



1 pint lager/beer/cider (ABV 3.6%) 2 units has as many calories as a doughnut 155 kcal	1 pint lager/beer/cider (ABV 5.2%) 3 units has as many calories as a slice of chocolate cake 180 kcal	1 large wine (250ml) (ABV 12%) 3 units has as many calories as 1 bag crisps (35g) 185 kcal	A large gin with orange (ABV 40%) 2 units has as many calories as a chocolate doughnut 143 kcal
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What can I do?

1. Stop smoking.
2. Cut down on alcohol.
3. Eat well.
4. Increase physical activity if you are able.

It's simple.

SMOKEFREE Call 0800 022 4332 or visit www.smokefree.nhs.uk



Age UK

If anyone is suffering from loneliness or feeling isolated, help is available from Age UK. A friendly chat over the telephone or meeting each week can really cheer you up if you live alone, and that's the principle behind the Age UK Befriending Service. Maybe you could become one of Age UK's volunteers and not only help yourself but others too. Call Age UK **0800 169 6565** www.ageuk.org.uk

Source: www.ageuk.org.uk

Loneliness and socialising

Connecting keeps us well and happy

Over a third of people aged 65+ feel lonely according to research from Age UK.

Loneliness can have a huge impact on both physical and mental health. As well as depression, loneliness can also cause stress. Loneliness makes it harder to control or notice, habits and behaviour which can lead to health problems. Lonely older adults drink more alcohol, have unhealthier diets and take less exercise.

The Internet is a useful tool in tackling isolation and loneliness but face to face contact is very important too. Taking the first step can be difficult, but the benefits can be enormous. If you are lonely, find out about older people's forums, partnerships, befriending services and groups.

To help combat loneliness try to get out. Even walking to the local shops if you are able, will bring you into contact with people.

The LGBT (lesbian, gay, bisexual and transgender) community are more likely to be single and live alone in older life. They are less likely to have family support and can be more vulnerable to social isolation and loneliness.

What can I do?

- Get counselling if you have lost a partner or loved one.
- Incontinence can stop older people from going out, see your doctor or practice nurse.
- Money worries can stop us going out and doing things.
- Contact your local Citizens Advice Bureau to ensure you are receiving all the benefits you are entitled to.

What can I do?

- People over 70 are entitled to a free NHS sight test every year.
- Tell your doctor if you find it hard to hear, or your sight is failing.
- Look after your senses, they help to keep your independence.



Your senses

Sight and hearing loss

Having control over our lives is important and adjusting well to change is central to our psychological well-being. Loss of eyesight or hearing, if not dealt with, can have a huge impact on our lives or how we connect with others.

Hearing

Older people can feel vulnerable, lonely and isolated and can wait many years before seeking help. It can be better to find out about hearing aids sooner rather than later as getting used to amplified sound is harder if you've already got used to a 'quieter world'. If you think you may have some hearing problems you should visit your doctor as soon as possible, who will do some simple tests.

Sight

Our eyes are one of our most valuable senses yet as we age our eyesight can be one of the first things we notice deteriorating. Glaucoma is one of the most common causes of preventable blindness. **People over 70 are eligible for a free NHS sight test every year.**

Doctor says

If you visit your doctor about your hearing they may refer you to an ear, nose and throat (ENT) specialist or an audiologist. They will test you further to determine the cause of your hearing loss and work with you to find the best possible treatment.

Optician says

If you visit your optician about your eyesight they will check for glaucoma. If glaucoma isn't caught and treated early - then it can go on to cause fairly serious 'tunnel vision'. Eventually, without treatment, it will also affect your central vision. This could also cause a trip or fall.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Why do I need to drink 8 cups?

- Helps maintain a healthy urinary tract and kidneys.
- Can reduce the risk of kidney stone formation.
- Reduces the risk of heart disease by 46% in men and 59% in women.
- Reduces constipation.
- Reduces trips and falls (as we can become dizzy or disorientated if we don't drink enough).
- Helps us think and concentrate.
- Keeps skin healthy.

Am I drinking enough?

Essential for maintaining health

Water is the healthiest choice for quenching your thirst at any time. It has no calories and contains no sugars that can damage teeth - it's also free!

Aim to drink at least 8 cups daily (which can include some tea or squashes). Water is important to health especially in later life. Many older people do not drink enough water. The kidneys play a vital role in regulating the amount of fluid in the body, but their function slows with age and water balance takes longer to be restored even after drinking.

Patients who have had a stroke or those who are suffering from dementia may not recognise they feel thirsty. Carers have a vital role in supporting older, more dependent individuals to keep drinking.

Good hydration can help our health in many ways from managing diabetes to helping to prevent pressure ulcers, constipation, incontinence, kidney stones, heart disease, low blood pressure, falls and many other illnesses. It also makes us look younger with glowing skin.

Doctor says

When our bodies don't have enough water, we are said to be dehydrated.

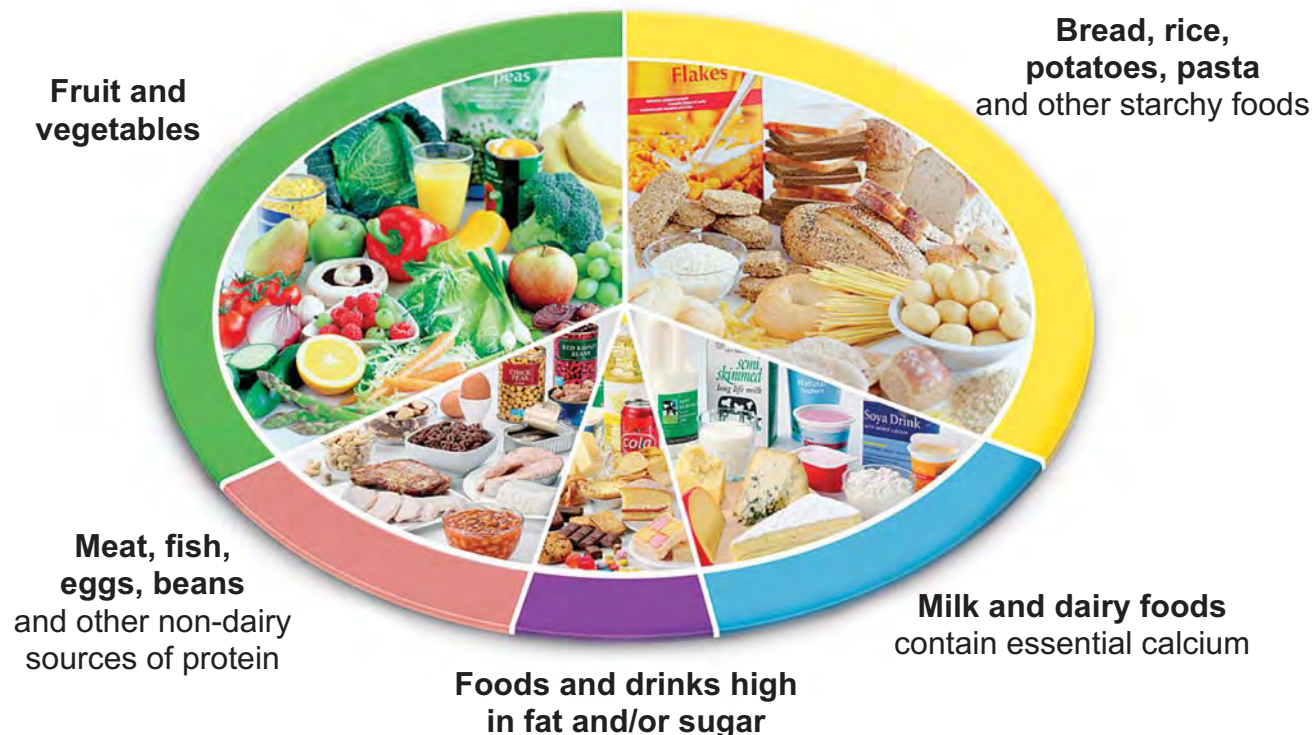
These are other common signs of dehydration:

- Dark urine and not passing much urine.
- Headaches.
- Lack of energy.
- Feeling lightheaded.

www.rcn.org.uk

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Source: The Food Standards Agency www.food.gov.uk

Eating well

An important part of daily life

Eating well is vital for older people. Your daily food choices can make an important difference to your health and to how you look and feel. Try to keep to a healthy weight and tell your doctor if you notice you have lost weight, or put some on.

Older people are particularly at risk of malnutrition. This can be due to loss of smell or taste, loss of appetite, teeth may be brittle or dentures may not fit properly, economic hardship, shops may not be in easy reach, or you may have other health problems. Some medicines can cause us to lose our appetite.

People with dementia or depression are particularly at risk, for example when forgetting to eat, and not recognising or being disinterested in food.

Eating well may reduce the risk of heart disease, stroke, type 2 diabetes, bone loss, some kinds of cancer, and anaemia. If you already have one or more of these diseases, eating well and being physically active may help you better manage them. Healthy eating may also help you reduce high blood pressure, lower high cholesterol, and manage diabetes.

What can I do?

- Enjoy your food. Having a little of what you fancy really does help in keeping to a healthy diet.
- Eat a variety of foods.
- Keep a stock of basic food items so that you can eat well even if you can't get to the shops.
- Try to make mealtimes sociable.
- Do not skip meals.
- Avoid salt.
- Ask your pharmacist about a vitamin D supplement.

Vitamin D

The body makes vitamin D from sunlight on the skin. As people get older they tend to spend less time outside, so make sure your diet contains at least 10 micrograms of vitamin D or consider a supplement. Ask your pharmacist.

Dentist says

You do not have to register with a NHS dentist and you can change your dentist whenever you like.

For urgent dental care out of hours or at weekends call the dental helpline on **0300 123 7691** or if unavailable call **NHS 111**.

To find an NHS dentist near you call **NHS 111** or visit **www.nhs.uk**

Mouth care

A healthy mouth for life

Looking after your mouth and teeth is really important, especially as you get older. It helps you enjoy your food, smile with confidence and generally feel good about yourself. To make your teeth and gums stay healthy, it is important to brush your teeth properly and see a dentist regularly. If you have false teeth, regular check ups with a dentist are just as important.

Dentures are likely to need replacing every five years as the shape of your mouth changes. If, for health reasons, you have difficulty getting to a dentist, your dentist may be able to visit you or you may be eligible for treatment through the Community Dental Service.

Older age can bring a variety of oral health problems. Medical conditions such as arthritis in the hands and fingers, may make brushing or flossing teeth harder. Some medicines can cause the mouth to be dry, ulcers and thrush. Tell your doctor.

A stroke can have an effect on the oral and facial tissues making it hard to chew and swallow. Depression can lead to reduced motivation in personal hygiene. Dementia can lead to loss of short term memory meaning that it's possible to forget that teeth haven't been cleaned.

What can I do?

- Brush at least twice a day with a fluoride-containing toothpaste.
- Floss at least once a day.
- Visit your dentist and hygienist regularly for cleaning and an oral examination.
- Avoid sugary snacks.
- If you notice bleeding or sore gums speak to your dentist or practice nurse.
- There are adapters available to help if you find it difficult to grip a toothbrush.



Keeping mobile

Put your best foot forward

Keeping active into older age is the key to staying fit, mobile and independent. Foot care is one of the most important aspects of personal healthcare whatever your age. However, painful and uncomfortable feet need not be something to 'put up with' as we grow older.

Foot care problems tend to happen if you are less mobile than you used to be. Poor eyesight and stiff hands, can also make it harder for you to look after your feet.

Keeping feet clean is an essential part of any good healthy feet regime, you may need someone to help you do this. Wash feet daily in warm soapy water, rinse well and dry well. You may need to apply a foot cream, massage the cream from the toes upwards to the knees. Trim toenails regularly, cutting straight across and making sure you do not cut too short. Wear well fitting shoes that provide good support, are wide enough and allow feet to breathe. Exercise feet regularly to tone muscles, strengthen arches and improve blood circulation.

If you have diabetes or circulation problems it is even more important to take care of your feet.

What can I do?

- Keep feet clean.
- Keep toenails short.
- Wear suitable shoes.
- Exercise regularly if you are able.
- Talk to your doctor if your feet are painful or sore.



Keep your home safe:

- **In the bathroom** - Test your bath water to prevent scalding. Use a non-slip rubber mat. A handrail is useful for extra support. It is a good idea to leave the door unlocked in case you need help.
- **In the bedroom** - Always switch off your electric blanket before getting into bed and check their cords regularly for scorch marks. Have your electric blanket tested annually. Before getting into bed, make sure that anything you need is within easy reach - a lamp, drink, medicines and perhaps a torch by the bedside. If you feel dizzy when you first sit up, wait a couple of minutes before standing up.
- **In the living area** - If rugs are frayed, it is safer to remove them. Secure trailing wires and have heating equipment checked regularly. Check smoke alarm batteries. The Fire Service offers home safety visits and will fit smoke alarms free of charge for older people. Consider having a personal alarm so you can get help whenever you need it.

Trips and falls

Staying steady on your feet

There are many simple things that you can do to help stay steady on your feet. It is very common to feel anxious if you have had a fall or feel unsteady.

Keeping active can help keep you fit and healthy. There are also exercises to strengthen the muscles of your legs and improve your co-ordination and balance. Sight plays an important role in your sense of balance so have your eyes checked regularly. Older people should take a daily vitamin D supplement to help keep bones healthy and strong.

Some medicines or a combination of drugs can make you feel faint or unsteady. Let your doctor know if you ever feel like this.

Foot problems can have a major effect on our balance and stability. Wear shoes that fit you well. Avoid loose slippers or those with no backs, sandals and high heels.

Always take care on the stairs and consider an extra banister or handrails to make everyday activities safer. Keep the floor free from clutter, which you may trip over. If you worried about falling, ask your doctor to refer you to the Falls Service.

What can I do?

- Keep you home safe (see opposite page).
- Talk to your doctor if you are worried.
- Ask about the Falls Service.
- Wear suitable shoes or slippers.
- Get your eyes checked.

Assistive technology

Help with everyday tasks

Even simple equipment can mean the difference between living independently and needing someone to look after you at all times.

You can buy your own equipment, but a social worker or occupational therapist can help make decisions about the equipment that would be most helpful. Decisions about the kind of equipment you may need will often be the result of an assessment of your care and support needs.

Equipment that can help you to live more independently can include things like:

- Two-handled cups, tap turners and kettle tippers for the kitchen.
- Grab rails and raised toilet seats in the bathroom.
- Bed raisers and hoists in the bedroom.

The NHS can provide equipment, such as walking sticks, walking frames and wheelchairs to aid mobility. These are provided on long-term loans and you can arrange this through your GP, hospital consultant or physiotherapist. There is no charge for this equipment, but there may be a returnable deposit.

Assistive technology

The term 'assistive technology' refers to any device or system that allows a person to do a task that they would otherwise be unable to do, or to make life easier and safer. These technologies can be anything from pendant emergency alarms to blood pressure monitors and electric wheelchairs. This includes equipment and devices to help people who have problems with moving around, help avoid trips and falls, eyesight, memory, daily living such as dressing or even preparing meals.



Local support

Local support for patients and carers is commissioned by local NHS CCGs and may include Macmillan or Marie Curie nursing support.

End of life care

Support for people and their families

If you have a terminal illness, or are approaching the end of your life, it may be a good idea to make plans in advance for the future of your care. Planning ahead in this way is sometimes called advance care planning. It involves thinking and talking about your wishes for how you are cared for in the final months of your life.

End of life care helps you to live as well as possible until you die, and to die with dignity. It also includes support for your family or carers.

Palliative care will help to make you as comfortable as possible. Care provides psychological, social and spiritual support for you and your family or carers to enable you to remain in your own home for as long as you wish.

Many healthcare professionals can be involved in providing end of life care. Most hospitals have special palliative care teams who co-ordinate all these services. When end of life care begins depends on your needs, it may last a few days, or for months or years. End of life care begins when you need it, and will continue for as long as you need it.

Why not make a plan?

If you are not approaching the end of your life, you may still want to think about your wishes for your own end of life care.

This could include:

- If you don't want certain kinds of treatment in the future, you can make a legally binding advance decision.
- Where you would prefer to die, your wishes for your funeral, who you would like to make decisions about your care if you are not able to decide for yourself.
- Find out how to legally appoint someone to make decisions about your care in the future if you become unable to make decisions yourself (Lasting Powers of Attorney).
- Make a will to ensure your property and finances are dealt with according to your wishes after your death.

National contacts

Age UK (including Falls Prevention Service)

0800 169 6565
www.ageuk.org.uk

Alcoholics Anonymous

0845 769 7555
www.alcoholics-anonymous.org.uk

Alzheimer's Society

0300 222 1122
enquiries@alzheimers.org.uk
www.alzheimers.org.uk

British Heart Foundation

0300 330 3311
heartmatters@bhf.org.uk
www.bhf.org.uk

Carers UK

CarersLine 0808 808 7777
www.carersuk.org

Citizens Advice

www.adviceguide.org.uk

Crossroads

Caring for Carers 0845 450 0350
www.carers.org

Cruse Bereavement Care

0844 477 9400
www.cruse.org.uk

Diabetes UK

0345 123 2399 - careline
0843 353 8600 - peer support line
info@diabetes.org.uk
www.diabetes.org.uk

Drinkline

0800 917 8282
24 hour Confidential Advice

Emergency Ambulance

999

FirstStop Advice

www.firststopcareadvice.org.uk

Menopause Matters

www.menopausematters.co.uk

Mind - for better mental health

0300 123 3393
info@mind.org.uk
www.mind.org.uk

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

NHS 111

If you need urgent medical help or advice but it's not life-threatening.

NHS Smoking Helpline

0800 022 4 332
www.smokefree.nhs.uk

Podiatrist (Chiropodist)

General enquiries regarding NHS Podiatrist (Chiropodist)
01473 275 204

Royal Society for the Prevention of Accidents (RoSPA)

0121 248 2000
www.rospace.com

www.lgbtconsortium.org.uk

www.macmillan.org.uk

www.mariecurie.org.uk

www.dementiafriends.org.uk

Local contacts

Sanctuary Supported Living

0800 917 0204
www.sanctuary-supported-living.co.uk

Middlesbrough and Stockton Mind

01642 257020
carers@middlesbroughandstocktonmind.org.uk
www.middlesbroughandstocktonmind.org.uk

Hartlepool Mind

01429 269303
information@hartlepoolmind.co.uk
www.hartlepoolmind.co.uk

Adult Social Care, Stockton-on-Tees Borough Council

01642 527764
FirstContactAdults@stockton.gov.uk
www.stockton.gov.uk/adult-services

Adult Social Care, Hartlepool Borough Council

01429 284284
fcsh@hartlepool.gov.uk
www.hartlepool.gov.uk

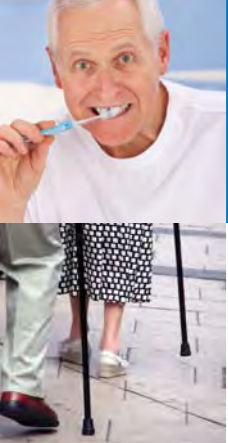
A guide to best practice

for those working with frail and elderly people



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Welcome

Older people need to be in an environment that they can shape, thrive and live life to the full for as long as possible. They value having choice and control over how they live their lives.

Independence and well-being can be more difficult to maintain for those who become frail or who have one or more chronic illnesses. If the right support is not available, poor health can restrict older people's ability to continue living life to the full.

There are many simple and easy ways we can all help avoid unnecessary 'harms'. The harms set by the Department of Health include **falls**, **pressure ulcers** and **urinary catheter infections**.

Many of these measures are extremely simple such as keeping mobile in bed to avoid pressure ulcers, by encouraging people to tell staff if any of their personal information is incorrect or if they don't understand their treatment. Preventing harms from happening and understanding the things to look out for will improve care for vulnerable people.

The three harms

Harm-free care is a national programme which has identified the main 'harms' to patient safety. There are three harms which are relevant to care in the community.



Falls



Pressure ulcers (or bed sores)



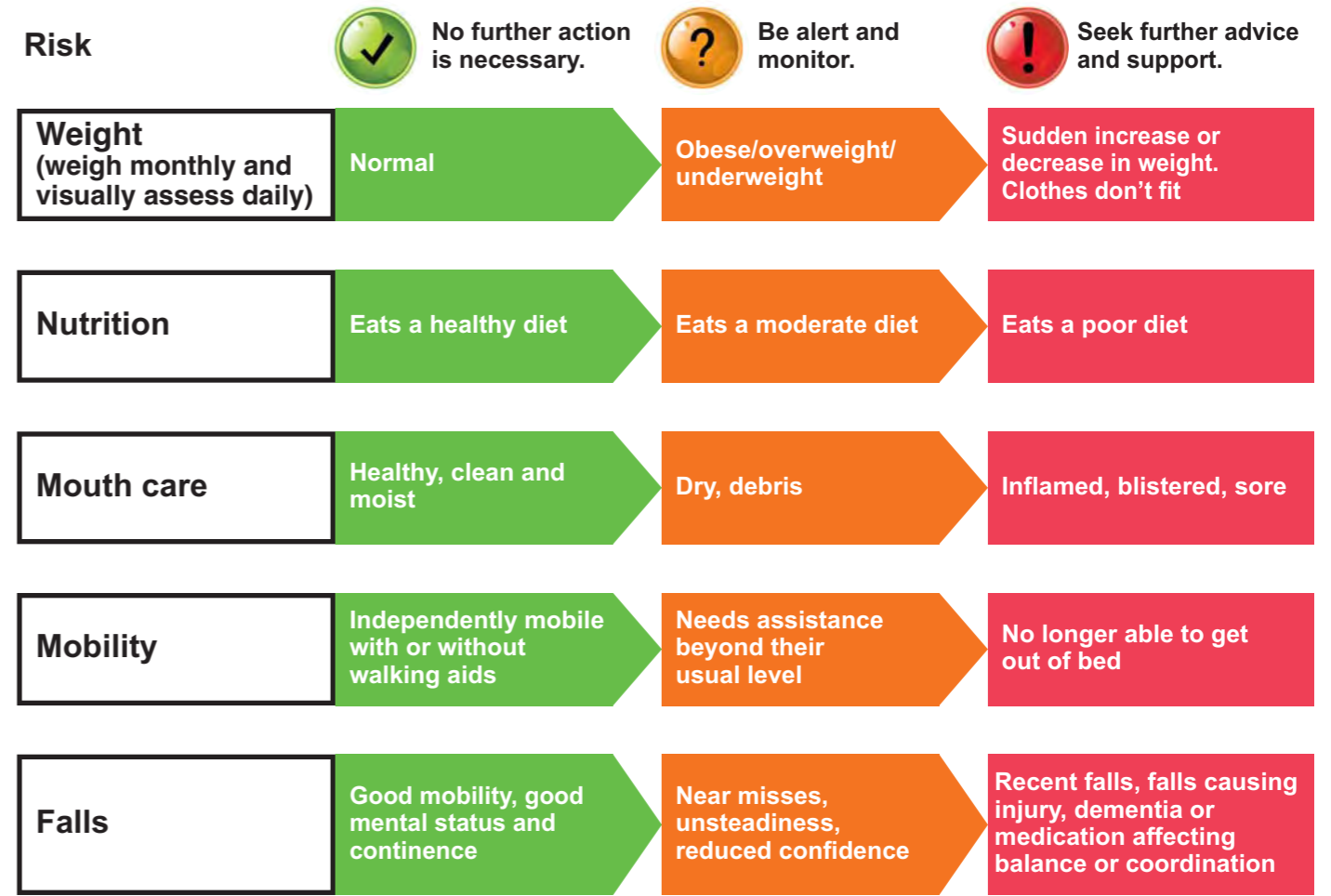
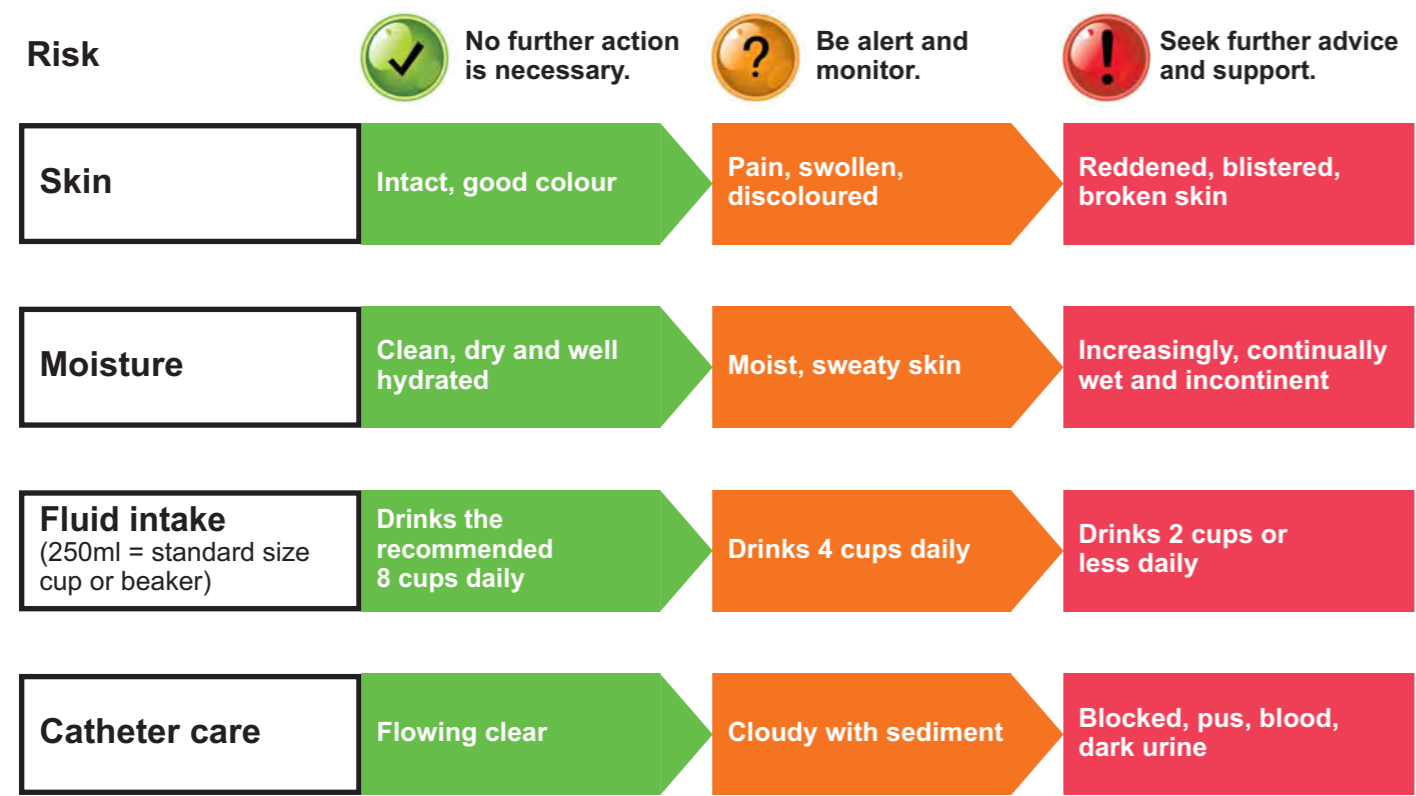
Catheter-acquired urinary tract infections (UTIs)

Contents

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When to seek further advice

During day-to-day checks, it is important to know when you may need more advice and support.





Getting the basics right

The programme is ambitious yet simple, it's a mindset.

The good care of people is at the heart of everything we do. We are all committed to improving the experience of healthcare and protecting from harm.

We need to think about complications from the perspective of those we care for, and aim for the absence of all three harms.

To effectively deliver 'harm-free' care we need one plan which can be implemented at local level and integrates easily with your existing busy work and routines. Lots of improvement work has been already achieved in these safety areas, so this is not about starting again, it's about building on what you already have in place.




Harm-free care is a continuous journey and an ongoing commitment. In understanding the simple basics we can all offer the very best care possible. It is also about helping vulnerable people help themselves by understanding the things they can do, or tell us about.

If you read through this resource you will see that on most pages there is a red 'warning' symbol, which will tell you when you need to seek further advice and support. Discuss with your manager (or other dedicated senior healthcare professional), who would be best to contact if these alert situations occur, so you know what to do and you are prepared in advance.

www.harmfreecare.org

The Harms

Our aim is to give the very best care possible and eliminate harm in common conditions:

-  Pressure ulcers
-  Falls
-  Catheter care





5 key points

1. Age-related changes reduce the ability of the skin to perform its barrier function.
2. Skin health is essential to the well-being of older people.
3. Those caring for older people should be encouraged to regularly assess their skin.
4. Skincare regimes should be individualised ensuring skin is clean and dry and that adequate emollients are used.
5. People should be supported to self-manage their own skincare as much as possible.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Skin

As the skin ages it undergoes a number of changes, becoming thinner and having a reduced blood supply. This results in the skin becoming more fragile and easily damaged with any injuries to the skin being slow to heal. Good skin health is essential to the well-being of older people.

Many older people have dry skin which may become cracked and sore and can tear. Emollients are important in promoting skin health in the elderly and are available as moisturisers (creams, ointments and lotions), bath oils, gels and soap substitutes.

Skin hygiene is important in promoting personal well-being. For older people with dry or irritated skin, it is important to get the right balance between cleanliness and overwashing.

Moisturisers for dry skin should be applied in a downward motion in the direction of hair growth at least twice a day and after bathing. Ask your older person to help you in moisturising their skin.

Care should be taken to ensure the person is protected from skin damage from trauma, pressure and sun exposure.

Key recommendations

Preventing pressure ulcers:

1. It is important that you check the skin daily. If you notice any damage seek further advice and support.
2. Make regular and frequent changes to position (at least once every two hours). If a pressure ulcer has already developed, regularly changing position will help to avoid putting further pressure on it.
3. Eat a healthy, balanced diet.



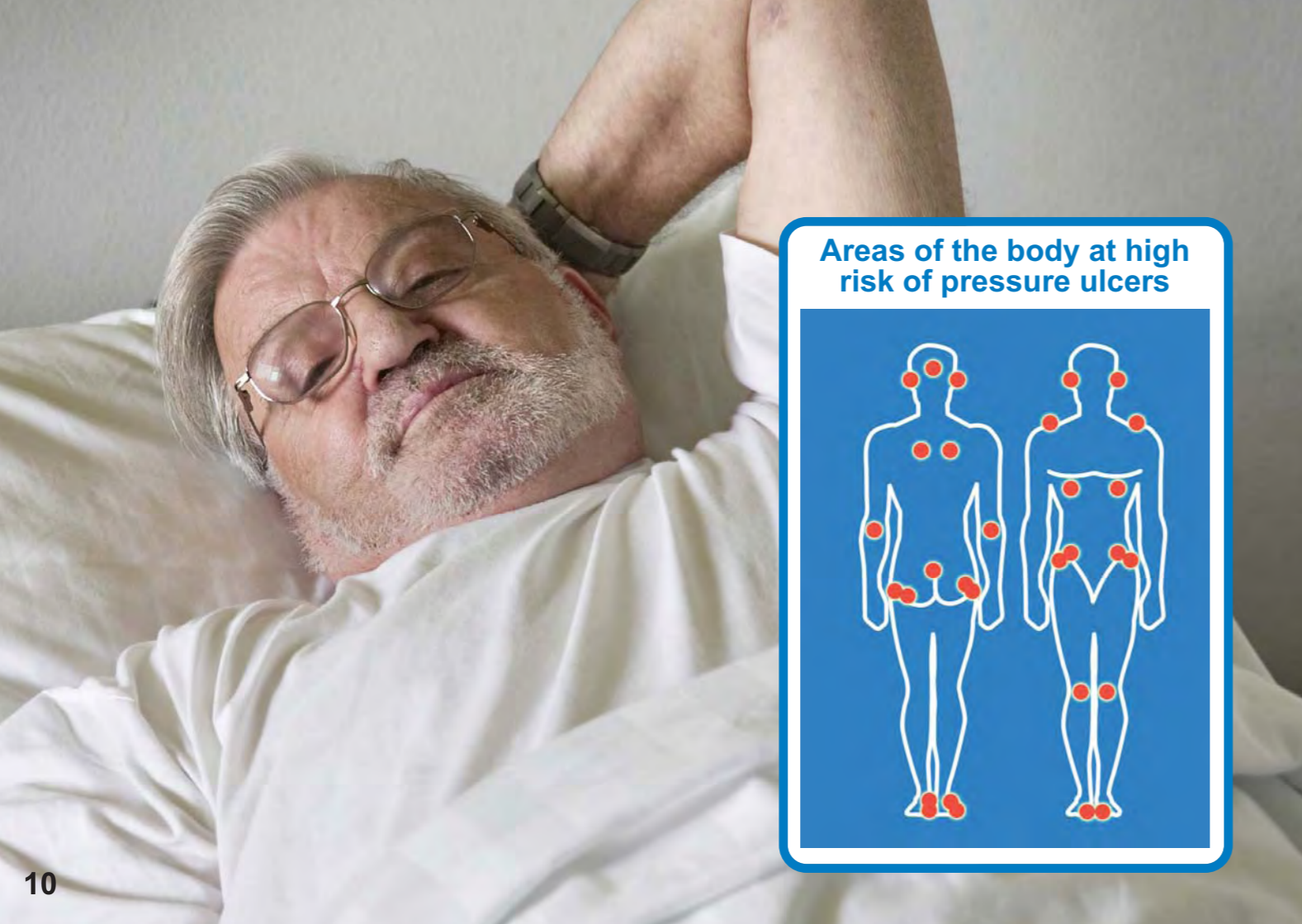
Skin appears healthy/normal, good colour - no further action is necessary.



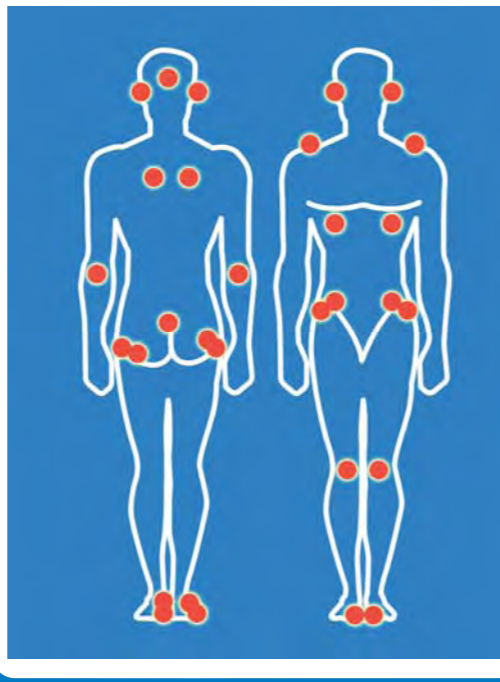
Skin is painful, swollen, discoloured, sweaty - be alert and monitor.



Skin is reddened, blistered or broken - seek further advice and support.



Areas of the body at high risk of pressure ulcers



Pressure ulcers

Pressure ulcers (sometimes known as bedsores or pressure sores) are areas of localised damage to the skin and underlying tissue caused by pressure, shear or friction, or a combination of these. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. Many can be avoided. Older people are particularly vulnerable to pressure ulcers, as they are more likely to have mobility problems and ageing skin.

Pressure ulcers have a negative impact on the quality of life; they are unpleasant to live with and can be very painful. Healthcare professionals use several grading systems to describe the severity of pressure ulcers from one to four with grade four pressure ulcers having a high risk of developing a life-threatening infection.

It is important that skin is kept clean and dry. Older people with urinary and/or bowel incontinence are at increased risk. Certain dietary supplements, such as protein, zinc and vitamin C, have been shown to speed up wound healing. If the diet lacks these vitamins and minerals, skin may be more vulnerable to developing pressure ulcers.

Increased risk:

- Mobility problems
- Poor nutrition
- Underlying health condition
- Being over 70 years old
- Urinary and/or bowel incontinence
- Serious mental health conditions

What can I do?

Pressure ulcers can be unpleasant, upsetting and challenging to treat. Therefore, a range of techniques can be used to prevent them developing in the first place. These include:

- Regularly changing position.
- Using equipment to protect vulnerable parts of the body - such as specially designed mattresses and cushions.
- Encourage a varied diet that includes food groups which are rich in vitamins.
- Check skin daily.
- Check older people with dementia carefully.
- Moisturise skin regularly.

Source: nice.org.uk



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Continence

Bladder and bowel problems are surprisingly common but can be difficult to talk about, embarrassment stops many people from getting help. Whilst it is more likely, it is not inevitable, that we may lose some bladder control as we get older. In general, urinary incontinence affects twice as many women as men and becomes more common with increasing age. This can affect socialising, confidence and quality of life. Incontinence can often be treated or managed effectively.

It is normal to go to the toilet four to seven times a day and pass up to a pint of urine at a time. People with urinary incontinence get the urge to go far more often and pass a lot less urine each time. It is important to not stop drinking as this can lead to dehydration, bladder infection, dizziness and other complications. Bowel incontinence can be a bowel accident, when you don't reach the toilet in time, or leaking from the bowel which can be a sign of constipation or overflow incontinence.

Think about the older person's feelings and self-esteem. Be sensitive, discreet and patient.

What can I do?

There are several forms of effective treatment, including:

- Lifestyle changes, such as losing weight.
- Pelvic floor muscle training (exercising your pelvic floor muscles by squeezing them).
- Bladder training, so you can wait longer.
- Avoid constipation (see page 15).



Continent - no further action is necessary.



Urinary incontinent - be alert and monitor.



Urinary and faecally incontinent - seek further advice and support.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Constipation

Constipation is as common in women as in men and is more common in older people. Stools (poo) are often dry and hard, and may be abnormally large or small. It can result in the risk of UTI, abdominal discomfort, pain, bloating and sometimes nausea and loss of appetite. It can also cause leakage or overflow of stool or bowel incontinence. Frequency of bowel action alters from person to person and may be 2-3 times daily to twice per week, so try to clarify what the individual's 'normal' pattern is.

Constipation can be caused by a number of things such as not eating enough fibre or not drinking enough fluid. Some conditions can cause constipation, as can a lack of exercise or movement (such as being in bed or immobile) and some medicines.

Ensure there is enough fibre and fluid in the diet. Drinking enough fluid is important (particularly with a high fibre diet or fibre supplements) but can be difficult for some. Introduce apple, pear or prune juice. Try a glass of fruit juice or warm water with lemon each morning to help with regular bowel movements. Leaving the skins on fruits and vegetables, if they are edible, will increase fibre intake. Cut down on foods that may cause constipation, such as cheese and eggs, as well as those that cause gas, such as carbonated drinks, broccoli and cabbage.

Regular exercise if possible, such as walking can also help to keep the bowel moving.

What can I do?

There are simple things you can do to avoid constipation:

- Constipating medication should be adjusted.
- Increase dietary fibre.
- Drink enough.
- Exercise (where possible), some movement is better than none.
- Try oral laxatives (bulk-forming) in the first instance.



Fewer than three bowel movements a week, hard or lumpy stools, straining during a bowel movement or leakage or incontinence of stools, seek further advice and support.

5 top tips

1. Ensure that a choice of drinks are offered (in case they do not like one).
2. Remember key foods are rich in fluids.
3. Remember to ensure that the drinks are left within safe and easy reach and regularly encourage people who may forget to drink.
4. Ensure that a suitable receptacle (cup or beaker) is selected for each individual that reflects their abilities and personal needs.
5. Record the amount of daily fluid intake.

Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Drinking enough

Dehydration can directly contribute to the suffering of any of the main 'harms'. To function effectively and avoid dehydration the recommended guidelines advise 8 cups should be drunk daily. However, this will be dependent upon the individual's health profile as some conditions restrict fluid intake, while others actively encourage the recommended amount.

Older people do not always feel thirsty or may forget to drink. Dehydration can be very serious and can cause constipation, increased risk of UTIs and can cause further confusion and irritability.

Some older people may worry about drinking too much, in case they require the toilet too often, especially during the evening.

A range of foodstuffs are rich in fluids, for example, custard, jelly, ice cream, yoghurt. These are appetising alternatives to purely water based drinks and will constitute as an alternative to support a healthy hydration regime.

When our bodies don't have enough water, we are said to be dehydrated.

If you think someone may not be getting enough fluids, check whether they have any of these other common signs of dehydration:

- Dark urine and not passing much urine.
- Sudden change in mental health state or new onset of unexplained confusion.
- Feeling lightheaded.

(250ml = standard size cup or beaker)



Drinks the recommended 8 cups daily - no further action is necessary.



Drinks 4 cups daily - be alert and monitor.



Drinking 2 cups or less daily can lead to dehydration - seek further advice and support.



Recommended daily fluid intake

To function effectively and avoid dehydration, the recommended guidelines advise 8 cups should be drunk daily (NPSA 2007).



Catheter care

A urinary catheter is a hollow tube inserted into the bladder to allow drainage of urine. A catheter is inserted via the urethra (a urethral catheter). An indwelling catheter is one that stays in place all the time. An intermittent catheter is inserted at regular intervals during the day to drain the bladder and is then removed. The catheter is attached to a drainage bag or catheter valve.

Catheters should be avoided if at all possible. Prior to insertion of a catheter alternatives must have been considered. Urinary catheterisation should only be carried out by trained staff who are competent in the insertion of urinary catheters in order to minimise trauma, discomfort and the potential for catheter-associated infection. A catheter should be removed as soon as possible by trained staff.

It is important to drink 8 cups of fluids a day from a variety of sources. Avoid constipation as an overloaded bowel can prevent the catheter from draining. See page 16 on fluid intake and page 22 on nutrition for more information.

Top tips to avoid infection

- Urinary catheters must be continuously connected to the drainage bag.
- Ensure the bag is always below the bladder and is well supported by a catheter support strap or sleeve and not touching the floor.
- Routine personal hygiene is performed.
- The urinary catheter bag should be emptied regularly ($\frac{1}{2}$ - $\frac{3}{4}$ full, ideally into a single use, disposable container).
- Hand hygiene, gloves and apron should be used prior to catheter care and removed on completion of the procedure ensuring hand hygiene is performed again.



Flowing clear - no further action is necessary.



Cloudy with sediment - be alert and monitor.



Blocked, pus, blood, dark urine - seek further advice and support.



Promoting good eating habits

Making sure those we care for have nutritious food and drink is very important to achieve safe, quality care. Food is fundamental to the quality of life and, for many older people in particular, can be critical to their health and well-being. People's appetites can reduce with age. Malnutrition and dehydration are serious and common problems amongst older people. Continue to ensure that you make meal times sociable.

Weight

A balanced diet will help older people to stay healthy. If someone is overweight this can potentially affect their mobility which in turn, can affect their quality of life.

Being underweight can be equally as serious for older people as it potentially increases the risk of health problems, including bone fractures if they fall. It weakens the immune system, leaving them more susceptible to infections and it increases risk of being deficient in important nutrients such as vitamins and minerals.

Eating with other people is a good way to make mealtimes a social activity and may increase the person's interest in food and eating. Some people may need encouragement to eat.

People with dementia experience difficulties in eating and drinking. They can lose their appetite or may find it hard to say what they want to eat or drink. They could also forget to eat or drink.

Weigh monthly and keep a note of any weight gain or loss.

Look out for:

1. Ask what they prefer to eat (if safe and possible in relation to their condition).
2. Ensure that an accurate food chart is maintained for those who require additional support and assessment with their nutrition.
3. Some may require assistance with eating and drinking. Ensure that protected time is allocated to them and full and dignified support is given where needed.
3. Small snacks offered frequently can be encouraged for those with a poor appetite to improve their daily intake of nutrients.



Normal - no further action is necessary.



Obese/overweight/underweight - be alert and monitor.



Sudden increase or decrease in weight - seek further advice and support.



Vitamin D

Vitamin D is needed for the absorption of calcium from food and is therefore important for good bone health. As the body ages it is less likely to store vitamin D. Sometimes it can be less likely that an older person gets enough time outside in moderate vitamin D boosting sunlight. There is a link between low vitamin D levels and dementia.

Nutrition

Some people need time, help and encouragement to eat in order to maintain their health and well-being. Food preferences and individual's dietary and cultural requirements must be taken into account when planning mealtimes. Frail elderly people can be at risk of malnutrition and dehydration. If a person cannot manage to eat three meals a day, then introduce smaller meals and more frequent healthy snacks.

Improving nutritional care and achieving adequate fluid intake has many benefits for those with long term conditions. Poor nutrition is one of a number of factors that increase the likelihood of pressure ulcer development and contributes to the risk of falls in vulnerable people. Good nutrition and hydration in people who have suffered a stroke is important in improving outcomes and helping to prevent complications. Management of dysphagia (swallowing difficulties) poses particular challenges in some stroke patients.

People with dementia may also experience problems with swallowing and chewing particularly as the dementia progresses. The changes that occur due to dementia can affect a person's relationship with food and eating (Alzheimer's Society 2011).

The basic components of any diet should include a combination of the following:

- Protein from meat, fish, eggs and pulses.
- Five portions of fruit and vegetables per day in some form.
- Carbohydrates from brown rice, potatoes, cereals, wholewheat pasta.

They may not be able to chew some of the above foodstuffs, in which instance puréed fruits or juices may be preferred.



Eats a healthy diet - no further action is necessary.



Eats a moderate diet - be alert and monitor.



Eats a poor diet - seek further advice and support.

Sugar snacks

As people get older their appetite can potentially decrease.

Eating little and often can result in the frequency of sugar intake. This can be associated with increased snacking or sweet treats.

Therefore, it is very important that good oral healthcare is assessed and maintained.

Mouth care

Our mouths are used for eating, drinking, communicating, smiling, speaking and socialising. It is vital that individuals can eat and drink in comfort, failure to ensure this can lead to malnourishment.

The oral health of older people can be seriously compromised. You may need to assist the person with their oral hygiene. Some medicines can cause the mouth to be dry. A stroke can have a profound effect on the oral and facial tissues resulting in a difficulty in swallowing, eating and drinking. Depression can lead to reduced motivation in personal hygiene. Dementia can lead to loss of short-term memory meaning that it's possible to forget that teeth haven't been cleaned. Those with arthritis and stiff hands may find it difficult to hold a toothbrush or clean the mouth properly.

It is becoming widely recognised that poor oral health can lead to debilitating and even life-threatening health conditions. Therefore, it is critical that mouth care for dependent older people is assessed and provided in a safe and dignified manner.

Look out for

- Blisters or dry sore mouth.
- Pain or discomfort.
- Bleeding sore gums.
- White spots in the mouth.
- Coated, red and inflamed tongue.



Healthy, clean, and moist - no further action is necessary.



Dry, debris - be alert and monitor.



Inflamed, blistered, sore - seek further advice and support.



Physical activity

The promotion of physical activity with regard to older people is essential to health and well-being. Gentle sitting exercises for the elderly can be done within their own home to help improve mobility and prevent falls. Visit the link below and print out sheets to use as a regular gentle exercise routine.
www.nhs.uk/Livewell/fitness

Mobility

As the body ages it tires more quickly with movement and exercise. Mobility is fundamentally important in terms of older people being able to stay independent. Loss of mobility can lead to social isolation and depression, increase in dependency, pressure-related injury and infection.

As we get older physical problems such as arthritis, osteoporosis, diabetes and heart issues can all affect mobility, and can lead to us feeling less confident in carrying out our usual day-to-day activities. Gentle, safe exercise where possible is good for both mental and physical health and well-being.

Being in bed for long periods of time, or being unable to move freely may cause many problems from lack of confidence and fear of falling to pressure ulcers. Pressure ulcers can occur when a person is immobile for a period of time, unable to get up and move around or shift their weight. Some medications can affect mobility.

Things to check:

- Healthy foot care.
- Safe clutter free environment.
- Encouragement to exercise appropriately for the individual.
- Consider the associated risks for people with visual impairment.
- Consider the risks of some medicines.



Independently mobile with or without walking aids - no further action is necessary.



Needs assistance beyond their usual level - be alert and monitor.



No longer able to get out of bed - seek further advice and support.



Falls factors

- Vision plays an important role in our sense of balance so ask if their eyes are checked regularly.
- 4+ medications and certain types can cause unsteadiness and affect co-ordination.
- Cognitive impairment, confusion, disorientation.
- Foot problems can have a major affect on balance and stability.
- Dementia increases falls risk.
- Continance problems are linked with falls.
- Postural instability, mobility and/or balance problems.
- Falls history, including causes and consequences (such as injury and fear of falling).
- Pain.

Falls

Falls are not an inevitable result of ageing, but they do pose a serious concern to many older people and to those who care for them. There are many simple things that can be put in place to help older people stay steady on their feet.

Older people have a higher risk of accidental injury that results in hospitalisation or death than any other age group (Cryer 2001). The Royal Society for the Prevention of Accidents (RoSPA) estimates that one in three people aged 65 years and over experience a fall at least once a year - rising to one in two among 80 year-olds and older.

It is very common that an older person may feel anxious if they have already had a fall or feel unsteady. Anybody at risk of falls may benefit from referral to the Falls Prevention Service. They should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall/s.

Try to find the individual risk factor with anybody known to be at risk of falling. Take into account whether the risks can be reduced or managed.

Make sure the environment is safe, in particular flooring, sufficient lighting, furniture and fittings are safe. Make sure they wear well-fitting footwear and avoid ill-fitting or unsupportive slippers. Walking aids or equipment should be checked regularly. Discuss likely risks associated with certain activities such as standing on a chair or reaching too high. Always take care on the stairs and consider an extra banister or handrails to give more support. Keep the floor free from clutter, which they may trip over.



Good mobility, good mental status and continence - no further action is necessary.



Near misses, unsteadiness, reduced confidence - be alert and monitor.



Recent falls, falls causing injury, dementia or medication affecting balance or coordination - seek further advice and support from the Falls Prevention Service.

Advice for carers

Persons with dementia may need extra support with certain daily tasks such as:

- Eating and drinking, mobilising, managing and taking medication, personal care.
- Keep the environment as calm and stable as possible to reduce any anxiety or problems.
- Try to understand them, find out more about them, their hobbies and things they like or dislike. This may help you to understand why they are behaving in certain ways and you can tailor your care to them as individuals.



Dementia

It is estimated that one third of people with dementia in the UK live in care homes. Dementia often develops slowly and is not always noticed in the early stages. Sometimes dementia can be confused with mild forgetfulness often seen in normal ageing.

Some medicines and drugs, depression and anxiety can cause forgetfulness.

It is not uncommon for some people with dementia to behave differently at times and become easily upset, anxious or even angry. View the person you are caring for as an individual. Find out a bit about them and a bit about their previous life, their likes and dislikes, things they enjoy, so you can tailor your approach. It is helpful to provide them with a calming, uncluttered environment and gentle reassurance to deal with this as this is far safer than using medication to calm them. Sedative medicines need to be minimised/avoided if possible because they very often can worsen the dementia or contribute to physical health problems such as falls and constipation.

As dementia progresses they may need additional help with:

- Dressing - try to help them keep their own individual style, wearing what they like to keep their own identity.
- Washing.
- Eating and drinking.
- Keeping as fit and healthy as possible.

What can I do?

If you care for a person with dementia there are lots of practical things you can do to support the person:

- Always put things like keys back in the same place.
- Keep important numbers next to the phone.
- Put notes on important cupboards and doors.
- Keep a large calendar with space to write daily reminders.
- Write a daily 'to do' list for last thing before bed, like lock door, check oven is turned off.



If you are significantly worried about a person's memory, personality or morale changes - seek further advice and support.



Mental health

Mental health problems in later life can be grouped into four main categories:

- Depression and anxiety.
- Dementia.
- Other mental health problems.
- Drug and alcohol problems.

Depression is the most common mental health problem in later life and dementia is the next most common.

Mental good health

Mental health and emotional well-being are as important in older age as at any other time of life. Everyone has mental health needs, although only some people are diagnosed as having a mental illness. The majority of older people have good mental health, but they are more likely to experience events that affect emotional well-being, such as bereavement, illness or changes in circumstance (perhaps where they are living).

Mental health problems such as depression or anxiety may present with physical symptoms such as weight loss or mobility or memory problems. It is important to seek advice if any person is presenting with these symptoms. Think about the person's whole quality of life, not just their health and social care needs. What would give them pleasure, fulfilment, and something to look forward to?

Isolation and loneliness can be a significant cause of mental health issues, especially depression in older people. Those with a debilitating illness may be depressed from their illness and more likely to be lonely or isolated.

Mental health problems often go unnoticed by professionals and older people themselves. Older people are often reluctant to seek help, so many experience delay before they are offered support.

What can I do?

- Maintain a positive approach - chat, be happy and communicate.
- Look out for signs of loneliness and isolation, this can even happen when someone is surrounded by others (such as in a care home or day centre). Show an interest in them, show you care.
- Ask your manager about training, for instance in depression awareness.
- Seek help or advice if you feel you need it.
- Try to put yourself in the position of the older person - how would these symptoms make you feel, would you be frightened or worried? How would you want to be treated?



End of life care

During a terminal illness, or approaching the end of life, it may be a good idea for people and their families to be offered opportunities to express their future wishes and make plans in advance for the care needed in the future. Planning ahead in this way is sometimes called advance care planning. It involves thinking and talking about an individual's wishes for how they are cared for in the final months of life.

Planning for this as early as possible enables care to be delivered in ways which respect the expressed wishes of people and their families.

End of life care helps us to live as well as possible until death, and to die with dignity. It also includes support for family or carers.

Palliative care will help to make things as comfortable as possible. Care provides psychological, social and spiritual support for the person and their family or carers to enable them to remain in their own home for as long as they wish.

Many healthcare professionals can be involved in providing end of life care. Most hospitals have special palliative care teams who co-ordinate all these services. When end of life care begins depends on specific needs, it may last a few days, or for months or years. End of life care begins when needed, and will continue for as long as needed. Local support is commissioned by your local NHS Clinical Commissioning Group and may include Macmillan or Marie Curie nursing support.

Why not make a plan?

If you are not approaching the end of your life, you may still want to think about your wishes for your own end of life care.

This could include:

- If you don't want certain kinds of treatment in the future, you can make a legally binding advance decision.
- Where you would prefer to die, your wishes for your funeral, who you would like to make decisions about your care if you are not able to decide for yourself.
- Find out how to legally appoint someone to make decisions about your care in the future if you become unable to make decisions yourself (Lasting Powers of Attorney).
- Make a will to ensure your property and finances are dealt with according to your wishes after your death.



Assistive technology

Some of the issues common to caring for older or frail people include:

- Risk of falls
- Dementia, forgetfulness
- Walking with a purpose
- Physical disabilities
- Response to incidents
- Care recording
- Effective staff deployment

If any of these issues are familiar then assistive technology may be able to help you.

Assistive technology such as infrared sensors, door contacts, bed/chair sensors can often be linked into the existing call system so that staff are alerted to incidents immediately. If it is not possible to link into the existing system then a stand-alone system can be put in place.

In addition there are a number of items that can reduce risk and promote independence and dignity directly to the resident. For example, lamps that automatically light the way to the bathroom when

the resident gets out of bed, an enuresis sensor that alerts staff to a soiled bed negating the need for regular checks or specialist clocks to help a resident with dementia.

Assistive technology can be tailored to the needs of individual residents, is simple to use and easy to install.



Glossary

Assistive Technology: The use of technology to assist the needs of older people with mobility, safety and independence. Assistive technology includes infrared sensors, door contacts, bed and chair sensors and can be tailored to the needs of individual residents.

Cognitive Impairment: Can be associated with some forms of dementia, experiencing problems with mental abilities, such as thinking, knowing and remembering.

DVT (Deep vein thrombosis): A clot which has formed in a deep vein, usually in the leg. Deep veins are the larger veins that go through the muscle and carry blood towards the heart.

Enuresis: The medical name for the involuntary passing of urine.

Exudate: Fluid produced as the body's response to wounding such as pus or clear fluid, that leaks out of blood vessels into nearby tissues. It is produced by the tissues surrounding

a wound in response to the damage. Exudate is an essential component of the healing response in both acute and chronic wounds. It can however, be a sign of local infection.

Falls: The loss of stability or balance resulting in a trip and fall. A fall is defined as an event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness. (ACS & BGS 2001)

Incontinence Associated Dermatitis: Skin damage can occur if urine, faeces or sweat is allowed to spend time on the surface of the skin. This is called Incontinence Associated Dermatitis or IAD.

Macerated (skin): Caused by excessive amounts of fluid remaining in contact with the skin or the surface of a wound for extended periods. This fluid may be produced by the wound itself or it may be a result of urinary incontinence or excessive sweating.

Moisture Lesion: Also known as Incontinence Associated Dermatitis (IAD), is characterised by irritation and inflammation. They occur when the skin comes into contact with urine or faeces and can be extremely painful.

Pressure Ulcers: Can be caused when part of the body, usually a bony area is under continual pressure (from sitting or lying in one position for a period of time).

Skin Lesion: A part of the skin that has an abnormal growth or appearance compared to the skin around it.

Urinary Catheter: A hollow tube inserted into the bladder to allow drainage of urine.

Urinary Tract Infection: Most Urinary Tract Infections (UTIs) are caused by bacteria that live in the digestive system. If these bacteria get into the urethra (the tube where urine comes out) they can cause infection. Those with a urinary catheter are more at risk.

Contacts

NATIONAL

Age UK (including Falls Prevention Service)
0800 169 6565
www.ageuk.org.uk

Alcoholics Anonymous
0845 769 7555
www.alcoholics-anonymous.org.uk

Alzheimer's Society
0300 222 1122
www.alzheimers.org.uk

Carers Trust
info@carers.org
www.carers.org

Carers UK
CarersLine 0808 808 7777
www.carersuk.org

Cruse Bereavement Care
0844 477 9400
www.cruse.org.uk

Drinkline
0800 917 8282
24 hour Confidential Advice

NHS Smoking Helpline
0800 022 4 332
www.smokefree.nhs.uk

Royal Society for the Prevention of Accidents (RoSPA)
0121 248 2000 www.rospa.com

Podiatrist (Chiropodist)
General enquiries regarding NHS Podiatrist (Chiropodist)
01279 827520

British Heart Foundation
0300 330 3311
heartmatters@bhf.org.uk
www.bhf.org.uk

Diabetes UK
0345 123 2399
info@diabetes.org.uk
www.diabetes.org.uk

Mind - for better mental health
0300 123 3393
info@mind.org.uk
www.mind.org.uk

Citizens Advice
www.citizensadvice.org.uk

FirstStop Advice
www.firststopcareadvice.org.uk

LOCAL

Sanctuary Supported Living
01642 223999
wendy.collins@sanctuary-housing.co.uk
www.middlesbroughmatters.co.uk

Middlesbrough and Stockton Mind
01642 257020
carers@middlesbroughandstocktonmind.org.uk
www.middlesbroughandstocktonmind.org.uk

Redcar and Cleveland Mind
01642 296052
info@randcmind.org
www.randcmind.org

Health & Social Care - Carers, Middlesbrough Council
01642 245432
contactcentre@middlesbrough.gov.uk
www.middlesbrough.gov.uk

Adult Social Care, Redcar and Cleveland Council
01642 771500
contactus@redcar-cleveland.gov.uk
www.redcar-cleveland.gov.uk

Carers Together
01642 488977
carerstgether@btconnect.com
www.carerstgether.co.uk



Beat the Street – Update Summary

Board members will recall giving authorisation to Cultural Projects to apply to Sport England's Families Fund – Supporting Families to be Active Together, for funding support towards the proposal to bring Beat the Street to Ashford.

A further meeting was held with Beat the Street representative Debbie Walters to prepare the expression of interest.

An online expression of interest form was duly submitted before the deadline of 31st August. This was a substantial submission which included in-depth information provided by Beat the Street themselves and also drew on the local data provided by recently completed Indoor and Outdoor Playing Pitch Strategies and known health statistics.

There are currently 7 million children aged 5 to 15 in England – and nearly 4 in 5 are not doing the recommended daily amount of exercise. The Families Fund is focusing on families with children aged 5-15, with a particular emphasis on low income families and families living in areas of high deprivation. As such the expression of interest emphasised the known statistics around Ashford which demonstrate obesity and inactivity levels above regional averages.

The anticipated size of funding for projects from the Families Fund will be from £50,000 up to £500,000. A figure was not required for the expression of interest but we would anticipate that should we be asked to develop a full application a sum of £50-75k would be appropriate. Beat the Street quoted £96,190.20 to bring the game to the Ashford Town urban area of 58,936 inhabitants. Were partners to favour the borough –wide option the quoted cost was £134,164 based on a population of 118,000.

Cultural Projects officers also visited Eastbourne to receive a presentation from the Beat the Street co-ordinator for East Sussex where a joint partnership between local authorities and health bodies across three districts has seen a population of 500,000 exposed to the scheme.

Next steps – We await the outcome of the Families Fund Expression of Interest. We are continuing to investigate the impact of Beat the Street in other areas, particularly in relation to behavioural change outcomes. Feedback and Engagement Overviews from Wolverhampton are available.

Agenda Item No: **Item 8**
Report To: **Ashford Health & Wellbeing Board**
Date: 18 October 2017
Report Title: Annual update from Local Children's Partnership Group
Report Author: Helen Anderson
Organisation: Local Children's Partnership Group



Summary:

In Ashford the Local Children's Partnership Group (LCPG) has a strong local representation from key partner agencies and has identified clear priorities that have been used to commit grant funding and underpin partnership working. These priorities have been aligned to those that young people in Ashford voted for as part of the Kent Youth County Council Campaign: Mental Health, Bullying and Curriculum for Life were the ones that got the most votes.

Recommendations: The Board be asked to:-

Use the local priorities as voted for by young people and as identified through the LCPG to provide direction for the Ashford Health & Well-being Board to inform partnership working.

Purpose of the report

To give an overview of LCPGs and the Ashford LCPG.

To encourage further partnership commitment to achieving outcomes against identified local priorities for children and young people.

Background

Kent County Council Committee confirmed on 12 December 2016, that the Children and Young People's Framework 'Working Together to Improve Outcomes' was adopted to 'Every Day Matters'.

The Children and Young People Framework strategy sets out the outcomes that we aspire to for all children and young people growing up in Kent, and the way that we will work in partnership to achieve them.

Alongside the development of the framework, local partnership arrangements have been redesigned, with partners in each district coming together to form twelve Local Children's Partnership Groups (LCPGs). Using this framework for our collective

efforts to improve the lives of local children, LCPGs will be an active driving force for continuous improvement.

The Children and Young People's Framework is one part of the county's response to meeting the needs of children and young people locally. It is the partnership's strategy, setting out the areas in which we can have a collective impact by working together. It touches on almost all areas that are a priority for us and demonstrates where there are links between different issues; such as child sexual exploitation and absence from school. Additionally, there is a great deal of work in the county with a dedicated focus on issues that represent significant priorities in the county.

Ashford LCPG

The LCPG meets every other month and uses data that has been given in the form of a county dashboard, under the headings:

- Children and young people grow up in safe families and communities
- Children and young people have good physical, mental and emotional health
- Children and young people learn and have opportunities to achieve throughout their lives
- Children and young people make safe and positive decisions

Also local intelligence is used to agree priorities for local action. The current focus for work has been on improving family resilience and the promotion of healthy choices.

Conclusion

In order to make the biggest difference in terms of improving the lives of children and young people living in Ashford, the co-ordination of services and use of resources is essential. Schools have been very heavily involved in driving the local agenda particularly in relation to emotional health and well-being. The introduction of Headstart in Ashford this summer, which has been developed through the active participation of young people at every stage, will further add to the local expertise and enhance what we are able to offer.

Contacts:

Helen Anderson
District Early Help Manager (Ashford)

Email: helen.anderson@kent.gov.uk

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for NHS ASHFORD CCG – Quarter 2: July to September 2017

What's going on in our world	<ul style="list-style-type: none">• 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• Completed second series of "listening events" as part of public discussion and development relating to Sustainability and Transformation Plan
Success stories since last AHWB	<ul style="list-style-type: none">•
What we are focusing on for the next quarter <u>specific to the key projects</u>	<ul style="list-style-type: none">• 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?	<ul style="list-style-type: none">• Ensuring that implementation of community networks is balanced with current demands of capacity• Designing and implementing new models of care as part of NHS Five Year Forward View• Deliver of Sustainability and Transformation Plan• Ensuring effective public engagement and support for developing long (and short) term strategic direction
Any thing else the Board needs to know	<ul style="list-style-type: none">•
Signed & dated	Neil Fisher 04.10.17

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Public Health – Quarter 2: July to September 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none">• The Sustainability and Transformation Plan: Prevention work stream has been finalised and approved. £167K funding has been identified for Kent and Medway to deliver this work.• East Kent Officers Group are exploring the Ashford Stop Smoking Action Plan to consider where good practice can be replicated across East Kent .• Childrens Mental and Emotional Health Needs Assessment is being completed and the findings will be presented to the Childrens Mental Health Commissioners. It will include utilization of Childrens mental and emotional health services, suicide prevention and resilience.• HeadStart Phase 3 is relaunching in October which will involve a resilience hub for professionals (to access training and professional resources) and young people can navigate useful information, advice and resources.• A new Health Visiting Specification is being developed to commence new services from 1st April 2018.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none">• 3 Schools participated in the Smoke Free Schools Gate competition. Ashford Oaks won the competition and the winning signage has been installed on gates across all three schools. Other primary schools in Ashford will be offered opportunities to use the same signage in their schools.
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none">• .Childhood obesity data shows an increasing trend for Kent . Official raw NCMP data is due for release in October 2017. A Kent Public Health briefing will explain definition and changes to data sources. Further work with wider agencies, such as oral health and health visiting will help redirect a partnership approach to tackling childrens weight management issues. A new Public Health dashboard at a district level will be published on 16th October, showing comparisons with statistical neighbours.• We will be working with William Harvey Hospital for the grounds to be truly Smokefree from 1st January 2018. Ashford Borough Council and Ashford Leisure Trust are also planning to make their sites totally smokefree at the same time.• Partners are working with ABC Communications Team to produce a communications strategy for work delivered by the two Task and Finish Groups for the Board.

Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> The Kent Joint Strategic Needs Assessment is currently being refreshed and will published on the Kent Public Health Observatory website. Future work will include Stakeholders voice/perspective.
Strategic challenges & risks including horizon scanning?	N/A
Anything else the Board needs to know	N/A
Signed & dated	5 th October 2017

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Ashford Borough Council – Quarter 2: July to September 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none">• 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.• Elwick Place Development – Works are continuing on the construction of this mixed-use leisure development incorporating cinema, hotel, restaurants and car park in Elwick Road. Due for completion winter 2018.• Station Approach Improvements - Proposals to improve traffic management, road safety and the appearance of the domestic railway station forecourt have been approved. This will include the installation of a new zebra crossing on Station Approach and the relocation of the taxi waiting area to the Stour Centre car park, with an increased capacity.• A28 Infrastructure Works – Infrastructure work has commence for the Chilmington Green project and has started with the construction of a new roundabout on the A28 for the main access to the new housing development.• 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.• Riverside Park Development – This is the former Powergen Site in Victoria Way. Quinn Estates have permission to build 660 homes.• 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 January 2018.• M20 Junction10a – Decision by the Secretary of State due by 1st December. If agreed Highways England expect the works to be completed by May 2020. Following on from a Joint Transport Board meeting in September, there are proposals to include Barry Junction works in with these.• 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.• Active Everyday (activities for the over 60's) – The calendar can be downloaded via the following link http://www.ashford.gov.uk/active-everyday.• Belgic Court – New supported housing scheme for vulnerable young people between the ages of 16-25 at The Limes, Ashford opened in July. The scheme supports vulnerable young people with their transition from care to independent living and consist of eight self-contained fully furnished one-bedroom flats and a communal facility.• Spires, Tenterden – Extra care scheme has now opened.• Oak Tree Road – The part rebuild, part refurbishment of eight council-owned maisonettes that were destroyed in a gas explosion and subsequent fire in June 2015 has be completed and residents have moved back in.
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	<ul style="list-style-type: none"> • Relocation of Ashford Town Bowls Club/Memorial Gardens Extension – The land in the centre of Ashford is being donated for an extension of the Memorial Gardens, which will include seating and a garden area for rest and relaxation by the residents of the borough. The Bowls club is relocating to Entrance Park, Kingsnorth with a new green and pavilion, accommodating social activities for mainly over 60’s. • Play Facilities, Hamstreet – Plans to redevelop the existing play area near Victory Hall, improve the open space and resurface the MUGA on Pound Lane Recreation Ground. Consultation on preferred activities to be provided at the play area is now completed and results analysed. Design and tender currently being developed based on results. Still awaiting funds from developer. • Bridgefield Park, Park Farm - Work has commenced on this facility, due to be opened by Spring 2018. • Conningbrook Lakes 20th Anniversary Event – This family fun day took place on 9th September and included activities such as canoeing, paddle boarding, water boarding, children’s athletics and running & cycling activities. Approximately 1000 people attended. • Tenterden Leisure Centre – There are plans to refurbish and extend this facility; this will include an improved gym, state-of-the-art spin studio, and revamped reception. The leisure centre trust is in the process of securing funding. • The Wellbeing Symposium 2018 - This national conference (hosted by/headline sponsored Ashford Borough Council) is being held at the Ashford International Hotel on 21 February 2018. More details can be found at: https://www.thewellbeingsymposium.com/ • AshfordFOR campaign– This campaign, launched three years ago, focused on raising the profile of investment opportunities Ashford has to offer potential developers and investors. An additional theme – living – has been added, bringing lifestyle messages. The website can be found at www.ashfordfor.com. • New Facilities at One You – A new consultation room has been created at One You as well as a space where breastfeeding mums can have some privacy to feed their child. The shop continues to be popular.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Elwick Road Car Park – New car park opened 2nd September. Situated opposite the college. • Ashford College, Elwick Road – The new Ashford College opened its doors on 12th September for the first intake of students. The facility will provide courses for more than 1000 students and employment for 100 staff.
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Victoria Park redevelopment – A development grant of £167,000 has been awarded by the Heritage Lottery Fund and Big Lottery Fund to support this project. This will assist the Council in reapplying for the next round of funding where the project will shape the park into a 21st century park. Permission has been granted to start the project and a project manager is due to be appointed and in place by the end of October. • Bockhanger Square Improvements – Works, which will be funded by ABC & KCC Member grants, will be carried out to freshen up Bockanger Square. A drop in session was held on 12th August for residents to view what has been designed. In addition to this Town Centre Action Team will also be undertaking improvement works during the next couple of months clearing alleys and footpaths and removing weed growth from kerb edging in the housing estates of Bybrook, Nine Acres and Beecholme, etc . • Chilmington –Work is ongoing to discharge planning conditions. The first reserved matters application for Hodson land parcels has been submitted. Expected timetable for commencement of housebuilding is spring 2017. First residents expected late 2018/early 2019. Proving layouts for the community hub as well as the health provision are agreed. Currently includes provision for GP’s as per the S106. Discussions have begun with East Kent NHS (Wendy Malkinson)

	<p>over degree of fit with NHS long-term plans with some thought being given to pharmacy provision and location underway. The matter of concern remains that NHS planning does not coincide with the development plan for Chilmington. Residents concern voiced through the community development strategy consultation held over the summer reinforced a need to consider temporary health provision, ahead of the community hub being ready at 1800 homes. The CCG are investigating the position on this given the pressures which are already on existing surgeries. The Community Development Strategy will be taken to December full council at ABC with a recommendation for adoption. An action plan will be created over the autumn whose delivery will start in January 2018.</p>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • Development Update – The new October 2017 newsletter highlights the major projects that now being delivered across the borough. This will be available at http://www.ashford.gov.uk/development-update_shortly. • Ashford Heritage Strategy – The consultation for this took place in July and is now complete. The Strategy will be going to the Council’s Cabinet meeting on 12th October for full adoption of the Strategy.
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> • Local Plan – The Cabinet agreed a series of proposed changes to the draft Local Plan in June. Public consultation on the changes commenced on 7th July and ran 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. Final version of the Plan due to be submitted for public examination in December.
<p>Any thing else the Board needs to know</p>	<ul style="list-style-type: none"> • Working to Become Dementia Friendly - The council is intending to apply for the Working to Become Dementia Friendly (WTBDF) recognition symbol in the New Year. This will commence by engaging with staff to gather ideas to form an action plan to submit as part of our WTBDF application. • Non-Native Mosquitos – Some Aedes albopictus (Asian tiger) eggs and larvae were discovered at an Ashford site though an ongoing surveillance programme. Although the mosquitoes currently pose no immediate risk to public health, Public Health England (PHE) and Ashford Borough Council (ABC) took immediate action to treat the area to prevent them becoming established in the UK. • The Job Club – This takes place on a Monday between 1pm to 4pm at the Ashford Gateway (IT Suite). No appointments are needed, people can just turn up for help searching for jobs via a computer and for advice on CVs, completing forms and writing supporting statements. Run in conjunction with ABC, Southern Housing & The Gateway. An ABC employee runs the Job Club with help of two dedicated volunteers. The service is open to anyone who lives in the borough whether they are employed or unemployed. Everyone is welcome to receive support or indeed just to make use of the computers to carry out job search activities by themselves if they don’t require additional support.
<p>Signed & dated</p>	<p>Sheila Davison – 6 October 2017</p>

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Healthwatch – Quarter 2: July to September 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"> • Working closely with EKUHFT re Senior Management changes and A&E plans to ensure public are clearly communicated with • Currently working on Hospital Discharge in East Kent • Please promote our online survey https://www.surveymonkey.co.uk/r/EastKentdischarge • We will be doing six Enter & View visits to the 3 East Kent hospitals to talk to patients plus visits to Community patients • We are also visiting East Kent Hospitals in partnership with East Kent Mencap to assess what additional support they offer patients with learning difficulties as part of our work on the Accessible Information Standard.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Launched our Healthwatch Help Cards for people who need additional support at an NHS appointment. All NHS organisations apart from Thanet CCG have pledged • Awarded Investors in Volunteers
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • We will be looking at both Patient Transport provided by G4S and Out of Hours GP services provided by Primecare • We will be visiting Care Homes in the Ashford area • We will be launching a checklist to support GP surgeries and the CCG when practices have to close
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • We are calling on all organisations to sign the Time to Change pledge to support people with mental health. We have signed, have you?
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> •
<p>Anything else the Board needs to know</p>	<ul style="list-style-type: none"> •
<p>Signed & dated</p>	<p>John Bridle 03.10.17</p>

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Local Children's Partnership Group – Quarter 2: July to September 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"> 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. This links closely with the offer from Headstart for 10 – 16 year olds. 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 experienced domestic abuse.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> 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. Schools chosen (Homewood, Goldwyn, Highworth, The North & The John Wallis) and a local steering group now in place to co-ordinate and develop Headstart to include 10 primary schools.
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> Ensuring there is clarity about pathways and services for families and the local workforce working with children, young people and their families as the newly commissioned services commence and new projects/opportunities arise. Linking into local offer and using data/local intelligence to prepare bids for the grants that will be available next financial year. Focus on further development of the early intervention approach, Born to Move/Active Learning for parents and very young children to provide information and effective interventions as early as possible in life. Well-researched and proven approach that will be reinvigorated to run beyond Health Visiting and Children's centres with local champions in place. Further integration of emotional/mental health and well-being services for children and young people. Headstart programme has come to Ashford in August/September 2017 and Vicky Saward has been appointed as Project Manager. Senior Early Help Worker post for Headstart is currently being advertised and there is a participation worker, Hannah Patton, supporting the programme. 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. Headstart provides a comprehensive training programme for schools and Early Help Practitioners. There is a centralised resource hub which is available to everyone very shortly.

	<ul style="list-style-type: none"> • 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 working closely with Specialist Children's Services, connectivity with Community Safety Partnership (Safeguarding sub group in place to focus on CSE, substance misuse and Prevent.)
Anything else relevant to AHWB priorities NOT mentioned above	<ul style="list-style-type: none"> • Kent Children's Services Ofsted has been published – overall grade: Good. • Nurture provision being run for children at one of the Children's Centres, good progress being made and shows the power of multi-agency working as the children and their families are seeing the benefits of this work. • Provision of School Nursing Service for schools – all via one point of contact. • Single Point of Access for Children and Young People's Mental Health which provides a route into higher level/intensive provision as well as sign-posting into other services including Early Help.
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none"> • Capacity to deliver appropriate/high quality services working in partnership to meet local need with a growing population and demands that that brings. • Connectivity between adult and children's services in particular for mental health support, capacity of services to cope with demand and to provide effective early intervention.
Anything else the Board needs to know	<ul style="list-style-type: none"> • The LCPG is keen to develop further work with all partner agencies including GPs and others who may not be as familiar with what is available in Ashford at an early intervention level. • Early Help youth provision and Children's Centres invite partnership working to explore more creative ways to use the space in buildings and to provide effective targeted outreach. • Need to consider how childhood obesity local groups that cater for the full age range to 19 have set up sub group which reports to both LCPG and HWB, and how that works most effectively to affect change.
Signed & dated	Helen Anderson - October 2017