

Ashford Health and Wellbeing Board



ASHFORD
BOROUGH COUNCIL

Notice of a meeting, to be held in Committee Room 2, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Wednesday, the 17th January 2018 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)
- Deborah Smith – 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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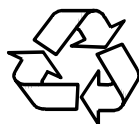
1. **Welcome and Apologies**
2. **Declarations of Interest:-** To declare any interests which fall under the following categories, as explained on the attached document:
 - a) Disclosable Pecuniary Interests (DPI)
 - b) Other Significant Interests (OSI)
 - c) Voluntary Announcements of Other Interests

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 18th October 2017 1-8

4. Update on the Kent Health and Wellbeing Board held on 22nd November 2017 –
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=790&MId=7636&Ver=4> - Navin Kumta
5. Ashford Health and Wellbeing Priorities:
 - (a) Smoking – Deborah Smith 9-13
 - (b) Obesity in Children and Excess Weight in Adults – Deborah Smith 14-17
 - (c) Housing and Health – Sharon Williams (see item 6 below)
 - (d) Diabetes – Lorraine Goodsell 18-21
6. Presentation: Focus on Health and Housing – Sharon Williams 22-30
7. Presentation: Ashford Vineyard Church – Vicki Tatton & Chris Kimmance 31-34
8. Presentation: Local Children’s Partnership Group Yearly Update (including Headstart) – Mark Wiltshire/Helen Anderson 35-37
9. Ashford and Tenterden Estates Strategy – Lorraine Goodsell 38-41
10. Sustainability & Transformation Plan – Lorraine Goodsell (to follow)
 - (a) William Harvey Hospital
 - (b) Local Care Arrangements
11. Partner Updates
 - (a) Clinical Commissioning Group – Lorraine Goodsell 42
 - (b) Kent County Council (Public Health) – Deborah Smith 43-44
 - (c) Ashford Borough Council – Sheila Davison 45-47
 - (d) Voluntary Sector – Position Vacant
 - (e) Healthwatch – John Bridle 48-49
 - (f) Ashford Local Children’s Partnership Group – Helen Anderson 50-51
12. Forward Plan
 - April 2018 – Ashford Clinical Providers
13. Dates of Future Meetings
 - 18th April 2018
 - 18th July 2018
 - 17th October 2018

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



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 **18th October 2017.**

Present:

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

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

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

John Bridle – HealthWatch

Chris Morley – Patient and Public Engagement (PPE) (Ashford CCG)

Roy Isworth – KALC

Julie Thain – Sense Interactive

Debbie Walters – Intelligent Health

Dr William Bird – Intelligent Health

Allison Duggall – Public Health, KCC

Deborah Smith – Public Health, KCC

Sharon Williams – Head Of Housing, ABC

Christina Fuller – Head of Culture, ABC

Alex Waller – Sports and Activity Project Officer, ABC

Keith Fearon – Member Services Manager, ABC

Apologies:

Helen Anderson, Ashford Local Children’s Partnership, Faiza Khan, Public Health KCC, Karen Cook, Strategic Partnerships, KCC, Tracey Kerly, Chief Executive, ABC,

1 Declaration of Interest

- 1.1 Roy Isworth made a Voluntary Announcement as he was a practising GP and Chairman of the Tenterden Day Centre.

2 Notes of the Meeting of the Board held on 18 July 2017

The Board agreed that the notes were a correct record, subject to it being noted that Chris Morley was present at the meeting.

3 Update on the Kent Health and Wellbeing Board Meeting – 20th September 2017

- 3.1 The Minutes of the Kent Health and Wellbeing Board meeting held on 20th September 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.

4 Update on Ashford Health and Wellbeing Board Priorities

(a) Stop Smoking Action Plan report 2016-2017: One Year On

- 4.1 Debbie Smith introduced this item. She advised that Ashford had seen a reduction in smoking prevalence of 8.9% in the last year but was still 1.9% higher than the England average. The One You shop had been a huge success and now operated a dedicated weekly stop smoking clinic. Debbie Smith also explained that the National Tobacco Control Plan had a target to reduce smoking to 12% by 2022. The current figure for Kent was 15.2% and 17.4% for Ashford.
- 4.2 Debbie Smith then took the Board through the list of actions as set out in the report and said that the Task Group would develop these further in conjunction with the CCG and through work with GP surgeries. On the later point she clarified that the Kent and Medway STP was looking to commission a pilot scheme whereby GP's and other professional staff would be given brief intervention training and each GP provided with a CO monitor . There was also the option of providing the stop smoking service direct from surgeries. It was noted that the level of referrals by GP of patients into the Stop Smoking Service was low compared to other areas in Kent.
- 4.3 In response to a question about work undertaken with schools, Debbie Smith explained that primary schools were visited, but secondary schools had to decide whether the subject was part of the curriculum. It was sometimes challenging to get schools to engage. The Board considered that it would be appropriate for the Chairman to write to secondary schools to explain the work being undertaken on smoking cessation and provide information on the current levels of smoking in school age children.

Resolved:

The Board agreed that:

- (i) the content of the report be received and noted.**
- (ii) it be noted that the 2017 Action Plan is in place following previous recommendations of the Board.**
- (iii) the continued delivery of the 2017 Action Plan be approved.**
- (iv) further work be piloted with GP's to increase referrals into the Stop Smoking Service.**
- (v) The Chairman write a letter to all secondary schools explaining the work being undertaken by the Stop Smoking Task and Finish Group**

and the schools be asked to consider promoting the initiatives as part of their curriculum.

(b) Healthy Weight Action Plan report 2016-2017 – One Year On

- 4.4 Debbie Smith drew attention to the progress report. The report advised that although there had been a slight decline in adults with excess weight in Ashford, the data showed an increase in childhood obesity at a local and national level over the last three years. She advised that mapping work would be further developed and it was proposed to use Insight data from the Victoria Ward when it became available. In terms of the One You Shop from its opening in February 2017 a total of 843 people had visited by July which had led to 1400 interventions. Of those over 50% had asked about healthy weight and had been signposted to other services for assistance. Debbie Smith also explained the work being undertaken with local primary schools and engaging with parents.
- 4.5 In response to a question, Debbie Smith said that she was happy to take the suggestion that school governors be made aware of the initiatives to the Task and Finish Group. She also considered that undertaking an audit of catering vending machines in schools would be useful.
- 4.6 The Chairman said that he wished to thank Debbie for all of the work she undertook on behalf of the Board for both the smoking and healthy weight task groups.

Resolved:

The Board agreed that:

- (i) the report be received and noted.**
- (ii) the continued success of the One You Shop be supported.**

(c) Housing & Health

- 4.7 Sharon Williams advised that it had been her intention to organise a workshop in October on the issue, however she was still trying to obtain feedback from other partners to be able to take this forward. It was also her intention to produce an Action Plan with relevant outputs. Sharon Williams asked partners for assistance in taking this forward.
- 4.8 In terms of homelessness it was suggested that it might be worth involving both the professionals who worked within this field and former homeless people who could contribute from their own personal experiences.
- 4.9 Allison Duggell said that NHS England had produced a useful piece of work on health in the new towns and explained that this contained good examples of best practice in other areas.

- 4.10 Alison Duggell was asked if she could help identify a contact in Adult Health Services and Navin Kumta a contact in the CCG and they work with Sharon Williams in developing proposals for a workshop.

Resolved:

The Board agreed that the report be received and noted and Alison Duggell and Navin Kumta be asked to provide contact details for representatives from KCC Adult Health and the CCG respectively to assist in developing proposal for a workshop.

(d) Diabetes

- 4.11 This was deferred as Neil Fisher was not present and no covering report had been provided.

5 Presentation: Vulnerable Adults; Frail Elderly and Universal 55+ Health and Wellbeing Resources

- 5.1 Julie Thain, of Sense Interactive Ltd explained that her company had over 15 years experience in the Health and Social Care Sector and delivered resources which could be used to assist local communities. Attached to the report were copies of information produced for Hartlepool and Stockton-on-Tees and South Tees CCG's. Julie Thain explained that one of the principal aims of the publications was to reduce unnecessary attendance at GP surgeries and A&E. Her company had worked with 120 groups across the country including NHS Trusts and Health Boards.
- 5.2 Julie Thain also explained that the company was also able to provide the information via a web site which had voice over facilities and also by an app. The hard copy of the handouts would be available for distribution via GP surgeries or pharmacists.
- 5.3 In response to a question, Julie Thain explained that the content of the booklet and the subjects covered was flexible and could be adapted to meet any particular local need and to also incorporate local contact details. Dependent upon the number of topics covered a run of 5000 copies of the handbook would be in the region of £9500, with additional costs of £8500 for web site access and £14,000 for a dedicated app.
- 5.4 The Board considered that the booklet and the other applications would be useful for both the frail elderly and their carers but said that the Communications Team of the East Kent NHS Trust and CCG should be asked to consider the proposal prior to any further consideration by the Board.
- 5.5 The Chairman thanked Julie Thain for attending the meeting.

Resolved that:

- (i) consideration of the proposal be referred to the Communications Teams of the East Kent NHS Trust and the CCG.**
- (ii) An update report be presented to the next meeting.**

6 Beat the Street – Update Summary

- 6.1 Dr William Bird and Debbie Walters, of Intelligent Health gave a presentation on the Beat the Street game and its possible application in Ashford. The presentation stemmed from the discussion at the previous meeting of the Board when the game was supported in principle subject to the provision of more information about cost and sustainability. The report and presentation had been published on the Council's web site under:
<https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3193>
- 6.2 Dr Bird explained that Sport England had a fund of £250m over 4 years and an initial joint bid for funding for Ashford had been submitted, and the outcome of that bid was still awaited.
- 6.3 In response to a question about sustainability, Debbie Walters explained that contact with the Community Groups was maintained following the conclusion of the game and the Team Leaders of those groups were encouraged to take responsibility for their teams in taking forward the experience gained from the initial game. Interest would also be maintained via Facebook and Twitter. In any event, Intelligent Health undertook a follow up survey after 6 months and used evidence based on self-reporting which was a World Health Organisation standard.
- 6.4 Debbie Walters also explained that several authorities had run the game again, with Hounslow having undertaken it 5 times and Belfast had had 7 programmes. In terms of take up by the local population, Dr Bird said that the average was 12% but he considered that the take up for Ashford could be between that figure and up to 18%. It was also possible to apply the game within the rural areas if they were large enough and suitable for its application. It was noted that the beat units were battery operated and it was considered that either February or April were the best months to commence games.
- 6.5 The Chairman thanked the presenters for attending the meeting and said that he looked forward to receiving the outcome of the initial bid proposal to Sport England.

Resolved:

The Board agreed that the presentation be received and noted.

7 Annual Update from Local Children's Partnership Group

- 7.1 The report gave an overview of Local Children's Partnership Groups and the Ashford LCPG and aimed to encourage further partnership commitment to achieving outcomes against local priorities for children and young people.
- 7.2 As Helen Anderson had sent apologies it was agreed to defer the item to the next meeting in January 2018. The Board also wished for the report to contain information on the recent proposed changes to the troubled families and LCPG grant arrangements. Also to address the LCPG priorities as relevant to the health agenda.

Resolved:

That consideration of this item be deferred to the next meeting and the report to also include information on troubled families and the LCPG priorities.

8 Partner Updates

(a) Clinical Commissioning Group

- 8.1 In response to a question about timescales for the various developments, Navin Kumta explained that they were within the 5 year forward view.
- 8.2 Roy Isworth referred to premises within Tenterden that were not used for health provision and expressed concern that no action had been taken to bring them into use. Navin Kumta explained that the nature of the facilities provided in Tenterden would be a matter for the Local Care agenda and the aim to place more services into the local community. Chris Morley also explained that the use of premises was part of a significant piece of work being undertaken by KCC and the NHS as part of the One Public Estates philosophy and for the Commissioners to determine what facilities were provided in each area.

(b) Kent County Council (Public Health)

- 8.3 Update noted.

(c) Ashford Borough Council

- 8.4 Update noted.

(d) Voluntary Sector

- 8.4 Not provided as position currently vacant.

(e) Healthwatch

8.5 John Bridle gave details of an issue raised with them regarding problems with the transfer of a patient from another part of the Country to the William Harvey Hospital.

(f) Ashford Local Children's Partnership Group

8.6 Update noted.

9 Forward Plan

9.1 It was agreed that the following items would be on the agenda for the Board meeting on 17th January 2018.

- Ashford Vineyard
- Local Children's Partnership Partnership Group Yearly Update incorporating information from Headstart
- Ashford & Tenterden Estates strategy
- STP Local Care arrangements

9.2 In terms of the April meeting, representatives of Ashford Clinical Providers would be invited to present to the Board.

10 Dates of Future Meetings

10.1 The next meeting would be held on 17th January 2018.

10.2 Subsequent dates:

18th April 2018

18th July 2018

17th October 2018

11 Exclusion of the Public

Resolved: 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, namely Sustainability and Transformation Plan, as it is likely in view of 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, where in the circumstances the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

12 Sustainability and Transformation Plan, Prevention

12.1 The exempt report gave an update on the proposed initiatives being developed for the Prevention STP. Allison Duggall explained the background

to the proposals in terms of weight management and reducing smoking prevalence.

12.2 The Chairman thanked Allison Duggall for her presentation.

Resolved:

The Board agreed that the report be received and noted

Agenda Item No: 5(a)
Report To: Ashford Health & Wellbeing Board
Date: 17th January 2018
Report Title: Stop Smoking Action Plan report 2017-18 Quarter 3:
October to December 2017
Report Author: Deborah Smith
Organisation: Kent County Council, Public Health



Summary: Smoking Prevalence is declining nationally and locally with Ashford rates estimated at 17.4%. The number of smokers is still stubbornly high (estimated 16,000 in Ashford) and the Stop Smoking Action Plan draws on opportunities across health and social settings to encourage smokers to quit. The national smokefree agenda aims to denormalise smoking particularly in acute and mental health settings and especially in areas where there are children. Discussions with the Acute Trust to support their delivery and enforcement of a smokefree hospital have taken place and Ashford Borough Council and the Ashford Leisure Trust grounds are now smokefree. Smokefree parks and smokefree school gates are also being rolled out in the Ashford area.

The Ashford One You shop is growing in popularity and now delivers a number of stop smoking clinics, including a specialist clinic for pregnant women who smoke. There are further plans for stop smoking clinics to operate from the shop specifically for young people.

New models of stop smoking service delivery will be explored in January 2018, to ensure that smokers in Ashford can receive relevant information and advice on the harms and risks caused by smoking at every opportunity and that there are up to date, fit for purpose services available to support quit attempts.

Recommendations: **The Board be asked to:-**
i) Note the contents of this report
ii) Comment on the report

Purpose of the report

1. The Task and Finish Groups for Smoking and Obesity are delivering specific 2017/18 Action Plans from April 2017. This report provides a quarterly update to the Ashford Health and Wellbeing Board and invites comments on progress.

Background

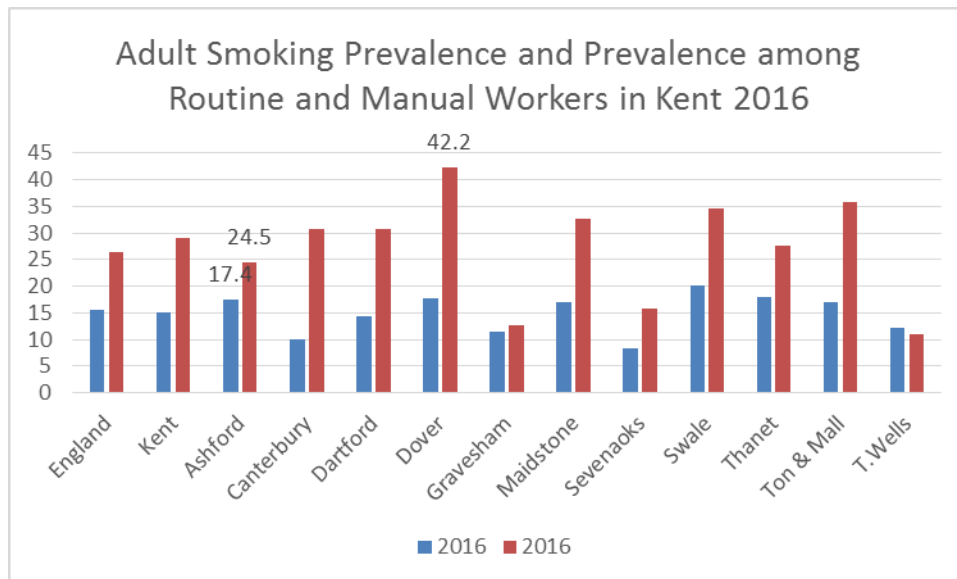
2. In December 2017, the two separate task and finish groups focussing on Stop Smoking and Obesity have amalgamated as the individual plans now include joint initiatives such as the communication plan, the One You shop delivery and a Health event for local

businesses. The merged task and finish group will now cover both priorities, still meet monthly and retain stop smoking and healthy weight specialists.

Smoking Prevalence in Ashford 2016

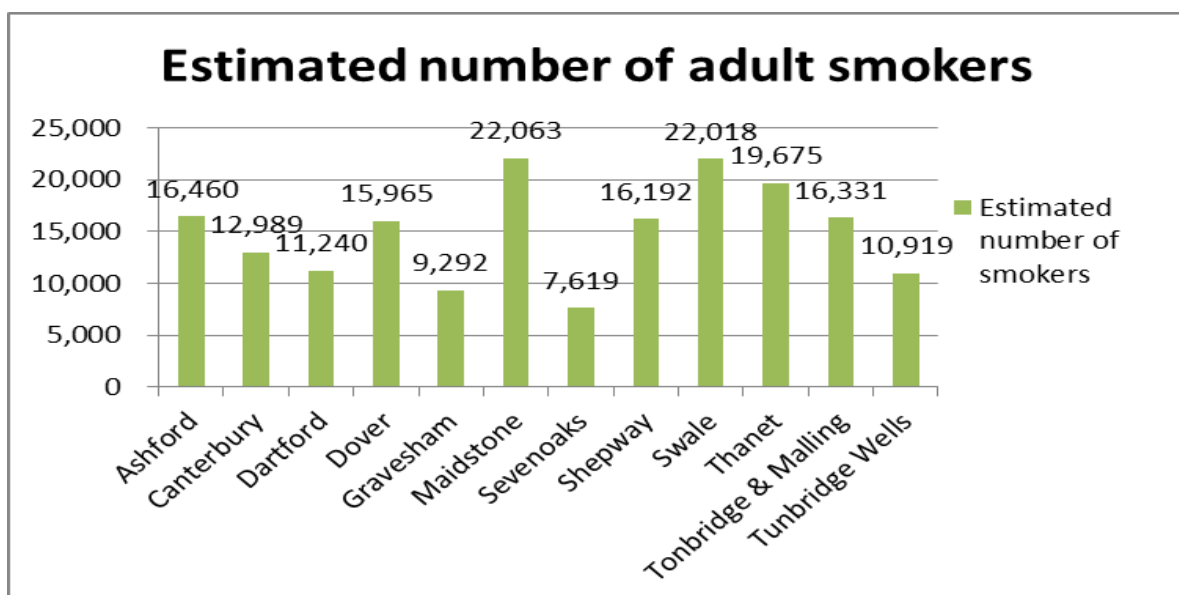
- The national Smoking Prevalence is estimated at 15.5% of the adult population. Ashford prevalence is 17.4%. This is 1.9% above the national average and a reduction in Ashford of 8.9% in the last year. The following charts show that Ashford has the 5th highest smoking prevalence in Kent and an estimated 16,460 adult smokers.

Chart 1: Smoking Prevalence in Kent 2016



Source: Public Health England, Local Tobacco Control Profiles

Chart 2: Estimated number of smokers in Kent 2016



Source: Public Health England, Local Tobacco Control Profiles

Progress to Date:

4. A summary of the status of the Smoking Action Plan is as follows:

Theme	Aim	Summary of Progress
1.Smokefree William Harvey Hospital	Support William Harvey Hospital to be totally Smokefree within all areas of the hospital grounds (in compliance with NICE guidance PH48)	Awaiting response from WHH on details of proposals to be totally smokefree.
2. Smoking in Pregnancy	Reduce smoking prevalence in pregnant women	Smoking status is now more accurately identified and stop smoking clinics delivered by midwifery services in the One You shop are popular and in demand.
3. Increase the number of Quitters in Ashford	Increase the number of smokers in Ashford quitting using stop smoking services.	In line with the national trend, fewer smokers are taking up stop smoking services. To ensure there are a range of services fit for purpose, a new evidence-based Smoking + model could be piloted.
4.E-cigarettes	Work with Vape retailers to support more people to quit smoking completely.	Trading Standards are quality assuring e-cigarettes in line with new regulations. There is potential to work more closely with retailers to support quitters.
5.Quit Coaches	Reduce the number of young people who smoke	Bespoke training programme to be delivered on 14 th February.
6.One You shop	Increase number of people who quit smoking by accessing the Ashford One You shop.	To date, 317 people have received quit support in the One You shop. This is 17% of all services delivered there.
7. Campaigns Strategy	Develop Multi-partnership to maximise potential to encourage people to stop smoking and live in a smokefree environment	Draft campaign strategy prepared to ensure that all activities and programmes maximise potential for promotion.

5. Further detail on Actions:

5.1. Smokefree Hospital

A recent meeting at William Harvey Hospital identified the management commitment to ensuring that the hospital grounds are Smokefree. Further consideration is being given to an updated policy and partnership support has been offered.

In support, Ashford Borough Council and Ashford Leisure Trust have also adopted a Smokefree grounds status with effect of 1st January 2018.

The positive effect of smokefree areas is to reduce the risk of exposure of second hand smoke, especially around children but as fewer people are seen to smoke in public places, there is a denormalising effect on children and young people, decreasing the likelihood of them taking up smoking.

5.2. Smoking in Pregnancy

The number of women who smoke in pregnancy are reported by Midwifery services using Smoking status at Time of Delivery (SATOD) figures. Delivering the babyclear programme, midwives routinely CO monitor women at their first ante-natal appointments and systematically refer women who smoke to the stop smoking services. This data is routinely collected to ascertain smoking in pregnancy status earlier than the time of delivery. In the last year from December 2016 to November 2017, Ashford maternity services have undertaken 1,368 booking appointments. During this time the two Ashford maternity teams have increased the number of women CO monitored from 61% and 80% in November 2016 to 97% and 92% in November 2017. Referral rates to stop smoking services have increased from 63% and 46% in November 2016 to 67% and 100% in November 2017.

The East Kent midwife with a lead in smoking in pregnancy is delivering regular smoking cessation clinics for pregnant women who do not accept core stop smoking services. The weekly clinics operate from the Ashford One You shop and are currently running at full capacity.

5.3. Increase number of quitters

Since April 2017, there have been 152 people successfully quitting smoking in Ashford using the local stop smoking support services. This is comparable to 159 people at the same point last year.

There has, however, been a national decline in numbers of people accessing stop smoking services, choosing to quit on their own or without behavioural support. Evidence-based new models of stop smoking support is being recommended by the University College London and the task and finish group is exploring ways of piloting this model, potentially with GPs and social media in the Ashford area in the New Year.

5.4. Young People

The bespoke Quit Coach training programme has been scheduled on the 14th February to equip Youth Workers and other health professionals who work with young people to deliver smoking cessation support on either a 1:1, group basis or drop in clinic at the One You shop in Ashford. The role will include positive conversations to prevent the take up of smoking in the first place.

5.5. One You shop

The Ashford One You shop is gaining further momentum, having given advice, support or a service to 1,175 people since its opening in February 2017. A total of 1,868 interventions have been recorded, 317 of which are for stop smoking support, that is 17% of all services. More people from the Victoria ward have visited the shop (132 in total) 11% followed by 10% of visitors from the Godinton ward.

Conclusion

6. Increasing numbers of quitters in Ashford remains a challenge, especially as there is a national decline in accessing stop smoking services.
7. There is a strong partnership approach to tackling the smoking agenda, particularly with the promotion of smokefree places. Creating smokefree spaces are important to denormalize smoking in society and reducing the risks of harms caused by second hand smoke.
8. Smoking in pregnancy rates are still high, although new initiatives such as the dedicated stop smoking clinic at the One You shop are looking promising. Pilot programmes delivered in other districts, such as home visit stop smoking advisers are also proving successful. This could be a future consideration for Ashford.

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Agenda Item No: 5(b)
Report To: Ashford Health & Wellbeing Board
Date: 17th January 2018
Report Title: Healthy Weight Action Plan report 2017-18 Quarter 3:
October to December 2017
Report Author: Deborah Smith
Organisation: Kent County Council, Public Health



Summary: Excess weight among children aged 4-5 and 10-11 year old and overweight and obesity rates among adults are higher in Ashford than the national average. Nationally, obesity is a growing problem and is often exacerbated by social norms, especially clothe sizing, accessibility of fast food outlets and poor nutrition. It is estimated that only half of the population have 5 portions of fruit and vegetables a day.

Tackling a major issue such as obesity at a local scale can be a challenge, but the task and finish group are committed to ensure that partners work together to ensure that all relevant policies take advantage of opportunities to address healthy weight in the community.

Recent work of the group has been focussed on using local insights to identify local solutions using engagement and co-design. This work is ongoing. The One You shop is an accessible resource for local people to manage their weight and seek advice on healthy lifestyles. With a larger premises, the shop could deliver a wider range of healthy weight services.

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

- i) Note the contents of this report
- ii) Comment on the report

Purpose of the report

1. The Task and Finish Groups for Smoking and Obesity are delivering specific 2017/18 Action Plans from April 2017. This report provides a quarterly update to the Ashford Health and Wellbeing Board and invites comments on progress.

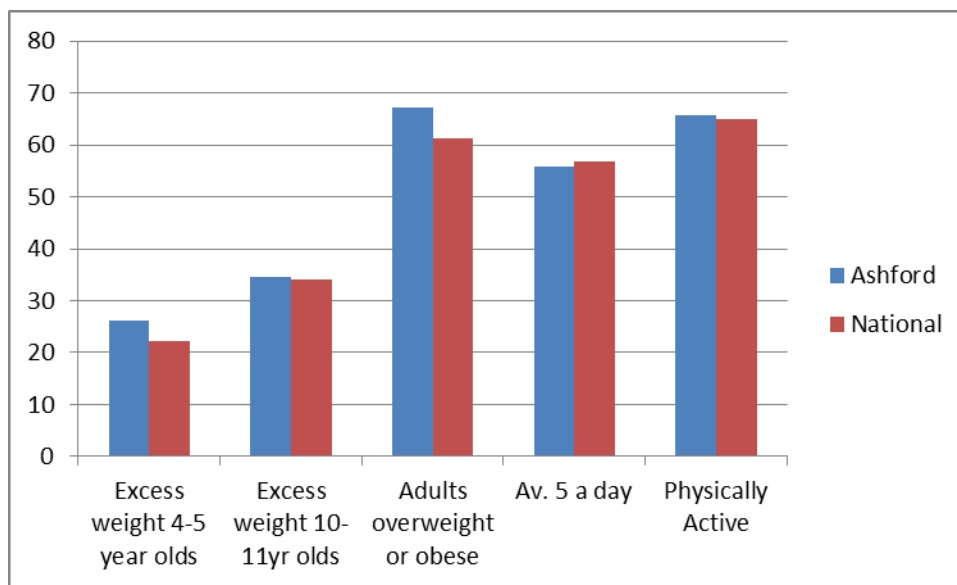
Background

2. In December 2017, the two separate task and finish groups focussing on Stop Smoking and Obesity have amalgamated as the individual plans now include joint initiatives such as the communication plan, the One You shop delivery and a Health event for local businesses. The merged task and finish group will now cover both priorities, still meet monthly and retain stop smoking and healthy weight specialists.

Healthy Weight Prevalence in Ashford 2016

- Excess weight among children and adults in Ashford is higher than the national average. Child Measurement at the age of 4-5 is 26.1% in Ashford compared to the national rate of 22.1%. Among 10-11 year olds, the rate is 34.6% in Ashford against a national average of 34.2%. Adults who are overweight or obese in Ashford is estimated at 67.1% of the population, 5.8% higher than the national average (61.3%). There are fewer people in Ashford who have an average of 5 fruit & vegetables a day but more are reported to be physically active than the national average (65.8% and 64.9% respectively).

Chart 1: Health Weight Rates in Ashford 2015/16



Source: Public Health England, Local Tobacco Control Profiles

Progress to Date:

- Key progresses in the last quarter:

Research

A number of in-depth interviews were commissioned to gain insights into the attitudes and behaviours of local people in respect of their weight and obesity. These were conducted in the Victoria ward which has the highest obesity estimates in Ashford. The insights were revealing, with all associating concerns and risks of obesity with mobility, image, mood and energy rather than health risks. The interviewees measured weight and being overweight by clothe size and mobility than they did with BMI scores. Most people thought they were smaller than their actual size and many felt that to reduce weight was difficult, overwhelming and could not taking action without accessing support services. The results of the interviews were categorised into three different stages of behaviour change:

<p>Red</p> 	<p>Amber</p> 	<p>Green</p> 
<p><u>Attitude to Weight:</u></p> <p>I accept my weight</p> <p>I won't change</p> <p>I make excuses & am in denial</p> <p>Take me as I am</p>	<p><u>Attitude to Weight:</u></p> <p>I want to change</p> <p>I know I am overweight when I feel overweight</p> <p>I feel conscious of my size</p>	<p><u>Attitude to Weight:</u></p> <p>I am motivated towards a healthy weight</p> <p>My weight is my top priority</p> <p>My weight is part of my lifestyle</p>
<p><u>Barriers to Change</u></p> <p>It is too hard</p> <p>It is too boring</p> <p>I can afford this lifestyle</p>	<p><u>Barriers to Change</u></p> <p>I want to, but can't commit</p> <p>It is too overwhelming</p> <p>It is not a priority at the moment</p> <p>My weight is outside of my control</p>	<p><u>Barriers to Change</u></p> <p>I am addicted to a healthy lifestyle</p> <p>I feel guilty if I don't manage my weight</p>
<p><u>Drivers for change</u></p> <p>A major life/health event</p> <p>I can't get up, have a low mood and have no energy</p> <p>I cannot be in denial any longer</p>	<p><u>Drivers for change</u></p> <p>I need an offer of support</p> <p>I need to feel better</p> <p>I need to look better</p>	<p><u>Drivers for change</u></p> <p>Perseverance</p>

One You shop

Healthy Weight advice and drop-in 'weigh ins' are the most popular service in the One You shop. Over 900 of the 1,868 interventions have been about healthy weight or physical activity. A further 238 interventions have been blood pressure checks and 76 have received Health Trainer support. This activity demonstrates that weight is an important issue to many people, but tackling the issue and commitment can seem overwhelming and perceive that there is a lack of accessible support available.

An additional 225 people have received a health check or a health MOT in the One You shop and these activities can be opportunities for motivational and critical discussions with individuals. The insights work being carried out will help inform a range of messages and services that are accessible, fit for purpose and effective.

Conclusion

5. The insights work produced using local engagement is a positive start in considering the range of existing services and ascertaining whether these are accessible and fit for purpose for local target groups. The headline results are a source of useful insights to help shape effective service delivery. It also highlights that many individuals and professionals find weight a personal and difficult subject to approach so further thought will be given to this and included in the task and finish group's communication plan.

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Agenda Item No: 5(d)
Report To: Ashford Health & Wellbeing Board
Date: 3 January 2018
Report Title: Diabetes Update
Report Author: Lisa Barclay
Organisation: NHS Ashford CCG



Summary: This report represents an update for the Board on the current status of

- proposed CCG pathway changes for diabetic care, using the Tiers of Care approach
- Ashford's progress against the Kent & Medway Structured Education Transformation Programme
- Ashford's progress in line with National Diabetes Prevention Programme: Healthier You

Recommendations: The Board be asked to:-

Note the report
Agree 6 month timeline for next update

Purpose of the report

1. To update the HWBB on progress against this as a AHWBB priority

Background

2. The HWBB agreed in July 17 that Diabetes would be one of their priorities. Public health national indicators demonstrate Ashford has a higher rate of recording of diabetes than elsewhere in England.
3. Nationally there is a drive to support this group of patients to manage their disease better, maintain a healthy weight, promote the benefits of education and reduce the risk of developing Type 2 diabetes.
4. This updates highlights where the CCG and partners are working together.

Report specific section heading

5. Tiers of Care pathway approach to Diabetes
6. Structured Education Project across Kent & Medway
7. National Diabetes Prevention Programme: Healthier You

Conclusion

8. Progress has been in line with CCG expectations

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Tiers of Care pathway approach to Diabetes

Background

9. The Kent and Medway Sustainability and Transformation Plan (STP) stipulates the ambition of increasing opportunities to deliver local care across a range of conditions, with an expectation that a significant proportion of activity currently undertaken by secondary care will move into facilities closer to patients' homes and be delivered by alternative health care professionals, supported by advice, guidance and a multi-disciplinary review approach.
10. The East Kent Clinical Commissioning Groups' (CCGs) strategic vision for long term conditions access is to have integrated 'Tiers of Care' specialist pathways to ensure that patients have access to joined up services including education, diagnosis, management and treatment; with the aim of reducing unnecessary referrals into secondary care, enabling patients to access treatment in a timely manner, closer to home and within constitutional standards.
11. The East Kent Clinical Commissioning Groups' (CCGs) held workshops in 2016 to engage stakeholders across providers in defining the vision for care in east Kent, including planned and specialist care.
12. Both the community and acute trust employ consultants and specialist nurses, there are separate Consultant led community services and in some specialities GP's with Specialist Interests (GPwSI), all are working to separate service specifications and contracts. Although there is a connection and communication between some of the services this is not formalised.
13. This redesign provides an opportunity to bring together fragmented pathways and the associated workforce into a coherent pathway underpinned by a simple process, supported by a competency framework for clinical staff and conditions against the Tiers of care.
14. For ease of understanding a 'Tiers of Care' approach is:
 - **Tier 1** Primary care
 - **Tier 2** Intermediary specialist care in the community – i.e. Nurse and Therapy Consultants; Nurse Specialists; ESP's; General Practitioners with Special Interest (GPwSI)
 - **Tier 3** Specialist - Consultant Care

Drivers for Change

15. The traditional model of care for diabetes has historically been delivered in a specialist setting due to the perceived requirements of a complex multi-system condition. However, diabetes management and insulin initiation and control have increasingly shifted to primary care (Tier 1).
16. Every year all people with diabetes should receive the nine care processes as originally defined in the National Service Framework for diabetes and NICE guidance for diabetes. Locally, there is considerable variation in the number of patients receiving these recommended care processes. Data from the National Diabetes Audit has shown, on average, 68% of people with diabetes in **East Kent** are not in receipt of this care. This equates to 52.8% of diabetic patients in Ashford.
17. A sustainable and robust Tier 1 service is needed to manage patients and ensure consistent care is available to prevent disease progression and to support patients to make the lifestyle changes proven to impact upon the prevention and reversal of Type 2 diabetes.
18. In late December 2017 the CCG Committees supported the East Kent Tiers of Care (ToC) model that proposed a phased implementation of the outcomes based pathway in one Ashford Cluster area.
19. The proposed model intends to improve the quality and consistency of the current scope of care delivered within Tier 1 rather than introduce a new service.
20. The CCG is working with Wendy Jeffreys (Public Health) to identify the Local Care pilot sites to test the model to ensure the areas selected are aligned to the needs of the population.

Kent and Medway Diabetes Structured Education Transformation project

21. In 2016 Kent and Medway CCGs successfully secured £1.5 million funding from NHS England to support the Diabetes Structured Education Transformation project. The project specifically targets patients diagnosed with Type 2 diabetes in the previous 12 months.
22. There are very low recorded rates of attendance at Diabetes Structured Education courses across all K&M CCGs (most below the national average of 6%), and the aim of the project is to increase attendance to 64% by 2021. The project aims to generate a 10% increase of newly diagnosed patients attending Structured Education year on year.
23. Due to poor data quality it will be difficult to demonstrate a 10% increase in attendance at Structured Education courses in the year 2017/18. Each general practice with Ashford CCG area has been asked to review their historic coding of these patients and to update their patients' records accordingly. They are also required to identify and contact patients to offer an education course. It is hoped that this process will increase the CCGs rates of referrals and therefore provide support to patients to manage their condition.

24. The current provider of structured education does not have the capacity to offer sessions to patients identified by practices. To increase capacity two external providers of Structured Education have been contracted to achieve a 10% increase in attendances for the CCG in the year 2017/18 while the other workstreams of the bid aim to improve current provision. The courses offered by the providers will be different to those currently provided to test alternative models of provision. The providers will target patients who have been diagnosed with Type 2 diabetes in the previous 12 months.

National Diabetes Prevention Programme: Healthier You (For Pre-Diabetic patients – Type 2)

25. There is strong international evidence which demonstrates how behavioral interventions, which support people to maintain a healthy weight and be more active, can significantly, reduce the risk of developing Type 2 diabetes.
26. In 2016 Ashford CCG agreed projections to increase referrals for National Diabetes Prevention Programme (NDPP) with NHS England.
27. Work is currently underway to improve communication between the local provider of NDPP and practices to increase referrals and promote the benefits of education for this group of patients. The provider will present to the GP consortium meeting in January 2018.

Agenda Item No: 6
Report To: Ashford Health & Wellbeing Board
Date: 17th January 2018
Report Title: Housing and Health
Report Author: Sharon Williams
Organisation: Ashford Borough Council, Housing



Summary: This report is intended to provide an overview of the progress in progressing the relatively new priority of Housing and Health.

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

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 housing, health and social care can come together for the benefit of the resident(s).

Progress to date

5. Sadly it proved difficult to arrange a workshop by the end of 2017 and therefore this action has slipped. However there is now some progress in moving forward with setting a date hopefully within the next three months.
6. However in the meantime officers in Housing have been trying to pull together some useful data to help inform the development of a Health and Housing Strategy. A summary of key data identified so far is shown at Appendix 1 for the Ashford population below 65 and Appendix 2 for the key statistics for people over 65 years of age.
7. Some internal staff consultation has commenced and we have begun to formulate a selection of areas in which it is suggested housing has a part to play in the health agenda, which is shown at Appendix 3.
8. It is suggested that this key data and the topics identified at Appendix 3 form the basis of the planned workshop with health colleagues in order to develop these identified areas of work further or add to them with topics not yet identified.
9. It is suggested that the areas of work identified should also be prioritised to ensure we focus on the highest impact areas of work first.

Conclusion

10. Whilst the workshop has not yet taken place, housing have made a start on identifying areas where they feel they could make a difference and further develop partnership working with health colleagues. The data identified and the suggested areas of work will form the basis for the workshop which we hope to hold within the next three months.

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Health and Housing data – 18 - 64 yearsPopulation estimates - Ashford

Message: slowly decreasing younger population as percentage of the overall population

	2017	2020	2025	2030
Total population aged 18-64	73,700	75,500	77,700	78,900
As percentage of total population	57.58	57.20	55.90	54.41

18-64 population – learning disability – Ashford

Message: approximately 2.5% of the 18 – 64 year old population will have a learning disability. Accommodation to assist people with learning disabilities who wish to live independently will need to keep pace with population growth. People with a learning disability living with a parent will need support and suitable accommodation options should their parent no longer be able to care for them.

	2017	2020	2025	2030
Total population aged 18-64 predicted to have a learning disability	1,789	1,833	1,887	1,921
Total population aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent	147	148	152	157

Source: <http://www.pansi.org.uk/>

18-64 population – physical disability – Ashford

Message: Approximately 11% of the 18-64 year old population will have a moderate or serious disability. Nearly half of these will find personal care difficult or require assistance. This includes: getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet. A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means that the task requires someone else to help.

	2017	2020	2025	2030
Total population aged 18-64 predicted to have a moderate physical disability	5,956	6,174	6,455	6,484
Total population aged 18-64 predicted to have a serious physical disability	1,780	1,863	1,983	1,987
Total moderate and serious physical disability	7,954	8,318	8,467	8,471
<i>As percentage of 18-64 population</i>	<i>11</i>	<i>11</i>	<i>11</i>	<i>11</i>
Moderate personal care disability	2,966	3,095	3,268	3,270
Serious personal care disability	654	679	709	713
Total population aged 18-64 predicted to have a moderate or serious personal care disability	3,620	3,774	3,977	3,983

Source: <http://www.pansi.org.uk/>

18 – 64 population – Mental Health - Ashford

Message: Poor and/or unsuitable housing can contribute to and exacerbate mental health conditions. Approximately 16% of the 18-64 year old population will suffer from a common mental health illness. Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder.

Drug and alcohol dependency can be a contributory factor to homelessness

	2017	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	11,875	12,190	12,537	12,703
<i>As percentage of 18-64 population</i>	<i>16</i>	<i>16</i>	<i>16</i>	<i>16</i>
Total population aged 18-64 predicted to have alcohol dependence	4,361	4,486	4,624	4,698
Total population aged 18-64 predicted to be dependent on drugs	2,478	2,548	2,625	2,666

Source: <http://www.pansi.org.uk/>

Homelessness

The rate of hospital admissions and A&E visits for the homeless is four times higher than for the general public and the overall costs of health services up to eight times higher (Department for Communities and Local Government 2012).

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Economics_housing_and_health_Kings_Fund_Sep_2016.pdf

Health and Housing data – 65 years and over

Population estimates – Ashford

Message: growing population with increasing proportion of older people

	2017	2020	2030
Total population	128,000	132,000	145,000
65 and over	24,000	26,000	33,000
65 and over % of total population	19%	20%	23%
75 and over	10,000	12,000	17,000
75 and over % of total population	8%	9%	12%

Source:

<https://discovery.onsdigital.co.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

Older population - predicted to live alone – Ashford

Message: over a third of 65 and over population and over half of 75 and over population are predicted to live alone. This could result in older people being isolated, potentially living in properties larger than their needs, leading to fuel poverty and cold homes and associated health problems. Social housing tenants under occupying.

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. Lonely individuals are more likely to:

- Visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006)
- Undergo early entry into residential or nursing care (Russell et al, 1997)
- Use accident and emergency services independent of chronic illness. (Geller, Janson, McGovern and Valdin, 1999)

Source: <https://www.campaigntoendloneliness.org/threat-to-health>

Tackling loneliness contributes to achieving 3 of the NHS outcomes:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

	2017	2020	2030
Total population aged 65-74 predicted to live alone	3,580	3,600	4,190
Total population aged 75 and over predicted to live alone	5,346	6,106	8,698
total 65 and over predicted to live alone	8,926	9,706	12,888
percentage of total 65 and over population predicted to live alone	37%	37%	39%
percentage of total 75 and over population predicted to live alone	53%	51%	51%

Data Source: <http://www.poppi.org.uk/>

Older population - unable to manage at least one domestic task on their own – Ashford

Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities

Message: older people struggling to manage at home, increasing reliance on partners, family, friends or carers. Potential to have accidents trying to complete tasks

	2017	2020	2025	2030
Total population aged 65 and over unable to manage at least one domestic task on their own	9,986	10,891	12,643	14,692
percentage of 65 and over population unable to manage at least one domestic task on their own	42%	42%	40%	45%

Source: <http://www.poppi.org.uk/>

Older population - unable to manage at least one self-care activity on their own

Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines

Message: increasing numbers of older people unable to manage self care activities, increased reliance on carers.

	2017	2020	2025	2030
Total population aged 65 and over unable to manage at least one self-care activity on their own	8,193	8,900	10,311	12,034
percentage of 65 and over population unable to manage at least one self-care activity on their own	34%	34%	32%	36%

Source: <http://www.poppi.org.uk/>

Older population – health

Message: Health problems, including mental health, can have a negative impact on a person's ability to retain their independence and maintain a good quality of life. Measures to prevent poor health, accidents and isolation will reduce pressures on health and social care services.

	2017	2020	2025	2030
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	6,049	6,553	7,605	8,715
<i>As percentage of 65 and over population</i>	<i>25</i>	<i>25</i>	<i>24</i>	<i>26</i>
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	4,925	5,383	6,385	7,433

<i>As percentage of 65 and over population</i>	21	21	20	23
Total population aged 65 and over predicted to have depression	2,146	2,287	2,573	2,956
<i>As percentage of 65 and over population</i>	9	9	8	9
Total population aged 65 and over predicted to have dementia	1,669	1,876	2,265	2,734
<i>As percentage of 65 and over population</i>	7	7	7	8
Total population aged 65 and over predicted to have a fall	6,600	7,106	8,090	9,480
<i>As percentage of 65 and over population</i>	28	27	25	29
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	494	556	682	775
<i>As percentage of 65 and over population</i>	2	2	2	2
Total population aged 65 and over unable to manage at least one activity on their own	4,493	4,895	5,687	6,712
<i>As percentage of 65 and over population</i>	19	19	18	20
Total population aged 65 and over with a BMI of 30 or more	6,554	6,916	7,640	8,698
<i>As percentage of 65 and over population</i>	27	27	24	26
Total population aged 65 and over predicted to have diabetes	3,105	3,324	3,720	4,290
<i>As percentage of 65 and over population</i>	13	13	12	13
Total population aged 65 and over predicted to have a learning disability	518	555	624	720
<i>As percentage of 65 and over population</i>	2	2	2	2

Source: <http://www.poppi.org.uk/>

Benefits of extra care housing

Extra care housing residents' unplanned hospital admissions reduce from 8-14 days to 1-2 days, compared to the community. Additionally, over a 12 month period, total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents. Routine GP appointments for extra care residents fell by 46% after a year.

Health Professionals Publication – Summary information

How Housing can play its part in the sustainability and transformation partnership.

Delivering local care:

Housing can contribute to the multi disciplinary team to offer joined up care in people's homes and communities. Helping to maintain independent living, preventing accidents and ill health and promoting good mental health:

- Disabled adaptations
- Warm, secure homes
- Moving to more suitable accommodation
- Utilising shared spaces (sheltered/extra care scheme facilities) to deliver community health i.e. exercise classes, public health initiatives -
- Hubs to deliver community services

Falls:

Major falls that result in a hospital admission cost an average of £5000 each time. In 2020 it is predicted that 556 Ashford residents aged 65 years or older will be admitted to hospital due to a fall, resulting in an overall cost of £2,780,000

Works to tenants homes in 2016/17 to improve access through level thresholds, ramps etc. cost on average £3840

The cost of treating sprains, strains and minor wounds is estimated at £621. In 2016/17 installing grab and bannister rails in tenants homes (81 jobs) cost on average £140 per home.

Loneliness:

For older people alleviating loneliness is vital to enabling independent living. Lonely individuals are more likely to visit their GP, have higher use of medication, more likely to fall and increased risk of long term care.

Over half of the 75 years and over population are predicted to live alone.

Housing staff and health staff can work closely to identify lonely residents and signpost them to community activities.

Feeling lonely can have a negative impact on mental health. By 2020 it is predicted that over 14,000 residents (18 years +) will have a common mental disorder.

For a decade of an older person's life, the extra economic cost of loneliness is calculated as £6,000. For every £1 spent on preventing loneliness, there's the potential to save £3.

Reducing pressures on health staff:

On average a member of the public sees their GP 6 times a year. This increases in the older population. Average yearly costs of GP per person aged 80+ is £5000 to £6000. Living in extra care has been shown to reduce GP visits by 46%.

Based on 6 visits per year if 10% of the over 80 year population lived in extra care this would make a potential saving on GP visits of £1,909,690 compared to an equivalent number of 80+ residents.

Hospital Care:

Housing can assist with timely discharge from hospital.

- Homebridge recuperative care
- Early assessment of adaptations at point of admission could ensure works are carried out at earliest opportunity to enable safe return home.

Homelessness

For homeless people the rate of hospital admissions and A&E visits are 4 times higher than for the general public. Homelessness prevention reduces pressures on vital A&E services.

It is estimated that one person sleeping rough costs between £8,605 and £35,000 a year in crime, emergency health and social care services alone.

What ABC is doing:

- Enabling Independent Living (older people, young people, LD, MH)
- Disabled adaptations – DFGs and for tenants
- Homelessness prevention work – Christchurch House
- Winter shelter
- Porchlight outreach work
- HELP referral system
- Strong partnership working (PFIs, HAs)
- Green spaces and play areas

Agenda Item No: 7

Report To: Ashford Health & Wellbeing Board

Date: 17th January 2018

Report Title: Ashford Vineyard Church: Bringing life to Ashford

Report Author & Organisation: Ashford Vineyard Church



Summary: Presentation from Ashford Vineyard Church on their wellbeing activities.

Recommendations: The Board is asked to note the content of the report and presentation.

Purpose of the report

1. To provide background to a presentation by Ashford Vineyard Church.

Background

2. Chris and Nic Kimmance formed Ashford Vineyard Church in the summer of 2008. The church meets every Sunday at The Warehouse, with the aim of giving everyone who attends a warm welcome regardless of their life circumstances or what they believe. The tagline at Ashford Vineyard is 'Bringing Life to Ashford'. The following gives a brief overview of the various groups and activities that take place.
3. The life of Ashford Vineyard continues throughout the week through small groups- "Circles" and social activities- "Gathering Groups" so that people can build important relationships during the best and worst moments of their lives. Both daytime and evening Circles are held, with daytime groups being held on a Monday and Thursday and evening groups being held each Tuesday, Wednesday and Thursday. There are various groups including ones for families, women, men, and mixed groups. Gathering Groups are focussed around particular hobbies or interests and run at various times throughout the week (details of these groups can be found below)

Gathering Groups

4. A large range of community groups are happening all the time, from Book Clubs to a community choir, table tennis to coffee club. Activities include:
5. **Ashford Sings!** This started in October 2010 and is a choir for anyone that loves to sing (be it in the shower, car or with a



hairbrush); the group gets together once a week for a rehearsal. The choir's repertoire is pop/rock songs; there is no audition to join, and no age restrictions. The choir partners with the Pilgrims Hospice and has been raising money to assist in their valuable work. Performances have taken place at various venues including Ashford International Hotel, The Leas Cliff Hall in Folkestone and on a number of international tours.

6. **AV Cheer:** This started as a one-off event for the older generation in the Ashford community at Christmas, but after such a great response and enjoyment it is becoming a permanent fixture in the calendar. As well as the Christmas event, there has been a 'Spring Cheer event with a performance from Ashford Sings! and plans are afoot for several regular events scattered through the year of entertainment, food and fun for the senior citizens of Ashford.



7. **AV Toddles:** Since February 2013 Ashford Vineyard has been running a vibrant and growing parent, baby and toddler group that meets every Tuesday morning. This social group is a fun and stimulating environment for young children and their carers, where everyone is always welcome and no-one has to 'go it alone' whilst caring for young children. There are sensory activities, craft, free play, stories, snacks and the opportunity to make new friends for adults and children alike.



8. **Thousand Hours:** Thousand Hours began in Ashford in October 2016 when Ashford Vineyard decided to pledge one thousand hours of volunteer time to start a 'kindness revolution' in Ashford. Whether through personal volunteering in our own neighbourhoods (picking up litter, baking cakes for neighbours etc.) or collectively by putting on community events throughout the month, the aim was to make an impact on Ashford by spreading acts of kindness. 2016 saw 1856 of time given into the Ashford community. In its second year (2017), Ashford Vineyard managed to hit 5997 hours and partnered with 6 local schools to achieve this amazing target! It was a fantastic month of building relationships and bringing life to the neighbourhoods around us. This year, Thousand Hours aims to be bigger and involve more schools and businesses around Ashford as well as impacting the individual neighbourhoods around the borough.



9. **Book Club:** Book Club is a great place to eat fantastic homemade cake, have great conversation, and read good books! There are currently 5 groups each group meeting once a month, including a daytime Book Club where young children are welcome.



10. **Bumps to Babes:** Preparing for and having a new baby can be incredibly exciting but also daunting! This group meets every Friday morning and is a safe place where new parents can meet up and develop friendships and support networks with others who are also new to parenting and is a place to share the joys and challenges of raising children. There are themed weeks, including a sensory session, disco week, and a clothing swap shop.



11. **AV Coffee Club:** This is a group where absolutely anyone is completely welcome to attend. It is just another way of doing life together; meeting with existing friends, building relationships and developing new ones, all over a coffee and piece of cake. The group meets on the third Wednesday of each month and regularly sees new people attending.



12. **Public Speaking Course:** This course is designed to help people become better at public speaking, whether it is just to one person or a number. It is not just about getting up in front of a crowd and speaking, it's about building confidence and helping individuals to become more effective communicators. The nine-month course started in September and runs annually.



13. **Table Tennis Club:** This group meets together every week to give people a couple of hours to escape busy everyday life by sharing the fun of table tennis. There are no age or ability restrictions, and it's a great way to stay fit while making new friends.



Ashford Vineyard Compassion

14. Ashford Vineyard Compassion works with the local community to support and empower people to become the best version of themselves they can be which sometimes starts with a bit of practical help such as clothing, hot meals or a mentor. The Compassion projects offered are:

15. **Mummy's Meals:** This supports local referred families through the tiredness and chaos of early parenthood, by providing evening meals, free of charge, for up to two weeks. Following the arrival of a brand new baby, we deliver the food straight to the door and ready to eat. Mummy's Meals isn't exclusively for new Mums/Parents. This service is designed for anyone in a tricky spot-whether you've been poorly, just out of hospital, or need a bit of respite.



16. **Storehouse:** This offers newborn/children's clothes (of all ages) and baby equipment to support families who need a bit of extra help at a tough time. Families are invited to come and choose clothing that meets their need at the time and always receive a warm welcome and an opportunity to chat about any other support they may need.



17. **Open Arms:** Open Arms is a collaboration between Francis Road Evangelical Church and Ashford Vineyard providing homeless and vulnerable people in the community with a healthy cooked meal once a week. The focus is on building positive relationships between volunteers and guests. The aim is for people to feel welcome and that they matter, no masks, no judgment, an open door. Francis Road Evangelical Church provides a weekly hot meal and The Warehouse offers a weekly informal drop-in session, cuppa and chat.



18. **Cherish:** Cherish is a project for ladies and their families from the local women's refuge and takes place on the second Friday of the month. This includes pampering evenings, craft nights and games evenings. Regular social events are also held throughout the year. When ladies arrive at the refuge they are given access to Storehouse and all Gathering Groups to reduce isolation. Ongoing support is also given to the ladies and families when they move into their own homes with access to continuing supportive relationships during and after this transition.



19. **XL-Mentoring:** XLM is part of a national programme, mentoring secondary school-aged children over the course of a year, helping them gain respect for themselves and reach their potential. One of the key outcomes is that building self-confidence leads to less truancy and healthier individuals with higher aspirations. This is vital work that sees trained mentors linked to a child and, with the co-operation of the school and family, gives the child one-to-one support to thrive. The national programme reports fantastic results.
20. **Dress for Success:** Dress for Success will be launching later this year and will provide a smart set of clothes for those who need an outfit for interviews or meetings where they need to make a positive impression. This is particularly aimed at the long-term unemployed, but is open to anyone who could be struggling to afford interview clothing.
21. **The A Team:** The A team is a group of willing volunteers that offer hands-on practical help for people in the local community, for example with painting, gardening, cleaning, etc. This team regularly supports ladies from the Cherish project who are leaving the women's refuge and moving into their own homes.
22. **Christians Against Poverty (CAP):** Ashford Vineyard is linked with Christians against Poverty in Ashford. CAP offers free, impartial advice and support to become debt free.

XL-MENTORING
POSITIVE FUTURES FOR YOUNG PEOPLE



Further Information

23. Further information about Ashford Vineyard, its vision, the team and all the services, groups and activities can be found on the following website: <http://ashfordvineyard.org/>.

Conclusion

24. This report and presentation will be of interest to Board members and provides an opportunity to discuss possible collaborative projects for Ashford.

Contact Victoria Tatton (Compassion Leader) or Chris Kimmance (Senior Pastor)
01233 331919
Info@ashfordvineyard.org
compassion@ashfordvineyard.org



Agenda Item No: 8

Report To: Ashford Health & Wellbeing Board

Date: December 2017

Report Title: Annual update from Local Children's Partnership Group

Report Author: Helen Anderson

Organisation: LCPG

Summary:

In Ashford the 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 on local priorities.

The integration of service delivery to families from both adult and children's services to be developed in Ashford. The Board are asked to support this through the sharing of expertise and promotion of opportunities.

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

Accountability:

District-focused sub-group reporting to the county-wide Children's Health & Well-being Board and Ashford Health & Well-being Board. There is an LCPG Chairs Group which meets regularly to share good practice/priorities for development between KCHWB & LCPGs across the county. There is a link between the LCPG and the KSCB Safeguarding Leads sub-group.

There is a strong link with the Community Safety Partnership to ensure information is shared and joint working achieved to make best use of resources and learning locally.

Purpose:

To focus on improving outcomes for children and young people in Ashford, picking up local, county and national issues/priorities.

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.

Current priorities in Ashford for the award of Early Help & Preventative grants 2018/19:

- Best Start in Life
- Adolescent Aspiration
- Family Resilience

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 in summer 2017 has further developed the active participation of young people at every stage. Headstart has also added to the local expertise and enhance what we are able to offer through universal, targeted and specialist services.

Contacts: For Early Help & Preventative Services
Email: helen.anderson@kent.gov.uk

For Headstart
Email: victoria.saward@kent.gov.uk

Agenda Item No: 9



Report To: Ashford Health & Wellbeing Board

Date: 17 January 2018

Report Title: Ashford Estates Technology Transformation Fund (ETTF) Scheme

Report Author: Louise Matthews

Organisation: NHS Ashford Clinical Commissioning Group

Summary: This briefing aims to give an update on the Ashford Estates Technology Transformation Fund (ETTF) premises scheme

Recommendations: The Board be asked to:-

To note the content of the report and to consider nominated an officer to join the Ashford Premises Group

Purpose of the report

1. This briefing aims to give an update on the Ashford Estates Technology Transformation Fund (ETTF) premises scheme that was successful in getting through the initial NHS England funding gateway in 2016.

Background

2. In Ashford Clinical Commissioning Group (CCG) area there was one successful scheme originally submitted by Kingsnorth Medical Practice which proposed significant investment and offered a range of options in terms of delivering a solution for primary medical services that responded to the predicted population growth across Ashford.
3. The original Ashford ETTF premises bid set out 3 options:
 - Option 1 – develop a new purpose built facility sufficiently large in size to accommodate the patients from the current facility at Kingsnorth as well as accommodating the new population from the Chilmington Green Housing Developments.
 - Option 2 – develop a smaller modular type branch surgery for the new population at Chilmington Green which will grow with the new population.
 - Option 3 - look to extend the current facilities at Kingsnorth to provide care for the existing patients and for the new population from Chilmington Green.

Progress to Date

4. In December 2016, conversations took place between NHS England (NHS E) and Ashford CCG to discuss the options set out in the Ashford premises ETTF and how to secure primary medical services that meet the predicted population growth across Ashford. The CCG was advised to submit a change request application form to NHS England for the Ashford premises bid and for the scheme to become a CCG led scheme thus allowing the CCG to access pre-project costs for a full Ashford local feasibility study/options appraisal to ensure that the project delivers the transformation in the most appropriate area taking into account all the new housing developments in the Ashford locality and the subsequent increase in population of circa 40,000 people over the next ten years. Changing to a CCG led scheme would enable a closer strategic fit to both the CCG's emerging estates strategy and the Sustainability Transformation Plan (STP), thus enabling the scheme to facilitate a fundamental shift of services from secondary care to primary care with a greater integration of health and social care closer to home.
5. In January 2017, NHS England wrote to the CCG advising that £25,000 had been allocated as pre-project costs to enable the appointment of professional advisers to support the work around the project. The letter stressed that the funding of the pre-project costs do not constitute approval of the scheme or guarantee that the scheme will be given further funding. NHS England advised that the purpose of the pre-project expenses was to enable the CCG to commission an options appraisal and to develop a more detailed business case and the necessary preparation work and, to inform consideration for future funding. A business case is required for all ETTF schemes over £1 million, which includes the Ashford CCG premises scheme.
6. In discussions with the national ETTF Project Team it was very clear that NHS England were looking to the CCG to consider all the investment opportunities that were coming into the CCG boundary and to ensure that all investment sources were used to support the investment in primary medical services. NHS E were seeking confirmation that CCG would maximise the investment from Section 106 agreements.
7. In order to progress with the options appraisal in a timely manner and to avoid a protracted procurement exercise NHS England advised that the Medway LiftCo could be approached as they have a framework of suppliers the CCG could draw on. In discussion with NHS Property Services it also transpired that NHS Property Service (NHS PS) have an approved provider framework with Medway LiftCo and the CCG were able to work with NHS PS to secure a provider to complete the options appraisal/feasibility work.
8. It was anticipated that the application for housing on the Chilmington Green Housing Development site would go to Ashford Borough Council's Planning Committee for approval in late October 2017. Highways works have begun on the site in anticipation that housing approval will be given. The house build was expected to commence in Spring 2018, with the first occupation expected in Autumn 2018. It is anticipated that at the end of year 1 approximately 125 new properties will be built on the edge of the development; these are likely to be three or four bedroom family homes. Phase 1 (1500 homes) is expected to be completed by 2023/2024.

9. Under the section 106 agreement for the Chilmington Green housing development the proposal is to create a community trust "Chilmington Green Consortium", the community hub will be gifted to the community trust. Discussions are still taking place as to whether that will be over one or two floors. For the section 106 health contributions the proposal is for 1000m² for primary medical services which will be created into 6 fully furnished GP consulting rooms in the community hub. The ownership of this space will remain with the Consortium and be offered to the CCG at a peppercorn rent in line with the Premises Cost Directions 2013.
10. This provides a solution for meeting primary medical services needs arising from the Chilmington Green Housing Development and suggests that the ETTF allocation can be used to meet needs arising from the housing growth in other parts of Ashford.
11. Due to the level of information provided by local authority relating to the local plan and proposed growth the CCG didn't commission a feasibility study across whole of Ashford rather we focused our efforts on specific geographies and maximised use of information already available to us. Our intention was to split the work across two distinct localities to understand the different pressures which led us to focus on Chilmington Green and Tenterden. We originally received a proposal from Medway Liftco to progress feasibility work around Chilmington Green, however this work did not progress once we understood how far ahead the section 106 negotiations are Chilmington Green were. We commissioned a specific piece of work looking at Tenterden, however, this piece of work was not robust enough as it only considered one option for the way forward.
12. Over the summer of 2017, the CCG officers met with the local planning officers to understand the health contributions that have been secured and those that are still being negotiated. The Ashford Local Plan has proposals for over 11,000 new homes build out proposals and there are developments across Ashford with significant planned housing growth.
13. The CCG is able to seek health contributions for all new housing developments through a section 106 agreement by negotiating with the local planning authority in order to meet the primary medical services needs arising from new populations.
 - For Chilmington Green (5750 homes), a section 106 agreement is close to being finalised with a value of approximately £4.8 million that will provide 1000 metres square space to provide 6 GP consulting rooms.
 - For Finberry (1100 – 4300 homes) the section 106 agreement was approved back in 2002 with an approximate value of £3.6 million that will provide land of 600 m² and building for the provision of primary health care.
 - For Court Lodge Farm (1370 homes) no formal discussion on health contributions have taken place and will commence as planning applications start to come forward.
 - Where a section 106 investment has been secured to provide a healthcare facility for new populations, ETTF funding will not be released by the national project team to meet the same population need.

- For new populations such as those highlighted, the CCG will need to engage local practices whose boundaries cover these locations to commission primary medical services for these new communities.

Moving Forward

14. For an acceptable scheme to come forward to NHS England, the CCG needs to complete the Ashford-wide piece of work, this involves reviewing every population growth point across the borough, confirming the section 106 resources available and their attached conditions, and identify areas where section 106 resources still need to be negotiated (such as Court Lodge Farm). The CCG are expected to be able to map out the growth and the resources and identify how each investment pot will be used to the benefit of primary care across Ashford and from there make a recommendation as to where the ETTF monies will have the most impact across Ashford. This will then determine which practice(s) will benefit from the ETTF monies and take over management of the scheme(s) moving forward with business cases through gateway process. This work needs to be completed by 31 March 2018.
15. An Ashford wide premises group has been established (involving all GP practices and the Kent Local Medical Council) to take forward this piece work, and the CCG are keen to secure an Ashford Borough Council representative ideally with planning and section 106 knowledge to be part of this group.
16. The CCG are in the process of recruiting an officer to lead on this area of work and have made a temporary appointment (until 31 March 2018) whilst this takes place. This officer will lead on the production of a Primary Care Estates Strategy for Ashford CCG and on discussions with Ashford Borough Council regarding securing section 106 health contributions.
17. Meetings took place in December 2017 involving the CCG, the national project lead for the ETTF and both Kingsnorth Medical Practice and Ivy Court Surgery (Tenterden). Work is now underway to produce project initiation documents for the premises developments at both practices.

Conclusion

18. The CCG needs to complete the growth mapping required across Ashford and make recommendations to NHS England how the ETTF funding can be put to best use and also how section 106 health contributions will be used to the best effect to minimise the impact of population growth on primary care.

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Tel: 03000 424107

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for NHS ASHFORD CCG – Quarter 3: October to December 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• Continued development of the Sustainability and Transformation Plan in preparation for public consultation• Commenced planning round for 2018/19 contractual discussions
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• Planning and contractual discussions for 2018/19 financial year
Anything else relevant to AHWB priorities NOT mentioned above	
Strategic challenges & risks including horizon scanning?	<ul style="list-style-type: none">• Ensuring sufficient capacity to maintain service levels during winter pressures• Designing and implementing new models of care as part 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	

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for KCC Public Health – Quarter 3: October to December 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"> The Sustainability and Transformation Plan prevention workstream has been prepared. The Stop Smoking theme of the plan has been adopted by the Ashford Task and Finish Group and the Kent Tobacco Control Alliance to ensure that all activities are aligned and are scalable.
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> Public Health Campaigns Know Your Score (alcohol app)– there will be an increase in advertising in the New Year to encourage people to take the online test – linking to Dry January One You – over 80,000 people have now visited One You Kent, and over 25,000 people taken How Are You quiz – One You can signpost people to support services or to self-manage a healthy lifestyle. Focus from January will be around promoting healthy lifestyle to employees through their businesses – a local event is being planned at the One You shop for 29th January. Release the Pressure (mental health support) – continued advertising on social media - 12,000 visitors since September 2017 and is planned to continue in the New Year Change 4 Life <ul style="list-style-type: none"> Finalisation and distribution of Change 4 Life events kits and display kits to Children's centres Online promotion of messages to encourage download of Be Food Smart app, and ten minute Shake Up – with a focus on <ul style="list-style-type: none"> Keeping Active – (Christmas and Easter) Sugary snacks (Jan – Mar) Resources available from www.kent.gov.uk/c4lresources
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<p>Smoking</p> <ul style="list-style-type: none"> Further work on smoking in pregnancy led by the East Kent Midwife with a smoking in pregnancy lead Training for Young People's quit smoking service delivered by Youth Workers and other key professionals is scheduled for February 2018. <p>Obesity</p> <ul style="list-style-type: none"> Community Infant Feeding service consultation ended on 3 December and a report will be presented to KCC Cabinet in January The School Public Health Service is now working to a new contract. Anyone can refer into service which is for school aged children (not necessarily in school) https://www.kentcht.nhs.uk/service/school-health/ A new model for supporting children/families with weight is being delivered which replaces the Ready Steady Go programme which ceased in October 2017.

Anything else relevant to AHWB priorities NOT mentioned above																			
Strategic challenges & risks including horizon scanning?	Public Health cost savings and restructure may reduce current resources available.																		
Anything else the Board needs to know	<ul style="list-style-type: none"> • Sensory Impairment - The Kent Sensory Impairment Strategy has been updated and whilst not Ashford specific it is a useful document that steers service delivery and quantifies need. Is available through the Sensory team based at Kroner House Ashford. • The End of Life Care Needs Assessment for East Kent was updated in the autumn of 2017 and presented to the East Kent CCGs in November 2017. It contains relevant data relating to Ashford CCG area including 1075 deaths in 2015 which is 0.87% of the registered population. This is the lowest rate in the East Kent area. The majority of deaths during 2015 were caused by chronic conditions including cancer (28%), respiratory disease (15%), coronary heart disease (27%), stroke (7%) and other circulatory disease (9%). • A detailed All Age Neurodevelopmental Needs Assessment was completed in 2017 and helped develop the Kent Adult Autism Spectrum Strategy. This Strategy was launched in the summer of 2017. The assessment reported autism estimates by CCG area: <p>Estimated number of individuals living with Autism in Ashford's CCG areas (2015) using national prevalence rates.</p> <table border="1" data-bbox="395 1451 1417 1619"> <thead> <tr> <th data-bbox="395 1451 890 1507">Clinical Commissioning Group</th> <th colspan="4" data-bbox="890 1451 1417 1507">Age</th> <th data-bbox="1313 1507 1417 1563">Total</th> </tr> <tr> <td data-bbox="395 1507 890 1563"></td> <th data-bbox="890 1507 994 1563">3-17</th> <th data-bbox="994 1507 1098 1563">18-44</th> <th data-bbox="1098 1507 1201 1563">45-74</th> <th data-bbox="1201 1507 1313 1563">75+</th> <td data-bbox="1313 1507 1417 1563"></td> </tr> </thead> <tbody> <tr> <td data-bbox="395 1563 890 1619">NHS Ashford CCG</td> <td data-bbox="890 1563 994 1619">322</td> <td data-bbox="994 1563 1098 1619">509</td> <td data-bbox="1098 1563 1201 1619">507</td> <td data-bbox="1201 1563 1313 1619">62</td> <td data-bbox="1313 1563 1417 1619">1400</td> </tr> </tbody> </table>	Clinical Commissioning Group	Age				Total		3-17	18-44	45-74	75+		NHS Ashford CCG	322	509	507	62	1400
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Signed & dated	Deborah Smith 22 nd December 2017																		

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Ashford Borough Council – Quarter 3: October to December 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none">• The Wellbeing Symposium 2018 - This national conference (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/• Smoke Free – An 18-month scheme will commence in January to promote the grounds of the Civic Centre & Stour Centre as a smoke free environment. Work continuing with local schools to around smoke free school gates to encourage parents and guardians not to smoke when they drop off and collect and their children.• Kingsnorth Community Centre – Kingsnorth Recreation Centre has re-opened following an extensive refurbishment and improvement of the facilities. Kingsnorth Recreation Centre Trust is operating the Centre and their tenant Slice of Life is running the recreational facilities including substantially improved gym and rooms for hire. An extensive programme of fitness classes is being provided by Slice of Life and there has been a significant uplift in bookings and memberships.• Reducing waiting times for disabled facilities grants - As part of an innovative move ABC and KCC are jointly funding a dedicated occupational therapist for the Ashford area. These adaptations will enable people to continue to live independently in an environment of their choice.• Quarry View, Mersham – Eight affordable homes have been official opened in Mersham. The development is a partnership between English Rural Housing Associated, Ashford Borough Council and the parish council.• Ashford's Tourism & Leisure Website – Website redesigned – see www.visitashfordandtenterden.co.uk.• Bethersden Neighbourhood Plan – The Parish Council has submitted the Bethersden Neighbourhood Development Plan 2015-2030 and are now seeking the local communities' views on the proposals. The consultation can be found at: www.ashford.gov.uk/consult. Closing dates is 9th February 2018.• Junction 10a – The Secretary of State has granted development consent for this application. This project is part of the Government's investment in major roads. The junction will be constructed just south of the existing junction 10, using two bridges and will connect to a new duel carriageway link road to the A2070 near Sevington and the existing A20. Improvement works are due to begin early 2018 and is expected to open to traffic in 2019.• Homeless Short Stay Accommodate, Beaver Road – Following the success of the facility at Christchurch Road, the Council is in the process of acquiring a second property to provide emergency temporary housing to families.• Supporting Ashford's Armed Forces Personnel – An action plan approved supporting current and former Armed Forces personnel residing in the borough. This includes a dedicated section on its website that gives advice & support on a number of elements such as housing, finances, jobs & training. This also includes work with this Board, the CCG and NHS Armed Forces Network to address health and wellbeing issues.• Snowdogs Discover Ashford 2018 – These will be placed around the borough to create a world-class sculpture trail that will encourage people to discover Ashford. A sponsorship event was held on 19th October at Revelation Ashford. The aim is for partners and businesses to sponsor a dog with its own design. At the end of
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	<p>the display each sculpture will be auctioned by Pilgrims Hospices to raise monies for the local charity.</p> <ul style="list-style-type: none"> • Conningbrook Lakes (New development) – Plans 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 Summer / Autumn 2018. • Elwick Place Development – Works are continuing on the construction of this mixed-use leisure development incorporating cinema, hotel, restaurants and car park. Due for completion winter 2018. • Commercial Quarter (CQ 38) – Quinn Estates started construction of the new office building in January. The first phase of the Commercial Quarter will see 80,500 sq ft of exceptional and adaptable office space developed, along with retail and restaurants on the ground floor, public realm improvements and additional car parking. The building is due for completion in spring 2018. For more information about Ashford’s priority regeneration projects and many success stories visit www.ashfordfor.com. • Repton Connect (the new Community Centre) – Works on-going. Building offering an activity/meeting space, large field, a multi-use games and a car park which will be open in 2018. • Ashford Voice – See latest edition of the council’s newsletter via http://ashfordvoice.ashford.gov.uk/ashford-voice-christmas-competition-201718/welcome/win-an-ipad-mini-with-ashford-voice • Active Everyday (activities for the over 60’s) – The calendar can be downloaded via the following link http://www.ashford.gov.uk/active-everyday. • Digital Transformation Strategy – This Strategy sets out how the council will be transforming how we deliver its services. By putting residents at the heart of the process the Council will be developing a greater online service and giving our customers a wider choice of ways to access council services. • Local Plan – The new draft Local Plan to 2030 was approved by the Cabinet and Full Council in December 2017 and it has now been formally submitted for public examination. We are currently awaiting details on a likely timetable for the examination hearings from the Planning Inspectorate but would expect them to commence April or May 2018.)
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • Engagement Excellence Awards – Ashford Borough Council was presented with the <i>Engagement Team of the Year</i> national award at the Guildhall in London in October. It was also shortlisted for the following awards: <i>Best Business Strategy</i> and <i>Engagement Leader of the Year</i>. • Recycling - Ashford Borough Council is leading the way as the best recycling local authority in Kent for a third consecutive year. • Syrian Families Project - The council’s Syrian Resettlement Co-ordinator, Anne Forbes, has been awarded the British Empire Medal in the 2018 New Year’s Honours List for her work on this project. The Council is two years into this scheme which has resettled 71 refugees (15 families) in the Borough.
<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 has been appointed and in place. • 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 was adopted by Ashford Borough Council in December 2017 with an action plan drafted and to be agreed by partners early in 2018.</p>
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • Vulnerable Adults; Frail Elderly and Universal 55+ Health and Wellbeing Resources – Following the October Board meeting information was provided to the Communications Teams of the East Kent NHS Trust and the CCG. The Hospital Trust were very appreciative and have advised that it is relevant to a couple of projects they are currently working on supporting older people and use of hospital services.
<p>Strategic challenges & risks including horizon scanning?</p>	
<p>Anything else the Board needs to know</p>	<ul style="list-style-type: none"> • Development Update – The 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. • Town Centre Public Space Protection Order (PSPO) – This has been bought in for the town centre (including the Designer Outlet & Victoria Park) to assist with reducing antisocial behaviour. This will aid the police and local authority in dealing with such incidents. • Book Stop, Little Burton Farm – ABC's Town Centre Action Team (T-CAT) have installed its 5th book shelter in the borough (St George Williams Way). This is a community facility where members of the public can drop off and borrow books. Each book stop has its own unique design. • Ask the Experts Day - The Ashford & Canterbury Dementia Action Alliance is arranging a Dementia 'Ask the Experts' Day to be held in September 2018 at St Marys Church. ABC is coordinating this event on behalf of the Ashford & Canterbury DAA. The Health & Wellbeing Board will be kept updated as detail are confirmed. • Working to Become Dementia Friendly (WTBDF) - The Council is working towards applying to use WTBDF recognition symbol in spring 2018. The WTBDF recognition symbol is promoted by the Kent DAA.
<p>Signed & dated</p>	<p>Sheila Davison – 5 January 2018</p>

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Healthwatch Kent – Quarter 3: October to Dec 2017

What's going on in our world	<ul style="list-style-type: none">• Working closely with EKUHFT re plans to improve A&E performance• We are part of the Stroke Programme Board which will launch a public consultation on stroke services in the New Year.• In our scrutiny role, our trained volunteers are scrutinising the process of the stroke review. Their findings will be published in the New Year.• Our Chief Exec, Steve Inett, has been confirmed as Chair of the Patient & Public Advisory Board for the STP. In that capacity we will be raising concerns about the lack of public involvement and communication around the changes to strategic commissioning in Kent• We've published three reports since the last meeting:<ul style="list-style-type: none">○ Hospital Discharge in West Kent. Our recommendations are relevant to East Kent○ Accessible Information Standard progress○ Experiences of Eastern European communities○ You can find all the reports on our website• We've held 4 Enter & View visits to East Kent Hospitals to talk to patients about hospital discharge. We are returning to all 3 hospitals in the New Year to talk to patients whose discharge has been delayed. We are visiting Community services in the New Year.• We held 3 Enter & View visits to East Kent Hospitals in partnership with East Kent Mencap. The purpose was to review how a patient with learning difficulties would be supported to attend an appointment. Our report is currently with EKUHFT. We will be visiting KCC services in Jan/Feb to do the same exercise.• We are visiting 24 Care Homes in Jan/Feb across Kent (2 per District). The purpose is to talk to residents about their experience and to assess homes using the national criteria for what makes a good care home as defined by Independent Age• We have launched a public survey to understand how people would like the NHS to communicate with them. The findings will be used to determine how the NHS could improve its communication and methods. Please share our survey: https://www.surveymonkey.co.uk/r/NHStalktome
Success stories since last AHWB	<ul style="list-style-type: none">• We have launched a Checklist for all CCGs and GPs who are considering closing or merging. The checklist is based on feedback from the public and is designed to help plan and support patients better during what can be a difficult time. The Healthwatch network are also using our Checklist.• 4,000 Healthwatch Help Cards have been distributed across Kent with great feedback. You can see all the organisations who have pledged on our website.

<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Visiting Care Homes in the Ashford area • Visiting East Kent Hospitals to talk to patients about discharge • Visiting the Ashford District Nursing team to talk about discharge • Visiting Westview, West Brook and Community Hospitals to talk to patients about discharge • Starting a new project around neurological services
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • We have some slots available on consultation & engagement training which is being delivered by the Consultation Institute on 29th & 30th Jan. It is a 2 day course. We can offer professionals a slot for £100 each. Please contact nicky@healthwatchkent.co.uk if you need more information • We are visiting the 111 service based in Ashford in Jan to better understand the service. IC24 now provide that service for all of Kent. The Urgent Care review will involve the re-procurement of 111 across Kent in 2019.
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> • Changes to strategic commissioning
<p>Anything else the Board needs to know</p>	<ul style="list-style-type: none"> • The Healthwatch Kent contract has been extended for a further 2 years
<p>Signed & dated</p>	

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Local Children's Partnership Group – Quarter 3: October to December 2017

<p>What's going on in our world</p>	<ul style="list-style-type: none"> • HeadStart are now mobilised and involved in Ashford schools. The LCPG ensured that training was made available for primary schools to complement the offer that was available for the secondary schools. • <u>Update on current grant services:</u> <ul style="list-style-type: none"> - Home-Start Ashford (Chill with Dad): In the first 6 months, Homestart delivered 13 sessions and worked with 30 dads and 49 children. - Maidstone and Mid Kent Mind (Resilient Minds): Three courses have been delivered at John Wesley Primary School in July (10 parents), Willesborough Infant School (7) and Phoenix Primary School (5) in September. Further course planned for Jan/Feb 2018 at the Live Well Centre. - Project Salus (Resilience in Families): Participants displayed an increase in positive outlook following sessions and a greater sense of belonging. - West Kent Mind (Community Resilience): Two Mental Health First Aid courses delivered to schools and one Train the Trainer Mind Fitness workshop have so far taken place. - Rising Sun (Adolescent Boys Mentoring): 1:1 mentoring delivered to 24 young men over 3 -6 months
<p>Success stories since last AHWB</p>	<ul style="list-style-type: none"> • A well-attended Ashford networking event was held at Ray Allen Children's Centre which brought together partner agencies including schools, Specialist Children's Services, School Nursing, Health Visiting, Include Us Too and other organisations providing support to families and young people. The feedback was very positive and it was recognised that there is a need to repeat this on a regular basis, looking at key themes and possibly linking with CSP sub group for safeguarding. • The LCPG has initiated a new phase of Born to Move training and development to encompass a wider staff group to raise awareness and to increase parent participation in the future roll-out of this project. • The primary schools for HeadStart have been identified. • Senior Early Help Worker for HeadStart has been appointed and is in post based Ashford North Youth Hub Unit.
<p>What we are focusing on for the next quarter <u>specific to the key projects</u></p>	<ul style="list-style-type: none"> • Further integration between children's services (SCS/EH) including work focused on achieving better outcomes for adolescents where their behaviour is putting them at risk. • New grants to be awarded early in 2018 to focus on identified priorities: Best Start in Life, Adolescent Aspirations and Family Well-being. • Focus on further development of the early intervention approach including Born to Move/Active Learning and further integration of Health Visiting within Children's Centres. • Continue to develop a rolling programme of multi-agency training related to well-being and safeguarding of children and young people in Ashford.

<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<ul style="list-style-type: none"> • Open Access, Early Help Youth Annual Conversation taking place in January 2018. • Annual Conversation for Children's Centres highlighted the excellent partnership working in place in Ashford which promotes better outcomes for families and children.
<p>Strategic challenges & risks including horizon scanning?</p>	<ul style="list-style-type: none"> • The need to have effective information sharing and an understanding of the services available locally to work together with a focus on shared priorities. • The funding for LCPG/Ashford Supporting Families will be brought together in the next financial year.
<p>Anything else the Board needs to know</p>	<ul style="list-style-type: none"> • New KCC Corporate Director for Children, Young People and Education, Matt Dunkley has taken up his post in Kent.
<p>Signed & dated</p>	<p>Helen Anderson - January 2018</p>