

ASHFORD HEALTH AND WELLBEING BOARD

Notice of a Meeting, to be held in the Council Chamber, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Wednesday, 18th July, 2018 at 9.30 am.

The Members of the Ashford Health and Wellbeing Board are:-

Cllr Brad Bradford – Portfolio Holder for Community Safety and Wellbeing, Ashford Borough Council (Chairman) Dr. Navin Kumta – Clinical Lead and Chair Ashford Clinical Commissioning Group (Vice-Chairman) Cllr Peter Oakford – Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health Kent County Council Matthew Capper – Director of Performance and Delivery (NHS 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 Community Safety and Wellbeing, Ashford Borough Council Christina Fuller - Head of Culture, Ashford Borough Council.

Agenda

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- 1. Election of Chairman and Vice Chairman
- 2. Welcome and Apologies
- 3. Declarations of Interest:-
 - 1. To declare any interests which fall under the following categories, as explained on the



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

See Agenda Item 2 for further details – but please note this is an Ashford Borough C issuing guidance to members on interests in the near future.

4.	Notes	of the Meeting of the Board held on the 18th April 2018	3 - 10
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	(b)	To follow KCC Public Health	
		No longer attending	
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10.	Dates	of Future Meetings	
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Queries concerning this agenda? Please contact Keith Fearon – 01233 330564, email keith.fearon@ashford.gov.uk Agendas, Reports and Minutes are available on: http://ashford.moderngov.co.uk

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Agenda Item 3

Agenda Item 2

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 <u>nature</u> 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 <u>nature</u> 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 <u>before the debate and vote</u> 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) <u>Voluntary Announcements of Other Interests</u> 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 <u>not</u> 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 <u>not</u> 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/5962/2193362.pdf
- (b) The Kent Code of Conduct was adopted by the Full Council on 19 July 2012, and a copy can be found in the Constitution at <u>http://www.ashford.gov.uk/part-5---codes-and-protocols</u>
- (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, <u>and in advance of the Meeting</u>.
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Agenda Item 4

Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the **18th April 2018**

Present:

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

Dr Navin Kumta – Clinical Lead and Chair, Ashford CCG (Vice-Chairman) Sheila Davison - Head of Community Safety and Wellbeing, ABC Karen Cook - Policy Advisor, KCC John Bridle – HealthWatch Chris Morley – Patient and Public Engagement (PPE) (Ashford CCG) Rov Isworth - KALC Deborah Smith – Public Health, KCC Matthew Capper – Director of Performance and Delivery (NHS Ashford and Canterbury) Liz Shutler- Deputy Chief Executive - East Kent Hospitals University NHS Foundation Trust Susan Acott – Chief Executive- East Kent Hospitals University NHS Foundation Trust Neil McElduff – NHS Ashford CCG Dr Jim Kelly- Ashford Clinical Providers Dr Sadia Rashid - Ashford Clinical Providers Helen Anderson – Ashford Local Children's Partnership Group Sharon Williams – Head of Housing, ABC Lois Jarrett – Head of Development Management and Strategic Sites, ABC Belinda King – Management Assistant, ABC Keith Fearon – Member Services Manager, ABC

Apologies:

Councillor Jenny Webb, Deputy Portfolio Holder for Community Safety and Wellbeing, ABC, Tracey Kerly, Chief Executive, ABC.

1 Notes of the Meeting of the Board held on 17 January 2018

The Board agreed that the notes were a correct record.

2 Update on the Kent Health and Wellbeing Board Meeting – 21st March 2018

2.1 The Minutes of the Kent Health and Wellbeing Board meeting held on 21st March 2018 could be accessed using the link provided under item 4 on the agenda.

2.2 Karen Cook advised that the meeting had discussed the merger of the Kent Board with the Medway Board and therefore in the future the Kent Board in its current guise would only meet on an annual basis. She said that she understood that Peter Oakford, the Cabinet Member for Strategic Commissioning and Public Health at Kent County Council would be writing to Chairmen of the local Health and Wellbeing Boards advising them of this change and inviting them to consider how the agenda should be taken forward on a local basis. Sheila Davison suggested that this item could be the main subject of discussion at the next meeting of the Board in July 2018.

Resolved:

That the future of the Board be discussed at the next meeting in July 2018.

3 Update on Ashford Health and Wellbeing Board Priorities

- (a) Stop Smoking Action Plan report 2017-2018: Quarter 4: January to March 2018
- 3.1 Debbie Smith introduced this item. She advised that smoking prevalence was declining nationally and locally with Ashford rates estimated at 17.4%. Smoking amongst routine and manual workers had also decreased. However, the Government had set a challenging target of no disparity of prevalence between social groups by 2022. Debbie Smith advised that Public Health at Kent County Council had restructured and the result of this was that she would no longer be able to attend the Ashford Health and Wellbeing Board. She, however, advised that the initiatives set out in both the Stop Smoking Action Plan and the Healthy Weight Action Plan would still be taken forward by Task and Finish Groups. The overall aim of reducing smoking would remain within the Sustainability and Transformation Plan at Kent and Medway level.

Resolved:

That the Board agreed that the report be received and noted.

- (b) Healthy Weight Action Plan report 2017-18 Quarter 4: January to March 2018.
- 3.2 Debbie Smith drew attention to the progress report. The report advised that adult excess weight and obesity rates were higher in Ashford than the national average (67.1% in Ashford compared to 61.3% nationally). She advised that the report was suggesting that the recommendations of the Task and Finish Group be taken forward and that a new action plan be established and set up within the framework of the Sustainability Transformation Plan.
- 3.3 The Chairman said that on behalf of the Board he wished to thank Debbie Smith for her contribution to the work of the Board.

Resolved:

- That (i) the Board agreed that the report be received and noted.
 - (ii) the recommendations as set out in the conclusion of the report be accepted.
 - (c) Housing & Health
- 3.4 The report provided an overview of the progress in relation to the Housing and Health priority. Sharon Williams advised that she had held a very positive meeting with Lisa Barclay of the CCG and had explored the opportunity for joint working. She drew attention to Appendix 1 of her report which set out the five main areas of future work and explained that she would now take this forward with Lisa Barclay. The proposed organisation of a workshop would be placed on the back burner for the time being. Sharon Williams also explained that a housing representative would be invited to sit on future complex case meetings with the CCG which would enable, if appropriate, housing to offer housing solutions to potential problems. Helen Anderson indicated that she would contact Sharon Williams off-line to discuss her report in relation to the Young People and Children Service.

Resolved:

That the Board agreed that the report be received and noted.

(d) Diabetes Update

3.5 The next report would be submitted to the July 2018 meeting.

4 Sustainability and Transformation Plan

(a) Kent and Medway Sustainability and Transformation Partnership and East Kent Acute Transformation

4.1 The report summarised the progress made to date and identified the key next steps in terms of the Kent and Medway Sustainability and Transformation Partnership and East Kent Acute Transformation. Liz Shutler, Deputy Chief Executive, EKHUFT gave a presentation which had been published on the Council's website under:

http://ashford.moderngov.co.uk/ieListDocuments.aspx?CId=164&MId=3127& Ver=4

4.2 Roy Isworth said that he supported the aims of prevention and the early discharge of patients from hospital for local care and explained that Tenterden currently had an empty clinic with four consultation rooms and a rehab unit which had space for 30 beds. He said there had been no liaison with Tenterden local health providers and the NHS and he suggested that this site could perhaps be used as a pilot project.

4.3 Matthew Capper said he believed the site presented huge possibilities and said that this issue would be covered later in the meeting under the Ashford Estate Strategy paper. He considered it was highly likely that facilities would be developed on that particular site. In response to a question about the future provision of screening for Prostate Cancer, Liz Shutler explained that the service was investing in endoscopy services but said that inevitably demand would grow and investment would need to increase. Susan Acott, Chief Executive, EKHUFT spoke about a change in the nature of care provided within the A&E setting. The demand today was more about supporting people with longer-term health conditions which could be better addressed outside an A&E setting. It was emphasised that only a small percentage of a hospitals work related to specialist and major emergency care.

(b) Local Care Arrangements

4.4 Matthew Capper, Director of Performance and Delivery (NHS Ashford and Canterbury) gave a presentation on the implementation of local care. The presentation had been published on the Council's website under:

http://ashford.moderngov.co.uk/ieListDocuments.aspx?Cld=164&Mld=3127& Ver=4

4.5 Matthew Capper said that the main issue was centred around the transfer of care and overall to re-balance available funds for healthcare provision. He said that in producing the presentation he had examined in great detail what was comprised of local care, the cost, and the enablers and he had also met with the Ashford Providers to discuss this issue. The report explained that the strategy addressed the question whether the CCG had access to sufficient infrastructure to allow its future commissioning plans to be delivered. In making this assessment there was a need to consider the CCG vision, the strategic goals, the population, health need and regeneration drives for change.

Resolved:

That the presentations be received and noted

5 Ashford CCG – Estates Strategy and Implementation Plan

5.1 Neil McElduff gave a presentation on the Ashford CCG Estates Strategy and Implementation Plan. The report and presentation had been published on the Council's website under:

http://ashford.moderngov.co.uk/ieListDocuments.aspx?CId=164&MId=3127& Ver=4

- 5.2 Roy Isworth said he believed that there was a need for a Single Strategic Commissioning Body and gave examples in Tenterden where facilities were currently operated by different organisations, for example West Cross Hospital by KCC and the Social Hub by a charitable organisation. In terms of frailty, he believed that proper preventative care could help identify patients who were vulnerable and therefore help reduce admission to the East Kent Hospital system.
- 5.3 Neil McElduff agreed with this view and emphasised that the facility in Tenterden was costing money to run even though it was empty and there was therefore a need as part of the overall Estates Strategy to undertake work to make the buildings more productive. He believed that Tenterden was an ideal place to commence this process and he was keen to make this happen.
- 5.4 In response to a question about the overall facilities in Ashford, Neil McElduff explained that he had worked with the GP practices and would be visiting each practice again to discuss how the Estate Strategy could be taken forward.

Resolved:

That the presentation be received and noted.

6 Sustainability of Primary Care in Ashford (impact of Growth and Local Care Shift)

- 6.1 The report highlighted the risks to stability and sustainability of Primary Care in Ashford if growth (in population and out of hospital "local" care) was inadequately resourced and managed. Dr Jim Kelly representing Ashford Clinical Providers advised that it was understood that savings could be made in the overall health budget by reducing the need for hospital care. This, however, required Primary Care to be properly funded and at the present time he believed that it was under great pressure and the ability to look after more patients would only be possible if appropriate funding was put in place. With the growth in the population he said it was difficult to add more people to the local GP's lists and if they were added this created more pressure which could be to the detriment and safety of current patients. He particularly explained that if the demographics of an area were for a relatively young population, the new patients were not totally funded. He considered that the current system was broken and there was a lack of engagement with the Primary Care Providers. He explained that A&E received more funding for a single case compared to the funding provided for one patient over the whole of a practice year. He said there had been a situation in Folkestone where a local practice had failed which had led to the CCG having to provide alternative facilities for 5,000 patients and provide appropriate incentives. In summary, he believed there was a need to find a more suitable and sustainable way forward.
- 6.2 Matthew Capper explained the role of the CCG under the 2012 Act in terms of common healthcare provision and advised that the CCG had responsibility to purchase more services. This had generally led to certain funds being ring-

fenced for particular activities. He said that the re-purposing of money could happen but that could not take place overnight and this needed to be a staged process. He also explained that funding had increased by £12 per patient for Primary Care.

- 6.3 Lois Jarrett, Head of Development Management and Strategic Sites (ABC) explained that there were two ways in which the CCG could engage with the planning process over the provision of new health infrastructure. The first was at the development plan stage when planning policy was formulated and site based policies were agreed. The second related to planning applications as part of the development management process and views could be fed in during consideration of the relevant planning applications. She drew attention to the proposals for Chilmington from the identification of a community hub and GP practice to be provided and funded as part of that development. She emphasised that the CCG needed to be in a position to engage with both of these processes. Neil McElduff advised that he had recently met with Mrs Jarrett and he had now agreed a format by which the CCG would respond to planning consultations and steps had been made to improve the CCG's response to the process. He had also established an audit trail for Section 106 funding responses to ABC. Lois Jarrett emphasised that under the CIL Regulations, proposals now had to contain fully justified reasoning and said it was particularly important that the largest projects were targeted for funding. From the CCG's point of view it was therefore important for them to be able to invest their time in terms of the CIL process. Lois Jarrett said she would also welcome views from the health sector on the various items which were currently the subject of allocations under the Section 106 arrangements i.e. green space, walking trails etc. which were cited as health benefits.
- 6.4 In response to an earlier comment, Dr Jim Kelly said that although funding had increased per patient, the funding came with various strings attached which included the requirement to work additional hours and increase staff. He also said that the Ashford Clinical Providers would be happy to attend future meetings with the CCG to discuss future provision.

Resolved:

- That (i) the impending premises, resource, workforce and workload crisis in Primary Care which threatens to derail the plans for population and local care growth in Ashford be noted.
 - (ii) the necessary partnership work with the local GP Federation (ACP Ltd) and the CCG to ensure primary care was enabled to meet the additional challenges of population and local care growth and avoid destabilisation of existing services be supported.

7 Primary Care Co-Commissioning Committee – Nominated Representative Request

7.1 Set out within the Agenda papers was a letter from the Primary Care Co-Commissioning Committee to the Chairman seeking the nomination of a representative from the Health and Wellbeing Board to attend the Ashford and Canterbury CCG Primary Care Commissioning Committee.

7.2 Sheila Davison advised that she had attended the last meeting.

Resolved:

That Sheila Davison be nominated as the Ashford Health and Wellbeing Board's representative on the Ashford and Canterbury CCG Primary Care Commissioning Committee.

8 Partner Updates

- (a) Clinical Commissioning Group
- 8.1 Update not provided.

(b) Kent County Council (Public Health)

8.2 Navin Kumta referred to the work on smoking + cessation and gave a cautionary warning that this might be seen as a bit of a challenge in terms of additional work for GP's. Debbie Smith said she was aware of this point and indicated this would be subject to a future discussion with the GP's themselves.

(c) Ashford Borough Council

8.3 Sharon Williams advised that the Homelessness Reduction Act was now in force and her team was now seeing an increase in the numbers of people seeking help. She said that the whole emphasis of the Act was about the prevention of homelessness. However, she said that there was a need to keep an eye on the overall funding for the initiative.

(d) Voluntary Sector

8.4 Not provided as position currently vacant.

(e) HealthWatch

- 8.5 John Bridle referred to the issues of carers and said it was apparent that they were not receiving the support that they needed and furthermore they were a relatively hard to reach group as there was no central database of people providing such services. He also said that and in many cases the people providing the care did not classify themselves as such.
- 8.6 Debbie Smith suggested that perhaps the One You Shop could emphasise any help available to carers by the use of flyers or posters etc. and the staff could be encouraged to engage with visitors and offer support in terms of those sectors of the community who were carers when they were able to do so. Karen Cook also whether it would be possible to produce something on this issue to tie in with National Carers Week. The Chairman advised that he

would take this issue forward and discuss with the staff from the One You Shop.

(f) Ashford Local Children's Partnership Group

8.7 Helen Anderson referred to the Snow Dogs Initiative being promoted by the Borough Council and said she would wish to involve young people in this project and she said she would make contact with the Arts and Cultural Initiatives Manager to take this forward.

9 Forward Plan

9.1 Given the discussion earlier in the meeting about the future of Health and Wellbeing Boards across the County, it was agreed that the future of the Board be the main topic of consideration at the next meeting in July and no additional presentations on other topics would be added to that agenda. The Board considered that a representative from the Ashford Clinical Providers and also a representative from Adult Social Care should be invited to aid the discussion.

10 Dates of Future Meetings

- 10.1 The next meeting would be held on 18th July 2018.
- 10.2 Subsequent dates:

17th October 2018

Adult Social Care within Local Care and the STP





Contents

- Key statutory duties of social care
- What changes are we making in social care?
 - our new Operating Model
- What can we do together?
- Planning and priorities

Adult Social Care Statutory Context

The Care Act 2014 defines the duties and powers of councils with adult social care responsibilities: The legal framework

- Duty to promote wellbeing, prevent, reduce and delay needs for care and support; provide information, advice and independent advocacy
- National eligibility criteria applies across England for adults with care and support needs and carers with support needs.
- The assessment duty is triggered on the appearance of need i.e. an adult may have needs for care and support
- Councils are under a duty to promote a diverse and high quality care market
- Safeguarding duties include conducting s42 enquiries, set up SAB and SAR
- Council can delegate local authority functions except the promoting integration with health services, cooperation, charges and safeguarding

Two other important legislation are the Mental Capacity Act 2005 and Mental Health Act 1983



What changes are we making in social care?





Key areas for integration of social care and local care

1. Care Navigation and Social Prescribing:

- Currently health and social care commissioners are working to jointly commission both services.
- Aim: support in place for GP Hubs, Social Care community preventative support, hospital discharge.
- Digital preventative services and self care are also considered.

2. Short term interventions

- Integrated enablement & intermediate care, Rapid Response
- Integrated LRU and ARMS SPA
- Integrated Care Centres

3. Integrated multi-disciplinary teams

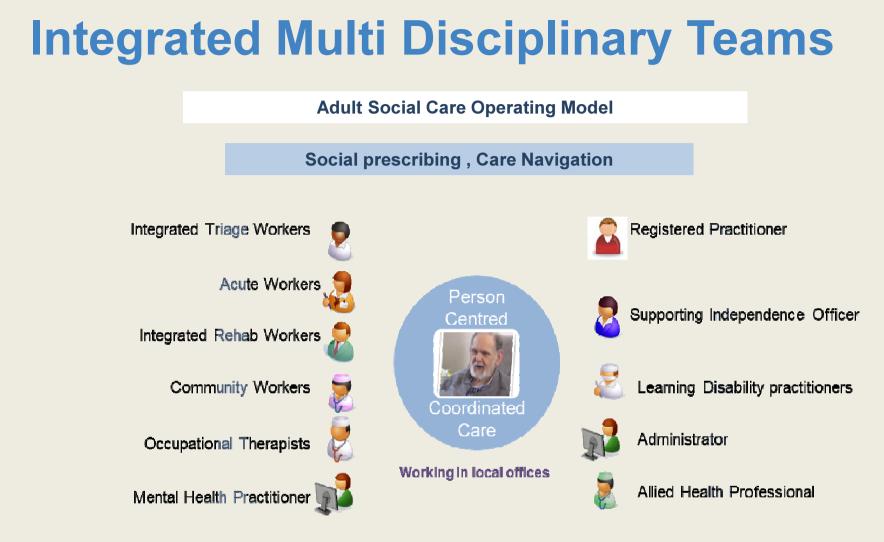
- Supporting people to remain as independent as possible
- Social Care practitioners and providers part of MDTs
- Out of Hours prevention of admission
- Specialist interventions accessible (learning disabilities, dementia, autism and MH)
- New models of care: Buurtzorg, ESTHER.

Promoting wellbeing

Promoting independence

Supporting independence





Specialist intervention will available for teams:



Key areas for integration of social care and local care

4. Urgent care

- Services focusing on avoidance of admission
- Services supporting discharge SPA
- Discharge to assess, Home First
- Domiciliary Recovery Services
- Integrated Discharge Teams

5. Housing Design and Adaptations

- Extra Care Housing and Supported Accommodation, to include GP Hub facilities
- Housing design to stimulate active healthy living
- Integrated Housing, Health and Social Care Adaptations services

6. County wide but locally delivered KCC Services

• Safeguarding

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- Social Work
- Quality (of care) Improvement

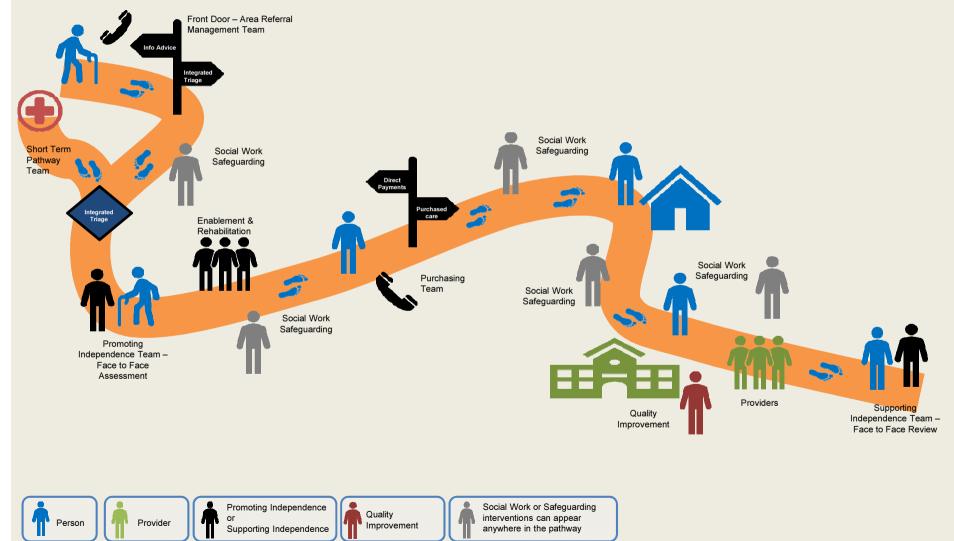
Promoting wellbeing

Promoting independence

Supporting independence



New Operating Model



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What can we do together?

- 158 Social care practitioners across Kent within Locality MDTs
- KCC is recommissioning the home care contract and is exploring with KCHFT what we could do jointly: integrated roles / generic workers.
- Buurtzorg pilots additional capacity with KCHFT and domiciliary care, new delivery model.
- New Sheltered Housing provision, could it include a new GP Hub building including Care Navigation and Social Prescribing ?
- Social care and KCHFT rehab and step up/down
- Integrated Rapid Response /Intermediate Care Teams / Enablement / OTs
- Housing support, Disabled Facilities Grants
- Dementia support to Care Homes
- Care Navigation and Social Prescribing
- Workforce: recruitment challenge GPs, nurses, domiciliary care, dementia nurses and continuous professional improvement through person centred ESTHER workforce development, Medical School



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Agenda Item No: 7

Report To:



Date: 18th July 2018

Report Title: Ashford Health & Wellbeing Board Going Forward

Report Author: Sheila Davison

Organisation: Ashford Borough Council

Summary: Discussion about the future for the Ashford Health and Wellbeing Board

Recommendations: Board members are asked to participate in a discussion regarding the operation of the Ashford Health and Wellbeing Board

Purpose of the report

1. To review the operation of the Ashford Health and Wellbeing Board.

Background

- 2. Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the health and care system could work together to improve the health and wellbeing of their local population and to promote integrated services. They operated on a shadow basis for the first year, and became fully operational on 1 April 2013.
- 3. The Kent Health and Wellbeing Board was formed in accordance with the above provisions and local boards were introduced to operate at a district level across Kent. A separate board covered the Medway area.
- 4. In February and March 2018 respectively, the Health and Wellbeing Boards of Medway Council and Kent County Council agreed to the establishment of a Joint Board.
- 5. Further details including key functions, membership, and procedural arrangements are available at: <u>https://democracy.kent.gov.uk/documents/s84982/20180628%20Agenda%20</u> <u>pack.pdf</u>.
- 6. The Joint Boards key operating principles are to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership (STP) Plans for Kent and Medway.

7. These changes to the Kent Board provide a good opportunity to reflect on the operation of our local Ashford Health and Wellbeing Board and chance to assess current strengths and areas for improvement.

Preparation for the discussion

- 8. In advance of this meeting, Board members have been asked to give feedback on the following aspects:
 - Appropriateness of representation
 - Commitment by partners
 - Clarity over objectives
 - Accountability
 - Project delivery
 - Influence on own organisation
 - Appropriateness of agenda
 - Frequency of meetings
 - Possible alternative arrangements
 - Future aspirations
- 9. Those who have yet to complete the feedback questionnaire are asked to make known their thoughts during the meeting.
- 10. Members may also wish to refer to the LGA review of Health and Wellbeing Board published in 2017. While this review examines the role upper tier Boards i.e. for us the county level, it is of relevance to what we are achieving locally.
- 11. A copy of the above mentioned report is available at: <u>https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%2</u> <u>Oplace%20health%20and%20wellbeing%20boards%20in%202017.pdf</u>

What we need to consider

- 12. Whilst not wishing to pre-empt the discussion, it would be useful to explore the following:
 - Achievements and Impact what are we trying to achieve and is there agreement on this? Can we demonstrate achievements, are we making a difference to our area, enhancing the quality of life for local people and improving service delivery?
 - Vision and Strategy are we promoting ambitions for the area with a clear, shared vision and purpose reflecting local priorities and which contain aspects that are unique to the borough? Is the vision and strategy widely supported and communicated?
 - Leadership and Relationships is there open and appropriate leadership that supports improved performance and the delivery of our objectives?

- Governance and Accountability Are appropriate arrangements in place? Are partners clear as to their own accountabilities in support of objectives?
- **Performance Management and Learning** Are effective arrangements in place to translate objectives into the day-to-day actions of individual agencies and to manage delivery of objectives. Is progress monitored and learning captured?
- 13. Identifying ways in which to best support the STP plans is clearly an important priority for the Board, however, reasserting the importance of action to address the wider determinants of health cannot be underestimated. We need to ensure that our Board is operating in such a way as to add value to local health system and this will necessitate reviewing our priorities, membership, linkages with other local partnerships working on the same agenda and resources available to support the work of the Board. Ultimately we need to determine the future for the Ashford Health & Wellbeing Board.

Conclusion

14. Our discussion will identify ways in which the Board can improve its effectiveness and address next steps.

Contact

Sheila Davison – Head of Community Safety and Wellbeing sheila.davison@ashford.gov.uk This page is intentionally left blank

Agenda Item 8c

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for the Ashford Borough Council – Quarter 1: April to June 2018

What's	• Bulleid Place Play Park - This newly refurbished play park in Newtown was
going on in	officially opened by the Mayor on 15 th June. The play park has been revamped
our world	with various different zones, including one that has incorporated paths and
	equipment for wheelchair users.
	• Snowdogs Discover Ashford Tail - Local businesses gathered together on 11th
	May at a gala night to choose a Snowdog design for their sculpture. Each one will
	be an individual design by local and regional artists. From the 1st June, the chosen
	artists will start applying their designs to the blank Snowdogs. County Square
	Shopping Centre is also hosting an Artist Painting Kennel in one of the shop units,
	creating a buzzing hive of activity where shoppers can see the designs come to
	life. The dogs will be auctioned off at the end of the 10 week event, later in the
	year, to raise money for Pilgrims Hospices.
	• Fields of Battle, Lands of Peace – A photographic exhibition to commemorate the
	100 th anniversary of the end of the First World War to remember and honour all
	those that tragically lost their lives, took place in the town centre's Memorial
	gardens in June. The exhibition was accompanied by a programme of other
	displays, activities and talks.
	Tenterden & District Museum Refurbishment - This 19th century building has recently undergoes some major internal alterations and improvements funded
	recently undergone some major internal alterations and improvements funded by a grant from the council and donations. The improvements including
	enhancing access for the disabled, as well as improve facilities for staff who give
	their time voluntary. New digital 360° virtual tours will be offered as well as
	assisting the museum in becoming a dementia friendly organisation.
	 Dementia Action Week 2018 – An initiative to promote awareness of dementia
	during Dementia Action Week 2018 (21-28 May) was organised by Ashford and
	Canterbury Dementia Action Alliance (ACDAA), the council and the One You shop.
	A hand crafted memory tree was located in the One You shop for people to write
	a special memory onto a printed leaf and attach it to the tree. The memory tree
	links in with the 5 th anniversary (which is traditionally wood) of the Kent Dementia
	Alliance and all the trees across the county will be bought together later in the
	year to create a 'Forest of Thought'. The Memory tree has now moved to the
	reception area at the Civic Centre so visitors can add a memory if they wish.
	• Farrow Court – An event was held to showcase the Council's £17m flagship
	sheltered housing during Dementia Action Week. Guests included
	representatives from KCC, Ashford CCG, registered providers of housing and other
	local authorities in Kent.
	Create Platform 2018 (14 th to 22 nd July) & Create Festival – The Platform has
	returned for a second year, with a week-long programme of events leading up to the main Create Festival. One of the top attractions will be a performance by the
	Craig Charles Funk & Soul Club on 18 th July at Revelation Ashford. Other events,
	at various venues, include poetry reading, storytelling and entertaining mini
	street theatre. There will also be an opportunity to see some of the amazing work
	carried out by the mothers from Syria in Ashford. The Create Festival takes place
	on Saturday 21 st July in Victoria Park will be headlined by DJ Jazzy Jeff. Details of
	both can be found at: <u>www.createfestiva.co.uk</u> .
	• Victoria Park Friends Group – This new group will be able to help make decisions
	about the way the park can be improved, managed and maintained. In addition
	to this and as part of the Victoria Park Redevelopment two consultation days are
	being held on 21 st & 22 nd July.

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	•	 Singleton Environment Centre - The reopening of this centre was marked by a Family Fun Day on Saturday 16th June and included local stallholders, a barbecue and treasure hunt amongst other attractions. A new lease has been agreed with Great Chart and Singleton Parish Council, who has developed a business plan which includes delivery of day-to-day activities by a new charitable trust, Singleton Spaces. The Council, as landlord, will be approving a new programme of activities aimed at encouraging young people and families to engage with the environment and make a positive impact on their local communities. Safety in Action 2018 – This yearly, two-week event commenced on 19th June at a new venue, the Ashford Fire Station. 1400 year 6 children attended from schools across the borough to learn about some of the dangers they may face as they become more independent and prepare for transition to secondary school. There were a number of topical interactive workshops which included drugs and alcohol; personal choices and responsibilities; road, rail and water safety; first aid and online safety. This year children went home with a specially designed Safety in Action booklet around characters <i>Nola Risk</i> and <i>Ray Safe</i>. Police & Crime Commissioner (PCC) Grant – The PCC has awarded proposals put forward by the Ashford Community safety chemes. These have included schemes to promote. Mindfulness in Schools, Gangs awareness sessions in schools and equipment for the Homeless Winter Night Shelter. WYE3 Masterplan – The consultation on the masterplan for the site has now closed and the Council is now considering the responses made during the consultation period. A report to Members is expected over the summer.' Conningbrook Lakes (New development) – Construction of the 300 high-quality new private homes has commenced. First occupations are expected in autumn 2018. The masterplan for the park is emerging. Elvick Place Development – Works continue o
	•	magazine, on a trial basis of four issues. Issue 1 – Spring 2018 can be viewed at:
		https://www.ashford.gov.uk/whats-on/ashford-for-you/ashford-for-you- magazine/.
Success stories since last AHWB	•	RSPH Health & Wellbeing Awards 2018 – KCHFT/Ashford One You shop has been shortlisted for a national Royal Society for Public Health award for the category <i>Health on the High Street</i> . Three projects have been shortlisted for this new category. The awards take place on 18 th October 2018 in London.

	• Working to Become Dementia Friendly Organisation - The Council was successful with its application to be recognised as a Working to Become Dementia Friendly organisation.
What we are focusing on for the next quarter <u>specific to</u> <u>the key</u> <u>projects</u>	 Dementia: Ask the Experts Day - The Ashford & Canterbury Dementia Action Alliance is holding a Dementia 'Ask the Experts' Day at St Marys Church on Friday 28th September between 10am – 1pm (details are attached). Health Infrastructure – Discussions are ongoing with East Kent CCG (Neil McElduff) over infrastructure issues. An Estates Strategy for Primary Care has been drafted and agreed by the PCC but is likely to evolve and change as discussions evolve and the hospital agenda is clearer. ABC is working closely with the CCG to shape plans and assist where possible. Chilmington - A location for temporary health provision for Chilmington is provisionally agreed, subject to further capacity testing. 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. A community facilities and activities audit will be started in April 2018 to inform community development action later in 2018.
Anything else relevant to AHWB priorities NOT mentioned above	 Civic Awards 2018 – Nominations for these awards closed 1st June. The awards are community 'heroes and heroines' to recognise and honour people who have contributed substantially to their community and who enrich the lives of others within the borough. The awards ceremony takes place in July. One You – Additional staff are now in post to support the development of One You, jointly funded by Ashford Borough Council and KCC Public Health.
Strategic challenges & risks including horizon scanning?	
Anything else the Board needs to know	 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. Next edition due July 2018. Ashford Tourism & Leisure Website – Website redesigned – see www.visitashfordandtenterden.co.uk.
Signed & dated	S. Daiz Sheila Davison – 9 July 2018

Dementia: Ask the Experts Day

Find out more about latest research, tools, techniques and specialist services

FREE EVENT – ALL WELCOME

Friday 28th September 2018 (10am – 1pm) St Mary's Church, Ashford TN23 1QG

Market Place: Local dementia services drop-in exhibition (10am - 1pm) Specialist Speakers: Cutting-edge research and care know-how (11-12.30pm)

For more information, contact alisoncarter@noplacelikehome.eu or 01795 597983

Keynote speeches from:



Reinhard Guss Clinical Psychologist and Co-Chair of Dementia Action Alliance England



Dr Jamie Bilsland Head of Neurodegeneration Alzheimer's Research UK, Drug Discovery Institute, UCL

Your Checklist...

- What should I do if I'm worried about my memory?
- Am I fully prepared for the future both legally and financially?
- What can I do to support my loved one to live a good life with dementia?
- What is the difference between Alzheimer's and dementia?
- ✓ Does dementia run in the family?

Our event aims to answer these questions and much more...

DAA

Dementia Action Alliance Canterbury & Ashford



Agenda Item 8e

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Healthwatch Kent– Quarter 1: April to June 2018

What's going on in our world	 We will shortly be publishing our report on the experiences of patients in East Kent who have been discharged from hospital. We have spoken with 220 people and our report will include a number of recommendations. We continue to work closely with EKUHFT to support them in their plans. We are an active member of their Patient Experience Committee.
Success stories since last AHWB	 We are working with EKUHFT following publication of our report on how a patient with learning difficulties accessed Outpatients at all 3 EKUHFT hospitals. EKUHFT are working on an action plan to address our numerous recommendations. You can read the report on our website. We published a report about the experiences of 158 carers across Kent. This feedback has been used to directly inform KCC's review of Carer services.
What we are focusing on for the next quarter <u>specific to</u> <u>the key</u> <u>projects</u>	 We are starting to gather feedback about adult autism services to ensure peoples' views are heard as part of the current joint KCC & Health review of adult autism services. We will be visiting community mental health services in the summer to gather feedback from people. Our parent company, Engaging Kent, has taken responsibility for the Older Peoples' Forums, the Mental Health Action Groups and the Mental Health service user forums. There is one in every district and they are a platform for providers and commissioners to have meaningful conversations about services. Healthwatch is working closely with these partners on a programme of co-production to support the groups to become a more dynamic way for people's voices to be heard by decision makers. We have written to EKUHFT asking for details about the support offered to homeless patients. This is part of a new project to gather feedback from the homeless community about being discharged from hospital.
Anything else relevant to AHWB priorities NOT mentioned above	Our annual report will be published on June 30th
Strategic challenges & risks including	Changes to strategic commissioning

horizon	
scanning?	
Any thing	•
else the	
Board	
needs to	
know	
Signed &	
dated	Healthwatch Kent June 2018

Agenda Item 8f

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for LCPG – Quarter 1: April to June 2018

What's going on in our world	 Grant providers fully mobilised and connections made with schools, other agencies and contribution to the well-being offer for children, young people and their families in Ashford. Creative approaches have been taken to ensure engagement and access for those who will benefit most from the services. Domains-based conversations taking place in schools and as part of work carried out in Early Help. These have given an insight into young people's views and enabled work to be planned to support them to make positive changes.
	 Themed meetings at LCPG in place for priorities: Adolescent Aspirations, Family Well-being and Best start in Life. These have included key partner agencies and services.
	 Adolescent pilot work has been extended and developed as a sustainable model for working with young people and harnessing the multi-agency expertise/local intelligence.
Success stories since last AHWB	 District well-being events on 6th July – Early Help with Headstart have invited partner agencies and services to attend to find out about each other and the progress being made in local projects/services. In particular the Headstart offer and on-line resources will be demonstrated. Market stalls are being provided by a range of agencies including School Nursing, One You and others. Plans for a further conference related to SEND being developed from a follow-up meeting after the SEND summit in March. The Born to Move training and school-based activities are underway and being sustained. Funding has been given to schools for Kent Mental Health Services and Schools Link Programme via Ashford Families First to support them to provide well-being strategies for children and staff, complementing the Headstart offer. Ashford is on target with Headstart roll-out and impact measures. Adolescent pilot has resulted in 62% reduction in missing episodes for young people and 102 and only 2 have become Looked After.
What we are focusing on for the next quarter	 Gaining feedback about best practice from schools involved with Headstart and the link programme about best practice, successes and what works well. Grant funded services will attend the themed meetings of LCPG and help to define future direction.
specific to the key projects	 Born to Move will be a priority area of work, undertaken by schools and shared with other agencies. Linkage with CSP and the safeguarding sub-group/KSCB to be further explored.
Anything else relevant to AHWB priorities NOT mentioned above	 LCPG/Ashford Supporting Families funding is being used effectively via the LCPG priority areas. Adolescent pilot was visited by KCC Lead Member, Roger Gough, and the feedback was very positive. Children's centres and Youth Hub summer activities are being organised currently. Early Help and SCS are meeting with Ashford GPs to look at further opportunities to work together more closely.

Strategic challenges & risks including horizon scanning?	 Use of local resources need to be well panned and opportunities explored to bring in further funding via bids – this will require a multi-agency approach.
Anything else the Board needs to know	 There is a review of Youth Advisory Groups, District Advisory Boards and Local Children's Partnership Boards. KCC new Directors of Integrated Children's Services have been appointed.
Signed & dated	Helen Anderson – June 2018