



# ASHFORD HEALTH AND WELLBEING BOARD

Notice of a Meeting, to be held in the Council Chamber - Ashford Borough Council on  
Wednesday, 14th November, 2018 at 9.30 am.

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

Councillor Bradford (Portfolio Holder for Community Safety and Wellbeing, Ashford Borough Council (Chairman)) (Chairman)  
Kumta (Clinical Lead and Chair Ashford Clinical Commissioning Group) (Vice-Chairman)

Helen Anderson, Ashford Local Children's Partnership Group  
Lisa Barclay, Head of Local Care, Ashford CCG  
John Bridle, HealthWatch Representative  
Karen Cook, Policy Advisor, Kent County Council  
Sheila Davison, Head of Community Safety and Wellbeing, Ashford Borough Council  
Christina Fuller, Head of Culture, Ashford Borough Council  
Ray Isworth, KALC  
Tracey Kerly, Chief Executive, Ashford Borough Council  
Chris Morley, Patient & Public Engagement (PPE) Ashford Clinical Commissioning Group  
Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health Kent County Council  
Sharon Williams, Head of Housing , Ashford Borough Council  
Mark Wiltshire, Ashford Local Children's Partnership  
Oena Windibank, Local Care Director East Kent CCG's

## Agenda

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1. **Welcome and Apologies**

2. **Declarations of Interest:-**

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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 2 for further details

- |    |   |         |
|----|---|---------|
| 3. | <b>Notes of the Meeting of the Board held on the 18th July 2018</b>     | 3 - 8   |
| 4. | <b>Ashford Health and Wellbeing Board Going Forward - Angela d'Urso</b> | 9 - 30  |
| 5. | <b>Priorities &amp; Actions 2018/19 - Angela d' Urso</b>                | 31 - 36 |
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| 7. | <b>Focus: One You - Angela d'Urso</b>                                   | 39 - 48 |
| 8. | <b>Partner Update</b>   | 49 - 50 |
| 9. | <b>Dates of Future Meetings</b>   |         |

To be agreed dependant on the outcome of agenda item 4

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6 November 2018

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

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

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

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

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

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

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

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

### **Advice to Members on Declarations of Interest:**

- (a) Government Guidance on DPI is available in DCLG’s Guide for Councillors, at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/5962/2193362.pdf](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 <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.

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## Ashford Health and Wellbeing Board

Minutes of a Meeting of the Ashford Health & Wellbeing Board held on the  
**18th July 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)

Councillor Jenny Webb – Deputy Portfolio Holder for Community Safety and  
Wellbeing, ABC

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)

Roy Isworth – KALC

Matthew Capper – Director of Performance and Delivery (NHS Ashford and  
Canterbury)

Ann Redman – Service Manager, Social Services, KCC

Dr Jim Kelly - Ashford Clinical Providers

Dr Sadia Rashid - Chair of Ashford Clinical Providers

Helen Anderson – Ashford Local Children’s Partnership Group

Jane McAvoy – Ashford Local Children’s Partnership Group

Angela d’ Urso – Community Safety and Wellbeing Manager, ABC

Belinda King – Management Assistant, ABC

Keith Fearon – Member Services Liaison Manager, ABC

### **Apologies:**

Sharon Williams - Head of Housing, ABC, Jo Frazer - Head of Adult Social Care  
PMO.

## **1 Election of Chairman and Vice-Chairman**

### **Resolved:**

**That Cllr. Bradford and Dr Navin Kumta be elected as Chairman and Vice-  
Chairman respectively of the Board for 2018/19.**

## **2 Declarations of Interest**

- 2.1 Cllr. Mrs Webb and Chris Morley made Voluntary Announcements as they  
were Directors of the Ashford Volunteer Centre.

### **3 Notes of the Meeting of the Board held on 18 April 2018**

**Resolved:**

**That the Board agreed that the notes were a correct record.**

### **4 Update on the Kent and Medway Joint Health and Wellbeing Board Meeting – 28th June 2018**

- 4.1 The Minutes of the Kent and Medway Joint Health and Wellbeing Board meeting held on 28<sup>th</sup> June 2018 could be accessed using the link provided under item 4 on the agenda.
- 4.2 Navin Kumta summarised the items discussed at the meeting, it being noted that there were no specific actions to be addressed by the Ashford Health and Wellbeing Board. Karen Cook advised that this first meeting had considered work around the STP footprint and the Prevention and Local Care agenda. The next meeting would look at establishing a performance dashboard and outcomes.

### **5 Delivering Local Care from a Social Care Perspective**

- 5.1 Ann Redmond gave a presentation on delivering Adult Social Care within Local Care and the STP. The presentation was broadly based on the one which had been published on the Council's website under:  
<https://ashford.moderngov.co.uk/documents/s2546/item%206.pdf>
- 5.2 Ann Redmond advised that the basic principle sitting behind the initiative was to keep people safe and living in their own homes and thereby avoiding stays in hospital. The initiative would require the realignment of staff resources and the allocation of case loads according to appropriate skill bases. It was proposed that the initiative would commence from 6 August 2018.
- 5.3 Karen Cook explained that this was a major change for services in the County and confirmed that the changes were being made within existing budgets. She believed that this move to person centred care would provide a much better service to the public. Chris Morley suggested that it would be helpful if the changes were more widely publicised. Although it was acknowledged that the changes mostly affected back office functions, Karen Cook agreed to relay this comment back to Jo Frazer.
- 5.4 In response to a further question, Ann Redmond clarified that a member of the public would have only one point of contact and it was hoped that there would be a seamless delivery in terms of team working.
- 5.5 Roy Isworth advised of his work with the Tenterden Day Centre and with Age UK and said that the volunteers were able to provide many aspects of support to people discharged from hospital apart from nursing but this would need effective liaison with the East Kent Hospital Trust. Additional attendees at the

centre would also help to alleviate the loss of funding stemming from the reduction in government grant. Ann Redmond said that she would be very interested in working with the Day Centres and it was agreed that a meeting be arranged between the relevant parties and the Chairman of the Board to take this forward.

- 5.6 Dr Jim Kelly said that General Practices were generally struggling in terms of supporting the increasing number of patients within their communities and considered that social care workers should be based within GP surgeries. Karen Cook confirmed that social workers would be part of local care teams. Dr Sadia Rashid also said that there was a need for all GP's within Ashford to work together and take the lead in looking towards the provision of a dedicated new primary care health centre. Dr Rashid also explained that it was important for GP's to be made aware when patients were due to be discharged from hospital. Matthew Capper explained that Integrated Discharge Teams would aid this process and said that KCC Directors now sat in on meetings at CCG level to ensure that plans lined up. The STP view was that the role of the hubs should be expanded.
- 5.7 Chris Morley suggested that it may be helpful for a representative from the Discharge Teams to be invited to a future meeting.
- 5.8 The Chairman thanked Ann Redmond for her presentation.

**Resolved:**

- That (i) **the Board agreed that the report be received and noted.**
- (ii) **a meeting between the Chairman and Roy Isworth and Ann Redmond be arranged to discuss the potential assistance available from the Day Centres in terms of patients discharged from hospital.**

## **6 Ashford Health & Wellbeing Board Going Forward**

- 6.1 Sheila Davison explained that the report set the scene for a discussion on the future of the Board in light of changes made at County level ie the establishment of the new Kent and Medway Joint Health and Wellbeing Board and wider STP activity. She understood that the Chairman of other local Boards in Kent had received a letter from the Chairman of the Joint Board advising that local Boards were no longer to be sub committees of KCC. Sheila Davison also advised of the joint work with the other East Kent authorities on public health work and the possibility of an East Kent Board or suitable alternative. She also referred to the ongoing difficulties in engaging with some local Board partners and also the difficulty of identifying an appropriate representative for the voluntary sector. In terms of the responses to the questionnaire circulated to partners, she advised that this had resulted in mixed views, with some favouring a stronger East Kent model and others supporting a more local perspective.

6.2 The Chairman opened up the issue for discussion and a summary of the comments expressed at the meeting is set out below:-

- Local views were very important and it would be helpful to feed these into any discussion at the East Kent level to ensure that work was synchronised across the County.
- It was important for local Health Commissioners to take into account the increase in the local population and to ensure that primary care was appropriately funded to help avoid the need for patients to have to visit A&E.
- Ashford should have a facility, similar to the Estuary View Centre in Whitstable and the Board needed to be active in helping to make this happen.
- The current Board arrangements enabled local voices to be heard, which may be lost if issues were discussed at an East Kent level.
- The work of the current Board was particularly important in terms of the local priorities such as obesity, stop smoking and diabetes which would continue to be taken forward by the Task and Finish Group.
- Establishing a link with East Kent, and to meet with them on a six monthly basis, would help avoid duplication and streamline services across the area.
- There was a need for the Board to re-examine its key objectives as more recently it had become involved in organisational change issues, i.e. STP, rather than local priorities. It was acknowledged that the work of the Task and Finish Group did happen behind the scenes and that this needed to be a focus for a future Board meeting.
- If the Board had to focus on one key priority it was considered that this should be Obesity.
- It was important for Ashford to have its own identity and priorities as many young families were moving into the area and losing extended family support.
- The current arrangements provided a good networking opportunity.
- In terms of future liaison with the Voluntary Sector, it was considered that there was a need to be clear what opportunities/benefits were available to them by participating in the Board.

6.3 The Chairman thanked the Board for their helpful and constructive comments on this issue and said that it would be brought back to the next meeting.

**Resolved:**

**That the outcome of discussions regarding future liaison with other East Kent authorities and options for the future agenda be subject of a report to the next meeting of the Board.**



## 7 Partner Updates

### (a) Clinical Commissioning Group

- 7.1 Matthew Capper said that he would circulate the formal update in due course but in the interim he wished to advise that a report on strategic commissioning would be produced and submitted to the Kent and Medway Joint Board. Work was also continuing on developing the Multi-Disciplinary Teams and also further work on the Estates Strategy.

### (b) Kent County Council (Public Health)

- 7.2 KCC Public Health were no longer sending a representative to the Board and therefore there would be no future partner updates from them.

### (c) Ashford Borough Council

- 7.3 Sheila Davison advised that the One You shop had been very successful and was now used by so many groups that the rooms within the facility had no space slots. It was hoped that they would move to larger premises and partners were asked whether they would consider contributing to the additional rental or relocation cost. It was also noted that the shop had been shortlisted for an Annual Award from the Royal Society of Public Health.
- 7.4 In terms of housing, Sheila Davison explained that ABC were working with health and social services on defining the model for future health and social care and housing provision for older people. A very useful workshop had recently taken place and further work streams on this were to be taken forward by a sub group. The council also had a housing representative attending the health complex cases meetings. Finally, the Borough Council had just approved to continue to support a dedicated Occupational Therapist to support disabled adaptations and support was being provided regarding hospital discharge processes. Further information on this priority and the actions being taken would come to a future Board meeting.
- 7.5 The Chairman also reported on the launch of the Rolvenden Rocket pilot which was a community transport scheme being funded by ABC with the aim of delivering transport to the village. Dr Rashid said that the idea could translate to diabetes care for those patients who needed regular insulin. Roy Isworth indicated that the Tenterden Social Hub had access to funding for a community bus service and options could exist to take forward the idea suggested by Dr Rashid for diabetes care. These ideas to be pursued by Roy Isworth and Dr Rashid as appropriate.

### (d) Voluntary Sector

- 7.6 Not provided as position currently vacant.

**(e) HealthWatch**

- 7.7 John Bridle said that he had become aware of concerns in respect of the wheelchair service and he had therefore referred this issue to HealthWatch. He was also aware of problems and impact on people with learning difficulties when undertaking hospital visits and also the location of the disabled parking spaces in hospital car parks.

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

- 7.8 Helen Anderson reported further on the information set out in the Partner Update and drew attention to work being undertaken with Maidstone and Mid Kent MIND and in particular work targeted towards young people faced with anxiety. Work on breastfeeding; Step Out and Work With Dads was also continuing. An event with Headstart had taken place on 6 July which had been well attended and which had provided useful feedback. Helen Anderson also drew attention to a member of her team who had been nominated for an award by the Royal College of Nursing.

## **8 Forward Plan**

- 8.1 Given the discussion earlier in the meeting about the future of the Health and Wellbeing Board it was agreed that the following items should be considered by the Board:-
- Update on the option of working more closely across East Kent.
  - Suggestions for future themes/agenda ideas for the Board.
  - The Housing Priority.
  - Local Care Plan.
  - Update on the Hospital Trust with a focus on workforce issues.
  - Six monthly meetings

## **9 Dates of Future Meetings**

- 9.1 The next meeting would be held on 17th October 2018.

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### Health and Wellbeing Moving Forward

#### Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) approve the closing down of the Board.
2. That the AHWB approve the creation of the Ashford Health and Wellbeing Partnership (AHWP) and the East Kent Health and Wellbeing Board (EKHWB), after discussion based on the draft terms of references attached in Appendices 1 and 2.
3. That the AHWB note the draft delivery action plans developed to drive the work of the AHWP, attached in Appendix 3.
4. That the AHWB note that the EKHWB terms of reference are being reviewed by other East Kent district Health and Wellbeing Boards for their input prior to final adoption, so may be subject to change.

#### Background Information

5. At the last meeting of the AHWB on 18 July 2018, a paper was discussed based on partners' responses to a consultation on the future of the Board.
6. It was very clear that partners believed there was a need to review the focus of the Board.
7. The key principles for the future of the board were agreed as:
  - That the delivery of certain strategic priorities would be better served by working at a sub-regional level
  - That a local group was required to ensure the delivery of the bespoke Ashford approach to health and wellbeing
8. Officers were tasked to develop these principles into proposals for future ways of working.

#### Key Issues

##### East Kent Health and Wellbeing Board (EKHWB)

9. Following on from discussions with colleagues across Health and Wellbeing Boards in the East Kent area, it is clear that views expressed by the Ashford Health and Wellbeing Board are shared.
10. Ashford officers developed a draft terms of reference for the proposed EKHWB. These terms of reference have been reviewed at the Public Health leads meeting on 7 September and broadly agreed for further discussion at individual Health and Wellbeing Boards.
11. The proposed composition of the EKHWB recognises the need for and the value of a coordinated, partnership approach to addressing shared health and wellbeing needs and related problems across the East Kent sub region. It also recognises the value of working sub regionally to reflect structural arrangements of key partners, as well as the value of a single voice at a regional level. The EKHWB aims to:

- Take advantage of the synergies of working on a sub-regional basis to deliver agreed priority outcomes
  - Deliver better coordinated quality care targeted to the greatest need – in particular to deliver cross borough activity to target an agreed priority area e.g. smoking cessation, substance misuse
  - Improve the public's experience of health and wellbeing services
12. The EKHWB will take on the responsibility of representation at the Kent and Medway Joint Health and Wellbeing Board (KMJHWB) on a rotational basis.
13. The location of the EKHWB will rotate across each of the local authority areas in turn. The Chair of the meeting will be the Lead Member for the local authority area the meeting is being held in.
14. The EKHWB will:
- Ensure that the duties of the KMJHWB are completed and that the needs of East Kent are adequately reflected within them
  - Escalate issues to the KMJHWB as required
  - Agree an annual sub-regional priority through a partnership framework process in order to maximise resources and synergies
  - Address health and wellbeing issues that are difficult to address at a local borough level
15. For full details of the proposal, a draft terms of reference for the EKHWB can be found at Appendix 1.

#### Ashford Health and Wellbeing Partnership (AHWP)

16. The AHWP aims to:
- Improve health and wellbeing outcomes in Ashford, ensuring bespoke delivery tailored to our needs and our communities
  - Ensure all partners are contributing to the agreed health and wellbeing outcomes
17. The AHWP has the following outcome objectives, which link directly to the Kent Joint Health and Wellbeing Strategy to ensure we play our part in the delivery of county aims:
- Giving every child the best start in life
  - Effective prevention of ill health by people taking greater responsibility for their own health and wellbeing
  - Quality of life for people with long term conditions is enhanced with good access to good quality care and support
  - People with mental health issues are supported to live well
  - People with dementia are assessed and treated earlier and supported to live well
- We also have local outcome objectives as follows:
- Ensuring homes in Ashford support the health and wellbeing of our communities
  - Improving our air quality and reduce deaths where Public Health England estimate that particulate air pollution is a contributory factor
  - Driving behaviour change in our communities to deliver long lasting and sustainable outcomes
18. Proposed membership of the AHWP includes Ashford Borough Council, the Clinical Commissioning Group, the Kent Community Health Foundation Trust and the William Harvey Hospital.
19. For full details of the proposed terms of reference for the AHWP can be found at Appendix 2.

20. An action plan has been developed to pull together all priorities for the AHWP and programmed activity related to them (please see Appendix 3). It will be the role of the AHWP to drive delivery of the action plans.

**Next steps**

21. Based on the approval of the Ashford Health and Wellbeing Board, officers will take steps to close the AHWB and create the AHWP, with an inaugural meeting in quarter 4 2018/19.
22. Officers will also continue to work with colleagues across the East Kent districts and will provide a further update on the proposed EKHWB.

<b>AUDIT TRAIL</b>	
<b>Lead Member</b>	Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council
<b>Lead Officer</b>	Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk
<b>Background documents</b>	Ashford Health and Wellbeing Board Going Forward - 18 July 2018, agenda item 6 Available from Angela d'Urso
<b>Consultation with partners</b>	Yes
<b>Date report sent to Constitutional Team</b>	5 November 2018

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## Terms of Reference

### Introduction

This document sets out the ways in which the partner agencies that comprise the East Kent Health and Wellbeing Board (EKHWB) will work together.

The composition of the EKHWB recognises the need for and the value of a coordinated, partnership approach to addressing shared health and wellbeing needs and related problems across the East Kent sub region. It also recognises the value of working sub regionally to reflect structural arrangements of key partners, as well as the value of a single voice at a regional level.

The EKHWB will ensure effective strategic planning and use of resources – including commissioning - as well as a coordinated approach to meeting statutory requirements and targets.

### Strategic Remit

The EKHWB sits within a wider framework of partnerships. See Appendix 1 for a map of the partnership environment (*not attached for the purposes of this report*).

The Kent and Medway Joint Health and Wellbeing Board (KMJHWB) is an advisory sub-committee which operates 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.

It will seek to:

- Ensure collective leadership to improve health and wellbeing outcomes across both local authority areas, to enable shared discussion and consensus about the STP across the Kent and Medway footprint in an open and transparent way.
- Help to ensure the STP has democratic legitimacy and accountability, to seek assurance that health care services paid for by public monies are provided in a cost-effective manner.
- Consider the work of the STP and encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner.
- Take account of and advise on the wider statutory duties of Health and Social Care partners.

The key functions of the KMJHWB are:

- To consider and influence the work of the STP focussing on prevention, Local Care and wellbeing across Kent and Medway.
- To consider and shape the development of Local Care within the STP which will impact on adult social care delivery in both authorities, advising the KMJHWB accordingly.
- To give advice to the STP in developing clear plans and business cases to assist commissioners in making best use of their combined resources to improve local health and well-being outcomes, particularly relating to the Local Care and Prevention work streams, making recommendations to the KMJHWB on support that could be provided.
- To keep NHS commissioning plans under review, insofar as they relate to STP Plans to ensure they are taking into account the Kent and Medway Joint Strategic Needs Assessment

and local HWB Strategies, referring back to the STP Programme Board and respective Kent and Medway Health and Wellbeing Boards where they do not.

- To champion integration in local care delivery, including working with the STP to establish a Kent and Medway Local Care Board.
- To support the development of the Clinical Strategy.
- To ensure alignment of the Kent and Medway JSNAs with population health needs to inform the STP Case for Change and the associated Clinical Strategy.
- To consider and advise on the development of the STP Preventative work-stream given it is heavily focussed on Public Health functions within both upper-tier authorities.
- To consider and advise on the development of options for the local authorities' role in a Strategic Commissioner arrangement with Health – the engagement in which remains a matter for each of the local authorities.
- To consider options for the local authority role in the development of Integrated Care Systems (previously known as Accountable Care Partnerships), the engagement in which remains a matter for each of the local authorities.

The EKHWB representatives at the KMJHWB will rotate and will be agreed by the EKHWB.

The East Kent Health and Wellbeing Board (EKHWB) feeds into the KMJHWB. The EKHWB:

- Ensures that the duties of the KMJHWB outlined above are completed and that the needs of East Kent are adequately reflected within them
- Escalates issues to the KMJHWB as required
- Agrees an annual sub-regional priority through a partnership framework process in order to maximise resources and synergies
- Address health and wellbeing issues that are difficult to address at a local borough level

### **EKWP aims and objectives**

The EKWP aims to:

- Take advantage of the synergies of working on a sub-regional basis to deliver agreed priority outcomes
- Deliver better coordinated quality care targeted to the greatest need – in particular to deliver cross borough activity to target an agreed priority area e.g. smoking cessation, substance misuse
- Improve the public's experience of health and wellbeing services

### **Membership**

The following organisations/departments/roles are represented:

<b>Organisation</b>	<b>Position</b>
East Kent Local Health and Wellbeing Partnerships	Chair of local health and wellbeing partnerships*
	Lead officer for local health and wellbeing partnerships
	Chair of local community safety partnerships*
	Lead officer for community safety partnerships
East Kent Clinical Commissioning Group	
Kent County Council	Director of Public Health*
East Kent Hospitals	
Local Care	
Sustainability and Transformation Partnership	
Others	



Voting members are identified with an \*.

Others may be invited onto the Board as required by the Chair of the EKHWB.

### **Membership expectations**

- To attend the meetings of the EKHWB and when they cannot attend send a named deputy who has been briefed on their attendance
- To have authority to be able to take action and make decisions as required
- To commit to developing an appropriate level of understanding around health and wellbeing issues, policy and practice
- To offer advice on best delivery approaches using local and organisational knowledge
- To work together to overcome any cross-organisational barriers

### **The role of the Chair**

The location of the EKHWB will rotate across each of the local authority areas in turn. The Chair of the meeting will be the Lead Member for the local authority area the meeting is being held in.

Administrative support will also be provided by the local authority the meeting is being held in.

### **Observers**

Individuals and organisations with known expertise and knowledge may be requested to attend meetings as observers. Observers may participate in meetings but shall have no decision-making powers. If a member would like an observer to attend a meeting, he/she should seek the permission of the group.

### **Quorum**

A valid quorum for meetings is half of the members with the right to be heard. This is the minimum requirement for a decision to be taken.

### **Meeting Frequency**

The EKHWP will meet quarterly. During the priority setting process meetings will be more frequent as required.

### **Performance Indicators**

These will be relevant to the priority area for focus and as agreed as part of the framework process.

### **Subgroups**

Any sub groups will be established as required on a task and finish basis.

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## Terms of Reference

### Introduction

This document sets out the ways in which the partner agencies that comprise the Ashford Health and Wellbeing Partnership (AHWP) will work together to strategically oversee the delivery of the outcomes contained within the Kent Health and Wellbeing Strategy and the developing Ashford Health and Wellbeing Strategy.

The composition of the AHWP recognises the need for a coordinated, partnership approach to addressing health and wellbeing needs and related problems across the borough.

The AHWP will ensure effective strategic planning and use of resources – including commissioning - as well as a coordinated approach to meeting statutory requirements and targets, as well as local objectives relating to health and wellbeing.

### Strategic Remit

The AHWP sits within a wider framework of partnerships. See Appendix 1 for a map of the partnership environment (*not attached for the purposes of this report*).

The Kent and Medway Joint Health and Wellbeing Board (KMJHWP) is a statutory body established by the Health and Social Care Act 2012. The Act specifies a minimum membership, which has been extended to include representation of the district councils.

The East Kent Health and Wellbeing Board (EKHWP) is a sub-regional group that feeds into the KHWP. The EKHWP:

- Ensures that the duties of the KHWP outlined above are completed and that the needs of East Kent are adequately reflected within them
- Escalate issues to the KHWP as required
- Will agree an annual sub-regional priority through a partnership framework process in order to maximise resources and synergies
- Address health and wellbeing issues that are difficult to address at a local borough level

The Chair and the lead officer of the AHWP attend the EKHWP and it is their role to ensure a two way flow of information.

### AHWP aims and objectives

The AHWP aims to:

- Improve health and wellbeing outcomes in Ashford, ensuring bespoke delivery tailored to our needs and our communities
- Ensure all partners are contributing to the agreed health and wellbeing outcomes

The AHWP has the following outcome objectives, which link directly to the Kent Joint Health and Wellbeing Strategy to ensure we play our part in the delivery of county aims:

- Giving every child the best start in life
- Effective prevention of ill health by people taking greater responsibility for their own health and wellbeing
- Quality of life for people with long term conditions is enhanced with good access to good quality care and support

- People with mental health issues are supported to live well
- People with dementia are assessed and treated earlier and supported to live well

We also have local outcome objectives as follows:

- Ensuring homes in Ashford support the health and wellbeing of our communities
- Improving our air quality and reducing deaths where Public Health England estimate that particulate air pollution is a contributory factor
- Driving behaviour change in our communities to deliver long lasting and sustainable outcomes

## Membership

The following organisations/departments/roles are represented on the AHWP:

Organisation	Position
Ashford Borough Council*	Cabinet member for community safety and wellbeing
	Head of community safety and wellbeing
	Head of culture
	Head of housing
Clinical Commissioning Group*	Director of performance and delivery
	GP representative
	Lay member - patient and public engagement
Kent Community Health Foundation Trust*	
William Harvey Hospital	
Local Care	
Partnerships	Chair of Ashford Community Safety Partnership
	Chair of Ashford Local Children's Partnership Group
Others	Addaction xxx
	Ashford College xxx

Voting partners are indicated by an \*, with one vote per partner.

Others may be invited onto the Board as required by the Chair of the AHWP.

## Membership expectations

- To have authority to be able to take action and make decisions as required
- To attend the AHWP regularly and when they cannot attend send a named deputy who has been briefed on their attendance.
- To commit to developing an appropriate level of understanding around health and wellbeing issues, policy and practice
- To offer advice on best delivery approaches using local and organisational knowledge
- To support the work of the AHWP by assisting officers to overcome any cross-organisational / barriers

## The role of the Chair

The role of the Chair is to ensure:

- The AHWP and related sub groups are delivering agreed activity as outlined in the annual action plan
- Governance, including the delivery groups and related action plans, is annually reviewed
- That we are working closely with the EKHWB and KWB as required.

## **Observers**

Individuals and organisations with known expertise and knowledge may be requested to attend meetings as observers. Observers may participate in meetings but shall have no decision-making powers. If a member would like an observer to attend a meeting, he/she should seek the permission of the Chair.

## **Quorum**

A valid quorum for meetings is half of the members with the right to be heard. This is the minimum requirement for a decision to be taken.

## **Meeting Frequency**

The AHWP will meet quarterly. The AHWP may request sub-group meetings on particular topics more frequently.

## **Urgent matters**

Decisions may be made about urgent matters without a group meeting providing the written consent of the Chair is sought and given. In this case the Chair must ensure that every effort has been made to consult informally with members and report any decisions taken at the next meeting.

## **Performance Indicators**

The AHWP will agree a number of outcome indicators to provide a performance framework to capture progress and to identify and tackle emerging issues.

## **Subgroups**

These are established as required but currently include:

- Smoking cessation task group
- Healthy weight task group

An early years' working group is in the process of being established.

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APPENDIX 3

Ashford Health and Wellbeing Partnership  
One You Action Plan 2018/19

Outcome	Activity	Performance measures	Timescale	Lead	Progress update	R/A/G
A new and improved One You location	<p>Q2 - Design new layout to maximise delivery options and income generation possibilities Identify funding streams and any budget gaps Secure funding and agreement</p> <p>Q3 - Start and finish works to new location Develop new interventions based on new facilities e.g. physical exercise, healthy cooking, tongue tie assessments etc. Deliver a launch event and related communications strategy, as well as ensuring branding is in place at launch - particularly around the NHS</p> <p>Q4 - Upscale delivery and outcomes in line with new facilities Continue to promote new location and services, deliver a further launch event targeting those delivering primary care</p>	<p>Interventions developed and targeted Increased footfall Increased walk ins Increased booked appointments Increased income generation</p>	2018/19	Ad'U / MC / DS	<p>Shop layout designed and fully costed - a number of designs have been considered and reviewed. Final schedule of works being agreed and contractor appointed. Funding secured to pay for move, additional funding being sought re enhanced disabled bathroom facilities Community payback resource identified and confirmed Discussions with B and Q in terms of equipment and kitchen</p>	
Increase use / footfall across all communities	<p>Develop targeted interventions and specific health events for those with lower engagement rates e.g. men, wards with lowest attendance Promotional campaign undertaken - to include a billboard, the back of parking tickets etc.</p>	<p>Interventions developed More people coming to the shop and satisfied with the service offer Increase in attendance of individuals in need from those groups with lowest attendance rates</p>	2018/19	DW / Ad'U	<p>Use of One You goes from strength to strength - new facility will allow for further activity to increase interventions. Some recent service user feedback:</p> <p>"I can't say enough how much I value the girls in the shop. They're always there to make sure I'm OK and take my blood pressure. I've told all my friends about you!"</p> <p>"Thank you for all the support you offer us. It's wonderful feeling like we can just drop in to the Booth of Truth or for blood pressure monitoring and always see a friendly face."</p> <p>"It's just wonderful that this is so easy to access. And free!"</p> <p>"Thank you for your help today. I've been struggling to find good healthy recipes."</p> <p>Targeted referral pathways are being developed with colleagues from housing</p>	

**Ashford Health and Wellbeing Partnership**  
**Smoking Cessation Action Plan 2018/19**

Outcome	Activity	Performance measures	Timescale	Lead	Progress update	R/AG
Increase the number of quitters in Ashford	Increase the number of referrals of Ashford smokers into the Stop Smoking Service via the One You shop	Number of referrals Rate of take up of interventions offered e.g. stop smoking, smoking in pregnancy Success rate of interventions taken up	2018/19	DW	Interest and demand for the shop remain high, with attendance figures increasing month on month. August 2018 has had the highest monthly attendance so far at 262 people. Stop smoking services have so far accounted for 21% of all interventions delivered since the shop opened.	
	Explore options within the new KCC youth workers and school nurses contracts to develop Quit Coaches in schools and other key locations	Discussions with KCC held with options explored	Q3 2018/19	SH	Options explored. The North School hub has secured funding to develop a pilot scheme to work with young people to become peer quit advisors. An initial target has been set to achieve 60 quitters in 1 year.	
	Support the development of Smoking+ service, delivered by GPs Introduce proposed scheme and secure agreement	Smoking+ service introduced Number of people being prescribed nicotine replacement therapy Increase in the number of quitters	2018/19	DS	Meeting across all partners to agree the way forward held Discussed and agreed at GP forum	
	Capture data from stop smoking services in pharmacies, GPs, community advisors etc., to ensure we capture the full amount of people supported to quit smoking	Number of people taking up the support service options Number of people who have quit smoking, measured by the intervention they received	2018/19	EE	On track and fed into Public Health data	
	Promote national apps when launched	Successful promotion through the One You shop and our media channels	2018/19	SP	Website to be developed and social media campaign	
Stop young people taking up smoking	Deliver anti smoking sessions as part of Safety in Action fortnight, targeted at all year 6 pupils in the borough. To be designed and prepared this year, with delivery in 2019/20	Number of young people reporting a deterrence to taking up smoking A reduction in the number of young people smoking	2018/19 - 2019/20	DS		
Make smoking more difficult in public places	Embed and increase smoke free school gates	Number of smoke free school gates in operation across the borough	2018/19	EE	The programme has been offered to all primary schools. Work continues to increase uptake	
	Smoking related litter fixed penalty notices (FPNs) drive at key hotspot places	Q3 - hotspots and other key locations identified Q4 - increase in the number of FPNs issued	2018/19	EE / TB	To be reviewed	
	Pilot the talking smoking litter bins in key targetted locations, and ensure useful survey questions that will support our evidence base for futher partnership activity	Q4 - Pilot an agreed number of bins in agreed locations Agree questions for the bins to be programmed with the task group	2019	EE	Proposals being developed and funding opportunities explored	
	Increase smoke free locations - William Harvey Hospital discussions for 2019, plus other locations to be explored and progressed	Q4 - Review possible public locations for a smoke free environment, developed to proposal stage	2019	Ad'U	Options appraisal for new smoke free locations has started, with some target locations identified. Work with partners will start shortly.	
Tackle illicit tobacco	Develop illicit tobacco roadshow to implement in 2019/20	Illicit tobacco roadshow designed and booked	2019/20	Ad'U	Roadshow options explored and will be booked based on funding allocation 2019/20	
	Work with key partners to be the first council in the region to secure a closure order for the sale of illicit tobacco	Closure order secured and promoted	2018/19	Ad'U	Options to progress being explored following on from initial meeting with KCC trading standards	



**Ashford Health and Wellbeing Partnership**  
**Healthy Weight and Healthy Eating Action Plan 2018/19**

Outcome	Activity	Performance measures	Timescale	Lead	Progress update	R/A/G
Improve public knowledge and skills about health eating across all ages	* One You delivering healthy eating programme to council officers, alongside the Onions scheme * One You to explore options to offer the programme to other businesses within Ashford	Number of council officers engaged in the programme at the start and at the end Number of businesses taking up the offer	2018/19	DW	One You programme being delivered to council officers	
	Increase healthy eating programmes in schools - including exploring growing area schemes and an audit of what already exists. Scheme will seek to adopt a competition approach, with prizes awarded. Lesson plans will be provided as part of the scheme.	Number of schools delivering healthy and active programmes Number of schools with school allotment	2018/19, with new scheme developed for 2019/20	SH	Audit to be undertaken following the start of the new school year. Meeting being arranged with council allotments officer. Also exploring possible links with the County Show society.	
	Explore opportunities to have a show allotment in a key public location and / or healthy town hanging baskets containing fruit and vegetables	Options developed for allotment in 2019/20	2018/19, for delivery in 2019/10	SH	Meeting being arranged with council allotments officer.	
	* Increase uptake of existing food awareness programmes, such as Little Cooks * Design and deliver a preparing food programme at the One You, such as the Healthy Heart programme delivered by the Ashford Volunteer Centre	Number of attendees at Little Cooks Programme designed ready for launch in 2019/20	2018/19	EE	Information and promotional material to be shared - web page to be developed. Options around linking the Little Chefs programme and the food bank are being explored. The new kitchen facilities at One You are also being explored as part of this.	
	* Build links with the Ashford food bank and promote options for accessing the food - for example school breakfast clubs, after school clubs etc. * Consider the development of a scheme whereby a monthly box of raw ingredients (flour, sugar etc.) can be delivered to those people who attend programmes such as Little Cooks	Further meetings with the Food Bank to develop scheme options Create service pathways as required Promote the new schemes to the target audience	2018/19	Ad'U	Initial meeting with Food Bank held, further meetings to be held to develop scheme options. Promotional activity of the breakfast club offer - networks identified to ensure offer is getting to the right places.	
Increased levels of physical activity in the borough	Promote universal programmes aimed at children and young people e.g. Start 4 Life	Promote through our key channels for reaching young people and young parents	2018/19	KS/SP	Web page to be developed, and linked social media.	
	Deliver a Man vs Fat project, building on evidence collected through pilots	Q3 - Explore options for delivery, funding opportunities etc. Establish programme in line with findings - likely 2019/20	2018/19	Ad'U	Potential delivery mechanism identified, meeting set up to progress options	
	Deliver physical activities at the One You shop	Q3 * Design new interventions and programmes based on the new space at One You * Deliver new interventions and programmes to agreed number Q4 * Understand the impact upon existing programme outcomes and embed key learning	2019	DW	New interventions being developed in line with progress made in the move of the shop	
	Deliver the Snowdogs project	Increase the number of steps taken by our communities	2018/19	SH	Visitors using the Snowdog trail app pedometer have recorded 1.5 million steps since the launch, with 1,300 individuals visiting all 35 sculptures on the trail	
	Produce and deliver the cycling and walking strategy - a borough wide focus with specific area plans included and a link to the air quality strategy	Strategy produced and agreed or in process of agreement	2018/19	SH	Under construction with a Cabinet report to emerge at the end of 2018/19.	
	Promote 10 years of Move and Groove, as well as the extension of the daily mile into primary schools, plus the Joe Wicks school programme on YouTube. Further exploration into the delivery mechanisms through discussion with the Mason Mile.	Agree comms plan and deliver	2018/19	EE/SP	Mason Mile attending the AHWB	
	Capacity build communities to deliver their own healthy and active schemes - a new post is being created to lead on this activity	Develop JD in line with needs, grading etc. Recruitment process to appoint officer for the beginning of 2019/20 Agreed workplan, including key elements of portfolio action plans moving forward	2019	SH / Ad'U	JD has been produced and is being graded	
	Ensure the new leisure contract builds in outreach and targeting activity and considers a range of capabilities in their class programme, ensuring all are able to access physical activity	To emerge as part of the contract	2019/20	SH	This is being factored into the procurement process	

**Ashford Health and Wellbeing Partnership**  
**Early Years Action Plan 2018/19**

Outcome	Activity	Performance measures	Timescale	Lead	Progress update	R/A/G
Target those most in need of health improvement / behaviour change at the point of pregnancy	Q3 - Hold workshop with key partners to explore options based on a whole systems approach and data to identify need. Identify funding options. Test options with providers and potential service users, make adaptations. Explore options arising from the changing ways of working of health visitors and the opportunities to provide information and services through the children's centres, also explore options to reach nurseries through the use of the link person based at the children's centres Q4 - Prepare programme for 2019 Q1 launch, including any related referrals or communications	Programme agreed and ready to launch for 2019/20	2018/19	Ad'U	Meeting workshop being booked and external support identified	
Control portion size - raising awareness of what size a meal should be for under 5s	To be addressed in further details as part of the workshop session above. Target nurseries and primary schools, as well as opportunities at other events. A comms campaign will be a key part of this.	Programme agreed and ready to launch for 2019/20	2018/19	Ad'U	Existing educational literature to be shared in advance of workshop. ABC web page to be developed and social media approach - this will happen in 2018/19.	

**Ashford Health and Wellbeing Partnership**  
**Air Quality Action Plan 2018/19**

Outcome	Activity	Performance measures	Timescale	Lead	Progress update	R/A/G
Improve air quality and protect communities	The strategy to be produced to cover three priority areas: - Leading the way - Working with our partners - Enabling behaviour change	Q3 - Strategy produced Q4 - Strategy agreed by Cabinet - Process of officer appointment to commence	2018/19 (to agree strategy)	Ad'U	Strategy being written ready for final agreement by Cabinet	

**Ashford Health and Wellbeing Partnership**  
**Dementia Action Plan 2018/19**

Outcome	Activity	Performance measures	Timescale	Lead	Progress update	R/AG
Become a dementia friendly borough	Continue to deliver dementia awareness training sessions across partnerships, ensuring dementia friendly services and work to capacity build dementia friendly communities are delivered	Number of sessions delivered Number of attendees broken down across partner organisations	2018/19	JS	Sessions and refresher sessions being delivered to all council staff	
	Provide training to key services likely to be used by people, ensuring the borough becomes an easier place for them to live - for example training taxi fleet drivers	Number of sessions delivered Number of attendees across key service areas	2018/19	JS	Session organised for fleet taxi drivers	
	Explore the opportunity to use a dementia bus at events in order to foster understanding in the community of what living with dementia is like	Number of events attended by the dementia bus Number of people / interactions	To deliver in 2019/20	JS/AO		







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### Priorities moving forward

#### Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) note the action plans 2018/19 and progress made against them (please see appendix 1).
2. That the AHWB discuss and agree the priorities moving forward into 2019/20, with further work to be undertaken to enable any targeted activity required to deliver the priority outcomes.

#### Background Information

3. The AHWB has the following outcome objectives, which link directly to the Kent Joint Health and Wellbeing Strategy to ensure we play our part in the delivery of county aims:
  - Giving every child the best start in life
  - Effective prevention of ill health by people taking greater responsibility for their own health and wellbeing
  - Quality of life for people with long term conditions is enhanced with good access to good quality care and support
  - People with mental health issues are supported to live well
  - People with dementia are assessed and treated earlier and supported to live well
4. We also have local outcome objectives as follows:
  - Ensuring homes in Ashford support the health and wellbeing of our communities
  - Improving our air quality and reduce deaths where Public Health England estimate that particulate air pollution is a contributory factor
  - Driving behaviour change in our communities to deliver long lasting and sustainable outcomes

#### Key Issues

5. In agreeing our priorities moving forward, there are a number of issues to be considered, including:
  - The changes in our ways of working as agreed by the AHWB at agenda item 4
  - Our borough health profile (appendix 2)
  - The best use of our resources to achieve maximum outcome
  - Our current activity and progress made

#### Next steps

6. Based on the agreement of the priorities, sub groups will take responsibility for the delivery of the action plans of the individual priorities as required e.g. the smoking and obesity task and finish group.
7. Performance against the action plan will be reviewed quarterly at the sub groups and collated by the community safety and wellbeing manager, Ashford Borough Council to ensure oversight of the full health and wellbeing programme.
8. Performance against the action plans will be reported to the AHWB at each meeting by exception, with a detailed performance report received annually. This will be embedded as

part of the timetabling of future meetings of the AHWB and the surrounding partnership / governance structure.

<b>AUDIT TRAIL</b>	
<b>Lead Member</b>	Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council
<b>Lead Officer</b>	Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk
<b>Background documents</b>	Ashford Health and Wellbeing Board Going Forward - 18 July 2018, agenda item 6 Available from Angela d'Urso
<b>Consultation with partners</b>	No
<b>Date report sent to Constitutional Team</b>	5 November 2018



# Ashford

District

This profile was published on 3 July 2018

## Local Authority Health Profile 2018

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

### Health in summary

The health of people in Ashford is varied compared with the England average. About 15% (3,700) of children live in low income families. Life expectancy for both men and women is higher than the England average.

### Health inequalities

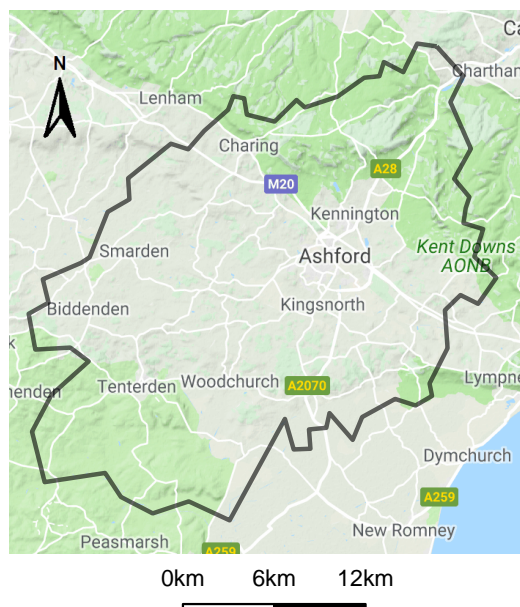
Life expectancy is 4.9 years lower for men in the most deprived areas of Ashford than in the least deprived areas.\*\*

### Child health

In Year 6, 18.4% (249) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 28\*. This represents 8 stays per year.

### Adult health

The rate of alcohol-related harm hospital stays is 427\*, better than the average for England. This represents 515 stays per year. The rate of self-harm hospital stays is 147\*, better than the average for England. This represents 179 stays per year. The rate of people killed and seriously injured on roads is worse than average. The rate of sexually transmitted infections is better than average. Rates of statutory homelessness, early deaths from cardiovascular diseases and the percentage of people in employment are better than average.



Contains National Statistics data © Crown copyright and database right 2018  
Contains OS data © Crown copyright and database right 2018  
Map data © 2018 Google  
Local authority displayed with ultra-generalised clipped boundary

For more information on priorities in this area, see:

- [www.ashfordccg.nhs.uk](http://www.ashfordccg.nhs.uk)
- [www.kpho.org.uk](http://www.kpho.org.uk)

Visit [www.healthprofiles.info](http://www.healthprofiles.info) for more area profiles, more information and interactive maps and tools.

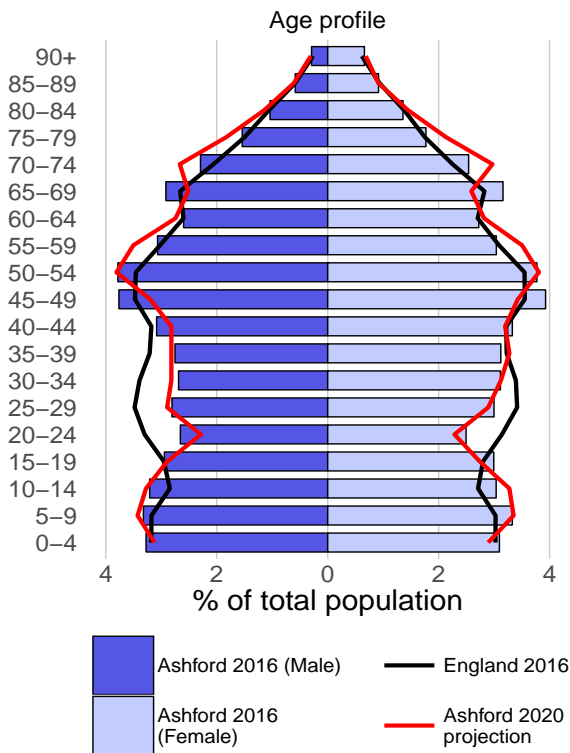
Local Authority Health Profiles are Official Statistics and are produced based on the three pillars of the [Code of Practice for Statistics](#): Trustworthiness, Quality and Value.

Follow [@PHE\\_uk](https://twitter.com/PHE_uk) on Twitter

\* rate per 100,000 population

\*\* see [page 3](#)

# Population



Understanding the sociodemographic profile of an area is important when planning services. Different population groups may have different health and social care needs and are likely to interact with services in different ways.

	Ashford (persons)	England (persons)
Population (2016)*	126	55,268
Projected population (2020)*	131	56,705
% population aged under 18	23.0%	21.3%
% population aged 65+	19.1%	17.9%
% people from an ethnic minority group	7.2%	13.6%

\* thousands

Source:  
Populations: Office for National Statistics licensed under the Open Government Licence  
Ethnic minority groups: Annual Population Survey, October 2015 to September 2016

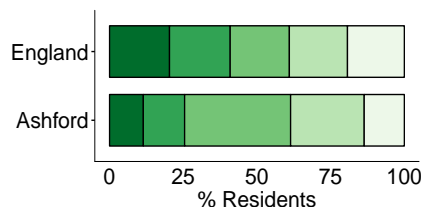
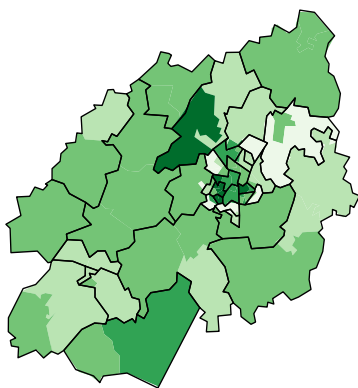
# Deprivation

The level of deprivation in an area can be used to identify those communities who may be in the greatest need of services. These maps and charts show the Index of Multiple Deprivation 2015 (IMD 2015).

## National

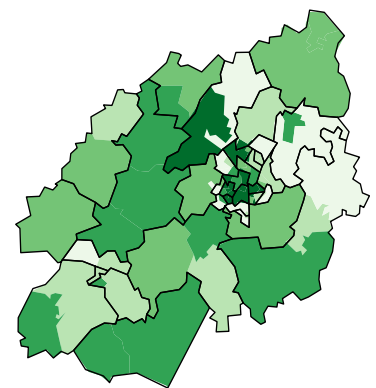
The first of the two maps shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of IMD 2015, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

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



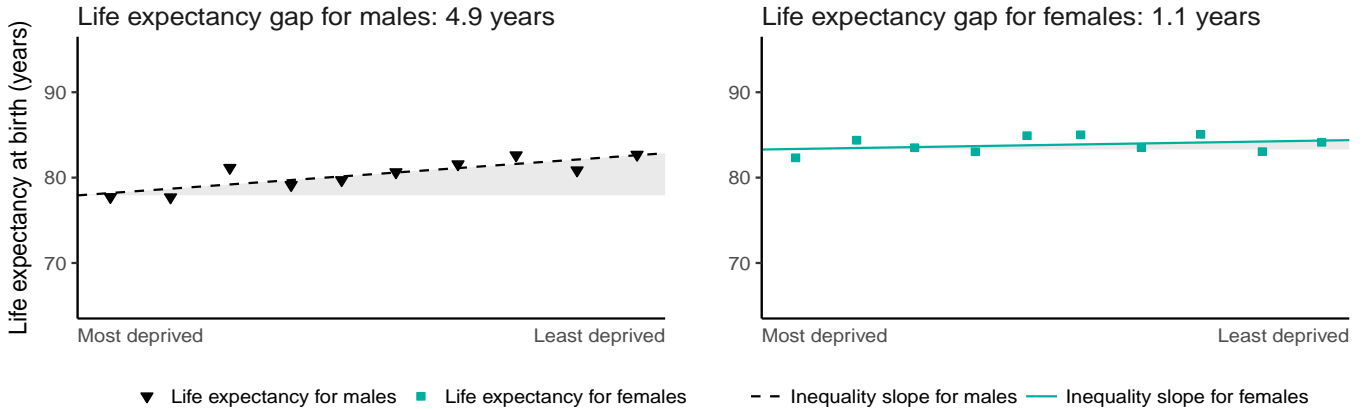
## Local

The second map shows the differences in deprivation based on local quintiles (fifths) of IMD 2015 for this area.



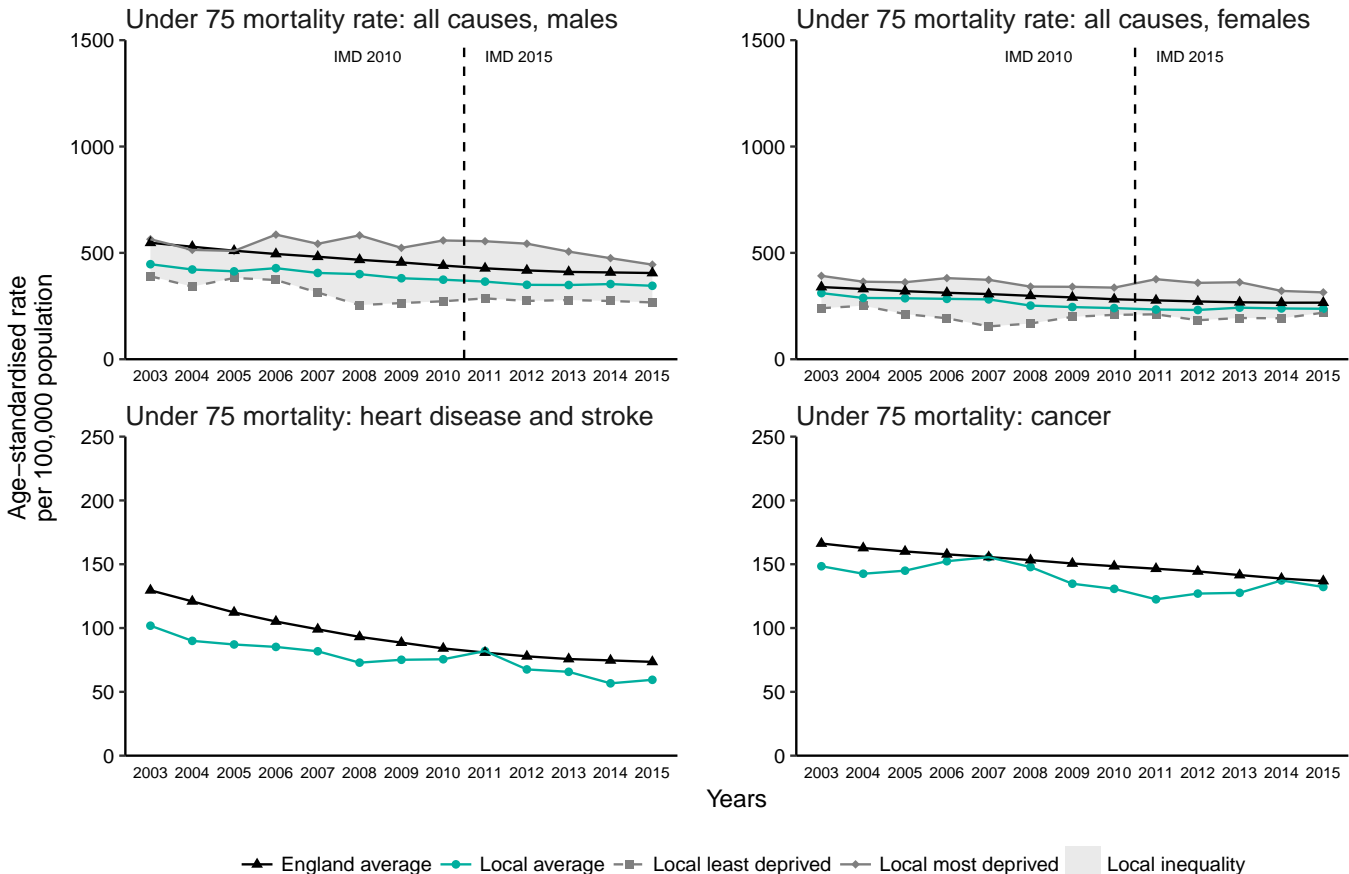
# Health inequalities: life expectancy

The charts show life expectancy for males and females within this local authority for 2014-16. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015). The life expectancy gap is the difference between the top and bottom of the inequality slope. This represents the range in years of life expectancy from most to least deprived within this area. If there was no inequality in life expectancy the line would be horizontal.



# Trends over time: under 75 mortality

These charts provide a comparison of the trends in death rates in people under 75 between this area and England. For deaths from all causes, they also show the trends in the most deprived and least deprived local quintiles (fifths) of this area.



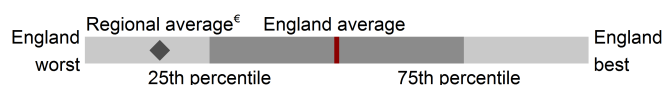
Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with the time period of the data. This provides a more accurate way of examining changes over time by deprivation.

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

# Health summary for Ashford

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

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



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	80.4	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	83.9	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 – 16	964	289.4	333.8	545.7		215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	197	59.4	73.5	141.3		42.3
	5 Under 75 mortality rate: cancer	2014 – 16	438	132.2	136.8	195.3		99.1
	6 Suicide rate	2014 – 16	33	10.5	9.9	18.3		4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	207	55.5	39.7	110.4		13.5
	8 Hospital stays for self-harm	2016/17	179	147.0	185.3	578.9		50.6
	9 Hip fractures in older people (aged 65+)	2016/17	124	528.2	575.0	854.2		364.7
	10 Cancer diagnosed at early stage	2016	278	54.1	52.6	39.3		61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	73.9	77.1	54.3		96.3
	12 Dementia diagnoses (aged 65+)	2017	902	64.1	67.9	45.1		90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	24	27.8	34.2	100.0		6.5
	14 Alcohol-related harm hospital stays	2016/17	515	427.3	636.4	1,151.1		388.2
	15 Smoking prevalence in adults (aged 18+)	2017	17,538	18.1	14.9	24.8		4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	67.6	66.0	53.3		78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	59.8	61.3	74.9		40.5
Child health	18 Under 18 conceptions	2016	44	18.8	18.8	36.7		3.3
	19 Smoking status at time of delivery	2016/17	180	12.3	10.7	28.1		2.3
	20 Breastfeeding initiation	2016/17	1,045	76.3	74.5	37.9		96.7
	21 Infant mortality rate	2014 – 16	16	3.5	3.9	7.9		0.0
	22 Obese children (aged 10–11)	2016/17	249	18.4	20.0	29.2		8.8
Inequalities	23 Deprivation score (IMD 2015)	2015	n/a	17.3	21.8	42.0		5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	35.2	25.7	48.7		5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	3,720	15.3	16.8	30.5		5.7
	26 GCSEs achieved	2015/16	761	55.3	57.8	44.8		78.7
	27 Employment rate (aged 16–64)	2016/17	60,700	80.8	74.4	59.8		88.5
	28 Statutory homelessness	2016/17	10	0.2	0.8			
	29 Violent crime (violence offences)	2016/17	2,414	19.4	20.0	42.2		5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	232	23.6	17.9	30.3		6.3
	31 New sexually transmitted infections	2017	297	383.2	793.8	3,215.3		266.6
	32 New cases of tuberculosis	2014 – 16	40	10.7	10.9	69.0		0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: [www.healthprofiles.info](http://www.healthprofiles.info)

## Indicator value types

1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A\*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

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

Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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### Mason Mile

#### Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) notes the presentation made by Steve Mason on the Mason Mile.

#### Background

2. The Mason Mile Challenge is a totally free family event to demonstrate the benefits of exercise and a healthy diet. It is a fully inclusive event, for all ages and abilities, with allowances for ALL categories of disability. One was recently held in Ashford.

AUDIT TRAIL	
<b>Lead Member</b>	Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council
<b>Lead Officer</b>	Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk
<b>Background documents</b>	None
<b>Consultation with partners</b>	No
<b>Date report sent to Constitutional Team</b>	5 November 2018

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### One You Update

#### Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) notes the success of the One You shop.
2. That the Ashford Health and Wellbeing Board (AHWB) notes the agreement to move premises and the allocation of budget.
3. That the Ashford Health and Wellbeing Board (AHWB) considers any funding opportunities or contributions that may be available, alongside any new or improved service pathways.

#### Background

4. The One You shop is the council and partners' response to tackle the health and wellbeing issues in our borough:
  - Smoking is still the biggest cause of preventable ill health and premature mortality -
    - **18.1%** (17,500) of Ashford adults smoke - **3.2%** higher than the national average and **1.8%** higher than the Kent average
    - **12.3%** of expectant mothers are smoking in pregnancy, higher than the national average of **10.7%**
  - **67.1%** of adults in Ashford are overweight. This is higher than the national average of **61.3%** and the Kent average of **59.7%**
  - **18.4%** of children in Ashford aged 10 -11 are classified as obese
  - Life expectancy for men is **4.9** years lower in the most deprived areas of Ashford compared to the least deprived areas.

These issues must be tackled not only to improve the lives of our residents, but also to prevent future unmanageable pressure on public services. We know the key to sustainable change is helping people to make their own healthier choices.

5. To the end of August 2018, there were **2,637** separate visits and **3,284** interventions delivered. Attendance figures have increased on a month by month basis - August 2018 had the highest monthly attendance since opening, with **228** people coming into the shop. **263** people walked into the One You shop in September 2018.
6. Healthy weight services have consistently been the most popular, accounting for **34%** of all interventions. Stop Smoking Services account for **21%** of all interventions, including the stopping smoking in pregnancy service). Smoking and obesity are two main priorities for Ashford, with prevalence of higher than the national average. **53%** of all service interventions are for stop smoking and healthy weight support. This demonstrates that people in Ashford are seeking advice and support to manage and improve their lifestyles, where it has been difficult for relevant services and traditional delivery mechanisms to engage with them.
7. **28%** of all customers visiting the One You shop live in the top 6 most deprived wards in Ashford. These customers have received **30%** of all interventions.
8. There are numerous partners also making use of the facility to deliver their interventions – so many, in fact, that the facility has reached its capacity.

## Key Issues for Consideration

9. There was an agreement to review the One You shop in February 2019.
10. This was brought forward due to the scale of success the shop is experiencing – the facility is currently at full capacity in terms of what can be delivered there. In order to grow, reach those not currently engaging and be able to offer improved services and choices the facility needed to move and grow.
11. The One You shop has been incredibly popular with service users – as recent feedback demonstrates:
  - “I can’t say enough how much I value the girls in the shop. They’re always there to make sure I’m OK and take my blood pressure. I’ve told all my friends about you!”
  - “Thank you for all the support you offer us. It’s wonderful feeling like we can just drop in to the Booth of Truth or for blood pressure monitoring and always see a friendly face.”
  - “It’s just wonderful that this is so easy to access. And free!”
  - “Thank you for your help today. I’ve been struggling to find good healthy recipes.”
12. To this end, officers were asked to develop a plan to move to One You and work with councillors and partners to design a new facility.
13. Please find attached draft plans for the proposed new unit (Appendix 1). The new unit will:
  - Provide for a vastly increase footfall, with the opportunity to increase interventions and deliver specific health and wellbeing events
  - Enable services to tackle health inequalities, as well as inequalities in uptake of services
  - Enable the development of wraparound service opportunities e.g. healthy food, exercise
  - Increase our income generation opportunities, with facilities for hire
  - Move us towards the aim of commissioned clinical service delivery within One You

## Financial implications

### 14. Current costs at location

**£9,983** - inclusive of rates, service charge and insurance

Kent County Council (KCC) public health currently pay all utilities and services, as well as providing a budget for promotional activity and communications. Kent Community Health Foundation Trust (KCHFT) staff the venue (with a contribution from us and KCC public health). This arrangement will continue at the new location.

### 15. Projected costs of new location

Business rates	<b>£16,980</b>
Service Charge	<b>£8,253</b>
Rent	<b>£7,000 (approx.)</b>
Insurance	<b>TBC</b>

The increase in rents has been factored into our internal service planning processes. We are also seeking additional contribution from partners to the ongoing revenue costs as this represents a significant increase in the contribution of Ashford Borough Council (ABC).

### 16. Relocation costs

Working with our partners we have developed proposals for the new layout of the shop and these have been costed accordingly.

In order to make the new premises fit for purpose we have been quoted the total costs of work will be in the region of **£60,000** (including contingency).

We are currently exploring some further enhancements to the disabled toilets to meet the Changing Places standard. We are exploring further funding opportunities to allow for this.

17. Officers have worked to reduce the financial implications through redesign processes, as well as identifying resource free opportunities. This includes working with a local businesses to provide a kitchen, paint and other equipment free of charge and working with Community Payback to secure a painting, decorating and moving workforce.
18. Council officers have also worked to identify funding sources for the works. So far we have contributions from ABC, KCC public health and KCHFT.
19. The ongoing revenue costs will continue to be met by ABC, KCC and KCHFT. An income generation strategy will be developed with the focus of covering these costs as far as possible. Any income on top of this will be funnelled back into the One You to enhance services.

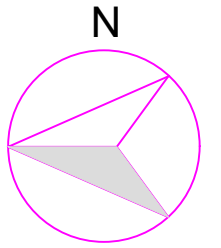
### **Next steps**

20. The table below shows the outline timeline for key activity. For the top level project plan please refer to Appendix 2.

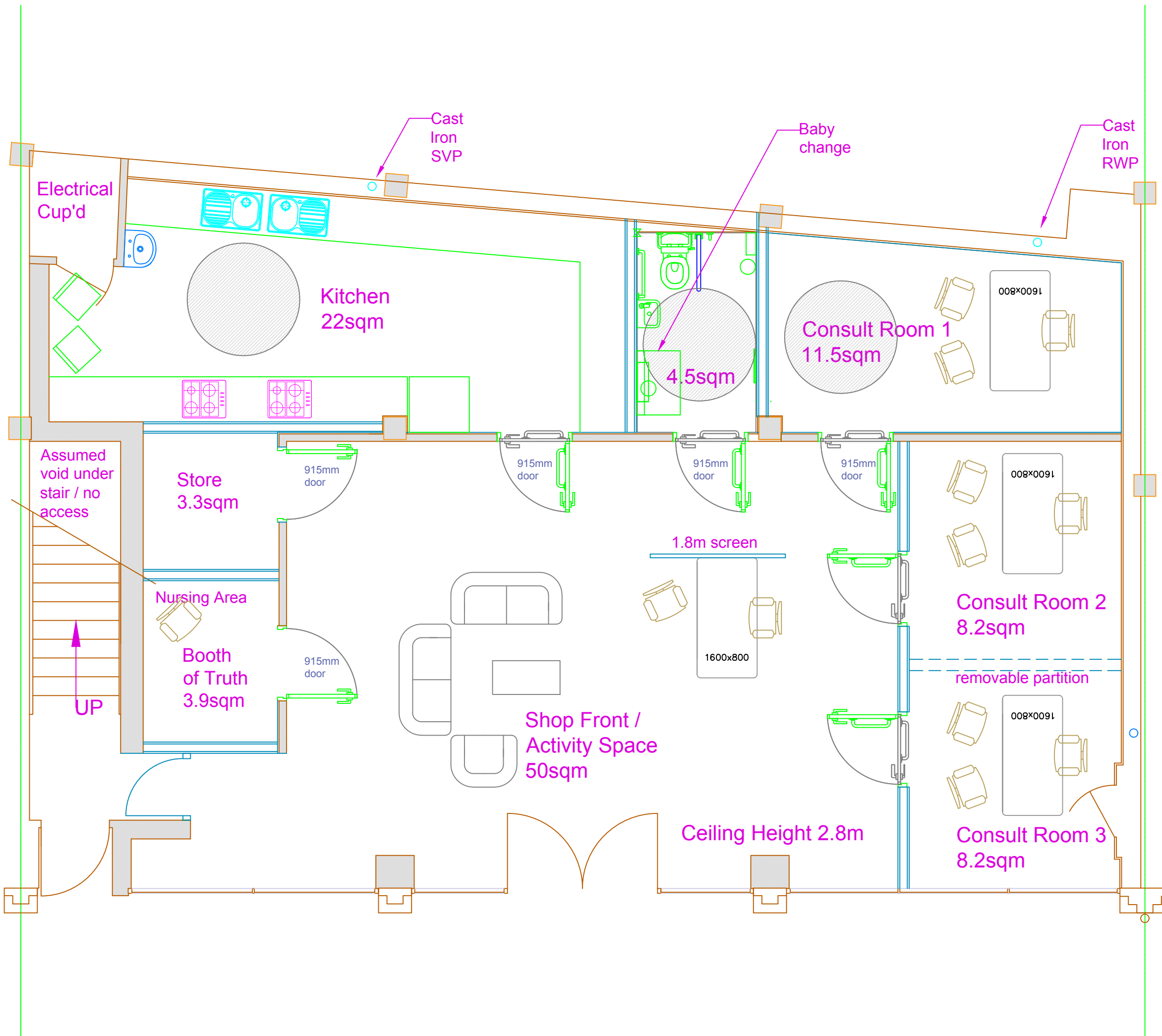
<b>Activity</b>	<b>Timeline</b>	<b>Lead</b>
Finalise funding contributions and budgets, including making funding applications as required	October – November 2018	Angela d'Urso
Create new memorandum of understanding, design any new services and referral pathways	November 2018	Angela d'Urso
Finalise schedule of works and commission the works, including Community Payback	November 2018	Angela d'Urso
Launch the new One You, with full communications strategy	December 2018	Angela d'Urso

<b>AUDIT TRAIL</b>	
<b>Lead Member</b>	Cllr Brad Bradford Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council
<b>Lead Officer</b>	Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk
<b>Background documents</b>	None
<b>Consultation with partners</b>	No
<b>Date report sent to Constitutional Team</b>	5 November 2018

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revisions	date

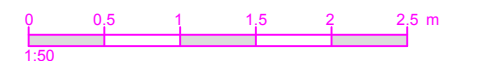
project  
**ONE YOU RELOCATION  
 FROM 7 TO 25 PARK MALL**

title  
**PROPOSED GROUND FLOOR PLAN**

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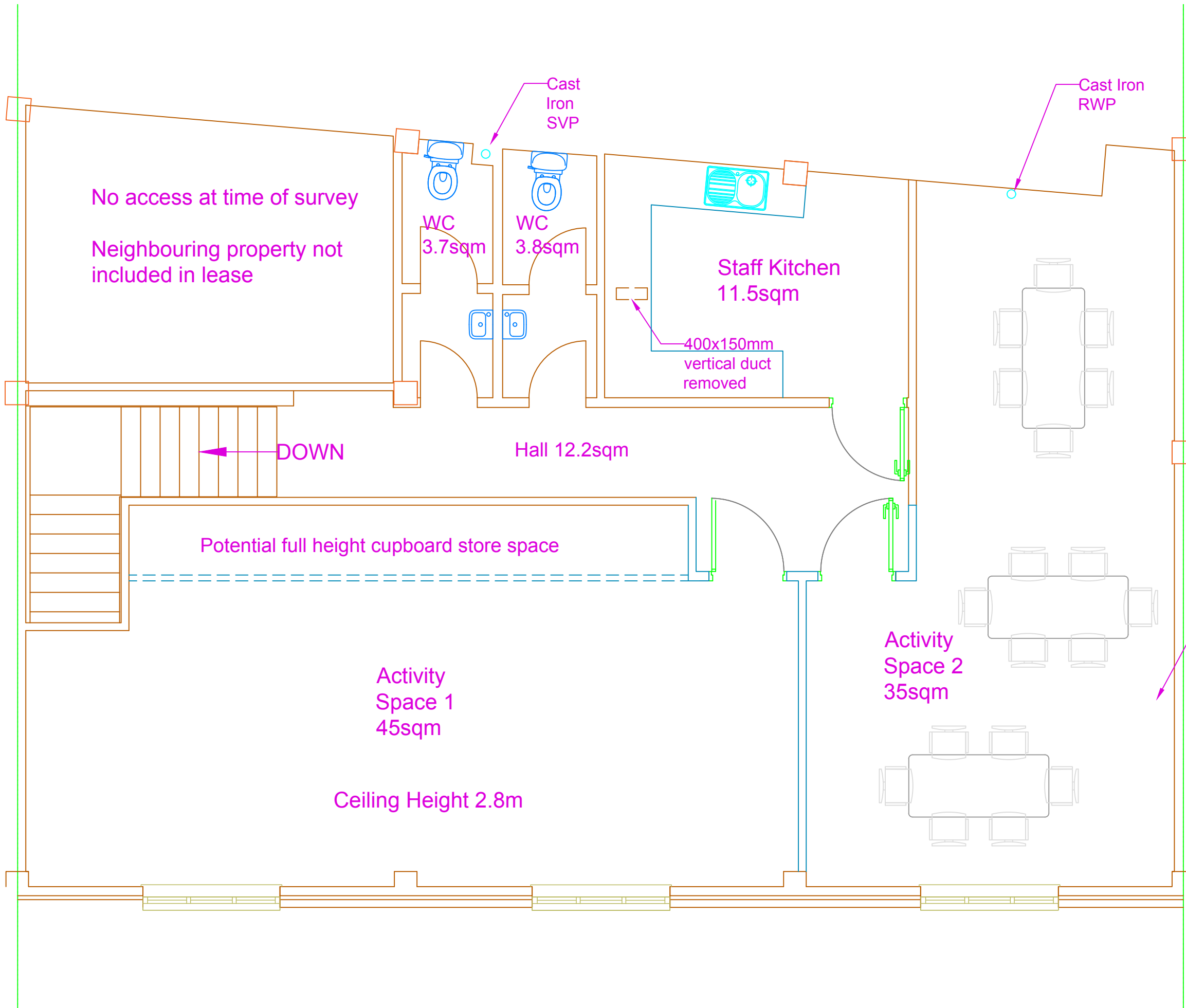
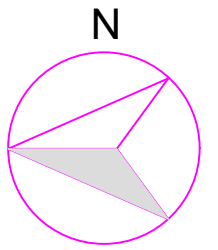


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**CONSULTATION**

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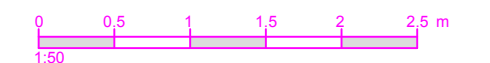
project  
**ONE YOU RELOCATION  
 FROM 7 TO 25 PARK MALL**

title  
**PROPOSED FIRST FLOOR PLAN**

drwg	rev	scale	date
1U - 010	-	1:50@A3	SEPT 18



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**CONSULTATION**

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**Appendix 2**

Key deliverables	Actions	Lead	Additional resources	w/c 22/10/18	w/c 29/10/18	w/c 05/11/18	w/c 12/11/18	w/c 19/11/18	w/c 26/11/18	w/c 03/12/18	w/c 10/12/18	w/c 17/12/18	w/c 24/12/18	w/c 31/12/18
Finalise plans and procure works	Finalise latest new plans, including new disabled toilet standards (hoist, table)	EE/Ad'U	Corporate property and projects, One You partners											
	Identify budget for the new disabled toilet standards - speak to Lorna re outcome of town centre board, Michael re s106	Ad'U	Town centre board											
	Agree full and final works list	EE/Ad'U	Corporate property and projects											
	Procure supplier to deliver the works	EE	Corporate property and projects, procurement											
	Finalise start date - must tie up with new lease signing	EE/Ad'U	Corporate property and projects											
	Works started and completed	EE	Corporate property and projects											
	Agree full and final works list for probation, as well as possible dates	EE/Ad'U	Corporate property and projects											
	Secure donations from companies - kitchen, plates , plans, cutlery etc.	EE												
Sign lease	Secure gym equipment from Christina	Ad'U												
	Finalise lease and terms	Ad'U	Corporate property and projects											
	Agree dates, including transitional period	Ad'U	Corporate property and projects											
Planning applications and permits	Sign document	Ad'U	Corporate property and projects											
	Work with planning to apply for new licence as required	EE	Planning											
	Work with licensing to secure music permits if required	EE	EP and licensing											
Agree budget	Meet with Maria H to discuss budget contributions	Ad'U	Finance											
	Budgets transferred and allocated to new public health budget (removed from food safety)	Ad'U	Finance											
Agree new MOU / SLA	Meet with Rebecca W to agree referral pathways	Ad'U	Housing											
	Identify, design and agree new service areas e.g. the exercise facility, the kitchen facility	Ad'U	KCHFT / public health											
	Identify, design and agree new referral pathways e.g. tenants	Ad'U	KCHFT / public health											
	Agree target numbers for ket outputs and outcomes	Ad'U	KCHFT / public health											
	Develop and agree an income generation strategy, including rates for existing partners and new partners	Ad'U	KCHFT / public health											
Transitional arrangements	Sign new MOU /SLA	Ad'U	KCHFT / public health											
	Prepare for move	All	KCHFT											
	Prepare press releases	Ad'U	Comms, KCHFT, public health											
	Prepare web information	Ad'U	Comms, KCHFT, public health											
	Work with partnership to agree promotional material	Ad'U	Comms, KCHFT, public health											

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### Partner Updates

#### Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) partners update all on the progress of their organisations against key partnership priorities as well as other matters of concern and relevance to the AHWB.

#### Background

2. This section of the meeting enables a full discussion between partners, ensuring progress against agreed aims, the identification of partnership synergies and avoiding duplication of activity.

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<b>AUDIT TRAIL</b>	
<b>Lead Member</b>	Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council
<b>Lead Officer</b>	Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk
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