



ASHFORD HEALTH AND WELLBEING BOARD

Notice of a Meeting, to be held in the Council Chamber - Ashford Borough Council on
Wednesday, 27th February, 2019 at 9.30 am.

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

Councillor 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)

Helen Anderson, Ashford Local Children's Partnership Group
Lisa Barclay, Head of Local Care, Ashford CCG
John Bridle, HealthWatch Kent
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 Finance and Traded Services,
Kent County Council
Sharon Williams, Head of Housing , Ashford Borough Council
Mark Wiltshire, Ashford Local Childrens Partnership
Oena Windibank, Local Care Director East Kent CCG's

Agenda

Page Nos..

1. **Welcome and Apologies**
2. **Declarations of Interest:-** 1 - 2
 1. To declare any interests which fall under the following categories, as explained on the attached document:

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

See Agenda Item 2 for further details.

| | | |
|----|---|---------|
| 3. | Notes of the Meeting of the Board held on the 14th November 2018 | 3 - 10 |
| 4. | East Kent Health Improvement Partnership Update | 11 - 12 |
| 5. | Ashford Health & Wellbeing Partnership Terms of Reference | 13 - 18 |
| 6. | Action Plans for 2019/20 : Update and new priorities | 19 - 26 |
| 7. | Presentation : Ashford Estates Strategy - Neil McElduff | 27 - 28 |
| 8. | Partner Updates | 29 - 34 |
| 9. | Dates of Future Meetings - to be determined | |

13 February 2019

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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
- (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
14th November 2018

Present:

Councillor Brad Bradford - Portfolio Holder for Community Safety and Wellbeing, Ashford Borough Council (Chairman)

Councillor Mrs Jenny Webb – Deputy Portfolio Holder for Community Safety and Wellbeing, Ashford Borough Council

Tracey Kerly – Chief Executive, Ashford Borough Council

Sheila Davison – Head of Community Safety and Wellbeing, Ashford Borough Council

Gina Shakespeare – East Kent Clinical Commissioning Group

John Bridle – HealthWatch Kent

Colin Dunn – HealthWatch Kent

Chris Morley – Patient and Public Engagement, Ashford Clinical Commissioning Group

Dr Jim Kelly – Ashford Clinical Providers

Dr Sadia Rashid – Chair of Ashford Clinical Providers

Mark Wiltshire – Ashford Local Children’s Partnership Group

Rebecca Wilcox – Housing Operations Manager, Ashford Borough Council

Angela d’ Urso – Community Safety and Wellbeing Manager, Ashford Borough Council

Simon Harris – Community Project Manager, Ashford Borough Council

Belinda King – Management Assistant, Ashford Borough Council

Kirsty Morland – Member Services Officer, Ashford Borough Council

Apologies:

Dr Navin Kumta – Clinical Lead, Ashford Clinical Commissioning Group

Roy Isworth – Kent Association of Local Councils

Karen Cook – Policy and Strategic Partnerships, Kent County Council

Helen Anderson – Local Children’s Partnership Group

Lisa Barclay – Ashford Clinical Commissioning Group

Christina Fuller – Head of Culture, Ashford Borough Council

Sharon Williams – Head of Housing, Ashford Borough Council

1 Declaration of Interest

- 1.1 Councillor Mrs Webb declared a Voluntary Interest as she was a Director of the Ashford Volunteer Centre.

2 Notes of the Meeting of the Board held on 18 July 2018

- 2.1 The Chairman advised that a meeting had taken place regarding the Tenterden Hub & Interface. Roy Isworth would be able to provide a further update at the next Board meeting.

Resolved:

The Board agreed that the notes were a correct record.

3 Ashford Health & Wellbeing Board Going Forward

- 3.1 Angela d' Urso introduced the report which updated on the progress made since the previous meeting of the Board and proposed the dissolution of this Board and the creation of an Ashford Health and Wellbeing Partnership. Draft Terms of Reference for the Partnership and a potential East Kent Health and Wellbeing Board were included with the agenda papers. The latter contained a draft membership on which she requested feedback from the Board.
- 3.2 The Chairman advised that there were some constitutional considerations before the Board could be dissolved and that a report would be submitted to the Cabinet should the Board agree the move to a Partnership. This would be undertaken by Officers and he confirmed that he would support them through this process and the reporting process to Members.
- 3.3 The Board were supportive of the move to a Partnership and noted the work required to progress this change.
- 3.4 The Chairman opened up the issue of membership of the Partnership for discussion and a summary of the comments expressed at the meeting is set out below:
- The inclusion of GPs via the Ashford Clinical Providers would ensure a sense of realism and an insight into the health challenges facing Ashford e.g. workforce and estate transformation.
 - It was important that the Partnership be focused on Ashford and its diverse challenges. It was suggested that the larger strategic/organisational issues were sometimes best considered at a sub-regional level and this was where an East Kent Board would be focused.
 - A representative from East Kent Hospitals University NHS Foundation Trust with specific operational knowledge of the William Harvey Hospital would be highly beneficial to the Partnership.
 - Representation from the Ambulance Service and Ashford Borough Council Planning Department were discussed, however, it was noted that both these parties fed into other processes and groups that in turn they would report into

what would be the Partnership, and therefore a duplication of work and updates would not be a best use of time nor resources.

- Feedback from the Ashford Estates Group would be beneficial to the Partnership.
- Some of the current members of the Board should be included in the membership of the Partnership, in particular HealthWatch Kent and the Ashford Local Children's Partnership.
- It was noted that the membership could be amended as time progressed.

Resolved:

That the Ashford Health and Wellbeing Board

- (i) support the closing down of the Board.**
- (ii) support 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 to the report.**
- (iii) note the draft delivery action plans developed to drive the work of the AHWP, attached in Appendix 3 to the report.**
- (iv) note the potential creation of an EKHWB which was also being considered by other local Health and Wellbeing Boards, utilising the draft terms of reference, contained within the agenda papers, which may be subject to change.**

4 Priorities and Actions 2018/19

- 4.1 Angela d' Urso introduced the report and gave an overview of the outcome objectives, which linked directly to the Kent Joint Health and Wellbeing Strategy and the local outcome objectives.
- 4.2 Dr Jim Kelly questioned whether some of the priorities were specific enough to Ashford. There were Ashford specific issues, such as the health workforce, growth of the area and infrastructure that would require considerable focus over the coming months and years. Further, he was concerned that the Board (Partnership) could not be "all things to all people".
- 4.3 The Chairman advised that some topics, such as the Smoking and Obesity agendas were the focus of Task & Finish Groups.
- 4.4 There was considerable discussion regarding gaps in local service provision e.g. addiction and frailty services. The absence of a 12 step programme being of particular note. Leading on from this, the provision of a 'health village' or 'health hub' was discussed as a potential aim for the Borough. Such provision would assist with vulnerable people being able to access health care provision. Tracey

Kerly advised that through Section 106 Agreements provision was made for contributions towards health care, a bigger question was how was this money was managed and distributed by the health service. In some instances, land was provided instead of a monetary contribution as had been the case at Repton. Chris Morley advised that the site at Repton had not been deemed suitable by the CCG Estates Committee.

- 4.5 It was asked where there were any limits to the ambition of the Partnership. It was agreed that there were not and Cllr Bradford advised that there was nothing that could not be done. He highlighted the positive record of the Council in securing infrastructure and service improvements and emphasised that sometimes by starting small and aiming high anything could be achieved.
- 4.6 Drawing attention to the Action Plan, Angela d' Urso advised that she would review the Action Plans following this debate and report back to the next meeting.

Resolved:

That the Ashford Health and Wellbeing Board:

- (i) notes the action plans for 2018/19 and progress made against them.**
- (ii) notes the priorities moving forward work around workforce, infrastructure, health inequalities and service innovation with further work to be undertaken to enable any targeted activity required to deliver the priority outcomes.**
- (iii) agree that future Partnership members will take an active role in developing and delivering on the priority outcomes.**

5 Mason Mile

- 5.1 Steven Mason gave a presentation to the Board on the Mason Mile. The aim was to encourage families into simple, fun exercise, which in turn would lead to a better diet, and improved mental health, where the family supported one another. There were three activities run by Mason Mile - the Community Mason Mile (a family challenge), the Schools Mason Mile (a school led event) and the Local Mason Mile (an on-going annual programme which was and supported by Mason Mile Wellbeing Officers).
- 5.2 The Community Mason Mile had already been held in Ashford and was very successful with some of the attendees writing to express their thanks for the event.
- 5.3 The Schools Mason Mile made provision for schools to take ownership and responsibility for two events in the spring and summer terms. For both events Mason Mile paid the schools PE departments for the achievement of the under 13s.

- 5.4 The Local Mason Mile was aimed to take place 3 times a week, 52 weeks a year at a location and time to suit the families of the local community consisting of a 1-mile circuit that could be walked, jogged, or run, as a family or individually. At each event there would be 2 Mason Mile well-being officers, who would engage with the attendees, and be empowered to recommend and advise on local health referral pathways (mental health, diet, exercise, debt management etc.).
- 5.5 As part of the BBC Children In Need programme that coming week a Local Mason Mile would be taking place in Maidstone and would be televised. They had partnered with Maidstone Borough Council to bring the Local Mason Mile to the Borough. Through the programme two wellbeing officers would be trained to assist with events and provide signposting to referral pathways, it was envisaged that this would kick off from April 2019. Connections had been made with Golding Homes who had links with vulnerable and hard to reach families to encourage their participation in the programme.
- 5.6 Following his presentation, Steven Mason left the meeting and the Board discussed the progress with the Mason Mile programme in Ashford. The Board noted the progress made to date, but questioned whether there would be any long term sustainability to the programme beyond the initial stages.

Resolved:

That the outcome of the Local Mason Mile pilot in Maidstone be observed with the Board reviewing this after six months.

6 Focus: One You

- 6.1 Angela d' Urso advised that the One You shop had gone from strength to strength with 2,637 separate visits and 3,284 interventions being delivered to the end of August 2018. Attendance figures had increased on a month-by-month basis, with August 2018 having the highest monthly attendance since opening, with 228 people entering the shop. There had been an agreement to review the One You shop in February 2019, however, due to the success of the shop, which was operating at full capacity this review had been bought forward. Following this a plan to relocate the shop had been developed, with the plans and financial information contained within the agenda papers. The larger premises would allow for more consultation rooms, kitchen based classes and flexible space that could be used for a variety of health interventions.
- 6.2 The move to a larger, more flexible premise was welcomed by all. There was considerable discussion regarding the facilitation of a 'health hot-desk' whereby a timetable could be published advising what help would be available when, this could then be made available to GPs who would be able to signpost patients accordingly.

Resolved:

That the Ashford Health and Wellbeing Board:

- (i) **note the success of the One You shop.**
- (ii) **note the agreement to move premises and the allocation of budget.**
- (iii) **consider any opportunities for GP driven services to be delivered from the One You Shop and that this will be taken forward by the Ashford Clinical Providers**

7 Partner Updates

- 7.1 **Ashford Borough Council, Housing:** Rebecca Wilcox advised that the Health and Housing Strategy was currently being prepared. In advance of the cold season work was being undertaken with Churches Together on the night shelter. Long-term provision for rough sleepers was being investigated through a rapid rehousing pathway.
- 7.2 **HealthWatch Kent:** John Bridle advised that there were a significant number of people being discharged from hospital requiring the assistance of the foodbank. Further, those from Folkestone, where the Universal Credit pilot was underway were also increasingly requiring the support of the foodbank.
- 7.3 **Ashford Clinical Providers:** Dr Sadia Rashid noted the positive discussions that had taken place earlier in the meeting and conveyed her hope that the new Partnership would be innovative and take action, including where necessary the setting up of Task & Finish Groups to progress specific priorities. Sheila Davison emphasised the role of all partners in not only identifying issues but also in leading the changes and bringing together the necessary people to progress the various projects.
- 7.4 **Ashford Clinical Commissioning Group:** Chris Morley advised that there were 'listening events' taking place regarding local care and hospital transformation. He emphasised that these were aimed at hearing views before any formal consultation event and that no decisions had been made at this stage.
- 7.5 **Ashford Local Children's Partnership Group:** Mark Wiltshire advised that Health Visitors were to be co-located at the Willows & Bluebells Centres. Applications for the Early Help Grant would be open shortly.
- 7.6 **Voluntary Sector:** Cllr Mrs Webb advised she would provide an update on behalf of the Ashford Volunteer Bureau. The demand for community transport had increased significantly and they had stopped taking on any new repeat bookings. A Timebanking program would be launched shortly, whereby participants could request assistance with a matter, be that gardening, cooking or cleaning and those that provide said assistance would be able to 'bank' the time for future help. Creative Arts Sessions were also taking place. A 'cancer café' is being provided for those affected by cancer and their families.

8 Dates of Future Meetings

- 8.1 It was agreed that going forward meeting meetings would continue to be held on a quarterly basis on a Wednesday morning. The Member Services Team would schedule these meetings and advise of the dates in due course.
- 8.2 The Next Meeting would take place on: Wednesday 27th February 2019 at 9.30am.

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East Kent Health Improvement Partnership update

Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) note the update in relation to the East Kent Health Improvement Partnership (EKHIP) and consider the creation of the Ashford Health and Wellbeing Partnership (AHWP) in that context.

Background

2. A meeting has taken place with the East Kent representatives and a way forward has been agreed.

Next steps

3. Officers will continue to work to develop the EKHIP and the input of the AHWP within it.

| AUDIT TRAIL | |
|--|--|
| Lead Member | Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council |
| Lead Officer | Sheila Davison Head of community safety and wellbeing, Ashford Borough Council 01233 330 224 sheila.davison@ashford.gov.uk |
| Background documents | Ashford Health and Wellbeing Board Going Forward, 14 November 2018 Available from Angela d'Urso |
| Consultation with partners | No |
| Date report sent to Constitutional Team | 13 February 2019 |

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Ashford Health and Wellbeing Partnership terms of reference

Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) approve the terms of reference (ToR) as shown in appendix 1.
2. That the AHWB note that the council is undertaking steps to adjust the constitution as necessary.

Background Information

3. At the last meeting of the Ashford Health and Wellbeing Board (AHWB) it was agreed that we would progress plans to close the AHWB and create the Ashford Health and Wellbeing Partnership (AHWP). The draft ToR for the AHWP were agreed in principle, with the Board noting they may be subject to change based on the agreement of an East Kent health improvement partnership.
4. Officers were tasked to develop the terms of reference into a final draft for consideration by the Board.

Key Issues

5. There is a core membership outlined in the ToR. The leads and sponsors of the new priorities will attend the main meetings of the AHWP – although as non-voting members where they are not otherwise contained in the membership as outlined in the ToR. This is also the case for some other partners, for example Kent County Council.

Next steps

6. 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 2019.

| AUDIT TRAIL | |
|--|---|
| Lead Member | Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council |
| Lead Officer | Angela d’Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk |
| Background documents | Ashford Health and Wellbeing Board Going Forward, 14 November 2018 Available from Angela d’Urso |
| Consultation with partners | Yes |
| Date report sent to Constitutional Team | 13 February 2019 |

Ashford Health and Wellbeing Partnership

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 priorities identified and detailed in the AHWP action plan.

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 resource (including commissioning), a coordinated approach to meeting statutory requirements and timely delivery of activity to deliver priority outcomes.

Partnership environment

The AHWP sits within a wider framework of partnerships. See Appendix 1 for further detail.

AHWP vision

The AHWP will, through effective partnership working, deliver continuous improvement in health and wellbeing services / outcomes for the people of Ashford. This will include an annual priority setting process, which will inform agreed action plans for delivery.

AHWP aims and priorities

The AHWP aims to improve health and wellbeing outcomes in Ashford, ensuring bespoke delivery tailored to our needs and our communities.

The AHWP has the following priorities:

- **Inequalities** - focus is annually reviewed based on Public Health England data (currently includes reducing smoking, reducing obesity, giving every child the best start in life, substance misuse, improving air quality, improving housing to improve health and wellbeing [with a focus on reducing excess winter deaths])
- **Infrastructure** – ensuring we are able to bring care as close to home as possible and that we have a high calibre, fully functioning health workforce
- **Innovation** – including continually improving our flagship One You service offer

Each priority will have a lead (who will chair the sub group meetings, drive delivery and report to the AHWP) and a sponsor (who will champion the work within the partnership and across systems). The leads and sponsors will attend the main meetings of the AHWP – although as non-voting members where they are not otherwise contained in the membership of the terms of reference.

Membership

The following organisations/departments/roles are represented as the core membership:

| Organisation | Position |
|------------------------------|---|
| Ashford Borough Council | Cabinet member for (Chair) |
| | Head of community safety and wellbeing |
| Clinical Commissioning Group | Head of Local Care for Ashford |
| | Lay member for patient and public engagement |
| | Chair of Ashford GP Federation |
| Ashford providers | East Kent One You Locality Lead, Kent Community Health Foundation Trust |
| | William Harvey Hospital representative |
| Partnerships | Chair of Ashford Local Children's Partnership Group |
| Service user representation | Patient Participation Group representative |

Each member has one vote. The Chair has the casting vote.

There will be a wider invitation list to the meetings of the AHWP for example Kent County Council representatives, the leads and sponsors of the priority action plans and other key officers. These attendees will not have a vote.

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, they 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. No decision shall be taken without:

- One local authority representative
- One CCG representative
- One provider representative
- One patient / partnership representative

Membership expectations

- To attend the meetings of the AHWP and when they cannot attend to send a named deputy who has been briefed prior to their attendance. The named deputy will have full voting rights
- 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 as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities or actions as required

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, with quarterly performance reporting by exception and an annual performance report produced
- Priorities are reviewed and refreshed on an annual basis
- Governance, including the delivery groups and related action plans, is annually reviewed

The Chair and the lead officer of the AHWP will attend the EKHIP and it is their role to ensure a two way flow of information between the partnerships to deliver the above.

The lead officer of the AHWP will act as vice chair as required.

Confidentiality

All attendees have a duty of confidentiality regarding all information disclosed, shared and discussed between and during AHWP meetings. There will be occasions when selected information must not be disclosed outside the AHWP. The person disclosing such information is responsible for identifying it as confidential at the time it is given and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information will be referred to the Chair, whose decision on the matter will be final.

Administrative support

The administration of the AHWP shall be managed by Ashford Borough Council.

Meeting frequency

The AHWP will meet three times per annum. The AHWP may request sub-group meetings on particular topics more frequently.

Performance indicators

The AHWP will agree a number of outcome indicators related to the action plans. These will provide a performance framework to capture progress and to identify and tackle emerging issues. They will be reported on by exception at each AHWP meeting and an annual performance report shall be produced.

Subgroups

These are established as required by the action plan priority sponsors. Each sub group should have a full terms of reference and should work on a task and finish basis.

Any other subgroup required can be established at the discretion of the Chair.

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.

Representation at EKHIP

The Chair of the AHWP and the Chief Executive of Ashford Borough Council will attend the EKHIP on behalf of the AHWP. The head of community safety and wellbeing from Ashford Borough Council will attend the EKHIP steering group.

Appendix 1

Kent and Medway Joint Health and Wellbeing Board

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.

East Kent Health Improvement Partnership

The East Kent Health Improvement Partnership (EKHIP) is a sub-regional group that feeds into the KMJHWP. The EKHIP will:

- Seek to reflect the updated aims and objectives of the KMJHWP and support sub regional delivery of these in any way possible
- Ensure that the needs and priorities of East Kent residents as identified by EKHIP are adequately reflected within the work and approach of the KMJHWP
- Escalate issues to the KMJHWP, where they cannot be addressed at an East Kent or Local level
- Agree an annual sub-regional priority through the agreed partnership framework process – this will allow for effective sub regional working and exploitation of synergies in order to maximise resources (including co-commissioning) and outcomes
- Focus on health and wellbeing issues that are difficult to address at a local borough level whether that be due to:
 - Geographical focus of some partners
 - Complexity or scale of issue
 - Where a coherent approach is important to achievement e.g. behaviour change campaigns

Ashford Health and Wellbeing Partnership Priorities

Priorities 2019/20

Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) agree the Ashford Health and Wellbeing Partnership's (AHWP) priorities for 2019/20.
2. That the AHWB agrees the action plans to deliver against the identified priorities (please see Appendix 1).
3. That the AHWB notes the delivery mechanisms being established in order to progress the action plans.

Background Information

4. The AHWB has recently reviewed its focus and related governance, and has refreshed its approach in light of this.
5. At the last meeting, the AHWB discussed the following new priorities:
 - **Inequalities** - focus is annually reviewed based on Public Health England and other relevant data
 - **Infrastructure** – ensuring we are able to bring care as close to home as possible and that we have a high calibre, fully functioning health workforce
 - **Innovation** – including continually improving our flagship One You service offer

Key Issues

6. Officers and partners have developed three new action plans based on the agreed priorities as outlined above.

Approach

7. The action plans each have a lead (who will chair the sub group meetings, drive delivery and report to the AHWP) and a sponsor (who will champion the work within the partnership and across systems). The leads and sponsors will attend the main meetings of the AHWP – although as non-voting members where they are not otherwise contained in the membership of the terms of reference.

Inequalities

8. The smoking and obesity task group will shift focus and become the inequalities sub group. A new terms of reference has been written for the new sub group, including revised membership. The sub group has met and agreed this. The inequalities action plan has been developed in partnership by the sub group.

Innovation

9. Conversations have taken place between officers and the nominated sponsors for this activity. Priority areas for focus have been discussed and are reflected in the draft action plan.

10. A sub group will be set up to drive delivery of this action plan and a terms of reference will be written accordingly.

Infrastructure

11. Conversations have taken place between officers and the nominated sponsors for this activity. Priority areas for focus have been discussed and are reflected in the draft action plan.
12. A sub group will be set up to drive delivery of this action plan and a terms of reference will be written accordingly.

General

13. Key to note is that some of the activity contained within the action plans will require a resource commitment in order for them to progress.
14. Performance against the action plans will be reviewed 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.
15. Performance against the action plans will be reported at every AHWP meeting by exception, with a detailed performance report received annually. This will be embedded as part of the timetabling of future meetings of the AHWP and the surrounding partnership / governance structure.

Next steps

16. Officers will continue to develop the new sub groups and related governance, based on the approval of the AHWB.
17. Meetings will be set up for 2019/20, in line with the developed timelines (please see appendix 2).

| AUDIT TRAIL | |
|--|--|
| Lead Member | Cllr Brad Bradford, Chair of AHWP Cabinet Member, community safety and wellbeing, Ashford Borough Council |
| Lead Officer | Angela d’Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk |
| Background documents | Ashford Health and Wellbeing Board going forward, Ashford Health and Wellbeing Board priorities going forward, 14 November 2018 Available from Angela d’Urso |
| Consultation with partners | Yes |
| Date report sent to Constitutional Team | 13 February 2019 |

Appendix 1

Ashford Health and Wellbeing Partnership

Priority - Inequalities

Lead - Angela d'Urso

Sponsor - Sheila Davison

| Outcome | Focus | Activity | Priority | Timescale | Lead | Resources | Performance measures | R/A/G | Progress update |
|---|--|--|----------|-----------|------|---|--|-------|-----------------|
| Reducing differences in life expectancy | | | | | | | | | |
| Reducing smoking levels to reduce premature mortality | 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. | M | July 2019 | DS | Community safety officer | Number of young people reporting a deterrence to taking up smoking A reduction in the number of young people smoking | | |
| | Make smoking more difficult in public places | Increase the number of smoke free school gates in the borough, developing an enhanced offer through creation of OneYou referral pathway to support offer | H | 2019/20 | EE | KCHFT | Number of smoke free school gates in operation across the borough Number of parents engaged in smoking cessation support services as a result | | |
| | | Smoking related litter fixed penalty notices (FPNs) drive at key hotspot places | M | 2019/20 | EE | Environmental services | Q1/2- hotspots and other key locations identified Q3/4 - increase in the number of FPNs issued as against baseline and target | | |
| | | Increase smoke free locations - William Harvey Hospital discussions for 2019, plus other locations to be explored and progressed Broadening the range of stakeholders and their role in tobacco - businesses etc. | M | 2019/20 | Ad'U | | Q1/2- Review possible public locations for a smoke free environment, developed to proposal stage | | |
| | Tackle illicit tobacco | Illicit tobacco roadshow to be delivered | M | 2019/20 | EE | KCC | Illicit tobacco roadshow designed and booked | | |
| | | Work with key partners to secure a closure order for the sale of illicit tobacco | L | 2019/20 | Ad'U | Licensing, community safety officer | Closure order secured and promoted | | |
| Reducing obesity levels to reduce premature mortality | Improve public knowledge and skills about healthy eating across all ages | Explore best practice of approaches within schools, undertake audit of the Ashford offer, assess areas of highest inequalities and obesity concerns and develop Ashford approach | H | 2019/20 | SH | | Q1 - audit undertaken | | |
| | | Work to prevent / tackle clustering of fast food outlets, particularly around schools | M | 2019/20 | Ad'U | Licensing, planning | Q1 - scale of issue mapped and interventions explored | | |
| | | Explore opportunities to have a show allotment in a key public location and / or healthy town hanging baskets containing fruit and vegetables | M | 2019/20 | SH | | Q1 - proposal developed | | |
| | | Comms campaign to build public awareness and deliver behaviour change e.g. Fizzy February, portion sizes (for the under 5s especially), recipes | H | 2019/20 | Ad'U | EE | Comms strategy developed and being delivered - to focus on a general health approach | | |
| | Increase active lifestyles | 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 | H | 2019/20 | SH | | Strategy produced and agreed or in process of agreement | | |
| | | Capacity build communities to deliver their own healthy and active schemes - a new post is being created to lead on this activity. To include Man vs Fat | H | 2019/20 | SH | Ad'U | 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 | | |
| Early years - giving every child the best start in life | Target those most in need of health improvement / behaviour change at the point of pregnancy | 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 | H | 2019/20 | Ad'U | | | | |
| | Vaccinations uptake | Explore whether this is an issue locally and develop any corresponding activity | M | 2019/20 | Ad'U | | | | |
| Reducing harm caused by poor air quality | Improve/maintain air quality and enable communities to take action to protect themselves | The strategy to be produced to cover three priority areas: - Leading the way - Working with our partners - Enabling behaviour change | H | 2019/20 | Ad'U | Environmental policy and projects officer | Q1 - Officer appointed Air quality action group established Full action plans developed for each priority Measures to be confirmed when action plan finalised | | |

| | | | | | | | | | |
|---|---|---|---|---------|------|---|--|--|---|
| Targeting groups and communities experiencing health inequalities | Reducing existing health inequalities | <p>Health outcome inequalities to be explored across groups and communities, with targeted intervention as required. Groups to be assessed include:</p> <ul style="list-style-type: none"> Substance misusers (alcohol harm reduction is the SLI focus for south east ADPH) Carers Homelessness Foodbank users, frees school meals Health related worklessness Mental health Sexual health Geographical hotspots Routine and manual workers Men | H | 2019/20 | Ad'U | As required per the identified group and action taken | <p>To be developed, for example could be:</p> <ul style="list-style-type: none"> Build links with the Ashford food bank and promote options for accessing the food - for example school breakfast clubs, after school clubs etc. Develop 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 | | <p>Build links with the Ashford food bank and promote options for accessing the food - for example school breakfast clubs, after school clubs etc.</p> <p>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</p> |
| Excess winter deaths | Reducing the number of excess winter deaths | Explore opportunities around fuel poverty and decreasing affordability of utilities | H | 2019/20 | RW | Ad'U | | | |

Ashford Health and Wellbeing Partnership

Priority - Innovation

Lead - Mark Cummings

Sponsor - Sadia Rashid

| Outcome | Focus | Activity | Priority | Timescale | Lead | Resources | Performance measures | R/A/G | Progress update |
|---|---|--|----------|--------------------------|-------------|--------------|--|-------|-----------------|
| One You flagship | | | | | | | | | |
| Continually improving the One You service offer | A new and improved One You location | Continue to increase the the number of people using the shop and the number of interventions delivered, including through development of new interventions based on new facilities e.g. physical exercise, healthy cooking, baking for mental health etc., and new referral pathways Deliver a launch event and related communications strategy, with a specific launch event for primary care to create increased referral pathways Promotional campaign undertaken - to include a billboard, the back of parking tickets etc. Generate income in line with new facilities | H | Q1 2019 for launch event | MC and Ad'U | One You team | Interventions developed and targeted Increased footfall Increased walk ins Increased booked appointments Increased income generation | | |
| | Ensure services are targeting inequality in health outcomes | Develop targeted interventions and specific health events for those with lower engagement rates e.g. men, wards with lowest attendance as compared to highest needs, business link schemes with large manual workforces etc. | H | 2019/20 | MC and Ad'U | One You team | 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 | | |
| Leading the way in local care | | | | | | | | | |
| Modelling the future | Bringing care closer to those in most need | Explore opportunities to create a health village, designing in the easiest access to health care for those with the highest needs / most vulnerabilities | M | 2019 | CCG | Planning | Q1 - exploration phase completed, project activity for future quarters agreed | | |

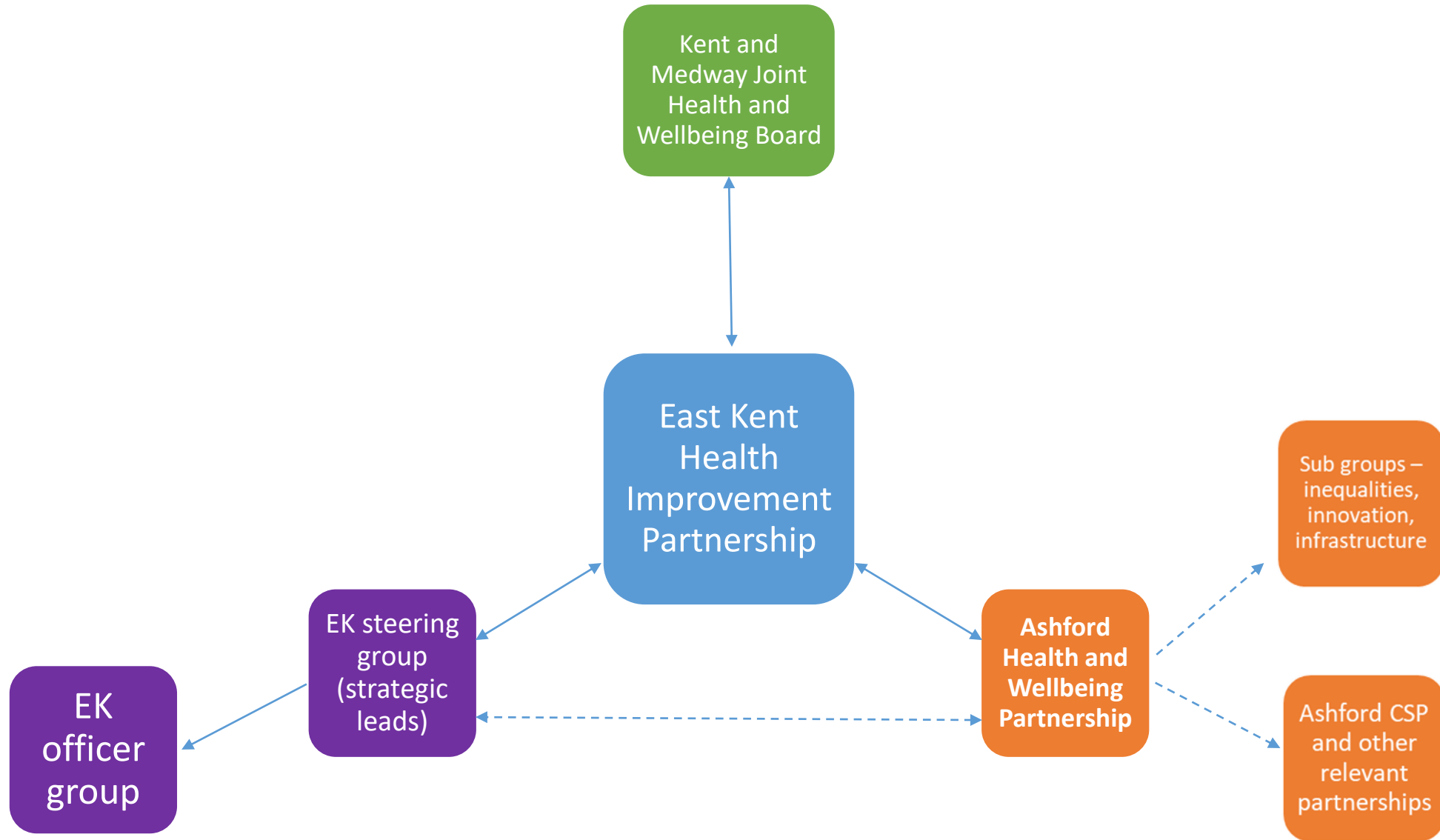
Ashford Health and Wellbeing Partnership
Priority - Infrastructure
Lead - Head of Local Care for Ashford CCG
Sponsor - Jim Kelly

| Outcome | Focus | Activity | Priority | Timescale | Lead | Resources | Performance measures | R/A/G | Progress update |
|---|---|---|----------|-----------|-------------|-----------------|---|-------|-----------------|
| Estates | | | | | | | | | |
| Bringing care closer to home | Delivering the Ashford CCG estates strategy | Developing a new approach to S106 contributions to health - designing a forward funding loan, ensuring the estates strategy is delivered as efficiently and effectively as possible | H | 2019 | CCG, Ad'U | Planning, legal | Q1 - Agree terms of loan and secure all necessary agreements | | |
| Workforce | | | | | | | | | |
| Clear pathways to clear job roles are available | Growing the future workforce | Explore opportunities around local schools and colleges in terms of work experiences, establishment links, mentoring schemes etc | M | Q1 2019 | GP rep | LCP Chair | Q1 - exploration phase completed, project activity for future quarters agreed | | |
| Attracting and keeping the workforce | A quality and affordable home is accessible | To explore in there are any oportunities for supporting key workers through better access to housing | M | Q1 2019 | Housing rep | Planning, Ad'U | Q1 - exploration phase completed, project activity for future quarters agreed | | |
| | Ashford as a destination of choice | Building on effective promotional approaches, a campaign to encourage the workforce to Ashford focusing on key educational pathways, institutions, events etc | H | 2019/20 | Ad'U | Comms | Q1 - campaign designed with mapped out timeline to target activity | | |
| | Enabling access to the workforce | Explore options around schemes to support those accessing a second undergraduate degree with no access to student loans and possible opportunities to encourage links to Ashford | M | Q1 2019 | GP rep | Ad'U | Q1 - exploration phase completed, project activity for future quarters agreed | | |

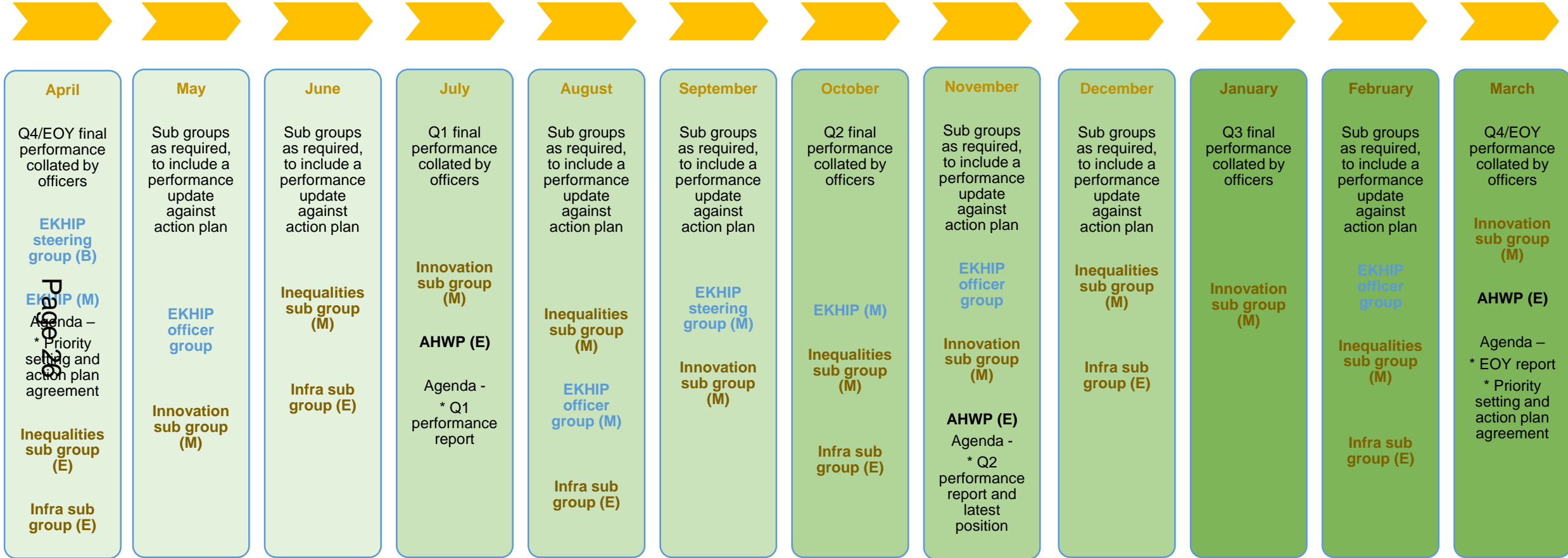
Appendix 1

Health and Wellbeing - governance and links

Page 25



Appendix 2



Annual timeline of East Kent Health Improvement Partnership and Ashford Health and Wellbeing Partnership plus current sub groups

B = beginning of month
M = middle of month
E = end of month

Estates strategy

Recommendations

1. That the Ashford Health and Wellbeing Board (AHWB) not the update regarding the Ashford estates strategy from our Clinical Commissioning Group (CCG).

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.

AUDIT TRAIL

| | |
|--|---|
| Lead Member | Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council |
| Lead Officer | Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk |
| Background documents | None |
| Consultation with partners | No |
| Date report sent to Constitutional Team | 13 February 2019 |

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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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| AUDIT TRAIL | |
|--|---|
| Lead Member | Cllr Brad Bradford, Chair of AHWB Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council |
| Lead Officer | Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk |
| Background documents | None |
| Consultation with partners | No |
| Date report sent to Constitutional Team | 13 February 2019 |

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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) considers any funding opportunities or contributions that may be available, alongside any new or improved service pathways.

Background

3. 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.

Key performance data

4. The One You shop opened in February 2017. Numbers of people accessing the shop have grown each month. The highest number of visits per month is **292**, which was achieved in January 2019. To the end of January 2019 there have been:
 - **3,925** visits to the One You shop
 - **4,626** interventions delivered in the One You shop
5. Of the **4,626** healthy lifestyle interventions in the One You shop,
 - Healthy weight services have consistently been the most popular, accounting for approximately one **third (1,531)** of all interventions
 - Stop smoking services account for **1,034** interventions, nearly a quarter of all interventions (**22.5%**)
 - The smoking cessation clinics for pregnant women (delivered by the specialist midwife) has generated **129** attendances (**12.5%** of all smoking cessation interventions at the shop)
 - Regular drop-in clinics for healthy weight programmes (such as Weigh to Go and the weight loss group) have also shown to be popular. Attendance at these sessions have been recorded separately from September 2018 and since this time, **250** and **149** have attended respectively
6. **1,270 (32.3%)** of customers visiting the shop live in the 6 most deprived wards in Ashford. This group has received **1,589** interventions (**34%** of all interventions). 5 of the most 6 deprived wards in Ashford are also ranked in the 20% most deprived wards in Kent:
 - Stanhope Ranked **14** out of 283 of Kent's most deprived wards
 - Aylesford Green Ranked **26** out of 283 of Kent's most deprived wards

- Norman Ranked **41** out of 283 of Kent's most deprived wards
- Victoria Ranked **42** out of 283 of Kent's most deprived wards
- Beaver Green Ranked **45** out of 283 of Kent's most deprived wards
- Bockhanger Ranked **62** out of 283 of Kent's most deprived wards

7. The following table shows a breakdown of services received by those who live in Ashford's 6 most deprived wards:

| Ward | Healthy weight | Stop smoking | Walks/ physical activity | Blood pressure | Health trainer/ OYLA | Health check/ MOT | Other | Total |
|-----------------|----------------|--------------|--------------------------|----------------|----------------------|-------------------|------------|--------------|
| Stanhope | 29 | 35 | 10 | 13 | 11 | 2 | 12 | 112 |
| Aylesford Green | 57 | 46 | 8 | 21 | 8 | 14 | 13 | 167 |
| Norman | 81 | 36 | 17 | 18 | 8 | 16 | 19 | 195 |
| Victoria | 229 | 99 | 43 | 107 | 18 | 35 | 51 | 584 |
| Beaver | 103 | 83 | 11 | 84 | 11 | 22 | 16 | 330 |
| Bockhanger | 86 | 18 | 7 | 65 | 5 | 8 | 12 | 201 |
| Total | 585 | 321 | 96 | 310 | 61 | 97 | 123 | 1,589 |

8. Victoria ward has the highest level of obesity rates in Ashford and the highest number of people accessing healthy weight services in Ashford.

9. Godinton ward has the highest number of people accessing stop smoking support - **110** interventions or **11%** of all stop smoking support services.

10. A total of **187** people who live outside the borough accessed services, accounting for **4%** of all interventions delivered.

Move update

11. It was agreed to move One You to a bigger facility, recognising that it is operating at full capacity and needs room to continue to develop and maximise community engagement.

12. To this end, officers have been working to move the One You shop to a bigger location. Key activity has been:

- Tendering of works
- Community Payback on site to clear and prepare
- Developing new services
- Increasing referral pathways
- Developing a communications strategy, including launch events

| AUDIT TRAIL | |
|--|---|
| Lead Member | Cllr Brad Bradford Cabinet Member, Community Safety and Wellbeing, Ashford Borough Council |
| Lead Officer | Angela d'Urso Community safety and wellbeing manager, Ashford Borough Council 01233 330 304 angela.durso@ashford.gov.uk |
| Background documents | One You update, 14 November 2018 Available from Angela d'Urso |
| Consultation with partners | No |
| Date report sent to Constitutional Team | 13 February 2019 |

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