

TONBRIDGE & MALLING BOROUGH COUNCIL



EXECUTIVE SERVICES

Chief Executive

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NB - This agenda contains proposals, recommendations and options. These do not represent Council policy or decisions until they have received proper consideration through the full decision making process.

Contact: Committee Services
committee.services@tmbc.gov.uk

7 November 2014

To: MEMBERS OF THE COMMUNITIES AND HEALTH ADVISORY BOARD
(Copies to all Members of the Council)

Dear Sir/Madam

Your attendance is requested at a meeting of the Communities and Health Advisory Board to be held in the Civic Suite, Gibson Building, Kings Hill, West Malling on Monday, 17th November, 2014 commencing at 7.30 pm

Yours faithfully

JULIE BEILBY

Chief Executive

A G E N D A

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Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

MEMBERSHIP

Cllr Ms S V Spence (Chairman)
Cllr Mrs C M Gale (Vice-Chairman)

Cllr A W Allison
Cllr T Bishop
Cllr D J Cure
Cllr Mrs E M Holland
Cllr D Keeley
Cllr Miss J L Sergison

Cllr Miss S O Shrubsole
Cllr A K Sullivan
Cllr M Taylor
Cllr R Taylor
Cllr D J Trice

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Apologies for absence

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Declarations of interest

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TONBRIDGE AND MALLING BOROUGH COUNCIL

COMMUNITIES AND HEALTH ADVISORY BOARD

Tuesday, 23rd September, 2014

Present: Cllr Ms S V Spence (Chairman), Cllr T Bishop, Cllr D J Cure,
Cllr Mrs E M Holland, Cllr D Keeley, Cllr Miss J L Sergison,
Cllr A K Sullivan, Cllr R Taylor and Cllr D J Trice

Councillors P F Bolt, M A Coffin and M R Rhodes were also present pursuant to Council Procedure Rule No 15.21.

Apologies for absence were received from Councillors Mrs C M Gale (Vice-Chairman) and A W Allison.

The Leader of the Borough Council, Councillor N Heslop, whilst not a Member of the Advisory Board, offered his apologies due to business commitments.

PART 1 - PUBLIC

CH 14/17 DECLARATIONS OF INTEREST

There were no declarations of interest made in accordance with the Code of Conduct.

However, in the interests of openness and transparency the following Members informed of membership of the organisations set out below applying for community enhancement funding:

Councillor Mrs S Spence (Chairman) – Tonbridge Town Team and Community Garden

Councillor D Trice – Tonbridge Baptist Church

Councillor D Keeley – Snodland Town Council

CH 14/18 MINUTES

RESOLVED: That the notes of the meeting of the Communities and Health Advisory Board held on 2 June 2014 be approved as a correct record and signed by the Chairman.

MATTERS FOR RECOMMENDATION TO THE CABINET**CH 14/19 COMMUNITY ENHANCEMENT FUND - ASSESSMENT OF BIDS**

Decision Notice D140106MEM

Members gave consideration to the bids received from Parish Councils and Community Groups in relation to the current funding round of the Community Enhancement Fund.

Information regarding two additional revenue supported bids to be included as part of Appendix 4 was tabled. It was reported that the total amount to be awarded based on the recommendations set out in the report was £219,885. There was a total of £260,976 currently remaining within the fund which left £41,091 unallocated.

Members expressed concern regarding those capital bids that had been unable to demonstrate any match funding for projects (Appendix 3), particularly the level of support proposed by the Borough Council. Although Members recognised the importance of assisting local groups and projects, for the benefit of the community, it was also considered important to ensure consistency and fairness when offering financial support and encouraging organisations to take ownership of funding arrangements.

RECOMMENDED: That

- (1) the bids set out in Appendices 2, 4 and 7 to the report be supported in full;
- (2) the bids set out in Appendix 3 to the report be deferred until the next meeting of the Advisory Board so that it could be clarified with the organisations what level of funding contribution they could make;
- (3) the bids set out in Appendix 5 to the report be rejected; and
- (4) the bids set out in Appendix 6 to the report be supported in partnership with the Tonbridge and Malling Seniors Forum who wished to allocate £1,000 towards these projects.

CH 14/20 KENT SAVERS CREDIT UNION

Consideration was given to the report of Management Team on awarding Kent Savers an unconditional grant of £10,000 to enable the organisation to offer support and loans to those in need within the Borough. It was noted that the unconditional grant could be funded from the Welfare Reform Reserve.

The report made particular reference to State Aid Regulations and set out the various options available to the Borough Council.

Members supported the proposal in principle but considered that more information from Kent Savers was needed regarding the current 'take up' by residents of the Borough and the future benefits to those residents. In addition, further clarity was sought on the legal position regarding subordinated loans and unconditional grants.

In response to a question about promotion of the service within the Borough, Members noted that some Kent Districts had previously provided specific revenue funding to Kent Savers in order for targeted campaigns and 'outlets' to be progressed in their areas. Tonbridge and Malling Borough Council had not previously provided revenue funding for more targeted work.

Members expressed the view that if, in due course, a grant were to be awarded consideration should be given to seeking an understanding from Kent Savers that a targeted promotional campaign within Tonbridge and Malling would be undertaken.

RECOMMENDED: That a decision regarding financial support be deferred until the next meeting of the Advisory Board to enable further investigation with Kent Savers into the following issues:

- (1) further information on how the residents of Tonbridge and Malling would benefit;
- (2) consideration as to whether consultation with local churches would be beneficial; and
- (3) further clarity surrounding the legal position

CH 14/21 EXCLUSION OF PRESS AND PUBLIC

There were no items considered in private.

The meeting ended at 8.20 pm

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TONBRIDGE AND MALLING BOROUGH COUNCIL

COMMUNITIES AND HEALTH ADVISORY BOARD

Wednesday, 8th October, 2014

Present: Cllr Mrs C M Gale (Vice-Chairman - in the Chair), Cllr T Bishop, Cllr Miss J L Sergison, Cllr Miss S O Shrubsole, Cllr A K Sullivan, Cllr R Taylor and Cllr D J Trice

Councillors Mrs J A Anderson, J A L Balcombe, O C Baldock, M A C Balfour, P F Bolt, Mrs B A Brown, M A Coffin, N J Heslop, B J Luker, Miss A Moloney, Mrs S Murray and M R Rhodes were also present pursuant to Council Procedure Rule No 15.21.

Apologies for absence were received from Councillors Ms S V Spence (Chairman), A W Allison, D J Cure and Mrs E M Holland

PART 1 - PUBLIC

CH 14/22 DECLARATIONS OF INTEREST

There were no declarations of interest made in accordance with the Code of Conduct.

MATTERS FOR RECOMMENDATION TO THE CABINET

CH 14/23 COMMUNITY ENHANCEMENT FUND - DEFERRED BIDS

Decision Notice D140116MEM

The report of the Chief Executive referred to the deferral of payment of funds to applicants who had failed to provide evidence of match funding in support of their project (Decision No D140106MEM (2)). Details were given of the bids which fell into that category together with the outcome of a request to applicants for further information on any financial contribution they were able to make. A supplementary schedule containing supporting information, including some revised bids, was circulated.

RECOMMENDED: That the bids set out in the supplementary Annex to the report be supported.

CH 14/24 KENT SAVERS CREDIT UNION

Decision Notice D140117MEM

The report of the Management Team explained the background to the deferral of consideration of a request by Kent Savers for financial support of £10,000 to enable further investigation of a number of issues.

An update was given on how residents of Tonbridge and Malling would benefit and the means by which Kent Savers would work with local churches. The legal position in respect of the State Aid Regulations was also clarified and it was confirmed that while the de minimis exemption would apply to an unconditional grant, there would be risk attached to providing a loan.

A report back in 6 – 12 months was requested on activity in Tonbridge and Malling following the award of grant.

RECOMMENDED: That the request for financial support of £10,000 to Kent Savers be approved in the form of an unconditional grant and be funded from the balance on the Community Enhancement Fund.

CH 14/25 EXCLUSION OF PRESS AND PUBLIC

There were no items considered in private.

The meeting ended at 7.59 pm

**TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD**

17 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)

1 KENT HEALTHY BUSINESS AWARDS

Summary

This report outlines the requirements of the Award and the involvement of the Council in its delivery and implementation.

1.1 Background

1.1.1 Kent County Council Public Health Team launched the Kent Health Business Award about a year ago. It is based on the well established national workplace health and wellbeing Charter and aims to help employers focus on ways of improving the health and well-being of their workforce, in a climate in many organisations where resources are limited and demands on staff are increasing.

1.1.2 The Award requires participating organisations to carry out a self-assessment to determine which of three levels; commit, achieved or excellent they are against a set of nine criteria:

- leadership
- attendance management
- health and safety requirements
- mental health and well being
- smoking and tobacco
- physical activity
- healthy eating
- alcohol and substance use
- environment

- 1.1.3 The Award is not intended to be a one off assessment, but rather a process of developing this aspect of its business by using the criteria in the Award as a guide for continual improvement.
- 1.1.4 The Award is intended to assist organisations develop policies and procedures in-line with the standards, develop legal compliance and build their reputation for their commitment to staff health and well-being.

1.2 The Role of the Council

- 1.2.1 Through public health funding to the Council for the delivery and implementation of the Award, we have a dual role. Firstly, we have made a commitment to introduce the Kent Healthy Business Award to our business community and provide mentoring support to assist them with their initial self-assessment and on-going development. Secondly, as an organisation involved in the delivery of the Award, officers felt it was important that we were able to promote the Council as an exemplar organisation and are currently engaged in the self-assessment process, which is being done through the Health and Well-being Officer Study Group.
- 1.2.2 To date eight organisations in the Borough have registered with KCC to progress the Award and we have identified another three that we anticipate work with during the remainder of the year.

1.3 Legal Implications

- 1.3.1 Not applicable.

1.4 Financial and Value for Money Considerations

- 1.4.1 Funding from KCC has been received to deliver the Award to ten local organisations this financial year.

1.5 Risk Assessment

- 1.5.1 The future development of the Award in future years is dependent on the relevant funding continuing.

1.6 Equality Impact Assessment

- 1.6.1 Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper directly impact on end users. The impact has been analysed and varies between groups of people. The results of this analysis are set out immediately below.

1.6.2 The local business community is extremely diverse, with a significant proportion of workers from our priority communities being employed in blue, collar manual jobs. It is those organisations where we intend to focus our greatest efforts, but nevertheless we are likely to work with organisations employing people in professional positions.

1.7 Recommendations

1.7.1 The proposed approach to developing the Kent Healthy Business Award both within the Council and our local business community be **ENDORSED**.

The Director of Planning, Housing and Environmental Health confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Jane Heeley

Nil

Steve Humphrey
Director of Planning, Housing and Environmental Health

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**TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD**

17 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)

1 LOCAL HEALTH IMPROVEMENT PROGRAMMES

Summary

This report describes the range of Health Improvement projects for which Kent County Council funding has been awarded for the current year and reviews the progress with these programmes.

1.1 Background

- 1.1.1 Alongside the wider determinants of health, the need to encourage and support individual health improvement and behaviour change has taken increasing prominence over the past two decades. Detrimental health behaviours such as smoking, excessive alcohol consumption, sedentary lifestyles and unhealthy eating are now some of the root causes of ill health, with the way we choose to live our lives and the choices we make one of the most important barriers to good health. This is reflected in our key priority “Healthy living opportunities and community well-being”.
- 1.1.2 The Council, through its Health Improvement Team, delivers a wide range of health improvement initiatives. Key to the continuing ability to deliver this successful range of programmes is the annual funding allocation received from Kent County Council Public Health Team.
- 1.1.3 Our aims are to help residents become more aware of the measures they and their families can take to develop healthier lifestyles and either work with them directly through our range of programmes or with partners, such as MIND and TM Active, who deliver specific programmes, commissioned by the Council.

The Borough Council’s annual health delivery programme is currently split into three key elements:

- Healthy living centre initiatives;
- Healthy weight programmes; and
- Mental health, well-being and community-led programmes.

1.2 The Virtual Healthy Living Centre

1.2.1 The Council uses a virtual Health Living Centre model, which suits the demographics of the borough and means we can be entirely flexible in where the various health improvement initiatives are delivered. The services provided through the Virtual Health Living Centre are organised by the Healthy Living Co-ordinator who works with community centres and partners, such as the Children's Operational Group, Community Safety Unit, Health Trainers and community development workers, to deliver a wide range of community initiatives, with the aim of supporting public health goals including reducing health inequalities and promoting health improvement across the borough.

1.2.2 Throughout the year the Healthy Living Centre will provide, amongst others, the following services:

- promote healthy weight initiatives, a range of healthy living community events and campaigns;
- a range of projects to address mental health, including the Jasmine project, for women with low level mental health problems;
- carry out brief advice and identification on smoking and alcohol and refer into services where appropriate;
- our health walk programmes;
- delivery of NHS health checks; and
- sign-posting to the wide range of health services, such as the Stop Smoking Service, TM Active Weight Management programmes etc.

1.3 Healthy Weight Programmes

1.3.1 The Council delivers two projects to assist those who are overweight; LEAP (learn, eat and play) and Counterweight. The ten week LEAP programme has been designed to help children to achieve and maintain a healthy weight. It welcomes families with a child who has either been identified as having an unhealthy weight, or eating habits. The Counterweight Programme is an evidence based weight management programme for adults. The programme promotes behavioural strategies, which seek to change eating habits, activity levels, sedentary behaviours and thinking processes that contribute to an individual becoming overweight or obese. The programme promotes active weight loss for three to six months, followed by long term weight loss maintenance. TM Active adult weight management programme is also Counterweight, which provides consistency of approach right across the Borough.

- 1.3.2 LEAP is being run at the St James Centre, St Stephen's School and Tonbridge Baptist Church, with 14 families involved. It is unfortunate that the course scheduled to run at Snodland Community Centre had to be cancelled through lack of sign up, despite huge efforts by the Team to promote it.
- 1.3.3 Counterweight is being run at all the above venues and additionally at Larkfield Leisure Centre and Angel Centre. To date approximately 100 individuals have signed up to the 12 week programme. Feedback on this new programme has been extremely positive.
- 1.3.4 One of the significant successes over the last 12 months has been the development of an extremely productive working relationship with MIND. As far as weight management is concerned, this has resulted in the delivery of two Counterweight programmes, one for those from ethnic backgrounds and the second for those with low level mental health issues. A total of 22 people attended with some excellent weight loss being recorded.

1.4 Mental Health, Well Being and Community-Led Programmes

- 1.4.1 We are now commissioning the very well received Jasmine programme from MIND. Jasmine is an 8 week therapeutic support group for women, which offers an opportunity for women to explore problems with emotional health and wellbeing, share experiences with other women who may have similar issues and learn about different ways to help feel and cope better. Many women have found the program very helpful. It is facilitated by a qualified and experienced counsellor or psychotherapist. It is suitable for women aged 18 and over who have difficulties with any of the following:
- anxiety and panic
 - depression
 - low self-esteem/confidence
 - sleeplessness
 - loss following relationship breakup or bereavement
- 1.4.2 We recognised that there was a need to offer a similar programme for men, which we have been able to do by commissioning MIND to deliver Headspace. It is organised along very similar lines and as you would expect facilitated by a qualified counsellor or psychotherapist.
- 1.4.3 So far this year two Jasmine programmes and one Headspace programme have been delivered, with excellent feedback. Further programmes before the end of the year are planned.

- 1.4.4 This year we continued to commission the mental health awareness programme called SAFE (Suicide Prevention for Everyone), which is a youth led project that aims to make sure that young people are more aware of the danger signs of youth suicide and to support local young people within schools to raise awareness of mental health issues by breaking down stigma and encouraging young people to talk about their feelings and seek help. This is delivered by Voluntary Action West Kent. Although they are continuing to work with schools across the Borough, most notably Hugh Christie, Tonbridge Grammar School for Girls and Aylesford, they are having great difficulty in accessing Holmsdale School, specifically one of the schools we requested engagement with.
- 1.4.5 October 10th this year was World Mental Health Day, with a focus on schizophrenia. The Team co-hosted an excellent day with MIND, at the River Centre. The event was attended by about 150 people who were able to experience a variety of talks and presentations on mental health, six ways to well-being, substance misuse health and nutrition, all rounded off by Skiffle for change.

1.5 Workplace Health

- 1.5.1 As well as delivering the Kent Healthy Business Award (described in the previous report), the Team are actively involved in promoting health and well-being through inter-active events in a variety of workplaces, so far this year we have worked with Kent Wildlife Trust, Circle Housing, Keep Moat, Centra, South East Water and Clancy Docwra.

1.6 Legal Implications

- 1.6.1 These are dealt with through the service level agreements between the Council and KCC.

1.7 Financial and Value for Money Considerations

- 1.7.1 It needs to be recognised that the services which are commissioned by KCC and delivered by the Council are fully dependent upon the health improvement funding being continued on a year on year basis. The long term position is unclear, and we have made it clear to KCC that we wish to continue to be the main provider these services across the Borough.
- 1.7.2 I can report that funding for weight management services has been confirmed for 2015/16.

1.8 Risk Assessment

- 1.8.1 There is a risk of failure to deliver against the agreed commissioning proposals. These risks are mitigated by regular monitoring of performance, both financial and delivery during the course of the year.

1.9 Equality Impact Assessment

- 1.9.1 Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper directly impact on end users. The impact has been analysed and varies between groups of people. The results of this analysis are set out immediately below.
- 1.9.2 One of the aims of these programmes is to address health inequalities. For this reason we focus a higher proportion of our resources in our harder to engage priority communities. Programmes such as the NHS Health Check programme and Adult Weight management programmes are open to all and we ensure that they are available at a variety of settings throughout the Borough, as described in this report.

1.10 Recommendations

- 1.10.1 That the delivery of the Health Improvement programmes described in this report be **ENDORSED**.

The Director of Planning, Housing and Environmental Health confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

Nil

contact: Heidi Ward
and Jane Heeley

Steve Humphrey

Director of Planning, Housing and Environmental Health

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**TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD**

17 November 2014

Report of the Director of Chief Executive

Part 1- Public

Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)

1 TROUBLED FAMILIES PROGRAMME – PHASE 2

To set out proposals for a national troubled families phase 2 programme and to seek agreement to the Borough Council's continued involvement in this work.

1.1 Background

1.1.1 As reported previously to this Board, the current Kent Troubled Families Programme is aiming to 'turn around' the lives of 2560 families across the county. The first phase, 3 year, programme runs from 2012 to April 2015. National criteria for all troubled family initiatives seek to target families with issues of poor educational attendance, anti-social behaviour / youth crime and worklessness. Each district in Kent has developed a local programme and the one operating in Tonbridge and Malling has been re-branded as a 'Family Focus' initiative to put the programme on a more positive footing with families at the point of engagement. Each district programme is overseen by a KCC-employed local delivery manager. Our manager is Glenn Page who has an office at the Borough Council which enables him to engage directly with Council staff in relevant services such as housing and finance and also with the Community Safety Unit.

1.1.2 Each local programme is supported by a team of local family intervention and family support workers who provide intensive support and challenge for those targeted families who have been assessed as meeting the national entry criteria. Each family agrees a single family plan with a lead professional setting out what changes need to be achieved. The lead professional is responsible for the co-ordination of that plan and getting to grips with the family's problems. The worker has access to multi-agency support and a range of externally commissioned complementary activities and interventions to help support those families.

1.1.3 The Tonbridge and Malling programme now also benefits from:

- A team of seven Family Intervention and Family Support Workers who engage with the most challenging and complex families.

- A dedicated Troubled Families Employment Advisor from Jobcentre Plus and an employability mentor from RBLI who provide intensive support in getting targeted adults into work.
- A dedicated local police officer focusing solely on the troubled families agenda particularly seeking to address anti-social behaviour and youth crime issues.
- Development of a new mentoring service for young people aged 11-16 who present with challenging behaviours and who are lacking positive adult role models in their life.
- Family support budgets for intervention workers to access in meeting individual family needs related to the programme, for example, to pay for school uniforms or bus passes where these present a barrier to attending school
- A supported apprenticeship and training programme for young people identified through the programme.

1.1.4 To date, the local programme has identified a total of 206 families against an original target of 175. Of these, 113 have now been successfully 'turned around' - 64.5% of our target number. Our performance is broadly in line with the overall Kent figure of 66.7%. 20 cases have been closed with no successful outcome and we are continuing to engage with those remaining cases on our list. A particular challenge for Tonbridge and Malling is the high proportion of Employment Support Allowance (ESA), Income Support (IS) and Carers Allowance (CA) claimants which account for about 78% of the families on our target list. These Jobcentre Plus customers present with a range of complex issues that are significant barriers to securing sustainable employment either for a fixed term or indefinitely. Claimants on these benefits are not expected to look for work. These factors make it very difficult to achieve successful outcomes in relation to work for a significant number of our families. This challenge is shared by our neighbours in Sevenoaks and Tunbridge Wells.

1.2 The New Troubled Families Programme: 2015 – 2020

1.2.1 Government announced in August of this year that a second phase Troubled Families programme will be launched from April 2015. Unlike the first phase programme, the new programme will run for a five year period and end in 2020. £200M has been set aside by Government to fund the first year of the new programme.

1.2.2 The aim of the phase two programme is to significantly expand the number of families able to benefit from the support being offered. Government has suggested that the new programme will aim to address the needs of 40,000 families across the country. A key element of the new programme will be greater flexibility with regard to the adopted entry criteria. There will be six new national criteria, and to qualify, families must meet at least two of these to gain entry to the programme. The overall national criteria are:

- Evidence of crime and/or anti-social behaviour
- Record of poor educational attendance
- Children assessed as being in need of help
- Adults out of work or at risk of financial exclusion
- Evidence of domestic abuse
- Health issues – poor mental health, drugs and alcohol abuse.

1.2.3 More specific and detailed definitions are currently being developed at national level for each of these six criteria. In addition to the added flexibility provided by the increased number and scope of the entry criteria, there is also to be introduced an 'equivalent concern' criterion whereby professionals can refer in families to the programme who might not fully meet the national criteria but the assessed level of local concern from professionals about individual families could warrant a referral to the programme being made. These will apply in relation to all of the above criteria apart from worklessness and domestic abuse.

1.2.4 To achieve a successful outcome for each family, the new programme will require each to have a Family Action Plan setting out which 2 of the 6 criteria will need to be addressed alongside other identified needs. In order for an Authority to make a successful claim for a family, all outcomes identified in the plan will need to be achieved. Those achieved outcomes must be 'sustained and significant'. This will need to be defined locally.

1.2.5 Whilst the full details of the programme have yet to be finalised, it is likely that Kent County Council will wish to carry forward the structures adopted for phase 1 of the programme with a series of district based programmes led by a delivery manager with support from a centrally-based KCC officer team and involving a wide range of local agencies including the direct involvement of district council staff.

1.3 The Way Forward

1.3.1 Whilst the phase 1 programme has achieved some local success, the criteria and approach adopted nationally has proved to be a constraint on delivering more effective support and reaching out to wider range of families in need. Administration of the programme both at County and District level has been unnecessarily burdensome, particularly at the beginning of the programme.

1.3.2 The proposed phase 2 programme, however, promises to be a more flexible model and will enable district schemes, including that for Tonbridge and Malling, to have greater freedoms to focus interventions and support on a wider range of families in need of help. The development of a new five year programme will also enable a longer term approach to be adopted. Experience from phase 1 has

shown that the amount and length of interventions with the more challenging families has been more substantial than was originally planned for. In addition, the longer programme will also enable staff employed to deliver the interventions to have longer term contracts and greater job stability. As the phase 1 programme start was delayed, most current staff only have 1 year renewable contracts. Key staff have left to find more stable employment elsewhere which has impacted on the success of the programme.

- 1.3.3 There is no doubt that on-going interventions to address the needs of troubled families are still required. The second phase will enable a wider range of families to be included in the scheme and the longer timescales should lead to better and more sustainable changes in those family's circumstances. The current district-based model has also worked well, enabling local teams to come together to assess the needs of local families and provide the right support for them. Borough Council staff across several services have all been involved in assisting with the programme but the assistance given and the time resource involved has been accommodated without any undue impact on other areas of work. On this basis, it is recommended that the Borough Council confirms its support for the phase 2 programme and our continued involvement in troubled families work.

1.4 Legal Implications

- 1.4.1 Kent County Council, as lead authority, is responsible for the legal framework related to the troubled families programme.

1.5 Financial and Value for Money Considerations

- 1.5.1 Our main input into the local family focus programme is the staff time required to assist the Local Delivery Manager in assessing the eligibility of families, their individual needs and the administration of the programme generally. This will continue to be accommodated within existing staff resources.

1.6 Risk Assessment

- 1.6.1 In the absence of a new, more effective programme, there is a risk that the adverse impact on communities and the associated costs that some troubled families can generate would increase.

1.7 Equality Impact Assessment

- 1.7.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

1.8 Recommendations

- 1.8.1 That proposals for a phase 2 troubled families programme **BE NOTED** and that the Borough Council's involvement in an extended family focus initiative based on the phase 2 proposals **BE SUPPORTED**.

The Chief Executive confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Mark Raymond

Nil

Julie Beilby
Chief Executive

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TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD

17 November 2014

Report of the Chief Executive

Part 1- Public

Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)

1 UPDATE REPORT ON THE WORK OF THE EAST MALLING PARTNERSHIP

To report on the progress of the East Malling Partnership and endorse the latest East Malling Action Plan

1.1 Background

- 1.1.1 Members will be aware that the East Malling Partnership is a long standing community regeneration partnership. The Partnership is a wide ranging, multi agency group which meets twice a year with representatives from the parish, borough, and county councils, health, local schools, police and voluntary organisations.
- 1.1.2 In addition to the East Malling Partnership, working groups are also set up where necessary, to take forward specific projects. Much of the work is undertaken from the St James Centre, which has a number of useful meeting rooms, the hall and the Community Arts Café. The Community Development and St James Centre Manager for East Malling is Angela Borsos from the Beat Project. Over the years Angela has brought a tremendous amount of commitment and energy to the Partnership. Angela is based at the St James Centre and acts as a point of contact for local people and co-ordinates the activities of the Partnership.
- 1.1.3 Recent work undertaken in East Malling includes a mental health project “my time for me” which was aimed specifically at young girls referred onto the course from local schools. The project offered counselling and life skills coaching and aimed to raise confidence and aspirations to vulnerable young women. This work will continue in the future via a “Mother/Daughter” event aiming to support emotional and mental wellbeing. Additional health programmes also take place at the Centre, including smoking cessation and Street Games which is starting this month (Street Games is a club covering all sports aimed at 14-18 year olds).
- 1.1.4 Job Clubs are held weekly at the centre and are going very well with regular referrals from the Job Centre. These will continue to be a focus within the latest Action Plan.

- 1.1.5 A recent successful bid to the Community Enhancement Fund also means that the Challenger Troop CIC will be providing a one of youth diversionary activity in East Malling – this will be outward bound, adventure style activities. The aim will be to provide positive projects and activities and encourage young people to break away from getting involved in criminal activities/ anti-social behaviour.

1.2 East Malling Action Plan

- 1.2.1 In order to review work and achievements in East Malling and to consider actions for the future an Action Plan is regularly updated. This is used as a tool to drive forward key themes of work and to nominate lead agencies within each area of work. The latest Action Plan is attached (Annex 1) and highlights the current themes which the Partnership will be addressing, these are: Youth Provision, Raising Aspirations and General Health and Lifestyle. The approach has been to go for a concise plan – with more specific targets which will offer clearer outcomes and benefits to local residents.

1.3 Legal Implications

- 1.3.1 None

1.4 Financial and Value for Money Considerations

- 1.4.1 None

1.5 Equality Impact Assessment

- 1.5.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

1.6 Recommendations

- 1.6.1 That the current East Malling Partnership Action Plan **BE ENDORSED** and that progress on the action plan **BE REPORTED** to a future meeting of the Board.

The Chief Executive confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Gill Fox

Nil

Julie Beilby
Chief Executive

Action	Lead	Outcome	Targets / Target dates
1. Youth Provision			
<p>1.1: Work with ALL Partner agencies to establish regular youth provision for young people in East Malling</p> <p>Run programmes that tackle issues of ASB, linked to above provision.</p>	KIASS	<p>1. Ensure a more comprehensive and co-ordinated offer for youth and community provision in East Malling throughout the Summer.</p> <p>2. To draw up a list of priority families from local knowledge and evidence and target those families for support and mentoring</p>	<p>1. All agencies etc. to send details of any events or services which are accessible to Young People in the East Malling and surrounding areas before end July 14. – include all details on anything that is happening in July, August and September.</p> <p>2. To do this we will form a task and finish East Malling Youth ASB group as part of the CSU framework and invite stakeholders, who have signed up to the information sharing protocol, to discuss their knowledge and data in more detail. This needs to happen prior to the summer break and we are currently looking at dates.</p>
1.2: Detached Youth Service	KIASS	Provide weekly activity for young people via youth bus.	Ongoing - one evening per week.
1.3: Run a course for boys/young men on self-esteem / positive choices	Angela Borsos (Beat Project) / & any partner agency	Encourage boys to break away from ASB/not to get involved in criminal activities	One day event planned for Feb. 15 – smaller projects to take place prior to that date. TBC
1.4: Run a young women's support group and "Mother / Daughter" event	Angela Borsos (Beat Project) / & any partner agency	Provide support for young women on emotional & mental wellbeing and related issues.(My time for Me)	One day event planned for Jan. 15 (mothers & Daughters) – at least one 5 week project. to take place prior to that date with young women only
1.5: Run projects for young people	Angela Borsos (Beat Project) / & any partner agency	Deliver a range of projects, activities and courses aimed at young people. Also offer work experience and volunteering opportunities.	From July 14 to April 15. Work ex and volunteering can take place at any time – other activities as and when budgets available.
2. Raising Aspirations			
2.1: Run family learning/adult education courses	Angela Borsos/Adult Education/FLO / Children's Centre	Provide accreditation for individuals who do not currently have many / any qualifications	Local people to have access to courses via named agencies and receive accreditation following their attendance at a course. – St James Centre to offer IT / Social media / Emergency first aid / food safety and various other courses.
2. Raising Aspirations cont....			

Annex 1

2.2: Run local youth forum and a local event to highlight 'choices' available for young people	Partners / Angela Borsos (Beat)	Increase awareness of what is available to young people in and around East Malling	Forum planned for July 14. Larger event to be run by April 2015.
2.3: Distribute awards to people in the community at community day events	Russet / Beat	Encourage community spirit and good work in the community	At least 10 awards to be presented at community events.
2.4: Run parenting courses/provide support for parents	All appropriate agencies / organisations	Help provide support for parents who may need additional help	Parenting support courses to be run - Agencies timescale TBC.
2.5: Work Experience and volunteering	Angela Borsos / Vanessa Austin (Beat)	Accredited work experience and volunteering opportunities to be offered at ST James Centre and Arts Café to assist with skills, confidence and job or college prospects	Ongoing – target of 80 placements per year.
2.6: Hold a Job Club or drop in sessions	Circle Housing	Provide help for people to get a job and prevent benefit dependency.	Weekly job club at St James Centre - ongoing
2.7: Publicise good news stories	Angela Borsos (Beat)	Raise the perception of the area	At least 5 good news stories to be published by April 15
3. General Health & Lifestyle (Including Childhood Obesity)			
3.1: Dance / Exercise classes	Angela Borsos (Beat)	Encourage all age groups to take up regular classes by offering fun, free or cheap easy to access classes.	From July 2014 at St James Centre – weekly classes will include yoga, exercise to music and from Sept. 14 - chair based exercise.
3.2: Promote healthy eating through the Community Arts Café	Vanessa Austin / Angela Borsos (Beat)	Encourage families to eat more healthily and prevent obesity.	Community Café has Gold Healthy Eating Award and is open 4 days per week plus various workshops and events are arranged regularly - all promote healthier choices, cookery skills etc.
3.3: Run Community Sports events / activities	Angela Borsos (Beat) / Beverley Emmerson	Encourage young people, adults & families to undertake exercise in a fun way through series of events, workshops & activities	Ongoing – first report on activities / numbers attending at end March 2015
3.4: LEAP (family weight management programme) Counterweight (Adult)	Heidi Ward / Sarah Padfield	Encourage families to eat more healthily and prevent obesity (Weight management, exercise & cookery) Adult weight management programme	New programme to be launched in September 2014 at St James Centre. From September 15th for 10 weeks for LEAP (Mondays 3:00-5 PM) and 12 weeks for Counterweight starting on 18th September (Thursdays 6:00-7:30)
3.5: Smoking Cessation	NHS	Assisting individuals to quit smoking over a 12 week programme.	From 1 st September 2014. St. James Centre. (Mondays 5.30 to 7.30pm)
3.6: Healthy lifestyle event	Beat / Partners agencies	Hold event to highlight various good health / lifestyle messages	March 2015

TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD

17 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 WEST KENT HEALTH AND WELLBEING BOARD

Summary

To present the minutes of the West Kent Health and Wellbeing Board

1.1 Background

1.1.1 The West Kent Health and Well Being Board met on the 16th September 2014 and the Minutes are submitted for information at **[Annex 1]**.

1.2 Legal Implications

1.2.1 None

1.3 Financial and Value for Money Considerations

1.3.1 None

1.4 Risk Assessment

1.4.1 Not applicable

Background papers:

contact: Jane Heeley

Nil

Steve Humphrey

Director of Planning, Housing and Environmental Health

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WEST KENT CCG HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON TUESDAY 16 SEPTEMBER 2014

Present: Dr Bob Bowes (Chairman) and Julie Beilby, Benson, Mrs Blackmore, Bowles, Broom, Gough, Heeley, Holgate, Jones, Lemon, Varshney and Weatherly

In attendance: Louise Matthews and Linda Smith

12. **APOLOGIES FOR ABSENCE**

It was noted that apologies for absence had been received from Penny Southern, Gail Arnold, Dr Caroline Jessel, Reg Middleton, Dr Sanjay Singh and Councillor Mrs Alison Cook.

13. **DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**

There were none.

14. **MINUTES OF THE MEETING HELD ON 15 JULY 2014**

It was agreed that the bullet points as minuted under Item 5 – Mental Health Needs Assessment for West Kent were important issues that should be kept sight of by the Board and that this should therefore become a regular agenda item.

RESOLVED: That the Minutes of the meeting held on 15 July 2014 be approved as a correct record and Mental Health Needs Assessment for West Kent should become a regular agenda item.

15. **BOARD DEVELOPMENT AND COG UPDATE - DR BOB BOWES**

Dr Bowes gave a presentation to the Board following the work undertaken with John Deffenbaugh. This detailed the journey through JSNA to the WKCCG HWB and who the commissioners were and who the Board providers are.

The Chairman suggested that the next meeting be dedicated to the future development of the Board and the way it is constituted.

A member of the Board suggested that an assessment should be carried out on the Children's Joint Strategy. Malti Varshney (MV) advised that this had last been carried out in 2010. She undertook to circulate a copy with the minutes.

RESOLVED: That the next meeting be dedicated to the future development of the Board.

16. BETTER CARE FUND UPDATE, CCG - GAIL ARNOLD/LOUISE MATTHEWS

Louise Matthews, after circulating the papers for the Better Care Fund, emphasised that the plan needed to be submitted by 12 noon on 19th September 2014 and asked for any further comments to be submitted to her by Thursday, 18th September.

The Board's attention was drawn to the following:-

- * that major changes had been made around the case for change from page 9
- * Section 4 Plan of Action on Page 13 – more detail had been given on the schemes and the details behind them
- * Section 5 – Risks and Contingency - although the risk factors had not changed greatly, more linkage had been included with strategic plans
- * Section 7 – more detail added to iii) onwards
- * Section 8 – More on engagement, separating it out
- * Annexes – repackaging the information, investment requirements and key success factors

The Board noted the financial aspects of this submission, which included a saving of £1.9m if A&E admissions could be reduced by 3.5%. The savings would go into a Kent pot and then redistributed to all the districts.

It was noted and agreed that money received for payment by results that comes in for health and social care should be monitored by the Board.

The Board was asked to sign up to the submission and this was agreed. Although some concern was raised as to the level of funding as a whole across all districts.

The Board acknowledged that this was a significant part of the process to get to where they wanted to be. However, it recognised that this only covered about 4% of the budget.

The Board thanked Louise and Gail for their hard work in producing this submission.

RESOLVED: That the Board agree and sign up to the Better Care Fund submission.

17. KENT JOINT HEALTH AND WELLBEING STRATEGY; WEST KENT HEALTH AND WELLBEING BOARD'S PARTNER ORGANISATIONS' PLANS FOR PUBLIC ENGAGEMENT, IDENTIFICATION OF GAPS AND PLANS TO CLOSE THEM - DR BOB BOWES

The Chairman emphasised that a report needed to be brought to the Board in November.

Members of the Board commented that:

- a questionnaire had been put on the KCC website which related to the Healthy Weight Promotion and it indicated that the new service would go live in April. This could have implications for other Districts who are carrying out their own service. MV stated that the exercise was to look at what model of commissioning should be taken but no decisions had been taken.
- should the Board look at cold designing of services, ask other colleagues for their suggestions
- should the Board be talking about a partnership service rather than commissioning which is vital to the Board for development

RESOLVED: That a report be brought to the Board in November on this issue.

18. KENT JOINT HEALTH AND WELLBEING STRATEGY; WEST KENT HEALTH AND WELLBEING BOARD'S PARTNER ORGANISATIONS' PLANS FOR IMPLEMENTATION, IDENTIFICATION OF GAPS AND PLANS TO CLOSE THEM - DR BOB BOWES

The Chairman introduced this item and emphasised that any areas identified where there was gaps needed to be fed back to him.

RESOLVED: That information from partners should be fed back to the Chairman.

19. WEST KENT TOBACCO CONTROL AND SMOKING CESSATION WORKING GROUP - JANE HEELEY

Jane Heeley introduced this item by explaining that the action plan had been presented to the Board in April and following a development session which focused on how all partners could collectively work to address population needs, six principles were identified, which were:

- Problem-based approach
- Articulate ambition
- Population level
- Audiences

- Risk sharing
- Holding to account

The Board noted that:

- although there was a lot of success in reducing smoking nationally, there was still a high rate of smoking related deaths
- there was an emerging picture related to e-cigarettes and there needed to be a piece of work undertaken on this
- there needs to be more advocates within services that can talk confidently to people they come into contact with about quitting smoking, it was noted that a half day training session was available
- rates of referrals by GPs to the scheme had declined but this was thought to be somewhat due to the increased usage of e-cigarettes
- various initiatives had been introduced, including trading standards identifying hot spots where teenagers buy their cigarettes and talking to the shop owners
- GPs had indicated that patients prefer to go to local groups when referred and children seem to respond better when approached within school, rather than on their way out
- It maybe worthwhile engaging with local landlords and housing association to spread the message
- Work had been taken place with the Chamber of Commerce to promote the Healthy Business Award
- A lot of work on the Home First scheme had been carried out – an initiative to help older people stay well and independent
- Work was ongoing to target disadvantaged areas

RESOLVED: That the Board noted the approach taken so far and agreed to sign up to the Local Government Declaration on Tobacco control. Jane Heeley stated that she would circulate it to Board Members and also to partners to take this forward.

20. ALCOHOL STRATEGY FOR KENT 2014-2016 - LINDA SMITH

Linda Smith gave a presentation to the Board on the Kent Alcohol Strategy 2014-2016 that was approved by Kent Adult Social Care and Health Cabinet Committee earlier this year.

The key aims of the Alcohol Strategy for Kent 2014-2016 are to:

- a) reduce alcohol related specific deaths
- b) continue to reduce alcohol-related disorder and violence year on year
- c) raise awareness of alcohol-related harm in the population
- d) increase pro-active identification and brief advice at primary care
- e) increase numbers referred into treatment providers as appropriate

Six Pledges have been developed which are:-

Prevention and Identification – Identification and Brief Advice in Primary Care and pharmacies, training, social marketing and targeted promotion

Treatment – Improve liaison at A&E

Enforcement and Responsibility – Tackling night-time economy, reduction of violence, use of crime and community partnerships, spot checks on traders, working with industry

Local Action – Continue good practice using KCAP model and expand into areas where there is no KCAP

Vulnerable groups and inequalities – Priorities dual diagnosis by improving the links between mental health workers and substance misuse treatment providers, domestic violence awareness campaigns and working with perpetrators

Children and young people – Continue with Riskit, lead a Kent-wide campaign, co-ordinate hidden harm strategy linked to KIASS, systematic screening in A&E

The Board noted that:-

- the majority of people in West Kent and the UK consume alcohol responsibly, however excessive consumption of alcohol is a growing problem in Kent and nationally
- Alcohol contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption
- Liver disease is almost wholly attributed to alcohol misuse and is the fifth largest cause of death in England
- It is a huge cost to the public purse but many costs are not able to be taken into account
- In Kent it is estimated that alcohol harm accounts for approx £108m of health commissioning resource each year
- Initiatives include shops/clubs stocking only alcohol reduced wines and spirits (trialled in Brighton)

RESOLVED: That the Board:

- a) noted the report and agreed the key actions from the strategy;
- b) agree to the development of a Local Alcohol Action Plan to

implement the Kent Alcohol Strategy; and

- c) agree to the creation of a multi-partner Task and Finish Group which would address the six pledges.

21. TEENAGE PREGNANCY STRATEGY CONSULTATION - MALTI VARSHNEY

Malti Varshney updated the Board on the work being undertaken in relation to the teenage pregnancy strategy. It was noted the consultation had now finished on the website and all the feedback was being collated which would inform the final version of the strategy.

RESOLVED: That the action taken to date be noted.

22. ANY OTHER BUSINESS

Dentistry – The Board had a discussion on access to NHS dentistry which the lack of appeared to be huge problem in Kent, especially for older people.

RESOLVED: That Board Members feed back to the Chairman to appraise him of any experiences that they had heard about (within the next couple of weeks) and he would write to NHS England to express the concerns on behalf of the Board.

23. DATE OF NEXT MEETING

The next meeting would be held at Tonbridge & Malling Offices on 21 October 2014 starting at 4 p.m. The meeting would include one agenda item, 'Development of the Board'.

TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD

17 November 2014

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Information

1 TOBACCO CONTROL INITIATIVES

Summary

To present the September 2014 report from the West Kent Tobacco Control and Smoking Cessation Working Group.

1.1 Background

1.1.1 The paper at **[Annex 1]** of this report was presented to the 16th September meeting of the West Kent Health and Wellbeing Board.

1.1.2 It is worth noting that there is some concern that the number of referrals to the Stop Smoking Service is declining. There is a school of thought that this is, at least in part, a result of the extensive use of e-cigarettes which research commissioned by ASH (Action on Tobacco and Health) in April 2014 reported has increased threefold in Great Britain over the last two years from 700,000 to 2.1 million.

1.1.3 Whilst the concern is principally that this is an unregulated industry at present, with controls not being anticipated to be in force until 2016, through the Tobacco Products Directive, it is considered by many that e-cigarettes are a helpful alternative to traditional nicotine replacement therapy and are considerably safer than smoking cigarettes which contain many contaminants including tar.

1.1.4 It is anticipated that further work on this agenda will emerge and that this will be incorporated into the future work of the West Kent Tobacco Control and Smoking Cessation group, should it continue, or the Kent Tobacco Control Stakeholder Group.

1.2 Legal Implications

1.2.1 None

1.3 Financial and Value for Money Considerations

1.3.1 None

1.4 Risk Assessment

- 1.4.1 Ill health through smoking remains such a significant health and wellbeing issue it is essential that we remain close to developments in this agenda and work to promote smoking cessation where we can.

Background papers:

contact: Jane Heeley

Nil

Steve Humphrey

Director of Planning, Housing and Environmental Health

By: Jane Heeley, Malti Varshney and Debbie Smith

To: West Kent CCG Health and Wellbeing Board

Date: 16th September 2014

Subject: West Kent Tobacco Control and Smoking Cessation Working Group

Classification: Unrestricted

Summary

Following the presentation of the action plan developed by the Tobacco Control Task and Finish Group at the April meeting of this Board it was evident that the meetings of this Group had enabled partners working across the system to come together to integrate approaches to dealing with this priority area. The Board agreed to the continuation of the Group with the aims of delivering its action plan.

1. Background

1.1 In brief the recommendations of the April report were:

- Delivery of the action plan ;
- “Make every contact count” by developing ways for staff throughout partner organisations to promote the tobacco control agenda;
- Review how partners contribute to the return on investment figures; and
- That West Kent Partners would demonstrate their strategic leadership and commitment to this area of work by becoming signatories to the Local Declaration on Tobacco Control.

1.2 In April the Board also held a development session focussing on how all partners can collectively work to address population needs. During this session six principles were identified, which were:

Problem-based approach – this was around focusing on a topic and getting to grips with it, rather than spreading too thin;

Articulate ambition – this was getting the narrative of the story of change around the topic area agreed and then clarity across all HWB members about how they communicate this in their organisation; also using social media and off-the-wall approaches to get the message across

Population level – recognising that the topic will play out at population level, to tackle health and wellbeing both in the short and long term;

Audiences – carrying out segmentation of the target audiences and getting the message across to each in the most appropriate way; for instance working with schools as a target group for some of the change topics

Risk sharing – shared ownership of the changes and the implications on organisations and their services from these changes, including shifting resources;

Holding to account – this gets down to the ‘conductor’ role of the HWB in getting action across the West Kent system, and then holding organisations to account for implementation

- 1.3 This report illustrates how the above approach has been used to implement the findings of the work of Tobacco control Task and Finish Group and provides an update on the progress being made in the delivery of those aims.

2. Problem based approach

- 2.1 Smoking continues to be one of the main causes of preventable early death in West Kent. Although smoking rates have fallen from 135,000 in 2007 to 115,000 in 2010 there is a reported increase of 5% in 16 to 19 year old males, which is equivalent to 800 more teenage male smokers.
- 2.2 Additionally smoking is a key contributor to higher death rates in people from more deprived areas, as a greater proportion of people living in those areas smoke, compared to their more affluent counterparts, most notably in Park Wood and Shepway areas of Maidstone (West Kent Smoking Health Equity Audit 2011). This equity gap is widened by the fact that people from more affluent backgrounds are more likely to access Stop Smoking Services (SSS) than smokers from deprived areas.
- 2.3 With regards to ethnicity the prevalence across different ethnic groups follows the national picture, with the most notable examples of high prevalence being in male Bangladeshis at 40% and male Irish at 30% prevalence rates.
- 2.4 In developing the action plan the Group were mindful of this data and aim to implement actions consistent with the Kent Tobacco Control Strategy to tackle this priority area:

- Encouraging smokers to quit;
- Harm reduction, through both encouraging smokers to cut down their intake of tobacco and looking at initiatives to reduce exposure to second hand smoke;
- Preventing people taking up smoking; and
- Controlling sales of cheap and illegal tobacco

3. Articulate ambition

- 3.1 A recommendation of the report to this Board in April was that partners should demonstrate commitment to this area of work by signing up to the local Government Declaration on Tobacco control. It is our aspiration that all partner organisations will sign up to the declaration and in doing so promote/ show their support for the main messages around the Tobacco Control agenda.
- 3.2 An important step in promoting messages around quitting and harm reduction is ensuring that partners have as broad a pool of people able to deliver Very Brief Advice (VBA) interventions on a variety of settings. Districts have been asked to identify officers that are able to promote tobacco control messages through their day to day work, when interacting with members of the public, for example Housing or Leisure officers. When this has been done the SSS will provide the necessary training. It is intended that the first sessions will be delivered before the end of the year.

4. Population level

- 4.1 Kent prevalence for smoking is 20.9 % and across West Kent prevalence at district level ranges between 16 % in Sevenoaks to 20.4% (Source:2014 Health Profiles) in Maidstone. However smoking prevalence at ward level may be more than 35% as in Parkwood Park in Maidstone.
- 4.2 The overarching aim of the Group is to bring about a reduction in this prevalence, promote harm reduction strategies and reduce the number of new people taking up smoking. The Task and Finish group members appreciate that this will involve both short term and long term activity. In particular this will require a disproportionately high level of intervention with our priority communities, where the prevalence of smoking is higher and the consequential health impacts are more significant.

- 4.3 Last year there was a 10% increase in referrals to the stop smoking service. However the number of people who successfully quit smoking over this period reduced by 27%. The National Institute of Clinical Excellence (NICE) evidence suggests that harm reduction ('cutting down to quit') programmes may be better deployed to support heavy smokers who are not able to quit smoking completely. **Table 1** below shows this year's data from the SSS on people quitting smoking.

**West Kent CCG Data - 1 April
14 to 5 Sept 14**

	Babyclear	GP	Pharmacy	Core	TOTALS
Referrals					0
Quit dates set	12	432	43	156	643
Quits	8	184	13	82	287
Lost to Service	0	77	10	14	101
Not Quit	1	66	7	28	102
Awaiting outcome	3	105	13	32	153
				Grand Total	1286

5. Audience segmentation

- 5.1 It is clear from reviewing how each of the four themes are tackled, the fact that smoking is an issue right across our population and in a wide variety of settings, that agencies would benefit from a range of measures, and interventions for addressing all aspects of this agenda. One of the functions of this group should be to develop a toolbox of interventions that can be used to target specific audiences that are included based on evidence of their success, either locally or nationally.
- 5.2 An example of how this might work in practice is illustrated through the recent pilot lead by Kent County Council Trading Standards, working in collaboration with Maidstone BC and Public Health. Through the identification of young persons smoking hotspots in Maidstone the Trading Standards Service was able

to address potential tackle the sale of underage sales with four retailers in the locality. Following a test purchasing exercise the businesses were engaged with informally and were offered advice and support. A further exercise will be carried out in due course to monitor their compliance; failures on this occasion may result in formal action. The next steps required complete the objectives of this initiative will involve engagement with young persons, through youth workers, the development of tobacco support sessions for community groups and the preparation of local media groups to promote the initiative. These next steps are best achieved through other partners in the pilot, recognising the relative skill sets of each agency.

5.3 There will need to be more effective targeting of stop smoking services to the most vulnerable groups where smoking is a heavily entrenched way of life and where people are less likely to quit (such as routine and manual workers and smoking in pregnancy where prevalence rates for smoking in Kent are above the national average) and support for people with Learning Disabilities and Mental Health issues.

5.4 There are a number of areas of current activity across West Kent which include:

- Districts and the SSS are currently reviewing a more strategic approach to local collaborative working to improve outcomes from the work being delivered through the health inequalities action plans, the KCC commissioned work that Districts are delivering through their Healthy Living Centres, and workplace health programmes, of which one priority is making referrals into the SSS.
- Smokefree homes initiative in priority communities targeting, homes with children, which is a joint initiative with Kent Fire and Rescue, the Districts and Stop Smoking Service.
- The Baby clear programme, the aim of which is to support pregnant women give up smoking, is being delivered by the midwifery service, with support through VBA training provided by the Tobacco Control Collaborating Centre. The SSS take up the referrals and have recently set up a dedicated telephone line and bespoke programme to handle these specific referrals. Kent Baby Clear is based on the evidence-based national programme and is currently being evaluated locally.

- KCHT Stop Smoking Service is in the process of working with Housing providers and District Housing Teams, linking Quitting with recovery from debt.
- KCHT are also working with Kent Fire and Rescue Fire Fit programme and providing VBA training to officers carrying out home visits.

6. Risk Sharing

- 6.1 It was evident from the work that has been done through the Tobacco Control Task and Finish Group to date that there are a number of agencies directly involved in the challenges of delivering population level improvements in relation to tobacco control. In the previous report to this Board it was explained that we identified that there were some significant gaps in integrated working and opportunities for this to be improved.
- 6.2 There is a national decline in reported quitters and Kent has seen a 27% reduction in the number of people who have quit smoking in the last year. Referrals to stop smoking services remain high however, so the outcomes of a current Rapid Review of stop smoking services will help identify where further action can be taken to address these missed opportunities. The Rapid Review will also highlight where further resources are required to support vulnerable groups who are not currently accessing stop smoking services (eg. Young smokers below 18 years of age).
- 6.3 Through commissioning processes it would be helpful if the contribution that individual agencies and work programmes could be made explicit and used to underpin the need for collaborative working. This is also being addressed at the Kent Tobacco Control Stakeholder group.
- 6.4 The aim here is that all partners/agencies have a sense of shared ownership and take collective responsibility for improving the “problem”. There is an outstanding piece of work that would help this sense of shared responsibility and that is around the area of return on investment, and the identification of the contribution that individual partners make to the delivery of the strategy.
- 6.5 This will require all partners to identify opportunities for tobacco control through the routine business of their organisations. For instance Board members can work with their respective organisations to identify commissioned services which

will as part of their service level agreement have sign posting to stop smoking services.

7. Holding to Account

7.1 The Board has a leadership role in providing strategic direction and expects individual commissioners and stakeholder organisations to implement that through their commissioning plans. Once this has been implemented then the Board holds commissioners to account for implementing strategy.

By each organisation within the system taking collective responsibility for the delivery of this agenda it is important to be clear what each of our roles are:

7.2 West Kent Health and Wellbeing Board

- Ensure commissioners report at agreed intervals on the outcomes of delivery associated with this agenda

7.3 West Kent CCG

- Sign up to the NHS Statement of Support for Tobacco Control
- Include in commissioning plans for pharmacies and GP's the requirements to make provide VBA's to smokers and referrals to the SSS – targets to be agreed

7.4 Kent County Council

- Sign up to the Local Government Declaration on Tobacco Control
- Identify ways of contributing to this agenda through the range of front line services that are provided e.g. social care, education, trading standards
- Identify Tobacco Control related activity in commissioning intentions
- Monitor the outcomes of those intentions

7.5 Districts

- Sign up to the Local Government Declaration on Tobacco Control
- Review how each District can contribute to this agenda through the range of front line services it delivers e.g. leisure and housing services
- Identify opportunities for working with voluntary partners that will promote this agenda
- Work with the SSS and Housing providers to deliver referrals
- Identify key officers that through their contacts with the public can deliver VBA's.

8. Conclusions

- 8.1 Whilst there has been a reduction in the numbers of people quitting in Kent in the last twelve months, commissioners and providers have a number of clear measures that are in place to reverse this trend. The on-going work of the Tobacco Control Task and Finish Group will support the delivery of some of these initiatives through its continuing efforts to improve collaborative working and develop a toolbox of resources to complement these work streams.
- 8.2 It is recognised that the marketing and use of e-cigarettes is affecting referrals and numbers of quits. Further work is needed to understand these impacts more clearly and this will be an on-going process by the SSS.
- 8.3 Finally, we believe that the West Kent Health and Wellbeing Board has a clear role to play in providing advocacy and leadership around this priority area, as well as challenging those involved in both the commissioning and delivery of this agenda.

**TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HEALTH ADVISORY BOARD**

17 November 2014

Report of the Chief Executive

Part 1- Public

Matters for Information

1 LOCAL STRATEGIC PARTNERSHIP

Minutes of the meeting held on 12 September 2014.

1.1 LSP meeting

1.1.1 Attached as Appendix 1 to this report are the minutes of the LSP meeting held on 12 September 2014.

1.1.2 The meeting addressed a number of key issues including:

- A presentation from the Federation of Small Businesses which focused on the need to promote apprenticeships with local SMEs
- An update on the new Care Act
- The Kent and Medway Alcohol Strategy and the need to focus on domestic abuse related to alcohol misuse
- The Borough Council's Peer Challenge report
- A service update from KCC.

Background papers:

contact: Mark Raymond

Nil

Julie Beilby
Chief Executive

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**Tonbridge & Malling Local Strategic Partnership
Minutes of Meeting – 12 September 2014**

Present: Cllr Nicolas Heslop – Leader, TMBC
 Mark Raymond – TMBC
 Cllr Brian Luker – TMBC
 James Harman – KCC
 Gill Fox – TMBC
 Julie Beilby – TMBC
 Peter Robinson – T&M District Cricket Partnership
 Harry Rayner - Kent Association of Parish Councils
 Karen Hardy – KCC
 Gill Ellis – Kent Police
 Graham Taylor – Federation of Small Businesses
 Simon Robinson - Federation of Small Businesses
 Amanda Forrest – Kent Libraries
 Nichola Hermitage – Kent Libraries
 Angela Painter – Kenward Trust
 Caroline Farquhar - CAB
 Capt Richard Garrett – 220 Med Sqn.
 Anita Iles- Circle Russet Housing
 Christine Grosskopf – KCC
 Linda Smith – KCC
 Cllr John Balcombe - TMBC

Apologies: Angela Newey – Tonbridge CAB
 John Handley – Bridge Trust
 Cllr John Balcombe - TMBC
 Jonathan Shaw - Shaw Business Partnership Limited
 Bev Cleves – Hadlow College
 Bishop Brian Castle - Bishop of Tonbridge

	ACTION BY
<p>1. Welcome, Introductions and Apologies NH welcomed all. Apologies received from those listed above.</p>	
<p>2. Declarations of Interest There were no declarations of interest.</p>	
<p>3. Minutes of the meeting held on 13 June 2014 The minutes of the previous meeting were agreed as a correct record. Actions relating to the Federation of Small Businesses and the Peer Challenge report covered later in the agenda. Action for further representations to Owen Patterson MP to support</p>	

<p>the funding bid relating to flooding; several letters have been sent – issues covered include insurance, ownership of land and responsibilities for clean-up and further re-enforcements to make much needed improvements.</p> <p>Action for further work around Family Focus programme – the Young Lives Foundation had been appointed help address issues with the need for positive male role models in some troubled families. It was also noted that work underway to organise a local Job Fair in the Baptist Church in Trench.</p> <p>AP mentioned an intervention programme with Sevenoaks, where families with problems of substance misuse go to the Kenward centre to access support and hear testimonials from those who have been through recovery programmes. This approach could be extended to Tonbridge and Malling.</p>	
<p>4. Presentation – Federation of Small Businesses – Graham Taylor and Simon Robinson, West Kent FSB</p> <p>GT and SR were welcomed as new members of the LSP at the previous meeting. A presentation was given regarding the work of the FSB and how they operate locally.</p> <p>PR raised the issue of links between schools and local businesses. Young Enterprise was involved in this area of work. Business Challenge events were also seen as a useful means to engage young people on this topic.</p> <p>A key raised related to the availability and access to local apprenticeships for young people. Following discussion, it was agreed that better access to apprenticeships and more promotion locally was required. A suggestion was made to hold a “open day” type of event to link local businesses with young people seeking job experience opportunities. JH mentioned that this kind of event had been trialled in Gravesham within a school setting. There were several learning points from this event: it needs to be within working day, needs motivational speakers, employers want to know what skill sets the young people had etc. It was suggested that WK College could be a good venue. CF from CAB mentioned that funding streams are available to support apprenticeships.</p> <p>NH thanked GT and SR for their presentation.</p>	<p>MR to arrange scoping meeting</p>

<p>5. Presentation – Update on the new Care Act – Christine Grosskopf, KCC</p> <p>A presentation was given by CG explaining the new changes that are coming into force regarding the Care Act and what it will mean for those involved. This is due in April 2016 with assessments starting in October 2015. At the moment it looks likely that older people in need of care will need to pay the first £72k of their care costs before the state takes over.</p> <p>Concerns were raised regarding the impact on family members of the proposed changes. It was noted that many carers are relatives. CG confirmed that this has been recognised in the new Act and there will be increased rights and support for carers as they play a vital role.</p> <p>JB suggested that local authorities, parish councils etc. could help with the dissemination of information regarding the new Act. Partners can also help with health improvement measures, meaning less people require care.</p> <p>NH thanked CK for the presentation.</p>	<p>All – assist with future information sharing.</p>
<p>6. Presentation – Kent Alcohol Strategy – Linda Smith, KCC</p> <p>LS gave a presentation on the new strategy. A paper was also tabled regarding T&M alcohol profiles. It was noted that there was a high prevalence within T&M for instances of repeat domestic abuse aggravated by alcohol use. It was agreed that this issue would be best addressed via the Community Safety Partnership. NH commented that TMBC have recently strengthened the CSP via a shared Licensing and Community Safety manager and is well placed to address licensing issues related to the purchase of alcohol by under-age persons. Involvement of the voluntary sector was seen as a crucial element in tackling problems of alcohol abuse. RG also drew attention to a particular problem of alcohol abuse by ex-service personnel and a drinking culture within the military generally. NH thanked LS for her presentation and requested that the presentation/papers be circulated with the minutes.</p>	<p>GF to circulate presentation</p>
<p>7. Tonbridge & Malling Borough Council Peer Challenge Report</p> <p>MR thanked all members of the LSP who took part in the Peer Challenge. A letter of thanks which included a link to the full report had been sent out. There were two main strands to the report – corporate issues including organisational capacity and financial management and the separate theme of economic regeneration. MR</p>	

<p>reported that more detailed analysis of the recommendations was underway and a full report will go to a Cabinet meeting on 8 October.</p> <p>With regard to economic regeneration, a number of strands had been recommended including working with SME's, town/village traders, and those affected by the recent flooding. A significant new area of work related to the funding now available from the South East LEP and the need to ensure the Borough was well-placed to make bids to help fund key infrastructure projects across the Borough.</p> <p>On corporate issues, the Challenge team has recommended the need for strategies to be joined up across services. A Corporate Strategy to achieve this will be developed in 2015 and will be reported to a future meeting of the LSP.</p> <p>Overall, it was agreed that the Peer Challenge had been a positive experience, and provided some useful focus for the future.</p>	
<p>8. KCC Update – James Harman, KCC</p> <p>JH provided a KCC service update which included information on KCC transformation, information regarding the Libraries/ Trust model proposal - which will go to full consultation and available on the KCC website. It was also noted that the next Children's Operational Group will be held in October and will focus on CAMHS, Obesity and Family Focus.</p> <p>NH thanked JH for the update.</p>	
<p>9. AOB</p> <p>The next meeting will be Friday 5 December. Venue to be confirmed</p>	

Agenda Item 12

Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

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Agenda Item 13

The Chairman to move that the press and public be excluded from the remainder of the meeting during consideration of any items the publication of which would disclose exempt information.

**ANY REPORTS APPEARING AFTER THIS PAGE CONTAIN EXEMPT
INFORMATION**

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Agenda Item 14

Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

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