

# TONBRIDGE & MALLING BOROUGH COUNCIL

## COMMUNITIES ADVISORY BOARD

11 January 2016

### 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 HEALTH IMPROVEMENT UPDATE**

### **Summary**

**This report details the Council's response to the recent KCC Health Improvement Consultation and includes the minutes of the most recent Health Action Team and West Kent Health and Wellbeing Board minutes.**

### **1.1 Introduction**

- 1.1.1 KCC undertook responsibility for Public Health in April 2013, commissioning the Council to deliver a range of health improvement services, including healthy living centre initiatives, healthy weight and mental health and well-being programmes.
- 1.1.2 The Public Health Service have been carrying out a review of the approach to delivering public health to residents of Kent, aiming to ensure that all its services are based around the needs of the person, encourage personal responsibility and, wherever appropriate, delivered within integrated services. Most importantly, all service activity must contribute to reducing health inequalities.

### **1.2 Health Improvement Service Consultation**

- 1.2.1 The NHS Five Year Forward View was published in 2014 and highlighted the need to radically increase the role of prevention to achieve improvements in health outcomes for the public, reducing health inequalities and promoting healthier lifestyles generally. Similarly, the Care Act, which became law in 2015 also emphasises the importance of prevention, in addition to, outlining key responsibilities for local authorities in addressing this.
- 1.2.2 Currently the Public Health Service commission a range of services independently of each other and in addition to the services that the Council are commissioned to deliver they include the Stop Smoking Service, Health Trainers, Health Checks and Physical Activity. The consultation proposes a model that is focussed around the individual, integrating the various services in a co-ordinated way. Details of the consultation can be found at <http://consultations.kent.gov.uk/consult.ti/Healthimprovement/consultationHome>

1.2.3 The Council's response to this consultation broadly supported the proposed approach, explained that we are in a good position to deliver health improvement services adopting the suggested model, provided examples of how we are already able to use this type of approach with many individuals attending Council delivered programmes and how the integration of various Services that Councils offer can support that approach. Our full response is detailed at **[Annex 1]**.

1.2.4 The outcome of the consultation will very much influence the way future health improvement services are commissioned and may have a significant impact on what and how we deliver those services in the future.

### **1.3 Public Health Funding Update**

1.3.1 At the September Board a verbal update was provided to Members advising that in year cuts of 10% (equivalent to £13,215) had been required by KCC. This figure has now been revised, following a further assessment of the overall Public Health budget and the Council has been advised that the £13,125 saving has been reduced to £9,911. This will enable us to support West Kent MIND to deliver a further Jasmine or Headspace programme.

### **1.4 Health Action Team**

1.4.1 Through the Health Action Team (HAT) it is intended that local partners, involved in the delivery of "health" in its widest context, have the opportunity to work together to develop an understanding of the role of partners engaged in health improvement and how those can be best coordinated. In providing such a focus, health improvement work across the Borough can be maximised to help achieve better local outcomes for local people.

1.4.2 The HAT meets quarterly and includes representation from officers from a number of the Council's Services, including Leisure, Private Sector Housing, Executive Services and Environmental Health and partners including, TMLT, Kent County Council Public Health, Clinical Commissioning Group, West Kent MIND and Voluntary Action West Kent. Minutes of the September meeting are attached at **[Annex 2]**.

### **1.5 West Kent Health and Wellbeing Board**

1.5.1 The West Kent Health and Wellbeing Board continues to meet bi-monthly, the minutes of these meetings are available via the Council's website:

<https://democracy.tmbc.gov.uk/ieListDocuments.aspx?CId=338&MId=2752&Ver=4>

### **1.6 Legal Implications**

1.6.1 None

### **1.7 Financial and Value for Money Considerations**

1.7.1 Although we are working with a number of external partners on health delivery the work of the Health Improvement Team is reliant on funding from KCC Public Health Service. We know these budgets continue to be under pressure.

1.7.2 The current approach to Health Improvement Services will continue to be commissioned until September and we anticipate that following the consultation some significant changes, which are likely to impact on our work, will be announced.

## 1.8 Risk Assessment

1.8.1 There almost certainly will be a change to the way that Health Improvement Services are commissioned which almost inevitably will impact on local delivery of health improvement services and staff in the health improvement team. We do not expect the detail of these changes before April.

## 1.9 Equality Impact Assessment

1.9.1 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.

## 1.10 Recommendations

1.10.1 Members are asked to **ENDORSE** the Council's response to the Health Improvement Consultation and **NOTE** the remarks about Public Health funding.

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

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