Questionnaire

We would be grateful if you could take the time to complete this short questionnaire to give us your views on the proposal for integrated Health Improvement Services

Please respond by 14 December 2015

1. **Are you responding to this consultation as:**
   (You may tick more than one)

- ☐ A member of the public
- ☐ As a user of current services - past or present
- ☐ In a professional capacity
- X On behalf of an organisation

If you are responding in professional capacity, please explain your interest:

If you are responding as part of an organisation, please tell us its name:

Tonbridge & Malling BC

2. **To what extent do you agree or disagree with the proposed Health Improvement Service model?**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

We agree that the evidence exists that better individual health outcomes can be achieved through a person centred model and support this proposal. There are a number of issues that do need to be addressed prior to developing the new model.

- Tier 2 weight management services – NICE guidance suggests that tier 2 weight management programmes are best delivered in a group setting yet there is no mention of how these services will be delivered. Group settings are not only cost effective but also provide a supportive setting where clients work together on each other supporting their goals
- Skills competencies (NICE guidance) – those supporting clients to lose weight or change behaviours need the necessary competencies and skills to successfully advise and support weight loss or leading a healthy lifestyle. Presently all staff working on weight management programmes have a health related degree and training to provide the knowledge and skills to provide consistent advice. This includes nutrition, motivational interviewing, and a range of public health competencies.
- Partnership work - The existing model operated within TMBC ensures that through mechanisms such as the Health Action Team meetings there is a co-ordinated approach with a range of both commissioned and non-commissioned partners, organisations and services within the local authority to support a range of work sitting outside the specific SLAs such as Dementia. It is not clear how the new commissioning model will support this work that is dependent on present commissioning. This is especially true if contracts are awarded to private and commercial providers who will not have the same excellent working relationships that presently exist between the boroughs and districts and other council services, community groups, GPs, charities and voluntary organisations developed since the 'Choosing Health' Budget was first devolved to boroughs and districts within West Kent area.
- West Kent Boroughs/Districts presently have extremely good working relationships with the aim of providing consistent reporting/outcomes whilst considering the individual needs of their own residents. It is unclear how the proposed model will ensure that the work is delivered locally whilst ensuring joined up and consistent reporting/outcomes.
- The proposed model is suggestive of a Health Trainer model, which although an integral part of the health improvement work does not address the more specialised health programmes such as healthy weight or the evidence based research that suggests a need for group work and individual work delivered by competent staff. To work on a 1:1 basis for 12 weeks is resource intensive especially if trying to accommodate specific days and times of the day. However, it is clear that enabling clients to communicate directly with providers supports increased engagement
- Needs to be a consistency of programme delivered that is evidence based and meets NICE guidance where appropriate. It is also important to consider the long-term effects of the intervention to ensure the work provides the desired long term lifestyle changes (weight loss) in a supportive setting providing strategies

TMBC currently deliver and sub commission a range of health improvement services across the borough that are funded by KCC Public Health. These services include Tier 2 adult and family weight management programmes and a range of universal programmes to support maintaining a healthy weight and increasing physical activity. TMBC also provide services targeting and mental health, social isolation, community cohesion and domestic violence working in partnership with other organisations such as MIND and DAVSS.

The present funding allows us to operate a Virtual Healthy Living Centre model where there is an emphasis on working with a range of agencies and taking services to where they are most needed delivering 1:1 sessions and delivering brief advice and signposting for alcohol, and smoking. We are commissioned to deliver NHS health checks, and workplace health. Therefore it is felt that the commissioning model that presently exists allows the borough council to deliver some excellent health improvement work taking a holistic, person centred approach to health and ensuring that 'every contact' counts.

3. Should health improvement services be... (Please select one option only)

3 **Integrated -** Healthy lifestyle support across a range of issues will be made easier to access by bringing it together under one roof.

4 **Targeted -** Healthy lifestyle support will be open to everyone but targeted at those with the greatest need.

2 **Motivational -** Service prioritises motivating people and supporting them to become healthier.

1 **Promote independence -** Helping people to develop the skills to lead healthier lifestyles and become less reliant on services.

5 **Flexible and tailored -** Able to meet changing local needs and priorities.

Please tell us why?

Each of these components are essential to providing a health improvement service and therefore it is difficult to put each section in order when all of them should be considered when planning health improvement services.

Flexible and tailored - Able to meet changing local needs and priorities. **5**

Targeted - Healthy lifestyle support will be open to everyone but targeted at those with the greatest need. **4**

Integrated - Healthy lifestyle support across a range of issues will be made easier to access by bringing it together under one roof. **3**

Motivational - Service prioritises motivating people and supporting them to become healthier. **2**

Promote independence - Helping people to develop the skills to lead healthier lifestyles and become less reliant on services. **1**

It is important to ensure that services are designed and delivered with local need as a priority and TMBC always work to ensure that local data and priorities are at the forefront of any planning of health improvement services. It is important that services are delivered in a range of different community locations at different days and times to meet individual need otherwise services will not be used. By working closely with individuals at a local level TMBC has been successful in developing services to meet the need of the population.

It is important to ensure that services are delivered by skilled staff with the expertise of to motivate individuals to change behaviour and should be an integral part of any health improvement service and written into all SLAs/Contract. It is also important to ensure clients are ready to change.

All programmes (NICE Guidance) must aim to offer a sustainable long term approach to behaviour change. Presently this is the model adopted in West Kent.

4. **Should health improvement services be...** (Please select one option only)

Open to everyone on a first-come-first served basis

By referral only

X Allocated based on need, so that those with the highest levels of need get treated first

Other (Please specify)

Please tell us why?

This includes that services are universal with more resources focused on areas of most need. Referred to as Universal proportionalism this is a very important way of working to ensure resources are allocated to consider reducing health inequalities and ensuring outcomes when funding is scarce. The current commissioning model allows us to focus our efforts in our priority communities, whilst ensuring all eligible clients are able to access services. There is suggestion that the future commissioning model will focus funding on the top 10% most deprived Lower Super Output Areas in Kent. This potentially means that West Kent, as in the past will be under resourced and poses the risk of actually increasing health inequalities in West Kent. Although Tonbridge & Malling is seen as an affluent area there are pockets of deprivation within Ward areas where large health inequalities exist. Data sets for weight are based on NCMP data and adult weight data and this data is not always consistent with deprivation. Mental health is seen among a wide range of the population and can affect everyone.

5. **How important are the following ways of working with people to help them become healthier?**

(Please rate the options below**:** 5 = Most important 1 = Least important)

5	Face to face
3	By telephone
3	Online information
4	Video or virtual contact
3	Social media
3	SMS / Text message
	Other (Please specify)

Please tell us why?

Work that has been done in other areas e.g. Wales suggests that communication across a range of platforms, including social media, websites and phone apps, increases the reach and impact of health improvement awareness. We tend to agree with this but would promote face to face contact for targeting initial engagement, establishing an individual's state of readiness for change, to explain the interventions and to coach through the various specific programmes. Other platforms have a role in promoting Health Improvement programmes, maintaining engagement, monitoring progress, developing support within groups.

6. **How suitable the following venues for delivering face to face health improvement services?**
(Please rate the options below**:** 5 = Most important 1 = Least important)

3	In a dedicated building (e.g. healthy living centre)
4	A GP surgery
4	A pharmacy
5	In an existing community space (e.g. Library or Gateway)
	Other (Please specify)

Please tell us why?

Essential that venues are both easy to access and create the right kind of environment to facilitate attendance.

7. **How could Public Health encourage more people to access Health Improvement Service?**

Wider promotion – consistent web sites, use of social media Social marketing campaigns Extension to national campaigns Community champions and community development services in both public and voluntary sectors.

8. **Do you have any other comments on the proposal?**

We recognise the limitations and the inconsistencies of the current delivery models and support the re-design of Health Improvement Service, including the commissioning and delivery aspects to develop a more holistic approach to helping the Kent population improve its health and well-being. We would question, in a County the size and with the population of Kent, whether the adoption of a “one size fits all” approach would deliver the benefits the person centred approach is intended to achieve. There are significant differences in both health needs and methods of health improvement delivery across the County. Whilst there will be a benefit in developing a consistent approach to delivery focussing on the whole person as proposed differing geographic health needs do need to be considered. District Councils have a strong role as a community leader, enjoy developed

links with priority areas, where there is deprivation, multiple lifestyle issues and health inequalities and understand the health needs of their communities. They are already working in an integrated way within their organisations and with partners across public, private and voluntary sectors.

The delivery model currently commissioned in West Kent, through which a health improvement grant is annually pass ported to District and Borough Councils, has allowed the delivery of locally targeted Health Improvement programmes focusing on weight management, mental health and well-being and physical activity.

The current delivery of Health Improvement programmes has also raised the profile of health and well-being in many local service areas provided by the District Councils. In so doing an extended integration of health and well-being into other service areas has been developed, bringing in Housing, Community Safety Partnerships, Planning and Leisure Services, to address the broadest health needs of an area.

Sustainability has been an important consideration in the way our programmes are delivered and although a single issue might be addressed at any one time, trusted relationships develop between the Health Improvement lead and individual participants. Behavioural change is a prominent feature of those programmes. Frequently individuals are referred onto other programmes e.g. Participants from Jasmine continuing onto Counterweight, receiving IBA's on smoking and alcohol and referral into those services.

Increasingly integrated working is taking place between Councils and Medical Centres, Health visitors, school nurses and specialist services such as the Sop Smoking Service, which are contributing to addressing the wider health needs of individuals. Projects around social prescribing are in place in some areas and under development in others, at the heart of which is integrated, person centred service delivery.

There is a strong argument that the single point of contact should be maintained and strengthened at a local level. District councils are uniquely placed, individually, collectively and in partnership with other organisations, to expand, improve and add value to the delivery of integrated health improvement offers. Understanding local communities and family groups and responding expressly to local needs in liaison with GPs and others within a strategic framework is critical to achieving practical success in heath improvement – that is the added value of the role of District Councils.

9. Please tell us your postcode

ME19 4LZ

About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we're asking you these questions.

We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services.

If you would rather not answer any of these questions, you don't have to.

Q.10 Are you.....? *Please select **one** box.*

☐ Male ☐ Female ☐ I prefer not to say

Q.11 Which of these age groups applies to you? Please select one box**.**

☐ 0 - 15 ☐ 25-34 ☐ 50-59 ☐ 65-74 ☐ 85 + over

☐ 16-24 ☐ 35-49 ☐ 60-64 ☐ 75-84 ☐ I prefer not to say

Q.12 To which of these ethnic groups do you feel you belong? (Source: 2011 census)
*Please select **one** box.*

☐ White English
☐ White Scottish
☐ White Welsh
☐ White Northern Irish
☐ White Irish
☐ White Gypsy/Roma
☐ White Irish Traveller
☐ White other*
☐ Mixed White and Black Caribbean
☐ Mixed White and Black African
☐ Mixed White and Asian
☐ Mixed other*
☐ Other ethnic group*
☐ Asian or Asian British Indian
☐ Asian or Asian British Pakistani
☐ Asian or Asian British Bangladeshi
☐ Asian or Asian British other*
☐ Black or Black British Caribbean
☐ Black or Black British African
☐ Black or Black British other*
☐ Arab
☐ Chinese
☐ I prefer not to say

*If your ethnic group is not specified in the list, please describe it here:

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted**,** or is likely to last**,** at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q.13 Do you consider yourself to be disabled as set out in the Equality Act 2010?
*Please select **one** box.*

☐ Yes ☐ No ☐ I prefer not to say

Q.14 If you answered Yes to Q13, please tell us the type of impairment that applies to you.
*You may have more than one type of impairment, so please select **all** that apply. If none of these applies to you, please select Other, and give brief details of the impairment you have.*

☐ Physical impairment.
☐ Sensory impairment (hearing, sight or both).
☐ Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy.
☐ Mental health condition.
☐ Learning disability.
☐ I prefer not to say.
☐ Other*

*If **Other**, please specify**:**

Q.15 Do you regard yourself as belonging to any particular religion or belief?
*Please select **one** box.*

☐ Yes ☐ No ☐ I prefer not to say

Q.16 If you answered Yes to Q15, which one applies to you? *Please select **one** box.*

☐ Christian ☐ Hindu ☐ Muslim ☐ Any other religion, please specify**:**
☐ Buddhist ☐ Jewish ☐ Sikh

Q.17 Are you...? *Please select **one** box.*

☐ Heterosexual/Straight ☐ Gay woman/Lesbian ☐ Other
☐ Bi/Bisexual ☐ Gay man ☐ I prefer not to say

Thank you for completing this questionnaire