

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

**2 June 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**

**Background**

**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 performance of these initiatives in 2013/14.**

**1.1 Local Health Delivery**

1.1.1 We are now one year into the new arrangements for local health delivery, which include Kent County Council taking a statutory lead on public health following its transfer from the Primary Care Trusts to Kent County Council and commissioning health improvement programmes to Boroughs, Districts and other providers.

1.1.2 The objectives of local public health are:

- Health Improvement for the population of Kent – focussing particularly on reducing the health inequalities gap;
- Informing and advising all relevant agencies (councils, police, nursing homes, health services and so on) on health protection issues. These might be severe weather or threats of infectious diseases; and
- Providing professional Public Health advice to Clinical Commissioning Groups (CCGs) and all those who commission health and social care services.

1.1.3 The Kent Boroughs and Districts are recognised as being essential partners in achieving effective delivery of local health improvements, through their unique position within local communities. For example through our Joint Strategic Needs Assessment we are able to identify specific health related issues in each of our wards and use that data to help us target interventions and programmes. We are represented on the West Kent Health and Wellbeing Board, which is a sub-group of the Kent Health and Wellbeing Board.

1.1.4 Commissioning arrangements for 2014/15 have, to all intents and purposes, remained similar to last year, however, it is anticipated that future arrangements will be reviewed, although we do not yet know the details, it is critical, therefore, that we remain fully engaged with emerging debate and discussions in this area.

## **1.2 Health Improvement Initiatives 2013/14**

1.2.1 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.

1.2.2 The outturn performance for 2013/14 is summarised in **[Annex 1]**.

## **1.3 The Virtual Healthy Living Centre**

1.3.1 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 resource centres and partners, such as the Children's Trust, Community Safety, Health Trainers and community development workers to deliver a wide range of community initiatives, with the aim of supporting public health goals in reducing health inequalities and promoting health improvement across the borough.

1.3.2 The Healthy Living Coordinator was successful in renewing our contract with Kent Community Health Trust to deliver the National Primary Prevention Screening Programme for Cardiovascular Disease risk assessment and risk management, known as NHS Health Checks. The Checks are targeted at 40 to 74 year olds, with no current medical history of cardiovascular disease. They involve an assessment of cholesterol; BMI; blood pressure and a discussion about risk factors such as diet, exercise, alcohol consumption and smoking. At the conclusion of the Check, a risk score is provided to the individual, along with advice on the management of their risk factors and onward referral to their GP, if appropriate. During 2013/14 we delivered 312 Checks across the Borough, focussing where possible in our priority communities.

## **1.4 Healthy Weight Programmes**

1.4.1 Through this funding the Council and its partners deliver two projects to assist those who are overweight – adult weight management and family weight management.

1.4.2 The adult healthy weight programme targets adults with a body mass index (BMI) of 28 or more, who either self-refer or who are referred by their GP. The initial twelve week programme aims to create a supportive environment to help participants:

- increase physical activity and reduce sedentary behaviour;
- improve eating behaviour, the quality of diet and reduce energy intake; and
- improve emotional wellbeing.

On-going encouragement and support is given at the end of the programme.

1.4.3 This year the Tonbridge & Malling Leisure Trust will deliver a significant part of the adult healthy weight programme at Larkfield Leisure Centre and the Angel Centre, with the remainder being specifically targeted at community based programmes. Our target is for 200 adults to sign up to a new TMLT based programmes and to deliver community based programmes to a further 50 adults meeting the criteria, including working with Tonbridge Angels Football Club.

1.4.4 Over the last eighteen months the Healthy Living Co-ordinator has reviewed our approach to family weight management initiatives to offer greater flexibility to interested families. She has developed a new programme in conjunction with Tunbridge Wells Borough Council, called LEAP (Learn, Eat and Play). This year it is planned to run at least two school and four community based family healthy weight, which will include an element of nutrition, exercise and cookery.

1.4.5 Cook and Eat sessions have been run at a number of schools throughout the borough and it is proposed to use the same approach this year, focussing in our priority communities. It is also intended to deliver some of these programmes in community settings.

1.4.6 In addition to the community based healthy weight programmes referred to in paragraph 1.4.3 of this report a further ten thousand pounds of funding has been secured to address health inequalities with a focus on healthy weight. We will be working with MIND Sevenoaks, Tonbridge Angels and the Tonbridge & Malling District Partnership Group for Disability to specifically address inequalities in men's health, mental health and disability.

## **1.5 Mental Health, Well Being and Community-led Programmes**

1.5.1 The Community Safety Partnership commissions a range of support services to address domestic abuse issues and alcohol and drugs misuse.

1.5.2 Additionally the Environmental Health Service delivers a Wellbeing in the Business community programme, which offers employees from local businesses and organisations the opportunity to receive an NHS Health Check or a Health and Wellbeing check, offers advice and information about healthy diet and

exercise, safe drinking, quitting smoking, mental health and wellbeing, based closely on the Government's Change 4 Life initiative. Employees are signposted as relevant to appropriate professional health services for follow-up. It was difficult to engage with the required number of businesses last year and the target for this year has been increased to incorporate businesses that wanted to work with us but due to a variety of constraints were unable to do so last year.

- 1.5.3 KCC have recently launched a new Workplace initiative promoting workplace health and well-being through the Workplace Wellness Charter. All Kent Borough's and Districts have been requested to partner them in the delivery of this initiative and additional funding has been made available to support this. It will complement the successful programmes that have already been delivered to support businesses and organisations to develop their own approaches to the health and wellbeing of their employees.
- 1.5.4 One of the on-going successes of the health improvement work has been the delivery of a further three Jasmine programmes, a 12 week course focussing on helping women with low level mental health problems. Twenty seven women went through the programme supported by a qualified psychotherapist and hosted by Platform 51. There was concern that with the closure of Platform 51 in Tonbridge the programme would not continue, however Sevenoaks MIND have recently confirmed their commitment to continuing these programmes, making them available to men and women in the local area.
- 1.5.5 Last year we introduced a mental health programme called SAFE (Suicide Prevention for Everyone), 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 was delivered successfully last year by the Voluntary Action West Kent Team to the Judd, Tonbridge Grammar School for Girls and Aylesford School. The same level of funding has been allocated for this year, with a request that the provider focuses on schools in our priority communities.

## **1.6 Health Improvement Initiatives 2014/15**

- 1.6.1 Throughout 2014/15 the Healthy Improvement Team will provide, amongst others, the following services:
- promote and deliver cook and eat sessions, healthy walks and healthy weight initiatives;
  - a range of healthy living community and workplace events and campaigns;
  - work with businesses and organisations to encourage the adoption of the Workplace Wellbeing Charter;

- carry out brief advice and identification on smoking and alcohol and refer into services where appropriate;
- continue to provide NHS Health Checks; and
- commission partners to deliver mental health support and programmes in a variety of settings.

## 1.7 Legal Implications

1.7.1 Service level agreements are in place between the Council and KCC and the Council and its providers.

## 1.8 Financial and Value for Money Considerations

1.8.1 The delivery of these programmes is fully dependent on the health improvement funding being maintained by KCC. As referred to earlier in the report, there is potential for the funding mechanisms to change, which may require us to adopt a new approach to the delivery of these services.

## 1.9 Risk Assessment

1.9.1 In the short term a failure to deliver against the agreed commissioning proposals. These risks are mitigated through performance monitoring throughout the year.

1.9.2 Looking ahead it will be crucial to be engaged in any new processes for new ways of commissioning health improvement.

## 1.10 Equality Impact Assessment

1.10.1 See 'Screening for equality impacts' table at end of report

## 1.11 Recommendations

1.11.1 It is **RECOMMENDED** that the performance information at **[Annex 1]** be **ENDORSED** and that the range of programmes for 2014/15, as set out in the report and delivered by the Borough Council and its partners, be **APPROVED**.

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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<b>Screening for equality impacts:</b>		
<b>Question</b>	<b>Answer</b>	<b>Explanation of impacts</b>
a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community?	No	All health programmes are made available to all residents, regardless of any protected characteristics such as race, gender, age, sexual orientation etc.
b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality?	Yes	Some health improvement programmes are actively marketed to harder to reach groups and communities.
c. What steps are you taking to mitigate, reduce, avoid or minimise the impacts identified above?		Any concerns are dealt with as part of individual projects.

*In submitting this report, the Chief Officer doing so is confirming that they have given due regard to the equality impacts of the decision being considered, as noted in the table above.*