

TONBRIDGE & MALLING BOROUGH COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

18 January 2022

Report of the Director of Planning, Housing and Environmental Health

Part 1- Public

Matters for Recommendation to Cabinet

1 REVIEW OF COUNCIL'S PUBLIC HEALTH FUNCTION

Summary

This report makes recommendations to amend the structure of the Council's One You team in order to bring the cost of the service within the annual grant allocation received from Kent County Council (KCC).

1.1 Background

- 1.1.1 The Council work in partnership with KCC to deliver a One You programme across the borough. This work focusses on healthy lifestyles including healthy eating, exercise, drinking less and stopping smoking. In addition, the team work on supporting low level mental health needs for clients and make referrals into wider Council services e.g., housing, benefits. The service focusses on individual assessments of clients to establish needs and goals and ongoing support to achieve those goals. In addition, the team run Counterweight – a weight management programme – and support other initiatives such as healthy walks and wider health campaigns.
- 1.1.2 Tonbridge & Malling BC operates this service within a wider West Kent partnership with Sevenoaks DC and Tunbridge Wells BC and there is some shared staffing and resources e.g., call centre, IT system.
- 1.1.3 Tonbridge & Malling BC receive an annual grant from KCC for the One You delivery. For 2021/22 the grant was £120,720.07.
- 1.1.4 The Council's Overview & Scrutiny Committee considered a scoping report on the Council's Public Health function on 29 August 2019 (provided as background information). On 15 January 2020 a further paper was taken to the Committee (provided as background information) exploring the three options that had been identified for the future provision of the One You Kent service within Tonbridge & Malling BC. The recommendation from that meeting was that a formal request for an increased contribution to cover management costs to enable delivery of the One You Service on a cost neutral basis be submitted to Kent County Council. This request was submitted, and discussions were underway when the Covid-19 pandemic occurred and understandably the Public Health team at KCC were

otherwise diverted. At the same time the Council's One You team played an integral part in the Council's Community Hub response to the pandemic and provided a much-valued befriending service and support to some of our most vulnerable residents.

- 1.1.5 Further reports to the Committee were presented on 18 June 2020 and 27 August 2020 which, as part of a wider scrutiny refocus and reporting on the Council's response to the pandemic, highlighted both the crucial role of the One You team in the pandemic and the ongoing need for the provision of this service at a time when healthy living has been highlighted as an important contributor to the short- and long-term effects of Coronavirus.
- 1.1.6 It has been clear from previous Member discussion at the Overview & Scrutiny Committee that the desire was to see the service cost brought within the available KCC grant budget including any management costs so that in effect the service is a nil cost to Tonbridge & Malling BC. Considering the Council's financial situation, it is now thought that it is the right time to revisit this intention for implementation from April 2022.

1.2 Current structure and cost

- 1.2.1 The structure and current cost of the service is provided at **Annex 1**.
- 1.2.2 Members will note that management costs have been apportioned to reflect the time actually spent on the One You team. Both the Head of Housing and Health and the Director of Planning, Housing & Environmental Health spend a considerable amount of time on health-related work e.g., West Kent Improvement Board, Local Care Delivery Board, Local Care Hub work that often relates to wider aspects of the Council's work e.g., housing, mental health etc. This would happen irrespective of where the One You delivery sits. Moving forwards, it is intended to separate out the salary allocations between Public Health and Health to provide a more accurate picture.
- 1.2.3 Members will also note that there is a shared post of Health Improvement Support Assistant across the West Kent partnership and both Sevenoaks DC and Tunbridge Wells BC contribute towards this post.
- 1.2.4 Further Members will note a gap in funding of the current structure of £35,367.93. To bring the service cost within the available grant budget it will be necessary to amend the current staffing structure.

1.3 Proposed structure and cost

- 1.3.1 A revised staffing structure and cost is proposed at **Annex 2**. It is proposed that this structure would be implemented from April 2022 subject to Cabinet endorsement and approval of the staffing elements at General Purposes Committee on 31/01/22.

- 1.3.2 For the purposes of this report, it is assumed that the salaries and grant allocation remain the same however there may of course be an increase in salaries and an increase/decrease in the grant allocation. Members will see there is a “buffer” of £8,125 to allow for any changes to the overall figures.
- 1.3.3 Both Sevenoaks DC and Tunbridge Wells BC have also raised similar concerns about the grant being received not covering the cost of their service either now or moving forwards (although they do not include management costs within their calculations) and this has resulted in a joint letter being sent to Kent County Council to highlight the concern across West Kent and to request increased funding. To date no response has been received and any update on this will be provided at the meeting. If the funding was to increase this is likely to be a one-off increase and therefore we would likely be in the same position next year. During these discussions Sevenoaks DC have indicated they are unlikely to be able to continue to support the shared Health Improvement Support Assistant beyond the end of 2021/22. As this role is not involved in direct delivery it is unfortunately felt that this role can no longer be supported. One of the major impacts of this will be felt around marketing and promotion of the service, however it is felt that a discussion with KCC should be held around their responsibility for marketing and how to improve this.
- 1.3.4 With the funding gap we have it is inevitable that we will also have to lose some direct delivery resources. We are therefore proposing that we reduce the number of One You Advisor posts from 2FTE to 1.2FTE. This will clearly have an impact on the number of clients that we can assist at any one time. However to counteract some of this we propose to utilise an allocation of the “buffer” of £8,125 to allow for the employment of casual staff when needed. This could be at certain times of the year when we are supporting campaigns or to run our Counterweight programmes allowing our One You advisors and the caseload the Health Team Leader carries to focus on our resident’s one to one assessments and support.
- 1.3.5 When considering our reporting requirements to KCC the focus is on the outcomes for residents and the impact of the service rather than a target number of assessments. Clearly any proposed changes to the staffing levels will have to be notified to KCC and the impact of this change will be highlighted.
- 1.3.6 It is considered important to maintain the role of the Health Team Leader who as well as carrying a caseload, manages the partnership with KCC including monitoring requirements and represents the service at key meetings.
- 1.3.7 As part of this revised structure new job descriptions will be developed for the remaining roles to reflect changes from the loss of the Health Improvement Support Assistant within the team plus changes to the ways of working because of on-line delivery.
- 1.3.8 Members will note that it is proposed to maintain the Healthy Living Initiatives budget at £10,000. This budget is used to fund the call centre, IT, campaigns and

Counterweight literature. One previous expenditure from this budget was the hiring of venues to run the Counterweight programmes however this has now moved successfully online, and some delivery will remain so moving forwards so costs in this respect are reduced.

1.4 Legal Implications

- 1.4.1 If KCC were to decide to withdraw funding from the districts because of raising concerns about delivery and award the contract to Kent Community Health Foundation Trust (other delivery organisation in Kent) then a TUPE transfer of staff may apply. There is however no expectation that KCC will make this decision in the immediate future.

1.5 Financial and Value for Money Considerations

- 1.5.1 The Council receives an annual grant allocation for delivery of One You services from KCC. For 2021/22 this was £120,720.07.
- 1.5.2 When considering the cost of the current structure in 2021/22 there is a funding gap of £35,367.93. The overspend on public health has been funded via the public health reserve (see 1.5.4)
- 1.5.3 The proposed new structure will bring the cost of the service within the annual grant allocation and allows for a “buffer” of £8,125 for potential variation in salaries/grant allocation and the employment of casual staff.
- 1.5.4 A public health reserve is held by the Council and the balance at 1 April 2021 was £28,760. Due expenditure on public health exceeding income, based on the latest estimates (without any changes to the structure) it is expected the reserve will be fully used up during 2022/23.
- 1.5.5 The difference between the grant funding that we receive, and the actual cost of the service has been funded through the public health reserve. However as explained previously this reserve will shortly run out. Bringing the service within the cost of the annual grant application will mean the Council will avoid growth of £35,367.93 per annum based on 2021/22 costings.
- 1.5.6 A restructure may incur redundancy costs. Any reserve left as at April 2022 (as a result of bringing the service within the grant allocation) could be utilised towards these costs or used to support the “buffer” for potential variation in salaries/grant allocation and the employment of casual staff.

1.6 Risk Assessment

- 1.6.1 None

1.7 Equality Impact Assessment

1.7.1 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:

- A number of the equality groups are targeted as part of the One You service as they are seen as higher risk of obesity etc. These include males, residents with learning disabilities, BAME groups. In addition residents in quintile groups 1 & 2 areas are also targeted. Therefore any reduction in service could potentially impact on these groups.
- The existing numbers of service users comprising of BAME groups and residents with a learning disability are very low.
- In order to minimise impact on these groups we could commit to ensuring that delivery of weight management programmes (as opposed to other work) is a priority and that we continue to target the required equality groups to ensure the service is provided where it is most needed.
- A further emphasis on the targeted groups along with a reduction in service could mean that other (non targeted) residents cannot access the service through TMBC directly.

1.8 Recommendations

1.8.1 That Cabinet is **REQUESTED** to **ENDORSE** the proposed structure to bring the One You service within the annual KCC grant allocation

Background papers:

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Overview & Scrutiny Committee papers 29/8/19 & 15/1/20

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