

# TONBRIDGE & MALLING BOROUGH COUNCIL

## OVERVIEW AND SCRUTINY COMMITTEE

29 August 2019

### Report of the Director of Planning, Housing & Environmental Health

#### Part 1- Public

#### Delegated

## 1 SCOPING REPORT FOR REVIEW OF PUBLIC HEALTH

### Summary

This report provides Members with background information on the Public Health team and work carried out by Tonbridge & Malling BC. Options for inclusion in the review of the service are presented for consideration.

### 1.1 Background

1.1.1 Kent County Council as the public health authority commissions Tonbridge and Malling Borough Council as part of a wider West Kent partnership (including Sevenoaks DC and Tunbridge Wells BC) to deliver the One You Kent Service to help achieve the common objective of promoting healthier lifestyles among the population of Tonbridge and Malling in order to:

- Extend healthy life expectancy through prevention of chronic conditions such as obesity, cardiovascular diseases and diabetes;
- Reduce health inequalities; and
- Reduce avoidable demand on the health and care system in Kent.

1.1.2 Within the One You Kent Service the following work is carried out:

- Integrated Lifestyle Services – One You Kent - focusing on healthy weight, being more active, reducing alcohol intake and stopping smoking
- Weight Management Services
- Workplace Health
- Health in all policies
- Healthy Communities – including smoke free initiatives

1.1.3 The vision of the One You Kent Service is to motivate people to achieve and maintain a healthy lifestyle by supporting them to make positive lifestyle choices.

1.1.4 A number of principles have been developed for the model. These include:

- **Integrated** – People can get all the help they need to be healthier from one service.
- **Targeted** – Aimed at people who need help most but still available to everyone.
- **Motivating** – Encouraging people to be healthier.
- **Promoting independence** – Helping people to be healthier so they don't need to rely on a service.
- **Flexible** – Meeting the needs of local people creating better choice and tailored service.

1.1.5 The service contributes to achievement of outcomes set out in the Public Health Outcomes Framework (PHOF), and Public Health England's (PHE) vision to improve and protect the nation's health and wellbeing and improve the health of the poorest, fastest; through the following two key outcomes:

- PHE Outcome 1: Increased healthy life expectancy - taking account of the health quality as well as the length of life.
- PHE Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities such as those in the most deprived quintile.

1.1.6 The team currently consists of four established posts: DV0201 – Health Team Leader (37 hours per week, grade M9); DV0297 – Health Improvement Support Assistant (37 hours per week, scale 3); DV0202 and DV0203 – One You Advisors (37 hours per week, scale 5). Both the One You Advisor posts are currently resourced by job sharers, two of whom work 22 hours per week and two who work 15 hours per week.

1.1.7 In addition there are some resources (approximately one day a week for Tonbridge & Malling work) provided from the Council's Environmental Projects Coordinator who focusses on workplace health. This involves liaising with local businesses and workplaces to encourage and support with healthy lifestyle choices and opportunities for employees. Sevenoaks DC also commission Tonbridge & Malling BC to deliver their workplace health programme and this is carried out by the Environmental Projects Coordinator in again approximately one day a week staffing resources.

1.1.8 The One You Advisors provide one to one sessions with clients to help with lifestyle choices and behaviour and continue to support that client with their ongoing journey over typically six one to one sessions. The team also provide

weight management classes and attend many local events to promote healthy lifestyles.

- 1.1.9 We work in partnership with Sevenoaks DC and Tunbridge Wells BC to deliver One You across West Kent. The teams work closely together and provide resilience for one another when required. The teams share an administrative resource, a central contact number for One You in West Kent (managed by the call centre at Sevenoaks DC) and have commissioned a joint database to manage the caseload. All these elements are jointly funded by the three authorities. Clearly any decision Tonbridge & Malling BC takes with regard to the future of the service would have some effect on these two partners.
- 1.1.10 When the partnership for West Kent was set up to deliver the One You service there was a real focus on incorporating the services that districts provide to ensure a holistic approach to health. Services such as housing and benefits are now completely embedded into the One You service and often we find that by getting to the root cause of an issue e.g. too much drinking due to concern about rent arrears we can then help to tackle that cause as well as provide healthy lifestyle advice thus leading to a much more sustained outcome. This approach to service provision was one of the selling points of the boroughs' bid to undertake the One You service and is additional to the standard One You model utilised by KCC when commissioning other organisations.

## 1.2 Finance

- 1.2.1 Tonbridge & Malling have received funding from Kent County Council for healthy lifestyles for a number of years. More specifically a Healthy Lifestyle One You Kent (OYK) grant has been received from Kent County Council over the last three years. The details are provided in the following table:

Year	Amount of OYK grant
2015/16	£132,242
2016/17	£131,493
2017/18	£127,697
2018/19	£127,697
2019/20	£125,143

- 1.2.2 Members will note that over the period shown there has been a gradual reduction in the grant received other than in 2018/19 whilst costs have increased.
- 1.2.3 In terms of future funding Kent County Council's Director of Public Health, Andrew Scott-Clark has advised that "(KCC) are waiting for the results of the 2019

spending review, which will inform the Public Health (PH) grant allocation for 2020/21 and beyond. In addition, a national review around mandation will affect use of the grant. It has been possible on this occasion to apply only 2% cut but if there are further cuts announced for 2020 and beyond, we will need to apply any national reductions to the PH grant to your grant allocations.” However, it is also important to note that in the most recent discussions with KCC they have indicated that they are not currently minded to alter the arrangements with the West Kent boroughs and re-commission the service, should the boroughs wish to continue delivery. Although as a commissioning body they do retain the right to re-commission how they wish.

1.2.4 The Council’s revenue budget position for public health for 2019/20 is as below:

Item	£
Staff costs	141,500*
Partnership Receipts from Sevenoaks DC and Tunbridge Wells BC	(17,300)*
Managerial and other direct staff costs	34,250
Healthy Living Initiatives (budget to assist with delivery of programmes)	23,000*
Income from PH grant (does not match the actual grant of £125,143 as this is only confirmed after budget setting process)	(127,700)*
Income from other bodies (contribution from Sevenoaks DC for workplace health delivery)	(9,000)*
Central, Departmental & Technical Support Services	82,000
<b>Summary</b>	<b>126,750</b>

1.2.5 When examining direct costs and income (those items marked with an asterisk\*) attributable to the One You Healthy Living service expenditure exceeds income to the sum of £10,500. When the service was introduced it was on the understanding that the ‘commissioning role’ would be fiscal neutral. The shortfall is currently funded from an earmarked reserve (balance as at 1/4/19 £54,477), but will in due course, were it to continue, represent budget growth and in turn add to the Corporate funding gap and the savings and transformation target.

### 1.3 Performance

1.3.1 The activity of the One You service is summarised in their annual return, which is attached at **Annex 1** to this report for information.

1.3.2 Some of the key highlights include the Counter Weight programme, a 12 week evidence based weight loss programme. Aimed at a moderate weight loss of 5-10%, it has demonstrated evidence of both clinical and cost-effectiveness. It is a structured weight management intervention delivered over a 12 week period, using behavioural strategies to assist people to change their lifestyle. In TMBC this year:

- 135 participants engaged in at least one session on the programme;
- 87 participants engaged in the programme;
- 87 engagers lost weight;
- 48 (55.17%) of engagers lost <3% weight;
- 20 (22.99%) of engagers lost 3-4.9% weight; and
- 19 (21.89%) of engagers lost >5%.

1.3.3 Across the One You Service as a whole, the following key statistics show very good performance levels against expected levels of engagement:

- 370 Referrals received into the One You Service;
- 72.7% Referrals contacted within 48 hours of receiving the referral;
- 176 Referrals were seen by a One You advisors; and
- 48 of the people seen were from quintiles 1 and 2.

### 1.4 HR Policy Implications

1.4.1 Depending upon the final outcome of the review, the Council's Reorganisation, Redundancy and Redeployment Procedure may apply. It may also transpire that relevant employment law such as TUPE may be applicable.

### 1.5 Legal Implications

1.5.1 There are none arising from this report.

### 1.6 Financial and Value for Money Considerations

1.6.1 When introduced it was on the understanding that the arrangement would be fiscal neutral. The funding provided has reduced over time whilst costs have increased where the Council is now meeting a shortfall in funding from an earmarked reserve. The reserve can 'plug' the shortfall in funding in the short term. If the shortfall were to continue this would represent budget growth and, in turn, add to the funding gap.

1.6.2 Each of the options as set out in paragraph 1.9 below will have a cost implication summary attached as part of the second O&S report.

## **1.7 Risk Assessment**

1.7.1 With any externally funded service, the core risk is the funding being discontinued. This consideration will be built into the options appraisal.

## **1.8 Equality Impact Assessment**

1.8.1 An equality impact assessment will need to be undertaken as part of this review.

## **1.9 Next steps**

1.9.1 A number of options have been provisionally identified, and are set out below. Members are requested to consider which of these options they wish to see included in the review or to identify any other options they would like to explore.

1.9.2 Identified options for consideration

- 1) Adopt the principle that TMBC wishes to continue to deliver the programme by direct provision of funding above the KCC grant funding i.e. to continue the service in its current format and to continue to meet the current shortfall in funding up to a predetermined limit recognising in doing so this will generate budget growth (once the earmarked reserve is used up) and, in turn, add to the funding gap.
- 2) Adopt the principle that TMBC should only deliver the programme at a level fully funded by KCC i.e. to do as originally planned when the 'commissioning role' was introduced that the arrangement would be fiscal neutral.
- 3) Adopt the principle that TMBC should not be delivering this programme of work i.e. to discontinue delivering directly the One You service across Tonbridge & Malling and inform KCC that they would need to commission this service from another organisation.

1.9.3 In considering these various options, it is suggested that Members may be assisted by hearing from key partners in the delivery of public health services that could include the Director of Public Health at Kent County Council, GPs, Tonbridge & Malling Leisure Trust (exercise referral).

1.9.4 A further report with final recommendations will be reported to the December meeting of this Committee.

## 1.10 Recommendations

1.10.1 That the contents of this report **BE NOTED** and that a further report be made to the December meeting of this Committee regarding the options identified in section 1.9 of this report and any other options identified by this Committee.

Background papers:

Nil

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