Despatched: 17.11.15

HEALTH LIAISON BOARD

25 November 2015 at 2.00 pm
Conference Room, Argyle Road, Sevenoaks

AGENDA

Membership:

Chairman: Cllr. Mrs. Bosley Vice-Chairman: Cllr. Brookbank

Cllrs. Abraham, Dr. Canet, Clark, Dyball, McArthur and Parkin

		Pages	Contact
Apologies for Absence			
1.	**Minutes** To agree the Minutes of the meeting of the Board held on 16 September 2015, as a correct record	(Pages 1 - 6)	
2.	**Declarations of Interest** Any interests not already registered.		
3.	**Actions from Previous meeting (if any)**		
4.	**Dartford, Gravesham and Swanley and West Kent Clinical Commissioning Groups (CCG) Health Priorities** Presentations by representatives from each CCG.		
5.	**Swanley Dementia Friendly Communities Update** Verbal update by Cllr. Searles and Geoff Parsons		
6.	**HealthWatch Kent** Verbal update by Steve Inett		
7.	**Kent County Council Public Health Consultations** Adult Health Improvement Services and Health Visiting and School Public Health Service	(Pages 7 - 38)	Hayley Brooks Tel: 01732 227272
8.	**District's Health Priorities**	(Pages 39 - 44)	Hayley Brooks Tel: 01732 227272
9.	**Updates from Members**		
10.	**Work plan**	(Pages 45 - 46)	

EXEMPT ITEMS

(At the time of preparing this agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public.)

To assist in the speedy and efficient despatch of business, Members wishing to obtain factual information on items included on the Agenda are asked to enquire of the appropriate Contact Officer named on a report prior to the day of the meeting.

Should you require a copy of this agenda or any of the reports listed on it in another format please do not hesitate to contact the Democratic Services Team as set out below.

For any other queries concerning this agenda or the meeting please contact:

The Democratic Services Team (01732 227241)

HEALTH LIAISON BOARD

Minutes of the meeting held on 16 September 2015 commencing at 2.00 pm

Present: Cllr. Mrs. Bosley (Chairman)

Cllr. Brookbank (Vice Chairman)

Cllrs. Abraham, Clark, Dyball, McArthur and Parkin

An apologies for absence was received from Cllr. Dr. Canet

8. Minutes

Resolved: That the Minutes of the meeting held on 8 July 2015, be approved and signed by the Chairman as a correct record.

9. Declarations of Interest

There were no additional declarations of interest.

10. Actions From Previous Meeting

The action from the previous meeting was noted.

11. Updates from Members

Cllr. Brookbank informed the Board that at the Kent County Council (KCC) Health and Overview Scrutiny Committee (HOSC) a report had been presented on Emotional Wellbeing Strategy for Children, Young People and Young Adults. West Kent Clinical Commissioning Group (CCG) was the lead for Kent on mental health. A further report at the end of the year would provide the direction for the new children's mental health contract which KCC would be commissioning. Adult Mental Health Services were provided by the Maudsley NHS Trust. There was also an update on Stroke Services in West Kent. Members were informed that the critical time period was 4 hours after the stroke occurred for the best recovery.

He also advised that The Ambulance Service for Medway Hospitals could be diverted to Darent Valley, Maidstone or Pembury Hospitals to elevate pressures on Accident and Emergency services, although this could then affect the other hospitals.

Cllr. Mrs. Parkin advised that she was taking forward a Governance structure at Darent Valley Age Concern for the Care Centre which was moving ahead.

Cllr. McArthur reported that following the closure of the residential care home facility in Edenbridge, all of the residents were moved into alternative accommodation. She advised that Abbeyfield, the care home provider, had been invited to attend an

Edenbridge Town Council meeting but did not attend. It was understood that Abbeyfield were working to keep this site as a older persons care facility.

Cllr. Dyball advised that she had attended the Dementia Friendly Café in Swanley and there was a high number in attendance and an excellent initiative. She also advised that she would be volunteering there in the future.

Cllr. Clark informed Members that there had been an event in New Ash Green on 5 September 2015 which was well attended. He congratulated Age Concern for the successful event in New Ash Green with the Jubilee Medical Practice and Sheltered Accommodation. He also advised the Board that Arriva had cut the number of buses to New Ash Green and this issue was trying to be addressed. The reduction in buses also affected Hartley and transport to Darent Valley Hospital. There were no buses before 9.50am and although the service was intended to be every 2 hours on many occasions it could be up to a 3.5 hour wait. Members discussed the implications this would have on residents trying to access the hospital service, especially with the lack of parking facilities at the Hospital. It was reported that the Director of the Darent Valley Hospital Trust and the Parish Council had been lobbying Arriva but to date, no information had been received. Cllr. Clark advised that pressure needed to be put on Arriva for the service which would in turn reduce the pressures of parking at the Hospital. Gareth Johnson MP had also written to Arriva. The Health and Communities Manager informed Members there was also a wider issue around employment as unfortunately due to the intermittent service a restaurant owner in Bluewater had to let some of his staff go, who live in the district, as they could not guarantee they would be at work on time.

Cllr. Brookbank advised that part of KCC's Members Grant Scheme was provision of a service on Sundays to Bluewater by 'Go buses' which also provided transport to the Hospital. It was a successful and popular service but unfortunately something that could not be run indefinitely. Members suggested that this should be an issue that was discussed at the Sevenoaks Joint Transportation Board meeting.

The Chief Officer, Communities and Business advised that she had attended the Dartford Gravesham and Swanley Health and Wellbeing Board (HWB) where Kent Fire and Rescue Service had been in attendance. A 'Fire Fit' programme was run for young people. Smoke and fire alarms and fire safety aids were also being given to elderly residents. The Health and Wellbeing Board requested they were consulted about local CCG priorities before they commissioned services so local priorities and comments could be fed in to the commissioning of services and partnership working could be considered.

Members were also informed that the Ebbsfleet and Paramount developments could impact the North of the District and put pressure on services. Members discussed the importance of Officer and Member involvement to ensure that health was considered in the planning process. Cllr. Abraham indicated his willingness to get involved in consultations about developments at Ebbsfleet and the Paramount Development. NHS England had launched a new initiative for 'Healthy New Towns'. Currently applications for funding for projects could be submitted. Members were advised that the Portfolio Holder for Housing and Health was keen to support the bid.

The Chairman advised that she had attended her first West Kent Health and Wellbeing Board meeting a brief overview of the key priorities and how these would be achieved

with reduced funding had been given. Obesity was a key priority with an obesity campaign taking place in the future.

The Chairman thanked the Board for their feedback.

12. Children's Centres Progress

The Board welcomed Stuart Collins, Head of Early Help and Preventative Services North Kent who gave a presentation on the Early Help and Preventative Services (0–25) and Christine Kiely District Manager (Sevenoaks) Early Help and Preventative Services who gave a presentation on the Children's Centres in the Sevenoaks District.

The Head of Early Help and Preventative Services advised the Board of the new structure and the priority areas. Targeted work continued with families who were under the threshold for Social Care. Work was being carried out with the Pupil Referral Unit (PRU) with exclusions and their families to ensure access to services. Targeted work and universal services were two programmes that helped vulnerable young people and their families through targeted support and guidance. The Troubled Families programme had over 100% success rate for phase 1.

In response to questions, he advised that PRU were working with children who were referred by schools. The aim was not to move a child from school to school but to help them from being permanently excluded. Parenting workshops were provided to help those with signs of early problems. In comparison to the number of children that were in schools, the number of exclusions was low. Members were advised that Broomhill Bank School had taken over the Furness School site in Hextable for children who were on the Asperger Syndrome Spectrum.

The District Manager (Sevenoaks) reported on the core purposes of the Children's Centres which was to improve outcomes for young children and their families and reduce inequalities between those in the greatest need and their peers in:

- child development and school readiness,
- parenting aspiration and parenting skills, and
- child and family health and life chances.

Children's Centres worked in partnership with many different organisations which was critical for the outcomes to be achieved. They were inspected by Ofsted for their overall effectiveness which was assessed under three criteria's: Access to services by young children and families; quality and impact of practices and services; effectiveness of leadership and governance and management; and to achieve outstanding. Each of the three criteria's, local priorities needed to be achieved.

She advised that registration at Children Centre's was at 69.6% however only 40.2% of those registered were using the services and the 'Children in Need' and 'Child Protection' families were a particular area that needed to be reached. Other areas that improvements were needed were obesity and accident rates which crossed paths with the work of the West Kent Health and Well Being Board. Members were informed 'Free for 2' was 15 hours of free early education for 2 year olds. In response to questions, Members were advised that there were enough places for 2 year olds but in some areas there were more spaces than need. Ofsted registered Childminders could also be used for 'Free for 2', but there was more work that could be done to promote this. Members

were advised that more outreach work needed to be done to encourage those who register to use the services provided, particularly in rural areas. Vulnerable families were reached by partnership working through early help notifications. It was important the services were taken to parents, and how this could be done was being investigated. One idea included going to existing groups such as parent and baby sessions to provide information and answer questions as necessary. Working in Partnership with Health Visitors was a way to improve knowledge of Children's Centres locations and their role.

The Board thanked Stuart Collins and Christine Kiely for attending.

13. Sevenoaks District Health Inequalities Action Plan - End of Year Summary Report and Draft 2015 - 18 Plan

The Health and Communities Manager presented the 2014/15 annual summary report of the Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan and the draft 2015 – 2018 Sevenoaks District Health Inequalities Action Plan. She advised the Action Plan was set for over 80% on target and 82% had been achieved. Only 2% of the actions were red and these were identified as being outside the Council's control, causing a number of housing schemes to be delayed. The summary showed 9% of the actions had some data missing; however work was still ongoing to collect data for those actions.

The Health Inequalities Annual Report provided a summary of the data collected and case studies of the successful health programmes that had been run over the last year. In response to questions, the NHS Health Checks were for those aged between 40 and 74 years who had not seen their GP within 5 years, this criteria was set at a national level. This was a service commissioned by Kent Community Health Trust.

The SDC contract to deliver health improvement programmes with KCC had been extended until September 2016; however a 10% in-year saving needed to be found to contribute to the Public Health funding cuts being introduced nationally.

The Health and Communities Manager summarised the outcomes since the action plan in 2012 and the 2015 – 18 priorities. There were many achievements in 2012–15 but there were also some negative increases. It was emphasised that these increases were minimal but something that needed to be a priority to prevent further increases. The six new priorities were:

- Promoting healthy weight for children
- Support older people to keep them safe, independent and leading fulfilling lives
- Support businesses to have healthy workplaces
- Meet the housing needs of people living in the District including affordable and appropriate housing
- Sustain and support healthy communities and
- Reduce the gap in health inequalities across the social gradient.

The action plan sets out the work that would be carried out to address the priorities and actions would be monitored quarterly through the Health Action Team partnership to monitor partner and Council's actions to contribute to improving health and wellbeing of residents and reducing health inequalities.

Members thanked Officers for the achievements reached.

Resolved: That the report be noted.

14. Work Plan

An updated work plan was tabled. The Older People's Housing Survey and Update from the LSP Older people's Sub Group would be moved to the March 2016 meeting. The Dementia Friendly Communities update would be a specific focus on Swanley. Healthwatch Kent would be attending the November meeting and the Council's Health Priorities would also be discussed. It was agreed that there should be an Early Help and Prevention update at the April 2016 meeting.

THE MEETING WAS CONCLUDED AT 4.10 PM

CHAIRMAN

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KENT COUNTY COUNCIL PUBLIC HEALTH CONSULTATIONS

Health Liaison Board – 25 November 2015

Report of	Chief Officer Communities & Business
Status:	For Information
Key Decision:	No

Executive Summary: This report sets out details of Kent wide Public Health Consultations on 'Adult Health Improvement Services' and 'Health Visiting and School Public Health Service'

This report supports the Key Aim of reducing health equalities and improving health and wellbeing

Portfolio Holder	Cllr. Lowe
Contact Officer(s)	Hayley Brooks Ext. 7272

Recommendation to Health Liaison Board: That the report be noted. Member's views are sought.

Introduction and Background

1 Kent County Council's Public Health Directorate (KCC) is responsible for delivering prevention work via commissioned services for young people and adults. In April 2015, KCC began a review of the use of the public health grant and the programmes commissioned through the grant.

2 KCC are seeking the views of this Council regarding proposed new service delivery models within Public Health, as part of a Kent wide consultation. Consultation responses will be used to improve services and ensure that they are designed around the needs of residents.

3 The consultation documents have been circulated to all Members in advance and their responses will form the basis of a draft response which will be tabled.

4 Some of the services detailed in these consultations form part of the Sevenoaks District 'Mind the Gap' Health Inequalities Plan, adopted recently by Members, as well as contributing to the Healthy Environment priority in the Community Plan. This forms part of the holistic approach to reducing health inequalities across the District and supporting community health and wellbeing.

Adult Health Improvement Service Consultation

5 As part of this consultation, KCC is proposing an improved service model that delivers a more integrated and holistic approach to health improvement services for adults. The aim of the new model is to help residents to live healthier lives, with support to make difficult lifestyles changes.

6 Public Health is consulting on whether the proposed model for Health Improvement Services meet the needs of residents in an accessible way, with desired outcomes.

7 The proposed model will take a holistic approach to each person that comes in to the service to support the individual to address a range of factors that might be affecting their lifestyle choices.

8 The proposed model will therefore integrate the current separate commissioned services such as healthy weight, smoking cessation, physical activity, Health Trainer service as well as elements of Health Checks, alcohol and sexual health services, with mental and emotional wellbeing underpinning the whole service delivery approach.

9 The KCC Heath Improvement Service Consultation document and questionnaire can be found at Appendix A.

Health Visiting and School Public Health Service Consultation

10 KCC became responsible for the School Public Health Service in April 2013 and the Health Visiting Service in October 2015. This transfer of commissioning responsibly presents KCC with an opportunity to ensure that services meet the health and wellbeing needs of children and young people in Kent.

11 The KCC consultation proposes new delivery models for children and young people services, to ensure the model best achieves the desired outcomes for the 0-19 population.

12 This consultation is seeking views on how KCC may improve or tailor services better to suit local people. Four proposed delivery models have been developed, in line with the National Framework, for consideration.

13 The KCC Health Visiting and School Public Health Service Consultation document can be found at Appendix B.

Current Service Delivery by Sevenoaks District Council

14 For over six years, this Council has been commissioned by Public Health to deliver a range of health and wellbeing prevention programmes. These programmes are included within the service review as part of these consultations which aims to deliver a new integrated service model.

15 The way in which the services are provided in the future may change the amount of funding paid to the District Council. Further information about the financial implication is given in paragraphs 17.

Key Implications

Financial

16 This Council is currently commissioned by Kent Public Health to the value of £130,741 for 2015/16 through an annual Service Level Agreement to deliver a range of preventative health and wellbeing programmes. However, in July 2015, a 10% in-year budget saving was requested by Kent Public Health, leaving a total annual budget of £117,666.90 for this financial year.

17 The length of this Agreement has been extended to September 2016 to allow the service model reviews to be undertaken. For the period of April 2016 – September 2016, this Council is expected to receive £58,833.45 to continue to deliver these services in the interim period until the new models are commissioned from October 2016.

18 The programmes currently commissioned by KCC and delivered by this Council form part of these consultations and the new service delivery model.

Legal Implications and Risk Assessment Statement.

19 There are no legal implications for the Council associated to this report.

Equality Assessment

20 No decision is required as part of this paper and therefore no perceived impact on end users.

Conclusions

21 Members are asked for their comments on these consultations and asked to note this report.

Appendices

Appendix A – KCC Health Improvement Service Consultation document

Appendix B – KCC Health Visiting and School Public Health Service Consultation document

Background Papers:

Link to Kent County Council online consultation documents: www.kent.gov.uk/consultations

Lesley Bowles
Chief Officer Communities & Business

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The Commissioning of Kent Adults Health Improvement Service

Consultation Document

kent.gov.uk/healthimprovement

This publication is available in alternative formats and can be explained in other languages. Please contact 03000 421533.

For Text Relay, please use 18001 03000 421533. This number is monitored during office hours and there is answering machine at other times.

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Purpose of this consultation

We want to hear your views on the proposed integrated model for Health Improvement Services.

- Your views will assist Council Members in the decision making process for agreeing the delivery of Health Improvement Services from October 2016.
- KCC wants to ensure that the new model meets the needs of Kent residents and will be accessible to all who need support.

The consultation will runs for six weeks, from Monday 2 November to Monday 14 December 2015 (inclusive).

The Commissioning of Kent Adults Health Improvement Service

Introduction

Kent County Council has a vision to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives, with a particular focus on the differences in outcomes within and between communities.

To achieve this we deliver and commission a range of services to improve people's health and reduce health inequalities so that people live healthier for longer. Public Health receives a grant from central government to achieve this. Health inequalities are preventable, and unjust differences in health status are experienced by certain population groups.

KCC undertook responsibility for Public Health in April 2013 and since this time has been carrying out a continuous review of the approach to delivering public health to residents of Kent. Public Health strives to deliver effective prevention and support services to improve health outcomes. Health Improvement Services form a key part of this work.

Public Health wants 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.

3. Background

Public Health currently commission services that focus on individual behaviours and encourage positive lifestyle changes such as; increased physical activity, healthier eating, and smoking cessation. Many of these services are universal and open to anyone who needs them whilst others are only accessible through referral from your GP or other health professional. These include:

Healthy Weight Services

These services support those wishing to lose weight to access the most appropriate weight management programme. These programmes are delivered through a range of settings including community settings, GP surgeries, and pharmacies.

Stop Smoking Service

These services support those wishing to quit smoking. This service is provided in a variety of settings, including community settings, GP surgeries and pharmacies.

Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who have not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a health check. This will assess their risk of heart disease, stroke, kidney disease and diabetes and they will be given support and advice to help them reduce or manage that risk. Health checks are delivered in GP surgeries, pharmacies and community settings.

Health Trainers

Health Trainers provide one to one support for people that want to make a behavioural change across their general lifestyle, and can support that individual around a range of health topics, such as; physical activity, smoking or alcohol. They focus on motivating people and explaining how a healthy lifestyle can be beneficial. This might be done verbally or through providing information in a written format, or it might mean referring individuals to other agencies or organisations for further support or resources. The exact role will depend upon the needs of the community and the individual, tending to work in community settings.

Maintaining Mental Wellbeing

These services help people to maintain mental wellbeing, help tackle stigma in communities and raise awareness of support services that are available.

Physical activity

Physical activity services support people, whose current level of activity puts their health at risk, to achieve a more physically active lifestyle that will improve their health outcomes in the long term.

4. Our current services

The way that Public Health currently commissions means that these services work independently and each have specific outcomes to achieve. For example; in the smoking services, success is measured by how many people have quit smoking. An individual may need to access a number of these services if they have more than one health behaviour that they wish to change. This model of service has been delivered for several years, however, Public health now has the opportunity to improve services and help more people access the support they need. Some services have already started to move towards more integrated services and early indications show improved outcomes and efficiencies.

5. Need for change

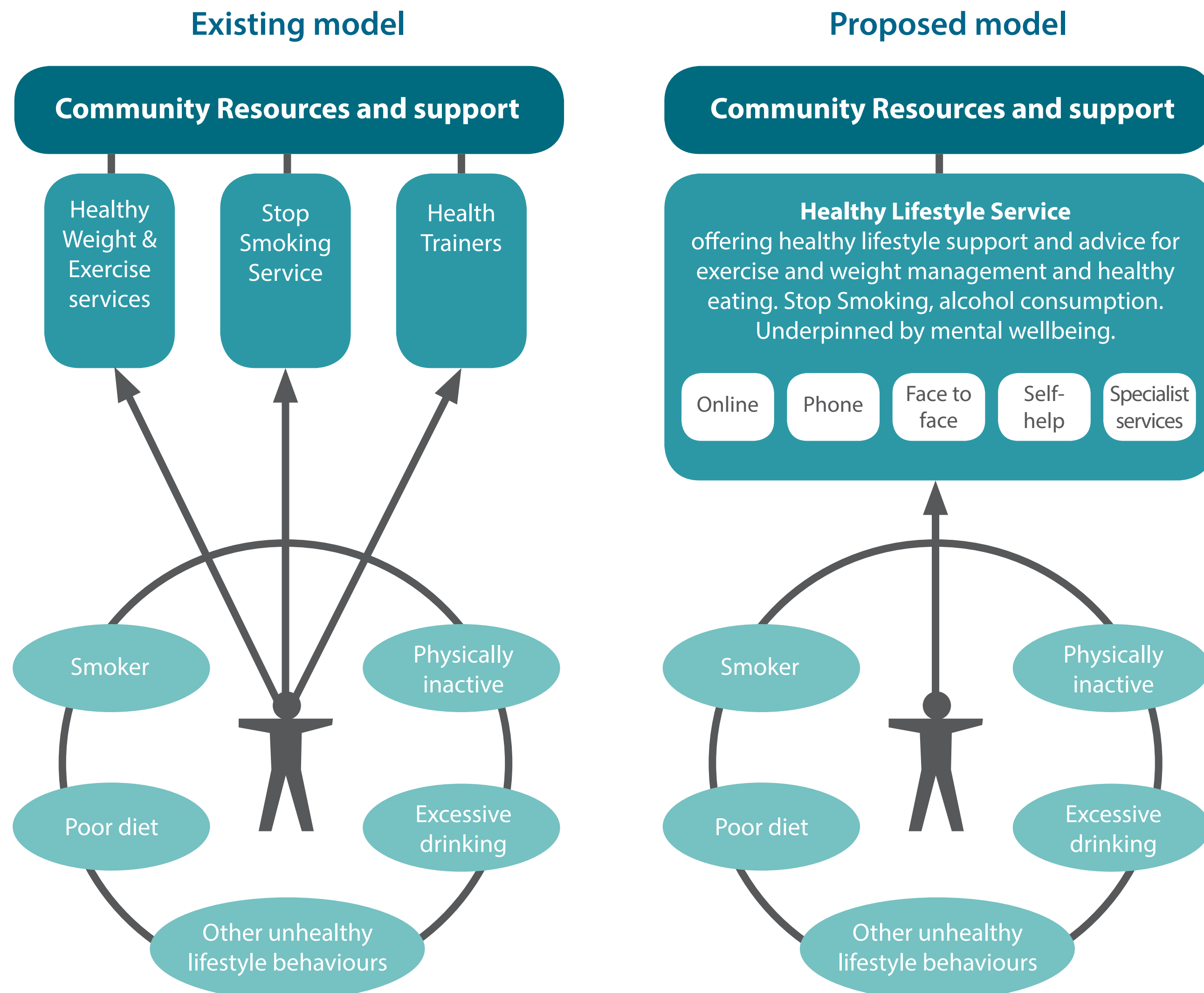
The NHS Five Year Forward View was published in 2014 and highlighted the need to radically increase the role of prevention to achieve improvements in health outcomes for the public, reducing health inequalities and promoting healthier lifestyles generally. Similarly, the Care Act, which became law in 2015 also emphasises the importance of prevention, in addition to, outlining key responsibilities for local authorities in addressing this.

Public Health is responsible for delivering effective prevention work via Health Improvement Services, and in April 2015 KCC began a review of the use of the public health grant and the programmes commissioned through the grant. The review has provided a thorough understanding of the potential and the limitations of the current services, in the context of new legislative obligations and guidelines. This has presented a clear case for change and has identified opportunities for a new, more integrated approach. Kent will join many other Local Authorities that are proposing improved service models that deliver a more integrated and holistic approach to health improvement services, with the aim of helping residents live healthier lives, with the appropriate support to make difficult lifestyle changes.

The proposed model would integrate the current separate healthy weight, smoking cessation, physical activity and Health Trainer services and include elements of health checks, alcohol and sexual health services, with mental and emotional wellbeing underpinning the whole service delivery.

6. Proposed model

The proposed model would take a holistic approach to each person that comes in to the service. This means that the service would support the individual to address a range factors that might be affecting their lifestyle choices and barriers faced by them in changing their unhealthy behaviours. The approach looks beyond individual behaviours, seeking to improve the overall health and wellbeing of the person. It would save the individual needing to visit a range of different services, as it is integrated, rather than individual services for a particular condition e.g. smoking or excess weight. It is proposed that there would be simple access and referral pathways to support residents to access the most appropriate services quickly, reducing the need to visit multiple services.



The key advantages of the proposed model are that it will allow Public Health to deliver Health Improvement Services in a way that;

- Provides a consistent point of access for people to get the support they need
- Treats the person rather than a single issue
- Allows for efficiency of contract delivery, allowing extra resource to be released to supporting people

In addition to making access to Health Improvement Services simpler and more co-ordinated, the proposed model will result in improved signposting to other local services that provide support on topics such as mental wellbeing, housing or help getting work as a way to improve the chances and motivation of someone being successful in making lifestyle changes that will improve their long term health.

The proposed Health Improvement Service model will, pending the outcome of this consultation, be commissioned to start delivery in Autumn 2016. An Equalities Impact Assessment has been completed and can be found in the accompanying documents for this consultation at Kent.gov.uk/healthimprovement

The service would see greater investment in motivating people to change their behaviours. This would provide individuals with the skills to help themselves and help people sustain their change in behaviour. It would hope to better utilise web-based support e.g. apps to lose weight, signpost to local services and positive opportunities in the community. The approach would see the development of community champions.

The service will remain available to everyone and maintain a universal offer, whilst prioritising those with the greatest health needs. For example, the service will be promoted more in communities with higher health inequalities or particular risk factors.

Case Study

Adam is a 53 year old Lorry driver who undertakes a variety of unhealthy behaviours including; smoking, overeating and drinking, he is also physically inactive. Since the birth of his grandchildren, Adam has been trying to give up smoking and lose weight, however after some unsuccessful attempts he visits his GP for help.

Current Service How Adam accesses services now	Proposed Integrated Model How Adam could access services
Adam visits his GP for support for support to quit smoking; Adam's GP refers him to the Stop Smoking Service, who contact Adam 2 days later. Adam is made an appointment with the Stop Smoking Service who provide him with specialist support over 7 weeks with the aim to be smokefree for 4 weeks. Adam then discusses his issue with weight, activity levels and alcohol. The Stop Smoking Service advices Adam on increasing his activity and refers him to the Healthy Weight Team. The Healthy Weight team make contact with Adam following the referral and book Adam to see a Healthy Weight Adviser at his local Pharmacy. Adam is then seen for 12 weeks for support for losing weight. Adam is advised again to increase his physical activity and is signposted to a local healthy walk activity in his area. He is also referred onto the drugs and alcohol recovery service for support on his alcohol consumption.	Adam visits his GP who explains about the support available to aid him in becoming healthier. The GP gains consent from Adam and sends his details via email to the Health Improvement First Point of Contact Team. 2 days later Adam receives a phone call from Hannah, who speaks to Adam to gain an understanding of his lifestyle, how he would like support, what he has tried and what his personal outcomes were. Adam explains that he would like to be fitter and healthier and his main priority is to quit smoking. Hannah asks some basic questions to assess Adam's motivation and gains consent for an appointment to be made with her the following week at the local venue. Hannah explains that she will see Adam for 12 weeks with the intention that by week 7 he would have quit smoking. Hannah also explains that she will advise on healthy eating and drinking during these sessions and will then focus on eating more directly for the following 5 weeks, with the hope to achieve Adams fit and healthy outcome. During the weekly sessions Hannah motivates Adam, providing advice on all his unhealthy behaviours, pharmacotherapy and support. By week 12 Adam was able to quit smoking, reduce weight, increase his physical activity and cut down on drinking. Hannah then discharges him and offers Adam a 'Community Champion' to support him with continuing with his new behaviours.

7. Key outcomes to be achieved

The key outcomes that the new integrated service will aim to achieve are the same as those identified for the current individual services namely:

- Improve the wellbeing of the population
- Reduce levels of excess weight
- Increase levels of physical activity
- Reduce smoking prevalence in general population
- Reduce levels of smoking during pregnancy

8. Key principles

There are a number of key principles that underpin the service for the proposed model:

- **Integrated.** People will be able to access a range of different health improvement / healthy lifestyle support from one place
- **Targeted** towards those who need it most but available to all where necessary
- **Motivational and positive focus.** Motivating people to want to change their behaviours
- **Promote independence** helping people to develop the skills to lead healthier lifestyles and become less reliant on services
- **Flexible and tailored** to meet changing local needs and priorities

9. Engagement and service development

The proposed model has been designed using detailed needs assessment research, Mosaic data, the Public Health Observatory and engagement with service users.

Details of the needs assessment and linked research may be viewed in the background documentation available at Kent.gov.uk/healthimprovement. Feedback received via service user and community engagement was considered carefully while developing the model and is summarised below:

- Services should fit in with where you live
- Services should be in the community as far as possible, instead of health locations
- Services should be in places where everyone uses resources to get on with life
- You need a single contact for the service
- There should be good signposting to resources and services so that you can take personal responsibility for what support you want to receive
- Services should be accessible when you want them, avoiding waiting lists
- The service should empower service users
- The service should not be stigmatised

Market engagement has also taken place with both current and potential providers. This has indicated support for the approach and a market that could deliver this type of model.

Throughout September and October 2015 Public Health have presented to each of the Health and Wellbeing Boards to get their input on the proposed model. The main findings from this engagement work were;

- Services should be open to anyone who is motivated to make a change rather than being restricted to those people in the lowest socio-economic groups.
- There should be much stronger coordination of messages encouraging people to make a change in their lifestyle, and an increase in campaigns and marketing to promote healthier lifestyles.
- There was support for an integrated service that delivers holistic health improvement.
- It is important to localise services to meet the needs of different areas.

As part of this consultation, focus groups are being held with samples of key stakeholder groups to further explore the model and how best the services may be delivered within the proposed integrated approach.

The Commissioning of Kent Adults Health Improvement Service

10. Alternative service models

When designing the proposal we looked at two other ways to deliver the Health Improvement Service before identifying the proposed model as our preferred option.

Alternative 1 – Leave services as they are, and simply re-commission	
Advantages:	• This would allow for continuity of service
Disadvantages:	• Would continue to treat individual conditions rather than the whole person • Would not address referral and access gaps present in the existing model • Would not allow for efficiencies

Alternative 2 – Develop an integrated model but restrict access to high risk groups only	
Advantages:	• Similar structural and outcome advantages to the model being proposed with the additional benefit of ensuring targeted use of resources.
Disadvantages:	• Would mean there is no Universal offer of support • Could leave those currently engaged with services without support • Presents commissioning challenges with existing providers

11. Public Consultation – have your say

Public Health want to know whether you think that the proposed model for Health Improvement Services will meet the needs of Kent's residents in an accessible and holistic way that will result in the desired outcomes. Your views will also help Public Health to maintain good services if you can comment on how you would like to access the service in terms of setting, online accessibility and information.

Please visit Kent.gov.uk/healthimprovement to complete the online questionnaire. Alternatively, please complete the attached questionnaire and return to Freepost - KCC PUBLIC HEALTH CONSULTATIONS.

If you require more space to respond please continue your answers on a separate piece of paper.

Public Health value all the feedback and views provided. By completing the questionnaire you will be assisting us to ensure we develop a model that meets the needs of Kent residents.

Glossary of Terms

Outcomes

The good results Public Health are hoping to get from the proposed service.

Health inequalities

Differences in life-expectancy and health across communities that are preventable and unfair.

Brief advice

Short sessions with professionals who give simple tips and guidance on changing unhealthy lifestyles.

Community Champions

Volunteers that work in communities to encourage and support lifestyle changes to help people become healthier.

The Commissioning of Kent Adults Health Improvement Service

Q1. Are you responding to this consultation as…

- [ ] As a member of the public
- [ ] As a user of current services – past or present
- [ ] In a professional capacity (i.e. in connection with your job)
- [ ] On behalf of an organisation

Q1b. If you are responding in a professional capacity, please explain your interest

Q1c. If you are responding on behalf of an organisation, please tell us the name of the organisation

Q2. To what extent do you agree or disagree with the proposed Health Improvement Services model?

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

Please tell us why?

Q3. How important to you are the following ideas for the model?

	5 = Most Important 1 = Least Important				
Integrated. Healthy lifestyle support across a range of issues will be made easier to access by bringing it together under one roof	5	4	3	2	1
Targeted. Healthy lifestyle support will be open to everyone but also targeted at people with the greatest need	5	4	3	2	1
Motivational and positive focus. Service prioritises motivating people and supporting them to become healthier	5	4	3	2	1
Promote independence Helping people to develop the skills to lead healthier lifestyles and become less reliant on services	5	4	3	2	1
Flexible and tailored to meet changing local needs and priorities	5	4	3	2	1

Q4 Should health improvement services be? (Please select one option only)

- ☐ Open to everyone, on a first-come-first-served basis
- ☐ By referral only (for example, by referral from a GP)
- ☐ Allocated based on need, so that those with the highest levels of need get treated first
- ☐ Other (PLEASE SPECIFY)

Please tell us why?

Q5. How important are the following ways of working with people to help them become healthier?

	5 = Most Important 1 = Least Important				
Face-to-face	5	4	3	2	1
By telephone	5	4	3	2	1
Online information/website	5	4	3	2	1
Video or virtual contact e.g. facetime, skype	5	4	3	2	1
Social media eg twitter, facebook	5	4	3	2	1
SMS/Text messages	5	4	3	2	1
Other (PLEASE SPECIFY)	5	4	3	2	1

Please tell us why?

Q6. How suitable are the following venues for delivering face to face Health Improvement?

	5 = Most Suitable 1 = Least Suitable				
In a dedicated building (e.g. healthy living centre)	5	4	3	2	1
A GP surgery	5	4	3	2	1
A pharmacy	5	4	3	2	1
In an existing community space (e.g. a library, Gateway, leisure centre)	5	4	3	2	1
Other (PLEASE SPECIFY)	5	4	3	2	1

Please tell us why?

The Commissioning of Kent Adults Health Improvement Service

Q7. How could Public Health encourage more people to access the Health Improvement Service?

Q8. Do you have any other comments on our proposal?

Q9. Please tell us you postcode

You only need to answer the questions on the opposite page if you have responded as an individual or as a member of KCC staff. It is not necessary to answer these questions if you are responding on behalf of an organisation.

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.

Q10. Are you?

☐ **Male** ☐ **Female** ☐ **I prefer not to say**

Q11. 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**

Q12. To which of these ethnic groups do you feel you belong? (Source: 2011 census)

White English	☐	Asian or Asian British Indian	☐
White Scottish	☐	Asian or Asian British Pakistani	☐
White Welsh	☐	Asian or Asian British Bangladeshi	☐
White Northern Irish	☐	Asian or Asian British other*	☐
White Irish	☐	Black or Black British Caribbean	☐
White Gypsy/Roma	☐	Black or Black British African	☐
White Irish Traveller	☐	Black or Black British other*	☐
White Other*	☐	Arab	☐
Mixed White & Black Caribbean	☐	Chinese	☐
Mixed White & Black African	☐	I prefer not to say	☐
Mixed White & Asian	☐	* If your ethinc group is not specified in the list, please describe it here:	
Other ethnic group*	☐		

The Commissioning of Kent Adults Health Improvement Service

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.

Q13. 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**

Q14. 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:

Q15. Do you regard yourself as belonging to any particular religion or belief?
Please select one box

☐ Yes ☐ No ☐ I prefer not to say

Q16. If you answered Yes to Q15, which one applies to you?
Please select one box

☐ Christian ☐ Hindu ☐ Muslim ☐ Any other religion, please specify

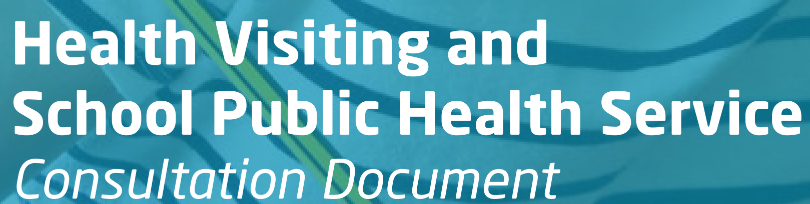
☐ Buddhist ☐ Jewish ☐ Sikh

Q17. Are you? *Please select one box*

☐ Heterosexual/Straight ☐ Gay woman/Lesbian ☐ Other

☐ Bi/Bisexual ☐ Gay man ☐ I prefer not to say

Thank you for taking the time to complete this questionnaire.



Health Visiting and School Public Health Service

Consultation Document

Kent County Council
kent.gov.uk

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An 'easy-read' version of this document is also available from our website or upon request. For any other formats or languages, please email alternativeformats@kent.gov.uk or phone 03000 421553 Text Relay: 18001 03000 421553

Introduction

Kent County Council has a vision to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives, with a particular focus on the differences in outcomes within and between communities.

KCC is a Strategic Commissioning Authority. This means that KCC will seek to provide services in the most efficient way by developing detailed contracts, service specifications and desired outcomes. Services are then delivered by KCC staff or private and voluntary sector agencies depending on how best public money can be spent.

Public Health is a specialist department within KCC that receives a grant from central government to deliver and commission services to improve health outcomes and reduce health inequalities so that all people can live healthier for longer. Legal and best practice guidance shows that this is best supported through the provision of early and effective preventative work and a strong focus on ensuring that children and young people in Kent get the best start in life.

KCC now has responsibility for Health Visiting and the School Public Health Service and has been considering its approach to these services to ensure that they deliver the best outcomes to the residents of Kent.

Why we are consulting

KCC is seeking views on the proposed service delivery models for Health Visiting and the School Public Health Service. Consultation responses will be used to improve services and ensure that they are designed around the needs of Kent residents. Residents are at the heart of what we do and how we deliver services.

We continue to actively engage all stakeholders, undertake ongoing service evaluation, research and focus group work to tailor all services to local needs. We value the opinion of all current, past and potential services users and want to create the opportunity for the wider public to shape service delivery in the future.

Kent County Council would like to hear your views on future models we have proposed to deliver services to children and young people, and which will best achieve the desired outcomes for the 0-19 population.

Background and Context

KCC became responsible for the School Public Health Service in April 2013 and the Health Visiting service in October 2015. Together, these services focus on promoting the health and wellbeing of the 0-19 population in Kent. KCC will be commissioning these services with new contracts expected to commence in October 2016.

This is the first time these services will be directly commissioned by KCC, presenting an opportunity to consult on how they may be improved or tailored to better suit the people of Kent. The four proposed delivery models have all been developed in line with the National Framework.

'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020', sets out a vision for the council 'to focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses'.

We are committed to supporting this, and to ensuring that children and young people in Kent do get the best start in life. With this in mind, it is essential that these services are delivered efficiently and effectively, and are accessible to residents countywide.

Health Visiting

The Health Visiting Service workforce consists of Nursing & Midwifery Council registered (NMC) Specialist Community Public Health Nurses (SCPHN) and teams who provide expert information, assessments and support for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors (HVs) help to empower parents to make decisions that affect their family's health and wellbeing. Their role is central to improving the health outcomes of populations and reducing inequalities.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP). This is a preventative public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. This includes safeguarding children and working to promote health and development in the early years.

The Public Health Outcomes linked to this service are:

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking during pregnancy;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;

- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay in children aged 5.

THE CURRENT MODEL

The service delivers 5 universal health visits; antenatal, new baby, 6-8 weeks, 1 year and 2-21/2 year. Depending on the needs of children and families, additional engagement and support may be offered, which may involve signposting, referring into and working with other children's services and specialist professionals.

Through regular contact with families, Health Visitors focus on the following:

- Supporting transition to parenthood
- Assessing and addressing maternal mental health issues (e.g. pre / post natal depression)
- Providing advice and support around breastfeeding
- Promoting healthy lifestyles and behaviour (in terms of diet, healthy weight, physical exercise and the impact of parental health behaviour)
- Managing minor illnesses and preventing accidents
- Encouraging positive child development to ensure children are healthy and ready for school

KCC reviewed the national service specifications before taking responsibility for the service and has already started making appropriate amendments and improvements that reflect the specific needs of Kent.

School Public Health Service

The School Public Health Service provides expert advice, information and support to children and young people aged 5-19 in school settings across Kent. Specialist Community Public Health Nurses (SCPHN) lead in the delivery of the Healthy Child Programme. In addition, the service is commissioned by NHS England to deliver school elements of the National Child Immunisation Programme.

The Public Health Outcomes linked to this service are:

4 - 11 year olds

- Reducing excess weight in children
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14
- School Readiness

11 - 18 year olds

- Smoking prevalence at age 15
- Alcohol-related admissions to hospital
- Under 18 conceptions
- Chlamydia Diagnosis
- Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- Emotional well-being of looked after children

In addition the service will contribute to:

- Increases in young people's self-reported emotional health and wellbeing
- Reductions in child admissions for mental health
- Reductions in young people's hospital admissions for self-harm
- Reducing pupil absence

THE CURRENT MODEL

Currently the service is delivered across the 5-19 age range, and starts with the handover of cases from Health Visiting followed by the Year R health review, which includes audiology and vision screening. The National Child Measurement Programme (NCMP) is undertaken at Year R and Year 6. Outside of this, school-aged children can be referred into the service to address particular public health needs, such as substance misuse or healthy weight.

Packages of care to delivered to address these needs and referrals to additional services are made when necessary.

The service offers support, advice and signposting around particular issues, including:

- Healthy weight and active lifestyles (advice on diet and exercise)
- Substance misuse (drug, alcohol and smoking)
- Sexual health (risk behaviour and contraception)
- Behaviour Management
- Emotional health and wellbeing
- Parenting

Whole school health improvement is promoted across all schools with a focus on those schools where need is greatest. The offer to each school is articulated in school and district level plans.

Review of the service has identified that service delivery has been inconsistent across Kent and the Health Review at Year 6, part of the Healthy Child Programme, is not currently delivered.

Service data shows that it delivers more packages of care in primary schools than in secondary schools. Groups of young people outside of mainstream school settings, like Pupil Referral Units and young offenders have not consistently received a service despite having greater and more complex needs. In addition, the offer to the tertiary education sector is not consistent. Lastly, the service is not visible to the adolescent population for whom there are concerns about emotional health.

Future Models of Delivery

The transfer of commissioning responsibility for the health visiting service to KCC presents a new and exciting opportunity to ensure that the health and wellbeing needs of children and young people in Kent are being met in the best way.

KCC has reviewed the existing services and engaged with stakeholders involved in supporting children and young people. This process has identified good practice which will be maintained and also highlighted opportunities for improvement.

Based on this service evaluation and stakeholder engagement work, the following models have been developed:

Model 1: Current Model

0-4

Health Visiting Service

Focus on needs of children 0-4 before handing over to SPHS

5-19

SHPS

Focus on needs of all primary and secondary aged children

The current model delivers an age specific service for 0-4 year olds and a separate service to all school aged children, which focusses on both the individual public health needs of children and takes a whole school approach to health improvement.

The handover and change in service from Health Visiting to the School Public Health Service occurs at school entry which represents a key stage of transition for the child.

Model 2

0-4

Health Visiting Service

Focus on needs of children 0-4

5-11

Primary SPHS

Individual Clinical Elements

Whole School Approach to Health Improvement

Focus on needs of children 5-11

12-19

Secondary SPHS

Individual Clinical Elements

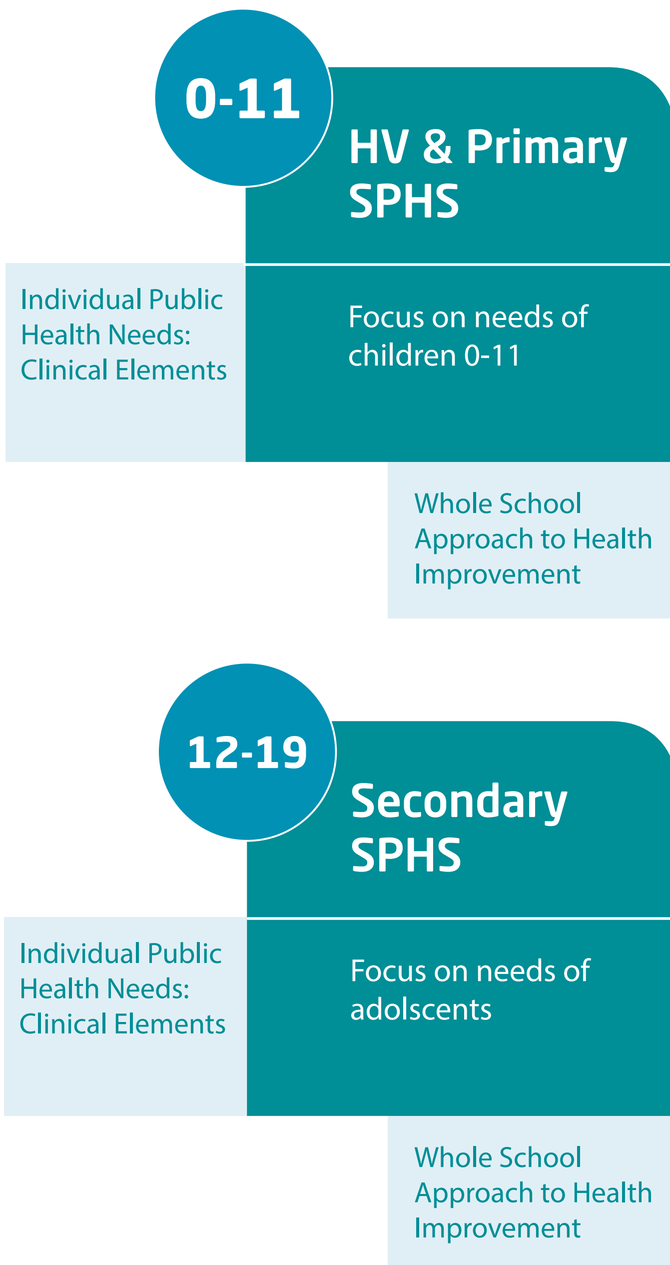
Whole School Approach to Health Improvement

Focus on needs of adolescents

Model 2 provides the opportunity for the services to be delivered in line with the developmental needs of the population and retain a focus on the mandated clinical elements of the Healthy Child Programme 0-11. This approach ensures that individual clinical needs are met alongside delivering age appropriate health improvement services. The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 2 retains the transition from Health Visiting to the School Public Health Service and introduces an additional transition from primary to secondary school.

Model 3



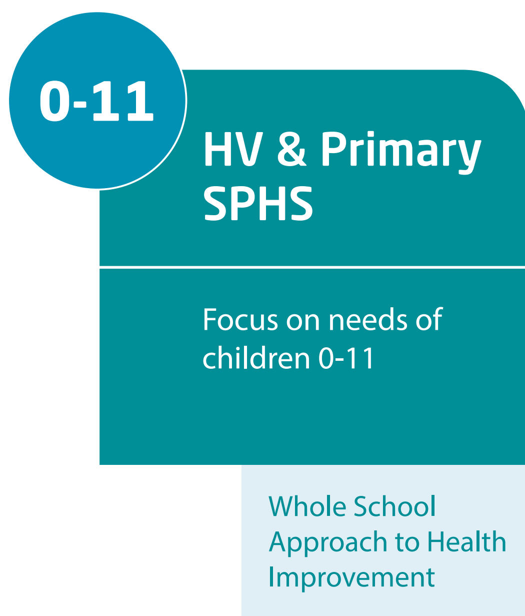
In Model 3, a single service delivers across the 0-11 age group. This maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. In this model, both the clinical elements for addressing individual needs as well as the approaches adopted for health improvement focus distinctly on the needs of the 0-11 and 12-19 age groups.

The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach.

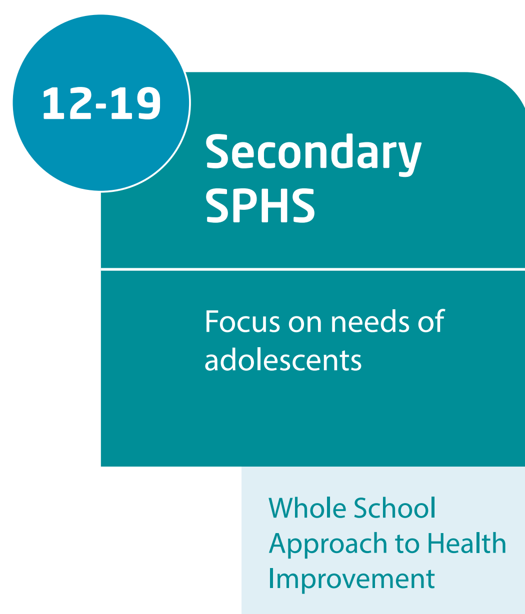
The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 3 removes the transition from Health Visiting to the Public Health School Service at school entry, providing at this time of transition. The service handover would instead take place between primary and secondary education.

Model 3b



As in Model 3, a single service delivers the individual public health needs across the 0-11 age group, which maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. However, model 3b separates clinical elements from whole school approaches to health improvement, which presents the opportunity to jointly commission additional clinical services.



The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 3b removes the handover from Health Visiting to the School Public Health Service at school entry, providing consistency at this time of transition. In this case, handover between services would take place when moving from primary to secondary school.

How to respond to this consultation

Whether you are a past, current or future user of these services, a carer or relative of a service user, a member of the public, an existing or potential provider of services, or another stakeholder we are keen to hear your views and experiences.

Please visit www.kent.gov.uk/healthychildren to complete the online questionnaire

Alternatively, complete the form attached and post to: KCC PUBLIC HEALTH CONSULTATIONS

All background documents relating to this consultation are available online, or may be requested in various formats from childrenspublichealth@kent.gov.uk

Kent County Council values all feedback and views provided. By completing the short questionnaire you will be assisting us to ensure that these services meet the needs of Kent residents.

Questionnaire

We would be grateful if you could take the time to complete this short questionnaire to give us your views of the commissioning of services for children and young people

Please respond by 14 December 2015

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

- ☐ Parent/ carer/ relative of 0-4 year old
- ☐ Parent/ carer/ relative of a child or young person aged 5-19 (past or present)
- ☐ A child or young person who uses/ has used these services
- ☐ A professional related to these services
- ☐ Other

If 'professional' or 'other' please explain your interest

2 Proposed models: which model of service best meets the needs of children and young people?

- ☐ 0-4 and 5-19 (current model)
- ☐ 0-4, 5-11 and 12-19 (model 2)
- ☐ 0-11 and 12-19 (model 3)
- ☐ 0-11 and 12-19 (model 3b)
- ☐ Don't know

Please tell us why?

3 What do you think are the most important public health issues for children in primary school? (Please rate the options:
5 = Most important
1 = Least important))

- ☐ School readiness and progress
- ☐ Injuries and minor ailments
- ☐ Nutrition and physical activity
- ☐ Sexual Health
- ☐ Bullying
- ☐ Puberty and development
- ☐ Smoking
- ☐ Alcohol
- ☐ Emotional wellbeing
- ☐ Self-harm
- ☐ Attainment
- ☐ Other

If other, please state:

4 What do you think are the most important public health issues for young people in secondary school? (Please rate the options:
5 = Most important
1 = Least important))

- [ ] Transfer to secondary school and progress
- [ ] Injuries and minor ailments
- [ ] Nutrition and physical activity
- [ ] Sexual Health
- [ ] Bullying
- [ ] Puberty and development
- [ ] Smoking
- [ ] Alcohol
- [ ] Emotional wellbeing
- [ ] Self-harm
- [ ] Attainment
- [ ] Other

If other, please state:

5 What skills and attitudes do you think are needed to work with the different age groups of children and young people?

6 Is there anything else you would like put forward to shape future public health services for children and young people in Kent?

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.

7 Are you......? *Please select one box.*

☐ Male ☐ Female ☐ I prefer not to say

8 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

9 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
☐ 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
☐ Mixed other*

*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.

10 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

11 If you answered Yes to Q10, 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:

12 Do you regard yourself as belonging to any particular religion or belief?

Please select one box.

☐ Yes ☐ No ☐ I prefer not to say

13 If you answered Yes to Q12, which one applies to you? *Please select one box.*

☐ Christian ☐ Hindu ☐ Muslim ☐ Any other religion, please specify:

☐ Buddhist ☐ Jewish ☐ Sikh

14 Are you...? *Please select one box.*

- [ ] Heterosexual/Straight
- [ ] Gay woman/Lesbian
- [ ] Other
- [ ] Bi/Bisexual
- [ ] Gay man
- [ ] I prefer not to say

Thank you for taking the time to complete this questionnaire.

DISTRICT'S HEALTH PRIORITIES

Health Liaison Board – 25 November 2015

Report of	Chief Officer Communities & Business
Status:	For Information
Key Decision:	No

Executive Summary: To consult with Members about this Council's health priorities and how they can be delivered through existing functions to apply a holistic approach to health improvement

This report supports the Key Aim of reducing health inequalities and improving health and wellbeing

Portfolio Holder Cllr. Lowe

Contact Officer(s) Hayley Brooks Ext. 7272

Recommendation to Health Liaison Board: That the report be noted.

Introduction and Background

1 This Council works with key partners including Kent Public Health Team, GP Clinical Commissioning Groups (CCG's), local health and social care providers and the voluntary sector to meet the Healthy Environment priorities within the Community Plan to reduce health inequalities and improve the health and wellbeing of residents.

2 This Council is represented by an elected Member and Officer on two local Health and Wellbeing Boards (Dartford, Gravesham & Swanley and West Kent) and contributes to the operation of the Board to meet local health needs and develop partnership arrangements between Kent County Council, CCG's and District Councils to improve population health.

3 The Sevenoaks District Health Inequalities Action Plan, co-ordinated by this Council, monitors the work across partnerships to contribute to the priorities based on national and local statistical health profile data. The Plan is monitored by the quarterly Health Action Team partnership and reported to Members annually.

4 This Council's frontline services, public assets and local partnerships have a unique and multi-dimensional role in improving health outcomes across the wider determinants of health, health improvement and health protection with local communities.

5 Over the last six years, this Council has been commissioned by Public Health, which is now the responsibility of Kent County Council, to deliver a range of health and wellbeing prevention programmes.

The District's Offer to Improving Health

6 Public Health reforms have enhanced the District's role in improving health outcomes for local residents. A range of services offered by this Council have a vital impact on the wider determinants of health, as well as health improvement and health protection.

7 This Council aims to take a strategic approach to public health across all services. This will help to better align and target our resources to health and wellbeing priorities and focus on achieving health improvements for local residents.

8 The influence of the wider determinants of health requires intelligence-led and preventative approach to service delivery being increased, and where possible, for this Council to build health into policy decisions and strategic plans, as well as frontline service delivery to have an impact on improving health holistically.

The Wider Determinants of Health

9 Health inequalities for this District can have a major impact on people's health. Differences in health status reflected in differing social and economic conditions of local communities can play a major part of a person's short and long term health.

10 Influencing these wider determinants on health can focus on the root causes of ill health and enabling services and decisions to have a positive impact on helping residents to lead fulfilling and healthy lives.

11 There are key functions delivered by this Council that can play a significant role in preventing ill health for example Planning, Licensing, Environmental Health, Community Safety and Housing. Further information on the functions can be found in the Appendix.

Key Implications

Financial

12 There are no financial implications for the Council associated to this report.

Legal Implications and Risk Assessment Statement.

13 There are no legal implications for the Council associated to this report.

Equality Assessment

14 No decision is required as part of this paper and therefore no perceived impact on end users.

Conclusions

15 For Members to consider this Council's health priorities and links with existing Council functions to holistically deliver health improvement for local residents.

Appendices	Appendix A – District Council's Offer to Improving Health
Background Papers:	District Council's Network – District Action on Public Health Publication: http://districtcouncils.info/files/2013/02/District-Action-on-Public-Health.pdf

Lesley Bowles
Chief Officer Communities & Business

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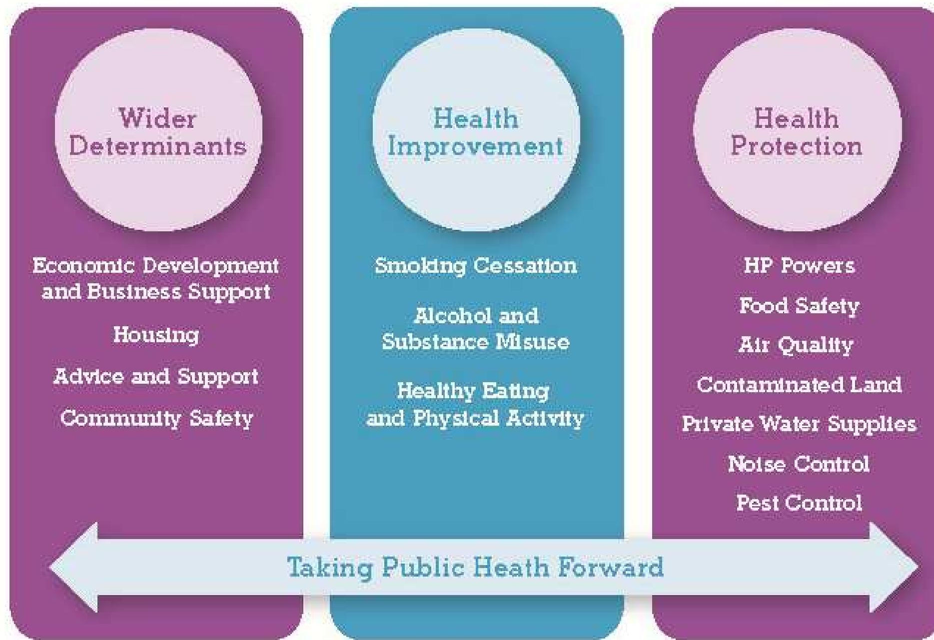
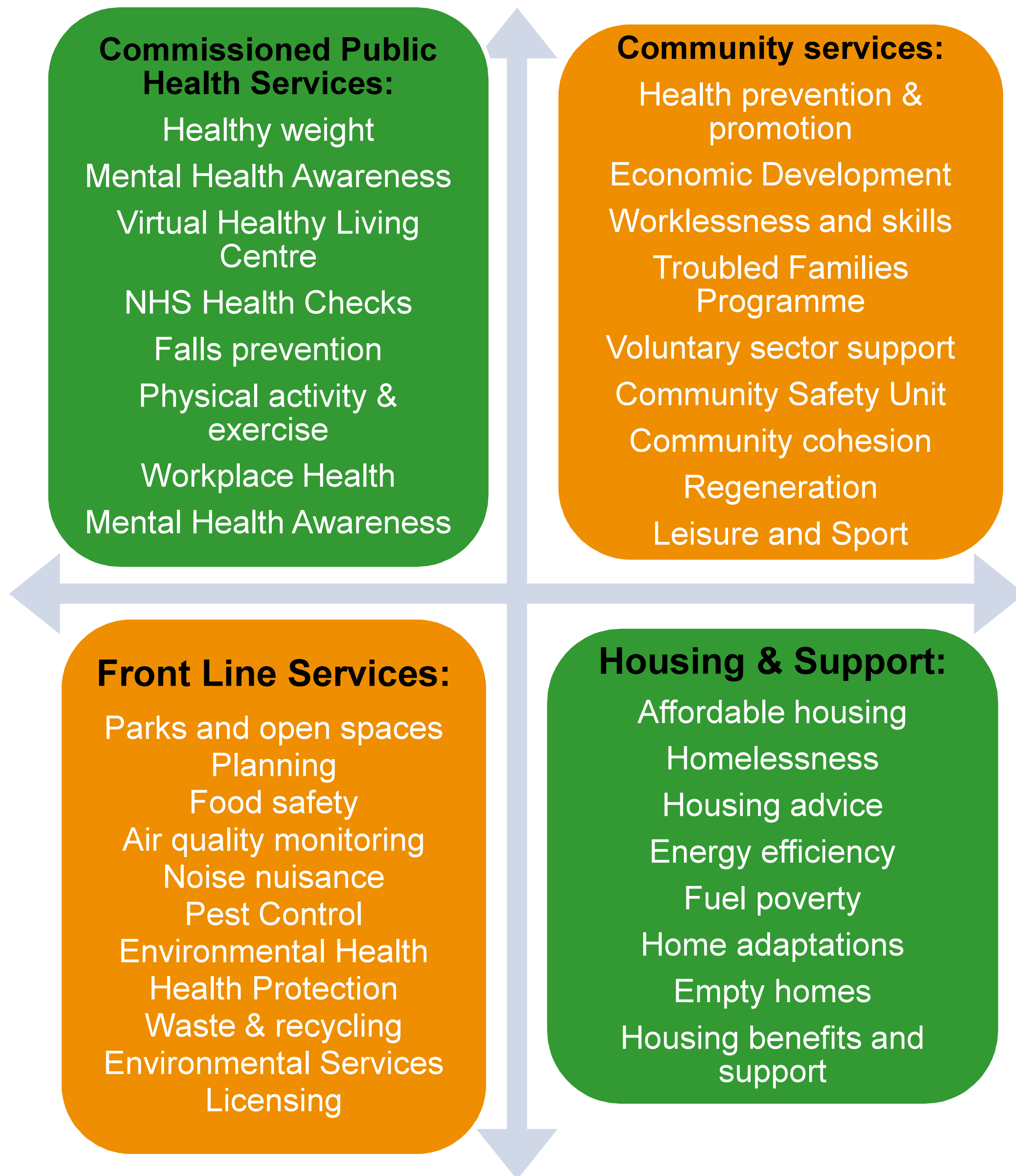
District Council's Offer to Improving Health



The District Offer - Wider Determinants of Health

Source: District Councils Network – District Action on Public Health

Wider Health Determinants – Sevenoaks District Council Functions and Services



Health Liaison Board Work Plan 2015/16 (as at 11.11.15)

25 November 2015	2 March 2016	27 April 2016	Summer 2016
Swanley Dementia Friendly Communities Update CCG Health Priorities HealthWatch Kent SDC's Health Priorities	Older People's Housing Survey Update from the LSP Older People's Sub Group Dementia Friendly update	Work Place Health Challenge Early Help and Prevention update	Housing Meeting The Health Needs of Population

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