

12 September 2023 at 7.00 pm

Council Chamber, Argyle Road, Sevenoaks

Published: 04.09.23



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Housing & Health Advisory Committee

Membership:

Chairman, Cllr. Perry Cole; Vice-Chairman, Cllr. Harrison
Cllrs. Bulford, Camp, Clack, G. Darrington, Edwards-Winsler, Gustard, Hudson, Lindop,
Cathy Morgan and Streatfeild

Agenda

There are no fire drills planned. If the fire alarm is activated, which is a continuous siren with a flashing red light, please leave the building immediately, following the fire exit signs.

	Pages	Contact
Apologies for Absence		
1. Minutes To agree the Minutes of the meeting of the Committee held on 14 June 2023, as a correct record.	(Pages 1 - 6)	
2. Declarations of Interest Any interests not already registered		
3. Actions from Previous Meetings	(Pages 7 - 8)	
4. Update from Portfolio Holder		
5. Referrals from Cabinet or the Audit Committee (if any)		
6. Sevenoaks District - Homes for Ukraine and Asylum Seeker Dispersal Update	(Pages 9 - 16)	Alison Simmons Tel: 01732227272
7. Edenbridge Memorial Health Centre	(Pages 17 - 20)	Kelly Webb Tel: 01732227474
8. 'One You' Programme Update	(Pages 21 - 28)	Jolanda Gjoni Tel: 01732 227000
9. Work Plan	(Pages 29 - 30)	

EXEMPT INFORMATION

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.

If you wish to obtain further factual information on any of the agenda items listed above, please contact the named officer prior to the day of the meeting.

Should you need this agenda or any of the reports in a different format, or have any other queries concerning this agenda or the meeting please contact Democratic Services on 01732 227000 or democratic.services@sevenoaks.gov.uk.

HOUSING & HEALTH ADVISORY COMMITTEE

Minutes of the meeting held on 14 June 2023 commencing at 7.00 pm

Present: Cllr. Perry Cole (Chairman)

Cllr. Harrison (Vice-Chairman)

Cllrs. Bulford, C.Morgan, Camp, Clack, G. Darrington, Edwards-Winser, Gustard, Hudson, Lindop and Streatfeild

Cllrs. Penny Cole, P. Darrington, Horwood and Manston were also present.

1. Appointment of Chairman

Resolved: That Cllr. Perry Cole be appointed as Chairman of the Advisory Committee for the year 2023-24.

(Cllr. Perry Cole in the Chair).

2. Appointment of Vice-Chairman

Resolved: That Cllr. Harrison be appointed as Vice-Chairman for the Advisory Committee for the year 2023-24.

3. Minutes

Resolved: That the Minutes of the Housing and Health Advisory Committee held on 7 February 2023 be approved and signed by the Chairman as a correct record.

4. Declarations of Interest

There were none.

5. Actions from Previous Meetings

There were none.

6. Update from Portfolio Holder

The Chairman and Portfolio Holder gave an update to the Committee. He advised that the Council had adopted the Homelessness Review and Homelessness and Rough Sleeper Strategy which outlined the District's needs in relation to homelessness. The document also included actions the Council would take for early intervention, prevention and support. He reported that a successful funding bid

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was made to the Government's Rough Sleeping Initiative Fund securing a further £677,230 in order to provide accommodation and homelessness support up to 2025.

He further informed Members that the Council had secured funding from the Local Authority Housing Fund to deliver affordable housing in the District to support the Homes for Ukraine scheme. It was also explained that the Council had worked alongside the learning support organisation HFT, to lease Stay Green Homes in Edenbridge, providing 6 units of affordable rented accommodation for single women and single mothers.

On health matters the Portfolio Holder advised that the Sevenoaks District Health & Wellbeing Action Plan 2023-24 was published in April 2023 which would be monitored by the Advisory Committee throughout the year. The Council had also secured £35,000 from the Dartford, Gravesham and Swanley Health and Care Partnership to support health and community based development work in the northern parishes. In addition, Kent Public Health had reported that One You funding for the 2022/23 year was confirmed which would enable the Team to continue to provide health related services. The Council had also submitted a bid for an additional One You Advisor to support the new Edenbridge Medical Hub.

7. Referrals from Cabinet or the Audit Committee

There were none.

8. Role of the Advisory Committee and Key Challenges

The Chief Officer - People and Places, presented the report and gave a presentation to the Committee. She introduced the role of the Advisory Committee, its Terms of Reference and areas of responsibility including the key issues and challenges facing those areas.

Resolved: That the report be noted.

9. West Kent Housing Update

The Chairman welcomed Tracy Allison, West Kent Housing Association's Chief Executive (WKHA) and Cathy McCarthy, Housing Director WKHA, to the meeting. Members received a presentation on the partnership work, customer satisfaction, home repairs, arrears, mould and recovery from the pandemic.

Members took the opportunity to ask questions focused on the future challenges of the organisation and the housing stock in the District. The Chief Executive explained that the biggest challenge included the increased complexity of the lives of residents owing to the cost of living crisis and the pandemic. Another challenge was to deliver affordable rented accommodation that was lower than market value. Members were informed that the Council could assist West Kent Housing by supporting the delivery of more affordable homes in the District and better seeking to understand the variety of Resident's Housing needs.

In response to a query, the Chief Executive agreed to circulate further information to the Committee on the Mill's Crescent Low-carbon scheme.

The Chairman thanked the WKHA Chief Executive and Housing Director for the update.

Resolved: That the report be noted.

10. Intermediate Housing Policy

The Housing Strategy Manager presented the report which asked the Advisory Committee to provide feedback and recommend to Cabinet the draft intermediate housing policy applying to Discounted Market Housing. The report also proposed revisions to the Council's adopted local First Homes policy which followed a review after its first year of operation. She explained that the updated draft local policy for Discounted Market Housing, if approved, would be included within the Sevenoaks Intermediate Housing Protocol 2023.

Members asked questions of clarification, which focused on the proposals for Discounted Market Housing. The Housing Strategy Manager explained that the proposed changes sought to make more homes available for local Residents. It was confirmed that the policy included a local connection criteria which meant that for an initial period, homes were marketed locally to residents of the District.

It was also explained that moving the cap on the Local First Homes Policy to require a minimum discount of 30% would increase developer's ability to generate rented homes for those residents on the housing register. In response to a question on the local income cap the Housing Strategy Manager would circulate further clarification information to the Committee. Some Members expressed that the proposals should be re-assessed in one year to review the impact of the changes.

Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

It was moved by the Chairman that the draft policy be recommended to Cabinet for approval subject to a review in one year.

Resolved: That it be recommended to Cabinet that, subject to review in one years' time, the draft intermediate housing policy applying to Discounted Market Housing and proposed revisions to the Council's adopted local First Homes policy be approved.

11. Gypsy and Traveller Allocation Policy

The Housing Strategy Manager presented the report which proposed a Gypsy and Traveller Allocations Policy in relation to Romani Way, Edenbridge. She explained

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that as part of the agreed Sevenoaks District Housing Accommodation Policy, it was recommended that applicants for vacant pitches on the site would be required to join the Housing Register. The new policy would bring the process in line with the advertisement and letting of social housing within the district and provide a fair and transparent method of allocating pitches when they became available. It would also be tailored to better accommodate the culture of a Romani Traveller.

Members were informed that Officers from the Council had attended the site on 22 March 2023 to discuss the policy and assess the needs of the Residents. Turn out from Residents had been high and feedback had been positive.

The Housing Strategy Manager also explained that the policy was open to comments and would be kept under constant review. She explained that revisions had been made to the report which included updating exclusions to the register to tackle the use of threatening language or behaviour to any officer of the Council or agent or any persons attending sites on behalf of the Council. In addition, the decision to exclude an applicant would be made by the Housing Register Allocation Panel. They would take into account any supporting information from the applicant, a current or previous landlord(s), the Police and/or Probation or any other relevant professional body.

In response to questions around the vacant pitches at Romani Way, it was explained that works were required to make them habitable as there had been problems with fly-tipping. Officers were working on getting the pitches back into use.

Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

Resolved: That it be recommended to Cabinet that the draft Gypsy and Traveller Allocation Policy, be approved and adopted for implementation.

12. Home Upgrade Grant (HUG) 1 update

The Housing Strategy Manager presented the report which provided an update on the Home Upgrade Grant (HUG) Phase one. The Council had secured funding to provide energy efficiency improvements to twenty-nine homes in the District that had poor energy efficiency scores and low household income. Upgrades included fitting insulation, low-carbon heating and solar panels.

Work had also begun on HUG phase two and it was hoped that the Council would provide energy efficiency upgrades to sixty homes by 2025 through the scheme. If successful, it was also hoped that a third scheme would be implemented. The Housing Strategy Manager confirmed that she would circulate the locations of the properties that were upgraded in phase 1 to the Committee.

Members asked questions of clarification that focused on energy readings and the eligibility of properties. It was confirmed that energy readings were certified and calculated by engineers. Officers also advised Members that mobile homes could

not be upgraded through the HUG scheme but the Council had provided a Green Homes Grant which allowed them to provide energy efficiency measures for up to 40 mobile homes in the District.

Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

Resolved: That the report be noted.

13. To note the Minutes of the Health Liaison Board

The Minutes of the Health Liaison Board held on 7 June 2023 were noted.

14. Work Plan

Members noted the work plan with the following changes:

12 September 2023:

- Homes for Ukraine and Asylum Scheme Update
- Sevenoaks District Health and Wellbeing Action Plan quarterly update

7 November 2023:

- Rough Sleeper Initiative Fund Year 1 update
- Housing Strategy - one year on
- Housing Stock and Waiting Times in the District Update

23 January 2024:

- Sevenoaks District Health and Wellbeing Action Plan quarterly update

THE MEETING WAS CONCLUDED AT 08.48PM

CHAIRMAN

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Action(s) from the meeting held on 14 June 2023 (as at 15/06/2023)			
Action	Description	Status	Contact Officer
Action 1	Action: For the Housing Strategy Manager to provide clarification information to the Committee on the income cap in the First Homes Policy.	<p>Completed. Circulated to Members 15/06/2023</p> <p>Appendix A is the existing Sevenoaks District Intermediate Housing Protocol. The existing protocol provides details of the Local First Homes Policy. Under the section 'Applying for a First Home' reference is made to a local income cap of approximately £56,000 with this falling away after a specified period if no sale was achieved, at which point the national income cap of £80,000 would be applied.</p> <p>The proposed revision to the First Homes Policy contained within the Intermediate Housing Protocol is for the national income cap of £80,000 to be applied from the outset for the reasons detailed in the report.</p>	Alison Simmons

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**SEVENOAKS DISTRICT - HOMES FOR UKRAINE AND ASYLUM SEEKER
DISPERSAL UPDATE**

Housing and Health Advisory Committee – 12 September 2023

Report of: Deputy Chief Executive and Chief Officer People and Places

Status: For information

Key Decision: No

Executive Summary:

This report provides an update on the progress of the Homes for Ukraine Scheme and an overview of the changes in the delivery of Asylum Seeker Dispersal Areas and Refugee Resettlement Schemes.

This report supports the Key Aim of: Housing Strategy 2022-2027

Portfolio Holder: Councillor Perry Cole

Contact Officer: Alison Simmons, Head of Housing, Extension 7272

Recommendation to Housing and Health Advisory Committee:

To note the contents of the report and information provided on the Homes for Ukraine Scheme and an overview of the changes in the delivery of Asylum Seeker Dispersal Areas and Refugee Resettlement Schemes.

Reason for recommendation:

The report is for information only.

Introduction

- 1 This report provides an update on the progress of the Homes for Ukraine Scheme and an overview of the changes in the delivery of Asylum Seeker Dispersal Areas and Refugee Resettlement Schemes.

Homes for Ukraine

- 2 The Homes for Ukraine scheme was launched in March 2022. The Sevenoaks District received 555 host applications with 471 guests arriving in the District. Kent County Council have been leading on the scheme. The Hosts that have come forward have offered their accommodation for a period of at least 6 months, received a thank you payment and have found their own guest. The Hosts are expected to support their guests to adjust the life in the UK.

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- 3 The Homeless Legislation and Homeless Code of Guidance was amended to enable guests to make applications to the Council when either their relationship with their host has broken down or their 6 month period was coming to an end and the host was no longer able to accommodate.
- 4 The Council held events with guests and hosts in March 2023 to discuss the next steps, the process for making a homeless application and the housing options and support available to them.
- 5 The guests have had 3 housing options to consider when they have required alternative accommodation, details are included in the table below:

Option 1 - Rematch to a new host	Option 2 - Sole occupancy	Option 3 - Shared accommodation
<p>The Council have been working with Kent County Council to find a suitable rematch with a new host, however this route has slowed down with fewer hosts coming forward with offers of accommodation.</p> <p>The new host will be located in Kent although there is no guarantee this will be within the Sevenoaks District and guest will be offered 1 rematch.</p>	<p>Working with couples and families to find suitable and affordable accommodation in the private rented sector.</p> <p>The Council provide Rent Deposit and Rent in Advance to help secure accommodation.</p> <p>The accommodation may be in the Sevenoaks District or out of the District.</p> <p>Guests are made 1 offer of suitable and affordable accommodation</p>	<p>Working with single adults to find suitable and affordable accommodation in a shared house.</p> <p>The Council provide Rent Deposit and Rent in Advance to help secure accommodation.</p> <p>The accommodation may be in the Sevenoaks District or out of the District.</p> <p>Guests are made 1 offer of suitable and affordable accommodation</p>

- 6 The Council have received 107 homeless applications from all the Ukrainian Refugee Schemes since February 2022 of which 41 homeless duties have been accepted, 5 households have been placed into temporary accommodation and 27 of the guests have been successfully accommodated in the private rented sector.
- 7 The Council have received £2,802,620 capital funding towards the provision of 16 units of accommodation for Homes for Ukraine and 1 x 4 bedroom unit for the Afghan Scheme through the Local Authority Housing Funding. To date 6 units for Homes for Ukraine have been delivered and guests have been supported to move into their new accommodation. The remainder of the units will be delivered by the end of the financial year.

- 8 The Government have provided £150 million of UK wide funding that has been made available to local authorities and devolved administrations for this financial year to ensure that Ukrainian guests can be supported to move into their own homes and reduce the risk of homelessness. The funding has been allocated across the UK in relation to the proportion of Homes for Ukraine arrivals in each part of the UK, with England receiving about £109 million.
- 9 Sevenoaks have received £297,898 and this will be prioritised for supporting our Ukrainian guests into sustainable accommodation, for example through access to the private rental sector, supporting employment access, and facilitating ongoing sponsorship into guests' second year.

Asylum Seeker Dispersal

- 10 The Government has introduced a new approach to Asylum Seeker dispersal where all authorities are expected to take part, to ensure a fairer distribution nationally.
- 11 In the South East there are 8,497 Asylum Seekers, 2,140 in Dispersal and 6,357 in Contingency Accommodation. The South East Strategic Partnership for Migration has been working with regional partners to collectively understand, solve problems collaboratively, and ultimately drive the delivery of regional/national plans.
- 12 The South East sub-regions have been divided and agreed as follows:
 - Hampshire Isle of Wight
 - Kent
 - Surrey and Sussex
 - Thames Valley
- 13 A place based approach has been agreed in principle which recognises all migration schemes with the assurances that no one should be made homeless through asylum procurement. A 'fair allocation' model has been developed by the South East Strategic Partnership for Migration, based on each Local Authorities percentage share of the South East population.
- 14 As part of the 'fair allocation' model, Sevenoaks District could be allocated 86 asylum seekers between now and 31 December 2023. The South East Strategic Partnership has submitted its 'fair allocation' model for the South East to the Home Office for approval.
- 15 The Council does not have to acquire or pay for properties to house asylum seekers. The Home Office has appointed Clearsprings to identify and secure private rented accommodation in the South East for asylum seekers.
- 16 A Hot Mapping exercise will be undertaken by Clearsprings to find private rented accommodation across the South East, including Sevenoaks District (eg

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the 86 asylum seekers), if 'fair share' allocation model is approved by the Home Office.

- 17 Clearsprings will meet with key stakeholders from the Local Authority before procurement begins to understand which areas are preferred and which are definite no go areas. Whilst sourcing properties, Clearsprings will consider:
 - Community cohesion, anti-social behaviour, racial tensions.
 - Local services – transport links, GPs etc.
 - Indication of housing market activity in the area.
 - Ensuring Housing Act 2004 Regulations and HMO Regulations are adhered to.
 - Integration of Asylum Seekers into the area.
 - Dispersal ratio levels.
- 18 Once a property has been identified by Clearsprings they will undertake consultation through submission of a Property Consultation Check to a named contact at the Council, Kent Police etc. Clearsprings must ensure good quality accommodation and services from landlords, with procurement activity that supports and reflects the Council's position on sustainable communities, environmental issues, equal opportunities, and diversity.
- 19 Once a property is made 'live' and a Service User has moved in, they are managed by Clearsprings field teams who undertake regular welfare visits and property inspections.
- 20 The Home Office need to find a solution for housing asylum seekers whether the fair allocation model is approved, there will be a requirement for the District to accommodate asylum seekers. The 86 asylum seekers quota is not currently imposed on Sevenoaks District Council, but it has been put forward to Home Office as part of a South East 'fair allocation' proposal.
- 21 If the 'fair allocation' proposal is not accepted by the Home Office, we may risk Home Office imposing a higher allocation of asylum seekers in the South East, including the Sevenoaks District. The risks for the Council:
 - The availability of affordable private rented accommodation in our district, which we use for our 'general' homeless, will be greatly diminished with the increase competition from the packages offered to Landlords by the Home Office, which will result in households staying in temporary accommodation for longer.
 - The potential increase in Houses in Multiple Occupation (HMO) and the resources required to process licences and the concerns over the announcement that HMOs for asylum seekers may not require licensing could lead to poor quality accommodation in the District.
 - Poor 'after care' by Clearsprings to its tenants in the district, increase in anti-social behaviour, community tensions and the impact on local services.

- Risk of homelessness increasing after 5 year lease arrangement ends, if existing renting arrangement is not sustainable for tenants.

Resettlement Schemes

- 22 In addition to the Homes for Ukraine Scheme and Asylum Dispersal there are several other refugee resettlement schemes detailed below:

Syrian Vulnerable Persons Resettlement Scheme

- 23 In October 2015, it was agreed that Kent County Council would coordinate and commission a service and work in partnership with the Kent district councils to deliver the Syrian Vulnerable Persons Resettlement Scheme (SVPRS). The providers work closely with the district council, Kent County Council, other agencies, and the voluntary sector to provide all the necessary support to the families.
- 24 In July 2017, Cabinet approved the decision for the Council to participate in the SVPRS programme in Kent, 5 Syrian families have been resettled into properties in the District. The families have been supported by the Kent County Council commissioned provider and Sevenoaks Welcome Refugees, a local voluntary sector organisation.

UK Resettlement

- 25 In June 2019 the Government announced the launch of the UK Resettlement a second report was taken to Cabinet in April 2020 to adopt the updated Sevenoaks District Council UK Resettlement Scheme Policy. This enables the Council to participate in the scheme when suitable and affordable properties are identified (in the same way as the SVPRS).
- 26 The Policy details how the Council will work closely with local partners including Kent County Council and the contracted support provider. Properties put forward for the scheme will be considered on a case by case basis and approved under the Policy, once the property has been assessed for its affordability and suitability for the scheme, in consultation with Kent County Council and the local health/support providers

Afghan Relocation and Assistance Policy and Afghan Citizens Resettlement Scheme

- 27 In 2022 the Afghan Relocation and Assistance Policy (ARAP) and the Afghan Citizens Resettlement Scheme (ACRS) were launched.
- 28 The ARAP Scheme provides for the relocation of eligible people who worked for the UK Armed Forces in Afghanistan along with their dependents. Following quarantine, people are being temporarily housed in 'holding hotels' until Local Authority accommodation can be sourced. Households have

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Indefinite Leave to Remain, recourse to public funds and immediate right to work. Families are supported for a period 3 years

- 29 The ACRS focus to resettle 20,000 (5,000 in first year) and the scheme prioritises women and girls at risk, members of minority groups at risk, people who assisted UK efforts in Afghanistan. Households have Indefinite Leave to Remain, recourse to public funds and immediate right to work. Families are supported for a period 3 years. The only real difference between the two schemes is the eligibility criteria

Bridging Hotels Dispersal

- 30 Nationally there were approximately 7 to 8,000 households in Afghan bridging hotels and this is not suitable for long term accommodation and the Government have announced that they are all to be closed by the end of August 2023. Some of the households may find their own properties in Kent under the "Find Your Own Property" route and Kent County Council would then be asked to support them.
- 31 There are 3 Bridging Hotels in Kent, 1 in Ashford and 2 in Canterbury and all residents have been served with notices. The Home Office have advised that households can make a homeless application to any Local Authority and that their Bridging Hotel does not give a local connection.
- 32 The households in the Bridging Hotels are offered a maximum of two housing offers, if the accommodation is refused the Home Office will consider the reasons and decide whether it is a valid refusal and will be issued with a 56 day Notice to leave the Bridging Hotel.
- 33 Additional funding has been made available to the Local Authority that the household approaches to make their homeless application. Local Authorities can claim a fixed tariff of £9,150 per household to help meet staff and administration costs for processing and accepting a homeless duty.
- 34 In addition, there are approximately 6,000 or so Afghans who qualify for resettlement under ARAP or ACRS but who are currently in third countries like Pakistan. They will only be brought to the UK now if Local Authorities find a property for them or if they find their own properties and we agree to support them.

Sudan Scheme

- 35 In December 2022, 2,000 people were evacuated from Sudan. Legislative changes have been made to provide support to eligible individuals arriving from Sudan. Department for Work and Pensions, HM Treasury, exempt from the habitual residence test for access to income based benefits including:
- Universal Credit,

- Disability and carer benefits
- Child Benefit

36 Department for Levelling Up, Housing and Communities (DLUHC) laid separate parallel regulations to exempt those from the habitual residence test for access homelessness assistance and housing support. The Homelessness Code of Guidance and Social Housing Allocations Guidance have been amended to reflect these changes.

Other options Considered and/or rejected

The Council are delivering services to meet the requirements of the Government funded Refugee and Asylum Dispersal Schemes and in collaboration with Kent County Council.

Key Implications

Financial

The Council are delivering services to meet the requirements of the Government funded Refugee and Asylum Dispersal Schemes and in collaboration with Kent County Council.

Resource (non financial)

None

Legal Implications and Risk Assessment Statement

None

Equality Assessment

Not applicable

Net Zero Implications

The decisions recommended through this paper have a remote or low relevance to the council's ambition to be Net Zero by 2030. There is no perceived impact regarding either an increase or decrease in carbon emissions in the district or supporting the resilience of the natural environment.

Conclusions

For the Committee to note the report.

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Appendices

Not applicable

Background Papers

Sarah Robson

Deputy Chief Executive and Chief Officer – People and Places

EDENBRIDGE MEMORIAL HEALTH CENTRE

HOUSING & HEALTH ADVISORY COMMITTEE – 12 September 2023

Report of: Chief Officer Health & Advisory

Status: For Information

Also considered by: N/A

Key Decision: No

This report supports the Key Aim of: Community & Corporate Plan

Portfolio Holder: Cllr. Perry Cole

Contact Officers: Jolanda Gjoni/Kelly Webb Ext. 7474

Recommendation to Housing & Health Advisory Committee

To note the report.

Reason for recommendation:

For information only.

Introduction and Background

- 1 This report introduces work that has been undertaken to embed the One You Kent Service into the delivery model of the Edenbridge Memorial Health Centre, which is replacing the previously known Edenbridge Memorial Hospital and scheduled for moving to a newly built site in November 2023.
- 2 The vision for the Edenbridge Memorial Health Centre is an integrated care model delivered by Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice. The clinical operational model focusses upon the needs of the local population. The plan is to provide a centre with the ethos of a one team approach.
- 3 **Edenbridge Population Profile:**
13,138 local population
One GP surgery with 95% of the local population registered there.

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Average age = 42.5 years-old with male life expectancy of 81.8 years-old and female life expectancy of 85.4 years-old.

36% of people have one or more long-term health conditions – main conditions being hypertension, depression, diabetes and asthma.

More than 120 babies born each year to Edenbridge families, and 3,000 children and young people live in Edenbridge.

A growing older population, most people in Edenbridge are aged between 55 and 64 years old.

There are areas of Edenbridge which are deprived, and this has been taken into consideration when developing the provision.

- 4 When the new Edenbridge Memorial Health Centre opens it will offer a range of services incorporating general practice alongside a wellbeing day centre, proactive frailty unit, same day urgent care services and a range of outpatient clinics and will continue to develop the offer over the coming months.
- 5 Clinical Model:
 - Frailty and Proactive Care
 - Same Day Urgent Care
 - Frequent Service User
 - Outpatients
 - Wellbeing Day Centre
 - Wound Care Centre
 - GP Services
 - Health and Wellbeing Services
- 6 In addition, services such as Phlebotomy, Dispensary, Catering and Voluntary Drivers Service will run in-house.
- 7 The Centre aims to provide a one stop shop wrap around team who will support people, patients, carers who have social, health or wellbeing needs with the aim of enabling them to achieve/address what's important to them.
- 8 One You advisors will be central to the delivery of this work. Management of Edenbridge Memorial Health Centre have agreed in principle to fund two full time One You Kent advisors (in addition to current staff) to be placed on-site and work as part of the integrated model in multi-disciplinary team setting to support patients and service users.

- 9 One You Kent advisors will work with people for up to one year to support them to make meaningful changes to their lifestyle and health.
- 10 Work is undergoing with the respective legal teams to finalise drafting up a provider-to-provider service contract. Once we have that agreed we can progress with recruiting the posts in time for the scheduled opening time of November 2023.

Other options Considered and/or rejected.

None

Key Implications

Financial

This will be funded by Kent Community Health NHS Foundation Trust and £82k has preliminary been allocated for the One You Health Workers.

Legal Implications and Risk Assessment Statement.

There are no legal implications associated with this report.

Equality Assessment

The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

Net Zero Implications

The decisions recommended through this paper have a remote or low relevance to the council's ambition to be Net Zero by 2030. There is no perceived impact regarding either an increase or decrease in carbon emissions in the district, or supporting the resilience of the natural environment

Community Impact and Outcomes

This report links in with the community and any impacts.

Wellbeing

This report has a link to wellbeing due to the nature of the report.

Conclusions

To update members on the new Edenbridge Memorial Health Centre

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Appendices - None

Background Papers - None

Sarah Robson

Deputy Chief Executive and Chief Officer – People & Places

'One You' Programme Update

Housing & Health Advisory Committee – 12 September 2023

Report of: Chief Officer People & Places

Status: For Information

Key Decision: No

This reports support the Key Aim of: Providing an update on One You services for 22-23 for the Housing & Health advisory committee.

Portfolio Holder: Cllr. Perry Cole

Contact Officer(s): Kelly Webb, Ext. 7474 & Jolanda Gjoni, Ext. 7121

Introduction and Background

1. One You Kent is a Lifestyle Improvement programme funded annually by Kent County Council's Public Health service. Sevenoaks District Council received £122,700, in 2022/23 to deliver the service and received this same amount again in 2023/24.
2. This funding is primary used to fund three posts (1x Health Team Leader and x2 One You Advisor). There is very limited funding outside of this to be able to support the other fixed costs for the service and to facilitate service delivery.
3. One You Kent adopts the national "One You" branding developed by Public Health England, with the ethos of encouraging residents to adopt healthy lifestyle choices.
4. The Sevenoaks District Council One You service supports residents to adopt a healthier lifestyle through the offer of free lifestyle improvement services supported by our One You Advisors, these are:
 - One-to-one lifestyle support; addressing and supporting change in behaviours like; becoming more physically active, reducing alcohol consumption, eating healthier and having a better mental wellbeing.
 - Tier 2 Weight Management service; providing support in groups or on a one-to-one basis providing easy to follow guidance to help people to lose weight and maintain their weight loss.

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5. The Sevenoaks District Council One You service also supports residents to become more physically active through the provision of exercise opportunities like our programme of health walks and group exercise classes run in the community.

Performance Update

6. There were 544 referrals made, of which 348 clients (64%) were seen by advisors delivering the One You service in 2022/23. This is a marked and welcome increase from the previous year which, primarily due to the pandemic, saw number of referrals reduced to 264 in 2020/21.
7. There were 126 clients referred to the Sevenoaks One You Kent service in quarter four of 2022-2023 period. Of those, 67 clients, (53.2%) have completed their intervention, 14 are intending to participate, 4 are awaiting processing and 41 are not participating. Of those not participating, 5 clients were mis-referred or referred to the incorrect program, 26 clients were unresponsive to all communication attempts and 10 clients did not wish to continue for reasons un-disclosed.
8. Of the 79 clients who completed their intervention, 20 clients accessed the lifestyle scheme, 33 chose the group weight management programs, 2 clients accessed the Alcohol Brief Advice Intervention, 13 clients accessed the diet intervention, 0 clients accessed the mental wellbeing intervention, 1 client participated in the physical activity intervention and 7 clients were offered the 1:1 weight management intervention. Two clients who had initially been referred to the group program were moved to the 1:1 program after the initial referral, accounting for the totality of clients accessing the programs offered at Sevenoaks OYK.
9. During this quarter, a waiting list was also compiled and built for programs to start in April 2023, including one program face to face.

However, during 2020/21 we have achieved a number of positive outcomes with the clients we have worked with;

- 16% set a goal to become more physically active.
- 22% received brief intervention supporting their mental wellbeing
- 25% received brief intervention surrounding their alcohol consumption
- 22% of clients were supported through our Group Weight Management intervention. Of those
 - 57% attended at least 9 sessions (defined as “completer”)
 - 92.9% of completers lose weight
 - 38.5% of completers lose 5% of their original body weight

Key Successes & Future Developments

10. During 2020/21 we managed to adapt a service that had been previously only been delivered face-to-face for remote digital delivery. This enabled us to

continue working with our clients remotely using applications like Zoom. This was a particular challenge for our Group Weight Management service but we were able to deliver four successful online programmes in 2020/21.

11. We have drafted our new Health & Wellbeing Action Plan and are aiming to reinstate the Health Action Team meetings working with Community and Healthcare partners to achieve the objectives outlined in the plan.
12. We have supported the development of the Mental Health Strategy in addition to Sevenoaks District Council's involvement in the Kent & Medway Healthy Workplace Programme.
13. We have merged our Health Walk programme with the Every Step Counts programme under the future banner of "Sevenoaks District Wellbeing Walks". This change was prompted by changes within The Ramblers, but we hope this will support Sevenoaks Residents awareness and engagement with one connected community walks programme.
14. Through our partnership work with Dartford, Tonbridge & Malling and Tunbridge Wells Borough Councils we have changed database provider to enable improved data collection and reporting to tell a fuller and more accurate story of the impact the One You service is having on our local clients.
15. We are currently working on reinstating our Health Walks programme in addition to our community exercise class offer. We are carefully ensuring that these offers are relaunched with COVID-19 safety in mind but also bringing services back at a better standard achieved previously.
16. We are currently exploring opportunities to be able to deliver "Making Every Contact Count & Motivational Interviewing" training for the Sevenoaks District. This training has been positively received by other local authorities in Kent both within and outside of their organisations. The training gives people the skills to have positive, motivational conversations surrounding health and facilitates signposting to services that can address changes.

Other options Considered and/or rejected.

None

Key Implications

Financial

This is funded by Kent County Council Public Health Service

Agenda Item 8

Legal Implications and Risk Assessment Statement.

There are no legal implications associated with this report.

Equality Assessment

The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

Net Zero Implications

The decisions recommended through this paper have a remote or low relevance to the council's ambition to be Net Zero by 2030. There is no perceived impact regarding either an increase or decrease in carbon emissions in the district, or supporting the resilience of the natural environment.

Community Impact and Outcomes

This report links in with the community and any impacts.

Wellbeing

This report has a link to wellbeing due to the nature of the report.

Conclusions

To update members on the One You Service for Sevenoaks District

Appendices

Appendix A – Annual 2022-23 District Return Data

Background Papers – None

Sarah Robson

Deputy Chief Executive and Chief Officer – People & Places

No.	Indicator	Format	Target	Q1 (22-23)	Q2 (22-23)	Q3 (22-23)	Q4 (22-23)	2022/23	Definitions
1	No. of Referrals to the OYK Service (any route)	Number		148	134	136	126	544	Total number of referrals received into the OYK service, via any route during that time frame, with valid contact details (activity measure).
2	No. of referrals contacted by preferred means within 2 working days following referral	Number		135	129	136	116	516	Of the referrals received (Row 2), how many were contacted within 2 working days? E.g., although 6 referrals were received in Q1 only 3 were contacted within 2 working days (the other 3 were not contacted until 4 working days later), therefore 3 would be recorded here. Please note the other 3 cannot be rolled over to the next time frame for any reason.
3	% of referrals to the One You Kent Service contacted within 2 working days (any route)	Percentage	70-85%	91.2%	96.3%	100.0%	92.1%	94.9%	Precalculated from ROW 3 / ROW 2
4	No. of individuals active within the One You Kent Programme (All services, Excluding Health Walks)	Number		135	120	95	78		How many individual clients were active in the OYK programme, within that time frame? Counted once within that time frame, i.e. "Bob" is counted in each quarter he is active but just once in the full year column. Those currently active, all interventions including triaged/assessed, but does not include health walks and follow up.
HEALTHY LIFESTYLE ADVISOR									
5	No. of individuals engaged and seen by Your One You Kent Lifestyle Advisors	Number		48	19	110	64	241	How many individuals saw OYK lifestyle advisors during the timeframe? These are a subset of ROW 5 and should be individuals who have received intervention on lifestyle or either at triage or via lifestyle interventions.
6	No. of NEW individuals engaged and entering the services and seen by Your One You Kent Lifestyle Advisors	Number		40	17	110	64	231	These are individuals NEW to the service that have not been seen in the last 2 years.
7	% of NEW individuals entering the services and seen by Your One You Kent lifestyle Advisors	Percentage	40-50%	83.3%	89.5%	100.0%	100.0%	95.9%	Precalculated from ROW 8 / ROW 7
8	No. of participants from Quintiles 1 & 2 in any services in One You Kent	Number		18	2	12	5	37	
9	% of participants from Quintiles 1 & 2 in any services in One You Kent	Percentage	60%	13.3%	1.7%	12.6%	6.4%		Precalculated from ROW 10 / ROW 5
LIFESTYLE INTERVENTIONS									
10	No. of Health MOTs offered	Number		0	0	0	0	0	
11	No. of Health MOTs taken up	Number		0	0	0	0	0	
12	No. of participants receiving a package of lifestyle intervention	Number		48	19	61	64	192	Number of individuals receiving lifestyle support over multiple sessions. These are a subset of ROW 7.
13	No. of brief intervention on diet	Number		42	18	61	64	185	
14	% of brief intervention on diet	Percentage		87.5%	94.7%	100.0%	100.0%	96.4%	Precalculated from ROW 16 / ROW 15
15	No. engaged and identified to complete a SWEMWBS	Number				61	64	125	
16	No. of individuals who received brief intervention on wellbeing	Number		16	9	61	64	150	How many of those completing a SWEMWBS at sign up received a brief intervention on wellbeing? Counted once per time frame.
17	% of individuals who received brief intervention on wellbeing	Percentage		33.3%	47.4%	100.0%	100.0%	78.1%	Precalculated from ROW 19 / ROW 15
18	No. identified for brief interventions on physical activity	Number		44		61	64	169	
19	No. of eligible participants in lifestyle that set a goal around physical activity	Number		14	7	61	64	146	How many individuals sets a goal around physical activity during the time frame? Counted once per time frame. GPAQ.
20	% of eligible participants that set a goal around physical activity	Percentage	50%	31.8%		100.0%	100.0%	86.4%	Precalculated from ROW 22 / ROW 21
21	No. of individuals successfully contacted for 26 week follow up lifestyle Advisor	Number				18	14	32	How many individuals were successfully contacted for their 26 week follow up, during the time frame where the 26 week fell within the time frame? Counted once per time frame.
22	No. of individuals responding that they have achieved their exit goal - at 26 week follow up lifestyle Advisor	Number				13	10	23	How many individuals from Row 24 reported that they had achieved their exit goal? Counted once per time frame.
23	No. identified as medium to high risk drinkers from Audit C Score	Number		3		3	2	8	How many individuals, who completed an Audit C at enrolment, identified as a medium or high risk drinker and received a brief intervention in the stated time frame? Counted once per time frame.
24	No. of eligible individuals who received brief intervention on alcohol (Adult Score identified as medium to high risk drinkers)	Number		2		3	2	7	
25	% of eligible individuals who received brief intervention on alcohol	Percentage	90%	66.7%		100.0%	100.0%	87.5%	Precalculated from ROW 27 / ROW 26
26	No. of eligible individuals who received extended brief intervention on alcohol	Number		0		1	2	3	"Extended" - TO BE DEFINED.
27	% of individuals who received extended brief intervention on alcohol	Percentage		0.0%		33.3%	100.0%	37.5%	Precalculated from ROW 29 / ROW 26
28	No. of Black Asian Minority and Ethnic (BAME) Participants engaged in Lifestyle Interventions	Number		2		3	8	13	Includes the following members of British and International ethnicities: Bangladeshi, Pakistani, Indian, Indian other, Chinese, Asian other, Black African, Black Caribbean, other Black background, White and Asian mixed, White and African mixed, White and African Caribbean mixed, other mixed background and other ethnic background).
29	% of Black Asian and Minority and Ethnic (BAME) Participants in Lifestyle Interventions	Percentage		4.2%	0.0%	4.9%	12.5%	6.8%	Precalculated from ROW 31 / ROW 15
30	No. of Male Participants in Lifestyle Interventions	Number		11	3	31	20	65	
31	% of Male Participants in Lifestyle Interventions	Percentage		22.9%	15.8%	50.8%	31.3%	33.9%	Precalculated from ROW 33 / ROW 15
32	No. of Participants with Learning Disabilities engaged Lifestyle Interventions	Number		0		1	0	1	A learning disability should not be confused with a learning difficulty. DoH definition "significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence)".
33	% of Participants with a Learning Disability in Lifestyle Interventions	Percentage		0.0%	0.0%	1.6%	0.0%	0.5%	Precalculated from ROW 35 / ROW 15
HEALTH WALKS									
34	No. of Health Walk Routes available	Number		0		8	12	20	
35	No. of Health Walks Delivered	Number		0		31	45	76	
36	No. of Health Walks attendances	Number		0		1077	1112	2189	
37	No. of individuals attended Health Walks (Annually)	Number							
ADULT TIER 2 WEIGHT MANAGEMENT PROGRAMME									
38	No. of referrals received by the Provider for the Tier 2 WMP	Number		37		29	33	99	NICE Guideline PH53 https://www.nice.org.uk/guidance/ph53 . Are multi-component that is, they address dietary intake, physical activity levels and behaviour change. Are developed by a multidisciplinary team. This includes input from a registered dietitian, ensure supervised physical activity sessions are led by an appropriately qualified physical activity instructor and take into account any medical conditions people may have. Instructors should be on the Register of Exercise Professionals (or equivalent) at level 3 or above, registered practitioner psychologist and a qualified physical activity instructor.
39	No. engaged on the Tier 2 Weight loss Programme	Number		30	15	27	22	94	Referred but not engaged: How many referrals received during the time period stated? This is counted once in the time period, unless the individual dropped out and started programme again.
40	No. engaged in the Tier 2 WMP who meet the baseline eligibility criteria	Number		28	13	27	22	90	Individual has been referred or self-referred to the service and has been booked onto the Tier 2 WMP by the provider.
41	% engaged in the service who meet, as a baseline the eligibility criteria	Percentage		93.3%	86.7%	100.0%	100.0%	95.7%	Eligibly Criteria (Individuals are not classified as participants yet as they have not stated the WMP).
42	No. of NEW individuals entering the weight loss programme	Number		29	14	27	22	92	These are individuals NEW to the service that have not been seen in the last 18 months to 24 months.
43	No. from Quintiles 1 and 2	Number		4	1	3	3	11	
44	% from Quintiles 1 and 2	Percentage		13.3%	6.7%	11.1%	13.6%	11.7%	Precalculated from ROW 48 / ROW 44
45	No. from Target Group (BAME)	Number		0	0	2	3	5	
46	% from Target Group (BAME) Combined Target	Percentage	%TBC	0.0%	0.0%	7.4%	13.6%	5.3%	Precalculated from ROW 50 / ROW 44
47	No. from Target Group (Males)	Number		7	1	4	4	16	
48	% from Target Group (Males) Combined Target	Percentage	%TBC	23.3%	6.7%	14.8%	18.2%	17.0%	Precalculated from ROW 52 / ROW 44
49	No. from Target Group (LD)	Number		0	0	0	0	0	
50	% from Target Group (LD) Combined Target	Percentage	%TBC	0.0%	0.0%	0.0%	0.0%	0.0%	Precalculated from ROW 54 / ROW 44
51	No. of Individuals (Participants) that attend at least one group session	Number		22	12	19	22	75	A participant is someone who has attended at least on or more active group session.
52	No. of Participants that complete the Weight Loss Programme (12 week Programme)	Number		15	7	17	22	61	Complete. Attendance of at least 75% of all active sessions during the programme (At least 8 active sessions of the 12 week group programme).

53	% of Participants that complete an active intervention (12 week programme)	Percentage	60%	68.2%	58.3%	89.5%	100.0%	81.3%	Precalculated from ROW 57 / ROW 56 From those who attend at least one or more WMP active group session (last observation taken).	
54	No. of Participants that have lost weight at the end of the active intervention (12 week Programme)	Number		21	7	17	21	66	How many participants attended at least one session during the time period? Counted once per time frame e.g. counted once in the quarter.	
55	% of Participants that have lost weight at the end of the active intervention (12 week programme)	Percentage	75%	95.5%	58.3%	89.5%	95.5%	88.0%	How many participants who attended at least one WMP active session have lost weight at the end of active intervention (within the 12-week programme). Counted once per time frame e.g. counted once in the quarter.	
56	No. of completers that have lost weight at the end of the active intervention (12 week Programme)	Number		15	6	17	21	59	Precalculated from ROW 59 / ROW 56 Calculated from no. of participants who attended at least one WMP active session and no. of participants who have lost weight at the end of active intervention (within the 12-week programme) (last observation taken).	
57	% of completers that have lost weight at the end of the active intervention (12 week programme)	Percentage	75%	100.0%	85.7%	100.0%	95.5%	96.7%	How many completers have lost weight at the end of active intervention (within the 12-week programme). Counted once per time frame e.g. counted once in the quarter.	
58	No. of completers who have lost weight (<3%) at the end of the active Intervention (12 week programme)	Number		3	2	11	8	24	Precalculated from ROW 61 / ROW 57 How many completers lost between 0 and 2.94% of their weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on when the last weight was taken? Counted only once per time frame.	
59	% of completers who have lost weight (<3%) at the end of the active Intervention (12 week programme)	Percentage		20.0%	28.6%	64.7%	36.4%	39.3%	Precalculated from ROW 63 / ROW 57	
60	No. of completers who have lost weight (3–4.9%) at the end of the active Intervention (12 week programme)	Number		10	3	5	11	29	How many completers lost between 3 and 4.94% of their weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on when the last weight was taken? Counted only once per time frame.	
61	% of completers who have lost weight (3–4.9%) at the end of the active Intervention (12 week programme)	Percentage		66.7%	42.9%	29.4%	50.0%	47.5%	Precalculated from ROW 65 / ROW 57 Counted only once per time frame.	
62	No. of completers that lose 5% of their baseline body weight at the end of the active intervention (12 week programme)	Number		2	1	1	3	7	How many completers lost 5%+ of their weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on when the last weight was taken? Counted only once per time frame.	
63	% of completers that lose 5% of their baseline body weight at the end of the active intervention (12 week Programme)	Percentage		13.3%	14.3%	5.9%	13.6%	11.5%	Precalculated from ROW 67 / ROW 57 Counted only once per time frame.	
64	No. of completers invited to provide feedback at the end of an active intervention (12 week Programme)	Number		5	1	19	21	46	All participants should be invited to feedback; route can include a range of different communication methods to contact the participant, e.g., letter, phone calls, email, text message or use of social media networks.	
65	% of completers invited to provide feedback at the end of an active intervention (12 week Programme)	Percentage	100%	33.3%	14.3%	111.8%	95.5%	75.4%	Precalculated from ROW 69 / ROW 57 Calculated from no. that complete the weight loss programme and the no. of participants invited to provide feedback at the end of active intervention (within the 12-week WMP).	
66	No. of completers followed up at 26 weeks who have provided a weight measure	Number				0	0	0		
67	% of completers followed up at 26 weeks (where weight was collected)	Percentage	35%			0.0%	0.0%	0.0%	Precalculated from ROW 71 / ROW 57 Calculated from no. of completers and no. of completers followed up at 26 weeks. RUNS TWO QUARTERS BEHIND	
68	No. of completers followed up at 52 weeks who have provided a weight measure	Number				0	0	0		
69	% of completers followed up at 52 weeks who have provided a weight measure	Percentage	20%						Precalculated from ROW 73 / ROW 57 Calculated from the no. of completes followed up at 26 weeks and completes followed up at 52 weeks (Guidance suggests 20%). RUNS FOUR QUARTERS BEHIND	
70	No. of completers followed up at 52 weeks that have a body weight that is lower than their baseline (initial) body weight	Number				0		0		
71	% of completers followed up at 52 weeks that have a body weight that is lower than their baseline (initial) body weight (baseline)	Percentage							Precalculated from ROW 75 / ROW 73	
72	No. of completers followed up at 52 weeks that have maintained/increased their activity levels from baseline at the end of intervention	Number				0	0	0		
73	% of completers followed up at 52 weeks that have maintained/increased their activity levels from baseline at the end of intervention	Percentage		0.0%	0.0%	0.0%	0.0%	0.0%	Precalculated from ROW 77 / ROW 22	
WAIST MEASUREMENT METRIC										
74	No. of Participants that provide a waist measurement	Number		15	11	9	26	61	Number of Participants that provided a waist measurement (First session)	
75	No. of Participants that provide a waist measurement that are found to be Very High Risk (at start of 12 week programme)	Number		14			26	40	VERY HIGH RISK Men: >=102 cm [40 in] Women: >=88cm [34in]] (First session)	
76	% baseline measurement -Very High risk	Percentage		93.3%	0.0%	0.0%	100.0%	65.6%	Precalculated from ROW 81 / ROW 80 (First session)	
77	No. of Participants providing a waist measurement that are found to be High Risk (start of 12 week programme)	Number		1			0	1	HIGH RISK Men: >=94 cm [37 in] South Asian Men: >=90 cm [35 in] Women: >=80cm [31.5in] (First session)	
78	% baseline measurement - High risk	Percentage		6.7%	0.0%	0.0%	0.0%	1.6%	Precalculated from ROW 83 / ROW 80 (First session)	
79	No. of Participants reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number		4		0	4	8	VERY HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)	
80	% of Participants that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage		28.6%			15.4%	20.0%	Precalculated from ROW 85 / ROW 81	
81	No. of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number				0	4	4	VERY HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)	
82	% of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage		0.0%			15.4%	10.0%	Precalculated from ROW 87 / ROW 81	
83	No. of Participants that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number		0		0	0	0	HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)	
84	% of Participants that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage		0.0%				0.0%	Precalculated from ROW 89 / ROW 83	
85	No. of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number				0	0	0	HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)	
86	% of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage		0.0%				0.0%	Precalculated from ROW 91 / ROW 83	
SERVICE SATISFACTION: LIFESTYLE & WEIGHT LOSS (ALL SERVICES)										
87	No. of Clients successfully contacted (followed up at 26 weeks)	Number		13			17	26	56	How many individuals were successfully contacted for their 26 week follow up, having been on a pathway, during the time frame where the 26 week period fell within the time frame? Counted once per time frame.
88	No. of Clients that have improved/maintained goals (at 26 week follow up)	Number		4			13	20	37	How many individuals reported that they had improved or maintained goals at 26 weeks? Counted once per time frame.
89	No. of Clients who are followed up at the end of their intervention 10% (inc. at least 5% of survey responses from subcontractors if applicable)	Number		9			19	11	39	How many individuals who had been engaged in the OYK service were followed up at the end of their intervention (Target 10%)
90	No. of Clients who are followed up at the end of their intervention who were satisfied or very satisfied with the service received	Number		8	0		17	10	35	Number of those followed up/surveyed who reported being satisfied or very satisfied with the service they received.
91	% satisfied or very satisfied	Percentage	90–95%	88.9%			89.5%	90.9%	89.7%	Precalculated from ROW 97 / ROW 96

COLOUR CODING	
PHE Guidance	Key Performance Indicators: Tier 2 Weight Management Services for Adults The KPIs proposed in this document are intended to be used in conjunction with a service commissioned and delivered in line with the Public Health England (PHE) Guide to Delivering and Commissioning Tier 2 Adult Weight Management Services. National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: https://www.nice.org.uk/guidance/cg189
NICE Guidelines	National Institute for Health and Care Excellence (2016) Quality Standard 111: Obesity in adults: prevention and lifestyle weight management programmes. Available at: https://www.nice.org.uk/guidance/qs111 National Institute for Health and Care Excellence (2012) Public Health Guideline: Obesity: working with local communities. Available at: https://www.nice.org.uk/guidance/ph42 National Institute for Health and Care Excellence (2014) Public Health Guideline 53: Weight management: lifestyle services for overweight or obese adults. Available at: https://www.nice.org.uk/guidance/ph53 National Institute for Health and Care Excellence (2013) Public Health Guideline 46: BMI: Preventing ill health and premature death in black, Asian and other minority ethnic groups. Available at: https://www.nice.org.uk/guidance/ph46
Evidenced Based Measure	
Emerging Evidence and Best Practice	
Local Data (PH Fingertips)	Public Health England, Fingertips: a web platform that provides easy access to in-depth analysis of a wide range of health and health related data in thematic profiles. Available at: https://fingertips.phe.org.uk/
Notes & Definitions	In some cases KPI are based on both NICE, PHE and other best practice guidelines. Tools such as Public Health England (PHE) Fingertips, used alongside Kent Joint Strategic Needs Assessment (JSNA) helped to determine our population need of tier 2 weight management services. The Fingertips Profiles are a source of indicators across a range of health and wellbeing themes designed to support our JSNA and commissioning, to improve health and wellbeing and reduce inequalities NHS Diabetes Prevention Programme and Weight Management Services: Eligibility Criteria. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/07/dpp-wm-service.pdf engaged = Sign-Ups. Participants = Attended at least one active session. Previously "Engagers", "Participants" is the correct PHE term.

Indicator	Format	Target	Q1 (22-23)	Q2 (22-23)	Q3 (22-23)	Q4 (22-23)	2022/23	Definitions
ADULT TIER 2, One to One WEIGHT MANAGEMENT PROGRAMME								NICE Guideline PH53 https://www.nice.org.uk/guidance/ph53 . Are multi-component that is, they address dietary intake, physical activity levels and behaviour change. Are developed by a multidisciplinary team. This includes input from a registered dietitian, ensure supervised physical activity sessions are led by an appropriately qualified physical activity instructor and take into account any medical conditions people may have. Instructors should be on the Register of Exercise Professionals (or equivalent) at level 3 or above, registered practitioner psychologist and a qualified physical activity instructor.
No. enrolled on the Tier 2 121 Weight loss Programme	Number		8	21	22	7	58	Individual has been referred or self-referred to the service and has been booked onto the Tier 2 121 WMP by the provider.
No. enrolled in the Tier 2 121 WMP who meet the baseline eligibility criteria	Number		7	17	22	7	53	Eligibly Criteria (individuals are not classified as participants yet as they have not stated the WMP).
% enrolled in the service who meet, as a baseline the eligibility criteria	Percentage		87.5%	81.0%	100.0%	100.0%	91.4%	PRECALCULATED FROM Rows 4 AND 3.
No. of NEW individuals entering the weight loss programme	Number		8	20	22	7	57	These are individuals NEW to the service that have not been seen in the last 18 months to 24 months.
No. from Quintiles 1 and 2	Number		0	5	1	1	7	
% from Quintiles 1 and 2	Percentage		0.0%	23.8%	4.5%	14.3%	12.1%	PRECALCULATED FROM Rows 7 AND 3.
No. from Target Group (BAME/Males/LD)	Number		2	4	7	3	16	
% from Target Group (BAME/Males/LD) Combined Target	Percentage	%TBC	25.0%	19.0%	31.8%	42.9%	27.6%	PRECALCULATED FROM Rows 9 AND ROW 3.
No. of Individuals (Participants) that attend at least one 121 session	Number		8	21	14	6	49	A participant is someone who has attended at least on or more active group session.
No. of Participants that complete the Weight Loss Programme (12 week Programme)	Number		4	4	9	4	21	Complete. Attendance of at least 75% of all active sessions during the programme (At least 8 active sessions of the 12 week group programme).
% of Participants that complete an active intervention (12 week programme)	Percentage	60%	50.0%	19.0%	64.3%	66.7%	42.9%	PRECALCULATED FROM Rows 12 AND 11. From those who attend at least one or WMP active group session (last observation taken).
No. of Participants that have lost weight at the end of the active intervention (12 week Programme)	Number		7	4	9	2	22	How many participants attended at least one session during the time period? Counted once per time frame e.g. counted once in the quarter.
% of Participants that have lost weight at the end of the active intervention (12 week programme)	Percentage	75%	87.5%	19.0%	64.3%	33.3%	44.9%	PRECALCULATED FROM Rows 14 AND 11. Calculated from no. of participants who attended at least one WMP active session and no. of participants who have lost weight at the end of active intervention (within the 12-week programme) (last observation taken).
No. of Participants who have lost weight (<3%) at the end of the active Intervention (12 week programme)	Number		2	2	2	2	8	How many participants lost between 0 and 2.94% of their weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on when the last weight was taken? Counted only once per time frame.
% of Participants who have lost weight (<3%) at the end of the active Intervention (12 week programme)	Percentage		25.0%	9.5%	14.3%	33.3%	16.3%	PRECALCULATED FROM Rows 16 AND 11. Calculated from no. of participants who attended at least one WMP active session and no. of participants who have lost weight at the end of active intervention (within the 12-week programme) (last observation taken).
No. of Participants who have lost weight (3-4.9%) at the end of the active Intervention (12 week programme)	Number		2	2	4	2	10	How many participants lost between 3 and 4.94% of their weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on when the last weight was taken? Counted only once per time frame.
% of Participants who have lost weight (3-4.9%) at the end of the active Intervention (12 week programme)	Percentage		25.0%	9.5%	28.6%	33.3%	20.4%	PRECALCULATED FROM Rows 18 AND 11. Counted only once per time frame.
No. of Participants that lose 5% of their baseline body weight at the end of the active intervention (12 week programme)	Number		3	0	3	0	6	How many participants lost 5%+ of their weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on when the last weight was taken? Counted only once per time frame.
% of Participants that lose 5% of their baseline body weight at the end of the active intervention (12 week Programme)	Percentage		37.5%	0.0%	21.4%	0.0%	12.2%	PRECALCULATED FROM Rows 20 AND 11. Counted only once per time frame.
No. of completers that lose 5% of their baseline body weight end of active intervention (12 week programme)	Number		2		2	0	4	How many participants completed (attended 75% of the 12 weeks, i.e. 8 out 12 sessions) and lost 5% of their baseline weight at 12 weeks, where that 12 week period occurred within the specific time frame, based on the when the last weight was taken? Counted only once per time frame.
% of completers that lose 5% of their baseline body weight end of active intervention (12 week programme)	Percentage	50%	50.0%	0.0%	22.2%	0.0%	19.0%	PRECALCULATED FROM Rows 22 AND 12. Calculated from no. that complete the weight loss programme and the no. of completers that have lost 5%+ of baseline body weight.
No. of completers invited to provide feedback at the end of an active intervention (12 week Programme)	Number		3		9	4	16	All participants should be invited to feedback; route can include a range of different communication methods to contact the participant, e.g., letter, phone calls, email, text message or use of social media networks.
% of completers invited to provide feedback at the end of an active intervention (12 week Programme)	Percentage	100%	75.0%	0.0%	100.0%	100.0%	76.2%	PRECALCULATED FROM Rows 24 AND 12. Calculated from no. that complete the weight loss programme and the no. of participants invited to provide feedback at the end of active intervention (within the 12-week WMP).
No. of completers followed up at 26 weeks who have provided a weight measure	Number				0	0	0	
% of completers followed up at 26 weeks (where weight was collected)	Percentage	35%	0.0%	0.0%	0.0%	0.0%	0.0%	PRECALCULATED FROM Rows 26 AND 12. Calculated from no. of completers and no. of completers followed up at 26 weeks.
No. of completers followed up at 52 weeks who have provided a weight measure	Number				0	0	0	
% of completers followed up at 52 weeks who have provided a weight measure	Percentage	20%						PRECALCULATED FROM Rows 28 AND 26. Calculated from the no. of completes followed up at 26 weeks and completes followed up at 52 weeks (Guidance suggests 20%).
No. of completers followed up at 52 weeks that have a body weight that is lower than their baseline (initial) body weight	Number					0	0	
% of completers followed up at 52 weeks that have a body weight that is lower than their baseline (initial) body weight (baseline	Percentage							Manually Insert (%)
No. of completers followed up at 52 weeks that have maintained/increased their activity levels from baseline at the end of intervention	Number					0	0	
% of completers followed up at 52 weeks that have maintained/increased their activity levels from baseline at the end of intervention	Percentage							Manually Insert (%)

WAIST MEASUREMENT METRIC								
No. of Participants that provide a waist measurement	Number		8		2	4	14	Number of Participants that provided a waist measurement (First session)
No. of Participants that provide a waist measurement that are found to be Very High Risk (at start of 12 week programme)	Number				0	4	4	VERY HIGH RISK Men: >=102 cm [40 in] Women: >=88cm [34in]] (First session)
% baseline measurement -Very High risk	Percentage		0.0%		0.0%	100.0%	28.6%	PRECALCULATED FROM Rows 36 AND 35 (First session)
No. of Participants providing a waist measurement that are found to be High Risk (start of 12 week programme)	Number				1	0	1	HIGH RISK Men: >=94 cm [37 in] South Asian Men: >=90 cm [35 in] Women: >=80cm [31.5in] (First session)
% baseline measurement - High risk	Percentage		0.0%		50.0%	0.0%	7.1%	PRECALCULATED FROM Rows 38 AND 35 (First session)
No. of Participants reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number				0	0	0	VERY HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)
% of Participants that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage					0.0%	0.0%	PRECALCULATED FROM Rows 40 AND 36
No. of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number				0	0	0	VERY HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)
% of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage					0.0%	0.0%	PRECALCULATED FROM Rows 42 AND 36
No. of Participants that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number				0	0	0	HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)
% of Participants that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage				0.0%		0.0%	PRECALCULATED FROM Rows 44 AND 38
No. of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Number				0	0	0	HIGH RISK (As a minimum KCC suggest monthly recording as acknowledge people drop out, but if people want to provide a weekly measure or more regularly measurement than monthly which best suits them that will be fine)
% of completers that reduce their WC by 8–9% of their baseline WC measure at the end of the active intervention (12 week Programme)	Percentage				0.0%		0.0%	PRECALCULATED FROM Rows 46 AND 38
SERVICE SATISFACTION: LIFESTYLE & WEIGHT LOSS (ALL SERVICES)								
% satisfied or very satisfied	Percentage	90–95%			100.0%	90.9%		Manually Insert (%)

COLOUR CODING	
PHE Guidance	<p>Key Performance Indicators: Tier 2 Weight Management Services for Adults</p> <p>The KPIs proposed in this document are intended to be used in conjunction with a service commissioned and delivered in line with the Public Health England (PHE) Guide to Delivering and Commissioning Tier 2 Adult Weight Management Services.</p>
NICE Guidelines	<p>National Institute for Health and Care Excellence (2014) Clinical Guideline 189: Obesity: identification, assessment and management. Available at: https://www.nice.org.uk/guidance/cg189</p> <p>National Institute for Health and Care Excellence (2016) Quality Standard 111: Obesity in adults: prevention and lifestyle weight management programmes. Available at: https://www.nice.org.uk/guidance/qs111</p> <p>National Institute for Health and Care Excellence (2012) Public Health Guideline: Obesity: working with local communities. Available at: https://www.nice.org.uk/guidance/ph42</p> <p>National Institute for Health and Care Excellence (2014) Public Health Guideline 53: Weight management: lifestyle services for overweight or obese adults. Available at: https://www.nice.org.uk/guidance/ph53</p> <p>National Institute for Health and Care Excellence (2013) Public Health Guideline 46: BMI: Preventing ill health and premature death in black, Asian and other minority ethnic groups. Available at: https://www.nice.org.uk/guidance/ph46</p>
Evidenced Based Measure	
Emerging Evidence and Best Practice	
Local Data (PH Fingertips)	<p>Public Health England, Fingertips: a web platform that provides easy access to in-depth analysis of a wide range of health and health related data in thematic profiles. Available at: https://fingertips.phe.org.uk/</p> <p>In some cases KPI are based on both NICE, PHE and other best practice guidelines. Tools such as Public Health England (PHE) Fingertips, used alongside Kent Joint Strategic Needs Assessment (JSNA) helped to determine our population need of tier 2 weight management services. The Fingertips Profiles are a source of indicators across a range of health and wellbeing themes designed to support our JSNA and commissioning, to improve health and wellbeing and reduce inequalities</p>
Notes & Definitions	<p>NHS Diabetes Prevention Programme and Weight Management Services: Eligibility Criteria. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/07/dpp-wm-service.pdf</p> <p>Enrolled = Sign-Ups.</p> <p>Participants = Attended at least one active session. Previously "Engagers", "Participants" is the correct PHE term.</p>

Housing and Health Advisory Committee Work Plan 2023/24 (as at 15/08/23)

7 November 2023:

- Housing Stock and Waiting Times in the District Update
- Rough Sleeper Initiative Fund Year 1 update
- Housing Strategy Year 1 Progress
- Review of Service Dashboards and Service Change Impact Assessment (SCIAs)

23 January 2024:

- Sevenoaks District Health and Wellbeing Action Plan quarterly update

March 2024

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