

**HOUSING & HEALTH ADVISORY COMMITTEE**

**22 September 2015 at 7.00 pm**

**Conference Room, Argyle Road, Sevenoaks**

**AGENDA**

**Membership:**

Chairman: Cllr. Lowe    Vice-Chairman: Cllr. Parkin

Cllrs. Mrs. Bosley, Dr. Canet, Eyre, Gaywood, Halford, Horwood, Parson, Pearsall, Rosen  
and Ms. Tennessee

|   | <b><u>Pages</u></b> | <b><u>Contact</u></b>                 |
|---|---------------------|---------------------------------------|
| <b>Apologies for Absence</b>  |                     |                                       |
| 1. <b>Minutes</b><br>To agree the Minutes of the meeting of the Committee held on 16 June 2015, as a correct record.  | (Pages 1 - 4)       |                                       |
| 2. <b>Declarations of Interest</b><br>Any interests not already registered  |                     |                                       |
| 3. <b>Actions from Previous Meetings (if any)</b>   |                     |                                       |
| 4. <b>Update from Portfolio Holder</b>  | (Pages 5 - 6)       |                                       |
| 5. <b>Referrals from Cabinet or the Audit Committee (if any)</b>  |                     |                                       |
| 6. <b>SENCIO Presentation</b>   |                     |                                       |
| 7. <b>Budget: Review of Service Dashboards and Service Change Impact Assessments (SCIAS)</b><br>(Appendix A To Follow)  | (Pages 7 - 28)      | Adrian Rowbotham<br>Tel: 01732 227153 |
| 8. <b>To note minutes of the Health Liaison Board</b><br>To note the minutes of the meetings of the Health Liaison Board held on 8 July and 16 September 2015, and receive any updates from the Chairman of the Health Liaison Board.<br>(16 September to follow) | (Pages 29 - 32)     |                                       |
| 9. <b>HERO Verbal Update (to include a short presentation on the initiative)</b>  |                     | Pat Smith<br>Tel: 01732 227355        |

- |  |                   |   |
|--|-------------------|---|
| 10. <b>Review of Disabled Facilities Grant process</b>   | (Pages 33 - 40)   | Pat Smith, Jane Ellis<br>Tel: 01732<br>227355/7296        |
| 11. <b>Health Inequalities Action Plan - End of Year Summary Report And Draft 2015-2018 plan</b> | (Pages 41 - 110)  | Hayley Brooks, Lesley<br>Bowles Tel: 01732<br>227272/7335 |
| 12. <b>Fuel Poverty - briefing note</b>  | (Pages 111 - 118) |   |
| 13. <b>Work Plan</b>   | (Pages 119 - 120) |   |

### **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)**

\* timings given are approximate only and it may be taken before after the times indicated.

**HOUSING & HEALTH ADVISORY COMMITTEE**

Minutes of the meeting held on 16 June 2015 commencing at 7.00 pm

Present: Cllr. Lowe (Chairman) (Chairman)

Cllr. Parkin (Vice-Chairman)

Cllrs. Mrs. Bosley, Dr. Canet, Eyre, Gaywood, Halford, Horwood, Pearsall and Rosen

Apologies for absence were received from Cllrs. Parson and Ms. Tennessee

1. Appointment of Chairman

Resolved: That Cllr. Lowe be appointed as Chairman of the Committee for the ensuing municipal year.

(Cllr. Lowe in the Chair)

2. Appointment of Vice-Chairman

Resolved: That Cllr. Parkin be appointed as Vice-Chairman of the Committee for the ensuing municipal year.

3. Declarations of Interest

There were no additional declarations of interest.

4. Update from Portfolio Holder

The Portfolio Holder explained that she had only been in post for a few weeks and would therefore be providing a verbal update at this meeting but that a written update would be provided with the agenda papers for future meetings.

The MP for Tonbridge, Edenbridge and Malling, Tom Tugendhat had indicated that he was hoping to make Edenbridge a Dementia Friendly Town.

Cllr Pearsall provided an update on "Dementiaville", a Chanel 4 documentary that looked at the support provided to families caring for people with dementia. The series had started on 4<sup>th</sup> June and was available on 4 on demand.

The Committee also discussed the advances that had been made in Swanley in terms of Dementia and the work done by Cllr Searles. It was suggested that Cllr Searles should be invited to provide an update at a future meeting and that a site visit could be arranged to Swanley to see the work that was being done.

## Agenda Item 1

### Housing & Health Advisory Committee - 16 June 2015

The Portfolio Holder reported that on 9<sup>th</sup> July 2015 she would be attending a Natural Ways to Wellbeing Workshop if any other Members wished to attend the Portfolio Holder would be happy to provide further details.

#### 5. Scope of Officer Responsibilities

The Chief Officer for Housing provided an overview of the Housing Service which had responsibility for the following areas:

- Housing Policy – formulating strategy and policies through consultation, under-occupation of social housing and working with organisations to deliver affordable housing. The Housing Policy Team also worked closely with Moat Housing to deliver shared ownership schemes.
- Energy Efficiency – the Council’s new Switch and Save initiative had enabled local people to save in total £18,000 to date with the average household saving being £260 per annum.
- Housing Advice and the HERO Service – housing advice and the prevention of homelessness. The HERO Service, a holistic, predominantly outreach service that had proven to be very successful in preventing homelessness. The service had been completely funded from external funding and, more recently, by the income the service had generated. The Team also reviewed the Housing Register managed by WKHA and oversaw temporary accommodation.
- Housing Standards – Homes with multiple occupation, ensuring homes meet minimum standards, Discretionary Grants to Landlords to enable them to accredit their properties and welfare funders.

The Health and Community Services Manager provided an overview of her areas of responsibility which included:

- Improving health and wellbeing and reducing health inequalities; and
- Provision of leisure services and facilities across the District.

Future challenges facing the Service included:

- Addressing health inequalities across the District;
- Accessing future external funding from Kent County Council for Health Prevention officers and targeted interventions;
- Reviewing priorities within Sevenoaks District Health Inequalities Action Plan;
- Engaging with partners to holistically improve health and wellbeing
- The role of the District in tackling and influencing the wider determinants of health
- Future leisure provision at District owned facilities.

The Committee was informed that all Members representing wards in Swanley would soon be provided with an update on the provision of leisure facilities at White Oak Leisure Centre.

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6. Reconstitution of Working Group

Members considered a report advising on the reconstitution of Working Groups. Under the previous Housing & Community Safety Advisory Committee there were a number of working groups formed in the last municipal year, only one of which would still fall under the remit of this Advisory Committee. Members were asked to review the need for the working group and confirm the terms of reference and membership of the group. The information would then be referred to the Planning Advisory Committee for consideration.

Following discussion it was agreed that the "Housing Needs" Working Group would be reconstituted with the following Membership from the Housing and Health Advisory Committee:

Cllr Dr. Canet, Cllr Eyre, Cllr Gaywood, Cllr Horwood and Cllr Parkin. Councillors Dr. Canet, Gaywood and Horwood were also members of the Planning Advisory Committee. The Working Group would report back to the Housing and Health Advisory Committee in March 2016.

Resolved: That, subject to approval by the Planning Advisory Committee

- a) a Working Group be set up to consider Housing Need and using the planning system to provide more properties of the type needed within the District;
- b) the Working Group consist of six Members; and
- c) Cllrs. Dr Canet, Eyre, Gaywood, Horwood and Parkin be the Members from the Housing and Health Advisory Committee.

7. Health Liaison Board

The Committee noted the minutes of the Health Liaison Board held on 22 April 2015. Members also noted a reported written by the former Chairman of the Health Liaison Board, Mrs Alison Cook which provided an overview of the work of the Board over the previous two years. Councillor Mrs Bosley, the Chairman of the Health Liaison Board explained that the purpose of the Board was to bring together all the Members involved in health related bodies across the District and enable an information exchange.

The Committee thanked former Councillor Mrs Cook for the report which had provided a good basis to progress the health agenda across the District.

8. Work Plan

The Committee considered its work plan for 2015/15 and made the following suggestions and amendments:

**Agenda Item 1**  
**Housing & Health Advisory Committee - 16 June 2015**

13 October 2015

The HERO Update would include a short presentation providing an overview of the HERO initiative.

The Health Priorities – Better Care Fund item would initially be considered by the Health Liaison Board which would then make recommendations to the Housing and Health Advisory Committee in February 2016.

2 February 2016

An officer from the Planning Department would be asked to attend for the item concerning Strategic Housing Market Assessment (SHMA), this item would also include an Older People Sub-Study.

The Committee would receive an update on Climate Change Matters as Well as an Update on Right to Buy.

Cllr Searles and the Council's Dementia Friendly Officer would be asked to attend the meeting to provide an update on Swanley as a Dementia Friendly Town.

23 March 2016

The Committee would receive an update from the Housing Needs Working Group.

Resolved: That the Work Plan for 2015/16 be agreed, subject to the amendments outlined above.

THE MEETING WAS CONCLUDED AT 7.55 PM

CHAIRMAN

**Housing & Health Advisory Committee**

**22 September 2015**

**Portfolio Holders Report**

**Housing**

I attended the West Kent Housing Association AGM on 11 June, and the new Home of Your Own launch on 15 June. Pat Smith and I met with Frank Czarnowski – Chief Executive of West Kent Housing to discuss anti-social tenants on 16 July.

Home of Your Own is a part rent, part buy scheme for residents of the District that we fund in partnership with Moat Housing from the Affordable Housing Contribution.

I was interviewed on BBC Radio Kent Breakfast on Friday 12 June at 8am about affordable housing in the district and the launch of a Home of Your Own with Moat on Monday 15 June.

Met with Marcus Jones MP Minister at DCLG on 8 September to discuss affordable housing contribution and the negative impact this will have on schemes such as Home of Your Own with Moat if it is reinstated, rural exception site map extensions, exemptions from proposed right-to-buy for rural exemption sites and Help-to-Buy income limits.

Attended the Redwood Place Opening on 17 September.

**Health and Leisure**

I attended the LGA Sexual Health Conference on 9 June and the Kent County Council health conference on Wednesday 17 June.

Met with Tom Tugendhart MP about making Edenbridge (and the rest of the district: dementia (community) friendly).

Attended the Sencio AGM and Trustees meeting on Tuesday 30 June and met with the Chief Executive of Sencio: Jane Parish earlier in that day.

Attended the KCC Natural Ways to Wellbeing workshop on 9 July – to see how we can get the countryside working harder to keep our residents healthy.

Attended the Mind AGM on 23 July.

Attended the Sports Council Presentation evening on Friday 4 September.

### **Housing & Health – Think Housing First**

It is not possible to separate housing from health. If people are living in poor housing, over crowded housing, cold housing or are in rent or mortgage arrears their health will be impacted.

This is how District Council's and SDC in particular contributes towards keeping the people in our district healthy by focussing on housing issues:

- Homelessness costs the NHS £600million per year. Rough sleepers die in average 30 years before the general population and more likely to access A&E and the Emergency services than a GP. SDC has virtually no homelessness because we are proactive in preventing it with our award winning HERO advice service.
- 55% of falls in Kent happen in the home. Cold people are more likely to fall. Ensuring homes are warm and dry and free from hazards keeps people well and free from injuries. With Switch and Save, warmer homes and other initiatives SDC tries to keep our older population in particular much warmer and our Disabled Facilities Grant (DFG) helps to keep people safe from falls in their homes.
- Develop our communities to make them more healthy through the planning and licensing processes.
- The Council with Dartford BC were successful in receiving £4.2 million to undertake retro fit work on housing and local businesses. Work is due to commence in South Darenth in a couple of weeks time. The works will include cladding, insulation and potentially new boilers etc., with some contribution from the landlord or homeowners.
- The Switch and Save scheme is highly successful and was designed to reduce energy costs and fuel poverty. So far there have been 89 switches and £24,000 saved .

**BUDGET 2016/17: REVIEW OF SERVICE DASHBOARDS AND SERVICE CHANGE IMPACT ASSESSMENTS (SCIAS)**

**Housing and Health Advisory Committee – 22 September 2015**

Report of Chief Finance Officer

Status: For Decision

Also considered by: Economic and Community Development Advisory Committee – 24 September 2015

Direct and Trading Advisory Committee – 6 October 2015

Legal and Democratic Services Advisory Committee – 8 October 2015

Planning Advisory Committee – 13 October 2015

Finance Advisory Committee – 17 November 2015

Policy and Performance Advisory Committee – 26 November 2015

Key Decision: No

**Executive Summary:** This report sets out updates to the 2016/17 budget within the existing framework of the 10-year budget and savings plan. The report presents proposals that have been identified which need to be considered, together with further suggestions made by the Advisory Committees, before finalising the budget for 2016/17.

Informed by the latest information from Government and discussions with Cabinet, it is proposed that from next year the Council sets a budget which assumes no funding from Government through the Revenue Support Grant. This is the first major step taken towards the Council’s ambition to be financially self-sufficient as set out in its Corporate Plan.

To achieve this aim and to ensure a balanced budget position over the next 10 year period, whilst also increasing the Council’s ability to be sustainable beyond that time, a savings requirement of £500,000 in 2016/17 is required, along with additional income or savings of £100,000 in each of the following nine years.

**Portfolio Holder** Cllr. Searles

**Contact Officer(s)** Adrian Rowbotham Ext. 7153

Helen Martin Ext. 7483

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### **Recommendation to each Advisory Committee:**

- (a) Advise Cabinet with views on the growth and savings proposals identified in Appendix D applicable to this Advisory Committee.
- (b) Advise Cabinet with further suggestions for growth and savings.

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**Reason for recommendation:** It is important that the views of the Advisory Committees are taken into account in the budget process to ensure that the Council's resources are used in the most suitable manner.

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### **Introduction and Background**

- 1 The Council's financial strategy over the past eleven years has worked towards increasing financial sustainability and it has been successful through the use of a number of strategies including:
  - implementing efficiency initiatives;
  - significantly reducing the back office function;
  - improved value for money;
  - maximising external income;
  - the movement of resources away from low priority services; and
  - an emphasis on statutory rather than non-statutory services.
- 2 Over this period the Council has focused on delivering high quality services based on Members' priorities and consultation with residents and stakeholders. In financial terms, the adoption of this strategy has to date allowed the Council to move away from its reliance on general fund reserves.
- 3 Due to the level of funding and other potential changes and uncertainties, it is increasingly difficult to anticipate with sufficient accuracy what the level of Government settlement is likely to be. However, using the data sources available to the Council, this report sets out a budget over the 10-year period but recognises that it is likely that more accurate data will become available in future months and current assumptions may need to be updated.
- 4 In setting its budget for 2011/12 onwards, the Council recognised the need to address both the short-term reduction in Government funding as well as the longer-term need to reduce its reliance on reserves. The outcome was a 10-year budget, together with a four-year savings plan, that ensured the Council's finances were placed on a stable footing but that also allowed for flexibility between budget years.
- 5 With the amount of Revenue Support Grant provided by Government continuing to reduce at a significant rate it is important that the council aims to become more financially self-sufficient by having a balanced economy and a financial strategy that is focused on local solutions. These solutions include:

- a) continuing to deliver financial savings and service efficiencies;
  - b) growing the council tax base; and
  - c) generating more income.
- 6 The intention of this report is to provide Members of each Advisory Committee an opportunity to give their views on potential growth and savings items that could be included in the updated 10-year budget that will be presented to Council on 16 February 2016.
- 7 The 'Financial Prospects and Budget Strategy 2016/17 and Beyond' report has been presented to Cabinet to start the budget setting process for the coming year.
- 8 This report presents members with the following documents relating to the budget for 2016/17:
- a) Service Dashboards relating to the Advisory Committee (Appendix A);
  - b) 2015/16 Budget by Service relating to the Advisory Committee (Appendix B);
  - c) Summary of the Council's agreed savings plan and growth items (Appendix C);
  - d) New growth and savings items proposed (Appendix D);
  - e) Service Change Impact Assessment forms (SCIAs) for the new growth and savings items relating to the Advisory Committee – if applicable (Appendix E);
  - f) 10-year budget (Appendix F);
  - g) Budget timetable (Appendix G).

### **Financial Self-Sufficiency**

- 9 The Council's Corporate Plan, introduced in 2013, set out an ambition for the Council to become financially self-sufficient. This would mean the Council no longer required direct funding from Government, through Revenue Support Grant or New Homes Bonus, to deliver its services.
- 10 This approach was adopted in response to the financial challenges the Country is faced with in bringing its public spending down to ensure it is able to live within its means. In practice this has seen Government funding to local authorities dramatically reduced since 2010/11 with Sevenoaks District Council seeing a 32% reduction in its funding from government in 2015/16 alone.
- 11 The decision to become financially self-sufficient is intended to give the Council greater control over their services, reducing the potential for decision making to be influenced by the level of funding provided by government to local authorities.
- 12 The 10-year budget attached at Appendix F assumes no Revenue Support Grant from 2016/17 and no New Homes Bonus from 2019/20. If funding continues to be received from these sources, the intention is to put it into the Financial Plan Reserve which can be used to support the 10-year budget by funding invest to

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save initiatives and support for the Property Investment Strategy. One of the aims of the Property Investment Strategy is to achieve returns of 6%; therefore using funding for this purpose will result in additional year on year income that is not impacted by Government decisions.

- 13 Cabinet are keen to become financially self-sufficient early to be ahead of the game and after reviewing the assumptions in the 10-year budget it is clear that it is an achievable aim to be free from Government control and be able to move ahead in the knowledge that this council has the financial resources to provide the services that the district's residents want into the future.

### **Service Dashboards**

- 14 This is a new document as it is the intention to provide Members with improved information during the budget setting process to provide context and inform any growth and savings ideas that Members may put forward.
- 15 The Service Dashboards cover a summary of the services provided, objectives, challenges and risks, achievements and opportunities, priorities and performance.
- 16 Appendix A contains the Service Dashboards for those services directly relevant to this Advisory Committee and Appendix B contains the budget for those services.

### **Savings Plan**

- 17 Appendix C to this report sets out a summary of the savings and growth items approved by Council since the 10-year budget strategy was first used in 2011/12, which have allowed the Council to deliver a 10 year balanced budget.
- 18 The savings plan requires a total of £5.3 million to be saved between 2011/12 and 2016/17 which is an average saving of nearly £900,000 per annum. In the twelve years from 2005/06, over £10m of savings will then have been made.
- 19 Further savings are scheduled to be made in later years as previously agreed by Council.

### **Proposed Growth Items**

- 20 Growth items are items that are in addition to non-service issues and risks, such as grant settlements, impacts of economic change and other pressures highlighted in the 'Financial Prospects and Budget Strategy 2016/17 and Beyond' report considered by Cabinet on 17 September 2015.

- 21 A list of the growth items proposed can be found in Appendix D and a summary by Advisory Committee is shown in the following table:

| <b>Advisory Committee</b>          | <b>Annual impact<br/>£000</b> | <b>10-year budget<br/>impact<br/>£000</b> |
|------------------------------------|-------------------------------|---|
| Direct and Trading                 | 36                            | 360                                       |
| Economic and Community Development | 39                            | 390                                       |
| Finance                            | 55                            | 550                                       |
| Housing and Health                 | -                             | -   |
| Legal and Democratic Services      | 40                            | 400                                       |
| Planning                           | -                             | -   |
| Policy and Performance             | -                             | -   |
| <b>Total</b>                       | <b>170</b>                    | <b>1,700</b>                              |

- 22 In addition, the growth item for making the staffing establishment levels permanent in the Economic Development and Property Team (SCIA1) is included in the 'New Growth' line on the 10-Year Budget.

#### **Proposed Savings Items**

- 23 A number of savings items are also being proposed which can also be found in Appendix D and a summary by Advisory Committee is shown in the following table:

| <b>Advisory Committee</b>          | <b>Annual impact<br/>£000</b> | <b>10-year budget<br/>impact<br/>£000</b> |
|------------------------------------|-------------------------------|---|
| Direct and Trading                 | (15)                          | (75)                                      |
| Economic and Community Development | (10)                          | (100)                                     |
| Finance                            | (233)                         | (2,330)                                   |
| Housing and Health                 | (40)                          | (400)                                     |
| Legal and Democratic Services      | -                             | -   |
| Planning                           | (20)                          | (200)                                     |
| Policy and Performance             | (300)                         | (3,000)                                   |
| <b>Total</b>                       | <b>(618)</b>                  | <b>(6,105)</b>                            |

- 24 Service Change Impact Assessments (SCIAs) contain further details for all proposed growth and savings items. SCIAs applicable to this Advisory Committee can be found in Appendix E.

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- 25 Members should note that even if all of the growth and savings proposals included in Appendix D are agreed, further savings will still need to be identified to reach the £500,000 target.

### **Financial Summary**

- 26 It is increasingly difficult to produce an accurate forecast at this early stage due to the level of uncertainty, in particular for Government Support. The assumptions currently included take into account the latest information available but a number of assumptions may change before the final budget meeting in February 2015.
- 27 The 10-year budget attached at Appendix E includes the changes that were included in the 'Financial Prospects and Budget Strategy 2016/17 and Beyond' report.

### **Role of the Advisory Committees**

- 28 Views of the Advisory Committees on the growth and savings items proposed together with any additional suggestions will be considered by Cabinet at its meeting on 3 December 2015.
- 29 To assist the Advisory Committees in making additional suggestions, a number of questions will be asked and Members will be requested to write their answers on post-it notes and put on the relevant board.
- 30 The questions that Members will be asked at the Advisory Committees are:
- a) What services should the Council invest more in?
  - b) What services should the Council disinvest from?
  - c) What services work well?
  - d) What services don't work well?
  - e) What issues would you like Cabinet to take into account?
- 31 Officers will summarise the answers before the Committee decides on suggestions to be recommended to Cabinet. The focus of the answers and recommendations should be on the services within the terms of reference of the Advisory Committee however, comments relating to other services will also be passed onto Cabinet.

### **Process and Timetable**

- 32 This report is the second stage of the budget process as shown in the Budget Timetable (Appendix G).
- 33 It is possible that Advisory Committees may have to re-address service budgets in January if significant changes have taken place leading to a large and unmanageable deficit.

### **Key Implications**

#### Financial

All financial implications are covered elsewhere in this report.

#### Legal Implications and Risk Assessment Statement.

There are no legal implications.

For the effective management of our resources and in order to achieve a sustainable budget it is essential that all service cost changes and risks are identified and considered.

Challenges and risks are included in the Service Dashboards and each Service Change Impact Assessment (SCIA) includes the likely impacts including a risk analysis.

Financial risks will be reviewed again when the Cabinet publishes its proposals for the annual budget.

#### Equality Assessment

Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper directly impact on end users. The impact has been analysed and varies between groups of people.

Equality impacts have been assessed for all Service Change Impact Assessments (SCIAs) to ensure the decision making process is fair and transparent.

### **Conclusions**

The Strategic Financial and Business Planning process has ensured that the Council follows a logical and well considered process and approach in dealing with the many difficult financial challenges which it has faced. The 10-year budget has further improved this process and helped to ensure that the Council is well placed in dealing with more immediate and longer-term financial challenges.

By becoming financially self-sufficient at an early stage, this Council will become much more in control of its own destiny as the Property Investment Strategy should provide a much more stable income stream than the reducing direct government funding streams.

The attached 10-year budget shows that this Council can continue to be financially stable going into the future with a level of assurance that any council would aspire to.

This budget process will once again be a major financial challenge for a Council that already provides value for money services to a high standard. In making any budget proposals, Members will need to consider the impact on service quality and staff well-

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being, to ensure that these proposals lead to an achievable 10-year budget that supports the Council's aspirations for customer-focused services.

Members' consideration and scrutiny of the relevant services is an essential and key element in the business and financial planning process. If the net total of growth and savings proposals identified by the Advisory Committees and approved by Cabinet does not reach the £500,000 savings target, additional savings will be required that may result in service changes, to ensure a balanced budget position.

### **Appendices**

Appendix A – Service Dashboards relating to this Advisory Committee.

Appendix B – 2015/16 Budget by Service relating to this Advisory Committee.

Appendix C – Summary of the Council's agreed savings plan and growth items.

Appendix D – New growth and savings items proposed.

Appendix E - Service Change Impact Assessment forms (SCIAs) for the new growth and savings items relating to this Advisory Committee (if applicable).

Appendix F – 10-year budget.

Appendix G – Budget timetable.

### **Background Papers:**

[Report to Council 17 February 2015 – Budget and Council Tax Setting 2015/16](#)

[Report to Cabinet 17 September 2015 – Financial Prospects and Budget Strategy 2016/17 and Beyond](#)

**Adrian Rowbotham**  
**Chief Finance Officer**

**Housing and Health Advisory Committee: 2015/16 Budget by Service**

| <b>Revenue</b>           |  | <b>2015/16<br/>Expenditure</b> | <b>2015/16<br/>Income</b> | <b>2015/16<br/>Net</b> |
|--------------------------|--|--------------------------------|---------------------------|------------------------|
| <b>Chief Officer</b>     | <b>Description</b>                               | <b>£'000</b>                   | <b>£'000</b>              | <b>£'000</b>           |
| Communities and Business | All Weather Pitch                                | 0                              | (2)                       | (2)                    |
| Communities and Business | Choosing Health WK PCT*                          | 130                            | (130)                     | 0                      |
| Communities and Business | Community Sports Activation Fund*                | 15                             | (15)                      | 0                      |
| Communities and Business | Health Improvements                              | 34                             | 0                         | 34                     |
| Communities and Business | Leisure Contract                                 | 247                            | (20)                      | 227                    |
| Communities and Business | Leisure Development                              | 20                             | 0                         | 20                     |
| Communities and Business | Partnership - Home Office (Comms against Drugs)* | 31                             | (31)                      | 0                      |
| Housing                  | Administrative Expenses - Housing                | 18                             | 0                         | 18                     |
| Housing                  | Energy Efficiency                                | 34                             | (9)                       | 25                     |
| Housing                  | Gypsy Sites                                      | 35                             | (65)                      | (30)                   |
| Housing                  | Homeless   | 105                            | (26)                      | 79                     |
| Housing                  | Homelessness Funding*                            | 32                             | (32)                      | 0                      |
| Housing                  | Housing  | 455                            | (17)                      | 438                    |
| Housing                  | Housing Initiatives                              | 13                             | 0                         | 13                     |
| Housing                  | Housing Option - Trailblazer*                    | 67                             | (67)                      | 0                      |
| Housing                  | Leader Programme                                 | 10                             | 0                         | 10                     |
| Housing                  | Private Sector Housing                           | 220                            | (42)                      | 178                    |
|                          |  | <b>1,465</b>                   | <b>(456)</b>              | <b>1,009</b>           |
|                          | * = externally funded                            |                                |                           |                        |

| <b>Capital</b>       |                     | <b>2015/16<br/>Expenditure</b> |
|----------------------|---------------------|--------------------------------|
| <b>Chief Officer</b> | <b>Description</b>  | <b>£'000</b>                   |
| Housing              | Improvement Grants* | 534                            |
|                      |                     | <b>534</b>                     |

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Summary of the Council's Agreed Savings and Growth Items

Appendix C

| SCIA    |       | Description   | 2011/12<br>£000 | 2012/13<br>£000 | 2013/14<br>£000 | 2014/15<br>£000 | 2015/16<br>£000 | 2016/17<br>£000 | Later Years<br>£000 | Total<br>£000 |
|---------|-------|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------------|---------------|
| Year    | No.   |   |                 |                 |                 |                 |                 |                 |                     |               |
|         |       | <b>Direct and Trading Advisory Committee</b>  |                 |                 |                 |                 |                 |                 |                     |               |
|         |       | No savings or growth agreed from 2016/17 onwards  |                 |                 |                 |                 |                 |                 |                     |               |
|         |       | <b>Economic and Community Development Advisory Committee</b>  |                 |                 |                 |                 |                 |                 |                     |               |
| 2014/15 | 2     | Economic Development & Property Team - SCIA originally called 'Broadband and business growth' (reversal of temporary growth item) |                 |                 |                 |                 |                 | (50)            | (30)                |               |
|         |       | <b>Finance Advisory Committee</b>   |                 |                 |                 |                 |                 |                 |                     |               |
| 2011/12 | 62,63 | Staff terms and conditions - savings agreed by Council 18/10/11   |                 |                 |                 |                 |                 | (143)           | (836)               |               |
| 2015/16 | 1     | Staffing: Employers National Insurance increase from April 2016 - implications due to change in legislation                       |                 |                 |                 |                 |                 | 200             |                     |               |
| 2015/16 | 10    | External Audit fee reduction (reversal of temporary saving item)  |                 |                 |                 |                 |                 |                 | 30                  |               |
| 2015/16 | 11    | Dartford BC partnerships: revised split of costs (reversal of temporary saving item)  |                 |                 |                 |                 |                 | 90              |                     |               |
|         |       | <b>Housing and Health Advisory Committee</b>  |                 |                 |                 |                 |                 |                 |                     |               |
| 2015/16 | 17    | Housing Advice: Bed and breakfast reduction (reversal of temporary saving item)   |                 |                 |                 |                 |                 | 10              |                     |               |
| 2015/16 | 18    | Housing Advice: Private sector letting scheme (reversal of temporary saving item)   |                 |                 |                 |                 |                 | 10              |                     |               |
|         |       | <b>Legal and Democratic Services Advisory Committee</b>   |                 |                 |                 |                 |                 |                 |                     |               |
|         |       | No savings or growth agreed from 2016/17 onwards  |                 |                 |                 |                 |                 |                 |                     |               |
|         |       | <b>Planning Advisory Committee</b>  |                 |                 |                 |                 |                 |                 |                     |               |
| 2014/15 | 15    | Planning: Use CIL funds for monitoring  |                 |                 |                 |                 |                 | (50)            |                     |               |
|         |       | <b>Policy and Performance Advisory Committee</b>  |                 |                 |                 |                 |                 |                 |                     |               |
| 2014/15 | 18    | Corporate Projects (reversal of temporary growth item)  |                 |                 |                 |                 |                 | (60)            |                     |               |
| 2014/15 | 21    | Customer Services: Channel shift programme  |                 |                 |                 |                 |                 | (20)            |                     |               |
|         |       | <b>Total Savings</b>  | (2,984)         | (841)           | (314)           | (479)           | (533)           | (103)           | (806)               | (6,060)       |
|         |       | <b>Total Growth</b>   | 371             | 45              | 50              | 327             | 177             | 90              | (30)                | 1,030         |
|         |       | <b>Net Savings</b>  | (2,613)         | (796)           | (264)           | (152)           | (356)           | (13)            | (836)               | (5,030)       |

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## New Growth and Savings Proposals

| <b>Proposal shown as 'New Growth' on the attached 10-year budget</b> |     |   |         |         |                          |                                  |
|--|-----|---|---------|---------|--------------------------|----------------------------------|
| SCIA<br>Year   | No. | Description   | Year    | Ongoing | Annual<br>Impact<br>£000 | 10-year Budget<br>Impact<br>£000 |
| <b>Growth</b>  |     |   |         |         |                          |                                  |
| <b>Policy and Performance Advisory Committee</b>                     |     |   |         |         |                          |                                  |
| 2016/17  | 1   | Economic Development & Property: Staffing establishment levels made permanent | 2016/17 | yes     | 88                       | 1,342                            |
| <b>Total</b>   |     |   |         |         | <b>88</b>                | <b>1,342</b>                     |

| <b>Proposals not included on the attached 10-year budget</b> |     |  |         |         |                          |                                  |
|--|-----|--|---------|---------|--------------------------|----------------------------------|
| SCIA<br>Year   | No. | Description  | Year    | Ongoing | Annual<br>Impact<br>£000 | 10-year Budget<br>Impact<br>£000 |
| <b>Growth</b>  |     |  |         |         |                          |                                  |
| <b>Direct and Trading Advisory Committee</b>                 |     |  |         |         |                          |                                  |
| 2016/17  | 2   | Street Cleaning: Fly-tipping clearance and enforcement action          | 2016/17 | yes     | 36                       | 360                              |
| <b>Economic and Community Development Advisory Committee</b> |     |  |         |         |                          |                                  |
| 2016/17  | 3   | Tourism: Full-time Tourism Officer                                     | 2016/17 | yes     | 39                       | 390                              |
| <b>Finance Advisory Committee</b>                            |     |  |         |         |                          |                                  |
| 2016/17  | 4   | Facilities Management: Loss of asset maintenance income                | 2016/17 | yes     | 13                       | 130                              |
| 2016/17  | 5   | Facilities Management: Asset maintenance at Hever Road Travellers Site | 2016/17 | yes     | 30                       | 300                              |
| 2016/17  | 6   | Finance: Insurance Premium Tax increase                                | 2016/17 | yes     | 12                       | 120                              |
| <b>Housing and Health Advisory Committee</b>                 |     |  |         |         |                          |                                  |
| none   |     |  |         |         |                          |                                  |
| <b>Legal and Democratic Services Advisory Committee</b>      |     |  |         |         |                          |                                  |
| 2016/17  | 7   | Register of Electors: Individual Electoral Registration                | 2016/17 | yes     | 40                       | 400                              |
| <b>Planning Advisory Committee</b>                           |     |  |         |         |                          |                                  |
| none   |     |  |         |         |                          |                                  |
| <b>Policy and Performance Advisory Committee</b>             |     |  |         |         |                          |                                  |
| none   |     |  |         |         |                          |                                  |
| <b>Sub Total</b>   |     |  |         |         | <b>170</b>               | <b>1,700</b>                     |

| <b>Proposals not included on the attached 10-year budget</b>     |     |  |         |         |                          |                                  |
|--|-----|--|---------|---------|--------------------------|----------------------------------|
| SCIA<br>Year   | No. | Description  | Year    | Ongoing | Annual<br>Impact<br>£000 | 10-year Budget<br>Impact<br>£000 |
| <b>Savings</b>   |     |  |         |         |                          |                                  |
| <b>Direct and Trading Advisory Committee</b>                     |     |  |         |         |                          |                                  |
| 2016/17  | 8   | Playgrounds: Reduction in asset maintenance                          | 2016/17 | 5 yrs   | (7)                      | (35)                             |
| 2016/17  | 9   | Public Conveniences: Reduction in asset maintenance                  | 2016/17 | 5 yrs   | (8)                      | (40)                             |
| <b>Economic and Community Development Advisory Committee</b>     |     |  |         |         |                          |                                  |
| 2016/17  | 10  | Youth: Reduction in contributions to projects                        | 2016/17 | yes     | (10)                     | (100)                            |
| <b>Finance Advisory Committee</b>                                |     |  |         |         |                          |                                  |
| 2016/17  | 11  | Facilities Management: Reduction in utility costs                    | 2016/17 | yes     | (15)                     | (150)                            |
| 2016/17  | 12  | Facilities Management: Reduction in maintenance and consumables cost | 2016/17 | yes     | (66)                     | (660)                            |
| 2016/17  | 13  | Facilities Management: Increased print income                        | 2016/17 | yes     | (10)                     | (100)                            |
| 2016/17  | 14  | Various partnerships: Revised split of costs                         | 2016/17 | yes     | (70)                     | (700)                            |
| 2016/17  | 15  | Finance: Partnership work covered within existing resources          | 2016/17 | yes     | (72)                     | (720)                            |
| <b>Housing and Health Advisory Committee</b>                     |     |  |         |         |                          |                                  |
| 2016/17  | 16  | Housing Advice & Standards: Housing Register                         | 2016/17 | yes     | (15)                     | (150)                            |
| 2016/17  | 17  | Disabled Facility Grants: Fee income                                 | 2016/17 | yes     | (20)                     | (200)                            |
| 2016/17  | 18  | Private Sector Lettings (PSL) scheme: reduced contribution           | 2016/17 | yes     | (5)                      | (50)                             |
| <b>Legal and Democratic Services Advisory Committee</b>          |     |  |         |         |                          |                                  |
| none   |     |  |         |         |                          |                                  |
| <b>Planning Advisory Committee</b>                               |     |  |         |         |                          |                                  |
| 2016/17  | 19  | Planning: Efficiency review  | 2016/17 | yes     | (20)                     | (200)                            |
| <b>Policy and Performance Advisory Committee</b>                 |     |  |         |         |                          |                                  |
| 2016/17  | 20  | Pay costs saving   | 2016/17 | yes     | (300)                    | (3,000)                          |
| <b>Sub Total</b>   |     |  |         |         | <b>(618)</b>             | <b>(6,105)</b>                   |
| <b>Net Savings Total</b>   |     |  |         |         | <b>(448)</b>             | <b>(4,405)</b>                   |
| <b>Net Savings required in 10-Year Budget</b>                    |     |  |         |         | <b>(500)</b>             |                                  |
| <b>Remaining shortfall IF all of the above SCIA's are agreed</b> |     |  |         |         | <b>(52)</b>              |                                  |

**SERVICE CHANGE IMPACT ASSESSMENT**

**SCIA 16 (16/17)**

|                       |                              |                      |  |
|-----------------------|------------------------------|----------------------|--|
| <b>Chief Officer:</b> | Chief Housing Officer        | <b>Service:</b>      | Housing                                      |
| <b>Activity</b>       | Housing Advice and Standards | <b>No. of Staff:</b> | 3 statutory fte (1 fte is externally funded) |

| <b>Activity Budget Change</b>                                    | 2016/17<br>Growth / (Saving)<br>£000 | Later Years Comments<br>(ongoing, one-off, etc.) |
|--|--------------------------------------|--|
| Housing Register managed by West Kent Housing Association (WKHA) | (15)                                 | Ongoing  |

**Reasons for and explanation of proposed change in service**

The housing register has been managed for the Council by WKHA since 1989 when the housing stock was transferred. Over the last few years the cost has increased more than inflation. The budget is currently £89,000 per annum.

Through negotiation with WKHA it is expected that a reduction in the cost of providing the service can be delivered to ensure the arrangement continues to deliver value for money to both organisations.

**Key Stakeholders Affected**

Homeless people  
Housing Advice team  
WKHA  
Social Services

**Likely impacts and implications of the change in service (include Risk Analysis)**

If the Register is still managed by WKHA it will provide continuation of service and improved value for money and importantly not confuse the people applying for re-housing.

If the saving is agreed by WKHA (due to some innovative ideas currently being discussed) then this will be a positive situation.

**Risk to Service Objectives (High / Medium / Low)**

Low

**SERVICE CHANGE IMPACT ASSESSMENT**

**2015/16 Budget**

|                         | <b>£'000</b> |
|-------------------------|--------------|
| <b>Operational Cost</b> | 89           |
| <b>Income</b>           | -            |
| <b>Net Cost</b>         | 89           |

**Equality Impacts**

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.

**SERVICE CHANGE IMPACT ASSESSMENT**

**SCIA 17 (16/17)**

|                       |                            |                      |         |
|-----------------------|----------------------------|----------------------|---------|
| <b>Chief Officer:</b> | Chief Housing Officer      | <b>Service:</b>      | Housing |
| <b>Activity</b>       | Disabled Facilities Grants | <b>No. of Staff:</b> | 2.5 fte |

| Activity Budget Change                                     | 2016/17<br>Growth / (Saving)<br>£000 | Later Years Comments<br>(ongoing, one-off, etc.) |
|--|--------------------------------------|--|
| Fee income from Disabled Facilities Grant (DFG) management | (20)                                 | Ongoing  |

|  |  |
|--|--|
| <b>Reasons for and explanation of proposed change in service</b> | <p>As the DFG process is now managed successfully in house, it is proposed to generate around £20,000 per annum fee income for undertaking certain work in the process.</p> <p>A fee (being considered but could be 12% of the grant being paid out) for officers to provide technical expertise, project management and procuring contractors to deliver works.</p> |
|--|--|

|                                  |  |
|----------------------------------|--|
| <b>Key Stakeholders Affected</b> | <p>DFG applicants</p> <p>KCC Social Services</p> |
|----------------------------------|--|

|   |   |
|---|---|
| <b>Likely impacts and implications of the change in service (include Risk Analysis)</b> | <p>This process will not adversely affect DFG applicants as the process for them will be the same. It is about extending the support side of the service rather than other organisations charging for their time.</p> |
|---|---|

|   |     |
|---|-----|
| <b>Risk to Service Objectives (High / Medium / Low)</b> | Low |
|---|-----|

| 2015/16 Budget            | £'000 |
|---------------------------|-------|
| <b>Operational Cost</b>   | 534   |
| <b>Income</b>             | (477) |
| <b>Net Cost (capital)</b> | 57    |

**Equality Impacts**  
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.

**SERVICE CHANGE IMPACT ASSESSMENT**

**SCIA 18 (16/17)**

|                       |                                |                      |                                |
|-----------------------|--------------------------------|----------------------|--------------------------------|
| <b>Chief Officer:</b> | Chief Housing Officer          | <b>Service:</b>      | Housing                        |
| <b>Activity</b>       | Private Sector Lettings scheme | <b>No. of Staff:</b> | 1 fte (shared between 2 staff) |

| <b>Activity Budget Change</b>                             | 2016/17<br>Growth / (Saving)<br>£000 | Later Years Comments<br>(ongoing, one-off, etc.) |
|---|--------------------------------------|--|
| To reduce the Private Sector Lettings (PSL) scheme budget | (5)                                  | Ongoing  |

**Reasons for and explanation of proposed change in service**

The scheme assists potentially homeless people to rent in the private sector and reduces homelessness by offering rent in advance and a deposit bond as a loan. The reduction of £5,000 per annum will not affect the scheme because the team is now negotiating for Discretionary Housing Payments in applicable cases which will cover this amount.

**Key Stakeholders Affected**

Homeless people. Landlords (private sector)

**Likely impacts and implications of the change in service (include Risk Analysis)**

There will be no negative impact on the service or homeless people as Discretionary Housing Payment will meet the gap if not, homeless funding can be used.

**Risk to Service Objectives (High / Medium / Low)**

Low

**2015/16 Budget**

|                         | <b>£'000</b> |
|-------------------------|--------------|
| <b>Operational Cost</b> | 10           |
| <b>Income</b>           | -            |
| <b>Net Cost</b>         | 10           |

**Equality Impacts**

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.

## Ten Year Budget - Revenue

|   | Budget<br>2015/16 | Plan<br>2016/17 | Plan<br>2017/18 | Plan<br>2018/19 | Plan<br>2019/20 | Plan<br>2020/21 | Plan<br>2021/22 | Plan<br>2022/23 | Plan<br>2023/24 | Plan<br>2024/25 | Plan<br>2025/26 |
|---|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|   | £000              | £000            | £000            | £000            | £000            | £000            | £000            | £000            | £000            | £000            | £000            |
| <b>Expenditure</b>                                  |                   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Net Service Expenditure c/f                         | 14,136            | 14,253          | 13,676          | 14,248          | 14,499          | 14,659          | 15,210          | 15,564          | 15,925          | 16,293          | 16,666          |
| Inflation   | 473               | 569             | 506             | 622             | 446             | 638             | 454             | 461             | 468             | 473             | 478             |
| Superannuation Fund deficit: actuarial increase     | 0                 | (721)           | 300             | 0               | 0               | 200             | 0               | 0               | 0               | 0               | 0               |
| Net savings (approved in previous years)            | (356)             | (13)            | (162)           | (271)           | (216)           | (187)           | 0               | 0               | 0               | 0               | 0               |
| <b>New growth</b>                                   | <b>0</b>          | <b>88</b>       | <b>28</b>       | <b>0</b>        | <b>30</b>       | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        |
| <b>New savings/Income</b>                           | <b>0</b>          | <b>(500)</b>    | <b>(100)</b>    |
| <b>Net Service Expenditure b/f</b>                  | <b>14,253</b>     | <b>13,676</b>   | <b>14,248</b>   | <b>14,499</b>   | <b>14,659</b>   | <b>15,210</b>   | <b>15,564</b>   | <b>15,925</b>   | <b>16,293</b>   | <b>16,666</b>   | <b>17,044</b>   |
| <b>Financing Sources</b>                            |                   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Government Support                                  |                   |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| : Revenue Support Grant                             | (1,516)           | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| New Homes Bonus                                     | (1,818)           | (2,247)         | (1,348)         | (1,348)         | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Council Tax   | (9,298)           | (9,597)         | (9,905)         | (10,221)        | (10,546)        | (10,879)        | (11,222)        | (11,574)        | (11,935)        | (12,307)        | (12,688)        |
| Locally Retained Business Rates                     | (1,934)           | (1,973)         | (2,012)         | (2,052)         | (2,093)         | (2,135)         | (2,178)         | (2,222)         | (2,266)         | (2,311)         | (2,357)         |
| Interest Receipts                                   | (301)             | (250)           | (250)           | (250)           | (250)           | (250)           | (250)           | (250)           | (250)           | (250)           | (250)           |
| Property Investment Strategy Income                 | 0                 | (500)           | (500)           | (700)           | (700)           | (700)           | (700)           | (700)           | (800)           | (800)           | (800)           |
| Contributions to/(from) Reserves                    | (233)             | (233)           | (353)           | (353)           | (353)           | (353)           | (353)           | (179)           | (179)           | (635)           | 148             |
| <b>Total Financing</b>                              | <b>(15,100)</b>   | <b>(14,800)</b> | <b>(14,368)</b> | <b>(14,924)</b> | <b>(13,942)</b> | <b>(14,317)</b> | <b>(14,703)</b> | <b>(14,925)</b> | <b>(15,430)</b> | <b>(16,303)</b> | <b>(15,947)</b> |
| <b>Budget Gap (surplus)/deficit</b>                 | <b>(847)</b>      | <b>(1,124)</b>  | <b>(120)</b>    | <b>(425)</b>    | <b>717</b>      | <b>893</b>      | <b>861</b>      | <b>1,000</b>    | <b>863</b>      | <b>363</b>      | <b>1,097</b>    |
| <b>Contribution to/(from) Stabilisation Reserve</b> | <b>847</b>        | <b>1,124</b>    | <b>120</b>      | <b>425</b>      | <b>(717)</b>    | <b>(893)</b>    | <b>(861)</b>    | <b>(1,000)</b>  | <b>(863)</b>    | <b>(363)</b>    | <b>(1,097)</b>  |
| <b>Unfunded Budget Gap (surplus)/deficit</b>        | <b>0</b>          | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        | <b>0</b>        |

| <b>Assumptions</b>               |  |
|----------------------------------|--|
| Revenue Support Grant:           | -100% in 16/17   |
| Locally Retained Business Rates: | 2% all years   |
| Council Tax:                     | 2% in all years  |
| Interest Receipts:               | £250,000 16/17 onwards                                     |
| Property Inv. Strat.:            | £500,000 from 16/17, £700,000 from 18/19, £800,000 onwards |
| Pay award:                       | 1% in 16/17 - 19/20, 2% later years                        |
| Other costs:                     | 2.25% in all years   |
| Income:                          | 2.5% all years   |

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2016/17 Budget Setting Timetable

|  | Date               | Committee                |
|--|--------------------|--------------------------|
| <b>Stage 1</b>   |                    |                          |
| <b>Financial Prospects and Budget Strategy 2016/17 and Beyond</b>  | 1 September        | Finance AC               |
|  | 17 September       | Cabinet                  |
| ↓  |                    |                          |
| <b>Stage 2</b>   |                    |                          |
| <b>Review of Service Dashboards and Service Change Impact Assessments (SCIAs)</b>                            | 22 September       | Housing & Health AC      |
|  | 24 September       | Economic & Comm. Dev. AC |
|  | 6 October          | Direct & Trading AC      |
|  | 8 October          | Legal & Dem. Svs AC      |
|  | 13 October         | Planning AC              |
|  | 17 November        | Finance AC               |
|  | 26 November        | Policy & Performance AC  |
| ↓  |                    |                          |
| <b>Stage 3</b>   |                    |                          |
| <b>Budget Update</b><br>(incl. Service Change Impact Assessments (SCIAs), feedback from Advisory Committees) | 3 December         | Cabinet                  |
| ↓  |                    |                          |
| <b>Stage 4</b>   |                    |                          |
| <b>Budget Update</b><br>(incl. Government Support information)   | 14 January         | Cabinet                  |
| ↓  |                    |                          |
| <b>Stage 5</b>   |                    |                          |
| <b>Budget Update and further review of Service Change Impact Assessments (if required)</b>                   | January - February | Advisory Committees      |
| ↓  |                    |                          |
| <b>Stage 6</b>   |                    |                          |
| <b>Budget Setting Meeting</b><br>(Recommendations to Council)  | 4 February         | Cabinet                  |
| ↓  |                    |                          |
| <b>Stage 7</b>   |                    |                          |
| <b>Budget Setting Meeting</b><br>(incl. Council Tax setting)   | 16 February        | Council                  |

Note: The Scrutiny Committee may 'call in' items concerning the budget setting process.

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**HEALTH LIAISON BOARD**

Minutes of the meeting held on 8 July 2015 commencing at 2.00 pm

Present: Cllr. Mrs. Bosley (Chairman)

Cllr. Brookbank (Vice Chairman)

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

1. Minutes

Resolved: That the minutes of the meeting held on 22 April 2015 be approved and signed by the Chairman as a correct record.

2. Declarations of Interest

There were no additional declarations of interest.

3. Actions From Previous Meeting

The Health and Communities Manager advised that the Care Quality Commission (CQC) report had been circulated for Sunrise Residential Care Home in Bessels Green. The CQC were responsible for inspecting private care homes and hospitals and this inspection had been brought to the Board's attention last year to inform Members of potential issues relating to an 'Inadequate' CQC rating. A further inspection was carried out in April and the care home had improved since the last inspection with most of the criteria requiring improvements rather than being 'inadequate'. A follow up inspection will be carried out by CQC to continue to monitor the progress to meet care standards.

4. Updates from Members

Cllr. Brookbank advised that he was the Chairman of the Kent County Council (KCC) Health and Overview Scrutiny Committee (HOSC). He reported that at the next meeting in July, NHS England and developing GP services would be discussed and the Board would be updated in September. He advised that there had been a HOSC area meeting where the CQC reported that there were 3 separate teams for General Practices (GPs), Hospitals and Care homes, not all procedures were in place yet as it had been a recent change.

He also informed the Board that Medway hospital was coming out of special measures and Pembury and Maidstone hospitals were showing signs of improvement. A further update would be provided in September.

Cllr. Dr. Canet expressed concern that Patient Transport Services were out to tender, led by West Kent CCG, and the difficulty people had getting to hospitals as the eligibility criteria was set nationally.

## Agenda Item 8

### Health Liaison Board - 8 July 2015

Cllr. Parkin advised that she was a representative for Age Concern in Darent Valley and they owned their own day care centre in Fawkham. It was hoped Dementia Training would be provided for the staff. The Health and Communities Manager advised that the training was something the District Council could help with. Cllr. Parkin informed Members there was a Dementia Café in West Kingsdown which had been running for 3 months. Cllr. Abraham informed the Board that he had attended the Dementia Friendly training and safeguarding training as part of the Member Inductions and there was a successful Dementia Friendly Café in Hartley.

Cllr. McArthur advised that she had been informed that a residential care facility in Edenbridge was to close in 3 weeks time. Cllr. Brookbank advised that if there were residents there under KCC's Social Care they would be re-housed to a different location.

Cllr. Clark advised that he was the Chairman of the Children's Centres steering group and expressed concern with the Children's Centre's due to the number of reorganisations that were taking place. He also advised that he attended a regional 'Health Watch' meeting which was a sub organisation of Health Watch England. Health Watch was the overarching organisation with statutory powers. They represent the views of patients and make sure patients comments are feed into strategic and operational decision which affect how health and social care services were delivered.

Members discussed whether the Chief Executive of Health Watch Kent should be invited to a future meeting of the Board to advise the role of Health Watch and what they do. They were struggling to raise their awareness amongst residents.

Cllr. Mrs. Bosley had attended the West Kent Clinical Commissioning Group (CCG) Governing Body meeting. There was a Clinical Strategic Group who were investigating mental health needs, in particular adult health. She reported that the extension of GP hours was discussed and response had been sent in support of not extending hours as the elderly and children could access surgeries Monday to Friday, and these make up the majority of GP visits. There were still concerns at the number of retiring GPs and the issues surrounding recruitment.

The Health and Communities Manager advised that the Chief Executive had received a letter from the Director of Public Health at KCC giving advance notice of possible funding reductions, in line with the national 7.4% in year and recurrent public health savings. She advised that KCC had also issued a contract tender for a Strategic Partnership to lead on Mental Health contracts across West Kent. West Kent MIND (previously Sevenoaks Area Mind) were one of four applying for this contract in West Kent.

The contract would be for 5 years to the value of 700,000 per annum. The lead Strategic Partner would be responsible for overseeing the commissioning of mental health providers and linking new and existing services to provide a comprehensive community mental health service. The Council would work with the organisation who was awarded this contract, which will commence from April 2016, to ensure strategic links are made with partners across the District.

#### 5. Young People's Sexual Health Services

The Chairman welcomed Wendy Jeffreys, Sexual Health Public Health Specialist from KCC and Wendy Glazier Clinical Service Manager for Sexual Health at Maidstone &

**Health Liaison Board - 8 July 2015**

Tunbridge Wells NHS Trust to the meeting. Wendy Jeffreys gave a [presentation](#) on the new contracts and services that would be provided since new contracts had been awarded for integrated sexual health services. These services aim to provide a more holistic approach such as providing services for contraception and Sexual Transmitted Infections (STIs). The model would provide a central point for users in each district and it was hoped that by being more flexible it would make positive changes on the way people viewed their sexual health.

In response to questions Members were advised that the rate of conception stated in the presentation was per 1,000 of 15–17 year olds. Rates and Percentages were used as using specific numbers could mean that people were identifiable. She advised that there were low numbers of conception but a higher rate of those being aborted, compared to other Kent districts. It was emphasised that overall numbers were low in this district and continued to decrease.

Members were informed that they were exploring locations in the District for Sexual Health integrated services for conception and STI screening in Sevenoaks and Edenbridge. In Edenbridge the services would be provided on an a weekly basis but at alternate locations within the Eden Centre and GP Surgery. In response to questions, the Board was informed that there were problems trying to find suitable locations across the rest of the District as a clinical and waiting room space were required.

Members were advised that not all areas in the District had trained Pharmacists, especially the larger companies in supermarkets who operate privately. However these companies were being worked with to enable Chlamydia screening, and contraception. Outreach teams would be placed at locations to respond to the need of areas and were working to prevent STIs and encourage safe sex. They hoped to work with outreach nurses and youth workers to prevent overlapping of areas, however this was work in progress.

Members thanked Wendy Jeffreys and Wendy Glazier for attending.

#### 6. Health and Wellbeing Prevention Programmes

The Health and Communities Manager presented a report which provided details of the health and wellbeing prevention work undertaken by the District Council. The Council received annual funding from KCC Public Health of £130,741 to co-ordinate and deliver a schedule of targeted interventions across the District based on local needs. Members were also shown a [presentation](#) of the wider health agenda and details of how the healthy living programmes link to this work.

Members were informed that the biggest healthy living programme was the 'Why Weight' scheme which was for people with a Body Mass Index (BMI) between 28 and 40. The scheme ran over a 12 week programme which was over subscribed and always had a waiting list. The Council was commissioned to run 12 courses and last year ran 15. Once the course had been completed, support continued for a 2 year period to help them loose 5–10% of their body weight and maintain weight lose through healthier living. Participants attend both exercise and nutritional classes to provide a holistic approach and to sustain longer term change. Many often went on to continued weight loss without the help of the monthly support but were contacted every 6 months to check on progress.

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The Health and Communities Manager advised that all of the outreach team supporting participants were trained in motivational interviewing and were able to refer users of the services to other health projects such as NHS stop smoking service. The Healthy Living Project Officer advised Members of the other health living programmes which were run in the District and the 'Be Inspired Be Active' programmes, funded for two years by Sport England and KCC.

The Chairman encouraged the Board to support the initiatives by promoting them to their residents and visiting some of the programmes the Council was offering to promote health and report back to the Board. Members were informed that the initiatives were funded by KCC so these could be at risk of funding cuts in future years.

In response to a question the Health and Communities Manager advised that there was a high proportion of older people in the District and this is a priority as the numbers are forecasted to continue to rise.

*Action1: For the Health and Communities Manager to circulate data relating to older people in the District.*

Resolved: That the report be noted.

#### 7. Work plan

The work plan was discussed and the Health Priorities Better Care Fund would be moved to the meeting on the 25 November 2015 and Health Watch would be invited to the September 2015 meeting. The Chairman advised the Board that it was hoped to progress the health agenda across the Council's core business however the Terms of Reference for the Board would be looked into and an update would be provided at the next meeting.

THE MEETING WAS CONCLUDED AT 4.10 PM

CHAIRMAN

**REVIEW OF DISABLED FACILITIES GRANT PROCESS**

**Housing & Health Advisory Committee – 22 September 2015**

Report of Chief Housing Officer

Status: For Information

Key Decision: No

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**Executive Summary**

This report sets out the findings of the evaluation of a pilot project undertaken by the Housing Advice and Standards Team to deliver all aspects of Disabled Facilities Grants (DFGs) in house. These findings support a Portfolio Holders decision which has been taken where it has been agreed that the pilot project was successful and the Council should continue to provide all aspects of works connected with DFGs in house.

Benefits of the in house service have been identified as:

- Improved ability to effectively manage DFG budget spend;
- A more responsive service for residents is provided with a high level of customer satisfaction;
- The generation of income for the Council;
- Positive benefits for the Council’s reputation as the Council is identified by residents and their extended families as providing a valuable and much needed service.

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**This report supports the Key Aim of**

**Community Plan: Caring Communities – Action 1 - Adapting properties to enable older and vulnerable people to live as independently as possible.**

**Portfolio Holder** Cllr. Lowe

**Contact Officer(s)** Jane Ellis Ext. 7296

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**Recommendation to Housing & Health Advisory Committee:**

- (a) To note the contents of the report.

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**Reason for recommendation:**

This report has been created to share with members the findings of the DFG pilot project evaluation and to highlight the benefits to the residents of the Sevenoaks District of continuing to deliver DFGs in house.

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# Agenda Item 10

## **Introduction**

### **Review of the Pilot**

The following aspects were considered in the evaluation of the pilot project:

- How well the resources meet the needs of residents now and would continue to do so the future;
- Comparing Sevenoaks District Council's (SDC's) performance with that of other Councils;
- Establishing that there are clear procedures in place for the processing of DFGs;
- To carry out a value for money assessment of the Council's processes for the allocation of grants;
- To make recommendations for improvements as appropriate.

### **Review Process**

- 1 A review group was created comprising of officers who are responsible for delivering the DFG service: the Disabled Facility Grant Support Officer, a Housing Standards Officer, the Housing Standards Team Leader and the Housing Advice and Standards Manager. Other parties contributed to the work of the review group as follows:
  - Kent County Council (KCC) Occupational Therapy;
  - Customers who have accessed the service;
  - Officers from West Kent Housing Association (WKHA);
  - Service Accountant – Finance;
  - Legal;
  - Audit.
- 2 To evaluate performance and service delivery, the review group held a series of meetings, involved partner agencies and undertook a desk top review.

### **Background**

- 3 For a number of years the Council's DFG service was delivered by the Home Improvement Agency (HIA). Initially, there were many benefits of this method of delivery but over time the HIA had difficulties spending the budget allocated for DFG's. There were also issues identified with the level of technical staff at the HIA, with surveyors being stretched across several areas. This meant that surveyors struggled to meet the requirements of all partner Council's effectively.
- 4 In 2013 it was agreed by SDC members that a pilot project could commence to bring the DFG service back in house in order to determine whether staff at the Council could improve service delivery to residents.

- 5 The Council also provides a ring-fenced budget of £250K to West Kent Housing Association (WKHA) who undertakes the installation of DFGs in their own stock but this element of DFG works did not form part of the pilot.

### **The Aims, Objectives or Purpose of the DFG Service**

- 6 A DFG is a grant available to owner occupiers, private sector tenants and housing association tenants to enable adaptations to be carried out in their homes to meet disability needs. The grant aims to make the home environment more suitable for a disabled person to live in by providing access to essential facilities for daily living. The adaptations funded by a DFG also help carers and families manage more easily.
- 7 The aim is to deliver effective and timely adaptations to disabled people. Having consulted with KCC Occupational Therapists, the Council determines whether the scheme of works that has been proposed are 'necessary and appropriate' and 'reasonable and practicable' within the meaning of the grant legislation and that the works also meet the identified needs of the disabled person. The disabled person (or person applying for the grant on their behalf) can choose who completes the works. They may elect to engage the Council to arrange the estimates, draw up plans and supervise the works; they may arrange the works themselves or commission the HIA to do so.

### **Statutory Framework**

- 8 Under the Housing Grants, Construction and Regeneration Act 1996, the Council has a statutory duty to provide financial assistance to disabled people for a range of essential adaptations to their homes through the provision of a DFG. The DFG is a mandatory grant and to comply with legislation, the Council must either approve the grant application as soon as reasonably practicable but in any event, not later than 6 months.
- 9 Where grants are given to owner occupiers and the property is sold, the Housing Grants, Construction and Regeneration Act 1996: Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008 enables the Council to recover a portion of any grant funding awarded.

### **Current Resources**

- 10 The Council is allocated around £477K annually by the Department for Communities and Local Government (DCLG) to fund DFGs. Until 2008 it was a requirement for local authorities to match fund an additional 40% of the DCLG allocation. However, local authorities were given greater flexibility in the way they designed and administered the DFG funding to better fit with local delivery arrangements and individual needs. Authorities were however expected to continue to invest in the DFG service in order to meet demand. The Council has continued to invest but has reduced its contribution since 2008 to £57K in the financial year 15/16.

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- 11 The team processing DFG applications consists of:
- 2 FTE Housing Standards Officers (1 post is vacant has been temporarily filled with agency staff)
  - 1FTE DFG Support Officer
  - 1 FTE Housing Standards Team Leader

### **Conclusions**

#### **Staffing**

- 12 Technically qualified staff employed by the Council began to use their technical expertise in a practical way again as a result of bringing the DFG service in house. Staff advise that this has enabled them to feel improved job satisfaction and job enrichment as they find the work more varied and challenging than previously. Staff have also reported that they feel a sense of purpose from the value their work brings to residents lives.
- 13 At present there is only one qualified Housing Standards Officer able to undertake the technical work relating to DFGs and having all this expertise held by only one officer, leaves the team vulnerable going forward should that officer become sick over a longer term, or resign. A trainee post is to be advertised in October 2015 to assist the very busy team and sustain the in-house service. This cost of this post will be met from existing budgets.

#### **Budget**

- 14 The table at Appendix A sets out benchmarking figures obtained at the end of the financial year 2014/2015 and contrasts spend across West and North Kent Authorities in relation to DFGs. As each Authority's grant spend and structure is different, in order to make a comparison, expenditure needs to be considered as a percentage of the annual budget. The HIA deliver the DFG service for all other Authorities in the table and therefore, it is clear that in the last financial year SDC has outperformed all of West and North Kent as a result of offering the DFG service in house. This is the highest level of performance achieved for several years by the Council.
- 15 Delivering the service in house has enabled the Council to better control spend, whereas before, this control was led by the HIA and it was more difficult for the Council to exercise control. The process to agree to fund a DFG is complex with many stages as follows:
- Resident needs to be referred for an OT assessment and is placed on the waiting list;
  - OT carries out an assessment;
  - OT provides the Council with recommendations for works;
  - The Council agrees the works;
  - The Council tenders for the works to ensure value for money;

- The resident makes their formal DFG application and is processed;
- Once the grant has been approved, the work is booked in with the contractor (subject to their availability);
- Work starts on site.

By delivering the service in house, a good workflow has been established to enable fluidity in the system. Referrals are now made from Occupational Therapists (OTs) continuously, meaning that contractors are constantly busy, with a good flow of fresh work. When workflow is consistent, without gaps, it enables a good level of grant approvals to be made, which in turn enables spend to be better managed going forward.

- 16 The Council is legally entitled to charge a fee (which is eligible to be included in the grant award) to cover the costs of processing a DFG. It is anticipated that this will recover for the Council in the region of £20K - £25K each year and this will contribute towards the salary of the Support Officer role as well as to wider corporate savings. The Housing Team has spent the period of the pilot working with the Council's legal team to develop contracts to cover the charging of fees.

### **Customer Satisfaction**

- 17 Customer satisfaction for the in house delivery of DFGs is high with no customers reporting that they were dissatisfied. 60% of customers very satisfied – the highest rating.
- 18 Details of customer feedback during the pilot period are set out in appendix 1. Please note, not all fields in the questionnaire are mandatory which means that some customers did not provide a response to all questions.
- 19 All customers were really pleased when the works were complete. An example of the positive impact this service has on the lives of residents is further illustrated in the case study in appendix 2 of this report.
- 20 There have been no formal complaints regarding the in house DFG service during the period of the Pilot.

### Some customers found the paperwork confusing

- 21 Some customer feedback advised that the paper work was confusing. The Council originally used paperwork used by the HIA and having acted on this customer feedback, documents have been streamlined. More support is also now given to customers to complete paperwork. We will monitor this going forward to ensure this issue has been fully resolved.

### Some customers thought that the process took too long.

- 22 Processing times for DFGs have improved since service delivery was brought in house from the HIA but the customer feedback clearly demonstrates that customers do not understand that the process of assessment, applying for funding and installing works is lengthy and takes several months. All applications for

## Agenda Item 10

adaptions are urgent to the resident but having to wait while agencies and contractors are coordinated, tenders obtained and drawings undertaken is frustrating when you are not well and struggling to cope at home, perhaps with carers visiting several times a day. Since bringing the service in house a layer of bureaucracy has been removed and decision making has been streamlined and made faster.

- 23 The DFG process is still multi agency and residents are confused as to who is responsible for what part of the process. For example, there can be a 12 month wait for a social services assessment which residents sometimes misunderstand as being the responsibility of the District Council. Residents also don't understand the lead in time needed by each agency to complete their part of the process, for example, it can take up to 8 weeks to manufacture a stair lift and 10 weeks to build a through floor lift. Although this is not a long time in reality to construct equipment, it seems a long time for the person who is relying on a commode and can't get upstairs. Other factors that can contribute towards delays are the poor health of the customer and the availability of contractors.
- 24 This feedback has enabled us to develop appropriate literature to explain clearly the average length of time for different types of installation so that the customer has a realistic understanding of what will happen and how quickly. A flowchart is also being developed to set out the process with estimated timescales for each element, along with who is responsible for each part to help customers understand better.

### Some customers told us there were too many surveys

- 25 This feedback from customers highlighted that they were being asked a number of times whether they were satisfied with the service. This was a particular issue for West Kent tenants who are surveyed by both West Kent and the Council.
- 26 Steps are being taken to implement a "Tell Us Once" approach by combining all satisfaction questionnaires and the Council taking the lead on undertaking the survey as we are ultimately responsible for paying contractors.

### **Working in Partnership**

- 27 Managing the service in house has enabled the Council to work much more closely with contractors and develop a high level of trust with them; this was something that was not possible when the service was delivered with the HIA, as the HIA was an intermediary who liaised with contractors. The benefits of the in house service is that the Council is able to vet contractors more effectively and identify issues more quickly. As there is a closer working relationship with contractors the Council is able to negotiate effectively in the interests of residents and resolve any issues that arise direct. Under the previous system, the Council tended to hear of problems rather than be notified of them and was not always involved in finding a solution which added to delays and complaints.
- 28 Delivering the Service in house has also enabled improvements in the working relationships with KCC Occupational Therapy Case Managers. Constructive dialogue regularly takes place to resolve issues with demand for the service through regular meetings. These meetings enabled the Council to establish that

due to restructuring within KCC, referrals for adaptations were not always being passed through to OT's. This has now been resolved. In addition to restructuring, KCC has experienced difficulties retaining experienced, skilled OT's and staff at KCC change frequently, which has made consistency in approach regarding assessments difficult to achieve. SDC organises a district wide meeting on a quarterly basis with all OT's where individual cases are discussed. Where there are difficulties, solutions are identified with input from everyone present. The regular liaison with KCC OT's also helps to resolve conflict between what is requested and what is reasonable to fund from the public purse.

- 29 KCC OT's provided some comments for this report which confirmed that professional relationships are good, there is mutual respect on all sides and problems are always resolved. However, their feedback also highlighted that they did not completely understand the Council's role and responsibilities relating to DFG funding and there is a need for more joint training in this area. This will be achieved by introducing into the quarterly meetings with OT's case study examples to discuss as a group, explaining why and how certain decisions were made by the Council and how issues were resolved. This was not possible to achieve when the process was managed by the HIA.
- 30 KCC staff also confirmed that when the Housing Standards Team are fully staffed, the service provided is fast and streamlined, highlighting the importance of recruiting to the vacant trainee Housing Standards Officer post.
- 31 Other aspects they considered to be good practice are the dedicated Housing Standards Support Officer role which provides a point of contact for customers to respond to their queries. People find this very helpful and reassuring. The Housing Standards Support Officer role is a cross cutting role and pulls together initiatives from the Council's Housing Policy Team, such as providing energy efficiency advice and promoting Switch and Save, Health initiatives such as Winter Warmth. HERO Project and housing options, as well as identifying top up charitable funding. This provides an enhanced service to residents which has a wider scope than just DFGs and is excellent value for money.
- 32 KCC strongly felt that now the service is in house, there are less links in the chain of communication and information is passed on fewer times giving less scope for confusion or mistakes.

### **Customer Choice**

- 33 Customers are able to select an agent or contractor of their choice to do the work and the Council supports them in selecting the right contractor for them. Another benefit is that the customer is also able to commission the contractor do private work for them whilst the contractor is carrying out DFG work. This is at the customers own cost and is usually at preferential rates. Customers can select the contractor of their choice from the three that tender for the works, even if this is not the lowest quote, on the basis that the customer will pay the difference.
- 34 There is also the option for the customer to do the works themselves but in these circumstances, the grant funding just covers materials only.

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- 35 The customer has control over whether to proceed with the grant or not and on bigger grants, we try to accommodate customer's requirements and wishes as much as possible by providing offset grants. This enables customers to control how their needs are met and what the DFG contributes towards. Usually when an offset grant is provided, this is to deliver a solution which is usually a more extensive than the state alone can provide.
- 36 The customer can also choose when, within the 12 months from approval of the grant, when the works are undertaken.

### **Audit**

- 37 Mid point through the Pilot programme, the Council's Audit Team reviewed the working arrangements for this service and gave feedback. The report from internal audit recognised that the service was in development and rated the service "satisfactory". Audit confirmed the areas that had already been identified by the Housing Team as needing development during the pilot and made recommendations to support these, all of which have been implemented and used to design the way the service is developed.
- 38 One of the main areas of progress is obtaining further support from the Council's IT team. There was limited knowledge in house of how to manage the Uniform software used to administer grants and in order to improve this, IT have agreed to joint fund with Housing the engagement of a specialist Uniform consultant to meet with both IT and Housing to establish exactly what is needed from the software and then go on and develop a bespoke training course so that the software is effectively utilised going forward.

### **Future Opportunities**

- 39 As the contracts are not yet in place to cover the charging of fees, the Council is unable to take on private work for people who are not eligible for grant funding but who can fund their own works. Once the contracts are in place, the Council will be able to charge a fee for these works and generate additional income. This work is currently being undertaken by the HIA. The HIA often is not the resident's first choice of agent as, in order to establish that the resident is not entitled to a DFG; the Council has visited them at home, usually with the OT and completed paperwork. The resident feels that they trust the Council and do not want new people introduced to the situation but they are unable to engage us without the appropriate contract. The Council's legal team have helped to develop the appropriate contract and enquiries are being made with our insurance company to indemnify the Council. Once these aspects are in place, the team can consider private work.
- 40 There is a need to develop SDC staff to increase their experience and expertise so that the Council can process larger and more complex work. At present, complex jobs are undertaken by the HIA and they claim a fee for this work. If the Council developed in house skills, there would be the opportunity to charge more fees and increase income going forward.

- 41 The Team would like to explore whether there is also scope to deliver DFG works for others Authorities where they do not have the technical skills in house to do this work themselves. This would generate more income for the Council.
- 42 Consideration also needs to be given to future demand for DFG's in future. Should the Council find continuing to provide additional capital investment at the same level as at present challenging, a further risk assessment and options appraisal would be needed to evaluate the impact of this at that time.
- 43 Demand is likely to increase going forward and KCC OT's have identified drivers for demand for DFGs as:
- People are increasingly keen to remain in their own homes;
  - More community services such as Telecare and Telehealth technology and Community Rehabilitation teams prevent/reduce admissions and drive towards keeping people at home rather than in institutions;
  - The District has an ageing population;
  - Medical treatments have advanced meaning people live longer, or are able to live fuller lives within the community rather than in an inpatient/residential setting.
- 44 There is also an element of hidden demand in the system as delays in obtaining an OT assessment can mean that it can take up to 12 months to obtain an assessment in some cases.
- 45 Should grant funding reduce, or SDC be unable to contribute capital funding, it is likely that policies would need to be changed to target available resources by introducing a system which directs grant aid to those most in need. Such action would put the Council at greater risk of legal challenge and the implications of this need to be properly considered at that time. Deferred payments could be considered to contractors which could result in contractors refusing to undertake DFG works. The possible affect of these factors is noted but is considered to be outside the scope of this report on the performance of the in house pilot.
- 46 The Better Care Fund was introduced in June 2013 to support the transformation and integration of health and social care services to ensure local people receive better care. The Better Care Fund is a pooled budget that moves resources into social care and community services in order to better meet the increasingly complex needs of an aging population. Grant funding for DFGs has been included in the Fund so that the provision of adaptations can be incorporated into the strategic consideration and planning of investment. It is paid to KCC and passed on to District Councils, who have a statutory duty to provide DFGs. While our DFG funding is currently ring-fenced and KCC must pass it to Districts, it is a risk that this may not always be the case. This situation will continue to be closely monitored as the Better Care plans become more established.

# Agenda Item 10

## **Key Implications**

### Financial

Some potential financial implications have been set out in the body of this report at paragraphs 43 – 46.

### Legal Implications and Risk Assessment Statement.

The Council has a statutory duty to deliver DFGs, There are no other legal implications arising from this report.

### Equality Assessment

Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper directly impact on end users. The impact has been analysed and varies between groups of people. The results of this analysis are set out immediately below.

When awarding DFG funding there is an impact on individuals who have a protected characteristic as awarding funding will mean treating some individuals more favourably than others. This is justified however; as this funding will advance the disabled individuals circumstances so that they can have a good quality of life, live at home and receive safe care, the same as any other person would who does not have a disability.

## **Conclusions**

Please see the Executive Summary at the beginning of this document. A Portfolio Holders decision has been taken to support the continuation of the delivery of DFG's in house.

## **Appendices**

Appendix A – Monitoring report data

## **Background Papers:**

Appendix 1: Customer Satisfaction Survey results.

Appendix 2: Case Study

Appendix 3: Current Policy

**Pat Smith**  
**Chief Housing Officer**



**Appendix A**

Monitoring Report - Jan to March 2015

|  | Dartford           | Gravesham             | Maidstone          | Sevenoaks & West Kent HA | T & M              | Tunbridge Wells    |
|--|--------------------|-----------------------|--------------------|--------------------------|--------------------|--------------------|
| <b>Total Budget</b>                                | <b>£400,000.00</b> | <b>£590,000.00</b>    | <b>£780,000.00</b> | <b>£566,000.00</b>       | <b>£652,000.00</b> | <b>£600,000.00</b> |
|  |                    | +540,000<br>last year |                    |                          |                    |                    |
| Total Expenditure in Quarter                       | £112,999.00        | £354,203.35           | £199,146.00        | £311,096.00              | £145,652.00        | £201,911.26        |
| Total Spend to date for year                       | £338,007.00        | £763,468.04           | £555,453.00        | £548,255.00              | £559,000.00        | £504,099.10        |
| <b>Percentage Spend</b>                            | <b>84%</b>         | <b>67%</b>            | <b>71%</b>         | <b>97%</b>               | <b>85%</b>         | <b>84%</b>         |
| No.of applications approved in quarter             | 8                  | 13                    | 26                 | 16                       | 18                 | 20                 |
| No of applications in quarter                      | 7                  | 7                     | 20                 | 21                       | 17                 | 20                 |
| Total amount of grant approved in quarter          | £87,147.00         | £122,208.30           | £173,752.00        | £145,255.00              | £74,457.00         | £132,438.60        |
| Total eligible costs of work approved in quarter   | £88,031.00         | £124,353.76           | £173,752.00        | £146,629.00              | £78,252.00         | £135,202.82        |
| Total No of applications approved to date          | 33                 | 61                    | 132                | 89                       | 77                 | 77                 |
| Total amount of grant approved to date             | £280,296.00        | £742,934.17           | £875,859.00        | £565,732.00              | £494,720.00        | £521,834.31        |
| Average value of grants approved in financial year | £8,494.00          | £12,179.25            | £6,901.00          | £6,356.55                | £6,425.00          | £6,777.00          |
| No of applications outstanding                     | 1                  | 0                     | 5                  | 5                        | 0                  | 1                  |
| No of enquiries outstanding                        | 44                 | 89                    | 37                 | 29                       | 161                | 37                 |
| Av time for approval year to date (wks/dys)        | 13 days            | 13.25 Days            | 103 days           | 14                       | 8                  | 7 days             |

**SEVENOAKS DISTRICT HEALTH INEQUALITIES ACTION PLAN - END OF YEAR SUMMARY REPORT AND DRAFT 2015-18 PLAN**

**Housing & Health Advisory Committee – 22 September 2015**

Report of Chief Officer Communities & Business

Status: For Consideration

Also considered by: Health Liaison Board - 16 September 2015  
Cabinet – 15 October 2015

Key Decision: Yes

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**Executive Summary:** The 2014/15 annual summary report of the Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan for Members to note. Draft 2015-18 Sevenoaks District Health Inequalities Action Plan for Members to consider and adopt.

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**This report supports the Key Aim of** reducing health inequalities and improve health and wellbeing for all

**Portfolio Holder** Cllr. Michelle Lowe

**Contact Officer** Hayley Brooks Ext. 7272

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**Recommendation to Health Liaison Board:**

Members are asked to note the report

**Recommendation to Housing and Health Advisory Committee:**

Members are asked to note the 'Mind the Gap' Health Inequalities Action Plan and consider and recommend to Cabinet that the Draft 2015 – 18 Sevenoaks District Health Inequalities Action Plan be adopted.

**Recommendation to Cabinet:**

That Cabinet consider and adopt the Draft 2015 – 2018 Sevenoaks District Health Inequalities Action Plan.

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**Reason for recommendation:** The 2014-15 annual report summaries actions taken by Health Action Team partners. Adoption of the new three year Plan to continue the work of reducing health inequalities across the District.

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# Agenda Item 11

## **Introduction and Background**

- 1 In 2013, all District Councils in Kent were asked to produce an action plan based on a County-wide template to deliver local objectives with partners to reduce health inequalities in each district.
- 2 At facilitated 'Mind the Gap' workshops in 2013, partners identified priorities under each objective, detailed at point 7, and measurable actions for partners to deliver where developed for this District based on the statistical data, health profiles and local knowledge.
- 3 Members will recall that the Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan was considered by Members at the Health Liaison Board on 11 September 2013 and Economic & Community Development Advisory Committee on 24 October 2013. The Plan was then adopted by Members at Cabinet on 5 December 2013.
- 4 The Sevenoaks District Health Inequalities Action Plan is a two year plan running from 2013-2015 and is delivered through the Health Action Team partnership, co-ordinated by this Council. The partnership meets quarterly and includes key partners from across the District who are delivering actions set out in the plan to improve the health and wellbeing of residents.
- 5 Partners on the Health Action Team include Kent County Council, West Kent Housing Association, SDC Housing, town and parish Councils, Kent Community Health Trust, Children Centres, Learning Disability Partnership, Age UK, Sevenoaks MIND, Seniors Action Forum, Sencio Community Leisure, Voluntary Action Within Kent, North West Kent Countryside Partnership, West Kent Extra, West Kent and DGS CCG's, Alzheimer's and Dementia Support Services, South East Dance and Moat Housing.

## **2013-15 Sevenoaks District Health Inequalities Action Plan Overview**

- 6 The two year Plan provides a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities in the Sevenoaks District.
- 7 The Action Plan sets out six objectives to reduce health inequalities across the District:
  - Give every child the best start in life;
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives;
  - Create fair employment and good work for all;
  - Ensure a healthy standard of living for all;
  - Create and develop healthy and sustainable places and communities;
  - Strengthen the role and impact of ill health prevention.

- 8 The progress of partnerships actions collected as part of this Action Plan is collated quarterly to contribute to delivering the health and wellbeing priorities in the Sevenoaks District Community Plan.

**2014/15 – End of Year Summary Report**

- 9 Sevenoaks District Council is responsible for monitoring the Action Plan in partnership with the Health Action Team. Monitoring data is collected from partners and reported at the quarterly Health Action Team meetings. The Action Plan uses a traffic light system to measure progress as follows:

- Green – on target or exceeded target
- Yellow – target not achieved, requires some remedial action
- Red – Unlikely to be achieved
- Purple – Data missing

- 10 The two year action plan contains 56 actions. A target within the Communities and Business Service Plan was set for over 80% of actions on target. The annual monitoring summary for 2014/15 at Appendix A shows the following:

|               |            |
|---------------|------------|
| <b>Green</b>  | <b>82%</b> |
| <b>Yellow</b> | <b>7%</b>  |
| <b>Red</b>    | <b>2%</b>  |
| <b>Purple</b> | <b>9%</b>  |

- 11 2% of the actions are red. These were identified by the SDC housing team as a development issue that was outside the District Council’s control, causing a number of schemes to be delayed. These will be included in the higher target number for 2015/16. This summary shows that 9% of the actions had some data missing (marked in purple) at the end of 2014/15 and we continue to work with partners during 2015/16 to collect measureable data for these actions. The progress made against the actions can be found on pages 5 and 6 of Appendix B.

Moving Forward

- 12 When we compare our 2015 Health Profile to that of 2012 there have been improvements as follows:

- A reduction in the number of children living in poverty
- Increases in male and female life expectancies
- A decrease in the life expectancy gap between the most and least deprived men, from 4.5 years to 3.2, which is a reduction of 1.3 years

## Agenda Item 11

- A decrease in the percentage of children in Year 6 who are obese
- Decreases in hospital stays for alcohol related harm and self-harm

However, through the same profiles we are also seeing:

- An increase in numbers killed or seriously injured on our roads
- Increases in smoking related deaths, excess winter deaths and hip fractures
- Increases in recorded diabetes and malignant melanoma
- An increase in drug use and in alcohol specific hospital stays for the under 18s

13 With the current two year Mind the Gap Plan at an end, Officers have reviewed the priorities to develop a new three year action plan (2015-18). The priorities are:

- 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
- Reduce the gap in health inequalities across the social gradient

14 Deliverable and measurable actions relating to these priorities identified within each section of the new plan will be monitored by Officers and reported quarterly to the Health Action Plan partners.

### **Key Implications**

#### Financial

15 Sevenoaks District Council received £130,741 from Kent County Council in 2015/16 for the co-ordination and delivery of health prevention programmes by this Council, through a Service Level Agreement. Further funding for 2016/17 has not yet been confirmed by KCC.

#### Legal Implications and Risk Assessment Statement.

16 There are no legal implications relating to this report

Equality Assessment

- 17 Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The impact has been analysed and does not vary between groups of people. The decisions recommended through this paper are the result of a wide-ranging health impact assessment and the action plan responds to the identified needs.

**Resources (non financial)**

- 18 Staff to co-ordinate and facilitate the health projects are paid from the funding that this Council receives from Kent County Council Public Health Directorate.

**Conclusions**

- 19 Members are asked to note the contents of the 2014/15 annual summary report for the 2013-15 Sevenoaks District Health Inequalities Action Plan at Appendix A.
- 20 Members are asked to consider and adopt the new 2015-18 Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan at Appendix B.

**Appendices**

Appendix A –2014/15 Annual Summary Report

Appendix B – 2015-18 Sevenoaks District Health Inequalities Plan

**Background Papers:**

[Sevenoaks District Community Plan](#)

[2013-15 Sevenoaks District 'Mind the Gap' Health Inequalities Plan](#)

Health Impact Assessment

**Lesley Bowles**  
**Chief Officer – Communities & Business**

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# Sevenoaks District Council

## Health Inequalities Annual Report

### April 2014 – March 2015

#### 1. Introduction

Sevenoaks District Council is commissioned annually to deliver a range of health prevention programmes by Kent County Council's Public Health Team. The Sevenoaks locality funding allocation is £130,741 per annum to deliver agreed programmes to contribute to actions with the Sevenoaks District Health Inequalities Action Plan and to improve the health and wellbeing of local residents.

During 2014/15, this Council has delivered 1,108 individual sessions as part of the programmes with a total of 10,995 attendances at these sessions, with 2,054 new people taking part during this year. Case studies to showcase individual achievements, outcomes and the benefits of attending the programmes are detailed from page 9 of this report.

#### 2. Health Inequalities Action Plan

The work this Council is commissioned to deliver forms an integral part of the Sevenoaks District Health Inequalities Action Plan, 'Mind the Gap'. The summary below shows the outcomes and outputs achieved and how these contribute to this Action Plan:

| Target  | How is that measured?  | 2013/<br>2014<br>Baseline | 14/15<br>Target | 14/15<br>Year<br>Total | Year<br>End<br>Status | Year End Narrative   |
|---|--|---------------------------|-----------------|------------------------|-----------------------|--|
| Support parents and children to maintain a healthy weight   | No. attending Fun, Fit and Active  | 23                        | 25              | 25                     | Green                 | 25 families from the Edenbridge, Sundridge and Brasted, and Otford Primary school attended the Fun, Fit and Active Programme, learning about exercise and nutrition  |
| Increase interaction between parents and children including healthy lifestyles and active play    | Attendances at Health Promotion Projects run with Children's Centres by SDC        | 14                        | 15              | 16                     | Green                 | Sevenoaks District Council has worked closely with Children's Centres in the District to run the new children's healthy living programme in Sevenoaks and Edenbridge, using their kitchens to teach families about healthy cooking and eating. |
| Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls | No. of Chair Based Yoga Projects run by SDC  | 3                         | 3               | 3                      | Green                 | SDC continues to offer 3 chair based yoga classes. The target for 14/15 was 2000 and there were 2630 attendances. The participation numbers for the yoga classes are continuing to increase each year.   |
|   | No. of Health Walks delivered by SDC   | 8                         | 9               | 8                      | Green                 | SDC currently run 8 health walks with on average 144 walkers taking part each week. SDC is looking to develop the walks next year by adding a few more to the programme.   |
|   | No. of people attending Yoga, Chair Based exercises and postural stability classes | 2560                      | 2000            | 2630                   | Green                 | See 6  |

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| Target  | How is that measured?                                 | 2013/2014 Baseline | 14/15 Target | 14/15 Year Total | Year End Status | Year End Narrative   |
|---|---|--------------------|--------------|------------------|-----------------|--|
| Improve early diagnosis of dementia and provide services and activities to support sufferers and carers | Number of Health Checks Undertaken by SDC Health Team | 217                | 80           | 83               | Green           | The SDC Healthy Living Team has completed 83 health checks this year across 7 libraries.   |
| Promote sensible drinking and ensure treatment and support services are accessible for all              | Number of AUDIT-C's completed                         | 359                | 200          | 362              | Green           | These assessments are carried out as part of the Health Check System and the Why Weight and Get Sorted Programme.                                |
|   | Number of AUDIT-C's that were follow ups              | 151                | 125          | 172              | Green           |  |
| Reduce the prevalence of Type 2 diabetes through early detection and prevention                         | No. of People attending Why Weight and Get Sorted     | 1160               | 1400         | 1648             | Green           | The SDC Healthy Living Team have achieved this target for the fifth year running, and now has over a thousand people registered on the programme |
| Deliver activities to promote the benefits of increased physical activity and reduce obesity            | No. of people attending SDC Health Walks              | 5913               | 5000         | 6434             | Green           | The number of attendances on SDC Health Walks exceeded the target of 5000 by 1434.   |
|   | No. of Attendances at Up and Running                  | 81                 | 60           | 69               | Green           | The Up and Running Programme has continually achieved the outcomes of the project.   |

### 3. Healthy Weight

#### Adult Weight Management Programmes:

**Why Weight -** A 12-week adult weight management course run by qualified professionals. Designed for people who are over 18 and have at least two stone to lose. Helps people to understand the relationship between food, exercise and weight control. Each weekly session focuses on a particular healthy eating subject and a 30 minute reintroduction to exercise class.

The Adult Weight Management Programmes have continued to grow during 2014/15, building on the success of previous years. The target set for this project is for 230 adults to be recruited to a 12 week weight management programme.

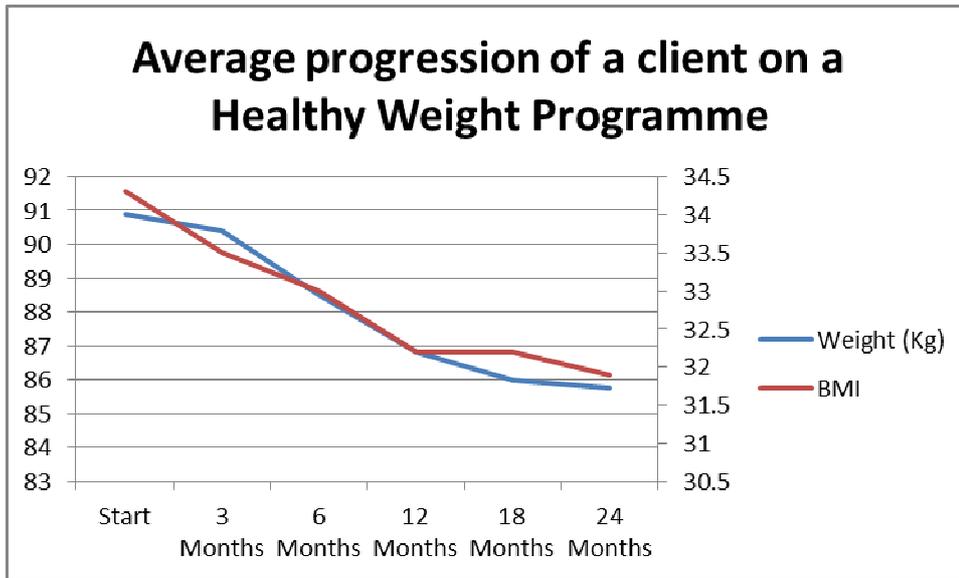
Referrals from a range of health professionals, including GPs, nurses, Health Trainers, KCHT (Kent Community Health Trust) and pharmacies, continue to rise, from 19% in 2013/14 to 22% in 2014/15. The increase in referrals has been a result of Health Trainers and Kent Community Health Trust Health Check Team now linking into the work that SDC are delivering.

In 2014/15 we recruited 274 adults and who completed the programme, this represents a deliver of a 20% increase over the target. As a result of increased referrals and partnership working with key local organisations, including Sencio community leisure, New Ash Green Sports Centre and West Kingsdown Village Hall, we have seen an improvement in the retention figures of people

attending at least 8 sessions, which is considered to be a threshold to sustained lifestyle and behaviour changes.

As part of the programme, each person has their Body Mass Index (BMI) recorded at the start and end of the 12 week programme and then at 6 monthly intervals to record and track their lifestyle changes, weight loss and weight measurement. At Week 1 of the programmes, a total of 65.8% of people recruited were classed as overweight (BMI: 28-39), and a further 16.6% classed as obese (BMI: 40+). Table 1 demonstrates the average progression of participants of Why Weight over a two year period, including the 12 week programme and follow-up intervals:

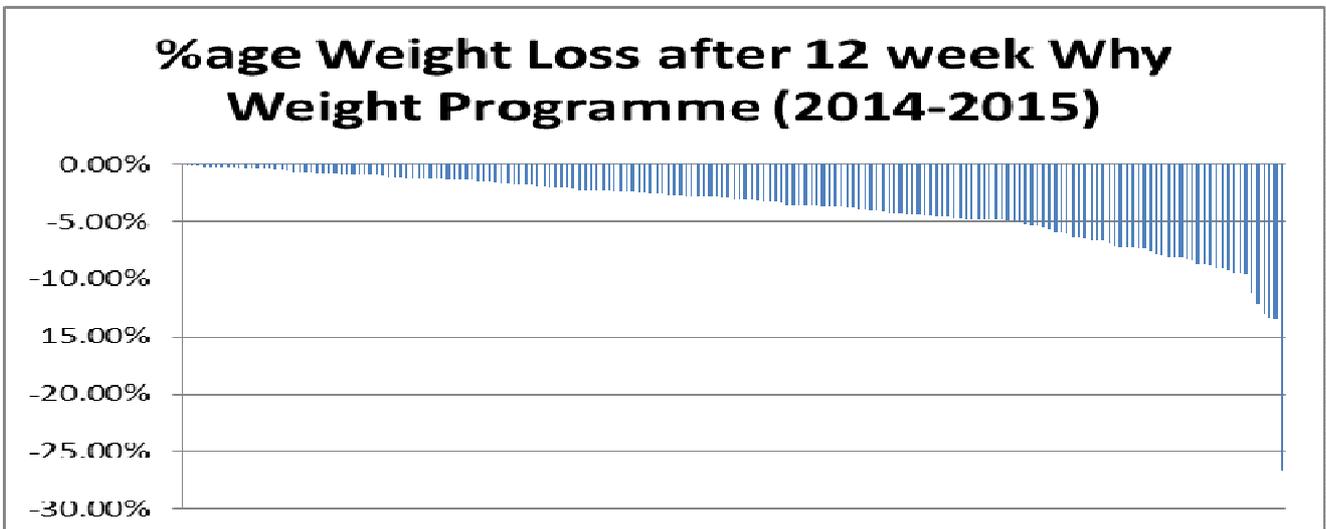
Table 1:



11.5% had a BMI under 28, and these were referred to the programme as they have co-morbidities (a long term condition including Type 2 Diabetes, Asthma, Joint Problems, Arthritis, Heart Conditions etc); evidence shows that this group can also benefit from attending the programme as it educates them on healthy food choices and exercise to help them manage Long term conditions.

Table 2 indicates the percentage weight loss of participants who have taken part in the Why Weight programme at 12 weeks. The table indicates that 16.8% have already achieved the 5% weight loss target during the Why Weight programme and around 60% of participants have lost sufficient weight to be on course to lose 5% shortly after attending the course..

Table 2:



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Feedback from the programmes continues to be very positive with many of the participants motivated to achieve longer term goals, including signing up for gym membership and getting involved in other activities in their local area.

### Positive changes recorded in lifestyle, exercise and behaviours - Week 1 to 12

Physical Activity: 26.49% of people increased their minutes of moderate or vigorous exercise  
Healthy Eating: 26% of people increased their portions of 5-a-day  
Mental Wellbeing: 14.5% of people stated that their mental wellbeing had improved

To establish the effectiveness of the Why Weight programme, each year we ask people at the end of the programme if they are able to share their story. A case study is set out at Appendix A

### In Summary

Since April 2010, we have recruited and supported 1,291 people through Why Weight in the Sevenoaks District, with most taking advantage of our 1:1 on-going support service, Get Sorted, which helps them to continue to maintain their weight loss and achieve health goals. For these participants, the following achievements have been noted:



- 77% continued to achieve their weight loss goals after two years, with 31% of these achieving a weight loss of 5% or over;
- Total inches lost at waist measurements – 380 inches;
- Total weight loss – 2.1 tonnes;
- New minutes of exercise – 77,738 mins per week;

### Recommendations for 2015/16

SDC has a policy of continuous evaluation of services and projects and has evaluated Why Weight on an ongoing basis, including surveying participants for their feedback. Recommendations include;

- A reduction in participants per Why Weight from 20 to 15. It has been highlighted that the high number of people in one session is why people drop out.
- Introduce incentives to all programmes; Retention numbers of participants to eight or more sessions during this year's programmes that had incentives, were significantly better than those with no incentives.

### 4. Fun, Fit and Active (Family Weight Management Programme)

Throughout this year we have continuously worked in partnership with the healthy Schools Team at KCHT, school nurses, children's centres and primary schools to work with targeted schools that are flagged through the National Child Measurement survey. Each year we work with five schools to help families achieve a healthier lifestyle and improve their child's weight.

The schools we worked with were;

- Edenbridge Primary School,
- Sundridge and Brasted Primary School,
- Downsview Primary School,
- Horizon Primary School
- Otford Primary School.

We worked with Head teachers or specialist Health Coordinators at each school to look at actions that could be put in place to achieve enhanced healthy Schools status which includes;

- encouraging pupils to get more active,
- educating on healthier lunches,
- catering staff offering healthier options, a
- for parents to understand the benefits of eating healthily for the whole family.



Part of the criteria for a school to receive Healthy School status is to run family programmes and school workshops that encourage parents and children to learn more about healthy eating and increase participants in exercise.

We have run and completed three programmes reaching out to 25 families who all have benefited from the experience and adopted healthier options within their family's lifestyle and behaviours.

In each of the five targeted schools for this year, the SDC health team has attended and presented at whole school assemblies and workshops for each year, educating and reaching out to over 1301 students on healthy eating. We also ran coffee morning sessions for concerned parents who have benefit from talking to a nutritionist about healthier lifestyles.

### 5. Health Walks

We have continued to support eight health walks across the District, led by trained volunteer health walk leaders. There were a total of 6,928 attendances, an 17% increase from last year, with 101 first time walkers.

We have managed to run two health walk leader training sessions and have trained an additional six volunteers to lead Health Walks across the District.

The health walk programme has not only given people the opportunity to socialise and explore their rural surroundings, but it has also helped people improve their fitness and wellbeing. Each year we have increased the number of people joining health walks as a tool to lose weight and recover from pre-existing injuries or surgery. To capture this information, we evaluate each walk throughout the year.



### Positive changes recorded in lifestyle, exercise and behaviours

|                  |   |
|------------------|---|
| General fitness: | 78% reported that they felt fitter as a result of walking                   |
| Mental Health:   | 72.5% reported their mental wellbeing has improved                          |
| Weight:          | 18.75% reported that their weight has improved                              |
| Activity levels: | 62.5% reported they have increased the amount of activity they do each week |

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Here are a few comments from participants;

*“The walking group is helping to strengthen my joints and build up my stamina. Joining the group has made me less isolated.”*

*"Quite a social event, look forward to it each week, met a lot of new people. Very friendly group and leaders. Feels good for health reasons to be outside regularly."*

### 6. Yoga Classes for Over 50s

- Three classes have continued to run each week, in Shoreham, South Darent and Dunton Green. There was 1,391 recorded attendances this year with 20 new recruits. Most common conditions, of people attended, include heart conditions, back pain, cancer, Osteoporosis, Asthma, Spinal Stenosis, Knee operation, and joint operation. It has been reported by these individuals that the yoga classes have helped strengthen, relax, and motivate each of them in their recovery.



Of the sample of people evaluated:

- 61.7% have a pre-existing medical conditions and stated that their condition has improved as a result of this class
- 85.2% feel that their general fitness has improved
- 73.4% reported that their mental wellbeing has improved

### 7. Falls Prevention

Falls Prevention classes target those at risk of falls and sustaining osteoporotic fracture, through identifying risk factors such as history of falls/recent injuries from, balance/gait problems, inability to rise from chair without using arms, multiple medications etc.

The aims of the class are:

- Improving older people's stability during standing, transferring, walking and other functional movement
- Strengthening muscles around the hip, knee & ankle
- Increase the flexibility of the trunk & lower limbs
- Teaching coping strategies, for example, how to get up from the floor and whether it is safe to do so after a fall.
- Relearning skills of everyday living and maintenance of upright posture during balance challenges

We have continued to run four falls prevention programmes across the District, facilitated by experienced and fully trained instructors. This year, we have had increased attendance, due to a successful care plan developed by Kent County Council with support from the local authorities and primary care services. We have had 1,238 attendance and 40 new recruits, which a 50% increase from the previous year.

To capture the impact Falls prevention sessions has on an individual, we produced a case study on a participant of the class to talk about how he has improved as a result Appendix D

## 8. NHS Health Checks

SDC is commissioned by Kent Community Health Trust to deliver NHS Health Checks across the District. The service is to establish underlining issues people may have that they are unaware about.

During the year, we delivered 66 checks to residents who have been identified by health colleagues as not regularly visiting their GP. The health check consists of checking;

- their blood pressure,
- identifying their BMI,
- checking their cholesterol levels,
- smoking status,
- level of activity,
- and alcohol consumption.

To identify groups we worked in partnership with Kent County Council's Libraries, Registrations and Archives service to run six health check events in local libraries during a six month period. Appendix C is a copy of the advert we placed in our in-house council magazine. Recruitment from this filled 80% of the spaces available.

As a result of screening these 66 individuals, the following results were identified:

- 50% people with a BMI above a healthy weight;
- 17% people with high cholesterol;
- 30% people with high blood pressure

All of these people were classified as being at a risk of developing a long term health condition including Type 2 diabetes etc. and received lifestyle advice, referring to their GP for a follow up test and into our healthy living programmes including Why Weight.



## 9. Up and Running

Up and running is a Progressive running group for women suffering mild depression or anxiety

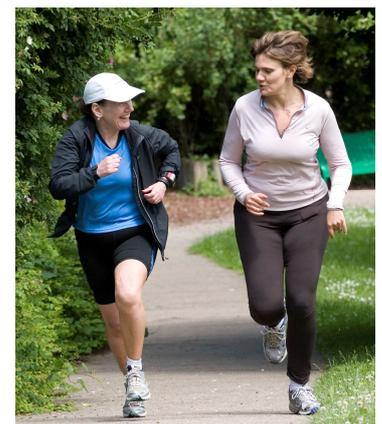
During 2014/15, we ran two ten week programmes, recruiting 11 people and delivering 20 sessions.

The programme was advertised in;

- Local newspaper
- Local Leisure Centre
- Town magazine
- And SDC in-house council magazine (Appendix C)

At the end of the programme participants were asked to complete an evaluation form to express how they felt the programme had impacted on their mental health, and below is some of the feedback from people taking part:

*"It has given me a sense of achievement as well as improving general health and fitness"*



## Agenda Item 11

*“It has greatly benefited me having a regular exercise programme and meeting up with other like minded people”*

### 10. Virtual Healthy Living Team

The SDC healthy living team supports community projects, led by residents or community organisations. This year, we have built stronger relationships with the community and achieved outcomes working:

#### Dementia

Sevenoaks District Council is a member of both the Dementia Forums in the District (Swanley and the Northern Parishes and Sevenoaks Area). Other members include resident representatives, Kent County Council, Local Schools, Alzheimer’s and Dementia organisation, Good Care Group, Town and Parish Councils. Much of the focus for the groups this year was to identify gaps in provision and services that are available to residents who are affected. Another outcome was to train and support front line staff with their understanding of dementia to be able to support customers.

- Four community dementia events were organised, reaching out to over 150 residents and businesses, offering them information on local services.
- To help support frontline SDC, arranged five dementia friends sessions at the Council offices, training over 230 staff.
- SDC supported Alzheimer’s and Dementia services, community wardens and the local voluntary group to set up a memory café in Hartley for people living with dementia. (Appendix F)

# How the waist was won

Hartley resident Maris Goddard is looking great since she took part in our 'Why Weight' health programme in September.



**T**he 53 year old Bexley Council worker has lost a staggering three stone and, for the first time ever, even enjoys shopping for ladies' fashion. What's more her healthy habits have rubbed off on her husband who has lost weight as well.

Maris spoke with In Shape about Why Weight and how it's changed her family's life for the better.

"I heard about Why Weight from my GP. I have Type 2 Diabetes and was at the limit of taking oral medication to control my condition. My GP gave me an ultimatum: lose weight to reduce my blood glucose level or begin insulin injections.

"I decided to join the Why Weight 12 week healthy weight programme. Every week we started with 30 minutes of exercise. Combined with weekly weigh ins and advice about healthy eating and a healthy lifestyle, it gave me all the tools I needed to lose weight."

"Prior to Why Weight I'd refused to have scales at home, but I found it helpful to have someone keeping

an eye on me during the weight ins, offering encouragement. The best thing was meeting up with likeminded people to share tips, experience, encouragement and plenty of laughs."

"Since finishing Why Weight, I take daily exercise and follow a healthy diet. For the first time in years I'm in control of my weight. I feel confident and even enjoy clothes shopping, something I've never done before."

"As well as losing three stone, my blood glucose level has reduced and I'm on track to reduce my medication. And, as my husband Colin eats the same as me, he too has lost two stone and is looking great! Now I weigh less than I did when we were married in 1981.

"I even have bathroom scales at home and look forward to weighing myself each week!"

## The next Why Weight courses will begin on these dates and locations across the District.

- **Tuesday 22 April**, 6pm to 7.30pm, Sevenoaks Primary School
- **Thursday 24 April**, 1pm to 2.30pm, Swanley White Oak Leisure Centre
- **Monday 12 May**, 6pm to 7.30pm, Edenbridge Leisure Centre
- **Wednesday 2 July**, 6pm to 7.30pm, Swanley White Oak Leisure Centre
- **Friday 4 July**, 9.30am to 11am, West Kingsdown Community Centre
- **Friday 4 July**, 12 noon to 1.30pm, Sevenoaks Leisure Centre
- **Monday 22 September**, 6pm to 7.30pm, Edenbridge Leisure Centre
- **Tuesday 23 September**, 6pm to 7.30pm, Sevenoaks Primary School
- **Thursday 25 September**, 1pm to 2.30pm, Swanley White Oak Leisure Centre

To book a place, please call us on 01732 227000 or e-mail [healthyliving@sevenoaks.gov.uk](mailto:healthyliving@sevenoaks.gov.uk)

Why Weight is run by Sevenoaks District Council and funded by Kent Public Health

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# Four ways to health and fitness



## Health walks

Take a step towards a healthier life with our free weekly walks, which are led by trained volunteers. Walks take place in eight locations and are open to all, although children under 16 must be accompanied by an adult and last about an hour.

Cllr Faye Parkin runs the West Kingsdown walk: "Taking in the fresh air and meeting with the group is such fun and one of my highlights of the week. It's sociable and what's more, you're getting fit in the process."



## Yoga for over 50s

A relaxing way to improve fitness and flexibility. The classes take place in Dunton Green, Shoreham and South Darent with sessions costing £2 or £2.50 (depending on location) with refreshments included. There's no need to book, just turn up. Beginners and newcomers are always welcome.

Yoga leader, Sabine Smith, says: "The classes are a really relaxing, fun and a sociable way to improve fitness and overall wellbeing."

If you're looking for new ways to improve your health and fitness – look no further! We run many services to help you improve your physical and mental health whilst having fun and meeting new people.

To join in, visit [www.sevenoaks.gov.uk/health](http://www.sevenoaks.gov.uk/health) or call us on 01732 227000.

## Falls prevention

Aimed at residents aged 60 and over who are concerned about falling. Weekly sessions run in Edenbridge, Otford, Sevenoaks and Swanley and give you the knowhow to avoid a fall and what to do if you take a tumble. The classes includes light exercise, usually in a chair, to improve balance, strength and stability.

Session leader, Lucy Maclean, says: "These classes give confidence to older people, helping them to lead active lives, continuing to do the things they love."



## Up and Running

This is a jogging group for women who have mild to moderate depression, low self-esteem, anxiety or depression.

The group is ideal for non-runners and starts with walking and gentle jogging, building up over 10 weeks. Next courses begin after Easter in Sevenoaks.

There's a small charge for taking part.

Running group leader, Shona Campbell, says: "Outdoor exercise can really help with low moods and anxiety and this friendly and non-competitive group has helped many women. The majority say that their physical and mental wellbeing have improved as a result of taking part."



# Free health MOTs

If you're aged 40 to 74 you can give yourself the once over with our free health checks.

The personal MOTs can help steer your health in a positive direction by letting you know how to reduce your risk of heart disease, dementia, kidney disease, stroke and diabetes - conditions that all too often affect people in this age group.

Your results will be shared with your GP and they may contact you if they believe something needs a closer look.

The test involves answering some simple questions and giving a single drop of blood to test your cholesterol levels. Each check takes about half-an-hour and is taken by a qualified health professional.

The service is available to any resident who has not had a health check in the last five years.

To find out if you're eligible for a free health check visit [www.sevenoaks.gov.uk/healthchecks](http://www.sevenoaks.gov.uk/healthchecks) or call 01732 227000. Health checks are extremely popular and places must be booked in advance.



# Feel the benefits of running

Sevenoaks town has two unique jogging groups that can help you enjoy the benefits of running.

Up and Running aims to help women manage the symptoms of depression or anxiety and Primetime Jogging is for men and women aged over 50 who would like to take up the sport.

Up and Running was set up in 2010 by Harriet Heal, a clinical psychologist, and Shona Campbell, a running coach.

Primetime Jogging was set up in April by Jo Kingston, also an experienced running coach, and Shona Campbell.



Did you know that people who do regular physical activity have:

- an **83%** lower risk of osteoarthritis
- a **68%** lower risk of hip fracture
- a **50%** lower risk of type 2 diabetes and colon cancer
- a **35%** lower risk of coronary heart disease and stroke
- a **30%** lower risk of falls (among older adults), depression and dementia
- a **20%** lower risk of breast cancer

To find out more about these running groups, please phone or text Shona on 07710 279497 or e-mail [shona@shonacampbell.com](mailto:shona@shonacampbell.com).

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# Stan keeps his feet on the ground

A Swanley resident with a passion for plants is continuing to stay fit and active in the garden thanks to our Falls Prevention Classes.

In Shape spoke with 82 year old Stan Long, a former landscape management professional and keen gardener.

Stan, who has lived in the town for more than 40 years, attends our Falls Prevention Classes that have helped more than 50 older people over the last year to stay safe, active and independent by staying on their own two feet.

Stan says: "Although I've not had a fall, in recent years I had become more and more concerned that I may have one. I was quite worried that if I started to lean forward, even a little, I would lose my balance, stumble and end up on the floor. I know that at my age this can have serious, even life-threatening consequences.

"But when I heard about the Council's Falls Prevention Classes I thought it may help so I decided to give it a go.

"The classes are all about building up your body strength with simple exercises, improving balance and using tactics to help you stay on your feet in a no pressure, supportive environment. Best of all you're encouraged to go at your own pace.

"You start with a few seat-based exercises then you stand up to do a few gentle exercises to build up your leg muscles. Later there are further gentle exercises to improve your upper body strength by building up the muscles in your arms and shoulders.

"Improving your balance is obviously important, so part of the course is spent walking on your toes and your heels.

"But crucially it's the tactics taught throughout the course which really help. One of the things you're told is how to gradually stand up from



a seated position, reducing your risk of falling.

"If the worst happens, and you do fall over, you are taught how to get back on your feet without panicking using various positions that minimise the risk of further injury.

"Thanks to the course I am much more confident on my feet and I really

believe that I can continue to stay active for longer. My wife Pauline is very pleased as well. She has seen my confidence grow since I took part in the Council's Falls Prevention Classes giving us more opportunities to spend time together in our garden."

**To find out about classes near you, visit [www.sevenoaks.gov.uk/falls](http://www.sevenoaks.gov.uk/falls) or call us on 01732 227000.**

# Be Inspired, Be Active!

Residents in Farningham, Horton Kirby, South Darent, Fawkham and West Kingsdown are embracing our latest sports project 'Be Inspired, Be Active' in their droves.

**W**e're running an exciting programme of free sport taster sessions and sports courses after we secured £60,000 of external funding from Sport England.

And we've had a fantastic response. Launched at the St George's Day fete in Horton Kirby, more than 200 people have already tried their hand at a variety of activities, from archery and street dance to pad-boxing and the Paralympic Games sport of Boccia.

There are many courses on offer including archery, football, netball, street dance and even Boogie Buggy Fit for mums with young children.

Even more activities are in the pipeline such as basketball, volleyball, table tennis and badminton.

All the programmes take place in community venues in Farningham, Horton Kirby, South Darent, Fawkham and West Kingsdown and are completely free.

**You can find out more and sign up to courses at [www.sevenoaks.gov.uk/beinspired](http://www.sevenoaks.gov.uk/beinspired). Alternatively call us on 01732 227000 or email [healthyliving@sevenoaks.gov.uk](mailto:healthyliving@sevenoaks.gov.uk).**



# Let's talk about dementia

Dementia affects more than 820,000 people in the UK and many of us may know someone who is affected by this life changing disease.

**W**e are working closely with Kent County Council, the Sevenoaks District Seniors Action Forum, support organisations and local communities to make the District a more dementia friendly place.

Local people with dementia have told us they want to maintain their social networks, feel they belong in their community and continue to live the life they had before their diagnosis.

The Swanley Dementia Friendly Communities Forum started last August. As part of the Forum, local people are working to make facilities in Swanley and the surrounding area more accessible to people with dementia. The Sevenoaks Dementia Friendly Communities Forum was also

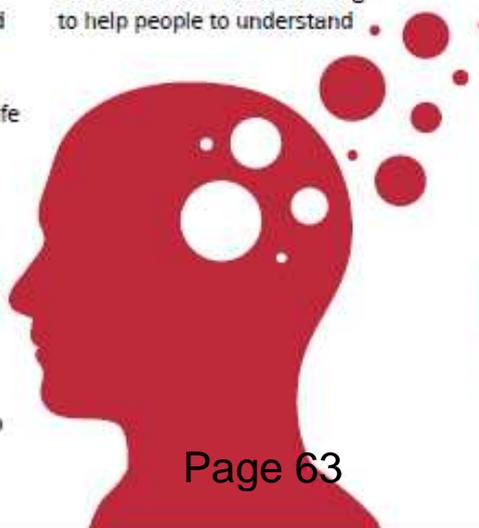
launched earlier this month to engage more people across the District.

Everyone can play a part in supporting people with dementia and their carers. As part of this work, we continue to run 'Dementia Friend' training to help people to understand

dementia and the support available. We are leading the way and we have already trained over 100 of our staff and partners as 'Dementia Friends'. We are also looking at physical changes to our building signage to be more dementia friendly.

**If you would like to take part in Dementia Friend training or would like to get involved in Dementia Friendly Communities Forums please call us on 01732 227000 or e-mail [healthyliving@sevenoaks.gov.uk](mailto:healthyliving@sevenoaks.gov.uk)**

**If you have any questions or concerns about dementia, you can call the dedicated Kent Dementia Helpline anytime on the freephone number 0800 500 3014 or visit [www.alz-dem.org](http://www.alz-dem.org)**



# New Year, new you!

With Christmas now upon us, it's easy to over indulge with friends and family. If you find you've piled on more pounds than you'd hoped then 'Why Weight' – start the New Year in style with a slimmer you!

Our free 12-week 'Why Weight' programme has been designed to help people lose weight in a healthy, productive way.

Each week you'll start with 30 minutes of gentle exercise, combined with weekly weigh-ins and advice about healthy eating and how to follow a healthier lifestyle.

Why Weight has been running for five years, helping hundreds of people to lose weight and lead a healthier lifestyle in a friendly, supportive environment.

The next courses will take place across Swanley, Sevenoaks and Edenbridge on the following dates and times:

- **White Oak Leisure Centre, Swanley**, from 6pm Wednesday 7 January.
- **White Oak Leisure Centre, Swanley**, from 1pm Thursday 8 January.
- **Sevenoaks Leisure Centre**, from 12 noon Friday 9 January.
- **Edenbridge Leisure Centre**, from 6pm Monday 12 January.

- **Sevenoaks Primary School**, Bradbourne Road, from 6pm Tuesday 13 January.

For more information and to book, visit [www.sevenoaks.gov.uk/whyweight](http://www.sevenoaks.gov.uk/whyweight) or call us on 01732 227000.



## Hartley memory café opens its doors

The first community-led memory café has opened in Hartley, offering visitors a welcoming and supportive environment.

Hartley Memory Café opened in August and is the first of its kind in the District as it's run by volunteers under the umbrella of the Alzheimer's and Dementia Support Services.

Jackie West, a Kent County Council Community Warden who works in the village, identified the need for the café and helped to get it off the ground.

Jackie says: "I was working with some Year Eight students at Longfield Academy who were making sensory blankets for residents at The Old Downs Residential Home in Castle Hill. It was a great way of linking two generations together.

"Stemming from this work I started to get to know people with dementia in the community and realised there was a real need for a space which offered support to those living with dementia



and their carers, somewhere where they could be listened to or just to gain advice in an inclusive environment."

The café, is open on the first Thursday of every month inside the Wellfield Community Lounge in Wellfield, Hartley.

Visitors to the café, which is open

between 10am and 12pm, will also be able to talk to a representative from the Alzheimer's and Dementia Support Services as well as enjoy tea and biscuits and chat to other like minded visitors.

For more information about local dementia services call us on 01732 227000.





# Sevenoaks District's Health Inequalities Action Plan

**MIND THE GAP** Building bridges to better health for all

**2015-2018**



# Foreword



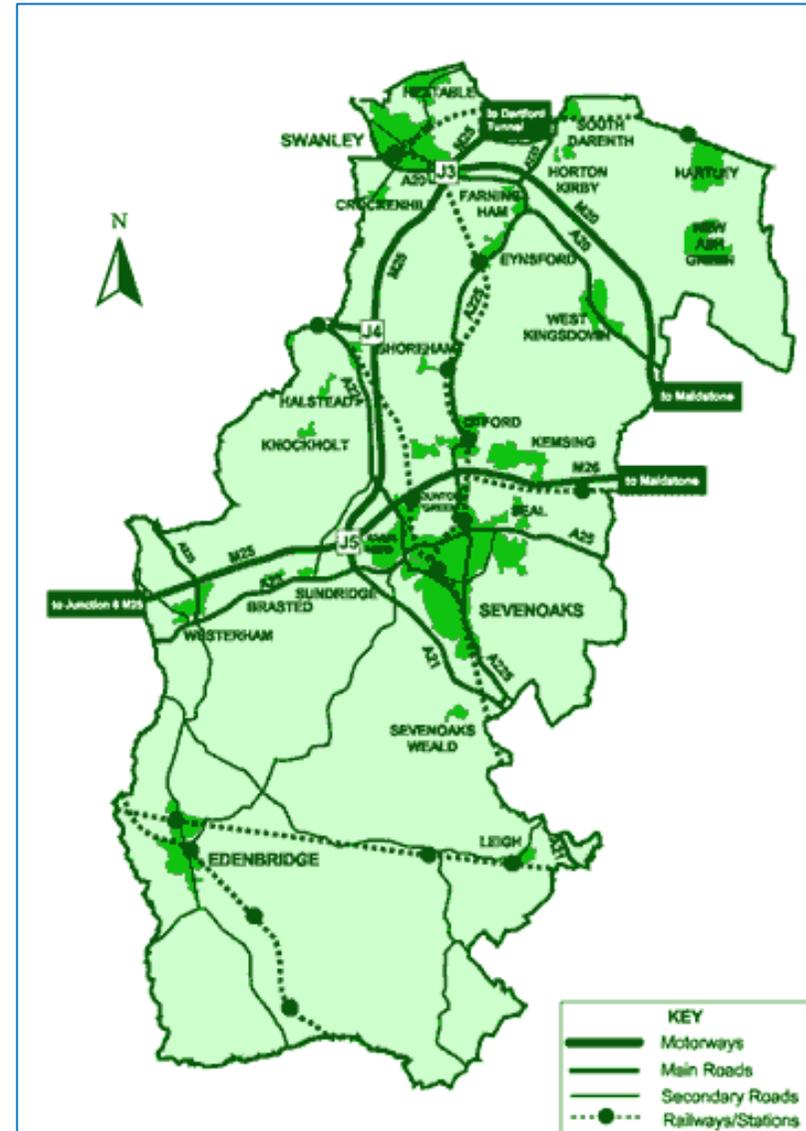
*Cllr Michelle Lowe  
Portfolio Holder for Housing and Health  
Sevenoaks District Council*

A great deal has changed since we published our first plan three years ago. Clinical Commissioning Groups are now up and running in delivering local services; Health & Wellbeing Boards are overseeing health and social services across the county; and HealthWatch is working with you – the public to ensure your concerns are heard.

We have seen good progress since we published our first Health Inequalities plan in 2013. The number of children classified as obese in Year 6 has reduced. However, we still have more work to do, as there are still too many overweight and obese people in the district risking lifelong health issues. The life expectancy gap between the most and least deprived men has reduced from 4.5 years to 3.2 years, but we still face the challenges of an aging population – meaning our health and social care structures will face increasingly additional pressures over the years to come.

It is good news that overall health is improving. But, the inequalities gap for mortality is increasing, so we have to do more to support our residents in living healthier and for longer. We can not be complacent and must continue supporting people to make healthier choices.

The Mind the Gap Action Plan 2015-18 partners are committed to working together to enable residents of Sevenoaks District to benefit from better access to local services and interventions to improve health and wellbeing. I welcome this plan and look forward to the improvements that it will make.



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# Update Summary 2015

In 2013, we published our first Mind the Gap Health Inequalities Action Plan. We have achieved a great deal since then but there is more to do. This document provides an update on our progress and sets out our new priorities for 2015 – 2018.

When we compare our 2015 Health Profile<sup>1</sup> to that of 2012, the District has achieved:

- A reduction in the number of children living in poverty
- Increases in male and female life expectancies
- A decrease in the life expectancy gap between the most and least deprived men, from 4.5 years to 3.2, which is a reduction of 1.3 years
- A decrease in the percentage of children in Year 6 who are obese
- Decreases in teenage pregnancies, in adults smoking and in infant mortality
- Decreases in hospital stays for alcohol related harm and self-harm

However, through the same profiles we are also seeing:

- An increase in numbers killed or seriously injured on our roads
- Increases in smoking related deaths, excess winter deaths and hip fractures
- Increases in recorded diabetes and malignant melanoma
- An increase in drug use
- An increase in alcohol specific hospital stays for the under 18s
- An increase in violent crime

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<sup>1</sup> Health Profiles are produced annually by Public Health England and can be viewed here: [http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES)

In our first plan 2013-2015 the Health Action Team set local priorities for action. Here's a summary of our progress against those actions over this period:

**1. Give every child the best start in life**

1.1 Increasing the number of healthy births

- We have maintained levels of provision of outreach contraceptive and sexual health services

1.2 Encouraging access to health services for all

- We have maintained the number of GP surgeries offering out of hours services

1.3 Promoting healthy weight for children:

- We met our target for the number attending Fun, Fit and Active sessions
- We have increased the number using the Junior Passport to Leisure Scheme from 635 to 779

**2. Enable all children, young people and adults to maximise their capabilities and have control over their lives**

2.1 Improving educational attainment particularly at GCSE level

- The Edenbridge HOUSE project has performed extremely well, attracting over 500 young people per quarter
- We've exceeded our target of building in support services within schools for vulnerable young people through the Schools Enhancement Model

2.2 Support older people to keep them safe, independent and leading fulfilling lives

- We've exceeded our target for the numbers of people attending the Senior Passport to Leisure Scheme
- We've exceeded our targets for the number of people accessing the Care Navigator scheme, home library services,
- We have exceeded our target for attendances at yoga, chair based exercises and postural stability classes
- The Sevenoaks District Seniors Action Forum achieved a significant increase in the number of members registered with, from 372 to 630

**3. Create fair employment and good work for all**

3.1 Improving chances of employment for people facing disadvantage

- More than double the number of people we aimed for attended career and jobs fair events
- We met our target for the number of people supported into work, training or volunteering
- We saw more people registered as volunteers and more volunteering opportunities available than we expected

**4. Ensure healthy standard of living for all**

- 4.1 Provide the right support at the right time including financial capability support and inclusion
- We by far exceeded the number of referrals to the HERO project against the 2013/14 baseline of 82 to 311 in 2014/15
  - We exceeded the target for the number of under occupation cases handled, helping older people to downsize their property
  - The number of families accessing support via the foodbank was stable
- 4.2 Meet the housing needs of people living in the District including affordable and appropriate housing
- We began the process for the Older Persons Housing Needs Assessment and this is likely to be completed in 2017
  - We have approved 120 Disabled Facilities Grants, significantly more than the 2013/14 baseline of 24

**5. Create and develop healthy and sustainable places and communities**

- 5.1 Reduce fuel poverty by supporting development of warm homes
- We have distributed 206 energy saving packs, more than the 150 we planned
  - We have completed more energy efficiency retrofits in 2014/15 than in 2013/14

**6. Strengthen the role and impact of ill health prevention**

- 6.1 Improve access to screening
- We have carried out more health checks than our target required us to
  - We have exceeded the target of 200 AUDIT-Cs (brief interventions for alcohol) achieving 362
  - We have maintained the number of pharmacies offering sexual health services
- 6.2 Reduce the gap in health inequalities across the social gradient
- We have exceeded the target for the number of attendances Why Weight and Get Sorted
  - We saw the number of people attending health walks leap from 5,913 to 6,434
  - Usage figures for Sencio centres and facilities and disability fitness sessions all beat their target
  - Kent Adult Education Exercise Classes exceeded their target
  - MIND fitness activities beat their target and Mencap Hall dance and exercise met their target
- 6.3 Provide support for people with mental illness and raise awareness of mental health issues
- The dementia cafes and support services have taken off and have far exceeded their target
  - Mental health workshops, Up and Running and the Mencap drama group have all met or exceeded their targets

However, we have met some challenges along the way. In particular, access to monitoring data for some actions proved challenging. The actions and data in this plan are often owned by other agencies and so we have not always been able to get the information we needed for a full assessment of progress. Furthermore, the financial and political context in which we work is constantly evolving and so projects and plans may change mid-year, affecting the likelihood of targets being met.

For 2015-18 our priorities are:

- 1. Give every child the best start in life**
  - Promoting healthy weight for children
  
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
  - Support older people to keep them safe, independent and leading fulfilling lives
  
- 3. Create fair employment and good work for all**
  - Support businesses to have healthy workplaces
  
- 4. Ensure healthy standard of living for all**
  - Meet the housing needs of people living in the District including affordable and appropriate housing
  
- 5. Create and develop healthy and sustainable places and communities**
  - Sustain and support healthy communities
  
- 6. Strengthen the role and impact of ill health prevention**
  - Reduce the gap in health inequalities across the social gradient

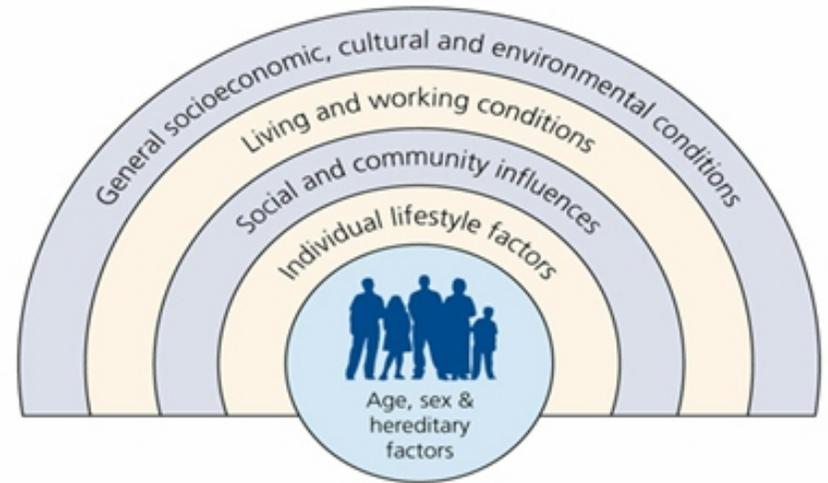
The action plan at the end of this documents sets out what we will do to address these issues. While these are our priorities we will continue to work with our partners to address the other areas of work which contribute to improving health and reducing health inequalities.

# Introduction

## What Are Health Inequalities?

Health inequalities is the result of a mixture of factors including:

- the long-term effects of a disadvantaged social position
- differences in access to information, services and resources
- differences in exposure to risk
- lack of control over one's own life circumstances
- a health system that may reinforce social and economic inequalities.



**Figure 1 Dahlgren and Whitehead (1991)**

These factors all affect a person's ability to withstand the biological, social, psychological and economic that can trigger ill health, these factors are demonstrated in Figure 1. They also affect the capacity to change behaviour.

Measures of health inequality are not primarily about health but about socio-economic status which has an impact on health and can lead to disease. Relative deprivation impacts on a person's ability to participate in or have access to employment, occupation, education, recreation, family and social activities and relationships which are commonly experienced by the mainstream. People in deprived circumstances often do not present with major health problems until too late. Barriers to presentation include structural issues such as poor access and transport; language and literacy problems; poor knowledge; low expectation of health and health services; fear and denial and low self esteem.

## Sevenoaks District Health Overview 2015

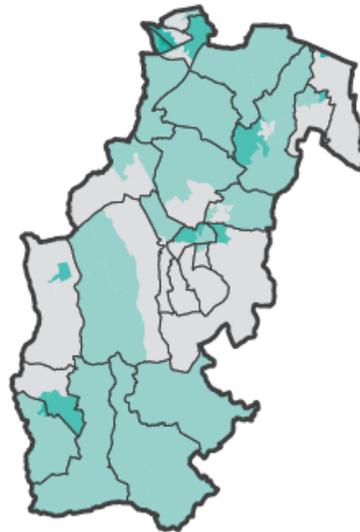
The overall impression of affluence in Sevenoaks District masks local pockets of urban and rural deprivation. While most of our residents (80%) fall within the two least deprived quintiles, 10% of our residents are among the two most deprived quintiles in the country.

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

Contains OS data © Crown copyright and database rights 2015



Lines represent electoral wards (2013)



This chart shows the percentage of the population who live in areas at each level of deprivation.

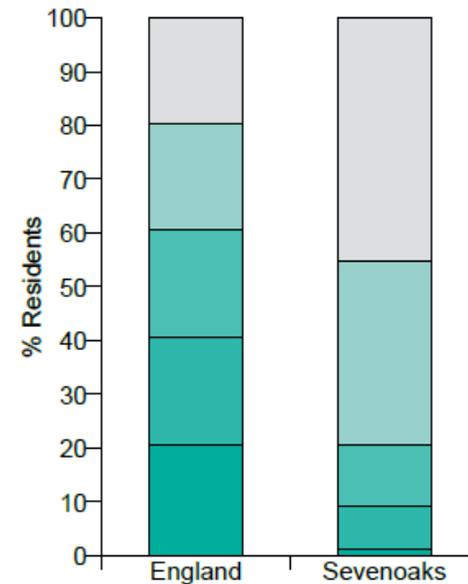


Figure 2 Deprivation quintiles in Sevenoaks 2010 from PHE Health Profile 2015

In addition, forecasts show that in the period of 2015-2019, we will see a rise in all age groups over the next five years with the largest percentage rises occurring in the 85+ age group where the population is predicted to increase by just under 17%.<sup>2</sup>

This will have a significant impact on the future provision of housing and health services in this District. Both diabetes and dementia will continue to increase. Although the District overall is relevantly healthy in comparison with England and Kent averages, when this data is broken down to ward level it shows inconsistencies relating to access to services and significant health inequalities across areas.

From the 2015 Sevenoaks District Health Profile we know that we are roughly the same as the England average on:

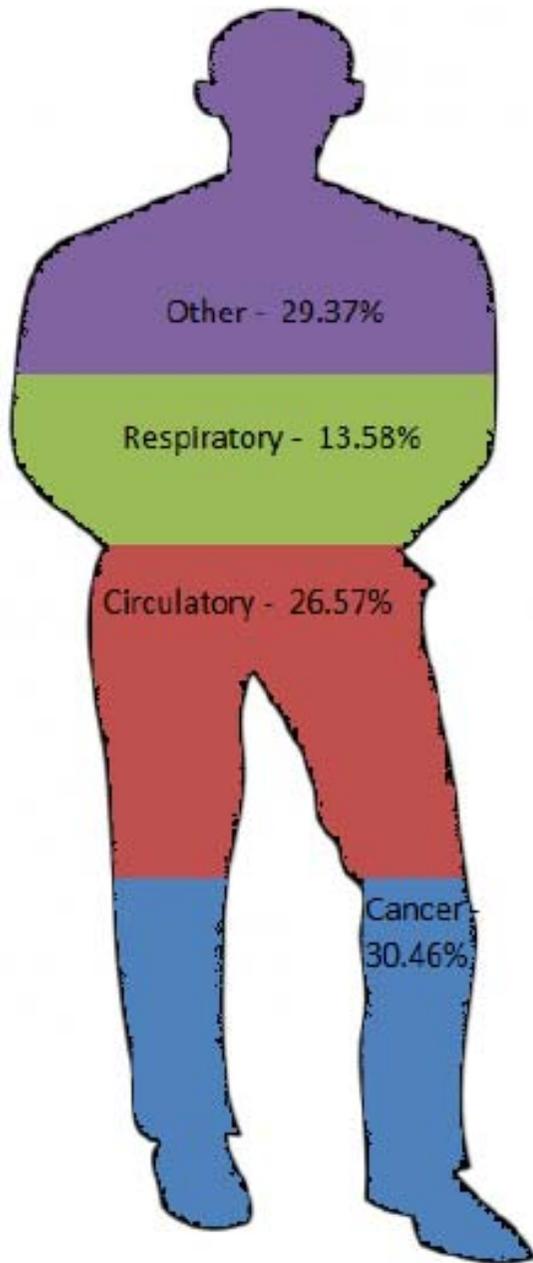
- Smoking at time of delivery and smoking prevalence in adults
- Alcohol specific hospital stays for the under 18s – however, in 2012 we were better than the England average and so this shows a marked deterioration
- Overweight and obese adults
- Incidence of malignant melanoma
- Hip fractures in the over 65s
- Excess winter deaths
- Infant mortality

We are significantly worse than the England average for road deaths and serious injuries. This is a substantial deterioration from 2012 when we were not significantly different to the England average.

We also perform significantly worse than the England average on GCSE's 5A\* - C although we believe that this reflects the availability of education within the district rather than academic achievement.

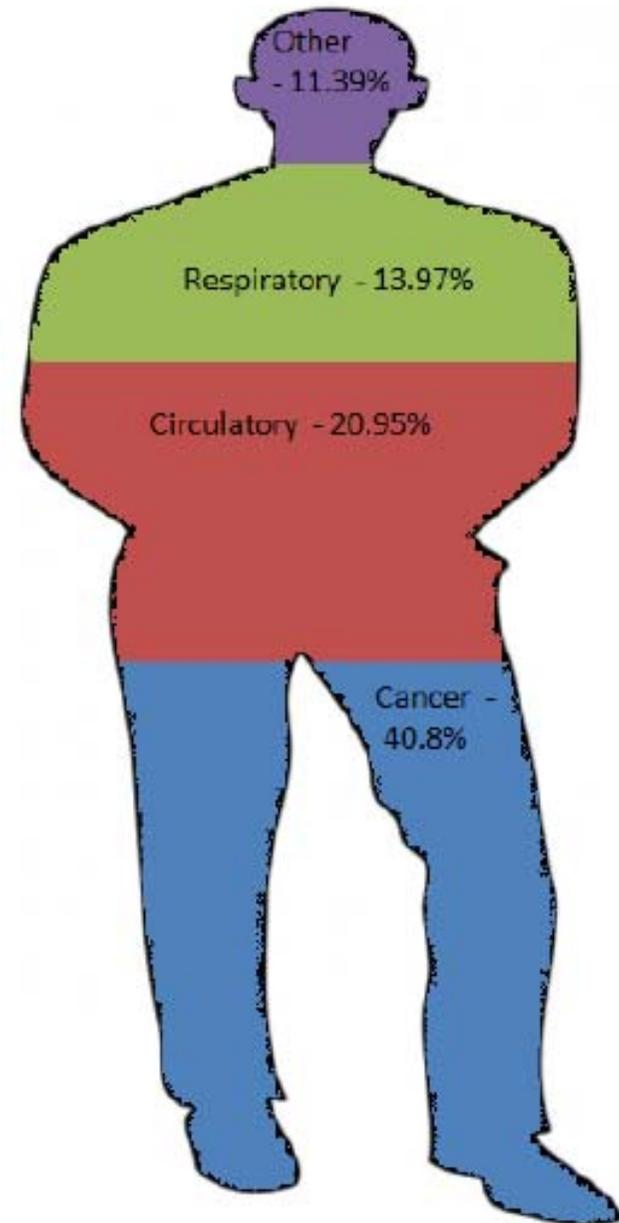
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<sup>2</sup> Kent and Medway Public Health Observatory, accessed June 2015



The figure on the left shows the underlying causes of death for all age groups in Sevenoaks, 2014.

On the right are the underlying causes for mortality in the under 75s in Sevenoaks in 2014.

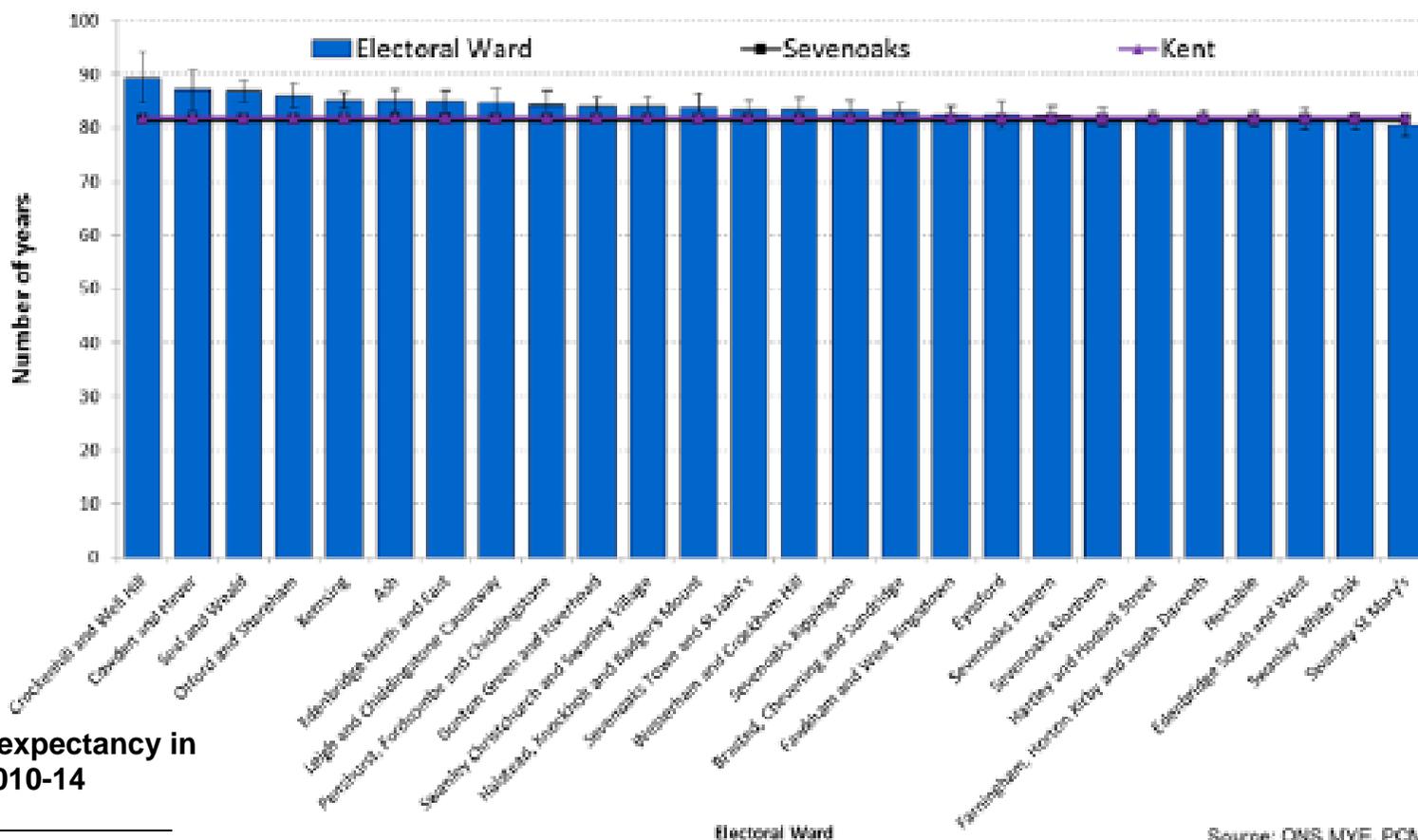


### Health Inequalities in Sevenoaks District

The calculation of life expectancy at birth is a national measurement used to assess the differences between more affluent and deprived population.

The PHE Health Profiles divided the population into deciles by deprivation. This measure suggests that our life expectancy gap between the most and least deprived has decreased, from 4.5 to 3.2 for men but increased from 0.2 to 1.2 for women.<sup>3</sup>

The Kent and Medway Public Health Observatory have examined life expectancy in Sevenoaks by ward. The life expectancies were calculated using five years-worth of mortality data (2010-2014). The ward with the highest life expectancy is Crockenhill and Well Hill (89.3) this is 8.9 years more than the lowest life expectancy which is in Swanley St Mary's (80.5).



**Figure 3 Life expectancy in Sevenoaks 2010-14**

<sup>3</sup> Health profile 2012 using 2006-2010 data and health profile 2015 using 2011-2013 data

Source: ONS MYE, PCMD

“All Age All Cause Mortality” (AAACM) is the accepted measure of the overall health status of communities. Figure four below shows that overall, AAACM in Sevenoaks District is lower than that for Kent and England. AAACM is reducing in our district, a sign that health overall is improving.

By showing mortality rates charted to deprivation we can demonstrate the overall mortality gap between the richest and poorest in Sevenoaks District. From figure five we can see that the inequalities gap in AAACM in Sevenoaks District has widened over several years to its highest point since 2006. This points to an increase in health inequalities in our population despite overall improvements to AAACM.

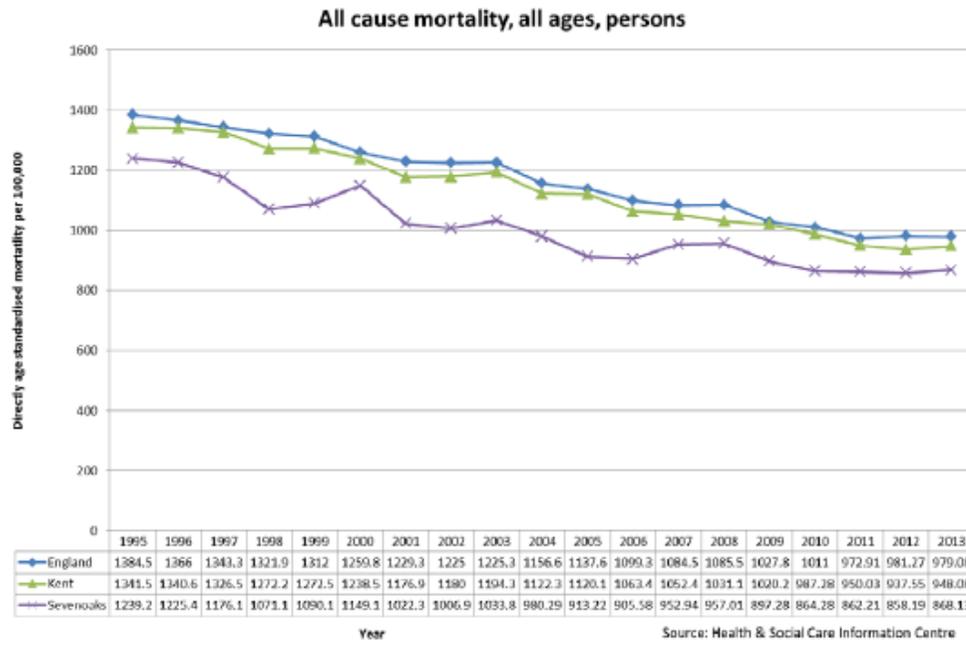


Figure 4 AAACM in Sevenoaks

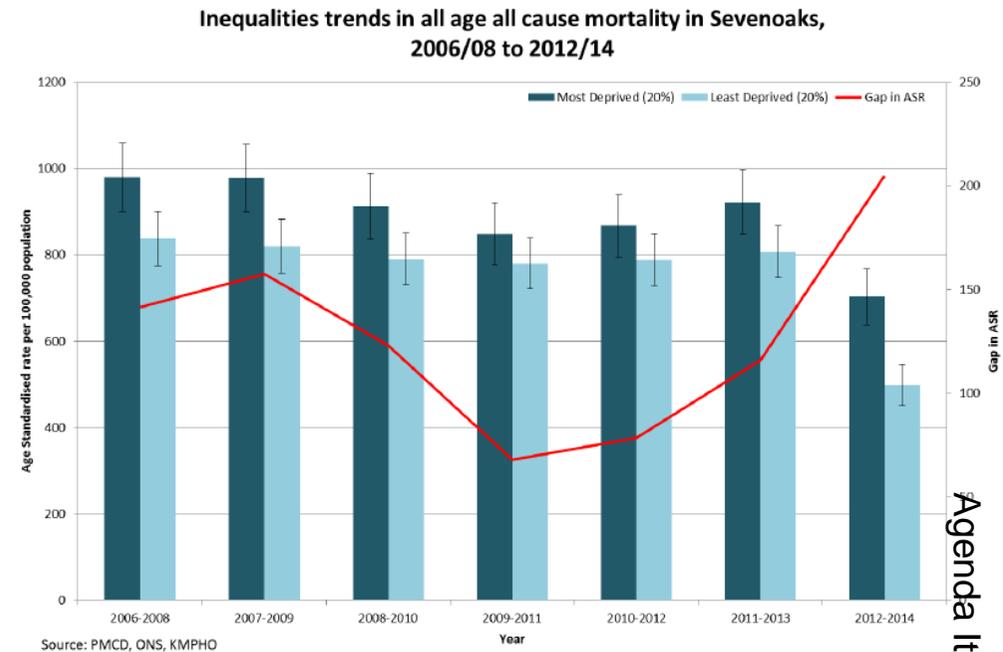


Figure 5 Inequalities in AAACM in Sevenoaks District

## What this Plan will do to tackle Health Inequalities in Sevenoaks District

We aim to reduce health inequalities in this District by reducing the gap in health status between our richest and poorest communities, through effective partnership working with key agencies, the voluntary sector and local residents.

Most importantly we will improve health and wellbeing for everyone in Sevenoaks District but we will aim to “improve the health of the poorest fastest” so that more people will live longer in better health and the difference in life expectancy within and between communities will reduce further.

This action plan will be delivered and monitored by the Sevenoaks District Health Action Team which provides a health delivery sub-group of the locality Health and Wellbeing Boards and the Local Strategic Partnership and contributes to delivering the key priorities identified by residents within the Sevenoaks District Community Plan. It will also contribute to the wider Kent ‘Mind the Gap’ Health Inequalities Action Plan.

**The Economic Benefit of Reducing Inequalities** will yield tangible results for individuals, families and communities. For example, each teenage pregnancy avoided will save a total of £400,000 in extra costs to the taxpayer in health, benefits, tax from earnings and lost productivity. On average every smoker who quits will save over £2000 pa. Every pound invested in tobacco control and smoking cessation will save £11 in health, social care and related costs.

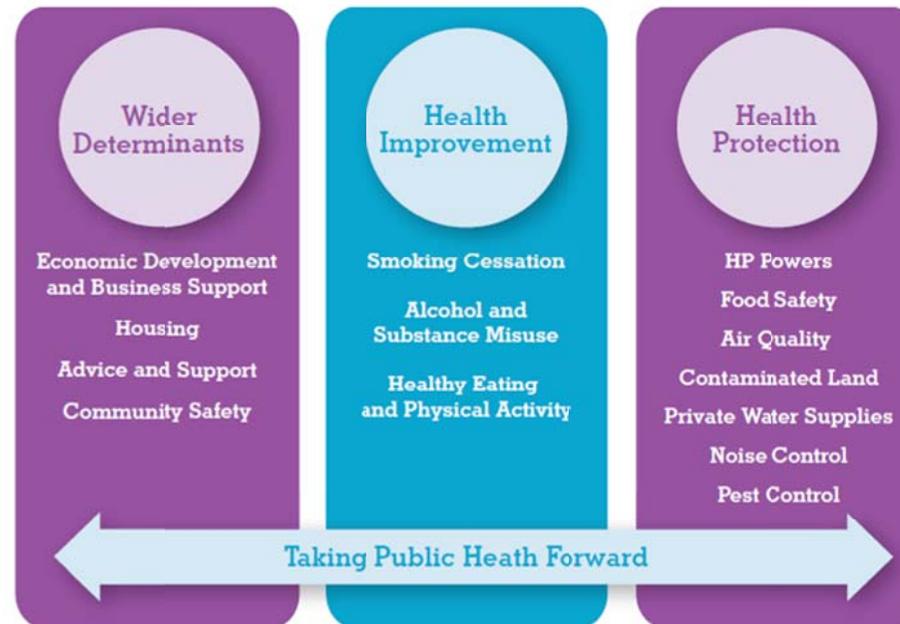
## Who Will Do What

This Action Plan provides a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities in Sevenoaks District. This Action Plan uses the Marmot principles to reduce health inequalities and his recommended life course objectives, from birth to end of life, to improve people’s health throughout each stage of their life course. Within the Action Plan, each objective maps the priorities for this District, in line with the Kent priorities, and highlights the higher priorities for this District that need additional work, through targeted interventions and partnership working.

Each objective provides the evidence data to support the high priorities, whether this is because it is worse than the England or Kent average, or a gap in service provision has been identified. The detailed Action Plan sets out the actions that partners will deliver to achieve the health outcomes and highlights the higher priorities which will be monitored through the Sevenoaks District Health Action Team. Other identified priorities (highlighted grey in the Action Plan) will also be monitored to assess the direction of travel of each action to ensure this work continues to be delivered to make improvements.

## Sevenoaks District Council

Although the main responsibility for Public Health sits with the upper tier local authority i.e. Kent County Council, the public health reforms enhance the role of District Councils in improving health and wellbeing outcomes for local residents. From environmental services, housing and open spaces, to the provision of leisure facilities and supporting economic growth, district council services have a vital impact on the wider determinants of health, as well as a major role in health improvement and health protection, as shown in Figure 6.



Source: District Councils' Network – District Action on Public Health

**Figure 4 The role of District Councils**

Sevenoaks District Council recognises the importance of reducing health inequalities. The Sevenoaks District Community Plan creates a long-term, sustainable vision for the Sevenoaks District and sets out the community's priorities for action, reflecting what people have told us is important to them. Improving the health and wellbeing of residents and reducing health inequalities plays a vital role within all six elements of this Council's vision, including making Sevenoaks District a place with:

- **Safe Communities**  
A safer place to live, work and travel
- **Caring Communities**  
Children are enabled to have the best start, people can be supported to lead independent and fulfilling lives
- **Green Environment**  
People can enjoy clean and high quality urban and rural environment.
- **Healthy Environment**  
People can have healthy lifestyles, access to quality healthcare and health inequalities are reduced.
- **Dynamic Economy**  
A thriving local economy where businesses flourish, where people have skills for employment and tourism is supported.
- **Sustainable Economy**  
People can live, work and travel more easily and are empowered to shape their communities.

**Kent County Council**

Kent County Council has responsibilities for Public Health and for tackling the social determinants of health inequalities. However they recognise that this will only succeed if all District and Borough Councils and our key partners across each area are engaged and committed to reducing health inequalities in their areas.

The objectives and priorities for the County are set by the Marmot review and the Kent Joint Strategic Needs Assessment (JSNA) and the priorities and actions within the Kent 'Mind the Gap' Health Inequalities Plan adjusted to meet the needs of local communities within each District.

**Health and Wellbeing Board**

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

The HWB is responsible for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). JSNAs are assessments of current and future health and social care needs in a particular area alongside an identification of the assets the local community has to meet the identified need. The JHWS sets out how the needs will be met, in the context of identified priorities, as well as enabling the HWB to encourage integrated working between health, public health and social care commissioners. Both documents are to inform local authority and NHS commissioning plans.

The Health and Wellbeing Board in Kent has established a series of sub-committees known as Local Health and Wellbeing Boards, co-terminous with the Clinical Commissioning Groups.

Each District Council holds two seats (one Member and one Officer) on the Local Health and Wellbeing Boards co-ordinated by each CCG clinical lead. The Boards focus on partnership working to deliver targeted commissioned services to meet population needs and will feed into the overarching Kent Health and Wellbeing Board. Information will flow to and from the Kent level Health and Wellbeing Board and the local Boards.

### **Joint Health and Wellbeing Strategy 2014-17 (JHWS)**

The Kent wide Health and Wellbeing Strategy, utilising the Joint Strategic Needs Assessment, seeks to achieve the following outcomes:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

Four priorities were identified to achieve this:

1. Tackle key health issues where Kent is performing worse than the England average
2. Tackle health inequalities
3. Tackle the gaps in provision
4. Transform services to improve outcomes, patient experience and value for money

The Joint Health and Wellbeing Strategy, published by the Health and Wellbeing Board is here:

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf)

The JSNA can be found here: <http://www.kmpho.nhs.uk/jsna/>

### **Clinical Commissioning Groups (CCGs)**

As part of the new health commissioning arrangements, the NHS Commissioning Board and CCGs adopted a process that demonstrates what they have done to fulfill their health inequalities duties and partnership working. Emphasis on reducing inequalities should be focused on delivering screening and prevention programmes including Health Checks, immunisations, early diagnosis and reducing the burden of long term conditions to the right populations not just those that present themselves.

There are two CCGs covering Sevenoaks District which includes the West Kent CCG covering Sevenoaks central and south, Tunbridge Wells, Tonbridge & Malling and Maidstone locality areas. The north of the District is covered by the Dartford, Gravesend & Swanley (DGS) CCG which covers Swanley and the northern parishes of Sevenoaks District, Dartford Borough and Gravesend. Although the DGS CCG looks like it covers a smaller demographic area of the District, due to the population spread across the District and the amount of green belt land, this CCG incorporates almost half of this District's population (42%).

The CCGs have recently published five year plans setting out the actions they will take to improve health and reduce inequalities based on the outcomes set out in the JHWS above. In addition the CCG works towards the NHS nationally agreed outcomes:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

#### **Acute Services**

The NHS Outcome Framework defines and supports clinical outcomes, including the reduction of health inequalities for NHS commissioners, encouraging them to work in partnership with the public health system to improve health and wellbeing and reduce health inequalities, underpinned by NICE quality standards or other accredited evidence. In particular, the outcomes frameworks should be aligned, with further shared outcomes across the NHS and public health system.

# 1: Give every child the best start in life

Improving health in the early years of life contributes considerably to better health outcomes in later life, with reduced levels of diabetes, coronary heart disease and hypertension, all of which have a significant impact on the NHS as well as wider society, children and their families.

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*The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. (Marmot Review 2010)*

## Key Priority for Sevenoaks District:

- Promote a health weight for children

# Objective 1: Give every child the best start in life

Delivered through: Maternity Matters, Infant Feeding Action Plan, Children Delivery Action Plan, Sevenoaks District Teenage Pregnancy Action Plan, Kent Early Intervention and Prevention Team; KCHT Child and Young People’s Wellbeing Team; Putting Children First - Safeguarding and Looked After Children’s Services Improvement and Development Plan; Smokefree Homes initiative; SDC Family Healthy Weight Programmes; Troubled Families Project, Community Safety Partnership; CCGs; Patient Participation Groups; Children Centres

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|                          |  |  |   |
|--------------------------|--|--|---|
| <b>Local Priorities:</b> | <b>1.1 Increase the number of healthy births</b>   | <b>1.2 Encourage access to health services for all</b>   | <b>1.3 Promote Healthy Weight for Children</b><br><b>High priority for Sevenoaks District 2015</b>  |
| <b>Actions:</b>          | <p>1.1.1 Run campaigns and deliver initiatives to promote good health in pregnancy and promotion Start4Life</p> <p>1.1.2 Ensure teenage parents receive holistic support</p> <p>1.1.3 Early identification of vulnerable parents smoking in pregnancy and work to reduce</p> | <p>1.2.1 Improve access to GP services, pharmacies and to hospitals, particularly in rural areas</p> <p>1.2.2 Making more localised – bring services out of traditional settings.</p> <p>1.2.3 Provide support for disadvantaged and vulnerable groups to access health services</p> | <p>1.3.1 Support parents and children to maintain a healthy weight</p> <p>1.3.2 Increase interaction between parents and children including healthy lifestyles and active play</p> <p>1.3.3 Create new opportunities to build physical activity into daily lives</p> <p>1.3.4 Identify &amp; use opportunities created by transfer of health visiting to local government</p> |
|                          |  |  |   |

Delivered through: Maternity Matters, Infant Feeding Action Plan, Children Centres Delivery Action Plan, Sevenoaks District Teenage Pregnancy Action Plan, Kent Early Intervention and Prevention Team; KCHT Child and Young People's Wellbeing Team; Putting Children First - Safeguarding and Looked After Children's Services Improvement and Development Plan; Smokefree Homes initiative; SDC Family Healthy Weight Programmes; Troubled Families Project, Community Safety Partnership; CCGs; Patient Participation Groups; Children Centres

**Local Priorities:**

**Actions:**

**1.4 Increase breast-feeding initiation rates at 6-8 weeks through Children Centre targeted locations**

- 1.4.1 Positive promotion and creation of breast-feeding friendly environments
- 1.4.2 Provide support to new mothers to increase the initiation and continuation of breast-feeding

**1.5 Support parents so that they can raise emotionally and mentally healthy children**

- 1.5.1 Improve outcomes for families with crime and anti-social behaviour, absence and worklessness through the Troubled Families Programme
- 1.5.2 Reduce repeat incidents of Domestic Abuse
- 1.5.3 Supporting carers and child minders
- 1.5.4 Give a better start for children through early intervention services for children 0-5 and their parents
- 1.5.5 Help young people to feel safe from bullying at home, at school and be safe on the internet

## Objective 1 Give every child the best start in life

### Priority 1.3 Promote Healthy Weight for Children <sup>4</sup>

Obesity tends to track into adulthood, so obese children are more likely to become obese adults. There are stark inequalities in obesity rates between different socioeconomic groups: among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived nationally.

From an economic perspective, predictions are for sharp rises in the cost to the taxpayer for treating obesity and related chronic illness. The Foresight Report (2007) estimates that by 2050 the cost of treating co-morbidities in the UK will reach £250 million.

There is an urgent need for action, the Chief Medical Officer's Annual report 2012 Our Children Deserve Better: Prevention Pays; states that reducing obesity by just one percentage point among children and young people could lead to savings of £1 billion each year as children would be less likely to end up with long-term health problems needing NHS treatment. There are opportunities as local government takes the lead for Health Visiting and child public health from October 2015 that the joint efforts of all public services can be mobilised to tackle obesity.

Mounting evidence suggests that a critical period during which to prevent childhood obesity and its related consequences is before the age of five. The best thing we can do for children from 0-5 is create ways of life which continue to make obesity unlikely. Children who live in more deprived areas are more likely to be overweight and obese than those from the most affluent areas. Making what may seem like simple changes to daily habits (physical and nutritional) is sometimes simply too difficult given all the other difficulties many families have to confront.

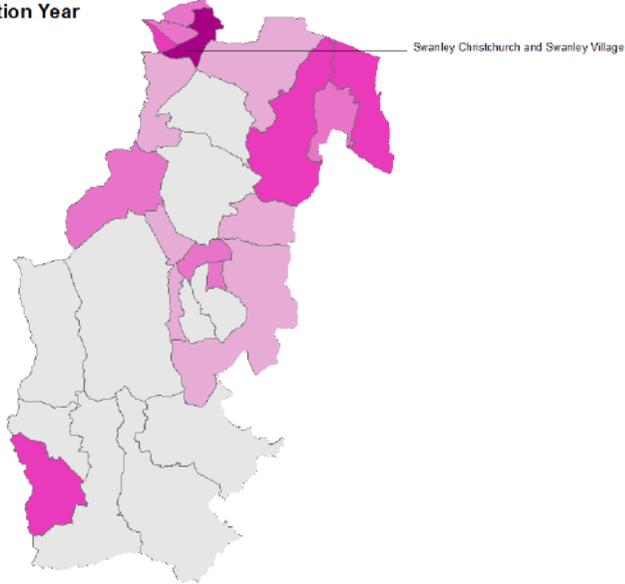
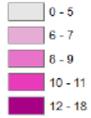
We can see from the maps below that in Reception wards in the north of the district are more likely to be affected by obesity with one ward (Swanley Christchurch and Swanley Village) having 12-18% of Reception year children who are obese. However, by Year 6, more wards are affected and Swanley Christchurch and Swanley Village are joined by Swanley White Oak, Swanley St Mary's and Crockenhill and Well Hill in having 28-46% obesity.

It is important that we also monitor the rates of overweight children as this can also carry health risks and offers an opportunity to intervene before obesity is reached. The bar charts below show the overweight rates alongside obesity at reception and Year 6.

<sup>4</sup> Data and information taken from [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk) JSNA and Health and Social Care Maps

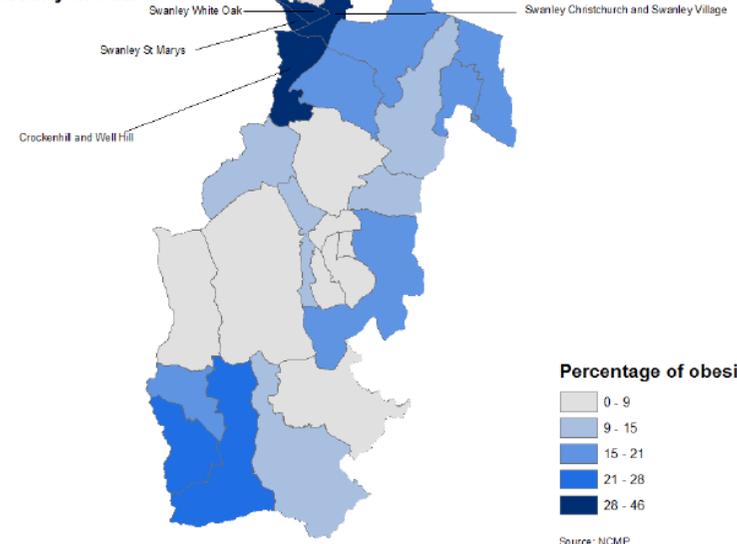
National Child Measurement Programme, 2011/12 - 2013/14  
Level of Obesity in Reception Year

Percentage of obesity

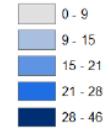


Source: NCMP

National Child Measurement Programme, 2011/2012 - 2013/14  
Level of Obesity in Year 6

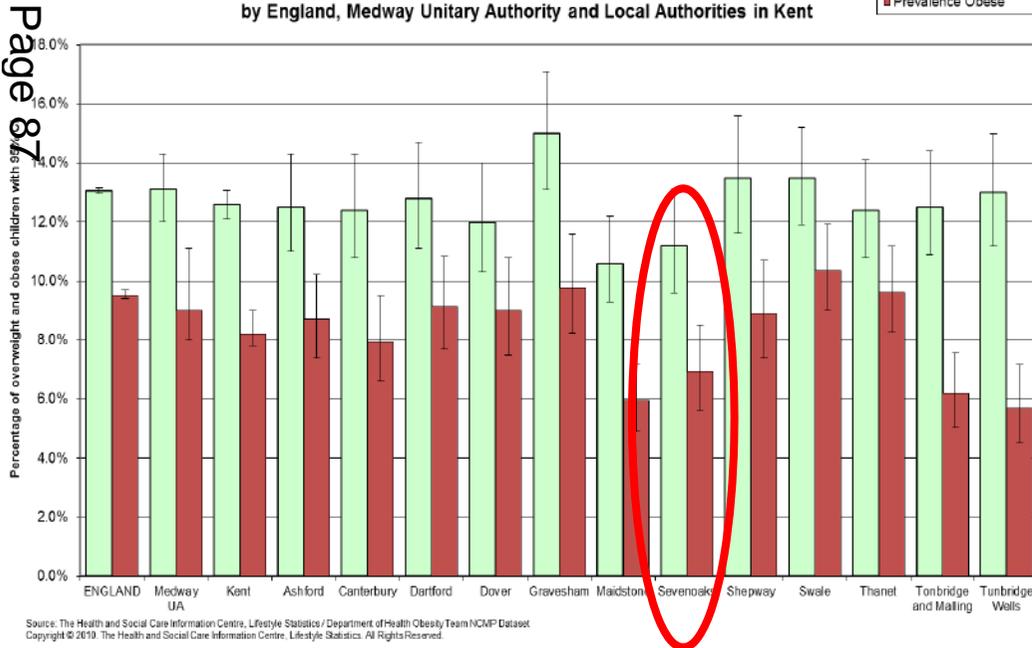


Percentage of obesity



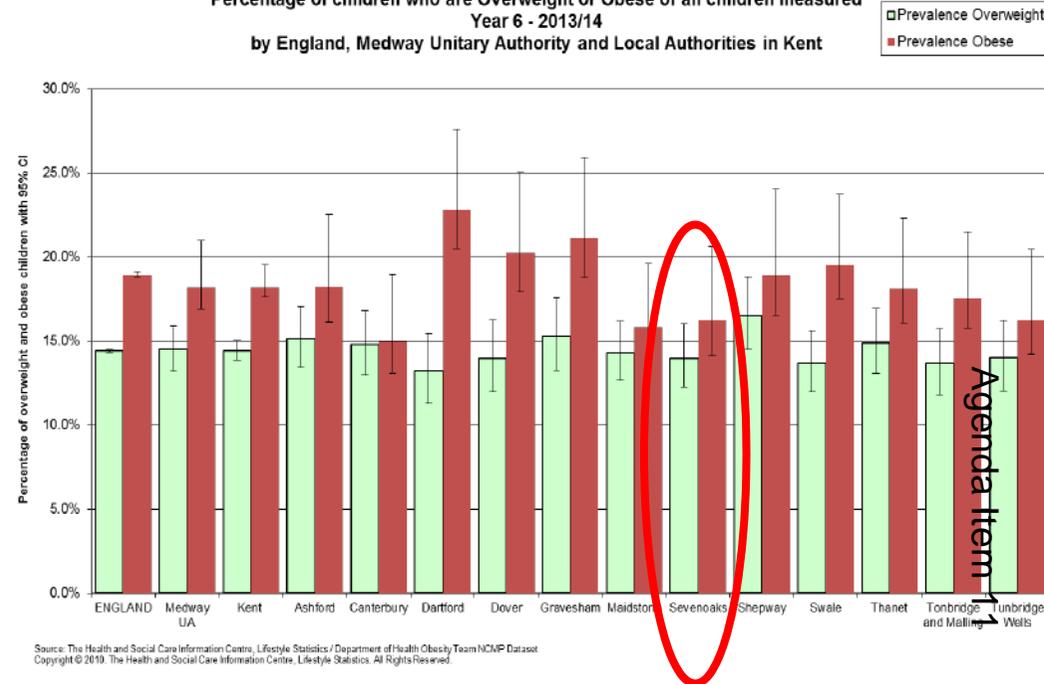
Source: NCMP  
Produced by KMP40/11/14/2015

Percentage of children who are Overweight and Obese of all children measured  
Reception year 2013/14  
by England, Medway Unitary Authority and Local Authorities in Kent



Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset  
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Percentage of children who are Overweight or Obese of all children measured  
Year 6 - 2013/14  
by England, Medway Unitary Authority and Local Authorities in Kent



Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset  
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Agenda Item 11

**2. Enable All Children, Young People and Adults to Maximise Their Capabilities and Have Control over Their Lives**

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*Without life skills and readiness for work, as well as educational achievement, young people will not be able to fulfil their full potential, to flourish and take control over their lives (Marmot review 2010)*

Central to our vision is the full development of people’s capabilities across the social gradient.

**Key Priority for Sevenoaks District:**

- **Support older people to keep them safe, independent and fulfilled lives**

# Objective 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Delivery through: Kent Teenage Pregnancy Strategy; Adult Social Care Transformation Programme; 14-24 Strategy; Primary and Secondary Improvement Strategy; Youth Justice Plan; Anti-social behaviour Strategy; CYPP; Falls Strategy; Active Lives Now; Valuing People Now

|                                 |  |   |  |
|---------------------------------|--|---|--|
| <p><b>Local Priorities:</b></p> | <p><b>2.1 Improve educational attainment particularly at GCSE level</b></p>  | <p><b>2.2 Support older people to keep them safe, independent and living fulfilled lives</b></p> <p><b>High priority for Sevenoaks District 2015</b></p>  | <p><b>2.3 Reduce the risk taking behaviours of young people</b></p>  |
| <p><b>Actions:</b></p>          | <p>2.1.1 Enable more young people to have their achievements recognized</p> <p>2.1.2 Build in support and services within schools for vulnerable young people to engage</p> <p>2.1.3 Manage and support schools non-attendance and increase service activities</p> | <p>2.2.1 Develop Dementia Friendly Communities, improve early diagnosis of dementia and provide services and activities to support sufferers and carers</p> <p>2.2.2 Partnership working to promote and develop self help services</p> <p>2.2.3 Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls</p> <p>2.2.4 Support older people and vulnerable people to remain in their own homes and live independently</p> | <p>2.3.1 Divert children and young people from crime and anti-social behavior</p> <p>2.3.2 Specialist support for alcohol and drug misuse</p> <p>2.3.3 Promote peer support interventions including youth peer educator, SAFE, health champions etc.</p> |

## Objective 2 – Enable all children, young people and adults to maximise their capabilities and have control over their lives<sup>5</sup>

### Priority 2.2 Support older people to live independently

There are 23635 people aged 65 plus in Sevenoaks. Fawkham and West Kingsdown and Hartley and Hodsoll Street have the highest number of people aged 65 plus. There are 3132 people aged 85 plus in Sevenoaks. Brasted, Chevening and Sundridge, Hartley and Hodsoll Street and Sevenoaks Town and St Johns have the highest number of people aged 85 plus.

This has implications for commissioners and those providing services because the 65+ age group use health services at a higher rate than others so more provision will be needed by health services in the area.

#### Falls and Fractures

Falls and fall related injuries are a common problem especially amongst people aged over 65, with the human cost of a fall involving distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall, costing the NHS more than £2.3 billion per year.<sup>6</sup> Falls in older people are a significant public health challenge, placing a considerable burden on health and social services each year with the incidence increasing at about 2% per annum (DH 2009). Increased rates of falling and the severity of the consequences are associated with growing older and the rising rate of falls is expected to continue as the population ages.

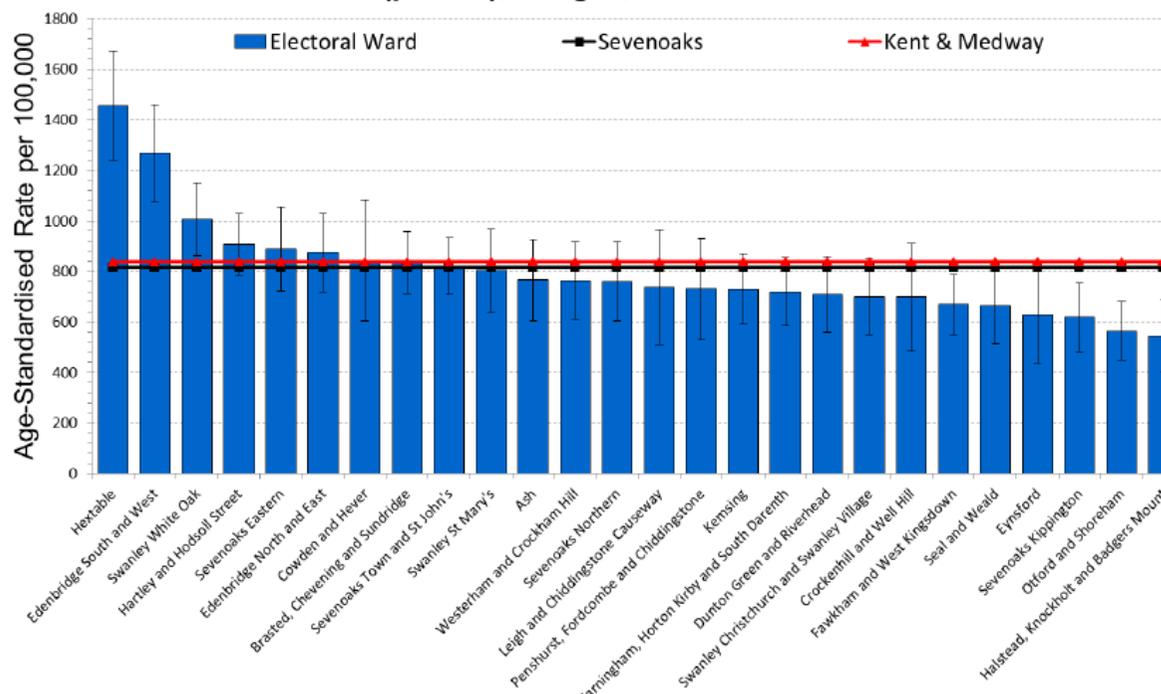
Hip fracture is the most serious injury related to falls in older people, and can lead to loss of mobility and loss of independence, forcing many to leave their homes and move into residential care. Mortality after hip fracture is high: around 30% after one year. Current specialist services, particularly in West Kent, are not adequately resourced enough to risk assess all fallers (early enough) and provide or refer them to suitable interventions such as community exercise, adaptations at home and assistive technologies like telecare.

In Sevenoaks, the wards with the highest rate of admissions are Hextable, Edenbridge South and West, Swanley White Oak, Hartley and Hodsoll Street, Sevenoaks Eastern and Edenbridge North and East, all of which are above the Sevenoaks and Kent average.

<sup>5</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

<sup>6</sup> NICE 2013

### Admission rates in Sevenoaks for falls, 2011/12 - 2013/14 (pooled), all ages, Both Sexes



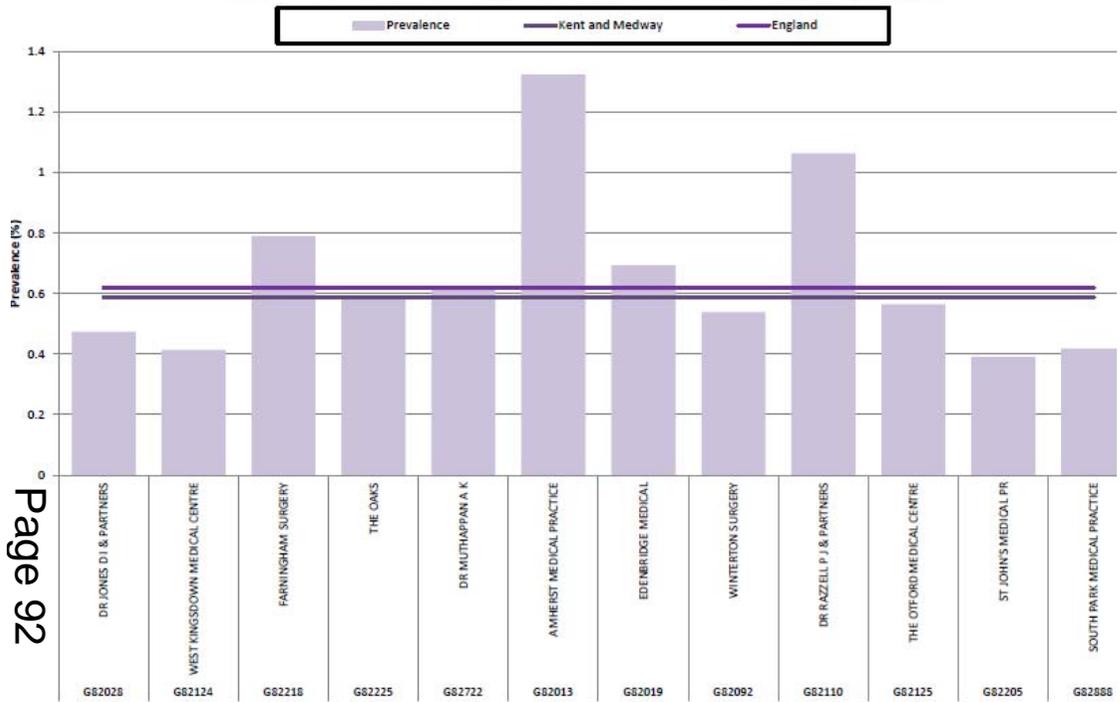
Dementia is a triad of problems: memory loss, decline in some other aspect of cognition, and difficulties with activities of daily living. More formally, it is a syndrome (that is, a distinct pattern of symptoms and signs) that can be caused by many brain disorders, most of which progress gradually over several years. The symptoms of dementia occur in three groups:

1. Cognitive dysfunction, resulting in problems with memory, language, attention, thinking, orientation, calculation, and problem-solving.
2. Psychiatric and behavioural problems, such as changes in personality, emotional control, social behaviour, depression, agitation, hallucinations, and delusions.
3. Difficulties with activities of daily living, such as driving, shopping, eating, and dressing

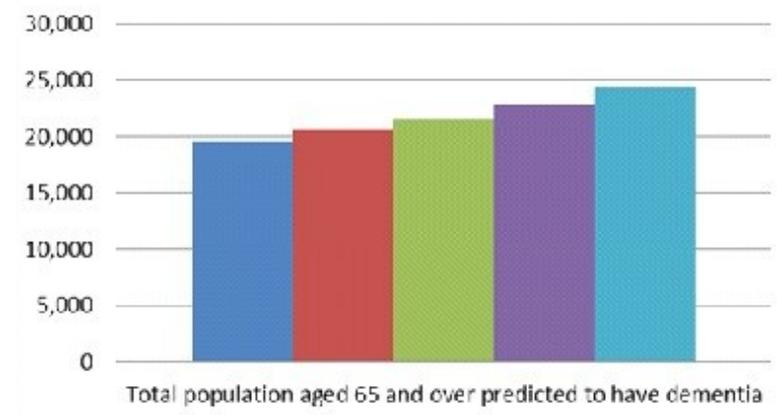
Dementia can be very distressing for the person experiencing it and their friends and family. As the population ages, the prevalence of dementia is also likely to increase. Forecasts show that in the period of 2015-2019, we will see a rise in all age groups over the next five years with the largest percentage rises occurring in the 85+ age group where the population is predicted to increase by just under 17%.

While we may not be able to address the increase in dementia directly, we can strive to develop dementia friendly communities and ensure that every experiencing or caring for someone with dementia has access to support and advice.

Prevalence of Dementia by practice within each district, QOF, 2013/14



Kent  
Source: POPPI



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### 3. Create fair employment & good work for all

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*Work is good – and unemployment bad – for physical and mental health. Work cannot provide a sustainable route out of poverty if job security, low pay and lack of progression are not also addressed (Marmot review 2010)*

The recession is leading to increasing unemployment across Kent. The quality of work is also important with underlying low levels of stress connected to low paid and insecure work in poor conditions contributing to poorer health outcomes.

#### Key Priority for Sevenoaks District:

- **Support businesses to have healthy workplaces**

**Objective 3:** Create fair employment & good work for all

Delivery through: Economic Development Strategy; Backing Kent Businesses; 14-24 Strategy; Employability Strategy

| Local Priorities: | 3.1 Improve chances of employment for people facing disadvantage  | 3.2 Increase proportion of young people (16-18) & 18-24) in fulltime education, employment or training | 3.3 Support businesses to have healthy workplaces<br><b>High priority for Sevenoaks District 2015</b>   |
|-------------------|---|--|---|
|                   | 3.1.1 Improve training, skills and opportunities for employment for disadvantaged, vulnerable groups and people on benefits | 3.2.1 Support 16-18 year olds into employment and training   | 3.3.1 Support Kent Healthy Businesses Award   |
|                   | 3.1.2 Support local charities and community groups to support adults with disabilities into work and training               | 3.2.2 Increase the number of people accessing apprenticeship and graduate opportunities                | 3.3.2 Work with employers to support physical and mental health and wellbeing of their workforce and to support people with health issues to enter and stay in work |
|                   | 3.1.3 Provide volunteering opportunities in Sevenoaks   |  | 3.3.3 Reduce Smoking prevalence among routine/manual workers through Kent Smokefree Business Awards   |

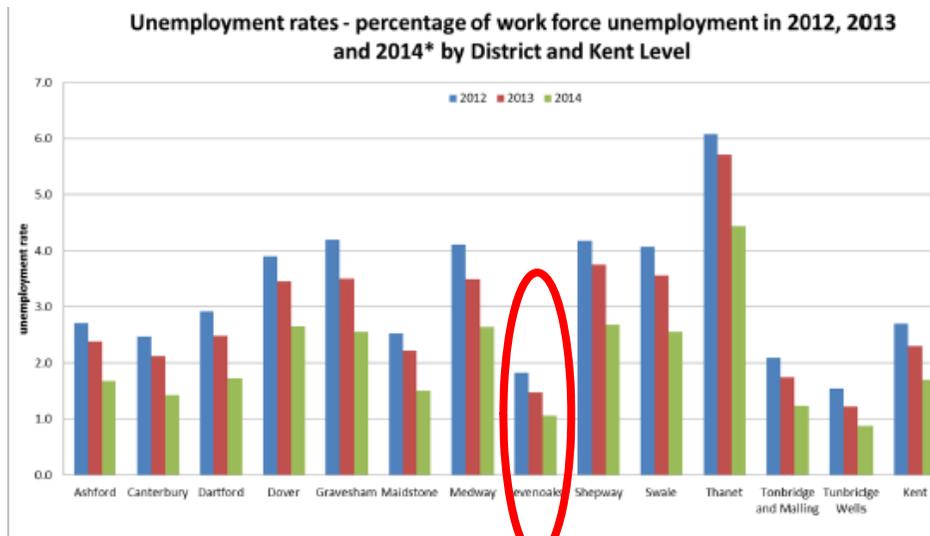
## Objective 3: Create fair employment & good work for all<sup>7</sup>

### Priority 3.3 Support businesses to have healthy workplaces

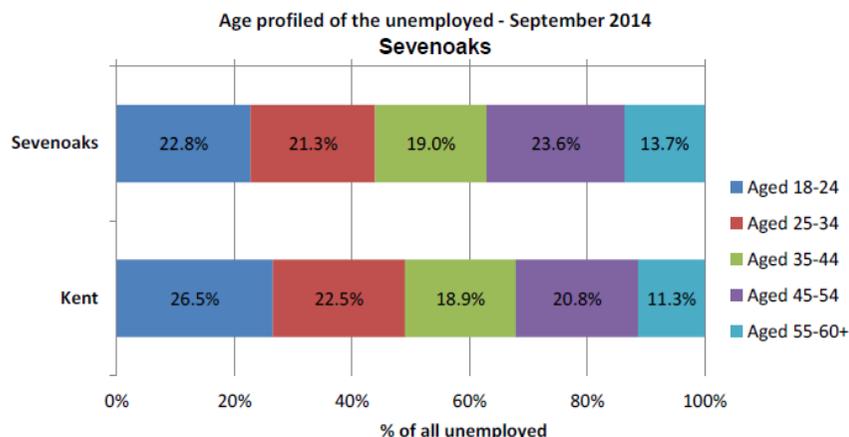
Sevenoaks' unemployment rate is currently 0.9%. This is considerably lower than the county average of 1.8% and the national average of 2.2%.<sup>9</sup> In September 2014 there were 658 unemployed people in Sevenoaks which is 6.9% lower (49 fewer unemployed people) than August 2014 and 27.9% lower (254 fewer unemployed people) than September 2013. Unemployment rates vary across the district. The lowest unemployment is in Brasted, Chevening and Sundridge ward where 0.3% of the working age population are unemployed. The highest rate is in Swanley St Mary's ward where 2.6% of the working age population are unemployed.

| District      | Total unemployed as at September 2014 | Resident based rate % | Change since previous month |       | Change since last year |        |
|---------------|---------------------------------------|-----------------------|-----------------------------|-------|------------------------|--------|
|               |                                       |                       | Number                      | %     | Number                 | %      |
| Sevenoaks     | 658                                   | 0.9%                  | -49                         | -6.9% | -254                   | -27.9% |
| Kent          | 16,162                                | 1.8%                  | -622                        | -3.7% | -7,165                 | -30.7% |
| Great Britain | 870,863                               | 2.2%                  | -37,028                     | -4.1% | -391,876               | -31.0% |

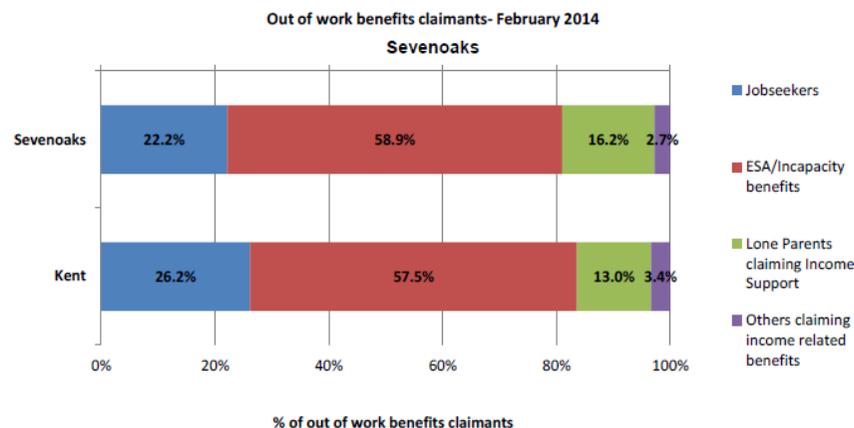
Source: NOMIS - Claimant Count



<sup>7</sup> Data from Sevenoaks Community Safety Partnership Strategic Assessment 2015-16



Source: NOMIS Claimant Count  
Presented by: Research & Evaluation, Kent County Council



Source: DWP Longitudinal Study  
Presented by Research & Evaluation, Kent County Council

The majority of those unemployed in Sevenoaks are aged 45-54.

Out of work benefits claimants includes those people aged 16-64 who are claiming a key Department of Work and Pension (DWP) benefit because they are not working. This definition is used as an indicator of worklessness.

As at February 2014, there were 4,010 people in Sevenoaks who were claiming out of work benefits. This is 5.7% of all 16 to 64 year olds and is lower than the county average of 9.2%.

The largest proportion of those who are out of work are claiming Employment Support Allowance or Incapacity Benefit i.e. they have a health condition which is restricting the sort of work that they usually do. A lower proportion is classified as jobseekers (claimants of Jobseekers Allowance) than the average for the KCC area. 16.2% of those who are workless in Sevenoaks are lone parents who are claiming Income Support. This is higher than the KCC rate of 13.0%.

We currently enjoy high levels of employment in Sevenoaks and therefore workplaces offer an opportunity to support the general population in improving health. In addition, we can work with business to help people with health problems to enter the labour market, and to support people who become ill to stay in work.

## 4: Ensure healthy standard of living for all

It is vital to provide the right support to the right people at the right way. Poor standards of living contribute to ill health and negative mental wellbeing.

### Key Priority for Sevenoaks District:

- **Meet the housing needs of people living in the District include affordable and appropriate housing**

*Having insufficient money to lead a healthy life is a highly significant cause of health inequalities*  
(Marmot Review 2010)

# Objective 4: Ensure healthy standard of living for all

Delivery through: Backing Kent People Programme; Sevenoaks District Community Plan; CYPP Kent's Poverty Strategy Economic Development Strategy; Backing Kent Businesses; 14-24 Strategy; Employability Strategy

|                                 |  |   |  |
|---------------------------------|--|---|--|
| <p><b>Local Priorities:</b></p> | <p><b>4.1 Provide the right support at the right time including financial capacity support and inclusion</b></p>   | <p><b>4.2 Meet the housing needs of people living in the District including affordable and appropriate housing</b></p> <p><b>High priority for Sevenoaks District 2015</b></p>                        | <p><b>4.3 Promote opportunities to support families in poverty</b></p>   |
| <p><b>Actions:</b></p>          | <p>4.1.1 Support people in accessing benefits and in the transition to universal credit and provide support and advice for families regarding benefits and employment</p> <p>4.1.2 Interventions to assist older people to down-size to more affordable and suitable accommodation</p> | <p>4.2.1 Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people</p> <p>4.2.2 Provide affordable housing to meet identified needs of vulnerable groups</p> | <p>4.3.1 Meet the needs of vulnerable and lower income households.</p> <p>4.3.2 Provide support, advice and information to residents about debt management and financial awareness</p> |
|                                 | <p>4.1.3 Meet the needs of vulnerable and lower income households.</p>   | <p>4.2.3 Work with developers, landlords and owner occupiers to provide appropriate housing suitable for all demographics</p>   |  |

## Objective 4: Ensure healthy standard of living for all <sup>8</sup>

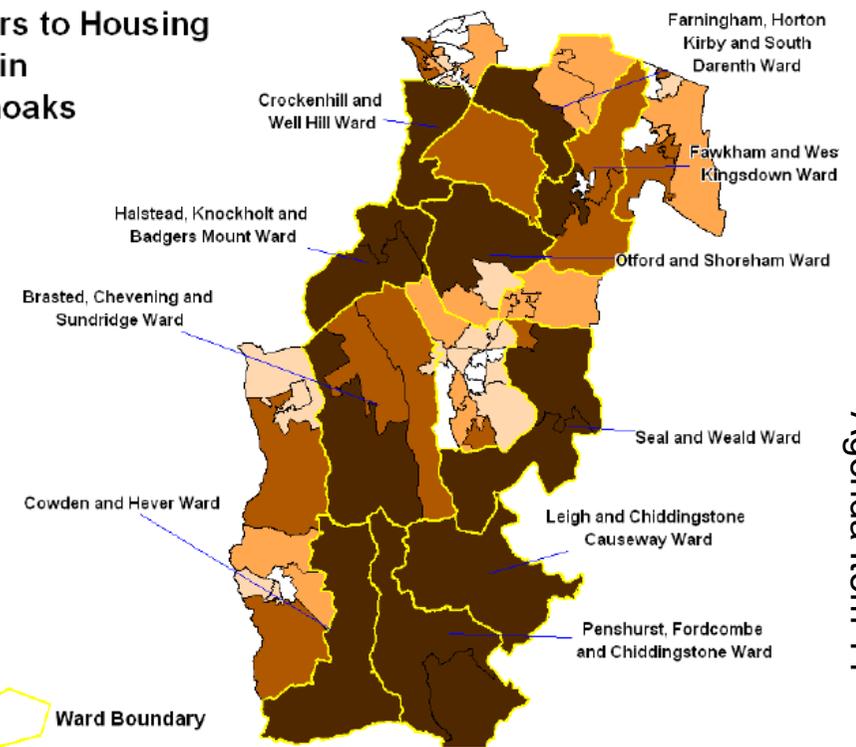
Priority 4.2 Meet the housing needs of people living in the District including affordable and appropriate housing

The average house price in Sevenoaks is now over £423,000.<sup>9</sup> A continued shortage of affordable housing has problems for job retention and leads to a shortage of applicants for low paid jobs because the district is unaffordable.

Not only does affordable housing help local people to continue to live in the same area as their friends and family, it also maintains the economic viability of rural communities by ensuring continued demand for key services such as shops, schools, post offices and pubs. Just a small number of new affordable homes can benefit the whole community.

The map below includes two sub domains for measuring barriers to housing and services: geographical barriers and wider barriers. Geographical barriers take into account road distance to doctor surgery premises, supermarket, primary school and post office and the wider barriers include household overcrowding and difficulty of access to owner-occupation. It is clear that the barriers in this district are wide spread.

**IMD 2010 - Barriers to Housing & Services Domain**  
**LLSOAs in Sevenoaks**



<sup>8</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

<sup>9</sup> Apr- June 2013, Land Registry via BBC

## 5. Create and Develop Healthy and Sustainable Places & Communities

Promoting wellbeing is at the heart of what local government is about: supporting a better life for its citizens and helping to build resilient communities, now and over the longer term

### Key Priority in Sevenoaks District:

- **Sustain and support safe communities**

# Objective 5: Create and develop healthy and sustainable places and communities

Delivery through: Find ways to integrate planning, transport, housing, environmental and health policies to address the social determinants of health in each locality. Delivery through Kent housing strategy, Supporting people, Regeneration strategy; District Community Strategies; Keep Warm Keep Well and Warm Homes Healthy people

|                                 |   |  |   |  |
|---------------------------------|---|--|---|--|
| <p><b>Local Priorities:</b></p> | <p><b>5.1 Reduce Fuel Poverty by supporting development of warm homes</b></p>   | <p><b>5.2 Reduce homelessness and its negative impact for those living in temporary accommodation</b></p>  | <p><b>5.3 Develop our communities to be healthy places</b></p>  | <p><b>5.4 Sustain and support safe communities</b></p> <p><b>High priority for Sevenoaks District 2015</b></p> |
| <p><b>Actions:</b></p>          | <p>5.1.1 Encourage vulnerable residents to participate in energy efficiency initiatives.</p> <p>5.1.2 Ensure planning applications adhere to all government legislations.</p> | <p>5.2.1 Intervention for young people especially around mentoring on budgeting and housing</p> <p>5.2.2 Training for front line workers on the welfare change</p> | <p>5.3.1 Maintain cleanliness standards and seek to remove incidents of fly tipping as soon as possible</p> <p>5.3.2 Work with residents on the benefits of healthy places including parks, and open spaces</p> | <p>5.4.1 Improve road safety</p> <p>5.4.2 Tackling crime and ASB</p>   |

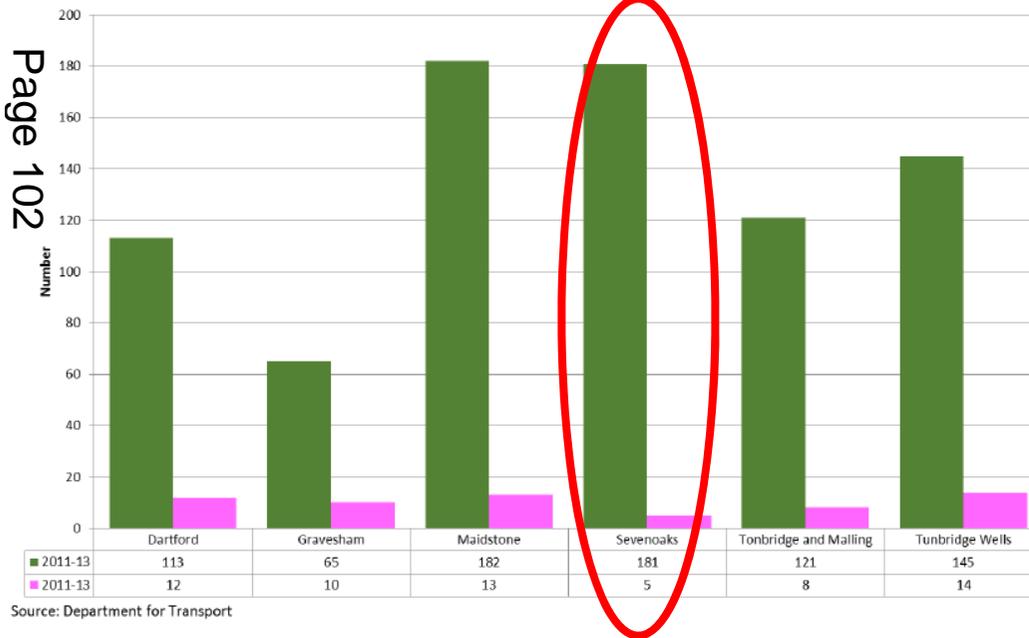
# Objective 5: Create and Develop Healthy and Sustainable Places & Communities<sup>10</sup>

## Priority 5.4 Sustain and support safe communities

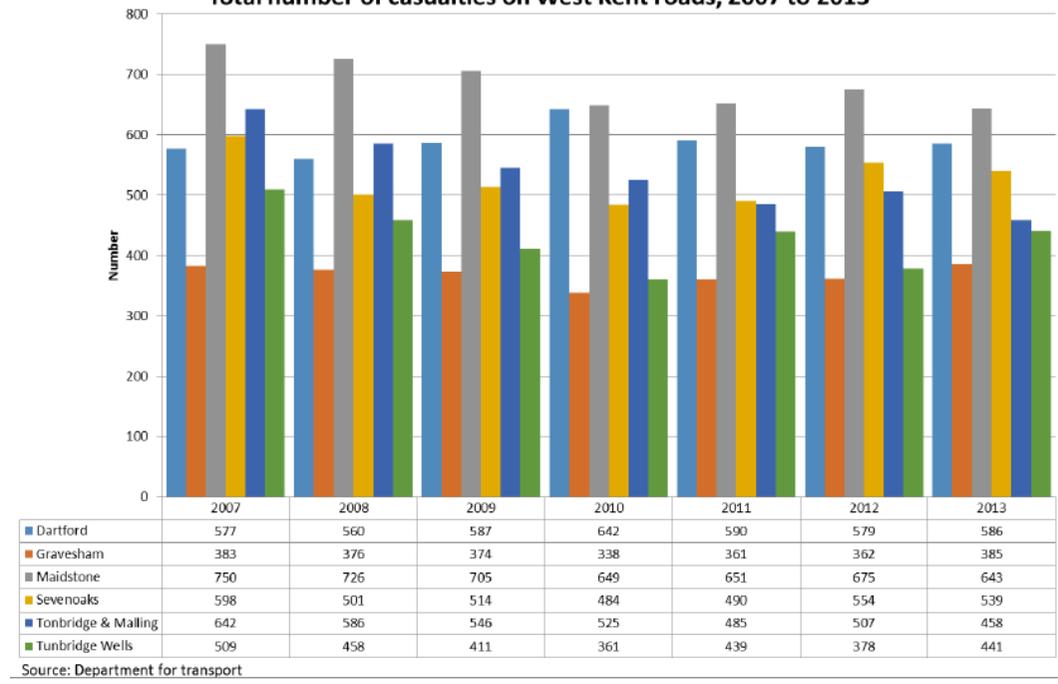
Road Safety: Injury is not only most often the cause of child death in the UK, but also has a steeper social class gradient than any other cause of child death. Casualty rates for child pedestrians are estimated to be five times higher in the most affluent than least affluent wards (Social Exclusion Unit 2003). Traffic calming, design which encourages cycling and discourages car use and parking in the least affluent

The health profile 2015 suggests that road injuries and deaths in Sevenoaks have increased since the 2012 profile, making us now one of the worst performing areas in England. We are certainly one of the highest in Kent for serious injuries, coming second only to Maidstone by just one injury in 2011-13. For deaths we perform somewhat better and have the lowest number in Kent for this period.

**Number of people and children killed or seriously injured on West Kent roads 2011-2013 (pooled data)**

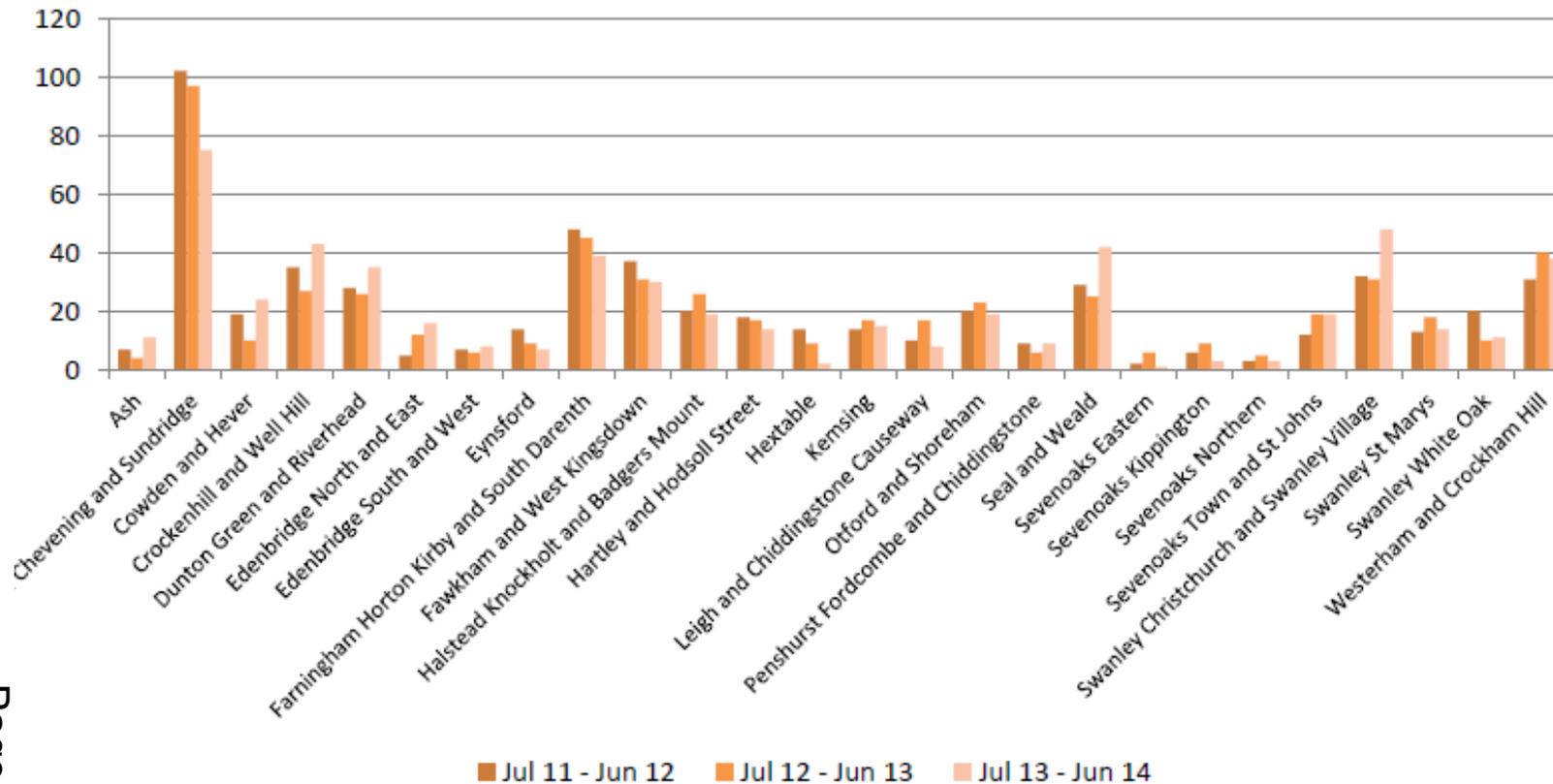


**Total number of casualties on West Kent roads, 2007 to 2013**



<sup>10</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

RTA casualties in Sevenoaks over a three year period, from Sevenoaks CSU assessment 2015/16



The Sevenoaks Community Safety Unit (CSU) has identified the following priorities for 2015/16

1. Domestic abuse
2. Burglary
3. Anti social behaviour (ASB)
4. Substance misuse
5. Vehicle crime
6. Road safety
7. Shoplifting
8. Youth issues
9. The CSU’s strategic assessment contains more information on each of these and the local data relevant to each priority.<sup>11</sup>

Crime and ASB can have a significant impact on health and wellbeing and so we will work closely with the CSU to support work to tackle these priorities.

<sup>11</sup> [http://www.sevenoaks.gov.uk/\\_data/assets/pdf\\_file/0006/174912/SDC-Strategic-Assessment-Final.pdf](http://www.sevenoaks.gov.uk/_data/assets/pdf_file/0006/174912/SDC-Strategic-Assessment-Final.pdf)

## 6. Strengthen the role and impact of ill health prevention

Reducing the gap in health inequalities and educating people to make behaviour changes to their lifestyle factors can strengthen the role and impact of ill health long term and make generational changes to whole families

### Key Priorities for Sevenoaks District:

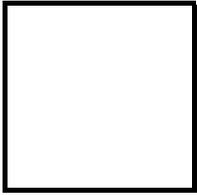
- Reduce the gap in health inequalities across the social gradient

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*Many of the key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition. (Marmot Review 2010)*

# Objective 6: Strengthen the role and impact of ill health prevention

Delivery through: NHS Future Forum; Health Checks; QIPP; Live it Well; No Health Without Mental Health; Tobacco Control Plan; Healthy Weight Strategy; Kent Sport Framework; Alcohol Plan

|                   |  |  |  |  |
|-------------------|--|--|--|--|
| Local Priorities: | 6.1 Improve access to screening  | 6.2 Reduce the gap in health inequalities across the social gradient<br><br><b>High priority for Sevenoaks District 2015</b>   | 6.3 Provide support for people with mental illness and raise awareness of mental health issues   | 6.4 Grow participants and partnerships to find new ways to target and deliver services   |
|                   | <p><b>Actions:</b></p> <p>6.1.1 Promote sensible drinking and ensure treatment and support services are accessible for all</p> <p>6.1.2 Increase access to sexual health and Chlamydia services for young people</p> | <p>6.2.1 Reduce the prevalence of smoking, particularly in areas of deprivation</p> <p>6.2.2 Reduce the prevalence of Type 2 diabetes through early detection and prevention</p> <p>6.2.3 Deliver activities to promote the benefits of increased physical activity and reduce</p> | <p>6.3.1 Support vulnerable people to manage long-term mental health conditions</p> <p>6.3.2 Raise awareness of mental health issues and signpost into relevant services</p> | <p>6.4.1 Work with Health &amp; Wellbeing Boards to support the delivery of key priorities set out in the health inequalities agenda</p> <p>6.4.2 Co-ordinate the Sevenoaks District Health Action Team for operational partners to work holistically</p> <p>6.4.3 Develop the “Be Inspired, Be Active” legacy programme</p> |



|  |
|--|
| obesity  |
| 6.2.4 Deliver fitness inclusive and disability fitness |



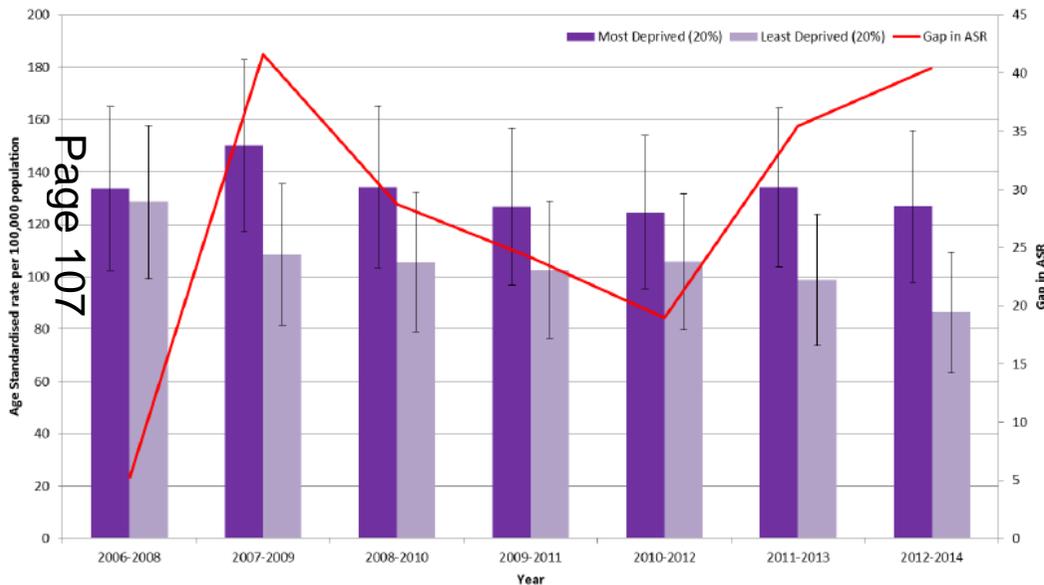
## Objective 6: Strengthen Ill Health Prevention <sup>12</sup>

### Priority 6.2 Reduce the gap in health inequalities across the social gradient

As we saw earlier, the inequalities gap for all age all cause mortality is increasing. When we look in more detail at specific conditions it appears that respiratory disease and cancer mortality inequalities gaps may account for the main proportion of the overall mortality inequalities gap.

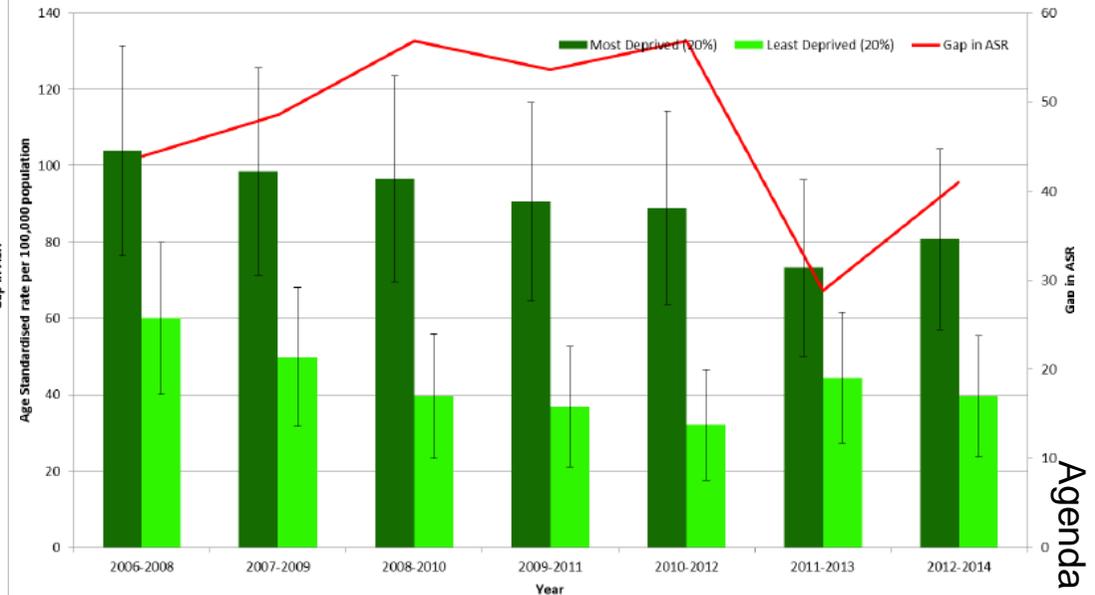
Taking steps to lead a healthy lifestyle can help to prevent some cancers, respiratory and circulatory diseases and therefore by focusing our efforts on the most deprived we should be able to reduce this gap.

Inequalities trends in under 75 cancer mortality, in Sevenoaks, 2006/08 to 2012/14



Source: PMCD, ONS, KMPHO

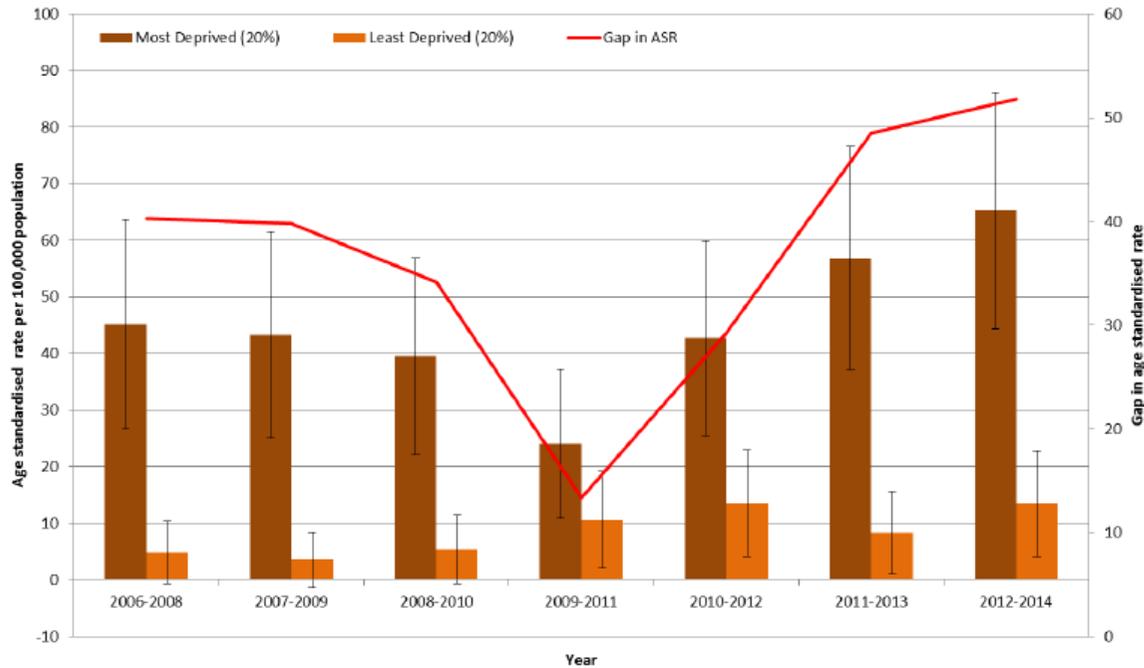
Inequalities trends in under 75 circulatory mortality, in Sevenoaks, 2006/08 to 2012/14



Source: PMCD, ONS, KMPHO

<sup>12</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

### Inequalities trends in under 75 respiratory mortality, in Sevenoaks, 2006/08 to 2012/14



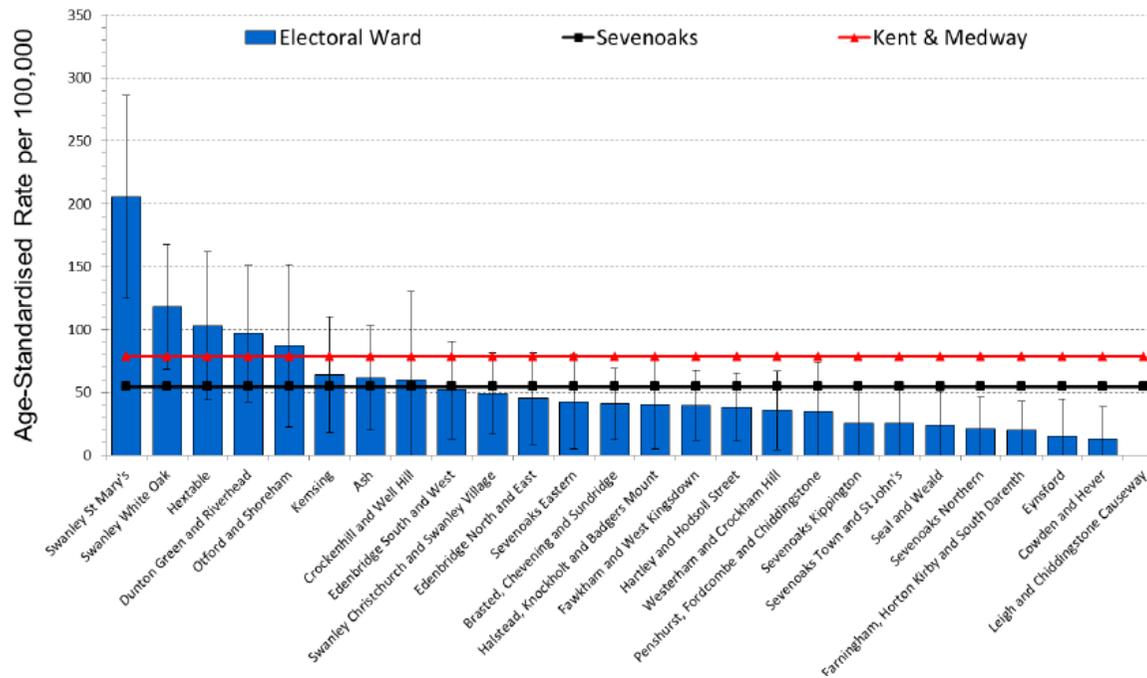
Source: PMCD, ONS, KMPHO

Diabetes is a chronic and progressive disease, which has an impact upon almost every aspect of life. Diabetes is the leading cause of blindness in people of working age in the UK. It affects infants, children, young people and adults of all ages, and is becoming more common. There are an estimated 2.35 million people with diabetes in England. This is predicted to grow to more than 2.5 million by 2010 - 9% of which will be due to an increase in obesity.

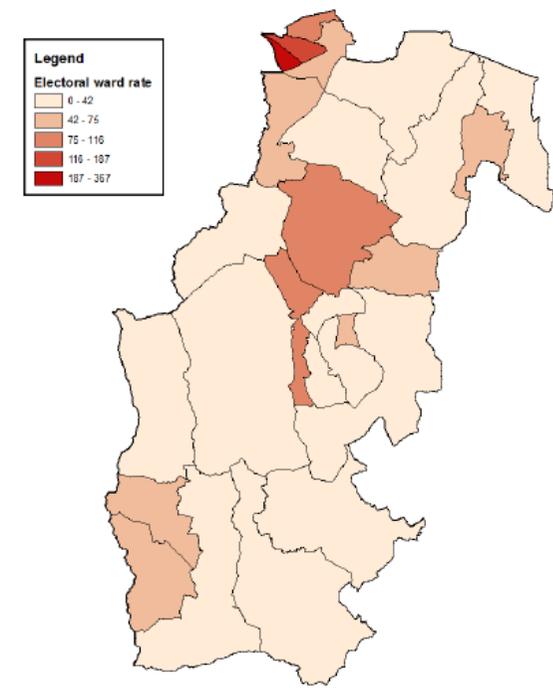
Life expectancy is reduced by at least fifteen years for someone with Type 1 diabetes. In Type 2 diabetes, which is preventable in two thirds of people who have it, life expectancy is reduced by up to 10 years. It is estimated that around 90% of people with diabetes have Type 2 diabetes.

Incidence and prevalence of diabetes is greater in areas of higher deprivations with mortality rates from diabetes higher in people from lower socio-economic groups. People from minority ethnic communities have up to a six times higher than average risk of developing diabetes.

**Admission rates in Sevenoaks for diabetes, 2011/12 - 2013/14 (pooled), all ages, Both Sexes**



Age Standardised Hospital Admission rate\* for diabetes, 2011/12 to 2013/14, by ward, Sevenoaks local authority

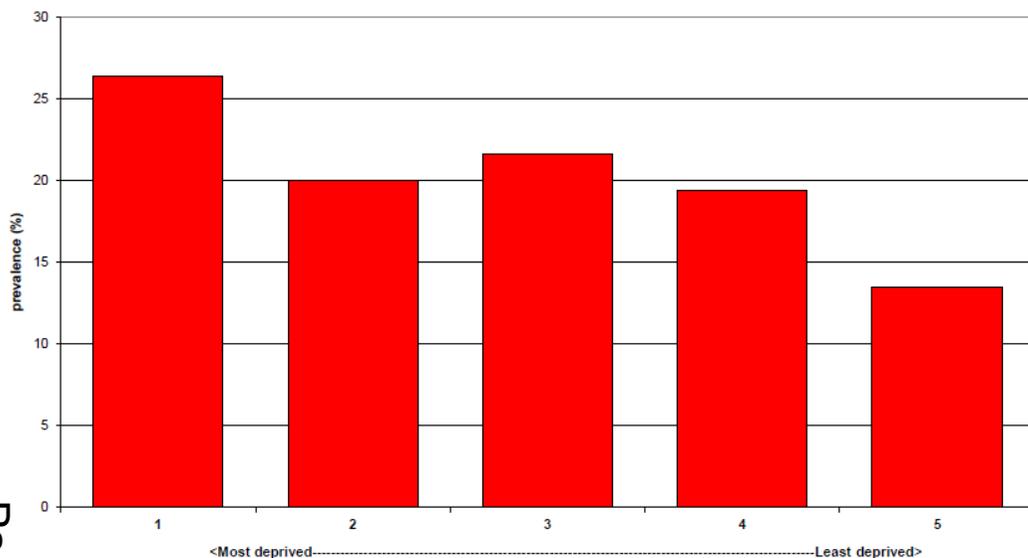


\*rate per 100,000 population  
Source: Secondary Users Service, Office for National Statistics  
Produced by: KMPHO (ES, 02/07/2014)

**Obesity:** Obesity can contribute to a range of health conditions, such as heart disease, high blood pressure, diabetes, indigestion and some cancers. Adult and child obesity levels are becoming an increasing issue for the health service, as greater numbers of people put on extra weight, through poor diet or insufficient exercise.

Adult obesity is far more prevalent in socially disadvantaged groups. It is estimated that approximately 28% of the Kent population is obese (354,022). In the Sevenoaks District approximately 24% of adults in the District are considered overweight or obese. Current trends indicate that more deprived wards have great problems with levels of obesity. The synthetic estimate of the prevalence of adult obesity has been mapped across electoral wards in Sevenoaks and show that Swanley St Mary's, Swanley White Oak and Fawkham and West Kingsdown have the highest level of obesity.

**Prevalence of smoking in Sevenoaks LA by deprivation quintile**  
 Source: ONS synthetic estimates, Index of multiple deprivation 2010

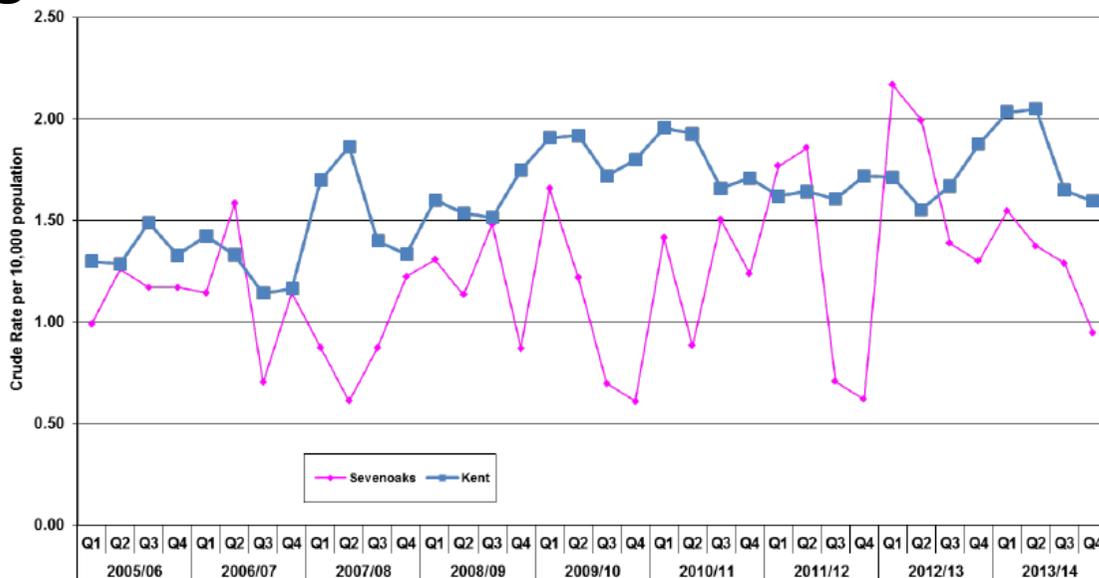


**Smoking:** Smoking is a major cause of lung cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD) and contributes to many other cancers and conditions, such as asthma or high blood pressure. Smoking is linked to deprivation levels and we can see from the chart that smoking in the most deprived groups in Sevenoaks reaches around 26% while in the least deprived it is fewer than 15%. Brochus or lung cancers accounted for over 21% of all cancer deaths in Sevenoaks in 2014.

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**Hospital Admissions for Toxic Effects of Alcohol (ICD10 T51) + Evidence of Alcohol Involvement by Blood Alcohol Level/Level of Intoxication (ICD-10 Y90/Y91)**  
 Crude rates per 10,000 resident population in west Kent - by quarter April 2005 - March 2014



**Alcohol Misuse:** The impact of alcohol misuse is widespread; it encompasses alcohol related illness and injuries as well as significant social impacts including crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. Health inequalities are clearly evident as a result of alcohol-related harm; national data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.

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## Glossary:

|       |   |   |
|-------|---|---|
| APHO  | - | Association of Public Health Observatories              |
| ASB   | - | Anti Social Behaviour                                   |
| C&YP  | - | Children & Young People's                               |
| CAB   | - | Citizens Advice Bureau                                  |
| CCG   | - | Clinical Commissioning Group                            |
| CDAP  | - | Community Domestic Abuse Programme (Perpetrators)       |
| CSU   | - | Community Safety Unit                                   |
| DAVSS | - | Domestic Abuse Volunteer Support Service                |
| DGS   | - | Dartford, Gravesham & Swanley                           |
| GP    | - | General Practitioner                                    |
| HAT   | - | Health Action Team                                      |
| HIA   | - | Health Improvement Agency                               |
| HINST | - | Department of Health Inequalities National Support Team |
| ISVA  | - | Independent Sexual Violence Advisors                    |
| JSNA  | - | Joint Strategic Needs Assessment                        |
| KCC   | - | Kent County Council                                     |
| KCHT  | - | Kent Community Health Trust                             |
| KIASS | - | Kent Integrated Adolescent Support Service              |
| KMPHO | - | Kent & Medway Public Health Observatory                 |
| LIG   | - | Local Implementation Group                              |
| MWIA  | - | Mental Well-being Impact Assessment                     |
| NHS   | - | National Health Service                                 |
| NICE  | - | National Institute for Health and Clinical Excellence   |
| PACT  | - | Partners and Communities Together                       |
| PCSO  | - | Police Community Support Officer                        |
| PSHE  | - | Personal, Social & Health Education                     |

- SDC - Sevenoaks District Council
- SRE - Sex & Relationships Education
- VAWK - Voluntary Action Within Kent
- WK - West Kent
- YAP - Young Active Parents

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### FUEL POVERTY

#### BRIEFING PAPER

James Young

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NOTE: This briefing paper was put together by the Housing Policy Team's graduate intern. Having recently completed an MSc in energy policy and sustainability, he was asked to review the District Council's fuel poverty strategy and related work programmes and to give his thoughts and suggestions for service improvements.

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FUEL POVERTY IS IDENTIFIED AS A KEY PRIORITY IN A NUMBER OF OVERARCHING POLICIES;

- A) Housing Strategy
- B) Community Plan
- C) Climate Local Kent
- D) Climate Local Sevenoaks
- E) Home Energy Conservation Act 1995

#### BACKGROUND

Fuel poverty is essentially a cost of living problem – the inability to heat your home adequately. It has been an increasing problem in recent years due to the sharp rise in consumer energy bills coupled with flat incomes and the fundamental inefficiency of the UK's housing stock. According to the latest government definition, there are 2.3 million fuel poor households in England alone. Fuel poverty can severely affect people's health – as those affected often under-heat their homes. Sevenoaks District Council (SDC) is ambitious to do more, as part of a broader effort to improve energy efficiency, reduce energy costs and generate growth and jobs by supporting the green economy. With the policy and funding landscape for tackling fuel poverty having changed significantly since 2010, SDC has never had a more critical role to play in ensuring that resources are targeted effectively to reach those most in need.

#### FUEL POVERTY IN SEVENOAKS

According to the 2013 Sub-regional fuel poverty data, under the Government's new definition of fuel poverty - low income high costs indicator (LIHC), there are an estimated number of 3705 fuel poor households out of a total of 48390 households - proportion of households fuel poor (%) – 7.7.

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Prior to the governments new fuel poverty definition (LIHC), fuel poverty in Sevenoaks under the 10% definition came to 5,397 fuel poor households totalling 11.9% of the housing stock. Although the reduction in the proportion of fuel poor households is welcomed we are aware the reduction could well be due to the change in definition.

Sevenoaks is a predominantly expensive/affluent district with a higher than average level of detached 'energy intensive' and executive-style housing coupled with the most common occupation being managerial and professional positions. The new LIHC definition removes 'able to pay' households who in the past have been willing to spend more than 10% of their income to heat larger dwellings but who may not have felt the adverse effects of fuel poverty due to a larger basic income.

### FUEL POVERTY POLICY LANDSCAPE

The government has recently published the Fuel Poverty Strategy for England as required under the Warm Homes and Energy Conservation Act 2000 following extensive consultation held from July to October 2014.

The new fuel poverty target for England sets an ambition that as many fuel poor homes as 'reasonably practicable' achieve a band C energy efficiency standard by 2030 and became law in December 2014.

Today's strategy is our roadmap for meeting that target. It confirms the following interim objectives in the new fuel poverty strategy:

- As many fuel poor homes in England as is reasonably practicable to Band E by 2020
- As many fuel poor homes in England as is reasonably practicable to Band D by 2025

Although SDC welcomes the ambitious target, analysis by the Committee on Climate Change suggests that hitting the target would cost 18bn, or £1.2bn per annum to 2030. Currently annual spending on energy efficiency improvements in fuel poor homes in England amounts to less than half that – the c. £490m portion of the Energy Company Obligation scheme directed at the fuel poor. There is an obvious disconnect between the government's ambition to reduce fuel poverty and the current package of policies and funding commitments – a 'funding gap' of around £700m per annum. This gap will widen in light of a £70 million reduction in DECC's budget for the 2015/16 financial year as part of Chancellor George Osborne's plans to reduce the debt by £3 billion in total across different departments.

Although the major grant programs for energy efficiency have come to an end in 2012/13, a total of £80m has been made available through a number of small-scale bid-based schemes over the past two years:

DECC's £25m Fuel Poverty Fund, £20m Green Deal Communities Fund, £10m Green Deal Pioneer Places Fund, and £5m 'Cheaper Energy Together' scheme, plus the Department for Health's £20m Warm Homes, Healthy People fund.

### WHAT HAS SDC DONE TO COMBAT FUEL POVERTY?

With SDC spending tightly constrained and major Government grant schemes for energy efficiency at an end, SDC is exploring the most efficient and effective ways to tackle fuel poverty and has been competing in numerous small-scale bid-based schemes. However effective solutions need to be tailored to local circumstances. Local schemes designed with local partners and tailored to local circumstances have delivered real results on the ground.

#### 1. JOINT/PARTNERSHIP WORKING:

##### Kent and Medway Sustainable Energy Partnership

SDC is working in partnership with Dartford Borough Council, Kent County Council and the Kent and Medway Sustainable Energy Partnership to collaborate address energy efficiency across a wider area.

The collaboration has resulted in the successful bid of 4.2m grant funding from DECC Green Deal Communities Fund.

The scheme will be rolled out on a targeted street-by-street basis and is designed to support residents in those target streets install heavily subsidized improvements such as solid wall insulation and new heating systems. The aim is that all residents and businesses in these streets will benefit from warmer, more energy efficient buildings and have more control over their energy bills, thereby reducing the risk of households falling into fuel poverty. The Warmer Streets Engagement Team will be very active in the target streets over the coming months and will be looking to get to know communities so that they can provide the support that people need.

The scheme aims to reach 900 domestic properties across all areas. Sevenoaks district will focus on the areas of South Darenth and Horton Kirby with 35 parties already interested.

#### 2. MAXIMISING RESOURCES

##### Hard to Treat s.106 Grants

As would be expected, the provision of new affordable housing is that much more challenging in the Sevenoaks District. This is due to a number of factors; the main limitation is; strict planning restraints, i.e. 93% Green Belt and 60% AONB. As a result, SDC has made available a proportion of its s.106 funding from developers to help make households more affordable by making them more energy efficient thereby lowering energy bills and reducing the risk of fuel poverty.

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Off-grid or hard-to-treat housing may be eligible for grants. Grants are offered to Landlords to improve the energy efficiency of their properties provided they take on a tenant from the housing register list. The grant thereby allows poor energy inefficient housing to be transformed into affordable energy efficiency dwellings offered to vulnerable individuals on the housing register. This dual pronged approach helps to reduce the risk of fuel poverty and also provide affordable housing.

Landlords are targeted through landlord forums, identified through tenant complaints, Housing Officer knowledge, Empty Homes Officer knowledge or EHO HHSRS inspections. Landlord engagement is sought and further advice on the benefits of energy efficiency measures and available funding is provided at all times.

### 3. EFFECTIVE TARGETING

Fuel poverty is a cross cutting and pervasive issue. Effective targeting of fuel poor households relies on sharing knowledge between departments and agencies using cross departmental working/matrix approaches. The value of closer working between Government departments is supported under the Government's new framework for action on fuel poverty.

SDC has sought to encourage knowledge sharing practices between relevant departments. Attendees of the LSP Climate Change Group share the latest fuel poverty advice/issues with relevant Service Managers. Information is then filtered down to front line staff to deliver any advice or signpost vulnerable households to available ECO grants under the Affordable Warmth Program or further referral to the Warm Homes helpline. SDC Officers have knowledge and information about their communities which allows them to tailor schemes to take account of factors such as tenure, housing type, housing density, income, deprivation and demography. Tacit knowledge sharing between SDC Housing Officers, Environmental Health Officers, Community Support Workers, Health Professionals, Moat Housing Association and the Family Mosaic Housing Improvement Agency gives the different departments/associations the necessary tools and advice to help **identify** and **assist** vulnerable households who require help and support increasing the energy efficiency of their homes.

### 4. RESIDENT ENGAGEMENT

#### ENERGY SWITCHING

SDC has introduced an innovative and proactive Switch and Save Scheme which aims to save older residents money on their energy bills and ultimately mitigate against fuel poverty. SDC Switch and Save Scheme provides an independent impartial energy tariff comparison website listing **all energy suppliers**. In conjunction with the independent website, Switch and Save Surgeries have been held in local village halls and in community spaces helping vulnerable individuals to access the Switch and Save Scheme through a hand-holding

process. Proactive out reach is a pivotal element of the scheme. Through targeted outreach efforts hard-to-reach older people are assisted in the switching process overcoming computer literacy barriers and any perceived fear of the switching process. SDC aims to help older people save money on their energy bills and subsequently alleviate the risk of fuel poverty which is exasperated by historic 'standard' energy tariffs.

Interim progress reports are made to track the progress of the scheme. The stand alone website provides access to a control panel to measure progress and activity. The outcome has been a combined savings of over £17,000 with one particular older resident saving around £800 in the first year alone. Further surgeries are planned in the District through 2015 and beyond. 2015 alone has seen an average saving of £307.61 per customer and an average of 25% of those getting results online go on to switch providers. Furthermore, the cost of Sevenoaks Switch and Save Scheme is reasonable and practicable. The budget allocated to the scheme is repaid over time through the small commission charged for switching.

The targeted and proactive nature of the Switching Surgeries are innovative add-ons to the standard switch and save comparison website and to date has increased the number of switches saving vulnerable/elderly individuals vast sums of money. The surgeries act as a vital platform to signpost vulnerable individuals to available energy efficiency funding and also disseminate energy saving advice such as SDC energy advice packs and weather warning pamphlets/leaflets. The surgeries also offer Officers the chance to further develop and inform their knowledge of the housing stock and occupants of specific areas by conversing with the vulnerable individuals.

### LIMITATIONS

#### PARTNERSHIP WORKING

SDC has a strong record in fostering effective partnerships on the ground. However there is a risk that Whitehall silos will lead to the treatment of fuel poverty through the individual lenses of energy, housing, health and income support and the imposition of a 'one size fits all' solution. The cross cutting nature of fuel poverty and the barriers/issues of identifying fuel poor households requires a matrix approach from start to finish to provide an adequate solution.

**CONSIDERATION 1;** The new cross-Whitehall working group that is being formed should champion the role of local leadership and flexibility to design local solutions to fuel poverty. Devolution of funding and approaches to reducing fuel poverty is sought.

#### MAXIMISING RESOURCES

Channelling funding for energy efficiency schemes through small, short term, competitive funding pots is an inefficient use of council resources and capacity. It works against long-

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term, joined-up investment strategies and consumes time and effort in bidding application and monitoring processes. Further, not all LA officers have been sufficiently trained to submit bids and need further clarity as to the bidding process. As a result bids are directed to a minority of officers who have been trained and have the capacity to submit bids successfully, thereby putting further strain on a minority of officers/managers at a time of cuts and resource limitations.

**CONSIDERATION 2:** Pool grant funding in a single pot to maximise its value and ensure that councils can focus their resources on tackling energy efficiency rather than bureaucratic bidding processes.

### EFFECTIVE TARGETING

Although SDC is working to paint a holistic picture of fuel poor households in Sevenoaks, limited access to data presents a significant barrier. Data sharing between health and housing should be further encouraged;

For example Blackpool Council works with NHS Blackpool and dovetails with their flu mailing lists to inform people about energy efficiency grants/options available to them.

The problem remains that SDC is struggling to cost-effectively identify householders that will qualify for the Affordable Warmth element of the ECO, particularly as social housing tenants are not eligible. Householders receiving measures financed by the Affordable Warmth element have to be receiving certain state benefits such as state pension credit, child tax credit, income-based job seeker's allowance, income-related employment and support allowance, income support and working tax credit.

With limited access to data, barriers to data sharing under the Data Protection Act and strict household eligibility criteria, SDC predominantly relies on Officer referrals rather than a complete database of fuel poor households eligible for the Affordable Warmth element

**CONSIDERATION 3:** The National Housing Federation and DECC should share good practice on identifying households living or at risk of falling into fuel poverty.

### RESIDENT ENGAGEMENT

SDC has extensive experience assisting local residents to understand which benefits, grants and energy tariffs are available to them. Signposting and advice are at the forefront of the SDC Switch and Save surgeries and are encompassed in SDC energy packs disseminated across the district.

However further effort needs to be made to develop a visible understanding of energy use. Behaviour and practice are fundamental aspects of ensuring energy efficiency measures result in cost saving and a reduction of energy use. Many residents fall prey to the 'Rebound Effect' and instead of saving energy and money, revert back to paying the same amount for their energy due to a lack of understanding with regards to heating controls.

Studies have revealed that many residents struggle with new heating system controls that have been installed in their properties and have resorted to opening windows to reduce indoor temperature.<sup>1</sup> SDC is a trusted and well held Local Authority which is in a great position when it comes to encouraging residents to make the behaviour changes that will help them realise the full benefits of energy efficiency improvements to their homes. This advantageous position will be vital in anticipation of the Smart Meter roll out scheme set to be put in place by Government in the very near future.

**CONSIDERATION 4;** SDC should look to provide more surgeries in line with the Switch and Save Surgeries to address the need for further 'hand holding' and face-to-face guidance to help residents understand new heating system controls to prevent 'rebound' energy use and ensure reduced energy bills and financial savings.

### CONCLUSION

The current climate of ongoing constraints on public spending and lack of statutory duty requiring LA's to spend funds on energy efficiency measures will inevitable result in council led energy efficiency schemes becoming unsustainable in the medium term. With energy prices rising and more households at risk of falling into fuel poverty combined with a shrinking Social Housing Stock (most energy efficient housing tenure group) and an inflated Private Rented Housing Stock (known to be the most energy inefficient tenure group) fuel poverty will continue to be a rising ongoing problem. Energy efficiency programs will continue to be an important means by which SDC can assist vulnerable residents and those on low incomes to save on their bills and avoid ill health. However as discussed, limited public funding means that it is more important than ever that funding from tax payers - in this case, through levies on their energy bills – is used as effectively and efficiently as possible. Locally-led fuel poverty will be pivotal in shaping future energy efficiency policies to ensure greater support for vulnerable households.

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<sup>1</sup> [http://open.nottinghamcity.gov.uk/comm/download3.asp?dltype=inline&filename=49874/111129\\_Fuel\\_Poverty\\_Report\\_v2\\_upload.pdf](http://open.nottinghamcity.gov.uk/comm/download3.asp?dltype=inline&filename=49874/111129_Fuel_Poverty_Report_v2_upload.pdf)

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**Housing and Health Advisory Committee Work Plan 2015/16 (as at 06.07.15)**

| <b>22 September 2015</b>  | <b>1 December 2015</b>  | <b>22 March 2016</b>   | <b>Summer 2016</b> |
|---|---|--|--------------------|
| <p>Budget: Service Reviews and Service Change Impact Assessments (SCIAS)</p> <p>HERO Update (to include a short presentation on the initiative)</p> <p>Review of Disabled Facilities Grant process</p> <p>Sencio Presentation</p> <p>Health Inequalities Action Plan</p> <p>Health Board update – Cllr Pat Bosley</p> | <p>Strategic Housing Market Assessment (SHMA) (to include an Older People Sub-Study)</p> <p>Health Priorities – Better Care Fund (including update from CCGs)</p> <p>Update on Right to Buy</p> <p>Update on Climate Change Matters</p> <p>Under Occupation Officer – Update (invite an Officer from West Kent Housing Association)</p> | <p>Housing Needs Working Group Update</p> <p>Role of the KCC Health Overview &amp; Scrutiny Committee (HOSC) (Cllr Brookbank)</p> <p>Swanley as a Dementia Friendly Town (Cllr Searles)</p> <p>Health Board update – Cllr Pat Bosley</p> |                    |

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