

14 June 2016 at 7.00 pm

Conference Room, Argyle Road, Sevenoaks
Despatched: 06.06.16



Housing & Health Advisory Committee

Membership:

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

Agenda

	Pages	Contact
Apologies for Absence		
1. Appointment of Chairman		
2. Appointment of Vice Chairman		
3. Minutes To agree the Minutes of the meeting of the Committee held on 22 March 2016, as a correct record.	(Pages 1 - 4)	
4. Declarations of Interest Any interests not already registered		
5. Actions from Previous Meetings (if any)		
6. Update from Portfolio Holder	(Pages 5 - 8)	
7. Referrals from Cabinet or the Audit Committee (if any)		
8. Role of the KCC Health Overview & Scrutiny Committee (HOSC)		Councillor Robert Brookbank
9. Swanley as a Dementia Friendly Town		Councillor Tony Searles
10. The West Kent Health Integration Update	(Pages 9 - 10)	Lesley Bowles Tel: 01732 227335

- | | | |
|---|-----------------|------------------------------------|
| 11. Housing Needs Survey - Progress Report | (Pages 11 - 14) | Gavin Missons
Tel: 01732 227332 |
| 12. Interim Housing Strategy Measures | (Pages 15 - 24) | Gavin Missons
Tel: 01732 227332 |
| 13. The Housing and Planning Act 2016 | (Pages 25 - 26) | Gavin Missons
Tel: 01732 227332 |
| 14. Health Improvement Annual Report | (Pages 27 - 80) | Hayley Brooks
Tel: 01732 227272 |
| 15. To note minutes of the Health Liaison Board
To note the minutes of the meeting of the Health Liaison Board held on 11 May 2016. | (Pages 81 - 84) | |
| 16. Work Plan | (Pages 85 - 86) | |

EXEMPT INFORMATION

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

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

Should you need this agenda or any of the reports in a different format, or have any other queries concerning this agenda or the meeting please contact Democratic Services on 01732 227247 or democratic.services@sevenoaks.gov.uk.

HOUSING & HEALTH ADVISORY COMMITTEE

Minutes of the meeting held on 22 March 2016 commencing at 7.00 pm

Present: Cllr. Lowe (Chairman)

Cllr. Parkin (Vice Chairman)

Cllrs. Dr. Canet, Eyre, Halford, Horwood, Parkin, Parson, Pearsall, Scott and Ms. Tennessee

Apologies for absence were received from Cllrs. Mrs. Bosley and Gaywood

Cllrs. McGregor and Thornton were also present.

30. Minutes

Resolved: That the Minutes of the meeting held on 1 December 2015 be approved and signed by the Chairman as a correct record.

31. Declarations of Interest

No additional declarations of interest were made.

32. Actions from Previous Meetings

There were none.

33. Update from Portfolio Holder

The Portfolio Holder's update was noted. Members also received an update on the Wildernesse Sports Centre site, advising that there would be a report to Cabinet on 21 April 2016.

34. Referrals from Cabinet or the Audit Committee

There were none.

35. Disabled Facilities Grant Update

The Housing Standards Team Leader presented the report and tabled some [further information](#) on improvements made by the team since the introduction of the new in house Disabled Facilities Grant (DFG) process, team structure, some case studies and a [leaflet](#) given out on promoting independence.

It was noted that by bringing the service in house further efficiencies had been achieved to the benefit of customers, and the team were continually looking at further ways to streamline the service.

Agenda Item 3

Housing & Health Advisory Committee - 22 March 2016

There would be further promotion of the service in April, with an article in InShape, leaflets to Parish and Town Councils, local charities and organisations, and further contact ideas were welcomed.

Resolved: That the report be noted.

36. District Deal and Health Priorities

The Health and Communities Manager presented the report and Members received a [presentation](#) on the potential health improvement arrangements and work on the three key health priorities.

Resolved: That the report be noted.

37. Emerging legislation and related strategy

The Chairman, Chief Housing Officer and Chief Planning Officer presented the report which provided Members with progress on the Housing and Planning Bill and preparations for the development of an updated housing strategy. It also provided background information for the topic discussion to enable Members to further develop the District Council's directions of travel in relation to future housing strategy. To further enable discussion [packs](#) were tabled.

Members considered the Group A recommendations arising from the Members workshop in December, contained within the [supplementary agenda](#), point by point. Members concurred with all the actions noted as agreed, subject to point 4 which had not been agreed but Members were keen that wheelchair accessibility was included somewhere. When discussing high density, the emphasis was on a desire for 'high quality' high density developments. It was intended that further work be carried out on these points and final recommendations sent to Cabinet.

Members broke away into smaller groups to discuss prioritising the [list](#) of interim Housing Strategy options that required funding, these papers were collected in for evaluation.

Members also split into two groups to consider and discuss the [scenarios](#) which had been tabled, and their feedback was noted and taken for evaluation.

Resolved: That the report be noted, and the points raised and discussed used to inform the continuing development of the District Council's direction of travel in relation to future housing strategy.

38. To note minutes of the Health Liaison Board

The minutes of the meeting of the Health Liaison Board held on 2 March 2016, were noted.

39. Work Plan

The work plan was noted. It was agreed to add a Housing & Planning Bill update, managing housing need and making best of housing stock, housing allocation policy in light of new bill to June; and Leisure strategy and study in November.

VOTE OF THANKS

Resolved: That a vote of thanks be given to Pat Smith for all her work for the Council.

The Committee showed their appreciation.

THE MEETING WAS CONCLUDED AT 9.13 PM

CHAIRMAN

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Housing & Health Advisory Committee

14 June 2016

Portfolio Holders Report

Housing

Since our last meeting Pat Smith, Chief Housing Officer, has retired and the new structure has started to bed in. James Cox and the DFGs are now with Building Control (Chief Officer: Richard Wilson); Housing Advice under Andrew Kefford (including HERO) are now under our new Head of Service for Housing & Health – Hayley Brooks (Chief Officer: Lesley Bowles); and Housing Policy has merged with Planning Policy (Chief Officer: Richard Morris).

On Monday 18 April SDC hosted a very successful Spring Forum focussing on Implementing the Kings Fund report – starting with Housing. Local Government Minister: Marcus Jones MP was our keynote speaker, but we also heard from Pat Smith, Richard Morris, a recording from Michael Fallon, Malti Varshney (Public Health – KCC) and me. The feedback from 70 delegates was very positive and they have asked for another one!

The Minister spent his first half an hour visiting our Housing officers, talking to HERO and Housing Advice on the front line as well as James Cox and the DFG team. DCLG were so impressed that they want us to work with them to share best practice. Marcus also hinted in his speech that he was interested in the HERO model as a way of combating homelessness as that is one of his responsibilities.

Malti confirmed that Sevenoaks is the leading district in Kent when it comes to the health agenda and KCC are keen to work more closely with us and the CCGs to implement our vision.

The Forum was also Pat Smith's grand finale, and although she was suffering from a flu bug she dragged herself in to hear a recorded tribute by the Rt Hon Michael Fallon MP and to receive a cake in honour of her 30 years service at SDC. The event was sponsored by two building companies that help with our DFG requirements.

On Friday 29 April met with Clare Whelan, Partner of the Dorson Group, to discuss our progress in merging health, leisure and housing and our plans to put in place the King's Fund report.

I visited Emily Court Care Home in Wilmington, with other councillors, on Wednesday 20 April.

I also attended the Moat opening of the Vales, Moor Road, Sevenoaks on Friday 13 May. Michael Fallon opened the development of 9 homes (100% affordable), two social rented and five shared ownership homes for local families.

The Housing & Planning Act is not good for Sevenoaks and nor was the government's successful appeal of the s106 affordable housing contribution for small developments (most of ours). I am working with Michael Fallon MP to see if we can apply for local exemptions for Sevenoaks.

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Health and Leisure

I have been invited to join the District Council's Network (DCN) task force which will be exploring how district councils can implement the King's Fund report. There are two councillors on this task force and three NHS officials.

Gavin Missons, Hayley Brooks and I will be attending the DCN's health conference on 25 July – where again we can share ideas and best practice. At SDC we strongly believe that good housing represents a large share of an individual's overall wellbeing – which is why housing is central to our health vision.

I attended the KCC Live Well mental health services conference on Tuesday 17 May in Canterbury. I met up again with the Shaw Trust again who are offering mental health services to the West Kent CCG (South of our District) and met Porchlight who are offering services to Darford, Gravesham and Swanley CCG (North of our District). I have another meeting with Shaw Trust about how we can work together with them particularly around HERO; and one with Porchlight where we maybe able to work with them on housing as well.

SDC hosted a delegation from South Norfolk District Council as two leading health pathfinder districts in the country. We shared best practice with each other and we learned a lot from each other. South Norfolk will be inviting a Sevenoaks delegation to visit them in the Autumn.

Dementia update – SDC supporting people to live independently

- Dementia friendly training for all front line staff including Dunbrik
- Dementia friendly training for taxi drivers with stickers showing they are dementia friends
- Shop safe scheme launched for people living with dementia
- Community Safety Partnership works closely with social care and refer people for care packages

On Friday 25 May I attended the Dementia Friend's Awareness session for taxi drivers with Tom Tugendhat MP at the Eden Centre; and Thursday 12 May launched the Shop Safe Scheme, again with Tom Tugendhat, for the South of the District.

On Tuesday 3 May it was my turn to present the successes and challenges of the Housing & Health portfolio to the Scrutiny Committee.

On Thursday 14 April I was interviewed by BBC South East about a grant we received from Kent to set up archery lessons for young people aged between 11 and 25.

Our three health objectives are:

Ageing Well –

- Supporting Independent Living: Housing & Planning policy (purpose built homes to meet our need), DFGs, future handy person service, working towards a dementia friendly district, leisure
- Tackling loneliness: Housing & Planning policy, leisure, and community groups

Obesity -

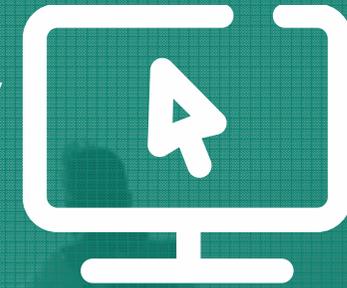
- Enforcement through District tools: Planning, Licensing, EH
- Encouragement: Leisure, EH

Mental Health -

- District's tools: Housing & Planning policy, leisure
- Encouragement: Community groups, outside space, allotments,

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Dementia Friendly Communities in Sevenoaks District



Hayley Brooks - Head of Health & Housing

Work Progressed to date:

- DFC Forums
- Partnerships
- Dementia Cafes
- Local services
- Projects
- Awareness events
- Dementia Friends Sessions
- Communication
- Funding

Sevenoaks cabbies trained to understand dementia

By [Sevenoaks Chronicle](#) | Posted: May 07, 2016



DRIVING FORCE: Cabbie Robert Challis with Councillor Michelle Lowe

Forget-me-not Cafés

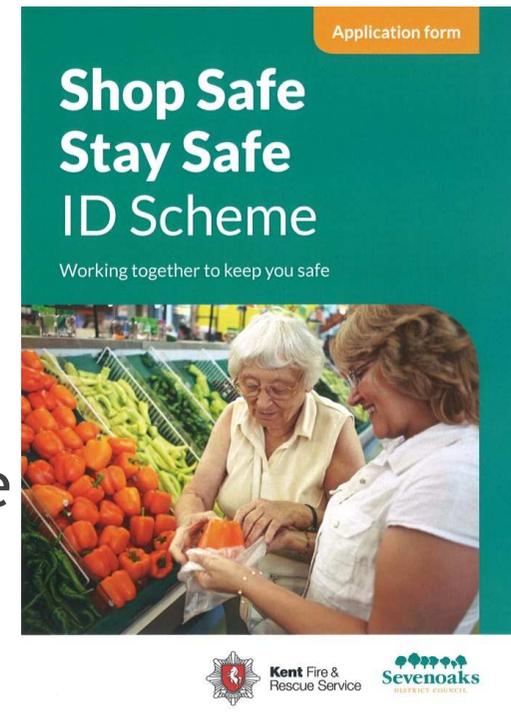


Companionship over a cuppa



Dementia - Plans for the future

- Environment in the workplace
- Shop Safe, Stay Safe
- Continue to run Dementia Awareness session (CEO's, Taxi Drivers, Volunteer Drivers)
- Hot Potato issues
- Identify services
- Communicate (Website)
- Establish more partners to contribute
- Fundraise



Events & Campaigns

www.dementiafriendlykent.org.uk



Dementia Friendly Kent
Living well with Dementia
24 Hour Kent Dementia Helpline 0800 500 3014

Home About Us Help & Advice **My Area** Learning News Search...

You are here | Home > My-area/projects > West Kents Venture into Dementia

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West Kents Venture into Dementia

Venture into Dementia

Background

The most consistent thing, brought up at all the local forums is the issue of communications, both for residents and also between agencies. Communication problems can lead to inappropriate signposting and referrals. In order to address this the agencies involved in the West Kent Dementia Friendly Community Forums decided to host a large event at the Angel Centre in Tonbridge.

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.

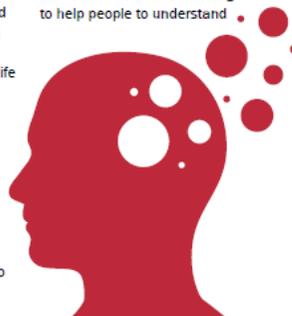
We are working closely with Kent County Council, the Sevenoaks District Seniors Action Forum, support organisations and local communities to make the District a more dementia friendly place.

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

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

www.sevenoaks.gov.uk

DEMENTIA AWARENESS EVENT

HEALTH | CARING | LEGAL

Coping with Dementia as a family

Working to become Dementia Friendly

24 February 2016, 6pm to 8.30pm at:
Sevenoaks District Council, Argyle Road, Sevenoaks TN13 1HG

Presentations ☆ Legal Advice ☆ Financial advice
Question and answers ☆ Support and specialist advice
One to one advice (advance booking required)

To book a **FREE** place, and a one to one session, call 01732 227000

cripps the Good Caregroup atrium Sevenoaks DISTRICT COUNCIL

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Dementia Friendly Communities in Sevenoaks District



Ageing Well

- ‘Making Every Contact Count’
- Falls Prevention & yoga
- NHS Health Checks
- Health Walks
- ‘Dial A Ride’ Grant Funding
- Dementia Friendly Communities
- Winter Warmth
- Trusted Assessors
- Remodelling of supported housing stock (Housing Association)



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WEST KENT HEALTH INTEGRATION UPDATE

Housing and Health Advisory Committee - 14 June 2016

Report of Chief Officer Communities & Business

Status: For Information

Key Decision: No

Executive Summary: To update Members on the work being undertaken to provide a co-ordinated approach to health integration between Kent County Council and district and borough councils in West Kent.

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

Portfolio Holder Cllr. Lowe

Contact Officer(s) Lesley Bowles Ext. 7335

Recommendation to Housing And Health Advisory Committee: That the report be noted.

Reason for recommendation:

This Council is working with neighbouring West Kent councils to co-ordinate ideas and suggestions for a more co-ordinated approach to deliver targeted public health integrated services in partnership with Kent County Council' Public Health Team.

Introduction and Background

- 1 This Council works with key partners including Kent Public Health Team, GP Clinical Commissioning Groups (CCGs), local health and social care providers and the voluntary sector to meet the Healthy Environment priorities within the Community Plan to reduce health inequalities and improve the health and wellbeing of residents.
- 2 This Council's frontline services, public assets and local partnerships have a unique and multi-dimensional role in improving health outcomes across the wider determinants of health, health improvement and health protection with local communities.
- 3 Over the last six years, this Council has been commissioned by Public Health, which is now the responsibility of Kent County Council, to deliver a range of health and wellbeing preventative programmes.

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- 4 Officers have been working with the Portfolio Holder on a Health District Deal which will outline possible future working arrangements with Kent County Council to deliver locally based health prevention and improvement services as part of a partnership agreement.

West Kent Health Integration

- 5 Following discussions regarding working more closely on a West Kent basis, Officers have been working on ideas and suggestions that might enable a more co-ordinated approach between Kent County Council's Public Health Team and district and borough councils going forward.
- 6 This work is ongoing and a report will be drafted for Cabinet and Council later in the year. In the meantime, the Chief Officer Communities & Business will give a verbal presentation to this Advisory Committee.
- 7 Members will be updated at the meeting with a presentation on this work.

Key Implications

Financial

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

Legal Implications and Risk Assessment Statement.

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

Equality Assessment

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

Conclusions

- 11 To update Members on the work of Officers to co-ordinate ideas and suggestions for a more co-ordinated approach to deliver targeted health integrated services in partnership with Kent County Council's Public Health Team and neighbouring West Kent councils.

Appendices

Background Papers:

Lesley Bowles
Chief Officer Communities & Business

HOUSING NEEDS SURVEY - PROGRESS REPORT

Housing and Health Advisory Committee - 14 June 2016

Report of Chief Planning Officer

Status: For Information

Key Decision: No

This report supports the Key Aim of the Community Plan and emerging housing and health strategy.

Portfolio Holder Cllr Michelle Lowe

Contact Officer(s) Gavin Missons (x7332)

Recommendation to the Housing and Health Advisory Committee: that Members note the report.

Reason for recommendation: To keep Members up to date with progress on this particular project and as part of the District Council's emerging housing and health strategy.

Introduction and Background

- 1 The District Council's current Housing Strategy Action Plan was adopted back in 2012. With a subsequent shift in national housing policy and wider socio-economic factors, the Portfolio Holder for Housing and Health has agreed to review this document and for the Housing Policy Manager to develop an updated version.

Evidencing need

- 2 As part of the District Council's current review of its Local Plan, an updated Strategic Housing Market Assessment (SHMA) has been completed and this provides high-level statistical data to help with strategic planning. In order to develop more detailed housing strategy, however, additional evidence is required (both in geographical terms and at client group level).
- 3 In recent years, and with the advent of the SHMA, local authorities have typically resorted to the use of secondary data when developing lower level housing strategies, policies and plans. Although a good deal of secondary data is reliable and robust, some can be patchy, cover geographical areas which don't correspond with District Council boundaries and/or services, apply to varying timescales, and/or simply not be considered adequate for effective planning in an ever-reducing financial environment.

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- 4 With that in mind, and to ensure that the District Council's new housing strategy prioritises those most in need of support and assistance, the District Council has agreed to commission a new Housing Needs Study (HNS) - the first of its kind in almost a decade (Housing Market and Needs Assessment, 2006).

Process and timescale

- 5 In order to ensure best value for money, the District Council has selected particular client groups and elements of work programmes where primary data is required and to supplement any existing intelligence. In doing so, this will help to avoid any unnecessary assessment of need where reliable data already exists. Officers will also provide the successful contractor with (or references to) a wide-range of existing data to aid the process and avoid any repetition of assessment. The end result should be a HNA which is much less general in its assessment of need and more bespoke to the District Council's specific intelligence requirements.
- 6 A project brief has been prepared and this will be publicised through the District Council's formal tendering process. The project steering group will then work to evaluate submissions with a view to appointing a contractor. An inception meeting will follow and this will allow the steering group to agree the more detailed study requirements and day-to-day arrangements through the intelligence gathering period.
- 7 The anticipated timescale for completion is the end of December 2016, though this may need to be reviewed dependent on contractor availability etc. The study period will allow for the Housing and Planning Act 2016 and Welfare and Work Act 2016 to properly take effect and give the District Council some additional time to better understand the initial (and likely future) impacts of both. This, in turn, will enable the District Council to develop a more responsive housing strategy for the future, it having a complete evidence base by that time and a much better understanding of the future policy environment and its likely effects across the remit of housing, health, economic and wider community strategy.
- 8 Once complete, the finalised study will be brought back to the HHAC for information and discussion ahead of it being published and made more widely available. This is currently anticipated to be in early 2017, though fixed timescales will need to be confirmed at the next HHAC meeting.

Other Options Considered and/or Rejected

Continuation of the use of secondary data was considered as part of an options appraisal. In order to produce an effective housing strategy and to make best use of limited resources, however, it was agreed that the District Council needs to better understand the housing requirements of its residents in the District (both existing and newly-arising) and current intelligence limits that understanding. With that in mind, a HNS was considered essential as part of the strategy development process.

Key Implications

Financial

The HHAC has given in-principle agreement to fund the HNS from S106 affordable housing planning gains and there will be no consequent impact on District Council budgets, therefore. The HNS will enable the development of more efficient housing strategy and could potentially create future efficiency savings - and those efficiencies potentially extending to partners.

Legal Implications and Risk Assessment Statement.

The HNS will support the District Council in meeting its statutory duties and to effectively respond to other related legislation as it is introduced. The data gathered through the HNS will enable the District Council to more effectively plan its services and mitigate any associated business risks in the process.

Equality Assessment

This project aims to advance equality of opportunity for vulnerable, minority and low-income groups (and their families and carers) and foster good relations between people from different groups. The decision recommended through this paper would directly impact end-users in a positive way and help to equalise opportunities by overcoming typical housing barriers with a wide-range of solutions, as will be developed and set out in the new housing strategy.

Community Impact and Outcomes

This project and the subsequent housing strategy will support the District Council's new community plan across several themes - including housing, health, economic development and the environment.

Resource (non financial)

The HNS project and development of the District Council's new housing strategy will be led and developed by the Housing Policy Manager with some input from other colleagues and teams, as required.

Value for Money and Asset Maintenance

HNS evidence requirements/limitations will ensure that the District Council achieves best value for money and the subsequent housing strategy will be based on priorities as identified through statistical data from the study itself - and this, in turn, will enable limited resources to be directed to where they are most needed.

Sustainability Checklist

A sustainability checklist will be produced as part of the housing strategy development process and any negative impacts will be dealt as part of the key housing strategy objective to equalise life opportunities for all.

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Appendices

None

Background Papers:

Housing Strategy Action Plan (2012)

Richard Morris
Chief Planning Officer

INTERIM HOUSING STRATEGY MEASURES

Housing and Health Advisory Committee - 14 June 2016

Report of: Chief Planning Officer

Status: For Decision

Key Decision: No

Portfolio Holder Cllr Michelle Lowe

Contact Officer(s) Gavin Missons (x7332)

Recommendation to the Housing and Health Advisory Committee: that Members agree to support Officers to further explore and/or implement related objectives as agreed by the housing strategy workshop working group and set out in Appendix A.

Reason for recommendation: To seek to mitigate any potentially negative effects of the changing housing policy environment whilst also seeking to maximise any new opportunities as an interim approach and ahead of a fuller review of housing strategy.

Introduction and Background

- 1 The District Council's current Housing Strategy Action Plan was adopted back in 2012. With a subsequent shift in national policy, however, and one which has created a very different policy and legislative environment, the Portfolio Holder for Housing and Health has agreed to review this document and for the Housing Policy Manager to develop an updated version.
- 2 As part of the process, and as set out in the accompanying report 'Housing Needs Survey' (HNS), there is a consequent need to re-evaluate the District Council's approach to its services to ensure it remains an effective community leader in respect of housing, health and wider community strategy.
- 3 With the HNS set to take several months to complete, it was agreed to develop interim measures which could be implemented or at least progressed in the short-term and until such time as a full review has taken place. This is to ensure that housing strategy is as responsive as possible.

Joint Member/Officer workshop

- 4 In December 2015, the District Council held its first joint Member/Officer housing strategy workshop to carry out an initial options appraisal. Through

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this process, Members and Officers considered a long-list of ideas/options and worked together to agree a short-list of measures to be further pursued and/or adopted.

- 5 These were transferred on to four separate action plans - each covering a separate area of housing strategy. That said, several objectives spanned (or part-spanned) working group subjects and this helped us to compare group recommendations and work towards a wider cross-group consensus.
- 6 The Group A action sheet (Maximising Affordable Housing Output) was supported by the HHAC at its last meeting and Group D (Tying in Housing, Health and Leisure) is appended to this report for similar consideration. The remaining groups (B: Making Best Use of the Existing Housing Stock / C: Managing Housing Needs) will be developed further and presented to the next HHAC for the same consideration.
- 7 The plan is to then develop any agreed options and to either introduce as interim measures (in developing planning policy, for instance) or to have prepared and ready for inclusion in the new housing strategy, which is due for completion in early 2017. Any delayed (but previously agreed and prepared options) will be adjusted, where required, to take account of any subsequent developments in national policy and updated evidence, as will be provided through the upcoming HNS. With such a wide and varied range of options, and several having very different considerations and consequences, there will likely be a number of different approaches to the taking forward of approved actions/objectives.

Other Options Considered and/or Rejected

The District Council had intended to develop a new housing strategy in the first part of 2016, but it was subsequently agreed to develop a fuller evidence base and await the outcome of developing national policy and legislation (which is significant across the remit of strategy). Therefore, it was thought more sensible to hold back and to develop a new document when the District Council is better equipped with the facts. For this reason, the project plan has evolved into what is now being proposed in this report.

Key Implications

Financial

The majority of proposed measures could be delivered through existing budgets and/or contributions from S106 affordable housing planning gains, where required. Where this is not the case, each measure would be assessed for value for money etc., and, where necessary, separate approvals would be sought. With recent case law (CLG-v-West Berks) and the subsequent effects on S106 affordable housing financial contributions, further consideration will need to be given to several objectives - the funding of some potentially becoming an issue.

Legal Implications and Risk Assessment Statement.

The new housing strategy will support the District Council in meeting its statutory duties and to also effectively respond to other related legislation as it is introduced.

Equality Assessment

A key aim of the new housing strategy will be to equalise life opportunities for all groups through a wide-range of housing interventions/solutions. The strategy will be subject to a full and detailed EQIA, it potentially impacting on several vulnerable client groups - but, as above, the strategy will seek to positively contribute to equality of opportunity.

Community Impact and Outcomes

The housing strategy will be developed to support the District Council's new community plan across several themes - including housing, health, economic development and the environment.

Resource (non financial)

The new housing strategy will be developed by the Housing Policy Manager with some input from other colleagues and teams, as required.

Value for Money and Asset Maintenance

The new housing strategy will be developed in a way to ensure resources are directed to where they are most needed.

Sustainability Checklist

A sustainability checklist will be produced as part of the housing strategy development process and any negative impacts will be dealt as part of the housing strategy objective of equalising life opportunities for all.

Appendices

Appendix A - Group D action sheet

Background Papers:

Housing Strategy Action Plan (2012)

Richard Morris

Chief Planning Officer

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GROUP D - IDEAS AND OPTIONS (GROUP RECOMMENDATIONS)

GROUP FACILITATORS: PAT SMITH / HAYLEY BROOKS		
Policy adjustments		
	<p>Overcrowding:</p> <ul style="list-style-type: none"> - Fixed-term tenancies to keep the list fluid; - Offering a loan scheme from s106 funding for people in social-rented sector who could afford a mortgage but not the deposit and other removal costs; - SDC becomes a private landlord (as part of self-sufficiency agenda) but also to rent to people that private landlords are reluctant to such as groups of young professionals; - Tenant accreditation scheme to encourage private landlords to rent to people they might be reluctant to do so; - HERO interventions; - Encouraging and supporting people to get on to the property ladder are a priority for Members. - 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Members supportive of loans from section 106 to assist residents to buy a home.</i> - <i>Like Accreditation scheme for Landlords and Accreditation scheme for tenants (Flying start).</i> - <i>To investigate SDC becoming a private landlord supported (as part of trading company).</i> - <i>Local connection must continue to be a priority, as far as possible.</i> - <i>HERO a priority and must continue. Providing the service to residents in Sevenoaks District as a priority above providing it for others.</i>
	<p>Tackling anti-social behaviour :</p> <ul style="list-style-type: none"> - Fixed-term tenancies; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Fixed-term tenancies supported by Members and highlighted as a</i>

GROUP D - IDEAS AND OPTIONS (GROUP RECOMMENDATIONS)

	<ul style="list-style-type: none"> - Tenant accreditation work with WKHA; 	<p><i>priority.</i></p> <ul style="list-style-type: none"> - <i>Tenant accreditation scheme (Flying Start) supported by Members.</i> - <i>Victim and perpetrator support should be a priority to reduce repeat incidents.</i> - <i>Providing support to people in private sector housing also important (victims and perps).</i> - <i>Should be subsidising victim support if we are subsidising WKHA to provide support services - more focus on support for the victims/neighbours.</i> - <i>More financial checks on social housing tenants are needed.</i> - <i>Members would like funding to help victims of anti-social behaviour.</i> - <i>Members very supportive of HERO scheme and future super HEROES (including health advice).</i>
	<p>Tackling sub-standard housing in the private-rented sector:</p> <ul style="list-style-type: none"> - Landlord accreditation scheme; - New Government powers; - More proactive Environmental Health; 	<p>ACTIONS/RECOMMENDATIONS:</p> <p><i>Members supportive of this work.</i></p> <ul style="list-style-type: none"> - <i>Landlord accreditation scheme supported by Members and highlighted as important.</i> - <i>To consider discretionary grants and enforcement powers to get homes up to decent standard (a priority).</i> - <i>SDC housing interventions can save NHS money, so to research and cost up.</i>
	<p>Tackling sub-standard privately owned homes:</p> <ul style="list-style-type: none"> - Proactive with HERO; - Grants funded by s106 or other sources such as CCGs if proven link to health savings; - Proactive environmental 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Agreed. Members agree that services and support should be given to people in private homes as well as social housing.</i> - <i>Again, SDC housing interventions can save NHS money, so to research and cost up.</i>

GROUP D - IDEAS AND OPTIONS (GROUP RECOMMENDATIONS)

	<p>health;</p>	
	<p>Leisure:</p> <ul style="list-style-type: none"> - To make sure leisure facilities are close by to all homes (new developments and existing). Work on opening up footpaths and cycle paths, access to the countryside, possibly school playgrounds and sports fields at weekends - transport to leisure facilities/make sure leisure facilities are near all homes; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Encourage social engagement as part of leisure important.</i> - <i>Dementia and mental health support a priority for housing.</i> - <i>Promote and encourage more people to access and use outdoor open and green spaces such as walking, cycling, horse riding and activities such as allotments etc. Free activities in the outdoors.</i>
	<p>Mental Health and housing:</p> <ul style="list-style-type: none"> - Access to the countryside; - Designs to enhance mental health; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Tackling inactive residents is important and a priority.</i> - <i>Strong links to mental and physical health, use initiatives to promote both.</i> - <i>Designing in good health in the planning policy stage for new developments to be considered and communal areas to combat loneliness etc</i> - <i>Initiatives a priority to promote social inclusion and the use of outdoor spaces, delivering conservation, gardening and exercise together.</i>
	<p>Physical Health and housing:</p> <ul style="list-style-type: none"> - Wheelchair access, lifts, bungalows etc.; - Access to gardens/allotments; - Walkability; - Air quality (pollution); 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Links to planning process to review policies to encourage behaviour change including cycling etc.</i> - <i>After-care support once people are housed is important including helping them to socialise more etc.</i> - <i>Building healthy environments to reduce social isolation - use S106 to</i>

Appendix A
GROUP D - IDEAS AND OPTIONS (GROUP RECOMMENDATIONS)

		<i>develop initiatives to address social isolation a priority.</i>
Investment		
	<ul style="list-style-type: none"> - Provide funding for remediation of Category 1 hazards under the Housing, Health and Safety Rating System; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Members supportive of assisting private sector but not social sector.</i> - <i>Can assist those asset rich, cash poor.</i>
	<ul style="list-style-type: none"> - Provide grant funding for residents of mobile home parks; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Agreed. Members were supportive as many of the residents are older people and we should look at re housing if required.</i> - <i>To assess type and level of need in the new housing needs survey.</i>
	<ul style="list-style-type: none"> - Increase support and take-up of handyperson services by contributing £10 per hour for services to older and vulnerable people; - Fund a multi-agency signposting officer for older and vulnerable people; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Members supportive of handyperson but there should not duplication with other Agencies. Needs to pay for itself but be reasonable.</i> - <i>Self funding of DGF and handy person schemes are supported by Members.</i> - <i>Members would like to know why age 55 is used by HAs it is felt that it should be over 65? (GM to explain).</i> - <i>SDC to investigate setting up its own bespoke handyperson service as part of the HERO product.</i> - <i>To consider a dual role of handyperson and multi-agency signposting officer.</i>
	<ul style="list-style-type: none"> - Allocate further S106 funding for energy efficiency works to improve efficiency of the private housing stock; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Members supportive if it is to assist older and frail residents.</i> - <i>To further investigate.</i>

GROUP D - IDEAS AND OPTIONS (GROUP RECOMMENDATIONS)

	<ul style="list-style-type: none"> - Use S106 funds to commission more specific studies to help build up our evidence base; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Accepted these should be undertaken but no duplication and keep costs low.</i> - <i>To commission a new housing needs study.</i>
Other		
	<p>Falls prevention:</p> <ul style="list-style-type: none"> - DFG Grants in-house (increased coverage); - DFG service to expand to people not entitled to a grant but will pay a fee; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>More focus on prevention and joining up services to achieve this.</i>
	<ul style="list-style-type: none"> - Create an advice pack with a list of trustworthy locally-based services to help people through the downsizing process; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - Good idea, to be undertaken by WKHA Officer.
	<p>Energy efficiency:</p> <ul style="list-style-type: none"> - Tackling fuel poverty; - Increasing thermal-efficiency of the housing stock; - Retrofit measures; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Members really like Switch and Save and Warmer streets work.</i> - <i>Members are very concerned about older and frail people whose homes are insulated or with proper heating. Asks that GPs contact Councils for example if one of their patients has this issue.</i> - <i>There should be better promotion and signposting where the help is.</i> - <i>More focus on educating people on energy efficiency is a priority.</i> - <i>Encourage gas supplies to be extended in the District to help people to heat their homes more efficiently.</i> - <i>'Warm Homes' packs to be promoted more, particularly amongst private home owners.</i> - <i>More use of infrared gun to raise awareness.</i>

GROUP D - IDEAS AND OPTIONS (GROUP RECOMMENDATIONS)

		<ul style="list-style-type: none"> - <i>GPs to signpost into SDC’s energy efficiency schemes.</i> - <i>Reaching out to isolated older people must be a priority and important to Members.</i> - <i>Better use of social marketing to tailor promotional materials for difference age ranges i.e. over 50’s, Over 75’s etc. (An example of this is that Members feel that the banners that show a picture of very old people are wrong with a title of ‘Over 50?’).</i> - <i>Investigate Porchlight’s new Our Power cheap energy scheme.</i>
Additional		
	<ul style="list-style-type: none"> - The Lifetime Homes Standard; 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Competing priorities for S106 funding;</i> - <i>To assess need in upcoming housing needs survey and consider a target level in planning policy.</i>
	<ul style="list-style-type: none"> - Keeping communities together (providing affordable housing for all age groups and income ranges); - Prevent agenda (affordable housing); 	<p>ACTIONS/RECOMMENDATIONS:</p> <ul style="list-style-type: none"> - <i>Competing priorities for S106 funding;</i> - <i>Tackles loneliness - approx. £10b savings pa.</i>

THE HOUSING AND PLANNING ACT 2016

Housing and Health Advisory Committee - 14 June 2016

Report of Chief Planning Officer

Status: For Information

Key Decision: No

This report supports the Key Aim of the District Council's emerging housing strategy and related planning considerations.

Portfolio Holder Cllr. Michelle Lowe

Contact Officer Gavin Missons (x7332)

Recommendation to the Housing and Health Advisory Committee: That the report be noted.

Reason for recommendation: To keep Members up-to-date with developing legislation and associated policy.

Introduction and Background

- 1 Having received Royal Assent on 12/05/16, The Housing and Planning Act includes a number of elements which will have an influence on future housing strategy here in the Sevenoaks District.
- 2 Key elements of the Act to be discussed, are:
 - Starter Homes;
 - Voluntary Right-to-Buy (including rural considerations);
 - Pay-to-Stay; and
 - A range of deregulatory measures.
- 3 Much of the detail still needs to be clarified by Government, so the Housing Policy Manager will provide a verbal update on the night to ensure Members are provided with the most up-to-date information possible.

Key Implications

Financial

To be determined.

SEVENOAKS DISTRICT HEALTH IMPROVEMENT ANNUAL REPORT

Housing and Health Advisory Committee - 14 June 2016

Report of Chief Officer Communities & Business

Status: For Consideration

Key Decision: No

Executive Summary: The 2015/16 Sevenoaks District Health Improvement Annual Report and year end monitoring summary of the 'Mind the Gap' Health Inequalities Action Plan.

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

Portfolio Holder Cllr. Michelle Lowe

Contact Officer(s) Hayley Brooks Ext. 7272

Recommendation to the Housing and Health Advisory Committee:

Members are asked to note the report

Reason for recommendation:

Sevenoaks District Council was commissioned by Kent County Council's Public Health Team to deliver a range of Health Improvement programmes. The agreed programmes, including actions taken by Health Action Team partners, contribute to Health Inequalities Action Plan to reduce health inequalities within the District.

Introduction and Background

- 1 Kent Public Health has commissioned the Council since 2010 to deliver health improvement interventions to those most at need. The commissioned services aims to help tackle obesity for adults and kids, increase in physical activity, and improve people mental wellbeing.
- 2 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.
- 3 With the old action plan ending in 2015, a new 2015 - 2018 District Health Inequalities Action Plan was produced and is delivered through the Health Action Team partnership, co-ordinated by this Council. The partnership

Agenda Item 14

meets quarterly and includes key partners from across the District who is delivering actions set out in the plan to improve the health and wellbeing of residents.

- 4 Once the new action plan was produced, it was brought to the quarterly Health Action Team meeting to get approval from all partners, to identify which actions under each objective, detailed at point 7, were high priorities for this District based on the statistical data, health profiles and local knowledge.
- 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.

Sevenoaks District Health Inequalities Action Plan Overview

- 6 The new three year Action Plan (2015-18) 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 and actions to reduce health inequalities across the District:
 - Promote Healthy Weight for Children;
 - Support older people to keep them safe, independent and living fulfilled 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 safe communities;
 - Reduce the gap in health inequalities across the social gradient.
- 8 The data collected as part of this Action Plan is collated quarterly into the overarching Sevenoaks District Community Plan to contribute to delivering the health and wellbeing priorities in the Community Plan.

2015/16 - First year end Monitoring Summary

- 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 three year action plan contains 32 actions. A target within the Communities and Business Service Plan was set for over 80% of actions on target. The annual monitoring summary at Appendix A shows the following.

Green	81%
Yellow	6%
Red	0%
Purple	13%

- 11 6% of the actions are yellow; this was contributed by only two of the actions in the plan. The stop smoking library service that was offered for the first time this year at the Sevenoaks site reached a substantial amount of people but was short by 8. A review of the target will be discussed during the Health Action Team meeting as well as looking how we all could support the service to help reach future targets. The other action that contributed to the 6% was the increase in crime and anti social behaviour. We have been reassured by the community safety partnership GROUP that more will be put into place to reduce the numbers in the New Year.
- 12 During this year of the Plan, the measureable actions have continued to be developed with partners. This summary shows that 13% of the actions still have some data missing (marked in purple) and we continue to work with partners to collect measureable data for these actions.

Moving Forward

- 13 To reduce the purple marked actions, an intensive review of each of the services will be conducted by members of the Health Inequalities group. Some action has already been put into place by offering slots during the quarterly meetings for those services to present what has been achieved to date, and what are the future plans.

Health Improvement Annual Report

- 14 Please see (Appendix A) for detailed information of the work delivered in 2015/16. This annual report is submitted to Kent County Council's Public Team as part of the annual Service Level Agreement.

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Key Implications

Financial

- 15 This Council received £130,741 at the beginning of the financial year from Kent County Council in 2015/16 for the delivery of health improvement programmes by this Council, but then was asked to make a 7.5% reduction midway through which left the Council with £120,936.

Legal Implications and Risk Assessment Statement.

- 16 There are no legal implications relating to this report

Equality Assessment

- 17 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.

Resources (non financial)

- 18 Staffing to facilitate the health projects are paid out from the funding that this Council receives from Kent County Council Public Health.

Conclusions

- 19 Members are asked to note the contents of the Health Improvement Annual Report at Appendix A.

Appendices

Appendix A -Health Improvement Annual Report
2015/16

Background Papers:

Sevenoaks District Community Plan

Sevenoaks District 'Mind the Gap' Health

Lesley Bowles

Chief Officer - Communities & Business



Health Improvement Annual Report

April 2015 – March 2016

Organisation

Sevenoaks District Council

Dates of delivery

FROM	TO
1st April 2015	31st March 2016

1. Introduction/Overview

Sevenoaks District Council was commissioned by Kent County Council's Public Health Team to deliver a range of health prevention programmes. The Sevenoaks Locality Fund allocation was £120,936 which was a 7.5% reduction from the previous year. The agreed programmes contribute to actions in the Sevenoaks District Health Inequalities Action Plan and help to improve the health and wellbeing of local residents.

During 2015/16, the Council continued to deliver health interventions to a high standard. Even with a reduction in funding during the year, we were able to deliver most of the outcomes set by Kent Public Health. Numbers of beneficiaries have continued to increase, and people's overall health improved.

Health Inequalities Action Plan

As part of the Council's commitment to improving health across the District, we have produced and are monitoring the 2015/18 Sevenoaks District Health Inequalities Action Plan, 'Mind the Gap'. The summary below shows the outcomes and outputs achieved and how each of these contribute to Action Plan:

Ref No.	Target	How is that measured?	14/15 Baseline	15/16 Target	15/16 Total	Year DOT	Notes
1.3 Promote Healthy Weight for Children							
1.3.1	Support parents and children to maintain a healthy weight	Work with partners to support healthy weight initiatives for young people	25	0	9	Green	SDC Healthy Living Team are engaged with nine high risk families and are forming a team around the families
1.3.1	Support parents and children to maintain a healthy weight	Attendances at family exercise/healthy living courses/worksh ops	176	140	157	Green	

1.3.1	Support parents and children to maintain a healthy weight	No. attending Junior Passport to Leisure Scheme	779			Data Missing	
1.3.1	Support parents and children to maintain a healthy weight	No. of Healthy Lifestyle Sessions Delivered in Schools	New for 15/16		59	Green	These measures do not have a target, but are delivered in schools designated as having a high need for additional services
1.3.1	Support parents and children to maintain a healthy weight	Number of Children Supported	New for 15/16		2144	Green	
1.3.1	Support parents and children to maintain a healthy weight	Number of Parent Engagement Events	New for 15/16		6	Green	
1.3.1	Support parents and children to maintain a healthy weight	Number of Parents Supported	New for 15/16		56	Green	
1.3.1	Support parents and children to maintain a healthy weight						

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1.3.1	Support parents and children to maintain a healthy weight		New for 15/16			Green	<p>Data is challenging in terms of breastfeeding in Kent. We currently have no current breastfeeding data for the timing used across the country which is any breastfeeding at 6-8 weeks (it may be possible to break down to only breastfeeding, only formula feeding and any breastfeeding). As health visiting has moved across to KCC public health and have initiated 6-8 week checks in their schedule we are expecting data for this time frame which is current starting in February at the earliest.</p> <p>As a commissioned service we collect a lot of programme data such as attendance and number of volunteer hours donated each month but I don't think this would be useful in this case.</p>
1.3.2	Increase interaction between parents and children, including healthy lifestyles and active play	Attendances at Health Promotion Projects run with Children's Centres with SDC	New for 15/16			Green	<p>The Healthy Living Team continue to support and offer resources around healthy living to the Children's Centres and we attend their District Advisory Board Meetings and Hub Meetings.</p>
1.3.3	Create new opportunities to build physical activity into daily lives	No. attending activity classes funded through external funding bids	New for 15/16		1766	Green	<p>The Be Inspired, Be Active programme has now finished, and these numbers will reflect individual classes in the future</p>

1.3.4	Identify & use opportunities created by transfer of health visiting to local government	Referrals from Health Visiting Team into Local Government Projects	New for 15/16			Data Missing	
2.2 Support older people to keep them safe, independent and living fulfilled lives							
2.2.1	Develop Dementia Friendly Communities, improve early diagnosis of dementia and provide services and activities to support and carers those living with dementia	No. of attendances at Dementia cafes in the North of the District	668 (combined)		476	Green	Previously these actions were combined
		No. of attendances at Dementia cafes in the South of the District			545	Green	
2.2.2	Partnership working to promote and develop self help services	No. of people accessing Home Library Services	304 (avg)		378 (avg)	Green	The number of Sevenoaks residents using the Home Library Service remains fairly constant, but we are always looking for opportunities to expand our offer to deliver books and films to people in their own homes. This service is not just for the elderly, but can help with short term illness, new parents and those with disabilities.

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2.2.3	Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls	No. of attendances at Yoga, Chair Based exercise and postural stability classes	2630		3563	Green	An attendance to both the yoga and falls prevention programmes has increased. With the introduction of a new falls prevention pathway, we hope to see more community based programmes established in areas of need.
2.2.4	Support older people and vulnerable people to remain in their own homes and live independently	No. of people accessing Care Navigator Service	290		298	Green	
3.3	Support businesses to have healthy workplaces						
3.3.1	Support Kent Healthy Businesses Award	No. of Businesses signing a declaration of intent to take part in the National Healthy Businesses Award	New for 15/16	10		Data Missing	Pending from Shona McQuade
		No. of Businesses achieving the National Healthy Businesses Award	New for 15/16	1		Data Missing	Pending from Shona McQuade
4.2	Meet the housing needs of people living in the District including affordable and appropriate housing						

4.2.1	Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people	Strategic Housing Market Assessment carried out				Green	The SHMA is now complete, a more detailed brief will now follow, building on this work
4.2.2	Provide affordable housing to meet identified needs of vulnerable groups	No. of affordable units developed	9		121	Green	There is no target for this action because it is entirely in the hands of external developers
4.2.3	Work with developers, landlords and owner occupiers to provide appropriate housing suitable for all demographics	No. of Disabled Facilities Grants approved	120	80	94	Green	
		No. of Disabled Facilities Grants approved	64		74	Green	
5.4 Sustain and support safe communities							
5.4.1	Improve Road Safety	No. of people involved in Local Community Safety Projects (Speedwatch training)	New for 15/16			Green	Speedwatch training has been held throughout the year and has been well attended
5.4.2	Tackling Crime and ASB	All Victim Based crime Reduced compared to the previous year	New for 15/16		5548	Yellow	Increase of 3.7% on the previous year
6.2 Reduce the gap in health inequalities across the social gradient							

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6.2.1	Reduce the prevalence of smoking, particularly in areas of deprivation	No. of people attending weekly Stop Smoking surgeries at Sevenoaks Library	New for 15/16	60	52	Yellow	
6.2.2	Reduce the prevalence of Type 2 diabetes through early detection and prevention	No. of attendances at Why Weight	1648	1000	1072	Green	This year has been affected by a planned reduction in the size of classes, and an unplanned reduction in budget
6.2.3	Deliver activities to promote the benefits of increased physical activity and reduce obesity	No. of people attending SDC Health Walks	6434		6849	Green	Health walks continue to develop each year. They have become a an essential service within the new health improvement plan.
		Usage figures for Sencio Centres/Facilities	969453	969453 (+/- 10%)	908015	Green	These figures are within the expected 10% variance for the year.
		No. of Attendances at KAES Exercise Classes (All ages)	383	300	806	Green	
6.2.4	Deliver fitness inclusive and disability fitness	No. of attendances at dance and exercise classes at Mencap Hall	12	12	12	Green	
		No. of Sevenoaks District residents benefiting from MIND fitness activities	New for 15/16	915	1250	Green	

2. Outcomes and Outputs

a. Healthy Weight

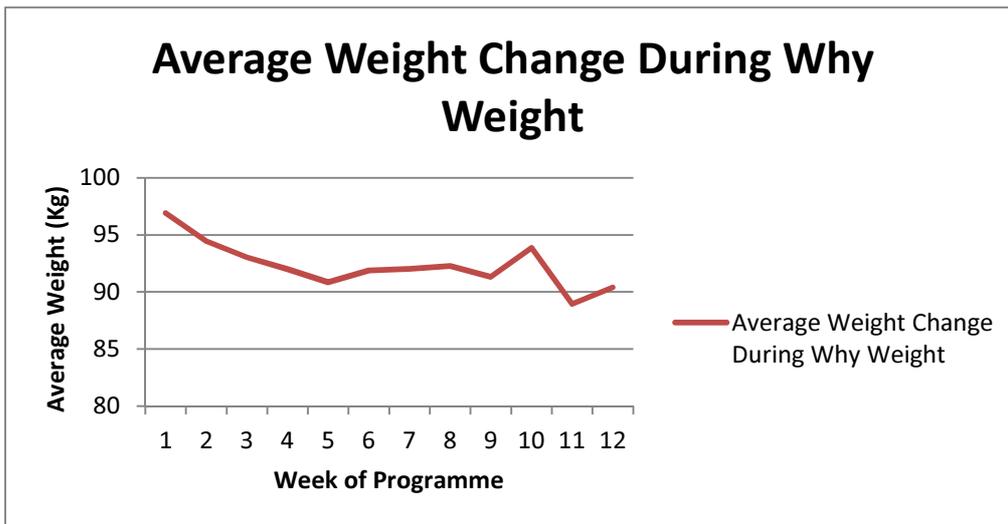
i. Programme Information

Please complete the tables below on delivery of your programmes in 2015/16. Add any rows as required.

SESSION INFORMATION						
	Programme name	Total Budget spent	Number of courses delivered in 2015/16	Sessions per course	Length of Session [HH:MM]	Maximum capacity per session
1	Why Weight (Weight Management Programme)	21,700	12	12	01:30	15
2	Fun, Fit and Active(Family Weight Management Programme)	2,500	3	6	01:00	2

<p>Programme 1</p>	<p>Adult Weight Management</p> <p>OVERVIEW</p> <p>What was delivered, what was achieved, explanation around any variance to targets, and unexpected outcomes</p> <p>Adult Weight Management Programmes:</p> <p>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.</p> <p>The Adult Weight Management Programmes has built a strong reputation in achieving success during 2015/16. The target set for this project is 230 adults to be recruited to a 12 week weight management programme.</p> <p>We have received referrals from health professionals including GPs, nurses, Health Trainers, KCHT (Kent Community Health Trust), and Health Trainers. The numbers of referrals has increased on last year as a result of greater awareness. We have been able to present to GP groups and this has increased the number of referrals across the District.</p> <p>In 2015/16 we recruited 245 adults onto the programme; this represents a 10% increase over the target. As a result of increased referrals and partnership working with key local organisations, 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.</p> <p>As part of the programme, each participant has their Body Mass Index (BMI) recorded at the start and end of the programme to record and track their lifestyle changes, weight loss and waist measurement. At Week 1 of the programme, a total of 65% of people recruited were classed as overweight (BMI: 28-39) and a further 16% classed as obese (BMI: 40+). Table 1 demonstrates the average progression of participants over a two year period, including the 12 week programme and follow-up intervals:</p>
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Table 1:



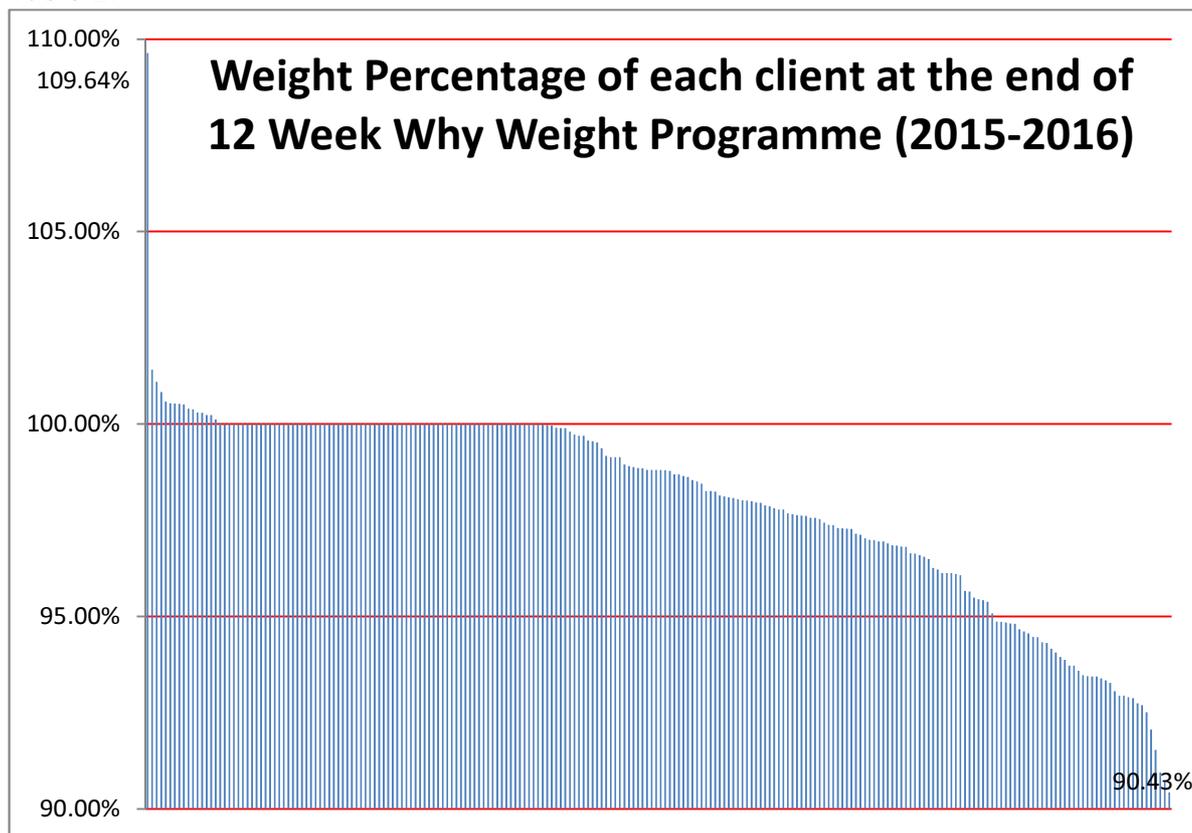
19% had a BMI under 28, and these were referred to the programme by health professionals as they have co-morbidities (a long term condition including Type 2 Diabetes, Asthma, Joint Problems, Arthritis, Heart Conditions etc); evidence shows that this group can also benefit from attending the programme as it educates them on healthy food choices and exercise to help them manage long term conditions.

Adult weight management programme 2015/16,

- we recruited up 197 people with a BMI of 28 or greater;
- 137 (70%) Of people with a BMI of 28 or more, are considered engagers;
- 120 (88%) of those with a BMI of 28 or greater lost weight;
- 57 (48%) those with a BMI of 28 or greater have achieved 3% over the 12 weeks;
- 54 (40%) those with a BMI of 28 or greater have lost between 1 – 2.99%
- 19 (14%) those with a BMI of 28 or greater have lost between 0 – 1%

Table 2 indicates the percentage weight loss of participants who have taken part in the Why Weight programme at 12 weeks. 28% have already achieved 5% weight loss target during the programme.

Table 2:



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: 72% of people increased their minutes of moderate or vigorous exercise

Healthy Eating: 78% of people increased their portions of 5-a-day

Mental Wellbeing: 78% 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 provide a case study. A representative case study is set out at Appendix A

Recommendations for 2016/17

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;

- The introduction of leisure centre incentives has enabled us to retain people onto the programme, so they we will continue during the next financial year.
- Having looked at the results from this year, there is not a significant difference between a normal size class of 20 compared to a class of 15. So during the first quarter of the New Year, I will be conducting a comparison.

Programme 2**Family Weight Management programmes****OVERVIEW****What was delivered, what was achieved, explanation around any variance to targets, and unexpected outcomes**

Due to the reduction in funding from Kent Public Health, we have been unable to deliver any family weight management (FWM) group interventions in schools. With scheduled programmes due to start in October 2015 to start in line with the school term, Kent Public Health asked Kent-wide services to make a 7.5% reduction in funding. With most of the project funding allocated at that point, the only option was making savings from the FWM budget.

The limited resources we had at our disposal to support families in need, we were able to offer 1-1 sessions only for families who were referred by health professionals or through the National Child Measurement Programme (NCMP). This year we offered services to 9 families referred as follows;

- GP referral = 1
- NCMP self referral = 2
- School nurses = 6

The one GP referral and both the NCMP self-referrals were offered six 1-1 sessions each for the child and family members. Below is a brief summary of the work conducted with each family.

Family 1: Child Age 16 & mother

Starting weight of 131.7kg for the child, who is currently on the CAMHS register for incidents that has impacted on her life from a young age.

She was able to lose 6 kgs in the first 4 sessions but regained some weight over Christmas. Unfortunately her mother cancelled the last session because Emily had to have a meeting with a Social worker.

We used a Why Weight template for the mother and daughter customised for the daughter and her needs, including Eatwell plate, Food diary, portion sizing, being active and triggers for eating. The daughter was awaiting an appointment with a counsellor which she recognised to be an important part in her making lifestyle changes.

Progress initially was excellent but her long term food diaries still showed that she was now eating regularly with a balanced diet. To help the family achieve their goals, they received Sencio leisure centre passes to exercise three times a week. It was noted by the family that the structured exercise programme kept them motivated. Both reported that they really enjoyed their exercising plus swimming and felt the benefits.

The mother and daughter are very aware of being an unhealthy weight as the father has had a gastric bypass to enable him to lose weight and help with his poor health. Other changes are now that the daughter eats regularly, and has increased fruit intake by making smoothies. The mother always cooks an evening meal for the family. The parents were very supportive of their daughter in the last session of looking at her food diary and weight gain. Another factor appeared at the last meeting as that her

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boyfriend was urging her to eat as he indicated that he preferred her existing weight.

Family 2: Child aged 4 and mother.

Starting weight 22.7 kg.

After two sessions weight 22.6 kgs

We asked the mother to complete a food diary which we went through together and looked at ways of improving aspects of the child's diet. Healthy portable snacks as he is very aware of food and wants to eat at regular times. Planning and being prepared on these occasions I believe would benefit both child and mother. The family eat balanced meals and we went through the Eatwell plate and I suggested small changes that could improve the family's health. We looked at portion sizes for the child. The family are very keen tennis players and encourage the child to participate which he thoroughly enjoys.

The family have taken the changes on board and made lots of small of changes and feel very positive about the benefits. During sessions the child has lost a small amount of weight and whilst gaining height.

Family 3: Child aged 10 and Grandmother with whom he lives.

Starting weight 53.1kg, weight at the last meeting 51.6kg. Total weight loss 2 kgs.

We went through the basics of healthy eating, balanced diet, portion control, benefits of being active and food densities, healthy cooking etc.

The child and his grandmother have been a joy to work. With making so many lifestyle changes from very inactive to now going on long walks with his grandfather and exercising daily for 15 minutes because he wants to! The whole family have been very supportive of the child and his grandad has also been writing a food diary. His grandfather has embraced the healthy lifestyle and lost 2 stone. The grandmother with her dairy intolerance has now added non dairy foods into her diet to ensure her calcium intake.

I met with the child on 5 occasions with the added support of him contacting me by text or email.

The six referrals received from the school nurses where offered a one session cookery workshop in March. Only 3 out of the six families attended the session due to availability, but the non attendees have been offered another session at a later date. The six families will be contacted in the new financial year, when we are able to offer family weight management interventions.

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 three targeted schools to help families achieve a healthier

lifestyle and improve their child's weight.

The schools we worked with were:

- Downsview Primary School;
- St Mary's Primary School;
- Edenbridge 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;
- 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.

ISSUES AND RISKS ENCOUNTERED DURING 2015/16 – All Healthy Weight programmes

Include details of how they were managed and will be minimised in the future

Issues and risks I faced during 2015/16

The uncertainty of future funding has resulted in outreach staff looking for employment opportunities elsewhere.

As a result of the in-year Public health budget cuts, we are no longer able to fulfil the full desired outcomes for the following programmes:

- Targeted child weight management programmes;
- Adult weight management programmes;
- Physical activity programmes;
- ASSIST;
- Community Events;
- Delivery of the NHS Health Check service.

A concern is that those who are referred by GP's or health professional that need support and advice around healthy living, can not be supported. During this quarter there have been two referrals of 16 yr olds (one with a BMI of 45) who need this support. We have not found other organisations able to support these individuals.

A reduction in funding has affected the services we can offer and fulfilling the contract set at the beginning of the year. A small proportion of the saving has been given back to local authorities who can provide extra services. However, much of the programmes have missed opportunities to target certain audiences and deliver a full programme.

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How they were managed

It has been challenging this year to continue to deliver the community Kent Public Health services. As a result of reduction in funding midway through the year, we had to make savings on existing programmes. Because most of the funding is spent at the beginning of the year; commissioning external organisations to deliver specific projects, we were limited with the choices we had. 90% of the funding was saved from the family weight management budget. To manage the loss of services, we identified alternative resources locally for families to access and support their needs.

We continued to offer a limited 1-1 services for families in need of support in the area, and ran one-off cookery workshops. To alleviate the pressure of referrals from partners, I shared my difficulties to stop referrals coming through.

In the future we will be holding money back a small contingency budget to deal with any unforeseen changes to the funding through the year.

ii. Activity against KPI targets

Please complete the below tables for your programmes.

ADULT HEALTHY WEIGHT	YEAR TO DATE	ANNUAL TARGET (if applicable)
Number referred into service (if data available)		
Number of engagers	137	
No of engagers achieving 3 % weight loss based on 10/12 weeks/last known weight	57	80%
Total number of completers	91	
No of Completers who have lost weight at 10/12 weeks	97	
No of completers achieving 3% weight loss at 10/12 weeks	52	
No of completers achieving 5%+ weight loss at 10/12 weeks	37	
Average weight loss for the programme	3.33%	3%
Number of clients referred into Tier 3 services	0	
Number of engagers who reported a higher wellbeing score	50	
Number of those who reported an improvement in their diet	141	
Number of those who report an increase in PA	90	

FAMILY HEALTHY WEIGHT	YEAR TO DATE	ANNUAL TARGET (if applicable)
Number of children referred into service (if data available)	9	
Total number of individual adults engaged	10	
Total number of individual children engaged	9	
Number of individual children engaged (who are above the 91st centile)	9	
Number of individual children engaged (who are above the 95th centile)	7	
Number of families engaged	9	
Number of engaged families that fall within target families (child's weight in 91st centile or above, based on BMI)	9	
Number of engaged families who are from target schools	6	
Number of children who complete the program (who were above the 91st centile)	3	
Number of children who complete who reduced or maintained their BMI Z-score (Children above 91st centile)	0	
Number of families who complete the program	3	
Number of families who complete the programme that fall within target families (child's weight in 91st centile or above, based on BMI)	3	
Number of families who complete the programme who are from target schools	0	
Number of eligible children (over 91 st centile) who report an improved PA measure	0	
Eligible children (over 91 st centile) complete who report improved dietary measure - increased consumption of fruit and veg	0	

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iii. Participant information

PLEASE PROVIDE AN OVERVIEW OF PROGRAMME PARTICIPANTS FOR EACH PROGRAMME

Give a breakdown of clients. Please include:

- **Deprivation quintiles**
- **Equalities breakdown**
- **Clients with protected characteristics including those with learning disabilities**
- **Details on any participants from target groups**

Deprivation quintiles:

1 = 8%
2 = 15%
3 = 25%
4 = 20%
5 = 32%

Equalities breakdown:

Male= 27
Female= 173

18-24 = 8
25-34 = 16
35-44 = 28
45-54 = 39
55-64 = 39
65-74 = 33
75+ = 15

Referrals

We'd like to know (if available) any recorded information on referral routes into your programmes:

REFERRAL ROUTE	#	%
GP referral	38	17%
Self-referral	174	79%
Other health professional	7	4%
Early Help	0	0%
Children's Centres	0	0%
Referral from another health improvement provider		
Other [Please detail]		

iv. Service User feedback

WHAT DO PEOPLE THINK ABOUT YOUR SERVICES?

Please provide a summary of client feedback and how it was used to tailor programmes. Please include, where available, information on client numbers who reported as either Satisfied or Very Satisfied.

What did you find most helpful about the programme and why?

"It was fun and I found myself really looking at what I am eating and thinking much more about my meals, trying to make sure they are balanced. I really enjoyed the exercises."

"Did have most of the knowledge before, but it helped to flag it all up again. Exercise sessions very helpful. Kathryn very nice, helpful, makes you think about the food and choices you make."

"It was very good coming each week and discussing with other people. The talks and exercise at the end were really useful. Kept me motivated."

"Keep fit class very specific and Sue very motivating. Discussions very informative and interesting really makes you think about food. "

How could we improve 'Why Weight'

"It is v. good as it is. Whether more detailed nutrition information could be given? The free passes were given out too late so I have only been able to use one for pilates."

"By adding more visual impact. ..it's more theoritacal ..looking at things might make more life changing impact."

"Some of the topics can be a bit patronising (the subject matter, not the person delivering). A venue where mums can come with toddlers would be great because Katherine had to work with me separately as I had no childcare for my son. Very kind of her to give me 1:1 but due to using an office to meet, there was no exercise programme. It's not geared for parents who need to bring children. Katherine really did her best and gave me great support though."

"Dear Anton I have been thinking and have come to the conclusion that I am not going to continue with the course. The main reason being that I am not being told anything that I don't already know and feel as though that the reasons why people over eat should be addressed more rather than what one should or should not eat. I hope that the remaining ladies achieve their goals. I personally am going back to weight watchers."

Mental Health and Community Cohesion

i. Programme Information

Please complete the tables below on delivery of your programmes in 2015/16. Add any rows as required.

SESSION INFORMATION						
	Intervention name	Total Budget spent	Number of individual people	Number of attendances	Length of intervention	Length of session (if applicable)
1	Yoga for over 50's	3,200.00	61	1690	Annual	1hr
2	Health Walks	500.00	150	6849	Annual	1hr
3	Up and Running	1,000	16	90	10 weeks	1hr
4	Jasmine and headstart	7,800	20	112	9 weeks	1hr
5	Falls Prevention	8,160	289	1873	Annual	1hr
6	Mind Fitness	5,700	1140	315	Annual	N/A
7	CDAP – Community Domestic Abuse Programme	2,000	1	1	Annual	N/A
8	DAVSS – Domestic Abuse Volunteer Support Services	3,000	413	427	Annual	N/A

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Yoga Classes for Over 50s

- Three classes have run each week, in Shoreham, South Darent and Dunton Green. There were 1690 attendances this year representing a 18% increase from the previous year. There were 45 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 participants that the yoga classes have helped strengthen, relax, and motivate them in their recovery.



Of the sample of people evaluated:

- 74% have a pre-existing medical conditions and stated that their condition has improved as a result of the class
- 90% feel that their general fitness has improved
- 75% reported that their mental wellbeing has improved

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

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 6,849 attendances with 103 first time walkers.

This year we ran three health walk leader training sessions, training an additional 12 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.



We regularly publicise the health walks to try and get more people active within their communities. Which goes out to every household in the District. In our in house Council magazine "Inshape" which. Appendix D

Positive changes recorded in lifestyle, exercise and behaviours

- General fitness: 78% reported that they felt fitter as a result of walking
- Mental Health: 54% reported their mental wellbeing has improved
- Weight: 20% reported that their weight has improved
- Activity levels: 58% reported they have increased the amount of activity they do each week

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Jasmine:

The Jasmine Programme is an eight week therapeutic group for women to explore problems with emotional health and wellbeing, facilitated by a qualified and experienced counsellor. At the beginning and the end of the programme, the women were also asked to complete the Warwick –Edinburgh Mental Health Well-Being Scale. This gave a picture of how their thoughts and feelings about themselves had changed during the programme.

- 60% of participants scored themselves the same or higher in all areas at the end of the programme.
- 20% of the women scored herself the same or higher in all but one of the areas at the end of the programme.
- Three women reported they had lost weight by improving their physical activity and two women lost weight through dieting.

Following the programme:

One woman was offered her own accommodation through West Kent Housing.

All of the women said they would like to attend a self-running Jasmine follow-on group to enable them to continue to support each other.

Headspace:

The Headspace Programme is an 8 week therapeutic group for men to explore problems with emotional health and wellbeing, facilitated by a qualified and experienced counsellor.

At the beginning and the end of the programme, the men were also asked to complete the Warwick –Edinburgh Mental Health Well-Being Scale. This gave a picture of how their thoughts and feelings about themselves had changed during the eight week programme.

Two men lost weight though taking up more physical activity and 1 man lost weight through dieting.

Following the programme:

- 100% are aware of the Six Ways to Wellbeing and how to resource information
- 100% report increased understanding and knowledge of coping strategies they can apply to aide positive mental health and wellbeing

Programme 5	Fall prevention
OVERVIEW What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.	
<p>Falls Prevention</p> <p>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 falls, balance/gait problems, inability to rise from chair without using arms, multiple medications etc.</p> <p><u>The aims of the class are:</u></p> <ul style="list-style-type: none"> • 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, such as, 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 <p>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 1,873 attendances and 38 new recruits, which is a 2% decrease on the previous year.</p>	

Programme 6	Mind Fitness
OVERVIEW What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.	
<p>Mind Fitness</p> <p>A mental health initiative in the Sevenoaks District has seen more than 1,650 young people and adults coached in ‘mind fitness’ via our MH4 Schools project. As well as this, 16 adults working in schools have been trained in the accredited Youth Mental Health First Aid course.</p> <p>West Kent Mind representatives have visited schools across the District to meet pupils</p>	

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and deliver the interactive and educational programme. The Mind Fitness programme has helped young people think about and understand their feelings, talk about them and learn ways to look after their mental, physical and emotional wellbeing.

The response has been outstanding with an 87% positive response in people feeling more confident in understanding how they can look after their wellbeing and that of others around them.

Programme 7

CDAP

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

CDAP – Community Domestic Abuse Programme

The Community Domestic Abuse Programme is a rolling programme of evening sessions. It is designed to help men who feel their behaviour towards their partner has been, or is still, abusive. CDAP challenges that behaviour and shows how it affects their partner or ex-partner and any children that may be involved.

The programme will support men to make the changes they need to develop respectful, non-abusive relationships. The programme lasts 27 weeks. Sessions are held once a week and each session lasts 2½ hours.

CDAP also supports the safety of women and children involved by offering associated services to them alongside your programme.

The programme cannot 'cure' abusive behaviour or guarantee dramatic change. Behavioural change is a long process and may continue after the programme is finished. However, research shows that men who complete the programme stop physical violence and significantly reduce their abusive behaviour.

CDAP is a rolling modular programme. There are nine modules. Each module has three sessions, making twenty-seven sessions in total.

Men can join a first session of any module (except module 6: Sexual Respect). Throughout the programme they will look at the various qualities and behaviours needed in a healthy, equal relationship.

Modules of the programme

Non-violence

- Non-threatening behaviour
- Respect
- Support and trust
- Accountability and honesty
- Sexual respect
- Partnership
- Responsible parenting
- Negotiation and fairness

From 2015-2016, there was one male from Sevenoaks District area who was referred onto the programme (since then there have been two more). The woman safety worker helped two women (current and ex partner) and three children.

The programme has been re-advertised to all GP surgeries in the District and in Police Custody Suites.

Programme 8

DAVSS (Domestic Abuse Volunteer Support Service)

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

DAVSS is a community based charity offering vital and practical support to anyone (**men and women**) experiencing domestic abuse, whatever their level of risk. We explored all options available enabling informed decisions to be made.

Operates in Sevenoaks District, Tonbridge & Malling and Tunbridge Wells Boroughs, from Swanley in the north, to Edenbridge in the west, Aylesford in the east and Hawkhurst in the south.

2015/16 Cases

551 new cases were referred. There was a total of 420 open cases (Open cases by area: 131 – Sevenoaks, 133 – Tunbridge Wells, 156 – Tonbridge and Malling)

Of the 551 cases referred, 428 were of Standard to Medium Risk and 123 High Risk.

There was a total of 257 Standard/ Medium Live cases and 163 High Live cases (Total 175 Live)

In total 50 referrals for males was received.

We received a steady number of referrals from a variety of agencies i.e. Children’s Social Services, Police, Housing Associations, Witness Care, Counselling services. The main referrals in numbers are police (221) followed by self-referrals (154) via the helpline.

DAVSS are currently working in partnership with the Police and Crime Commissioner who has Commissioned Victim Support to support Medium risk clients. They, in turn, have engaged DAVSS and KDAC to support these clients for a 6 months pilot period. Commencing December 2015 – May 2016. During this time 18 referrals have been received.

Volunteer hours

During the year total volunteer case hours for the West Kent Area amounted to 6459. Total volunteer hours include the helpline, attending court with clients, training, clinical supervision, events preparation, meetings and fundraising to enable the service to continue, amounting to 11086 hours.

Helpline

Volunteers staffed the helpline for 1016 hours during the whole year, including public holidays, with a total of 570 calls.

Calls to the helpline are generally from clients who are either self-referring or seeking help and advice and these calls are often lengthy and deal with complex issues, eg clients often want a listening ear and require validation of their experience, they are often very distressed when calling, requiring sensitive handling. We also receive a number of calls from partner agencies asking for advice and assistance.

Training

14 volunteers received training from CRI on substance and alcohol misuse. Many families suffering domestic abuse also have alcohol or substance misuse issues.

Input from Witness Care is planned in May 2016

The DA Advisors course took place between January and February 2016 with 12 volunteers attending. Six were current helpline volunteers and 6 were new volunteers. These are now being mentored.

One Stop Shop(s)

The Sevenoaks One Stop Shop opened in November 2014 and is held every Tuesday at Sevenoaks Library 10 – Midday. .

Support to Court Project

During the 2015/16 year, DAVSS supported clients at 88 court appearances and solicitor visits. This included 5 attendances at the Criminal Court. From this work they achieved 50 Non-Molestation Orders, 10 Occupation Order, 1 Residence Order, 2 Restraining Orders and 26 Child Arrangement Orders.

In addition to this, DAVSS provided legal advice to 11 clients via thier Pro Bono Lawyer plus advice about legal options, provided by volunteers for client choice to 55.

ISSUES AND RISKS ENCOUNTERED DURING 2015/16 – All Mental Health and Community Cohesion programmes.

Include details of how they were managed and will be minimised in the future.

The problems faced during the 2015/16 year is uncertainty for the future holds which led to our casual staff members looking for jobs else where. It has been very difficult to keep staff members motivated to continue delivering, when the future is unclear. As a result we have lost key members of staff, so future delivery is literally becoming more difficult to staff, which could result in a drop in the quality of the service provided.

Because surrounding local authorities are in a similar financial position, we have needed to come up with a plan to continue delivering at the same capacity by sharing resources. We have always shared resources on a smaller scale over the past 4 years, but it has now become a priority in this current climate.

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Participant information

PLEASE PROVIDE AN OVERVIEW OF PROGRAMME PARTICIPANTS, BROKEN DOWN BY EACH INTERVENTION

Give a breakdown of clients. Please include:

- Deprivation quintiles
- Equalities breakdown
- Clients with protected characteristics including those with learning disabilities
- Details on any participants from target groups

Deprivation quintiles:

1 = 8%
 2 = 15%
 3 = 25%
 4 = 20%
 5 = 32%

Equalities breakdown:

Male = 27
 Female = 173
 18-24 = 8
 25-34 = 16
 35-44 = 28
 45-54 = 39
 55-64 = 39
 65-74 = 33
 75+ = 15

DAVSS

		Age							
		Referrals	16-17	18-25	26-35	36-45	46-55	over 55	unknown
Sevenoaks		226	12	35	63	74	26	21	0

Equalities							
Gender		Children	Ethnicity				
Female	Male	Children	White British/Irish	BME (record below)	Unknown	LGBT	Disability
215	16	307	219	12	0	2	8

ii. Promotion and Awareness

iii. Service User feedback

WHAT DO PEOPLE THINK ABOUT YOUR SERVICES?

Please provide a summary of client feedback and how it was used to tailor programmes. Please include, where available, information on client numbers who reported as either Satisfied or Very Satisfied.

Yoga for over 50s

"An excellent teacher. Armchair yoga is something I really look forward to every week and I practice the moves at home."

"General wellbeing maintained. Exercising in a group is much more helpful than doing it alone and with an expert in charge one feels confidence that no harm will be done to ancient bones."

"I consider this class activity to be of huge importance for my ongoing health, aiding greater activity into older age."

"Sabine is a brilliant teacher who never pushes you but encourages to do all you can. You surprise yourself just how much you can achieve"

"Sabine is a patient, understanding teacher with great knowledge. She has made a welcoming class/relaxed and extremely effective. I have recently opened at 69 a [new business], would not have been able to do this without Sabine & yoga. Thank you yoga!"

"Hip replacements, strengthening exercises help enormously. I also take my elderly neighbour who very much enjoys the social benefits of the class, as well as the obvious physical ones. She also has synthetic hip joints."

"I have a torn disc and the pain has decreased by 75%. I suffer with anxiety and yogic breathing is a lifesaver. Also joint and muscle pain is reduced by half."

"Less reliance on pain relief. The class has give me more mobility with a reduced amount of pain. I am also able to relax (less stress) more mentally and physically. The amount of pain relief I take has dropped dramatically."

Health Walks

"Easy and enjoyable way to keep mentally and physically active. Great for getting to know the people in the area."

"Excellent for physical health and mental well-being. I now walk most days with someone I met on a Tuesday walk. We know all the footpaths now."

"I live on my own and I like meeting and chatting with other people while walking and enjoying the lovely countryside."

"Jackie Rye who organises the Hartley Health Walk does a very worthwhile job. The

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walks are done with due care and attention to health and safety. There were 74 of us on the walk the other day and one person was over 90 years of age. A most enjoyable pastime"

"The weekly walk is well run and very popular with numbers frequently reaching 70 or 80+. As well as making people more active it's an opportunity for those who live alone to meet new people their local area and for everyone to see parts of Hartley they in"

"Has helped with depression as I'm not so socially isolated. And Arthritis and Fibromyalgia as regular exercise can help strengthen joints and muscles."

"I have mild arthritis, the exercise involved in walking helps relieve pain. Keeps me supple."

Up and Running

"Seeing that there is another way in which I can help myself"

"Thank you very much it has been a really positive experience"

"Not so anxious, panic attacks are more mild and over quicker"

"This has really helped my wellbeing and I had positive feelings"

Falls Prevention

"I think the class makes a very valuable contribution to the well-being of us 'senior citizens', and probably saves a considerable amount of public money"

"Coming to the classes is a great help to me, it keeps me motivated and I feel a different person afterwards. Hope it may continue."

"The person who runs the class does an excellent job, making the activity enjoyable and certainly helpful in improving my stability"

"I now do more exercises at home as a result of attending the classes"

"Think more carefully about how I walk"

DAVSS

Please see appendix F and G.

Virtual HLC (as applicable)

i. Programme Information

Please complete the table below on delivery in 2015/16.

Programme	Virtual HLC
<p>OVERVIEW What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.</p>	
<p>The SDC Healthy Living Team supports community projects led by residents or community organisations. This year, we have built stronger relationships with local partners and the community to help support residents. Below is a list of projects we have been involved in:</p> <p>Dementia</p> <p>Sevenoaks District Council continues its membership of both Dementia Forums in the District (Swanley and the Northern Parishes and Sevenoaks Area). Other members include resident representatives;</p> <ul style="list-style-type: none"> - Kent County Council; - Local Schools; - Alzheimer’s and Dementia organisation; - Good Care Group; - Town and Parish Councils; - Home instead; - Kent Fire and rescue; - Alzheimer’s Society; - West Kent Housing; - Solicitors; - Age UK. <p>The focus for the groups this year was to follow up on the insight gathering from the previous year by running projects and events that residents would like to see in their local area.</p> <p>Each year the forums have been taking learning points from each event or project organised to identify how to engage residents and offer the right information that we help each individual. As a result, subsequent events have proved very successful in attracting a lot of people and feedback has been very positive. One of the learning points identified was that future events it should be open to the whole family not just</p>	

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people affected by Dementia because the entire family is affected. With this in mind for the event we organised it for families wanting to know what is available and what support they can get. See (Appendix) Over 70 people attended the event at the District Council and have called for more similar events.

As part of the District Council's promise to create a dementia friendly community, we continue to offer Dementia Awareness sessions and support front line staff with their understanding of dementia to be able to support customers':

- Training was offered to more front line staff at the District Council;
- Enhanced training was delivered to 30 customer service staff members;
- 26 refuse collectors completed the Dementia awareness sessions.

Future projects

During the 2016/17 year, we plan to offer awareness sessions to all taxi drivers and volunteer community drivers across the District.

Children's Centre

We continue to support the children's centres across the District by attending the District Advisory Board meeting, offering and sharing resources to help impact on their action plan.

Patient Participation Group

Over the years the Healthy Living Team has been building relationships with GP surgeries across the District to offer their clients health improvement services. This has led to working with the PPG groups who are associated with surgeries. Some of the work achieved working with this group is organising specific events that matter to the surgery. One of the events was with the Westerham surgery on issues of healthy eating. (Appendix I)

1. Conclusions

PLEASE GIVE A SUMMARY OF KEY ACHIEVEMENTS THIS YEAR.

What are your lessons learned, and what will you do differently as a result? Any other comments?

This year has been challenging due to the reduction in funding. This has impacted on services with cancelled programmes and the loss of experienced staff. As previously mentioned, programmes such as the family weight management programme had to be cancelled and we could not offer a limited service. This left us in a difficult position at the time, not being able to offer work to some external casual staff members and reducing hours to make up savings.

Next year, we will hold a contingency budget in case of further budget reductions. We will not employ further staff to deliver projects this year, but instead work with other West Kent local authorities and share resources. We will look to reduce the number of projects that the Council is directly delivering.

With the public health funding implemented from the start of the new financial year, we will be better positioned to allocate resources to the priority services.

On a positive note, our physical activity service has seen a sudden increase in services users, and positive health impact. This has mainly come from yoga for over 50s and health walks. As they become more established in the local area, people are recognising the benefits they have on their health, and the affordability.

Adult weight management programmes have also been very successful. We have been able to support the targeted amount of people, and helped a significant amount of people to either maintain or lose weight during the 12 week programme. The biggest success was delivering a targeted programme at a GP's surgery after being contacted by the practice nurses who found out about the programme from previous participants. As a result, the awareness of the programme has increased across West Kent and more referrals are coming through.

Don't weight for the pounds to fall off...take control today!

If like a lot of people, you overindulged over the winter months, don't fear as we have some health tips here!

There are many diets out there from the grapefruit diet to the cider apple vinegar diet, clean eating and raw food diets, but what may suit one person may not suit another, not least because of lifestyle, but each person's body is designed

differently so it's important to keep that in mind when looking to lose weight.

In Shape caught up with Kashmir Power, our nutritionist, who shared some of her top tips.

Kashmir says:

1 Keep a food diary. This will highlight times during the day you are most at risk of picking and snacking.



2 Take control and plan meals ahead: By doing this you will be able to monitor your carbohydrates, protein and fat intake throughout the week and keep on top of your fruit and vegetable intake.



3 Eat every four hours. This will sustain your blood glucose levels and prevent feeling excessive hunger which will allow you to be in control to make healthy choices.



4 Never miss breakfast! It's the most important meal of the day. Have a wholegrain cereal which has been fortified with vitamins and minerals.



5 Unrefined carbs, such as soybeans, lentils, quinoa and brown rice, give you slow release of energy and keep you fuller for longer and can help prevent constipation.



6 Make your own packed lunch and meals. This will eliminate the temptation to buy unhealthy foods or ready-made foods which can be high in hidden fats, salt and sugars.



7 Add some protein to all your meals. Protein (beans, meat and pulses) will fill you up and keep you going, preventing the need to snack.



8 Bulk meals out with lots of vegetables. They are high in water and very low in calories.



9 Make your own soups. They can be healthy, filling and nutritious and low density meals.




Appendix B

Why Weight, get stuck in!

Looking to lose weight? Well Sevenoaks District Council has the programme to help and best of all, it's free!

Residents looking to shed those extra pounds from the festive period, or looking for a longer term goal, can sign up to the Council's 12-week adult weight management course, which is run by qualified professionals.

(Suggestion only) Cllr Roddy Hogarth, Portfolio Holder for Economic and Community Development says: "The Council has held these 'Why Weight' courses for a while now and they are always well received and places are snapped up fast so if it's something a resident feels will be of benefit to them I would encourage them to get in touch and put your name forward!"

The course is due to start early in January and is aimed at people over 18 years old who have at least two stone to lose. There is no cost to the programme and people who sign up will gain nutritional advice on understanding the relationship between food, exercise and weight control.

Each weekly session focuses on a particular subject, such as food labels, portion sizes and eating out as well as a weekly weigh-in and at the end of each session there is a 30 minute gentle exercise class, which participants can take part in.

The next round of courses will start on Tuesday 12 January at Sevenoaks Primary School, Bradbourne Road, between 6pm and 7:30pm and at White Oak Leisure Centre, Hilda May Avenue, Swanley, between 1pm and 2:30pm from Thursday 14 January.

To register onto the above programme call 01732 227000 quoting 'Why Weight' or alternatively email healthyliving@sevenoaks.gov.uk.

ENDS

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A café with a difference!

Dementia affects not only those living with this life changing condition, it all too often has a profound affect on close family and carers.

But a new 'memory café' has started up in West Kingsdown offering support to both groups.

Alzheimer's & Dementia Support Services opened the doors to its latest café in Kingswood Court and, unlike most cafés, tea, coffee, cake and biscuits are free!

Ross Mullis, Service Co-ordinator at Alzheimer's & Dementia Support Services, told In Shape how the latest memory café came about and how it's helping locals.

"The suggestion of a new memory café came from Jackie West, West Kingsdown's Community Warden. She felt there was a need for this facility as there is a growing number of people living with deminiscing in the area so we took up the idea. We always try to respond to local need and rely on people like Jackie to help us identify where our services would be best offered.

"We opened on 5 May offering a friendly, supportive and relaxed environment for people living with dementia and their carers.

"When you live with dementia your short term memory is often the first to be affected. Older memories can



become clearer and more important so we spend time at the café reminiscing, chatting and sharing memories.

"But we find carers can often become isolated. The café gives them the chance to talk with other carers and take a well earned break as one of our trained volunteers supports their loved ones.

"We also provide information about living

with dementia, services available locally and regularly invite guest speakers. It could be the Fire Service covering fire safety or a visit by nurses from our local memory clinic. We have even run gentle exercise classes.

"New people are always welcome and our volunteers will greet people at the door and ensure that they receive a warm welcome."



Your local Memory Cafés

Swanley Memory Café*

White Oak Court Sheltered Housing Unit, Sycamore Drive, Swanley, BR8 7WF
2pm to 4pm on the second Friday of each month

Hartley Memory Café*

Wellfield Community Hall, DA3 7EG
10am to 12 noon on the first Thursday of the month

West Kingsdown Memory Café*

Kingswood Court, 65 Church Road, West Kingsdown, TN15 6LN
10am to 12pm on the first Tuesday of the month

Sevenoaks Dementia Café**

The Stag Theatre, London Road, Sevenoaks, TN13 1ZZ
2pm to 4pm on the first and third Tuesday of the month

* For information about these cafés please call Alzheimer's and Dementia Support services on 01474 533990

** For information about this café please call the Alzheimer's Society on 01892 559410

8 | Health

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 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."



16 | Health

‘Yoganna’ enjoy our flexible fitness classes

Yoga originated in India around 5,000 years ago and focuses on strength, flexibility and breathing and, according to one Sevenoaks District resident, can help change your life.

This ancient form of exercise has become commonplace across the world and classes can be found in leisure centres, hospitals, community centres and many more places.

Sonja Ellis attends our over 50s class every week in Dunton Green Village Hall.

The classes, which are led by yoga expert Sabine Smith and run by Sevenoaks District Council, offer a friendly environment with gentle yoga and relaxation techniques.

Retired Sonja, who lives in Park Lane, Kemsing, says: "I have some joint problems and was told by various doctors to try out yoga and, as soon as I did, it changed my life!

"It's helped to reduce my pain and discomfort by half and if I don't go to a class I can really feel the difference. It's kept me going mentally, is relaxing and makes me feel really good afterwards."

The NHS says that yoga is a safe and effective way to increase physical activity, especially strength, flexibility and balance. It also says there's some evidence that regular yoga practice is beneficial for people with high blood pressure, heart disease, aches and pains – including lower back pain – depression and stress.

Sonja has been attending one of Sabine's yoga classes for around six years, having started the classes after moving to Kemsing from Cornwall.

She adds: "Attending the class has just given me another outlook. I've even opened a B&B, which is something I would not have done before!

"Sabine is a fantastic teacher and very diligent, watchful and mindful

 [sdc_newsdesk](#)



when dealing with older people. We always have a laugh and I've made some like-minded friends as well."

There are three classes held every week, with one of the classes offering informal chats on lifestyle information led by guest speakers. All abilities are welcome and there is no need to book, you can just turn up and enjoy the class!

For more information visit
www.sevenoaks.gov.uk/yoga

Your local yoga classes

- **Dunton Green Village Hall** – Wednesdays 3pm to 4.30pm – £2.50 per person
- **Shoreham Village Hall** – Wednesdays 1pm to 2pm – £2 per person
- **South Downs Retirement Village** – Tuesdays 10.30am to 11.30am – £2 per person

The over 50s yoga classes are funded by Kent Public Health.

 [sevenoaksdc](#)



Alice is a professional woman with 3 children, two teenagers and one primary age child. She contacted DAVSS after a particularly violent physical assault witnessed by the two teenagers when she reported that her husband had turned on one of the children who had tried to intervene.

Alice reported 18 years of emotional and physical violence and said that she had only sought help when it appeared to her that the children were at risk of physical violence.

At the first meeting with DAVSS her severe facial bruising was evident and she confirmed that she had seen her GP and had kept photographic evidence. She was encouraged to report the assault to the Police. He was then arrested, charged and bailed to a different address which gave her a measure of protection.

At the same time she was supported to court to obtain an Ex parte Non Molestation Order and Occupation Order which were not granted at the first hearing despite the evidence. Alice was very shocked at this and asked for support to visit a local solicitor to commence divorce proceedings. As she was working full time she was not entitled to legal aid, but agreed that she needed legal representation for the On Notice Hearing. On return to court, The Non Molestation Order, together with some undertakings relating to Alice's Mother and brother (who it was reported, had also been threatened) were immediately granted by a more Senior Judge. As the alleged perpetrator was no longer living at home, the application for an Occupation Order was dropped as the situation was covered by the Injunction, together with the Bail conditions.

Alice found this all very distressing and the situation was complicated by the fact that she had recently left a job which she had held successfully for 8 years and had just started a new job on promotion to Head of Department with another institution. She found it extremely difficult to appraise them of the situation in order to get time off to go to court. However, her employer was sympathetic.

The Criminal Case was significantly more challenging. Because Alice did not want her children to be involved in a court case against their Father, she asked for the bail conditions to be lifted so that they could resume a relationship with him outside of the marital home. This interaction was psychologically damaging to the children as their Father allegedly threatened to withdraw their public school fees and university support if they did not become defence witnesses. As a result they were persuaded to write statements indicating that their Mother had inflicted the physical injuries on herself. This complicated the Criminal case which was first heard at Maidstone, then remitted to Canterbury, who in turn remitted the case to Folkestone (which was not even a SDVC for further case management. This court then remitted it to the Sevenoaks Magistrates Court who discharged the case due to 'lack of evidence' despite the photographic evidence and two other prosecution witnesses available.

Alice was distraught at what she perceived to be re-victimisation and because there was no court hearing, a Restraining Order was not agreed despite advocacy from DAVSSs, the Witness Care Service and the Court IDVA.

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However, following the case discharge, it is reported that the alleged perpetrator is now living abroad and Alice is trying to rebuild a family life with her children.

DAVSS assessed the situation as follows:

Purpose

- To ensure the safety of the client and her children
- To support the client to report the domestic abuse in all its forms to the Police
- To support the client to the civil court for an emergency Injunction/Occupation Order
- To support the client in accessing a Lawyer for further representation to court for an On Notice Hearing
- To work with Social Services and the Police to safeguard the client and her children
- To support the client to court for Criminal proceedings.

Action taken

- CAADA/DASH checklist assessed as High risk
- A MARAC referral was made and DAVSS represented the case
- A Personal Safety Plan was completed and updated as necessary
- The children were referred to Social Services and DAVSS worked pro-actively with all agencies to support the client and her children
- Alice was supported to apply to the Civil Court for an Ex parte Non Molestation and Occupation Order
- Alice was accompanied to two Criminal Court hearings at Maidstone and Canterbury and supported when both hearings were postponed. Advocacy was provided when the court remitted case management to Folkestone, and subsequently to Sevenoaks where the case was discharged without a hearing. The Witness Care Service, the court IDVA intervened unsuccessfully on her behalf to try to obtain a Restraining Order and DAVSS supported the client through these further delays and disappointments.
- Alongside significant interaction with Social Services, a counselling package was provided for the primary age child, and both Secondary schools provided counselling for the two older siblings.
- Referral to the Freedom programme was considered but not possible due to Alice's full time work and child care in the evenings alongside her Mother who came to stay during the week to support the youngest child. The Online Course was suggested as an alternative.
- Alice was supported to inform her new employer about the situation who took this sympathetically into consideration.

Successful Outcomes

- Alice and her children were granted a Non Molestation Order which gave them some protection and an undertaking was also achieved to protect Alice's Mother and brother who had allegedly been threatened by her husband.
- Following a prolonged period of uncertainty regarding the criminal court case, her husband left the country to live abroad when the case was discharged.
- Alice and her children are no longer experiencing domestic abuse but the situation needs to be reviewed at a later date before the Non Mol expires, when a new safety plan will be put into place.
- Alice has had the courage to go for a divorce and these proceedings are underway.
- There was excellent co-operation with the Witness Care Service and the Court IDVA

Unexpected difficulties and action taken

- Despite photographic evidence, the visiting Judge would not grant an emergency Non Molestation Order at the first hearing because of the dual application for an Occupation Order. The client was however protected in some measure by Bail conditions relating to the criminal charges against her husband. She had to wait 2 weeks before a further hearing was arranged. The Non Molestation order was subsequently approved at the On Notice hearing by a Senior Judge when the application for an Occupation order was dropped as the alleged perpetrator had already moved out of the marital home.
- Alice expressed herself dissatisfied with the speed of service she received from the Police and this was discussed with the Sergeant who made appropriate arrangements to progress the case.
- Because Alice did not wish her children to be involved in the Court case, she asked for Bail restrictions to be removed regarding contact with their Father. Unexpectedly, this resulted in reported negative manipulation by the alleged perpetrator who was reported to have threatened suspending his children's public school fees and university support if they gave evidence against him. This was brought to the attention of Social Services who made every effort to provide a package of support to alleviate the reported psychological impact on the children and their attitude to their Mother.
- Alice remains distressed at the perceived delays in the Criminal Justice System when the case was referred to different courts around the County for review on 4 different occasions. Without judicial continuity the case was finally discharged without a hearing, despite photographic evidence and supporting statements from her Mother and friend who were willing to be called as prosecution witnesses. Strong advocacy was provided by DAVSS, the Witness Care Service and the Court IDVA and this was appreciated by the client but the outcome was still unsuccessful.
- Alice was advised re appealing the decision and making a formal complaint about the perceived lack of service from the Police regarding evidence collection which she believes was responsible for lack of progress. Alice also believes that the lack of justice relates to her being a European (in her own words 'because I am a foreigner') and considers that she

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was re-victimised by the Criminal Justice System. She concluded that there was therefore no merit in prolonging her distressing circumstances by appealing or making any formal complaints.

Unexpected benefits

- Alice managed to retain her new job despite all the threats, problems and difficulties, and was able to remain the main bread winner for the family.
- Following the discharge of the Criminal Case, the alleged perpetrator went to live abroad and remains there. Alice says that this has given her the chance to try to rebuild her relationships with her children.
- DAVSS supported this client over very many months and there were no reports of any further incidents of domestic abuse by the time the case was closed, although the case will be reviewed shortly before the Non molestation Order expires. Alice has expressed great appreciation for this additional support.
- In particular Alice asked that her situation be recorded in a case study so that some lessons might be learnt by the various agencies regarding evidence collection, the checking of statements made by young people in such cases, how these were obtained and what advice they received as individuals in their own right, and any opportunity taken to bring this case informally to the attention of the Criminal Justice System to ensure that others receive the appropriate attention which she believes was not afforded to her.

This was a very difficult and complex case and Alice said that she could not have got through this very traumatic period without the constant support of DAVSS. She said that this had enabled her to find the strength to go forward with a divorce and finalise this very challenging situation.

DAVSS took the opportunity to bring this case to the attention of Nazir Adsfal at the February Conference, and he confirmed that it had been recognized that further training was needed and would be provided to the CPS regarding the handling of such sensitive cases.

June 2015 (names and some details altered to preserve anonymity)

CASE STUDY January 2016 – Michael

Michael referred himself to DAVSS after a physical assault by his wife over what he described as a 'trivial issue about household equipment' which he reported to the Police. He decided not to pursue charges at that time as he was worried about the impact on his children and the Police advised him to contact DAVSS for support.

Michael met with his allocated DAVSS worker a number of times and revealed a history of controlling and coercive behavior which has escalated to physical assaults during the last few months. Michael found it difficult to 'get his head round it all' and constantly minimised the situation as he was finding it hard to come to terms with what was going on. However, when the Case Worker showed him the Duluth Wheel he was able to identify with many of the issues and realised that what he had been subjected to was domestic abuse.

Michael worked part time and was the main carer for his two daughters whilst his wife went out to work, but he reported that she insisted on taking all his money to pay for the mortgage, tried to prevent him from seeing his son from a previous marriage and exhibited considerable jealousy of his family, trying to isolate him. He explained that she was very controlling and mapped out all his days for him and asked neighbours to spy on him report back to her on his activities.

At the time of one of the physical assaults, his son from a previous marriage was in the house and witnessed the incident which resulted in him refusing to come to the house again as he did not want to get involved in any way. Michael felt that he behavior was alienating him from his son.

The DAVSS case worker undertook a Risk Assessment but this resulted in a medium score as Michael admitted that he did not want to say how bad things really were. He was given extensive safety advice on a number of occasions when options for actions were discussed with him and he was offered a free appointment with the DAVSS Lawyer. Initially he decided that he wished to remain within the relationship as he feared losing contact with his two daughters from the current marriage and the case was closed with his agreement.

The case was re-opened some months later when Michael self referred to DAVSS for support, following further incidents and clear escalation. He accepted that he had not answered the RIC honestly at the outset because he did not want to be "trouble" and did not want to get his wife into "trouble" He thought he could sort things out at home and knew that he could come back to DAVSS at any time. He said he could see how his risk was escalating and he got scared and therefore contacted DAVSS again.

At this stage his wife made a number of accusations about him, monitoring his mobile phone (he was advised to change his number which he did) and checking his belongings. Allegedly she accused him of having affairs with other women which he firmly denied and his wife decided to end the marriage. Alerted by a neighbour, he returned home on one occasion to find her already emptying the house of furniture and starting to move out, leaving him to pay the mortgage.

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Michael was offered free legal advice with the DAVSS Lawyer again, but at this stage he decided that he needed a Solicitor to represent him to ensure that the child arrangements made as a result of the divorce would not stop him from seeing his children. Names of local solicitors were provided to him and he secured legal representation for himself. Because of the accusations made against him, the experienced case worker undertook a Respect Assessment and provided a letter regarding the outcome for him to pass to his solicitor for use as appropriate during the divorce and child arrangement proceedings.

Michael said that he was very grateful for the support provided to him by DAVSS during this difficult period.

Purpose

- To support the client in understanding the nature of domestic abuse and options for action
- To ensure the safety of the client and his children
- To support the client to report any physical assaults to the Police
- To support the client to obtain legal representation

Action taken

- CAADA/DASH checklist was attempted but the client minimized to such a degree that a genuine assessment was not possible. The case was listed as medium risk with potential escalation.
- A Personal Safety Plan was completed and updated as necessary
- Michael was supported to consider the options open to him
- Michael was supported to obtain legal representation and a Respect Assessment was carried out and a report provided for his use because of the counter allegation.

Successful Outcomes

- Michael was given the information he needed to understand that the situation he reported was in fact domestic abuse, something which initially, he found difficult to grasp
- Michael was given extensive safety advice and a personal safety plan and encouraged to report any physical assaults to the Police.
- Michael was signposted to other agencies to deal with his financial difficulties, and to his GP for stress/counselling
- Michael was supported to obtain legal representation and provided with a letter setting out the outcome of the Respect Assessment (this toolkit is used to identify whether or not a reported male victim could also be a perpetrator) for use if needed in view of the counter allegations against him.

Unexpected difficulties and action taken

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- Michael was very reluctant to disclose enough information for a definitive risk assessment to be carried out as he felt embarrassed and 'confused in his head' by what was going on. The case worker introduced him to the Duluth Domestic Abuse Wheel which helped him to understand that the behaviour which he reported he was being subjected to, came within the definition of domestic abuse.
- When his wife realised that the marriage was on the verge of collapse, he reported that she made numerous counter allegations against him in public and he was fearful of losing contact with his children. The case worker then undertook a Respect Assessment and provided a letter with the outcome to the client for use if needed during the court case for divorce and a child arrangements order.

Unexpected benefits

- Michael's self confidence was greatly improved to the extent that he felt able to instruct his own Solicitor to represent him in court.
- Escalation of the reported physical abuse ceased and Michael felt empowered to take his future into his own hands without further need for DAVSS support.

January 2016 (names and some details altered to preserve anonymity)



Coping with **Dementia** as a family

24 February 2016, 6pm to 8.30pm at:
Sevenoaks District Council, Argyle Road, Sevenoaks TN13 1HG

Presentations ★ Legal Advice ★ Financial advice
Question and answers ★ Support and specialist advice
One to one advice (advance booking required)

To book a **FREE** place, and a one to one session, call **01732 227000**





Come and enjoy a practical demonstration of healthy cooking and healthy eating by an expert Chef and a professional Nutritionist, to take place at 11.00am on the morning of Saturday 21st November at the Town Council Chamber, Russell Square, Westerham

Schedule

- 10.45am to 11.00am - Arrive
- 11.00am to 11.30am - Healthy Breakfast
- 11.30am to 11.45am - Portion Sizes & Eat Well Plate
- 11.45am to 12:15pm - Healthy Lunch
- 12.15pm to 12:30pm - Healthy Lifestyle
- 12.30pm to 13.00pm - Healthy Dinner
- 13.00pm to 13.15pm - My Personal Experience

Presenter

- Community Chef
- Kashmir Power - Nutritionist
- Community Chef
- Dr Angela Kapadia
- Community Chef
- Simon Pickard

Admittance is free and it's going to be popular, so get there early!
 For more details call Chris on 07850 326307 or Simon on 07721 613182

This event is being put on by the Westerham & Sundridge Practice Patient Group



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HEALTH LIAISON BOARD

Minutes of the meeting held on 11 May 2016 commencing at 2.00 pm

Present: Cllr. Mrs. Bosley (Chairman)

Cllr. Brookbank (Vice Chairman)

Cllrs. Abraham, Clark, Dyball, McArthur and Parkin

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

Cllrs. Searles was also present.

1. Minutes

Resolved: That the Minutes of the meeting held on 2 March 2016, be approved and signed by the Chairman as a correct record.

2. Declarations of Interest

There were no additional declarations of interest.

CHANGE IN AGENDA ITEM ORDER

With the agreement of the Board, the Chairman brought forward consideration of agenda item 4 (Minute 3).

3. Healthy Workplace Update

The Chairman welcomed Kas Hardy, Public Health Specialist at Kent County Council to the meeting, who gave a [presentation](#) on Health at Work. She highlighted that the percentage of working age population in the County was falling and so addressing skill gaps and keeping people healthy in work would become key in allowing people to remain in the labour pool for longer. Poorer people were likely to spend 17 more years with disability than average. Only 10% of difference in premature deaths was from health care but 40% was from behaviours. The themes running through Kent Healthy Business were leadership, culture and communication. She described to Members the programmes they were involved in including Public Health Programmes, the Workplace Challenge and the Kent Healthy Business Awards (KHBA).

The Environmental Health Manager explained that the Council had been approached to engage local businesses in the KHBA programme. The Council had carried out three mailshots advertising the free help and advice available to businesses, which was hoped would also increase awareness of the awards. The

Environmental Health Commercial Team was networking with businesses and targeting businesses they considered most likely to participate. Two large and two other businesses had joined the scheme from the District. She noted that challenges in expanding the KHBA's included the competition with other award schemes, the focus it had on manual working, the perceived resource cost in participating and the high turnover of staff in food businesses.

In response to questions, the Environmental Health Manager confirmed the Team was trying to engage with businesses and chambers of commerce across the district.

The Chairman enquired how the Team could overcome the cost barrier that some businesses felt. Officers hoped that recruitment of a smaller business would allow them to be held up as an example and to mentor others. They directed smaller businesses to focus on one of the seven KHBA themes to reduce the costs. Members suggested greater promotion of the free resources and positive messages about the reduced costs from sick leave.

Resolved: That the report be noted.

4. Actions from previous meeting

The Chairman was impressed at the independence provided at the Wilmington High Dependency Care Centre, with flexibility in the level of support residents could choose. The Board thanked the Healthy Living Project Officer for arranging the visit.

The actions from the previous meeting were noted.

5. District Health Deal and Health Priorities

The Chief Officer Communities & Business introduced a report that provided Members with an update on the potential health improvement arrangements and work on the three key health priorities of tackling the rise of obesity, supporting people's mental wellbeing and dementia and supporting older people to lead fulfilled and independent lives. The [District Health Deal](#) was tabled for Members' information.

She advised that discussions had taken place with Kent County Council for the District to become partners, rather than taking on commissioned work. The District Health Deal set out how the Council's existing functions could be brought to assist the public health agenda through a Ten Point Enhancement Plan. The Council could provide returns on investment, though it would not be the Council which benefited. The KCC Director of Public Health and Head of Commissioning had both expressed interest in the Deal. The Council sought £200,000 in the initial year, to fall in line with Government reductions.

Members discussed the adult healthy weight programme run by the Council. The Chief Officer Communities & Business confirmed that recommissioning for that

service would not take place until September 2016 but had managed to continue over many years. The Chairman noted it was part of the District Health Deal.

Resolved: That the report be noted.

6. Updates from Members

Cllr. Seales addressed the Board and advised that he remained heavily involved in the provision of dementia services and Dementia Awareness Week commenced 15 May 2016. The former Age Concern building in Northfleet had been converted to a Dementia Hub providing holistic services including admiral nurses, solicitors, Carers First and Crossroads.

A Member asked the Chief Officer Communities & Business how discussions on health devolution would interact with the split of the District across two Clinical Commissioning Groups. She advised that it would be difficult to align devolution also with the CCG boundaries but by using GP surgeries as the geographical focus would try to ensure it would not matter which CCG a resident was covered by. If particular elements of the District Health Deal were successful in one CCG, then good practice could be spread to the other CCG.

Cllr. Clark updated Members that from attending the Advisory Board he saw signs of hope at the performance of Children's Centres. The Centres were aware they were struggling but they were also dealing with more children than KCC were aware of. He advised that a Fair Care for Kent event was to be held in Ashford on 7 June 2016. He would be available to attend the event and report back.

Cllr. Dyball expressed interest in attending one of the flats at the Wilmington High Dependency Care Centre. Cllr. Brookbank confirmed he would arrange a further visit to the facilities and email Members beforehand. The Board noted the issue of further such facilities could be raised with Planning Services at the next meeting of the Board.

Cllr. McArthur informed Members that services in Edenbridge were being reviewed because of the upcoming significant population increase. The Chairman confirmed the CCG were aware of the concern.

Cllr. Brookbank confirmed from the KCC Health Overview & Scrutiny Committee that stroke services were being recommissioned. It was likely the current seven centres would be reduced to three.

The Chairman advised Members that the West Kent Health and Wellbeing Board had recently proposed more money for primary care, following concerns that resources had focussed on acute care. She had agreed to be the Health and Wellbeing Board's representative on the CCG's Commissioning Group for a year. Further discussion would take place on whether that representative should rotate around District Councils or remain in one person to allow continuity.

7. Workplan

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Health Liaison Board - 11 May 2016

The Chairman tabled an [updated workplan](#) for Members' consideration, which was agreed.

THE MEETING WAS CONCLUDED AT 3.23 PM

CHAIRMAN

Housing and Health Advisory Committee Work Plan 2015/16 (as at 01.06.16)

14 June 2016	4 October 2016	29 November 2016	28 February 2017
<p>Housing Needs Working Group Update - (group D - Tying in Housing, Health and Leisure)</p> <p>Housing Needs Survey</p> <p>Health Improvement Annual Report</p> <p>Housing & Planning Bill update (verbal report)</p> <p>Role of the KCC Health Overview & Scrutiny Committee (HOSC)</p> <p>Swanley as a Dementia Friendly Town</p> <p>Health Liaison Board update</p>	<p>Budget: Service Reviews and Service Change Impact Assessments (SCIAS)</p> <p>Health Liaison Board update</p> <p>Scrutiny Committee Report on Leisure value for money across the district</p> <p>Housing & Planning Bill Update</p> <p>Housing Needs Survey update</p> <p>Local Housing Allowance</p> <p>Housing Needs Working Groups (groups B&C)</p> <p>Energy efficiency progress report</p> <p>Out-of-hospital care system</p>	<p>Health Liaison Board update</p> <p>Housing allocation policy</p> <p>West Kent Housing and Homelessness Strategy</p> <p>How planning policy fits in with health (brainstorming)</p> <p>3 health objectives (brainstorming)</p>	<p>Leisure strategy</p> <p>Housing needs survey (final report)</p> <p>PSH stock condition survey</p>

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