AGENDA

WEST KENT CCG HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday 19 April 2016
Time: 4.00 pm
Venue: Committee Room, Tonbridge and Malling Borough Council, Gibson Drive, Kings Hill

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Continued Over/:

Issued on 11 April 2016

The reports included in Part I of this agenda can be made available in **alternative formats**. For further information about this service, or to arrange for special facilities to be provided at the meeting, **please contact MARK LEMON** on 01622 696252

Kent County Council, Policy and Strategic Relationships, Room 2.65, Sessions House, Maistone, ME14 1XQ

Agenda Item 1

West Kent Health and Wellbeing Board Meeting

19 April 2016

16.00 -18.00

Venue: Committee Room

Tonbridge & Malling Borough Council

Gibson Drive, Kings Hill

ME19 4LZ

A G E N D A

1.	**Welcome and Introductions** Apologies and Substitutes	Chair
2.	**Declaration of Disclosable Pecuniary Interests**	Board Members
3.	**Minutes of the Previous Meeting – 16 February 2016**	Chair
4.	**Matters Arising**	Chair
5. 5.1	**Kent Health and Wellbeing Board** Kent Health & Wellbeing Board - Feedback	Cllr Gough (*oral report*)
6.	**New Planning Arrangements for Health and Social Care** Presentation Slides Attached	Ian Ayres
7.	**Welfare Reforms, and Housing Planning Bill (2015-16): Impact on Health** Report To Follow	Satnam Kaur TMBC
8.	**Growth & Infrastructure Framework (GIF)** Report Attached	Stephanie Holt

9. 9.1	**Task & Finish Groups** Obesity Review: Report and Action Plan Report and Appendices Attached	Cllr Weatherly/ Jane Heeley
10.	**Any Other Business – Future Agenda Items** Local Children's Partnership Groups/Children & Young People's Plan	Chair
11.	**Date of Next Meeting** Tuesday 21 June – Maidstone Borough Council	All
	<u>West Kent Health & Wellbeing Board Meetings 2016 - 2017</u>: • 16 August – Sevenoaks District Council • 18 October – Tunbridge Wells Borough Council • 20 December - Tonbridge & Malling Borough Council • 21 February 2017 - Maidstone Borough Council • 18 April 2017 – Sevenoaks District Council	All
	For any matters relating to the West Kent Health & Wellbeing Board, please contact: Yvonne Wilson, Health & Wellbeing Partnerships Officer NHS West Kent CCG Email: yvonne.wilson10@nhs.net Tel: 01732 375251	

Quorum 7: To be made up of at least one representative from each of the main partners (Kent County Council, District/Borough Councils and West Kent CCG)

AGENDA ITEM 3

WEST KENT HEALTH AND WELLBEING BOARD
DRAFT MINUTES OF THE MEETING HELD ON 16 FEBRUARY 2016

Present:

Cllr Annabelle Blackmore	Maidstone Borough Council (MBC)
Cllr Pat Bosley	Sevenoaks District Council (SDC)
Lesley Bowles	Chief Officer for Communities and Business, SDC
Alison Broom	Chief Executive, Maidstone Borough Council
Cllr Roger Gough	Vice Chair Kent County Council (KCC), Chair, Kent Health and Wellbeing Board
Cllr Maria Heslop	Tonbridge and Malling Borough Council (TMBC)
Dr Caroline Jessel	NHS England
Dr Tony Jones	GP Representative, NHS WK CCG
Mark Lemon	Strategic Business Adviser, KCC
Gary Stevenson	Head of Environment & Street Scene, TWBC
Malti Varshney	Public Health Consultant KCC, NHS West Kent CCG
Cllr Lynne Weatherly	Portfolio Holder, Tunbridge Wells Borough Council (TWBC)

In attendance:

Wendy Glazier	Interim Deputy Chief Nurse, WKCCG
Francesca Guy	WKCCG (minutes)
Penny Graham	Healthwatch Kent
Karen Hardy	Public Health, KCC
Jane Heeley	Tonbridge and Malling Borough Council
Chief Inspector Dave Pate	Kent Police
Andrew Scott-Clark	Director Public Health KCC
Dr Mark Whistler	West Kent CCG GP Governing Body Member

1. Welcome, apologies for absence and substitutes

The Chair welcomed everyone to the meeting. Apologies had been received from the following Board members:

Dr Bob Bowes	Chair, NHS West Kent CCG – Cllr Roger Gough chaired the meeting
Julie Beilby	Chief Executive, Tonbridge and Malling Borough Council – Substitute, Jane Heeley
Steve Inett	Chief Executive Officer, Healthwatch Kent – Substitute, Penny Graham
Penny Southern	Director of Disabled Children, Adults Learning Disability and Mental Health
Yvonne Wilson	Health and Wellbeing Partnerships Officer, West Kent CCG – Substitute, Francesca Guy

2. Declaration of Disclosable Pecuniary Interests

No new declarations of interest were declared.

3. Minutes of the previous meeting – 17 November 2015

The minutes of the previous meeting held on 17 November 2015 were approved subject to one amendment:

Paragraph 4.2.1 (last bullet point) should state "Mark Lemon had suggested engaging with two social marketing organisations…"

4. Matters arising

It was noted that the following actions were covered on today's agenda:

5/15 Total Place – Frail/Elderly Task and Finish Group
7/15 Public Health Service Improvement Strategies
4/15 Update on Obesity Strategy
4/15 Update on Alcohol Summit
5/15 Kent HWB and Relationship to Local HWBs and Future Options
6/15 Total Place
8/15 West Kent Health and Wellbeing Profile: Partner Responses

It was noted that an update on action 9/15 Active Travel Strategies and Plans would be provided at the April Board meeting.

5. Public Health Improvement Transformation

5.1 Joint Response from Partners – Districts and Boroughs

Lesley Bowles introduced this item and explained that the paper sought to bring together the comments of the district and borough councils in response to the funding proposal that had been submitted to the Kent Health and Wellbeing Board. A number of common themes had been identified:

- The overall west Kent health profile compared favourably to the national average, but there were pockets of deprivation that should not be ignored or overlooked. Funding should be targeted towards the most deprived decile of Lower Super Output Areas (LSOAs);
- All district and borough councils highlighted the need for partnership working;
- There needed to be a greater focus on the prevention agenda in order to make resources work harder;
- There was an emphasis on what district and borough councils could do to contribute to the public health agenda.

Lesley Bowles noted that four recommendations had been made as outlined in the paper, which the Board was invited to agree.

Cllr Pat Bosley was supportive of the four recommendations and stated that the local councils were ideally placed to support prevention and early intervention. Cllr Bosley looked forward to a closer working relationship with Kent County Council (KCC) public health.

Alison Broom commented that there was a strong desire to work together at the pre-commissioning stage. Better integration would help to address the causes of poor health (e.g., housing and environment) as well as the symptoms. Ms Broom suggested however that there might be a more sophisticated method of prioritising funding, rather than just using the LSOAs.

Caroline Jessel commented that the recommendations were largely focussed on finance and stated that it was important to have an understanding of what methods were effective in addressing poor health.

Lesley Bowles urged for local organisations, activities and networks that contribute to the prevention agenda (e.g., health action teams) to continue.

Andrew Scott-Clark welcomed the contribution that councils wanted to make towards the transformation of public health commissioning programmes and supported partnership working. Mr Scott-Clark noted that the health inequalities gap in Kent had not closed over the last 10 years and that greater focus was needed on the 88 LSOAs in Kent where life expectancy was lowest and mortality rates were the highest. It would not necessarily require a significant amount of resources; 3 additional health professionals per LSOA could make a difference to mortality rates.

Dr Tony Jones commented that the strategy needed to be clear about the mechanisms that would be used to get people in need in touch with the right services, as often this was the key barrier. GPs had a key role in signposting but needed to know what services were available and how to refer to them. Dr Jones suggested that services needed to be promoted. Andrew Scott-Clark responded that the plan was to build on work that was already taking place in the patches and agreed that general practice would have an important role to play. Capacity in the community would also need to be strengthened in order to deliver this.

The Chair summarised the discussion by stating that the Board recognised the importance of focussing on the most deprived LSOAs and recognised the difficulties in addressing the health inequalities in the area. The Board supported the proposal of joint working around care services and the development of an infrastructure to support this.

RESOLVED: That the Board accept the recommendations as outlined in the paper:

1. That the many very small pockets of deprivation that exist within west Kent should not be overlooked when calculations regarding allocations of funding using deprivation indices were made.
2. That the sparse, rural nature of the area and the difficulties that the older population and others have in accessing services were also taken into account.
3. That the local infrastructure and networking that was provided by district and borough colleagues should continue to be financially supported.
4. That the early intervention and prevention work that was available through those local networks and the potential to reduce costs further along the care pathway was taken into account when designing and commissioning services.

5.2 Public Health Programmes; Consultation Outcomes and Next Steps

Andrew Scott-Clark gave a presentation on the plans for the transformation of public health commissioning programmes. In his presentation, Mr Scott-Clark stated that the proposal was to delay commissioning for 6 months to align with other aspects of public health commissioning. An additional 6 months would also allow for more effective planning.

Jane Heeley asked how local representatives would be involved. Andrew Scott-Clark responded that this had yet to be worked through in detail but would emerge at a later date.

Jane Heeley noted Mr Scott-Clark's point that there needed to be better integration between child and adult mental health services and commented that this principle should be applied to all aspects of health and social care services.

In response to a question from Cllr Maria Heslop, Mr Scott-Clark confirmed that the commissioning plans for health visitors and school nurses would include working with families and not just the child concerned.

Dr Tony Jones stated that GPs no longer recognised the health visitor or any other role related to health promotion and stated that it was important for school nurses to be proactive as they had a captive audience. Andrew Scott-Clark agreed with this point and agreed that the link between health visitors and general practice needed to be strengthened.

Cllr Annabelle Blackmore expressed concern about whether a boy with emotional problems would be likely to talk to a school nurse. Cllr Blackmore also noted that local authorities granted licenses and planning applications for fast food outlets and suggested that this was an area where local authorities could do more to tackle the obesity issue. Andrew Scott-Clark agreed that this was one example of the benefits of KCC and the district and borough councils working closer together.

RESOLVED: That the Board noted the update and recommendations for future delivery.

6. Kent Health and Wellbeing Board

6.1 West Kent HWB Governance Task and Finish Group Report

Lesley Bowles noted that this was an interim report from the Governance Task and Finish Group. The first meeting had focussed on the relationship of the West Kent HWB with the Kent HWB and had looked at the purpose of the West Kent HWB and its role in commissioning. The Governance Task and Finish Group had recommended, when a proposal was being discussed, that the whole care pathway was considered to ensure that the Board was apprised of any commissioning deadlines. The next meeting of the Task Group would focus on the Board's wider relationships.

Alison Broom noted that the West Kent HWB had held a workshop 18 months ago and had signed up to a model way of working and asked for the Task and Finish Group to take this into account.

Alison Broom questioned whether function 5.7 (Provide recommendations to Kent Health and Wellbeing Board and other commissioning partners, how and where investment, resources and improvements can be made within the CCG area) should be incorporated into the Board's terms of reference and suggested that the Board needed to make a conscious decision about whether this would be one of its functions. The Chair commented that the work around Total Place would bring the board closer to this.

RESOLVED: That the Board noted the update from the Governance Task and Finish Group and noted the direction of travel.

6.2 Kent Health and Wellbeing Board

The Chair reported that the Kent Health and Wellbeing Board had met three weeks ago and had discussed two main items of substance: a review of winter, which the Board noted had been less strained than last year; and the focus on the development of Sustainability and Transformation Plans including planning footprints. The NHS England view was that the planning footprints needed to be of a certain size and had made a strong steer for the footprint to be based on the whole of Kent and Medway. More work would need to be done on the development of Sustainability and Transformation Plan and to put further pace behind the integration of health and social care.

7. Self-Care Strategy

Dr Tony Jones reported that the recent Practice Learning Time (PLT) event which had focussed on health promotion and social prescribing had received positive feedback.

Dr Tony Jones reported that the Five Year Forward View discussed a radical shift towards prevention and a focus on self-care. Dr Jones explained the difference between self-care and self-management: self-care related to the actions people took in order to establish and maintain health, prevent and deal with illness; self-management related to patients with diagnosed long-term conditions who developed an understanding of how their condition affected their lives and how to cope with their symptoms. Long-term conditions in particular (such as diabetes and COPD) accounted for a significant proportion of cost and hospital admissions and evidence suggested that self-management was effective in reducing unplanned admissions, particularly for people with COPD and asthma. Self-care and self-management would require education for the professional in motivation counselling, as well as for the patient about their condition. Mechanisms for peer support, such as group education, would also be important.

Dr Jones noted that there were five areas of focus:

1. The concept of making every concept count;
2. Encouraging social prescribing, especially for those who were isolated;
3. Group support and group education;
4. Systems of signposting;
5. Empowering the public and the professional to support the shift towards prevention.

Caroline Jessel reported that an event was being held on 26th April which everyone was welcome to attend to share best practice ideas. Dr Jessel also reported that she had recently attended an event on culture and health which had showcased work already taking place in Kent, which demonstrated that Kent was already leading in this area.

Cllr Annabel Blackmore asked whether the concept of patient buddying could work across practices to protect patient confidentiality. Dr Jones agreed to take this point on board.

Cllr Blackmore asked whether social prescribing already happened and what the take up was. Dr Jones responded that the DORIS system was used for signposting and he thought that enhancing this system would be the best way to increase signposting.

RESOLVED: That the Board agree the following recommendations:

1. That the Board agree the strategic plan, including the principles and actions.
2. That the Board provide strong leadership and support.
3. That the Board hold partners to account for delivery of actions.

The Chair noted that the Board would need to be updated on progress against actions. **Action: WK HWB Work Programme**

Cllr Pat Bosley and Lesley Bowles left the meeting.

8. Task and Finish Groups

8.1 Update on Obesity Task and Finish Group

Jane Heeley gave an update on the work of the Obesity Task and Finish Group and reported the following:

- The Kent Health and Wellbeing Board was undertaking a review of local action plans for addressing obesity and had issued a template to complete to enable a Total Place approach. The WK HWB would be provided with an update on the outcome of this exercise at its meeting in April together with how any gaps identified would be addressed;
- The Change for Life Sugar Smart campaign was progressing well and had received attention from the media. The communications team was working hard to maintain the campaign's profile;

- The commissioning of tier 4 services would be transferred from NHS England to CCGs from 1st April 2016. Tier 3 services would continue to be provided by KCC;
- West Kent admissions of bariatric surgery were one of the highest across Kent and the patients had relatively good outcomes;
- Assurances had been sought from partners in relation to their actions to address obesity. The next step would be to develop a discussion with the food industry.

Cllr Annabel Blackmore asked whether Dr Bob Bowes' column in the Courier could also be published in the Kent Messenger or Down's Mail. Jane Heeley agreed to follow this up. **Action: Jane Heeley**

Cllr Maria Heslop left the meeting.

8.2 Alcohol Task and Finish Group

CI Dave Pate gave an update on the Alcohol Task and Finish Group and reported that the Task and Finish Group had met following the summit held on 20th October and had proposed a number of actions as set out in the paper. If the action plan was agreed by the Board, CI Pate would then write to the lead agencies to take forward the actions assigned to them. CI Pate thanked Karen Hardy, Malti Varshney and Cllr Annabel Blackmore for their support.

RESOLVED: That the Board agree the following recommendations:

1. Agree delivery of West Kent Alcohol Misuse Plan
2. Promote actions of the West Kent Alcohol Misuse Plan
3. Agree indicators to monitor West Kent Alcohol Misuse Plan

Andrew Scott-Clark noted that new guidance had been released from the UK Chief Medical Officers on alcohol consumption which needed to be taken into account in the development of the action plan. **Action: WK HWB members; Alcohol T&F Group**

8.3 Frail and Elderly

Dr Mark Whistler gave a presentation and made the following points:

- The Frail and Elderly strategy linked to the urgent care strategy as patients aged over 65 years old comprised the bulk of emergency admissions;
- Frail and elderly patients were likely to have a number of different conditions and the services that they required were fragmented;
- A number of different stakeholders had been involved in the development of the strategy;
- Discussion was ongoing about finding an adequate assessment tool for identifying frail and elderly patients;
- Integrated care was key to the strategy, in particular the integration of the acute sector and community services. There was good sign up from various agencies.

Malti Varshney reported that she had been tasked with setting up a Frail and Elderly Task and Finish Group and so far one meeting had been held with Dr Whistler and district and borough colleagues. The group was looking at the wider determinants of what could contribute towards the management of frail and elderly patients. The WK HWB would be provided with an update on progress made.

Cllr Annabelle Blackmore commented that, as the focus of the strategy was on co-ordinating various agencies, one of the most important enablers would be information technology. Dr Whistler responded that communication and care planning would be vital to this strategy and an IT system would be required to deliver this. An electronic share care record was in the process of being developed and 1k patients' care plans had already been uploaded, which could be accessed by different agencies. Cllr Blackmore asked whether this would help to reduce bed blocking. Dr Whistler responded that he did not think that care planning would completely solve the problem of bed blocking, however it would be a contributory factor.

9. Update: NHS West Kent CCG Work in Partnership with Local Councils

Malti Varshney noted that this paper set out a number of key projects between WK CCG and local councils that had been agreed to support the delivery of the HWB strategy and the CCG priorities. There was an emerging theme related to planning and housing and the potential impact on health.

RESOLVED: That the Board note this update.

10. Any other business – Future agenda items

There were no items of other business.

RESOLVED: That the Board noted the proposed future agenda item.

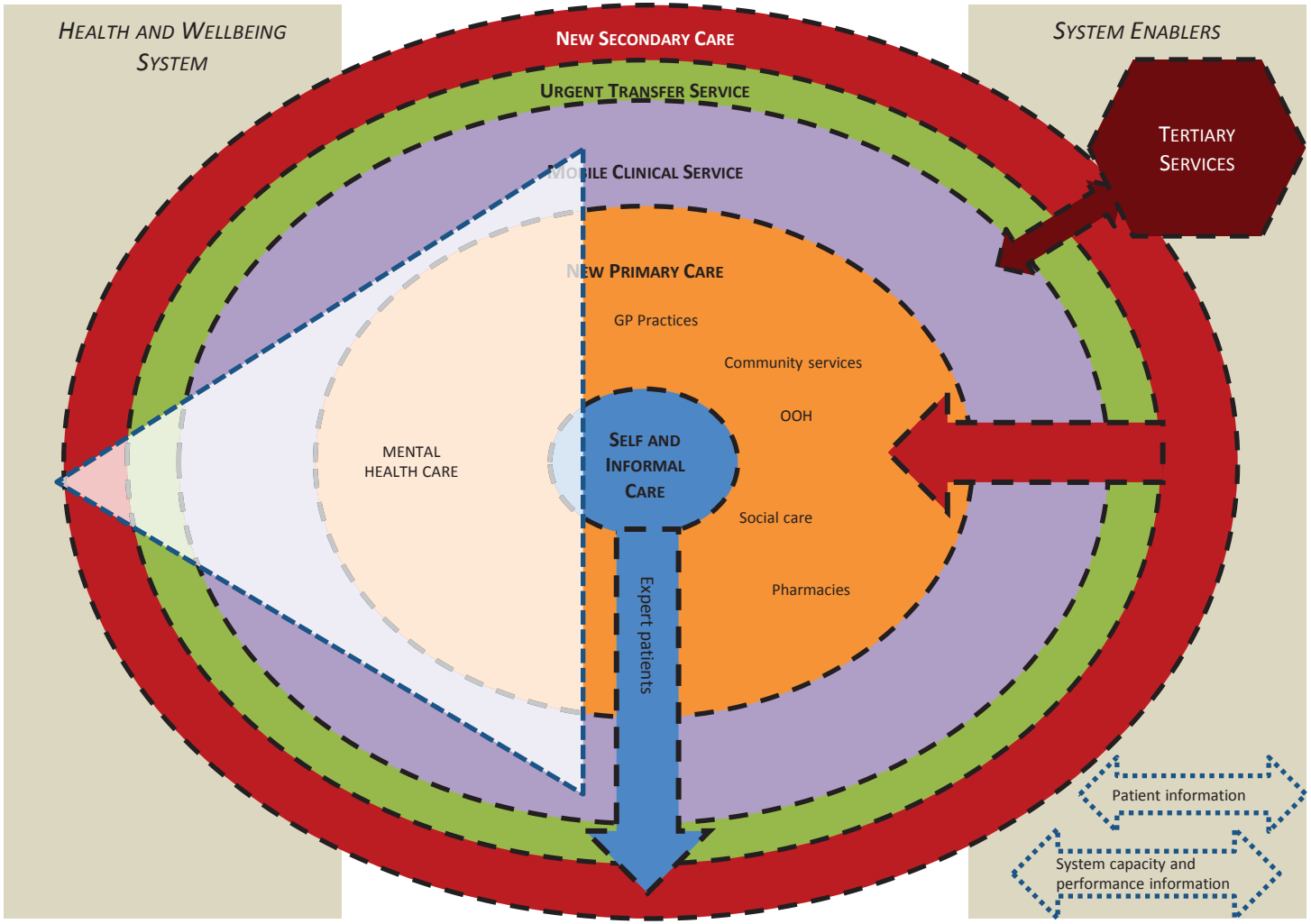
11. Date of next meeting

Tuesday 19 April - Tonbridge and Malling Borough Council.

NHS
West Kent
Clinical Commissioning Group

2016/17 and beyond Operating plan

The CCG's current strategy – 'Mapping the Future'



The Mandate 2016/17

NHS England's objectives

1. Through better commissioning, improve local and national outcomes, particularly by addressing poor outcomes and inequalities
2. To help create the safest, highest quality health and care services
3. To balance the NHS budget and improve efficiency and productivity
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
5. To maintain and improve performance against core standards
6. To improve out-of-hospital care
7. To support research, innovation and growth

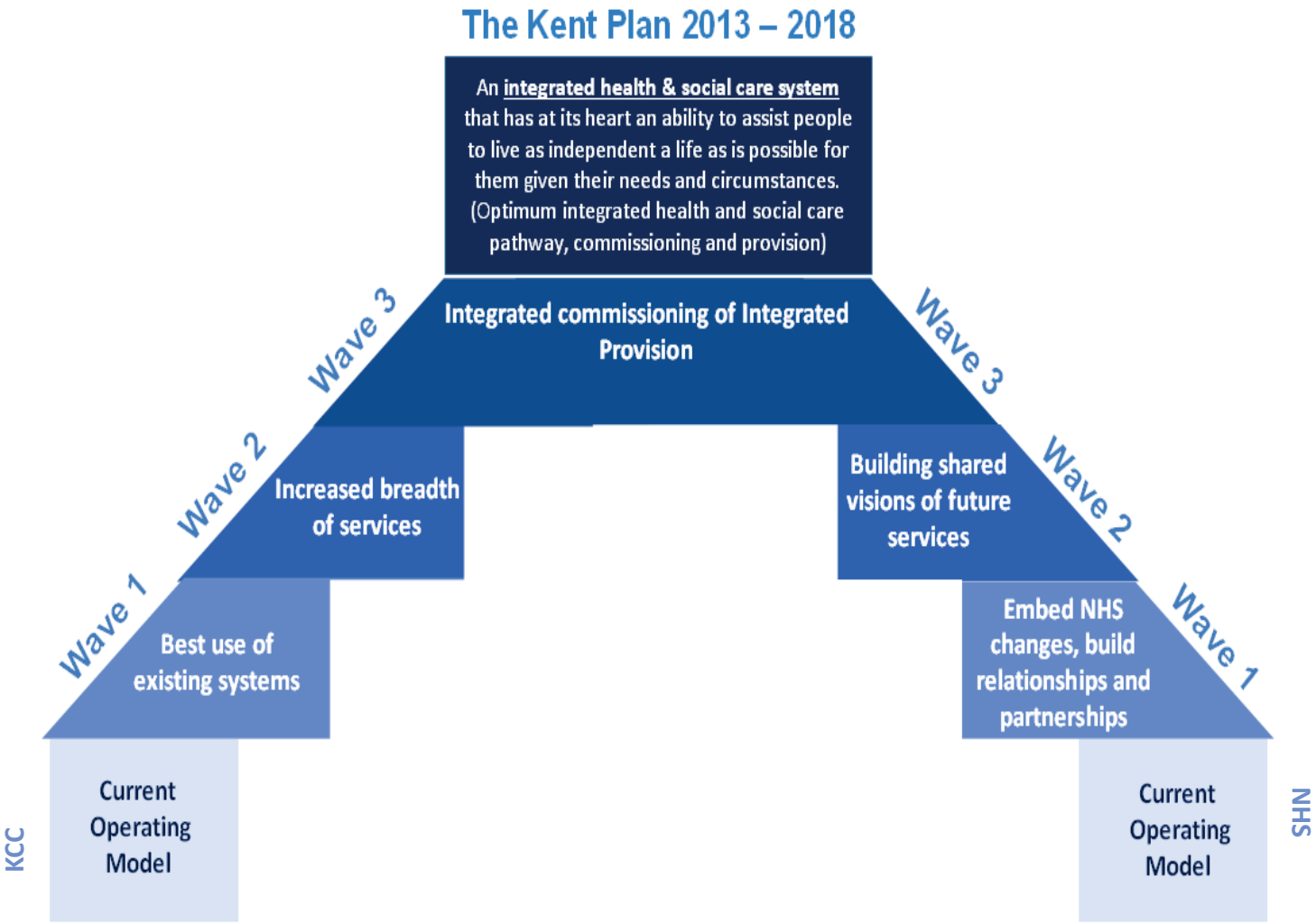
The Five Year Forward View

- Getting Serious about Prevention
- Empowering Patients and Engaging Communities
- New Care Models
  - Multispecialty Community Providers (MCPs)
  - Primary and Acute care Systems (PACS)
  - Urgent and emergency care networks
  - Specialised care
  - Enhanced health in care homes
- Smarter use of technology
- Efficiency and more money

New Care Models…

- Can act as Accountable Care Organisations that …
  - Provide and commission
  - Defined population
  - Capitated risk
  - MDT approach
  - Rewarded for outcomes
  - Real time, operational informatics

CCGs and KCC – Integration Pioneer



HWB Priorities

Planning Guidance for 2016/7 – 2020/21

Two separate but connected plans

- a five year **Sustainability and Transformation Plan** (STP), place-based and driving the Five Year Forward View (by June 16)

- a one year **Operating Plan** for 2016/17, organisation-based but consistent with the emerging STP (by April 16)

Nine ‘must dos’ for 2016/17

1. Develop and high quality and agreed STP
2. Return the system to aggregate financial balance
3. Develop a local plan to address the sustainability and quality of primary care
4. Get back on track with access standards for A&E and ambulance waits
5. Improve and maintain NHS constitution standards for RTT
6. Deliver the NHS Constitution 62 day cancer waiting standard and continue to deliver the 31 day standard
7. Achieve and maintain two new MH access standards – treatment for a first episode of psychosis & IAPT. Continue to meet the dementia diagnosis rate of 67%
8. Deliver the actions set out in plans to transform care for people with LD
9. Develop and implement an affordable plan to make improvements in quality; particularly for organisations in special measures.

Planning Priority Themes (1)

- Mental Health
- Frailty and Dementia
- Transforming Outpatients
- Timely access to diagnostics, including reporting
- Children's Health Services (including CAMHS)
- Cancer
- Avoiding the need for Urgent Care
- Focus on delivering ambulatory care when possible

Planning Priority Themes (2)

- Development of Primary care and New Primary Care
- Working in partnership with District councils
- Getting best value from Continuing Health Care and Placements
- Opportunities for repatriation
- Improved prescribing
- Enhancing services for patients with Learning Disability

Enabling worstreams and focus

- IT and other technology / Digital roadmap
- Contracting/Pricing
- Links to quality agenda and contract schedules
- Integration of commissioning with KCC

Allocations – forward look

	DfT (£m)	DfT (%)	Actual per capita (£)	Target per capita (£)	Actual allocation £m	Target allocation £m	Base level growth %	Growth received by CCG %
2013-14	(39.828)	(7.9)	1,000	1,085	466.024	505.582		
2016-17	(15.221)	(2.7)	1,124	1,156	540.964	556,185	1.4	5.0
2017-18	(14.042)	(2.5)	1,143	1,172	555,399	669,441	0.2	2.7
2018-19	(12.673)	(2.2)	1,162	1,188	570,065	582,738	0.1	2.6
2019-20	(11.949)	(2.0)	1,182	1,206	585,306	597,255	0.0	2.7
2020-21	(10.460)	(1.7)	1,223	1,244	611,691	622,151	1.5	4.5

Dft = Distance from target

WK CCG Draft Financial Framework 2016-17

	M10 O/T	FYE/ NR	Recurrent	P&P	Demo-graphic	Other	Baseline/ Business Rules	Budget (£551.5m)
MTW	208.6	2.0	210.6	3.3	2.1	-1.8		214.2
Other Acute	98.1	-0.9	97.2	1.2	1.7	3.0		103.1
KMPT	31.2	-0.7	30.5	0.3	0.3	0.4		31.5
Other MH	11.7	-0.3	11.4	0.1	0.1	1.0		12.6
KCHFT	32.7	-0.3	32.4	0.4	0.3	0.0		33.1
Other community	15.0	0.6	15.6	0.1	0.1	0.0		15.8
CHC	35.2	0.0	35.2	0.9	2.8	0.0		38.9
Primary Care	10.9	-1.1	9.8	0.4	0.0	1.8	1.1	13.1
Prescribing	71.9	1.0	72.9	0.7	2.9	1.2		77.7
Other	5.2	0.0	5.2	0.0	0.0	-1.9	6.3	9.6
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	2.7	2.7
Running Costs	10.6	-0.1	10.5	0.0	0.0	0.0	0.0	10.5
GRAND TOTAL	531.1	0.2	531.3	7.4	10.3	2.6	10.1	562.8
					QIPP requirement			**11.3**

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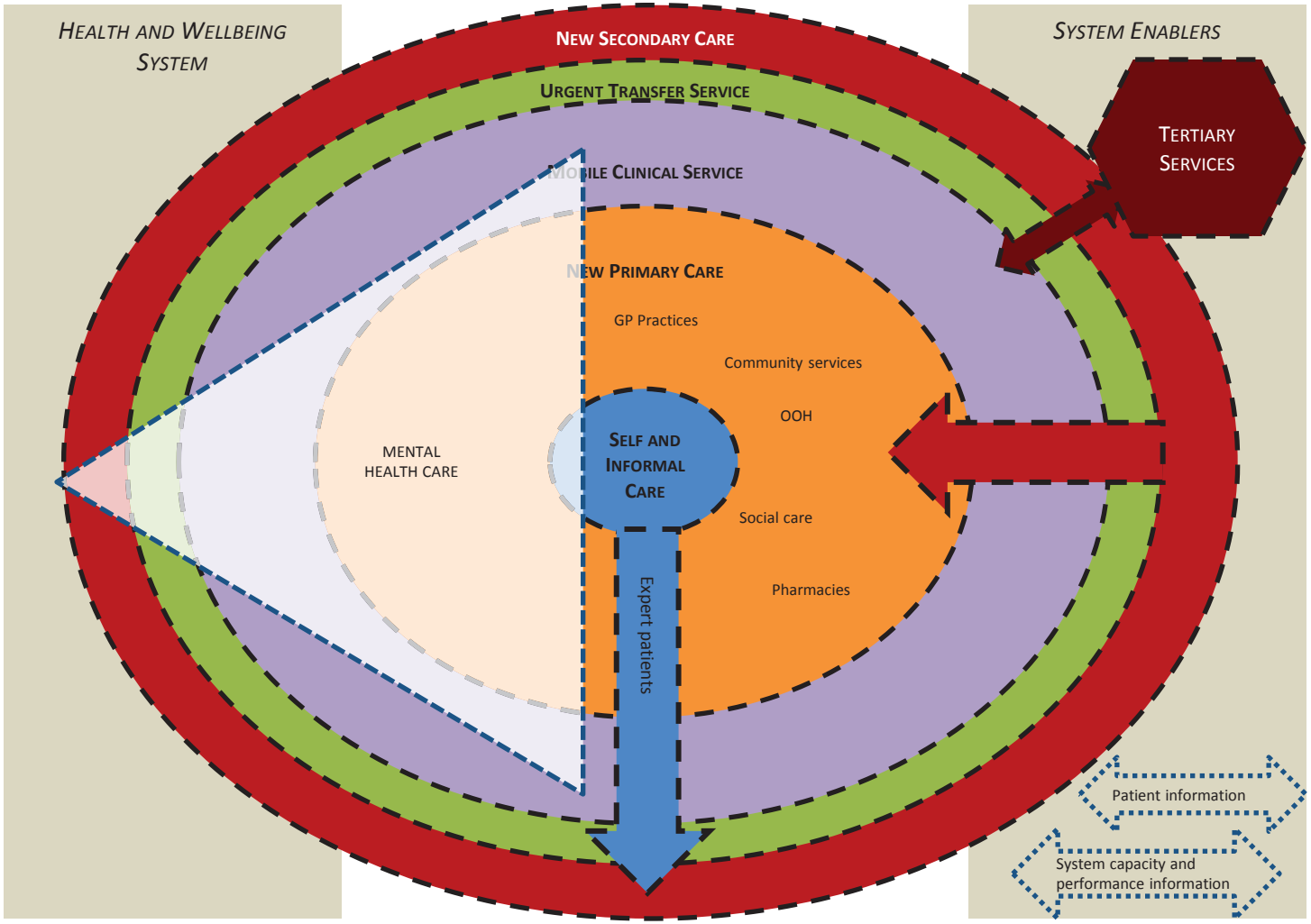

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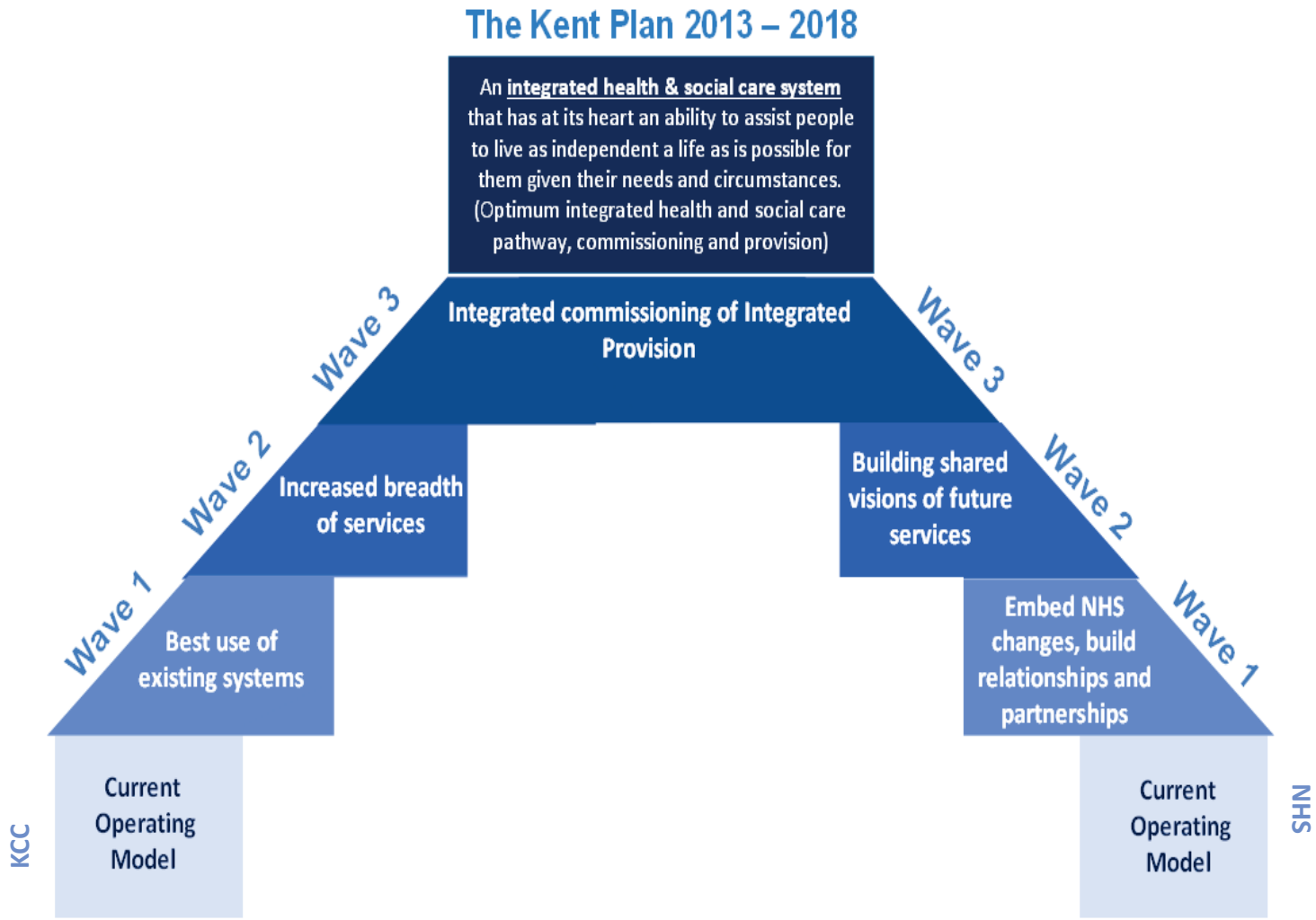

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WK CCG Draft Financial Framework 2016-17

	M10 O/T	FYE/ NR	Recurrent	P&P	Demo-graphic	Other	Baseline/ Business Rules	Budget (£551.5m)
MTW	208.6	2.0	210.6	3.3	2.1	-1.8		214.2
Other Acute	98.1	-0.9	97.2	1.2	1.7	3.0		103.1
KMPT	31.2	-0.7	30.5	0.3	0.3	0.4		31.5
Other MH	11.7	-0.3	11.4	0.1	0.1	1.0		12.6
KCHFT	32.7	-0.3	32.4	0.4	0.3	0.0		33.1
Other community	15.0	0.6	15.6	0.1	0.1	0.0		15.8
CHC	35.2	0.0	35.2	0.9	2.8	0.0		38.9
Primary Care	10.9	-1.1	9.8	0.4	0.0	1.8	1.1	13.1
Prescribing	71.9	1.0	72.9	0.7	2.9	1.2		77.7
Other	5.2	0.0	5.2	0.0	0.0	-1.9	6.3	9.6
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	2.7	2.7
Running Costs	10.6	-0.1	10.5	0.0	0.0	0.0	0.0	10.5
GRAND TOTAL	531.1	0.2	531.3	7.4	10.3	2.6	10.1	562.8
					QIPP requirement			**11.3**

AGENDA ITEM 8

Kent and Medway Growth and Infrastructure Framework

A report for the West Kent Health and Wellbeing Board 19th April 2016

This item relates to a paper presented to the Kent Health and Wellbeing Board in November 2015. That paper and the minutes recorded of the discussion that paper generated within the Kent HWB are presented below.

This paper supports a presentation to West Kent Health and Wellbeing Board (WK HWB) Members on 19/04/16 focusing on:

- What data sources does the West Kent HWB believe we should be accessing (whether nationally, regionally or locally held) to ensure Kent and Medway can accurately plan infrastructure going forward?
- Who are the West Kent health and social care stakeholders the HWB would particularly wish to ensure are engaged with the progression of the Growth and Infrastructure Framework – and how does Kent County Council (KCC) best engage them?
- What are the outcomes the West Kent HWB would like to see the GIF evidencing/articulating against, in order to focus county efforts to help achieve them?

This item will be led by Stephanie Holt on behalf of Kent County Council's Environment, Planning and Enforcement Division

By: **Barbara Cooper, Corporate Director, Growth Environment and Transport, KCC**
Katie Stewart, Director Environment Planning and Enforcement, KCC

To: **Health and Wellbeing Board**
Date: **19 April 2016**
Subject: **Growth and Infrastructure Framework**
Classification: **Unrestricted**

Summary:
This report provides an overview of the recently launched Kent and Medway Growth and Infrastructure Framework (GIF), and the associated action plan. It also seeks the Board's input to the development of the GIF, with a view to strengthening particularly the health and social care infrastructure evidence base and using it to help shape health infrastructure provision to support housing growth.

Recommendations:
The Board is recommended to:

a) note the contents and conclusions of the first GIF and its associated action plan;
b) agree to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh; and
c) agree to use the GIF to help shape discussions about the future shape of health and social care service delivery

1. Background

1.1. Board members will be aware of increasing pressure on local authorities across the UK in delivering housing and economic growth. Within Kent and Medway alone, approximately 160,000 new houses are planned to 2031. In order to deliver such housing numbers, it is vital that the right infrastructure is in place to support that growth – infrastructure including not just roads and rail, but public services required to serve these new communities including education, leisure facilities, and critically health and care services.

1.2. The Kent and Medway **Growth and Infrastructure Framework (GIF)** has been developed to provide a clear picture of housing and economic growth to 2031 and the infrastructure needed to support this growth. It was finalised following its consideration by Kent County Council in July and Kent Leaders in September. The full GIF can be accessed via the following weblink: www.kent.gov.uk/gif.

1.3. At a time when the Government has prioritised the delivery of housing and economic growth more generally, it is an absolutely critical time for Kent to use the GIF to not only promote Kent and Medway's infrastructure priorities, but also shape a more sustainable approach to funding infrastructure in the long term.

1.4. To this end, the final version of the GIF includes a **10-point action plan**, which taken together will ensure that the GIF becomes a framework and platform for creating a more sustainable and effective approach to planning, investing and delivering infrastructure to support growth. Please see Appendix for a summary of these actions.

2. The GIF on health and social care

2.1. As part of the infrastructure to support growth in Kent and Medway, the GIF provides evidence on the provision of healthcare and social care capacity across the area – both current provision and provision that would be required to support the planned housing growth to 2031.

Healthcare provision

2.2. It should be noted that there were challenges in gathering robust data on health infrastructure provision for this first version of the GIF – a challenge which it is hoped can be overcome in working more closely with partners in the sector. The data for existing provision was taken from NHS Choices data, whilst the future requirements and associated costs were derived from modelling that applies population growth to existing provision.

2.3. Specifically, the GIF provides the following data:

Current provision	**Required provision to 2031**
• Current primary healthcare, including: o Number of GPs o Patient list size o Patients per GP o Population per dentist o Population per pharmacy o Population per optician	• Primary healthcare required to support population growth to 2031
• Current provision of hospital capacity, including: o Existing acute NHS hospitals o Existing community hospitals	• Additional beds required to support population growth – including both hospital beds and mental health beds

2.4. The GIF is based on the existing healthcare model using population growth forecasts to establish level of demand for healthcare services. For acute hospital and mental health beds needed, the current UK bed to person ratios (i.e. steady state) was used and has been applied according to the forecast population growth.

2.5. Future requirements and associated costs and funding assumptions for primary, acute and mental healthcare have been based on benchmark modelling and have not yet, due to time constraints been validated or agreed by the NHS. In most cases of development, after developer contributions have been taken into account, the outstanding costs to deliver necessary infrastructure are usually met by the NHS. However, given the known funding deficit across public sector organisations including the NHS, it is expected that the NHS may no longer be able to meet the full cost of this funding requirement in future. As such, in the GIF, the proportion of the gap after developer contributions that is funded by the NHS has been reduced down from 100% to 75% in order to give a best estimate of future funding requirements.

Social care provision

2.6. The GIF maps current social care provision across Kent, including provision for people with learning disabilities; people with mental health needs; older people; and people with physical disabilities. The following capacity issues are identified:

Client group needs	**Capacity issues in:**
Learning disabilities	Ashford Dartford Dover *Sevenoaks* *Tonbridge and Malling* *Tunbridge Wells*
Mental health	Dartford Dover *Tonbridge and Malling*
Older people	Dartford Swale Thanet
Physical disabilities	Dartford Dover Gravesham Maidstone Swale Thanet *Tonbridge and Malling* *Tunbridge Wells*

2.7. Costs and future provision requirements are estimated on the basis of the Social Care Accommodation Strategy which sets out the forecast change in demand for the full range of care clients. This analysis has highlighted the need for considerable investment in older persons nursing and extra care accommodation and also supported accommodation for clients with learning disabilities.

2.8. Given the limitations on the data used for the GIF, there is a clear need to refine the picture of health and care infrastructure to meet future growth in the next and future iterations of the GIF. Nonetheless, whilst the findings of the GIF should be read with caution, they **highlight a critical challenge in funding health and social care provision to meet future demand**. In particular, the GIF has highlighted challenges in such provision in growth areas where there viability is more marginal.

3. Developing the health infrastructure of the future for Kent and Medway

3.1. In order to refine our understanding of this challenge and provide as robust an evidence base as possible from which to potentially attract funding and/or explore new delivery models, it is critical that the GIF is shaped by partners, including those around the Health and Wellbeing Board. There is also a clear opportunity to shape this part of the GIF with local Health and Wellbeing Boards moving forward.

3.2. From this work to refine the evidence base, the GIF could give the HWB a platform from which to **identify priorities for healthcare infrastructure for the future**. In doing so, the HWB is potentially a key partner in the GIF action plan, particularly around raising the profile of the need for better alignment of funding for healthcare infrastructure with growth.

3.3. Similarly, local partners will **be using the GIF to engage with London on more proactive management of the impact of London's growth** on Kent and Medway. This will form part of a strategic conversation across the Southeast to ensure that where this growth impacts outside of London, the right infrastructure is delivered to support that growth. To broker this engagement, KCC will work through the Southeast Strategic Leaders (SESL) network, as well as Southeast authority officer networks (including a planning policy officers and directors groups).

3.4. Further, and perhaps more importantly, the GIF is intended to give partners a tool with which **to test the impact of new delivery models.** Within the current GIF, the option of an integrated health and social care model, similar to the Estuary View Medical Centre in Whitstable, is applied to the whole of Kent and Medway. The cost is estimated to be c. £500m, but the impact of revenue savings as a result of more efficient delivery may be deemed to outweigh this initial capital cost in the medium to long term. Further work on exploring the cost of such a model and the potential savings in revenue terms could be undertaken using the GIF as a framework.

3.5. Finally, KCC will use the GIF to enable a more **proactive approach to attracting investment** – not only from Government but from potential private sector sources as well. Work will be scoped to explore the potential of institutional investment, as well as to proactively prepare for future rounds of Local Growth Funding and/or other Government funding.

4. Recommendation

4.1. The Board is recommended to:

a) note the contents and conclusions of the first GIF and its associated action plan;
b) agree to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh;
c) agree to use the GIF to help shape discussions about the future shape of health service delivery

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APPENDIX: GIF Action Plan

Action 1: Innovation in financing
Discussions with Government on the shortfall in capital funding growth and work collaboratively to find 'new innovative ways' of closing the funding gap (e.g. Tax Increment Funding (TI F), Institutional Investment, better application of CIL etc).

Action 2: A single Infrastructure Delivery Plan for Kent
Explore the feasibility of producing a single Infrastructure Delivery Plan for Kent and Medway reflecting the robust partnership working with the district authorities and Medway.

Action 3: A stronger relationship with London and the Southeast
Engage with South East Strategic Leaders and the County Councils in the South East on strategic issues and priorities, in particular transport, including linkages to London and radial routes to better connect the wider South East.

Action 4: Reform of CIL and developer contributions
Engage Government, using existing networks such as the County Councils Network where appropriate, to explore means of refining the current CIL and developer contribution mechanisms to better take account of varying viability in different areas of the country, to maximise the potential of CIL

Action 5: The potential for private sector investment
Open discussions with the private sector including the development, pension and insurance sectors, and other investment sectors to explore the feasibility of establishing an 'Institutional Investment' pot for infrastructure and other mechanisms that may help fund infrastructure.

Action 6: A stronger relationship with the utilities
We will collaborate with the utilities sector to seek improved medium to long term planning aligned to the County's growth plans. A key role for the public sector will be to hold utilities companies to account to make the necessary capital investment. Through establishing County Council scrutiny arrangements for utility provision (which have the opportunity to feed into OFWAT, OFGEN, etc) matching utility companies' capital investment plans to the growth plan.

Action 7: Maximise the public estate
We will use the One Public Estate pilot commencing across Kent to seek to ensure we are maximising opportunities to lever in investment opportunities to fund and support growth.

Action 8: Ensuring the GIF is a "go-to" reference for infrastructure priorities
The GIF will be regularly refreshed to reflect the ongoing development of the Kent and Medway Local Plans and to enable refinement of many of the areas of evidence within the framework including costs and future funding assumptions.

Action 9: An integrated approach to planning and delivering growth
Monitor annually on a district-by-district basis:

- Progress of Local Plans;
- Delivery of housing and employment space;
- Receipts from developer contributions and CIL;
- Public and private sector investment in the county, including into the health
- and social care sectors and;
- Utility company capital investment.

Action 10: A robust design agenda for Kent and Medway
Consider how we can build on and refine current activity in the county aimed at ensuring high quality design, including working with Kent Planning Officers' Group and Design South East and updating the Kent Design Guide where required

Agreed Minutes Outlining Discussion at Kent Health and Wellbeing Board 18 November 2015

182. Growth and Infrastructure Framework
(Item 6)
(1) Barbara Cooper (Corporate Director - Growth, Environment and Transport) and Katie Stewart (Director - Environment, Planning and Enforcement) introduced the report which provided an overview of the Kent and Medway Growth and Infrastructure Framework (GIF) and action plan and sought the HWB's input to the development of the GIF to strengthen the health and social care infrastructure evidence base and a commitment to using it to shape health infrastructure provision to support housing growth.

(2) Mrs Cooper said that the development of approximately 160,000 new homes and a population increase of 300,000 were planned for Kent and Medway to 2031 and the GIF and its associated action plan had been developed to become a framework and platform for creating an effective approach to planning and delivering the infrastructure necessary to support growth.

(3) Mrs Stewart said the data for existing health provision had been taken from NHS Choices and future requirements and associated costs were derived from modelling the anticipated population growth to the existing provision. She also said that once developer costs had been taken into account, the NHS currently met the remaining costs of health infrastructure however it was expected that in future the NHS would not be able to meet the full costs. She said input from partners would be very welcome to build the evidence relating to health and social care so the GIF could be used to proactively manage the impact of London's growth on Kent and Medway and attract investment as well as giving partners a tool to test the impact of new delivery models.

(4) During the discussion the need to plan for future health and social care needs was recognised. It was suggested that the growth already taking place in North Kent could be an opportunity to test models of future health and social care provision and of addressing health inequalities however there were also concerns that funding for services might continue to follow population growth.

(5) The need for different models of care and extra-care facilities was mentioned, as well as the need for detailed work at local level to feed into the development of a single infrastructure delivery plan for Kent.

(6) Mrs Stewart said that KCC wished to work collaboratively with health and other partners to ensure maximum benefit from the public estate.

(7) In response to a question Mrs Cooper said that the Kent and Medway Economic Partnership had established a skills commission to identify and plan for future skills needs and she offered to share the notes of the commission relating to the health and social care sectors.

(8) The work that had been done since May was acknowledged and it was suggested that conversations with the accountable officers for each of the CCGs be initiated to ensure all relevant local health data was included in the GIF and kept updated.

(9) Resolved that:

(a) The contents and conclusions of the first GIF and its associated action plan be noted;
(b) It be agreed to help shape the future of the GIF by contributing robust and timely data and analysis to the next refresh;
(c) The GIF be used to help shape discussions about the future shape of health and social care service delivery.

4.4 COMMUNITY

ADULT SOCIAL SERVICES

CURRENT SITUATION

Adult social services are provided by Kent County Council's Social Care, Health and Well Being (SCHW) team. The KCC Adult Social Care client groups include: People with learning disabilities; people with mental health needs; older people; and people with physical disabilities people with physical disabilities; and older people (over 65 years).

HEADLINES

Learning disabilities

Capacity issues in 6 Districts

Accommodation Investment priority in Ashford, Dartford, Dover, Sevenoaks, Tonbridge & Malling and Tunbridge Wells

Mental health

Capacity issues in 3 Districts

Accommodation Investment priority in Dartford, Dover, and Tonbridge & Malling

Physical disabilities

Capacity Issues in 8 Districts

Accommodation Investment priority in Dartford, Gravesham, Maidstone, Swale, Thanet, Tonbridge & Malling and Tunbridge Wells

Older people

Capacity Issues in 3 Districts

Accommodation Investment priority in Dartford, Swale and Thanet

Figure 4.8 Kent & Medway

Adult social care facilities

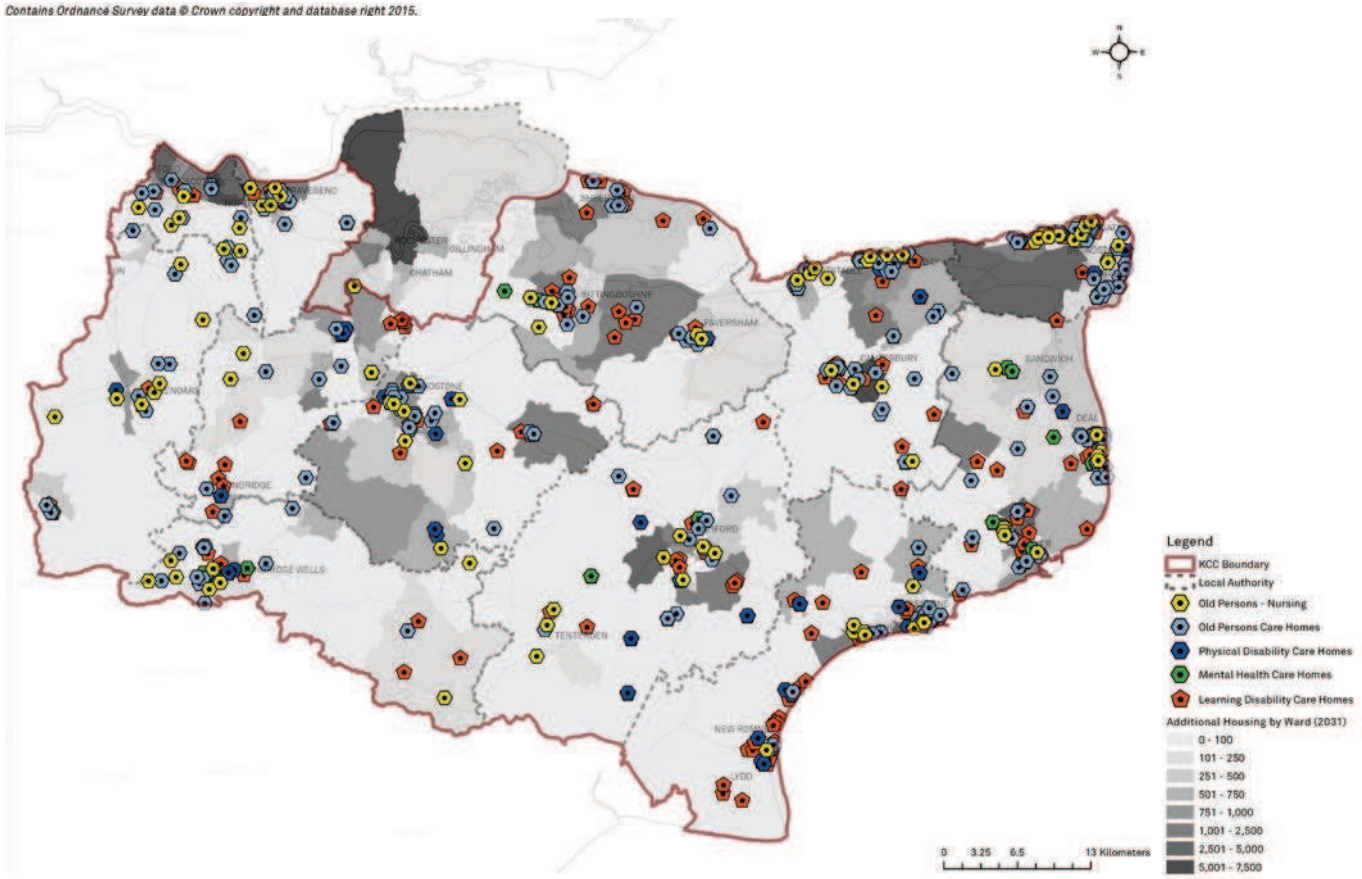


Table 4.7 Kent & Medway

Social care accomodation capacity & infrastructure

	LEARNING DISABILITY	MENTAL HEALTH	PHYSICAL DISABILITY	OLDER PEOPLE
Ashford				
Canterbury				
Dartford				
Dover				
Gravesham				
Maidstone				
Sevenoaks				
Shepway				
Swale				
Thanet				
Tonbridge & Malling				
Tunbridge Wells				

SOURCE: KENT ADULT ACCOMMODATION STRATEGY: EVIDENCE BASE, KENT COUNTY COUNCIL

RED & AMBER SHADING INDICATES REQUIREMENT FOR ADDITIONAL CAPACITY / FACILITIES.

EXAMPLE COMMUNITY CAPACITY PROJECTS PROPOSED

Chilmington Green

Adult social services space in new Chilmington Green Community Hub, Ashford

Lowfield Street, Dartford

New social care hub

Aylesham Health & Social Care Centre

Delivery of new centre in Dover

West Kent Cold Store Site

Delivery of learning disability accommodation within 2 miles of site - Sevenoaks

Development contributions

Contributions from new developments to ensure that new community facilities buildings are suitable for use by commissioned service providers to deliver services to FSC clients:

- Hillborough, South Canterbury and Sturry/Broad Oak - Canterbury
- Whitfield - Dover
- Creekside - Swale
- Land North of Haine Road - Thanet
- Peter's Pit - Tonbridge & Malling

FUTURE REQUIREMENTS TO MEET GROWTH

Kent & Medway
64
Additional Nursing Care Facilities (60 bed)

Kent & Medway
58
Additional Extra Care Facilities (60 bed)

Kent & Medway
39
Additional Learning Disability Support Units

COSTS AND FUNDING

In addition to the community capacity based project requirements to support population growth KCC have also developed a detailed Social Care Accommodation Strategy which sets out the forecast change in demand for the full range of care clients. This has highlighted the need for considerable investment in older persons nursing and extra care accommodation and also supported accommodation for clients with learning disabilities. While KCC is unlikely to directly deliver this future accommodation the cost of the development has been identified but assumed to be funded by private sector and voluntary organisations.

The following costs and funding have been identified for Kent:

Cost = £1,081,490,000
Secured Funding = £3,420,000
Expected Funding = £973,520,000
Funding Gap = £104,540,000

LIBRARY SERVICES

Kent & Medway
115
libraries

CURRENT SITUATION

Figure 4.9 and Table 4.7 set out existing library provision in Kent. Library services in Kent are organised by the County Council's Library, Registration and Archive Service. KCC continues to explore the potential for a charitable trust to deliver the service which will have implications to future service delivery.

HEADLINES

Kent

15.5 sqm
library space for every 1,000 people on average

Thanet - comparatively high level of provision

25 sqm
library space for every 1,000 people
Medway also rates well with 22 sq.m
Dartford and Dover also rate well with 17 sqm

Canterbury - comparatively poor provision

9 sqm
library space for every 1,000 people
Below average provision also in Ashford, Maidstone, Swale, Tonbridge & Malling and Tunbridge Wells

Figure 4.9 Kent & Medway

Library provision against housing growth

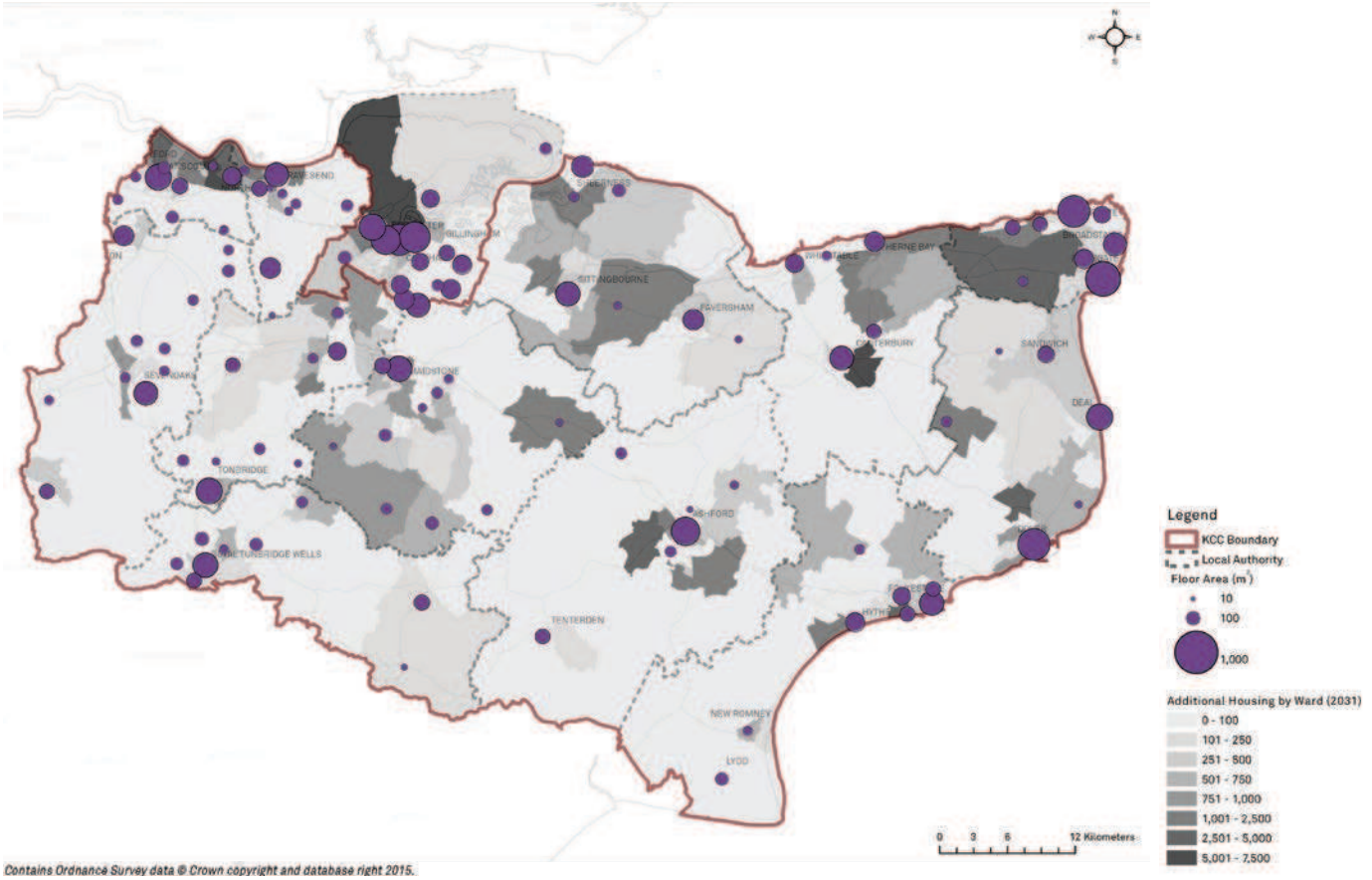


Table 4.8 Kent & Medway

Library capacity and proposed infrastructure

	NUMBER OF LIBRARIES	USABLE FLOORSPACE (SQ.M)	USABLE FLOORSPACE PER 1,000 POPULATION
Ashford	6	1,250	10.2
Canterbury	5	1,379	9.0
Dartford	9	1,712	16.9
Dover	6	1,931	17.2
Gravesham	10	1,594	15.3
Maidstone	11	1,651	10.3
Sevenoaks	11	1,870	15.9
Shepway	8	1,794	16.4
Swale	7	1,673	11.9
Thanet	8	3,482	25.3
Tonbridge & Malling	9	1,582	12.7
Tunbridge Wells	9	1,636	14.0
KENT	***99***	***21,554***	***14.3***
Medway	16	5,983	21.9
KENT & MEDWAY	***115***	***27,537***	***15.5***

SOURCE: KENT COUNTY COUNCIL AND MEDWAY UNITARY AUTHORITY

EXAMPLE INFRASTRUCTURE PROJECTS PROPOSED

The list below sets out key library investments expected to support population growth to 2031:

Chilmington Green
capital cost to build library space in a **new Community Hub** in Ashford, contributions towards **Stanhope Library, Ashford Gateway** and the **mobile library service.**

Library expansion at Queenborough
Development of Library Services in Queenborough and Rushenden - Swale

New Cultural & Learning Hub
New library provision as part of wider redevelopment of existing Museum/Art Gallery/Library/Adult Education Centre

Southborough Community Hub
new library provision as part of wider community space including replacement theatre and town council offices

Ebbsfleet Garden CIty
New library provision to support new community

Sittingbourne
Town centre development - new multi Service centre including library and other KCC and District services

Cranbrook Community Hub
New library as part of wider community space, including town council offices and multi-purpose indoor meeting space

COSTS AND FUNDING

The following costs and funding have been identified for Kent and Medway:

Cost = £33,900,000
Secured Funding = £3,980,000
Expected Funding = £4,480,000
Funding Gap = £25,440,000

YOUTH SERVICES

Kent & Medway

72

youth service providers in total

Includes hubs, youth tutors and commissioned services

CURRENT SITUATION

Youth services in Kent are run either by KCC or on behalf of KCC under contract to a range of commissioned providers with the aim to provide a core offer comprising a 'Hub' youth centre, one street based project and one or more school based workers. This is enhanced through the provision of commissioned youth work activities.

HEADLINES

Kent & Medway

0.46

youth service providers per 1,000 young people

Shepway - good provision

0.67

youth service providers per 1,000 young people

Thanet and Tonbridge & Malling also rate well in comparison to the Kent & Medway average.

Gravesham - poor provision

0.32

youth service providers per 1,000 young people

Ashford, Canterbury and Maidstone also rate poorly in comparison to the Kent & Medway average.

Figure 4.10 Kent & Medway

Youth service provision against housing growth

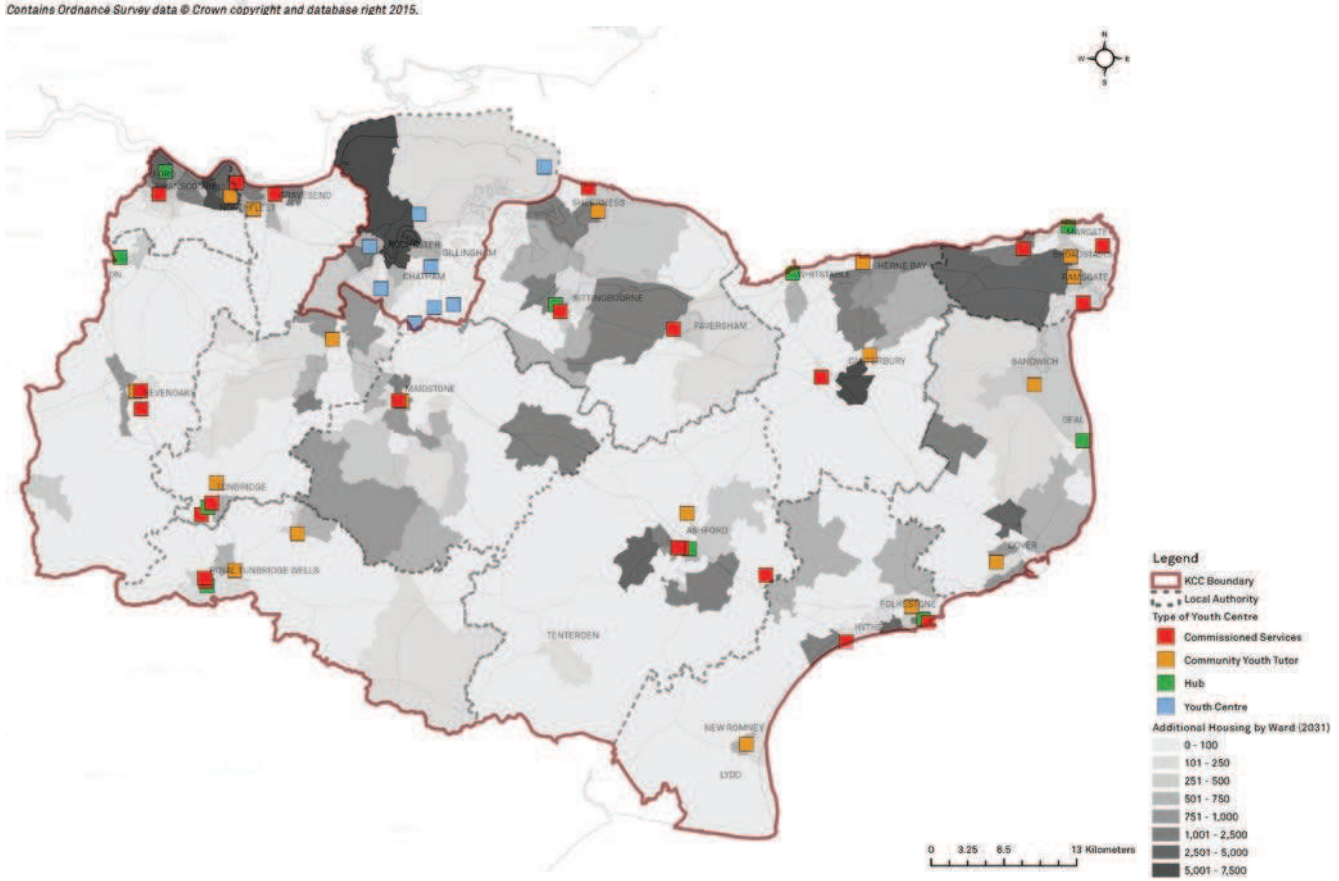


Table 4.9 Kent & Medway

Youth services capacity and proposed infrastructure

	'HUB' YOUTH CENTRE	COMMUNITY YOUTH TUTOR	COMMISSION SERVICES	TOTAL YOUTH SERVICE PROVIDERS	SERVICES PER 1,000 YOUNG PEOPLE
Ashford	1	1	2	4	0.37
Canterbury	1	4	1	6	0.38
Dartford	1	1	2	4	0.48
Dover	1	2	2	5	0.52
Gravesham	1	1	1	3	0.32
Maidstone	1	1	3	5	0.38
Sevenoaks	1	1	3	5	0.52
Shepway	1	2	3	6	0.67
Swale	1	1	3	5	0.40
Thanet	1	2	5	8	0.66
Tonbridge & Malling	1	2	4	7	0.60
Tunbridge Wells	1	2	3	6	0.57
KENT	***12***	***20***	***32***	***64***	***0.48***
Medway	8	-	-	8	0.33
KENT & MEDWAY	***20***	-	-	***72***	***0.46***

SOURCE: INTEGRATED YOUTH SERVICES (KENT COUNTY COUNCIL) AND MEDWAY YOUTH SERVICE

EXAMPLE INFRASTRUCTURE PROJECTS IDENTIFIED

Chilmington Green
Capital cost to build youth service space in a new community hub in Ashford

Riverside & Whitstable
Youth centre expansions in Canterbury

Aylesham Youth Club Grant
funding towards the provision of youth services at Aylesham Youth Centre in Dover

New Deal Youth Centre
New youth centre building in Dover

Queenborough and Rushenden
Delivery of youth services at new developments in Swale

Tonbridge AEC
Enhancement of centre into a youth hub in Tonbridge & Malling

Tunbridge Wells District Youth Hub
New provision for Tunbridge Wells

COSTS AND FUNDING

The following costs and funding have been identified for Kent and Medway:

Cost = £9,390,000
Secured Funding = £4,610,000
Expected Funding = £730,000
Funding Gap = £4,050,000

COMMUNITY & INDOOR SPORTS FACILITIES

Community Facilities

Sports Facilities

CURRENT SITUATION

Community and Indoor Sports facilities in Kent comprise both public and private facilities. Public facilities are provided and funded by the individual districts. This allows for anyone to access the facilities. Private facilities often require membership and payment for the use of those facilities.

HEADLINES

- Swale, Thanet and Gravesham have the largest gaps in indoor sports provision, with the supply below the Kent + Medway average in 4 of the 5 categories.
- There are gaps in current facility distribution against the focus areas of housing growth. This can be seen in Maidstone, Thanet, North East Canterbury and North West Medway.
- Ashford, Canterbury, Sittingbourne and Dartford all have relatively strong provision of indoor sports provision where future housing growth is projected.

Figure 4.11 Kent & Medway

Sports provision against housing growth

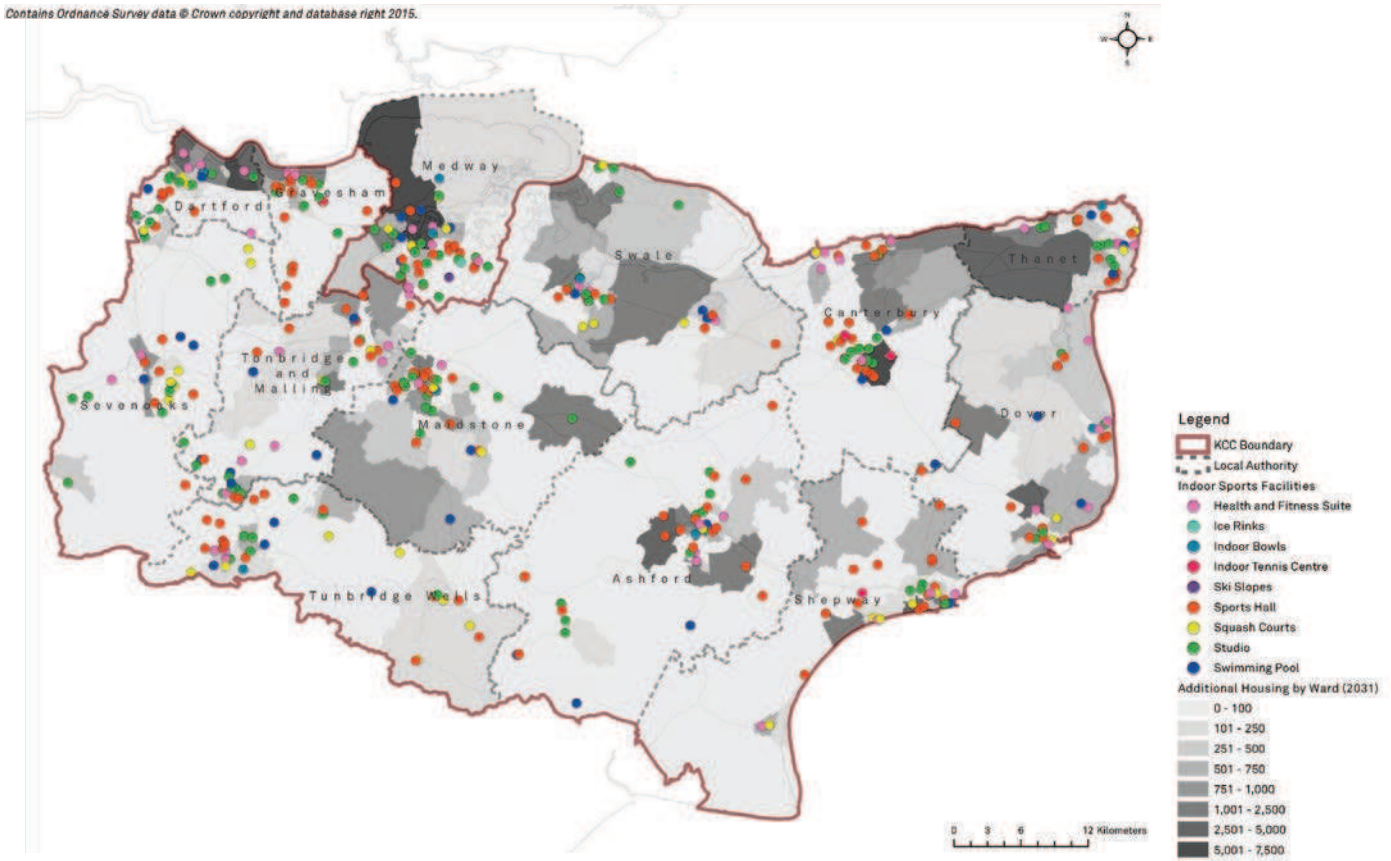


Table 4.10 Kent & Medway

Community / Sports capacity

	SPORTS HALL COURTS	SWIMMING POOL LANES	SQUASH COURTS	GYM STATIONS	INDOOR BOWLS RINKS
Ashford	57	25	6	712	6
Canterbury	101	34	14	918	8
Dartford	49	15	5	637	6
Dover	53	15	10	595	4
Gravesham	66	14	7	403	0
Maidstone	63	31	8	1,044	8
Sevenoaks	58	47	18	326	16
Shepway	43	17	10	702	7
Swale	58	24	10	573	6
Thanet	67	25	8	543	8
Tonbridge & Malling	66	31	12	825	6
Tunbridge Wells	83	42	19	589	6
KENT	***764***	***320***	***127***	***7,867***	***81***
Medway	117	44	12	1,388	14
KENT & MEDWAY	***881***	***364***	***139***	***9,255***	***95***

SOURCE: SPORT ENGLAND FACILITY DATABASE

SHADING INDICATES WHETHER SUPPLY IS ABOVE OR BELOW KENT & MEDWAY AVERAGE SUPPLY TO POPULATION RATIO.

FUTURE REQUIREMENTS TO MEET GROWTH

Kent & Medway
17,100 sqm
new flexible community space

Kent & Medway
13
new swimming pools

Kent & Medway
18
new sports halls

Kent & Medway
3
new indoor bowl centres

INFRASTRUCTURE COSTS

The following infrastructure requirements have been identified based on a combination of those actual planned projects according to the District Authorities and further AECOM analysis using Sport England and best practice standards.

£43,320,000
community facilities

£117,780,000
indoor sport facilities

The following costs and funding have been identified for Kent and Medway:

Cost = £161,100,000
Secured Funding = £3,530,000
Expected Funding = £33,940,000
Funding Gap = £123,630,000

OPEN SPACE AND RECREATION

Open Space & Recreation

Children's Play Space

CURRENT SITUATION

Kent has a wide range of open spaces, outdoor sports pitches, outdoor sports facilities and children's playgrounds. Outdoor sports and playspaces are owned and operated by a mixture of private sector, voluntary organisations and local authorities.

HEADLINES

- Shepway, Swale and Medway have the largest gaps in outdoor sports provision with the supply below the Kent + Medway average supply in 4 of the 5 categories.
- Ashford, Sevenoaks and Tonbridge and Malling have the highest levels of outdoor sport provision, with capacity above the Kent + Medway average in 4 of the 5 categories.
- There are several gaps in outdoor sports provision around future housing development sites, such as developments north of Dover and east of Herne Bay.
- The larger urban centres of Maidstone, Ashford, Canterbury, and northern parts of Dartford and Gravesham all have strong provision of existing outdoor recreational facilities.

Figure 4.12 Kent & Medway

Open Space and Recreation Facilities

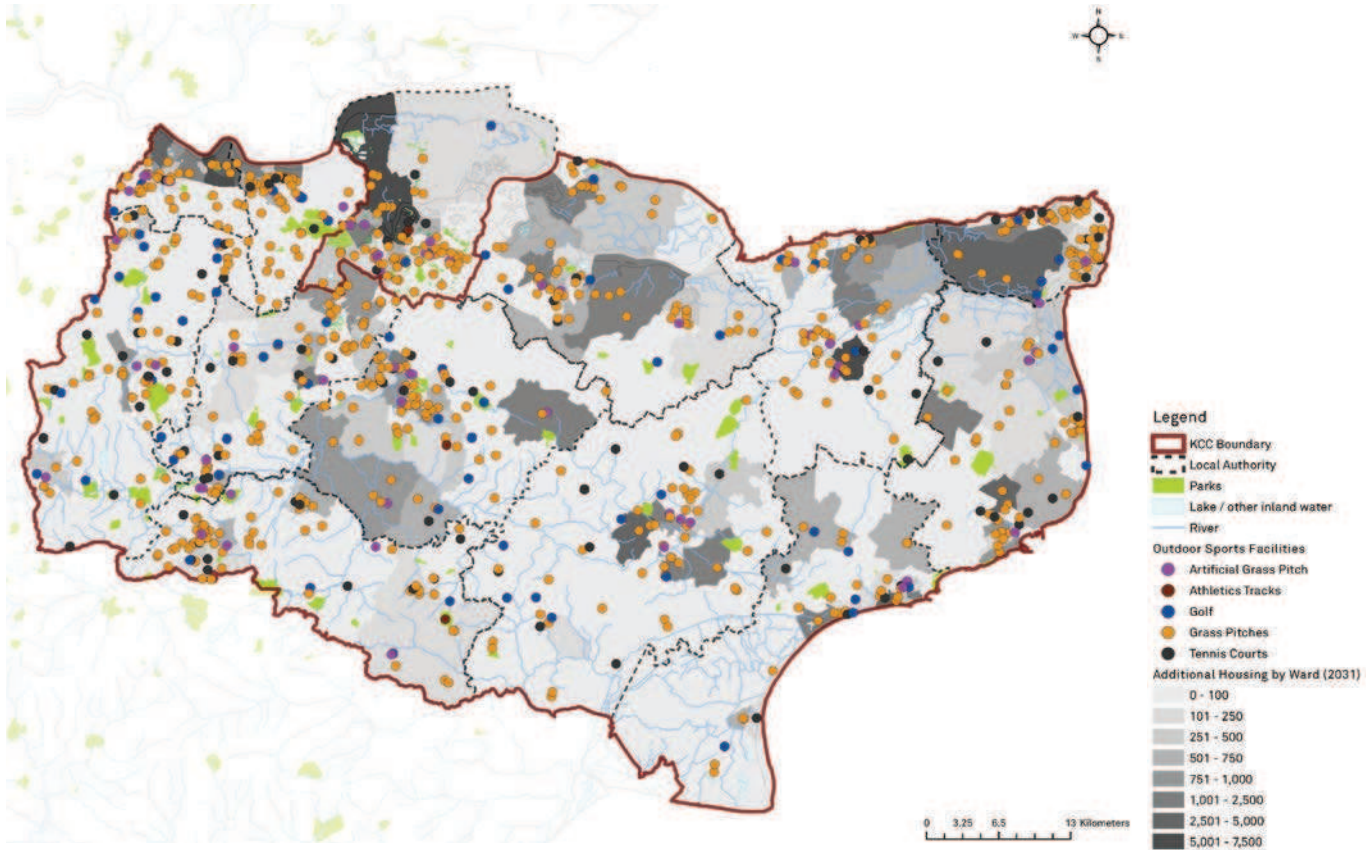


Table 4.11 Kent & Medway

Open space and recreation capacity

	GRASS PITCHES	ARTIFICIAL TURF PITCHES	TENNIS COURTS	ATHLETICS TRACKS	GOLF COURSES
Ashford	182	8	17	8	11
Canterbury	243	15	30	6	5
Dartford	118	19	8	6	5
Dover	186	8	42	7	7
Gravesham	165	9	18	0	6
Maidstone	208	13	22	16	11
Sevenoaks	217	12	49	6	26
Shepway	100	4	15	0	12
Swale	179	7	13	0	12
Thanet	163	13	31	8	10
Tonbridge & Malling	268	10	29	6	15
Tunbridge Wells	292	11	57	6	4
KENT TOTAL	***2,321***	***129***	***331***	***69***	***124***
Medway	220	26	19	14	6
KENT & MEDWAY TOTAL	***2,541***	***155***	***350***	***83***	***130***

SOURCE: NUMBER OF SITES ACCORDING TO SPORT ENGLAND FACILITY DATABASE

SHADING INDICATES WHETHER SUPPLY IS ABOVE OR BELOW KENT & MEDWAY AVERAGE SUPPLY TO POPULATION RATIO.

FUTURE REQUIREMENTS TO MEET GROWTH

Kent & Medway
8
Artificial Turf Pitches

Kent & Medway
315ha
Playing fields

Kent & Medway
42ha
Childrens Playspace

INFRASTRUCTURE COSTS

The follow infrastructure requirements have been identified based on AECOM analysis using Fields In Trust standards cost estimates have been applied using UK benchmarks.

Kent & Medway
£112,130,000
open Space and Recreation

Kent & Medway
£49,530,000
Childrens Playspace

The following costs and funding have been identified for open space, recreation and children's playspace for Kent and Medway:

Cost = £161,670,000
Secured Funding = £0
Expected Funding = £115,980,000
Funding Gap = £45,680,000

5.6 MAIDSTONE

16,200 new homes **(+25%)**

30,000 new people **(+19%)**

12,000 new jobs **(+16%)**

(2011 to 2031)

EXISTING CAPACITY ISSUES

- *Town centre gyratory congested*
- *M20 congested during peak periods*
- *A229 corridor and junctions with M2 and M20 congested*
- *Poor rail connectivity*
- *Primary schools overcapacity close to major sites (but authority-wide surplus)*
- *GP capacity surplus across authority*

Total Infrastructure Costs: **£371,540,000**

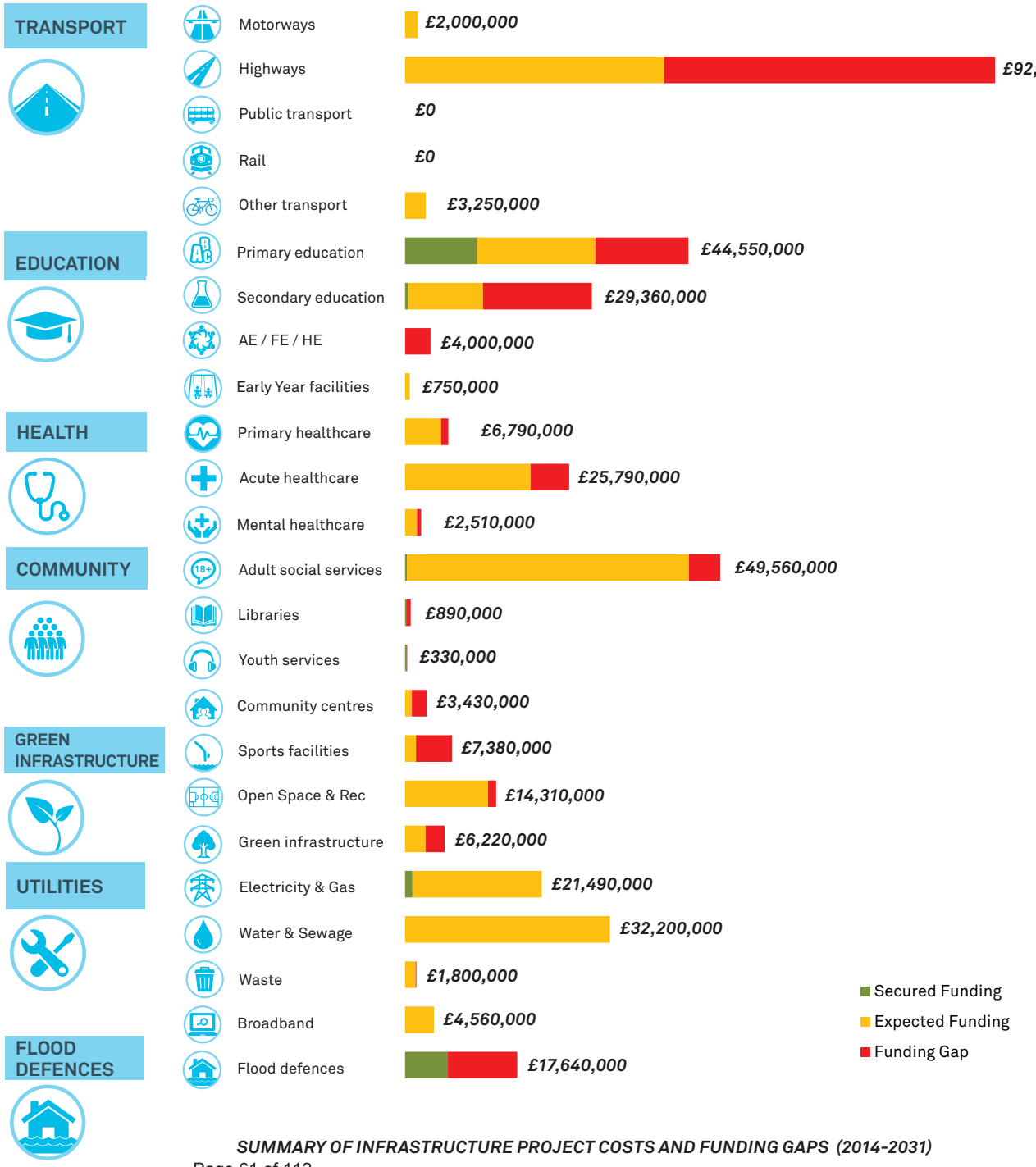
Total Secured Funding: **£20,570,000**

Total Expected Funding: **£226,480,000**

Total Funding Gap: **£124,480,000**

% of Infrastructure Funded: **66%**

(2014 to 2031)



SUMMARY OF INFRASTRUCTURE PROJECT COSTS AND FUNDING GAPS (2014-2031)

TRANSPORT - NORTH WEST

- 'Smart ' Motorway (managed) on M20 Jct 3 -5 to improve capacity

CAPACITY AT KEY EMPLOYMENT SITES

- Newnham Park (inc.Kent Medical Campus) - 115,000 sqm
- West of Wheelbarrow Industrial Estate - 15,000 sqm
- Maidstone East and Sorting Office - 10,000 sqm
- Eclipse Business Park - 6,000 sqm

COMMUNITY

- Enhancements to existing Library services
- Adaptation of existing community facilities to support wider client participation

MAJOR HOUSING DEVELOPMENT

- Lenham & Harrietsham - 1,500 units
- Invicta Park Barracks - 1,300 units
- Hermitage Lane - (East & West) - 830 units
- Langley Park - 600 units
- Springfield, Maidstone - 500 units

TRANSPORT - MAIDSTONE

- M20 Junction 7 Improvements
- Maidstone Integrated Transport Package
- Thameslink extension to Maidstone East 2018

TRANSPORT - SOUTHEAST OF MAIDSTONE

- South East Maidstone relief road to support major sites to southeast

EDUCATION

- New Primary Schools at Major development sites (Hermitage Lane, Langley Park
- Additional capacity required at several existing primary schools
- Expansion and New Secondary Schools to Support Growth Sites in long term

SUMMARY OF GROWTH + INFRASTRUCTURE ISSUES IN MAIDSTONE

Refer to universal key at start of Chapter

5.12 TONBRIDGE & MALLING

13,300 new homes **(+27%)**

28,200 new people **(+23%)**

7,700 new jobs **(+13%)**

(2011 to 2031)

EXISTING CAPACITY ISSUES

- *Capacity issues in north closely linked to Maidstone issues*
- *M20, A228 corridor, A20 corridor and A26 (Wateringbury) congestion*
- *Congestion within Tonbridge town centre*
- *Rail congestion through commuters outside Tonbridge and Malling accessing rail services at Tonbridge, and connecting to London Cannon St - resulting in overcrowding at Tonbridge*
- *GP capacity issues within Tonbridge urban area*
- *11% of developments have been identified as potentially unsuitable within Flood Zone 3 (highest of Kent authorities)*

Total Infrastructure Costs: **£244,470,000**

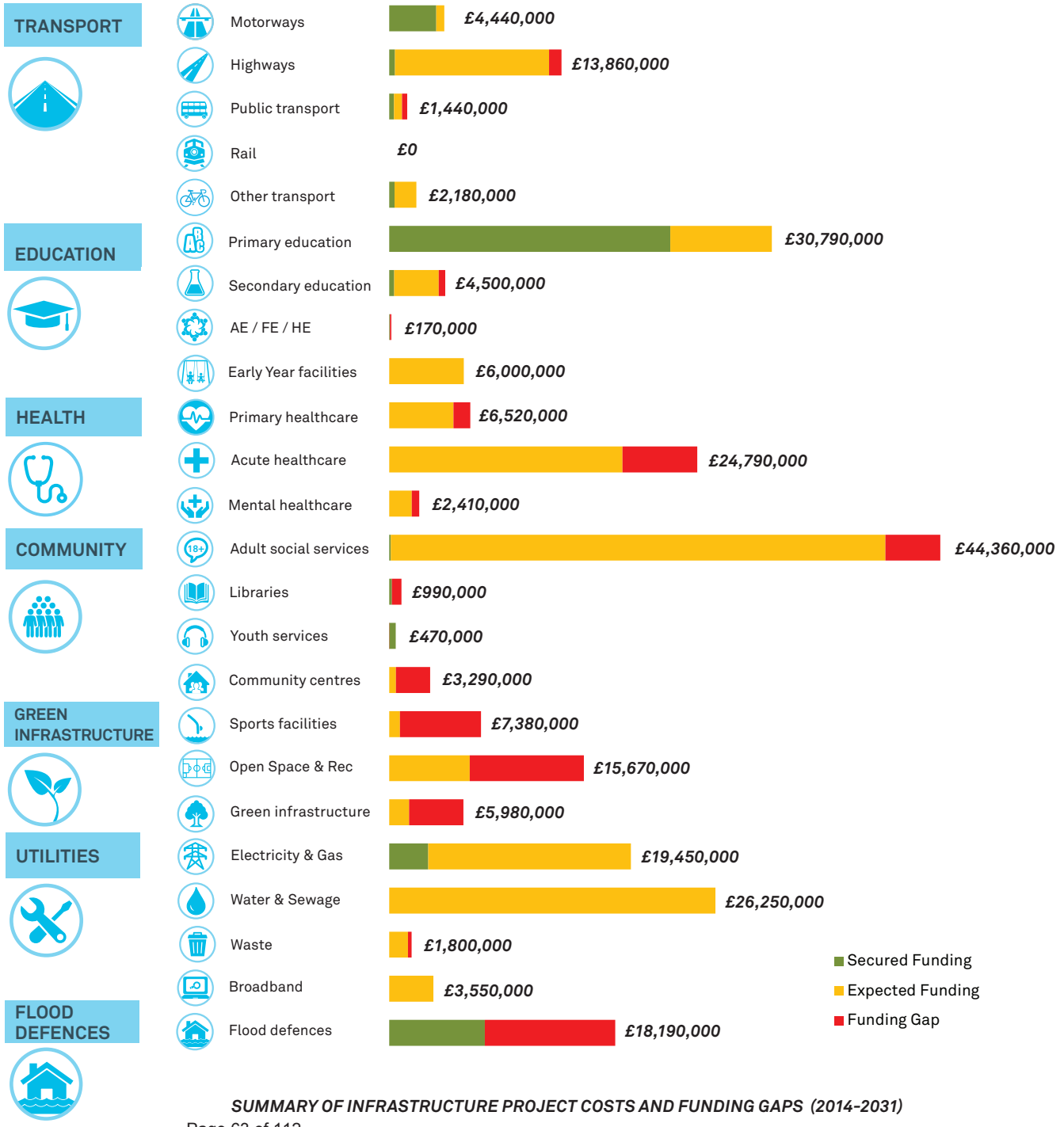
Total Secured Funding: **£39,854,000**

Total Expected Funding: **£155,860,000**

Total Funding Gap: **£48,770,000**

% of Infrastructure Funded: **80%**

(2014 to 2031)



SUMMARY OF INFRASTRUCTURE PROJECT COSTS AND FUNDING GAPS (2014-2031)

TRANSPORT

- New road crossing to deliver Peter's Pit site - A228 to Peter's Pit Bridge
- M20 Junction 4 widening of Eastern Bridge to improve capacity an facilitate major development sites.
- M20 Junction 3 to 5 merged motorway
- A20 Bus corridor improvements between major development sites

CAPACITY AT KEY EMPLOYMENT SITES

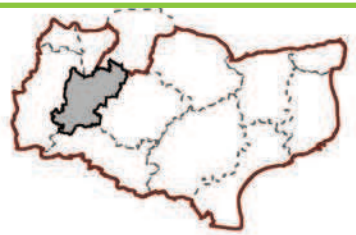
- Kings Hill - 55,000 sqm
- Former Mill Hall - 22,000 sqm
- South of Kings Hill Avenue - 20,000 sqm
- North Vantage Point - 17,000 sqm

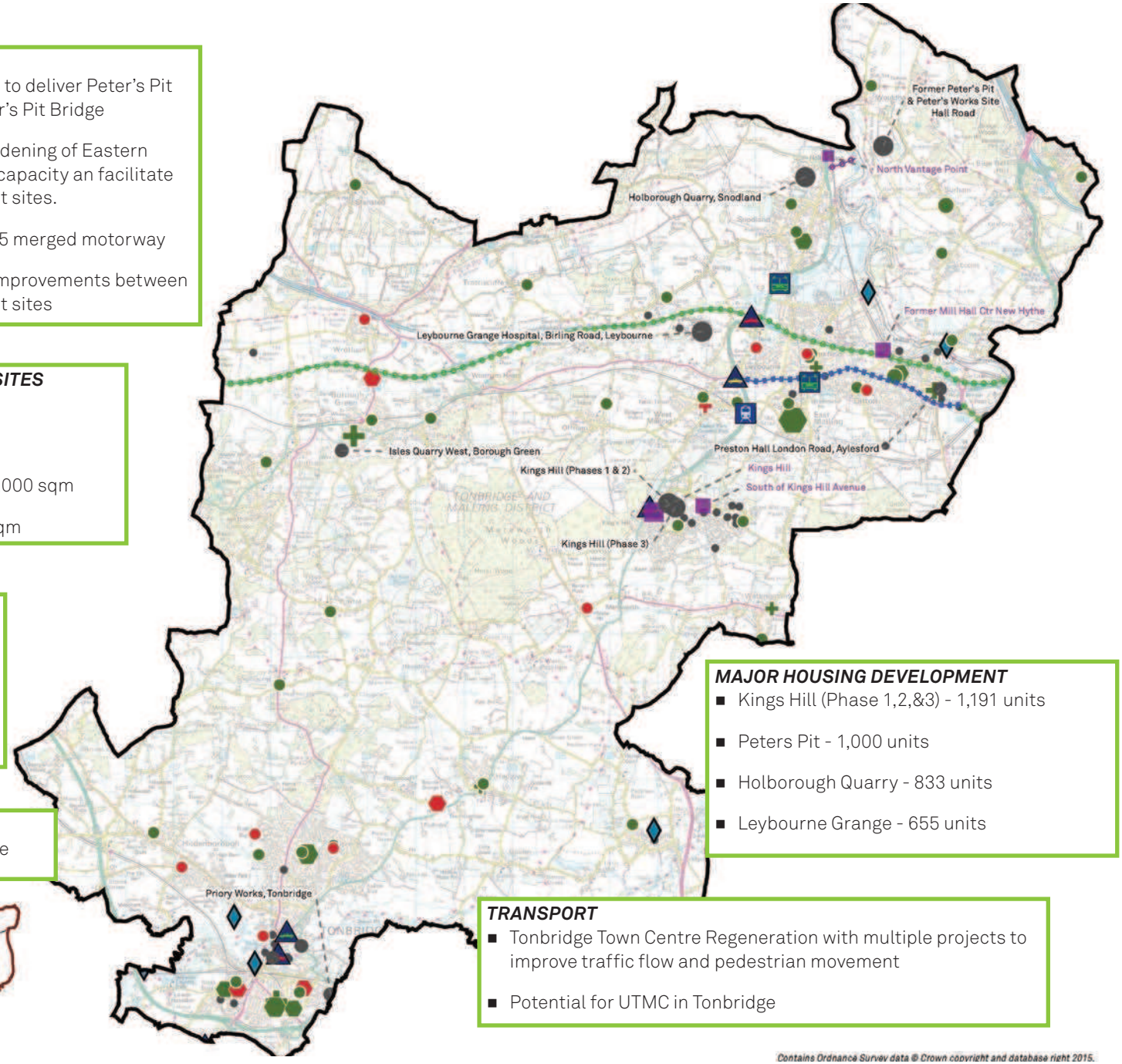
EDUCATION

- New Primary Schools at major sites - Kings Hill, Leybourne Grange, Peters Pit, Holborough Quarry.
- Need for additional primary provision in Tonbridge South

FLOOD DEFENCES

- Leigh and Lower Beult Flood Alleviation Scheme





MAJOR HOUSING DEVELOPMENT

- Kings Hill (Phase 1,2,&3) - 1,191 units
- Peters Pit - 1,000 units
- Holborough Quarry - 833 units
- Leybourne Grange - 655 units

TRANSPORT

- Tonbridge Town Centre Regeneration with multiple projects to improve traffic flow and pedestrian movement
- Potential for UTMC in Tonbridge

SUMMARY OF GROWTH + INFRASTRUCTURE ISSUES IN TONBRIDGE & MALLING

Refer to universal key at start of Chapter

4.3 HEALTH

PRIMARY CARE SERVICES

Kent & Medway	Kent & Medway	Kent & Medway	Kent & Medway
1040	**833**	**323**	**144**
GPs	dentists	community pharmacies	opticians

CURRENT SITUATION

The Health and Social Care Act 2012 has radically changed the way that primary care services are planned and organised. This has facilitated a move to clinical commissioning, a renewed focus on public health and allowing healthcare market competition for patients.

HEADLINES - GPS

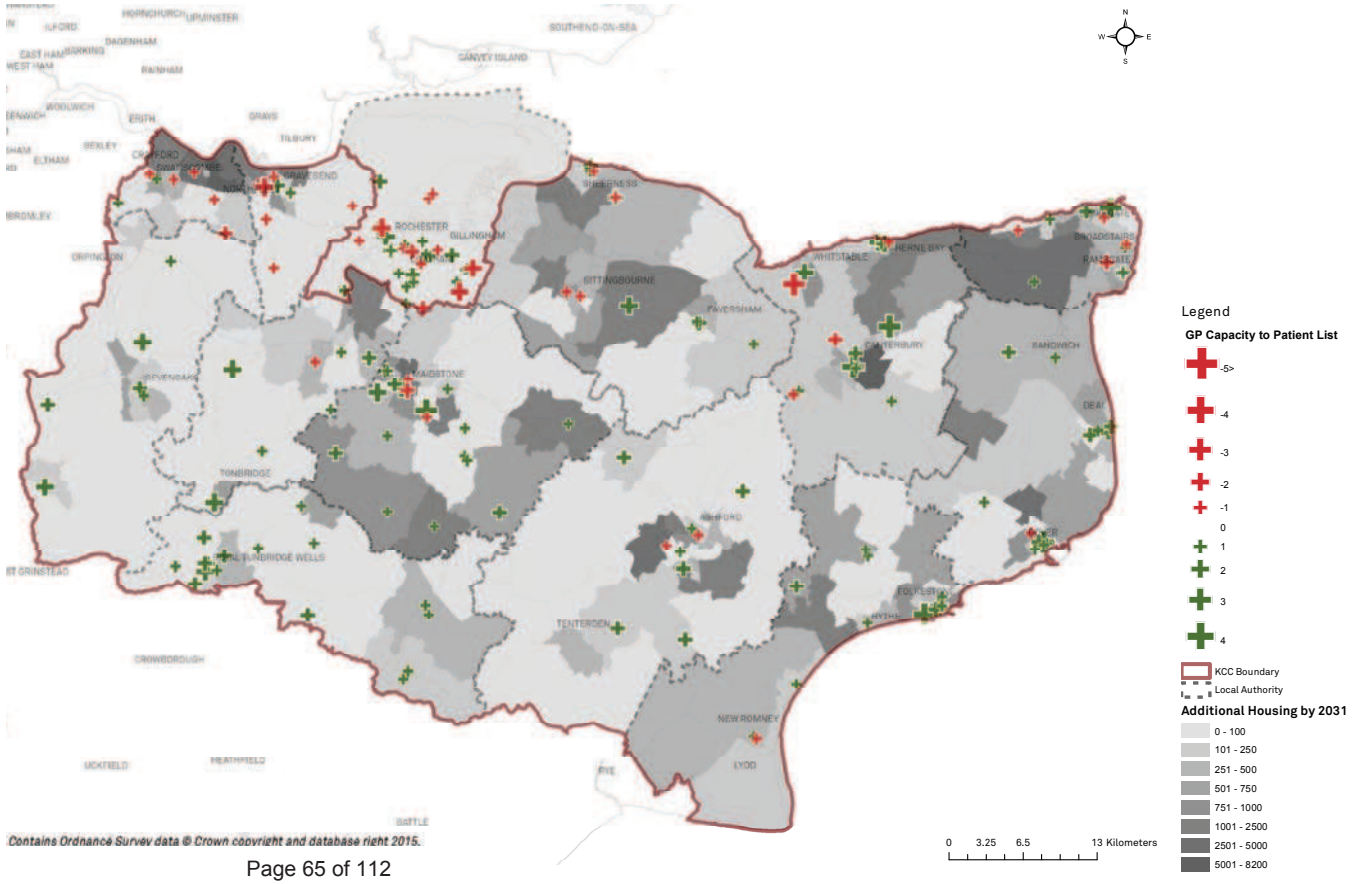
- Dover and Tunbridge Wells have the lowest average patient list sizes to number of GPs
- Average Patient list sizes are below the UK guidelines in Ashford, Canterbury, Maidstone, Sevenoaks, Shepway and Tonbridge & Malling
- Average Patient list sizes are above the UK guidelines in Dartford, Gravesham and Medway
- According to the mapping of provision and GP numbers there is a lack of capacity in proposed growth areas.

HEADLINES - DENTISTS

- The poorest provision in Kent is in Swale with 2,800 people per dentist. Dover also has limited capacity.
- Medway has most capacity at present with 1,680 people per dentist. Canterbury, Dartford, Shepway and Tunbridge Wells also have good provision.

Figure 4.6 Kent & Medway

Primary care capacity against housing growth areas



Primary Care Case Study: Estuary View Medical Centre

In Kent and Medway the picture of existing health services is unsustainable and will require a significant redesign and modernisation to move towards an integrated care strategy. This will place additional pressures on consolidation and refreshing existing healthcare infrastructure.

In recognition of this, there will be additional pressures to consolidate existing healthcare infrastructure. An integrated Health and Social Care model could look like the proposed vanguard development at Estuary View in Whitstable (See Case Study).

The costing for nursing and extra care housing provision is insufficient within Kent and Medway, creating difficulties to meet the adult social care requirement. If we were however to modernise our healthcare model to provide fit for purpose facilities along the lines of the integrated Estuary View model, the cost for Kent and Medway would be approximatly £500 million.

CASE STUDY: ESTUARY VIEW MEDICAL CENTRE, WHITSTABLE

INNOVATIVE ASSET MANAGEMENT FOR HEALTH AND SOCIAL CARE

Estuary View in Whitstable is a combined medical centre providing a precedent example of maximising investment in capital assets. Construction was completed in 2009 at an estimated cost of £4million providing 2,400 sq m of floorspace. It comprises the following co-located facilities:

- Long Term Conditions
- Community Elective Services
- Screening Services
- Day Surgery
- Therapists
- GPSI/Specialist Clinics
- Consultant-led outpatient clinics
- Diagnostics
- Urgent Care

The existing medical centre has already seen reduced costs to the NHS with a 2 year study highlighting £1.6million in savings verses standard NHS tariffs achieved through lower tariffs, use of GPs with a special interest, less outpatient follow-ups and A&E avoidance.

Estuary View is part of the Whitstable Medical Practice (WMP), a super partnership of 19 NHS GPs, serving 34,000 patients from 3 medical centres. WMP has expansion plans to develop the existing Estuary View Medical Centre into a **Community Integrated Health & Social Care Village**. These plans include wider services in addition to the medical centre such as:

- A new, linked community hospital
- Day-centre for care of the elderly, dementia, other patient groups.
- A co-located/linked teaching nursing home
- A co-located extra care facility.
- A co-located base for integrated community nursing and social care teams

It is estimated that the cost of delivering the integrated Health & Social Care Village would be between £20-30 million.

The community hub model also has the potential to deliver council services and complementary social infrastructure including an ambulance response base, dentists, opticians, pharmacies, crèche, library space, Citizens Advice Bureau and meeting rooms.

The “Delivering better health care for Kent” discussion document supports and encourages community integrated health and social care. KCC are considering how the lessons learned from Estuary View can be applied to the delivery of future health and social care facilities in Kent.

Reflecting on the population growth and associated requirements for health and social care facilities set out earlier in this report, the Hub approach provides an opportunity to deliver a proportion of that infrastructure with the cost savings associated with co-location and integrated services. Theoretically, the health and social care village hub is expected to serve a population of between 40 and 50,000 people. The additional 293,900 people forecast in Kent & Medway to 2031 would require the equivalent of 6 to 7 additional Health & Social Care Villages.

Table 4.5 Kent & Medway

Primary healthcare capacity & proposed infrastructure

	PROVISION OF GP PROVISION			PROVISION OF OTHER PRIMARY HEALTHCARE			REQUIREMENT TO SUPPORT POPULATION GROWTH	
	NUMBER OF GP	PATIENT LIST SIZE	PATIENTS PER GP	POPULATION PER DENTIST	POPULATION PER PHARMACY	POPULATION PER OPTICIAN	ADDITIONAL GP	ADDITIONAL DENTISTS
Ashford	71	121,960	1,718	2,191	6,572	11,352	13	11
Canterbury	99	177,896	1,797	1,805	4,964	8,824	15	12
Dartford	52	111,549	2,145	2,054	5,622	9,710	22	18
Dover	76	109,636	1,443	2,770	5,678	11,356	9	7
Gravesham	52	115,881	2,228	2,339	4,577	21,055	6	5
Maidstone	98	154,488	1,576	2,409	7,121	14,890	14	12
Sevenoaks	49	74,502	1,520	2,509	7,860	14,738	1	1
Shepway	72	113,334	1,574	2,083	4,415	11,038	7	6
Swale	77	142,655	1,853	2,822	5,039	14,110	9	8
Thanet	79	142,952	1,810	2,492	4,502	12,688	10	8
Tonbridge & Malling	77	129,642	1,684	2,425	7,005	11,463	14	11
Tunbridge Wells	82	118,694	1,447	1,849	7,279	8,959	4	3
KENT	***884***	***1,513,189***	***1,712***	***2,269***	***5,668***	***11,819***	***123***	***102***
Medway	156	313,143	2,007	1,683	5,019	18,067	23	19
KENT & MEDWAY	***1040***	***1,826,332***	***1,756***	***2,156***	***5,559***	***12,470***	***146***	***121***

SOURCE: PRIMARY HEALTHCARE CAPACITY AND PATIENT LIST SIZE ACCORDING TO NHS CHOICES 2014 DATA

SHADING OF PATIENT / GP PROVISION ACCORDING TO UK BENCHMARK OF 1800 PATIENTS TO 1 GP
SHADING OF OTHER PRIMARY CARE PROVISION ACCORDING TO HIGHER OR LOWER THAN KENT & MEDWAY AVERAGE

Healthcare Analysis Notes:

- Existing primary care baseline figures are based upon NHS Choices data which has limitations and does not represent a 100% accurate record of current provision.
- Future requirements and associated costs and funding assumptions for primary, acute and mental healthcare based upon benchmark modelling and has not been validated or agreed by the NHS.
- Analysis based on a continuation of current models of provision and does not take account of the emerging changes to service delivery set out in the NHS Five year forward view. See Chapter 6 for the potential impacts and savings from joining up health and social care provision.

FUTURE REQUIREMENTS TO MEET GROWTH

Table 4.5 sets out additional primary healthcare facility requirements across Kent and Medway to 2031, this is based on the application of best practise standards per patient list size with the following additional infrastructure required:

- 146 additional GPs and associated premises of 24,100 sq.m
- 121 additional dentists and associated premises of 6,000 sq.m

COSTS AND FUNDING

AECOM has estimated costs based upon a standard multiplier and benchmark costs. It identifies the following costs for Kent and Medway:

Cost = £71,680,000 *(£500,000,000*)*
Secured Funding = £4,000,000
Expected Funding = £56,400,000 *(£556,400,000*)*
Funding Gap = £11,290,000

****ALTERNATIVE SCENARIO COSTS/FUNDING TO MODERNISE EXISTING HEALTH AND SOCIAL CARE TO INTEGRATED MODEL BASED ON VANGUARD ESTUARY VIEW OPERATION***


ESTUARY VIEW MEDICAL CENTRE

HOSPITALS AND MENTAL HEALTH

Kent & Medway
3,115
NHS hospital beds

Kent & Medway
502
mental health hospital beds

CURRENT SITUATION

Kent and Medway include nine acute NHS trust hospitals, 12 community hospitals, one NHS independent sector hospital, nine private hospitals and seven A+E Departments. These are all commissioned by NHS England and the eight CCGs, except the private hospitals.

Mental health trusts provide community, inpatient and social care services for psychiatric and psychological illnesses.

HEADLINES - HOSPITALS

- West Kent has the most acute and hospital beds (30%), followed by East Kent (28%), North Kent (23%) and South Kent (18%)
- 96% of hospital and mental health beds were utilised in Kent and Medway according to 2014 data, compared to 90% in England and Wales
- Dartford, Gravesham, Medway and Canterbury are all near capacity in bed provision, despite facing significant housing growth.
- Higher capacity of beds appears to be available in Sevenoaks, Tunbridge Wells and around Faversham

Figure 4.7 Kent & Medway

Hospitals and Mental Health capacity against housing

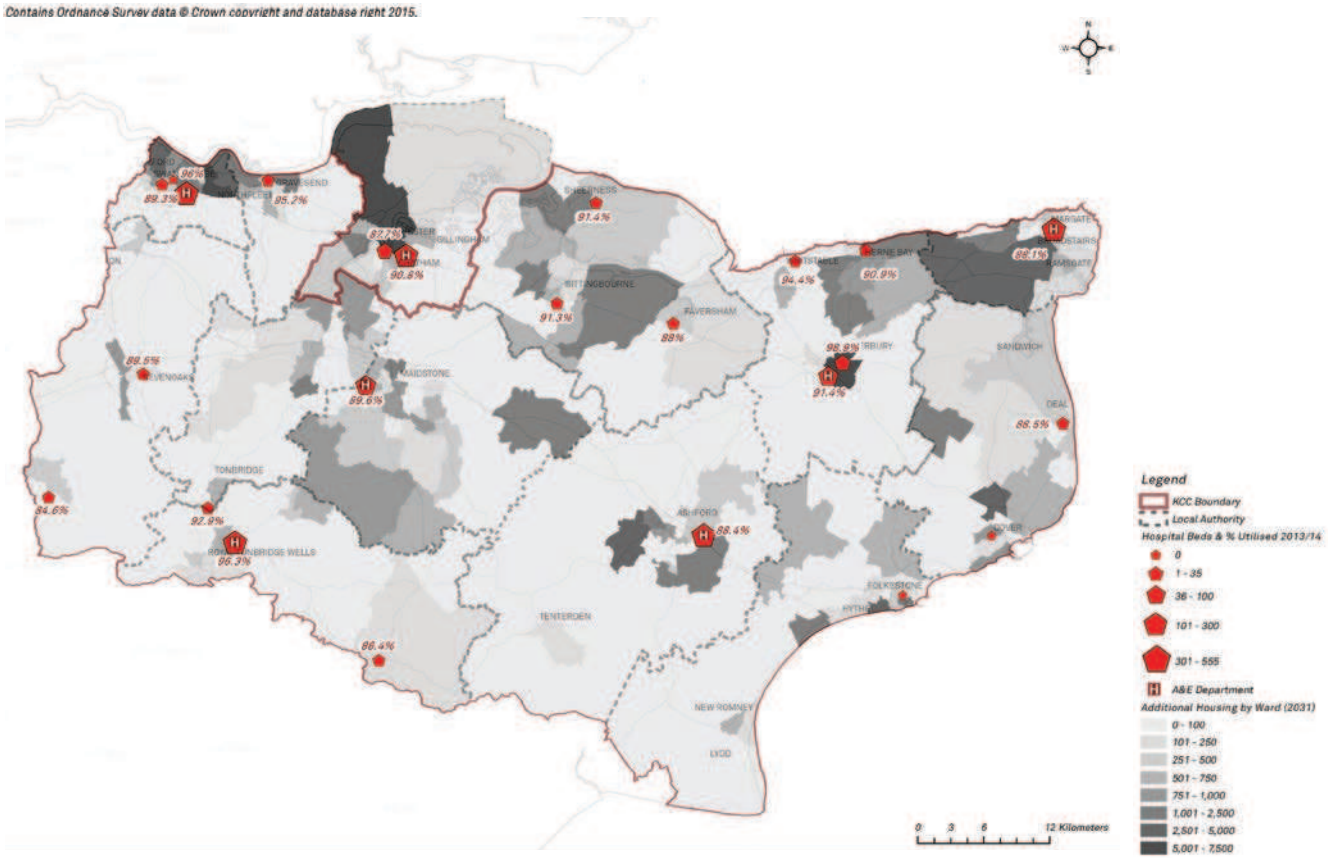


Table 4.6 Kent & Medway

Hospital capacity & proposed infrastructure

	EXISTING ACUTE NHS HOSPITALS		EXISTING COMMUNITY HOSPITALS		ADDITIONAL BEDS REQUIRED TO SUPPORT POPULATION GROWTH	
	BEDS (2014)	OCCUPIED OVERNIGHT (2014 SAMPLE)	BEDS (2014)	OCCUPIED OVERNIGHT (2014 SAMPLE)	HOSPITAL BEDS	MENTAL HEALTH BEDS
Ashford	432	88%	-	-	46	9
Canterbury	255	91%	40	93%	52	11
Dartford	503	96%	28	89%	77	16
Dover	-	-	26	88%	32	6
Gravesham	-	-	21	95%	21	4
Maidstone	289	90%	-	-	50	10
Sevenoaks	-	-	32	88%	3	1
Shepway	-	-	-	-	24	5
Swale	-	-	83	90%	32	7
Thanet	328	88%	-	-	35	7
Tonbridge & Malling	-	-	14	93%	48	10
Tunbridge Wells	431	96%	22	86%	13	3
KENT	***2,238***	***92%***	***266***	***90%***	***434***	***89***
Medway	554	91%	57	88%	81	17
KENT & MEDWAY	***2,792***	***92%***	***323***	***90%***	***515***	***106***

SOURCE: NHS ENGLAND DATA AND AECOM MODELLING (SEE TECHNICAL NOTE 5)

FUTURE REQUIREMENTS TO MEET GROWTH

Table 4.6 sets out forecast growth in terms of acute hospital and mental health beds to 2031. This is based upon application of current UK bed to person ratios to the forecast population growth. This highlights the following key issues:

- The forecast population growth could equate to 515 additional hospital beds across Kent and Medway, with a further 106 additional mental health beds

It is acknowledged that the health service is in the process of change and that future secondary care is more likely to be provided away from acute settings and within the community at local points of contact such as primary care and intermediate facilities. This will have major implications on local healthcare infrastructure.

COSTS AND FUNDING

AECOM has estimated costs based upon a standard multiplier and benchmark costs. It identifies the following combined costs for Acute and Mental Health beds for Kent and Medway:

Cost = £289,300,000
Secured Funding = £0
Expected Funding = £220,740,000
Funding Gap = £68,570,000

5.8 SEVENOAKS

3,600 new homes (+7%)

1,600 new people (+1%)

7,000 new jobs (+15%)

(2011 to 2031)

EXISTING CAPACITY ISSUES

- *M25/M26 junction has restricted movements resulting in inappropriate use of local roads*
- *M26 congested but no scheme currently verified*
- *Congestion in Sevenoaks town with a need for Urban Traffic Management Control (UTMC)*
- *Primary schools overcapacity around major sites (although authority-wide surplus)*
- *Water supply capacity linked to pressures on Thames Water supply from London growth*

Total Infrastructure Costs: **£190,610,000**

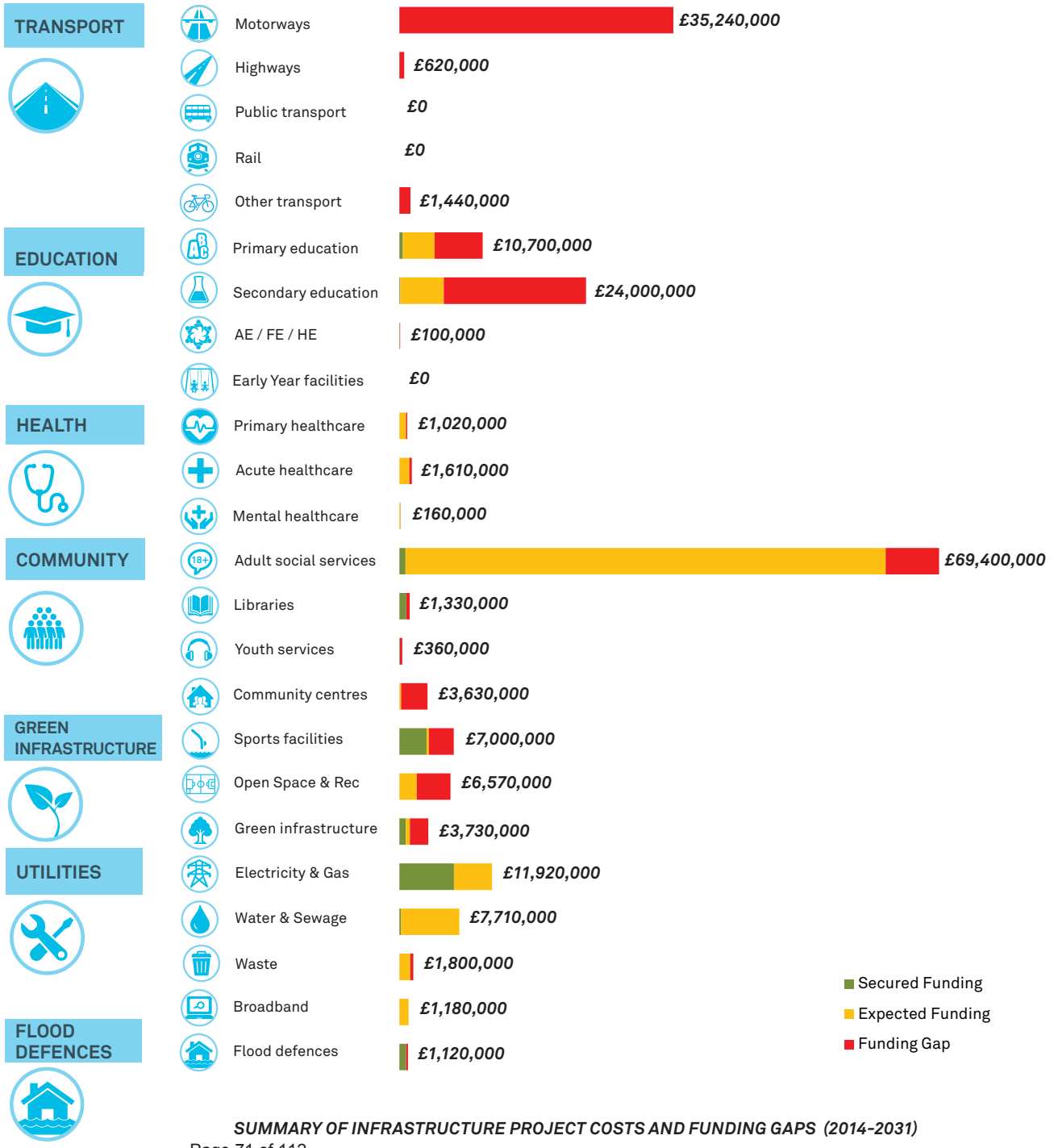
Total Secured Funding: **£14,730,000**

Total Expected Funding: **£91,990,000**

Total Funding Gap: **£83,890,000**

% of Infrastructure Funded: **56%**

(2014 to 2031)



SUMMARY OF INFRASTRUCTURE PROJECT COSTS AND FUNDING GAPS (2014-2031)

COMMUNITY

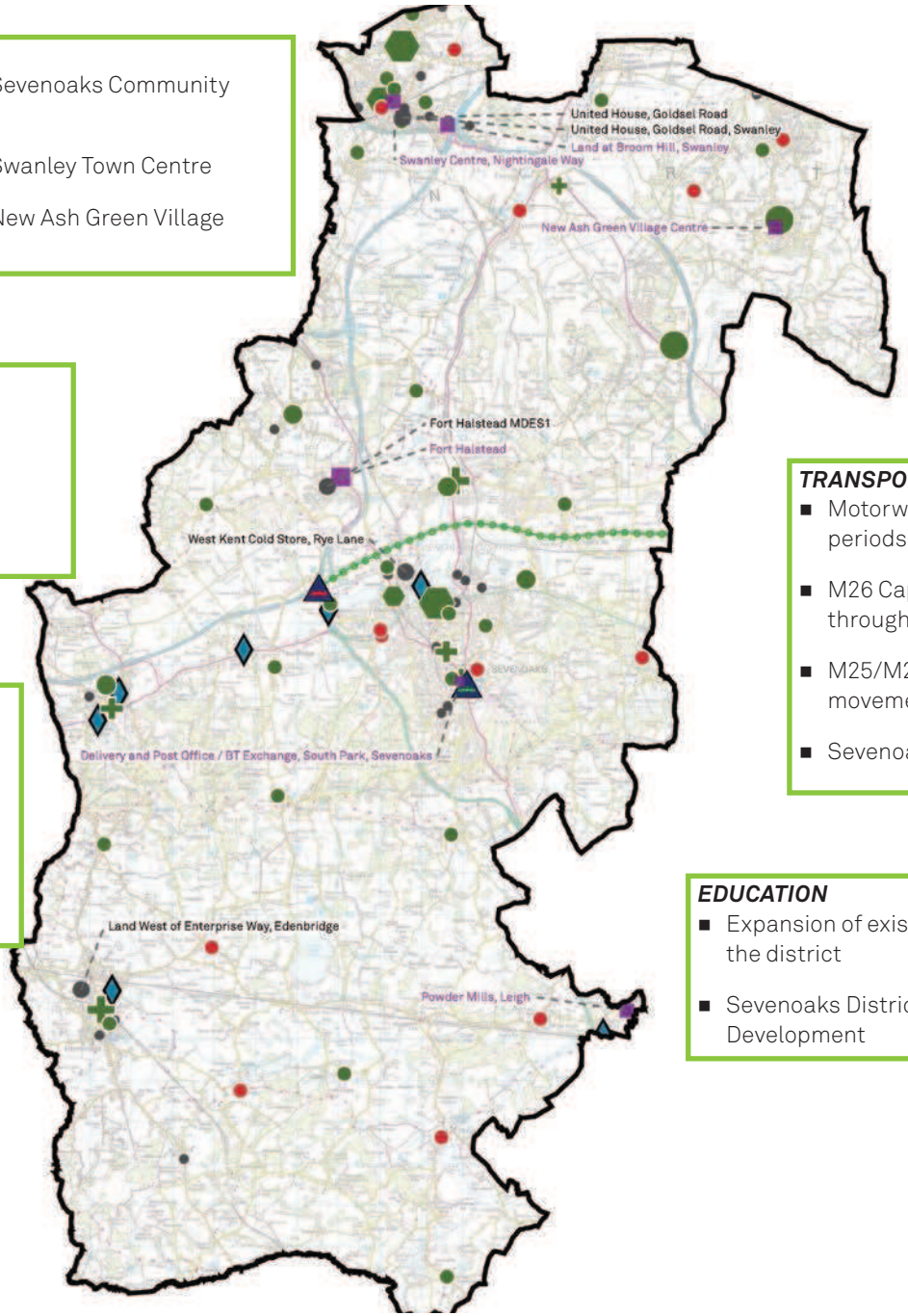
- Redevelopment of Sevenoaks Community Centre
- Redevelopment of Swanley Town Centre
- Redevelopment of New Ash Green Village Centre

CAPACITY AT KEY EMPLOYMENT SITES

- Fort Halstead - 24,000 sqm
- Broom Hill, Swanley - 12,000 sqm
- Swanley Town Centre - 10,500 sqm

MAJOR HOUSING DEVELOPMENT

- West Kent Cold Store, Dunton Green - 500 Units
- Fort Halstead - 450 Units
- Land west of Enterprise Way, Edenbridge - 276 Units
- United House, Swanley - 185 Units



TRANSPORT

- Motorway congestion on M25 and M26 at peak periods
- M26 Capacity Improvements required such as through use of 'Smart Motorway' system.
- M25/M26 East Facing slip roads to alleviate movement restrictions
- Sevenoaks UTMC & HGV monitoring

EDUCATION

- Expansion of existing primary schools across the district
- Sevenoaks District Secondary School Development

SUMMARY OF GROWTH + INFRASTRUCTURE ISSUES IN SEVENOAKS

Refer to universal key at start of Chapter

5.13 TUNBRIDGE WELLS

5,900 new homes (+12%)

5,600 new people (+5%)

9,900 new jobs (+18%)

(2011 to 2031)

EXISTING CAPACITY ISSUES

- *Congestion on A26 and A264 approaches into Royal Tunbridge Wells*
- *Restricted road access to North Farm Estate Key Employment Area*
- *Congestion on the A21 and the A228 at Colts Hill*
- *Localised capacity issues in primary schools, with future deficit in secondary schools expected from 2018/19*
- *Net GP and dentist capacity surplus across authority*
- *Flood Risk Issues at Paddock Wood*
- *Additional sports pitches, both grass and artificial, required*

Total Infrastructure Costs: **£244,070,000**

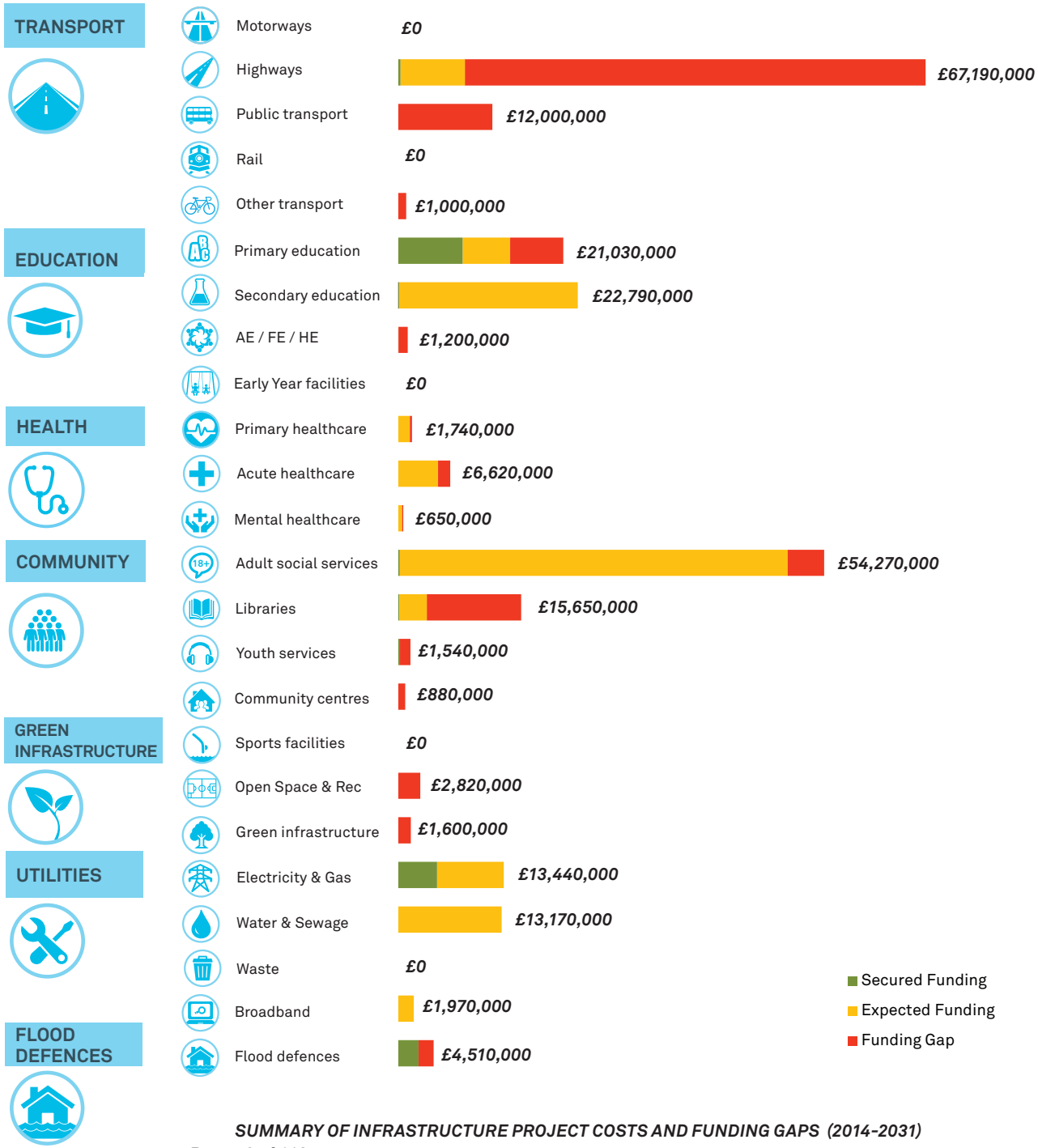
Total Secured Funding: **£16,750,000**

Total Expected Funding: **£120,580,000**

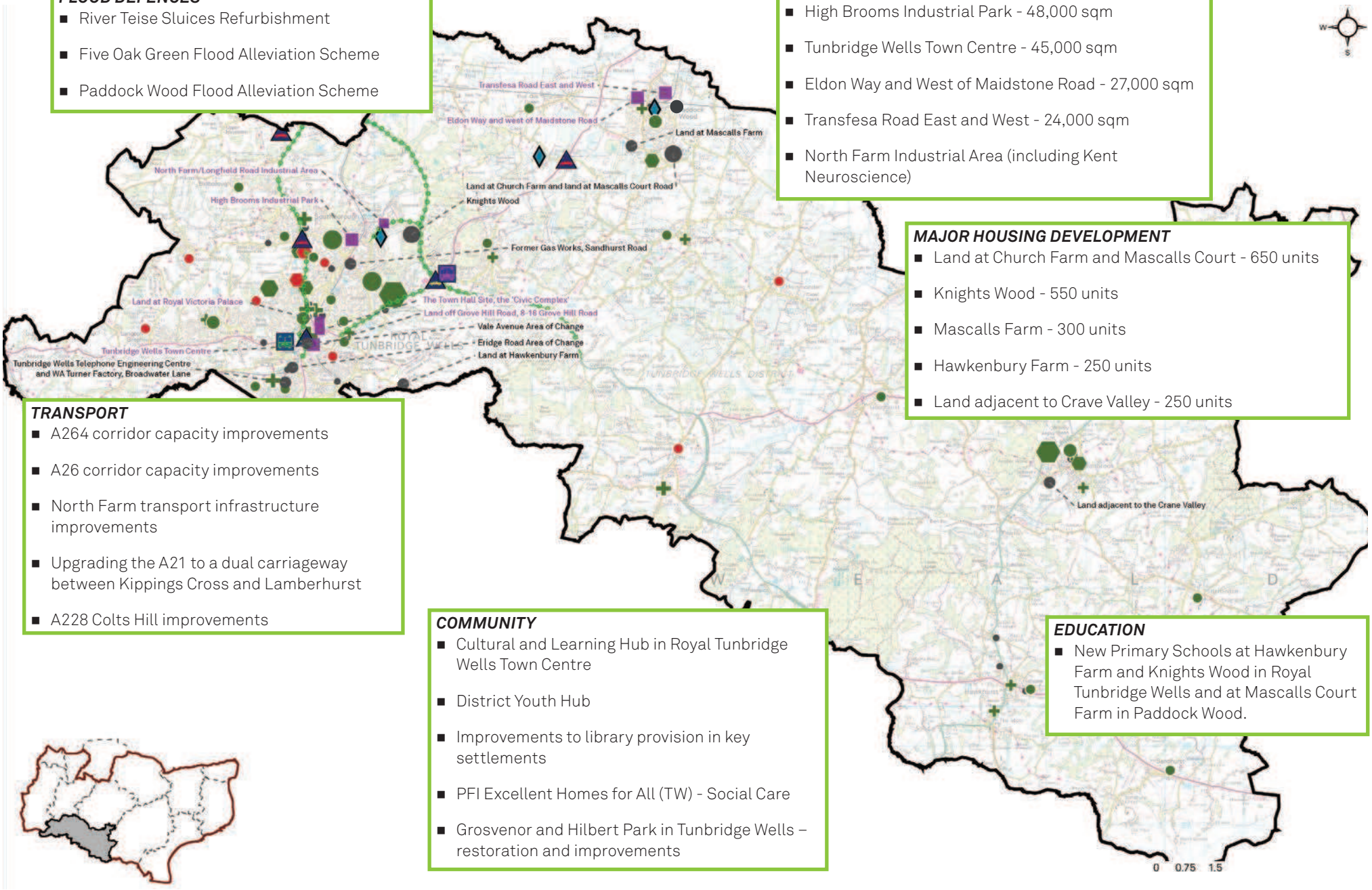
Total Funding Gap: **£106,740,000**

% of Infrastructure Funded: **56%**

(2014 to 2031)



SUMMARY OF INFRASTRUCTURE PROJECT COSTS AND FUNDING GAPS (2014-2031)



FLOOD DEFENCES

- River Teise Sluices Refurbishment
- Five Oak Green Flood Alleviation Scheme
- Paddock Wood Flood Alleviation Scheme

CAPACITY AT KEY EMPLOYMENT AREAS

- High Brooms Industrial Park - 48,000 sqm
- Tunbridge Wells Town Centre - 45,000 sqm
- Eldon Way and West of Maidstone Road - 27,000 sqm
- Transfesa Road East and West - 24,000 sqm
- North Farm Industrial Area (including Kent Neuroscience)

MAJOR HOUSING DEVELOPMENT

- Land at Church Farm and Mascalls Court - 650 units
- Knights Wood - 550 units
- Mascalls Farm - 300 units
- Hawkenbury Farm - 250 units
- Land adjacent to Crave Valley - 250 units

TRANSPORT

- A264 corridor capacity improvements
- A26 corridor capacity improvements
- North Farm transport infrastructure improvements
- Upgrading the A21 to a dual carriageway between Kippings Cross and Lamberhurst
- A228 Colts Hill improvements

COMMUNITY

- Cultural and Learning Hub in Royal Tunbridge Wells Town Centre
- District Youth Hub
- Improvements to library provision in key settlements
- PFI Excellent Homes for All (TW) - Social Care
- Grosvenor and Hilbert Park in Tunbridge Wells – restoration and improvements

EDUCATION

- New Primary Schools at Hawkenbury Farm and Knights Wood in Royal Tunbridge Wells and at Mascalls Court Farm in Paddock Wood.

SUMMARY OF GROWTH + INFRASTRUCTURE ISSUES IN TUNBRIDGE WELLS

Refer to universal key at start of Chapter

AGENDA ITEM 9

West Kent Health and Wellbeing Board

From: Jane Heeley Chief Environmental Health Officer Tonbridge & Malling Borough Council, Val Miller, Public Health Specialist KCC and Malti Varshney, Consultant in Public Health , KCC

Date: 17th April 2016

Subject: Second report - Addressing Obesity at population level in West Kent: developing a concept of 'Total Place'.

1. Summary

At the November Kent Health and Wellbeing Board it was resolved to make obesity its priority and review local action plans for addressing this issue and improving population outcomes for children and adults. It is intended that progress from Local Health and Well-being Boards be reviewed at the May meeting of this Board. As a consequence a comprehensive review, including a detailed mapping exercise has been carried out by the West Kent Health and Well-being Board's Healthy Weight Task and Finish Group, supported by a wider group of colleagues, resulting in the review of the Board's Strategic Action Plan for Healthy Weight.

In addition this report describes the various local campaign activities that have supported Public Health (England's) Sugar Smart Campaign and provides details of the Whole Systems Approach to Obesity research project.

2. Strategic Healthy Weight Action Plan and Mapping Exercise

2.1 Following the resolution by the Kent Health and Well-being Board to make obesity its priority it was agreed at the February meeting of this Board to prepare our review in time for the April meeting of this Board, in advance of the Kent Health and Well-being Board's county wide review of this issue. We already have in place our Strategic Action Plan, which describes the steps this Board to develop a "Total Place" approach to addressing excess weight and it was considered opportune to re-0visit our current approach by carrying out a detailed examination of services and support for those who are obese or overweight, suffering from weight related health conditions or simply aiming to maintain a healthy weight by being physically active and eating healthily. The review has involved consultation with all partners involved in this agenda and as a result of this a detailed mapping template has been

completed (Appendix 1), which looked across four themes in detail; considered what current provision there is, which partners are involved in the delivery of those services, how they are funded and additional effort that has the potential to make a significant difference to the outcomes of the work being done. The themes are:

- Theme 1 – Environmental and Social Causes of unhealthy weight;
- Theme 2 – Give every child the best start in life and into adulthood;
- Theme 3 – Develop a confident workforce skilled in promoting healthy weight; and
- Theme 4 – Provide support to people who want to lose weight.

2.2 The development of workforce skills to provide brief interventions and implement 'making every contact count' has already been identified through our original action plan as being an area requiring focus and improvement, with all partners. Through the mapping exercise it was hugely evident that this is an area that not only needs attention, but is actually an area of significant concern. Members will see from the completed template that there is very little activity to report against this Theme.

2.3 Other significant findings were:

- a number of areas where the principles of Total Place could be applied, for example collaboration between partners from Early Help, Children's Centres, Health Visitors and Family Nurse Partnership with District and Borough Health Improvement Teams which could positively impact on the extent to which public education is provided, across all age ranges;
- there would be benefit in considering how the Kent Healthy Business Award can increase its contribution to employees in achieving and maintaining healthy weight;
- there are a number of aspects in the template that identified issues pertinent to the wider determinants of health and the contribution of colleagues from a diverse range of professional groups, such as Fire and Rescue and District and Borough Housing Teams. It is felt that there is benefit in developing their specific role in this agenda, but it will need to be considered in a realistic and practical way.
- it is positive to note that on-going discussions are taking place about developing workable referral pathways between GP's and Districts and Boroughs; and
- finally, it is important to identify that there is strong engagement between District and Borough Health Improvement Teams and schools, in relation to this agenda. The links with Health Improvement Teams, Teaching staff, School Nurses are well developed.

2.4 Where significant gaps in provision have been identified these have been incorporated into our updated Strategic Action Plan (Appendix 2). The aim is to

further develop this Plan, in time to include outcome data, which the Task and Finish Group recognise is not currently included.

2.5 In considering engagement with our wider communities the Task and Finish Group would like to propose that both Health Watch and Patient Participation Group representatives become Champions for this agenda, in a sign-posting and peer support role. Training could be provided to these agencies by District and Borough Health Improvement Teams.

2.6 In carrying out this review the Task and Finish Group kept in mind the principles of Total Place and in particular attempted to identify areas where closer partnership working will deliver not only improved services but improved levels of customer engagement and enhanced experience, leading to improved health outcomes.

3. Campaigns

3.1 Raising public awareness through campaigns can be an important aspect of bringing change. At the February meeting of this Board details of Public Health (England's) Change for Life Sugar Smart Campaign was reported, along with information about the extension campaign being delivered in 12 schools across West Kent, located in areas identified through ward level data that indicated a high proportion of overweight children.

3.2 Whilst there was a delay in partners receiving the Sugar Smart packs Health Improvement and Media Teams in the four Districts and Boroughs, KCC and the CCG have helped promote the campaign through a variety of interventions, outlined in Appendix 3. The reach of the campaign has been further extended by providing promotional materials in GP surgeries.

3.3 Work on the campaign has strengthened working relationships between Media Teams and the Task and Finish Group would like to propose to the Board that this success is built on by the Task and Finish Group identifying an on-going programme of campaigns associated with healthy weight and promoting these with the assistance of these colleagues.

4. Whole Systems Approach to Tackle Obesity

4.1 The contributors to this report thought that Board members would like to be made aware that the Task and Finish Group have signed up to the Community of Interest for this research project recently commissioned by PHE, Local Government Association and the Association of Directors of Public Health. This is a three year programme exploring with local authorities and other partners what a whole systems approach to tackling obesity might look like on the ground. The goal is to produce a draft road map by the autumn of this year and publish it in final form by September 2018.

4.2 Four pilot areas in England have been identified that represent not only a range of models of local government, but also a range of demographics and local issues such

as large urban areas, high BME populations, aging populations, inequalities and deprivation.

4.3 It is felt that the WKHWB and partners can not only contribute to this research, but are likely to benefit from the findings of the pilot study, particularly around engaging heard to reach communities. Further updates will be provided as this develops.

4.4 Also important to note in the context of this work is the NHS (England) Business Plan for 2016/17, which makes two specific commitments around Obesity and Diabetes Prevention:

- *By April 2016 we will have the first contracts in place locally for the delivery of diabetes prevention services.*
- *By March 2017 we will have made available to at least a further 10,000 people at high risk of developing Type 2 diabetes support to help modify their diet, control their weight and become more physically active through the prevention programme.*

5. Recommendations

5.1 Approve the revised Strategic Action Plan for Healthy Weight and agree to its presentation to the Kent Health and Well-being Board.

5.2 That KCC and CCG will produce integrated commissioning plans that clearly identify how excess weight is addressed in a systematic way, including tiers 1 to 4 and across all age ranges. Preventative services and evaluation methods should be included as core components of these plans. 5.3 Principle partners are brought together to review how Theme 3 – Developing a confident workforce, skilled in promoting Healthy Weight, in the mapping template can be addressed. If this is found to be a Kent wide situation, it is recommended that the Kent Health and Well-being Board requests a county wide review.

5.4 Health Watch and PPG representatives are invited to become champions for this agenda.

5.5 The Task and Finish Group identify a programme of campaigns associated with healthy weight and promotes these through partners with the assistance of Media and Communications colleagues.

Contributors: Yvonne Wilson, Val Miller, Heidi Ward

MappingTemplate: Theme 1 Environmental and social causes of unhealthy weight (ES)

PRIORITY	ACTION	CURRENT SERVICES AVAILABLE	PARTNERS	TIMESCALE	FUNDING	ADDITIONAL EFFORT
88 Improve food standards in all settings (ES1)	ES1.1 Provide public education including knowledge and skills across all age ranges	School based healthy eating workshops	Kent Community Health Foundation Trust (KCHFT) /Sevenoaks District Council (SDC), TMBC	March 2016	KCC	All Local Children's Partnership Groups. Health Action Teams The above could work in partnership with the Borough Food Safety Teams. Early Help could focus on the targeted work with the families they may be supporting (it's likely they would be the 'hard to engage' population groups least amenable/motivated to change/self-help). Children's Centres/staff could do a linked set of promotional work in the Centres (highlighting Food Safety Week).. Health Visitors/ Health Visiting Team and Family Nurse Partnership staff could assist with awareness raising and sign posting as part and parcel of the routine services offered to children and families at home visits and Clinic Attendances All the above can sign post clients to the various events/resources. Communications: Across West Kent we could consider having a standard set of display materials in a range of venues including hospitals/Primary Care settings/ Children's Centres and a similar
		School Based Community Chef Projects	SDC	Until April 2016	Community Chef in evaluation phase, funding ceases March 2016 KCC	
		Promotional events by Food Safety Teams (Food Safety Week) promote food hygiene awareness to the public. Dietary info could be added in future	Districts and Borough's Food Safety Teams	On-going	Districts and Boroughs	

						approach to the Sugar Smart co-ordinated messages.
	ES1.2 Increase access to nutritious and tasty food	Healthy Eating Award scheme for local catering businesses This is a strand of the Healthy Business Awards Health Trainers	TMBC Food Safety Team Districts and Boroughs Supported by Food Safety EHOs and health teams (nutritionist) KCHFT	On-going, but depleted resources have resulted in reduced activity	KCC Public Health	Districts and Boroughs to explore whether there are alternative ways of delivering the Healthy Eating Award. Districts and Boroughs to work in association with Health Trainers, to develop referral programmes onto Healthy Weight programmes.
		Adult weight management Family weight management Health Trainers	Districts and Boroughs TMBC/TW – LEAP group and 1:1 work SDC – Fun. Fit and Active and 1:1 work KCHFT	On-going	KCC Public Health	Districts and Boroughs to work in association with Health Trainers, to develop referral programmes onto Healthy Weight programmes.
	ES1.3 Provide training for front-line staff and identify champions	Community Chef Volunteer Programme	SDC/Kent Response Training	Quarterly reports		Theme 3 comments
	ES1.4 Implement sugar reduction campaign/C4L	Press releases, community events, advertised through council projects, extension of Sugar	All - Extension of Sugar Smart targeting schools and	To coincide with the timings of national campaigns	KCC Public Health	Task and Finish Group to identify a programme of campaigns and promote those through partners and to the Board.

		Smart campaign	primary care			
Increase levels of physical activity in all settings (ES2)	ES2.1 Increase usage of leisure, sport and recreational facilities	Council run projects leisure and outdoor facilities, community engagement Health trainers	District, Borough and KCC, with leisure providers KCHFT	On-going	Districts and Boroughs and KCC	KCC, Districts and Boroughs to ensure that Leisure Teams and associated partners are fully engaged in the Health Improvement Agenda. That events and opportunities for physical activity are promoted to the wider community.
	ES2.2 Increase use of the natural environment including parks, public rights of way and natural open spaces	Active Outdoors programme encouraging people to use outdoor gym equipment Delivery of Summer Activity Programmes promoting physical activity in parks and open spaces Park Runs Community clean ups and gardening which promote physical activity through volunteering Health Walks	Districts and Boroughs – Leisure Services Districts and Boroughs – Waste and Street Scene Services District and Boroughs Health Improvement	All on-going work	Districts and Boroughs Districts and Boroughs and KCC	

		Health Trainers	Teams KCHFT		Public Health	
	ES2.3 Implement Kent Active Travel Strategy	At draft stage – action plan awaited	KCC lead with District, Borough and other partners			
	ES2.4 Identify and mentor people who are inactive	Adults activity levels assessed as part of healthy weight programmes, NHS Health Checks Health Trainers	District, Borough and County Councils, with sub-contracted providers, KCHFT, CCG	On-going	KCC	All partners to be able to deliver messages around healthy lifestyles and make referrals to opportunities for physical activity. Theme 3 comments
Reduce social isolation (ES3)	ES3.1 Local authorities should work with partners and communities to create safer homes and environments	For example: CSP Strategic Action Plans KFRS – Safe and Well PSH Teams – DFG's; Home Improvement Assistance and Warm Homes Health Trainers work with CRI, JCP, Men's Sheds and various other local community groups	KCC wardens, Kent Fire and Rescue vulnerable unit, PCSO, District and Borough Private Sector Housing Teams KCHFT	On-going	KCC and Districts and Boroughs	**Note:** **These aspects, like a number of others are universal in application and although not specific to healthy weight they are important considerations when looking at health inequalities and the wider determinants of health.**
	ES3.2 Local authorities should	Dementia forums creating dementia	TMBC, TW, MBC	On-going	Source of	

	work with partners and communities to develop Healthy Towns.	friendly communities Local for a e.g. Tonbridge Town Team Regeneration Projects Local Strategic Partnerships	SDC,KCC, town and parish councils, local communities, education, private sector, clergy		funding to be identified	
Create healthier environments (ES4)	ES4.1 Undertake health impact assessments on major new builds	Planning liaison and co-ordination with internal, KCC and CCG colleagues. Explore potential for CIL and s106 agreements.	Districts and Boroughs – Planning Services	On-going	Developer contributions	Districts and Boroughs to develop communications with relevant colleagues. Engagement of CCG and KCC in local plan development.
	ES4.2 Use planning and licensing powers to create healthier environments	Planning comments as above. Alcohol Strategy Licensing initiatives Work with Taxi drivers .	Districts and Boroughs – Planning Services Licensing/ CSP's	On-going	Districts and Boroughs	
	ES4.3 Reduce adult absenteeism caused by unhealthy weight	Healthy Business Award Adult Weight Management Programmes, Active Travel Strategy Implement "Healthy Workplace" initiative in	Districts and Boroughs	KCC Public Health CCG	On-going March 2017	KCC to review how the Kent Healthy Business Award is funded and delivered. Review targets and involve the business community in its promotion. KCC to promote the ATS to business community.

		CCG Health Trainers deliver Health Checks and MOTs for local businesses.	 KCHFT	 KCC Public Health		Explore opportunities for collaborative working between Health Trainers and Districts and Boroughs

Mapping Template: Theme 2 Give every child the best start in life and into adulthood (BS)

PRIORITY	ACTION	OUTCOME	PARTNERS	TIMESCALE	FUNDING	ADDITIONAL EFFORT
Pregnancy and the first year of life (BS.1)	BS1.1 Increase the number of women who achieve/maintain a healthy weight prior to and throughout pregnancy	Adult weight management programmes Numbers attending will be enhanced by GP/other health professional referral pathways. Tier 3 specialist services Health Trainers	KCC/BC/DC and commissioned partners e.g. Leisure Trusts CCG KCHFT	On-going	KCC Public Health CCG KCC Public Health	KCC, CCG, Districts and Boroughs to develop referral pathways for all healthy weight issues.
	BS1.2 Provide specialist support for all women with a BMI of 30 and above	NHS Trust pathway supports women with a BMI ≥35 How?? Health Checks provide referrals back to GP and link in with Health Trainers	NHS Trust CCG KCHFT	On-going	CCG	

	BS1.3 Increase the number of eligible women who apply for Healthy Start	Increase to at least England average (75%) numbers of applications. Increase the uptake by women and children of Healthy Start vitamins now in Children's Centres	KCC, NHS Trusts, KCHFT, Districts and Boroughs	Campaign March 2016	DH KCC Public Health	P KCC, NHS Trusts, KCHFT, Districts and Boroughs to promote Healthy Start. Identify numbers across West Kent applying for Healthy start and look at where take up can be improved.
	BS1.4 Increase breastfeeding initiation rates in all maternity services	NHS Trust achieve Baby Friendly accreditation Neo-natal accreditation Increase the number of available maternity peer supporters	NHS Trust, CCG, PS Breastfeeding – provider of Community Breast feeding services See: http://www.kentbabymatters.org/	BFI stage 3 assessment Spring 2016	CCG, KCC Public Health KCC Public Health	
	BS1.5 Set a baseline and a local target for breastfeeding at 6-8 weeks.	Achieve full Baby Friendly initiative accreditation in Children's Centres	KCC Health Visiting Service Children's Centres	Stage 2 accreditation by October	KCC Public Health	Identify baseline prevalence so target for 2% pa improvement can be set.

	Improve prevalence rates by 2% pa					
	BS1.6 All health visitors to provide education on weaning	Awaiting information from HV Service	KCHFT		KCC	
	BS1.7 Increase our workforce expertise and confidence in discussing the risks of obesity to mother and unborn child.	Training campaign for relevant health professionals in making every contact count				**See comments for Theme 3**
Early Years and Pre school (BS.2)	BS2.1 Ensure consistent, messages in line with guidelines are provided by all those working with this age group	C4L messaging in all settings	KCC and CCG		KCC Public Health	See comments for Theme 3
Early Years and Pre school (BS.2)	BS2.2 Commission a variety of training opportunities for practitioners around healthy lifestyles	Level 1 online training available on - Motivational Interviewing - Stop Smoking - Domestic Abuse - Brief Advice on Alcohol	KCC Health Visitors	On-going	KCC	Healthy weight is not included in this training – KCC to develop a Level 1 module for this topic.
	BS2.3 Develop and implement policies that cover healthy	JSNA Mind the Gaps Mappping the Future				

	choices in play, learning and in snack and meal provision	Self-care strategy Food Policy – Early Help				
	BS2.4 Health visitors to provide advice and support about healthy weight when children are measured at 2½ yrs	HV's to achieve 95% target on measurement and guidance at this stage - aim that Year R outcomes are improved.	KCC Health Visitors			Identify the rates of giving advice and support to parents and carers post measurement.
	BS2.5 Promote the UK Physical Activity guidelines for Under 5's and ensure physical activity is embedded in all early years settings	School Health Team provide universal and targeted support to schools. Supported by NCMP partnership groups.	KCHFT lead, TMBC,TW,MBC, SDC, KCC Growth, Environment and Transport Team and Early Help		KCC Public Health	
	BS3.1 Deliver a whole-family and whole-school approach to promote healthy eating and physical activity	School Health Team provide universal and targeted support to schools. Supported by NCMP partnership groups. free 10 week family weight management course for children under 16 Coordinator and part time nutritionist delivering work in targeted school and engaging families in	KCHFT lead, Districts and Boroughs, KCC Growth, Environment and Transport Team and Early Help Districts and Boroughs Districts and	September 2016	KCC Public Health	

		healthy weight programme. School Based Family Healthy Lifestyles After School Programme	Boroughs			
Young Children (Key stage 1&2) (BS.3)	BS3.2 Provide targeted support to schools which have the most children of unhealthy weight	School nurses are proactively contacting parents in schools, where ward level data has indicated a high prevalence of overweight or obese children.	Districts and Boroughs, School nurses, NCMP locality Groups			Districts and Boroughs to explore with school teams the potential for the delivery of school based programmes. (Note is this area likely to be removed from District/ Borough activity?)
Young Children (Key stage 1&2) (BS.3) Young People (11-19 years) (BS.4)	BS3.3 Provide complete care pathways for the treatment of child obesity, based on patient need and the evidence base	Public Health School Service to make contact with children who are overweight or obese and deliver advise, motivational interventions and refer them to local services identified in the pathway				
	BS3.4 Develop school based interventions that reduce stigma associated with obesity in children	No current initiatives to support this.				KCC to identify whether there are school based interventions that will support this aim.
	BS4.1 Provide 11-19 year olds with information and encouragement about the benefits of a healthy diet and	Adolescent Public Health Service to promote healthy weight as part of its holistic whole school and individual health offer is		To be introduced in September 2016	KCC	

	physical activity with additional life skills	currently a gap PHSE curriculum District and Borough input at school events e.g. assemblies, in school programmes etc Specific Weight Management programme for teenagers being trialled at Aylesford Sports College.	Teaching staff Districts and Boroughs		KCC	
90	BS4.2 Support those young people identified as being overweight or obese, to achieve a healthy lifestyle in Early Help settings	Early help working in Children's Centres, 5-11 and youth delivery hubs to foster healthier behaviour re: healthy weight	KCC Early Help	September 2016?	KCC KCC	
Young People (11-19 years) (BS.4)	BS4.3 Deliver a whole-school approach to promote healthy eating and physical activity	School Health Team Adolescent Public Health Service to develop and promote a holistic whole school offer which includes healthy eating and physical exercise	KCHFT	From September 2016	KCC KCC	

	BS4.4 Young people to have access to complete care pathways for the treatment of obesity, based on need and evidence based practice					KCC to consider with CCG initiatives to support this aim.
	BS4.5 Ensure all relevant staff and practitioners have the capacity and knowledge to provide appropriate advice/brief intervention on healthy weight, especially to those at risk of weight gain					See comments relevant to Theme 3

MappingTemplate: Theme 3 Develop a confident workforce skilled in promoting healthy weight (SW)

Note: Extensive lack of informaton identifies this as a theme requiring significant effort to achieve the aims stated below – this is referred to in the WKHWB Board Strategic Action Plan for Healthy Weight.

PRIORITY	ACTION	OUTCOME	PARTNERS	TIMESCALE	FUNDING	ADDITIONAL EFFORT
Training for front line workforce (SW.1)	SW1.1 Develop MECC programme that includes building confidence and ability to give behaviour change advice	http://www.kpho.org.uk/workforce-development/make-every-contact-count	KCC	On-going	KCC	
	SW1.2 Identify key staff to be trained in MECC and motivational interviewing	Basic 1 hour online motivational interviewing programme available	All			
	SW1.3 Design a framework for monitoring and evaluation of effectiveness and implement					
Identify train and mentor Champions (SW.2)	SW2.1 All partners to identify locality champions for healthy weight	Could link in with Healthy Business Award				
	SW2.2 Provide training and mentoring programme					
	SW2.3 Design a framework for					

	monitoring and evaluation of effectiveness and implement					
Work with voluntary sector and other organisations to identify peer supporters/buddies (SW.3)	SW3.1 Provide training and mentoring for community champions					
	SW3.2 Design a framework for monitoring and evaluation of effectiveness and implement					
Develop specialist workforce (SW.4)	SW4.1 Commissioners to ensure that fitness instructors, dieticians, nutritionists, and psychologists are suitably qualified to design and deliver programmes					

MappingTemplate: Theme 4 Provide support to people who want to lose weight (SP)

PRIORITY	ACTION	OUTCOME	PARTNERS	TIMESCALE	FUNDING	ADDITONAL EFFORT
Universal provision (SP.1)	SP1.1 Healthy Living Pharmacies to offer lifestyle support	Roll-out of HLP programme across West Kent Health Checks and stop smoking delivered by HLP	LPC, KCC	On-going	??	LPC make Districts and Boroughs aware of this scheme
	SP1.2 Locality National Child Measurement Programme Groups to oversee interventions linked to the NCMP	BC/DC representation on the LCMP local group and try to link in with schools when measurements are being taken. (LR)	Districts and Boroughs KCHFT	On-going		
	SP1.3 Engage with communities to maximise assets	Community development and engagement delivered through borough/districts Community Engagement Events, Health Promotion Days, Healthy Living Centre, Virtual healthy living centre, Health Trainers, link with local community groups, Probation, CRI, Men's Sheds, YMCA etc	Districts and Boroughs KCHFT	On-going		Share information with partners, invite their contributions where appropriate.

		Health Check delivery				
	SP1.4 Front line staff to signpost to physical activity and healthy eating programmes	GP and other health professional referrals into healthy weight and physical activity programmes Health walks for all ages around local communities, led by trained volunteer walk leaders, Referral pathways improved and incorporated into programmes Healthy business award Community events Health Checks and Health Trainers .	Districts and Boroughs KCHFT		KCC Public Health, Districts and Boroughs	Develop referral pathways as BS1.1
Primary Care (SP.2)	SP2.1 Target groups already being seen at practice-on registers or new patients	Referred to T2 Adult weight management programme Health Trainers linked and based in some GP practices	Districts and Boroughs KCHFT	On-going	KCC Public Health	Develop referral pathways as BS1.1 this will increase the scope for increasing referrals Intelligence sharing between Districts and Boroughs and Health Trainers.

	SP2.2 Target patients with a BMI ≥28 with a strong family history of diabetes or have hypertension	Adult weight management programme run in practices	Districts and Boroughs	On-going but scope for developmen t	KCC Public Health	
	SP2.3 Identify patients with non-diabetes hyperglycaemia for diabetes prevention	Community Engagement Events, Health Promotion Days, Healthy Living Centre World diabetes day event – Organising an event in line with the national campaign on the 14th November. Offering glucose and NHS Health Checks National Diabetes Prevention Programme Health Checks/Health Trainers	Districts and Boroughs with other partners Districts and Boroughs with other partners CCG with support from District and Borough Partners –	On-going and to promote campaigns/ events		Develop collaborative with Districts and Boroughs.
	SP2.4 Target those with impaired glucose regulation	GP's to give lifestyle advice and sign-post to weight management service	CCG and GP's	From April 2016	CCG	
Provide family support (SP.3)	SP3.1 Implement the children and young people's healthy weight pathway, including	Family Weight Programme, School Based Family Healthy Lifestyles After School Programme,	Districts and Boroughs with other partners		KCC Public Health	

	specialist services	Signposting into other services				
	SP3.2 Childrens Centres, Early Help, Health Visiting and School Nursing services to provide support					
	SP3.3 Increase uptake of family weight management programmes	- Healthy Schools Plan - NCMP School nurses proactive phone calls - Health Trainers work with families in children's centres	Kent Community Health Foundation Trust			
Provide adult programmes (SP.4)	SP4.1 Implement a strong adult weight management pathway	KCC and CCGs to continue discussions re: future of adult weight management pathway		April 2017	KCC Public Health, NHSE, CCG	Ensure there is a clear understanding by all partners about roles and responsibilities of this pathway.
	SP4.2 Make use of the range of services i.e. health trainers, weight management courses, NDPP, exercise referral, commercial programmes and support for maintaining changes	Adult Healthy Weight teams deliver a variety of 10-12 week programmes at a variety of locations to support adults with a BMI ≥28, mainly self-referral. Implementation of National Diabetes Prevention Programme	Districts and Boroughs Comments as SP2.3 CCG	September 2016	KCC Public Health National roll-out	

		Health Trainers/Health Checks 10,162 Health Checks completed out of an eligible population of 15,393 (this is based on 55% target of the current eligible population).				
	SP4.3 Provide specialist weight management	Procurement of Tier 3 weight management programme until 03/17	Supported by Districts and Boroughs	April 2016	KCC	
Provide help for specific groups (SP.5)	SP5.1 Provide lifestyle interventions in areas of highest prevalence/deprivation	Targeted Health promotion events delivered in target areas. Community Engagement Events, Health Promotion Days, Healthy Living Centres Health Trainers located in highest areas of deprivation, work	Districts and Boroughs	On-going	KCC	
	SP5.2 Provide lifestyle interventions for people with poor mental health	6 Ways to Wellbeing programmes delivered through borough/districts Headspace – a therapeutic 9 week group for men with mild to moderate problems	Districts and Boroughs			KCC and partners to keep existing programmes under review as discussion about future funding arrangements and priorities develops.

		such as anxiety, depression, stress, panic attacks, loss and sleep deprivation.	Districts and Boroughs			
		Jasmine - a therapeutic 9 week group programme for women with mild to moderate mental health problems such as anxiety, depression, stress, panic attacks, loss and sleep deprivation.	Districts and Boroughs			
		Mind fitness - Creating a more open school culture where mental health is not stigmatised and where there are clearly identified adult & mental health youth first aiders to whom children can turn for help.	Districts and Boroughs			
		Health Walks				
		Health trainers work with low level mental health issues and link in with all mental health providers	KCHFT			

	SP5.3 Make reasonable adjustments and provide pro-active targeting for people with disabilities, make easy read materials available	Easy read for LD clients through Health Trainers	Districts and Boroughs	Ongoing	KCC	Districts and Boroughs to work with Community Development Teams to develop different and more effective ways of engaging these hard to reach groups.
	SP5.4 Ensure that people from black and Asian ethnic origin are offered advice and support	Identified as hard to engage communities. Review engagement approaches. Health Trainers work with all hard to reach cultural and ethnic groups.	Districts and Boroughs KCHFT	On-going	KCC	
	SP5.5 Ensure that provision is tailored to the needs of male participants	Identified as hard to engage communities. Review engagement approaches. Health Trainers	Districts and Boroughs and commissioned partners			
	SP5.6 Provide lifestyle interventions for those with, or at risk of having cancer.	Implement CCG cancer strategy and workplan Health and Well-being events for cancer patients Health Trainers Stop smoking service	CCG, NHS Trust KCHFT	From April 2016	Macmillan Cancer Support	

		deliver lifestyle messages and signpost to additional support				

NHS
West Kent
Clinical Commissioning Group

Communications update to West Kent Health and Wellbeing Board

19 April 2016

Patient focused,
providing quality,
improving outcomes

Introduction

West Kent Health and Wellbeing Board gave a commitment in November 2015 to take co-ordinated action in support of the Sugar Smart campaign key messages to boost awareness across communities in west Kent.

Public health work is led locally by Kent County Council, supported by NHS West Kent Clinical Commissioning Group and the district and borough councils.

Activity

Kent County Council (KCC) ran a campaign consisting of a range of activities extending the duration of the Public Health England Sugar Smart campaign from January (national) into February and early March (local). Some activities were targeted in particular areas using data from the National Child Measurement Programme as a guide, while others were county-wide.

KCC produced a range of localised materials based on nationally prepared artwork files for activities across outdoor, digital, print, PR and social media. Staff also contacted schools, children's centres and GPs, asking for their support for Change 4 Life Sugar Swaps.

KCC supplied information about Sugar Smart to the CCG and also contacted the district and borough council leads about the campaign.

The CCG supported the campaign by:

- An article by CCG chair Dr Bob Bowes promoting the Sugar Smart messages, in his regular column for the Kent & Sussex Courier which covers Tonbridge and Tunbridge Wells
- An adapted version of the article which formed the front page of the patient newsletter, distributed in February to a large number of groups and individuals in west Kent (circulation includes voluntary organisations, councillors, faith groups, schools, leisure centre, libraries, MPs, parish councils, opticians, pharmacies and 365 Health Network members).
- A blog by Dr Bowes about Sugar Smart on the CCG website
- Retweeting Change 4 Life messaging about Sugar Smart.

Maidstone Borough Council, Tonbridge & Malling Borough Council, Tunbridge Wells Borough Council and Sevenoaks District Council also supported the campaign with social media.

Borough and District Council Activities

All four local councils took action to enhance the Change4Life Booster Campaign.

Maidstone Borough Council	Tonbridge & Malling Borough Council	Tunbridge Wells Borough Council	Sevenoaks District Council
Informed partners and service providers of the campaign - feedback of actions undertaken has been requested. 4 Facebook Posts to MBC Page Uploaded 7 Twitter Feeds	Promoted on TMBC Twitter Page and updated on website 200 Sugar smart packs orders from C4L – Distributed to staff and weight management groups. Promoted through work with businesses including Kent Healthy Business Award and Estate Excellence. The resources have been promoted in our 1:1 sessions with both adults and families and encouraged to download App. New resources developed including sugar smart board and drinks & sugar display. Contacts in schools such as school nurse, FLO's and games co-ordinators have promoted resources amongst their schools and networks. Sugar smart posters and resources are displayed on TMBC notice boards. Promotion of sugar swaps and resources has been promoted in primary schools across TMBC Assemblies/promotion events held at Wouldham	Promoted the campaign on 21st December via Twitter and Facebook 100 sugar smart packs ordered from C4L and distributed during staff health week, given to families taking part in 10 week family weight management programme at Temple Grove Academy and also to the families taking part in individual family sessions. Resources also promoted to clients attending 1:1 sessions at Wish Valley Surgery, Waterfield House Surgery and Kingswood surgery on a 1:1 basis. Campaign promoted to local partners on 24th February at the Tunbridge Wells Health Action team meeting. Attendees attention drawn to Bob Bowes' article published in the Courier. Distributed C4L packs at healthy business event on 10th February. Emailed details of the campaign to members of the HAT and wider partners such as the hospitals, GP surgeries, FLOs and wardens asking them to promote amongst their networks. Sugar Smart posters displayed on our 3 notice boards at the Town Hall.	Sugar Smart Campaign change4life resources were ordered and distributed. Change4Life campaign being promoted at a number of events. Campaign has been promoted within all the adult weight management programmes and in the 1-1 families intervention sessions. In January the press release was sent to all the local newspapers.

	Primary School, Mereworth Primary School, Aylesford Sports College, Larkfield Library health event, Sport's relief. Healthy eating presentation for carers in March with a focus on sugar swaps. Healthy eating workshop at Poppy's Nursery in Aylesford to promote Sugar swaps to families and children with a focus on reducing sugar in lunchboxes	Campaign promoted at wellbeing day event on 14th March at the TN2 centre in Sherwood. Healthy cooking workshop scheduled on the 4th April for families. Whilst this is after the local publicity ends we still intend to promote the message as part of this session.	

Next steps

Kent County Council will be looking at the campaign, its impact and Public Health England's plans for the Sugar Smart brand with a view to planning Kent activities for the year 2016/17.

One thing KCC will be looking at is creating "partner packs" which can be more easily distributed to a range of partners and stakeholders to give them easy-to-use information and resources that they can use in their own channels to help extend the reach of the campaign (not only Change 4 Life, but others too). KCC would like to know what sort of things the west Kent partners would find useful in this regard.

In the meantime, Health and Wellbeing Board partners can download a host of resources and toolkits from the PHE Campaign Resource Centre (once granted access by Public Health England) and both KCC and the CCG would encourage them to make full use of these resources.

If all partners are using the same campaign then we are more likely to achieve the sort of outcomes and changes the brand is seeking to bring about. A shared campaign reduces the risk of confusing the public with multiple messages and means that the public and politicians will see central government, local government and the NHS working together to make best use of the available resource, rather than competing with each other or duplicating activities.

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WEST KENT HEALTH AND WELLBEING BOARD

STRATEGIC ACTION PLAN – HEALTHY WEIGHT

Work strand	Responsibility/Lead	Comments	Due date
1. Continuing building a holistic picture of resources and make recommendations for future integrated commissioning with prevention and evaluation at the heart of it.	Healthy weight T&F Group	Completion of the mapping template has identified some significant areas of work that are included in this updated Action Plan. The recommendations to the WKHWB for integrated commissioning are detailed in the report to the meeting on 19th April.	Complete April 2016
2. Board to commission programme leads to develop a local implementation plan for addressing challenges in implementation of the pathway. The delivery plan should have a joined-up approach by fully involving other statutory agencies and council departments, such as planning, transport, education and leisure.	KCC Public Health and CCG, Districts and Boroughs	Outcome – integrated delivery plan.	September 2016
3. Ensure that there is comprehensive engagement in primary care by seeking assurance from NHS England and CCG that staff in primary care are: • providing brief advice and interventions to individuals • providing systematic health promotion messages and • referring individuals to Tier 1 and 2 services	WKHWB	Chairman of Board/Member lead to write to NHS England and CCG seeking those assurances	September 2015 Complete
4. Ensure an agreement is in place for the provision of Tier 3 and 4 services between KCC and NHS England and CCG.	KCC PH Commissioning and CCG	T&F Group established to progress this	In progress
5. Provide the necessary training and resources to develop the wider health workforce to support them in talking to individuals with weight issues; including: - Develop the appropriate training programme.	KCC Public Health	This was identified as a significant gap in the mapping exercise. It needs to be established whether this is an issue local to West Kent or it is county wide. Funding mechanism will need to be decided.	Report on progress at June Board meeting

Training for front line workforce - Identify train and mentor Champions - Work with voluntary sector and other organisations to identify peer supporters/buddies - Develop specialist workforce		Programme to include NICE behaviours change guidelines and motivational interviewing Outcomes: . 1. Develop MECC programme that includes building confidence and ability to give behaviour change advice 2. Design a framework for monitoring and evaluation of effectiveness and implement 3. All partners to identify locality champions for healthy weight 4. Provide training and mentoring programme 5. Design a framework for monitoring and evaluation of effectiveness and implement 6. Provide training and mentoring for community champions	
6. Review the feasibility of provision of specialist services within the midwifery contract for women with a BMI of 30 or above, during pregnancy.	CCG	As recommended in NICE guidance and the KCC report "Review of the relationship between Public Health and Maternity Services with respect to the delivery of the antenatal and postnatal elements of the Healthy Child Programme", Nov 2014.	

7. - Partners support Breast Feeding Welcome initiative. - Partners supporting breast feeding mothers returning to work; - Partners promote Kent Baby Matters	WKHWB Members	Outcome: Identify the baseline prevalence of breast feeding and set the 2% per annum target for next 5 years Breast feeding Awareness Week June 2016 and World Breast Feeding Week in August – http://worldbreastfeedingweek.org/	June 2016
8. Board to seek assurance from education and commissioners of early year services that obesity is being addressed in a systematic manner in these settings in West Kent.	WKHWB	Chairman of Board/Member Lead to write to Chairman of Kent Education Committee Response received – assurances given.	Reported to WKHWB April 2016
9. Commission weight management services for under 5's that compliments existing provision from Health Visitors.	KCC	Changes to commissioning arrangements will result in changes to providers. Outcomes: 1. Identify main partners/providers 2. Ensure integrated commissioning process 3. Set targets for providers to achieve	In progress
10. Identify appropriate weight management interventions for adolescents and determine the mechanism for commissioning them.	KCC/CCG	This was identified as a gap in provision from the mapping exercise. Outcome: 1. Develop a model based on best practice this service; 2. Commission the service	To be agreed by leads
11. Develop a systematised media campaign with a local identity starting with materials from Start for Life and Change for Life which have some evidence base and are widely available to engage all organisations and partners in giving simple messages about small steps to behaviour change	Healthy Weight T&F Group	Agree the extent of the campaign and identify funding streams o enable this work; Consider how local celebrities and heroes can publicise the messages and consider working with the School Sport and Physical Activity Service at	Jan to Mar 2016 – Sugar Smart Other

		Kent County Council on the Inspire project to support schools along the Road to Rio. - Ensure a way of systematically disseminating information on the range of interventions that will support families to change their behaviour, this includes ensuring that the information is included on GPs electronic systems and regularly updated. - Use the principles of making every contact count in ensuring that front line staff are well equipped to have conversations and give brief advice on healthy weight - Create a network of community champions from the likes of health trainers, school canteen staff and youth club leaders. - Use national and internationally agreed weeks to promote positive messages e.g. World Breastfeeding Week from August	campaign work to follow
12. Explore and implement the use of social media at a local level to promote health improvement programmes and events.	District and Borough Healthy Living Co-ordinators	Liaise with Media/Communications Teams at District/Borough level	On-going
13. Board to seek assurance from districts for systematic engagement with local food businesses for promoting healthy choices.	WKHWB/Districts and Boroughs	Chairman of Board/Member Lead to write to CE's of Districts and Boroughs requesting them to develop actions around this theme, including Healthy eating Awards. Note: the HEA is being affected by diminishing resources.	June
14. A) Increase the use of leisure, sport and recreational facilities	KCC and Districts and Boroughs	Outcomes: Statistics on usage trends from leads.	September 2016 and on-

B) Increase the use of the natural environment, Parks, public rights of way, and open spaces			going
15. Kent Active Travel Strategy	KCC	Outcomes: 1. Assessment of how the ATS can be used in West Kent 2. Identification and involvement of partners in progressing the ATS locally	Progress report September 2016
16. Kent Healthy Business Award – review of whether this scheme can increase its level of contribution to this agenda	KCC	Outcomes: 1. Details of changes to the KHBA, if any; 2. Set targets for partners in the delivery of the Award	Review by June 2016 Targets will be on-going
17. Develop a referral scheme for GP's to refer overweight patients onto T2 and T3 programmes	KCC, CCG and Boroughs and Districts	Outcome: 1. Referral mechanism implemented 2. Rates of referral	September 2016 for process Every six months for referral rates
18. Engagement with hard to reach groups	Districts, Boroughs and KCC	Outcome: Evidence of engagement from identified groups on weight management programmes	On-going
19. The Board to lobby the food industry locally about our priority for tackling obesity.	Member Lead	Member Lead to write to principal local food manufacturers and government departments (Food Standards Agency) that are influential in this agenda.	June 2016
20. Influence locally commissioned services through the inclusion in contracts of added social value by addressing obesity.	WKHWB Members		On-going