



Overview and Scrutiny Committee

Notice of a Meeting, to be held in the Council Chamber, Civic Centre, Tannery Lane, Ashford, Kent TN23 1PL on Tuesday 28th November 2017 at 7.00pm.

The Members of this Committee are:-

Cllr. Chilton (Chairman);
Cllr. Ovenden (Vice-Chairman);
Cllrs. Bartlett, Burgess, Feacey, Hicks, A. Howard, Knowles, Krause, Macpherson, Miss Martin, Mrs. Martin.

Agenda

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Nos. |
|---|----------------------|
| 1. Apologies/Substitutes – To receive Notification of Substitutes in accordance with Procedure Rule 1.2(iii) | |
| 2. Declarations of Interest:- To declare any interests which fall under the following categories, as explained on the attached document: | (i) |
| a) Disclosable Pecuniary Interests (DPI) | |
| b) Other Significant Interests (OSI) | |
| c) Voluntary Announcements of Other Interests | |
| See Agenda Item 2 for further details | |
| 3. Minutes – to approve the Minutes of the Meeting of this Committee held on the 24 th October 2017 | |

Part I – Matters Referred to the Committee in Relation to Call-In of a Decision made by the Cabinet

None for this meeting

Part II – Responses of the Cabinet to Reports of the Overview and Scrutiny Committee

None for this Meeting

Part III – Ordinary Decision Items

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| 4. | Overview of Priority Health Issues for Ashford | 1 - 58 |
| 5. | Report of Air Quality Task Group | 59 - 86 |
| 6. | Q2 2017/18 Performance Report | 87 - 104 |

Part IV – Information/Monitoring Items

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| 7. | Future Reviews and Report Tracker and Topic Selection Flowchart | 105 -
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Declarations of Interest (see also “Advice to Members” below)

- (a) **Disclosable Pecuniary Interests (DPI)** under the Localism Act 2011, relating to items on this agenda. The nature as well as the existence of any such interest must be declared, and the agenda item(s) to which it relates must be stated.

A Member who declares a DPI in relation to any item will need to leave the meeting for that item (unless a relevant Dispensation has been granted).

- (b) **Other Significant Interests (OSI)** under the Kent Code of Conduct as adopted by the Council on 19 July 2012, relating to items on this agenda. The nature as well as the existence of any such interest must be declared, and the agenda item(s) to which it relates must be stated.

A Member who declares an OSI in relation to any item will need to leave the meeting before the debate and vote on that item (unless a relevant Dispensation has been granted). However, prior to leaving, the Member may address the Committee in the same way that a member of the public may do so.

- (c) **Voluntary Announcements of Other Interests** not required to be disclosed under (a) and (b), i.e. announcements made for transparency reasons alone, such as:

- Membership of outside bodies that have made representations on agenda items, or
- Where a Member knows a person involved, but does not have a close association with that person, or
- Where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position.

[Note: an effect on the financial position of a Member, relative, close associate, employer, etc; OR an application made by a Member, relative, close associate, employer, etc, would both probably constitute either an OSI or in some cases a DPI].

Advice to Members on Declarations of Interest:

- (a) Government Guidance on DPI is available in DCLG’s Guide for Councillors, at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/240134/Openness_and_transparency_on_personal_interests.pdf
- (b) The Kent Code of Conduct was adopted by the Full Council on 19 July 2012, with revisions adopted on 17.10.13, and a copy can be found in the Constitution at <http://www.ashford.gov.uk/part-5---codes-and-protocols>
- (c) If any Councillor has any doubt about the existence or nature of any DPI or OSI which he/she may have in any item on this agenda, he/she should seek advice from the Corporate Director (Law and Governance) and Monitoring Officer or from other Solicitors in Legal and Democratic Services as early as possible, and in advance of the Meeting.

Overview and Scrutiny Committee

Minutes of a Meeting of the Overview and Scrutiny Committee held in the Council Chamber, Civic Centre, Tannery Lane, Ashford on the **24th October 2017**.

Present:

Cllr. Chilton (Chairman);
Cllr. Ovenden (Vice-Chairman);

Cllrs. Bartlett, Burgess, Feacey, Hicks, Knowles, Krause, Macpherson, Miss Martin, Mrs. Martin.

Also Present:

Head of Housing, Housing Strategy Manager, Senior Policy, Performance and Scrutiny Officer, Corporate Scrutiny and Overview Officer, Member Services Officer.

199 Declarations of Interest

Councillor	Interest	Minute No.
Burgess	Made a "Voluntary Announcement" as a Private Landlord	201
Feacey	Made a "Voluntary Announcement" as Chairman of the Ashford Volunteer Bureau	201
Hicks	Made a "Voluntary Announcement" as the Deputy Portfolio Holder for Housing and as a Private Landlord	201
Krause	Made a "Voluntary Announcement" as a Private Landlord	201
Mrs. Martin	Made a "Voluntary Announcement" as she had received a grant for a wet room at her property	201

200 Minutes

Resolved:

That the Minutes of the Meeting of this Committee held on the 26th September 2017 be approved and confirmed as a correct record.

201 Housing Framework Annual Report

The Housing Strategy Manager introduced this item. She described how the report

reviewed the Housing Framework from adoption in July 2013 to the end of March 2017. The Housing Team had reviewed the format for the new Housing Strategy and were considering an overarching structure for goals across the borough, with more specific areas to sit underneath. The aim of this structure was to ensure that more local issues would be addressed in the future. The Report noted that there was an overall rate of 76% of successfully completed actions and it was important to remember that much of the work was ongoing over longer periods.

The Head of Housing explained to the Committee that there had recently been a major review of Housing Services, and the Department had tackled many challenges whilst at the same time facing a £10 million shortfall. Going forward it was now in a stronger position with a robust Housing Revenue Account (HRA). The Council welcomed the news that with effect from 2020 the Local Authority could look to raise rents, which in turn would help to meet the actions outlined in the report. The rollout of Universal Credit (UC) in March 2018 and implementation of the Homelessness Reduction Act in April 2018 would no doubt bring fresh challenges to the Housing Team.

The presentation was then opened up to the Committee and the following questions and points were raised: -

- In response to a question asking whether the priorities on page 3 of the report would continue to be met, the Housing Strategy Manager explained that when the team set the future priorities they would take into account any changes such as demand and demographics, and some priorities could fall under numerous strategies. A review of the Homelessness Strategy would be undertaken in 2018 in light of the implementation of the Homelessness Reduction Act and this would make sure that the priorities were refreshed and aligned accordingly.
- A Member spoke about Fuel Poverty and asked what could be done to address this issue and reduce costs. The Housing Strategy Manager said that the Private Sector was a tricky area to tackle regarding fuel efficiency issues, since Landlords were not always willing to make changes to properties. The Council encouraged them to join the ABC Landlord Accreditation Scheme, which offered support, advice and a range of other benefits including financial assistance through a grant, for improving energy efficiency. She added that ABC had undertaken a lot of work to address fuel efficiency in their own Housing Stock, but a lot more resources were needed to wholly tackle the problem. The only funding available at present came from national schemes and energy company grants.
- Members discussed in detail the upcoming implementation of Universal Credit in March 2018. The Head of Housing confirmed that UC was already in operation for single claimants, but by March 2018 it would be rolled out to include families. Concerns had been raised over the potential for delays to claimants receiving their payments and the Head of Housing confirmed that the Council had no power over this, since DWP were in control of making the payments. UC was intended to encourage claimants to become more financially independent and simplify the benefits system by introducing a single payment. Claimants therefore would have to adjust to receiving monthly,

rather than weekly payments in the future. The Council was looking at raising awareness and putting measures in place for those claimants that were considered vulnerable and who would struggle with the change. This included Discretionary Housing Payments which could help to make up any shortfall between eligible rent and the Housing element of UC. An increase in homelessness was also a concern as some Landlords had already stated that they would not rent properties to tenants in receipt of UC. It was the Council's intention to intervene as early as possible to prevent anyone becoming homeless. However, this could lead to extra pressures on the General Fund and a pre-cabinet briefing had been arranged to advise Members about this. The Government had introduced a "New Burdens Funding" and £56,000 had been awarded to the Council to enable staff to advise and support tenants, and Officers were looking at ways in which they could work with other agencies to assist people.

- The Committee discussed the challenges the Council faced when the Under-Occupancy Charge was introduced in 2013 and the Head of Housing explained that some of the problems that arose at that time were also owing to the introduction of the Benefit Cap, which in effect was a double whammy on families. Officers were able to give advice to the tenants affected which included the option of a mutual exchange or DHP's. A Member commented that on the other side, a lot of larger properties that had been occupied by older single people had now been released and made available to families that needed them.
- The Council had approached the DCLG to ask if the debt cap could be increased. A Member enquired whether if that increase were granted, would it result in more Social Housing being built, since this seemed to present a genuine opportunity to create much needed housing stock. The Head of Housing advised that a decision from DCLG was expected around the same time as the National Budget. She added that Officers were considering purchasing another building to be developed along the same principle as Christchurch House, which provided temporary short-stay accommodation.
- A Member asked whether it was possible for the Council to run a Holding Deposit Scheme for tenants to assist those that struggled to manage their own finances. The Head of Housing confirmed that a Deposit Guarantee Scheme was already in place whereby ABC paid the deposit to the Landlord and the tenant would then make monthly contributions to pay the amount back. The onus was then on the Council to pursue the tenant if they failed to make the payments.
- The Housing Strategy Manager explained the definition of Affordable Housing to the Committee and that Housing considered the following three tenures as affordable housing: - Affordable rent where the rent was set at up to 80% of the market rent value including service charges; shared ownership properties; and social rent which was about 60% of the market rent value. ABC's homes were classified as Affordable, but inevitably there was a waiting list. The figures relating to the waiting list and year on year projections were included in the Housing Performance Report which was available to view on the Dashboard. A Member asked if a glossary of Housing terms and jargon could also be

added to the Dashboard and if this was something that could be put forward for the Members Training Panel. The Senior Policy, Performance and Scrutiny Officer advised that there was also a Quick Start Guide available for Members.

- A Member asked if the Council would consider alternative housing options including self-build and modular homes. The Housing Strategy Manager confirmed that the Council were looking at a wide range of solutions, but there were issues around managing group self-build properties that could be problematic.

Post Meeting Note: An Officer Working Group has begun to conduct research in to housing delivery options within the Borough.

- A Member commented that there were 3 main constraints when building new homes; Land, Capital and Management. ABC were able to offer Land and Management, and he suggested the Council facilitate an Environmental, Social and Governance (ESG) Project and invite Landlords to invest Capital through a scheme of social impact or municipal bonds (or similar). Members agreed that this was a good idea.
- The Committee then discussed the Right to Buy Scheme for Housing Association tenants and the Housing Manager explained that recent government proposals meant that Local Authorities were required to sell off their high value assets in order to fund the RTB scheme. This new model had come under scrutiny and the issue remained un-resolved at this stage.
- There was some discussion around Church Commissioners and the role they played in agreeing to provide land in Mersham for local needs in return for an equivalent reduction of affordable homes at Finberry and could this approach be used elsewhere? The Housing Strategy Manager reminded Members that at Chilmington Green the affordable housing provision was lower than the policy target due to viability and would only increase as and when site viability improved. A Member talked about the negative implications of leaseholder arrangements and stated that it would be preferable to not give building consent where developers were intending to use leaseholder measures. The Local Authority needed to be able to negotiate and stand up to developers where necessary. The Corporate Scrutiny and Overview Officer advised the Committee that the Council had, in September, responded to a Department for Communities and Local Government consultation regarding Ground Rents and Leaseholder arrangements. Central Government had not yet issued a response to this consultation.
- A Member spoke about Credit Unions and the assistance they could offer to people on low incomes when considering deposits. The Head of Housing advised that there was a Credit Union based in Kent and in the past they had worked alongside the Churches. Kent Housing Group had also contributed funds into Kent Credit Union.

Resolved:

That (i) the Report be noted and formally published on the ABC website

- (ii) the Committee's request for Officer research in to the following areas be noted and (resource permitting) taken forward: -
- (a) The viability of schemes to encourage capital investment in to social housing provision by landlords.
 - (b) The viability of modular homes as a means to accelerate the delivery of less costly social housing.
 - (c) The viability of self-build as an additional housing delivery option.
 - (d) The role of Credit Unions operating in the Borough.

202 Future Reviews and Report Tracker and Topic Selection Flowchart

The Corporate Scrutiny and Overview Officer confirmed that 4 volunteers had been recruited to the Budget Scrutiny Task Group but one more was still required. Cllr. Ovenden agreed that if he was available on the date of the meeting then he would be happy to sit on the panel. A Member spoke about an incident that had taken place in the Town Centre recently where the CCTV cameras may not have been working and asked if this could be investigated. The Chairman asked for the details to be emailed to him so that he could look further into the incident.

Post Meeting Note: The Health, Parking and Community Safety Manager with responsibility for the Ashford Monitoring Centre has contacted the Member concerned regarding this matter and the Head of Health, Parking and Community Safety will be in attendance at the next meeting to update the Committee.

Resolved:

That the Tracker be received and noted.

Queries concerning these Minutes? Please contact Clare Ricketts:
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Agendas, Reports and Minutes are available at - www.ashford.gov.uk/committees

Agenda Item No:



Report To: **OVERVIEW AND SCRUTINY COMMITTEE**

Date of Meeting: 28 November 2017

Report Title: Ashford Borough Council's contribution to Health and Wellbeing

Report Authors and Job Title: Sheila Davison - Head of Health, Parking and Community Safety and Christina Fuller - Head of Culture
Sharon Williams – Head of Housing

Portfolio Holder: Cllr Bradford
Portfolio Holder for: Highways, Wellbeing and Safety

Summary:	Report providing an overview of the priority public health issues for the Borough and the work undertaken by the Ashford Health and Wellbeing Board. The report also addresses the Council's contribution to the health and wellbeing agenda.
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Key Decision: NO

Significantly Affected Wards: None specifically

Recommendations: **The Overview and Scrutiny Committee is recommended to:-**

- I. **Consider the information contained within the report and provide feedback as applicable.**
- II. **Endorse the Council's current health and wellbeing activities.**
- III. **Encourage all members to actively engage with the Council's health and wellbeing agenda and promote where possible those activities that further this agenda as relevant to the corporate plan.**

Policy Overview: The council has a key role to play in terms of its wider public health responsibilities i.e. the influence on wellbeing as delivered through the corporate plan e.g. supporting growth, provision of secure and appropriate housing, promotion of an active and healthy community and protection of the environment.

Financial Implications: An estimate of the Council's public health related expenditure is provided within the body of the report.

Legal Implications: No direct legal implications for the Borough Council.

Equalities Impact Assessment: Not applicable

Other Material Implications: None

Exempt from Publication: No

Background Papers: None

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Agenda Item No.

Report Title: Ashford Borough Council's contribution to Health and Wellbeing

Introduction and Background

1. This report aims to provide the Overview and Scrutiny Committee (the committee) with information on the priority health issues for the Borough and the work undertaken by the Ashford Health and Wellbeing Board. The report also addresses the council's contribution to the Health and Wellbeing agenda.
2. The report covers:
 - The Ashford Health Profile – an overview of priority issues
 - Our influence on health and wellbeing
 - Our wellbeing achievements since 2015
 - The One You Shop
 - The Wellbeing Symposium 2018
 - The Ashford Health and Wellbeing Board
 - The Ashford Health and Wellbeing Board's Priorities
 - East Kent Public Health Group
3. The report is written against a background of significant change in the wider health service, however this area is outside the scope of this report. Members are referred to an earlier report to the committee on the Ashford Commissioning Group (CCG) Plans and Requirements for Infrastructure (minute reference OSC 250717 - 136) and also a report and presentation to Cabinet on Transforming Health and Social Care in Kent and Medway (minute reference CA 090217 – 293).

The Ashford Health Profile - an overview of priority issues

4. The 2017 Ashford Health Profile (provided in full at Appendix 1) gives a snapshot of the health of the Borough. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.
5. The profile highlights that the health of people in Ashford is varied compared with the England average with life expectancy for both men and women being higher than the England figure. It is, however, 4 years lower for men in the most deprived areas of Ashford than in the least deprived areas.
6. Child health is an area of concern with almost 20% of those in year 6 classified as obese. Levels of breastfeeding initiation are worse than the England average. In terms of adult health, the rate of alcohol-related harm is better than the average for England as is the rate of self-harm. The rate of people killed and seriously injured on roads is worse than average. The rate of sexually transmitted infections is better than average.

7. In terms of what our local priorities should be these are highlighted within the profile as improving levels of health weight among adults and children through increasing physical activity, addressing health inequalities (heart disease related) and addressing smoking prevalence and smoking in pregnancy.
8. On examining the Ashford health data in more detail and against that of the South East region (see Appendix 2), it is possible to highlight the indicators where the Ashford position is worse or where recent trends indicate a static or worsening position. The following areas are:
 - a. Children in low income families (under 16s)
 - b. Statutory homelessness
 - c. GCSEs achieved
 - d. Violent crime (violent offences)
 - e. Smoking status at time of delivery
 - f. Breastfeeding initiation
 - g. Smoking prevalence in adults
 - h. Excess weight in adults
 - i. Recorded diabetes
 - j. Estimated dementia diagnosis rates
 - k. Hip fractures in people 65 and over
 - l. Killed and seriously injured on roads
 - m. Suicide rate
9. It is this data that has been used when setting priorities for Ashford Health and Wellbeing Board (subsequently referred to as the Board). It has also guided the Board's forward plan. This is addressed in subsequent sections of this report.

The Council's influence on health and wellbeing

10. While the priorities as suggested by the Health Profile are important, there is a danger in only focusing on these indicators. It is important to remember that health and wellbeing are primarily shaped by factors outside the direct influence of health services, and we need to constantly look at this bigger picture. As we know the gaps of almost 20 years in health expectancy between people living in the most and least deprived areas of the UK is not explained by the ability to access health care but by our experience of the factors that make us healthy including safe and rewarding work, education, housing, resources, our physical environment and social connections.
11. A useful infographic on 'What Makes Us Healthy?' has been published recently by The Health Foundation and is provided at Appendix 3. More information on this is available at <http://www.health.org.uk/blog/infographic-what-makes-us-healthy>.
12. District councils influence many of these factors through delivery of their core functions and through their wider role supporting communities, working with businesses and supporting other service providers. The services that are particularly important in this regard for the council are housing, benefits, environmental health, planning, culture, leisure, and community safety. While the challenge of diminishing public funds is significant, there is an opportunity

for health and social care to fully recognise the council's contribution to wellbeing and build it into the transformation work, collaborating to protect and promote good health.

13. Specific examples of the work undertaken by the council that directly contribute to wellbeing are as follows:

Housing

- We ensure a supply of quality and safe housing that is critical to good mental and physical health. This includes ensuring our housing provision takes into account our growing and indeed ageing population.
- We work with partners to deliver best housing that is designed to meet specific needs including assisted living and specialist provision in order to facilitate hospital discharge. Farrow Court for example is a fully dementia-friendly housing scheme. Further homes are to be provided including learning disability and recuperative care units, which will enable people leaving hospital to stay there while a care package or adaptations are put in place in their own home.
- We ensure that properties that come through the social lettings agency are subject to a Housing health and safety rating system inspection so they have no adverse health impacts.
- We ensure that our own housing stock is safe through fire risk assessments in blocks, smoke detector installations and maintenance as part of our annual inspections.
- We tackle homelessness by providing a range of prevention services and work with partners to tackle the long-term causes.
- We assess individuals for Disabled Facilities Grants which fund adaptations to enable people to stay in their own homes for as long as possible and avoid hospital admissions.
- We provide emergency housing and provide support to those who are rough sleeping.

Environmental health

- We regulate food safety, and health and safety, investigate food-borne illnesses and infectious diseases, and undertake food hygiene training to reduce illness and prevent accidents.
- We respond to statutory nuisance complaints that can cause considerable mental and physical health problems.
- We monitor air quality, and tackle problem areas thus mitigating the effects on health of poor air quality.
- We ensure compliance with the smokefree legislation.

Leisure services, parks, green spaces, community, and cultural facilities

- We provide leisure centres, parks, playgrounds and green spaces to enable and encourage physical activity.
- We promote physical activity through club development and supporting locally organised events and programmes.
- We provide community and cultural facilities contributing to mental health and social wellbeing.
- We provide and support arts festivals and cultural programming that contribute to a healthy lifestyle.
- We work closely with and grant aid the voluntary/third sector to develop provision that supports health inequality and promotes better choices for those most vulnerable.

Health Promotion

- We are partners in operating the ONE YOU shop in Ashford Town Centre that provides smoking, health weight and mental health support to our residents.
- We provide smoke-free playgrounds and support public health campaigns aimed at tackling smoking.
- We restrict the advertisement of smoking and alcohol on our public buildings.

Community safety

- We provide a 24/7 public CCTV and lifeline service.
- We work with premises that sell alcohol to promote responsible drinking and reduce the sale of high strength alcohol.
- We tackle alcohol-related anti-social behaviour and crime through partnerships with police, voluntary organisations etc.
- We promote road safety to prevent collisions that kill or seriously injured.
- We provide support for domestic abuse preventative work including employing our own Domestic Abuse Coordinator.
- We provide grants to community groups engaged in wellbeing projects and administer grants from other agencies e.g. supporting families programme and Police and Crime Commissioner.

Employment and welfare

- We work with business to provide the right local conditions for growth and reducing unemployment that can be a symptom and cause of poor health. This includes direct and significant financial investment in Ashford town centre.
- We process housing benefit and council tax support, and signpost individuals to debt advice, credit unions and budgeting help.
- We work with the county council to deliver the Troubled Families Programme, providing intensive support to families to reduce school truancy, crime and anti-social behaviour, and support family members into employment.
- We employ Welfare Intervention Officers whose work includes supporting those with health and mental health problems. Welfare, employment and benefits advice and support provided to reduce inequalities.

Planning

- We promote health and wellbeing by requiring new developments to provide green spaces and routes that encourage Active Travel i.e. walking and cycling.
 - We promote access to public transport and proximity to amenities.
 - We ensure our long-term local plans support health and wellbeing, securing local infrastructure and investment.
14. Whilst the above list is by no means exhaustive but it does illustrates the opportunities that are available to promote wellbeing and how must the council can contribute to preventing ill health and to support people to live or be treated independently at home and thus reduce demand on health and social care services.

Council's public health achievements since 2015

15. Outlined below is some of the council wellbeing activity since April 2015. This illustrates the breath of the council's health and wellbeing work. The information is drawn from the quarterly reports to the Board. Other Board members submit similar reports, reporting each quarter on key achievements and areas they are focusing on over future months. Note that the dates relate to the reporting period and do not necessary tie in with individual project delivery. Further information is available by reference to corresponding Board minutes.

April 15

- Self harm project funding secured, involving work with young people
- Dementia planning design brief developed

- Farrow Court building work continuing, plans to make Farrow Court a centre for dementia excellence
- Top up funding to support crèche and after school facilities at the Ashford Refuge
- Little Hill Extra Care Scheme progresses
- Health Weight Task Group established

July 15

- Programme agreed for new build affordable homes including Danemore sheltered housing scheme
- Chamberlain Manor extra care scheme opened
- Promotion of the housing for health alliance website which provides information on how housing can help the necessary transformation in health (<http://www.housingforhealth.net>)

October 15

- Funding for Spearpoint sports facility
- Smoke-free play space scheme expanded
- Community Safety drop in shop
- MIND café location in HOUSE approved

January 16

- St. Stephens Walk move-on (short-term) accommodation operational
- Spearpoint Trim Trail open
- MIND café open
- Kingsnorth Multi Use Games Area opened

March 16

- Farrow Court opened
- Rough Sleepers project providing support to help them find a home
- Homelessness strategy review underway

July 16

- Safety in Action event
- Obesity plan agreed
- Parkrun supported with decision not to charge for use of Victoria Park
- Council participation in 'On Your Feet Britain' Day
- Council workplace wellness week
- Support for Mental Health Awareness Week
- Support for the 'Big Boys Do Cry' Samaritan Campaign

October 16

- Construction of Repton Connect begins
- Bridgefield Park design starts for new play facilities
- Victoria Park heritage lottery fund application submitted
- Road safety campaign character 'Moreline' (a wizard hedgehog) is launched
- Ashford's Smoke-free play parks are profiled by the Chartered Institute of Environmental Health as part of World Environmental Health Day
- Active Everyday promotional campaign launched
- Kestrel Park play area, works start

January 17

- Chilmington and work with the CCG to explore opportunity for early health provision and development of CCG's Estate Strategy
- One You opens
- Council's Homelessness Strategy approved
- Stop Smoking Quit Club run for council staff
- Presentation and report to cabinet on Transforming Health and Social Care in Kent and Medway

April 17

- Belgic supporting housing development housing scheme completed
- Participation in the Ashford Illicit Tobacco Roadshow
- Bridgefield Park play facility planning application approved
- Council agrees continued funding for domestic abuse work, Ashford One Stop Shop is one of the busiest in the county
- DCLG grant received to provide refuge facilities
- Amber Rudd MP visits Ashford to meet Syrian refugee families
- Presentation to cabinet on the STP

July 17

- Council working toward becomes Dementia Friendly
- Construction starts on Danemore
- One You shop trial extended to 2 years
- Work progressing on Air Quality Strategy
- Council becomes a major sponsor for the Wellbeing Symposium 2018
- Overview and Scrutiny committee meeting on the Ashford CCG Plans and Requirements for Infrastructure

October 17

- Spires extra care scheme open

One You Shop

16. No report on the council's contribution to public health would be complete without mention of One You. One You is a one stop shop designed for Ashford residents to drop in and receive advice and information on healthy lifestyles. It is the first shop in the country to operate under the national One You banner. For further information on the One You national programme, see <https://www.nhs.uk/oneyou#Xysuf9iCd7GUblc5.97>.
17. Ashford One You launched the start of its four-month pilot on 8 February 2017. It is located at 7 Park Mall, Ashford and is open Tuesdays to Fridays from 9am to 5pm and from 9am to 1pm on Saturdays. KCC Public Health commissions the Kent Community Health Foundation Trust (KCHFT) to manage the shop. KCHFT deliver stop smoking, healthy weight, health check and health trainer services in scheduled locations in Ashford and are putting in additional resources within the One You setting.
18. Since opening, One You has received good attendance with particular public interest in healthy weight, drop in weigh-to-go, Health MOTs/Checks and

Blood Pressure checks. The project has proved so successful that the pilot period was extended for two years i.e. until June 2019.

19. As of the end July 2017, 1624 people were recorded as accessing the shop leading to 843 people receiving further detailed health lifestyle information and interventions. A total of 1392 health lifestyle advice and interventions have taken place.
20. The council supports One You by covering the rental costs of the shop. It is intended to provide additional funding for a post that will support the development and promotion of One You. This is to be match funded by KCC Public Health and is due to commence in January 2018.

The Wellbeing Symposium 2018

21. In February 2018 Ashford will host the national Wellbeing Symposium. The symposium is about making health and wellbeing everybody's business. Through talks, workshops, Q&A sessions and a marketplace event, participants are able to explore practical wellbeing solutions and build a strategy for action. The Wellbeing Symposium is the only event of its kind where you can learn about wellbeing in the workplace, community and for the individual all in one place
22. The council is a major sponsor along with KCC and will be participating in the workshops and market place event. Our aim is to promote One You, our workforce wellbeing activity and housing projects. Full details are available at <https://www.thewellbeingsymposium.com>.

Ashford Health and Wellbeing Board

23. Health and Wellbeing Boards were established following central government health reforms that saw responsibility for public health transferring from the NHS to local government. Statutory responsibility within Kent lies with KCC who receive government funding to provide a wide range of public health services. KCC implemented a sub-structure of the Kent Board covering CCG areas. The Ashford Health and Wellbeing Board is there a sub-committee of the Kent Health and Wellbeing Board. It consists of health professional and specialist officers working together, providing an opportunity to influence commissioning decisions made across public health. The Board aims encourage joined up the work of the NHS, social care, children's services, borough council, public health and other health related services.
24. The Board meets in public providing an opportunity for local people to be involved and see the transparency of the decision-making processes, while feeding into discussions. The board is currently chaired by Councillor Bradford, our Cabinet Member for Health, Parking and Community Safety, and the vice chair is held by Dr Navin Kumta, Clinical Lead and Chair of Ashford CCG. The full membership is provided overleaf.

Board Member	Organisation
Dr Navin Kumta	Clinical lead and chair Ashford Clinical Commissioning Group
Cllr Brad Bradford	Cabinet member for Highways, Wellbeing and Safety, Ashford Borough Council
Cllr Peter Oakford	Cabinet member for specialist children's services, Kent County Council
Simon Perks	Accountable officer at NHS Ashford and NHS Canterbury and Coastal Clinical Commissioning Group
Neil Fisher	Head of strategy and planning (Ashford and Canterbury), Clinical Commissioning Group
Faiza Khan	Public health specialist, Kent County Council
TBC	Policy advisor, Kent County Council
John Bridle	Health Watch representative
TBA	Voluntary sector representative
Chris Morley	Patient and public engagement (PPE) Ashford Clinical Commissioning Group
Helen Anderson	Chair of Ashford Local Children's Partnership Group
Tracey Kerly	Chief executive, Ashford Borough Council
Sheila Davison	Head of health, parking and community safety, Ashford Borough Council
Christina Fuller	Head of cultural, Ashford Borough Council
Sharon Williams	Head of housing, Ashford Borough Council

25. The Board meeting quarterly and reports on progress to the Kent Health and Wellbeing Board.
26. The Board has over the last two years considered the following topics / strategies:
- Independent Living and Self-Management
 - Sustainable Development for Health and Wellbeing
 - Voluntary Sector – Resilience and Workforce
 - Kent Health and Wellbeing Strategy
 - East Kent Health Strategy
 - Kent and Medway Growth and Infrastructure Framework
 - CCG Operational Plans
 - Ashford Local Plan
 - Sustainability Transformation Plan
 - Live it Well and Wellbeing Café
 - Children and Young People (emotional health, looked after children and Syrian Vulnerable Person Relocation Scheme)

- Environmental Protection with a focus on air quality
 - Latest Kent Joint Health and Wellbeing Strategy
 - Falls Strategy
 - One You
27. While the Board has been successful in bringing partners together, it does face a number of challenges. These include remoteness from the Kent and Medway STP process and difficulty in securing voluntary sector and adult social care representation on the Board.
28. With regard to the STP process, a recent update meeting took place with district councils where the role district councils was emphasised. We were advised that between now and Christmas, CCGs and partners will be working together to look in detail at what needs to happen in 18/19 to start implementing the local care model. It is hoped that district councils will be a part of these discussion.
29. There is considerable potential to working even more closely with voluntary, community and social enterprise (VCSE). A Board workshop on this area identified a need to explore ways to engage meaningfully with the VCSE as equal partners and to develop joint initiatives to leverage in additional, external funding not accessible to the statutory sector. The social and economic value of community-based services is well understood in addressing social isolation, improving independence and reducing costs to statutory services.

Ashford Health and Wellbeing Board's Priorities

30. The Board focuses much of its attention and energy on agreed health priorities. These are reviewed each year and are currently smoking, obesity in children and excess weight in adults, housing and diabetes. A lead organisation is designated for each area. KCC Public Health provides the lead for smoking and obesity / excess weight, Ashford Borough leads for Housing and the CCG leads for diabetes.

Smoking

31. Despite a decline in prevalence, smoking remains the main cause of preventable disease in the UK, accountable for 1 in 6 of all deaths in England. Smoking is a risk factor for lung cancer (90% of which is attributable to smoking), chronic obstructive pulmonary disease (COPD), and heart disease; it is associated with cancers of the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Mortality rates due to smoking are three times higher in the most deprived areas than in the most affluent areas, demonstrating that smoking is intrinsically linked to inequalities.
32. Preventing ill health through smoking cessation can significantly reduce the burden on the NHS, premature mortality and morbidity and will help reduce inequalities. Tackling smoking will contribute to the ambition set out in Five Year Forward View and the Kent and Medway Sustainability and Transformation Plan (STP) for prevention.

33. In the last year, there has been a reduction of smoking prevalence in Ashford, but the rate is still higher than the England average. The government has specified national targets for reducing smoking prevalence by 2022, which sets a challenge for Ashford.

	Ashford Rate 2017	National Target 2022	Required % reduction from current level:
Adults smoking prevalence	17.4%	12%	31%
Routine and Manual worker smoking prevalence	24.5%	12%	51%
Smoking in Pregnancy	11.3%	6%	47%
15 year olds regular smokers	10.8% (Kent data)	3%	72%
Prevalence in priority wards	Stanhope – 33% Aylesford Green- 29.4% Beaver – 27.5% Victoria – 25.6%	12%	Stanhope – 64% Aylesford Green - 59% Beaver – 56% Victoria – 53%

34. Decreasing smoking prevalence is a priority of the Ashford Health and Wellbeing Board. A sub-group operates to specifically address this priority and a number of projects have been developed. This group has been particularly successful, driving forward a number of successful projects including smoke-free play areas and smoke-free school gate projects. Progress has also been made in regard to contacting known smokers who do not access stop smoking services to encourage quitting through pregnancy and this work is resulting in a dedicated stop smoking clinic within the One You shop (see below). The sub-group are also working with the William Harvey Hospital to support them to become a smoke-free site and progress is being made in this regard for the Civic and Stour Centre grounds as well. Finally an initiative is currently being developed to increase the number of quitters in Ashford using GP and health professional support.
35. Full details of the sub-groups activity can be found in the minutes of the latest AHWB meeting at:

<https://secure.ashford.gov.uk/committeesystem/ViewAgenda.aspx?MeetingId=3193>

Obesity in children and excess weight in adults

36. Obesity is a serious and growing problem. Nearly 770,000 people in Kent are estimated to be either overweight or obese. Morbid obesity (BMI 40+) reduces life expectancy by 8 to 10 years.
37. The impact of this on the Kent health economy is estimated to be over £55m. This is contributed to by 44% of the incidence of diabetes, 23% of heart

disease and between 7% to 41% of certain cancers. In 2011 the Department of Health published Healthy Lives: Healthy People: A call to action on obesity in England. Its ambition is to achieve:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020

38. Although there has been a slight decline in adults' excess weight in Ashford (from 67.5% in 2012/14 to 66.6% in 2013/15), the data shows an increase in childhood obesity at a local and national level over the last three years. The range of programmes delivered by the Healthy Weight Task and Finish group have identified that access to healthy weight services and interventions is more successful when supported through a model and a brand that the public associate with. This is evident in the success of the healthy weight interventions delivered in or referred by the One You shop.

39. As obesity prevalence increases, there is an increased cost burden to the Health Service and to society. The following table (taken from the Draft Kent Healthy Weight Strategy) shows the estimated additional cost of obesity by 2030:

CCG	2012 registered population*	% Kent population	Additional cost (£m)
NHS West Kent	466,245	31.1	17.2
NHS Dartford Gravesham and Swanley	248,912	16.6	9.1
NHS Ashford	123,536	8.2	4.5
NHS Canterbury and Coastal	212,388	14.2	7.9
NHS Swale	108,377	7.2	4.0
NHS Thanet	139,545	9.3	5.3
NHS South Kent Coast	200,403	13.4	13.4
Total	1,499,422	100	55.4

* NHS England CCG 2012 registered population

40. Tackling obesity in children and excess weight in adults is a priority of the Ashford Health and Wellbeing Board. A sub-group operates specifically to address this priority. Its focus to date has been on assessing the impact of existing programmes on target groups, promoting currently commissioned programmes and campaigns more widely in the area, offering and developing programmes to workforces and reviewing the health weight programmes for children. Much of the work identified by this group within their action plan is still ongoing. To date, it has been recognized that a fresh approach is needed to delivering weight management services and these have been harnessed in the One You shop. The supporting data evidences this. More creative approaches need to be explored to reduce the increasing trend of childhood obesity (both locally and nationally).

41. See the minutes of the latest AHWB meeting for more details of the sub-groups work at:

Housing and Health

42. This is a new priority area for the Board and one that is fundamental to the council's contribution to health and wellbeing. It is worth, however, examining the contribution that housing makes to health and wellbeing. The focus here is on the role of social housing, although clearly the council's planning responsibilities are relevant to the provision of housing supply that fosters health and wellbeing.
43. Having suitable accommodation that is safe and warm is one of the foundations of personal wellbeing whether in childhood, adulthood or old age. It enables people to access basic services, build good relationships with neighbours and others, and maintain their independence – all resulting in a better quality of life.
44. Helping people to stay well and maintain independence as they grow older is critical for health and helps reduce pressure on the NHS. Good housing and preventative services can make a fundamental difference to health and wellbeing. Those working in the housing field can support older people through:
 - fall prevention
 - dementia-champion training
 - programmes that reduce social isolation
 - programmes that encourage health eating and exercise
45. In 2014, one in three homeless people admitted to hospital were discharged onto the streets. Councils across the country provide homes and refuge for vulnerable people through supported, personalised and adaptive housing. For homeless people the rate of hospital admissions and A&E visits are 4 times higher than for the general public. Homelessness prevention reduces pressures on vital A&E services.
46. Our council is well placed to provide services and to support access to primary and community care, both helping residents and avoiding use of expensive NHS acute care. One in two social housing residents have a long-term condition or disability, compared to around one in four in other types of housing. There is a key role to play in the management of long-term conditions through support for those with hearing, sight and physical mobility problems, to maintain independence through adaptations and to support through extra care, supporting housing and support with personal care.
47. Having a settled home is vital for good mental health. Ensuring support and accommodation to people recovering from a mental health problem, signposting people to relevant community-based mental health services and working with mental health providers to ensure treatment can be provided in the most appropriate setting are aspirations that housing can support.
48. Finally, social isolation and loneliness can have as big an impact on health as moderate smoking, excessive alcohol consumption and obesity. Those who

provide housing can play an important role in alleviating social isolation for their residents. Social housing provides homes for more than 5 million people and many of these are at risk of social isolation because they are on a low income, live alone or have other risk factors. Interventions such as befriending, volunteering and community schemes can improve health and wellbeing and reduce the pressure on the NHS and social care services.

49. In setting health and housing as a priority for the Board, the intention is to develop further collaborative programmes aimed at tackling the above issues. The contribution of housing to health and wellbeing, and its potential to support NHS transformation plans, is slowly being recognised. More needs to be done at a local level to maximise the opportunities that exist.

Diabetes

50. This again is a new priority area for the Board. The lead for this area is the CCG and it is anticipated that the next Board meeting will receive a report on the current position within Ashford and the opportunities for further collaborative action.

East Kent Public Health Group

51. This group was established in late 2016 as one of the East Kent (EK) devolution work stream. The group aims to explore the options around local models of delivery for public health, to further enhance and improve outcomes, avoid duplication and maximise total resources for EK. It acknowledges that effective and collaborative partnership working is vital to tackle entrenched health inequalities, maintain and improve outcomes for residents. Madeline Homer, Chief Executive of Thanet District Council, chairs the group.
52. The identified drivers which led to the group's formation were the Public Health Transformation Programme including re-procurement by KCC of lifestyle services, the collaborative work agenda for EK, the work of the King's Fund that highlights the contribution of district councils to public health, the on-going reductions in public sector funding and the STP and emerging new models of care.
53. An early piece of work undertaken by the group has been to identify East Kent health priorities and identify the collective spend on public health across East Kent by KCC and district councils. The purpose was to identify which services are being funded, how they align to health outcomes and if they motivate, make or maintain change in the population. A copy of this report is provided at Appendix 4.
54. Of particular note is the council's spending estimate for programmes associated with health outcomes. This information provided overleaf demonstrates the level of financial commitment by the council to wellbeing.

Physical Activity

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Physical Activity	Active Everyday project	2	£5,000
ABC	Physical Activity general	Revenue funding for sports facilities revenue funding; maintaining free parks, play areas and green spaces.	2	£1,448,262
ABC	Capital investment for sports, open space and community centres	New built infrastructure that supports a healthy lifestyle i.e. cycle paths, new public open spaces, play and park improvements; sports centre refurbishments, new sports provision (pavilions), and community/youth space s refurbishment.	2	£2,154,000

Smoking Prevalence

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Smoke Free public spaces	Smoke Free play areas	3	£5,000
ABC	Smoke free enforcement	Environmental Health general enforcement activity	3	£5,000
ABC	E-cigarette support work	Promotion of e-cigarettes as part of stop smoking support	3	£2,000

Mental Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Dementia Friends	Dementia friends training for staff	5	£2,000

Staying Safe

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Community Safety Grants	Not specifically health related but funding available for health projects	8	£20,000
ABC	Safety In Action	Annual Event for 1,600 year 6 children addresses the dangers they may face as they become more independent and prepare for their transition from primary school to secondary school. Cost included within wider community safety. SIA spend is not separately budgeted.	8	£5,000
ABC	Domestic Abuse	DA coordinator plus contribution to IDVA service	8	£50,000
ABC	Domestic Abuse	Refuge grant	8	£100,000
ABC	Public Spaces Protection Order	Reduce street drinking, sleeping in public spaces and begging (as part of ASB Crime and Policing Act 2014)	8	
ABC	Community Safety, Monitoring Centre & Licensing	Public safety including operation of monitoring centre and lifeline. Licensing responsibility for alcohol sale, gambling, taxi and street trading.	8	£496,720

Holistic Health Programmes

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	HR activities for council employees	Range of preventative health activity for ABC employees	H	£2,000
ABC	Community Development	Consultation with residents on new developments for facilities and open space	H	£0
ABC	Homelessness	Range of interventions including emergency housing provision and support to rough sleepers	H	£250,000
ABC	Information and Advice	Regular communication with the public and ABC employees on a range of public health issues	H	£2,000
ABC	DFG's	Disabled facilities grants	H	£90,000
ABC	One You Shop	Health behaviour support offered via One You Shop- primary focus smoking, healthy weight and mental health i.e. Ashford HWB priorities. Unit rental subsidised by ABC, project jointly funded with KCC public health & KCHFT.	H	£10,000

Living Well/Wider Determinants of Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Conservation sites management	Revenue assistance to support conservation groups to manage sites and involve public	9	£55,000
ABC	Community Grants	Not specifically health related but funding available for health projects	9	£100,000
ABC	Community Services Grants (commissioned services e.g. CAB)	Not specifically health related but funding available for health projects. Includes grant to CAB of £120K	9	£186,000
ABC	Member Grants	Not specifically health related but funding available for health projects	9	£129,000
ABC	LCPG	Not specifically health related but funding in support of mental health & staying safe	9	£45,000
ABC	Youth Projects	Refer to community grants above – commissioned projects. Recorded as part of community grants i.e. £50K as part of £186K above	9	£50,000
ABC	Troubled families	Not specifically health related but funding in support of mental health & staying safe	9	£28,000
ABC	Job Club	The Job Club provides advice on interview skills and techniques, courses and training locally, support with job applications, support with job searching and voluntary work. It also offers careers advice and CV workshops.	9	£4,400
ABC	Air pollution	Environmental Health activity generally including air quality monitoring	9	£33,000
ABC	Welfare, employment and benefits advice and support to reduce inequalities	Welfare intervention support and guidance. Also assists with health and mental health. Signposting to other organisations.	9	£65,850
ABC	Private Sector Housing Function	Requiring landlords to improve their properties	9	£141,260
ABC	Environmental Health	Food Safety, infectious disease control. Environmental protections and health & safety	9	£659,710

55. Following publication of this report, the group is focusing attention on reducing smoking prevalence and identifying specific action plans to tackle this health indicator.

Resources

56. It is important to appreciate that the council receives no direct funding from KCC or government for its public health work. The council does, however, work very closely with the KCC Public Health team and a Specialist in Public Health works at the Civic Centre one day a week to support our work in this area. This has proved tremendously successful and is seen to be a key feature of the progress made in the last couple of years. Her work is supported by a member of the Health, Parking and Community Safety Service who dedicates one day per week to public health projects, particularly providing support to the working groups of the AHWB.
57. A Management Assistant within the Health, Parking and Community Safety Service provides administrative support for the Board with assistance for meeting being provided by Member Services.
58. Strategic support for our public health work is provided by the Heads of Service for Health, Parking and Community Safety, Culture and Housing.

Equalities Impact Assessment

59. Not applicable.

Consultation Planned or Undertaken

60. Not applicable.

Other Options Considered

61. Not applicable.

Reasons for Supporting Option Recommended

62. Not applicable.

Next Steps in Process

63. Feedback from this meeting will help to guide the council's future wellbeing activities.

Conclusion

64. The council is making an important contribution to public health. At a borough level it is creating jobs, supporting education, securing safe housing, providing leisure and culture opportunities, developing new communities that have

health and wellbeing at their core and protecting some of the most vulnerable in our community. On a day-to-day basis, the council protects health and wellbeing. It might not always be recognised, but ensuring that refuse is collected, our food businesses and workplaces are safe, protecting and responding to environmental nuisance, and promoting community safety, all contribute to health and wellbeing. What we are now doing more than ever is recognising that the council's corporate plan is a health and wellbeing plan. While treating ill health is definitely not within our remit, we absolutely have a major role in preventing ill health and promoting an environment that supports people to lead a healthy and indeed happier life. We can be justifiably proud of our achievements.

Contacts and Emails

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Appendix 1 – Ashford Health Profile

Appendix 2 – Ashford Health Profile grouped by Kent Region

Compared with benchmark ● Better ● Similar ● Worse ○ Not Compared

Indicator	Period	Ashford			County & UA	England	England			Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Deprivation score (IMD 2015)	2015	–	–	17.3	–	21.8	42.0		5.0	
Children in low income families (under 16s)	2014	↑	4,180	17.2%	18.4%	20.1%	39.2%		6.6%	
Statutory homelessness	2016/17	→	10	0.2	1.6*	0.8	–	Insufficient number of values for a spine chart		–
GCSEs achieved	2015/16	–	761	55.3%	58.7%	57.8%	44.8%		78.7%	
Violent crime (violence offences)	2015/16	↑	1,822	14.8	18.4	17.2	36.7		4.5	
Long term unemployment	2016	↓	204	2.7*	3.2*	3.7*	13.8		0.4	
Smoking status at time of delivery - current method	2016/17	↓	180	12.3%	13.8%	10.7%	28.1%		2.3%	
Smoking status at time of delivery - historical method	2016/17	↓	180	12.2%	13.8%	10.5%	28.1%		2.3%	
Breastfeeding initiation	2014/15	–	1,017	71.3%	71.3%	74.3%	47.2%		92.9%	
Obese children (Year 6)	2015/16	→	262	19.1%	18.7%	19.8%	28.5%		9.4%	
Hospital stays for alcohol-specific conditions (under 18s)	2013/14 - 15/16	–	24	28.0	35.6	37.4	121.3		10.5	
Under 18 conceptions	2015	↓	44	18.7	20.6	20.8	43.8		5.4	
Smoking prevalence in adults	2016	–	–	17.4%	15.2%	15.5%	25.7%		4.9%	
Percentage of physically active adults - current method	2015/16	–	–	65.8	64.7	64.9	53.9		78.2	
Percentage of physically active adults - historical method	2015	–	–	58.5%	59.0%	57.0%	44.8%		69.8%	
Excess weight in Adults - current method	2015/16	–	–	67.1%	61.4%	61.3%	73.4%		42.7%	
Excess weight in adults - historical method	2013 - 15	–	–	66.6%	65.5%	64.8%	76.2%		46.5%	
Cancer diagnosed at early stage	2015	–	274	51.2%	52.6%	52.4%	39.0%		63.1%	
Hospital stays for self-harm	2015/16	–	192	158.7	204.8	196.5	635.3		55.7	
Hospital stays for alcohol-related harm	2015/16	–	524	440	531	647	1,163		374	
Recorded diabetes	2014/15	↑	5,876	6.1%	6.2%	6.4%	9.2%		3.3%	
Incidence of TB	2014 - 16	–	40	10.7	6.2	10.9	69.0		0.0	
New sexually transmitted infections (STI)	2016	↓	321	419	536	795	3,288		223	
Hip fractures in people aged 65 and over	2015/16	–	137	589	582	589	820		312	
Estimated dementia diagnosis rate (aged 65+)	2017	–	902	64.1%	64.2%	67.9%	45.1%		90.8%	
Life expectancy at birth (Male)	2013 - 15	–	–	80.2	79.8	79.5	74.3		83.4	
Life expectancy at birth (Female)	2013 - 15	–	–	84.0	83.5	83.1	79.4		86.7	
Infant mortality	2014 - 16	–	16	3.5	3.5	3.9	7.9		0.0	
Killed and seriously injured on roads	2013 - 15	–	193	52.2	41.6	38.5	103.7		10.4	
Suicide rate	2014 - 16	–	33	10.5	11.6	9.9	18.3		4.6	
Smoking related deaths	2014 - 16	–	–	–	268.9	272.0	–	Insufficient number of values for a spine chart		–
Under 75 mortality rate: cardiovascular	2014 - 16	–	197	59.4	64.6	73.5	141.3		42.3	
Under 75 mortality rate: cancer	2014 - 16	–	438	132.2	134.8	136.8	195.3		99.1	
Excess winter deaths	Aug 2013 - Jul 2016	–	232	23.6	18.8	17.9	30.3		6.3	

Source:

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/102/ati/101/are/E07000105>

Appendix 3 – What makes us healthy?

Appendix 4 - Kent Programme Evaluation Ashford Borough Council



Ashford

District

This profile was published on 4th July 2017



Health Profile 2017

Health in summary

The health of people in Ashford is varied compared with the England average. About 17% (4,200) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 4.0 years lower for men in the most deprived areas of Ashford than in the least deprived areas.

Child health

In Year 6, 19.1% (262) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 28*. This represents 8 stays per year. Levels of breastfeeding initiation are worse than the England average.

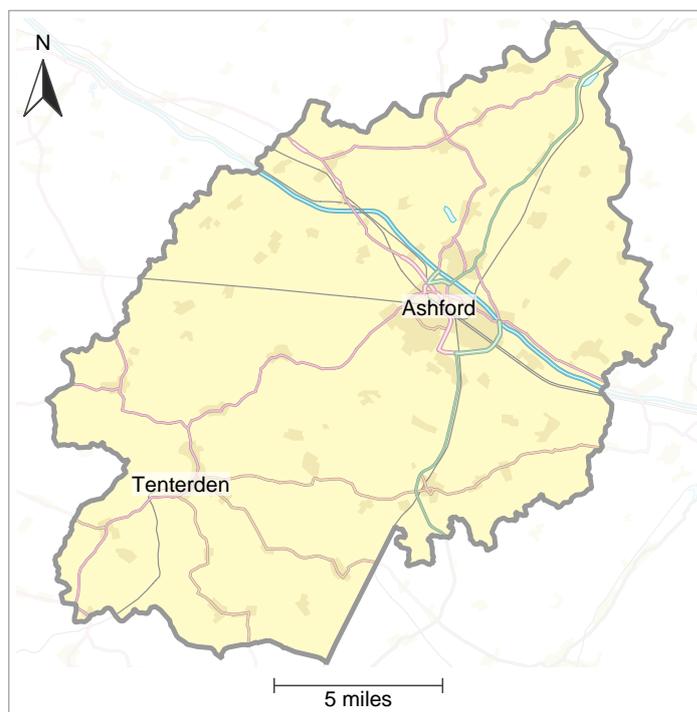
Adult health

The rate of alcohol-related harm hospital stays is 440*, better than the average for England. This represents 524 stays per year. The rate of self-harm hospital stays is 159*, better than the average for England. This represents 192 stays per year. The rate of people killed and seriously injured on roads is worse than average. The rate of sexually transmitted infections is better than average. Rates of statutory homelessness, violent crime, long term unemployment and early deaths from cardiovascular diseases are better than average.

Local priorities

Priorities in Ashford include improving levels of healthy weight among adults and children through increasing physical activity, addressing health inequalities (heart disease), and addressing smoking prevalence and smoking in pregnancy. For more information see www.ashfordccg.nhs.uk and www.kpho.org.uk

* rate per 100,000 population



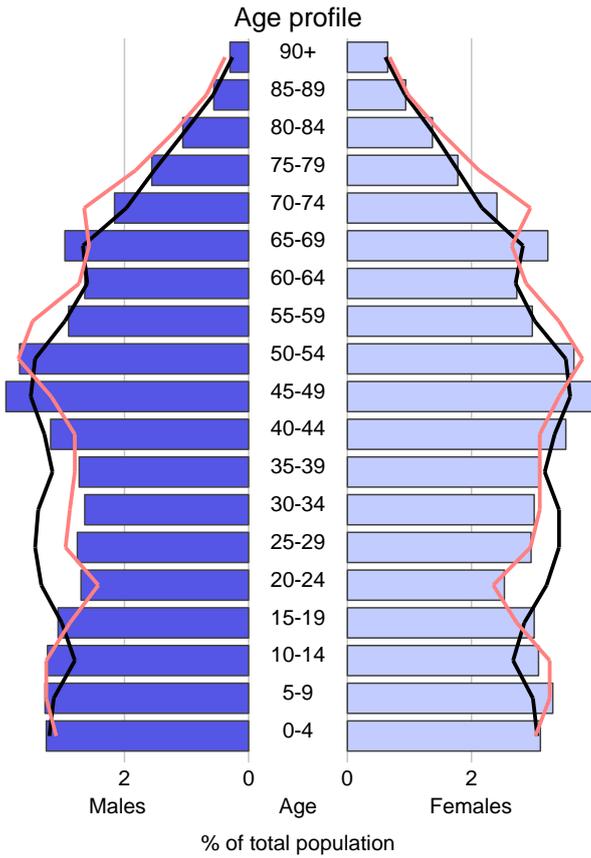
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Contains OS data © Crown copyright and database right 2017

This profile gives a picture of people's health in Ashford. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

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Population: summary characteristics



	Males	Females	Persons
Ashford (population in thousands)			
Population (2015):	60	64	124
Projected population (2020):	64	68	132
% people from an ethnic minority group:	5.4%	7.0%	6.2%
Dependency ratio (dependants / working population) x 100			68.3%

	Males	Females	Persons
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

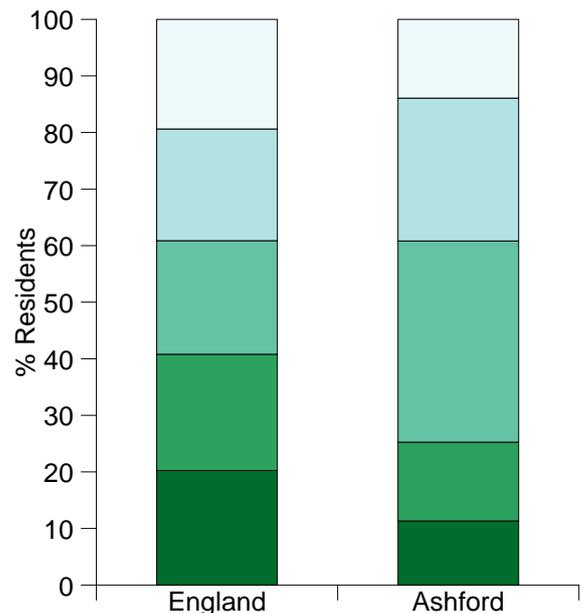
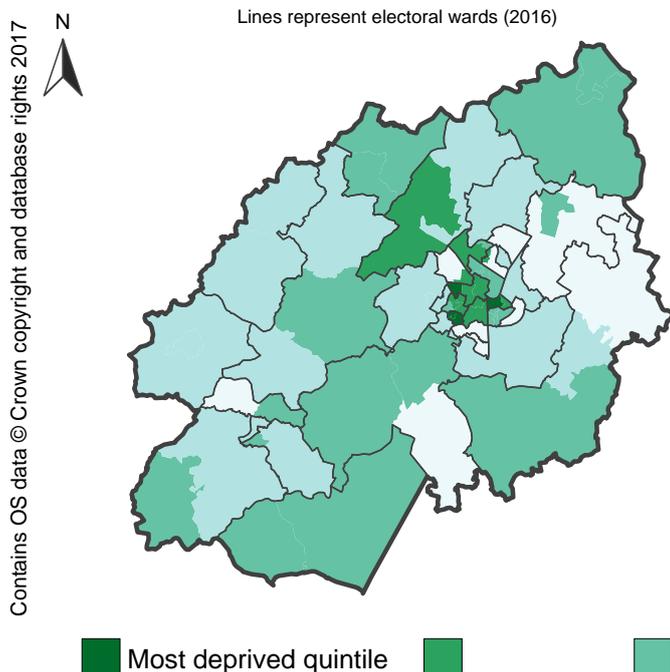
The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

- Ashford 2015 (Male)
- Ashford 2015 (Female)
- England 2015
- Ashford 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

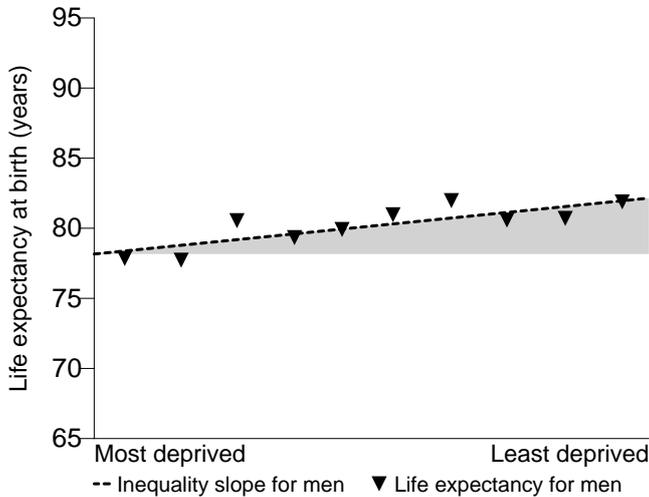
This chart shows the percentage of the population who live in areas at each level of deprivation.



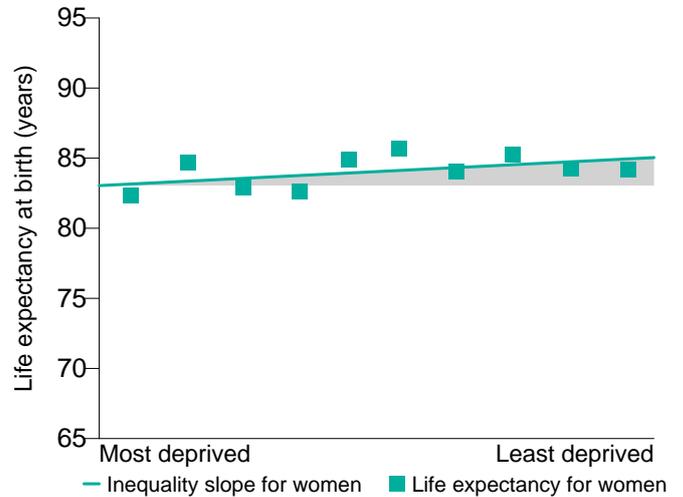
Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 4.0 years



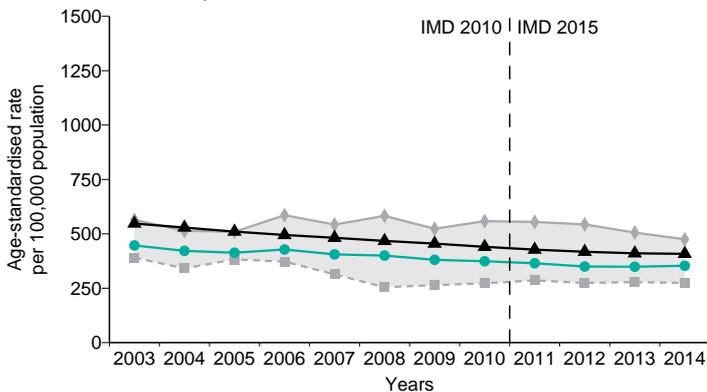
Life expectancy gap for women: 2.0 years



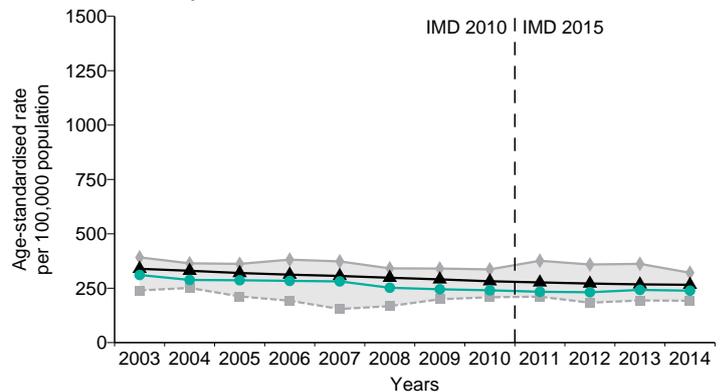
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

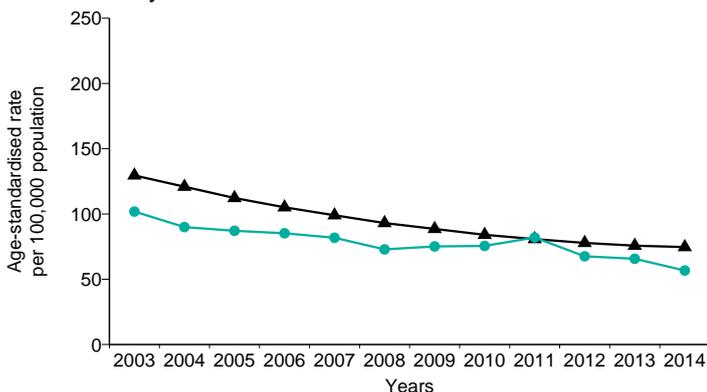
Early deaths from all causes: men



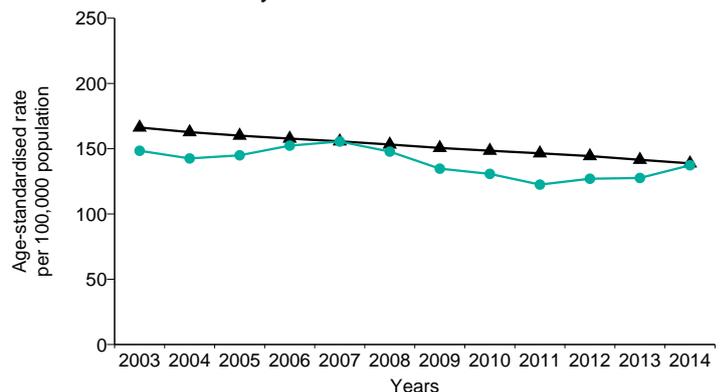
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

▲ England average ● Local average ■ Local least deprived ◆ Local most deprived □ Local inequality

Health summary for Ashford

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

Domain	Indicator	Period	Local count	Local value	Eng value	Eng worst	England range		Eng best
							England worst	England best	
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	17.3	21.8	42.0			5.0
	2 Children in low income families (under 16s)	2014	4,180	17.2	20.1	39.2			6.6
	3 Statutory homelessness	2015/16	12	0.2	0.9				
	4 GCSEs achieved	2015/16	761	55.3	57.8	44.8			78.7
	5 Violent crime (violence offences)	2015/16	1,822	14.8	17.2	36.7			4.5
	6 Long term unemployment	2016	204	2.7 ^{λ20}	3.7 ^{λ20}	13.8			0.4
Children's and young people's health	7 Smoking status at time of delivery	2015/16	166	11.3	10.6 ^{\$1}	26.0			1.8
	8 Breastfeeding initiation	2014/15	1,017	71.3	74.3	47.2			92.9
	9 Obese children (Year 6)	2015/16	262	19.1	19.8	28.5			9.4
	10 Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	24	28.0	37.4	121.3			10.5
	11 Under 18 conceptions	2015	44	18.7	20.8	43.8			5.4
Adults' health and lifestyle	12 Smoking prevalence in adults	2016	n/a	17.4	15.5	25.7			4.9
	13 Percentage of physically active adults	2015	n/a	58.5	57.0	44.8			69.8
	14 Excess weight in adults	2013 - 15	n/a	66.6	64.8	76.2			46.5
	15 Cancer diagnosed at early stage	2015	274	51.2	52.4	39.0			63.1
Disease and poor health	16 Hospital stays for self-harm†	2015/16	192	158.7	196.5	635.3			55.7
	17 Hospital stays for alcohol-related harm†	2015/16	524	440.2	647	1,163			374
	18 Recorded diabetes	2014/15	5,876	6.1	6.4	9.2			3.3
	19 Incidence of TB	2013 - 15	32	8.7	12.0	85.6			0.0
	20 New sexually transmitted infections (STI)	2016	321	418.5	795	3,288			223
	21 Hip fractures in people aged 65 and over†	2015/16	137	589.2	589	820			312
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2013 - 15	n/a	80.2	79.5	74.3			83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	84.0	83.1	79.4			86.7
	24 Infant mortality	2013 - 15	16	3.6	3.9	8.2			0.8
	25 Killed and seriously injured on roads	2013 - 15	193	52.2	38.5	103.7			10.4
	26 Suicide rate	2013 - 15	36	11.6	10.1	17.4			5.6
	27 Smoking related deaths	2013 - 15	n/a	n/a	283.5				
	28 Under 75 mortality rate: cardiovascular	2013 - 15	183	56.7	74.6	137.6			43.1
	29 Under 75 mortality rate: cancer	2013 - 15	442	137.3	138.8	194.8			98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	214	22.0	19.6	36.0			6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

^{λ20} Value based on an average of monthly counts ^{\$1} There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

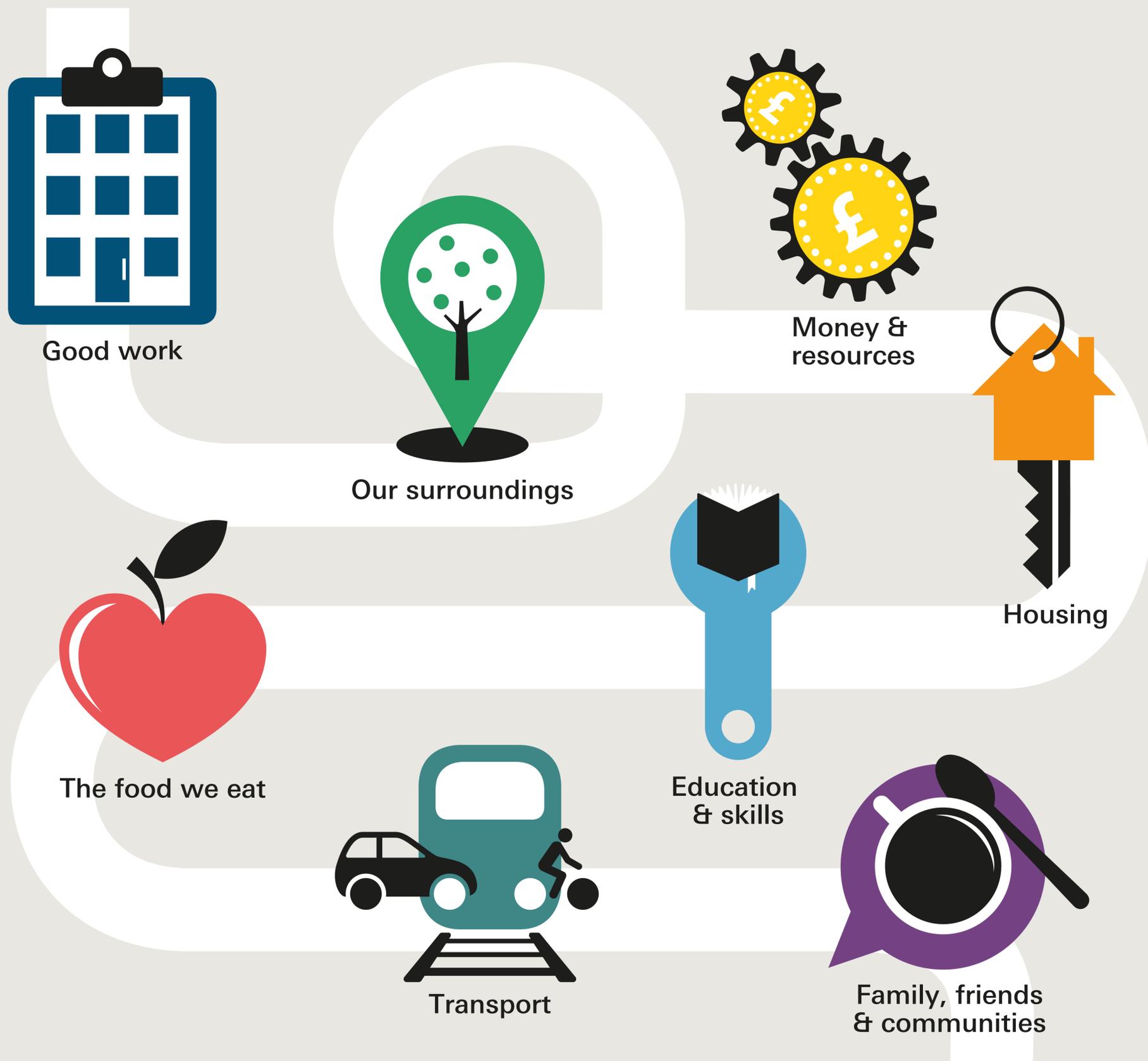
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What makes us healthy?

AS LITTLE AS

10% of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

East Kent Programme Evaluation Ashford Borough Council

November 2017



Produced by

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1. Executive Summary

1.1.1 Purpose of Report

This report has been created to support a series of workshops attended by KCC and Local Authorities (LA's) which explore East Kent LA programmes and their link to health outcomes.

The analysis in this report relies on data submissions provided from KCC Public Health, KCC GET and East Kent LA's (Ashford, Canterbury, Dover, Shepway and Thanet), and is designed to facilitate discussions on:

- Programme development and future priorities for funding (including areas of duplication),
- Highlight examples of best practice which could be replicated or enhanced,
- Identify opportunities for joint working, closer integration or co-commissioning
- Highlight opportunities to use collective resource to 'make the healthy choice the easy choice'¹.

The information contained in this report represents a snapshot in time and would benefit from being viewed alongside data from activity taking place in each locality; e.g. services commissioned by CCGs, and voluntary sector activity.

1.1.2 Background Information

An East Kent group was set up to:

- Explore the options around local models of delivery for Public Health,
- Support effective and collaborative partnership working across relevant public and private sector agencies,
- Further enhance and improve outcomes for residents,
- Avoid duplication of delivery, and
- Maximise outputs from total resources for East Kent.

There were number key drivers which led to the formation of this group.

- The Public Health Transformation Programme including re-procurement of lifestyle services,
- The devolution agenda (and emerging models in West Kent),
- Work by the Kings Fund that highlighted the contribution of District councils,
- Ongoing reductions public sector funding, and
- The Sustainability and Transformation plans and emerging new models of care.

¹ Taken from terms of reference

The overarching objectives of this work were to:

- Consider what is working well,
- Consider what is not working well and requires a system change,
- Identify and understand duplication in the current system,
- Consider what can be tailored to local needs.

The guiding principles of this work are set out in the Terms of Reference [Appendix A]; these include sharing of best practice, transparency, taking a co-commissioning approach and considering the total resource, taking an evidence-led approach and ensuring the community viewpoint informs any future developments.

1.1.3 Mapping Exercise

This group agreed that it would be helpful to conduct a mapping exercise on collective spend and followed a methodology from work carried out in the West of the county. This looked to identify what services are being funded, how they align to health outcomes and if they motivate change, make change or maintain change² in the population. This work was designed to support the group to explore the following questions:

- A. How do we currently spend our money?
- B. How does this align to health need?
- C. Are there any duplication of spend?
- D. Are there areas where LA's could work together to get better value or achieve more?

This exercise involved collecting information from each of the East Kent LA's for 2016/17 showing the range of current health programmes and the estimated spend for 2016/17. In addition, 2016/17 spend from the KCC Public Health grant for each area was included. A matrix system of nine health outcomes was been established by the group to showcase the breakdown of each LA programmes.

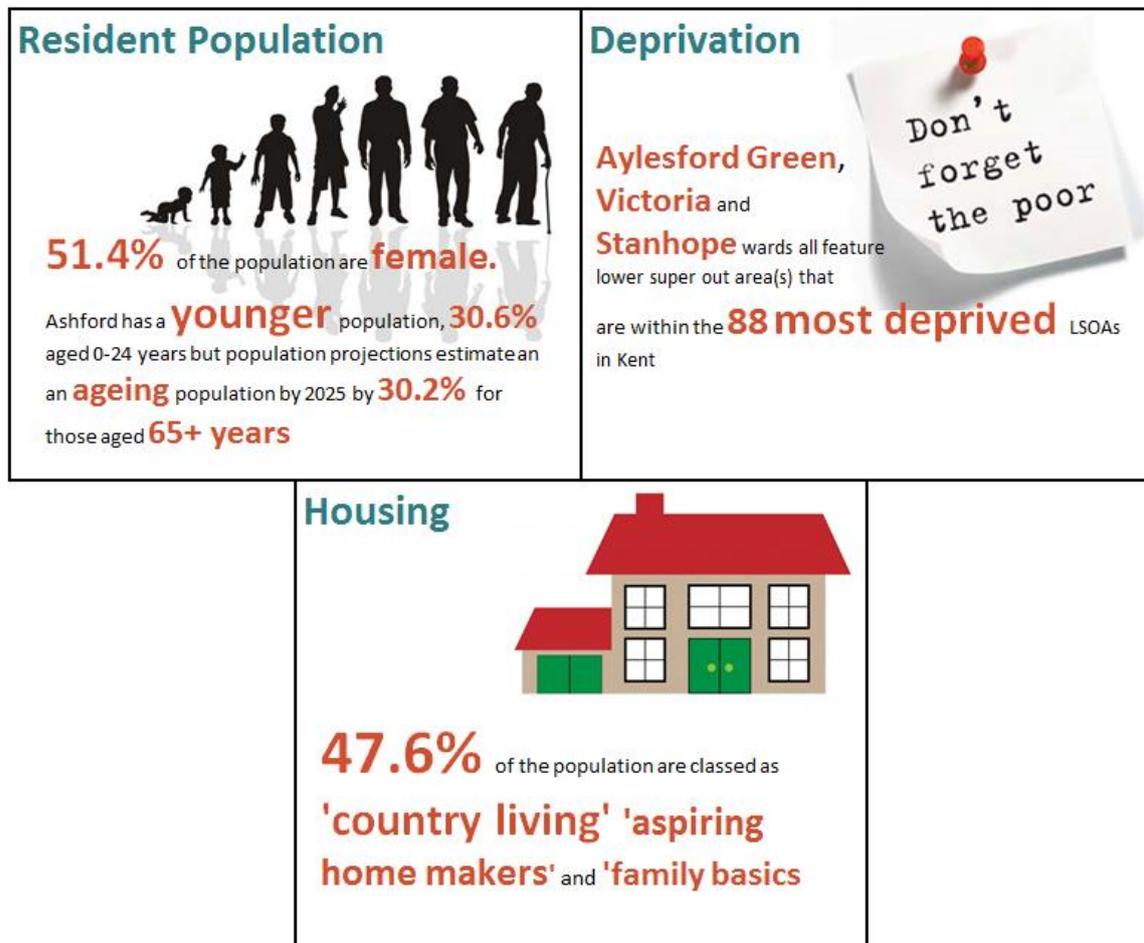
An officer group worked to refine this data and agreed to use the information relating to outcomes (healthy weight, physical activity, smoking prevalence, substance misuse, mental health and sexual health) to compare with Public Health England Health Profiles (PHOF)³ and also to the Public Health Outcomes Framework (and NHS Digital) to make an assessment on the health of residents. A range of Local Authority programmes were noted as having a contribution to health but sit outside this analysis as could not be aligned to a specific health outcome.

² These are the 3 stages in the Public Health Transformation Model (see Appendix B).

³ The Public Health England Health Profiles provide a snapshot of each Local Authorities health of residents to help local government and communities to understand the needs of their community population and to improve the health, and health inequalities, by working together. This report has been based on the local priorities as outlined in the PHE Health Profiles of 2016. Health Profiles for 2017 have now been released. There may be slight changes to local priorities. More information can be found via <https://fingertips.phe.org.uk/profile/health-profiles>

2. Ashford LA: An Overview

Summarised below are the key characteristics of Ashford LA giving a brief overview of demographics and socio-economic factors.



References

- Resident population as of 2015.
- Resident population projections are based on 2014 populations, source: Office for Notational Statistics (ONS).
- The 'Mind the Gap' full report can be found here: <http://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report> for more detail on deprivation in Kent.
- Housing classifications have been identified by the MOSAIC population segmentation tool which focuses on the needs of citizens and provides an understanding of the population from location, demographics and behaviours. Citizens can be placed into one of fifteen categories.

3. Health Priorities & Health Outcomes

3.1 Public Health England Priorities

PHE lists the local priorities of each LA in their Health Profiles. The Health Profiles for 2016 list Ashford LA's local priorities as being:

- Improving the levels of healthy weight in adults and children by increasing levels of physical activity,
- Addressing health inequalities (heart disease),
- Addressing smoking prevalence and smoking in pregnancy.

The visualisations below show the 2016 and 2017 PHE Health Profile priorities for Ashford LA (as well as the other LA's).

Public Health England Local Priorities

Local priorities have been taken from the Public Health England Health Profiles (2016), they are shown below; grouped by LA



Public Health England Local Priorities

Local priorities have been taken from the Public Health England Health Profiles (2017), they are shown below; grouped by LA



3.2 Health Outcomes: An Introduction

Data on current programmes and projects for 2016/17 has been submitted by each East Kent LA where the programme or project was felt to have a direct link to a health outcome.

3.2.1 Health Outcome Classification

The six health outcomes used in this programme evaluation and analysis were defined by the East Kent LA's and Kent County Council.

- 1) Healthy Weight –helping people to eat more healthily and aims to reduce obesity and excess weight,
- 2) Physical Activity –increasing levels of physical activity or supporting people to maintain an active lifestyle,
- 3) Smoking Prevalence – focusing on reducing smoking prevalence and associated quit support,
- 4) Substance Misuse – focusing on reducing substance misuse for drugs and alcohol and treatment services,
- 5) Mental Health – promotion of positive wellbeing and reducing poor mental health,
- 6) Sexual Health –promoting safe sex behaviour (including contraception), sexual health advice as well as screening and treatment services.

3.2.2 Restrictions of Data

There was considerable variation in the quality and veracity of the information received from each East Kent LA. Costings for 2016/17 vary and whilst some programmes or projects overlap across LA's, these may not necessarily reflect the whole costing involved. The following information was excluded from the analysis for this section:

- Projects and programmes which delivered against health outcomes for 'Ageing Well' (7), 'Staying Safe' (8) and 'Living Well/Wider Determinants of Health' (9),
- Where programme cost information was not provided.

3.3 Health Outcomes: Analysis (Question A & B)

3.3.1 Ashford Borough Council



The information provided by Ashford LA has identified the core spend is on 'physical activity' which has been identified by PHE as a local priority. Other spends from Ashford LA include programmes on 'smoking prevalence' and 'mental health'. Smoking prevalence and also smoking in pregnancy are regarded as a PHE local priority.

Programmes listed under the 'physical activity' health outcome include:

- Active everyday projects
- Revenue funding for sports facilities, maintaining free parks and play areas
- Supporting healthy lifestyles through cycle paths, open spaces, play and park improvements, refurbishments to sports centres and community spaces and sport provision.

Programmes listed under the 'smoking' health outcome include:

- Smoke free play areas and environmental health
- Promoting e-cigarettes as part of stop-smoking support

Programmes listed under the 'mental health' health outcome include:

- 'Dementia Friends' which is used to train staff in being dementia friends.

3.3.2 Kent County Council: Public Health

A breakdown of the programmes associated with the health outcomes can be found in appendix C of KCC Public Health programmes. A number of the high spend programmes have been categorised as holistic spend such as Health Visiting, Health Trainers, school nursing and campaigns.

When looking at the breakdown of the Public Health spend on the 6 selected health outcomes, the highest spend was on 'sexual health' for 2016/17 whereas the lowest spend was on 'physical activity'.

3.4 Health Outcomes: A Comparison

Information has been selected from the PHOF (and NHS Digital) to understand the needs of residents based on health outcomes that have been listed as a PHE priority.

Physical Activity

2.13i - Percentage of physically active and inactive adults - active adults 2015 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	57.0	56.8	57.3
Kent	-	-	59.0	57.7	60.2
Ashford	-	-	58.5	54.3	62.7
Canterbury	-	-	61.7	57.5	65.8
Dartford	-	-	57.8	53.6	62.1
Dover	-	-	56.4	52.1	60.7
Gravesham	-	-	54.5	50.3	58.8
Maidstone	-	-	60.7	56.5	64.9
Sevenoaks	-	-	65.2	61.0	69.3
Shepway	-	-	58.1	53.9	62.4
Swale	-	-	58.5	54.3	62.8
Thanet	-	-	50.9	46.6	55.2
Tonbridge and Malling	-	-	62.5	58.3	66.7
Tunbridge Wells	-	-	61.9	57.7	66.1

Source: Active People Survey, Sport England

Ashford LA has a similar proportion of physically active adults (58.5%) compared to England (57.0%). The rate for Ashford is also similar to Kent (59.0%). Ashford also has a higher proportion of physically active adults out of the East Kent LA's with Canterbury LA having the highest rate (61.7%).

Smoking Prevalence

Area	Value	Lower CI	Upper CI
England	15.5	15.3	15.7
Kent	15.2	13.7	16.7
Ashford	17.4	12.2	22.5
Canterbury	10.1	6.0	14.1
Dartford	14.3	8.5	20.0
Dover	17.7	11.8	23.6
Gravesham	11.5	5.4	17.6
Maidstone	17.4	12.7	22.1
Sevenoaks	8.3	3.7	12.8
Shepway	18.4	12.9	24.0
Swale	20.2	14.4	26.0
Thanet	18.1	12.3	23.9
Tonbridge and Malling	17.1	12.2	22.0
Tunbridge Wells	12.2	7.3	17.2

Source: Annual Population Survey (APS)

Ashford LA has a similar smoking prevalence rate compared to England (17.4% and 15.5% respectively). This is also similar to Kent (15.2%).

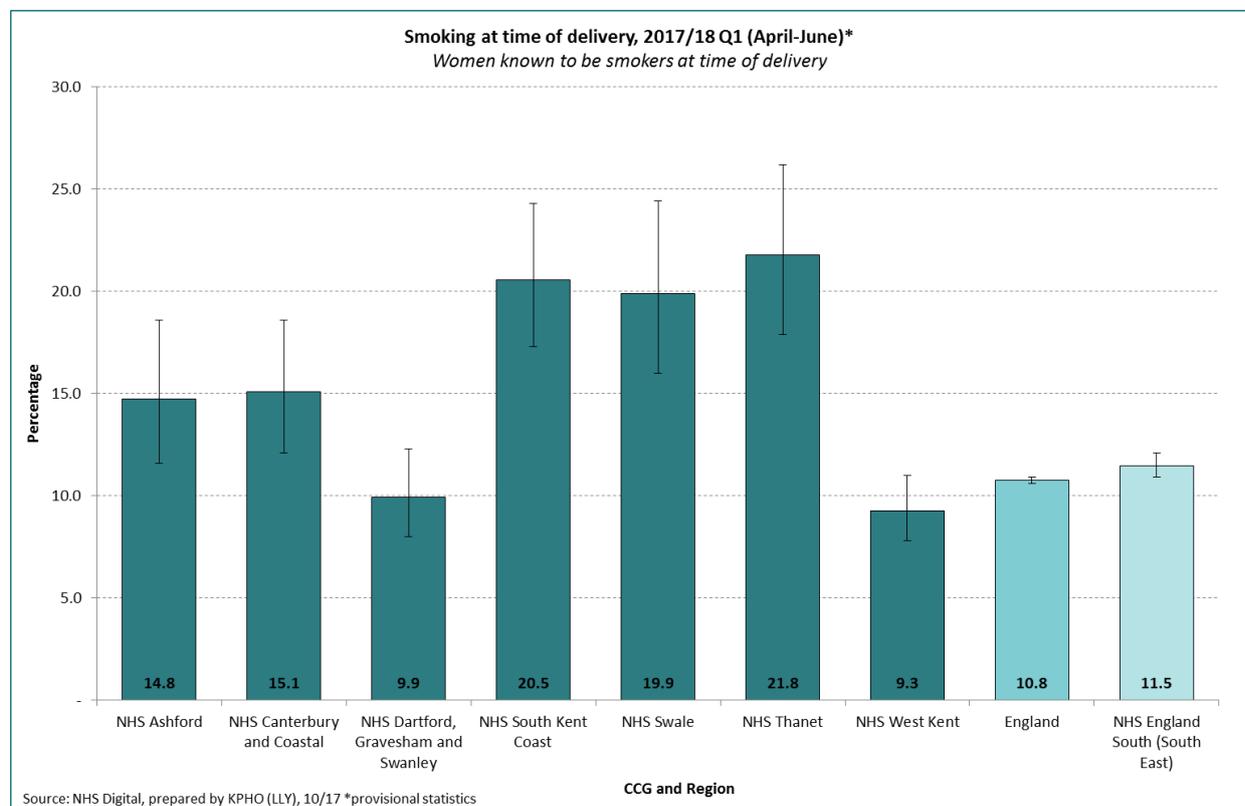
Smoking prevalence – routine and manual smokers

Area	Value	Lower CI	Upper CI
England	26.5	26.1	27.0
Kent	29.0	24.5	33.4
Ashford	24.5	12.0	37.1
Canterbury	30.7	12.6	48.8
Dartford	30.7	14.2	47.2
Dover	42.2	26.9	57.5
Gravesham	12.8	0.0	28.6
Maidstone	32.7	19.3	46.2
Sevenoaks	15.9	2.1	29.7
Shepway	34.6	19.2	49.9
Swale	34.6	20.7	48.5
Thanet	27.7	10.1	45.2
Tonbridge and Malling	35.7	20.0	51.3
Tunbridge Wells	11.1	0.0	23.1

Source: Annual Population Survey (APS)

Smoking prevalence in routine and manual smokers aged 18-64 years is recorded as being 24.5% for Ashford which is slightly lower than Kent (29.0%) and England (26.5%). It is also the lowest recorded prevalence out of the East Kent LA's.

Smoking at Time of Delivery



Ashford CCG (14.8%) was significantly higher than England (10.8%). Please note information is not available at LA level.

3.5 Health Outcomes: Analysis (Question C & D)

The work looks to highlight duplication or potential for joint commissioning (question c). Some common programmes include health, disabled facilities grants and spend on leisure centres. It is recommended that any duplication and opportunities for joint commissioning could be explored through discussion and review of the programmes listed in Appendix C.

The mapping exercise also aimed to highlight opportunities for further action, where there could be a greater connect between LA and public health resources or activities or duplication (Question C and D). For example:

- A local community hub could be used to provide a venue for service delivery for example Thanet Healthy Living Centre
- Resources could be pooled such as seen in the Ashford One You Shop visit (<http://www.ashford.gov.uk/your-community/ashford-health-and-wellbeing-board/one-you/> for more information).
- Front line staff who are already in contact with key target groups could be given information to enable them to promote local services and offered associated training to deliver brief advice – example is Making Every Contract Count Training that has been offered to Housing staff in West Kent,
- A council magazine or correspondence that already goes to every household could be used to promote public health messages or campaigns.

The Public Health Transformation Model (see appendix B) is split into three stages of: ‘Motivate’ Change, ‘Make’ Change and ‘Maintain’ Change. The model has been produced for Ashford LA showing the breakdown of their programmes and projects into the three stages. A split of programme or project can be split across all three stages or just one for Ashford can be seen below.

The idea of this work was to highlight opportunities for better motivating, making or maintain change and to check that the resource in each stage was sufficient. This work also helps to identify areas where there could be a ‘gap’ in provision or duplication of service.

When looking at the average of each of the three stages (on health outcomes 1 to 6 only), Ashford LA has a focus on ‘Motivate’ change (57%). ‘Maintain’ change is at (34%) and the ‘Make’ change average is 9%. Kent County Council on the other hand has more of a focus on ‘Make’ change at 83%.

Health Outcome	Programme	Motivate	Make	Maintain
2. Physical Activity	Active Everyday	100%		
2. Physical Activity	Physical Activity general; facilities	20%	20%	60%
2. Physical Activity	Capital investment for sports, open space and community centres	20%	20%	60%
3. Smoking Cessation	Smoke Free public spaces	100%		
3. Smoking Cessation	Smoke free enforcement			100%
3. Smoking Cessation	E-cigarette support work	60%	20%	20%
5. Mental Health	Dementia Friends	100%		
8. Staying Safe	Domestic Abuse	60%	20%	20%
8. Staying Safe	Community Safety Grants	33%	33%	34%
8. Staying Safe	Safety In Action	80%	10%	10%
8. Staying Safe	Public Spaces Protection Order	33%	33%	34%
8. Staying Safe	Community Safety, Monitoring Centre & Licensing	33%	33%	34%
9. Living Well	Conservation sites management	33%	33%	34%
9. Living Well	Community Grants	33%	33%	34%
9. Living Well	Community Services Grants (commissioned services e.g. CAB)	80%	10%	10%
9. Living Well	Member Grants	33%	33%	34%
9. Living Well	LCPG	60%	20%	20%
9. Living Well	Youth Projects	20%	20%	60%
9. Living Well	Troubled families	60%	20%	20%
9. Living Well	Job Club	80%	10%	10%
9. Living Well	Air pollution	10%	10%	80%
9. Living Well	Welfare, employment and benefits advice and support to reduce inequalities	80%	10%	10%
9. Living Well	Private Sector Housing Function	10%	10%	80%
9. Living Well	Environmental Health	10%	10%	80%
H. Holistic Programmes	HR activities for council employees	60%	20%	20%
H. Holistic Programmes	Community Development	20%	20%	60%
H. Holistic Programmes	Homelessness	10%	10%	80%
H. Holistic Programmes	Information and Advice	60%	20%	20%
H. Holistic Programmes	DFG's	10%	10%	80%
H. Holistic Programmes	One You Shop	80%	10%	10%

| 4. Health Outcomes: Smoking Analysis

Smoking had been identified as a PHE priority from the 2016 Health Profiles for most of East Kent LA's it was agreed between Kent County Council and the East Kent LA's that the featurette of each report will be on smoking. This section contains additional information to that found in section 3 of the report and can be used to help Districts identify what their local priorities are in relation to smoking. Priorities may include specific groups (e.g. routine and manual workers or pregnant smokers) or particular wards. The purpose of this is to then identify projects or interventions that can be taken forward locally to help reduce smoking prevalence.

4.1 National context

Smoking prevalence has dropped in recent years due to a number of factors including smokefree places, e- cigarettes, graphic health warnings, a ban on both proxy purchasing and smoking in cars with children, and standardised packaging. The new National Tobacco Control Strategy "towards a smoke free generation" has set the following ambitions on smoking by the end of 2022:

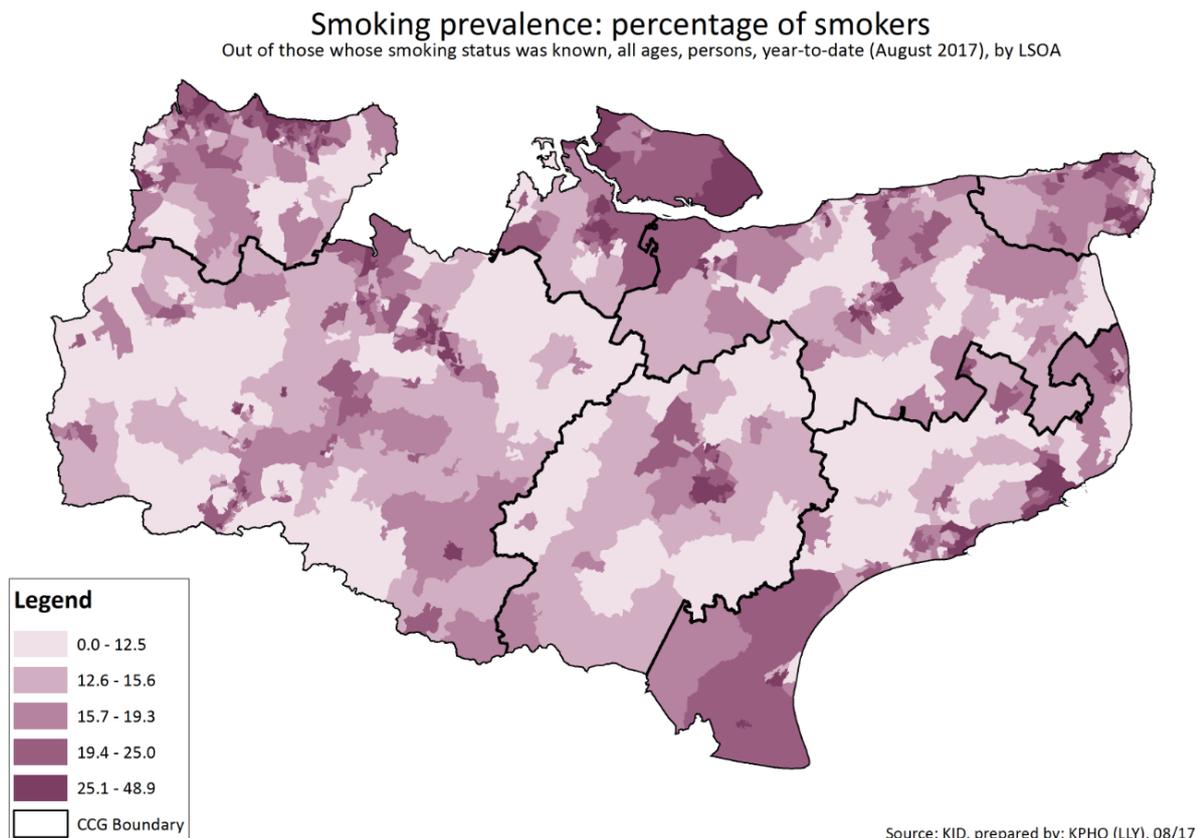
- -Reduce the prevalence of -15 year olds who smoke from 8% to 3% .
- -Adults who smoke from 15.5% to 12%
- -Smoking in pregnancy from 10.7% to 6%
- -Reduce Inequalities gap in smoking prevalence

Despite reductions in prevalence nationally, 8% of 15 year olds still smoke, risking a lifetime of ill health. Over 10% of pregnant women still smoke, with all the attendant risks of miscarriage, premature birth, still birth and neonatal complications. Smoking rates are almost three times higher amongst the lowest earners, compared to the highest earners and remain high for those who already suffer from poorer health and other disadvantages.

This vision of the new strategy is ambitious and presents a challenge to local services - local councils, the NHS and civic society to continue to reduce smoking prevalence, targeting those communities where smoking rates are highest, and providing people who smoke with the tools that they need to quit.

4.2 Smoking prevalence

The map below shows smoking prevalence⁴ (%) amongst those with having a known smoking status on their GP record. This has been extracted from the Kent Integrated Dataset (KID) and is based on GP records from the 193 Kent practices flowing data into the KID at the time of the analysis. The map is shown at lower super output area (LSOA) level.⁵ The analysis indicates that major towns and cities tend to have a higher smoking prevalence compared to LSOAs in rural areas.

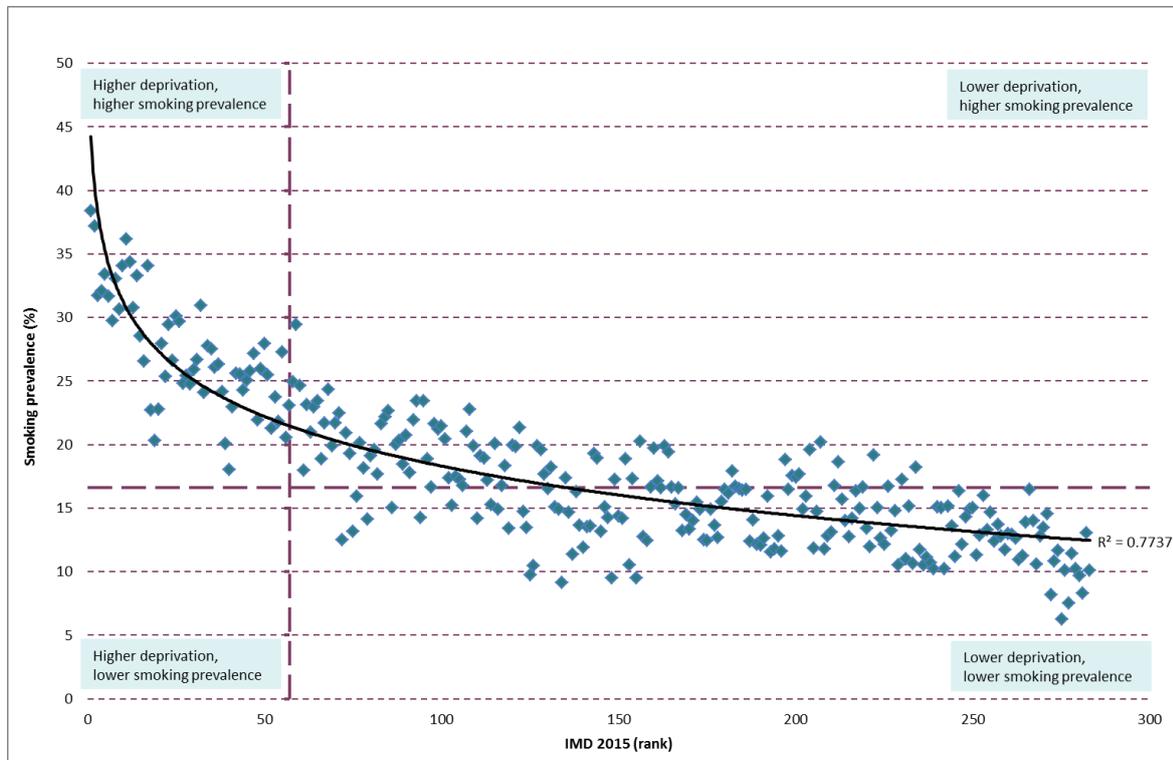


The data used in the above map has been aggregated to ward level, and then compared with deprivation rank (IMD 2015) to understand the nature of the relationship between smoking prevalence and deprivation. This analysis demonstrates a clear relationship: as

⁴ Caution should be exercised when interpreting the smoking prevalence estimates derived from Read coding in the Kent Integrated Dataset. Recording of smoking status will vary according to the clinical coding vagaries of each practice and the prevalence of long term conditions that are exacerbated by smoking. For example, the Quality and Outcomes Framework incentivises GP's to record smoking status especially where certain long term conditions are recorded because the prevalence of long term conditions varies from practice to practice the recoding of smoking status will also vary too (The impact of the Quality and Outcomes Framework (QOF) on the recording of smoking targets in primary care medical records: cross-sectional analyses from The Health Improvement Network (THIN) database. Jaspal S Taggar, Tim Coleman, Sarah Lewis and Lisa Szatkowski; BMC Public Health 2012;12:329; <https://doi.org/10.1186/1471-2458-12-329>)

⁵ A national administrative way of dividing England into small geographical areas. These areas have a population size averaging around 1,500 residents. Multiple LSOAs can make up one ward.

levels of deprivation increase, smoking prevalence also increases. The chart below plots each ward in Kent based on their deprivation rank and smoking prevalence. Please note that the lower the deprivation rank the more deprived a ward is (i.e. the ward ranked 1st is the most deprived).



This analysis suggests that the relationship between deprivation (as measured by rank) and smoking prevalence is non-linear in nature. That is, the most deprived wards have disproportionately high smoking prevalence.

The top left quadrant of the chart identifies wards falling into the most deprived quintile that also have higher than average smoking prevalence (these wards are shown in the table below for Ashford LA).

Smoking prevalence (%) for Wards within the most deprived quintile in Kent				
Ward Code	Ward Name	District	IMD Quintile	Percentage
E05004891	Stanhope	Ashford	1 - Most deprived	33.0
E05004867	Aylesford Green	Ashford	1 - Most deprived	29.4
E05004868	Beaver	Ashford	1 - Most deprived	27.5
E05004895	Victoria	Ashford	1 - Most deprived	25.6

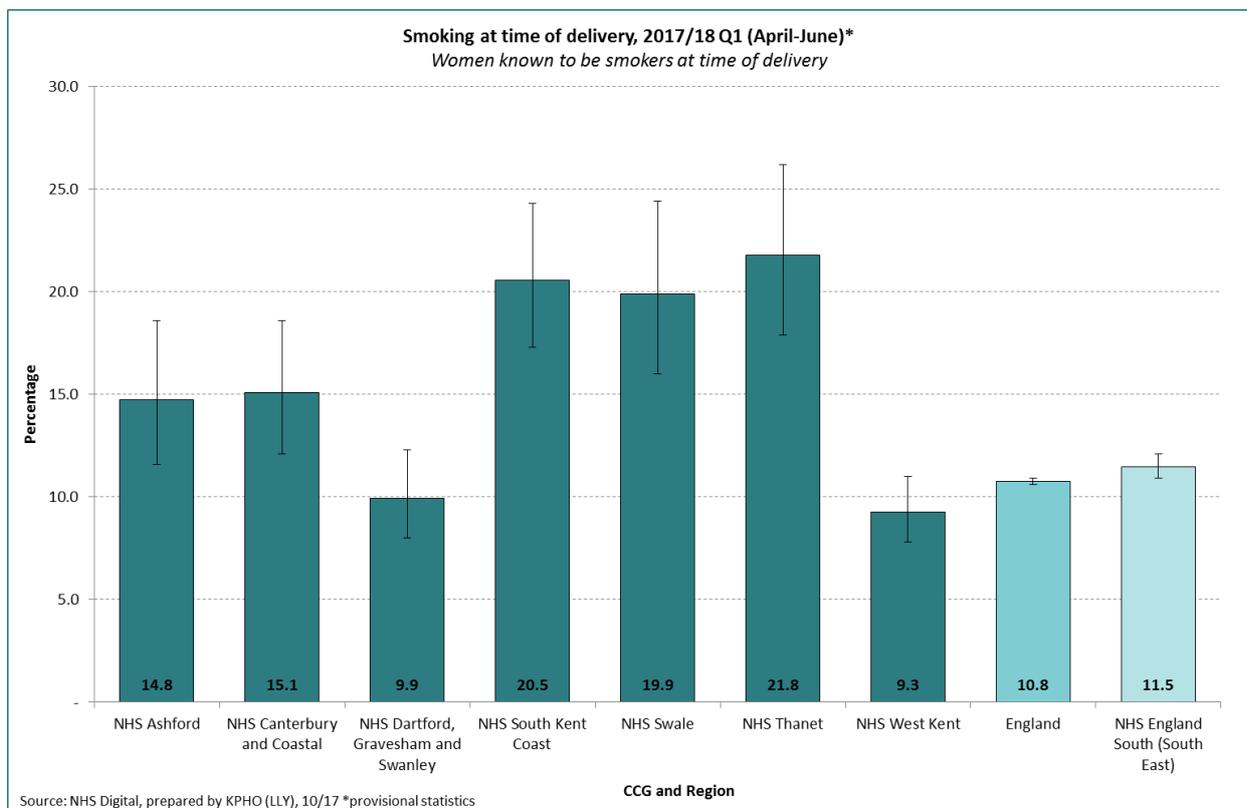
All the wards identified as having a higher smoking prevalence in the most deprived Kent quintile are also significantly higher than Kent.

4.3 Smoking at Time of Delivery

Smoking at time of delivery has been taken from NHS Digital for 2017-18 quarter 1 (April-June). Data is not available at a LA level and therefore the data shown below is for CCG.

There is a higher observed rate of smoking at time of delivery in the East of the County compared to the West. Confidence intervals show a statistically higher rate than England and South East England for:

- South Kent Coast
- Swale CCG
- Thanet CCG



4.4 Routine and Manual

Please see section 3.4

| 5. Summary of Findings

Local findings

- Demographic data indicates that Ashford LA will have an ageing population by 2025. Population is expected to increase by 30.2% (6,937 persons) for people aged 65 years and over.
- The 'Mind the Gap' analysis of health inequalities in Kent identifies and provides an in-depth analysis of the 88 most deprived lower super output areas in Kent. Ashford LA has three wards where LSOAs have been identified as being within the 88 most deprived in Kent.
- Mosaic segmentation defines the resident population as living in one of 15 categories. Accounting for 47.6% of the population, the 3 dominant groups are:
 - **Group A:** Country Living – 'Well-off owners in rural locations enjoying the benefits of country life' accounts for 20.3%,
 - **Group H:** Aspiring Homemakers – 'Younger households settling down in housing priced within their means' accounts for 16.3%,
 - **Group M:** Family Basics – 'Families with limited resources who have to budget to make ends meet' accounts for 10.9%.

The mapping exercise for health outcomes 1 to 6 only, indicated that the highest spend area for 2016/17 is on 'physical activity' which is identified as a key health priority for the area. Lower spends for Ashford LA was on 'smoking prevalence' (which is also identified as a key health priority) and 'mental health'.

East Kent Findings

As a whole, the total costing for East Kent was £4,925,517; with the highest spend being associated with 'physical activity'.

General Findings

The work has highlighted some examples of good practice that is already being delivered in some districts, and or, boroughs that could be shared or replicated in other areas. This included training of an in-house smoking advisor to deliver quit support to staff, use of space in community venues, NHS Health Checks being delivered in-house to staff, utilisation of existing council mailings to promote public health messages to local residents.

Smoking Analysis

Major towns and cities tend to have a higher smoking prevalence compared to LSOAs in rural areas. At ward level, wards that tend to have disproportionately high smoking prevalence are usually the most deprived. All the wards identified as having a higher smoking prevalence in the most deprived Kent quintile are also significantly higher than Kent.

Smoking in pregnancy rates in Ashford CCG (14.8%) was significantly higher than England (10.8%).

References

- Resident population projections are based on 2014 populations, source: Office for Notational Statistics (ONS).
- The 'Mind the Gap' full report can be found here: <http://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report>. Multiple LSOAs can make up one ward. Wards have been disclosed as they are more easily identifiable.
- Housing classifications have been identified by the MOSAIC population segmentation tool which focuses on the needs of citizens and provides an understanding of the population from location, demographics and behaviours. Citizens can be placed into one of fifteen categories.

| Appendix A

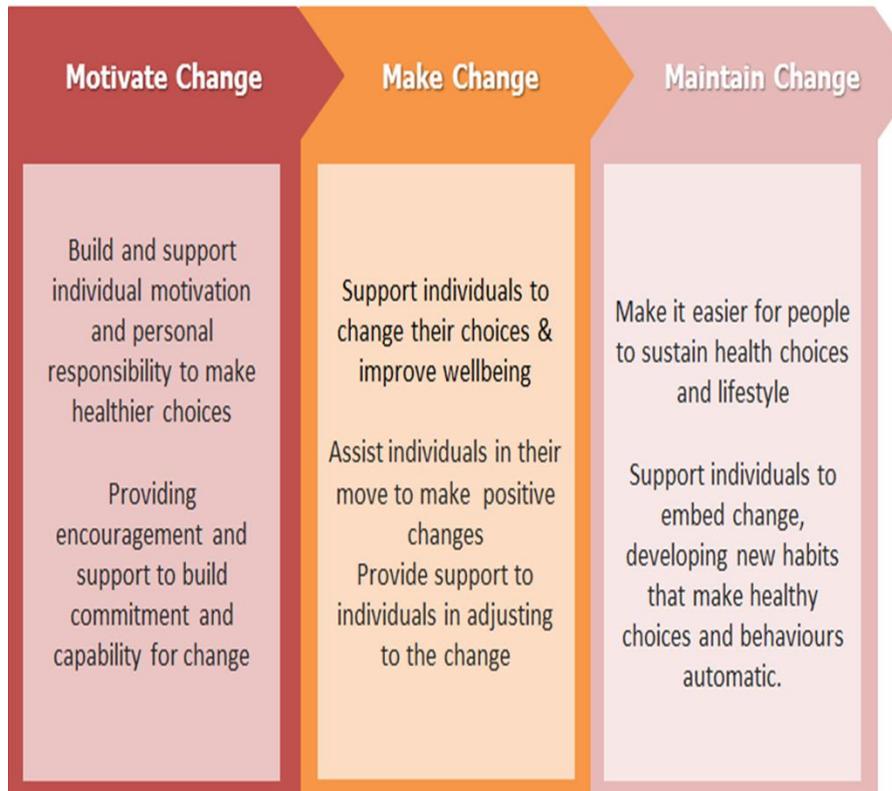
The terms of reference (signed off on 10.03.2017) can be viewed via the embedded document below.



Terms of
Reference.pdf

| Appendix B

The 'Motivate Change, Make Change and Maintain Change' model is designed to look broader than just services and identify the total resource that can be used to support people in the behaviour change cycle.



References:

- Buck D and Dunn P (2015). The district council contribution to public health: a time of challenge and opportunity: https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf (accessed 20.06.2017),
- Douglas G (2016) Transforming health and social care in Kent and Medway Sustainability and Transformation Plan 2016 Available at Work in progress http://www.kent.gov.uk/__data/assets/pdf_file/0018/65205/The-STP-draft-plan.pdf (accessed 25.11.2016).

The below 'Motivate Change, Make Change and Maintain Change' has been filled in using information for programmes and projects commissioned Kent County Council.

1. Healthy Weight	T2 Adult Healthy Weight		90%	10%
1. Healthy Weight	T2 Family Healthy Weight		90%	10%
1. Healthy Weight	Tier 3 Weight Management		75%	25%
1. Healthy Weight	Healthy Lifestyles		90%	10%
1. Healthy Weight	Infant feeding	15%	80%	5%
2. Physical Activity	Charlton Athletic	15%	80%	5%
3. Smoking Cessation	Stop Smoking	5%	95%	
3. Smoking Cessation	Tobacco Control	40%	20%	40%
3. Smoking Cessation	Other Smoking service costs		100%	
4. Substance Misuse	East Kent Drug and Alcohol service		90%	10%
4. Substance Misuse	Other Drugs and Alcohol associated costs		100%	
4. Substance Misuse	KCAP	30%	40%	30%
4. Substance Misuse	Substance Misuse - Young People	5%	90%	5%
5. Mental Health	Headstart	15%	85%	
5. Mental Health	Kent Sheds		50%	50%
5. Mental Health	Young Healthy Minds		90%	10%
5. Mental Health	Livewell Kent	5%	75%	20%
5. Mental Health	Mental Health Matters Helpline		100%	
5. Mental Health	Other Mental Health costs		100%	
5. Mental Health	Positive Relationships		90%	10%
6. Sexual Health	East Kent Integrated Sexual Health Service		90%	10%
6. Sexual Health	Condom programme	10%	85%	5%
6. Sexual Health	Other Sexual Health		100%	
6. Sexual Health	Chlamydia programme	15%	75%	10%
6. Sexual Health	SARC Co-ordinator Contribution		100%	
6. Sexual Health	Psychosexual Counselling Service		80%	20%
7. Ageing Well	Postural stability classes and transport		80%	20%
7. Ageing Well	KCC investment in Older People's services		70%	30%
7. Ageing Well	Befriending		100%	
8. Staying Safe	Youth Justice		90%	10%
8. Staying Safe	IDVA	5%	85%	10%
9. Living Well	Canterbury Early Years Contribution		90%	10%
9. Living Well	Supporting People	10%	80%	10%
H. Holistic Programmes	Community Youth Tutors		90%	10%
H. Holistic Programmes	LD Partnerships		90%	10%
H. Holistic Programmes	Children Centres		75%	25%
H. Holistic Programmes	Health Trainers	10%	75%	15%
H. Holistic Programmes	Health Visiting & Family Nurse Partnership	10%	75%	15%
H. Holistic Programmes	NHS Health checks outreach	90%	10%	
H. Holistic Programmes	Healthy Living Pharmacies	10%	85%	5%
H. Holistic Programmes	School Nursing	5%	90%	5%
H. Holistic Programmes	Workplace health	10%	85%	5%
H. Holistic Programmes	HLC Contribution Thanet	10%	80%	10%
H. Holistic Programmes	Campaigns, promotion and behaviour change initiatives	75%	20%	5%
H. Holistic Programmes	Voluntary Sector Support		40%	60%
H. Holistic Programmes	Wellbeing events and promotions	70%	20%	10%
H. Holistic Programmes	Workforce Development	10%	90%	

Appendix C

The below tables, list all the programmes with an associated health outcome⁶ for Ashford LA and the definitions of each health outcome.

Physical Activity

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Physical Activity	Active Everyday project	2	£5,000
ABC	Physical Activity general	Revenue funding for sports facilities revenue funding; maintaining free parks, play areas and green spaces.	2	£1,448,262
ABC	Capital investment for sports, open space and community centres	New built infrastructure that supports a healthy lifestyle i.e. cycle paths, new public open spaces, play and park improvements; sports centre refurbishments, new sports provision (pavilions), and community/youth spaces refurbishment.	2	£2,154,000

Smoking Prevalence

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Smoke Free public spaces	Smoke Free play areas	3	£5,000
ABC	Smoke free enforcement	Environmental Health general enforcement activity	3	£5,000
ABC	E-cigarette support work	Promotion of e-cigarettes as part of stop smoking support	3	£2,000

Mental Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Dementia Friends	Dementia friends training for staff	5	£2,000

Staying Safe

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Community Safety Grants	Not specifically health related but funding available for health projects	8	£20,000
ABC	Safety In Action	Annual Event for 1,600 year 6 children addresses the dangers they may face as they become more independent and prepare for their transition from primary school to secondary school. Cost included within wider community safety. SIA spend is not separately budgeted.	8	£5,000
ABC	Domestic Abuse	DA coordinator plus contribution to IDVA service	8	£50,000
ABC	Domestic Abuse	Refuge grant	8	£100,000
ABC	Public Spaces Protection Order	Reduce street drinking, sleeping in public spaces and begging (as part of ASB Crime and Policing Act 2014)	8	
ABC	Community Safety, Monitoring Centre & Licensing	Public safety including operation of monitoring centre and lifeline. Licensing responsibility for alcohol sale, gambling, taxi and street trading.	8	£496,720

⁶ Health Outcome tables include those that have been excluded from the analysis.

Living Well/Wider Determinants of Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	Conservation sites management	Revenue assistance to support conservation groups to manage sites and involve public	9	£55,000
ABC	Community Grants	Not specifically health related but funding available for health projects	9	£100,000
ABC	Community Services Grants (commissioned services e.g. CAB)	Not specifically health related but funding available for health projects. Includes grant to CAB of £120K	9	£186,000
ABC	Member Grants	Not specifically health related but funding available for health projects	9	£129,000
ABC	LCPG	Not specifically health related but funding in support of mental health & staying safe	9	£45,000
ABC	Youth Projects	Refer to community grants above – commissioned projects. Recorded as part of community grants i.e. £50K as part of £186K above	9	£50,000
ABC	Troubled families	Not specifically health related but funding in support of mental health & staying safe	9	£28,000
ABC	Job Club	The Job Club provides advice on interview skills and techniques, courses and training locally, support with job applications, support with job searching and voluntary work. It also offers careers advice and CV workshops.	9	£4,400
ABC	Air pollution	Environmental Health activity generally including air quality monitoring	9	£33,000
ABC	Welfare, employment and benefits advice and support to reduce inequalities	Welfare intervention support and guidance. Also assists with health and mental health. Signposting to other organisations.	9	£65,850
ABC	Private Sector Housing Function	Requiring landlords to improve their properties	9	£141,260
ABC	Environmental Health	Food Safety, infectious disease control. Environmental protections and health & safety	9	£659,710

Holistic Health Programmes

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
ABC	HR activities for council employees	Range of preventative health activity for ABC employees	H	£2,000
ABC	Community Development	Consultation with residents on new developments for facilities and open space	H	£0
ABC	Homelessness	Range of interventions including emergency housing provision and support to rough sleepers	H	£250,000
ABC	Information and Advice	Regular communication with the public and ABC employees on a range of public health issues	H	£2,000
ABC	DFG's	Disabled facilities grants	H	£90,000
ABC	One You Shop	Health behaviour support offered via One You Shop- primary focus smoking, healthy weight and mental health i.e. Ashford HWB priorities. Unit rental subsidised by ABC, project jointly funded with KCC public health & KCHFT.	H	£10,000

The below tables, list all the programmes with an associated health outcome⁷ for Kent County Council and the definitions of each health outcome. The figures included below are an estimated allocation of the spend across the East Kent Districts only.

Healthy Weight

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Healthy Weight	T2 Weight Management inc. Balmoral	1	291000
KCC	Tier 3 Weight Management	Specialist weight management services	1	82200
KCC	Healthy Lifestyles	KCHFT; Healthy Weight, Exercise Referral, Food Champions	1	1177964
KCC	Infant feeding	Provides advice and support to parents and parents to be about breastfeeding, bottle feeding and nurturing their baby, enabling people to make informed choices regarding feeding their baby	1	225392

Physical Activity

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Charlton Athletic	Grant which fund diversionary activities with CYP	2	22361

⁷ Health Outcome tables include those that have been excluded from the analysis.

Smoking Prevalence

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Other Smoking service costs	Prescribing, Equipment and Cross-charges	3	1583304
KCC	Stop Smoking	Inc. Smoke free Homes, Babyclear, and Youth Quitting	3	38908
KCC	Tobacco Control	Inc. E-Cigarette shops, Illegal tobacco, smoke free homes	3	13152

Substance Misuse

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	East Kent Drug and Alcohol service	Support to substance misuse clients, includes prescribing, accessible preventative information, treatment, support and recovery services	4	5750000
KCC	Other Drugs and Alcohol associated costs	inc. Shared Care and prescribing	4	106720
KCC	KCAP	Working to tackle the problem of underage drinking and associated anti-social behaviour.	4	13700
KCC	Substance Misuse - Young People	Individuals can get help to reduce their alcohol or drug use and improve their physical and mental health	4	469575

Mental Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Headstart	Support for 10-14 year-olds to equip them to cope better with difficult circumstances	5	16440
KCC	Kent Sheds	Improving wellbeing, increasing employability, and helping people to feel more engaged with their local community	5	27395
KCC	Young Healthy Minds	A confidential service which is committed to improving and promoting the emotional health and wellbeing of children and young people aged 4-18	5	483510
KCC	Livewell Kent	inc. website hosting costs	5	994896
KCC	Mental Health Matters Helpline	A confidential service offering emotional support to people. The helpline also provides information on local and national mental health services	5	14248
KCC	Other Mental Health costs	Inc. Mental Wellbeing evaluation and service user expenses	5	10960
KCC	Positive Relationships	CYP programme to support healthy relationships	5	106521

Sexual Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	East Kent Integrated Sexual Health Service	Contraception, Testing, Psycho-sexual counselling, see Your Sexual Health Matters website	6	3806000
KCC	Condom programme	Confidential condom distribution scheme which gives young people easy access to free condoms [15-24 ; online access]	6	85469
KCC	Other Sexual Health	Buildings, Cross-charges, LARC, GP Training, Out of Area GUM, HIV Online testing	6	2110552
KCC	Chlamydia programme	inc. Screening programme, Outreach and Testing costs	6	267304
KCC	SARC Co-ordinator Contribution	A SARC provides services to victims of rape or sexual assault, regardless of whether they choose to reports the offence to the police or not	6	
KCC	Psychosexual Counselling Service	Psychosexual therapy is a talking treatment for individuals and couples to address sexual issues	6	160882

Ageing Well

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Postural stability classes and transport	Community based classes to prevent risk of falls	7	81238
KCC	Investment in other KCC services - Older People		7	
KCC	Befriending	Providing conversation and companionship, acting as a gateway to services and valuable support	7	149343

Staying Safe

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Youth Justice	Diversiory activities with CYP	8	112646
KCC	IDVA	Address the safety of victims at high risk of harm from partners, ex-partners or family members to secure the safety of themselves and their children	8	161660

Living Well/Wider Determinants of Health

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Canterbury Early Years Contribution	Open access hubs providing support and opportunities to families and children	9	50000
KCC	Supporting People		9	215474
KCC	Targeting disadvantaged groups		9	13700

Holistic Health Programmes

Area	Name of Project	Description of Project	Health Outcome	Spend for 2016/17
KCC	Community Youth Tutors	Tutors who divide their time between helping young people in schools and on youth projects, helping marginalised students and providing educational services i.e. citizenship classes.	H	95900
KCC	LD Partnerships	Learning disability projects	H	120341
KCC	Children Centres	Open access hubs providing support and opportunities to families with children under 5.	H	848331
KCC	Health Trainers	Supporting individuals to assess their lifestyles and wellbeing, set goals for improving their health, and provide practical support and information to help people to change their behaviour	H	785960
KCC	Health Visiting & Family Nurse Partnership	Voluntary home visiting programme for first time young mums, aged 19 years or under, visiting from the early stages of pregnancy until their child is two.	H	12164930
KCC	NHS Health checks outreach	Cardiovascular disease risk assessment and personalised advice to all individuals aged 40-74, who do not have pre-existing cardiovascular disease	H	1083903
KCC	Healthy Living Pharmacies	Services through community pharmacies, improving the health and wellbeing of the local population and helping to reduce health inequalities	H	10960
KCC	School Nursing	Nursing practice that advances the wellbeing, academic success and overall health of students	H	2602915
KCC	Workplace health	inc. Shepway and Employment Wellbeing	H	42338
KCC	Dental Health	Provision of Oral Health promotion services to children and high-risk adults & coordination and execution of annual Oral Health survey fieldwork	H	87680
KCC	HLC Contribution Thanet	A centre within the community to promote healthy lifestyle choices through providing information and support	H	40000
KCC	Campaigns, promotion and behaviour change initiatives	Initiatives to motivate behaviour change include campaigns, website and social marketing projects	H	383600
KCC	Voluntary Sector Support	Strengthening community organisations - support to the VSC sector	H	274000
KCC	Wellbeing events and promotions	Perinatal mental health conference, crime conference, Six ways resources	H	9864
KCC	Workforce Development	Supporting the wider Kent workforce to be fit, healthy and resilient	H	54800



Ashford Borough Council Overview and Scrutiny Committee

Final Report of Air Quality Task Group

Air Quality Task Group

Final report to Overview and Scrutiny Committee Foreword from the Task Group Chairman

Public Health England estimate that particulate air pollution in the Borough of Ashford is a contributory factor in 50 deaths per year, and it is this alarming statistic that has driven the work of the Air Quality Task Group to research pollutant sources and identify ways to avoid a decline in and, where possible, improve the standard of our air quality.

This report outlines a wide-ranging series of actions designed to address both policies and practices within the Council which impact upon air quality; as well as recommending certain actions for partner organisations to take forward under their respective responsibilities.

We recognise that whilst the Council can (and should) set the standard for others to follow, actions undertaken by the public at large will be the principal driver of improvements in air quality. Under this ambitious air quality strategy for the Borough, the Council will strive to facilitate the means for positive changes in our air quality.

Through enabling increased use of ultra-low and zero emission vehicles, to promoting a range of sustainable transport options and making more information available to residents, the actions within this report will set the conditions for the Borough to address airborne pollutants and the health risks associated with them.

Rapid advancements in vehicle technology and the changing nature of government policy on air quality mean that this strategy will need to exist as a living document, regularly reviewed to ensure that the measures pursued to safeguard and improve our air quality are effective and appropriate.

I would like to thank the Members of the Task Group and officers from across the Council for the hard work they have put into this report, and commend it to the Overview and Scrutiny Committee.

Councillor Peter Feacey
Member for Godinton (Ashford) Ward
Chairman, Air Quality Task Group

Air Quality Task Group

Final report to Overview and Scrutiny Committee Executive Summary

This report presents the findings and recommendations of the Overview and Scrutiny Air Quality Task Group as the basis for an Air Quality Strategy for the Borough. The assistance of the Overview and Scrutiny Committee in preparing an Air Quality Strategy was requested by the Council's Health, Parking and Community Safety service during scrutiny of the Council's draft 2017/18 budget.

In response to this request and existing Member concerns over the state of air quality in the Borough, the Overview and Scrutiny Committee assembled a task group to research the causes and impacts of poor air quality and explore possible measures to reduce air pollution in the Borough. This report is the culmination of Members' analysis of evidence gathered from external source publications and Council officer testimonies, and is designed to complement and support the existing Energy Efficiency Strategy.

A principle focus for the Task Group's work was the estimated mortality burden associated with particulate air pollution. Public Health England (PHE) estimate that particulate air pollution is a contributory factor in 50 deaths in the Borough per year, with an equivalent of 539 life-years lost from the Borough's population each year through exposure to particulate air pollution.

Despite measured pollutant concentrations in the Borough being below national limit values and no Air Quality Management Areas having been declared within the Borough, Members felt that there should be an increased focus on air quality in the Council's policies and operations, particularly given the health impacts highlighted by PHE and the continued growth of Ashford.

The principle source of air pollution in the Borough is road traffic, and consequently the majority of actions recommended under this report focus on reducing pollution from road traffic – through enabling greater uptake of ultra-low and zero emission vehicles; encouraging increased use of sustainable transport options such as bus travel and cycling; and enhancing the Council's own policies with regard to lease cars, mileage schemes and fleet operations.

The report makes a total of 29 recommendations intended collectively to form a strategy for mitigating air pollution and where possible improving air quality in the Borough. Within these recommendations, Members felt that nine were particularly key to the successful delivery of an Air Quality Strategy, and these are listed in the table below.

A further 10 recommendations relate specifically to the recognition and continuation of existing good practice or working in partnership with external agencies. A full summary of all recommendations is attached to the report as Appendix A.

No.	Recommendation
1	The recommendations and evidence base contained within this report form an Air Quality Strategy for the Council.
3	The Council adopt the points noted in table 2 on page 9 of the report as best practice guidance for reducing air pollution in new developments.
5	The Council should expand the network of electric vehicle charging points within the borough, utilising S106 and government grant funding as appropriate.
6	The Council work with Kent County Council to explore options for providing on-street vehicle charging infrastructure to meet resident demand, including promoting relevant OLEV grant schemes and other trials.
14	The Council consider subsidising a programme of fuel-efficient driver training for taxi and private hire drivers.
15	That new commercial developments include adequate provision for facilities to enable and support cycling to work by staff.
19	The Council should review its lease car and mileage claim schemes to exclude high polluting vehicles from eligibility and promote ultra-low and zero emission vehicles.
22	The Council operate a programme of fuel-efficient driver training for all designated essential car users who are required to drive Council fleet vehicles for their respective roles.
26	The Council consider the appointment of an officer to lead on Sustainability; research and apply for appropriate grant funding; and deliver on the aims of the Energy Efficiency Strategy and any actions adopted from this report for inclusion in the Air Quality Strategy.

Air Quality Task Group

Final report to Overview and Scrutiny Committee

Introduction

1. During scrutiny of the Council's draft 2017/18 budget, the development of an Air Quality Strategy was highlighted as a priority for the Council's Health, Parking and Community Safety service. The Head of Service advised at the time that input into this strategy from the Overview and Scrutiny Committee would be welcomed.
2. In response to this request and Member concerns over the standard of air quality in the Borough, the Overview and Scrutiny Committee constituted a five member Task Group to undertake a review into air quality in the Borough.
3. In 2014, Public Health England released '*Estimating Local Mortality Burdens associated with Particulate Air Pollution*'¹ which estimated that air pollution in Ashford contributed to 50 attributable deaths² and 539 associated life-years lost³ per year.
4. Whilst there are no anticipated exceedances of statutory limit values for key pollutants within the Borough, there is concern over the impact of air pollution on public health and that the principal aim of the strategy should be to put in place actions which would serve to reduce the number of attributable deaths and life-years lost in the Borough related to poor air quality.
5. In undertaking this review, the Task Group considered evidence on air pollution causes and mitigation measures including Air Quality Status Reports for Ashford, existing Council practices, guidelines from the National Institute for Clinical Excellence (NICE), officer testimony and the UK Air Quality Plan produced by DEFRA.
6. In advance of the Task Group's first meeting the Corporate Scrutiny and Overview Officer conducted an evidence gathering session with officers from Planning and Development, Cultural Services, Housing, Environmental Protection, HR, Parking, Corporate Property and Procurement to establish an evidence base of current policies and planned actions which impact on air quality.
7. The Task Group considered this evidence base at its first meeting to determine which Council departments it would invite in to hear further evidence from. Members met on three subsequent occasions and heard from officers from the Council's Environmental Protection, Parking and Cultural Services teams.

Background

8. National air quality objectives concern three pollutants: nitrogen dioxide (NO₂), particulate matter with a diameter less than or equal to 10 micrometres (PM₁₀), and sulphur dioxide (SO₂). A summary of the

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332854/PHE_CRCE_010.pdf

² Where long-term exposure to air pollution is understood to be a contributory factor to

deaths from, for example, respiratory and cardiovascular disease.

³ The years of life lost to the population due to an increased mortality risk attributable to long-term exposure to particulate air pollution.

health and environmental effects of these pollutants is included in table 1 below.

9. Recent central government action on air quality (including the publication of the *UK Air Quality Plan for tackling Nitrogen Dioxide*) has been focused primarily on addressing excessive concentrations of NO₂ around roads.

10. The primary sources of NO₂ and PM₁₀ in the UK are road transport related, while SO₂ primarily arises from the burning of fossil fuels in power stations, oil refineries and industrial plants. The lack of large industrial processes (and so significant generating sources of SO₂) in the Borough has meant that actions have primarily been focused on reducing road transport related pollution.

Table 1 – Air Quality Objectives in England, summary of effects

Pollutant	Human health effects	Environmental effects
Nitrogen dioxide (NO ₂)	Long-term exposure may decrease lung function and increase the risk of respiratory symptoms.	High levels damage plant life. Contributes to the formation of acid rain which damages vegetation, buildings and water courses.
Particulate matter (PM ₁₀)	When inhaled, particles may be carried into the lung and exacerbate respiratory conditions such as asthma. Concerns also exist over the inhalation of potentially carcinogenic particulates. Smaller particles (PM _{2.5}) are thought to pose the most serious threats as they can be carried deeper into the lungs. Recent research by Queen Mary University of London and Oxford University has also shown a link between particulate matter and heart damage.	Damaging to plants, materials and buildings. Research suggests that particulate pollution may contribute to global warming through contamination of other species and the reduction of their reflective properties, resulting in absorption rather than reflection of the sun's rays.
Sulphur dioxide (SO ₂)	Exposure to sulphur dioxide as air pollution can irritate the eyes and respiratory system. Even at normal environmental concentrations it can harm sensitive individuals (such as those suffering from lung disease).	Reacts to form acid rain. Sulphur oxides and sulphuric acid are related to the damage and destruction of vegetation, construction material, watercourses and soil deterioration.

Local Air Quality Management

11. Ashford Borough Council undertakes air quality monitoring in the Borough via a network of diffusion tubes (measuring NO₂ concentrations) in various locations. It also has a statutory duty⁴ to periodically review and assess air quality, including comparing measured and predicted pollutant levels to national air quality standards and objectives. Maps of

the current non-automatic monitoring locations are attached as Appendix B.

12. The Council also has responsibility for regulating emissions from certain industrial processes within the Borough such as vehicle re-sprayers, cement batching plants and petrol stations. Regulation of large industries such as power stations, incinerators and chemical plants is

⁴ Under Part IV of the Environment Act 1995

carried out by the Environment Agency.

13. The Council's 2017 Air Quality Status Report (ASR) confirmed that air quality in Ashford continues to meet the relevant air quality objectives, with no significant changes in existing emissions sources being identified and no new relevant industrial installations or significant new commercial or domestic sources of emissions being identified.
14. Therefore, the main source of air pollution in the Borough is road traffic emissions from major roads, notably the M20, A20, A28 and A292, although commercial, industrial and domestic sources also contribute to background pollution concentrations.
15. Measured (NO₂) concentrations in the Borough are highest in Lees Road, Willesborough. This monitoring site is the closest in proximity to junction 10 of the M20.
16. In considering the evidence presented to the Task Group, Members determined that a holistic approach to addressing air quality would be required across a number of different areas.

Recommendation 1:

The recommendations and evidence base contained within this report form an Air Quality Strategy for the Council.

**Planning Policy
Local Plan to 2030**

17. As discussed above, the majority of air pollution in the Borough is attributable to road traffic. Consequently, exploring ways to achieve a reduction in road traffic related air pollution has been the

primary focus of the Task Group's work.

18. It is recognised that a wholesale transition from conventional fuels to alternative fuels is beyond the Council's control, however the Council could do much to provide the necessary infrastructure to serve the expanding demand for electric and plug-in hybrid vehicles; and facilitate greater uptake of sustainable transport options within the Borough.
19. At its second meeting the Task Group considered guidelines produced by NICE which set out aims to improve air quality and public health through the planning process. Members also considered policies relating to air quality and sustainability as contained in the Draft Local Plan to 2030.
20. The Task Group noted the commitment to development in support of renewable and low carbon energy (policy ENV10); that achieves sustainable design and construction (policy ENV11); and does not contribute to poor air quality (policy ENV12). These policies, the content of which is included as Appendix C, were supported and Members agreed the importance of adopting the local plan to 2030.
21. It was felt that an increased uptake of electric and hybrid vehicles in the borough, and the consequential increase in home charging, that there may be validity in seeking methods to off-set pollutant generation at power stations outside the Borough through the use of renewable energy generation at the point of charging. Within the draft Local Plan, the supporting text for policy ENV10 highlights a range of renewable energy options within residential development including the use of

solar photovoltaic (PV) panels where appropriate.

22. Members also noted policy TRA4, relating to the promotion of the local bus network, and supported a drive for enhancements to bus services in the Borough.
23. In addition, the NICE guidelines recommend that development sites likely to generate a significant volume of traffic should be supported by travel plans. Policy TRA8 within the draft Local Plan to 2030 accords with this recommendation.
24. Members noted that policy ENV12 as currently contained within the Draft Local Plan to 2030 required consideration of Air Quality impacts for major developments only; and that as part of the initial evidence gathering for the Task Group, Planning Policy officers had advised that the majority of developments coming forward under the Local Plan were expected to have a 'negligible' effect on air quality.
25. Concerns were expressed (particularly when considering the continued pace of growth in Ashford) regarding the cumulative air quality impact of multiple smaller developments. Members felt that there should be a heightened focus on securing a reduction in airborne pollutant concentrations in Ashford through the rigorous application of policy ENV12.
26. The NICE guidelines considered by the Task Group suggest that local authorities should consider using a Community Infrastructure Levy (CIL) system to gather contributions from developers to fund additional air quality monitoring sites, or to pay for

infrastructure changes to reduce the risk of poor air quality within an area.

27. Members noted that the Council does not have a currently implemented CIL regime, but that clarification from central government on the future of CIL is awaited before a decision is made on implementation in Ashford.

Recommendation 2:

If a CIL regime is adopted by the Council for new developments, contributions should be set aside for air pollution mitigation measures.

**Development Control
Planning Conditions**

28. Members heard from the Council's Environmental Protection and Licensing Team Leader with regard to reducing air pollution in the Borough, noting that there had not necessarily been a strong focus on air quality in the past.
29. Evidence gathered from the Council's Planning Policy team noted that developers could be compelled to contribute financially towards poor air quality mitigation, although there must be a strong evidential basis that development will contribute to a worsening in air quality to justify such conditions.
30. Noting the difficulty in securing developer contributions to mitigate against poor air quality, Members felt that a more suitable route to encourage improvements in air quality in the Borough would be for the Council to set out 'best practice' guidance for developers which, whilst proposing relatively low-impact measures, could do much to reduce the risk of poor air quality within new developments and encourage greater

uptake of sustainable transport options in the Borough.

31. The Task Group recommends the standard use of five conditions that could be applied to planning permissions as relevant, suggested

by the Environmental Protection and Licensing Team Leader as a 'best practice' guide for air quality improvements in new development proposals within the Borough (listed in table 2).

Table 2

<p>Recommendation 3 - The Council adopt the following as best practice, to be applied to planning permissions as appropriate, for reducing air pollution in new developments:</p> <ul style="list-style-type: none">• Each proposed dwelling with a designated parking space provided by means of a driveway, carport, or garage should be provided with at least one Electric Vehicle charging point. Such charging point may be a dedicated Electric Vehicle charging socket, or suitably rated three-pin socket capable of safely providing a slow charge to an Electric Vehicle via a domestic charging cable. <i>Reason: To take into account the cumulative impacts of development on air quality and to encourage the use of sustainable transport modes including incorporation of facilities for charging plug-in vehicles.</i>• Each dwelling to be provided with gas-fired boilers should meet a minimum standard of <40mgNOx/kWh. <i>Reason: To take into account the cumulative impacts on air quality from individual sites in local area</i>• Major developments should be carried out in accordance with the Institute of Air Quality Management (IAQM) Guidance on the Assessment of Dust from Demolition and Construction. <i>Reason: To take into account the cumulative impacts on air quality from individual sites in local areas, and to ensure permitted operations to not have unacceptable adverse impacts on human health.</i>• Major residential development with unallocated off street car parking should be provided with a minimum of one dedicated Electric Vehicle Charging point per ten spaces for the use of the car park user, and be maintained thereon. <i>Reason: To take into account the cumulative impacts of development on air quality and to encourage the use of sustainable transport modes including incorporation of facilities for charging plug-in vehicles.</i>• Major Commercial/Retail/Industrial development with parking provision for ten or more car parking spaces should be provided with a minimum of one Electric Vehicle Charging point (increasing to an additional point for every additional thirty car parking spaces) for the use of the car park user, and be maintained thereon. <i>Reason: To take into account the cumulative impacts of development on air quality and to encourage the use of sustainable transport modes including incorporation of facilities for charging plug-in vehicles.</i>
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Development Control Natural Environment

32. The Task Group considered NICE guidelines related to planting strategies and the air quality impacts of managed green space, noting additional guidance from the Forestry Commission⁵ on the use of vegetation for mitigating particulate pollution.
33. It was noted that the dualling of the A28 Chart Road was expected to ultimately increase the total number of trees along a key transport corridor; that the Council had long-standing commitments to securing quality green space throughout the Borough; and pollutant dispersal in the town centre was aided by the relative (current) lack of build-up.
34. Members felt that the Council should look to influence air quality when considering planting strategies for existing open spaces and new developments, particularly along key transport corridors where pollutants will be most concentrated.

Recommendation 4:

The Council should adopt, and require developers to abide by, planting strategies which will support pollutant mitigation and effective street ventilation.

Transport Passenger Vehicles

35. As noted in paragraph 13, the main contributory sources of key pollutants are vehicle emissions. Vehicle emission limits are set to the Euro emission standards, which aim to reduce the levels of harmful exhaust emissions with higher euro standards imposing tighter limits on the levels of pollutants that a vehicle may produce. The current highest standards are Euro 6 (for passenger cars, introduced in 2014) and Euro VI (for large commercial vehicles, introduced in 2013).
36. EU member states are required to achieve reductions in population exposure to particulate matter with a diameter equal to or less than 2.5 micrometres (PM_{2.5}), with the UK required to achieve a 15% reduction in average exposure between 2010 and 2020. Although local authority responsibilities for particulate concentrations are limited to PM₁₀, many control measures will contribute to reductions of finer particulate matter.
37. Achieving a reduction in roadside concentrations of NO₂ is the focus of DEFRA's air quality plan (published in July 2017). The setting of higher Euro emission standards for diesel passenger vehicles has not resulted in expected reductions in Nitrogen dioxide (and Nitric Oxide, collectively NO_x) compared to petrol passenger vehicles, largely due to disparities between laboratory testing and real-world performance.
38. The well-publicised issues of certain vehicle manufacturers utilising software to cheat emissions testing led to the introduction of a 'real driving emissions' (RDE) test procedure to better reflect real-world performance.
39. A comparison of relative pollutant values for petrol and diesel cars, which shows the relative polluting impacts of each fuel type for carbon monoxide, hydrocarbons, oxides of nitrogen, particulate matter and carbon dioxide can be seen in table 3.

⁵ <https://www.forestry.gov.uk/fr/urgc-7edhgh>

Table 3 - Emissions for Road Vehicles (per vehicle kilometre)

Vehicles	Carbon monoxide	Hydrocarbons	Oxides of nitrogen	Particulate matter	Carbon dioxide
Petrol cars without a catalyst*	100	100	100	---	100
Petrol cars with a catalyst	42	19	23	---	100
Diesel cars	2	3	31	100	85

*Petrol cars without catalysts have been given a relative value of 100 for comparison

40. Central Government have signalled an ambition for all new cars and vans to be zero emission by 2040. The main focal approach for this change has been increased support (including grant funding) for electric and hybrid vehicles and associated infrastructure.

41. The Council currently maintains a network of five double electric vehicle charging points in car parks across the borough, allowing up to 10 vehicles to charge simultaneously. In discussion over the ambition outlined in the above paragraph, and the recent growth in the electric vehicle market, Members felt that it was important that the Council acted now to increase the extent of electric vehicle charging infrastructure in the borough to meet future demand, and to set the standard for charging provision in the Borough.

42. The Council's Parking Services Team Leader reported to the Task Group that changes to the ownership of the company who administered the Council's charging points had removed maintenance charges from the Council's contract and resulted in a greatly reduced capital cost for charging points.

43. The Council's Section 106 Monitoring Group reported that a limited pot of

S106 contributions was available to fund environmental improvements in the Borough. The Task Group members felt that this pot could, subject to the identification of suitable projects, provide a readily viable means of funding the supply and installation of an expanded network of electric vehicle charging points within the Borough, particularly considering the reductions in capital cost outlined by the Parking Services Team Leader.

Recommendation 5:

The Council should expand the network of electric vehicle charging points within the borough, utilising S106 and government grant funding as appropriate.

44. The Office for Low Emission Vehicles (OLEV) recognises that most electric and plug-in hybrid vehicle owners will wish to do the largest proportion of vehicle charging at home. Off-street electric vehicle charging needs can feasibly be addressed through recommendations 3, 6, 7 and 8; however it was noted by the Task Group that for residents who have no access to off-street parking, electric vehicles would not be an attractive alternative to conventional fuel vehicles due to the lack of access to overnight charging facilities.

45. OLEV operates a grant scheme to enable local authorities to provide residential on-street charging points for residents who have no access to any off-street parking facility. OLEV will provide up to 75% of the capital costs of procuring and installing a charging point and dedicated parking bay (up to a maximum of £7,500 per point).⁶

46. The London Borough of Hounslow are currently running a three year trial (funded by TfL) of on-street charging infrastructure provided through fitting 4G enabled electric vehicle charging points to existing streetlights at an approximate cost of £1000 per unit. It is understood that Kent County Council are monitoring the outcome of this trial, and Members felt that dependent on the outcome of this trial the Hounslow model could provide a means of providing on-street charging infrastructure for the significant number of residents within the Borough who have no access to off-street parking.

Recommendation 6:

The Council work with Kent County Council to explore options for providing on-street vehicle charging infrastructure to meet resident demand, including promoting relevant OLEV grant schemes and other trials.

47. Road traffic related air pollution is worsened when traffic is stationary and idling, particularly along key transport corridors. Members felt that within Ashford the root causes of such stationary traffic were twofold – excessive numbers of vehicles utilising the road network, and

obstacles to the free flow of traffic such as poorly co-ordinated traffic signals and speed reduction measures. In circumstances where stationary traffic was unavoidable, Members felt that the use of signage to encourage drivers to switch off their engines instead of idling could be beneficial.

48. Members noted that the completion of junction 10a of the M20 would alleviate traffic pressure at the existing junction 10, but felt that approaches should be made to Kent County Council (KCC) with regard to traffic signal optimisation and the consideration of air quality impacts when designing schemes of traffic calming measures within the Borough.

Recommendation 7:

The Council engage with Kent County Council over the potential of Urban Traffic Management Control (UTMC) to optimise traffic flow within Ashford.

Recommendation 8:

The Council request that Kent County Council seek to avoid negative impacts on air quality when designing speed reduction measures within the borough.

49. Members noted and supported the Cabinet's decision of 11 May 2017 (minute 407/5/17 refers) not to levy any additional charges on electric vehicle charging point users for the electricity consumed. Members felt that there could be validity in removing or reducing parking charges for electric vehicles to encourage their use.

⁶<https://www.gov.uk/government/collections/government-grants-for-low-emission-vehicles#electric-vehicle-homecharge-scheme>

Recommendation 9:

That the Council consider reducing or removing parking charges for electric vehicles within its car parks to encourage use of these vehicles.

**Transport
Commercial Vehicles**

50. As noted in paragraphs 28 and 29, the imposition of more stringent Euro emission standards on diesel passenger vehicles has not delivered expected reductions in NO_x emissions from these vehicles. By comparison, higher Euro emissions standards for commercial vehicles (a market segment dominated by diesel) have largely been complied with.

51. The International Council on Clean Transportation (ICCT) has shown that there are no systematic exceedances of NO_x limits from diesel commercial vehicles, despite there being no significant difference in the chemical makeup of diesel and petrol exhaust fumes.

52. Comparative testing of the NO_x emissions of light and heavy duty diesel vehicles carried out by ICCT found that despite burning more fuel per kilometre travelled, average NO_x emissions of HGVs and buses were less than half that of Euro 6 standard diesel passenger vehicles. From these findings, ICCT calculated that diesel cars produce 10 times more NO_x than buses or HGVs per litre of fuel consumed.

53. Members noted the commitments of funding made by the Department for Transport (DfT) and OLEV with regard to electric and hybrid freight

vehicle trials, and it was felt that there was validity in providing electrical connections within overnight lorry parking facilities to both serve future electric HGV demand and provide an alternative to diesel generators for powering refrigeration units whilst stopped. Utilising electricity, rather than diesel, to power refrigeration in trailers can deliver a significant cost reduction as well as reducing vehicle emissions.⁷

Recommendation 10:

New HGV parking facilities within the Borough should consider the provision of infrastructure to cater for electric HGV charging and refrigeration.

**Transport
Buses**

54. Ashford has benefitted from a strong working relationship between the Council, public transport operators and KCC for several years through the Quality Bus Partnership (QBP); and the joint working undertaken by this group has delivered significant enhancements to the bus network in Ashford.

55. The Task Group felt that the 'Little & Often' bus service, operated by Stagecoach using Euro VI standard vehicles, was a notable credit to the Borough's public transport offer and demonstrated the potential for improving air quality on the public transport network of the Borough. The service offers a much improved frequency for residents whilst reducing public transport emissions along key routes through Ashford.

56. It was noted that although Ashford Borough Council did not tender for

⁷ https://thesis.eur.nl/pub/30829/BA-Scriptie-Jurgen-Baartman_finaal.pdf

bus contracts (being the responsibility of KCC), it could exert a certain degree of influence through its membership of the QBP. This agreement was refreshed in 2016 to include an increased focus on higher emissions standards for buses operating within Ashford.

Recommendation 11:

Through its membership of the Ashford Quality Bus Partnership, the Council should endeavour for bus services within the Borough to operate using vehicles at Euro IV emission standard or higher.

57. Members noted that the level of town centre development ongoing would increase the number of vehicle trips to the town centre and could potentially lead to a worsening of air quality along major routes through the town.

58. The Council has previously signalled an aim to achieve a modal shift away from car use to public transport, with the 2006 Parking Strategy and 2008 Transport Strategies setting out an equivalent 15 percent reduction in the modal share of the car between 2003 and 2031, with a three-fold increase in the modal share of buses over the same period.

59. Policy TRA4 of the draft Local Plan to 2030 states that the Council will ‘...in liaison with the County Council...seek enhancements to the local bus network in order to meet the additional demands created by new development as it comes forward. These enhancements could include the delivery of bus priority measures, the provision of a new service or the alteration/expansion of an existing service, contributions towards bus-related infrastructure and operational subsidy’. Members welcomed this policy and felt that increased patronage of low emission bus

services was of paramount importance to improving air quality in Ashford.

Recommendation 12:

Developer monies gathered under policy TRA4 of the (draft) Local Plan to 2030 should be used to fund enhancements to the local bus network which will encourage a modal shift from use of the private car to public transport.

Transport

Taxi and Private Hire Vehicles

60. Members noted that from the 1st of January 2018 TfL will mandate that all new London cabs have a ‘zero-emission capable’ range of at least 30 miles. Whilst the lack of a declared Air Quality Management Area (AQMA) precludes the Council from introducing clean air zones or similar measures to mandate an improvement in emissions standards for vehicles, Members felt that the Council should encourage the uptake of electric and plug-in hybrid vehicles by the taxi and private hire trade in the Borough, highlighting grant funding schemes as appropriate.

Recommendation 13:

That the Council, through appropriate channels, encourage the uptake of electric and hybrid vehicles within the taxi and private hire fleets within the Borough.

61. It was noted that the NICE guidelines included considerations around fuel-efficient driver training for Council staff to extend vehicle life while reducing vehicle emissions and fuel/service costs. This is dealt with in regard to the Council’s fleet in paragraph 75 below, however Members also felt that such training could be beneficial to the taxi and private hire trade in the Borough.

Recommendation 14:

The Council consider subsidising a programme of fuel-efficient driver training for taxi and private hire drivers.

**Transport
Rail Services**

62. The air quality impacts of rail travel are relatively low and Members noted that, as the Council provided a thorough response to the South Eastern Rail Franchise consultation in May 2017, an in-depth examination of options for improving air quality in regard to rail travel would duplicate work undertaken by the Council in compiling its submission.
63. This response noted that the Council “would support the removal of diesel trains from the network where possible, and the promotion of a shift to the use of more sustainable low emission trains, which would improve the air quality within the Borough and across the south east network.” The Task Group supported this position and did not feel that further recommendations in relation to rail services would be beneficial.

**Transport
Cycling**

64. Members considered a presentation from the Council’s Cultural Services team on the development of a cycling strategy for the Borough covering the period 2017 to 2022. It was noted that the previous borough strategy (2011 to 2016) had been successful in delivering improvements to cycling routes in the Borough, and as a result of previous work the Council had a good reputation among partner organisations.

65. The new cycling strategy would seek to further enhance the cycling network within the Borough, leading to improved opportunities for cycling in key rural locations and a more active cycling community. Members were pleased to note the approach that the cycling strategy would take and felt that it had the potential to effect an increased modal shift toward cycling.
66. The Task Group noted that employers should encourage staff to choose sustainable transport options, including cycling to work where possible. It was recognised that for cycling to be an attractive commuting prospect, it was key that employers provided adequate facilities such as on-site showers and secure cycle storage.

Recommendation 15:

That new commercial developments include adequate provision for facilities to enable and support cycling to work by staff.

67. It was reported to the Task Group that 125,000 bicycle journeys were made to Ashford International each year, and Members noted that cycle storage facilities at the station (despite recent expansion) were oversubscribed and a lack of spaces could dissuade people from cycling and increase car use. Members felt that there was a need to expand cycle storage in key locations across the town, not just at the station, to meet existing and future demand.
68. It was felt that the evidence provided by the Cultural Services team showed a significant level of support for cycling in the Borough and that this should be capitalised upon both as a means to improve air quality and general public health. Members

expressed support for a Dutch model for cycling – where cycling was seen as a viable commuting option, rather than focusing on speed or physicality. The Task group noted the evidence of the Cultural Projects Manager and Sports and Activity Project Officer that the provision of higher quality facilities were more likely to increase the uptake of cycling.

Recommendation 16:

An audit of cycling facilities should be undertaken as part of the preparation of the new Borough Cycling Strategy, with additional storage facilities installed where demand for cycle storage exceeds or is likely to exceed supply.

**Transport
Schools**

69. Members felt that the Council's support of walk to school schemes such as those facilitated by the KM Charity Group should be continued. Such schemes have proven highly successful at increasing the numbers of children walking to school and reducing vehicle movements around schools, with a reduction of 260,000 vehicle trips across the county achieved in the 2016/17 academic year.

Recommendation 17:

The Council continues its support for walk-to-school schemes in the Borough.

70. The lack of a declared AQMA within the Borough precludes the Council from seeking enforcement powers to tackle vehicle idling (such as that seen outside schools), however the Task group felt that there could be validity in recommending to Kent Police that guidance issued to drivers at schools by PCSOs as part of Operation OPEYE (where PCSOs

attend schools at the start and end of the day to issue advice on unsafe and unsuitable parking practices) could include information on vehicle idling.

Recommendation 18:

Kent Police be asked to dissuade vehicle idling outside schools as part of Operation OPEYE.

**Council Operations
Fleet**

71. The Council's adopted Energy Efficiency Strategy 2017-2022 includes a pledge to increase the prevalence of ultra-low and zero emission vehicles in its fleet operations where possible. The Task Group noted in addition to the Council's fleet vehicles (which include a fully electric pool car and 'e-bikes' used by the Council's Civil Enforcement Officers (CEOs), there is a significant use of 'grey fleet' - where employees' own vehicles are used for business travel with the Council paying a mileage contribution to staff.

72. The Council also designates essential car users among staff who may either enter into a lease car scheme or take up a cash alternative. However, the Council does not currently set limits on eligible cars related to fuel efficiency when paying mileage claims, place limits on eligible lease cars or provide incentives for staff to choose ultra-low or zero emission vehicles.

73. The Task Group felt that the Council should do more to encourage the use of ultra-low and zero emission vehicles among staff to drive for an emissions reduction across both its owned and 'grey' fleet.

74. It was noted that the Council's CEOs regularly used bicycles and e-bikes for patrols in Ashford, and suggested that other staff conducting visits within cycling distance of the Council offices could be encouraged to undertake short journeys by bicycle through the payment of a mileage claim similar to that paid for car travel.

Recommendation 19:

The Council should review its lease car and mileage claim schemes to exclude high polluting vehicles from eligibility and promote ultra-low and zero emission vehicles.

Recommendation 20:

The Council remove parking permit charges for staff with ultra-low and zero emission vehicles.

Recommendation 21:

The Council explore the feasibility of staff cycling to site or home visits within Ashford as an alternative to car use.

75. As discussed in paragraph 53 above, the NICE guidelines recommend the introduction of fuel-efficient driver training for staff, targeted on changing behaviours (such as rapid acceleration and braking, incorrect gear selection and engine idling) that contribute to increased vehicle emissions. Members felt that such training could be beneficial for the Council, and could potentially generate savings for the Council through reduced fuel bills and service requirements on fleet vehicles.

Recommendation 22:

The Council operate a programme of fuel-efficient driver training for all designated essential car users who are required to drive Council fleet vehicles for their respective roles.

Council Operations Travel Planning

76. It was reported to the Task Group that the Council does not currently have a workplace travel plan in place for staff, and does not operate schemes such as a car share; and Members felt that this was an area where a worthwhile difference could be made with the potential to reduce pollutants in the Borough associated with staff travel.

77. The Council's operated cycle to work scheme was noted as a positive initiative and one which members supported, however it was felt that the provision of changing and shower facilities for staff without a Stour Centre membership may drive further uptake of cycling among staff.

Recommendation 23:

The Council should compile a comprehensive workplace travel plan which identifies means to improve the percentage of staff utilising sustainable means to travel to work.

Recommendation 24:

The Council continue to offer a cycle to work scheme (or similar) and explore options for staff shower and changing facilities within the Civic Centre.

Council Operations Funding

78. Members noted that significant pots of grant funding from both the UK Government and the European Union were regularly being made available for low and zero emission transport schemes and other sustainable transport projects. Discussed funding schemes included the Air Quality Grant Programme, which issued grants annually to local authority

projects focused on tackling excessive levels of NO₂; the Workplace Charging Scheme, which contributed funds towards the installation of electric vehicle charging points for eligible businesses, charities and public sector organisations; and the Plug-In Van Grant, which provides grants to encourage the procurement of plug-in commercial fleet vehicles.

79. It was noted that the current network of electric vehicle charging points was installed as a result of a successful county-wide funding bid. Members were concerned that the relative lack of air quality issues in the Borough could be a hindrance to bids to external funding, and as such it was felt that joint funding bids with other boroughs or Kent County Council should be considered.

Recommendation 25:

The Council should pursue grant funding related to air quality improvement, sustainable transport and associated infrastructure where feasible, including working with partners to submit joint bids as appropriate.

Council Operations Sustainability

80. In 2010 the Council agreed its Carbon Management Plan, designed to achieve an ambitious 30% reduction in the Council's carbon dioxide equivalent (CO_{2e}) emissions from its estate and operations to 2016. The actions taken under the Carbon Management Plan, whilst not delivering the intended target, did result in a 23.7% reduction in the Council's CO_{2e} output, equivalent to over 1,000 tonnes of CO_{2e}.

81. From a baseline set in 2009, the Council reports annually on the level

of greenhouse gas emissions arising from its estate and operations. The baseline for Greenhouse Gas reporting will be reset for the 2018/19 reporting year to account for changes in the Council's property portfolio and operations, including the current waste contract and emissions from Aspire, the Council's in-house grounds maintenance service.

82. In October 2017, the Department for Business, Energy and Industrial Strategy (BEIS) released '*The Clean Growth Strategy: Leading the way to a low carbon future*', which set clean growth at the heart of the Government's Industrial Strategy, including setting out investment to deliver clean growth and meet the agreed Carbon Budgets – progressive five year caps on greenhouse gas emissions – up to 2050. The Clean Growth Strategy also proposes a voluntary public sector carbon emissions reduction target of 30% by 2020-21.

83. Investment measures outlined within the Clean Growth Strategy include:

- a £20m commitment to support a new clean technology early stage investment fund;
- investment of up to £100m in carbon capture usage and storage;
- £1bn to support the take-up of ultra-low emission vehicles (ULEV);
- £95m to support charging infrastructure deployment;
- £50m for the Plug-in Taxi programme to offer discounts of up to £7,500 on new ULEV taxis;
- £14m to deliver dedicated ULEV taxi charging points;
- £100m for retrofitting and new low emission buses;

- £1.2bn for promotion of walking and cycling.

84. The Task Group felt that there was a need for a designated officer to lead on strategic co-ordination of actions under the Air Quality and Energy Efficiency Strategies, and to reconcile these actions with the Council's wider policy framework.

85. This officer could also have responsibility for researching and bidding for grant funds related to air quality and sustainability such as those outlined in paragraphs 78 and 83, and it was felt that this could deliver significant value to the organisation (and potentially off-set any salary considerations) through the post holder securing grant funding and delivering savings to the Council through the actions of the Air Quality and Energy Efficiency Strategies.

Recommendation 26:

The Council consider the appointment of an officer to lead on Sustainability; research and apply for appropriate grant funding; and deliver on the aims of the Energy Efficiency Strategy and any actions adopted from this report for inclusion in the Air Quality Strategy.

**Council Operations
Public Information**

86. Members felt that more information should be made available for residents on air quality and transport options to promote the aims of the adopted strategy and resident use of sustainable transport. It was noted that a single web page capturing the strategy aims and information on cycling, bus travel, electric vehicle charging, driving habits and reporting the UK Daily Air Quality Index (DAQI).

Recommendation 27:

The Council's website should include a page tailored toward air quality information which outlines the aims of the strategy as well as including potential air quality improvement actions, information on sustainable transport options and DAQI reports.

87. Kent County Council maintain a number of Variable Message Signs (VMS) on key transport corridors into Ashford. Members felt that these signs could be used to display air quality improvement messages (for example, advising drivers to turn off their engines when stopped).

Recommendation 28:

The Council should work with KCC to use VMS in Ashford to promote air quality information for drivers.

88. NICE recommend working with healthcare professionals to raise awareness of poor outdoor air quality and advise high risk groups on how to minimise their exposure. The Council has strong working relationships with health partners in the Borough through its membership of and work with the Ashford Health and Wellbeing Board (AHWB), and Members felt that this would be the most appropriate group to undertake work on raising the awareness of air quality impacts.

Recommendation 29:

The Council should work with its partners through the Ashford Health and Wellbeing Board to raise awareness of poor outdoor air quality and provide advice to high risk groups.

Conclusion

89. The Air Quality Task Group felt that the issue of air quality within the Borough should be the subject of greater attention and focus from the Council, particularly in light of the mortality burdens associated with particulate air pollution. Whilst the Borough does not have any declared Air Quality Management Areas within its limits, the Task Group felt strongly that this should not preclude the authority from taking action to improve air quality within the Borough.
90. The Council has a strong track record of promoting sustainability through its procurement processes, adoption of the Energy Efficiency Strategy and setting ambitious targets for reducing carbon dioxide emissions from its premises and operations.
91. The actions and information within this report do not provide an exhaustive approach to air quality and the adoption of this document as an Air Quality Strategy for the Borough should not preclude the Council from pursuing actions and opportunities not contained within this report that will serve to safeguard and improve air quality in the Borough.
92. The pace of change with regard to vehicle technology, and the increased focus on air quality within Central Government means that issues of air quality are likely to evolve and as such this report and the subsequent Air Quality Strategy should be viewed as a living document. Once adopted as policy, it is recommended that this strategy is revisited annually, or sooner in response to developments in Government policy and/or external pressures.
93. It is hoped that through adoption of the recommendations within this report the Council can deliver a real commitment to improving air quality in the Borough in developing a strategy which will complement the existing policy framework of the Council and set ambitious goals for air quality improvement and pollutant reduction.

Air Quality Task Group – Summary of Recommendations

Recommendations regarding partnership working and the continuation of existing practices.

No.	Recommendation
6	The Council work with Kent County Council to explore options for providing on-street vehicle charging infrastructure to meet resident demand, including promoting relevant OLEV grant schemes and other trials.
7	The Council engage with Kent County Council over the potential of Urban Traffic Management Control (UTMC) to optimise traffic flow within Ashford.
8	The Council request that Kent County Council seek to avoid negative impacts on air quality when designing speed reduction measures within the borough.
11	Through its membership of the Ashford Quality Bus Partnership, the Council should endeavour for bus services within the Borough to operate using vehicles at Euro IV emission standard or higher.
13	That the Council, through appropriate channels, encourage the uptake of electric and hybrid vehicles within the taxi and private hire fleets within the Borough.
17	The Council continues its support for walk-to-school schemes in the Borough.
18	Kent Police be asked to dissuade vehicle idling outside schools as part of Operation OPEYE.
24	The Council continue to offer a cycle to work scheme (or similar) and explore options for staff shower and changing facilities within the Civic Centre.
28	The Council should work with KCC to use VMS in Ashford to promote air quality information for drivers.
29	The Council should work with its partners through the Ashford Health and Wellbeing Board to raise awareness of poor outdoor air quality and provide advice to high risk groups.

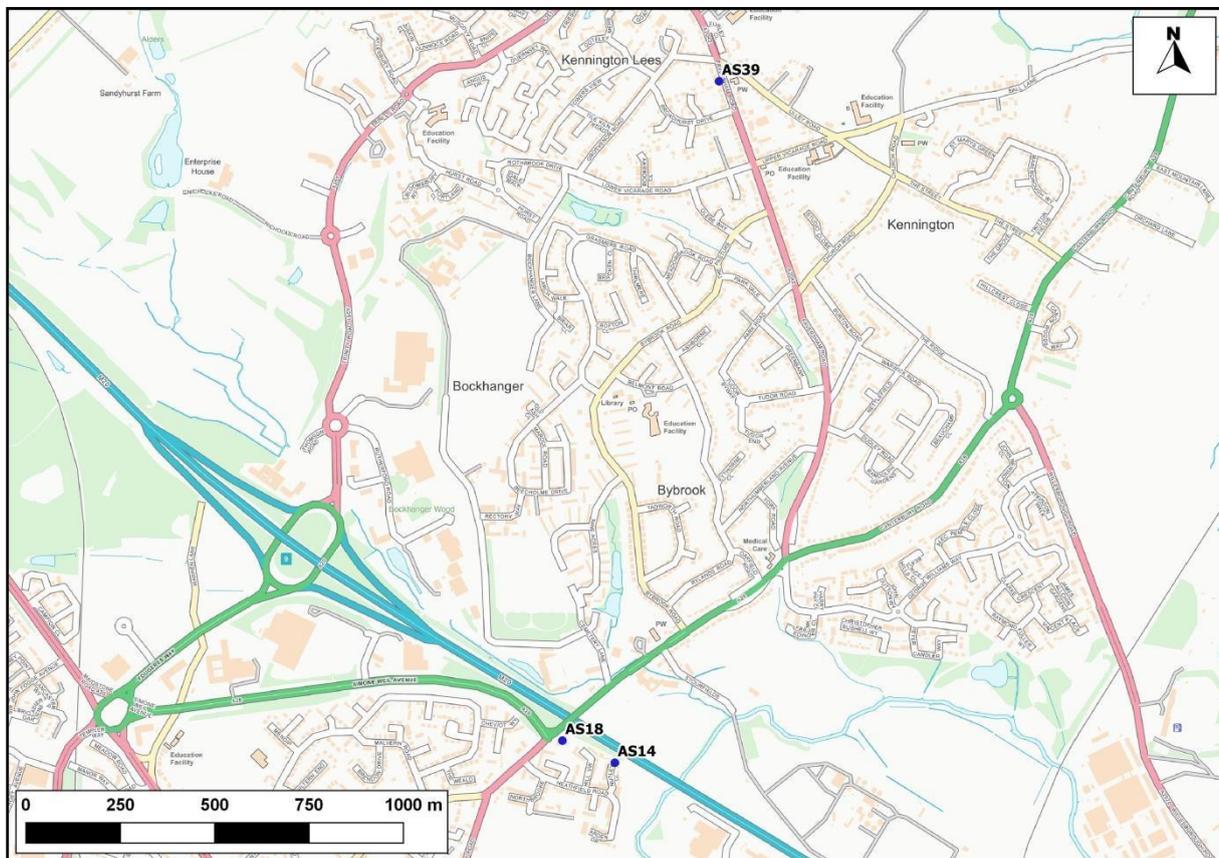
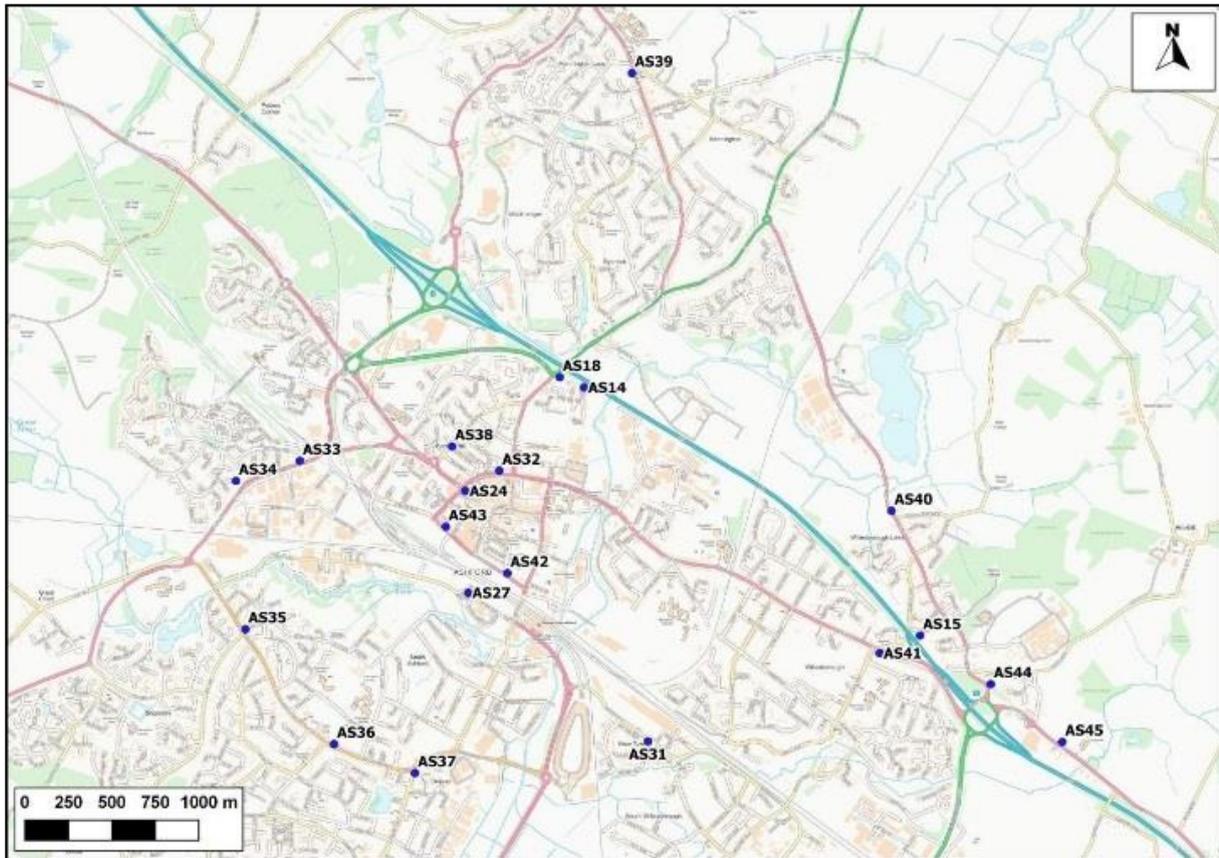
Full list of recommendations

No.	Recommendation
1	The recommendations and evidence base contained within this report form an Air Quality Strategy for the Council.
2	If a CIL regime is adopted by the Council for new developments, contributions should be set aside for air pollution mitigation measures.
3	The Council adopt the points noted in table 2 on page 9 of the report as best practice guidance for reducing air pollution in new developments.
4	The Council should adopt, and require developers to abide by, planting strategies which will support pollutant mitigation and effective street ventilation.
5	The Council should expand the network of electric vehicle charging points within the borough, utilising S106 and government grant funding as appropriate.
6	The Council work with Kent County Council to explore options for providing on-street vehicle charging infrastructure to meet resident demand, including promoting relevant OLEV grant schemes and other trials.
7	The Council engage with Kent County Council over the potential of Urban Traffic Management Control (UTMC) to optimise traffic flow within Ashford.
8	The Council request that Kent County Council seek to avoid negative impacts on air quality when designing speed reduction measures within the borough.
9	That the Council consider reducing or removing parking charges for electric vehicles within its car parks to encourage use of these vehicles.

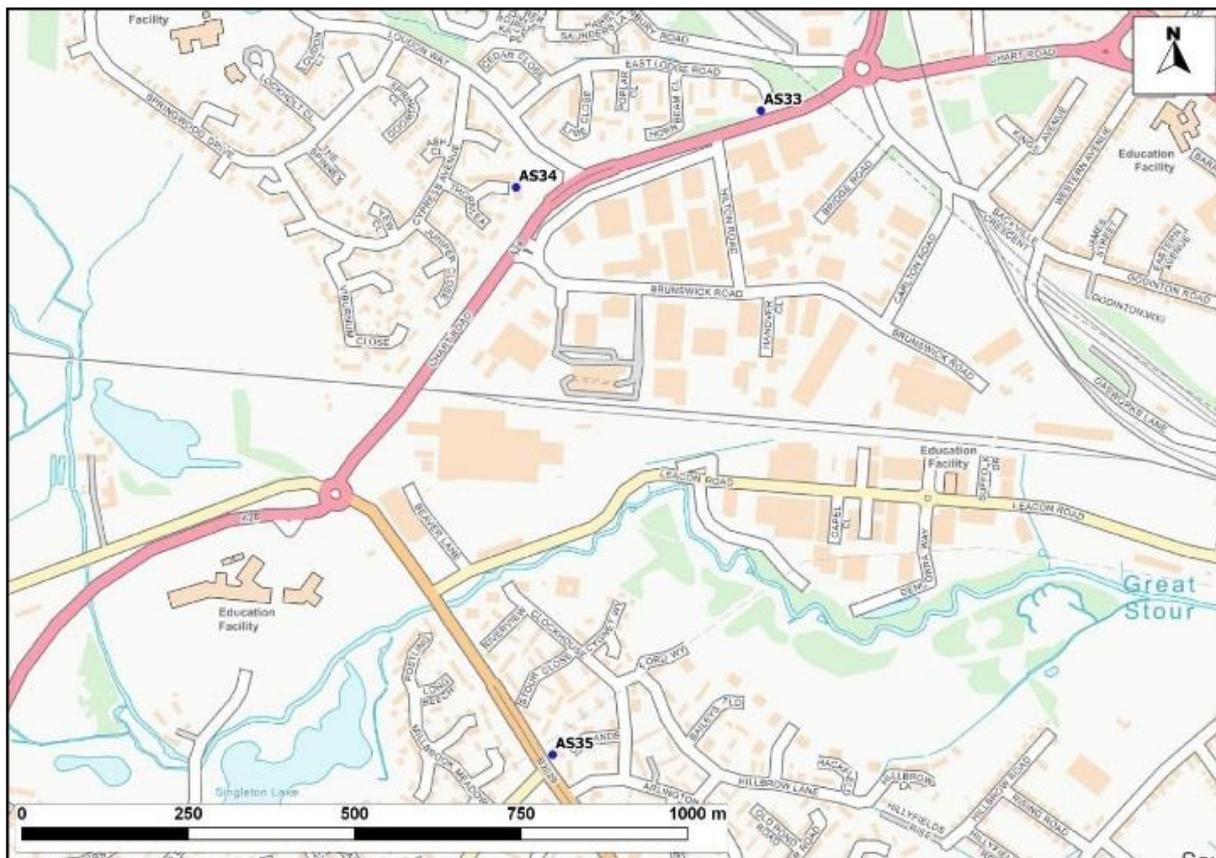
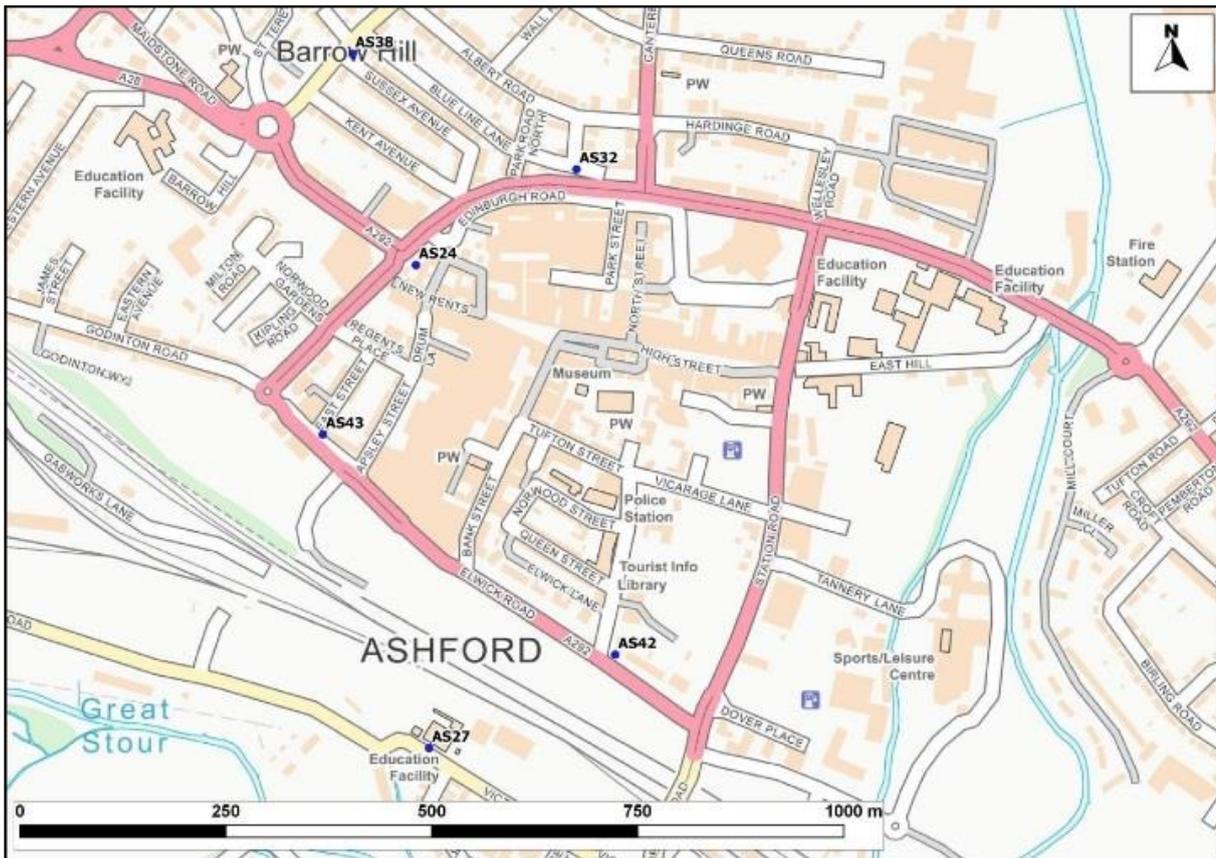
Appendix A – Summary of Recommendations

10	New HGV parking facilities within the Borough should consider provide infrastructure cater for electric HGV charging and refrigeration.
11	Through its membership of the Ashford Quality Bus Partnership, the Council should endeavour for bus services within the Borough to operate using vehicles at Euro IV emission standard or higher.
12	Developer monies gathered under policy TRA4 of the (draft) Local Plan to 2030 should be used to fund enhancements to the local bus network which will encourage a modal shift from use of the private car to public transport.
13	That the Council, through appropriate channels, encourage the uptake of electric and hybrid vehicles within the taxi and private hire fleets within the Borough.
14	The Council consider subsidising a programme of fuel-efficient driver training for taxi and private hire drivers.
15	That new commercial developments include adequate provision for facilities to enable and support cycling to work by staff.
16	An audit of cycling facilities should be undertaken as part of the preparation of the new Borough Cycling Strategy, with additional storage facilities installed where demand for cycle storage exceeds or is likely to exceed supply.
17	The Council continues its support for walk-to-school schemes in the Borough.
18	Kent Police be asked to dissuade vehicle idling outside schools as part of Operation OPEYE.
19	The Council should review its lease car and mileage claim schemes to exclude high polluting vehicles from eligibility and promote ultra-low and zero emission vehicles.
20	The Council remove parking permit charges for staff with ultra-low and zero emission vehicles.
21	The Council explore the feasibility of staff cycling to site or home visits within Ashford as an alternative to car use.
22	The Council operate a programme of fuel-efficient driver training for all designated essential car users who are required to drive Council fleet vehicles for their respective roles.
23	The Council should compile a comprehensive workplace travel plan which identifies means to improve the percentage of staff utilising sustainable means to travel to work.
24	The Council continue to offer a cycle to work scheme (or similar) and explore options for staff shower and changing facilities within the Civic Centre.
25	The Council should pursue grant funding related to air quality improvement, sustainable transport and associated infrastructure where feasible, including working with partners to submit joint bids as appropriate.
26	The Council consider the appointment of an officer to lead on Sustainability; research and apply for appropriate grant funding; and deliver on the aims of the Energy Efficiency Strategy and any actions adopted from this report for inclusion in the Air Quality Strategy.
27	The Council's website should include a page tailored toward air quality information which outlines the aims of the strategy as well as including potential air quality improvement actions, information on sustainable transport options and DAQI reports.
28	The Council should work with KCC to use VMS in Ashford to promote air quality information for drivers.
29	The Council should work with its partners through the Ashford Health and Wellbeing Board to raise awareness of poor outdoor air quality and provide advice to high risk groups.

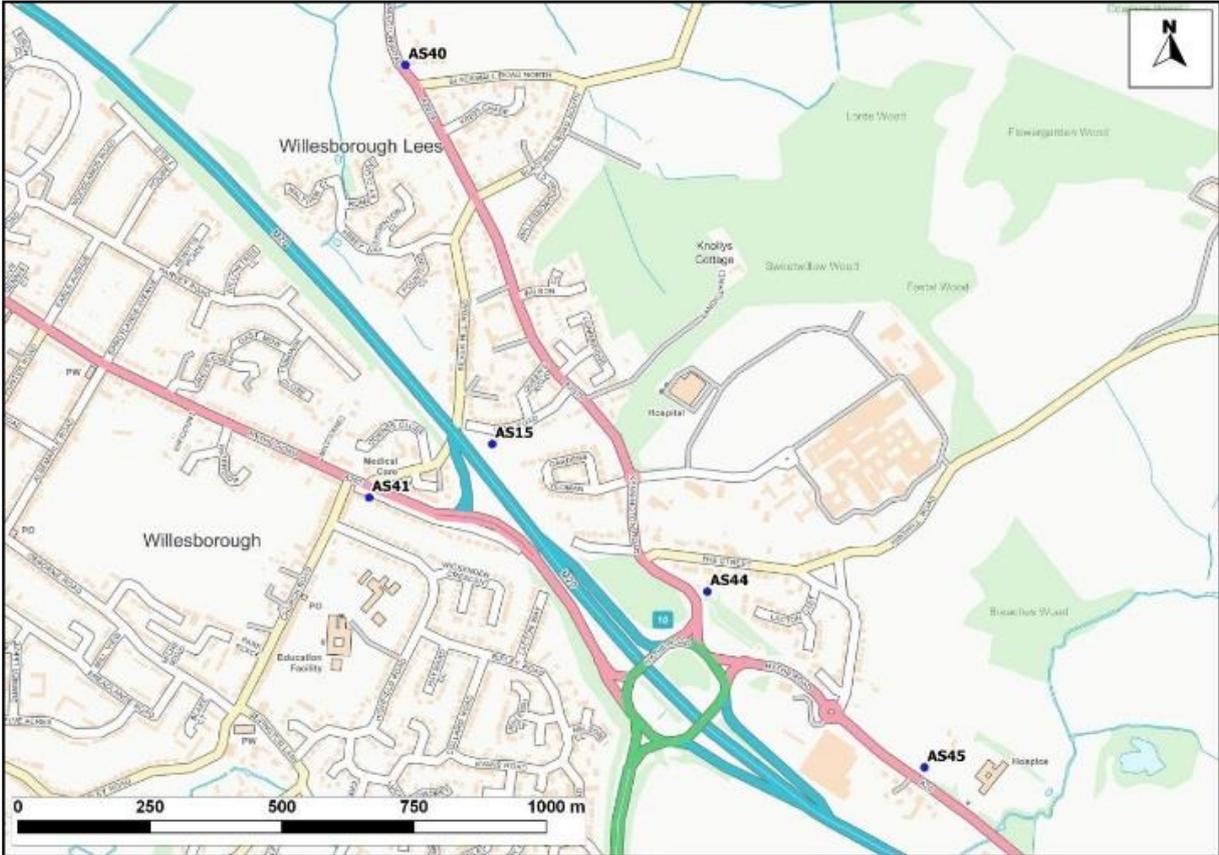
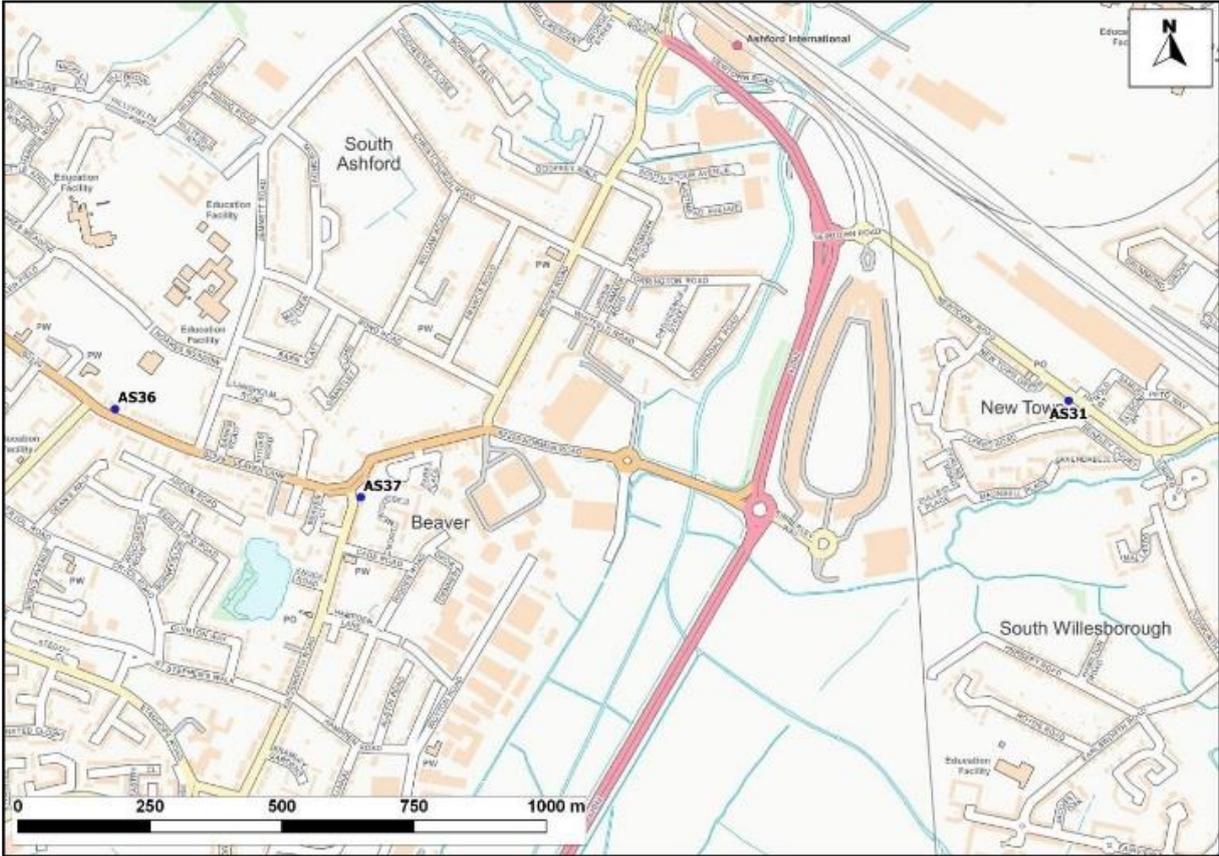
Appendix B – Maps of Air Quality Monitoring Locations



Appendix B – Maps of Air Quality Monitoring Locations



Appendix B – Maps of Air Quality Monitoring Locations



Policy ENV10 - Renewable and Low Carbon Energy

Planning permission for proposals to generate energy from renewable and low carbon sources will be permitted provided that:

- a. **The development, either individually or cumulatively does not result in significant adverse impacts on the landscape, natural assets or historic assets (including their setting);**
- b. **The scale and design of renewable energy provision is compatible with the character and appearance of the area, having special regard to nationally recognised designations and their setting, such as AONBs, Conservation Areas and Listed Buildings.**
- c. **The development does not generate an unacceptable level of traffic or loss of amenity to nearby residents (visual impact, noise, disturbance, shadow flicker, odour).**
- d. **Provision is made for the decommissioning of the infrastructure once operation has ceased, including the restoration of the site to its previous use;**
- e. **Evidence is provided to demonstrate effective engagement with the local community and local authority.**

A Sustainability Assessment should be submitted alongside any planning application illustrating the social, environmental and economic benefits of the proposal against this criterion and any mitigation measures necessary.

Policy ENV11 - Sustainable Design and Construction - Non-residential

All major non-residential development will achieve BREEAM 'Very Good' standard, with at least a 40% improvement in water consumption against the baseline performance of the building (Wat1, 3 credits), unless demonstrated not to be practicable.

Policy ENV12 - Air Quality

All major development proposals should promote a shift to the use of sustainable low emission transport to minimise the impact of vehicle emissions on air quality. Development should be located where it is accessible to support the use of public transport, walking and cycling.

Development proposals that might lead to a significant deterioration in air quality or national air quality objectives being exceeded, either by itself, or in combination with other committed development, will require the submission of an Air Quality Assessment to be carried out in accordance with the relevant guidance. This should address:-

- a. The cumulative effect of further emissions;**
- b. The proposed measures of mitigation through good design and offsetting measures that would prevent the National Air Quality Objectives being exceeded or reduce the extent of the air quality deterioration.**

Proposals which will result in National Air Quality Objectives being exceeded will not be permitted.

Agenda Item No:



Report To: Cabinet

Date of Meeting: 09/11/2017

Report Title: Ashford Borough Council's Performance – Quarter 2 2017/18

Report Author & Job Title: Nicholas Clayton-Peck, Senior Policy, Performance and Scrutiny Officer

Portfolio Holder **Cllr Neil Shorter**
Portfolio Holder for: **Finance and IT**

Summary:

This report seeks to update members and the public on the performance of the Council against its Corporate Plan during Quarter 2 2017/18. This includes information on what the Cabinet has achieved through its decision-making, key performance data, and consideration of the wider borough picture which impacts upon the Council's work.

The organisation's approach to the monitoring of its performance against this plan has been revised. Accordingly, attached are summary highlights from the online Performance 'Dashboard' for each of the Council's Corporate Plan areas.

Key Decision: NO

Significantly Affected Wards: N/A

Recommendations: **The Cabinet is recommended to:-**

- I. Note the Council's performance against the Corporate Plan in Quarter 2 of 2017/18.**

Policy Overview: In December 2015 the Council agreed a new Corporate Plan - "*The Five Year Corporate Plan – for Aspiration, Action and Achievement*".

This also provided an opportunity to refresh the way in which performance against this new Corporate Plan (and its priority areas) was measured, presented and engaged with by officers and members.

Financial Implications: N/A

Legal Implications N/A

Equalities Impact Assessment	Not required because the report relates to a summary of past performance rather than any item requiring decision.
Other Material Implications:	N/A
Exempt from Publication:	NO
Background Papers:	N/A
Contact:	Nicholas.Clayton-Peck@ashford.gov.uk – Tel: (01233 300208)

Report Title: Ashford Borough Council's Performance – Quarter 2 2017/18

Introduction

1. The report seeks to provide a headline overview of performance against the Council's Corporate Plan for Quarter 2 2017/18.
2. This report provides a summary of the main developments affecting performance during the quarter, whilst the attached highlight summaries provide the key trend data underlying this (**Appendix 1**).

Background

3. Each quarter the Cabinet and Overview and Scrutiny committees receive an update on how and how well the Council is achieving its objectives.
4. In December 2015 the Council agreed a new Corporate Plan - "*The Five Year Corporate Plan – for Aspiration, Action and Achievement*". This provided an opportunity to refresh the way in which performance against this new Corporate Plan (and its priority areas) was monitored, presented and engaged with by officers and members.
5. Whilst this approach is naturally an evolving one, the aim is for this Performance Dashboard (the Dashboard) to inform the work of both officers and members, providing an ongoing tool which facilitates insight and understanding across the organisation on the state of progress against our goals.
6. As part of the Council's wider governance arrangements, such performance information is used to reflect on the organisation's approach – leading to doing things differently where needed in order to offer efficient services and effective outcomes. As such, in September 2016 the Dashboard was also presented to the Audit Committee.

Summary of Performance Developments in Quarter 2 2017/18

Activity

7. Quarter 2 saw successful activity on a variety of initiatives which will have a positive impact on the outcomes set out in the Council's corporate plan –

July

- a. Construction work on Elwick Place, the two-hectare development zone in the heart of Ashford town centre, officially commenced. A new car park, situated opposite the Ashford College, also opened in September.
- b. Cabinet approved proposals to accelerate the delivery of resurfacing of the International House car park, to enhance the Commercial Quarter and facilitate its further development. At the same meeting, the Cabinet also agreed various other works on Station Approach.
- c. Cabinet agreed an updated 'Taxi Licensing Policy' which reflects changes in legislation and good practice.
- d. Cabinet agreed proposals to work in partnership with Cheyne Capital to deliver an Independent living scheme for older people at Repton Park – believed to be the first of its kind in Kent.
- e. Cabinet approved the release of S106 funding for the relocation of Ashford Town Bowls Club to Kingsnorth, and the enlargement and enhancement of Memorial Gardens.
- f. Cabinet received an update on the achievements and projects delivered in the town centre by the Regeneration Team, and how this has had a positive impact on the town in terms of footfall, vacancy rates and consumer confidence.
- g. Cabinet approved plans to redevelop the existing play area near Victory Hall, Hamstreet.
- h. Cabinet received an update on the HRA affordable housing delivery programme, and approved proposals for a new affordable housing programme over the next five years.
- i. A new supported housing scheme for vulnerable young people opened at Belgic Court, The Limes – consisting of eight self-contained fully furnished one-bedroom flats and communal facilities.
- j. As part of the Create Festival's heritage events, *The Ashford Tales* – a theatre trail through the Town Centre telling the stories of some of Ashford's famous residents – was held to promote the town's rich history.
- k. The Council's external auditors provided an unqualified opinion on the 2016/17 Statement of Accounts.

August

- l. Work remains ongoing at the new Repton Connect Community Centre, which is due to open in January 2018.
- m. The Council agreed to host the National Wellbeing Symposium at the Ashford International Hotel in February 2018.
- n. Public consultation on a series of proposed changes to the Local Plan ran for public consultation. The final version of the Plan is due to be submitted for public examination in December.

September

- o. The new Ashford College opened its doors for the first intake of students. The facility will provide courses for more than 1,000 students, employing 100 staff.
 - p. Cabinet received an update on the Council's corporate property performance. The Council has had a good year both in respect of the income generated, and in securing lettings at Park Mall and the continued letting of Block B International House to 2028. At the same meeting Cabinet agreed to move forward with the purchase of 28 light industrial units at Carlton Road.
 - q. Cabinet agreed a new Housing Tenancy Strategy in line with the legislative changes brought in by the Housing and Planning Act 2016.
 - r. Conningbrook Lakes celebrated its 20th anniversary with a family fun day that attracted over 1,000 people to try canoeing, paddle boarding and other activities.
 - s. A refreshed www.visitashfordandtenterden.co.uk website, which promotes the tourism offer of the borough, was launched during an event at Eastwell Manor.
8. An online timeline of achievements and milestones in delivering the Corporate Plan is now available through the website, alongside the latest Annual Report - <http://www.ashford.gov.uk/transparency/our-performance/our-annual-report/>
9. As part of efforts to ensure that the Council operates transparently, work is currently underway to make the live Dashboard site available to the public. Once completed, a link to the Dashboard will be provided on the Council's website.

Commentary on performance trends

10. Whilst the majority of the trends captured within the summaries attached to this report have remained broadly constant over the last quarter, the following trends are worth highlighting –
- a. Footfall over the last two quarters has remained relatively steady, with the monthly average steady at around +/- 5% 4,500 visitors per day.
 - b. Vacancy rates for both the high street and Ashford's shopping centres have fallen over the last year, settling at a level of around 9-10%.
 - c. Following a short period of increase, the total number claiming either Jobseekers Allowance or Universal Credit principally for the reason of being unemployed has remained steady or fallen slightly over the last few months, and now stands at just under 1,250. This is around 10% more than at the same time last year, constituting around 1.6% of Ashford's working age population. Whilst unemployment amongst the 18-24 year olds still remains above the average seen in the rest of the county, it has fallen slightly (3.3 – 3.1%) over the last quarter.
 - d. The number of residents needing temporary Bed and Breakfast accommodation has continued to increase over the last quarter.
 - e. Across the over 1,000 food businesses across the borough, the percentage compliant with hygiene standards when inspected has

remained stable over the last year, remaining within half a percent during that period and on a generally slightly upward curve.

Conclusions

11. The majority of performance goals the council is working towards remain either on-target or near-target, and (a) to (d) above demonstrate a continuing healthy growth profile for Ashford.
12. The information included within these reports provide merely a high-level snapshot of the information available constantly through the live Dashboard site, interactive Annual Report page and timeline of achievements.

Equalities Impact Assessment

13. N/A

Other Options Considered

14. N/A

Portfolio Holder's Views

15. Overall, Ashford Borough Council's performance remains strong, with many activities and initiatives, led or supported by this council which will significantly help to deliver our corporate objectives. More specifically, efforts to support our high street and local businesses have helped support a sustained fall in vacancy rates.
16. Good progress is being made in delivering on the council's delivery programme – projects that are making a real difference to the borough. Examples include construction beginning on the Elwick Place development, and the new Ashford College opening to its first group of students.
17. It is obviously unfortunate to see the continued increase in those requiring short-term support with housing – this is of course a national issue, and the Council is active in looking to respond. Cabinet colleagues will be receiving a briefing on the changes brought in by the forthcoming Homelessness Reduction Act before the November Cabinet meeting.
18. The highlight summaries included in this report present merely a top line snapshot of our performance, and I would urge all colleagues to take the opportunity of consulting with the online Dashboard itself for further context, analysis and data. I am pleased that work is underway to shortly make the information in the Dashboard available to the public more widely.

Contact and Email

19. Nicholas Clayton-Peck, Senior Policy, Performance and Scrutiny Officer,
Nicholas.clayton-peck@ashford.gov.uk

Appendix 1



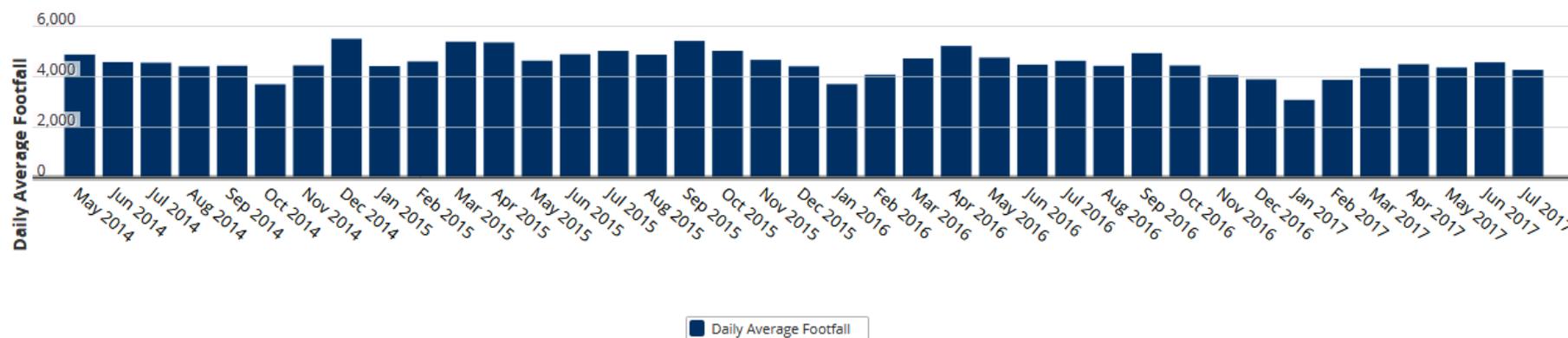
ASHFORD
BOROUGH COUNCIL

Ashford Borough Council Performance Dashboard

Headline Report

Enterprising Ashford

Town Centre Footfall



Footfall over the last two quarters has remained relatively steady, with the monthly average at around 4,000 per day.

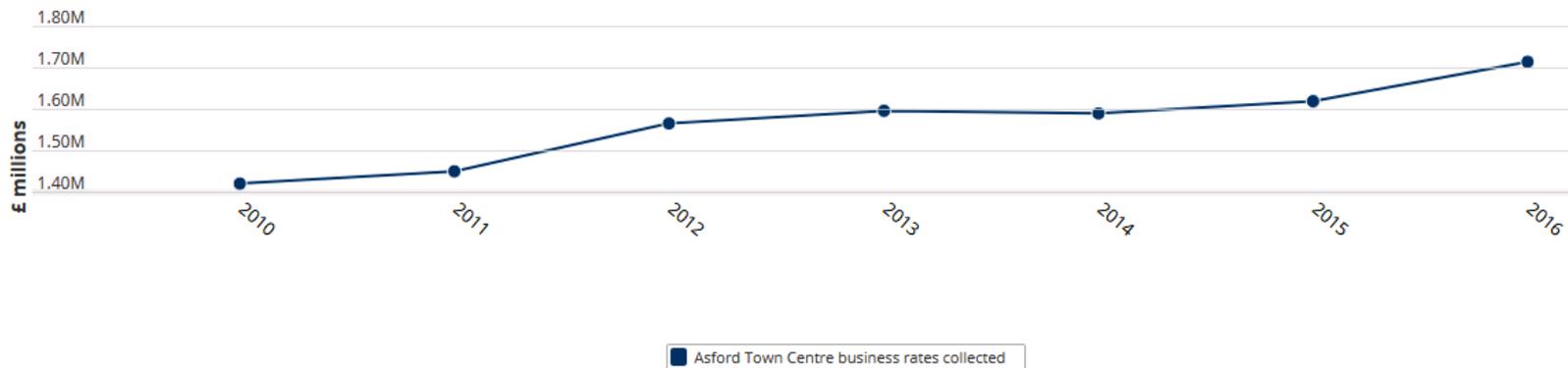
Ashford Town Centre Vacancy Rates



The latest vacancy rate remain at around 10%, steady at the lowest since rates were first recorded in 2008.

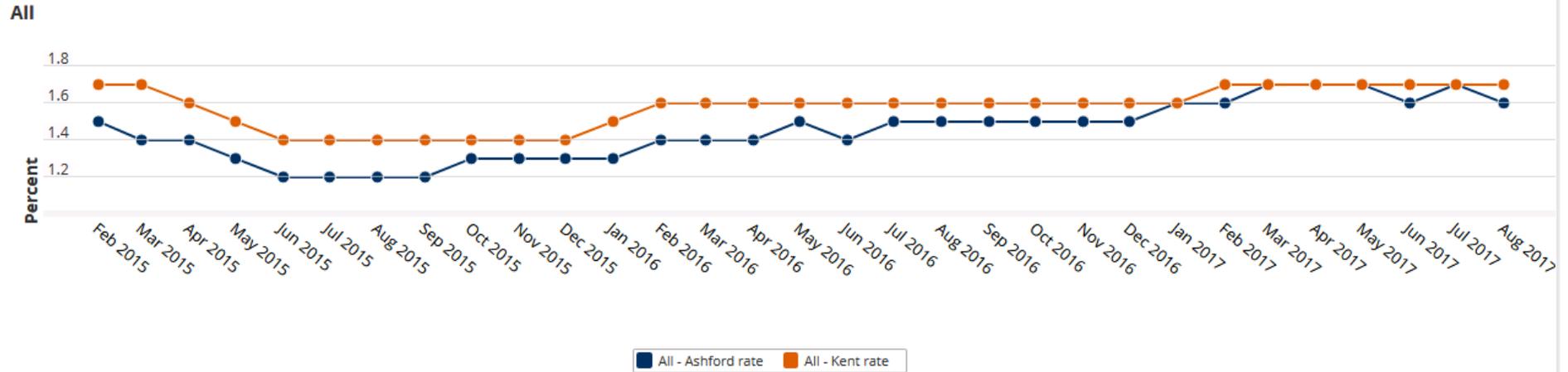
Vacancy rates have fallen across the town centre overall over the last year. Park Mall's historically higher rates have also begun to fall since the Council took over direct operations in 2015, with over half of the vacant units now full and footfall up by around **7%**. The rejuvenation has been directly attributed with improving customer spend in neighbouring stores such as Wilko.

Town Centre Development and Future Plans



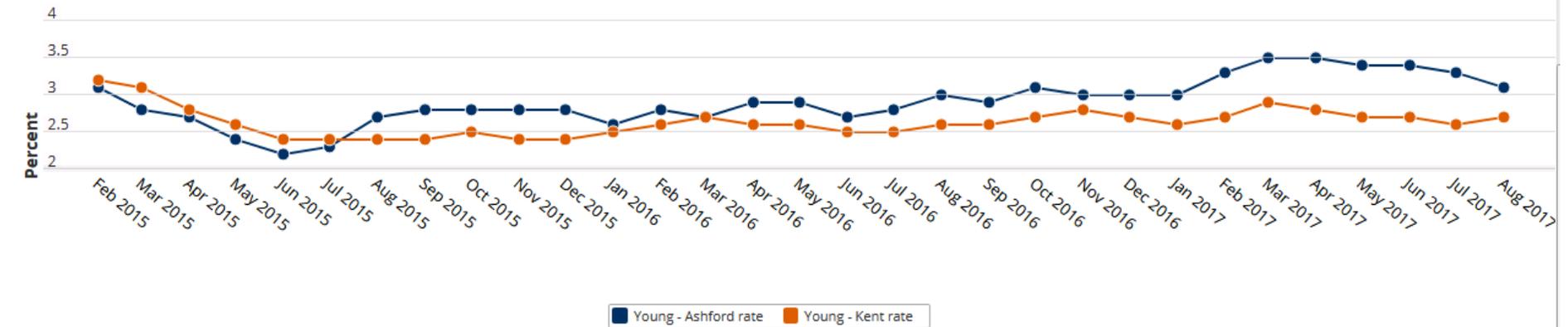
In July construction work on Elwick Place, the two-hectare development zone in the heart of Ashford town centre, officially commenced. A new car park, situated opposite the Ashford College, also opened in September.

Unemployment



Following a short period of increase, the total number claiming either Jobseekers Allowance or Universal Credit principally for the reason of being unemployed has remained steady or fallen slightly over the last few months, and now stands at just under **1,250**. This is around 10% more than at the same time last year, constituting around **1.6%** of Ashford's working age population.

Young People



The number of young people (18-24) claiming unemployment benefit continues to fall, although it remains slightly higher than the Kent average. In September the new Ashford College opened its doors for the first intake of students. The facility will provide courses for more than 1,000 students, employing 100 staff.



Ashford Borough Council Performance Dashboard

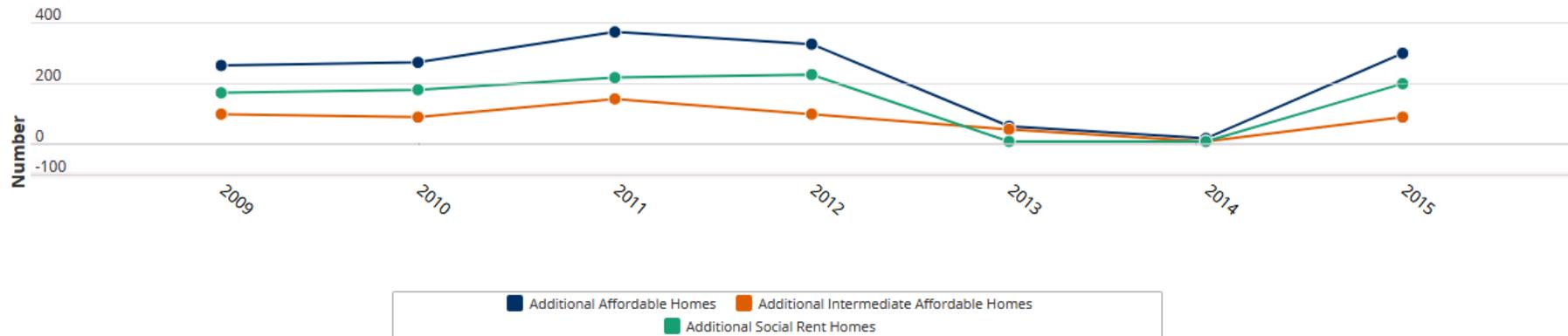
Headline Report

Living Ashford

Affordable Housing

The total additional Affordable Homes is made up of the following two main areas -

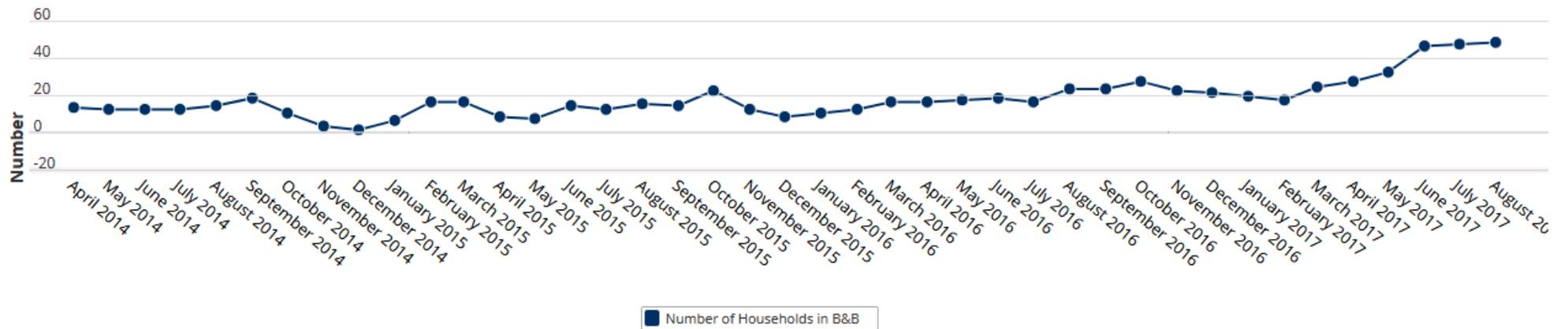
- Intermediate Affordable Homes, which includes intermediate rent and affordable home ownership; and
- Social Rent Homes, which include affordable rent homes



The economic downturn that occurred in 2008 had negative consequences for the housing market, though impacts for affordable housing completions were not felt until later - with a low point occurring in 2013. This position has since somewhat reversed.

In July Cabinet received an update on the HRA affordable housing delivery programme, and approved proposals for a new affordable housing programme over the next five years

Temporary Accommodation



By the end of the quarter the average number of households in Bed & Breakfast (B&B) had increased to around 45.

House prices and the number of homes sold

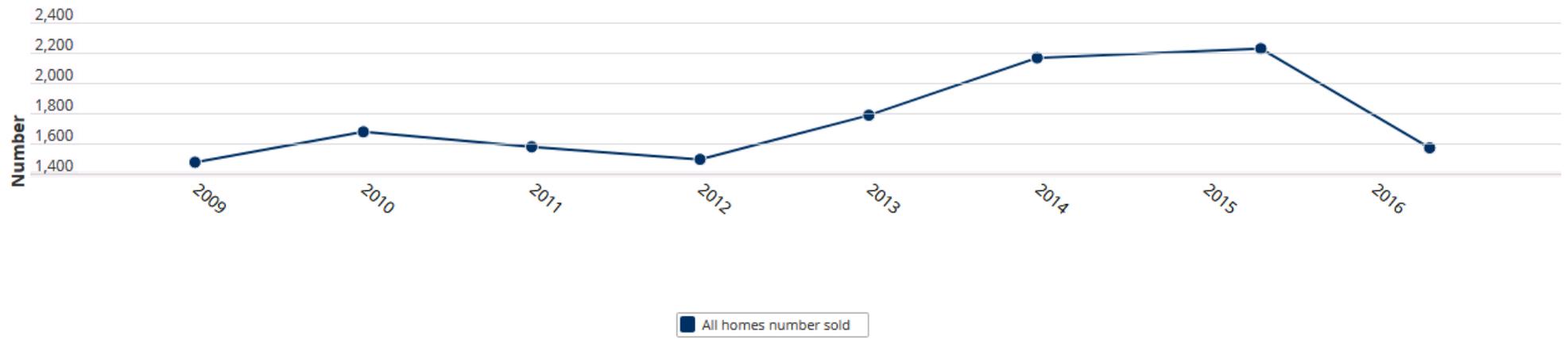
House Price



The average house price in Kent (KCC area) during 2016 was **£283,323**. The average price in Kent (KCC area) has increased for five consecutive years and is now **30%** higher than where they were in 2008.

There were **19,117** property transactions in Kent during the year, **28%** lower than in the year before and reflecting the fall in sales seen in Ashford.

Number of Houses Sold

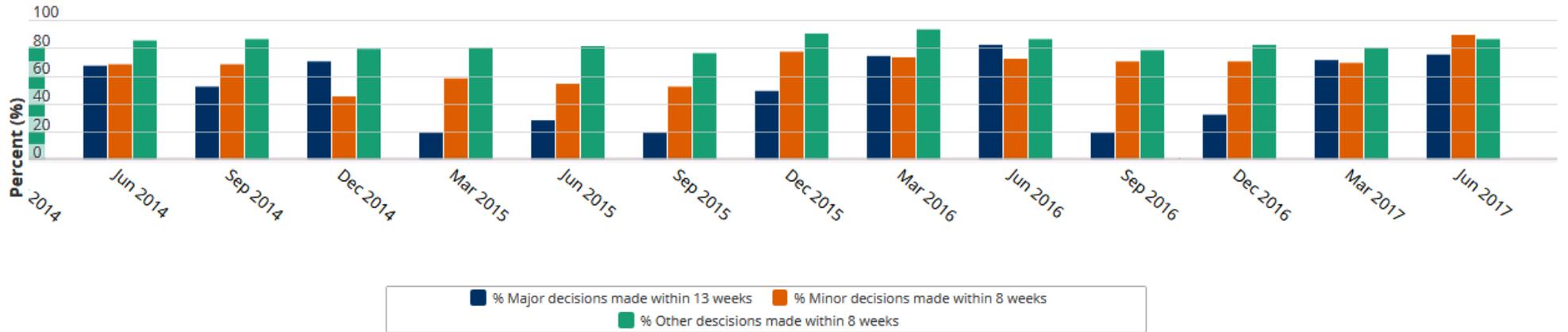


In July a new supported housing scheme for vulnerable young people opened at Belgic Court, The Limes – consisting of eight self-contained fully furnished one-bedroom flats and communal facilities

Planning



The number of planning applications considered by the council has remained relatively steady, whilst the last year has seen significant improvement in the percent of decisions made within target.





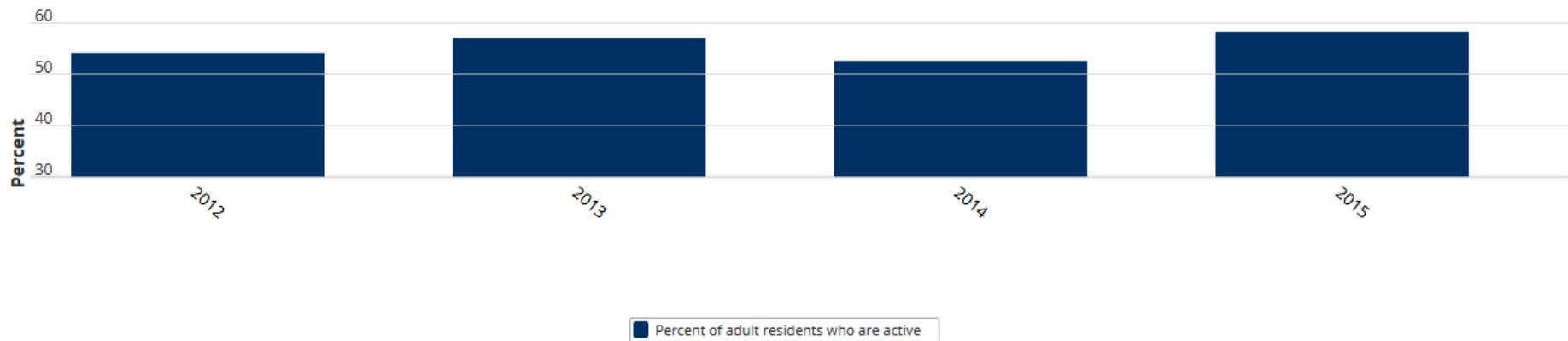
ASHFORD
BOROUGH COUNCIL

Ashford Borough Council Performance Dashboard

Headline Report

Active and Creative Ashford

Healthy Lives and Active Living



Sport and Health

In June the OneYou Health Shop has been given the go-ahead to continue for a further two years following a successful initial trial.

In July Cabinet approved plans to redevelop the existing play area near Victory Hall, Hamstreet

The Council has agreed to host the National Wellbeing Symposium at the Ashford International Hotel in February 2018

In September Conningbrook Lakes celebrated its 20th anniversary with a family fun day that attracted over 1,000 people to try canoeing, paddle boarding and other activities

Supporting Culture and Creativity

Tourism

In September a refreshed www.visitashfordandtenterden.co.uk website, which promotes the tourism offer of the borough, was launched during an event at Eastwell Manor.



Ashford Borough Council Performance Dashboard

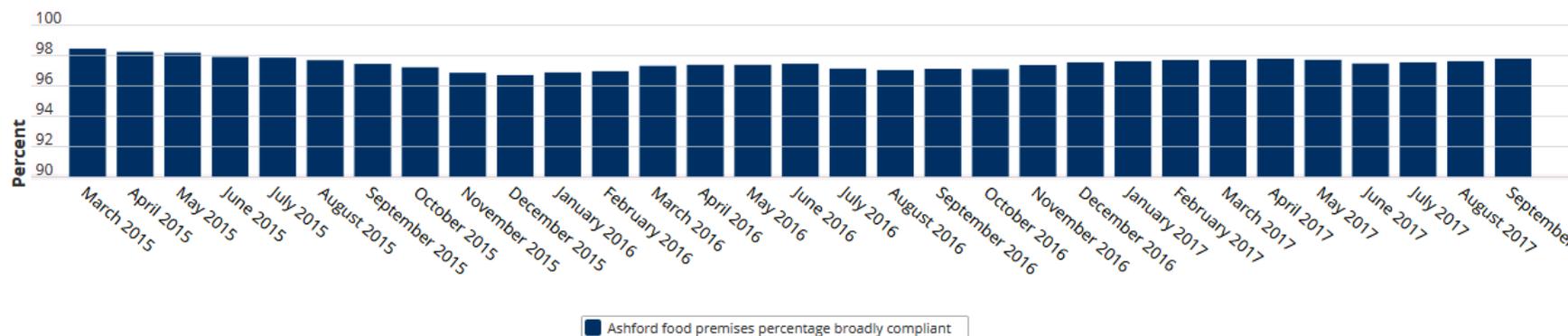
Headline Report

Attractive Ashford

Quality Across the Borough

Food Business Hygiene

There are almost 1,300 registered food businesses within the Borough. All are inspected on a regular basis according to their risk category.



This graph shows the percentage of businesses that are broadly compliant with food hygiene standards. Any business found to be non-compliant either receives a formal letter or a revisit. The percentage compliant upon inspected has remained within a half percent range during the last six months.

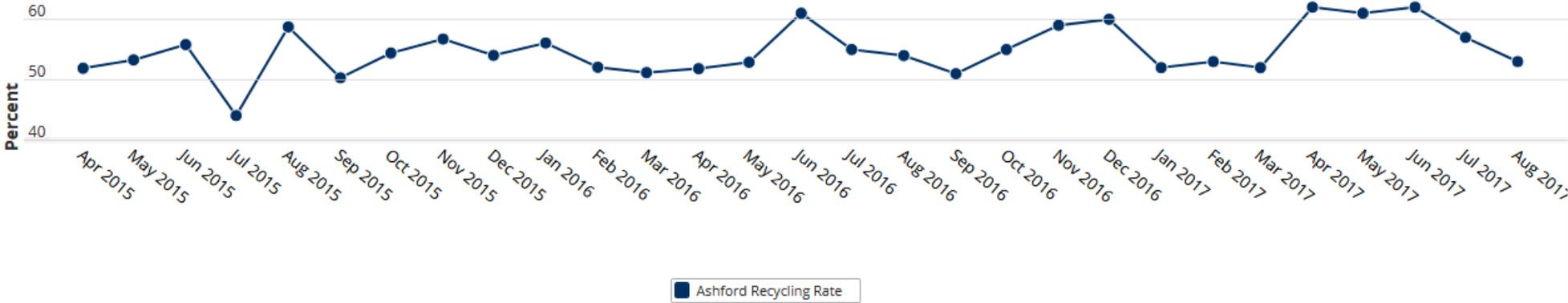
Guidance is provided to food businesses in the first instance and notices are service if conditions do not improve. Food businesses are also given a food hygiene rating which can view at <http://www.ashford.gov.uk/food-hygiene-rating-scheme>.

In September 2016 the Council approved a revised Food Safety Policy, which ensures a consistent approach to food safety inspections, enforcement and food sampling in line with current nationally accepted standards.

Other Measures to Improve Ashford

In July Cabinet approved the release of S106 funding for the relocation of Ashford Town Bowls Club to Kingsnorth, and the enlargement and enhancement of Memorial Gardens.

Recycling



Overview and Scrutiny Committee

Report Tracker – 28 November 2017

Report Title	Date due to O&S	Head of Service/ Report Author	Lead O&S Member / Task Group	Scope of what is to be scrutinised	Further details / current position
Overview of Priority Health Issues for Ashford	28 November 2017	Health, Parking and Community Safety		An overview of the priority health issues for the Borough and the work undertaken by the Health and Wellbeing Board	Agreed as part of annual work programme
Report of Air Quality Task Group	28 November 2017	Policy and Performance	Air Quality Task Group	Findings and final report of the Air Quality Task Group for Committee review and commendation to Cabinet.	Committee review required
Q2 2017/18 Performance Report	28 November 2017	Policy and Performance		Information on what the Council has achieved through its decision-making; key performance data; the wider borough picture.	Cabinet requirement
<i>Budget Scrutiny Task Group meetings ongoing December-January</i>					
Report of Budget Scrutiny Task Group on 2018/19 Budget	23 January 2018		Budget Scrutiny Task Group	Final report on the 2018/19 budget for Committee review and commendation to Full Council.	
Community Safety Partnership update	27 February 2018	Health, Parking and Community Safety		Presents the latest strategic assessment information that informs CSP priorities, and the work carried out by partners during 2016/17. Members are invited to ask questions about any aspect of the Community Safety Partnership.	Statutory requirement as part of Crime & Disorder Partnership

Youth Engagement	27 March 2018	Cultural Services		Briefing report on the shift from youth centres to outreach workers and the impact of budget cuts on youth work in the Borough.	Agreed as part of annual work programme
Overview and Scrutiny Annual Report	22 May 2018			The Council's Constitution requires the O&S Committee to make an annual report to full Council.	Statutory requirement
Presentation from Kent Savers				The O&S Committee wishes to hear from Kent Savers on the role and promotion of credit unions in the Borough.	
Report of Budget Scrutiny Task Group on Universal Credit		Housing, Finance (Revenues and Benefits)		The O&S Committee wishes to have an update report on the roll out of Universal Credit.	

Recommendation Tracker

Report		
Budget Scrutiny Task Group (2017/18 budget) – Cabinet minute 285/2/17 refers		
Recommendation	Responsibility for implementation	Achievement/Completed
(vii) The need for further consideration of cross service and strategic interdependencies to be taken forward by Management Team in liaison with the Overview and Scrutiny Committee	Management Team	
(viii) The existing apprenticeship and graduate schemes in place across the Council be continued and extended where these were possible.	Head of HR and Customer Services	Both schemes have continued across the Council and additional apprentice posts have been created as well. Further work will be commencing to identify opportunities for higher level apprenticeships

Report

Safeguarding Children and Adults at Risk – The Council’s Role and Partnership Working – Cabinet minute 406/5/17 refers

Recommendation	Responsibility for implementation	Achievement/Completed
(i) Safeguarding training form part of the induction training package for new Councillors	Designated Safeguarding Officer, Member Training Panel	This will be in place for 2019 (the next Borough elections). It will also be trialled with any new members that join the council through by-elections.
(ii) Level 2 safeguarding training sessions are made available for Borough Councillors	Member Training Panel	A members’ level 2 training session will be scheduled for March 2018.
(iii) Consideration be given to making safeguarding training available to Parish Councillors	Designated Safeguarding Officer	E-learning (level 1 safeguarding) training is available to parish councils on request. Four members of KALC have taken up this offer.

Report

Health Infrastructure requirements for the Borough – Cabinet minute 182/10/17 refers

Recommendation	Responsibility for implementation	Achievement/Completed
(i) The Council continue close working with the CCG to ensure that the Local Plan provides the requisite opportunities to support the development of healthcare provision.	Planning Policy	
(ii) The Cabinet ensure that related aspects such as transport access to health care (for rural and/or elderly populations) are considered via an appropriate Task Group(s).	Cabinet, Strategic Transport Group, Ashford Health and Wellbeing Board	
(iii) The Cabinet consider how best to work with the Ashford CCG and other Kent Local Authorities to lobby for changes in the funding allocation formula for CCGs to better reflect the projected population growth of Ashford.	Chief Executive/Leader (through Kent Chief Execs and Leaders Forum)	
(iv) The Cabinet consider how future Section 106 Agreements can be made in such ways that, so far as possible within the legal parameters, contributions relating to health infrastructure can be flexibly applied to projects across the Borough.	Planning Policy, Ashford CCG	