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.

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 prioritise 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 Health?' 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 though 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 pubic 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:

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

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 are, 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 though 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 provide 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 plan 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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Sharon Williams - sharon.williams@ashford.gov.uk

Appendix 1 – Ashford Health Profile

Appendix 2 – Ashford Health Profile grouped by Kent Region

Compared with benchmark Better Similar Worse Not Compared

Benchmark Value
Worst 25th Percentile 75th Percentile Best

Indicator	Period	Ashford			County & UA	England	England	England	
		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

Public Health England

Protecting and improving the nation's health

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.

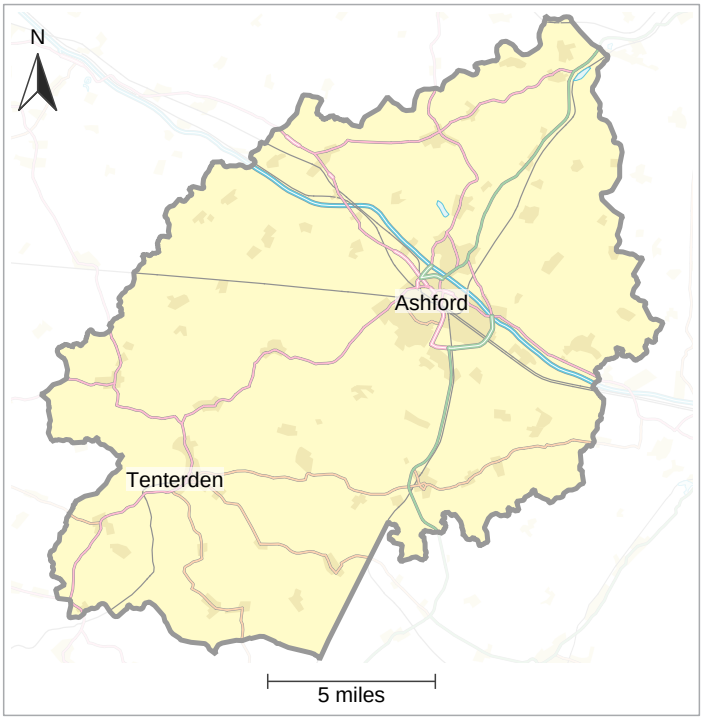
Health inequalities
Life expectancy is 4.0 years lower for men in the most deprived areas of Ashford than in the least deprived areas.

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

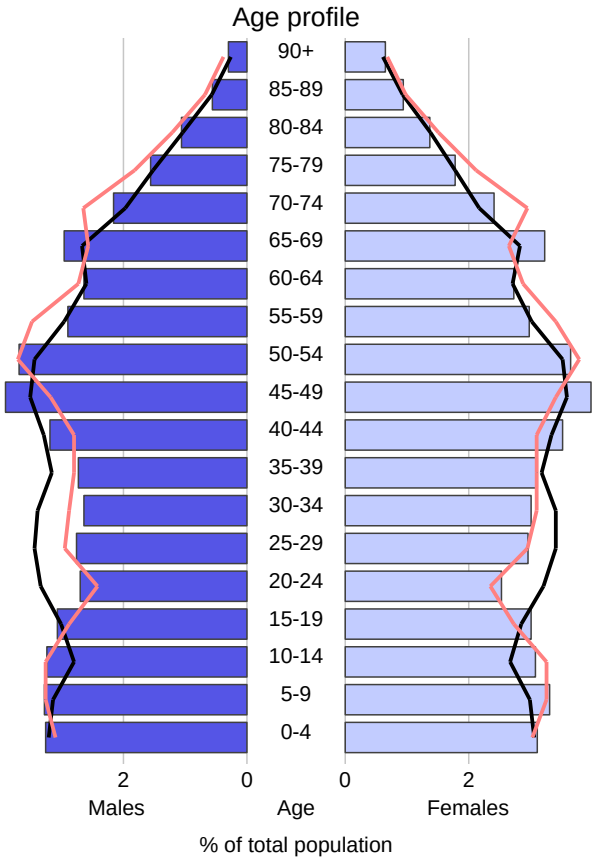


This profile gives a picture of people's health in Ashford. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

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

Follow @PHE_uk on Twitter

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%
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%

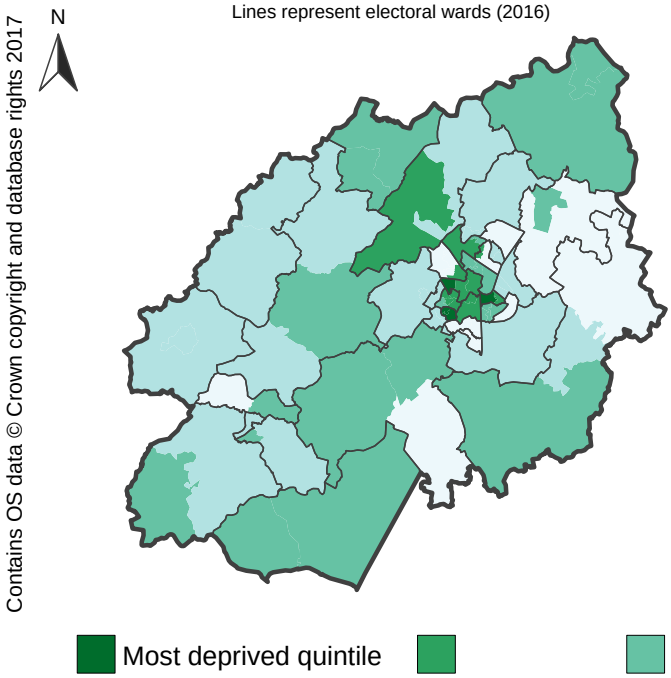
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

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.

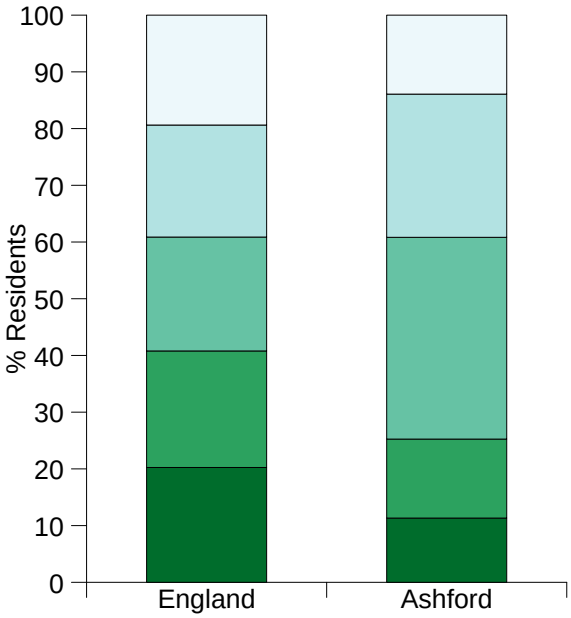
Ashford 2015 (Male)
Ashford 2015 (Female)
England 2015
Ashford 2020 estimate

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.



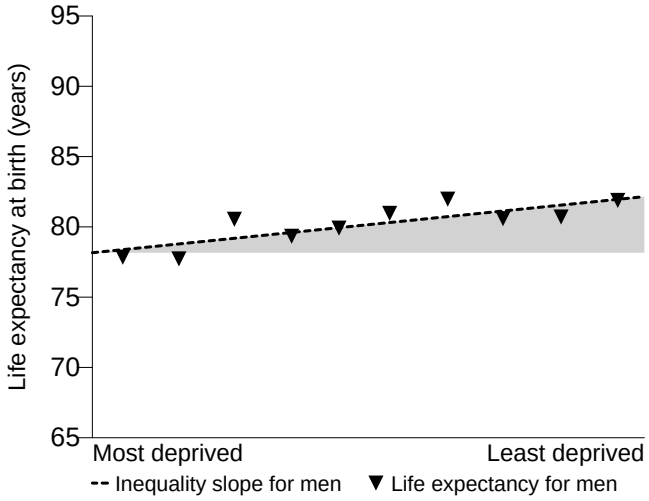
This chart shows the percentage of the population who live in areas at each level of deprivation.



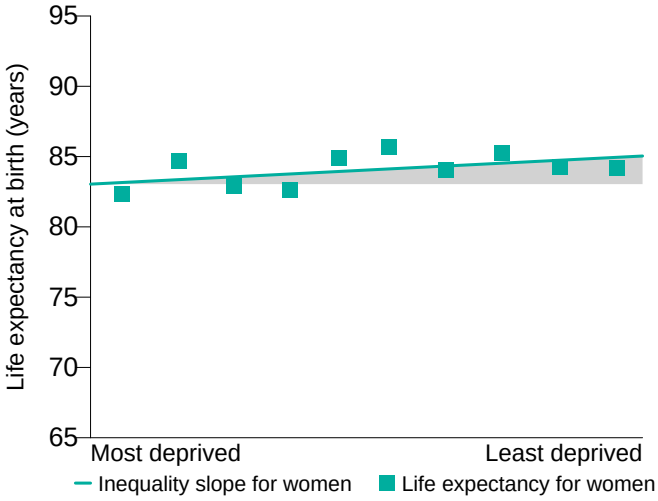
Life expectancy: inequalities in this local authority

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



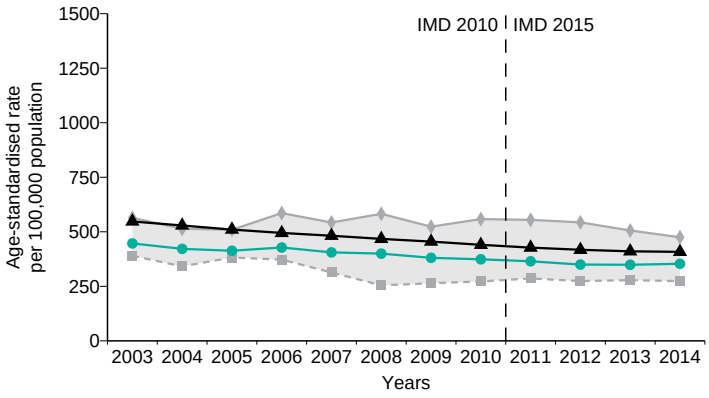
Life expectancy gap for women: 2.0 years



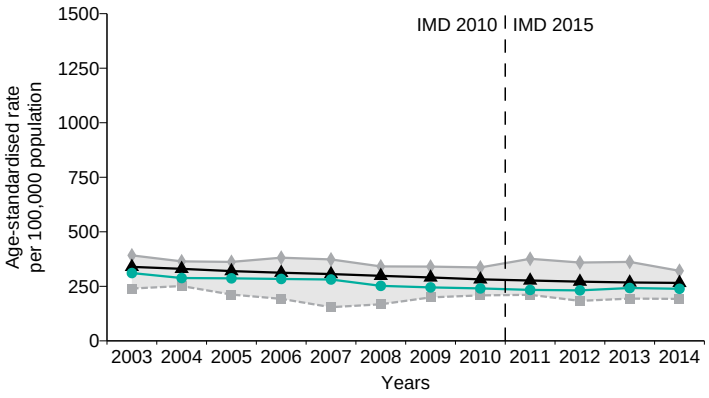
Health inequalities: changes over time

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.

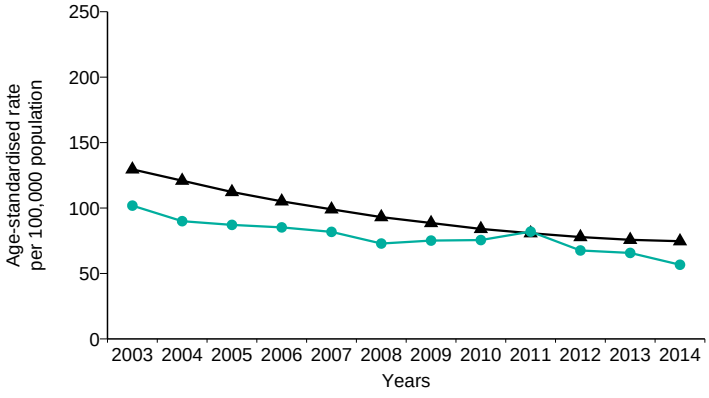
Early deaths from all causes: men



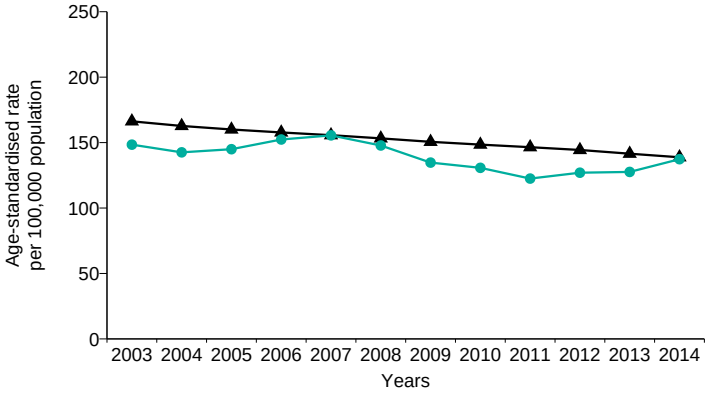
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



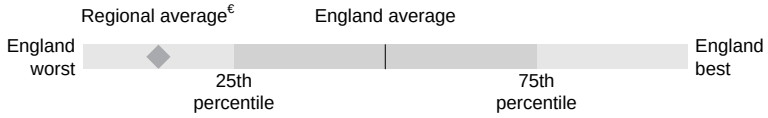
Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

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
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 ^20	3.7 ^20	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
Disease and poor health	15	Cancer diagnosed at early stage	2015	274	51.2	52.4	39.0		63.1
	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 breastfeed 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.
^20 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

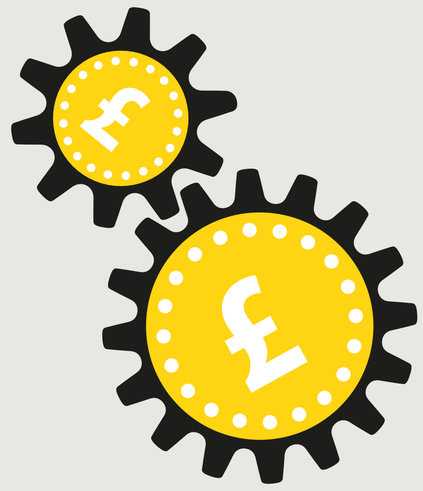
What makes us healthy?

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:

Good work

Our surroundings



Money & resources

Housing

The food we eat

Transport

Education & skills

Family, friends & communities

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

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics

KENT PUBLIC HEALTH OBSERVATORY

East Kent Programme Evaluation Ashford Borough Council

November 2017

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Version: 3
Last Updated: November 2017

Contents

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 change[2] 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?

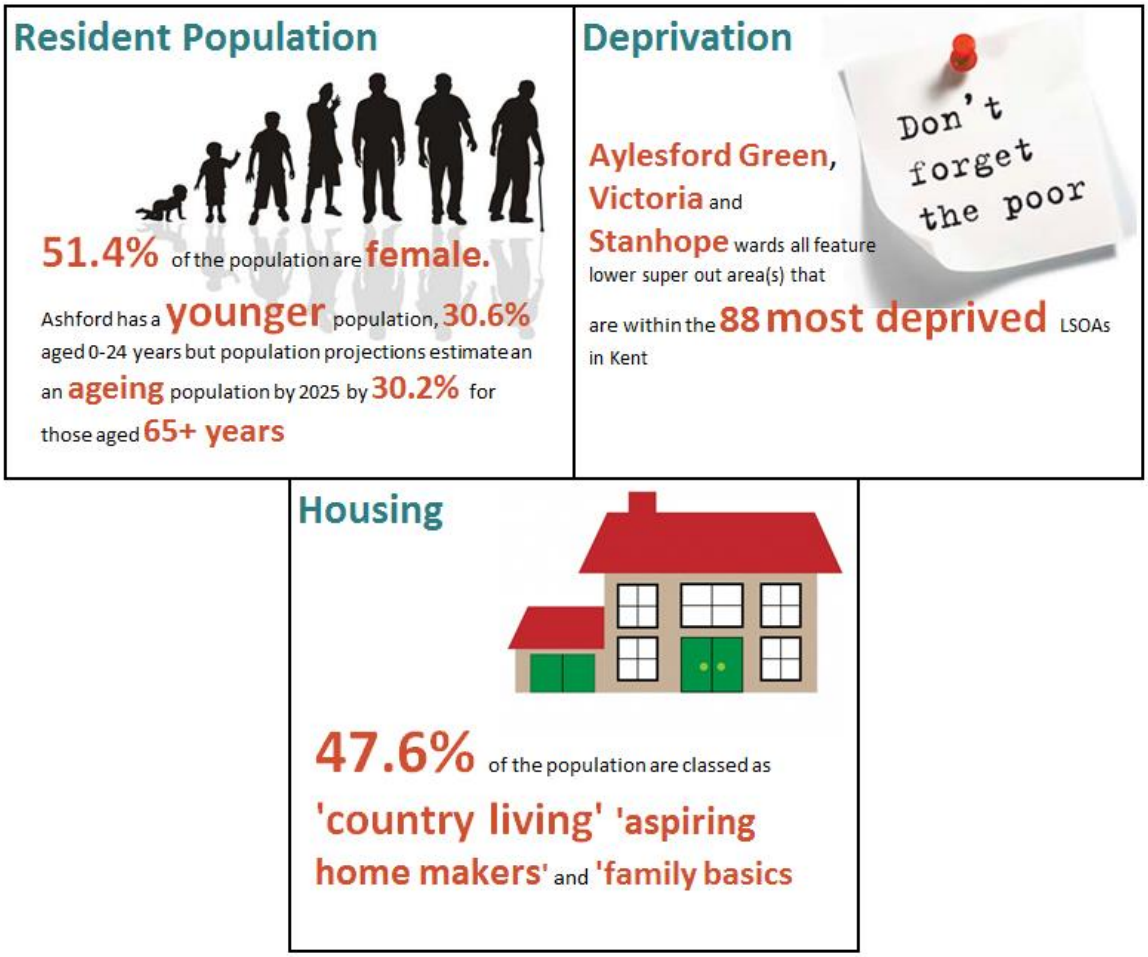
This exercise involved collecting information from each of the East Kent LA's for 2016/17 showing the range of current health programmes and the estimated spend for 2016/17. In addition, 2016/17 spend from the KCC Public Health grant for each area was included. A matrix system of nine health outcomes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

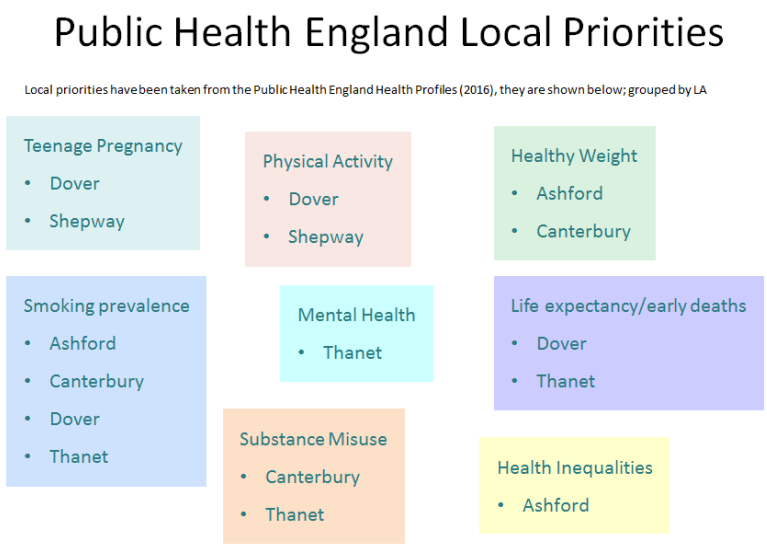
3. Health Priorities & Health Outcomes

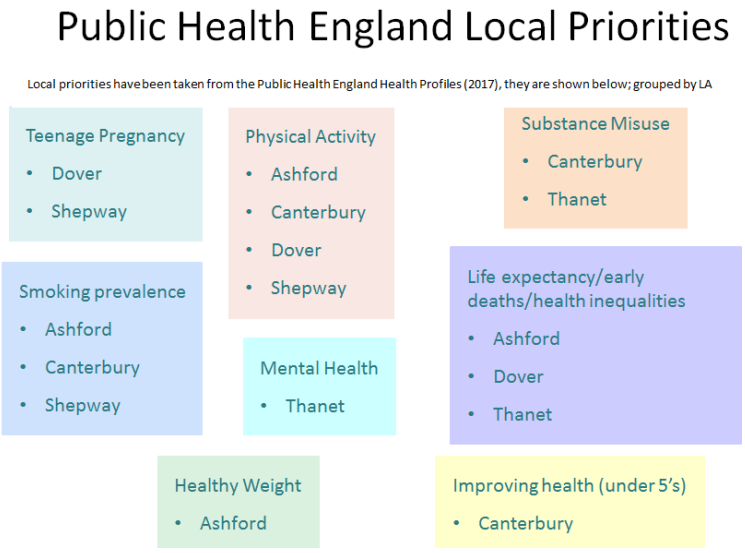
3.1 Public Health England Priorities

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).





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.

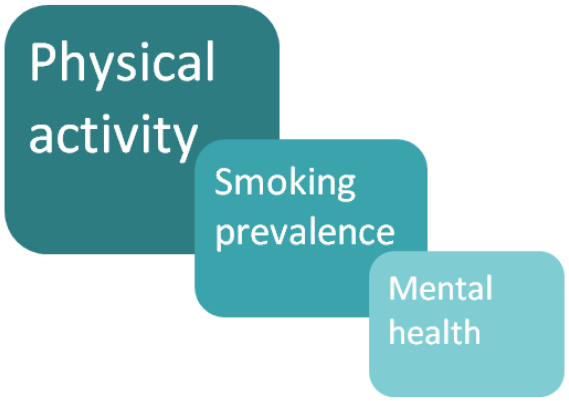
3.2.2 Restrictions of Data

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%).

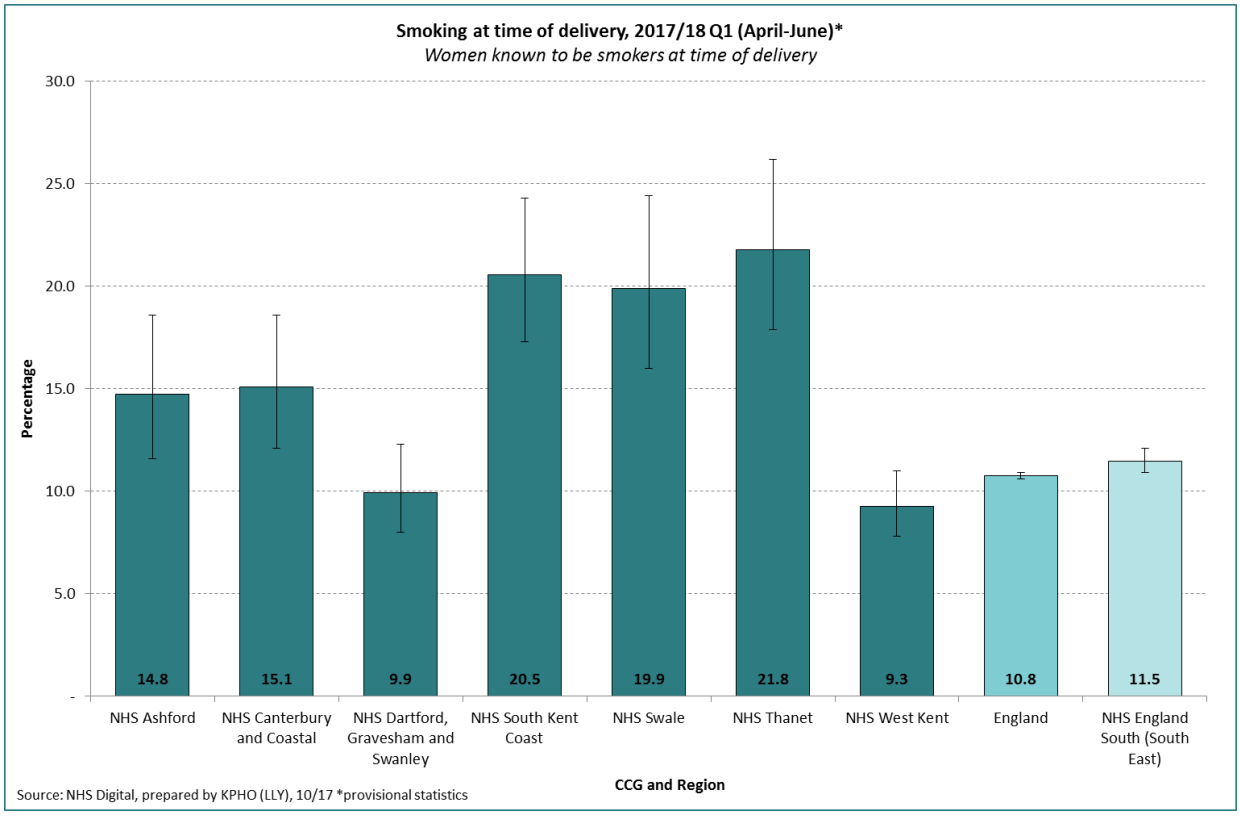
Smoking prevalence – routine and manual smokers

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 tree 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:

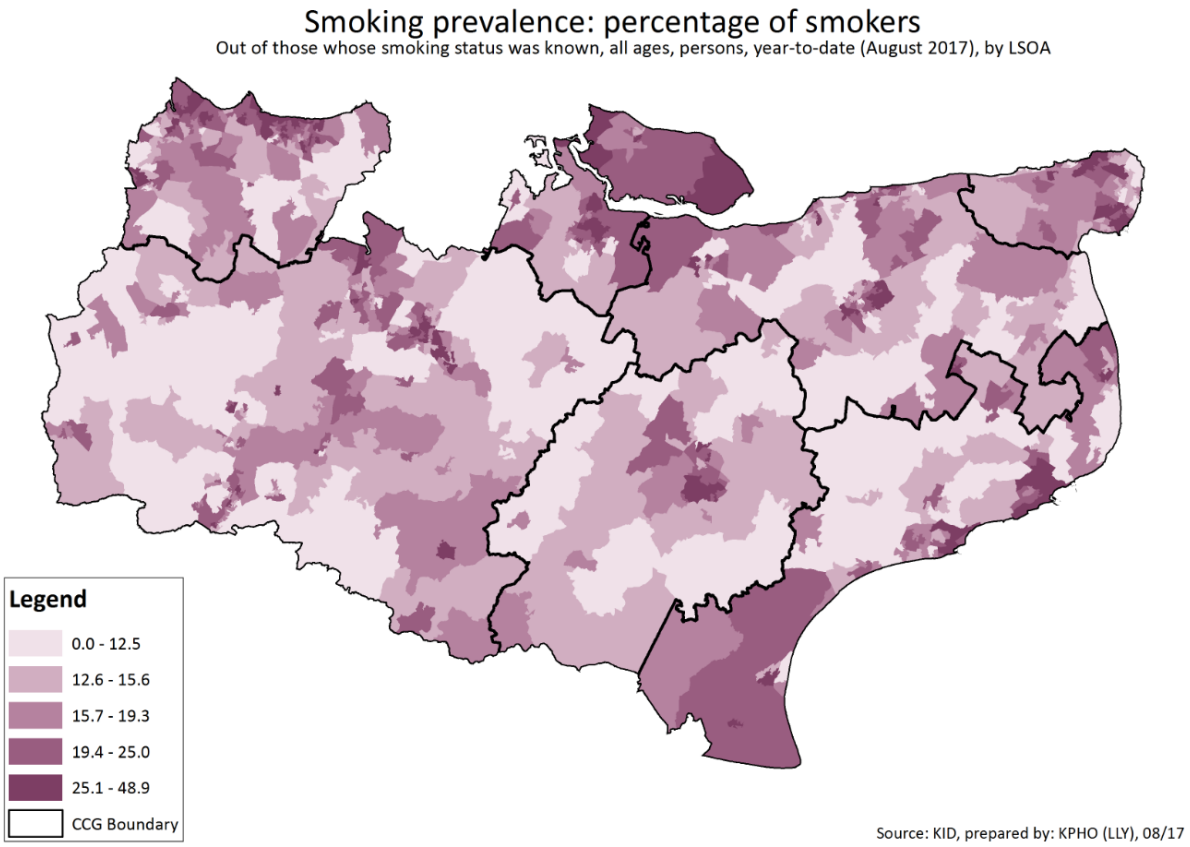
- -Reduce the prevalence of -15 year olds who smoke from 8% to 3% ·
- -Adults who smoke from 15.5% to 12%
- -Smoking in pregnancy from 10.7% to 6%
- -Reduce Inequalities gap in smoking prevalence

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 prevalence[4] (%) 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.

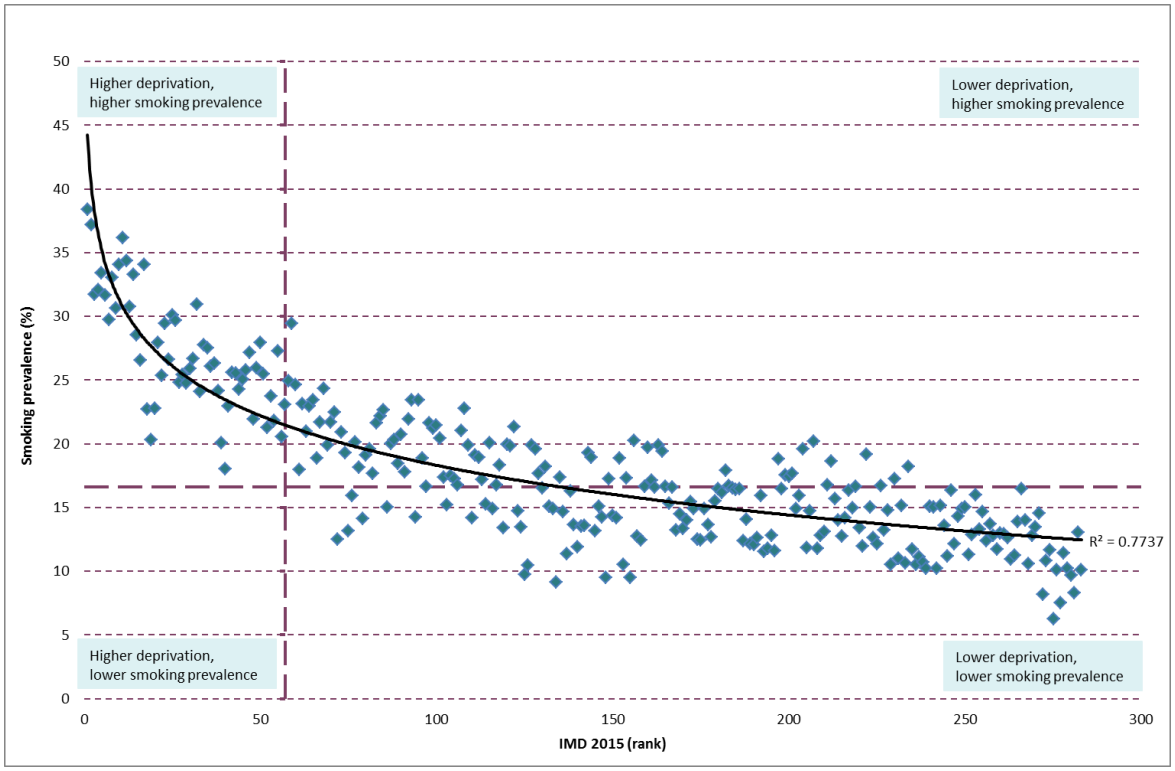


The data used in the above map has been aggregated to ward level, and then compared with deprivation rank (IMD 2015) to understand the nature of the relationship between smoking prevalence and deprivation. This analysis demonstrates a clear relationship: as

[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 Health201212:329; 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

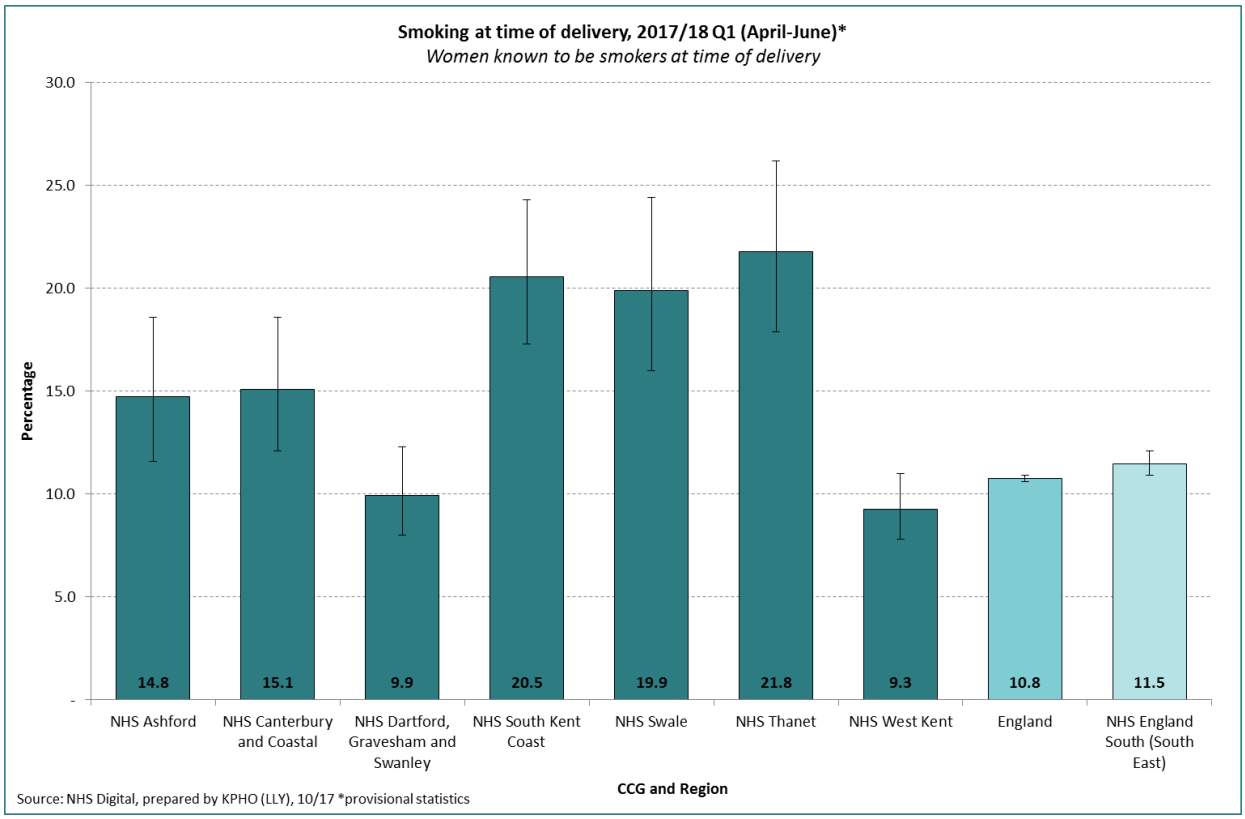
All the wards identified as having a higher smoking prevalence in the most deprived Kent quintile are also significantly higher than Kent.

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 or 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 pregnacy 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.

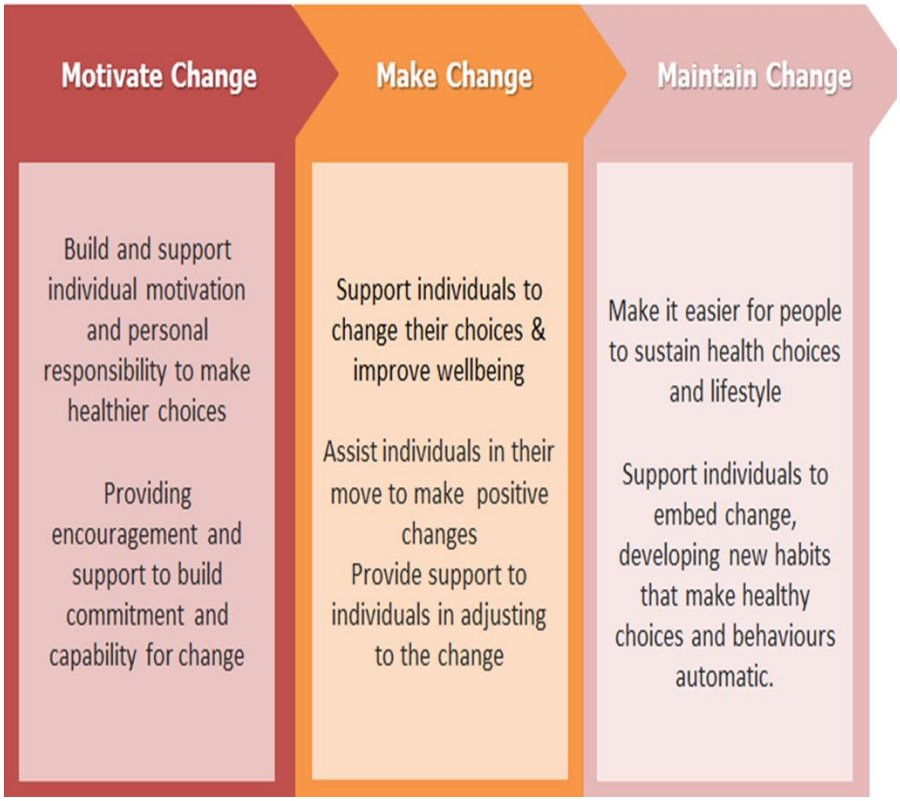
Appendix A

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 that 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 progresshttp://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 outcome[6] 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 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

[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 outcome[7] 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	Diversionary 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