

AGENDA

WEST KENT CCG HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday 18 March 2014

Time: 5.30 pm

Venue: Darent Room, County Hall, Maidstone

Membership:

Gail Arnold, Councillor Steve Beerling, Dr Bob Bowes (Chairman), Lesley Bowles, Alison Broom, Councillor John Cunningham, Councillor Richard Davison, Councillor Roger Gough, Jane Heeley, Dr Caroline Jessel, Dr Tony Jones, Veronika Segall Jones, James Lampert, Mark Lemon, Councillor Brian Luker, Mairead MacNeil, Reg Middleton, Dr Sanjay Singh, Malti Varshney and Dr Meriel Wynter

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2. Declaration of Disclosable Pecuniary Interests	
3. Minutes of the Previous Meeting	1 - 5
4. Community Safety (Barriers and Perspectives)	6 - 13
Item deferred from January meeting.	
5. Healthy Weight - Adults	14 - 16
a) Overview by Val Miller	
b) Sports and Physical Activity by Kevin Day	
c) District Discussion on:	
• Weight management programmes	

Continued Over/:

Issued on 10 March 2014

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

- Healthy Eating Award
 - Community initiatives that link with weight management
- Presentation by District colleagues

6. **CCG/Strategic Commissioning Plan**

7. **Update on BCF**

8. **Future Dates - Frequency and Venue of Meetings**

WEST KENT CCG HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON 21 JANUARY 2014

Present: Dr Bob Bowes (Chairman), and Councillor Steve Beerling, Alison Broom, Councillor John Cunningham, County Councillor Roger Gough, Jane Heeley, Dr Tony Jones, Mark Lemon, Councillor Brian Luker and Malti Varshney

In Attendance: Gail Arnold, William Benson, Hayley Brooks, Steve Butler, Alison Finch, Jody Gagan-Cook, Katie Latchford, Chief Inspector Dave Pate, Gaby Price, Mark Sanders, Ed Shorter and Colin Thompson

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Caroline Jessel, Mr James Lampert, Mr Reg Middleton, Dr Sanjay Singh and Dr Meriel Wynter.

2. DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

There were none.

3. MINUTES OF THE PREVIOUS MEETING

The Chairman asked that the Board's thanks to Ben Bix for his administrative support be noted.

RESOLVED: That the Minutes of the Meeting held on 17 December 2013 be agreed as a correct record.

4. GENERAL OVERVIEW OF SUBSTANCE MISUSE IN WEST KENT CCG DISTRICT AREAS

Colin Thompson introduced the report on an overview of substance misuse data in the West Kent CCG district. The Board were informed that the number of chronic diseases was reducing, with the exception of the liver. There are many causes for the increase in liver disease, including alcohol, although West Kent is below the national average.

It was noted that the number of admissions to hospital for drug related conditions had increased by 60% in West Kent and that the number of mortalities from liver disease had also increased.

Board members commented as follows:-

- Councillor Beerling queried whether the results related to the night time economy of each individual area

- Malti Varshney commented that the data provided was only health related and how did it correlate to the data sources that partners of the Board had
- CI Dave Pate urged caution over the link of the results to established licensed premises as there were many other sources where alcohol could be obtained, i.e. parent or adult association. Their data shows links to some of the larger supermarkets and there is not necessarily a link to the licensing trade and the pubs and clubs

RESOLVED: That the report be noted and Colin Thompson circulates the mortality figures from liver disease for each individual area to the Board.

5. **OVERVIEW OF THE WEST KENT ADULT INTEGRATED SUBSTANCE MISUSE SERVICE**

Ed Shorter gave a presentation outlining the services provided by the West Kent Adult Integrated Substance Misuse Service commissioned by Kent County Council.

On 1 April 2012, following a competitive tendering exercise, CRI were commissioned to deliver a range of interventions. The goal is for all participants to have a long term overall recovery.

In response to questions from members of the Board, Ed Shorter informed them:-

- Need more engagement with GPs to access more clients who have drink or drug problems and take the pressure off GPs
- CRI's success rate is above the national average
- The pay by results scheme has improved the service and they are one of 8 national pilots
- Need to find the best way to attract people into their services

The Board commented as follows:-

- GPs are concerned about the cost of residential rehabilitation
- There are pockets of unhealthy drinking and drug misuse, but if the people never get in to trouble and have no particular health issues, then it is difficult to know where they are and what can be done to help them
- There is a need to create greater awareness of the effects of long term drinking
- One of the GPs present reported that on his list, the highest cause of death in men under 55 in the last year had been alcoholism

Colin Thompson informed the Board that KCC have plans for social marketing/advertising.

RESOLVED: That the report be noted.

6. YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICE

Steve Butler of KCA introduced the report of the Director of Service Improvement, Customer and Communities providing an update on the progress of KCA's model of service delivery for the young peoples' substance misuse service.

The service is for 10-18 year olds and KCA work with schools and in youth settings. There is a programme called RisKit which looks at behaviour change in young people. There was a recent campaign on kmfm about the impact of legal highs in Kent.

In response to questions, the Board were informed that

- 96% of those who entered treatment come out with results;
- KCA provide free training on how to refer young people
- Literature is available

CI Dave Pate informed the Board that the trend to smoke substances is a significant problem. 80% of what the police seize contains Class A or B drugs.

The Board commented that:-

- There is a poor understanding of the medical consequences of these smoking substances
- Licensing and trading standards required for the people selling them
- There is a difficulty around testing the substances
- Campaign needed to inform retailers what they are getting into by selling these products
- These substances have an effect on a young person's brain and have psychological effects and it is important to get this message out

RESOLVED: That the report be noted.

7. KENT ALCOHOL STRATEGY

Colin Thompson introduced the report regarding the Kent Alcohol Strategy 2014-16. He advised the Board that if anyone had any specific points that they would like to make there was still time.

RESOLVED: That the report be noted.

8. DUAL DIAGNOSIS PROVISION IN KENT

Gaby Price introduced the report of the Corporate Director, Customer & Communities regarding dual diagnosis provision in Kent.

Gaby Price informed the Board that following analysis of data, there has been an increase in dual diagnoses across West Kent. The highest rates

were recorded in Tunbridge Wells (21%), Tonbridge and Malling (20%) and Sevenoaks (20%). The lowest rates were in Ashford (10%) and Dartford (11%).

Following changes to governance arrangements that took place in April 2013 in accordance with the Health and Social Care Act 2012, it has been proposed that a Kent and Medway Dual Diagnosis Steering Group be set up to have a strategic oversight to ensure that the outcomes for people with both mental health needs and substance misuse problems are being met and monitored.

The Chairman stated that he found it shocking that 70% of prisoners have a dual diagnosis.

A Member of the Board asked how the homeless are helped and their underlying problems dealt with. It was suggested that a co-ordinated approach was needed by CRI and KCA and other partners, an analysis of clients that use homeless shelters to find out how they can be helped and that the Community Safety Partnership now has a co-ordinated role in bringing these different services together.

RESOLVED: That the report be noted and the set-up of the Kent and Medway Dual Diagnosis Steering Group be endorsed.

9. COMMUNITY SAFETY (BARRIERS AND PERSPECTIVES)

The Chairman proposed that this report be postponed and brought back with recommendations to the next meeting of the Board.

Jody Gagan-Cook of the Kent Police raised that a health representative is needed on the Community Safety Partnerships ("CSP") and the Chairman agreed to write to his colleagues regarding this. Gail Arnold mentioned that another option would be for Locality Heads to attend the CSPs.

RESOLVED: That the report be deferred to the next meeting and that the Chairman write to his colleagues regarding attendance at CSP meetings.

10. CURRENT BARRIERS AND WAYS FORWARD

Colin Thompson introduced his report on potential ways forward regarding the substance misuse agenda.

The Board commented as follows:-

- A review of Licensing policy is being undertaken at Maidstone this year and they are part of a Licensing Partnership with Sevenoaks and Tunbridge Wells, so there could be scope to look at Cumulative Impact Policy ("CIP").
- The need to consider how we improve the health of communities with mental illness, drug and alcohol abuse, tobacco and crime with evidenced based information.
- Information sharing is key to identifying problem areas

- A description of what each CSP expects from the CCG would be useful
- It was suggested that a task and finish group be set up to integrate all the information received at this meeting.

RESOLVED: That the report be noted.

11. BETTER CARE FUND

Mark Lemon informed the Board that each CCG has been preparing their contribution to the Better Care Fund and that a workshop was held the previous week. The Kent CCG Board has moved its meeting from 29 January to 12 February to consider the plans which need to be agreed and submitted on 14 February 2014.

The fund for 2015/16 is £100 million divided between the CCGs.

RESOLVED: That the update be noted.

12. CCG COMMISSIONING PLANS

Mark Lemon informed the Board that there is a scheme in Liverpool where people admitted with alcohol problems are taken better care of. They are waiting to see the outcomes from the Task and Finish Group.

RESOLVED: That the update be noted.

13. ANY OTHER BUSINESS

There was no other business to be discussed.

14. DATE OF NEXT MEETING

That date of the next meeting would be 18 February 2014 at Maidstone Borough Council.

15. DURATION OF MEETING

5.30 p.m. to 7.43 p.m.

Agenda Item 4



Item

Decision No.....

By: Compiled by Colin Thompson following submission from the four district councils
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To: West Kent Health and Wellbeing Board, January 21st, 2014

Subject: Barriers from the perspective of community safety partnerships

Classification: Unrestricted

1. Purpose

1.1 To inform the Health and Wellbeing Board regarding community safety partnerships of the four districts in the West Kent CCG area and their activity relating to substance misuse.

2. Background

2.1 Each local authority (unitary and districts) have community safety partnerships (CSPs). They are made up of representatives from the 'responsible authorities', which are the: police, local authorities, fire and rescue authorities, probation service and health (clinical commissioning groups).

2.2 The responsible authorities work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

2.3 Substance and alcohol misuse is associated with a wide range of criminal and anti-social behaviour, particularly public drunkenness and street drinking, violence, domestic violence, injury and deaths and casualties due to road traffic accidents.

3. Maidstone

3.1 Alcohol is a significant factor for much of the crime and disorder in Maidstone town centre, particularly in the night time economy. Alcohol and Substance Misuse are highlighted as a key priority through Maidstone's Strategic Assessment.

3.2 A Substance Misuse Group helps support or deliver a number of successful initiatives in the borough including;

- Maidstone Families Matter (Troubled Families): whole-family approach and support, Directed operations and supervision (to be undertaken by police and MBC Licensing Officers) to ensure that premises are well run;
- Worked with licence holders through the Night-time Economy Forum and other direct liaison;
- Promoted Maidstone as a safe place to visit for leisure and entertainment;
- Worked with local schools and hospitals to develop initiatives – such as Theatre ADAD's 'Wasted' - aimed at raising young people's awareness of the dangers of drugs and alcohol through the SMP Substance Misuse Sub-Group;
- Overseen the delivery of the Don't Abuse The Booze project, a two year project with a 'whole borough' integrated approach to firmly tackle problem drinking head-on by:
- Developing a comprehensive programme of alcohol education in our schools, Pupil Referral Units (PRUs) and colleges;
- Proactively reducing 'pre-fuelling' and binge-drinking;
- Challenging alcohol fuelled anti-social behaviour in identified 'hot-spots' in town centre and rural locations;
- Urban Blue Community Bus
- Reduce excess emergency ambulance call-outs and A&E admissions. A dedicated Street Population Officer on secondment from Porchlight, who works with CRI and the Maidstone Community Safety Unit
- SNAP (Say No and Phone Disco) under 18's disco

3.3 The Safer Maidstone Partnership has been successful in funding these initiatives through external funding streams including; £90,000 (Baroness Newlove's community safety fund) £45,000 (Police and Crime Commissioner and £157,000 (Kent Public Health).

3.4 The integrated approach will have a direct impact on reducing the four key harms arising from alcohol abuse: harms to health, harms to public order, harms to productivity and harms to families and society.

3.5 Initiatives that the SMP would like to present to and work with the Kent Health and Wellbeing Board to deliver are;

- Licensing: the issue of young people having access to alcohol - more work needed around education and prevention.

- Strengthening partnership working and appropriate information sharing to establish the scale of the problem of parental substance misuse and develop approaches to identify and work with families to improve outcomes (e.g. working with Maidstone Families Matter – the borough’s Troubled Families programme).
- Support for older people who are at risk of alcohol misuse.
- Considering ways of providing access to alcohol screening and brief interventions in A&E and other acute settings.
- Pilot a GP Trainee street outreach programme with a drug treatment aspect, training and education services and skills development. By working with Maidstone Borough Council’s Street Population Outreach Worker, CRI and Urban Blue Bus, the GP Trainee outreach programme would provide street based support for people who are or have been rough sleeping to provide support around mental health and drug use, homelessness and link to accommodation and other service providers.
- Establishing a single point of access for management of referrals and assessment of clients for substance misuse treatment services.
- Ensuring recovery support services (education, housing, benefits, employment) are available and fully integrated within the system for treatment of substance misuse.
- Understanding links between substance misuse and mental health and developing support systems
- Addressing legal highs, particularly young people thinking that these are 'safe'
- Trial Drug Tests on Arrest scheme to reduce the impact of alcohol and illegal drugs on levels of offending.
- Increase number of drug user offenders in treatment.

3.6 Such actions should be designed in partnership to achieve the following outcomes:

- More people who are at risk of or are engaging in substance misuse access and benefit from prevention and early intervention services.
- More people successfully recover from drug and alcohol problems, are engaged in education and employment and are not offending.
- Fewer people admitted to hospital with alcohol and drug related conditions.
- More children and young people are protected from the harm related to parental substance misuse.
- Fewer children and young people are drinking alcohol in a harmful way including binge drinking.
- Fewer young people report using illicit drugs.
- Fewer people engage in alcohol and drug related antisocial behaviour and Crime.

4. Sevenoaks

- 4.1 Between April 2012 – March 2013, there were 143 recorded drug offences in Sevenoaks District. This represents an increase from the previous year of 10%. This increase is compared with a county-wide increase of 1.3%. Despite this, Sevenoaks District remains the lowest in Kent for recorded drug offences. It ranks 1st lowest in its MSG.
- 4.2 Kent has seen a steady increase of alcohol related hospital admissions over the past ten years and alcohol remains the most common substance for those seeking treatment. According to the Kent Drug and Alcohol Action Team (KDAAT) there are an estimated 30,432 dependent drinkers and 17,410 binge drinkers in the County.
- 4.3 The trend for alcohol admissions in Sevenoaks has risen at a similar rate to those in Kent but overall levels have remained lower than the average admission rate and this year has the lowest overall number of admissions in Kent.
- 4.4 Sevenoaks Community Safety Partnership receives some funding from the Police & Crime Commissioner and part of this is used to fund a Substance Misuse Detached Youth Worker. The detached youth worker works with young people aged under 18 years old and visits schools and youth clubs. They are tasked to areas via the Community Safety Unit. Other drug and alcohol services are provided via CRI and KDASH.
- 4.5 The Community Safety Partnership work closely with the licensing team who are part of the Community Safety Unit (CSU). The Police Licensing Officer also sits within the CSU and there are good relationships and pro-active working together.
- 4.6 Barriers include not having representation from CRG's & Health Services on the Partnership, dealing with Substance Misuse and Mental Health Issues and a lack of local resources.
- 4.7 It would also be beneficial to have more information from the County Commissioned Services and Public Health team.
- 4.8 More communication would be a recommendation, working more closely with CSP's with someone sitting on the Partnership to make more links with Substance Misuse and Domestic Abuse and Crime.
- 4.9 Below are the actions that the CSP are taking forward for substance misuse in the 2013-14 action plan:

Priority Action	Lead Agency	Other Partners	By When	Funding
Structured early intervention projects identified for local needs to improve	CRI Substance Misuse TG	Kenward Trust KDAAT KCC Youth Services Domestic Abuse Group	On going	Existing Budgets

uptake of Recovery Board interventions				
Preventative and early intervention youth work to address identified local needs and improve well-being of young people	KCA Substance Misuse TG Kenward Trust	KDAAT KCC Youth Services Early Intervention Team	On going	Choosing Health CSP Alternative funding
Use a partnership approach to address underage drinking where it is reported by communities as a problem	Trading Standards	Landlords/Off License Substance Misuse Task Group KDAAT	June 2013	Existing budgets
Access to an identified substance misuse worker for the CSU to facilitate individual needs and training	CRI KCA CSU	Kenward Trust KDAAT Early Intervention Team Domestic Abuse TG	June 2013	Existing budgets

5. Tonbridge and Malling

5.1 Although some measures relating to alcohol and drug misuse give a positive picture of Tonbridge & Malling, important concerns remain. The related health, social and economic costs to individuals, families and communities are substantial. These include;

- Between October 2012 and September 2013 there were 273 recorded drug offences in Tonbridge and Malling, an increase of 19%.
- During June 2012 and May 2013 Tonbridge and Malling had 97 hospital admissions due to toxic effects of alcohol, or where there was evidence of alcohol involvement. This is a substantial increase from 53 the year before.
- Levels of dependent use of alcohol and drugs in Tonbridge & Malling are lower than the national average. However numbers of dependent users remain substantial and many of these individuals are very vulnerable.

- Children and young people affected by parental substance misuse are more likely to experience behavioural problems, poor educational attainment and to engage in substance misuse themselves.
- A substantial proportion of crime and antisocial behaviour is attributable to alcohol and drug misuse.

5.2 Tonbridge & Malling Borough Council supports a partnership approach towards setting out objectives and actions for alcohol and substance misuse that include:

- Ensuring effective provision of alcohol screening and brief interventions in general practice, and other primary care and criminal justice settings.
- Working with providers to introduce payment by results for adult substance misuse services that focus on recovery outcomes.
- Working with the Tonbridge & Malling Community Safety Partnership and Police interventions to reduce alcohol related violence against the person and antisocial behaviour.
- Commissioning the Kenward Trust through the Community Safety Partnership to engage with young people in the community to reduce their alcohol and drug consumption
- Supporting enforcement of licensing powers, including working with Trading Standards and Kent Community Action Partnership (KCAP) to tackling sales to underage drinkers.

5.3 Such actions should be designed in partnership to achieve the following outcomes:

- More people who are at risk of or are engaging in substance misuse access and benefit from prevention and early intervention services.
- More people successfully recover from drug and alcohol problems, are engaged in education and employment and are not offending.
- Fewer people admitted to hospital with alcohol and drug related conditions.
- More children and young people are protected from the harm related to parental substance misuse.
- Fewer children and young people are drinking alcohol in a harmful way including binge drinking.
- Fewer young people report using illicit drugs.
- Fewer people engage in alcohol and drug related antisocial behaviour and Crime.

5.4 The harm caused by misuse of alcohol and drugs to individuals, families and communities is substantial and is a concern in Tonbridge & Malling. Therefore, it is essential for any future commissioning of drug and alcohol support and services to support local programmes and interventions, which support;

- Prevention and early intervention of alcohol and drug related problems.
- Recovery orientated drug and alcohol specialist treatment.
- Families, children and young people.
- Tackling crime and anti-social behaviour relating to substance misuse.
- Focusing on outcomes and accountability.

5.5 Barriers to achieving the outcomes above could include:

- Lack of co-ordination between agencies working together to reduce alcohol and substance misuse. We need to ensure that we are working together so that we are not all trying to achieve the same outcomes but that different services are tackling different issues.
- Lack of funding to ensure the continuation of the services and to ensure that there are enough staff to support those who do require help.
- Concern about information sharing could mean that details about vulnerable people are not shared. This could then lead to people missing out on the treatment or support that they need.

6. Tunbridge Wells

6.1 Tunbridge Wells Borough Council commission partners such as Kenward Trust and the Space Cruiser to engage with and educate young people in various areas.

6.2 For 2013, the council are addressing problems at Paddock Wood, Rusthall and Sherwood on a regular basis. Careful commissioning is necessary due to a considerable reduction in budgets and staffing.

6.3 The council aim to inform young people of the dangers of drug use by engaging with them through various activities and in public areas. Once a relationship has been established, and drug use confirmed, we hope to refer them to KCA and other specialists for 1:1 remedial action.

6.4 Drugs and alcohol can have a huge impact on antisocial behaviour and crime. However, it is very difficult to measure the impact we are having by addressing the root causes. The council aim to engage with young people at risk before they get involved in ASB or criminal activity. This is essential because an ASB incident costs £44 whereas a young person receiving a custodial sentence for the first time costs £52,825. If we can intervene early enough we can have a healthy impact on the individual and the taxpayer.

6.5 The Council hope to introduce a project into every one of their 34 junior schools in 2014, called Passport To Safety. Although. This is initially aimed at road safety we hope to cover issues such as eSafety, Stranger Danger, Bullying, Substance Misuse, First Aid, Healthy Eating, etc. within the PSHE's (Personal, Safety, Health, Community) curriculum.

6.6 The Council are working with KIASS (Kent Integrated Adolescent Service) to put a multi-agency programme in place to engage this age group through: school, home and on an individual basis. Current thinking is through sports/art/drama/music combining with education on drugs and responsible living.

6.7 The council plan to work with the police and Pubwatch in 2014 to encourage safer socialising within the borough, relating to the Night Time Economy. Much of this will focus on early detection of substance misuse and providing immediate assistance and brief interventions where possible. The Council have carried out

several operations where we have commissioned the police drugs dogs around the town centre.

6.8 The council have an extremely good relationship with all our licensing authorities working closely to ensure objectives are achieved. Recently Operation Cleansweep enlisted all major partners, sweeping through Southborough, ensuring compliance with regulations.

6.9 The council recognise that it can sometimes be difficult to have new ways of working supported by other local authority officers/departments. The CSU & Police dynamic is changing and to remain effective the CSU needs to change and adopt new routes to market. Some local authorities have actually commissioned out their entire Community Safety Unit in order to implement cost effective strategies.

6.10 Whilst new ideas seem to be fully supported by borough and parish councillors, there seems to be a reluctance to change from some officers/departments. Without these changes CSU's are unlikely to survive in their current form amid continuing austerity cuts. There is a danger of complacency if the 'improvement' ethic isn't adopted by LA's. Also some of the partners in the CSP need to be reminded of their function and accountability and possibly a recommitment needs to take place.

6.11 The council have a number of recommendations for the future. These include;

- More flexibility and a more robust model/template which could be standardised across the county.
- Closer communication between agencies. Less individuality and more cohesive working practices.
- We also need to promote the services and function of the CSU to residents. This is very difficult to do within current limitations.

7. Recommendations:

7.1 Members of the Health and Wellbeing Board are asked to note the briefing.

8. Contact details

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Agenda Item 5



Item

Decision No.....

By: Summary by Val Miller
To: West Kent Health and Wellbeing Board, February 18, 2014
Subject: Adult Obesity
Classification: Unrestricted

1. Purpose

1.1 To inform the Health and Wellbeing Board regarding adult obesity and the responsibilities of Kent County Council and Sevenoaks, Tonbridge and Malling, Tunbridge Wells districts in the West Kent CCG area that can be mobilised to impact on the wider determinants for tackling adult obesity.

2. Background

- 2.1 The World Health Organisation defines obesity as a chronic disease. From an economic perspective, predictions are for sharp rises in the costs to the taxpayer for treating obesity and related chronic illness. The Foresight Report (2007) estimates that by 2050 the cost of treating it's co-morbidities in the UK will reach £250 million
- 2.2 Public Health England has calculated the rates of excess weight in 16+ years in all authorities in England as part of the Public Health Outcomes Framework. This data is based on the Active People Survey (self-reported data) adjusted using Health Survey for England data. It is all excess weight so overweight and obese combined (BMI over 25). The Health Survey for England has shown in recent years that the rise in the prevalence of overweight and obesity in adults is slowing.
- 2.3 The England rate is 63.8% and Kent is 64.6%, which is statistically similar to England. Canterbury is the only authority with prevalence better than the England average (54.2%). Both Thanet (68.4%) and Swale (68.8%) are worse than the England average. All the nine other authorities, including those in West Kent are similar to England. These differences also apply to

comparison with the South East Region. It does mean however that only 36.2% of the Kent population is a healthy weight.

2.4

2 Area	Value	95%Lower CI	95%Upper CI
England	63.8	63.5	64.0
South East	63.1	62.5	63.7
Tunbridge Wells	59.4	54.6	64.3
Tonbridge and Malling	65.2	60.7	69.7
Sevenoaks	65.3	60.7	69.9

Source: Active People Survey, Sport England

2.5 Overweight and obesity are complex issues and influenced by a range of factors, including social and economic deprivation and age

2.6 Such a high burden of weight has implications for self- esteem and well- as well as increased risk of long term conditions such as heart disease and diabetes. The Kent Joint Strategic Needs Assessment tells us that there are currently 69,061 people in Kent aged 17 or over who are on a diabetes register. In March 2011 there were 66,290. This is an increase of 2,771 (4.2%). If this increase continues, there will be unmanageable pressures on NHS and adult social care and implications for the whole economy.

2.7 Overweight and obese adults are also likely to have children who are overweight.

3. The Contribution of Local Authorities

3.1 With the move of Public Health into local government there are new opportunities for working with both Tier 1 and Tier 2 authorities on addressing the wider determinants of health.

3.2 A key role is setting Healthy Public Policy (e.g. role of Health and Well Being Board, Mind the Gap)

3.3 The Sports and Physical Activity Service and the Physical Activity and Mobility Services in Kent County Council provide a range of initiatives including health walks, Small Steps Child Pedestrian Training – KS1 Yr.2, Bikeability Level1&2 National Standard Cycle Training YR6 and Active Bug and Walking Buses. They estimate the approximate costs of physical inactivity to Kent are £21m per year.

3.4 Planning has responsibility for influencing design of new build to include green spaces and planning permission for food outlets. A number of local authorities have made progress on developing obesity based policies to restrict hot food takeaways, this is something that some West Kent authorities are pursuing.

3.5 Food procurement services (e.g. school meals and catering in residential settings), trading standards, environmental health, licencing and planning all have responsibilities that can impact on obesity.

4. Recommendations:

7.1 Members of the Health and Wellbeing Board are asked to note the briefing above and to receive a presentation from the partners on the opportunities and barriers that exist within West Kent to impact on adult obesity.

8. Contact details

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