
Choosing Health

Kingston Implementation Plan 2006-2008

KINGSTON IMPLEMENTATION PLAN

This document sets out the overarching plan for Kingston's Community Leadership Forum and related Partnership Boards in delivering the Government's White Paper Choosing Health. It sets out actions required by all partner agencies that are necessary to improve the health of our local population and reduce health inequalities. It focuses on the top priorities for 2006-2008. Some require investment and some are cost-neutral. In addition it acts a signpost to other relevant local strategies and plans where action that impacts on the health of the local population is an integral part.

1. Introduction

In Kingston many different strands of activity have been taking place over the past few years that have focused on reducing health inequalities and improving the health of our local population. In October 2002 Kingston hosted a conference to find out what local people saw as barriers to health and wellbeing. As a result of this very successful day Kingston's *'Removing the Barriers to Wellbeing'* emerged. This was a local framework incorporating the views of local people and stakeholders and also included local action necessary to deliver the national *'Tackling Health Inequalities: Programme for action'*.

As always there is now a plethora of new Government initiatives and policies that have come into force since the production of our local action plans. For this reason it is now necessary to update and reproduce new local action plans.

The Government's White Paper *Choosing Health, Making Health Choices Easier* was published in November 2004 and sets out how the Government (and local health and social care organisations) will make it easier for people to make healthier choices by offering them practical help to adopt healthier lifestyles. The emphasis is on moving the NHS away from illness treatment towards improving health and preventing ill health. Tackling health inequalities is central to successful delivery and targeted work with communities with the worst health and deprivation is key.

Delivering Choosing Health is the delivery plan that followed the White Paper which identifying actions relevant to the six key priorities. Also there is a clear expectation that Primary Care Trusts (PCTs) will share responsibility with local authorities for delivery in many areas. To this end Kingston Primary Care Trust, the Royal Borough of Kingston and the voluntary sector have worked together on this document involving a range of partners to ensure that realistic local targets and actions have been set out. Actions not only focus on the key lifestyle issues (see box opposite) but also ensuring there is an adequate local workforce to deliver.

Choosing Health highlights action over six key priorities for delivery based upon more people making more healthy choices:

- Tackling health inequalities
- Reducing the numbers of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and well-being
- Reducing harm and encouraging sensible drinking

Key Government & local Strategies

- Community Plan
- Local Delivery Plan
- Local Area Agreement
- Childrens & Young People's Plan
- Health Development Plan
- National strategy for sexual health & HIV (2001)
- Every Child Matters (2004)
- Childrens NSF (2004)
- Teenage Pregnancy Strategy (2000)
- Securing our health (Wanless)
- Commissioning a Patient Led NHS
- Alcohol Harm Reduction Strategy
- Young People's Substance Misuse Plan
- Children's Trust
- Mental Health Promotion Strategy

The underpinning principles behind this plan is to ensure there is informed choice for all, personalization of support to make healthy choices and finally that working in partnership is essential to make health everyone's business.

This means that this plan will only highlight the "tip of the iceberg" in terms of the local action that is planned. Delivering this enormous agenda means that delivery needs to be embedded across many organisations and across many strategic plans.

For this reason, It is important not to view this plan in isolation but against the backdrop of all the other key government and local strategies (see box). It is imperative that this is seen as complementary to the Local Delivery Plan (LDP), Health Development Plan (HDP), Local Area Agreement (LAA) and the overarching PCT strategy and council's Community Plan as well as all the other more focused service level plans that exist. It also will be key in informing the direction of a range of local Partnership initiatives such as the Community Action Partnership (CAP).

Choosing Health Summary

As already explained *Choosing Health* signaled the Government's intention to refocus the NHS as a true service for improving health as well as one that treats sickness. Health improvement and tackling health inequalities will become an integral part of NHS mainstream planning and performance management systems and will be at the core of its day-to-day business.

Three key principles underpin the plan:

- informed choice for all
- personalisation of support to make healthy choices;
- working in partnership to make health everyone's business.

Choosing Health highlights action over six key priorities for delivery based upon more people making healthy choices:

- tackling health inequalities;
- reducing the numbers of people who smoke;
- tackling obesity;
- improving sexual health;
- improving mental health and well-being;
- reducing harm and encouraging sensible drinking.

Action will be taken across Government on:

- helping children and young people to lead healthy lives and promoting healthy and active life amongst older people

Delivering these priorities will depend on four supporting strategies:

- promoting personal health
- developing the workforce
- building in research and development
- using information and intelligence

2. Commissioning a Patient Led NHS

Commissioning a Patient Led NHS focuses on creating a new way of commissioning services for patients where front line staff are in the driving seat and which will reflect patient choices. Delivering these changes is an essential part of creating a patient-led NHS and will complete the “choice” agenda.

The new way of commissioning will also help prepare the NHS to implement improved care outside hospital which is set out in the Government White Paper *“Our health, our care, our say: a new direction for Community Services”* published on 31st January 2006. Preventing ill health and helping people take charge of their own health is part of this. The proposed changes have also meant that the configuration of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) and their fitness for purpose needs to be reconsidered as these organisations will have slightly different responsibilities in the future. In London however, PCTs are remaining co-terminous with Boroughs in the most part but the proposal for the 5 existing London SHAs is that they merge and by April 2007 there is likely to be 1 SHA for the capital.

A key element in Commissioning a Patient Led NHS is the introduction of Practice Based Commissioning by December 2006. This is the vehicle for devolving power to local clinicians and a new way of aligning clinical and financial responsibility. In Kingston all 29 GP practices are working together, although each practice will retain and be responsible for its own budget. Practice Based Commissioning will go “live” in Kingston in April 2006.

3. Stakeholders Conference

An extremely successful stakeholder conference took place in November 2005. This was a partnership venture between Kingston Primary Care Trust, Royal Borough of Kingston and Kingston Voluntary Action. It attracted over 80 participants on the day from a wide range of local organisations including some users and carers.

The purpose of the day was to set the context of Choosing Health, both at a national and local level, and provide a forum for stakeholders to come together to influence the direction of Kingston’s plans for implementing the Choosing Health agenda.

Kingston University 2nd year drama undergraduate students provided a series of stimulating and thought-provoking drama sketches portraying the realities of making healthy choices in a light hearted humorous way. These enabled a full and frank discussion about some of the key issues involved in making healthy choices and identifying top priorities for local action.

As a result of this ,Kingston’s Choosing Health Implementation Plan has been compiled. All of the Choosing Health priorities were acknowledged as areas of local importance, but in particular Inequalities, Sexual Health and Obesity emerged as very strong themes. It attempts to capture the discussion and debate in a meaningful way that allows local action to take place.

Successful delivery:

- We need to create an environment that touches and enthuses the life of every individual and community so that sustained improvement will happen.
- Deliver practical solutions that connect with real lives
- Based on evidence of what works and acting on it locally
- Refocus NHS into a true service for improving health as well as one that treats sickness
- Health improvement and tackling health inequalities to be core of NHS day to day business
- This agenda can only be achieved through effective local partnerships
- Share priorities need to be agreed and delivered locally

4. Choosing Health Delivery

In order to fully implement the Choosing Health agenda the PCT and partners will need to invest both time and resources to this agenda. It is unlikely that sufficient money or indeed the amount of trained staff will be totally available in 2006-2008. While money has been identified for each PCT by the DoH to implement the programme for the 2 years (06-08) this sum forms part of the PCT's overall growth. Hence the approach taken in this plan has had to take into account the current financial climate and for this reason the document is presented in 3 colour-coded sections

		Total
Orange	<i>The top priorities that require investment in 06/07 and 07/08</i>	£ 660,000 per annum
Blue	<i>Further priorities that also require investment either from other sources or in future years</i>	£ 458,000 per annum
Green	<i>Priorities to be carried out within existing resources</i>	£ Within existing resources

It is acknowledged that the Choosing Health Agenda is enormous and that major investment needs to take place to allow it to be delivered effectively. In order to deliver the agenda numerous varieties of workstreams need to take place across all organisations and across various disciplines. The following plan has been designed to reflect this.

As stated above it is unlikely that this plan can be resourced fully. In order to start the programme in the most effective way two options are proposed:

Option 1 Implement one top priority from each of the topic areas and cover the full range of issues but not in any depth.

Option 2 Implement all the top priorities (orange) from a limited number of topics. The topics that have emerged as strong themes, are integral to the LAA and have been identified as key areas by the Healthcare Commission are sexual health, obesity and smoking.

	Top priorities	Further priorities	Within existing
Inequalities	£145,000 p.a.	£18,000 p.a.	
Sexual Health	£80,000 p.a.	£70,000 p.a.	
Obesity	£165,000 p.a.	£73,000 p.a.	
Mental Health	£35,000 p.a.	£31,000 p.a.	
Smoking	£140,000	0	
Alcohol	£60,000 p.a.	£40,000 p.a.	
Children and Young People	£35,000 p.a.	£180,000	
Active Ageing	0	£ 46,000 p.a.	

In the current culture of financial uncertainty, agreement will be reached with key partners for the first phase of implementation of Choosing Health. As previously stated, there are certain priority areas that need to be progressed first with the other work scheduled to take place at a slower pace. However, work will still continue, to a certain extent, across all the other areas. This implementation plan needs to be considered as a “live” document which will be the basis of implementing the Choosing Health agenda across Kingston for the foreseeable future. Full costings for the total plan have remained in the plan to highlight the resources and breadth of work that is required to achieve full implementation.

5. Health Inequalities

It is well documented that people living in deprived areas are more likely to be worse off and have poorer health outcomes than similar people living in more prosperous areas. It is necessary not only to tackle the ill-health issues but also focus on the wider determinants of health (housing, income, safety, transport, education etc.) to really make an impact on health inequalities. This is where the importance of the full range of local strategies and initiatives is realised i.e. community safety, Children's Trusts, Children and Young People Plan etc. However, in order to address the Choosing Health priorities focused effort and resources are needed on raising awareness and improving the opportunities for healthier choices amongst our more disadvantaged communities. Tailored support that meets the needs of the individual is paramount and a common understanding that one size doesn't necessarily fit all.

- 1) Improving access to primary and secondary care, especially to disadvantaged groups through targeting NHS , Local Authority & Voluntary sector services in an outreach capacity firstly by piloting the 'community shop' approach now being planned on the on the Cambridge Road Estates.

Enhancing 'community shop' developments on the Cambridge Road Estate

Leadership and co-ordination of the shop to be provided by KVA with input and commitment from statutory sector.

Pilot approach on CRE with a view to rolling out good working practice across other geographical areas in the borough to target disadvantaged groups.

£25,000 06/07

£25,000 07/08

- 2) Develop a comprehensive Health Trainers programme linking in with existing Community Development initiatives ensuring work across all Choosing Health priority areas and targeting hard to reach groups.

Develop a health trainer's programme in line with national guidance.

Recruit for local health trainers utilising local community networks and Kingston's Community development network.

Identify and establish a management infrastructure .

Deliver the new health trainers programme.

Implementation of health trainers in variety of settings.

£80,000 06/07

£80,000 07/08

- 3) Continue funding elements of the Community Action Partnership with an emphasis on Choosing Health priority areas delivery.

Develop the healthy lifestyles aspect for Cambridge Road Estates residents building on the community development work that has already taken place.

Link with the community shop and health trainers.

Develop health 'champions' within the CRE community to raise the profile of health issues.

Develop and implement a rolling awareness raising campaign of all lifestyle issues on CREs.

Capitalising on the 'credibility' of community leaders by engaging them in this agenda.

£40,000 06/07

£40,000 07/08

- 4) Continue successful Walking for Health Programme. See Obesity section

Cross reference to Obesity Section

- 5) Conduct annual health equity audits to highlight areas of greatest need in relation to specific service areas.

Identify a service area to conduct a health equity audit on.

Analyse the uptake of screening services (breast, cervical,) in known disadvantaged areas in the borough

Within existing resources

- 6) Analyse the usage of NHS services by ethnic group to identify if BME population are accessing services to the same capacity as the majority white population.

Undertake audit of usage of NHS services

Audit use of Interpreting Services

Identify areas of health services where access by BME groups is under-represented

Review recommendations from Health Scrutiny into Access to Health Services by BME Groups for any lessons to be learned

Within existing resources

- 7) Develop partnership initiatives with the commercial sector, in particular retail and health centres and RBK & NHS as major employers to raise profile of Choosing Health priorities amongst the working population.

Acknowledging that this is an untapped area and that a cross-section of socio-economic groups and communities make up the Kingston workforce.

Work with local publicans and licensed premises management towards responsible drinking

Promote independent screening services for Chlamydia provided by Boots in the Borough

Work with local businesses to promote domestic violence awareness

Negotiate work placements for people with mental health problems as a first step back into employment

£ 10,000

£ 10,000

- 8) Develop pharmacy health improvement work especially targeting disadvantaged areas

Priority roll out of smoking cessation support to disadvantaged areas

Alcohol advice and support available via pharmacies

£ 8,000

£ 8,000

- 9) Improve provision and access to advice re managing money, benefits and housing benefits

Carry out feasibility study for Credit Union

Map services available which provide advice re managing money, benefits and housing benefits

Develop strategy based on gaps identified

Within existing resources

Kingston Local Area Agreement 2006-2009

Relevant Outcomes

Promotion of social inclusion – access to justice and referral pathways

- Number of agencies involved in the advice and information network – target 10
- Number of interventions within the network arrangements each year – target 480

Reduce fuel poverty and increase energy efficiency in homes

- % increase in energy efficiency in Kingston homes – target 1.5%

To reduce crime, the harm caused by illegal drugs, and to reassure the public, reducing the fear of crime

To build respect in communities and reduce anti social behaviour

- % of residents who say they feel very or fairly unsafe after dark – target reduce to 41.5%
- % of residents who say they feel satisfied with their local environment – target 70%
- % local residents who say they feel satisfied with the number of police on foot patrol – target 35%

Reduce the harm caused by illegal drugs

- Number of sanctioned detections against those who unlawfully supply controlled drugs – target 45%

Support victims of domestic violence

- Number of sanctioned detections against those committing domestic violence – target - % year on year increase on MPS target rate for Kingston

More effective and enduring drug treatment programmes

- Numbers entering treatment – target 750, stretch 785
- % retention in treatment – target 80%, stretch 85%

Improve the quality of life of physical and learning disabled people by enabling more people to live in their own homes

- Number of adults with a learning disability helped to live at home – target 181
- Number of people aged 18 or over who have a physical or learning disability who have received direct payments during the year – target 140
- % of service users with learning disabilities aged 18 to 84 who are helped to live at home

Key Supporting Local Strategies

Family & Early Years, Community Safety, Removing Barriers Framework, Community Action Partnership, Children & Young People's Plan, Local Area Agreement, Kingston Alcohol Strategy, Homelessness Strategy and Transport Plan, Mental Health promotion Strategy.

6. Sexual Health

These priorities have been formulated with the nationally agreed headings for sexual health as the basis to ensure delivery of both the Sexual Health & HIV Strategy and the Teenage Pregnancy Strategy.

- Improvement in access to GUM services
- Modernisation of contraceptive services
- Improving access to abortion services and improved local co-ordination
- Performance management

There is also work in progress across South West London to modernise sexual health services and improve and monitor access to GUM services, and priorities within this strategy may change to take account of this work as it progresses.

- 1) Expand and invest in the successful KU19 services for young people by aiming to have a link service for every school cluster as part of extended schools.

Expand KU19 services to ensure an increased number of days clinics are open and provide services in high need areas.

One full time school nurse linked to the Teenage Pregnancy Strategy, with objectives set by TPPB, to deliver SRE and KU19 services in hotspot areas

Extend free emergency contraception to include condom distribution for under 19s in teenage pregnancy hotspots and difficult to access areas

£40,000 06/07 posts and resources

£40,000 07/08 posts and resources

- 2) Develop new level 2 sexual health services in conjunction with Level 1 GUM services as the first phase of modernising Kingston's sexual health services.

Develop neighbourhood based services in Kingston starting with Chessington with the aim to roll out to other areas.

Evaluate uptake and impact on other sexual health services

Improve access to GUM services within 48 hours by development of Level 2 GP/Community based service in Chessington

Ensure young people involvement in the development and promotion of new service

Enhance links between contraceptive services, STI and Chlamydia screening

£ Aim to set up from enhanced services funding 05/06

3) Roll out of Chlymadia screening programme.

Identify proportion of 14-24 year olds in Kingston accepting Chlymadia screening with an aim to increase year on year. Work with Boots to link London-wide screening locally Sector wide sexual heath lead to be appointed to develop SW London Chlamydia screening programme. Local sexual health lead post to link SW London programme to local services
£ Sector-wide development – not PCT Choosing Health funds

4) Develop Healthy Schools infrastructure

One full time post to develop SRE and sexual health promotion strategy across Kingston. To focus on 11-24 year olds, with particular emphasis on targeting high risk groups. Develop an outreach sexual health programme (clinic in a box) to include Chlamydia testing in young people settings. Develop Healthy Schools infrastructure including the team that supports schools (Healthy School Co-ordinator, Family Planning, Youth Worker)
£40,000 06/07 SRE/SH promotion lead post
£40,000 07/08 SRE/SH promotion lead post

5) Monitor access and monitor user satisfaction to termination services . Liaise with service provider to undertake one commissioner defined audit a year.

Audit of reasons for accessing services after 10 weeks gestation needed for the future

6) Ensure all sexual health services promote 2 national campaigns per year in conjunction with the local press.

Identify a lead person to co-ordinate. Order appropriate resources and disseminate. Co-ordinate an effective media strategy.
£6,000
£6,000

7) Enhance Sex Relationships Education as part of Healthy Schools Scheme by ensuring all LEA schools have up-dated SRE policies with accredited SRE providers

Achieve 100% of LEA maintained schools with a reviewed SRE policy in line with latest guidance Support the PHSE certification for teachers and school nurses

Promote SRE Healthy Schools kitemark
 Support offered to schools on SRE policy and programme development, teacher training, governor training, work involving parents and young people in SRE programmes
 Continue to support schools working to achieve level 3 of the Healthy Schools accreditation
£12,000
£12,000

- 8) Continue robust sexual health and HIV prevention programme targeting ‘at risk’ groups in Kingston.

Multi agency training for professionals working with at risk groups
£5,000
£5,000

- 9) Develop comprehensive information and advice for over 19’s of local sexual health services.

Currently no information available for adults about local services.
 Need to develop information through a variety of methods – leaflets, web, text, 24 hour ansaphone service
 Extend university SWITCH ON project which trains volunteers to deliver health promotion and condoms for 19-25 year olds in educational and community settings
 Recruit part-time co-ordinator
£32,000
£27,000

- 10) Continuation of HIV clinical nurse specialist post

Support postholder in the development and implementation of HIV strategy and local plan
£15,000 to be identified
£15,000

Kingston Local Area Agreement 2006-2009
<p>Relevant Outcomes</p> <p>Improved access to sexual health services for young people by:-</p> <ul style="list-style-type: none"> • Increasing the number of neighbourhood based sexual health services – target 3 • Increasing the % of 15-24 year olds accepting Chlamydia screening – target 10% of those eligible • Increasing the % of LEA maintained schools in line with latest guidance – target 100%

Reduce the rate of under 18 conceptions

- Number of conceptions to females under 18, resident in Kingston, per thousand females aged 15-17 resident in the Borough - target 19.8%

Key Supporting Local Strategies

Teenage Pregnancy Strategy

Sexual Health Strategy

Alcohol Strategy

Young Peoples Substance Misuse Plan

South West London Departments of GUM Capital Bid Nov 2005

7. Mental Health & Well Being

Improving the mental health of the population contributes to achieving a wide range of cross government priorities for children and adults. The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic well-being and personal dignity. Mental well-being also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles. It is essential to enabling individuals, families and communities to realise their full potential and to make a positive contribution.¹

These priorities support the delivery of Standard 1 of the National Service Framework for mental health²

- 1) Tackle social isolation through the development of intergenerational projects linking in with extended schools

Funding is needed to continue the intergenerational work in place at Age concern and ideally to further develop from 4 schools to at least one project for school cluster

£30,000 per annum for project co-ordinator and assistant 06/07 07/08

- 2) Training for front line workers (teachers, youth workers, school nurses, health visitors, child minders etc) for early identification of children and young people developing mental health problems.

A local course has been developed by Educational Psychology, CAMHS and Magic Roundabout and 3 sessions will be run by April 2005 when funding runs out. This should be continued to ensure all new staff are trained

£5,000 to provide 3 sessions per annum 06/07 07/08

- 3) Training for front line workers (housing officers, practice nurses, adult education, district nurses, benefits officers, social workers, people working with Older People etc) to enable them to identify and support people showing signs of distress

A local mental health awareness course has been developed which is delivered by local users and carers. It has funding until March 2008.

£ Within existing resources

¹ Making it possible: Improving Mental Health and Well-being in England NIMHE Oct 05

² Department of Health (2004) *The National Service Framework for Mental Health: Five Years On* London: The Stationery Office

- 4) Further develop opportunities for social participation and social support and inform and motivate people to look after their own mental health and that of others and to encourage people to have positive and accepting attitudes to people with mental health problems

Employ Mental health promotion officer to co-ordinate the existing activities to promote social participation, particularly targeting hard to reach and excluded groups, and to develop a campaign including supporting schools, workplaces and communities to promote emotional health and wellbeing

£30, 000 to employ officer to be identified
£1,000 for mental health promotion campaign

- 5) Employment support scheme for people with mental health problems supported in primary care,

Employment support worker to work across a number of GP practices and with Job Centre Plus to help hard to reach groups into work.

£ to be identified

Kingston Local Area Agreement 2006-2009
<p>Relevant Outcomes</p> <p>Improve support of vulnerable children – psychological and mental health</p> <p>Number of full-time social workers or related professionals based within the CAMHS – target 6.</p> <p>Supporting people with health related problems into work</p> <p>Number of people in receipt of incapacity benefit for a minimum of 26 weeks helped into sustained employment of at least 16 hours a week for 13 consecutive weeks or more – target 30 (90 with reward grant)</p> <p>Number of people in receipt of incapacity benefit for a minimum of at least 26 weeks helped into work of less than 16 hours for 13 consecutive weeks or more – target 66 (116 with reward grant)</p>

Key Supporting Local Strategies

Mental Health Promotion Strategy, Behaviour Support Plan, NIMHE Making it possible: Improving Mental Health and Well-being in England, The National Service Framework for Mental Health: Five Years On London: The National Service Framework for Mental Health, Mental Health and Social Exclusion Social Exclusion Unit Report June 2004 Office of the Deputy Prime Minister and Every Child Matters

8. Smoking

These priorities have been formulated with the Healthcare Commission's Annual Health Check and the local Stop Smoking Advisory Group recommendations for delivery of the Tobacco Control Programme for Kingston

- 1) Maintain the current Kingston Stop Smoking Service to provide specialized counseling and support as well as nicotine replacement therapy to smokers wanting to quit

Particular emphasis on enhancing manual workers programme by targeted work in areas of deprivation
Further develop the workplace programme by offering smoke free policy guidelines and offering in-house stop smoking sessions for staff
Work with initiatives such as CAP offering tailored sessions to local residents
All pregnant smokers to be automatically referred to service and offered support to quit
Implement an in-patient service at Kingston Hospital
Offer all patients waiting to go to in to hospital stop smoking support before admission

£140,000	06/07
£140,000	07/08

- 2) Continued work around reducing availability of illicit and smuggled tobacco and underage sales

Develop further work in conjunction with Trading Standards to ensure underage sales of tobacco continue to decrease.
Within existing resources

Key Supporting Local Strategies

Kingston & Richmond Stop Smoking Service Action Plan

9. Obesity

These priorities have been formulated as the basis for delivery as part of the Kingston Obesity Strategy.

- 1) Establish a robust obesity monitoring system for children to measure BMI routinely at reception and year 6

Increased capacity within schools to continue to measure children in reception and to work with schools to incorporate year 6 monitoring into curriculum (combination of School Nurse, Nursery Nurse and Classroom Assistants)

Recruit School Nurse to have public health lead for obesity across the school nursing team and to have part time case load. Post to work closely with Public Health on delivering the priorities on obesity

Recruit p/t nursery nurse.

Identify and work with schools to develop year 6 monitoring mechanism

Deliver training to school nurses – Child Growth Foundation

Develop admin and IT support system (negotiate within existing resources)

£55,000

Posts

£55,000

Posts

- 2) Develop a multi agency community based weight management programme for adults who are overweight/ obese/ not engaging in any form of regular physical activity.

Recruit Project Manager

Identify dietetic and personal trainer input to review and adapt 'Fit 4 Life' programme for wider audience and train a range of professionals to deliver all or part of the programme.

Programme to be delivered in a range of settings (e.g. GP, pharmacies, leisure outlets) to high risk population (e.g. older people, smoking quitters).

Link with relevant partner agencies and professionals (e.g. Sport & Leisure, Active Ageing Officer – see section 12).

Establish referral criteria and link with referral pathway for obese adults.

Link with introduction of pedometers in clinical settings.

Develop a multi-agency menu of services offering physical activity and/or healthy eating advice across the borough and launch with sessions to encourage appropriate cross-agency referrals and to improve knowledge of provision amongst all agencies.

£55,000 06/07

Post and marketing

£55,000 07/08

- 3) Develop a family based programme aimed at preventing overweight and obesity among parents and children linking with Healthy Schools, Extended Schools, Family Learning, Leisure and other existing work.

Develop and co-ordinate a range of activities for families in 1/2 extended school clusters
 Dietetic and personal trainer input – see 1& 4
 Recruit Community Worker to deliver programmes and develop peer education programme
 Work in partnership with School Nurse with obesity lead across the team, Health Visitors and Nursery Nurses linked to Children’s Centres (see 11.3)
 Publicity
£40,000 06/07
£40,000 07/08

- 4) Continue successful Walking for Health Programme which significantly contributes to the obesity and inequalities agenda by providing community based free exercise opportunities

Funding is required for the Walking for health programme to continue from April 2006.
£15,000
£15,000

- 5) Develop plans for local obesity services.

Develop overweight and obesity referral pathway
 Identify need for further development of obesity treatment services locally
 Develop pilot proposal for community-based multi-disciplinary obesity treatment service for children and their families
 Recruit Youth Worker
 Input from other professionals e.g. Dietitian, Psychologist, GP, Paediatric Consultant
£ 20,000 Post
£ 20,000

- 6) Enhance Healthy Schools Scheme both strategically and operationally by having nutrition & activity programmes, annual food week, working with nutritionists.

Develop Healthy Schools infrastructure including the team that supports schools (e.g. School Nursing, HS Co-ordinator, Dietitian) – see 11.1
 Recruit Early Years & Schools Dietitian

Develop and deliver staff training, monitor implementation of revised school meal standards and support early years and schools settings with nutrition related work including attaining the NHSS Healthy Eating standard.
Co-ordinate with existing physical activity development work e.g. Kingston School Sports Partnership
£45,000 **(Post + Obesity work through Healthy Schools)**
£45,000

- 7) Develop early years and family support systems around weight management on CAP, develop food co-op

Pilot family based weight management programme on CRE (see 2)
Recruit fixed term Project Worker to set up food co-op
£ 5,000
£ 5,000

- 8) Communication of new signposting systems for food in all schools and PC settings.

Disseminate new signposting systems and incorporate into Communication Plan for Obesity Strategy
Publicity materials and distribution
Incorporate 5 a day messages into local programmes and training
£3,000
£3,000

- 9) Implement the Active ageing strategy to promote physical activity, social interaction, uptake of benefits, improved transport and crime prevention and reduce obesity,

Cross reference to Older People section

Kingston Local Area Agreement 2006-2009

Relevant Outcomes

Improve health/reduce obesity in the over 50s

- Obesity status among GP registered population of 50+ - target 5% reduction
- Number of GP practices to refer patients to new programmes – target 2
- Number of potential 'health trainers' identified from trained advisors – target 8

Healthy eating and active lifestyles

- % of overweight and obesity trends for children – target figures to be available Sept 2006
- Develop multi-faceted programme aimed at preventing overweight and obesity among children and families
- Number of extended schools clusters adopting programme – target 2

Key Supporting Local Strategies

QOF enhanced services PC contracts, Obesity strategy, Sports for All, National Healthy Schools Scheme plan, Healthy Start scheme, Breast feeding initiative and Health Scrutiny Review of Childhood Obesity and Active Lifestyles, Active ageing strategy.

10. Alcohol

These priorities have been formulated as the basis for delivery as part of the Alcohol Harm Reduction Strategy

- 1) Ensure a co-ordinated approach to alcohol issues across the Borough

0.5wte Alcohol Strategy Development Worker.
Role would be to co-ordinate the implementation of the Alcohol Harm Reduction Strategy.
Develop effective data collection systems
Develop training programmes.
Support the development of workplace alcohol policies across employers in the Borough
£ 20,000 to match fund existing funding for 0.5wte post 06/07
£21,000 07/08

- 2) Awareness raising and education programmes in school and youth settings.

1 wte Alcohol Focus Worker.
Support schools through the Healthy Schools Scheme to develop policies and education programmes.
Develop and deliver targeted education and prevention programmes to vulnerable young people in Kingston
Provide training to other professionals to support them in delivering alcohol education and prevention to young people and identifying alcohol related needs
Deliver 1-1 and group sessions with young people who have alcohol related needs
Develop and implement a local awareness raising campaign
Participate as a member of the young people's substance misuse team ID
£40,000 06/07
£42,000 07/08

3) Enhance alcohol treatment services as locally identified as a major gap

Support the development of an alcohol strategy for primary care to include effectiveness of detection, early interventions and appropriate resources within the Primary Care setting

Audit current service provision in relation to alcohol treatment and support the development of integrated care pathways, screening and assessment tools and care co-ordination arrangements

Alcohol Counsellor to work with Primary Care and deliver interventions to people identified with alcohol related needs

£40,000 **to be identified**

£42,000

Kingston Local Area Agreement 2006-2009

Relevant Outcomes

Effective and enduring alcohol treatment programmes

- Review the alcohol strategy and re-prioritise action plan – targets – appoint alcohol worker, undertake developmental work agreed in the alcohol action plan, establish baseline data and set up monitoring systems

Reduce drug and alcohol related harm to children and young people

- Number of young people receiving specialist substance misuse services – target 60
- Number of professionals working with children and young people who receive drug and alcohol training – target 90

Key Supporting Local Strategies

Alcohol Harm Reduction Strategy and Young People Substance Misuse Plan

11. Children & Young People

The establishment of Children's and Young People's Trust has greatly improved partnership and joined up working, but there is still scope for further improvement, as outlined in the Children and Young People's Plan (CYPP)

We need to develop what we have got rather than change.

- 1) Develop Healthy Schools as a vehicle to deliver Choosing Health in the school setting. Nationally the Healthy Schools Programme has been reviewed, the standards raised and Healthy Schools for the first time is part of the Ofsted inspection of schools

Deliver health messages and concentrate on the 'dos' rather than the 'don'ts'
Work with schools to support them in achieving the target of 100% of schools being healthy by 2009
Develop Healthy Schools infrastructure including the team that supports schools (e.g. School Nursing, HS Co-ordinator, Dietitian)
Recruit Healthy Schools/Outreach worker to develop and deliver programmes of work around key strands of healthy lifestyles i.e. SRE, Obesity etc.
(cross reference to Sexual Health, Mental Health and Obesity)
£ 35,000 06/07
£ 35,000 07/08

- 2) Increase school nurse workforce to deliver choosing health agenda in the school settings and be a proactive health change champion as part of extended schools and healthy schools.

4 full time senior school nurses. Each nurse having a public health lead across the school nursing team with a part time case load. Posts to work closely with the Public Health team on implementing choosing health priorities.
Each school nurse to link with 1 school cluster.
£180,000 06/07 (3 school nurses)
£180,000 07/08

1 full time School Nurse lead for obesity already identified (cross reference to Obesity section)
1 full time School Nurse lead for Sexual Health already identified (cross reference to Sexual Health)

- 3) Training for front line workers (teachers, youth workers, school nurses, health visitors, child minders etc) for early identification of children and young people developing mental health problems

Cross reference Mental Health section

- 4) Increase health visitor availability in Children's Centres to champion delivery of Choosing Health priorities by all staff in the Centres

Re-orient Health Visitor workforce to ensure their presence in Children's Centres
Develop a targeted Choosing Health programme in conjunction with Public Health specifically for Health Visitors focusing on areas of high need

- 5) Establish 6 new Children's Centres in Kingston in 06/07

Limited funding is currently available for this.
Cost of NHS workforce (in particular Health Visitors) needs to be found
£ yet to be determined

- 6) Ensure health promotion in general and implementation of Choosing Health in particular, is a priority for all those who come into contact with children including acute health service, community health services, youth services, schools and Early Years setting.

Integrate into all new job descriptions that arise from the Choosing Health agenda

Kingston Local Area Agreement 2006-2009

Relevant Outcomes

Increase the proportion of Healthy Schools

- % schools with accreditation – target 75%, 95% with reward
- % schools participating in the scheme – target 90%, 100% with reward

Increase the number of substance misusing parents accessing treatment – targets to be agreed

Stability of placement for looked after children

- Number of children looked after with 3 or more placements during the year – target 8%
- % of children looked after who were in a foster placement for two or more years – target 60%

Key Supporting Local Strategies

Children's and Young People's Plan, Extended schools, Children's trusts, Children's Centres, Extended Schools, Mental Health promotion Strategy

12. Active Ageing

Standard 8 of the National Service Framework for Older People requires PCTs and Local authorities to develop a programme to promote healthy ageing and to prevent disease in older people. Kingston's Active ageing strategy was developed to deliver this and these priorities support the delivery of this strategy.

- 1) Tackle social isolation through the development of intergenerational projects linking in with extended schools (*For details see Mental Health*)

Cross reference to Mental Health section

- 2) Continue successful Walking for Health Programme. See Obesity section

Cross reference to Obesity Section

- 3) Implement the Active ageing strategy to promote physical activity, social interaction, uptake of benefits, improved transport and crime prevention and reduce obesity,

Full time Active ageing officer to co-ordinate the existing activities covered by the active ageing strategy, influence practice standards, identify gaps, monitor uptake of services, evaluate their effectiveness and provide and promote necessary services particularly targeting hard to reach and excluded groups

£30,000 per annum for project co-ordinator

£1,000 for publicity costs

£15,000 to develop wellbeing measures especially focusing on physical activity and wellbeing

Kingston Local Area Agreement 2006-2009

Relevant Outcomes

Active Ageing

- % of people aged 55 and over taking part in physical activity at least 5 times per week – target 18%, with stretch 21%

See Obesity targets above

Key Supporting Local Strategies

Kingston Active Ageing Strategy and Kingston Fall's prevention Strategy

13. Next Steps

This plan outlines the top priorities for Kingston to deliver the Choosing Health agenda.

Sustained investment is needed as the capacity of the workforce is an essential component to ensuring we have systems for local delivery.

In the current climate of NHS financial pressure the level of available funding for 06/07 is still unclear so as a first step the top priorities for action will have first call on development monies as they are confirmed.