<u>Choosing Good Health – Together</u> <u>Delivery Plan 2007 to 2008</u>

Smoking	What we are trying to achieve	Responsibility	By when	Progress Measure
1	Produce a joint agency Smoking Plan to bring all relevant agencies and interests together for Kensington and Chelsea to prepare business and residents for the prohibition of smoking in workplaces, work vehicles and public places and capitalises on the opportunity to give up presented by the smoke free legislation	Council, PCT and partners e.g. voluntary organisations.	July 08	Joint implementation group set up and the plan produced and implemented.
2	Engagement of commercial pharmacists in efforts to reduce smoking through provision of evidence-based smoking advice.	PCT/prescribing team	April 08	Pharmacists in the Borough equipped to offer good advice on smoking and a significant number of them engaged in doing so.
3	Ensure that businesses are not ignorant of the requirements of the smoke free legislation by advertising, promotion to those least likely to have understood the national campaign.	Council, PCT and business and voluntary partners.	July 08	No. of businesses contacted No. of enquiries received and dealt with by the Council. Printing and distribution of publicity material and use of a range of media. Businesses and organisations erect signs in all premises to comply with the smoke free legislation.

4	Ensure those individuals or groups in our communities that are either most	Council, PCT, Schools and	April 08	Uptake of quit services.
	at risk from smoking or least likely to have been influenced by the national campaign (from children and young people to those residents living in deprived areas or with English as a second language) receive appropriate information around smoking and health promotion.	Schools and School Governors		Reducing the number of smokers in the borough.
	Work with business and the community to ensure awareness of the change in the age, from 16 to 18 and over, at which tobacco can be purchased.			Low requirement for enforcement action.
5	Ensure the law is understood and adhered to by working jointly with HM Revenues and Customs to initiate business advice seminars on counterfeit tobacco and target businesses and individuals selling counterfeit goods. Pursue proportionate enforcement in cases where there is flagrant,	Council, HM Revenues and Customs	April 08	Volume of counterfeit cigarettes identified/seized. Numbers of prosecutions, cautions etc.
	persistent or wilful breaking of the law.			

Nutrition	What we are trying to achieve	Responsibility		Progress Measure
1.	Produce a Food and Nutrition strategy that tackles obesity, health inequalities and links together other aspects such as physical activity, the way people travel, access, etc.	PCT, Council and partners e.g. voluntary organisations.	April 08	Obesity strategy agreed and all parties contributing.
	Through implementation of the strategy, ensure multi-agency involvement and understanding of the importance of healthy eating and promote awareness and availability of healthy affordable, safe, local food for all.			
2.	Work in partnership to establish healthy eating habits in school children through the healthy eating strand of the Healthy Schools Programme using a whole-school approach. This could be in an action plan.	Council, PCT and partners e.g. voluntary organisations.	April 08	Percentage of schools achieving accreditation. Reduction in childhood obesity rates. Cooking is established in schemes of work and curriculum outlines.
3	Improve the nutritional status of children under five. Action plan – • Healthy Start Scheme (0-5 year olds)	Council, PCT and partners e.g. voluntary organisations.	April 08	Partners engaged and plan agreed Cookery schools trialled and evaluated.

	 Weaning initiatives Breastfeeding initiatives Food Policies in Family centres and childcare facilities Menu's in above settings that meet Caroline Walker Trust Guidelines Cool Kids use cups initiatives (link with oral health) 			
4	 Improve nutritional status of older people to prevent ill health and ability to maintain an active life. (links with physical activity, smoking Action plan: Food Policies in facilitated for older people Menu's in above settings that meet nutritional standards for older people Catering specifications for tenders that include nutritional standards Meals on Wheels and food provided at day centres etc to ensure that a healthy, balanced diet is provided using safe wholesome food sourced as locally as possible. 	Council, PCT and partners e.g. voluntary organisations.	April 08	Older people and their carers equipped to make healthier choices.

	Trained staff and carers to provide nutritional advice and identify the signs of malnutrition.			
5	Increase the penetration of good nutritional advice into our communities by engagement of commercial pharmacists to provide evidence-based nutrition advice.	PCT/prescribing team	April 08	Pharmacists in the Borough equipped to offer good advice on nutrition and a significant number of them engaged in doing so.
6	Working with business we will ensure as far as reasonably practical that all food produced, prepared or sold in the borough is safe to eat and will not cause ill health. Additionally we will promote the importance of nutrition and food safety through training interventions.	Council, PCT and businesses.	April 08	Number of nutrition and food safety training interventions and food hygiene and standards inspections undertaken. Number of food samples taken and the number which are unsatisfactory Number of confirmed food poisoning cases investigated.
Physical Activity	What we are trying to achieve	Responsibility		Progress Measure
1	The Council will work with its partners to promote awareness of and access to active living through our Active for Life programme. In addition the Council will produce a Sports and Physical Activity Strategy. It will focus on client groups least likely to know what opportunities exist or those for whom exercise will make the greatest difference to their	Council and partners e.g. Westway Development Trust	April 08	Sports Strategy published and communicated.

	health.			
2	Identify gaps in the physical activity offer through evaluation and audit of physical activity programmes, infrastructure and groups.	Council, PCT and partners e.g. voluntary organisations. FCS	April 08	Electronic database established and information mapped where applicable. Plans prepared to fill the gaps.
3	Vigorously promote walking for travel, leisure and exercise as a healthy lifestyle option in home, work or school settings.	Walking Alliance (partnership group)	April 08	Increase in walking as reported by the Active People survey.
4	Increase the penetration of good advice into our communities on the health benefits of physical activity by engagement of commercial pharmacists to provide evidence-based physical activity advice.	PCT/prescribing team	April 08	Pharmacists in the Borough equipped to offer good advice on keeping fit and well through physical activity and a significant number of them engaged in doing so.
5	Increase the extent and quality of the exercise offer within the Borough by forming an alliance, where possible, with private sector providers.	Council, private sector partners.	April 08	A new alliance created.
Sexual	What we are trying to achieve	Responsibility		Progress Measure
Health 1	Ensure a fully coordinated approach with the contribution of all relevant partners through a Sexual Health Strategy for Kensington and Chelsea.	Council, PCT and partners e.g. voluntary organisations.	April 08	Strategy published by April 2008

2	Ensure the greatest impact by defining the terms of reference and responsibilities of the Sexual Health Strategy Group (SHSG) to take ownership of the sexual health priorities/action plans focused on NICE guidance and local circumstances.	Council, PCT and partners e.g. voluntary organisations	Sept 07	Completed by Sept 2007 Terms of reference adjusted to take into account the sexual health priorities/action plans.
3	The Sexual Health Strategy for Kensington and Chelsea will set out the roles and responsibilities of the sexual health services and will define, identify and target hidden/vulnerable groups. It will link with the Healthy Schools Programme School and nurses supporting sex and relationship education.	Council, PCT and partners e.g. voluntary organisations,	April 08	Resources are appropriately designated to target groups and a programme of work is defined to: - • Reduce incidence of sexually transmitted diseases • Reduce teenage pregnancies Make available Sexual Health services in non-traditional settings.
4	Increase the penetration of good advice into our communities on sexual health by engagement of commercial pharmacists to provide evidence-based advice.	PCT/prescribing team	April 08	Pharmacists in the Borough equipped to offer good advice on sexual health and a significant number of them engaged in doing so.
Alcohol and Drugs	What we are trying to achieve	Responsibility		Progress Measure
1	Ensure a fully coordinated approach	Council, PCT,	June 07	Alcohol Strategy to be implemented from

	with the contribution of all relevant partners through the production and implementation of the Alcohol Strategy. Review the existing multi agency work to map health and social impact of alcohol in the borough.	Drug and Alcohol Action Team		June 2007. Resources targeted at the areas of most need to reduce the number of identified hotspots.
2	Focus attention on young people where alcohol and drug use features strongly in their personal or family lives and ensure all relevant agencies are involved in identifying their needs	Drug and Alcohol Action Team	April 08	Needs assessment completed and report produced. Services commissioned to meet needs of young people.
3	 The Council and PCT will become beacons of good practice by: - reviewing and revising current workplace policies on drug and alcohol and by producing (following consultation) a new "best practice" policy. by supporting staff affected by alcohol/drugs use/misuse to restore their health and well being. 	Council, PCT, Drug and Alcohol Action Team	April 08	New policy developed and agreed. New policy released and publicised across agencies and departments. New Policy promoted to other large employers in the Borough. Numbers of staff counselled/assisted.
4	Make it hard for young people to purchase alcohol by expanding under-age test purchasing for alcohol	Council, Police	April 08	Reduction in number of under-age sales.

	and taking proportionate enforcement action against non-compliant retailers.			
5	 Address the needs of the street drinking population by: identifying where alcohol related incidents occur to target intervention work collating evidence to identify where street drinkers purchase alcohol, where they drink and where they come from ensuring treatment/housing pathways exist and are used by the relevant agencies using information sharing protocols effectively to guide further targeted work 	Council, Police, Drug and Alcohol Action Team , Street Drinking Forum	April 08	Alcohol related incidents mapped. Known venues for street drinking targeted in joint agency operations. Numbers of joint agency exercises undertaken. Numbers of licensed businesses either warned or have the licence called in for review.
6	Reduce opportunities for excessive drinking and drunkenness by implementing the Best Bar None Scheme in Kensington and Chelsea.	Council, Police	April 08	Numbers of bars/clubs participating in scheme. Reduction in alcohol related injuries presenting at A and E departments.
7	Commission, develop and provide access to effective treatment services to drug and alcohol users resident or homeless within Kensington and	Council, PCT, Drug and Alcohol Action Team	April 08	Increased number of drug users in treatment. Reduced waiting times for treatment.

	Chelsea.			Improved retention rates in treatment.
				Achieved drug- related targets on offending.
8	Reduce the use of cannabis by:-	Police, RBKC, PCT, Cannabis Action	April 08	Numbers of workshops for parents.
	 organising a media event involving young people in developing 	Group		Numbers of parents advised individually.
	messages about the impacts of cannabis misuse			Numbers of Schools/ Youth Clubs taking part in competition.
	 working with young people to identify the extent of misuse, spread understanding of its effects and create clarity about its legal status. 			Progress of subsequent media campaign.
9	Limit opportunities for dealing in crack cocaine by:-	Council, TMO, Police, Drug and Alcohol Action	April 08	The number of Closure Notices and Orders obtained in business year.
	 continuing to enforce our Crack house Closure Protocol; update the protocol to ensure all 	Team, and Community Anti- Social Behaviour		Protocol updated for faster application and remedy.
	the latest legislative changes are included;	Action Team		Numbers of test purchases to identify arrest and convict those involved in
	 where intelligence exists and resources allow undertake police 			supply of Class A drugs.
	operations to target the supply of Class A drugs, such as Cocaine			Numbers arrested and convicted.
	and Heroin.			Number of sanctioned detections.

10	Increase the penetration of good advice into our communities on the effect of drugs and alcohol by engagement of commercial pharmacists to provide evidence-based alcohol and drug advice.	PCT/prescribing team	April 08	Impact on acquisitive crime pre-, during and post-operation in the areas targeted. Pharmacists in the Borough equipped to offer good advice on drugs and alcohol and a significant number of them engaged in doing so.
Mental Health and Well being	What we are trying to achieve	Responsibility		Progress Measure
1.	Ensure a fully coordinated approach with the contribution of relevant partners through a mental health strategy which links to other relevant strategies and initiatives – housing, alcohol and drugs, age-related services, health inequalities.	Council, PCT and partners e.g. NHS Trusts and voluntary organisations	Nov 07	A Mental Health Strategy agreed with the Local Implementation Team including service users and carers, to be presented to the PCT and RBKC by November 2007
2	Use the opportunities presented through the development of Foundation Trusts, Practice Based Commissioning and Individual Budgets, to design our services around need. This will include development of	PCT, PBC and Trusts	Nov 07	Needs assessment complete by November 2007 Primary care counselling service to be redesigned by April 2008. Information relating provision to cost, quality and effectiveness to be in place

	services in primary care, designing pathways between primary and secondary care, and will support individual choice. The initiative will include provision of information for service monitoring			for all providers by April 2008
3	Understand and address the wider determinants of mental wellbeing through piloting a Well-Being scheme in North and South of the Royal Borough. This to include information such as 5-a-day and how these can be promoted through day centres and projects for a variety of user groups	Council and PCT	Nov 07 April 07	Planning group to be set up by November 2007 Implementation plan in place by March 2008 Implementation during 2008/9
4	Promote good mental health and address health inequalities through ensuring that vulnerable groups such as people with mental illness and those who use social housing, are able to access information and support around: Smoking cessation Diet Exercise 	Council led by OSC, PCT and partners e.g. NHS Trust and voluntary organisations	April 08	A strategy developed through the work currently underway by the OSC to address these health inequalities. This to be included in the overall mental health strategy as above. Provision of direct payments to support individual choice for a healthy lifestyle
5	Ensure that links between housing and mental well-being are understood, and that there is a coherent approach to addressing	Council and PCT	April 08	Database re good housing initiative Ensuring those receiving social housing have access to support re diet, exercise

	difficulties. This will include provision for homeless people and those who live in hostels.			and smoking cessation as above. An audit of occupation levels and the impact of over-crowding An audit of provision for those who have physical disabilities or who are elderly Continuation of MH Accommodation Group work to redesign provision to meet the changing needs in the Royal Borough.
6	Provide services that are sensitive to the diverse profile and needs of the population of the Royal Borough	Council, PCT and partners e.g. NHS Trusts and voluntary organisations	April 08	Ensure that national and local guidance is incorporated in service design. Impact assessments to be undertaken when there are new developments.
7	Tackle the anxiety and stress caused by noise nuisance. In particular we will investigate noise nuisance in poorly converted premises through: - • negotiation with housing providers; • a good neighbour education programme; and • swift statutory action where appropriate.	Council, TMO, RSLs, Voluntary Sector, Landlords	April 08	Numbers of clients for whom the situation has improved. Numbers of residents receiving information on how to be a good neighbour. Number of successful interventions to solve neighbour noise problems. Number of premises investigated for public nuisances and where evidence

	Work to reduce the disturbance and anxiety caused by the premises with a liquor licence through patrons congregating outside.	and partners.		exists the calling in of those liquor licences for review.
8	Recognising the contribution that outdoor space can make to mental health and well being, in partnership, we will aim to make available new open space for community benefit or to regenerate existing open space in consultation with the community and with the explicit aim to design to deal with crime and anti-social behaviour.	TMO, RSLs, Council, KCP, and voluntary sector	April 08	Numbers of new safe open spaces for families/youth activities/sports or other appropriate community uses.
9	We will us the arts to enhance people lives through providing opportunities to participate in a range of arts and cultural activities, and supporting the use of the arts to enhance the public realm and open spaces.	Council, KCP, Arts and Voluntary Sectors	April 08	Number of participants at activities Embedding arts and health into new Arts and Culture strategy
10	The Council and its partner organisations will continue to work with business to improve the health, safety and well-being of the borough's workforce and residents affected by work activities. Business will be encouraged to develop schemes or policies that promote and develop workplace health and well being.	Council, PCT, Health & Safety Executive and business.	April 08	More businesses working singularly or in partnership to increase the health and well being of employees.

11	The Council will continue to work to deliver cleaner air in the borough and monitor and report on progress.	Council	April 08	Production and implementation of a revised air quality action plan Review of monitoring data collected in the borough plus production of an annual report on progress in implementing the action plan
	We will raise the profile of air quality and work with our residents, schools and businesses to help them to reduce their own emissions.			More contact with residents' and community groups. Number of schools engaged in air quality activities Number of businesses with travel plans
12	The Council will identify and investigate sites which may have contaminated soils, as a result of a previous land use. Any contamination identified will be appropriately dealt with.	Council		Number of businesses with traver plans Number of desk top studies and site investigations carried out.
13	The Council will research and offer advice into environmental issues that could impact on the health and well being of the borough's residents	Council		Briefing residents on issues relating to the development of Heathrow Airport, commenting on any emerging research relating to potential health effects of mobile phone masts etc and investigating the relationship between air quality and climate change.
14	People needing housing related help	Council, RSLs,	April 08	Identify, and implement where relevant,

	or support are quickly able to find the best possible advice to remain clear about their options and as far as possible in charge of their own decisions.	TMO, Supporting People Forum		the findings of the 2006 Housing Needs Health Check (which included a review of housing advice services). Housing Needs officers equipped to offer best possible advice re housing options. Review information available on internet.
15	Further develop and promote schemes such as the Under Occupation Scheme to increase the supply of larger units to ease overcrowding.	Council, TMO RSLs	April 08	Increased number of larger units freed up.
16	Create a database of properties adapted for disability in TMO/RSL stock to facilitate the swiftest possible housing for elderly and disabled clients.	Council, RSLs, ADKC	April 08	Up-to-date and comprehensive database. Appropriate and informed allocations. Two additional Occupational Therapists recruited.
17	Ensure that, within the constraints of housing supply and allocation policy, overcrowding leading to poor health outcomes is identified and addressed by producing and publicising a "crowding and space standard" enforcement policy.	Council	April 08	Notices served to abate overcrowding as necessary. The new allocation scheme will award a higher level of priority than the current scheme to overcrowded households.
18	There will be clear, concise information packs for all new tenants regarding their likely waiting times should they wish to register for a transfer at any	Council, RSL's, PCT	April 08	All RSL/TMO information packs to include better updated information.

	point, this will consist of information from the Common Housing Register, to be regularly updated.		
19	Minimise the health effects of cold on the poor and elderly by rigorously implementing the Affordable Warmth Strategy.	April 08	Numbers of TMO/RSL tenants that have been trained to offer affordable warmth interventions. Numbers of staff (e.g. home-carers) trained to offer affordable warmth interventions Self-reporting survey of the health benefits from affordable warmth interventions.