



DISTRICT COUNCIL

Despatched: 23.12.13

HEALTH LIAISON BOARD

09 January 2014 at 2.00 pm

Conference Room, Argyle Road, Sevenoaks

AGENDA

Membership:

Chairman: Cllr. Mrs. Cook Vice-Chairman: Cllr. Davison
Cllrs. Mrs. Bosley, Brookbank, Mrs. George and Searles

	<u>Pages</u>	<u>Contact</u>
Apologies for Absence		
1. Minutes To agree the Minutes of the meeting of the Board held on 11 September 2013, as a correct record	(Pages 1 - 6)	
2. Declarations of Interest Any interests not already registered.		
3. Actions from the last meeting of the Board	(Pages 7 - 8)	
4. Updates from Members		
5. Carers First		
6. Older People's Housing Strategy - Brief Update	(Pages 9 - 10)	Gavin Missons Tel: 01732 227332
7. 'Mind the Gap' Action Plan	(Pages 11 - 64)	Hayley Brooks Tel: 01732 227272
8. Update on Dementia Friendly Communities Verbal update	(Pages 65 - 68)	Hayley Brooks Tel: 01732 227272
9. Annual Report	(Pages 69 - 104)	Hayley Brooks Tel: 01732 227272
10. Autism and Asperger Syndrome - Members Discussion		

11. **111 - Health Telephone Service - Members Discussion**

12. **Mapping the Future**

(Pages 105 - 112)

Hayley Brooks
Tel: 01732
227272

13. **Work Plan**

(Pages 113 - 114)

EXEMPT ITEMS

(At the time of preparing this agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public.)

To assist in the speedy and efficient despatch of business, Members wishing to obtain factual information on items included on the Agenda are asked to enquire of the appropriate Contact Officer named on a report prior to the day of the meeting.

Should you require a copy of this agenda or any of the reports listed on it in another format please do not hesitate to contact the Democratic Services Team as set out below.

For any other queries concerning this agenda or the meeting please contact:

The Democratic Services Team (01732 227241)

HEALTH LIAISON BOARD

Minutes of the meeting held on 11 September 2013 commencing at 12.30 pm

Present: Cllr. Mrs. Cook (Chairman)

Cllr. Davison (Vice-Chairman)

Cllrs. Brookbank, Davison, Mrs. George and Searles

Apologies for absence were received from Cllrs. Mrs. Bosley

Cllrs. Fittock and Sargeant were also present.

7. Declarations of Interest

No declarations of interest were made.

Change of order of the agenda

With the Board's agreement the Chairman put back consideration of items three and four.

8. Minutes

Resolved: That the meeting of the Health Liaison Board held on 11 July 2013, be approved and signed by the Chairman as a correct record.

9. Children Centres Consultation

The Board considered the Kent County Council's (KCC) consultation document 'Shaping the Future of Children's Centres in Kent'. The consultation would run until 4 October. A corporate Council response would be sent to KCC putting together the collected views from Members. The proposal aims were to: deliver savings on at least £1.5 million; protect services which improved health, education and social care; continue to offer parents and expectant parents a choice about which Centre they used; ensure support was given to those children and families who needed it most; and improve co-ordination and access to a range of services for families with children aged 0 -11 where at least one child in the family is under five years old.

There were currently seven centres operating in the Sevenoaks District. KCC would be looking to align the different areas around the Clinical Commissioning Group areas for Dartford, Gravesham and Swanley and for West Kent.

Members were advised that the figures provided within the document were from October 2011 to September 2012. It was felt that the projections provided needed further investigation as they did not correctly forecast population increases for the District. It was felt that the figures showed the success of the Children's Centres in this District with

Agenda Item 1

Health Liaison Board - 11 September 2013

relatively high numbers of attendance and working with the correct age ranges, rather than demonstrating evidence for closure or re-aligning centres.

Members were concerned that the figures provided for the use of libraries did not add up to 100% and that there were also inconsistencies with other figures. The Community Planning and Projects Officer advised that the figures were provided by KCC.

Members raised concerns that the figures related to 2011/12 and that no allowance had been made for any new developments. There were particular concerns in respect of population growth in Dunton Green and the restriction of services. If Children's Centres were to be linked then this would also affect many parents who travelled on public transport. There would be an increase in time and cost to many parents. Concerns were also raised over the number of primary schools and that there would not be enough places in the existing primary schools for the growing number of children in the District, which also provided evidence of population growth in the District.

Members felt that the Children's Centres provided the vital skills that children needed to learn before starting at primary school and essential support for new parents. This was particularly important in deprived and isolated areas. Concerns were also raised that links to other centres would be taken through libraries. It was suggested that the CCGs should work with libraries, the HERO service and Sevenoaks District Housing team and the new gateway to include more liaison with Children's centres.

The Health and Communities Manager brought Members attention to the usage summary of Children's Centres in the District. It was felt that the figures in red proved the Children's centres were effective.

Action 1: The Health and Communities Manager will map the figures against the latest census data to show the population growth.

It was felt that Children's Centres were valuable to families of ethnic minority populations to provide them with advice for registering with a doctor and helping them to have a support network.

The Community Planning and Projects officer would feed these comments back into the survey as part of a corporate response.

10. Local Children's Trust Board arrangements

The Community Planning and Projects Officer tabled a briefing on the draft organisational structure of the proposed Sevenoaks District Strategic Board.

Local Children's Trust Boards had been replaced across the County by new children's Local Operational Groups, which would feed in to the Health and Wellbeing Boards. This was because it had been considered by County that there was a significant link between children's issues and health.

11. Dementia Friendly Communities Update

The Health and Communities Manager updated the Board on the developments of the Dementia Friendly Communities project in Swanley and other local areas. An event took

place on the 9 August 2013 in Swanley that involved different local bodies and people from the local areas. The event looked at identifying gaps and raising awareness of places to go for sufferers, carers and other organisations.

Meeting notes had been created which provided information of what was preventing Swanley from being a Dementia Friendly Community and what actions could be taken to make it one.

Action 2: The Health and Communities Manager to circulate the meeting notes to Members of the Board.

Members questioned whether it was something that GPs could investigate the creation of a directory for those who received the diagnosis of having Dementia or Alzheimer's to have a list of all the organisations that can provide help and support. There were bits of information available but it needed to be pulled together.

There was an increase in people who were requesting training for awareness of Alzheimer's and Dementia and support that could be offered for those who had contact with sufferers. This was not just something that Officers were requesting but also local businesses as they also had a role to play in the Community. Physical changes could be made to help but also training within customer services.

It was agreed that a representative of Carers First be invited to give a presentation to the Health Liaison Board at the January meeting.

Action 3: The Health and Communities Manager to invite a member of Carers First to the January Health Liaison Board meeting.

Ms Yardley, a member of the public was allowed to address the Board and she expressed her interest with the work that was being done around Dementia, particularly in the Swanley area.

12. Mind The Gap - District Level Health Inequalities Plan

The Health and Communities Manager gave a presentation on the Sevenoaks District Health Inequalities Action Plan, 'Mind the Gap'. The PowerPoint highlighted areas the District Council would be looking at to address known health inequalities.

Members discussed the 'Life Expectancy Gap' and the reasons why the trends varied in different wards. It was questioned why information provided by Ward was missing information for Swanley St Mary's. The Health and Communities Manager would look into this.

Action 4: The Health Leisure and Tourism Manager to contact KCC to find out why Swanley St Mary's was excluded from the information provided.

It was agreed that the Housing Policy Manager would be invited to attend the next meeting to discuss the development of an Older People's Housing Needs Survey.

Agenda Item 1

Health Liaison Board - 11 September 2013

If Members had any thoughts or comments on the Health Inequalities Plan they were asked to send them to the Health and Communities Manager. The Health Inequalities Plan was still in its draft form but once it had been finalised it would be circulated.

13. Action from the last meeting of the Board

The completed actions were noted.

14. Updates from Members

Cllr Davison informed the Board that he had attended the latest West Kent CCG Board meeting. The information provided in the agenda was a key issue within the CCG. Cllr Davison also brought Members' attention to the 'NHS – A call to action' document. It was agreed that the document should be referred to the Economic and Community Development Advisory Committee. The Board confirmed that they would look at what they felt were important topics for the District and refer these to the Economic and Community Development Advisory Committee. The Advisory Committee would then decide where it should be referred to for action.

It was felt that the alternative housing options to traditional nursing homes such as a 'retirement village' would be something that could be looked into, as this featured within the 'Call to Action' document as good practice.

'Mapping The Future' by West Kent CCG was tabled. It was felt that this was a key document for KCC's Health and Scrutiny Overview. It would be looked at in more detail at the meeting on the 9 January 2014.

Action 5: 'Mapping The Future' to be added to the agenda for the 9 January 2014.

Cllr Searles informed Members that the next informal Dartford, Gravesham and Swanley CCG Health and Wellbeing Board would be on 15 October 2013 with the Board looking to go in to public and formal status from November 2013.

Cllr Fittock addressed the Board. He informed the Members that he was aware of the two different CCGs that were to meet the needs of local people and more co-ordination between the two was required. He felt that the information that was discussed at the meetings needed to be fed into the District Council so that the information was known.

It was agreed that a representative of each CCG should be invited to do a presentation.

15. Work Plan

It was agreed that the following items be added to the meeting of the Board on the 9 January 2014:

- Older people's strategy to the meeting
- Older People Housing Needs Survey
- Finalised Mind the Gap report
- Update on Dementia Friendly Communities
- Mapping the Future

- Speaker from Dartford, Gravesham and Swanley CCG and West Kent CCG.

16. Date of next meeting

It was confirmed that the next meeting would be held on the 9 January 2014. The time of the meeting was to be confirmed. Members felt more meetings were required, possibly six per municipal year, and asked for one to be scheduled in order to feed into the Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan before its consideration at the Economic and Community Development advisory Committee.

It was agreed that if a meeting could be scheduled before the 9 January 2014 then the following items would be moved to the next scheduled meeting:

- Older people's Housing Needs Survey
- Mind the Gap
- Update on Dementia Friendly Communities
- Mapping the Future.

THE MEETING WAS CONCLUDED AT 2.35 PM

CHAIRMAN

This page is intentionally left blank

ACTIONS FROM THE MEETING HELD ON 11.09.13			
Action	Description	Status and last updated	Contact Officer
ACTION 1	Children's centre usage figures will be mapped against the latest census data to show the population growth.	Figures were circulated to Members via email on 19.12.13	Hayley Brooks
ACTION 2	Meeting notes of the Dementia Friendly Community day on 9 August will be circulated to Members of the Board	Meeting notes have been circulated and are available on the website.	Hayley Brooks
ACTION 3	A representative of Carers first be invited to the January meeting	A representative of Carers First has been invited to the January meeting and will be doing a presentation.	Hayley Brooks
ACTION 4	Look into why Swanley St Mary's was excluded from the information provided regarding the 'Life Expectancy Gap.'	Presentation has been updated and has been circulated and is available on the website.	Hayley Brooks
ACTION 5	'Mapping the future' be added to the agenda for the 9 January'	Added to the January agenda	Charlie Shacklock

This page is intentionally left blank

Health Liaison Board

09/01/14

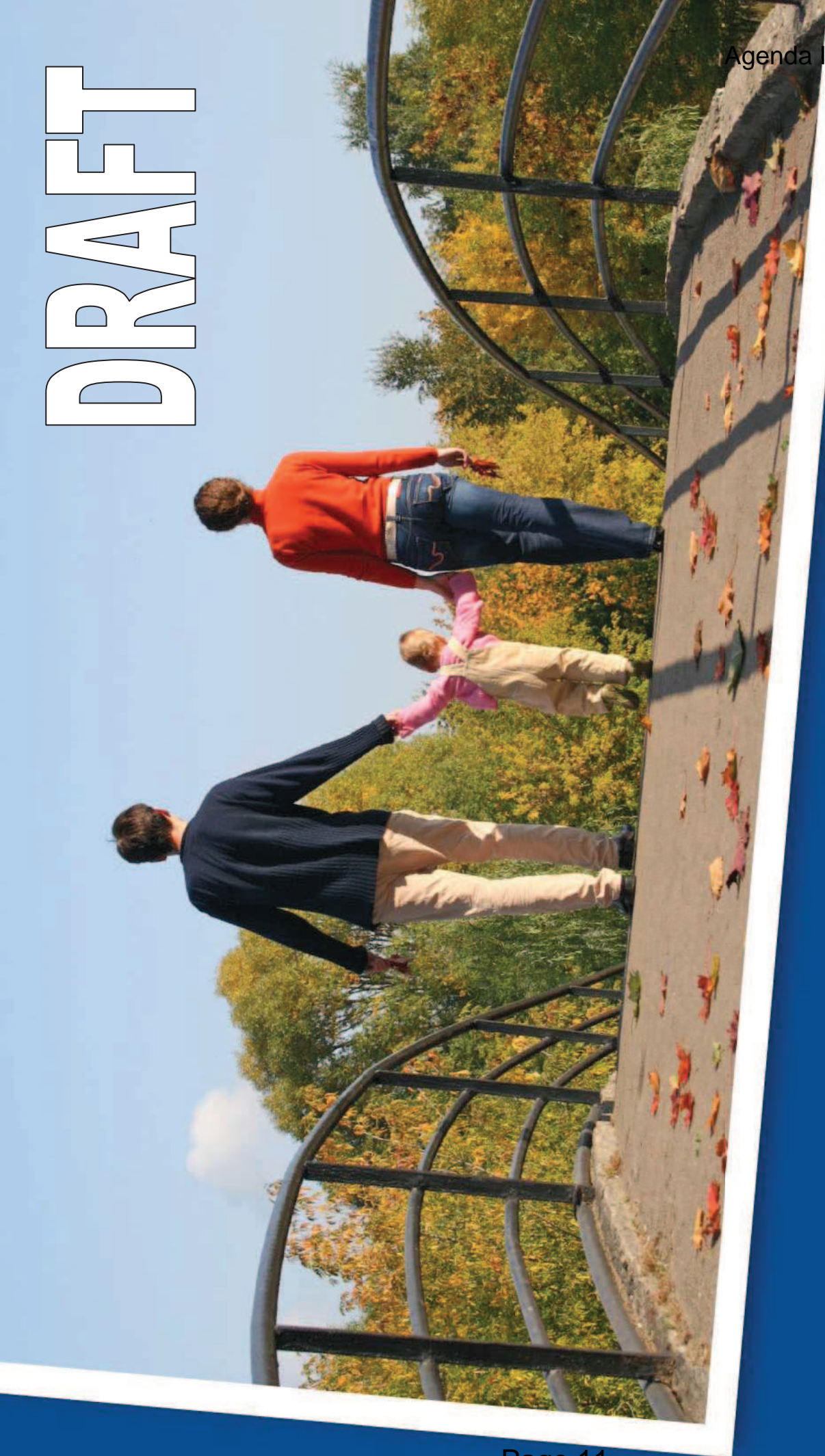
Update on older people's housing needs study

- An initial housing stock-need analysis has been completed (available by request, though not particularly user-friendly);
 - Provides stock type, size and numbers down to MSOA; and
 - Provides projections to plan strategy around housing provision (to 2030).
-
- Intending to undertake a separate study which will provide more detailed information around housing and related support services;
 - This study will help to plan strategy around those older people wishing to remain independent in their own homes, as is becoming more and more the norm;
 - Currently trying to link this in with wider studies to ensure the same methodology is used and best value for public money; and
 - Intend to produce an action plan for older people's housing, once this is complete.
-
- To consider some research around excess winter deaths amongst older people here in Sevenoaks; thermal efficiency and fuel poverty; and the effective use of homes and heating technologies; and
 - Also working with KCC on excess winter death issue.

Gavin Missons
Housing Policy Manager

This page is intentionally left blank

DRAFT



Sevenoaks District's Health Inequalities Action Plan

MIND THE GAP Building bridges to better health for all



Sevenoaks
DISTRICT COUNCIL

2013/15

Foreword

Cllr Peter Fleming
Leader of Sevenoaks District Council



'We want Sevenoaks District to be a place where people have healthy lifestyles and where health inequalities are reduced', this is what local residents told us as part of our Sevenoaks District Community Plan consultations.

The Mind the Gap Action Plan supports key health and wellbeing actions in the Community Plan. A range of partners have signed up to deliver the actions to achieve this. Partners are committed to working together to enable residents of Sevenoaks District to benefit from better access to local services and interventions to improve health and wellbeing.

From our consultations, we know that transport to local health facilities is an issue for many people who do not drive, particularly in rural areas. Residents are concerned to make sure that the health needs of children and young people are taken into account and that we improve access to health advice and information including advice about drug and alcohol misuse. It is also important to maintain access to the District's leisure facilities, open spaces and to the countryside and to continue to provide healthy lifestyle activities.

We are aware of the challenges we face in planning the health and social care needs of an ageing population because people are living longer and we know that both diabetes and dementia will increase over the next 15 years. This is why it is so important to reduce health inequalities across the District now, to prepare for the challenges of the next 15 years. I welcome this plan and look forward to seeing the improvements that it will make.



Professor Chris Bentley
Visiting Chair of Public Health at Sheffield Hallam University

Kent County Council, together with its strategic partners, is strongly committed to addressing the health inequalities, which they have identified as a significant issue across the County.

Through my former role as Head of the Health Inequalities National Support Team, I worked with the 70 most deprived areas with the poorest health across England, supporting them to develop and deliver on effective strategies to narrow the gap with those more fortunate. Kent has been keen to draw on the lessons learned from this national programme.

The Strategy is evidence based, and in order to achieve a real difference in the health and wellbeing of the population, they are taking good account of system, scale and sustainability of the constituent programmes. I am very pleased to acknowledge the extensive use that is being made of my 'Christmas Tree' framework in this plan. This brings together an approach which balances development of good quality services with attention to how the population uses the services, and is supported to do so. This is often neglected. I am confident that, with practical action, this approach can have a real impact.

Contents

Introduction

1. Health Inequalities in Kent
2. Who Will do what
3. What this Plan will do to tackle Health Inequalities in Kent
4. The Tools We Use

Pg 4

Objectives

1. Give every child the best start in life
2. Enable all children, young people & adults to maximise their capabilities and have control over their lives
3. Create fair employment & good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health Prevention

Pg 10

Pg 23

Pg 33

Pg 39

Pg 44

Pg 52

What people in Sevenoaks District think

“High priority should be given to helping people get out and about”

“Encouraging a healthy lifestyle and addressing drug and alcohol misuse can only improve the lives of our communities and help cut down anti-social behaviour & crime”

“Reducing fuel poverty could also help the ageing population.”

“Schemes such as the Why Weight programmes are valuable”

“Leisure facilities are critically important especially if we are to harness the legacy of the Olympics”

Agenda Item 7

Introduction

1. What is Health Inequalities?

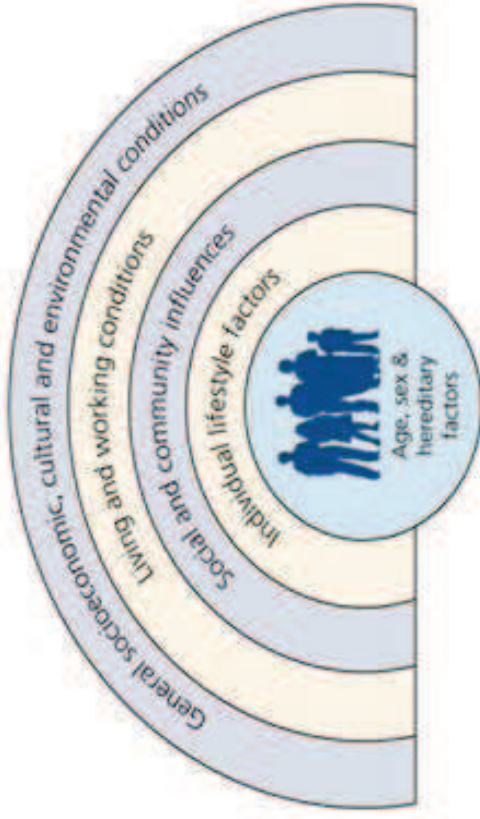
Health inequalities is the result of a mixture of factors including:

- the long-term effects of a disadvantaged social position
- differences in access to information, services and resources
- differences in exposure to risk
- lack of control over one's own life circumstances
- a health system that may reinforce social and economic inequalities.

These factors all affect a person's ability to withstand the biological, social, psychological and economic that can trigger ill health, these factors are demonstrated in Figure 1. They also affect the capacity to change behaviour.

Measures of health inequality are not primarily about health but about socio-economic status which has an impact on health and can lead to disease. Relative deprivation impacts on a person's ability to participate in or have access to employment, occupation, education, recreation, family and social activities and relationships which are commonly experienced by the mainstream. People in deprived circumstances often do not present with major health problems until too late. Barriers to presentation include structural issues such as poor access and transport; language and literacy problems; poor knowledge; low expectation of health and health services; fear and denial and low self esteem.

Figure 1



Dahlgren and Whitehead (1991)

2. Sevenoaks District Health Overview

The overall impression of affluence in Sevenoaks District masks local pockets of urban and rural deprivation. Forecasts show that in the period of 2010-2026, we will see a 31% increase in people over the age of 65 and a 62.99% increase in the people over 85. This will have a significant impact on the future provision of housing and health services in this District. In addition, we know that both diabetes and dementia will continue to increase over the next 15 years. Although the District overall is relevantly healthy, in comparison with England and Kent averages, when this data is broken down to ward level it shows inconsistencies relating to access to services and significant health inequalities across areas.

From the 2012 Sevenoaks District Health Profile we know that the key health priorities for this District include:

- There is a significant difference in life expectancy between the most deprived and most affluent wards, therefore increasing health inequalities within the District.
- The District has the second highest prevalence of Type 2 Diabetes in West Kent and this number is expected to rise over the next 15 years. Type 2 Diabetes increasing the risk factors of long term health conditions including heart disease, stroke, kidney failure and blindness and can reduce the life expectancy of a person by up to 10 years.
- Around 16.1% of year 6 children in the District are classified as obese and an estimated 18% of adults smoke with 23.9% of adults being classed as obese. These are all below the England average but still cause health inequalities within the District. The rate of higher risk drinking is higher than the UK average at 23.7%.
- Six out of the 74 smallest measurable areas in the District are more deprived than the UK average.
- 11.6% of children in this District are in families on out of work benefits and children in two wards are within the top 20% of child poverty levels in relation to the county and national average.

2013 Sevenoaks District Community Plan Consultations

Recent changes introduced by 2012 Health & Social Care Bill means significant changes came into force from April 2012 which will change the way health services are delivered, giving greater control for spending and commissioning services to GP's and upper tier local authorities taken over the responsibility for public health services.

From this Council's Community Plan consultations with local residents and stakeholders, we know that:

- Not all groups have equal access to services, facilities and opportunities
- Transport to local health facilities is an issue for many people who do not drive, particularly in rural areas.
- Residents were concerned to make sure that the health needs of children and young people were taken in to account
- Access improvements are needed to health advice and information including advice about drug and alcohol misuse.
- Local residents also told us that it is important to maintain access to the District's leisure facilities, open spaces and countryside to provide healthy lifestyle activities.

Health Inequalities in Sevenoaks District

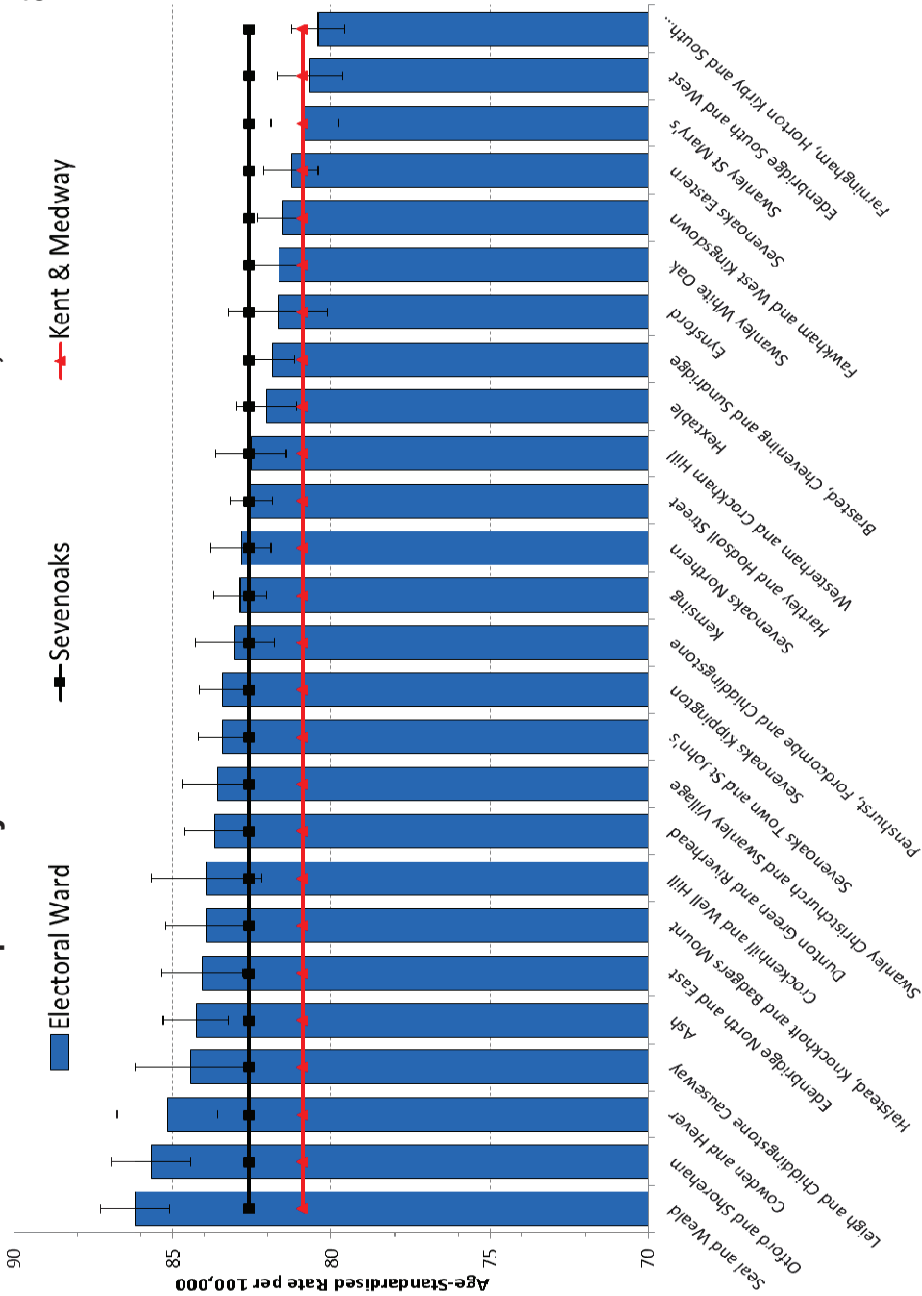
The calculation of life expectancy at birth is a national measurement used to assess the differences between more affluent and deprived wards. The chart at Figure 2 demonstrates the difference in life expectancy at ward level across Sevenoaks District which shows the health inequalities across this District. This shows that the overall difference in life expectancy based on the ward in which you live can differ by 5.8 years. Areas of isolation and deprivation have contributing factors as well as lifestyle, environment, and social standings.

“All age All Cause Mortality” is the accepted measure of the overall health status of communities. By showing mortality rates charted to deprivation we can demonstrate the overall mortality gap between the richest and poorest in Sevenoaks District.

There is also a difference in life expectancy between different wards in the District with men and women living in more deprived areas having a 7.8 years shorter life expectancy than those living in less deprived wards.

Figure 2

Life Expectancy at birth in Sevenoaks District, 2008-2012



Source: PHMF, ONS, Kent & Medway Public Health Observatory

3. What this Plan will do to tackle Health Inequalities in Sevenoaks District

We will aim to reduce health inequalities in this District by reducing the gap in health status between our richest and poorest communities, through effective partnership working with key agencies, the voluntary sector and local residents.

Most importantly we will improve health and wellbeing for everyone in Sevenoaks District but we will aim to “improve the health of the poorest fastest” so that more people will live longer in better health and the difference in life expectancy within and between communities will reduce.

This action plan will be delivered and monitored by the Sevenoaks District Health Action Team which provides a health deliver sub-group of the locality Health and Wellbeing Boards and the Local Strategic Partnership and contributes to delivering the key priorities identified by residents within the Sevenoaks District Community Plan. It will also contribute to the wider Kent ‘Mind the Gap’ Health Inequalities Action Plan.

The Economic Benefit of Reducing Inequalities will yield tangible results for individuals, families and communities. For example, each teenage pregnancy avoided will save a total of £400,000 in extra costs to the taxpayer in health, benefits, tax from earnings and lost productivity. 1,180 more people in Sevenoaks District were helped to stop smoking in 2012/13 and on average every smoker who quits will save over £2000 pa. Every pound invested in tobacco control and smoking cessation will save £11 in health, social care and related costs.

4. Who will Do What

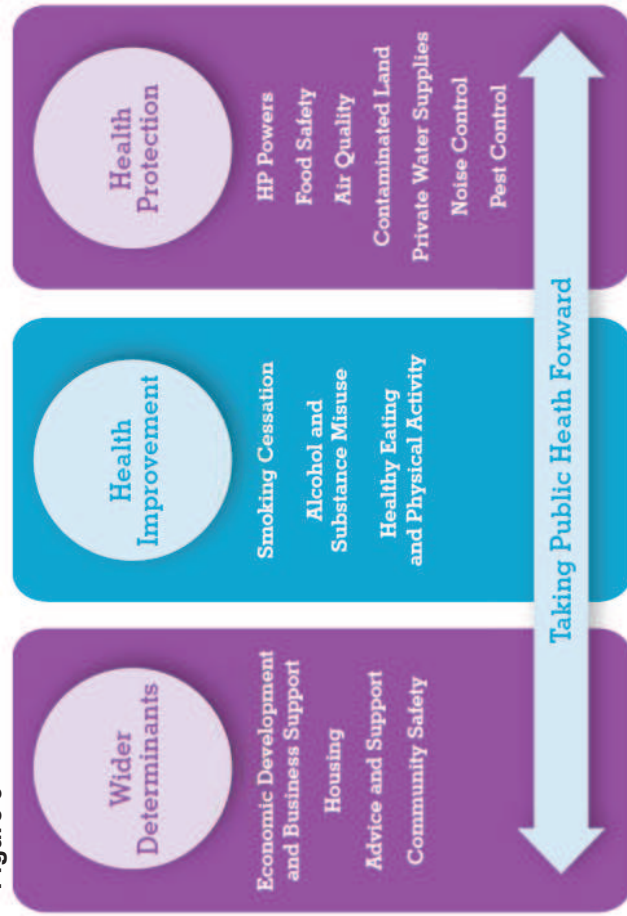
This Action Plan provides a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities in Sevenoaks District. This Action Plan uses the Marmot principles to reduce health inequalities and his recommended life course objectives, from birth to end of life, to improve people’s health throughout each stage of their life course. Within the Action, each objective maps the priorities for this District, in line with the Kent priorities, and highlights the higher priorities for this District that need additional work, through targeted interventions and partnership working.

Each objective provides the evidence data to support the high priorities, whether this is because it being worse than the England or Kent average, or a gap in service provision has been identified. From pages 35, the detailed Action Plan sets out the actions that partners will deliver to achieve the health outcomes and highlights the higher priorities which will be monitored through the Sevenoaks District Health Action Team. Other identified priorities (highlighted grey in the Action Plan) will also be monitored to assess the direction of travel of each action to ensure this work continues to be delivered to make improvements.

Sevenoaks District Council

Although the main responsibility for Public Health sits with the upper tier local authority ie Kent County Council, the public health reforms enhance the role of District Councils in improving health and wellbeing outcomes for local residents. From environmental services, housing and open spaces, to the provision of leisure facilities and supporting economic growth, district council services have a vital impact on the wider determinants of health, as well as a major role in health improvement and health protection, as shown in Figure 3.

Figure 3



Source: District Councils' Network – District Action on Public Health

Sevenoaks District Council recognises the importance of reducing health inequalities. The Sevenoaks District Community Plan creates a long-term, sustainable vision for the Sevenoaks District and sets out the community's priorities for a action, reflecting what people have told us is important to them. Improving the health and wellbeing of residents and reducing health inequalities plays a vital role within all six elements of this Council's vision, including making Sevenoaks District a place with:

- **Safe Communities**
A safer place to live, work and travel
- **Healthy Environment**
People can have healthy lifestyles, access to quality healthcare and health inequalities are reduced.

- **Caring Communities**
Children are enabled to have the best start, people can be supported to lead independent and fulfilling lives
- **Dynamic Economy**
A thriving local economy where businesses flourish, where people have skills for employment and tourism is supported.
- **Green Environment**
People can enjoy clean and high quality urban and rural environment.
- **Sustainable Economy**
People can live, work and travel more easily and are empowered to shape their communities.

Kent County Council

Kent County Council is taking on new responsibilities for Public Health and for tackling the social determinants of health inequalities. However they recognise that this will only succeed if all District and Borough Councils and our key partners across each area are engaged and committed to reducing health inequalities in their areas.

The objectives and priorities for the County are set by the Marmot review and the Kent Joint Strategic Needs Assessment and the priorities and actions within the Kent ‘Mind the Gap’ Health Inequalities Plan adjusted to meet the needs of local communities within each District.

Clinical Commissioning Groups (CCGs)

As part of the new health commissioning arrangements, the NHS Commissioning Board and CCGs will need to adopt a process that demonstrates what they have done to fulfill their health inequalities duties and partnership working. Emphasis on reducing inequalities should be focused on delivering screening and prevention programmes including Health Checks, immunisations, early diagnosis and reducing the burden of long term conditions to the right populations not just those that present themselves.

There are two CCGs covering Sevenoaks District which includes the West Kent CCG covering Sevenoaks central and south, Tunbridge Wells, Tonbridge & Malling and Maidstone locality areas. The north of the District is covered by the Dartford, Gravesend & Swanley (DGS) CCG which covers Swanley and the northern parishes of Sevenoaks District, Dartford Borough and Gravesend. Although the DGS CCG looks like it covers a smaller demographic area of the District, due to the population spread across the District and the amount of green belt land, this CCG incorporates almost half of this District’s population (42%).

Local Health and Wellbeing Boards

Each District Council holds two seats (one Member and one Officer) on the Health and Wellbeing Boards co-ordinated by each CCG clinical lead. The Boards will focus on partnership working to deliver targeted commissioned services to meet population needs and will feed into the overarching Kent Health and Wellbeing Board. Information will flow to and from the Kent level Health and Wellbeing Board and the local Boards.

Acute Services

The NHS Outcome Framework defines and supports clinical outcomes, including the reduction of health inequalities for NHS commissioners, encouraging them to work in partnership with the public health system to improve health and wellbeing and reduce health inequalities, underpinned by NICE quality standards or other accredited evidence. In particular, the outcomes frameworks should be aligned, with further shared outcomes across the NHS and public health system.

5. The Tools We Use

What do we need to do: The action this Council needs to take is summarised in this Four Point Approach, in line with the Kent Health Inequalities Action Plan:

Deliver this 4 POINT APPROACH:

- i) **Target the population appropriately** by using local intelligence, data from the JSNA, locality health profiles, community consultations
- ii) **Apply the HINST Christmas Tree Tool** to commissioning to ensure interventions are delivered effectively to achieve population outcomes.
- iii) **Assess impact** on health inequalities by applying the wellbeing screening tool and by listening to local communities
- iv) **Ownership** and delivery of priorities through locally agreed action plans and partnership working

i) **Targeting the population** - Understanding the needs of our communities.

The focus of response strategies, both county and locality based, should be targeted in accordance with the principles of equity (greater attention and investment to areas and issues of greatest need) in order to maximise and improve overall outcomes.

There is a wealth of research, information, data and sophisticated profiling tools available in Kent to help identify those areas and issues of greatest need.

- o Joint Strategic Needs Assessment and Social Care maps (www.kmpho.nhs.uk/jsna/)
- o District and Kent Health Profiles from the Department of Health (www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=29)
- o Key facts about the County of Kent including Deprivation, population, employment, housing can be found at KCC Research and Intelligence Unit website (www.kent.gov.uk/your_council/kent_facts_and_figures.aspx)

ii) **Strategic Commissioning**

Using the HINST Christmas Tree Model (Figure 4), The Department of Health Inequalities National Support Team (HINST) developed the Christmas Tree model to introduce greater emphasis on the Population Focus (left hand side of the model). This is needed to fully achieve effective outcomes.

It has the potential to support commissioners to engage in the systematic delivery of the best health outcomes from a given set of interventions and ensure that local people have a voice.

iii) **Impact Assessment**

Supporting Operational effectiveness through the development of a health inequalities wellbeing screening tool will provide a model for assessing and measuring the of impact of interventions which are integral to cost effective commissioning and delivering targets and positive outcomes for the population. For example, the Mental Well-being Impact Assessment screening tool developed by the National MWIA Collaborative (England) and published in May 2011 will put wellbeing at the centre of our planning as a key part of addressing inequalities.

This approach will also provide the Health and Wellbeing Boards with evidence of improvements to facilitate access to the health premiums that the Government is proposing to use to reward progress on specific public health outcomes.

Commissioners should be aware of a range of tools available to help them assess cost benefits. The National Institute for Health and Clinical Excellence (NICE) proposed a three step approach to determine the benefits of public health interventions (2010) and recommended the need for benefits to be reported in ‘natural units’, such as life years saved and reductions in hospital admissions as well as through financial modeling.

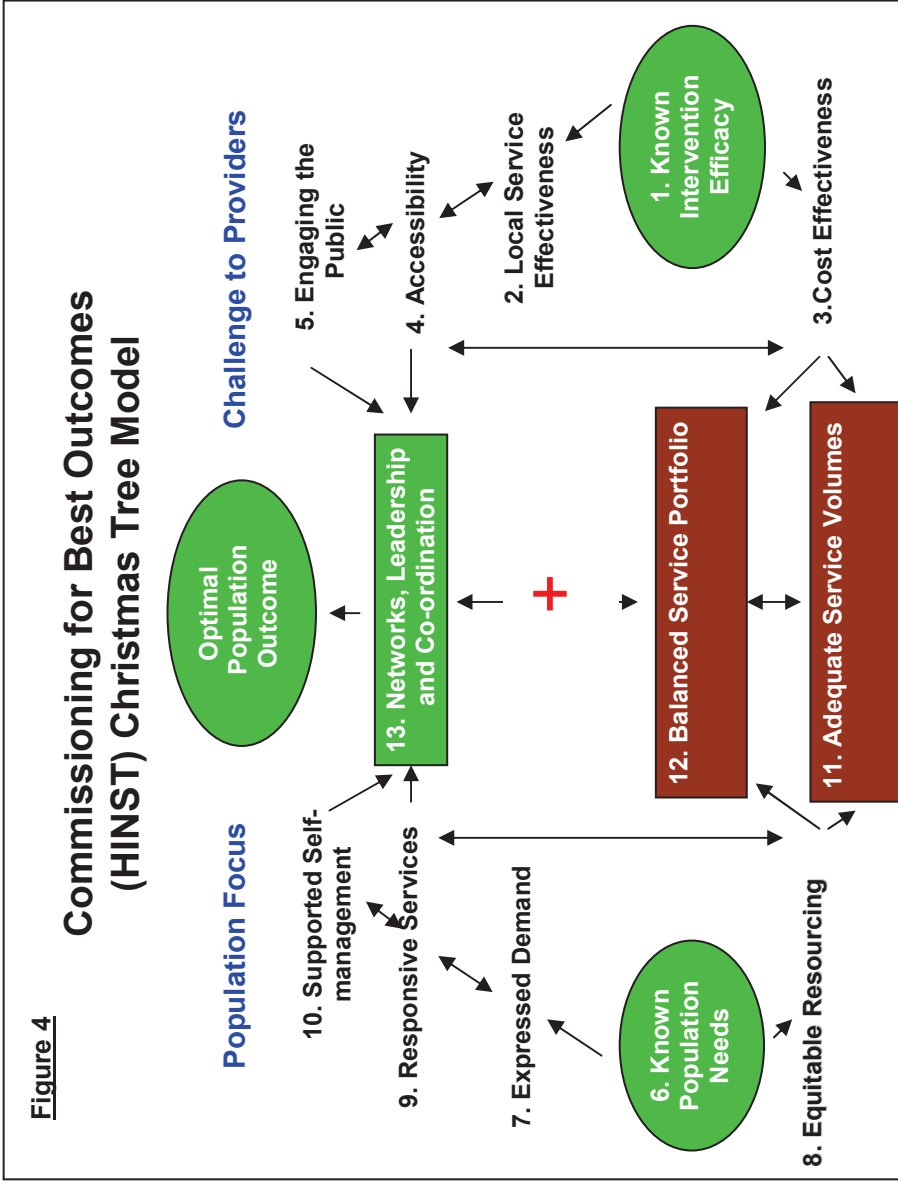


Figure 4

Commissioning for Best Outcomes (HINST) Christmas Tree Model

1: Give every child the best start in life

Page 22

Improving health in the early years of life contributes considerably to better health outcomes in later life, with reduced levels of diabetes, coronary heart disease and hypertension, all of which have a significant impact on the NHS as well as wider society, children and their families.

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. (Marmot Review 2010)

Key Priority for Sevenoaks District:

- **Help increase number of healthy births**
- **Encourage access to health services for all**
- **Promote healthy weight for children**

Objective 1(a): Give every child the best start in life (Conception-9 months)

Delivered through: Maternity Matters, Infant Feeding Action Plan, Children Centres Delivery Action Plan, Sevenoaks District Teenage Pregnancy Action Plan

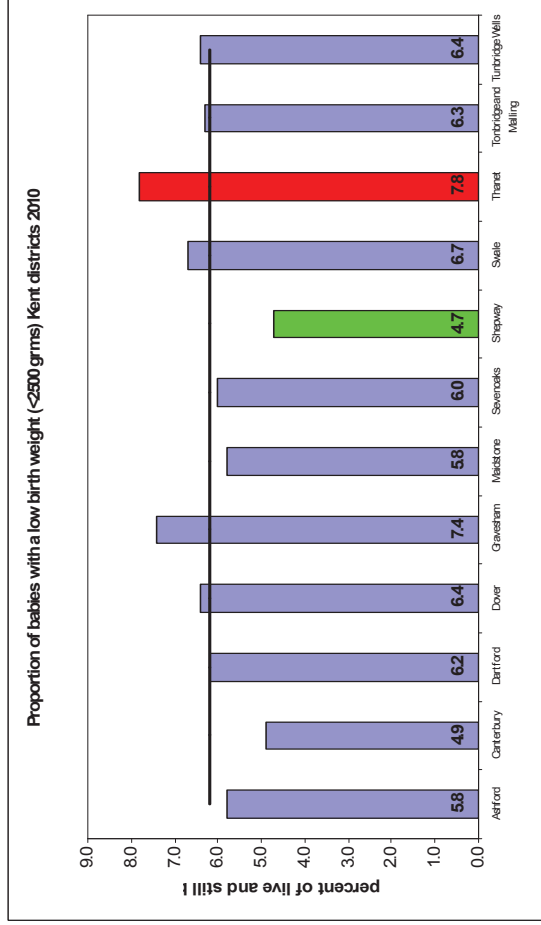
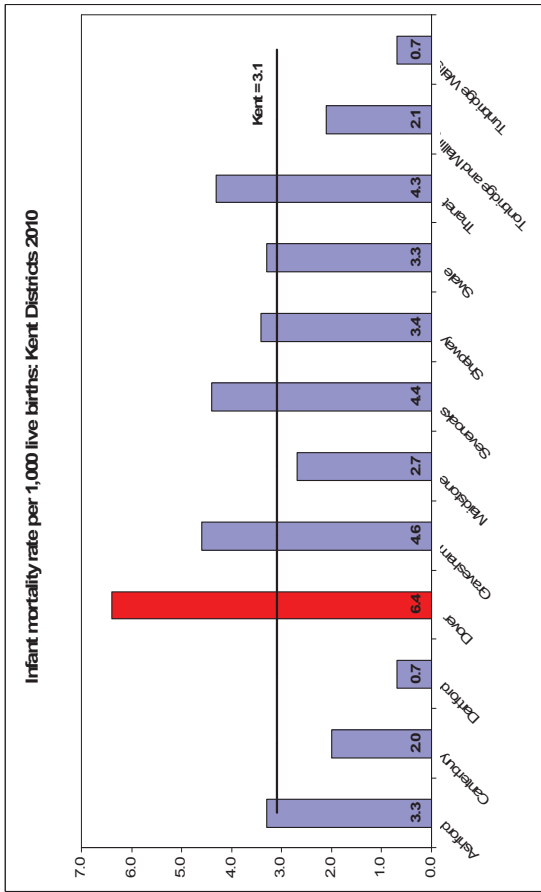
Local Priorities:	
Actions:	

1.1 Help increase the number of healthy births (High priority for Sevenoaks District)	
1.1.1	Run campaigns and deliver initiatives to promote good health in pregnancy and promotion Start4Life
1.1.2	Ensure teenage parents receive holistic support
1.1.3	Early identification of vulnerable parents smoking in pregnancy and work to reduce

1.2 Increase breast-feeding initiation rates at 6-8 weeks through Children Centre targeted locations	
1.2.1	Positive promotion and creation of breast-feeding friendly environments
1.2.2	Provide support to new mothers to increase the initiation and continuation of breast-feeding

Objective 1(a) - Give every child the best start in life

Priority 1.1 Help increase number of healthy births



The NHS Information Centre for health and social care. © Crown Copyright.

- The overall rate for infant mortality for Kent has been consistently lower than the England and Wales rate. Infant mortality rate in Sevenoaks District is higher than the Kent average and is the third highest in Kent. This could point to a health inequality based on socio-economic circumstances.
- Low birth weight has serious consequences for health in later life. Increased viability and survival of very pre-term infants due to advances in medical technology will account for some of the very low birth rate weights. In 2008-2010 1.1% of babies born within the District had a Very Low Birthweight, higher than the Kent average of 1%. During the same time frame, 5.5% of babies born within the district were classified as Low Birthweight, below the Kent average of 6.2%.
- Smoking in pregnancy is known to affect both birth weight and incidence of infant mortality and continues to impact on the health of a child. Smoking status at time of delivery for Sevenoaks District is 12.2% (Local Tobacco Profiles for England, 2012), this rises to 43% for teenage mothers. The rate of change in smoking status amongst under 18's who are pregnant is one of the highest in Kent.
- Domestic violence is more likely to occur to women in their reproductive years, from lower socio-economic areas and often increases during pregnancy. 30% of new domestic abuse cases in England are against pregnant women.
- A particularly vulnerable group is teenage mothers who are much more likely to be posing considerable risk to both themselves and their babies. They are also highly likely to access services late, potentially further compromising their care. Teenage mothers had a statistically significant higher rate of stillbirths. Postnatally they had much lower rates of breastfeeding at both birth and at 6-8 weeks.

Objective 1(b): Give every child the best start in life (From 9 months upwards)

Delivered through: Kent Early Intervention and Prevention Team; KCHT Child and Young People’s Wellbeing Team; Putting Children First - Safeguarding and Looked After Children’s Services Improvement and Development Plan; Smokefree Homes initiative; SDC Family Healthy Weight Programmes; Troubled Families Project, Community Safety Partnership; CCGs; Patient Participation Groups; Children Centres

<p>Local Priorities:</p>		
<p>Actions:</p>		
<p>1.3 Support parents so that they can raise emotionally and mentally healthy children</p>	<p>1.3.1 Improve outcomes for families with crime and anti-social behaviour, absence and worklessness through the Troubled Families Programme</p>	<p>1.3.2 Reduce repeat incidents of Domestic Abuse</p> <p>1.3.3 Supporting carers and child minders</p> <p>1.3.4 Give a better start for children through early intervention services for children 0-5 and their parents</p> <p>1.3.5 Help young people to feel safe from bullying at home, at school and be safe on the internet</p>
<p>1.4 Encourage access to health services for all (High priority for Sevenoaks District)</p>	<p>1.4.1 Improve access to GP services and to hospitals, particularly in rural areas</p>	<p>1.4.2 Making more localised – bring services out of traditional settings.</p> <p>1.4.3 Provide support for vulnerable groups to access health services</p>
<p>1.5 Promote Healthy Weight for Children (High priority for Sevenoaks District)</p>	<p>1.5.1 Support parents and children to maintain a healthy weight</p>	<p>1.5.2 Increase interaction between parents and children including healthy lifestyles and active play</p>

Objective 1(b): Give every child the best start in life (9 months+)

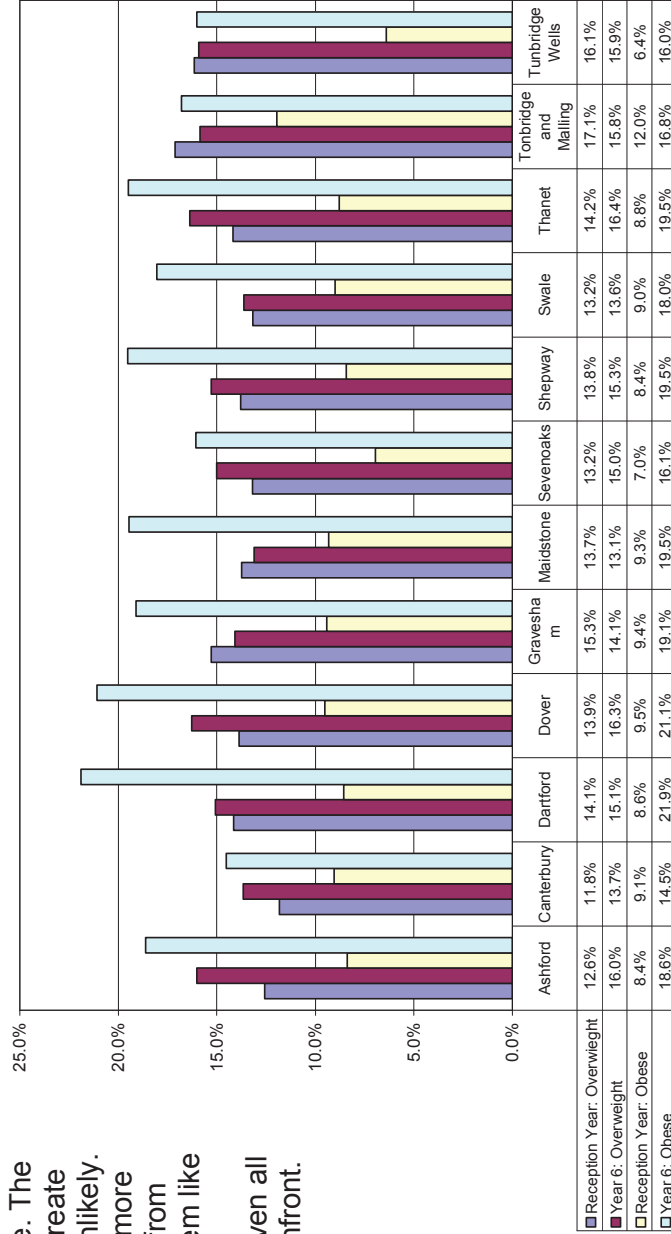
Priority 1.4 Encourage access to health services for all

GP and Dentist registrations- access to health professionals is vital to support good health outcomes and finding and visiting a GP can be more difficult for those experiencing disruption in their lives- including looked after children and the homeless. Due to the rural nature of the District, 5.7% of residents are further than 4 kilometers from a GP and 23% are further than 4km from a Dentist. Only 73% live within 8 kilometers of a hospital, drastically increasing the time it takes to receive emergency medical aid.

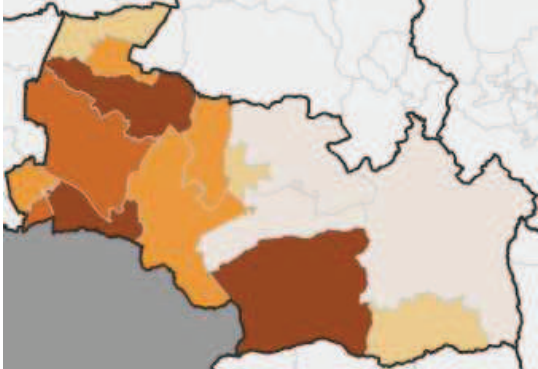
Priority 1b.3 Promote Healthy Weight for Children

Mounting evidence suggests that a critical period during which to prevent childhood obesity and its related consequences is before the age of five. The best thing we can do for children from 0-5 is create ways of life which continue to make obesity unlikely. Children who live in more deprived areas are more likely to be overweight and obese than those from the most affluent areas. Making what may seem like simple changes to daily habits (physical and nutritional) is sometimes simply too difficult given all the other difficulties many families have to confront.

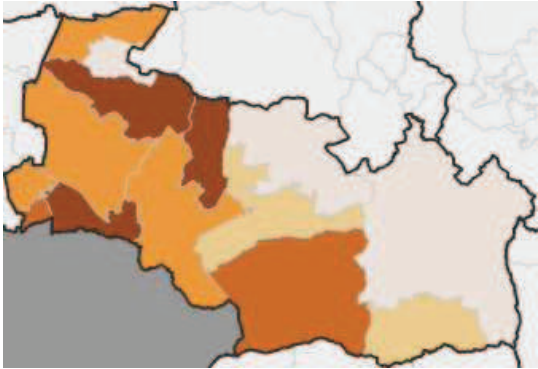
National Childhood Measurement Programme 2010/11: Percentage of overweight and obese children by year group and district



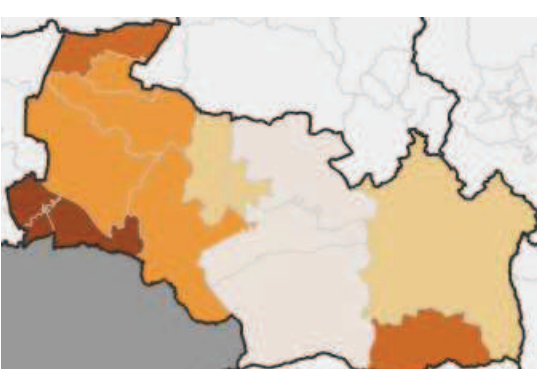
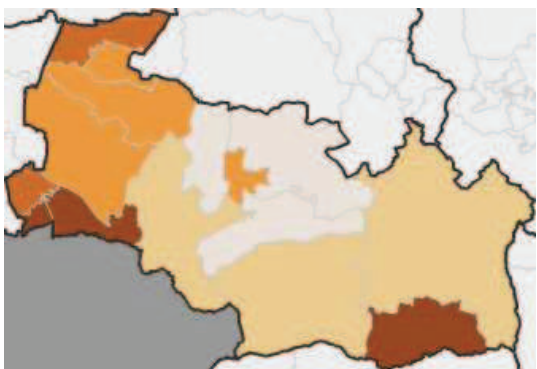
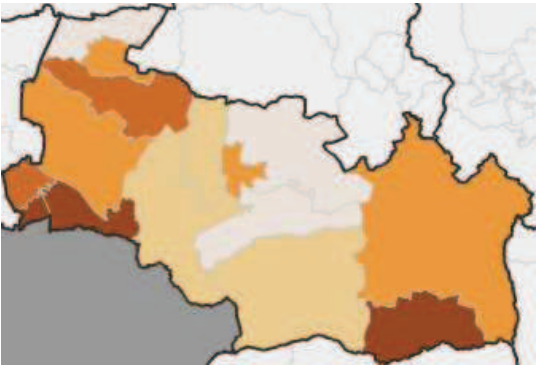
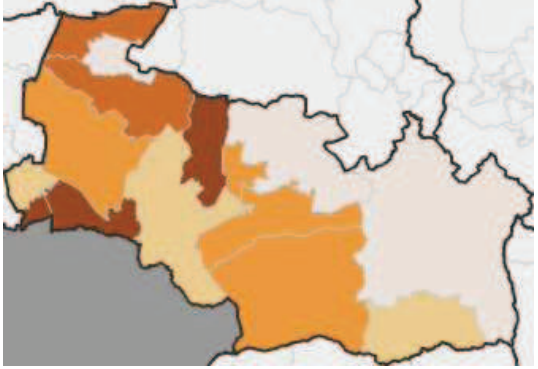
2009/2010 – 2010/2011



2008/2009 – 2009/2010



2007/2008 – 2008/2009



Prevalence of obesity at:

Reception year

	4.1% - 5.3%
	5.4% - 7.2%
	7.3% - 8.1%
	8.2% - 8.6%
	8.7% - 11.5%

Year 6

Source: Figures and maps from the National Obesity Observatory

2. Enable All Children, Young People and Adults to Maximise Their Capabilities and Have Control over Their Lives

Central to our vision is the full development of people's capabilities across the social gradient.

- Key Priority for Sevenoaks District:**
- **Improve educational attainment particularly at GCSE level**
 - **Support older people to keep them safe, independent and fulfilled lives**

Without life skills and readiness for work, as well as educational achievement, young people will not be able to fulfil their full potential, to flourish and take control over their lives (Marmot review 2010)

Objective 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Delivery through: Kent Teenage Pregnancy Strategy; Adult Social Care Transformation Programme; 14-24 Strategy; Primary and Secondary Improvement Strategy; Youth Justice Plan; Anti-social behaviour Strategy; CYP; Falls Strategy; Active Lives Now; Valuing People Now

Local Priorities:	
Actions:	

2.1 Improve educational attainment particularly at GCSE level (High priority for Sevenoaks District)	<p>2.1.1 Enable more young people to have their achievements recognized</p> <p>2.1.2 Build in support and services within schools for vulnerable young people to engage</p> <p>2.1.3 Manage and support school non-attendance and increase access to services</p>
---	---

2.2 Reduce the risk taking behaviours of young people	<p>2.2.1 Divert children and young people from crime and anti-social behavior</p> <p>2.2.2 Specialist support for alcohol and drug misuse</p> <p>2.2.3 Promote peer support interventions including youth peer educator, SAFE, health champions etc.</p>
--	--

2.3 Support older people to keep them safe, independent and living fulfilled lives (High priority for Sevenoaks District)	<p>2.3.1 Provide access to healthy lifestyle interventions to enable older people to remain healthier and independent</p> <p>2.3.2 Partnership working to promote and develop self help services</p> <p>2.3.3 Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls</p> <p>2.3.4 Support older people and vulnerable people to remain in their own homes and live independently</p>
--	---

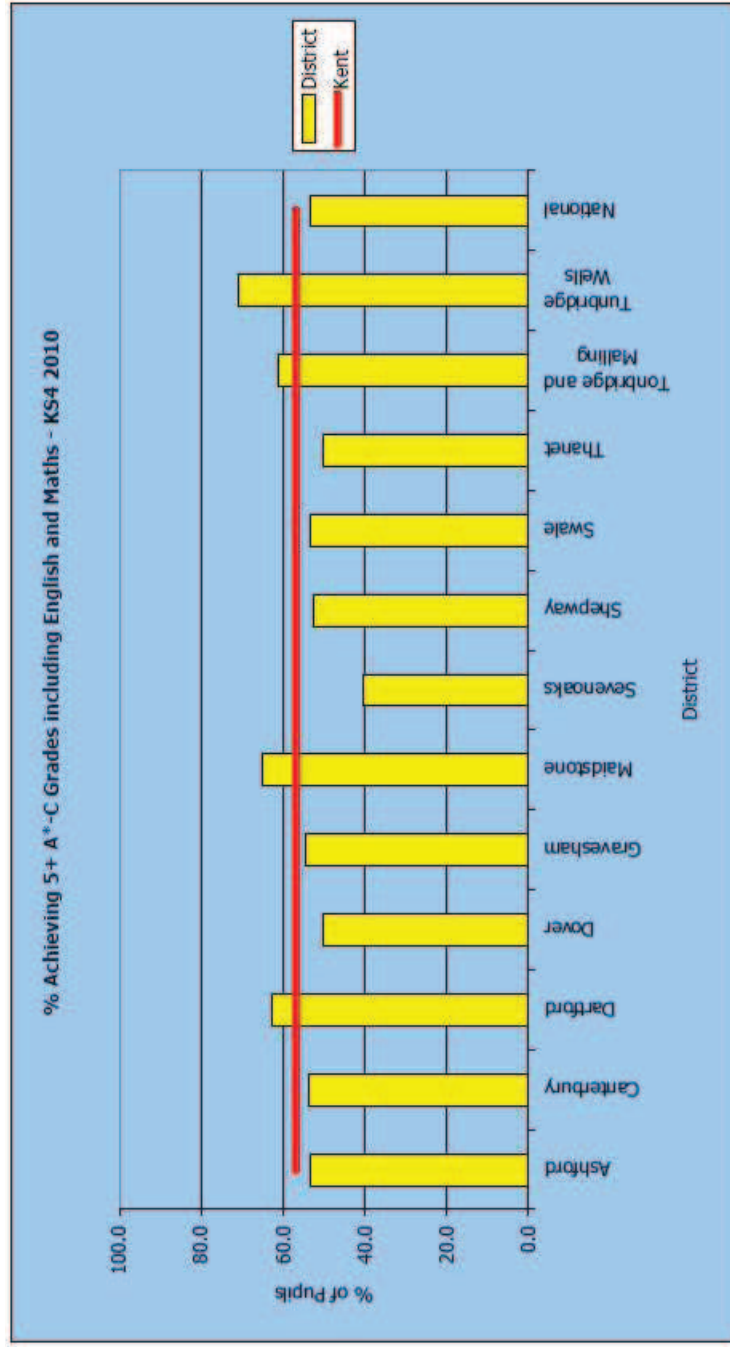
Objective 2 – Enable all children, young people and adults to maximise their capabilities and have control over their lives

Priority 2.1 Improve educational attainment particularly at GCSE level

There is a clear relationship between low educational attainment and poor health over a lifetime. For young people educational attainment supports economic wellbeing- the ability to get and keep a job which indicates better mental wellbeing and health outcomes for the rest of their lives.

There are a high number of individuals with no qualifications in the District. The proportion of individuals with no qualifications is higher than for South East as a whole but lower than Great Britain (11.1% in Sevenoaks District compared to 9.1% in the South East and 12.3% in Great Britain). The wards with the highest level of people with no qualifications or qualifications unknown are Swanley St Mary's (48.8%), Swanley White Oak (44.6%), Fawkham and West Kingsdown (41.4%), Edenbridge North and East (37.1%) and Swanley Christchurch and Swanley Village (36.9%). The level of GCSE attainment in state schools within the district is the worst in England. Sevenoaks District state schools have the worst GCSE results in the country with only 38.4% of pupils getting 5 A*-C GCSEs. Primary school results in the district vary considerably from excellent to very poor.

In Kent, children who take free school meals experience marked inequality in comparison to the achievement of their peers- including significantly lower outcomes at GCSE. Those children achieving 5+ A*-C GCSEs are more likely to experience longer term employment and have the capability to retrain at least twice during a working life. The highest uptake of Free School Meals in primary education comes from students who are residents of Swanley St Mary's, Sevenoaks Eastern and Swanley White Oak.



Priority 2.3 Support older people to live independently

The results of the 2001 Census indicated the number of people with a limiting long term illness (LLTI). Sevenoaks District has one of the lowest rates of LLTI in Kent. At 13.8% Sevenoaks District is also below the national, regional and county proportion of people with LLTI. The top three wards by disability claimants are Swanley St Mary's (1.8%), Fawkham and West Kingsdown (1.4%) and Edenbridge North and East (1.2%).

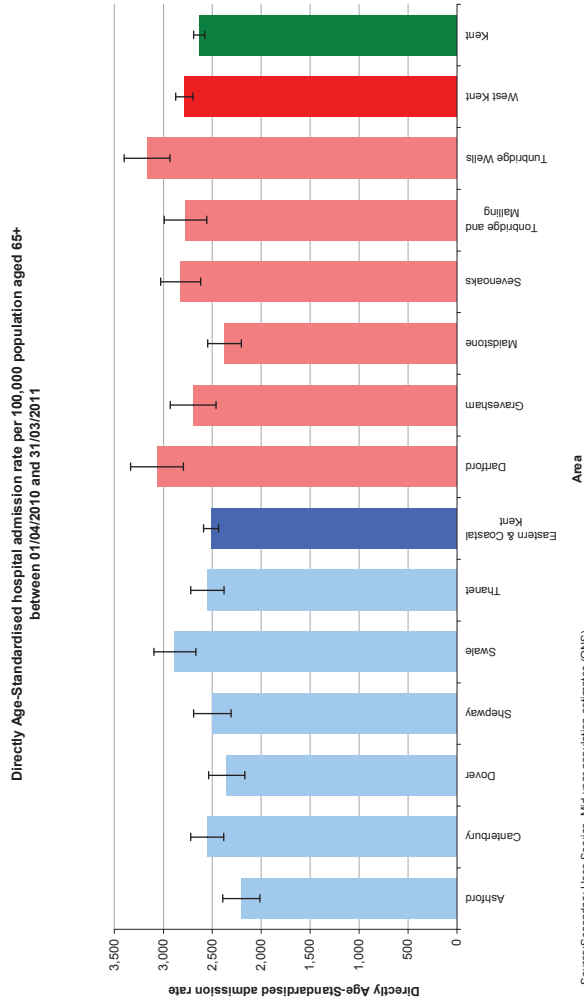
In rural areas like Sevenoaks District, elderly people can feel alienated due to various barriers to service and inadequate transport links. The wards with the highest level of older people in receipt of part of Pension Credit are Swanley White Oak (19%), Swanley St Mary's (18%), Sevenoaks Eastern (13%) and Edenbridge South and West (13%). Older people with multiple long term conditions are the main driver of cost and activity in the NHS as they account for around 70% of overall health and social care spend. They are disproportionately higher users of health services – representing 50% of GP appointments, 64% of outpatient attendances, 70% of inpatient bed days, 58% of A&E attendances and 59% of practice nurse appointments.

Falls and Fractures

Falls and fractures are a major cause of disability and the leading cause of mortality due to injury in older people aged over 65 in the UK, with large implications for the quality of life of older people who survive a fall.

Hip fracture is the most serious injury related to falls in older people, and can lead to loss of mobility and loss of independence, forcing many to leave their homes and move into residential care. Mortality after hip fracture is high: around 30% after one year. Current specialist services, particularly in West Kent, are not adequately resourced enough to risk assess all fallers (early enough) and provide or refer them to suitable interventions such as community exercise, adaptations at home and assistive technologies like telecare.

The lack of timely specialist risk assessment represents an important inequity in service leading to health inequalities both geographically as well as by age. For example the graph above suggests higher falls admission rates in West Kent compared to East Kent because of the lack of suitable specialist services in the hospital and community to deal with at risk fallers.



3. Create fair employment & good work for all

The recession is leading to increasing unemployment across Kent. The quality of work is also important with underlying low levels of stress connected to low paid and insecure work in poor conditions contributing to poorer health outcomes.

Work is good – and unemployment bad – for physical and mental health. Work cannot provide a sustainable route out of poverty if job security, low pay and lack of progression are not also addressed (Marmot review 2010)

Key Priority for Sevenoaks District:

- Increase proportion of young people (16-18) & (18-24) in fulltime education, employment or training

Objective 3: Create fair employment & good work for all

Delivery through: Economic Development Strategy; Backing Kent Businesses; 14-24 Strategy; Employability Strategy

<p>Local Priorities:</p>		
<p>3.1 Improve chances of employment for people facing disadvantage</p>	<p>3.1.1 Improve opportunities for employment for disadvantaged, vulnerable groups and people on benefits</p>	<p>3.1.2 Support local charities and community groups to support adults with disabilities into work and training</p>
<p>3.2 Increase proportion of young people (16-18) & 18-24) in fulltime education, employment or training (High priority for Sevenoaks District)</p>	<p>3.2.1 Support 16-18 year olds into employment and training</p>	<p>3.2.2 Increase the number of people accessing apprenticeship and graduate opportunities</p>
<p>3.3 Support businesses to have healthy workplaces</p>	<p>3.3.1 Support employers to create healthy work places and environments for staff</p>	<p>3.3.2 Place defibrillators as AED in workplaces or as public access defibrillators (PAD) in communities</p>
<p>Actions:</p>		

Objective 3: Create fair employment & good work for all

Priority 3.2 Increase proportion of young people (16-18) & 18-24) in fulltime education, employment or training

Just under 32% of Sevenoaks pupils continue in education which is the lowest figure in the County. This figure is significantly worse than any other district and some way below the Kent average. However that's not to say that they simply just leave school. These figures do not represent the numbers of students who leave the district to continue their Post 16 education. This can be seen in the figures where 43% of students continue their education in colleges. Given that there are no colleges in Sevenoaks means that many travel across district boundaries to attend them. There are college facilities in nearby Tonbridge for example where many students from the district choose to attend. This figure more than anything represents the lack of educational facilities in the district and does not necessarily represent the quality of existing schools in Sevenoaks. The district has just 6 secondary and specialist schools which is considerably lower than boroughs like Maidstone with 14 and Canterbury with 13. Source: DfE Edubase

District	Not in Education, Employment or Training (NEET)	
	Number	%
Ashford	52	3.9
Canterbury	45	2.6
Dartford	34	2.5
Dover	42	2.9
Gravesham	26	1.9
Maidstone	55	2.8
Sevenoaks	55	9.7
Shepway	49	4.2
Swale	33	2.1
Thanet	55	3.4
Tonbridge and Malling	38	2.5
Tunbridge Wells	16	1.0
Kent	500	2.9

District	Continued in Education (School)		Continued in Education (College)	
	Number	%	Number	%
Ashford	853	63.2	319	23.6
Canterbury	1032	59.1	538	30.8
Dartford	846	61.8	378	27.6
Dover	834	56.8	467	31.8
Gravesham	770	56.5	475	34.8
Maidstone	1273	63.9	525	26.4
Sevenoaks	180	31.9	243	43.0
Shepway	662	56.5	330	28.2
Swale	1024	65.1	387	24.6
Thanet	771	47.5	660	40.6
Tonbridge and Malling	898	58.4	479	31.1
Tunbridge Wells	1174	72.1	357	21.9
Kent	10317	59.3	5158	29.7

Sevenoaks has the highest percentage of young people NEETS (not in education, employment or training) in the county at 9.7%. This is significantly higher than the Kent average and large and way above any other district. The second highest area, Shepway recorded figures of only 4.2%. Although the actual figures are similar it is the proportion within Sevenoaks that makes the district stand out. This can be related to the relatively poor GCSE results that some pupils from the district gain who are either under qualified or discouraged from entering further education, jobs or training.

It is vital to provide the right support to the right people at the right way. Poor standards of living contribute to ill health and negative mental wellbeing.

4: Ensure healthy standard of living for all

Having insufficient money to lead a healthy life is a highly significant cause of health inequalities
(Marmot Review 2010)

Key Priority for Sevenoaks District:

- **Meet the housing needs of people living in the District include affordable and appropriate housing**

Objective 4: Ensure healthy standard of living for all

Delivery through: Backing Kent People Programme; Sevenoaks District Community Plan; CYPP Kent's Poverty Strategy
 Economic Development Strategy; Backing Kent Businesses; 14-24 Strategy; Employability Strategy

Local Priorities:	
Actions:	

4.1 Provide the right support at the right time including financial capacity support and inclusion	<p>4.1.1 Support people in accessing benefits and in the transition to universal credit</p> <p>4.1.2 Provide support and advice for families regarding benefits and employment.</p> <p>4.1.3 Interventions to assist older people to down-size to more affordable and suitable accommodation</p>
---	--

4.2 Promote opportunities to support families in poverty	<p>4.2.1 Meet the needs of vulnerable and lower income households.</p> <p>4.2.2 Provide support, advice and information to residents about debt management and financial awareness</p>
---	--

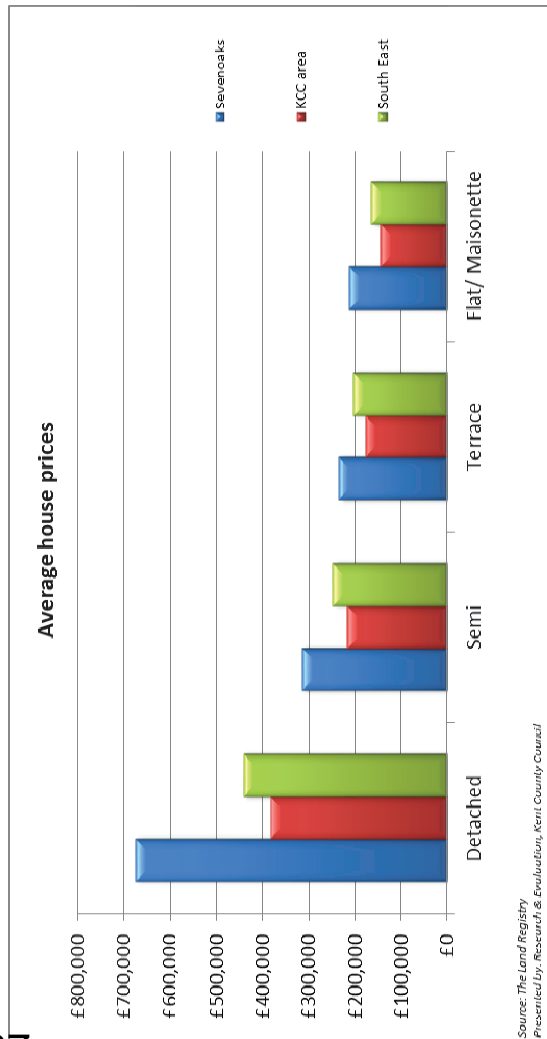
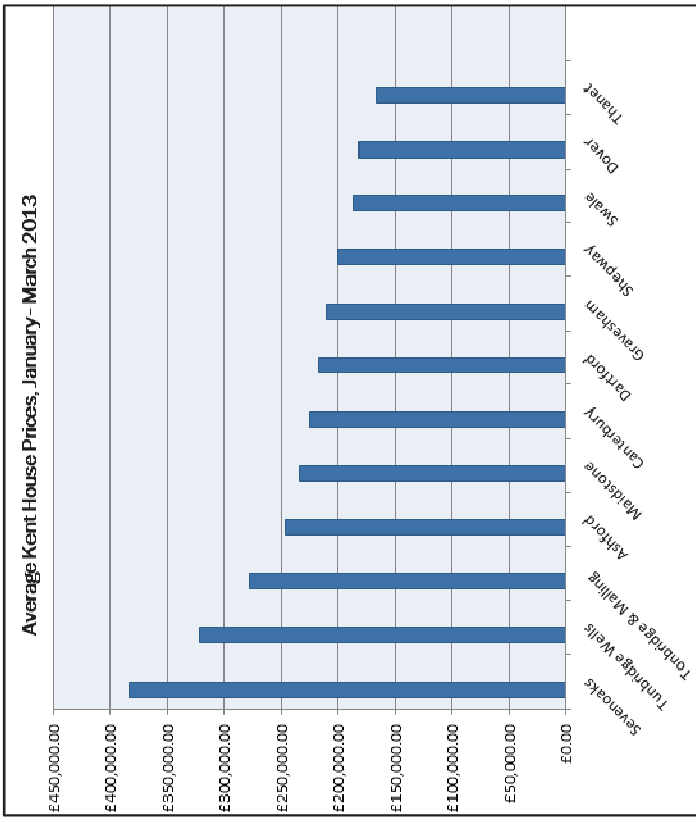
4.3 Meet the housing needs of people living in the District include affordable and appropriate housing (High priority for Sevenoaks District)	<p>4.3.1 Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people</p> <p>4.3.2 Provide affordable housing to meet identified needs of vulnerable groups</p> <p>4.3.3 Work with developers, landlords and owner-occupiers to provide appropriate housing suitable for all demographics</p>
--	---

Objective 4: Ensure healthy standard of living for all

The average house price in Sevenoaks is now 383,000 (Jan- March 2013). A rise of £15,000 on 2007 house prices. A continued shortage of affordable housing has problems for job retention and leads to a shortage of applicants for low paid jobs because the district is unaffordable. Steps need to be taken to avoid Sevenoaks becoming a 'gated' community for the wealthy.

The national Housing Federation says that in the last ten years, average house prices have risen from £126,000 to £229,000. These are even higher average prices than in our towns and cities – but wages in rural areas are on average lower than in urban centers. So the only ones who can afford to live in villages are people who have homes passed down through their family or older, wealthy people who can afford to move to the countryside to retire – or even to buy a second home that they only live in sometimes. It's pretty difficult for those under 40 to buy a home in our cities. It's even harder, indeed almost impossible, in our villages and market towns.

Not only does affordable housing help local people to continue to live in the same area as their friends and family, it also maintains the economic viability of rural communities by ensuring continued demand for key services such as shops, schools, post offices and pubs. Just a small number of new affordable homes can benefit the whole community. The number of over-65s in rural areas has risen 61% faster than in towns and cities (18% rise in rural areas compared to 11% rise in towns and cities).



Source: The Land Registry
Presented by: Research & Evaluation, Kent County Council

The relatively low level of projected housing growth. Some 3,300 homes are due to be built in the district between 2006 and 2026. This is compared to Ashford where over 22,000 homes are expected to be built in the same period. House prices are some of the most expensive in the country and are unaffordable to many first time buyers. 93% of the district is designated green belt which restricts many development opportunities. Greenbelt restrictions on land that is able to be developed combined with unaffordable housing stock make Sevenoaks in need of affordable housing.

At the same time the amount of people aged 25-44 is expected to decrease by 12.1%. This may be due to economic factors such as unaffordable housing. The youth homelessness charity Centrepoint says nearly a million affordable homes are needed nationally by 2021 to avoid a housing crisis. Acute housing crisis combined with tough economic conditions for house builders, first time buyers and rising population makes everything worse.

5. Create and Develop Healthy and Sustainable Places & Communities

Promoting wellbeing is at the heart of what local government is about: supporting a better life for its citizens and helping to build resilient communities, now and over the longer term

Key Priority in Sevenoaks District:

- **Sustain and support safe communities**

'Dream with me of a fairer world, but let us take the pragmatic steps necessary to achieve it'

Sir Michael Marmot October 2011

Objective 5: Create and develop healthy and sustainable places and communities

Delivery through: Find ways to integrate planning, transport, housing, environmental and health policies to address the social determinants of health in each locality. Delivery through Kent housing strategy, Supporting people, Regeneration strategy; District Community Strategies; Keep Warm Keep Well and Warm Homes Healthy people

<p>Local Priorities:</p>	<p>Actions:</p>	
<p>5.1 Reduce homelessness and is negative impact for those living in temporary accommodation</p>	<p>5.1.1 Intervention for young people especially around mentoring on budgeting and housing</p>	<p>5.1.2 Training for front line workers on the welfare change</p>
<p>5.2 Develop our communities to be healthy places</p>	<p>5.2.1 Maintain cleanliness standards and seek to remove incidents of fly tipping as soon as possible</p>	<p>5.2.2 Work with residents on the benefits of healthy places including parks, and open spaces</p>
<p>5.3 Sustain and support safe communities (High priority for Sevenoaks District)</p>	<p>5.3.1 Consult with and involve local communities in community safety and crime issues that affect them</p>	<p>5.3.2 Working with Fire services and housing to target most vulnerable households including older people</p>
<p>5.4 Reduce Fuel Poverty by supporting development of warm homes</p>	<p>5.4.1 Support vulnerable groups who find it difficult to heat their homes</p>	<p>5.4.2 Ensure planning applications adhere to all government legislations.</p>

6. Strengthen the role and impact of ill health prevention

Reducing the gap in health inequalities and educating people to make behaviour changes to their lifestyle factors can strengthen the role and impact of ill health long term and make generational changes to whole families

Key Priorities for Sevenoaks District:

- Reduce the gap in health inequalities across the social gradient
- Provide support for people with mental illness and raise awareness of mental health issues

*Many of the key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition.
(Marmot Review 2010)*

Objective 6: Strengthen the role and impact of ill health prevention

<p>Delivery through: NHS Future Forum; Health Checks; QIPP; Live it Well; No Health Without Mental Health; Tobacco Control Plan; Healthy Weight Strategy; Kent Sport Framework; Alcohol Plan</p>	
<p>Local Priorities:</p>	<p>6.1 Improve access to screening</p>
<p>Actions:</p>	<p>6.1.1 Improve early diagnosis of dementia and provide services and activities to support sufferers and their carers</p> <p>6.1.2 Promote sensible drinking and ensure treatment and support services are accessible for all</p> <p>6.1.3 Increase access to sexual health and Chlamydia services for young people to reduce teenage pregnancy</p>
<p>6.2 Reduce the gap in health inequalities across the social gradient (High priority for Sevenoaks District)</p>	<p>6.2.1 Reduce the prevalence of smoking, particularly in areas of deprivation and young people</p> <p>6.2.2 Reduce the increasing prevalence of Type 2 diabetes through early detection and prevention</p> <p>6.2.3 Deliver activities to promote the benefits of increased physical activity and reduce obesity</p>
<p>6.3 Provide support for people with mental illness and raise awareness of mental health issues (High priority for Sevenoaks District)</p>	<p>6.3.1 Support vulnerable people to manage long-term mental health conditions</p> <p>6.3.2 Raise awareness of mental health issues and signpost into relevant services</p>
<p>6.4 Grow participants and partnerships to find new ways to target and deliver services</p>	<p>6.4.1 Work with Health & Wellbeing Boards to support the delivery of key priorities set out in the health inequalities agenda</p> <p>6.4.2 Co-ordinate the Sevenoaks District Health Action Team for operational partners to work holistically</p> <p>6.4.3 Develop the “Be Inspired, Be Active” legacy programme</p>

Objective 6: Strengthen Ill Health Prevention

Priority 6.2 Focus public health interventions to reduce the gap in health inequalities across the social

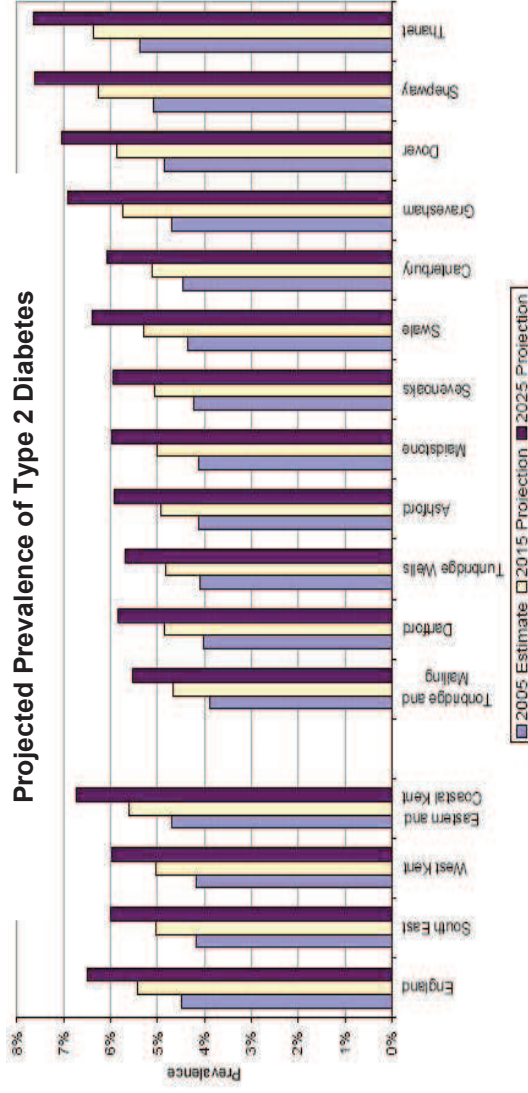
There is a huge increase in Type 2 diabetes across Diabetes prevalence predictions Kent districts 2005 – 2025 the UK, and in West Kent 10.7% of deaths in 20 – 79 year olds are estimated to be attributable to diabetes. The diagram on the right indicates that Sevenoaks District has the second highest prevalence in West Kent and is estimated that rates of diabetes will continue to increase over the next 15 years.

Obesity: Obesity can contribute to a range of health conditions, such as heart disease, high blood pressure, diabetes, indigestion and some cancers. Adult and child obesity levels are becoming an increasing issue for the health service, as greater numbers of people put on extra weight, through poor diet or insufficient exercise.

Adult obesity is far more prevalent in socially disadvantaged groups. It is estimated that approximately 28% of the Kent population is obese (354,022). In the Sevenoaks District approximately 24% of adults in the District are considered overweight or obese. Current trends indicate that more deprived wards have great problems with levels of obesity. The synthetic estimate of the prevalence of adult obesity has been mapped across electoral wards in Sevenoaks and show that Swanley St Mary's, Swanley White Oak and Fawkham and West Kingsdown have the highest level of obesity.

Smoking: Smoking is a major cause of lung cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD) and contributes to many other cancers and conditions, such as asthma or high blood pressure. Smoking prevalence in Kent is 21.34%; however there is a significant amount of variation across Kent and it is a major reason for our health inequalities. Of the 11,250 deaths of Kent residents aged 35 and over in 2008, approximately 2,250 (20%) can be attributed to smoking. Sevenoaks District has the second lowest rate of smoking prevalence rates in the County at 16.4% and with Swanley St Marys and Swanley White Oak being the only wards with prevalence more than 30%. However, a need for further work to reduce smoking in pregnancy has been identified for Sevenoaks District.

Substance Misuse: There are strong links between levels of deprivation, prevalence of problem drug use, drug related hospital admissions and mortality. Estimates indicate that there are between 3640 and 7591 problem drug users in Kent and that a further 2500 problem drug users are not engaged with services. Hospital admissions continue on an upward trend. Between October 2011 and September 2012 there was a total of 133 criminal offences relating to substance misuse which represents an increase from the previous year of 5.6%. This increase is against a county-wide decrease of 10.7%.



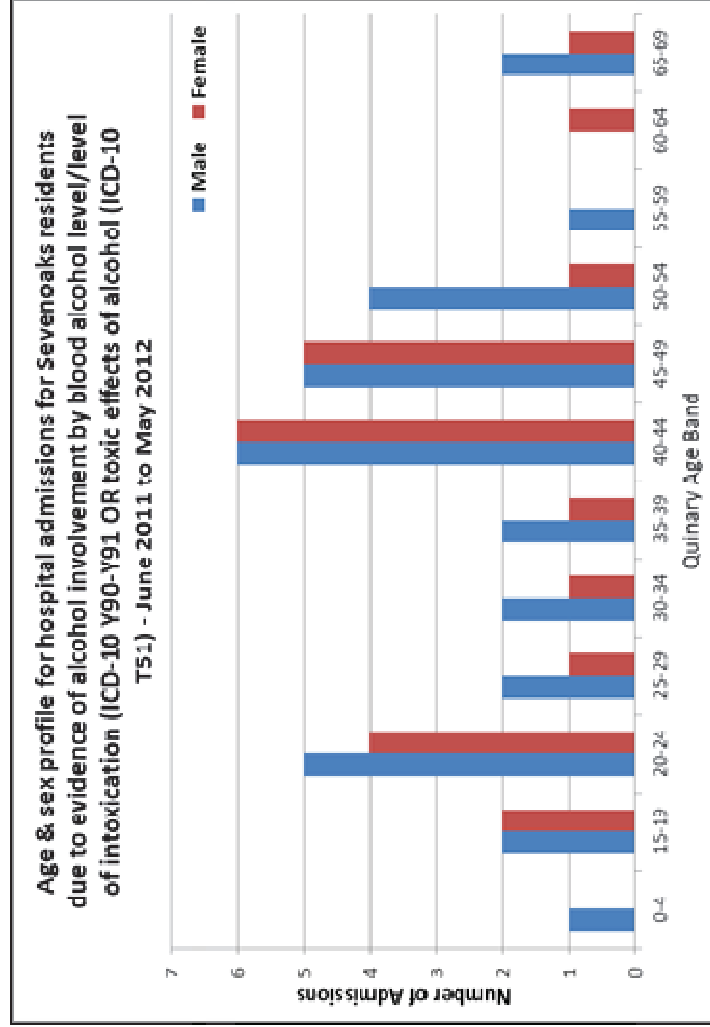
Source: York and Humber Public Health Observatory (YHPHO), 2008

Despite this, Sevenoaks still has the second lowest rate of hospital admissions relating to substance misuse in the County. 2012 data at ward level, shows that Swanley St Marys ward had the highest volume of Drug Offences, ranking 18th highest ward in the County (out of approx. 800 wards) which is in line with the trend of substance misuse linked to people in the most deprived wards.

From June 2011 to May 2012 there were a total of 281 hospital admissions for mental and behavioural disorders due to psychoactive substance use (including alcohol and drugs) in the District. This is the second lowest figure in Kent. The highest numbers of admissions in the District were found in Swanley White Oak (33 cases), Edenbridge South & West (23 cases) and Swanley St Mary's (20 cases).

Alcohol Misuse: The impact of alcohol misuse is widespread; it encompasses alcohol related illness and injuries as well as significant social impacts including crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. Health inequalities are clearly evident as a result of alcohol-related harm; national data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation. It is estimated that 259,103 adults in Kent are drinking at 'increasing risk' levels or 'high risk' levels.

Between October 2011 and September 2012, Sevenoaks District had a 10.2% increase on the previous year's alcohol emergency hospital admission rate. This increase is one of the largest increases in the County (only Dartford 17% and Gravesham 19% have seen a greater increase). When looking at these admission rates in greater detail, the rate for men is much higher per 100,000 population than for women which is consistent with County figures. There is also an identifiable peak in the age of those being treated; alcohol users between 20-24 and 40-50 have a significantly higher admission rate than any other age group.



Source: NHS

Priority 6.3 Mental Health

‘Mental Health, Resilience and Health Inequalities’ by Dr Freidli lays down the basic premise and research for what became the government’s strategy for mental health in 2011, “No Health without Mental Health”.

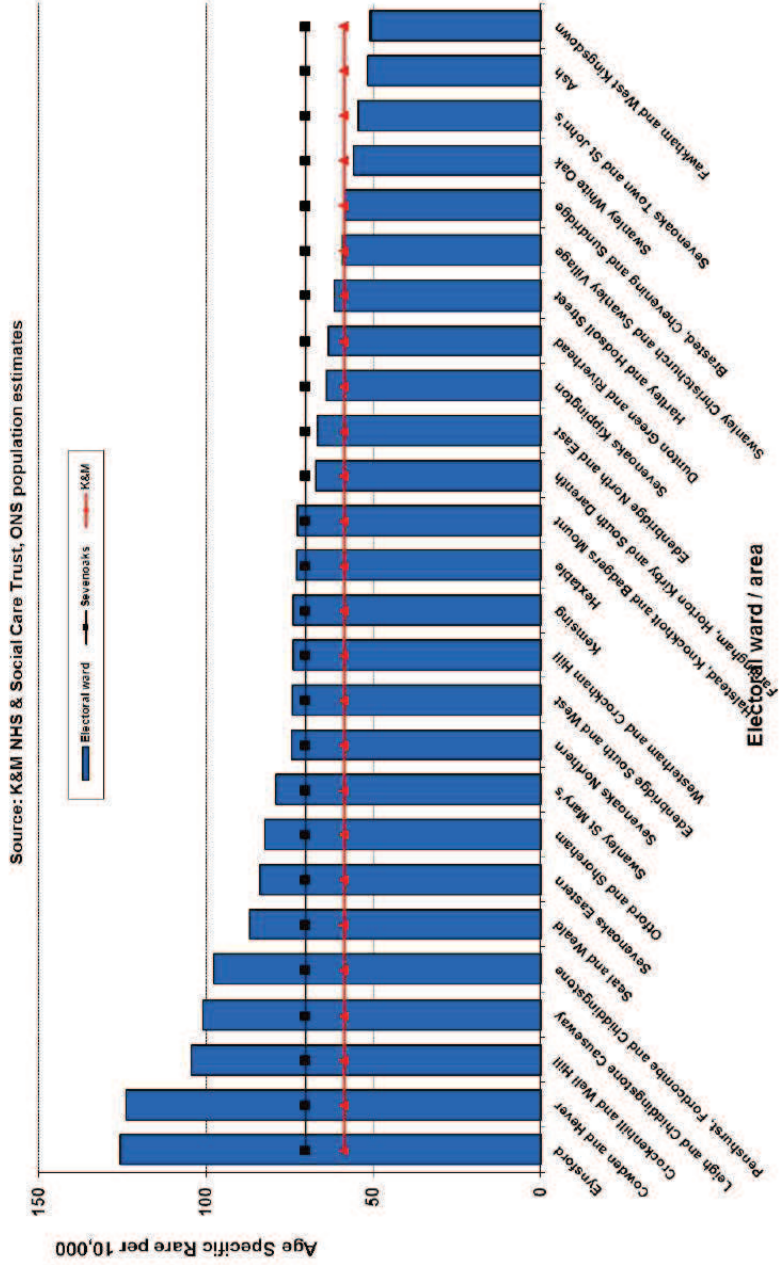
Endorsed by the WHO, Faculty of Public Health and Child Poverty Action Group it describes what we all know in our bones, that without our sense of well being, without our ability to be resilient to life’s slings and arrows *and* without understanding that chronic stress literally gets under our skin in the form of illness – we will become sick.

Sadly, although money can’t buy us happiness- it does by and large buy us security and ability to mitigate against some unexpected life events e.g. unemployment. Communities that exist in areas of greater deprivation need more than ever, the tools (both collective and individual) to cope with stresses and life events. It is fine to ask people to give up smoking, eat healthily, drink less and go to the gym more, but some of the reasons that people in more deprived areas engage in behaviours that on the surface are worse for health, are because they are struggling to find ways to cope with stress.

Chronic stress impacts on long term relationships and can even lead to violence, isolation and neglect. This is why mental well being is a core issue in tackling health inequalities. What is the antidote from a health perspective? Well obviously creating more jobs and being able to have skills to gain employment are central to this, and these are a key part of the wider Kent Strategy to tackle disadvantage. But from a well being and health perspective there are things we can do too: building social support and networks are essential for building communities (echoed in the Big Society), having good access to psychological support and places to go where you can find a shoulder to cry on, just by recognising ones emotional health and finding ways of coping can be the difference between suicide and hope. This links to the new health service mantra “make every contact count”. Everyone can do their bit.

In addition: People with a mental illness can suffer name calling, poorer access to routine services and on average live 15 years less life than other people.

Adult Mental Illness Contact* Rates per 10,000 for Electoral Wards in Sevenoaks LA - Dec 2011 to Nov 2012



Health Inequalities Action Plan 2013-15

Progress on all of the actions below have been identified as priorities for Sevenoaks District, in line with Kent health priorities. The grey actions below are already taking place and making significant progress, these will continue to be monitored to ensure that they continue to thrive. The high priority actions will be monitored closely by the Health Action as these have been identified to have the greatest need based on statistical data and health profiles.

Action	How	Key Partner(s)	Progress/Targets
1.1 Increase Numbers of Healthy Births (High priority for Sevenoaks District)			
1.1.1 Run campaigns and deliver initiatives to promote good health in pregnancy and promotion Start4Life	To offer information and support to women during their pregnancy, to achieve good health and wellbeing and signpost them to local services that will educate them in making positive lifestyle choices. This can be achieved by; <ul style="list-style-type: none"> • Promotion of Change4life and Start4life • Stop Smoking support • Promote local children’s Centre and parents support groups. 	Lead: Children’s Centre <ul style="list-style-type: none"> • Sevenoaks District Council • Dartford, Gravesham and Swanley Healthy Child Group • NHS Midwives • CCG’s 	
1.1.2 Ensure teenage parents receive holistic support	<ul style="list-style-type: none"> • Work with partners to deliver teenage parent support actions within the Sevenoaks District Teenage Pregnancy LIG Action Plan. • Offering teenage parents support and health education through the young and pregnant support team (YAP’s) • Identifying schools that have a high level of teenage parents and helping them link to support services. 	Lead: Children’s Centre <ul style="list-style-type: none"> • Teenage Preg. LIG • YAP Groups • KIASS • SRE School Leads & governors 	
1.1.3 Early identification of vulnerable parents smoking in pregnancy and work to reduce	Work with partners to engage with and support new parents and parents in pregnancy who smoke. Offer appropriate service including; <ul style="list-style-type: none"> - Stop Smoking Support - Increase the uptake of the Healthy Start Scheme - Providing Kent midwives with community interventions information for referrals - Signposting identified parents to the children’s 	Lead: Kent Community Health Trust <ul style="list-style-type: none"> • NHS Midwives • Children’s Centre’s • Stop Smoking Team • KIASS 	

Action	How	Key Partner(s)	Progress/Targets
1.2 Increase breast-feeding initiation rates and prevalence at 6-8 weeks in all parts of Kent			
<p>1.2.1 Positive promotion and creation of breast-feeding friendly environments</p>	<p>Centre</p> <ul style="list-style-type: none"> Identify and promote 'breast-friendly' feeding locations in the District e.g. provision of 'mother only' baby feeding rooms or public retail and catering areas including libraries, cafes etc. Work with local partners to raise awareness and promote of the importance of breastfeeding, particularly for teenage mothers through a social marketing style project so it becomes the 'social norm'. 	<p>Lead: KCHT</p> <ul style="list-style-type: none"> Children Centre's Sevenoaks District Council 	
<p>1.2.1 Provide support to new mothers to increase the initiation and continuation of breast-feeding</p>	<p>Increase access to trained advisors, champions and peers to promote and support breast feeding through:</p> <ul style="list-style-type: none"> Breast Buddy training Post natal ward support visit Monthly breast-feeding workshops Out of hours peer support 	<p>Lead: Children's Centres</p> <ul style="list-style-type: none"> KCHT Midwives and Health Visitors YAP's Groups 	
1.3 Support parents so that they can raise emotionally and mentally healthy children			
<p>1.3.1 Improve outcomes for families with crime and anti-social behaviour, absence and worklessness through the Troubled Families Programme</p>	<ul style="list-style-type: none"> Sevenoaks District Council, Kent County Council and partners to identify and support at least 40 families within the District each year for the next three years. 	<p>Lead: KCC</p> <ul style="list-style-type: none"> Sevenoaks District Council Kent Police KCC Adult Social Services 	
<p>1.3.2 Reduce repeat incidents of Domestic Abuse</p>	<ul style="list-style-type: none"> Community Safety Partnership and Domestic Abuse Task Group raise awareness and sign post to services through West Kent Directory and Community Safety Partnership particularly targeting repeat victims. Domestic Task Group and Local Children's Trust Board to commission domestic abuse work with 	<p>Lead: Community Safety Unit</p> <ul style="list-style-type: none"> Sevenoaks District Council Local Children's Trust Board Kent Social Services Kent Police 	

Action	How	Key Partner(s)	Progress/Targets
	<p>children and young people to raise awareness improve self esteem and respect and improve healthy and respectful relationships.</p> <ul style="list-style-type: none"> The promotion of targeted domestic abuse interventions to reduce repeat offending including Freedom Programme, DAVSS, CDAP, ISVA New mothers to be assessed in a way similar to the Common Assessment Framework process at the new birth visit. 	<ul style="list-style-type: none"> Faith groups 	
1.3.3 Supporting carers and child minders		<p>Lead: KCC</p> <ul style="list-style-type: none"> Sevenoaks District Council KCC <ul style="list-style-type: none"> Early Intervention Team Social Services West Kent Housing Moat 	
1.3.4 Give a better start for children through early intervention services for children 0-5 and their parents	<ul style="list-style-type: none"> Sevenoaks District Council to produce a directory of early intervention projects and diversionary activities for young people, families and front line practitioners. 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> KGHT Children and Young Peoples Team KIASS HAT Children's Centres 	
1.3.5 Help young people to feel safe from bullying at home, at school and be safe on the internet	<ul style="list-style-type: none"> Kent County Council Education Team, Sevenoaks District Council Community Safety Unit and Kent Police to deliver a programme in schools to address cyber bullying and internet safety. 	<p>Lead: SDC, KCC and Kent Police</p> <ul style="list-style-type: none"> Schools 	
1.4 Encourage access to health services for all (High priority for Sevenoaks District)			
1.4.1 Improve access to GP services and to hospitals, particularly in rural areas	<ul style="list-style-type: none"> Individual GP surgeries to review surgery hours in partnership with CCG arrangements, focussing on the possibility of late night and weekend opening hours. Increase internet booking and patient facilities for GP surgeries 	<p>Lead: Clinical Commissioning groups</p> <ul style="list-style-type: none"> Patient Participation Groups 	
1.4.2 Making more	<ul style="list-style-type: none"> Encourage health professionals to look at 	<p>Lead: CCG's</p>	

Action	How	Key Partner(s)	Progress/Targets
Localised – bring services out of traditional settings.	alternative venues for their services, for example encouraging GP's to use Children's Centres for children's clinics, community centres and halls	<ul style="list-style-type: none"> Children's Centre Sevenoaks District Council Town/Parish Councils 	
1.4.3 Provide support for vulnerable groups to access health services	<ul style="list-style-type: none"> Work with Learning Disability Partnership, community groups and Seniors Actions Forum to promote health services and local/national health campaigns. Promote community transport schemes to residents living in rural and isolated communities to enable them to access medical appointments 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> Community Transport Schemes KCC VAWK Seniors Action Forum Learning Disability Partnership GP's 	
1.1.5 Promote Healthy Weight for Children (High priority for Sevenoaks District)			
1.5.1 Support parents and children to maintain a healthy weight	<ul style="list-style-type: none"> Sevenoaks District Council to work with 50 families through the Family Weight Management Programme Kent Adult Education to run family specific exercise and healthy eating workshops 	<p>Lead: Sevenoaks District Council & Kent Adult Education</p> <ul style="list-style-type: none"> KCHT Children and Young people Team KCC Public Health KCC Early Interventions Team School Leads and school nurses 	
1.5.2 Increase interaction between parents and children including healthy lifestyles and active play	<ul style="list-style-type: none"> Partners to work with Childrens Centres to offer interactive play and learn sessions for parents and their children (0-5 year olds) Sevenoaks District Council to run targeted exercise and healthy eating sessions with Childrens Centres, for example Fathers Projects, Active Play, cookery 	<p>Lead: Children's Centre</p> <ul style="list-style-type: none"> Sevenoaks District Council KCC South East Dance KCHT 	
2.1 Improve educational attainment particularly at GCSE level (High priority for Sevenoaks District)			
2.1.1 Enable more young people to have their achievements	<ul style="list-style-type: none"> Community recognition in addition to school recognition, through outreach programmes such as the HOUSE projects, youth groups and Youth 	<p>Lead: West Kent Extra</p> <ul style="list-style-type: none"> Town/Parish Councils VAWK 	

Action	How	Key Partner(s)	Progress/Targets
recognized.	<p>Forums.</p> <ul style="list-style-type: none"> Positive focus on young people in the local press through positive messages District wide partner and voluntary organisation to work with young people to deliver award schemes for young people to be promoted. Partners with positive work with young people to consult them about best rewards and how they want their achievements recognised. 	<ul style="list-style-type: none"> Sevenoaks District Council Sevenoaks Area Mind Youth Forums KCC Youth Providers 	
2.1.2 Build in support and services within schools for vulnerable young people to engage	<ul style="list-style-type: none"> Increase referrals from schools and health professionals to domestic abuse support services Improve the referral pathways between health providers and schools through CAF services Sevenoaks District Council to work with VAWK to deliver the SAFE project in schools across the District 	<p>Lead: SDC, KCHT and KCC</p> <ul style="list-style-type: none"> KCHT Childrens & Young Peoples Team School nurses KIASS VAWK SDC Community Safety Unit KCC Early Interventions Team Kent Police 	
2.1.3 Manage and support schools non-attendance and increase access services	<ul style="list-style-type: none"> Increase referrals to support organisations Young carers to be referred to Common Assessment Framework The Troubled Families Project to target the most absent pupils and offer additional support 	<p>Lead: KCC</p> <ul style="list-style-type: none"> KCC Early Intervention team KCHT Childrens young Peoples Team Sevenoaks District Council Children's Centre School Nurses Kent Social Services 	
2.2 Reduce risk taking behaviours in young people			
2.2.1 Divert children and young people from crime and anti-social behaviour	<ul style="list-style-type: none"> Anti Social Behaviour Task Group and Kent County Council Childrens Services, to work with families where possible, rather than individuals to deal with anti-social behaviour. 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> SDC Community Safety team KCC Early 	

Action	How	Key Partner(s)	Progress/Targets
	<ul style="list-style-type: none"> Work with communities more actively to find solutions to ASB through PACT Panels 	<ul style="list-style-type: none"> Interventions Team Kent Police Kent Probation Services PACT Panels 	
2.2.2 Specialist support for alcohol and drug misuse	<ul style="list-style-type: none"> Increase partnership working with youth services to provide a focus on alcohol and drug reduction 	<p>Lead: Kenward Trust</p> <ul style="list-style-type: none"> Sevenoaks District Council Trading Standards Kent Police KCC Early Interventions Team 	
2.2.3 Promote peer support interventions including youth peer educator, SAFE, health champions etc.	<ul style="list-style-type: none"> Sevenoaks District to work with VAWK to deliver SAFE project in secondary schools Young peoples services and partners to work with schools and youth groups to deliver and training peer support volunteers amongst young people 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> KCC KCHT C&YP Team VAWK KIASS HOUSE Projects SRE School Leads 	
2.3 Support older people to keep them safe, independent and living fulfilled lives (High priority for Sevenoaks District)			
2.3.1 Provide access to healthy lifestyle interventions to enable older people to remain healthier and independent	<ul style="list-style-type: none"> Seniors Action Forum to campaign on older peoples issues and achieve membership of 500 Sevenoaks District Council to continue to run targeted chair based yoga interventions in targeted areas (3 across District). Sevenoaks District Council to continue to deliver Health Walks within the District (8 walks per week) Sencio to continue to deliver their over 50's Prime Time exercise sessions (over 1,200 attendances pa) 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> Seniors Action Forum KCC Sencio Community Leisure HAT 	
2.3.2 Partnership working to deliver and promote self help services	<ul style="list-style-type: none"> Kent Home Library Service referrals Health partners to facilitate Expert Patient Programmes for people with specific long term conditions CCG's to promote and develop self care processes and systems within community and home settings 	<p>Lead: KCC & GP's</p> <ul style="list-style-type: none"> District Nurses KCC Libraries CCG's Kent Public Health 	

Action	How	Key Partner(s)	Progress/Targets
<p>2.3.3 Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls</p>	<ul style="list-style-type: none"> • Provide volunteer mentors to help people with disabilities to live independently • Promote funding, opportunities and Disabled Facilities Grants for home adaptations and assessments through SDC, KCC and Home Improvement Agency • Work in partnership to improve the falls pathway into postural stability interventions and services • SDC to continue to operate falls prevention classes across the District 	<p>Lead: KCC & SDC</p> <ul style="list-style-type: none"> • SDC Housing Team • HAT • Age UK • KCC Social Services • West Kent Housing • GP's & CCG's • Acute Services • VAWK • KGHT 	
<p>2.3.4 Support older people and vulnerable people to remain in their own homes and live independently</p>	<ul style="list-style-type: none"> • Reduce the number of inappropriate care that is residential rather than own homes • West Kent Housing delivering Care Navigator Service. Signposting help with visits and support plans and further promote the service • Come And Meet Each Other (CAMEO) project from Voluntary Action Within Kent to be run within the District • Encourage more older people to volunteer and promote staying active • Provider internet training and support enable older people to have better access to online services 	<p>Lead: KCC</p> <ul style="list-style-type: none"> • VAWK • West Kent Housing • Age UK • Sevenoaks District Council Housing Team • SDC Community Safety Unit • Kent Adult Education 	
<p>3.1 Improve chances of employment for people facing disadvantage</p>			
<p>3.1.1 Improve training, skills and education opportunities for employment for disadvantaged, vulnerable groups and people on benefits</p>	<ul style="list-style-type: none"> • SDC co-ordinates a quarterly employment and training forum for local partners to work together to address employment issues. • SDC's Economic Development to arrange employee training opportunities to help employers train staff. • Work with Job Centre Plus to identify candidates by promoting services through community fairs for pre-work readiness training. • Greater training for those affected by Dyslexia 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> • Job Centre plus • Moat • West Kent Housing • SDC Hero Project • Chambers of commerce • Colleges 	
<p>3.1.2 Support local charities and community groups to support adults with</p>	<ul style="list-style-type: none"> • Increase work with charities such as the Simon Paul foundation and Community Futures, which helps support people with physical and learning disabilities • Provide specific skills and training opportunities for 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> • KCC Libraries • Colleges 	

Action	How	Key Partner(s)	Progress/Targets
disabilities into work and training	<p>vulnerable groups based on needs</p> <ul style="list-style-type: none"> Create better links and understanding with local employers to increase opportunities 	<ul style="list-style-type: none"> VAWK Learning Disabilities Partnership Simon Paul Foundation Local businesses West Kent Extra 	
3.2 Increase proportion of young people in fulltime education, employment or training (High priority for Sevenoaks District)			
3.2.1 Support 16-18 year olds into training or employment	<ul style="list-style-type: none"> To work with Job Centre Plus to develop training opportunities locally. SDC to work with the Kent Foundation to identify young entrepreneurs across the district Continued partnership working with North West Kent College and K College to bring together young people and education. Work with HOUSE projects to identify needs and develop training and skills opportunities. And provide links to career and training partners. 	<p>Lead: Job Centre Plus</p> <ul style="list-style-type: none"> Sevenoaks District Council North West Kent College The Kent Foundation Chamber of commerce K College VAWK HOUSE KIASS Job Centre plus 	
3.2.2 Increase the number of people accessing apprenticeship and graduate opportunities	<ul style="list-style-type: none"> SDC to identify businesses and work with them to develop apprenticeships and training opportunities. Promote websites and agencies which offer apprenticeships. Promote Kent County Council apprenticeships Scheme. SDC to work with Voluntary Action Within Kent (VAWK) on the Graduate Volunteering Programme 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> KCC North West Kent Colleges VAWK Job Centre plus CXK KIASS 	
3.3 Support businesses to have healthy workplaces			
3.3.1 Support employers to create healthy work places and environments for staff.	<ul style="list-style-type: none"> SDC will support business growth and development, start up and home working. NHS Health checks service to be taken into workplaces to offer healthy lifestyle advice to employees. 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> KCC KCHT Chambers of 	

Action	How	Key Partner(s)	Progress/Targets
	<ul style="list-style-type: none"> Support businesses to develop a Workplace Wellbeing Charter. Develop Smoke-Free Business Awards to reduce prevalence of smoking among workers 	Commerce	
3.3.2 Place defibrillators as Automated External Defibrillators in workplaces, or Public Access Defibrillators in public areas	<ul style="list-style-type: none"> Support South East Coast Ambulance service campaign for Public Access defibrillators across Kent Sevenoaks District Seniors Action Forum are campaigning for funds and locations within the Sevenoaks District. Charities such as the British Heart Foundation are also working to rise funding and awareness of the service. Sevenoaks District Council Coordinating defib and basic first aid training for communities. 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> Seniors Action Forum South East Coast Ambulance BHF 	
4.1 Provide the right support at the right time including financial capacity support and inclusion			
4.1.1 Support people in accessing benefits and in the transition to universal credit	<ul style="list-style-type: none"> Sevenoaks District Council to deliver the Housing, Energy and Retraining Options (HERO) project to provide a holistic advice service to vulnerable people. The HERO project is delivered through surgeries in rural communities to ensure that outlying areas receive the same support as central areas. 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> West Kent Housing Moat KCC / Children's Centre 	
4.1.2 Provide support and advice for families regarding benefits and employment.	<ul style="list-style-type: none"> West Kent Housing – Funding for a post under the Occupational Officer to provide debt advice, making better use of stock, and managing the under 35's age bracket. Landlords offering their flats as Houses of Multiple Occupancy (HMO) for five years in Swanley as an experiment. 	Lead: West Kent Housing <ul style="list-style-type: none"> Sevenoaks District Council Landlords Moat HIA 	
4.1.3 Interventions to assist older people to down-size to more affordable and suitable accommodation	<ul style="list-style-type: none"> Deliver actions within the Under-Occupation Action Plan including initiatives to offer additional financial incentives to help with removals costs etc. Joint funded officer appointed for an initial year to support down-sizing interventions Provide a hand-holding service to help and support 	Lead: SDC Housing <ul style="list-style-type: none"> West Kent Housing Moat Landlords KCC HIA 	

Action	How	Key Partner(s)	Progress/Targets
	<p>people through this service</p> <ul style="list-style-type: none"> Work with partners to identify suitable and attractive down-sizing options through local lettings plans 		
4.2 Promote opportunities to support facilities in poverty			
4.2.1 Meet the needs of vulnerable and lower income households.	<ul style="list-style-type: none"> SDC's HERO project provides financial advice and assists with benefit claims as necessary. Sevenoaks District Council to deliver actions within Sevenoaks District Housing Strategy 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> Wes Kent Housing HIA 	
4.2.2 Provide support, advice and information to residents about debt management and financial awareness.	<ul style="list-style-type: none"> Increase partnership working between the HERO project, Citizens Advice Bureau, Food banks, Churches and Voluntary Organisations that specialise in debt management. Increase public awareness of agencies that can provide information and help with debt management Increase the number of key local services that can be accessed within local communities including rural and isolated parishes. 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> CAB Food banks Churches together VAWK West Kent Housing 	
4.3 Meet the housing needs of people living in the District include affordable and appropriate housing (High priority for Sevenoaks District)			
4.3.1 Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people	<ul style="list-style-type: none"> Undertake a Older Persons Housing Needs study Work with partners to ensure that findings and recommendations feed into relevant planning and policy arrangements including LDF and Community Plan Produce a Housing Action Plan to reflect findings and deliver appropriate actions in partnership with others 	Lead: SDC Housing <ul style="list-style-type: none"> West Kent Housing Moat Landlords KCC SDC Planning 	
4.3.2 Provide affordable housing to meet identified needs of vulnerable groups	<ul style="list-style-type: none"> Work with housing association partners to remodel and refurbish programmes to preserve existing stock and introduce current standards Utilise S106 affordable housing planning gains to make best use of the existing housing stock to meet current needs 	Lead: SDC Housing <ul style="list-style-type: none"> West Kent Housing Moat Landlords KCC 	
4.3.3 Work with developers, landlords	<ul style="list-style-type: none"> Work with developers to design housing that can sustain tenancies through all life stages including 	Lead: SDC Housing <ul style="list-style-type: none"> West Kent Housing 	

Action	How	Key Partner(s)	Progress/Targets
and owner-occupiers to provide appropriate housing suitable for all demographics	<ul style="list-style-type: none"> lifetime homes and wheelchair accessible homes Inspect and accredit private rented housing to promote good standards and quality housing SDC to bring Home Improvement Agency services in-house and service improvements to be made, as identified by the Older Persons Survey. 	<ul style="list-style-type: none"> Moat Landlords KCC HIA 	
5.1 Reduce homelessness and its negative impact for those living in temporary accommodation			
5.1.1 Intervention for young people especially around mentoring on budgeting and housing	<ul style="list-style-type: none"> The Hero project to help and support young people with their housing arrangements and provide essential skills to budgeting. Through the troubled families programme, services to support young targeted individuals to reduce the likelihood of homelessness. West Kent Extra to offer start up packs with essential resources. 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> West Kent Extra KCC Landlords 	
5.1.2 Training for front line workers on the welfare change	<ul style="list-style-type: none"> Housing authorities and Sevenoaks District Council to work more closely and organize support with the Citizens Advice Bureau. 	Lead: <ul style="list-style-type: none"> Sevenoaks District Council Citizen Advice Bureau West Ken Housing 	
5.2 Develop our communities to be healthy places			
5.2.1 Maintain cleanliness standards and seek to remove incidents of fly tipping as soon as possible	<ul style="list-style-type: none"> Community Safety Unit and Task and Co-ordinating Strategy Group to undertake monthly Environmental Visual Audits across the District in conjunction with local businesses and residents to deal with litter and investigate ways for people to recycle more in public places. Community Safety Unit campaign to reduce the impact of Fly Tipping and improve public perception through positive media. Environmental services to investigate County Council charges and conditions for waste management solutions 	Lead: <ul style="list-style-type: none"> Sevenoaks District Council Community Safety Unit Kent Police KCC Direct services 	
5.2.2 Work with residents on the benefits of healthy places including parks,	<ul style="list-style-type: none"> Sevenoaks District Council's Community Development department to work with partner agencies and Town and Parish councils to promote AONB and open spaces. 	Lead: <ul style="list-style-type: none"> Sevenoaks District Council Town and Parish 	

Action	How	Key Partner(s)	Progress/Targets
and open spaces	<ul style="list-style-type: none"> Deliver conservation and environmental projects to improve the access for local people to parks and open spaces including Naturally Active, outdoor gyms etc. 	<p>Council</p> <ul style="list-style-type: none"> NWKCP 	
5.3 Support Safe (High priority for Sevenoaks District)			
5.3.1 Consult with and involve local communities in community safety and crime issues that affect them	<ul style="list-style-type: none"> PACT panels to involve the local community in looking at solutions to Anti Social Behaviour and sharing good practice. Promote the speedwatch service through different media streams. Daily Tasking, CSU and the Police to ensure the mobile CCTV is used effectively to deter crime and anti-social behaviour. Positively promote the work of the CSU to encourage residents to access services and report crime. 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> PACT Local Champions CSU ASB Coordinator Kent Police 	
5.3.2 Working with Fire services and housing to target most vulnerable households including older people	<ul style="list-style-type: none"> Partners to work proactively with Kent Fire & Rescue to make service links to identify vulnerable people Partners to work together to reduce risks of fire, falls and other hazards within the home environment 	<p>Lead: Kent Fire & Rescue</p> <ul style="list-style-type: none"> SDC Housing Team West Kent Housing KCC SDC CSU 	
5.4 Reduce Fuel Poverty by supporting development of warm homes			
5.4.1 Support vulnerable groups who find it difficult to heat their homes	<ul style="list-style-type: none"> Sevenoaks District Council to work with Home Improvement Agency to offer grants to individuals that are in need. Community Safety Unit to identify vulnerable groups and provide homes with the service of the Community Wardens and PCSO to give advice SDC to encourage landlords to complete the Landlord Accreditation scheme by offering them funds to improve their homes. Sevenoaks District Council to run regular campaigns to promote energy efficiency and fuel poverty. 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> Landlords Community Safety Unit Kent Police PCSO KCC HIA Community Wardens Seniors Action Forum 	
5.4.2 Ensure planning applications adhere to	<ul style="list-style-type: none"> Planning Teams to work with partnership to consider legislation and implications related to planning 	<p>Lead: SDC Planning</p> <ul style="list-style-type: none"> SDC Housing 	

Action	How	Key Partner(s)	Progress/Targets
all government legislations	applications regarding health and wellbeing		
6.1 Improve access to screening			
6.1.1 Improve early diagnosis of dementia and provide services and activities to support sufferers and their carers	<ul style="list-style-type: none"> KCHT and Sevenoaks District Council to deliver NHS Health Checks across the district to identify those who might be at risk. Voluntary groups to work together to co-ordinate activity and support sessions across the District including dementia cafes and drop-ins GP surgeries working alongside their PPG group's to run awareness events around Dementia and improve early diagnosis. Progress with KCC dementia friendly communities project in the District. 	Lead: Sevenoaks District Council & KCHT <ul style="list-style-type: none"> Sevenoaks Area MIND Seniors Action Forum KCC CCG's PPG's Kent Libraries Age UK Alzheimer's & Dementia Support Services Alzheimer's Association 	
6.1.2 Promote sensible drinking and ensure treatment and support services are accessible for all	<ul style="list-style-type: none"> Promote sensible drinking within the District through the completion of the AUDIT-C Increase awareness of what constitutes unsafe drinking and support national and local campaigns Promote alcohol programmes and support services through the Community Safety Unit 	Lead: Community Safety Unit <ul style="list-style-type: none"> HAT Kenwood Trust CRI SDC CSU 	
6.1.3 Increase access to sexual health and Chlamydia services for young people	<ul style="list-style-type: none"> Deliver the Sevenoaks District Teenage Pregnancy LIG Acton Plan Use 'The Blue Bus' as a mobile screening service to take services to rural communities and groups of young people. Increase signposting and access from other community services 	Lead: Teenage Pregnancy LIG <ul style="list-style-type: none"> Sevenoaks District Council KCC KCHT Sexual Health nurses School nurses School SRE Leads Kent Youth Providers Children's Centres West Kent Extra 	

Action	How	Key Partner(s)	Progress/Targets
6.2 Reduce the gap in health inequalities across the social gradient (High priority for Sevenoaks District)			
6.2.1 Reduce the prevalence of smoking, particularly in areas of deprivation and young people	<ul style="list-style-type: none"> Continue to reduce the number of people smoking, within the District Make it harder for people to take up smoking, reduce prevalence, advertising, smoking areas etc. Run stop smoking clinics locally The stop smoking team to run workshops in schools and attend community events to reach 	Lead: KCHT Stop Smoking Team <ul style="list-style-type: none"> NHS Sevenoaks District HAT GP's Schools Kent Youth Providers 	
6.2.2 Reduce the increasing prevalence of Type 2 diabetes through early detection and prevention	<ul style="list-style-type: none"> Deliver targeted NHS Health Checks to identify people at risk, particular focus on the most deprived wards Attend community events and provide healthy lifestyle and healthy eating information to residents Promote weight management and exercise activities 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> KCHT KCC 4 Healthy Weight Sencio Community Chef 	
6.2.3 Deliver activities to promote the benefits of increased physical activity and reduce obesity	<ul style="list-style-type: none"> Deliver community weight management programmes across the district Improve referral pathways into weight management services and programmes Deliver healthy living activities in schools around healthy lifestyle Sencio to run a programme of exercise and physical activities and offer concessions for people with disabilities and on low income/older people 	Lead: Sevenoaks District Council <ul style="list-style-type: none"> KCHT KCC Sencio GP's 	
6.3 Provide support for people with mental illness and raise awareness of mental health issues (High priority for Sevenoaks District)			
6.3.1 Support vulnerable people to manage long-term mental health conditions	<ul style="list-style-type: none"> Partners to work with support organisations to deliver targeted and supportive interventions Encourage support groups such as West Kent Housing's Lifeways Support Groups 	Lead: Sevenoaks Area Mind <ul style="list-style-type: none"> West Kent Housing 	
6.3.2 Raise awareness of mental health issues and signpost into relevant	<ul style="list-style-type: none"> Sevenoaks Area Mind to continue to deliver a range of mental health awareness workshops. Sevenoaks District Council to run awareness workshops to front line staff to equip them with 	Lead: Sevenoaks Area Mind <ul style="list-style-type: none"> Sevenoaks District 	

Action	How	Key Partner(s)	Progress/Targets
<p>services</p>	<p>valuable skill to help people with mental ill health</p> <ul style="list-style-type: none"> Actively promote the ‘five ways to wellbeing’, World Mental Health Day and other national and local campaigns 	<p>Council</p> <ul style="list-style-type: none"> HAT KCC 	
<p>6.4 Grow participants and partnerships to find new ways to target and deliver services</p>			
<p>6.4.1 Work with Health & Wellbeing Boards to support the delivery of key priorities set out in the health inequalities agenda</p>	<ul style="list-style-type: none"> SDC to attend regular CCG Health and Wellbeing Boards and co-ordinate the Officer Health Action Team and the Member Health Action Group Work proactively to achieve actions delivered from sub-groups of the Health & Wellbeing Boards Actively participate in work to develop integrated commissioning and service delivery for health and social care arrangements. 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> Health & Wellbeing boards Clinical Commissioning Group Sevenoaks District Council HAT Kent Social Services 	
<p>6.4.2 Co-ordinate the Sevenoaks District Health Action Team for operational partners to work holistically</p>	<ul style="list-style-type: none"> Sevenoaks District Council to co-ordinate quarterly meetings of the HAT ‘Mind The Gap’ Health Inequalities Plan to be delivered, progressed and monitored at quarterly meetings Invite local partners involved in delivering services relating to improving the health and wellbeing of residents and work in partnership to achieve better outcomes and reduce duplication 	<p>Lead: Sevenoaks District Council HAT</p> <ul style="list-style-type: none"> Seniors Action Forum Sevenoaks Area Mind Town & Parish Councils KCC KCHT CCG Voluntary Groups Royal British Legion Sencio Community Leisure 	
<p>6.4.3 Develop the “Be Inspired, Be Active” legacy programme</p>	<ul style="list-style-type: none"> Maximise opportunities from the legacy of the 2012 Games to increase sport and activity participation including cycling, disabled sports and volunteering 	<p>Lead: Sevenoaks District Council</p> <ul style="list-style-type: none"> Sencio Community Leisure 	

References

Kent's Joint Strategic Needs Assessment 2011 available at <http://www.kmpho.nhs.uk/jsna/>

- Campbell F. (ed) 2010. *The Social determinants of health and the role of local government*. Improvement and Development Agency. [Online] Available from <http://www.idea.gov.uk/idk/atio/17778155> [accessed November 2011]
- Department of Health. (2010) *Health Profile 2010: Kent* [Online] Available from <http://www.apho.org.uk/resource/view.aspx?RID=92221> [accessed February 2012]
- Department of Health (2010) *Healthy Lives, Healthy People* [Online]. Available from http://www.dh.gov.uk/en/Aboutus/Features/DH_122253 [accessed September 2011]
- Department of Health (2010) Health Inequality National Support Team – [Online]. Available from http://www.dh.gov.uk/en/PublicHealth/NationalSupportTeams/HealthInequalities/DH_108954 [accessed September 2011]
- Friedli, L. (2009) *Mental health, resilience and inequalities – a report for WHO Europe and the Mental Health Foundation*. London/Copenhagen: Mental Health Foundation and WHO Europe [Online]. Available from http://www.euro.who.int/data/assets/pdf_file/0012/100821/E92227.pdf
- Marmot M. (Chair). 2010. *The Strategic Review of Health Inequalities: Fair Society, Healthy Lives. Strategic review of health inequalities in England post-2010*. Published by The Marmot Review Team February 2010.
- Kent County Council (2009) *Health Inequality Strategy* [Online]. Available from <http://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=13333&ISATT=1#search=%22health%20inequality%22> [accessed August 2011]
- National Institute for Health and Clinical Excellence (2010) *Using evidence on cost effectiveness, cost impact and return on investment to inform local commissioning*. [Online]. Available from <http://www.nice.org.uk/ourguidance/otherpublications/costimpactinvestmentreturn.jsp> [accessed October 2011]
- National MWIA Collaborative (England) 2011. *Mental Well-being Impact Assessment* – [Online]. Available from <http://www.apho.org.uk/resource/item.aspx?RID=95836> [accessed October 2011]
- NICE 2007 *Behaviour change at population, community and individual level-* <http://guidance.nice.org.uk/PH6/Guidance/pdf/English>
- Kent County Council (2010) *Bold Steps for Kent* [Online]. Available from http://www.kent.gov.uk/your_council/priorities,_policies_and_plans/priorities_and_plans/bold_steps_for_kent.aspx
- Kent Public Health (2008) *KCC and NHS Public Health Annual Report 2008*. [Online]. Available from <http://www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=86075&type=Full&servicetype=Attachment> [accessed 1 February 2011]
- KMPHO and NHS (2009) *Smoking in Kent: Deaths, disease and economic loss attributable to tobacco smoking* [Online]. Available from <http://www.kmpho.nhs.uk/lifestyle-and-behaviour/smoking/> [accessed 18 February 2011]
- Sexton J. Dr, Barlow J. 2010. *Trends In Health Inequalities In Kent And Medway: Convergence And Divergence 1999-2010*. Eastern and Coastal Kent PCT, NHS. (PDF) [Online]. Available at <http://www.kmpho.nhs.uk/health-inequalities/life-expectancy/?assetdetct12264893=96348> [accessed 9 December 2010]
- Sutaria S Dr. *Estimation of the burden of disease caused by air pollution across Kent and Medway* Eastern and Coastal Kent Primary Care Trust

GLOSSARY:

APHO	-	Association of Public Health Observatories
ASB	-	Anti Social Behaviour
C&YP	-	Children & Young People's
CAB	-	Citizens Advice Bureau
CCG	-	Clinical Commissioning Group
CDAP	-	Community Domestic Abuse Programme (Perpetrators)
CSU	-	Community Safety Unit
DAVSS	-	Domestic Abuse Volunteer Support Service
DGS	-	Dartford, Gravesham & Swanley
GP	-	General Practitioner
HAT	-	Health Action Team
HIA	-	Health Improvement Agency
HINST	-	Department of Health Inequalities National Support Team
ISVA	-	Independent Sexual Violence Advisors
KCC	-	Kent County Council
KCHT	-	Kent Community Health Trust
KIASS	-	Kent Integrated Adolescent Support Service
KMPHO	-	Kent & Medway Public Health Observatory
LIG	-	Local Implementation Group
MWIA	-	Mental Well-being Impact Assessment
NHS	-	National Health Service
NICE	-	National Institute for Health and Clinical Excellence
PACT	-	Partners and Communities Together
PCSO	-	Police Community Support Officer
PSHE	-	Personal, Social & Health Education
SDC	-	Sevenoaks District Council
SRE	-	Sex & Relationships Education
VAWK	-	Voluntary Action Within Kent
WK	-	West Kent
YAP	-	Young Active Parents

For Further Information please contact:

Hayley Brooks
Health & Communities Manager
Sevenoaks District Council
Email: hayley.brooks@sevenoaks.gov.uk
Website: www.sevenoaks.gov.uk/health

This page is intentionally left blank

Health Liaison Board – January 2014 Swanley Dementia Friendly Communities Project – Briefing Note

Lead Organisation

Kent County Council (Dementia Friendly Communities) – Tracey Schneider
Swanley Town Council – Liz Davies
Seniors Action Forum – Geoff Parsons

Supporting Organisations

Sevenoaks District Council, GP practices, KCC Libraries, KCC Community Warden, West Kent Housing, NHS Kent, local voluntary organisations.

Swanley's dementia friendly community has been spearheaded by Tracey Schneider from KCC who organised the first meeting in Swanley on the 13th August 2013. All partners involved in health was to look at and map the existing services and provision in Swanley, what are the gaps, who is missing from the meeting that should be here, and possible actions or projects.

As a result of the first meeting in August, Geoff Parson set up a dementia friendly community swanley blog to highlight the existing services offering dementia support and awareness for residents.

As a collective group from the first meeting they were able to identify organisations who should be involved for Tracey to invite them at the next meeting held on Thursday 28th November 2013.

The areas listed below are what were being looked at during the meeting.

- Looking at the results from the Swanley survey
- Discussing various options and potential projects
- Look at what we can do individually and collectively
- Deciding on next steps for Swanley

To gain an insight into the awareness of dementia across Swanley, they asked people to complete some insight gathering surveys. They received 81 responses from residents including some affected by dementia, and 29 from local providers and organisations.

Below I have highlighted some of the results from the survey;

We asked what they knew about the types, signs and symptoms of dementia (Top five answers)

Residents told us: Memory loss, short term memory loss, forgetfulness, confusion, not recognising friends and family.

We asked what they knew of in the local area that would help or assist anyone affected by dementia (Top five answers)

Agenda Item 8

Residents told us: nothing, don't know, support groups, GP surgery, Age UK.

Service and Organisations told us: Dementia café, age UK, carers learning group, Alzheimer's society, day centre.

We asked what they felt was needed to make the community or organisation dementia friendly (Top 5 answers)

Residents told us: Support, awareness, groups, training, and carers.

Services and Organisations told us: awareness, frontline staff training, customer care training, information, and awareness via press.

The results from the insight survey was used as a gathering exercise during the meeting so organisations could look at the main issues from the survey and what can each do individually and collectively to make it more dementia friendly.

Below are some of the suggestions;

<u>What do you feel, are the main issues arising from the insight gathering exercise?</u>
Lack of awareness of dementia support and pathways within local voluntary , community and business organisations, A lot of people thought there was nothing to support Low expectations about quality of life with dementia Financial struggles of households affected by dementia Lack of 1:1 support/advice Lack of information available No clear access to information Mind Gym and positive therapeutic need How to keep activity updated Many don't feel part of a community, how to include those who do not mix or join in People do not always refer correctly Lack of understanding about the functions of available services etc
<u>What can we do individually?</u>
Bring information up at Town council Invicta advocacy to provide information in regards services Bring up at cedars forum Provide info and awareness raising about lewey bodies Help link to national initiatives Focus on promoting services, resources, signposting Feedback to CLS leads in regards possible support courses Continue with the Swanley dementia Diary, blogs and pages Provide Dementia Friends Information sessions Take people along to suggested groups such as dementia café, rather than just referring. Use existing relationships to help bridge gaps
<u>What can we do collectively and with whom?</u>
Develop library as a support hub for people affected by dementia, with many other agencies Initial xmas event to be arranged with the DFC team, town council and local support groups (maybe orchards school) Dementia awareness and forward planning sessions for asda and other employers, with Geoff and other dementia friends champions

WKHA officers given info sessions after team meetings
Town and district counsellors to be dementia friends
Possible development of courses to compliment the 'carers courses '
Look at availability of finance assistance and those able to advise, maybe short courses on finance management etc
All to gain better understanding of local services so that referrals may be made appropriate,, consideration given to accompanying individuals to groups etc in the first instance.
A youth involvement aspect
Work with the Cedars PPG and also wider CCG to promote awareness
Town shops and businesses to become involved through an awareness scheme

As to the future of the group they suggested forming a Swanley 'Dementia Action Alliance'

A Local Dementia Action Alliance is a collection of stakeholders brought together to improve the lives of people with dementia in their area. They would usually include a range of organisations within a community and examples would include bus companies, taxi firms, police forces, fire and rescue services, high streets, local authorities, charities, care providers and health trust, faith groups, local associations or schools.

Through organisations and communities joining together to form Local Dementia Action Alliances we hope to create dementia friendly communities, where there is a greater awareness and understanding of dementia and individuals with dementia and their carers feel supported to remain independent and have choice and control over their lives.

Involving people living with dementia, their carers and families in your Local Alliance is central to ensuring your Alliance meets the needs within that community and becomes dementia friendly.

Members can include:

- Local people with dementia, carers, people with an interest in supporting the Alliance
- Local businesses leaders and retailers
- Local Authority, Public Services & Voluntary Organisations (eg Local Councillors, Police, Fire, Leisure Centre, Library, Age UK, Red Cross)
- Health and Social Care Providers (eg GP's, residential homes, memory clinics)

Hayley Brooks
Health & Communities Manager

This page is intentionally left blank

Your life

Kent health



“Kent County Council
promotes public
health by enabling
people to keep active”

“Ultimately, the health
of Kent lies in the
hands of its residents”

This is my opportunity to provide an independent report on the health of the people of Kent.

This year my report focuses on improving health by exploring innovative approaches to developing healthy communities. An asset based approach concentrates on reinforcing what is good about a community, rather than looking at what it lacks – a glass half-full approach rather than a glass half-empty. Another positive approach is building up resilience to increase people's ability to cope under pressure, which helps to maintain their health and wellbeing. A further approach is the six ways to wellbeing which could have a big impact on Kent's population.

A significant change occurred on 1 April 2013. Public Health responsibilities, including my responsibility for producing an Annual Public Health Report moved from the NHS to Kent County Council (KCC).

What changes might you see as a result of Kent County Council taking responsibility for Public Health?

It's a welcome change, which could have a once-in-a-generation significance. Kent County Council has broad responsibilities for all sorts of areas that affect health and wellbeing, such as roads, housing, social care, children's services and the environment. Public understanding of health issues is invariably related to hospitals and primary care, yet we know that long term health is more related to healthy behaviour and social circumstance. Now that Kent County Council is responsible for the public's health there is a wonderful opportunity to focus on individuals, communities and things we can do to prevent illness and increase healthy life expectancy.

Through the work that provides country parks and maintains highways and byways, Kent County Council promotes public health by enabling people to keep active – contributing to a healthier county. Also vitally important are the links the council builds with partners and agencies, such as Sport England, bringing sport to young and old, and voluntary organisations, such as Age UK, which help older people avoid isolation and stay active.



Meradin Peachey Director of Public Health, Kent

Public Health aims to transform knowledge of healthy lifestyles into action, so that changes in behaviour are encouraged, not just on an individual level, but in terms of the whole Kent community. The link between those individual choices and the health of the county is summed up in the title of this report: Your Life – Kent Health.

Ultimately, the health of Kent lies in the hands of its residents. With support, encouragement and the right services provided by Kent County Council I am excited about how residents will step on to the road that has a healthier Kent as its destination.

Health trends in Kent

The vast majority of Kent health trends are reported in the Kent Joint Strategic Needs Assessment (available from www.kmpho.nhs.uk/JSNA). The statistics and data analysis in this series of reports inform and support health and wellbeing boards, clinical commissioning groups, Kent County Council, district councils and many other voluntary and private sector organisations, in making decisions that have an impact on health.

Progress since the last report

Last year my annual public health report investigated health inequalities, the role of primary care in prevention, long term conditions, and the challenges of children's social care. This report details below progress on the recommendations in the last report.

Health inequalities

Reducing the health inequalities that still exist in different areas of Kent is at the heart of all of the collaborative work that we do.

*Mind the gap: building bridges to better health for all*¹ is a health inequalities action plan produced by Kent County Council in collaboration with public health and district councils. The plan is based on the principles of Marmot's life-course approach² and has been aligned to the Joint Strategic Needs Assessment (JSNA) priorities and relevant policies and plans.

As part of this approach, Professor Chris Bentley, a leading expert on health inequalities, has visited a number of Kent local authorities and clinical commissioning groups (CCGs), as well as the Kent Health and Wellbeing Board, over the last year. He has demonstrated a number of approaches to understanding the health inequalities gap. The Public Health Intelligence Team has compared small geographical areas, or lower level super output areas (LSOAs) to help CCGs understand where the avoidable variations are.

Long term conditions

Managing people with multiple long term conditions is recognised across Kent as a real priority, indeed the Kent health and wellbeing strategy supports this.

Our collective aim is to develop an integrated approach where health and social care services work together to support people with multiple long term conditions. In this way they are helped to manage their care themselves, with support provided in the community.

Kent has been nationally recognised for its progress in implementing this integrated care approach. As a result of this, Kent has been invited to work on the Year of Care programme, a new way of providing care to people with longterm conditions.

Role of primary care in prevention

The NHS health check programme is now fully implemented across Kent. The programme invites eligible people for a check at their local GP surgery. The service can also be delivered in community settings that target those people who are not registered with a GP.

This makes sure that those at risk are able to access the support services they need to change lifestyles, in order to reduce their risk of future health problems.

“The NHS health check programme is now fully implemented across Kent. The programme invites eligible people for a check at their local GP surgery”

¹ Kent County Council. *Mind the gap: building bridges to better health for all*. Kent: KCC; 2012.

² Marmot M, Atkinson T, Bell J. *Fair society, healthy lives*. London: UCL; 2010.

Challenges of a modern children's social care service

In 2010, OFSTED rated Kent children's social services as inadequate. Since then Kent County Council has been inspected in the areas of safeguarding (January 2013), adoption (June 2013) and children in care (August 2013) – all of which have been assessed as adequate, with good capacity to improve. This reflects the hard work that has gone on during the last three years to improve children's social services in Kent.

Underpinning this hard work is an emphasis on changing the culture of children's social services, moving to a more effective way of working. Kent has developed a social work contract which puts emphasis on authoritative practice, enabling social workers to exercise professional judgement by being:

- analytical
- thoughtful
- able to make independent judgements
- able to build effective working relationships with vulnerable families.

“An asset approach looks at all the positive and useful things available to us”

“Kent has been nationally recognised for its progress in implementing the integrated care agenda”

As part of this contract Kent Children's Social Services are committed to providing:

- improved supervision
- managed caseloads
- investment in a new IT system that focuses less on completing tick box questions and more on a dialogue between the social worker, families and children, enabling a more analytical and reflective approach to identifying problems and issues.

Kent has commissioned five social work master classes – which include training sessions from leading experts in children's social care; Eileen Munro and Isabelle Trowler, bridging the gap between those who make policy and frontline staff. This is in addition to the appointment of two principle practitioners, whose role is to provide a bridge between frontline staff, management and politicians, as recommended in the Munro report.

Children's social work is a labour intensive activity and as with all services we need to ensure best value for money in these times of economic austerity. A move towards a more quality-assured approach will enable a more effective and efficient service, resulting in better quality care, long term savings and a reduction in the time that children spend in care.

Public health: a new era

April 2013 marked the beginning of a new era of public health within local government. Moving responsibility for the public's health out of the National Health Service (NHS) into local government offers a greater opportunity to focus on preventing ill-health, by building on the partnerships developed within the NHS and concentrating on the primary factors that can change an individual's ability to live a healthy life.

Through a joined-up, or integrated approach, Kent County Council will make sure that the people of Kent have access to a good standard of education, a clean, safe and sustainable environment in which to live, with good employment opportunities, and will work with local businesses to ensure good workplace health and accessible services that are relevant to the needs of the people that live in Kent.

As individuals we all have to take some responsibility for our own wellbeing. Kent, the Garden of England, with miles of coastline, many country parks and green spaces, provides opportunities for improving physical activity,

helping people feel connected with the environment that they live in.

Public health traditionally assesses need by looking at what we lack – be it health or access to services. However an asset approach turns this on its head and looks at all the positive and useful things available to us - from buildings, services, communities and networks that we can use along our health journey.

Mapping all these assets can help people to identify what activities and facilities are available in their area. It helps the person planning services – because it enables them to make better decisions based on the way people live. These assets can be social, financial, physical, environmental, or human resources – for example employment, education, and supportive social networks³. Each community has different resources at its disposal, which can help to boost that community's level of wellbeing.

Many ways to influence wellbeing

Dahlgren and Whitehead's Social Model of Health (1991)⁴ describes the layers of influence on health. This model maps the relationship between the individual, their environment and disease. Individual people are at the centre with a fixed set of genes. Surrounding them are influences on health that can be modified. The first layer is personal behaviour and ways of living that can promote or damage health, for example the choice to smoke or not smoke. The next layer is social and community influences, which provide mutual support for members of the community in unfavourable conditions, such as times of austerity. However, they can also provide no support or have a negative effect. The third layer includes structural factors: housing, working conditions, access to services and provision of essential facilities.

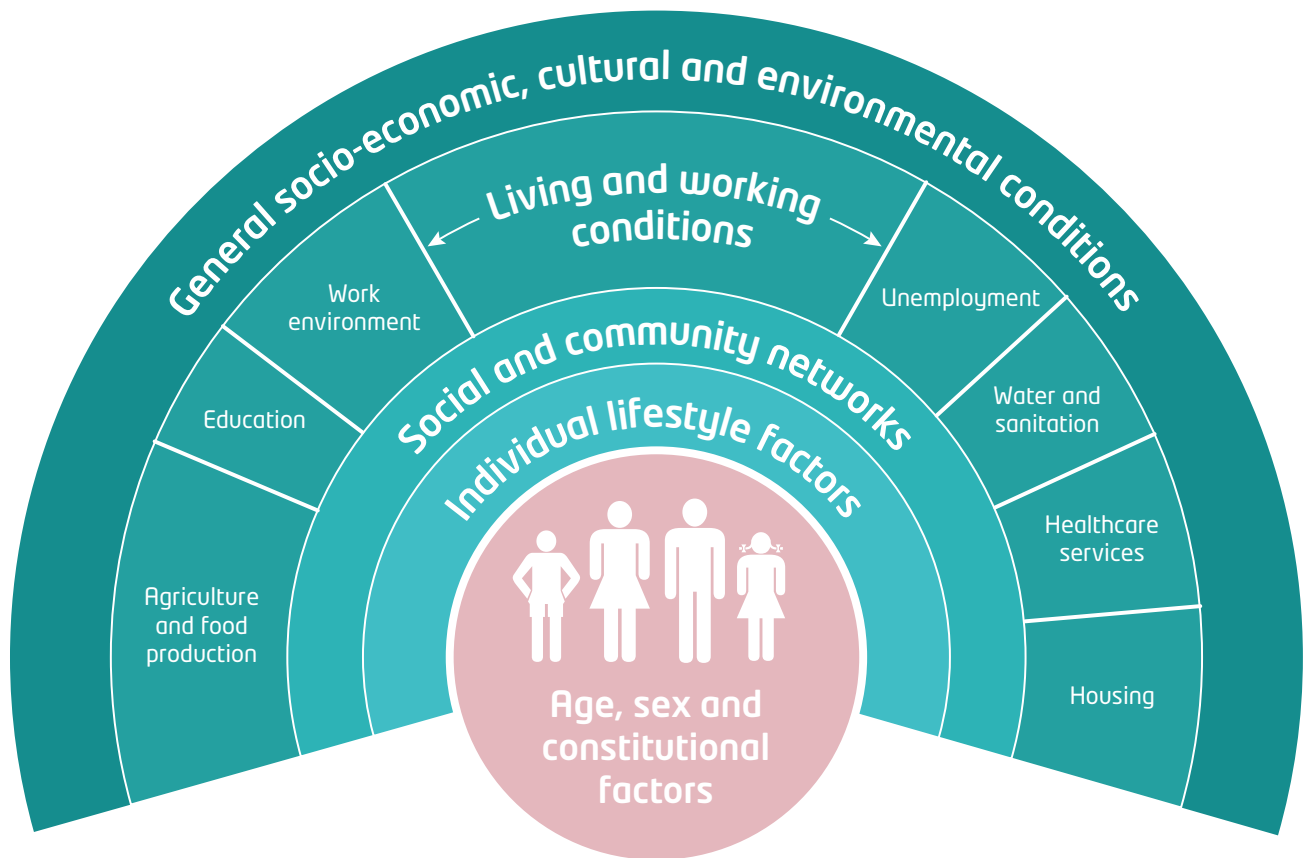
Changing people's lifestyle and behaviour has a big impact on reducing premature deaths⁵.

“Kent, with miles of coastline, many country parks and green spaces, provides opportunities for physical activity”

³ Harrison D, Ziglio E, Levin L, Morgan A. Assets for health and development: developing a conceptual framework. Venice: European Office for Investment for Health and Development, WHO; 2004.

⁴ Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: WHO; 1991.

⁵ Schroeder SA. We can do better—improving the health of the American people. N Engl J Med 2007;357(12):1221-1228.



Dahlgren and Whitehead's Social Model of Health (1991)⁶

Wider determinants of health

We each have a responsibility for our own health as individuals by making informed choices on the lifestyles that we lead. We also have a responsibility to our community.

Communities play an important part in our health and our wellbeing. The first community we encounter is (in most cases) a supportive and loving family. As we grow we go to school, move on through to further education or employment, develop hobbies and social groups, and form friendships. For some of us, wider communities such as faith groups become a central focus, while others find their focus in neighbours or the wider community where they live.

Communities are crucial to people because fundamentally we are social creatures that thrive on social interactions. It is these interactions which enable us to be more resilient during times of change or hardship.

People in the UK believe their wellbeing should be measured in terms of health, friends, families and job satisfaction⁷. This informed the National Happiness Index which complements other economic measures.

“In general the population of Kent has a higher rate of wellbeing than the UK average”

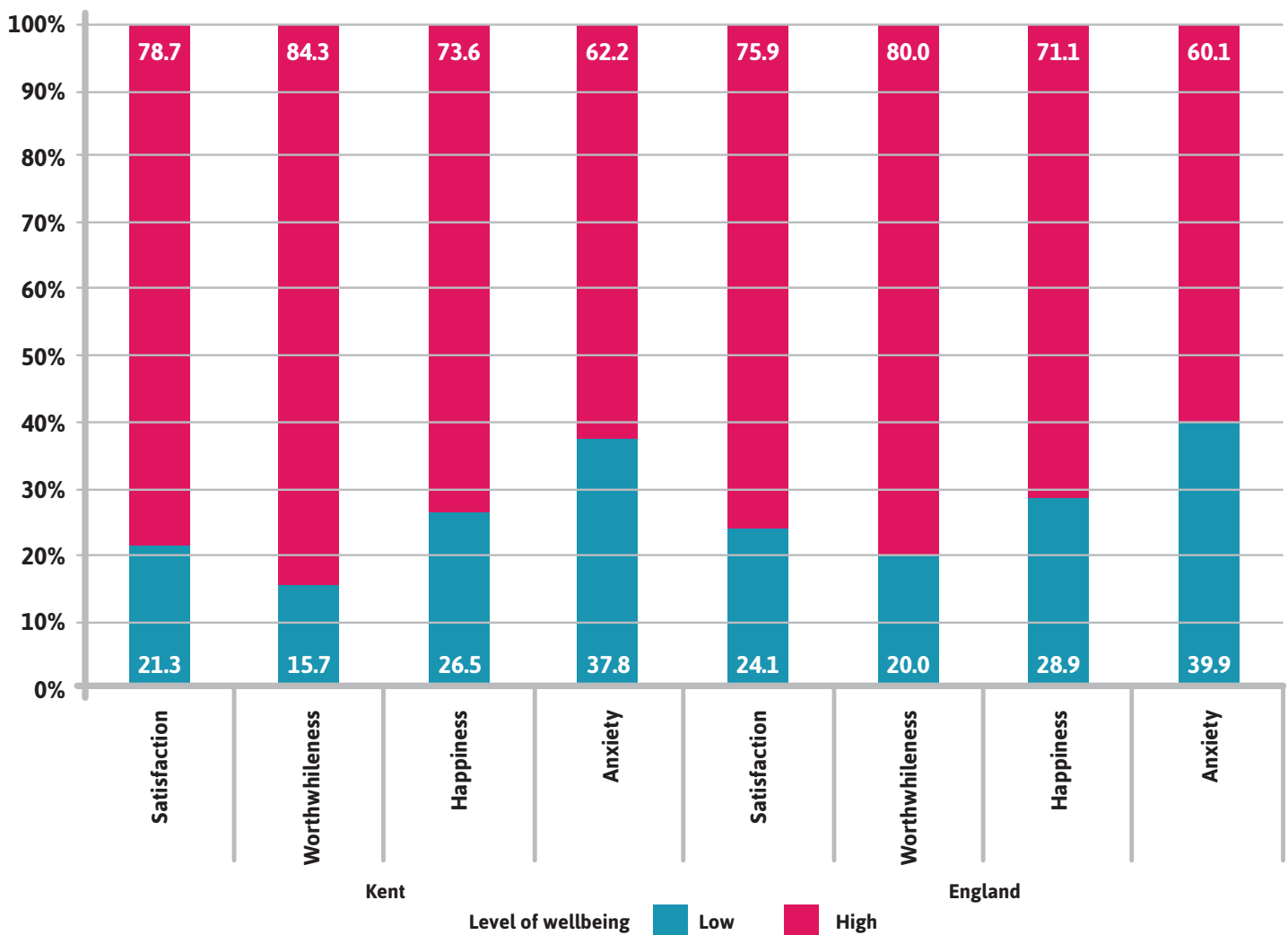
⁶ Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: WHO; 1991.

⁷ Self A, Thomas J, Randall C. Measuring national well-being: life in the UK, 2012. London: ONS; 2012.

Measuring wellbeing

The government introduced a measure of wellbeing which includes indicators on life satisfaction, how worthwhile life is considered to be, happiness and anxiety. In general, the population of Kent has a higher rate of wellbeing across the components with the exception of anxiety, where the level for Kent is slightly higher than that for England.

Wellbeing index components 2011-2012



Satisfaction, worthwhileness and happiness are measured by the following scoring system:

High score (7-10)
Low score (0-6)

Anxiety

High score (4-10)
Low score (0-3)

Source: Office of National Statistics subjective wellbeing APS Mar 2011 – Apr 2012 crown copyright.

Resilience: coping and thriving

Being resilient is one of the key factors of wellbeing, reducing stress, building supportive networks of people who can help us, knowing where to go for help and ultimately knowing how to change things for the better.

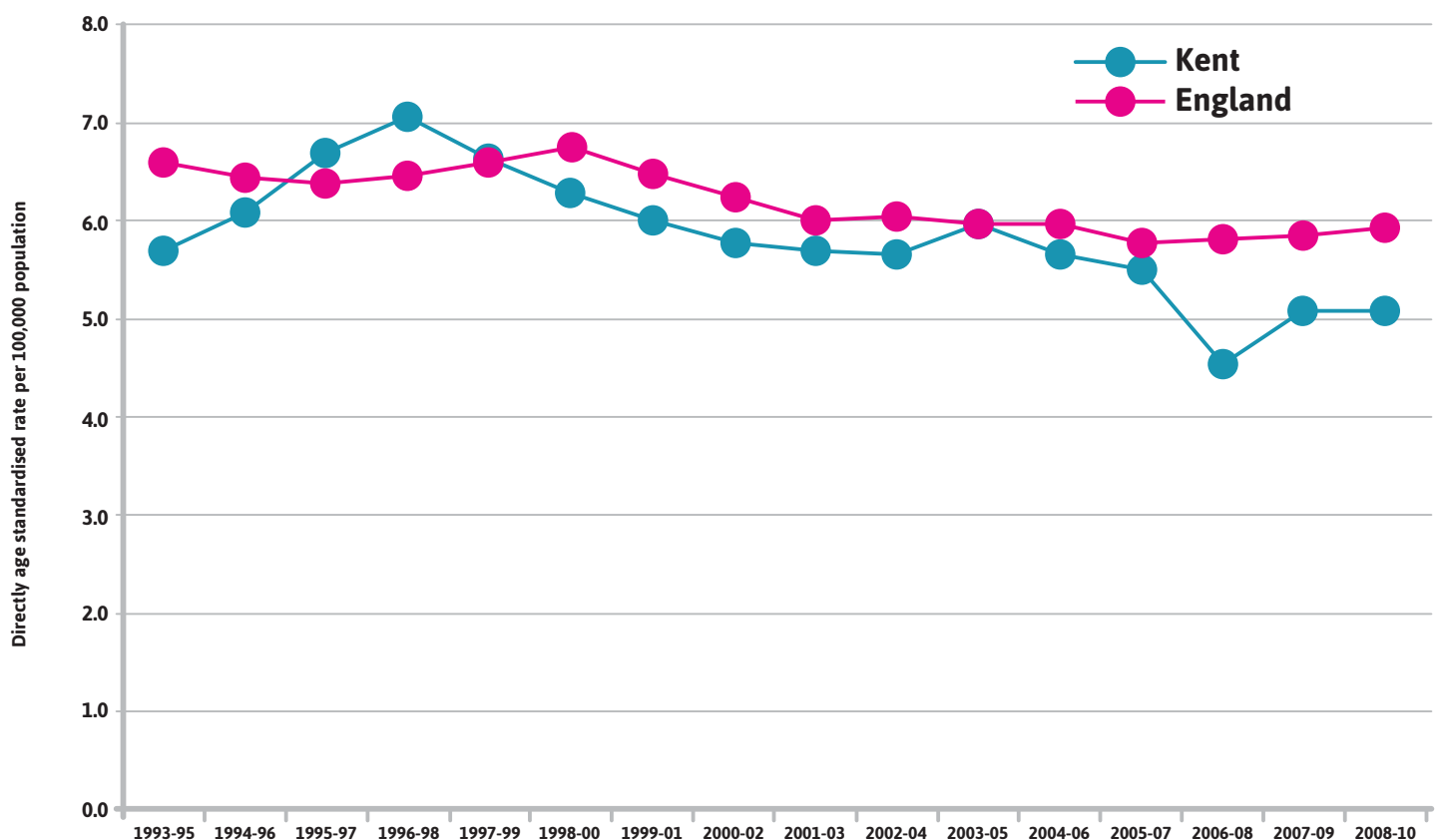
This resilience is vital to individual and community wellbeing, and consequently many of the assets that create the conditions for wellbeing – and more widely for health - lie within the social context of people’s lives. These characteristics therefore have the potential to contribute to reducing health inequalities⁸.

For individuals and communities to be resilient, a number of factors need to be in place – these are those basic elements that all individuals require as a stable platform, such as:

- adequate housing
- a safe environment
- healthy diet
- access to fresh air.

Indicators that point to a less resilient community may include an increase in the fear of crime and rates of suicide. There was a decline in the rate of suicide prior to 2008, since then there has been an increase. This coincides with the economic downturn and an increase in unemployment.

Mortality rate from suicides 1993-2010, three year rolling averages



Source: Information Centre, indicator portal

⁸ McLean J. Asset based approaches for health improvement: redressing the balance. Glasgow: Glasgow Centre for Population Health; 2011.

The framework shown below identifies some of the core elements that enable adults to be more resilient.

Resilience framework

	Basics	Belonging	Learning	Coping	Core self
Specific approaches	Good enough housing	Find somewhere to belong	Make work and learning as successful as possible	Understanding boundaries and keeping within them	Encourage positive thinking
	Enough money to live	Help understand place in the world, and that others may face similar situations		Encourage a positive outlook and reframe your perspective	
	Being safe	Tap into good influences (e.g. peer support)	Engage mentors		Develop interests
		Keep relationships going (e.g. educators/support partners/carers/family)			
	Access and transport	Take what you can from relationships where there is some hope	Map out career or life plan	Reflect and remain calm	Identify your own motivations and barriers
	Healthy diet	Get together people you can count on		Minimise time spent worrying about things outside of your control	Promote personal responsibility
	Exercise and fresh air	Give a sense of purpose	Develop organisation skills		
		Focus on good times and places			
	Enough sleep	Make an effort to understand someone else's background – where they are coming from	Highlight achievements	Say yes to opportunities to have fun	Develop your talents and skills
	Leisure and work occupations	Predict a good experience of someone or something new			
	Actions	Make friends and mix		Try not to blame yourself unnecessarily	Make use of existing tried and tested approaches and treatments
Actions					
Accepting Interpersonal skills – empathy		Conserving Interpersonal skills – trust		Commitment Ongoing support	
Enlisting Self, family, friends, GP, mental health professionals					

Why build community capacity?

– a social care commissioner's questions

There is a strong and growing body of evidence that community-based approaches to improving health and providing care and support can be cost effective, deliver better outcomes and help to prevent health and social care needs arising⁹.

Through our public consultation and engagement events, a strong and constant message has emerged – people accessing adult social care want *a life and not a service*.

Kent residents have told us that they want to attend and participate in a wide range of activities in their community and that they want to be able to live in their own homes for as long as possible.

As we seek to do more with less, and face the pressures of reduced public spending, we are working to understand how we can support community development and answer the following questions:

- can a strong and supportive community meet the needs of those who live within it?
- will this reduce or delay the need for traditional social services?
- what services need to be available to support individual, family and community resilience and the ability to self care?
- how do we move forward and get the right balance between contracting for a range of services and facilitating/supporting individuals and communities to find their own solutions?
- how should the council intervene to support greater independence and control within communities to find their own solutions?

As we develop future commissioning strategies and approaches to the delivery of social care, we will be asking: what is the best way to develop our understanding of social capital and focus on the skills, talents and enthusiasm of local people, in order to develop community based approaches that deliver better outcomes with fewer resources?

In order to strengthen resilience in the community, the assets (i.e. finance, networks etc.) and the elements that make up a thriving community, need to be mapped, understood and developed.

Emma Hanson

Head of Strategic Commissioning,
KCC Families and Social Care Adult Community Services

“In order to strengthen resilience in the community, the assets (i.e. finance, networks etc.) and the elements that make up a thriving community, need to be mapped, understood and developed”

⁹ Think local act personal. Leadership of empowered and healthy communities programme. 2013

Mind the gap – partnership working

In order to capture the impact of how we are addressing health inequalities, we use health impact assessment methodology, one of a number of key public health tools.

The Mind the Gap Health Inequalities and Wellbeing Impact Assessment Toolkit (HIWIA)¹⁰ is a tailor-made tool, adapted from the Mental Health and Wellbeing Impact Assessment toolkit. The HIWIA tool is being used with partners in local authorities across Kent, as a key approach to identifying community assets and services that contribute to reducing health inequalities.

The HIWIA has been used effectively to identify where specific and existing services can be enhanced to make sure that inequalities issues are being met. Some services that can be accessed by all such as HOUSE are required to tailor aspects of delivery to meet the needs of more vulnerable young people whose behaviour involves risk taking. Applying the screening toolkit has identified where further targeting and support should be delivered.

There is more than one way to identify and articulate these assets. Different investigative approaches can discover the value of the assets in Kent that work to provide antidotes to suffering, and keep people well¹¹.

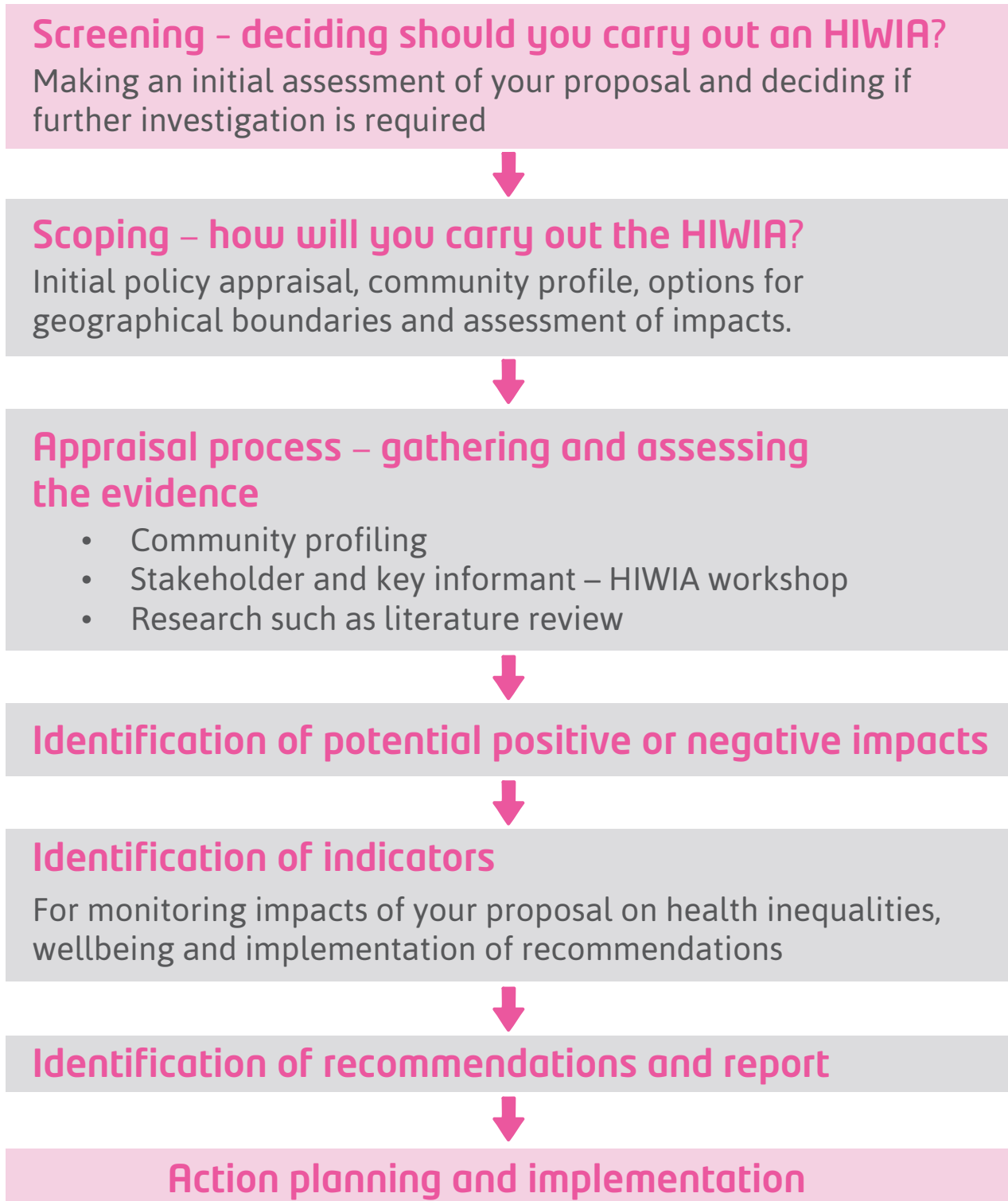


¹⁰ Cooke A, Friedli L, Coggins T, Edmonds N, O'Hara K, Snowden L, et al. The mental wellbeing impact assessment toolkit. London: NMH DU; 2011.

¹¹ Foot J, Hopkins T. A glass half-full: how an asset approach can improve community health and well-being. London: Improvement and Development Agency; 2010.

Overview of Health Inequalities and Wellbeing Impact Assessment process

(adapted from the Mental Health and Wellbeing Impact Assessment toolkit)



Source: Cooke A, Friedli L, Coggins T, Edmonds N, O'Hara K, Snowden L, et al. The mental wellbeing impact assessment toolkit. London: NMH DU; 2011.

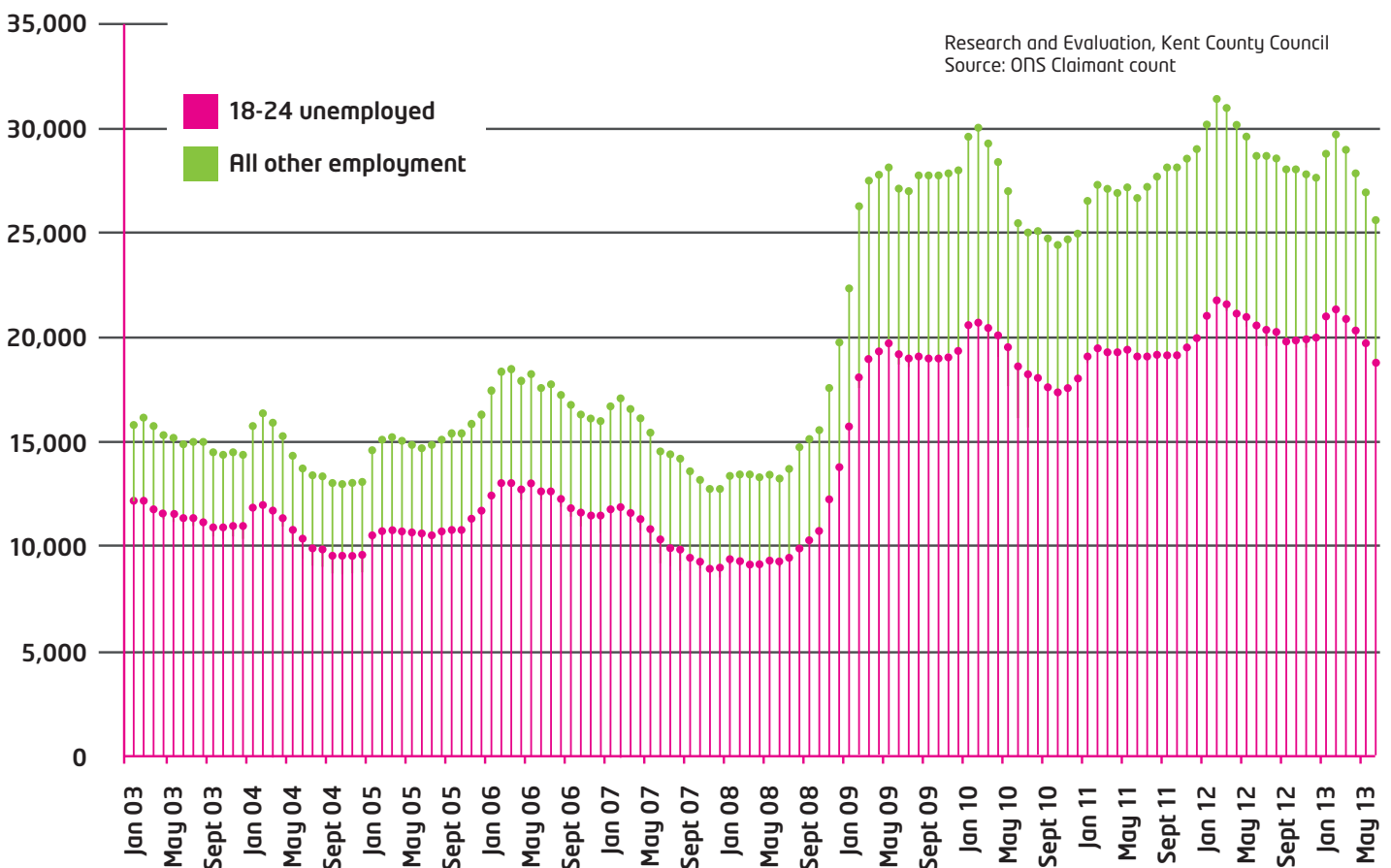
Community engagement

The health inequalities and wellbeing impact assessment toolkit is a type of community engagement. Focus groups, listening and engagement events with key groups and businesses are other important ways of understanding, identifying and building community assets.

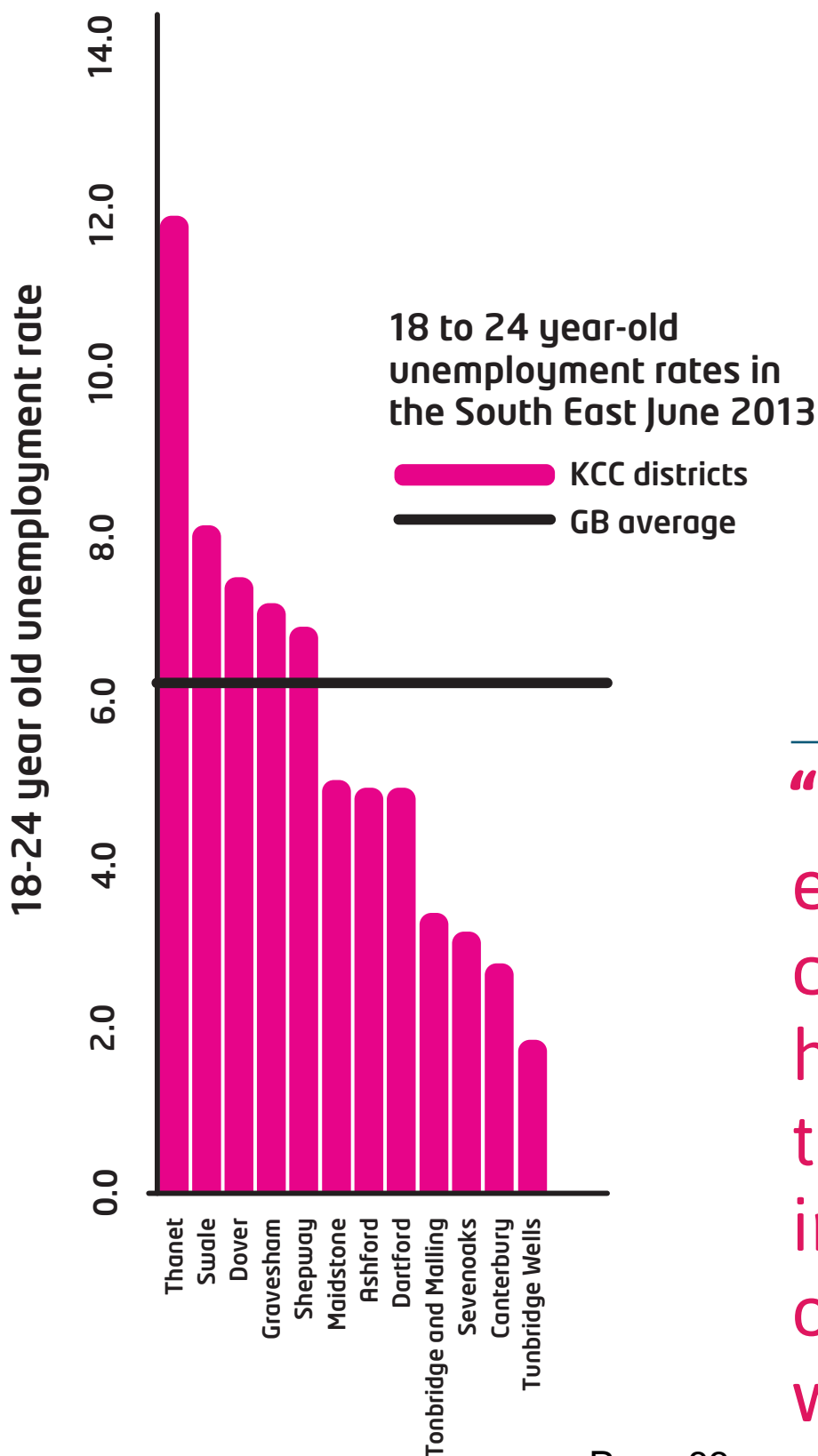
In Kent there are many young people who are not engaging with education and are facing high levels of unemployment. 18 to 24 year-olds represent almost a third of the total number of unemployed persons within Kent. The highest levels of youth unemployment are in Thanet, Swale, Dover, Gravesham and Shepway. A conventional government antidote to this might

include encouraging more young people to stay on in school, undertake an apprenticeship or be a volunteer. Kent County Council, in conjunction with partners, has developed the HOUSE project, which gives younger people a space to meet outside of school, with access to health and social care professionals. This is an example of how we can identify some of the resources that exist within communities, which help people take the lead in improving their health and wellbeing.

Trend in Kent unemployment rates January 2003 to May 2013



18 to 24 year-old unemployment rate by district authorities as at May 2013



“Resources that exist within communities help people take the lead in improving their own health and wellbeing”

Case study: health improvement in young people

The House Project

HOUSE is an innovative campaign that was developed by Kent County Council, M&C Saatchi and young people. Aiming to get public health messages over to teenagers in a way that was accessible to them, a pilot project demonstrated how the approach empowered young people to make informed choices in relation to their health, wellbeing and lifestyle. Those choices in turn led to a large number of positive outcomes. Looking forward, Kent's public health team is working with district councils and other partners to develop permanent HOUSE projects and to continue HOUSE on the Move (HOTM).



One of our greatest assets is the Kent countryside

The Kent countryside is in itself a great asset, economically, culturally and socially. From the Channel Tunnel to picnics on the white cliffs at Dover, health walks in the many Kent country parks, to groups of volunteers who gather together to improve their green spaces, right through to small numbers of people with mental health problems who go walking together, the countryside is important. Given this abundance of natural resource, we think mapping this for health and wellbeing is important.

The outdoors and mental health

Research shows the value of exercise in reducing mild symptoms of depression and anxiety¹². Regardless of what activity suits you best, the evidence is clear that doing any physical activity is better than none, in terms of mental wellbeing. Getting started is the most important thing.

Realising the positive opportunities in our outdoor environment is a fundamental factor in promoting health. Whether we live in an urban environment or in the countryside, the natural environment is the basis of our economic, social and personal wellbeing.

¹² Glenister D. Exercise and mental health: A review. The Journal of the Royal Society for the Promotion of Health 1996;116(1):7-13.



Case study:

West Kingsdown health walks

Residents of West Kingsdown are amongst those taking steps to improve their fitness and wellbeing with a local health walk.

Many retired people participate if they feel they need to stay active, because walking is one of the best and cheapest forms of exercise available. Walks last about one hour and are a great way to start to get fit, especially for those recovering from an illness or operation.

Taking part in these walks is not just about the health benefits; it's also about the opportunity to socialise and meet new people.

Living in a village can be a wonderful experience. But in many rural areas, people often get about by car so meeting others can be a challenge. Taking part in health walks helps people make new friends.

The district's health walks are run by local volunteers who are trained and supported by Sevenoaks District Council, in partnership with Kent County Council.

Outdoor spaces: supporting physical health

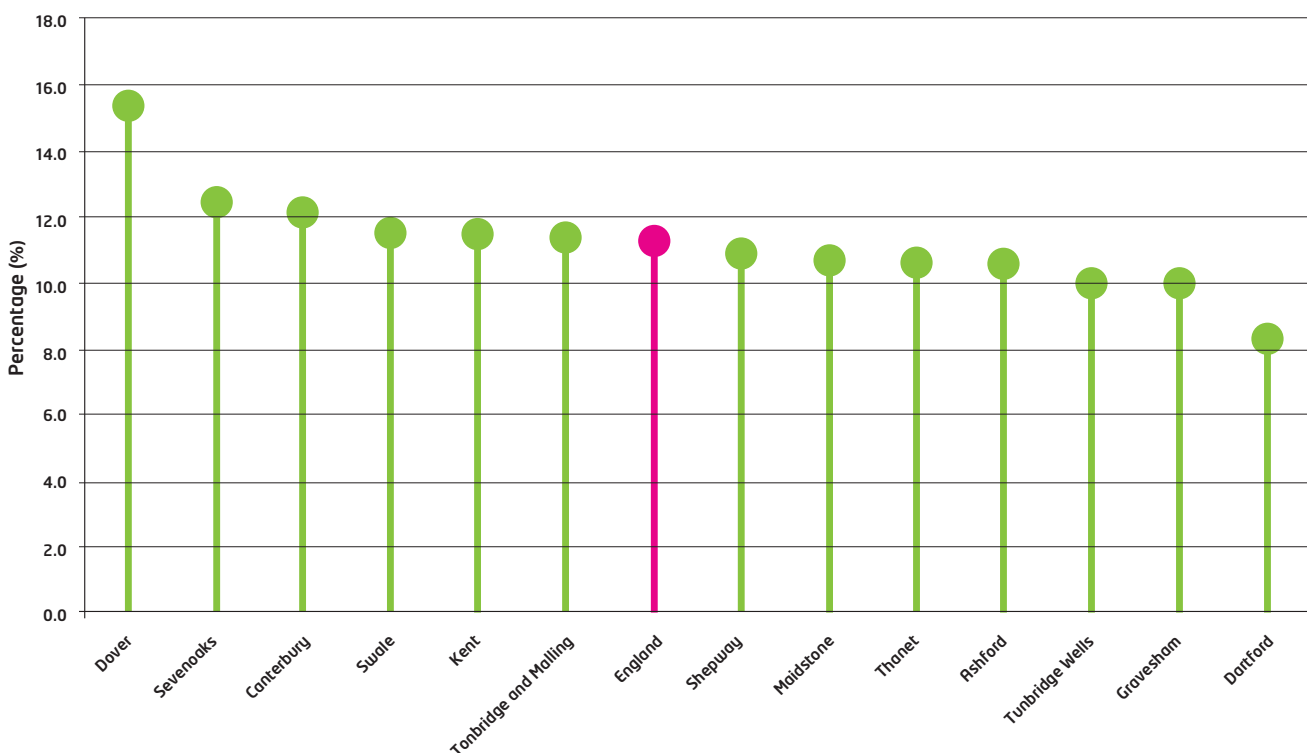
Many chronic diseases are linked to lack of physical activity. These include common health problems, such as cardiovascular disease, diabetes, some cancers and osteoporosis, all of which are a major cost to our healthcare system.

Measures of physical activity in England consistently show that most people do not reach the nationally recommended levels for adults – 30 minutes of moderate intensity activity, five times per week. Only 11.2% of adults in England meet the recommended levels, Kent is slightly better at 11.4%. Dover district has the highest level of participation of the 12 Kent districts.

Access to nature can encourage participation in physical activity. Going out for a stroll or to get some fresh air inspires people of all ages to be active. Evidence suggests that being outdoors in nature is an important factor that helps to maintain people's motivation to keep fit.

For example, many join schemes such as Green Gyms for their health, but they stay because of their environment¹³. Many participants in health walks say the changing seasons and variety of wildlife are a major encouragement to continue attending¹⁴. These examples of green exercise – physical activity undertaken in the outdoors – provide a virtuous cycle between nature and exercise in their local area.

Adult participation in physical activity 2009-2011



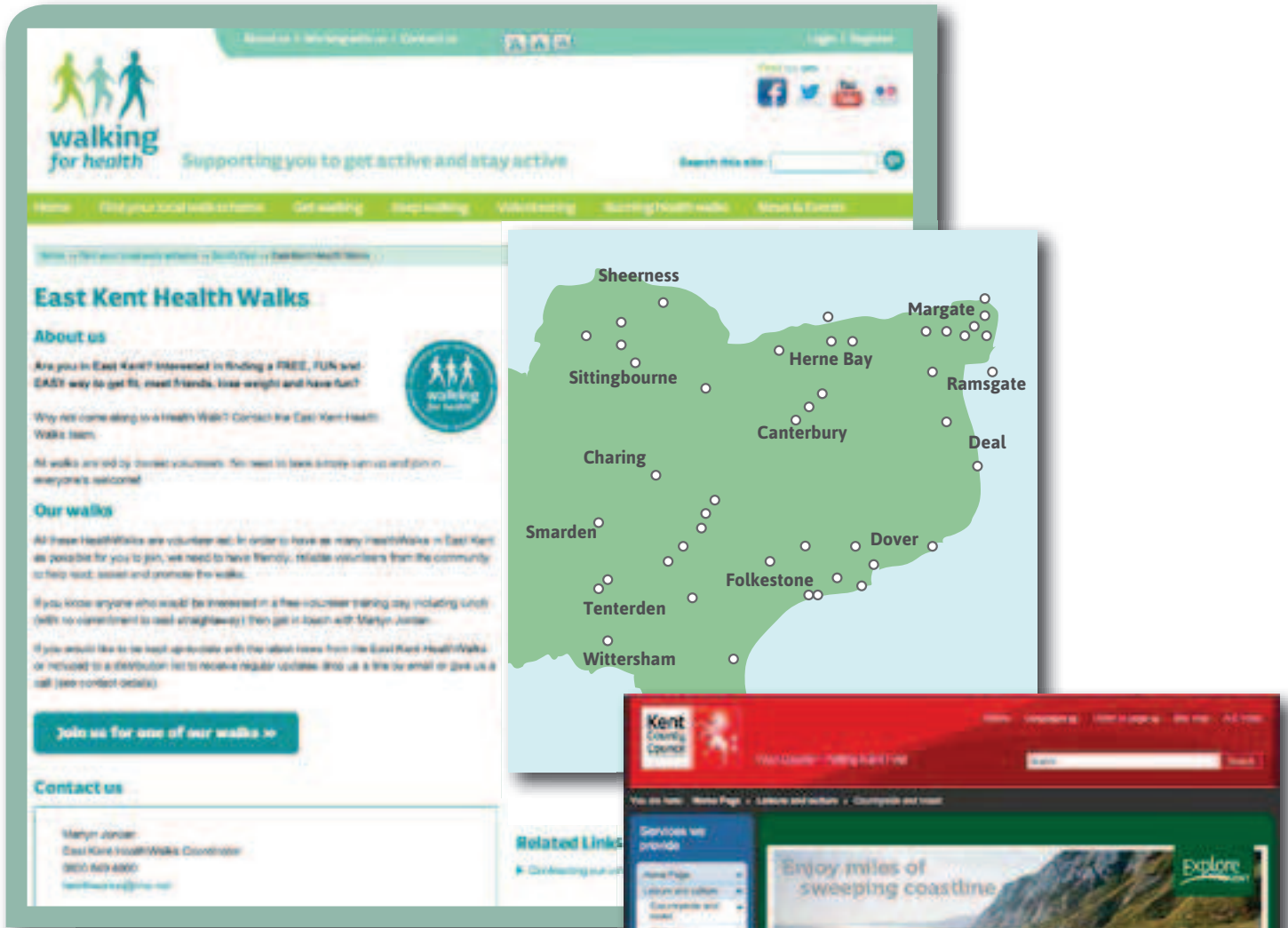
“The changing seasons and variety of wildlife are a major encouragement to continue walking”

Source: Health Profiles 2012

¹³ Heron C, Bradshaw G. Walk this way: recognising the value in active health prevention. London: Local Government Information Unit, Natural England; 2010.

¹⁴ Molteno S, Morris J, O'Brien L. Public access to woodlands and forests: a rapid evidence review. London: Forest Research; 2012.

East Kent health walks www.walkingforhealth.org.uk/walkfinder/south-east/east-kent-health-walks



Explore Kent has developed a number of walks and cycle rides that take in natural and cultural elements of Kent.

<http://edition.pagesuite-professional.co.uk//launch.aspx?pbid=54246325-d046-441e-8b5f-564a7078069b>

“Being outdoors in nature helps to maintain people’s motivation to keep fit”

There is no health without mental wellbeing

We know our mental health and physical health are connected. When we feel stress for long periods of time the hormones that get released into our body (cortisol) can be harmful to our immune system and slow down our healing, in some cases even causing illness¹⁵.

There are two main factors to mental wellbeing: feeling good and functioning well.

People have control over their own wellbeing to some extent, by creating positive mental approaches to health and wellbeing and shaping how we feel. Many people know they have the capacity to stay well, improve their health and in particular their wellbeing¹⁶ using their personal energy and resources – material, social or psychological – to cope with stress and challenges¹⁷.

One of the roles of public health is to develop community assets to support people's wellbeing.



“Mental
health and
physical
health are
connected”

¹⁵ Dhabhar F S. Enhancing versus suppressive effects of stress on immune function: implications for immunoprotection and immunopathology. *Neuroimmunomodulation* 2009;16(5):300-317.

¹⁶ Antonovsky A. The salutogenic model as a theory to guide health promotion. *Health Promotion Internation* 1996;11(1):11-18.

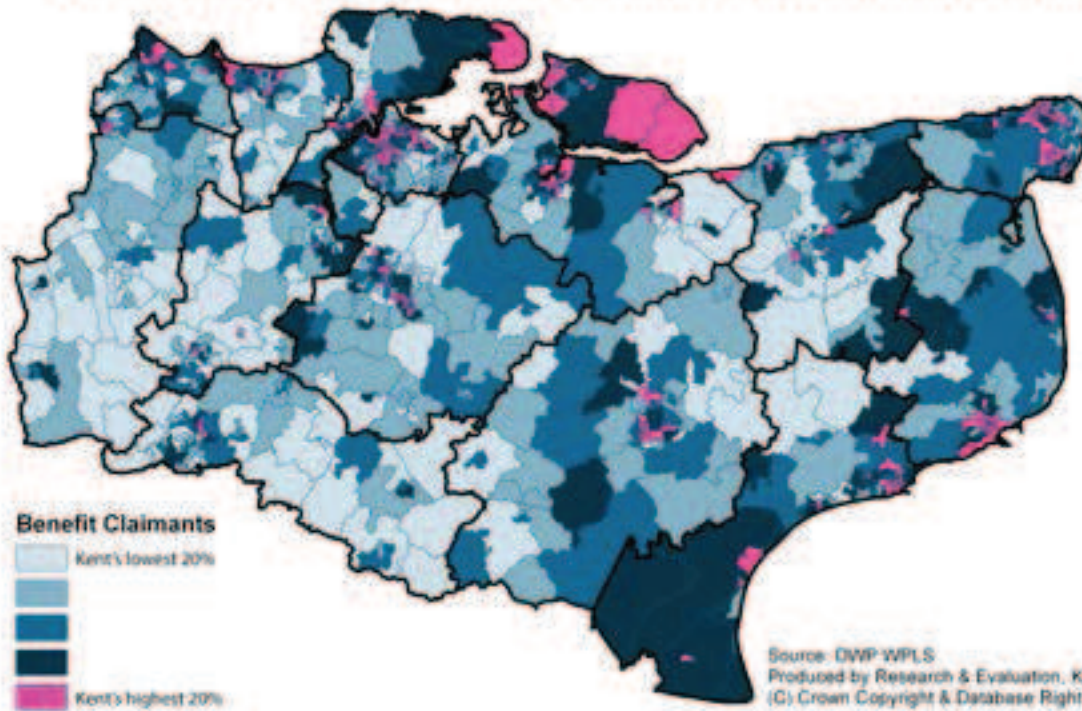
¹⁷ Lindström, B, Eriksson, M. Salutogenesis. *Journal of Epidemiology and Community Health*, 2005: 59:440-442

Looking further forwards, a developing part of the vision for public health is the recognition that positive mental health and wellbeing is also a product of wider societal factors; the presence or absence of mental health is therefore, above all, a social indicator and requires community, as well as individual solutions¹⁸. The more deprived a community, the more likelihood there is for stresses and life events to cause major financial and emotional problems. As an example, research shows that keeping well is dependent on a range of factors such as secure employment and a sustainable income¹⁹. Significantly higher numbers of people on low incomes face anxiety and depression as they struggle to

keep themselves and their families well²⁰. This is likely to be made worse as welfare reform changes are implemented.

The following map shows the proportion of people in Kent and Medway by small geographical areas (lower layer super output areas LSOA), aged 16-64 who were claiming any of the Department of Work and Pensions (DWP) benefits as at November 2012. Those areas coloured pink indicate the 20% of LSOAs which have the highest proportion of 16-64 year old people claiming DWP benefits. The highest numbers of people claiming benefits are generally in areas of greater deprivation.

Proportion of people aged 16-64 claiming benefits in Kent November 2012



“Higher numbers of people on low incomes face anxiety and depression”

The Marmot Report: Fair Society Healthy Lives has shown the widening gap in health outcomes amongst different communities²¹. We want to identify community resources or assets that can help to keep that community well and narrow this gap.

An important role for health and local government is to identify what supports social networks and the practice

that sustains a community’s strength to bounce back against challenges – its resilience²². Mental health and wellbeing, as we have noted, is very much a factor of social networks. We need to help government, communities and individuals understand how to make the most of what is available.

¹⁸ Friedli L. Mental health: resilience and inequalities. Copenhagen, Denmark: WHO Regional Office for Europe; 2009.

¹⁹ Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: WHO 1991.

²⁰ Marmot M, Wilkinson R. social determinants of health. 2nd ed.Oxford:Oxford UP; 2006

²¹ Marmot M, Atkinson T, Bell J. Fair society, healthy lives. : UCL; 2010.

²² Friedli L, Carlin M. Resilient relationships in the North West: what can the public sector contribute. Manchester: NHS North West and Department of Health; 2009.

Six ways to wellbeing in Kent

The relationships we have with other people are very important. Research by the New Economics Foundation²³, included in Kent's Live It Well strategy, focuses on how individuals can improve their positive mental health or wellbeing through the five ways to wellbeing²⁴: In Kent we have added a sixth way – Grow your world: economy and sustainability.



You will notice that many of the six ways interact with each other to create even more possibilities to stay well. Kent can offer assets to support all of the six ways to wellbeing. What's crucial is that achieving small changes across the population will have a big impact, and through these six ways, Kent County Council can work with its partners and communities to ensure we all get a chance to thrive.

²³ Aked J. Five ways to wellbeing: new applications, new ways of thinking. London: New Economics Foundation; 2011.

²⁴ NHS Kent and Medway. Live it well: a strategy for improving the mental health and wellbeing of people in Kent and Medway. Kent: NHS Kent and Medway; 2010.

Describing the six ways to wellbeing

1. Connect – with family, friends, colleagues, neighbours

Research shows that at society level, social cohesion can have a powerful effect on health, over and above individual social relationships. This has implications for improving the health of communities²⁶. Religious communities and ethnic groups along with vulnerable communities such as carers or veterans can feel marginalised, fearful, insecure, excluded, and unable to influence decisions or participate fully in society. Connecting is crucial to addressing these issues.

Case study: C2 Connecting Communities – Newington Community Unity

Over the last year, Public Health has sponsored Connecting Communities (C2) within two Thanet communities, Newington and Cliftonville, supporting local residents and public services to improve health and wellbeing and bring transformation to areas with the most challenges. C2 is a time-limited, seven step intervention, leading to resident-led, multi-agency partnerships. Newington Community Unity is chaired by a local resident and addresses local issues; providing continuous feedback, celebration of successes and challenges to longstanding barriers. This promotes improved community confidence, connections, local volunteering and momentum towards change. Exchange visits across the country have connected like-minded people, all passionate about improving their neighbourhood through connecting and learning.

Connecting communities works in the following ways:

- encouraging networks and co-operation amongst local residents
- building a parallel community of interest with service providers and public agencies
- sharing inspiration between communities
- giving people greater control over their own lives, so they are more likely to adopt health enhancing behaviours
- allowing people to co-operate to improve their shared conditions
- helping residents converse with service agencies, making them more accountable and responsive
- increasing resilience for communities and individuals
- providing an enabling context for behaviour change
- improving effectiveness of patient and public involvement
- improving commissioning and delivery through co-design of services
- future impact on health inequalities and long term conditions.



“Social cohesion can have a powerful effect on health”

²⁶ Marmot M, Wilkinson R. Social determinants of health. 2nd ed. Oxford: Oxford University Press; 2006.

2. Be active

The natural environment provides us with essentials such as clean air, fresh water, and food. But it also gives us enjoyment, inspiration, opportunities to get active and also to relax.

Kent has a huge diversity of parks, forests and special environments. The natural environment draws large numbers of visitors each year and offers the people of Kent huge opportunities for an active lifestyle. The land in Kent is very productive, with about two-thirds of the land under agriculture. Bedgebury Pinetum had 235,000 visitors during 2012-13.

Healthcare professionals can signpost their patients to outdoor physical activity, including self-directed green exercise opportunities such as gardening, walking and cycling, or participation in organised outdoor exercise such as health walks or conservation management. The Healthy Club website (<https://www.healthyclub.nhs.uk>) provides healthcare professionals with the information to support their patients and clients to make changes to their lifestyles.

Case study: reducing diabetes through exercise

Canterbury student Frazer Edwards, 20, has reduced his regular medication and feels great, all thanks to a very simple prescription – exercise.

Frazer is a second year student studying Geography at Canterbury Christ Church University. When he arrived in Kent from his native Suffolk he found that pain in his leg from a childhood injury was being exacerbated by his new student lifestyle. In addition his blood sugar levels were becoming more and more erratic.

“When I first got to uni I was diagnosed as diabetic,” explains Frazer: “I used to get hypos all the time as a teenager and would regularly fall asleep at school. When I came to Canterbury the nerve damage to my leg also meant that I was in constant discomfort, particularly during lectures, and my blood sugar levels were all over the place. My GP prescribed metformin to control my blood sugar and also pregabalin for the pain in my leg, but neither of them were very effective. I felt dosed up to my eyeballs and not any better.”

After a conversation with his dad back home, Frazer decided to see if any help was available to him to help him to increase his activity levels. He went back to his GP who recommended the Exercise Referral Scheme from Kent Community Health NHS Trust.

“I met Karen, my personal exercise assistant, at Kingsmead Leisure Centre in Canterbury which isn’t far from me. She took all my information down and then got me using the equipment. Having someone there to help and support you to get yourself moving really helps.”

Frazer started exercising three times a week for around an hour each time. He says the results have been dramatic. “I saw some good results almost immediately so that really spurred me on. After just a few weeks I was able to come off the medication for both my leg pain and my diabetes. My energy levels have increased and I feel brilliant – no more afternoon naps for me! My body used to control me but thanks to the exercise referral scheme I am back in control of my own body.”

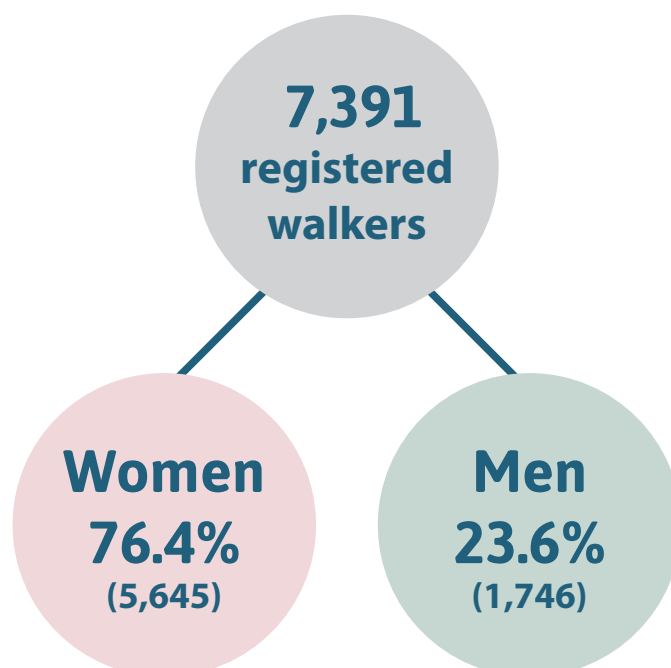
“Healthcare professionals can signpost their patients to outdoor physical activity”

Studies suggest that the most effective interventions to increase activity levels involve walking from home, rather than attendance at a facility²⁷. Research has also begun to explore appropriate dose levels for the benefits of green exercise, following evidence that the length of stay in nature is the strongest determinant of the restorative experience²⁸.

Walking for health encourages people to become physically active in their local communities. In Kent there are nine walking-for-health schemes, offering regular, short, easy walks with trained volunteer walk leaders. District councils offer health walk schemes, with Kent Community Health Trust providing training to health walk leaders. The countryside is freely available to everyone; green gyms have no joining fees and cost nothing to use. Some activities are individual, but others can also be a way of meeting other people. Local health walk schemes can be found throughout England. There is no need to spend on gym membership when there are opportunities to get active in the great outdoors.

Walking for health schemes in Kent

East Kent Health Walks
Maidstone Health walks
Bedgebury Health Walks
Sevenoaks District Health Walks
Tonbridge and Malling Health Walks
Dartford Health Walks
Medway Health Walks
Gravesend: The Gr@nd’s Wednesday Walk
Tunbridge Wells Health Walks



²⁷ Hillsdon M, Thorogood M. A systematic review of physical activity promotion strategies. Br J Sports Med 1996;30(2):84-89.

²⁸ Reid L, Hunter C. State of understanding report 1: personal well-being and interactions with nature. London: Economic and Social Research Council; 2011.

3. Take notice – be curious, reflect on experiences

Isolation, introspection and internalising of emotions can be contrary to wellbeing. Where individuals are aware of the world around them, what they are feeling, and reflect on their experiences, they will have a greater appreciation of what matters to them. This awareness is essential in recognising and addressing challenges in their lives.

Reading can help keep people well and research shows that people see their library as a safe, trusted and non-stigmatised place to go for help²⁹.

Research also shows that reading for leisure, and having the chance to discuss reading with a group of friends, helps promote personal wellbeing and reduce stress. Libraries support more than 600 reading groups across

Kent, and offer collections of mood-boosting books including uplifting novels, poetry and non-fiction, all recommended by readers.

“Isolation and introspection can be contrary to wellbeing”

Case study: read yourself well

Kent County Council’s library and archive services have always played a key role in supporting the health and wellbeing of people in Kent.

Health professionals are placing more and more emphasis on early intervention and prevention to reduce mental ill health, and research demonstrates the benefits of reading, community networks and social capital in keeping healthy. We are developing new partnerships and services to help people look after their health.

Part of the national Reading Well – Books on Prescription scheme, launched in June 2013, Kent’s libraries provide self-help reading for adults experiencing mild to moderate mental health issues such as anxiety, depression, phobias and eating disorders.

GPs and other health professionals prescribe books to their patients from a core national booklist selected by experienced mental health practitioners. This encourages people to go to their local library and borrow the book, all for free. Patients don’t even need to have a prescription to borrow these titles. They are available to everyone, from 45 libraries across Kent.



²⁹ The Reading Agency. Reading Well. 2013; Available at: <http://readingagency.org.uk/adults/quick-guides/reading-well/>. Accessed 16/8/2013.

4. Keep learning – try something new

Learning new things helps make us more confident, as well as raising levels of wellbeing. The skills or knowledge learned should, crucially, be something we enjoy.

We can achieve this by simply trying something new, or rediscover an old interest for example signing up for a course, or taking on a different responsibility at work. The activity could also be manual – fixing a bike, learning to play an instrument or how to cook a favourite food.

Kent’s mental wellbeing website – www.liveitwell.org.uk has a lot of information on opportunities to keep learning and to try something new. It is constantly updated with new opportunities. In addition, information and advice can come from self-help sites, offering people great ideas on how to keep well. For example, for parents there are at least two support sites – Mumsnet³⁰ and Netmums³¹ that support parents to engage in healthy activities and connect with each other about the things that interest them.



“A Netmums survey³² found that their members tend to make their resolutions not in the New Year but in September, when the kids go back to school. Something about that fresh new term seems to get mums thinking about turning a new leaf, trying something new and finally fulfilling those dreams and ambitions we’ve been putting off for too long. Our survey found that 47% of mums would love to learn something new during the forthcoming school year.”

“Learning new things helps make us more confident, as well as raising levels of wellbeing”

³⁰ Mumsnet. 2013; Available at: www.mumsnet.com/info/aboutus. Accessed 16/8/2013.

³¹ Netmums. 2013; Available at: www.netmums.com/. Accessed 16/8/2013.

³² Netmums. Learning something new. 2013; Available at: www.netmums.com/activities/active-family-fun/things-for-mums-to-do/learning-something-new. Accessed 16/8/2013.

5. Give – doing something for others

There are many opportunities to get involved in volunteering across Kent. According to research, people who volunteer for voluntary organisations generally have healthier lives^{33,34}. Breastfeeding peer supporters are an excellent example of the volunteer ethos and they have helped many people in Kent. Kent County Council offers staff a day a year to volunteer.

Case study: breastfeeding peers support scheme

A project funded by Kent County Council but delivered by a community interest company, PS Breastfeeding CIC, has enabled more than 85 women to train as breastfeeding peer supporters in Kent. The peer supporters work with groups of mothers who want to breastfeed their children, but need support and guidance to cope with the challenges.

The peer supporters work with groups meeting at children's centres, village halls or other places in the community, providing information and support – and not just on breastfeeding.

Peer Supporter Zara Hayes got involved with the scheme when she had her son, Mason. She said: "The scheme was a lifeline. I was struggling with breastfeeding because it can be seen as not a normal thing; there are adverts for formula milk everywhere! The group really helped me – and the social element was really important, too. So when the opportunity came to train as a supporter myself, I got involved because I wanted to give something back."

Katey Lakey, another peer supporter added: "The benefits of breastfeeding are really clear – but it can be quite a lonely journey. You spend a lot of time sitting still, on your own, so a lot of people give up. Being able to meet with other people going through the same things can be really helpful in keeping going. Breastfeeding doesn't have a marketing industry selling it to mothers."

There's lots of evidence that breastfeeding is good for children's health – but there are also benefits for the mother. Beverley Smith, who is also a trained peer supporter said "It's the only job that doesn't generate any knock-on activity! There's no washing up afterwards and none of the stress that comes along with formula". Zara adds that "it's free – which means cash can go on other important things!"

The peer support groups are well established in East Kent, and will be starting in the west of the county. Beverley, who got involved with a group in Folkestone after the birth of her son Milo, says the social aspect was really important. "I got to meet other people who were breastfeeding. It was really reassuring to find that other people were figuring out the same problems and challenges that I was. You don't need an appointment to talk to someone who can point you towards advice, or who has been through the same things as you!"



³³ Kawachi I, Kennedy BP, Lochner K, Prothrow-Stith D. Social capital, income inequality, and mortality. Am J Public Health 1997 Sep;87(9):1491-1498.

³⁴ Wilkinson R, Pickett K. The spirit level: why equality is better for everyone. London: Penguin; 2009.p.78.

Case study: living well, Dartford allotments

From brambles to bloom; a small, half-acre allotment project has brought healthy living to young and old, right across the community in Dartford.

Buried under six feet of prickles, the majority of the Cedar Road allotment was entirely out of use until November 2009 when a Healthy Living Centre project began in the local area. Now, thanks to the hard work of volunteers the site has been transformed and the Cedar Road allotments have become a real focus for community and healthy activity. Regular visitors include people with health problems, school age children, as well as local residents.

Sharon Phillips, Healthy Living Centre Manager, got the project going and has overseen its progress.

She said: "There have been a lot of different people involved in getting the project to where it is now. It started with a community grant from Kent County Council, which made it possible to start work and find volunteers to join in. We've had local residents, community payback groups and even 40 BT managers on a team building day. But the foundation are the local volunteers, who do so much.

The allotment scheme is all about healthy living, but wider impacts ripple out way beyond those who live on the doorstep and have a vegetable patch.

Now, with marked paths, organised drainage, a pond and a well-equipped tool shed, the allotment has become an oasis in its urban surroundings.

Even the homeowners who live around its edge have played their part – with one man regularly donating water from his pond into an ingenious irrigation system, whilst others donate power for community events. The houses that look in from every side are part of this community project.

Graham Laidlaw, the site's volunteer groundsman, is a computer programmer who cycles in most days in the summer – not just to keep the site ticking over, but also to make improvements. From water collection and pumping to a pond, decking and even clearing stones, it seems there's nothing he hasn't turned his hand to.

"We're surrounded by houses, and our neighbours really feel part of things. We've saved fencing from a neighbour that would have gone on a bonfire, and we've got a grassed area, which is great for socialising and barbecues.

"Ultimately, it's the outcome that matters – it's about what it gives people."

Steve Grimsey, Health and Sport Development Officer, has seen the allotment become a key location in his work.

"As well as individuals, groups are benefiting from the project. We're working with the pupil referral unit, so have had children in who can find the normal classroom quite challenging. Then there's a children's home that have come down and done some planting. Later, we've gone back to them and shown them, with the community chef, how to use what they've planted and cook the produce.

"With healthy living and weight reduction, just being here can be helpful – and educational. It's about learning in a different way. Having the allotment here offers an opportunity for learning outside the classroom.

"It's about trying to help them learn about healthy living and the environment as well as five-a-day."



6. Grow your world: economy and sustainability

There is a strong association between the economy, the labour market, environment and health. The impact of poor housing, lack of green spaces, fuel consumption, unemployment, poor quality employment and low paid work all lead to poorer health outcomes and health inequalities.

These factors cannot be satisfactorily addressed by any single agency alone, which is why we are working in partnership with local business, public sector organisations and Kent chambers of commerce, among others.

Regenerating Kent

Regeneration activities aim to reverse economic, social, and physical decline in areas where market forces will not do this without support from government (Department of Communities and Local Government (DCLG)).

Regeneration needs to:

- secure long-term change, by tackling barriers to growth and reducing worklessness – moving communities and individuals from dependence to independence
- improve places and make them more attractive to residents and investors, allowing new and existing businesses to prosper
- foster ambition and unlock potential in the most deprived areas by breaking cycles of poverty

- enable everyone in society to gain more power in decisions made which affect them, and to take advantage of the economic opportunities that regeneration brings
- supplement (not replace) and help to improve the flexibility and targeting of mainstream government services in underperforming areas
- deliver sustainable development which contributes to people's satisfaction with where they live as well as wider government goals
- open up opportunities to create more equal communities³⁵.

There have been several projects across Kent that have successfully brought economic growth and employment opportunities, alongside improved transport links. Examples include Thanet Earth, a greenhouse project near Monkton which uses the latest efficient hydroponic growing techniques; Eureka Business Park at Ashford; The Bridge Project at Dartford; Bluewater Shopping and Leisure facility; Westwood Cross shopping centre, the High Speed Rail link and Fast Track bus services.

“The impact of poor housing, lack of green spaces, fuel consumption, unemployment, poor quality employment and low paid work all lead to poorer health outcomes and health inequalities”

³⁵ Gov.uk. Department for Communities and Local Government. 2013; Available at: <https://www.gov.uk/government/organisations/department-for-communities-and-local-government>. Accessed 16/8/2013.

The role of regeneration in reducing health inequalities

Successful regeneration projects will bring health improvement, created and determined by where people live, work, learn and play. Public health will support regeneration in an advisory role through health and wellbeing boards. As population demographics change and grow, the public health team's input will help ensure sufficient services are delivered in the right place, for the right people.

Working with businesses to improve employee health

Good employment has an impact not only on quality of life, but also length of life. People from lower socio-economic groups, with fewer qualifications and skills, or those with disabilities, or poor mental ill-health are more likely to be in low paid, poor quality employment. These people, on average, live 17 years less disability-free life and on average die seven years earlier³⁶.

Employment opportunities in Kent

The public sector is still the largest employment sector in Kent, although a diverse economy of small and medium enterprises (SMEs) exists. 50,000 SMEs in Kent are registered for VAT, of which 98% have fewer than 100 employees. Identifying and engaging with this group of businesses is a challenge for Kent, but there are several channels which are already being used, e.g. the Small Business Federation.

District councils, in particular environmental health and health and safety services, have good knowledge of, and frequently interact with, the majority of local businesses. In addition, the Kent Chamber of Commerce, trade unions and other organisations provide information and services.

Case study:

what have we done to engage with SMEs?

A small pilot project was conducted during 2012-2013, mainly using existing providers, to test business interest and engagement. The pilot included ad-hoc interventions, one-to-one engagement and support (particularly looking at a Kent programme), a web based questionnaire, and a county-wide event to promote workplace health and wellbeing. A full evaluation was completed in Summer 2013, but a small interim sample shows high interest from businesses in further work around staff wellbeing.

A clearer picture is evolving of employers' needs to improve staff health and wellbeing; crucially, no one-size-fits-all solution will suffice, and flexibility will be important to business engagement.



³⁶ Marmot M, Atkinson T, Bell J. Fair society, healthy lives. : UCL: 2010.

Case study: workplace wellbeing in Tonbridge and Malling Borough Council

Tonbridge and Malling Borough Council launched their first Workplace Wellness Event in September 2010. The council challenged its own staff to 'eat less and move more', offering many opportunities to make small changes to lifestyle to improve long-term health through the Change4Life campaign.

They progressed this to target 'hard-to-reach' routine and manual workplaces. So far they have worked with staff from over 20 businesses across the public sector, retail sector and construction industry.

They have worked with over 1,000 individuals through their workplaces and delivered:

1,000+
Intervention and brief advice (IBAs) for smoking and safe use of alcohol

400
Wellbeing or NHS health checks

300+
Registered smokefree homes awards

50+
Adult weight management referrals

100+
Stop smoking referrals

“Tonbridge and Malling Council challenged its own staff to eat less and move more”



Next steps

This report sets out, with numerous examples, some of Kent's great assets, from the natural environment, and physical geography, right through to the people and communities that live and work in Kent.

Health is not just about access to health services (although clearly important for people who are ill and require clinical treatment services) but also about lifestyle and social circumstances.

Now that Kent County Council is responsible for the public's health, there is a real opportunity to assess the health impacts on the complete totality of what the council provides, as part of the process of agreeing and operating Kent strategies and policies.

In current austere times, resilience and connectedness of communities are important elements that significantly influence health and wellbeing. The traditional model of public services provided for people and communities,

based on a deficit model of need, has failed our most deprived communities, the very communities that are neither connected nor resilient. These communities also show the worst comparative health outcomes, such as low life expectancy and high rates of premature deaths (which we consider preventable).

We are calling for councils and public services to work with communities, to develop their connectedness, improve their resilience and deliver local improvements. The example of Connecting Communities shows what can be achieved if the work is done together.

We are also very clear that most people have responsibility for their own health and wellbeing, that parents have responsibility for their children's health and wellbeing and that the basic assets of resilient communities include lifestyle behaviours such as eating healthy diets and exercising more.

We are calling on the people of Kent to:

- **connect**
- **be active**
- **take notice**
- **keep learning**
- **give**
- **grow.**

“We are calling for councils, public services and communities to deliver local improvements together”



Acknowledgements

Public Health

Andrew Scott-Clark, Director of Public Health Improvement, Kent County Council

Dr Abraham George, Public Health Consultant, Kent County Council

Jessica Mookherjee, Public Health Consultant, Kent County Council

Marion Gibbon, Public Health Consultant, Kent County Council

Malti Varshney, Public Health Consultant, Kent County Council

Ivan Rudd, Public Health Specialist, Kent County Council

Kas Hardy, Public Health Specialist, Kent County Council

Terry Hall, Senior Public Health Programme Manager, Kent County Council

Jay Edwins, Head of Partnerships, Kent County Council

Natasha Roberts, Head of Public Health Intelligence, Kent County Council

Jack Baxter, Public Health Information Officer, Kent County Council

Julie Bullass, Project Coordinator, Kent County Council

Louise Holden, Public Health Workforce Development Programme Manager, Kent County Council

Jill Rutland, Public Health Library Manager, Kent County Council

Debbie Smith, Public Health Specialist, Kent County Council

Kent County Council

Kevin Day, Sport and Physical Activity Manager

Sarah Anderson, Climate Change Programme Manager

Emma Hanson, Head of Strategic Commissioning KCC FSC Adult Community Services

Peter Keeling, Business Intelligence Manager (Economy), Research and Evaluation

Steve Charman, Head of Consultation and Engagement

Mark Gurrey, Assistant Director Safeguarding and QA, Families and Social Care

Oscar Plummer, Interim Communications Manager

Lisa Clinton, Campaigns and Marketing Officer

Mike Sherburn, Deputy Press Office Manager

Polly Alpin, Graphic Designer

Phil Houghton, Photographer

Partners

Hayley Brooks, Health, Leisure & Tourism Manager, Sevenoaks District Council

Jane Heeley, Chief Environmental Health Officer, Tonbridge and Malling Borough Council

Sharon Phillips, Manager, Healthy Living Centre Dartford

Steve Humphrey, Director of Planning, Housing and Environmental Health, Tonbridge and Malling Borough Council

Andy Dunleavy, Senior Public Health Advisor, Stockport Metropolitan Borough Council

Tony Coggins, Head of Mental Health Promotion, South London and the Maudsley

Ben McGannan, Managing Director, Wellbeing People

Peter Hobbs, Chief Executive, Kent Channel Chamber of Commerce

Lynn Marchant, Workplace Wellbeing Specialist, Mindful Employer

This publication can be made available in alternative formats and can be explained in a range of languages. Please call 0300 333 5670 for details.

Text relay: 18001 03000 41 41 41

This page is intentionally left blank



MAPPING

THE FUTURE



Overview

August 2013

What is Mapping the Future?

Mapping the Future is a project that will modernise health and care services for the 463,730 people who live across the boroughs of Tonbridge and Malling, Tunbridge Wells, Maidstone and most of the Sevenoaks district in west Kent.

Mapping the Future will produce a future picture of the modern, efficient health and care services that we will need to provide in order to meet the changing needs of people in west Kent.

Who is involved in Mapping the Future?

Mapping the Future is being coordinated by NHS West Kent Clinical Commissioning Group (CCG), the main organisation that plans and buys healthcare services for the area.

The other organisations that either pay for or provide services to people in west Kent are also involved in the project, including:

- Kent County Council's Social Services
- Maidstone and Tunbridge Wells NHS Trust
- Kent Community Health NHS Trust
- South East Coast Ambulance Service NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust
- Integrated Care 24 (IC24)
- Voluntary organisations
- GPs.

We want EVERYONE who has an interest in west Kent's health and care services, whether they are representing an organisation, or are a local resident, to let us have their views on this future picture.



Why is Mapping the Future needed?

Put simply, west Kent's health and care services need to change as there is a widening gap between what people in west Kent need and the funding available. Based on current trends, the demand for healthcare will increase by 20 per cent over the next five years but there will be no increase in funding. We have to find a way to give people the quality of care that they want and need, which is affordable.

NHS West Kent CCG has a budget of £471 million per year to spend on healthcare in the area. If we continue to deliver the services in the way we do now and meet new demands for care, we will have a funding gap of £62 million by 2018/19.

By being proactive and working together the NHS can start putting changes in place now, so that we can continue to provide you and your family with the health and care you need in the future.

What will Mapping the Future achieve?

At present different organisations and individual services make their own plans. This creates a disjointed and inconsistent service for people who need health and care services.

The Mapping the Future blueprint will help local health care providers develop more coherent plans, provide more joined-up services and reduce unnecessary spend.

Mapping the Future will:

- Lead to the creation of a five-year healthcare plan
- Provide the opportunity for local people to become involved in decisions about what should happen
- Enable commissioners and service providers – hospital trusts, community services, the mental health trust, ambulance services and social care providers – to plan more effectively
- Put patients at the heart of the process so that services are planned, commissioned and delivered in their very best interests
- Make it easier to coordinate care, especially for people with multiple health and/or social care needs
- Ensure resources are used wisely.



What has happened so far?

Between May and June 2013, four meetings took place for clinicians, health and care professionals, managers and patient representatives, to review the way health and care services are currently provided, from prevention through to recovery.

The sessions focused on the following areas:

- Falls and mobility
- Dementia and mental health
- Urgent and emergency care
- Respiratory diseases.

These topics were selected because they are areas where demands for care are increasing, but the topics themselves were not the main focus of the exercise. It was more about pulling out the common themes of how things are currently done and how they could be done in the future, to improve services.

People attending the sessions identified some of the current challenges to be overcome through the Mapping the Future project:

- Missed opportunities to tackle the causes of health problems
- Missed opportunities to tackle health problems early on
- Patient information doesn't 'flow' round the different systems
- Missed opportunities for involving voluntary and community organisations
- Services in the community are not geared to dealing with urgent care needs
- Opening times of services don't work together well and night and weekend access to services could be improved
- Providers of services don't know what other services are available, making it difficult to inform or steer people to the right place for help
- Professionals and the organisations they work in are concerned to protect their own interests but this can result in costly care that is not always best for the people that need care
- Lack of diagnostic services or consultant advice anywhere other than in hospital
- Not enough is done to learn from each other or share in identifying solutions
- The quality and performance of services delivered in the community is inconsistent
- Patients and carers aren't given enough information for them to be more actively involved in their care.

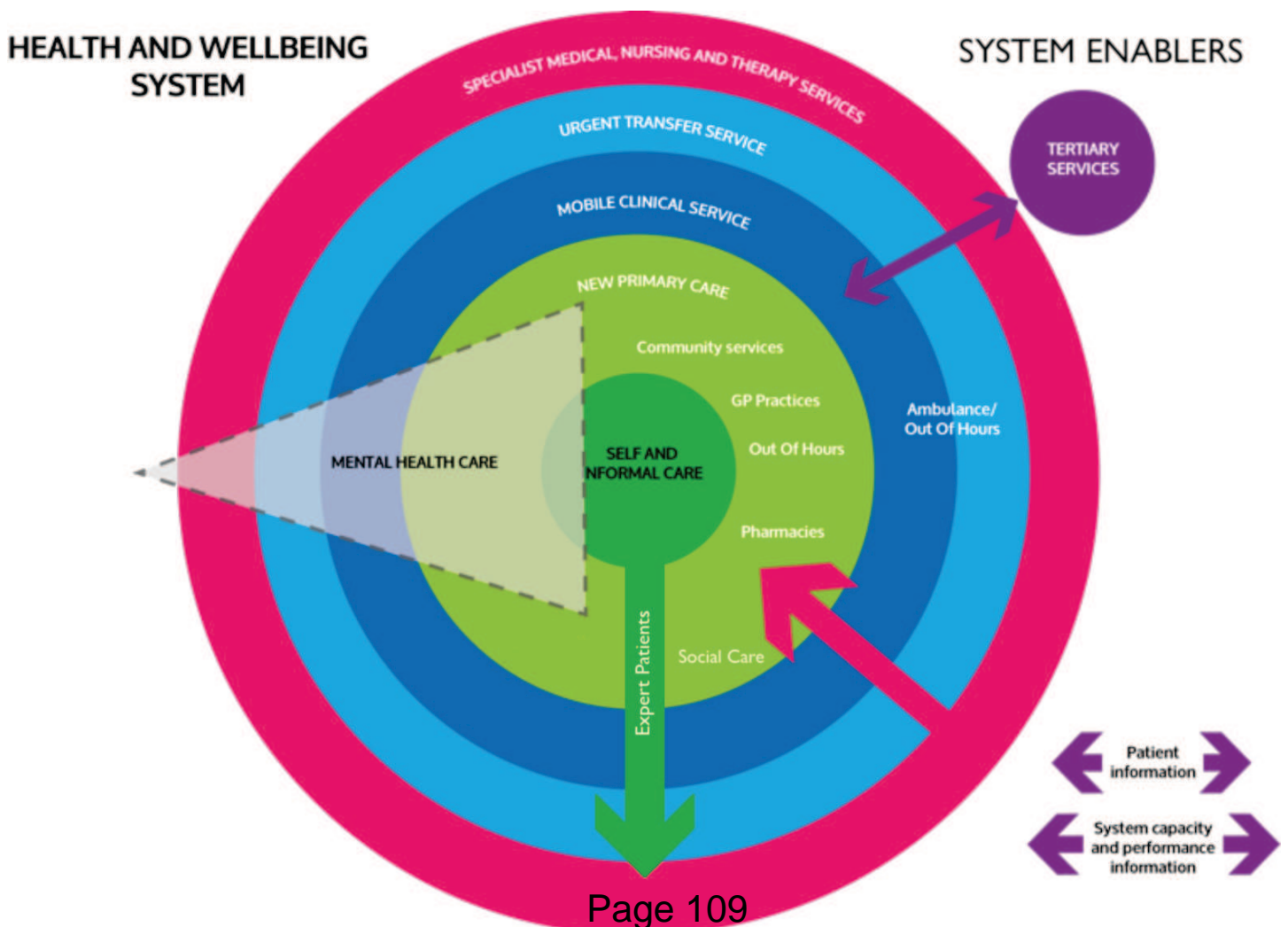


Participants heard the evidence about how other areas have tried different ways of organising health and care services. And they've used this information and their experience and judgement to describe what the future health and care system in west Kent might look like.

The information gathered from these sessions highlighted some common themes around the way health and care services should be delivered going forward in west Kent. A draft plan, known as a 'blueprint' was developed and then shared with everyone who had input to the four meetings.

This blueprint is now being refined in readiness for other health and care staff, voluntary and community organisations, patients and the public to comment on.

What does the 'blueprint' or plan look like?



At the heart of the blueprint are the people who need health and care. A health and wellbeing system ensures that all opportunities are taken to tackle important health risks such as tobacco, drugs and alcohol and enable people to choose healthy lifestyles. The majority of care is delivered by a new primary care system. This comprises pharmacists, GPs, community nurses, mental health and social care working together as a team, operating round the clock and working closely with specialist medical, nursing and therapy services in hospitals. More use is made of paramedics treating people at the point where they are ill. And mental health care is threaded through all of these aspects.

Health and wellbeing system

- All organisations involved in health and wellbeing will work together to tackle risks to health and to improve the health and wellbeing of local people.

Self and informal care

- Patients and carers will be supported to take responsibility for their health and care through education, peer support, and signposting so they know what services are available, including voluntary and community options
- People will be encouraged to make early decisions about how they prefer to be treated
- People will be supported to stay independent and at home for as long as possible.

New primary care

- GP practices, community services and social workers will be more joined-up and able to respond to patient needs round the clock
- Appointments or meetings with people will be provided face-to-face or over the phone and there will be longer opening times
- A consistent range of services will be available across west Kent and operating at weekends and nights
- Everyone will use the same patient record system
- GPs will have access to advice from hospital specialists so they can manage their patient's care without sending them to hospital unnecessarily
- Primary care teams will take a more proactive approach to tackling health risks and conditions early on, so they can help prevent people's health deteriorating



- Primary care teams will 'own' their patients' care. They will make sure patients receive specialist care if needed and help plan their return home as quickly as possible
- Professional teams will have advanced skills in diagnosis and treatment of patients with long-term conditions.

Mobile clinical service

- NHS 111 will provide valuable advice and help to patients and carers by phone and online as part of the health and care system
- Call handlers will be fully briefed on local services and have access to 'live' information
- Mobile clinical services that comprise paramedics and other health professionals, will provide care to the patient at the place where they become ill rather than bringing the patient to the services as a matter of course
- Mobile clinical services will have access to the same information as other health and care professionals (such as patient records) and there will be a clear system in place to transfer people back to the care of their primary care team.

Urgent transfer service

- The traditional ambulance service will continue to transfer patients with urgent care needs where necessary. They may provide a range of treatments and diagnostic tests to patients on the way, providing effective handover to specialist hospital services
- The same health and care protocols will be used across the system
- There will be access to the same information as other health and care professionals (e.g. patient records and awareness of what medicines people may need to take to hospital with them)
- The transfer service may take people to other care locations such as community hospitals or care homes as well as acute hospitals.

Consultant-led services / specialist doctors, nurses and therapists

- Hospital-based urgent and planned care will complement each other but will be managed separately to ensure they work as efficiently as possible
- Some consultant-led services will be concentrated in larger centres where there is evidence that this can improve quality and offer more cost-effective care



- There will be closer links with primary, community and mobile clinical services, with greater sharing of responsibilities, a culture in which there is clear accountability for care which stretches across organizational boundaries, supported by one single patient record system. People should experience more joined-up care as a result
- Information about patient needs and service activity will be constantly analysed to make sure resources are in the right place
- Hospital-based services will help people to make positive changes in their health behavior, e.g. around smoking or alcohol consumption
- There will be better linkages between the treatment of physical and mental health conditions
- Primary and specialist clinicians will work together to agree when it is appropriate to refer patients to specialist centres outside of west Kent and work to establish the same culture of shared care with clinicians in specialist centres.

What are the next steps?

The draft blueprint will be ready to share with the public in September 2013, and local people and organisations will be invited to submit their views through a dedicated Mapping the Future website and a range of engagement events.

Questions

We would welcome your response to the following questions. Responses can be submitted via our online questionnaire: <http://www.surveymonkey.com/s/mappingthefuture>

1. What are your comments on how we tackle west Kent's challenges of rising demand and limited resources for health and care?
2. If we all took responsibility for our own health what would we need to help us do that?
3. How can we make health and social care services more efficient (less wasteful)?
4. How can we ensure the person's experience of receiving services is more coordinated and joined-up?



Health Liaison Board Work Plan 2013/14

9 January 2014	2 April 2014	July 2014	October 2014
<p>Autism and Asperger Syndrome</p> <p>111 - Health telephone service</p> <p>Annual report</p> <p>'Mind the Gap' Action Plan</p> <p>Mapping the Future</p> <p>Older people's housing strategy</p> <p>Update of Dementia Friendly Communities</p> <p>Carers First</p>	<p>Speakers from the Dartford, Gravesham and Swanley CCG and West Kent CCG.</p>		<p>Annual Report 2013/14</p>

This page is intentionally left blank