



## DISTRICT COUNCIL

Despatched: 08.09.15

### **HEALTH LIAISON BOARD**

**16 September 2015 at 2.00 pm**

**Conference Room, Argyle Road, Sevenoaks**

### **AGENDA**

#### **Membership:**

Chairman: Cllr. Mrs. Bosley Vice-Chairman: Cllr. Brookbank  
Cllrs. Abraham, Dr. Canet, Clark, Dyball, McArthur and Parkin

	<b><u>Pages</u></b>	<b><u>Contact</u></b>
<b>Apologies for Absence</b>		
1. <b>Minutes</b> To agree the Minutes of the meeting of the Board held on 8 July 2015, as a correct record	(Pages 1 - 4)	
2. <b>Declarations of Interest</b> Any interests not already registered.		
3. <b>Actions From Previous Meeting</b>	(Pages 5 - 6)	
4. <b>Updates from Members</b>		
5. <b>Children's Centres Progress</b>		KCC – Christine Kiely Tel: 03000 414270
6. <b>Sevenoaks District Health Inequalities Action Plan - End of Year Summary Report and Draft 2015 - 18 Plan</b>	(Pages 7 - 76)	Hayley Brooks Tel: 01732 227272
7. <b>Work Plan</b>	(Pages 77 - 78)	

#### **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 8 July 2015 commencing at 2.00 pm

Present: Cllr. Mrs. Bosley (Chairman)

Cllr. Brookbank (Vice Chairman)

Cllrs. Abraham, Brookbank, Dr. Canet, Clark, Dyball, McArthur and Parkin

1. Minutes

Resolved: That the minutes of the meeting held on 22 April 2015 be approved and signed by the Chairman as a correct record.

2. Declarations of Interest

There were no additional declarations of interest.

3. Actions From Previous Meeting

The Health and Communities Manager advised that the Care Quality Commission (CQC) report had been circulated for Sunrise Residential Care Home in Bessels Green. The CQC were responsible for inspecting private care homes and hospitals and this inspection had been brought to the Board's attention last year to inform Members of potential issues relating to an 'Inadequate' CQC rating. A further inspection was carried out in April and the care home had improved since the last inspection with most of the criteria requiring improvements rather than being 'inadequate'. A follow up inspection will be carried out by CQC to continue to monitor the progress to meet care standards.

4. Updates from Members

Cllr. Brookbank advised that he was the Chairman of the Kent County Council (KCC) Health and Overview Scrutiny Committee (HOSC). He reported that at the next meeting in July, NHS England and developing GP services would be discussed and the Board would be updated in September. He advised that there had been a HOSC area meeting where the CQC reported that there were 3 separate teams for General Practices (GPs), Hospitals and Care homes, not all procedures were in place yet as it had been a recent change.

He also informed the Board that Medway hospital was coming out of special measures and Pembury and Maidstone hospitals were showing signs of improvement. A further update would be provided in September.

Cllr. Dr. Canet expressed concern that Patient Transport Services were out to tender, led by West Kent CCG, and the difficulty people had getting to hospitals as the eligibility criteria was set nationally.

## Agenda Item 1

### Health Liaison Board - 8 July 2015

Cllr. Parkin advised that she was a representative for Age Concern in Darent Valley and they owned their own day care centre in Fawkham. It was hoped Dementia Training would be provided for the staff. The Health and Communities Manager advised that the training was something the District Council could help with. Cllr. Parkin informed Members there was a Dementia Café in West Kingsdown which had been running for 3 months. Cllr. Abraham informed the Board that he had attended the Dementia Friendly training and safeguarding training as part of the Member Inductions and there was a successful Dementia Friendly Café in Hartley.

Cllr. McArthur advised that she had been informed that a residential care facility in Edenbridge was to close in 3 weeks time. Cllr. Brookbank advised that if there were residents there under KCC's Social Care they would be re-housed to a different location.

Cllr. Clark advised that he was the Chairman of the Children's Centres steering group and expressed concern with the Children's Centre's due to the number of reorganisations that were taking place. He also advised that he attended a regional 'Health Watch' meeting which was a sub organisation of Health Watch England. Health Watch was the overarching organisation with statutory powers. They represent the views of patients and make sure patients comments are feed into strategic and operational decision which affect how health and social care services were delivered.

Members discussed whether the Chief Executive of Health Watch Kent should be invited to a future meeting of the Board to advise the role of Health Watch and what they do. They were struggling to raise their awareness amongst residents.

Cllr. Mrs. Bosley had attended the West Kent Clinical Commissioning Group (CCG) Governing Body meeting. There was a Clinical Strategic Group who were investigating mental health needs, in particular adult health. She reported that the extension of GP hours was discussed and response had been sent in support of not extending hours as the elderly and children could access surgeries Monday to Friday, and these make up the majority of GP visits. There were still concerns at the number of retiring GPs and the issues surrounding recruitment.

The Health and Communities Manager advised that the Chief Executive had received a letter from the Director of Public Health at KCC giving advance notice of possible funding reductions, in line with the national 7.4% in year and recurrent public health savings. She advised that KCC had also issued a contract tender for a Strategic Partnership to lead on Mental Health contracts across West Kent. West Kent MIND (previously Sevenoaks Area Mind) were one of four applying for this contract in West Kent.

The contract would be for 5 years to the value of 700,000 per annum. The lead Strategic Partner would be responsible for overseeing the commissioning of mental health providers and linking new and existing services to provide a comprehensive community mental health service. The Council would work with the organisation who was awarded this contract, which will commence from April 2016, to ensure strategic links are made with partners across the District.

#### 5. Young People's Sexual Health Services

The Chairman welcomed Wendy Jeffreys, Sexual Health Public Health Specialist from KCC and Wendy Glazier Clinical Service Manager for Sexual Health at Maidstone &

Tunbridge Wells NHS Trust to the meeting. Wendy Jeffreys gave a [presentation](#) on the new contracts and services that would be provided since new contracts had been awarded for integrated sexual health services. These services aim to provide a more holistic approach such as providing services for contraception and Sexual Transmitted Infections (STIs). The model would provide a central point for users in each district and it was hoped that by being more flexible it would make positive changes on the way people viewed their sexual health.

In response to questions Members were advised that the rate of conception stated in the presentation was per 1,000 of 15–17 year olds. Rates and Percentages were used as using specific numbers could mean that people were identifiable. She advised that there were low numbers of conception but a higher rate of those being aborted, compared to other Kent districts. It was emphasised that overall numbers were low in this district and continued to decrease.

Members were informed that they were exploring locations in the District for Sexual Health integrated services for conception and STI screening in Sevenoaks and Edenbridge. In Edenbridge the services would be provided on an a weekly basis but at alternate locations within the Eden Centre and GP Surgery. In response to questions, the Board was informed that there were problems trying to find suitable locations across the rest of the District as a clinical and waiting room space were required.

Members were advised that not all areas in the District had trained Pharmacists, especially the larger companies in supermarkets who operate privately. However these companies were being worked with to enable Chlamydia screening, and contraception. Outreach teams would be placed at locations to respond to the need of areas and were working to prevent STIs and encourage safe sex. They hoped to work with outreach nurses and youth workers to prevent overlapping of areas, however this was work in progress.

Members thanked Wendy Jeffreys and Wendy Glazier for attending.

## 6. Health and Wellbeing Prevention Programmes

The Health and Communities Manager presented a report which provided details of the health and wellbeing prevention work undertaken by the District Council. The Council received annual funding from KCC Public Health of £130,741 to co-ordinate and deliver a schedule of targeted interventions across the District based on local needs. Members were also shown a [presentation](#) of the wider health agenda and details of how the healthy living programmes link to this work.

Members were informed that the biggest healthy living programme was the 'Why Weight' scheme which was for people with a Body Mass Index (BMI) between 28 and 40. The scheme ran over a 12 week programme which was over subscribed and always had a waiting list. The Council was commissioned to run 12 courses and last year ran 15. Once the course had been completed, support continued for a 2 year period to help them loose 5–10% of their body weight and maintain weight lose through healthier living. Participants attend both exercise and nutritional classes to provide a holistic approach and to sustain longer term change. Many often went on to continued weight loss without the help of the monthly support but were contacted every 6 months to check on progress.

## Agenda Item 1

### Health Liaison Board - 8 July 2015

The Health and Communities Manager advised that all of the outreach team supporting participants were trained in motivational interviewing and were able to refer users of the services to other health projects such as NHS stop smoking service. The Healthy Living Project Officer advised Members of the other health living programmes which were run in the District and the 'Be Inspired Be Active' programmes, funded for two years by Sport England and KCC.

The Chairman encouraged the Board to support the initiatives by promoting them to their residents and visiting some of the programmes the Council was offering to promote health and report back to the Board. Members were informed that the initiatives were funded by KCC so these could be at risk of funding cuts in future years.

In response to a question the Health and Communities Manager advised that there was a high proportion of older people in the District and this is a priority as the numbers are forecasted to continue to rise.

*Action1: For the Health and Communities Manager to circulate data relating to older people in the District.*

Resolved: That the report be noted.

#### 7. Work plan

The work plan was discussed and the Health Priorities Better Care Fund would be moved to the meeting on the 25 November 2015 and Health Watch would be invited to the September 2015 meeting. The Chairman advised the Board that it was hoped to progress the health agenda across the Council's core business however the Terms of Reference for the Board would be looked into and an update would be provided at the next meeting.

THE MEETING WAS CONCLUDED AT 4.10 PM

CHAIRMAN

**ACTIONS FROM THE MEETING HELD ON 08.07.2015**

<b>Action</b>	<b>Description</b>	<b>Status and last updated</b>	<b>Contact Officer</b>
Action 1	For the Health and Communities Manager to circulate data relating to older people in the District.	Information circulated to Members via email on 24.08.2015	Hayley Brooks Ext: 7272

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**SEVENOAKS DISTRICT HEALTH INEQUALITIES ACTION PLAN - END OF YEAR SUMMARY REPORT AND DRAFT 2015-18 PLAN**

**Committee – Health Liaison Board 16 September 2015**

Report of Chief Officer Communities & Business

Status: For Consideration

Also considered by: Housing & Health Advisory Committee – 22 September 2015  
Cabinet – 15 October 2015

Key Decision: Yes

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**Executive Summary:** The 2014/15 annual summary report of the Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan for Members to note. Draft 2015-18 Sevenoaks District Health Inequalities Action Plan for Members to consider and adopt.

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**This report supports the Key Aim of** reducing health inequalities and improve health and wellbeing for all

**Portfolio Holder** Cllr. Michelle Lowe

**Contact Officer(s)** Hayley Brooks Ext. 7272

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**Recommendation to Health Liaison Board:**

Members are asked to note the report

**Recommendation to Housing and Health Advisory Committee:**

Members are asked to note the 'Mind the Gap' Health Inequalities Action Plan and consider and recommend to Cabinet that the Draft 2015 - 18 Sevenoaks District Health Inequalities Action Plan be adopted.

**Recommendation to Cabinet:**

That Cabinet consider and adopt the Draft 2015 - 2018 Sevenoaks District Health Inequalities Action Plan.

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**Reason for recommendation:** The 2014-15 annual report summaries actions taken by Health Action Team partners. Adoption of the new three year Plan to continue the work of reducing health inequalities across the District.

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## Agenda Item 6

### **Introduction and Background**

- 1 In 2013, all District Councils in Kent were asked to produce an action plan based on a County-wide template to deliver local objectives with partners to reduce health inequalities in each district.
- 2 At facilitated 'Mind the Gap' workshops in 2013, partners identified priorities under each objective, detailed at point 7, and measurable actions for partners to deliver where developed for this District based on the statistical data, health profiles and local knowledge.
- 3 Members will recall that the Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan was considered by Members at the Health Liaison Board on 11 September 2013 and Economic & Community Development Advisory Committee on 24 October 2013. The Plan was then adopted by Members at Cabinet on 5 December 2013.
- 4 The Sevenoaks District Health Inequalities Action Plan is a two year plan running from 2013-2015 and is delivered through the Health Action Team partnership, co-ordinated by this Council. The partnership meets quarterly and includes key partners from across the District who are delivering actions set out in the plan to improve the health and wellbeing of residents.
- 5 Partners on the Health Action Team include Kent County Council, West Kent Housing Association, SDC Housing, town and parish Councils, Kent Community Health Trust, Children Centres, Learning Disability Partnership, Age UK, Sevenoaks MIND, Seniors Action Forum, Sencio Community Leisure, Voluntary Action Within Kent, North West Kent Countryside Partnership, West Kent Extra, West Kent and DGS CCG's, Alzheimer's and Dementia Support Services, South East Dance and Moat Housing.

### **2013-15 Sevenoaks District Health Inequalities Action Plan Overview**

- 6 The two year Plan provides a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities in the Sevenoaks District.
- 7 The Action Plan sets out six objectives to reduce health inequalities across the District:
  - Give every child the best start in life;
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives;
  - Create fair employment and good work for all;
  - Ensure a healthy standard of living for all;
  - Create and develop healthy and sustainable places and communities;
  - Strengthen the role and impact of ill health prevention.

- 8 The progress of partnerships actions collected as part of this Action Plan is collated quarterly to contribute to delivering the health and wellbeing priorities in the Sevenoaks District Community Plan.

**2014/15 – End of Year Summary Report**

- 9 Sevenoaks District Council is responsible for monitoring the Action Plan in partnership with the Health Action Team. Monitoring data is collected from partners and reported at the quarterly Health Action Team meetings. The Action Plan uses a traffic light system to measure progress as follows:

- Green – on target or exceeded target
- Yellow – target not achieved, requires some remedial action
- Red – Unlikely to be achieved
- Purple – Data missing

- 10 The two year action plan contains 56 actions. A target within the Communities and Business Service Plan was set for over 80% of actions on target. The annual monitoring summary for 2014/15 at Appendix A shows the following:

<b>Green</b>	<b>82%</b>
<b>Yellow</b>	<b>7%</b>
<b>Red</b>	<b>2%</b>
<b>Purple</b>	<b>9%</b>

- 11 2% of the actions are red. These were identified by the SDC housing team as a development issue that was outside the District Council’s control, causing a number of schemes to be delayed. These will be included in the higher target number for 2015/16. This summary shows that 9% of the actions had some data missing (marked in purple) at the end of 2014/15 and we continue to work with partners during 2015/16 to collect measureable data for these actions. The progress made against the actions can be found on pages 5 and 6 of Appendix B.

Moving Forward

- 12 When we compare our 2015 Health Profile to that of 2012 there have been improvements as follows:
- A reduction in the number of children living in poverty
  - Increases in male and female life expectancies
  - A decrease in the life expectancy gap between the most and least deprived men, from 4.5 years to 3.2, which is a reduction of 1.3 years

## Agenda Item 6

- A decrease in the percentage of children in Year 6 who are obese
- Decreases in hospital stays for alcohol related harm and self-harm

However, through the same profiles we are also seeing:

- An increase in numbers killed or seriously injured on our roads
- Increases in smoking related deaths, excess winter deaths and hip fractures
- Increases in recorded diabetes and malignant melanoma
- An increase in drug use and in alcohol specific hospital stays for the under 18s

13 With the current two year Mind the Gap Plan at an end, Officers have reviewed the priorities to develop a new three year action plan (2015-18). The priorities are:

- Promoting healthy weight for children
- Support older people to keep them safe, independent and leading fulfilling lives
- Support businesses to have healthy workplaces
- Meet the housing needs of people living in the District including affordable and appropriate housing
- Sustain and support healthy communities
- Reduce the gap in health inequalities across the social gradient

14 Deliverable and measurable actions relating to these priorities identified within each section of the new plan will be monitored by Officers and reported quarterly to the Health Action Plan partners.

### **Key Implications**

#### Financial

15 Sevenoaks District Council received £130,741 from Kent County Council in 2015/16 for the co-ordination and delivery of health prevention programmes by this Council, through a Service Level Agreement. Further funding for 2016/17 has not yet been confirmed by KCC.

#### Legal Implications and Risk Assessment Statement.

16 There are no legal implications relating to this report

Equality Assessment

- 17 Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The impact has been analysed and does not vary between groups of people. The decisions recommended through this paper are the result of a wide-ranging health impact assessment and the action plan responds to the identified needs.

**Resources (non financial)**

- 18 Staff to co-ordinate and facilitate the health projects are paid from the funding that this Council receives from Kent County Council Public Health Directorate.

**Conclusions**

- 19 Members are asked to note the contents of the 2014/15 annual summary report for the 2013-15 Sevenoaks District Health Inequalities Action Plan at Appendix A.
- 20 Members are asked to consider and adopt the new 2015-18 Sevenoaks District 'Mind the Gap' Health Inequalities Action Plan at Appendix B.

**Appendices**

Appendix A –2014/15 Annual Summary Report

Appendix B – 2015-18 Sevenoaks District Health Inequalities Plan

**Background Papers:**

[Sevenoaks District Community Plan](#)

[2013-15 Sevenoaks District 'Mind the Gap' Health Inequalities Plan](#)

Health Impact Assessment

**Lesley Bowles**  
**Chief Officer – Communities & Business**

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# Sevenoaks District Council

## Health Inequalities Annual Report

### April 2014 – March 2015

#### 1. Introduction

Sevenoaks District Council is commissioned annually to deliver a range of health prevention programmes by Kent County Council's Public Health Team. The Sevenoaks locality funding allocation is £130,741 per annum to deliver agreed programmes to contribute to actions with the Sevenoaks District Health Inequalities Action Plan and to improve the health and wellbeing of local residents.

During 2014/15, this Council has delivered 1,108 individual sessions as part of the programmes with a total of 10,995 attendances at these sessions, with 2,054 new people taking part during this year. Case studies to showcase individual achievements, outcomes and the benefits of attending the programmes are detailed from page 9 of this report.

#### 2. Health Inequalities Action Plan

The work this Council is commissioned to deliver forms an integral part of the Sevenoaks District Health Inequalities Action Plan, 'Mind the Gap'. The summary below shows the outcomes and outputs achieved and how these contribute to this Action Plan:

Target	How is that measured?	2013/ 2014 Baseline	14/15 Target	14/15 Year Total	Year End Status	Year End Narrative
Support parents and children to maintain a healthy weight	No. attending Fun, Fit and Active	23	25	25	Green	25 families from the Edenbridge, Sundridge and Brasted, and Otford Primary school attended the Fun, Fit and Active Programme, learning about exercise and nutrition
Increase interaction between parents and children including healthy lifestyles and active play	Attendances at Health Promotion Projects run with Children's Centres by SDC	14	15	16	Green	Sevenoaks District Council has worked closely with Children's Centres in the District to run the new children's healthy living programme in Sevenoaks and Edenbridge, using their kitchens to teach families about healthy cooking and eating.
Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls	No. of Chair Based Yoga Projects run by SDC	3	3	3	Green	SDC continues to offer 3 chair based yoga classes. The target for 14/15 was 2000 and there were 2630 attendances. The participation numbers for the yoga classes are continuing to increase each year.
	No. of Health Walks delivered by SDC	8	9	8	Green	SDC currently run 8 health walks with on average 144 walkers taking part each week. SDC is looking to develop the walks next year by adding a few more to the programme.
	No. of people attending Yoga, Chair Based exercises and postural stability classes	2560	2000	2630	Green	See 6

## Agenda Item 6

Target	How is that measured?	2013/2014 Baseline	14/15 Target	14/15 Year Total	Year End Status	Year End Narrative
Improve early diagnosis of dementia and provide services and activities to support sufferers and carers	Number of Health Checks Undertaken by SDC Health Team	217	80	83	Green	The SDC Healthy Living Team has completed 83 health checks this year across 7 libraries.
Promote sensible drinking and ensure treatment and support services are accessible for all	Number of AUDIT-C's completed	359	200	362	Green	These assessments are carried out as part of the Health Check System and the Why Weight and Get Sorted Programme.
	Number of AUDIT-C's that were follow ups	151	125	172	Green	
Reduce the prevalence of Type 2 diabetes through early detection and prevention	No. of People attending Why Weight and Get Sorted	1160	1400	1648	Green	The SDC Healthy Living Team have achieved this target for the fifth year running, and now has over a thousand people registered on the programme
Deliver activities to promote the benefits of increased physical activity and reduce obesity	No. of people attending SDC Health Walks	5913	5000	6434	Green	The number of attendances on SDC Health Walks exceeded the target of 5000 by 1434.
	No. of Attendances at Up and Running	81	60	69	Green	The Up and Running Programme has continually achieved the outcomes of the project.

### 3. Healthy Weight

#### Adult Weight Management Programmes:

**Why Weight -** A 12-week adult weight management course run by qualified professionals. Designed for people who are over 18 and have at least two stone to lose. Helps people to understand the relationship between food, exercise and weight control. Each weekly session focuses on a particular healthy eating subject and a 30 minute reintroduction to exercise class.

The Adult Weight Management Programmes have continued to grow during 2014/15, building on the success of previous years. The target set for this project is for 230 adults to be recruited to a 12 week weight management programme.

Referrals from a range of health professionals, including GPs, nurses, Health Trainers, KCHT (Kent Community Health Trust) and pharmacies, continue to rise, from 19% in 2013/14 to 22% in 2014/15. The increase in referrals has been a result of Health Trainers and Kent Community Health Trust Health Check Team now linking into the work that SDC are delivering.

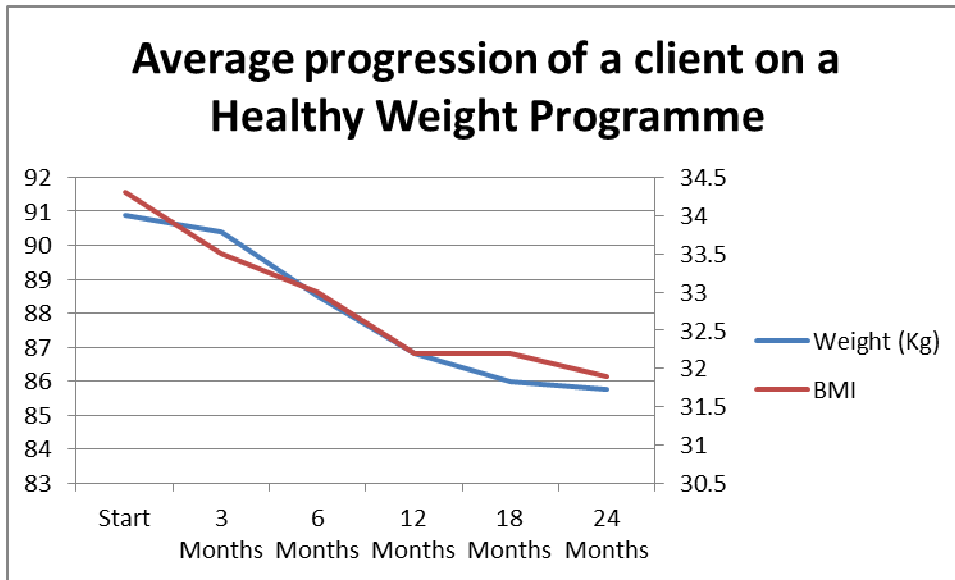
In 2014/15 we recruited 274 adults and who completed the programme, this represents a deliver of a 20% increase over the target. As a result of increased referrals and partnership working with key local organisations, including Sencio community leisure, New Ash Green Sports Centre and West Kingsdown Village Hall, we have seen an improvement in the retention figures of people



attending at least 8 sessions, which is considered to be a threshold to sustained lifestyle and behaviour changes.

As part of the programme, each person has their Body Mass Index (BMI) recorded at the start and end of the 12 week programme and then at 6 monthly intervals to record and track their lifestyle changes, weight loss and weight measurement. At Week 1 of the programmes, a total of 65.8% of people recruited were classed as overweight (BMI: 28-39), and a further 16.6% classed as obese (BMI: 40+). Table 1 demonstrates the average progression of participants of Why Weight over a two year period, including the 12 week programme and follow-up intervals:

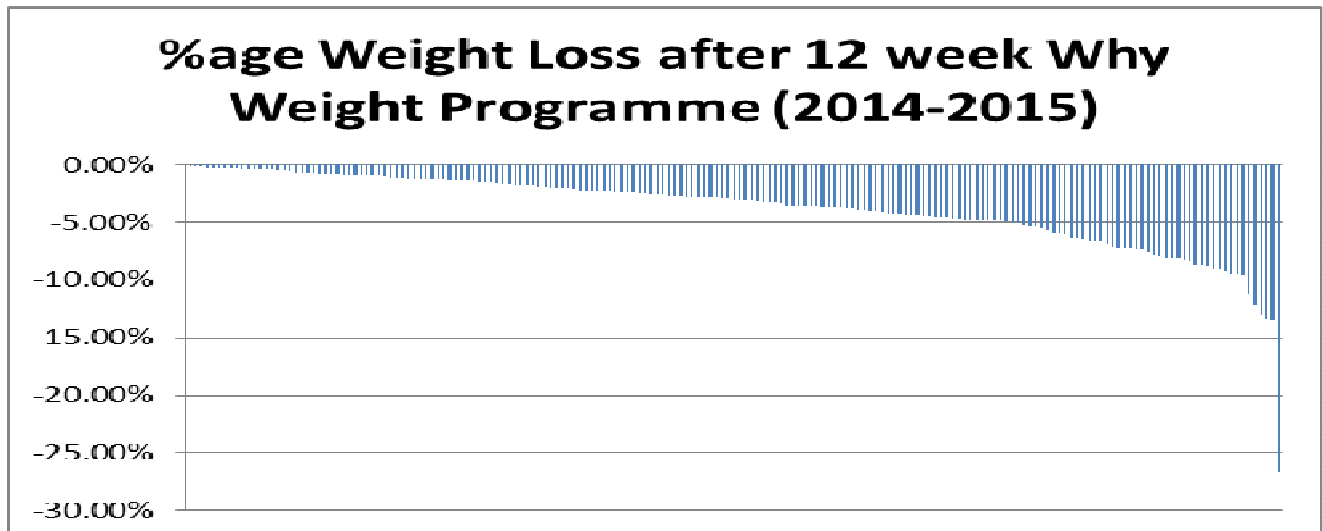
Table 1:



11.5% had a BMI under 28, and these were referred to the programme as they have co-morbidities (a long term condition including Type 2 Diabetes, Asthma, Joint Problems, Arthritis, Heart Conditions etc); evidence shows that this group can also benefit from attending the programme as it educates them on healthy food choices and exercise to help them manage Long term conditions.

Table 2 indicates the percentage weight loss of participants who have taken part in the Why Weight programme at 12 weeks. The table indicates that 16.8% have already achieved the 5% weight loss target during the Why Weight programme and around 60% of participants have lost sufficient weight to be on course to lose 5% shortly after attending the course..

Table 2:



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Feedback from the programmes continues to be very positive with many of the participants motivated to achieve longer term goals, including signing up for gym membership and getting involved in other activities in their local area.

### Positive changes recorded in lifestyle, exercise and behaviours - Week 1 to 12

Physical Activity: 26.49% of people increased their minutes of moderate or vigorous exercise  
Healthy Eating: 26% of people increased their portions of 5-a-day  
Mental Wellbeing: 14.5% of people stated that their mental wellbeing had improved

To establish the effectiveness of the Why Weight programme, each year we ask people at the end of the programme if they are able to share their story. A case study is set out at Appendix A



### In Summary

Since April 2010, we have recruited and supported 1,291 people through Why Weight in the Sevenoaks District, with most taking advantage of our 1:1 on-going support service, Get Sorted, which helps them to continue to maintain their weight loss and achieve health goals. For these participants, the following achievements have been noted:

- 77% continued to achieve their weight loss goals after two years, with 31% of these achieving a weight loss of 5% or over;
- Total inches lost at waist measurements – 380 inches;
- Total weight loss – 2.1 tonnes;
- New minutes of exercise – 77,738 mins per week;

### Recommendations for 2015/16

SDC has a policy of continuous evaluation of services and projects and has evaluated Why Weight on an ongoing basis, including surveying participants for their feedback. Recommendations include;

- A reduction in participants per Why Weight from 20 to 15. It has been highlighted that the high number of people in one session is why people drop out.
- Introduce incentives to all programmes; Retention numbers of participants to eight or more sessions during this year's programmes that had incentives, were significantly better than those with no incentives.

### 4. Fun, Fit and Active (Family Weight Management Programme)

Throughout this year we have continuously worked in partnership with the healthy Schools Team at KCHT, school nurses, children's centres and primary schools to work with targeted schools that are flagged through the National Child Measurement survey. Each year we work with five schools to help families achieve a healthier lifestyle and improve their child's weight.

The schools we worked with were;

- Edenbridge Primary School,
- Sundridge and Brasted Primary School,
- Downsvie Primary School,
- Horizon Primary School
- Otford Primary School.

We worked with Head teachers or specialist Health Coordinators at each school to look at actions that could be put in place to achieve enhanced healthy Schools status which includes;

- encouraging pupils to get more active,
- educating on healthier lunches,
- catering staff offering healthier options, a
- for parents to understand the benefits of eating healthily for the whole family.



Part of the criteria for a school to receive Healthy School status is to run family programmes and school workshops that encourage parents and children to learn more about healthy eating and increase participants in exercise.

We have run and completed three programmes reaching out to 25 families who all have benefited from the experience and adopted healthier options within their family's lifestyle and behaviours.

In each of the five targeted schools for this year, the SDC health team has attended and presented at whole school assemblies and workshops for each year, educating and reaching out to over 1301 students on healthy eating. We also ran coffee morning sessions for concerned parents who have benefit from talking to a nutritionist about healthier lifestyles.

### 5. Health Walks

We have continued to support eight health walks across the District, led by trained volunteer health walk leaders. There were a total of 6,928 attendances, an 17% increase from last year, with 101 first time walkers.

We have managed to run two health walk leader training sessions and have trained an additional six volunteers to lead Health Walks across the District.

The health walk programme has not only given people the opportunity to socialise and explore their rural surroundings, but it has also helped people improve their fitness and wellbeing. Each year we have increased the number of people joining health walks as a tool to lose weight and recover from pre-existing injuries or surgery. To capture this information, we evaluate each walk throughout the year.



### Positive changes recorded in lifestyle, exercise and behaviours

General fitness:	78% reported that they felt fitter as a result of walking
Mental Health:	72.5% reported their mental wellbeing has improved
Weight:	18.75% reported that their weight has improved
Activity levels:	62.5% reported they have increased the amount of activity they do each week

## Agenda Item 6

Here are a few comments from participants;

*"The walking group is helping to strengthen my joints and build up my stamina. Joining the group has made me less isolated."*

*"Quite a social event, look forward to it each week, met a lot of new people. Very friendly group and leaders. Feels good for health reasons to be outside regularly."*

### 6. Yoga Classes for Over 50s

- Three classes have continued to run each week, in Shoreham, South Darent and Dunton Green. There was 1,391 recorded attendances this year with 20 new recruits. Most common conditions, of people attended, include heart conditions, back pain, cancer, Osteoporosis, Asthma, Spinal Stenosis, Knee operation, and joint operation. It has been reported by these individuals that the yoga classes have helped strengthen, relax, and motivate each of them in their recovery.



Of the sample of people evaluated:

- 61.7% have a pre-existing medical conditions and stated that their condition has improved as a result of this class
- 85.2% feel that their general fitness has improved
- 73.4% reported that their mental wellbeing has improved

### 7. Falls Prevention

Falls Prevention classes target those at risk of falls and sustaining osteoporotic fracture, through identifying risk factors such as history of falls/recent injuries from, balance/gait problems, inability to rise from chair without using arms, multiple medications etc.

The aims of the class are:

- Improving older people's stability during standing, transferring, walking and other functional movement
- Strengthening muscles around the hip, knee & ankle
- Increase the flexibility of the trunk & lower limbs
- Teaching coping strategies, for example, how to get up from the floor and whether it is safe to do so after a fall.
- Relearning skills of everyday living and maintenance of upright posture during balance challenges

We have continued to run four falls prevention programmes across the District, facilitated by experienced and fully trained instructors. This year, we have had increased attendance, due to a successful care plan developed by Kent County Council with support from the local authorities and primary care services. We have had 1,238 attendance and 40 new recruits, which a 50% increase from the previous year.

To capture the impact Falls prevention sessions has on an individual, we produced a case study on a participant of the class to talk about how he has improved as a result Appendix D

## 8. NHS Health Checks

SDC is commissioned by Kent Community Health Trust to deliver NHS Health Checks across the District. The service is to establish underlining issues people may have that they are unaware about.

During the year, we delivered 66 checks to residents who have been identified by health colleagues as not regularly visiting their GP. The health check consists of checking;

- their blood pressure,
- identifying their BMI,
- checking their cholesterol levels,
- smoking status,
- level of activity,
- and alcohol consumption.

To identify groups we worked in partnership with Kent County Council's Libraries, Registrations and Archives service to run six health check events in local libraries during a six month period. Appendix C is a copy of the advert we placed in our in-house council magazine. Recruitment from this filled 80% of the spaces available.

As a result of screening these 66 individuals, the following results were identified:

- 50% people with a BMI above a healthy weight;
- 17% people with high cholesterol;
- 30% people with high blood pressure

All of these people were classified as being at a risk of developing a long term health condition including Type 2 diabetes etc. and received lifestyle advice, referring to their GP for a follow up test and into our healthy living programmes including Why Weight.



## 9. Up and Running

Up and running is a Progressive running group for women suffering mild depression or anxiety

During 2014/15, we ran two ten week programmes, recruiting 11 people and delivering 20 sessions.

The programme was advertised in;

- Local newspaper
- Local Leisure Centre
- Town magazine
- And SDC in-house council magazine (Appendix C)

At the end of the programme participants were asked to complete an evaluation form to express how they felt the programme had impacted on their mental health, and below is some of the feedback from people taking part:

*"It has given me a sense of achievement as well as improving general health and fitness"*



## Agenda Item 6

*“It has greatly benefited me having a regular exercise programme and meeting up with other like minded people”*

### 10. Virtual Healthy Living Team

The SDC healthy living team supports community projects, led by residents or community organisations. This year, we have built stronger relationships with the community and achieved outcomes working:

#### Dementia

Sevenoaks District Council is a member of both the Dementia Forums in the District (Swanley and the Northern Parishes and Sevenoaks Area). Other members include resident representatives, Kent County Council, Local Schools, Alzheimer’s and Dementia organisation, Good Care Group, Town and Parish Councils. Much of the focus for the groups this year was to identify gaps in provision and services that are available to residents who are affected. Another outcome was to train and support front line staff with their understanding of dementia to be able to support customers.

- Four community dementia events were organised, reaching out to over 150 residents and businesses, offering them information on local services.
- To help support frontline SDC, arranged five dementia friends sessions at the Council offices, training over 230 staff.
- SDC supported Alzheimer’s and Dementia services, community wardens and the local voluntary group to set up a memory café in Hartley for people living with dementia. (Appendix F)

# How the waist was won

Hartley resident Maris Goddard is looking great since she took part in our 'Why Weight' health programme in September.



**T**he 53 year old Bexley Council worker has lost a staggering three stone and, for the first time ever, even enjoys shopping for ladies' fashion. What's more her healthy habits have rubbed off on her husband who has lost weight as well.

Maris spoke with In Shape about Why Weight and how it's changed her family's life for the better.

"I heard about Why Weight from my GP. I have Type 2 Diabetes and was at the limit of taking oral medication to control my condition. My GP gave me an ultimatum: lose weight to reduce my blood glucose level or begin insulin injections.

"I decided to join the Why Weight 12 week healthy weight programme. Every week we started with 30 minutes of exercise. Combined with weekly weigh ins and advice about healthy eating and a healthy lifestyle, it gave me all the tools I needed to lose weight."

"Prior to Why Weight I'd refused to have scales at home, but I found it helpful to have someone keeping

an eye on me during the weight ins, offering encouragement. The best thing was meeting up with likeminded people to share tips, experience, encouragement and plenty of laughs."

"Since finishing Why Weight, I take daily exercise and follow a healthy diet. For the first time in years I'm in control of my weight. I feel confident and even enjoy clothes shopping, something I've never done before."

"As well as losing three stone, my blood glucose level has reduced and I'm on track to reduce my medication. And, as my husband Colin eats the same as me, he too has lost two stone and is looking great! Now I weigh less than I did when we were married in 1981.

"I even have bathroom scales at home and look forward to weighing myself each week!"

## The next Why Weight courses will begin on these dates and locations across the District.

- **Tuesday 22 April**, 6pm to 7.30pm, Sevenoaks Primary School
- **Thursday 24 April**, 1pm to 2.30pm, Swanley White Oak Leisure Centre
- **Monday 12 May**, 6pm to 7.30pm, Edenbridge Leisure Centre
- **Wednesday 2 July**, 6pm to 7.30pm, Swanley White Oak Leisure Centre
- **Friday 4 July**, 9.30am to 11am, West Kingsdown Community Centre
- **Friday 4 July**, 12 noon to 1.30pm, Sevenoaks Leisure Centre
- **Monday 22 September**, 6pm to 7.30pm, Edenbridge Leisure Centre
- **Tuesday 23 September**, 6pm to 7.30pm, Sevenoaks Primary School
- **Thursday 25 September**, 1pm to 2.30pm, Swanley White Oak Leisure Centre

To book a place, please call us on 01732 227000 or e-mail [healthyliving@sevenoaks.gov.uk](mailto:healthyliving@sevenoaks.gov.uk)

Why Weight is run by Sevenoaks District Council and funded by Kent Public Health

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# Four ways to health and fitness



### Health walks

Take a step towards a healthier life with our free weekly walks, which are led by trained volunteers. Walks take place in eight locations and are open to all, although children under 16 must be accompanied by an adult and last about an hour.

Cllr Faye Parkin runs the West Kingsdown walk: "Taking in the fresh air and meeting with the group is such fun and one of my highlights of the week. It's sociable and what's more, you're getting fit in the process."



### Yoga for over 50s

A relaxing way to improve fitness and flexibility. The classes take place in Dunton Green, Shoreham and South Darent with sessions costing £2 or £2.50 (depending on location) with refreshments included. There's no need to book, just turn up. Beginners and newcomers are always welcome.

Yoga leader, Sabine Smith, says: "The classes are a really relaxing, fun and a sociable way to improve fitness and overall wellbeing."

If you're looking for new ways to improve your health and fitness – look no further! We run many services to help you improve your physical and mental health whilst having fun and meeting new people.

To join in, visit [www.sevenoaks.gov.uk/health](http://www.sevenoaks.gov.uk/health) or call us on 01732 227000.

### Falls prevention

Aimed at residents aged 60 and over who are concerned about falling. Weekly sessions run in Edenbridge, Otford, Sevenoaks and Swanley and give you the knowhow to avoid a fall and what to do if you take a tumble. The classes includes light exercise, usually in a chair, to improve balance, strength and stability.

Session leader, Lucy Maclean, says: "These classes give confidence to older people, helping them to lead active lives, continuing to do the things they love."



### Up and Running

This is a jogging group for women who have mild to moderate depression, low self-esteem, anxiety or depression.

The group is ideal for non-runners and starts with walking and gentle jogging, building up over 10 weeks. Next courses begin after Easter in Sevenoaks.

There's a small charge for taking part.

Running group leader, Shona Campbell, says: "Outdoor exercise can really help with low moods and anxiety and this friendly and non-competitive group has helped many women. The majority say that their physical and mental wellbeing have improved as a result of taking part."





# Free health MOTs

If you're aged 40 to 74 you can give yourself the once over with our free health checks.

The personal MOTs can help steer your health in a positive direction by letting you know how to reduce your risk of heart disease, dementia, kidney disease, stroke and diabetes - conditions that all too often affect people in this age group.

Your results will be shared with your GP and they may contact you if they believe something needs a closer look.

The test involves answering some simple questions and giving a single drop of blood to test your cholesterol levels. Each check takes about half-an-hour and is taken by a qualified health professional.

The service is available to any resident who has not had a health check in the last five years.

To find out if you're eligible for a free health check visit [www.sevenoaks.gov.uk/healthchecks](http://www.sevenoaks.gov.uk/healthchecks) or call 01732 227000. Health checks are extremely popular and places must be booked in advance.



# Feel the benefits of running

Sevenoaks town has two unique jogging groups that can help you enjoy the benefits of running.

Up and Running aims to help women manage the symptoms of depression or anxiety and Primetime Jogging is for men and women aged over 50 who would like to take up the sport.

Up and Running was set up in 2010 by Harriet Heal, a clinical psychologist, and Shona Campbell, a running coach.

Primetime Jogging was set up in April by Jo Kingston, also an experienced running coach, and Shona Campbell.



Harriet Heal and Shona Campbell

Did you know that people who do regular physical activity have:

- an **83%** lower risk of osteoarthritis
- a **68%** lower risk of hip fracture
- a **50%** lower risk of type 2 diabetes and colon cancer
- a **35%** lower risk of coronary heart disease and stroke
- a **30%** lower risk of falls (among older adults), depression and dementia
- a **20%** lower risk of breast cancer

To find out more about these running groups, please phone or text Shona on 07710 279497 or e-mail [shona@shonacampbell.com](mailto:shona@shonacampbell.com).

[www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

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# Stan keeps his feet on the ground

A Swanley resident with a passion for plants is continuing to stay fit and active in the garden thanks to our Falls Prevention Classes.

In Shape spoke with 82 year old Stan Long, a former landscape management professional and keen gardener.

Stan, who has lived in the town for more than 40 years, attends our Falls Prevention Classes that have helped more than 50 older people over the last year to stay safe, active and independent by staying on their own two feet.

Stan says: "Although I've not had a fall, in recent years I had become more and more concerned that I may have one. I was quite worried that if I started to lean forward, even a little, I would lose my balance, stumble and end up on the floor. I know that at my age this can have serious, even life-threatening consequences.

"But when I heard about the Council's Falls Prevention Classes I thought it may help so I decided to give it a go.

"The classes are all about building up your body strength with simple exercises, improving balance and using tactics to help you stay on your feet in a no pressure, supportive environment. Best of all you're encouraged to go at your own pace.

"You start with a few seat-based exercises then you stand up to do a few gentle exercises to build up your leg muscles. Later there are further gentle exercises to improve your upper body strength by building up the muscles in your arms and shoulders.

"Improving your balance is obviously important, so part of the course is spent walking on your toes and your heels.

"But crucially it's the tactics taught throughout the course which really help. One of the things you're told is how to gradually stand up from



a seated position, reducing your risk of falling.

"If the worst happens, and you do fall over, you are taught how to get back on your feet without panicking using various positions that minimise the risk of further injury.

"Thanks to the course I am much more confident on my feet and I really

believe that I can continue to stay active for longer. My wife Pauline is very pleased as well. She has seen my confidence grow since I took part in the Council's Falls Prevention Classes giving us more opportunities to spend time together in our garden."

**To find out about classes near you, visit [www.sevenoaks.gov.uk/falls](http://www.sevenoaks.gov.uk/falls) or call us on 01732 227000.**

# Be Inspired, Be Active!

Residents in Farningham, Horton Kirby, South Darent, Fawkham and West Kingsdown are embracing our latest sports project 'Be Inspired, Be Active' in their droves.

**W**e're running an exciting programme of free sport taster sessions and sports courses after we secured £60,000 of external funding from Sport England.

And we've had a fantastic response. Launched at the St George's Day fete in Horton Kirby, more than 200 people have already tried their hand at a variety of activities, from archery and street dance to pad-boxing and the Paralympic Games sport of Boccia.

There are many courses on offer including archery, football, netball, street dance and even Boogie Buggy Fit for mums with young children.

Even more activities are in the pipeline such as basketball, volleyball, table tennis and badminton.

All the programmes take place in community venues in Farningham, Horton Kirby, South Darent, Fawkham and West Kingsdown and are completely free.

**You can find out more and sign up to courses at [www.sevenoaks.gov.uk/beinspired](http://www.sevenoaks.gov.uk/beinspired). Alternatively call us on 01732 227000 or email [healthyliving@sevenoaks.gov.uk](mailto:healthyliving@sevenoaks.gov.uk).**



# Let's talk about dementia

Dementia affects more than 820,000 people in the UK and many of us may know someone who is affected by this life changing disease.

**W**e are working closely with Kent County Council, the Sevenoaks District Seniors Action Forum, support organisations and local communities to make the District a more dementia friendly place.

Local people with dementia have told us they want to maintain their social networks, feel they belong in their community and continue to live the life they had before their diagnosis.

The Swanley Dementia Friendly Communities Forum started last August. As part of the Forum, local people are working to make facilities in Swanley and the surrounding area more accessible to people with dementia. The Sevenoaks Dementia Friendly Communities Forum was also

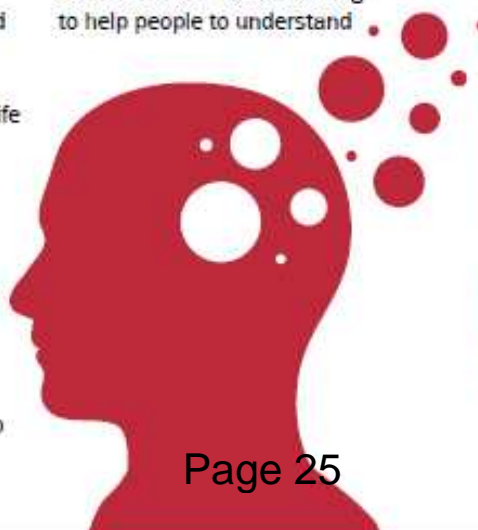
launched earlier this month to engage more people across the District.

Everyone can play a part in supporting people with dementia and their carers. As part of this work, we continue to run 'Dementia Friend' training to help people to understand

dementia and the support available. We are leading the way and we have already trained over 100 of our staff and partners as 'Dementia Friends'. We are also looking at physical changes to our building signage to be more dementia friendly.

**If you would like to take part in Dementia Friend training or would like to get involved in Dementia Friendly Communities Forums please call us on 01732 227000 or e-mail [healthyliving@sevenoaks.gov.uk](mailto:healthyliving@sevenoaks.gov.uk)**

**If you have any questions or concerns about dementia, you can call the dedicated Kent Dementia Helpline anytime on the freephone number 0800 500 3014 or visit [www.alz-dem.org](http://www.alz-dem.org)**



# New Year, new you!

With Christmas now upon us, it's easy to over indulge with friends and family. If you find you've piled on more pounds than you'd hoped then 'Why Weight' – start the New Year in style with a slimmer you!

Our free 12-week 'Why Weight' programme has been designed to help people lose weight in a healthy, productive way.

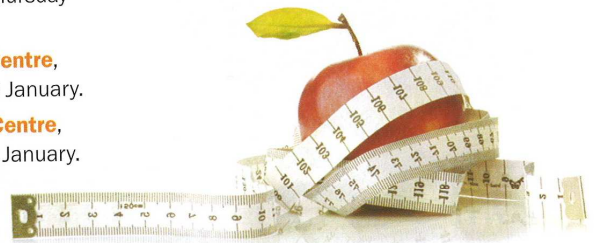
Each week you'll start with 30 minutes of gentle exercise, combined with weekly weigh-ins and advice about healthy eating and how to follow a healthier lifestyle.

Why Weight has been running for five years, helping hundreds of people to lose weight and lead a healthier lifestyle in a friendly, supportive environment.

The next courses will take place across Swanley, Sevenoaks and Edenbridge on the following dates and times:

- **White Oak Leisure Centre, Swanley**, from 6pm Wednesday 7 January.
- **White Oak Leisure Centre, Swanley**, from 1pm Thursday 8 January.
- **Sevenoaks Leisure Centre**, from 12 noon Friday 9 January.
- **Edenbridge Leisure Centre**, from 6pm Monday 12 January.
- **Sevenoaks Primary School**, Bradbourne Road, from 6pm Tuesday 13 January.

For more information and to book, visit [www.sevenoaks.gov.uk/whyweight](http://www.sevenoaks.gov.uk/whyweight) or call us on 01732 227000.



## Hartley memory café opens its doors

The first community-led memory café has opened in Hartley, offering visitors a welcoming and supportive environment.

Hartley Memory Café opened in August and is the first of its kind in the District as it's run by volunteers under the umbrella of the Alzheimer's and Dementia Support Services.

Jackie West, a Kent County Council Community Warden who works in the village, identified the need for the café and helped to get it off the ground.

Jackie says: "I was working with some Year Eight students at Longfield Academy who were making sensory blankets for residents at The Old Downs Residential Home in Castle Hill. It was a great way of linking two generations together.

"Stemming from this work I started to get to know people with dementia in the community and realised there was a real need for a space which offered support to those living with dementia



and their carers, somewhere where they could be listened to or just to gain advice in an inclusive environment."

The café, is open on the first Thursday of every month inside the Wellfield Community Lounge in Wellfield, Hartley.

Visitors to the café, which is open

between 10am and 12pm, will also be able to talk to a representative from the Alzheimer's and Dementia Support Services as well as enjoy tea and biscuits and chat to other like minded visitors.

For more information about local dementia services call us on 01732 227000.

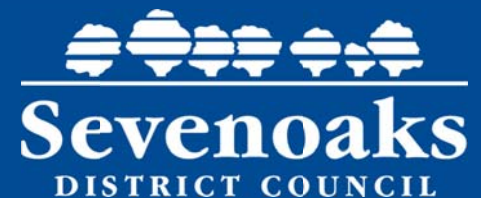




# Sevenoaks District's Health Inequalities Action Plan

**MIND THE GAP** Building bridges to better health for all

**2015-2018**



# Foreword



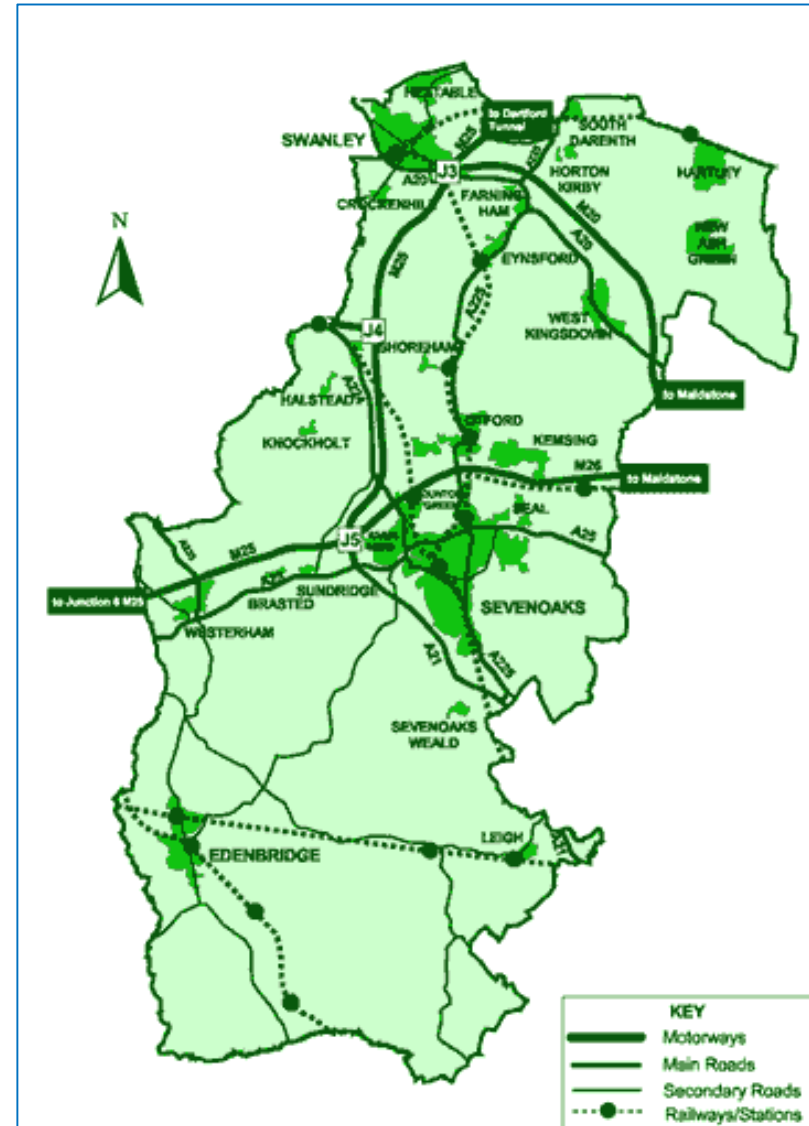
*Cllr Michelle Lowe  
Portfolio Holder for Housing and Health  
Sevenoaks District Council*

A great deal has changed since we published our first plan three years ago. Clinical Commissioning Groups are now up and running in delivering local services; Health & Wellbeing Boards are overseeing health and social services across the county; and HealthWatch is working with you – the public to ensure your concerns are heard.

We have seen good progress since we published our first Health Inequalities plan in 2013. The number of children classified as obese in Year 6 has reduced. However, we still have more work to do, as there are still too many overweight and obese people in the district risking lifelong health issues. The life expectancy gap between the most and least deprived men has reduced from 4.5 years to 3.2 years, but we still face the challenges of an aging population – meaning our health and social care structures will face increasingly additional pressures over the years to come.

It is good news that overall health is improving. But, the inequalities gap for mortality is increasing, so we have to do more to support our residents in living healthier and for longer. We can not be complacent and must continue supporting people to make healthier choices.

The Mind the Gap Action Plan 2015-18 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. I welcome this plan and look forward to the improvements that it will make.



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# Update Summary 2015

In 2013, we published our first Mind the Gap Health Inequalities Action Plan. We have achieved a great deal since then but there is more to do. This document provides an update on our progress and sets out our new priorities for 2015 – 2018.

When we compare our 2015 Health Profile<sup>1</sup> to that of 2012, the District has achieved:

- A reduction in the number of children living in poverty
- Increases in male and female life expectancies
- A decrease in the life expectancy gap between the most and least deprived men, from 4.5 years to 3.2, which is a reduction of 1.3 years
- A decrease in the percentage of children in Year 6 who are obese
- Decreases in teenage pregnancies, in adults smoking and in infant mortality
- Decreases in hospital stays for alcohol related harm and self-harm

However, through the same profiles we are also seeing:

- An increase in numbers killed or seriously injured on our roads
- Increases in smoking related deaths, excess winter deaths and hip fractures
- Increases in recorded diabetes and malignant melanoma
- An increase in drug use
- An increase in alcohol specific hospital stays for the under 18s
- An increase in violent crime

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<sup>1</sup> Health Profiles are produced annually by Public Health England and can be viewed here: [http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES)



In our first plan 2013-2015 the Health Action Team set local priorities for action. Here's a summary of our progress against those actions over this period:

**1. Give every child the best start in life**

1.1 Increasing the number of healthy births

- We have maintained levels of provision of outreach contraceptive and sexual health services

1.2 Encouraging access to health services for all

- We have maintained the number of GP surgeries offering out of hours services

1.3 Promoting healthy weight for children:

- We met our target for the number attending Fun, Fit and Active sessions
- We have increased the number using the Junior Passport to Leisure Scheme from 635 to 779

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

2.1 Improving educational attainment particularly at GCSE level

- The Edenbridge HOUSE project has performed extremely well, attracting over 500 young people per quarter
- We've exceeded our target of building in support services within schools for vulnerable young people through the Schools Enhancement Model

2.2 Support older people to keep them safe, independent and leading fulfilling lives

- We've exceeded our target for the numbers of people attending the Senior Passport to Leisure Scheme
- We've exceeded our targets for the number of people accessing the Care Navigator scheme, home library services,
- We have exceeded our target for attendances at yoga, chair based exercises and postural stability classes
- The Sevenoaks District Seniors Action Forum achieved a significant increase in the number of members registered with, from 372 to 630

**3. Create fair employment and good work for all**

3.1 Improving chances of employment for people facing disadvantage

- More than double the number of people we aimed for attended career and jobs fair events
- We met our target for the number of people supported into work, training or volunteering
- We saw more people registered as volunteers and more volunteering opportunities available than we expected

#### 4. Ensure healthy standard of living for all

4.1 Provide the right support at the right time including financial capability support and inclusion

- We by far exceeded the number of referrals to the HERO project against the 2013/14 baseline of 82 to 311 in 2014/15
- We exceeded the target for the number of under occupation cases handled, helping older people to downsize their property
- The number of families accessing support via the foodbank was stable

4.2 Meet the housing needs of people living in the District including affordable and appropriate housing

- We began the process for the Older Persons Housing Needs Assessment and this is likely to be completed in 2017
- We have approved 120 Disabled Facilities Grants, significantly more than the 2013/14 baseline of 24

#### 5. Create and develop healthy and sustainable places and communities

5.1 Reduce fuel poverty by supporting development of warm homes

- We have distributed 206 energy saving packs, more than the 150 we planned
- We have completed more energy efficiency retrofits in 2014/15 than in 2013/14

#### 6. Strengthen the role and impact of ill health prevention

6.1 Improve access to screening

- We have carried out more health checks than our target required us to
- We have exceeded the target of 200 AUDIT-Cs (brief interventions for alcohol) achieving 362
- We have maintained the number of pharmacies offering sexual health services

6.2 Reduce the gap in health inequalities across the social gradient

- We have exceeded the target for the number of attendances Why Weight and Get Sorted
- We saw the number of people attending health walks leap from 5,913 to 6,434
- Usage figures for Sencio centres and facilities and disability fitness sessions all beat their target
- Kent Adult Education Exercise Classes exceeded their target
- MIND fitness activities beat their target and Mencap Hall dance and exercise met their target

6.3 Provide support for people with mental illness and raise awareness of mental health issues

- The dementia cafes and support services have taken off and have far exceeded their target
- Mental health workshops, Up and Running and the Mencap drama group have all met or exceeded their targets

However, we have met some challenges along the way. In particular, access to monitoring data for some actions proved challenging. The actions and data in this plan are often owned by other agencies and so we have not always been able to get the information we needed for a full assessment of progress. Furthermore, the financial and political context in which we work is constantly evolving and so projects and plans may change mid-year, affecting the likelihood of targets being met.

For 2015-18 our priorities are:

- 1. Give every child the best start in life**
  - Promoting healthy weight for children
  
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
  - Support older people to keep them safe, independent and leading fulfilling lives
  
- 3. Create fair employment and good work for all**
  - Support businesses to have healthy workplaces
  
- 4. Ensure healthy standard of living for all**
  - Meet the housing needs of people living in the District including affordable and appropriate housing
  
- 5. Create and develop healthy and sustainable places and communities**
  - Sustain and support healthy communities
  
- 6. Strengthen the role and impact of ill health prevention**
  - Reduce the gap in health inequalities across the social gradient

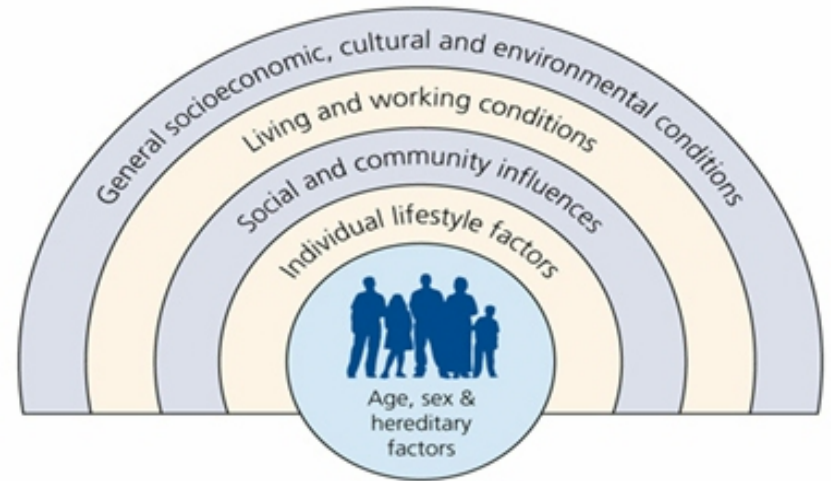
The action plan at the end of this documents sets out what we will do to address these issues. While these are our priorities we will continue to work with our partners to address the other areas of work which contribute to improving health and reducing health inequalities.

# Introduction

## What Are 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.



**Figure 1 Dahlgren and Whitehead (1991)**

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.

## Sevenoaks District Health Overview 2015

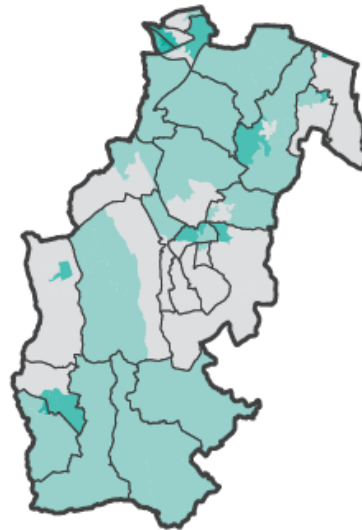
The overall impression of affluence in Sevenoaks District masks local pockets of urban and rural deprivation. While most of our residents (80%) fall within the two least deprived quintiles, 10% of our residents are among the two most deprived quintiles in the country.

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.

Contains OS data © Crown copyright and database rights 2015



Lines represent electoral wards (2013)



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

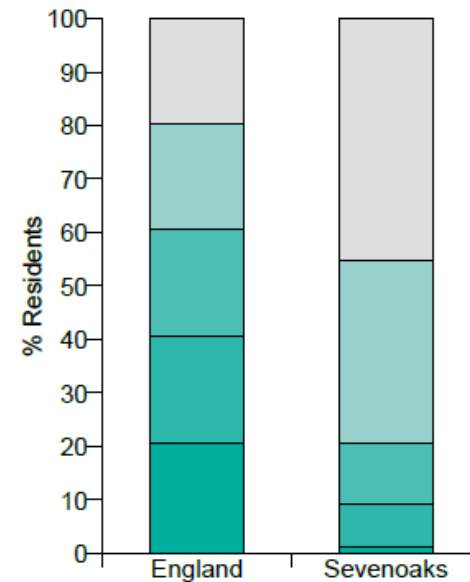


Figure 2 Deprivation quintiles in Sevenoaks 2010 from PHE Health Profile 2015

In addition, forecasts show that in the period of 2015-2019, we will see a rise in all age groups over the next five years with the largest percentage rises occurring in the 85+ age group where the population is predicted to increase by just under 17%.<sup>2</sup>

This will have a significant impact on the future provision of housing and health services in this District. Both diabetes and dementia will continue to increase. 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 2015 Sevenoaks District Health Profile we know that we are roughly the same as the England average on:

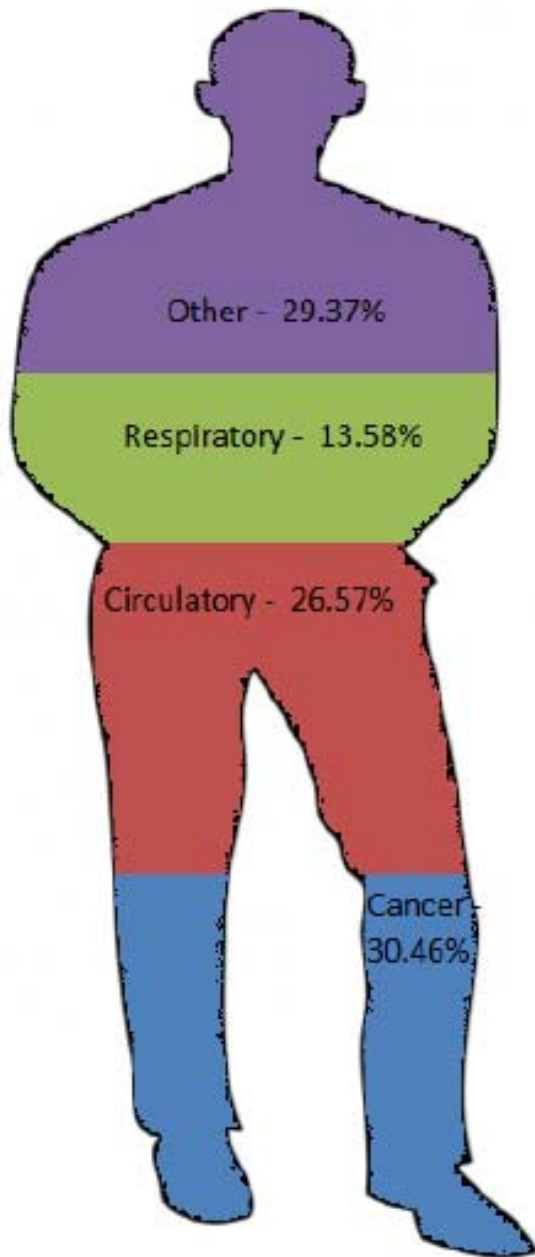
- Smoking at time of delivery and smoking prevalence in adults
- Alcohol specific hospital stays for the under 18s – however, in 2012 we were better than the England average and so this shows a marked deterioration
- Overweight and obese adults
- Incidence of malignant melanoma
- Hip fractures in the over 65s
- Excess winter deaths
- Infant mortality

We are significantly worse than the England average for road deaths and serious injuries. This is a substantial deterioration from 2012 when we were not significantly different to the England average.

We also perform significantly worse than the England average on GCSE's 5A\* - C although we believe that this reflects the availability of education within the district rather than academic achievement.

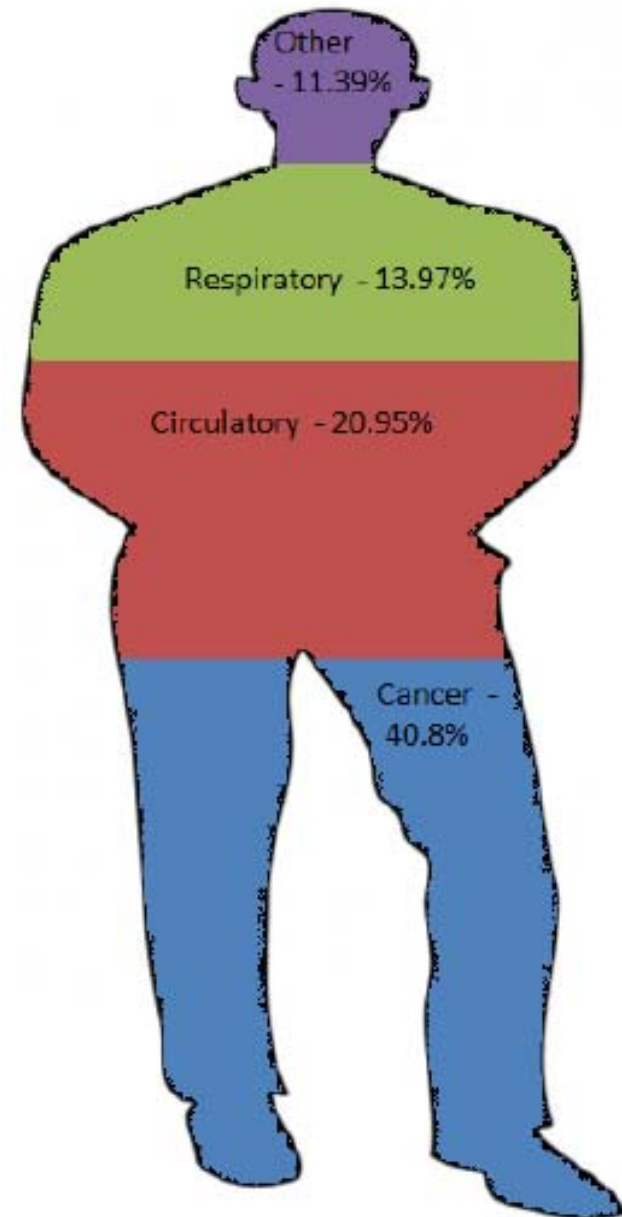
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<sup>2</sup> Kent and Medway Public Health Observatory, accessed June 2015



The figure on the left shows the underlying causes of death for all age groups in Sevenoaks, 2014.

On the right are the underlying causes for mortality in the under 75s in Sevenoaks in 2014.

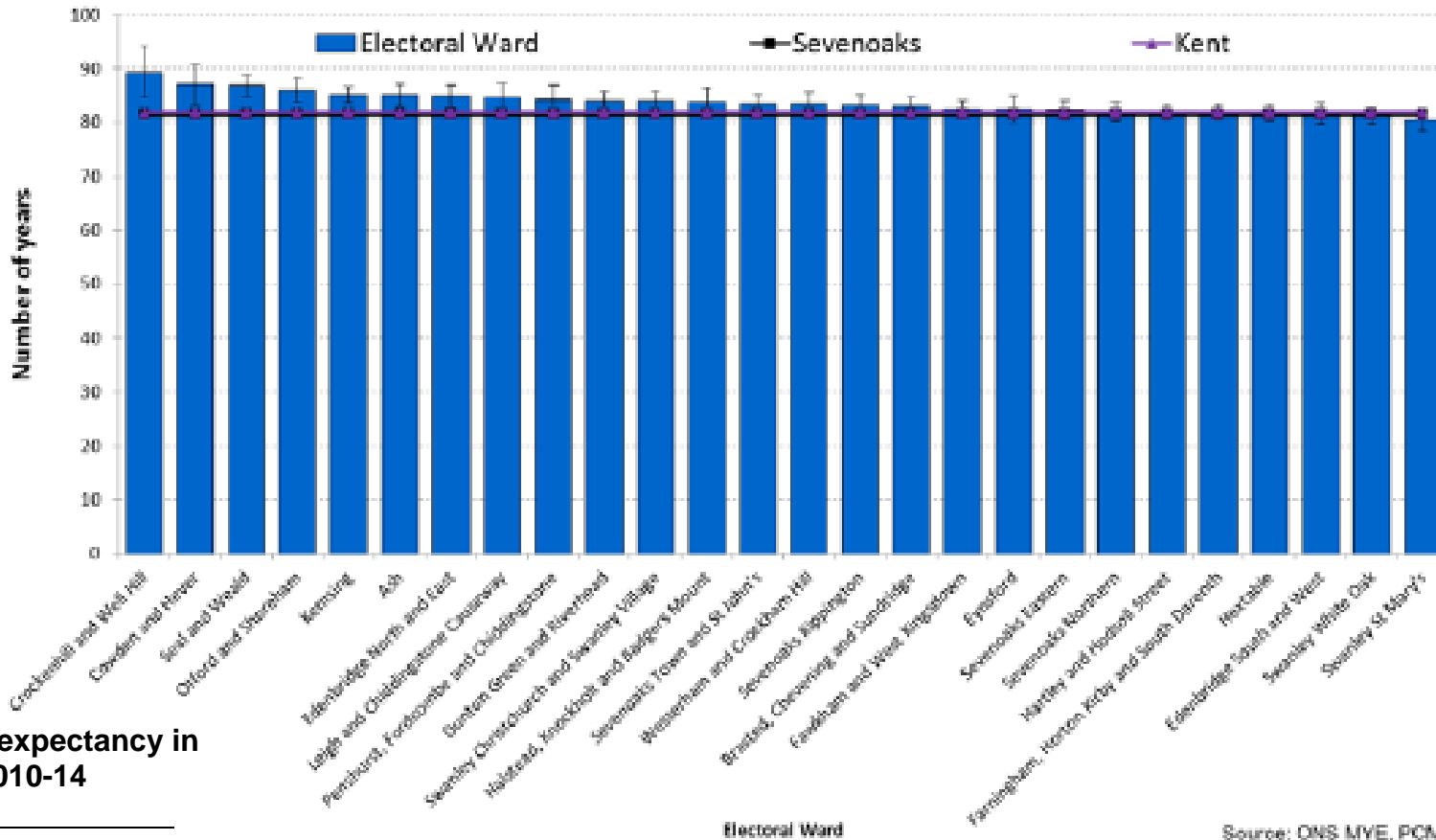


### Health Inequalities in Sevenoaks District

The calculation of life expectancy at birth is a national measurement used to assess the differences between more affluent and deprived population.

The PHE Health Profiles divided the population into deciles by deprivation. This measure suggests that our life expectancy gap between the most and least deprived has decreased, from 4.5 to 3.2 for men but increased from 0.2 to 1.2 for women.<sup>3</sup>

The Kent and Medway Public Health Observatory have examined life expectancy in Sevenoaks by ward. The life expectancies were calculated using five years-worth of mortality data (2010-2014). The ward with the highest life expectancy is Crockenhill and Well Hill (89.3) this is 8.9 years more than the lowest life expectancy which is in Swanley St Mary's (80.5).



**Figure 3 Life expectancy in Sevenoaks 2010-14**

<sup>3</sup> Health profile 2012 using 2006-2010 data and health profile 2015 using 2011-2013 data

Source: ONS MYE, PCMD



“All Age All Cause Mortality” (AAACM) is the accepted measure of the overall health status of communities. Figure four below shows that overall, AAACM in Sevenoaks District is lower than that for Kent and England. AAACM is reducing in our district, a sign that health overall is improving.

By showing mortality rates charted to deprivation we can demonstrate the overall mortality gap between the richest and poorest in Sevenoaks District. From figure five we can see that the inequalities gap in AAACM in Sevenoaks District has widened over several years to its highest point since 2006. This points to an increase in health inequalities in our population despite overall improvements to AAACM.

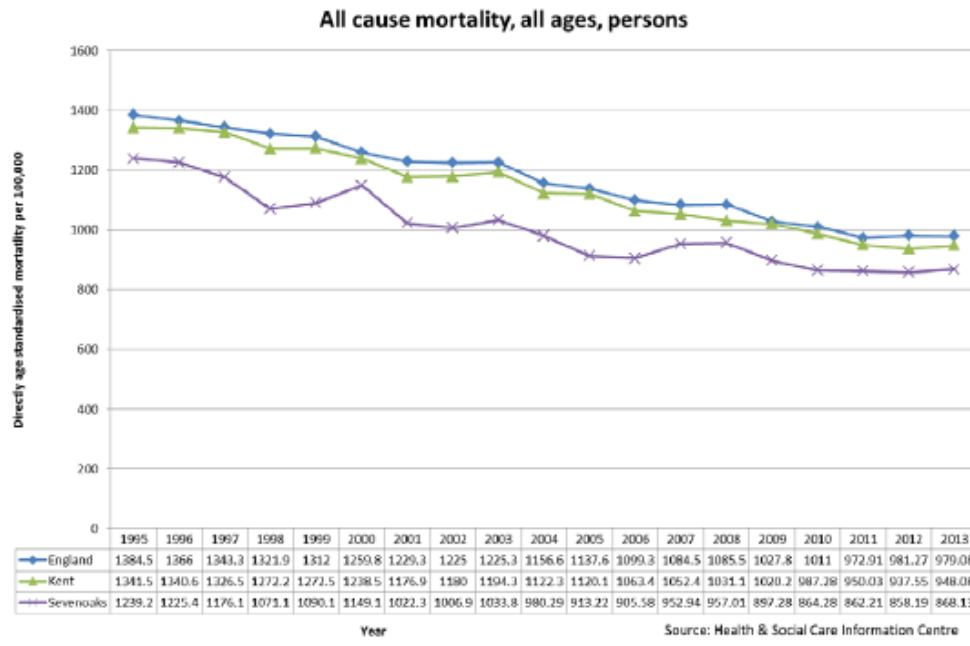


Figure 4 AAACM in Sevenoaks

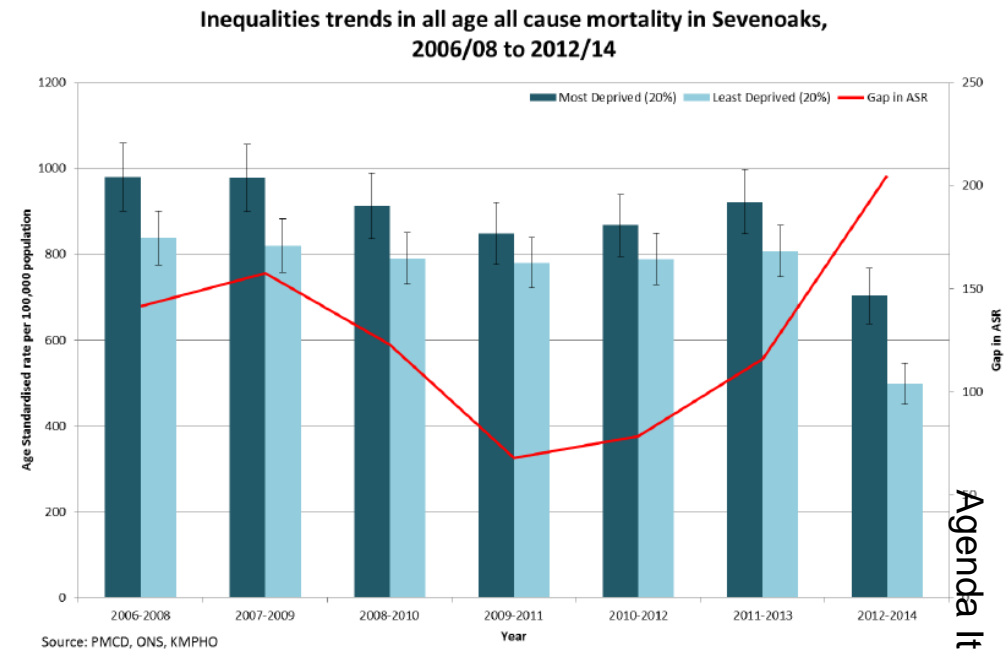


Figure 5 Inequalities in AAACM in Sevenoaks District

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

We 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 further.

This action plan will be delivered and monitored by the Sevenoaks District Health Action Team which provides a health delivery 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. 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.

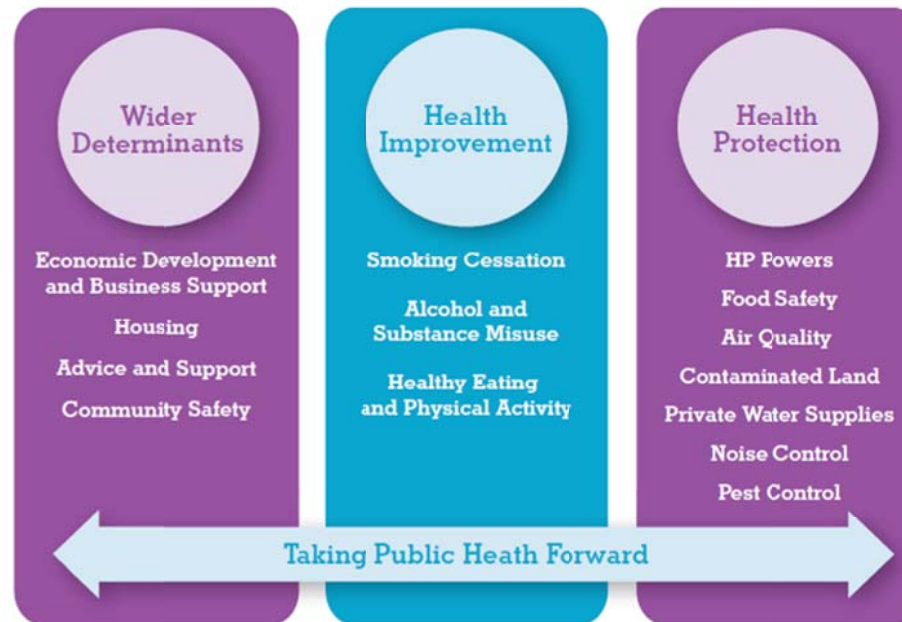
## Who Will Do What

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 Plan, 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 is worse than the England or Kent average, or a gap in service provision has been identified. 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 i.e. 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 6.



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

**Figure 4 The role of District Councils**

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

**Kent County Council**

Kent County Council has 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 (JSNA) 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.

**Health and Wellbeing Board**

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way.

The HWB is responsible for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). JSNAs are assessments of current and future health and social care needs in a particular area alongside an identification of the assets the local community has to meet the identified need. The JHWS sets out how the needs will be met, in the context of identified priorities, as well as enabling the HWB to encourage integrated working between health, public health and social care commissioners. Both documents are to inform local authority and NHS commissioning plans.

The Health and Wellbeing Board in Kent has established a series of sub-committees known as Local Health and Wellbeing Boards, co-terminous with the Clinical Commissioning Groups.

Each District Council holds two seats (one Member and one Officer) on the Local Health and Wellbeing Boards co-ordinated by each CCG clinical lead. The Boards 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.

### **Joint Health and Wellbeing Strategy 2014-17 (JHWS)**

The Kent wide Health and Wellbeing Strategy, utilising the Joint Strategic Needs Assessment, seeks to achieve the following outcomes:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

Four priorities were identified to achieve this:

1. Tackle key health issues where Kent is performing worse than the England average
2. Tackle health inequalities
3. Tackle the gaps in provision
4. Transform services to improve outcomes, patient experience and value for money

The Joint Health and Wellbeing Strategy, published by the Health and Wellbeing Board is here:

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf)

The JSNA can be found here: <http://www.kmpho.nhs.uk/jsna/>

### **Clinical Commissioning Groups (CCGs)**

As part of the new health commissioning arrangements, the NHS Commissioning Board and CCGs adopted 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%).

The CCGs have recently published five year plans setting out the actions they will take to improve health and reduce inequalities based on the outcomes set out in the JHWS above. In addition the CCG works towards the NHS nationally agreed outcomes:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

#### **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.

# 1: Give every child the best start in life

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:

- Promote a health weight for children

# Objective 1: Give every child the best start in life

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

<b>Local Priorities:</b>	<b>1.1 Increase the number of healthy births</b>	<b>1.2 Encourage access to health services for all</b>	<b>1.3 Promote Healthy Weight for Children</b> <b>High priority for Sevenoaks District 2015</b>
<b>Actions:</b>	<p>1.1.1 Run campaigns and deliver initiatives to promote good health in pregnancy and promotion Start4Life</p> <p>1.1.2 Ensure teenage parents receive holistic support</p> <p>1.1.3 Early identification of vulnerable parents smoking in pregnancy and work to reduce</p>	<p>1.2.1 Improve access to GP services, pharmacies and to hospitals, particularly in rural areas</p> <p>1.2.2 Making more localised – bring services out of traditional settings.</p> <p>1.2.3 Provide support for disadvantaged and vulnerable groups to access health services</p>	<p>1.3.1 Support parents and children to maintain a healthy weight</p> <p>1.3.2 Increase interaction between parents and children including healthy lifestyles and active play</p> <p>1.3.3 Create new opportunities to build physical activity into daily lives</p> <p>1.3.4 Identify &amp; use opportunities created by transfer of health visiting to local government</p>



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

**Local Priorities:**

**Actions:**

**1.4 Increase breast-feeding initiation rates at 6-8 weeks through Children Centre targeted locations**

- 1.4.1 Positive promotion and creation of breast-feeding friendly environments
- 1.4.2 Provide support to new mothers to increase the initiation and continuation of breast-feeding

**1.5 Support parents so that they can raise emotionally and mentally healthy children**

- 1.5.1 Improve outcomes for families with crime and anti-social behaviour, absence and worklessness through the Troubled Families Programme
- 1.5.2 Reduce repeat incidents of Domestic Abuse
- 1.5.3 Supporting carers and child minders
- 1.5.4 Give a better start for children through early intervention services for children 0-5 and their parents
- 1.5.5 Help young people to feel safe from bullying at home, at school and be safe on the internet

## Objective 1 Give every child the best start in life

### Priority 1.3 Promote Healthy Weight for Children <sup>4</sup>

Obesity tends to track into adulthood, so obese children are more likely to become obese adults. There are stark inequalities in obesity rates between different socioeconomic groups: among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived nationally.

From an economic perspective, predictions are for sharp rises in the cost to the taxpayer for treating obesity and related chronic illness. The Foresight Report (2007) estimates that by 2050 the cost of treating co-morbidities in the UK will reach £250 million.

There is an urgent need for action, the Chief Medical Officer's Annual report 2012 Our Children Deserve Better: Prevention Pays; states that reducing obesity by just one percentage point among children and young people could lead to savings of £1 billion each year as children would be less likely to end up with long-term health problems needing NHS treatment. There are opportunities as local government takes the lead for Health Visiting and child public health from October 2015 that the joint efforts of all public services can be mobilised to tackle obesity.

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.

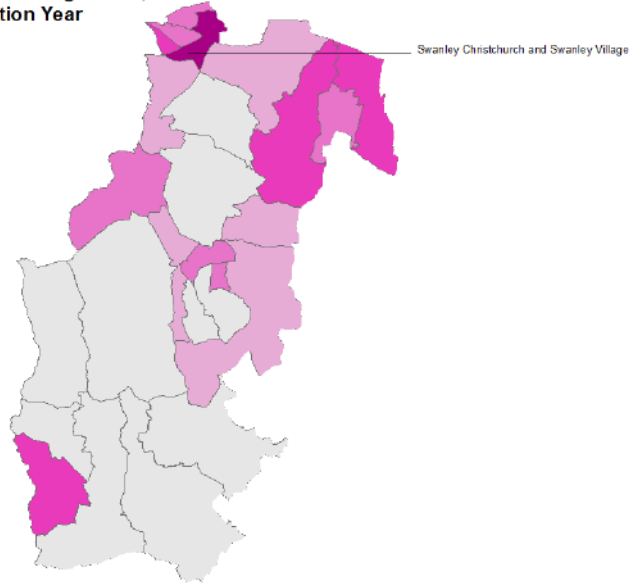
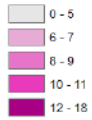
We can see from the maps below that in Reception wards in the north of the district are more likely to be affected by obesity with one ward (Swanley Christchurch and Swanley Village) having 12-18% of Reception year children who are obese. However, by Year 6, more wards are affected and Swanley Christchurch and Swanley Village are joined by Swanley White Oak, Swanley St Mary's and Crockenhill and Well Hill in having 28-46% obesity.

It is important that we also monitor the rates of overweight children as this can also carry health risks and offers an opportunity to intervene before obesity is reached. The bar charts below show the overweight rates alongside obesity at reception and Year 6.

<sup>4</sup> Data and information taken from [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk) JSNA and Health and Social Care Maps

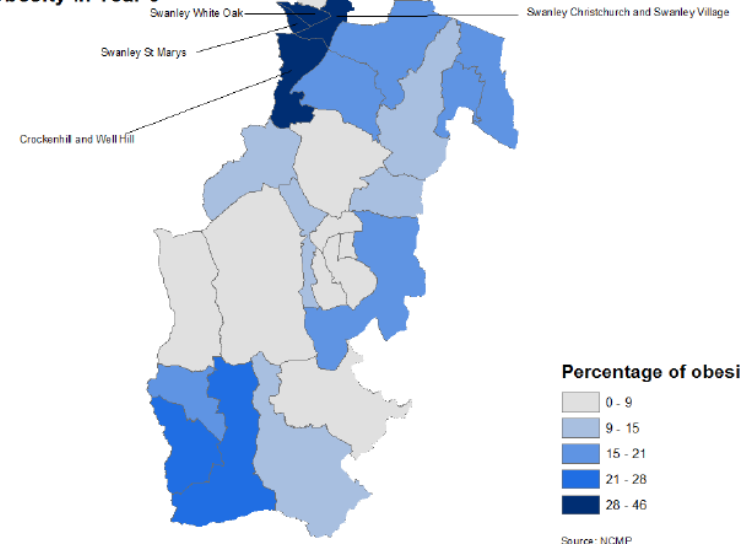
National Child Measurement Programme, 2011/12 - 2013/14  
Level of Obesity in Reception Year

Percentage of obesity

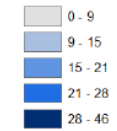


Source: NCMP

National Child Measurement Programme, 2011/2012 - 2013/14  
Level of Obesity in Year 6



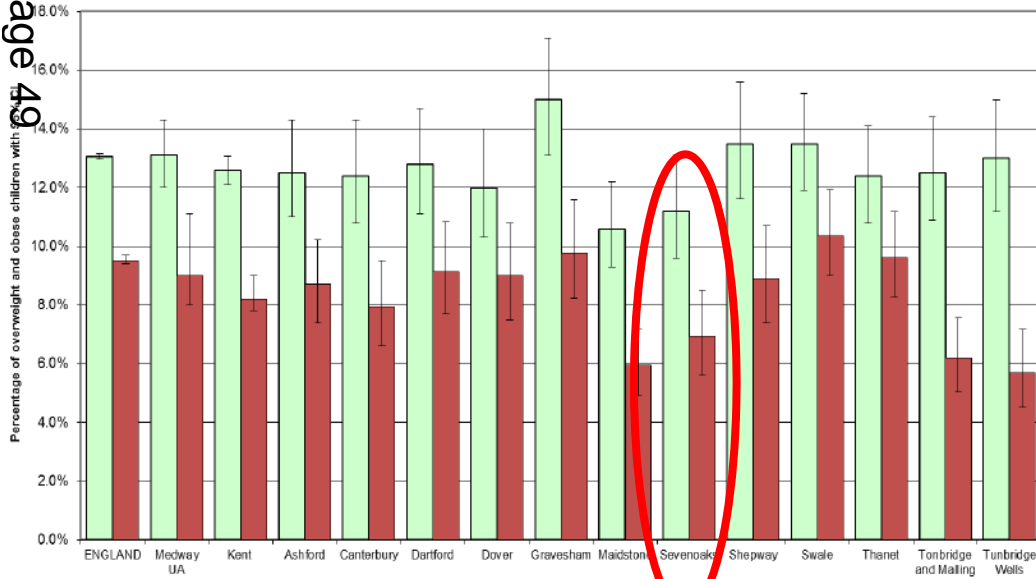
Percentage of obesity



Source: NCMP  
Produced by KMP40/11/14/2015

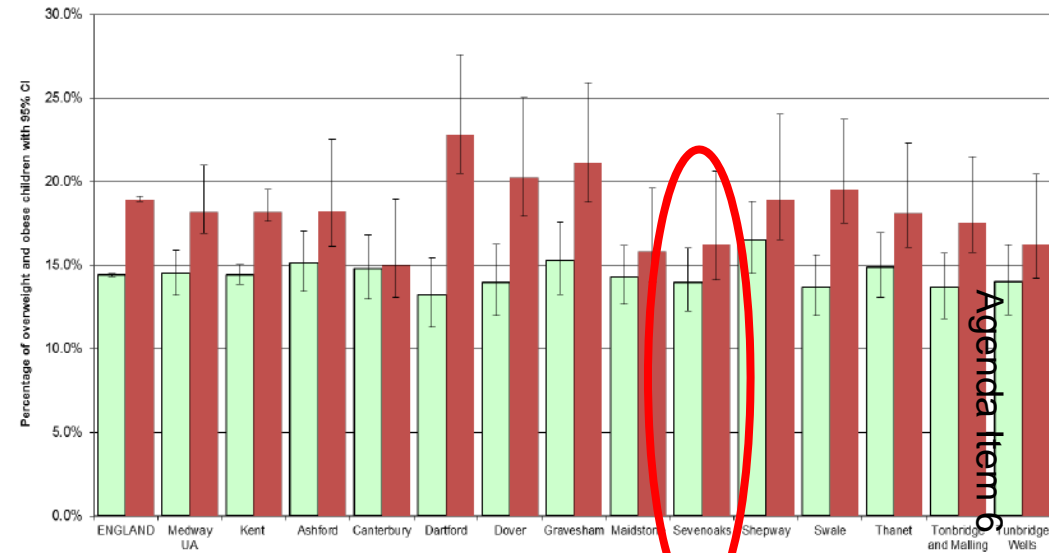
Percentage of children who are Overweight and Obese of all children measured  
Reception year 2013/14  
by England, Medway Unitary Authority and Local Authorities in Kent

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Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset  
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Percentage of children who are Overweight or Obese of all children measured  
Year 6 - 2013/14  
by England, Medway Unitary Authority and Local Authorities in Kent



Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset  
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**2. Enable All Children, Young People and Adults to Maximise Their Capabilities and Have Control over Their Lives**

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*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)*

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

**Key Priority for Sevenoaks District:**

- **Support older people to keep them safe, independent and fulfilled lives**

# 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; CYPP; Falls Strategy; Active Lives Now; Valuing People Now

<p><b>Local Priorities:</b></p>	<p><b>2.1 Improve educational attainment particularly at GCSE level</b></p>	<p><b>2.2 Support older people to keep them safe, independent and living fulfilled lives</b></p> <p><b>High priority for Sevenoaks District 2015</b></p>	<p><b>2.3 Reduce the risk taking behaviours of young people</b></p>
<p><b>Actions:</b></p>	<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 schools non-attendance and increase service activities</p>	<p>2.2.1 Develop Dementia Friendly Communities, improve early diagnosis of dementia and provide services and activities to support sufferers and carers</p> <p>2.2.2 Partnership working to promote and develop self help services</p> <p>2.2.3 Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls</p> <p>2.2.4 Support older people and vulnerable people to remain in their own homes and live independently</p>	<p>2.3.1 Divert children and young people from crime and anti-social behavior</p> <p>2.3.2 Specialist support for alcohol and drug misuse</p> <p>2.3.3 Promote peer support interventions including youth peer educator, SAFE, health champions etc.</p>

## Objective 2 – Enable all children, young people and adults to maximise their capabilities and have control over their lives<sup>5</sup>

### Priority 2.2 Support older people to live independently

There are 23635 people aged 65 plus in Sevenoaks. Fawkham and West Kingsdown and Hartley and Hodsoll Street have the highest number of people aged 65 plus. There are 3132 people aged 85 plus in Sevenoaks. Brasted, Chevening and Sundridge, Hartley and Hodsoll Street and Sevenoaks Town and St Johns have the highest number of people aged 85 plus.

This has implications for commissioners and those providing services because the 65+ age group use health services at a higher rate than others so more provision will be needed by health services in the area.

#### Falls and Fractures

Falls and fall related injuries are a common problem especially amongst people aged over 65, with the human cost of a fall involving distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall, costing the NHS more than £2.3 billion per year.<sup>6</sup> Falls in older people are a significant public health challenge, placing a considerable burden on health and social services each year with the incidence increasing at about 2% per annum (DH 2009). Increased rates of falling and the severity of the consequences are associated with growing older and the rising rate of falls is expected to continue as the population ages.

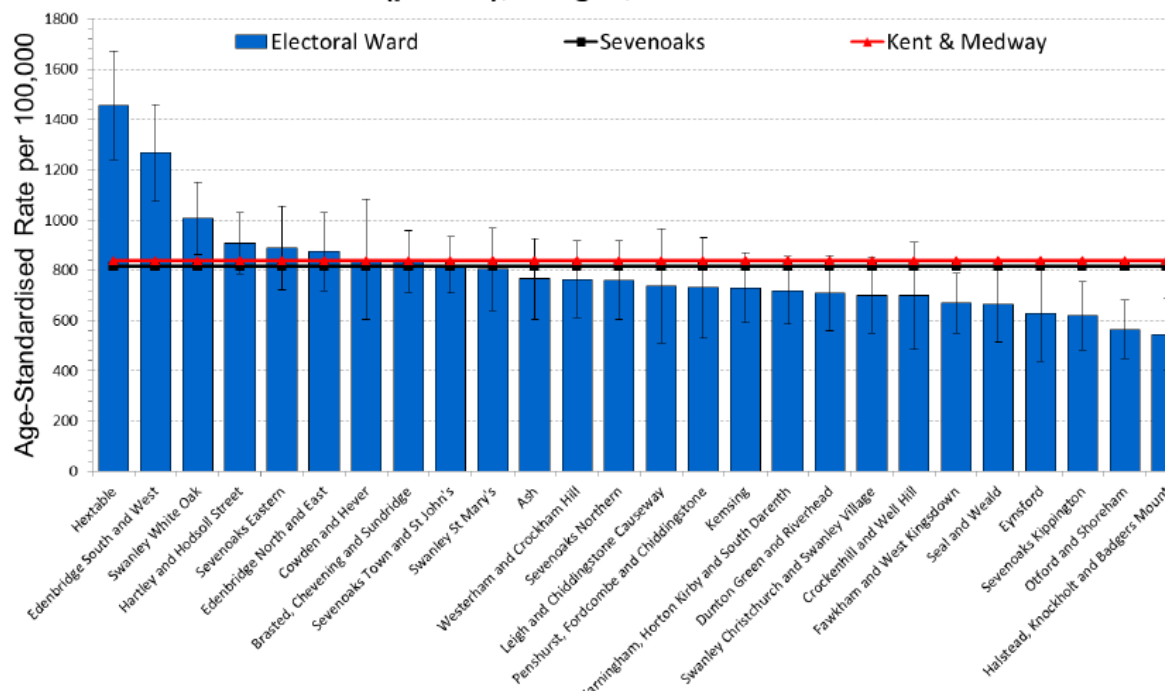
Hip fracture is the most serious injury related to falls in older people, and can lead to loss of mobility and loss of independence, forcing many to leave their homes and move into residential care. Mortality after hip fracture is high: around 30% after one year. Current specialist services, particularly 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.

In Sevenoaks, the wards with the highest rate of admissions are Hextable, Edenbridge South and West, Swanley White Oak, Hartley and Hodsoll Street, Sevenoaks Eastern and Edenbridge North and East, all of which are above the Sevenoaks and Kent average.

<sup>5</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

<sup>6</sup> NICE 2013

### Admission rates in Sevenoaks for falls, 2011/12 - 2013/14 (pooled), all ages, Both Sexes



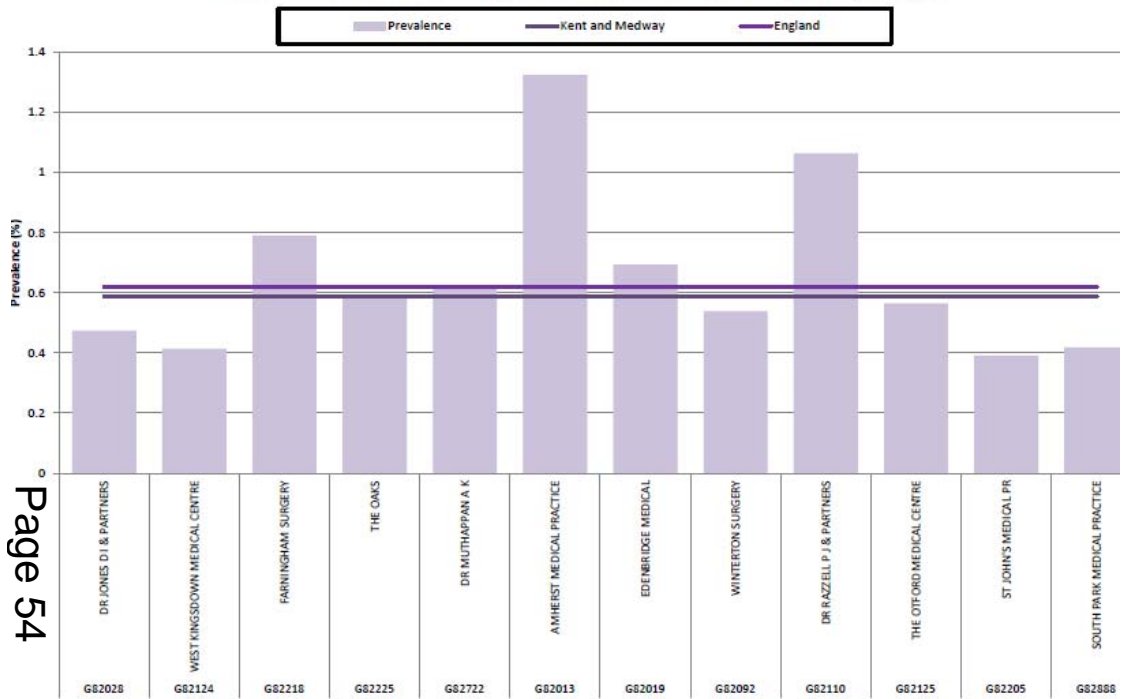
Dementia is a triad of problems: memory loss, decline in some other aspect of cognition, and difficulties with activities of daily living. More formally, it is a syndrome (that is, a distinct pattern of symptoms and signs) that can be caused by many brain disorders, most of which progress gradually over several years. The symptoms of dementia occur in three groups:

1. Cognitive dysfunction, resulting in problems with memory, language, attention, thinking, orientation, calculation, and problem-solving.
2. Psychiatric and behavioural problems, such as changes in personality, emotional control, social behaviour, depression, agitation, hallucinations, and delusions.
3. Difficulties with activities of daily living, such as driving, shopping, eating, and dressing

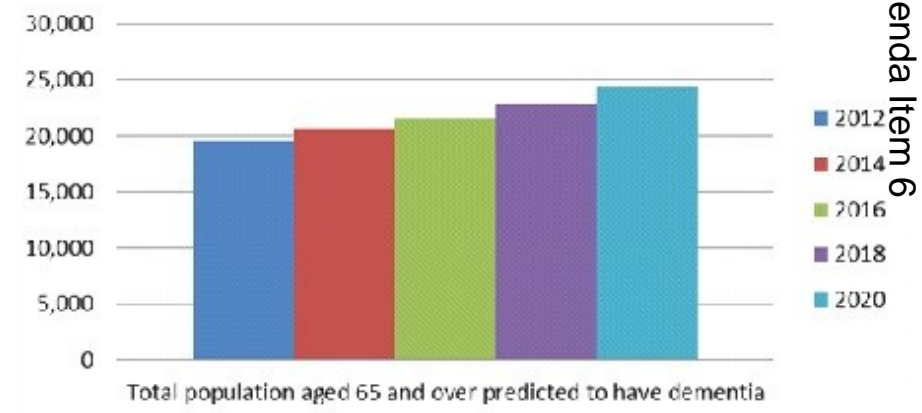
Dementia can be very distressing for the person experiencing it and their friends and family. As the population ages, the prevalence of dementia is also likely to increase. Forecasts show that in the period of 2015-2019, we will see a rise in all age groups over the next five years with the largest percentage rises occurring in the 85+ age group where the population is predicted to increase by just under 17%.

While we may not be able to address the increase in dementia directly, we can strive to develop dementia friendly communities and ensure that every experiencing or caring for someone with dementia has access to support and advice.

Prevalence of Dementia by practice within each district, QOF, 2013/14



Kent  
Source: POPPI



Agenda Item 6



### 3. Create fair employment & good work for all

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*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)*

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.

#### Key Priority for Sevenoaks District:

- **Support businesses to have healthy workplaces**

**Objective 3:** Create fair employment & good work for all

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

Local Priorities:	3.1 Improve chances of employment for people facing disadvantage	3.2 Increase proportion of young people (16-18) & 18-24) in fulltime education, employment or training	3.3 Support businesses to have healthy workplaces <b>High priority for Sevenoaks District 2015</b>
	3.1.1 Improve training, skills and opportunities for employment for disadvantaged, vulnerable groups and people on benefits	3.2.1 Support 16-18 year olds into employment and training	3.3.1 Support Kent Healthy Businesses Award
	3.1.2 Support local charities and community groups to support adults with disabilities into work and training	3.2.2 Increase the number of people accessing apprenticeship and graduate opportunities	3.3.2 Work with employers to support physical and mental health and wellbeing of their workforce and to support people with health issues to enter and stay in work
	3.1.3 Provide volunteering opportunities in Sevenoaks		3.3.3 Reduce Smoking prevalence among routine/manual workers through Kent Smokefree Business Awards

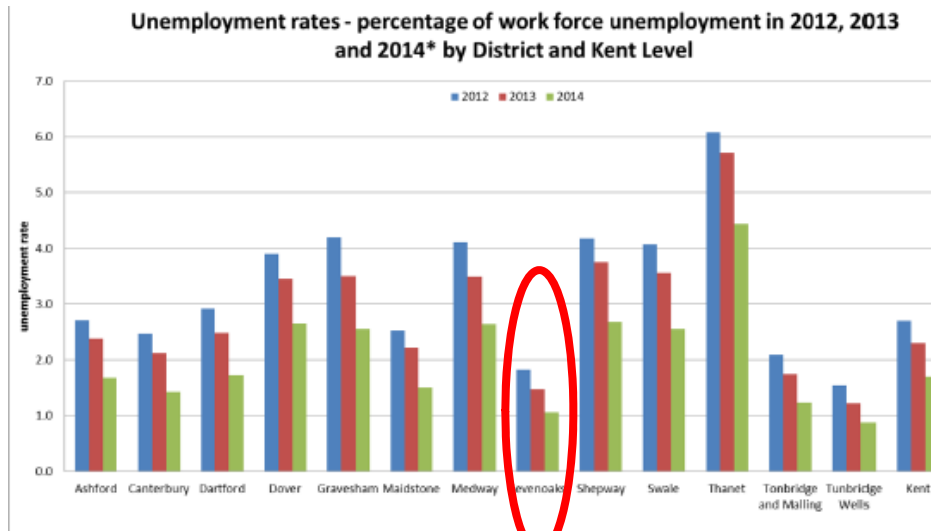
## Objective 3: Create fair employment & good work for all<sup>7</sup>

### Priority 3.3 Support businesses to have healthy workplaces

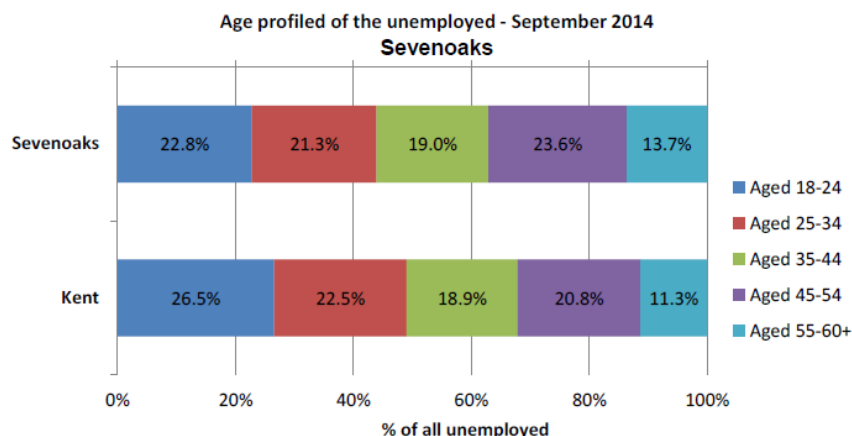
Sevenoaks' unemployment rate is currently 0.9%. This is considerably lower than the county average of 1.8% and the national average of 2.2%.<sup>9</sup> In September 2014 there were 658 unemployed people in Sevenoaks which is 6.9% lower (49 fewer unemployed people) than August 2014 and 27.9% lower (254 fewer unemployed people) than September 2013. Unemployment rates vary across the district. The lowest unemployment is in Brasted, Chevening and Sundridge ward where 0.3% of the working age population are unemployed. The highest rate is in Swanley St Mary's ward where 2.6% of the working age population are unemployed.

District	Total unemployed as at September 2014	Resident based rate %	Change since previous month		Change since last year	
			Number	%	Number	%
Sevenoaks	658	0.9%	-49	-6.9%	-254	-27.9%
Kent	16,162	1.8%	-622	-3.7%	-7,165	-30.7%
Great Britain	870,863	2.2%	-37,028	-4.1%	-391,876	-31.0%

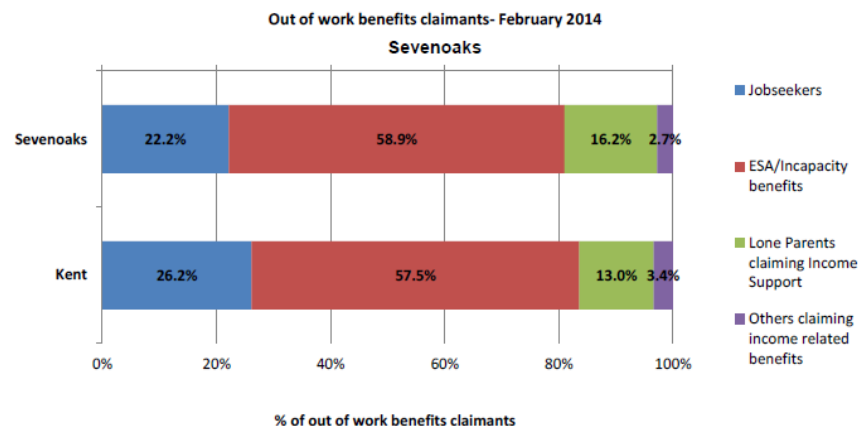
Source: NOMIS - Claimant Count



<sup>7</sup> Data from Sevenoaks Community Safety Partnership Strategic Assessment 2015-16



Source: NOMIS Claimant Count  
Presented by: Research & Evaluation, Kent County Council



Source: DWP Longitudinal Study  
Presented by Research & Evaluation, Kent County Council

The majority of those unemployed in Sevenoaks are aged 45-54.

Out of work benefits claimants includes those people aged 16-64 who are claiming a key Department of Work and Pension (DWP) benefit because they are not working. This definition is used as an indicator of worklessness.

As at February 2014, there were 4,010 people in Sevenoaks who were claiming out of work benefits. This is 5.7% of all 16 to 64 year olds and is lower than the county average of 9.2%.

The largest proportion of those who are out of work are claiming Employment Support Allowance or Incapacity Benefit i.e. they have a health condition which is restricting the sort of work that they usually do. A lower proportion is classified as jobseekers (claimants of Jobseekers Allowance) than the average for the KCC area. 16.2% of those who are workless in Sevenoaks are lone parents who are claiming Income Support. This is higher than the KCC rate of 13.0%.

We currently enjoy high levels of employment in Sevenoaks and therefore workplaces offer an opportunity to support the general population in improving health. In addition, we can work with business to help people with health problems to enter the labour market, and to support people who become ill to stay in work.

## 4: Ensure healthy standard of living for all

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

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.

### 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

<b>Local Priorities:</b>	<b>4.1 Provide the right support at the right time including financial capacity support and inclusion</b>	<b>4.2 Meet the housing needs of people living in the District including affordable and appropriate housing</b>	<b>4.3 Promote opportunities to support families in poverty</b>
<b>Actions:</b>	<p>4.1.1 Support people in accessing benefits and in the transition to universal credit and provide support and advice for families regarding benefits and employment</p> <p>4.1.2 Interventions to assist older people to down-size to more affordable and suitable accommodation</p> <p>4.1.3 Meet the needs of vulnerable and lower income households.</p>	<p style="background-color: #76b82a; color: yellow; text-align: center; padding: 5px;"><b>High priority for Sevenoaks District 2015</b></p> <p>4.2.1 Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people</p> <p>4.2.2 Provide affordable housing to meet identified needs of vulnerable groups</p> <p>4.2.3 Work with developers, landlords and owner occupiers to provide appropriate housing suitable for all demographics</p>	<p>4.3.1 Meet the needs of vulnerable and lower income households.</p> <p>4.3.2 Provide support, advice and information to residents about debt management and financial awareness</p>

## Objective 4: Ensure healthy standard of living for all <sup>8</sup>

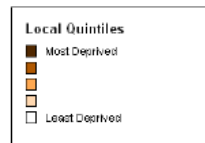
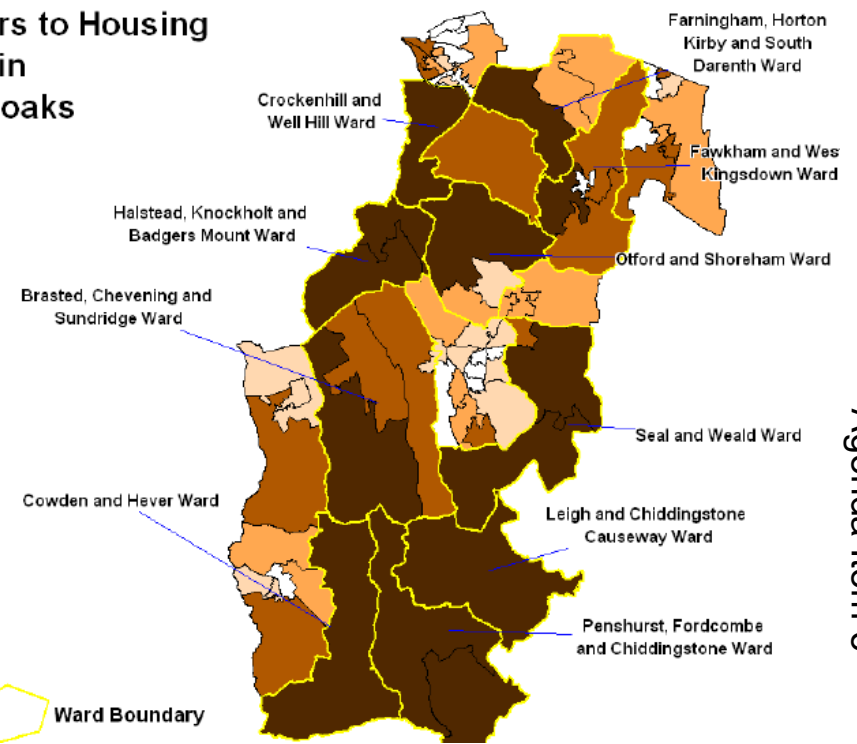
Priority 4.2 Meet the housing needs of people living in the District including affordable and appropriate housing

The average house price in Sevenoaks is now over £423,000.<sup>9</sup> 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.

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 map below includes two sub domains for measuring barriers to housing and services: geographical barriers and wider barriers. Geographical barriers take into account road distance to doctor surgery premises, supermarket, primary school and post office and the wider barriers include household overcrowding and difficulty of access to owner-occupation. It is clear that the barriers in this district are wide spread.

**IMD 2010 - Barriers to Housing  
& Services Domain  
LLSOAs in Sevenoaks**



Ward Boundary

<sup>8</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

<sup>9</sup> Apr- June 2013, Land Registry via BBC

## 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**



# 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><b>Local Priorities:</b></p>	<p><b>5.1 Reduce Fuel Poverty by supporting development of warm homes</b></p>	<p><b>5.2 Reduce homelessness and its negative impact for those living in temporary accommodation</b></p>	<p><b>5.3 Develop our communities to be healthy places</b></p>	<p><b>5.4 Sustain and support safe communities</b></p> <p><b>High priority for Sevenoaks District 2015</b></p>
<p><b>Actions:</b></p>	<p>5.1.1 Encourage vulnerable residents to participate in energy efficiency initiatives.</p> <p>5.1.2 Ensure planning applications adhere to all government legislations.</p>	<p>5.2.1 Intervention for young people especially around mentoring on budgeting and housing</p> <p>5.2.2 Training for front line workers on the welfare change</p>	<p>5.3.1 Maintain cleanliness standards and seek to remove incidents of fly tipping as soon as possible</p> <p>5.3.2 Work with residents on the benefits of healthy places including parks, and open spaces</p>	<p>5.4.1 Improve road safety</p> <p>5.4.2 Tackling crime and ASB</p>

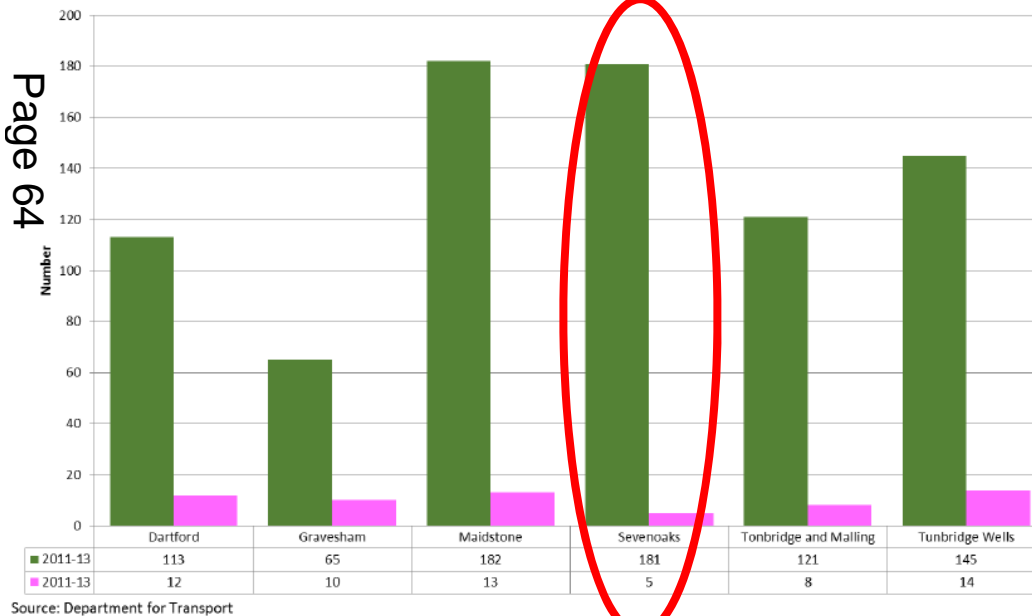
## Objective 5: Create and Develop Healthy and Sustainable Places & Communities<sup>10</sup>

### Priority 5.4 Sustain and support safe communities

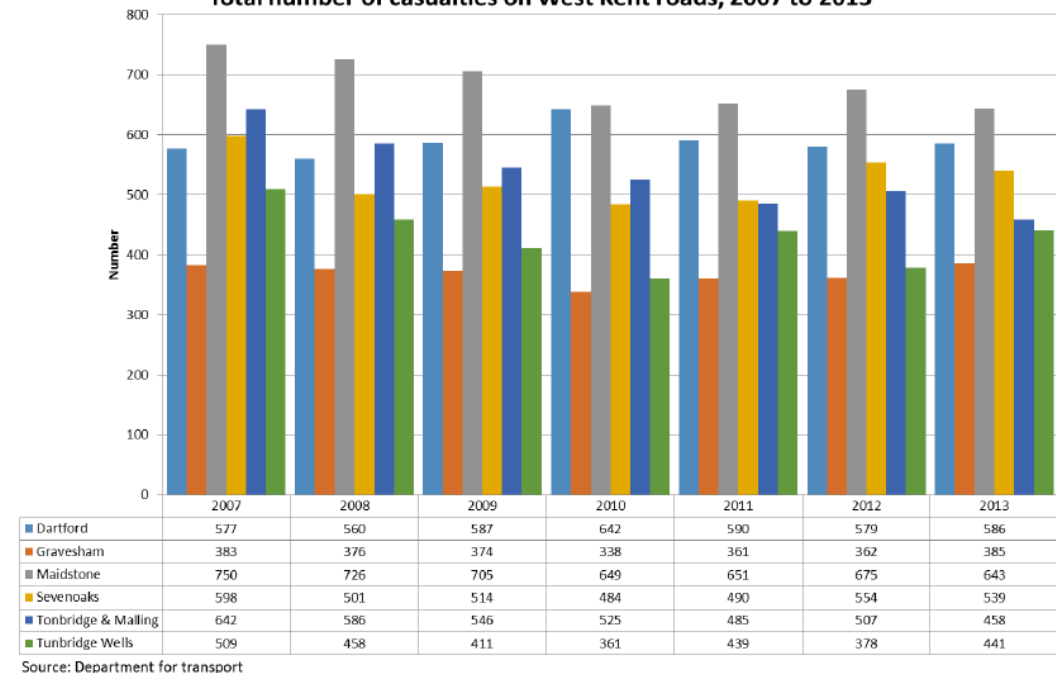
Road Safety: Injury is not only most often the cause of child death in the UK, but also has a steeper social class gradient than any other cause of child death. Casualty rates for child pedestrians are estimated to be five times higher in the most affluent than least affluent wards (Social Exclusion Unit 2003). Traffic calming, design which encourages cycling and discourages car use and parking in the least affluent

The health profile 2015 suggests that road injuries and deaths in Sevenoaks have increased since the 2012 profile, making us now one of the worst performing areas in England. We are certainly one of the highest in Kent for serious injuries, coming second only to Maidstone by just one injury in 2011-13. For deaths we perform somewhat better and have the lowest number in Kent for this period.

**Number of people and children killed or seriously injured on West Kent roads 2011-2013 (pooled data)**

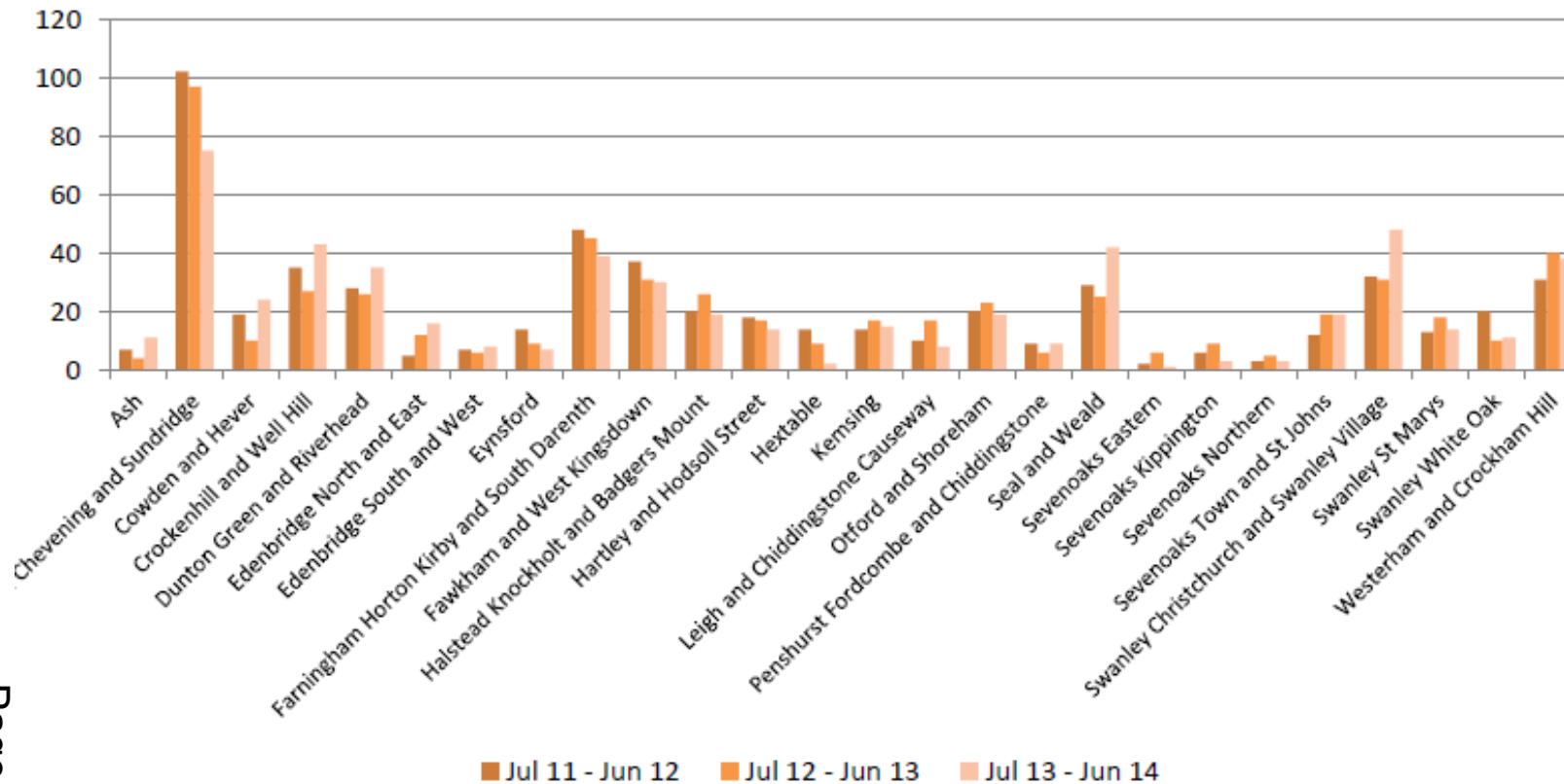


**Total number of casualties on West Kent roads, 2007 to 2013**



<sup>10</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

RTA casualties in Sevenoaks over a three year period, from Sevenoaks CSU assessment 2015/16



The Sevenoaks Community Safety Unit (CSU) has identified the following priorities for 2015/16

1. Domestic abuse
2. Burglary
3. Anti social behaviour (ASB)
4. Substance misuse
5. Vehicle crime
6. Road safety
7. Shoplifting
8. Youth issues
9. The CSU's strategic assessment contains more information on each of these and the local data relevant to each priority.<sup>11</sup>

Crime and ASB can have a significant impact on health and wellbeing and so we will work closely with the CSU to support work to tackle these priorities.

<sup>11</sup> [http://www.sevenoaks.gov.uk/\\_data/assets/pdf\\_file/0006/174912/SDC-Strategic-Assessment-Final.pdf](http://www.sevenoaks.gov.uk/_data/assets/pdf_file/0006/174912/SDC-Strategic-Assessment-Final.pdf)

## 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

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*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

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

Local Priorities:	6.1 Improve access to screening	6.2 Reduce the gap in health inequalities across the social gradient  <b>High priority for Sevenoaks District 2015</b>	6.3 Provide support for people with mental illness and raise awareness of mental health issues	6.4 Grow participants and partnerships to find new ways to target and deliver services
	<p><b>Actions:</b></p> <p>6.1.1 Promote sensible drinking and ensure treatment and support services are accessible for all</p> <p>6.1.2 Increase access to sexual health and Chlamydia services for young people</p>	<p>6.2.1 Reduce the prevalence of smoking, particularly in areas of deprivation</p> <p>6.2.2 Reduce the 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</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>6.4.1 Work with Health &amp; 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>

		obesity		
		6.2.4 Deliver fitness inclusive and disability fitness		

## Objective 6: Strengthen Ill Health Prevention <sup>12</sup>

### Priority 6.2 Reduce the gap in health inequalities across the social gradient

As we saw earlier, the inequalities gap for all age all cause mortality is increasing. When we look in more detail at specific conditions it appears that respiratory disease and cancer mortality inequalities gaps may account for the main proportion of the overall mortality inequalities gap.

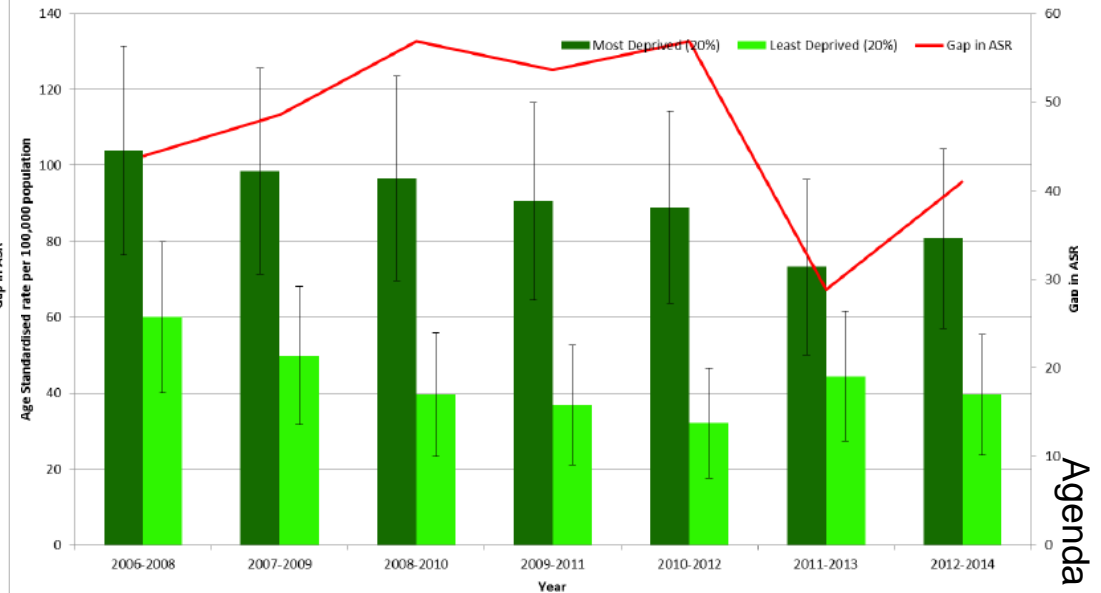
Taking steps to lead a healthy lifestyle can help to prevent some cancers, respiratory and circulatory diseases and therefore by focusing our efforts on the most deprived we should be able to reduce this gap.

**Inequalities trends in under 75 cancer mortality, in Sevenoaks, 2006/08 to 2012/14**



Source: PMCD, ONS, KMPHO

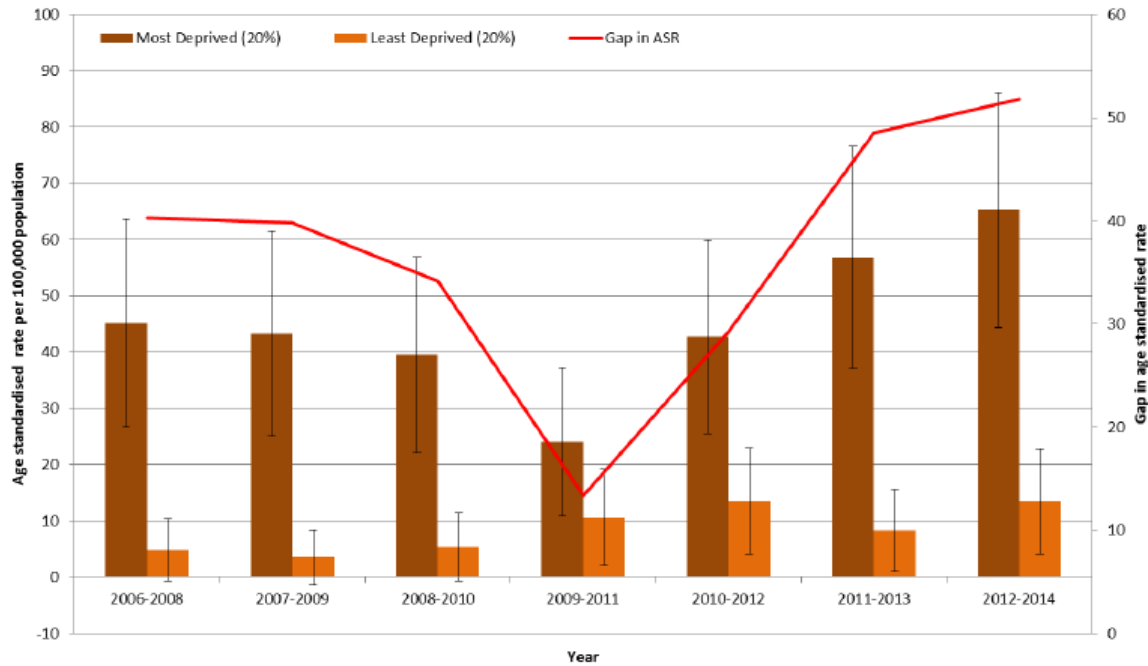
**Inequalities trends in under 75 circulatory mortality, in Sevenoaks, 2006/08 to 2012/14**



Source: PMCD, ONS, KMPHO

<sup>12</sup> Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks [www.kmpho.nhs.uk](http://www.kmpho.nhs.uk)

### Inequalities trends in under 75 respiratory mortality, in Sevenoaks, 2006/08 to 2012/14



Source: PMCD, ONS, KMPHO

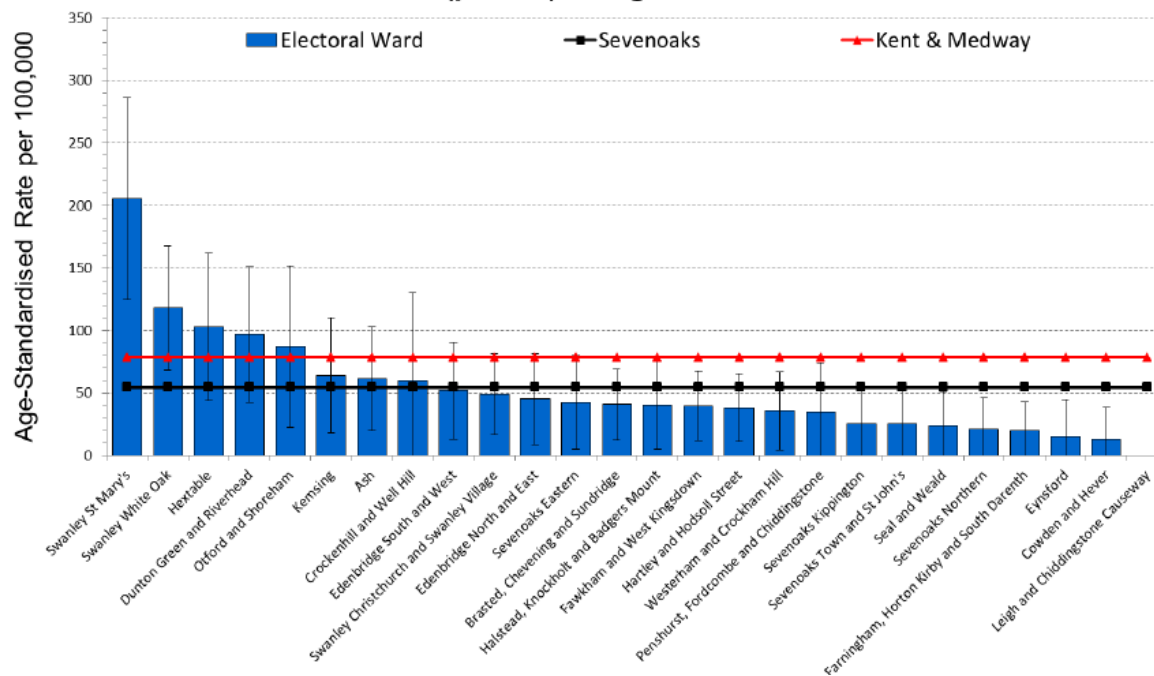
Diabetes is a chronic and progressive disease, which has an impact upon almost every aspect of life. Diabetes is the leading cause of blindness in people of working age in the UK. It affects infants, children, young people and adults of all ages, and is becoming more common. There are an estimated 2.35 million people with diabetes in England. This is predicted to grow to more than 2.5 million by 2010 - 9% of which will be due to an increase in obesity.

Life expectancy is reduced by at least fifteen years for someone with Type 1 diabetes. In Type 2 diabetes, which is preventable in two thirds of people who have it, life expectancy is reduced by up to 10 years. It is estimated that around 90% of people with diabetes have Type 2 diabetes.

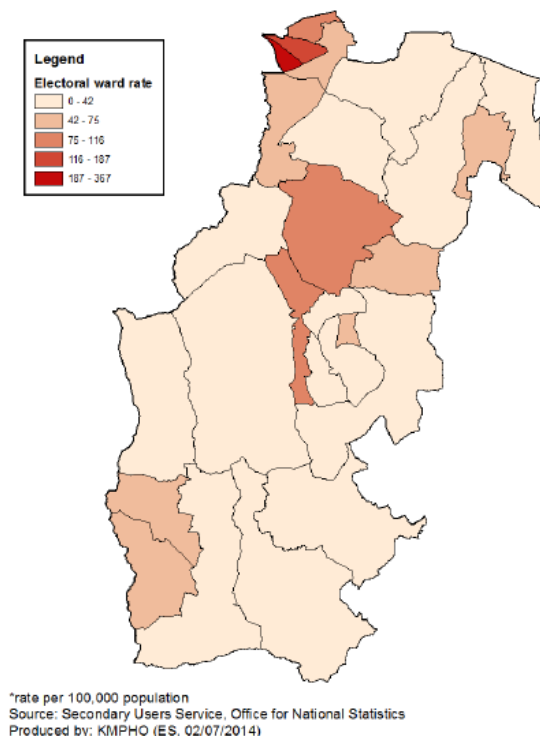
Incidence and prevalence of diabetes is greater in areas of higher deprivations with mortality rates from diabetes higher in people from lower socio-economic groups. People from minority ethnic communities have up to a six times higher than average risk of developing diabetes.



### Admission rates in Sevenoaks for diabetes, 2011/12 - 2013/14 (pooled), all ages, Both Sexes



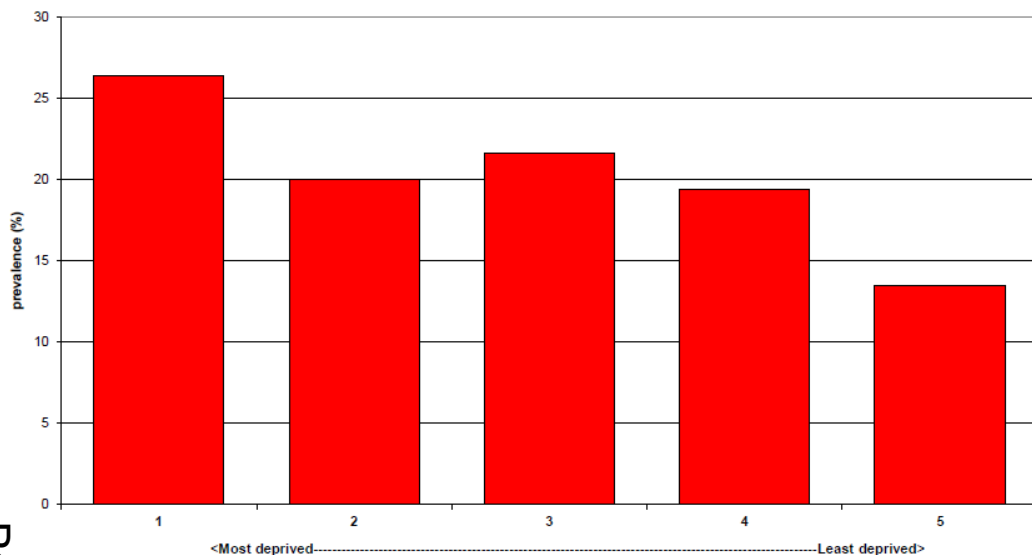
Age Standardised Hospital Admission rate\* for diabetes, 2011/12 to 2013/14, by ward, Sevenoaks local authority



**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.

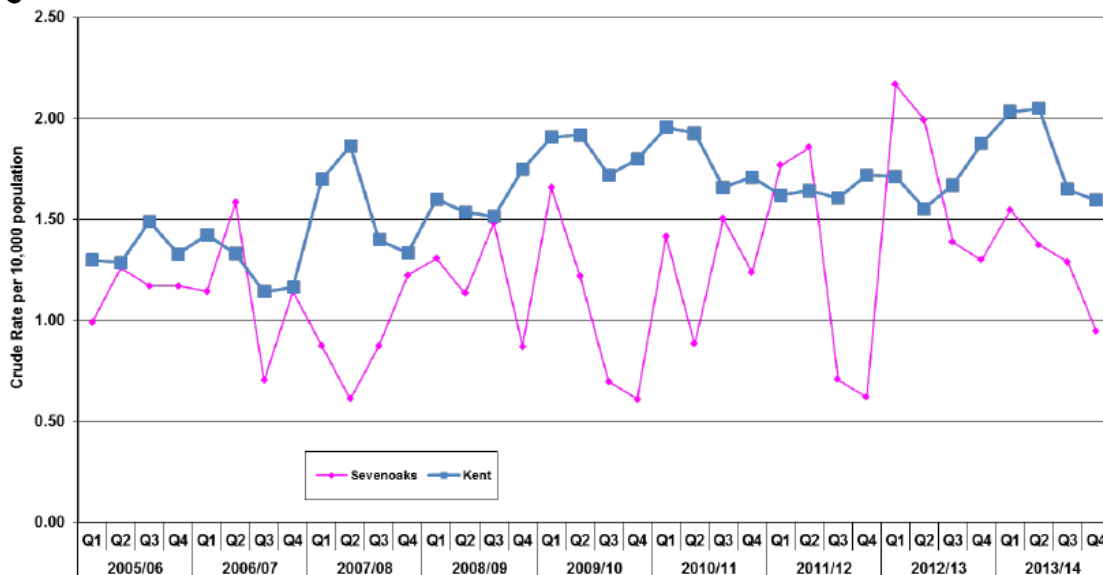
Adult obesity is far more prevalent in socially disadvantaged groups. It is estimated that approximately 28% of the Kent population is obese (354,022). In the Sevenoaks District approximately 24% of adults in the District are considered overweight or obese. Current trends indicate that more deprived 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.

Prevalence of smoking in Sevenoaks LA by deprivation quintile  
Source: ONS synthetic estimates, Index of multiple deprivation 2010



**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 is linked to deprivation levels and we can see from the chart that smoking in the most deprived groups in Sevenoaks reaches around 26% while in the least deprived it is fewer than 15%. Brochus or lung cancers accounted for over 21% of all cancer deaths in Sevenoaks in 2014.

Hospital Admissions for Toxic Effects of Alcohol (ICD10 T51) + Evidence of Alcohol Involvement by Blood Alcohol Level/Level of Intoxication (ICD-10 Y90/Y91)  
Crude rates per 10,000 resident population in west Kent - by quarter April 2005 - March 2014



**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.

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## 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
JSNA	-	Joint Strategic Needs Assessment
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

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Website: [www.sevenoaks.gov.uk/health](http://www.sevenoaks.gov.uk/health)

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**Health Liaison Board Work Plan 2015/16**

<b>16 September 2015</b>	<b>25 November 2015</b>	<b>2 March 2016</b>	<b>27 April 2016</b>	<b>Summer 2016</b>
Children's centres progress  Health Inequalities Action Plan – End of Year Summary Report	Dementia Friendly Communities Update  Older People's Housing Survey  Update from the LSP Older People's Sub Group  Health Priorities – Better Care Fund  Health Watch			

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