

Your life

Kent health



Annual Public Health Report 2013

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

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

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

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

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

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

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

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



Meradin Peachey Director of Public Health, Kent

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

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

Health trends in Kent

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

Progress since the last report

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

Health inequalities

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

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

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

Long term conditions

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

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

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

Role of primary care in prevention

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

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

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

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

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

Challenges of a modern children's social care service

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

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

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

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

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

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

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

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

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

Public health: a new era

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

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

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

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

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

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

Many ways to influence wellbeing

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

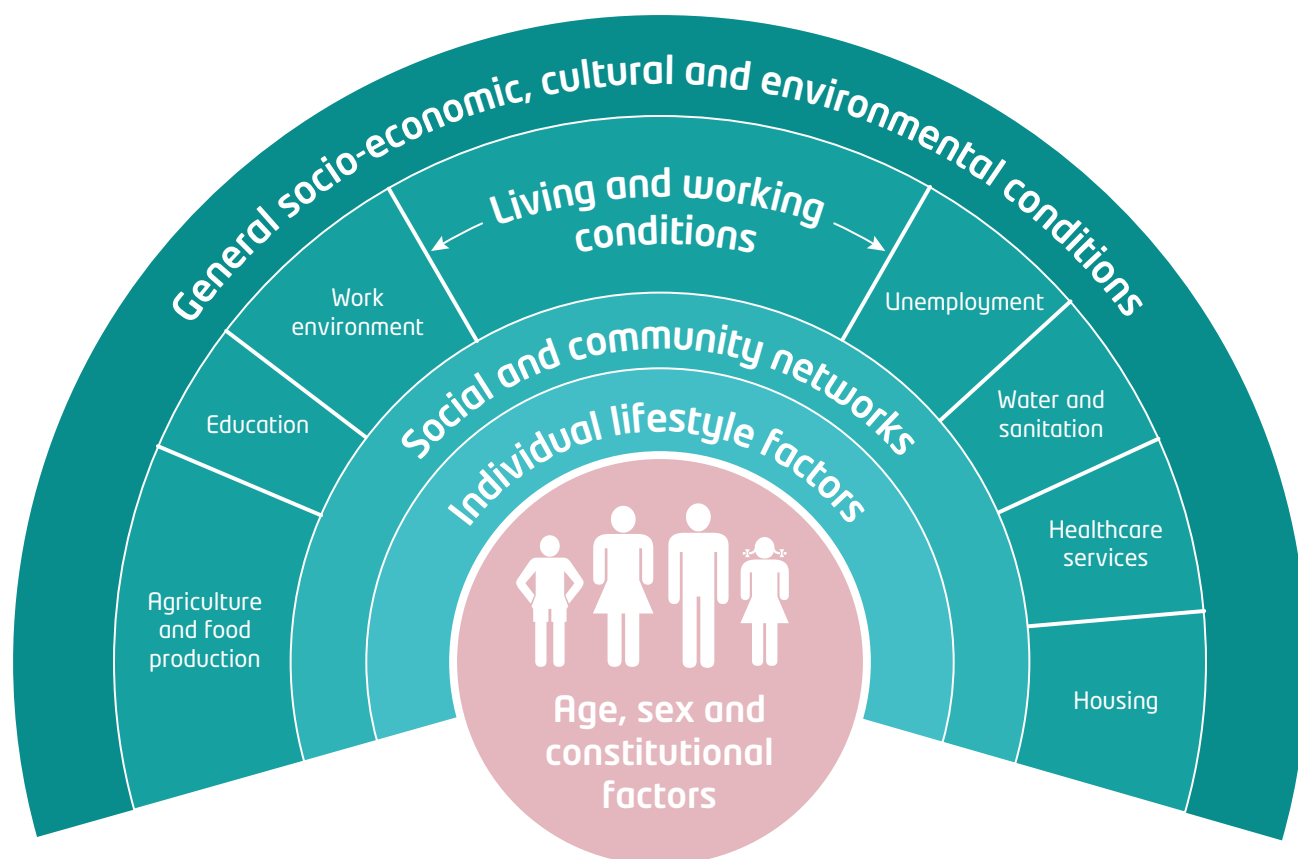
Changing people's lifestyle and behaviour has a big impact on reducing premature deaths⁵.

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

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

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

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



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

Wider determinants of health

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

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

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

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

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

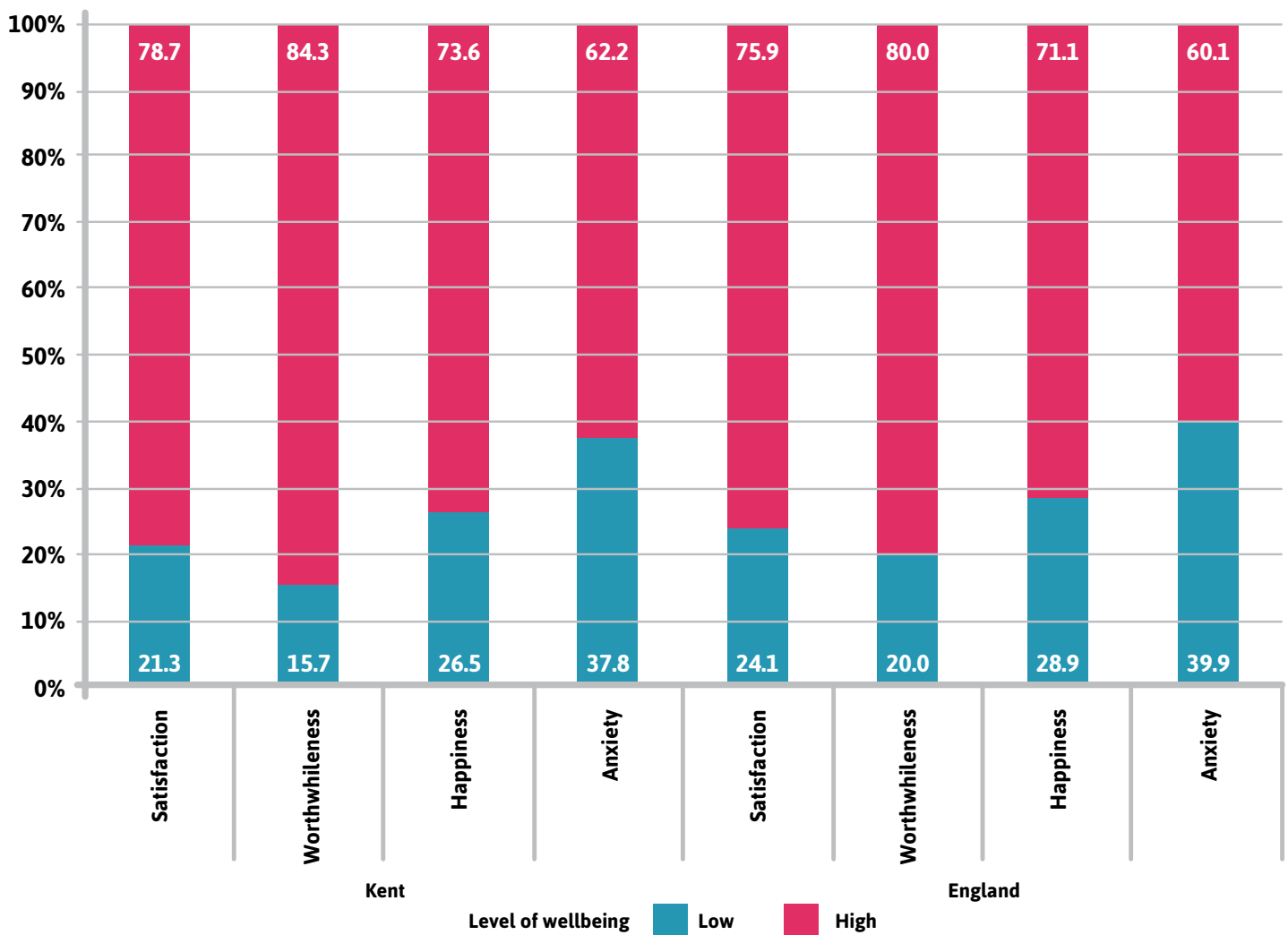
⁶ Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Copenhagen: WHO; 1991.

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

Measuring wellbeing

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

Wellbeing index components 2011-2012



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

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

Anxiety

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

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

Resilience: coping and thriving

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

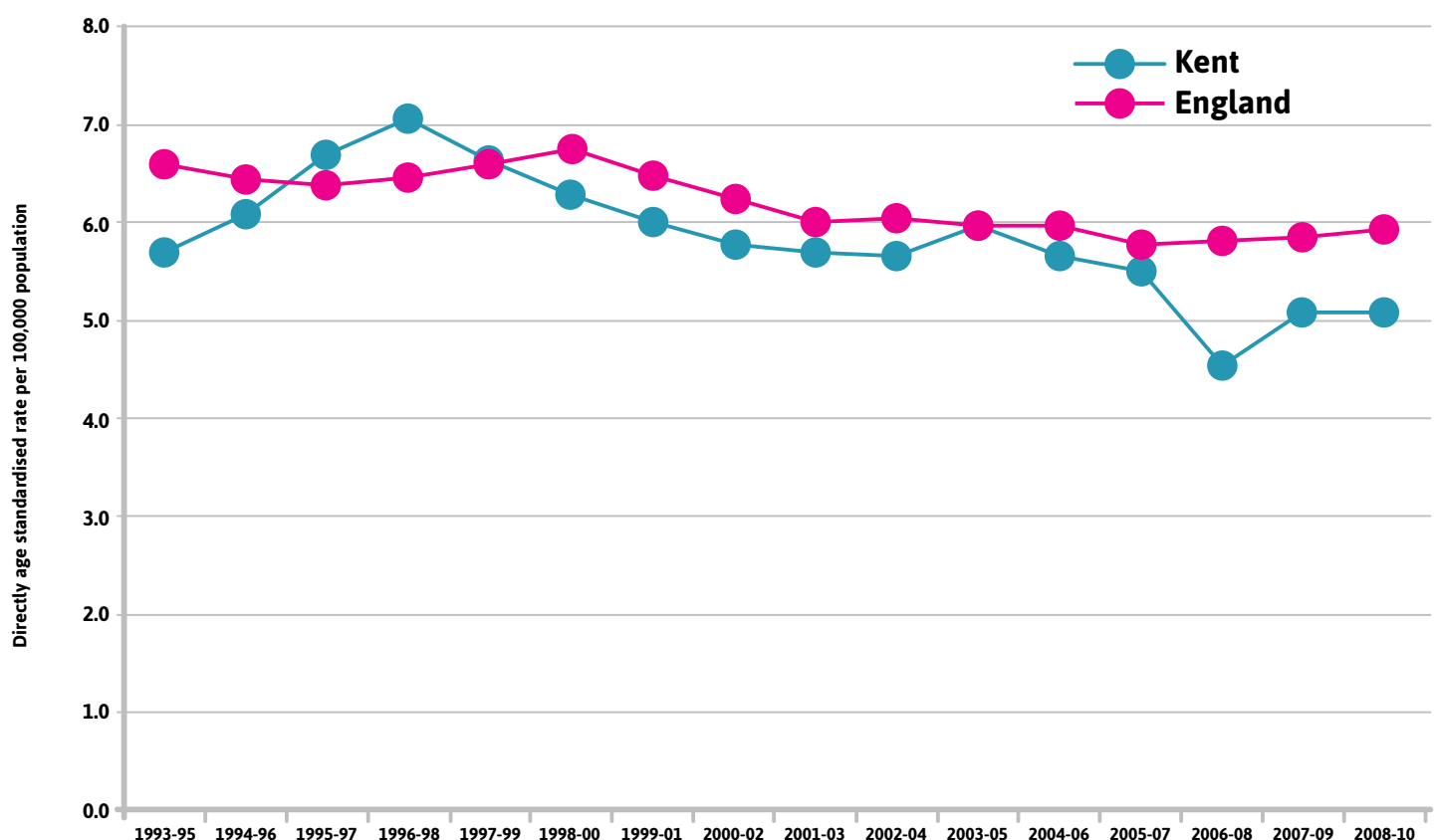
This resilience is vital to individual and community wellbeing, and consequently many of the assets that create the conditions for wellbeing – and more widely for health - lie within the social context of people's lives. These characteristics therefore have the potential to contribute to reducing health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

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

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

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

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



Source: Information Centre, indicator portal

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

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

Resilience framework

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

Adapted from original model – Resilience Framework (Adults) by Hart, Blincow and Cameron www.boingboing.org.uk

Why build community capacity?

– a social care commissioner's questions

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

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

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

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

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

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

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

Emma Hanson

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

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

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

Mind the gap – partnership working

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

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

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

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

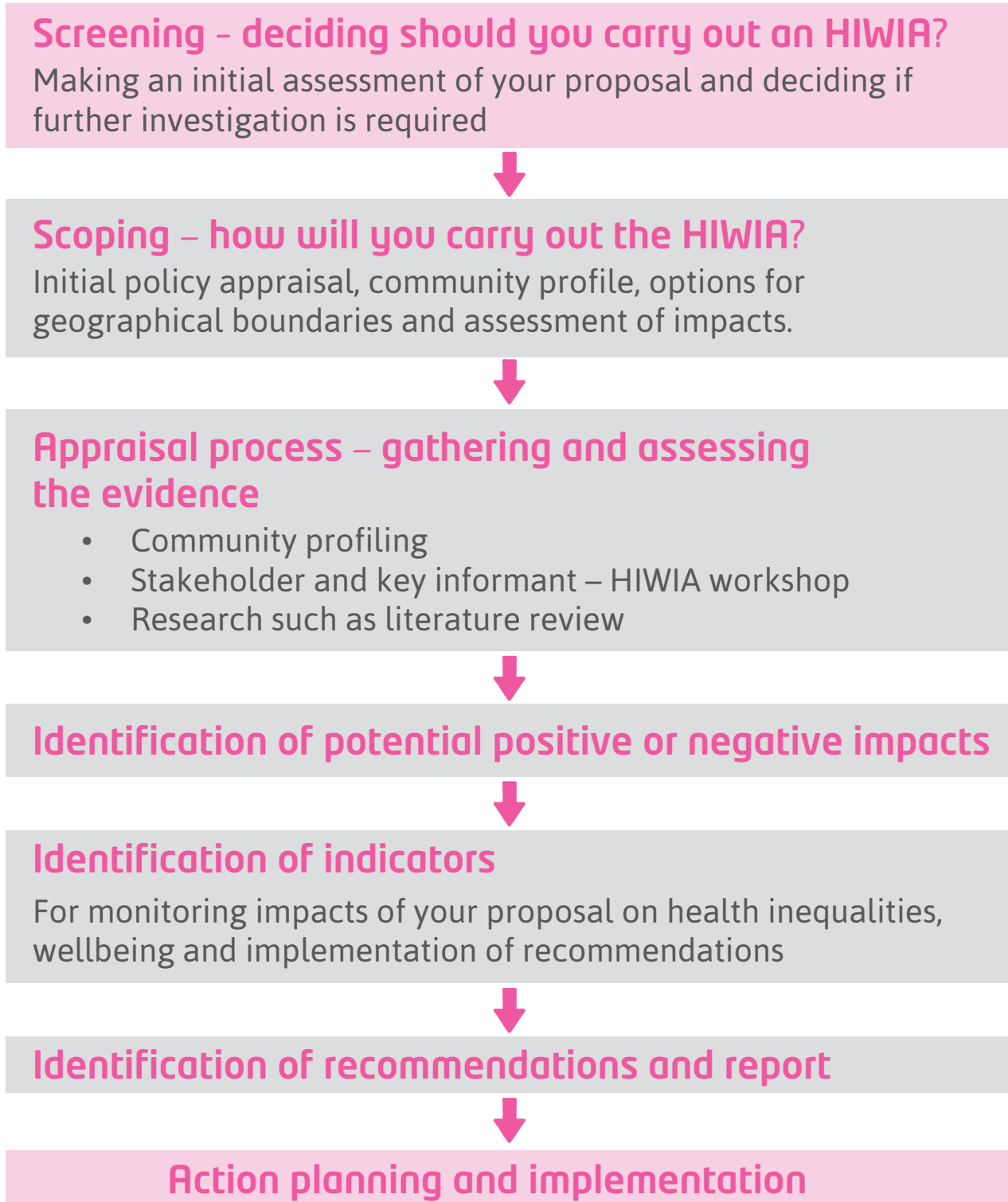


¹⁰ Cooke A, Friedli L, Coggins T, Edmonds N, O'Hara K, Snowden L, et al. The mental wellbeing impact assessment toolkit. London: NMH DU; 2011.

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

Overview of Health Inequalities and Wellbeing Impact Assessment process

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



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

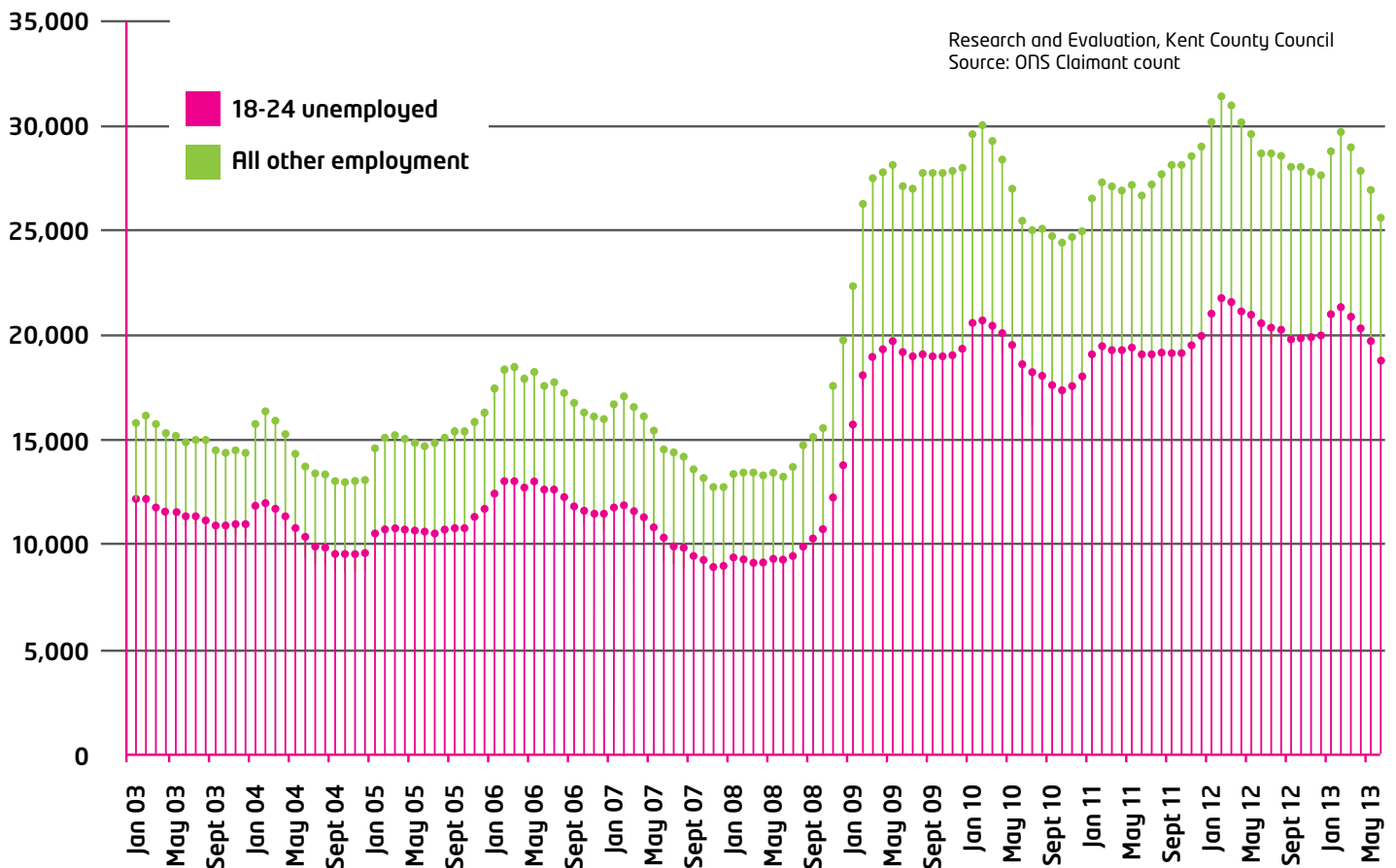
Community engagement

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

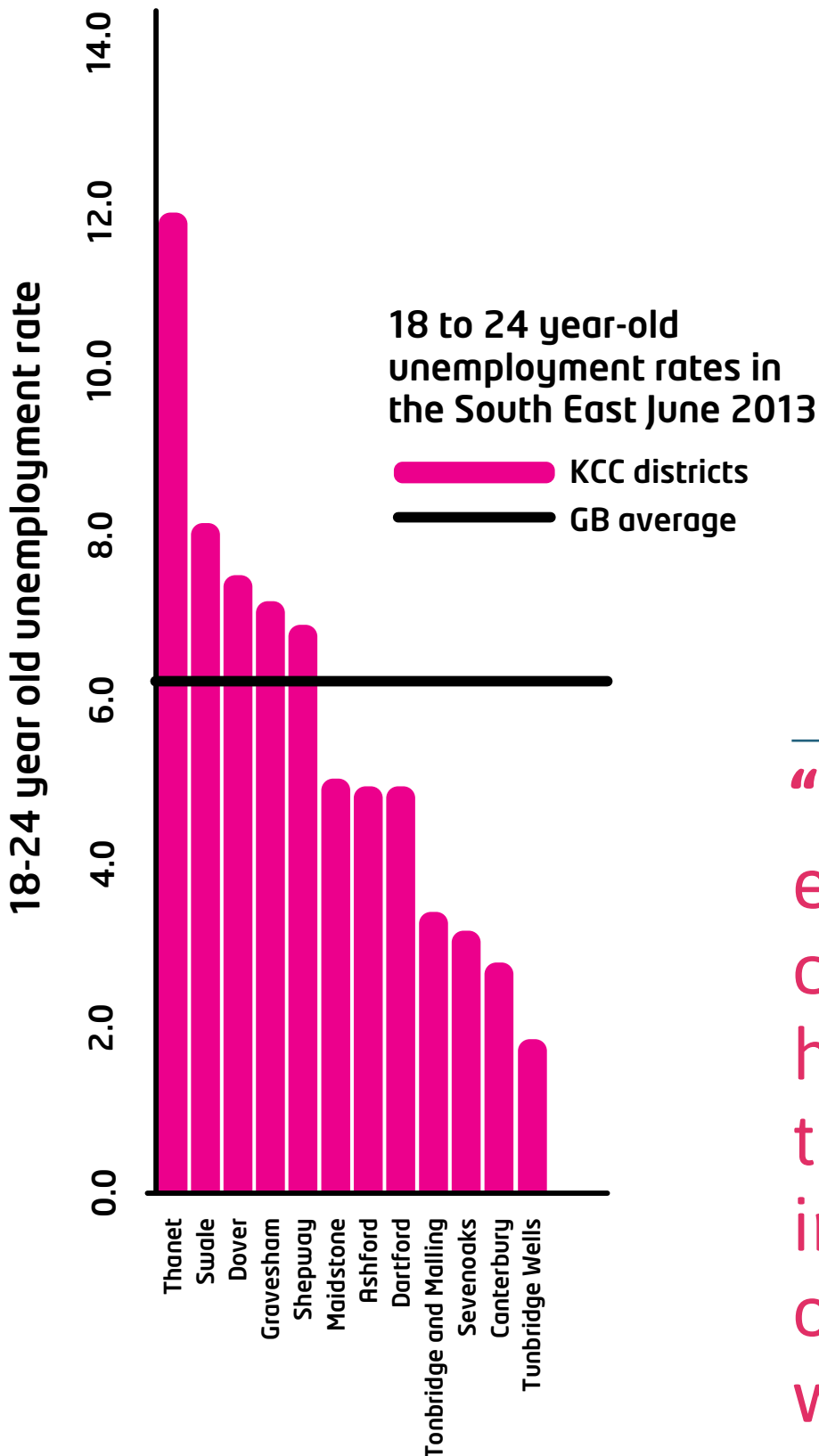
In Kent there are many young people who are not engaging with education and are facing high levels of unemployment. 18 to 24 year-olds represent almost a third of the total number of unemployed persons within Kent. The highest levels of youth unemployment are in Thanet, Swale, Dover, Gravesham and Shepway.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

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

Trend in Kent unemployment rates January 2003 to May 2013



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



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

Case study: health improvement in young people

The House Project

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



One of our greatest assets is the Kent countryside

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

The outdoors and mental health

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

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

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



Case study:

West Kingsdown health walks

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

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

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

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

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

Outdoor spaces: supporting physical health

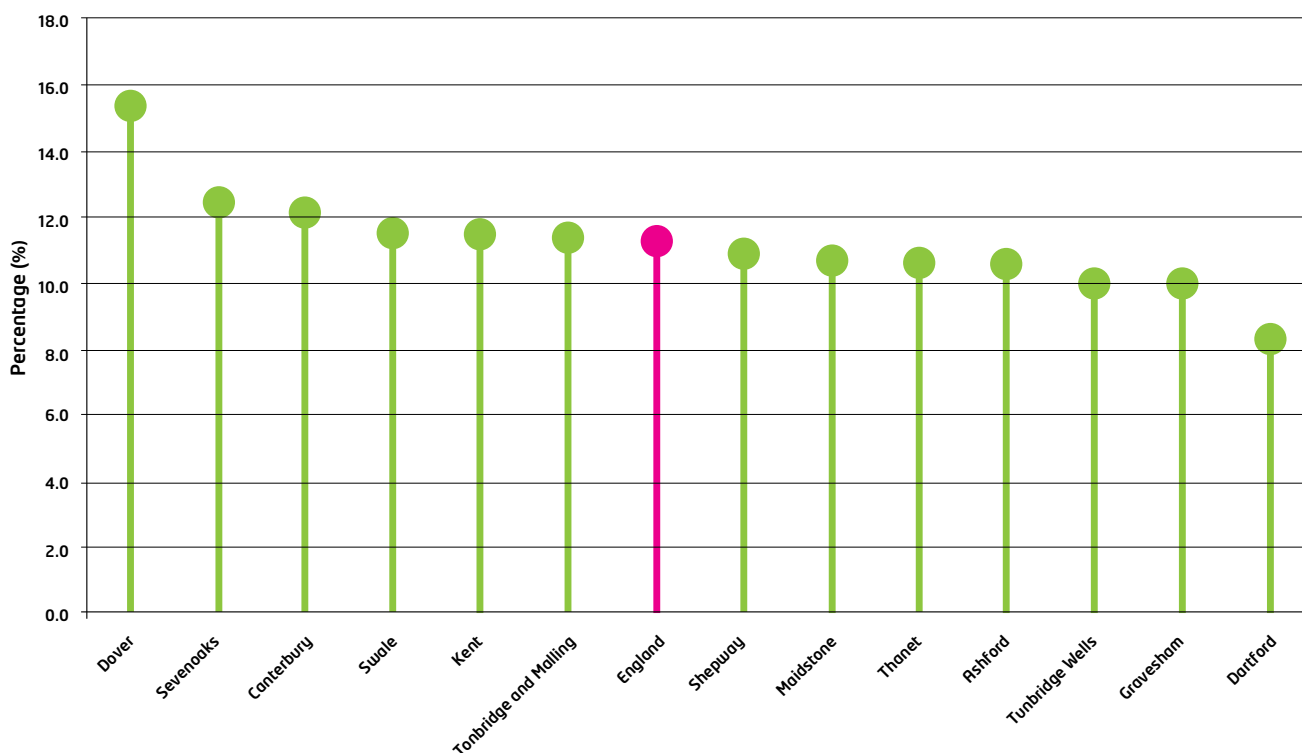
Many chronic diseases are linked to lack of physical activity. These include common health problems, such as cardiovascular disease, diabetes, some cancers and osteoporosis, all of which are a major cost to our healthcare system.

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

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

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

Adult participation in physical activity 2009-2011



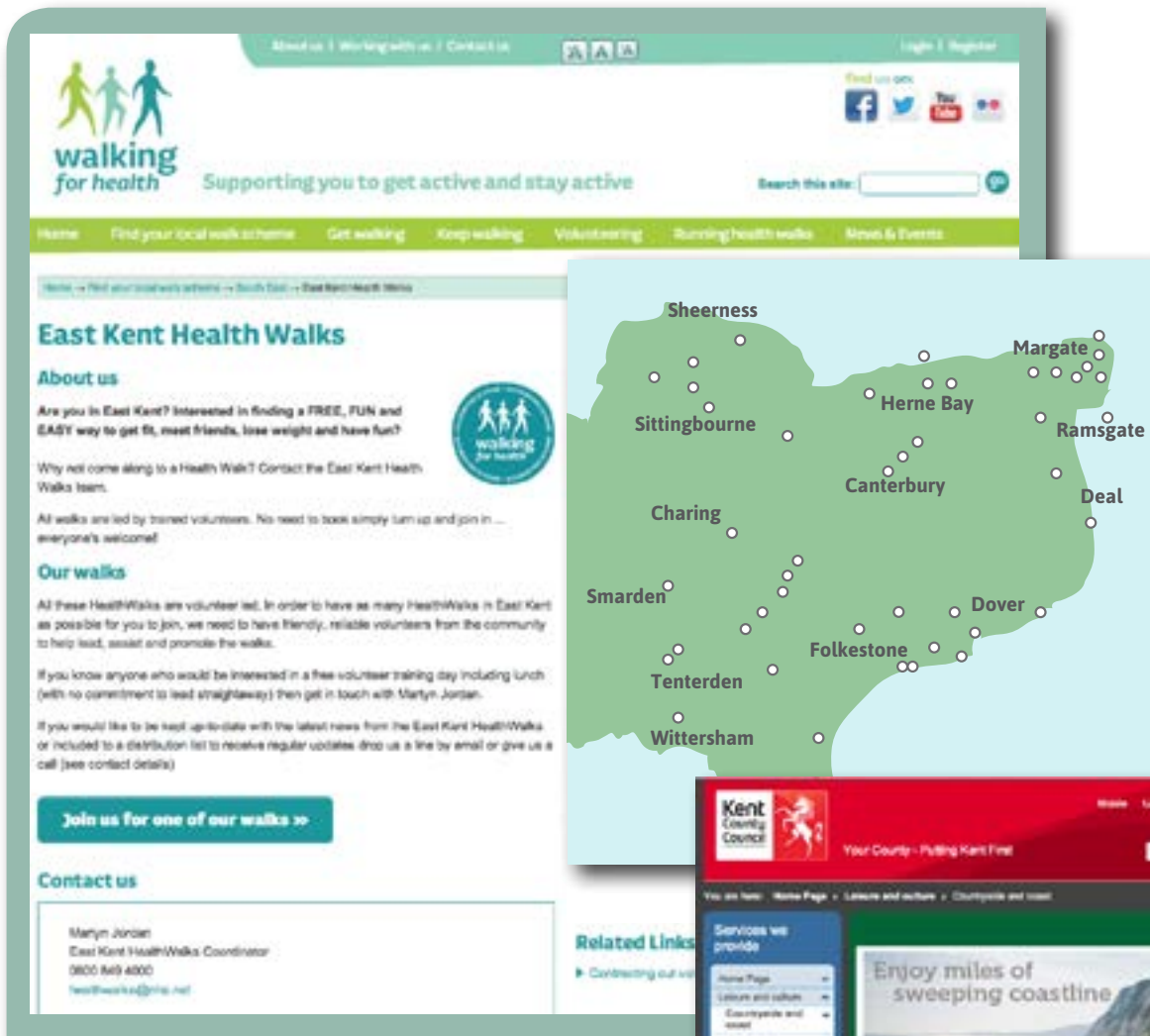
“The changing seasons and variety of wildlife are a major encouragement to continue walking”

Source: Health Profiles 2012

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

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

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



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

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

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



There is no health without mental wellbeing

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

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

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

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



“Mental health and physical health are connected”

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

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

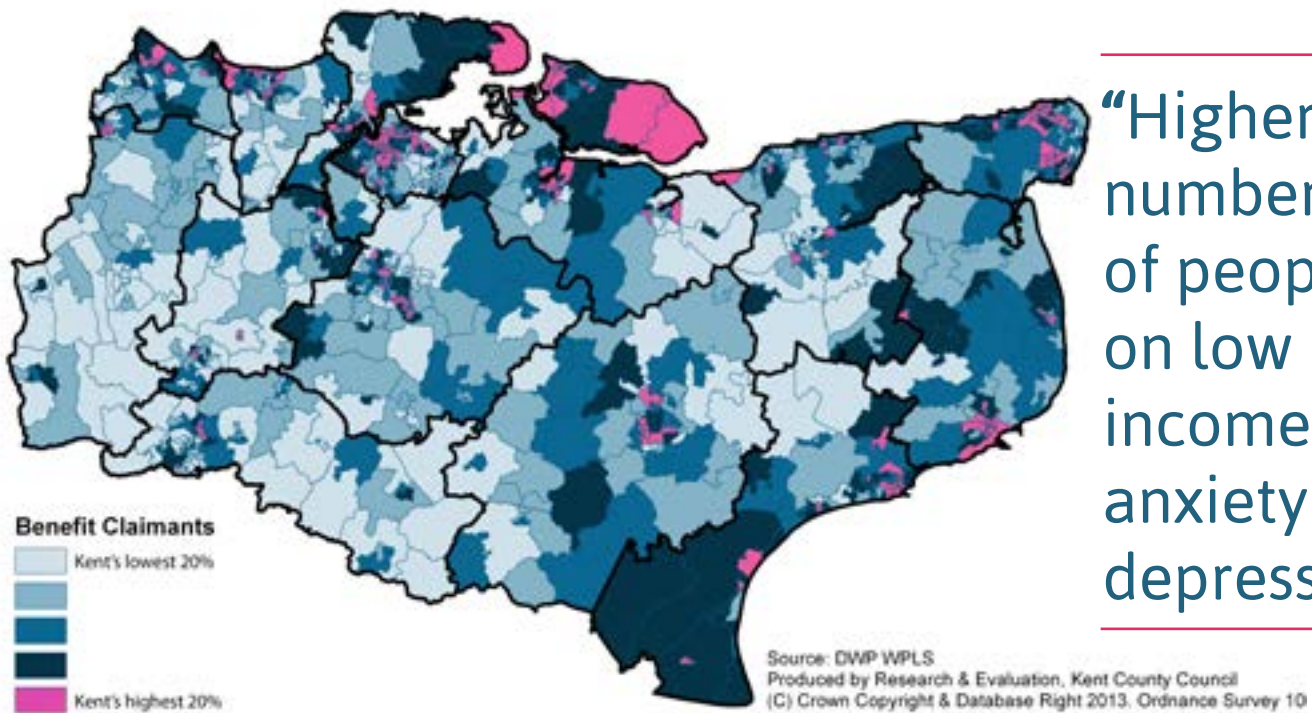
¹⁷ Lindström, B, Eriksson, M. Salutogenesis. *Journal of Epidemiology and Community Health*, 2005: 59:440-442

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

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

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

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



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

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

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

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

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

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

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

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

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

Six ways to wellbeing in Kent

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



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

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

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

Describing the six ways to wellbeing

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

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

Case study: C2 Connecting Communities – Newington Community Unity

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

Connecting communities works in the following ways:

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



“Social cohesion can have a powerful effect on health”

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

2. Be active

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

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

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

Case study: reducing diabetes through exercise

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

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

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

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

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

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



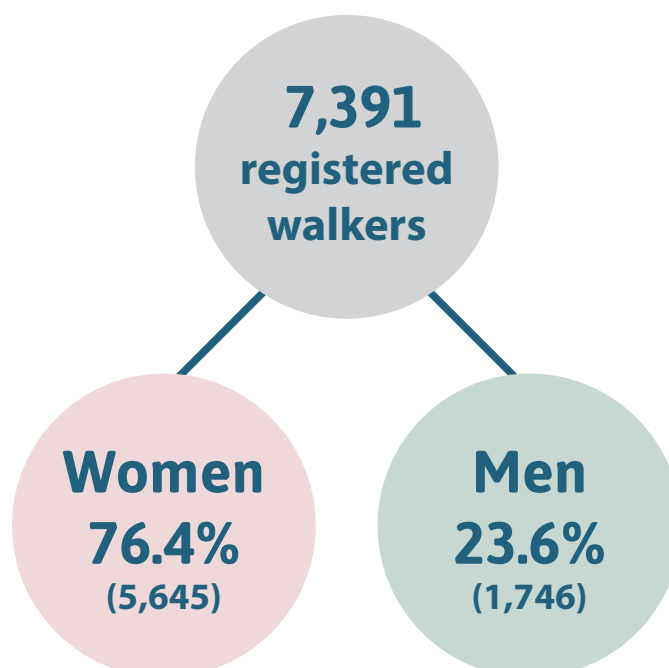
“Healthcare professionals can signpost their patients to outdoor physical activity”

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

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

Walking for health schemes in Kent

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



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

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

3. Take notice – be curious, reflect on experiences

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

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

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

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

“Isolation and introspection can be contrary to wellbeing”

Case study: read yourself well

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

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

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

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



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

4. Keep learning – try something new

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

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

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



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

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

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

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

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

5. Give – doing something for others

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

Case study: breastfeeding peers support scheme

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

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

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

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

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

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



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

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

Case study: living well, Dartford allotments

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

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

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

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

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

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

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

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

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

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

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

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

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

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



6. Grow your world: economy and sustainability

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

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

Regenerating Kent

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

Regeneration needs to:

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

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

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

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

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

The role of regeneration in reducing health inequalities

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

Working with businesses to improve employee health

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

Employment opportunities in Kent

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

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

Case study:

what have we done to engage with SMEs?

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

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



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

Case study: workplace wellbeing in Tonbridge and Malling Borough Council

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

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

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

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

400
Wellbeing or NHS health checks

300+
Registered smokefree homes awards

50+
Adult weight management referrals

100+
Stop smoking referrals

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



Next steps

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

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

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

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

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

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

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

We are calling on the people of Kent to:

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

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



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Steve Charman, Head of Consultation and Engagement
Mark Gurrey, Assistant Director Safeguarding and QA, Families and Social Care
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