

HEALTH LIAISON BOARD  
11 September 2013 at 12.30 pm

7. Dementia Friendly Communities Update (Pages 1 - 12)  
  
As requested at the meeting notes of the Dementia Friendly Community day on 9 August 2013 are now attached.
8. Mind The Gap - District Level Health Inequalities Plan (Pages 13 - 28)  
  
Updated presentation with the updated figures for Swanley St Mary's on the 'Life Expectancy Gap'.

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**Swanley**  
**'Whole community'**  
**Dementia Meeting**  
 Swanley Town Council chamber  
 09/08/2013

**Launch 'Whole communities' meeting****Attendees**

Symone Salwan	Dementia Champion and Home instead senior care
Marion Gilchrist	Emerald team west Kent housing
Rose Waghorn	Forget me not singing
Val Miller	KCC Public Health
Roger Gough	KCC member for darent valley
Wendy Lakin	KMCS
Roger Bryan	SDSAF / U3A/ TWINNING / Health walks
Anton Tavernier-gustave	Sevenoaks district council
Hayley Brooks	Sevenoaks district council
liz davies	Swanley TC
Lesley Green	WKHA
Jessica stuppel	WKHA
Jenny Wheeler	ADSS
Christine Tyler	Swanley History group
Maria Baynad	Cross road
John Taylor	CFKent
Simon Goldsmith	CFKent
Geoff Parsons	
Tony searles	Town Council
Katie	Invicta advocacy
Janet Davies	Sevenoaks library district
Michelle Whitlock	WKHA
Daisy Sayers	Crossroad care
Bridgette Withell	EllinorLions Hospice
Frank Mcconnell	SDSAF newsletter

## Agenda Item 7

All gave permission for photos etc and filled in the communications forms,

**All attendees completed a basic survey questionnaire  
With an aim to get some good initial scoping info**

**Geoff provided everyone with a beverage (well done and thank you Geoff!)**

### **Ice breaker and welcome**

Geoff did 'housekeeping'

Tracey got all involved in a simple icebreaker

Tracey then explained a bit about the dementia friendly communities work and why Swanley

### **Tracey then explained the Aims for this first meeting**

- Look at what we have in the area,
- Map existing services and provision,
- what are the gaps,
- Look at a baseline evaluation,
- Who are we missing?
- possible actions or projects
- Completion of communication logs etc

### **Group exercise .... Speed dating style**

The group was split into six groups and the question sheets were rotated around tables looking at the following questions, giving an insight into what we are facing in Swanley

If anyone can provide information or contact details for any of these items please let me know!

<b><u>Area research</u></b>			
<b><u>Area Insight / Relevant local information</u></b>			
<b>You said.....</b>	<b>Name/Title</b>	<b>Contact Details</b>	<b>Notes</b>
Working Mens clubs			
Police station / PCSO			
Library /on line resources/ local society lists			
Adult Education / library /café			
Bowls Club			
20000 residents			
Youth and Community centre			
Dementia Café / meeting point RACDV			
Local School			
Dementia Needs assessments - ? Taster			

grouping older people than Kent average			
West Kent housing (sheltered) drop in support groups			
PANTERS			
History Groups in Swanley and Hextable			
GPS and PPGs			
Awareness raising in local businesses and groups			
Leisure Centre			
Advocacy			
SE Dance			
Traveller Community			
Cultural issues with dementia			
Retirement groups			
Parks			
Sports clubs			
Senior citizen mailing list			
churches			
SDSAF Sevenoaks district senior action forum			

**Area research**

**Opportunities/What do we have going for us**

<b>You said.....</b>	<b>Name/Title</b>	<b>Contact Details</b>	<b>Notes</b>
Health Walks			
Meeting Point			
dementia uk			
voluntary clubs			
advertised town booklet			
caring community opportunity to influence younger generations			
care navigator service			
Churches involvement			
Advocacy			
Police community support officers /KCC wardens			
Dementia buddy scheme (DVH)			
Peer support			
Libraries (Home library / carers tickets)			
Volunteer bureaux service			
committed to dementia services			
Darent Valley Rural age concern / mini bus/ provide a variety of services			
COGS club			
reminiscence boxes from central library			
redevelopment of community library space			
dementia café			

## Agenda Item 7

District council health checks			
carers group in farningham			
GP early intervention project			
dementia specific domiciliary care provided by ADSS			
Dementia Café			
Honeyfield (Hextable)			
CAB			
Fire service pledge			
Inclusive Swanley initiative			
GP/ PPG / end of life (pathway)			
Dementia Friends/ Champions			

### **Area research**

#### **Themes and Visions / How to get there?**

<b>You said.....</b>	<b>Notes</b>
Establish a current 'Baseline'	
Living well with dementia	
Involve young people	
Involve whole community	
Community singing	
What do carers want 'survey'	
Use new technology	
What do those with dementia want?	
Media campaign to reduce stigma and promote awareness	
Reminiscence work	
What do GP's want	
Eating and drinking when in hospital	
Champions on Health and well being board	
Respite for carers	
Work with Banks	
Interlink with Mental health services	
Family support, guidance, groups	
dementia friendly groups	
Dementia café (better attended)	
GPS to be better aware of dementia	
How to get a diagnosis	
Liaison staff within hospitals	
more general awareness and understanding for people in the community(this could be achieved through dementia champions)	
Local media campaigns	

### **area research**

#### **What is needed to make Swanley dementia friendly?**

You said.....	notes
Local dementia Action alliance / partnership- shops police organisations business etc all to sign up	
a definition as to what dementia friendly community is	
a defined point of contact for those who need information =possibly a well published geographical location rather than virtual	
To gain understanding and make changes i.e. signage / personal approach	
help not resist people with dementia	
peer support groups	
literature readily available	
Training and awareness	
Staff / public awareness / training / understanding in schools, shops, libraries etc	
more meeting points, dementia cafes, acceptance of behaviour	
Intergenerational work including schools and children going into care homes etc	
Engagement with business community	
A holistic and whole community approach to be welcome and inclusive	
cutting across the whole community	
Integrated local teams and services	
DF designs buildings parks environment etc	
Dementia "crèche" for carers who need to shop/bank etc	
Each service needs to know what is happening in their own service	
Professionals /volunteers able to assist with advance care planning eg recording wishes for end of life	
0	
<b><u>Area research</u></b>	
<b><u>Risks to be aware of..</u></b>	
<b>You said.....</b>	<b>Notes</b>
Challenges to 'expert' opinion	
Capacity of care/ health overwhelmed	
GP awareness of dementia	
Family refusal of intervention? Dementia	
Failure to treat people as individuals	
Isolation of person and family	
Not taken seriously	
Inappropriate medication or withholding of it	
Violence from or towards people with dementia	
Care decisions at variance to peoples wishes	
Late diagnosis	
understanding the persons frustration and emotions and	

## Agenda Item 7

feelings	
Shocked by inappropriate sexual behaviours	
Taking offence at what is said	
sexual and financial vulnerability and abuse	
Appropriate language .... Less of the 'sufferer' 'inflicted' etc	
Transport	
communications / failure	
Funding tools and resources	
Do people understand the word 'dementia'?	
less focus on other needy groups	
sustainability of services	
Flavour of the month'	
Lack of referrals / take up	
Post diagnostics	
Silo thinking (all sections of the community can have dementia)	
Feeling ashamed / isolated	
take practical action, not just 'talk'	
<b><u>Area research</u></b>	
<b><u>Problems / Challenges we may face</u></b>	
<b>You said.....</b>	<b>Notes</b>
Referrals for services / not enough	
Willingness to diagnose / capacity assessment	
people dropping through the system	
family acceptance	
pressure on carers / lack of affordable respite	
transport / appropriate and affordable	
providing timely information	
negative public attitudes	
Knowing who to signpost /refer to	
lack of understanding of dementia	
continuing health care - ridged criteria	
Shortage of funding – resources	
GP's recognising symptoms	
Lack of trained paid carers	
succession for social activities- those with dementia eventually discontinue participation	
Providing information for carers at the right time	
getting the public and professionals to recognise the progressive nature of dementia	
Lack of joined up thinking	
postcode lottery no standardised treatment continuity of care	
GPS engagement	



Lack of joined up thinking	
Identify and plan partnership working	
understand everyone with dementia is an individual - label does not reveal capability / preferences	

**We then gave some feedback to group from the scoping surveys at start of meeting....**  
 The most Interesting bits were discussed

**What are you aware of in the local area that will benefit or support those affected by dementia?**

Very interesting results.....

Out of all the attendees we had the following; the number represents the amount of people who mentioned that service.

<u>awareness of local services</u>			
ADSS	6	Alzheimer’s society	2
Dementia cafe	5	advocacy	2
Sing along sessions	1	Benefits help	1
medical/gps	2	Buddy scheme	1
Social care/welfare	1	Dementia web	1
Day care service	1	Dementia friends	1
Carers group farningham	1	Home instead	1
Carers first	2	Crossroads / cogs club	4
Home library service	1	Age uk	2
Memory clinic	1	Carers support organisation	1
Peer support group	2	Dementia crisis service	1

**What can be done to make the area/service/organisation more ‘dementia friendly?’**

training and information	a little change with building facilities
experience from elsewhere	training for staff and managers
consistent work with GPs	awareness information
groups working together	training and awareness
good relationships and communications	work to establish best practice
more services / activities for early stages and young	Publicity
learning how to better respond to / deal with symptoms of dementia	public awareness
we need to continue to increase our knowledge and skills to understand what our patients/families are going through	early diagnosis
greater awareness	information hubs

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customer care training	frontline awareness and supportive values
visual prompt cards / cards	transport services
public services	friendship networks
lots more contacts	volunteers in hospitals/nursing homes
0	local news and publicity
0	meetings

**Communications appears to be a huge issue...** and something that is concerning to all....  
If professionals do not know who is out there to help, how can we expect the public to know?

Spoke about the Helpline number, and that ADSS need to be told what is available so they can inform people via the helpline

Wendy Lakin spoke about the GP's and explained a little about the recent and upcoming changes

General conversation about the issues around signposting and understanding what is available and how to get the information to the right people

**We then looked at 'Who' is missing from the group? Whose views do we need? Who may we want to pull in?**

Tracey explained that there will be some who may need to attend meeting, some who just need to be kept informed, some may just need to be involved if the action decided points their way etc

All were asked to pop anyone they think should also be attending on the list before they left

**Since the meeting I have split these into two groups.... Stakeholders and Partners**

A Stakeholder would be a person, group, agency or organisation that may have a direct interest in the project or who may be affected by a project

A partner would be someone or some agency etc that we could work with to reach an aim (not the usual suspects)

**.....please let me know if you can fill the blank bits.....**

## Stakeholders

A Stakeholder would be a person, group, agency or organisation that may have an interest in the project or who may be affected by a project

Stakeholder (who do I need to keep informed?)	How do I get their support (what way will I approach?)	Stakeholder role (active, Passive, Informed)
Doctors / GP's		
Fire service		
Age Concern (Darwent Valley)		
Community Matrons / District Nursing Team		
Local Care Homes		
Emergency Services		
DGS integrated care working group		
A+E		
Memory Clinic		
Health and well being board		

# Partnerships

A partnership is an agreement where parties agree to cooperate to achieve a mutual goal

**Potential Partner**  
( List those who we may be able to partner with)

**Benefits of this partner**  
( what can this partner bring to the project/ what could this partner be responsible for)

**Engaging Partner**  
(what can be done to get the partner 'on board')

## Agenda Item 7

Asda Swanley

Aldi Swanley

Churches together in  
Swanley and district

Community Safety team

Faith Communities

Young People

Universities

Business representatives

Leisure groups

### **We then discussed Evaluation ....**

Is it bad to see a 'need more training?' nothing is negative ... it all leads to positive. If everyone is happy and knows everything, what's left to do!

A baseline evaluation is needed from across the whole community, to go one step further in identifying need and understanding awareness and possible solutions...

I think that the surveys can be printed from the web addresses also, but if anyone would like some printed out copies to distribute please let me know and I will send you out some.

[Tracey.schneider@kent.gov.uk](mailto:Tracey.schneider@kent.gov.uk)

As you can see, there are a few different types, for different aspects of the Swanley community, Can I ask that you pass these far and wide for as many different people to complete as possible. It does not matter if some of these are completed 'outside' Swanley as the survey asks for a 'location' and any replies would be relevant to the wider programme if not 'exactly' Swanley!

There are also generic survey links I can send out if you wanted to send to people in other areas, (just email me and I will get my finger out and send!)

Hope that all makes sense!

For all local service providers already working in the 'dementia field'... care homes/ home care etc

<http://www.smartsurvey.co.uk/s/Swanley-localservices-dementiasurvey>

For all Local families and carers

<http://www.smartsurvey.co.uk/s/Swanley-familyandcarers-dementiasurvey>

For Local organisations such as Gov, emergency services, shops, pubs, banks etc

<http://www.smartsurvey.co.uk/s/Swanley-localorganisation-dementiasurvey>

For people within Swanley /residents

<http://www.smartsurvey.co.uk/s/Swanley-GeneralCommunity-Dementiasurvey>

For people with Dementia in Swanley, May need to be done with carers help in some cases

<http://www.smartsurvey.co.uk/s/Swanley-survey-for-people-with-dementia>

**The surveys will be all anonymous for the purpose of this evaluation, please be as honest as possible on completing them**

.....there are no wrong or right answers, just indications of where work needs to be targeted.

**For example,**

If lack of training is identified in the organisational surveys... we know that we need to address the 'training' issue

If public transport comes back as an issue from families and people with dementia.... then we know we will need to look at the issues around transport.

If lack of awareness of other local services is shown in the results we know we need to work on that!

Without consultation with the community we will not know in which direction we need to work

We need to get them filled in... what can each group commit to?

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### **Time scales**

Agreements of all around the table to distribute around their contacts and ask those to respond either online or direct to me within 2 month

The Town council and Library have also agreed to collect on my behalf

We then looked back over the meeting and looked at Next steps ....

What we look to do by next meeting...

Send in evaluations by certain date

Look at what each agency can do alone, or jointly,  
bring ideas back to the table next meeting

Circulation of results and paperwork /minutes

Confirm that everyone has filled in the communications sheet.

See where people can fill in the gaps of circulated materials

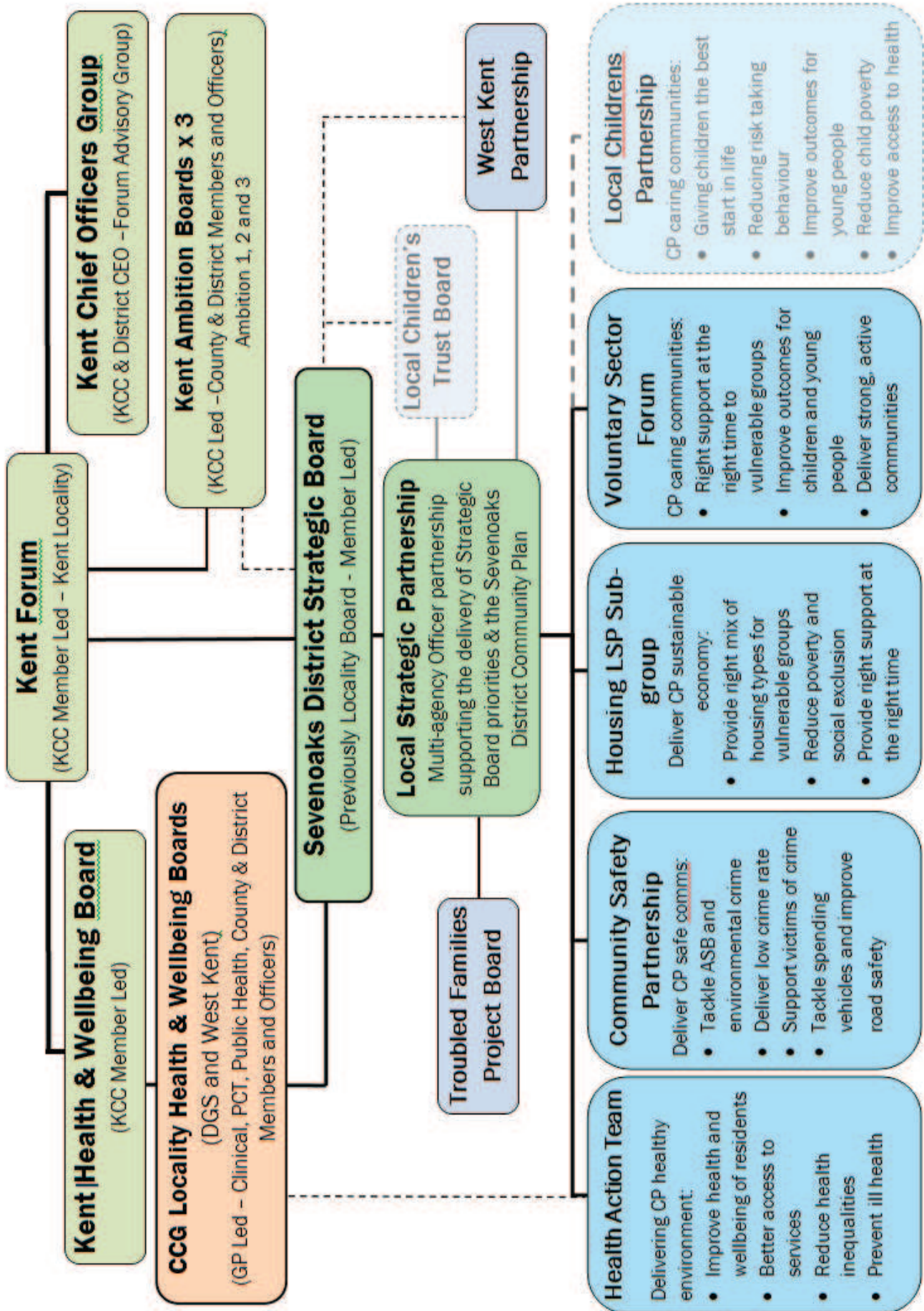
### **What the next meeting may look like!**

As by the next meeting we should have the results from Swanley, the next meeting will be bigger and more of a public 'show and tell' style. So if anyone has ideas or wants to put out some 'bit's for display please let me know!

**Date and venue to be concerned for End of October/Beginning of November, suggestions and venues etc welcome!**

**Seveoaks District**  
**‘Mind the Gap’**  
**Health Inequalities Action Plan**

**Members Health Liaison Board**  
**11<sup>th</sup> September 2013**





# 'Mind The Gap' Priorities

## **Objective 1:**

**Give every child the best start in life**  
**1A: Conception-9 months,**  
**1B: 9 months onwards**

## **Objective 2:**

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

## **Objective 3:**

**Create fair employment & good work for all**

## **Objective 4:**

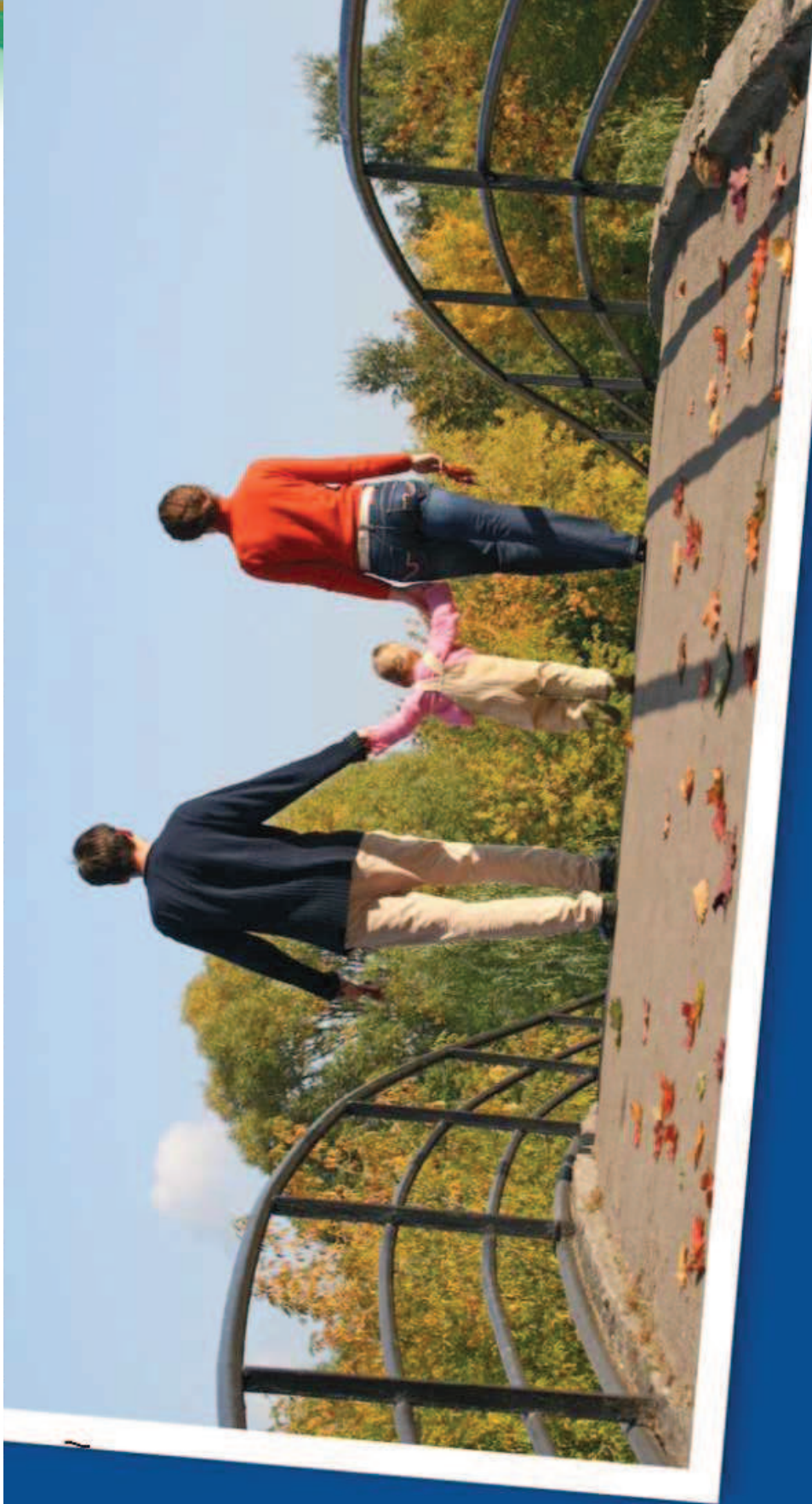
**Ensure healthy standard of living for all**

## **Objective 5:**

**Create and Develop Healthy and Sustainable Places & Communities**

## **Objective 6:**

**Strengthen the role and impact of ill health prevention**



## Sevenoaks District's Health Inequalities Action Plan

MIND THE GAP Building bridges to better health for all

# 2013/15



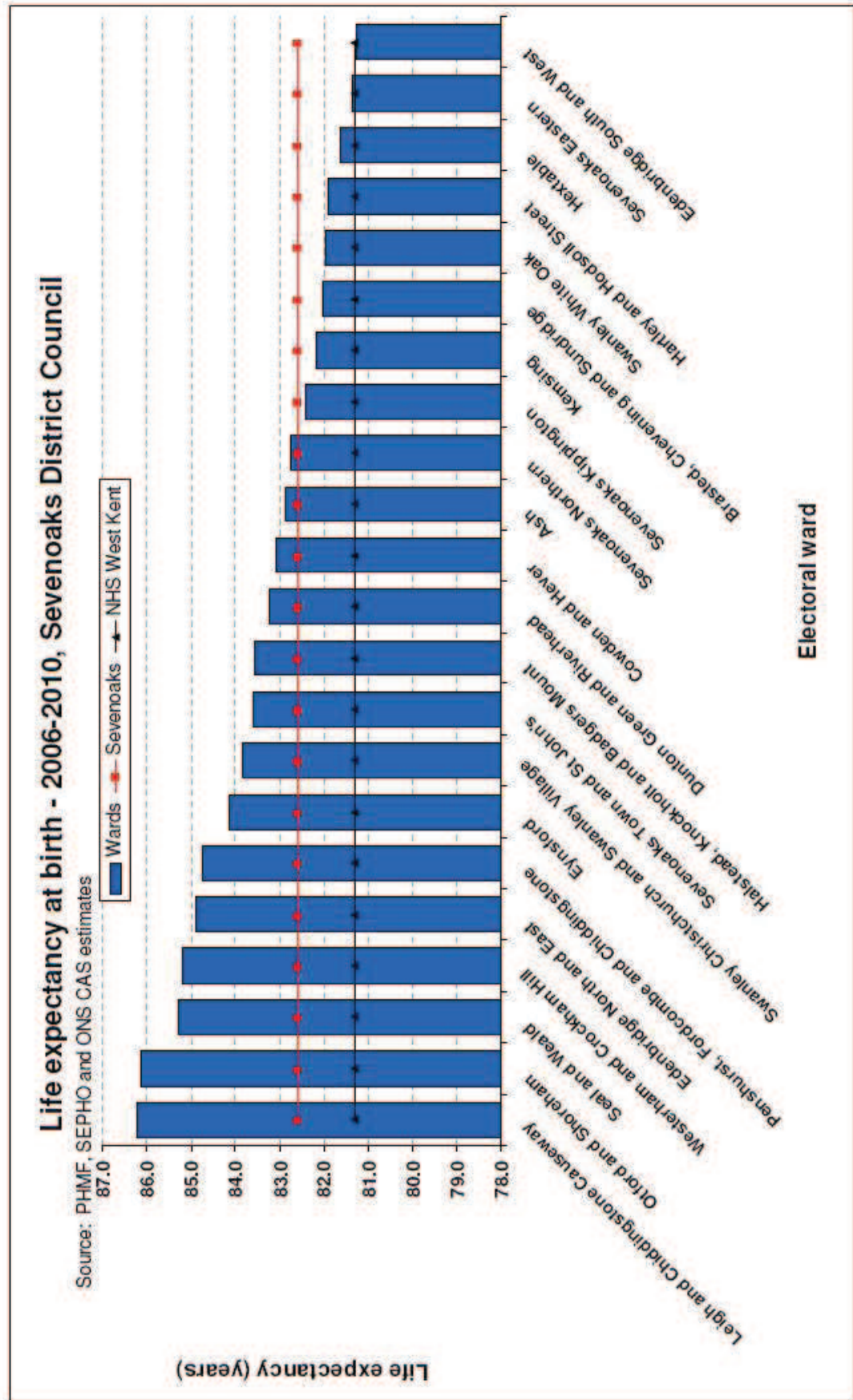
SEVENOAKS  
DISTRICT COUNCIL

## **Health Inequalities in Sevenoaks District**

Health inequalities are the result of a set of complex interactions, 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.

# Life Expectancy Gap



# Mind the Gap - What We Need to Do

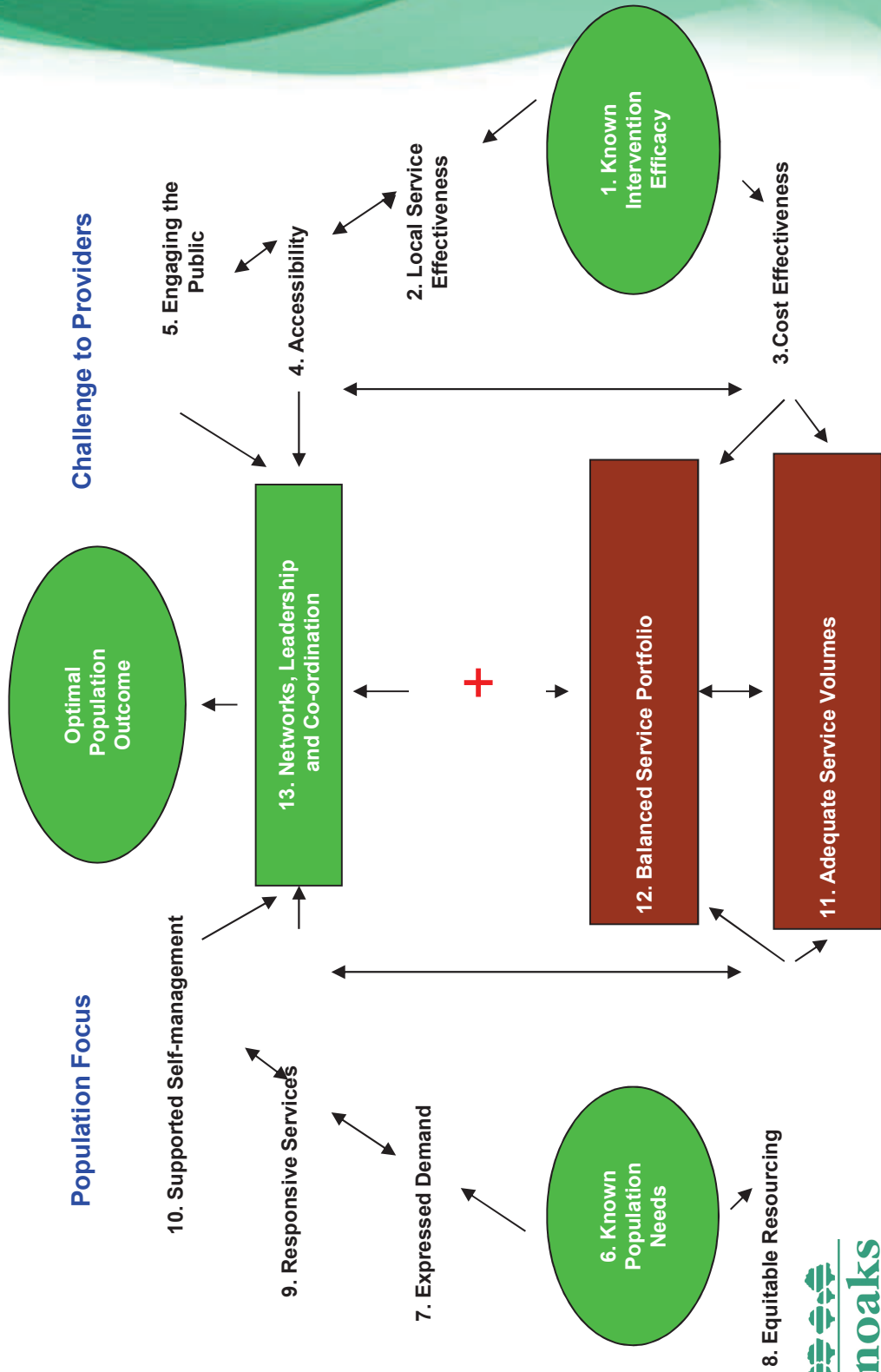
The action this Council needs to take is summarised in this Four Point Approach, in line with the Kent Health Inequalities Action Plan

## Deliver this 4 POINT APPROACH:

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

# Christmas Tree Model

Commissioning for Best Outcomes  
(HINST Christmas Tree Model)



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

Delivered through:	Maternity Matters, Infant Feeding Action Plan, Children Centres Delivery Action Plan, Sevenoaks District Teenage Pregnancy Action Plan	
Local Priorities:	1(a): Support good health and wellbeing in pregnancy and the new born	
	1.1 Help increase the number of healthy births (Priority)	1.2 Increase breast-feeding initiation rates at 6-8 weeks through Children Centre targeted locations
Actions:	1.1.1 Run campaigns and deliver initiatives to promote good health in pregnancy and promotion Start4Life	1.2.1 Positive promotion and creation of breast-feeding friendly environments
	1.1.2 Ensure teenage parents receive holistic support	1.2.2 Provide support to new mothers to increase the initiation and continuation of breast-feeding
	1.1.3 Early identification of vulnerable parents smoking in pregnancy and work to reduce	

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

Delivered through:	Kent Early Intervention and Prevention Team; KCHT Child and Young People's Wellbeing Team; Putting Children First - Safeguarding and Looked After Children's Services Improvement and Development Plan; Smokefree Homes initiative; SDC Family Healthy Weight Programmes; Troubled Families Project, Community Safety Partnership; CCGs; Patient Participation Groups; Children Centres		
Local Priorities:	1(b): Support good health and wellbeing for children and young people		
Actions:	1.3 Support parents so that they can raise emotionally and mentally healthy children	1.4 Encourage access to health services for all (Priority)	1.5 Promote Healthy Weight for Children (Priority)
	1.3.1 Improve outcomes for families with crime and anti-social behaviour, absence and worklessness through the Troubled Families Programme	1.4.1 Improve access to GP services and to hospitals, particularly in rural areas	1.5.1 Support parents and children to maintain a healthy weight
	1.3.2 Reduce repeat incidents of Domestic Abuse	1.4.2 Making more localised – bring services out of traditional settings.	1.5.2 Increase interaction between parents and children including healthy lifestyles and active play
	1.3.3 Supporting carers and child minders	1.4.3 Provide support for vulnerable groups to access health services	
	1.3.4 Give a better start for children through early intervention services for children 0-5 and their parents		
	1.3.5 Help young people to feel safe from bullying at home, at school and be safe on the internet		



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

<b>Delivered through:</b>	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													
<b>Local Priorities:</b>	<b>2: Enable all children, young people and adults to maximise their capabilities and have control over their lives</b>													
	<b>2.1 Improve educational attainment particularly at GCSE level (Priority)</b>	<b>2.2 Reduce the risk taking behaviours of young people</b>	<b>2.3 Support older people to keep them safe, independent and fulfilled lives (Priority)</b>											
	<b>Actions:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">2.1.1 Enable more young people to have their achievements recognized</td> <td style="width: 33%; padding: 5px;">2.2.1 Divert children and young people from crime and anti-social behavior</td> <td style="width: 33%; padding: 5px;">2.3.1 Provide access to healthy lifestyle interventions to enable older people to remain healthier and independent</td> </tr> <tr> <td style="padding: 5px;">2.1.2 Build in support and services within schools for vulnerable young people to engage</td> <td style="padding: 5px;">2.2.2 Specialist support for alcohol and drug misuse</td> <td style="padding: 5px;">2.3.2 Partnership working to promote and develop self help services</td> </tr> <tr> <td style="padding: 5px;">2.1.3 Manage and support school non-attendance and increase access to services</td> <td style="padding: 5px;">2.2.3 Promote peer support interventions including youth peer educator, SAFE, health champions etc.</td> <td style="padding: 5px;">2.3.3 Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">2.3.4 Support older people and vulnerable people to remain in their own homes and live independently</td> </tr> </table>		2.1.1 Enable more young people to have their achievements recognized	2.2.1 Divert children and young people from crime and anti-social behavior	2.3.1 Provide access to healthy lifestyle interventions to enable older people to remain healthier and independent	2.1.2 Build in support and services within schools for vulnerable young people to engage	2.2.2 Specialist support for alcohol and drug misuse	2.3.2 Partnership working to promote and develop self help services	2.1.3 Manage and support school non-attendance and increase access to services	2.2.3 Promote peer support interventions including youth peer educator, SAFE, health champions etc.	2.3.3 Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls		
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		2.3.4 Support older people and vulnerable people to remain in their own homes and live independently												



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

<p><b>Delivered through:</b></p>	<p>Delivery through Regeneration Strategy; Backing Kent Businesses; 14-24 Strategy; Employability Strategy</p>		
<p><b>Local Priorities:</b></p>	<p><b>Create fair employment &amp; good work for all</b></p>		
<p><b>Actions:</b></p>	<p><b>3.1 Improve chances of employment for people facing disadvantage</b></p>	<p><b>3.2 Increase proportion of young people (16-18) &amp; 18-24) in fulltime education, employment or training (Priority)</b></p>	<p><b>3.3 Support businesses to have healthy workplaces</b></p>
<p>3.1.1 Improve opportunities for employment for disadvantaged, vulnerable groups and people on benefits.</p>	<p>3.1.2 Support local charities and community groups to support adults with disabilities into work and training</p>	<p>3.2.1 Support 16-18 year olds into employment and training</p>	<p>3.3.1 Support employers to create healthy work places and environments for staff.</p>
<p>3.1.2 Support local charities and community groups to support adults with disabilities into work and training</p>	<p>3.2.2 Increase the number of people accessing apprenticeship and graduate opportunities</p>	<p>3.3.2 Place defibrillators as AED in workplaces or as public access defibrillators (PAD) in communities.</p>	<p>3.3.2 Place defibrillators as AED in workplaces or as public access defibrillators (PAD) in communities.</p>

# Objective 4: Ensure healthy standard of living for all

<b>Delivered through:</b>	Delivery through Backing Kent People Programme; District Community Strategies; CYPP Kent's Poverty Strategy		
<b>Local Priorities:</b>	<b>4: Ensure healthy standard of living for all</b>		
<b>Actions:</b>	<b>4.1 Provide the right support at the right time including financial capacity support and inclusion</b>	<b>4.2 Promote opportunities to support families in poverty</b>	<b>4.3 Meet the housing needs of people living in the District include affordable and appropriate housing (priority)</b>
	4.1.1 Support people in accessing benefits and in the transition to universal credit	4.2.1 Meet the needs of vulnerable and lower income households.	4.3.1 Carry out an Older Persons Housing Needs Assessment
	4.1.2 Provide support and advice for families regarding benefits and employment.	4.2.2 Provide support, advice and information to residents about debt management and financial awareness	4.3.2 Affordable housing?
			4.3.3 Work with developers and landlords?



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

<b>Delivered through:</b>	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			
<b>Local Priorities:</b>	<b>5: Create and Develop Healthy and Sustainable Places &amp; Communities</b>			
<b>Actions:</b>	<b>5.1 Reduce homelessness and its negative impact for those living in temporary accommodation</b>	<b>5.2 Develop our communities to be healthy places</b>	<b>5.3 Sustain and support safe communities</b>	<b>5.4 Reduce Fuel Poverty by supporting development of warm homes</b>
	5.1.1 Intervention for young people especially around mentoring on budgeting and housing	5.2.1 Maintain cleanliness standards and seek to remove incidents of fly tipping as soon as possible.	5.3.1 Consult with and involve local communities in community safety and crime issues that affect them	5.4.1 Support vulnerable groups who find it difficult to heat their homes
	5.1.2 Training for front line workers on the welfare change	5.2.2 Work with residents on the benefits of healthy places including parks, and open spaces	5.3.3 Improve communication between PCSO's, Police and local communities	5.4.2 Ensure planning applications adhere to all government legislations.
			5.3.3 Working with Fire services and housing to target most vulnerable households to reduce risk of fire	

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

<p><b>Delivered through:</b></p>	<p>Delivery through NHS Future Forum; Health Checks; QIPP; Live it Well; No Health Without Mental Health; Tobacco Control Plan; Healthy Weight Strategy; Kent Sport Framework; Alcohol Plan</p>			
<p><b>Local Priorities:</b></p>	<p><b>6: Strengthen the role and impact of ill health prevention</b></p>			
<p><b>Actions:</b></p>	<p><b>6.1 Improve access to screening</b></p>	<p><b>6.2 Reduce the gap in health inequalities across the social gradient</b></p>	<p><b>6.3 Provide support for people with mental illness and raise awareness of mental health issues</b></p>	<p><b>6.4 Grow participants and partnerships to find new ways to target and deliver services</b></p>
<p>6.1.1 Improve early diagnosis of dementia and provide services and activities to support sufferers and their carers</p>	<p>6.1.2 Promote sensible drinking and ensure treatment and support services are accessible for all</p>	<p>6.1.1 Reduce the prevalence of smoking, particularly in areas of deprivation and young people</p>	<p>6.3.1 Support vulnerable people to manage long-term mental health conditions</p>	<p>6.5.1 Work with Health &amp; Wellbeing Boards to support the delivery of key priorities set out in the health inequalities agenda</p>
<p>6.1.3 Increase access to sexual health and Chlamydia services for young people to reduce teenage pregnancy</p>	<p>6.2.2 Reduce the increasing prevalence of Type 2 diabetes through early detection and prevention</p>	<p>6.2.3 Deliver activities to promote the benefits of increased physical activity and reduce obesity</p>	<p>6.3.2 Raise awareness of mental health issues and signpost into relevant services</p>	<p>6.5.2 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>

# Taking It Forward

- Approved by Members and HAT Partners
- Monitored quarterly at HAT Officer meetings
- Monitoring data fed into Community Plan quarterly monitoring
- Annual Report for achievements and progress