



Sevenoaks District's Health Inequalities Action Plan

MIND THE GAP Building bridges to better health for all

2015-2018



Foreword



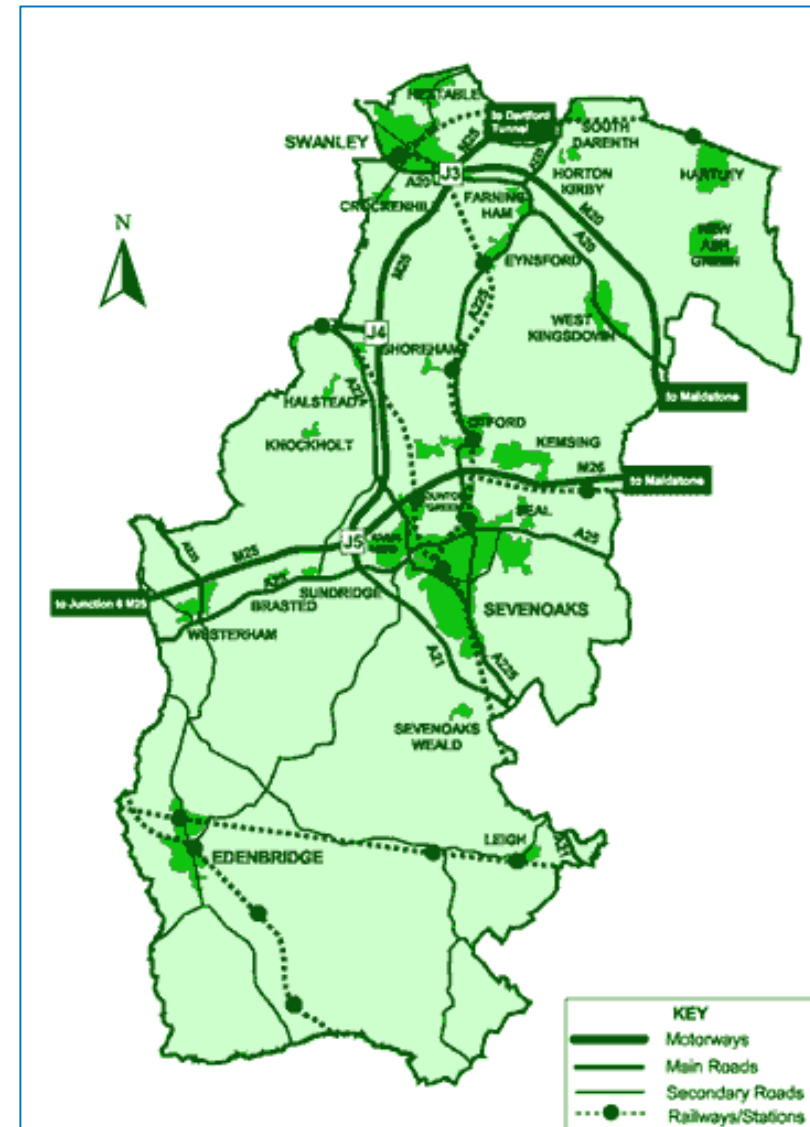
*Cllr Michelle Lowe
Portfolio Holder for Housing and Health
Sevenoaks District Council*

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 Profile¹ 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

¹ 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

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.

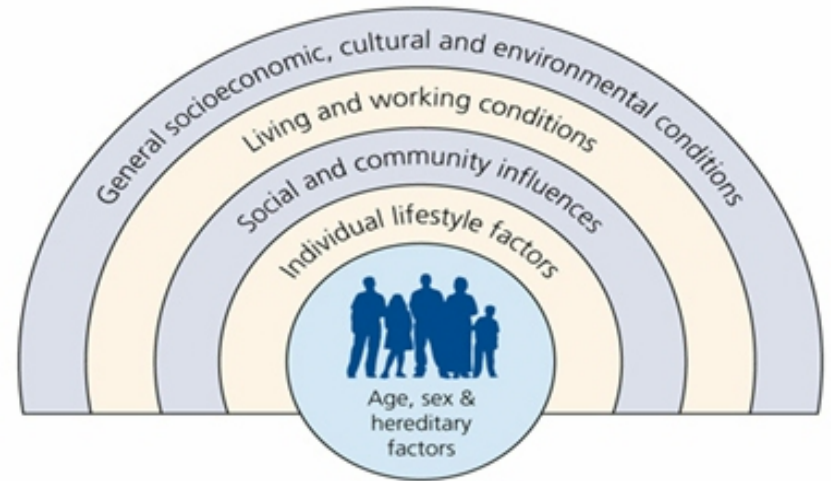


Figure 1 Dahlgren and Whitehead (1991)

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

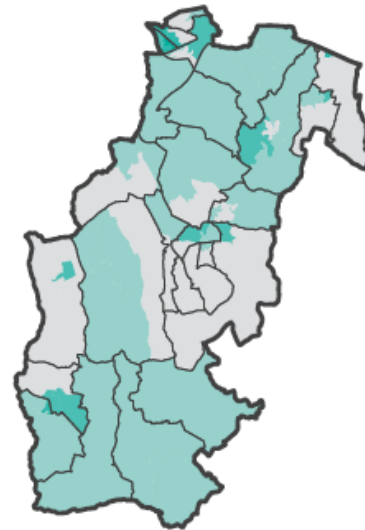
The overall impression of affluence in Sevenoaks District masks local pockets of urban and rural deprivation. While most of our residents (80%) fall within the two least deprived quintiles, 10% of our residents are among the two most deprived quintiles in the country.

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.

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Lines represent electoral wards (2013)



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

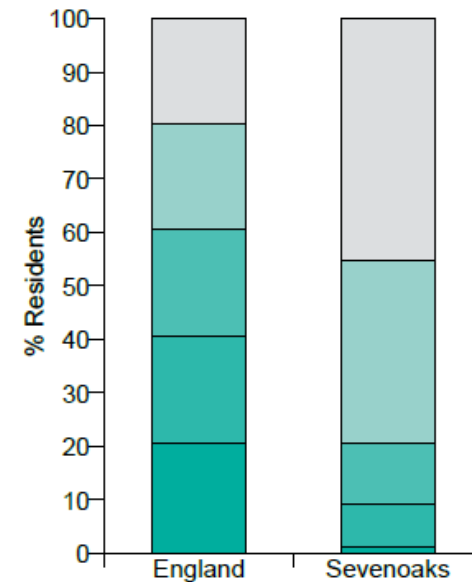


Figure 2 Deprivation quintiles in Sevenoaks 2010 from PHE Health Profile 2015

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%.²

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.

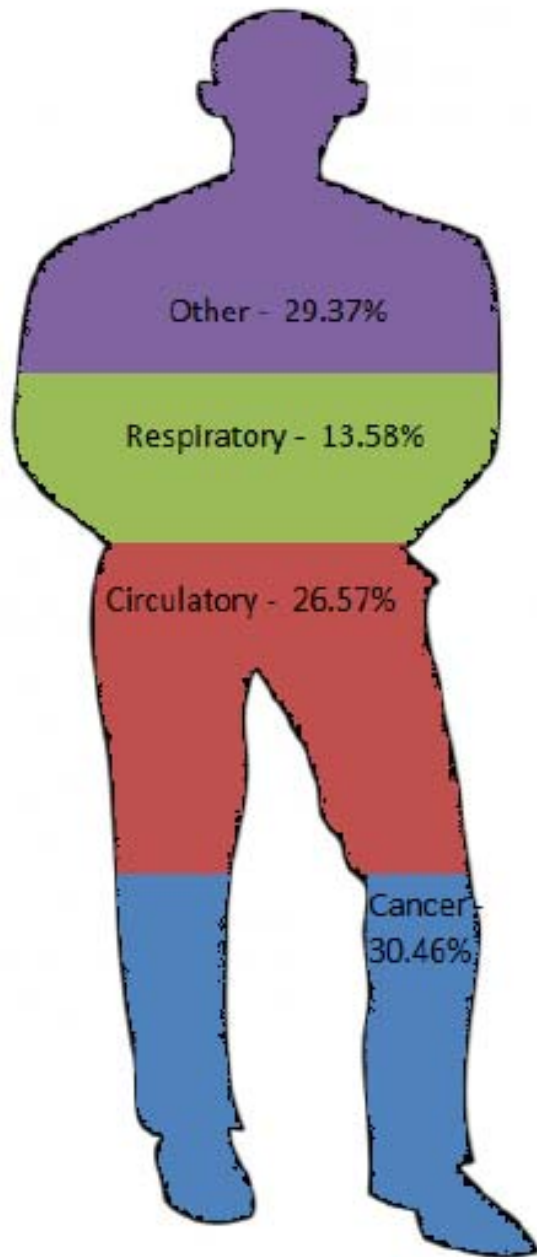
From the 2015 Sevenoaks District Health Profile we know that we are roughly the same as the England average on:

- 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.

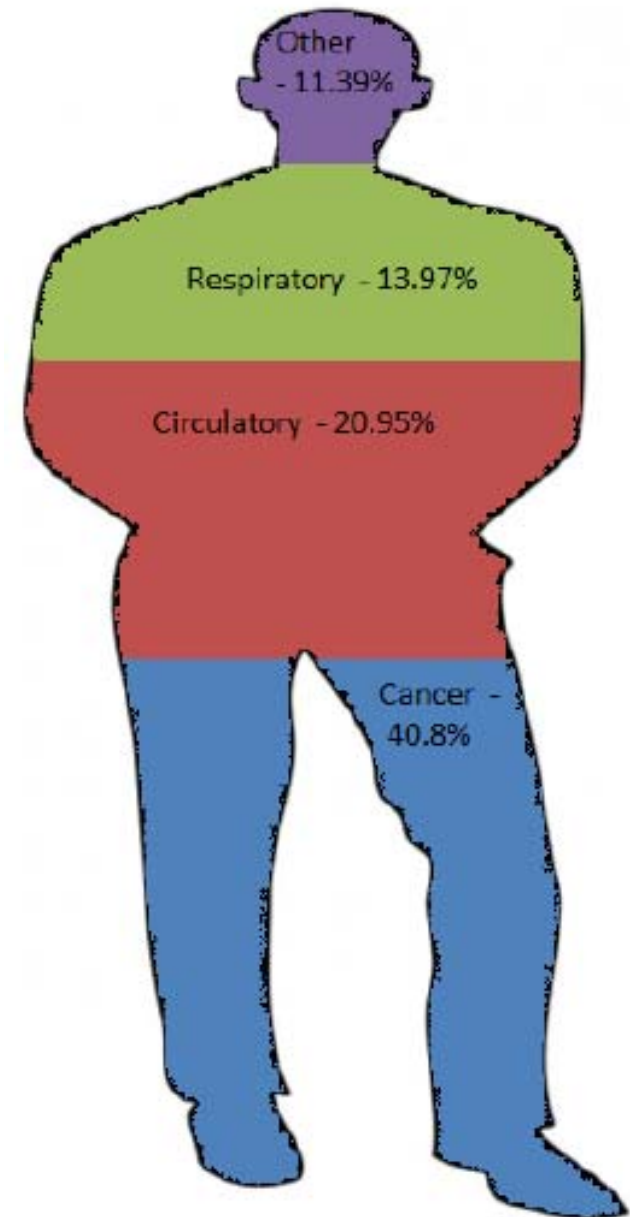
We also perform significantly worse than the England average on GCSE's 5A* - C although we believe that this reflects the availability of education within the district rather than academic achievement.

² 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.³

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).

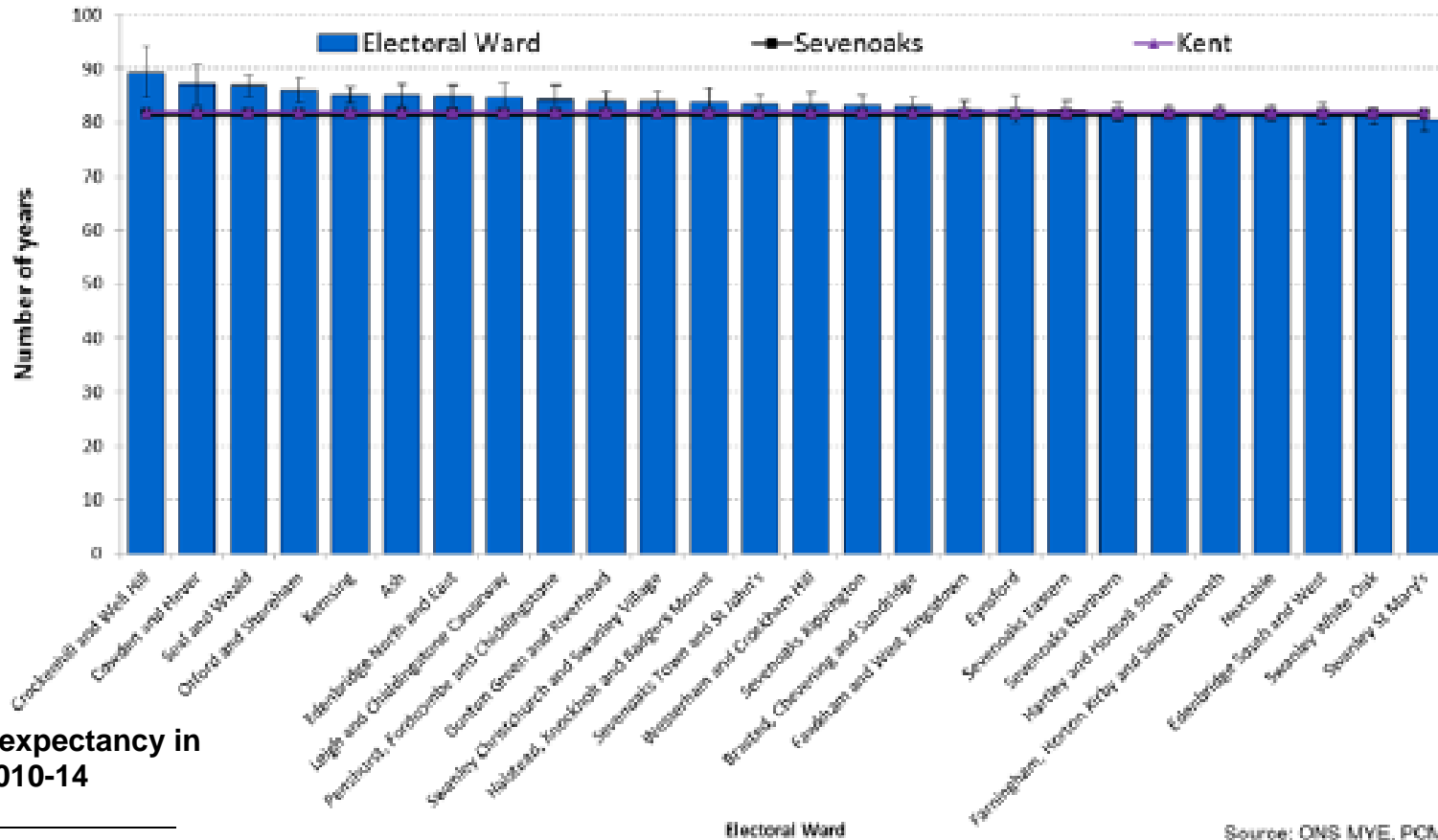


Figure 3 Life expectancy in Sevenoaks 2010-14

³ Health profile 2012 using 2006-2010 data and health profile 2015 using 2011-2013 data

Source: ONS MVE, 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.

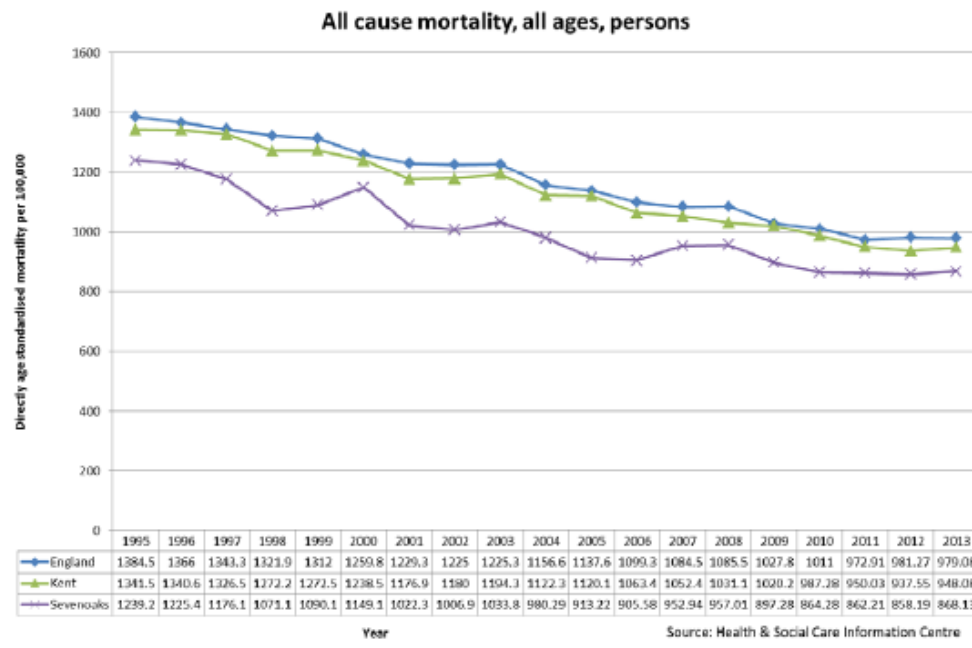


Figure 4 AAACM in Sevenoaks

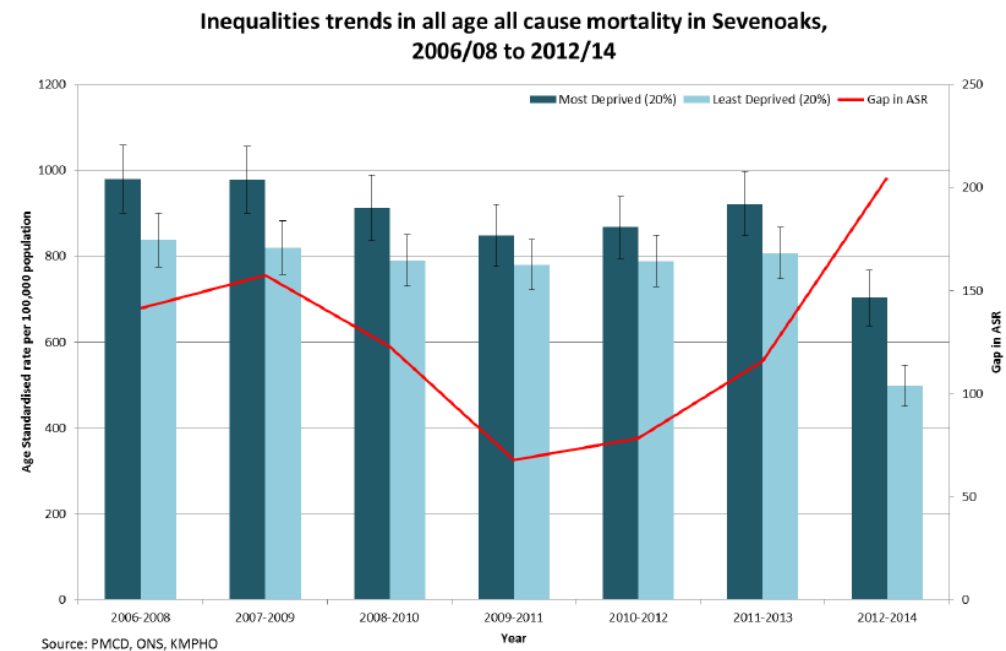


Figure 5 Inequalities in AAACM in Sevenoaks District

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

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

Local Priorities:	1.1 Increase the number of healthy births	1.2 Encourage access to health services for all	1.3 Promote Healthy Weight for Children High priority for Sevenoaks District 2015
Actions:	<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 & 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:	1.4 Increase breast-feeding initiation rates at 6-8 weeks through Children Centre targeted locations	1.5 Support parents so that they can raise emotionally and mentally healthy children																		
Actions:	<table border="1"> <tr> <td data-bbox="434 564 517 592">1.4.1</td> <td data-bbox="546 564 1164 632">Positive promotion and creation of breast-feeding friendly environments</td> </tr> <tr> <td data-bbox="434 668 517 695">1.4.2</td> <td data-bbox="546 668 1164 735">Provide support to new mothers to increase the initiation and continuation of breast-feeding</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	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					<table border="1"> <tr> <td data-bbox="1234 564 1317 592">1.5.1</td> <td data-bbox="1323 564 2047 663">Improve outcomes for families with crime and anti-social behaviour, absence and worklessness through the Troubled Families Programme</td> </tr> <tr> <td data-bbox="1234 668 1317 695">1.5.2</td> <td data-bbox="1323 668 2047 703">Reduce repeat incidents of Domestic Abuse</td> </tr> <tr> <td data-bbox="1234 740 1317 767">1.5.3</td> <td data-bbox="1323 740 2047 775">Supporting carers and child minders</td> </tr> <tr> <td data-bbox="1234 780 1317 807">1.5.4</td> <td data-bbox="1323 780 2047 847">Give a better start for children through early intervention services for children 0-5 and their parents</td> </tr> <tr> <td data-bbox="1234 852 1317 879">1.5.5</td> <td data-bbox="1323 852 2047 908">Help young people to feel safe from bullying at home, at school and be safe on the internet</td> </tr> </table>	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
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Objective 1 Give every child the best start in life

Priority 1.3 Promote Healthy Weight for Children ⁴

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.

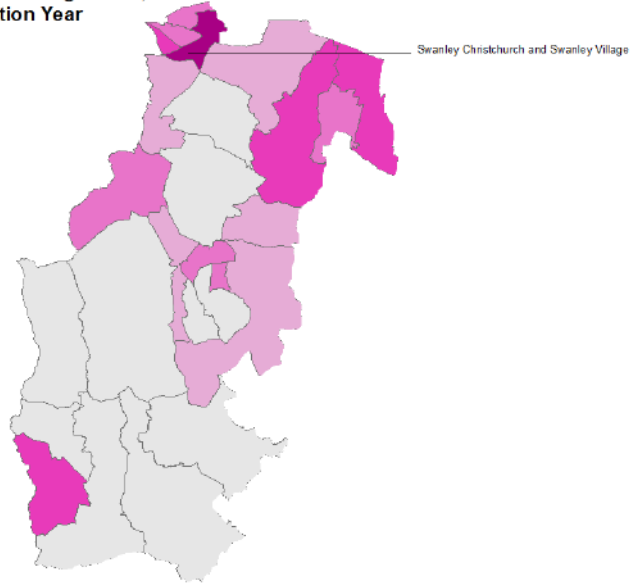
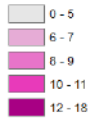
We can see from the maps below that in Reception wards in the north of the district are more likely to be affected by obesity with one ward (Swanley Christchurch and Swanley Village) having 12-18% of Reception year children who are obese. However, by Year 6, more wards are affected and Swanley Christchurch 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.

⁴ Data and information taken from www.kmpho.nhs.uk JSNA and Health and Social Care Maps

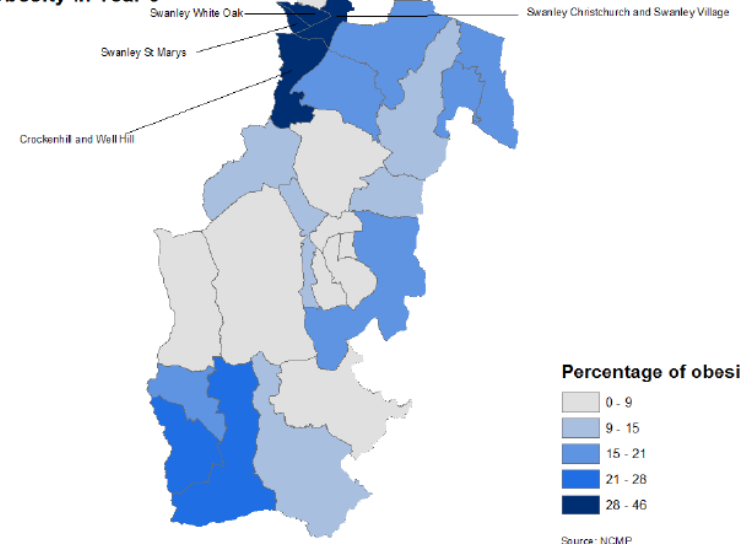
National Child Measurement Programme, 2011/12 - 2013/14
Level of Obesity in Reception Year

Percentage of obesity

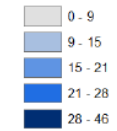


Source: NCMP

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

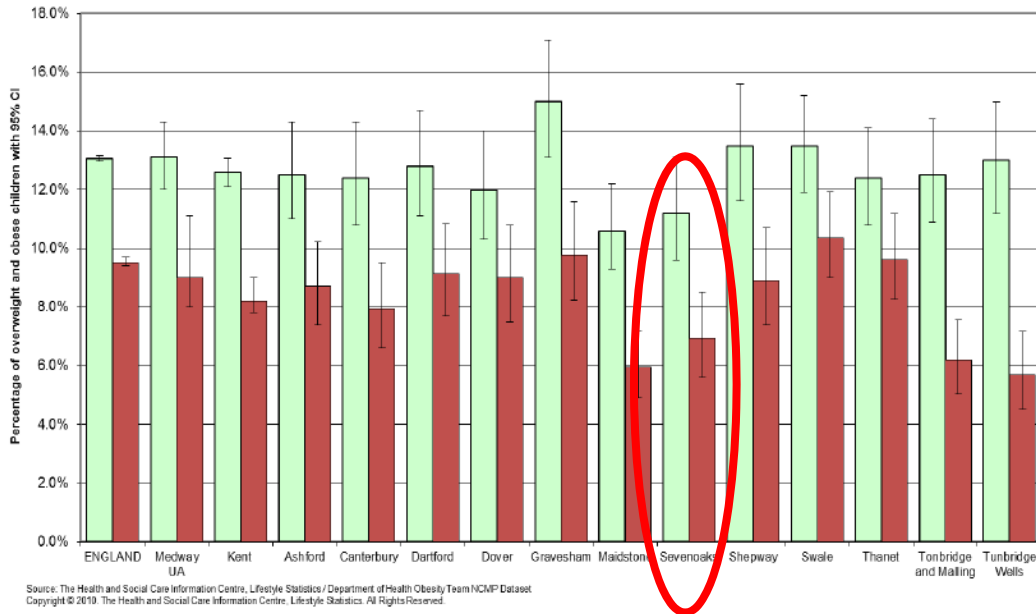


Percentage of obesity

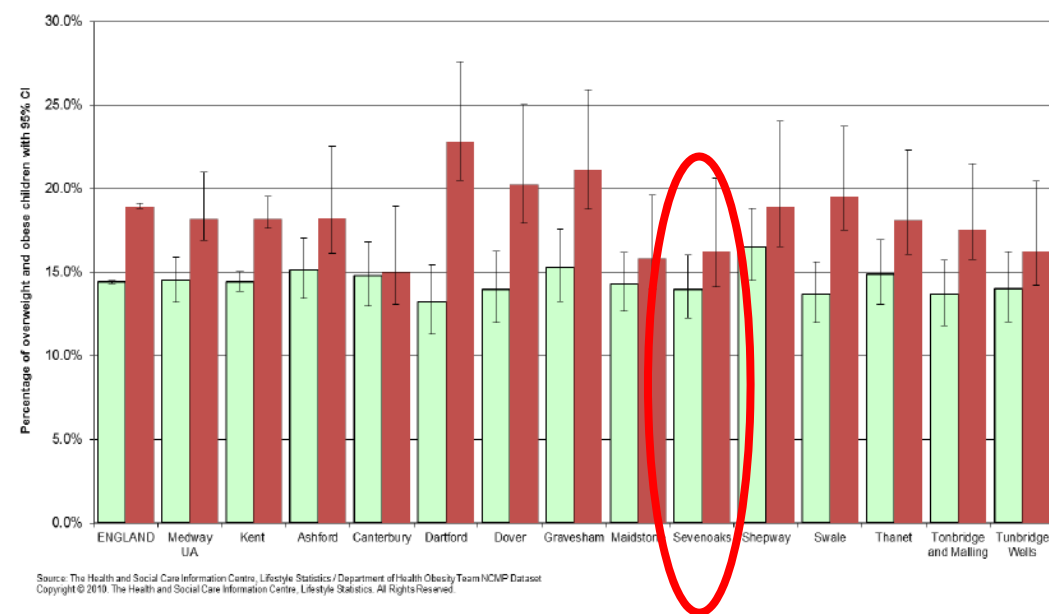


Source: NCMP
Produced by: KMP40/11/14/2015

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



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



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

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

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>Local Priorities:</p>	<p>2.1 Improve educational attainment particularly at GCSE level</p>	<p>2.2 Support older people to keep them safe, independent and living fulfilled lives</p> <p>High priority for Sevenoaks District 2015</p>	<p>2.3 Reduce the risk taking behaviours of young people</p>
<p>Actions:</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 lives⁵

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.⁶ 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.

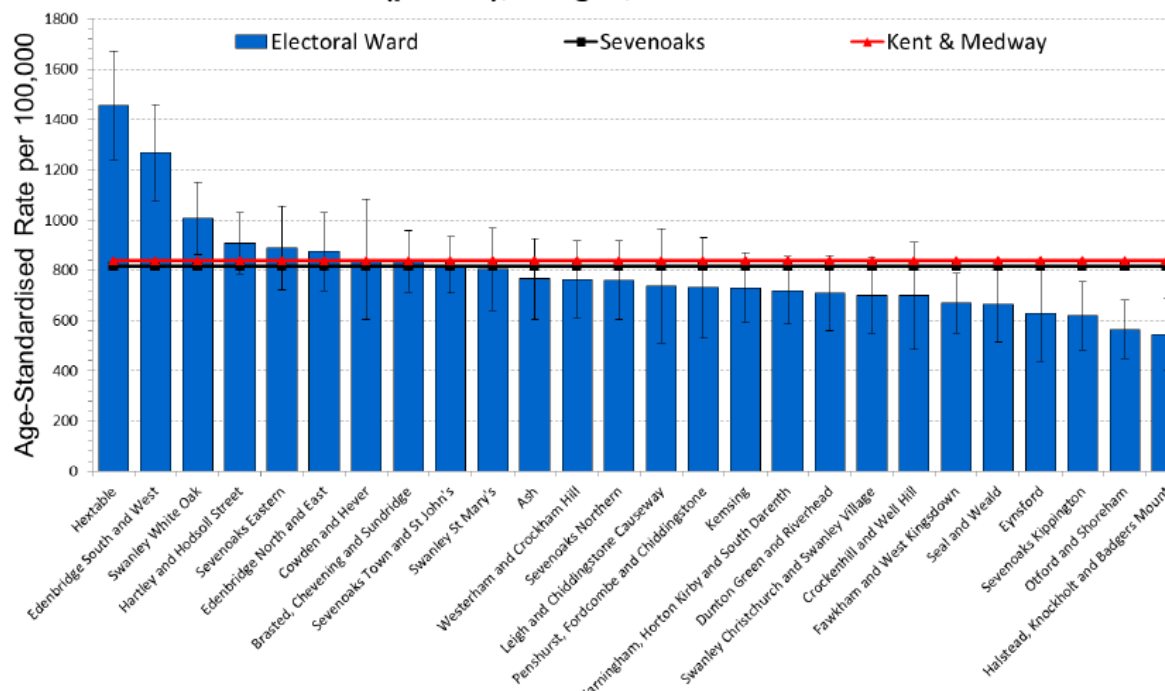
Hip fracture is the most serious injury related to falls in older people, and can lead to loss of mobility and loss of independence, forcing many to leave their homes and move into residential care. Mortality after hip fracture is high: around 30% after one year. Current specialist services, particularly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

⁵ Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks www.kmpho.nhs.uk

⁶ NICE 2013

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



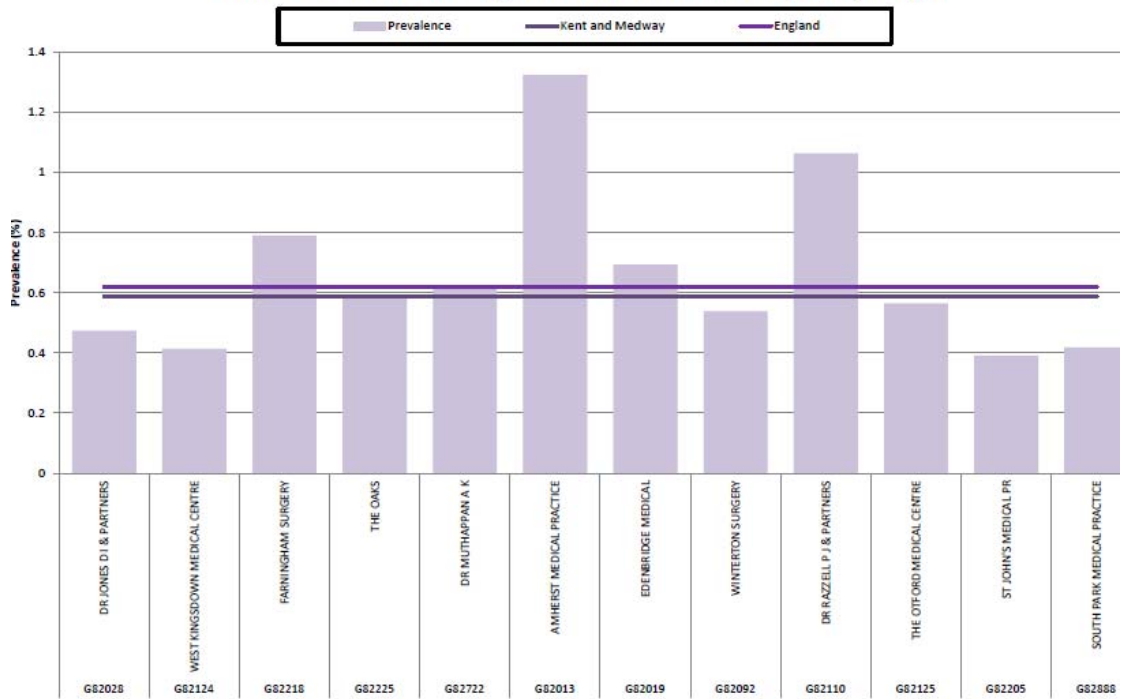
Dementia is a triad of problems: memory loss, decline in some other aspect of cognition, and difficulties with activities of daily living. More formally, it is a syndrome (that is, a distinct pattern of symptoms and signs) that can be caused by many brain disorders, most of which progress gradually over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

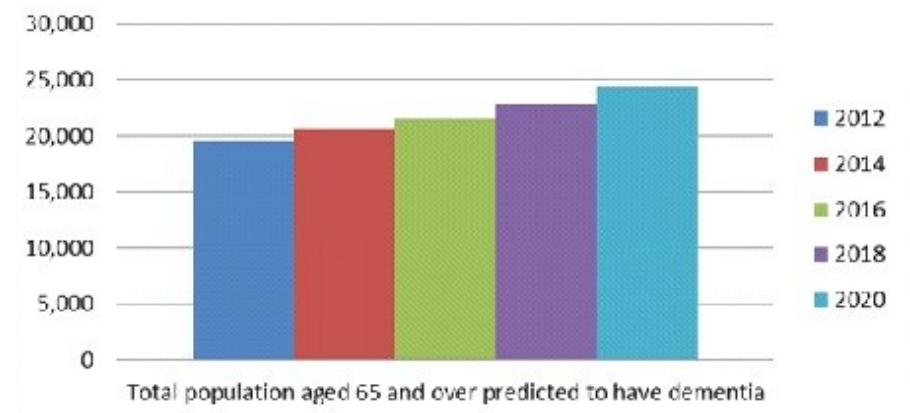
Dementia can be very distressing for the person experiencing it and their friends and family. As the population ages, the prevalence of dementia is also likely to increase. Forecasts show that in the period of 2015-2019, we will see a rise in all age groups over the next five years with the largest percentage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



3. Create fair employment & good work for all

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 High priority for Sevenoaks District 2015
	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

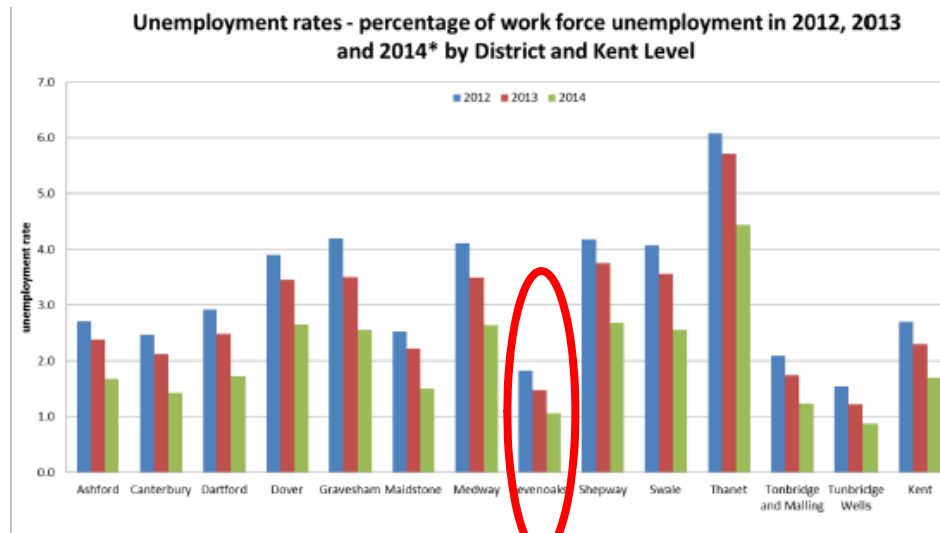
Objective 3: Create fair employment & good work for all⁷

Priority 3.3 Support businesses to have healthy workplaces

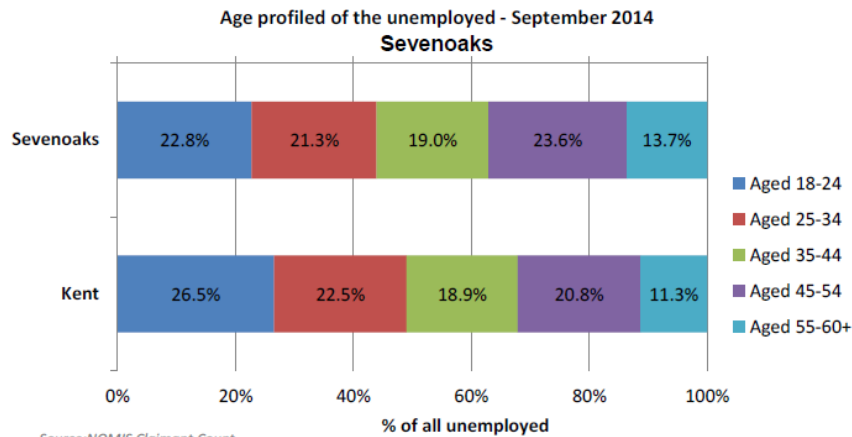
Sevenoaks' unemployment rate is currently 0.9%. This is considerably lower than the county average of 1.8% and the national average of 2.2%. In September 2014 there were 658 unemployed people in Sevenoaks which is 6.9% lower (49 fewer unemployed people) than August 2014 and 27.9% lower (254 fewer unemployed 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%

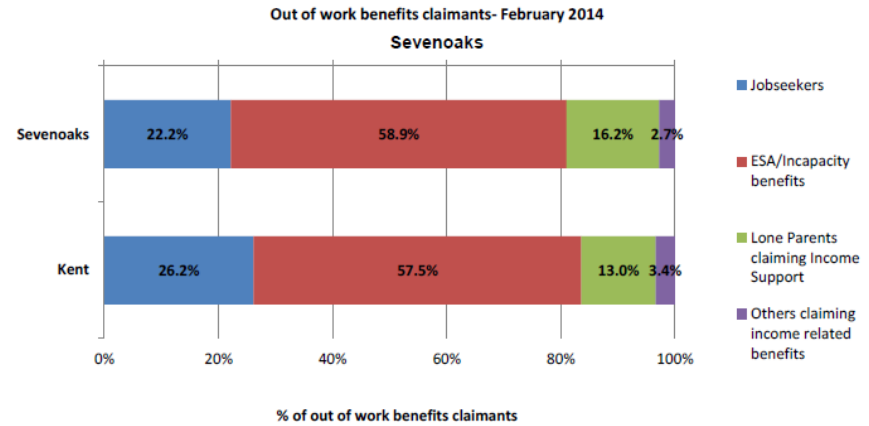
Source: NOMIS - Claimant Count



⁷ 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

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

<p>Local Priorities:</p>	<p>4.1 Provide the right support at the right time including financial capacity support and inclusion</p>	<p>4.2 Meet the housing needs of people living in the District including affordable and appropriate housing</p> <p>High priority for Sevenoaks District 2015</p>	<p>4.3 Promote opportunities to support families in poverty</p>
<p>Actions:</p>	<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>4.2.1 Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people</p>	<p>4.3.1 Meet the needs of vulnerable and lower income households.</p>
	<p>4.1.2 Interventions to assist older people to down-size to more affordable and suitable accommodation</p>	<p>4.2.2 Provide affordable housing to meet identified needs of vulnerable groups</p>	<p>4.3.2 Provide support, advice and information to residents about debt management and financial awareness</p>
	<p>4.1.3 Meet the needs of vulnerable and lower income households.</p>	<p>4.2.3 Work with developers, landlords and owner occupiers to provide appropriate housing suitable for all demographics</p>	

Objective 4: Ensure healthy standard of living for all ⁸

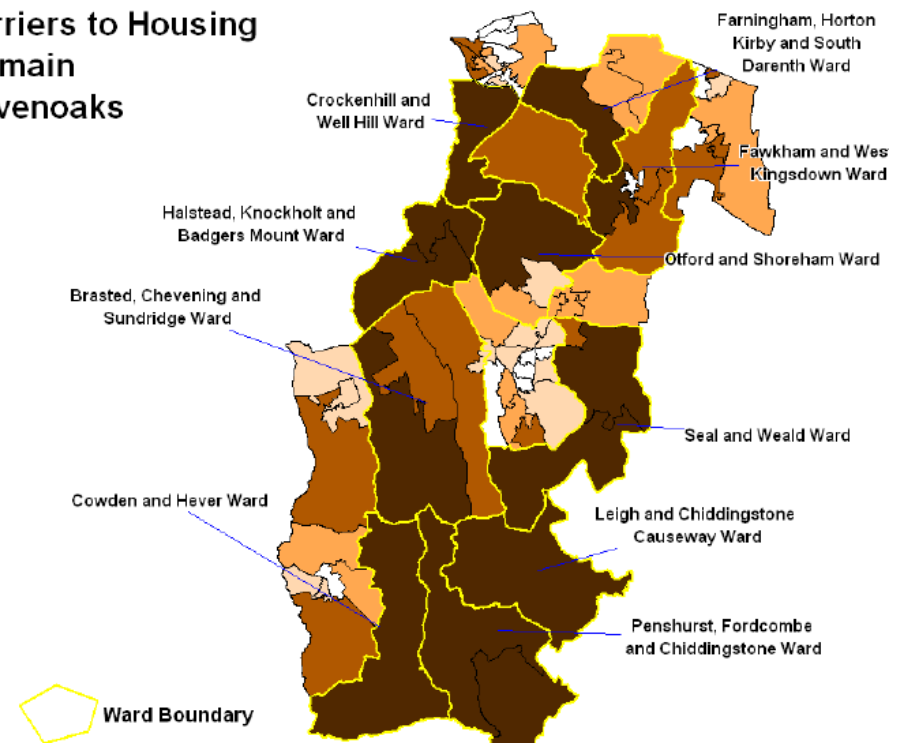
Priority 4.2 Meet the housing needs of people living in the District including affordable and appropriate housing

The average house price in Sevenoaks is now over £423,000.⁹ 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**



⁸ Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks www.kmpho.nhs.uk

⁹ 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

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

Sir Michael Marmot October 2011

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

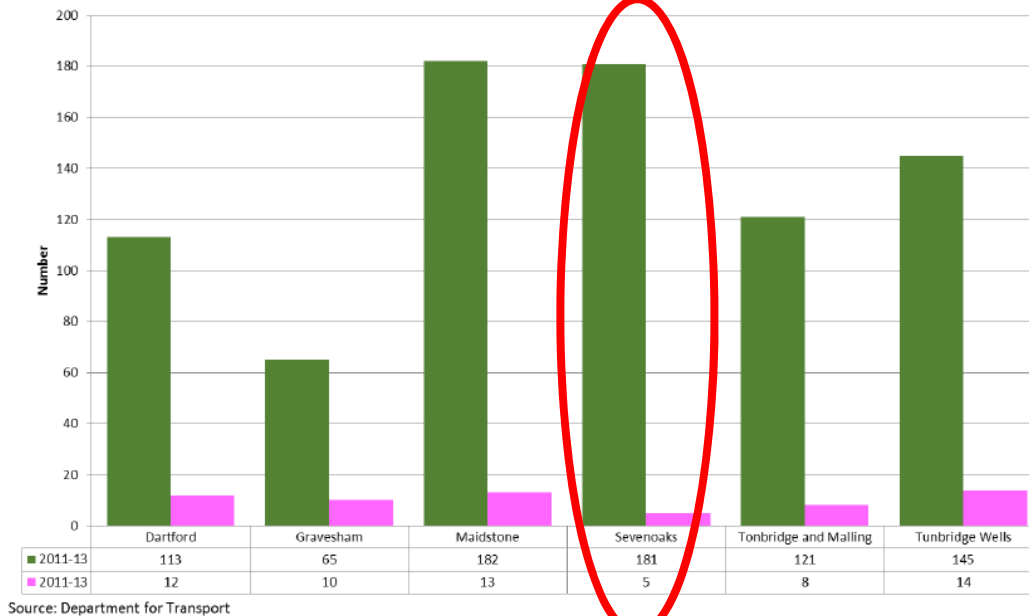
Objective 5: Create and Develop Healthy and Sustainable Places & Communities¹⁰

Priority 5.4 Sustain and support safe communities

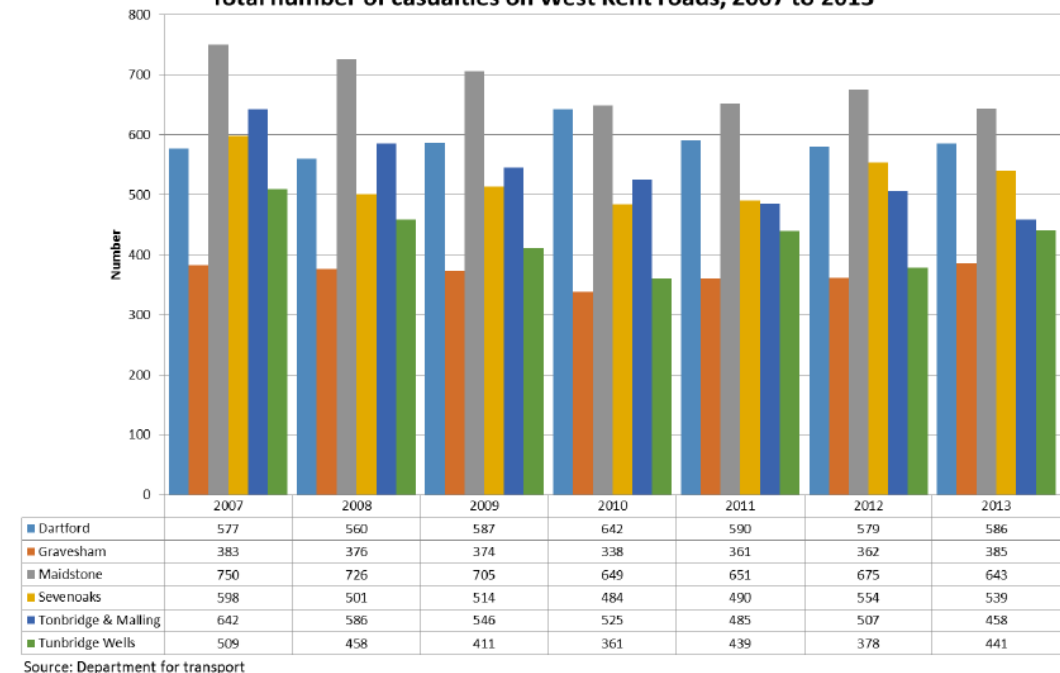
Road Safety: Injury is not only most often the cause of child death in the UK, but also has a steeper social class gradient than any other cause of child death. Casualty rates for child pedestrians are estimated to be five times higher in the most affluent than least affluent wards (Social Exclusion 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)

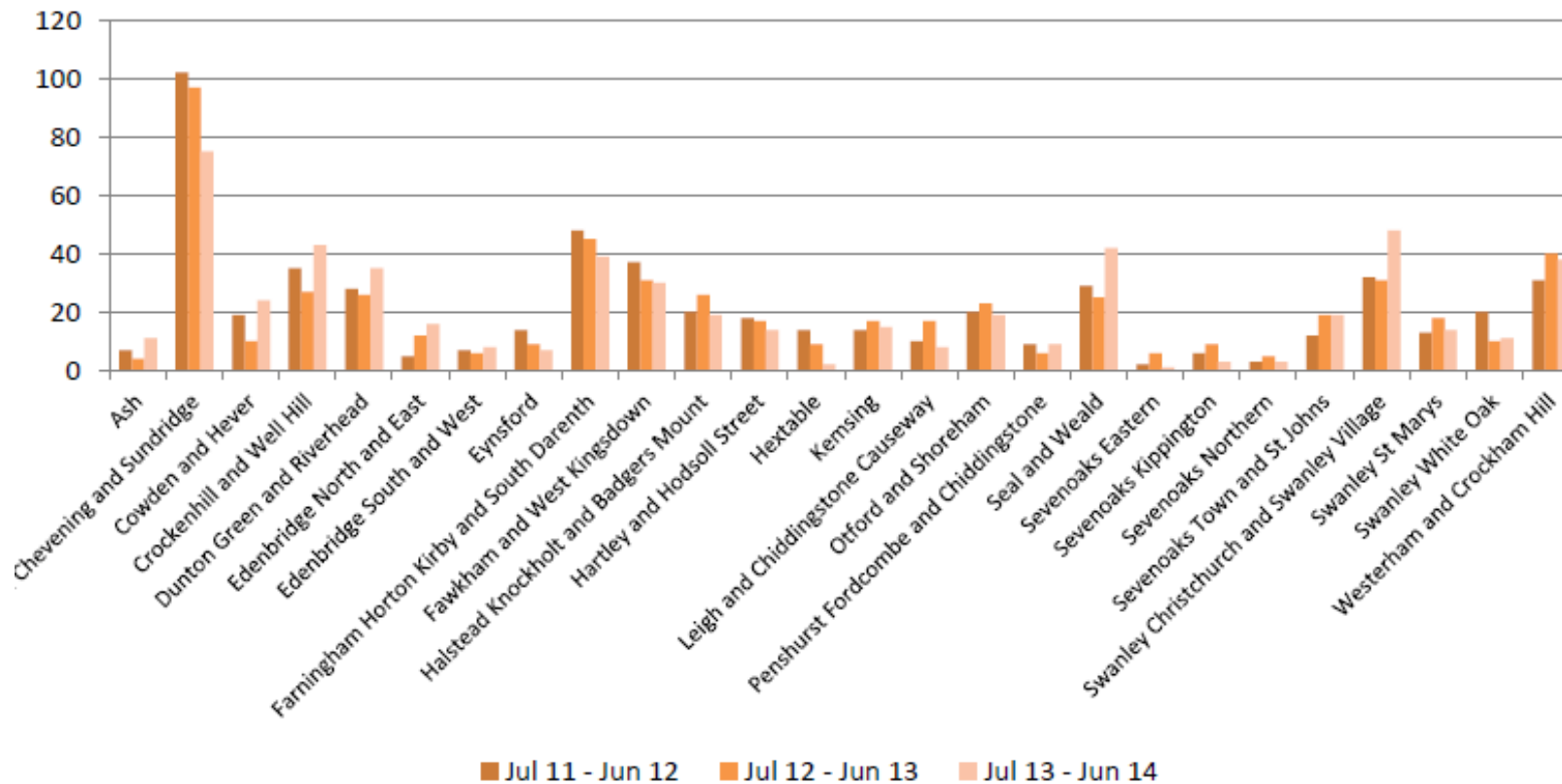


Total number of casualties on West Kent roads, 2007 to 2013



¹⁰ Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks 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.¹¹

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.

¹¹ 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

*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)*

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

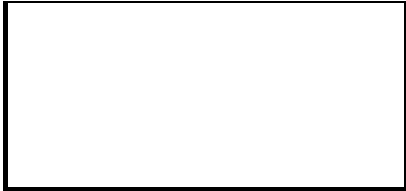
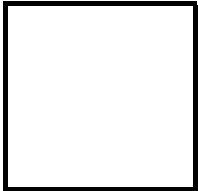
Key Priorities for Sevenoaks District:

- Reduce the gap in health inequalities across the social gradient

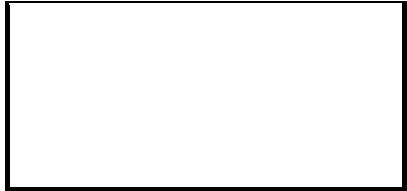
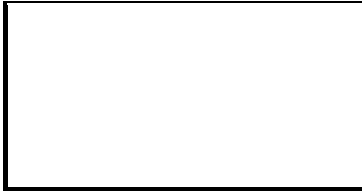
Objective 6: Strengthen the role and impact of ill health prevention

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 High priority for Sevenoaks District 2015	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
Actions:	6.1.1 Promote sensible drinking and ensure treatment and support services are accessible for all	6.2.1 Reduce the prevalence of smoking, particularly in areas of deprivation	6.3.1 Support vulnerable people to manage long-term mental health conditions	6.4.1 Work with Health & Wellbeing Boards to support the delivery of key priorities set out in the health inequalities agenda
	6.1.2 Increase access to sexual health and Chlamydia services for young people	6.2.2 Reduce the prevalence of Type 2 diabetes through early detection and prevention	6.3.2 Raise awareness of mental health issues and signpost into relevant services	6.4.2 Co-ordinate the Sevenoaks District Health Action Team for operational partners to work holistically
		6.2.3 Deliver activities to promote the benefits of increased physical activity and reduce		6.4.3 Develop the “Be Inspired, Be Active” legacy programme



obesity
6.2.4 Deliver fitness inclusive and disability fitness



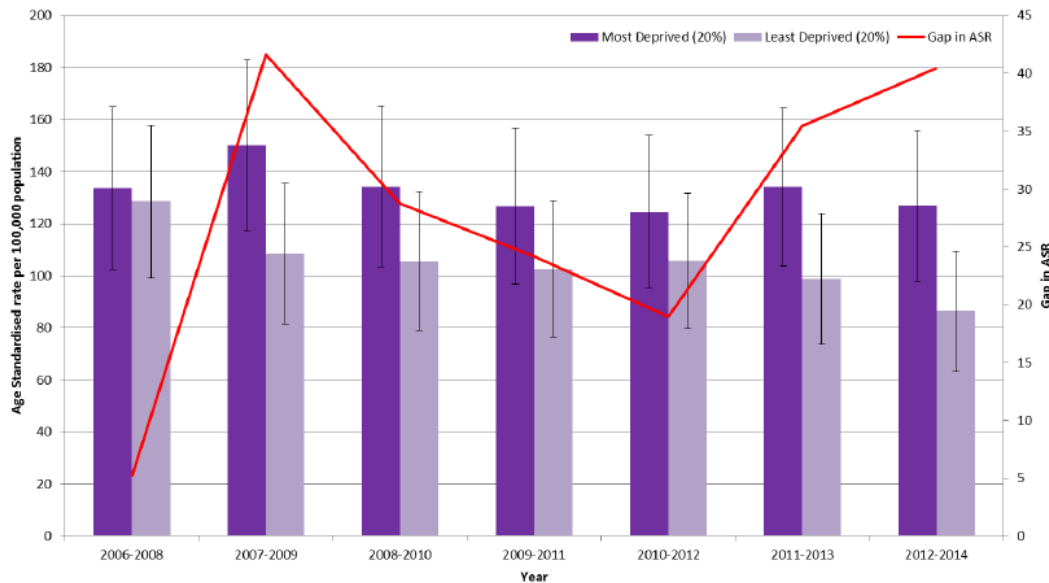
Objective 6: Strengthen Ill Health Prevention ¹²

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

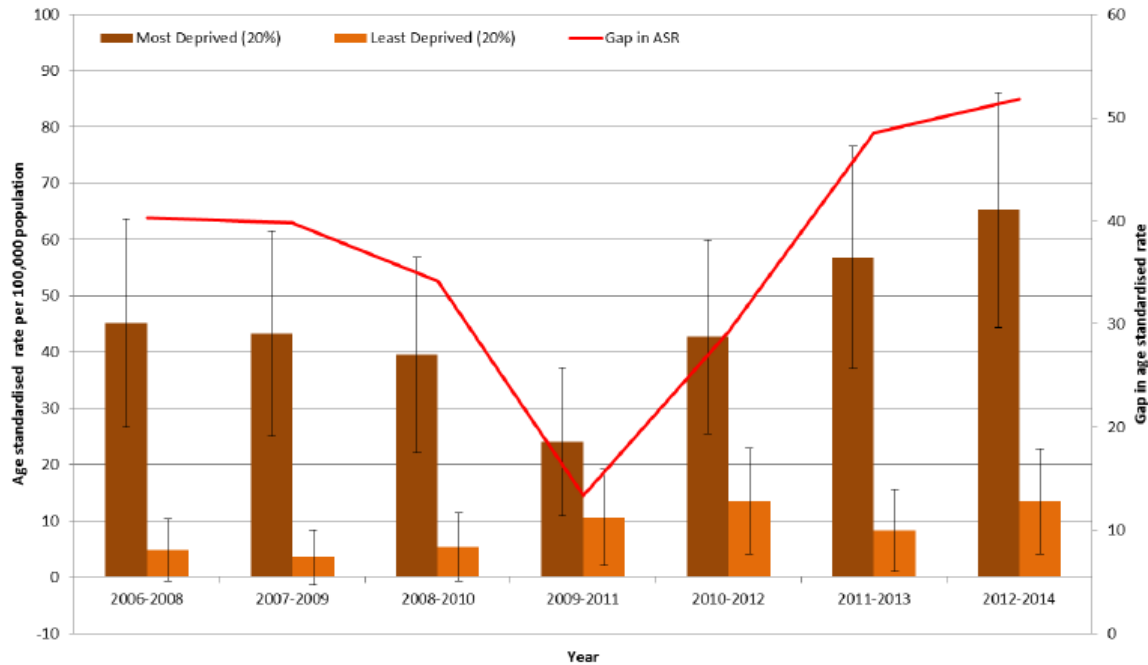
Inequalities trends in under 75 circulatory mortality, in Sevenoaks, 2006/08 to 2012/14



Source: PMCD, ONS, KMPHO

¹² Data from Kent and Medway Public Health Observatory Health and Social Care Maps for Sevenoaks www.kmpho.nhs.uk

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



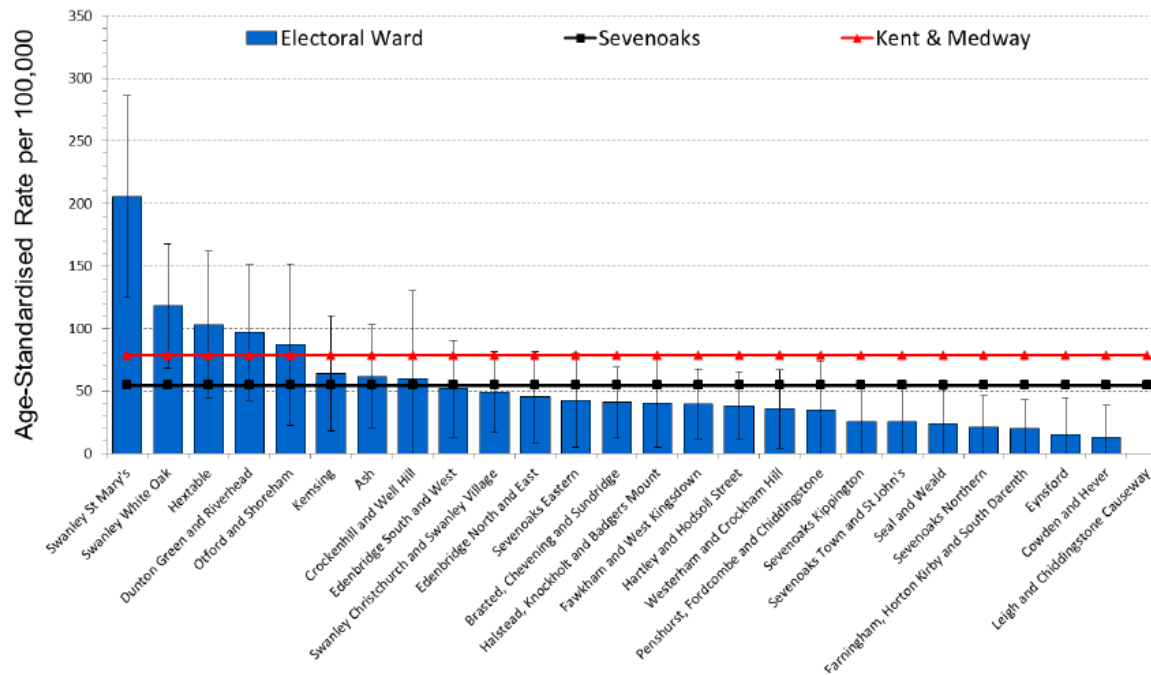
Source: PMCD, ONS, KMPHO

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.

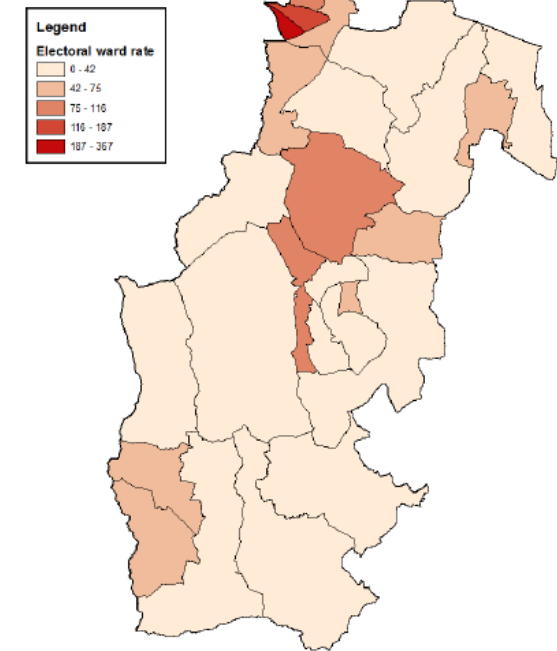
Life expectancy is reduced by at least fifteen years for someone with Type 1 diabetes. In Type 2 diabetes, which is preventable in two thirds of people who have it, life expectancy is reduced by up to 10 years. It is estimated that around 90% of people with diabetes have Type 2 diabetes.

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

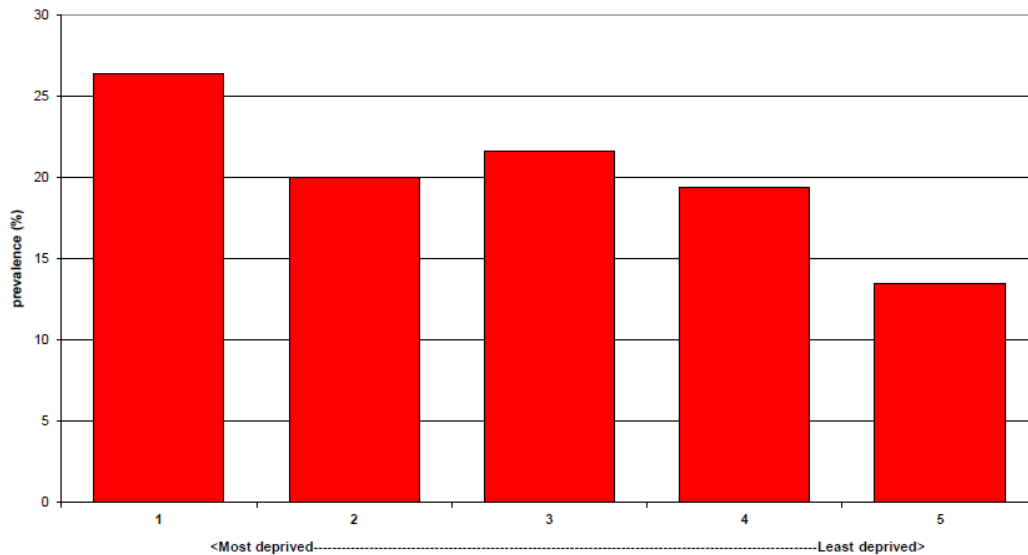


*rate per 100,000 population
Source: Secondary Users Service, Office for National Statistics
Produced by: KMPHO (ES, 02/07/2014)

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.

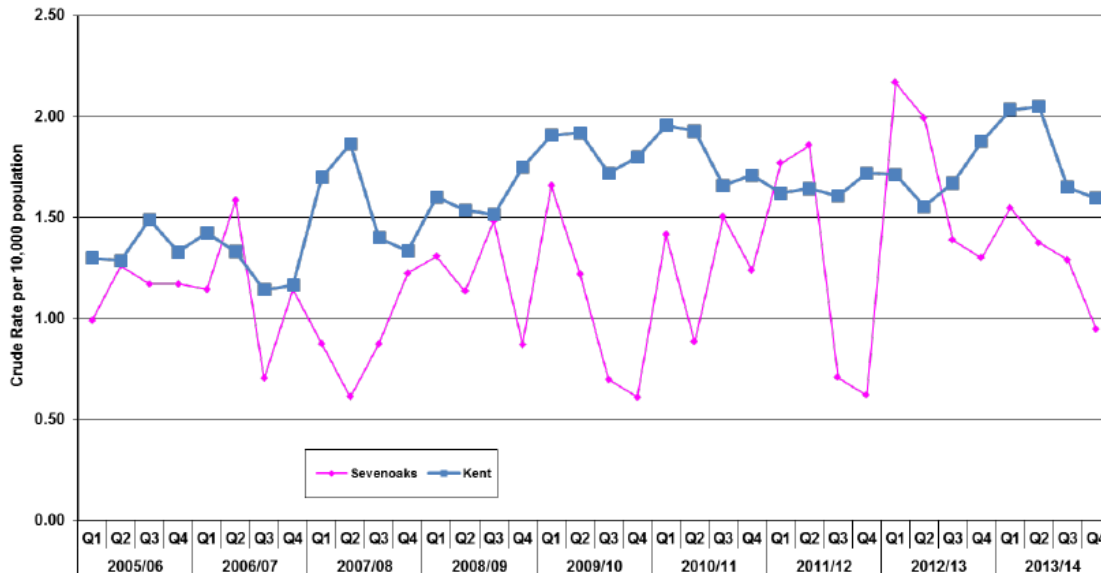
Adult obesity is far more prevalent in socially disadvantaged groups. It is estimated that approximately 28% of the Kent population is obese (354,022). In the Sevenoaks District approximately 24% of adults in the District are considered overweight or obese. Current trends indicate that more deprived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

References

Kent's Joint Strategic Needs Assessment 2013/14 and health and social care maps available at <http://www.kmpho.nhs.uk>

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

- Sexton J. Dr, Barlow J. 2010. *Trends In Health Inequalities In Kent And Medway: Convergence And Divergence 1999-2010*. Eastern and Coastal Kent PCT, NHS. (PDF) '[Online]' Available at <http://www.kmpho.nhs.uk/health-inequalities/life-expectancy/?assetdetesctl2264893=96348> [accessed 9 December 2010}
- Sutaria S Dr. *Estimation of the burden of disease caused by air pollution across Kent and Medway* Eastern and Coastal Kent Primary Care Trust

Glossary:

APHO	-	Association of Public Health Observatories
ASB	-	Anti Social Behaviour
C&YP	-	Children & Young People's
CAB	-	Citizens Advice Bureau
CCG	-	Clinical Commissioning Group
CDAP	-	Community Domestic Abuse Programme (Perpetrators)
CSU	-	Community Safety Unit
DAVSS	-	Domestic Abuse Volunteer Support Service
DGS	-	Dartford, Gravesham & Swanley
GP	-	General Practitioner
HAT	-	Health Action Team
HIA	-	Health Improvement Agency
HINST	-	Department of Health Inequalities National Support Team
ISVA	-	Independent Sexual Violence Advisors
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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