



# Sevenoaks District Health & Wellbeing Action Plan

1 April 2023 – 31 March 2024

# Sevenoaks District Health and Wellbeing Action Plan 2023-24

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## Sevenoaks District Profile

### Population

According to the Office of National Statistics (2018 subnational population projections) Sevenoaks District has a population of 121,400.

#### Population by age group, Mid 2020 - Sevenoaks

Source: ONS Mid-Year Estimates

| Sevenoaks  | Total Persons |                       | Males  |       | Females |       |
|------------|---------------|-----------------------|--------|-------|---------|-------|
|            | No.           | % Of total population | No.    | %     | No.     | %     |
| All People | 121,400       | 100%                  | 58,800 | 100%  | 62,600  | 100%  |
| 0-15       | 24,600        | 20.3%                 | 12,600 | 21.4% | 12,000  | 19.2% |
| 16-64      | 70,500        | 58.1%                 | 34,300 | 58.4% | 36,200  | 57.8% |
| 65+        | 26,300        | 21.6%                 | 11,900 | 20.2% | 14,400  | 23.0% |

Using this data, we can see that Sevenoaks District population is expected to rise:

#### Population forecasts - Sevenoaks - 2021-2041

|      | Total   | 0-15   | 16-64  | 65+    |
|------|---------|--------|--------|--------|
| 2026 | 129,100 | 25,100 | 75,400 | 28,600 |
| 2031 | 136,800 | 25,700 | 79,600 | 31,500 |
| 2036 | 144,300 | 27,000 | 83,200 | 34,100 |
| 2041 | 151,000 | 28,800 | 86,400 | 35,800 |

The data from the Office of National Statistics breaks down projected population growth by age group. This information forecasts demographics where we are most likely to see a growth in population.

| Age Group       | 2019 Population | 2025 Population |                      | 2030 Population |                      | 2035 Population |                      | 2040 Population |                      |
|-----------------|-----------------|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------|
|                 |                 | Number          | % increase from 2019 |
| 0-19            | 29,083          | 29,881          | 2.7%                 | 29,303          | 0.75%                | 28,593          | -1.69%               | 28,668          | -1.43%               |
| 20-34           | 17,315          | 16,467          | -4.9%                | 16,489          | -4.77%               | 17,103          | -1.23%               | 17,853          | 3.11%                |
| 35-49           | 23,834          | 24,644          | 3.4%                 | 25,218          | 5.81%                | 25,054          | 5.12%                | 24,064          | 0.96%                |
| 50-64           | 24,553          | 25,276          | 2.9%                 | 24,922          | 1.5%                 | 24,879          | 1.33%                | 25,709          | 4.71%                |
| 65+             | 26,044          | 27,728          | 6.5%                 | 29,887          | 14.76%               | 31,889          | 22.44%               | 33,149          | 27.28%               |
| <b>All Ages</b> | <b>120,829</b>  | <b>123,996</b>  | <b>2.6%</b>          | <b>125,818</b>  | <b>4.13%</b>         | <b>127,518</b>  | <b>5.54%</b>         | <b>129,442</b>  | <b>7.13%</b>         |

As is evident from the table above, it is projected that, in the years to come, the population of Sevenoaks will increase, however it is in our older population that we will expect to see the greatest annual growth. With this information, it is important to ensure that we have services in Sevenoaks District which can cater to the needs of this growing population of older residents, but also that we are implementing health improvement services so that we can prevent the onset of ill-health in older populations for as long as possible.

## Diversity

The 2011 Census data indicates that Sevenoaks District is relatively homogenous with 95.8% of the District being of a White ethnic background and 4.2% of the population being of a Black, Asian and Minority Ethnic (BAME) background. This varies between different wards in Sevenoaks District from 1.8% of the population of Cowden & Hever to 9.6% of the population of Swanley St Mary's (ONS, 2011). Across all households, the 2011 Census data indicates that 3.7% may have some residents who do not speak English as their main language, this is particularly noted in Brasted, Chevening and Sundridge (2%). It may therefore be important to be mindful of how we promote our health improvement services so we can ensure an equitable opportunity of access to these services.

## Health

The Local Authority Health Profile (2019) for Sevenoaks states that generally, the health of people in Sevenoaks is better than the England average. Sevenoaks is one of the 20% least deprived districts/unitary authorities in England, however about 12% (2,500) children live in low-income families. Life expectancy for both men and women is higher than the England average, however a difference in Life expectancy is observed across wards in Sevenoaks, with men living on average 3.1 years less and women living 1.8 years less in the most deprived areas of Sevenoaks than in the least deprived areas.

Looking at child health, obesity rates in children in Year 6 stand at 14.9%, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 12\*, better than the average for England. This represents 3 admissions per year. Levels of teenage pregnancy and GCSE attainment (average attainment 8 score) are better than the England average.

In adults, the rate for alcohol-related harm hospital admissions is 479\*, better than the average for England. The rate for self-harm hospital admissions is 154\*, better than the average for England. Estimated levels of excess weight in adults (aged 18+), smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are better than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England

average. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rates from cardiovascular diseases and under 75 mortality rates from cancer are better than the England average.

However, the rate of killed and seriously injured on roads is worse than the England average as well as the estimated diabetes diagnosis rate and estimated dementia diagnosis rate. In addition, the percentage of smoking during pregnancy is slightly higher than the regional value, children in relative low-income families (under 16s), is relatively low but increasing and the percentage of people in employment is worse than the regional and national averages, as well as smoking status at time of delivery. Other indicators such as emergency hospital admissions due to falls in people aged 65 and over are worse than regional and national rates.

### Health Inequalities

“Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing” NHS England.

As we have already noted there is a 9-year age gap in the life expectancy of males and females living in different wards in Sevenoaks. It is believed that the deprivation of an area could have a major contributing impact on the health outcomes of residents.

### Deprivation

The Indices of Multiple Deprivation 2019 indicates that there are seven Lower Super Output Areas in Sevenoaks District that are ranked within the top 40% of Deprivation nationally, two of those are ranked within the top 20% of Deprivation nationally. We understand that residents living in the lowest areas of deprivation often have limited resources to manage life’s pressures and are therefore more at risk of ill health resulting from poor health behavioural choices. As with the socio-economic data previously presented, it is important to ensure that health improvement services are reaching and are accessible to our most at risk populations.

| Sevenoaks Ward             | LSOA Code | LSOA Name      | Deprivation Score (deciles) |
|----------------------------|-----------|----------------|-----------------------------|
| Swanley St Mary's          | E01024476 | Sevenoaks 002A | 2                           |
| Swanley St Mary's          | E01024477 | Sevenoaks 002B | 2                           |
| Swanley White Oak          | E01024480 | Sevenoaks 002D | 3                           |
| Swanley White Oak          | E01024482 | Sevenoaks 002F | 3                           |
| Swanley White Oak          | E01024481 | Sevenoaks 002E | 4                           |
| Hartley and Hodsell Street | E01024444 | Sevenoaks 004D | 4                           |
| Edenbridge South and West  | E01024429 | Sevenoaks 014E | 4                           |

*Unless otherwise referenced, the information listed above was sourced from the Kent Public Health Observatory or the Kent County Council District Profiles The information referenced above was sourced from the Kent County Council District Profiles (2021).*

## Sevenoaks District health and wellbeing strategy:

This Health and Wellbeing Action plan aims to address the health focused priorities and actions outlined within the Sevenoaks District Community Plan (2022-25).

As outlined within the Sevenoaks Council Plan, wellbeing “runs through everything we do...”. “Wellbeing” is a unifying factor that underpins all the work we do for our residents.

Wellbeing isn't just about access to health services. It's about quality of life: doing all we can to provide suitable homes for people to live in, a safe, healthy and protected environment and a strong local economy that provides the jobs and services we need. It's about our lifestyle choices and opportunities to plan our future, and services that keep people living independently for longer. It looks at Cost of Living and Mental Health and has factors on how to help residents with this through the work of Sevenoaks District Council and our Health Partners.

It's about playing our part in how and where we live, work and play is the best it can be.

The Council Plan outlines our ambitions for the communities we serve.

- We will continue to deliver excellent services, to the highest quality, always ensuring the very best value. Wellbeing will be the focus of everything we do.
- This means that we want our residents to lead long, happy and healthy lives, and our businesses to thrive and prosper.
- It means working to ensure our communities have suitable homes to live in, within a safe, healthy and protected environment, and supporting a strong local economy that provides the jobs and services we need
- We will enhance wellbeing by supporting people, supporting the economy, improving the environment and developing stronger communities
- We will implement measures through our strategies and plans that have a positive impact on wellbeing
- We treat each person we contact attentively, respectfully and as an individual.

SDC COMMUNITIES AND HEALTH TEAM COMMUNITIES AND HEALTH TEAM are committed to ensuring wellbeing runs through all of the things we do, set out through each of five themes:

- 1. The high-quality environment of the District plays a pivotal role in the wellbeing of our residents. Our focus remains on protecting the very special environment of the District. The number of homes we should be building to meet future demands is a huge challenge in an area predominantly Green Belt and Area of Outstanding Natural Beauty. Yet we know there are many families and young people in particular who need a home of their own or more space to grow. Failure to provide this would put our economy and our communities at risk.*
- 2. The District's economy will always be hugely influenced by our proximity to London. As the economy changes new jobs will be created and skills required. We will support businesses and residents through the transition ahead, with our tailored support for businesses and focus on our towns and rural economies and new opportunities for training.*

3. The availability of affordable housing is the single biggest issue facing the future of the District. With the link between housing and health well known the need to provide the right homes for the future of the District has never been greater. To achieve this, we will start to build homes for the first time in 30 years.

4. We are fortunate to live in one of the safest places in the country, but we understand we will need to continue to work with our communities and partners to maintain this. Supporting our outstanding voluntary and community groups in their work with the most isolated and vulnerable residents in the district will continue to be a priority.

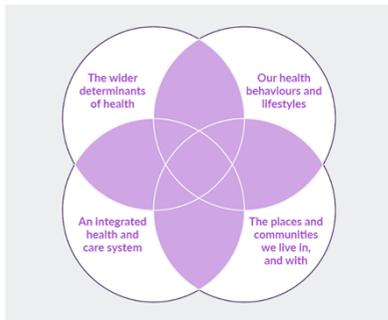
5. We will deliver first class health prevention in our District. This means residents will have access to the most appropriate support when they need it. We will do this by linking our leisure facilities, housing, open spaces, planning and environmental health work together. So, we need to increase our resilience, and look at long term, sustainable solutions with our residents, alongside those changes we can make straight away. This means nurturing our financial self-sufficiency, growing our partnerships and providing even better service to our customers, residents and businesses.

## Sevenoaks District Health & Wellbeing Action Plan 2023-2024

The 2023-2024 Health & Wellbeing Action Plan will build upon the previous Sevenoaks District Health & Wellbeing Action Plan (2022-23). To effectively address the health needs of residents we will be responsive to the Health Intelligence data we have from a number of different sources. It also highlights new concerns such as cost of living and mental health.

The actions raised in this Action Plan aim to take a population health approach. This is defined as “An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies. (Buck et al 2018, p 18).

Figure 2 - A population health system



Source: Buck et al 2018

Source: Buck et.al., (2018).

This Action Plan recommends concentrating on the first three of four pillars of action:

### Pillar 1: The Wider Determinants of Health

The wider determinants of health: these are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport, leisure and safety.

For Sevenoaks District the average life expectancy for males is 82.1 years, which is better than the England value of 79.4 years. For females, the average life expectancy is 84.2 years, which again is better than the England value of 83.1 years. There has been a slight reduction in life expectancy in Sevenoaks and England by comparison to previous data collected. However, this only tells a proportion of the story.

For males, there is an 8-year age gap dependant on where in Sevenoaks you are born, this is noted between Sevenoaks Northern (79.4 years) and Cowden and Hever (87.4 years). Sevenoaks Northern (79.4 years) is the only area in the Sevenoaks District where life expectancy in males is lower than the England value.

For Females, there is also a 9-year age gap noted between Swanley White Oak (81.3 years) and Seal and Weald (90.3 years). Farningham, Horton Kirby and South Darenth (82.8 years) is the only other area in Sevenoaks where the life expectancy in women is less than the England average. Listed below are selected impacts of wider determinants on health and public services:

#### Income

Evidence shows that income plays three roles in determining health: managing on a low income is stressful, which has physiological impacts on the body and its regulatory systems; a low income is related to unhealthier behaviours (emerging neuroscience suggests that this is due to changes in how people make decisions); and income gives us the ability to buy health-improving goods (from food to exercise equipment). We know that cost of living has had a big impact over the past year, which also affects mental health and the Council has been working hard to help residents with information and funding. This information can be found at [www.sevenoaks.gov.uk](http://www.sevenoaks.gov.uk)

Poor health can also lead to a low income (reverse causation). For example, it can prevent people from taking paid employment, while poor childhood health can affect educational outcomes and therefore future earnings.

Income deprivation affecting children index (IDACI, 2019) shows us the variance that exists within the district between different wards in Sevenoaks. The England equivalent value is 17.1% of children are affected by income deprivation, in Sevenoaks District; Edenbridge South and West (17.1%), Swanley White Oak (28.6%) and Swanley St Mary's (32%) are equivalent to or higher than the England equivalent value. Targeted work with Children and Young people in these areas should receive concerted and prolonged attention in order to ensure that they are able to achieve equivalent opportunities for development as other young people in Sevenoaks District despite the financial challenges they experience every day.

Poorer children have worse cognitive, social-behavioural and health outcomes independent of other factors that have been found to be correlated with child poverty (for example, household and parental characteristics). Children growing up in disadvantaged circumstances have a higher risk of death in adulthood across almost all conditions that have been studied, including mortality as a result of stomach cancer, lung cancer, haemorrhagic stroke, coronary heart disease, respiratory-related problems, accidents and alcohol-related causes.

The older people in poverty: Income deprivation affecting older people index (IDAOPI, 2019) highlights the differences that exist between wards in Sevenoaks District from Halstead, Knockholt and Badgers Mount (4.1%) and Swanley St Mary's (15.4%). Swanley White Oak and Swanley St Mary's represent the only two wards where residents are at greater risk of income deprivation by comparison to the England average.

### *Housing*

There are more than 2 million visits to accident and emergency (A&E) departments every year by children following an accident in or around the home. Death rates rise 2.8% for every Celsius degree drop in the external temperature for those in the coldest 10% of homes, compared with 0.9% in the warmest homes. Excess winter deaths

This rate indicates the number of deaths that occur during the winter that would not have been usually expected throughout the course of the year. They are generally associated with the reduced temperature and our older residents who are more adversely affected by fuel poverty and medical conditions that result from lower temperatures.

In Sevenoaks District, we can see a rate of 15% (ONS, 2018-19) which is statistically similar to the England rate of 15.1%. With a growing older population, it will become increasingly important to make sure our older Sevenoaks residents are able to stay well each winter and have the resources they need to keep a warm, safe home.

### *Environment*

In the UK, air pollution is estimated to contribute to the early deaths of around 40,000 people a year. Areas with more accessible green space are associated with better mental and physical health among the local population and with reducing the impact of income inequalities on health.

### *Transport*

Each year, traffic accidents cause around 250,000 casualties and kill almost 3,000 people. Those living in the most-deprived areas have a 50% greater risk of dying from a road accident compared with those in the least-deprived areas. Cycling to work reduces the relative risk of mortality by almost 40% through reducing the risk of cardiovascular disease and obesity and improving general health, and results in lower absenteeism.

### *Education*

Four more years of education reduces mortality rates by 16% – equivalent to the life-expectancy gap between men and women – and reduces the risk of heart disease and diabetes. Those with less education report being in poorer health. They are more likely to smoke, to be obese and to suffer alcohol-related harm.

### *Work*

Being unemployed is bad for people's health, leading to a higher rate of mortality (including from cardiovascular disease, lung cancer and suicide) and risk factors such as hypertension. It is also linked to poorer mental health and psychological wellbeing and a higher use of health care resources. Good-quality work is good for people's health through income and wider personal and social benefits. Meanwhile, 'poor-quality' work (for example, work that involves adverse physical conditions, exposure to hazards, a lack of control and unwanted insecurity) is bad for people's health.

Statistics from DWP (2020) helps us to identify which wards in Sevenoaks District are more likely to have residents in receipt of Universal Credit. The average for Sevenoaks District in 2016 was 1.9%. Focusing our attention on those with above average rates, we can identify the following areas:

- Swanley St Mary's (6.5%)
- Swanley White Oak (5%)
- Swanley Christchurch and Swanley Village (2.4%)
- Crockenhill and Well Hill (2.3%)
- Fawkham and West Kingsdown (2.3%)
- Farningham, Horton Kirby and South Darenth (2.2%)
- Edenbridge South and West (2.1%)
- Hextable (2%)
- Otford and Shoreham (2%)

It is estimated that residents of Penshurst, Fordcombe and Chiddingstone (12.4%) and Cowden and Hever (12.6%) are more likely than the England average (10.3%) to experience fuel poverty (PHE, 2018). Residents in Swanley St Mary's (3.4%) are more likely than the England average (2.8%) to be unemployed and claiming out of work benefit and 3.4 (per 1000) residents of Leigh and Chiddingstone Causeway are likely to be in long-term unemployment, which is more than the equivalent England rate (3.2 per 1000) (PHE 2019/20).

## Pillar 2: Health behaviours and lifestyle

Health behaviours and lifestyle are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to health outcomes.

### Healthy Life Expectancy

As well as life expectancy (how long the population could expect to live), it is also important to consider the quality of life or length of time spent in good health. This is referred to as healthy life expectancy. In 2017 to 2019, healthy life expectancy was 63.2 years for males and 63.5 years for females and has shown little improvement in recent years (Figure 14a). Females could expect to spend around 20 years in poor health, or 24% of their life. As male life expectancy is shorter, but males have similar healthy life expectancy to females, males could expect to spend fewer years in poor health (17 years), or 21% of their life.

In 2017 to 2019, the inequality gap in years spent in good health was even larger than the gap in life expectancy presented earlier. Differences in education, employment and living conditions and variations in social care and health services influence healthy life expectancy (76). The gap in healthy life expectancy between the most and least deprived areas in England (as measured by the SII) was 19 years for both females and males. Therefore, people in deprived areas had shorter life expectancy, spent fewer years in good health and also spent a larger proportion of life in poor health: 35% for females and 29% for males, compared with 18% and 15% in the least deprived decile. (Figure 14b)

The Health Profile for England 2021 (Public Health England 2021a) reports on the top 20 risk factors associated with morbidity (as measured by years of life lost) in England in 2019. High BMI, smoking and high fasting plasma glucose remain the leading causes in 2019 as they were in 1990. These are associated with

many of the most common physical causes of morbidity, including low back pain (often caused by pulled muscles, more common in lower paid jobs such as construction, healthcare or warehouse jobs), depressive disorders, diabetes, respiratory disease, and gynaecological diseases such as cancers etc.

The leading behavioural risk factor for mortality and morbidity in populations continues to be tobacco use, closely followed by alcohol consumption, drug use and dietary behaviours. The main metabolic risk factors combined for both mortality and morbidity are high Body Mass Index (BMI) and high fasting plasma glucose levels, followed by high systolic blood pressure (Appendix C).

20–64-year-olds represent around 54% of the Sevenoaks District Council population. As we age, our risk of developing health conditions increases, these may include (but not limited to); cardiovascular disease, stroke, high blood pressure, cancer, type 2 diabetes and Chronic Obstructive Pulmonary Disease (COPD). However, many of these conditions are preventable (or at the very least, delay-able), enabling our residents to live their healthiest lifestyle is crucial to this Health and Wellbeing Action Plan and as a result the data presented below will look at Health Behaviour and its impact on Health Conditions.

### Adult Premature Mortality

The Kent Public Health Observatory allows us to view the premature (all causes) mortality rate (per 100,000 population) of under 75-year-olds when compared with the rest of Kent (2015-2017). As previously identified, we can see that the rate is not consistent in the Sevenoaks District with 100.73 persons per 100,000 in Penshurst, Fordcombe and Chiddingstone and 385.14 per 100,000 in Swanley White Oak. This perhaps contributes towards the variance in life expectancy we noted previously in the “Starting Well” section.

We can also view premature mortality by causative disease:

- Premature mortality from cardiovascular disease of under 75-year-olds when compared with the rest of Kent (2013-2017)
  - 17.58 (per 100,000) in Sevenoaks Kippington
  - 122.47 (per 100,000) in Swanley White Oak
- Premature mortality from cancer of under 75-year-olds when compared with the rest of Kent (2013-2017)
  - 42.66 (per 100,000) in Penshurst, Fordcombe & Chiddingstone
  - 149.17 (per 100,000) in Crockenham and Well Hill

### Causes of mortality 65+

The Kent Public Health Observatory allows us to view the premature (all causes) mortality rate (per 100,000 population) of over 65-year-olds when compared with the rest of Kent (2015-2017). As previously identified, we can see that the rate is not consistent in the Sevenoaks District with 2480.7 persons per 100,000 in Halstead, Knockholt and Badgers Mount and 4946.02 per 100,000 in Sevenoaks Northern.

We can also view premature mortality by causative disease:

- Premature mortality from cardiovascular disease of over 65-year-olds when compared with the rest of Kent (2013-2017)
  - 81.46 (per 100,000) in Brasted, Chevening and Sundridge

- 1702.73 (per 100,000) in Sevenoaks Northern
- Premature mortality from cancer of over 65-year-olds when compared with the rest of Kent (2015-2017)
  - 429.62 (per 100,000) in Penshurst, Fordcombe & Chiddingstone
  - 1385.62 (per 100,000) in Hartley and Hodsell Street
- Premature mortality from respiratory disease of over 65-year-olds when compared with the rest of Kent (2013-2017)
  - 243.5 (per 100,000) in Seal and Weald
  - 901.29 (per 100,000) in Leigh and Chiddingstone Causeway

### Adult Weight & Physical Inactivity

62.6% of Sevenoaks adults (18+) are classified as overweight or obese (PHE, 2019/20). This is similar to the England score of 62.8%. Living with excess weight is caused by consuming more calories, particularly those in fatty or sugary foods, than your body requires. Obesity causes physical changes and can lead to a number of serious and life-threatening medical conditions, including type 2 diabetes, coronary heart disease, some types of cancer and stroke (among many others, we now also understand the increased risk of COVID19 for people with a higher weight).

Being physically active increases the amount of calories our bodies need, so alongside a healthy balanced diet, is an effective way of creating a calorie deficit to promote weight loss. Additionally, being physically active can also lower our risk of many health conditions, including (but not limited to); diabetes, coronary heart disease, osteoarthritis, depression and dementia. The Active Lives Survey (2019/20) highlights that 70.1% of Sevenoaks adults are physically active (achieving at least 150 minutes of moderate intensity activity per week). This is statistically similar to the England score of 66.4% of adults.

### Prevalence of medical conditions related to alcohol, weight and physical inactivity

There is significant overlap in the health conditions that result from higher risk alcohol consumption, living with excess weight and physical inactivity. Conditions have been grouped and presented below.

#### Heart Health

- Emergency hospital admissions from Cardiovascular Disease (2015/16-2017/18) range in Sevenoaks District from 429.12 (per 100,000) in Brasted, Chevening and Sundridge to 1077.65 (per 100,000) in Swanley Christchurch and Swanley Village.
- Coronary Heart Disease Prevalence (2015/16-2017/18) ranges in Sevenoaks District from 2.05% in Sevenoaks Eastern to 4.18% in Swanley St Mary's.
- Hospital admissions for Coronary Heart Disease (2015/16-2017/18) ranges in Sevenoaks District from 145.36 (per 100,000) in Sevenoaks Eastern to 472.1 (per 100,000) in Ash.
- Recorded Heart Failure prevalence (2015/16-2017/18) ranges in Sevenoaks District from 0.54% in Sevenoaks Eastern to 1.04% in Swanley St Mary's.
- Emergency hospital admissions for myocardial infarction (2013/14-2017/18) ranges in Sevenoaks District from 31.33 (per 100,000) in Sevenoaks Eastern to 145.92 (per 100,000) in Fawkham and West Kingsdown.

### *Stroke & Transient Ischaemic Attack (TIA)*

- Stroke & TIA Prevalence (2015/16-2017/18) ranges in Sevenoaks District from 1.52% in Sevenoaks Eastern to 2.34% in Swanley St Mary's.
- Hospital admissions for Stroke (2013/14-2017/18) ranges in Sevenoaks District from 47.6 (per 100,000) in Seal and Weald to 211.93 (per 100,000) in Eynsford.

### *Diabetes*

- Diabetes Prevalence (2015/16-2017/18) ranges in Sevenoaks District from 4.61% in Sevenoaks Eastern to 8.35% in Swanley St Mary's.
- Hospital admissions for Diabetes (2013/14-2017/18) ranges in Sevenoaks District from 30.31 (per 100,000) in Kemsing to 120.98 (per 100,000) in Hextable.
- The Diabetes diagnoses rate is 68.1% of those anticipated to have Diabetes (2018). This is below the England value of 78% and actions should be taken to improve the diabetes diagnoses rate in Sevenoaks District.

### *Hypertension (High Blood Pressure)*

- Hypertension Prevalence (2015/16-2017/18) ranges in Sevenoaks District from 11.96% in Sevenoaks Eastern to 19.5% in Swanley St Mary's.

### *Children's Weight; Overweight and Obesity*

The prevalence of overweight (including obesity) in Year 6 children are generally lower than the England average (28.9% in Sevenoaks and 35.2% in England, 2019/20). However, when we take a closer look at Sevenoaks, we can see the variance that exists across the District depending on where the child lives:

- Excess weight in reception year children (ages 4-5) 2017/18-2019/20; a 19.9% difference in percentage likelihood exists between Seal and Weald (10.5%) and Hextable (30.4%).
- Obesity in reception year children (ages 4-5) 2017/18-2019/20; a 12.9% difference in percentage likelihood exists between Sevenoaks Northern (5.3%) and Crockenhill and Well Hill (18.2%).
- Excess weight in year 6 children (2017/18-2019/20); a 25.6% difference in percentage likelihood exists between Otford and Shoreham (15.4%) and Swanley St Mary's (41%).
- Obesity in year 6 children (2017/18-2019/20); a 21.63% difference in percentage likelihood exists between Sevenoaks Town & St John's (5.9%) and Swanley St Mary's (25.6%)

Excess weight and obesity is a multifaceted problem with many causes. However, breastfeeding for up to 6 months of a baby's life has links with reduced levels of obesity and cardiovascular disease for infant (and mother). Across Sevenoaks District we can see a wide range in the uptake rate in breastfeeding at the newborn visit (2016-2017), from Swanley White Oak (41.98%) to Penshurst, Fordcombe and Chiddingstone (84.71%). At the 6-8-week health visitor, check (2016-2017) the rate of breastfeeding decreases and we still see wide ranging disparity in uptake depending on where mother and infant live; Swanley St Mary's (23.81%) and Penshurst, Fordcombe and Chiddingstone (70%).

Solving the rise in obesity is a complex problem with many potential solutions; however perhaps one to investigate is around increasing the ability for our Sevenoaks District Mothers to sustain breastfeeding up to the recommended 6 months post birth. This should not however ignore the importance of other solutions such as adapting the living environment to ensure there are more healthy food outlets for young people and ensuring there is education for young people and the local community on the importance of making healthy food choices.

### Alcohol consumption

Less than 14 units a week is generally considered to be low-risk drinking, however there is no “safe” level of alcohol consumption. Regularly drinking more than 14 units per week can lead to the development of many illnesses including certain cancers, stroke, heart disease, liver disease, brain damage etc.

Hospital Episode Statistics used by Public Health England highlight that in SDC COMMUNITIES AND HEALTH TEAM COMMUNITIES AND HEALTH TEAM there are 479 (per 100,000) hospital admissions (2018-2019) for alcohol specific conditions. This is better than the England value of 664 (per 100,000).

However, in SDC COMMUNITIES AND HEALTH TEAM COMMUNITIES AND HEALTH TEAM there are 24.8 (per 100,000) hospital admissions for under 18's (2017/18-2019/20) for alcohol specific conditions. This is similar to the England value of 30.7 (per 100,000). It is illegal for under 18's to purchase or be bought alcohol (unless accompanied by an adult as part of a table meal). Further work may be needed to ascertain what factors are contributing towards these hospital admissions. Alcohol consumption for under 18's can have a harmful effect on the normal development of vital organs and functions, including the brain, liver, bones and hormones, in addition to being associated with increased risks from violence, drug use, suicidal ideation and unplanned pregnancy. Further intervention maybe necessary to try to prevent the purchase of alcohol for under 18's in Sevenoaks District by working directly with the purveyors of alcohol in the District.

### Smoking

Smoking prevalence in adults (aged 15+) is on a year-on-year decline in Sevenoaks and currently stands at 12.6% (NHS Digital 2019/20) which is better than the England value of 16.5%. However, we can still see higher prevalence in certain populations. In routine and manual occupations (ages 18-64) we can see a current smoking population of 15.1% (Annual Population Survey 2019) which is statistically similar to the England value.

Smoking is recognised to have a causative role in a wide number of health conditions, some of which are demonstrated below.

#### *Smoking related mortality from:*

- Lung Cancer (2017-19) 43.5 (per 100,000) which is better than the England value of 53 (per 100,000)
- Oral Cancer (2017-19) 2.8 (per 100,000) which is equal to the England value of 4.7 (per 100,000)
- COPD (2017-19) 38.4 (per 100,000) which is better than the England value of 50.4 (per 100,000)

#### *Smoking related ill-health from:*

- Emergency hospital admissions for COPD (2019-20) 327 (per 100,000) which is better than the England value of 415 (per 100,000)
- Lung Cancer registrations (2016-18) 59 (per 100,000) which is better than the England value of 77.9 (per 100,000)
- Oral Cancer registrations (2016-18) 12.3 (per 100,000) which is equivalent to the England value of 15 (per 100,000)

- Oesophageal cancer registrations (2016-18) 14.2 (per 100,000) which is equivalent to the England value of 15.4 (per 100,000)

With smoking prevalence decreasing, we can see the medical impact of smoking decreasing. Continued work in Smoking Cessation is needed to help facilitate a further reduction in Smoking within the Sevenoaks District perhaps with specific targets around higher prevalence populations.

### *Exposure to Tobacco*

13.5% of Sevenoaks District Mothers are defined as “Smoking” at the point of delivery (2020/21 Smoking Status at time of delivery). This value is worse than the England value of 9.6%. Smoking during pregnancy presents a number of risks to the developing baby and increases the risk of sudden infant death syndrome and stillbirth, it is also associated with low birth weight. In Sevenoaks District we can see the ranging prevalence of low birth weight (2015-19) from 2.6% in Leigh and Chiddingstone Causeway to 7% in Sevenoaks Kippington and Edenbridge South and West.

Modelled estimates from 2014 highlight that smoking prevalence for young people (aged 15) varies from 3.9% in Swanley St Mary’s to 8.8% in Leigh and Chiddingstone Causeway.

### *Mental Health*

It is believed that one in four adults and one in 10 children experience mental illness. Conditions can range from common (anxiety, depression) to more serious mental health conditions (psychoses, schizophrenia, bipolar affective disorder). In the Sevenoaks District we can see a slight change in the prevalence of serious mental health conditions, this ranges from 0.52% in Kemsing to 0.82% in Swanley St Mary’s.

With respect to hospital admissions for mental health conditions (2013/14-2017/18) we can also see a range of prevalence depending on the location in Sevenoaks District, from 97.84 (per 100,000) in Otford and Shoreham to 256.64 (per 100,000) in Swanley St Mary’s.

Hospital Episode Statistics (2019/20) highlight a rate of 187.5 (per 100,000) in Sevenoaks District for emergency hospital admissions for intentional self-harm. This is statistically similar to the England value of 192.6 (per 100,000).

Lastly, the 2018-20 suicide rate for Sevenoaks District is 8.7 per 100,000 for suicide. This is statistically similar to the England rate of 10.4 per 100,000. When we look at the difference between males and females, we can see that males have a rate of 9.2 per 100,000 which is better than the England rate of 15.9 per 100,000 and in females a rate of 8.4 per 100,000 which is worse than the England rate of 5.0 per 100,000.

Sevenoaks District Council’s Mental Health Strategy (2021) focuses of five priorities:

1. More people will have good mental health
2. More people with mental health problems will have good physical health
3. More people will have a positive experience of care and support
4. Fewer people will suffer avoidable harm
5. Fewer people will experience stigma and discrimination

The actions outlined within this action plan will aim to support the priorities outlined within the Mental Health Strategy (2021)

### Pillar 3: Places and communities

**Places and communities: Our local environment is an important influence on our health behaviours, and there is strong evidence of the impact of social relationships and community networks, including on mental health.**

There is now a greater recognition of the importance of 'place' and that the communities in which we live shape our health. National and local policy that affects the health of the population, and the delivery of NHS, social care and other health impacting public services (such as housing and local planning decisions), all 'happen' in neighbourhoods, towns and cities. Furthermore, those around us, and our environments (for example, the accessibility of fast food, the quality of ambient air or how much advertising for alcohol we are exposed to), influence our health behaviours. Decisions at this level therefore have an impact on our health – one reason why local authorities and the roles they have are so important.

Good social relationships and support are protective of health, being associated with a reduced risk of premature mortality post-retirement. In size, the effect has been estimated to be comparable to the impact of stopping smoking on the risk of mortality. These factors have also been shown to have an impact on the development of and recovery from specific health problems such as heart disease (Kim et al 2014) and on wider wellbeing – participation in 'community assets' (for example, membership of community, resident, religious or other voluntary groups) is associated with a substantially higher quality of life.

The role of communities in supporting good mental health is critical, from help during a crisis through to wider public mental health support across the whole population and for at-risk groups, such as young girls and their risk of self-harm. We know that our place in social hierarchies and the wider role of communities (both negative and positive) are an important factor in the psychosocial pathways to mental health and wellbeing

There are many ways in which more community-centred approaches to health, wellbeing and public mental health can contribute to improving population health, from asset-based models that focus on a community's capabilities rather than its needs, to volunteering. The former approaches seek to identify and strengthen the assets within a community – such as associations, informal networks, skills and leadership – to help the community to have more control over the conditions that affect its health (The Health Foundation, 2021).

### Ageing Well

People in England can now expect to live longer than ever before, but unfortunately, these additional years might not be spent in good health with many developing medical conditions that will affect quality of life. Sevenoaks is an ageing District, according to Kent County Council the number of people aged 65+ is forecast to rise by 14.76% by 2030. As such, supporting and enabling our older residents to stay fit and healthy is a major priority for Sevenoaks District.

There are some medical conditions that are more prevalent in the older generation, these include dementia, fall related hip fracture and winter death associated to poorly maintained, colder homes. With the anticipated population rise, it is important the Sevenoaks District is vigilant to the needs of our older residents and provides services that can address this potentially growing problem.

## Life Expectancy at 65

2013-2017 data on Life Expectancy at 65 follows a similar trend to that noted in previous sections. A resident can expect to live for different amount of years depending on where they live. For males, this ranges from an additional 17.28 years in Swanley White Oak to 22.86 years in Halstead, Knockholt and Badgers Mount. For females, this ranges from an additional 19.98 years in Farningham, Horton Kirby and South Darenth to 27.95 years in Seal and Weald. The factors surrounding this may have been already identified in our “Living Well” section where we see higher rates of life limiting medical conditions caused by the uptake of negative health behaviours.

## Cancer

Cancer (excluding non-melanoma skin cancer)

- Cancer Prevalence (2015/16-2017/18) ranges in Sevenoaks District from 2.58% in Sevenoaks Northern to 3.72% in Halstead, Knockholt and Badgers Mount.

KPHO also provides information on the Cancer screening rate respective of the different wards in Sevenoaks District. Once again, we can see variance in the uptake rates dependent on where the client resides in Sevenoaks:

- Bowel Cancer Screening (aged 60-74) of those screening within the last 30 months (2014/15-2016/17). Swanley St Mary's has a screening rate of 56.75% whereas Eynsford has a screening rate of 64.73%
- Breast Cancer Screening (aged 50-74) of those screening within the last 36 months (2014/15-2016/17). Sevenoaks Kippington has a screening rate of 70.36% whereas Eynsford has a screening rate of 78.48%
- Cervical Cancer Screening (aged 25-64) of those screening between 2014/15 - 2016/17. Swanley St Mary's has a screening rate of 75.72% whereas Eynsford has a screening rate of 84.34%

## Dementia

Dementia is a syndrome associated with an ongoing decline in cognitive functioning. Alzheimer's is the most common type followed by Vascular Dementia, there are also many other less common types so dementia is used as an umbrella term for major neurocognitive disorders. This Symptoms can include problems with; memory, understanding, perception, mood, movement, language, (amongst others). People living with dementia are often living with other comorbidities and or physical conditions.

The recorded prevalence of Dementia (2015/16-2017/18) shows some variance depending on where people live, from 0.59% in Cowden and Hever to 1% in Dunton Green and Riverhead. Unfortunately, Sevenoaks District is performing worse when compared to England for Dementia diagnosis rate of 65+ residents (2021), with the Sevenoaks percentage diagnosis at 57.6% and the England percentage diagnosis at 61.6%.

Actions must be taken to improve the dementia diagnosis rates for Sevenoaks District residents where possible to enable support and treatment pathways as early as possible.

## Falls Prevention

For older residents, the impact of a fall can be life changing. Older people are at an increased risk of having a fall due to; balance problems and muscle weakness, vision loss, other health conditions (heart disease, dementia or low blood pressure). In Sevenoaks District, 584 65+ residents (per 100,000) had a hip fracture (2019/20). This is statistically similar to the England rate of 572 (per 100,000).

Emergency hospital admission due to falls in people aged 65+ (2015/16-2017/18) varies from 1497.98 (per 100,000) in Seal and Weald to 3408.76 (per 100,000) in Crockenhill and Well Hill.

Emergency hospital admission due to hip fracture in people aged 65+ (2013/14-2017/18) varies from 310.22 (per 100,000) in Seal and Weald to 971.54 (per 100,000) in Hextable.

The prevention of falls and subsequent injury caused by the fall is an important action for Sevenoaks District considering the growing older population. This could take the form of supporting the physical stability of our residents or changing the landscape of Sevenoaks District to limit the risk of falls.

## Pillar 4: Integrated health and care systems:

This reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs rather than within organisational silos. SDC COMMUNITIES AND HEALTH TEAM COMMUNITIES AND HEALTH TEAM representatives are engaged and involved with Health Inequalities work and interventions led by both West Kent and DGS HCPs as well as local PCNs and other primary health organisations. More details will be provided on this element of work in coming months.

## Objectives and Actions

Our objectives follow the three main themes identified above. Our subsequent actions are led primarily from the data presented in this action plan. The Sevenoaks District Health Action Team will be made up of representatives of organisations that:

- Support Sevenoaks residents.
- Can contribute to the achievement of the actions outlined in this action plan.

Through the partnership work of the Health & Wellbeing Action Team, we might identify gaps in service provision or gain additional insight on the needs of Sevenoaks District residents. The Health Action Team will work in partnership to address these gaps and respond to these needs.

| Ref                                 | 2023-24 Priority Action   | Lead Agency  | Other Partners | By When                    |
|-------------------------------------|---|--|----------------|----------------------------|
| <b>Wider Determinants of Health</b> |   |  |                |                            |
| WDH1                                | Provide supportive working and volunteering opportunities for people living with mental health issues   | Health & Wellbeing Action Team   | ALL            | December 2023              |
| WDH2                                | Seek opportunities to open up Royal Society for Protection of Birds premises to free parking facilities   | SDC Health & Communities Team  | ALL            | June 2023                  |
| WDH3                                | <p>Deliver dementia friendly training to different departments+ businesses</p> <p>Promote local Dementia Forget-me-not Cafe Groups and Activities of which there are 6 in the District per month.</p> <p>Promote dementia awareness session delivery to different departments and businesses through local plan, shop safe and parish councils.</p> <p>Promote the Dementia Showcase taking place at the Kent Showground Detling in May 2023.</p> <p>Promote the ADSS dementia helpline and Dementia support Coordinators.</p> <p>Promote Dementia UK helpline and website,</p> <p>Promote Alzheimer's Society's Dementia Connect Website and helpline.</p> <p>Attend GP Locality training days to talk about Dementia, I have done this before and it went well. Bringing together experts in dementia, GP's, District Nurses etc.</p> | <p>The Good Care Group</p> <p>Sevenoaks Area Dementia Friendly Community</p> | ALL            | December 2023 and on going |

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|                           |   |   |  |                    |
| WDH4                      | Deliver the Local Business Support Scheme   | SDC Economic Development Team                           | Local Businesses                       | March 2024         |
| WDH5                      | Embed a Health in All Policies approach at SDC and help other agencies achieve this as well   | SDC Communities and Health Team                         | All                                    | March 2024         |
| WDH6                      | Promote the uptake of Health in the Workplace Scheme to local businesses and partner organisations  | SDC Communities and Health Team and SDC Human Resources | ALL                                    | December 2023      |
| WDH7                      | Adapt the physical design of Sevenoaks District so that healthy lifestyle choices become a routine part of resident's lives                       | Sevenoaks District Council Planning Team                | Sevenoaks District Council Health Team | March 2024         |
| WDH8                      | Encourage more client-facing organisations to engage in Mental Health Awareness and Mental Health First Aid training                              | West Kent Mind & North Kent Mind                        | MIND (National)                        | March 2024         |
| WD09                      | Seek out, Consider and promote Council and Partner opportunities to reduce Cost of Living Impact on residents.                                    | All   | All                                    | Ongoing            |
| WD10                      | Source funding avenues to run interventions that address cost of living challenges experienced by residents across the district                   | SDC People & Places                                     | All SDC Departments                    | Continued Delivery |
| WD11                      | Seek out opportunities for interventions and projects based in areas of deprivation in the district   | SDC Communities and Health Team                         | All                                    | Ongoing            |
| <b>Health Behaviours:</b> |   |   |  |                    |
| HB1                       | Continue to provide services that contribute towards the reduction of smoking in Sevenoaks District with particular targeting for at-risk groups. | KCHFT Smoking Cessation Service                         | Workplace Health Award                 | March 2024         |
| HB2                       | Improve the diagnosis rate of Diabetes for residents  | Living Well, Taking Control'                            | KCHFT NHS Health Check Service         | ongoing            |

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|      |  | Partnership between charities Health Exchange and Westbank Community Health and Care.<br>info@lwtcsupport.co.uk |   |            |
| HB3  | Encourage more Sevenoaks residents to reduce consumption of alcohol within lower risk levels and limit hospital admissions for alcohol specific conditions | Change, Grow, Live  | Sevenoaks District Council<br>Health Team<br>KCHFT One You Team | March 2024 |
| HB4  | Support adults to adopt healthy lifestyle choices that facilitate weight loss- access to Why Weight  | Sevenoaks District Council Health & CommunitiesTeam   | Sencio<br>Everyone Active                                       | March 2024 |
| HB5  | Support adults to adopt healthy lifestyle choices that facilitate increases in physical activity   | Sencio<br>Everyone Active   | Sevenoaks District Council<br>Health Team                       | March 2024 |
| HB6  | Support adults living with chronic conditions to adopt healthy lifestyle choices that facilitate increases in physical activity-Exercise Referral scheme   | Sencio<br>Everyone Active   | Sevenoaks District Council<br>Health Team                       | March 2024 |
| HB7  | Provide adapted health improvement services targeted at specific populations (where needed) to ensure all residents can benefit from good physical health  | Involve Kent  | Sencio<br>Everyone Active                                       | March 2024 |
| HB8  | Support a reduction in obesity and excess weight in children through improving access to PA and other activities, especially in deprived areas.            | White Oak Leisure Centre  | KCC Youth team  | March 2024 |
| HB9  | Support a smokefree home for residents and enable more Sevenoaks Mothers to quit smoking during pregnancy  | KCHFT One YOU Team<br>Smoke Free Pregnancy - Home Visits.   | ALL   | March 2024 |
| HB10 | Prevent the illegal consumption of alcohol in under 18's and subsequent hospital admissions resulting from excessive alcohol consumption                   | KCC Trading Standards<br>Kent Police  | KCC Public Health   | March 2024 |
| HB11 | Support children and young people to adopt healthy lifestyle choices and increase activity   | Sevenoaks District Local Children's Partnership   | KCC-ALL   | March 2024 |

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| HB12                           | Basic Health Checks (including blood pressure) to be offered at Leisure Centres and Pharmacies  | KCHFT   | WOLC-SENCIO-Pharmacies  | March 2024 |
| HB13                           | Work with Community Safety Partnership (CSP) on Domestic Abuse and Substance Misuse services to help residents find the right support through health services | HTWAT CSP   | ALL   | March 2024 |
| HB14                           | Establish a robust network of moderate-intensity walking groups   | SDC Communities and Health Team   | All   | March 2024 |
| HB15                           | Education around Cannabis consumption risks and risk factors, prevention and intervention   | Kenwood Trust   | CSP-Schools-Youth Groups  | Ongoing    |
| HB16                           | Increase Healthy Start Uptake – both scheme registrations and vitamins registration<br>Maintain and build on FSM registrations                                | KCC   | ALL   | March 2024 |
| HB17                           | Work with the local PCNs on delivering their outcomes on mental health and Cost of Living including Social Kitchen  | Sevenoaks PCN   | SDC Health & Communities Team   | Dec 2023   |
| <b>Places and Communities:</b> |   |   |   |            |
| PC1                            | Work with older residents to prevent falls and limit the potential for hip fracture in older residents  | Involve Kent, West Kent Falls Prevention Service & Virgin Care Falls Team | Age UK Sevenoaks & Tonbridge<br>Sevenoaks District Health Team<br>Sencio<br>Everyone Active | Ongoing    |
| PC2                            | Ensure residents can receive support to stay safe, healthy and independent in their own homes for as long as possible   | Sevenoaks District Council Private Sector Housing Team                    |   | March 2024 |
| PC3                            | Promote the importance of staying well at winter in older populations   | Sevenoaks District Health & Wellbeing Action Team                         | All Public Supporting Organisations   | March 2024 |
| PC4                            | Food poverty: <ul style="list-style-type: none"> <li>Expand community access to free food across the district</li> <li>Identify those most in need</li> </ul> | Sevenoaks District Health & Wellbeing Action Team                         | Supermarkets, food outlets, community/voluntary orgs, statutory services, PCNs              | On Going   |

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|      | <ul style="list-style-type: none"> <li>• Communications with those most isolated</li> </ul>   |   |   |               |
| PC5  | Re-establish and update Information-sharing directory of services/interventions   | Sevenoaks District Health & Wellbeing Action Team                 | All-health, voluntary-statutory                   | March 2024    |
| PC6  | Work to increase inclusivity and accessibility of services  | Sevenoaks District Health & Wellbeing Action Team                 | ALL   | Annual review |
| PC7  | Source free premises for partners to use in-kind  | Sevenoaks District Health & Wellbeing Action Team                 |   | Ongoing       |
| PC8  | Improve awareness and increase referrals to Dementia Cafes  | The Good Care Group   | Sevenoaks District Health & Wellbeing Action Team | March 2024    |
| PC9  | Explore breastfeeding-friendly environments in the district   | Sevenoaks District Health & Wellbeing Action Team<br>PSB          | All   | March 2024    |
| PC10 | Deliver a local cooking/healthy eating project  | SDC Communities and Health Team                                   | All   | Sept 2023     |
| PC11 | Explore the option to deliver school holiday activities/food programs   | Leisure   | All   | July 2023     |
| PC12 | Improve social activity provision for teens/young adults?   | SDC Communities and Health Team HEALTH TEAM Youth Mentoring Group | All   | March 2024    |
| PC13 | Maintain and expand YMP, increase referrals and partners  | SDC Communities and Health Team                                   | All   | March 2024    |
| PC14 | Develop and deliver men's mental health drop-in programs and sessions   | SDC Communities and Health Team                                   | All   | March 2024    |
| PC15 | Run Workshops & Courses for:<br>Coping with Life Skills<br>Mental Health Awareness<br>Understanding Stress<br>Understanding Anxiety<br>Returning to work skills (including CV and interview skills) | RightMind   | All   | March 2024    |

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| PC16 | Set up and deliver Support Groups/talking therapy groups:<br>Bereavement and Loss<br>Mental Health Support Group<br>Over 65/retirement support group<br>General/open support group | RightMind  | All  | March 2024 |
| PC17 | Deliver Support/Counselling support for Sevenoaks residents on a 1-2-1 basis, counselling and talking therapy.   | RightMind  | All  | March 2024 |
| PC18 | Deliver community initiatives with Health & Communities Team   | Sevenoaks District Health and Communities team       | All  | March 2024 |
| PC19 | Establish delivery of falls prevention training/intervention   | Red Cross + Age UK                                   | All  | March 2024 |
| PC20 | Improve access to MH in areas of higher need (Swanley-Edenbridge etc)  | WKM-SC-Kenwood Trust                                 | All  | March 2024 |
| PC21 | Target services towards areas and residents of greatest need without preventing all residents from accessing support.  | All Organisations delivering client centred services | All  | March 2024 |
| PC22 | Enable more professionals to have conversations with residents on health and wellbeing   | Kent County Council - MECC                           | All  | March 2024 |
| PC23 | Work with partners to improve people's access to digital technology to enable those in more rural settings to easier access services remotely                                      | Kent County Council                                  | SDC COMMUNITIES AND HEALTH TEAM<br>COMMUNITIES AND HEALTH TEAM | March 2024 |
| PC24 | Ensure non-digital advertising is employed to promote services to those residents with limited digital access.   | All Organisations delivering client centred services | All  | March 2024 |

If you are supporting Sevenoaks residents and feel you could support in the achievement of our actions then we would welcome hearing from you and welcoming you to the Health Action Team, please contact Sevenoaks District Council via; [healthy.living@sevenoaks.gov.uk](mailto:healthy.living@sevenoaks.gov.uk)

Membership of the Health Action Team 2023-24 contact details

|  |   |  |
|--|---|--|
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| <p><b>Everyone Active</b><br/>Web: <a href="https://www.everyoneactive.com/">https://www.everyoneactive.com/</a></p>   | <p><b>Involve Kent</b><br/>30 Turkey Court, Ashford Road,<br/>Maidstone, ME14 5PP<br/>Tel: 03000 810005<br/>Web: <a href="https://www.involvekent.org.uk/">https://www.involvekent.org.uk/</a></p>  | <p><b>Imago Community</b><br/>John Spare House, 17-19 Monson Road,<br/>Tunbridge Wells, Kent, TN1 1LS<br/>Tel: 01892 530330<br/>Web: <a href="https://www.imago.community/">https://www.imago.community/</a></p> |
| <p><b>Kent Community Health Foundation Trust (KCHFT)</b><br/>Web: <a href="https://www.kentcht.nhs.uk/">https://www.kentcht.nhs.uk/</a></p>  | <p><b>Kent County Council</b><br/>County Hall, Maidstone, ME14 1XQ<br/>Tel: 0300 041 4141<br/>Web: <a href="https://www.kent.gov.uk/">https://www.kent.gov.uk/</a></p>  | <p><b>Kent &amp; Medway Healthy Workplaces Programme</b><br/>Gun Wharf, Dock Road, Chatham,<br/>ME4 4TR<br/>Tel: 01634 334 307</p>   |
| <p><b>Kenward Trust</b><br/>Kenward Road, Yalding, Kent, ME18 6AH<br/>Tel: 01622 814187<br/>Web: <a href="https://www.kenwardtrust.org.uk/">https://www.kenwardtrust.org.uk/</a></p> | <p><b>North Kent Mind</b><br/>The Almshouses, 20 West Hill, Dartford,<br/>DA1 2EP<br/>Tel: 01322 291380<br/>Web: <a href="https://northkentmind.co.uk/">https://northkentmind.co.uk/</a></p>  | <p><b>Sencio</b><br/>Buckhurst Lane, Sevenoaks, Kent, TN13<br/>1LW<br/>Web: <a href="https://www.sencio.org.uk/">https://www.sencio.org.uk/</a></p>  |

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|--|---|---|
| <b>Sevenoaks Area Dementia Friendly Community</b><br>Argyle Road, Sevenoaks, Kent, TN13 1GP<br>Tel: 01732 447055 | <b>Swanley Area Dementia Friendly Community</b> | <b>Virgin Care Falls Team</b><br>Gravesend Community Hospital, Bath Street, Gravesend, DA11 0DG |
| <b>West Kent Falls Prevention</b><br>Coxheath Centre, Coxheath, ME17 4AH   |   |   |



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## Appendices:

### Appendix A: Indicative impact of Wider Determinants of Health on Population Health Outcomes

| Area   | Scale of problem in relation to public health | Strength of evidence of actions | Impact on health | Speed of impact on health | Contribution to reducing inequalities |
|--|---|---------------------------------|------------------|---------------------------|---------------------------------------|
| Best start in life                           | Highest                                       | Highest                         | Highest          | Longest                   | Highest                               |
| Healthy schools and pupils                   | Highest                                       | Highest                         | Highest          | Longer                    | Highest                               |
| Jobs and Work                                | Highest                                       | Highest                         | Highest          | Quicker                   | Highest                               |
| Active and safe travel                       | High  | High                            | High             | Quicker                   | Lower                                 |
| Warmer and safer homes                       | Highest                                       | Highest                         | High             | Longer                    | High                                  |
| Access to green spaces and leisure services  | High  | Highest                         | High             | Longer                    | Highest                               |
| Strong communities, wellbeing and resilience | Highest                                       | High                            | Highest          | Longer                    | High                                  |
| Public Protection                            | High  | High                            | High             | Quicker                   | High                                  |
| Health and spatial planning                  | Highest                                       | High                            | Highest          | Longest                   | Highest                               |

### Appendix B: The Public Health Outcome Framework data highlights for Sevenoaks

Overarching Indicators:

| Indicator  | Period    | Sevenoaks    |       |       | Region England |       | England |   |      |
|--|-----------|--------------|-------|-------|----------------|-------|---------|---|------|
|  |           | Recent Trend | Count | Value | Value          | Value | Worst   | Range   | Best |
| A01b - Life expectancy at birth (Male, 3 year range)   | 2018 - 20 | –            | -     | 82.1  | 80.6           | 79.4  | 74.1    |    | 84.7 |
| A01b - Life expectancy at birth (Female, 3 year range) | 2018 - 20 | –            | -     | 84.2  | 84.1           | 83.1  | 79.0    |    | 87.9 |
| A01b - Life expectancy at birth (Male, 1 year range)   | 2020      | –            | -     | 81.0  | 80.1           | 78.7  | 73.6    |    | 83.7 |
| A01b - Life expectancy at birth (Female, 1 year range) | 2020      | –            | -     | 84.2  | 83.7           | 82.6  | 78.0    |    | 87.8 |
| A02a - Inequality in life expectancy at birth (Male)   | 2018 - 20 | –            | -     | 3.3   | 7.9            | 9.7   | 17.0    |   | 0.7  |
| A02a - Inequality in life expectancy at birth (Female) | 2018 - 20 | –            | -     | 1.5   | 6.0            | 7.9   | 13.9    |  | -1.8 |
| <b>Overarching indicators at age 65</b>                |           |              |       |       |                |       |         |   |      |
| A01b - Life expectancy at 65 (Male, 3 year range)      | 2018 - 20 | –            | -     | 20.1  | 19.4           | 18.7  | 16.0    |  | 23.1 |
| A01b - Life expectancy at 65 (Female, 3 year range)    | 2018 - 20 | –            | -     | 21.9  | 21.8           | 21.1  | 18.6    |  | 25.4 |

| Indicator   | Period    | Sevenoaks    |       |       | Region England |       | England |       |      |  |
|---|-----------|--------------|-------|-------|----------------|-------|---------|-------|------|--|
|   |           | Recent Trend | Count | Value | Value          | Value | Worst   | Range | Best |  |
| A01b - Life expectancy at 65 (Male, 1 year range)   | 2020      | –            | -     | 19.8  | 18.9           | 18.1  | 14.7    |       | 22.2 |  |
| A01b - Life expectancy at 65 (Female, 1 year range) | 2020      | –            | -     | 22.0  | 21.4           | 20.7  | 17.7    |       | 25.3 |  |
| A02a - Inequality in life expectancy at 65 (Male)   | 2018 - 20 | –            | -     | 1.1   | 4.3            | 5.2   | 12.7    |       | -1.3 |  |
| A02a - Inequality in life expectancy at 65 (Female) | 2018 - 20 | –            | -     | -0.2  | 3.6            | 4.8   | 9.5     |       | -1.1 |  |

#### Wider Determinants of Health:

| Indicator  | Period  | Sevenoaks    |         |       | Region England |       | England       |       |               |  |
|--|---------|--------------|---------|-------|----------------|-------|---------------|-------|---------------|--|
|  |         | Recent Trend | Count   | Value | Value          | Value | Worst/ Lowest | Range | Best/ Highest |  |
| B01b - Children in absolute low income families (under 16s)  | 2020/21 |              | 2,583   | 10.5% | 11.6%          | 15.1% | 39.2%         |       | 5.2%          |  |
| B01b - Children in relative low income families (under 16s)  | 2020/21 |              | 3,061   | 12.4% | 14.3%          | 18.5% | 42.4%         |       | 6.2%          |  |
| B03 - Pupil absence  | 2020/21 |              | 185,977 | 4.5%  | 4.4%           | 4.6%  | 6.5%          |       | 3.0%          |  |
| B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate<br>New data | 2021/22 | –            | -       | 5.5   | 8.1            | 9.9   | 29.0          |       | -6.5          |  |
| B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)<br>New data                           | 2021/22 | –            | -       | 61.5% | 70.0%          | 65.5% | 37.0%         |       | 89.3%         |  |

| Indicator   | Period          | Sevenoaks    |        |       | Region England |       | England      |   |              |
|---|-----------------|--------------|--------|-------|----------------|-------|--------------|---|--------------|
|   |                 | Recent Trend | Count  | Value | Value          | Value | Worst/Lowest | Range   | Best/Highest |
| B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)New data | 2020/21         | -            | -      | -     | 6.6%           | 5.1%  | -            | Insufficient number of values for a spine chart | -            |
| B08d - Percentage of people in employment New data  | 2021/22         | ➔            | 47,000 | 67.0% | 78.1%          | 75.4% | 55.8%        | ●   | 89.7%        |
| B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week   | 2018 - 20       | -            | -      | 2.5%  | 2.1%           | 1.9%  | 6.4%         | ●   | 0.2%         |
| B09b - Sickness absence - the percentage of working days lost due to sickness absence   | 2018 - 20       | -            | -      | 1.7%  | 1.0%           | 1.0%  | 4.0%         | ●   | 0.0%         |
| B10 - Killed and seriously injured (KSI) casualties on England's roads  | 2020            | -            | -      | -     | 95.4*          | 86.1* | -            | Insufficient number of values for a spine chart | -            |
| B12a - Violent crime - hospital admissions for violence (including sexual violence)   | 2018/19 - 20/21 | -            | 95     | 30.9  | 29.4           | 41.9  | 116.8        | ●   | 7.9          |
| B12b - Violent crime - violence offences per 1,000 populationNew data   | 2021/22         | ⬆            | 3,338  | 27.5  | 32.3*          | 34.9* | 15.1         | ●   | 79.1         |
| B12c - Violent crime - sexual offences per 1,000 populationNew data   | 2021/22         | ➔            | 258    | 2.1   | 2.9*           | 3.0*  | 1.4          | ●   | 6.3          |
| B13a - Re-offending levels - percentage of offenders who re-offend  | 2019/20         | -            | -      | 17.9% | 22.2%          | 25.4% | 10.7%        | ●   | 37.1%        |
| B13b - Re-offending levels - average number of re-offences per re-offender  | 2019/20         | -            | -      | 3.51  | 3.85           | 3.74  | 2.32         | ○   | 5.46         |
| B14a - The rate of complaints about noise   | 2019/20         | ⬆            | 471    | 3.9   | 4.5*           | 6.4*  | 80.4         | ●   | 0.7          |
| B15a - Homelessness - households owed a duty under the Homelessness Reduction Act   | 2020/21         | -            | 392    | 7.8   | 9.9            | 11.3  | 31.0         | ●   | 1.6          |

| Indicator   | Period  | Sevenoaks    |       |        | Region England |        | England       |       |               |
|---|---------|--------------|-------|--------|----------------|--------|---------------|-------|---------------|
|   |         | Recent Trend | Count | Value  | Value          | Value  | Worst/ Lowest | Range | Best/ Highest |
| B15c - Homelessness - households in temporary accommodation                               | 2020/21 | –            | 128   | 2.6    | 2.7            | 4.0    | 48.6          |       | 0.0           |
| B17 - Fuel poverty (low income, low energy efficiency methodology)                        | 2020    | –            | 3,882 | 7.6%   | 8.6%           | 13.2%  | 22.4%         |       | 5.2%          |
| B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time | 2019/20 | –            | -     | 18.61% | 20.83%         | 22.26% | 36.28%        |       | 11.27%        |
| <b>Indicators to be replaced with new sources or definitions:</b>                         |         |              |       |        |                |        |               |       |               |
| 1.01i - Children in low income families (all dependent children under 20)                 | 2016    | ➔            | 2,835 | 11.8%  | 12.7%          | 17.0%  | 32.5%         |       | 5.7%          |

#### Health Improvement indicators:

| Indicator   | Period  | Sevenoaks    |       |       | Region England |       | England       |       |               |
|---|---------|--------------|-------|-------|----------------|-------|---------------|-------|---------------|
|   |         | Recent Trend | Count | Value | Value          | Value | Worst/ Lowest | Range | Best/ Highest |
| C01 - Total prescribed LARC excluding injections rate / 1,000           | 2020    | ↓            | 665   | 33.4  | 41.9           | 34.6  | 4.7           |       | 74.9          |
| C02a - Under 18s conception rate / 1,000                                | 2020    | ➔            | 14    | 6.4   | 10.6           | 13.0  | 30.4          |       | 2.1           |
| C04 - Low birth weight of term babies                                   | 2020    | ➔            | 25    | 2.4%  | 2.6%           | 2.9%  | 4.9%          |       | 1.0%          |
| C06 - Smoking status at time of delivery New data                       | 2021/22 | ➔            | 123   | 10.8% | 8.2%           | 9.1%  | 21.1%         |       | 3.1%          |
| C09a - Reception: Prevalence of overweight (including obesity) New data | 2021/22 | ↓            | 205   | 17.7% | 20.3%          | 22.3% | 28.9%         |       | 12.9%         |
| C09b - Year 6: Prevalence of overweight (including obesity) New data    | 2021/22 | ➔            | 370   | 31.8% | 34.0%          | 37.8% | 49.1%         |       | 16.9%         |

| Indicator   | Period    | Sevenoaks    |       |       | Region England |       | England       |   |               |
|---|-----------|--------------|-------|-------|----------------|-------|---------------|---|---------------|
|   |           | Recent Trend | Count | Value | Value          | Value | Worst/ Lowest | Range   | Best/ Highest |
| C10 - Percentage of physically active children and young people   | 2020/21   | –            | -     | 43.4% | 45.4%          | 44.6% | -             | Insufficient number of values for a spine chart | -             |
| C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)      | 2020/21   | ↓            | 155   | 67.2  | 73.2           | 75.7  | 173.4         |   | 26.5          |
| C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)       | 2020/21   | →            | 60    | 88.1  | 103.2          | 108.7 | 307.1         |   | 34.0          |
| C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) | 2020/21   | →            | 145   | 126.0 | 130.8          | 112.4 | 264.7         |   | 37.3          |
| C14b - Emergency Hospital Admissions for Intentional Self-Harm  | 2020/21   | ↑            | 195   | 183.3 | 201.9          | 181.2 | 471.7         |   | 41.5          |
| C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)                | 2019/20   | –            | -     | 64.8% | 58.3%          | 55.4% | 41.4%         |   | 67.7%         |
| C16 - Percentage of adults (aged 18+) classified as overweight or obese                                       | 2020/21   | –            | -     | 55.3% | 62.4%          | 63.5% | 76.3%         |   | 44.0%         |
| C17a - Percentage of physically active adults   | 2020/21   | –            | -     | 70.4% | 69.2%          | 65.9% | 48.8%         |   | 78.4%         |
| C17b - Percentage of physically inactive adults   | 2020/21   | –            | -     | 21.4% | 20.2%          | 23.4% | 38.1%         |   | 11.6%         |
| C18 - Smoking Prevalence in adults (18+) - current smokers (APS)New data                                      | 2021      | –            | -     | 4.8%  | 11.9%          | 13.0% | 27.8%         |   | 3.2%          |
| C19d - Deaths from drug misuse  | 2018 - 20 | –            | 6     | -     | 4.0            | 5.0   | -             | Insufficient number of values for a spine chart | -             |
| C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator                  | 2020/21   | →            | 500   | 407   | 389            | 456   | 805           |   | 251           |

| Indicator   | Period  | Sevenoaks    |        |       | Region England |        | England       |       |               |
|---|---------|--------------|--------|-------|----------------|--------|---------------|-------|---------------|
|   |         | Recent Trend | Count  | Value | Value          | Value  | Worst/ Lowest | Range | Best/ Highest |
| uses a new set of attributable fractions, and so differ from that originally published. (Persons)   |         |              |        |       |                |        |               |       |               |
| C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)   | 2020/21 | →            | 285    | 485   | 512            | 603    | 1,063         |       | 316           |
| C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female) | 2020/21 | →            | 215    | 340   | 278            | 322    | 715           |       | 141           |
| C22 - Estimated diabetes diagnosis rate   | 2018    | –            | -      | 68.1% | 75.2%          | 78.0%  | 54.3%         |       | 98.7%         |
| C23 - Percentage of cancers diagnosed at stages 1 and 2   | 2019    | →            | 250    | *     | 57.0%          | 55.0%  | 45.1%         |       | 64.2%         |
| C24a - Cancer screening coverage: breast cancer   | 2021    | ↓            | 9,705  | 67.9% | 68.0%*         | 64.1%* | 20.2%         |       | 81.4%         |
| C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)   | 2021    | →            | 14,659 | 75.0% | 69.5%*         | 68.0%* | 42.9%         |       | 82.4%         |
| C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)   | 2021    | ↓            | 9,132  | 76.0% | 74.8%*         | 74.7%* | 53.5%         |       | 83.7%         |
| C24d - Cancer screening coverage: bowel cancer  | 2021    | ↑            | 14,808 | 70.2% | 68.0%*         | 65.2%* | 47.4%         |       | 75.9%         |
| C24e - Abdominal Aortic Aneurysm Screening Coverage   | 2020/21 | ↓            | 455    | 69.9% | 63.5%*         | 55.0%* | 14.6%         |       | 88.9%         |
| C27 - Percentage reporting a long-term Musculoskeletal (MSK) problem  | 2021    | –            | -      | 17.1% | 16.0%          | 17.0%  | 26.6%         |       | 9.1%          |
| C29 - Emergency hospital admissions due to falls in people aged 65 and over   | 2020/21 | →            | 645    | 2,305 | 2,135          | 2,023  | 3,234         |       | 1,102         |

| Indicator   | Period  | Sevenoaks    |       |       | Region England |       | England       |       |               |
|---|---------|--------------|-------|-------|----------------|-------|---------------|-------|---------------|
|   |         | Recent Trend | Count | Value | Value          | Value | Worst/ Lowest | Range | Best/ Highest |
| C29 - Emergency hospital admissions due to falls in people aged 65-79 | 2020/21 | →            | 200   | 1,066 | 957            | 937   | 1,671         |       | 517           |
| C29 - Emergency hospital admissions due to falls in people aged 80+   | 2020/21 | →            | 445   | 5,897 | 5,553          | 5,174 | 8,181         |       | 2,548         |

#### Health Protection indicators:

| Indicator   | Period    | Sevenoaks    |       |       | Region England |       | England       |   |               |
|---|-----------|--------------|-------|-------|----------------|-------|---------------|---|---------------|
|   |           | Recent Trend | Count | Value | Value          | Value | Worst/ Lowest | Range   | Best/ Highest |
| D01 - Fraction of mortality attributable to particulate air pollution (new method)                | 2020      | —            | -     | 6.0%  | 6.0%           | 5.6%  | 3.0%          |   | 7.8%          |
| D02a - Chlamydia detection rate per 100,000 aged 15 to 24 New data                                | 2021      | →            | 108   | 938   | 1,105          | 1,334 | 222           |   | 3,063         |
| D02a - Chlamydia detection rate per 100,000 aged 15 to 24 (Male) New data                         | 2021      | →            | 44    | 760   | 697            | 860   | 130           |   | 2,345         |
| D02a - Chlamydia detection rate per 100,000 aged 15 to 24 (Female) New data                       | 2021      | →            | 64    | 1,119 | 1,463          | 1,762 | 319           |   | 3,664         |
| D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000 New data                 | 2021      | ↓            | -     | 173   | 292            | 394   | 2,634         |   | 103           |
| D04d - Population vaccination coverage: Flu (primary school aged children)<br><b>&lt;65% ≥65%</b> | 2021      | —            | -     | -     | 61.1%*         | 57.4% | -             | Insufficient number of values for a spine chart | -             |
| D07 - HIV late diagnosis in people first diagnosed with HIV in the UK New data                    | 2019 - 21 | —            | 1     | 100%  | 48.0%          | 43.4% | 100%          |   | 0.0%          |

| Indicator  | Period    | Sevenoaks    |        |       | Region | England | England      |   |              |
|--|-----------|--------------|--------|-------|--------|---------|--------------|---|--------------|
|  |           | Recent Trend | Count  | Value | Value  | Value   | Worst/Lowest | Range   | Best/Highest |
| <b>&lt;25% 25% to 50% ≥50%</b>   |           |              |        |       |        |         |              |   |              |
| D08a - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months | 2019      | –            | -      | -     | 82.3%  | 82.0%   | -            | Insufficient number of values for a spine chart |              |
| D08b - TB incidence (three year average)   | 2018 - 20 | –            | 13     | 3.6   | 5.6    | 8.0     | 43.1         |   | 0.3          |
| D10 - Adjusted antibiotic prescribing in primary care by the NHS                                       | 2021      | –            | 42,920 | 0.75  | 0.69   | 0.74    | 1.05         |   | 0.33         |
| <b>≤ mean England prescribing 2013/14 &gt; mean England prescribing 2013/14</b>                        |           |              |        |       |        |         |              |   |              |

**Healthcare and premature mortality:**

| Indicator   | Period    | Sevenoaks    |       |       | Region | England | England |       |      |
|---|-----------|--------------|-------|-------|--------|---------|---------|-------|------|
|   |           | Recent Trend | Count | Value | Value  | Value   | Worst   | Range | Best |
| E01 - Infant mortality rate   | 2018 - 20 | –            | 8     | 2.2   | 3.5    | 3.9     | 8.3     |       | 0.8  |
| E02 - Percentage of 5 year olds with experience of visually obvious dental decay                  | 2018/19   | –            | -     | 12.9% | 17.6%  | 23.4%   | 50.9%   |       | 1.1% |
| E03 - Under 75 mortality rate from causes considered preventable (2019 definition) (1 year range) | 2020      |              | 105   | 92.2  | 120.7  | 140.5   | 272.5   |       | 68.2 |

| Indicator   | Period    | Sevenoaks    |       |       | Region | England | England |       |      |
|---|-----------|--------------|-------|-------|--------|---------|---------|-------|------|
|   |           | Recent Trend | Count | Value | Value  | Value   | Worst   | Range | Best |
| E03 - Under 75 mortality rate from causes considered preventable (2019 definition) (3 year range)                   | 2017 - 19 | —            | 352   | 102.0 | 120.9  | 142.2   | 265.2   |       | 79.0 |
| E04a - Under 75 mortality rate from all cardiovascular diseases (1 year range)                                      | 2020      | ➔            | 58    | 50.2  | 61.5   | 73.8    | 137.1   |       | 36.1 |
| E04a - Under 75 mortality rate from all cardiovascular diseases (3 year range)                                      | 2017 - 19 | —            | 182   | 52.3  | 57.1   | 70.4    | 121.6   |       | 39.8 |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (1 year range) | 2020      | ➔            | 24    | 20.6  | 23.7   | 29.2    | 55.0    |       | 13.7 |
| E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (3 year range) | 2017 - 19 | —            | 75    | 21.5  | 22.1   | 28.1    | 49.3    |       | 13.7 |
| E05a - Under 75 mortality rate from cancer (1 year range)   | 2020      | ➔            | 118   | 100.6 | 116.2  | 125.1   | 187.1   |       | 69.3 |
| E05a - Under 75 mortality rate from cancer (3 year range)   | 2017 - 19 | —            | 417   | 119.7 | 121.6  | 129.2   | 182.4   |       | 87.4 |
| E05b - Under 75 mortality rate from cancer considered preventable (2019 definition) (1 year range)                  | 2020      | ➔            | 31    | 26.6  | 45.0   | 51.5    | 98.2    |       | 22.6 |
| E05b - Under 75 mortality rate from cancer considered preventable (2019 definition) (3 year range)                  | 2017 - 19 | —            | 151   | 43.0  | 47.7   | 54.1    | 92.4    |       | 31.5 |
| E06a - Under 75 mortality rate from liver disease (1 year range)  | 2020      | ➔            | 15    | 13.0  | 17.4   | 20.6    | 44.9    |       | 7.4  |
| E06a - Under 75 mortality rate from liver disease (3 year range)  | 2017 - 19 | —            | 39    | 11.3  | 15.9   | 18.8    | 48.2    |       | 7.2  |
| E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition) (1 year range)           | 2020      | ➔            | 11    | 9.5   | 15.5   | 18.2    | 37.8    |       | 7.9  |
| E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition) (3 year range)           | 2017 - 19 | —            | 36    | 10.4  | 14.1   | 16.7    | 43.4    |       | 5.5  |
| E07a - Under 75 mortality rate from respiratory disease (1 year range)  | 2020      | ➔            | 21    | 18.1  | 23.4   | 29.4    | 77.2    |       | 9.7  |
| E07a - Under 75 mortality rate from respiratory disease (3 year range)  | 2017 - 19 | —            | 91    | 25.5  | 27.7   | 33.6    | 77.5    |       | 13.7 |
| E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (1 year range)     | 2020      | ➔            | 13    | 11.2  | 14.1   | 17.1    | 53.7    |       | 5.7  |
| E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (3 year range)     | 2017 - 19 | —            | 53    | 14.8  | 16.6   | 20.2    | 45.4    |       | 6.5  |

| Indicator  | Period              | Sevenoaks    |       |       | Region | England | England |   |        |
|--|---------------------|--------------|-------|-------|--------|---------|---------|---|--------|
|  |                     | Recent Trend | Count | Value | Value  | Value   | Worst   | Range   | Best   |
| E08 - Mortality rate from a range of specified communicable diseases, including influenza (1 year range)                       | 2020                | ➔            | 9     | *     | 7.0    | 8.3     | -       | Insufficient number of values for a spine chart |        |
| E08 - Mortality rate from a range of specified communicable diseases, including influenza (3 year range)                       | 2017 - 19           | —            | 19    | 4.6   | 8.1    | 9.4     | 19.5    |   | 3.7    |
| E10 - Suicide rate   | 2019 - 21           | —            | 36    | 11.1  | 10.6   | 10.4    | 19.8    |   | 4.4    |
| E11 - Emergency readmissions within 30 days of discharge from hospital   | 2020/21             | —            | 1,665 | 14.7% | 15.7%  | 15.5%   | 20.0%   |   | 12.4%  |
| E13 - Hip fractures in people aged 65 and over   | 2020/21             | ➔            | 160   | 584   | 508    | 529     | 746     |   | 306    |
| E13 - Hip fractures in people aged 65-79   | 2020/21             | ➔            | 55    | 286   | 204    | 219     | 360     |   | 88     |
| E13 - Hip fractures in people aged 80+   | 2020/21             | ➔            | 110   | 1,448 | 1,389  | 1,426   | 2,137   |   | 684    |
| E14 - Excess winter deaths index   | Aug 2019 - Jul 2020 | —            | 70    | 18.4% | 17.4%  | 17.4%   | 50.2%   |   | 0.7%   |
| E14 - Excess winter deaths index (age 85+)   | Aug 2019 - Jul 2020 | —            | 30    | 15.0% | 20.7%  | 20.8%   | 61.5%   |   | -14.9% |
| E15 - Estimated dementia diagnosis rate (aged 65 and over)<br>> 66.7% (significantly) similar to 66.7% < 66.7% (significantly) | 2022                | ➔            | 861   | 62.2% | *      | 62.0%   | 41.2%   |   | 83.7%  |

# Appendix C: Leading Risk Factors for Mortality and Morbidity in England

## Figure 1: Mortality

**Figure 18 – Leading risk factors**

• Figure 18a - Morbidity • Figure 18b - Mortality

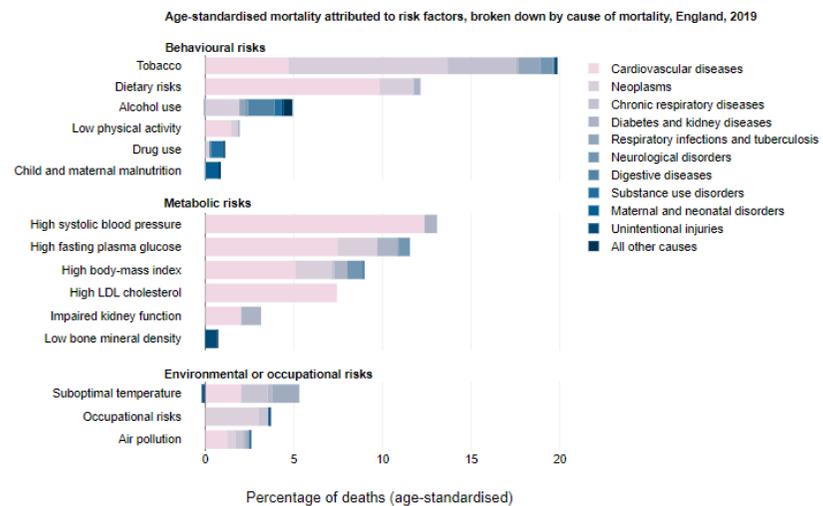
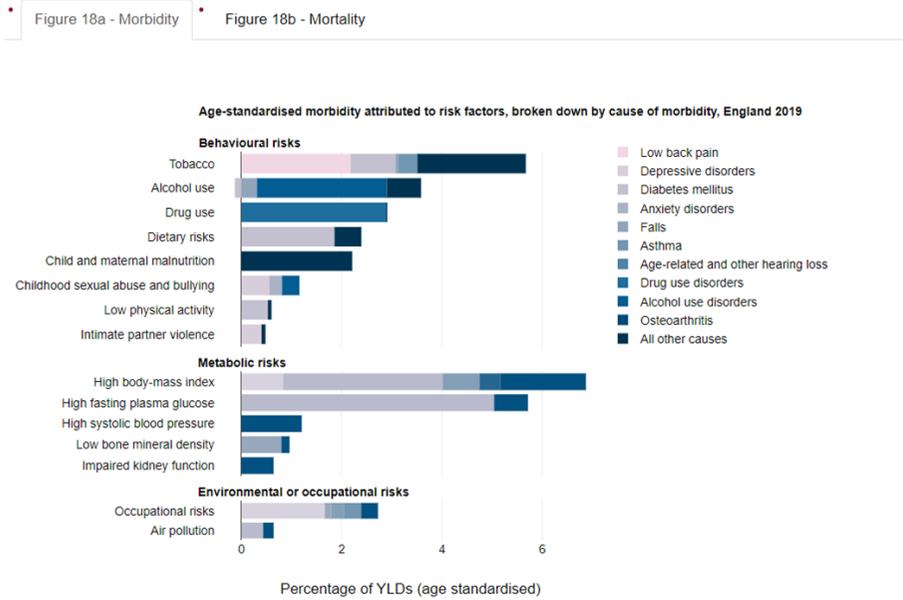


Figure 2: Morbidity

Figure 18 – Leading risk factors



Source: Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020. Download data