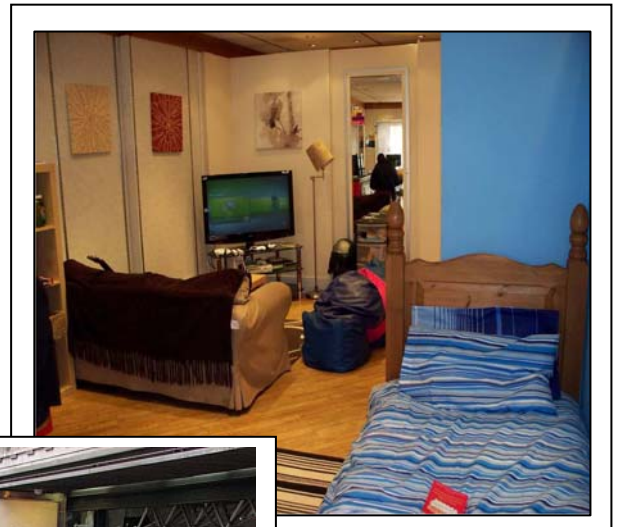


# KENT COUNTY COUNCIL



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Foreword by the KCC Cabinet Member, Public Health

*Health inequalities is not a recent issue, but it is a critical one. For me, there is too little regard for the consequences of the actions of both the private sector driven by profit and the previous central government's flawed policies which sometimes inadvertently disadvantages the very people that need the most help and support.*

*Initiatives like the proposed increase in the unit cost of metered water over the summer period is an example of how those who are struggling to make ends meet are going to find it difficult to maintain the sanitation and personal hygiene to levels that we have been constantly trying to achieve which will absolutely result in poorer health. Ability to pay is not an acceptable criteria for the Public Health service.*

*With variations in life expectancy ranging from 6.8 years in wards in Tunbridge Wells and a staggering 14 years across wards in Dartford, we are dedicated to ensuring all our people can achieve the same aspirations and opportunities to improve their health outcomes.*

*For these reasons we must have careful regard of the consequences of our actions and strive towards reducing the gap in health inequalities. But we cannot do this alone. The Kent Public Health Department is leading Kent County Council into a collaborative approach with the Council's other directorates to minimise inequalities. As the Kent County Council Member with the Public Health portfolio, I am pleased that our work is committed to making a real difference in Kent for the people of Kent.*

Alan Marsh  
KCC Cabinet Member, Public Health

Foreword by the Kent Director of Public Health

*"I am pleased that the Kent County Council Health Inequalities Strategy has been produced in partnership across all KCC Directorates and with local partners to ensure that the most effective local delivery can be achieved.*

*This Strategy sets out the good work that Kent is doing to tackle health inequalities across all people in Kent to ensure that there are equal opportunities for good health and wellbeing for all.*

*The recent Marmot Review, Fair Society, Healthy Lives sets the approach and path for reducing Health Inequalities and endorses the model we are working towards in the County Council. This strategy is also aligned to the Vision for Kent Ambitions which will ensure that our endeavours to tackle health inequalities will continue across partnerships not just through the Health Inequalities Strategy, but in all of the policy and planning initiatives we undertake together".*

Meradin Peachey  
Kent Director for Public Health

**Introductory Note**

This strategy has been produced amidst a climate of immense changes, with new central government administration and current organisational changes to the Public Sector both nationally and locally. In addition, the publication of the Sir Michael Marmot Review on Health Inequalities: Fair Society, Healthy Lives clearly drives the health inequalities agenda towards local government leadership of the social determinants of health. The NHS White Paper: Liberating the NHS sets the framework for a new NHS and Public Health Service, the structure and roles of which will be clarified further in the Public Health White Paper in October 2010. The future face of health inequalities therefore, is yet to be determined, but in Kent, we will remain dedicated to reducing the inequalities that exist in our communities.

This strategy provides examples of current initiatives and case studies committed to reducing health inequalities in Kent. This document therefore will be updated from time to time to reflect progress on outcomes and some initiatives will change, while others will start.

Some strategies such as Towards 2010 and the Kent Agreement 2 will, in time, be superseded by other policies, but the intention is that this health inequalities strategy should remain flexible and adaptable to meet the changing environment in Kent.



## **Introduction**

In 2008,, Kent County Council produced its first Health Inequalities Action Plan to highlight the Council's commitment to reducing Health Inequalities. The Action Plan illustrated a range of policy drivers and activities delivered to help combat inequalities in partnership with other Local Authorities, Voluntary and Statutory Agencies in Kent. Activities have been ongoing and commitment has continued between all partners to address inequalities and target the most 20% deprived groups of Kent's 1.6million population. Since the Action Plan there have been a number of additional reports and strategies dedicated to Health Inequalities. These are:

- i) The Director of Public Health's Annual Report 2007 sets out the current position of Health Inequalities in Kent highlighting recommendations on how inequalities can be further improved through existing Primary Care Trusts and County Council targets. The report also responds to IDeA recommendations by illustrating **how** inequalities will be targeted and tackled across a number of problem areas.
- ii) The Kent Director of Public Health's Annual Report for 2008 has concentrated on progress and improvements made on Health Inequalities
- iii) NHS South East Coast: Health Inequality Strategy 2008-2011 reports on the spend and commitment of the NHS South East Coast area to drive down health inequalities in the NHS sector.
- iv) The Public Health Strategy for Kent: Live Life to the Full is currently being revised but the 6 key priorities will continue to drive the public health agenda in Kent. The strategy is supported by Kent County Council, Kent NHS Primary Care Trusts and Kent local and district councils and is led by the Strategy's main priority to significantly reduce health inequalities in Kent. To maintain continuity with the Kent agenda, this Health Inequalities Strategy will be constructed on the Public Health's six key priorities.
- v) The forthcoming version of Vision for Kent strategy – partnership agreement to tackle three of the main ambitions in Kent to assist in the reduction of health inequalities.
- vi) Public Health White Paper – October 2010

The purpose of this document is not to provide a separate and dislocated strategy but to offer a clear account of the County Council's priorities and strategies to address and mainstream health inequalities, both strategically and locally in Kent. This is largely achieved by mobilising and targeting resources effectively and can only be achieved by working locally and in partnerships and by complimenting other key local and national strategies and policy drivers. This strategy will also take the form of the Live Life to the Full's priorities to promote shared agendas and highlight cross-partnership working. Future developments and approaches will also include the Vision for Kent 3 County-wide Ambitions which form part of the new Marmot Health Inequalities Review (Fair Society Healthy Lives) recommendations for implementing effective policy objectives.

## **Kent's Approach**

### **Demographic Change, Active Lives and Diverse Communities<sup>1</sup>**

Between 2006-2031 Kent's 65+ population is projected to increase by 72%. This compares to a South East regional rate of 67% and a national rate of 62%. Demographic change will create a greater need for innovation in the way we provide access to leisure, health and social care services in the future.

The emphasis needs to be on ensuring people have the ability and support to lead independent and active lives - at all stages and in all circumstances, whether caring for family, retired, or in managing severe incapacities. This also means capturing the wealth of skills and knowledge that older people have for the benefit of Kent's communities, environment and economy.

Younger people also need to feel part of their community, and need to be supported in the choices they make for their future. Kent also has many distinct and diverse ethnic, faith, interest, and place based communities. We therefore need to encourage a respect for diversity and equal opportunities, along with cohesive communities.

The last Kent County Council Health Inequalities Action Plan identified a number of policies, strategies and action plans that highlight and feature the relevance and importance of health inequalities. In addition and in response to the IDeA's visit to the Council and recommendations made in November 2008, this strategy will also demonstrate how we are improving partnership engagement, particularly at local strategic partnership levels.

The continued commitment to activities and priorities will be encompassed in this revised strategy and will compliment rather than compete with other existing documents and reports. The Council's approach to health inequalities will be strengthened by including:

- i) The recommendations and impetus of the Director of Public Health's Annual Report 2007 on Health Inequalities.
- ii) A partnership approach to addressing the NHS South East Coast Health Inequalities Strategy 2008-2011.
- iii) The relevant Local Area Agreement indicators and ensure that the strategy is closely aligned to the indicators that have health inequalities outcomes.
- iv) Each of the County Council's Directorate's refreshed commitment to addressing health inequalities, embedded and reflected in the business plans and strategies. Examples will be given to demonstrate each department's priorities and how these combat health inequalities.
- v) National influences such as the Sir Marmot's Post-2010 Report, guidance from the Health Inequalities Unit and National Support Team and other pertinent policy drivers.
- vi) A forward thinking strategy that will secure dedicated commitment to the progress of tackling inequalities in Kent and advocate the secure the health inequalities agenda is mainstreamed and embedded in the policy, planning and delivery of services across the County Council.

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<sup>1</sup> This Research and Intelligence extract provided by Self Directed Support Projects Team

- vii) Further improvements to the strategic approach to Kent County Council tackling health inequalities as identified by the IDeA development review.
- viii) Flexible and adaptable policies in the climate of central and local government changes

### **Making it Happen**

To implement this approach, a cross-directorate working group bringing together representatives from the County Council's departments has been established to meet the challenge of ensuring that the policies relating to and addressing inequalities are put into place and are delivered effectively.

The purpose of this working group is to:

- Maintain energy and commitment to tackling health inequalities across the County Council and to ensure that the essential principles of this agenda are mainstreamed into the thinking, policy, planning and delivery of the County Council's work.
- Address the key challenges of health inequalities with the aim to reduce inequalities where they are known to exist.
- Identify measurable indicators for each department to prioritise and incorporate in their mainstream activity.
- Measure and evaluate progress on reducing inequalities on a regular quarterly basis.
- Ensure that the Local Area Agreement and Vision for Kent outcomes are absorbed into the Health Inequalities Strategy so that all partners are working to a shared agenda.
- Integrate the national framework into Kent's strategic approach to tackle health inequalities.
- Co-ordinate and promote a partnership approach to tackling inequalities at strategic and local delivery level.
- Ensure that the Health Inequalities indicators and agenda are focused towards supporting communities.
- Share and learn from good practice identified locally and nationally.

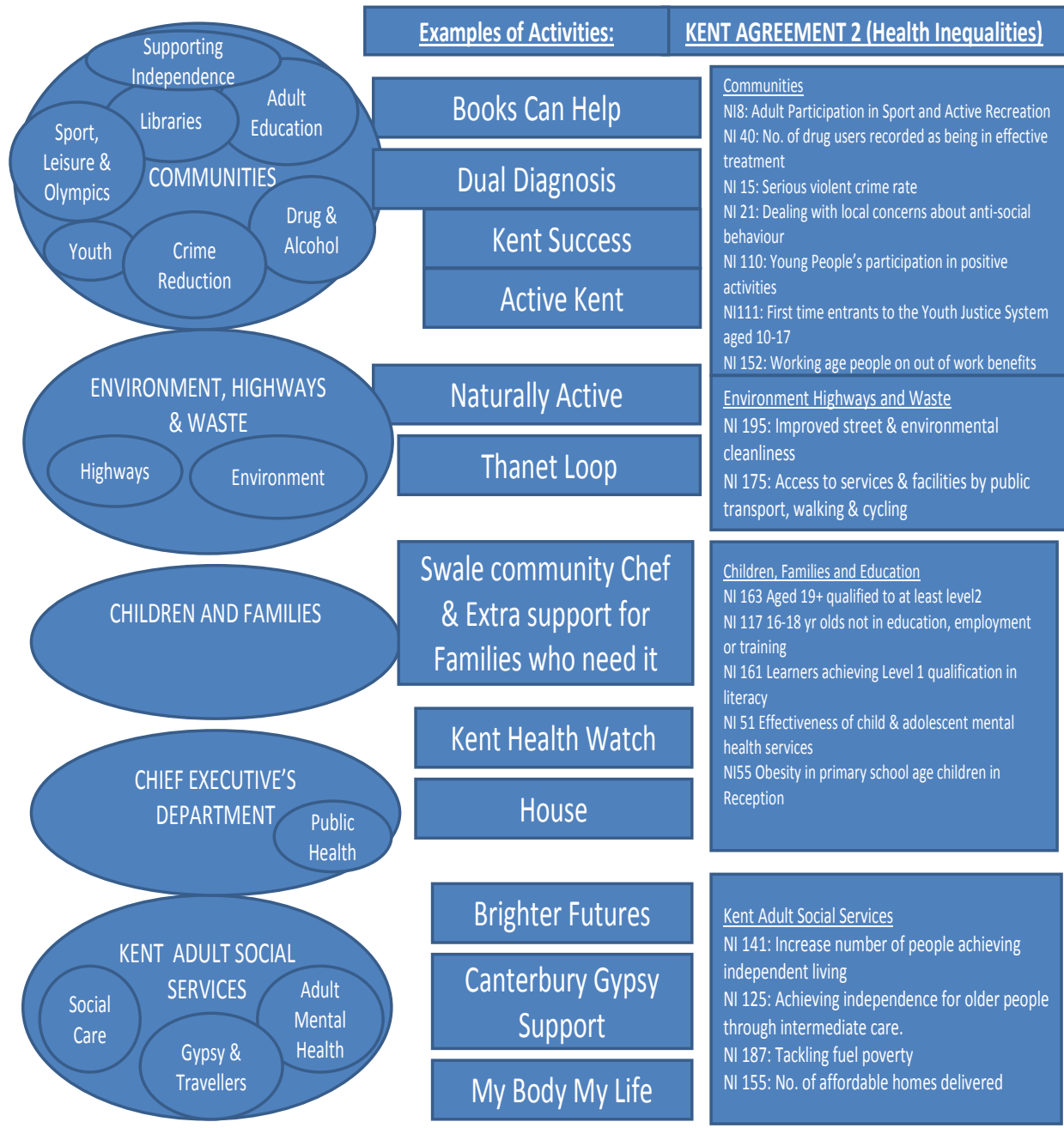
Kent County Council Health Inequalities Working Group consists of representatives across all directorates to work in partnership to address Health Inequalities in Kent. The purpose of the group is to prioritise their directorate's priorities and commitment to health inequalities and to report on and share information across the Council and wider to promote and learn from good practice. The indicators prioritised by the group will be reported on to monitor progress and evaluated to share good practice. The group meet quarterly and report to the Public Health Board.

The Working Group consists of:

<b><u>Directorate</u></b>	<b><u>HI Lead</u></b>
EHW- Integrated Strategy & Planning	Richard Feasey
EHW – Environment & Waste – countryside Access	Ian Baugh
EHW - Kent Highways Services - Transport & Planning	David Hall
Communities	Jo Jackson
CFE	Jill Wiles
KASS - Adult Services	Sally Smith
KASS - Gypsy & Travellers Unit	Bill Forrester
KASS - Mental Health	David Woodward
KASS - Adult Services	Nick Sherlock
Public Health	Debbie Smith
Health and Housing	Brian Horton
Teenage Pregnancy Partnership	Ruth Herron
KASH	Allan Gregory
Kent Partnership	Graeme Brown
SIP	Julie Chapman
Local Strategic Partnership	Michael Mellor
Local Strategic Partnership	Shona McQuade
Communities	Jo Tonkin



The diagram below (Figure 1) illustrates how the Kent Agreement outcomes and Directorate's health inequalities indicators are represented through the Working Groups.

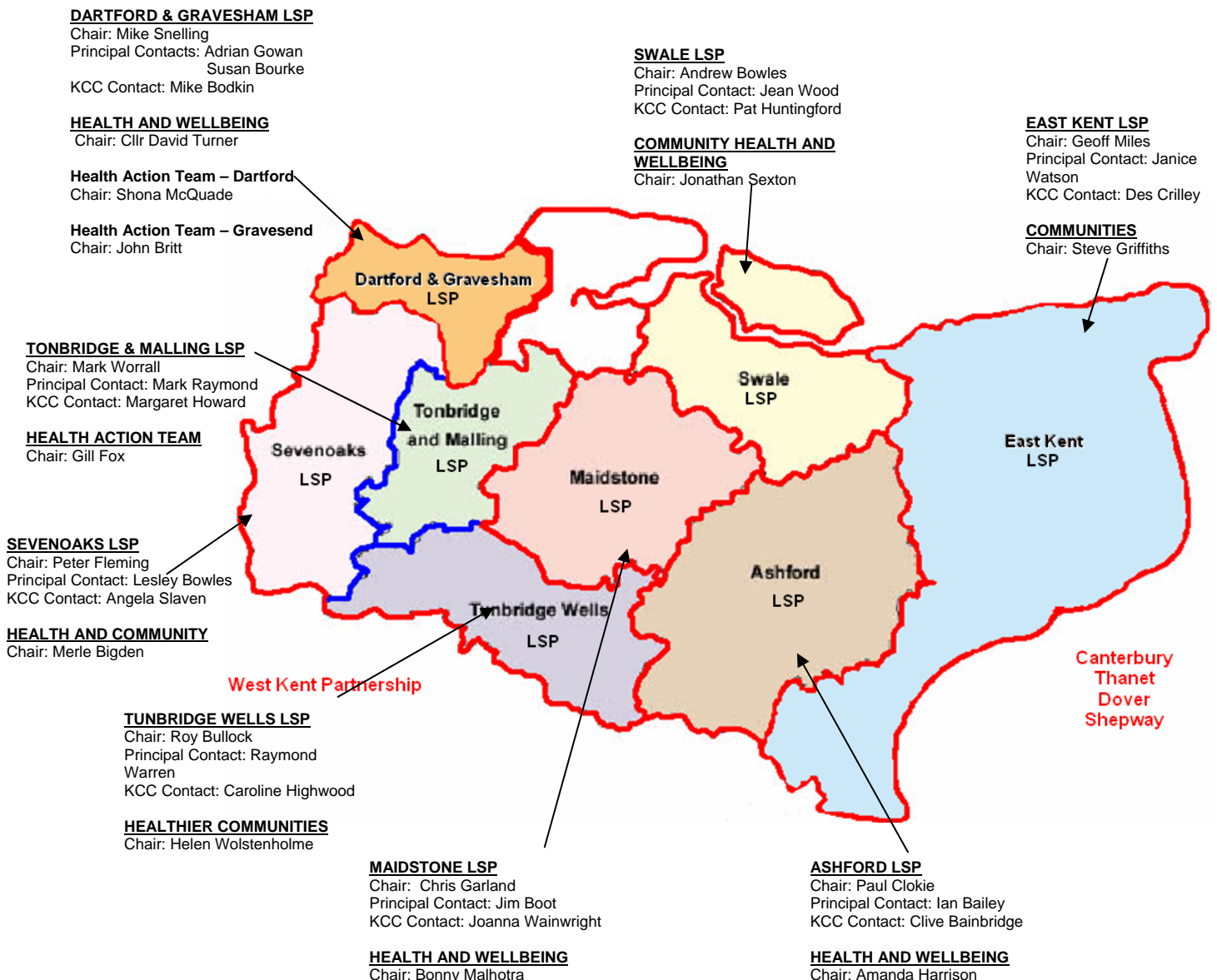


After 2011, Kent Agreement 2 will cease to continue in its current form and the most recent Vision for Kent outcomes will be used to illustrate examples of the health inequalities agenda in Kent.

# KENT COUNTY COUNCIL HEALTH INEQUALITIES STRATEGY 2009-14

Activities and initiatives to reduce health inequalities are delivered locally through a variety of agencies and forums, many of which are delivered through Local Strategic Partnerships and Health and Wellbeing Subgroups and Health Action Teams. These are illustrated on the following map:

## KCC ENGAGEMENT IN LSPs

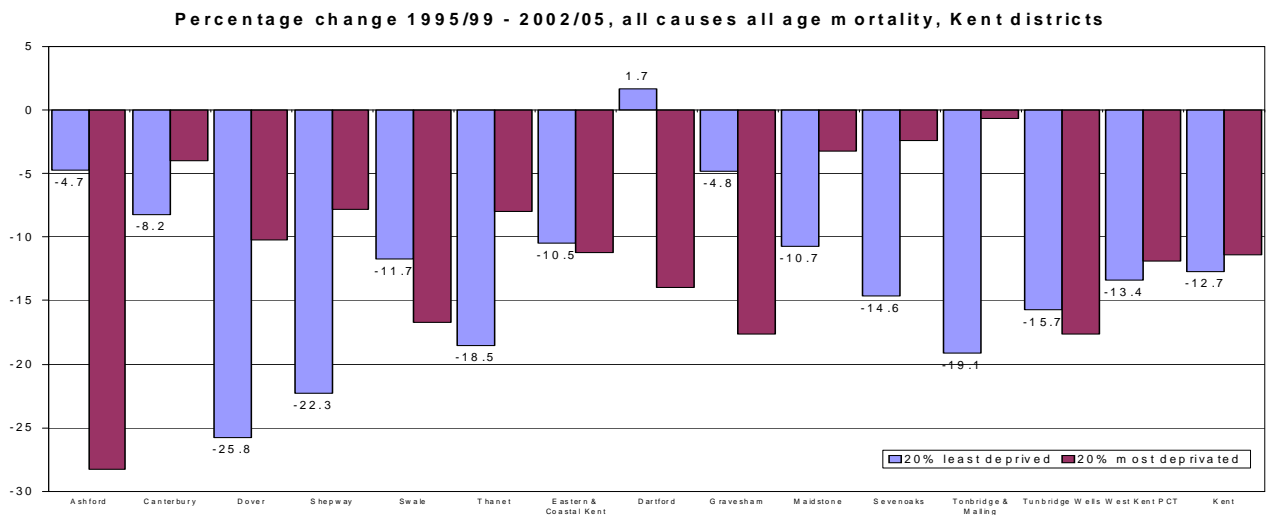


**How are we doing in Kent ?**

Tackling health inequality is about reducing the gap of health variations between the worst off and better off in society to aim towards the same life expectancy. Health inequalities can relate to gender, ethnicity, age, disability, socio-economic status and geography. Some geographic variation can be explained by socio-economic and behavioural factors but there is evidence that the place where people live can affect their health. “The only way to effectively address health inequalities is to tackle root causes which ultimately are to do with poverty.”<sup>2</sup> We also know that health inequalities are the result of a complex and wide-ranging network of factors. The Department of Health reports that those who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population.

In Kent (as well as nationally) all life expectancy is increasing, but there is still a greater life expectancy for those who live in more affluent areas which means that although we are all living longer, the gap in health inequalities is increasing in most areas nationally. However, some areas in Kent are seeing fruitful outcomes to reduce inequalities in areas such as Ashford, Gravesham, Dartford, Swale and Tunbridge Wells where there are larger decreases in mortality rates in the most deprived areas. Other areas are commensurate to the national trend of worsening inequalities where the most affluent groups are seeing greater decreases in mortality rates.

Figure 2 below, taken from the Kent Director of Public Health’s Annual Report 2007 clearly illustrates average standard mortality rates across the highest and lowest deprivation quintiles in Kent.



Source: SEPHO (Ayres) Figure2. All age, all cause comparative differences between 5 year average standardised mortality rates (ASRs) for 1995-1999 with 2002-2006, per 100,000 residents, for highest and lowest deprivation quintiles in each PCT and both<sup>1</sup>.

<sup>2</sup> KDPR Annual Report 2007

<sup>1</sup> KDPR Annual Report 2007

## What are we doing in Kent?

Kent county Council has achieved Level 3 of the Equality Standard for Local Government. It is now aiming for an 'Excellent' rating under the new Equality Framework for Local Government. The County Council is also currently reviewing and updating its Single Equality Scheme and has revised its process for conducting Equality Impact Assessments.

The County Council's policy drivers continue to place health inequalities to the forefront of the public agenda. Some of the longer term policies are still in operation and continue to work towards embedding the reduction of health inequalities into mainstream policy and activity while some have been replaced by more current policies that have set new challenges to reducing inequalities.

The following objectives from key Kent County Council Policies make a prominent contribution to reducing health inequalities and the outcomes are being addressed by representatives from Directorates across the County Council on the aforementioned working group. The Kent County Councils Vision document, 'Vision for Kent' and the six priorities of the Kent Public Health Strategy, 'Live Life to the Full' set the framework for reducing health inequalities within the County Council and partnerships:

<b><u>Policies</u></b>	<b><u>Key Objectives</u></b>
<b>Putting Kent First</b>	Making Kent a great place to live and work
	Promoting a healthy lifestyle for all
<b>Vision for Kent (3 County-wide Ambitions)</b>	Ambition 1: For Kent to be 'open for business' with a growing prosperous economy and jobs for all
	Ambition 2: For no one in Kent to be disadvantaged because of where they live and all have confidence in public services
	Ambition 3: For Kent residents to be responsible citizens, taking pride in making themselves, their families and communities healthy, safe and strong.
<b>Towards 2010</b>	Target 22: Establish a biennial Kent School Games and support Kent sports men and women to compete in the 2012 London Olympics and Paralympics
	Target 47: Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes
	Target 48: Increase opportunities for everyone to take regular physical exercise
	Target 49: Enter into practical partnerships with the NHS, sharing resources to combat obesity and encourage people of all ages to take responsibility for their health and wellbeing
	Target 50: Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex
	Target 51: Encourage Healthy Eating by providing nutritious lunches through the Healthy Schools Programme and launch a range of community based healthy eating pilots
	Target 52: Increase the number of people supported to live independently in their own homes. This will include: Encourage the development of more housing for older people, disabled people and those with special needs. Encourage more people to take control of their care/support through Direct Payments. Take advantage of new technologies, such as expanding our Telehealth and Telecare programmes.

	<p>Target 53: Strengthen the support provided to people caring for relatives and friends.</p> <p>Target 54: Work with our colleagues in the health service to reduce the number of avoidable admissions to hospital and combined resources, where appropriate, to improve the health and wellbeing of the people in Kent.</p> <p>Target 55: Delivered jointly with CFE - ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and to promote their independence.</p> <p>Target 56: Improve older people's economic wellbeing by encouraging the take-up of benefits.</p>
<b>Live Life to the Full: The Kent Public Health Strategy</b>	Reduce the number of poorer people who smoke
	Preventing and managing risks of coronary heart disease, cancer and many chronic illnesses by improving diets and increasing levels of physical activity levels
	Reducing hypertension (high blood pressure) and by better primary care and public health action
	Improving housing quality by tackling cold and dampness
	Reducing accidents at home and on the road
	Help reduce the differences for some people in how likely their infant children are to die by improving the quality and accessibility of antenatal care and early years support for people in disadvantaged areas
	Reduce Smoking by parents and improve nutrition for children in their early years
	Reduce the number of teenagers who become pregnant and support teenage parents better
	Improve housing conditions for children who live in disadvantaged areas or circumstances.
	Increase levels of breast feeding
<b>KASS Business Plan</b>	The 5 Ps: Promoting Independence; Personalisation of services; Prevention; Partnership Working and Performance Improvement.
	Valuing People Now strategy to deliver a vision of equality and transforming lives for everyone, providing equal opportunities for those with Learning Disabilities.
	Develop the Personalisation agenda to strive for equality, personal choice & control and prevent discrimination.
<b>CFE Business Plan</b>	<p>Purpose to ensure that the children of Kent are supported to be happy, healthy, safe from harm, enjoy life and achieve at school, make a positive contribution in their community and to society and go on to achieve economic wellbeing. The needs of the most vulnerable children and young people remain at the forefront of our planning and service delivery. CFE works through the Kent Children's Trust Board with Health, Police, District Councils and other agencies and sectors to ensure the provision of high quality services to support children and families delivered on a community basis through locality arrangements.</p>
<b>Director of Public Health's Annual Report 2007: Inequalities in Health in Kent</b>	<p>Provide details of the current status of health inequalities in Kent and offers 26 recommendations to reduce health inequalities across the seven different priority themes (Adult mental Health, Dementia, Disabilities, Alcohol, Drugs, Housing and Carers Health). The recommendations form agreed actions between the NHS in Kent, Kent County Council and other key partners and reflects the direction of travel for both the NHS South East Coast health Inequality Strategy 2008-11 and the Kent County Council Health Inequalities Strategy. A list of the recommendations can be found in the Annual Report and are also summarised in Appendix 1 of this strategy.</p>



## **The Kent Agreement 2 and Vision for Kent**

The Kent Agreement 2 is the current Local Area Agreement for Kent. It represents key partners and stakeholders working together to achieve a common commitment to improve the wellbeing of the Kent population. For 2008-2011, the Kent Agreement Outcomes include 22 indicators which make positive contributions to tackling health inequalities. These are listed in Appendix 3 on page 64.

After 2011, the Kent Agreement will not continue in its current form and will be superseded by a Partnership Agreement that will agree the strategic outcomes of the Vision for Kent. These outcomes will be delivered within a framework of 3 ambitions:

*Ambition 1:* For Kent to be 'open for business' with a growing prosperous economy and jobs for all

*Ambition 2:* For no one in Kent to be disadvantaged because of where they live and all have confidence in public services

*Ambition 3:* For Kent residents to be responsible citizens, taking pride in making themselves, their families and communities healthy, safe and strong.

These ambitions will greatly influence the reduction of health inequalities in Kent, particularly across recommendations C-E of the Marmot Review, Fair Society, Healthy Lives (below).

Examples of other current innovative projects to support and develop this work are showcased in the Vision for Kent Case Study Showcase 2009. Further details are available in the attached pdf document:

(Please see Appendix 2 for other ways to access this document).



V4K Case Study  
Showcase 2009.pdf

The Council will continue in their commitment to ensure health inequalities are addressed in each of these indicators by concentrating on efforts and partnerships at a local level and improving synergies with the Local Strategic Partnerships and the health inequalities working group.

## **Strategic Review of Health Inequalities in England Post 2010: Fair Society, Healthy Lives**

The Sir Michael Marmot Review reports that a whole population approach is needed to effectively reduce health inequalities, building sustainable, community cohesion and resilience across the whole social gradient and to design interventions commensurate to people's needs relevant to their individual life-course. The summary of the six priority objectives are illustrated below:

**A. Give Every child the best Start in Life** – Reduce inequalities in the early development of physical and emotional health. Ensure high quality maternity services, parenting programmes, child care and early years education to meet need across the social gradient. Build resilience and wellbeing of young children across the social gradient.

**B. Enable all children, young people and adults to maximize their capabilities and have control over their lives** – Reduce the social gradient in skills and qualifications. Ensure that schools, families and communities work in partnership to improve resilience. Improve the access and use of quality life-long learning across the social gradient.

**C. Create Fair Employment and Good Work for All** – Improve access to good jobs and reduce long-term unemployment across social gradients. Make it easier for people disadvantaged in the labour market to obtain and keep work and improve quality of jobs

**D. Ensure healthy Standards of Living for All** – Establish a minimum income for healthy living for people of all ages. Reduce the social gradient in the standard of living through progressive tax and other fiscal policies and reduce the cliff edges faced by people moving between benefits and work.

**E. Create and Develop Healthy and Sustainable Places and Communities** – Develop policies to reduce the scale and impact of climate change and health inequalities and Improve community capital and reduce social isolation across the social gradient.

**F. Strengthen the role and impact of Ill Health Prevention** – Prioritise prevention and early detection of conditions most strongly related to health inequalities and increase availability of long term, sustainable funding to prevent ill health across social gradients

### **Kent County Council Reducing Health Inequalities**

‘Live Life to the Full’, Kent’s Public Health Strategy is endorsed by Kent’s NHS and local authority partners to provide a partnership commitment to addressing public health. The strategy encompasses 6 thematic priorities:

1. Reducing health inequalities significantly
2. Improving children’s mental health and wellbeing
3. Improving sexual health and reducing teenage pregnancies
4. More adults living healthier lives and preventing more disease
5. Enabling more older people to live at home with chronic disease
6. Reducing substance misuse and excessive alcohol drinking

Here, Kent County Council summarises the Directorate’s plans and priorities to addressing health inequalities under the Public Health Strategy’s headings. In addition, each directorate is represented on the Health Inequalities Working Group which is committed to progressing and tackling the issues of inequalities and seek ways in which initiatives and approaches can be evaluated to ensure they are making the right impact.

### **Priority 1.Reducing Health Inequalities Significantly**

#### **1.1 Kent Department of Public Health**

Kent Department of Public Health leads on Live Life to the Full: the Public Health Strategy for Kent. The strategy has been developed along the ethos of the department: to work in partnership across agencies and the County Council to introduce and promote the public health and well-being agenda and address the wider determinants of health profile across partnerships in Kent. The department is composed of Local Authority and NHS- employed staff:

- Led by the Kent Director of Public Health, jointly funded between the Kent NHS PCTs and Kent County Council.

- Delivering Health Improvement, Promotion and Public Health training (modular and academic) to the public sector workforce (with particular reference to the popular accredited Public Health Champions course).
- Managing the Kent Alliance on Smoking and Health (KASH) partnership to reduce smoking prevalence in Kent, address the Custom and Exercise agenda, national and local smoking legislation and support NHS Stop Smoking Services. This is also aligned to the Trading Standards agenda to combat underage tobacco sales at retail premises and vending machines.
- Manage the business operation and support of the Kent Public Health Board
- Provide the policy lead of the Council on the Public Health agenda, Health and Wellbeing, the wider determinants of health and Health Inequalities
- Identifies and leads on innovative national drivers to address key health inequality agendas such as lifestyle behaviours, social marketing, social capital, cultural capital, community cohesion, resilience, co-creation and co-production.
- Lead for the Council on access to health care and relevant issues on quality of health care that lies in the interest of the County Council and the public.
- Lead on Teenage pregnancies in Kent.
- Leads on social marketing, adopting the principles and concepts of social marketing as core to shape and inform the future of policy, planning and delivery. The National Social Marketing Centre's Benchmarking Criteria for Social Marketing is being mainstreamed into the department's strategies and wider.
- Mobilises and connects resources across County Council Directorates, Primary Care Trusts, Local District Councils, the Voluntary Sector and wider.

#### Examples of activities which help address Health Inequalities

**HOUSE** - an innovative social marketing campaign delivering the Towards 2010 Target 50 to raise awareness of the harmful effects of drugs, alcohol, smoking and sexual health to young people. Young people were asked for their views on an effective campaign and unanimously reported that they did not want more health related messages that they felt they knew anyway. In conjunction with PCT services, Kent Youth Service and Kent Libraries and other agencies, we delivered what they did want – a chilled out, non-hierarchical environment which provided them to have somewhere to go, chat with their peers, an environment they could own and respect that was not overtly run by “professionals” out of touch with their needs. HOUSE is a demonstration project of short-term leased shops in each of the 12 town centres in Kent and provides young people with exactly the kind of space they want. HOUSE resembles four rooms in a house, so young people have the feel of going to a friend's house. As well as helping to keep young people fit, the dance machine, wii and music workshops are a particular draw to young people with up to 140-170 young people attending a day. Many of these people are considered 'hard-to-reach' by the nature of them being unknown to local services and agencies. By also addressing confidence, self-esteem and motivation, young people, these young people are very receptive and participate in informal discussions and workshops that raise awareness of the lifestyle behaviours targeted by the project. The way some services are delivered challenge traditional styles of delivery and require a person-centred rather than service-led approach. Young People's feedback on HOUSE and the awareness raising work has been phenomenal with self-reported behaviour change. HOUSE is such a success young people have petitioned to keep it in their area permanently. The learning outcomes of HOUSE will help inform future ways of working.

**Examples of activities which help address Health Inequalities**

**Improving access and quality**

**Kent Health Watch** was launched in October 2008 as a partnership between KCC and the NHS to help local residents express their views and concerns about health and social care in the County. As well as helping people in their dealings with the NHS and Social Care, Kent Health Watch works with the KCC Health Overview and Scrutiny Committee and also the recently established Kent LINK to make sure issues are identified and addressed appropriately.

**1.2 Gypsy and Traveller Community**

Although obtaining recent and accurate data remains a challenge, health inequalities is still pronounced among Gypsy and Traveller communities with life expectancy estimated at twenty years less than the general population. Their health status is lower than any other ethnic group and Gypsy and Traveller mothers are twenty times more likely than other mothers to suffer the death of a child.

The KCC Gypsy and Traveller Unit, along with Kent Primary Care Trusts, Local Councils and other key partners, have initiated direct face-to-face contacts between Gypsy and Traveller organisations to assist with access to GP surgeries, primary care and social care services. This initiative is currently ongoing and is dedicated to working with members of the Gypsy and Traveller Community to significantly improve health outcomes and tackle health inequalities prevalent among these groups.

**Examples of activities which help address Health Inequalities**

The Canterbury Gypsy Support Group have been awarded £80,000 funding from three universities to train people from the Gypsy and Traveller communities to be a “first point of call” for health issues.

The aim of this scheme is to pave the way for Gypsy and Traveller communities to access health care and appropriately address health issues to improve health outcomes with their community. This will be achieved by enabling positive contact between health agencies and Gypsies and Travellers so there can be real engagement and discussion and action over the services and relationships that can reduce health inequality.

**1.3 Mental Health**

Mental Health Services, working in partnerships between KCC, Health partners and the third sector are a crucial factor to addressing health Inequalities for the people of Kent. Mental Health Services have a key role in ensuring that those with mental health needs have fair access and greater opportunities to health outcomes.

This is achieved through a number of targeted interventions:

Target 1: Kent Agreement (NI120: Reducing all age all cause mortality).

Poor mental health significantly contributes to all age all cause mortality in a variety of ways:

- Poor mental health significantly increases the risk of poor physical health and premature death. (DH, Making it Possible, 2005) Mental health problems are estimated to be the commonest cause of premature death and years of life lost with a disability. It is linked to 23% of the burden of disease and 40% of years lived with a disability in high income countries (WHO, 1996 and 1999)
- Mental illness increases the risk of heart disease, diabetes, respiratory disease and infections (Phelan, 2001). A history of anxiety and depression has been found to be a stronger long term predictor of heart disease than smoking in men and is associated with an increase in cancers (Weitof 2005)
- A diagnosis of schizophrenia reduces life expectancy by 10 years largely due to physical health problems and death, mainly from infectious diseases, endocrine, respiratory, digestive and genitourinary disorders which are significantly more common in adults with severe mental illness. (Harris 1998)
- People with poor mental health also exhibit more behaviours that are detrimental to overall health with poor diets, less exercise, heavy smoking, drug and alcohol misuse (Phelan, 2001). These behaviours contribute towards poor physical health and premature death.
- Suicide is one the leading cause of years of life lost in the UK.

Services are targeted to contribute to the reduction of all age all cause mortality for those with mental health needs:

- Mental health promotion to prevent the development of mental ill health in the population and in high risk groups.
- Appropriate and timely mental health services for all mental health disorders.
- Awareness of the physical health needs of people with poor mental health and services in place to assess and appropriately treat them in a timely fashion.
- Implementation of a clear suicide prevention strategy.

For secondary care services Quality Performance Indicators have been set to improve the physical health outcomes for individuals with more complex mental health needs.

These Quality Performance Indicators include:

- nutritional assessments
- observations of physical health - % on time, fully completed, and correct patient observations (Older People with Mental Health) - target 70% rising to 80% in Quarter 4
- All clients on CPA to have physical health checks in last 12 months - target 80%
- Health Inequalities and the Black Minority Ethnic (BME) community
- To address the Health Inequalities of the BME population Kent County Council and Kent Primary Care Trusts have Commissioned 'Rethink' to deliver the Community Development Worker Project across Kent.



- Rethink Community Development Workers (are part of the Department of Health initiative to deliver race equality in mental health care, improve workforce skills (cultural capability to reduce direct and indirect discrimination), improve satisfaction rates (ensure services are appropriate and responsive), improve pathways into services (better use of primary care) and to ensure service users and carers experiences influence commissioning at a local level.
- The Community Development Workers in Kent work in partnership with Local Authorities, Mental health Trusts, Primary care Commissioners and the Voluntary sector to improve equality in access, experience and outcome for the local BME population. The placements across Kent are based on local need and cover a variety of work streams from training on 'race equality and cultural capability' (Ferns Associates), to mapping of local services and engaging with Users and Carers to improve service provision.
- The Community Development Workers team have had a placement with the KCC mental health contracting team with a view to improving 'Equality and Diversity' in the voluntary sector and is to include a 'social inclusion charter' to the procurement framework to allow providers to set an action plan to be performance managed against and to provide workshops to raise awareness on equality and diversity
- Further details about Mental Health Service's commitment to addressing health inequalities and information about its strategy and services are available in the Directorate's Mental Health Service's Business Plan 2008/9.

#### **1.4 Combating Deprivation and Supporting Independence**

Kent has some of the South East's and England's highest concentrations of deprivation, most notably in the coastal towns. More dispersed pockets can also be found at a ward and neighbourhood level across Kent's urban and rural communities. Kent's regeneration challenge is therefore to combat deprivation and lead the way through its Supporting Independence Programme. This means a focus on both place and people based initiatives, which integrate physical regeneration, jobs and skills, health and environmental initiatives.

The **Supporting Independence Programme** (SIP) was launched by the County Council in 2002. The initiative brings together a wide selection of partners in the public, business and voluntary sectors to implement co-ordinated initiatives which will help residents to lead more independent lives. SIP is based upon key strands of action including the analysis of welfare expenditure, assessing current activities, and developing specific actions in areas of need. Social inclusion is a key element of SIP and particular attention is given to groupings of the most deprived residents including school leavers with low educational attainment, people with alcohol and substance abuse, residents with health problems and the long term unemployed.

Kent County Council's Supporting Independence Programme takes a very strong evidence-based approach to look at the ten most disadvantaged and marginalised groups in Kent. It endeavours to foster strong working relationships with the County Council's partners in the public, private and voluntary sectors to look at delivering their resources to the areas and people that need them the most. The ultimate aim is to support, co-ordinate and refocus the County Council's work and that of our partners in the private, public and community sectors in order to help people achieve greater independence and lift themselves out of dependency. There are two central themes that run through the core work of the Supporting Independence

Programme – employment and skills and training and education, and all SIP’s work is undertaken with this in mind. Tackling health inequalities through a prevention and responsive approach is fundamental to SIP’s agenda.

The preventative arm focuses on young people and ensures that they are given the right advice, support and opportunities to go on and reach their potential and not move in to a life of dependency. The responsive arm of the programme is focused on those who are already living dependent lives, for whatever reason, and looks to ensure that they overcome their personal barriers and are able to move into independence.

SIP is leading on “Backing Kent Jobs” – which will provide innovative high-quality jobs and training for 1000 unemployed young people commencing in October for 18 months. It is primarily aimed at 18-24 year olds approaching 12 months on Job Seekers Allowance, but is also open to people located in unemployment hotspots around Kent and is expected to promote employment opportunities in areas of high unemployment and social disadvantage.

In addition, as part of the Kent County Council’s Towards 2010 vision document, 1000 more Apprenticeship opportunities will be created across the public and private sector in Kent. 250 of these Apprentices will be hosted with KCC itself.

#### Examples of activities which help address Health Inequalities

SIP leads on **Kent Success** - an innovative Apprenticeship Programme launched in December 2005 designed to provide top quality training and employment opportunities for young people aged 16-19 throughout Kent County Council and other public sector employers. The apprentices are referred from a variety of sources, such as the Connexions network, schools, careers events or self-referrals. Following individual interviews and assessments applicants are interviewed by their prospective placement to confirm their suitability for the position. The Apprenticeships are offered in a diverse range of skill areas including Business Administration, Customer Service, Care, Childcare, Warehouse & Distribution. Apprentices will complete a NVQ at level 2 plus a technical certificate in the relevant subject together with Key Skills where required.

#### 1.5 KCC Libraries and Archives

Kent Libraries and Archives are involved in schemes and initiatives to help with employment provision. Some of these are:

- **Time 2 Give** A volunteering programme in Libraries & Archives managed by CSV offers enjoyable and worthwhile volunteering across the county’s libraries. A wide variety of opportunities and activities are available for all abilities including those who are not in employment for reasons of ill health. Some volunteers are supported by their carers. Not only does volunteering help develop skills but also builds up confidence and a sense worth.
- Work experience opportunities.

- Apprenticeship scheme. Working closely with Kent Success. Currently have 2 Apprentices working at Maidstone & Herne Bay libraries. This is a great opportunity to help get young people into work.
- Course, study support, career and job seeking resources free in libraries. Kent Libraries also subscribes to online products that support people's search for jobs or setting up/ developing their own business (e.g. Fast Tomato, COBRA, KOMPASS) and Ask a Kent Librarian offers a business service to small and medium sized businesses (free currently to Kent-based ones as part of our drive to support businesses through the recession)
- Resources to support literacy and numeracy.
- Many libraries host surgeries with Connexions (for young people) or Next Step (for adults) for advice on careers, CV writing and interviewing techniques
- KEY training groups visit Canterbury and Gravesend libraries to gain knowledge of the resources available.
- Free access to PCs, with a range of Microsoft office software and internet access.

### **Tackling social isolation**

- Libraries provide neutral non-judgemental environments
- They are a safe place to see and meet people. Libraries are often a lifeline for the elderly and the mentally ill, job seekers and those wishing to pursue interests outside of recognised traditional learning environments.
- Many clubs meet in libraries e.g. Knit and Natter at Edenbridge, The Tea Set at Seal.
  - Home Library service provides regular visits by volunteers to homebound customers to deliver/exchange books and other library materials.
  - Mobile libraries visit remote rural and urban communities.
  - Libraries & Archives Open Access Service provides:
    - collections of books (including Reading Group book boxes) and audio-visual delivered to residential and nursing homes, sheltered housing, day centres and hospitals;
    - poetry and prose sessions for residents of the above are currently delivered by staff;
    - collections of materials for reminiscence sessions.

### **Targeting the workplace**

- Promoting Reading groups – a great way to meet people and share views about books For further information visit [www.kent.gov.uk/leisure-and-culture/libraries/services-for-everyone](http://www.kent.gov.uk/leisure-and-culture/libraries/services-for-everyone)
- Libraries and Archives are trying to engage with local workplaces but owing to the current recession businesses have other priorities.

The Communities Directorate is also responsible for KENT AGREEMENT 2 Indicators for this priority which also impact on health inequalities:

#### Indicators for which the directorate is responsible

- NI 8 - Adult Participation in Sport and Active Recreation;
- NI 11 - Engagement in the Arts;
- NI 111 - Reducing first time offenders;

Indicators to which the directorate contribute

- NI 152 - Out of Work benefits (SIP);
- NI 6 - Volunteering
- NI 21 - Concerns about Anti-social behaviour (Community Safety)
- NI 32 - Domestic Violence (Community Safety)

**1.6 Health and Housing**

The quality and condition of our homes can make a major contribution to the quality of our lives and physical and mental wellbeing. Clear links can be made between poor housing and health inequalities. The availability of good housing that meets the diverse needs of our households is a key component of any comprehensive response to health inequalities in Kent. Helping the people of Kent to live healthier lives must include helping to ensure their housing conditions promote good health.

The Regeneration Framework identifies Housing as a key challenge for Kent and makes a commitment to develop an integrated Housing Strategy in partnership with the Districts and Boroughs to respond to the challenges that exist across Kent.

The Kent and Medway Housing Strategy is supported by a Kent Strategic Housing Market Assessment (SHMA) that in part examines the impact that housing has on the distribution of inequalities in health. In addition, the study develops an analysis of the distribution of vulnerability and the features and drivers in the housing market that results in concentrations of deprivation in certain locations in Kent.

The Kent and Medway Housing Strategy has a series of recommendations that will directly impact on the Key Objectives of the Health Inequalities Strategy.

**1.7 Kent Highways Services**

The Kent Transport Plan is closely aligned to the *Vision for Kent* and Kent's *Local Area Agreement 2* and is committed to reducing health inequalities, recognizing that transport, particularly public transport, is an essential means for people accessing employment, education, shops, health care and social network opportunities.

In the long term, the Directorate's vision by 2025 for Kent is:-

*"To provide good, safe accessibility to jobs and services for all sections of the community in Kent, and to improve the environment and health of the community by reducing congestion and pollution, widening the choice of transport available, and by developing public transport, walking and cycling."*

In summary, Kent will be a better and healthier place to live, work, learn, play and travel.

Transport is essential for giving people access to work, learning, health care, food shops and leisure activities. Those without access to a car can be excluded from life opportunities if they are unable to reach these destinations by other means. This applies especially to disabled people, younger and older people, carers, people from ethnic communities and those on a low income. Accessibility can be reduced as a result of the cost of transport; its availability or the

lack of knowledge of its availability; the fear of crime, and by the transport itself being physically difficult to use. Relatively high levels of deprivation, low car ownership and a dispersed settlement pattern exist in Kent, making accessibility a particularly relevant issue for over 1 in 5 households in the County.

Kent Highways services have a targeted approach to reducing health inequalities through public transport.

Improving accessibility is recognized as an important issue at national and local levels and is amongst the shared priority objectives for Kent. The Access Strategy for Kent, which feeds into the Transport Plan, targets public transport particularly at the 22% of households who do not have a car where there is difficulty for some residents to reach jobs and key services. Although Accessibility Planning is designed to deliver benefits for all residents, an emphasis is given to groups in the community which are currently socially excluded and need help to improve access to key life opportunities. The Plan has been developed through extensive stakeholder consultation and public engagement. The accessibility action plan developed in the ASK focuses upon lone parents and teenage parents and proposes more detailed study work to identify barriers to employment in urban and rural areas of the County and determine suitable locations for employment creation. Initially, the programme of work addresses these issues in the deprived urban areas of Thanet and rural parts of Romney Marsh which are characterised by similar issues. In addition to transport and locational constraints, wider issues will also be explored to promote a co-ordinated approach including the specific needs of disabled people and a lack of childcare facilities which can make employment difficult to reach. The Local Transport Plan has more detailed information demonstrating the targeted approach of public transport priorities (such as wards with the highest percentages of single parents on income support. This includes Newington ward where 6.8% of the resident population are single parents on income support). In addition, free travel for the elderly is a huge boon for those using public transport to health care.

#### Examples of activities which help address Health Inequalities

The key consideration and criteria for investment in Quality Bus Partnerships (such as The Thanet Loop accessing the Queen Elizabeth Queen Mother (QEQM) hospital site in Margate) is access to health care and employment. The Thanet Loop has now become an essential hospital link for many people living in Broadstairs, Margate and Ramsgate through the provision of low floor, easy access vehicles which provide good access for wheelchairs. This enables more effective co-ordination of the public health functions which will promote the health and wellbeing of Kent residents.





Low Floor Bus on Thanet Loop Service

Significant investment is being made in local public transport in the area through the Fastrack scheme and Arriva Southern Counties is refurbishing existing vehicles in the fleet to a high standard. Expanding the coverage of CCTV will improve security and safety across the local bus network and improve passenger confidence, particularly amongst vulnerable users.

Growth on specific bus projects such as the Canterbury triangle, Thanet Loop and Dover-Deal Diamond is around 20% per annum. Many of the passengers are elderly people who were previously unable to use conventional bus services.

Kent County Council also provides a network of dial-a-ride services in rural areas for those without access to cars and who cannot use ordinary buses. Again, this is an essential part of everyday life for hundreds of disabled and elderly people living in rural Kent.

Further details about Kent Highway Service's commitment to addressing health inequalities and more information about the services and examples are available in the Kent Transport Plan 2006-11: <http://www.kent.gov.uk/static/local-transport-plan/index.html>

(For other ways to access this document, please refer to the Appendix 2 at the back of this document)

### **1.8 Healthy Lives – Healthy Eating, Childhood Obesity and Healthy Schools**

The National Healthy Schools Programme recently celebrated its 10<sup>th</sup> anniversary and in Kent the programme is going from strength to strength. 84% of Kent schools have achieved National Healthy School Status. 100% of schools are now engaged in the programme.

The National Healthy Schools programme in Kent is currently run in partnership with the County Council's Children, Families and Education Directorate and the NHS to provide a fully supported whole-school approach and opportunities to enhance the health and well-being of children and young people.

For schools that have achieved the National Healthy Schools Status there will be an opportunity to engage with the new Healthy Schools Enhancement Model. This new model has a significant role to play in the health and wellbeing agenda and has been designed to help schools develop their wider thinking and the planning they will need to do, in order to achieve better outcomes around health and well-being for children and young people. The enhancement model links to new policy developments such as Ofsted's new inspection requirements and is closely aligned to the well-being indicators, Child Health Strategy and 21<sup>st</sup> Century Schools.

As part of the enhancement model, schools select 2 priorities; a local priority (from the local Children and Young People's Plan) and a school priority. Schools are encouraged to work closely with key partners such as local councils, multi-agency groups and the wider communities in local groupings to tackle locally agreed health and well-being outcomes such as obesity and teenage pregnancy. The new enhanced model provides CFE and the Kent Children's Trust Board with the means of ensuring that health and wellbeing outcomes are at the forefront of school's planning whilst also having a presence in Kent's CYPP priorities.

For more information on the new National Healthy Schools Enhanced Model, please visit [www.healthyschools.gov.uk](http://www.healthyschools.gov.uk). Contact Kendra Stanley-Berridge, Healthy Schools Project Officer on 01622 644595 [kendra.stanley-berridge@kent.gov.uk](mailto:kendra.stanley-berridge@kent.gov.uk).

For more information on Kent Extended Services please visit [www.kent.gov.uk/kentextendedservices](http://www.kent.gov.uk/kentextendedservices). Contact 01622 694991.

#### Examples of activities which help address Health Inequalities

##### **Spark Transition Project – Tunbridge Wells and Cranbrook & Paddock Wood partnerships**

Spark: a multi-agency project co-ordinated by Children, Families & Education's Extended Services which helps to support parents and vulnerable children through transition from primary to secondary school. The project has three main aims. To identify children in year 6 attending primary schools who are considered at risk of experiencing difficulties when making the transition into Secondary school. To offer parenting support, with a key focus on enabling parents to support their child through transition. Lastly, to provide parents with an opportunity to establish a positive and constructive working relationship with the school. The project is delivered by Family Liaison Officers (FLOs) and Parent Support Advisers (PSAs) in both partnerships. Partners involved in the delivery included Health Visitors, School Nurses, Social Services, Charlton Athletic, schools and the voluntary sector, Power Project, Support Services for Kids and Young People (SSKY), Town and Country Housing Group. A total of 124 children were referred to the 3 Spark projects which ran across the partnerships at Skinners Kent Academy, Mascalls School and Angley School. Activities include one-to-one work with parents, dropin sessions with Family Liaison Officers after transfer to Secondary schools, activities and transition activities in the Summer holidays after Year 6 and during key holiday periods in Year 7. This project is due to be extended in both partnerships to support pre-school to primary school transition. **CYPP Priority 2**

In the Communities Directorate, the Trading Standards Directorate provides consumer education activity to assist consumers in understanding food labels to make healthier choices. Examples include a project with the Tenterden Day Centre to train staff and volunteers in order that they can support their clients who have disabilities or are elderly choose healthier diets. Trading Standards is also continuing Healthy Event Fun Events with primary schools (which are linked in with libraries and Gateways targeted in local areas of high deprivation).

Trading Standards also inspect food and animal feed premises and undertake sampling for analysis by **Kent Scientific Services**. This activity

- o ensures that food and feed is not contaminated so as to be prejudicial to human health including food allergens
- o examines food labelling specifically claims e.g. low fat, high fibre and nutrition information is accurate providing confidence to consumers that food labels can be relied upon in making healthier food choices
- o provides information to encourage manufacturers to reformulate foods that are lower in fat, saturated fat, sugar and salt

Loan Sharks – Trading Standards are working with Birmingham Illegal Money Lending Team to target loan sharks in Kent. This will primarily impact on deprived areas in respect of economic, mental and physical wellbeing.

Those who are economically deprived can be tempted, through social pressure, to invest in cheap, fake goods which are invariably of poor quality and, in some cases, unsafe. Trading Standards aim to tackle continued investment in counterfeit goods which can fund organised crime and affect local business and therefore job prospects.

### **1.9 Tobacco Control and Smoking**

KCC Libraries and Archives are also involved in tackling smoking in a number of ways:

- Working in partnership with both Eastern & Coastal Kent PCT and NHS West Kent Stop Smoking PCT Advisor Teams to promote library buildings as possible suitable venues for stop smoking sessions.
- Also working with the stop smoking service to have staffed stands promoting the local stop smoking sessions.
- Stop smoking sessions are being held at Newington, Margate and Ramsgate libraries.
- Have also been held at Tonbridge Library.
- A Stop Smoking Advisor has used Coldharbour Library to signpost people to stop smoking sessions at The Grand, Gravesend.

### **1.10 Physical Activity and Exercise**

Kent Sport, Leisure & Olympic Service is located in the Communities Directorate and contributes to Health Inequalities through a range of physical activity and exercise initiatives across all age groups and diversities in Kent.

An example of these are:

- Working with other 2012-Legacy 'Beacon Councils' London Borough of Hackney and Essex to deliver 'Local Leadership, Local Legacy', a Government 12 month programme exploring how best we can share sport and physical activity within a wider 2012 context as contributors to addressing health inequalities
- Lead service for NI8 - Adult Participation in Sport and Active Recreation, working with a wide range of partners including health, leisure, business and other community organisations to co-ordinate information, promotion, family activity, workplace health, Free Swimming and wider strategic co-ordination of health and leisure
- Developing and promoting [www.activekent.co.uk](http://www.activekent.co.uk) alongside the two PCTs in East and West Kent, promoting a wide range of locally based activities and opportunities
- Ensuring that promotional material for activekent is distributed widely to practitioners who are dealing with vulnerable individuals and families - GPs, Family Liaison Officers, Extended Schools Officers, Health Trainers (and hopefully Care workers)
- Supporting the Free Swimming initiative in Kent, enabling local authorities to target user groups within their local communities from Looked After Children to vulnerable families, disabled people and older people
- Providing a disability sport service enabling more disabled people to become involved in sport and activity, both formally and informally
- Co-ordinating the Kent School Games, enabling all schools across Kent to become involved at local level leading to County Finals (opportunities for both non-disabled and disabled young people)
- Working with the Youth Service, Youth Offending Service and Community Safety Team to run a Sport Leaders Project to support partners work in Positive Activities for Young People, Youth Offending and Anti Social Behaviour.

**Kent County Council Directorates' Actions for Priority 1:**

Action. KA2 Target		Directorate
<b>Priority 1. Reducing Health Inequalities Significantly</b>		
NI8	Adult participation in Sport and Active Recreation	Communities
NI 15	Serious violent crime rate	Communities
NI 21	Dealing with local concerns about anti-social behaviour	Communities
NI 152	Working age people on out of work benefits	Communities
NI 195	Improved street and environmental cleanliness	Environment, Highways Waste
NI 175	Access to services & facilities by public transport, walking & cycling	Environment, Highways Waste

*Further details about these actions are provided in the Action Plan summary on page 61.*

## **Priority 2. Improving Children's Mental Health and Wellbeing and Reducing Child Poverty:**

The Children Families and Education Directorate leads the development of Children's Services in Kent through the Children's Trust. The Directorate actively aims to address inequalities in the child population and narrow the gap in children's health, wellbeing and life chances. The vision of the Kent Children's Trust is: *'In Kent's successful communities achievement exceeds aspiration, diversity is valued and every child and family is supported. Children and young people are positive about their future and are at the heart of joined up service planning. They are:*

- *Nurtured and encouraged to live at home*
- *Inspired and motivated by learning*
- *Safe and secure in the community*
- *Living healthy and fulfilled lives'*

This guides the Trust in delivering the five Every Child Matters outcomes for children and young people, measured by robust needs assessment at Kent and local level:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

The Local Children's Trust Boards (LCTBs) play a central role in improving outcomes for local children, young people and families through integrated commissioning and front line delivery, with each of them producing their own local plan with family centred approaches, putting the needs of children, young people, parents and carers at the centre of decision making and with clearly identified outcomes. There is also emphasis on better communication and integration between services with greater focus on strategic and preventative response to needs<sup>3</sup>.

In addition the Kent Children and Young People's Plan identifies eight priorities that contribute to addressing health inequalities and the wider determinants of health. All are aimed at narrowing the gap between those who achieve well against the five Every Child Matters outcomes and those who achieve less well. The summary of the eight priorities are:

1. To reduce the impact of poverty on children's lives by tackling the underlying causes and mitigating the effects
2. To draw on and improve resilience in children and young people to help them make informed and healthy/safe choices and develop coping strategies. To include a focus on children and young people with emotional and/or mental health problems.
3. To improve parenting by implementing Every Parent Matters and developing more effective multi-agency support and early intervention for families experiencing problems.
4. To improve the quality and stability of housing for vulnerable children and young people through to early adulthood.

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<sup>3</sup> Following the Kent Children's Trust review the LCSPs have been replaced by 12 district based Local Children's Trusts (partnerships).



5. Supporting vulnerable children to improve their life chances including improving the achievement and quality of life for young carers by implementing the Young Carers Strategy.
6. To ensure more young people have things to do and safe places to go in their leisure time and improve outcomes for adolescents at risk to themselves and potentially to others.
7. To increase engagement and participation by young people in education, employment and society in order to prevent disaffection and improve security.
8. Children and young people are safe and feel safe in the communities where they live, go to school, play and work – with a focus on taking action to reduce the incidence and impact of bullying at school and in the community.

Further information on these priorities can be found at [www.kenttrustweb.org.uk](http://www.kenttrustweb.org.uk)

But before inequalities can be addressed to narrowing the gap the Kent Children's Trust Needs Assessment provides evidence of what works well and where areas for improvement/development need attention. The needs assessment identifies:

**What is going well:**

- Low incidence of babies born with a low birth weight
- Low rate of infant mortality
- Arrangements for agencies to collaborate in keeping children and young people safe
- Children's social services' performance on referrals, assessments, and reviews
- Looked after children benefiting from permanence in their lives
- Roll-out of extended services and Children's Centres
- Educational attainment at GCSEs
- Many opportunities for young people to have a say
- Many young people are involved in making a positive contribution to others
- Lower incidence of first time youth offending
- Incidence of 16-18 year olds not in education, employment or training (NEET)
- Participation in vocational education
- Workforce commitment
- Track record of strong service management
- Agreement of inter-agency governance & new CYPP

**Key areas for improvement /development**

- Mitigating the effects of poverty/low income is a critical area to improve, as the impacts are seen across the Every Child Matters outcomes
- Teenage conceptions
- Substance misuse
- Safe environments - safe places in areas where young people live, and road safety & transport
- Attainment of children and young people from low income families
- Early childhood development (including a healthy start in life)
- Improve feedback to young people to show them how their views are being taken into consideration
- Better understand why some young people are not engaging in positive activities
- Housing—assessing, planning and responding for vulnerable families and young people
- Integrated strategic & governance support (including resources strategy)

- Integrated processes (Children and Families)

**Examples of activities which help address Health Inequalities**

**Extra support for families who need it from Children, Families and Education**

CFE offers support to parents in both formal and informal ways, offering parents access to information and guidance on issues that may affect their children and wider family, including sexual health, relationships and drug abuse especially at times of change and transition (ie. Starting secondary school). Parent Support Advisers (PSAs) and Family Liaison Officers (FLOs) are available through schools to support parents and carers. This support also provides opportunities for parents to learn alongside their children (eg. Family learning sessions and parenting groups).

We also offer “structured parenting programmes” which differ from informal groups that may be run in response to specific needs. Structured parenting programmes commonly used in Kent are:

- Mellow Parenting
- Webster Stratton – Incredible Years
- Strengthening Families, Strengthening Communities
- Solihull Parenting Programme
- Positive Parenting.

**Trading Standards – National Young Consumer of the Year.**

Trading Standards participates in the National Young Consumer of the Year competition and Consumer Challenge (specifically for children with learning difficulties). These competitions are education projects dealing with a variety of consumer issues to enable young people to be confident consumers.

**Kent Sport, Leisure & Olympic Service – Actions for reducing inequalities**

- Managing the Sport Unlimited programme, providing a wide variety of sports and physical activities for young people across the whole of the County, with activities in every district.
- Providing the two PCTs with the activekent postcards to put into the national Weight Measurement programme result letters related to young people in Reception and year 6
- Co-ordinating the Kent School Games, enabling all schools across Kent to become involved at local level leading to County Finals (opportunities for both non-disabled and disabled young people)
- Using the Olympic and Paralympic Games to inspire local people, including the Pass the Passion work in Dover regarding the Olympic Torch
- Working with the Youth Service, Youth Offending Service and Community Safety Team to run a Sport Leaders Project to support partners work in Positive Activities for Young People, Youth Offending and Anti Social Behaviour.
- Working with schools in Kent to provide sport and physical activity opportunities for young people including disabled young people, with links to community sport

Children, Families and Education directorate lead on implementing the Parenting Strategy, adopting evidence based approaches to reducing children's aggressions and behaviour problems. Under this strategy, families who need it are supported to increase their social competences.

The Directorate also leads on Personal Social and Health Education of Kent's children and young people through our schools. PSHE is a planned programme of teaching and learning that helps to give children and young people the knowledge, skills and understanding they need to lead confident, responsible, healthy and independent lives. It aims to help them understand how they are developing personally and socially and tackles many of the moral, social and cultural issues that are part of growing up. The PSHE Strategy contributes to reducing teenage conceptions and reducing drug and alcohol misuse as well as helping with a wide range of other health related issues. The CFE PSHE Strategy can be found at:

[http://www.kenttrustweb.org.uk/UserFiles/CW/File?Policy/Key\\_Policies/PSHE\\_Strategy.pdf](http://www.kenttrustweb.org.uk/UserFiles/CW/File?Policy/Key_Policies/PSHE_Strategy.pdf)

From September 2010, the Local Childrens Service Partnerships will reform into 12 Local Childrens Trust Boards that will be responsible for the local delivery of childrens services. Further details about Children, Families and Education's commitment to addressing health inequalities and more information about the services and examples are available in the following documents:

- Shortcut to: Positive About Our Future: Kent Children's and Young People's Plan 2008-2011: <https://shareweb.kent.gov.uk/Documents/education-and-learning/plans-and-consultations/strategic-plans/cfe-cypp-09.pdf>  
[http://www.kenttrustweb.org.uk/Children/kct\\_performance\\_framework.cfm](http://www.kenttrustweb.org.uk/Children/kct_performance_framework.cfm)
- Every Child Matters:  
[http://www.kent.gov.uk/adult\\_social\\_services/leaflets\\_and\\_brochures/active\\_lives\\_leaflet.aspx](http://www.kent.gov.uk/adult_social_services/leaflets_and_brochures/active_lives_leaflet.aspx)

<http://www.dcsf.gov.uk/everychildmatters/>

(For other ways to access these documents, please refer to Appendix 2 at the back of this document)

The Communities Directorate is also working with the Children, Families and Education directorate to influence health inequalities by contributing to the following KENT AGREEMENT 2 Indicators:

Indicators for which the directorate is responsible;

- NI 110 - Positive activities for young people;
- NI 161 - Learners achieving Level 1 qualification in literacy
- NI 162 - Learners achieving an Entry Level 3 qualification in numeracy.

Indicators to which the directorate contribute

- NI 163 - Level 2 Skills (SIP and KEY);
- NI 117 - Reducing young people not in education, employment and training (NEETs - SIP / KEY, Youth, YOS)
- NI 21 - Concerns about anti-social behaviour (Community Safety)
- NI6 - Participation in Regular Volunteering

### **KCC Libraries & Archives**

KCC Libraries & Archives are working towards the **KCC Towards 2010** targets one of which is to improve health, care and well-being of people in Kent by working in partnership with public, private and voluntary sectors to help people lead healthy lifestyles.

Health & wellbeing is not viewed as being just about illnesses, nutrition and exercise. Most of the Libraries contribution addresses mental wellbeing, general happiness and intellectual improvement. It also aims to improve people's quality of life through the following activities:

#### **0-5 year olds**

- Regular Baby Bounce and Rhyme sessions and story times - these are very popular and contribute to child development from the earliest age. They help mothers suffering from post-natal depression or isolation as they encourage them to get out and meet people in a safe and friendly environment. They also help introduce or reinforce literacy and numeracy skills for parents with low education attainments with no stigma attached.
- Bookstart scheme - the initial pack is delivered in partnership with the Registration Service; Bookstart Plus is given out at 18 months by Health Visitors and the Bookstart treasure boxes are distributed via pre-school setting and other agencies.
- Annual Bookstart Book Crawl – this scheme fosters a library habit which we hope children will maintain.
- Health visitors access some libraries to deliver schemes and activities; e.g. for First Time Mums clinic and hearing tests.
- Partnership working with Sure Start partners to promote the Library & Archives Service to parents/carers and their families (e.g. at Children's Centres), also Home Start and other family organisations.

#### **School age children**

- Work in partnership with schools to ensure that each reception child receives a free book as part of Booktime, which is a national initiative. Teachers and parents are given information including how to encourage children to read for pleasure.
- Regular school visits to libraries for book exchanges or themed visits to help children learn about their community or how to use their library.
- There are Homework clubs in some libraries run by staff and volunteers, which offer help with projects in an alternative setting to school, which is relaxed and informal.
- Free printing and photocopying for homework purposes.
- Access to computers and the Internet free of charge (under 16s need parental permission to use the internet).
- Using their free library ticket and pin number access is provided to our on-line services via the website with our popular Ask a Kent Librarian service.
- Annual Summer Reading Challenge, which is highly successful. This helps children continue reading over the summer holidays.
- There are a number of reading groups held in libraries. Some are aimed at primary pupils and others are for teenagers.
- Family Learning week in October - events are often delivered in partnership with Kent Adult Education – e.g. healthy lunch boxes, creative writing workshops, and family history sessions.

- Engage with new government initiatives- Book ahead, Booked Up and Boys into Books (2008)
- Consult with young people and their parents/carers e.g. at Sherwood Library a parent focus group selected new health and self help books with library staff for their community centre.
- Work with Child and Adolescent Mental Health Teams e.g. in Feb 09 at Tunbridge Wells the local CAMH team had a display in Tunbridge Wells Library with CAMHS staff.

#### Looked after children

- Carers are offered information and training on the role of libraries in children's education and development. They are entitled to a group ticket which enables them to borrow up to 30 items for up to 8 weeks with no fines or reservation fees. KCC Libraries and Archives have produced a 'Books for Caring' leaflet that provides a list of books on topics such as adoption, bullying, being in care and refugees. All can be borrowed through Kent libraries.

#### Life checks

- Life checks – KCC Libraries and Archives are currently working with the Child Health Promotion Programme Project Manager to promote NHS Life checks. We have added the general link to KCC Libraries & Archives health online resources page on the website at
- [http://www.kent.gov.uk/leisure\\_and\\_culture/libraries/online\\_library\\_services/online\\_reference\\_library/health\\_and\\_wellbeing.aspx](http://www.kent.gov.uk/leisure_and_culture/libraries/online_library_services/online_reference_library/health_and_wellbeing.aspx)

#### Teenage health

- Working with partners to reduce teenage pregnancy
- Working with YAPS (Young Parent Groups) to reduce teenage pregnancy
- Participating in the **HOUSE** project for Young People (see case study on page Consulted with a teenage focus group on the design of the Coldharbour library teen room and to select and review teen stock.
- Headspace project at Folkestone - a joint venture with the Youth Service and the Reading Agency aimed to use teenagers to champion reading to their peers.

#### Kent County Council Directorates' Actions for Priority 2:

Action. KA2 Target		Directorate
<b>Priority 2. Improving Childrens Mental Health and Wellbeing</b>		
NI 21	Dealing with local concerns about anti-social behaviour	Communities
NI 111	First time entrants to the Youth Justice System aged 10-17	Communities
NI 163	Aged 19+ qualified to at least level 2	Children, Families & Education

NI 117	16-18 year olds not in education, employment or training	Children, Families & Education
NI 161	Learners achieving level 1 qualification in literacy	Children, Families & Education
NI 51	Effectiveness of child & adolescent mental health services	Children, Families & Education
NI 55	Obesity in primary school age children in reception	Children, Families & Education
NI 110	Young People's participation in positive activities	Communities

*Further details about these actions are provided in the Action Plan summary on page 61*

### **Priority 3. Improving Sexual Health and Reducing Teenage Pregnancies**

#### **Kent County Council Directorates' Actions for Priority 3:**

The Kent Teenage Pregnancy Executive Board leads on the implementation of the Kent strategy to reduce teenage conceptions and increase the uptake of young parents back into education, training or employment to improve both health and social outcomes for both the young parents and their children.

The four main strategic priorities are:

1. To support the development of young people's aspirations and life skills
2. To offer timely prevention, early intervention and support when and where young people need them
3. To develop the children's workforce so that they are competent and confident to offer appropriate advice and support to children and young people
4. To seek and respond to the information and advice we receive from children and young people and their families and enable them to shape our services

#### **What is going well:**

- **The C Card scheme** – there are over 100 access points and 300 registration points across Kent where young people can access condoms. In 2009 this service was used by over 6000 young people, helping to prevent unplanned pregnancies and sexually transmitted infections
- **EHC pharmacy scheme** – There are now over 100 pharmacists across Kent trained to assist young people who require emergency contraception, helping to reduce the unplanned pregnancies in Kent
- **School based and further education health services** – there are now over 50 secondary schools across Kent offering health services to their pupils. The service, run by qualified nurses, offers help and information on healthy eating, smoking cessation, drugs and sexual health advice.



- **Training** – the Kent Teenage Pregnancy Executive Board commissions sexual health training for professionals who work with young people across Kent. Health Improvement Training Solutions, deliver training to foster carers, teaching staff, parents, connexions staff, youth workers and many others on different aspects of sexual health including raising self esteem, sexually transmitted infection and contraception, delaying early sex and communicating effectively with young people about sex and relationships.  
  
**Speakeasy** – this is an accredited course designed to provide parents with the skills and confidence needed to talk to their children about sex & relationships. This is a Kent incentive and so we have over trained to deliver the course
- **Work with young parents**  
**‘Tell me about it’** – This is a peer education project involving young parents. The young parents are trained by professionals to talk to year 10 pupils about their experiences of parenthood. Research shows that this method of education contributes towards the uptake of effective contraceptive use among young people (Phelps et al., 1994). This will also increase the aspirations and educational achievements of the young parents taking part, by accrediting the training.
- **4YP website**  
Information for young people on sexual health and available services. The website now includes drugs and alcohol information and a section on the C Card.

The most up to date ONS Under 18 conception data for 2008 (latest available) shows that Kent county has a rate of 36.7 conceptions per 1000 females aged 15-17 years and the national rate to be 40.6 conceptions per 1000 females age 15-17years. Kent has seen an overall rate reduction of -12.8% since the beginning of the strategy in 1998 (to 2008) and this compares with the national data which has seen a reduction of -13.9%.

Please follow the link to access the latest national conception data (2008)  
<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00200/>

#### **Key areas for improvement /development**

- Sex and relationships education
- Increase the uptake of young mothers breastfeeding
- Increase the uptake of LARC methods
- Reduction in smoking rates with young people/young parents
- Better links with GPs to provide services to young people
- Implementation of the ‘You’re Welcome’ criteria for sexual health services (currently services are approved under the ‘foryoungpeople’ criteria)
- Although Care to learn figures have shown great improvement there is still scope for improvement

#### **Priority 4. More Adults Living Healthier Lives and Preventing More Disease**

A recent 'Independence, Wellbeing and Choice' Inspection, linked to the CAA, was undertaken by the Care Quality Commission in March 2009. The inspection focused on safeguarding for adults across all client groups and access to preventative services for older people. The inspectors also looked at the domains of Commissioning and Use of Resources and Leadership. The Care Quality Commission concluded that Kent safeguarding of adults was good, delivery of preventative services was excellent and capacity to improve was also excellent.

Instead of the annual star ratings of Kent Adult Social Services, in which Kent Adult Social Services (KASS) have been awarded three stars in the last seven years, the new regulator – the Care Quality Commission (CQC) – published their Annual Performance Assessment of all adult social services in December 2009. Kent Adult Social Services has been judged as 'excellent' in three of the seven outcomes; improved quality of life; making a positive contribution and economic wellbeing. KASS were also judged as 'performing well' in the other four outcomes. Approximately 85% of KASS services are contracted within the private and voluntary sector. Equalities and Diversity are integral to these processes to procure these services ranging from Good Care Guides to service users with a learning disability being involved in reviewing their service – using an 'Easy Read' appraisal sheet. The KASS commitment to prevention and inequalities is demonstrated through its retention of the eligibility for access set at moderate level.

By the nature of their service, KASS respond to needs of the most vulnerable groups of people in Kent. This is not only identified by where people live, but also by other indicators of vulnerability and inequalities; namely older people, adults with physical or learning disabilities, people with mental health needs, carers and people with limited long term conditions. The Government's 'Our Health Our Care Our Say' White Paper (2006) has provided the strategic direction for social care in Kent and has informed the Directorate's forward thinking Active Lives for Adults (ALfA) programme and Active Lives (2007-2016) 10 year vision paper. As a result, the strategic direction and approach distilled into the directorate's priorities and challenges known as the 5 Ps (promoting independence, personalisation prevention and partnership working and Performance Improvement) address and underpin the health inequalities agenda by increasing equality among the most vulnerable groups. This is supported in part by a new post of Employability Development Manager to promote employment and employability related opportunities for all Kent Adult Social Services clients who are or may be disadvantaged in the workplace, including people with learning disabilities, mental health support needs, sensory loss, physical disability and older people.

Deaf services are committed to delivering outcomes to the Department of Health Strategy – Towards Equity and Access to improve access to services (particularly Mental Health) for deaf and deafblind people.

#### Partnerships

KASS has strong partnerships with Public Health and the Health Sector, local district councils (particularly in relation to housing, service planning and promoting social inclusion), the private and the voluntary sector. This is strengthened through strong commissioning and contracting frameworks and the Joint Strategic Needs Assessment that aims to reduce inequalities by ensuring people are listened to and involved in policy, planning and decision stages.

KASS works in partnership across a whole range of initiatives to ensure that services are joined up and accessible to people at the right place and right time in their lives. Integrated services between KASS and Health such as the Whole Systems Demonstrator provide independence and reassurance to people with long term conditions.

Through its Strategic Commissioning role, Kent Adult Social Services providers and the voluntary sector work together to respond to the Active Lives cultural change and continue to reach out to minority communities and groups who are not in regular contact with services working with them to develop services and support them in the way they want it. Further strategies for people with Autism and for those with Sensory Impairment are currently being developed and progressed.

### Promoting Independence

Targeting vulnerable people across Kent and supporting them to deliver independently is a high priority. Private Finance Initiatives (PFI projects) such as 'Better Homes and Active Lives' aim to deliver 417 high quality apartments to those who most need it.

In addition, the 'Valuing People Now' strategy is committed to delivering a vision of equality and transforming lives for everyone, providing equal opportunities for those with Learning Disabilities. The Personalisation agenda seeks to strive for equality and prevent discrimination. Personal choice and control in local Day Programmes and activities can enable people with learning disabilities to have a full and meaningful life. Such programmes form part of the Good Day programme for people with disabilities.

### Examples of activities which help address Health Inequalities

#### **Promoting Independence for Older People (KASS)**

Promoting independence is also achieved by active engagement of local people through partnership groups. One of the key successes of this is the Brighter Futures Group operating across 5 districts of Kent since 2006, with older people volunteers supporting their less active peers to remain independent and reduce social isolation. The programmes delivered range from assisted shopping and promoting healthier lifestyles. Further information is available from the KASS Business Plan.

Assisting people to live independently is crucial to the fabric of society and KASS leads on a range of innovative ways to deliver priority outcomes for the Council:

- Kent Agreement 2 Target (NI141) – to increase the number of people achieving independent living
- Towards 2010 Target 52 – aimed at increasing the number of people supported to live independently in their own homes. Many of those with limiting long term conditions will be assisted to live independently in their own homes where they wish to do so, promoting a greater quality of life
- Towards 2010 Target 53 – recognising that Carers own health and wellbeing needs are often ignored when delivering the needs of those they care for. The new Carers' Strategy supports and promotes the development of new flexible respite opportunities shaped around their individual need
- Towards 2010 Target 54 – working with colleagues in the health service to reduce the number of avoidable admissions to hospital and combine resources, where appropriate, to improve the health and wellbeing of the people in Kent

- Towards 2010 Target 55 – is delivered jointly with CFE to ensure good transition, ensuring independence and personalisation
- Towards 2010 Target 56 – improving older people people's economic well-being by encouraging the take-up of benefits

**Examples of activities which help address Health Inequalities**

**Macmillan Cancer Collections (Libraries, KCC, Communities Directorate)**

KCC Libraries & Archives have worked in partnership with Kent and Medway Cancer Network, and Macmillan Cancer Support to provide a comprehensive collection of books, leaflets, tapes, CDs and DVDs, together with specialist items for children, black and minority ethnic communities and people with learning disabilities, in the 13 main libraries in Kent. The items can be borrowed and the audio-visual material is for free loan. By increasing the availability of this material and ensuring that there is no cost attached, Libraries & Archives are helping to potentially reduce health inequalities through provision of information for support services to people who might not feel comfortable in seeking them through the NHS

**Engagement**

KASS seek to involve the public from the start of service design through a wide range of mechanisms. It has a robust Public Involvement Strategy with users of Learning Disability services engaged in Partnership Boards at district and strategic levels. Service user groups are also examples of engaging local people in discussing and developing ways they would like to see their services delivered. Service users are also involved in Policy Development and recruitment. KASS staff are working with Health and District Council partners to better identify the needs of Black and Minority Ethnic (BME) communities and to enable them to help shape services appropriate to them. Examples include:

- support for the establishment of International House in Ashford which now houses 12 BME groups. Community lunch discussions are highly successful and a funding workshop has been held to assist the capacity building of these groups
- similarly, in Sittingbourne, Diversity House (an African led project) is at the early stages of exploring the health and social care needs of the local BME communities with assistance from KASS, Eastern and Coastal Kent PCT, University of Greenwich and other agencies
- KASS are involved in a Canterbury City Council led multi-agency consortium which is mapping and engaging with BME groups
- South East Coast Ambulance Service have partnered with the Asian Welfare Society and KASS' Guru Nanak Day Centre to improve services around the palliative carer needs of Sikh older people.

Further details about KASS's commitment to addressing health inequalities and more information about the services and examples are available in the Directorate's documents:

Shortcut to Kent Adult Social Services Business Plan:

[http://www.kent.gov.uk/your\\_council/how\\_the\\_council\\_works/council\\_spending/financial\\_publications/200910\\_business\\_plans.aspx](http://www.kent.gov.uk/your_council/how_the_council_works/council_spending/financial_publications/200910_business_plans.aspx)

Active Lives:

[http://www.kent.gov.uk/adult\\_social\\_services/leaflets\\_and\\_brochures/active\\_lives\\_leaflet.aspx](http://www.kent.gov.uk/adult_social_services/leaflets_and_brochures/active_lives_leaflet.aspx)

(For other ways to access these documents, please refer to the Appendix 2 at the back of this document)

### **Physical Activity and Exercise**

KCC Sport, Leisure and Olympics service contributes to Health Inequalities in relation to adults in a number of ways including:

- Lead service for NI8 - Adult Participation in Sport and Active Recreation, working with a wide range of partners including health, leisure, business and other community organisations to co-ordinate information, promotion, family activity, workplace health, Free Swimming and wider strategic co-ordination of health and leisure.
- Developing and promoting [www.activekent.co.uk](http://www.activekent.co.uk) alongside the two PCTs in East and West Kent, promoting a wide range of locally based activities and opportunities
- Ensuring that promotional material for activekent is distributed widely to practitioners who are dealing with vulnerable individuals and families - GPs, Family Liaison Officers, Extended Schools Officers, Health Trainers (and hopefully Care workers)
- Supporting the Free Swimming initiative in Kent, enabling local authorities to target user groups within their local communities from vulnerable families to disabled people and older people
- Providing a disability sport service enabling more disabled people to become involved in sport and activity
- Working with National Governing Bodies of Sport to run programmes and promote activity for adults in the County e.g. Back to Netball, Bowls4Free, Kent Golf Partnership

### **KCC Libraries and Archives**

In order to promote good health and wellbeing to vulnerable adults, KCC Libraries and Archives are working across a number of initiatives throughout Kent. An example of these are:

- Working in partnership with District Partnership Groups to promote the Libraries and Archives service to adults with learning difficulties.
- Several groups have had tours of their local library.
- Consulted certain groups about new library buildings e.g. at Gravesend and also input into stock provision for the Easy Access Collections.
- Several groups meet in libraries e.g. Biblio Hour is held weekly at Sevenoaks Library for a full and varied programme of events including arts, crafts, IT skills, museum object handling etc.
- Events for adults with learning disabilities e.g. during Adult Learners week held Music for Change drumming workshop at Ashford library.
- Coffee and chat sessions in libraries.
- Working in partnership with Ashford Learning Disability Community Interest group to assist them in their setting up and running their library and information point in International House Ashford.

- Produced a good practice guide and asked groups for their comments.
- Working with Skillnet in Swale to create A-Z of health & fitness.
- Piloted the Library Passport Programme in Thanet working with Adult Education. Aim of the 6 week course is to create independent and confident users. It is anticipated that this pilot will be rolled out to other Districts.
- Introduction of AbilityNet software package on all staff and public computers.
- Collections of Books Beyond Words in each District.
- Bag books in libraries- tactile and multi-sensory stories aimed at children and adults living with severe or profound learning difficulties.

#### Examples of activities which help address Health Inequalities

##### Supporting Independence

Promoting **Happiness and well being programmes** are essential to those from disadvantaged backgrounds to raise self-confidence, motivation and self esteem in people's lives. By focussing on the 4 key objectives of the programme it is anticipated that the identified groups can be empowered to move forward into employment or to deal with certain aspects of their life's which may be causing them potential barriers to fulfilment.

The programme's 4 main objectives are:

- Improve the mental and physical health, happiness and general wellbeing
- Encourage these clients to develop links with health and cultural-based resources available to them in their communities
- Provide an understanding of what works in terms of improving the happiness and wellbeing of a difficult-to-engage client group, and see if this model can be transferred to other areas and other client groups
- Support the delivery of other programmes which deal with individuals from a disadvantaged background

#### 4.1 Mental Health

The importance of promoting healthier lifestyles to reduce the risk of adverse health conditions later in life is also recognized for those with mental health problems. In many cases, people with mental health problems require additional support to access services and maintain motivation levels. Mental Health Promotion Workers address these issues to help reduce inequalities for Mental Health Service Users.



**Examples of activities which help address Health Inequalities**

**My Body My Life Project Thanet**; A lottery funded project to promote healthy lifestyles for Mental Health Service Users. The project designs, develops and delivers a range of physical activities for mental health service users supported by a “buddy scheme” to support service users accessing the local projects and activities. People from the key targeted wards can access the project and activities (such as; Walk and talk groups, Tai Chi, and yoga and any other service users identify to promote their recovery). The project was designed by the Mental Health Promotion worker for Thanet.

**Books Can Help: (Health Professionals and Libraries, KCC Communities Directorate)**

This is a joint scheme whereby health professionals can prescribe reading materials for patients to raise their awareness of particular health issues (e.g. depression, anger management, eating disorders). Patients then present the prescriptions at libraries and receive help in choosing appropriate books from a collection of titles selected by health specialists.

**KCC Children Families and Education (CFE)**

Mental health difficulty is a common problem affecting one in ten children. The promotion of good mental health, prevention of mental health, early detection, intervention and effective treatment of mental health difficulties are all essential to improving outcomes for children and young people.

Poor mental health can be an early warning of a child at risk as children and young people can express external distress in the form of mental health disorders. Abuse, neglect and sexual abuse are all associated with higher incidence of mental disorders and illnesses.

Failure to address mental health in childhood may result in longer-term mental health problems, sometimes persisting into adulthood: this may include self harm, suicide, depression and anxiety. It may also lead to longer term low educational employment achievement, increased violent anti-social behaviour and offending.

CFE is working closely with NHS Child and Adolescent Mental Health Services (CAMHS) to deliver the Kent CAMHS Strategy, ensuring that early help is available through schools and other setting and that specialist services are more responsive to the needs of the most vulnerable groups of children and young people, including those who are looked after, have special needs, including learning difficulties, young offenders and unaccompanied asylum seeking children.

**KCC Libraries and Archives**

KCC Libraries & Archives are working towards the **KCC Towards 2010** targets one of which is to improve health, care and well-being of people in Kent by working in partnership with public, private and voluntary sectors to help people lead healthy lifestyles.

Health & wellbeing as being is not just viewed as illnesses, nutrition and exercise. But as mental wellbeing, general happiness and intellectual improvement. It is also about improving people's quality of life. KCC Libraries and Archives contribute towards this in the following ways:

### **Raising awareness of mental health**

- **Books Can Help** - KCC Libraries & Archives have worked in partnership with health practitioners in Eastern and Coastal PCT, West Kent PCT and the Kent & Medway NHS and Social Care Partnership Trust to develop this book on prescription scheme. It aims to assist people with mild to moderate mental health problems (depression, work related stress, anxiety, panic disorder, obsessive compulsive disorders etc). GPs and other health professionals prescribe books from a list selected by a variety of experienced mental health practitioners to relevant patients. The client then takes the referral form to their local library to borrow the recommended books. Collections are now available in 40 libraries. Leaflets, booklist and referral forms are available in libraries and online at [http://www.kent.gov.uk/leisure\\_and\\_culture/libraries/books\\_and\\_reading/books\\_health\\_and\\_wellbeing.aspx](http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/books_health_and_wellbeing.aspx)
- The scheme also includes bereavement and stop smoking, following work with St Christopher's Hospice, London and the local PCT Stop Smoking Advisors, and we intend to widen the scope further by adding materials suitable for young people, people with learning or other disabilities and those from ethnic minorities.
- Working with BBC Headroom to promote this project e.g. World Mental Health Day materials in libraries to promote the campaign 'Books that Make You smile'.
- Work with partners to raise awareness of mental health e.g. with Edenbridge Emotional Health Forum to hold a range of activities at Edenbridge library to promote World Mental Health day Oct 2009. E.g. Health on the web (see section 6).
- Author talks – e.g. Read Yourself Well – Talk at Dover & Dartford Libraries by Professor Jane Plant & Janet Stephenson about their recently published book 'Beating Stress, Anxiety & Depression'.

### **Forthcoming projects**

- **Recovery Through Reading** - possible bibliotherapy pilot project working with the NHS Librarian at St Martins Hospital Canterbury and the Occupational Therapist in the Arundel Unit, William Harvey Hospital, Ashford to start a Reading group at the Arundel Unit.
- **Connecting Through Books** - Reading, Health & Older People. Working in partnership with The Reading Agency, The Department of Health, Well Being and Family at Canterbury Christ Church University (Sidney De Haan Centre for Arts & Health) and third sector organisations such as Age Concern. The project (currently seeking funding) looks to develop social reading/ reading group activities to promote the well-being of older people, and develop opportunities for older people to keep physically and mentally active.

### **Supporting good mental health**

Research at Sussex University has found that reading is the best way to relax, and even 6 minutes can be enough to reduce stress levels by more than two thirds. In a series of tests they found that reading reduced stress levels by 68%. See also [www.telegraph.co.uk/health/healthnews/5070874/Reading-can-help-reduce-stress.html](http://www.telegraph.co.uk/health/healthnews/5070874/Reading-can-help-reduce-stress.html)

#### **Reading activities**

- Reading groups meet in our libraries and we provide support to over 200 of them in the county.
- A MIND Reading group meets at Maidstone Library.
- Thanet Rethink visited Margate Library and followed up by setting up a reading group that meets monthly at the library.
- Working with Tunbridge Wells Mental Health Resources Centre to promote reading activities. A reading group was developed last year launched on World Mental Health day but unfortunately has been disbanded at present. However creative writing sessions are proposed to be held in Tunbridge Wells Library with the Centre commencing in November 2009.
- We plan to work with local mental health groups to establish more special reading groups.
- A monthly listening group meets at Gravesend, Sturry and Dover Libraries for the visually impaired in partnership with Kent Association for the Blind.
- Reader Development activities - such as author visits e.g. Suzannah Dunn, Robert Rankin, Lola Jaye, Mavis Cheek. Many more authors have worked with adults, teenagers and young children to foster a love of reading and the use of libraries.

#### **Health related events,**

- Creative writing workshops – e.g. in partnership with the University of Kent at Minster library.
- Adult Learners Weeks events – e.g. Indian head massage, healthy lunch boxes, knittorama, 'be healthy/stay healthy', CV writing, deciphering hieroglyphics, cookery classes, garden design, salsa dancing, keeping up with the children, parent matters, flower arranging, talking poetry, local history/family history sessions, basic drawing , designing a T shirt etc. We work in partnership with Adult Education, other education providers and community groups and activities are accompanied by displays of library stock and partners information.
- Mind, Body Spirit events - e.g. 'look good/ feel good, 'declutter your life' working with Adult Education, all accompanied by book displays.
- Healthy Eating weeks in libraries working in partnership with NHS Trust, Trading Standards and other agencies. e.g. NHS Dietician providing advice on healthy eating; food labelling information workshops provided by Trading Standards.
- New Years Resolutions – health events delivered with Health Promotion, Trading Standards, KCC Sports Development, Volunteer Bureau, KCC drugs team, independent practitioners, Adult Education, Kent Now and KCC Activmobs. All accompanied by displays books and information from agencies participating.

- Poetry & Reminiscence sessions held either at Kent Association for the Blind coffee/social mornings or in libraries - e.g. during 'Make a Noise in Libraries' week in July.
- Talks to visually impaired groups about library resources
- History and archive collections sessions
- We promote the libraries role in health & well-being at Community Health Day events with partners.

### **Physical activity**

- Healthy Living Walks - working in partnership with PCT and in some districts local district councils.
- Healthy living buggy walk' for mums to Dartford library commenced in September in partnership with Dartford Borough Council. Walks are followed with a Baby Rhyme Time at the library.
- Literary and Historical walks - working in partnership with local Historical societies and town centre partnerships.
- Jane Austen walk launched in September at Tonbridge Library. Working in partnership with the Jane Austen Society, Tonbridge and Malling Borough Council, St Peter and St Paul Church Tonbridge and Explore Kent to create a literary walk and audio guide. Copies of the Jane Austen walk guide and audio guide can be found on Libraries & Archives website  
[http://www.kent.gov.uk/leisure\\_and\\_culture/libraries/books\\_and\\_reading/literary\\_walks.aspx](http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/literary_walks.aspx)
- The film 'Jane Austen Walk' is also live on Kent TV  
<http://www.kenttv.com/#PRG2719> and linked to from our website at  
[http://www.kent.gov.uk/leisure\\_and\\_culture/libraries/books\\_and\\_reading/literary\\_walks.aspx](http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/literary_walks.aspx)
- 'Rethink your mind' walks aimed at mental health groups working with partners e.g. Dartford Borough Council and Healthy Living Centres.
- Clubs/workshops are held in libraries e.g. yoga at Westgate Library delivered by Adult Education.

### **IT activities to support mental health**

- I.T. taster sessions at many of our libraries – often in partnership with Time2Give: Libraries & Archives' volunteering programme managed by CSV that offers volunteering across the county's libraries e.g. computer buddies/ web wizards.
- Silver Surfer sessions in libraries - In 2009, 230 silver surfers attended 33 library events.
- Health on the Web taster sessions- organised in partnership with NHS Librarians. The aim is to introduce the public to reliable health resources on the internet.

### **Recent partnership initiatives to promote mental health**

- Since July 2008 we have been working with Eastern & Coastal Kent PCT NHS Choices team to promote Choose and Book in libraries by promoting free use of our public PCs to gain access to the NHS Choices website and worked with PCT colleagues to produce support materials. The Patient Choice Advisor has held NHS Choices promotion stands at town centre libraries in East Kent.

- Partnership working on the NHS Choose & Book initiative.
- KCC Libraries & Archives have worked in partnership with Kent & Medway Cancer Network and Macmillan Cancer Support to provide a comprehensive collection of approx 300 items - books, pamphlets, audio tapes, CDs, videos and DVDs together with specialist items for young people, black and ethnic minorities and people with special learning needs - in our 13 main town centres. A list of the resources is available in all 101 Kent Libraries and 11 mobile libraries, enabling people visiting them to order any materials they are interested in and borrow or consult it free of charge. For further information visit [http://www.kent.gov.uk/leisure\\_and\\_culture/libraries/books\\_and\\_reading/books\\_health\\_and\\_wellbeing.aspx](http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/books_health_and_wellbeing.aspx). In Sevenoaks the concept of a Living Library has been piloted. People from the local community who are passionate about a subject, or an expert in their field or have a significant life experience that they are willing to share, can be 'borrowed' for a conversation lasting 20-30 minutes. It allows people to find out about other people and activities in their community in a safe environment without any need to first be introduced formally or any obligation to follow up the meeting, unless they want to. In October 2008 as part of health activities arranged at Sevenoaks Library, a Healthy Living Library was held with various medical practitioners e.g. a colorectal clinical nurse specialist, a dietician etc for borrowers to gain an insight into their field of work.
- A Community fruit and veg scheme at **Hive House library**. Started Nov 2008 and working in partnership with Gravesham Borough Council, Sure Start and NHS. Sure Start have provided the volunteers and a Community Health worker from Gravesham Borough Council is overseeing the project. Customers are able to purchase a bag of fresh seasonal and in many cases local produce on a weekly basis. Recipe cards have been added to the bags. About 25 people use the scheme each week- to promote healthy eating and nutrition.
- Working in partnership in the Eastern and Coastal Kent PCT Health Trainer programme. Have delivered library service awareness training sessions for health trainers in the Ashford & Shepway, Dover and Thanet Districts. Have also delivered a presentation of library services and public health to newly appointed Health Trainers in Eastern & Coastal Kent.
- Health Trainers are using libraries for weekly drop in sessions at Stanhope, Wood Avenue, Dover, Margate and Ramsgate Libraries.
- NHS West Kent Health Trainers programme is being developed in 2009. Have delivered a presentation 'How Library Services can provide information to Health Trainers' in the Gravesham District with the aim of extending this training to all Health Trainers in West Kent.

#### **4.2 Environment, Highways and Waste:**

The Environment, Highways and Waste teams and services aim to target projects to address health inequalities either through direct delivery or commissioning arrangements and often working in partnership. The Kent Country Parks Strategy 2009-14 aims to promote services that are targeted to improve the mental and physical wellbeing of the population, specifically in the wards with the greatest health inequalities. Objective 8 of the Strategy focuses on Kent County Council to 'utilise and promote the resources of the country parks to support improvements in health and wellbeing. The Countryside Management Partnerships are also committed to health inequalities, adopting a Health and Wellbeing theme in their service business plans under which they deliver a range of activities that promote mental and physical wellbeing through practical involvement in countryside activities. The Countryside Access Service's statutory Countryside Access Improvement Plan documents the important link between public rights of way/countryside access provision and public health with a number of projects delivered to make the countryside access estate more accessible (both intellectually and physically), many in the most deprived wards in East Kent.

#### **Examples of activities which help address Health Inequalities**

A number of initiatives to ensure those in the most deprived areas have greater opportunities to access countryside and coastal places and take up a more active lifestyle are borne out of the Kent Country Parks Strategy and Countryside Access Improvement Plan, such as the 'Access to the Countryside and Coast for Health' 3 year joint initiative between the Countryside Access Service and Eastern and Coastal Kent PCT. The project implements low cost preventative initiatives to address health inequalities in the deprived wards of Eastern and Coastal Kent through better access to the countryside and coast for residents. The project outputs include a 'Green Gym' style volunteer warden scheme, a co-ordinated country-wide guided walks service for Kent and a series of social marketing activities. Outcomes will include improved physical, mental and emotional health for target groups, greater interest and awareness of the benefits of regular exercise and increased investment in Voluntary Sector Services.

#### **Naturally Active:**

In addition 'Naturally Active' is a 3-year partnership project with the West Kent PCT, KCC, Forestry Commission, Dartford & Gravesham Borough Council and grant funded by BIG Lottery under the *chance4change* Programme. The Project outcomes are focused on mental health (people and communities having improved mental wellbeing) and physical activity (people being more physically active). Naturally Active uses the natural environment and green spaces in Dartford and Gravesham to deliver its projects. Activities range from health walks, to TaiChi and disc golf



All Environment, Highways and Waste projects will contribute either directly or indirectly to performance against the Kent Local Area Agreement 2 Key Health and Recreation related indicators, namely:

NI 8	Adult Participation in Sport and Active Recreation
NI 120	All Age All Cause Mortality
NI 55	Obesity in Primary School age children in Reception
NI 110	Young People's participation in positive activities
NI 175	Access to services and facilities by public transport, walking and cycling.

In addition to the above, the Environment, Highways and Waste's Sustainability and Climate Change Team is working in partnership with the Children and Families Directorate on Healthy School Projects, with the Chief Executives Directorate on Fuel Poverty (Local Area Agreement 2 NI 187) and Kent Highway Services on School Travel Plans (Local Area Agreement 2 NI 198).

Further details about Environment, Highways and Waste's commitment to addressing health inequalities and more information about the services and examples are available in the Directorate's documents:

Shortcut to Kent Country Parks Strategy 2009-2014:

<https://shareweb.kent.gov.uk/Documents/leisure-and-culture/countryside-and-coast/country-parks/kent-country-parks-strategy-2009-14.pdf>

Countryside Access Improvement Plan:

[http://www.kent.gov.uk/environment\\_and\\_planning/countryside\\_access/countryside\\_access\\_improvement.aspx](http://www.kent.gov.uk/environment_and_planning/countryside_access/countryside_access_improvement.aspx)

(For other ways to access these documents, please refer to the Appendix 2 at the back of this document)

### **4.3 Communities**

The Communities directorate's services provide a context for people to develop a healthy lifestyle and to improve their sense of health and wellbeing. One of the directorate's aims, as expressed in its Vision, is to create an environment where people can make positive decisions to improve their health, to help people to stay safe and to manage risks to their health and wellbeing. Communities' approach to reducing health inequalities is principally, to provide support across the gradient of health, improving chances not only for the disadvantaged, but for a larger group of the relatively disadvantaged for whom small efforts could make a large impact.

This approach has been embedded in both the directorate's Vision, and through examination and discussion at Senior Management Team level and also at the directorate's Public Health Network which is open to all staff in the directorate.

There is a clear role for Communities' services in supporting the reduction of health inequalities in Kent, aiming to tackle problems for people who are socially disadvantaged, whose lifestyle puts them at a disadvantage to achieving good health outcomes, and to

provide help for people who find themselves in potentially harmful situations. At present, services in the Communities Directorate contribute in the following ways:

Prevention of factors associated with social disadvantage and poorer health outcomes. This is achieved through work carried out by the Community Safety Unit, the Youth Offending Service (YOS), Trading Standards (especially through food labeling requirements), Adult Education, Kent Drug and Alcohol Action Team (KDAAT) and Key Training services.

#### Adult Education Health Referral Scheme

Kent Adult Education Service offers specific courses at a reduced fee to people referred by their Health Professional as an incentive to join an Adult Education course to help make a lifestyle change. After a referral, a prospective student will be contacted by the Creative and Healthy Lives Programme Manager, who will provide advice on the choice of activities available. There is no cost to the referring Health Professional.

Further information available on the attached link:

[Health Referral Scheme leaflet 2008\\_09 260808.pdf\(390KB\)](#)

(For other ways to access this leaflet, please refer to the Appendix 2 at the back of this document)

#### Macmillan Cancer Collections

A list of the resources is available in all Kent libraries, including mobile libraries, enabling people visiting the libraries to order any materials they are interested in borrowing or consulting free of charge. For further information visit the Kent Libraries & Archives website: [http://www.kent.gov.uk/leisure\\_and\\_culture/libraries/books\\_and\\_reading/books\\_health\\_and\\_wellbeing.aspx](http://www.kent.gov.uk/leisure_and_culture/libraries/books_and_reading/books_health_and_wellbeing.aspx)

(For other ways to access this information, please refer to the Appendix 2 at the back of this document).

(See also: Books can help Scheme in Case Study on page 31.)

Communities Directorate Vision:

<http://knet2/directorates/communities/strategies-and-plans/communities-vision-250607.pdf>

(For other ways to access this document, please refer to the Appendix 2 at the back of this document)

#### **Case study**

##### YOS and KDAAT

J is a 15-year-old male who is currently completing a 12 month supervision order with the Youth Offending Service (YOS). J has been taken back to Court on numerous occasions for breaching the conditions of his supervision orders.

Three months ago J was placed with foster parents. The family which he is placed with are providing him with consistent support. J's attendance at his YOS appointments has increased significantly. He is playing sport on a regular basis. His physical health appears to have improved. He completed a course on substance awareness and has asked to be re-referred to child mental health services.

**Kent County Council Directorates' Actions for Priority 4:**

Action. KA2 Target		Directorate
<b>Priority 4. More Adults Living Healthier Lives and Preventing More Disease</b>		
NI 8	NI8 Adult Participation in Sport and Active Recreation	Communities
NI 141	Increase number of people achieving independent living	Kent Adult Social Services
NI 187	Tackling Fuel Poverty	Kent Adult Social Services
NI 155	Number of affordable homes delivered	Kent Adult Social Services

*Further details about these actions are provided in the Action Plan summary on page*

**Priority 5. Enabling More Older People to Live at Home with Chronic Disease**  
**Kent County Council Directorates' Actions for Priority 5:**

Action. KA2 Target		Directorate
<b>Priority 5. Enabling More Older People to Live at Home with Chronic Disease</b>		
NI 125	Achieving independence for older people through intermediate care	Kent Adult Social Services
NI 141	Increase number of people achieving independent living	Kent Adult Social Services
NI 187	Tackling Fuel Poverty	Kent Adult Social Services

*Further details about these actions are provided in the Action Plan summary on page 61.*

The KASS Directorate has an established priority of developing preventative services for older people. This was recognised by CQC in the recent inspection. CQC graded Kent as Excellent in delivering preventative services to older people and stated

“There was a clear focus on promoting the independence of older people and a strong emphasis on enablement and rehabilitation. The council worked effectively with its partners to deliver a wide range of preventative services. There were some excellent initiatives between

the council and its health, housing, independent and voluntary sector partners to provide a holistic response to the needs of older people”.

Outlined are some examples of work being undertaken in tackling this important priority

TeleHealth and Telecare. These are preventative interventions which embrace new technology to enable people to remain in their own homes. As documented in detail in previous reports, Kent has been a Whole Systems Demonstrator (WSD) site (only 3 were selected by Department of Health). Kent were forerunners in the development of such interventions and the WSD project enabled Kent to offer the benefits of TeleHealth and Telecare to far more people. The outcome will be for 1,000 extra people to be offered Telecare and 1,000 extra people to be offered TeleHealth.

Intermediate Care - We continue to develop a range of intermediate, recuperative care and enablement services geared at preventing avoidable hospital admissions and delayed discharges. These services have been developed in partnership with Health. They are having a significant impact in reducing the rates of delayed hospital discharges across Kent.

Localised Community Based Prevention. KCC continues to invest in a wide range of innovative preventative schemes. These include:

- *Brighter Futures*, which encourages more able older people to support more needy people through volunteering. Originally piloted in West Kent this is now being expanded across the County, but ensuring each project is tailored for its local community.
- INVOKE<sup>3</sup> (Independence through the Voluntary action of Kent Elders) is the project that has been developed out of the successful Partnerships for Older People bid. This project has introduced a range of initiatives, which have supported older people in the community. There are a range of outcomes, which have been drawn out through research and this includes reduction in overnight stays in hospital to ensuring people within the project have received all their benefits.
- A whole range of local projects often delivered by the Voluntary Sector focusing on a wide range of issues from dementia to ‘falls’ projects.

The outcome has been to enable more people to remain independent. Evidence of this can be seen in the recent Care Quality Commission Inspection of Kent Adult Social Services

Joint Commissioning with Health - Underpinned by Joint Strategic Needs Assessments and other specialist assessments, the Directorate is significantly developing its integrated commissioning arrangements with the NHS. There is a series of arrangements in place to support joint commissioning including jointly funded and appointed posts. These joint posts focus on key care pathways, such as dementia, strokes and supporting carers.

A key priority is developing services for people with Dementia. We have working with the NHS undertaken a Joint Strategic Needs Assessment of the needs of people with Dementia in Kent. From this action plans have been developed which are supported through the Dementia Collaborative. With the NHS we are commissioning and putting in place a range of projects which support people with dementia in the community

To support older people with long term conditions we must also support the legions of family and friend who offer care to older people. Often to provide such care can be very hard and stressful work and it is important that they feel supported to fulfil this important task. This has been recognised in Kent and is a major Target for T2010

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<sup>3</sup> More detail on this project have been provided in previous Annual Reports

**Target 53: Strengthen the support provided to people caring for relatives and friends**

A range of initiatives have been put in place which include

1. The development of a carers strategy with carers and carers support groups.

This has identified the following priorities

- Improving Information Advice and Guidance.
- Access to integrated and personalised services.
- Carers having a life of their own.
- Carers not being forced into financial hardship.
- Helping Carers to stay mentally and physically well

2. Kent Carers Emergency Card Scheme was launched in December 2008. The aim of the scheme is to:

- Provide carers with peace of mind when away from the person that they care for.
- Offer carers as much support as necessary to complete their emergency plan.
- Ensure that County Duty or the Out of Hours service will step in to arrange emergency support if the plan fails.
- Ensure that this support is available to all carers not just those carers of people receiving community care services.
- Increase levels of community based respite.

Currently there are over 1084 carers signed up to the scheme and the number is growing steadily and the feedback regarding the scheme has been positive

KASS provide a range of "short breaks" which benefit carers and the people they support. These include:

- Day care
- Support in the home
- Overnight care
- Adult placements
- Emergency breaks

Information about the number and range of carers services delivered and people support is presented in the Annual Report.

A further area of support for older people and their families is enabling them to maximise the benefits they are entitled to, to ensure that as much as possible they have the economic resources. This again has been highlighted in T2010 through the Target:

**Target 56: Improve older people's economic well-being by encouraging the take-up of benefits**

Older people receiving social care services from KCC are offered information, advice and if necessary, assistance to claim all the benefits they are entitled to. We have increased the effectiveness of this work by creating specialist teams and by working with the Pension Service, District Councils and local voluntary organisations. In addition we have provided extra funding to the 12 Citizens Advice Bureau in Kent which will enable them to help more people claim the benefits to which they are entitled.

All of our partnership working is contributing to the increase in benefit take up for older people in Kent. We have been provided with the following information from the Pension Service (part of the DWP that deals with people over 60). As a direct result of joint working with the Pension Service between April 2007 and 31 March 2009 £2.1 million in additional benefits was raised for Kent residents. Broken down this is £885,000



in Pension Credit, £898,000 in Attendance Allowance, £98,000 in DLA, £127,000 in Housing Benefit and £93,000 in Council Tax Benefit. In addition to monetary gain, joint working leads to a better experience for our service users who receive a quicker and less time consuming service.

Further details of Kent Adult Social Services Plans are available on the website:

[http://www.kent.gov.uk/your\\_council/how\\_the\\_council\\_works/council\\_spending/financial\\_publications/2009\\_10\\_business\\_plans.aspx](http://www.kent.gov.uk/your_council/how_the_council_works/council_spending/financial_publications/2009_10_business_plans.aspx)

or from contacting Kent County Council on the telephone: 08458 247 100.

### **Trading Standards**

Older people and/or people with disabilities are targets for rogue traders and specifically door step rogue traders. The Trading Standards department operate a Rapid Action Team working with Kent Police to respond to rogue trader activity to prevent economic loss. They also link with other agencies to provide follow up support with the aim of ensuring the victim feels safe in their own home.

Scams/fraud - those who are vulnerable can be more susceptible to attractive yet fraudulent marketing offers e.g. supposed large prize wins, but this will require an apparently small financial requirement from them with nothing or practically nothing in return. In the worst cases, victims get swamped with telephone calls, emails and particularly post and can lose several thousands of pounds over many years with the accompanying emotional effect. Trading Standards is committed to supporting victims, offering guidance and working with national and local partner agencies to try and track down those responsible (many of whom are based abroad).

Trading Standards provide consumer advice and support to vulnerable consumers to help them exercise their consumer rights. Operate Buy with Confidence scheme provides a database of reliable traders for consumers to access.

### **Priority 6.Reducing Substance Misuse and Excessive Alcohol Drinking**

Much of this agenda is being led by the Communities Directorate contributing towards reducing health inequalities in the following ways:

Promotion of healthy lifestyles. This is achieved through the work of the Kent Drug & Alcohol Action Team (KDAAT), Libraries – through work such as hosting Smoking Cessation Clinics and Health Trainer surgeries on Library premises for example and the Sports Development Unit.

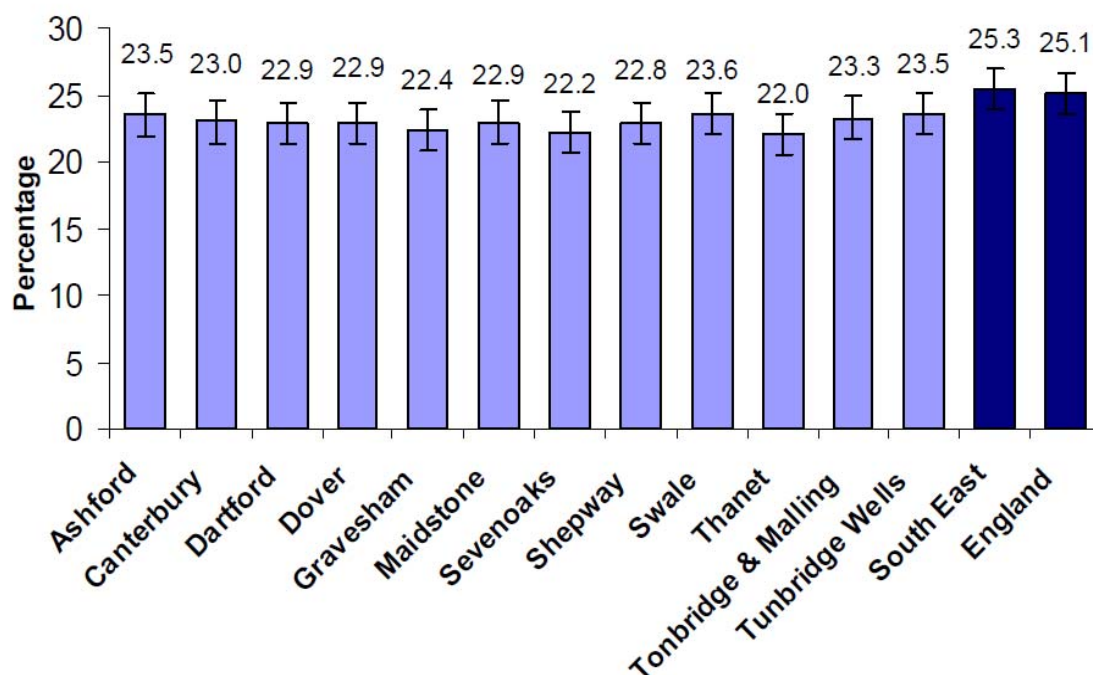
Harm reduction through the work of Kent Drug and Alcohol Action Team (KDAAT), YOS, Community Safety and through the work of Trading Standards and Emergency Planning.

Substance misuse and excessive alcohol consumption continues to present a significant public health risk for the people of Kent and the wider South East region. These issues are led by the Kent Drug and Alcohol Team located in the KCC Communities Directorate and working across partnerships.

Estimates of harmful and hazardous drinking behaviour vary between districts:

# KENT COUNTY COUNCIL HEALTH INEQUALITIES STRATEGY 2009-14

*Synthetic estimate of the percentage of the population aged 16 years and over who report engaging in harmful/hazardous drinking, by local authority, 2005*



*Source: North West Public Health Observatory*

Tackling the harms from alcohol misuse within our communities is a key priority for the health, social care and criminal justice agencies across Kent. The need to inform the public of the risks to health and society and change attitudes in a positive way is a complex task.

The Kent Action on Alcohol Steering Group (KAASG) has developed a Kent Alcohol Strategy to be launched in 2010. The strategy aims to reduce the harms associated with alcohol, in order to ensure that alcohol can be enjoyed safely and responsibly, as part of a vibrant and inclusive community. The KAASG will co-ordinate action to inform, highlight and raise the profile of issues relating to the harms associated with alcohol misuse and promote positive attitudes to alcohol within the framework of the 2008 National Alcohol Strategy: Safe, Sensible, Social.

It is clear that tackling the harms from alcohol misuse within our communities is a key priority for the health, social care and criminal justice agencies across Kent. The need to inform the public of the risks to health and society and change attitudes in a positive way is a complex task.

The Kent Alcohol Strategy will out a series of priorities for action including:

- Communication and awareness raising
- Alcohol Treatment
- Community Safety
- Licensing
- Children and Young People

Examples of activities which help address health inequalities

Kent Community Alcohol Partnership (KCAP) is the largest partnership of its kind in the UK.– It uses a combination of training for retailers, patrols by police and community wardens, and activities for young people to reduce the amount of under-age drinking and anti-social behaviour in those areas.

The scheme was originally piloted in Edenbridge, Canterbury and Thanet. In November 2009 an extension of the pilot areas was announced and the KCAP accreditation scheme launched. A KCAP accreditation will provide traders with support and training. If they commit to stringent checks for alcohol sales that include asking anyone who looks under 25 for proof of identification. KCAP is run by Kent County Council's Kent Trading Standards, Kent Police, the Retail of Alcohol Standards Group, Thanet District Council, Canterbury City Council and Sevenoaks District Council.

It is acknowledged that drug as well as alcohol misuse within the county also continues to cause harm to families and communities as well as individuals.

“There are a large number of risk factors, some related to health inequalities, which may promote drug misuse, such as extreme economic deprivation, lack of community cohesion, behavioural problems, lack of family support, lack of educational attainment, alienation, and early peer rejection.”

*The National Collaborating Centre for Drug Prevention (NCCDP)*

The Kent Drug and Alcohol Action Team (KDAAT) partnership is responsible for commissioning a wide range of treatment services across three key client groups: children, young people and adults. These services work together to form a cohesive treatment system for Kent whose primary focus is to tackle personal, family, social and community issues arising from illicit drug use and alcohol abuse.

The Local Area Agreement target to increase the number of problem drug users<sup>4</sup> in effective treatment (NI 40) demonstrates the commitment in Kent to improve provision for those affected by problematic drug use. Partners across Kent are committed to improving outcomes for those affected by substance misuse by increasing the treatment system's focus on recovery and social re-integration of those who receive treatment.

The treatment system in Kent also contributes to reducing the rate of alcohol-related admissions per 1,000 population (NI 39) and several Towards 2010 targets, including reducing the risk of young people offending (Target 60) reducing the frequency of young people's use of drugs and alcohol (NI 115) and raising awareness of the damaging effects of smoking, alcohol, drugs and unprotected sex (Target 50) and the current Children and Young People Plan for Kent (2B and 3C).

Within the treatment system, there is an emphasis on targeting resources towards evidence based treatment interventions working across institutional boundaries. There is also a key

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<sup>4</sup> **Problem drug users are those who use heroin or crack cocaine**

responsibility to deliver services to children and young people and this increases the requirement for effective prevention and treatment and seeing the family as a whole.

Examples of activities which help address health inequalities

KDAAT commissions a Targeted Early Intervention service which aims to raise awareness and reduce harmful substance misuse among vulnerable groups of young people including young offenders, looked after young people, those young people who are not in mainstream schools, refugees and asylum seekers.

The plight of families and children of drug users has to a large extent been hidden from view. In 2003 the Advisory Council for the Misuse of Drugs (ACMD) highlighted the needs of these families in *Hidden Harm – Responding to the needs of children of problem drug users*, and issued updated findings in 2006. The ACMD report identifies that nationally, there are approximately 250,000 to 350,000 children in England and Wales where one or both parents have serious drug problems. This represents about 2–3% of children under the age of 16.

KDAAT's three year Hidden Harm Strategy for Kent aims to set out the actions that partner agencies across the county will take to understand the problem more clearly and reduce the harm caused to children of substance misusing parents.

Examples of activities which help address health inequalities

KCA's Substance Misusing Parent's Service is a joint initiative between Thanet and Dover's Children's Children and Families Teams, and Kent Drug and Alcohol Action Team. The project works with

- Parents with a child or children on the CP register where parental substance misuse is a factor
- Parents with a child at risk of becoming looked after, where substance misuse is a characteristic
- Parents who are using drugs or alcohol in a way that is affecting their ability to parent adequately
- Women who are pregnant and whose substance misuse may be harmful to the unborn child.

The project aims to improve outcomes for children and their families by supporting parents.

National and local priorities require that young person's drug and alcohol services are embedded within universal, preventative and specialist services for children and young people and that there is a partnership response to children, young people and their families. This family approach is expected to help address health inequalities by addressing the wider impact of drug and alcohol misuse.

KDAAT's new approach to drug treatment has been piloted in two areas within Kent with a clearer focus on assertive outreach to engage 'hard to reach' problem drug users who may not have engaged with treatment services before. The treatment system in the pilot areas have a stronger focus on recovery and social re-integration as outlined in the government's 2008 Strategy, *Drugs: protecting families and communities*. The pilot provides the KDAAT partnership with valuable insights to help improve treatment services to help reduce health

inequalities and enable people affected by drugs to sustain the longer term benefits of treatment.

Examples of activities which help address Health Inequalities

Dual Diagnosis (KDAAT, YOS and CAMHS)

A multi-agency pilot addressing the needs of young offenders with both substance misuse and mental health problems. This follows the support model of the 'team around the child'.

**KENT AGREEMENT 2 Indicators for this priority which the Communities Directorate are also responsible or contribute which also impact on health inequalities:**

Indicators for which the directorate is responsible

- NI 40 - Drug Users in effective treatment;

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Indicators to which the directorate contribute

- NI 39 - Alcohol related hospital admissions (KDAAT)

Trading Standards in the Communities Directorate are also involved in sensible drinking issues as members of the Kent Community Alcohol Partnership.

KCC Libraries and Archives address the alcohol agenda by working with KDAAT (Kent Drugs and Alcohol Team) to promote alcohol awareness- e.g. posters in libraries during alcohol awareness week. Oct 2009.

**6.1 In Mental Health**

Target 2 (Kent Agreement 2 NI39: Alcohol harm related hospital admission rates)

The link between hazardous drinking/alcohol dependency and poor mental health means that a significant number of harm related admissions are related to mental health problems and poor health outcomes.

- 1 People with a common mental disorder are twice as likely to have a dependency on alcohol than those without an mental health problem, and people with a severe and enduring mental illness are at least three times as likely to be alcohol dependent than the general population (Cornah 2006).
- 2 Alcohol is also associated with the perpetration of violent and abusive behaviour which in turn can lead to poor mental health in the victim.
- 3 A third of suicides in young people are linked to alcohol intoxication and 65% of suicides in the adult population are associated with excessive drinking. (Cornah 2006).
- 4 In adulthood, another study showed that, especially for women, the risk of hazardous drinking increased following two or more stressful life events. (Singleton, 2003).

Mental Health Services prioritise interventions that aim to reduce alcohol harm related hospital admissions and aim to address this in the proposed Kent Dual Diagnosis Strategy. In addition,

appropriate support is being made available in the event of significant life crises which will reduce the onset of alcohol dependency and thus harm related alcohol admissions.

[http://www.kent.gov.uk/your\\_council/how\\_the\\_council\\_works/council\\_spending/financial\\_publications/200910\\_business\\_plans.aspx](http://www.kent.gov.uk/your_council/how_the_council_works/council_spending/financial_publications/200910_business_plans.aspx)

(For other ways to access these documents, please refer to the Appendix 2 at the back of this document)

**Kent County Council Directorates' Actions for Priority 6:**

Action. KA2 Target		Directorate
<b>Priority 6. Reducing Substance Misuse and Excessive Alcohol Drinking</b>		
NI 40	No. of drug users recorded as being in effective treatment	Communities

*Further details about these actions are provided in the Action Plan summary on page 38.*

**The Way Forward**

The government set national target:  
**'by 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth'.**

Although statistically infant mortality rates have decreased and life expectancy at birth has increased across the whole population, most areas have seen greater health outcomes across the most affluent areas and smaller health outcomes in the most deprived areas and most vulnerable groups of people. Clearly more needs to be done to successfully reduce the gap in inequalities, demanding further national guidance and support to identify effective ways to tackle these challenges. A post-2010 national review conducted by Sir Michael Marmot will be released in the Autumn of 2009 to advise on national direction to recommend where efforts should be concentrated to maximise potential and effect. The Kent Health Inequalities Working Group intend to implement the recommended outcomes of this report to influence, inform and progress the Health Inequalities Strategy.

Health Inequalities will continue to be addressed and tackled at a strategic and local level, in partnership with others and in conjunction with Kent's Local Area Agreement. Local Strategic Partnerships and Health and Well-being subgroups remain in a strong position to oversee the delivery of initiatives that tackle health inequalities at a local level and will be a key to engagement and partnership working to ensure that the Health Inequalities Strategy 2009 is deliverable at both strategic and local levels.

**Kent Department of Public Health** continues to work with County Council colleagues and other partners to promote and develop the importance of the public health and wellbeing



agenda across Kent. All partners are committed to working towards the 6 main priority areas highlighted in Live Life to the Full.

- 1 Reducing health inequalities significantly
- 2 Improving children's mental health and wellbeing
- 3 Improving sexual health and reducing teenage pregnancies
- 4 More adults living healthier lives and preventing more disease
- 5 Enabling more older people to live at home with chronic disease
- 6 Reducing substance misuse and excessive alcohol drinking

In addition, there are some national resources that assist in targeting health inequalities both at local levels, such as:

- Community Health Profiles

[http://www.apho.org.uk/default.aspx?QN=HP\\_FINDSEARCH](http://www.apho.org.uk/default.aspx?QN=HP_FINDSEARCH)

And at strategic and local levels, ensuring multi-agency commitment by being embedded in Public Service Agreement (PSA) targets and Local Area Agreement Indicators. The Department of Health's 12 key indicators are a good example:

- The 12 key indicators are:

- 1a: Age-standardised death rates per 100,000 population for the major killer diseases ages under 75 – Cancer
- 1b: Age-standardised death rates per 100,000 population for the major killer diseases ages under 75 – Circulatory Diseases
- 2: Rate of under-18 conceptions
- 3: Road Accident casualties
- 4: Number of primary care professionals per 100,000 population
- 5: Percentage uptake of flu vaccinations by older people (aged 65+)
- 6: Prevalence of smoking among people in manual social groups
- 6b: Prevalence of smoking among pregnant women
- 7: Proportion of those aged 16 who get qualifications equivalent to 5 GCSEs at grades A\*-C
- 8: Proportion of people consuming 5 or more portions of fruit & vegetables per day in the lowest quintile of household income distribution
- 9: Proportion of households living in non-decent housing
- 10: Percentage of schoolchildren who spend a minimum of 3 hours each week on high-quality PE and school sport within and beyond the curriculum.
- 11: Proportion of children living in low – income households
- 12: Number of homeless families with children in temporary accommodation.

The strategies and plans identified in this strategy document demonstrate the commitment and wide range of initiatives across the County Council Directorates delivered collaboratively with key partners and agencies to reduce health inequalities. The newly formed Health Inequalities Working Group will take this to another level to ensure that the commitment and targeted approach remains vibrant and further but much needed elements of health inequalities can be progressed. This work will include:

- **Effective Targeting**

Ensure Kent adopts a targeted approach, essential to identify the needs of those who currently have the worse health outcomes.

- **Holistic and Partnership working: Housing and Employment**

Continue to work across public, private and voluntary sectors, engaging the public and to address the wider determinants of health, such as housing and employment – fundamental issues and concerns in people’s lives, especially those who are most vulnerable. If we are to make a difference, issues such as lifestyle behaviours, social capital, community cohesion and resilience are also crucial to developing a holistic and partnership approach to tackling health inequalities.

- **Stronger Partnerships**

By harnessing and aligning the efforts and priorities of other key partners in the NHS, district councils and the private and voluntary sectors the extent of health inequalities can be reduced to the benefit of our whole community.

Finally, to re-iterate the objectives of the Working Group:

- Maintain energy and commitment to tackling health inequalities across the County Council and to ensure that the essential principles of this agenda are mainstreamed into the thinking, policy planning and delivery of the County Council’s work.
- Address the key challenges of health inequalities with the aim to reduce inequalities where they are known to exist.
- Identify measurable indicators for each department to prioritise and incorporate in their mainstream activity
- Measure and evaluate progress on reducing inequalities on a regular quarterly basis
- Ensure that the Local Area Agreement outcomes are absorbed into the Health Inequality strategy so that all partners are working to a shared agenda
- Integrate the national framework into Kent’s strategic approach to tackle health inequalities
- Co-ordinate and promote a partnership approach to tackling inequalities at strategic and local delivery level
- Ensure that the Health Inequalities indicators and agenda are focused towards supporting communities.
- Share and learn from good practice identified locally and nationally

The outcomes of the Health Inequalities Working Group will progress, inform and influence the Health Inequalities Strategy for Kent.

# KENT COUNTY COUNCIL

## HEALTH INEQUALITIES STRATEGY 2009-14

### **Summary of Targeted Actions across Kent County Council working in partnership with others**

Action. KA2 Target	Baseline	Target	Directorate
<b>Priority 1. Reducing Health Inequalities Significantly</b>			
NI 15			Communities
NI 21			Communities
NI 152			Communities
NI 195			Environment, Highways Waste
NI 175			Environment, Highways Waste
<b>Priority 2. Improving Childrens Mental Health and Wellbeing</b>			
NI 21			Communities
NI 111			Communities
NI 163			Children, Families & Education
NI 117			Children, Families & Education
NI 161			Children, Families & Education
NI 51			Children, Families & Education
NI 55			Children, Families & Education
NI 110			Children, Families & Education
<b>Priority 3. Improving Sexual Health and Reducing Teenage Pregnancies</b>			

KENT COUNTY COUNCIL  
HEALTH INEQUALITIES STRATEGY 2009-14

<b>Priority 4. More Adults Living Healthier Lives and Preventing More Disease</b>		
NI 8	Adult Participation in sport and Active Recreation	
NI 141	Increase number of people achieving independent living	Kent Adult Social Services
NI 187	Tackling Fuel Poverty	Kent Adult Social Services
NI 155	Number of affordable homes delivered	Kent Adult Social Services
<b>Priority 5. Enabling More Older People to Live at Home with Chronic Disease</b>		
NI 125	Achieving independence for older people through intermediate care	Kent Adult Social Services
NI 141	Increase number of people achieving independent living	Kent Adult Social Services
NI 187	Tackling Fuel Poverty	Kent Adult Social Services
<b>Priority 6. Reducing Substance Misuse and Excessive Alcohol Drinking</b>		
NI 40	No. of drug users recorded as being in effective treatment	Communities

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**Kent Director of Public Health's Annual Report 2007: Inequalities in Health in Kent. Summary Recommendations**

<b>Adult mental Health</b>	<b>Dementia</b>	<b>Disabilities</b>	<b>Alcohol</b>	<b>Drugs</b>	<b>Housing</b>	<b>Carers Health</b>
Complete a comprehensive needs assessment; commissioned 2008	In line with national policy, emphasis needs to be placed on diagnosis and early intervention with a comprehensive strategy setting out training needs of GPs and a range of other health care professionals	Framework for Management of Health of People with Learning Disabilities in Primary Care (NHS Primary Care Contracting 2007)	Facilitate the implementation of the Select Committee Action Plan, which will identify measures to improve services for alcohol misusers.	Increase the number of GP shared-care places to ensure specialist prescribing services are accessible for those who require more intensive interventions	Improve information sharing between the partner agencies to ensure needs are identified and the right housing-related support is commissioned	Services should be developed to deliver the five point priority areas detailed in the report.
Ensure there is a clear mental health promotion strategy (agreed with local authorities for each PCT in Kent)	More emphasis will need to be placed on early interventions and greater investment must be put into preventative services	Develop a robust protocol for supporting people with Asperger's syndrome and high functioning autisms to ensure they access primary care appropriately. The select committee on autism should pave the way for this.		Continue to improve performance throughout the Drug Intervention Programme and ensure the service is fully integrated with the Integrated Drug Treatment System and the community treatment system to maximise benefits for offenders requiring access to drug treatment	Monitor the links between housing, health and social care in order to reduce inequalities and ensure that services are commissioned that enable vulnerable individuals to live in their own homes	Primary care to take an active role in health promotion for carers, including annual health checks and flu vaccinations
Complete an audit of provision of access to psychological therapies and primary care interventions to ensure equity of services	Early interventions that are known to be cost effective need to be commissioned across Kent to improve the wellbeing of our older people with dementia.	Develop and agree care pathways, where these are not yet in existence, for people with specific impairment.		Improve access to on-site hepatitis testing and vaccinations		Carers to be recognised as an 'at risk' group who experience significant health inequalities
Ensure that users and stakeholders are involved in development of services		Increase the numbers of disabled people to register with NHS dentists				A health and social care joint commissioning strategy for carers' services
		Strengthen mechanisms to see the views of disabled people about services				Better support for carers in paid employment
		Improve access to interpreting services for deaf people				Development of a multi-agency Kent adult carers' strategy and action plan
		Valuing people Better Health Action Plan				

**Appendix 2**

**REFERENCE TO DOCUMENTS.**

Communities Vision.

Copies of Communities Vision are available by contacting Hayley Rose,  
Kent County Council, Communities Directorate, Invicta House, County Hall,  
Maidstone, Kent ME14 1XX . Telephone: 01622 221149



### **Appendix 3**

#### **The Kent Agreement**

The Kent Agreement 2 is the current Local Area Agreement for Kent. It represents key partners and stakeholders working together to achieve a common commitment to improve the wellbeing of the Kent population. For 2008-2011, the Kent Agreement Outcomes include 22 indicators which make positive contributions to tackling health inequalities. These are as follows:

#### **Economic Success – Opportunities for All**

- NI 152 Working age people on out of work benefits
- NI 163 Proportion of those aged 19+ qualified to at least level 2

#### **Learning for Everyone**

- NI 117 16-18 year olds who are not in education, employment or training
- NI 161 Learners achieving a Level 1 qualification in literacy

#### **Improved health, care and wellbeing**

- NI 39 Rates of Hospital Admissions per 100,000 for Alcohol related Harm
- NI 40 Number of drug users recorded as being in effective treatment
- NI 51 Effectiveness of child and adolescent mental health (CAMHs) Services
- NI 55 Obesity in primary school age children in Reception
- NI 120 All age all cause mortality rate (All persons)
- NI 125 Achieving independence for older people through rehabilitation/intermediate care

#### **Stronger and Safer Communities**

- NI 15 Serious violent crime rate
- NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police
- NI 32 Repeat incidents of domestic abuse
- NI 111 First time entrants to the Youth Justice System aged 10-17
- NI 195 Improved street and environmental cleanliness (levels of litter, detritus, graffiti and fly posting)

#### **Enjoying life**

- NI 8 Adult participation in sport and active recreation
- NI 110 Young People's participation in positive activities

#### **Keeping Kent Moving**

- NI 175 Access to services and facilities by public transport, walking and cycling
- NI 47 People killed or seriously injured in road traffic accidents

#### **High Quality Homes**

- NI 187 Tackling fuel poverty
- NI 155 Number of affordable homes delivered
- NI 141 Percentage of vulnerable people achieving independent living

**After 2011**, the Kent Agreement will not continue in its current form and will be superseded by a Partnership Agreement that will agree the strategic outcomes of the Vision for Kent. These outcomes will be delivered within a framework of 3 ambitions:

- Create Fair Employment and Good Work for All
- Ensure Healthy Standards of Living for All
- Create and Develop Healthy and Sustainable Places and Communities.