

By: Graham Gibbens
To: Corporate POC – 8th November 2007
Subject: **KCC Health Inequalities Action Plan**
Classification: Unrestricted

Summary:
FOR DECISION To agree the KCC Health Inequalities Action Plan process which is currently 'work in progress' to support the Kent County Council Public Health Strategy and as highlighted in the County Council debate on 24th July 2007.

Introduction

- (1) The KCC Health Inequalities Action Plan sets the existing priorities and commitment of KCC in tackling health inequalities in Kent. Reducing Health Inequalities and raising the life expectancy of the most socially disadvantaged is the primary aim of the KCC Public Health Strategy and indeed is the clear priority of the South East England Public Health Strategy. The Plan is not to incur any new targets or initiatives but to focus attention on the range of activities and programmes already in existence.
- (2) The report submitted to Corporate POC is currently '*work in progress*' and will be completed in consultation and collaboration with all directorates who are contributing to the Action Plan. Further contributions to the Plan are still being made.
- (3) Health Inequalities was a key aspect of the IdeA Peer Review and this is the first opportunity to present the Health Inequalities Action Plan to POC.

Health Inequalities Action Plan

- 1) The Kent Department of Public Health are leading the process to develop a Health Inequalities Action Plan that reflects the contribution and commitment of KCC to reduce the gap of health inequalities. The Plan identifies priorities, examples of activities that support the priorities and also details of partnership working.
- 2) The Health Inequalities Action Plan supports the Public Health Strategy where reducing health inequalities is one of the main priorities. There is a 16 year difference in life expectancy at birth across the best and worse wards in Kent and there are also clearly health inequalities issues at ward level across districts.
- 3) It is recognized that actions to tackle health inequalities are most successfully delivered at local level. Therefore, Kent County Council and the District Council (Chief Executives and representatives of the Public Health Board) have been involved in and support this process. Furthermore, this work is referenced with Local Strategic Partnerships who will be supported to develop action plans that

address local priorities through local community strategies. This is current 'work in progress'.

- 4) Corporate POC are invited to discuss and comment on this framework and to approve this process before the Action Plan is submitted to Cabinet for sign off on the 3rd December.

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**Kent County Council
Health Inequalities
Action Plan 2007
(Draft)**



Kent County Council Health Inequality Action Plan

Foreword

The purpose of this Action Plan is to highlight and promote examples of the existing aims and objectives of KCC in tackling health inequalities across Kent. Many of the significant achievements are being delivered at local district and at a county-wide strategic level and this document will serve to illustrate some of the good practice and commitment of the County Council working in collaboration with our local and strategic partners in District Councils, Primary Care Trusts, the Strategic Health Authorities, other Statutory Local Authorities and also in the private and voluntary sector.

But we know that addressing inequalities is a complex issue and there is still much more to be done. From 2008, this Action Plan will be progressed within a Health Inequalities Framework and will be informed and influenced by the KCC Public Health Strategy. This will enable the County Council to harvest a Health Inequalities shared vision statement and strategic approach, reflecting the range of collective aims and aspirations of the authority and other partners to tackle the diverse multifactorial agenda of health inequalities which will also include issues such as Transport, Housing, Employment, Crime (to name but a few) through a process of working collaboratively with partners and to aspire to a common set of principles.

Introduction

Health Inequality is the difference between rich and poor, “the health gap between the worst off in society and the better off” (Wanless 2001). Health inequality covers the whole population and exists ‘right across the spectrum of advantage and disadvantage’ (CMO England 2001). 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.

At present some people of Kent will live less long and suffer more disease and debilitating conditions because of where they live or the conditions in which they live. 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.

Why is this important?

Health inequality creates a society where some people enjoy good health and live longer because they are wealthier, have better access to health and other services, and live in more prosperous areas.

Life expectancy at birth in Kent is 79.7 years (81.7 for women and 77.6 for men) and is higher than the national average. But between the best and worst wards in Kent there is a 16.6 year difference. Even in the district with the least difference (Tunbridge Wells) there is a 6.8 years gap between the best and worst wards.

Apart from the moral arguments that this is demonstrably unfair in a mature and overall wealthy society, this means that people from disadvantaged communities will create a disproportionate demand on health, social care and other support services. As people generally live longer they are more likely to do so dealing with chronic conditions which may impact on their quality of life and dependency on formal and informal carers. Unless the projected increased demand for health care can be prevented through improved health, especially for those that will create the most demand, the NHS and other services will struggle to cope.

Many factors need to be addressed to reduce inequalities. For example, unemployment is a crucial issue and effective economic regeneration of deprived areas and their populations is vital to improving public health. This can improve the economic viability of communities, increase the average annual income, create an environment that enables people to make healthy choices and increase the proportion of resources spent on health.

KCC and the activities it promotes across all its directorates and departments are a major influence on the critical determinants of the health of the people of Kent. By harnessing this influence and aligning the efforts 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.

What have we achieved so far?

Putting Kent First – Key Objectives

Making Kent a great place to live and work

- Promoting a healthy lifestyle for all

Recognition of the importance of tackling health inequalities has been reflected throughout KCC and its strategies and plans. Whilst much of this is implicit there are numerous examples of commitments from KCC as a whole and from each directorate that directly address the issue of health inequalities or their obvious manifestations. This has embedded tackling health inequalities into the mainstream policy of all parts of KCC.

The Public Health Strategy for Kent

Live life to the Full, adopted by KCC, both Kent PCTs and the District Councils has *Reducing health inequalities significantly* as its number one priority. This will be prioritised by the following commitments:

- 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

- vi) Help reduce the differences for some people in how likely their infant children are to die :
 - a) by improving the quality and accessibility of antenatal care and early years support for people in disadvantaged areas
 - b) Reduce Smoking by parents and improve nutrition for children in their early years
 - c) Reduce the number of teenagers who become pregnant and support teenage parents better
 - d) Improve housing conditions for children who live in disadvantaged areas or circumstances.
 - e) Increase levels of breast feeding

Vision for Kent

Improved health, care and wellbeing

Long-term Goals (Inc.):

- Improve the health and the physical and mental wellbeing of the population and reduce inequalities
- Inform and encourage self-responsibility for enhancing healthy lifestyles

Short-term Priorities

- Promote and improve the health of Kent's residents and reduce health inequalities by addressing variations in health across the county
- Address the wider factors affecting people's health as well as treating the conditions from which they suffer
- Ensure a particular focus on improving the health and quality of life for people with mental health problems
- Empower people to make healthier choices that prevent them from being ill
- Promote health through large employers and use employment, commissioning and other working practices to enhance healthy living and wellbeing

The Vision For Kent “Opportunities for All” Wheel



The Kent Agreement

Outcomes (Inc):

- 16 To promote and improve the health of Kent’s residents and reduce health inequalities by addressing variations in health across the county
- 1 To promote the physical, emotional, social and intellectual development of young children so they flourish at home and at school
- 7 To improve participation and engagement by all children and young people in youth, cultural and community activities
- 11 To reduce the harm caused by illegal drugs, including substantially increasing the number of drug misusing offenders entering treatment through the criminal justice system
- 13 To increase the capacity of local communities so that people are empowered to participate in local decision making and delivery of services

- 15 To promote independence through employment for those who are able to work
- 17 To improve Kent's residents' access to homes of excellent quality, in the right place, at the right time, and at the right cost
- 18 To promote independent living for all

Towards 2010

Many of the T2010 targets are designed to promote wellbeing and better health. There are four particular targets that apply to health inequalities:

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

KCC directorates include commitments to reducing inequalities or their effects in their vision statements:

Children, Families and Education:

CFE is the lead Directorate on behalf of KCC, for the development of Children's Trust arrangements in Kent and the delivery of the 'Every Child Matters' agenda. This demands development of totally new ways of working for all the main agencies working with children and young people.

Kent Children's Trust and the Children's Health Commissioning Division

In April 2006, the new Children, Families and Education Directorate was created by merging Education with Children's Social Services, joined in September by representatives from Health, bringing together those organisations and services that have an important and long-lasting effect on the quality of children's lives that will influence their future adult life.

In Kent the multi agency **Kent Children's Trust Board** has been established to ensure these aspirations are turned into action under the leadership of the Director of Children's Services (DCS).

Children's Trust arrangements will have four essential components:

- Professionals enabled and encouraged to work together in more integrated front-line services, built around the needs of children and young people;
- Common processes which are designed to create and underpin joint working;
- A planning and commissioning framework which brings together agencies' planning, supported as appropriate by the pooling of resources, and ensures key priorities are identified and addressed;
- Strong inter-agency governance arrangements, in which shared ownership is coupled with clear accountability.

The Strategic Plan for the Trust is the Kent Children and Young People's Plan, "Positive about our Future" (available on www.kent.gov.uk/publications/education-and-learning/kcc-children-young-people-plan.htm)

Kent Adult Social Services

Active Lives:

- Promoting healthy lifestyles, to enable everyone to live their lives to their full potential, through supporting the Kent Public Health agenda.
- Creating the conditions, with others, for equality of opportunity (in relation to manage, gender, race, disability, religion and social inclusion).
- Build healthy, inclusive and sustainable communities.
- Using our strategic influence to ensure that local Community Strategies promote healthy lifestyles in the broadest sense (for example they will have impact assessments for health, equalities and sustainability; promote the lifetimes home standard; reduce crime, promote independent living and a sense of community).

Environment and Regeneration:

- Live – a healthy environment now and for future generations
- Work – a strong economy with a skilled and adaptable workforce
- Visit – a distinctive destination for residents and tourists to enjoy
- Drive the physical, social, and cultural regeneration of key coastal towns through a variety of programmes including site assembly, bringing empty properties back into use, and transport improvements.

Communities

Three core principles:

- To continuously improve locally delivered services

- To involve communities in shaping them
- To extend the positive impact they have, especially in our more disadvantaged communities.

Chief Executive's Department:

The Supporting Independence Programme aims:

- to enable those who are reliant on benefit to lift themselves out of dependency into a more meaningful existence where they are able to support themselves and their families
- to identify initiatives that tackle the root causes that create dependency and improve individual's life chances to prevent them becoming dependant in the first place.

All of KCC directorates have Equalities and Diversity Plans to foster a fairer society and value 'difference' in its broadest sense.

What must we aim to achieve?

The government has set two cross-cutting national targets:

By 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.

In Kent we have seen that whilst overall life expectancy in Kent is better than the England average there are significant differences between and within districts. This is also true for the two main measures of infant mortality –

- The number of deaths within 28 days of birth per 1000 live births
- The number of deaths in the first year of life per 1000 live births.

Health Inequality Outcomes in Kent (see Live Life to the Full)

The attached table illustrates some examples of how, in Kent we should achieve in the **short-term**:

- Improved lifestyle choices by children in schools in deprived areas
- Improved lifestyle choices by adults and young people in deprived areas
- Improved access to public sector services

Our **long-term** outcomes should be:

- Halt in the rise of childhood obesity

- All schools reach the healthy school standard
- Infant mortality rates in Eastern and Coastal Kent better than the national average
- Improved education levels of looked after children
- Fewer people of working age on benefits
- Fewer children living in households with low income in deprived areas
- Smaller gap in life expectancy from 6.5 years to 6 years
- Fewer cases of – and deaths from - cancer

What are our priorities?

Strategic priorities:

- Incorporate tackling health inequalities into all key strategy and planning documents, especially those that define KCC partnership working such as:

The Kent Agreement 2
T2010 successor

- Promote and mainstream the use of Health Impact Assessments alongside other impact assessments already required and adopted as good practice such as Equality Impact Assessments and Environmental Impact Assessments, on all new policies, strategies, plans and proposals.
- Ensure that all parts of KCC identify and deliver practical and tangible actions that aim to reduce health inequalities as part of their day to day work.
- Engage local communities that are affected by health inequality more effectively to identify problems, develop proposals and build the social and community capacity necessary to benefit from investment and regeneration.

Changing lifestyle priorities:

There are some critical poor lifestyle factors that affect health and which are more prevalent in disadvantaged communities:

- Smoking is the biggest single cause of premature death and smoking rates are higher in lower socio-economic groups (including the number of pregnant mothers who smoke).
- Teenage pregnancy is associated with poorer health outcomes for children and their mothers. Teenage conception rates are higher in areas of deprivation.
- Breastfeeding is the best way to start a child's life and confers health benefits that last into later life

- Obesity due to poor diet and lack of exercise is likely to overtake smoking as the biggest cause of premature death in the near future

The Process for Delivery

The Action Plan reflects examples of activities to tackle health inequalities at a County and Local level. The most successful initiatives are those that are delivered in partnership at a local level focussing on particular local needs, which is why there will be further work to implement the activities at a local level and ensure they are aligned to the district community strategies. This will place Local Strategic Partnerships in a strong position to oversee the delivery of initiatives that tackle health inequalities at a local level

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Health Inequalities Activity Table (Work in Progress).

Directorate Contributions from:

- | | |
|--|---------|
| 1. Communities | Page 12 |
| 2. Environment & Regeneration | Page 20 |
| 3. Kent Adult Social Services | Page 26 |
| 4. Children, Families and Education | Page 28 |
| 5. Sevenoaks District Council | Page 37 |
| 6. Tonbridge and Malling Borough Council | Page 38 |

Still Awaiting Contributions from:

E&R: Regeneration and Economy
Supporting Independence
Other District Councils

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|-------------------------------------|--|---|---|--|------------------------|------------------------|------------|--------------------|-------------------------------------|
| 1. <u>Communities</u> (KDAAT) | We will see a Significant Reduction in health Inequalities | <p><i>All drug users on structured treatment interventions are offered a health assessment.</i></p> <p>Nurse Consultant Dual Diagnosis service to ensure that substance misuse and mental health services are integrated and better aligned.</p> <p>Both services help to provide training and support for improving skills for employment.</p> <p>KDAAT & Kent Police reporting structure for drug-related deaths</p> | <p>Health, Kent Police, Probation Service, Youth Justice Board & National Treatment Agency</p> <p>Kent Police</p> | | <p>X</p> <p>X</p> | | | | Directorates' Public Health Network |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| (Adult Education and Library Service) | | Baby bounce and rhymetime also introduce children to literacy in a friendly and relaxed atmosphere Hosting healthy living fairs and promote family learning events | | | | | | | |
| (YOS) | | Youth Inclusion programmes promote physical activity and its importance | | | | | | | |
| (YOS) | Improved Mental Health And Wellbeing for Children | Work with Children's Mental Health Service to improve access to mental health services. Dual Diagnosis | Health | | X | | Short, Medium and Long Term | | Directorates' Public Health Network |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | Project in Thanet. Substance Misuse Parent Project in Thanet and Dover | | | | | | | |
| (Youth Service) | Fewer People in Kent will suffer from Heart Disease | Range of activities to reduce risk of childhood obesity Work with young fathers' responsibilities regarding sexual health and feelings during pregnancy (in Folkestone) | Health | | X | | Short, Medium and Long Term | | Directorates' Public Health Network |
| (Sports Development Unit) | | Sports, Leisure, Olympics and Paralympics extensive programmes for | | | | | | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | adults and children Physical Activity initiatives surrounding 2012 London Olympics for all ages Promoting physical activity for all | | | | | | | |
| (Youth Service) | Improved Sexual Health and Fewer Teenage Pregnancies | Training Youth Workers to work with young people about their sexual health Reducing Teenage pregnancy through Connexions PAS specialist | | | | | | Additional £13,500 Choosing Health Money (WK PCT) | |
| (Youth Offending Service) | | Provide guidance and support for pregnant teenagers as part | | | | X | | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | of their work | | | | | | | |
| (Trading Standards) (KDAAT) | Reduce levels of substance misuse and alcohol above recommended guidelines | Advice to businesses on alcohol sales and enforcing law of under-age sales of alcohol Commissioning services to treat alcohol misuse Advice and guidance to young people about drugs and their effects Commissioning services for detoxification programmes. £1.2m 16-bedded unit due to opened in July 2007. | Kent Police | | | | Short, Medium & Long Term | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|---|----------------------|---|------------------------|--|------------------------|------------------------|-----------------------------------|--------------------|---------------------------------|
| (Youth Service) | | Undertaking assessments for residential rehabilitation placements. School based drug programme with ASK Multi-agency drug intervention support programme | ASK Kent Police | | | X | | | |
| (Emergency Planning) (Trading Standards) | Infection Control | Partnership work to minimise risk to public from highly infectious disease Involved in programmes to control the spread of disease in animals | | | | | Short, Medium and Long Term | | |
| (KDAAT) | | Harm reduction | | | X | | | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|---|----------------|--|----------|--|------------------------|------------------------|-----------------------------------|--------------------|---------------------------------|
| | | services such as needle exchange programmes | | | | | | | |
| (Kent Scientific Services) (Community Safety) (Trading Standards) | Healthy Eating | Testing school food to ensure that it is safe for children to eat Breakfast club to ensure children receive proper nutrition before school Food standards to assist people make healthy choices Monitor manufacturers, importers & retailers of feed & fertilisers on farm to ensure | | | | | Short, Medium and Long Term | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | <p>been achieved in 2007/08 with some 40 walking buses operating across the county and 120 schools engaged in other walk to school initiatives. Early indications suggest that a downward trend in walking to school, spanning some 3 decades, is being turned around. KHS are also working with Sustrans to increase the level of cycling to schools as part of the Bike IT initiative. The Kent Bike It officer is currently engaged with 12 schools in the Ashford area</p> | walk to school. | X | | | by 2009). | <p>Highway Services to employ 4 dedicated School Travel advisors. The funding is managed by KHS on behalf of CFE and KHS are accountable for delivery to a cross directorate 'Travel to School' Steering Group,</p> | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | but KHS are seeking to expand the scheme to other parts of Kent from 2008/09. | | | | | | | |
| Kent Highways Service | To work with schools, businesses and public sector organisations to develop Travel Plans. | Working to ensure all KCC schools develop Travel Plans by 2010 as part of the Government's 'Travelling to School' project. Over 330 (55% of Kent schools) School Travel Plans have been approved to date. KHS are also working with partners in the districts to ensure that workplace/residential Travel Plans are an integral part | NHS - as part of the Healthy Schools initiative. Sustrans – Bike IT (cycling to school) Travel Plans – Pfizer, Crossways Business Park, Fairview New Homes | X | X | X X | | £113K pa from DCSF (to 31 st March 2011) to deliver a new statutory duty to promote Sustainable Travel to School as part of the Education and Inspections Act 2006. | Walk to School schemes such as WoW and Green Footsteps are subject to ongoing monitoring. |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | of all new developments and that they are developed and monitored to a consistent standard. | | | | | | This is also managed by KHS on behalf of CFE (as above). | |
| Kent Highways Service | Smarter Choices - To develop a wide range of innovative initiatives to facilitate people making 'smarter' travel choices which benefit their personal health and wellbeing as well as contributing to reduced congestion and an | Incentivising public transport (e.g. Kent Freedom Pass) and more innovative and efficient use of the car e.g. car clubs and Kentcarshare which seek to reduce levels of unnecessary single occupant car trips. Such initiatives recognise that walking is the 'glue' which holds all transport trips together and that a | Private sector e.g. Liftshare and Streetcar – car clubs and car sharing Bus operators – Kent Freedom Pass. | X | X | X X | ongoing but aligned to Kent's second Local Transport Plan 2006-07 to 2010-11 | £95K pa from DfT (3 years from 2007) to support the development of walking buses & walk to school initiatives. Funding directly to schools but working | Usage of Streetcar and Kentcarshare are monitored. KHS are working with district councils to improve the amount of monitoring and enforcement of work place travel plans in the absence of any |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | improved environment. | relatively short walk to and from the bus stop can help individuals reach the DoH physical activity target. Car sharing and car clubs also facilitate more affordable and sustainable use of the car. | | | | | | collaboratively to develop walking buses & walk to school in partnership with Medway Council and the Kent and Medway Walking Bus Group. | external funding to support this initiative. |
| <u>3. Kent Adult Social Services</u> | Ensuring that vulnerable adults are able to access appropriate medical advice and assistance | Promoting good health amongst adults with learning disabilities through the Health Implementation Group which reports to the | Service Users with Learning Disabilities, PCT, NHS Trust and Skill net | | X | X | 2008 | LDDF, EK Partnership Fund, District Partnership Group funds | Data collection on Health Action Plans and number of assessments completed. GP registers |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|---|---|--|--|------------------------|------------------------|------------------------------------|--------------------|---|
| | Reducing health inequalities significantly Empowering people to manage their own health and especially those with long term conditions | Learning Disability Partnership Board. To make sure people stay healthy, get the right health treatment they need and have a good experience of the NHS Improving access to Mental health services for members of black and minority ethnic communities through employing community development workers. Participation in DH whole Systems Demonstrator project to evaluate the use of assistive | PCTs and voluntary Sector Dept. of Health, PCTs, Borough councils, independent sector and voluntary organisations | X | X X | X X | Ongoing 3 year time limited | PCTs | will be used to track access to services Analysis of referral date pre and post implementation of project WSD evaluation via collective of academic research organisations including the Kings Fund |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|--|--|--|---|--|------------------------|------------------------|------------|--|--|
| | | technology, telehealth and telecare | | | | | | | |
| <u>4. Children, Families and Education</u> | To promote healthy and active lifestyles for all children and young people. | 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 By: <ul style="list-style-type: none"> • Engaging children and young people in the programme from the start • Co-ordinate existing activity by all relevant agencies | Kent county Children's Trust Board: PCTs, Schools, School Clusters, KCC Directorates, District Councils, Probation, Connexions, LSC, Kent CAN, Further and higher Education providers, Faith organisations and others | X | X | X | 2007-2010 | All funding is either bid for through the usual KCC Business Planning processes or being developed through various joint commissioning processes which are being developed as part | The outcomes will be assessed through the KCC Annual Performance Assessment process, which has replaced the annual inspection by CSCI and DfES of Education and Childrens Social Services and also by the new multi- agency inspection of |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | <ul style="list-style-type: none"> • Create a publicity campaign consisting of clear and consistent messages to publicise crucial information relating to public health • Target messages for young men and minority/vulnerable groups • Promote relevant materials, i.e. posters for young people & information for parents/carers • Ensure young people and parents/carers are signposted | | | | | | of Kent Childrens Trust arrangements, at county and locality levels | children's services known as JAR (Joint Area Review) and will feed into KCC star rating |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | <p>to sources of support and information</p> <ul style="list-style-type: none"> • Link with national campaigns and resources to maximise success <p>Develop an integrated Youth Strategy to provide co-ordination of direction for integrated youth support services</p> <ul style="list-style-type: none"> • Roll out the Kent Early Support Programme to provide more co-ordinated multi agency responses for children with a | <p>YOS and KDAAT</p> <p>Kent Early Years, Childcare and Extended Services Board</p> | | | | <p>2007-2010</p> <p>2007-2010</p> | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
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| | | <p>disability/ developmental delay who are under 5.</p> <ul style="list-style-type: none"> • Provide parents with information and advice they need to make choices for under 5s • Further develop Children's Centres across Kent to the 30% most deprived communities, integrate them with Sure Start programmes which will include child and family health services and antenatal care. • Continue to | | | | | 2007-2009 | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|---|---|----------|--|------------------------|------------------------|------------|--------------------|---------------------------------|
| | To reduce health inequalities for children and young people in Kent | <p>develop extended services in and around schools to meet the needs of children, their families and the wider community.</p> <p>All Kent Schools to be working towards Healthy School status by December 2009</p> <p>Ensure all schools have School Travel Plans to increase the number of young people who walk or cycle to school</p> <p>Develop and</p> | | | | | 2007-2010 | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|-------------|--|----------|--|------------------------|------------------------|------------|--------------------|---------------------------------|
| | | <p>implement a comprehensive PSHE strategy that reflects the recommendations of Select Committee reports on PSHE/ Sexual health(2007) and Alcohol Abuse (2007)</p> <p>Encourage healthy eating by providing nutritious school lunches through the Healthy Schools programme and launch a range of community-based healthy eating pilots</p> <p>Increase the uptake of healthier school meals</p> | | | | | 2007-2010 | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|-------------|--|----------|--|------------------------|------------------------|--|--------------------|---------------------------------|
| | | <p>including free school meals.</p> <ul style="list-style-type: none"> • Encourage people of all ages to take responsibility for their health and wellbeing • Support parents and carers receive support to keep their children healthy • Assessment of young offenders by the Children & Adolescent mental Health Service within Youth Justice Board target. • Target resources to improve health | | | | | <p>2007-2010</p> <p>2007-2010</p> <p>2007-2010</p> | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|---|---|----------|--|------------------------|------------------------|---|--------------------|---------------------------------|
| | To improve the emotional and mental health, resilience and self-confidence of children and young people | <p>outcomes to areas of highest need.</p> <p>Further develop the school nursing service in relation to healthy lifestyles and prevention with particular reference to vulnerable groups</p> <p>Extend and enhance support to children and young people caring for relative and friends</p> <p>Implement co-ordinated multi-agency health promotion programmes in settings for children, young</p> | | | | | <p>2007-2010</p> <p>2007-2010</p> <p>2007-2010</p> <p>2007-2010</p> | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|-------------|--|----------|--|------------------------|------------------------|------------|--------------------|---------------------------------|
| | | <p>people and families</p> <p>Implement a Personal Social and Health Education Strategy to improve the delivery of PSHE and build resilience in children and young people to deal with stress, bullying, domestic violence, drugs, alcohol and other pressures in their lives</p> <p>Introduce Secondary SEAL into a pilot group of schools.</p> <p>Implement the Kent Anti-Bullying strategy in all</p> | | | | | | | |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|---|--|---|---|--|------------------------|------------------------|------------|--|---|
| | | schools Develop integrated training programme focussing on risk and protective factors and enabling young people in vulnerable groups to develop resilience. | | | | | | | |
| 5. KCC partnership with the Sevenoaks District Community Planning Partnership | Promote and improve health and wellbeing throughout the District of Sevenoaks | Extend existing community based healthy lifestyles projects and Choosing Health programme (healthy eating, walking & exercise, smoking cessation) to all age groups | Sevenoaks District community Planning Partnership and Sevenoaks District community Safety Partnership which | X | X | X | 2007-2010 | Choosing Health (from West Kent PCT) and other West Kent PCT funding | Monitored quarterly through the District's community Plan All key outcomes are monitored and reported on an annual |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|---|---|---|---|--|------------------------|------------------------|----------------------|--|---|
| | <p>Improve access to health services and reduce health inequalities</p> <p>Reduce poverty and social exclusion and close the gap between the most deprived areas and the rest</p> | <p>Health needs assessments, equity audits and working with socially excluded groups</p> <p>Work in identified areas & involve local residents in projects to improve neighbourhoods including increasing numbers of volunteers, opportunities for debt management and employment</p> | <p>includes: West Kent PCT, West Kent Extra, Housing Associations, Sencio Community Leisure and voluntary, faith & community groups</p> | | | | | | basis |
| 6, KCC working with Tonbridge and Malling Borough Council | Promoting active lives and exercise to tackle obesity and poor health | Lifestyles referral programme at Borough's leisure centres and through outreach work in our local | West Kent PCT, GPs, Big Lottery, Homestart, YWCA The Beat | X | X | X | All work is on-going | Choosing Health Funding, Big Lottery Funding | monitoring of clients using the referral programmes Range of |

| Directorate/ Team | HI Priority | Example of Delivery | Partners | District Council Partner s (X) | PCT Partners (X) | P&V Partners (X) | Timescales | Funding Sources | Monitoring and Evaluation |
|----------------------|--|--|---|--|------------------------|------------------------|------------|--------------------|--|
| | <p>Focusing health improvement on the Borough's three priority communities at East Malling, Trench and Snodland</p> <p>Improving the sexual health of young people</p> | <p>communities</p> <p>Formal community regeneration partners activities in each of the communities.</p> <p>Formal community regeneration partners activities in each of the communities.</p> <p>Pilot negotiated to develop services with Tonbridge & Malling BC (leads) at Joint Local Board.</p> | <p>Project, a wide range of local partners, Big Lottery</p> <p>Multi-agency – being developed at Joint Local Boards</p> | <p>X</p> | | | | | <p>monitoring programmes are currently under development</p> |