TUNBRIDGE WELLS BOROUGH COUNCIL

Mind The Gap

Health Inequalities Action Plan 2015-2019

Sarah Richards

6/1/2015

For further information please contact: Sarah Richards, Healthy Lifestyles Co-ordinator, Room 8, Town Hall, Royal Tunbridge Wells, Kent, TN1 1RS, t. 01892 554411, e. health@tunbridgewells.gov.uk

Contents

1. Introduction

The Health Inequalities Action Plan has been developed by Tunbridge Wells Borough Council in partnership with members of the Tunbridge Wells Health Action Team (HAT). The HAT meets quarterly and includes a range of health and social care partners whose work contributes to improving the wider determinants of health. Its members include associates from across the local authority; such as the planning and housing departments; KCC public health; as well as members of the voluntary and community sector, such as Good Neighbors, West Kent Mind and Imago. It is a subgroup of the West Kent Health and Wellbeing Board; enabling two-way communication, partnership working and increased understanding of services at a local level.

This plan sets out our collective core priorities and actions being taken to improve health outcomes across the borough, and specifically in the areas of need. Members of the HAT will be responsible for monitoring and reporting on progress during the 5 year life-span of the plan. The performance monitoring collected by the HAT will be then be used for making recommendations on future commissioning plans.

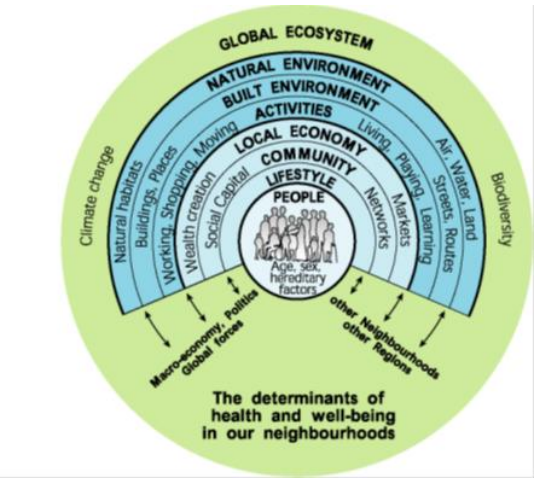
In preparation for this action plan, a more detailed Health Inequalities Needs and Actions Analysis was undertaken. This was informed by the Kent Joint Strategic Needs Assessment ([JSNA] 2012), Tunbridge Wells Health Profile (APHO, 2014[1]) and the Health and Social Care Maps for Tunbridge Wells Borough[2].

`

Figure 1: Barton & Grant (2006)

What are health inequalities?

Health inequalities are differences in health status and health outcomes within and between communities and are the result of a complex interaction of various factors, including but not limited to: housing conditions, planning, access to and quality of leisure services, air quality and lifestyle choices such as diet and smoking status. These interactions are described in figure 1.



[1] APHO (2014) http://www.apho.org.uk/resource/item.aspx?RID=50493
[2] KMPHO (2014) http://www.kmpho.nhs.uk/health-and-social-care-maps/

Why do we need this plan?

Marmot (2010)[3] recognised the role that the local authorities have to play in improving the wider determinants of health. This led to the transfer of responsibility for preventative health care and public health budgets from the NHS into top tier local authorities on 1 April 2013. Under the operational control of Kent County Council (KCC) Public Health, Tunbidge Wells Borough Council now has a delegated responsibility for some health improvement services in Tunbridge Wells.

Our health needs are very different to Kent as a whole; whilst Tunbridge Wells' residents generally experience better health outcomes, health inequalities do exist within our borough. Therefore a targeted, localised, partnership approach is required to maximise outcomes and make the best use of all available resources. This action plan outlines our collective commitment and actions for improving the health of people in Tunbridge Wells. Our approach will be targeted and proportionate, helping to close the gap between the least and most deprived. Marmot's life course approach will be used as a foundation for this plan. Marmot's approach is based on 6 policy areas,

I. Give every child the best start in life
II. Enable all children, young people and adults to maximise their capabilities and have control over their lives
III. Create fair employment and good work for all
IV. Ensure a healthy standard of living for all
V. Create and develop healthy and sustainable communities
VI. Strengthen the role and impact of ill-health prevention

Kent covers a large area and therefore this document enables us to drill down into the data much further than any Kent-wide strategy has the capacity to do and as such can provide support to project proposals and funding applications, such as the £45,000 which was recently secured for installation of an outdoor gym to improve rates of physical inactivity in Sherwood.

The annual cost of health inequalities equates to £36-40 billion pounds nationally through lost taxes, welfare payments and NHS treatments. Health inequalities are largely preventable and tackling them is much more affordable than the cost of treating the outcomes of poor lifestyle choices and living conditions.

2. Who will do what?

Our action plan provides a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities in Tunbridge Wells. The HAT will own the plan, but will not be the sole owner of some of the actions contained within it. The plan seeks to combine priorities and actions from across the authority and partners that seek to reduce health inequalities in Tunbridge Wells.

Work on reducing health inequalities cannot be tackled by one stand-alone organisation and needs the support of a wide range of local partners to make an impact. Tunbridge Wells Borough Council held a Health Inequalities stakeholder workshop on 9th December 2014

[3] Marmot (2010) Fair Society, Healthy Lives

where a range of partners were asked to identify how their work could contribute to reducing health inequalities in Tunbridge Wells. The outcomes of the workshop are the actions that are included within this plan.

Strategic Partners

KCC

Has the primary responsibility for public health and tackling health inequalities across the county through services such education and social care. KCC has written the overarching Mind The Gap plan[4], to which this plan adds.

TWBC

In our role as place shapers, the Borough Council has led on the production of this document, bringing together partners from the local authority, primary care, voluntary and community sector to monitor progress against our priorities through the HAT meetings. The borough council will be responsible for refreshing the plan. In addition the Borough Council's health team deliver a number of health improvement activities commissioned by KCC.

Kent Health and Wellbeing Board (HWB)

Includes leaders from the health and social care system working together to improve the health and wellbeing of their local populations The HWB is responsible for producing the JSNA[5] and Joint Health and Wellbeing Strategy (JHWBS[6]), which asses current and future health needs alongside the assets, whilst encouraging integrated health and social care services.

West Kent Health and Wellbeing Board (HWB)

The local HWBs focus on improving the lives of people living in their Clinical Commissioning Group (CCG) area through joined up commissioning across the NHS[7], social care, district councils, public health and other services.

The Chief Executive and Cabinet Member for health and communities both attend each of these HWBs.

West Kent CCG

As the new commissioners for health services locally, West Kent CCG is a key partner in reducing health inequalities in the borough.

Other key partners

It would not have been possible to produce the action plan without contributions from members of the HAT and our strategic partners who are acknowledged in appendix A. This has enabled us to improve partnership working and build a greater awareness of what is being delivered and where.

---

[4] KCC(2012) http://www.kent.gov.uk/__data/assets/pdf_file/0008/14777/Mind-the-Gap-Building-bridges-to-better-health-for-all.pdf

[5] KMPHO (2013) http://www.kmpho.nhs.uk/jsna/

[6] http://www.kent.gov.uk/__data/assets/pdf_file/0014/12407/Joint-Health-and-Wellbeing-Strategy.pdf

[7] http://www.westkentccg.nhs.uk/about-us/our-plans-reports-and-strategies/

Partners who are delivering on actions that contribute to our 6 priorities are highlighted alongside the actions/ interventions in section 6.

3. Health Profile Summary

The Association of Public Health Observatories (APHO, 2014) produces an annual summary of the health of the population for each Local Authority. In 2014, our profile[8] found that the health of people in Tunbridge Wells is generally better than the England average.

Tunbridge Wells boasts many opportunities to exercise in leisure time as well as relax in our attractive parks and open spaces, all of which have a proven link with heightened physical and mental wellbeing[9]. Residents are expected to live on average 3.2 years longer than the England average and 1.4 years longer than our Kent and Medway neighbours. However a 6.03 year gap in life expectancy does exist within our borough[10]. Deprivation is lower than the England average, however about 11.6% (2,500) of children do live in poverty (Appendix B). The Health and social care maps produced by the Kent and Medway Public Health Observatory (KMPHO, 2015) allow us to identify our local priorities including where these children reside, allowing us to target our resources.

Levels of teenage pregnancy (13.5%), GCSE attainment (74.4%) and unemployment (0.7%[11]) are better than the England average. There is a shortage of affordable housing in Tunbridge Wells, particularly in the rural areas. Access to goods and services in rural areas also presents a barrier. This indicates a need for community based services.

Estimated levels of adult physical activity are better than the England average; however pockets of high inactivity levels do exist within our borough. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are also better than average. Information and data relating to health behaviours and external influences on health can be seen throughout the objectives section.

[8] APHO (2014) Tunbridge Wells Health Profile

[9] http://www.kentnature.org.uk/assets/files/Health/Using-the-natural-environment-to-deliver-better-health-in-Kent---final-(KCC-version)---FINAL.pdf

[10] KMPHO (2015) Health and Social Care Map; Inequalities – Tunbridge Wells http://www.kmpho.nhs.uk/health-and-social-care-maps/tunbridge-wells/ [accessed online 8.6.15]

[11] Business Intelligence Statistical Bulletin February 2015 www.kent.gov.uk/research

4. Our Priorities in Tunbridge Wells

Aspirational Targets:

Through the HAT we will work together to offer and monitor the initiatives and interventions, which are directly attributable to our priorities; these are described in section 6. We will offer evidence based recommendations to the commissioners based on health intelligence and our collective knowledge of our borough's communities. Our aim is to ensure the right services are provided in areas where they are needed most. In doing so, we have set the following aspirational targets:

1. **Self Harm** – by 2016 we will identify the best way to measure the impact of initiatives to reduce self harm and by 2017 ensure this is reflected in local commissioning
2. **Excess Winter Deaths** - we will achieve an overall reduction by 2019
3. **Falls Prevention** – we will work with KCC and West Kent CCG on their plans for the implementation of an integrated framework for falls prevention and seek to reduce our falls rate to below that of Kent.
4. **Adult and Child Obesity** – we will aim to achieve a reduction in the percentage of children who are overweight or obese at year 6 and reception using 2014 as the baseline
5. **Smoking Related Deaths** – we will aim to facilitate a reduction in the number of deaths attributable to smoking
6. **Alcohol Misuse** – we will seek a reduction in the number of annual alcohol related stays in hospital by 2019

These priorities will be underpinned by an overarching commitment to improving physical and intellectual access to health and social care services in rural communities; including securing rural representation on the HAT board.

Table 1: Baseline figures that we will measure our progress against:

Priority	Marmot (2010) main policy objectives	2014 Baseline
1. Self Harm	Reduce risk taking behaviours in young people	217.6 per 100,000 (2014 Health Profile)
2. Excess Winter Deaths	Reduce fuel poverty by supporting development of warm homes	Excess winter deaths (three year) Local number 77 Local value 27.6 (2014 health profile)
3. Falls Prevention	Support older people to live safe, independent and fulfilled lives	845 Hospital admissions for falls per 100,000 population during 2013/14 (Older People Health & Social care maps[12]) Hip fractures in people aged 65+ is 117 per year (2014 health profile)
4. Child and Adult Obesity	Promote healthy weight for children Reduce the gap in health inequalities across the social gradient	Reception Year (age 5) Overweight: 14.3% Reception Year Obese:7.8% Year 6 (age 11) Overweight: 14% Year 6 Obese:15.6% (HSCIC, 2014[13])
5. Smoking Related Deaths	Strengthen the role and impact of ill-health prevention	19.3% (2014 health profile)
6. Alcohol Misuse	Support safe communities	Hospital stays for alcohol related harm Local number 515 Local value 470 (2014 health profile)

[12] http://www.kmpho.nhs.uk/health-and-social-care-maps/tunbridge-wells/

[13] Health and social care information centre (2014) http://www.hscic.gov.uk/catalogue/PUB16070 [accessed online March 2014]

5. Rationale for top 6 priorities in Tunbridge Wells

On many measures of health inequality, we fair significantly better than the Kent and England average, which makes priority setting a challenge. We have explored the data at ward and Lower Super Output Area level (LSOA), allowing us to be more detailed in our approach and identify the areas and ways in which to tailor our support.

Self Harm

Mental illnesses are very common among people under 65; nearly half of ill health is mental illness. Mental illness is generally more debilitating than most chronic physical conditions and yet only 25% of all those with mental illnesses such as depression are in treatment. With a combined economic and social cost of £105bn/ year, preventative measures require significant investment. People with poor physical health are at higher risk of experiencing mental health problems and people with low mental wellbeing are at greater risk of developing physical ailments. Kent's ambition is for services to be more integrated.

We were able to identify a number of holistic mental health services available for adults in Tunbridge Wells as part of the mapping that was done for the Health Inequalities Needs and Actions Analysis. This supports the actions outlined in the Government's plans for mental health reforms.[14] Services that support a reduction in self harm are specifically focused on here as the rate of hospital stays for self harm (217.6 per 100,000 population) is significantly higher than the Kent and England average.

Making self harm a priority, which is supported by a range of delivery actions as outlined in section 6 is one example of how this Action Plan links to the Kent Joint Health and Wellbeing Strategy which outlines '*People with mental health issues are supported to 'live well'*[15] as one of it's strategic outcomes. Since self harm and suicide are linked it specifically supports the '*preventing suicides'* action as described in the Government's policy on mental health reform.

Distribution of figures for self-harm follow the pattern of distribution of Mental Illness in Tunbridge Wells; with some wards presenting a significantly higher rate of self harm in comparison to Tunbridge Wells generally.

[14] https://www.gov.uk/government/publications/2010-to-2015-government-policy-mental-health-service-reform/2010-to-2015-government-policy-mental-health-service-reform

[15] http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/joint-health-and-wellbeing-strategy

Figure 2: Showing the distribution of mental illness in Tunbridge Wells

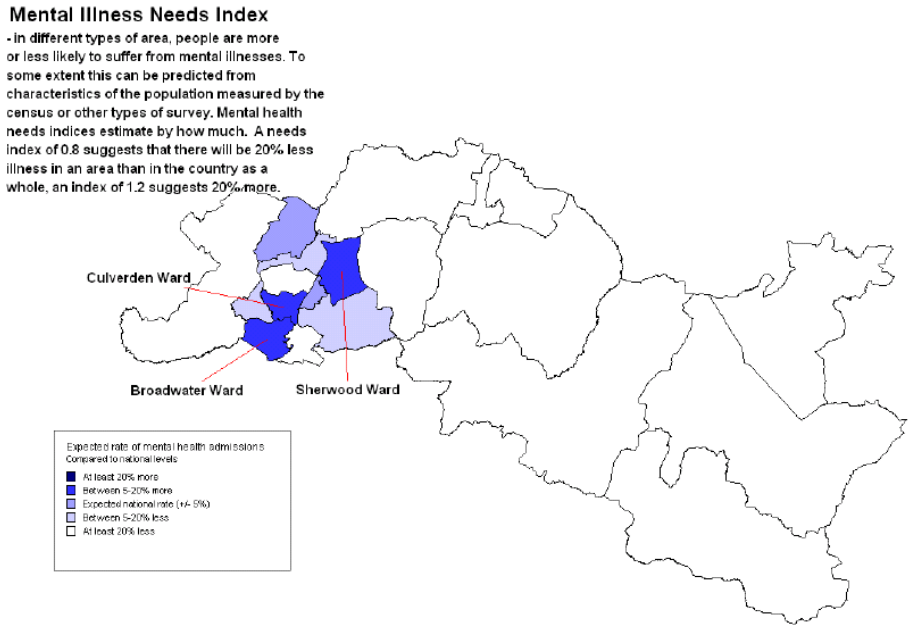


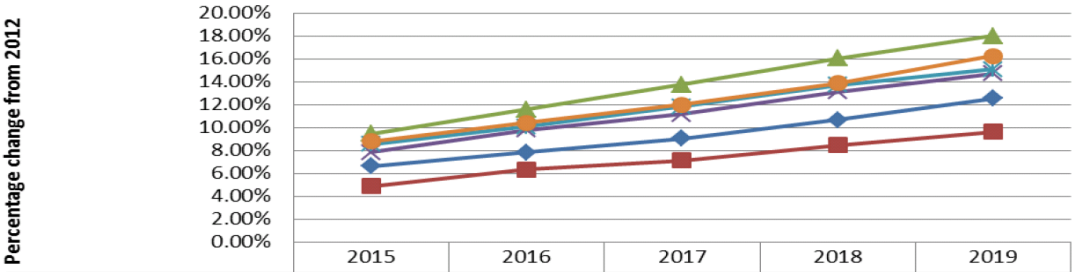
Table 2: Showing hospital admissions by ward for deliberate Self-Harm cases in Tunbridge Wells 2013/14

Ward Code	Ward Name	Total
E05005130	Benenden and Cranbrook	13
E05005131	Brenchley and Horsmonden	*
E05005132	Broadwater	27
E05005133	Capel	*
E05005134	Culverden	25
E05005135	Frittenden and Sissinghurst	*
E05005136	Goudhurst and Lamberhurst	14
E05005137	Hawkhurst and Sandhurst	18
E05005138	Paddock Wood East	6
E05005139	Paddock Wood West	8
E05005140	Pantiles and St Mark's	11
E05005141	Park	13
E05005142	Pembury	16
E05005143	Rusthall	23
E05005144	St James'	21
E05005145	St John's	14
E05005146	Sherwood	28
E05005147	Southborough and High Brooms	37
E05005148	Southborough North	9
E05005149	Speldhurst and Bidborough	9
	Tunbridge Wells District Total	**299**
*The data has been suppressed as the numbers are too low		

Excess Winter Deaths

Tunbridge Wells is expected to see a steep increase in the proportion of the population aged over 65 in the next four years. This is significant factor because people of retirement age can become socially isolated and become less active and able to keep themselves warm through movement. This substantially increases the heating needs of older people that they are not necessarily able to meet due to fuel poverty (appendix B). This has implications for the health and social care and council services, due to the need for assistance such as the Warm Home Discount Scheme[16] and the Kent Warm Homes Scheme,[17] to help reduce the negative impacts of cold homes.

Figure 3: Graph show projected population change in those aged 65 and over in Kent



	2015	2016	2017	2018	2019
Dartford	6.61%	7.84%	9.04%	10.64%	12.54%
Gravesham	4.85%	6.32%	7.11%	8.46%	9.61%
Maidstone	9.47%	11.58%	13.74%	16.03%	17.98%
Sevenoaks	7.82%	9.77%	11.16%	13.14%	14.68%
Tonbridge and Malling	8.54%	10.06%	11.84%	13.71%	15.09%
Tunbridge Wells	8.77%	10.41%	11.97%	13.88%	16.24%

In addition to fuel poverty, excess winter deaths can be attributed to slips, trips and falls, which link priorities 2 and 3. Fuel poverty occurs when people in a household need to spend more than 10 percent of their total income in order to heat their home. In Tunbridge Wells, 8.6% of households are estimated to be living in fuel poverty. This is approximately 4157 households. This proportion is equal to the Kent average but higher than the South East average (8.1%[18]). The local value (3 year average) for excess winter deaths is 27.6 is significantly higher than the England 3 year average which is 16.5 (APHO, 2014).[19]

The people most likely to die or become ill during the cold weather are those least able to afford to heat their homes. Living in a cold home can lead to or worsen a large number of health problems including heart disease, stroke, respiratory illness, falls, asthma and mental health problems.

[16] https://www.gov.uk/the-warm-home-discount-scheme/what-youll-get
[17] http://www.kent.gov.uk/about-the-council/campaigns-and-events/warm-homes
[18] https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator
[19] APHO(2014) http://www.apho.org.uk/resource/item.aspx?RID=142390

Tunbridge Wells has a high number of owner occupied properties. In addition there are many people living in large, valuable properties, which are expensive and inefficient to heat; resulting people who are 'cash poor, property rich'. Our borough also has a number of rurally isolated properties which may still be relying on oil for fuel.

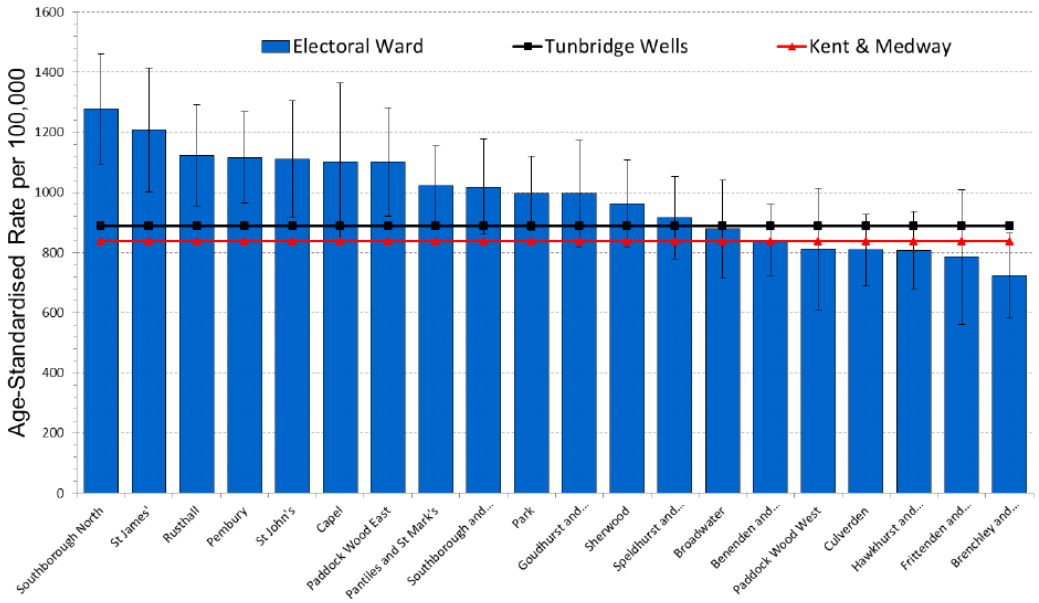
With this as our priority we will work together, adopting a 'making every contact count approach' to ensure that the most vulnerable people are aware of and supported to access the schemes and services that are available to them. This will help to reduce the negative impacts of cold homes.

Falls Prevention

Older people are more vulnerable to falls than others as long term health conditions increase the chances of a fall. Most falls do not result in serious injury but there is a risk of problems such as broken bones. A fall can lead to injury and sometimes death. Falls can also have an adverse psychological impact on elderly people, such as reduced confidence, becoming withdrawn and a loss of independence.

Around one in three adults over 65 who live at home will have at least one fall per year and about half of these will have more frequent falls. Falls in Tunbridge Wells are above the Kent and Medway average and linked to excess winter deaths and therefore a priority.

Figure 4: Graph showing the distribution of falls in the borough compared to the Kent and Medway average



Child and Adult Obesity

Obesity is a leading cause of preventable morbidity and mortality nationally. Modelled estimates show that adult obesity levels (15.2%, [APHO, 2014]) in Tunbridge Wells are lower than the England average and have fallen by 7.7% in the past 5 years.

Being overweight is having more body fat than is optimally healthy and is defined by having a Body Mass Index (BMI) which is between 25 -29.9. BMI equals a person's weight in kilograms divided by the square of the person's height in metres. Obesity is defined by excessive fat accumulation that has a significant impact on health. Obesity is measured by a BMI which is above 30. Since children and adolescents BMI varies with age and sex, growth charts must also be used. In England, the British growth reference charts are used to determine weight status according to the child's age and sex for the National Child Measurement Programme (NCMP). All children in year R (age 4-5) and year 6 (age 10-11) are opted into the NCMP and will have their weight and height measured by school nurses unless they opt out. Letters are then sent to parents informing them of the results and where they can access support. The borough council delivers weight management activities commissioned by KCC.

Obesity is linked to a number of debilitating and life threatening conditions including diabetes, coronary heart disease, certain cancers, stroke, high blood pressure and osteoarthritis.

Tunbridge Wells has lower rates of obesity among 5 year olds (7.8%) than most other areas in Kent. However, the rate (14.3%) of overweight children at reception year is comparable to or slightly higher than, most other areas in Kent. Fourteen per cent of 11 year olds are overweight. Figures 5 and 6 show that, year R and year 6 obesity levels are above the borough average in certain wards. Data from the National Child Measurement Programme (NCMP) also shows that in Tunbridge Wells, 7.8% of five year olds are obese, by the time they reach age 11, obesity levels have doubled to 15.6%[20].

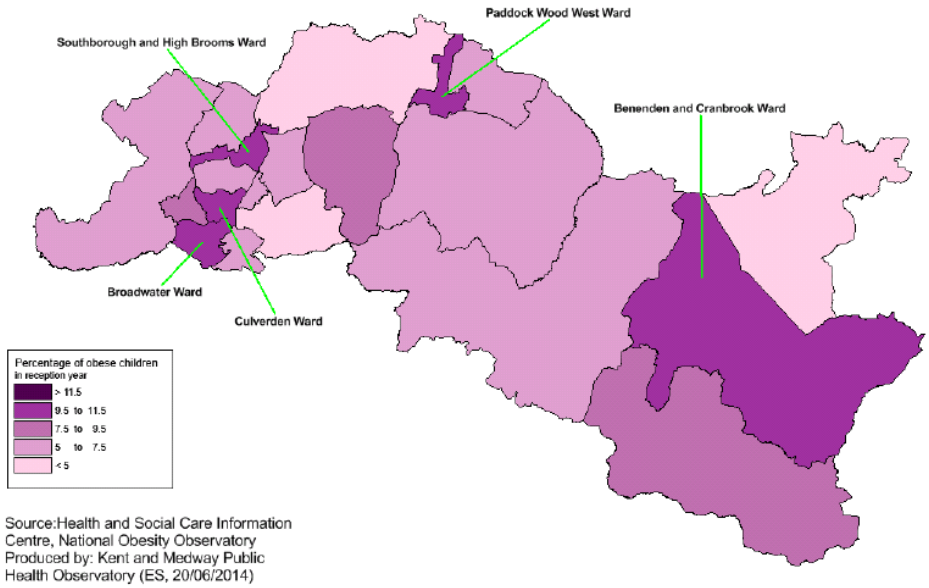
Overweight children are at an increased risk of becoming obese. Similarly, childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood and so this is a priority.[21] Mounting evidence suggests that a critical period during which to prevent childhood obesity and its related consequences is before the age of five. The best thing we can do for children from 0-5 is create ways of life which continue to make obesity unlikely, which is why is why breastfeeding support services and health visiting are fundamental actions outlined in our action plan.

This data from the NCMP has allowed us to identify schools within the wards with the highest levels of childhood obesity and the biggest increase in prevalence from year R to year 6. With this data we can focus our work more effectively. Growing up in a rural area does not offer protection against obesity and as such it is important we focus on these areas as much as those within our towns when the data shows a need.

[20] Health and social care information centre (2014) http://www.hscic.gov.uk/catalogue/PUB16070 [accessed online March 2014]

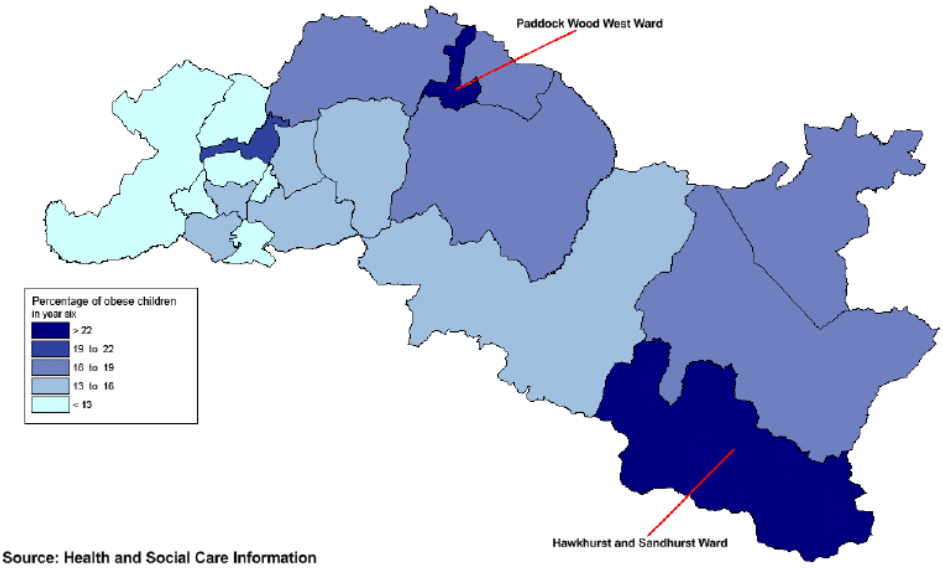
[21] WHO(2015) http://www.who.int/mediacentre/factsheets/fs311/en/

Figure 5: Obesity in Year R Tunbridge Wells 2010/11 - 2012/13



Source:Health and Social Care Information Centre, National Obesity Observatory
Produced by: Kent and Medway Public Health Observatory (ES, 20/06/2014)

Figure 6: Obesity in Year 6 Tunbridge Wells 2010/11 - 2012/13, KMPHO



Source: Health and Social Care Information Centre, National Obesity Observatory
Produced by: Kent and Medway Public Health Observatory (ES, 20/06/2014)

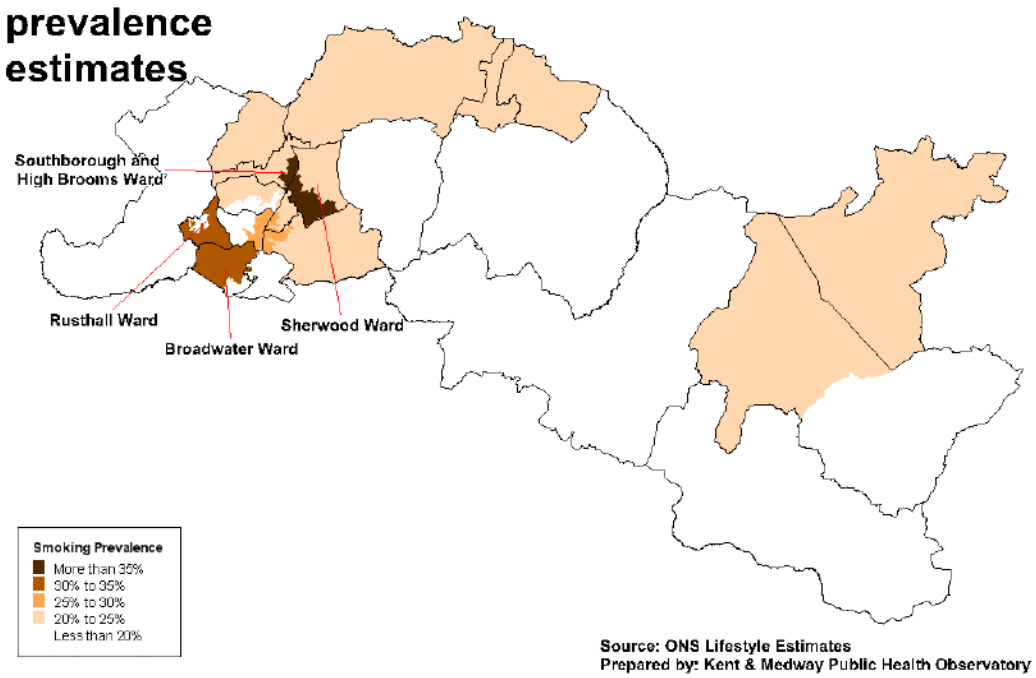
Smoking Related Deaths

Smoking is the biggest single contributor to the shorter life expectancy experienced in Tunbridge Wells and contributes substantially to the cancer burden. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off (ASH, 2012[22]). As smoking is responsible for half the difference in deaths across socio-economic groups, tobacco control also has a major role to play in reducing health and social inequalities (ASH 2008, Beyond Smoking Kills[23]). Smoking rates are highest among manual workers, in the lower socio-economic groups and certain minority and vulnerable groups.

Estimates suggest that smoking costs the NHS £1.5 billion per year (National Institute for Health and Clinical Guidance[24] [NICE]) and is the main cause of preventable morbidity and premature death in England.

Whilst smoking related deaths (227/ 100,000 population, which represents 145/ year) are not significantly different to the England average, the rate (19.3%) has increased since 2010 (17.5%). Efforts are needed to support the many young people who experiment with tobacco and go on to become smokers, as well as those with mental health conditions and those in routine and manual employment.

Figure 7: Showing smoking prevalence by ward in Tunbridge Wells



[22] ASH(2012) http://www.kmpho.nhs.uk/jsna/smoking/
[23] ASH(2008) http://www.ash.org.uk/files/documents/ASH_691.pdf
[24] NICE http://www.kmpho.nhs.uk/jsna/smoking/

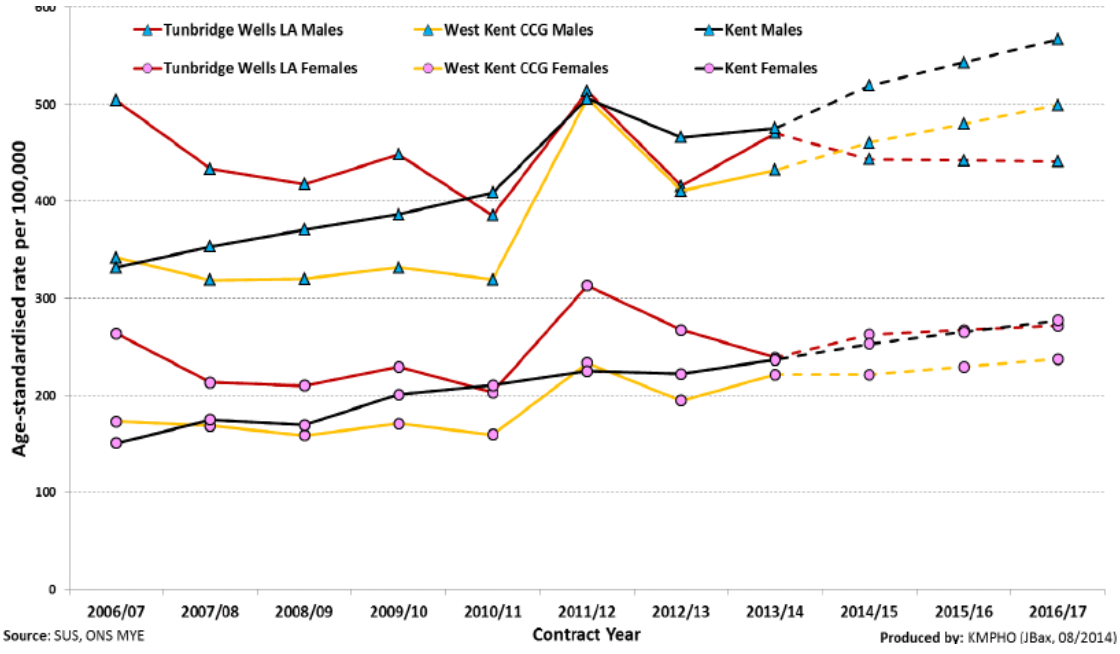
Alcohol Misuse

The impact of alcohol misuse is widespread; it encompasses alcohol related illness and injuries, mental health problems as well as significant social impacts including crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. National data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.

The rate of alcohol specific hospital stays among those under 18 was 37.4 in Tunbridge Wells, which is not significantly different to the England average. The rate of alcohol related harm hospital stays was 470, per 100,000 population, better than the average for England but consistently higher than the Kent average. Whilst alcohol related harm in the borough is better than the england average, modelling predicts an increase in higher risk and binge drinking, particuarly for those aged over 45.

The Public Services Board, comprised of strategic partners (including Tunbridge Wells Borough Council, KCC, the West Kent CCG, TCHG and Kent Police), have identified a need to make socialising in Tunbridge Wells safer for residents and visitors[25]. Substantial savings, in terms of health provision and policing, could be made by adopting various methods of controlling the night time economy, through enforcement, education and health intiatives. This is a priority for 2015/16.

Figure 8: Showing hospital admissions for alcohol related harm within the West Kent CCG area



25 http://www.tunbridgewellscsu.org.uk/sites/default/files/about_files/Tunbridge_Wells_Community_Safety_Partnership_Plan.pdf

Figure 9: Showing quarterly breakdown of hospital admissions for mental and behavioural disorders due to psychoactive substances including alcohol in Tunbridge Wells compared with Kent

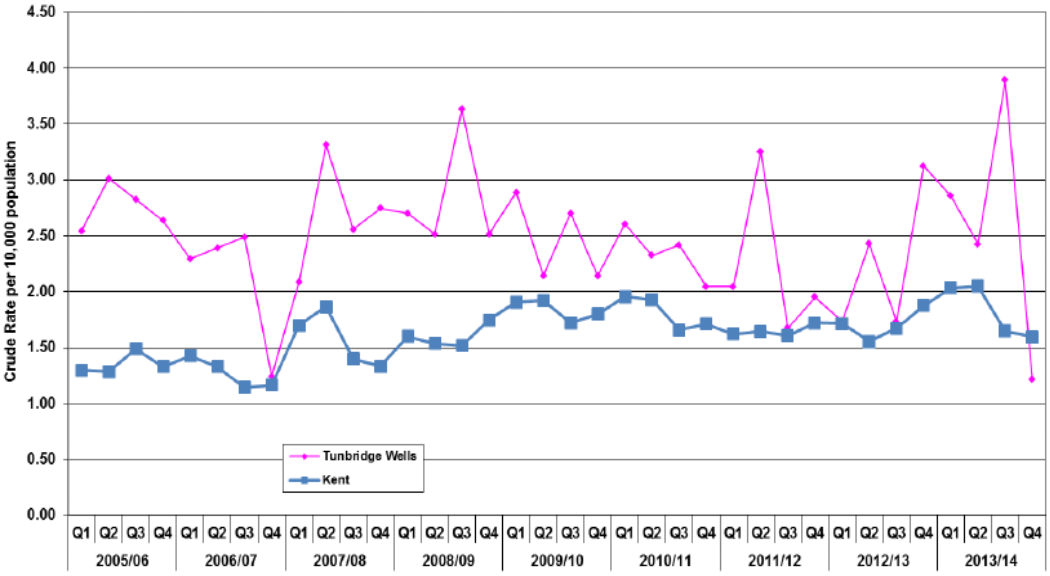
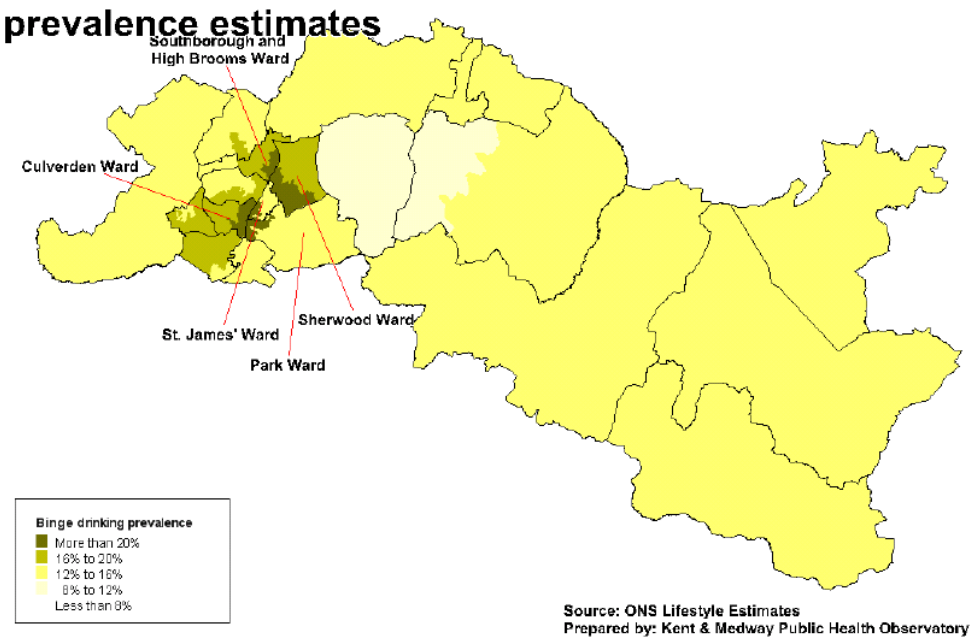


Figure 10: Showing modelled estimates of alcohol consumption by ward in Tunbridge Wells



6. Actions for 2015/16

Priority 1: Self Harm		
Marmot (2010) Policy Area: Enable all children, young people and adults to maximise their capabilities and have control over their lives Strengthening the role and impact of ill health prevention		
Action/ Intervention	**Primary Agency/ agencies**	**Measure**
Policy area 1b.1: Support parents so that they can raise emotionally and mentally healthy children		
To support families in turning their lives around through targeted and intensive support of Families First	KCC/ TWBC	Support with key health and social issues affecting them
Policy area 1b.2: Encourage access to health services for all		
To provide timely and appropriate advice and support with issues and concerns that are affecting individuals through the Health Help Now App in West Kent	West Kent CCG	No. of site visits
Policy area 2.2: Reduce risk taking behaviours in young people		
To provide support for the issue of mental health (including self harm) in 4 schools (minimum), in areas of high need using a range of intervention methods including whole school approach, staff training, one-to-one and group work; supporting a reduction in emergency admissions for self harm in under 18s.	SALUS/ TWBC	No. of Schools and individuals worked with. Improved emotional wellbeing, attendance, attainment and behaviour change among young people receiving a direct intervention. Referrals to partners such as Troubled Families and Child Adolescent Mental Health Services.
To increase awareness of youth suicide and mental health problems, through SAFE spaces, assemblies, PSHE lessons, training and signposting that will support a reduction in emergency admissions for self harm in adults and under 18s.	Imago (SAFE project)	Increased awareness of youth suicide amongst YP Increased awareness of the danger signs of mental health difficulties among YP Increased awareness of the needs of YP with mental health issues among external professionals Captured by pre and post intervention analysis
To offer safe support and advice to vulnerable people late at night.	Street pastors	Reduce the burden on other services such as police and ambulance.

Policy area 6.3 Mental Health		
To provide weekly art therapy to those with mental health issues, learning disabilities, emotional and behavioural problems through 'Mindwell'	TCHG	Improved social skills and co-ordination for participants
To provide help to people with mental health conditions through books on prescription, as wells the mental health benefits of reading for pleasure	KCC libraries and archives services	No. of referrals
Policy area 6.5: Make every contact count		
To deliver Mental Health First Aid training available free to all front line staff	KCC and Mind West Kent	No. of sessions held No. of attendances and variety of organisations represented Training evaluations

Vulnerable Adults & Older Persons **Priority 2: Excess Winter Deaths** **Priority 3: Falls Prevention**		
Marmot (2010) Policy Areas: Creating and developing healthy sustainable places and communities Enabling all children, young people and adults to maximise their capabilities and have control over their lives		
Action/ Intervention	**Primary Agency/ agencies**	**Measure**
Policy area 2.3: Support older people to live safe, independent and fulfilled lives and support disabled people to live independently at home		
To provide disabled facilities grants to clients who require adaptions and equipment enabling them to maintain their independence, quality of life and live safely in their homes.	TWBC private sector housing team	No. of grants issued
To risk assess properties in line with the Housing Health and Safety Rating System (for hazards such as falls on stairs or in the bath), following a vulnerable person enquiry/ complaint, which leads to action (such as provision of handrails, bathing equipment or handyperson service).	TWBC private sector housing team	500 handyperson jobs per annum People signposted to suitable support services
To co-ordinate referrals from clients to social services, VCS and carers who will assist client to get repairs/ heating or insulation improvements done, for a more integrated approach	TWBC private sector housing team	Quicker, more effective processing of improvements helping people stay in their home for longer
To deliver the care navigator scheme which supports people over 50 to access services including disabled adaptations, referrals, grants and benefits assessments.	Imago	No. of people supported, signposted and referred.
To advocate for and provide support to people aged 65+ enabling them to take control over their care needs and decisions that affect them through more informed choices.	Good Neighbour Project	People are supported to stay in their own homes for longer
To improve postural stability and reduce the risk of falling (and related injuries) for people aged 65+ who are at risk or those with a long standing medical illness through strong and steady classes.	Good Neighbour Project	Risk of falling and injuries is reduced and people are able to stay in their own home for longer. No. of people supported
To develop services to assist people living with dementia and their carers through the 'Reading Well' books on prescription for dementia scheme	KCC libraries and archives service	People more confident in understanding and living well with dementia

and ‘Home Library’ delivery service.		
To raise public and professional awareness of the experience and needs of people affected with dementia (and their carer networks) through training, dementia friends sessions, public events (dementia awareness week), cafes, outreach, carer support and information.	Alzheimer’s society, Kent & Medway Age UK, Carers First, Crossraods, Good Neighbours, TWBC and TCHG	Which contributes towards the West Kent CCG’s target to Improve dementia diagnosis rates from 51% to 67%
Policy area 5.4: Reduce fuel poverty by supporting development of warm homes		
To increase up take of Eco funding measures to provide warm insulated homes	TWBC housing renewal team	No. of homes assisted
To increase take up of warm homes bonus for vulnerable people (aged 65+ with a long term health condition).	TWBC housing renewal team	No. of homes identified and assisted.
To encourage, educate and enforce measures in rented properties to improve thermal efficiency	TWBC housing renewal team	From 01/04/2018, it will be illegal to let properties when EPC lower than E.

Priority 4: Child and Adult Obesity		
Marmot (2010) Policy Area: Give every child the best start in life and Strengthening the role and impact of ill health prevention		
Action	**Primary Agency/ agencies**	**Measure**
Policy area 1a.1: Increase the number of healthy births		
To deliver a 6 week 'Healthy Mums, Healthy Bumps' weight management and dietary intervention for pregnant women to support pregnancy health and develop sustainable healthy habits among families.	TWBC Health Team in partnership with MTW midwifery team	No. of mums referred and engaged with programme. Demonstration of behaviour change among completers.
To support pregnant women to achieve and maintain a healthier weight through 3 pregnancy appointments with the healthy weight midwife service.	Maidstone and Tunbridge Wells NHS hospital trust	No. of women supported and behaviour change achieved. No. of referrals to Healthy Mums, Healthy Bumps
To provide timely advice, guidance and signposting to families at 5 key time points through health visiting service	KCHT Health Visiting Team	All families seen on time
Policy area 1a.2: Increase breast-feeding initiation and prevalence rates at 6-8 weeks		
To promote breast feeding friendly environments by working with businesses, employers, food establishments and other public facilities such as shopping malls helping businesses understand the need to provide support through policies and facilities for women who want to breastfeed.	PSB (supported by TWBC health team)	Demonstration of breast feeding friendly environments by displaying the logo No. of business reached and displaying good practice
To increase breastfeeding initiation and uptake in Tunbridge Wells by providing peer support.	PSB, KCC, Activmob, CIC and children's centres	Increase in breastfeeding initiation rates (target 95% coverage at 6-8 weeks) Contact with mothers within 48 hours of transfer home after birth or 48hrs from time of home birth.
Policy area 1b.3: Promote healthy weight for children		
To deliver an 8 week family weight management course (LEAP) in schools within our highest priority wards supporting parents with overweight and obese children through cooking, nutrition and exercise.	TWBC health team	50 families recruited per annum (target) Families who complete to demonstrate behaviour change which supports a sustained reduction in weight. Year R and Year 6 obesity rates from the National Child

		Measurement Programme for obesity falling
To identify schools in need of support using NCMP results. Schools are supported to provide healthier environments through tailored enhancement plans, parental engagement activities, curriculum support and targeted interventions.	TWBC health team, KCHT healthy schools & school nursing, SSP and FLOs	Reduction in Year R and Year 6 obesity as measured by National Child Measurement Programme No. of schools and families reached, interventions delivered
Policy area 2.3: Support disabled people to live safe, independent and fulfilled lives		
To deliver a tailored weight management programme (Move, Eat, Grow) for adults with learning disabilities to improve access to dietary support and weight management interventions.	TWBC health team	No. of people supported Demonstration of behaviour change and weight loss for those completing the course
Policy area 3.2: Support businesses to have healthy workplaces		
To engage business in public health through promotion and delivery of the Kent Healthy Business Awards. This supports and tasks businesses to make improvements in 9 areas including healthy eating, smoking and and physical activity to facilitate a healthier workforce. **Also contributes to priority 5 & 6**	TWBC health team and KCC	No. of businesses engaged per annum (target: 1 new business to achieve national award, 10 new businesses signed the declaration, 10 themes assessed as excellent and 20 new businesses actively engaged.
Policy area 5.2: Develop communities to be healthy places		
To deliver the cycling strategy in Tunbridge Wells supporting an increase in the numbers who cycle	TWBC economic development	Increase in the number of people who cycle and use sustainable transport
To provide, maintain and enable use of good quality green spaces, play equipment and leisure facilities.	TWBC planning, sports and parks	Surveys establish how well spaces are being used
Policy area 6.1: Improve access to screening		
To screen all eligible 40-74 year olds cholesterol levels, blood pressure, weight (BMI) and lifestyle choices (diet, exercise & alcohol); enabling early identification of risk factors for diabetes, stroke, CHD, kidney disease and certain types of dementia. **Also contributes to priority 5&6**	KCHT health checks, GP surgeries, pharmacies and TWBC health team	50% of eligible patients invited to a health check per annum (Kent Joint Health and Wellbeing Strategy Target) Advice, support, signposting and referrals for timely help.
Policy area 6.2: Reduce the gap in health inequalities across the social gradient		
To provide free school meals to all key stage 1 pupils and children from low income families so that children have access to a hot, nutritious meal daily.	KCC	No. of who have taken part versus no. eligible
To develop physical literacy in primary schools through training and	Tonbridge and West Kent	Improved, higher quality PE delivered in schools,

support funded by sports premium funding.	School Sports Partnership (SSP)	demonstrated by No. of schools worked with.
To deliver the change for life clubs at primary schools across Tunbridge Wells giving children the opportunity to active and learn about healthy living	SSP	No. of clubs running across Tunbridge Wells No. of children attending clubs
To teach families and residents to cook healthy meals from scratch on a budget through mosaic cookery classes.	TCHG	No. of people supported
To deliver 1:1 health trainer service for people aiming to improve their lifestyle through modifications to diet, alcohol reduction, weight loss, smoking cessation and support with wellbeing. **Also contributes to priority 5 & 6**	KCHT health trainers	No. of clients supported Demonstration of behaviour change
To deliver the 10 week subsidised exercise referral programme across Tunbridge Wells for patients who can use exercise to support their weight loss.	TWBC health team, Fusion	No. of clients support (target 105) No. of clients demonstrating weight loss and/ or behaviour change
To deliver the 10 week free adult weight management programme (Weight For It), helping people to manage their diet and lifestyle in a community setting for clients whose BMI is below 40.	TWBC health team	No. of people engaged No. of people losing and maintain weight loss No. of people changing behaviours
To deliver the tier 3, 'For healthy weight' weight management intervention including, dietary, emotional and exercise support in patients whose BMI is above 40.	For Healthy Weight (TWBC)	No. of people engaged No. of people losing weight No of people making behaviour changes
Policy area 6.5: Make every contact count		
To deliver cookery, nutrition, physical health, wellbeing and walking sessions for users of Tunbridge Wells Mental Health Resource Centre (TWMHRC)	TWMHRC	No. of service users supported to live healthy lifestyles

Priority 5: Smoking related deaths		
Marmot (2010) Policy Area: Give every child the best start in life Create and develop healthy and sustainable places and communities Strengthen the role and impact of ill health prevention		
Action	**Primary Agency/ agencies**	**Measure**
Policy area 1a.1: Help increase the number of healthy births		
Midwives to measure CO levels in all pregnant women and refer smokers to the 'Baby Clear' service providing vulnerable families with early help to quit	KCHT Stop Smoking Service and MTW midwifery department	Reduction in the number of mums that smoke during pregnancy. No. of referrals made
To train all children's centre staff in level 1 brief intervention for smoking cessation to improve access to advice and support when giving up smoking	Stop smoking service and children's centres.	No. of staff trained No. of people supported to quit and No. of referrals made
Policy area 3.2: Support businesses to have healthy workplaces		
To provide in house smoking cessation resources to local businesses, where a minimum of 8 quitters have been identified, including 1:1s and quit clubs.	KCHT stop smoking service	No. of sessions run and no. of people quit per annum
Policy area 6.2: Reduce the gap in health inequalities across the social gradient		
To deliver dedicated 1:1, group and telephone support to people who wish to quit in community settings	KCHT stop smoking service	No. of people quitting No. of sessions held
Policy area 6.5: Make every contact count		
To raise awareness of the effects of 2nd hand smoke and the benefits of stopping smoking through working with patients attending pulmonary rehab services during the acute (smoking) project.	KCHT stop smoking service	No. of sustained quitters
To supplement the Kent schools curriculum with tobacco education to raise awareness of the risks of tobacco use	Kent Schools	No. of schools and children reached
To deliver brief advice training for frontline staff so they are equipped to carry out brief interventions and signposting with people who may be supported to quit smoking.	KCHT stop smoking service	No. of sessions delivered and No. of people reached

Priority 6: Alcohol Misuse		
Marmot (2010) Policy Area: Strengthening the role and impact of ill health prevention		
Action	**Primary Agency/ agencies**	**Measure**
Policy area 5.3: Support safe communities		
To re-launch the Safer Socialising Award and encourage licensees to take part in the scheme	Safe Town Partnership, TWBC CCTV, West Kent Police	No. of awards issued
To enforce the Town Centre Alcohol Control Zone	TWBC, West Kent Police	Number of section 27s given by police which have been monitored by CCTV
To exclude individuals convicted of violent offence from 'Pubwatch' licensed premises.	Pubwatch (Safe Town Partnership, TWBC CCTV, West Kent Police)	No. of pubwatch exclusions in force
To use safe town radios to prevent and detect violent crime, by sharing intelligence between licenses/ retailers, CCTV control room and police	Safe Town Partnership, TWBC CCTV, West Kent Police	Pubwatch instigated incidents monitored by CCTV No. off violent offences monitored
To review all hate crimes within the borough at CSU meetings and put into place suitable interventions and referrals where appropriate	Safe Town Partnership, TWBC CCTV, West Kent Police	No. of hate crimes recorded in the borough
Provide licensing training to staff around responsibilities when serving alcohol; including: making sure they adhere to the licensing act, under-age sales, legal highs and drug use.	West Kent Police	Number of training sessions offered by Kent Police
Policy area 6.2: Grow partnerships and find new ways to target and deliver services		
To deliver a holistic approach to drug and alcohol treatment and support including (blood borne viruses) BBV testing, vaccinations, mental wellbeing scores, mental health and substance misuse assessments, groups, clinics and support with sleep hygiene, relaxation and safer use. Involves joint working with health professionals and hospitals.	CRI	No. of people supported and outcome of behaviour change
To deploy substance misuse workers to hotspots within the borough to carry out 1:1 and group work with adults and young people	CRI, Kenward Trust	Number of young people worked with through 1:1s and early intervention Number of referrals to KYDIS

		via Kent Police
Policy area 6.5: Make every contact count		
To deliver brief (alcohol) advice training to public facing staff so that they are able to offer brief intervention and signposting, improving access to support for the public.	Kent Public health	No. of sessions held and no. of people trained.

7. Appendix A

List of Strategic Partners including HAT members

- Tunbridge Wells Public Services Board
- Good Neighbours
- Home Instead
- Tunbridge Wells Community Safety Unit
- Domestic Abuse Voluntary Support Service
- Town and Country Housing Group
- Kent Community Health Trust
- Fusion Lifestyle
- CAB
- Tunbridge Wells Mental Health Resource Centre
- Kent High Weald Partnership
- West Kent Area Mind
- Tonbridge and West Kent School Sports Partnership
- Tunbridge Wells Over Fifties Forum
- Health Watch
- Voluntary Action Within Kent
- KCC libraries
- KCC Children Centres
- Common Work
- Maidstone and Tunbridge Wells NHS hospital trust – Dietetics & Midwifery

8. Appendix B

Glossary

Living in Poverty Definition:

"People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple disadvantage through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. They are often excluded and marginalised from participating in activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted"[26]

Poverty may be measured using information about income, consumption, level of material deprivation and wellbeing. It can be caused by wordlessness, low-paid work and inadequate benefits. The people most likely to be affected by poverty are families with children, lone parents, people with a disability, certain ethnic minorities and workless families or households[27].

Fuel Poverty Definition:

'Fuel poverty in England is measured by the Low Income High Costs definition, which considers a household to be fuel poor if:
• they have required fuel costs that are above average (the national median level)

• were they to spend that amount, they would be left with a residual income below the official poverty line.

Prior to the introduction of the Low Income High Costs indicator in England, fuel poverty was measured under the 10% indicator. Under this indicator, a household is considered to be fuel poor if they were required to spend more than 10% of their income on fuel to maintain an adequate standard of warmth."[28]

[26] European Commission (2004) Joint Report on Social Inclusion http://www.jrf.org.uk/sites/files/jrf/poverty-definitions.pdf
[27] Child Poverty in Action Group (2015) http://www.cpag.org.uk/content/who-lives-poverty
[28] Department of Energy and Climate Change (2014) Annual Fuel Poverty Statistics Report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319280/Fuel_Poverty_Report_Final.pdf