

Maidstone Borough Council

Housing and Community Services

Maidstone Health Inequalities Action Plan

2014 – 2020

Foreword by Cllr Annabelle Blackmore, Leader of Maidstone Borough Council



Welcome to Maidstone Borough Council's Health Inequalities Action Plan. This Plan sets out Maidstone Borough's plans to tackle health inequalities over the next five years.

Health inequalities are stubborn, persistent and difficult to change. They are also widening and will continue to do so unless we do things differently. This means addressing not only the short-term consequences of avoidable ill-health but also the longer-term causes. The benefits of reducing health inequality are social and environmental, as well as economic. Creating a sustainable future is entirely compatible with activities to reduce health inequalities.

The reasons for health inequalities are complex and tackling them requires concerted action at all levels. Tackling health inequalities is a key priority of the Maidstone Community Strategy and has been highlighted in the emerging Local Plan that it is an issue that needs concerted action.

No one organisation can tackle health inequalities alone and co-ordinated and targeted action in partnership is at the heart of this action plan. This plan sets out to focus and co-ordinate the actions of a range of partners that will make the biggest difference to reducing health inequalities. Many of these actions are incorporated within partner's strategic plans and are already in development.

I am confident that this Plan creates the opportunities for sharing good ideas, support and resources helping to make stronger and healthier communities. I look forward to working with you all to ensure that Maidstone becomes even healthier going into the future.

Cllr Annabelle Blackmore
Leader of Maidstone Borough Council

Introduction by Cllr John Perry, Cabinet Member for Communities and Leisure Services, Maidstone Borough Council



The plan has been developed by Maidstone Borough Council's Health and Wellbeing Delivery Group who will be responsible for monitoring and reporting on progress to the emerging Maidstone Partnership Board and West Kent Health and Wellbeing Board.

Maidstone Borough is a thriving community to live in. Some parts of the area are amongst the most affluent in England; however close to these we have pockets of deprivation.

We know that social exclusion has a major effect on people's health and wellbeing, making it much more likely that they will suffer poor health and die earlier than people who live in more affluent areas.

Members of the Maidstone Health and Wellbeing Group have been instrumental in the development of this plan, forming both our strategic and delivery approach to reducing health inequalities based on:

- Continuing to develop a whole-system approach to health improvement by tackling the underlying causes of ill-health, through improving educational attainment, housing, getting local people into jobs and creating a safe and healthy, sustainable environment;
- Delivering of short, medium and long-term actions to create sustainable improvements in health. These are based on the evidence of what works to support lifestyle changes and improve the impact of health and social care services on reducing health inequalities; and
- Targeting areas / priority groups and empowering communities to improve their wellbeing.

As the determinants of good health relate to a broad range of issues, improvements in the health and wellbeing of the local population can only be achieved through effective partnership working.

This plan will need to be refined further over the next year; as we need to ensure our actions tackle the wider determinants of health and we can measure short, medium and long term benefits to our residents. We need to move beyond just trying to change individual lifestyle behaviour to empowering communities to improve their wellbeing in a more holistic way.

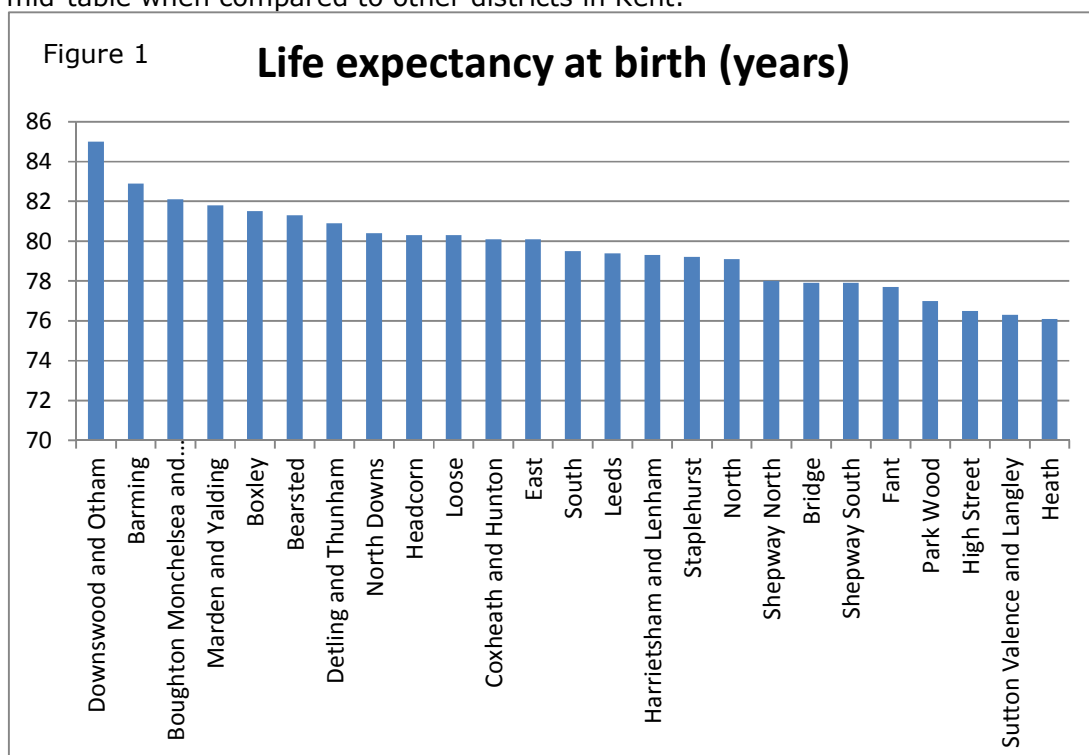
Cllr John Perry
Cabinet Member for Communities and Leisure Services, Maidstone Borough Council

What are Health Inequalities?

Health inequalities are described as the differences in health status between different groups or communities within the population. At both community and individual level, poor health is linked to social and economic disadvantage and deprivation. Differences in income, employment, education, housing, social environment and access to services all produce inequalities in health outcome. Living in areas of low income, poor employment and poor infrastructure increases the risk of ill health.

Health Inequalities in Maidstone

Levels of health and wellbeing in Maidstone are generally good, being largely above national and regional averages. This position, however, hides some pockets of deprivation and ill health. The difference in life expectancy at birth of our most affluent wards compared to our most deprived is 8.9 years (figure 1), putting us mid-table when compared to other districts in Kent.



There is a larger difference in life expectancy of men and women; 7.0 years lower for men and 4.4 years lower for women in the most deprived areas of Maidstone than in the least deprived. Not only does this gap mean that those living in the most deprived areas of Maidstone have a shorter life expectancy, they also have a lower disability free life expectancy than others in our communities.

The neighbourhoods that make up the areas of higher deprivation lie particularly in the electoral Wards of:

- Park Wood
- High Street
- Shepway North
- Shepway South

Priority focus will be given to work targeting the wider determinants of health in these areas as an attempt to reduce health inequalities within and between our communities.

What this plan will do to tackle health inequalities in Maidstone

The Maidstone Health Inequalities Action Plan sets out aims and objectives that deliver outcomes in the short, medium and long term, based on the 6 priorities for action outlined by Professor Marmot in his 2010 report 'Fair Society, Healthy Lives'. Maidstone Borough Council has adopted a strong multi-agency partnership approach; delivering a universal offer which is targeted both in terms of need (vulnerability) and deprivation (geography).

Maidstone Borough Council aims to reduce health inequalities by reducing the gap in health status within and between our communities, by improving health most quickly for areas with high levels of deprivation. This action plan sets out how all partners will work together to achieve this aim, so that people will live longer in better health, and the variances in life expectancy in Maidstone will reduce.

Who will do what?

The Action Plan provides a framework and tools to identify, analyse and evaluate partnership actions that will contribute to reducing health inequalities in the Maidstone Borough.

Maidstone Borough Council recognises the importance of reducing health inequalities and improving health and wellbeing, a theme that runs through the 3 strategic priorities and 7 key outcomes set out in the Strategic Plan 2011-15. As such, many of the actions contained in this plan are drawn from service plans and strategies that sit across the council. This action plan seeks to draw together priorities and actions from across the authority and partners that seek to reduce health inequalities in Maidstone.

The delivery of this action plan will only be successful if delivered in partnership; crucial to this is the development of the Maidstone Health and Wellbeing Group which will have the responsibility to oversee the delivery of this plan and report progress back to the Kent Health and Wellbeing Board, the West Kent CCG Health and Wellbeing Board and Maidstone Strategic Board. The Group will own the action plan, but will not be the sole owner of some of the actions contained within it.

Work on reducing health inequalities cannot be tackled alone and needs the support of a wide range of local partners. With this in mind Maidstone Borough Council held a Health Inequalities Stakeholder day in July 2013 where partners were asked to identify how they could contribute to reducing health inequalities in Maidstone. The outcomes of the workshop are the actions that are included within this plan.

PRIORITY 1a: Give every child the best start in life (conception to 9 months)

Why is this a priority for Maidstone?

Infant mortality

- The rate of infant mortality in Maidstone is 3.5 per 1,000 live births compared to the England Average of 4.7.
- Deaths in infancy disproportionately affect life expectancy. Reducing infant mortality in Maidstone would increase overall life expectancy in the borough.

Low birth weight

- Babies born with a low birth weight may be more likely than babies born at a normal weight to have certain medical conditions later in life. These include high blood pressure, diabetes and heart disease.
- 4.9% of babies born in Maidstone weigh less than 2.5kg compared to 5.12% in Kent and 7.5% nationally. However, low birth weight is as high as 11% (more than double the county average) in some wards of the borough.

Smoking

- Levels of smoking in pregnancy are just under the England average. Smoking in pregnancy is known to affect both birth weight and incidence of infant mortality and continues to impact on the health of a child. Rates are disproportionately high in teenage mothers.

Domestic Abuse

- Domestic abuse is more likely to occur to women in their reproductive years, from lower socio-economic areas and often increases during pregnancy. 30% of new domestic abuse cases in England are pregnant women.
- A particularly vulnerable group is teenage mothers who are much more likely to be posing considerable risk to both themselves and their babies. They are also highly likely to access services late, potentially further compromising their care. Teenage mothers had a statistically significant higher rate of stillbirths. Postnatally they have much lower rates of breastfeeding at both birth and at 6-8 weeks.
- The rate of teenage pregnancy in Maidstone is higher than the national average.

Breast feeding

- Breastfeeding is beneficial for baby and mother with some of these protective effects lasting well beyond the period of feeding. A modest increase in breastfeeding rates could result in a reduction in childhood obesity by about 5% or a decrease of 16,300 obese children nationally. This in turn would see a reduction in annual health-care expenditures of circa £1.63 million (Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, UNICEF, 2012).
- Breast feeding initiation in Maidstone is fractionally under the England average at 74.6%, with only 41.5% of mothers continuing to breast feed at 6-8 weeks.

Targets:

Reduce number of low birth weight babies by 1% by 2015
Increase breast feeding initiation rates by 2% by 2015
Increase rate of breast feeding at 6-8 weeks by 2% by 2015
Reduce infant mortality rate to less than county average of 3.1/1,000 live births
Reduce the number of women smoking during pregnancy by 50% by 2020

PRIORITY 1a: Give every child the best start in life (conception to 9 months)

Aims	Actions	Timescale	Partners
1.1 Support good health and wellbeing in pregnancy and the newborn	Ensure all women have access to good information to support their lifestyle choices and wellbeing during their pregnancy and are signposted to services that can improve their health and wellbeing. Target campaigns on key risk factors such as smoking, alcohol, teenage parents and domestic abuse.	<i>Short</i>	Maidstone Borough Council Kent County Council Children's Centres West Kent NHS Trust – Midwives and Health visitors West Kent CCG – Commissioners and GPs
	Ensure vulnerable groups have additional support i.e. teenage mothers, those experiencing domestic abuse	<i>Medium</i>	
1.2 Support to increase breast feeding rates	Work to promote Maidstone as a breast feeding friendly town	<i>Long</i>	Maidstone Borough Council Kent County Council Children's Centres West Kent NHS Trust – Midwives and Health visitors West Kent CCG – Commissioners and GPs
	Work with midwives and health visitors to deliver a targeted campaign to promote breast feeding in wards which have high levels of childhood obesity, deprivation and low breast feeding rates.	<i>Medium</i>	
1.3 Ensure teenage mothers have additional support	Deliver actions contained in Maidstone Teenage Pregnancy Action Plan	<i>Medium</i>	Maidstone Borough Council Kent County Council Children's Centres West Kent NHS Trust – Midwives and Health visitors West Kent CCG – Commissioners and GPs KCHT Golding Homes
	Strengthen links with family nurse partnership to deliver in areas of highest need	<i>Short</i>	
	Deliver smoking cessation projects for teenage parents before, during and after pregnancy	<i>Short</i>	
1.4 Support pregnant women who are experiencing domestic abuse	Deliver staff training to give the skills to identify those at risk and knowledge of support available	<i>Medium</i>	Maidstone Borough Council Kent County Council North Kent Women's Aid Children's Centres West Kent NHS Trust – Midwives and Health visitors West Kent CCG – Commissioners and GPs
	Increase referrals to complimentary supportive services including floating support, one stop shop and others.	<i>Long</i>	

PRIORITY 1b: Give every child the best start in life (9 months +)

Why is this a priority for Maidstone?

Obesity

- Obesity is an important issue in Maidstone; 10.7% of 4-5 year olds are obese, while 20% of 10-11 year olds are obese. Nationally, 9.4% of 4-5 year olds are obese and 19% of 10-11 year olds are obese.
- Mounting evidence suggests that a critical period during which to prevent childhood obesity and its related consequences is before the age of five. The best thing we can do for children from 0-5 is create ways of life which continue to make obesity unlikely.
- Children who live in more deprived areas are more likely to be overweight and obese than those from the most affluent areas. Making what may seem like simple changes to daily habits (physical and nutritional) is sometimes simply too difficult given all the other difficulties many families have to confront. Maidstone has the highest level of overweight children in reception year in 2011/12 at 16% of children measured.
- In some of our most deprived wards obesity levels in children aged 4-5 is higher than 12%.

Immunisations

- Immunisation rates for under-5s are 91.4% against a 95% target nationally.
- The national immunisation programme is an essential part of protecting children's health. Low vaccine uptake puts children at risk. Measles has made resurgence in the UK and the rate of take up of the MMR vaccine in Kent whilst improving, is not at the 95% level recorded by the World Health Organisation as being necessary to prevent an outbreak. Maidstone is currently under the national target 95% coverage rate of childhood MMR immunisations, but performing better than the Kent average of 88.3%.
- Work needs to focus on supporting those communities with poor access to primary care to take up immunisation for their children.

Targets:

Reduce the number of obese children: reception year by 1% by 2015

Reduce the number of obese children: year 6 by 1% by 2015

Increase % of children immunised before their 5th birthday to the national target of 95%

PRIORITY 1b: Give every child the best start in life (9 months +)

Aims	Actions	Timescale	Partners
1.5 Support to raise emotionally and mentally healthy children	Work with services who support families with complex needs to support parents e.g. Maidstone Families Matter	<i>Short</i>	Maidstone Borough Council Kent County Council North Kent Women's Aid Children's Centres West Kent CCG Commissioners and GPs
	Commission and deliver support for parents experiencing domestic abuse	<i>Medium</i>	
1.6 Encourage access to health services for all	Support hard to reach and vulnerable groups who do not traditionally engage with services to access health professionals	<i>Long</i>	Maidstone Borough Council Kent County Council Children's Centres West Kent NHS Trust West Kent CCG –GPs KCHT Health Trainers
	Offer alternative locations/settings to promote take up of childhood immunisations	<i>Medium</i>	
1.7 Promote healthy weight for children	Commission and deliver healthy eating advice and classes for children and families	<i>Short</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG
	Deliver family weight management programmes	<i>Short</i>	
1.8 Increase physical activity	Commission targeted projects to increase physical activity for children and young people	<i>Short</i>	Maidstone Borough Council Kent County Council Children's Centres West Kent NHS Trust West Kent CCG –GPs Private nurseries Primary schools
1.9 Increase literacy in young people & families	Commission work with parents in interactive play to support cognitive development	<i>Medium</i>	Maidstone Borough Council Kent County Council Children's Centres West Kent NHS Trust West Kent CCG –GPs Private nurseries Libraries Kent Children's University
	Commission a programme of family literacy to target hard to reach and vulnerable groups	<i>Medium</i>	
	Commission reading support to target children	<i>Short</i>	

PRIORITY 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Why is this a priority for Maidstone?

Teenage conception

- The under 18 conception rate for Maidstone is 34.3 per 1,000 girls aged 15-17 each year, compared to the England average of 34 per 1,000 and a county rate of 31 per 1,000.
- Our most deprived wards have teenage conception rates over 50 per 1,000, with one ward having a rate of over 100 conceptions per 1,000 girls.
- Teenage mothers under the age of 20 have a 13% higher chance of a stillbirth than mothers aged over 20.
- The risk of infant death is increased by 47% for mothers aged under 20.
- Teenage mothers and their children face particular inequalities. The link with a lack of aspiration is significant, young people need the motivation as well as the means to prevent pregnancy and engagement in education through the teenage years is a strong protective factor.

Self harm

- The rate of admission to hospital for self harm in Maidstone is higher than the national average at 215.3 per 1,000 population. This measure often indicates mental health stress often in teenagers.

Smoking

- 18.7% of Maidstone's population smoke compared to the national average of 20%, an increase from 16.6% in 2010/11
- The rates of smoking are greater in the most deprived wards in the Borough with rates of more than 35% in parts of Park Wood, Shepway South, High Street and North wards
- Smoking related deaths are just under the national average at 189 per 100,000 over 35 population.
- Smoking is a major cause of lung cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD) and contributes to many other cancers and conditions, such as asthma or high blood pressure.
- In Kent 39% of 11-15 year olds have tried smoking with 9% self reporting as regular smokers. Girls are more likely to smoke than boys and the number of teenagers starting to smoke remains a concern.

Alcohol

- Increasing and higher risk drinking in Maidstone is higher than the national average at 23.9% of the adult population. However, hospital stays for alcohol related harm are lower at 1282 per 100,000 population.
- Life expectancy for Maidstone (79.4 years for males and 83.3 for females) is above the England average (78.9 for males and 82.9 for females).

Older people

- We estimate that there are over 7,000 people aged 65+ in Maidstone who live alone. Of those, just fewer than 3,000 report their health as being bad or very bad.
- There are currently 2118 people in Maidstone suffering with dementia. This is expected to double over the next 30 years.
- Falls are a concern to older people. There has been a 53% increase in the number of falls related hospital admissions in West Kent over the last 5 years. The age

standardised rate for falls related hospital admissions in Maidstone is 2,400 per 100,000 population aged 65+, lower than both the Kent and West Kent rates.

- Hip fracture in the over 65s in Maidstone is higher than the national average, at 468 admissions per 100,000 compared to 457 per 100,000.

Targets:

Reduce number of teenage conceptions to below county average of 40 per 1,000 live births in key wards by 2020

Reduce hospital admissions for self harm to national average of 207.9 per 100,000 population by 2020

Reduce the number of smokers in Maidstone by 22.3% by 2020

Reduce the number of increasing and higher risk drinkers by 2% by 2020

Reduce the number of hip fractures in the over 65s by 2% by 2020

Reduce excess winter deaths by 2020

PRIORITY 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Aims	Actions	Timescale	Partners
2.1 Reduce hospital admissions for self harm	Commission supportive services in to schools to support young people's mental health and wellbeing	<i>short</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG – Commissioners and GPs
	Increase referrals to targeted support through mapping and development of clear referral pathways	<i>Long</i>	
2.2 Reduce risk taking behaviours	Implement Maidstone Teenage Pregnancy action plan	<i>Long</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG – Commissioners and GPs Schools Youth providers KCHT CRI Kenward Trust
	Provide information, advice and diversionary activities for young people to prevent risk taking behaviour	<i>Medium</i>	
	Provide sexual health education and support to young people in community settings	<i>Short</i>	
	Develop a joint campaign to address high risk drinking in the older adult population	<i>Medium</i>	
	Develop a joint campaign to reduce the incidence of smoking in all ages in Maidstone	<i>Medium</i>	
2.3 support older people to live safe, independent and fulfilled lives	Commission and deliver effective local falls prevention and fractures service linking health and housing to develop a wrap around service	<i>Medium</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG Age UK Brighter Futures
	Improve provision of aids and equipment to prevent accidents in the home	<i>Medium</i>	
	Develop and commission work on loneliness and social isolation	<i>Medium</i>	

PRIORITY 3: Create fair employment and good work for all

Why is this a priority for Maidstone?

Not in education, employment or training (NEET)

- The number of 16-18 year olds not in education, employment or training in Maidstone is 6%.
- Research has shown that not being in employment, education or training (NEET) between the ages of 16 and 18 is a major predictor of future unemployment, low income, teenage parenting and poor health. Young people who are NEET are also 5 times more likely to enter the criminal justice system, with the life-time cost to the state of each young person who is NEET standing at £97,000.

Employment

- The number of young people between the ages of 18 and 24 who are unemployed in Maidstone is 4.1%.
- Young people continue to be disproportionately affected by the economic downturn with those aged 18-24 making up the biggest proportion of unemployed in the KCC area. Again areas of deprivation are experiencing the biggest impact and the social gradient can be clearly demonstrated.
- Unemployment in Maidstone stands at 2.7% (measured as JSA claimants). Slightly higher than the 2.4% rate for Kent, but below the national average of 2.9%
- The average earnings for full time worker in 2011 were lower in Maidstone compared with the national average. The average weekly earnings in England were £520, in the South East £550, in Kent £540 and in Maidstone £500

Targets:

Reduce number of 16 – 18 year olds who are not in education, employment or training by 1% by 2020

Reduce the number of 18-24 who are unemployed by 2015

Reduce the number of people claiming JSA to below 2.7%

Increase the number of accredited healthy businesses in Maidstone

PRIORITY 3: Create fair employment and good work for all

Aims	Actions	Timescale	Partners
3.1 Improve chances of employment for people facing disadvantage	Seek apprenticeships, work placements and employment opportunities with employers and training providers.	<i>Short</i>	Maidstone Borough Council Kent County Council Job centre plus VCS West Kent CCG Local businesses KIASS CXK
	Tackle barriers to work through coordinated multi-agency projects	<i>Medium</i>	
	Encourage the establishment and growth of businesses (including self employment) in the Borough to increase the choice of jobs	<i>Long</i>	
3.2 Increase proportion of young people (up to 24) in full time education or employment	Extend initiatives that are delivering positive outcomes and share best practice i.e. Work Experience Coffee morning	<i>Short</i>	Maidstone Borough Council Kent County Council Job centre plus VCS West Kent CCG Local business schools
	Develop quality and multiple work experiences and volunteering opportunities for people as a route in to work.	<i>Medium</i>	
	Support schools to improve work-related careers advice and experience	<i>Medium</i>	
	Develop training providers website to promote opportunities in Maidstone	<i>Short</i>	
3.3 Support businesses to have healthy workplaces	Increase the number of local employers providing healthy workplace initiatives	<i>Short</i>	Maidstone Borough Council Kent County Council West Kent CCG KCHT
	Reduce the smoking prevalence in targeted groups	<i>Long</i>	
	Deliver health check campaign across the Maidstone Borough in workplace settings	<i>Medium</i>	

PRIORITY 4: Ensure a healthy standard of living for all

Why is this a priority for Maidstone?

Deprivation

- The level of deprivation in Maidstone is low with only 7.2% of people living in the 20% most deprived areas in England. However, the borough-wide picture hides pockets of deprivation in key wards.
- Deprivation is associated with a cluster of health problems including higher levels of unhealthy weight and obesity, physical inactivity, smoking, poor blood pressure control, and other factors that effect physical health. It is also integral to lower educational attainment, lack of employment opportunities, poor housing status, poor access to services, referral differences of practitioners and poor compliance with disease management.
- In Maidstone the average house price is £229,099, lower than the region (£281,148) and England (£242,415) averages.
- Low income has far reaching implications of health including long term health and life expectancy

Child poverty

- Child poverty in Maidstone is relatively low at 15.2%. This compares to a Kent rate of 17% of children living in poverty, and a national figure of 21%. This has a detrimental impact on children and their families.

Fuel poverty

- In 2011 Maidstone Borough Council had 10.8% fuel poor households (6,694 out of 61,845 households). This was below the Kent Average of 13.1% and the South East average of 11.5%.
- The people most likely to die or become ill during the cold weather are those least able to afford to heat their homes. For every one degree Celsius that the outdoor temperature falls below the winter average, there are an 8,000 extra winter deaths in England. This would equate to an estimated 240 deaths across Kent. 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.
- We aim to provide access to affordable warmth through local initiatives which will contribute to reducing levels of fuel poverty in the borough. We will have regard to government targets to reduce fuel poverty by 2016. ((UK Fuel Poverty Strategy 2001)(Reduction by baseline 2010 NI187)).
- We will take advantage of any government initiatives (financial assistance and other benefits) for energy efficient measures and tackling fuel poverty.

Targets:

Reduce deprivation in key areas by 2020
Reduce the proportion of children living in poverty by 2020
Reduce the number of households living in fuel poverty (10%) by 2020
Increase number of households supported to improve their energy efficiency by 2015
Reduce inequality in life expectancy in the borough (male) by 2020
Reduce inequality in life expectancy in the borough (female) by 2020

PRIORITY 4: Ensure a healthy standard of living for all

Aims	Actions	Timescale	Partners
4.1 Support financial capacity and inclusion	Commission partners to provide financial advice to support people to manage debts and finance	<i>Medium</i>	Maidstone Borough Council Kent County Council Citizen's Advice Bureau Job Centre Plus Golding Homes VCS
	Develop and deliver financial inclusion partnership and action plan	<i>Long</i>	
4.2 Promote opportunities to support people out of poverty	Promote Kent Savers to enable people to have access to affordable credit	<i>Medium</i>	Maidstone Borough Council Kent County Council Citizen's Advice Bureau Job Centre Plus Golding Homes VCS Kent Savers ECO KSAS
	Map and promote support available to people in poverty e.g. food banks, CAB, KSAS, WK Housing starter packs	<i>Medium</i>	
	Commission fuel poverty reduction initiatives to support those most in need e.g. collective switching for energy tariffs, energy efficiency schemes, fuel clubs	<i>Medium</i>	
	Work in partnership to advise, educate and promote energy efficiency schemes, grants and discounts to residents in Maidstone	<i>Short</i>	
4.3 Provide information and advice to families to promote ongoing welfare reform support	Develop multi-channel communications for frontline workers and members of the public to explain introduction of welfare reform and available support	<i>Medium</i>	Maidstone Borough Council Kent County Council Citizen's Advice Bureau Job Centre Plus Golding Homes VCS
	Extend Operation Civic as a multi-agency approach to bring local services to the community to target 4 key wards	<i>Short</i>	

PRIORITY 5: Create and develop healthy and sustainable places and communities

Why is this a priority for Maidstone?

Homelessness

- Rates of statutory homelessness in Maidstone are 3.1 per thousand households, higher than the England average of 2.3.
- Our latest figures show almost double the number of people in temporary accommodation than our target of 15 at our monthly snapshot.
- Homeless households in temporary accommodation suffer greater health inequalities. Issues range from losing touch with primary healthcare providers through changing addresses, increased mental health issues due to losing support and social networks, to reduced achievement and increased difficulties in school by young people living in unsettled accommodation.
- The average length of stay in temporary accommodation in Maidstone was over 8 weeks in quarter 3 2013/14, against a target of 6 weeks.
- Due to a lack of supply of available affordable social and private rented accommodation, people stay in temporary accommodation for longer periods than they should, exacerbating their health conditions. The impact of the welfare reforms could see the availability of temporary accommodation being further squeezed due to households migrating from more expensive areas, such as London, in search of cheaper accommodation in Kent.

Crime and Antisocial behaviour

- The most recent strategic assessment shows that all crime in Maidstone fell by 12.9% from October 2011 to September 2012. This compares with a fall of 0.6% in the previous year. With the exception of the percentage of domestic violence repeat victims and shoplifting, levels of crime of all types reduced, with the largest percentage reductions being seen in criminal damage, drug offences, robbery and motor vehicle thefts. The decrease in crime in 2011/12 has meant that Maidstone has improved its position relative to other Kent districts from 8th place county-wide (62.1 crimes per 1,000 population), to 5th place (53.2 crimes per 1,000 population).
- The violent crime rate for Maidstone in 2012/13 was 11.10 compared to the England average of 13.6.
- The number of first time entrants into the youth justice system is 13.7%.

Air quality

- The effects of air pollution are distributed unequally within society, and widen the inequalities in health. Those populations at greater vulnerability to the effects of exposure to air pollutants are the young and elderly, those with pre-existing cardiopulmonary disease and those who live near or work with other toxic material. These groups tend to represent the socioeconomically deprived communities. Individuals closest to sources of air pollution (near busy roads) are likely to be from lower socioeconomic class and are at greatest risks from the effects of air pollution.

Targets:

Increase the number of homeless preventions by 24% by 2015
Reduce number of households in temporary accommodation by 1% by 2015
Reduce length of stay in temporary accommodation to 42 days by 2015
Reduce levels of all crime and antisocial behaviour by 2015
Reduce levels of violent crime by 2015

PRIORITY 5: Create and develop healthy and sustainable places and communities

Aims	Actions	Timescale	Partners
5.1 Reduce the negative impacts of temporary accommodation on homeless families	Increase the number of people who are supported so that they do not become homeless	<i>Short</i>	Maidstone Borough Council Kent County Council RSLs Sanctuary VCS Health and Social care coordinators
	Reduce the length of stay in temporary accommodation for homeless households	<i>Medium</i>	
	Increase referrals to supportive services to help people who are in temporary accommodation	<i>Short</i>	
	Reduce the time taken to make homelessness decisions	<i>Medium</i>	
	Promote the use of good quality temporary accommodation	<i>Long</i>	
5.2 Develop our communities to be healthy places	Support work to create safer communities through reductions in crime and ASB	<i>Long</i>	Maidstone Borough Council Kent County Council Kent Police West Kent CCG ECO
	Increase the use of planning powers to promote health improvement	<i>Long</i>	
	Develop a play area strategy which ensures access for all	<i>Medium</i>	
	Improve housing stock in Maidstone by reducing HHSRS category 1 hazards	<i>Short</i>	
	Work in partnership to advise, educate and promote energy efficiency schemes, grants and discounts to residents in Maidstone	<i>Medium</i>	
5.3 Reduce adverse impacts of air pollution on public health	Improve Sustainable Transport infrastructure and uptake in the Borough	<i>Long</i>	Maidstone Borough Council Kent County Council ...
	Raise Awareness and educate about the impacts of air quality on our health	<i>Short</i>	
	Reduce the public exposure to poor air quality specifically vulnerable groups	<i>Medium</i>	
5.4 Reduce social isolation	Deliver Neighbourhood Action Planning (NAP) projects in identified wards.	<i>Medium</i>	Maidstone Borough Council RSLs Kent County Council Kent Police
	Develop NAP project to tackle social isolation in rural areas	<i>Medium</i>	

PRIORITY 6 Strengthen the role and impact of ill health prevention

Why is this a priority for Maidstone?

Obesity and physical activity

- Maidstone has slightly higher rates of healthy eating and physical activity compared to England as a whole.
- 60.9% of adults in Maidstone participate in at least 150 minutes of physical activity per week. However, this hides some pockets of inactivity in the borough.
- 66.2% of our population is either overweight or obese, higher than the national average of 63.8%.
- 26% of our population is obese, which puts Maidstone in the top 20% of Local Authorities with the highest levels of obesity.
- Access and choice in making healthy food choices are very much more limited in the areas of greatest deprivation. There are more take aways in the most deprived areas of Maidstone, as compared to the most affluent.
- Obesity can contribute to a range of health conditions, such as heart disease, high blood pressure, diabetes, indigestion and some cancers. Adult and child obesity levels are becoming an increasing issue for the health service, as greater numbers of people put on extra weight, through poor diet or insufficient exercise. Obesity is far more prevalent in disadvantaged groups.

Mental Health

- Hospital stays for self harm are higher in Maidstone than the national average at a rate of 215.3 per 100,000 population.
- There is a social gradient in self-harm and some wards present a significantly higher rate of self harm and suicide than Maidstone generally.

Malignant Melanoma

- The incidence of malignant melanoma in Maidstone is higher than the national average at a rate of 19.4 per 100,000 under 75.
- It is unclear if this is related to a higher use of sun beds, or exposure to sun and further work needs to be undertaken to establish the best way to tackle the high malignancy rate.

Targets:

Deliver 1500 health checks by the end of 2015

Reduce the number of obese adults by 2% to below the national average by 2020

Reduce the number of obese children: reception year by 1% by 2015

Reduce the number of obese children: year 6 by 1% by 2015

Reduce the number of hospital stays for self harm by 3% by 2020

Reduce the incidence of malignant melanoma by 5% by 2020

PRIORITY 6 Strengthen the role and impact of ill health prevention

Aims	Actions	Timescale	Partners
6.1 Improve access to screening	Deliver NHS health checks to priority groups and areas	<i>Short</i>	Maidstone Borough Council Kent County Council
6.2 Improve areas of poor performance on Maidstone's health profile	Commission work to: Reduce childhood obesity Reduce adult obesity Reduce the incidence of melanoma Reduce hospital stays for self harm	<i>Medium</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG – Commissioners and GPs
6.3 Improve partnership work to support good mental health	Support vulnerable groups manage long term mental health conditions	<i>Long</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG – Commissioners and GPs
	Promote mental health support services in the borough	<i>Medium</i>	
	Deliver a range of activities and training to increase awareness and improve mental wellbeing	<i>Medium</i>	
6.4 Grow partnerships and find new ways to target and deliver services	Develop the partnership between Maidstone HWBG and WK CCG Health and Wellbeing Board to work together to commission work to tackle health inequalities in the borough.	<i>Medium</i>	Maidstone Borough Council Kent County Council West Kent NHS Trust West Kent CCG – Commissioners and GPs
	Develop stronger working relationships with GPs to improve referrals on to community programmes	<i>Medium</i>	
	Investigate the feasibility of "social prescriptions" to support reducing health inequalities	<i>Long</i>	

Targets

Priority	Target description	baseline	target	inc/ red
1a Give every child the best start in life (conception to 9 months)	Reduce number of low birth weight babies	5.80%	4.80%	-1%
	Increase breast feeding initiation rates	74.60%	76.60%	+2%
	Increase rate of breast feeding at 6-8 weeks	41.50%	43.50%	+2%
	Reduce infant mortality rate	2.7/1,000	<3.1/1,000	n/a
	Reduce number of pregnant women smoking during pregnancy	12.20%	6%	-50%
1b Give every child the best start in life 9 months +)	Reduce the number of obese children: reception year	10.70%	9.70%	-1%
	Reduce the number of obese children: year 6	20.00%	19.00%	-1%
	Increase % of children immunised before their 5 birthday	91.40%	95%	+3.6%
2 Enable all children, young people and adults to maximise their capabilities and have control over their lives	Reduce hospital admissions for self harm	215.3/100,000	207.9	-3%
	Reduce number of teenage conceptions	34.3	<40/1,000	reduce
	Reduction in increasing and higher risk drinking	23.9	22.30%	-2%
	reduction in number hip fractures in over 65s	468	457	-2%
	Reduction in excess winter deaths	14.8	monitor	reduce
3 Create fair employment and good work for all	Reduce the number of 16-18 year olds NEET	6.00%	5%	-1%
	Reduce the number of 18-24 who are unemployed	765	monitor	reduce
	Reduce the percentage of people claiming job seekers allowance	2.60%	2.60%	reduce
	Increase the number of healthy workplaces	20	baseline	increase
4 Ensure a healthy standard of living for all	Reduce deprivation in key areas	7.20%	monitor	reduce
	Reduce the proportion of children living in poverty	15.20%	monitor	reduce
	Reduce inequality in life expectancy in the borough (male)	7	monitor	reduce
	Reduce inequality in life expectancy in the borough (female)	4.4	monitor	reduce
	Reduce number of households living in fuel poverty (10% of income)	12.70%	monitor	reduce
	Increase number of households supported to improve their energy efficiency	baseline	monitor	increase

5 Create and develop healthy and sustainable places & communities	Increase number of homeless preventions	592	450	+24%
	Reduce number of households living in temporary accommodation	29	15	-1%
	Reduce recorded crime per 1,000 population	63.6	63.6	maintain
	Reduce levels of violent crime	11.5	monitor	reduce
	Percentage CO2 reduction from local authority operations	5481	5316	-3%
	Reduce length of stay in temporary accommodation to 42 days	56 days	42 days	-25%
6 Strengthen the role and impact of ill health prevention	Increase the number of health checks delivered	1500	1500	maintain
	Reduce the number of obese children: reception year	10.70%	9.70%	-1%
	Reduce the number of obese children: year 6	20.00%	19.00%	-1%
	Reduce adult obesity	26.30%	24.20%	-2%
	Reduce the incidence of malignant melanoma	19.40	14.5	-5%
	Reduce the number of hospital stays for self harm	215.30	207.9	-3%

Glossary of terms

A&E	Accident and Emergency
ASB	Antisocial Behaviour
C&YP	Children and Young People
CAB	Citizens Advice Bureau
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CSU	Community Safety Unit
CVD	Cardio Vascular Disease
DFLE	Disability Free Life Expectancy
GP	General Practitioner
HHSRS	Housing Health and Safety Rating System
HIA	Health Improvement Agency
HINST	Health Inequalities National Support Team
HIV	Human Immunodeficiency Virus
HIWIA	Health Inequalities Wellbeing Assessment
HWBB	Health and Wellbeing Board
HWBG	Health and Wellbeing Group
JSNA	Joint Strategic Needs Assessment
KCC	Kent County Council
KCHT	Kent Community Health Trust
KIASS	Kent Integrated Adolescent Support Service
KMPHO	Kent and Medway Public Health Observatory
KSAS	Kent Support and Assistance Service
LAC	Looked After Child
MBC	Maidstone Borough Council
MFM	Maidstone Families Matter
MMR	Measles, Mumps and Rubella vaccination
MWIA	Mental Wellbeing Impact Assessment
NEET	Not in Education, Employment or Training
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PSHE	Personal, Social and Health Education
SEN	Special Educational Needs
SRE	Sex and Relationship Education
STI	Sexually Transmitted Infections
WK	West Kent