# Appendix A: Maidstone Health Inequalities 2015/16 Progress Report

*Information prepared by Maidstone Borough Council and supported by Kent County Council, Kent Public Health*

## Introduction

In 2012, Kent County Council launched Mind the Gap. Mind the Gap is Kent's Health Inequalities Action Plan which aims to improve health and wellbeing for everyone in Kent by narrowing the gap in health status between the most and least deprived communities. It provides a framework and tools to identify, analyse and evaluate actions that contribute to reducing health inequalities.

The Maidstone Health Inequalities Action Plan was developed following the transfer of public health responsibility to local authorities from the NHS. Tackling inequalities is a task that will require the efforts of all; across multiple organisations and within communities themselves. District Councils have a key role to play in keeping us healthy. We have a distinct, local role in service provision, economic development, planning, and helping to shape and support our communities – all key areas that are increasingly recognised as vital components of a true population health system.

There are 6 policy objectives embedded into the action plan based on the principles of the 'Fair Society, Healthy Lives' written by Professor Sir Michael Marmot.

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

Health is impacted by wider determinants of health such as education, employment, housing, physical environment, relationships/networks; and these need to be addressed in order to improve health and wellbeing. Health services are not always the solution.

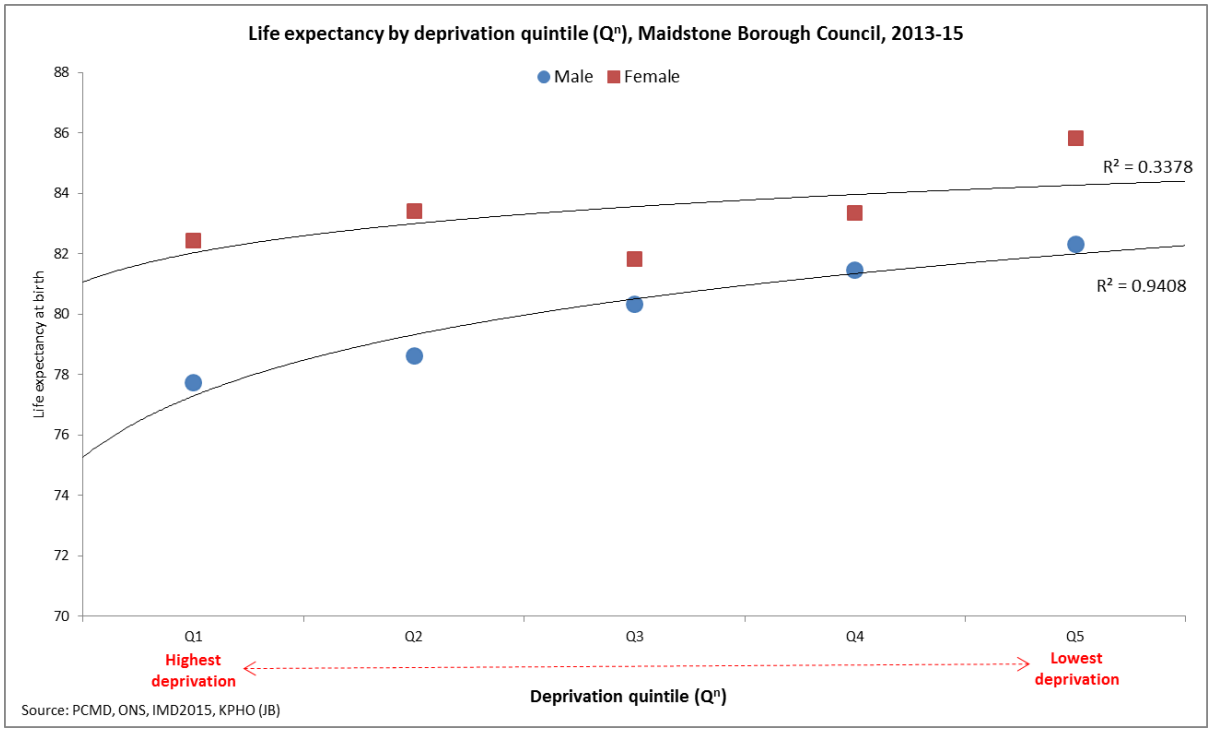
Now we are nearly two years in, it is an opportunity to review progress against actions and move forward in closing the gap in health inequalities.

## Measuring Health Inequalities

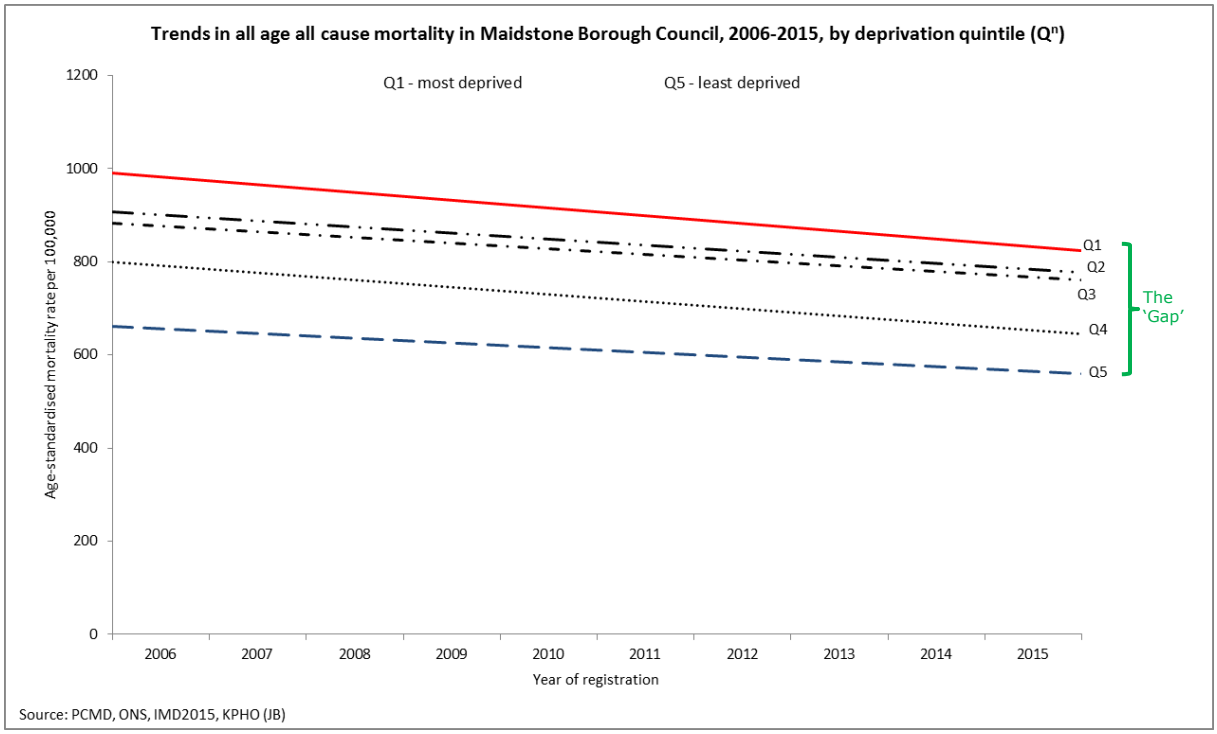
Overall indicator of progress in tackling health inequalities is to look at how mortality rates have changed over time for the most deprived compared to our least deprived.

It can be seen that although people's life expectancy is increasing, the gap in mortality rates between the most and least deprived remains largely unchanged.

The graph below looks at life expectancy by deprivation of those living in the bottom quintile and top quintile within the Maidstone Borough from 2013-2015. It shows that those living in the most deprived areas have a lower life expectancy than those living in the least deprived areas.



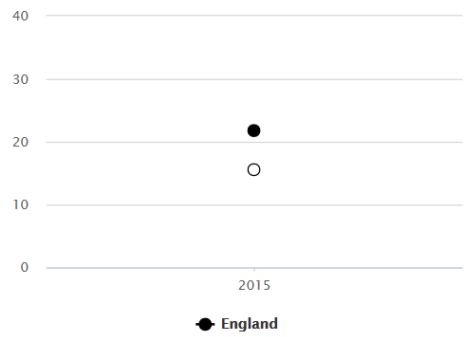

Although mortality rates have been falling over the past decade, the 'gap' in mortality rates between the most and least deprived persists (all lines are decreasing). The red line shows the most deprived population and the bottom line shows the least deprived population.



This persistent gap in health outcomes is not a phenomenon that is unique to Maidstone or Kent; the Office of National Statistics recently reported that there has been a persistent fixed gap in the life expectancy across England as a whole.[1]

In 2015, the deprivation score for Maidstone is 15.6 which is significantly lower than the deprivation score for England (21.8). This disguises pockets of deprivation at ward level and lower super output areas (LSOA)

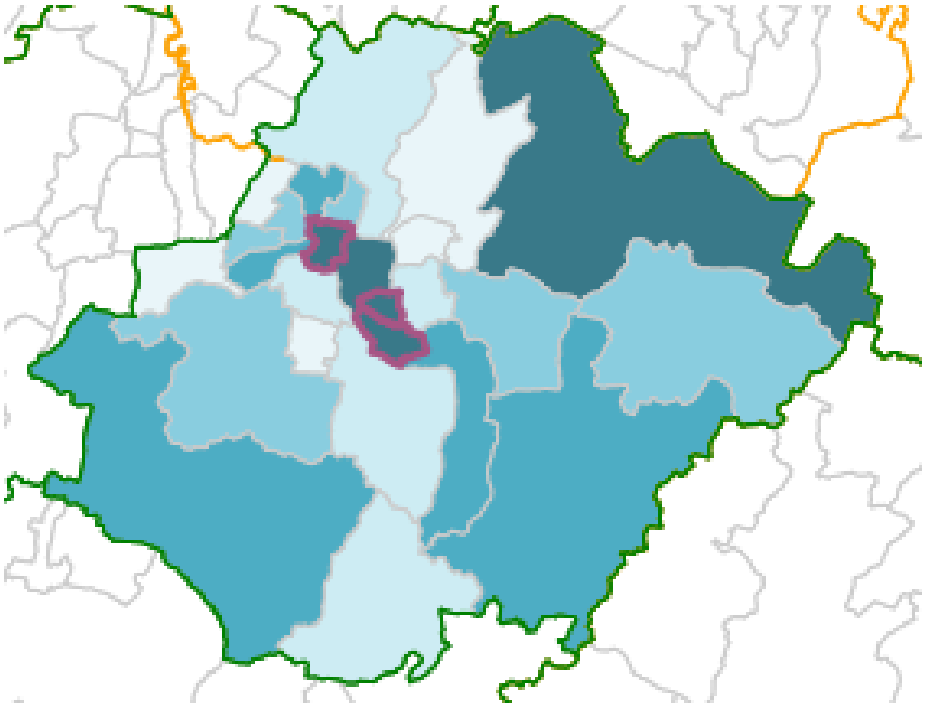
**Deprivation score (IMD 2015)** Maidstone




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2015 | ○ | - | 15.6 | - | - | - | 21.8 |

*Source: Department of Communities and Local Government (DCLG)*

Within the Maidstone borough, Park Wood; Shepway South and High Street are identified as areas of deprivation. It is important to remember that other pockets of deprivation do exist across the borough.



[1] Office for National Statistics. Statistical Bulletin Health Expectancies at birth by Middle Layer Super Output Areas, England, Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013. 2015:1-22.

*Indices of multiple deprivation 2015*

| Name | Ward values<br>Index of mulitple deprivation (2015) |
|---|---|
| Allington | 4.61 |
| Barming | 4.27 |
| Bearsted | 3.91 |
| Boughton Monchelsea and Chart Sutton | 10.25 |
| Boxley | 8.76 |
| Bridge | 10.51 |
| Coxheath and Hunton | 12.31 |
| Detling and Thurnham | 8.51 |
| Downswood and Otham | 9.96 |
| East | 13.17 |
| Fant | 17.88 |
| Harrietsham and Lenham | 12.74 |
| Headcorn | 14.7 |
| Heath | 13.03 |
| High Street | 27.83 |
| Leeds | 11.59 |
| Loose | 6.73 |
| Marden and Yalding | 18.33 |
| North | 17.18 |
| North Downs | 21.96 |
| Leeds | 11.59 |
| Loose | 6.73 |
| Marden and Yalding | 18.33 |
| North | 17.18 |
| North Downs | 21.96 |
| Park Wood | 33.3 |
| Shepway North | 23.99 |
| Shepway South | 34.54 |
| South | 9.98 |
| Staplehurst | 9.43 |
| Sutton Valence and Langley | 13.42 |

## Progress to date

Actions listed within the Maidstone Health Inequalities Action Plan were time-bound to 2015 and 2020 to assist with monitoring. However, it is hard to develop trends over a short period of time and to see statistically significant difference, particularly when there is a change of data collection so no comparisons can be drawn.

Progress has been noted against each priority and provided as an overview of each action. It is important to note that information cannot necessary be drawn from the data alone.

## Priority 1: Give every child the best start in life

A child's early years lay down the foundation for the rest of their life, and the first three years are most crucial. This is a crucial period of physical, intellectual and emotional development.

Inequalities are introduced before birth, as the health of a child is greatly affected by the health of their mother during pregnancy. Maternal stress, diet, smoking, drug and alcohol use all influences a baby's development in the womb.

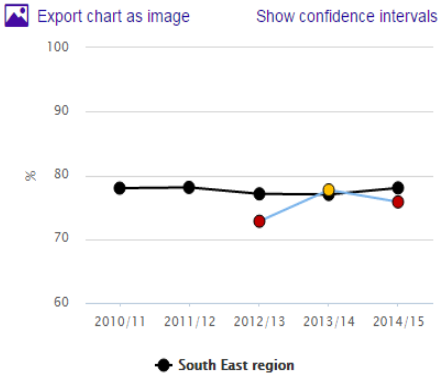
### Breastfeeding

Breastfeeding contributes significantly to the long term health of both infants and mothers and increases maternal bonding.

Breastfeeding initiation in Maidstone is better than national and Kent figures but has been less significantly worse than the South East. The breastfeeding initiation rate in Maidstone for those mothers who breastfeed their babies in the first 45 hours after delivery has increased slightly from 74.6% to 75.8%.

Data is insufficient to report on the prevalence of breastfeeding at 6-8 weeks.

**Breastfeeding initiation** Maidstone Proportion - %



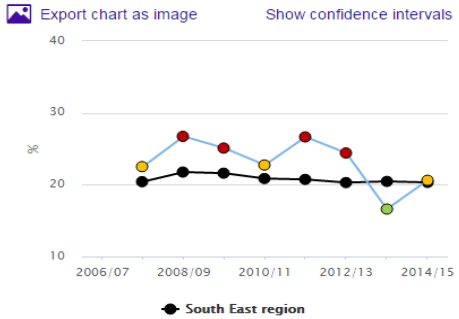

| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2010/11 | | - | - | - | - | 78.0 | 73.7 |
| 2011/12 | | - | - | - | - | 78.1 | 74.0 |
| 2012/13 | | 1,339 | 72.8 | 70.7 | 74.8 | 77.1 | 73.9 |
| 2013/14 | | 1,366 | 77.7 | 75.7 | 79.6 | 77.0 | 74.0 |
| 2014/15 | | 1,433 | 75.8 | 73.8 | 77.7 | 78.0 | 74.3 |

*Source: LA, Regional and England data are calculated by NHS England. Public Health England Knowledge and Intelligence Team (East) has calculated Shires and additional geographies.*

### Excess Weight in Children

Although the prevalence rates in Maidstone for overweight children at Year R and Year 6 are similar to England and South East rates, childhood obesity remains a priority for Kent and for the West Kent Health and Wellbeing Board.

**Reception: Prevalence of overweight (including obese)** Maidstone Proportion - %




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2006/07 | | - | * | - | - | - | 22.9 |
| 2007/08 | | 299 | 22.5 | 20.3 | 24.8 | 20.4 | 22.6 |
| 2008/09 | | 383 | 26.7 | 24.5 | 29.1 | 21.8 | 22.8 |
| 2009/10 | | 380 | 25.1 | 23.0 | 27.3 | 21.6 | 23.1 |
| 2010/11 | | 352 | 22.7 | 20.7 | 24.9 | 20.9 | 22.6 |
| 2011/12 | | 432 | 26.7 | 24.6 | 28.9 | 20.7 | 22.6 |
| 2012/13 | | 396 | 24.4 | 22.4 | 26.6 | 20.3 | 22.2 |
| 2013/14 | | 276 | 16.6 | 14.9 | 18.5 | 20.5 | 22.5 |
| 2014/15 | | 365 | 20.6 | 18.8 | 22.6 | 20.3 | 21.9 |

*Source: Health and Social Care Information Centre, National Child Measurement Programme*

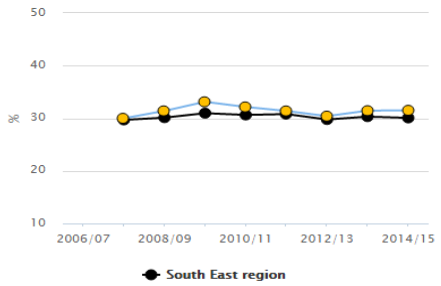
*Compared with benchmark:* Better Similar Worse

* a note is attached to the value, hover over to see more details

Trends for: Maidstone
All in South East region

**Year 6: Prevalence of overweight (including obese)** Maidstone Proportion - %

Export chart as image Show confidence intervals




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2006/07 | | - | * | - | - | - | 31.7 |
| 2007/08 | | 394 | 30.0 | 27.6 | 32.5 | 29.7 | 32.6 |
| 2008/09 | | 464 | 31.4 | 29.1 | 33.8 | 30.1 | 32.6 |
| 2009/10 | | 516 | 33.1 | 30.8 | 35.5 | 31.0 | 33.4 |
| 2010/11 | | 495 | 32.1 | 29.9 | 34.5 | 30.6 | 33.4 |
| 2011/12 | | 472 | 31.4 | 29.1 | 33.8 | 30.8 | 33.9 |
| 2012/13 | | 449 | 30.4 | 28.1 | 32.8 | 29.8 | 33.3 |
| 2013/14 | | 486 | 31.4 | 29.2 | 33.8 | 30.3 | 33.5 |
| 2014/15 | | 483 | 31.5 | 29.2 | 33.9 | 30.1 | 33.2 |

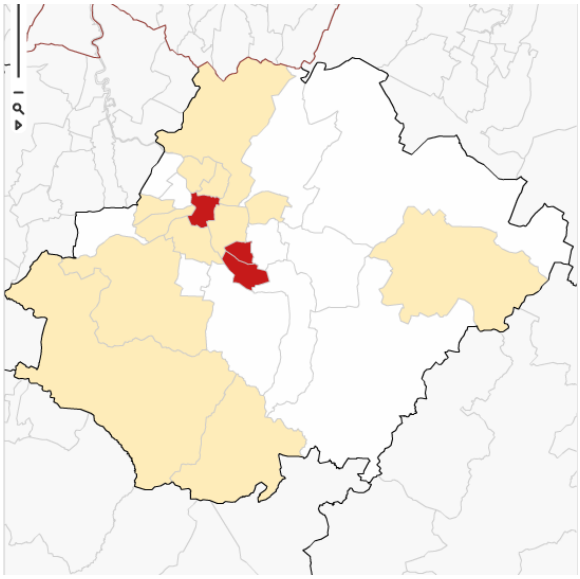
*Source: Health and Social Care Information Centre, National Child Measurement Programme*

Data from the National Child Measurement Programme shows a reduction in the number of obese children in reception year (10.7% down to 8.2%) and year 6 (20.0% down to 14.9%). However it is important to note that new cohorts of children are measured each year. Experiences in childhood affect behaviours and habits into adulthood.

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

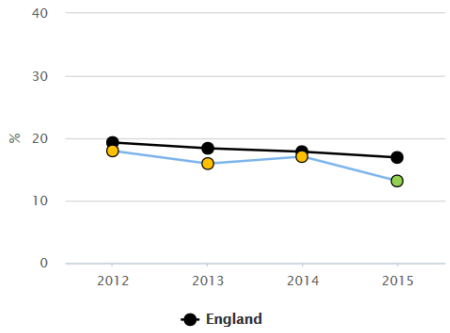
As children develop into young adults, they go through physical, emotional and psychological changes as they establish their own identities, independent from their families and carers. This is a time when services can offer children and young people opportunities to improve and shape their lives for the better, with impacts which last long into adult life.

**Teenage Conceptions**
The Under 18 conception rate in Maidstone is similar to the rate in England the South East and is declining. However, this disguises higher rates in Park Wood, Shepway South and High Street.



**Smoking**
In 2015, Maidstone has seen an improvement from the South East and National average with only 13.2% of the population smoking.

**Smoking Prevalence in adults** Maidstone — Proportion - %




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2012 | | - | 18.0 | 13.5 | 22.5 | 17.9 | 19.3 |
| 2013 | | - | 15.9 | 11.6 | 20.3 | 17.2 | 18.4 |
| 2014 | | - | 17.1 | 12.6 | 21.6 | 16.5 | 17.8 |
| 2015 | | - | 13.2 | 9.4 | 16.9 | 15.9 | 16.9 |

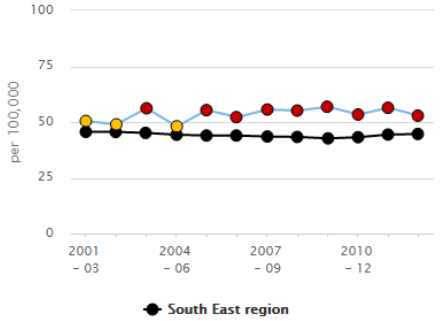
*Source: Annual Population Survey (APS)*

However, smoking attributable mortality in Maidstone is similar to the England and the South East region; deaths from Chronic Obstructive Pulmonary Disease

(COPD) are significantly higher. This is also reflected in a higher rate of Emergency admissions for COPD.

**Deaths from chronic obstructive pulmonary disease** Maidstone Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



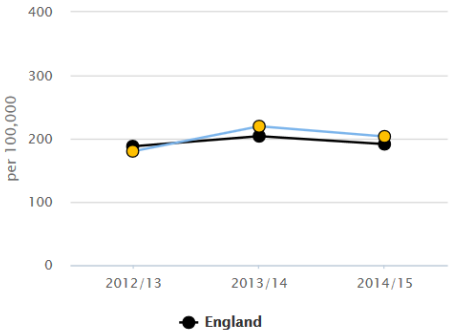

| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2001 - 03 | | 173 | 50.4 | 43.2 | 58.6 | 45.6 | 55.7 |
| 2002 - 04 | | 169 | 48.9 | 41.8 | 57.0 | 45.6 | 54.9 |
| 2003 - 05 | | 194 | 56.2 | 48.5 | 64.7 | 45.1 | 54.3 |
| 2004 - 06 | | 171 | 48.1 | 41.1 | 55.9 | 44.3 | 52.1 |
| 2005 - 07 | | 201 | 55.3 | 47.9 | 63.6 | 43.9 | 51.8 |
| 2006 - 08 | | 198 | 52.2 | 45.1 | 60.1 | 43.9 | 51.6 |
| 2007 - 09 | | 218 | 55.6 | 48.4 | 63.6 | 43.5 | 50.8 |
| 2008 - 10 | | 223 | 55.1 | 48.1 | 62.9 | 43.3 | 50.1 |
| 2009 - 11 | | 231 | 56.9 | 49.7 | 64.7 | 42.7 | 49.1 |
| 2010 - 12 | | 220 | 53.4 | 46.5 | 60.9 | 43.2 | 50.1 |
| 2011 - 13 | | 240 | 56.4 | 49.4 | 64.0 | 44.4 | 51.5 |
| 2012 - 14 | | 233 | 52.9 | 46.3 | 60.1 | 44.6 | 51.7 |

*Source: Public Health England (based on ONS source data)*

## Hospital Stays for Self-Harm

Maidstone is not significantly different to the England average for hospital stays for self-harm, however a slight reduction has been noted from 215.3/100,000 to 205.67/100,000 (2014/15 data)

**Hospital stays for self-harm** Maidstone Directly standardised rate - per 100,000




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2012/13 | | 283 | 180.2 | 159.8 | 202.5 | 183.0 | 188.0 |
| 2013/14 | | 344 | 219.6 | 196.8 | 244.3 | 205.6 | 204.0 |
| 2014/15 | | 324 | 203.4 | 181.8 | 226.9 | 193.1 | 191.4 |

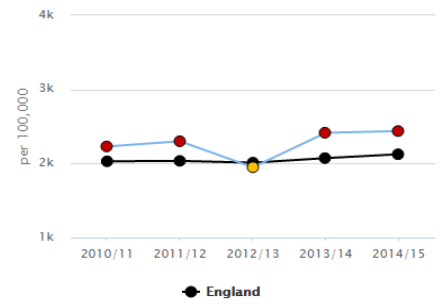
*Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.*

## Falls Prevention

The rate of injuries due to falls in the over 65s is higher in Maidstone than the England and South East. The rate of falls is significantly higher in over 85 year old men and women, although similar to those aged 65 to 74.

**2.24i - Injuries due to falls in people aged 65 and over (Persons)** Maidstone Directly standardised rate - per 100,000

Export chart as image Show confidence intervals




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2010/11 | | 615 | 2,230 | 2,048 | 2,422 | 1,994 | 2,030 |
| 2011/12 | | 656 | 2,300 | 2,118 | 2,493 | 1,982 | 2,035 |
| 2012/13 | | 573 | 1,949 | 1,785 | 2,123 | 1,962 | 2,011 |
| 2013/14 | | 713 | 2,415 | 2,231 | 2,609 | 2,056 | 2,072 |
| 2014/15 | | 741 | 2,438 | 2,257 | 2,629 | 2,086 | 2,125 |

*Source: Calculated by West Midlands Knowledge and Intelligence Team from data from the Information Centre for Health and Social Care - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates*

## Priority 3: Create fair employment and good work for all

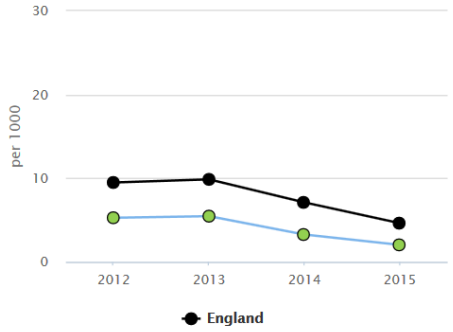
Patterns of employment both reflect and reinforce the social gradient, and being in good employment is protective of health. Unemployment leads to financial insecurity, psychologic stress, anxiety, depression and unhealthy behaviours such as smoking and alcohol consumption.

The quality of work is also important. Jobs that are insecure, low-paid and fail to protect employees from stress and physical danger lead to poorer health.

**Unemployment**

In Kent, the unemployment rate has been reducing over the last few years in all districts as the nation's economic recovery continues. The long-term unemployment rate in Maidstone is better than the England average.

**Long term unemployment** Maidstone — Crude rate - per 1000




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2012 | | 522 | 5.3 | 4.8 | 5.8 | 5.5 | 9.5 |
| 2013 | | 540 | 5.5 | 5.0 | 5.9 | 5.5 | 9.9 |
| 2014 | | 329 | 3.3 | 2.9 | 3.6 | 3.6 | 7.1 |
| 2015 | | 205 | 2.0 | 1.8 | 2.3 | 2.3 | 4.6 |

*Source: www.nomisweb.co.uk*

Businesses and workplaces have a key role to play in support good health and reducing health inequalities. Supervisor and peer support, stable rotas, safe conditions, an opportunity for training and promotion, and greater autonomy in the workplace are all factors that increase employees' wellbeing. In Maidstone, we work alongside Kent County Council to deliver the Kent Healthy Business Awards. The awards are self-assessed standard to help improve the health of the workforce. In 2014/15, 10 businesses had signed up to the awards in Maidstone, increasing to 31 businesses in 2015/16 with 5 achieving the awards.

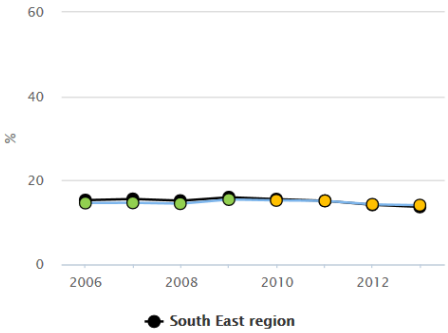
## Priority 4: Ensure a healthy standard of living for all

Income is a key determinant of health. Insufficient income is associated with worse outcomes in long term health and life expectancy. Income alone does not give a full picture of living standards.

### Children in low income families (under 16s)

Maidstone is not significantly different to the region average for the number of children living in low income families; 14.1% in Maidstone compared to 13.7% South East region.

**Children in low income families (under 16s)** Maidstone Proportion - %




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2006 | | 3,995 | 14.6 | 14.2 | 15.0 | 15.3 | 21.8 |
| 2007 | | 4,035 | 14.7 | 14.3 | 15.1 | 15.6 | 22.4 |
| 2008 | | 3,985 | 14.5 | 14.1 | 14.9 | 15.2 | 21.6 |
| 2009 | | 4,285 | 15.5 | 15.0 | 15.9 | 16.0 | 21.9 |
| 2010 | | 4,250 | 15.2 | 14.8 | 15.7 | 15.5 | 21.1 |
| 2011 | | 4,295 | 15.1 | 14.7 | 15.6 | 15.1 | 20.6 |
| 2012 | | 4,120 | 14.3 | 13.9 | 14.7 | 14.2 | 19.2 |
| 2013 | | 4,100 | 14.1 | 13.7 | 14.5 | 13.7 | 18.6 |

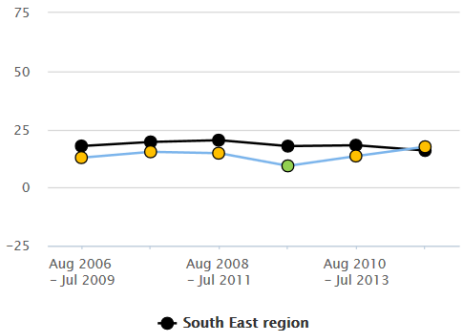
*Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)*

### Fuel Poverty

The people most likely to die or become ill during the cold weather are those least about 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. The fuel poverty rate in Kent was 8.6% in 2013, less than the national rate of 10.4%. The number of excess winter deaths in Maidstone is not significantly different to the Kent average. Latest data available has Kent at 11.6% and Maidstone at 15.6%.

Please note the excess winter death trends seen below are only available to July 2013.

**Excess winter deaths** Maidstone Ratio

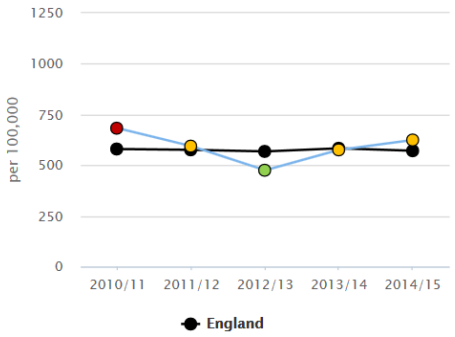



| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| Aug 2006 - Jul 2009 | | 161 | 12.8 | 5.7 | 20.4 | 17.8 | 18.1 |
| Aug 2007 - Jul 2010 | | 196 | 15.3 | 8.2 | 23.0 | 19.6 | 18.7 |
| Aug 2008 - Jul 2011 | | 191 | 14.7 | 7.6 | 22.3 | 20.3 | 19.0 |
| Aug 2009 - Jul 2012 | | 123 | 9.3 | 2.5 | 16.6 | 17.8 | 16.4 |
| Aug 2010 - Jul 2013 | | 177 | 13.5 | 6.5 | 21.0 | 18.2 | 17.4 |
| Aug 2011 - Jul 2014 | | 229 | 17.5 | 10.3 | 25.1 | 15.9 | 15.6 |

*Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts*

## Hip fractures in people aged 65 and over Maidstone

Directly standardised rate - per 100,000




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2010/11 | | 185 | 683 | 582 | 795 | 582 | 580 |
| 2011/12 | | 177 | 594 | 506 | 693 | 573 | 576 |
| 2012/13 | | 144 | 475 | 398 | 562 | 554 | 568 |
| 2013/14 | | 174 | 576 | 489 | 673 | 587 | 583 |
| 2014/15 | | 191 | 624 | 535 | 724 | 560 | 571 |

*Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England*

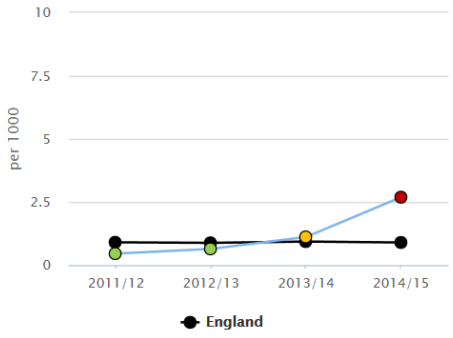
## Priority 5: Create and develop healthy and sustainable places and communities

Creating a physical environment in which people can lead healthier lives is crucial to tackling health inequalities. Green spaces such as parks, woodland and other open spaces are associated with a number of health outcomes, relating to physical health, mental health and general wellbeing. There are many indirect benefits too, for example, providing space for social activity, sports and recreation and improving air quality.

Housing is a key aspect of inequalities; poor quality housing is a risk to health, and rates of overcrowded accommodation and shared dwellings are strongly associated with levels of deprivation.

**Statutory homelessness**
Homelessness can be more hidden in the form of temporary accommodation. This transient living can lead to poor continuity of care and service provision. In Maidstone, Statutory homelessness is persistently reported as red in Maidstone (significantly higher than the England average). The measure is the count of households who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation under part VII of the Housing Act 1996 or part III of the Housing Active 1985. This comes from a return provided by housing authorities to the Department for Communities and Local Government (DCLG).

**Statutory homelessness** Maidstone Crude rate - per 1000

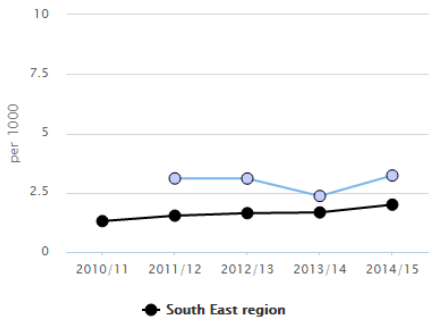



| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2011/12 | | 28 | 0.5 | 0.3 | 0.7 | 0.5 | 0.9 |
| 2012/13 | | 42 | 0.6 | 0.5 | 0.9 | 0.5 | 0.9 |
| 2013/14 | | 73 | 1.1 | 0.9 | 1.4 | 0.7 | 0.9 |
| 2014/15 | | 178 | 2.7 | 2.3 | 3.1 | 0.8 | 0.9 |

*Source: Department for Communities and Local Government*

**1.15i - Statutory homelessness - homelessness acceptances** Maidstone Crude rate - per 1000

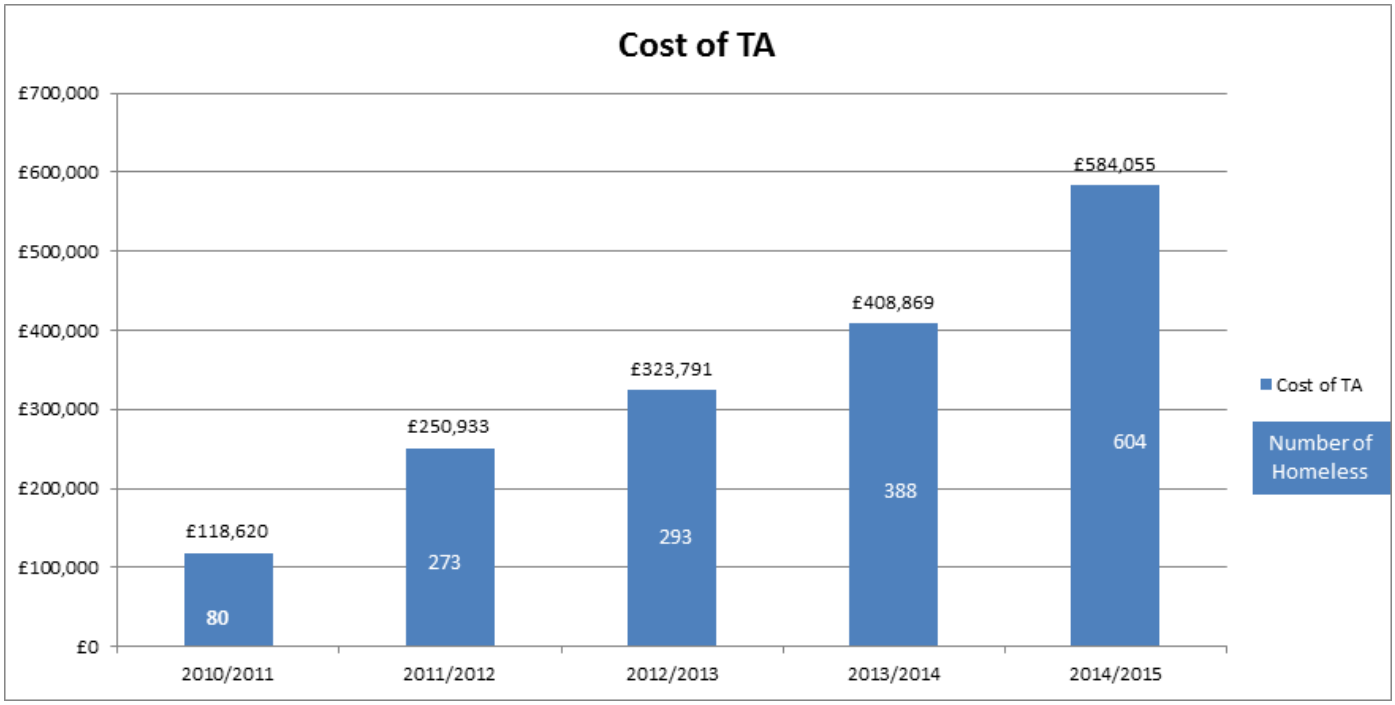
Export chart as image Show confidence intervals




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2010/11 | | - | - | - | - | 1.3 | 2.0 |
| 2011/12 | | 189 | 3.1 | 2.7 | 3.6 | 1.5 | 2.3 |
| 2012/13 | | 198 | 3.1 | 2.7 | 3.6 | 1.6 | 2.4 |
| 2013/14 | | 155 | 2.4 | 2.0 | 2.8 | 1.7 | 2.3 |
| 2014/15 | | 213 | 3.2 | 2.8 | 3.7 | 2.0 | 2.4 |

*Source: Department for Communities and Local Government*

In Maidstone, between April and June of 2016, 176 households have met the threshold to make a homelessness application. 149 decisions were made. In the same quarter in 2015/16 there were 150 applications and 132 decisions made.




*(Approximately a 1/3 of those presenting as homeless are placed in temporary accommodation)*

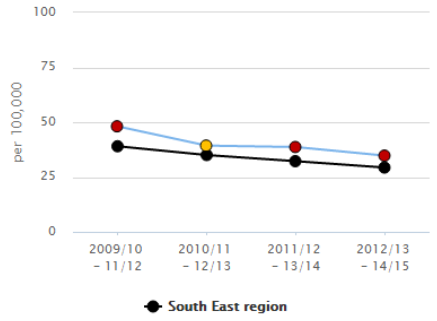
The length of stay in temporary accommodations has been reduced to 39.67 (2015/16); achieving the 2015 target of 42 days.

## Violent Crime

Maidstone has significantly higher rates of violent crime than the South East average, higher than the national rate but lower than the Kent figure. It has risen from 12/13 to 14/15. The rate for violent crimes per 1000 is also higher in Maidstone than the South East. The rate of sexual violence per 1000 is not.

**Misc: Violent crime (including sexual violence) - hospital admissions for violence** Maidstone Directly standardised rate - per 100,000

Export chart as image Show confidence intervals




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2009/10 - 11/12 | | 224 | 48.1 | 42.0 | 54.9 | 39.0 | 62.8 |
| 2010/11 - 12/13 | | 183 | 39.3 | 33.8 | 45.5 | 35.0 | 57.6 |
| 2011/12 - 13/14 | | 179 | 38.7 | 33.2 | 44.8 | 32.2 | 52.4 |
| 2012/13 - 14/15 | | 163 | 34.8 | 29.6 | 40.5 | 29.3 | 47.5 |

*Source: Data supplied by Hospital Episode Statistics, Health and Social Care Information Centre (HSCIC). Values calculated by KIT(NW).*

## Priority 6: Strengthen ill-health prevention

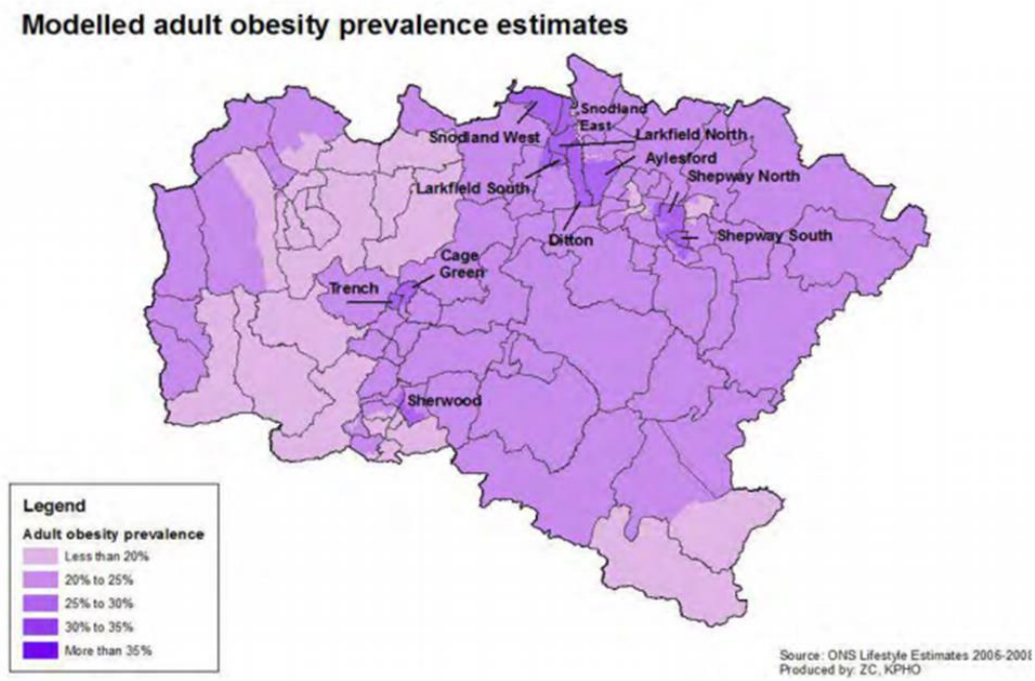
Strengthening ill-health prevention also required improve partnership working amongst the public, private and voluntary sector to find new ways to target and deliver services particularly with those who are hard to reach.

Maidstone Borough Council staff have been trained in Making Every Contact Count (MECC) as an approach to behaviour chance that utilises day-to-day interactions with our clients to support them in making positive changes to their physical and mental health and wellbeing.

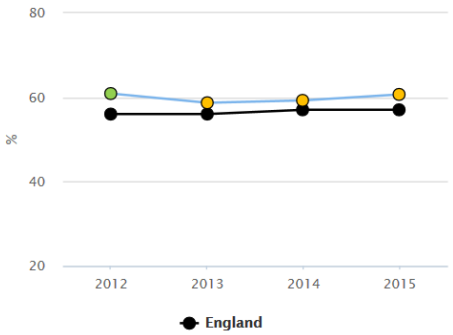
**Adult Obesity**

Obesity/excess weight in adults data has changed over time, from 2006-2013 it was a % modelled estimated derived from the Health Survey of England using 2006-2008 data. From 2014, excess weight in adults was measured using Active People Survey 2014. Latest data shows 65.5% of Maidstone residents (aged 16 and over) have a BMI greater than or equal to 25kg/m².

The modelled data goes down to ward level to provide an indication of the relative prevalence. Shepway North, Shepway South and Park Wood are estimated to have 25% more prevalence of adult obesity.



**Percentage of physically active adults** Maidstone — Proportion - %




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2012 | | - | 60.9 | 56.5 | 65.3 | 58.7 | 56.0 |
| 2013 | | - | 58.7 | 54.4 | 63.0 | 58.4 | 56.0 |
| 2014 | | - | 59.3 | 55.0 | 63.5 | 59.0 | 57.0 |
| 2015 | | - | 60.7 | 56.5 | 64.9 | 60.2 | 57.0 |

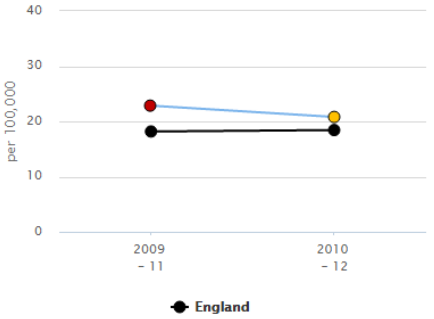
*Source: Active People Survey, Sport England*

## Malignant Melanoma

Malignant Melanoma is not significantly different to the England average. The risk factors associated with malignant melanoma including being white, the high number of sunlight hours and being over 65 years old. This in itself may be why the South East is generally higher than the England average.

**Incidence of malignant melanoma** Maidstone — Directly standardised rate - per 100,000

Export chart as image  Show confidence intervals




| Period | | Count | Value | Lower CI | Upper CI | South East | England |
|---|---|---|---|---|---|---|---|
| 2009 - 11 | | 93 | 22.9 | 18.4 | 28.0 | 21.1 | 18.2 |
| 2010 - 12 | | 86 | 20.8 | 16.6 | 25.7 | 21.7 | 18.4 |

*Source: Health and Social Care Information Centre*

## NHS Health Checks

The NHS Health Check programme is a national cardiovascular screening programme for all individuals aged 40-74 who are not already treated for cardiovascular disease. Since cardiovascular disease will affect many people as they age getting five-yearly check of blood pressure, weight and cholesterol is a way of identifying risks and getting advice and support to change lifestyles for the better.

The number of NHS Health Checks carried out within the borough exceeded our target of 1,500 to 2,908 (93.86% above target)

## Indicators for Health Inequalities Action Plan

Actions identified within the Maidstone Health Inequalities Action Plan were time bound to 2015-2020. Kent Public Health Observatory has mapped Maidstone's progress to date, although this data cannot be used as standalone data due to inconsistency of data collected and reported.

Care needs to be taken in interpreting population health indicators and the changes that may have occurred in data may arrive as not statistically different.

The action plan is a partnership plan and not the sole responsibility of Maidstone Borough Council. Tackling health inequalities requires a co-ordinated approach.

## Indicators for Maidstone Health Inequalities Action Plan 2014-2020

| Priority | Target description | baseline | target | inc/ red | Review Date | Latest data available | Notes/Source |
|---|---|---|---|---|---|---|---|
| 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% | 2015 | 6.10% (2012-14) | ONS via HSCIC |
| | Increase breast feeding initiation rates | 74.60% | 76.60% | +2% | 2015 | 75.8% (2014/15) | % who breastfeed their babies in the first 45hrs after delivery (PHOF) |
| | Increase rate of breast feeding at 6-8 weeks | 41.50% | 43.50% | +2% | 2015 | Not available | Value has not been published for data quality reasons (PHOF) |
| | Reduce infant mortality rate | 2.7/1,000 | <3.1/1,000 | n/a | | 2.0 | Rate of deaths in infants aged under 1 year per 1,000 live births (PHOF) |
| | Reduce number of pregnant women smoking during pregnancy | 12.20% | 6% | -50% | 2020 | 129 (Q3, 2015/16) | HSCIC. When Q3 maternities' are released this can be given as a percentage |
| 1b. Give every child the best start in life 9 months +) | Reduce the number of obese children: reception year | 10.70% | 9.70% | -1% | 2015 | 8.2% (2014/15) | National Child Measurement Programme |
| | Reduce the number of obese children: year 6 | 20.00% | 19.00% | -1% | 2015 | 14.9% (2014/15) | National Child Measurement Programme |
| | Increase % of children immunised before their 5 birthday | 91.40% | 95% | +3.6% | | MMR2 85.3%, DTaP/IPV Booster 81.4% (2015/16) | Averages have been taken for quarters 1 and 2 2015/16 |
| 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% | 2020 | 205.67/100,000 (2014/15) | Admissions using 'X600' and X849' or 'Y100' and 'Y349' ICD 10 coding (SUS) |
| | Reduce number of teenage conceptions | 34.3 | <40/1,000 | reduce | 2020 | 18.0 (2014) | ONS |
| | Reduction in increasing and higher risk drinking | 23.9 | 22.30% | -2% | 2020 | 20.9% (IRD) and 6.8% (HRD) (2014) | [illegible] drinkers only) synthetic estimate' and 'higher risk drinking (HRD) (% of drinkers only) synthetic estimate' |
| | reduction in number hip fractures in over 65s | 468 | 457 | -2% | 2020 | | |
| | Reduction in excess winter deaths | 14.8 | monitor | reduce | 2020 | | |
| 3. Create fair employment and good work for all | Reduce the number of 16-18 year olds NEET | 6.00% | 5% | -1% | 2020 | | |
| | Reduce the number of 18-24 who are unemployed | 765 | monitor | reduce | 2015 | Kent 3,280 Maidstone makes up 2.4% - 787 | |
| | Reduce the percentage of people claiming job seekers allowance | 2.60% | 2.60% | reduce | | | |
| | Increase the number of healthy workplaces | 20 | baseline | increase | 2015 | 21 (2015 (to date)) | MBC |
| 4. Ensure a healthy standard of living for all | Reduce deprivation in key areas | 7.20% | monitor | reduce | 2020 | 7.5 (2015) | The % of people living in the 20% most deprived areas in England, 2015 (IMD 2015) |
| | Reduce the proportion of children living in poverty | 15.20% | monitor | reduce | 2020 | 0.15 (2015) | IDACI 2015 |
| | Reduce inequality in life expectancy in the borough (male) | 7 | monitor | reduce | 2020 | 11.7 (2011-15) | Figure given is the different between the highest life expectancy at ward level and the lowest life expectancy at ward level. Total life expectancy is 80.3 years (PCMD, ONS, SEPHO) |
| | Reduce inequality in life expectancy in the borough (female) | 4.4 | monitor | reduce | 2020 | 16.2 (2011-15) | Figure given is the different between the highest life expectancy at ward level and the lowest life expectancy at ward level. Total life expectancy is 83.6 years (PCMD, ONS, SEPHO) |
| | Reduce number of households living in fuel poverty (10% of income) | 12.70% | monitor | reduce | 2020 | | |
| | Increase number of households supported to improve their energy efficiency | baseline | monitor | increase | 2015 | | |
| 5. Create and develop healthy and sustainable places & communities | Increase number of homeless preventions | 592 | 450 | +24% | 2015 | | Not currently achievable due to the increase of households presenting as homeless |
| | Reduce number of households living in temporary accommodation | 29 | 15 | -1% | 2015 | | Number of households in temporary accommodation has increased - target is not achievable |
| | Reduce recorded crime per 1,000 population | 63.6 | 63.6 | maintain | 2015 | | |
| | Reduce levels of violent crime | 11.5 | monitor | reduce | 2015 | | |
| | 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% | 2015 | 39.67 | |
| 6. Strengthen the role and impact of ill health prevention | Increase the number of health checks delivered | 1500 | 1500 | maintain | 2015 | 2,908 (2015/16) | The number of health checks completed for 2015/16 (to date) by GP's; aggregated to district level (KCHFT) |
| | Reduce the number of obese children: reception year | 10.70% | 9.70% | -1% | 2015 | Repeat of target (part of 1b) | |
| | Reduce the number of obese children: year 6 | 20.00% | 19.00% | -1% | 2015 | Repeat of target (part of 1b) | |
| | Reduce adult obesity | 26.30% | 24.20% | -2% | 2020 | 18.9% (2012) | Active People Survey 2012, part of Health Profiles 2015 |
| | reduce the incidence of malignant melanoma | 19.40 | 14.5 | -5% | 2020 | 21.7 (2010-12) | PHE Health Profiles |
| | Reduce the number of hospital stays for self harm | 215.30 | 207.9 | -3% | 2020 | Repeat of target (part of 2) | |

## Health Inequality Indicators for Maidstone – June 2016

Taking into account our current Health Inequalities Action Plan and the need to understand what data is available; Public Health England have a list of indictors which have been considered and organised across the life course, consistent with the national strategy for tackling health inequalities. Indicators have been selected based on:

- Each indicator must relate to health inequalities (e.g. social determinants of health, health behaviours, health service uptake/use, health outcomes)
- Indicators collectively cover a wide breadth of issues, but minimising overlap
- Data for each indicators must be collected in a robust way, and consistent methodology, at least at County level, and ideally at District level (indicated where this is the case)
- Must be accessible on Public Health England (PHE) Fingertips website, for ease of access: fingertips.phe.org.uk/
- Data for each indicator must have been collected recently (post-2011) and must continue to be collected routinely and on a regular

The colour denotes whether the latest district value is better or worse than the national value or target value. This is currently only provided for Kent level data.

Looking at the latest district data from June 2016 the following areas are significantly better than the national average:

- Child Poverty (% of children under 16 in low income families)
- GCSE Attainment (% achieving 5 good GCSEs A*-C including English and Maths)
- Households that experience fuel poverty (%) (low income, high cost methodology)

These areas are significantly worse than the national average:

- Statutory Homelessness Acceptances (per 1000 households)
- Admission episodes for alcohol-related conditions (ASR per 100,000)
- Excess winter deaths (single year, all ages/person)

Whereas, these are not significantly different than the national average:

- Excess weight in adults
- Killed and seriously injured on roads, crude rate per 100,000
- Emergency readmissions within 30 days of discharge from hospital

# Health Inequalities Indicators for [District] 2016

The colour denotes whether the latest district value is better or worse than the national value or target value.
The trend line denotes the trend in the district over the recent history

District significantly better than national rate = Green
District significantly worse than national rate = Red
District not significantly different from national = Yellow

| Lifecourse Stage | Indicator | Indicator Description | National (latest) | Kent (latest) | District (prior) | District (latest) | Performance Indicator | Latest Data Period |
|---|---|---|---|---|---|---|---|---|
| INFANCY | Infant Mortality | Infant mortality (rate per 1000 live births) | 4.0 | 2.9 | 2.1 | 1.5 | ↓ | 2012-2014 |
| | Smoking in Pregnancy | Smoking status at time of delivery (as % of maternities) | 11.4% | 12.60% | No data published | 9.41 | | 2014/15 |
| | Breast Feeding | Breast feeding initiation (as % of maternities) | 74.3% | 71.30% | 77.7% | 75.8% | ↓ | 2014/15 |
| | Teen pregnancy | Under 18 Conceptions (rate per 1,000 females aged 15-17) | 22.8 | 22.2 | 15.6 | 18 | ↑ | 2014 |
| | Childhood Obesity (YR) | Excess weight in 4-5 year olds (% of children overweight or obese) | 21.9% | 22.5% | 16.6% | 20.6% | ↑ | 2014/15 |
| CHILDHOOD | Childhood Obesity (Y6) | Excess weight in 10-11 year (% of children overweight or obese) | 33.2% | 32.8% | 31.4% | 31.5% | ↑ | 2014/15 |
| | Childhood Poverty | Childhood Poverty (% of children under 16 in low income families) | 18.6% | 17.3% | 14.0% | 13.3% | ↓ | 2013 |
| | Education (attendance) | Pupil Absence (% half days missed due to unauthorised/authorised absence 5-15yr olds) | 4.51% | 4.70% | 5.10% | 4.4% | ↓ | 2013/14 |
| | Education (attainment) | GCSE Attainment (% achieving 5 good GCSEs A*-C including English and Maths) | 56.8% | 58.0% | 70.8% | 64.8% | ↓ | 2013/14 |
| | Childhood injuries | Hospital admission caused by injuries in children (aged 0-14 years) per 10,000 population | 109.6 | 103.0 | 92.6 | 88.5 | ↓ | 2013/14 |
| ADULTS | Unemployment | Longterm Unemployment (per 1000 of working age population) | 7.1 | 5.6 | 5.5 | 3.3% | ↓ | 2014 |
| | Homelessness | Statutory Homelessness Acceptances (per 1000 households) | 2.4 | 1.9 | 2.4 | 3.2 | ↑ | 2014/15 |
| | Violent Crime | Violent crime (violence offences, crude rate per 1000 population) | 13.5 | 15.6 | 14.2 | 15 | ↑ | 2014/15 |
| | Healthy Eating | Proportion of population meeting the recommended '5-a day' | 52.3% | 56.2% | 58.4% | 56.9% | ↓ | 2015 |
| | Healthy Weight | Excess weight: excess weight in adults | 64.6% | 65.1% | - | 65.5% | | 2012-2014 |
| | Physical Activity | Physical Inactivity (<30mins per week of moderate activity) | 27.7% | 28.4% | 25.2% | 25.4% | ↑ | 2014 |
| | Smoking | Smoking prevalence in adults (%) (from integrated household survey) | 18.0% | 19.1% | 14.5% | 17.3% | ↑ | 2014 |
| | Alcohol | Admission episodes for alcohol-related conditions (Broad) (ASR per 100,000) | 2120 | 1695 | 1589 | 1620 | ↑ | 2014/15 |
| | Road Injuries | Killed and seriously injured on roads, crude rate per 100,000 | 39.3 | 39.6 | 38.6 | 40.6 | ↑ | 2012-14 |
| ELDERLY | Fuel Poverty | Fuel Poverty - households that experience fuel poverty (%) (low income, high cost methodology) | 10.4% | 8.6% | 7.9% | 7.8% | ↓ | 2013 |
| | Winter Deaths | Excess winter deaths index (single year, all ages/persons) | 11.6 | 13.8 | 31.2% | 15.6% | ↓ | 2013/14 |
| | Falls | Injuries due to falls in people aged 65 and over (ASR per 100,000) | 2125 | 2201 | 2415 | 2438 | ↑ | 2014/15 |
| | Hip Fractures | Hip Fractures in people aged 65 and over (ASR per 100,000) | 571 | 598 | 576 | 624 | ↑ | 2014/15 |
| | Readmissions | Emergency readmissions within 30 days of discharge from hospital (Persons) | 11.8 | 11.9 | 10.9 | 11.5% | ↑ | 2011/12 |
| | Cancer Screening (Breast) | Cancer Screening Coverage - Breast Cancer - % of eligible women screened in prior 3 years | 75.4% | 77.0% | 79.6% | 79.6% | ↔ | 2015 |
| | Cancer Screening (Cervical) | Cancer Screening Coverage - Cervical Cancer - % of eligible women screened in prior 3.5 or 5.5 years | 73.5% | 77.1% | 78.6% | 78.2% | ↓ | 2015 |
| | Cancer Screening (Bowel) | Cancer screening coverage - bowel cancer - % of eligible people screened in previous 2.5 years | 57.1% | 58.1% | - | 62.7% | | 2015 |
| | Place of Death | Percentage of deaths that occur in hospital | 47.4% | 41.7% | 48.7% | 46.1% | ↓ | 2015 |
| | Place of Death | Percentage of deaths that occur in Usual Place of Residence | 44.7% | 46.2% | 45.9% | 48.2% | ↑ | 2015 |
| MORTALITY | Premature Mortality | Premature mortality from all causes, under 75, (ASR per 100,000) | 337.0 | 318.0 | 298 | 304 | ↑ | 2012-2014 |
| | Premature Mortality (cardio) | Under 75 mortality rate from cardiovascular disease considered preventable (ASR per 100,000) | 75.7 | 70.9 | 64.3 | 64.0 | ↓ | 2012-2014 |
| | Premature Mortality (resp) | Under 75 mortality rate from respiratory disease considered preventable (ASR per 100,000) | 32.6 | 30.9 | 31.1 | 30.3 | ↓ | 2012-2014 |
| | Premature Mortality (cancer) | Under 75 mortality rate from cancer considered preventable (ASR per 100,000) | 83 | 78.4 | 76.2 | 75.8 | ↓ | 2012-2014 |
| | Premature Mortality (liver) | Under 75 mortality rate from liver disease considered preventable (ASR per 100,000) | 15.7 | 13.7 | 10.7 | 14.2 | ↑ | 2012-2014 |
| | Air-pollution-related Mortality | Fraction of mortality attributable to air pollution (PM2.5) (% of all age all cause mortality) | 5.3% | 5.4% | 5.1% | 5.5% | ↑ | 2013 |
| | Communicable Disease Mortality | Mortality from communicable disease (ASR per 100,000) | 63.2 | 64.4 | 75.2 | 69.5% | ↓ | 2010-2012 |
| | Smoking-related Mortality | Smoking-related deaths (ASR pr 100,000) | 279.0 | 266.7 | - | 256.1 | | 2011-2013 |
| | Alcohol-related Mortality | Alcohol-related mortality (ASR per 100,000) | 45.5 | 42.4 | 46.0 | 41.9 | ↓ | 2014 |
| | Suicide | Suicide age-standardised rate per 100,000 (3 year average) | 8.9 | 10.2 | 8.7 | 10.1 | ↑ | 2012-14 |
| | Preventable Mortality | Mortality rate from causes considered preventable | 182.7 | 169.8 | 159.8 | 162.4 | ↑ | 2012-2014 |
| | Life Expectancy (male) | Life expectancy at birth - years (male) | 79.5 | 80.1 | 80.2 | 80.4 | ↑ | 2012-2014 |
| | Life Expectancy (female) | Life expectancy at birth - years (female) | 83.2 | 83.6 | 83.6 | 83.4 | ↓ | 2012-2014 |
| | Life Expectancy Gap (males) | Slope index of inequality in life expectancy at birth based on local deprivation deciles - years (males) | 9.2 | 7.4 | 5.4 | 5.6 | ↑ | 2012-2014 |
| | Life Expectancy Gap (females) | Slope index of inequality in life expectancy at birth based on local deprivation deciles - years (females) | 7.0 | 4.4 | 3.8 | 3.2 | ↓ | 2012-2014 |

## Kent Public Health approach to health inequalities

Kent County Council, Mind the Gap strategy came to an end in 2015. The County Council's new strategy 'Mind the Gap 2016' is currently in draft format. This strategy is not time-bound as changes to health inequalities are recognised over longer periods of time.

Kent County Council is concentrating on lower super output areas in each district with the aim of community transformation; empowering individuals and communities for better health and wellbeing. This will be achieved through community 'asset based' approach.

| **Needs based approach** | **Asset based approach** |
|---|---|
| Focus on deficiencies | Focus on strengths |
| Respond to problems | Identify opportunities |
| Provide services to users | See residents as co-producers |
| Short term solutions | Sustainable long-term change |
| Top down: residents have little say in local issues | Bottom up: empower residents to be part of the process |

It is a unified plan that recognises improving the health of an entire population does not necessarily address the health inequalities that exists between different parts of the society. Closing the 'health gap' will require a faster improvement in health in the most deprived areas.

Within Maidstone, Kent County Council has recognised Lower Super Output Areas (LSOA) of Park Wood, Shepway South and High Street as areas of deprivation. They have adopted Chris Bentley's Ten Point Plan of 'System and Scale into Community Empowerment' to tackle health inequalities within these areas.

1. Prioritisation of areas – most in need
2. Defining communities – should be self-defining where possible
3. Asset mapping – stocktake of positive resources in place
4. Behaviour of Partners – agreed ways of working and sharing resources
5. Community profiles - collating top-down and bottom-up
6. Neighbourhood Action Plans (NAPS) – linking aspirations and objectives
7. Community based research (CBR) – train residents to be involved
8. Outreach models – using community venues
9. Community Links Strategy – gathering intelligence from community infrastructures
10. Transfer of Service Ownership – appropriate segments

## Maidstone's approach to health inequalities

As a district council we are in a unique position to help Kent County Council Public Health deliver a health agenda particularly around the wider determinants of health.

A whole systems approach to public health can ensure our actions have a positive impact on public health, taking on more of an enabling role in the health of our residents and communities, ensuring actions are cost-effective and, where possible, offer a positive return on investment. Health Inequalities should be a major focus within this approach but should not be the 'sole' public health strategy but form part of a wider public health strategy as at county level.

Our health is primarily determined by factors other than health care. District councils are in a good position to influence many of these factors through their key functions and in their wider role supporting communities and influencing other bodies.

So how can Maidstone Borough Council achieve a whole systems approach to improving the health and wellbeing of our residents?

1. **Working in partnership and alignment**

We need to work in partnership with other agencies, ranging from Public Health England and other tiers of local government and directors of Public Health, to the local NHS, the voluntary and business sectors and communities themselves. This will enable us to share resources and achieve results.

2. **To demonstrate effectiveness and return on investment**

We should be more proactive in collating existing evidence on the health economics of our activities in order to guide decisions on our communities' health and wellbeing.

This could help us in attracting funds and other forms of support from other bodies, including health and higher tiers of local government.

3. **To lead innovation in services and their delivery**

Invest in health impact assessments (HIA) to move beyond innovative case studies to processes to show demonstrable improvements in health outcomes.

4. **To strength our enabling role in the health of our communities**

Actively engage with our communities involving them directly in decisions which affect their health and wellbeing.

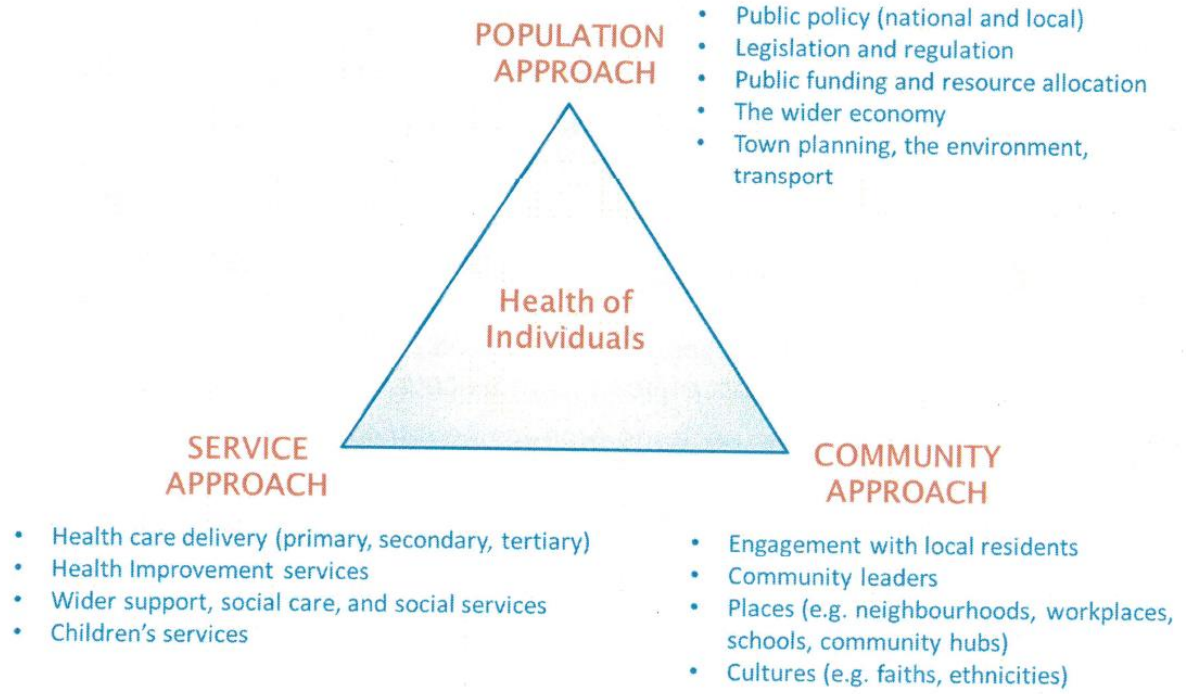
There is growing recognition that although disadvantage social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health, and strengthen resilience to health problems.

## Recommendations

1. To embed health within the culture of Maidstone Borough Council to deliver a whole systems approach producing a 'District Health Deal' with Kent County Council Public Health.

2. Produce and deliver a learning and development package to staff and councillors on the importance of health and how their role contributes and can contribute further to improving health and wellbeing of residents. This will include embedding this approach in the Council's Business Plan and appraisals.

3. Support the implementation and delivery of the Mind the Gap 2016 which focuses on a community asset based approach in lower super output (Parkwood, Shepway and High Street ward). We are close enough to our communities to understand how they work and how to best reach and support them.




*Model for impacting health at a population level (Chris Bentley 2012)*

4. Establish a good working relationship with the Kent Public Health Department so health data is readily available dependant on the needs and change of our population. Using their expertise to understand what is underneath the data and what the intelligence tells us which must include qualitative information. (Intelligence based approach)

5. Establish collaborative working agreements (internal) and partnership working agreements (external) for partners to work together on achieving shared outcomes in improving resident health and wellbeing.

6. Produce Health Impact Assessments on all future strategies produced by Maidstone Borough Council.

7. Review progress of health inequalities to date and implement a refreshed action plan examining strategic direction for future delivery.

8. To confirm key objectives and priorities for the refreshed health inequalities action plan, taking note of significant trends highlighted by data provided by the Public Health Stakeholders.

   Community Context:
   - Violent Crime
   - Statutory homelessness

   Children and Young People:
   - Breastfeeding initiation and maintenance at 6/8 weeks
   - Excess weight in children
   - Teenage Conceptions and Teenage Parents
   - Emotional Health and Wellbeing (linked to admissions for injuries)

   Adults:
   - Emotional and Mental Health including social isolation
   - Alcohol
   - Excess Weight
   - Smoking
   - Dementia Prevention – physical activity, smoking cessation

   With regards to populations of people: young parents; Black and Minority Ethnic (BME); older people and homeless individuals are recommended.

   The priorities above have been identified by: looking at public health outcomes; appraising data available; benchmarking against England, South East, Kent and other wards; looking at trends; and identifying actions and making links to strategic priorities for Kent.

## References

*Maidstone Health Inequalities Action Plan 2014-2020*

*Kent County Council, Mind the Gap: Kent's Health Inequalities Action Plan 2012-2015*

*Kent County Council, Mind the Gap 2016*

*The Marmot Review, 'Fair Society, Healthy Lives', 2010*

*The Kings Fund, The district council contribute to public health: a time of challenge and opportunity*

## Data Sources

*Kent and Medway Public Health Observatory*
*http://www.kpho.org.uk/*

*Public Health England*
*https://www.gov.uk/government/organisations/public-health-england*

*Public Health Profiles*
*http://fingertips.phe.org.uk/profile/health-profiles*