Maidstone Borough Council

REFRESH 2016

Maidstone Health Inequalities Action Plan

2014 - 2020

MAIDSTONE Borough Council

Contents

Foreword

In Maidstone we are committed to improving the health and wellbeing of our borough. We are also committed to reducing the health inequalities that exist across the area.

District Councils have a key role to play in keeping our population 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.

Health Inequalities are preventable and unjust differences in health status experienced by certain population groups. Everyone should have the same opportunity to lead a healthy life no matter where they live or who they are, which is why we must continue to narrow the gap in health inequalities. Organisation across the Maidstone borough must work together to address the health needs of their population and make a real difference in tackling health inequalities.

We want to ensure that, wherever possible, an individual's health and wellbeing is not determined by the area in which they were born, or in which they live.

The Maidstone Health Inequalities Action Plan which was adopted in 2014 provides the opportunity to review progress against actions and move forward in closing the gap in health inequalities. Since the development of the plan, data has developed, knowledge has matured and we face an ever-changing financial climate.

The Maidstone Health and Wellbeing Board will be the key mechanism to ensure that priorities for health and wellbeing in our area are identified and driven forward.

We are committed to ensuring that the Maidstone Health Inequalities Action Plan is implemented in a way which ensures that the benefits of health and wellbeing are available to all residents across the borough.

Alison Broom
Chief Executive

Introduction

What are Health Inequalities?

Health Inequalities are the differences in the health of different parts of the population. For example, people in more deprived areas have a shorter life expectancy than those who live in less deprived areas. Inequalities also exist in other aspects of people's health – for example, people in more deprived areas tend to smoke more, drink more alcohol, and are more likely to experience long-term illness. Inequalities also exist between groups accordingly to other factors such as gender, ethnic background, certain sorts of disability and sexual orientation.

What leads to inequalities?

There are a number of factors which lead to Health Inequalities. Most experts tend to place these factors into a small number of groups – such as those listed below. It is important, however, to bear in mind that experts think of these as the factors which are likely to lead to poorer health. There is every reason to believe that people can live healthy lives even in the harshest circumstances.

Social Factors

These are issues which affect the population as a whole, but do not necessarily affect everybody equally. Examples include government policies, the availability of work, general levels of wages, taxation and how much things cost – particularly the prices of essentials such as fuel, transport, food and clothing.

Living and working conditions

These include the important issues such as education, training, employment, housing, public transport and amenities. It also includes basic facilities like reliable utility supplies (gas, water and electricity) and being able to get hold of essential goods like food and clothing.

Social and Community networks

A person's "network" includes his or her family, friends and social circles – and the way all of those people together support, influence, advise and guide the individual. A strong network of family and friends can help to ensure than an individual has a healthy lifestyle. Sometimes, individuals living alone may not have any "network" sometimes the "network" can have an unsupportive effect, such as encouraging the consumption of alcohol to excess.

Individual lifestyle factors

These are sometimes described as lifestyle choices, because they tend to refer to things that people can generally choose to do, or not do. This would include things such as smoking, alcohol consumption, and drug use, whether people eat healthily and whether they take regular physical exercise. These choices are

influenced by the environment in which the individual lives – how friends and family act, how products are advertised and so on.

Healthcare factors

There is evidence to suggest that sometimes the parts of the population in the greatest need are poorly understood. This can mean that services are constructed and commissioned to address the needs of the whole populations, but not in such a way that inequalities are addressed.

Additionally, low-cost healthcare is sometimes under-used in a population. When this happens, it tends to be the most deprived parts of the population who are worst affected, because illness and disease is most prevalent in those areas. This therefore leads to a widening of the gap between the most and least deprived areas of a population.

Personal factors

These include some of the basic definitions of who people are: age, sex, ethnicity and genetic factors. There is nothing that can be done to change these factors – but understanding more about the population can help us to develop strategies, policies and practices.

National Context

The latest national strategy to tackling health inequalities, "Fair Society, Healthy Lives", was released in 2010 and is also known as the Marmot Review. Summarising the wealth of new research into health inequalities that had occurred since the previous national strategies into health inequalities; the Acheson Report (1998) and the Black Report (1980), the Marmot Review particularly stressed the action that would be required on the social determinants of health, such as education and employment. It also recognised that inequalities accumulates as we age, beginning even before birth. The six main policy objectives (below) take a 'life-course approach', from the early years through to ageing.

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

Delivering these policy objectives will require action by central and local government, the NHS, the voluntary and community sector and private sectors. National policies will not work without effective local delivery systems focused on health equity in all policies.

Kent County Council, Health Inequalities Strategy, Mind the Gap 2016 supports and follows the policy objectives suggested by Sir Michael Marmot. Kent County Council's approach to tackling health inequalities is Community Transformation. This is a means of empowering individuals and communities for better health and wellbeing. Kent County Council aim to radically improve health and wellbeing of identified communities, through coordinated actions across KCC, district councils, CCG's, service providers and community partners.

Health Inequalities in Maidstone

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 basis

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.

Data from June 2016 shows, life expectancy is 5.4 years lower for men and 3.8 years lower for women in the most deprived areas of Maidstone than the least deprived areas. The neighbourhoods that make up the areas of higher deprivation lie particularly in the electoral Wards of: Park Wood; High Street; Shepway North; and Shepway South.

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 Maidstone 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

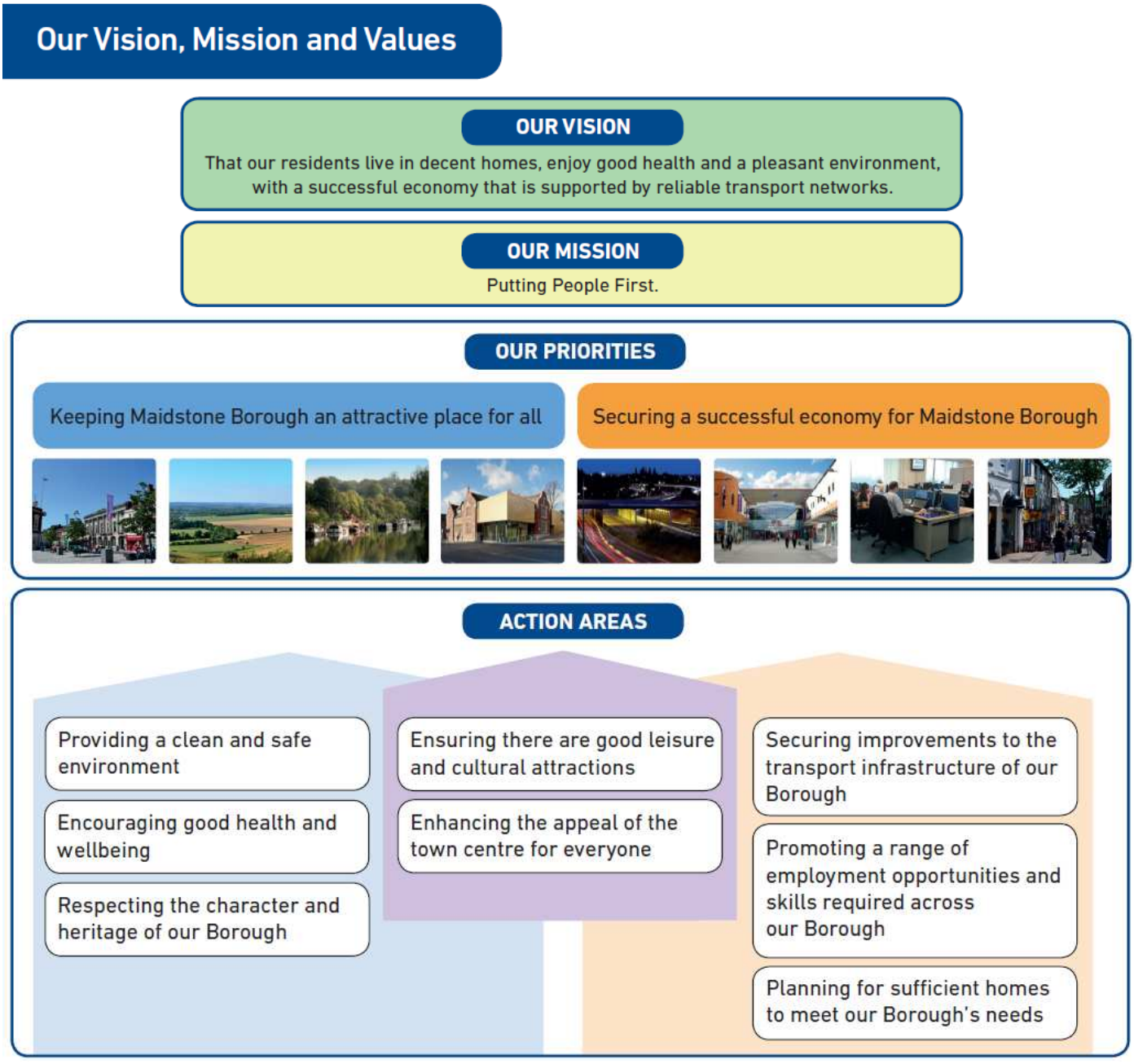
District significantly better than national rate = Green
District significantly worse than national rate = Red
District not significantly different from national = Yellow

Lifecourse Stage	Indicator	Indicator Description	National (latest)	Kent (latest)	District (prior)	District (latest)	District (trend)	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 screning 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 (male	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 (fema	7.0	4.4	3.8	3.2		2012-2014

Priorities

Local authorities are uniquely placed to tackle health inequalities, as many of the social and economic determinants of health, and the services or activities which can make a difference, fall within their remit. Services include: planning, housing, economic development, environmental health, leisure, licensing and community safety.
The challenge is to reduce the difference in mortality and morbidity rates between rich and poor and to increase the quality of life and sense of wellbeing of the whole local community.

Maidstone Borough Council's commitment to improve resident's health and wellbeing is set out in their Strategic Plan 2015 – 2020.



Public health is at the heart of local authorities roles with cross-cutting objectives in tackling health inequalities.

This action plan outlines our collective commitment and actions for improving the health of populations within the borough. Our approach will be targeted and proportionate, helping to close the gap between the least and most deprived. Sir Michael Marmot's life course approach is the foundation for this plan; based on 6 policy areas.

Implementation

The Maidstone Health Inequalities Action Plan will be implemented by the Council and its partners through the detailed action plan set out below.

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

The Maidstone Health and Wellbeing Board will not be responsible for directly commissioning services but will provide oversight, strategic direction and coordination. The Group will own the action plan, but will not be the sole owner of the actions contained within it. The structure of the Maidstone Health and Wellbeing Board contains the following sub-groups:

- Ageing Well
- Homelessness and Health
- Local Children's Partnership
- Skills and Employability

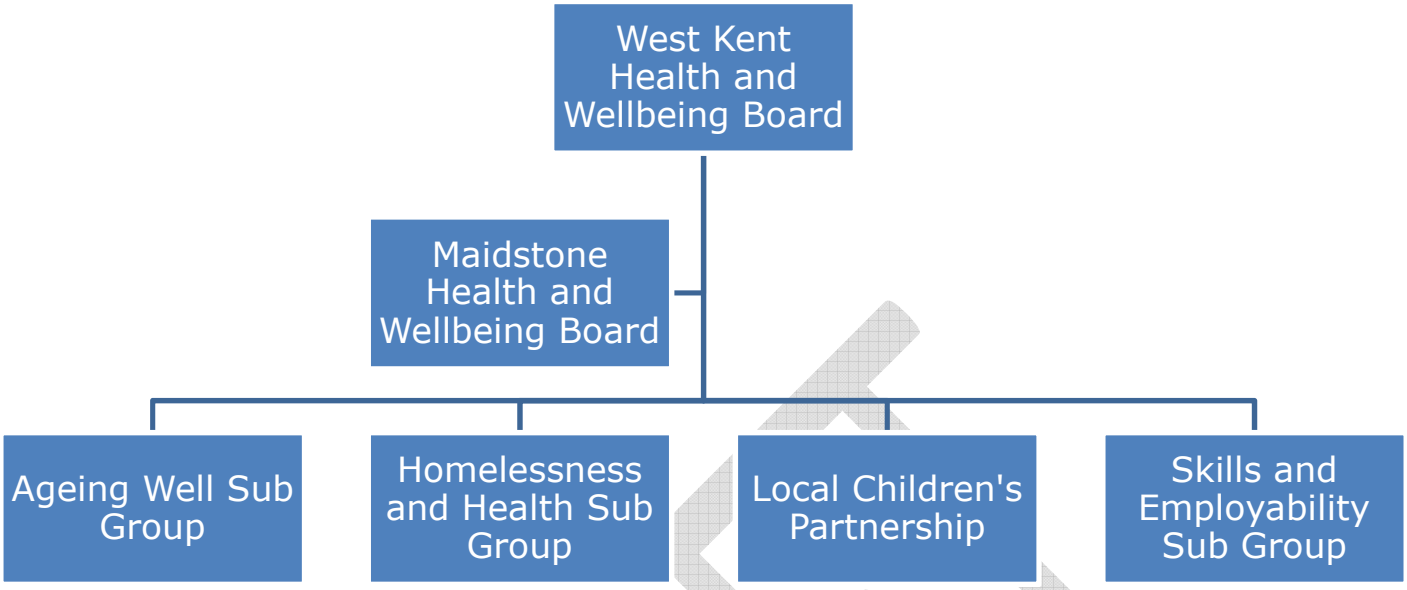
The sub-groups will co-opt members as appropriate to progress the work of the Health Inequalities Action Plan and requests from the Maidstone Health and Wellbeing Board.

Progress of the action plan will be reported to the West Kent Health and Wellbeing Board.

The Maidstone Health Inequalities Action Plan will be refreshed bi-annually to reflect progress and ensure that it remains current.

It is important to note that not all actions contained with the plan will be delivered by the Maidstone Health and Wellbeing Board. A number of key strategic partners and organisational strategies contribute to reduce health inequalities, such as: Kent County Council, Maidstone Borough Council, Clinical Commissioning Groups, and Voluntary and Community Sector.

Structure



The purpose of each sub group is:

Ageing Well

- To work together as partners organisations and communities to improve local health outcomes for older people and build on the strengths of our diverse borough.
- To make prevention and early intervention the principles that guide how resources are deployed in Maidstone to achieve our priority outcomes.

Homelessness and Health

- To assess the impact of homelessness on the health of people in the borough
- To assess the initiatives currently in place to tackle homelessness and to address the health needs of homeless and vulnerable people in the borough
- To make effort to hear the views and opinions of some of the individuals concerned and make recommendations to the Council, the NHS and other relevant organisation to address the needs of rough sleepers and improve their health outcomes.

Local Children's Partnership

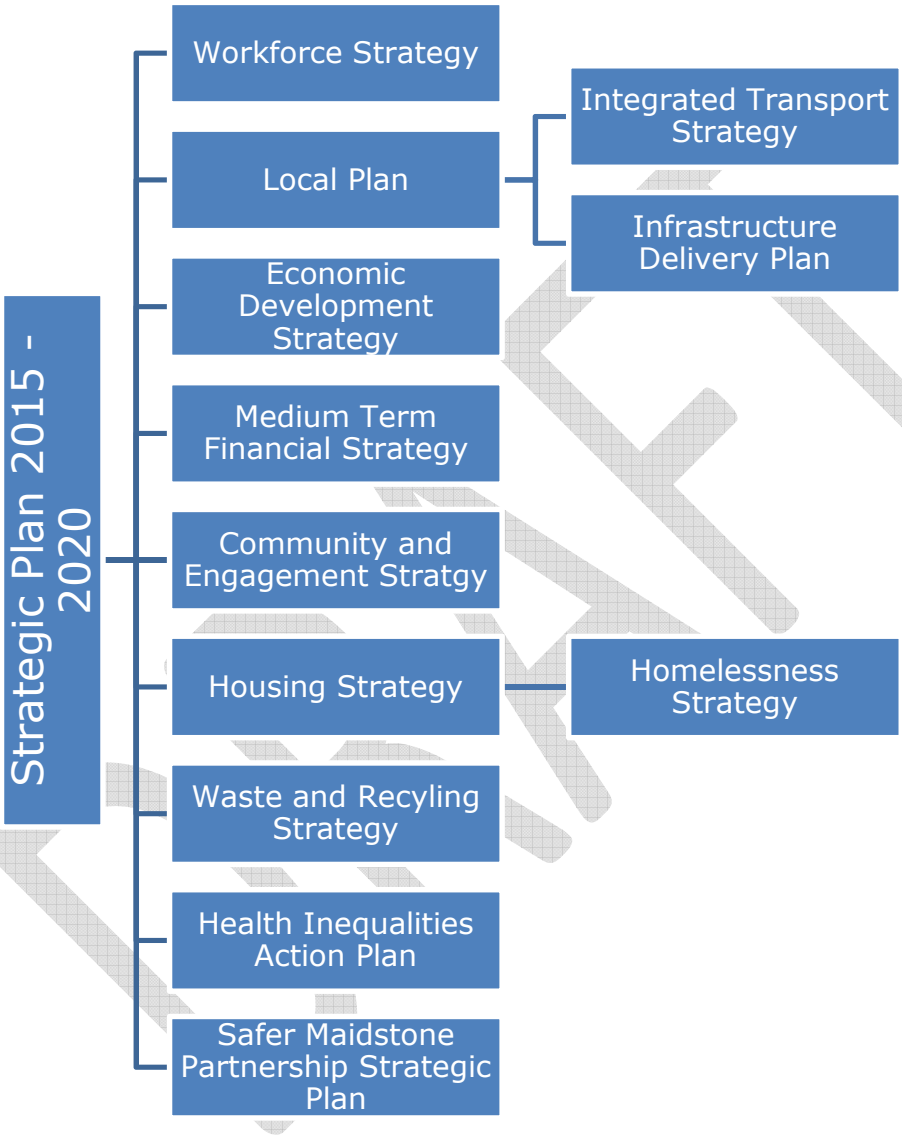
- Work in partnership at a district level and to drive improvement in specific outcomes for local children and young people.
- Sharing information to provide an understanding of local services and their thresholds.
- Providing a vehicle for identifying and addressing local needs and gaps in service provision.
- Facilitating and pooling resources to meet the needs of local children and families.

Skills and Employability

- To improve the employment prospects, education and skills of local people
- To support and promote growth in local economies and businesses to benefit local people.

The Marmot Priorities underpin the work of the subgroups by creating an enabling society that maximises individual and community potential; and to ensure social justice, health and sustainability.

The Health Inequalities Action Plan is not the only plan which tackles health inequalities among our residents. A number of other key plans and strategies contribute to improving the health and wellbeing and reducing the gap in inequality including:



The actions of the above strategies/plans have not been included within the Health Inequalities Action Plan and are being worked on outside of the Maidstone Health and Wellbeing Board.

Action Plan

Priority 1: Ageing Well

The work undertaken by the group feed in to the following Marmot priorities:

- Enable all children, young people and adults to maximise their capabilities and have control over their lives (Priority 2)
- Ensure a healthy standard of living for all (Priority 4)
- Create and develop healthy and sustainable places and communities (Priority 5)
- Strengthen ill-health prevention (Priority 6)

Relevant standards against which to monitor progress on this priority could include: falls and injuries in the over 65s; Hip fractures in over 65s; excess winter deaths; hospital stays in 65s and over; number of health checks completed by GP's; excess weight in adults; number of referrals for a disabled facilities grant; number of completed disabled facilities grant; life expectancy;

Theme	Commitment	Lead Sub-Group	Marmot Priorities
Support older people to live safe, independent and fulfilled lives	Improve social connectedness for older people Improve levels of volunteering and participation Promote independence and improve support for older people to stay in their own homes through provision of aids and equipment Support people to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment.	Ageing Well	Priority 2 & 4
Ensure people experience services that support them to enjoy a good quality of life	Understand the local challenges facing older people accessing information and advice about local support services and opportunities People are helped to live healthy lifestyles, make healthy choices and	Ageing Well	Priority 2, 5 & 6

	reduce health inequalities To ensure that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced and taking action early in preparation		
Improve uptake of screening in most disadvantaged areas	Increase access to NHS health checks for 40 – 74 year olds	Ageing Well Homelessness and Health	Priority 6

Priority 2: Homelessness and Health

The work undertaken by the group feed in to the following Marmot priorities:

- Enable all children, young people and adults to maximise their capabilities and have control over their lives (Priority 2)
- Ensure a healthy standard of living for all (Priority 4)
- Create and develop healthy and sustainable places and communities (Priority 5)
- Strengthen ill-health prevention (Priority 6)

Relevant standards against which to monitor progress on this priority could include: statutory homelessness acceptances (per 1000 households); number of homeless preventions; number of households living in temporary accommodation; average length of stay in temporary accommodation; number of households supported to improve energy efficiency; number of properties improved;

Theme	Commitment	Lead Sub-Group	Marmot Priorities
Ensure Housing Policy is delivered in a way that prevents Housing contributing to Health Inequality	Reduce disrepair and health hazards to housing in the borough Increase opportunities to provide information around affordable warmth and energy efficiency Improve the quality of existing housing through a comprehensive programme of housing standards, advice, support, grants and enforcement (MBC's Housing Assistance Policy)	Homelessness and Health	Priority 2, 4 5 & 6
Reduce and prevent homelessness	Implementation and delivery of the Maidstone Homelessness Strategy 2014-2019 Implement homelessness prevention and assessment services Work in partnership to improve hospital discharge Reduce the negative impacts of temporary accommodation on homeless families	Homelessness and Health	Priority 2, 4 & 5

Promote opportunities to support people in poverty	Reduce barriers in registering and accessing services Provide support, advice and information to residents about debt management and financial awareness Promote support available to people in poverty e.g. Kent Saver's, food banks, Citizens Advice, KSAS	Homelessness and Health	Priority 4 & 5
Provide information and advice to families to promote ongoing welfare reform support	Develop and deliver financial inclusion partnership and action plan Implement communications strategy and continually review and update as more information is provided	Homelessness and Health	Priority 4 & 5
Improve uptake of screening in most disadvantaged areas	Increase access to NHS health checks for 40 – 74 year olds	Ageing Well Homelessness and Health	Priority 6

Priority 3: Local Children's Partnership

The work undertaken by the group feed in to the following Marmot priorities:

- Give every child the best start in life (Priority 1)
- Enable all children, young people and adults to maximise their capabilities and have control over their lives (Priority 2)
- Create fair employment and good work for all (Priority 3)
- Create and develop healthy and sustainable places and communities (Priority 5)
- Strengthen ill-health prevention (Priority 6)

Relevant standards against which to monitor progress on this priority could include: rate of infant deaths (persons aged less than one year) per 1,000 live births; low birth weight of term babies; breastfeeding; smoking status at time of delivery; under 18 conception; excess weight at reception and year 6; engagement in Maidstone Families Matters programme; GCSE's (5+ A* - C including Maths and English; Young people not in education, employment or training;

Theme	Commitment	Lead Sub-group	Marmot Priorities
Ensure good physical, mental and emotional health for all	Ensure mothers have good physical and emotional health in pregnancy and in the early months of life: focusing on increasing levels of breastfeeding and reducing smoking in pregnancy Encourage and support healthy growth and weight of children through healthy eating and physical activity Promote active travel to and from schools, children's centres and colleges Work to promote Maidstone as a breastfeeding friendly town Work with services who support families with complex needs e.g. Maidstone Families Matters	Local Children's Partnership	Priority 1, 2 & 5

	Increase the awareness and importance of good health and wellbeing for all through media and signposting to services		
Learn and have opportunities to achieve throughout their lives	To help young people and parents/carers to access the right pathways for learning and independence Work in partnership to identify and support children and young people not in education, employment or training Work alongside schools/colleges/universities to promote training appropriate for the skills needed in Maidstone	Local Children's Partnership Skills and Employability	Priority 1, 2 & 3
Make safe and positive decisions	Develop pathways for identifying children and young people 'at risk' of early sexual activity and teenage pregnancy and offer early intervention and support Promote appropriate relationships and increase emotional resilience Work collectively to increase access to services by providing information, advice and guidance on available services such as smoking, alcohol, domestic abuse	Local Children's Partnership	Priority 1 & 2

Priority 4: Skills and Employability

The work undertaken by the group feed in to the following Marmot priorities:

- Enable all children, young people and adults to maximise their capabilities and have control over their lives (Priority 2)
- Create fair employment and good work for all (Priority 3)

Relevant standards against which to monitor progress on this priority could include: number of healthy businesses in the borough; work related illness; long term unemployment (per 1000 of working age population); number of volunteers; unemployment; long term claimants of jobseekers allowance;

Theme	Commitment	Lead Sub-group	Marmot Priorities
Increase the number of healthy workplaces in the borough	Promote awareness of health issues within the workplace Work with employers to improve health and wellbeing in the workplace Encourage and support employees to adopt healthier lifestyles	Skills and Employability	Priority 3
Make employment accessible for all	Break the cycle of worklessness by undertaking positive action for vulnerable groups (low income families; unemployed adults; those who are NEET or at risk of becoming NEET) Develop quality and multiple work experiences and volunteering opportunities for people as a route in to work	Skills and Employability Local Children's Partnership	Priority 2 & 3
Increase the number of volunteering opportunities	Work with third sector organisations to increase levels of community volunteering and skills levels	Skills and Employability	Priority 3
Learn and have opportunities to achieve throughout their lives	To help young people and parents/carers to access the right pathways for learning and independence	Local Children's Partnership	Priority 1, 2 & 3

	Work in partnership to identify and support children and young people not in education, employment or training Work alongside schools/colleges/universities to promote training appropriate for the skills needed in Maidstone	Skills and Employability	
Increase the number of business start-ups	Encourage the establishment and growth of businesses (including self-employment) in the Borough to increase the choice of jobs Continued promotion of the Maidstone Business Terrace Support social enterprise growth including involvement of the third sector in service planning and delivery	Skills and Employability	Priority 3

Overarching commitments

The following themes and commitments work across all four sub-groups of the Maidstone Health and Wellbeing Board and should be considered as part of their development and delivery plans.

Relevant standards against which to monitor progress on this priority could include: self-reported wellbeing; excess weight in adults; number of staff trained to deliver 'making every contact count' interventions; percentage of physically active adults;

Theme	Commitment	Lead Agency	Marmot Priorities
Encourage self-care and access to health services for all	Build capacity to make sure people can take advantage of the opportunity to take control of their own health, and actively take part in improving the health and wellbeing of others Support hard to reach and vulnerable people who do not traditionally engage with health services		Priority 2 & 6
Promote an environment and culture that makes healthy lifestyles easier to achieve	Recognise the importance of safe places to take part in physical activity, whether that be active travel, community centres or health facilities and improve accessibility in a physical and monetary sense to ensure available to the wider community		Priority 2 & 5
Provide brief interventions and referrals to effective preventative services, using the principles of 'Making Every Contact Count'	Train and support front line staff to confidently raise the issues of lifestyle and behaviours and provide confident brief interventions and sign posting	All agencies	Priority 2
Create opportunities for individuals, groups and organisations to get together to discuss their circumstances, needs and aspirations, within and between communities and neighbourhoods	Support Kent Public Health in the delivery of their health inequalities action plan 'Mind the Gap' Promote asset mapping and community development	Maidstone Health and Wellbeing Board	Priority 5

Grow partnerships and find new works to target and deliver services	Work with the Health and Wellbeing Boards to support the delivery of key priorities set out in the health inequalities agenda		Priority 6
To implement strategies for promotion and prevention in mental health and wellbeing	Increase public knowledge and understanding about mental health and signpost to relevant services Create and enable resilient communities Promotion of Six Ways to Wellbeing Encourage services/businesses to be 'mental health friendly'		Priority 6
Reduce obesity rates across the borough	Support the delivery of the West Kent Obesity Action Plan Encourage healthy weight environments and discourage obesogenic environments	Maidstone Borough Council	Priority 6
Reduce number of people living with preventable ill-health and people dying prematurely while reducing the gap between communities	Promotion of healthy lifestyles through behaviours/choices, and the environment and communities people live Support national and local campaigns to highlight ongoing health issues (such as obesity, tobacco and substance misuse, dementia, social isolation)	All	Priority 2,4 & 6

References

Maidstone Health Inequalities Action Plan 2014-2020

Maidstone Health Inequalities 2015/16 Progress Report

Maidstone Borough Council's Communities, Housing and Environment Committee

Terms of Reference for Maidstone Health and Wellbeing Board and Sub-groups

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

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