



Foreword

90% of the health and wellbeing needs of residents cannot be met by the NHS.

My vision for Health and Wellbeing in Swale is where residents

1. Have enough to eat;
2. Have a decent home to live in;
3. Are helped to achieve healthy lifestyles;
4. Have a clean and safe environment in which to live and work;
5. Are helped to access employment;
6. Have a job with a living wage;
7. Have access to training and education.

Whilst I am working with Cabinet colleagues whose portfolios cover the majority of the above, there are also areas where we can work with health partners on areas that we consider can have the biggest impact on the health and wellbeing of our residents. This is a working document, which will evolve, but you have to start somewhere. Your views are welcome.

Councillor Angela Harrison, Cabinet Member for Health and Wellbeing, Swale Borough Council



Swale's Health and Wellbeing Improvement Plan 2020-2023

Swale is a diverse borough made up of towns and villages set in downland, farm and coast. There are approximately 150,082 people primarily living in its three main towns, Sittingbourne, Faversham and Sheerness. There are significant social, economic and environmental disparities across the borough, notably concentrations of deprivation on Sheppey and in Sittingbourne, particularly in the areas of health and wider determinants including income, benefits, employment and skills. Some of these are among the worst 10% in England (See Appendix 1).

As a District Council Swale Borough Council are not formally responsible for public health as detailed in the Health and Social Care Act 2012. This statutory duty lies with Kent County Council who are formally responsible for helping to improve the general health of everyone living in Kent. However, we as a District Council recognise that we do have a role to play in helping to improve the health and wellbeing of our residents.

Prior to the challenges caused by the COVID-19 epidemic the council were already making focused and coordinated efforts to address health inequalities within the borough. Achieving healthier communities is at the heart of our Local Plan and policy CP5 contained therein outlines how the council working in conjunction with relevant organisations, communities and developers, will promote, protect and work to improve the health of Swale's population, and reduce health inequalities. In addition to this the recruitment of a dedicated Health and Wellbeing Officer further speaks to the council's commitment to improving Health and Wellbeing throughout the borough.

The following Health and Wellbeing Improvement Plan has been developed based on a range of primary and secondary research as well as consultation with cross council departments and wider stakeholders from across the borough. Priorities are set out under four broad headings; Building healthier communities; Supporting healthier lifestyles; Developing partnerships and Communications strategies. Although this document has been written to cover a three year period it will be under constant review and changes will be made in accordance with priorities set by Public Health, our NHS partners and any changing needs within our communities across the borough.

Health and Wellbeing Improvement

The health of people in Swale is mixed when compared with the average for England. In 2018 the Public Health England publication Swale Health Profile revealed levels of health/deprivation that were significantly worse than the England average in the following areas: children in poverty; long term unemployment; smoking status at time of delivery; breastfeeding initiation; under 18 conceptions; and smoking prevalence in adults. The percentage of adults classified as overweight or obese also remained higher than the average within England, as did the percentage of year 6 children falling into the obese or severely obese category.

There were significant health inequalities depending on where people lived within the Borough. The life expectancy for those living in the 20% most deprived areas of Swale (west and east Sheppey, Murston, Milton Regis, Kemsley and Davington Priory) being around nine years lower for men, and approximately four years lower for women, than for those living in the least deprived areas.

Data from the NHS Integrated Care Partnership also shows that air pollution; hypertension prevalence; diabetes prevalence; unplanned hospitalisation for ambulatory care sensitive conditions; depression prevalence; suicide; and cancer survival rates are all issues that also affect those living in Swale.

The COVID-19 pandemic has further highlighted the need for us to take immediate action to address those areas of our lifestyles that may leave us more vulnerable were we to contract the virus. Studies around COVID-19 and associated risk factors have shown that individuals who smoke, who are overweight or obese and those living with type 2 diabetes are at increased risk of developing severe symptoms of COVID-19 and are more likely to die as a result of the virus.

The improvement plan has been structured into four workstreams which address the health inequalities whilst also aligning with wider council priorities.

The workstreams have emerged from the following four overarching health inequalities that were identified as a part of the research and consultation:

1. Family health
2. Healthy lifestyles
3. Mental health/ Dementia
4. Wider determinants of health

Family Health

Teenage conception
Smoking at time of delivery
Breastfeeding initiation
Childhood obesity

Healthy Lifestyles

Smoking
Obesity
Physical activity
Health screening

Mental Health

Depression
Suicide
Dementia

Wider Determinants of Health

Social isolation/ Loneliness
Air Pollution
Housing
Employment
Environment



Further information in relation to each inequality can be found in Appendix 2.

Health and Wellbeing Improvement Framework

The table below provides an overview of the workstreams and the headline actions. This must be read in conjunction with the specific deliverables which have been informed by research and are detailed across the following pages.

Overarching Health and Wellbeing Inequalities			
Health and Wellbeing Improvement			
Workstream 1	Workstream 2	Workstream 3	Workstream 4
Building Healthier Communities	Supporting Healthy Lifestyles	Developing Partnerships	Communication Strategy
<ul style="list-style-type: none"> ➤ Contribute towards planning applications ➤ Contribute to the revised local plan ➤ Review internal policy ➤ Strive to embed health in all relevant workstreams ➤ Champion the health and wellbeing agenda ➤ Support the implementation of the Economic Improvement Plan (See EIP) ➤ Support the implementation of the Visitor Economy Framework (See VEF) 	<ul style="list-style-type: none"> ➤ Maximise upon potential to use our outdoor spaces to promote health ➤ Review existing health initiatives operating within Swale ➤ Champion priority areas of health ➤ Explore opportunities to work in partnership with our leisure providers ➤ Promote and Develop lifestyle change initiatives ➤ Support and Develop projects targeting areas of health inequality ➤ Evaluating health and wellbeing work ➤ Directory of resources ➤ Health and wellbeing funding 	<ul style="list-style-type: none"> ➤ Develop positive working relationships with health sector partners ➤ Develop positive working relationships with our leisure providers, voluntary & community sector partners ➤ Maintain positive working relationships with health sector partners ➤ Maintain positive working relationships with voluntary & community sector partners ➤ Community engagement ➤ Projects 	<ul style="list-style-type: none"> ➤ Communicate health messages/ projects to community and partners ➤ Communicate key dates ➤ Deliver a multi-agency communications plan ➤ Strive to embed health messages into all work that we do as a council ➤ Explore all opportunities for the council to promote areas that we champion

	<ul style="list-style-type: none"> ➤ Add value to existing/ new projects which link to health and wellbeing ➤ Smoke-free agenda ➤ Obesity ➤ Mental health/ Dementia 		
Measuring Results			
Resources			

Measuring and Reporting

These actions have been developed to be specific, measurable and achievable with realistic timelines. The suggested timescales we have used are:

- Short term- up to 1 year
- Medium term- 2-3 years

Establishing clear metric by which to measure health improvement is vital. District level data is available via the Public Health England, the Public Health Observatory and our NHS partners.

In addition this district level data can be aligned to other performance indicators such as digital reach, engagement and subscribers. Other indicators of success could include growth in engaged partners for Healthy and Active in Swale.

Resource and Funding

The health and wellbeing improvement plan is based on a partnership delivery structure. As many of the actions align with wider council priorities and initiatives, any resources or funding required from within the council may be allocated according to the priority function. Responsibility for actions also sits with other public sector organisations e.g. the NHS and KCC Public Health.

Workstream 1: Building Healthier Communities

Whilst as a District Council we are not formally responsible for public health as detailed in the Health and Social Care Act 2012 we do have a role to play in addressing the health of our communities. Our health is determined by multiple factors other than health care. As a district council we have a distinct, local role in service provision, economic development, planning, helping to shape and support our communities and influencing other bodies. These are all key areas that are increasingly recognised as vital components of a true population health system.

Health is already intertwined throughout our local plan and is high on the councils list of priorities. The council seek to build a strong, competitive economy; promote sustainable transport; deliver a wide choice of high quality homes; conserve and enhance the natural and historic environment; and promote healthy communities. They have acknowledged the climate emergency and have a goal for the Borough to be net-zero carbon emissions by 2030. Consequently, there will be more focus on infrastructure that supports this. Through the planning process, initiatives such as the emerging walking and cycling strategy and initiatives to help meet emerging sustainable infrastructure needs, such as electric vehicle charging points. Embracing this approach will ultimately improve the health of our communities as several facets of the wider determinants of health are improved upon.

Deliverable	Health Inequality	Delivery Timescale	Delivery Partners	Location
<p>Contribute towards planning applications</p> <p>Develop process to assess planning applications to ensure that all Health and Wellbeing implications are considered.</p> <p>Where appropriate make suggestions for improvements/ alterations to planning applications.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wide Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Planning Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Contribute to the revised local plan</p> <p>Work with Planning Policy to review the local plan to ensure that health goals are incorporated into the plan</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wide Determinants</p>	<p>Short Term</p>	<p>H&W Officer/ Planning Policy Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

Develop clear understanding of NHS infrastructure delivery ask and explore opportunities through the local plan to review the community infrastructure levy regulations.				
<p>Review internal policy.</p> <p>Review internal policies where health and wellbeing is a factor ensuring that health and wellbeing is advocated.</p> <p>Where appropriate suggest amendments to or creation of policy.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wide Determinants</p>	Short Term	H&W Officer/ Policy & Performance	Faversham, Isle of Sheppey, Sittingbourne
<p>Strive to embed health in all relevant workstreams</p> <p>Gain an oversight of all existing work/ projects relating to health and wellbeing including but not limited to: Sustainable transport, active travel, air quality and fuel poverty work.</p> <p>Develop understanding of work already being carried out internally and review whether there is a role for the health and wellbeing officer to be involved in this work.</p> <p>Communicate projects to health partners to raise awareness of work being undertaken by SBC.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wide Determinants</p>	Short Term	<p>H&W Officer/ Other relevant departments.</p> <p>H&W Officer/ Comms</p>	Faversham, Isle of Sheppey, Sittingbourne
<p>Champion Health and Wellbeing Agenda</p> <p>Champion the health and wellbeing agenda within the Council and review existing mechanisms to ensure that health and wellbeing implications are fully considered in Swale's decision making.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wide Determinants</p>	Short to Medium Term	H&W Officer/ Other relevant SBC depts	Faversham, Isle of Sheppey, Sittingbourne

<p>Work with other departments internally. Explore opportunities to recruit 'health champions' within each department with a view to establishing collaborative -working agreements.</p>				
<p>Support the implementation of the Economic Improvement Plan (See EIP)</p> <p>Work with Economic Improvement Team to better understand the support the health and wellbeing officer- can lend to the implementation of the EIP. Where actions are identified add them to this plan.</p> <p>Support the 'Improving Skills' Priority- Work with Economic Development team and partner agencies to better understand the wider picture. We already know there are links between employment and health. Over the coming months as unemployment rises we will need to monitor the profile within Swale and work with other agencies to address this from both a health and upskilling perspective.</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Economic Development Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Support the implementation of the Visitor Economy Framework (See VEF)</p> <p>Work with Visitor Economy Team to better understand the support the Health and Wellbeing Officer can lend to the implementation of the VEF. Where actions are identified add them to this plan</p> <p>Contribute towards the development of Active Swale and support residents and partners to use the platform to promote</p>	<p>Family Health Healthy Lifestyles Mental Health Wide Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer / Community Services Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>health and wellbeing e.g. through blog posts/ good news stories.</p> <p>Continue to develop Healthy and Active in Swale pages, YouTube, Twitter and Facebook using these platforms to communicate key health messages to residents and to promote the work of partners.</p> <p>Continue to explore collaborative working opportunities with members of the community services team. Continue to support the work of Food Bank working group.</p> <p>Work in collaboration with Community Engagement and Social Inclusion officer to develop and deliver community engagement project.</p>				
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Workstream 2: Supporting Healthy Lifestyles

As a Local Authority we are in a position to encourage healthier lifestyles throughout our communities via several routes. Be that as a direct result of building healthier communities; By promoting and encouraging the use of our leisure provision and greenspaces; Through initiatives such as the emerging walking and cycling strategy; Through the delivery of key messages to our community via our comms team; Or by supporting the work of partners such as One You to ensure their offer is accessible to those who need to access their service.

Deliverable	Health Inequality	Delivery Timescale	Delivery Partners	Location
<p>Maximise upon potential to use our outdoor spaces to promote health</p> <p>Work with Leisure and Technical services and Comms to consider how we promote our open spaces from a health and wellbeing viewpoint.</p> <p>Support the promotion of our open spaces via our online platform.</p> <p>Use outdoor spaces to deliver targeted health promotion (e.g. relaunching smoke-free play areas with clear branding)</p>	<p>Family Health Healthy Lifestyles Mental Health Wide Determinants</p>	<p>Short Term</p>	<p>H&W Officer/ Leisure and Technical services/ Comms</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Review existing health initiatives operating within Swale</p> <p>Review existing health initiatives operating within Swale and establish where added value can be made and duplication avoided within the borough.</p> <p>Strive to promote the work of health partners e.g. One You, Kent Sport through comms.</p>	<p>Family Health Healthy Lifestyles Mental Health Wide Determinants</p>	<p>Short to Medium Term</p>	<p>H& W Officer/ Comms</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Maximise upon opportunities for Swale Borough Council to champion priority areas of health</p>	<p>Family Health Healthy Lifestyles Mental Health</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Comms/ All SBC staff</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>Explore all opportunities for the council to be involved in championing key areas of health. Including but not limited to:</p> <p>Dementia- The council will become Dementia friends, will make it a mandatory requirement for all staff to undertake dementia training and will make Swale House a dementia friendly environment.</p> <p>Breastfeeding- promote breastfeeding friendly initiative across SBC and partner sites.</p> <p>Where appropriate consider physical adaptations that can be made to our buildings to support areas that we champion. For example. Opportunities to make Swale House dementia friendly; Ensuring Swale House is breastfeeding friendly.</p>				
<p>Explore opportunities to work in partnership with our leisure providers</p> <p>Explore community focused opportunities with our leisure providers such as discounted off peak memberships or discounted taster memberships for those undertaking the 12 week OneYou weight loss programme.</p> <p>Work with our comms team and Sport and Physical Activity Officer to communicate this offer and good news stories arising from it to residents.</p>	<p>Family Health Healthy Lifestyles Mental Health</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Leisure and Technical Services/ Comms/ Sport and Physical Activity Officer</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Promote and Develop lifestyle change initiatives.</p>	<p>Family Health Healthy Lifestyles Mental Health</p>	<p>Short to Medium Term</p>	<p>H& W Officer/ Comms / ECS Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>Where partners are running projects work to communicate these to residents.</p> <p>Work with internal depts to ensure most value being delivered out of pre-existing projects (e.g. using skatepark opening to promoting physical activity) Strive to highlight projects supporting the Health and Wellbeing agenda via internal comms.</p> <p>Research new and innovative projects to better target preventative health concerns.</p> <p>Develop and deliver projects where appropriate.</p> <p>Work in partnership with other agencies to deliver projects that promote lifestyle change.</p>				
<p>Support and Develop projects targeting areas of health inequality for those living in the most deprived areas of borough</p> <p>Work with Community Engagement Officer and Fuel Poverty worker to ensure that we understand the health and wellbeing needs of those living in the most deprived areas of the borough.</p> <p>Maintain an overview of the work being done by foodbanks and similar agencies to ensure that we are using these channels to promote health and wellbeing to those that use these services.</p>	<p>Family Health Healthy Lifestyles Mental Health</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Fuel Poverty Worker/ Community Engagement Officer</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

Work in partnership with other agencies on projects that directly address inequalities within the borough. For example the Holiday Hunger programme.				
Evaluating health and wellbeing work Explore ways to monitor the impact of health and wellbeing work led by the Council and contribute to the wider partnership evidence base regarding successful strategies to improve health and reduce health inequalities in Swale.	Family Health Healthy Lifestyles Mental Health Wider Determinants	Short to Medium Term	H&W Officer	Faversham, Isle of Sheppey, Sittingbourne
Directory of resources Support KCC in the creation of a directory resource of health services and interventions available in Swale and ensure these are promoted to stakeholders and residents.	Family Health Healthy Lifestyles Mental Health Wider Determinants	Short Term	H&W Officer	Faversham, Isle of Sheppey, Sittingbourne
Health and wellbeing funding Explore all potential funding opportunities, signposting to existing services (Inside Track, SCEN etc)-and support partners to apply for grants to secure funding for projects in the borough to promote health and wellbeing.	Family Health Healthy Lifestyles Mental Health Wider Determinants	Short to Medium Term	H&W Officer	Faversham, Isle of Sheppey, Sittingbourne
Add value to existing/ new projects which link to health and wellbeing Maintain an overview of projects that relate to the health and wellbeing work stream (e.g. foodbank work, community	Family Health Healthy Lifestyles Mental Health Wider Determinants	Short to Medium Term	H&W Officer	Faversham, Isle of Sheppey, Sittingbourne

<p>engagement project, sports and physical activity projects, air quality work)</p> <p>Where appropriate develop joint working approaches with colleagues to ensure that health and wellbeing potential is maximised.</p>				
<p>Smokefree Agenda</p> <p>Attend and contribute at district sub group and main Tobacco control alliance group.</p> <p>Explore all smoke free environment project opportunities e.g. Smoke free parks relaunch, smoke free school gates, smoke free tenancies</p> <p>Support the work of OneYou. Attend regular meetings with Kent leads.</p>	<p>Family Health Healthy Lifestyles</p>	<p>Short to Medium Term</p>	<p>H&W Officer</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Obesity agenda</p> <p>Support KCC in the development and delivery of their obesity framework</p> <p>Promote out outdoor spaces and leisure facilities</p> <p>Work with community services team to address inactivity</p> <p>Link with foodbank work to communicate messages around healthy eating</p>	<p>Family Health Healthy Lifestyles</p>	<p>Short to Medium Term</p>	<p>H&W Officer</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>Mental Health/ Dementia</p> <p>Represent the council at mental health action group meetings</p> <p>Work in partnership with colleagues from CSU to support work around domestic violence and mental health</p> <p>Continue to develop partnerships with mental health services</p> <p>Undertake Dementia Champion training with a view to delivering Dementia Friends sessions to SBC employees</p> <p>Mind Over Matter Meditech- Dementia pilot Support the delivery of pilot in Sheppey</p>	<p>Healthy Lifestyles Mental Health</p>	<p>Short to Medium Term</p>	<p>H&W Officer/CSU/ Other relevant SBC depts</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Family Health</p> <p>Support work programmes offered by KCC</p> <p>Support local offer i.e. smaller charitable sector support groups</p> <p>Continue to monitor areas of inequality across the borough and advocate for the borough when discussing service need</p>	<p>Family Health</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Senior Management Team/ Cabinet Members</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

Workstream 3: Developing Partnerships

This plan comes into focus at a time when the NHS is changing locally with the intention for Kent and Medway to become an integrated care system (ICS) by April 2021 with- GP practices working together in primary care networks (PCN's); Four new integrated care partnerships (ICP's) across Kent and Medway drawing together all the NHS organisations in a given area and working more closely with health improvement services and social care; and a single commissioning organisation for Kent and Medway, led by local doctors to take a bird's eye view of health priorities for local people and look at where shared challenges should be tackled together. This meant the merger of the previous eight clinical commissioning groups (CCG's) in April 2020.

Locally two ICP's cover Swale- Medway and Swale ICP covering Sheppey and Sittingbourne and East Kent ICP covering Faversham. Despite the geographical divide these changes within the NHS bring with them fresh opportunities to work in collaboration with our NHS partners to align our priorities and to work in collaboration.

Alongside our NHS partners we also strive to work closely with our partners from public health, businesses, voluntary and charitable organisations.

As a local authority we are in a position whereby we have a wider enabling role through engaging with communities and collaborating with local health partners, social care colleagues, businesses and voluntary and community sector to try and join up approaches to achieve a wider-system, joined up approach to health.

Deliverable	Health Inequality	Delivery Timescale	Delivery Partners	Location
<p>Develop positive working relationships with health sector partners</p> <p>Ensure that SBC is represented and has a voice at various meetings chaired by PH and the NHS.</p> <p>In particular we will commit to the following representations:</p> <p>Chief Executive- Medway & Swale Integrated Care Partnership Board</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Senior Management/ Cabinet Members</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>Cabinet Member- Medway & Swale Local Care Implementation Board Kent and Medway Joint Health and Wellbeing Board Medway & Swale Integrated Care Partnership Non Executive Directors and Lay Members Working Group.</p> <p>Health and Wellbeing Officer- Kent Housing and Health Sub Group Mental Health Action Group Tobacco Control Alliance</p> <p>Share SBC's health and wellbeing plan- Seek feedback to ensure the plan reflects the needs of our community. Ensure that this ties in with the priorities of PH and the NHS and that they have had an opportunity to feed in to this plan.</p> <p>Explore all opportunities for collaboration.</p> <p>Maximise upon training offered by health partners.</p>				
<p>Develop positive working relationships with our leisure providers, voluntary & community sector partners</p> <p>Ensure that SBC is represented and has a voice at key health and wellbeing meetings chaired by our leisure providers, the voluntary and community sector</p> <p>Share SBC's health and wellbeing plan-</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Officers from other SBC depts.</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>Seek feedback to ensure the plan reflects the needs of our community.</p> <p>Ensure that this ties in with the priorities of partner agencies.</p> <p>Explore all opportunities for collaboration.</p>				
<p>Maintain positive working relationships with health sector partners</p> <p>Work in partnership with public health and the NHS i.e. CCG's, ICP and PCN's. Support their priorities to ensure that specific areas of health inequality in Swale are targeted.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Senior Management/ Cabinet Members</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Maintain positive working relationships with leisure providers, voluntary & community sector partners</p> <p>Work in partnership with the voluntary and community sector to ensure that SBC remains an active partner.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Officers from other SBC depts.</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Community Engagement</p> <p>Ensure the Council adopts a community-led approach to health improvement helping to coordinate services & support in communities with disadvantage & health inequalities.</p> <p>Lead on the councils' community engagement in targeted areas regarding the health and wellbeing agenda.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p> <p>Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Projects</p> <p>Provide support to local agencies who are coordinating projects and represent SBC at project meetings.</p>	<p>Family Health</p> <p>Healthy Lifestyles</p> <p>Mental Health</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Partner agencies</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

	Wider Determinants			
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Workstream 4: Communication Strategy

Overarching our previous three priorities is our communication strategy. Communicating both our work and the work of partners internally, to partners and to residents is a vital component in ensuring that our communities remain informed and able to take advantage of opportunities available to them.

There are some challenges when communicating the health offer across the borough due in part to the geographical divide between the three areas with the local offer looking very different in each. To add to this the borough also falls within two ICP boundaries. Our comms approach needs to be sensitive to this whilst focusing on the local offer- promoting the work of smaller community based organisations as well as our NHS partners.

Our communications team have consulted on the HWAP so far and have helped to shape the strategy as it currently stands. Over time this strategy will likely evolve as different projects begin and as partner agencies communicate new information to us.

Deliverable	Health Inequality	Delivery Timescale	Delivery Partners	Location
<p>Communicate health messages/ projects to community and partners</p> <p>Continue to develop Healthy and Active in Swale brand- including pages on Visit Swale Website, YouTube Channel, Facebook and Twitter. Where appropriate use these channels in conjunction with main SBC platforms to promote key messages.</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Community Services Team/ Comms Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Communicate key dates</p> <p>Work with partners to raise awareness of key areas of health. Decide upon clear calendar of health related awareness dates to promote e.g. world mental health day.</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Comms Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

<p>Deliver a multi-agency communications plan</p> <p>Develop and deliver a multi-agency Communications plan to increase residents aware of health and wellbeing interventions available in the borough, utilising the 'One You' Framework and other relevant partnership mechanisms.</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short Term</p>	<p>H&W Officer/ Comms Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Strive to embed health messages into all of the work that we do as a council</p> <p>Work with comms to ensure that clear health messages can be delivered- e.g. by providing them with up to date info and stats that can be included in comms messages</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Comms Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>
<p>Explore all opportunities for the council to promote areas that we champion</p> <p>Work with comms to promote the health areas that we champion via social media and inside swale news stories.</p>	<p>Family Health Healthy Lifestyles Mental Health Wider Determinants</p>	<p>Short to Medium Term</p>	<p>H&W Officer/ Comms Team</p>	<p>Faversham, Isle of Sheppey, Sittingbourne</p>

Appendix 1.

Deprivation Profile

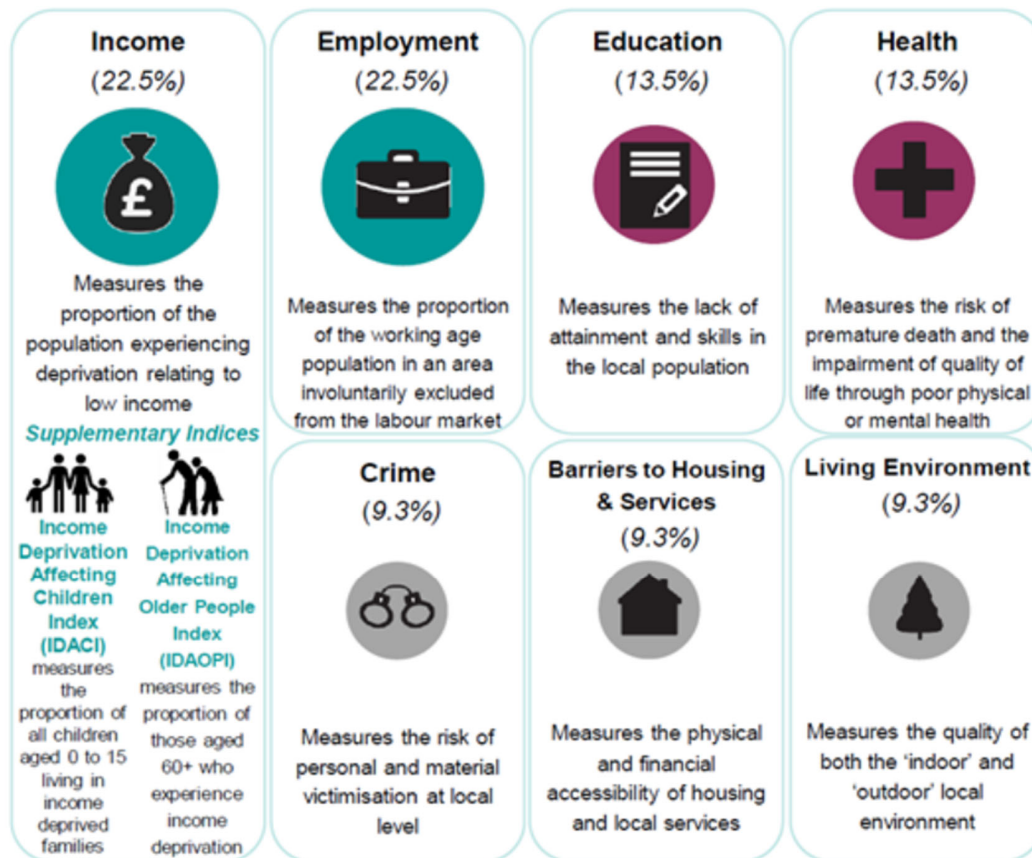
The English indices of deprivation measure relative deprivation in small areas in England called lower-layer super output areas (LSOAs).



The Index of Multiple Deprivation (IMD) is the most widely used of these indices.

They are published every 3-4 years, the previous one being in 2015 and this latest one published on 26 September 2019.

The indices are based on 39 separate indicators, organised into seven distinct domains of deprivation. These seven domains are combined, using weightings, to calculate the Index of Multiple Deprivation 2019 (IMD 2019):



In addition to the Index of Multiple Deprivation, the seven domain indices and the two supplementary indices, there are three pairs of sub-domains within three domains:

Domains and their sub-domains:

- Education, Skills and Training Deprivation Domain
 - Children and Young People Sub-domain (measure the attainment of qualifications and associated measures)
 - Adult Skills Sub-domain (measures the lack of qualifications in the resident working-age adult population)
- Barriers to Housing and Service Domain
 - Geographical Barriers Sub-domain (relates to the physical proximity of local services)
 - Wider Barriers Sub-domain (which includes issues relating to access and housing such as affordability)
- Living Environment Domain
 - Indoors Sub-domain (measures the quality of housing)
 - Outdoors Sub-domain (contains measures of air quality and road traffic accidents)

How the data is presented: LSOAs, ranking and deciles

LSOAs are small areas (also referred to as neighbourhoods), designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households (and amended on an ongoing infrequent basis as an areas density's change).

There are 32,884 LSOAs in England, and every such neighbourhood is ranked according to its level of deprivation relative to that of other areas, with 1 being the most deprived and ranking 32,844 being the least deprived.

The deciles are calculated by ranking the 32,844 LSOAs from the most deprived to the least deprived and dividing them into ten equal groups. LSOAs in decile 1 fall within the most deprived 10% of LSOAs nationally; and LSOAs in decile 10 fall within the least deprived 10% of LSOAs nationally.

2019 results for Swale:

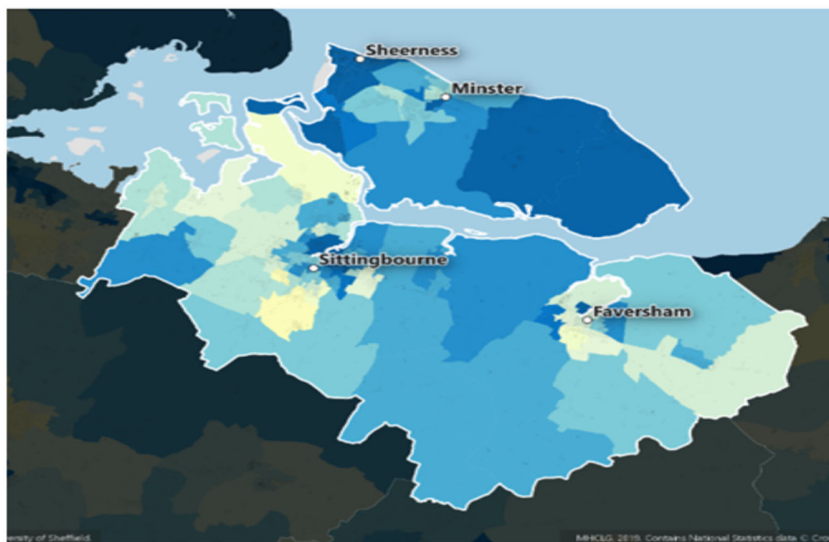
There has been a relative decline in the Borough's ranking since 2015, from 88th to 69th most deprived district within England and Wales, based on rank (out of 317). In other words, the Borough has become relatively more deprived or other Borough's have improved at a higher rate compared to ourselves.

Swale performs least well in the domains of Education, ranked 28th worst out of 317 English district authorities, and worst in Kent, crime (43rd), employment (64th) and income (74th worst), in that order.

Swales best ranking is 153rd of 317 in the Living Environment Domain.

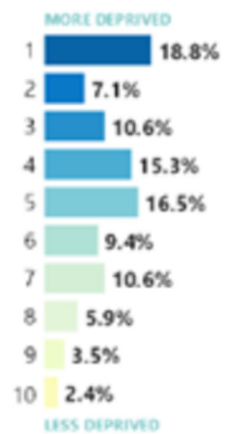
Of the 85 LSOA's in Swale, 56 have seen a fall in their rank (2015=53), with 16 now falling within the worst 10% nationally (2015=14), and 22 within the worst 20% (2015=18).

Of those worst 20%, 15 are located on the Isle of Sheppey (2015=14), four in Sittingbourne (2015=2), and three in Faversham (2015=2).



Local deprivation profile

% of LSOAs in each national deprivation decile



12

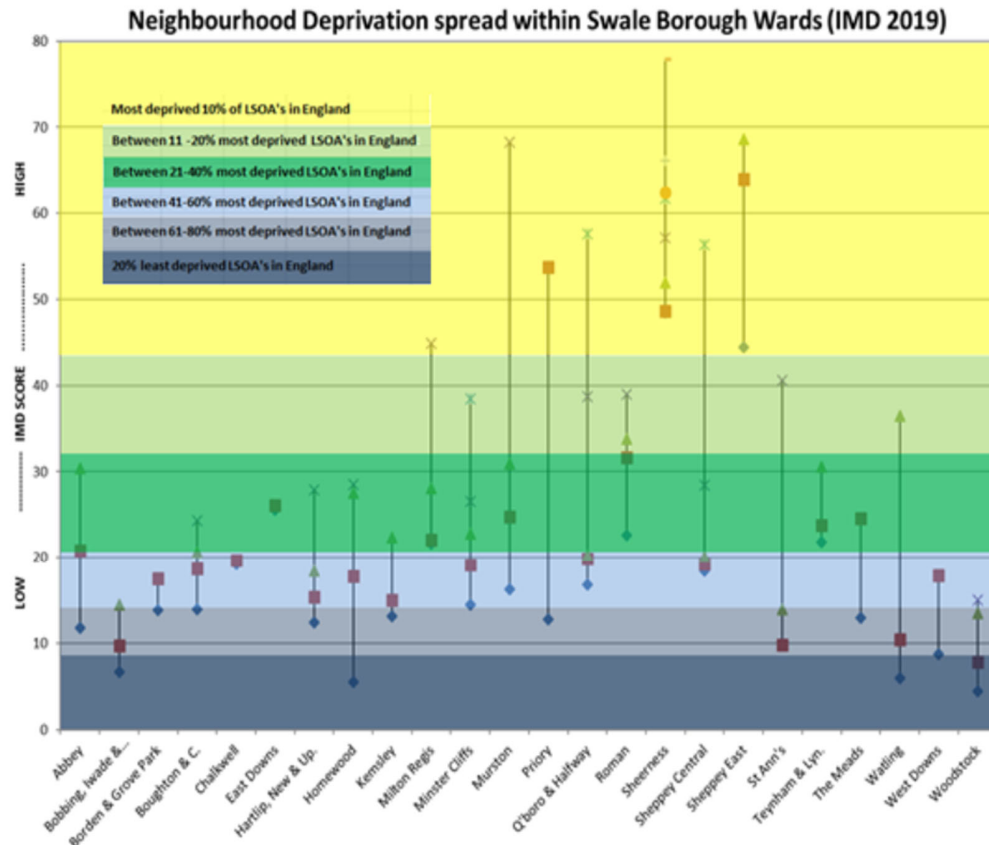
Swales average IMD score was 27.06. Assuming the wards of Teynham and Lynsted and East Downs are geographically classed as within the Faversham area, then based on average IMD scored Sheppey is the most deprived area of Swale (scoring 40.33/ decile 2) followed by Faversham (scoring 23.0/ decile 4) and the least deprived being Sittingbourne (scoring 19.91/ decile 5). Reclassifying the above wards from Faversham to Sittingbourne makes only a marginal difference to the scores and does not change the areas relative positions or deciles.

Comparing the result for Sheppey against all 317 local authorities' places Sheppey within the worst 10% of local authority areas, in a ranking position in line with the 6th most deprived area in England, with Faversham and Sittingbourne broadly in line with the 101th and 138th most deprived local authorities respectively.

Based on an average score for all LSOAs within each ward, the most deprived wards in Swale (in order) are:

1. Sheerness (average IMD score 59.29)
2. Sheppey East (59.01)
3. Murston (35.07)
4. Priory (33.26)
5. Roman (31.75)

However, within other wards there are specific neighbourhood communities which are exhibiting high levels of deprivation, at Rushenden in Queenborough and Halfway ward, parts of Minster Cliffs and Sheppey Central (Isle of Sheppey), parts of Milton Regis (Sittingbourne) and St Ann's and Watling (Faversham), all of which feature within the top 20% of most deprived neighbourhoods in England.



- Seven Swale Wards have neighbourhoods in the top 10% most deprived
- All of the neighbourhoods in Sheerness and Sheppey East Wards are in the top 10% most deprived areas and hence the two most deprived wards in Swale.
- The Broadway area of Sheerness is the most deprived neighbourhood within Swale and ranked 48 highest out of 32,844 neighbourhoods, closely followed by the Leysdown Road area of Leysdown (ranked 322) and the Castle Road area of Murston (ranked 337).

- Murston has the most diverse deprivation range within its Ward, followed by Priory and Queenborough and Halfway, whilst East Downs and Chalkwell are the least diverse Wards.
- The Ruins Bard Road are of Tunstall (Woodstock Ward) is the least deprived neighbourhood.
- Bobbing, Iwade and Lower Halstow and Woodstock are the least deprived Wards.

Appendix 2.

Health Inequalities

This plan is built around four overarching health inequalities:

Family health

Healthy lifestyles

Mental health/ Dementia

Wider determinants of health

Key information and evidence for each area of health inequality can be found below.

1. Family Health

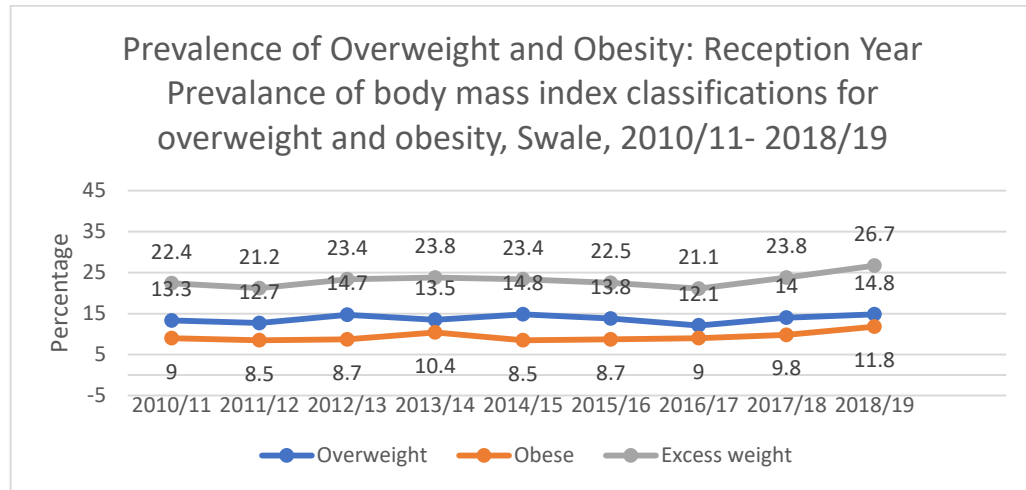
This priority area groups together the following: Teenage conception rate; Smoking at time of delivery; Breastfeeding initiation; and Childhood obesity.

Obesity- Childhood

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary school.

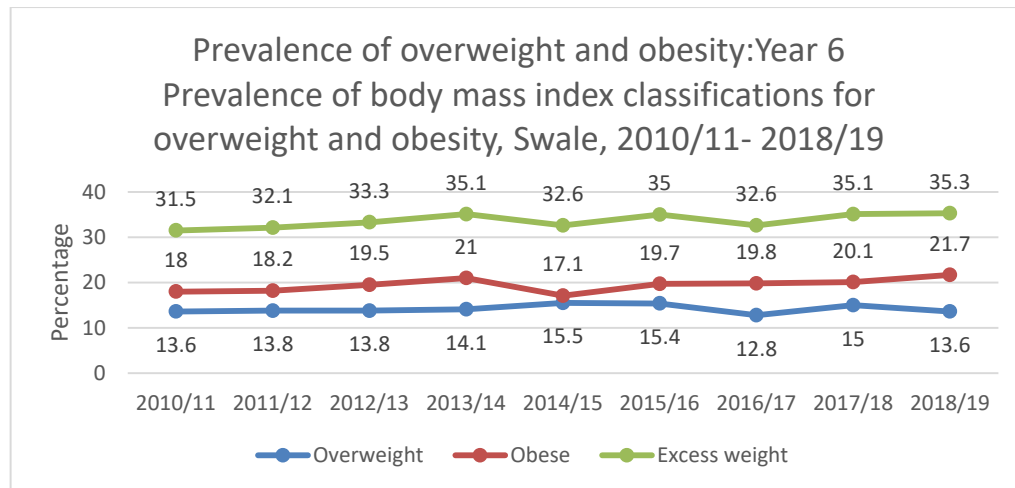
Child obesity prevalence shows a strong association with socioeconomic deprivation. Obesity prevalence in children living in 10% most deprived areas of the country is more than double that of children living in the least deprived 10% of areas (PHE 2017).

The consequences of obesity cause health problems that include heart disease, type II diabetes and cancer. It impacts on the ability to lead healthy active lives, employment and poses rising costs to the nation. In children, it can affect normal development and lead to stigmatisation having long-term consequences for physical and emotional wellbeing and resilience (DH 2011).



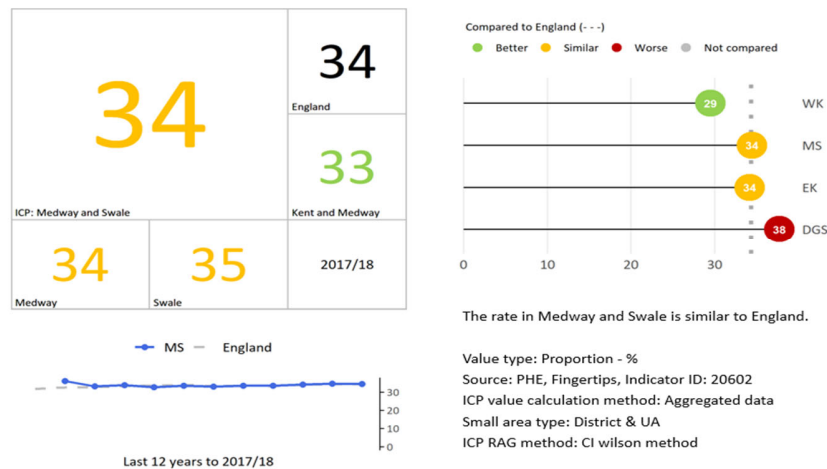
The prevalence of obesity amongst Reception year pupils living in Swale was significantly higher in 2018/19 than 2017/18- 9.8, 11.8 respectively.

* Excess weight is overweight and obesity combined.



The prevalence of overweight and obesity amongst year six pupils living in Swale remains at a similar level to that recorded in 2017/18. However obesity and excess weight amongst Year 6 pupils living in Swale is higher than it is county wide within Kent.

Year 6 Prevalence of Overweight including Obesity



Children excess weight Year 6- 3 year average (excess weight obesity and overweight combined) PCN level (Shp= Sheppey, Stt= Sittingbourne, FVR= Faversham)

PCNs in Medway and Swale, Compared to England:

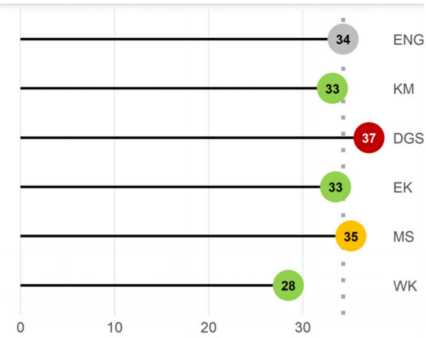
■ Better ■ Similar ■ Worse ■ Not compared



MS — England



Last 7 years to 2016/17 - 18/19



The rate in Medway and Swale is similar to England.

Value type: Proportion - %
 Latest time period: 2016/17 - 18/19
 Source: PHE, Fingertips, Indicator ID: 93108
 ICP value calculation: Aggregated data
 Small area type: Ward to PCN
 ICP RAG method: Confidence interval (95%) - Wilson Score method

The proportion of overweight and obese Year 6 children in Sheppey is 38% this is significantly worse than across England where the average is 34%. In Sittingbourne 34% of children are overweight/ obese.

PCNs in East Kent, Compared to England:

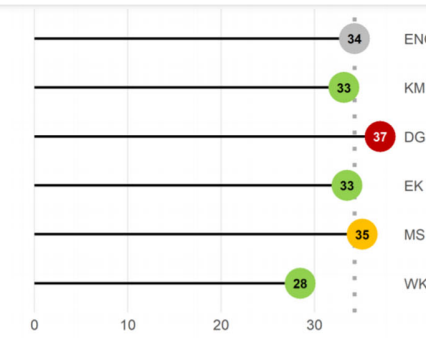
■ Better ■ Similar ■ Worse ■ Not compared



EK — England



Last 7 years to 2016/17 - 18/19



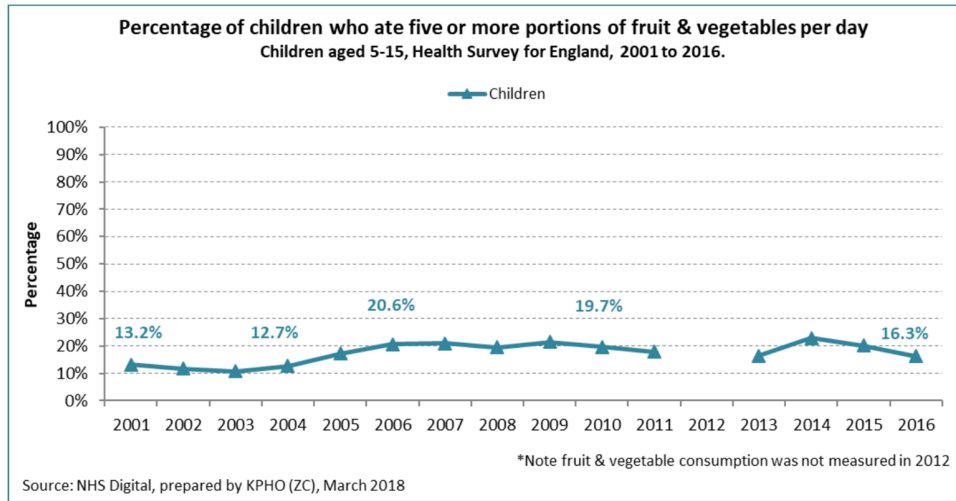
The rate in East Kent is better than England.

Value type: Proportion - %
 Latest time period: 2016/17 - 18/19
 Source: PHE, Fingertips, Indicator ID: 93108
 ICP value calculation: Aggregated data
 Small area type: Ward to PCN
 ICP RAG method: Confidence interval (95%) - Wilson Score method

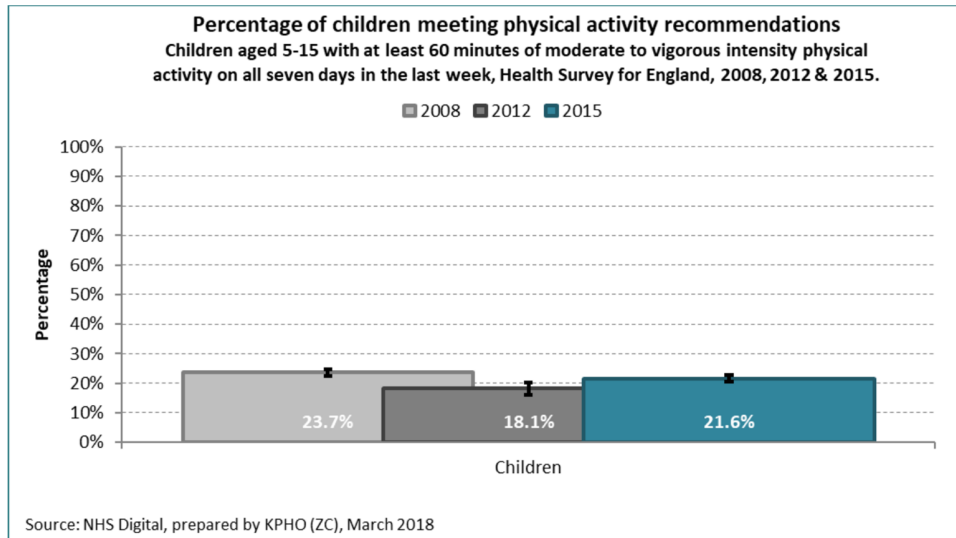
The proportion of overweight and obese Year 6 children in Faversham is better than the England average at 31%

Contributing risk factors:

The Health Survey for England¹⁴ provide statistics of fruit and vegetable consumption and physical activity levels.



In 2016, 16.3% of children aged between 5 and 15 ate the recommended five or more portions of fruit and vegetables a day. The trend was stable until 2004 and there is some evidence of an increasing trend until 2006, since this has largely remained stable until 2010.



In 2015, 21.6% of children met the recommendations for at least 60 minutes of moderate to vigorous intensity physical activity on all seven days. This was lower in 2012 and then increased in 2015, but did not reach earlier levels from 2008.

The latest National Diet and Nutrition Survey collected from 2014/15-2015/16¹⁵ provide details on free sugar consumption:

- free sugar makes up 13.5% of 4-10-year-olds and 14.1% of teenagers (11-to 18-year-olds) daily calorie intake respectively,
- whilst free sugar consumption has decreased since 2008/09-2009/10, the official recommendation is to limit sugar to no more than 5% of total energy intake,
- for teenagers, sugary drink intake is more than double that of younger children, providing 22% and 10% of total energy intake respectively

Partnership Activity:

Childrens centres- provide information, advice and activities for local families. They promote public health messages and campaigns.

The health visiting service provides universal targeted services to families expecting a new baby or this with children under 5 years old. The service aims to promote the health and wellbeing of all children and includes advice on a range of topics including; breastfeeding, infant feeding, and child development. In addition, the Health Visiting service carry out a number of mandated visits at different stages of a any or child's development where the child is weighed, and advice e delivered or where applicable to support a healthy weight. Health visiting staff are trained to offer advice and activities based on local need.

Kent County Council funds oral health services delivered by Kent community Health Foundation Trust which includes a dental survey and health promotion work around sugar and the importance of a healthy diet. It is important that healthy weight measures are linked to messages about oral health as both of these areas impact on eating behaviours and the achievement of healthy eating.

Children and young people 5-19:

KCC commissions Kent Community Health Foundation Trust to deliver the School Nursing service. This service provides advice, information, support and training to schools. The service carries out the mandated Nation Child Measurement Programme which includes proactive follow-up phone calls to offer support and guidance. This includes a lifestyle package of care for children identified as being overweight or obese and is a holistic offer of support for the child and family to support behavior change.

Family Weight Management Services:

Family weight management services (Tier 2) are commissioned in Kent and provide support to families with children with a body mass index above the 91st UK National BMI centile for clinical assessment. Commonly the Kent programmes are typically for children ages 7 to 11 years, often with the flexibility to allow sibling outside of this age range to attend.

A range of different multi-component programmes were delivered across Kent at the time of writing this report. These programmes address behavior change in terms of dietary intake, physical activity levels and emotional wellbeing. The programmes deliver between 10-12 weekly or twice weekly programmes over a period of at least 3 months- In Swale KCHFT Ready Steady Go.

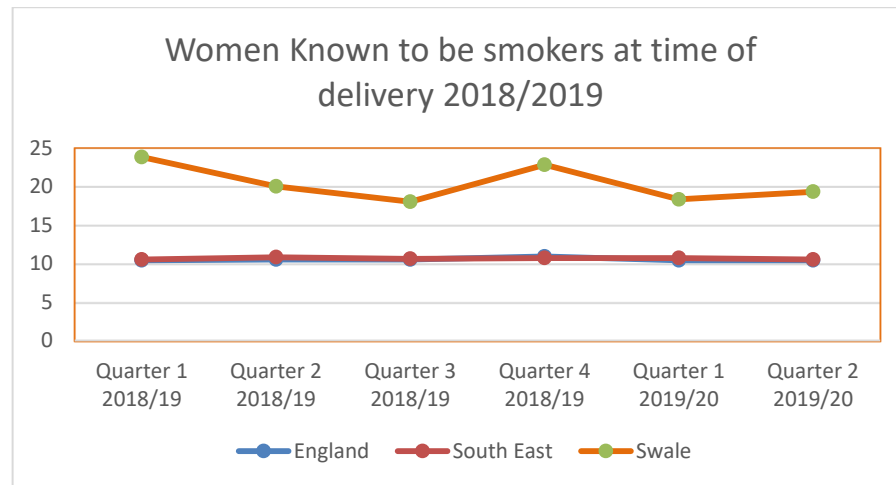
Campaigns:

Change4Life and Start4Life are the main brands used to support healthy lifestyles for families, children and young people. One You Kent is the local version of the national brand aimed to support healthy lifestyles in adults. These campaigns have key messages on healthy eating, being active and maintaining a healthy weight. Encouraging adults, parents and children to think about how they can make changes towards a healthy lifestyle.

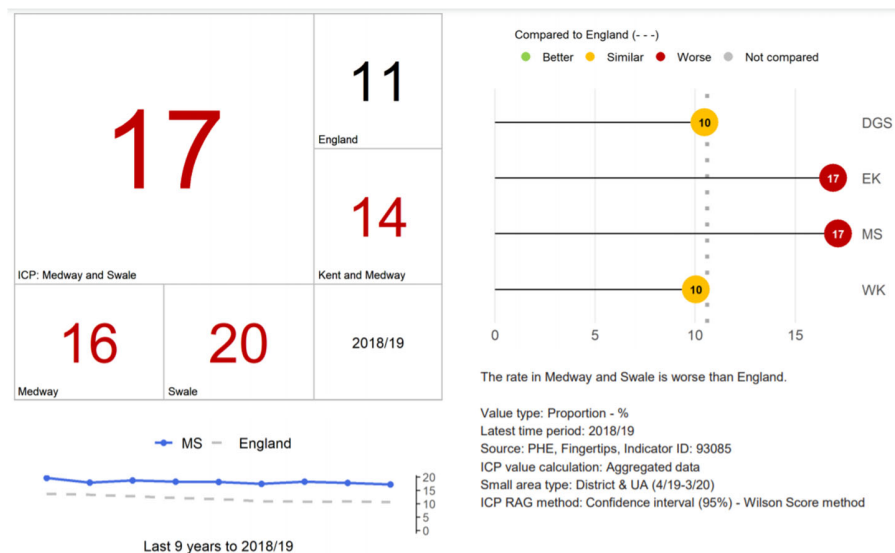
KCC utilises the resources developed centrally by Public Health England, such as apps and videos to support effective behavior change, and adds value via the promotion of these on the website alongside additional locally targeted marketing.

Community Activities: There is a huge range of activities for families in Kent that support active lifestyles.

Smoking at Time of Delivery (by Commissioning Region, Region and Clinical Commissioning Group)



Smoking status at time of delivery



Data from 2018/19 for Swale CCG shows that 20% women report smoking at the time of delivery this is higher than the Kent and Medway average of 14% and significantly higher than the average in England 11%

Partnership Activity:

One You Smoke Free service- Open to individuals aged 12+ who have smoked tobacco in the last two weeks. A 7 week support programme with a range of options including: one to one, group support, telephone and skype support. Day and evening appointments available at local venues. Delivered by experiences advisers trained by the NHS. A variety of products available via prescription to help with quitting (e.g. patches, gum, inhalators, Champix. Free behavioural support- tips on how to cope with the cravings and changing habits.

Optivo- Smoke free homes project launching this year

Swale Borough Council Partnership Scheme- The council offers a £100 refund to anyone who successfully completes the One You Smoke Free programme after receiving a £150 fixed penalty notice for dropping smoking related litter.

Breastfeeding Initiation

Breastfeeding has some of the most wide-reaching and long lasting effects on a baby's health. The Infant Feeding Survey (2011) found that the highest incidences of breastfeeding were among mothers from managerial and professional occupations, those who were in full-time education until the age of 18, those aged 30 or over and first time mothers. These findings are consistent with previous surveys.

Teenage mothers are less likely to breastfeed, they are also more likely to smoke, which puts them and their babies at increased health risk. Conversely, older mothers are more likely to breastfeed. Non-white ethnic groups tend to have higher breastfeeding rates.

There is a very clear link with smoking behaviour, which is likely to also be associated with socio-economic status and age. Low birth weight is linked to mothers smoking during pregnancy and low birth weight babies are also less likely to be breastfed, both of which are modifiable behaviours.

Further work shows that breastfeeding initiation and prevalence have seen higher increases in areas with low initial breastfeeding, and increases for initiation in more disadvantaged areas. Although these results suggest that inequalities in breastfeeding have narrowed, rates have plateaued since 2010–2011. Sustained efforts are needed to address breastfeeding inequalities.

Babies who are breastfed are at a lower risk of

- gastroenteritis
- respiratory infections
- sudden infant death syndrome
- obesity
- Type 1 and type 2 diabetes
- allergies (e.g. asthma, lactose intolerance)

Further evidence demonstrates the importance of early care, which breastfeeding can facilitate, including brain development and emotional attachment. A baby's earliest relationships lay the foundation for later developmental outcomes, from academic performance to mental health and interpersonal skills.

Benefits to mothers

- the longer mothers breastfeed, the greater their protection against breast and ovarian cancer, and hip fractures in later life
- however recent evidence has demonstrated an association between prolonged breastfeeding and postmenopausal risk factors for cardiovascular (CV) disease
- the World Cancer Research Fund includes breastfeeding as one of 10 recommendations to reduce the risk.

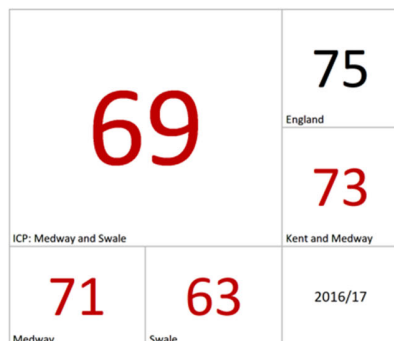
These illnesses all represent the greatest threats to women's health across all ages.

Financial benefits

The Baby Friendly Initiative report, *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*, found that moderate increases in breastfeeding would translate into cost savings for the NHS of many millions as well as tens of thousands of fewer hospital admissions and GP consultations.

What do we know?

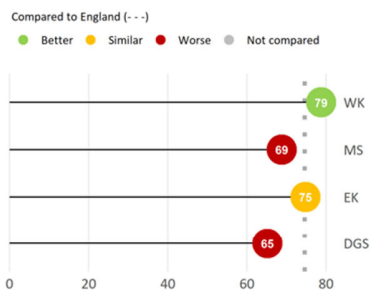
All current guidelines, including those from the Department of Health, follow the World Health Organisation (WHO) recommendation of exclusive breastfeeding for the first six months after birth. The World Health Organisation also recommends continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the new born, and breastfeeding should be initiated within the first hour after birth.



MS — England



Last 1 years to 2016/17



The rate in Medway and Swale is worse than England.

Value type: Proportion - %
 Source: PHE, Fingertips, Indicator ID: 93313
 ICP value calculation method: Aggregated data
 Small area type: CCGs (2018/19)
 ICP RAG method: CI wilson method

Breastfeeding initiation in Swale is 63% This represents the percentage of new mothers who breastfeed their newborn on one occasion or more. The average in Swale is significantly lower than Kent and England- 73% and 75% respectively.

Breastfeeding Prevalence and Coverage Data (KCC PH Observatory)



This analysis has been conducted using data from the Kent Integrated Dataset (KID). The KID is a whole population, person level, pseudonymised data set that currently collects information from almost all NHS providers across Kent and Medway. All data has been from taken the Child Health Contact table within the KID. Analysis relates to Kent residents only (excluding Medway) and who are using KCHFT's services. NULL values are included in this analysis as they are part of the coverage calculation. Due to the methodology used for this analysis statistics may differ to other sources. 2018/19 data is the latest available from the KID and therefore no further updates can be made. Data has been extracted from NHS England's Maternity Services Dataset for receiving first feed of maternal or donor milk.

Analysis has been conducted at district level for the prevalence and coverage of breastfeeding at a **new-born visit**. Confidence interval significant testing has determined if district rates are significantly higher or lower than Kent.

The district field has been used to calculate prevalence and coverage.

Prevalence	2016/17	2017/18	2018/19
Ashford	59.2	60.8	61.3
Canterbury	56.5	65.0	60.0
Dartford	59.0	60.5	62.0
Dover	50.5	53.0	51.1
Gravesham	55.8	57.6	62.7
Maidstone	57.3	60.2	60.4
Sevenoaks	61.2	67.5	68.1
Shepway	53.3	57.2	56.4
Swale	47.3	50.8	47.6
Thanet	50.9	53.0	53.4
Tonbridge & Malling	62.9	62.8	66.0
Tunbridge Wells	72.5	73.7	73.1
Kent	56.9	59.9	59.9

Prevalence: women who fully/ partially breastfeed their babies at 10-14 day check

 Significantly higher than Kent
 Significantly lower than Kent



Coverage	2016/17	2017/18	2018/19
Ashford	92.6	97.0	97.7
Canterbury	92.9	96.5	96.9
Dartford	93.4	94.7	96.9
Dover	93.4	97.1	97.3
Gravesham	92.5	95.8	98.3
Maidstone	94.3	95.9	95.8
Sevenoaks	90.7	97.5	98.7
Shepway	92.1	97.9	97.7
Swale	94.2	97.5	97.6
Thanet	90.9	96.6	97.5
Tonbridge & Malling	95.4	96.5	97.7
Tunbridge Wells	94.6	96.2	96.6
Kent	93.2	96.5	97.3

Coverage: Those babies with a breastfeeding status recorded at 10-14 day

Analysis has been conducted at district level for the **prevalence and coverage of breastfeeding** at a **6-8 week** health visitor check. Confidence interval significant testing has determined if district rates are significantly higher or lower than Kent.

Prevalence	2016/17	2017/18	2018/19
Ashford	46.4	43.5	43.1
Canterbury	45.6	49.6	48.2
Dartford	42.5	46.6	48.4
Dover	35.9	38.1	35.7
Gravesham	40.3	42.8	45.8
Maidstone	42.5	46.0	45.9
Sevenoaks	46.7	54.1	56.2
Shepway	40.0	43.5	39.8
Swale	33.4	36.8	36.2
Thanet	35.6	38.1	34.2
Tonbridge & Malling	49.0	49.6	47.8
Tunbridge Wells	58.3	60.2	57.3
Kent	42.7	45.4	44.7

Prevalence: women who fully or partially breastfeed their babies at a 6-8 week health visitor check.

 Significantly higher than Kent
 Significantly lower than Kent



Coverage	2016/17	2017/18	2018/19
Ashford	90.6	92.9	88.5
Canterbury	89.8	93.7	95.4
Dartford	89.3	91.3	94.1
Dover	92.5	96.7	94.5
Gravesham	87.2	92.9	93.2
Maidstone	88.1	92.4	91.3
Sevenoaks	86.1	93.4	94.9
Shepway	89.4	95.4	94.8
Swale	93.1	96.2	95.7
Thanet	89.3	94.6	89.6
Tonbridge & Malling	92.4	95.2	90.2
Tunbridge Wells	90.8	94.7	88.6
Kent	89.9	94.0	92.5

Coverage: Those babies with a breastfeeding status recorded at a 6-8 week health visitor check.

Analysis has been conducted at district level for the **prevalence of breastfeeding whether fully or partially at 6-8 week health visitor check**. Confidence interval significant testing has determined if district rates are significantly higher or lower than Kent.

Prevalence - Fully	2016/17	2017/18	2018/19
Ashford	32.1	30.2	30.6
Canterbury	33.5	35.9	34.3
Dartford	27.0	30.1	32.5
Dover	25.3	28.6	26.7
Gravesham	27.3	26.2	29.8
Maidstone	29.4	33.3	32.4
Sevenoaks	32.7	39.8	42.7
Shepway	26.8	31.8	29.4
Swale	23.4	25.6	26.5
Thanet	24.1	25.6	24.3
Tonbridge & Malling	33.5	34.5	34.6
Tunbridge Wells	42.3	43.4	43.3
Kent	29.6	31.7	32.0

Prevalence - Partially	2016/17	2017/18	2018/19
Ashford	14.3	13.1	12.5
Canterbury	12.1	12.7	14.0
Dartford	15.5	16.2	15.9
Dover	10.7	8.9	9.0
Gravesham	13.0	15.8	16.0
Maidstone	13.1	12.2	13.5
Sevenoaks	14.0	13.1	13.6
Shepway	13.2	11.1	10.4
Swale	10.1	9.0	9.8
Thanet	11.5	10.9	10.0
Tonbridge & Malling	15.5	13.2	13.2
Tunbridge Wells	16.0	15.8	14.1
Kent	13.2	12.6	12.7

 Significantly higher than Kent
 Significantly lower than Kent

Partnership Activity

Working in collaboration with partners and stakeholders to ensure that the breastfeeding aspects of National Institute for Health and Care Excellence (NICE) guidance and quality standards are adhered to.

Baby Friendly Initiative

The UNICEF UK Baby Friendly Initiative provides a framework for the implementation of best practice by NHS trusts, other health care facilities and higher education institutions.

Implementing Baby Friendly standards is a proven way of increasing breastfeeding rates. It also means health professionals can give mothers the support, information and encouragement they need. The following Kent organisations are on the journey towards Baby Friendly accreditation supported by Kent County Council:

- Medway Maritime NHS Trust
- Kent Community NHS Healthcare Trust
- Kent County Council Children's Centres.

Peer Support

Peer support provided by volunteer peer supporters who have breastfed their own babies has a positive outcomes evidence base. Kent has an accredited Breastfeeding Peer Support training programme which typically trains in the region of 200 new volunteer peer supporters a year. Currently there are over 170 volunteers providing support in Kent.

Breastfeeding Welcome

This is for businesses and community centres to show that they support breastfeeding on their premises. A sticker is usually displayed in the window to show that mothers and babies are welcome. Work has been undertaken by the KCC Workplace Team, District Councils, Peer Supporters and the Health Visiting Service to increase the number of outlets welcoming mothers to breastfeed.

Insights

A great deal of insight work has been carried out across Kent since October 2014 by Activmob and before that in the Sheppey locality.

Beside You social media campaign

Under 18's conception rate/ 1000's:

Overview

Reducing teenage pregnancy is a national policy priority and one of the four priorities of the Department of Health's Sexual Health Improvement Framework and as a key indicator of the Child Poverty Strategy.

The under 18s conception rate, as well as the rate of teenage parents, are also indicators in the national Public Health Outcomes Framework (PHOF). Success in reducing these indicators are estimated to have a positive impact on 25% of the wider PHOF outcomes including; child poverty, infant mortality, poor maternal mental health and levels of young people not in education, employment or training.

A Teenage Pregnancy Strategy was developed in Kent for 2015-20 with the following ambitions:

1. reducing under 18s conceptions requires strong leadership and joined-up working
2. building emotional resilience with children, young people, their families and their communities
3. building the aspirations of young people
4. children and young people playing an active role in shaping the world around them
5. improving sexual health for young people
6. improving emotional, physical, educational and economic wellbeing for young parents.

These ambitions link closely with the aims of Kent's Emotional and Mental Health Strategy, Child Poverty Strategy and Kent's 14-25 Learning, Employment and Skills Strategy.

In Kent, the highest rate of teenage pregnancy is in the east and the highest ward rates are to be found in the districts of Thanet, Swale and Shepway.

Key risk factors for teenage pregnancy are:

- being a looked after child
- some minority groups

- being a child of a teenage parent
- living in a deprived area.

There are some behaviours which are associated with teenage pregnancy for example being a young offender, regular misuse of alcohol and drugs and disengagement from education provision or school.

The reasons for tackling teenage pregnancy and supporting teenage mothers and young fathers are well documented and include health and wider inequalities issues.

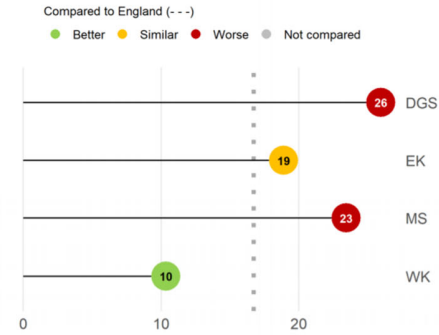
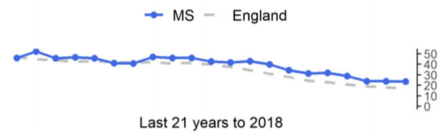
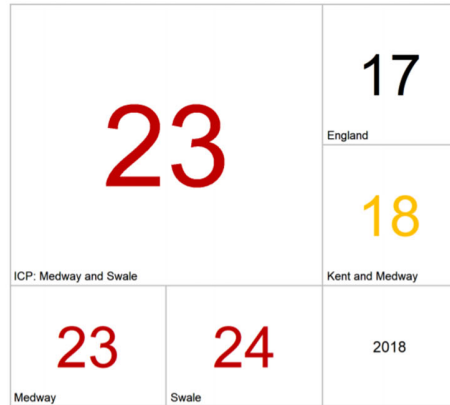
These include:

- babies born to teenage mothers have a 60% higher infant mortality rate and a 63% increased risk of being born into poverty compared to babies born to older mothers
- children born to teenage mothers do less well at school and disengage early from learning; sometimes well before they have finished compulsory education
- daughters of teenage mothers are twice as likely as daughters born to older mothers to become teenage mothers themselves. Similar disadvantages affect young fathers.

Measures to reduce teenage conceptions and reach local targets will therefore help to reduce the health inequalities and social exclusion effect of teenage parenthood. Supporting teenage mothers to access and use contraception effectively after the birth of their first child will also help prevent subsequent unplanned pregnancies.

The link with a lack of aspiration is significant. Young people need the motivation, as well as the means to prevent pregnancy and also engagement in education through their teenage years as strong protective factors.

Programmes for teenage pregnancy and supporting teenage parents are part of a long-term effort to narrow social and health inequalities and tackle child poverty.



The rate in Medway and Swale is worse than England.

Value type: Crude rate - per 1,000
 Latest time period: 2018
 Source: PHE, Fingertips, Indicator ID: 20401
 ICP value calculation: Aggregated data
 Small area type: District & UA (4/19-3/20)
 ICP RAG method: Confidence interval (95%) - Byar's method

There are 24 teenage conceptions per every 1,000 in Swale this is significantly higher than the Kent and Medway average of 18 and England average of 18.

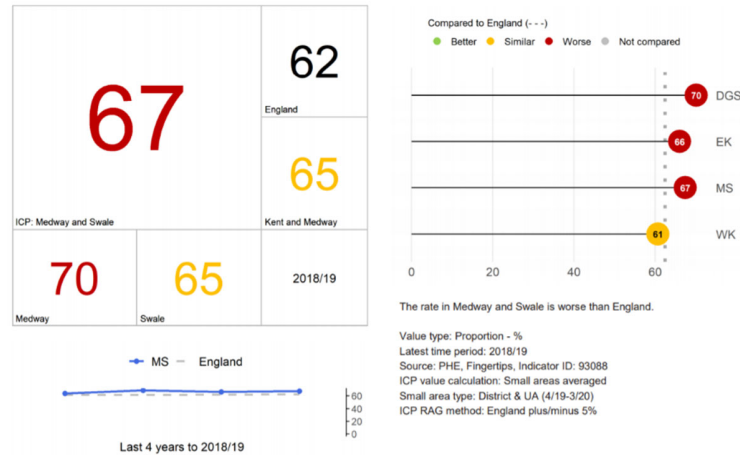
Partnership Activity

Further work is needed to develop relationships with partners and to gain a clear picture of the current service offer.

2. Healthy Lifestyles

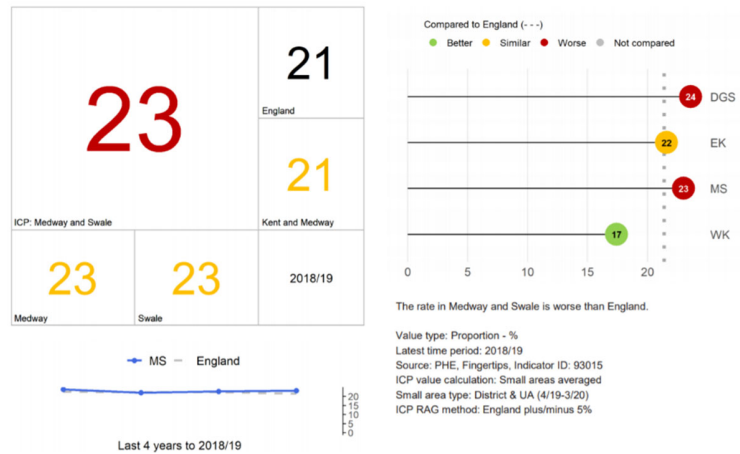
Obesity

Percentage of adults 18+ overweight and obesity combined



The proportion of obese and overweight adults in Swale is 65% this is similar to the proportion across Kent and Medway 65% and across England 62%.

Percentage of physically inactive adults



The proportion of physically inactive adults in Swale is 23% this is worse than the proportion across England 21%.

Partnership Activity

There are a range of services and opportunities for adults for physical activity, including commercial and local authority sport and leisure services, outdoor and natural environment organisations and workplace initiatives. Kent Sport provides an extensive number of cycling and walking programmes as well as supporting sports clubs. They also manage coaching and volunteering programmes. Other Kent County Council departments offering opportunities for physical activity include Country Parks and Explore Kent. There are a number of outdoor gyms across the borough offering individuals free access to a variety of gym equipment.

One You offer a 12 week weight loss programme this is either delivered in a group or individuals can choose to see someone one to one at their local pharmacy. Sessions are free and cover healthy eating on a budget, portion control, food labelling and getting active. The programme is based on guidance from the British Heart Foundation.

Smoking prevalence in adults 18+

2019 Smoking Prevalence (Kent 13.7%)

District	2018	2019	Smoking numbers
Ashford	21.5%	10.1%	10,027
Canterbury	13.2%	8.4%	11,311
Dartford	9.9%	26.4%	21,904
Dover	13.1%	15.9%	14,948
Folk & Hythe	22.8%	14.1%	12,890
Gravesham	10.5%	10.7%	8,726
Maidstone	12.3%	14.5%	19,148
Sevenoaks	8.3%	12.5%	11,637
Swale	21.3%	15.0%	17,266
Thanet	19.7%	21.0%	23,482
Ton & Malling	12.2%	9.3%	9,396
Tunbridge Wells	14.5%	8.0%	7,330

The most recent smoking prevalence data shows a decrease in the percentage of smokers in Swale from 21.3 % to 15%. Although on the surface this appears positive this percentage is still above the Kent average of 13.7%. It is also important to note that these figures rely on an estimate based on a sample of the population questioned in the Annual Population Survey run by the Office for National Statistics.

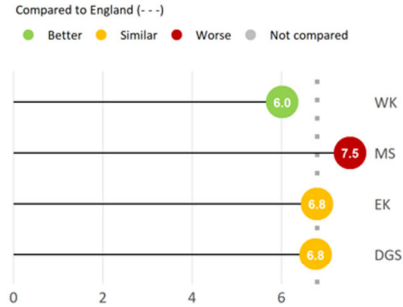
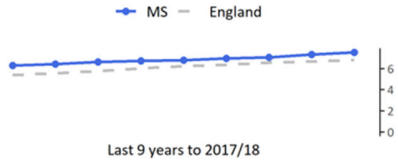
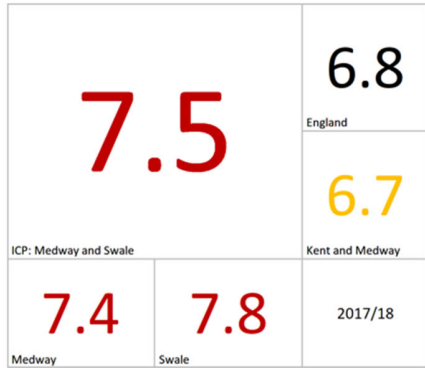
Partnership Activity

One You offer a smokefree programme is a six week personal quit plan and nicotine replacement therapy, offered in groups or one to one at local venues.

A partnership scheme between SBC and KCHFT was launched in 2018. SBC offers a £100 refund to anyone who successfully completes the smokefree programme after receiving a £150 fixed penalty notice for dropping smoking related litter.

The NHS smokefree app provides daily support and motivation including an indication of how much money is being saved.

Long Term Conditions

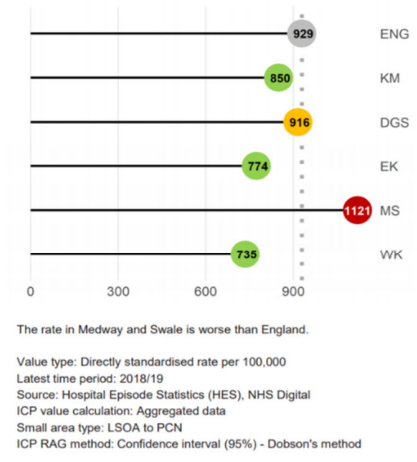
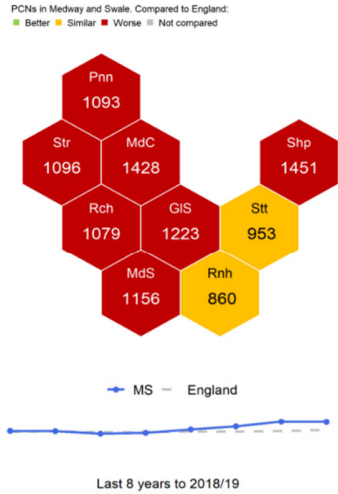


The rate in Medway and Swale is worse than England.

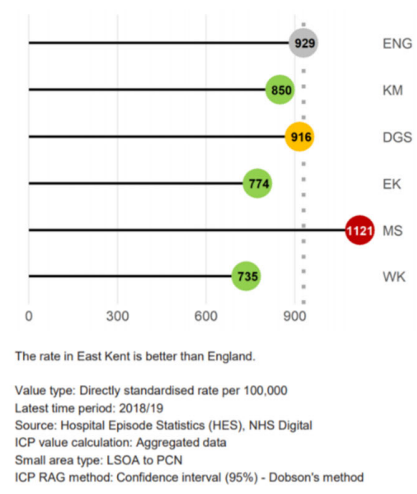
Value type: Proportion - %
 Source: PHE, Fingertips, Indicator ID: 241
 ICP value calculation method: Aggregated data
 Small area type: CCGs (2018/19)
 ICP RAG method: CI wilson method

The proportion of individuals with long term conditions in Swale is 7.8% this is worse than the proportion across England 6.8%.

Unplanned hospitalisations for chronic ASCS (Shp= Sheppey, Stt= Sittingbourne, FVR= Faversham)

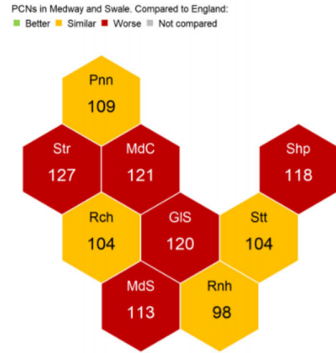


Chronic ASCS or ambulatory care sensitive conditions are conditions where effective community care and case management can help prevent the need for hospital admission. In Sheppey the rate of hospitalisations per 100,000 is 1451. This is significantly worse than the rate in England. In Sittingbourne the rate is similar to England at 953.

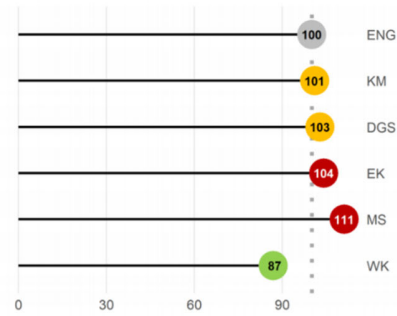


In Faversham the rate per 100,000 is better than the rate in England at 572.

Death from all cancer Under 75 (Shp= Sheppey, Stt= Sittingbourne, FVR= Faversham)



Trend data not available.



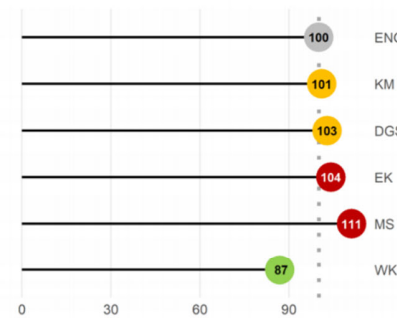
The rate in Medway and Swale is worse than England.

Value type: Indirectly standardised ratio per 100
 Latest time period: 2013 - 17
 Source: PHE, Fingertips, Indicator ID: 93254
 ICP value calculation: Aggregated data
 Small area type: Ward to PCN
 ICP RAG method: Confidence interval (95%) - Byar's method

In Sheppey the ratio of deaths from cancer is 118. In Sittingbourne the ratio is 104.



Trend data not available.



The rate in East Kent is worse than England.

Value type: Indirectly standardised ratio per 100
 Latest time period: 2013 - 17
 Source: PHE, Fingertips, Indicator ID: 93254
 ICP value calculation: Aggregated data
 Small area type: Ward to PCN
 ICP RAG method: Confidence interval (95%) - Byar's method

In Faversham the ratio of deaths from cancer is 88.

Cancer survival rates in Medway and Swale CCGs are among the lowest in the country

One year survival – all cancers

Area	Ranking	Rate
Medway	2 nd lowest	67.9
Swale	9 th lowest	68.9
England		72.8

One year survival – lung cancer

Area	Ranking	Rate
Medway	Lowest	30.7
Swale	2 nd lowest	33.1
England		41.6

One year survival – breast cancer

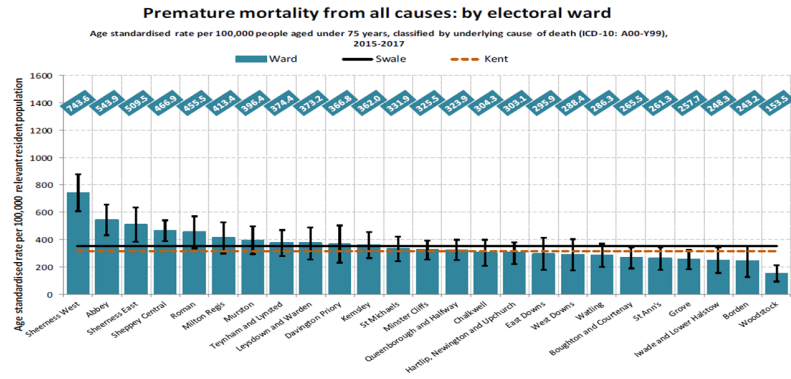
Area	Ranking	Rate
Medway	Average	96.4
Swale	2 nd lowest	93.3
England		96.9

One year survival – colorectal cancer

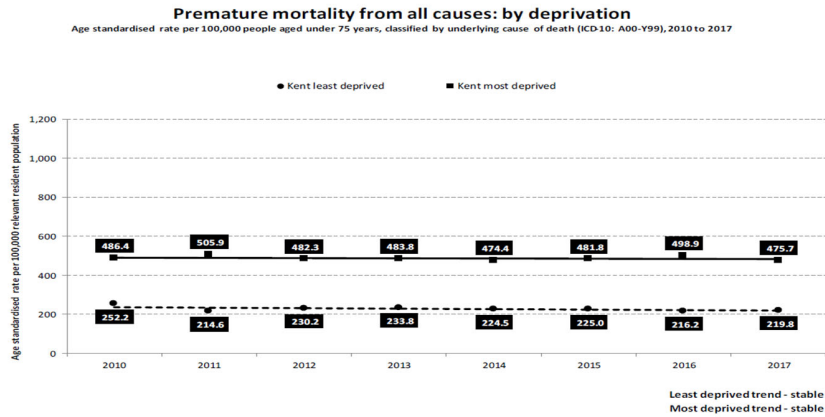
Area	Ranking	Rate
Medway	6 th lowest	74.3
Swale	11 th lowest	75.6
England		80.6

Index of cancer survival for Clinical Commissioning Groups in England: adults diagnosed 2001 to 2016 and followed up to 2017, Office for National Statistics

Premature Mortality:



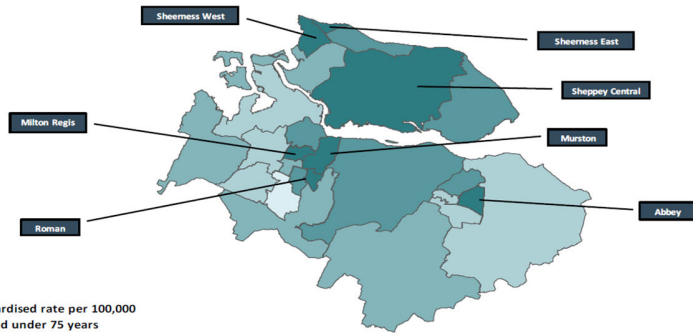
Source: PCMD, prepared by KPHO (RK), Nov-18



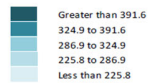
Source: PCMD, prepared by KPHO (RK), Nov-18

Premature mortality from all causes: by electoral ward

Age standardised rate per 100,000 people aged under 75 years, classified by underlying cause of death (ICD-10: A00-Y99), 2015-2017



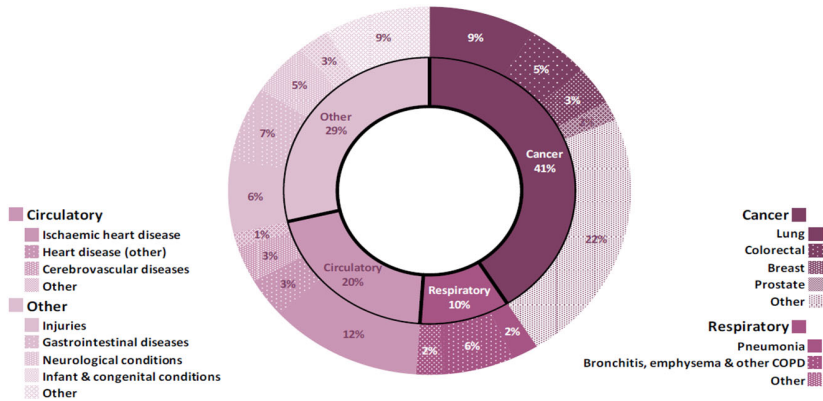
Age standardised rate per 100,000 people aged under 75 years



Source: PCMD, prepared by KPHO (RK), Nov-18

Causes of premature mortality

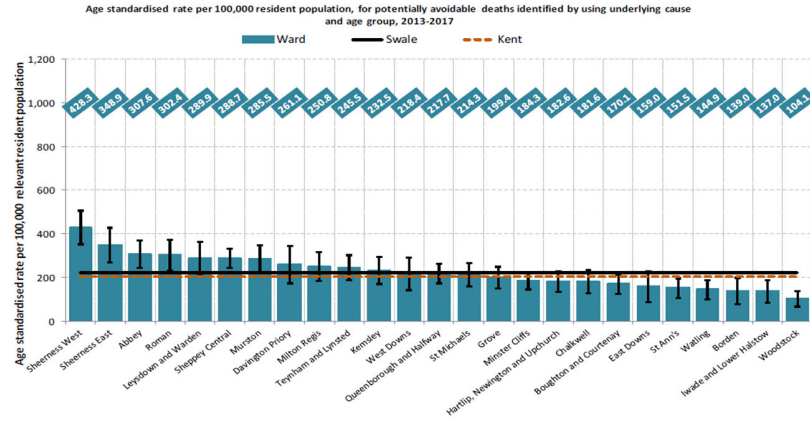
Underlying cause of death for persons aged under 75 years, 2017



Source: PCMD, prepared by KPHO (RK), Jul-18

Avoidable Mortality

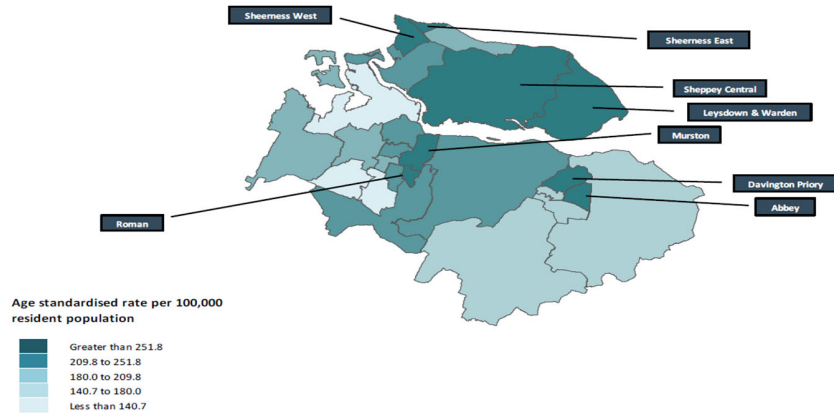
Avoidable mortality: by electoral ward



Source: PCMD, prepared by KPHO (RK), Nov-18

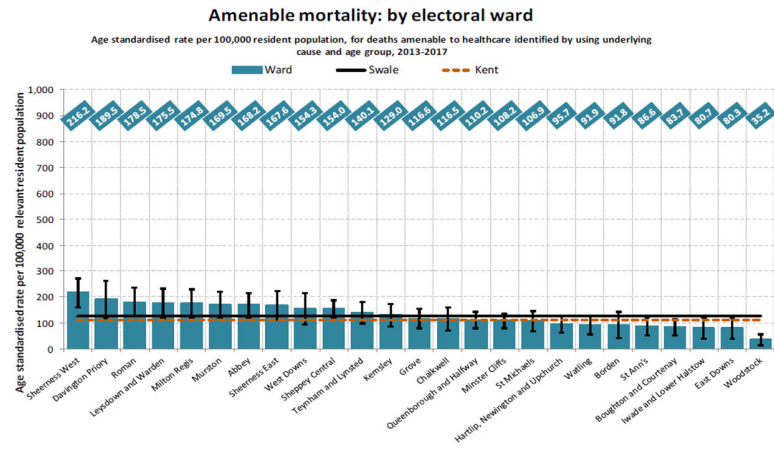
Avoidable mortality: by electoral ward

Age standardised rate per 100,000 resident population, for potentially avoidable deaths identified by using underlying cause and age group, 2013-2017

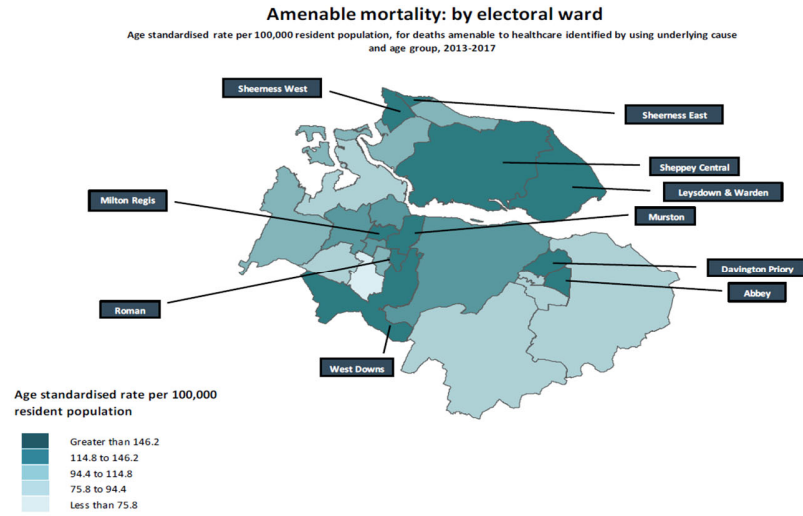


Source: PCMD, prepared by KPHO (RK), Nov-18

Amenable Mortality

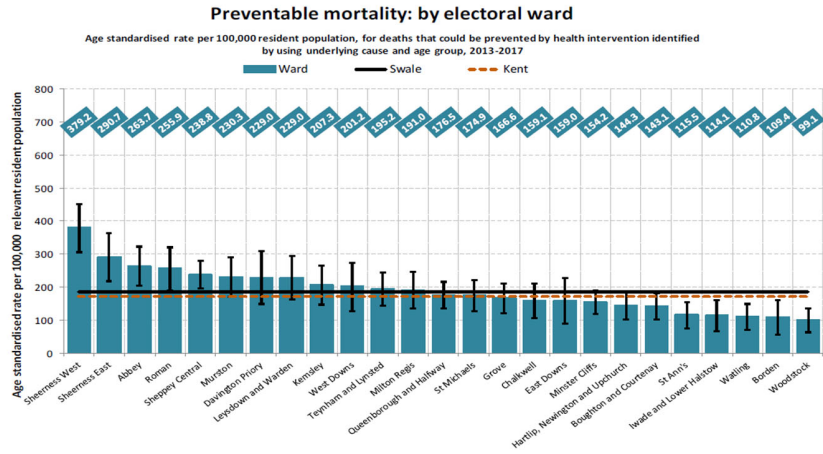


Source: PCMD, prepared by KPHO (RK), Nov-18

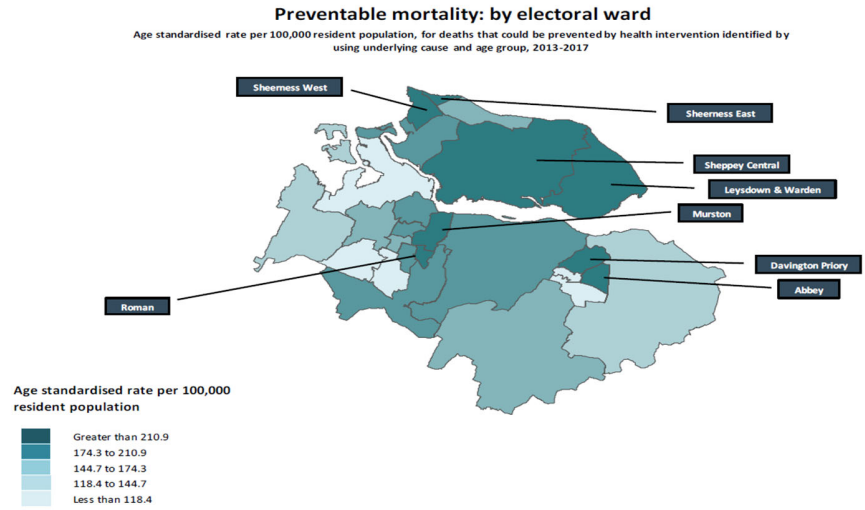


Source: PCMD, prepared by KPHO (RK), Nov-18

Preventable Mortality



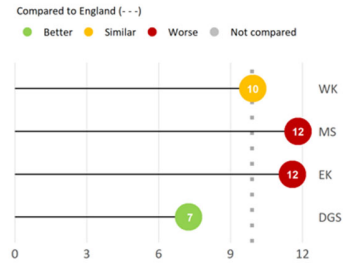
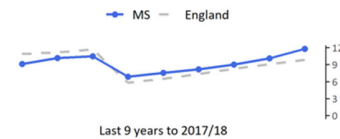
Source: PCMD, prepared by KPHO (RK), Nov-18



Source: PCMD, prepared by KPHO (RK), Nov-18

Mental Health

Depression- Recorded prevalence 18+

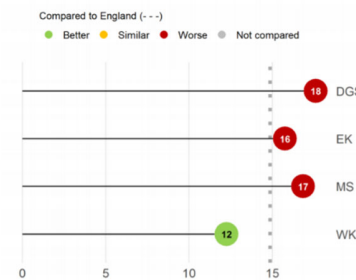
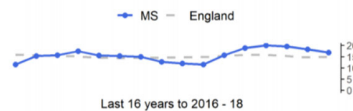
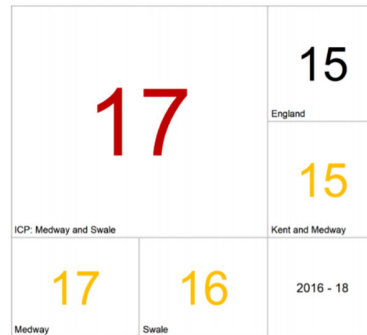


The rate in Medway and Swale is worse than England.

Value type: Proportion - %
 Source: PHE, Fingertips, Indicator ID: 848
 ICP value calculation method: Aggregated data
 Small area type: CCGs (2018/19)
 ICP RAG method: CI wilson method

The proportion on recorded prevalence of depression in Swale is 11% this is worse than across England where the recorded prevalence is 10%

Suicide rate males

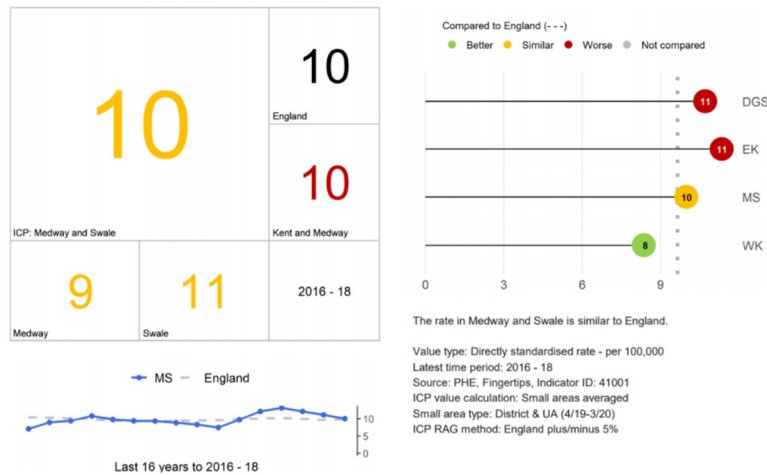


The rate in Medway and Swale is worse than England.

Value type: Directly standardised rate - per 100,000
 Latest time period: 2016 - 18
 Source: PHE, Fingertips, Indicator ID: 41001
 ICP value calculation: Small areas averaged
 Small area type: District & UA (4/19-3/20)
 ICP RAG method: England plus/minus 5%

The rate per 100,000 of males whom complete suicide in Swale is 16- this is similar to the rate in England of 15.

Suicide rate persons



The rate per 100,000 of individuals (both male and female) who complete suicide in Swale is 11% this is similar to the rate in England of 10%.

**Partnership Activity:
Live Well Kent:**

Porchlight Community Link Service- offers one to one support on a range of issues which are impacting mental health and wellbeing including benefits, finance, housing, relationships, community help.

Swale Your Way- offers a range of wellbeing services and resources if you are going through a difficult time or struggling emotionally including peer mentoring and groups.

Shaw Trust- Work with individuals to help them overcome barriers to finding work. Support is delivered individually or in groups.

Porchlight Community Housing Service- can provide advice and advocacy on housing issues such as significant rent arrears, anti-social behaviour or harassment, tenancy sustainment, disrepair issues and insecure or unsettled housing.

Porchlight Community Inclusion Service- support for those who are feeling socially isolated, lonely or anxious, can help you to find ways to improve your wellbeing.

Megan CIC- for those with diagnosed personality disorder or experience personality difficulties, service offers support. It's run by people who have experienced (and may still experience) the condition themselves.

Rethink Asian Mental Health Helpline- offers caring, non judgemental and empathetic support covering mental health and domestic abuse issues. It is free and confidential.

Support for people who are finding it difficult to sleep- SpeakUp CIC Night Owls, a closed moderated Facebook group for people who are awake at night and want to: post in a safe place and see if anyone else is awake and up for a chat.

Primary Care Mental Health Specialist Service

Invicta Healthcare- This service offers support for people with serious mental health issues. Referrals can be made by GPs and other organisations including Live Well Kent, NHS talking therapies and Community Mental Health Teams.

Counselling support- NHS funded support available via IAPT talking therapy or counselling (Faversham Counselling, Insight Healthcare, Thinkaction Swale).

Support for Carers- Kent carers can provide specialist support.

Dementia

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared ● Lower ● Similar ○ Higher ○ Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

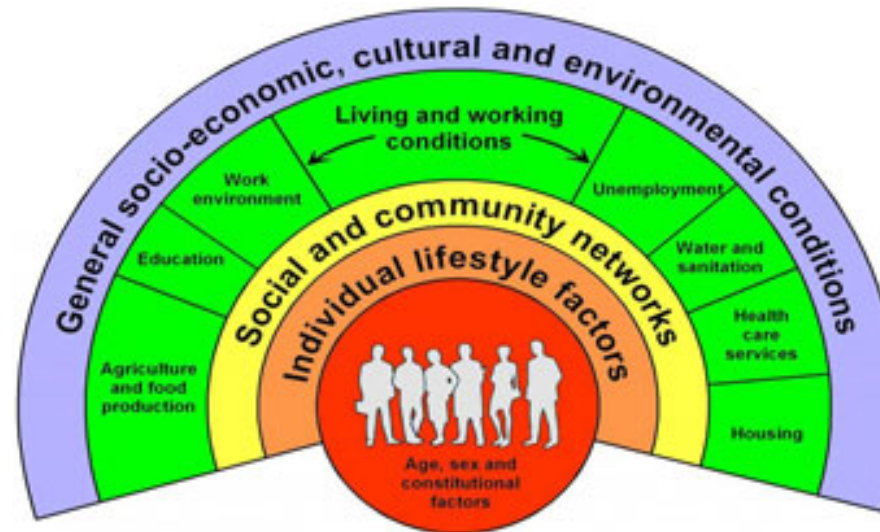
Benchmark Value

Worst/Lowest 25th Percentile 75th Percentile Best/Highest

[Export table as image](#) [Export table as CSV file](#)

Indicator	Period	Swale		STP (pre 4/20)	England		England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Dementia: Recorded prevalence (aged 65 years and over)	2019	—	802	3.79%	3.81%	4.34%	2.97%		5.92%
Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000	2019	—	31	3.27	3.43	3.21	1.28		7.02
Estimated smoking prevalence (QOF)	2018/19	↓	19,506	21.0%	17.2%	16.7%	10.1%		25.5%
Obesity: QOF prevalence (18+)	2018/19	—	11,927	13.4%	9.5%	10.1%*	4.4%		17.5%
Estimated dementia diagnosis rate (aged 65 and over)	2020	—	765	62.3%	59.6%	67.4%	51.3%		92.7%
> 66.7% (significantly similar to 66.7%)									
< 66.7% (significantly)									
DEM004: Dementia care plan has been reviewed last 12mths (den.incl.exc.)	2018/19	↑	708	82.2%	77.2%	78.0%	34.3%		90.1%
Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over)	2019	—	370	66.7%	69.5%	73.0%	25.6%		100%
Dementia: Direct standardised rate of emergency admissions (aged 65 years and over) -CCG responsibility	2018/19	—	625	3,333	3077	3480	6,508		1,964
Direct standardised rate of mortality: People with dementia (aged 65 years and over)	2018	—	176	911	865	904	1,725		522
Deaths in Usual Place of Residence: People with dementia (aged 65 years and over)	2018	—	129	73.7%	68.2%	69.1%	41.4%		85.1%

Wider determinants of health

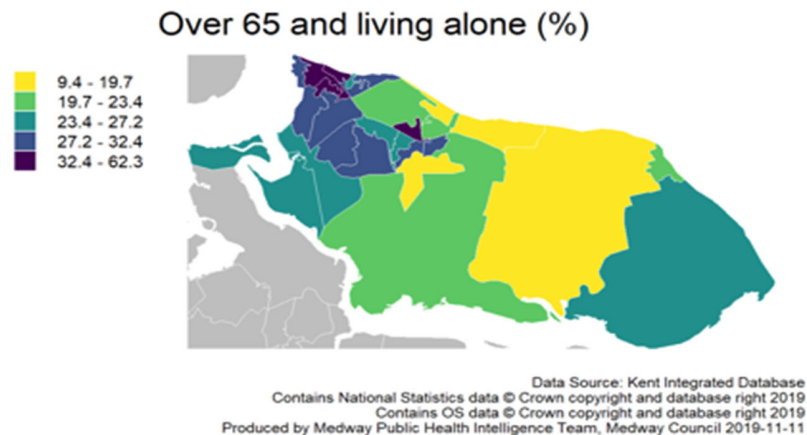


Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause of health

outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Several studies have attempted to estimate the contribution of the wider determinants to population health, finding that wider determinants have a greater influence on health than health care, behaviours or genetics. In addition both the Marmot review and the Dame Carol Black review highlighted the huge economic costs of failing to act on the wider determinants of health.

Social Isolation:



Loneliness:

Loneliness can be understood as an individual’s personal, subjective sense of lacking desired affection, closeness, and social interaction with others. Loneliness is not the same as social isolation. Although it has a social aspect, loneliness is also defined by an individual’s subjective emotional state.

Most people experience loneliness at some point in their lives. For many people it will be transitory. For a growing number of older people loneliness defines and devastates their lives. It is a poor state of living when someone feels that they have no social relationships or those that they have are not what they wish them to be – it is continuing to have to live in a negative state of mind. Loneliness is also associated with depression, sleep problems, impaired cognitive health, heightened vascular resistance, hypertension, physiological stress and mental health problems.

There have been several studies that have identified a range of factors associated with being lonely in older age. These factors include: social networks (living alone, being widowed, divorced or otherwise outside of marital or civil union, contacts with friends and family, social participation); health (unmet social care needs, poor health, mobility limitations, cognitive and sensory impairment), individual characteristics (age, ethnicity, sexual orientation, low income, retirement) and neighbourhood characteristics (structures of buildings and streets, provision of local amenities, territorial boundaries, area reputation, neighbourliness, material deprivation of area of residence).

The Age UK Loneliness Heat Map shows the relative risk of loneliness for people aged 65+ across neighbourhoods in England. It should be used alongside local knowledge and an understanding of local neighbourhoods; when this happens it can improve the allocation of limited resources to reduce loneliness across a geographic area and help understand whether existing services are reaching areas of need.

Loneliness Heat Map (Age UK)

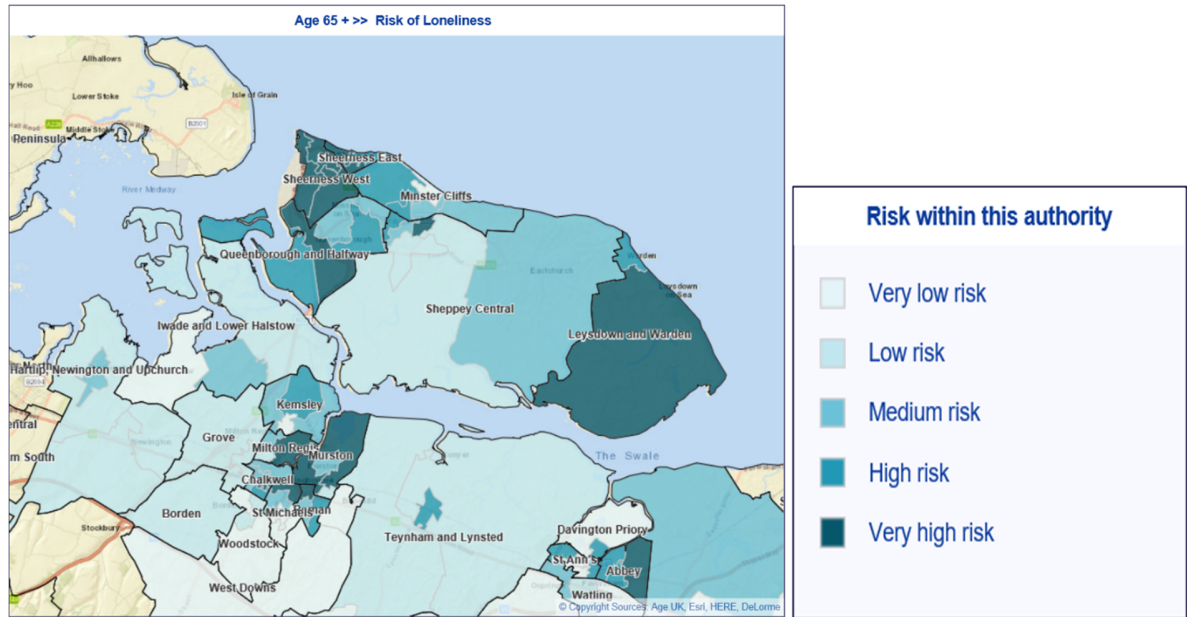


Table showing 'very high risk' areas within Swale and how each ranks within England where 1 = highest risk and 32,844= lowest risk.

Ward	LSOA	Quartile Risk	Rank
Sheppey Central	004E	Highest	668
Sheerness West	002B	Highest	1290
Sheerness West	002A	Highest	2101
Sheerness West	002C	Highest	2432
Sheerness East	001A	Highest	3567
Murston	011A	Highest	4253
Sheerness West	002D	Highest	4499
Chalkwell	010A	Highest	4782
Milton Regis	010B	Highest	5807
Abbey	015B	Highest	6482
Sheerness East	001D	Highest	6591
St Michaels	010E	Second Highest	7096

Sheerness East	001C	Second Highest	7476
Queenborough and Halfway	005B	Second Highest	7527
Murston	010C	Second Highest	7714
Leysdown and Warden	006A	Second Highest	7935
Roman	010D	Second Highest	8898

Partnership Activity:

Swale CVS Befriending service- The Befriending Service is for those who are: Elderly or have a disability; Resident in the Borough of Swale and are living in isolated circumstances or have little social contact. The service provides a one to one service to older people who are socially isolated with weekly visits from a volunteer Befriender, or a friendly weekly phone call from one of our telephone befrienders. This helps to promote confidence, independence and wellbeing. The service also offers free transport, lunch clubs, game clubs, film clubs and day trips.

Age UK- Offer a befriending service to the elderly. Also run a number of day clubs.

Social Prescribers/ Link Workers- work with a wide range of individuals including those with long term conditions, those who need support with their mental health, those who are lonely or isolated, those with complex needs to address their needs in a holistic way by focusing on what matters to the person. They work to connect people to community groups and statutory services for practical and emotional support. In Swale our main link workers are Imago. Sheppey also have a social prescriber (based at AgeUK) who is funded by the PCN.

Community Wardens- work to support and give advice to local communities. Have recently undertaken a social isolation pilot to engage socially isolated individuals living in Sheppey.

Sheppey Matters- based at the Healthy living center Sheppey Matters are a charity offering a number of free and low cost groups to local people. Their groups range from creative activities, day trips out to support groups (e.g. ADHD support, Mens groups). They have recently undertaken a social isolation project aimed at engaging those who are isolated on Seppey.

Live Well Kent-Offer a number of mental health support groups, peer mentoring

Employment:

Compared with benchmark: Better Similar Worse Not compared

Quintiles: Best Worst Not applicable

Recent trends: — Could not be calculated ↑ Increasing / Getting ↑ Increasing / Getting ↓ Decreasing / Getting ↓ Decreasing / Getting → No significant change ↑ Increasing ↓ Decreasing

Indicator	Period	England	Kent	Ashford	Canterbury	Dartford	Dover	Folkestone & Hythe	Gravesham	Maldstone	Sevenoaks	Sviale	Thanet	Tonbridge and Malling	Tunbridge Wells
Percentage of people aged 16-64 in employment	2018/19	75.6	76.5	77.1	63.7	83.9	79.0	79.6	84.0	82.8	73.1	65.2	75.0	83.1	77.4
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2018/19	11.5	10.6	14.8	11.6	8.9	9.0	12.8	10.9	4.7	5.1	15.1	11.8	6.5	12.1
Unemployment (model-based)	2018	4.1	4.4	3.7	5.0	2.9	3.4	4.2	4.2	2.8	3.0	5.6	4.5	3.0	3.6
Long term claimants of Jobseeker's Allowance	2018	3.8	3.7	4.0	2.7	1.2	5.1	6.0	5.5	2.4	1.3	5.1	8.5	1.9	1.3
Economic inactivity rate	2018/19	21.1	20.4	19.6	32.7	15.5	18.8	19.8	12.0	16.4	21.3	27.5	20.5	15.4	19.1
Job density	2017	0.87	0.79	0.95	0.80	0.97	0.63	0.67	0.62	0.83	0.92	0.63	0.70	0.82	0.89
Sickness absence - the percentage of employees who had at least one day off in the previous week	2016 - 18	2.1	2.3	2.8	2.1	1.6	3.1	2.2	1.9	2.7	2.0	3.3	2.5	2.9	0.9
Sickness absence - the percentage of working days lost due to sickness absence	2016 - 18	1.1	1.1	1.1	0.8	0.7	1.0	1.5	1.7	1.0	1.4	1.2	1.2	2.1	0.3