

Health Equity Impact Assessment

Dover Hospital Health Services

Initial Screening Document

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**Background**

The main hospital services in East Kent are provided in Ashford, Canterbury and Margate. Current proposals to improve hospital services for Dover residents include providing a range of local services in Dover town. The main sites under consideration include:

- Buckland Hospital site,
- a mid-town site; and
- a Whitfield location.

This document contains background information about the population of Dover in order to enable an initial screening to take place for Equity Impact Assessment. The first stage of an Equity Impact Assessment is to relate the population characteristics and distribution of health needs to the service options in order to identify the key issues for ensuring equity of provision.

**Initial Screening**

The document below contains general statistical information about the health and social factors of the population of Dover as well as the wider determinants of health. Implications for the provision of health services can be drawn and used in assessing the current proposals for Dover against the screening questions below.

**1. Could the impact be discriminatory under existing equality legislation?**

No. Proposals are for broad service developments for whole population, improving quality and accessibility of services compared with current provision. The proposals are not discriminatory for any particular group.

**2. Could any communities or groups be negatively impacted?**

No. The different options all offer better access to health services than existing arrangements. However, within the options the mid-town option offers better access to disadvantaged groups living in the poorer areas of Dover town and to those travelling to Dover on public transport. The Buckland and the Whitfield options offer less good access to the majority of local people living in wards where more than 40% of households have no car and those travelling on public transport from outside Dover.

**3. Is the policy or service of high significance?**

Yes. Relatively high levels of deprivation in the Dover town wards and some rural areas require a comprehensive approach to the provision of health services. Working in partnership to tackle the underlying causes of poor health is a priority, together with the development of health promotion, primary care and access to hospital care.

<b>Equity issues</b>	<b>Mid-town option</b>	<b>Buckland Hospital site</b>	<b>Whitfield location</b>
1. Access from deprived wards	Good access from Town & Pier,	Good access from St Radigunds ward	Good access from Buckland ward but

	Castle, Tower Hamlets, Maxton Elms Vale & Priory, and St Radigunds wards	but poorer access from elsewhere	poorer access from elsewhere
2. Access by public transport from outside Dover	Good access by bus and train	Poorer access (second bus or taxi required from town centre)	Poorer access (second bus or taxi required from town centre)
3. Integration with primary care services	Potential for integration with Health Centre	Not integrated	Not integrated
4. Non-English speaking groups	Interpretation available	Interpretation available	Interpretation available

### Conclusion of Initial Screen

The characteristics and distribution of the population served by health services in Dover should be taken into account when planning new services or change to existing services to ensure that access by public transport and for people without cars is improved.

There are significant areas of relative poverty within Dover town with populations experiencing a range of social, economic and environmental deprivation resulting in poorer health and higher mortality rates compared with the rest of Dover district.

Although all options will give better access to health services for the residents of Dover and surrounding areas, the mid-town option gives significantly better access for those living in deprived wards (where a higher proportion of residents do not own cars) and those travelling on public transport. There is also the possibility for integration of services with the existing Health Centre, which would benefit local residents.

## INTRODUCTION

### 1. Why do health equity audit?

Health Equity audit is part of a comprehensive approach to tackling inequality in health outcomes through an improved focus of programmes and resources. The PCT and local partnerships have already developed equity profiles, identifying local priorities to tackle health inequalities. Health equity impact assessments provide a framework for assessing new proposals in a systematic way to ensure developments have a positive impact on equity issues.

### 2. Definition of health equity audit

Health equity impact assessment is a process by which local partners:

- Systematically review inequities in the causes of ill health, and in access to effective services and their outcomes, for a defined population,
- Ensure that action required is agreed and incorporated into local plans, services and practice,
- Evaluate the impact of the actions on reducing inequity.

### 3. Defining health inequalities and health equity

Health inequality describes ***differences in health experience and health outcomes*** between different population groups – according to socioeconomic status, geographical area, age, disability, gender or ethnic group.

In contrast, health inequity describes ***differences in opportunity*** for different population groups which result in unequal life chances, access to health services, nutritious food, adequate housing and so on. These can lead to health inequalities.

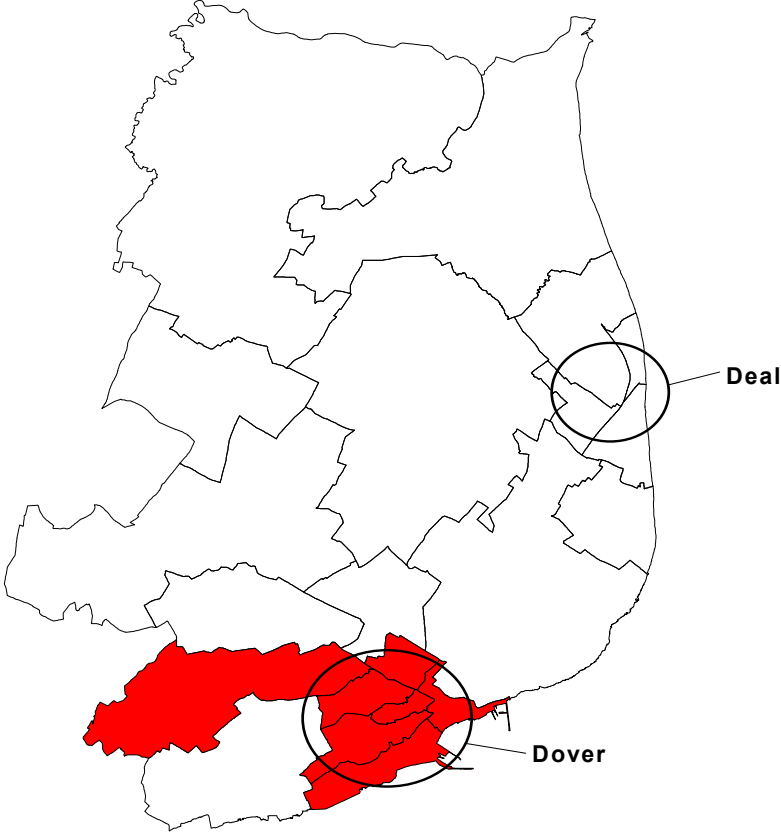
Health equity audits focus on ***how fairly resources are distributed in relation to the health needs of different groups.***

The overall aim is not to distribute resources equally, but rather in relation to need. Changes in investment and services as a result of health equity audits will aim to reduce avoidable health inequalities and promote equal opportunity to the determinants of good health, access to health and other services.

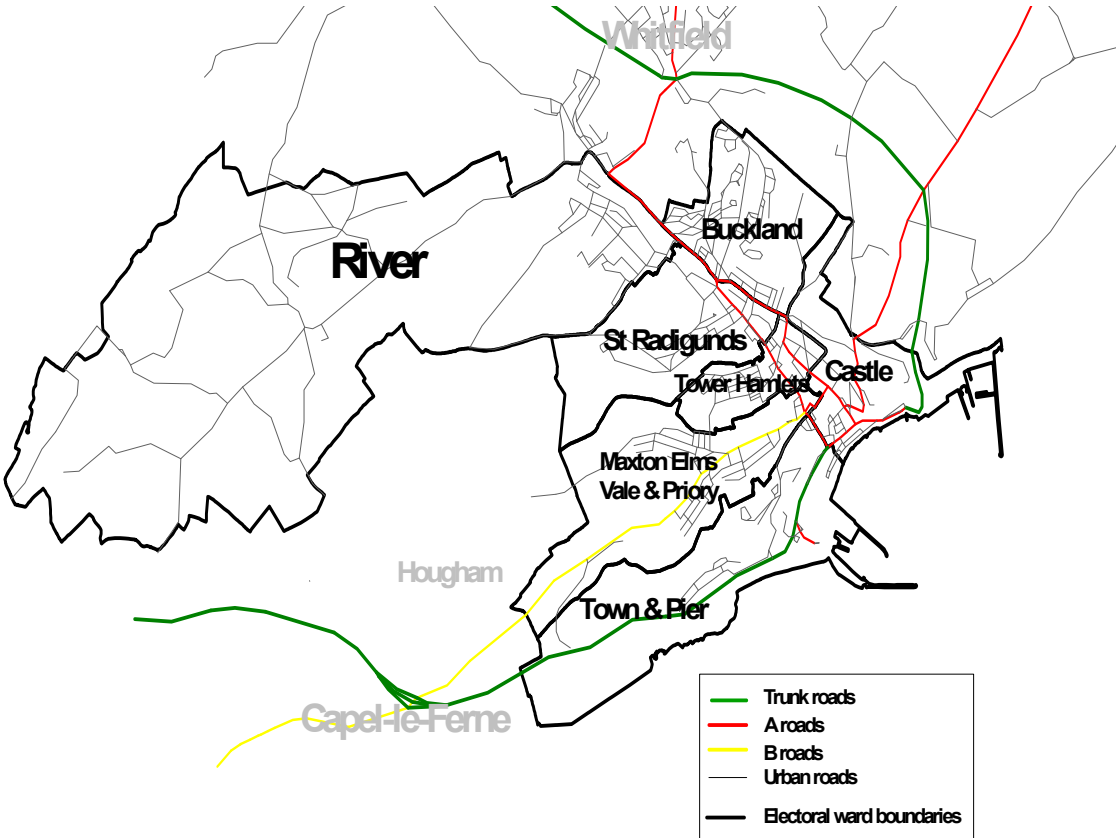
### 4. Health Service Provision for Dover

Understanding the characteristics and distribution of the population of Dover is an important part of assessing adequacy of provision of health services.

**Figure 1 – Map of electoral wards on Dover District Council area showing positions of wards and Dover town vicinity**



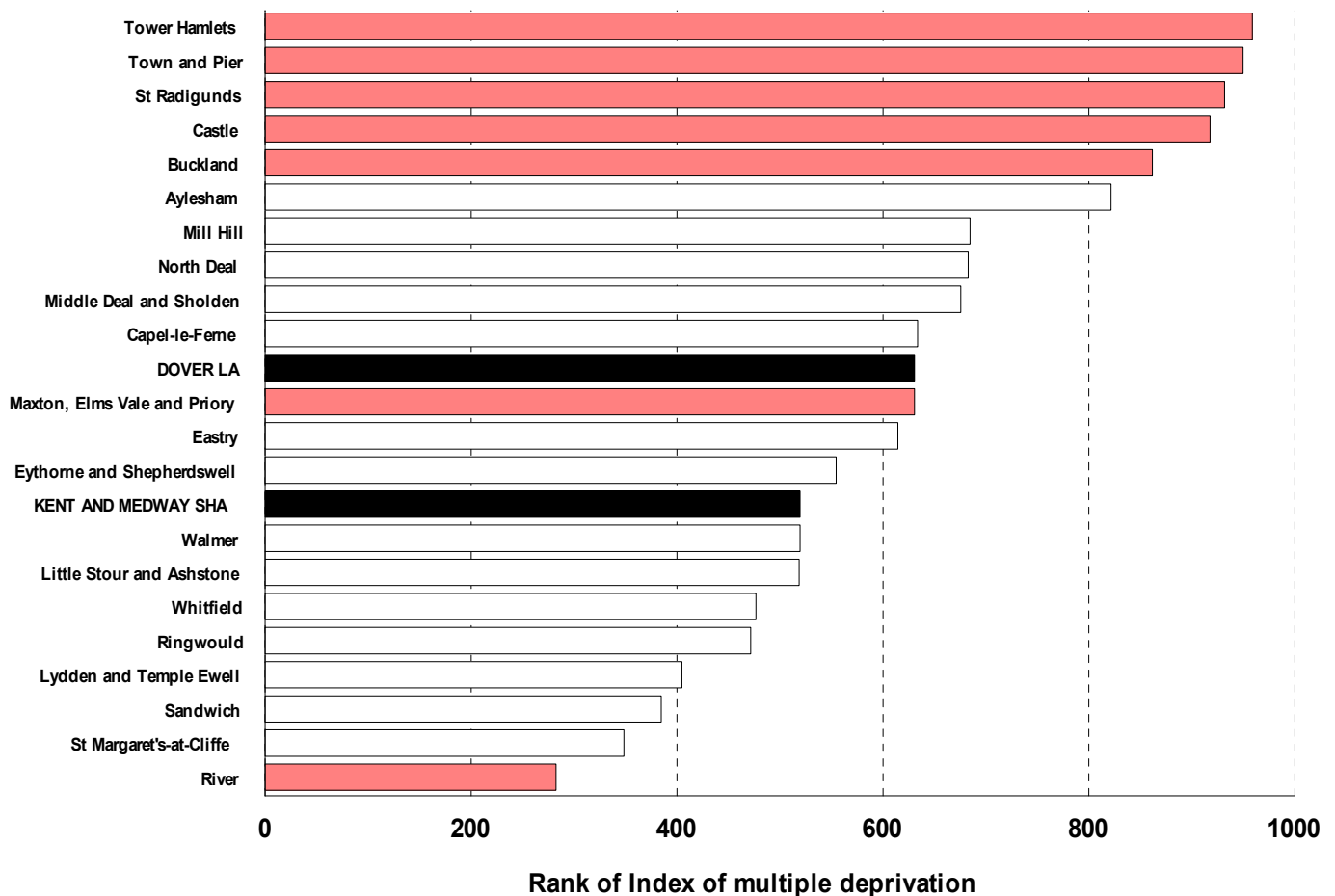
**Figure 2 – Map of electoral wards in Dover Town area**



## 5. Inequality in Health in Dover

The Dover District Council area has a level of deprivation (measured by the Dept. for Communities and Local Government Index of Multiple Deprivation) greater than average in Kent but roughly similar to the national average (Figure 3). However, this overall figure masks a significant variation within the Council area where more affluent areas balance the statistics with more deprived areas. Dover Town area has the most inequality.

**Figure 3 – Deprivation in Dover District Council electoral wards**



Note: Electoral wards are ranked against 1047 wards in England, where 1047 = the most deprived ward.

Five of the wards in Dover Town (Buckland, St Radigunds, Town & Pier, Castle, and Tower Hamlets) are amongst the 20% most deprived wards in England. The first three wards listed fall into the top 10% for deprivation.

This deprivation has a direct impact on health as well as many other aspects of life. These deprived wards also appear in the 20% wards in Kent that have the highest level of child poverty. These wards have higher rates of teenage pregnancy and are among the top ten in Kent for hospital admissions due to alcohol and other drugs.

## 6. Use of Hospital Services

The numbers of hospital admissions and age-standardized admission rates are shown in Figure 4.

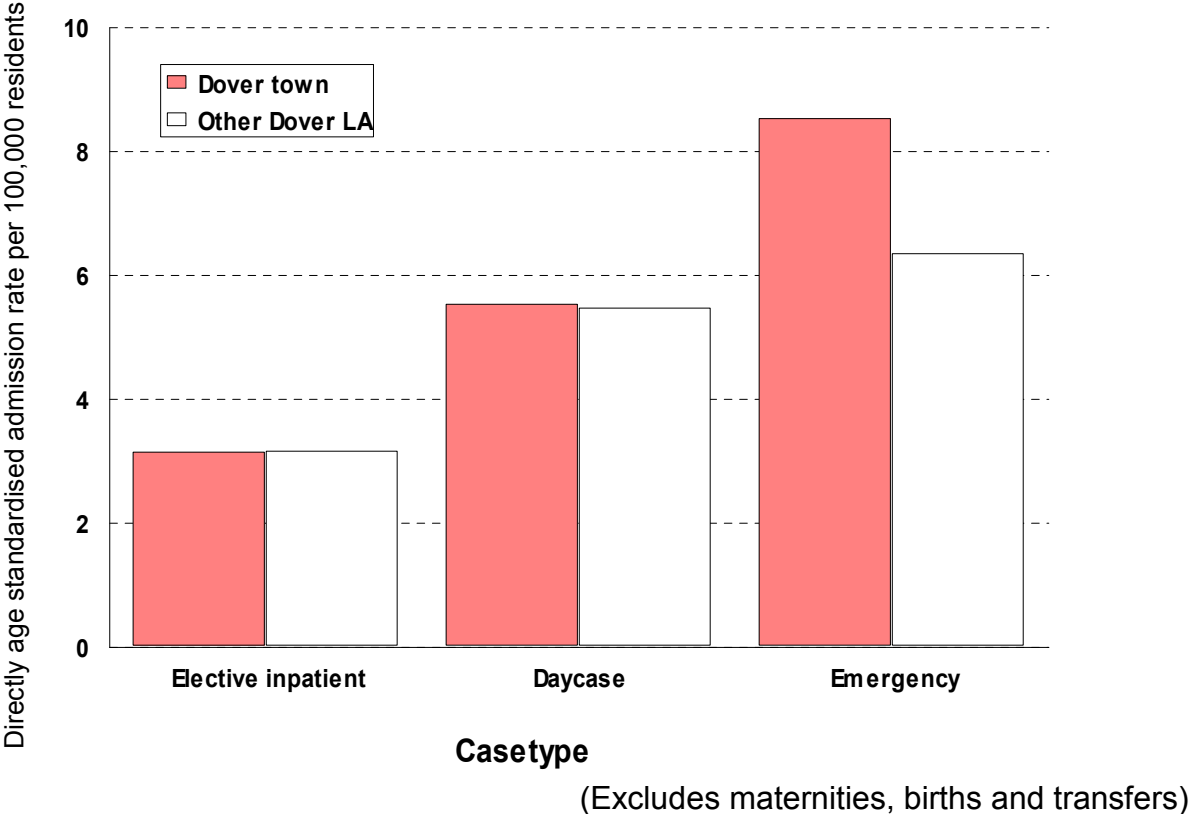
**Figure 4 – Hospital admissions data for residents of Dover District Council area**

Case type	Dover Town				Dover non Town			
	Adms	ASR*	95% Confidence Interval		Adms	ASR*	95% Confidence Interval	
			LL**	UL***			LL**	UL***
Elective inpatients	1,111	3,148.7	2,960.9	3,336.5	2,424	2,911.9	2,791.0	3,032.7
Day cases	1,973	5,536.3	5,292.6	5,780.0	4,832	5,473.6	5,316.0	5,631.2
Emergency	3,092	8,537.4	8,238.4	8,836.4	5,536	6,353.2	6,176.3	6,530.0
<b>Elective + emergency</b>	<b>6,176</b>	<b>17,2224</b>	<b>16,8221</b>	<b>17,6227</b>	<b>12,792</b>	<b>14,738.7</b>	<b>14,488.2</b>	<b>14,989.2</b>

\* Age standardised mortality rate per 100,000 residents  
 \*\* Lower limit for confidence interval  
 \*\*\* Upper limit for confidence interval

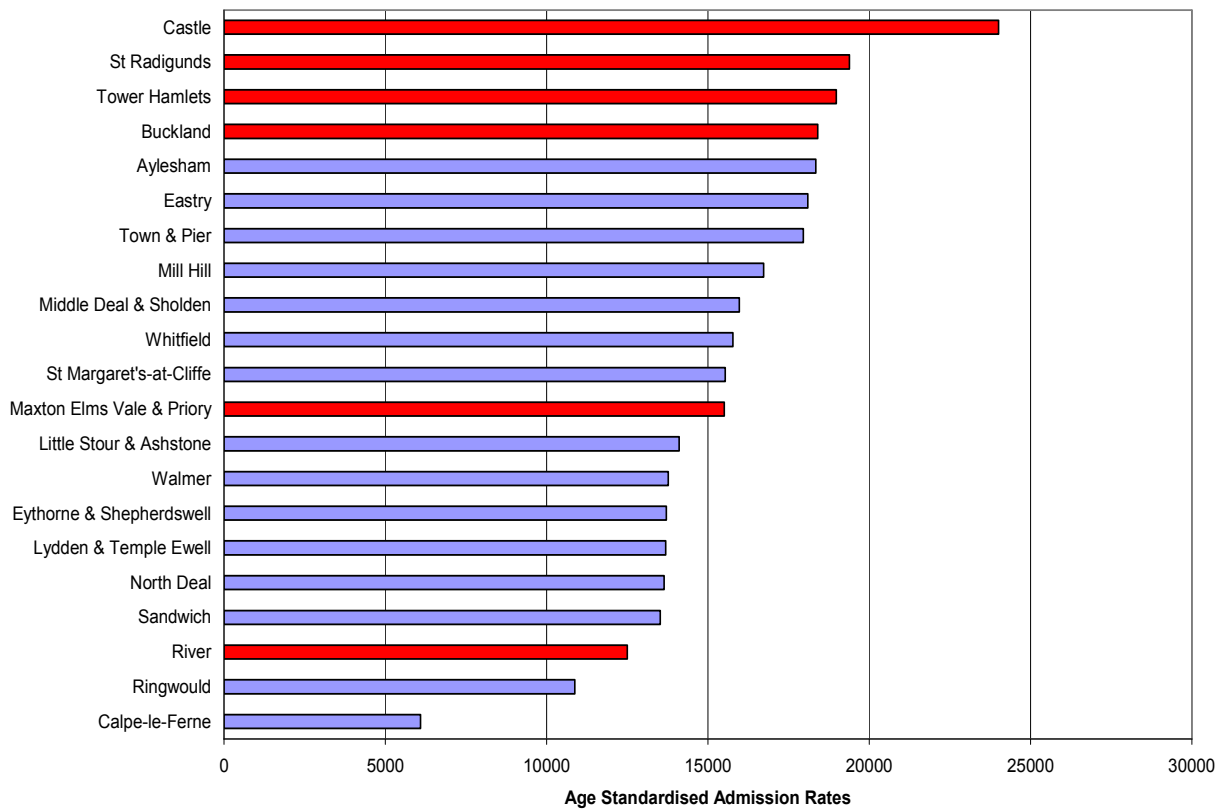
Hospital admission rates for Dover town and Non-Dover town are similar for elective inpatients and day cases. However, Dover town has emergency admission rates that are over 34% higher than the non-town component. Confidence intervals indicate that this is statistically significant. (Figure 5)

**Figure 5 – Hospital admission rates for residents of Dover District Council**



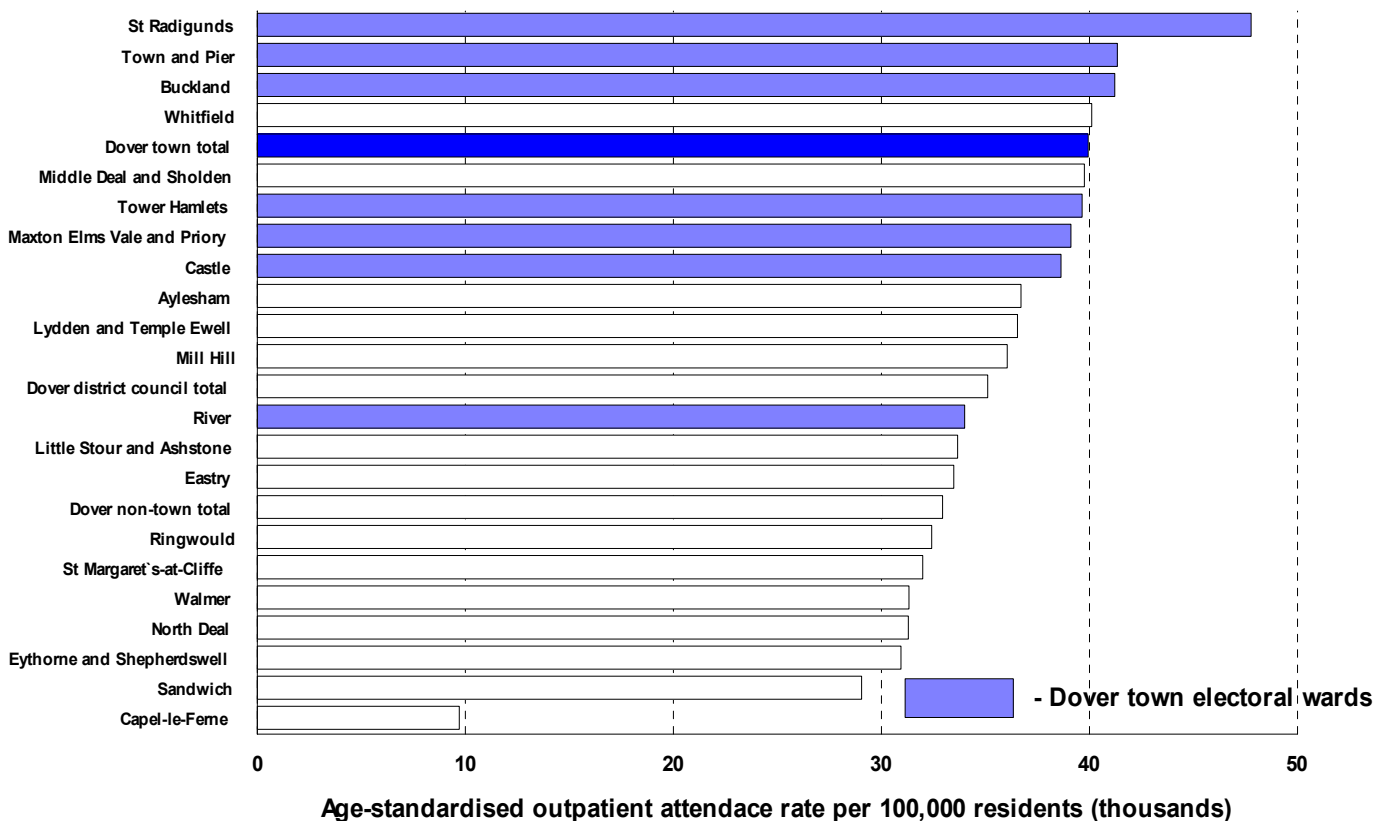
When admission rates are examined by ward a significant difference is seen between the highest and lowest rates (Figure 6). The four wards with the highest admission rates are in Dover Town.

**Figure 6 – Hospital Admission Rates by Electoral Ward (Dover Town wards in red)**



The numbers of admissions by specialty were examined. Over four-fifths of admissions (81%) are in the top 10 specialties, with general medicine and general surgery being the largest. There is a consistent pattern of admission rates being higher in Dover town than in the rest of Dover LA.

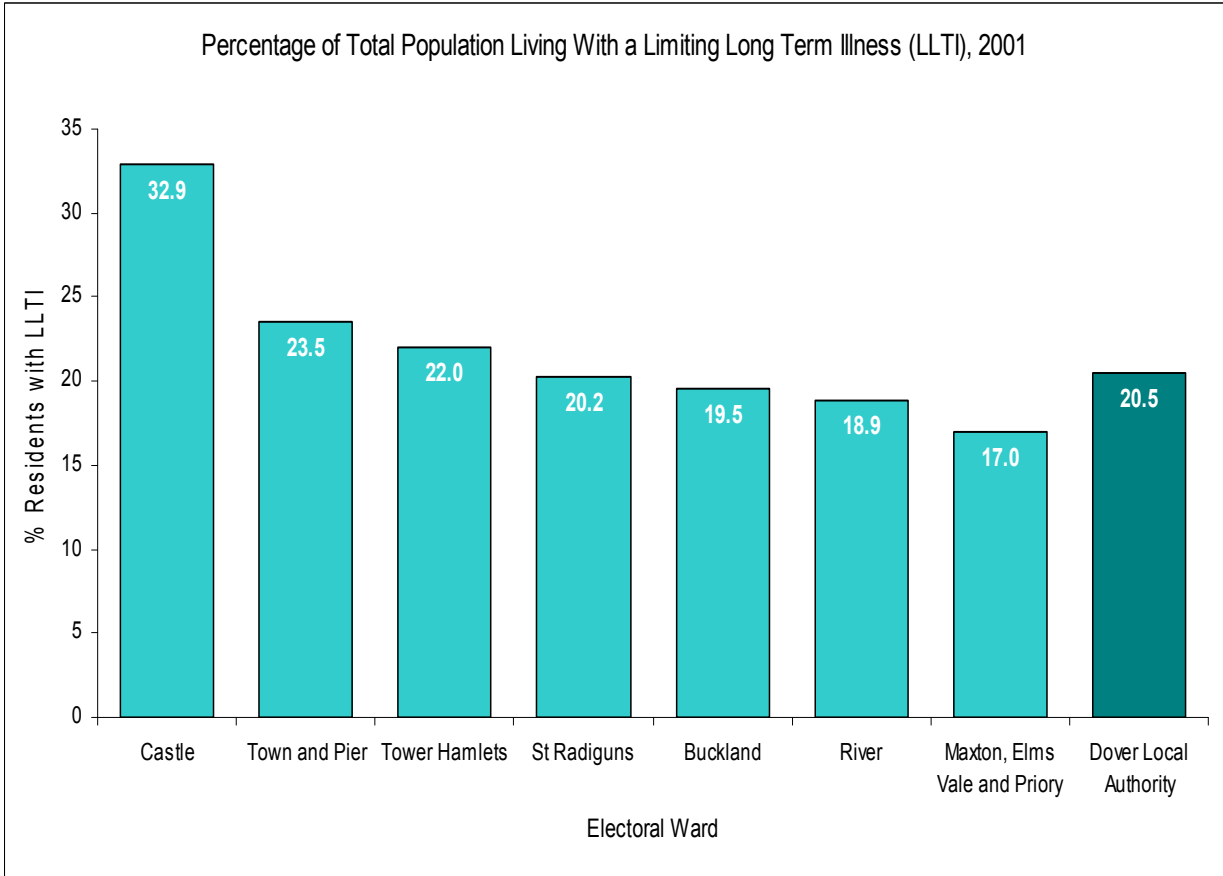
**Figure 7 Outpatient first attendance rates for electoral wards in Dover District Council area**



Rate of referral to hospital outpatient clinics is another indicator of the levels of hospital need. Figure 7 shows that Dover town has higher rates than the rest of the Dover Local Authority area.

### 7. Limiting Long-Term Illness

**Figure 8 – Percentage of Total Population Living With a Limiting Long Term Illness**



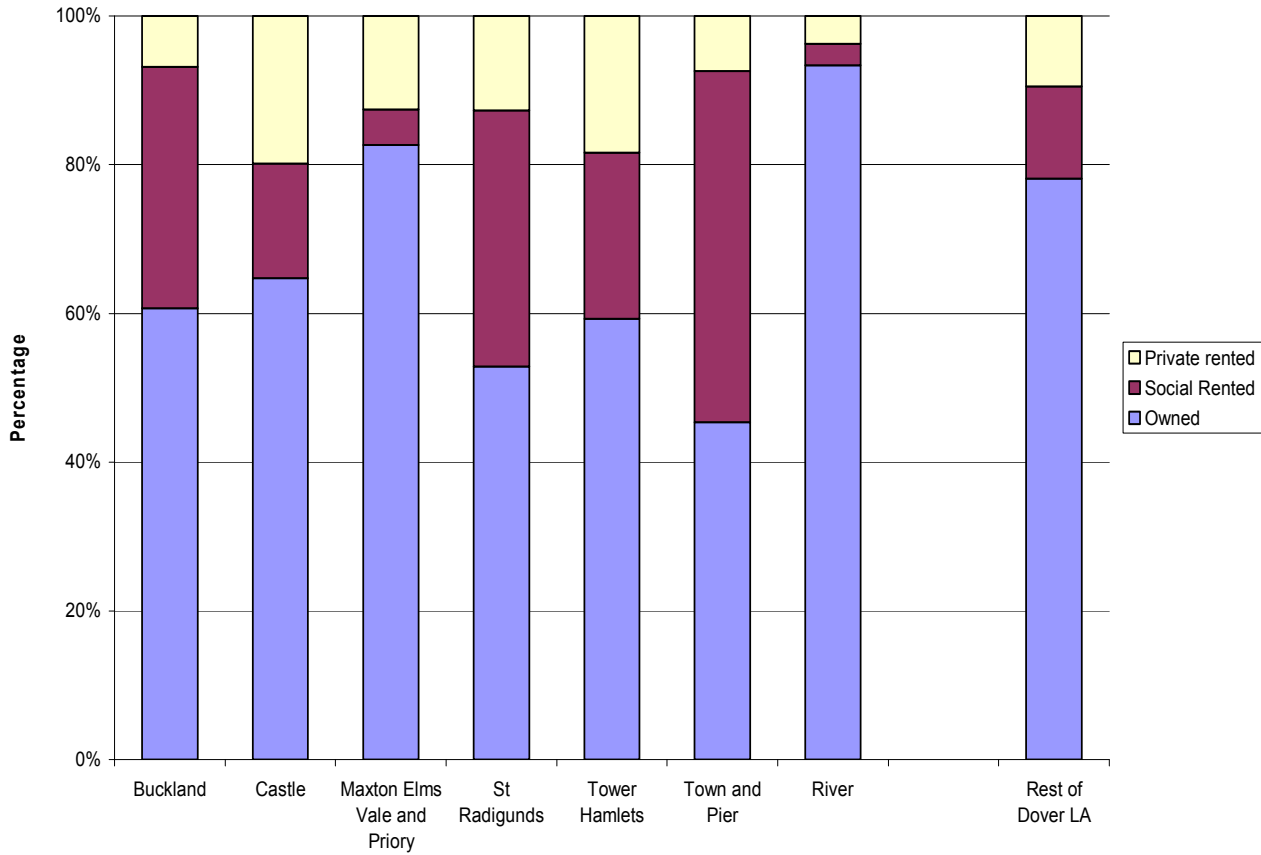
Source: National Census 2001

One of the questions in the national census is about living with limiting long-term illness. This records whether a person perceives that they have a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age. In Dover Town most wards are similar to the national and local average but Castle ward in particular has significantly higher rates than average.

### 8. Wider determinants of health

Housing is an important factor relating to health and wellbeing. Figure 9 shows the distribution of housing in the Dover wards compared with the rest of the Dover Local Authority area. There are significantly lower rates of home ownership in Dover town and higher levels of socially and privately rented accommodation. In addition, the housing stock in the Dover area was reported to be the poorest quality in the South East by GOSE.

**Figure 9 – Accommodation Type, Dover Town Wards compared with the Rest of Dover LA.**



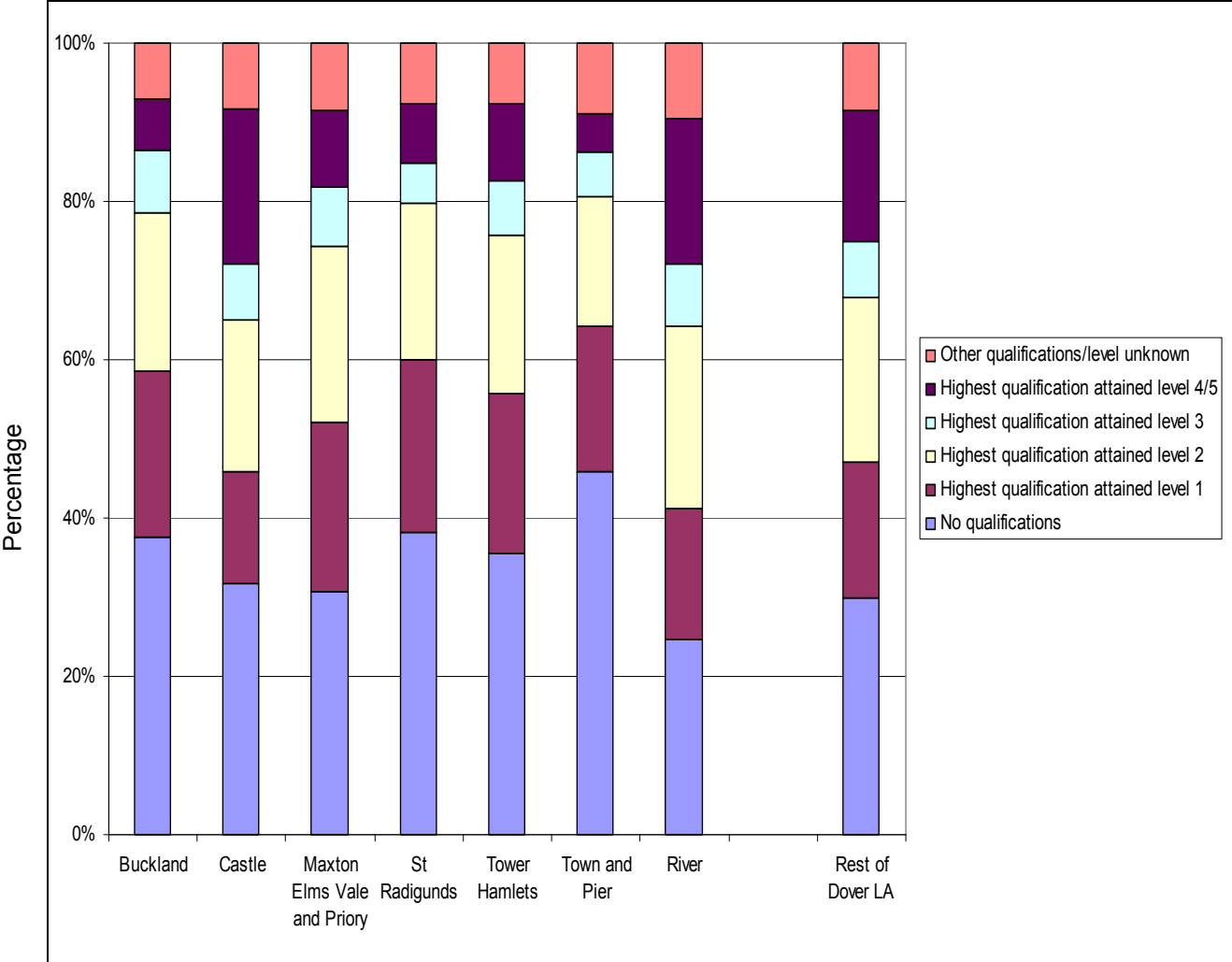
Source: Census 2001

Education is a key part of overcoming deprivation but it also reflects the distribution of deprivation in our society, with poorer educational levels in areas of deprivation and higher levels of education in more affluent areas. This pattern is shown in Dover where deprived Dover town wards have poorer levels of education than River ward (an affluent ward) and the rest of Dover Local Authority as a whole (Figure 10).

**Key to Table 10**

- Level 1: 1+ 'O' level passes, 1+ CSE/GCSE any grades, NVQ level 1, Foundation GNVQ
- Level 2: 5+ 'O' level passes, 5+ CSEs (grade 1). 5+ GCSEs (grades A-C), School Certificate, 1+'A' levels/ AS levels, NVQ level 2, Intermediate GNVQ
- Level 3: 2+ 'A' levels, 4+ AS levels, Higher School Certificate, NVQ level 3, Advanced GNVQ
- Level 4/5: First degree, Higher degree, NVQ levels 4 and 5, HNC, HND, Qualified Teacher status, Qualified Medical Doctor, Qualified Dentist, Qualified Nurse, Midwife, Health Visitor.

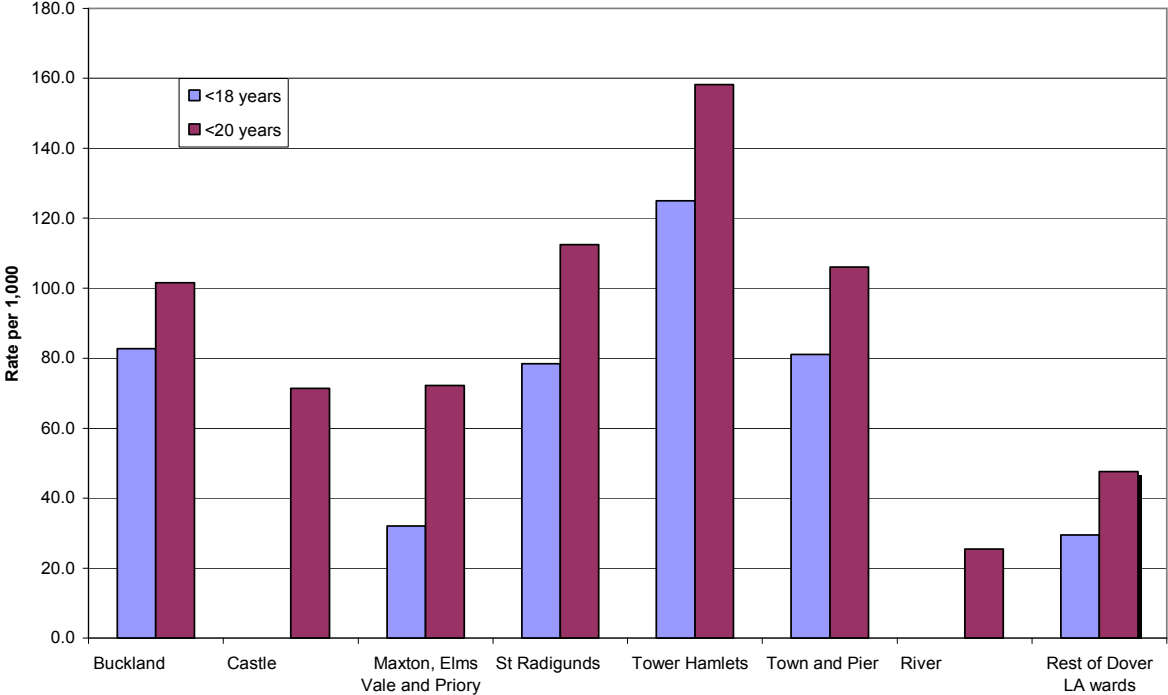
**Figure 10 – Levels of Educational Qualification All People aged 16–74 years**



Source: Census 2001

Teenage pregnancy is associated both with social and economic deprivation and with lower levels of educational attainment. The rates of teenage pregnancy among girls aged under 18 and under 20 years is shown in Figure 11. There are significantly higher rates found in the deprived Dover town wards compared with more affluent wards and the rest of Dover LA area.

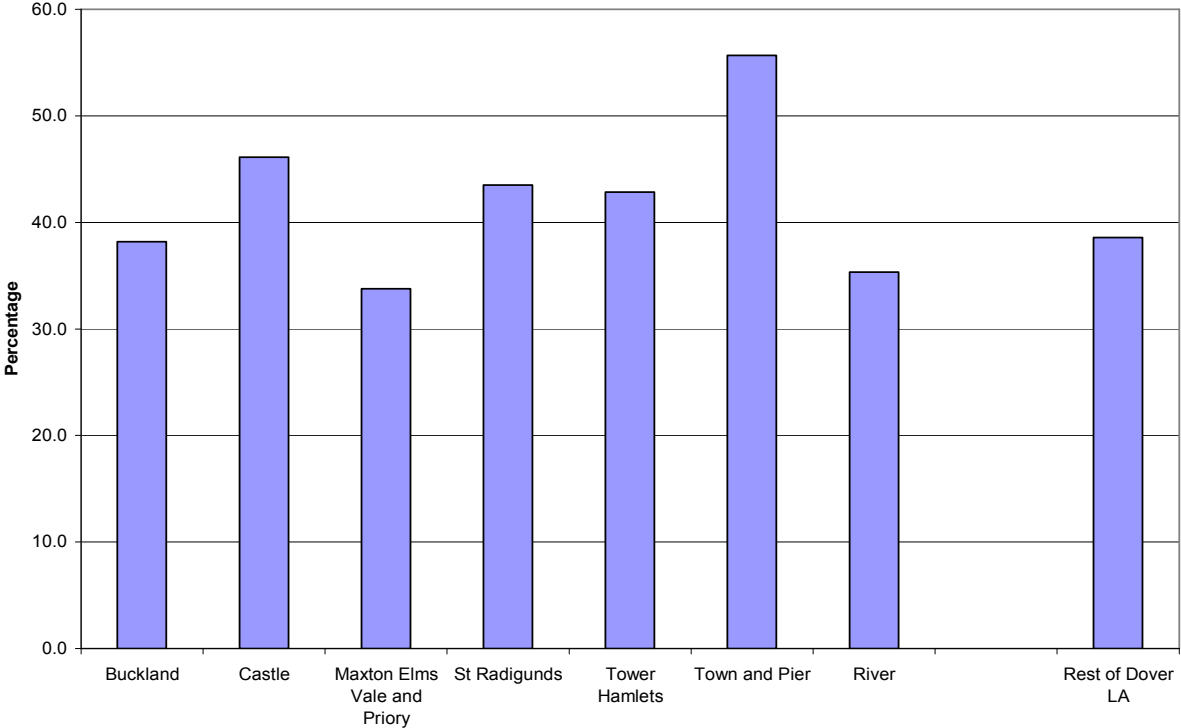
**Figure 11 – Teenage Pregnancy Rates for under 18 and under 20 years**



Source: National Vital Statistics, Conceptions 2000

Unemployment has a detrimental effect on health and is a good indicator of overall levels of wellbeing in an area. The deprived wards of Dover Town have higher rates of unemployment than the rest of Dover LA area (Figure 12).

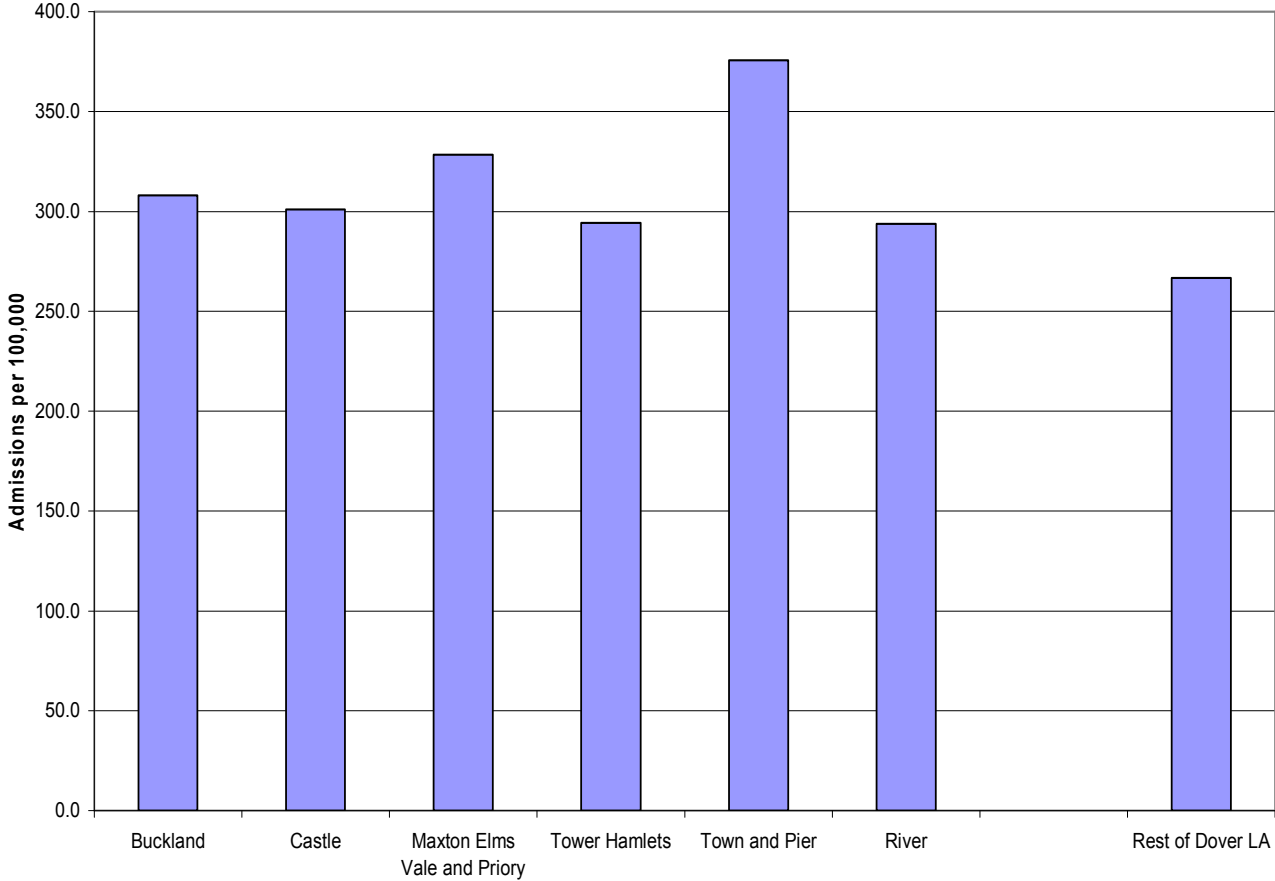
**Figure 12 Percentage of People aged 16-74 Unemployed**



Source: Census 2001

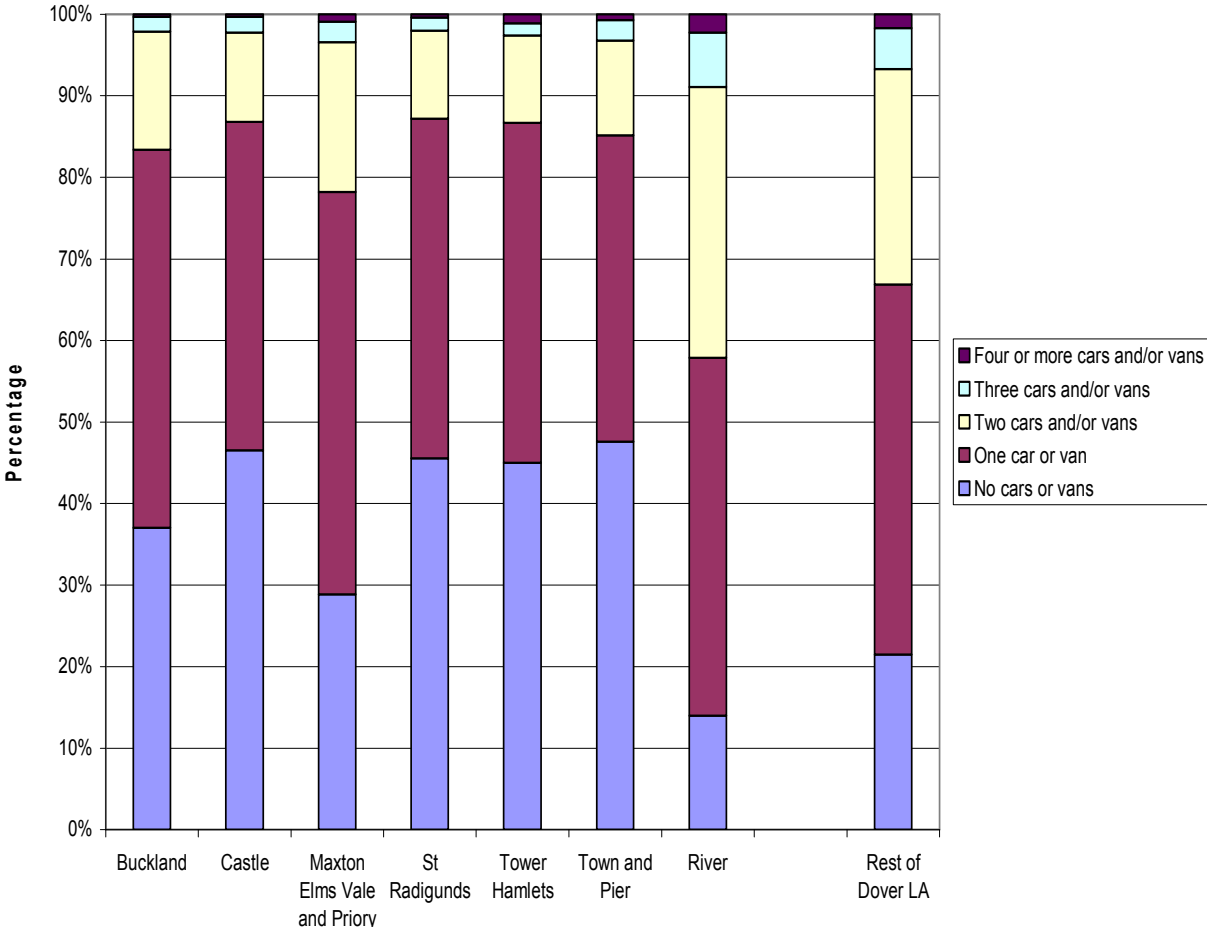
Accidents tend to occur more frequently among populations suffering from deprivation, especially among children. Fortunately the number of deaths from accidents is relatively small, however, there are a significant number of accidents that result in serious injury requiring admission to hospital. There are higher admission rates for the deprived Dover swards compared with the rest of Dover LA area.

**Figure 13 – Admissions for Serious Accidents**



Car ownership is a useful measure of affluence. The average household in the UK owns more than one car, however, there is a gradient related to affluence with a larger proportion of the poorest households not owning a car at all. This has obvious limitations for transport and reduces access to services, and is one of the major relative factors in reducing health and wellbeing.

**Figure 14 - Percentage (%) Households with Cars and/or Vans**



Source: Census 2001

Over 40% of households in the more deprived Dover Town ward have no car and less than 20% have more than one car. This compares unfavourably with the rest of the Dover LA area where only about 20% of the households do not own cars and more than 30% own more than one car.

**9. Summary of Equity Issues**

The Dover District Council Local Authority area (Dover LA) as a whole has a level of deprivation (measured by the DETR Index of Multiple Deprivation) greater than average in Kent but roughly similar to the national average. However, Five of the wards in Dover town (Buckland, St Radigunds, Town & Pier, Castle, and Tower Hamlets) are amongst the 20% most deprived wards in England. The first three wards listed fall into the top 10% for deprivation.

*Social and Economic*

The levels of social and economic deprivation are reflected in a number of measures: There are significantly lower rates of home ownership in Dover town and higher levels of socially and privately rented accommodation. There are poorer levels of education and higher levels of unemployment found in the Dover town wards compared with the rest of Dover LA area. Over 40% of households in Dover town wards have no car, compared with the rest of the Dover LA area where only about 20% of the households do not own cars.

### *Health*

There are poorer levels of health too. Castle ward has more residents than average with limiting long-standing illness (32.9% compared with a Dover LA average of 20.5%). There are significantly higher rates of Teenage Pregnancy found in the Dover town wards and there are higher hospital admission rates following serious accidents. Emergency hospital admission rates are over 34% higher than the rest of Dover LA, with higher referral rates to hospital outpatient clinics.

### *Mortality*

The average age at death for both men and women is younger in Dover town compared with the rest of the Dover LA area. There are higher mortality rates for all causes including cancer and circulatory diseases. Overall mortality rates for Dover town are 9.2% higher than for the rest of Dover LA area.

## **10. Implications for Health Services**

The health statistics reflect significant areas of deprivation in Dover. The main implications for health services are:-

- A broad strategic approach is necessary to address the underlying determinants of health in partnership with other public and private agencies. Health services are only one issue that must be tackled to overcome poverty and social exclusion.
- Health promotion is an important component of health services to prevent disease and improve health.
- A development of the range of primary and community health services will meet most of the health needs of the population.
- Health services will be provided in primary care where possible with easy access to patients. A shift of health services from secondary to primary care will occur with the development of intermediate care.
- Services at Buckland Hospital are part of a wider network of secondary care services that increasingly serve a wide population (e.g. across the whole of East Kent) in order to maintain clinical quality.

### *4.1 Working in partnership to tackle poverty*

The range of issues that have an impact on health are very wide and include employment, education, housing, transport, crime and disorder.

In order to break the cycle of decline action is needed across three areas:

- Strengthening communities
- Improving the economic and labour market position of residents
- Improving the delivery of mainstream public services

The Dover Public Service Agreement and the Local Area Agreement<sup>1</sup> form a basis for tackling inequality and breaking the cycle of deprivation by tackling the

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<sup>1</sup> A local area agreement (LAA) is a three-year agreement between a local area and central government. The LAA describes how local priorities will be met by delivering local solutions.

determinants of health. The PCT is working with local partners in the Dover Health and Wellbeing Partnership and elsewhere to support the comprehensive range of actions necessary to improve health.

Dover Pride is a strategic partnership led by Dover District Council, Dover Harbour Board, Kent County Council and the South East England Development Agency (SEEDA). It aims to renew pride of place in the community and secure the long term regeneration of the town. It has the following strategic objectives:

- Transform community aspirations
- Enhance learning, skills and enterprise
- Realise the potential of port expansion
- Generate a new waterfront destination
- Restructure the town and improve the environment
- Upgrade transport links and accessibility.

Dover's housing strategy aims to improve the standard of the poor housing stock, including the private renting sector. The strategy aims to provide more affordable housing, support older people and vulnerable people, and prevent homelessness. In addition the Crime and Disorder Reduction Partnership is working to improve confidence and safety together with regeneration and improving infrastructure.

#### *4.2 Health Promotion*

A priority for the PCT is to provide health promotion services to work with partners in the prevention of disease and promotion of health. It is important to make services more accessible by providing them in partnership with other agencies in community settings, including schools, leisure centres, and workplaces. Improving health through reducing smoking, obesity, control of accidents, drugs and alcohol, improving sexual health and mental wellbeing are all part of the new public health white paper *Choosing Health*, which is shaping the service provided in order to meet the target improvements in health.

#### *4.3 Primary Care Development*

There is a programme of development for primary care and community services. The way services are provided is changing in order to take advantage of developments in technology and modern practice and enable primary and community care teams to care for a wider range of conditions in the community. It is likely to improve effectiveness of treatment, equity, and provide greater continuity with higher patient satisfaction.

#### *4.4 Access to Services*

Easy access to good quality health care services is a key factor in making services more effective in deprived areas. This does not mean geographical access alone, although that is important. Minor injury units, walk-in clinics, extended opening hours and integration with high street pharmacies and other agencies all have a contribution to make.

#### 4.5 *Secondary Care*

As primary care services become more comprehensive and secondary care becomes more specialist individual hospitals will serve larger populations, usually not less than about 300,000 people. Physical location is becoming less important than quality of care and concentration of technical expertise. Changes in a more specialised workforce, new training arrangements and working hours as well as scientific advance and cost of new treatments make it inevitable that economies of scale require centralisation of many hospital services. Shorter average length of stays mean that distance is a less critical issue for patients and relatives provided adequate transport allows access.

### **11. Conclusions**

To meet the health needs of the local population the PCT should:

1. Continue to work in partnership with the Local Authority and others to tackle the wider determinants of health.
2. Health promotion services should continue to develop preventive services to deliver the Choosing Health agenda, working in partnership with Local Authority and other agencies to tackle inequalities in health.
3. Primary and community care services should be developed to provide a comprehensive range of primary and intermediate care services.
4. Hospital services should be as accessible as possible to people living in Dover town and those travelling from rural areas.