

Kent County Council
Health Inequalities
Action Plan 2008



Kent County Council Health Inequalities Action Plan

Foreword

The Kent County Council Health Inequalities Action Plan is the Kent County Council document indicating the position on Health Inequalities in Kent and sets out the County Council's vision on how inequalities can be reduced. The Action Plan identifies the commitment across the County Council's directorates and illustrates how initiatives to tackle inequalities are delivered in partnership with other agencies and organisations. Kent County Council recognizes that in order to address and reduce inequalities effectively, campaign messages and service development must be delivered at a local level that serves the specific needs of local people. To highlight this approach, District Councils and Kent Primary Care Trusts have been invited to contribute to this Action Plan to demonstrate the shared focus and priority of health inequalities and how partnership working is operating holistically, addressing the wider determinants of health and tackling health inequalities at a local level. Further consultation is being undertaken with stakeholders to share good practice and update examples of local programmes and initiatives within the Action Plan.

Introduction

The Kent Health Inequalities Action Plan was first produced in 2007 as a "live" working document that would record and lead the way forward to raise awareness of health inequalities across Kent and work in partnership to identify the problems and solutions to tackle and reduce the inequalities that exist. The purpose of this Plan is to provide a strategic vision and shared focus and commitment to Health Inequalities and also to provide clear examples of local action that is being undertaken, in partnership with District Council Local Authorities, Kent Primary Care Trusts, the Strategic Health Authority, Private and Voluntary Sector and across Directorates within the County Council. These examples demonstrate the shared ownership and endorsement for this approach and the Action Plan was agreed by Kent County Council Cabinet in December 2007.

The IdeA review undertaken in January 2008 supported the Kent County Council Health Inequalities Action Plan and recommended that it should be instrumental to adding value to a targeted approach to reduce the health gap in Kent. Consequently, the 2008 Action Plan will invigorate the commitment of all partners and provide a clear strategic vision to combat the inequalities faced in Kent societies today and to help identify the resources required to achieve this at a local level.

The Health Inequalities Action Plan 2008 has not be re-written but revised and re-energised. The aim is to ensure that health inequalities is considered and addressed in all aspects of the County Council and other organisation's work at all levels from policy to delivery.

What is Health inequalities?

Tackling health inequality is about reducing the gap of health variations between the worst off and better off in society to aim towards the same life expectancy

Health Inequality is the difference between rich and poor, “the health gap between the worst off in society and the better off” (Wanless 2001). Health inequality covers the whole population and exists ‘right across the spectrum of advantage and disadvantage’ (CMO England 2001). Health inequalities can relate to gender, ethnicity, age, disability, socio-economic status and geography. Some geographic variation can be explained by socio-economic and behavioural factors but there is evidence that the place where people live can affect their health.

At present some people of Kent will live less long and suffer more disease and debilitating conditions because of where they live or the conditions in which they live. More evidence of the disparity of life expectancy across Kent is shown on page on the table below.

Why is this important?

Life expectancy at birth in Kent is 79.7 years (81.7 for women and 77.6 for men) and is higher than the national average. But between the best and worst wards in Kent there is a 16.6 year difference. Even in the district with the least difference (Tunbridge Wells) there is a 6.8 years gap between the best and worst wards.

Health inequality creates a society where some people enjoy good health and live longer because they are wealthier, have better access to health and other services, and live in more prosperous areas.

• District	Lowest Life	Highest Life	Years
	Expectancy	Expectancy	difference
• Ashford	74.1	85.6	11.5
• Canterbury	75.7	85	9.3
• Dartford	75	89	14
• Dover	73.5	82.2	8.7
• Gravesham	74.6	83	8.4
• Maidstone	76.1	85	8.9
• Sevenoaks	77.6	85.1	7.5
• Shepway	73.6	84.1	10.5
• Swale	74.2	82.4	8.2
• Thanet	72.4	81	8.6
• Ton & Malling	76.3	85	8.7

- Tun Wells 76.7 83.5 6.8

It is recognised that there needs to be a targeted approach to identify the needs of those who live in small deprived communities within wards. These small areas of deprivation are sometimes masked by the affluence of the communities that surround them.

Apart from the moral arguments that this is demonstrably unfair in a mature and overall wealthy society, this means that people from disadvantaged communities will create a disproportionate demand on health, social care and other support services. As people generally live longer they are more likely to do so dealing with chronic conditions which may impact on their quality of life and dependency on formal and informal carers. Unless the projected increased demand for health care can be prevented through improved health, especially for those that will create the most demand, the NHS and other services will struggle to cope.

Many factors need to be addressed to reduce inequalities. For example, unemployment and housing are crucial issues and the effective economic regeneration of deprived areas and their populations is vital to improving public health. This can improve the economic viability and social capital of communities which can create an environment that enables people to make healthy choices and increase the proportion of resources spent on health.

KCC and the activities it promotes across all its directorates and departments are a major influence on the critical determinants of the health of the people of Kent. By harnessing this influence and aligning the efforts of other key partners in the NHS, district councils and the private and voluntary sectors the extent of health inequalities can be reduced to the benefit of our whole community.

Defining and Targeting Health Inequalities:

It is clear that developing and promoting health and well-being messages and programmes alone are not enough to reducing the health inequalities gap that exists between socio-economic and other vulnerable groups. Evidence suggests that, in the main, it is the those from higher socio-economic groups living in more wealthier areas that are more likely to access health care messages and services and exercise self-responsibility to take advantage of the promotion of good health for themselves and their family

It is essential, therefore, that programmes and activities should be targeted at more vulnerable groups (whether this be ethnic groups, groups targeted to specific age or gender, areas of deprivation or economic status etc.) to ensure that take up and activity of healthier lifestyles are accessible and amenable to people of that group. It is only through effective targeting and engagement the 'inequalities gap' that currently exists will start to reduce. Effective and popular delivery campaigns accessed only by more affluent groups will purely serve to increase the gap in health inequalities.

What are the key policy drivers?

There is a range of local and national policy drivers that put reducing health inequalities to the forefront of the public agenda. Those identified within the County Council are:

Putting Kent First – Key Objectives

Making Kent a great place to live and work

- Promoting a healthy lifestyle for all

Recognition of the importance of tackling health inequalities is reflected throughout KCC and its strategies and plans. KCC and each of its directorates should work together to directly address the issue of health inequalities and embed tackling health inequalities into the mainstream policy of all parts of KCC.

The Public Health Strategy for Kent

Live life to the Full, adopted by KCC, both Kent PCTs and the District Councils has ***Reducing health inequalities significantly*** as its number one priority. This will be prioritised by the following commitments:

- i) Reduce the number of poorer people who smoke
- ii) Preventing and managing risks of coronary heart disease, cancer and many chronic illnesses by improving diets and increasing levels of physical activity levels
- iii) Reducing hypertension (high blood pressure) and by better primary care and public health action
- iv) Improving housing quality by tackling cold and dampness
- v) Reducing accidents at home and on the road
- vi) Help reduce the differences for some people in how likely their infant children are to die :
 - a) by improving the quality and accessibility of antenatal care and early years support for people in disadvantaged areas
 - b) Reduce Smoking by parents and improve nutrition for children in their early years
 - c) Reduce the number of teenagers who become pregnant and support teenage parents better
 - d) Improve housing conditions for children who live in disadvantaged areas or circumstances.
 - e) Increase levels of breast feeding

Vision for Kent

Improved health, care and wellbeing

Long-term Goals (Inc.):

- Improve the health and the physical and mental wellbeing of the population and reduce inequalities
- Inform and encourage self-responsibility for enhancing healthy lifestyles

Short-term Priorities

- Promote and improve the health of Kent’s residents and reduce health inequalities by addressing variations in health across the county
- Address the wider factors affecting people’s health as well as treating the conditions from which they suffer
- Ensure a particular focus on improving the health and quality of life for people with mental health problems
- Empower people to make healthier choices that prevent them from being ill
- Promote health through large employers and use employment, commissioning and other working practices to enhance healthy living and wellbeing

The Vision For Kent “Opportunities for All” Wheel



Towards 2010

Many of the T2010 targets are designed to promote wellbeing and better health. There are four particular targets that apply to health inequalities:

- Target 47: Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes
- Target 48: Increase opportunities for everyone to take regular physical exercise
- Target 49: Enter into practical partnerships with the NHS, sharing resources to combat obesity and encourage people of all ages to take responsibility for their health and wellbeing
- Target 50: Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex
- Target 51: Encourage Healthy Eating by providing nutritious lunches through the Healthy Schools Programme and launch a range of community based healthy eating pilots

The Kent Agreement

The Kent Agreement is the partnership Local Area Agreement for Kent. The Kent partnership represents key partners and stakeholders working together to achieve a common commitment to improve the wellbeing of the people of Kent. For 2005-2008, the Kent Agreement Outcomes have included:

- 16 To promote and improve the health of Kent's residents and reduce health inequalities by addressing variations in health across the county
- 1 To promote the physical, emotional, social and intellectual development of young children so they flourish at home and at school
- 7 To improve participation and engagement by all children and young people in youth, cultural and community activities
- 11 To reduce the harm caused by illegal drugs, including substantially increasing the number of drug misusing offenders entering treatment through the criminal justice system
- 13 To increase the capacity of local communities so that people are empowered to participate in local decision making and delivery of services
- 15 To promote independence through employment for those who are able to work
- 17 To improve Kent's residents' access to homes of excellent quality, in the right place, at the right time, and at the right cost
- 18 To promote independent living for all

The new Kent Agreement for 2008 to 2011 identifies 35 new indicators, many of which concentrate on tackling health inequalities in Kent. We will work in partnership to ensure health inequalities are addressed in each of these indicators

while also working to ensure that the remaining priorities do not inadvertently result in increased health inequalities for some groups:

17 of the indicators can make positive contributions to tackling health inequalities:

- Working age people on out of work benefits
- Learners achieving a level 1 qualification in literacy
- 16-18 year olds who are not in education, employment or training
- All age all cause mortality rate
- Obesity in primary school age children in Reception
- Rates of Hospital Admissions per 100,000 for Alcohol related Harm
- Number of drug users recorded as being in effective treatment
- Effectiveness of child and adolescent mental health (VAMHs) services
- Serious violent crime rate
- Dealing with local concerns about anti-social behaviour and crime by the local council and police
- Adult participation in sport and active recreation
- Young People's participation in positive activities
- Access to services and facilities by public transport, walking and cycling
- People killed or seriously injured in road traffic accidents
- Tackling fuel poverty
- Number of affordable homes delivered
- Percentage of vulnerable people achieving independent living

Crime and Disorder Reduction Partnerships

[add]

KCC directorates include commitments to reducing inequalities or their effects in their vision statements:

Children, Families and Education:

- All Kent schools to be participating in the Healthy Schools programme by December 2009 with a specific focus on PSHE, Healthy Eating, Physical Activity and Emotional Health and Well Being.
- Undertake projects that reduce child health inequalities and promote social inclusion.
- To improve the education of young people in care
- Achieve economic well being so that children and young people: engage in further education, employment or training on leaving school, are ready for employment, live in decent homes and sustainable communities, have access to transport and material goods and live in households free from low income
- Sure Start Local Programmes and local Children's Fund projects are examples of how targeted services have been developed in more deprived areas of the county with critical contributions from the Voluntary and Community sector and Faith groups. Pockets of deprivation, not necessarily reflected by national deprivation statistics, present a particular challenge, particularly where rural isolation is a factor in service accessibility.

In accordance with the Children Act 2004, CFE is designated Children's Services Authority and has a duty to promote co-operation across services to improve the health and well being of all children and young people in Kent. The plan to achieve this includes:

- The development of Children's Trust arrangements in Kent and the delivery of the 'Every Child Matters' agenda.
- Promoting healthy and active lifestyles for all children and young people.
- Reducing health inequalities for children and young people in Kent.
- Improving the emotional and mental health, resilience and self-confidence of children and young people.
- Reducing the use of harmful drugs and alcohol among young people and increase access to drug/alcohol-targeted prevention and treatment services.
- To reduce unwanted teenage conceptions and sexually transmitted infections and improve access to young people's sexual health services.
- Improving joint planning, services and outcomes for vulnerable groups of children and young people such as 'looked after' children, young carers, young offenders, children with disabilities and others.

Kent Adult Social Services

Active Lives:

- Promoting healthy lifestyles, to enable everyone to live their lives to their full potential, through supporting the Kent Public Health agenda.
- Creating the conditions, with others, for equality of opportunity (in relation to manage, gender, race, disability, religion and social inclusion).
- Build healthy, inclusive and sustainable communities.
- Using our strategic influence to ensure that local Community Strategies promote healthy lifestyles in the broadest sense (for example they will have impact assessments for health, equalities and sustainability; promote the lifetimes home standard; reduce crime, promote independent living and a sense of community).

Environment and Regeneration:

- Live – a healthy environment now and for future generations
- Work – a strong economy with a skilled and adaptable workforce
- Visit – a distinctive destination for residents and tourists to enjoy
- Drive the physical, social, and cultural regeneration of key coastal towns through a variety of programmes including site assembly, bringing empty properties back into use, and transport improvements.

Communities

Utilising KCC resources to support the three core principles:

- To continuously improve locally delivered services
- To involve communities in shaping them
- To extend the positive impact they have, especially in our more disadvantaged communities.

Chief Executive's Department:

The Supporting Independence Programme is one of KCCs principle visions and policy drivers to support, co-ordinate and refocus the work of the county council and other partners within the public, private and voluntary sector to increase the number of individuals leading independent lives. Specific aims include :

- to enable those who are reliant on benefit to lift themselves out of dependency into a more meaningful existence where they are able to support themselves and their families
- to identify initiatives that tackle the root causes that create dependency and improve individual's life chances to prevent them becoming dependant in the first place.
- To bring together a range of agencies and stakeholders to share and understand the common goal of developing and using their resources to improve service delivery and enhance the effectiveness and outcomes of their services for the individual end users

SIP through both preventative and responsive strategies is focused on working alongside others to reverse the spiral of dependency and therefore the vision and priorities are closely aligned to those identified within the health inequalities action plan.

It is important for us to work together particularly in areas that relate specifically to health initiatives to provide a joined up and supportive approach which enhances provision and positive outcomes.

SIP is currently supporting a number of health initiatives with particular vulnerable groups . These include:

- The development of a countywide employer engagement strategy which will support and improve access to employment for a large number of individuals who are experiencing health or other barriers to securing permanent employment.
- Conducting a review on drug and alcohol service support provision across the county
- Working alongside jobcentreplus to improve support and information provided to teenage parents
- The delivery of a number of programmes working with long term incapacity benefit claimants to identify and find solutions to their long term health issues and find positive initiatives to enable them to rejoin the labour market
- To continue to review the growing number of young people and adults experiencing an increase in mental health problems and severe depression linked to their dependant lifestyles

All of KCC directorates have Equalities and Diversity Plans to foster a fairer society and value 'difference' in its broadest sense.

Health and Housing

There is strong evidence that the quality of housing and accommodation can impact upon an individual's health and wellbeing, particularly for vulnerable groups. These are likely to be older people, low income households, people with chronic illness, teenage mothers, homeless people and people in temporary accommodation, refugees, asylum seekers and gypsies and travellers. Affordable housing, regeneration, growth, rural housing and quality of housing are all wider determinants of people's health and wellbeing and therefore continue to be priorities for the Supporting people agenda, for primary Care Trusts, Local Strategic Partnerships, Community Strategies and for the District and County Local Authorities.

In Kent & Medway there are over 646,300 households. One quarter of these are pensioner households, and over 50% of these households are of lone pensioners. 5.6% of households have no central heating (compared with 4.9% in South East). In 2004, 8.1% of households had no central heating and a resident with limiting long term illness (compared with 7.4% in the south east).

There are a number of partnership initiatives to improve the health and living conditions of peoples. Examples of these are:

- Safety in home
- Energy efficiency and heating
- Improving design
- Involving residents in plans
- Access to parks and green spaces
- Homelessness strategies

Case Study

Kent Better Homes Active Lives project

The groundbreaking Kent Better Homes Active Lives (BHAL) project brought together a number of district councils, housing providers and social services to deliver 340 new homes for vulnerable people over the next 2-3 years. Using a Private Financial Initiative model with the support of government credits the BHAL is the largest single partnership to deliver new housing in this way. The majority of homes delivered will be extra-care housing for older people that will enable older people to live more independent lives in their own home. In addition the project will bring forward a significant number of homes for people with a learning disability and also mental health problems.

There are many key partners and stakeholders involved in the multi-disciplinary approach to tackling poor health and housing issues. The Kent Energy Centre has been instrumental in mustering support from key organizations and Teams in PCTs, KCC Social Services, district council and the private and voluntary sector. Key partnership contributions are identified in the *Kent Affordable Warmth Strategy*. The Strategy addresses problems such as energy inefficient homes, under-occupancy, income and fuel poverty. By collectively tackling these issues, there can be a significant reduction in preventable illnesses such as respiratory infections, arthritis and rheumatism, accidents, strokes, coronary heart disease, hypothermia and mental health issues.

The importance of future proofing housing for a changing demography is a challenge that cuts across health, social services and housing. Work is already underway in encouraging the delivery of 'life-time' homes that are built to an industry standard which means future adaptations can be carried out more easily and at less cost. We need to engage in describing our vision for housing that will meet the expectations of the generation and incorporate new technology such as Tele-care and Tele-health.

The Kent Joint Policy & Planning Board brings together professionals from a wide range of disciplines; including housing, health, social services, probation and youth offending services. The Board provides a unique arena to develop the delivery mechanisms for cross cutting strategies and policy. A number of important protocols have been developed through the JPPB to assist vulnerable people:

- Mental Health & Housing Protocol
- Young Person's Homelessness Protocol
- Intentionally Homeless Families with Children Protocol

The Board is currently working on a protocol for Offenders & Housing in conjunction with the Prison Service and with the involvement of serving prisoners.

KCC Directorates are engaged in a number of local housing initiatives and programmes that seek to address identified problems specific to that Directorate. Youth Offending Service, for example have identified concerns for young people accessing housing following custodial sentences.

Gypsies and Travellers

The communities that perhaps experience the most extreme health inequalities are gypsies and travellers. However, very little authoritative data (including health data) on these populations exist, either nationally or locally. The national census does not include categories for these communities, although we understand that that should change in time for the next survey in 2011. Kent has a history of involvement with English Romany Gypsy communities, evidenced by connections with agricultural work, including hop-picking. Many of those families have settled and integrated substantially into housed communities, but the numbers can only be guessed at, and many of those who are now settled would not necessarily self-declare as English Romany Gypsies or Irish Travellers. However, it is important to note that settlement in housing and integration with the surrounding population does not mean that there are no remaining issues about lifestyle and support needs.

Numbers in caravans or mobile homes

As a result of Gypsy and Traveller Unit monitoring of countywide unauthorised encampment data over the last four years, and data collected as a by-product of the Government's bi-annual caravan count, we can estimate that there are approximately 3,000-4,000 gypsies and travellers living in caravans in Kent.

Numbers in housing

There is strong evidence – for example through the relatives and connections of those who live on private and public sites - that the majority of the Kent Gypsy and Traveller population live in houses. Our best estimate, assuming 0.6% of the population is gypsy or traveller is that there would be 9,600 people in total, and

thus 5,600 to 6,600 in housing. However, in Kent, with its history of connections with, and settlement of, English Romany Gypsies, that figure is likely to be much higher, and it could conceivably be double or treble that number. Many of those in housing are probably living in forms of social housing. Whilst a few housing forms include a category of Gypsy or Traveller, many are reluctant to declare themselves as such, for fear of discrimination. The Pupil Level Annual School Census (PLASC) also collects ethnicity data and whilst response rates are improving, there is still a general reluctance amongst Gypsy and Traveller parents to declare their children as members of these communities. The numbers of Irish Traveller children recorded by PLASC data in Kent are very small indeed, and do not appear to reflect the total numbers either of Irish Traveller children in school, or numbers overall.

Which communities?

The principal gypsy and traveller populations would currently appear to be English Romany Gypsies and some Irish Travellers, and we estimate that the split is approximately 85%/15%. Very rarely does the Gypsy and Traveller Unit encounter Scottish, Welsh and New Travellers, although we cannot rule out the possibility that populations exist.

The Gypsy and Traveller Unit manages eight of the seventeen permanent public caravan sites that are provided specifically for Gypsies and Travellers. The location of these sites are spread across the county. Pitch turnover on most of sites managed by the GTU is very low, with most families staying on our sites for long periods.

The majority of caravans are on land owned by Gypsies and Travellers, both with planning consent and without. These families are generally more independent, content and self-sufficient than those without a base. Although they may well encounter long difficulties in establishing their own sites, and they may be unsuccessful and have to leave such land, otherwise they are unlikely to have specific needs that are linked, for others, with accommodation problems and shortage.

We do know that there are about eight to ten families that are permanently travelling around the county (and have been doing so for at least four years, particularly in Swale and Canterbury Districts) that would appear to have no permanent base to live on. Some of the families used to live on a publicly-run site in Canterbury District that was closed in 1998.

About half of the unauthorised encampments that occur in Kent are Gypsies and Travellers visiting from outside Kent, who are thought to have settled bases elsewhere.

What do we know about the health of these communities?

There is very little reliable scientific and statistical data available about the health of the gypsy and traveller populations, both nationally and locally. Perhaps the most significant and reliable information nationally is a 2004 report produced for the Department of Health by the University of Sheffield.

Most commentators accept that life expectancy is considerably less than that of the settled community - perhaps by as much as 10 years or more. Complications in

pregnancy including still births and miscarriages are more prevalent, as well as the incidence of breathing problems such as asthma. A paper published by the Commission for Racial Equality in 2004 reported that Gypsy and Irish Traveller mothers are 20 times more likely to experience the death of a child than other mothers.

Locally, there is no separate ethnicity category for Gypsies and Traveller in health monitoring data. That makes it different to ensure that services are designed to meet the cultural and lifestyle needs of these communities. Kent's Public Health Strategy contains the following short paragraph in its Health Inequalities section:

"Gypsies and Travellers: A travelling lifestyle makes getting routine health care more difficult. Continuity of care and preventative measures, like vaccinations, are particular problems. One study showed life expectancy is 10 years shorter than average in traveller communities and complications in childbirth are 20 times more likely. Kent has more Gypsies and Travellers than most other counties."

From its various dealings with Gypsies and Travellers, the Gypsy and Traveller Unit is aware that health is an important and significant issue among these communities, particularly those on unauthorised encampments. Being able to access healthcare when mobile, and continuity of care appear to be the main issues, particularly for Gypsies and Travellers that are mobile. There is also a fear or mistrust of vaccination programmes, and a perception that it can be difficult to access GPs.

A multi-agency workshop on gypsy and traveller health took place on 11 January 2008. A number of workstreams emerged from that meeting.

- Investigate whether the Health Observatory could collate currently available Gypsy and Traveller health data, so that partners can identify what is missing and consider how best to fill that gap.
- Investigate whether this issue could be included within the remit of the Access to Healthcare Select Committee.
- Improve continuity of care for gypsies and travellers when they are mobile, be introducing a Gypsy and Traveller Health Passport more widely as other areas have done.
- Improve awareness amongst health and social care professionals of these communities and their needs.
- Identify those healthcare professionals that have expertise and awareness of gypsies and travellers, their culture and their medical needs.
- Improve awareness of immunisation programmes and their uptake in the community.
- Investigate the extent to which the Department of Health's Pacesetter scheme can be used to fund work in this area.

Aiming to Achieve the National Targets

The government set national target:

'by 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth'.

In Kent we have seen that whilst overall life expectancy in Kent is better than the England average there are significant differences between and within districts. The partners of the Kent Health Inequality Action Plan will need to ensure that there is strong strategic and local delivery commitment to both the agreed short-term and long-term outcomes of this Plan:

Short-term:

- Improved lifestyle choices by children in schools in deprived areas
- Improved lifestyle choices by adults and young people in deprived areas
- Improved access to public sector services

Long –term:

- Halt in the rise of childhood obesity
- All schools achieve and maintain the healthy school standard
- Infant mortality rates in Eastern and Coastal Kent better than the national average
- Improved education levels of looked after children
- Fewer people of working age on benefits
- Fewer children living in households with low income in deprived areas
- Smaller gap in life expectancy from 6.5 years to 6 years
- Fewer cases of – and deaths from - cancer

Kent County Council’s Strategic priorities are:

- Incorporate tackling health inequalities into all key strategy and planning documents, especially those that define KCC partnership working such as:

The Kent Agreement 2
T2010 successor

- Promote and mainstream the use of Health Impact Assessments alongside other impact assessments already required and adopted as good practice such as Equality Impact Assessments and Environmental Impact Assessments, on all new policies, strategies, plans and proposals.
- Ensure that all parts of KCC identify and deliver practical and tangible actions that aim to reduce health inequalities as part of their day to day work.
- Engage local communities that are affected by health inequality more effectively to identify problems, develop proposals and build the social and community capacity necessary to benefit from investment and regeneration.

Changing lifestyle priorities:

There are some critical poor lifestyle factors that affect health and which are more prevalent in disadvantaged communities:

- Smoking is the biggest single cause of premature death and smoking rates are higher in lower socio-economic groups (including the number of pregnant mothers who smoke).
- Teenage pregnancy is associated with poorer health outcomes for children and their mothers. Teenage conception rates are higher in areas of

What Resources are there to assist with targeting delivery?

The Action Plan reflects examples of activities to tackle health inequalities at a County and Local level. The most successful initiatives are those that are delivered in partnership at a local level focussing on particular local needs, which is why there will be further work to implement the activities at a local level and ensure they are aligned to the district community strategies. Local Strategic Partnerships and Health and Well-being subgroups are in a strong position to oversee the delivery of initiatives that tackle health inequalities at a local level. Kent County Council is contributing its resources in local partnerships to assist with the delivery.

The Health Inequalities Action Plan is to provide a focus for targeting health inequalities to ensure that all agencies and directorates are working towards reducing the inequalities gap and it is acknowledged that applying this in Kent is a complex procedure due to the varying needs and concerns at a very local level, either at a district but often at a ward level. Therefore, each locality needs the flexibility and support to identify their area of need and set out in their Local Community Strategy a process for identifying, delivering and monitoring progress to tackle inequalities.

In order to reduce health inequalities, local services and interventions need to be appropriate and targeted to the right people, in the right place at the right time. There are a number of ways that groups or localities can be targeted effectively (through surveys and data sources for example). Other ways in which local health data can be sourced includes accessing **Community Health Profiles** which help identify local problems and potential examples of health inequality within each local authority area. The Community Health Profiles can be accessed from the Community Health Profile website :

http://www.communityhealthprofiles.info/find_profiles.php . Other resources being explored include the government's health inequalities tool-kit currently only available for Spearhead authorities. Once Kent can access this toolkit, the results will reveal how potential changes in lifestyle behaviour can result in health impact changes for the whole of that community. This resource helps calculate the benefit of targeted service interventions to end

Key indicators

The Department of Health reports annually on the national progress of health inequalities in 12 key areas. The Kent Health Inequalities Action Plan is closely aligned with the Kent Primary Care Trusts' approach to health inequalities. Primary Care Trust data systems can provide consistency to assist with targeting, delivery and monitoring across the national recommendations for improvement in 12 key areas. This provides a single, shared Health Inequalities focus for local programmes that contribute towards these indicators and also statistical and analytical resource support to assist in monitoring progress.

The 12 key indicators identified are:

- 1a: Age-standardised death rates per 100,000 population for the major killer diseases ages under 75 – Cancer
- 1b: Age-standardised death rates per 100,000 population for the major killer diseases ages under 75 – Circulatory Diseases
- 2: Rate of under-18 conceptions
- 3: Road Accident casualties
- 4: Number of primary care professionals per 100,000 population
- 5: Percentage uptake of flu vaccinations by older people (aged 65+)
- 6: Prevalence of smoking among people in manual social groups
- 6b: Prevalence of smoking among pregnant women
- 7: Proportion of those aged 16 who get qualifications equivalent to 5 GCSEs at grades A*-C
- 8: Proportion of people consuming 5 or more portions of fruit & vegetables per day in the lowest quintile of household income distribution
- 9: Proportion of households living in non-decent housing
- 10: Percentage of schoolchildren who spend a minimum of 2 hours each week on high-quality PE and school sport within and beyond the curriculum.
- 11: Proportion of children living in low – income households
- 12: Number of homeless families with children in temporary accommodation.

These indicators are a reflection of many of the priorities and agenda shared by many agencies and directorates throughout the KCC, some of which also exist as current or new PSA targets and/or are prioritised in the Kent Agreement; already being delivered as part of a partnership approach to reducing inequalities and promoting the health and wellbeing of those in the most vulnerable groups. Of course, other areas of work that sit outside these indicators may also be effectively contributing to tackling inequalities at a local level.

The Way Forward

Tackling Health Inequalities still remains an exceptional national challenge, with evidence revealing an increase in the gap in health inequalities in many cases and very few examples of successfully reversing the trend. The Health Inequalities Action Plan for 2007/8 demonstrated a strong partnership approach and commitment to drive down inequalities and have sought clarification on the existence of health inequalities across local areas and also support in identifying resources to target services and initiatives to ensure they are effective and result in real differences.

The Health Inequalities Action Plan 2008 demonstrates partnership working through a shared approach to tackling Health Inequalities, the sharing of resources to help identify local issues and monitor effectiveness of delivery programmes.

The Kent Health Inequalities Action Plan 2008

1. Understand extent of local health and wellbeing issues and extent of health inequalities through consultation, surveys and other resources.
Suggested Resources: Community Health Profiles (http://www.communityhealthprofiles.info/find_profiles.php) and acquisition of Health Inequalities tool kit
2. Engage communities in the planning and development of targeted services and ensure that existing services and initiatives are appropriately targeted to those most in need and are effective in reducing health inequalities. *Examples of local and strategic initiatives shared in the Action Plan.*
3. Continue to work collaboratively with other agencies on shared indicators *such as relevant Kent Agreement indicators (page 8) National key health inequalities indicators (page 18) and the national target (page 16).*
4. Monitor and evaluate progress and effectiveness of interventions.
Progress from the 12 national indicators identified at a local level may assist
5. Ensuring policies and strategic plans continuously challenge health inequalities and that local priorities and strategies do not implicitly increase the gap in health inequalities

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