

# Progress on Outcome Two and Progress and future plans to reduce health inequalities

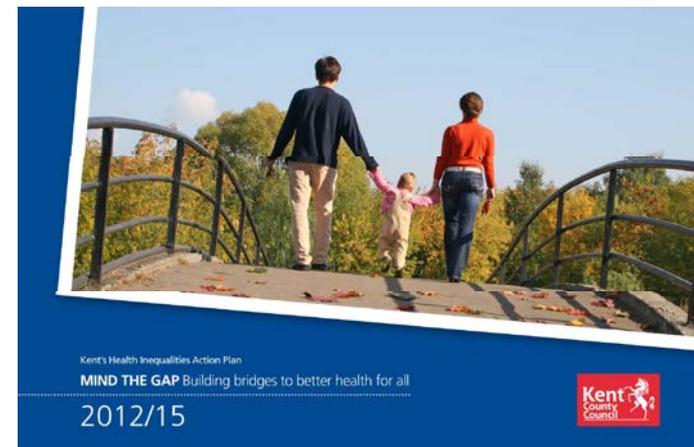
Andrew Scott-Clark  
Director of Public Health  
Kent County Council

# Outcome Two: Exceptions

- Proportion of people receiving a NHS Health Check of the eligible population
  - **Below Average and Direction of Travel negative**
- No progress made on reducing health inequalities
  - Decline in the direction of travel for female healthy life expectancy
  - Reduction in slope index for health inequalities for males

# Mind the Gap

Mind the Gap agreed by KCC in 2012 and The Kent Joint Health and Wellbeing Strategy outlined reducing health inequalities as a priority for Kent

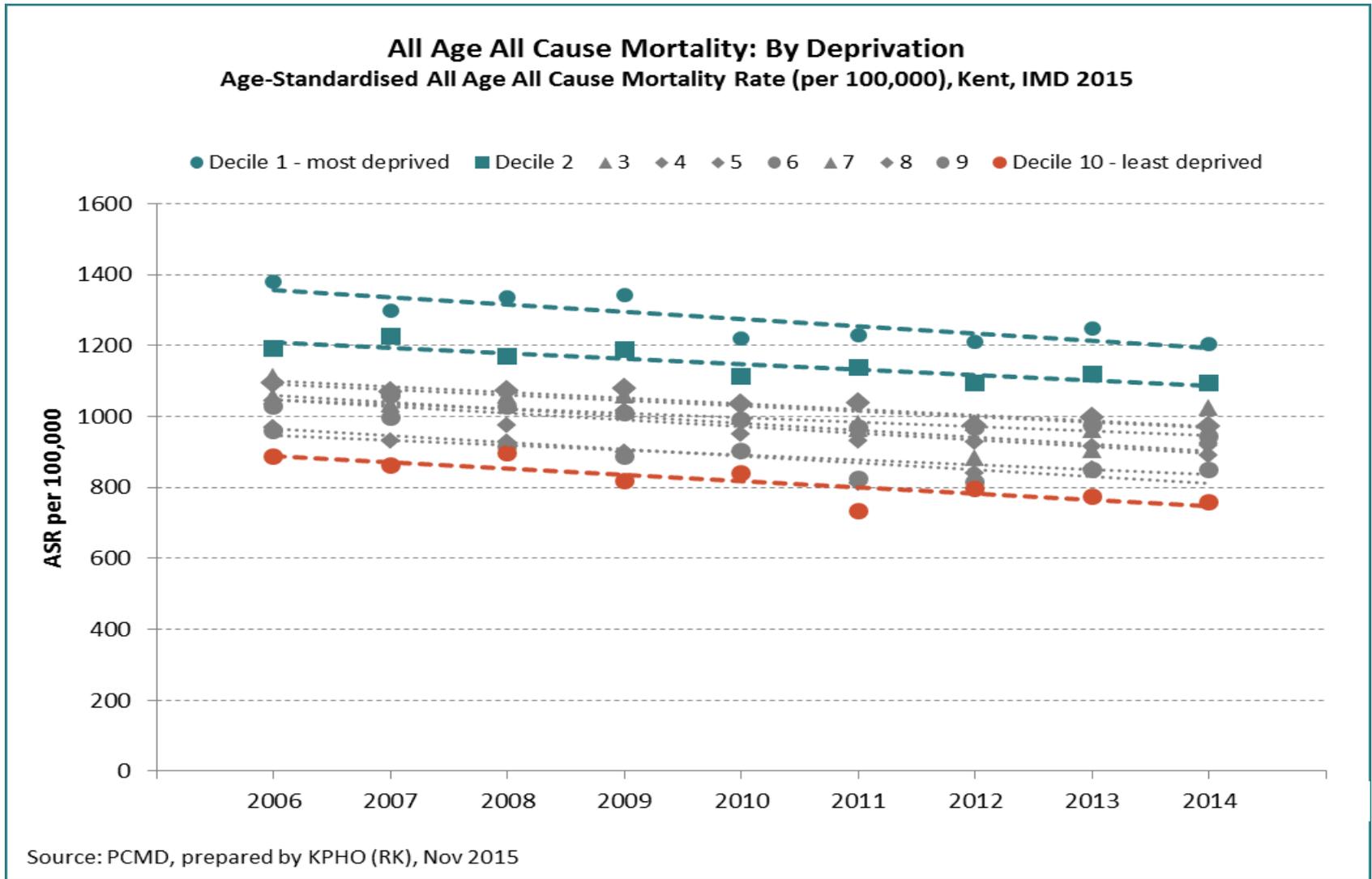


Working with Professor Chris Bentley, KCC Public Health have:

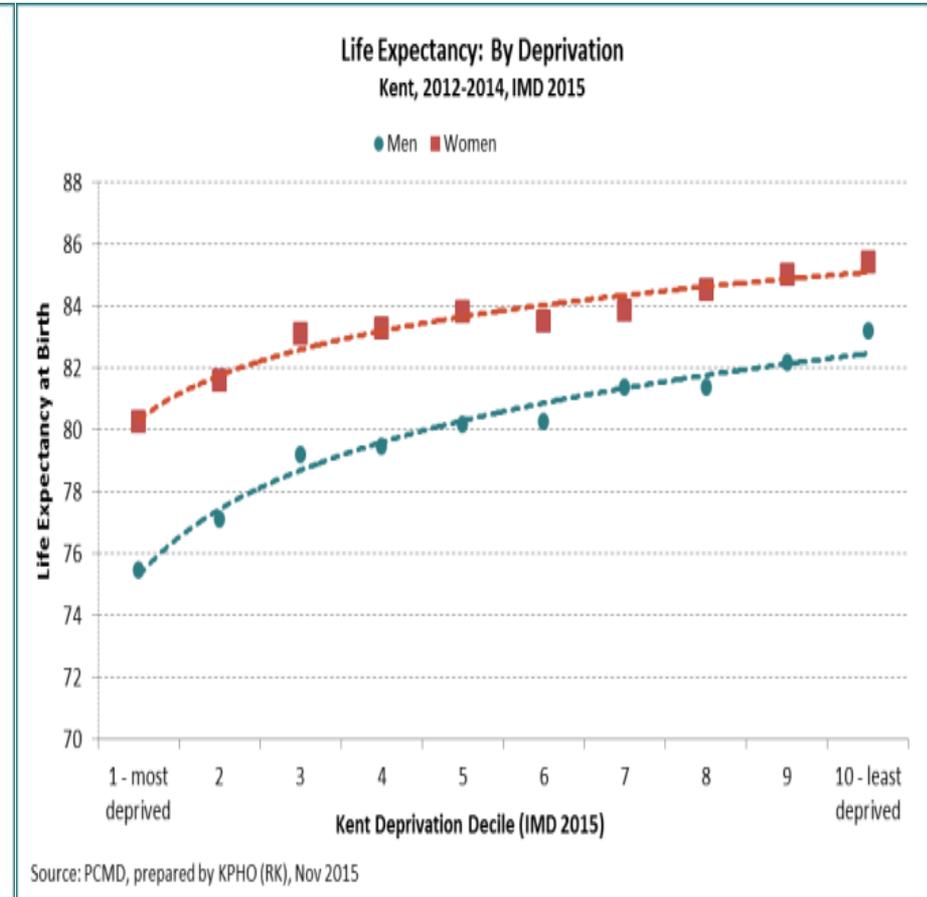
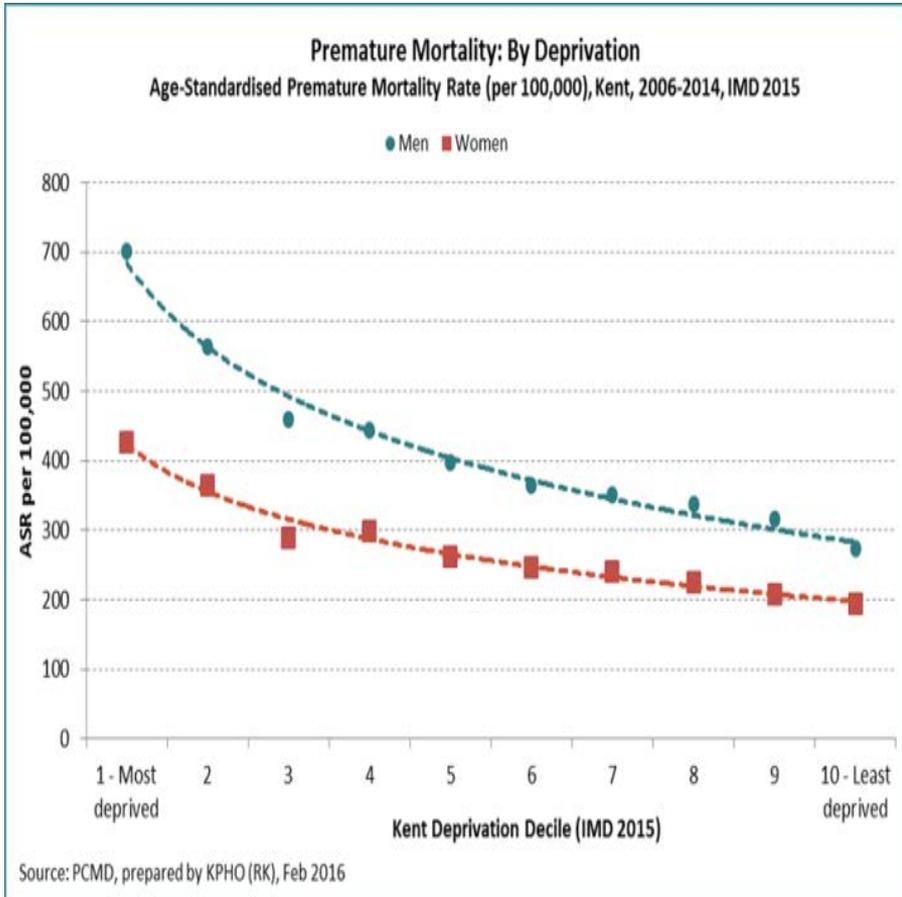
- Reviewed progress of Mind the Gap 2012/2015 (published in the Director of Public Health Annual Report 2015)
- Updated the data for the new measure of deprivation (IMD 2015)
- Analysed progress
- Made recommendations for how we improve our approach.



# The gap is not narrowing!

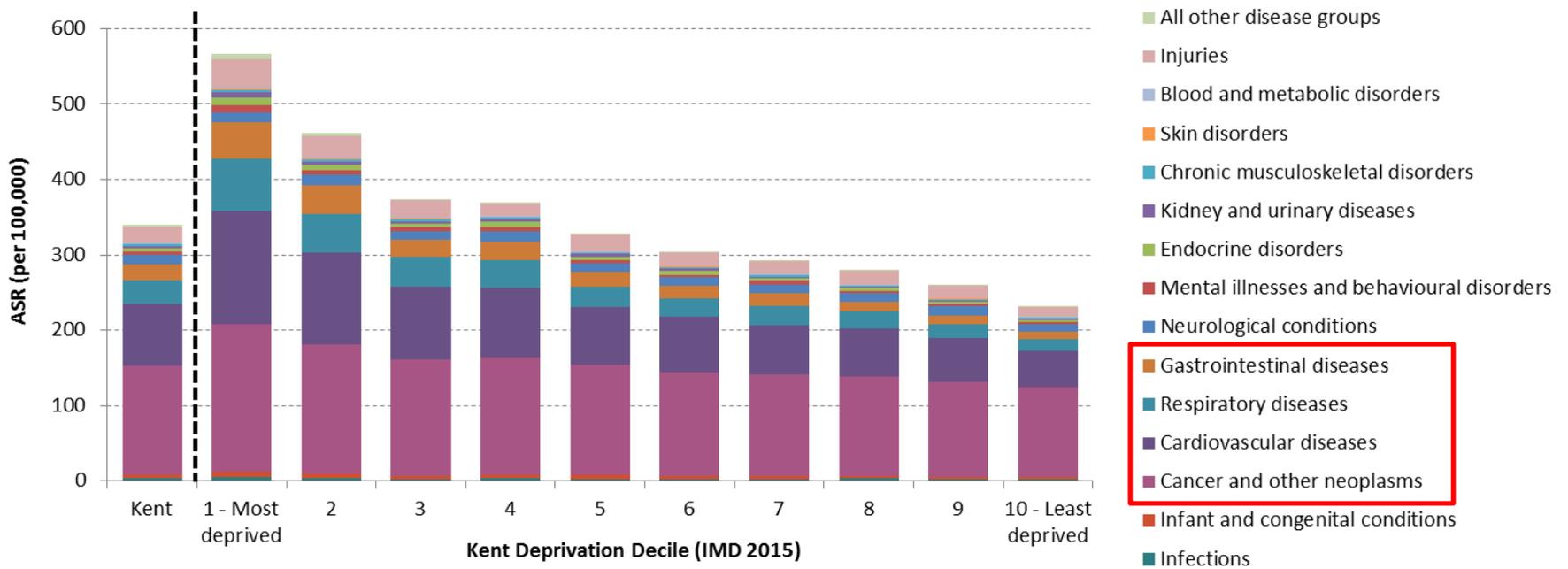


# Disproportionate rates of premature mortality and life expectancy



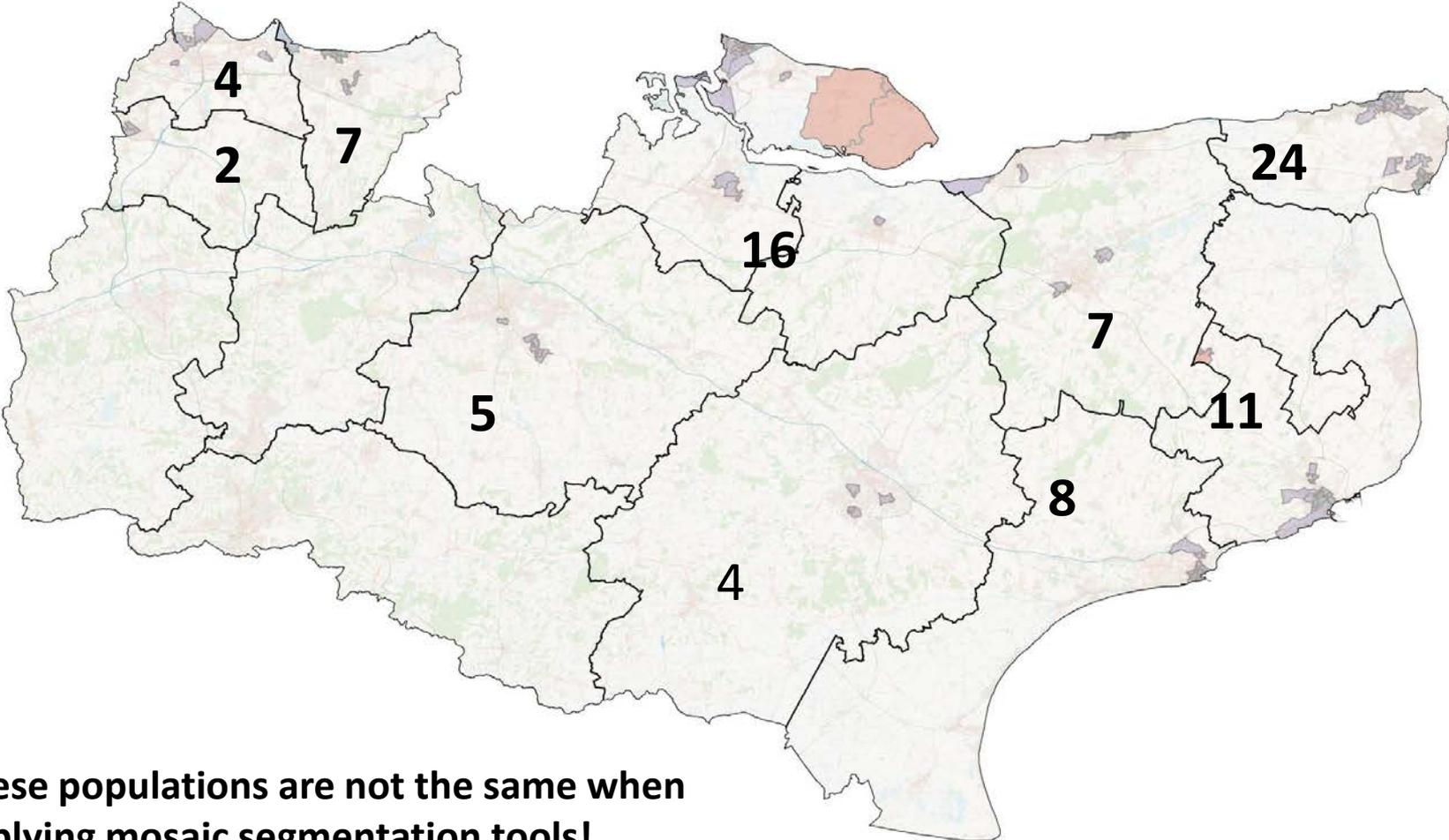
# Main causes of premature deaths

**Cause of Death: Premature Deaths by Deprivation**  
 Premature Deaths by Underlying Cause, Age-standardised Rates, IMD 2015, 2006-14



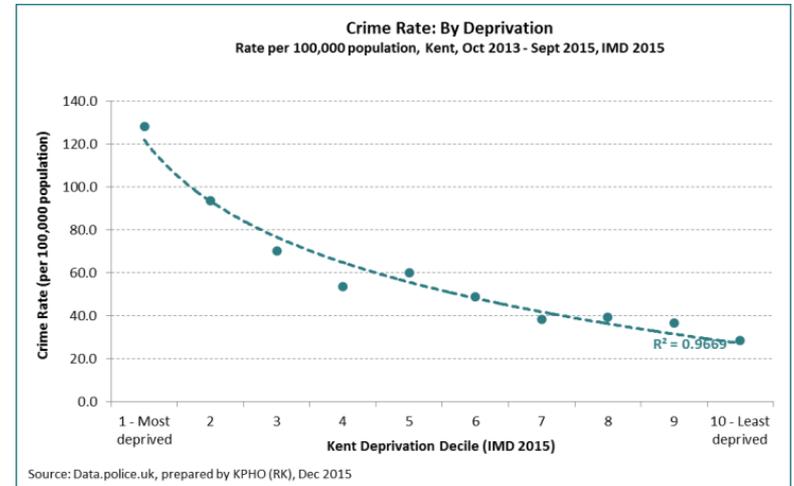
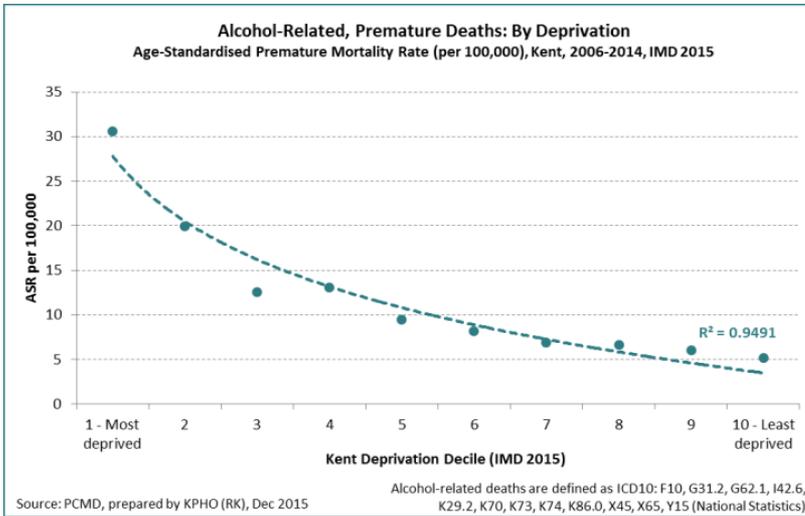
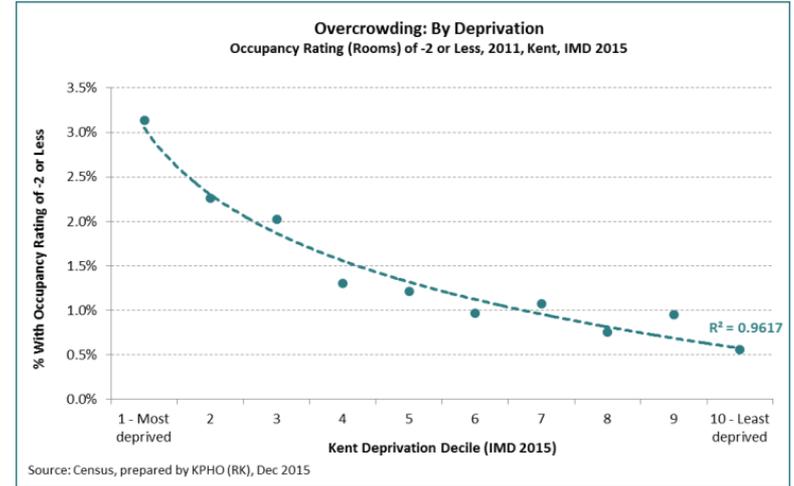
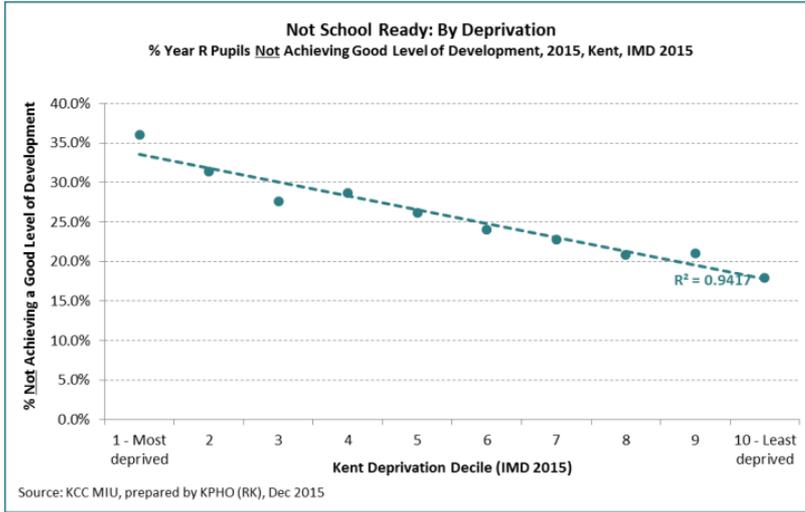
Source: PCMD, prepared by KPHO (RK), April 2016

# Populations in the lowest decile live here



**These populations are not the same when applying mosaic segmentation tools!**

# Health is not the only issue in these communities



# New Approach

- Reducing health inequalities requires a more systematic, place based and disproportionate response
- Plans through Local Health and Wellbeing Boards focus upon local communities that encompass the 88 LSOAs and take a three pronged approach:
  - Population approaches
  - Service approaches
  - Asset based community development ( “health creation”)
- Kent Mind the Gap thus becomes a series of local plans delivered locally

# Recommendation

Kent Health and Wellbeing Board is asked to:

- Comment on progress made on key indicators reflecting progress in Outcome Two of the Kent Joint Health and Wellbeing Board Strategy.
- Support greater local Clinical Commissioning Group oversight for the NHS Health Check programme, particularly in encouraging practices where there is no engagement in delivery of the programme.

The Kent Health and Wellbeing Board is asked to CONSIDER, COMMENT and AGREE the following:

- The renewed approach to reducing health inequalities in Kent.
- That Local Health and Wellbeing Boards take a place based approach and for local plans to encompass population, service and community development based approaches.
- That regular reporting of progress is shared with the Kent Health and Wellbeing Board.
- That Kent Health and Wellbeing Board takes an overview on county wide progress.