

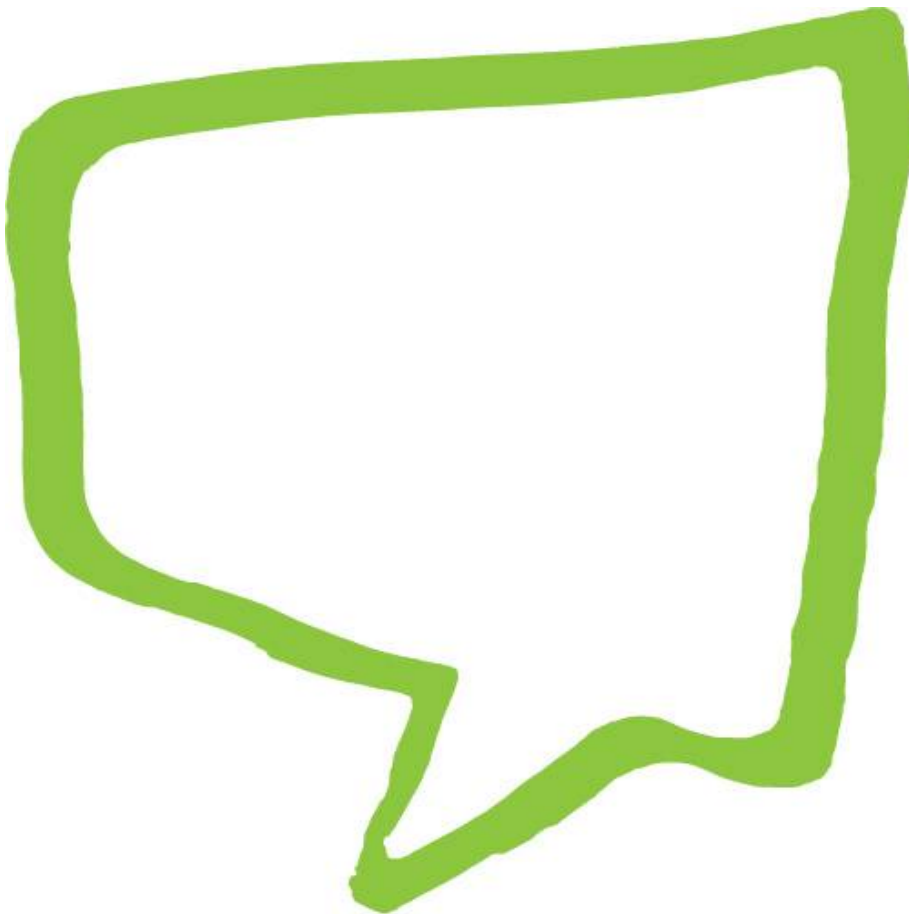
Health

Inequalities

Kent County Council

Audit 2008/09

November 2009



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Introduction

- 1 “The South East England Health Strategy”¹ identifies the main priorities and actions needed to improve the health of people living in the South East. The first priority focuses on reducing health inequalities and raising the life expectancy of the most socially disadvantaged people. The strategy links actions at a national, regional and local level to ensure that all those with an interest in health issues work in partnership to improve the health of everyone in the South East.
- 2 Health inequalities exist in all parts of Kent. Some groups of the population suffer from significantly greater ill-health (morbidity) and earlier death (mortality) than the average and other groups of the population. The expression - health inequalities - although describing the health of the individual, relates also to a range of circumstances that lead to differing levels of health. It can be caused by the interrelationship of a number of factors such as worklessness, low educational achievement, poor housing, bad diets, and living in a high crime area.
- 3 Tackling health inequalities absorbs huge amounts of public money in both the local government and health sectors. Securing optimum value for money from these combined resources requires effective partnership working among health and local government bodies and the voluntary sector. Health and local government partners in Kent acknowledge the need to tackle health inequalities and this has been recognised in the Kent Local Area Agreement 2.
- 4 There is much good work ongoing in Kent to tackle health inequalities which this report acknowledges. This report focuses on the work of the Local Strategic Partnership (LSP) sub-groups on dealing with these inequalities. It also highlights the action plans that are being completed by these LSP sub-groups.

¹ Launched by Jonathan Shaw, Regional Minister for the South East in February 2008

Background

- 5 Kent has its own Public Health Strategy², and a Public Health Board chaired by the Director of Public Health, which is a joint appointment across health and local government. Board members meet bimonthly and represent the range of public bodies involved in reducing health inequalities across Kent. The Board is supported by the Kent & Medway Public Health Observatory and monitors the Health, Care and Well-being section of the Kent Local Area Agreement 2 (Appendix 1 contains an overview of the relevant Kent LAA2 targets).
- 6 Many people in Kent are healthier than other parts of the country. They are living longer and this is improving across the county. This is because deaths from cancer and heart disease, and strokes and infant deaths, are all significantly lower than the England average and are continuing to reduce. However, there are big differences between and within areas in Kent itself. For example, many men in Thanet die on average four years earlier than men in Sevenoaks. And within Thanet itself, many men in the poorest areas die ten years earlier on average than those in the most well off areas of Thanet. The health outcomes in the poorer areas of Kent will be an area we will look at more closely in our assessment next year.
- 7 There are plans in place within the health service and with partners to reduce the differences in life expectancy and underlying causes within Kent. There is a track record of all partners in Kent working well together. For example, a health inequalities strategy and action plan is in development, and covers the big issues, such as smoking, sexual health, healthy weight, mental health and well-being, and alcohol abuse. This work is resulting in some improvements.
- 8 Fewer people smoke in Kent than the England average, and deaths from smoking are significantly lower. Smoking is an important factor in poor health. There are quite big differences across the county though, and the success in reducing the numbers who smoke is variable. There are much higher numbers of smokers in Thanet, and higher than average numbers of deaths from lung cancer. There are plans in place to help young people to give up smoking, and partners are consulting on a young people's tobacco control strategy, but it is too soon to know if this work will make a difference. Targets for the numbers of people who give up smoking measured at four weeks in 2008/09 were not met across the county, and more needs to be done. The numbers of pregnant women who are smoking are also not reducing.
- 9 The numbers of teenage girls who become pregnant in Kent is lower than the England average, but has not reduced much since 2003. As a result, public services are unlikely to hit the target of 21 per 10,000 by 2010. The Kent Teenage Pregnancy Partnership has been coordinating initiatives to help reduce teenage pregnancy across the county. Levels in areas such as Thanet, Shepway and Swale are high, but these are showing the highest reductions. Additional resources in outreach workers, pharmacy services and making sexual health services more accessible to schools has made a difference in these areas. The Sexual Health Strategy across Kent has also targeted work including through healthy living centres.

² "Live Life to the Full : A Strategy for Public Health in Kent" 2007/08

Background

- 10 Projects are tackling other health inequalities people experience in Kent. Advice on healthy eating and cooking to help people lose weight is widely available as is advice on promoting safe sex. However, it is currently too early to see significant changes as a result of these projects and there is more to do to assess how successful the projects are being.
- 11 Across Kent, there is much activity by partners working together locally through health and well-being boards and health action teams. This is helping to reduce health inequalities. Examples include work through healthy living centres and in people being encouraged to be more active such as by taking healthy walks and exercise in the open air, and to cycle more. Exercise programmes, dance classes, and yoga in Sevenoaks are examples of many of the things people can do across the county to be active.
- 12 Programmes in Canterbury and Gravesham have encouraged more people to get involved in trying different sports. As a result, many people report that they feel fitter and happier because of taking part in such programmes specifically aimed at helping them lose weight. Many people now swim for free, including in Ashford, people who are homeless. The numbers of people exercising regularly in Kent is broadly in line with other areas in the country, although there are variations across the county. The highest level in Kent is in Tonbridge and Malling where almost one in four people exercise regularly. But this drops to less than one in five in Thanet, Gravesham and Dartford. There is more to do to improve how satisfied many people are with some of the ageing sports and leisure facilities across the county.
- 13 The emotional well-being of children and young people is not as good as in other areas. Waiting times for children and young people who need mental health services vary among different areas of Kent. Partners are looking at how to improve services.
- 14 While there have been some improvements in the quality of health services across Kent, services are not improving fast enough. The majority of services are 'fair' and need to work harder to meet both basic and national standards.

Audit approach

15 The key question this review aimed to answer was:

'How effective are local partners in identifying local targets on health inequalities and delivering effective outcomes?'

- 16 Kent County Council, the two Kent Primary Care Trusts and the Director of Public Health agreed to focus this review on examining the way that the LSP sub-groups that are charged with, amongst other things reducing health inequalities for their areas, were operating and what outcomes were being changed. The LSP sub-groups are only one of a number of bodies working to reduce health inequalities in Kent. They are a vital element, given their pivotal role in delivering the Local Area Agreement for Kent, which sets out the strategic delivery aims and targets for all the challenges facing the area. There are twelve LSP sub-groups which operate across Kent, all are responsible for improving the health and well-being of the local communities they serve. The sub-groups all work to the same geographic area as the district or borough boundaries. In East Kent these sub-groups are known as health and well-being boards and in West Kent membership is drawn from health action teams.
- 17 Our work was carried out in two stages. Stage one focused on assessing the current arrangements through the following key lines of enquiry.
- Do strategies to tackle health inequalities exist and are the outcomes effective?
 - Does the available data and intelligence support decision making on how to reduce health inequalities?
 - Do performance management systems support the monitoring and evaluation of activities necessary to tackle health inequalities?
 - Do partners have the necessary skills and competencies needed to address health inequalities?
- 18 In order to find answers to these questions, we distributed a self-assessment survey to members of each of these sub-groups and analysed the results. In Stage 2 we fed back the findings in a series of workshops to each of the panels/teams across Kent. The purpose was to agree a local action plan to reduce or remove the barriers to achieving fewer health inequalities.
- 19 We also provided the Kent Public Health Board with an overview of the survey findings.
- 20 The findings from this review were also used to inform our Value for Money conclusions at primary care trusts, district and borough councils. We concluded that money made available to health and well-being boards and health action teams was spent appropriately.
- 21 The findings from this review will also be used to inform the CAA for Kent in 2009/10.

Main conclusions

- 22** In workshops that we facilitated, each of the health and well-being boards or health action teams identified barriers to their preparations and 12 local action plans were developed with measures on how to tackle them.
- 23** Following the workshops we provided a summary of the findings to the Kent Public Health Board, under the following four main headings.
- Do the local partners have the capacity and capability to deliver their ambitions, strategies and plans?
 - Are local partners engaged in any exceptional, innovative practice which has been or promises to be successful and which others might learn from?
 - How well is improvement planning being implemented, including whether key objectives and milestones are being achieved?
 - Are there any significant weaknesses in arrangements for securing continuous improvement or failures in governance that would prevent improvement levels being sustained?
- 24** The capacity and capability of local health and well being boards is mixed. For example Sevenoaks, Swale and Shepway demonstrate good local leadership and a good understanding of the needs of their communities. In Thanet, capacity is being boosted by using membership of existing groups such as Supporting People to improve awareness of needs and to seek a better use of available resources. In Maidstone there is a political will to measure progress and an appreciation of future funding restraints that might hamper progress. In Dover capacity is being improved through more joint working with other LSP groups in East Kent enabling partners to focus on tackling health inequalities in a co-ordinated way. Tonbridge and Malling were enthusiastic about tackling health inequalities as a partnership but unclear about the resources available to do so. And some of the Boards were going to revisit their terms of reference to ensure they are both current and sufficient to deal with their responsibilities. There was an element of opportunistic accessing of cash available to local boards and not all expenditure was linked to local priorities. Many of the groups were unclear what outcomes were expected from spend against LAA2. As a result of this the Kent Public Health Board has decided to revisit the work it does with LSPs, to ensure a more co-ordinated approach is taken to the work of the health and well-being boards and health action teams.
- 25** A successful piece of work to map and target resources at reducing health inequalities is underway in Shepway. The local health and well-being panel had an excellent understanding of the health inequalities in its area. It has developed a 'health and social care map' which provides a detailed picture of the local strengths, issues and gaps of health and social care service provision. It highlights this by area in the district where health inequalities exist. It was of note that these areas are based on GP surgeries' catchment areas and we understand this is being rolled out across other areas in Kent. As a result, local work is better targeted at need and allows the local health and well-being board to better use of scarce resources.

- 26 The workshops identified most groups were at an early stage of improvement planning. For example, Maidstone has a good knowledge of their area to inform their work plan. Sevenoaks and Tunbridge Wells concluded that more needs to be done to lobby at the regional and national level to change perceptions of the districts. Dover, Swale and Thanet all concluded that further work was needed on how to broaden residents' perceptions about the issue of reducing health inequalities and what success might look like. The improvement planning developed as part of the workshops will be critical to securing local community understanding and involvement. Communities are not yet receiving all the benefits these groups could deliver.
- 27 There were variable standards to securing continuous improvement planning. Many of the groups did not recognise their role in helping to deliver LAA2 targets as part of the local health inequalities agenda. At Dartford and Gravesham, Dover, Tonbridge and Malling and Thanet there was a lack of continuity of membership. This meant those groups had yet to agree ways of working or firm plans to deliver continuous improvement. Governance is further undermined by the perceived limits of what the Boards think they can influence. As a result of this an important part of the local effort to reduce health inequalities is not functioning properly and will hamper the ability to deliver improvements.
- 28 There are no significant failures in governance arrangements at the board level but, there are some aspects of partnership working which could be improved to ensure health and well-being boards and health action teams make the most impact in tackling health inequalities locally. For example, ensuring plans consistently tackle the most important health problems and more effective coordination of the work of these groups with that of the local strategic partnerships and health services.

Next Steps

- 29 Each of the LSP sub-groups has received the results of the action planning they generated as part of the workshops. The action plans are being updated by the sub-groups in order to help them focus on the barriers they identified and so ensure they are better able to reduce health inequalities locally.
- 30 The Kent Public Health Board has also committed itself to ensuring that the LSP's understand their role in reducing health inequalities by ensuring terms of reference are clearly understood at both the LSP and sub-group level.
- 31 The Audit Commission will look again at the workings of the twelve sub-groups and their action plans which will include how these are helping to overcome the barriers identified and reduce health inequalities.

Appendix 1 – Kent Local Area Agreement 2 (LAA2) Targets

Targets Kent Public Health Strategy	Reduce HI significantly	Improve children's mental health and well being	Improve sexual health and reduce teenage pregnancies	More adults live healthy lives	Older people live longer at home	Reduce substance mis-use and excessive alcohol and drug use
<p>Outcomes Kent Public Health Strategy</p>	<p>Short term outcomes</p> <ul style="list-style-type: none"> • Healthier lifestyle choices by children in schools in deprived areas • Healthier lifestyle choices by adults and young people in deprived areas • Easier-to-reach public services • Fewer smokers <p>Long term outcomes</p> <ul style="list-style-type: none"> • Halt in the rise of childhood obesity • All schools reach the healthy school standard • Reduction in rates 	<p>Short term outcomes</p> <ul style="list-style-type: none"> • Less smoking by pregnant mothers • More breast feeding • Children joining in physical activity <p>Long term outcomes</p> <ul style="list-style-type: none"> • Healthier children through mother not smoking • Less youth crime • Better educational attainment • Fewer referrals for inpatient Child and Adolescent 	<p>Short term outcomes</p> <ul style="list-style-type: none"> • More young people making confident choices • Fewer young people reporting no use of contraception • Fewer new cases of sexual health diseases <p>Long term outcomes</p> <ul style="list-style-type: none"> • Less infertility among adults wanting to have children • Fewer new cases of HIV • Teenage pregnancies down to the same levels as Europe 	<p>Short term outcomes</p> <ul style="list-style-type: none"> • Fewer smokers • More adults taking recommended levels of physical activity • Fewer obese people • More adults leading a full active life following a heart attack <p>Long term outcomes</p> <ul style="list-style-type: none"> • Longer life expectancy 	<p>Short term outcomes</p> <ul style="list-style-type: none"> • Fewer emergency admissions • Fewer admissions to hospital and care homes <p>Long term outcomes</p> <ul style="list-style-type: none"> • Better quality life • More older people on home care packages 	<p>Short term outcomes</p> <ul style="list-style-type: none"> • More young people making healthy choices • More young people accessing drug treatment successfully <p>Long term outcomes</p> <ul style="list-style-type: none"> • Less binge drinking among young people • Less crime among young people and adults

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	<p>of childhood tooth decay</p> <ul style="list-style-type: none"> • Infant mortality rates in Eastern and Coastal Kent better than national average • Better education levels of looked after children • Fewer people of working age on benefits • Fewer children living in low income households • Smaller gap in life expectancy, down from 6.5 years to 6 years • Fewer cases of, and deaths from, cancer 	<p>Mental Health Services</p> <ul style="list-style-type: none"> • Smaller life expectancy gap, down from 6.5 years to 6 years 				
Kent LAA2 NI	NI 120	NI 51 NI 55 NI 110 NI 198		NI 8 NI 175	NI 125 NI 141	NI 40 NI 39

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NHS Targets	Implementation of NICE Improving Outcome guidance on cancer treatment	<ul style="list-style-type: none"> -Number of people with newly diagnosed cases receiving early intervention in psychosis services (not specifically for children) -Percentage of patients with an enhanced CPA receiving follow up within 7 days of discharge -Commissioning of crisis resolution/ home treatment services -Number of children in years R and 6 with height and weight recorded in the last school year 	<ul style="list-style-type: none"> -100 per cent of patients offered an appointment within 48 hours of contacting service (Operational Framework 0809) - Numbers of 15-24 year olds screened or tested Chlamydia -reduction in the under 18's conception rate from the 1998 baseline 	Number of smokers who quit at four weeks against local plan	Number of high intensity users under a community matron or additional case manager	<ul style="list-style-type: none"> -Number of drug misusers in treatment -Drug misusers sustained in treatment

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