

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 13 March 2019

Subject: **Health Inequalities**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

Health inequalities are widening in line with the national picture due to the slowing of the increase in life expectancy, particularly for the most deprived communities. KCC Public Health continues to collaborate and coordinate a whole systems approach through the Sustainability Transformation Partnership, and with wider partners to address this trend systematically.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and **ENDORSE** the approach outlined.

1. Background.

1.1 Health Inequalities are the differences in health outcomes across and between communities. They result from a wide variety of social determinants. Addressing these health inequalities is a key focus of local, national and global health policy and for Local Authorities enshrined in the Health and Social Care Act 2012 as a duty along with the National Health Service.

2.0 Introduction

2.1 It is now widely recognised that our health as individuals is shaped by the conditions in which we are born, grow, live, work and age. Whilst there are elements of our health that we can't change such as our genetic make up and gender there are numerous other conditions which are modifiable and influence our long term health.

2.2 The model of Social Determinants of Health (see appendix 1) explains these factors in some detail.

Health Inequalities are generally measured in populations using rates of all age all cause mortality by deprivation decile or differences in life expectancy at birth, usually measured at district level.

3.0 Progress in Kent

- 3.1 The most recent analysis suggests that health inequalities across the country are widening. Whilst rates of all age all cause mortality are improving for all populations in Kent, the improvements in the most deprived decile have slowed, whilst the improvements in the least deprived remain; thus a widening gap.
- 3.2 Further analysis of what is driving this widening locally at a clinical level suggests that cancers and particularly lung cancers makes a significant contribution. This reflects the cohort of people taking up smoking in previous decades who are now going on to be diagnosed with lung cancer related to their smoking.
- 3.3 This slowing of improvements is now well recognised as a national issue which Public Health England (PHE) reported on in December 2018¹.

4.0 National Policy

- 4.1 Health Inequalities and reducing health inequalities remain a national priority. The NHS Long Term Plan published in January 2019 includes a whole section on reducing health inequalities and outlines the action the NHS will take over the next five to ten years in order to address these.

These actions include significant NHS contributions to support:

- Making England smokefree
- A much greater focus on smokefree programmes for expectant mothers and their partners and in specialist mental health and learning disability services.
- Greater focus on obesity particularly for people diagnosed with type 2 diabetes or hypertension with a body mass index of 30+
- Support people with alcohol dependency related admissions through Alcohol Care Team provision.
- Contribution to action on air pollution.
- Delivery of the five year action plan on Antimicrobial resistance
- A higher share of funding towards geographies with higher health inequalities.
- Local planning through developing specific measurable goals for narrowing the gap in maternity services
- Support implementation of enhanced and continuity of care for the most vulnerable
- Enhance number of people in mental health services receiving physical health checks.
- The continued improved identification and support for carers, particularly

¹ Public Health England; Recent trends in Mortality in England. Published December 2018.

those from vulnerable communities.

- The expansion of NHS specialist clinics to help more people with serious gambling problems
- The commissioning, partnering and championing of local charities, social enterprises and community interest companies providing services and support to vulnerable and at risk groups.

4.2 We also expect PHE to publish a new reducing health inequalities strategy in the spring of this year.

5.0 Actions public health are working on

5.1 The following actions that the Public Health team are working on across partners and the Sustainable Transformation Partnership to ensure a continued focus on the reduction of health inequalities:

- To refresh the STP Case for Change to incorporate the NHS Long Term Plan including actions for prevention in primary and secondary care systems and reducing health inequalities.
- Work with emerging integrated care networks and primary care networks in order to translate strategic priorities for Kent and Medway to local action. This will fundamentally include an under-pinning approach to reduce health inequalities locally.
- We have contributed to the upcoming health inequalities strategy from PHE, expected to be published in Spring 2019.
- Review progress made on Mind the Gap and develop a new working plan based on a synthesis of Mind the Gap, the NHS Long Term Plan and the STP prevention workstream and ensuring that all actions arising from the forthcoming Health Inequalities Strategy are woven into the new plan.
- We are leading and supporting colleagues in other KCC Directorates to develop and deliver a cross-directorate programme which will align the local programmes of work to support the reduction of health inequalities.
- We will use health intelligence and evidence to review our commissioning arrangements going forward to match local need and assure evidence based quality delivery.
- To continue to work with our district partners to ensure a “Health in all policy” approach is adopted and maintained and that districts continue to be tied into local health and care delivery.

5.0 Recommendation

The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and **ENDORSE** the approach outlined.

6.0 Background Documents

PHE publication ‘A review of recent trends in mortality in England 2018’
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762623/Recent_trends_in_mortality_in_England.pdf

7.0 Contact Details

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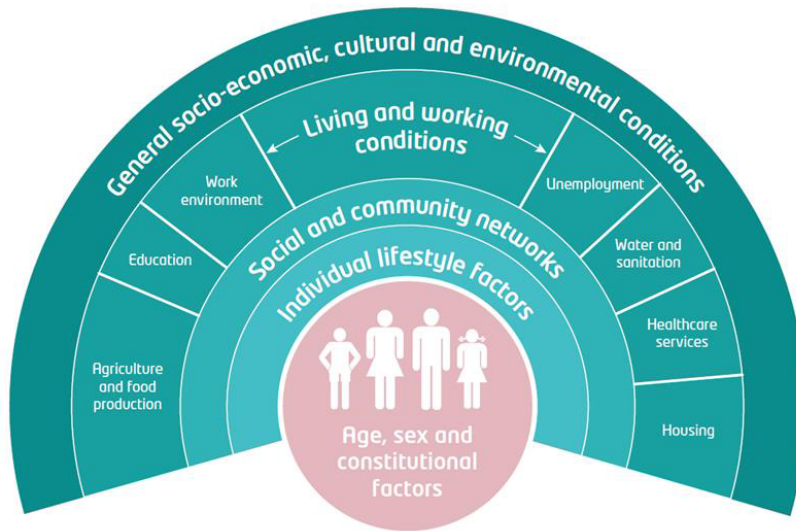
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Appendices

Appendix 1



Dahlgren and Whitehead's Social Model of Health (1991)

Decile of deprivation on all age all cause mortality

