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

10 May 2019

Subject: **Health Inequalities and Place-Based Public Health**

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary:

Health inequalities are widening and continue to be a concern, both nationally and locally.

This paper discusses recent work on health inequalities and plans to develop a new strategy to address health inequalities in Kent County, incorporating a new health inequalities framework which is due to be published by Public Health England in the near future.

The paper also covers the recent NHS Long Term Plan publication and highlights that reducing health inequalities is one of the key themes of the report and will help to ensure that the emerging Integrated Health and Care system will systematically focus on reducing health inequalities together with improving and protecting the health of the Kent population.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **Comment on and Endorse** the contents of the report.

1. Background

1.1 Local Authorities along with Clinical Commissioning Groups (CCGS) have a duty to work to reduce health inequalities. Kent County Council Public Health published the Mind The Gap Analytical Report in 2016 and a workplan to address health inequalities.

Unfortunately, there has been limited progress addressing health inequalities in the last 10 years both nationally and locally, in part due to the global financial crisis.

Local authorities working in conjunction with the broader health and care system

are well placed to address health inequalities through partnership working and this report explores some of the areas of work that Kent Public Health are involved in and that are being considered for action following a refresh of the Mind the Gap report and ongoing work with colleagues in Kent County Council, District Councils and the NHS.

2.0 Introduction

2.1 Health inequalities are avoidable differences in the health and wellbeing of individuals due to factors such as where they live and whether they have good quality employment.

2.2 The gap in life expectancy between the most and least deprived areas of England is 9.5 years for males and 7.4 years for females (PHE Health Profile 2014-2016). There is also a 19 year-gap in healthy life expectancy between the most and least deprived parts of England. These health inequalities are unfair and avoidable. They cut people's lives short and cost the NHS, social care and our national and local economies billions of pounds.

What is worse is that these gaps have widened since 2010-12 particularly for women.

2.3 While mortality rates in Kent have been falling over the past decade, the 'gap' in mortality between the most deprived and least deprived Lower Super Output deciles has persisted with the most deprived cluster of LSOAs experiencing an additional 400 deaths per 100,000 population per year on average.

Data on Kent health inequalities can be found in the refreshed Mind the Gap report which is appended.

2.4 Steep inequality gradients are also evident across many health and social indicators in Kent. On many measures the most deprived deciles fare disproportionately worse than their more affluent counterparts (i.e. there is a non-linear relationship with deprivation). For example, alcohol-related premature mortality more than five times higher in the most deprived decile than the most affluent decile.

2.5 There is a requirement for focused and sustained partnership action to stop the decline in the wider determinants of health and improve well-being and extend healthy life for our population.

We must, however, be mindful that there are few 'quick wins' when addressing health inequalities. The results of current interventions may only become evident long after the prevention programme began. For instance, the adverse effects of smoking can be broken down into immediate, intermediate and long-term outcomes. Some of the long-term impacts may include Cancer (colorectal, liver, lung, bladder, laryngeal, oral, and pharynx) which may manifest themselves decades after smoking in the individual was first started.

2.6 Health inequalities are complex and are caused by a mixture of environmental and social factors in a particular area or place. This has led to a drive for place-

based approaches to public health such as the Healthy New Towns programme and to a joined-up place-based approach to addressing health inequalities, working with many partners including public health leaders, the emerging new NHS structures such as the ICS and district and county councils.

The recent publication of the NHS Long Term Plan has, for the first time, put reducing health inequalities at the heart of the delivery of NHS services. The plan highlights not only highlights the key preventative strategies such as reducing smoking prevalence, reducing obesity prevalence, and excessive alcohol consumption, improving air pollution and addressing antimicrobial resistance, but also recognises the targeted of funding to areas of higher need, improved maternity outcomes for the most vulnerable mothers, targeted action on physical health for those people with severe mental health illness, a focus on people with learning disability, a focus on rough sleepers particularly with mental health services, and support people with more health service support who are carers.

3.0 What should we be doing?

3.1 It is currently not possible to compare the scale of impact of the different wider determinants on people's health due to their delayed effects and the long period of time for illnesses to develop. However, Michael Marmot developed a prioritised list for areas of action.

These include:

1. Best start in life - e.g. reducing infant mortality

2. Maximizing capabilities through skills and education over the lifecourse – e.g. improving educational attainment and resilience

3. Good employment – e.g. developing careers and good quality jobs

4. Healthy standard of living - e.g. reducing child poverty, improving access to healthy foods

5. Sustainable places and communities (including housing) – e.g. developing proper communities rather than dormitory towns, reducing overcrowding and improving access to green spaces for leisure

6. Prevention – e.g. lifestyle modification, targeted smoking cessation, better access to good quality clinical care

In addition, there might be advantages to using behavioural insights/behavioural economics in designing interventions. There is little evidence of outcomes in public health work at present, but it is an emerging area.

4.0 What are we already doing?

4.1 We already work with partners on health improvement and have strived to ensure that the most deprived areas of Kent are prioritised. This has included our work on One You and the Health Living Centres. We have also contributed to the costs of Kent Children's Centres to contribute to the early years agenda.

4.2 There have been targeted campaigns to reduce smoking in many parts of the County. These include assisting local hospitals to become Smoke Free, work to make school gates Smoke Free and the use of behavioural insights to develop campaigns for deprived areas aimed at pregnant women and encouraging them to give up smoking before they give birth (What the Bump? Campaign).

4.3 This are already plan in Kent to use a new partnership approach across the Council to align exiting local resources to effect change at a local level. This is not just about reducing existing health inequalities, but includes a focus on the protective factors that prevent these health inequalities.

4.4 There is a well-developed work plan for the prevention workstream of the Sustainability and Transformation Plan (STP). This is being progressed across Kent and Medway and includes areas such as smoking cessation, increasing physical activity, tackling anti-microbial resistance and cancer screening.

We have worked with all our District Councils on a health in all policies approach and continue to work with them on specific projects such as One You Kent.

5.0 Conclusions and Next Steps

5.1 It has proved difficult in times of austerity to tackle health inequalities. We now anticipate the publication of the new Joint Strategic Framework for addressing health inequalities to be published by Public Health England (PHE).

5.2 It is proposed to use this framework to develop a data led and evidence-based new Council-wide strategy and work plan to tackle health inequalities, pulling together the joint strategic framework, the work of the STP prevention workstream, the NHS Long-Term Plan and the Healthy New Towns Programme.

6.0 Recommendation

6.1 The Health Reform and Public Health Cabinet Committee is asked to **Comment on and Endorse** the contents of the report.

7.0 Background Documents

7.1 Davies SC. Annual Report of the Chief Medical Officer 2018 - Health 2040 – Better Health Within Reach. Department of Health and Social Care; 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767549/Annual_report_of_the_Chief_Medical_Officer_2018_-_health_2040_-_better_health_within_reach.pdf

7.2 Public Health England. Kent Health Profile for England 2018

https://democracy.kent.gov.uk/ecCatDisplay.aspx?sch=doc&cat=14815

7.3 Mind the gap 2016 – Analytical Report

https://democracy.kent.gov.uk/ecCatDisplay.aspx?sch=doc&cat=14815

8.0 Contact Details

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