From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To:	Social Care and Public Health Cabinet Committee
Date:	16th January 2014
Subject:	**Update on addressing Health Inequalities in Kent**
Classification:	Unrestricted

Summary:

The purpose of this report is to update the members on progress made towards addressing health inequalities in Kent and to make suggestions on how we can move faster.

Based on the model suggested by Professor Chris Bentley the Kent Public Health department has developed a methodology to identify the number of lives that will need to be saved for effective reduction in health inequalities and where to target resources. Local action plans (Mind the Gap) at district level in collaboration with CCGs are critical to shifting these stubborn inequalities in health. The local health and wellbeing boards are driving these changes.

Recommendation(s):

The Social Care and Public Health Cabinet Committee are asked to:

- Note the progress made to date in addressing health inequalities.
- Support the delivery of health inequalities (Mind the Gap) action plan in their local districts, particularly in the areas of high mortality rates.
- Endorse the principle of an increased pace when working with local schools to promote physical activity; promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks.
- Receive a progress report in 12 months' time on indicators mentioned under section 7.2.

1. Introduction

1.1 This paper provides an update to the Social Care and Public Health Cabinet Committee, on how Kent is addressing health inequalities.

1.2 To ensure that there is a sound and consistent understanding of the health inequalities, Professor Chris Bentley (former National Lead) was invited to present his approach to 'Addressing Health Inequalities' at the November 2012 Shadow Health and Wellbeing Board. He has also been working with a number of Kent districts to present a number of tools for assessing variation that contributes to health inequalities gap.

2. What are health inequalities and how are they measured?

2.1 Health inequalities are avoidable variations in health status of groups and individuals and are a complex issue. There is evidence that populations in areas with high deprivation experience higher morbidity and mortality than those areas with low deprivation (Marmot strategic review, 2010). Health inequalities are ultimately measured by Life Expectancy at Birth and by All Age All-Cause Mortality (AAACM) rates and a range of shorter-term performance indicators set by the Public Health Outcome Framework. One of the success factors for improving the public's health for local authorities and Clinical Commissioning Groups will be assessed on how well they are reducing health inequalities in their area.

3. Kent approach to addressing health inequalities

3.1 In 2012 Kent produced an action plan to address health inequalities, which was agreed by the full Council on 29th March 2012. The action plan is widely known as "Mind the Gap, Building bridges to better health for all' was developed in collaboration with District Councils and the NHS. It is based on the principles of Marmot's life-course approach and the Joint Strategic Needs Assessment (JSNA) priorities and gives specific examples of what we need to do in Kent to make an impact on inequalities.

3.2 The plan therefore illustrates a range of actions and initiatives undertaken by Kent County Council (KCC) and partners to address the wider social determinants of health inequalities across Kent. It demonstrates a far-reaching and expansive contribution that District Councils, community enterprises, voluntary sector and other statutory agencies make to improve healthy lifestyles and promote mental and emotional wellbeing among the Kent population, particularly in deprived communities and to the most vulnerable in society.

3.3 Kent Public Health consultants and specialists are specifically supporting the Districts in their preparation of local action plans for their contribution to reducing health inequalities. The district level action plans so far have had variable collaboration with CCGs as at the time CCGs were being established.

4. Tobacco Control to address health inequalities

4.1 The health consequences of smoking tobacco are the single biggest cause of health inequalities. To reduce health inequalities we need to reduce the number of smokers in Kent, particularly in areas where smoking prevalence is the highest.[1] It remains the biggest cause of premature death and is responsible for more loss of life than the next six factors (including obesity, drugs and alcohol) combined.[2] The Public Health Outcomes Framework includes a number of measures that are directly related to smoking and several that have very strong links.

4.2 With a smoking prevalence of 21.34% and an adult population of 1,153,000, Kent has an estimated smoking population of 246,071. To reduce the number of smokers in Kent we need to help existing smokers give up and reduce the

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[1] Doll R, Mortality in relation to smoking, BMJ 2004
[2] ASH Factsheet, Smoking Statistics: illness & death, October 2011 (http://ash.org.uk/files/documents/ASH_107.pdf)

number of young people that take up smoking. There is evidence to suggest that 70% of smokers want to give up.[3]

4.3 The Tobacco Control strategy and action plan is in the process of being produced and will focus on actions to reduce smoking prevalence in manual and routine workers, smoking in pregnancy and the illicit tobacco trade.

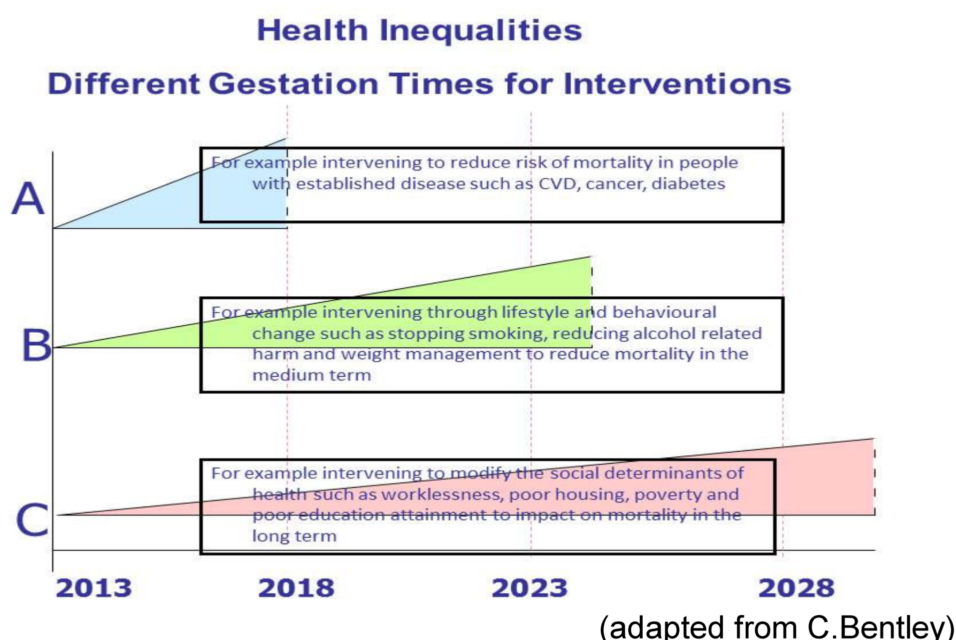
5. Contribution from CCGs and NHS England (Kent and Medway)

5.1 The local level Health and Wellbeing Boards provide opportunities for CCGs and District Councils to work collaboratively to reduce health inequalities. Figure A illustrates the role and contribution needed across the entire system, to ensure that health inequalities are effectively reduced over the short, medium and long - term**.**

5.2 All partners in the local health and care system have a role to play in prevention of ill health. The Area Team and CCGs are collectively responsible for commissioning services provided through general practice that can make a difference to the early deaths in the ‘at risk’ groups. Work has commenced with CCGs to focus on the short term interventions which can be influenced primarily by the CCGs and assist in reducing health inequalities. Examples of these services include:

- Reduce differences across practices in Kent on how patients with certain conditions are effectively identified on a register and managed
- Reduce differences across practices in the number of patients that are known to have diseases compared to those who are expected to have a disease for certain conditions such as diabetes, blood pressure and respiratory diseases (Chronic Obstructive Pulmonary Disease)

5.3 CCGs and NHSE have a particular role in relation to number A in figure below.



(adapted from C.Bentley)

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[3] **West R. et al “Smoking Toolkit Study”, 2011**

6. Identifying target areas for intervention

6.1 Based on the model suggested by Professor Chris Bentley the Kent Public Health department has developed a methodology to identify the number of lives that will need to be saved for effective reduction in health inequalities and where to target resources.

6.2 In July 2013 a paper highlighting areas at a small geographical level (lower level super output areas) that experience high rate of deaths for premature deaths (those under 75 yrs) was submitted to the Kent Health and Wellbeing Board. The paper outlined areas of premature mortality related to :

- circulatory diseases
- respiratory diseases
- cancer

6.3 To understand the extent of the different rates at which people were dying prematurely across Kent, the Kent and Medway Public Health Observatory calculated the premature death rates in small areas in each CCG [4]. The Public Health team calculated the number of deaths that would need to be postponed if the mortality rate in the CCG followed the same pattern as that for Kent and Medway. These calculations identify that the following numbers of lives would need to be saved:

- circulatory disease –515 lives saved (deaths postponed)
- respiratory disease –306 lives saved (deaths postponed)
- cancer –579 lives saved (deaths postponed)

6.4 The information provided a platform for discussion at the local health and wellbeing Boards to develop actions for addressing health inequalities. For Members to note this information is available at small community level, (http://kent590w3:9070/documents/s41646/Agenda%20Item%206%20Health%20Inequalities%20final.pdf).

7. How will we know if commissioned services will reduce health inequalities?

7.1 To measure effectiveness of action plans these are supported by an Impact Assessment tool designed on a model endorsed by the Department of Health. The Health Inequalities and Wellbeing Impact Assessment (HIWIA) toolkit has been developed as a resource to screen the impact which programmes and policies have on health inequalities. The toolkit has been adapted from the mental wellbeing screening toolkit adopted by the Department of Health's Mental Wellbeing Strategy as it contains a strong screening element for impact on health inequalities. The HIWIA is closely aligned to Bentley's *'Christmas Tree'* Commissioning model and the training for this resource is being rolled out to District Councils and CCGs. The toolkit is also receiving positive recognition and interest from other Local Authorities. The toolkit is being rolled out for use by the CCGs.

7.2 To monitor effectiveness of interventions, Kent Public Health is currently developing a set of overarching indicators which will assist in measuring health inequalities at a local level. These are:

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[4] Lower Level Super Output Area is a geographical area around the size of a postcode and smaller then a political ward.

- Reduction in the under-75 mortality rate from Cancer (rate per 100,000).
- Reduction in the under-75 mortality rate from Respiratory Disease (rate per 100,000).
- Increase in the proportion of people receiving NHS Health Checks of the Target number to be invited (proxy for under-75 mortality)
- Increase in the number of people quitting smoking via smoking cessation services (number. proxy for under-75 mortality)
- Increasing Breastfeeding Initiation Rates
- Increasing Breastfeeding continuance 6-8 weeks
- Reduction in the number of pregnant women who smoke at time of delivery

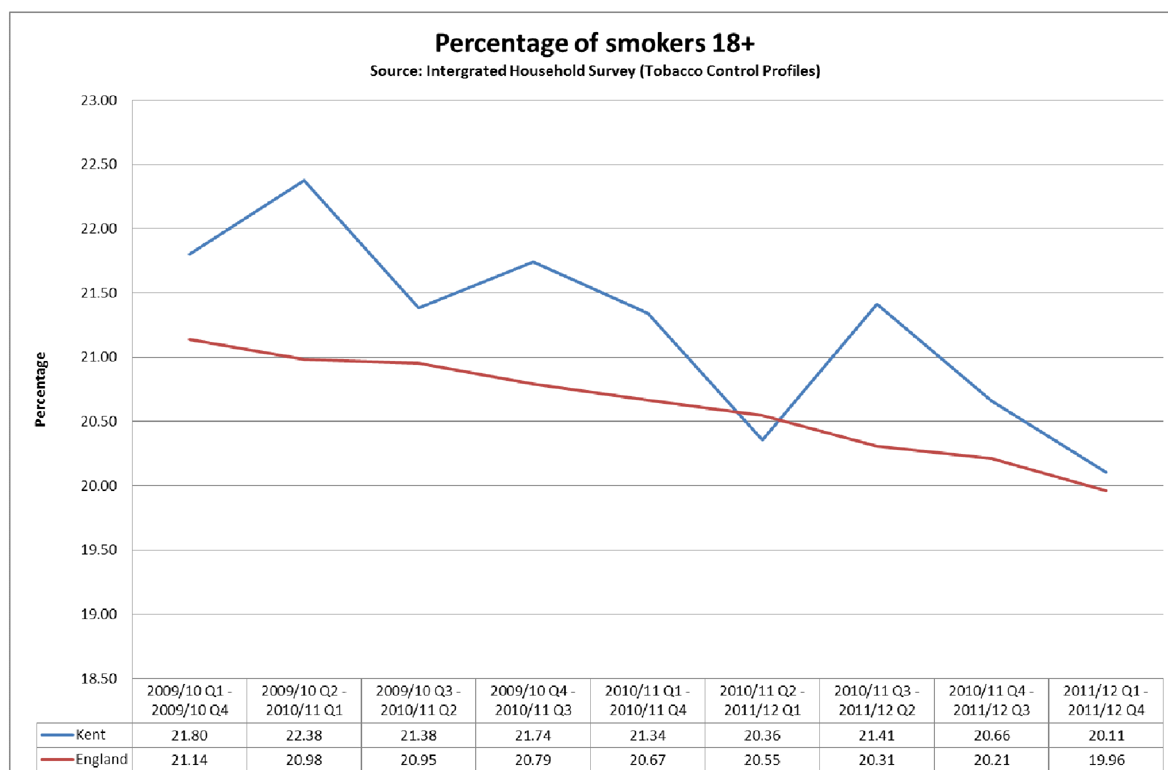
These have been agreed by the Kent Health and Wellbeing Board.

8. Progress to date

8.1 Tobacco Control

8.1.1 Considering that smoking is a large contributor towards health inequalities, Kent has invested nearly £3.3 million in services to help adults quit smoking. These have achieved significant success - last year (11/12) the Stop Smoking Services in Kent helped 9,314 people quit smoking.

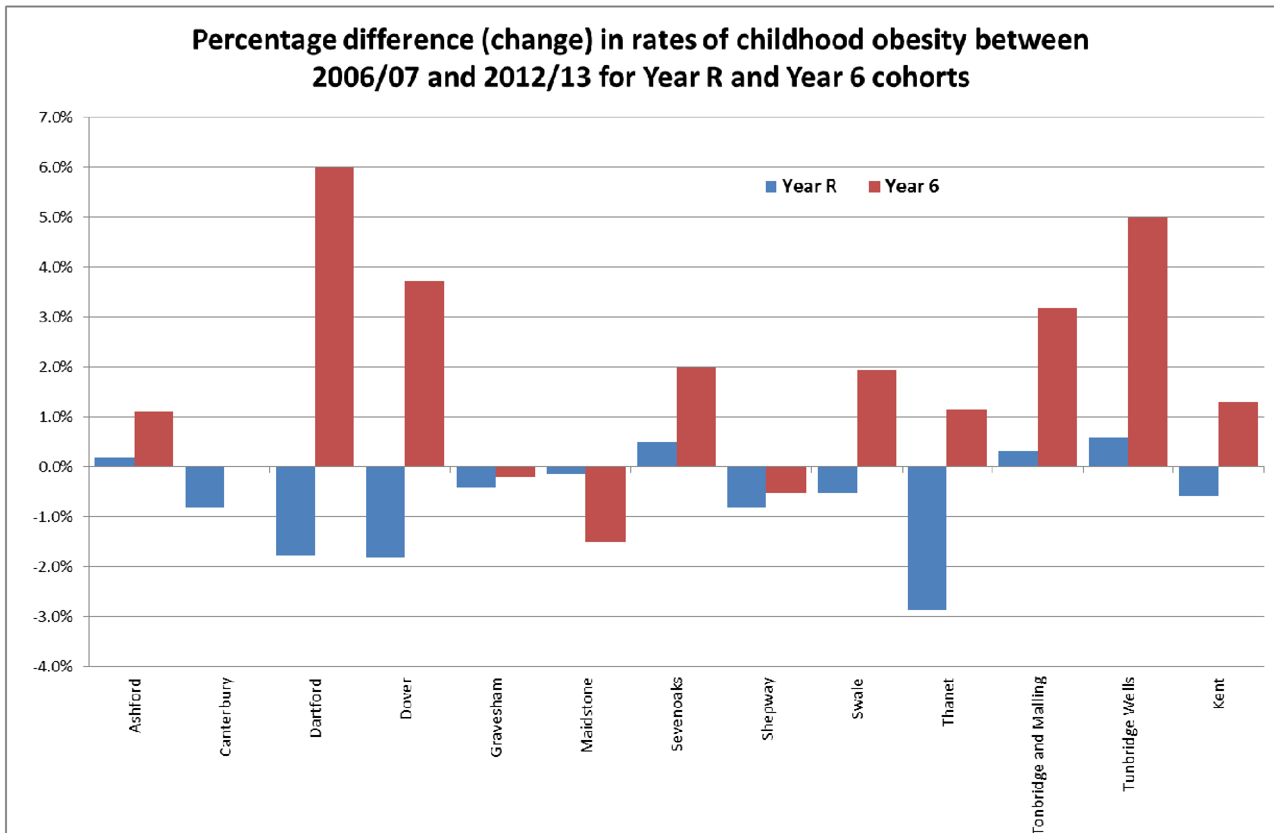
8.1.2 Most recent data (2009/10 to 2011/12) on smoking prevalence highlights a downward trend.



8.2 Childhood Obesity

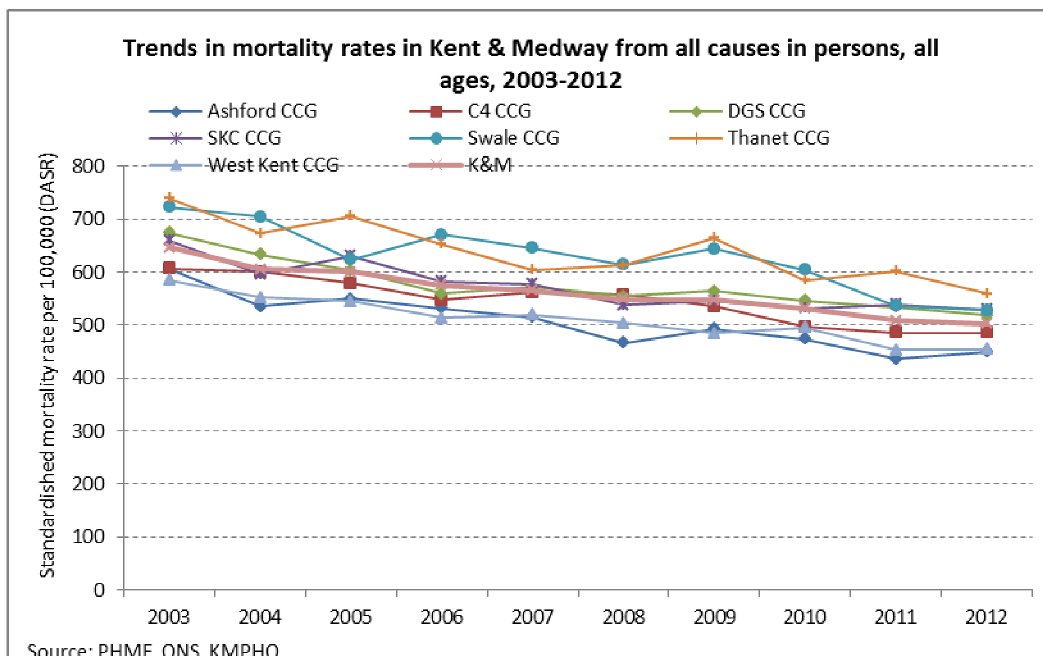
8.2.1 Childhood obesity particularly in Year R, is another area which has seen a percentage change at a population level in Kent (figure below). However for Children in Year 6 majority of the districts have seen an increase.

8.2.2 Please note there is no percentage change for Canterbury and therefore not illustrated in the figure.



8.3 All Age All Cause Mortality

8.3.1 Since 2003 there has been a downward trend for AAACM rate and this has maintained in recent years (figure below).



8.3.2 This downward trend could be attributed to various factors such as advancement in medicine, improved access to services and improved public health programmes such as National Screning programmes etc.

8.4 Addressing health inequalities at a local level

8.4.1 Addressing Health inequalities is one of the key priorities for the local CCGs and District Councils. For example in case of Sevenoaks the healthy living initiative is being extended to Father's cookery sessions, offering fathers an opportunity to work alongside their children and learn about healthy cooking classes; improving confidence and skills to prepare health meals on a budget. This project is developing further interface with other community initiatives such as local food banks. The newly established Integrated Commissioning Groups (ICGs) across the County provide a sound platform to progress this work. For instance in Ashford the local ICG has driven the health inequalities imperative for this area. Canterbury, Thanet and West Kent expect to follow suit; enabling the ICG to drive the local health inequalities agenda, with reporting lines to the local Health and Wellbeing Boards.

8.5 Housing and Health Inequalities

8.5.1 Public Health has been working with all District Councils to support their respective local Health Inequalities Action Plans aligned to Kent's Health Inequalities Action Plan 2012-15 - *'Mind the Gap'*. All districts have made progress and are near completion with only Tunbridge Wells and Gravesham slightly delayed due to resource issues. Appendix 1 has summary of priorities at District / CCG level.

8.5.2 The condition and location of housing has a strong bearing on health inequalities. The Kent Housing Group and the Joint Policy and Planning Board for Housing have produced a separate action plan that relates to 'Mind the Gap' focussing on Housing issues. The dedicated Housing *Mind the Gap* (titled Think Housing First) was launched in early December and addresses housing issues that impact upon inequalities and identifies key priorities with strategic actions to :

- Reduce Homelessness
- Provide affordable Housing provision
- Tackle Cold and Hazardous Housing
- Promote safe and Accessible Housing
- Promote referral schemes

8.5.3 Each of the priorities have tangible, measurable objectives to improve access to primary health care, falls prevention services and promote smoke free homes. Initiatives are being developed to develop neighbourhoods into healthy places and increase the role the housing sector plays in ill health prevention. Innovative proposals such as promoting mental wellbeing to residents, improving access and registration with GPs for rough sleepers and the promotion of smoke free homes are examples of Housing's commitment to reducing health inequalities in Kent. Further work will be undertaken to measure the benefits of Think Housing First and the cost savings made to health.

8.6 Additional resources have been made available to assist District Councils with the improved targeting and effective management of health inequalities programmes. District Councils have been invited to bid for up to £10K towards reducing health inequalities associated with existing programmes. Programmes or activities submitted for consideration will need to be impact

assessed using the HIWIA (see above) and funding will be awarded to deliver the actions identified from the screening toolkit. The agreed actions will be those that need to be taken to maximise potential for reducing health inequalities and that also have local CCG support.

9. Conclusion

9.1 Each of Kent's district authorities have demonstrated a commitment to reducing health inequalities. The varied nature of the way in which the plans have been produced and the progress made to date does not detract from the priority given to reducing health inequalities at a local level. The local emphasis is now on progressing plans into action and in most cases this will be overseen through a governance structure of the Integrated Commissioning Groups and the local health and wellbeing boards.

9.2 Members have a real understanding of the issues that matter to their local communities, and they can make a real difference in improving Public's Health through promoting Public Health initiatives.

9.3 Implementation of Health Inequalities action plan (Mind The Gap) within districts is in its early stages, and Members can contribute through various arenas, such as promoting physical activity in school children, supporting harm reduction initiatives for tobacco control, promoting individual participation in NHS Health Checks through the local GP practices etc.

9.4 Members can also play a pivotal role at policy level such as in influencing spatial planning which promotes health and wellbeing, facilitating collaborative working between agencies such as the district authorities, police and health in promoting policy initiatives to reduce harm from alcohol.

10. Background Documents

10.1 Marmot strategic review, 2010

10.2 Kent's Health Inequalities Action Plan 2012-15 - *'Mind the Gap'*

10.3 Doll R, Mortality in relation to smoking, BMJ 2004

10.4 ASH Factsheet, Smoking Statistics: illness & death, October 2011 (http://ash.org.uk/files/documents/ASH_107.pdf)

10.5 West R. et al "Smoking Toolkit Study", 2011

10.6 Housing *Mind the Gap* titled Think Housing First

11. Recommendations:

Recommendations:

The Public Health and Social Care Committee are asked to:

- Note the progress made to date in addressing health inequalities.

- Support the delivery of health inequalities (Mind the Gap) action plan in their local districts, particularly in the areas of high mortality rates.

- Endorse the principle of an accelerated pace when working with local schools to promote physical activity; promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks.

- Agree to receive a progress report in 12 months' time on indicators mentioned under section 7.2.

12. Contacts Details

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Appendix 1

A number of emerging themes to address Health Inequalities across districts are:

Ashford:

- Addressing statutory homelessness
- Improving educational attainment
- Reducing smoking in pregnancy
- Improving breastfeeding initiation
- Addressing adult obesity
- Improving levels of physical activity

Canterbury:

- Addressing smoking in Pregnancy
- Starting Breastfeeding
- Hospital Stays for Self-Harm
- Improving educational Attainment
- Addressing adult obesity
- Physically active adults
- Addressing excess winter deaths

Dover & Shepway:

- Asset mapping community development
- Addressing respiratory Disease
- Reducing teenage Pregnancy
- Improving breastfeeding rates
- Promoting falls prevention
- Improving mental wellbeing
- Addressing childhood Obesity

Thanet:

- Reducing under 75 mortality for CHD & COPD
- Reducing smoking prevalence & smoking in pregnancy
- Improving breastfeeding initiation
- Reducing teenage pregnancy
- More effective management of CHD in primary care
- Improving outcomes around alcohol and drug misuse
- Improving mental health outcomes
- Addressing obesity
- Improving childhood immunisations & screening

Tonbridge and Malling:

- Reduce the gap in health inequalities
- Promote opportunities to support families in poverty
- Promote healthy weight for children
- Develop our communities to be healthy places
- Reduce risk taking behaviours in young people
- Support businesses to have healthy workplaces
- Increase breastfeeding prevalence at 6-8 weeks

Sevenoaks:

- Reduce Obesity levels (Childhood and adult risks)
- Reducing rate of falls
- Improve mental health and wellbeing
- Promote healthy birth weights
- Support health communities
- Reduce health inequalities gap
- Access to services
- Improve support and management of long term conditions

Tunbridge Wells:

- Reduce excess winter deaths
- Reduce hospital stays for self-harm
- Reduce alcohol dependency and high risk drinking
- Reduce the number of adults who smoke
- Improve mental health
- Reduce homelessness
- Reduce health inequalities
- Reduce obesity levels – Child and Adult
- Support businesses to have healthy workplaces

Maidstone:

- Reduce obesity levels
- Reduce health inequalities gap
- Reduce smoking prevalence
- Create healthy communities
- Teenage conception
- Support older people

Swale:

- Improve breastfeeding
- Improve under 75's mortality
- Increasing number of healthy births
- Promote healthy weight for children
- Improve educational attainment
- Support older and disabled population to live independantly
- Reduce homelessness and negative impact on those in temporary accommodation

Gravesham:

- Working with partners to take forward the national troubles families agenda within Gravesham: Gravesham Families First
- Align the councils health targets to those established by the DGS CCG
- Reduce childhood and adult obesity
- Meet the housing needs of vulnerable people
- Reducing teenage pregnancy

Dartford:

- Promoting healthy weight
- Reducing smoking prevalence
- Promoting responsible drinking
- Promoting mental health and wellbeing