West Kent Health and Wellbeing Board – 20th December 2016

Addressing Health Inequalities in West Kent

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Maidstone

Background

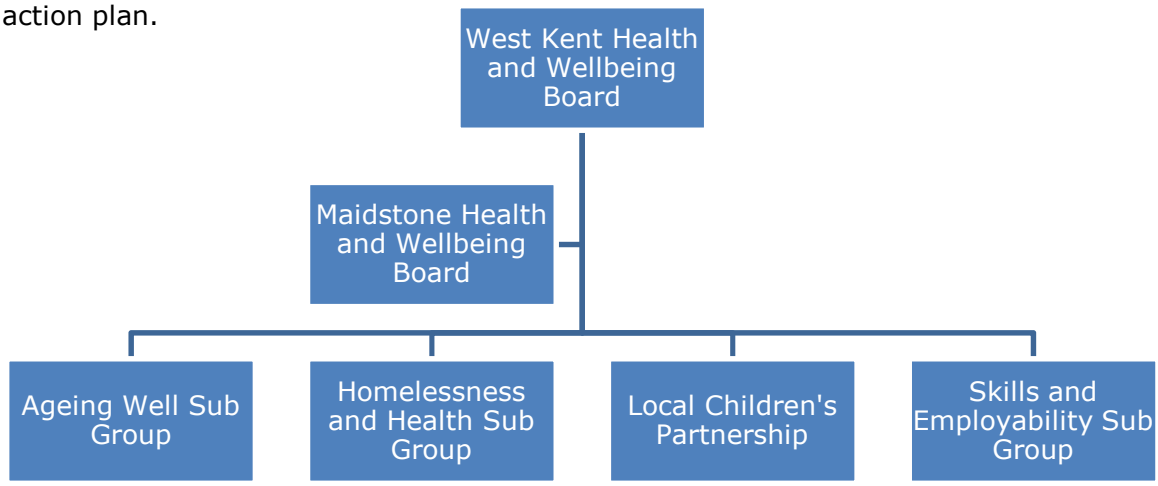
District Councils have a major role to play in public health. The functions we deliver such as planning, housing, economic development, environmental health, leisure and community safety have key impact on the health of communities.

In 2014, Maidstone Borough Council adopted its own Health Inequalities Action Plan outlining our commitment and actions for improving the health of populations within the borough. Our plan recognises that reducing health inequalities cannot be done in isolation; we depend on developing and sustaining partnerships with organisations in the borough to help us achieve the goals for our residents.

The action plan runs until 2020; however as data has development, knowledge has matured and local authorities face an ever-changing financial climate, a refresh was completed in October 2016 to review progress and ensure priorities are still relevant.

Structure

The Maidstone Health and Wellbeing Board have the responsibility to oversee the delivery of the health inequalities action plan and report progress back to the West Kent Health and Wellbeing Board. The group own the action plan, but are not the sole owners of the actions contained within in. There are 4 sub-groups supporting the delivery of the action plan.



The aim of each sub group is:

Ageing Well

- To work together as partners organisations and communities to improve local health outcomes for older people and build on the strengths of our diverse borough.

- To make prevention and early intervention the principles that guide how resources are deployed in Maidstone to achieve our priority outcomes.

Homelessness and Health

- To assess the impact of homelessness on the health of people in the borough
- To assess the initiatives currently in place to tackle homelessness and to address the health needs of homeless and vulnerable people in the borough
- To make effort to hear the views and opinions of some of the individuals concerned and make recommendations to the Council, the NHS and other relevant organisation to address the needs of rough sleepers and improve their health outcomes.

Local Children's Partnership

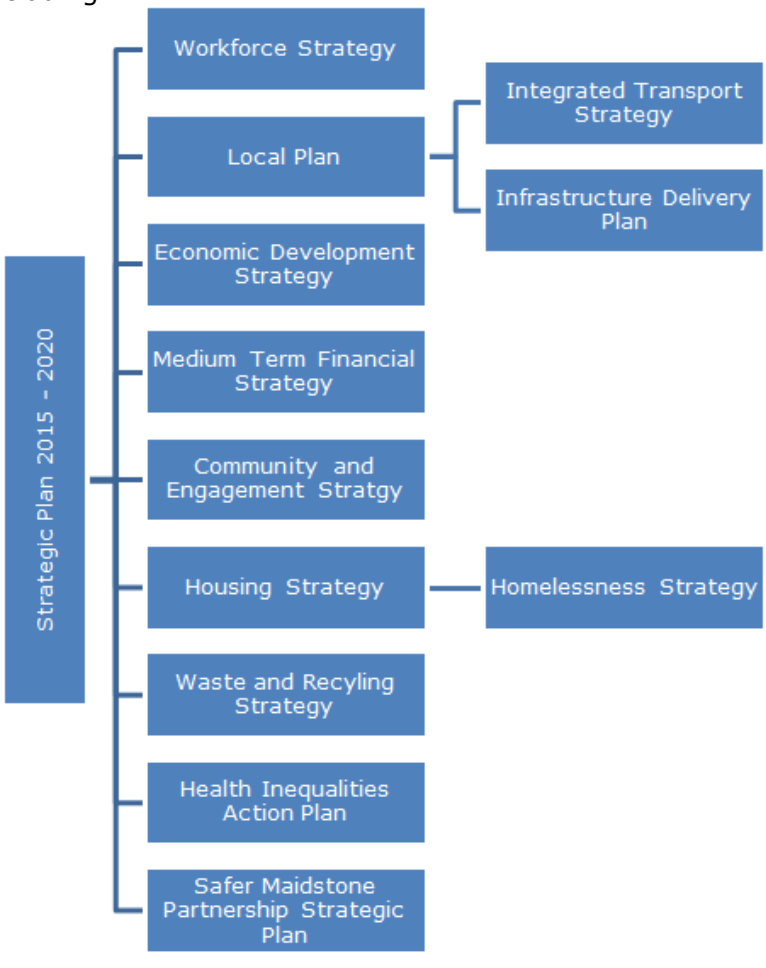
- Work in partnership at a district level and to drive improvement in specific outcomes for local children and young people.
- Sharing information to provide an understanding of local services and their thresholds.
- Providing a vehicle for identifying and addressing local needs and gaps in service provision.
- Facilitating and pooling resources to meet the needs of local children and families.

Skills and Employability

- To improve the employment prospects, education and skills of local people
- To support and promote growth in local economies and businesses to benefit local people.

The Marmot Priorities underpin the work of the subgroups by creating an enabling society that maximises individual and community potential; and to ensure social justice, health and sustainability.

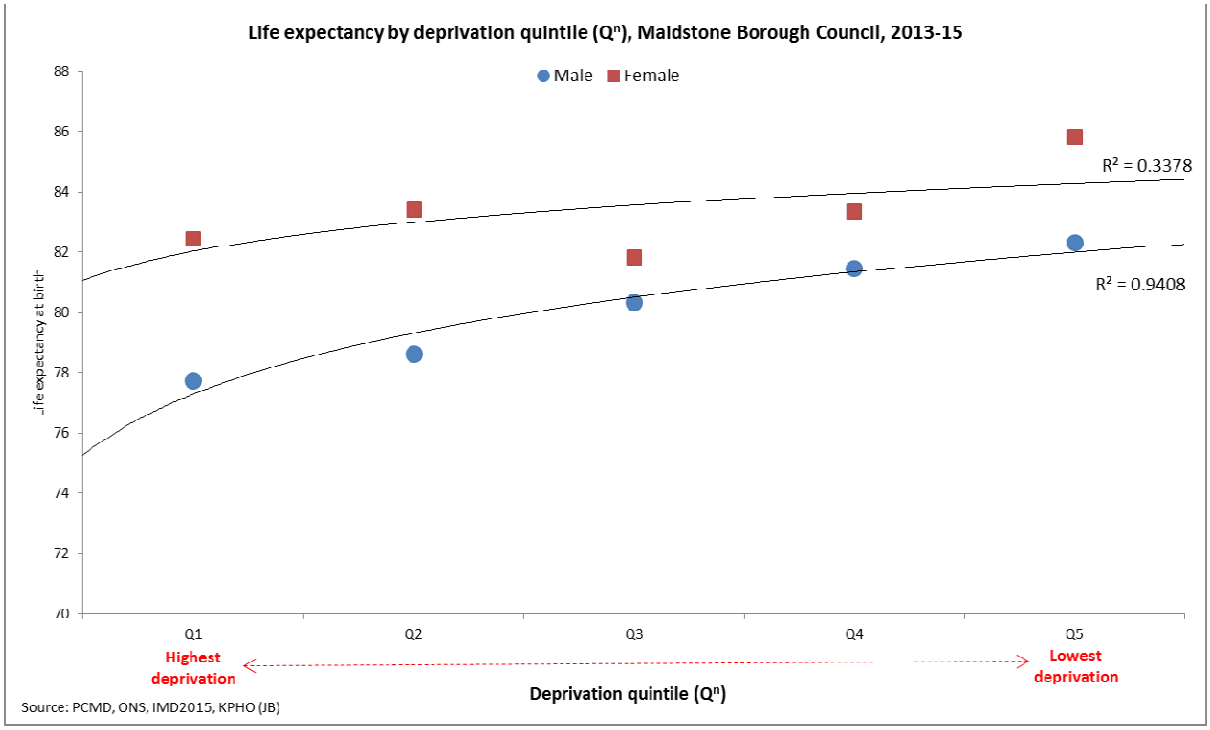
The Health Inequalities Action Plan is not the only plan which tackles health inequalities among our residents. A number of other key plans and strategies of Maidstone Borough Council contribute to improving the health and wellbeing and reducing the gap in inequality including:



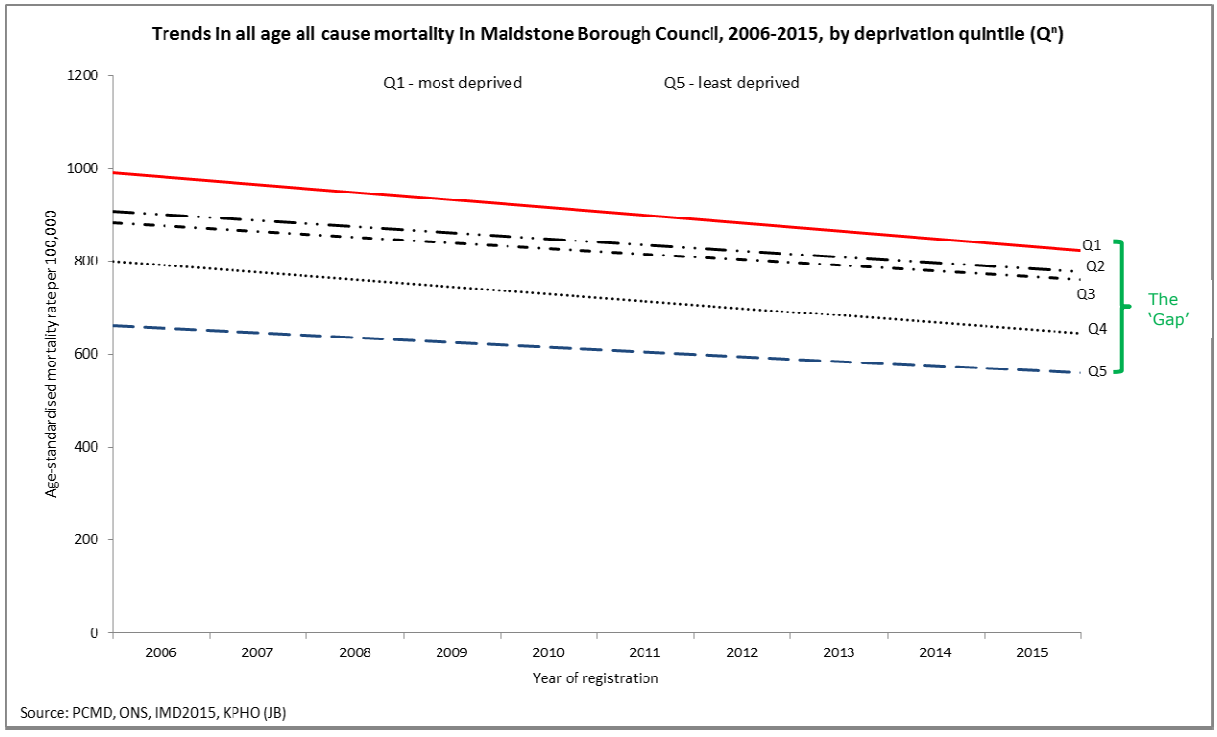
Measuring Health Inequalities

Overall indicator of progress in tackling health inequalities is to look at how mortality rates have changed over time for the most deprived compared to our least deprived.

It can be seen that although people's life expectancy is increasing, the gap in mortality rates between the most and least deprived remains largely unchanged.
The graph below looks at life expectancy by deprivation of those living in the bottom quintile and top quintile within the Maidstone Borough from 2013-2015. It shows that those living in the most deprived areas have a lower life expectancy than those living in the least deprived areas.



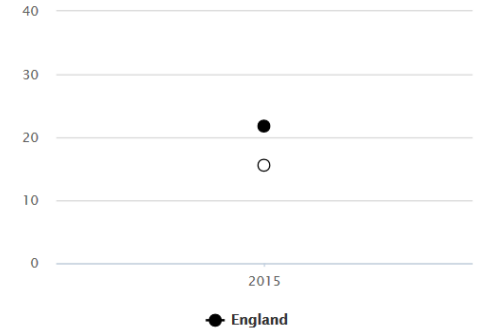
Although mortality rates have been falling over the past decade, the 'gap' in mortality rates between the most and least deprived persists (all lines are decreasing). The red line shows the most deprived population and the bottom line shows the least deprived population.



This persistent gap in health outcomes is not a phenomenon that is unique to Maidstone or Kent; the Office of National Statistics recently reported that there has been a persistent fixed gap in the life expectancy across England as a whole.[1]

In 2015, the deprivation score for Maidstone is 15.6 which is significantly lower than the deprivation score for England (21.8). This disguises pockets of deprivation at ward level and lower super output areas (LSOA)

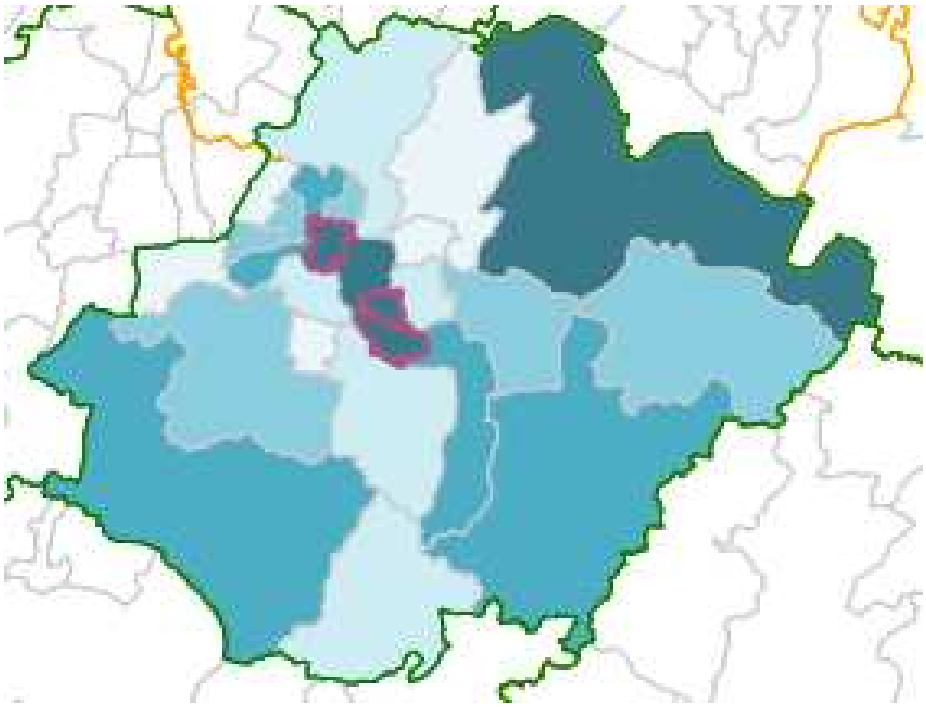
Deprivation score (IMD 2015) Maidstone



Period		Count	Value	Lower CI	Upper CI	South East	England
2015	○	-	15.6	-	-	-	21.8

Source: Department of Communities and Local Government (DCLG)

Within the Maidstone borough, Park Wood; Shepway South and High Street are identified as areas of deprivation. It is important to remember that other pockets of deprivation do exist across the borough.



[1] Office for National Statistics. Statistical Bulletin Health Expectancies at birth by Middle Layer Super Output Areas, England, Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013. 2015:1-22.

Progress

Actions listed within the Maidstone Health Inequalities Action Plan were time-bound to 2015 and 2020 to assist with monitoring. However, it is hard to develop trends over a short period of time and to see statistically significant difference, particularly when there is a change of data collection so no comparisons can be drawn.

Kent Public Health Observatory has mapped Maidstone's progress to date, June 2016.

The following indicators have been identified as significantly better than the national average:

- Child Poverty (% of children under 16 in low income families)
- GCSE Attainment (% achieving 5 good GCSEs A*-C including English and Maths)
- Households that experience fuel poverty (%) (low income, high cost methodology)

These areas are significantly worse than the national average:

- Statutory Homelessness Acceptances (per 1000 households)
- Admission episodes for alcohol-related conditions (ASR per 100,000)
- Excess winter deaths (single year, all ages/person)

Whereas, these are not significantly different than the national average:

- Excess weight in adults
- Killed and seriously injured on roads, crude rate per 100,000
- Emergency readmissions within 30 days of discharge from hospital

Health Inequalities Indicators for [District] 2016

The colour denotes whether the latest district value is better or worse than the national value or target value.
The trend line denotes the trend in the district over the recent history

District significantly better than national rate = Green
District significantly worse than national rate = Red
District not significantly different from national = Yellow

Lifecourse Stage	Indicator	Indicator Description	National (latest)	Kent (latest)	District (prior)	District (latest)	Performance Indicator	Latest Data Period
INFANCY	Infant Mortality	Infant mortality (rate per 1000 live births)	4.0	2.9	2.1	1.5	↓	2012-2014
	Smoking in Pregnancy	Smoking status at time of delivery (as % of maternities)	11.4%	12.60%	No data published	9.41		2014/15
	Breast Feeding	Breast feeding initiation (as % of maternities)	74.3%	71.30%	77.7%	75.8%	↓	2014/15
	Teen pregnancy	Under 18 Conceptions (rate per 1,000 females aged 15-17)	22.8	22.2	15.6	18	↑	2014
	Childhood Obesity (YR)	Excess weight in 4-5 year olds (% of children overweight or obese)	21.9%	22.5%	16.6%	20.6%	↑	2014/15
CHILDHOOD	Childhood Obesity (Y6)	Excess weight in 10-11 year (% of children overweight or obese)	33.2%	32.8%	31.4%	31.5%	↑	2014/15
	Childhood Poverty	Childhood Poverty (% of children under 16 in low income families)	18.6%	17.3%	14.0%	13.3%	↓	2013
	Education (attendance)	Pupil Absence (% half days missed due to unauthorised/authorised absence 5-15yr olds)	4.51%	4.70%	5.10%	4.4%	↓	2013/14
	Education (attainment)	GCSE Attainment (% achieving 5 good GCSEs A*-C including English and Maths)	56.8%	58.0%	70.8%	64.8%	↓	2013/14
	Childhood injuries	Hospital admission caused by injuries in children (aged 0-14 years) per 10,000 population	109.6	103.0	92.6	88.5	↓	2013/14
ADULTS	Unemployment	Longterm Unemployment (per 1000 of working age population)	7.1	5.6	5.5	3.3%	↓	2014
	Homelessness	Statutory Homelessness Acceptances (per 1000 households)	2.4	1.9	2.4	3.2	↑	2014/15
	Violent Crime	Violent crime (violence offences, crude rate per 1000 population)	13.5	15.6	14.2	15	↑	2014/15
	Healthy Eating	Proportion of population meeting the recommended '5-a day'	52.3%	56.2%	58.4%	56.9%	↓	2015
	Healthy Weight	Excess weight: excess weight in adults	64.6%	65.1%	-	65.5%		2012-2014
	Physical Activity	Physical Inactivity (<30mins per week of moderate activity)	27.7%	28.4%	25.2%	25.4%	↑	2014
	Smoking	Smoking prevalence in adults (%) (from integrated household survey)	18.0%	19.1%	14.5%	17.3%	↑	2014
	Alcohol	Admission episodes for alcohol-related conditions (Broad) (ASR per 100,000)	2120	1695	1589	1620	↑	2014/15
	Road Injuries	Killed and seriously injured on roads, crude rate per 100,000	39.3	39.6	38.6	40.6	↑	2012-14
ELDERLY	Fuel Poverty	Fuel Poverty - households that experience fuel poverty (%) (low income, high cost methodology)	10.4%	8.6%	7.9%	7.8%	↓	2013
	Winter Deaths	Excess winter deaths index (single year, all ages/persons)	11.6	13.8	31.2%	15.6%	↓	2013/14
	Falls	Injuries due to falls in people aged 65 and over (ASR per 100,000)	2125	2201	2415	2438	↑	2014/15
	Hip Fractures	Hip Fractures in people aged 65 and over (ASR per 100,000)	571	598	576	624	↑	2014/15
	Readmissions	Emergency readmissions within 30 days of discharge from hospital (Persons)	11.8	11.9	10.9	11.5%	↑	2011/12
	Cancer Screening (Breast)	Cancer Screening Coverage - Breast Cancer - % of eligible women screened in prior 3 years	75.4%	77.0%	79.6%	79.6%	↔	2015
	Cancer Screening (Cervical)	Cancer Screening Coverage - Cervical Cancer - % of eligible women screened in prior 3.5 or 5.5 years	73.5%	77.1%	78.6%	78.2%	↓	2015
	Cancer Screening (Bowel)	Cancer screening coverage - bowel cancer - % of eligible people screened in previous 2.5 years	57.1%	58.1%	-	62.7%		2015
	Place of Death	Percentage of deaths that occur in hospital	47.4%	41.7%	48.7%	46.1%	↓	2015
	Place of Death	Percentage of deaths that occur in Usual Place of Residence	44.7%	46.2%	45.9%	48.2%	↑	2015
MORTALITY	Premature Mortality	Premature mortality from all causes, under 75, (ASR per 100,000)	337.0	318.0	298	304	↑	2012-2014
	Premature Mortality (cardio)	Under 75 mortality rate from cardiovascular disease considered preventable (ASR per 100,000)	75.7	70.9	64.3	64.0	↓	2012-2014
	Premature Mortality (resp)	Under 75 mortality rate from respiratory disease considered preventable (ASR per 100,000)	32.6	30.9	31.1	30.3	↓	2012-2014
	Premature Mortality (cancer)	Under 75 mortality rate from cancer considered preventable (ASR per 100,000)	83	78.4	76.2	75.8	↓	2012-2014
	Premature Mortality (liver)	Under 75 mortality rate from liver disease considered preventable (ASR per 100,000)	15.7	13.7	10.7	14.2	↑	2012-2014
	Air-pollution-related Mortality	Fraction of mortality attributable to air pollution (PM2.5) (% of all age all cause mortality)	5.3%	5.4%	5.1%	5.5%	↑	2013
	Communicable Disease Mortality	Mortality from communicable disease (ASR per 100,000)	63.2	64.4	75.2	69.5%	↓	2010-2012
	Smoking-related Mortality	Smoking-related deaths (ASR pr 100,000)	279.0	266.7	-	256.1		2011-2013
	Alcohol-related Mortality	Alcohol-related mortality (ASR per 100,000)	45.5	42.4	46.0	41.9	↓	2014
	Suicide	Suicide age-standardised rate per 100,000 (3 year average)	8.9	10.2	8.7	10.1	↑	2012-14
	Preventable Mortality	Mortality rate from causes considered preventable	182.7	169.8	159.8	162.4	↑	2012-2014
	Life Expectancy (male)	Life expectancy at birth - years (male)	79.5	80.1	80.2	80.4	↑	2012-2014
	Life Expectancy (female)	Life expectancy at birth - years (female)	83.2	83.6	83.6	83.4	↓	2012-2014
	Life Expectancy Gap (males)	Slope index of inequality in life expectancy at birth based on local deprivation deciles - years (males)	9.2	7.4	5.4	5.6	↑	2012-2014
	Life Expectancy Gap (females)	Slope index of inequality in life expectancy at birth based on local deprivation deciles - years (females)	7.0	4.4	3.8	3.2	↓	2012-2014

Challenges

- District councils have no statutory responsibility for public health, the responsibility and commissioning lies with Kent County Council. However, if we choose not to act we forego the opportunity to influence the delivery of services that could reduce health inequalities in the borough.

- It is hard to demonstrate the cost benefits for interventions particularly those focused on wider determinants of health at a district level.

- The time lapse of data available makes it difficult to see if interventions/commissioning are effective.

- Health Inequalities is not a quick fix and breaking the cycle of health inequalities amongst communities is complex. How do you engage with the disengaged?

- The implementation of the Health Inequalities Action Plan and sustaining internal and external relationships with ever-changing financial climate, turnover of staff and priorities from Kent County Council.

Going forward

In continuing to deliver core public health services from existing revenues, the Council must seek new, pioneering ways of delivery to achieve more and produce better outcomes with fewer resources. Taking a strategic approach to public health across all services will help the Council to better align and target resources in line with health and wellbeing priorities.

1) Continue with the delivery of the Maidstone Health Inequalities Action Plan, strengthening partnerships to achieve results.

2) Support Kent County Council in the implementation and delivery of Mind the Gap 2016 which focuses on a community asset based approach in lower super output areas (Park Wood, Shepway, High Street ward). We are close with our communities to understand how they work and how to best reach and support them.

3) Continue to embed health within the culture of Maidstone Borough Council to deliver a whole systems approach in tackling health inequalities.

   Over the past few months, training has been delivered to Members and Heads of Services to identify how they can contribute further to improve health and wellbeing. Following the training, 'health champions' have come forward from each service area to champion public health across the council and innovate new ways of best practice across services and departments.

Appendices

Appendix A – 2015/16 Progress Report
Appendix B – Maidstone Health Inequalities Action Plan (Refresh 2016)