Agenda Item 7

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To: West Kent CCG Health and Wellbeing Board

Date: 20th December, 2016

Subject: Inequalities in West Kent

Classification: Unrestricted

Summary

Health inequalities still persist across Kent and commissioners and providers across the system have a duty to address these. Despite increasing life expectancy across the Kent population, the gap between the most affluent and the poorest communities has not decreased. The most deprived communities in Kent still experience poorer outcomes in education, socio-economic and consequentially in health. This paper outlines the Kent and west Kent picture of inequalities and recommended approach for discussion and decision making by the West Kent Health and Wellbeing Board.

1. Mind the Gap: Inequalities Action Plan for Kent (2016)

Mortality rates across Kent have been falling over the last decade, but the 'gap' in mortality rates between the most deprived and least deprived still persisting. In the more deprived deciles, an increased proportion of the deaths are caused by cardiovascular, respiratory and Gastro Intestinal (GI) disease. 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[i]. Analysis of Lower Super Output Areas (LSOA, with average populations of approximately 650 to 1,500[ii]) undertaken by Kent and Medway Public Health Observatory in June 2016[iii] identified 88 LSOAs across Kent with the most deprivation. Analysis showed common characteristics and the association between poor lifestyles, such as smoking, alcohol, obesity and socio-economic factors and the most deprived communities. Kent Health and Wellbeing Board (July 2016) agreed the revised Public Health Mind the Gap Action plan which outlines a systematic, place based approach, disproportionately targeted at the poorest communities. Of these 88 LSOAs, five are within Maidstone District and two are in Swanley, Sevenoaks (DGS CCG).

2. Health Inequalities in West Kent

West Kent has the largest and relatively more affluent population of the Kent CCGs with only 7 LSOAs (5 in CCG area) identified in the Kent Inequalities Action Plan. Further analysis was undertaken to identify the 28 most deprived wards in the tenth decile for West Kent CCG (which includes the 5 LSOAs that also feature in the Kent most deprived decile). Whilst the majority of the most deprived LSOAs appear in

Maidstone District, six fell within Tonbridge and Malling, three in Tunbridge Wells, and one in Sevenoaks District (Edenbridge) in addition to the two Kent LSOAs which sit within DGS CCG.

Of the 28 LSOAs, the highest number are characterised as type 3 (Mosaic type), families in social housing. Table I provides a snapshot of 28 LSOAs, characteristics and health outcomes:

Table I

Characteristic Type	No of LSOAs	Characteristic Description	Health Outcomes
Type 3	**15**	Families in social housing **Maidstone, Parkwood, Shepway, Edenbridge, East Malling, Trench, Broadwater, Sherwood, High Broom**	• High premature mortality rates • High emergency admission rates • High rates of disability *(activities limited a lot)*
Type 4	**6**	Young people in poor quality accommodation **Maidstone Town Centre, Ringlestone**	• High premature mortality rates • High rates of emergency admissions
Type 5	**5**	Mixed-age social housing mix **Ringlestone, Shepway, Aylesford, Snodland, Trench**	• High premature mortality rates • High rates of disability *(activities limited a lot)*
Type 2	**2**	Deprived rural **Hadlow, Nettlestead Green**	• Average premature mortality • High rates of emergency admissions • High rates of disability *(activities limited a lot)*
Type 1	**0**	High numbers of young adults in private rented accommodation	

From the key characteristics of each LSOA, the analysis identifies focus areas to improve health and wellbeing, the majority of which relate to education and training, qualification, employment, living environment and good affordable housing.

3. Current performance to address Inequalities through Public Health programmes

3.1 NHS Health Checks

NHS Health Checks are free to those aged between 40 and 74 without an existing diagnosis, to identify signs and symptoms to reduce the risk of developing diseases such as diabetes, heart disease, kidney disease, stroke and dementia. NHS Health Checks are available through GP practices and community settings in most of the West Kent CCG area. In addition to identifying risk or providing early diagnosis, NHS Health Checks can be a useful tool to motivate behaviour change. Performance monitoring of NHS Health Checks in West Kent CCG for 2015/16 shows:

- 27,987 patients eligible for Health Checks in 2015/16
- 29,114 invitations sent
- 11,109 Health Checks completed (39.7% of eligible population)
- Practice completion rates ranged from 9.5% to 102.5% of eligible population (Table 2) (Agreement between Public Health and GP practices to invite outside of the annual eligible population)

Table 2 Percentage of NHS Health Checks completed

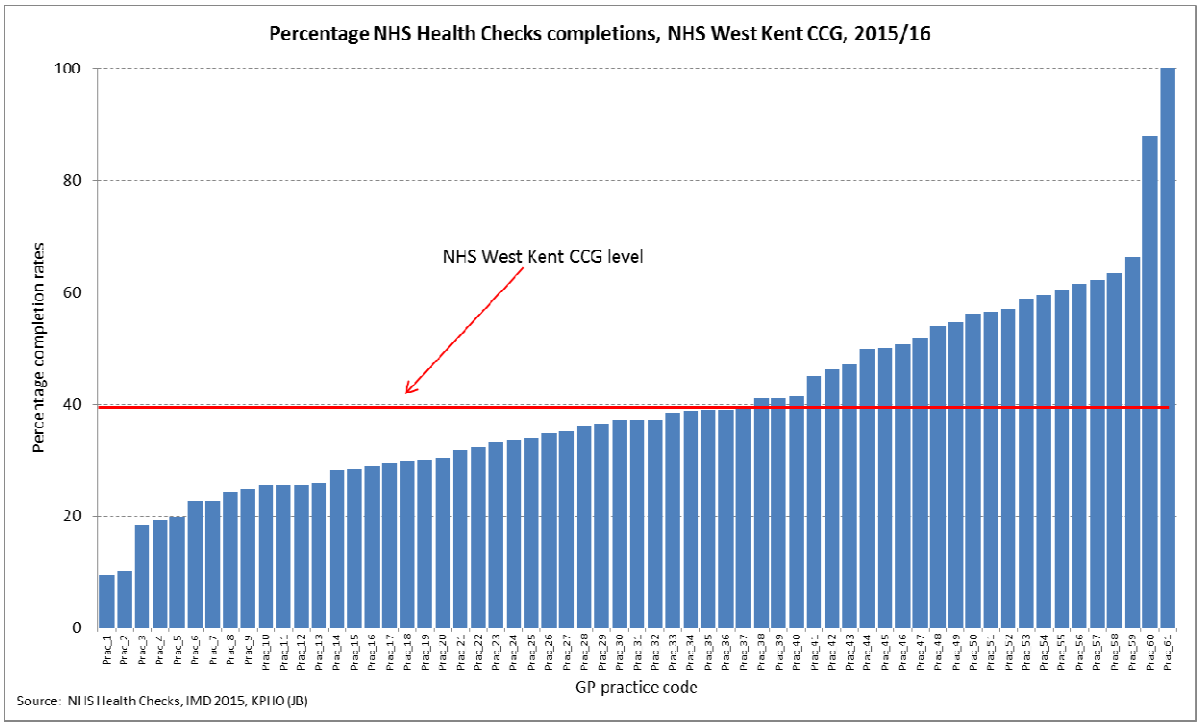
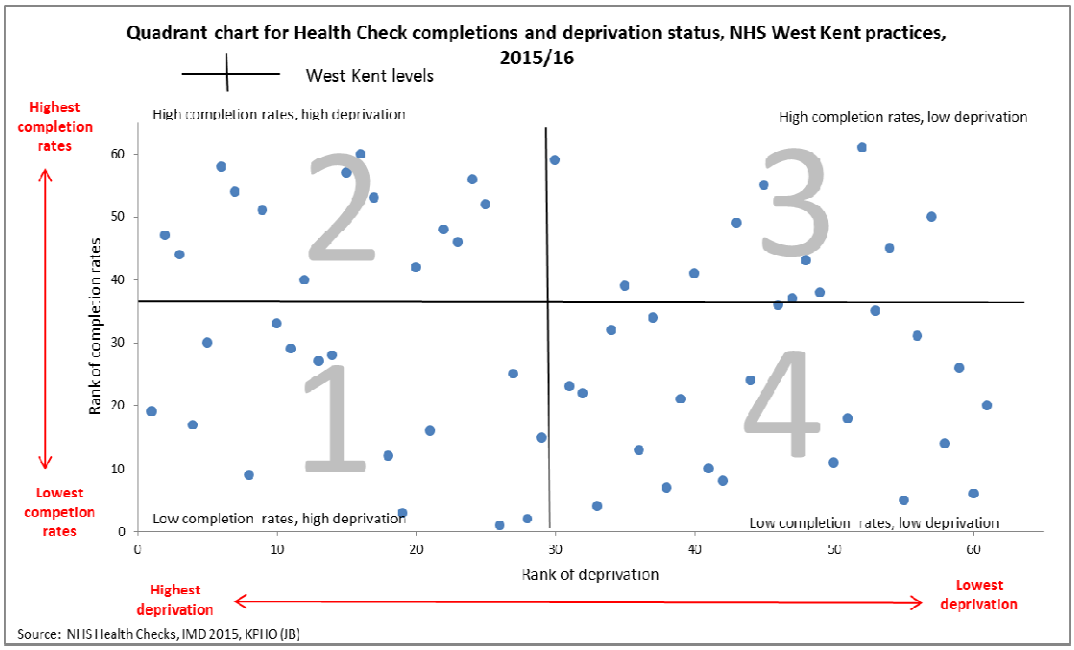


Table 2 shows the variation rates between GP practices, with some achieving maximum completion of health checks to the eligible population, whilst over half of the practices are below the West Kent CCG average rate. The correlation between completion rates and deprivation shows that there are slightly more NHS Health Checks completed in deprived areas, but to address inequalities we need to increase performance in the lowest deciles of deprivation (Table 3).

Table 3 Correlation between completed NHS Health Checks and deprivation



Smoking

Data analysis of 47* West Kent CCG practices found that of those referred into Smoking Cessation services:

- 1051 quit dates set for these 47 practices
- 545 successful quits, indicating 51.8% successful quits
- Successful quit rates ranged from 0% to 100%

*(Of 61 practices, 14 practices were excluded for no data or low numbers, therefore only 47 included in this analysis)

Table 5 shows a similar picture to NHS Health Checks, with fairly equitable success between the most and least deprived area for people who have successfully quit smoking at 6 weeks.

Table 4 Percentage of smokers setting quit date, successfully quitting

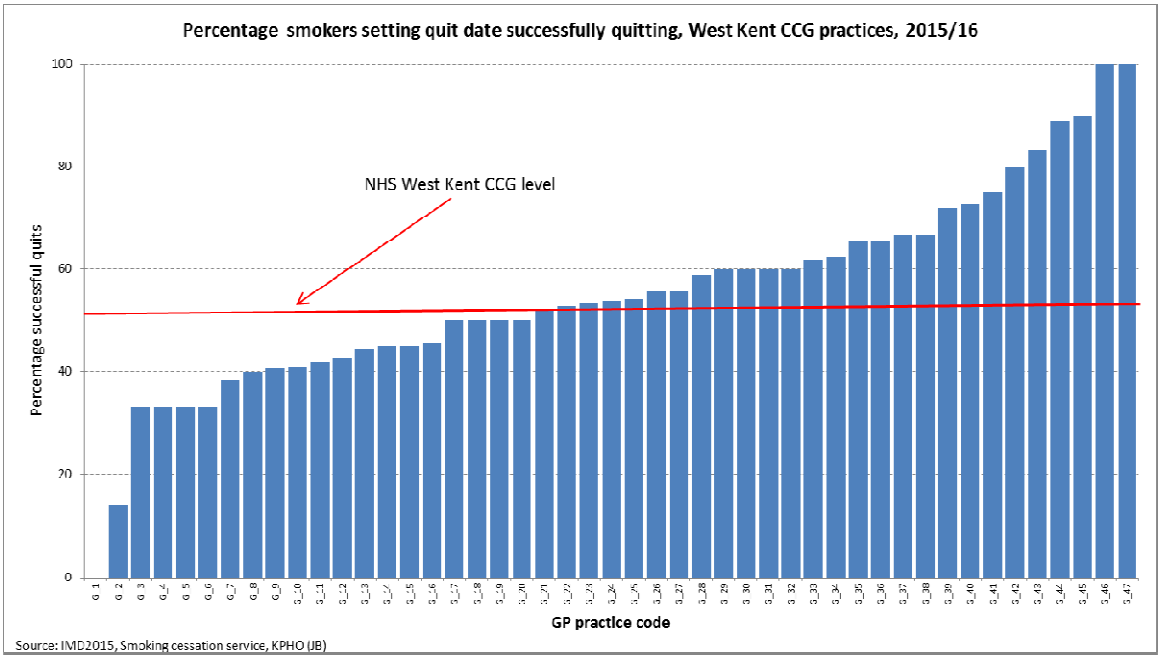
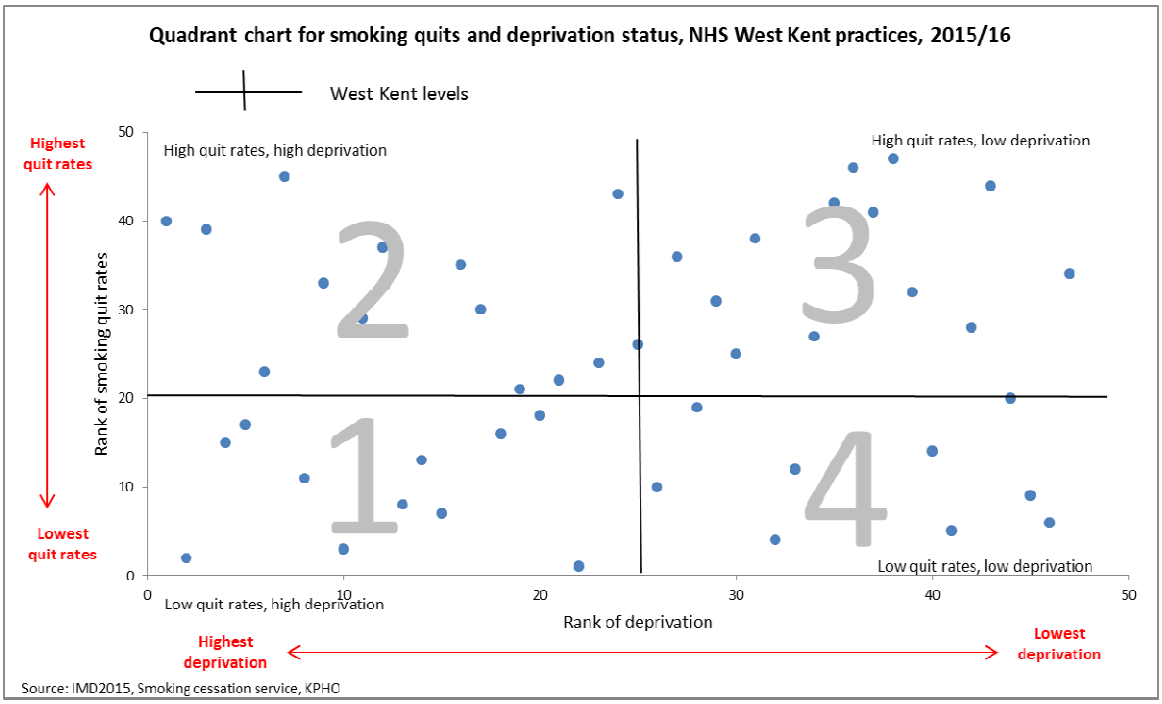


Table 5 Correlation between smoking quits and deprivation, West Kent CCG



Proposed approach

West Kent Health and Wellbeing Board have already delegated task and finish groups to undertake place based approach to addressing lifestyles, such as obesity and alcohol as outlined in the Kent Mind the Gap Action Plan. We need to move to a

systematic approach to disproportionately target the 28 identified poorest LSOA communities if we are to reduce the inequalities gap. This work has commenced in some districts, with community asset mapping taking place in the identified wards. The mapping will then lead to an understanding of the local area and if we are providing services, whether commissioned or voluntary, that meet local need.

Local areas are complex, holding a rich tapestry of visible and unknown individuals that combined, make up the community. Asset mapping is a systematic exercise that can assist in:[iv]

- Exploring the needs and fragility of local assets and understanding the conditions needed to help them flourish
- Knowledge and intelligence to effectively deploy resources to ensure that local organisations are supported in the right way to maintain and improve wellbeing
- Broaden knowledge of different organisations and entities that are playing a role in the local community

A 'community asset' could be anything within a local area that has a positive impact on people's lives, contributing to wellbeing in a variety of ways either intentionally or otherwise. Community asset mapping approach

1. Area selection and profiling (West Kent 28 LSOAs)
2. Asset identification
3. Asset profiling (ask key questions for meaningful understanding)
4. Resident insight

For discussion and consideration for adopting Asset Mapping approach

The Board is requested to agree and identify leadership to provide systematic, total place approach to disproportionately target the identified 28 poorest communities

Supporting Documents:

West Kent CCG Analysis of Deprived Areas (April 2016)

Asset Mapping and wellbeing Toolkit (Live it Well)

[i] UCL Institute of Health Equity. Fair Society, Healthy Lives: The Marmot Review - Strategic Review of Health Inequalities in England post-2010. 2010.
[ii] https://neighbourhood.statistics.gov.uk/HTMLDocs/nessgeography/superoutputareasexplained/output-areas-explained.htm
[iii] Mind the Gap: Health Inequalities Action Plan for Kent, 2016, KPHO
[iv] http://www.liveitwell.org.uk/wp-content/uploads/2015/12/Assett-mapping-guide.pdf