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To: South Kent Coast Health and Well Being Board

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Title: Closing the Gap in Health Inequalities in South Kent Coast

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Introduction

1.1 The Kent Health Inequalities Strategy – Mind the Gap (2013-15) brought the wider determinants of health to the attention of local Health and Well Being Boards. A South Kent Coast Health Inequalities Strategy, “Right Treatment, Right Care, Right Time” was published in 2013/4. However, across Kent Health Inequalities have been flat-lining at best and, in places, getting worse.

1.2 The Director of Public Health’s Annual Public Health Report for 2015 concentrated on Kent’s Health Inequalities. He was clear that in order to narrow the health inequalities across Kent concentration was needed on those areas where there was greatest deprivation.

1.3 Over a range of health indicators, Kent usually has better than the England average e.g. life expectancy and mortality rates. However, this is not the case for Dover and Shepway Districts. Deprivation statistics in South Kent Coast Clinical Commissioning Group area are higher than the Kent average and the England average, with generally worse health outcomes. Across Kent most people die of Cancer, but the most significant causes of death (in both men and women) in South Kent Coast CCG and Dover and Shepway districts are cardiovascular disease, respiratory disease and Gastro-Intestinal disease as well as Cancer. In the main these diseases are preventable through earlier detection, behavioural modification and optimal risk management. However, it is understandable that people who live with more economic hardship often have to make hard and stressful decisions in order to survive. Therefore, this report supports prioritising the people in the areas of greatest deprivation to improve their health outcomes. This will be done taking a three-fold approach, equity in health services and proactive care, community engagement and support and place shaping and population based interventions.

2. Health Inequalities in South Kent Coast

2.1 The data presented in the report showed that people in the most deprived communities in Kent had a statistically significant chance of dying at far greater rates than the rest of the Kent population. The report cuts the smaller geographical areas (or Lower Level Super Output Areas) into groups of ten (deciles). The 10th (most) deprived decile is where the people with highest rates of premature mortality live. The people living in these areas also suffer higher rates of diseases and behaviours that contribute to early death. The difference between the most affluent deciles and the poorest deciles is called the Health Inequalities GAP. The challenge across Kent, is to reduce this GAP.

2.2 There are 88 Lower Level Super Output Areas (LLSOAS) that feature in the most deprived decile for deprivation across Kent. The Majority of these economically poorer areas are in East Kent. Out of these 88, there are **19** LLSOAS in South Kent Coast. There are 11 in Dover (six wards) and 8 in Shepway (three wards). The wards and lower level super output areas are shown in Table 1.

2.3 Attached are two papers *The Mind the Gap: Health Inequalities Action Plan for Kent Analytical Report 2016*¹ and a more localised specific report for South Kent Coast CCG². This report provides an overview of inequalities in Kent since Kent's 2012 Strategy 'Mind the Gap'.

Inequalities in South Kent Coast Clinical Commissioning Group area.

Table 1. Summary of the of the most deprived deciles for SCK CCG (Dover and Shepway)

District Council	CCG Hub	Ward Name	2011 LSOA Name	Kent LSOA Rank		
Dover	Dover	Aylesham	Dover 006C	88		
		Buckland	Dover 011D	48		
		Buckland	Dover 011A	72		
		Castle	Dover 012F	32		
		Maxton, Elms Vale and Priory	Dover 013B	37		
		Maxton, Elms Vale and Priory	Dover 013A	70		
		St Radigunds	Dover 011F	24		
		Tower Hamlets	Dover 012D	58		
		Tower Hamlets	Dover 013D	71		
		Tower Hamlets	Dover 011H	81		
		Town and Pier	Dover 013E	74		
		Shepway	Folkestone	East Folkestone	Shepway 003C	26
				East Folkestone	Shepway 003A	83
East Folkestone	Shepway 004B			86		
Folkestone Harbour	Shepway 014A			12		
Folkestone Harbour	Shepway 004E			68		
Folkestone Central	Shepway 014B			23		
Folkestone Central	Shepway 014D			49		
Folkestone Central	Shepway 014C	53				

Source: KPHO 2016

3. Taking Action

The new Kent Health Inequalities Strategy for 2016 onwards wants local Health & Well Being Boards to prioritise these most deprived areas in order to tackle the health inequalities GAP. There are three key ways this can be done:

1. **Service Approach:** Where **preventative, assertive and proactive health care** is possible (e.g. the key killers and illness in these areas are lung cancer, alcohol related illness, COPD and heart disease) these health related interventions such as routine screening, primary care follow up, assertive reach and self care - should be carried out. A detailed health inequalities strategy for the CCG will be devised and represented to Health and Well Being Board in November 2016. Delivery will be via three key work strands of the CCG (and health partnerships). These are Prevention and Self Care Plan, The Primary Care Strategy and the Organisational Development and Work Force Strategy. These strategies will ensure there is a

¹ http://www.kpho.org.uk/_data/assets/pdf_file/0011/58835/Mind-the-Gap-Analytical-Report-D2.pdf

focus on the right care for those with drug and alcohol problems, smoking related illness (e.g. lung cancer) and heart disease.

2. **Community Approach: Area based approaches including community and asset development** will take place in each of the communities that are identified as priority. For this to take place the local public health teams will co-ordinate some local community research and information gathering on the communities in question. It is clear that District Councils and local members have a wealth of information. Once this is collated and the communities are identified, engagement with the communities is vital – and the health and Well Being Board members are asked to advise on how best to progress this for Dover and Shepway. Pooling of resources from all partners such as engagement workers, communications teams, care navigators and local people will be vital. Once the communities have been identified and engaged – it is hoped that local community health plans will drawn up to address people's concerns.
3. **Population Approach: Place Shaping and Preventative Plans** will be brought together The Health and Well Being Board are asked to advise on how the district plans can be shaped to target the vulnerable communities e.g. links with planning and licencing, the workforce and economy and leading on a plan to reduce obesity, smoking and alcohol harm.

4. Conclusion

The South Kent Coast Health and Well Being Board is asked to

a/ Note and comment on the Health Inequalities papers from KCC – in particular reference to the new locality data profiles published by PHE.

b/ Comment on the feasibility and approach to tackling the most economically vulnerable communities first and gathering more information on the communities in question.

c/ Advise the public health team on resources needed to conduct the community research – i.e. one meeting, or small task and finish group?

