

# Appendix A: Maidstone Health Inequalities 2015/16 Progress Report

*Information prepared by Maidstone Borough Council and supported by Kent County Council, Kent Public Health*

## Introduction

In 2012, Kent County Council launched Mind the Gap. Mind the Gap is Kent's Health Inequalities Action Plan which aims to improve health and wellbeing for everyone in Kent by narrowing the gap in health status between the most and least deprived communities. It provides a framework and tools to identify, analyse and evaluate actions that contribute to reducing health inequalities.

The Maidstone Health Inequalities Action Plan was developed following the transfer of public health responsibility to local authorities from the NHS. Tackling inequalities is a task that will require the efforts of all; across multiple organisations and within communities themselves. District Councils have a key role to play in keeping us healthy. We have a distinct, local role in service provision, economic development, planning, and helping to shape and support our communities – all key areas that are increasingly recognised as vital components of a true population health system.

There are 6 policy objectives embedded into the action plan based on the principles of the 'Fair Society, Healthy Lives' written by Professor Sir Michael Marmot.

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Health is impacted by wider determinants of health such as education, employment, housing, physical environment, relationships/networks; and these need to be addressed in order to improve health and wellbeing. Health services are not always the solution.

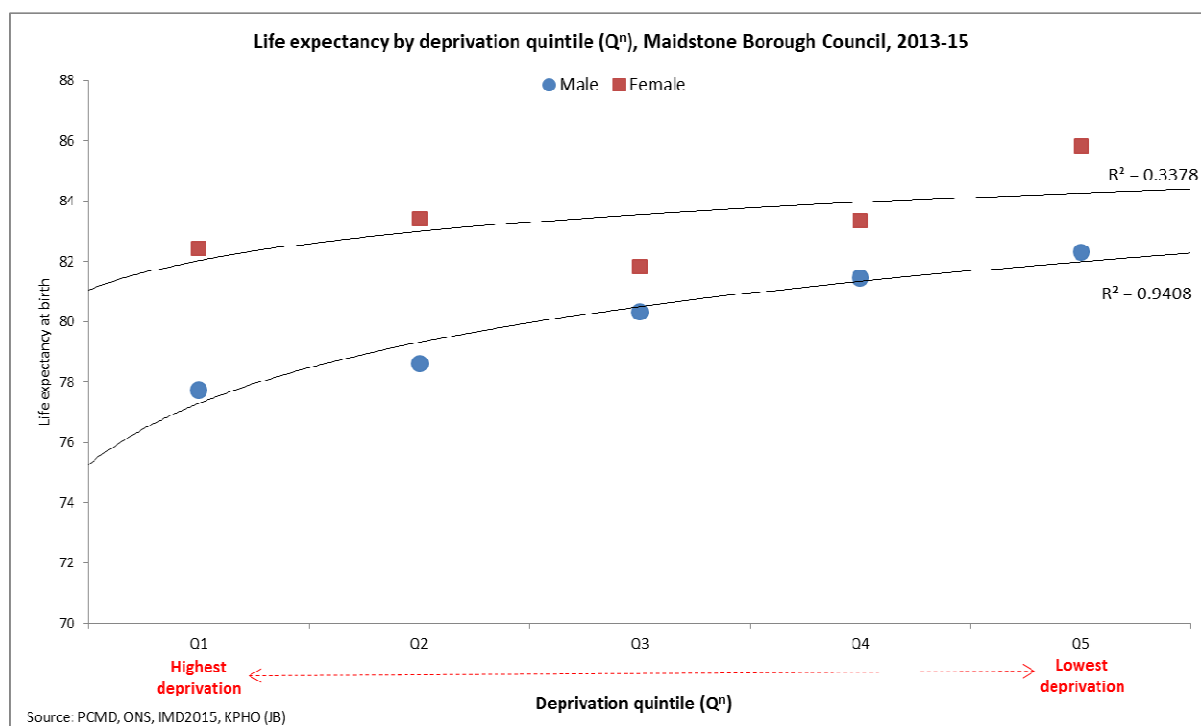
Now we are nearly two years in, it is an opportunity to review progress against actions and move forward in closing the gap in health inequalities.

## Measuring Health Inequalities

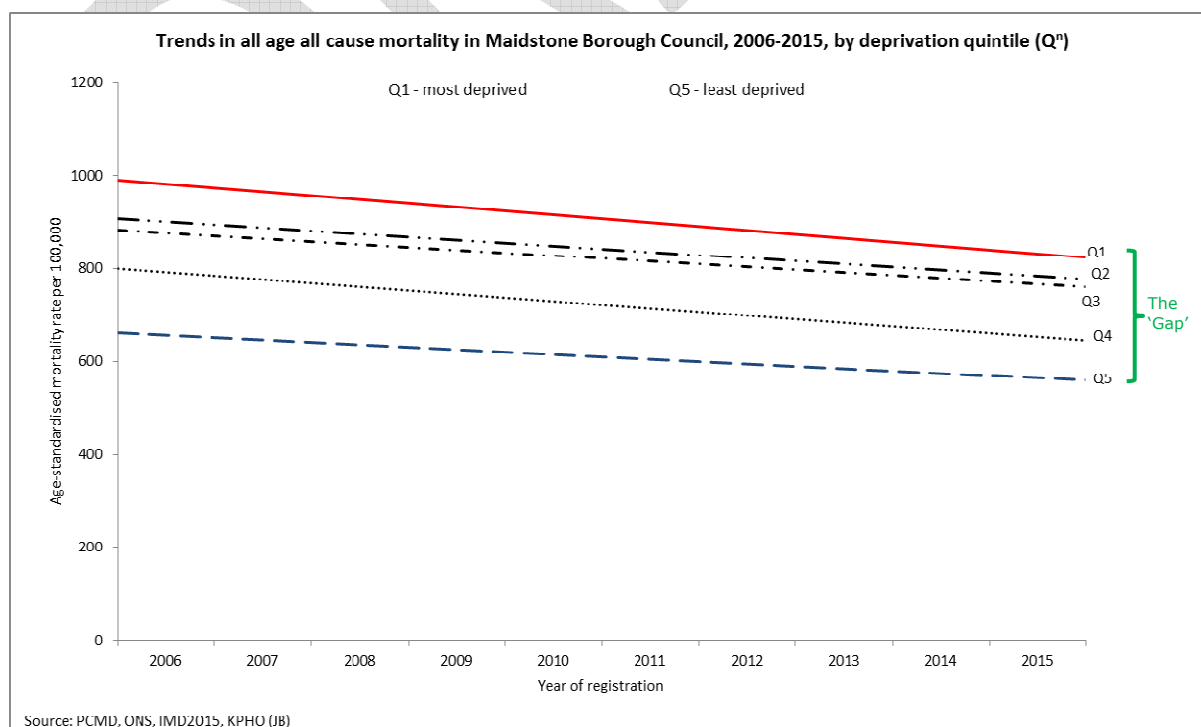
Overall indicator of progress in tackling health inequalities is to look at how mortality rates have changed over time for the most deprived compared to our least deprived.

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.



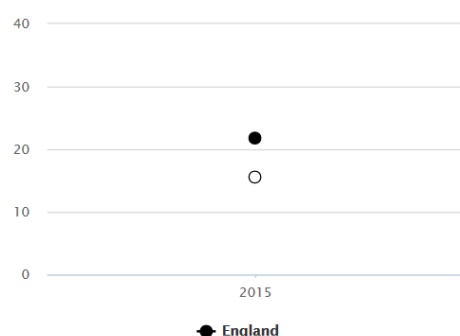
Although mortality rates have been falling over the past decade, the 'gap' in mortality rates between the most and least deprived persists (all lines are decreasing). The red line shows the most deprived population and the bottom line shows the least deprived population.



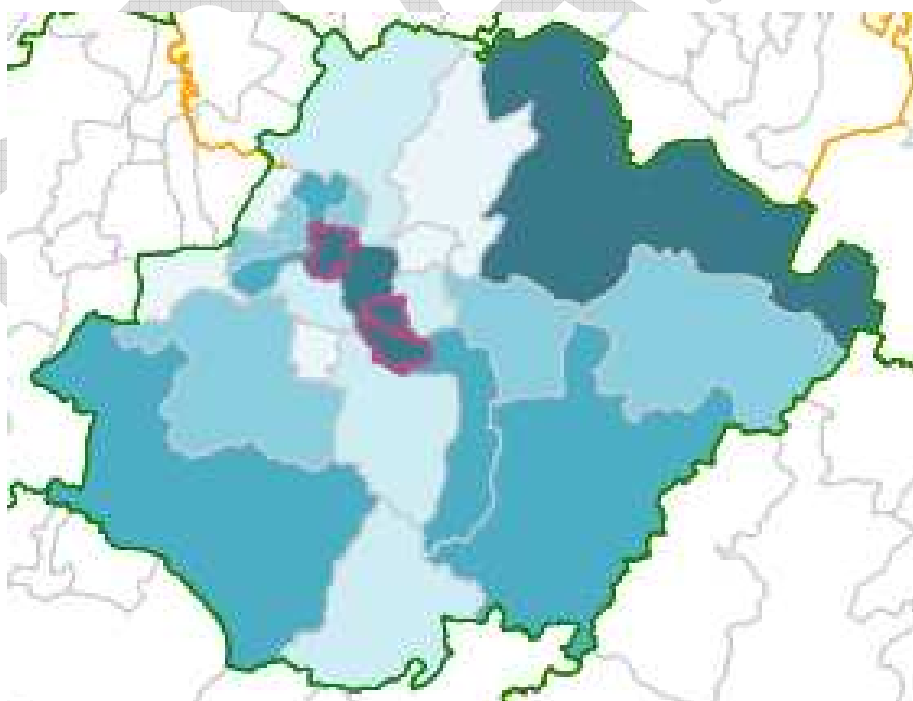
This persistent gap in health outcomes is not a phenomenon that is unique to Maidstone or Kent; the Office of National Statistics recently reported that there has been a persistent fixed gap in the life expectancy across England as a whole.<sup>1</sup>

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



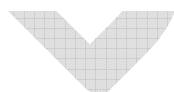
Within the Maidstone borough, Park Wood; Shepway South and High Street are identified as areas of deprivation. It is important to remember that other pockets of deprivation do exist across the borough.



<sup>1</sup> 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.

## *Indices of multiple deprivation 2015*

Name	Ward values
	Index of multiple deprivation (2015)
Allington	4.61
Barming	4.27
Bearsted	3.91
Boughton Monchelsea and Chart Sutton	10.25
Boxley	8.76
Bridge	10.51
Coxheath and Hunton	12.31
Detling and Thurnham	8.51
Downswood and Otham	9.96
East	13.17
Fant	17.88
Harrietsham and Lenham	12.74
Headcorn	14.7
Heath	13.03
High Street	27.83
Leeds	11.59
Loose	6.73
Marden and Yalding	18.33
North	17.18
North Downs	21.96
Leeds	11.59
Loose	6.73
Marden and Yalding	18.33
North	17.18
North Downs	21.96
Park Wood	33.3
Shepway North	23.99
Shepway South	34.54
South	9.98
Staplehurst	9.43
Sutton Valence and Langley	13.42



## **Progress to date**

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.

Progress has been noted against each priority and provided as an overview of each action. It is important to note that information cannot necessarily be drawn from the data alone.

## Priority 1: Give every child the best start in life

A child's early years lay down the foundation for the rest of their life, and the first three years are most crucial. This is a crucial period of physical, intellectual and emotional development.

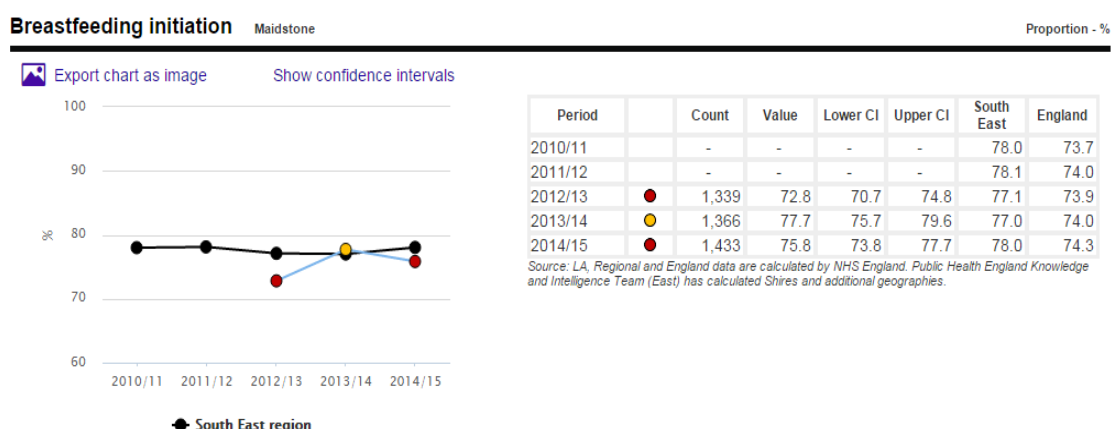
Inequalities are introduced before birth, as the health of a child is greatly affected by the health of their mother during pregnancy. Maternal stress, diet, smoking, drug and alcohol use all influences a baby's development in the womb.

### Breastfeeding

Breastfeeding contributes significantly to the long term health of both infants and mothers and increases maternal bonding.

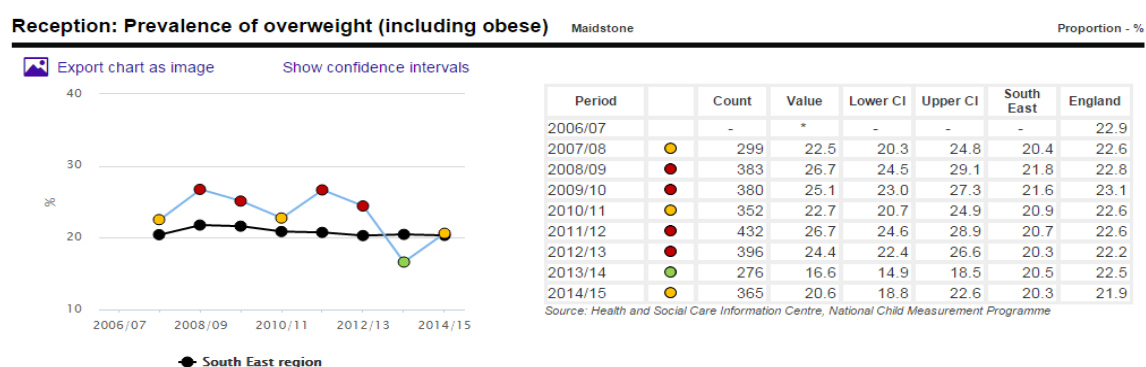
Breastfeeding initiation in Maidstone is better than national and Kent figures but has been less significantly worse than the South East. The breastfeeding initiation rate in Maidstone for those mothers who breastfeed their babies in the first 45 hours after delivery has increased slightly from 74.6% to 75.8%.

Data is insufficient to report on the prevalence of breastfeeding at 6-8 weeks.



### Excess Weight in Children

Although the prevalence rates in Maidstone for overweight children at Year R and Year 6 are similar to England and South East rates, childhood obesity remains a priority for Kent and for the West Kent Health and Wellbeing Board.




Compared with benchmark: ● Better ● Similar ● Worse  
 \* a note is attached to the value, hover over to see more details

Trends for: **Maldstone**  
 All in South East region

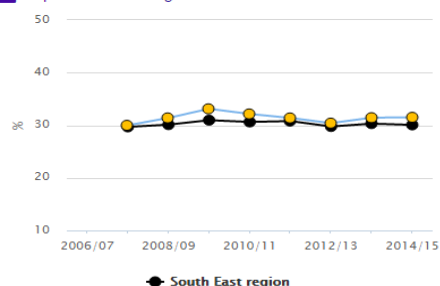
## Year 6: Prevalence of overweight (including obese)

Maldstone

Proportion - %

 Export chart as image

Show confidence intervals



Period		Count	Value	Lower CI	Upper CI	South East	England
2006/07		-	*	-	-	-	31.7
2007/08	●	394	30.0	27.6	32.5	29.7	32.6
2008/09	●	464	31.4	29.1	33.8	30.1	32.6
2009/10	●	516	33.1	30.8	35.5	31.0	33.4
2010/11	●	495	32.1	29.9	34.5	30.6	33.4
2011/12	●	472	31.4	29.1	33.8	30.8	33.9
2012/13	●	449	30.4	28.1	32.8	29.8	33.3
2013/14	●	486	31.4	29.2	33.8	30.3	33.5
2014/15	●	483	31.5	29.2	33.9	30.1	33.2

Source: Health and Social Care Information Centre, National Child Measurement Programme

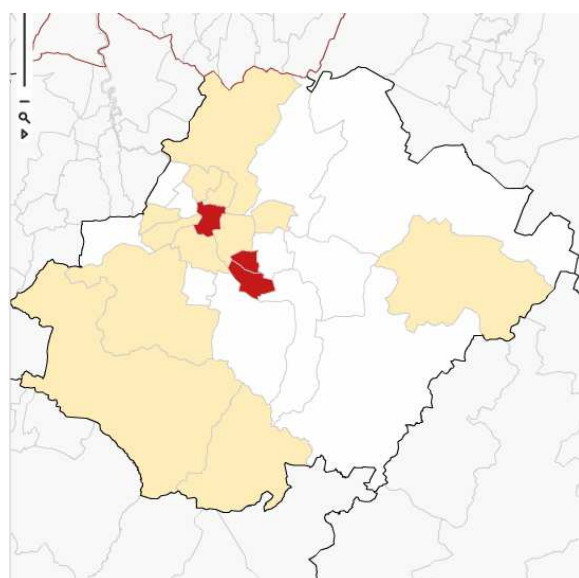
Data from the National Child Measurement Programme shows a reduction in the number of obese children in reception year (10.7% down to 8.2%) and year 6 (20.0% down to 14.9%). However it is important to note that new cohorts of children are measured each year. Experiences in childhood affect behaviours and habits into adulthood.

## Priority 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

As children develop into young adults, they go through physical, emotional and psychological changes as they establish their own identities, independent from their families and carers. This is a time when services can offer children and young people opportunities to improve and shape their lives for the better, with impacts which last long into adult life.

### Teenage Conceptions

The Under 18 conception rate in Maidstone is similar to the rate in England the South East and is declining. However, this disguises higher rates in Park Wood, Shepway South and High Street.

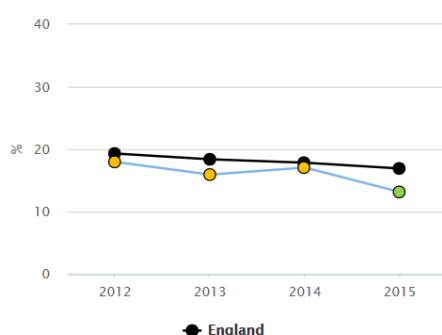


### Smoking

In 2015, Maidstone has seen an improvement from the South East and National average with only 13.2% of the population smoking.

Smoking Prevalence in adults Maidstone

Proportion - %



Period		Count	Value	Lower CI	Upper CI	South East	England
2012		-	18.0	13.5	22.5	17.9	19.3
2013		-	15.9	11.6	20.3	17.2	18.4
2014		-	17.1	12.6	21.6	16.5	17.8
2015		-	13.2	9.4	16.9	15.9	16.9

Source: Annual Population Survey (APS)

However, smoking attributable mortality in Maidstone is similar to the England and the South East region; deaths from Chronic Obstructive Pulmonary Disease

(COPD) are significantly higher. This is also reflected in a higher rate of Emergency admissions for COPD.

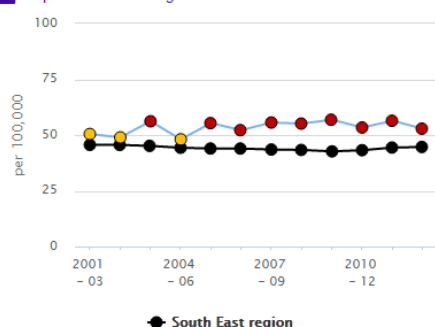
#### Deaths from chronic obstructive pulmonary disease

Maidstone

Directly standardised rate - per 100,000

[Export chart as image](#)

[Show confidence intervals](#)



Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		173	50.4	43.2	58.6	45.6	55.7
2002 - 04		169	48.9	41.8	57.0	45.6	54.9
2003 - 05		194	56.2	48.5	64.7	45.1	54.3
2004 - 06		171	48.1	41.1	55.9	44.3	52.1
2005 - 07		201	55.3	47.9	63.6	43.9	51.8
2006 - 08		198	52.2	45.1	60.1	43.9	51.6
2007 - 09		218	55.6	48.4	63.6	43.5	50.8
2008 - 10		223	55.1	48.1	62.9	43.3	50.1
2009 - 11		231	56.9	49.7	64.7	42.7	49.1
2010 - 12		220	53.4	46.5	60.9	43.2	50.1
2011 - 13		240	56.4	49.4	64.0	44.4	51.5
2012 - 14		233	52.9	46.3	60.1	44.6	51.7

Source: Public Health England (based on ONS source data)

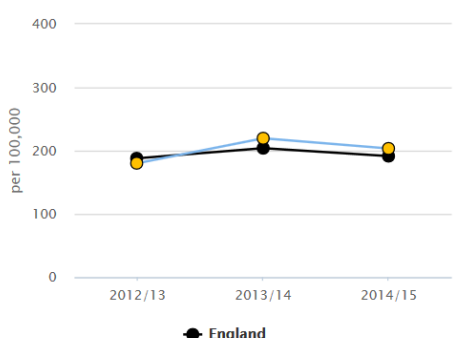
## Hospital Stays for Self-Harm

Maidstone is not significantly different to the England average for hospital stays for self-harm, however a slight reduction has been noted from 215.3/100,000 to 205.67/100,000 (2014/15 data)

#### Hospital stays for self-harm

Maidstone

Directly standardised rate - per 100,000



Period		Count	Value	Lower CI	Upper CI	South East	England
2012/13		283	180.2	159.8	202.5	183.0	188.0
2013/14		344	219.6	196.8	244.3	205.6	204.0
2014/15		324	203.4	181.8	226.9	193.1	191.4

Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016. Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

## Falls Prevention

The rate of injuries due to falls in the over 65s is higher in Maidstone than the England and South East. The rate of falls is significantly higher in over 85 year old men and women, although similar to those aged 65 to 74.

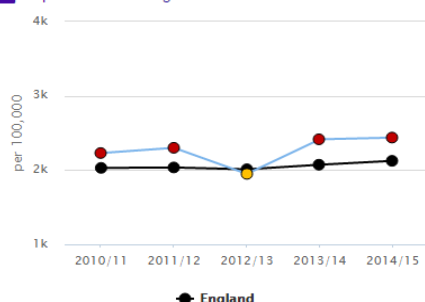
#### 2.24i - Injuries due to falls in people aged 65 and over (Persons)

Maidstone

Directly standardised rate - per 100,000

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[Show confidence intervals](#)



Period		Count	Value	Lower CI	Upper CI	South East	England
2010/11		615	2,230	2,048	2,422	1,994	2,030
2011/12		656	2,300	2,118	2,493	1,982	2,035
2012/13		573	1,949	1,785	2,123	1,962	2,011
2013/14		713	2,415	2,231	2,609	2,056	2,072
2014/15		741	2,438	2,257	2,629	2,086	2,125

Source: Calculated by West Midlands Knowledge and Intelligence Team from data from the Information Centre for Health and Social Care - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates



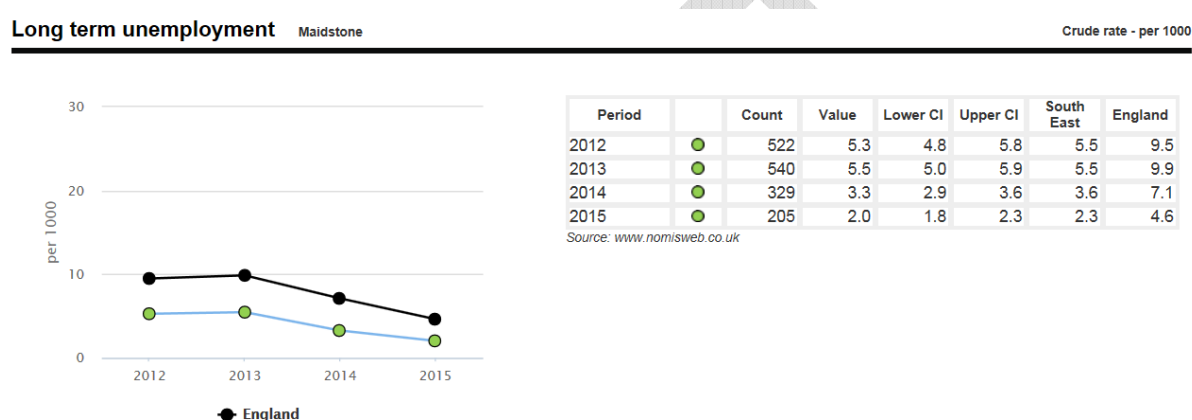
## Priority 3: Create fair employment and good work for all

Patterns of employment both reflect and reinforce the social gradient, and being in good employment is protective of health. Unemployment leads to financial insecurity, psychologic stress, anxiety, depression and unhealthy behaviours such as smoking and alcohol consumption.

The quality of work is also important. Jobs that are insecure, low-paid and fail to protect employees from stress and physical danger lead to poorer health.

### Unemployment

In Kent, the unemployment rate has been reducing over the last few years in all districts as the nation's economic recovery continues. The long-term unemployment rate in Maidstone is better than the England average.



Businesses and workplaces have a key role to play in support good health and reducing health inequalities. Supervisor and peer support, stable rotas, safe conditions, an opportunity for training and promotion, and greater autonomy in the workplace are all factors that increase employees' wellbeing. In Maidstone, we work alongside Kent County Council to deliver the Kent Healthy Business Awards. The awards are self-assessed standard to help improve the health of the workforce. In 2014/15, 10 businesses had signed up to the awards in Maidstone, increasing to 31 businesses in 2015/16 with 5 achieving the awards.

## Priority 4: Ensure a healthy standard of living for all

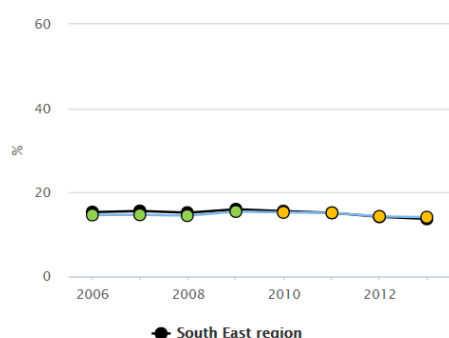
Income is a key determinant of health. Insufficient income is associated with worse outcomes in long term health and life expectancy. Income alone does not give a full picture of living standards.

### Children in low income families (under 16s)

Maidstone is not significantly different to the region average for the number of children living in low income families; 14.1% in Maidstone compared to 13.7% South East region.

Children in low income families (under 16s) Maidstone

Proportion - %



Period		Count	Value	Lower CI	Upper CI	South East	England
2006		3,995	14.6	14.2	15.0	15.3	21.8
2007		4,035	14.7	14.3	15.1	15.6	22.4
2008		3,985	14.5	14.1	14.9	15.2	21.6
2009		4,285	15.5	15.0	15.9	16.0	21.9
2010		4,250	15.2	14.8	15.7	15.5	21.1
2011		4,295	15.1	14.7	15.6	15.1	20.6
2012		4,120	14.3	13.9	14.7	14.2	19.2
2013		4,100	14.1	13.7	14.5	13.7	18.6

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

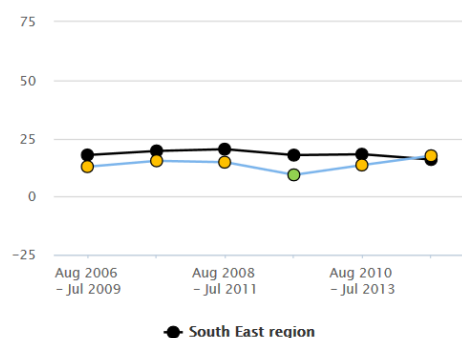
### Fuel Poverty

The people most likely to die or become ill during the cold weather are those least about to afford to heat their homes. Living in a cold home can lead to or worsen a large number of health problems including heart disease, stroke, respiratory illness, falls, asthma and mental health problems. The fuel poverty rate in Kent was 8.6% in 2013, less than the national rate of 10.4%. The number of excess winter deaths in Maidstone is not significantly different to the Kent average. Latest data available has Kent at 11.6% and Maidstone at 15.6%.

Please note the excess winter death trends seen below are only available to July 2013.

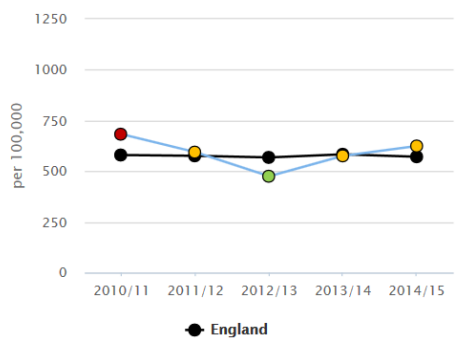
Excess winter deaths Maidstone

Ratio



Period		Count	Value	Lower CI	Upper CI	South East	England
Aug 2006 - Jul 2009		161	12.8	5.7	20.4	17.8	18.1
Aug 2007 - Jul 2010		196	15.3	8.2	23.0	19.6	18.7
Aug 2008 - Jul 2011		191	14.7	7.6	22.3	20.3	19.0
Aug 2009 - Jul 2012		123	9.3	2.5	16.6	17.8	16.4
Aug 2010 - Jul 2013		177	13.5	6.5	21.0	18.2	17.4
Aug 2011 - Jul 2014		229	17.5	10.3	25.1	15.9	15.6

Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts



Period		Count	Value	Lower CI	Upper CI	South East	England
2010/11		185	683	582	795	582	580
2011/12		177	594	506	693	573	576
2012/13		144	475	398	562	554	568
2013/14		174	576	489	673	587	583
2014/15		191	624	535	724	560	571

Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2014. Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

## Priority 5: Create and develop healthy and sustainable places and communities

Creating a physical environment in which people can lead healthier lives is crucial to tackling health inequalities. Green spaces such as parks, woodland and other open spaces are associated with a number of health outcomes, relating to physical health, mental health and general wellbeing. There are many indirect benefits too, for example, providing space for social activity, sports and recreation and improving air quality.

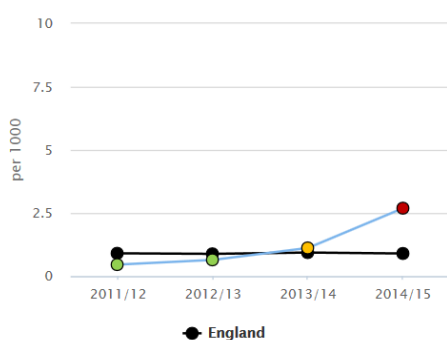
Housing is a key aspect of inequalities; poor quality housing is a risk to health, and rates of overcrowded accommodation and shared dwellings are strongly associated with levels of deprivation.

### Statutory homelessness

Homelessness can be more hidden in the form of temporary accommodation. This transient living can lead to poor continuity of care and service provision. In Maidstone, Statutory homelessness is persistently reported as red in Maidstone (significantly higher than the England average). The measure is the count of households who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation under part VII of the Housing Act 1996 or part III of the Housing Act 1985. This comes from a return provided by housing authorities to the Department for Communities and Local Government (DCLG).

Statutory homelessness Maidstone

Crude rate - per 1000



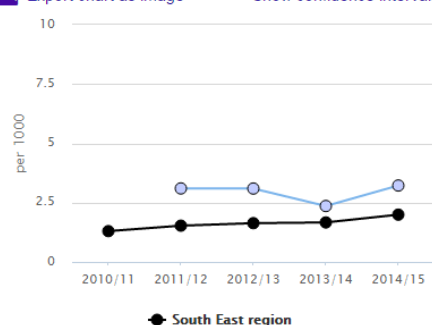
Period		Count	Value	Lower CI	Upper CI	South East	England
2011/12		28	0.5	0.3	0.7	0.5	0.9
2012/13		42	0.6	0.5	0.9	0.5	0.9
2013/14		73	1.1	0.9	1.4	0.7	0.9
2014/15		178	2.7	2.3	3.1	0.8	0.9

Source: Department for Communities and Local Government

1.15i - Statutory homelessness - homelessness acceptances Maidstone

Crude rate - per 1000

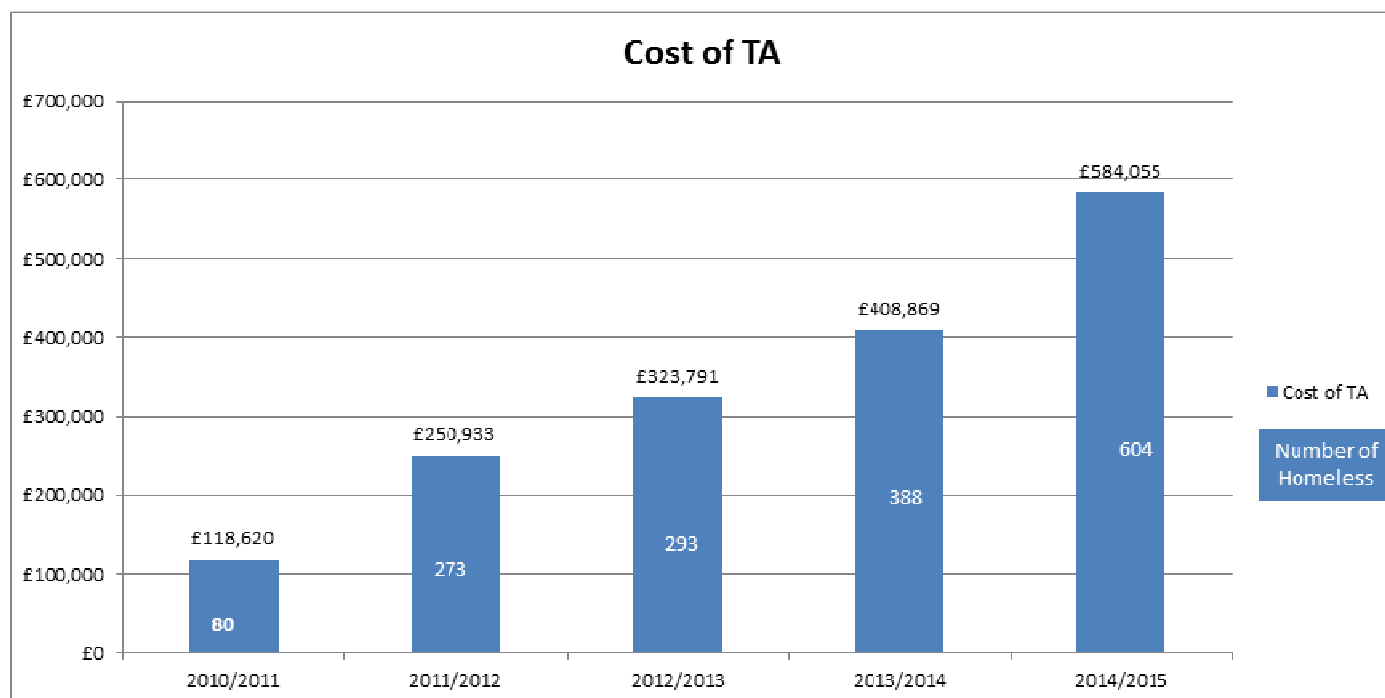
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Period		Count	Value	Lower CI	Upper CI	South East	England
2010/11		-	-	-	-	1.3	2.0
2011/12		189	3.1	2.7	3.6	1.5	2.3
2012/13		198	3.1	2.7	3.6	1.6	2.4
2013/14		155	2.4	2.0	2.8	1.7	2.3
2014/15		213	3.2	2.8	3.7	2.0	2.4

Source: Department for Communities and Local Government

In Maidstone, between April and June of 2016, 176 households have met the threshold to make a homelessness application. 149 decisions were made. In the same quarter in 2015/16 there were 150 applications and 132 decisions made.



(Approximately a 1/3 of those presenting as homeless are placed in temporary accommodation)

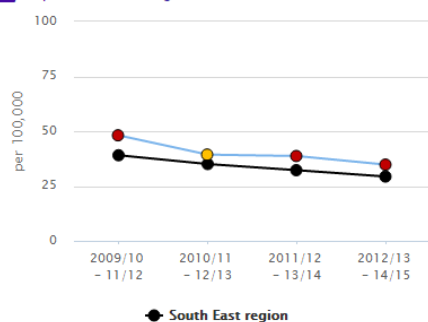
The length of stay in temporary accommodations has been reduced to 39.67 (2015/16); achieving the 2015 target of 42 days.

## Violent Crime

Maidstone has significantly higher rates of violent crime than the South East average, higher than the national rate but lower than the Kent figure. It has risen from 12/13 to 14/15. The rate for violent crimes per 1000 is also higher in Maidstone than the South East. The rate of sexual violence per 1000 is not.

### Misc: Violent crime (including sexual violence) - hospital admissions for violence

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	South East	England
2009/10 - 11/12	224	48.1	42.0	54.9	39.0	62.8
2010/11 - 12/13	183	39.3	33.8	45.5	35.0	57.6
2011/12 - 13/14	179	38.7	33.2	44.8	32.2	52.4
2012/13 - 14/15	163	34.8	29.6	40.5	29.3	47.5

Source: Data supplied by Hospital Episode Statistics, Health and Social Care Information Centre (HSCIC). Values calculated by KIT(NW).

## Priority 6: Strengthen ill-health prevention

Strengthening ill-health prevention also required improve partnership working amongst the public, private and voluntary sector to find new ways to target and deliver services particularly with those who are hard to reach.

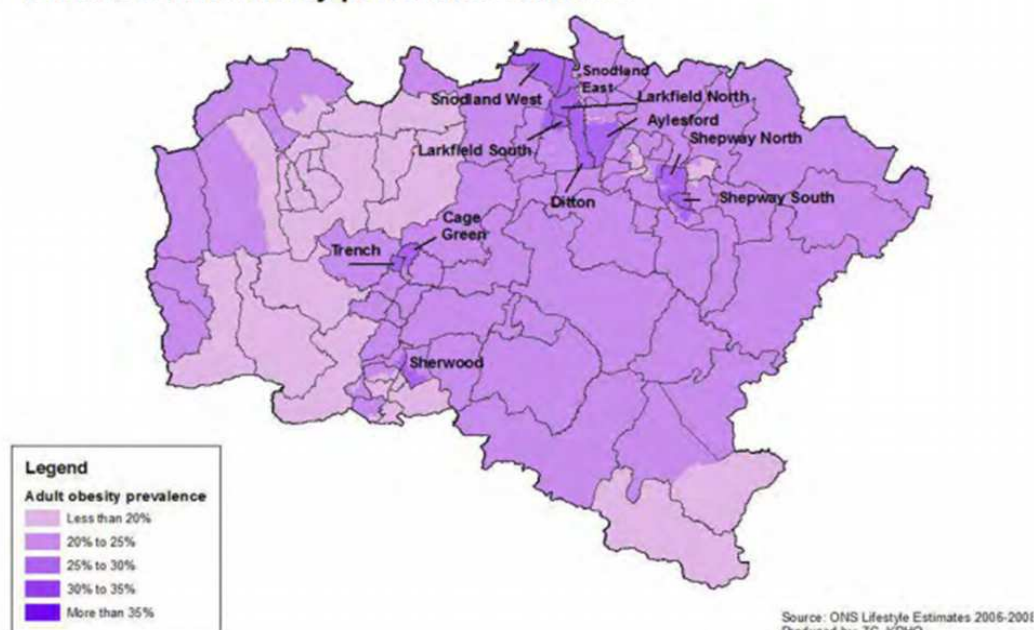
Maidstone Borough Council staff have been trained in Making Every Contact Count (MECC) as an approach to behaviour change that utilises day-to-day interactions with our clients to support them in making positive changes to their physical and mental health and wellbeing.

### Adult Obesity

Obesity/excess weight in adults data has changed over time, from 2006-2013 it was a % modelled estimated derived from the Health Survey of England using 2006-2008 data. From 2014, excess weight in adults was measured using Active People Survey 2014. Latest data shows 65.5% of Maidstone residents (aged 16 and over) have a BMI greater than or equal to 25kg/m<sup>2</sup>.

The modelled data goes down to ward level to provide an indication of the relative prevalence. Shepway North, Shepway South and Park Wood are estimated to have 25% more prevalence of adult obesity.

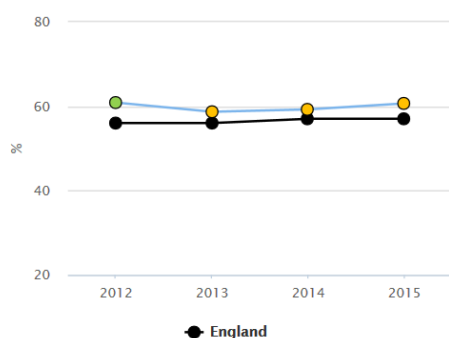
**Modelled adult obesity prevalence estimates**



## Percentage of physically active adults

Maidstone

Proportion - %



Period	Count	Value	Lower CI	Upper CI	South East	England
2012	-	60.9	56.5	65.3	58.7	56.0
2013	-	58.7	54.4	63.0	58.4	56.0
2014	-	59.3	55.0	63.5	59.0	57.0
2015	-	60.7	56.5	64.9	60.2	57.0

Source: Active People Survey, Sport England

## Malignant Melanoma

Malignant Melanoma is not significantly different to the England average. The risk factors associated with malignant melanoma including being white, the high number of sunlight hours and being over 65 years old. This in itself may be why the South East is generally higher than the England average.

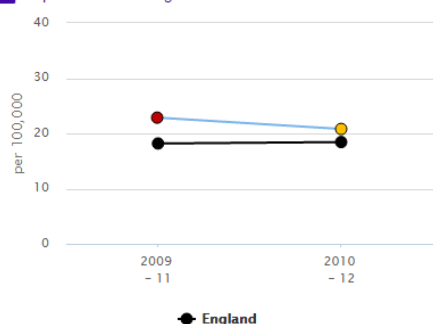
## Incidence of malignant melanoma

Maidstone

Directly standardised rate - per 100,000

[Export chart as image](#)

[Show confidence intervals](#)



Period	Count	Value	Lower CI	Upper CI	South East	England
2009 - 11	93	22.9	18.4	28.0	21.1	18.2
2010 - 12	86	20.8	16.6	25.7	21.7	18.4

Source: Health and Social Care Information Centre

## NHS Health Checks

The NHS Health Check programme is a national cardiovascular screening programme for all individuals aged 40-74 who are not already treated for cardiovascular disease. Since cardiovascular disease will affect many people as they age getting five-yearly check of blood pressure, weight and cholesterol is a way of identifying risks and getting advice and support to change lifestyles for the better.

The number of NHS Health Checks carried out within the borough exceeded our target of 1,500 to 2,908 (93.86% above target)

## Indicators for Health Inequalities Action Plan

Actions identified within the Maidstone Health Inequalities Action Plan were time bound to 2015-2020. Kent Public Health Observatory has mapped Maidstone's progress to date, although this data cannot be used as standalone data due to inconsistency of data collected and reported.

Care needs to be taken in interpreting population health indicators and the changes that may have occurred in data may arrive as not statistically different.

The action plan is a partnership plan and not the sole responsibility of Maidstone Borough Council. Tackling health inequalities requires a co-ordinated approach.

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Indicators for Maidstone Health Inequalities Action Plan 2014-2020

Priority	Target description	baseline	target	inc/ red	Review Date	Latest data available	Notes/Source
1a. Give every child the best start in life (conception to 9 months)	Reduce number of low birth weight babies	5.80%	4.80%	-1%	2015	6.10% (2012-14)	ONS via HSCIC
	Increase breast feeding initiation rates	74.60%	76.60%	+2%	2015	75.8% (2014/15)	% who breastfeed their babies in the first 45hrs after delivery (PHOF)
	Increase rate of breast feeding at 6-8 weeks	41.50%	43.50%	+2%	2015	Not available	Value has not been published for data quality reasons (PHOF)
	Reduce infant mortality rate	2.7/1,000	<3.1/1,000	n/a			2.0 Rate of deaths in infants aged under 1 year per 1,000 live births (PHOF)
	Reduce number of pregnant women smoking during pregnancy	12.20%	6%	-50%	2020	129 (Q3, 2015/16)	HSCIC. When Q3 maternities' are released this can be given as a percentage
1b. Give every child the best start in life 9 months +)	Reduce the number of obese children: reception year	10.70%	9.70%	-1%	2015	8.2% (2014/15)	National Child Measurement Programme
	Reduce the number of obese children: year 6	20.00%	19.00%	-1%	2015	14.9% (2014/15)	National Child Measurement Programme
	Increase % of children immunised before their 5 birthday	91.40%	95%	+3.6%		MMR2 85.3%, DTaP/IPV Booster 81.4% (2015/16)	Averages have been taken for quarters 1 and 2 2015/16
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives	Reduce hospital admissions for self harm	215.3/ 100,000	207.9	-3%	2020	205.67/100,000 (2014/15)	Admissions using 'X600' and X849' or 'Y100' and 'Y349' ICD 10 coding (SUS)
	Reduce number of teenage conceptions	34.3	<40/1,000	reduce	2020	18.0 (2014)	ONS This is no longer one indicator, this is split into 'increase risk drinking (HRD) (% of drinkers only) synthetic estimate' and 'higher risk drinking (HRD) (% of drinkers only) synthetic estimate'
	Reduction in increasing and higher risk drinking	23.9	22.30%	-2%	2020	20.9% (IRD) and 6.8% (HRD) (2014)	
	reduction in number hip fractures in over 65s	468	457	-2%	2020		
	Reduction in excess winter deaths	14.8	monitor	reduce	2020		
3. Create fair employment and good work for all	Reduce the number of 16-18 year olds NEET	6.00%	5%	-1%	2020		
	Reduce the number of 18-24 who are unemployed	765	monitor	reduce	2015	Kent 3,280 Maidstone makes up 2.4% - 787	
	Reduce the percentage of people claiming job seekers allowance	2.60%	2.60%	reduce			
	Increase the number of healthy workplaces	20	baseline	increase	2015	21 (2015 (to date))	MBC
4. Ensure a healthy standard of living for all	Reduce deprivation in key areas	7.20%	monitor	reduce	2020	7.5 (2015)	The % of people living in the 20% most deprived areas in England, 2015 (IMD 2015)
	Reduce the proportion of children living in poverty	15.20%	monitor	reduce	2020	0.15 (2015)	IDACI 2015
	Reduce inequality in life expectancy in the borough (male)	7	monitor	reduce	2020	11.7 (2011-15)	Figure given is the different between the highest life expectancy at ward level and the lowest life expectancy at ward level. Total life expectancy is 80.3 years (PCMD, ONS, SEPHO)
	Reduce inequality in life expectancy in the borough (female)	4.4	monitor	reduce	2020	16.2 (2011-15)	Figure given is the different between the highest life expectancy at ward level and the lowest life expectancy at ward level. Total life expectancy is 83.6 years (PCMD, ONS, SEPHO)
	Reduce number of households living in fuel poverty (10% of income)	12.70%	monitor	reduce	2020		
	Increase number of households supported to improve their energy efficiency	baseline	monitor	increase	2015		
5. Create and develop healthy and sustainable places & communities	Increase number of homeless preventions	592	450	+24%	2015		Not currently achievable due to the increase of households presenting as homeless
	Reduce number of households living in temporary accommodation	29	15	-1%	2015		Number of households in temporary accommodation has increased - target is not achievable
	Reduce recorded crime per 1,000 population	63.6	63.6	maintain	2015		
	Reduce levels of violent crime	11.5	monitor	reduce	2015		
	Percentage CO2 reduction from local authority operations	5481	5316	-3%			
	Reduce length of stay in temporary accommodation to 42 days	56 days	42 days	-25%	2015	39.67	
6. Strengthen the role and impact of ill health prevention	Increase the number of health checks delivered	1500	1500	maintain	2015	2,908 (2015/16)	The number of health checks completed for 2015/16 (to date) by GP's; aggregated to district level (KCHFT)
	Reduce the number of obese children: reception year	10.70%	9.70%	-1%	2015	Repeat of target (part of 1b)	
	Reduce the number of obese children: year 6	20.00%	19.00%	-1%	2015	Repeat of target (part of 1b)	
	Reduce adult obesity	26.30%	24.20%	-2%	2020	18.9% (2012)	Active People Survey 2012, part of Health Profiles 2015
	reduce the incidence of malignant melanoma	19.40	14.5	-5%	2020	21.7 (2010-12)	PHE Health Profiles
	Reduce the number of hospital stays for self harm	215.30	207.9	-3%	2020	Repeat of target (part of 2)	

## Health Inequality Indicators for Maidstone – June 2016

Taking into account our current Health Inequalities Action Plan and the need to understand what data is available; Public Health England have a list of indicators which have been considered and organised across the life course, consistent with the national strategy for tackling health inequalities. Indicators have been selected based on:

- Each indicator must relate to health inequalities (e.g. social determinants of health, health behaviours, health service uptake/use, health outcomes)
- Indicators collectively cover a wide breadth of issues, but minimising overlap
- Data for each indicator must be collected in a robust way, and consistent methodology, at least at County level, and ideally at District level (indicated where this is the case)
- Must be accessible on Public Health England (PHE) Fingertips website, for ease of access: [fingertips.phe.org.uk/](http://fingertips.phe.org.uk/)
- Data for each indicator must have been collected recently (post-2011) and must continue to be collected routinely and on a regular

The colour denotes whether the latest district value is better or worse than the national value or target value. This is currently only provided for Kent level data.

Looking at the latest district data from June 2016 the following areas **are 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
ELDERLY	Road Injuries	Killed and seriously injured on roads, crude rate per 100,000	39.3	39.6	38.6	40.6	↑	2012-14
	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
MORTALITY	Place of Death	Percentage of deaths that occur in Usual Place of Residence	44.7%	46.2%	45.9%	48.2%	↑	2015
	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

## Kent Public Health approach to health inequalities

Kent County Council, Mind the Gap strategy came to an end in 2015. The County Council's new strategy 'Mind the Gap 2016' is currently in draft format. This strategy is not time-bound as changes to health inequalities are recognised over longer periods of time.

Kent County Council is concentrating on lower super output areas in each district with the aim of community transformation; empowering individuals and communities for better health and wellbeing. This will be achieved through community 'asset based' approach.

Needs based approach	Asset based approach
Focus on deficiencies	Focus on strengths
Respond to problems	Identify opportunities
Provide services to users	See residents as co-producers
Short term solutions	Sustainable long-term change
Top down: residents have little say in local issues	Bottom up: empower residents to be part of the process

It is a unified plan that recognises improving the health of an entire population does not necessarily address the health inequalities that exists between different parts of the society. Closing the 'health gap' will require a faster improvement in health in the most deprived areas.

Within Maidstone, Kent County Council has recognised Lower Super Output Areas (LSOA) of Park Wood, Shepway South and High Street as areas of deprivation. They have adopted Chris Bentley's Ten Point Plan of 'System and Scale into Community Empowerment' to tackle health inequalities within these areas.

1. Prioritisation of areas – most in need
2. Defining communities – should be self-defining where possible
3. Asset mapping – stocktake of positive resources in place
4. Behaviour of Partners – agreed ways of working and sharing resources
5. Community profiles - collating top-down and bottom-up
6. Neighbourhood Action Plans (NAPS) – linking aspirations and objectives
7. Community based research (CBR) – train residents to be involved
8. Outreach models – using community venues
9. Community Links Strategy – gathering intelligence from community infrastructures
10. Transfer of Service Ownership – appropriate segments

## Maidstone's approach to health inequalities

As a district council we are in a unique position to help Kent County Council Public Health deliver a health agenda particularly around the wider determinants of health.

A whole systems approach to public health can ensure our actions have a positive impact on public health, taking on more of an enabling role in the health of our residents and communities, ensuring actions are cost-effective and, where possible, offer a positive return on investment. Health Inequalities should be a major focus within this approach but should not be the 'sole' public health strategy but form part of a wider public health strategy as at county level.

Our health is primarily determined by factors other than health care. District councils are in a good position to influence many of these factors through their key functions and in their wider role supporting communities and influencing other bodies.

So how can Maidstone Borough Council achieve a whole systems approach to improving the health and wellbeing of our residents?

### 1. Working in partnership and alignment

We need to work in partnership with other agencies, ranging from Public Health England and other tiers of local government and directors of Public Health, to the local NHS, the voluntary and business sectors and communities themselves. This will enable us to share resources and achieve results.

## Partnership: the key to success



## **2. To demonstrate effectiveness and return on investment**

We should be more proactive in collating existing evidence on the health economics of our activities in order to guide decisions on our communities' health and wellbeing.

This could help us in attracting funds and other forms of support from other bodies, including health and higher tiers of local government.

## **3. To lead innovation in services and their delivery**

Invest in health impact assessments (HIA) to move beyond innovative case studies to processes to show demonstrable improvements in health outcomes.

## **4. To strength our enabling role in the health of our communities**

Actively engage with our communities involving them directly in decisions which affect their health and wellbeing.

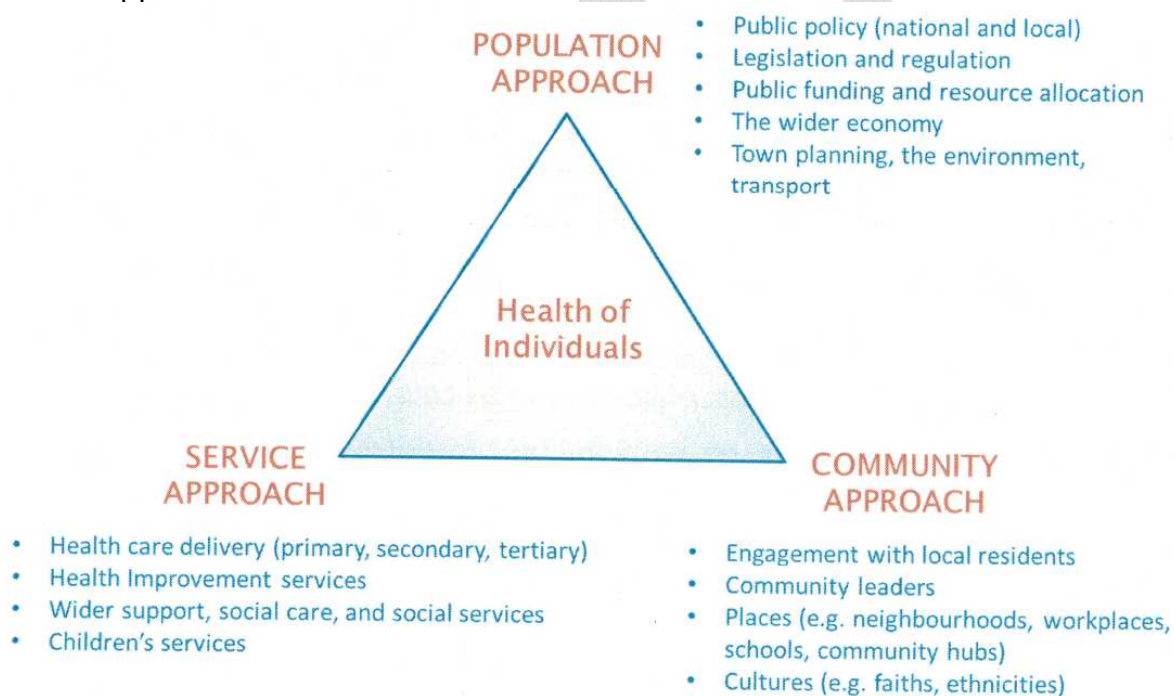
There is growing recognition that although disadvantage social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health, and strengthen resilience to health problems.

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## Recommendations

1. To embed health within the culture of Maidstone Borough Council to deliver a whole systems approach producing a 'District Health Deal' with Kent County Council Public Health.
2. Produce and deliver a learning and development package to staff and councillors on the importance of health and how their role contributes and can contribute further to improving health and wellbeing of residents. This will include embedding this approach in the Council's Business Plan and appraisals.
3. Support the implementation and delivery of the Mind the Gap 2016 which focuses on a community asset based approach in lower super output (Parkwood, Shepway and High Street ward). We are close enough to our communities to understand how they work and how to best reach and support them.



*Model for impacting health at a population level (Chris Bentley 2012)*

4. Establish a good working relationship with the Kent Public Health Department so health data is readily available dependant on the needs and change of our population. Using their expertise to understand what is underneath the data and what the intelligence tells us which must include qualitative information. (Intelligence based approach)
5. Establish collaborative working agreements (internal) and partnership working agreements (external) for partners to work together on achieving shared outcomes in improving resident health and wellbeing.
6. Produce Health Impact Assessments on all future strategies produced by Maidstone Borough Council.

7. Review progress of health inequalities to date and implement a refreshed action plan examining strategic direction for future delivery.
8. To confirm key objectives and priorities for the refreshed health inequalities action plan, taking note of significant trends highlighted by data provided by the Public Health Stakeholders.

Community Context:

- Violent Crime
- Statutory homelessness

Children and Young People:

- Breastfeeding initiation and maintenance at 6/8 weeks
- Excess weight in children
- Teenage Conceptions and Teenage Parents
- Emotional Health and Wellbeing (linked to admissions for injuries)

Adults:

- Emotional and Mental Health including social isolation
- Alcohol
- Excess Weight
- Smoking
- Dementia Prevention – physical activity, smoking cessation

With regards to populations of people: young parents; Black and Minority Ethnic (BME); older people and homeless individuals are recommended.

The priorities above have been identified by: looking at public health outcomes; appraising data available; benchmarking against England, South East, Kent and other wards; looking at trends; and identifying actions and making links to strategic priorities for Kent.



## References

*Maidstone Health Inequalities Action Plan 2014-2020*

*Kent County Council, Mind the Gap: Kent's Health Inequalities Action Plan 2012-2015*

*Kent County Council, Mind the Gap 2016*

*The Marmot Review, 'Fair Society, Healthy Lives', 2010*

*The Kings Fund, The district council contribute to public health: a time of challenge and opportunity*

## Data Sources

*Kent and Medway Public Health Observatory*

<http://www.kpho.org.uk/>

*Public Health England*

<https://www.gov.uk/government/organisations/public-health-england>

*Public Health Profiles*

<http://fingertips.phe.org.uk/profile/health-profiles>