

## **Maidstone Borough Council**

### **Communities, Leisure Services and Environment Overview & Scrutiny Committee**

**Tuesday 13 August 2013**

#### **Scoping Report for developing a Health Inequalities Action Plan for Maidstone**

**Report of:** John Littlemore, Head of Housing and Community Services

#### **1. Introduction**

- 1.1 The Communities Overview and Scrutiny Committee have within its terms of reference responsibility for the scrutiny of Health and Wellbeing and Health Inequalities.
- 1.2 The Committee's Chairman and Vice-Chairman were advised that a health inequalities action plan for Maidstone was being drafted and felt it important that the Committee took the opportunity to be involved in agreeing the approach and key priorities for action.
- 1.3 Following the Corporate Governance Review and the decision of Council to develop an enhanced scrutiny model, Councillor John A Wilson, Cabinet Member for Communities and Leisure felt that the development of the action plan would provide an excellent opportunity to involve scrutiny at an early stage. The Committee's involvement is at a pre decision stage, in a strategic action plan, looking at the borough as a whole.
- 1.4 The Chairman and Vice Chairman felt it appropriate to receive a presentation from the Cabinet Member for Community and Leisure Services and John Littlemore, Head of Housing and Community Services on the findings from a recent health inequalities stakeholder event and the approach being proposed to develop a health inequalities action plan for Maidstone. The presentation will include:
  - An overview of the recommendations from a commissioned report into health inequalities in Maidstone; and
  - Details of the approach to be taken in developing an action plan.

#### **2. Recommendation**

- 2.1 The Committee should consider the information presented and seek to recommend an approach for the Health Inequalities Action Plan for Maidstone.

### **3. Maidstone Health Overview**

- 3.1 Measures of health inequality are not primarily about health but of socio-economic status which has an impact on health and can lead to disease. Relative deprivation impacts on a person's ability to participate in or have access to employment, occupation, education, recreation, family and social activities and relationships which are commonly experienced by the mainstream. People in deprived circumstances often do not present with major health problems until too late. Barriers to presentation include structural issues such as poor access and transport; language and literacy problems; poor knowledge; low expectation of health and health services; fear and denial and low self-esteem.
- 3.2 The main causes of death in the Borough are;
- Circulatory Disease (mainly coronary heart disease and strokes)
  - Cancer
  - Respiratory Disease
- 3.3 Health profiles of Maidstone show general levels of health and wellbeing are good being largely above national and regional averages. Deprivation in the Borough is lower than the England average. Unemployment is low, average wages are higher than most other Districts in the County. Maidstone residents as a whole have a life expectancy at birth which is higher than the national average, and correspondingly have lower than average mortality rates. However, this position hides some pockets of deprivation. Our priority areas with significantly greater Health Inequalities in the borough have been identified as:
- Park Wood
  - High Street
  - Shepway North
  - Shepway South
- 3.4 The four wards identified above are already the focus of the Borough Council's Community Development Strategy 2012-2016. These areas have higher levels of disease and poor health, worse adult health and lifestyles, and poorer levels children's and young people's health compared to the rest of the borough. The main areas for action are;
- Increasing physically active children
  - Reducing adult obesity
  - High incidence of malignant melanoma
  - Reducing hospital stays for self-harm
- 3.5 Consideration needs to be given in relation to the behaviours people adopt, and the actions they take which will put them at risk, and adversely affect their health. In particular, levels of physical activity in children and adults seem poor, and related to this, there is an

issue with rates of obesity in adults. Otherwise, the measure that is relatively poor in Maidstone is malignant melanoma, a skin cancer usually associated with excessive exposure to sunlight and sunburn both home and abroad (or by use of sunbeds). Finally, relatively high levels of self-harm indicate mental health stress often in teenagers. Again, these are averages for the Borough as a whole, and are likely to hide pockets of high risk in the most deprived areas. It would be predicted that this would be the case for smoking, high risk drinking and teenage pregnancy, for example.

3.6 There are a number of factors which impact upon the prevalence of these issues, including:

- The overall environment
- Lifestyles
- Access to services

The overall environment includes issues such as air quality, housing, anti-social behaviour and worklessness. Lifestyles can include issues such as smoking, obesity, substance misuse and sexual health. Finally access issues can include physical access, the suitability of services and funding.

#### **4. What an Action Plan will do to tackle Health Inequalities in the Maidstone borough**

4.1 We aim to reduce health inequalities in Maidstone by reducing the gap in health status between our richest and poorest communities. The Maidstone Health Inequalities Action Plan will set out how all of the partners who contribute to improving health and reducing health inequalities in the area will deliver a series of actions to improve the areas highlighted above. Most importantly we will improve health and wellbeing for everyone in Maidstone but we will "Improve the health of the poorest fastest" so that more people will live longer in better health and the difference in life expectancy within and between communities in Maidstone will reduce. Furthermore, an action plan will contribute to the wider Kent Health Inequalities Action Plan – Mind the Gap *'Building bridges to better health for all'*

#### **5. Who will do what?**

5.1 The proposed Action Plan will provide a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities in the Maidstone Borough.

From April 2013 Kent County Council is taking on new responsibilities for Public Health and for tackling the social determinants of health inequalities. To succeed in improving public health and reducing health inequalities all local authorities and partners across Kent need to be engaged and committed to reducing health inequalities in their areas.

As the new commissioners for health services locally; West Kent Clinical Commissioning Group are also a key partner in reducing health inequalities in the Borough.

Maidstone Borough Council recognises the importance of reducing health inequalities. Health and Wellbeing is a key theme in the Council's Strategic Plan, which sets out a strategic objective of reducing overall health inequalities in the Borough, along with a series of targets. An Action Plan will contribute to the Health and Wellbeing objective of the Council's Strategic Plan as well as the Kent-wide Health Inequalities Action Plan.

The Council also realises health inequalities cannot be reduced by one or two organisations alone and needs the support of a wide range of local partners, therefore in partnership with Kent County Council, a Maidstone Borough Health Inequalities Workshop was delivered in July 2013. The workshop enabled partners to learn more about health inequalities in the borough and also how their organisation and services could contribute to the local action plan. The outcome of the workshop is the actions that will be included in the proposed Action Plan.

The delivery of this action plan will only be successful if delivered in partnership; crucial to this is the development of the locality Health and Wellbeing Board which will have the responsibility to oversee the delivery of this plan and report progress back to the Kent Health and Wellbeing Board.

## Appendix 1: Health Inequalities overview

### Background

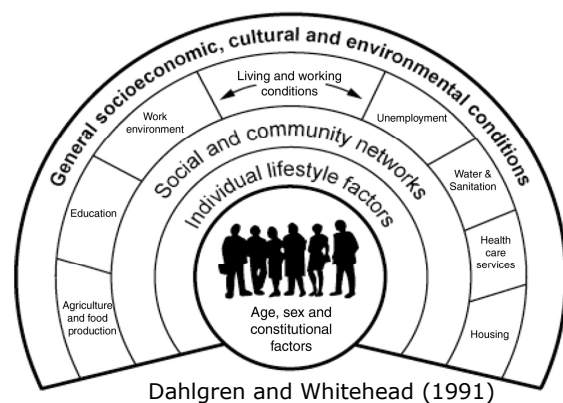
Health Inequalities are the result of a set of complex interactions, including:

- The long-term effects of a disadvantaged social position
- Differences in access to information, services and resources
- Differences in exposure to risk
- Lack of control over one's circumstances
- A health system that may reinforce social and economic inequalities.

These factors all affect a person's ability to withstand the stressors – biological, social, psychological and economic – that can trigger ill health. They also affect the capacity to change behaviour. Measures of health inequality are not primarily about health, but of socio-economic status which has an impact on health and can lead to disease.

Relative deprivation impacts on a person's ability to participate in or have access to employment, occupation, education, recreation, family and social activities and relationships. People in deprived circumstances often do not present with major health problems until too late.

Barriers to presentation include structural issues such as poor access to transport; language and literacy problems; poor knowledge; low expectation of health and health services; fear and denial and low self-esteem.



Dahlgren and Whitehead's model (above) highlights some of the main factors determining the health of our regional and local populations.

Age, sex and genetic make-up undoubtedly influence people's health potential, but are fixed. Other factors in the surrounding layers of the model can potentially be modified to achieve a positive impact on population health:

- individual lifestyle factors such as smoking habits, diet and physical activity have the potential to promote or damage health;
- interactions with friends, relatives and mutual support within a community can sustain people's health;
- wider influences on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole.

## **National**

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence based strategies for reducing health inequalities from 2010.

The final report. 'Fair Society Healthy Lives' was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

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

## **County**

In 2012 Kent County Council published Mind the Gap: Building bridges to better health for us all 2012/15. The strategy is broadly based on the policy objectives set out in the Marmot report, and lists six key priorities for achievement by 2015:

- Increase breast-feeding and initiation rates and prevalence at 6-8 weeks in all parts of Kent
- Roll out Total Child Pilot to schools to help schools identify health and wellbeing issues for pupils
- Increase proportion the of Young People (16-18) and (18-24) in full time education or employment
- Reduction in the levels of inequalities for Life Expectancy for Males and Females
- Reduce homelessness and the negative impact for those living in temporary accommodation
- Reduce the rate of deaths attributable to smoking in all persons

## **Impact on Corporate Objectives**

By August 2013 Maidstone Borough Council will produce a health inequalities strategy and action plan. There are clear links with the proposed health inequalities action plan and the 3 strategic priorities and 7 key outcomes set out in the Strategic Plan 2011-15.

| <b>Priorities</b>                             | <b>Outcomes</b>  |
|---|--|
| 1. For Maidstone to have a growing economy    | <ul style="list-style-type: none"><li>• A transport network that supports the local economy</li><li>• A growing economy with rising employment, catering for a range of skill sets to meet the demands of the local economy</li></ul>  |
| 2. For Maidstone to be a decent place to live | <ul style="list-style-type: none"><li>• Decent, affordable housing in the right places across a range of tenures</li><li>• Continues to be a clean and attractive environment for people who live in and visit to Borough</li><li>• Residents are not disadvantaged because of where they live or who they are, vulnerable people are assisted and the level of deprivation is reduced</li></ul> |
| 3. Corporate and Customer Excellence          | <ul style="list-style-type: none"><li>• Services are customer focused and residents are satisfied with them</li><li>• Effective, cost efficient services are delivered across the borough</li></ul>  |

The Community Development Strategy 2012-2016 sets out 3 priorities for delivery, all of which has the potential to impact on health inequalities and improve the lives of our most deprived groups and communities. These are:

- Tackling Disadvantage
- Reducing Worklessness
- Building Stronger Communities

Much of the work we undertake as a local authority directly or indirectly affects the health and wellbeing of our communities. With that in mind, other strategies and departmental service plans that will contribute to work to reduce health inequalities include:

- Community Development
- Community Safety
- Economic Development
- Environmental Enforcement
- Environmental Health
- Housing
- Parks and Leisure
- Planning and Development
- Revenues and Benefits
- Street Scene and Street Cleansing