#### **HEALTH INEQUALITIES IN THANET**

To: Thanet Health and Wellbeing Board – 11 June 2015

By: Colin Thompson, Consultant in Public Health

Subject: Health inequalities

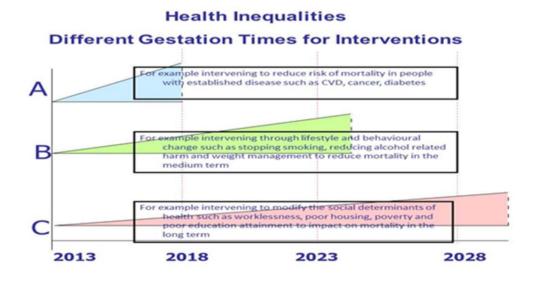
Classification: Unrestricted

#### **Summary:**

Health inequalities are avoidable variations in health. Thanet has the widest gap in health inequalities out of the districts in Kent. The gap in life expectancy at birth between the highest and lowest ward is 16.77 years. Tackling health inequalities requires a systematic approach utilising a range of interventions. A localised action plan should be developed that is owned by the Thanet Health and Wellbeing Board.

## 1.0 Introduction and Background

- 1.1 Health inequalities are avoidable variations in health status of groups and individuals and are a complex issue. There is evidence that populations in areas with high deprivation experience higher morbidity and mortality than those areas with low deprivation (Marmot strategic review, 2010), however some less deprived areas may contain pockets of high mortality.
- 1.2 Tackling health inequalities is a complex. The diagram below highlights the potential gestation times for different types of interventions. The interventions that can potentially have an effect in the short-term are those that reduce the risk of mortality in people with established disease (i.e. ensuring those with heart disease are diagnosed and treated so that their blood pressure/cholesterol is under control). Longer term solutions include those that tackle worklessness, poor educational attainment and poverty.



1.3 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 our richest and poorest communities. It provides a framework and tools to identify, analyse and evaluate actions that contribute to reducing health inequalities.

1.4 Thanet has the widest gap in health inequalities out of all of the districts in Kent. There is a need to ensure that there is a clear strategic action plan specific to Thanet that is owned by the Health and Wellbeing Board that tackles short, medium and long-term interventions.

#### 2.0 The Current Situation

- 2.1 There are a range of indicators to demonstrate that there are considerable health inequalities across Thanet. Life expectancy at birth between different wards in Thanet is 16.77 years. Life expectancy at birth is 73.57 years in Margate Central and 90.34 years in Kingsgate. Between 2010-2012, the teenage conception rate was 113 per 1,000 women aged between 15-17 in Cliftonville West and zero in Kingsgate, Viking and Bradstowe. The Age Standardised Mortality Rate per 100,000 population for under 75 Circulatory deaths between 2009-2013 was 252.67 per 100,000 population in Margate Central and 35.06 in Birchington North. Mental health contact rates between December 2012 and November 2013 were 71.73 per 1,000 people aged 18-64 in Margate Central and 17.87 in Kingsgate.
- 2.2 There are also variations in wider determinants that have an effect on health inequalities. For example in 2013, 30.89% of children in Cliftonville West achieved five GCSEs at grade C or above, whereas in Viking it was 76.47%.
- 2.3 There are also inequalities in relation to undiagnosed disease and a recent report by Kent County Council Public Health department highlighted that generally there is a greater proportion of undiagnosed disease prevalence in practices serving the most deprived populations within the district.

### 3.0 Recommendations

- 3.1 Thanet Health and Wellbeing Board should ensure that tackling health inequalities is one of its key priorities.
- 3.2 A health inequalities action plan should be developed. This work should be led by Kent County Council Public Health, in partnership with all stakeholders. The action plan will be brought to the next Health and Wellbeing Board.
- 3.3 All Stakeholders to identify a lead individual who will take the responsibility of reducing health inequalities.
- 3.4 Establishing a Thanet Health Action Group as a sub-group of the Health and Wellbeing Board. This group can deal with more detailed actions relating to localised health issues such as implementation of the local alcohol action plan.

## 4.0 Background Papers

4.1 None

# 5.0 Contact details

Report Author

Colin Thompson, Consultant in Public Health, Kent County Council Colin.thompson@kent.gov.uk

Relevant Director

Andrew Scott-Clark: Director of Public Health, Kent County Council Andrew.scott-clark@kent.gov.uk