

Narrowing the gap

Tackling health inequalities in Tendring
2010-2016



Tendring
District Council



Foreword

Over the last hundred years health has improved for every section of society. Whilst acknowledging this fact, behind the headline statement is a much more worrying trend. Whilst overall health has improved, the rate of progression has not been the same for all sections of society. Health improvement amongst wealthier sections of society has been far more rapid than that of the poorest.

Such differences are often avoidable and always unjust. In a fair and prosperous society, everyone should have the same chance to lead a long and healthy life and enjoy the same opportunities for education, employment, recreation and fulfilment that good health brings.

The gap is not only wider than it was 20 years ago, without a positive and targeted intervention, it will in all probability widen even further.

A simple, but quite graphical, local demonstration of this can be seen in relation to life expectancy. In Tendring the difference in average life expectancy at birth for a child born in Alresford ward and one born in Pier ward is 13.3 years.

This obvious inequality is something that Tendring District Council is committed to addressing. While the overall objective of this plan is reflected in our Corporate Plan 2010-2016, this document goes into greater detail as to our objectives for contributing to the wider issue of health inequalities.

We work with, and constructively challenge, our partners in delivering this strategy.

Contents

Foreword.....	2
What is health inequality?.....	3
Who is most at risk?.....	3
Why do we need to act?.....	4
The health gap.....	5
Underlying causes.....	6
Strategic Priorities.....	7
Poverty.....	8
Employment.....	9
Housing.....	10
Fuel Poverty.....	11
Obesity.....	12

What is health inequality?

The health of an individual is inextricably linked to their social, economic and lifestyle circumstances. Generally, disadvantaged people tend to have worse health, a poorer quality of life, and can expect to die earlier than people who do not suffer the same disadvantages.

Health Inequalities are identified differences in health experience and health outcomes between different population groups.

These groups can be determined by socio-economic status, educational attainment, geographical area, age, disability, gender or ethnic group.

Health Inequalities can lead to **differences in opportunity** for different population groups resulting in unequal life chances such as securing qualifications and employment as well as unequal access to health care, nutritious food, adequate housing and other normal social expectations.

Who is most at risk?

Certain groups are more at risk of experiencing health inequalities. These include:

- Vulnerable and looked after children
- Older people
- People with mental health issues/illnesses
- People with learning disabilities
- People with physical or sensory impairment
- Homeless people
- Carers
- Black and minority ethnic groups

This is not a definitive list and may vary depending on the specific issue, but it gives an idea of which communities may need to be targeted to make a real difference to health inequalities.

Tackling health inequalities involves targeting both geographical areas of deprivation and key vulnerable groups or individuals.



The World Health Organisation argues that “health inequalities are the result of a complex system operating at a global, national, and local levels which shapes the way society organises its affairs and embodies different forms of social position and hierarchy.

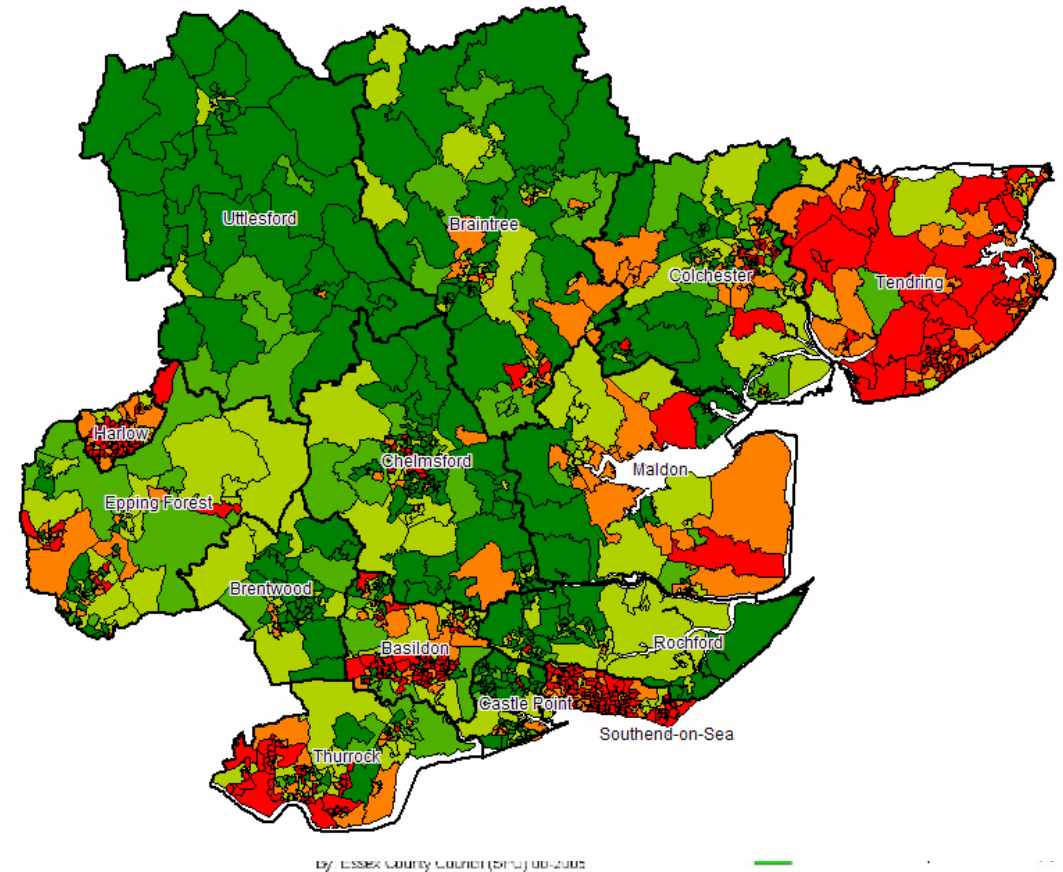
The place people occupy on the social hierarchy affects their level of exposure to health damaging factors, their vulnerability to ill health, and the consequences of ill health”

Why do we need to act?

The key question is why does this Council need to specifically address the issues of health inequalities.

Historically this has been seen as an issue for the health service to address, but it has become clearer over recent years that no organisation can address this alone. There are much wider factors that influence the health of an individual. As a council we are continuously working to improve the **quality of life** for our residents. The facts set out below demonstrate that we need to act in a coordinated way to address these issues.

- **More than one in five children live in income deprived households** (Source: Income Deprivation Affecting Children Index 2007)
- **16% of households live in fuel poverty** (Source: DEFRA 2006)
- **Tendring falls within the 26% most deprived areas in the country and is the Council with the most deprivation in Essex** (Source: Tendring JSNA 2008)
- **Tendring has the highest rate in Essex of working age adults with no qualifications** (Source: Tendring JSNA 2008)
- **Tendring has the highest unemployment rate in Essex at 7.4%** (Source: Tendring JSNA 2008)
- **Tendring has 546 jobs per working age resident compared to the Eastern region of 820 jobs.**
- **Jaywick is the 3rd most deprived area in the country** (Source: Tendring JSNA 2008)
- **Tendring has an estimated obesity rate of 26% which is the second highest in Essex** (Source: Tendring JSNA 2008)
- **Tendring has the lowest level of physical activity in Essex** (Sports England 2009)



This map shows years of potential life lost and so can be used as a proxy for life expectancy, with red areas likely to have the lowest life expectancy, through to dark green areas where life expectancy is likely to be highest.

The red areas are those which have a high number of years of life lost and are indicative of the extent health inequalities.

We must tackle health inequalities to ensure that every individual is able to enjoy a high quality life and has the opportunity to make a positive contribution to the social and economic well being of Tendring.

The effect of health inequalities

Nationally over the last 70 years health has improved, but health inequalities have widened the gap in health status between the rich and the poor. The table below shows the considerable variation in the life expectancy by ward in Tendring.

The ward with the highest life expectancy is that of Alresford (83.4 years) compared to the ward with the lowest life expectancy of Pier (70.1 years). The England life expectancy is 78.3 years and Tendring has 8 wards that are below this. These are Pier ward (70.1 years), Ramsey & Parkeston Ward (73.6 years), Golf Green ward (74.9 years), Rush Green ward (75.9 years), Walton ward (76.3 years), Harwich East Central ward (78.1 years), Beaumont & Thorpe ward (78.2) and St Pauls ward (78.2 years).

The overall difference in life expectancy between the wards with the highest and lowest life expectancy is 13.3 years.

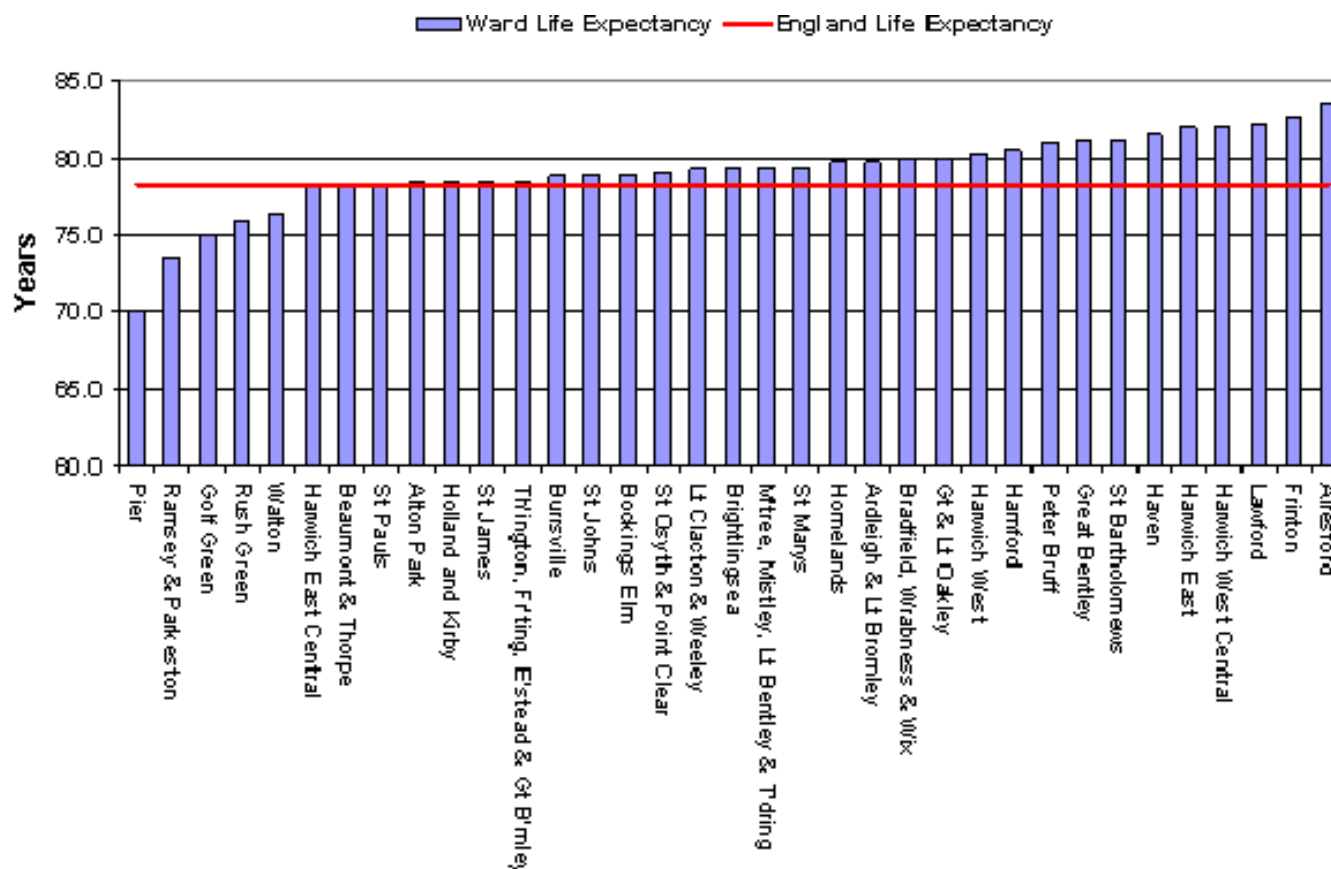
To close this 'health gap' tackling inequalities in health requires us to focus on improving the health of those who fair worst.

This approach does not exclude the whole population approach to improving health, but the intention is to improve health of the poorest and least healthy as a priority.

This is not about reducing the health of the more affluent, but about 'levelling up' the health status across the District.

This may mean a redistribution of resources, or a redesign to work differently, or additional investment to target the response to the greatest area of need and reduce barriers to access.

Life expectancy by ward in Tendring



Underlying causes

There are many causes and triggers of health inequalities, however the causes can be broadly split into four themes which have an impact on the health of individuals.

Individual lifestyle factors

The use of knowledge, skills, and attitudes to develop a health behaviour in a positive or negative way. These can include:

- Smoking
- Obesity
- Exercise/physical activity
- Diet/nutrition - including breast feeding
- Teenage pregnancy
- Substance misuse - alcohol and drugs

Social and community networks

Individuals interact with friends, relatives and their immediate community. These social networks and the support they offer can affect an individual's health.

Living and working conditions

The environments in which people live and work will affect their health. This includes

- Poverty and low income
- Education
- Employment and Worklessness
- Housing
- Access to essential goods and services, such as health and social services
- Fuel poverty

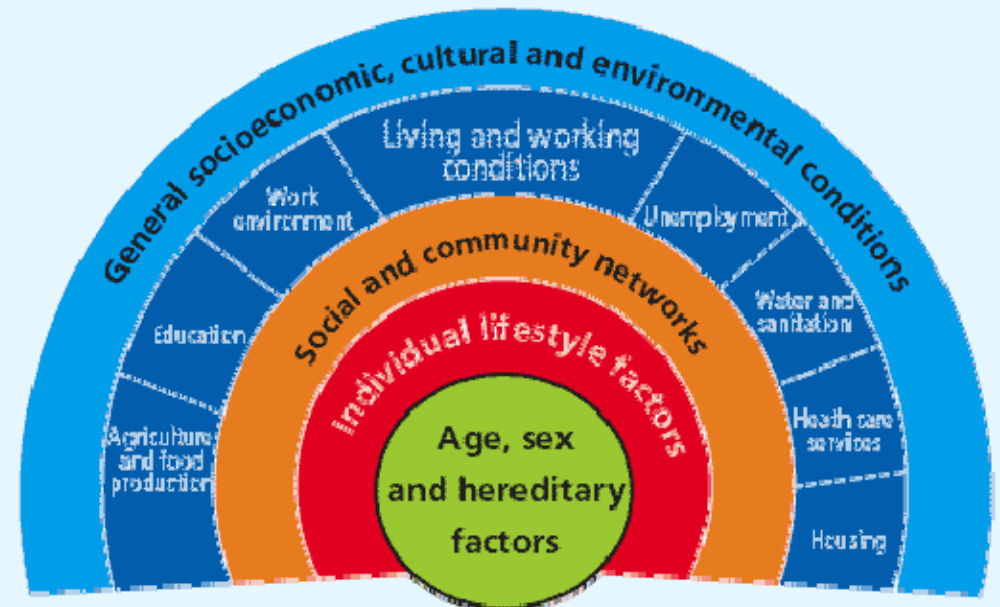
General socio-economic, cultural, political and environmental conditions

The overall economic, cultural and environmental conditions within a society as a whole will impact on a person's health e.g. the legislative framework such as anti-discrimination, government policy such as transport and the welfare state, and the prevailing culture and attitudes of society.

These causes and influences tend to cluster in neighbourhoods, although not everyone who is at risk lives in a deprived area, and not everyone in a deprived area is at risk.

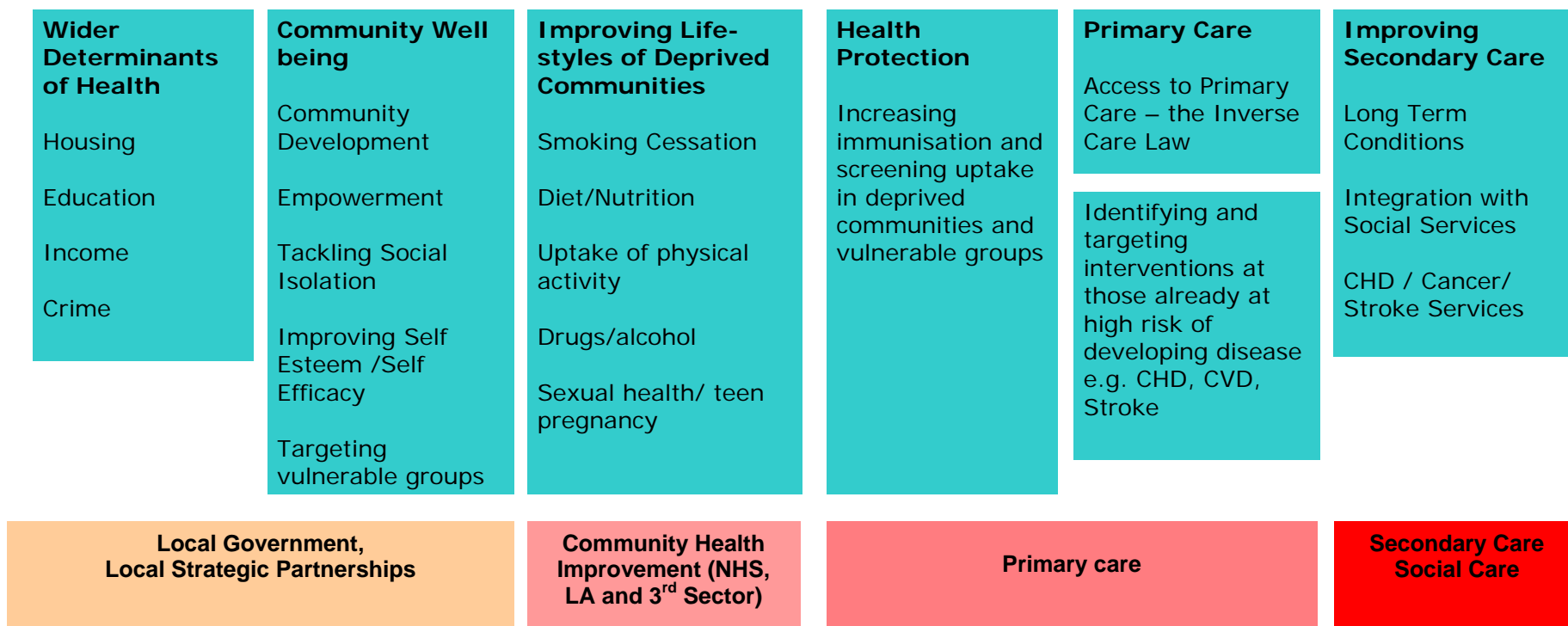
Tackling these issues does not fall within the remit of one individual or public body but depends on all such bodies working together.

Factors which have an effect on an individual's health



Tackling health inequalities

A truly effective strategy to tackle health inequalities needs to address all of the factors in the chain, from the macro socio-economic influences to the micro health treatment services. This is complex, as no one agency is responsible for all factors. To make an impact on the issues in Tendring will need real commitment from secondary and primary care in the NHS, by community and voluntary groups, and by agencies that can best tackle the wider determinants of health such as Tendring District Council and Essex Police. It needs to tackle the wider determinants of health, build social capital and improve aspirations of deprived communities, target lifestyle programmes at deprived communities and improve both the access to, and the quality of services for deprived populations and vulnerable groups.



Strategic priorities

This document focuses on narrowing the health inequalities gap through achieving the greatest improvements in the least healthy and often poorest population groups in Tendring.

The achievement of this ambition is a significant challenge and to ensure that the council is focused on projects that deliver the greatest impact a health inequality priority was included in the Corporate Plan 2010-2016.

There are a number of other corporate priorities that directly contribute to the reduction of the health inequality. This plan focuses on the area where the Council can make the largest impact.



Our People

What will success for Our People look like?

By 2016, more people of all ages in Tendring will live active and independent lives, health inequalities across the District will have decreased and the fear of crime will be low. The Council's services will reflect both the needs of young people and the large proportion of older people living in the District.

Our Priorities	What we want to achieve	How we want to achieve it
<ul style="list-style-type: none"> Reduce health inequalities and disadvantage. 	<p>Fewer people suffering significant health disadvantages and a reduction in the differences in life expectancy across the District.</p> <p>More opportunities for vulnerable people to live safely and independently within the District.</p>	<p>Work with NHS NE Essex and other partners, focusing as a Council on employment, poverty, housing, fuel poverty and obesity.</p> <p>Develop the Careline service; provide Disabled Facilities Grants, housing services and benefits, and promote community awareness.</p>
<ul style="list-style-type: none"> Promote healthy and active lifestyles. 	<p>An increased number of people who are physically active.</p> <p>Improve activities and facilities for all our communities.</p>	<p>Provide a wider range of opportunities and services to encourage healthier lifestyles for all ages.</p> <p>Provide and promote increased activities for people of all ages. Work with partners to promote and provide for the development of our communities.</p>
<ul style="list-style-type: none"> Remain a low crime area and reduce the fear of crime. 	<p>Lower levels of crime and people feeling safer.</p>	<p>Work with the Crime and Disorder Reduction Partnership. Deliver services and design projects in ways which reduce crime.</p>

Our Priorities

Reduce health inequalities and disadvantage.

What we want to achieve

Fewer people suffering significant health disadvantages and a reduction in the differences in life expectancy across the District.

How we want to achieve it

Work with NHS NE Essex and other partners, focusing as a Council on employment, poverty, housing, fuel poverty and obesity.

Within the Corporate Plan the council has defined the areas it will focus on in respect of health inequalities. The next section will expand further how the council will work to improve the situation relating to **employment, poverty, housing, fuel poverty, and obesity.**

Further details on each of these issues and our priorities to address them are set out on the following pages.

Poverty

Poverty is defined as the household income being half of the national average.

Tendring is the most deprived area in Essex, falling within the 26% most deprived local authorities nationally and contains the most deprived wards in Essex.

The council will work with partners to **reduce poverty** within the District.

Our priorities for poverty to reduce health inequalities

The Council is committed to delivering the following

- **To increase the income of the most vulnerable people**
- **Support people with debt management**
- **In partnership with others seek to address child poverty**
- **In partnership with others seek to address drug and alcohol issues**



Key facts

- 1 in 5 children in Tendring are living in poverty (Source: Income Deprivation Affecting Children Index 2007)
- Higher than county average of one parent families with dependent children (Source: Tendring JSNA 2008)
- 23.3% of population claiming Council Tax benefit – 2nd highest in Essex (Source: Tendring JSNA 2008)
- 2nd highest rate of claimants of incapacity benefit/ severe disablement allowance with mental or behavioural disorders (Source: Tendring JSNA 2008)
- Highest rate of carers known to Social Services in Essex (9.4/1000 population) (Source: Tendring JSNA 2008)
- Highest rate of people with Learning Disabilities in Essex (7.2/1000 population) (Source: Tendring JSNA 2008)
- Highest rate (3.1 per 1,000) of service users with physical impairment in Essex (Source: Tendring JSNA 2008)
- 2nd highest rate (5.8 /1000) in Essex for all sensory Impairments (Source: Tendring JSNA 2008)
- Male alcohol specific hospital admission rate is the 3rd highest in Essex; females are the 4th highest (Source: Tendring JSNA 2008)
- Slightly below average estimated prevalence of drug misuse (Source: Tendring JSNA 2008)

Employment

The relationship between Worklessness and health is highly complex, with poor health being a cause and result of unemployment. Work can be the basis of good health (particularly mental health), prosperity and well-being but there are also certain aspects of work that can adversely affect us. Unhealthy work patterns and workplaces and a lack of job security can lead to poor mental health.

Unemployment can affect an individual's health and lifestyle dramatically. Long-term effects may include depression, loss of identity and self worth. In addition, work can play an important role in our social networks and the ways we participate in society.

Our priorities for employment to reduce health inequalities

The council will work with partners to **increase the job opportunities** within the District.

The Council is committed to delivering the following

- **Deliver a Condition Management Programme, which aims to get individuals back to work**
- **Reduce the number of young people who are not in education or training (NEET) to or below the national average**
- **Work with and challenge our partners to improve educational achievement across the District.**

The Council has a number of other strategies that will directly contribute to addressing the issue of employment in the district. The key strategy that will deliver this is the Regeneration Strategy.

Key facts

- Highest unemployment rate in Essex, with 7.4% of working age adults no in employment (Source: Tendring JSNA 2008)
- 38.4% of the working age population in Tendring have no qualifications. This is the highest in Essex. (Source: Tendring JSNA 2008)
- Tendring has the highest percentage of young people not in education, employment or training in Essex at 12% (Source: Tendring JSNA 2008)
- Only 49% of young people achieve 5 or more GCSE at grades A-C, well below English & Essex average (Source: Tendring JSNA 2008)

Housing

An adequate supply of good affordable housing is essential to the quality of life of residents who cannot afford to compete in the open market. The need for affordable housing has increased in recent years as a result of the high rates of growth in property prices combined with lower rates of growth in income.

House prices in Tendring are the lowest in Essex and well below the national average. Although the lowest in Essex, there are still considerable challenges with regard to affordability, particularly for local workers whose salaries do not compete with those on offer in London.

Poor housing conditions have been demonstrated to have an adverse effect on residents health. In Tendring whilst a large percentage of the private sector properties are occupied by owners there is a rental market that contains some of the poorest housing conditions in the District.

The council will work with partners to **improve the quality of housing** within the District.

Our priorities for housing to reduce health inequalities

The Council is committed to delivering the following

- **Reduce homelessness**
- **Seek funding for and promote local grants to improve housing condition**
- **Increase access to social and private housing amongst vulnerable groups**
- **Increasing availability of affordable housing**
- **Reduce the number of empty homes within the District**

Key facts

- Jaywick has a significant range of housing issues (Source: Tendring JSNA 2008)
- Over 2,300 private sector properties in the Tendring area contain a Class 1 hazard (Tendring House Condition and Energy Efficiency Report 2008)
- Need for 1,600 affordable homes per year in Tendring (Tendring Housing Needs Assessment Update 2006)
- 3436 households on the housing register (31 March 2009)
- 13.9% of population claiming housing benefit – 5th highest in Essex (Source: Tendring JSNA 2008)
- 13.9% of population claiming housing benefit – 5th highest in Essex (Source: Tendring JSNA 2008)
- There is in excess of 1,200 empty homes within the district (Direct from TDC Benefits and Revenues Service)
- Tendring has the highest Housing Needs Index Score outside London (Tendring Housing Needs Assessment Update 2006)

Fuel Poverty

Fuel poverty occurs when a household needs to spend more than 10% of its income on fuel to maintain satisfactory heating and other energy services. The consequences of fuel poverty include cold, damp homes; reduced quality of life; poor health and debt.

Tendring particularly has issues in the more rural and deprived areas of the district, and according to government estimates fuel poverty will have increased significantly due to the rise in fuel prices.

The Council is committed to working with partners to **reduce fuel poverty** within the district.

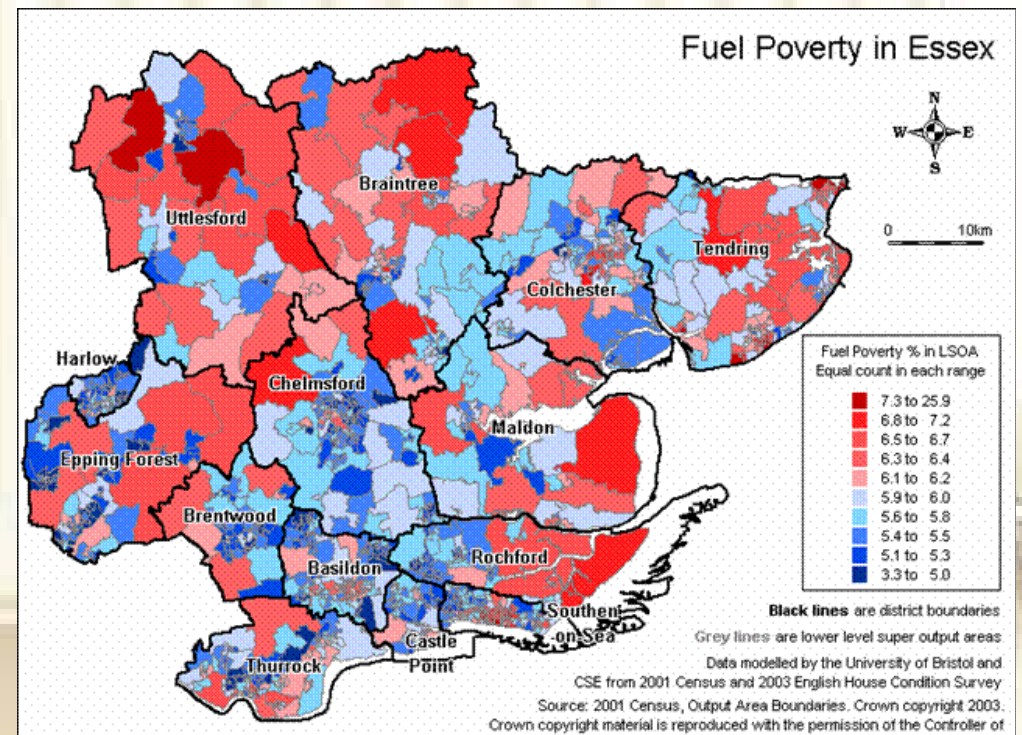
Our priorities for fuel poverty to reduce health inequalities

The Council is committed to delivering the following

- **Seek funding for and promote local grants to improve fuel poverty**
- **Identify and implement a range of schemes to help vulnerable people have affordable warmth**

Key facts

- In 2006, 16% (approximately 10,720) of households within the district were living in fuel poverty (Source: DEFRA 2006)
- 33% of households within the District have a energy efficiency assessment rating that is less than average (Tendring House Condition and Energy Efficiency Report 2008)
- 1 in 3 people in Tendring are aged over 65 years, 82% live in owner-occupied accommodation, many of whom cannot afford to keep it in good repair (Source: Tendring JSNA 2008)



Obesity

Obesity is associated with many serious illnesses, such as heart disease, cancer and diabetes, and is directly related to increased mortality and reduced life expectancy.

Adult obesity figures have almost quadrupled over the last 25 years with approximately two thirds of adults being overweight. Tendring is above the England averages with 26.6%. This prevalence suggests that there could be somewhere in the region of 32,000 obese adults resident in Tendring.

The Council is committed to working with partners to **reduce obesity** within the district.

Our priorities for obesity to reduce health inequalities

The Council is committed to delivering the following

- **Increase participation in physical activities in specific geographical areas**
- **Expand the Exercise Referral Scheme hosted at Council run leisure facilities**
- **Continued expansion of the green open spaces, cycle and footpath extensions to increase the opportunities in the District for physical activity**
- **Work with and challenge our partners to encourage health eating**

The Council has a number of other strategies that will directly contribute to addressing the issue of obesity in the district. The key strategies are Community Sports and Facilities Strategy and the Open Space Strategy.

Key facts

- **2nd highest obesity rate in Essex (26.6%)**
(Source: Tendring JSNA 2008)
- **8 out of the 10 most obese wards in Essex are in Tendring** (Source: Tendring JSNA 2008)
- **Lowest level of physical activity in Essex**
(Source: Sport England 2009)