This is the first of a planned series of bulletins produced by the South West Regional Public Health Group on inequalities in health. Each bulletin is designed to highlight some of the key cross departmental approaches to tackling inequalities in health and in so doing to raise awareness of how a wide range of organisations are contributing to this agenda. Accordingly, these bulletins will be used to stimulate further cross regional working. In addition, they will form a handy resource on some of the key programmes of work that collectively many local organisations, including the NHS, local authorities, Local Strategic Partnerships and the voluntary and community sector, may find helpful in developing their own local strategies and approaches to reducing health inequalities. In recognition that it would be impossible to reflect the true breadth of existing local commitment and work on this agenda the focus of these bulletins is on regional responses to tackling health inequalities and thus can be seen to reflect and support local activity.

Health is a very complex issue. Most people have their own ideas of what it means to be healthy, and when asked are clear about the sort of things that contribute to improving their own health and well-being as well as that of their families, neighbourhoods, and communities. Inevitably such approaches embrace a definition of health that goes beyond “not being ill”, and highlights the ability of people to have control over their lives, to live life to the full, to participate in their communities and to maximise their ability to function effectively in society. This leads to a social model of health which embeds individual health determinants, such as age and sex, alongside the lifestyle choices we all make as individuals into a social and community structure which in turn is influenced by broader socio-economic, cultural and environmental conditions. Such a model, proposed by Whitehead and Dahlgren underpins the cross government approach to reducing health inequalities and can be illustrated as in the diagram, shown below.

(Continued on page 7.)

Dahlgren and Whitehead “rainbow”
Exercise makes welcome splash with youngsters

Over 1,000 young people in Plymouth have taken the plunge into healthier lifestyles thanks to the swimming Local Exercise Action Pilot (LEAP) that has been running in the city since March last year and a national evaluation report will follow.

The project gives disadvantaged young people aged 13 to 14 the chance to enjoy the physical and social benefits of free swimming. Youngsters can be referred onto the scheme by a wide range of agencies including school nurses and teachers, community nurses, education welfare officers and voluntary agencies. The project has been extended to young refugees and asylum seekers and those taking part can bring a friend along for only £1. Each young person joining the scheme is issued with a free swimming pass.

The Plymouth scheme is one of ten LEAP projects taking place across the country through a partnership between the Department of Health, the Countryside Agency and Sport England. Each project will run for two years until April 2006 and a national evaluation report will be released later in 2006.

To encourage continued use of the passes a collection of swimming-based activities are on offer to young people including scuba diving, life saving classes, youth clubs in water and more traditional swimming lessons. “The young people taking part really enjoy the sessions” says Phil Brown, LEAP Coordinator at Plymouth City Council. “Even though the passes can be used at any time, young people tend to come along for the organised sessions because they have made new friends and have a sense of being part of an active community.”

Dr Nicky Pearson, Consultant in Public Health with the Regional Public Health Group said: “This project is showing that swimming can be very beneficial for young people, not only through promoting exercise but also creating a sense of community and achievement. We also know that drowning is still a relatively common cause of death among teenagers so promoting opportunities to swim safely is important. I think we will have an interesting story to tell across the region and nationally when the project is fully assessed.”

To find out more about the LEAP project visit http://www.plymouth.gov.uk/homepage/leisureandtourism/sportsdevelopment/leap.htm or contact: Nicky Pearson on 0117 900 3540 or Phil Brown on 01752 307034.
The national School Fruit and Vegetable scheme has been given a local twist in the South West with the introduction of locally grown strawberries and sugar snap peas during last summer.

All four to six-year-olds in the region receive a free piece of fruit each day through this national initiative to improve diets and introduce children to a range of fruit and vegetables. But in the South West – the biggest agricultural region in England – there has also been a commitment to supporting local produce with the added benefits of locally sustainable supply and a boost for the whole community.

Cornish strawberries were enjoyed by over 16,000 children in the county during a one-day trial of local produce on 22 June and from their playground, pupils at Megavissey Primary School could even see the fields that produced their healthy break time snack. While in Dorset, more than 3,000 children tucked into sugar snap peas during the last three weeks of the summer term. It is hoped that more locally grown strawberries, sugar snap peas and other produce will become part of school break times in many more South West schools.

Research into children’s eating patterns shows that they are much more likely to try new things in a school environment with the encouragement of their peers rather than in isolation at home with parents. A regular intake of fresh fruit and vegetables also provides vitamins and minerals that are important for a child’s growth; help protect against chronic diseases, such as heart disease and certain cancers in later life; and help prevent obesity in children.

In the South West there has been a commitment to support local produce with the added benefits of locally sustainable supply and a boost for the whole community.

To find out more about the School Fruit and Vegetable scheme visit: http://www.5ADAY.nhs.uk or contact Zoe Griffiths, South West Regional Co-ordinator on 0117 900 3506.
If media headlines are anything to go by, you would think that teenage pregnancy is a phenomenon solely connected with young women. But just counting or profiling young mothers misses a very important half of the cause and solution – young fathers.

The South West has been pioneering work with boys and young men for over a year leading to a well-established network of specialist workers across the region. This engagement has helped to engage young men in a subject area too often governed by the need for bravado and a worry about being shown up in front of their mates.

The signs are that through these projects young men involved find it easier to talk about practising safe sex, are aware of how being a young parent can impact on your life and can talk through their ambitions and plan steps to achieving wider life goals. A special conference on work with boys and young men was held on 14 October to share learning from local projects.

Alongside work to prevent teenage pregnancy, a better focus on supporting young parents has also been developed in the South West.

Priority and appropriate housing for young parents has been one of the key yardsticks in the regional assessment of local action plans. Local initiatives have supported young parents in developing the skills to care for their child effectively while also keeping their own education or career aspirations on track.

Regional Teenage Pregnancy Co-ordinator, Clair Wheeler, said: “It is all too easy to concentrate on numbers of pregnancies without looking behind the statistics to find out what matters to young people and what messages will be credible. By targeting work on specific groups like boys and young men or young parents, we can understand their specific needs and have a much better chance of supporting this group of vulnerable young people in leading healthy, fulfilling lives."

Half-way through the 10-year strategy to reduce rates of teenage pregnancy, the South West is making good progress in achieving its target. Rates vary according to each local area but overall the South West has achieved a 13% drop between 1998 and 2003 – the second highest fall for any region. Two areas in the South West are in the top five performers in the country with Bournemouth achieving a 36.9 per cent fall in rates between 1998 and 2003 and Poole achieving a 35.6 per cent fall over the same period.

To find out more about work to tackle teenage pregnancy in the South West visit: http://www.dfes.gov.uk/teenagepregnancy/dsp_Content.cfm?PageID=85 or contact: Clair Wheeler, Regional Teenage Pregnancy Co-ordinator on 01752 635169
Fighting poverty on the home front

Few children are as vulnerable as those without a permanent home and too often their families cannot access services that meet their needs according to a new regional report.

The report, *Family Misfortunes*, sets out the findings of a survey of the region’s Primary Care Trusts (PCTs) which asked how local health services are meeting the needs of homeless people with families. The survey also identified how services can become more accessible for the homeless and how services could meet their specific needs.

A multi-agency group, including representatives from the Regional Public Health Group, the GOSW housing team, a local authority, a housing association and a Primary Care Trust, worked on the study and produced recommendations for action.

Some of the potential improvements identified by the research include closer PCT involvement with local authorities in developing homeless strategies; better mental health provision; improving registration with GPs; increased vaccination coverage; and higher uptake of drug and alcohol treatment and rehabilitation services. Inter-agency work could also be improved.

The South West has the third highest proportion of homeless people in England and the second highest proportion for rough sleepers. During 2003/04 around 11,200 households were classified as homeless in the South West. Of these, 5,200 were households already with dependent children and a further 1,250 were expectant mothers.

Dr Gabriel Scally, Regional Director of Public Health for the South West said:

“Given our high proportion of homeless people and rough sleepers this is a problem that we cannot afford to ignore. Homeless families are one of the most vulnerable groups in society and it is essential that they receive targeted support from their local health and local authority services.”

“Many homeless families find themselves in downward spiral of deteriorating health as social ties break and poverty takes a grip. We must work with these families to assess and provide for their individual needs and help them to take positive steps towards getting their life back on track.”

To find out more about work in the South West to highlight this issue visit http://www.gos.gov.uk/gosw/publichealth/improvinghealth/a-zpublichealth/healthcareforthehomeless/

Stickin’ out: defining problems with children’s health

Understanding the profile of children’s health in the region is an essential part of targeting policies and services. To this end, *Stickin Out...*, a comprehensive look at childhood demographics and deprivation was published by the Regional Public Health Group.

The report profiles the numbers of children in the region, including population projections, ethnicity, families and households and importantly patterns of deprivation.

The report has so far been followed by two further bulletins on the health of homeless families and infectious diseases in children. Other reports will be published in 2006 including a study of mortality and morbidity and lifestyle factors.

To view the report and the upcoming programme of work from the South West Public Health Observatory visit: www.swpho.nhs.uk or contact Paul Brown, Deputy Director of the Observatory on: 0117 970 6474 x 320.
Supporting healthy care for Looked After Children

Children’s experience before coming into care, subsequent treatment and lifestyle can make them vulnerable to many risk taking behaviours, stigma and exploitation. They are particularly vulnerable to patterns of poor health and well-being.

The Children’s Forum in the South West has worked hard to stop these children being left behind through the Healthy Care Partnership programme. A specialist steering group has worked with four pilot sites in Torbay, Somerset, Gloucestershire and South Gloucestershire, auditing current approaches to improving the life chances of looked after children and coming up with recommendations for improvement.

The study showed the key elements needed for successful services include high-level engagement and commitment in statutory agencies like local authorities and Primary Care Trusts and the allocation of time and funding to make sure that the needs of Looked After Children are met by mainstream services.

Some of the project work in the pilot sites included talking to young people about their priorities; training for professionals who work with these vulnerable young people such as health visitors, school nurses and dentists; providing accessible sexual health services and sharing information and aligning protocols more effectively.

Funding for the South West projects was secured from the Department of Health, Department for Education and Skills and the Government Office.

Becky Pollard, Public Health Specialist at the Regional Public Health Group who chaired the Children’s Forum steering group looking after the projects said:

“These pilots showed there is a real passion for helping young people in care to achieve their life goals. Tapping into young people’s natural enthusiasm was the key to making the most out of opportunities to improve their health. Given the right support young people really want to take steps into good education, taking part in arts and drama activities and choosing health enhancing behaviours like physical activity and saying no to drugs.”

The Healthy Care Programme is now being extended to a further eight local authority sites in the region. The learning from these and the first wave sites will be shared with colleagues across the South West and nationally.

To find out more about the Healthy Care Programme in the South West contact Rosanne Sodzi on 0117 900 3543.

Mapping health poverty in local areas

A new resource has been produced to help local communities understand key health and well-being challenges and target work at the most vulnerable, including children.

Three volumes of the Health Poverty Index covering the northern, central and southern parts of the region have been published containing a compendium of 26 indicators of health and its determinants for each local authority. The profile for each area covers issues like health status, appropriate care, household conditions, local conditions and resources for health and social care.

To view the Health Poverty Index visit: www.swpho.nhs.uk or contact Helen Cooke, Senior Public Health Intelligence Analyst at the Public Health Observatory on 0117 9706474 Ext. 308
Given this framework it is easy to see how the many factors that promote and encourage good health and well-being can be unequally distributed among individuals and groups in our society. The term inequalities in health is used to describe the impact that this variable distribution of the determinants of health in our society have on the health and well-being of individuals and communities. Reducing these inequalities forms a central plank of government policy and the government has set a challenging national target to direct its programme of activity:

**By 2010 to reduce the inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.**

This target is underpinned by two more detailed objectives:

- Starting with children under one year, by 2010 to reduce by at least 10 percent the gap in mortality between routine and manual groups and the population as a whole.

- Starting with local authorities, by 2010 to reduce by at least 10 percent the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.

_Tackling Health Inequalities: a Programme for Action_, published in July 2003 details the cross government plan. The recently published _Tackling Health Inequalities: Status Report on the Programme for Action_ shows that the gap highlighted in the two objectives is widening, which is to be expected given the short timescale since the initial plan was developed. However, some of the indicators associated with health inequalities are moving in the right direction, especially in reducing child poverty and improved housing.

Making an impact on reducing health inequalities in the south west is central to the work of the Government Office and this first bulletin identifies and highlights some of the key programmes supported and developed by the Government Office which are targeted to improving the health of children. Subsequent bulletins will pick up on work targeting other groups and communities.

Improving the life chances of children is central to achieving the overall target identified above. Many groups of children are adversely affected by individual, family, community and social factors early in their lives. Programmes to improve the diet and nutrition of children (for example through the School Fruit and Vegetable scheme) and increase the amount of physical activity (for example through the LEAP project) have a vitally important role in establishing healthy lifestyles amongst our region’s children. In addition, targeted initiatives, such as the Healthy Care Programme, reducing teenage pregnancy and reducing the number of homeless families with children offer the opportunity to provide integrated support services to some of the region’s most vulnerable young people. Finally, the Public Health Observatory has done a lot to analyse, describe and chart the health and well-being of children in the region. This information is critical if we are to focus our efforts on those individuals and communities that are the most disadvantaged.

Across the region a wide range of statutory, community and voluntary organisations and wide range of professional groups are working together to improve the health and well-being of the region’s children. It is important that we all recognise how our respective roles and responsibilities can have a positive impact on children and that the contribution of all is recognised if we are to achieve the challenging targets for reducing health inequalities.
The national Infant Mortality target analysed for the South West

The following data has been abstracted from a report on Health Inequalities in the South West region produced by the Public Health Observatory. The full report detailing the methodologies used in is available on www.swpho.nhs.uk

Target: Starting with children under one year; by 2010 to reduce by at least 10 percent the gap in mortality between routine and manual groups and the population as a whole.

In 1997–1999 there were 160,375 lives births in the South West. In the same period there were 791 deaths in the first year of life. This equates to an average infant mortality rate for the three-year period of 4.93 deaths per 1000 live births. The rate for England was 5.7 live deaths per 1000 live births. Within the South West rates for the different quintiles of deprivation varied from 4.23 in the least deprived to 6.25 in the most deprived. The gaps between the most deprived quintile and the South West as a whole, and the gap between the most deprived quintile and the two least deprived quintiles (quintiles 4 and 5) are statistically significant. This means that the gaps are real and are unlikely to be due to chance.

From the graphs, it can be seen that the mortality gap between the most deprived quintile and the South West as a whole equates to 1.32 deaths per 1000 live births. Thus to achieve the overall target of reducing this gap by 10% by 2010 we would need to save about 3 deaths per year in children in the most deprived quintile.

However, since improvements are likely to occur in all sectors of the community the target can only be met by reducing the rate in the most deprived quintile by at least three additional deaths per year.

However when the data for more recent years is analysed the overall trend in the gap between the most deprived quintile and the South West as a whole has increased (from 1.32 deaths per 1000 live births to 2.3). Clearly even more deaths must be prevented if we are to get the gap to start decreasing let alone decreasing enough to meet the 2010 target. This trend of a widening in the gap mirrors the situation for England as a whole and highlights that substantial more work is needed if this indicator of disadvantage is to be significantly reversed.