

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Business Strategy and Support.

To: Adult Social Services and Public Health Policy Overview and Scrutiny Committee  
- 7<sup>th</sup> July 2011

Subject: **KCC Health Inequalities Strategy Update**

Classification: (Unrestricted)

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Summary: The KCC Health Inequalities Strategy was tabled and agreed at Cabinet on 13<sup>th</sup> September 2010. This paper provides the Committee with an update on work across Kent County Council to tackle health inequalities and details strategic approach to identify the impact of KCC led activities and initiatives have been closely monitored to measure the impact of health inequalities as a result of that project.

FOR  
INFORMATION

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**Executive Summary:**

1. The Kent County Council Health Inequalities Strategy is supported by the Health Inequalities Working Group, representing the Health Inequalities agenda across the KCC Directorates. The group also has representation from the two Kent PCTs and two District Councils to ensure that there is continuity with local and strategic delivery.
2. KCC Health Inequalities Working Group is working towards the 'Health Premium' proposals assigned to Local Authorities who demonstrate achievement in reducing Health Inequalities although further details of the premium are yet to be announced.
3. The KCC Health Inequalities Working Group propose a brief assessment tool to ensure that health inequalities are considered at the early planning stages of initiatives and delivery of services as well as identifying ways to measure outcomes in health inequalities. This work is being produced in conjunction with PCT Health Inequalities colleagues
4. 'Tackling Disadvantage' (Vision 4 Kent Ambition Board 2) is working closely with the health inequalities agenda to inform a unified approach.

## Introduction and Background

- 5.1 The national Health Inequalities agenda is driven by the Marmot Report on Inequalities: 'Fair Society, Healthy Lives'. The 3 main arguments from this report are:
- i) The Social determinants of people's lives are an important indicator of their life expectancy and health outcomes (also termed: "Life Inequalities")
  - ii) 'Proportionate Universalism' is engaging in a whole population approach then target to those most in need. This avoids stigmatism and social exclusion and affects **all** groups on the social gradient.
  - iii) sustainability and future-proofing is dependent on the redesign of future services relevant to people's "life-courses" and not expect people's lives to fit any criteria to access services.

This in turn, has heavily influenced the Public Health White Paper, 'Healthy Lives, Healthy People' which places the responsibility of public health and health inequalities to Local Authorities from April 2013.

- 5.2 Latest data indicates that deprivation in some of Kent's most deprived districts (such as Thanet and Shepway) is increasing relative to other districts which demonstrates the need to ensure health improvement programmes are focused more clearly to produce the necessary results.
- 5.3 The KCC Health Inequalities Strategy, encompassing the Marmot approach and adopting Marmot's 6 Policy Objectives was tabled and agreed at Kent County Council Cabinet Meeting on 13<sup>th</sup> September 2011. The purpose of this report is to update Adult Social Care and Public Health Policy Overview and Scrutiny Committee on progress.

## Update on KCC Health Inequalities Strategy

- 6.1 A Health Inequalities workshop was held in February 2011 for Council and Cabinet members to address health inequalities issues at a national and local level. The event was facilitated by the Local Government for Improvement and Development (LGID) who were impressed with the level of interest and initiative being shown in Kent.
- 6.2 The KCC Health Inequalities Working Group have undertaken an exercise of measuring the health inequality impact on activities/case studies that have been submitted across KCC directorates as contributions towards tackling health inequalities. Measurement can be recorded by vulnerable client group (eg. Those with a Learning Disability or Mental Health concerns) and 'locality' where possible using post-codes. The outcome so far demonstrates that these activities are contributing to the improvement of health and wellbeing but evidence that this results in a reduction in health inequalities is less clear. This reflects the lack of health inequalities indicators applied to current activity. The County Council and its partners need to ensure that the most disadvantaged are in receipt of the most positive outcomes so that the health of the poorest can improve fastest. The lack of evidence of take up among the most disadvantaged is being addressed by

ensuring that health inequality issues are being considered and addressed at all levels of planning and delivery. The group are exploring the implementation and development of the new national Mental Wellbeing Health Impact Assessment Tool (which includes Health Inequality assessments) to make certain that health inequalities is addressed from pre-planning to outcome stages.

6.3 In delivering this work across the KCC Directorates, emphasis needs to be placed on Marmot's 6 policy recommendations which are:

- A. Give every child the best start in Life
- B. Enable all children, young people and adults to maximize their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure healthy standards of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention

These policy objectives strongly reflect the 3 Vision for Kent Ambitions and provide the focus for effective reduction in health inequalities. Further work commissioned and delivered from all the Ambition Boards will be crucial to tackling inequalities across Kent.

6.4 Other contributing factors such as education, housing, mental health and employment have a significant bearing on health inequalities and relationships are being strengthened with existing and new multi-agency work including the Supporting People and Supporting Independence agendas and to tie in with forthcoming initiatives such as the apprenticeship strategy.

6.5 The Government is also driving the emotional wellbeing agenda to promote good emotional health, raising aspirations, motivation and resilience – to prevent the spiral effect into poor mental health, depression and poor lifestyles. This reflects the Marmot's reports goal to move people away from the “cliff edge” - incentivising them into helping themselves and ensure that even low paid work is meaningful and aspirational. The Public Health team are developing this agenda further.

## **Next Steps**

7.1 Mapping activity across Kent and identifying gaps especially regarding lifestyle issues including smoking, obesity, breast feeding and teenage pregnancy.

7.2 Development of an intervention plan based on the six Marmot priorities and principles of Proportionate Universalism whilst improving the health of the poorest fastest.

7.3 Develop and evaluate the health inequalities assessment tool and align any indicators with the soon to be published Public Health Outcomes Framework.

7.4 Establish links with the three Vision for Kent Ambition Boards to ensure their contribution to tackling inequalities is recognised.

7.5 The Group are also planning an awareness raising event for Directorate Managers to report on the progress of the working group and share the latest information on

the government's legislation and expectations of local government. This is expected to inform further and future work of the working group.

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### **Recommendations**

Policy Overview and  
Scrutiny Committee  
are asked to:

- i) note the contents of this paper.
  - ii) agree in principle, the course of action currently undertaken by the KCC Health Inequalities Working Group
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