

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee –  
10 January 2012

Subject: **KCC Health Inequalities Strategy Update**

Classification: (Unrestricted)

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Summary: The Health Inequalities Action Plan is currently ***working progress***, in preparation for County Council in March 2012. It is being driven by the 6 Marmot objectives recommended to help reduce inequalities along with the most prominent joint priorities identified within the Joint Strategic Needs Assessment. A Core Health Inequalities Group has provided District representation to ensure effective local delivery. The Actions identify key areas partners consider major changes need to be made to reduce the gap of health inequalities. These will be measured against challenging indicators that will demonstrate a reduction of inequalities, not just increased uptake of activities within the locality. The monitoring and progress of the Health Inequalities Action Plan will be overseen by the Kent Health Inequalities Group which is closely aligned to all three Kent Ambition Boards, giving particularly support to Ambition Board 2, Tackling Disadvantage

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## 1. Background

**1.1** In September 2011 the Cabinet Member for Public Health announced that there will be a new Kent Health Inequalities Action Plan presented to County Council in March 2012. The purpose of the Plan is to support the existing Kent Health Inequalities Strategy in developing clear actions and priorities that Public Health and partners can progress to demonstrate a reduction in health inequalities.

**1.2** The current transition to transfer Public Health responsibility into Local Authorities by 2013 is a timely opportunity for Public, Private, Voluntary sectors and social enterprises to work collaboratively and join forces to reach a variety of aspects of people's lives in order to make a difference.

**1.3** The aim of Health Inequalities Action Plan is to be active and owned by all partners. Contributions have been made by Public Health Consultants, Specialists and Local Government Officers.

## 2. The Action Plan

**2.1** The Action Plan is defined by the 6 Marmot Policy themes to promote the 'life-course' approach and encourages the inclusion of wider social determinants such as Housing, Transport, Education and Employment.

**2.2** Under each Life-course theme, a set of priorities have been identified from the JSNA. The Actions listed below each priority have been offered as examples of what is being done to support them. **Only actions that demonstrate the effective targeting and outcomes for health inequalities have been included.** Conditions that are not fundamentally entrenched in inequalities (such as dementia for example) and are prevalent across all social groups have not been prioritised in this plan. Each chapter also includes a summary of the local performance for the priority headings taken from the regional Red, Amber, Green rating profiles. Using the traffic light system, each locality can identify their priority against local need.

**2.3** Further detail on the actions listed are given in the Aspirations table. This includes measurable indicators to ensure they can be measured in terms of health inequalities. The imminent Public Health Outcome Framework will shape further changes, but partners are responsible for agreeing the baseline and target level for each individual action identified. The 'What Good Will Look Like in 2015' column is currently work in progress and requiring most refinement as commitment to each of the goals are being agreed by relevant lead teams and agencies.

### **3. Developing the Action Plan**

**3.1** The current transition to transfer Public Health responsibility into Local Authorities by 2013 is a timely opportunity for Public , Private, Voluntary sectors and social enterprises to work collaboratively and join forces to reach a variety of aspects of people's lives in order to make a difference. Further work is currently being undertaken to consolidate the framework of the Action Plan into the roles and priorities of the health and Wellbeing Boards and Clinical Commissioning Consortia .

**3.2** **3.2.1** Together, we can be smarter in the effective targeting of inequalities and utilising resources to support the Action Plan. Additional ways we can do this should be mainstreamed in policy and planning procedures:

**3.2.2.** Accessing Intelligence held by the Kent Public Health Observatory – *to target resources and need and to ensure that activities are being accessed by those who most need it*

**3.2.3.** Mosaic profiling to gain insight and intelligence in the understanding of attitudes and behaviours that are most likely to attract the most vulnerable groups

**3.2.4.** Demonstrating evidence of customer/public engagement to empower and encourage local ownership and sustainability of actions and activities

**3.2.5** Adopt as standard, targeted screening tools modelled by the Mental Wellbeing Impact Assessment which includes fundamental elements of Health Inequalities. Further work is being developed to mainstream a tailored Kent Screening Model with Inshuk Training commissioned by the Mental Health Development Services Unit.

**3.2.6** Adopt the Health Inequalities National Support Team Associates (HINST) 'Christmas Tree' model to assure all elements of policy and design are aligned to insight and delivery.

**3.2.7** Agree that Initiatives and actions should be scaled up and delivered systematically where appropriate accompanied by robust evidenced outcomes. However, we must also be innovative which sometimes incurs risk.

- 3.3** This Health Inequalities Action Plan will be active, promoted and owned by us all. Contributions have been made by Public Health Consultants, Specialists and Local Government Officers and District Authorities, with additional representation from the voluntary sector.
- 3.4** The current status of the Health Inequalities Action Plan is ***work in progress*** until the quantifiable target outcomes have been refined and agreed.
- 3.5** The monitoring and progress of the Health Inequalities Action Plan will be overseen by the Kent Health Inequalities Group which will provide regular updates to Public Health DMT and to POSC as and when required.
- 3.6** The Action Plan is also to be closely aligned to the priorities of all three Kent Ambition Boards, giving particularly support to Ambition Board 2, Tackling Disadvantage

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### **Recommendations**

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| Policy Overview and Scrutiny Committee are asked to: | i)   | note the contents of this paper.                                |
|  | ii)  | Support in principle, the Kent Health Inequalities Action Plan. |
|  | iii) | Agree to the course of action identified in 3.21-3.27           |
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