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To: Cabinet Meeting – 19th March 2012

Subject: Health Inequalities Action Plan

Classification: Unrestricted

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i) Summary:

**Mind the Gap: Building Bridges to Better Health for All** is the Kent Health Inequalities Action Plan, produced with partners, aligning the Joint Strategic Needs Assessment priorities, Public Health Outcomes Framework and Marmot Life-course approach. The document demonstrates the Actions that contribute towards reducing inequalities and illustrates what more needs to be done to ensure that Kent can pro-actively meet the impending Health Premium criteria. There is a clear role for all sectors under the new Public Health arrangements from 2013 and this Action Plan along with the screening and engagement tool developed as part of Kent's 4 Point Approach has gained significant support as a way forward. It also provides a template for local councils and agencies to identify their own local actions to ensure that a collaborative effort to reduce inequalities can put Kent ahead of the game.

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## For Information

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### 1. Introduction

- 1.1 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 to improve health and lifestyle outcomes. The Action Plan provides a framework of the roles and priorities for the Local Authority, Health and Wellbeing Board and Clinical Commissioning Consortia and make head-way into meeting the awaited guidance for Health Premiums.
- 1.2 Mind the Gap has been produced in partnership with KCC Directorates, NHS Public Health and local districts to build a shared commitment to reducing inequalities. The Action Plan is aligned to existing national programmes, Kent's JSNA, Marmot's objectives for reducing inequalities and the recent Public Health Outcomes Framework to ensure that priorities and commitment are owned and achievable.
- 1.3 The aim of Mind the Gap is to provide a clear, visual and succinct picture of Kent's approach to reducing health inequalities and identify, collaboratively, what more needs to be done.
- 1.4 The 4 Point Approach explains what needs to be done to breath life into the Action Plan, ensuring it is an active document that constantly challenges health inequality outcomes. It also provides opportunities to evidence and up-scale good practice. More about this approach is detailed below.
- 1.5 It is intended that district councils and their partners will use the framework of this plan to identify their own local actions that will impact on inequalities throughout the life course. Different functions such as Housing, Mental Health and Tobacco Control can do the same. Some districts in Kent are

proposing Locality Board arrangements to form relationships with the Health and Wellbeing Board. Links to the Locality Boards are important, reflecting the complexities of health and social care needs across Kent.

## 2. The Action Plan

2.1 The Action Plan is defined by the 6 Chapter Headings representing the Marmot Policy themes to progress away from silo-d delivery and promote the 'life-course' approach. This encapsulates wider social determinants such as Housing, Transport, Education and Employment.

2.2 Under each Life-Course theme, a set of priorities have been identified; reflected from the Joint Strategic Needs Assessment (JSNA). The Actions listed below each Priority demonstrate Kent's commitment to reduce health inequalities. Only actions linked to health inequality outcomes have been included, but the list is by no means exhaustive. Conditions that are not fundamentally entrenched in inequalities (such as dementia for example) and are prevalent across all social groups are better placed in health promotion strategies and have not been prioritised in this plan. Seated within each chapter one Action has been highlighted as potentially making the greatest impact in reducing health inequalities. These priority Actions are also summarized within local profile charts to indicate where performance needs to be improved and provides opportunities for up-scaling good practice.

2.3. In Kent we want to be clear about our aims and we want to challenge ourselves and partners to reverse the national trend of increasing health inequalities. The Plan includes a commitment of activities to reduce the inequalities gap by a default 1% per annum in most cases and a more aspiring improvement rate for some of the most difficult priorities. Further detail illustrated in the Aspirations table where we share our vision of **What Good Will Look Like in 2015**.

## 3. Developing the Action Plan

**3.1 What do we need to do:** Kent Public Health are working with national experts (HINST and Inukshuk) to develop a single screening and assessment tool designed to measure the impact of activities on inequalities in Kent. This puts Kent in a unique driving position and has the support of Chris Bentley from HINST Associates. The Screening and Assessment tool is encapsulated in the 4 Point Approach.

### Deliver this 4 POINT APPROACH:

- i) **Target the population appropriately** by using local intelligence, data from the JSNA, health profiles. The intensity of focus of response strategies, both County and locality based, should be targeted in accordance with the principles of equity: greater attention and investment to areas and issues of greater need in order to maximise and improve overall outcomes.
- ii) **Apply the HINST Christmas Tree Tool** to the commissioning cycle to ensure interventions are delivered effectively. The tool models the potential contribution of interventions necessary to achieve targets and ensure that local people have a voice.
- iii) **Assess impact** on health inequalities by applying the wellbeing screening tool and by listening to local communities. The health inequalities wellbeing screening tool will provide a model for assessing and measuring interventions which are integral to cost effective commissioning and delivering targets and positive outcomes for the population.
- iv) **Ownership** and delivery of priorities through locally agreed action plans

- 3.2** 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.
- 3.3** 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.
- 3.4** The Action Plan is also to be closely aligned to the priorities of Vision For Kent, giving particularly support to Ambition Board 2, Tackling Disadvantage

#### **4. Recommendation**

Cabinet is asked to:

- (i) NOTE and SUPPORT the contents of the report.
- (ii) Agree to the course of action noted in this paper.
- (iii) and note that the Action Plan will also be reported to the County Council at its meeting on 29 March 2012.

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