

**By:** Graham Gibbens, Cabinet Member for Public Health  
**To:** Corporate Policy Overview Committee - 28th May 2008  
**Subject:** IDeA Healthy Communities Peer Review  
10 – 12 October 2007  
**Classification:** Unrestricted

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**Summary:** This report updates Corporate POC on progress against the recommendations of the IDeA Peer review of healthy communities in October last year.

It also lists the contributions to public health and wellbeing identified by the various KCC directorates.

## **For Information**

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### **1. INTRODUCTION**

The IDeA completed a peer review of the Public Health function in KCC last October. The feedback from the review was generally very favourable but eleven issues that would benefit from further development were identified. There has been significant progress in many of these areas as listed below.

The contributions made by the different directorates in KCC to improving the health of the population are also described.

### **2. The recommendations of the IDeA review and progress made since last October.**

#### **2.1 The Health Inequalities Action Plan should demonstrate “added value” by articulating a structured approach to tackling health inequalities and targeting to reduce the health gap. This should include a means of effectively auditing progress.**

The first health inequalities action plan for Kent has been produced and has been accepted by both PCT Boards and KCC Cabinet. It details the actions being taken by KCC directorates and partners, including all 12 District Councils that are impacting on health inequalities across the county. This plan is designed to evolve and adapt in response to progress and changes and in consultation with partner organisations. The latest iteration of the Health Inequalities Action Plan is being presented to the Policy Overview Committee today.

Key targets to reduce health inequalities are contained within the Public Health Strategy for Kent. Monitoring of progress against these targets and generally improving the health of those most disadvantaged is the responsibility of the Public Health Board that includes representation from KCC, the PCTs, district councils and other partner organisations. The terms of reference and lines of accountability for the Public Health Board have recently been reviewed to ensure it can discharge its functions (including monitoring of progress against Health Inequalities) most effectively and these proposals are currently being consulted upon.

Further evidence of progress will be contained within the Director of Public Health's annual reports that are presented to both PCT Boards and KCC Cabinet. The first annual report for Kent was prepared last year. This report contains detailed information about the health status and major public health issues for people in Kent. It also describes changes to the health of the population including how health inequalities are being addressed. The DPH Annual Report is also open to the scrutiny procedures of all three organisations (KCC and PCT's) including the Health Overview and Scrutiny Committee.

As detailed in the Health Inequalities Action Plan there are numerous activities being undertaken throughout the PCTs, the District Councils and KCC to address health inequalities. Examples of these include:

- Promotion of Health Walks in East Kent as a joint initiative between the PCT and KCC that have been very well attended.
- Use of KCC facilities such as libraries to run smoking cessation services in partnership with the PCTs.
- The Bien Etre project in Dover designed to improve the lifestyles of schoolchildren and their families – especially diet and exercise – in Dover and Northern France.
- Piloting new approaches and reducing teenage pregnancy rates in Maidstone and Shepway.
- 100% of schools in Thanet are part of the Healthy Schools programme.

Further articulation of the prominence given to addressing health inequalities is contained in the new Kent Agreement (Local Area Agreement) where 17 of the 35 selected targets can be seen to impact on health inequalities in some way. This demonstrates the importance with which this issue is being regarded across the public sector in Kent.

## **2.2 Ensure that all the most deprived areas have clear programmes which address health inequalities backed by specific delivery mechanisms.**

Each PCT area now has a high level Partnership Board, chaired by the PCT Deputy Director of Public Health and with representation from KCC and district councils that is responsible for co-ordinating the approach to health inequalities in their area. The Board will also report to the relevant Local Strategic Partnerships. (LSPs have recently reviewed their structures and these relationships are being established). LSPs will be crucial to the delivery of targeted approaches and KCC will play a full part in developing these through the Partnership Boards, the Public Health Board, LSPs, and Children's Trusts.

Health and Wellbeing subgroups of LSPs are the means by which districts and others can access *Choosing Health* funding (the allocation given to the Kent PCTs by the Department of Health for the public health priorities identified in the *Choosing Health* White Paper). Health and Wellbeing subgroups will be responsible for identifying and targeting resources to the key health inequality issues at district level.

The emphasis on Health Inequalities within the new Kent Agreement will ensure that these issues are clearly prioritised in mainstream delivery programmes and will be monitored robustly.

## **2.3 Develop a structured approach to embedding the public health agenda within the whole organisation and ensuring that "health is everyone's business".**

Clear and formal links with all KCC service Directorates have been established with the Department of Public Health and the contributions each directorate can make, both generally and specifically, to public health in Kent will continue to be discussed and developed. The activities that each directorate has identified as involvement in public health and wellbeing are appended to this report and clearly demonstrate that improving health is now accepted as a core priority across KCC.

All directorates actively contributed to the Public Health Strategy and the Health Inequalities Action Plan.

Visits to authorities that display best practice in this area (such as Greenwich and Wiltshire), as recommended by the IDeA Peer Review team, have been held or are being arranged.

Approaches that have been successful elsewhere are being planned for further development in Kent. These will include a training strategy for staff and Members in KCC and partner organisations to increase awareness and understanding of public health throughout the organisations. The production of high quality information and publicity materials will also be a priority based on experience in other areas.

**2.4 Adopt a programme management approach to health related activities that includes a clearly costed and performance management approach to the programme.**

The Public Health Board will play a major role in ensuring that public health activities are delivered within a consistent and coherent approach. The Public Health Strategy, Health Inequalities Action Plan, Kent Agreement, departmental annual operating plan (from 08/09) and related documents are all key elements in ensuring that a directed programme of intervention is delivered.

All KCC and partnership initiatives will be subject to the usual rigorous KCC performance management processes. Where activity is aligned with the Kent Agreement or Towards 2010 targets (as many will be) there are also clear requirements that apply.

**2.5 Ensure there is rigorous performance management of the Annual Health report to judge whether the activities of the council and its partners are having an effect on the key health issues.**

Performance oversight of the Annual report will be through the Public Health Board in the first instance.

In addition the Annual Report of the Director of Public Health is subject to the usual scrutiny processes of both KCC and the PCTs. The Health Overview and Scrutiny Committee will also have oversight of the report. The Annual Report will also inform the Strategic Joint Needs Assessment that will influence the commissioning decisions of KCC and the PCTs. These processes will also be subject to rigorous performance management through the usual processes.

The Joint Strategic Needs Assessments for children and older people will also provide important evidence of changes to the health of people in Kent.

**2.6 Allied to the above, ensure a structured scrutiny programme of the public health agenda including relevant partnerships and that KCC health activities are part of the remit. This programme should include explicitly the tackling of health inequalities.**

The change of name of the Overview and Scrutiny Committee to “Health Overview and Scrutiny Committee” reflects this recommendation. The work programme of the committee is currently being reviewed and issues of public health and health inequalities are expected to feature prominently in the future. Access to Healthcare (a key issue for Health Inequalities) is already scheduled for consideration by a select committee of the HO&SC this year.

The Alcohol Select Committee has recently reported and details of how its recommendations will be taken forward are before Corporate Policy and Overview Committee today, as is the latest version of the Health Inequalities Action Plan.

Public Health proposals that have been through Cabinet decision, such as for the Kent Public Health Observatory, have been called before the Cabinet Scrutiny Committee.

**2.7 Evidence during any CPA or similar process that Districts Councils and voluntary/community groups feel actively engaged as part of the partnership arrangements.**

Most public health interventions are actually delivered at a local level and so partnerships with the District Councils and the Voluntary sector are essential for effective delivery of Public Health. The successful Big Lottery Fund application for c £990,000 last year was a partnership between KCC, the PCTs and district councils. Funding was secured for a number of projects across the county to encourage healthy eating, taking more exercise and improving mental health.

District Councils are represented on all public health bodies including the Partnership Boards and the Public Health Board. The organisation of LSPs now includes Health and Wellbeing subgroups that bring together the district councils, PCTs and KCC with others. These subgroups will determine local priorities and oversee the allocation of some resources, including Choosing Health funding, to address them.

District councils are fully engaged in the preparation of all strategic documents and initiatives such as the Public Health Strategy, the Health Inequalities Action Plan and Select Committee Reports.

The health and wellbeing priorities in the Kent Agreement will also be delivered in full partnership with the district councils.

A programme of annual visits to Leaders and Chief Executives of all district councils by the Cabinet Member, Director of Public Health and other officers from the KDPH has been established and is ongoing.

The voluntary sector is engaged in many activities that benefit public health and better engagement with them, and how to achieve this, is part of the agenda of the Public Health Board.

At the time of writing the full results of the recent CPA have not been published but it is anticipated that this issue will still be a priority for KCC as a whole.

## **2.8 Ensure and evidence that partnerships are managing health performance as distinct from receiving information.**

As the group where the key agencies responsible for delivering partnership working meet, the Public Health Board will have a critical role in ensuring that partnerships are managing performance effectively. The linkages with the Kent Agreement will also be crucial.

A more co-ordinated approach to the information and analysis provided to all those concerned with public health through the new Kent Public Health Observatory (see below) will assist this process.

## **2.9 Examine how to enhance joint approaches to capacity building for the voluntary sector to help the sector become more fit to design and compete to provide services.**

This is on the forward agenda of the Public Health Board. It is also being considered by the PCT partnership boards and the LSP Health and Wellbeing subgroups.

## **2.10 Establish the role of the Kent Public Health Observatory and co-ordinate the information strategies of KCC, PCT, Observatory and other partners.**

The proposal to establish the observatory has been accepted by both PCT Boards and KCC Cabinet. The Observatory has begun to operate and is being launched in October this year.

## **2.11 Develop a resourced programme of health impact assessments.**

A proposal for mainstreaming Health Impact Assessments into core KCC business is being drafted for consideration by COG and Cabinet at KCC next month.

Discussions have been held with the County Planning Officer concerning this, and related issues, and a joint workshop with Planning colleagues, including the district councils will be held later this year to determine how Health Impact Assessments can be integrated into planning processes.

The use of Health Impact Assessments in the Thames Gateway and the Dover Pride initiative has been extended and significant funding (c£100k in Dover) has been secured from the PCTs to do this.

### **3. The contribution from KCC directorates to public health in Kent**

The details of the public health interventions made by each of the KCC directorates are attached as appendices.

These are the activities that the directorates themselves have identified as impacting on public health. (Many activities will also be highlighted in the Kent Inequalities Action Plan also before Corporate POC today).

They are interesting in themselves but also because they reveal the extent to which the different parts of KCC now understand the critical role they play in promoting and maintaining the health and wellbeing of the population. It is now evident that KCC as a whole identifies itself as a major stakeholder in delivering public health. The number of public health items on the agenda of this meeting also demonstrates how significant public health has become for KCC.

### **4. Recommendation**

(i) Corporate Policy Overview Committee is asked to NOTE the progress made since the IDeA Peer Review.

Background documents:

IDeA Healthy Communities Peer Review  
Report October 2007

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