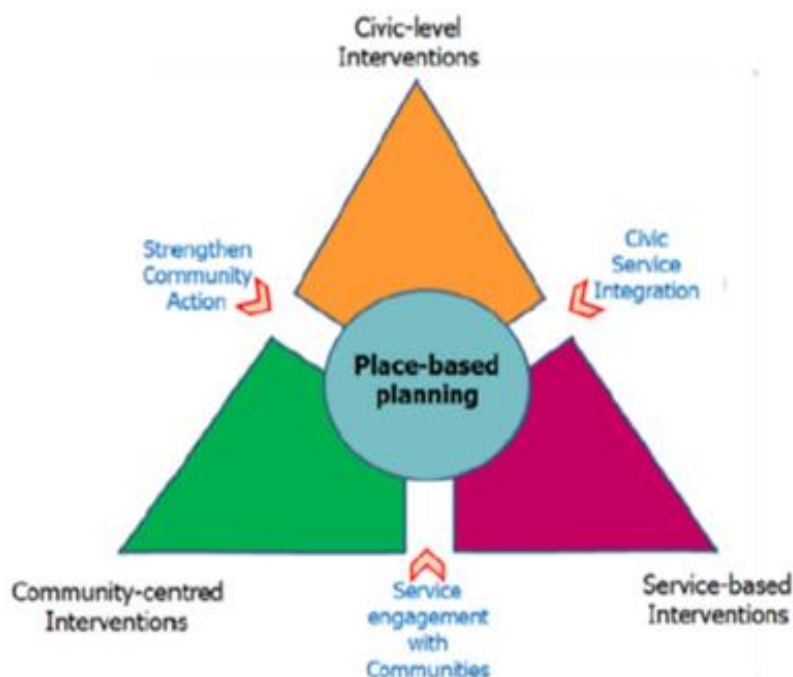


Appendix 1D: Health Inequality Scope

<u>Proposer Name</u>
Chief Executive, supported by the Overview and Scrutiny Committee.
<u>Proposed Topic</u>
Health Inequality
<u>Description and Reason for Review</u>
<p>Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society which arise due to conditions in which people are born, grow, live, work and age.</p> <p>The causes of health inequalities are complex, interactive, and simultaneous in their combined actions, with their roots in the wider determinants of health</p> <p>Poverty is associated with worse health outcomes. In childhood, poverty is associated with worse outcomes in infant mortality, low birthweight prevalence, obesity, asthma, tooth decay and accidental death. It is also associated with worse health outcomes in adulthood, such as premature mortality, diabetes, and cardiovascular disease.</p> <p>People living in more deprived areas are more affected by health inequalities which are avoidable and very costly through higher use of healthcare services, lower productivity, and unemployment. This makes a strong moral and economic case for agencies and service providers and the community to come together and take joint action to address these issues to break the cycle of entrenched health inequalities. There are significant health inequalities across Maidstone borough which have endured for many decades.</p> <p><i>(see next page)</i></p>

Appendix 1D: Health Inequality Scope

The West Kent Health and Care Partnership has agreed to use the Population Health Triangle to structure its work on health inequalities.



As a result of the commitments within the Strategic Plan, the Council is aiming to integrate health into all policies and have taken the lead in a transformation project, funded by the WKHCP, to pilot an approach to addressing health inequalities in Shepway and Parkwood.

A review into this topic could improve the working relationships between the Council, other Local Authorities and/or relevant Public Bodies. The resulting recommendations from the review could also be applicable to those bodies.

During its previous meeting several Members of the Committee expressed support for conducting external scrutiny, such as this, to influence external bodies. If the Committee wishes to take this topic forward, an option would be to select an aspect of inequality. This is to ensure the review is focused.

Alongside the Council's existing work relating to health inequality, the recently launched residents survey will also be able to provide further data. A review into a specific type of health inequality borough wide could then contribute to how health inequality is addressed moving forward.

The review would also increase Councillor knowledge and engagement on this topic, which is of public interest.

Link to Priorities:

Strategic Plan Priority and Cross Cutting Objectives:
Homes and Communities
Health Inequalities are addressed and reduced.

Appendix 1D: Health Inequality Scope

National/Regional Priorities: Reducing Health Inequality

Executive Priorities: The expansion of the Council's programme of financial inclusion, through existing programmes and as part of the UK Shared Prosperity Fund Award.

Desired Outcome(s)

Increase understanding of health inequalities in Maidstone to underpin the aspiration for health to be a consideration in all MBC strategies and policies.

Enable an overview of strategy and policy across the system of organisations which operate in and impact the lives of Maidstone residents in terms of addressing health inequalities.

Suggested Approach

The approach below covers three to four meetings.

Example focus for a Health Inequality Review could be:

- The impact of the Covid-19 pandemic on Health Inequality
- Access to services (such as GP/frontline/mental health) – *high priority*
- Food Security
- Financial Position
- Obesity
- Access to activities for Young People
- The role of employers

Prior to the first meeting, produce evidence back containing:

- Available information such as data/statistics, reports, policies, measures and partnerships in place.
- Any other information specifically requested by the Committee that can be readily provided.

Meeting One/Two (evidence collection)

Consulting relevant stakeholders on the topic.

Suggested consultees include:

- Kent Community Health Foundation Trust
- Kent and Medway partnership Trust (mental health for adults)
- North East London Foundation Trust (Mental health services for children and young people)
- Maidstone and Tunbridge Wells Foundation Trust (acute hospital)
- Integrated Care System (formerly the Clinical Commissioning Group)
- Relevant Kent County Council Officers/Members including Public Health
- Involve Kent (who lead of social prescribing and many services supporting people and their carers)

Appendix 1D: Health Inequality Scope

- Maidstone Age UK
- Businesses
- Registered health care charities; such as We are With You and Mind (in the Kent Area)
- Local MPs (Helen Whately and Helen Grant)
- MBC Officers:
 - such as the Chief Executive, Head of Housing and Community Services, Head of Policy, Communications and Governance and/or Policy and Information Team
- Engagement with Community Groups
- Golding Homes
- Residents/Voluntary Groups

Written evidence could be submitted if in-person/virtual attendance is not possible.

These requests could focus on questions such as:

- What are the main problems associated with this type of Health Inequality?
- What are the main areas for improvement?
- How could these be improved?
- What would be required to make this improvement and support it in the long-term?
- Is there a greater need for partnership working? If so, which partnership agencies would be included?
- Are there any initiatives that the Council could be involved in communicating?

Meeting three/four (recommendations)

Evaluation of information gained through the previous meetings and creation of recommendations for the Council and/or other bodies.

Report formally presented at next Committee Meeting.

Review Timescale

Across three to four meetings of the Committee.

Link to CfPS effective scrutiny principles

The following CfPS effective scrutiny principles would be met through conducting the review:

- Provides a constructive 'critical friend' challenge
- Amplifies public voices and concerns
- Is Independently led by Councillors
- Drives Improvement in Public Services

Appendix 1D: Health Inequality Scope

Officers that contributed to the scope:

Democratic Services Officer

Chief Executive

Senior Public Health Officer

Member Section

In evaluating the above proposal's scope, Members may find it helpful to fill in the below sections prior to the Committee Meeting.

Will the review add value to the service?	
Is there any further information required and/or clarification needed to the subject's scoping?	
Is the timeline proposed suitable?	
Decision: Should this subject be included in the work programme?	