

**To: West Kent Health and Wellbeing Board**

**Report Authors: Cllr Lynne Weatherly, Portfolio Holder for Communities and Health  
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**Date: 20<sup>th</sup> December 2016**

**Subject: Health Inequalities Action Plan Update - Tunbridge Wells**

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### **Summary**

This report aims to provide the West Kent Health and Wellbeing Board with an outline of local activity relating to health inequalities and an update on progress against the Tunbridge Wells Health Inequalities Action Plan

### **Recommendations**

The Board is recommended to:

- i. Consider and comment on the content of the report and the local structure relating to health inequalities
- ii. Consider and comment on the progress against the Health Inequalities Action Plan
- iii. Explore opportunities to work alongside and support the Health Action Team for the remaining lifespan of the Action Plan.

## **1. Background -Tunbridge Wells Health Action Team**

1.1. The Tunbridge Wells Health Action Team is a long standing partnership group committed to tackling health inequalities in the borough. The meeting is chaired by the portfolio holder for Communities and Health, Cllr Lynne Weatherly and meets quarterly.

1.2. The stated aims of the group are: a) supporting the wider workforce to understand the causes of Health Inequalities and how the work that we undertake and the decisions we make can have a positive or negative influence on Health Inequalities and b) working in partnership to facilitate a reduction in Health Inequalities in Tunbridge Wells Borough.

1.3. The stated purpose of the group is: a) to act as a forum that enables two-way communication with the West Kent Health and Wellbeing Board b) to develop,

monitor and review an Action Plan to reduce Health Inequalities in Tunbridge Wells.

## **2. Mind the Gap Health Inequalities Plan**

2.1. In the Summer of 2015, Tunbridge Wells Borough Council, in partnership with the Health Action Team, published the Tunbridge Wells Borough 'Mind the Gap' Health Inequalities Action Plan 2015-2019

2.2. The Tunbridge Wells Mind The Gap Plan is underpinned by KCC's Joint Strategic Needs Assessment for Kent and supports the outcomes and priorities set out in KCC's Kent Joint Health and Wellbeing Strategy (2014-17) and the Children and Young People Health and Wellbeing Strategy.

## **3. Local priorities**

3.1. The actions and priorities identified in our 'Mind The Gap Plan' can be categorised into Marmot's (2010) six Life-course Objectives, in line with the Kent Plan.

- Give every child the best start in life (Conception – 9 months and from 9 months)
- Enable all children, young people and adults to maximise their capabilities and have control over their Lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health

3.2. The health of people in Tunbridge Wells is generally better than the England and Kent average. However, differences do exist between our communities. By exploring more detailed data at borough, ward and lower super output area level and utilising our existing knowledge of our communities we have been able to set six priorities in partnership with our key stakeholders; demonstrating a holistic approach to tackling health inequalities. These are outlined below:

- Self Harm
- Excess Winter Deaths
- Falls Prevention
- Adult and Child Obesity
- Smoking related deaths
- Alcohol Misuse

In addition, we will also make a commitment to improving geographic Access to Services, particularly in rural areas through the HAT partnership.

## **4. Progress**

- 4.1. Progress against the priorities is measured using the Public Health England Health profiles (updated annually). An update report on progress was taken to the September Health Action Team and to the November Local Children's Partnership group.
- 4.2. In addition, partners in the Health Action Team provide regular updates on the activity they have been undertaking which contribute towards the plan and the ambitions.
- 4.3. The year one update is attached. The first table covers progress against priorities, the second offers an update on activities by Health Action Team partners.
- 4.4. Regarding the priorities we have seen:
- An increase in the rate of hospital stays for self harm
  - A decrease in the number of excess winter deaths
  - A decrease in the rate of falls but an increase in the number of hip fractures
  - There was a decrease in the percentage of children who are obese at year 6
  - A slight decrease in the rate of smoking related deaths
  - An increase in the number of hospital stays for alcohol related harm
- 4.5. At the Health Action Team meeting in September 2016 a number of actions were agreed, including a joint discussion with Kent Public Health, the CCG and the Community Safety unit, specifically looking at self harm and alcohol related harm. A date is currently being sought. In addition, the Healthy Lifestyles Co-ordinator (maternity cover) is now attending the West Kent Health and Wellbeing Board Alcohol subgroup.

## **5. Devolution**

- 5.1. Kent County Council has a statutory duty to deliver the Public Health function, in partnership with others, to improve the health and wellbeing of Kent residents and reduce health inequalities. All Councils have a duty to plan for the health and wellbeing of the residents they serve. District and Borough Councils have a role to play in delivering health protection, health improvement and key services to address the wider determinants of health.
- 5.2. The 2015 King's Fund report 'The District Council Contribution to Public Health: a time of challenge and opportunity' looked at the opportunities for District and County Councils to work together holistically to deliver the public health agenda. The report demonstrates that 'district councils are in a good position to influence

many factors of good health through their key functions' and describes a 'radical upgrade in prevention'. The County Council's new countywide preventative service strategy is to offer seamless support to individuals who need to make change lifestyle changes to improve their health, to help motivate this change, to support making the change and then maintain it so that it becomes a new norm to their lifestyle.

- 5.3. The proposed West Kent Health Improvement Model is informed by the King's Fund report and the West Kent Health Deal. The model provides for the four councils to manage their collective resources in a way that not only generates best value for money and delivers against outcomes but also provides a platform for further integrated working that delivers longer-term health improvements.
- 5.4. District and Borough Councils will, through a local hub model, play a full role in the co-ordination and delivery of the local public health (preventative services) provision, ensuring that services address local needs and are co-ordinated with other local delivery.
- 5.5. It is envisaged that there should be one single referral point for the three Districts that feeds into a local arrangement for each district or borough that enables a holistic assessment of individual needs and considers the wider determinants of health such as debt, employment and housing conditions. Co-location of locally procured services within the District and Borough Council offices will enable the integration of this new assessment function and make for efficiencies in delivery and better outcomes for the customer
- 5.6. The District, Borough and County Councils would work together to bring the necessary range of skills and experience together to maximise health outcomes.

## **6. Impact on the Tunbridge Wells Mind the Gap Health Inequalities Action Plan**

- 6.1. Should the above go ahead as outlined, it is likely there will be a positive impact on the Plan. As there will be a great emphasis on tailored support for service users, more focus on community based and community led activity and on the role of 'place shaping' for health, this will enable the Council to more effectively develop a healthy environment in which the health action plan can take effect.
- 6.2. Furthermore the plan is owned by the health action team rather than exclusively by the Council. Therefore the plan is not dependent on external funding and instead brings together combined effort. Although it is possible for example, that TWBC will no longer be running child weight management services, the Council and the Health Action Team will still consider this a priority for the borough and

therefore take a role in co-ordinating and overseeing the combined effort and response.

6.3. The Plan will run for another three years and will continue to be reported on annually by, and to, the Health Action Team.

## **7. Conclusion**

7.1. The Health Action Plan provides a focus for the work undertaken by a wide range of organisations to tackle the health inequalities local residents experience. In this latest review we have seen mixed performance against our six local priorities, with five measures showing improvement and three declining.

7.2. We ask the West Kent Health and Wellbeing Board to note the contents of this report and to work with the Health Action Team on the remaining years of the Plan, and to work with the Council and partners as we move into the new phase of devolution for public health.

