

Health Inequalities Action Plan 2023-25

For Cabinet on 23 March 2023

Summary

Lead Member: Councillor Wendy Fitzsimmons, Cabinet Member for Leisure, Wellbeing and Culture

Lead Director: Paul Taylor, Director of Change & Communities

Head of Service: Gary Stevenson, Head of Housing, Health & Environment

Report Author: Rebecca Bowers, Health Improvement Team Leader

Classification: Public document (non-exempt)

Wards Affected: All

Approval Timetable	Date
Management Board	20 th February 2023
Cabinet Member	February 2023
Communities and Economic Development Cabinet Advisory Board	8 th March 2023
Cabinet	23 rd March 2023

Recommendations

Officer / Committee recommendations as supported by the Portfolio Holder:

1. That Cabinet adopt the Health Inequalities Action Plan 2023-25.

1. Introduction and Background

- 1.1 The Health Inequalities Action Plan 2015-19 (see Appendix A) was developed in 2015 by Tunbridge Wells Borough Council in partnership with members of the Tunbridge Wells Health Action Team (HAT). A review of the existing plan has been completed with many of the historic actions closed. Public Health indicators have also been reviewed, to compare 2015 to current figures, alongside a comparison to the England average.
- 1.2 The purpose of the Health Inequalities Action Plan has changed since it was first developed in 2015. Health is embedded across many services in the council, with work underway to tackle health inequalities, and these key services are part of the HAT meetings, alongside external services.
- 1.3 The Council's Health Improvement service also changed to focus on adult health improvement when the One You Kent service was formed in 2018, funded by Kent County Council (KCC). The One You Kent service target groups need to be considered in the new plan, these include areas of deprivation, Black Asian and minority ethnic (BAME), males and people with learning disabilities.
- 1.4 An updated Health Inequalities Action Plan (see Appendix C) has been written in partnership with the HAT, highlighting new priority areas:
 - Mental health
 - Loneliness and isolation
 - Addictions
 - Obesity and physical inactivity
 - People with disabilities and older people
- 1.5 The Kent and Medway Integrated Care System have developed an Interim Integrated Care Strategy. The Council are working in partnership with KCC Public Health team to support the strategy, and the action plan will form part of this work.

2. Health Inequalities Action Plan 2023-25

- 2.1 Public health indicators have been updated at a national level by the Office for Health Improvement and Disparities (OHID), and there are instances where the definition has changed since the 2015 Health Inequalities Action Plan. This updated data has been retrieved from Public Health Fingertips for Tunbridge Wells (see Appendix B).
- 2.2 Trend data is analysed by OHID and compares Tunbridge Wells to the England average. Looking at this trend data, most of the indicators have either stayed the same or improved since the 2015 report.
- 2.3 The previous priority area of self-harm remains an important focus for the action plan and has been incorporated into a wider mental health priority area. The indicator for

suicide rate is not significantly different to England average however for Tunbridge Wells this has improved since the 2014-16 data which was 13.7, to 9.1 for 2019-21 (per 100,000).

- 2.4 *Emergency hospital admission due to falls in people aged 65 and over, and excess winter deaths* indicators are both significantly worse than the England average. *Excess winter deaths* in particular has risen from 25.9% in 2014-15 to 35.1% in 2019-20. This has been considered in the new priority area of people with disabilities and older people. This also encompasses the previous falls prevention priority area.
- 2.5 All indicators within the previous priority areas of child and adult obesity, and smoking related deaths are significantly better than the England average. With *Reception: Prevalence of overweight (including obesity)* and *Percentage of physically active adults* moving from not significantly different, to significantly better than the England average. In addition to this, *admission episodes for alcohol-specific conditions* indicator has improved since the 2014/15 data, from 442 to 374 in 2020/21 (per 100,000).

3. Options Considered

- 3.1 Option A: That Cabinet adopt the Health Inequalities Action Plan 2023-25.
- 3.2 Option B: The HAT continue to work on the Health Inequalities Action Plan 2023-25, but the plan is not adopted by Cabinet.

4. Preferred Option and Reason

- 4.1 The preferred option is Option A: That Cabinet adopt the Health Inequalities Action Plan 2023-25.
- 4.2 The plan has the consensus of the HAT and will support KCC's wider Public Health Strategy in its objectives to reduce health inequalities. The plan will form the basis of the quarterly HAT meetings, and all members will contribute to its ongoing development and monitoring.

5. Consultation on Options

- 5.1 In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. Following this, a survey was sent out to all group members in January 2023 asking for comments on the proposed actions.
- 5.2 13 partner organisations took part in this feedback, which includes TWBC departments such as Housing and the Amelia Scott, as well as external organisations such as Involve Kent and Age UK.
- 5.3 All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources. Based on feedback, two of the

areas were retitled to better describe the aims. This feedback has informed the new Health Inequalities Action Plan (see Appendix C).

Recommendation from Cabinet Advisory Board

5.4 The Communities and Economic Development Cabinet Advisory Board were consulted on Wednesday 8 March 2023 and agreed the recommendation set out in the report be supported.

6. Implementation

- 6.1 The HAT meets once per quarter and is attended by partners across health and social care, to enable multi-agency discussion, joint working, and action. It acts as a point for the exchange of information to enable partners to better serve communities in Tunbridge Wells in a more integrated way. The group aims to reduce health inequalities, through the development of the Health Inequalities Action Plan.
- 6.2 The HAT will be responsible for the quarterly update of the action plan, which will be overseen by the Health Improvement Team Leader. The action plan will be reviewed and reported on every 2 years.
- 6.3 The HAT will work in partnership with KCC Public Health Team, to contribute to the Kent and Medway Interim Integrated Care Strategy. The priority areas identified in the action plan align with many of the 6 strategic outcomes, for example outcome 2: “help the most vulnerable and disadvantaged in society to improve their physical and mental health”.

Appendices and Background Documents

Appendices:

- Appendix A: Health Inequalities Action Plan 2015-19
- Appendix B: Review of Public Health Indicators
- Appendix C: Health Inequalities Action Plan 2023-25
- Appendix D: Climate Emergency Impact Assessment
- Appendix E: Equality Impact Assessment

Background Papers:

- [Kent and Medway Interim Integrated Care Strategy](#)

7. Cross Cutting Issues

A. Legal (including the Human Rights Act)

There are no specific Legal implications arising from the information provided in this report. There are no specific human rights implications arising from the information provided in this report.

Claudette Valmond, Head of Legal Service, 14/02/2023

B. Finance and Other Resources

No financial issues identified.

Rebecca Bowers, Health Improvement Team Leader, 03/02/2023

C. Staffing

No staffing implications to consider.

Rebecca Bowers, Health Improvement Team Leader, 03/02/2023

D. Risk Management

No risks identified.

Rebecca Bowers, Health Improvement Team Leader, 03/02/2023

E. Environment (inc. Biodiversity) and Sustainability

No significant opportunities to reduce carbon emissions from the Council's own operations have been identified for this area of activity. The impact assessment (see Appendix D) shows that this action plan will have little to no negative impact on the Council's carbon reduction targets. It has been identified that the promotion of active travel opportunities to residents, as well as working with partners in Economic Development, will have a positive impact on energy consumption via travel.

Rebecca Bowers, Health Improvement Team Leader 10/02/2023, consulted with sustainability on 13/02/2023.

F. Community Safety

No community safety issues arise as a result of this report.

G. Equalities

Decision-makers are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups.

The Health Inequalities Action Plan aims to reduce health inequalities across the borough. An Equality Impact Assessment has been completed (See Appendix E). There are no anticipated negative impacts on resident groups with protected characteristics. Many of the actions consider groups that are more likely to experience health inequalities therefore there are expected to be positive impacts such as through the priority area people with disabilities and older people. These protected characteristics include disability, race, sex, age, pregnancy and maternity.

Sarah Lavallie, Corporate Governance Officer, 22/02/2023

H. Data Protection

No data protection issues identified.

Rebecca Bowers, Health Improvement Team Leader, 03/02/2023

I. Health and Safety

No health and safety issues identified.

Rebecca Bowers, Health Improvement Team Leader, 03/02/2023

J. Health and Wellbeing

The Health Inequalities Action Plan aims to reduce health inequalities, by focusing on 5 key priority areas. These have been agreed in partnership with the HAT, who will be responsible for contributing to the actions. This will have a positive impact on the health and wellbeing of residents for example through the promotion of healthy lifestyle initiatives and mental health support. There will be targeted work for areas of deprivation in the borough, as well as other groups such as older people and people living with disabilities. In addition to this, the action plan takes the wider determinants of health into consideration with partners such as housing and economic development part of the HAT.

Rebecca Bowers, Health Improvement Team Leader, 10/02/2023