

## **Thanet Health Inequalities Group – Terms of Reference**

### **1. Introduction.**

Health inequalities are avoidable variations in health status of groups and individuals and are a complex issue. There is evidence that populations in areas with high deprivation experience higher morbidity and mortality than those areas with low deprivation, however some less deprived areas may contain pockets of high mortality. Thanet has the widest gap in health inequalities out of all of the districts in Kent. There is a need to ensure that there are clear strategic actions that tackle relatively short, medium and long-term interventions. The interventions that can potentially have an effect in the short-term are those that reduce the risk of mortality in people with established disease (i.e. ensuring those with heart disease are diagnosed and treated so that their blood pressure/cholesterol is under control). Medium term interventions focus on lifestyle interventions such as stopping smoking and weight management and longer term solutions include those that tackle worklessness, increasing community resilience, improving poor educational attainment and reducing poverty.

### **2. Aims and Objectives of the Group.**

The Thanet Health Inequalities group will lead the multi-agency approach to address health inequalities across the district. The purpose of the group is to provide the leadership and co-ordination for reducing health inequalities and improving health and wellbeing across Thanet. This will be achieved by bringing together stakeholders from the public sector, third sector and the community to plan and deliver actions / services.

The group will have a number of functions that include;

- Establish a shared understanding of what is meant by 'health inequalities' across the Community
- Provide leadership to promote effective partnership working to reduce health inequalities
- Support implementation of the Joint Health and Well Being Board (HWB) Strategy
- Establish performance measures to provide a clear indication of progress to reduce health inequalities.
- Identify and progress actions that will contribute to outcome measures for reducing health inequalities, monitor and report on these to demonstrate impact
- Involve a wide range of stakeholders especially communities in activities which are aimed at reducing health inequalities and building community resilience.
- To ensure that there is good linkage with the Integrated Commissioning group
- Ensure that robust evaluation, including cost effectiveness is an integral part of local initiatives aimed at reducing health inequalities
- Identify and share the evidence base and good practice
- The group should have a strategic association with health inequality plans produced at county level.

### **3. Membership of the Group.**

The group will consist of individuals from the following organisations.

- KCC, Public Health Consultant
- KCC, Public Health Specialist
- KCC, Social Services representative
- Thanet CCG – Clinical lead for health inequalities
- Thanet CCG – Lay member
- Thanet CCG – Head of Strategic Planning and Commissioning
- Thanet CCG – Head of Membership Development
- Thanet District Council representative
- Voluntary and Community Sector representative
- Department of work and pensions representative
- Kent Police – Margate Task Force lead

The chair of this group will be nominated by the group. A vice chair will also be nominated.

Individuals or organisations may be co-opted onto the group as and when required.

### **4. Operation of the Health Inequalities group**

Frequency: The Health Inequalities group will meet bi-monthly and be convened by the Chair in consultation with the nominated representatives of Thanet CCG, Thanet District Council and Kent County Council.

Quorum: At least 1 member must be present from Thanet CCG, TDC and KCC for a decision to be taken

Servicing Arrangements: Action notes of meetings will be shared with group members. Papers will be published five working days before each meeting. Where the group is required to make a decision a written report will be provided and the lead officer requested to attend the meeting to present and answer questions

### **5. Governance Arrangements.**

The Health Inequalities group will be accountable to the Thanet Health and Well Being Board and respective executive decision making structures of KCC, Thanet CCG and TDC. The group will be advisory and make recommendations to the Health and Well-Being Board. It will provide detailed proposals so that informed decisions can be made. Proposals will be specific and individual organisational support will be needed at the appropriate times.

### **6. Administrative Support to the Group.**

To be agreed, but responsibilities will include:

- Agenda setting, in consultation with the Chair.
- Booking of rooms.
- Taking of, and distribution of, notes of the meeting.

**7. Review of Terms of Reference.**

These will be reviewed annually