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Our ref: CM/jas

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Gillian Barnes
South East England Regional Assembly
Berkeley House
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Dear Gill

The response to the South East Regional Assembly - Select Committee on Poverty and Inclusion.

Examination of Social exclusion.

The Kent and Medway Strategic Health Authority has the following responses to make.

We welcome this paper and the clarity it brings to the concept of social exclusion. It is a welcome step to use this concept to improve peoples health since one can otherwise become locked into narrow definitions of inequality based on economic measures. A social exclusion model allows one to target people who might otherwise not be give deserved attention and it allows one to take into account factors such as access, social capital and the fear of crime.

In answer to the specific questions:

- 1 They are the right themes and well presented.
- 2 Little of substance has changed although the importance of health issues linked to the sustainability agenda and housing development is now better recognized. The application of this thinking ought to be evident in the regeneration programmes in Kent and Medway.
- 3 The Deprivation Index is the best available measure though it could be supplemented by tools developed to measure social capital. The measures coming out of the Choosing Health process and Standards for Better Health could also be used.
- 4 It is not possible to judge how well SIPSE is doing. There is a real worry at the local level that there is more emphasis on strategic decisions being taken at a higher level (this is magnified in a 2 tier area such as ours), and too little attention on LSPs, District Councils and PCTs where decisions about local programmes to

tackle social exclusion need to be agreed. The worry at this level is that implementation will not be effective without proper buy-in from local agencies. They cannot be seen as just operational implementers.

- 5 The points of critique made in paragraph 3.24 are valid.
- 6 This is the key question. There is serious concern that LSPs are not sufficiently empowered to deliver.
- 7 LAAs should help to harmonise action on a range of targets. However the LSP itself will not deliver; only the member organizations will be in a position to do this.
- 8 There has been enormous progress in the past 7/8 years but there is still a long way to go.
- 9 See 8
- 10 In a fragmented way. There is little concrete support for Compacts between Local Authorities, PCTs and the voluntary sector
- 11 There is still too much financial pressure on statutory bodies for them easily to contemplate wholehearted engagement with the voluntary sector.

Yours sincerely

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Charlie Manicom
Assistant Director of Public Health