

HEALTH AND WELLBEING BOARD

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JOINT HEALTH AND WELLBEING STRATEGY: MONITORING REPORT

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Summary

The purpose of this report is to provide an update to the Board on key Joint Health and Wellbeing Strategy (JHWS) indicators.

1. Budget and Policy Framework

- 1.1 The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to produce a Joint Health and Wellbeing Strategy for their local area. Implementation and monitoring of the strategy and the strategy outcomes is on-going.

2. Background

- 2.1 The Health and Wellbeing Board has responsibility to ensure that robust performance and quality monitoring measures are in place with regard to the implementation and outcomes for the JHWS. The monitoring and outcomes framework for Medway's JHWS includes monitoring of outcomes taken from the National Outcomes Frameworks for the NHS, Social Care, Public Health and Children which are aligned to the Medway Joint Health and Wellbeing Strategy 2012-17. A report on key JHWS outcome indicators is attached as appendix 1.

3. Advice and analysis

Key points to note:

- 3.1 Smoking
- a. Smoking at time of delivery continues to be high. The team has been investigating other areas where rates are low relative to overall smoking prevalence to see if there are lessons for Medway.
 - b. Smoking prevalence (18+) has remained persistently high and Medway now has one of the highest rates in the country. However, recently

there has been a fall in the rate of smoking in routine and manual workers.

3.2 Healthy weight and physical activity

- a. Obesity rates in children in Reception year have fallen consistently over the last seven years (see page 9 of Appendix 1).
- b. After dipping for two years (2011-2013), obesity rates in children in year 6 rose above the national average in the period (2014-2016) (see page 11). This may be an effect of an increase in the rate of obesity in Reception year children six to seven years ago.
- c. The Public Health Outcomes Framework indicator on the use of green spaces has shown a substantial improvement in use of green spaces in Medway (see page 27).

3.3 Immunisation

High immunisation rates are important to maintain “herd immunity” whereby the number of people who are immunised is large enough to make transmission of disease much less likely. Until 2013/14 immunisation rates in Medway were better than the national average. In 2013/14 responsibility for immunisation moved from Primary Care Trusts to NHS England and other providers. From this point immunisation rates appear to have fallen dramatically (see pages 13--15). A new Commissioning for Quality and Innovation (CQUINs) payment is in place that is expected to show positive results by Q4 2016/17, which should be seen in the next report. The Director of Public Health has arranged to meet with NHS England and Public Health England colleagues about immunisation performance.

3.4 Premature mortality

- a. After eight years narrowing the gap in circulatory disease mortality under the age of 75 between Medway and England the gap now appears to be increasing (see page 23). The NHS Health Checks programme is an important part of addressing CVD mortality.
- b. The cancer mortality rate has been persistently higher in Medway than the national average and the gap appears to be getting slightly worse over time (see page 24). Many cancers (and CVD mortality) are amenable to lifestyle interventions and the Public Health team is working with primary care teams to increase smoking cessation, reduce alcohol consumption and improve healthy weight.

3.5 Wider determinants

The percentage of young people not in education, employment or training has risen over the last two or three years while it has fallen in most of the rest of the country, resulting in Medway being above the 95th percentile (see page 36). Further work is required to explore the reasons for this change.

4. Risk management

Risk	Description	Action to avoid or mitigate risk
Lack of clarity as to progress on health and wellbeing outcomes.	Monitoring and outcomes framework not sufficiently robust so unclear if progress is being made.	Regular progress reports to the Board.

5. Financial and legal implications

5.1 There are no financial or legal implications arising directly from the contents of this report.

6. Recommendations

6.1 The Health and Wellbeing Board is asked to consider and comment on the indicator updates.

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Appendices

Appendix 1 - Indicator report.

Background papers

[Medway Clinical Commissioning Group, NHS Commissioning Board and Medway Council, 2012. Joint Health and Wellbeing Strategy for Medway 2012-2017](#)