

JHWS refresh for 2018 to 2023

Background for task and finish group

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Introduction

Health and Wellbeing Boards are required to produce a Joint Health and Wellbeing Strategy (JHWS), informed by the evidence in the Joint Strategic Needs Assessment and views of key stakeholders and members of the public. Medway's current JHWS covers the period 2012 to 2017 and is due to be refreshed. The first part of this document provides a broad summary of progress over the life of the current JHWS and highlights some opportunities for improvement.

The second part of the document identifies a number of key strategies that influence health and wellbeing and summarises the priorities and objectives from these documents.

The role of the council and local NHS partners

There are many factors that affect the health and wellbeing of a population and these have been summarised succinctly in the "rainbow diagram" (Dahlgren and Whitehead, 1991).

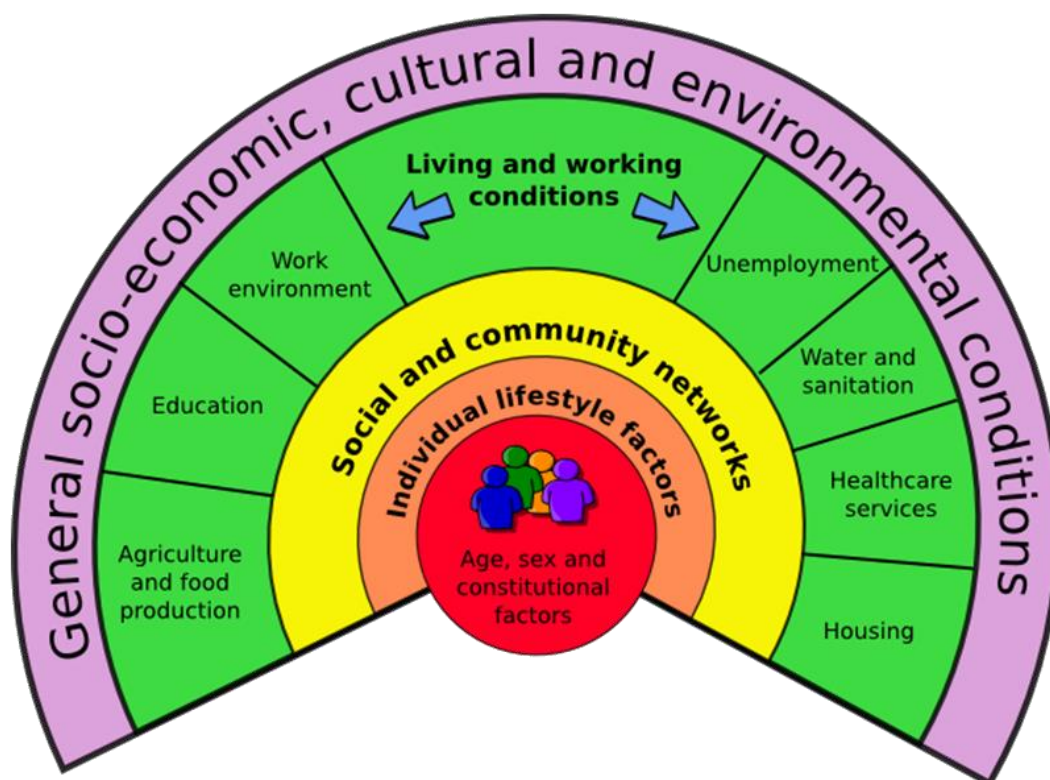


Figure 1 Source: Dahlgren and Whitehead, 1991

To address these issues the 2012–17 JHWS was based around five themes:

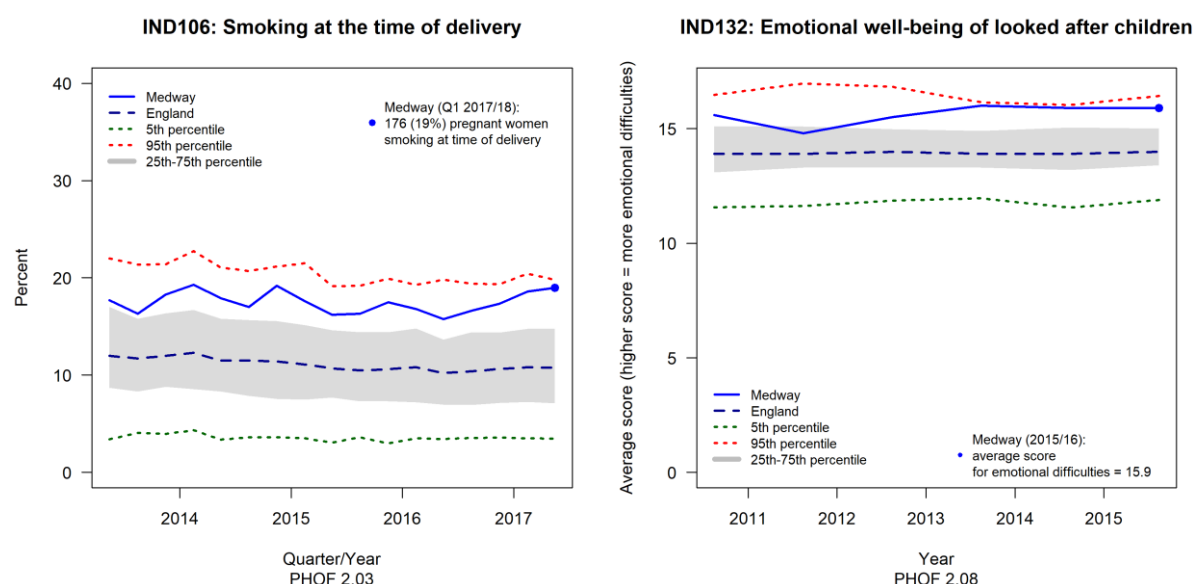
- Giving every child a good start;
- Enabling our older population to live independently and well;
- Prevent early death and increase years of healthy life;
- Improving physical and mental health and well-being;
- Reducing health inequalities.

Review of progress on the five themes of the JHWS over the last five years

Theme 1: Give every child a good start

There is good evidence that investment in the early years of life (0–5 years) is highly effective in terms of the impact on future health and wellbeing and is highly cost-effective. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.

Ensuring that every child in Medway has a good start in life is therefore essential for the future of Medway. For some aspects of child health and wellbeing Medway is doing well (see below) and it is essential that we maintain and build upon this level of performance. For others there are important and persistent issues where there are opportunities for improvement, for example in smoking during pregnancy, or the emotional well-being of looked-after children.



Examples of where Medway is performing well:

- 5-year olds achieving a Good Level of Development;
- Hospital admissions for dental caries (0–4 years);
- Hospital admissions due to substance misuse (15–24 years);
- Hospital admissions for mental health conditions;
- Key stage 1 pupils meeting the expected standard in writing;
- Low birth weight of term babies

Examples of where there is opportunity for improvement:

- Obesity in year R: was falling, has risen suddenly;
- Obesity in year 6: above the national average;
- Rates have fallen across a range of important childhood vaccinations, increasing the risk from diseases such as measles, pneumonia, and diphtheria;
- Emotional well-being of looked-after children: in the worst quartile since 2011;

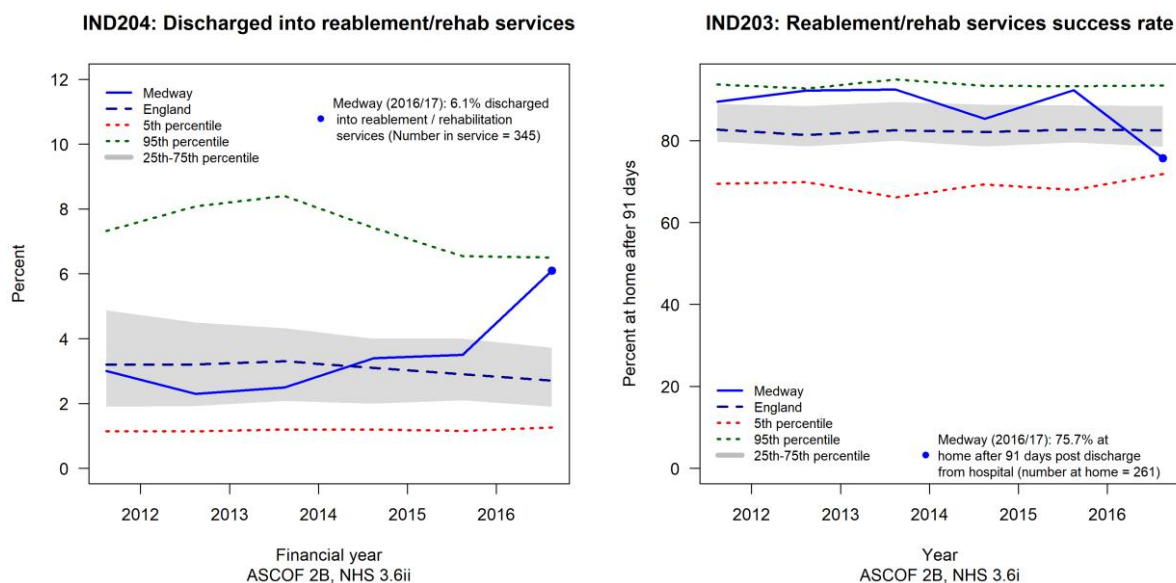
- Hospital admissions caused by injuries in children (0–14 years): significantly higher than the England average;
- Under 18 conceptions.

Source: <https://fingertips.phe.org.uk/profile/child-health-overview/data#page/1/ati/102/are/E06000035> and Public Health dashboard.

Theme 2: Enable our older population to live independently and well

Over the five years of the strategy the number of people aged over 65 years has increased by over four thousand (10%) and the number aged over 85 years increased by 450 (also 10%). Increasing numbers of older people mean that, assuming age-specific rates remain constant, there are increasing numbers of people developing chronic conditions who become intensive users of services. In 2012 we said that the ageing of the population is likely to result in a substantial increase in costs to the health and social care system and primary and secondary prevention of conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease, combined with improved care for people with conditions such as dementia, and therefore it is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system.

Many older people prefer to stay in their own home for as long as they can and to do so they may need additional support. There have also been increasing numbers of older people who need specialist accommodation that mesh support, care and housing provision. Carers play an essential role in supporting older people and their role will become increasingly more important as the older population increases.



Examples of where Medway is performing well:

- Care home admissions have fallen faster than in England and are now below the national average;
- The proportion discharged into reablement/rehab services has risen and is close to the highest in the country.

Examples of where there is opportunity for improvement:

- Recent decline in the reablement/rehab services success rate;
- Decline in PPV vaccination over the period of the last strategy. Rates generally low across the country;
- Decline in population vaccine coverage - Flu (aged 65+);
- Decline in population vaccine coverage - Flu (at risk), from second best quartile to worst quartile.

Theme 3: Prevent early death and increase years of healthy life

The leading causes of early death and illness in Medway include cancer, circulatory disease (e.g. heart attack, stroke and heart failure) and respiratory disease, conditions that share many common causes. Over recent decades public health and improved health care have led to dramatic reductions in the number of deaths. For example the mortality rate from heart attacks in Medway fell 85 per cent from 108 to 17 per 100,000 between 1993 and 2010. About half of this reduction was due to improved health care and half was due to public health measures, such as reductions in smoking.

This theme has focused mainly on improving healthcare to prevent early death and improve quality of life. This includes improving early diagnosis and therefore allowing more timely intervention which can significantly improve outcomes in some diseases.

Approximately 2,000 Medway residents die each year, with mortality rates significantly higher in males than they are in females. There is considerable variation in mortality rate by ward and mortality rates in the five wards with the highest rates are significantly higher than in the five wards with the lowest rates. Average life expectancy in Cuxton and Halling, Rainham Central, and Hempstead and Wigmore is significantly greater than in Chatham Central, Luton and Wayfield, and Watling wards. Life expectancy is highest in Cuxton and Halling at 85.2 years, and lowest in Chatham Central at 77.8 years. This gap in life expectancy has increased over the life of the 2012-2017 strategy, from 5.1 years to 7.4 years. This increase is due to life expectancy increasing by a large amount in Cuxton and Halling (up 2.6 years from 82.6), while it has only increased by 0.3 years in Chatham Central.

Most people with long-term conditions have a single condition and can be helped to manage their condition at relatively low cost. However, as people age, and if prevention and treatment are not optimal, more people begin to develop other conditions. As the number and severity of these conditions increases the complexity and cost of managing them becomes much greater.

Addressing these conditions requires well-integrated health and social care systems.

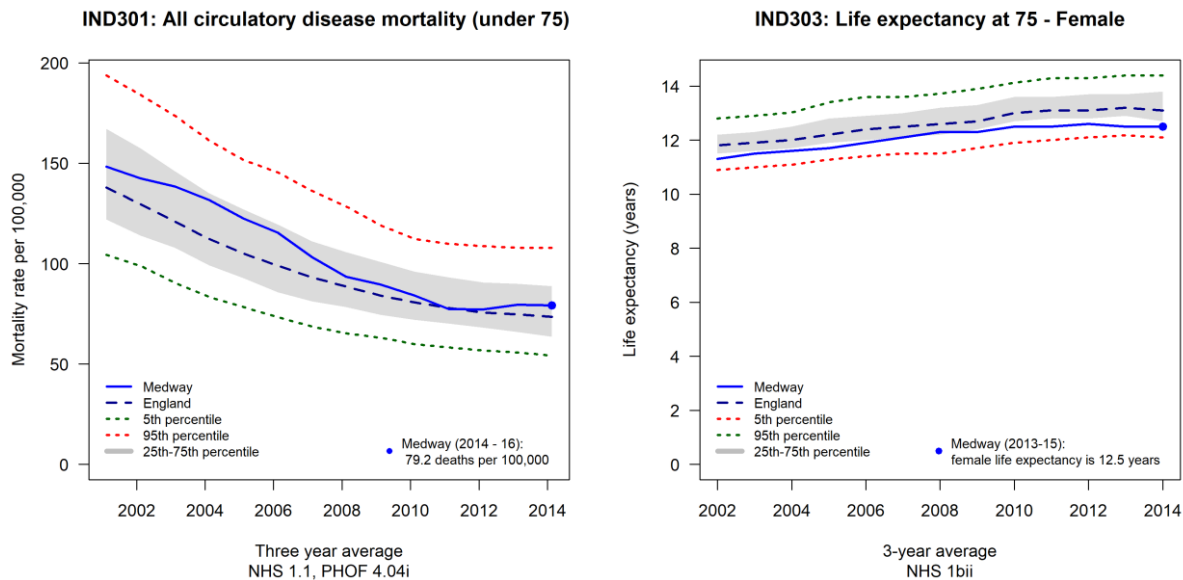
Examples of where Medway is performing well to prevent early death and increase years of healthy life:

- The numbers killed and seriously injured on roads;
- Medway has been generally in the second best quartile, i.e. below the national average, for infant mortality over the last 10 years.

Examples of where there is opportunity for improvement:

- All circulatory disease mortality (under 75) has remained level or perhaps increased a little over the life of the 2012—2017 strategy, while it has declined in the rest of England, resulting in a worsening relative position for Medway;

- Rate of deaths from Cancer among people aged 65 years and over remain above the England average;
- Rate of deaths from Respiratory Disease among people aged 65 years and over;
- Life expectancy at 75 for males and females has remained level over the last five years in Medway, after many years of gradual increases.
- Percentage of deaths in usual place of residence among people aged 65 years and over has declined since 2012 while it has increased in England.



Theme 4: Improve physical and mental health and wellbeing

Increasing attention is being paid to not just how long people live, but also how well they live.

Physical and mental health and wellbeing are affected by many issues in the environments in which we live, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who do have work, debt and income level, the ability to live independently and autonomously, and freedom from pain and ill health.

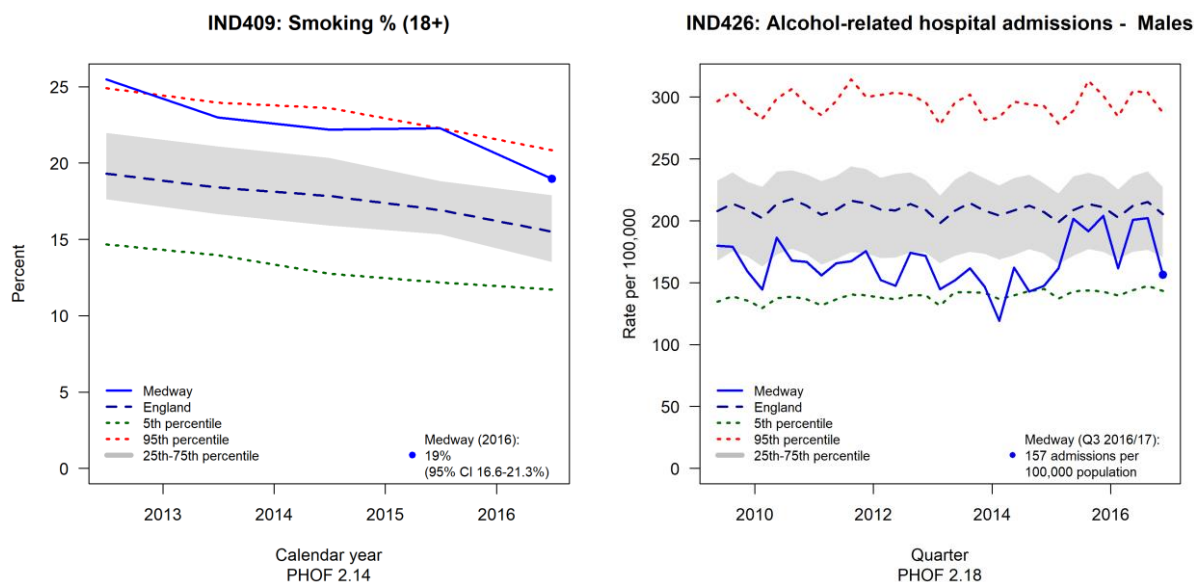
The current JHWS identifies six key risk factors which affect health and wellbeing on which we need to take action:

- tobacco use;
- harmful use of alcohol and drugs;
- physical inactivity;
- poor diet;
- high stress levels and poor mental wellbeing;
- poor sexual health.

Each of these risk factors is an aspect of "lifestyle", a concept that superficially sounds quite simple, yet involves a complex interaction of personal choice and responses to the social and physical environment. People need to make the right choices as they have a

personal responsibility for their own health, and this happens more readily in an environment in which these choices are easy or are the default choices.

Changing behaviour is difficult and behaviours are shaped by context and by competing demands. The evidence indicates that if people are isolated or going through stressful life circumstances they will find it very difficult to make lifestyle changes.



Examples of where Medway is performing well:

- Generally over the last five years Medway has been in the best quartile for alcohol-related hospital admissions (admissions attributable to mortality, including hypertension, etc.)

Examples of where there is opportunity for improvement:

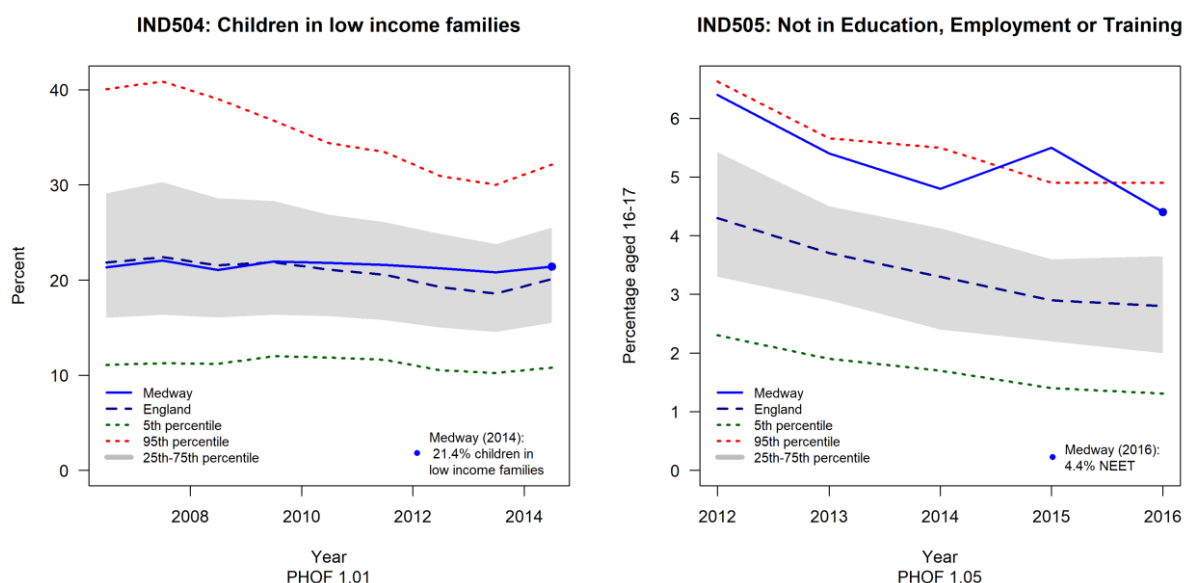
- The rate of smoking in those aged 18+ has been falling, but is consistently in the worst quartile in the country;
- Consistently above the national average for teenage conceptions, one quarter of the time in the worst quartile;
- Slightly above national average for mortality attributable to particulate air pollution, recently rising to the worst quartile;
- Medway's excess under-75 mortality rate in adults with serious mental illness is significantly higher than the national average.

Theme 5: Reduce health inequalities

Rates of death are higher in those who are more disadvantaged, as are emergency hospital admissions and rates of long-term illness. Health outcomes are not only worse in those who are the most disadvantaged; the inequalities follow a gradient and as such the intensity of the response also needs to follow a gradient. This means that health and social care provisions need to be made available to all, with increasing effort needed for those who are increasingly disadvantaged.

In the current JHWS we noted that taking action through tackling the wider determinants of health, lifestyle factors and improved health and social care to reduce health inequalities will result in reduced costs for the health and social care system.

The publication Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010 (Marmot Review) reviewed the evidence on what is effective in tackling health inequalities. This focuses largely on the social determinants of health and is based around six key policy recommendations for the most effective ways to reduce the health inequalities gap. These policy recommendations are woven into the JHWS and are as follows: give every child the best start in life; 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 and strengthen the role and impact of ill health prevention.



Examples of where Medway is performing well to reduce health inequalities:

- Key stage 1 pupils meeting the expected standard in reading, writing and maths;
- Eligible and claiming free school meals: since 2015 the proportion has been falling faster than in England.

Examples of where there is opportunity for improvement:

- Medway has had a high proportion of young people who are not in education, employment or training for many years;
- Having narrowed from 2007 to 2010, the inequality in mortality between the least and most deprived areas of Medway increased from 2012 to 2014 in both men and women.

Linking the JHWS to other strategies

Below is a list of key strategies that relate to the JHWS, either by contributing to delivering on one or more of the key themes or because the JHWS contributes to the strategy itself. Each document has been reviewed and the objectives and priorities, where specified, have been extracted.

Council plan

<http://www.medway.gov.uk/pdf/Council%20Plan%202017-18%20v4.pdf>

- Medway: A place to be proud of
- Maximising regeneration and economic growth
- Supporting Medway's people to realise their potential
 - Healthy and active communities
 - Resilient families
 - Older and disabled people living independently in their homes
 - All children achieving their potential in schools

CCG strategy: strategic objectives

<http://www.medwayccg.nhs.uk/about-us/our-visions-values-strategies-and-plans/strategic-objectives/>

- Prevention: To prevent people becoming ill and to support people to live healthy and well through a systematic approach in primary care that identifies patients at risk and to achieve this by working closely with the Medway Public Health team and community providers.
- Early diagnosis: To ensure that when people do get ill, their condition is diagnosed early to secure better outcomes. This includes helping people to self-diagnose but to also take responsibility to see their GP at the earliest opportunity.
- Better care: Promoting patient responsibility to choose well; accessing the right services at the right time and in the most appropriate place and empowering patients to be better able to self-manage their own conditions.
- Better integration: To secure a seamless transition between providers, where patients need the support or intervention of community care, secondary care, social services or the voluntary sector.
- Better end of life care: Support people to die in a place of their choice with the support they need to allow that to happen.
- Quality and safety: Improve quality to ensure services are safe, efficient and effective
- Value for money: Ensure resources are directed to maximise benefit to make the best use of public money.
- Engagement: Embed meaningful patient and member practice engagement into CCG decision making processes.
- Accountability and transparency: Ensure Medway CCG is truly accountable to its population and has appropriate arrangements in place to discharge its functions effectively, efficiently and economically, in accordance with the statutory framework and best practice principles of good governance and transparency.

STP clinical strategy (in development, not yet published)

Vision:

- Quality of life; quality of care

Key elements of this vision are:

- A holistic view of individuals
- Prevention is at the heart of our approach
- Cared for as people rather than conditions
- Acceptance that people have responsibilities in managing their own health.
- Integrated partnerships and provide joined up care
- Use of evidence based practice and applying best practice guidelines.
- Application of research and technology, effective communication between all parties, equipped and trained workforce
- Help people to help their own wellbeing

Children's Social Care Workforce Development Strategy

<http://www.medway.gov.uk/pdf/1.05a%20Childrens%20Social%20Care%20Workforce%20Development%20Strategy%20UPDATED%20April%202015.pdf>

Workforce Development Objectives:

- Knowledgeable, dedicated professional workforce
- Safeguard children, young people and their families
- Embed effective partnership working
- Strengthen and empower our leadership and management
- Recruit and retain a workforce of proud, competent professionals
- Link all professional development to the Professional Capabilities Framework
- Develop a learning culture that respects, challenges and supports
- Use performance and quality assurance data to measure impact, evaluate and shape the plan

Housing Strategy 2015–18

<http://www.medway.gov.uk/pdf/Housing%20Strategy%202015-18-.pdf>

Four strategic priorities:

- Increase the SUPPLY of suitable and affordable homes
- Improve the QUALITY of homes, environment and people's lives
- Promote SUSTAINABILITY by supporting people within their community
- Improve the FLEXIBILITY of accommodation

DRAFT Homelessness Prevention Strategy 2017–2019

The strategy has identified four priorities:

- Use early interventions to prevent homelessness before the crisis point is reached;
- Provide timely housing information enabling people to make informed housing decisions and plan ahead;

- Ensure fair access to a supply of housing to meet housing needs;
- Ensure access to services to help people with housing support needs to sustain independent living.

Looked After Children Strategy 2015–2018

Our main objectives are:

- Additional and ongoing support for parents/families when children remain living or return to living with them.
- A commitment to young people being kept in the same school to reduce disruption to their education.
- Help young people access social and leisure opportunities and to ensure these are affordable.
- Standard of social workers must improve and they must be motivated and trained to an acceptable standard
- There must be a certain standard that social workers are measured against and young people should be involved in spot checks and appraisals.

The strategy is based on eight objectives:

1. Provide timely and high quality intervention to help children remain with or return to their families, as long as it is safe to do so
2. Provide and commission the right mix of placements
3. Promote timely permanence planning for all children to ensure they have the opportunity of a stable, permanent home and long term relationships in a placement appropriate to their needs
4. Ensure that looked after children and young people achieve their full potential and can access suitable education, employment or training
5. Improve the health and emotional well-being of looked after children and young people and care leavers
6. Aim to keep looked after young people and care leavers safe through the provision of trained, supported and motivated staff who understand and are alert to the potential for exploitation and abuse of young people and who take the right action at the right time
7. Prepare young people for a successful transition to adulthood
8. Ensure that looked after children and care leavers' views and experiences inform current and future service delivery.

Early help strategy (2015)

<http://www.medway.gov.uk/pdf/2.01a%20Early%20Help%20Strategy%20v4%20Feb%202015.pdf>

No priorities or objectives explicitly stated.

Medway Sporting legacy 2017–2020

Priorities/objectives:

- Physical activity, health and wellbeing: using sport and physical activity to tackle health inequalities, social isolation and mental wellbeing
 - a. Health and wellbeing: using sport and physical activity to tackle health inequalities, social isolation and mental wellbeing

- b. Structured sport: identify more opportunities to work with local clubs to increase participation rates and bring new sports to Medway
2. Major events and mass participation: Our priority over the next four years is to ensure the facilities available are on a par with the best training facilities in the country and to further develop mass participation events
3. Children and young people
4. Medway's sports centres
5. Workforce and club and coach development

Children's Services sufficiency strategy

Ensure that the Sufficiency Strategy is consistent with the objectives of the Looked After Children Strategy 2015–18, but also ensure it has a focus on reducing the numbers of children in our care where safe to do so.

Priorities ([Medway Council Children's Services Sufficiency Report 2017](#)):

- Secure high quality and evidence based interventions and care that makes a positive and sustained impact in improving the lives and outcomes for children and young people;
- Secure sufficiency of local provision ensuring the right care and intervention is delivered at the right time, so we get it right first time so to enable effective step down, rehabilitation home and permanency;
- Secure more cost effective sufficiency of local provision to meet core need groups and achieve sustainable cost savings.

Carer's strategy (in development)

In development. Check with John Britt.

Community safety plan

The priorities identified are:

- Strengthening communities
- Supporting Victims and Tackling Offenders of Sexual and Domestic Abuse
- Tackling the Harm Caused by Substance Misuse
- Reducing Re-offending
- Commitment to Safeguarding and Improving Services

Social isolation strategy

[http://www.medway.gov.uk/pdf/A%20strategy%20to%20reduce%20Social%20isolation%20finalab%20doc%20\(with%20updated%20SI%20maps\).pdf](http://www.medway.gov.uk/pdf/A%20strategy%20to%20reduce%20Social%20isolation%20finalab%20doc%20(with%20updated%20SI%20maps).pdf)

Aim and key strategic themes

This strategy has been developed with the overarching aim of preventing and reducing the complex range of harms associated with being socially isolated. In order to achieve this aim, three key strategic themes have been identified:

- Raising awareness
- Action for individuals
- Community Action

For each strategic theme, there are a range of targeted actions, although some actions may span all three. For each theme, there will be an aspiration to work in partnership to ensure there is a joined approach in tackling social isolation.

Medway Sustainable School Travel Strategy 2012 – 2017

http://www.medway.gov.uk/pdf/Medway%20Sustainable%20School%20Travel%20Strategy_2012-17.pdf

Objectives:

- Reduce the levels of car use on the journey to school based on ‘mode of travel’ school census data for children aged 5-10 and 11-15;
- Increase the number of children using all forms of sustainable travel and transport on the journey to school;
- Improve accessibility to schools by walking, cycling and public transport;
- Reduce negative environmental and health impacts of travel.

Local Transport Plan 3 (LTP3) 2011-26

<http://www.medway.gov.uk/parkingandtransport/transportplansandpolicies/localtransportplan.aspx>

http://www.medway.gov.uk/pdf/Local_Transport_Plan_2011-2026.pdf

Medway’s Sustainable Community Strategy [2010-26]

Local development framework

<http://www.medway.gov.uk/planningandbuilding/planningpolicy/localdevelopmentscheme.aspx>

Strategies mapped to themes (illustrative example)

Dahlgren and Whitehead domain Theme	Age, sex, constitutional factors	Individual lifestyle factors	Social and community networks	Living and working conditions, e.g. housing, education, work environment, unemployment, health care services, agriculture and food production	General socio-economic, culture and environmental conditions
Give every child a good start		Infant feeding strategy Active schools travel strategy	Social isolation strategy	Early help strategy Looked after children strategy Children's social care workforce development strategy Emotional wellbeing of children and young people strategy Children's services sufficiency strategy	
Enable our older population to live independently and well			Social isolation strategy Carers strategy	STP: stroke services redesign STP: Medway model Adult social care strategy Housing strategy	Council plan
Prevent early death and increase years of healthy life (primarily health care public health)				STP: stroke services redesign STP: Medway model	
Improve physical and mental health and wellbeing (primarily health promotion)		Sporting legacy strategy	Social isolation strategy	Emotional wellbeing of children and young people strategy	Council plan?
Reduce health inequalities				Early help strategy Looked after children strategy	