

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

21 AUGUST 2018

DRAFT JOINT HEALTH AND WELLBEING STRATEGY

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Summary

This report presents Medway's draft Joint Health and Wellbeing Strategy for 2018 - 2023. The strategy contains a proposed vision and a set of priorities structured around five key themes. The priorities have been chosen after reviewing feedback from community engagement events, evidence from the JSNA and input from health and social care professionals and wider stakeholders, including the voluntary sector.

1. Budget and Policy Framework

- 1.1 The Health and Social Care Act 2012 places a statutory duty on upper tier Local Authorities and NHS Clinical Commissioning Groups (CCGs), to develop a Joint Health and Wellbeing Strategy (JHWS) through the Health and Wellbeing Board. The priorities within a JHWS are derived from a range of sources. The primary source of evidence is generally the area's Joint Strategic Needs Assessment (JSNA). Additional information to assist in the development of JHWS priorities comes from a range of partners and key stakeholders and the specific views of local people. National guidance does not specify how long a JHWS should stay in force. It is up to the Local Authority and CCG to determine the period to be covered by a JHWS.
- 1.2 The JHWS is central to the delivery of the Council Plan and acts as a key link between a number of other Council strategies, as set out in Appendix 1 to the report.

2. Background

- 2.1 The Strategy, set out at Appendix 1 to the report is an update of the previous Strategy and is based around the same five themes:
 - Giving every child a good start;
 - Enable our older population to live independently and well;
 - Prevent early death and increase years of healthy life;

- Improve physical and mental health and well-being; and
- Reduce health inequalities.

2.2 These five themes are still important for Medway and still link well to the current Council Plan.

2.3 Engagement events conducted by Medway Clinical Commissioning Group (CCG) and Medway Council's Public Health team identified a number of issues of importance to Medway residents. Through additional workshops involving Medway Council officers, Medway CCG staff identified further issues. The outcome of engagement with the community and professionals is set out at paragraph 1.3 of Appendix 1 to the report.

3. Advice and analysis

3.1 The five themes of the JHWS are important for Medway and relevant for the Council Plan and other strategies. The draft strategy provides a clear vision for health and wellbeing in Medway. It also demonstrates action that is already being taken by different parts of the system to improve health and wellbeing.

3.2 The proposed priorities aim to focus attention on areas where there is the greatest need for support from the Health and Wellbeing Board (the body through which the council and CCG produce the strategy) in terms of influencing partners and enabling action across the system.

3.3 The priorities are broad and aspirational. Action plans to ensure the delivery of the desired outcomes will be developed in partnership with key stakeholders.

3.4 A diversity impact assessment has been completed and is set out at Appendix 2 to the report. It is anticipated that the Strategy will advance equality as the aim of the strategy is to improve health and wellbeing and to reduce health inequalities.

3.5 The Health and Wellbeing Board reviewed the JHWS on July 3 and made the following comments:

3.5.1 Consideration be given to the inclusion of the following matters within the Strategy:

- Smoking prevention;
- Information and signposts to health and wellbeing services within the criminal justice system and armed forces;
- A reference to the work of White Ribbon Campaign within domestic abuse support services in Medway; and
- A reference to potential changes to the future funding of Public Health services (noting that the draft Strategy extends to 2023).

3.5.2 With regards to the theme "preventing early death and increasing years of healthy life" and the associated priorities set out at paragraph 5.2 of Appendix 1, a request was made by the STP / Kent and Medway NHS and Social Care Partnership Trust (KMPT) Mental Health Programme Director for consideration to be given to prioritising two particularly vulnerable

cohorts. This included individuals with a learning disability and individuals with mental illnesses. It was explained that prioritisation ought to be given to these cohorts because these individuals on average had a significantly lower life expectancy when compared to the general population. In response, the Director of Public Health explained this would typically be addressed when considering health inequalities, nonetheless he undertook to draw this out within the Strategy.

3.5.3 Concerning the theme “improving mental and physical health and wellbeing,” it was requested that consideration be given to including a priority on improving mental wellbeing. Specifically, supporting people with a mostly good mental wellbeing to consciously maintain a good mental health.

3.5.4 Particular support was expressed by the STP / KMPT Mental Health Programme Director for the theme “enabling our older population to live independently and well,” principally the priority to “support work to identify and support those who are socially isolated.” It was explained to the Board that this was because people who were lonely tended to be at greater risk of experiencing cognitive decline and more prone to suffering with depression.

3.5.5 With reference to examples of the experience of local residents, a Member expressed concern that information had not been transferred from hospital Accident and Emergency (A&E) services to General Practitioners (GPs) following treatment of patients. The Elected Clinical Member, NHS Medway Clinical Commissioning Group, recognised that this was an important issue and an experience that she had shared and challenged. She advised the Board that in her experience, GPs had generally received data about attendances to A&E, though often the information was incomplete. The Elected Clinical Member, NHS Medway Clinical Commissioning Group undertook to investigate further.

3.5.6 With reference to the JHWS being a live document, a Member welcomed an opportunity for further information and current data to be accessed through the JHWS if it were to be hosted on an online facility that could support this functionality.

3.5.7 Members stressed the importance of championing the health agenda and creating additionally in wider aspects of Council business. Examples included the work of the Community Safety Partnership (CSP) to reduce the availability of inexpensive alcohol.

3.6 The proposed timescale for the development if the Joint Health and Wellbeing Strategy is set out below:

| Action | Relevant Body | Timeline |
|-----------------------------|--|----------------|
| Consideration of draft JHWS | Health and Wellbeing Board | 3 July 2018 |
| Consideration of draft JHWS | Medway CCG Governing Body | 25 July |
| Consideration of draft JHWS | Health and Adult Social Care Overview and Scrutiny Committee | 21 August 2018 |

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|-------------------------|----------------------------|------------------|
| Final agreement of JHWS | Health and Wellbeing Board | 6 November 2018 |
| Final agreement of JHWS | Cabinet | 20 November 2018 |

4. Risk management

| Risk | Description | Action to avoid or mitigate risk | Risk rating |
|----------------------|--|---|-------------|
| Strategy not adopted | If the priorities within the Strategy are not adopted by all key partners delivery of improved outcomes for the population may not be achieved | Full engagement through the Health and Wellbeing Board and other partnership forums within Medway | D-II |

5. Consultation

- 5.1 Engagement with members of the public about the health and wellbeing needs of different areas of Medway has taken place through a series of community listening events. These events have taken place in six localities across Medway. They formed part of a wider initiative to engage with local people and inform them about future developments taking place in the provision of health and social care services in Medway.

6. Financial implications

- 6.1 Updating the JHWS has no direct resource implications. Funding of delivery actions is contained within relevant organisational budgets. Specific projects will be funded through the submission of business plans using the existing financial governance arrangements.

7. Legal implications

- 7.1 The Health and Social Care Act 2012 places a statutory duty on Medway Council and NHS Medway CCG, through the Health and Wellbeing Board, to publish a Joint Health and Wellbeing Strategy. The period that a JHWS must cover is not defined, however, the current JHWS covers 2012–2017 and a refresh is therefore required.

8. Recommendations

- 8.1 The Health and Adult Social Care Overview and Scrutiny Committee is asked to consider and comment on the draft Joint Health and Wellbeing Strategy and its priorities, as set out in Appendix 1 to the report.

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Appendices

Appendix 1 – DRAFT JHWS refresh for 2018 to 2023
Appendix 2 – Diversity Impact Assessment

Background papers

None