

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
16 OCTOBER 2018**

**MEDWAY HEALTH AND WELLBEING BOARD:
REVIEW OF PROGRESS**

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Summary

All upper tier and unitary authorities in England were required under the Health and Social Care Act 2012 to establish a Health and Wellbeing Board.

The Medway Health and Wellbeing Board brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway.

The purpose of this report is to provide information to the Committee on progress made by the Health and Wellbeing Board since the last updated provided to the Committee in January 2017.

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 (HSCA) set out the requirement for all upper tier and unitary local authorities in England to establish a Health and Wellbeing Board (HWB), which would be established as a committee of the Council.

2. Background

2.1. Purpose of the Health and Wellbeing Board

2.1.1. The Medway HWB brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway.

2.1.2. The general principles underlying the creation of HWBs are:

- Shared strategic leadership and ownership within a local area for the identification of health and wellbeing issues for the population.
- Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities.
- Transparency and openness in the way the HWB carries out its work.

- Engagement with patient, user and public representation on an equal footing.

2.2. Key tasks of the Health and Wellbeing Board

2.2.1. HWBs have a number of statutory functions as laid out in the HSCA. These include:

- Co-ordinating the development of a Joint Strategic Needs Assessment (JSNA) which outlines the health and wellbeing needs of the community.
- Developing a Health and Wellbeing Strategy (HWS) which identifies priorities and sets out a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions.
- Promoting greater integration and partnership, including joint commissioning, integrated provision and pooled budgets.
- To consider Commissioning Plans and ensure they are in line with the Health and Wellbeing Strategy.
- To produce the pharmaceutical needs assessment for their area.
- Any other functions that may be delegated by the council under section 196 (2) of the HSCA 2012, e.g., certain public health functions.

2.3. Membership of the Health and Wellbeing Board

MEDWAY HEALTH AND WELLBEING BOARD	
MEMBERSHIP SEPTEMBER 2018	
Ian Ayres	Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs
Cllr D Brake (Chairman)	Portfolio Holder for Adult Services
Cllr H Doe	Deputy Leader and Portfolio Holder for Housing & Community Services
Ann Domeney	Deputy Director, Children and Adults Services
Ivor Duffy	Director of Assurance and Delivery – NHS England
Cllr G Etheridge	
Cath Foad	Healthwatch Medway
Dr Peter Green (Vice-Chairman)	Clinical Chair, Medway NHS CCG
Cllr A Gulvin	Portfolio Holder for Resources
Cllr V Maple	Leader of the Labour Group
Dr Antonia Moore	Elected Clinical Member, Medway NHS CCG

Ian Sutherland	Director of Children and Adults Services
Councillor M Potter	Portfolio Holder for Educational Attainment and Improvement
Councillor S Tranter	
James Williams	Director of Public Health
Invited Attendees (non-voting)	
Lesley Dwyer	Chief Executive, Medway NHS Foundation Trust
Helen Greatorex	Chief Executive Officer, Kent and Medway NHS and Social Care Partnership Trust
Dr. Mike Parks	Medical Secretary, Kent Local Medical Committee
Martin Riley	Managing Director, Medway Community Healthcare

2.3.1. Representatives from the main NHS service providers were invited to join the Board as non-voting members during 2014. This recognised the importance of having a collective understanding of the whole system challenges and solutions facing Medway.

2.3.2. The terms of reference for the HWB were agreed by the Council on 24 April 2013.

3. Medway's Health and Wellbeing Board: Progress in key areas since January 2017

3.1. Joint Health and Wellbeing Strategy

3.1.1. The Joint Health and Wellbeing strategy was launched in November 2012 and covered the period 2012 to 2017. The strategy was based around five themes:

- 1) Giving every child a good start
- 2) Enabling our older population to live independently and well
- 3) Preventing early death and increase years of healthy life
- 4) Improving physical and mental health and well-being
- 5) Reducing health inequalities

3.1.2. During 2017 and 2018 the Health and Wellbeing Board has reviewed and is refreshing the strategy, maintaining the five themes listed above as they still reflect the needs of the people of Medway.

3.1.3. The HWB received regular reports on performance against a number of health and wellbeing outcomes. The summary of activity below is structured around the five themes of the joint health and wellbeing strategy.

3.2. Theme 1: Giving every child a good start

3.2.1. 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. The Health and Wellbeing Board (HWB) received a number of papers relating to improving the early years of life, as outlined in the following paragraphs.

3.2.2. *Maternal health and pregnancy*: To ensure that every child has a good start we need to ensure that each child begins life by developing in a healthy and safe pregnancy. Two initiatives brought to the HWB for support were the development of the local maternity system covering Kent and Medway, and the Medway maternal smoking strategy.

3.2.3. Development of the local maternity system: The report "Better Births" (NHS England, 2016) recommended that providers and commissioners work together in Local Maternity Systems (LMS) to provide safe and efficient models of maternity care: safer care, joined up across disciplines, reflecting women's choices and offering continuity of care along the pathway. The Better Births report contains 28 recommendations for CCGs, maternity providers, NHS England and a range of other stakeholders. The HWB reviewed the implementation plan and supported its delivery.

3.2.4. The Kent and Medway LMS was established in December 2016. The membership of this group includes representatives from across the system, including commissioners, providers and public health.

3.2.5. The transformation of maternity services, driven by the outcome of the national maternity review, has been based on engagement with patients and key stakeholders on a national level. A significant level of local engagement was undertaken during the preconception care insight gathering work, and the creation of the Maternity Voice Partnership, a representative group of service users and professionals, will provide a formal on-going route for patient engagement.

3.2.6. Medway maternal smoking strategy: Stopping smoking during pregnancy is the single most important change a woman can make to ensure her pregnancy avoids unnecessary complications and improve the probability of her baby being born full-term and healthy.

3.2.7. The national Tobacco Control Plan seeks to reduce maternal smoking in England to 6% or less by 2022. The aim of the Medway Maternal Smoking Strategy group is to reduce smoking at time of delivery (SATOD) prevalence in Medway to 6% or less by March 2022. This is an ambitious target, however, the HWB is encouraged by the rate falling over three consecutive quarters to the lowest rate Medway has seen since records began.

3.2.8. In addition to stating this ambition, the Maternal Smoking Strategy highlights the range of partnership work that needs to take place in order to achieve this ambitious target. The HWB reviewed and endorsed the strategy and

committed to supporting the strategy group over the next four years.

- 3.2.9. *Medway Young Persons' Wellbeing Service*: The Medway Local Transformation Plan (LTP) 2015/16 to 2020/21 sets out the CCG's and Council's shared commitment and priorities towards achieving a brighter future for children and young people's emotional and mental health and wellbeing, regardless of their circumstances. In April 2017, following a competitive tender process, NHS Medway CCG and Medway Council awarded a contract to deliver the Medway Young Persons' Wellbeing Service to NELFT (formerly known as North East London NHS Foundation Trust). The new service encompasses Tier 2 and Tier 3 CAMHS previously provided by Medway Council and Sussex Partnership NHS Foundation Trust (SPFT) respectively, together with young people's substance misuse services and flexible clinical pathways for Mood and Anxiety, Behaviour and Conduct, Learning Disability and Neurodevelopmental, Substance Misuse and Sexual Trauma, Complex and Recovery.
- 3.2.10. In the first phase NELFT implemented the mobilisation plan submitted as part of the tender process, covering operational and strategic partnership engagement, and then began to work on service transformation.
- 3.2.11. A number of areas requiring further focus and enhancement were identified, including 0-25 extended age-range; early intervention and prevention; integrated service model with the Single Point of Access (SPA); service user participation; performance focus on outcomes, rather than volumes; mobile and agile workforces; and suicide prevention.
- 3.2.12. The HWB sought clarification on a number of aspects of service and provided input the guide its further development.
- 3.2.13. *Re-commissioning of Medway Child Health Services*: This was a substantial collaborative piece of work between Medway Council and Medway NHS CCG to secure improvements to the outcomes of children and families, by increasing service efficiency and integration. Medway Council's community child health services includes the 0-19 Healthy Child Programme (HCP), community paediatric health services and children's therapy services.
- 3.2.14. Following the paper to the Health and Wellbeing Board the 0—19 tender was successfully awarded to Medway Community Healthcare (MCH) and since June 2018 MCH has been mobilising the new model of care which integrated the 19 different elements across the community child health sector. The model aims to deliver a more integrated service when there is a single point of access, a single patient record and an ethos that the child and family only has to tell their story once. The transition has been significant and the staff tupe and training process extensive. Partners will have already seen some changes to the model and pathways since June 2018 and there will continue to be developments in the model over the next couple of months prior to the model being fully-operational.
- 3.2.15. Public Health England has commented on how innovative the integration is in Medway and a number of other local authorities nationally have contacted us to discuss the project as they would like to develop a similar model of care for their children and young people.

3.2.16. *Childhood immunisation*: maintaining immunisation rates at levels high enough to prevent outbreaks is extremely important. NHS England Screening and Immunisation Teams have responsibility for commissioning and performance managing childhood immunisation services. Medway Council has a role in oversight of population health, including assurance (independent challenge and scrutiny) of immunisations arrangements and supporting partnership working in this area.

3.2.17. Vaccination rates had fallen in Medway, as they have in other parts of the country, and the HWB sought assurance regarding the action being taken to improve vaccination rates.

3.3. **Theme 2: Enabling our older population to live independently and well**

3.3.1. The HWB considered two important issues regarding older people over the period from January 2017: the Better Care Fund and dementia.

3.3.2. *Better care fund*: The Better Care Fund (BCF) is a joint plan between NHS Medway Clinical Commissioning Group (the CCG), Medway Council with Medway NHS Foundation Trust (MFT), as a key stakeholder. The BCF seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

3.3.3. A number of innovative programmes have been initiated through the Medway BCF in order to reduce the pressure across the health and social care system, including those that address delayed transfer of care; the creation of an integrated discharge team; and Home First, a multiagency response service that supports hospital discharge for people that are medically stable and have reablement potential.

3.3.4. The HWB received and commented on regular reports on the progress of the Better Care Fund.

3.3.5. *Dementia Task Group Report*: The HWB considered the final report of the in-depth Task Group review on 'How far Medway has gone in becoming a Dementia Friendly Community.'

3.3.6. The recommendations aimed to complement the wide variety of work already being undertaken by the Council and partners to implement the Council's Dementia Strategy. The review focussed in particular on how Medway Council and its partners can lead by example to help make Medway a Dementia Friendly Community. This included services that the Council directly controls and those, which while not directly under the control of the Council, it could influence through partnership working.

3.3.7. The HWB reviewed the report and suggested some changes. The members of the Board also committed to encouraging their respective organisations to ensure that they support Medway becoming a Dementia Friendly Community and support implementation of the Task Group's recommendations.

3.4. Theme 3: Preventing early death and increase years of healthy life

3.4.1. This theme largely relates to health care public health. The HWB considered a number of strategic items over the period from January 2017 and other specific items.

3.4.2. *Sustainability and transformation partnership (STP)*: During this period the case for change and the Medway Model of local care were developed, with the HWB receiving reports and contributing input into their development. The HWB also supported the case for the creation of a Joint Kent and Medway Health and Wellbeing Board as an advisory sub-committee of each of the Kent and Medway boards. More recently the HWB considered the proposed reconfiguration of Kent and Medway stroke services and the creation of three Hyper Acute Stroke Units, and supported cabinet in its response to the public consultation.

3.4.3. *Transforming care plan*: Transforming Care is a programme to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. The HWB was asked to oversee joint working and received a number of reports regarding this plan throughout this period. The board reviewed the reports and provided input, offering suggestions of help. For example, the STP/KMPT Mental Health Programme Director drew the Boards attention to an opportunity for the Transforming Care Programme to link to a new programme of work, encompassing prisoners, to identify new care models for adult secure mental health services. An offer was extended to discuss relevant specialist commissioning and adult mental health secure services.

3.4.4. *Primary care*: The HWB received a number of reports from Medway Clinical Commissioning Group (CCG) regarding its primary care development plan (GP Forward View), its operational plan and an update on the work of the commissioning committee. The HWB agreed that the CCG commissioning intentions reflected the local priorities in the Joint Health and Wellbeing Strategy agreed by the Health and Wellbeing Board.

3.4.5. *Strategies, needs assessments and reports*: The HWB received and contributed to a number of strategic documents, including i) a policy to enable care and treatments to be safer and more effective through encouraging smokers to quit; ii) the pharmaceutical needs assessment, which is used by NHS England to inform decisions about the opening of new pharmacies in Medway and changes to pharmaceutical services; iii) the CCG's end of life strategy; and iv) the director of Public Health's annual report.

3.4.6. Theme 4: Improving physical and mental health and well-being

3.4.7. Increasing attention is being paid to not just how long people live, but also how well they live and this theme covers a range of actions that encourage and support people to live healthier lives, for example through smoking cessation or improving the environment.

3.4.8. *Mental health strategy and suicide prevention*: The HWB received and commented on a report on the development of the mental health strategy for Medway, with a view to the completed strategy being brought to the HWB at a

later meeting.

- 3.4.9. The HWB received an update on new funding of £667,978 that had been secured for suicide prevention work across the Kent and Medway STP for 2018/19. This work will build on the suicide prevention strategy and existing programmes delivered by the Public Health team, such as Mental Wellbeing Training and the Men in Sheds programme.
- 3.4.10. There is a national target to reduce the number of suicides in England by 10% by 2020/21. To support local initiatives to reduce suicides, the Department of Health has made additional funding available to local STPs. Kent and Medway STP is one of eight areas nationally to receive funding. Public Health coordinates the Kent and Medway Suicide Prevention Steering Group that supports the work of the Kent and Medway STP, and aims to use the additional funding to reduce suicides by more than the national target.
- 3.4.11. The funding is being used to support projects that were agreed by the multi-agency suicide prevention steering group that supports the NHS in Kent and Medway. The proposed interventions are based on the best evidence available to inform suicide prevention. Board Members noted the new funding and planned STP work programme for suicide prevention.
- 3.4.12. *Community safety partnership (CSP)*: CSPs have a duty to undertake an annual strategic assessment of crime and disorder in their area and formulate and implement a strategy to reduce crime and disorder, combat substance misuse, and reduce re-offending. The HWB receives an annual report from the CSP that demonstrates the linkages between health and wellbeing and community safety, such as: drugs and alcohol; domestic abuse; mental health; tobacco control; health of ex-offenders and their families; troubled families; and hate crime and vulnerable people. The CSP plan has a number of priorities addressing these areas, which the HWB noted.
- 3.4.13. *Wider determinants of health*: the environments in which we live have a large impact on health and wellbeing, and the HWB received two papers that addressed important wider determinants, namely housing and air quality (see below).
- 3.4.14. Housing: In May 2016, following a far reaching and extensive review, the Housing (Demand, Supply and Affordability) Task Group made a number of recommendations to help manage demand and improve the supply and affordability of housing in Medway. The Task group considered three key lines of enquiry and heard evidence from a number of sources and those working in the field. The HWB received a report and action plan summarising progress against each recommendation.
- 3.4.15. There are significant personal well-being issues for residents connected with both the quality and availability of housing; for health care organisations in terms of discharging patients to suitable accommodation; and issues for staff in a number of local organisations being able to access affordable housing.
- 3.4.16. The HWB noted that the provision of good quality housing was important in order to improve health and wellbeing. The availability of appropriate housing could help patients to leave hospital sooner where there was no medical need for them to remain. Housing also needed to be affordable for the key workers

providing services. The organisations represented on the Health and Wellbeing Board noted their role in lobbying and raising awareness to support increasing the amount of appropriate housing in Medway.

- 3.4.17. Air quality: It has been estimated that poor air quality in the UK causes more than 50,000 deaths per year, and probably causes more mortality and morbidity than passive smoking, road traffic accidents or obesity. Particulate air pollution alone in the UK has been estimated to reduce the life expectancy of every person by an average of 7-8 months, with estimated equivalent health costs of up to £20 billion each year. Latest estimates from Public Health England suggest that in Medway there are 125 deaths each year that are attributable to particulate pollution.
- 3.4.18. There are now four air quality management areas across Medway. The Council currently has an air quality action plan in place, which has identified measures to improve the air quality in Medway. The measures in the current air quality action plan encourage people to use public transport, supporting sustainable development and promoting eco-driving and car sharing.

3.5. **Theme 5: Reducing health inequalities**

- 3.5.1. In Medway, and in the rest of England, rates of long-term illness, emergency hospital admissions and death are higher in those who are more disadvantaged. Health outcomes are not only worse in those who are the most disadvantaged; the inequalities follow a gradient and as such 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. The HWB received two papers that relating to initiatives that develop community assets to reduce health inequalities and social isolation.
- 3.5.2. *Developing and Empowering Resources in Communities (DERiC)*: This is an innovative approach to improve outcomes for vulnerable people of all ages by enhancing the quality of support through community-based volunteers. The board heard how it is envisaged that this approach will result in reduced demand on social care and health budgets by utilising social capital to reduce demand for traditional services as well as increase uptake of alternative and new services. The communities chosen to initiate this approach were Walderslade (WALT) and the Hoo Peninsula (wHoo Cares).
- 3.5.3. In the first year WALT trained 25 and wHoo Cares 29 volunteers and this active volunteer pool continues to grow. Combined, both CICs had provided individuals with over 2,500 hours of support in the first 16 months. Requests for CIC support are received via referrals from Social Care, health services including care navigators, physiotherapist, MCH, friends and family and self-referrals.
- 3.5.4. The HWB noted the progress in Walderslade (WALT) and Hoo Peninsula (wHoo Cares) and requested that details of how cost and benefit calculations are carried out in relation to DERiC programmes be provided to the Board.
- 3.5.5. *Medway time credits*: Medway Time Credits is designed to tackle social isolation through encouraging volunteering and participation. Medway NHS Clinical Commissioning Group (CCG) is piloting this approach as part of

Involving Medway – a project to improve community engagement in health. Medway Time Credits was launched in May 2017.

- 3.5.6. Over 20 groups and service providers had been trained in how they could trade in time credits and how time credits could be used to incentivise new volunteers and expand existing provision. Ten groups were now active and trading within Medway with 93 volunteers currently registered as time credit members. Over one third of this cohort was new to volunteering. The pilot deliberately focused on a small area in order to develop the service model.
- 3.5.7. Time Credits were seen as being complementary to the DERiC initiatives taking place in Walderslade and on the Hoo Peninsula (see above).
- 3.5.8. The HWB noted the findings from the Time Credits approach nationally and the initial indications from the Involving Medway project. As a next step to piloting Medway Time Credits, the HWB supported the exploration of spend opportunities from within Council resources, subject to these being cost-neutral to the Council. The HWB also agreed that Medway Time Credits should be further explored as a joint initiative between the Council, on a cost-neutral basis, and Medway CCG.

4. Risk management

Risk	Description	Action to avoid or mitigate risk
Lack of progress in improving health outcomes	Effective action not taken by partners to implement Joint Health and Wellbeing Strategy	Commissioning plans reviewed by HWB. Review of outcome indicators

5. Financial and legal implications

- 5.1 There are no direct financial or legal implications of this report

6. Recommendations

- 6.1 The Committee is asked to note and comment on the information provided in this report.

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Appendices

None.

Background papers

[Draft Joint Health and Wellbeing Strategy for Medway 2018-2023](#), Medway Clinical Commissioning Group, NHS Commissioning Board and Medway Council, 2012.

Review of Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy Indicators for Commissioning Cycle 2017-2018, report to Medway Health and Wellbeing Board, November 2016