

Joint health and Wellbeing Strategy 2018-2023

1. Introduction

This strategy provides a high-level framework for improving health and wellbeing in Medway. The strategy is based on five themes and will be used to inform commissioning across the health and care system.

There are many factors that influence health and wellbeing, as shown in Figure 1. This strategy aims to enable action on a number of these factors and has been created by reviewing the latest evidence and listening to the views of residents and professionals in Medway. This strategy also comes at a time of change and opportunity.

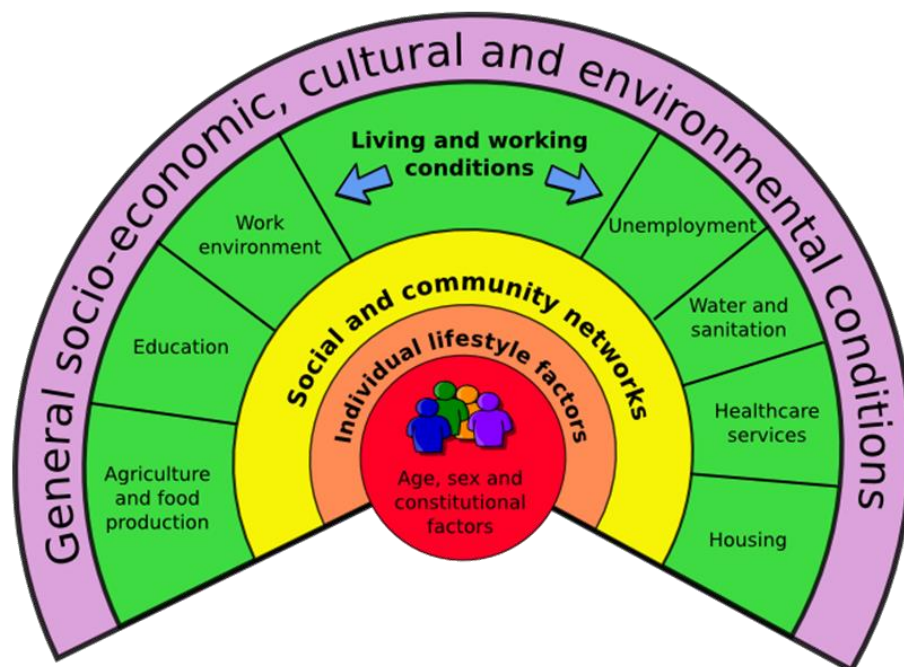


Figure 1 Source: Dahlgren and Whitehead, 1991

1.1 Our great opportunity: the strategic context

This health and wellbeing strategy comes at a time of great opportunity, with three important long-term strategic initiatives helping to shape the future of health and wellbeing in Medway.

The first is the Medway Council Plan (2016/17 to 2020/21), which has three priorities that each contribute to promoting health and wellbeing in Medway in different ways:

- **Making Medway a place to be proud of:** improving environmental conditions, raising self-esteem and improving mental and physical health

- **Maximising regeneration and economic growth:** improving the socio-economic conditions in Medway, recognising that employment is an important factor in health and wellbeing
- **Supporting Medway's people to realise their potential:** improving education, preventing ill-health and providing health and social care services

Next, the NHS, social care and public health in Kent and Medway are working together to develop a sustainability and transformation partnership (STP) that will radically transform the health and wellbeing of people in Kent and Medway, the quality of the care they receive, and the sustainability of the system. Important elements of this include redesigning stroke services, changing how urgent care works and developing the Medway model of local care.

Finally, Medway Council's Local Plan, which sets the development vision from now until 2035, is currently undergoing consultation. The objectives of the Local Plan include promoting health and wellbeing, improving access to services, and providing enhanced opportunities for residents. The plan aims to do this by using planning to promote healthy lifestyle choices, improve access to healthcare and services, establish Medway as a dementia friendly place, and encourage new development to promote opportunities to improve health.

While at an advanced stage, the STP and Local Plan are both still being developed and so this Joint Health and Wellbeing Strategy is both shaped by and will influence these strategic initiatives.

1.2 Engagement with the community and professionals

This strategy has also been influenced by the views of local residents and professionals in Medway. Medway Clinical Commissioning Group and the Public Health team undertook a series of engagement events with members of the public to inform the development of the local care model (part of the sustainability and transformation partnership). Representatives from Medway Clinical Commissioning Group and Medway Council also met to review progress over the period of the previous Joint Health and Wellbeing Strategy and identify key issues for the current strategy.

A number of themes resulted from the engagement events and review of progress. These included:

- Social isolation
- Social prescribing
- Housing and environment
- The importance of "purpose" in health and wellbeing
- Concern about there being too many hot-food takeaways and off-licences
- Personal responsibility for self and others
- The role that families and communities can play in health and wellbeing
- Importance of mental health
- Difficulty finding out about the existence of activities and services
- Transport and isolation on the Hoo Peninsula
- The response should match the need, e.g. in areas with more smokers, more smoking cessation effort is needed; in areas with more older people, there will be greater need for falls services
- The importance of quality, and variation in quality, across Medway
- How developing Medway's city status includes improving health and wellbeing

1.3 Evidence from the JSNA

This strategy is also built upon the evidence presented in the Joint Strategic Needs Assessment (JSNA) www.medwayjsna.info

2. Vision

The lives of all people in Medway ‘will be as full, meaningful and healthy as possible’

We will achieve this through making Medway a place where people are enabled and encouraged to look after themselves and others, services are accessible and delivered equally well across the area.

This vision will be delivered by focussing on five key themes.

3. Theme 1: Giving 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 success of Medway and the health and wellbeing of people in Medway. For some aspects of child health and wellbeing Medway is doing well, such as 5-year-olds achieving a good level of development and hospital admissions for dental caries (0-4 years), and we must 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.

3.1 Examples of what we’re doing already

- **Early help strategy:** The aim of Early Help in Medway is to ensure that children and families that need extra help have one lead person who they can tell their story to so they don’t have to keep telling different people. A lead person will carry out a family assessment to develop a plan of action and interventions needed to meet the aims of the family.
- **Looked-after children strategy:**
 - 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.
- **Safe-guarding children strategy:** Reduce the number of children in need of responsive safeguarding through the provision of effective, appropriate help and support at an earlier stage in their lives, at the earliest opportunity and with the best possible professional response. Ensure that partner agency responses are focused on supporting children and

their families to overcome challenges by working together to address all identified needs and preventing further escalation of concern. There are three priorities:

- Develop the effectiveness of the Medway Safeguarding Children Board.
- Ensure that the principles of Early Help, the Multi Agency Safeguarding Hub (MASH) and thresholds are understood and embedded across partners
- Support a local recruitment strategy to help ensure there is an effective workforce for safeguarding children in Medway
- **Emotional wellbeing of children and young people strategy:** This has a focus on:
 - how services can be made and delivered locally
 - how services and agencies can work together to make best use of the resources available
 - early intervention and support for all services
 - supporting recovery between the young person and their family
- **Children's services sufficiency strategy:**
 - 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.
- **Child death overview panel:** The Local Safeguarding Children Board is responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a Child death overview panel. This is to ensure that bereaved families are supported in their grief, that other siblings and the wider public are protected from similar circumstances, and that reasons for the death are investigated.
- **Infant feeding strategy:** Produced by a multi-partner group consisting of Medway Council, Medway Clinical Commissioning Group, Medway NHS Foundation Trust, Medway Community Healthcare CiC and two voluntary sector organisations. The objectives of the strategy are to improve maternal and child health through increased initiation and continuation of breastfeeding rates, provide ongoing support and encouragement for those women who chose to breastfeed, and enable and support families to provide optimum nutrition for all infants and young children.
- **Active schools travel strategy:** Improving accessibility to schools by walking, cycling and public transport and reducing negative environmental and health impacts of travel
- **Healthy weight network:** a network of partner organisations working together to reduce overweight and obesity
- **Special educational needs and disabilities strategy**
- **Self-harm strategy:** A strategy to tackle self-harm is being developed
- **0-19 healthy child programme:** an integrated programme of services for children
- **Maternal smoking strategy:**
 - Training all staff involved in the maternal pathway to "make every contact count", raising the subject of smoking and support quit attempts
 - Providing a range of support services to pregnant women and their immediate family to quit, offering community appointments and home visits
 - Providing a highly visible and impactful awareness campaign raising the awareness of the dangers of smoking during pregnancy and where to access specialist support to quit
 - Embedding specific maternal smoking KPIs within commissioned contracts, to ensure all organisations prioritise this agenda

3.2 Priorities

- Reduce childhood obesity
- Reduce smoking in pregnancy
- Ensure that childhood vaccination rates are high enough to provide herd immunity
- Improve the emotional well-being of looked after children

3.3 Key facts

- 16.4% of pregnant women were smoking through their pregnancy (Q3, 2017/18)
- 2.17% term babies with low birth weight (61 babies) (2016)
- 71.2% started breastfeeding (out of 844 maternities) (Q3 2017/2018)
- 44.2% babies totally or partially breastfed at 6-8 weeks (Q1 2017/18)
- 12.0% of children in reception year are overweight (2016/17)
- 10.3% of children in reception year are obese (2016/17)
- 14.5% of children in year 6 are overweight (2016/17)
- 21.1% of children in year 6 are obese (2016/17)
- 84.8% of children aged 5 years had had their second MMR vaccination (Q2 2017/2018)
- 74.0% five-year olds have achieved a good level of development (2016/17)
- 575 admissions emergency admissions in children aged 0-14 (107.5 per 10,000) (2016/17)

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

Over the next five years the number of people aged over 65 years will increase by over four thousand (10%) and the number aged over 85 years will increase by 900 (18%). Increasing numbers of older people mean that there will be increasing numbers of people developing chronic conditions who become intensive users of services (assuming age-specific rates remain constant). This ageing of the population is likely to result in a substantial increase in costs to the health and social care system. Therefore, primary and secondary prevention of conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease (see next theme), combined with improved care for people with conditions such as dementia, 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. While not limited to older people, addressing social isolation is one important aspect of improving health and wellbeing and the findings of the council's Social Isolation Task Group will help to guide this.

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 combines support, care and housing provision. Carers play an essential role in supporting older people and their role will become increasingly important as the older population increases.

4.1 Examples of what we're already doing

- **Stroke services re-design:** A proposal to establish hyper-acute stroke units operating 24-hours-a-day, 7-days-a-week, to care for all stroke patients across Kent and Medway.
- **Local care:** reorganisation of health and social care provided outside of a main hospital, at home, in a clinic, GP surgery or in a community hospital:
 - preventing ill health by helping people to stay well
 - delivering excellent care, closer to home, by connecting the care from the NHS, social care, community and voluntary organisations

- giving local people to right support to look after themselves when diagnosed with a condition
- intervening earlier, before people need to go to hospital
- **Adult social care strategy:**
 - Prevention and early intervention, actively promoting wellbeing and independence
 - Partnerships with people who receive care, carers, groups representing people with specific needs, the health sector, and the community and voluntary sector
 - Personalisation to promote independence, choice and control
 - Innovation to transform care
 - Safeguarding, including ensuring that people who are vulnerable get appropriate protection and enables them to live independently and make their own choices
 - Integration, connecting people to other public services, especially health care, but also to housing, welfare benefits, leisure and recreation, education providers and other organisations which support people to remain in their own home and play an active part in their community.
- **Adult Accommodation strategy**
- **Social isolation strategy:**
 - Raising awareness
 - Action for individuals
 - Community Action
- **Carers strategy:** a new strategy for carers is being developed
- **Three conversations model:** taking an asset-based approach to hold conversations based on the level of need:
 - Conversation 1: helping people to connect to things that will help them get on with their lives
 - Conversation 2: helping people who at risk to be safe and regain control
 - Conversation 3: helping people to use their resources to support their chosen life
- **Dementia action plan**

4.2 Priorities

- Support work to identify and support those who are socially-isolated
- Support work to develop local care and ensure co-ordination with adult social care
- Support the development of the new strategy for carers and the delivery of its actions

4.3 Key facts

- 236 residents supported (545.8 admissions per 100,000) (2016/17)
- 345 discharged into reablement or rehabilitation services (6.1% of older people (aged 65 and over) offered rehabilitation following discharge from acute or community hospital) (2016/17)
- 261 who received reablement or rehabilitation services at home after 91 days post-discharge from hospital (75.7%) (2016/17)
- 735 falls admissions (1837 per 100,000) (2016/17)
- 244 admissions for fractured neck of femur (613.7 per 100,000) (2016/17)
- 56.7% of people with dementia have been diagnosed (January 2018)

5. Theme 3: Preventing early death and increasing years of healthy life

This theme focuses 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.

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 action and improved health care have led to dramatic reductions in the number of deaths from these causes. 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.

Approximately 2,000 Medway residents die each year, with mortality rates significantly higher in males than in females. There is considerable variation in mortality rate by area (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 last five years, from 5.1 years to 7.4 years. This is due to life expectancy increasing by 2.6 years in Cuxton and Halling, 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.

5.1 Examples of what we're already doing

- **Cancer steering group action plan:** a multi-agency group that co-ordinates activities of Public Health England, NHS England, Medway CCG, Public Health, MacMillan and other partners
- **Screening programmes and action plans:** e.g. screening for breast cancer (offered to women aged 50 to 70); bowel cancer (offered to people aged 55 or over); NHS Health checks (offered to people aged 45—74)
- **Quality, safety and safeguarding report:** a regular performance report to the CCG governing body
- **Immunisation board action plan:** provides local leadership and oversight and strengthen partnership working to improve uptake of vaccinations
- **End of life strategy:** ensuring that everyone approaching their end of life receives consistent and high quality care
- **Urgent care strategy:** includes the development of an urgent care centre at Medway Maritime hospital
- **Right care:** an NHS England programme that identifies opportunities for savings and quality improvements, comparing each Clinical Commissioning Group (CCG) with the best

five of a fixed set of 10 similar CCGs chosen using equally-weighted demographic and deprivation indicators.

5.2 Priorities

- Determine the drivers behind Medway's consistently high cancer mortality rates
- Promote cancer screening, including supporting the Time to Test campaign
- Support action being taken to reduce variation in quality of primary care across Medway

5.3 Key facts

- 158.4 deaths from cancer per 100,000 (2014—16)
- 79.2 deaths from circulatory disease per 100,000 (2014—16)
- 39.1 deaths from respiratory disease per 100,000 (2014—16)
- 15,408 adults with diagnosed diabetes (6.9%) (2014/15)
- 76.7% of eligible women screened for breast cancer (previous 3 years to March 2017)
- 73.9% of eligible women screened for cervical cancer (previous 3½ or 5½ years (according to age) to March 2017)
- 58.9% of adults with a long-term condition reported sufficient support (2017)

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

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

Mental and physical health and wellbeing are affected by many issues, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who are in work, debt and income level, the ability to live independently and autonomously, and freedom from pain and ill-health. (see Figure 1 above.)

In addition to the wider determinants of health and wellbeing above, the Joint Strategic Needs Assessment identifies key individual-level risk factors that affect health and wellbeing on which we need to take action:

- tobacco use, both preventing people from starting smoking and helping people to stop smoking;
- 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", the 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 experiences and where we live. People who are isolated or going through stressful life circumstances find it very difficult to make lifestyle changes.

Improving mental and physical health and wellbeing therefore involves broader changes to the wider determinants that influence us all and specific changes for those with particular needs.

6.1 Examples of what we're already doing

- **Adult mental health strategy:** a strategy for Medway is being developed
- **Community safety partnership:** a multi-agency partnership to develop and implement strategies to protect communities of Medway from a range of issues including anti-social behaviour, drug or alcohol abuse and re-offending. Medway Council has achieved the White Ribbon award.
- **Medway domestic abuse sub-group:** a multi-agency group with a live plan that evolves to meet the changing needs of children and adults at risk of or exposed to domestic abuse
- **Suicide prevention plan:** delivered by Kent and Medway suicide prevention steering group and aims to reduce suicides.
- **Drug-related death panel:** meets on a quarterly basis, to undertake a detailed review of each death and identify actions that can be taken by partners to reduce further similar incidents
- **Licensing policy guidance:** includes public health information throughout the policy for information and guidance.

- **Smoking cessation services:** providing free smoking cessation support to Medway residents, offering one-to-one session with highly trained advisers and drop-in sessions throughout Medway.
- **Physical activity and healthy weight services:** providing free activities such as health walks, cycling groups, and advice and support to develop a healthier lifestyle
- **Sexual health services:** providing free contraception and sexual health screens across Medway and with some services available online.
- **Dementia task group review:** a review of progress to Medway being recognised as a Dementia Friendly Community
- **Cycling action plan:** The vision of the cycling action plan is that cycling and walking should become the natural choices for shorter journeys in Medway—or as part of a longer journey—regardless of age, gender, fitness level or income.
- **Involving Medway:** a partnership between seven community organisations working together to encourage people to get involved with and help make decisions about health provision in Medway
- **Kent and Medway Air Quality Partnership:** Medway Council is part of the Kent and Medway Air Quality Partnership, which aims to deliver a consistent approach to tackling air pollution across the County, sharing knowledge and information with various agencies

6.2 Priorities

- Support actions to make Medway a Dementia Friendly Community
- Influence the shaping of the environment in Medway to make healthy choices the easy choices
- Encourage initiatives to improve self-management of long-term conditions
- Support people with mostly good mental wellbeing to consciously maintain a good mental health
- Support the implementation of the suicide prevention plan
- Support work to reduce domestic abuse
- Reduce drug-related deaths

6.3 Key facts

- 17.2% of Medway residents used outdoor spaces (Mar 2015 - Feb 2016)
- 65.8% of adults meet recommendations for physical activity (150+ moderate intensity equivalent minutes per week) (2016/17)
- 17 (39.53%) new diagnoses of HIV were late
- 22.3 conceptions per 1,000 females aged 15—17 years (2016 Q2)
- 5.5% of deaths attributable to air pollution (2015)
- 157 alcohol-related hospital admissions in men per 100,000 population (Q3 2016/17)
- 71 alcohol-related hospital admissions per in women 100,000 population (Q3 2016/17)
- 19% of adults were smoking (2016)
- 34.2% of routine and manual workers were smoking (2016)

7. Theme 5: Reducing health inequalities

In Medway 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. For example, individuals with a learning disability and individuals with mental illnesses have, on average, a significantly lower life expectancy compared to the general population. Other

groups include those in the criminal justice system and armed forces. For these groups national strategies and policies apply, and the local public health team works with these groups and national teams where appropriate.

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. Some interventions will have a rapid effect, while others will take longer to affect health inequalities.

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.

7.1 What we're already doing

- **Medway council overview and scrutiny committee task group review of health inequalities:** an in-depth review of health inequalities in Medway with recommendations for the council and partners
- **Medway CCG commissioning strategy:** has a strategic goal to reduce health inequalities and a report on levels of ambition to reduce health inequalities.

7.2 Priorities

- Monitor the variation in key outcomes across Medway, including school readiness
- Influence the delivery of services to reduce variation across Medway
- Reduce variation in healthy life expectancy
- Support early help to families

7.3 Key facts

- 21.4% children live in low income families (2014)
- 4.4% of 16-17 year olds not in education, employment or training (2016)