

CABINET

20 NOVEMBER 2018

JOINT HEALTH AND WELLBEING STRATEGY

Portfolio Holder: Councillor David Brake, Adults' Services
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Summary

This report presents the final version of Medway's Joint Health and Wellbeing Strategy (JHWS) for 2018–2023. The JHWS 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 Joint Strategic Needs Assessment (JSNA) and input from health and social care professionals and wider stakeholders including the voluntary sector.

The draft Strategy was reviewed and commented on by the Health and Wellbeing Board at the meeting of 3 July, Medway CCG Governing Body on 25 July, the Health and Adult Social Care Overview and Scrutiny Committee on 21 August 2018 and the Health and Wellbeing Board again on 6 November 2018, and has been updated based on feedback received from these meetings.

1. Budget and Policy Framework

- 1.1 The Health and Social Care Act 2012 places a statutory duty on Local Authorities and NHS Clinical Commissioning Groups (CCGs), to develop a Joint Health and Wellbeing Strategy (JHWS). 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 A to the report.

2. Background

2.1 The Strategy, set out at Appendix A 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 1.2 of Appendix A to the report.

2.4 The draft Strategy was reviewed and commented on by the Health and Wellbeing Board at its meeting on 3 July, Medway CCG Governing Body on 25 July, the Health and Adult Social Care Overview and Scrutiny Committee on 21 August 2018, and the Health and Wellbeing Board again on 6 November 2018 and has been updated based on feedback received in the meetings. The minutes of the Health and Wellbeing Board and Health and Adult Social Care Overview and Scrutiny Committee are set out in sections 4, 5 and 6 of the report respectively. The CCG approved the draft JHWS and did not require any changes.

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 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 priorities aim to focus attention on areas where there is the greatest need for support from the Health and Wellbeing Board 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 B 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 proposed timescale for the approval of the final Joint Health and Wellbeing Strategy is set out below:

Action	Relevant Body	Timeline
Final agreement of JHWS	Health and Wellbeing Board	6 November 2018
Final agreement of JHWS	Cabinet	20 November 2018

4. Health and Wellbeing Board – 3 July 2018

- 4.1 The draft JHWS was considered by the Health and Wellbeing Board on 3 July 2018. The minutes from the Health and Wellbeing Board are set out below. Where the final JHWS has been updated in light of the feedback received, the relevant page number of Appendix A of the report is highlighted and any additional information is highlighted in **bold**.
- 4.2 The Director of Public Health introduced Mr Wiltshire, a local resident and service user who gave an account of his experience using healthcare services in Medway. The Board was advised that Mr Wiltshire’s testimony linked to a range of key themes within the draft Joint Health and Wellbeing Strategy (JHWS), set out at Appendix A of the report.
- 4.3 Mr Wiltshire drew particular attention to the stop smoking service. He explained that the service had given him the tools and support to stop smoking and he expressed his thanks to the Public Health team and the clinical professionals involved.
- 4.4 It was explained to the Board that the previous Health and Wellbeing Strategy (2010-2015) had been reviewed in light of the Joint Strategic Needs Assessment (JSNA) and additional evidence obtained from partners, key stakeholders and local people during a series of engagement events. As a result of this process, it was considered that the themes within the previous Strategy remained important and relevant. The themes of the draft JHWS were:
1. giving every child a good start;
 2. enable our older population to live independently and well;
 3. prevent early death and increase years of life;
 4. improve mental physical health and wellbeing; and
 5. reduce Health inequalities.
- 4.5 It was added that three strategic initiatives had also shaped the draft Strategy. These included the Local Plan, the Council Plan and the Kent and Medway Sustainability and Transformation Partnership (STP). The Board was advised that in turn the Strategy would influence these strategic initiatives.
- 4.6 Drawing reference to the Council Plan priority “maximising regeneration and economic growth”, which recognised that employment was an important factor in health and wellbeing, a Member asked a question about employment in Medway. The Board was advised that a Skills Board (Members and Officers

Board) had been established which focussed on skills development and access to universities, colleges and training providers. It was also noted that a Skills Plan for Medway had been drafted which encouraged organisations to establish businesses in the Medway area. The Director of Public Health undertook to provide the Board with further information on the Skills Board.

- 4.7 A Member commented that the draft JHWS signified an opportunity to match available resources to Medway's needs and stated that he would welcome aligning the Council Plan Key Performance Indicators (KPIs) with the JHWS when the Council Plan was next refreshed.
- 4.8 Clarification was sought on the content of and completion date for the Carers Strategy referenced within the draft JHWS. The Board was advised that the Partnership Commissioning team were leading on this area of work and the Consultant in Public Health undertook to update the Member on progress.
- 4.9 With reference to the Local Plan, it was recognised that the design of cities helped shape the health of the population, for example changing parking standards might influence a shift towards healthier modes of transport such as walking or cycling. The Board was advised that the draft Strategy had taken account of the emerging Local Plan and had influenced its development with the inclusion of objectives related to health and wellbeing. The Director of Public Health also advised the Board that a member of the Public Health team was embedded within the Planning Policy team.
- 4.10 The JHWS was described as a "live" document and it was reiterated that the JHWS was both shaped by and would influence other plans and strategies in an iterative manner.
- 4.11 A Member requested that consideration be given to the inclusion of the following matters within the Strategy:
- smoking prevention; **[added p5]**
 - information and signposts to health and wellbeing services within the criminal justice system and armed forces; **[added p11]**
 - a reference to the work of White Ribbon Campaign within domestic abuse support services in Medway; **[added p9]** and
 - a reference to potential changes to the future funding of Public Health services (noting that the draft Strategy extends to 2023) **[The JHWS outlines the priorities for the whole system, of which funding for Public Health is one part. As this is a high-level document it was considered appropriate not to discuss funding of the whole system].**
- 4.12 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 A, 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 **[added p10]**.

- 4.13 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 **[added p10]**.
- 4.14 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.
- 4.15 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.
- 4.16 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 **[The Joint Strategic Needs Assessment (JSNA) informs the JHWS. The JSNA is a live document that can be found at <http://medwayjsna.info/>]**.
- 4.17 Members stressed the importance of championing the health agenda in wider aspects of Council business. Examples included the work of the Community Safety Partnership (CSP) to reduce the availability of inexpensive alcohol.
- 4.18 The Health and Wellbeing Board thanked Mr Wilshire for his account and:
a) considered and commented on the draft Joint Health and Wellbeing Strategy and its priorities as set out in Appendix A to the report; and
b) agreed that consideration of the final Joint Health and Wellbeing Strategy be scheduled on the Board’s work programme for 6 November 2018.

5. Health and Adult Social Care Overview and Scrutiny Committee – 21 August 2018

- 5.1 The draft JHWS was considered by the Health and Adult Social Care Overview and Scrutiny Committee on 21 August 2018. The minutes from the

Committee are set out below. Where the final JHWS has been updated in light of the feedback received, the relevant page number of Appendix A of the report is highlighted in **bold**.

- 5.2 The draft Medway Health and Wellbeing Strategy covered the period 2018-23 with each Health and Wellbeing Board having a statutory duty to produce a Strategy. The draft had been presented to the Board and to the CCG Governing Body in July 2018 for comment. It had been agreed that the new Strategy would be based upon a refresh of the previous 2012-17 Strategy. The five main themes of the Strategy were Giving every child a good start; Enabling our older population to live independently and well; Preventing early death and increasing years of healthy life; Improving mental and physical health and wellbeing and; Reducing health inequalities. The key strategic drivers of the Strategy included the Council Plan, the Kent and Medway Sustainability and Transformation Plan and the new Local Plan. Collectively, these documents created an opportunity to shape Medway to improve the health and wellbeing of residents.
- 5.3 The 2012-17 Strategy had not contained an explicitly stated vision. Based upon feedback from engagement events and discussion between the Council and CCG, the following vision was proposed for the new Strategy – *‘That lives of all people in Medway will be as full, healthy and meaningful as possible and that we will achieve this through making Medway a place people are enabled and encouraged to look after themselves and others and where services are accessible and delivered equally well across the area.’*
- 5.4 The vision aimed to capture that individuals are responsible for their own health and wellbeing but that this does not happen in isolation and that there is a need to create an environment that enables people to make healthy choices. The draft Strategy proposed a small number of priorities which would focus on the areas for which there was the greatest need for support from the Health and Wellbeing Board. The draft would be updated to reflect feedback received so far and was due to be presented to the Health and Wellbeing Board in November.
- 5.5 In response to a Member question it was confirmed that social isolation would be an area of priority focus and that the findings of the Social Isolation Task Group would be factored in accordingly **[added p5]**.
- 5.6 A Committee Member felt that the priorities of the Strategy should be more ambitious and aspirational and that there should be measurable targets associated with the priorities, which should clearly acknowledge the need to reduce health inequalities. In response, the Public Health Consultant advised that the current focus was ensuring that the correct priorities were identified and that targets would be set after this.
- 5.7 The Committee considered and commented on the draft Joint Health and Wellbeing Strategy and its priorities, as set out in Appendix 1 to the report.

6. Health and Wellbeing Board – 6 November 2018

6.1 The latest draft JHWS was further considered by the Health and Wellbeing Board on 6 November 2018. The minutes from the Board are set out below. Where the final JHWS has been updated in light of the feedback received, the relevant page number of Appendix A of the report is highlighted in **bold**. The first draft of the Joint Health and Wellbeing Strategy (JHWS) had been presented to the Board in July. It had subsequently been considered by Medway NHS Clinical Commissioning Group's (CCG) Governing Body and by the Health and Adult Social Care Overview and Scrutiny Committee and had been updated based upon the feedback received. The Strategy was due to be presented to Cabinet on 20 November for final approval. The revised JHWS was a refresh of the previous Strategy and was based on the same five themes.

6.2 A number of questions were raised by the Board as follows:

6.2.1 **Flash glucose monitoring** – It was questioned whether consideration had been given to the provision in Medway of flash glucose monitoring for people with diabetes on the basis that it could be safer and more cost effective than the current system. The Director of Public Health advised that such services were commissioned by the CCG. There was not currently clear guidance from the National Institute of Care Excellence (NICE) about the efficacy of such devices. The Chief Operating Officer of Medway CCG said that there was insufficient evidence available to demonstrate that the provision of flash glucose monitoring would be cost effective but that the decision not to provide it in Medway would be reviewed when new evidence became available. Nationally, 70% of CCGs had agreed to provide funding with 30% having not done so.

6.2.2 **Establishment of Hyper Acute Stroke Units** - A Member said that while he supported the principle of establishing Hyper Acute Stroke Units (HASUs) he was strongly opposed to the preferred three site option identified as it would not include the provision of a HASU in Medway, which he considered would make stroke treatment worse for the local population. Concerns were raised in relation to the wording paragraph of 4.1 of the draft Strategy. After discussion, it was agreed that “A proposal to establish hyper-acute stroke units...” should be changed to “Aim to establish hyper-acute stroke units”. **[Amended, page 6]**

6.2.3 **The role of older people** - A Member felt that older people were not encouraged to play an active role in society and that work was needed to address this. The Director of Public Health said that consideration could be given to providing training and engagement for older people who wished to volunteer, through the Medway Champions programme. **[Added, page 5]**

6.2.4 **Other suggested additions to draft Strategy** – It was suggested that the Strategy should reference the Council's Cumulative Impact licensing policy **[added, page 10]** and also that Medway was seeking to be reaccredited for the White Ribbon programme. **[Added, page 9]**

6.2.5 **Children’s health and sport** – A Member asked how well integrated work was between Public Health and the Medway sport team in view of the fact that 23.4% of reception year pupils in Medway were classed as overweight and obese. The Director of Public Health advised that work was fully integrated. Examples of joint working included the recent hosting of a multi-agency weight management summit, promotion of the “Daily Mile” and other initiatives. It was noted that the Year 6 overweight and obese figure for Medway was lower than the England average. It was agreed that information would be included in the Strategy about the work undertaken by the sport team in relation to child health. **[Added, page 4]**

6.2.6 **Mental Health Considerations** – A Board Member expressed concern regarding there being no acute mental health provision in Medway, while another Member said that there was a need for services to be available to help people improve their mental health, in addition to the range of services already available to help people stay physically fit.

6.3 The Board approved the final Joint Health and Wellbeing Strategy for presentation to Cabinet, subject to the amendments agreed above.

7. 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

8. Consultation

8.1 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.

9. Financial implications

9.1 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.

10. Legal implications

- 10.1 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.

11. Recommendations

- 11.1 The Cabinet is asked to consider the comments and recommendations of the Health and Wellbeing Board and the Health and Adult Social Care Overview and Scrutiny Committee as set out in sections 4, 5 and 6 of the report.
- 11.2 The Cabinet is asked to approve the final Joint Health and Wellbeing Strategy 2018-2023, as set out in Appendix A to the report.

12. Suggested reasons for decision

- 12.1 The strategy sets out the health and wellbeing issues for the community based on evidence from the Medway Joint Strategic Needs Assessment, what can be done to address them and what outcomes are intended to be achieved.

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Appendices

Appendix A – Joint Health and Wellbeing Strategy (JHWS) refresh for 2018 to 2023
Appendix B – Diversity Impact Assessment

Background papers

None