

HEALTH AND WELLBEING BOARD

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JOINT HEALTH AND WELLBEING STRATEGY: MONITORING REPORT

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Summary

The purpose of this report is to provide an update to the Board on key Joint Health and Wellbeing Strategy (JHWS) indicators.

1. Budget and Policy Framework

1.1 The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to produce a Joint Health and Wellbeing Strategy for their local area. Implementation and monitoring of the Strategy outcomes are on-going.

2. Background

2.1 The HWB has responsibility to ensure that robust performance and quality monitoring measures are in place with regard to the implementation and outcomes for the JHWS. The monitoring and outcomes framework for Medway's JHWS includes monitoring of outcomes related to the National Outcomes Frameworks for the NHS, Social Care, Public Health and Children. These deliverables were aligned to the Medway Joint Health and Wellbeing Strategy 2012-17.

2.2 In 2018, the Medway JHWS was refreshed, keeping the same five themes, and refreshing the priorities. Appendix 1 to this report shows indicators that relate to the five themes of the Strategy.

2.3 Work is ongoing to deliver the new/refreshed JHWS priorities and a new action plan is currently being developed.

3. Advice and analysis

3.1 Theme 1: Giving every child a good start

3.2 Priorities

- Reduce childhood obesity (IND108-IND111)
- Reduce smoking in pregnancy (IND106)
- Ensure that childhood vaccination rates are high enough to provide herd immunity (IND115-IND129)
- Improve the emotional well-being of looked after children (IND132)

3.3 Key points

- 3.3.1 Rates of breast-feeding continuation have risen and reporting quality has also improved (IND105). The Medway 'Beside You' maternal health programme that focuses on breast feeding and reducing smoking in pregnancy, has been recognised as best practice and is being rolled out through Kent.
- 3.3.2 Smoking at time of delivery (SATOD), i.e. in pregnancy, has fallen for five quarters in a row (IND106). This the first time there has been such a consistent series of falls in smoking in pregnancy for at least the last five years. This follows a number of actions, including: 1) additional training for maternity care teams; 2) reviews of data recording and processes at Medway Hospital; 3) marketing and promotion of the harms of smoking while pregnant; 4) increased focus at a strategic level with multiple partners; and 5) a new programme developed by the public health team called "Blooming bumps" that provides information and advice to women on a range of topics relevant to having a healthy pregnancy. There has also been a fall in smoking prevalence in general, and there is a strong correlation nationally between the prevalence of smoking in the general population and SATOD rates.
- 3.3.3 Obesity rates in children in reception year and in year 6 are not statistically different to the national average (IND109, IND111). However, rates nationally are a concern and we are using a range of approaches to reduce the prevalence rate in Medway. This reinforces the need for a wide range of partners to take action and attempt to tackle childhood obesity. Medway provides a range of family weight management, healthy eating and activity support services, offering free swimming, fully engaged children centres and young people settings and a fully approved Obesity treatment pathway. Medway commenced a local obesity network in 2014, to engage wider stakeholder partners in taking local action and this group have committed to a shared vision and to working together to tackle obesity locally.
- 3.3.4 High immunisation rates are important to maintain "herd immunity" whereby the number of people who are immunised is large enough to make transmission of disease much less likely. Until 2013/14, immunisation rates in Medway were better than the national average. In 2013/14 responsibility for immunisation moved from Primary Care Trusts to NHS England and other providers. From this point immunisation rates appeared to have fallen dramatically. Medway Council's public health team sought appropriate

assurance and directly assisted NHS England and Medway CCG to increase immunisation uptake by: establishing a Medway immunisations Board; directly working with partners to increase immunisation for specific programmes, e.g. flu vaccination; undertaking additional analysis of children's vaccination data using Medway primary care data. Vaccination rates in children have now improved and rates in Medway are now at or above national levels (IND115, IND125, IND127).

3.3.5 The proportion of children who have achieved a good level of development by the age of 5 years rose rapidly in Medway and nationally from 2012/13. For several years from 2012/13 Medway was in the top quartile, however performance began to level-off from 2015/16 and has dipped slightly in the most recent period, bringing the Medway rate close to the national average (IND131).

3.3.6 The emotional well-being of looked-after children has been in the lowest quartile for the last five years (IND132). Data are collected by local authorities through a strengths and difficulties questionnaire (SDQ) and a single summary figure for each child (the total difficulties score), ranging from 0 to 40, is submitted to the Department for Education through the looked after children return (SSDA903). A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern). The average score in Medway was 15.6 for 2016/17. The JSNA chapter on the emotional health and wellbeing of children and young people has recently been updated and will be published soon. Medway's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing sets out our vision for improving access to and quality of support for emotional and mental health issues. At the core of Medway's strategy for transformation is the establishment of a Young People's Wellbeing Service (YPWS) that is NICE compliant, focussed on achieving young people's goals, working in partnership with other agencies and in particular supporting providers of early intervention services.

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

3.5 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

3.6 Key points

3.6.1 Medway has performed well in the last two years in discharging patients into rehabilitation and reablement, with rates well into the top quartile in the country (IND204).

3.6.2 Flu vaccination in those aged 65+ fell in 2016/17, however, it rose sharply in 2017/18 to the national average (IND210). In 2017/18 Medway Public Health

worked with NHS England to establish a joint flu workshop with partners at the start of flu season and to develop a Medway flu vaccination action plan. As this was successful in improving vaccination rates, the approach was used again for the recently completed 2018/19 flu season, for which data will be published in August 2019.

3.6.3 An overview and scrutiny review of social isolation has recently been completed. Findings and recommendations were noted at the Health and Adult Social Care Overview and Scrutiny Committee meeting in December 2018 and were recommended to Cabinet in January 2019. The Task Group report was considered by the Health and Wellbeing Board on 19 February 2019. The report makes 23 specific recommendations, with key themes identified in the review including: 1) Further increase awareness of support available to reduce social isolation in Medway including a public communications campaign; 2) Train front-line Council staff to be able to recognise people that may be isolated and be able to signpost them to support; 3) Continue to develop social prescribing programmes that reduce social isolation. A Public Health Projects Officer joined public health in December who will develop and implement an action plan based on the recommendations from the review.

3.6.4 The draft Carers' Strategy is on the agenda for today's meeting (agenda item 8).

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

3.8 Priorities

- Determine the drivers behind Medway's consistently high cancer mortality rates (IND306)
- Promote cancer screening, including supporting the Time to Test campaign (IND501, IND502)
- Support action being taken to reduce variation in quality of primary care across Medway

3.9 Key points

3.9.1 Rates of flu vaccination in clinical risk groups has fallen since 2015 (IND211), and this can contribute to poorer health outcomes in these groups. Medway Public Health convened a workshop with the immunisation team to review best practice guidance and develop an action plan to improve immunisation rates. The effectiveness of this action plan will be seen when the national data are published in August 2019.

3.9.2 Premature mortality from all circulatory diseases (including heart disease and stroke) began to rise relative to the national average in 2013-15 and 2014-16, but has fallen again to the national average in 2015-17 (IND301). This is a large contributor to total mortality rates and is sensitive to both public health actions to prevent poor circulatory health and to management of disease by primary care.

3.9.3 Mortality due to cancer is the leading cause of premature mortality in Medway and remains above the national average (see IND306). The Medway Public Health team and Medway CCG are working with colleagues from Mcmillan, NHS England and the Cancer Alliance to promote screening, e.g. bowel cancer screening, to improve early detection. Currently work is underway to identify the characteristics of the population in neighbourhoods where up-take rates are low for bowel cancer screening to inform the development of targeted communications. A new Joint Committee of Kent and Medway CCG's has been established to focus on improving cancer outcomes across Kent and Medway.

3.9.4 Long term health conditions self-management project – A pilot programme began in early 2019 which supports people with long term conditions to develop the knowledge, skills and confidence to manage their health condition. Individuals with three or more long term conditions provide information about their existing level of knowledge, skills and confidence in managing their condition, and are then offered support, tailored to their existing level of knowledge. Support includes either a place on a three or six week self management course or a place at a self management information event. Self management courses are peer led by trainers who also have personal experience of managing their own long term conditions.

3.10 Theme 4: Improving mental and physical health and well-being

3.11 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 (IND401, IND402, IND429)
- 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 (IND408, IND430)
- Support work to reduce domestic abuse
- Reduce drug-related deaths (IND422)

3.12 Key points

3.12.1 There has been a steady improvement in the proportion of people using green spaces for exercise and now Medway is at the same level as the national average (IND401). The proportion of adults in Medway who achieve at least 150 minutes of exercise per week is also the same as the national average, at 65% (IND402), as is the proportion doing less than 30 'equivalent' minutes of at least moderate intensity physical activity per week (22.5%, IND429). A Medway Council working group has been promoting access to green spaces for exercise.

3.12.2 The rate of hospital admissions in Medway as a result of self-harm among 10-24 year olds has been low historically compared to England with about 160

per year, averaged over the last three years. This represents only a small fraction of the total number, but does provide an insight into the most serious cases. The JSNA chapter on the emotional health and wellbeing of children and young people has recently been updated and will be published soon, providing more detail on this topic.

3.12.3 Suicide rates appeared to rise from 2010-12 to 2013-15 and then fall again to the national average in 2015-2017. Note that these are three-year averages and are relatively rare events (in statistical terms) so the confidence intervals are wide. Also note that suicide deaths are reported by date of registration, not date of occurrence and this can affect trends (IND430).

3.12.4 Twenty-three community suicide prevention projects have been funded across Kent and Medway through the STP innovation fund. Projects will be delivered before April 2019.

3.12.5 A “Stay Alive” app has been launched to support people to create safety plans and access services that can help when they are feeling low or suicidal.

3.12.6 Over 1,000 free places of suicide prevention training have been commissioned across Kent and Medway and training delivery has begun. Qualitative feedback suggests this training is already being used in real life situations to support people who are feeling suicidal.

3.12.7 The “Release the Pressure” social marketing campaign continues to be promoted in print, radio and online. This resulted in increased activity to the release the pressure helpline (from 100 to 500 calls per week).

3.12.8 An audit is underway of coroner’s records to better understand the reasons for local suicides, trends and any actions partner organisations could take to prevent future suicides. Qualitative interviews with people who have attempted suicide have also taken place. Results will be used for a suicide prevention co-design project.

3.13 Theme 5: Reduce health inequalities

3.14 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

3.15 Key points

3.15.1 Since 2010, the proportion of children in low-income families has been significantly higher than the national average (IND504). In 2016, a significantly greater proportion of children were living in poverty in Medway than the England and regional averages. Luton and Wayfield, Gillingham North and

Chatham Central wards have the highest levels of child living in low-income households (27.3-30.2%).

3.15.2 Medway CCG has defined a set of “quantifiable levels of ambition” to reduce health inequalities, in response to the document Forward View into Action. The CCG Governing Body reviewed the current status of a number of key measures and found that the life expectancy gap between most and least deprived is getting wider, with life expectancy improving for the least deprived 10%, and getting worse for the most deprived 40%.

3.15.3 People living in areas in the most deprived decile of deprivation are particularly disadvantaged, more than would be expected by the gradient of deprivation.

3.15.4 There are persistent inequalities across lifestyle factors and hospital admissions for ambulatory care sensitive conditions.

3.15.5 Despite there being little inequality in terms of diabetes management in primary care, i.e. little variation in blood pressure control, blood glucose and cholesterol, there is a clear inequality slope in hospital admissions for diabetes complications. The reasons for this need further exploration.

4. Risk management

Risk	Description	Action to avoid or mitigate risk
Lack of clarity as to progress on health and wellbeing outcomes.	Monitoring and outcomes framework not sufficiently robust so unclear if progress is being made.	Regular progress reports to the Board.

5. Financial and legal implications

5.1 There are no financial implications arising directly from the contents of this report.

5.2 The HWB has responsibility to ensure that robust performance and quality monitoring measures are in place with regard to the implementation and outcomes for the JHWS. This is relevant to the HWB’s statutory responsibility under s.193 (2) Health and Social Care Act 2012, to produce a JHWS and its statutory duty thereafter to consider the extent to which the needs could be met more effectively under s.193 (3) Health and Social Care Act 2012.

6. Recommendations

6.1 The HWB is asked to consider and comment on the indicator updates.

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Appendices

Appendix 1 - Indicator report.

Background papers

Medway Clinical Commissioning Group, NHS Commissioning Board and Medway Council, 2018. *Joint Health and Wellbeing Strategy for Medway 2018-2023*

https://www.medway.gov.uk/downloads/file/3710/joint_health_and_wellbeing_strategy_2018_to_2023

Health Inequalities in Medway, NHS Medway Clinical Commissioning Group Governing Body, 27 March 2019.

<http://www.medwayccg.nhs.uk/component/rsfiles/download-file/files?path=about%252FGoverning-Body%252FGoverning-Body-Papers%252F2019%252FGoverning%2BBody%2B-%2B27%2BMarch%2B2019.pdf&Itemid=580>