

## **HEALTH AND WELLBEING BOARD**

**3 NOVEMBER 2020**

### **JOINT HEALTH AND WELLBEING STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT 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.
- 1.2. This item has been circulated separately to the main agenda. The Chairman of the Board is of the opinion that it should be considered at this meeting as a matter of urgency as permitted under section 100B of the Local Government Act 1972 to enable the Board to consider the matter at the earliest opportunity and to avoid adding to the volume of business programmed for the next meeting of the Board. The report was not available in time for despatch with the main agenda due to other COVID-19 related response activity in the Public Health team which had to take priority.

#### 2. Background

- 2.1. The HWB has a responsibility to ensure that 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.
- 2.2. The JHWS for 2018–2023 is based on five themes, each with a set of priorities. Appendix 1 to this report shows indicators that relate to the five themes of the Strategy that permit comparison with other local authorities in

England. In the narrative below, indicators in the Appendix are referred to by the ID number, e.g. IND106.

### 3. Advice and analysis

#### 3.1. Theme 1: Giving every child a good start

#### 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 points

- 3.3.1. 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.
- 3.3.2. Ensuring that every child in Medway has a good start in life is essential for the future success of Medway and the health and wellbeing of people in Medway.
- 3.3.3. Smoking while pregnant harms the developing child. Rates of smoking during pregnancy in Medway have been in the worst quartile for many years, however, in recent quarters we have seen an improvement with rates falling and we are the closest we have ever been to breaking into the second quartile (see IND106). This improvement has been achieved even though the Public Health team had to suspend face-to-face interventions and close the smoke-free advice centre for a substantial amount of time due to COVID. All interventions can now be delivered either by telephone or through other digital methods. Staff were re-deployed to deliver pharmacotherapy to those quitting in the community. To reduce rates further the public health team is developing a holistic Healthy Pregnancy version of its successful Blooming Bumps programme.
- 3.3.4. During the COVID period there has been a 45% increase in the number of referrals of women who are smoking while pregnant, and the rate of those who did not attend has decreased by 16%. With more women engaging with smoking cessation while pregnant, rates should continue to fall.
- 3.3.5. The last data available relating to the year 2018/19 (IND132) highlights that further improvement is required to improve the emotional well-being of looked-after children. Action to address this issue has been prioritised as part of the Medway Childrens Services Improvement Plan. System partners are working together to improve the outcomes for looked-after children. A thresholds pathway has been agreed with the provider (NELFT) to aid professionals in

using the Strengths and Difficulties Questionnaires (SDQ) scores to make decisions about when to contact the single point of access for advice, consultation and referral.

- 3.3.6. After several years of decreases in the proportion of children who are overweight or obese, there has been an increase in the most recent year in the proportion of children in Year 6 who are overweight or obese (IND137). The number of referrals to Medway's obesity-related health improvement programmes has reduced significantly as the National Childhood Measurement Programme (NCMP) has been suspended due to COVID. However, there has been good engagement through social media which is helping referral numbers. The Public Health team has been developing a digital offer which commenced in September. This is particularly important while lives are affected by COVID-19 because of the potential impact of COVID-19 restrictions on physical activity.
- 3.3.7. 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. For a period of four years reported immunisation rates fell below the national average. Action was taken to conduct catch-up and data cleaning exercises and as a result rates have risen to the national average (see IND127).

### **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. From 2018 to 2023 the number of people aged over 65 years will increase by over four thousand (10%) and the number aged over 85 years is expected to 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.
- 3.6.2. 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 size of the older population increases.

- 3.6.3. One area that has become recognised in recent years as being important in improving outcomes for this group is social isolation. There are no national indicators that report on this, so we cannot compare outcomes in Medway with other local authorities, however, there a number of initiatives that have been implemented in Medway to reduce social isolation, following our member deep dive. These include the Better Medway Together Chatty Bench Tour which visited a number of locations including Chatham, Hoo, Rainham and Strood. It consisted of using a wooden bench that was commissioned from Men in Sheds, a service funded by Medway Council Public Health to help local men to stay well and healthy by getting together to share their interests and skills. The bench was a metaphor, prop and prompt to start conversations and raise awareness of the impact on health and wellbeing of loneliness and social isolation. In total, 320 people were spoken to and offered advice on stopping smoking, nutrition and health checks.
- 3.6.4. The social isolation team is also working with Arriva bus company to explore the introduction of 'Chatty Buses'. This is in response to the National Loneliness Strategy to help raise awareness of social isolation and loneliness. Arriva staff will also be offered training around raising awareness of loneliness and social isolation. The first chatty bus excursion was planned for March, but was cancelled because of COVID-19.
- 3.6.5. When measures were implemented nationally on 23 March 2020 to reduce the transmission of coronavirus, Medway Council moved rapidly to set up a vulnerable people's hub to provide support to people who may have difficulty obtaining food or medicines. People who were socially-isolated were supported through this work during this period.
- 3.6.6. To develop local care, Medway and Swale Integrated Care Partnership (ICP), the membership of which includes the Medway organisations represented on the Health and Wellbeing Board, is transforming primary and local care. GP-led Primary Care Networks (PCNs), serving a registered population of 30,000 to 50,000, act as the provider and delivery vehicle for local care. There are nine PCNs in the Medway and Swale ICP, seven of which are in Medway. Each Medway PCN has a named public health lead to help inform the development of local priorities.
- 3.6.7. From 2017, Medway saw a large rise in the percentage of people discharged into reablement/rehabilitation to having one of the highest rates in the country (IND204). Over the same period the proportion of patients who were at home 91 days post-discharge fell from being one of the highest in the country to one of the lowest (IND203). Work has been undertaken recently by Medway and Swale ICP to improve the process for patients who are medically-fit for discharge from Medway NHS Foundation Trust. This has included the introduction of a single point of access with packages of care, in which a key factor has been the creation of joint pathways with health and social care

and/or clear community pathways. This work has been undertaken working closely with Medway Council and community providers.

3.6.8. To improve support for carers the members of the Better Together Consortium, led by Healthwatch Medway and a wider initiative across Kent and Medway, have worked together to ensure carers of all ages, from all parts of the community, are identified and offered support.

### **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. This theme focuses on preventing early death and improving quality of life through improving healthcare, including increasing the number of people who are diagnosed early, thereby allowing more timely intervention which can significantly improve outcomes in some diseases.

3.9.2. 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, with about half of this reduction due to improved health care and half due to public health measures, such as reductions in smoking.

3.9.3. 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, people develop other conditions. As the number and severity of these conditions increases the complexity and cost of managing them becomes much greater.

3.9.4. The most recent premature cancer mortality rate (deaths from cancer in those under the age of 75 years) shows an improvement over previous years, although the rate is higher than the England average (IND306). These data are, however, from before the COVID-19 pandemic. There will be a need to monitor whether the pause in access to cancer screening and diagnostic services associated with the COVID-19 pandemic, impacts on future outcomes for patients. The Medway and Swale ICP has a programme to improve cancer outcomes, which includes improving access to screening, and increasing endoscopy capacity for detecting bowel cancer and will review

these issues.

- 3.9.5. Cervical cancer screening remains higher than the national average (IND502), however, breast cancer screening has seen a small fall and is now at the same level as the national average in the most recently published data (IND501). Community work to improve bowel cancer screening has been paused due to the COVID-19 pandemic.
- 3.9.6. Variation in primary care is being addressed directly by the creation of Medway and Swale Integrated Care Partnership (ICP) and its constituent primary care networks (PCNs), small groups of GP practices that work together to deliver services for their local communities. Medway and Swale ICP has a clinical variation programme that works with primary care networks PCNs to reduce variation in care. Two important workstreams within this programme focus on mental health, dementia and people with learning disabilities; and on stroke and cardiovascular disease. The work of this programme includes developing systems to identify patients who need to be reviewed to improve their outcomes, training where required, and reviewing progress regularly to improve processes.
- 3.9.7. The Medway Council Public Health Intelligence team produces profiles for each ICP and each PCN to support the identification of variation and inequalities (see Appendix 2). These profiles are being used by Medway and Swale ICP and the PCNs to inform the development of local plans to improve outcomes and reduce variation.

### **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. It is now well-recognised that it is not only important how long people live, but also how well they live. Mental and physical health and wellbeing are affected by many broader 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.

- 3.12.2. In addition to these wider determinants of health and wellbeing, 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.
- 3.12.3. Changing behaviour is difficult and behaviours are shaped by experiences and where we live. People who are isolated or are experiencing stressful circumstances in their lives find it very difficult to make lifestyle changes.
- 3.12.4. 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.
- 3.12.5. One of the most important and preventable threats to health and wellbeing is smoking. Medway has run a successful smoking cessation programme for a number of years, and over the last eight years the percentage of the population who smokes has fallen from around 25% in 2012 to 14.1% in 2019 (see IND409), approximately 20,000 fewer smokers.
- 3.12.6. As part of the drive to make Medway more dementia friendly work has been undertaken by Medway Park to become dementia friendly and as a result Medway Park was accredited as being dementia friendly by the Medway Dementia Action Alliance. This assessment coincided with the launch of new physical activity sessions for people living with dementia held at Medway Park.
- 3.12.7. The Dementia Action Alliance (DAA) has reviewed its membership processes and aims of the group. A greater emphasis will now be placed on promoting and creating opportunities for individuals who live with dementia to visit. Where appropriate this will also result in the assessment and creation of new dementia friendly places.
- 3.12.8. A Rainham GP practice has led the pilot work of making Medway's first dementia friendly GP surgery.
- 3.12.9. While action is being taken to make Medway more dementia friendly, the rate of diagnosis of dementia is low relative to most other local authority areas and has become worse over the last two years (see IND213). More work to understand why this is the case is required.

- 3.12.10. Some public health services were suspended as a result of the COVID-19 pandemic and to provide support for the vulnerable people hub, however, where possible the Public Health team has developed digital or remote versions of its health improvement programmes to make it as easy as possible for people in Medway to make healthier choices. Some of these have made use of technology, such as Microsoft Teams to provide live online sessions, others have been through the production of digital materials that people can access when it is convenient for them.
- 3.12.11. In further work to make Medway a healthy place, the healthy settings programme is working with over 100 local business to make work places healthier. Connect 5 training has been delivered to people within the programme. Connect 5 is an accredited mental health training programme for front line staff that draws on cognitive behavioural therapy to promote self-help. Staff learn how to manage conversations with clients so that clients are better able to understand, manage and improve their own mental health.
- 3.12.12. "Time to Change champions" are people with lived experience of mental health problems who campaign to change the way people think and act about mental health. The Medway Council "Time to change" (TTC) employer pledge resulted in a number of champions signing-up. They have received a bespoke TTC champions induction, and some have also had Mental Health First Aid/Connect 5 training and are active in their roles. Implementation of the Medway Council TTC action plan is on track and has been reviewed and updated by the Task and Finish group. Work has started with frontline services to develop mental health support.
- 3.12.13. Medway also has a Time to Change Hub and activity is underway with a number of projects being delivered with funding from the Bright Ideas Champions fund. The hub has continued to operate virtually during the COVID-19 epidemic to support local people and has links with other hubs across the South East.
- 3.12.14. The published suicide rate for Medway has fluctuated over the last 15 years with the most recent figure in the lowest quartile (IND430). In supporting the delivery of the suicide prevention plan Kent and Medway suicide prevention partnership were highly commended at the Health Service Journal award finals for the Health and Local Government Partnership section.
- 3.12.15. A successful expression of interest to the Local Government Association (LGA) has resulted in Medway Council being one of twelve local authorities to receive bespoke expert to support to deliver suicide prevention programmes. Support consists of a one-day workshop of two half-day sessions that will focus on developing Postvention/Bereavement support pathways.
- 3.12.16. A working group was established to review an apparent increase in suicide in Children and Young people during lockdown. Data from NELFT and acute trusts indicated that the numbers of suicides were in line with



previous years data. However, lessons were learnt and schools and primary care were informed about high risk categories so vulnerable children could be identified and supported.

- 3.12.17. The Communications team supported work with the Public Health team on a campaign to raise awareness of local services for domestic abuse and ensure people knew where to signpost and how to access services. The service is now looking at venues to provide face-to-face services as well as ensuring domestic abuse champions within their own organisations feel equipped to signpost and support colleagues around domestic abuse.
- 3.12.18. Drug-related deaths rose to a high level relative to many other local authorities in 2013–15, however, after a review of the service and changes to the way the service is delivered rates have since fallen and for the last two reporting periods to 2016–18 the rate has fallen to the national average (see IND436). Commissioned services continued to operate throughout the COVID-19 pandemic, moving to a virtual offer and supporting clients with their prescriptions.
- 3.12.19. Turning Point, the service provider for substance misuse, is working with CCG commissioners, community mental health and the public health team to improve pathways in readiness for a second wave of COVID-19.

### **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. 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.
- 3.15.2. Other groups at risk of health inequalities include those in the criminal justice system and former members of the 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.

- 3.15.3. Taking action through tackling the wider determinants of health, behavioural 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.
- 3.15.4. 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.
- 3.15.5. The proportion of children receiving schools meals who are ready for school (IND510) was increasing in Medway and nationally, however, it has levelled-off more rapidly in Medway than in other parts of the country and while it has declined in the most recently reported period (2018/19) it has not fallen below the national average. As noted in theme one above, the first years of life are of critical importance for future health and wellbeing, and the economy of Medway.
- 3.15.6. To reduce health inequalities, the Medway Public Health team has been working closely with colleagues in the Medway and Swale ICP to explore and address how services can be delivered differently to reduce variation, using health and wellbeing profiles to identify variation in outcomes in different primary care networks (see Appendix 2).
- 3.15.7. Variation in health and wellbeing leads to differences in life expectancy. These differences have fallen in males across Medway (IND508) and remained level at below the national average in females (IND509). Life expectancy is a summary measure of current mortality experience and can take time to improve in an area. The fall in inequality in males in Medway is encouraging.
- 3.15.8. Variation and inequalities in a number of other key health outcomes has been addressed above in other themes.

### **3.16. Learning from COVID-19**

- 3.17. The national impact of COVID-19 was devastating in terms of excess deaths in the first wave. The potential impact on health and wellbeing through direct effects on health, and indirect effects mediated via loss of earnings, increased social isolation, and disruption to education, for example, is hard to calculate now, and will only really be known some time

after the epidemic is over, but it is clear that the impact will be significant.

- 3.18. As well as the negative impacts there are some changes that the pandemic has brought about or enabled that have the potential to improve health and wellbeing for the population of Medway. For example, it has led to the rapid adoption of digital technology for consultations and interventions and it is likely that once the pandemic is over this new way of working will remain; both professionals and the public have found that it can be more convenient than travelling to a consultation and can be just as effective in many circumstances.
- 3.19. Systems have been implemented to make it easier for health professionals to consult with each other about complex cases using remote technology.
- 3.20. Recent years have seen a fall in the proportion of people in at-risk groups who have had the flu vaccine, however, this year uptake seems to be much higher, to the extent that supplies of vaccine have been stretched. It is possible that greater awareness of the importance of these groups being vaccinated will last into future years, thereby reducing mortality from flu.

#### 4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Lack of clarity as to progress on health and wellbeing outcomes.	Monitoring and outcomes frame work not sufficiently robust so unclear if progress is being made.	Regular progress reports to the Board.	D3

#### 5. Consultation

- 5.1. Consultation with the public was undertaken as part of the creation of the Joint Health and Wellbeing Strategy.

#### 6. Financial implications

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

#### 7. Legal implications

- 7.1. It is a function of the HWB to provide robust measures for monitoring performance and quality in respect of the implementation and outcomes of the JHWS.

- 7.2. The Health and Social Care Act 2012 (HSCA 2012) amends the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- 7.3. Section 116 of the 2007 Act (as amended by s. 192 HSCA 2012) and Section 116A of the 2007 Act (inserted by s.193 HSCA 2012) require a responsible local authority and each of its partner CCGs to prepare JSNAs and JHWSs.
- 7.4. Section 196(i) HSCA 2012 provides that these functions under s.116 and s. 116A of the 2007 Act are to be exercised by the HWB established by the local authority."

## 8. Recommendations

- 8.1 The Health and Wellbeing Board is asked to consider and comment on the indicator updates.

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### Appendices

- 1) Joint Health and Wellbeing Strategy indicators
- 2) Medway and Swale ICP profile

### Background Papers

None