

## **CABINET**

**7 SEPTEMBER 2010**

### **HEALTH AND WELLBEING STRATEGY**

Portfolio Holder: Councillor Tom Mason, Adult Services

Report from/Author: Dr Alison Barnett, Director of Public Health

#### **Summary**

This report presents the Health and Wellbeing Strategy for Medway. The purpose of the strategy is to:

- Set out a shared context and vision for health and well-being across Medway
- Identify shared priorities and actions for improving health and well-being
- Provide a framework for addressing health inequalities in partnership

#### **1. Budget and Policy Framework**

- 1.1 Improving health and reducing health inequalities are responsibilities of both local authorities and Primary Care Trusts (PCT's). The recent white paper "Equity and Excellence: Liberating the NHS" states that NHS health improvement functions will be transferred to local authorities.
- 1.2 The Strategy supports the delivery of the Sustainable Community Strategy as it reflects the six ambitions and in particular builds on the principle of Narrowing the gap: will our actions contribute to improving outcomes for everyone thus reducing the gap between deprived and more affluent communities?
- 1.3 There are a set of National Indicators under the Health, Well-being and older people section of the Local Area Agreements, which relate to this report. These can be found on page 4 of the following link:

[http://www.medway.gov.uk/laa2\\_refresh\\_2008-2012.pdf](http://www.medway.gov.uk/laa2_refresh_2008-2012.pdf)

#### **2. Background**

- 2.1 The Joint Strategic Needs Assessment 2008/9 outlines the key issues relating to health and wellbeing in Medway. It describes the health status of the population, the inequalities in health and risk factors for health. This has been used to inform the development of this strategy.
- 2.2 The determinants of health are diverse and improving health requires a partnership approach. A wide range of local stakeholders have been engaged in the development of the strategy.

- 2.3 **Please note that the Strategy (appendix 1) has been circulated separately to Cabinet Members, Group Rooms and is also available at the Council's main receptions and on the Council's website via <http://democracy.medway.gov.uk/ieListMeetings.aspx?Committeeld=115>**

Further copies are also available from the Cabinet Office. Please contact 01634 332509/332008 for further details.

### 3. Advice and analysis

- 3.1 The framework for the strategy reflects the need to take action across a range of health determinants:

- Tackling Health Inequalities
  - Taking a place based approach to integrate partnership working
  - Improved targeting of resources
- Healthy Places
  - The built, social, natural and economic environments
- Healthy Lives
  - Making healthy lifestyle choices easier
- Healthy Services
  - Screening
  - Immunisation
  - Health improvement interventions in health and social services and through the wider workforce.

- 3.2 Priorities and actions have been identified across the framework reflecting contributions to health improvement from many partners. Some actions are drawn from current Council or partnership strategies. New actions are funded within existing budgets.

- 3.3 The Strategy will be monitored using outcome, output and process measures. Currently the actions in this strategy are monitored through existing indicators including LAA targets, Vital Signs and World Class Commissioning Outcomes. The new government is currently consulting on new outcome measures for health and the Council is reviewing the targets needed to support the Council Plan. Appropriate outcome measures for the ongoing monitoring of this strategy will be developed through these processes.

- 3.4 A Diversity Impact Assessment has been completed and is attached at Appendix 2.

### 4. Risk Management

| Risk                                      | Description  | Action to avoid or mitigate risk  |
|---|--|---|
| Failure of partners to implement strategy | Tackling health inequalities requires a partnership approach. Failure to deliver the strategy could result in: <ul style="list-style-type: none"> <li>• Poorer health outcomes</li> <li>• Increased health inequalities</li> <li>• Increased demand on public sector services and consequent financial pressures</li> </ul> Risk rating C2 | Key partners engaged through thematic partnerships. Partners are members of Health Improvement Strategic Change Programme Group which will monitor the delivery of the strategy |

## **5. Consultation**

- 5.1 A consultation event with stakeholders was held on 31 March 2010 and feedback has informed the strategy. Significant research has been undertaken with local residents to identify priorities for action within the Healthy Lives section. The Strategy is going to be considered by the Board of NHS Medway on 22 September 2010.

## **6. Health and Adult Social Care Overview and Scrutiny Committee – 23 August 2010**

- 6.1 The Health and Adult Social Care Overview and Scrutiny Committee considered this report on 23 August 2010.
- 6.2 During discussion of this item the Consultant in Public Health undertook to remove from the Strategy those elements which had been changed as a result of recent policy changes, both nationally and locally.

The Committee recommended the Health and Wellbeing Strategy report to Cabinet for approval with the following comments:

- Further detail is needed in the strategy of the element of occupation and how this affects people's health and wellbeing. For instance those people working in the construction industry or those who come into contact with asbestos in particular.
- More references to the impact of using the voluntary sector were needed to set out ways in which the voluntary sector could make a positive contribution to people's health and wellbeing.

## **7. Director's Comments**

- 7.1 The Strategy has been updated to reflect the recent changes in local plans as a result of policy changes. The Strategy has been updated to reflect the impact the workplace has on health in the economic environment section. The section referring to the voluntary sector has been amplified.

## **8. Financial and legal implications**

- 8.1 There are no significant financial or legal implications. All actions will be carried out from existing resources. The equalities duties are highlighted in the report.

## **9. Recommendations**

- 9.1 The Cabinet is asked to consider the comments of the Health and Adult Social Care Overview and Scrutiny Committee and approve the Health and Wellbeing Strategy for Medway.

## **10. Suggested Reasons for Decision**

- 10.1 The Strategy sets out a shared context and vision for health and well-being across Medway, together with shared priorities and actions. It provides a framework for addressing health inequalities in partnership.

### **Lead officer contact**

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### **Background papers**

none

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|--|--|---|--|
| <p><b>Directorate</b></p> <p><b>Public Health</b></p>            | <p><b>Name of Function or Policy or Major Service Change</b></p> <p><b>Health and Wellbeing Strategy for Medway 2010-15</b></p>  |   |  |
| <p>Officer responsible for assessment</p> <p>Karen Macarthur</p> | <p>Date of assessment</p> <p>05/08/10</p>  | <p>New or existing?</p> <p>New but many of priorities and actions already exist in the Council's existing strategies and therefore have already been subject to a DIA</p> |  |
| <p><b>Defining what is being assessed</b></p>                    |  |   |  |
| <p><b>1. Briefly describe the purpose and objectives</b></p>     | <p>The focus of this strategy is the prevention of ill-health and the promotion of health and wellbeing. This includes physical and mental health and wellbeing. It is a preventative strategy and does not include treatment by health services except as this relates to prevention. It focuses on tackling the main causes of poor health and health inequalities and looks to set out an overarching and effective framework to address these.</p> <p>The purpose of this Strategy is therefore to:</p> <ul style="list-style-type: none"> <li>• Set out a shared context and vision for health and wellbeing across Medway</li> <li>• Identify shared priorities and actions for improving health and wellbeing</li> <li>• Provide a framework for addressing health inequalities in partnership</li> </ul> |   |  |
| <p><b>2. Who is intended to benefit, and in what way?</b></p>    | <p>The health and wellbeing strategy is intended to benefit the whole population of Medway but is particularly focused on reducing health inequalities which means improving the health of groups that currently have poorer health. The largest health inequalities are between different socio-economic groups and this strategy focuses on priorities and actions which will address this.</p>  |   |  |
| <p><b>3. What outcomes are wanted?</b></p>                       | <p>Improved health and wellbeing for the people of Medway and reduced health inequalities. One measurement of health inequalities is the reduction in gap in life expectancy between different socio-economic groups.</p>  |   |  |

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| <b>4. What factors/forces could contribute/detract from the outcomes?</b> | Contribute<br><br>Good partnership working will enable maximum effectiveness  | Detract<br><br>Funding cuts which affect commitments to actions could jeopardise the success of this strategy as actions will not be completed. |
| <b>5. Who are the main stakeholders?</b>                                  | NHS Medway and Medway Council are the largest stakeholders but as this is a multi-agency strategy many other stakeholders are also essential to the success of this strategy. This include Medway Community Healthcare, Medway Foundation Trust, Medway CVS, the Sunlight Development Centre and the police |   |
| <b>6. Who implements this and who is responsible?</b>                     | The implementation of the strategy will be overseen by the Health Improvement Strategic Change Programme Group at NHS Medway under the strategic oversight of the Health Partnerships Board which reports into the Local Strategic Partnership  |   |

| <b>Assessing impact</b>   |  |   |
|---|--|---|
| <b>7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i>?</b> | YES  | As this targets improving the health of groups with lower socio-economic status this should also have a positive effect on people from minority ethnic groups as they are over-represented in these groups. Care will have to be taken as a more detailed action plan is developed to ensure that people from minority ethnic groups have access to any new initiatives developed |
|   | NO   |   |
| <b>What evidence exists for this?</b>   | The Strategic Review of Health Inequalities 2010 (Marmot Review) sets out the best international evidence for policy and practice to reduce health inequalities. This has been used to shape the priorities in this strategy |   |
| <b>8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i>?</b>           | YES  | As this targets improving the health of groups with lower socio-economic status this should also have a positive effect on people with disabilities as they are over-represented in these groups. Care will have to be taken as a more detailed action plan is developed to ensure that people groups have access to any new initiatives developed                                |
|   | NO   |   |
| <b>What evidence exists for this?</b>   | The Strategic Review of Health Inequalities 2010 (Marmot Review) sets out the best international evidence for policy and practice to reduce health inequalities. This has been used to shape the priorities in this strategy |   |
| <b>9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i>?</b>               | YES  | Unlikely to be any negative impact due to gender. It may be as more specific actions are developed some will focus on men as the gap in life expectancy between socio-economic groups in higher in this area  |
|   | NO   |   |
| <b>What evidence exists for this?</b>   | No concerns raised by stakeholders during consultation. Consultation event invited all those   |   |

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|  | on LSP plenary + other stakeholders from statutory and voluntary groups.  |                               |
| <b>10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i>?</b>  | YES   |                               |
|  | NO  |                               |
| <b>What evidence exists for this?</b>  | No concerns raised by stakeholders during consultation  |                               |
| <b>11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i>?</b>   | YES   |                               |
|  | NO  |                               |
| <b>What evidence exists for this?</b>  | No concerns raised by stakeholders during consultation  |                               |
| <b>12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i>?</b>  | YES   |                               |
|  | NO  |                               |
| <b>What evidence exists for this?</b>  | Consultation event invited all those on LSP plenary and split people into older people, adults and communities and children and young people's tables to provide any specific feedback on age issues. Specific priority about ensuring older people can access included in the report |                               |
| <b>13. Are there concerns that there <u>could</u> be a differential impact due to <i>being transgendered or transsexual</i>?</b>   | YES   | Brief statement of main issue |
|  | NO  |                               |
| <b>What evidence exists for this?</b>  | No concerns raised by stakeholders during consultation.   |                               |
| <b>14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?</b> | YES   | If yes, which group(s)?       |
|  | NO  |                               |
| <b>What evidence exists for this?</b>  | No concerns raised by stakeholders during consultation.   |                               |
| <b>15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. <u>disability and age</u>)?</b>  | YES   | Brief statement of main issue |
|  | NO  |                               |
| <b>What evidence exists for this?</b>  | No concerns raised by stakeholders during consultation.   |                               |

### Conclusions & recommendation

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| <b>16. Could the differential impacts identified in</b> | YES | It is unlikely this will lead to adverse impact but as identified above to ensure all detailed |
|---|-----|--|

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| questions 7-15 amount to there being the potential for adverse impact?  | NO   | action planning and any new initiatives developed will need to consider these diversity issues also.  |
| 17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason? | YES  |   |
|   | NO   |   |
| Recommendation to proceed to a full impact assessment?  |  |   |
| <b><u>NO</u></b>  | <b>This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.</b> |   |
| <b>NO, BUT ...</b>  | <b>What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?</b>                            | Need to ensure that as action plan is developed, actions are carried out in such a way as to ensure access by all groups to any new services or initiatives developed |
| <b>YES</b>  | <b>Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)</b>                 |   |

| <b>Action plan to make Minor modifications</b> |  |                            |
|--|--|----------------------------|
| <b>Outcome</b>                                 | <b>Actions (with date of completion)</b> | <b>Officer responsible</b> |
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**Planning ahead: Reminders for the next review**



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|---|--|-----------|
| <b>Date of next review</b>  | August 2013  |           |
| <b>Areas to check at next review (e.g. new census information, new legislation due)</b>                                       | Have actions plans been carried out in such a way as to ensure equality of access to all groups. |           |
| <b>Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?</b>            |  |           |
| <b>Signed (completing officer/service manager)</b><br><br><b>Karen Macarthur: Consultant in Public Health:<br/>NHS Medway</b> | <b>Date</b>  | 05.08. 10 |
| <b>Signed (service manager/Assistant Director)</b>  | <b>Date</b>  |           |

