

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

11 MARCH 2021

“HEALTH INEQUALITY IN MEDWAY” DIRECTOR OF PUBLIC HEALTH’S ANNUAL REPORT 2019-20

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Summary

Directors of Public Health (DsPH) have a statutory requirement to produce public health reports. These reports are the DsPH’s professional statement about the health of the local community.

To coincide with the 10th anniversary of the Marmot Report, ‘*Fair Society, Healthy Lives*’, Medway’s 2019-20 Annual Public Health Report focuses on health inequalities that persist within the unitary authority boundary. The report sets out:

- Key information relating to the causes of health inequalities
- Ways in which the Council is working with key stakeholders to act to address the key health inequality determinates
- Recommendations for future actions to address the root causes of health inequalities in Medway
- The manner in which the COVID-19 pandemic has impacted vulnerable groups in Medway and the Council’s initial response to support its residents.

This report was considered by the Health and Wellbeing Board on 16 February 2021 and will be presented to Cabinet on 30 March 2021.

1. Budget and policy framework

- 1.1 Tackling health inequalities is an identified priority for Medway Council reflected in all key policies and strategies. The core purpose of the Joint Health and Wellbeing Strategy is to address disadvantage, improve life expectancy and the quality of life for the Medway population, for example.

2. Background

- 2.1 Directors of Public Health have a duty to write an Annual Public Health Report. The aim of Annual Public Health Report is to identify issues that are currently impacting, or have the potential to impact, the health or wellbeing of the local authorities’ population. Directors of Public Health are tasked with

making recommendations to address identified issues.

- 2.2 Tackling health inequalities leads to improved outcomes for the whole population. Health inequalities, however, do not simply arise through lack of access to clinical care or medical treatment. The basis for health inequalities are linked to fundamental factors, including (but not exclusively) educational status, employment, age, sex, ethnicity and disability.
- 2.3 This report provides an analysis of the key issues that lead to disadvantage and inequality. It reviews some of the options available to address these issues and provides examples of the good work and successes that have already been achieved. At time of writing the Council was fully engaged in supporting local people to cope with the impact of the COVID-19 pandemic. However, there is still ample learning from the collaborative work undertaken by Medway Council and its partners as to how the major determinates that lead to health inequalities in Medway can be effectively managed.
- 2.4 There are significant health and societal benefits that come from 'raising the bar' on health inequalities. Supporting people to support themselves and their families will reduce both financial costs attributable to treating and caring for people who contract preventable conditions. It will also have wider societal benefits, enabling people to meet their personal ambitions for their lives. This inevitably means Medway will be more prosperous, the people living in Medway will have longer and healthy lives and children born or raised in Medway will be able to fulfil their full potential.

3. Options

- 3.1 Publishing an Annual Public Health Report is a requirement of the Health and Social Care 2012. The report provides a focus on earlier intervention and wider collaboration to tackle inequalities. This will help improve health outcomes in our more disadvantaged communities.

4. Advice and analysis

- 4.1 Recommendations included in the Annual Public Health Report are underpinned by the priorities listed below:

Life Course Approach – In order to tackle health inequalities effectively, actions must be proportionate and consider the unique needs of individuals affected and how these change over time.

Job Creation - Building on the skills of local people offers sustainable routes to improve population outcomes throughout the life-course.

Sustainable development - Regeneration and renewal within Medway (e.g. City of Culture and wider regeneration efforts) amounts to significant 'place shaping' that could, in turn, transform the lives of future generations in Medway.

Mental Wellbeing – Focusing on the mental wellbeing of the community is as important as addressing the issues that give rise to physical illness. The impact of poor mental health on inequalities and poor outcomes for individuals is significant. Action to improve mental wellness must remain a priority.

Prevention - Medway Council must continue to pursue preventative public health interventions.

4.2 A summary of these recommendations is provided below and in full within Appendix 1.

Job Creation and Upskilling

- Invest in upskilling schemes and other programmes to future-proof residents' jobs, nurture local talent and offset job losses experienced this year
- Protect workers' jobs from the growing threats of automation
- Invest in digital and robotics related jobs and local talent accelerators

Invest in Prevention

- Prioritise continued delivery of preventative health interventions – especially those targeting smoking cessation, healthy eating, weight management, physical fitness and alcohol and drug abstinence programmes
- Continue to build out Community Champions and Make Every Contact Count initiatives to preserve flow of information between health influencers and the public
- Cater to the needs of those who are digitally excluded via blended-learning models

Emphasise Care in the Community

- Increase proportion of planned care that is delivered in the community
- Decentralisation of healthcare via personal medical devices, telemedicine and innovative healthcare provision models such as Medway Community Healthcare
- Continue to invest in social marketing and behavioural insight programmes to gather insights around addressing cancer and cardiovascular risk factors in the unitary authority

Integrate services

- Medway Council should explore where natural alliances exist amongst health and social care providers
- The partnership between IC24 and South East Coast Ambulance Service NHS Foundation Trust (SECAMB) is best practice for what private-public partnerships can achieve

Elevate Hardest Hit Communities

- Interventions aimed at rectifying the social, economic and health costs of COVID-19 should first be piloted within the areas that have been burdened the most
- When 'building back for better', efforts should be made to incorporate members of those from disproportionately affected communities in local-decision making via public consultations

Make Mental Health a Commissioning Priority

- As the pandemic progresses, the Council must continue to support the mental health of those self-isolating – residents should be signposted to NHS-approved mental wellbeing apps
- The Council should consider subsidising short courses of therapy for those most psychologically harmed by the pandemic; front-line workers should be prioritized initially

Leverage existing research and tools

- Action the Joint Health and Wellbeing Strategy for Medway
- Action the Health Inequalities Review

Keep an Eye on the Horizon

- Maintain Medway's pandemic preparedness resources and strategies
- Invest in robust, retrospective research to identify where the Council might be able to improve its pandemic response for the future

5. Health and Wellbeing Board – 16 February 2021

5.1 The report was presented to the Health and Wellbeing Board on 16 February 2021. The minutes of the discussion are as set out in paragraphs 5.2 to 5.3.

5.2 Discussion:

5.2.1 The Health and Wellbeing Board considered a report which presented the latest annual report from the Director of Public Health entitled 'Health Inequality in Medway.

5.2.2 The Board raised several comments and questions, which included:

5.2.3 **Impact of COVID-19** – it was acknowledged that COVID-19 would have had an impact on health inequalities nationally and in Medway. The efforts of staff across health and social care was commended, particularly as the additional requirements had been met by the existing workforce. It was noted that many services had continued throughout the pandemic, adapting to different ways of delivery.

5.2.4 **Further guidance and training on health inequalities** – in response to a request, the Director of Public Health undertook to hold a training event on health inequalities.

5.2.5 **Interventions** – a comment was made that interventions needed to be cost effective and provide an opportunity for individuals to improve their own life chances with support. Indeed, it was noted that at a time when all public sector budgets were under severe pressure, existing resources needed to be used more effectively to maximise beneficial outcomes. This could be achieved with careful planning and coordination. A few examples of recent successes were outlined including details of how a regeneration scheme had increased local employment.

5.2.6 It was acknowledged that action needed to be proportional, so that all Medway residents experienced the same quality of opportunity. The importance of giving children the best start in life was also recognised.

- 5.2.7 **Target audience** – reflecting on the intended aims of some Council led events, it was commented that it was important that there was equitable access so that all residents were able to gain benefit.
- 5.2.8 **Place shaping** – in the context of establishing new communities in Medway, concern was expressed in relation to GP access, particularly in Hoo where the Council was undertaking a significant regeneration programme. In response, the Director of Public health explained the importance of place shaping and referred Board Members to figure 9 of Annual Public Health Report set out at Appendix 1 to the report (The Dahlgren-Whitehead model) which showed all the elements which could impact on an individual's wellbeing. Access to appropriate care services was one key element.
- 5.2.9 The importance of addressing the wider determinants of health was highlighted for example housing, education, and employment. Reference was made to the differential in life expectancy between Cuxton and Halling (85.7 years), and Chatham Central (77.3 years) which had increased over the last six years. It was considered that now was a good opportunity to reflect on the current state and work collectively as a system to make improvements. Whilst recognising the importance of these wider determinants, a comment was made that a healthy living centre in Chatham Central would be welcomed.
- 5.2.10 In response, the Accountable Officer for the Kent and Medway CCG explained there was a clear role for healthcare provision, particularly primary care. He added that it was important to ensure the right workforce was in place, not just GPs. He referred to models elsewhere in Kent, in communities with similar levels of deprivation, that had successfully remodelled the workforce mix to provide primary care services.
- 5.2.11 **Complexity of the issue** – it was said that health inequalities was a complex issue. In some areas progress was demonstrably good, for example the achievements of the stop smoking service, but it was recognised there were challenges which would need to be worked on over many years to come. A comment was made that the problems were recognised but solutions that really work were needed and it was suggested that establishing a task force may be beneficial. It was said that the recommendations of the Annual Report were strong and would help achieve progress.
- 5.2.12 The Director of Public Health concluded by explaining that it was important that it was understood that there was no single fix, it was important to look at the broader issues that would interplay to create the right environment for the population. It was important to achieve equitable outcomes for all by proportionately addressing needs of specific communities. Progress had been made in several areas, but more needed to be done.
- 5.3 Decision:
- 5.3.1 The Health and Wellbeing Board noted the Annual Public Health Report set out at Appendix 1 to the report, including its findings and recommendations and congratulated the Director of Public Health for the work he was doing on this issue.

6. Risk management

- 6.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to its community.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Action is not taken to address health inequalities.	Not adhering to the recommendations within the APHR could lead to increased costs related to health inequalities. Treatment and wider costs associated with tackling the impact of health inequalities, in the housing, criminal justice and wider society will be exacerbated.	Adopt the recommendations set out in the report	D2

7. Consultation

- 7.1 Various stakeholders from Medway Council were consulted for the benefit of this report including the Head of Health Improvement, the Head of Public Health Programmes), the Senior Public Health Manager and the Housing Strategy and Partnerships Officer. Information that was not publicly available - including specific details on Council strategy and action to combat COVID-19 and how public health programmes adapted to remain accessible and impactful for beneficiaries during this time - was sourced directly from these staff members.

8. Climate change implications

- 8.1 [The Council declared a climate change emergency in April 2019](#) and has set a target for Medway to become carbon neutral by 2050. This report acknowledges this new commitment within its recommendations section and discusses how uneven access to green spaces and an unpolluted environment contributes to health inequalities.
- 8.2 Medway Council's emphasis on place-shaping to build out green urban spaces, reduce traffic movements and facilitate job creation is emphasised within this report. The Warm Homes Scheme initiative is also highlighted to demonstrate how the Council is tackling fuel poverty and energy wastage in tandem.

9. Financial implications

- 9.1 Any resources required to deliver ambitions set out in this report will be found through existing service or organisational budgets.

10. Legal implications

10.1 The Annual Public Health Report is an independent report of the Director of Public Health as set out in Section 73B (5) & (6) of the NHS Act 2006, inserted by section 31 of the Health and Social Care Act 2012. Local Authorities are required to publish the Director of Public Health's Annual Report.

11. Recommendations

11.1 The Committee is asked to:

- a) note the comments of the Health and Wellbeing Board.
- b) note the Annual Public Health Report set out in Appendix 1, including its findings and recommendations.

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Appendices

Appendix 1 – Annual Public Health Report 2019/20

Background papers

None