

## **CABINET**

**30 MARCH 2021**

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

Portfolio Holder: Councillor David Brake, Portfolio Holder for Adults’ Services

Report from: James Williams, Director of Public Health

Author: Meredith Leston, Public Health Research Officer

#### **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 10<sup>th</sup> 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 the Health and Adult Social Care Overview and Scrutiny Committee on 11 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. Health and Adult Social Care Overview and Scrutiny Committee – 11 March 2021

6.1. The Committee considered this report at its meeting on 11 March 2021 and its comments are summarised as follows:

6.2. Members considered the Director of Public Health's Annual Report for 2019-20. The report also included the discussion of the report that took place at the Health and Wellbeing Board.

6.3. The following issues were discussed:

6.3.1 **Longstanding levels of deprivation in parts of Medway** – the point was made that the areas with high levels of deprivation identified in the report had not improved in many years in spite of attempts to address this. This lack of resilience in these communities had been a factor in higher rates of Covid-19, the effects of which had further worsened resilience. The Director of Public Health commented that, as well as dealing with the impact of Covid and learning lessons from the pandemic, a system wide approach was needed to tackle long term structural issues and to break cycles of inter-generational poverty. However, such changes could not happen overnight. The regeneration plans for Medway formed part of this approach. He was also leading on a Kent and Medway population health management programme to tackle underlying health conditions. The Director emphasised the important role education played in health and that public health would be supporting the system led approach referred to by the development of the child friendly Medway initiative which would encompass all children. Children's hubs in future would focus on prevention and education as well as the delivery of services.

6.3.2 In response to a question, the Director of Public Health clarified that residing in an area did not itself lead to worse outcomes and a person's whole life context had to be taken into account.

6.3.3 **Monitoring outcomes** – the lack of milestones in the report was referred to and it was suggested there should be regular reports to the Committee on progress in achieving the Annual Report's objectives so that recommendations could be made on where resources could be re-allocated to tackle health inequalities. The Director of Public Health advised there were lots of different ways in which outcomes could be influenced across the system. Outcomes were monitored in two ways. Firstly, the indicators in the Annual Report were monitored in detail via the Joint Health and Wellbeing Strategy by the Health and Wellbeing Board. Secondly some indicators were also Council Plan targets and monitored through the Council Plan monitoring process. Comprehensive action plans sat underneath these monitoring reports. Also, each Annual report provided an overarching look back on the outcomes of previous reports. With regard to a suggestion that the monitoring reports could be reformatted for the Committee with a RAG rating to provide Members with an overview of progress, the Director of Public Health undertook to look at whether a simplified, heat map type report could be

provided to the Committee, but this needed to take into account some measures were long term in nature.

- 6.3.4 **Protecting mental health services** – the likelihood of a significant increase in demand for mental health services post Covid-19 and the importance of working with partners to protect these services was referred to.
- 6.3.5 **Voluntary and Community Sector (VCS)** – the point was made that the Public Health team had worked very closely with the VCS during the pandemic and their partnership had significantly improved. Going forward this partnership would continue to be important. The Director of Public Health concurred with this point and noted that without the work of the VCS, Medway would have fared very differently during the pandemic.
- 6.3.6 **Eating Disorders** – a concern was raised that the emphasis on tackling obesity could send the wrong message to people suffering with eating disorders. The Director of Public Health commented that his team commissioned specialist eating disorder services and recognised that BMI was just one factor in a person's health.
- 6.3.7 **Greenspaces** – the importance of green and open spaces was highlighted, noting this had been particularly important during the periods of lockdown. The planning system should ensure people had access to an outside space. The Director of Public Health commented that the importance of outdoor spaces was reflected in various strategies and strategic plans.
- 6.3.8 **Public Health work across the Council** - whether the work the public health team were involved in across the council in planning, housing, education and skills etc could be reported to the Committee was suggested.
- 6.3.9 **Smoking during pregnancy** – in terms of how long this was monitored after the mother had given birth, the Director of Public Health advised that health visitors monitored whether the mother or anyone else in the household was smoking and intervened where necessary.
- 6.3.10 **Education, skills and health** - the Director of Public Health acknowledged this connection and commented his membership of the Skills Board and the Youth Justice Board gave him the ability to influence this issue. The Skills Board was also working with partners to bridge the gap between the emerging job market and the skills employers needed for these jobs.
- 6.3.11 **Life expectancy** – noting that the differences in life expectancy between men and woman was greater in Medway than nationally, how this was being addressed was queried. The Director of Public Health acknowledged this was a challenge and women were catching up to men and the gap was narrowing. His aspiration was to raise levels for both men and women and the data was available to target interventions where they were most needed.
- 6.3.12 **Ward level information** – the importance of Members receiving ward level information was referred to.
- 6.3.13 **Public Health and the pandemic** – several Members expressed their appreciation for the team's work during the pandemic and the significant contribution made by public health.

## 6.4. Decision:

### 6.4.1. The Committee agreed to:

- a) note the comments of the Health and Wellbeing Board.
- b) note the Annual Public Health Report, including its findings and recommendations.
- c) consider whether the Committee should receive regular reports from the Health and Wellbeing Board.

(In accordance with Council Rule 12.6, Councillors McDonald, Murray and Price asked that their votes in favour be recorded.)

## 7. Risk management

- 7.1. 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	<b>D2</b>

## 8. Consultation

- 8.1. 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.

## 9. Climate change implications

- 9.1. [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.



9.2. 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.

## 10. Financial implications

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

## 11. Legal implications

11.1. 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.

## 12. Recommendations

12.1 The Cabinet is asked to:

- i) Note the comments of the Health and Wellbeing Board and the Health and Adult Social Care Overview and Scrutiny Committee set out sections 5 and 6 of the report respectively.
- ii) Note the Annual Public Health Report set out in Appendix 1 to the report, including its findings and recommendations.

## 13. Suggested reasons for decision

13.1 There is a statutory duty for Directors of Public Health to produce an Annual Report and Local Authorities to publish the report.

## Lead officer contact

James Williams  
Director of Public Health  
[James.williams@medway.gov.uk](mailto:James.williams@medway.gov.uk)  
01634 332480

## Appendices

Appendix 1 – Annual Public Health Report 2019/20

## Background papers

None.