

HEALTH AND WELLBEING BOARD

10 FEBRUARY 2022

JOINT HEALTH AND WELLBEING STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT MONITORING REORT

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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 Health and Wellbeing Board (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. Medway has seen the proportion of children in Year 6 who are overweight or obese increase slightly in the most recent published data (IND137), in line with an increase nationally. The periods of lockdown resulting from the national response to COVID made the delivery of Medway Council Public Health team's normal healthy weight services impossible to maintain, so the team developed a range of online options to provide support to families, including:
- Little Food Explorers, online sessions on 'Introducing Solid Foods' with Homestart families;
 - monthly 'Live' sessions running covering subject area;
 - Little Chefs, an online delivery of cookery programme in partnership with Medway Adult Education.
- 3.3.4. Medway Council runs five different weight support programmes for children and families and five cookery programmes for families and adults to help children and young people to maintain a healthy weight. Each program is designed to address different preferences or needs and the healthy weight team is constantly reviewing evidence of best practice to try to improve outcomes.
- 3.3.5. A new Tier 2 service for children aged one to five years who are fussy eaters was developed with health visitors, dieticians and families. In a pilot exercise, two facilitators have been trained to work with families in a Children and Family Centre to deliver the service. In addition, an information booklet has been created on fussy eating aimed at the public for health professionals to share with families.
- 3.3.6. The Children and Young People Tier 3 programme sees a broad range of ages, and there are some complex children with co-morbidities within this cohort. The service is keen to remain led by children and young people, and emotional support and psychotherapy groups are working with both children

and young people and their parents.

- 3.3.7. Face-to-face services restarted for Fit Fix and Tri Club in October 2021 after the COVID lockdown was over.
- 3.3.8. In addition to the work that is undertaken by Medway Council's healthy weight team, the Medway and Swale Health and Care Partnership (HCP)—a collaboration of the NHS, Medway and Swale councils, and other partners—has chosen childhood obesity as the focus of a 22-week population health management (PHM) development programme. Population health management is about addressing the wider determinants of health and wellbeing to prevent ill health and reduce the burden on the NHS. By focussing on childhood obesity, Medway and Swale HCP is committing to giving children a good start now in order to create a better future.
- 3.3.9. For the most recent published period where we have data from other areas with which we can compare our performance (2019/20), 15.2% of women were smoking at the time of delivery (SATOD), compared to 15.9% in the previous year (2018/19). Medway's SATOD rate for Q4 (2019/20) came in at 14%—the lowest on record in Medway. Going forward, we will need to change the way we report on this metric, because the abolition of Medway CCG and creation of Kent and Medway Integrated Care System (ICS) means that data are now only being published at ICS level, which means that Medway's rates are combined with those from Kent. We believe that we will be able to use local data to report performance for Medway.
- 3.3.10 Due to COVID-19, from March 2020 Medway Council's smoking cessation team relied on telephone support for pregnant women who wanted to give up smoking. Even though we were facing restrictions due to COVID-19, 281 referrals were received from April 2020 to September 2020, an increase of 18% compared to the same period of the previous year.
- 3.3.11 Despite clinical pressures during the pandemic, the smoking cessation team has continued to work effectively with midwifery colleagues, resulting in increased midwife referrals. To date, there has been a 4.6% increase in referrals compared to the same period last year – 505 referrals (2019/20 YTD) compared to 529 referrals (2020/21 YTD).
- 3.3.12 Recently the team has returned to offering face-to-face service provision at two locations in Medway – Chatham Children and Family Hub and the Smokefree Advice Centre, Chatham.
- 3.3.13 In other work related to smoking, a Smoking in Pregnancy Specialist Midwife was appointed and started in role in August 2021, and a Medway Maternal Smoking Webinar took place virtually on 1st April 2021 – the event was a success and brought together several key stakeholders. The event balanced celebrating system successes, expert speakers providing research developments in the field.

3.3.14 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. There was concern that during lockdown because of COVID-19 that vaccination rates may fall. However, this was not the case, as illustrated by the rates of vaccination for the second dose of MMR (IND127).

3.3.15 Medway continues to be in the highest quartile for children in care with emotional difficulties, and has been in this quartile since at least 2015 (IND132). This group is particularly vulnerable and the impacts in early life can lead to on-going negative impacts through adulthood. A comprehensive needs assessment of children in care has been in development since late 2021 and will be published as part of the Joint Strategic Needs Assessment, once it has completed its journey through its governance process.

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. When lockdown 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 by this hub until 1 December, 2021, when Medway Street Angels took over the operational side of the work. Medway Council, via the COVID Local Support Grant, pays Medway Street Angels to purchase the food against a set list of ingredients and Medway Street Angels then delivers the food to residents in need of support. This is an excellent example of Medway Council working effectively with a local charity to support the community.

- 3.6.4. Medway and Swale Health and Care Partnership (HCP), the membership of which includes the Medway organisations represented on the Health and Wellbeing Board, is transforming primary and local care, identifying local priorities and working collaboratively to improve health and wellbeing. Within Medway and Swale, 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 HCP, with seven of nine in Medway. Medway Council adult social care works closely with NHS colleagues to ensure a patient-centred approach. The Health and Care Partnership enables high-level direction-setting for local care, which is supported through the Better Care Fund Plan, and Joint Commissioning Management Group, through to the local Care Home Support Group, integrated discharging and supporting care providers through the current workforce crisis.
- 3.6.5. Work has continued on the Joint Medway Carers' Strategy to align it with the Early Help Strategy and Parenting Support Strategy to ensure that young carers were engaged through the strategies' consultation processes and young carers now have a seat the Early Help Steering Board. The Director of People has approved the final sign-off for the Joint Medway Carers' Strategy, with a view to refreshing and aligning it with the new Adult Social Care People's Strategy after approval, prior to April 2022.
- 3.6.6. Medway continues to be below the 5th percentile for estimated dementia diagnosis rate, i.e., a relatively low proportion of patients with dementia have been diagnosed (IND213). However, there is a new focus on dementia in Kent and Medway and the joint Kent and Medway Dementia Strategy is being developed by the Kent and Medway CCG, the Kent and Medway NHS and Social Care Partnership Trust (KMPT), Medway Council and Kent County Council. The Health and Wellbeing Board was briefed on the development of this strategy in June 2021.

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, IND321)
- 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 a 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 increase the complexity and cost of managing them become much greater.
- 3.9.4. The most recent premature cancer mortality rate (deaths from cancer in those under the age of 75 years) shows that Medway is above the national average, but not statistically significantly higher than the rate in England (IND306). This latest data point is for the year 2020, and therefore includes the effects of the first wave of the COVID-19 pandemic. It is encouraging that the general trend, locally and nationally, of falling under-75 cancer mortality rates has continued through 2020. There was concern that the pause in access to cancer screening and diagnostic services associated with the COVID-19 pandemic impacts would have had a negative impact on outcomes for patients.
- 3.9.5. Cervical cancer screening rates remain higher than the national average (IND502), and breast cancer screening 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, however, in the period leading up to March 2020 the proportion of eligible patients aged 60-74 years who were screened increased markedly to 61.7% (IND321). This increase is in line with an increase seen nationally and is the result of changing to a new method, the faecal immunochemical test (FIT).
- 3.9.6. Variation in primary care is being addressed directly by the creation of Medway and Swale Health and Care Partnership (HCP) 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 HCP has a clinical variation programme that works with primary care networks PCNs to reduce variation in care. Clinical variation is a key part of the HCP

population health management program.

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. These profiles are being used by Medway and Swale HCP 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. The NHS is undergoing a period of reorganisation, part of which includes a focus on population health management (PHM), whereby the NHS is expected to do more to improve population health. The health and wellbeing board received a number of papers relating to this in 2021. One important element of this work has been a 22-week PHM programme to help develop skills and experience applying this population health management.
- 3.12.6. Medway and Swale HCP was selected to trial this approach at the HCP level and Medway Central PCN was selected at the primary care network level, and each selected a specific cohort of patients to which to focus. Medway and Swale HCP focussed on obese children with asthma or diabetes, and Medway Central PCN focussed on adults aged 20 to 39 years with obesity and hypertension. In selecting these cohorts, the HCP and PCN each emphasised the impact that excess weight was having now and would have in the future on the health and care system and on patients' lives. The 22-week programme took the HCP and PCN through a process to demonstrate the financial impact on the NHS of these cohorts and to plan for approaches to improve the health of these cohorts. Medway and Swale HCP then began the intervention and rapidly recruited a large number of children into the tier 3 healthy weight programme. Significant impacts on the NHS system from this programme will be seen a number of years in the future, however, positive impacts on the wellbeing of the children involved are likely to be seen much sooner.
- 3.12.7. 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 smoke has fallen from around 25% in 2012 to 14.1% in 2019 (see IND409), approximately 20,000 fewer smokers. Note that this indicator has not been updated since last year in national reporting.
- 3.12.8. Dementia Action Alliance continues to be active virtually, with activity for this vulnerable group limited by COVID-19. Formation of new dementia friendly places will, however, now be aided by initiatives to create a hidden disability high street. The non-visible disability initiative was launched in August 2021, and it has three components: an awareness qualification for those working in customer service and frontline roles; a smartphone app that highlights disability access and services; and an awareness course for retailers and employers.
- 3.12.9. Activity Challenge - From June 1st-30th, Kent and Medway Healthy Workplaces programme organised a 'Step into Summer' Activity Challenge for businesses that were part of the programme. Participants formed teams and were encouraged to record any activity completed during the month of June. This was converted into activity points and each individual's points contributed to their team's total. There was also a collective challenge target

of achieving 500,000 activity points. More than 120 participants across 16 teams completed the activity challenge and surpassed our collective 500,000 activity point target. In total, all participants contributed to an incredible 563,199 activity points which equates to 23,972,060 steps or 9,449 miles, the equivalent of walking from the Pentagon in Medway to Queensland, Australia.

3.12.10 The Kent and Medway Suicide Prevention strategies for adults and for children and young people have been approved by Medway Council Cabinet.

3.12.11 There has been notable work undertaken to address suicide. The suicide bereavement service officially launched in July 2021, provided by an organisation called Listening Area, to support people who have experienced the loss of a loved one by suicide.

3.12.12 In recognition of the work that has been taking place locally, the Kent and Medway suicide prevention programme was nominated for an award at the National Mental Health awards.

3.12.13 In activity to try to prevent suicides, a pilot initiative is being trialled at Brook car park to monitor suicide behaviour using sensor technology via funding from the suicide innovation fund.

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 focused largely on the social determinants of health and was 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. A Kent and Medway cancer inequalities steering group has been established to develop a cancer inequalities strategy in the form of a toolkit. The toolkit will outline the degree to which cancer inequalities exist within Kent and Medway, develop a series of evidence-based recommendations to address these and identify priority groups for focused intervention. The group includes representation from Medway Council public health, Kent County Council public health, UK Health Security Agency, Kent and Medway Cancer Alliance, Kent and Medway CCG, and MacMillan.
- 3.15.6. In June 2021, as part of the Kent and Medway Integrated Care System (ICS) work on population health management, the ICS organised workshop on health inequalities for system leaders as part of the process to develop a Health Inequalities Action Plan for Kent and Medway Integrated Care System. The workshop included presentations from national leaders in work on health inequalities as well as presentations of local data on health inequalities. Participants discussed the issues raised and explored ways in which health inequalities can be addressed.
- 3.15.7. Examples of key points noted from the meeting include:
- Living in a deprived area negatively affects your health and wellbeing;
 - If you live in the most deprived ward in Kent you are likely to die before someone who lives in the least deprived. In the most extreme case, there is a 25-year age gap between the average age of death for the least deprived and most deprived in our area.
 - You are more likely to go into hospital as an emergency case if you live in a poorer ward. For example, there are more emergency admissions for chronic obstructive pulmonary disease and stroke for people in more deprived areas.

- If you have a mental illness, you are more likely than the general population to have a physical illness and to die younger.
- If you grow up and have experienced more than four adverse childhood events – such as parental separation, any kind of mental or physical abuse or experienced mental health problems – you are more likely as an adult to go on to use drugs, become involved in violence or go to jail than a child who has had no or fewer adverse experiences.
- The increase in mortality compared to before COVID was greater in people who were from Black and Asian minority ethnic backgrounds.

3.15.8 In early 2021 the Director of Public Health's independent Annual Public Health Report (APHR) was published, entitled "Health Inequality in Medway". Directors of Public Health (DsPH) have a statutory requirement to produce a public health report each year, as a professional statement about the health of the local community.

3.15.9 To coincide with the 10th anniversary of the Marmot Report, 'Fair Society, Healthy Lives', Medway's 2019-20 Annual Public Health Report focused on health inequalities that persist within the unitary authority boundary. The report set 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.

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. Recommendation

- 8.1 The Health and Wellbeing Board is asked to note and comment on the indicator updates of the Joint Health and Wellbeing Strategy.

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Appendices

Appendix 1 - Joint Health and Wellbeing Strategy indicators

Background Papers

None