

HEALTH AND WELLBEING BOARD

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MEDWAY HEALTH AND WELLBEING SURVEY

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Summary

The purpose of this report is to inform the Board about the Medway Health and Wellbeing (“Picture of Medway”). This survey has been conducted to provide a detailed picture of the health and wellbeing of the people of Medway, including the impact of COVID-19. The survey has been conducted using a research approach that will allow us to draw robust conclusions about health and wellbeing in different parts of Medway. The analytical work is just beginning and this paper provides an overview of the surveyed population to set the scene for future reports. The results of the survey will be used to inform the development of the next Joint Health and Wellbeing Strategy (JHWS) and other work.

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 responsibility to ensure that robust 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 indicators related to the National Outcomes Frameworks for the NHS, Social Care, Public Health and Children.
- 2.2. A number of the key indicators in the strategy come from data collected as part of national surveys. These surveys are designed to provide robust estimates for the indicators at national level, and usually at local authority level. They are not usually designed to provide more granular estimates, which means that for important indicators, such as adult obesity and smoking prevalence, we are only able to get an estimate for Medway as a whole and are not able to get estimates for areas within Medway. This limits their usefulness in understanding health inequalities within Medway.

- 2.3. The Medway Health and Wellbeing Survey (“Picture of Medway”) uses many of the questions used in national surveys and has been designed using a research approach (see next paragraph) so that it will be possible to provide robust estimates of adult obesity, smoking prevalence, etc., for areas within Medway, and this will enable us to determine where the need is greatest. The questionnaire can be found at Appendix 1.
- 2.4. To conduct this survey, we took a random sample of 6% of all residential properties from each neighbourhood (LSOA) in Medway. (An LSOA is a “lower level super output area”, a unit of geography defined by the Office for National Statistics that usually has about 1,700 people.) A total of 8,000 residences were included in the sample. Taking this approach means that all areas of Medway were included in the survey. Taking a random sample in this way, as done in scientific research, minimizes biases that can occur with simple online surveys and interviews of people encountered on the street through quota sampling.
- 2.5. The randomly selected households received a letter inviting one adult member of the household to take part in the survey online. The adult member chosen was the one whose birthday was next. Each letter invited the adult member of the household to complete the survey questionnaire themselves online. A code was used to identify the household so that we could see which households had completed the survey. A second letter was sent two weeks later to households that had not completed the survey.
- 2.6. After two letters, the remaining households were visited up to three times by door-to-door interviewers who asked permission to interview the adult whose birthday was next. Finally, once the main data collection had been completed, a small public health team visited sampled residences in LSOAs where the response rate was low.

3. Advice and analysis

- 3.1. In total 3,536 (44.2%) people responded to the survey, from the 8,000 residences in the sample. The breakdown of the number of responses per ward can be seen in Appendix 2 (slide 2). In slide 2 “Smart Survey” indicates the online responses after being sent a letter; “MEL” indicates the door-to-door interviews; and “PH follow-ups” indicate additional door-to-door interviews conducted by the public health team in LSOAs where the number of responses was low.
- 3.2. Slide 4 in Appendix 2 shows the age distribution of Medway (grey) and the age distribution of responses to the survey (blue). This shows that the age distribution in the survey broadly matches that of the population. The response rate was lower in the 18 to 24-year-old age group, as was expected, however, the number of responses is large enough to be able to adjust analyses using statistical weighting.

- 3.3. Slide 5 shows the distribution by gender, and this too is close enough to be able to adjust subsequent analyses using statistical weighting.
- 3.4. Slide 6 shows the distribution by deprivation deciles. Again, the number of responses by deprivation decile is very similar to that in the population.
- 3.5. These preliminary results are extremely encouraging as they indicate that the respondents are a very good match to the population of Medway. This means that the analyses of the survey that will be conducted going forward will provide robust and reliable information about the health and wellbeing of the people of Medway.
- 3.6. The Public Health Intelligence team is currently preparing the dataset for these future analyses. The data collected is extremely rich and there will be many subsequent reports that will come from the survey, covering different aspects of health and wellbeing across Medway. The team is developing links with colleagues in the University of Kent to collaborate on some of the more complex analyses.

4. Risk management

4.1.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Data breach	Some of the data may enable identification of individuals if the data escapes the council systems	A data processing impact assessment was completed to identify risks and put measures in place. The data are being stored in a secured area with limited access. An analysis data set is being developed that will limit the ability to identify individuals.	D-3 (low likelihood, marginal impact)

5. Consultation

- 5.1. Stakeholders within Medway Council were consulted regarding the content of the survey. A balance had to be found between the breadth of questions included and ensuring that the questionnaire was not too long.

6. Climate change implications

- 6.1. No paper forms were used in this survey, limiting the impact of the survey on the use of wood. Interviewers walked around areas of Medway to conduct the survey. The impact of the survey on climate change is likely to have been small, over and above the impact of Council computing systems, etc.

7. Financial implications

- 7.1. There are no financial implications arising directly from this report.

8. Legal implications

- 8.1. There are no legal implications for this work, as it is not the result of any statutory requirement and the results of the work will help to inform council decisions, but will not legally require the Council to take any specific action.

9. Recommendation

- 9.1. That members of the Health and Wellbeing Board are asked to note the preliminary findings of the "Picture of Medway" survey.

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Appendices

Appendix 1 - Health and Wellbeing survey instrument
Appendix 2 - Preliminary findings