Health and Wellbeing Board – Supplementary agenda

A meeting of the Health and Wellbeing Board will be held on:

Date: 18 June 2013

Time: 4.00pm

Venue: St George's Centre, Pembroke Road, Chatham Maritime, Chatham ME4 4UH

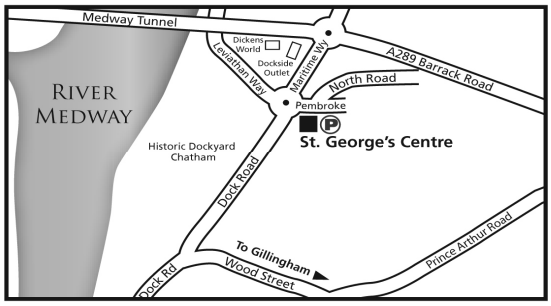
Items

7 Joint Health and Wellbeing Strategy delivery plans and outcomes framework - for decision **(Pages 3 - 64)**

This report contains an amended copy of the report on progress updates of the delivery plans for the Joint HWBS priority actions for 2013/2014 and the monitoring and outcomes framework for the JHWBS and the Board is asked to consider and comment on progress made.

For further information please contact Rosie Gunstone, Democratic Services Officer on Telephone: 01634 332715 or Email:
democratic.services@medway.gov.uk

Date: 12 June 2013



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HEALTH AND WELLBEING BOARD

18 JUNE 2013

JOINT HEALTH AND WELLBEING STRATEGY FOR MEDWAY: DELIVERY PLAN PROGRESS UPDATES AND MONITORING AND OUTCOMES FRAMEWORK

Report from: Dr Alison Barnett, Director of Public Health

Author: Karen Macarthur, Consultant in Public Health

Summary

The Medway Joint Health and Wellbeing Strategy 2012-17 is now being implemented. Progress updates are attached for each of the five priority action delivery plans. In addition, a draft monitoring and outcomes framework for the JHWS and a short paper highlighting key points from reviewing the relevant outcomes indicators are attached for consideration by the Health and Wellbeing Board

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. Medway finalised its first Joint Health and Wellbeing Strategy at the end of 2012 and delivery plans were finalised at the end of March 2013. Implementation and monitoring of the strategy and the strategy outcomes are now on-going.

2. Progress on development of the Medway Joint Health and Wellbeing Strategy priority action delivery plans and monitoring and outcomes framework

2.1. Delivery plans with first progress updates completed by lead officers are attached for consideration and discussion by the Board.

2.2 A monitoring and outcomes framework for the Medway Joint Health and Wellbeing Strategy has been developed and is attached for consideration and discussion.

This will consist of 3 main areas:

- Monitoring of outcomes taken from the National Outcomes Frameworks for the NHS, Social Care, Public Health and Children

which are aligned to the Medway Joint Health and Wellbeing Strategy 2012-17.

- Review of commissioning plans of partner organisations to ensure alignment of commissioning to the identified priorities in the Joint Health and Wellbeing Strategy 2012-17
- Monitoring of performance indicators in the priority action delivery plans.

Key points arising from an initial review of the Dashboard are also attached for consideration.

3. Board level theme leads and lead officers for priority actions

Theme/Priority Action	Board Theme Lead	Priority Action Lead
Theme 1. Give every child a good start	Cllr Mike O'Brien	
Priority Action 1: Support mothers to have good physical and emotional health in pregnancy and in the early months of life: Focus on increasing levels of breastfeeding and reducing smoking in pregnancy		Marilyn Roe
Theme 2. Enable older people to live independently and well	Dr Gill Fargher	
Priority Action 2: Improve early diagnosis, treatment and care for people with dementia in line with increasing population need		Mariette Mason
Theme 3. Prevent early death and increase years of healthy life	Dr Peter Green	
Priority Action 3: Reduce death rates from cardiovascular disease		Simon Truett
Theme 4. Improve physical and mental health and wellbeing	Cllr Andrew Mackness	
Priority Action 4: Promote healthy eating and physical activity		SallyAnn Ironmonger
Theme 5. Reduce health inequalities	Cllr Vince Maple	
Priority Action 5: Improve uptake of screening and NHS Health Checks in the most disadvantaged areas		Dr Julia Duke-MacRae

The table below updates the theme leads and lead officers for priority actions following recent organisational changes.

4. Legal and financial implications

4.1. There are no additional financial implications arising directly from the contents of this report. In order to ensure progress in the priority areas the Health and Wellbeing Board may re-align or allocated resources if this is felt to be needed.

5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Delivery plans are not implemented	Due to lack of resource and commitment plans are not fully implemented	Lead officers have been nominated for each area Regular progress reports to the Board.	D2
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		D2

6. Recommendations:

6.1. To consider progress updates and facilitate progress to the successful implementation of the priority action delivery plans where barriers have been identified.

6.2. To discuss the monitoring and outcomes framework for the Joint Health and Wellbeing Strategy 2012-17 and key points arising from the initial review.

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Background papers

Paper 1: Delivery plans 1-5 with progress updates
Paper 2.Medway Joint Health and Wellbeing Strategy: Monitoring and Outcomes Framework and key points from initial review.
Appendix 2a JHWS Themes Outcomes Indicators
Appendix 2b Sample views for Public Health Dashboard

Item 7

Paper 1 – Delivery Plans 1-5 with progress updates

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME	Give every child a good start	LEAD HWB MEMBER	Cllr Mike O'Brien
PRIORITY ACTION	Support to mothers to have good physical and emotional health in pregnancy and in the early months of life: Focus on increasing levels of breastfeeding and reducing smoking in	LEAD OFFICER	Marilyn Roe

No.	ACTION	Who responsible	Complete date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress commentary plus RAG
1	Support young people in transition/care leavers who are mothers to make the best possible start in their babies lives	Partnership commissioning and providers	Apr-13	▪A programme of targeted support and advice available to all care leavers who are mothers	*intentionally left blank*	1,2,3,4,5,6	To be reviewed as part of the development of Best Start in Life strategy. A project board has been constituted to take forward development of the strategy - the target date for completion is now September 2013.
2	Develop an evidence based ante-natal and early years programme to be delivered across Medway which meets DH requirements	Partnership commissioning and providers	Dec-13	▪A partnership of midwifery and other health staff delivering an agreed programme of antenatal and early years care; ▪Friends and family test for maternity services satisfaction levels; ▪Numbers attending ante natal classes	*intentionally left blank*	1,2,3,4,5,6	To be reviewed as part of the development of Best Start in Life strategy. A project board has been constituted to take forward development of the strategy - the target date for completion is now September 2013.
3	Introduce new health visitor requirements expanding the range of professional support and help available to pregnant women	National Commissioning Board Local Area Team and Medway Community Healthcare	Mar-15	▪Implementation of healthy child programme ▪National breastfeeding measure introduced and conducted locally at 10 -15 days and 16 weeks; ▪Annual increase in the number of health visitors	▪Improved knowledge of breastfeeding rates because of increase in number of measures taken.	4,5,6, **A, B**	Unable to meet recruitment trajectory for end March 13. New dashboard reporting HCP % coverage. Plans in place to increase coverage of ante-natal contacts; process for information sharing between midwifery service and health visiting agreed. Roll out of 2.5 year review clinics from Jan 13/ pilot for integrated review

No.	ACTION	Who responsible	Complete date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress commentary plus RAG
4	Reduce number of women who smoke during pregnancy. Implement Medway Smoking in Pregnancy Action Plan which includes implementing carbon monoxide(Co) testing to all patients at booking and improving on recording methods of smokers at time of booking and delivery. Recruitment of part time post to support specialist smoking in pregnancy	Julia Thomas	Mar-14	▪ Smoking in pregnancy adviser in post; ▪ Action plan fully implemented; ▪ Number & % of pregnant women Co tested and smoking status recorded at time of booking; ▪ Number & % of pregnant women recorded at time of delivery	▪ Reduction in the rate of smoking at the time of delivery from 18.10% to 14%	1,2,3,**6**	Implementation of CQUIN targets for 2013/2014 with the Acute trust which include: C.O. testing all pregnant women at 12 week scan, ensuring that 98% of pregnant women are brief intervention trained and achieve accurate recording of smoking at time of delivery (SATOD) data. Approval has been made to commisssion the 'Babyclear' project which will deliver the training. End of year data for 2011/2012 due on the 18th
5	Complete a systematic review of the Medway Infant Feeding strategy key objectives. - Convene meeting between all key partners in February: - to present rationale for low breastfeeding initiation and 6-8 week rates; - to agree a robust action plan with clear lines of accountability	Public Health, Medway Community Healthcare, Medway Foundation Trust, Medway Council	Mar-14	▪ UK Baby Friendly Accreditation. ▪ Increase in number of professionals trained in infant feeding to BFI standards; ▪ Increase in the level of UNICEF baby friendly accreditation achieved in the community & hospital; ▪ Increase in parents seeking breastfeeding peer support.*(service data)*	▪ Increasing rate of breastfeeding	**4,5,A,B**	A meeting has been scheduled for July, between Medway Council, Public Health, Medway Community Healthcare and Medway Foundation Trust to review the infant feeding strategy and accompanying action plan. The meeting has been delayed as several organisations (including Public Health) have restructured their Infant Feeding roles. • Public Health has developed 10 weekly Peer Support Network clinics are underway in community locations (mainly children centres) with trained supporters offering support to breastfeeding mums.

Reference plan for priority 1

Code	No.	Outcomes framework	Text	Data source	Date frequency
1	4.1	PH	Infant mortality		annual
2	1.6ii	NHS	Neonatal and stillbirths		annual
3	2.1	PH	Term live births <2,500kg		annual
4	2.2i	PH	Breast feeding initiation	DH	quarterly
5	2.2ii	PH	Breastfeeding continuation (6-8 wks)	DH	quarterly
6	2.3	PH	Smoking status at the time of delivery	DH	quarterly
A			Breastfeeding 10-15days	DH	quarterly (from late 2013)
B			Breastfeeding at 16 weeks	DH	quarterly (from late 2013)

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME	Enable our older population to live independently and well	LEAD HWB MEMBER	Dr Gill Fargher
PRIORITY ACTION	Improve early diagnosis treatment and care for people with dementia in line with increasing population need	LEAD OFFICER	Mariette Mason

No.	ACTION	Who responsible	Complete date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress commentary plus RAG
1	To raise public and professional awareness and reduce stigma associated with dementia in order to encourage people to seek a memory assessment	Partnership commissioning team	Dec-13	▪ Development of a phased public campaign via Alzheimers bus; 6 monthly media; Webpages on SOE NHS 'Our Health' updated; ▪ Distribution of dementia web posters to public organisation & GP practices. ▪ Random pre & post campaign survey; ▪ No. of memory assessments during campaign period. *(DEMO1-3 by practice/SHA area half yearly)*	▪ Increase in GP dementia registration (QOF) ▪Increased awareness of dementia amongst residents in Medway.	D, E, 15	National dementia prevalence calculator available for CCG and GP use to monitor diagnosis rates against dementia prevalence. Dementia DES issued by NCB for agreement by 30th June 2013. National Acute Hospital CQIN in place to identify people with coignitive impairment. CQIN achievement monitored by KMCS and support to Acute Hospitals provided by KMCS.
2	To make Medway a Dementia Friendly community	NHS K&M Medway Council All CCGs ?dementia friendly coordinator	2013 2015	▪ Stakeholder event ▪ Extension of reference group membership from new contacts. ▪ Co-produce, montior and evaluate project plan. ▪ A pre and post attitude questionnaire. ▪Partnership with academic institution and agreement of evaluative methods. ▪Development of Dementia Friendly Community Charter mark. ▪ Number of Dementia Friendly Community Charter marks awarded.	▪ Increased awareness of dementia amongst residents in Medway. ▪ People with and carers of people with dementia will have improved interaction in the community	D, E	Transition of portfolios completed. No progression as yet.
3	To align mental health practitioners to all primary care practices across Medway to support early recognition and assessment	Partnership commissioning team	Mar-14	▪ Phased alignment of mental health practitioners to primary care completed. ▪ No. of practices with an aligned MH practitioner. (KMPT CQIN report) ▪ No. of prescriptions for anticholinesterase inhibitors.(medicines mgt drug initiation quarterly report) ▪ Reduction in antipsychotic prescribing Waiting times for memory clinics.	▪ Reduction in waiting time for dementia diagnosis;(monthly KMPT performance report) ▪ Increase in GP dementia registration.(QOF)	D	County wide CQIN developed with KMPT for the alignment of MH practitioners to primary care practices. KMCS working with KMPT on development of the service specification. Task group being established in Medway to develop the process and project plan to ensure all practices are aligned and practice dementia registers are collated with KMPT registers.

No.	ACTION	Who responsible	Complete date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress commentary plus RAG
4	To develop a primary care based early identification and assessment	Partnership commissioning team	Mar-14	▪ Project group established. Cluster 18 Assessment and diagnostic pathway agreed under MH PbR. ▪ Skilled primary care workforce to identify diagnose, manage dementia care. ▪ Exploration of interactive technology re memory asessment; ▪ Conduction of rapid specialist assessment for emergency admissions with cognitive impairment; ▪ No. of primary care clinicians undertaken training on dementia. (*Prime Minsters Challenge bid performance reporting*) ▪ No. of people 65-74 referred from NHS Health checks for a memory assessment.(*service data*)	▪ Memory assessment services are mainstreamed in all Medway GP practices through Mental Health PbR. ▪ People are diagnosed with dementia in the earlier stages of the disease. ▪ People diagnosed with Alzheimer's Disease in the early stages receive medication to delay the progression of the disease.	15	Cluster 18 assessment pathway approved in principle by MCG Committee. The pathway will now be costed by KMPT under PbR. County wide group established to progress ready for full implementation of PbR April 2014. GP training and education programme unbder development with Consultants and KMCS. First training plan draft to be tabled June 27th 2013 then to be shared with all dementia and training leads for agreement.
5	Standardisation of care quality for people with dementia in registered homes for people with dementia.	Partnership commissioning team	Dec-13	▪ Medway dementia forum established. ▪Enhanced care home service specification implemented. ▪Commissioned workforce training programme completed. ▪ Systematic community team support to care homes offered. (*service data*) ▪ Community geritrican project expanded.(*MMFT performance report*) ▪ No. of the care home workforce completed training.(*service data*) ▪ Care home & patient survey on quality of life measures.	▪ Improved and enhanced skills to manage dementia within the care home workforce. ▪ Reduction in emergency admissions from care homes. (*HES data*) ▪ Reduction in the no. of safe guarding alerts from individual care homes. ▪ Improved overall satisfaction in the quality of care provided. ▪ Reduction in the use of antipsychotic medication. (GP prescribing data) People with dementia receive appropriate cognitive stimulation therapy.	D	Transition of portfolios completed. No further progression as yet.

No.	ACTION	Who responsible	Complete date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress commentary plus RAG
6	Ensure people with dementia are supported through the long term condition integrated model of care established with active case management	Partnership commissioning team	Dec-13	▪ Accredited training delivered to primary & social care providers. ▪ Training plan for intermediate care/community mental health teams implemented. ▪ MMFT dementia buddy scheme initiated. Butterfly/Forget-me-knot schemes established. ▪ Number of staff completed different training programme *(service data)*	▪ Reduction in the number of people with dementia & their carers entering the care system in crisis. *(Social care packages via Care director)* ▪Reduction in emergency attendances to A & E & admissions.(*HES*)	E	Transition of portfolios completed. No further progression as yet.
7	Provide support for carers from early identification, diagnosis and throughout duration of care	Medway council, NHS Medway	Mar-13	▪ Expansion in the number of peer support groups and dementia cafes. ▪ Carers education at point of diagnosis programmes implemented. ▪ Increase in the number of personal budgets for care. ▪ Increase in the number of breaks/respite for carers. (Medway council contract quarterly performance monitoring & Primary care carers support payments intitiative)	▪ Carers empowered and enabled to understand dementia and disease progression. ▪Carers aware of and access to support. ▪Carers given increased flexible support.	E, F, D	This now sits with Partnership Commissioning and has been handed over.

Reference plan for priority 2					
Code	No.	Outcomes framework	Text	Data source	Date frequency
15			Invited to NHS Health check		quarterly
D	2.6	NHS	Enhancing quality of life with dementia	Indicator to be developed	
E	4.16	PH	Dementia and its impact	*tbc*	
F	1D	ASC	Carer reported quality of life		Bi annual

Risk factor	Likelihood	Impact	Mitigating action
Inability to recruit care homes to excellence in care project	low	high	Good advertising of launch event. Presentation of good example from first project
Training & support does not impact on care homes abiity to manage people with dementia	medium	high	Use of recognised training commitment of care home staff. Ensuring appropriate support via care homes
Lack of agreement from all practices across Medway to adhere to the new assessment pathway group	medium	medium	GP dementia clinical leads. Mitigated by the leadership of CCG boards
GPs may require different modes of training via elearning &/or via packages from consultants	medium	medium	Meetings with all dementia clinical leads to evaluate elearning programme from RCGP and agree the training programme from consultants
Failure to engage local businesses and employees in creating dementia friendly communities	medium	high	Leadership & guidance from Health & wellbeing board. Dedicated project resource key activities.

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME		3: PREVENT EARLY DEATH AND INCREASE HEALTHY YEARS OF LIFE	LEAD HWB MEMBER	Dr Peter Green

PRIORITY ACTION	3. Reduce death rates from cardiovascular disease	LEAD OFFICER	Simon Truett

No.	ACTION	Who responsible	Completion date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress reporting plus RAG
1	**Smoking** - the objective is to increase the recorded smoking status for smoking habits recorded for the population of Medway and reduce the % of people who smoke through the use of prompts in the GP IT system and recording patient history.. Collaborative working with Stop Smoking Service	Peter Green	Mar-14	▪Identification & recording of smoking status (baseline 82.3% recorded 20.8% of whom smoke 1/9/12) by ascertaining status via audit list of patients without smoking status. ▪ No. of referrals to the stop smoking services. (service data)	▪ Increased recording of smoking status and decreased percentage of smokers.	**8, 7**	Difficulties getting CCG level data due to issues with change of IT system to EMIS web in certain practices.
2	**Healthchecks** - Exploring the idea of identifying estimated risk populations within eligible NHS Health checks prorgamme with the potential of bringing them in earlier.	Peter Green	Mar-14	▪ Discussion with relevant stakeholders	▪ Earlier identification of patients with CVD risk factors,	**13, 7**	This piece of work has not been prioritised by BMJ Informatica. The outreach healthcheck programme will mitigate this.
4	**Familial Hypercholesterolaemia** - Software available in Primary Care helps identify patients who may have famuilial Hypercholesterolaemia increased number of patients on the register and better management. Working with Heart UK/Sanofi to provide additional support to Primary Care screening. Deploy Dutch family history of FH screening tool which allows greater level of risk stratificaion, awiating necessary codes.	Peter Green	Mar-14	▪ Read codes requested to enable information to be collected in Primary Care. ▪ Tool implemented to support diagnosis /management of patients with hypercholesterolaemia (baseline prevalence 0.16 1/9/12)	▪ Earlier identification and management of patients with familial hypercholesterolaemia.	13,7	Prevalence 0.18% and 0.04% possible. Codes issued for Dutch scoring system. Due to start HEART UK Project June
5	**Diabetes early detection** - Continued use of the Audit deployed (Oct 2012) in order to identify at risk patients and assess. Medway is the only CCG in the UK which has currently deployed this audit. Audit has identified capacity issues to undertake the test. All Practices looking to undertake and support testing (ongoing).	Peter Green	Mar-14	▪ Increased ability of practices to undertake the oral glucose tolerance test. Or diagnostic HbA1c ▪ Increased prevalence of diabetes recorded.	▪ Increased screening of at risk group. Enabling earlier diagnosis of diabetes. Leading to fewer long term problems.	7	Prevalence 1/4/13 DM 5.21% IGR 1.07% 22/5/13 DM 5.25% IGR 1.09% Practice Facilitators are supporting practices in running this audit and identifying patients. Also recruiting part time nurses to support practices identifying patients.
6	**CKD detection and management** - Patients with CKD Stage 3 and above have premature cardiac mortality. Therefore detection and better management lead to better outcomes. Aim to improve recorded prevalence; we have provided audits and prompts over and above QOF requirements for these patients.	Peter Green	Mar-14	▪Improved recording and detection rates to predicted prevalence. (Baseline recorded prevalence to be taken from QOGF 12-13)	▪ Earlier identification, detection and better management of patients with chronic kidney disease	7	CKD prevalence 3.13% 3/4/13 CKD prevalence 3.26% 22/5/13 Practice Facilitators are supporting practices in running this audit and identifying patients. Also rrecruiting part time nurses to support practices identifying patients.

No.	ACTION	Who responsible	Completion date	Outputs and measures	Outcomes	Contributing toward national outcome indicators	Progress reporting plus RAG
7	**Obesity** - increase the recorded BMI status in primary care; reduce % of obese population. Childhood version being proposed early 2013. Prompts introduced in GP I.T. software to capture patient data.	Peter Green	Mar-14	▪ Improved recording, management and monitoring of patients with low or high BMI's. ▪ Improved understanding of actual adult obesity prevalence.	▪ Identification of the proportion of adults patient by practice whose BMI has been recorded and the % with a BMI over 25; BMI 26-30; BMI 31-35; BMI 36-40; BMI 40 +	**H,** 7	LES issued to practices to improve identification rates on a quarterly basis
8	**Activity** - Increase uptake of GP referred exercise programme for % of population identified in Primary Care (Obesity).	Peter Green	Mar-14	▪ Through motivational interviewing technique identify those patients ready for behaviour change	▪ Increase in the number of patients given lifestyle advice. Monitor contacts with the weight management service through referrals to the exercise programme and Better Medway physical actvity opportunties. (service data)	7	
9	**Cardiac rehabilitation** : Objective in 2012/13 was to review provision of services in Medway to assess whether fit for the future. 13/14 will focus on implementing recommendations of review to ensure optimal service provision.	Simon Truett	Mar-14	▪ Completion of full review		7	New service specification under development, targeting July Clinical Accreditaiton Group for sign off and Contract Variation will be issued subsequent to this
10	**AF prevalence and management** - objective is to to record increased prevalence; increased benefit to patients being on appropriate meds. Raise awareness within the community; educate population to check own pulse "Pulse check"; Launch of PACT campaign in January 2013.	Peter Green	Mar-14	▪ Launch of PACT campaign in January 2013 - with on going campaign activity through 2014. ▪ Increased indentification and improved management of patients with atrial fibrillation	▪ Improved diagnosis and management of AF resulting in fewer strokes due to AF	CT	PACT Campaign first shown at the International Forum on Quality and safety in Healthcare April 13. In Health Matters and on Radio Kent interview. Also shared with Arrythmia Alliance and National Domain 2 Lead Dr Martin McShane Long Term Conditions.

No.	ACTION	Who responsible	Completion date	Outputs and measures		Outcomes	Contributing toward national outcome indicators	Progress reporting plus RAG
11	**Stroke**: Objective in 2012/13 was to review pathway of care for both stroke and TIA (Transient ischemic attack) to identify gaps in service in comparison to stroke quality standards and areas for future prioritisation. Stroke pathway compliant with stroke standards and it was particularly noted that early supported discharge was an active part of the pathway. 2013/14 focus will be on ensuring service standards continue to be met to ensure optimal service provision and outcomes achieved.	Simon Truett	ongoing March 14	▪ Continue to monitor all stroke targets to ensure optimum service pathway maintained.			G	Q4 at MFT: TIA targets and stroke targets achieved. Year 2012/13 also achieved. Link to sheet
	Public awareness campaign - Improve public knowldege and understanding of how to respond to a collapsed patient.	To be discussed - Partnership working						

Reference plan for priority three				NB. QOF data annual	
Code	No.	outcomes framework	Text	Data source	Frequency
7	1.1 (4.4i)	NHS (PH)	Under 75 mortality rate from cardio	ONS	annual
8	2.14	PH	Smoking prevalance 18+	Integrated household survey	annual
13	2.22	PH	Percentage of eligible people who receive an NHS Health check	DH	quarterly
G	3.4	NHS	Forthcoming indicator based on Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin scale at 6 months.	tbc	
H	2.12	PH	Proportion of adults classified as overweight or obese	Health survey for England/GP data/NOO atlas	annual

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME	Theme 4. Improve physical and mental health and wellbeing	LEAD HWB MEMBER	Cllr Andrew Mackness
PRIORITY ACTION	Promote healthy eating and physical activity	LEAD OFFICER	SallyAnn Ironmonger

No.	ACTION	Who responsible	Completion date	Outputs and measures	Outcomes	Contributing toward national outcome	Progress reporting plus RAG
1	Planning & Licensing - Develop and maintain a cross departmental partnership to raise awareness of areas of mutua interest between planning, licensing, elected members and health. An agreed action plan will be created, following an initial scoping event on 21st January 2013.	Public Health and Council Planning and Licensing department (Supported by Elected Members)	Mar-14	▪ Involvement of public health in the development management processes; ▪ Interim planning policy about hot food take away agreed; ▪ Action plan activity and progress to planned schedule.	▪ Improved and shared partnership insight re impact of planning and policy of food outlets on population health. (event evaluation & colloberative working)	H, 11,12,13,14, K	Review has been undertaken to consider the potential for creating a build environment in Medway that is condusive to preventing and reducing existing levels of obesity. A set of recommendations have been proposed for consideration. As a result of these piece of work a number of areas of practical consideration have begun to emerge (see below).
	PROGRESS TO DATE: - Completed evidence review covering national policy, local planning policies and priorities, health evidence base and experience of other local authorities which have used these powers to create a healthier local environment - Developed a set of recommendations which need to be considered and prioritised. - Agreed a detailed review of all local planning policies to inform development of planning guidance note on health as a planning consideration (to be undertaken jointly by PH & PP team). This will become interim planning policy. - Commenced dialogue with DM around value of PH input into planning application process.			NEXT STEPS: - Recommendations to be considered by H&WB board and other relevant committees in order to prioritise actions. - Collaborative working with Greenspace team to inform investment in play area improvement linking to areas of high obesity, including monitoring impact of improvement on usage figures. - Review of LTP3 in coming months which provides opportunity for PH to influence - Take advantage of opportunities to influence forthcoming review of council policy on street trader licensing and consent			

2	Healthy Eating - Provide nutrition education sessions to teach new cookery skills and increase confidence in cooking healthy recipes. Delivering workshops within schools, areas with high deprivation and specifically targeting adults at high risk of developing type two diabetes	Health Improvement team	Mar-14	▪ No. of nutrition education workshops delivered, ▪ No. of people participated. (service data)	Deliver 24 healthy eating workshops and 12 courses (6 week programme). Target audiences, areas of high IMD, those with high child obesity rates and areas with high rates of adults with risk of diabetes.	H, K	
	PROGRESS TO DATE: 1 family cookery course has been running from 9th May until 13th June (excluding half term week) at BORA school. 9 families have been regularly attending. The other 11 have been booked in for the rest of the year.			NEXT STEPS: -24 workshops are being booked by the community food team			
3	Training and awareness - Develop a range of training programmes for decision makers, partners and community members to promote healthy eating and physical activity. The range of programmes will include topics such as; weight management, Health Champions and Infant Feeding (specifically for maternity services staff)	Public Health, H&WB board members, maternity services, community members and health professionals	Mar-14	▪ Number of training programmes developed. ▪ Number of key decision makers, maternity staff, community members and health professionals attended training on physical activity and healthy eating.		K	
	PROGRESS TO DATE: Let's talk weight - first pilot completed with 11 participants. 2 more scheduled this year (July & Sept) will then be reviewed. Target to train 30 participants, to deliver to 100 members. Infant Feeding - strategy review meeting scheduled June to agree way forward. Infant Feeding peer supporter training continues - BF Champion training. Community Health Champion, project manager post agreed and in the process of being recruited.			NEXT STEPS: - Design and launch Community health champion programme (Sept/October 2013)			

4	Mapping - Map local assets that could support a community wide approach to combating obesity. Gathering local residents views to identify their priorities to help them achieve a healthier diet and increase physical activity levels	Social Regeneration team and Public Health (SHW team and Data Analyst team)	Oct-13	*Partner engagement event, local mapping tool and local people engagement programme		9,10, H	**To be agreed Scope in progress for specification to complete this piece of work.**
	PROGRESS TO DATE: Needs to be part of a broader mapping of community assets?			NEXT STEPS:			
5	Promote Active Medway and 'Sport for All' - identify a wide range of community activity providers that hold sufficient qualifications and insurance, promoting these to all residents of Medway.	Health Improvement team, Sport Development team and Community Sports Network	Dec-13	▪ Usage rates of ABM website, Active Medway pages. Awareness of local clubs. ▪ Club survey and attendance rates, ▪ No. of adults accessing a community physical activity programme; ▪ % /no. who report an increase in levels of physical activity (service data)	▪Increase in the numbers of people accessing the Better Medway activities to increase their levels of physical activity (service data)	9,10,H	**ABM new website now live. Sports development - club survey data to be collated.** **Sporting Legacy programme of new initiatives. Mass participation events.**
	PROGRESS TO DATE: - need to be specific about actions - need to ensure this reflects free swimming etc - needs to include data capture of physical activity (see 7 below)			NEXT STEPS: - be specific - include Sporting Legacy proposals			

6	Early Years - commission an agency to support nurseries and pre-schools to implement Department for Education guidance on food procurement and support them to improve access to healthy food	Early years settings and Public Health	Mar-14	▪ Agency commissioned ▪Number of nurseries and pre-schools that have been visited and the actions that come from it (service data)	▪ Improved access to healthy food available in nurseries and preschools visited. (service data).	11,12	**Specification completed In process of commissioning suitable provider.**
	PROGRESS TO DATE: Project Mandate developed, to be agreed at DMT in June			NEXT STEPS: **- Link with Cllr Tolhurst** **- Develop service specification and procure service provider**			
7	Capture physical activty opportunties offered by partner providers	Performance and Intelligence team	Mar-14	▪ Draw down collated data from conuserve. ▪ No. of adults 60+ using the swimming scheme; ▪ No. of under 11's using the swimming scheme, ▪ No. of activity visits at Medway Park.	▪ Improved understanding of the uptake of the swimming schemes. ▪Increased knowledge of the use of one leisure centre.	**9,10, I, J**	Baseline annual data from 2011/12: No. of adults 60+ using the swimming scheme; 24,774 No. of under 11's using the swimming scheme, 78,139 No. of activity visits at Medway Park. 557,508
	This should not be a separate action, but incorporated as part of 5 above, as it is about how we capture the data						

Reference plan for priority four

Code	No.	Outcomes	Text	Data frquenc
9	1.16	PH	People using green space for exercise	annual
10			Sport 3 times per week	annual
H	2.12	PH	Proportion of adults classified as	
8		PH	Smoking prevalence (18+)	annual
I	2.13i	PH	Proportion of adults achieving at least 150 minutes	annual
J	2.13ii	PH	Proportion of adults classified as 'inactive'	annual
K	2.11	PH	Diet placeholder	
11	2.6i	PH	Proportion of children aged 4-5 classified as	annual
12	2.6ii	PH	Proportion of children aged 10-11	annual

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME		Reduce Health Inequalities	LEAD HWB MEMBER	Cllr Vince Maple
PRIORITY ACTION	Improve Uptake of NHS Health Checks in the most disadvantage areas		LEAD OFFICER	Dr Julia Duke-MacRae

No.	ACTION	Who responsible	Completio	Outputs and measures	Contributing toward national outcome indicators	Progress reporting plus RAG
1	Establish a task group to oversee, monitor programme and ensure that work developed/done in the community setting is standardised and aligned with work in primary care.	JDM	Feb-13	Task group established		Initial meetings held.
2	Patient list of DNA's and non responders available at each GP practice via Audit Plus for Public Health administration role to recall patients and offer GP or Outreach appointment.	Kerri-Anne Collins/JDM	Feb-April 13	Produce a list of non responders available in GP practice. Reduce the gap between those invited and those attending for NHS Healthcheck (service data)	**13**,7	Staff recruited and to undergo training first week in June
3	Collate postcodes of DNAs and declined and use MOSAIC segmentation to look at best communication methods	Mark Chambers	Feb-13	DNA postcodes collated. Communication methods identified		Completed Feb 2013
4	Revision of the current NHS Health Check communication strategy for the public which considers all methods available	Laura Patrick and Kerri-	Feb-13	Prepare marketing and comms plan with Comms Team. Increase in NHS Health Check uptake		Marketing and comms plan completed Feb 2013
5	Raise public awareness of CVD risk factors, benefits of Health checks and people's right to a free check utilising social marketing principle. Launch health checks campaign	Kerri-Anne Collins	Feb-May 13	Campaign launched. Uptake of programme. (service data)		Currently being implemented, uptake to be monitored quarterly

No.	ACTION	Who responsible	Completio	Outputs and measures	Contributing toward national outcome indicators	Progress reporting plus RAG
6	Increase (health/social) professional awareness of NHS Health Checks programme and signposting to health improvement services via the GP monthly meeting to support adoption of healthier lifestyles.	Kerri-Anne Collins	April-June 2013	Attendance at GP monthly meeting to present and distribute information materials. Increased awareness of health improvement services.	9,	Completed May 2013
7	Develop service specification for a provider to deliver health checks in various non-NHS community settings* for DNAs and declined as well as other hard to reach groups, not likely to use NHS services	Kerri-Anne Collins	Nov-12	Service specification completed	**13**, 7	Service specification completed.
8	Commission a provider to deliver health checks in the community- targeting DNAs, decliners and hard to reach groups	Procurement team/ Kerri-anne Collins/	Mar - May 13	Collaborative working with the Kent and Medway Procurement department. Provider appointed		Contract awarded March 2013
9	Implementation and quarterly review of the NHS Health checks outreach programme	Kerri Anne Collins	April 2013-March 2014	No. of health checks provided within specific hard to reach groups Improved uptake of NHS health checks in deprived areas (service data)	**13**,7	Data flow to commence from end of June 2013
10	Monitoring behaviour change of those that have attended an NHS Health Check and have been referred onto Improvement services.	Public Health team	April 2013-March 2014	No. responding to advice to lifestyle make behaviour changes re: diet, physical activity, smoking through the health improvement services.	9	Q4 (Jan-Mar 2013) show that 20 referrals made for weight loss and 15 exercise referrals to PH team. All patients contacted and offered 12 mths and 12wks programme. Outcome data not yet available
11	Yearly evaluation of all components of the NHS health check programme and five yearly review March 2015	Kerri Anne Collins	2015	Report produced annually		

No.	ACTION	Who responsible	Completio	Outputs and measures	Contributing toward national outcome indicators	Progress reporting plus RAG

*community settings such as: workplace (esp manual workers), pubs, public parks, walk in centres, town halls, football grounds, public libraries, supermarkets, mental health centres

Reference plan for priority five

Code	No.	Outcomes framework	Text	data source	reporting
13	2.22	PH	Percentage of eligible people who receive an NHS Health Check	DH	quarterly
7	1.1 (4.4i)	NHS (PH)	Under 75 mortality rate from cardio vascular disease	ONS	annual
9	2.14	PH	Smoking prevalence (18)+	Integrated household survey	annual

Item 7

Paper 2 – Medway Joint Health and Wellbeing Strategy: Monitoring and Outcomes Framework and key points from initial review

MONITORING AND OUTCOMES FRAMEWORK OF THE JOINT HEALTH AND WELLBEING STRATEGY FOR MEDWAY 2013/14 AND KEY POINTS FROM INITIAL REVIEW OF OUTCOMES INDICATORS

1. Background

The Health and Social Care Act 2012 placed a requirement on all local authorities to develop and implement a Joint Health and Wellbeing Strategy (JHWS) for their areas. This was to be based on the needs identified in the Joint Strategic Needs Assessment and consultation with local stakeholders.

The Medway Joint Health and Wellbeing Strategy 2012-15 was approved in November 2012.Delivery plans for the priority actions have also been developed and were approved by the HWB in March 2013.

This paper set out the monitoring and outcomes framework for the JHWS

2. Monitoring and outcomes framework

In order to monitor the implementation of the Joint Health and Wellbeing Strategy the following actions will be taken:

2.1 Annual and quarterly monitoring (as appropriate) of the National Outcomes Framework indicators relevant to the themes and priorities of the strategy as identified in Appendix 5 of the JHWS. The Outcomes Frameworks that have been used are the NHS, Social Care, Public Health and Children's National Frameworks.

Some of the indicators in these national frameworks have already been changed or removed since the publication of the strategy. Others have not yet been fully developed or the data is not yet available. Consequently, we are not able to show a complete set of indicators at this point. It is also likely that the outcomes frameworks will continue to be changed or amended in the future so this will have to be continuously monitored and updated.

A dashboard has been developed by the Public Health Knowledge and Intelligence Team to allow ongoing monitoring of the national outcome indicators aligned to the Medway Joint Health and Wellbeing Strategy.

The dashboard is web based and should be available to Board members for on-going monitoring and reference. It is planned that it will be updated whenever new data is released. The indicators can be downloaded by theme or individually and it is planned that there will be 3 main views to the dashboard.

2.1.1 The first view consists of 6 indicators to a page including trend lines, comparators with England and the SouthEast. This is produced by theme and is largely completed. Indicators for all the themes have been set out in 3 areas under each theme. Firstly Indicators directly relevant to the priority action, secondly key indicators for that theme to be presented to the Board and thirdly other indicators, which are aligned to the theme but may not be considered as relevant for ongoing monitoring, will be available to be looked at on the dashboard but have not been printed for the Board.

Priority action and key theme indicators in this view are attached as Appendix 2a. Currently indicators are set out with comparators including PCTs, SECHA and England because that is how the historical data has been collected. This will probably change going forwards to

compare with other local authorities and CCGs as well as England.

2.1.2 The second view consists of 1 indicator to a page with more detailed information about each indicator. (See Appendix 2 b for sample page)

2.1.3 The third view will be by theme and show a RAG rating for each indicator showing whether significantly different from the England average and from the last year and last reporting period (See Appendix 2 b for sample pages of 2 options.)

The last two views are still being developed and input is welcomed as to the most appropriate presentation.

In addition it will be possible to select individual indicators to form different data collections as required.

This dashboard should provide the appropriate monitoring and outcomes information to allow the Health and Wellbeing Board to review the key national health outcomes indicators for Medway. Local indicators could be added as appropriate where data is available.

However, there are limitations to some of the outcomes data presented on the dashboard. Firstly, often the data is not available for the current year or even the previous one and is only collected annually so this will need to be taken into account when reviewing the data. Secondly, numbers in some areas, particularly with respect to mortality data are sometimes small which means that we will see quite a lot of variation in numbers and rates year on year. This should be taken into account when interpreting data to avoid drawing inappropriate conclusions.

2.2 Annual monitoring of the commissioning plans of partner organisation to ensure alignment to JHWS.

The Joint Health and Wellbeing Strategy is intended to set priorities for all health and social care organisations in the area. The mechanism for ensuring that this happens is through monitoring of commissioning plans for the key health and social care organisations working in the area. These will be presented to the Health and Wellbeing Board on an annual basis to ensure that they are appropriately aligned to the strategy.

2.3 Quarterly monitoring of JHWS priority action delivery plans via update and briefing of theme leads /officers to coincide with the meetings of the Health and Wellbeing Board.

Key priority actions under each of the themes to drive forward the Joint Health and Wellbeing Strategy were selected for particular focus by the HWB in June 2012 to be implemented in 2013/14. Delivery plans with responsible lead officers and theme leads were developed. Progress updates on these priority actions and any identified barriers to timely implementation will be reported to each Board meeting to ensure appropriate progress is being made.

3. 2013/14 Timetable for monitoring and review

The HWB currently meets on an approximately quarterly basis. In 2013/14 meetings are scheduled for:

18th June 2013

22nd October 2013

9th January 2013

22nd April 2013

A timetable for monitoring and review of the strategy is set out below

2013/14 Timetable for monitoring and review of Joint Health and Wellbeing Strategy

Month	Action
April	All partners commence delivery plans for year
May	
June	Review of • National Outcomes Framework indicators for themes • Priority action delivery plans for current year: initial progress and barriers to delivery
July	
August	
September	Stakeholder consultation/review
October	Review of priority action delivery plans for 2013/14. Review of updates to outcomes indicators. Set/amend new priority actions. Lead officer to develop delivery plan in consultation with key stakeholders where new priority actions are identified.
November	
December	
Jan	Approval: priority action plans following year Medway Council, Medway CCG and NHS England present commissioning plans 204/15 to Board for approval to ensure alignment with themes
Feb	
March/April	Final progress report: priority action plans 2013/14

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4. Key points from Monitoring of National Outcomes Framework Indicators by Theme: Update for Medway Health and Wellbeing Board 18th June 2013.

Key Points for Theme 1

Infant mortality, neonatal deaths and stillbirths and babies with low birthweight are all key outcomes indicators for Theme 1 and Priority Action 1. The latest data we have available tells us that overall Medway is not significantly statistically different in comparison with current comparators with respect to any of these indicators except the low birthweight indicator where we are significantly better.

More timely indicators for ongoing monitoring of Priority Action 1 are breast-feeding initiation, breast feeding continuation and smoking at time of delivery. This data allows for much better real time monitoring as monitoring is done quarterly and the most recent data is from Q3 2012/13

Medway is significantly below England with respect to breast-feeding initiation and continuation and significantly higher with respect to smoking at time of delivery.

With respect to other key national outcomes indicators relating to Theme 1:

- Children achieving a good level of development at age 5 Medway is consistently and significant worse than all it's comparators and the gap appears to be widening slightly.
- Children who are overweight and obese at ages 4-5 we are not significantly different from the England rate. However the obesity percentage seems to be decreasing but the percentage of children who are overweight seems to be increasing.
- However with children aged 10-11, there is a consistently higher percentage of obese children then seen in current comparators but this difference is not significant. The percentage of children who are overweight is not significantly different from comparators.

Key Points for Theme 2

With respect to Priority Action 2, there is only one available national outcomes framework indicator with data available. This is primary care Quality and Outcomes Framework data on actual prevalence of dementia versus expected prevalence of dementia. The latest data we have for this shows that about 50.5% of people who could be expected to be diagnosed with dementia have been diagnosed. The Medway diagnosis rate has been improving and compares favourably with England however there remains much work to be done.

Other key points on national outcomes indicators relating to Theme 2 are listed below

- The percentage of people discharged to reablement/rehabilitation services at home longer than 90 days after discharge is slightly better but not significantly different from it's comparators.
- With respect to numbers and rates of admissions for falls in over 65s and rate of fractured neck of femur, rates are not significantly different in Medway from the England average
- With respect to over 65s receiving pneumococcal vaccination in the last year and ever Medway has a significantly higher rate of over 65's receiving PPV vaccination in 2011/12 than the England average. With respect to flu vaccination in over 65s and at risk groups, this is significantly better for Medway compared to England using 2011/12 data

- Rate of excess winter deaths in Medway is slightly lower than but not significantly different for the England average using 2007-10 data.

Key Points for Theme 3

The key outcome indicator for Priority Action 3 is:

- cardiovascular disease mortality in under 75s

From 2006-2010 cardiovascular disease mortality decreased in Medway however compared to England it was consistently higher. However, there seems to have been a slight increase in 2011 and the data shows that mortality rates in Medway 2009-11 is slightly higher but not significantly different from the England average

In addition to this outcome indicator, lifestyle indicators under theme 4 are also likely to have an impact on reducing cardiovascular mortality

Other key points relating to national outcomes indicators in Theme 3 are:

- Life expectancy at 75 for men and women which has been consistently worse than the England average and is significantly worse at birth
- With respect to the respiratory disease mortality rate for under 75's, this has been generally higher than the national rate over the last 10 years but 2009-11 data is not significantly higher than the England average.
- The liver disease mortality rate for under 75's is not significantly different from the England average for 2009-11
- The cancer mortality rate for under 75's has been consistently higher than the England average over the last 10 years and 2009-11 figures show that this difference is statistically significant. It is the highest in the south east.
- In addition with respect to preventable mortality in under 75s, then circulatory and respiratory disease mortality as well as cancer mortality is significantly above the England average.
- The rate of excess deaths in those with serious mental health illness seems to be higher in Medway than the England average
- Positive experience of mental health services appears to be lower than Medway than it's comparators from 2010 to 2012.
- Those with long-term conditions feeling supported appears to be consistently lower than the England average.
- Admissions for asthma, epilepsy and diabetes appear to have been consistently higher than the England average from 2009 to the present.

Key Points for Theme 4

For Priority Action 4 the childhood overweight and obesity indicators for Theme 1 are also relevant.

- Medway is lower on percentage of people using green space for exercise and

people participating in moderate intensity sport 3 x week compared to England.

With respect to other key national outcomes framework indicators for Theme 4:

- With respect to statutory homelessness, the rate of those in temporary accommodation is both consistently and significantly better in Medway than the England average.

- Self-harm hospital admission rates appear to be significantly higher than the England rate from 2009-11

- Smoking prevalence in Medway derived from synthetic estimates has been consistently higher than the England average and the latest 2011/12 data is significantly higher than the England average.

- Successful completion of drug treatment has been consistently higher than the England average and 2011/12 data shows that it is significantly higher.

- Alcohol related hospital admissions have been increasing nationally over the last 10 years but Medway is currently significantly below the England average

- Rate of positive chlamydia diagnoses is lower than the England average and rate of late HIV diagnoses is higher.

- There appears to be some missing data for the mental illness employment rate however it appears to be significantly lower than the England average in 2011. The long-term conditions employment rate is also consistently lower than the England average.

Key Points for Theme 5

The key indicator for priority action 5 is the percentage of eligible people to whom NHS Health Checks are offered and taken up.

Currently Medway is significantly higher than England for percentage of NHS Health Checks offered but significantly lower than England for percentage of Health Checks taken up.

With respect to other key national outcomes framework indicators for Theme 5:

- With respect to mental health and long-term conditions, there appears to be an employment gap between people with these conditions and the general population that is greater than the average England gap.

- Medway is significantly worse than the England average for the percentage of children living in poverty.

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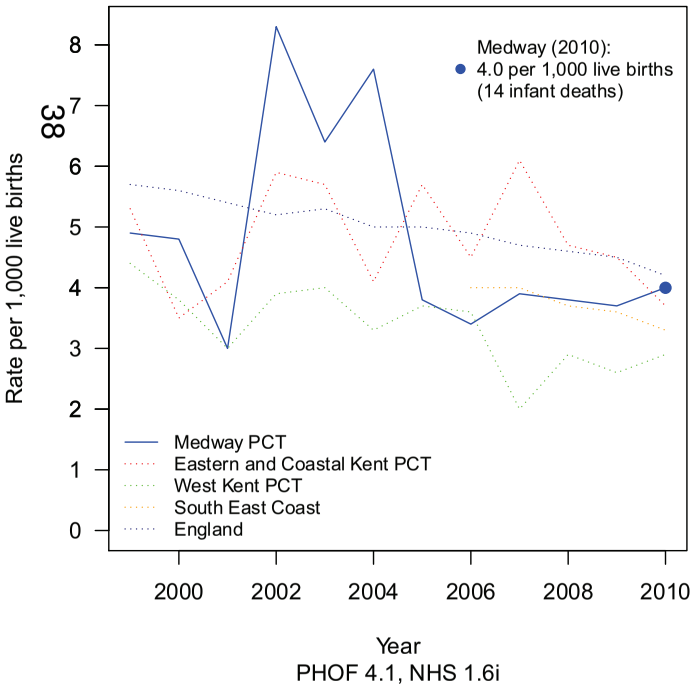
Paper 2 a – JHWBS Themes Outcomes indicators

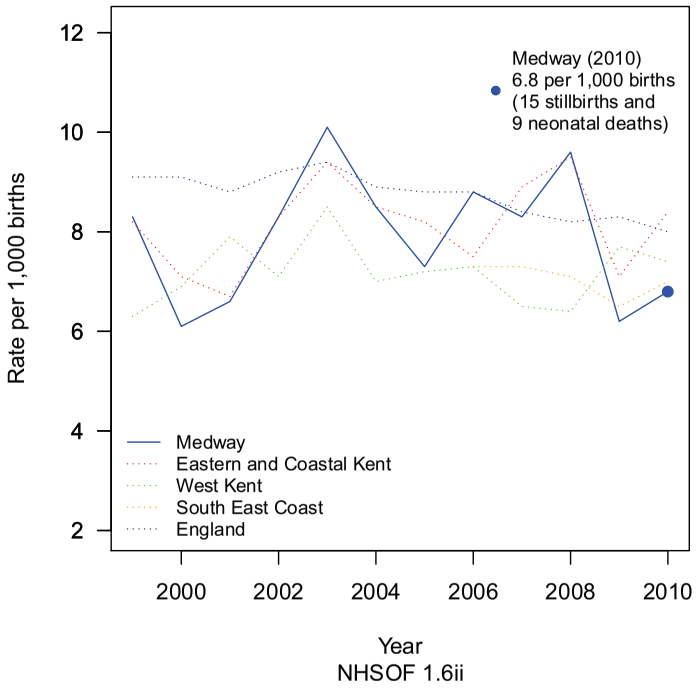
JHWS Theme 1: Give every child a good start

IND101: Infant mortality



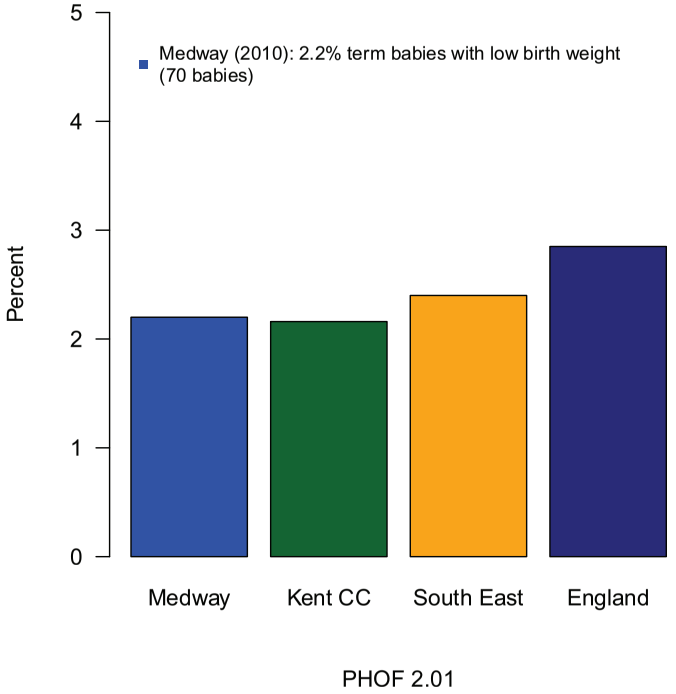
PHOF 4.1, NHS 1.6i

IND102: Neonatal and stillbirths



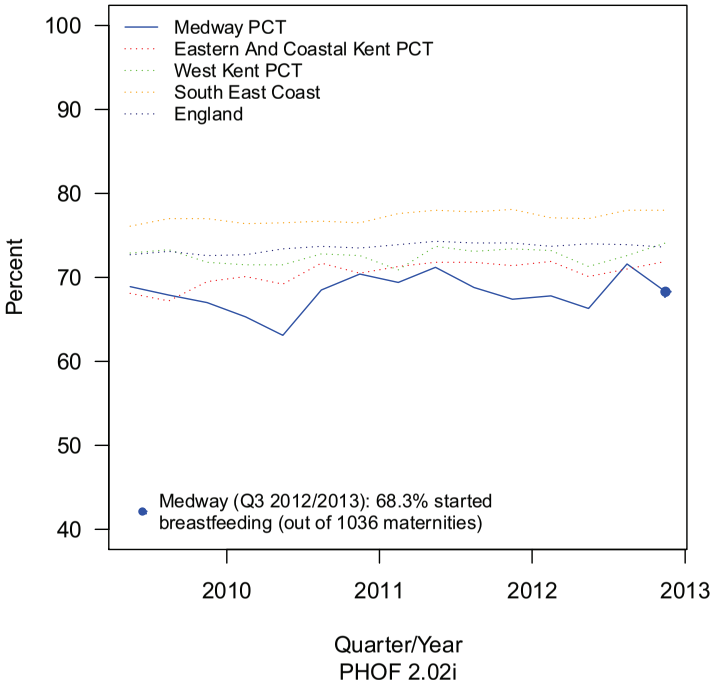
NHSOF 1.6ii

IND103: Term live births < 2,500g



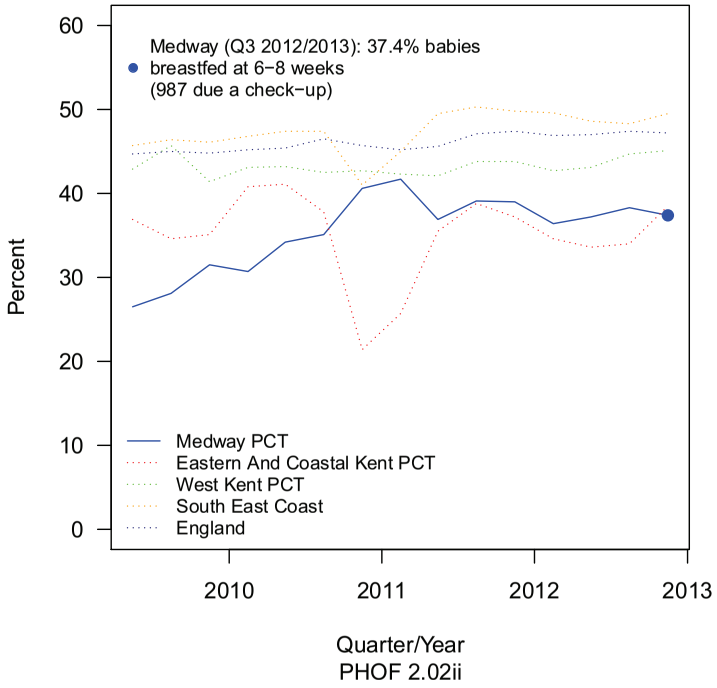
PHOF 2.01

IND104: Breastfeeding initiation



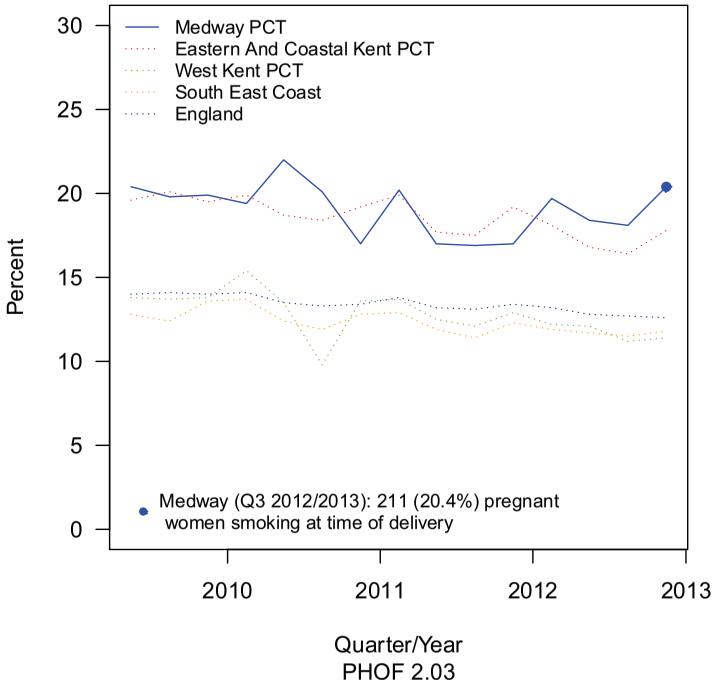
PHOF 2.02i

IND105: Breastfeeding continuation



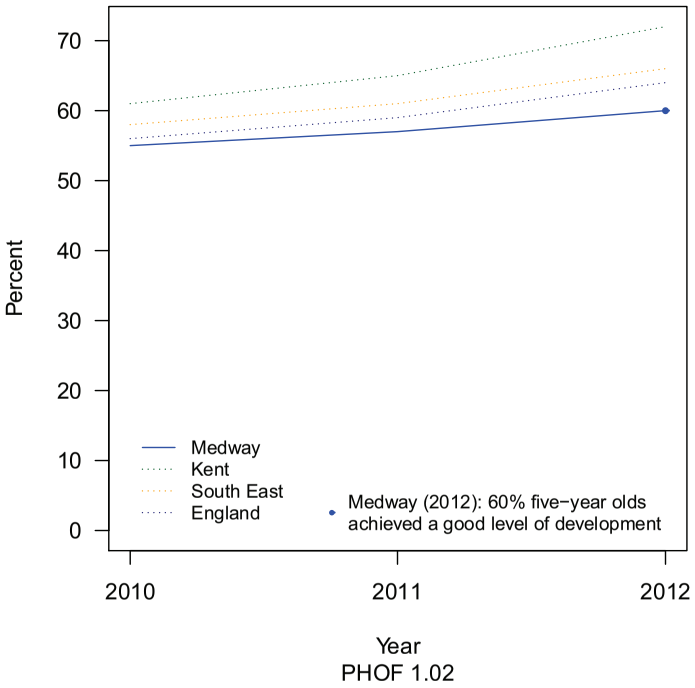
PHOF 2.02ii

IND106: Smoking at the time of delivery

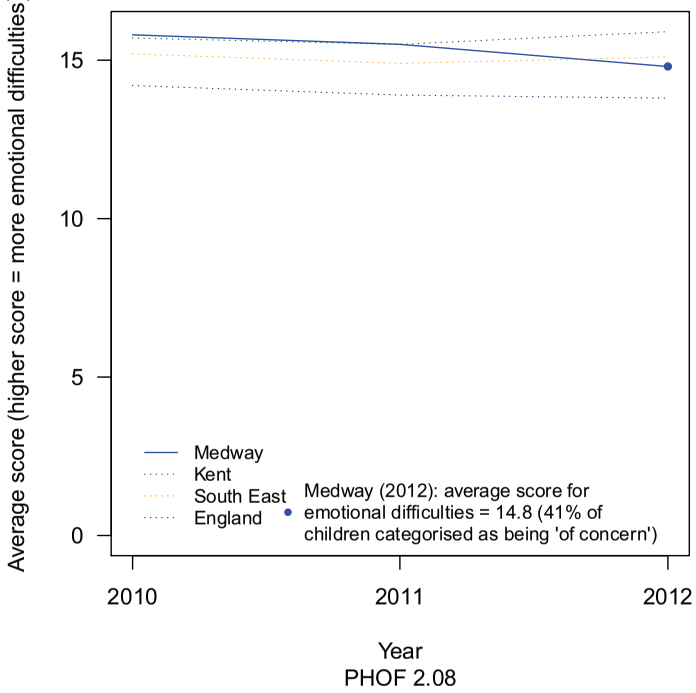


PHOF 2.03

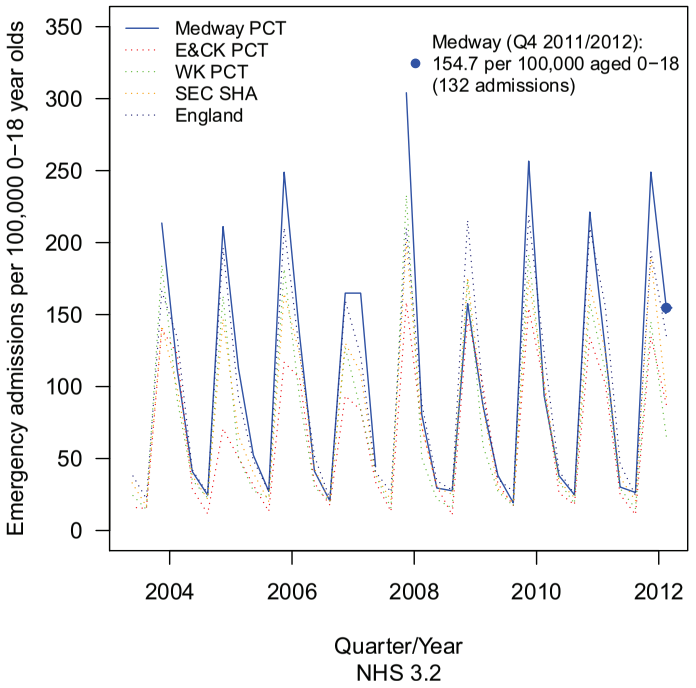
IND131: 5yr olds achieving good level of development



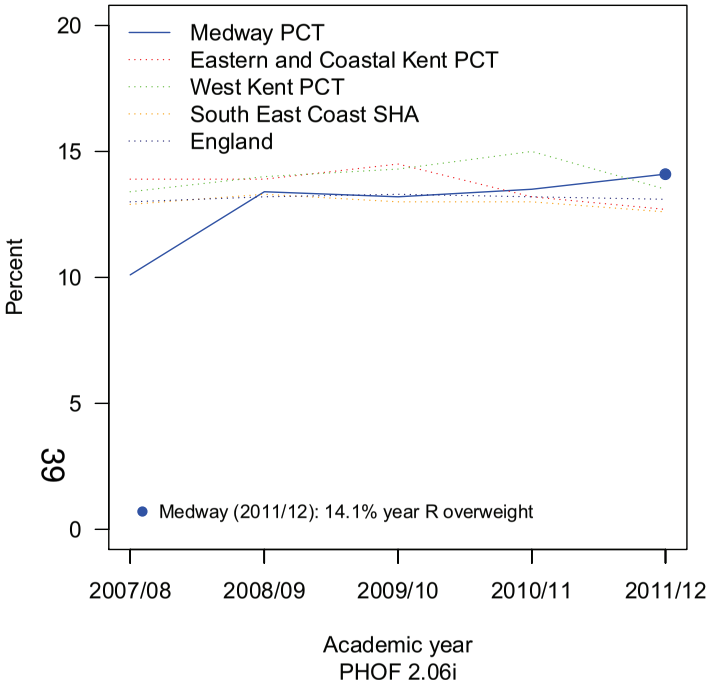
IND132: Emotional well−being of looked after children



IND107: Emergency admissions children with LRTI



IND108: Children aged 4−5 classified as overweight



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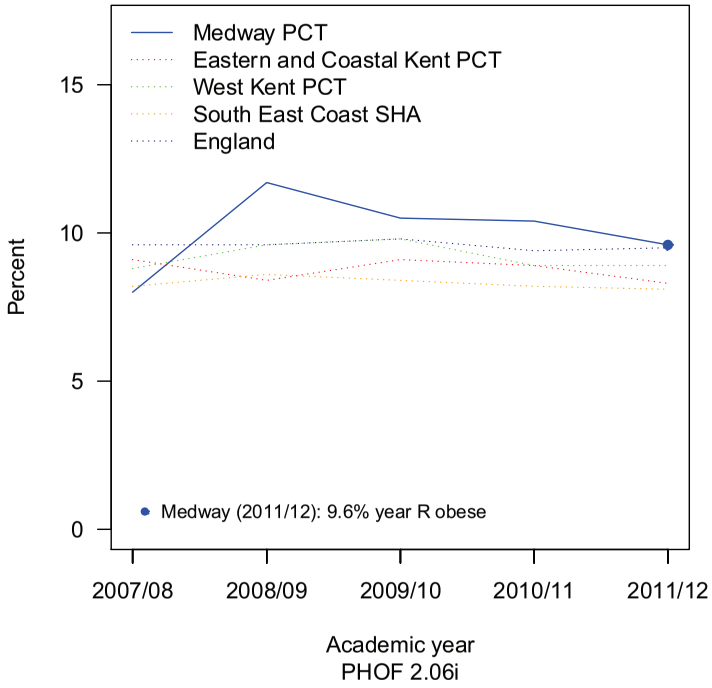
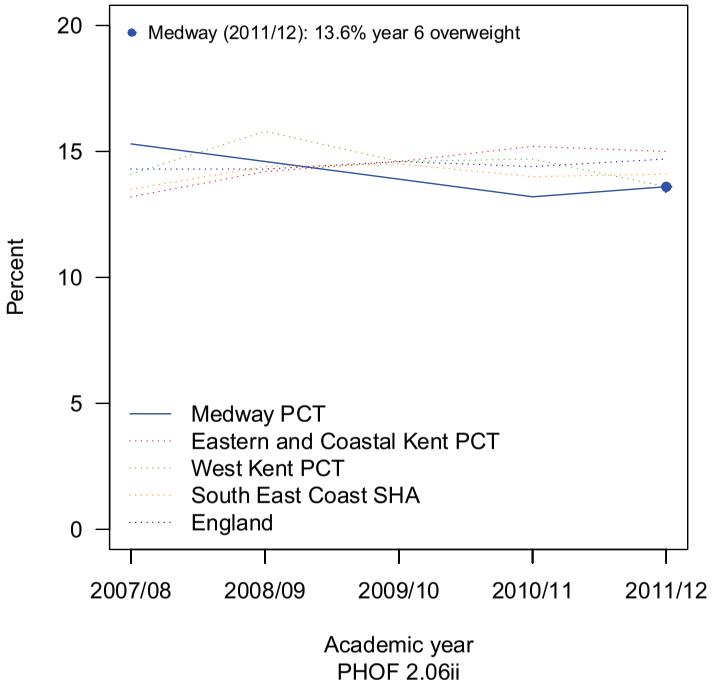
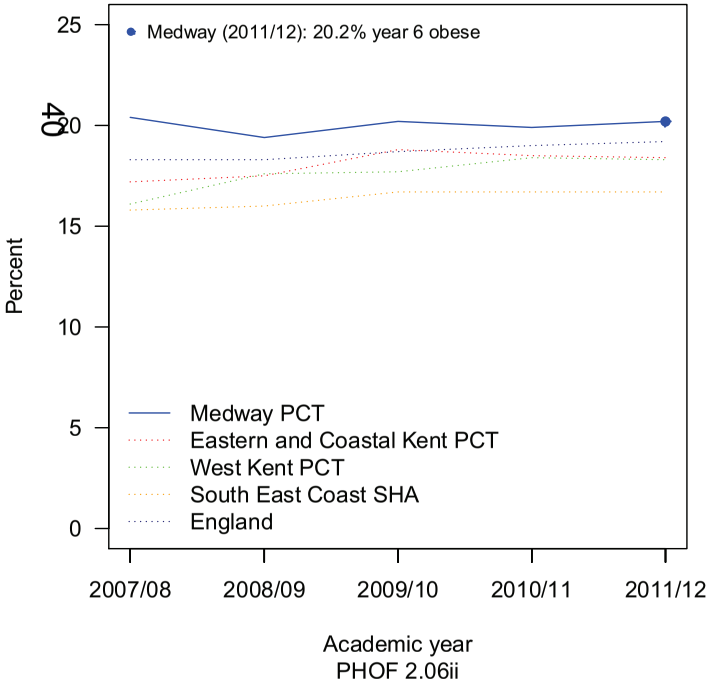
IND109: Children aged 4−5 classified as obese



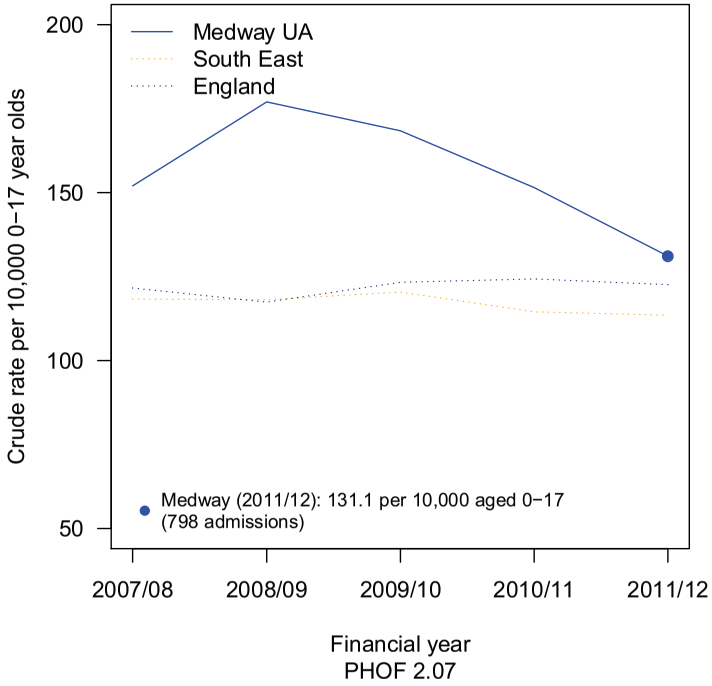
IND110: Children aged 10−11 classified as overweight



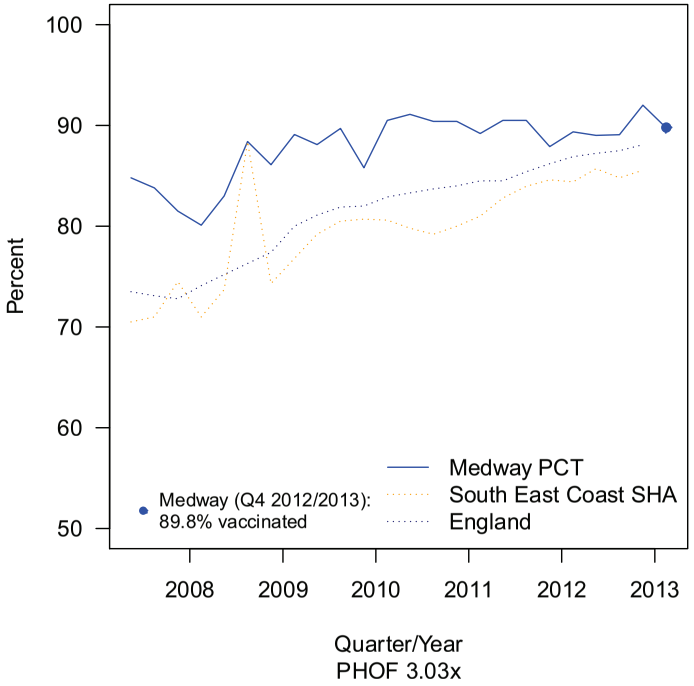
IND111: Children aged 10−11 classified as obese



IND112: Emergency admissions for injuries (0−17)



IND127: Second MMR 5 years



FOOTNOTES

IND101: Infant mortality

Crude rate of infant deaths (persons aged less than 1 year) per 1,000 live births

IND102: Neonatal and stillbirths

Stillbirth and neonatal mortality rate per 1,000 live births and stillbirths

IND103: Term live births < 2,500g

Percentage of all live births at term with low birth weight

IND104: Breastfeeding initiation

Women who initiate breastfeeding in the first 48 hours after delivery

IND105: Breastfeeding continuation

Infants who are totally or partially breastfed at 6−8 week check

IND106: Smoking at the time of delivery

Rate of smoking at time of delivery per 100 maternities

IND131: 5yr olds achieving good level of development

Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy

IND132: Emotional well−being of looked after children

Average score for looked after children for whom a Strengths and Difficulties Questionnaire (SDQ) was completed. A higher score on the SDQ indicates more emotional difficulties. A score of 0−13 is considered normal, a score of 14−16 is considered borderline cause for concern and a score of 17 and over is a cause for concern.

IND107: Emergency admissions children with LRTI

Emergency admissions to hospital of children with selected types of lower respiratory tract infections (bronchiolitis, bronchopneumonia and pneumonia)

IND108: Children aged 4−5 classified as overweight

Percentage of children aged 4−5 classified as overweight or obese

IND109: Children aged 4−5 classified as obese

Percentage of children aged 4−5 classified as overweight or obese

IND110: Children aged 10−11 classified as overweight

Percentage of children aged 10−11 classified as overweight or obese

IND111: Children aged 10−11 classified as obese

Percentage of children aged 10−11 classified as overweight or obese

IND112: Emergency admissions for injuries (0−17)

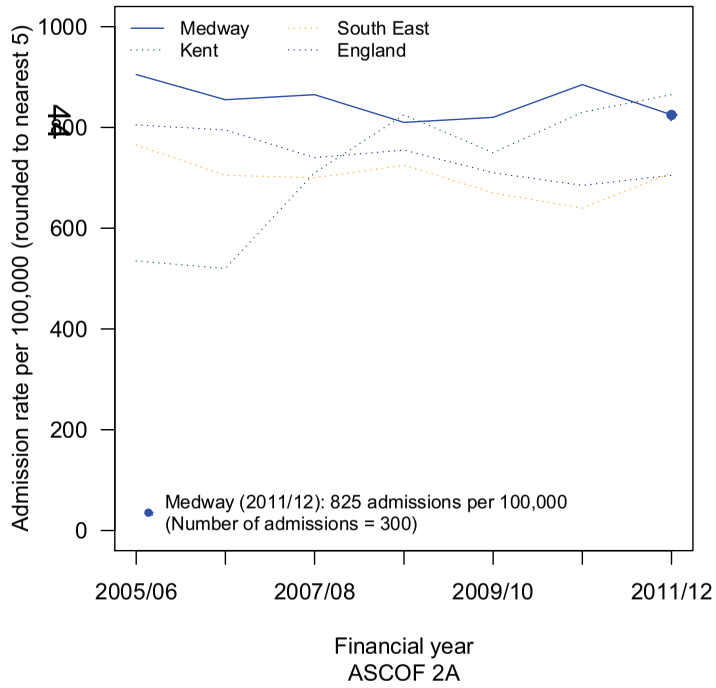
Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0−17 years, per 10,000 resident population

IND127: Second MMR 5 years

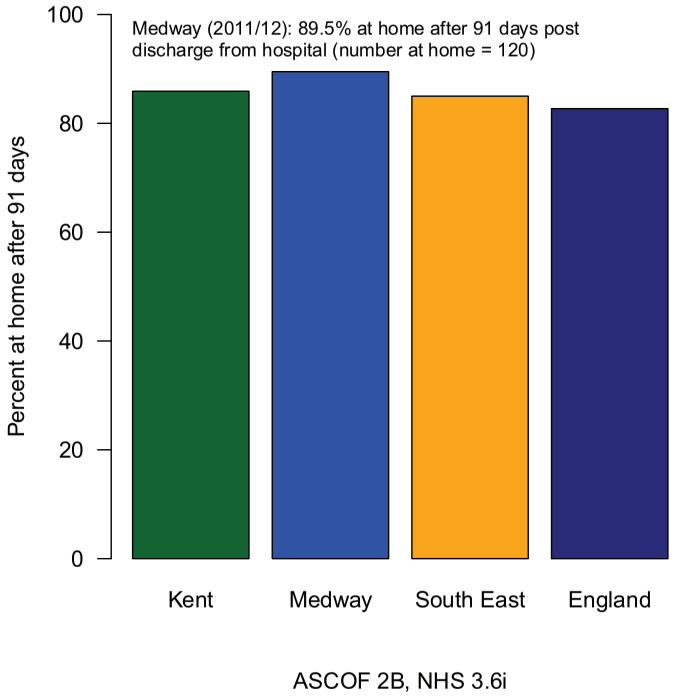
MMR vaccination coverage for two doses (5 year olds)

JHWS Theme 2: Enable our older population to live independently and well

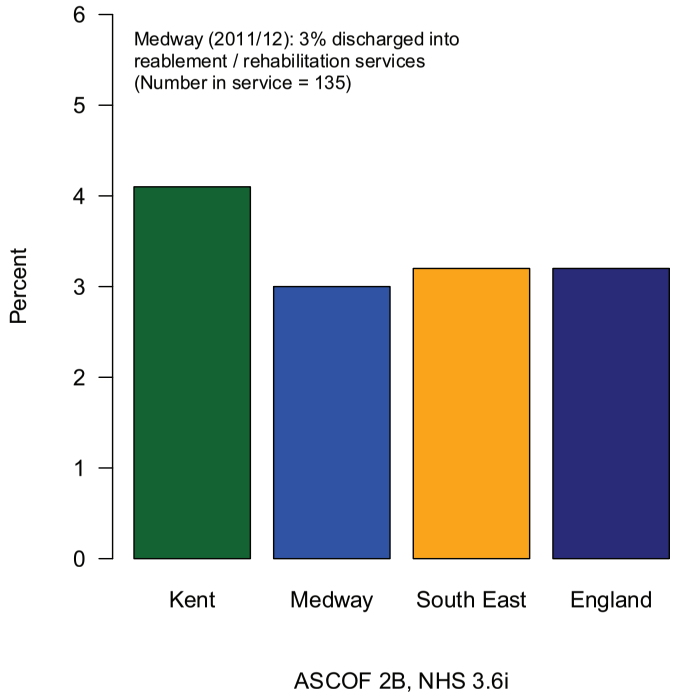
IND202: Care home admissions aged 65+



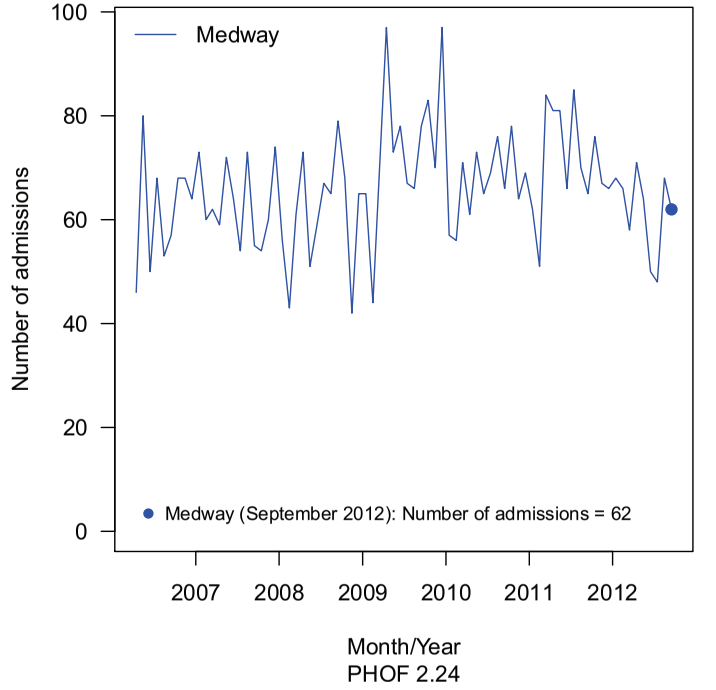
IND203: Reablement/rehab services success rate



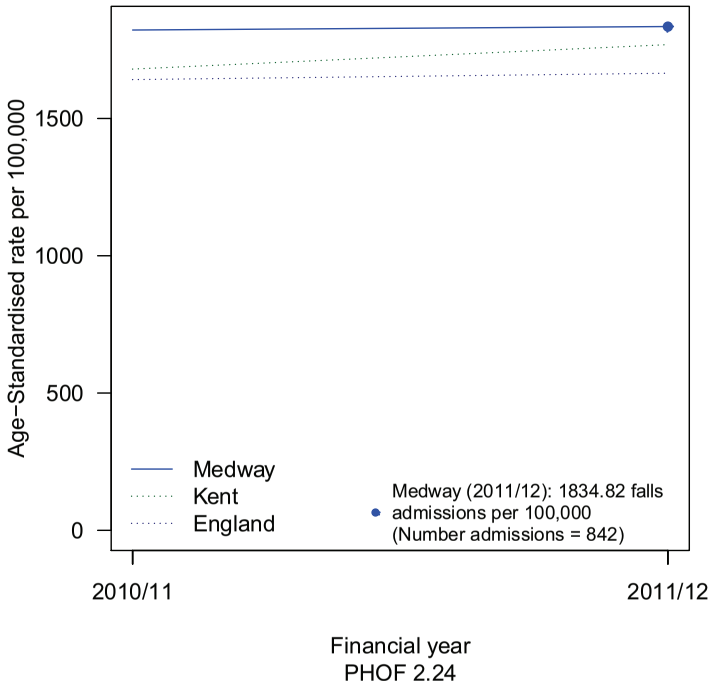
IND204: Discharged into reablement/rehab services



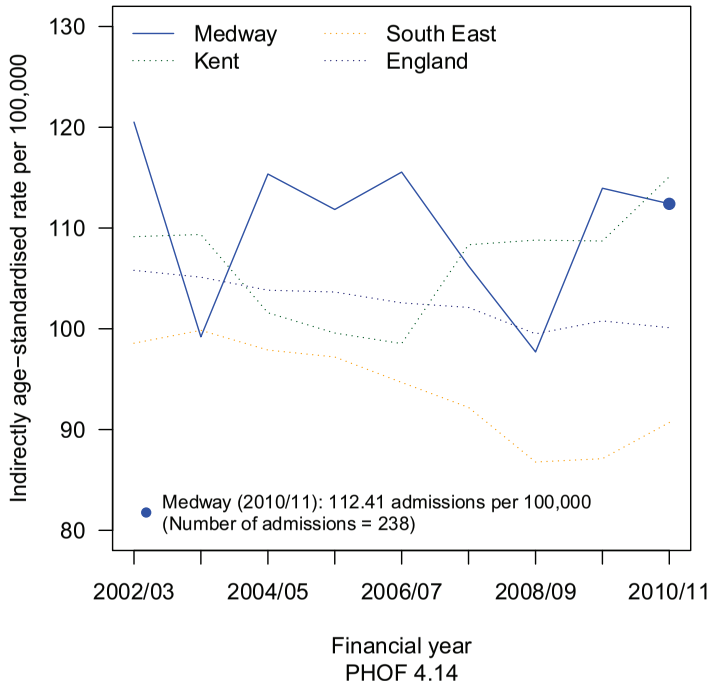
IND205: Falls admissions 65+



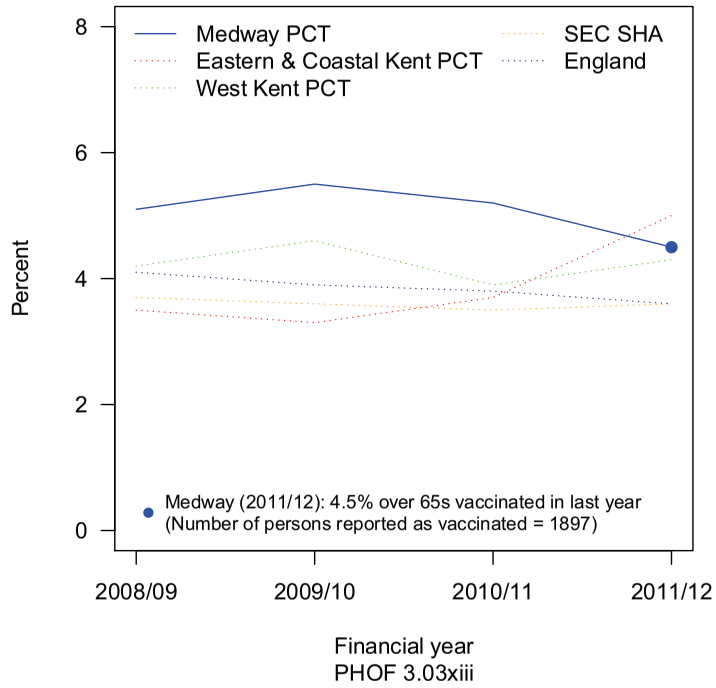
IND206: Falls admissions 65+



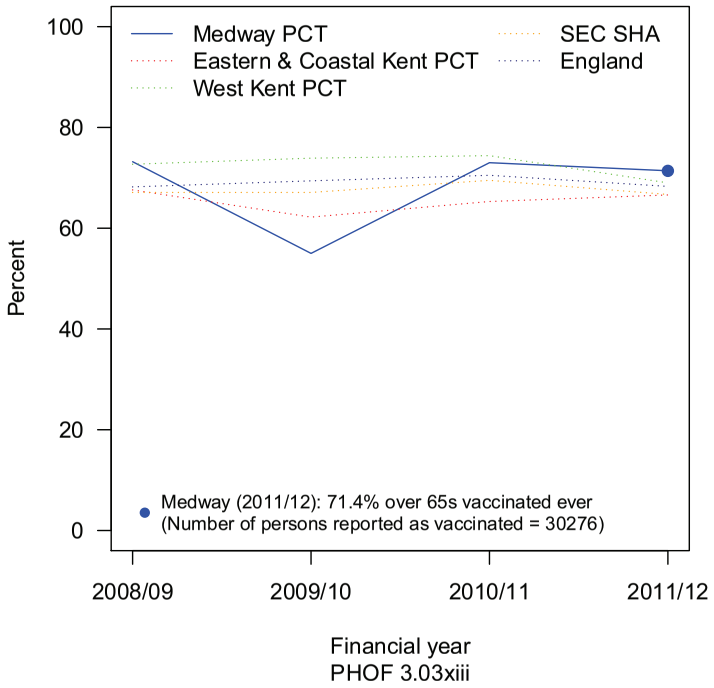
IND207: Fractured neck of femur



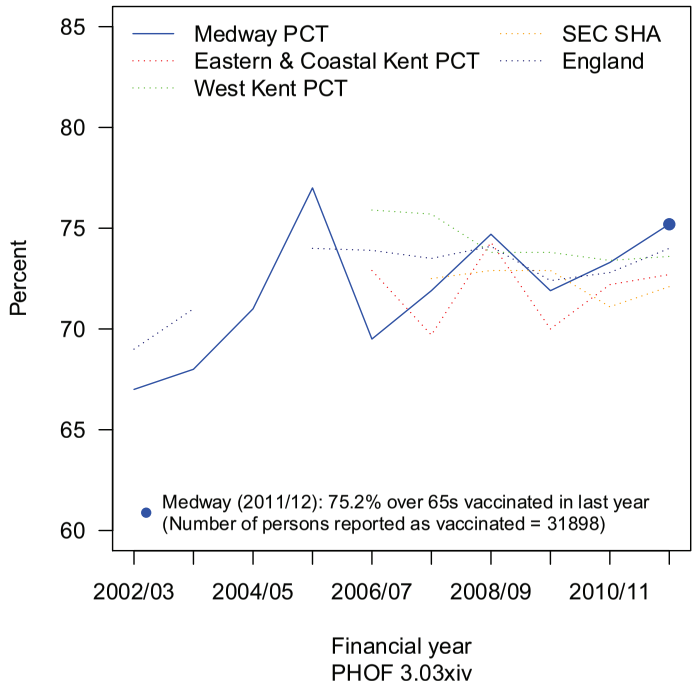
IND208: PPV vaccination in last year



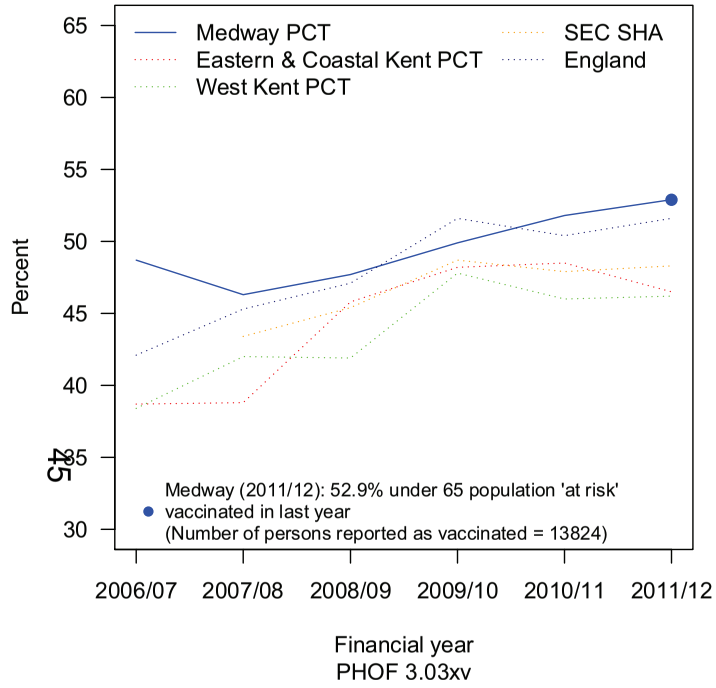
IND209: PPV vaccination ever



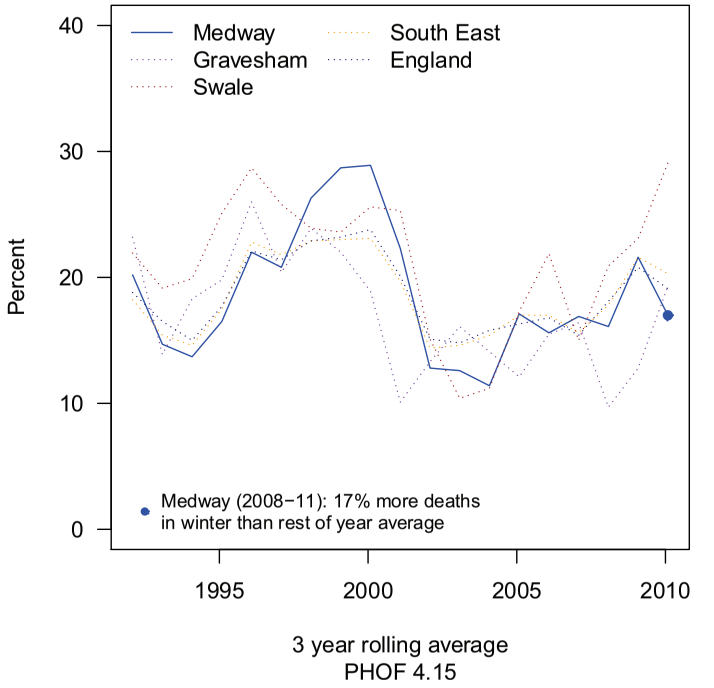
IND210: Flu vaccination 65+



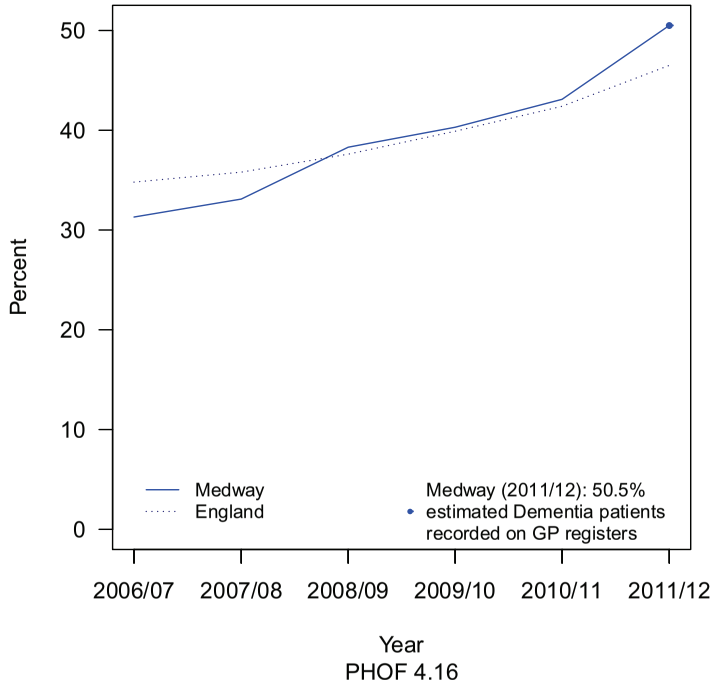
IND211: Flu vaccination 'at risk'



IND212: Excess winter deaths



IND213: Estimated diagnosis rate people with dementia



FOOTNOTES

IND202: Care home admissions aged 65+

Permanent admissions to residential and nursing care homes (65+), per 100,000 population

IND203: Reablement/rehab services success rate

Percentage of older people (aged 65 and over) discharged from hospital into reablement/rehabilitation services, at home after 91 days

IND204: Discharged into reablement/rehab services

Percentage of older people (aged 65 and over) discharged from hospital into reablement/rehabilitation services, at home after 91 days

IND205: Falls admissions 65+

Number of emergency admissions for falls related injuries in persons aged 65 and over

IND206: Falls admissions 65+

Number of emergency admissions for falls or fall related injuries in persons aged 65 and over

IND207: Fractured neck of femur

Indirectly age−standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population

IND208: PPV vaccination in last year

Pneumomoccal Polysaccharide Vaccination (PPV) coverage in last financial year in population aged 65+

IND209: PPV vaccination ever

Pneumomoccal Polysaccharide Vaccination (PPV) coverage received ever in population aged 65+

IND210: Flu vaccination 65+

Flu vaccination coverage in population aged 65+

IND211: Flu vaccination 'at risk'

Flu vaccination coverage in at risk population aged 6 months to 64 years

IND212: Excess winter deaths

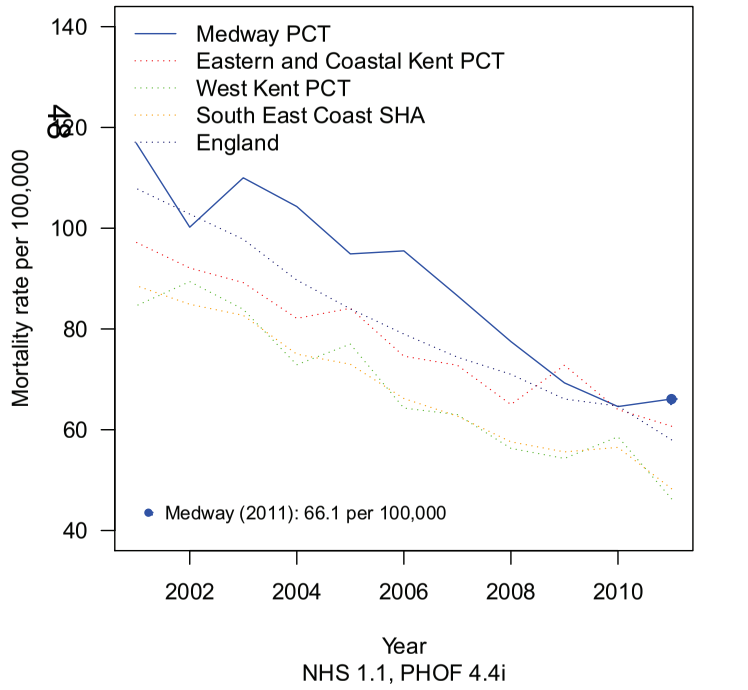
Excess Winter Deaths Index: The ratio of extra deaths from all causes that occur in the winter months compared to the expected number of deaths, based on the average of the number of non−winter deaths

IND213: Estimated diagnosis rate people with dementia

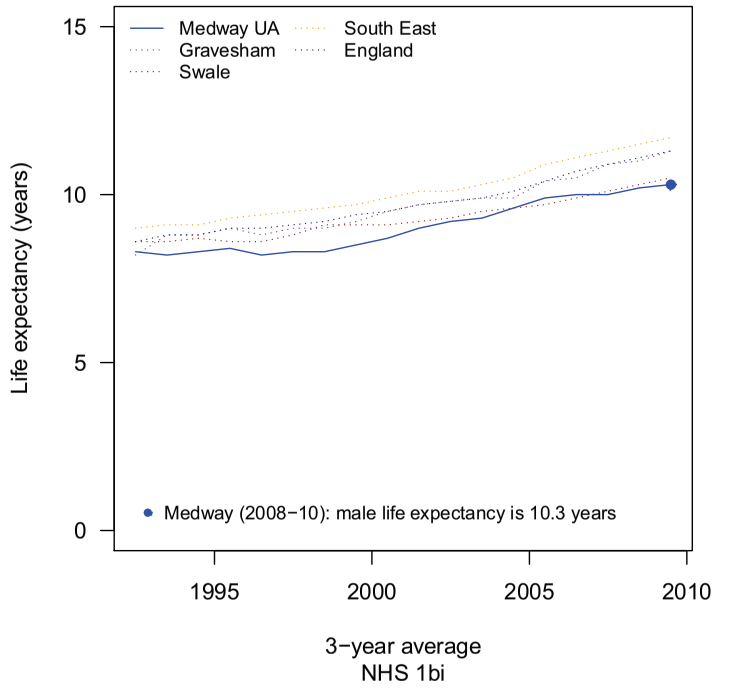
Number of people diagnosed with dementia as a percentage of estimated dementia prevalence according to Dementia UK report (2007)

JHWS Theme 3: Prevent early death and increase years of healthy life

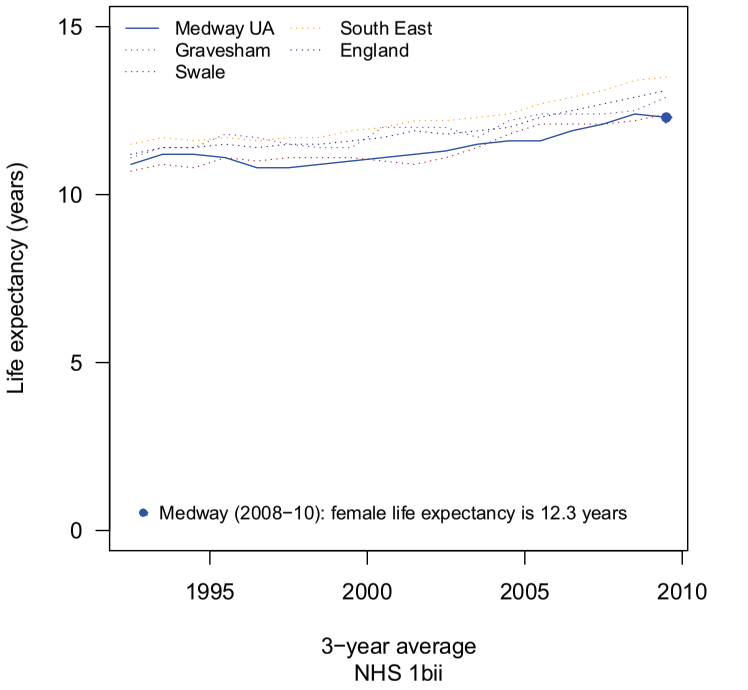
IND301: Cardiovascular disease mortality (under 75)



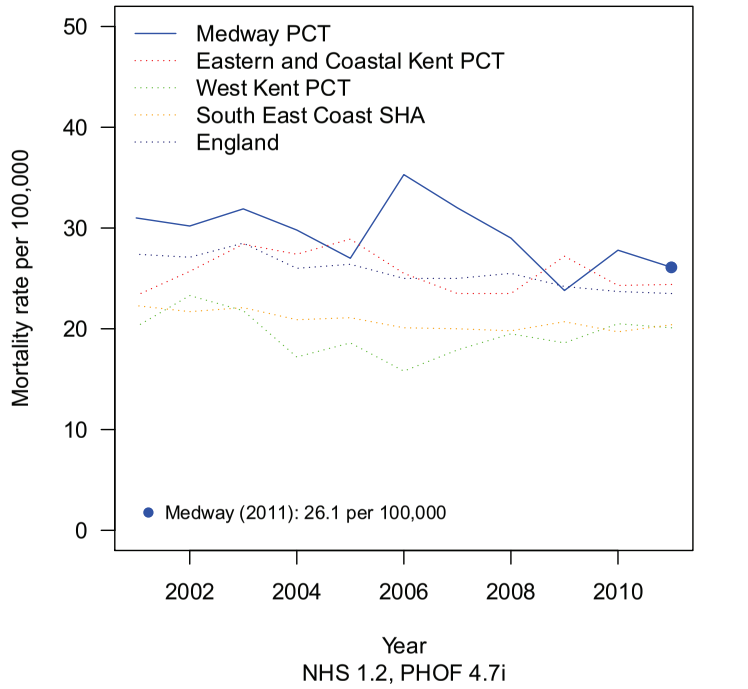
IND302: Life expectancy at 75 − Male



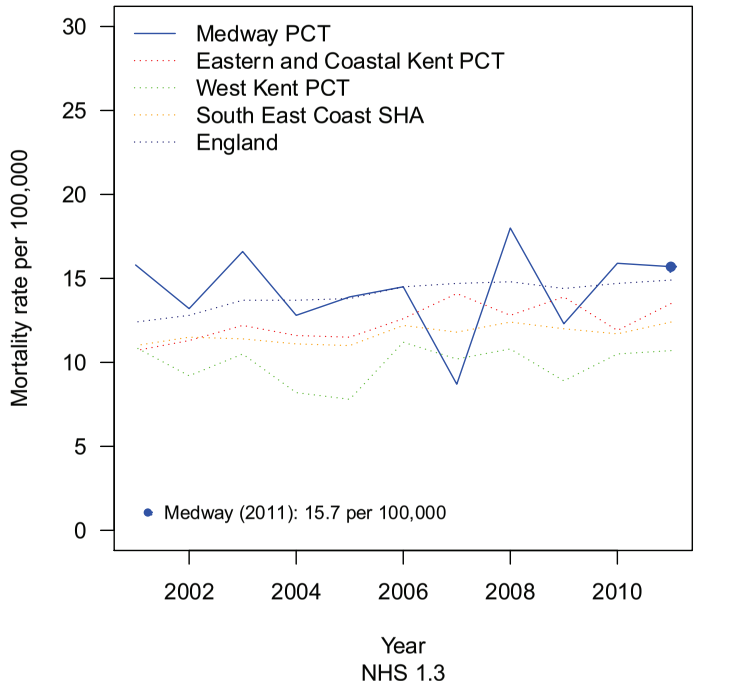
IND303: Life expectancy at 75 − Female



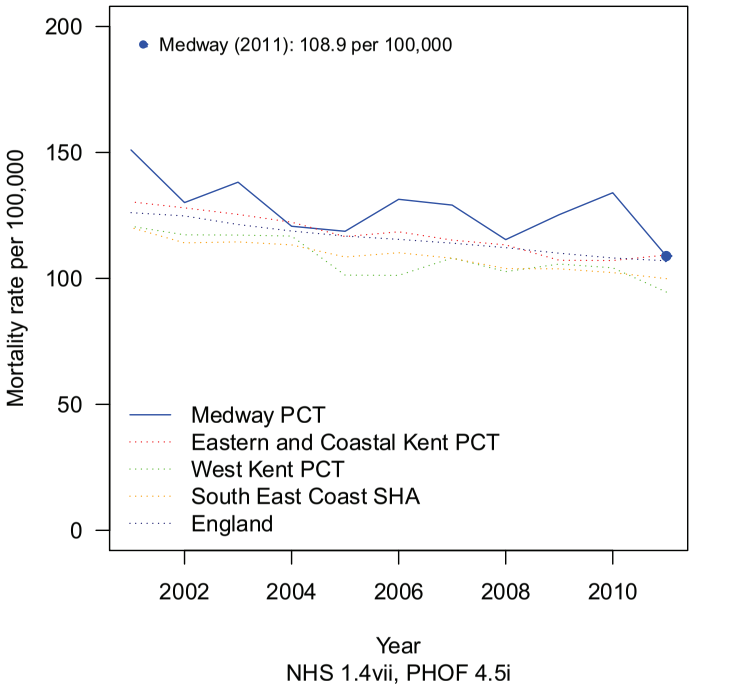
IND304: Respiratory disease mortality (under 75)



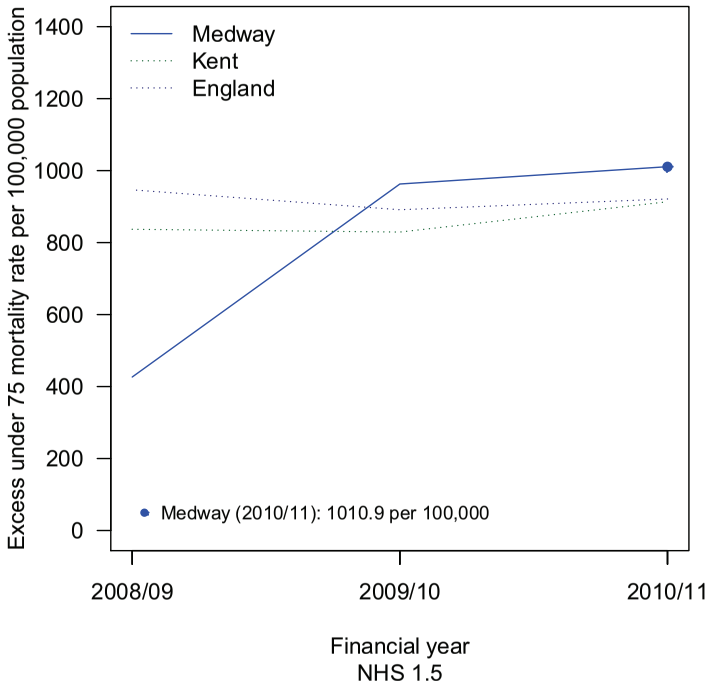
IND305: Liver disease mortality (under 75)



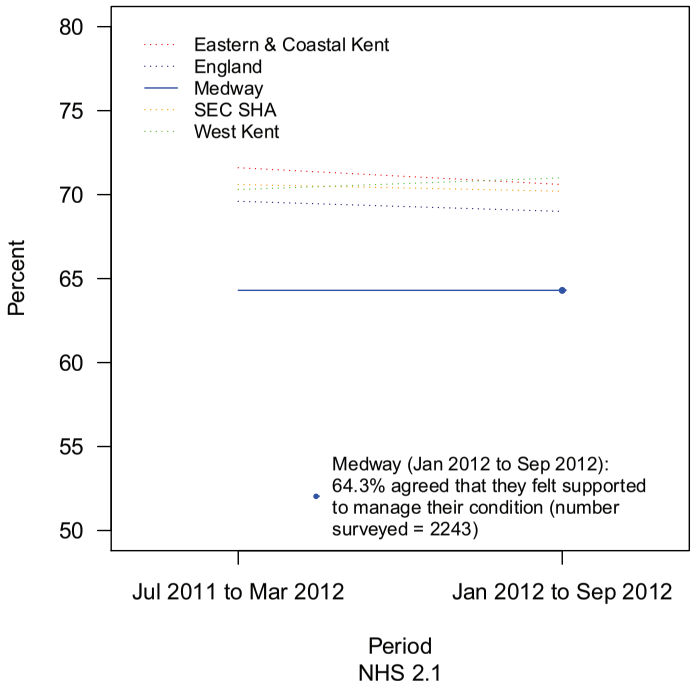
IND306: Cancer mortality rate (under 75)



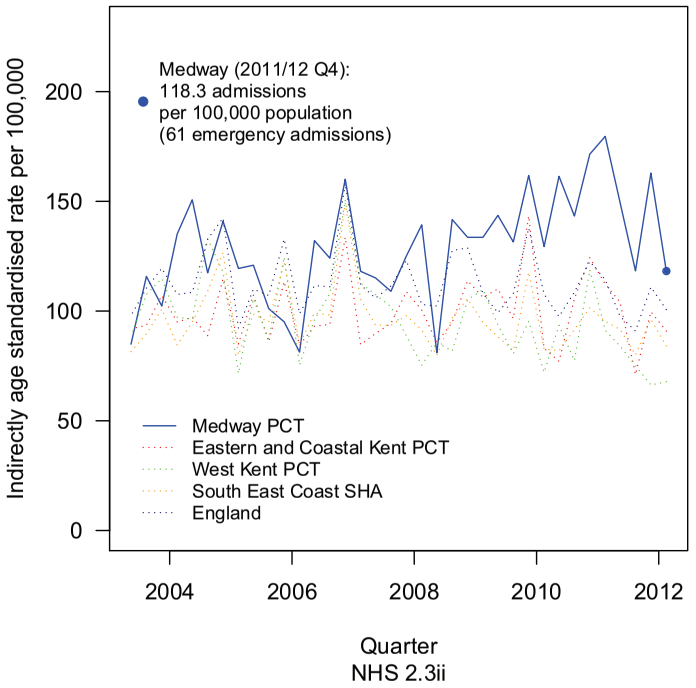
IND307: Serious mental health illness excess deaths



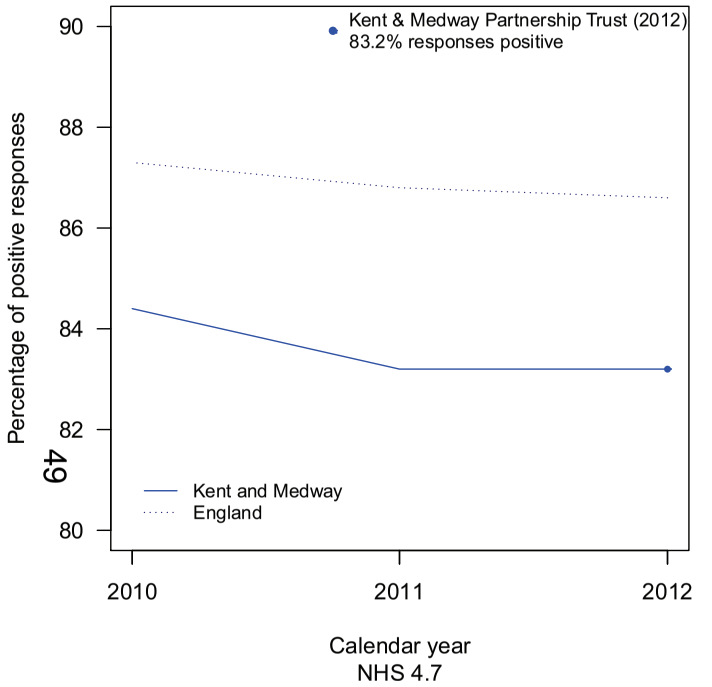
IND310: Long−term condition support



IND312: Asthma, diabetes and epilepsy admissions

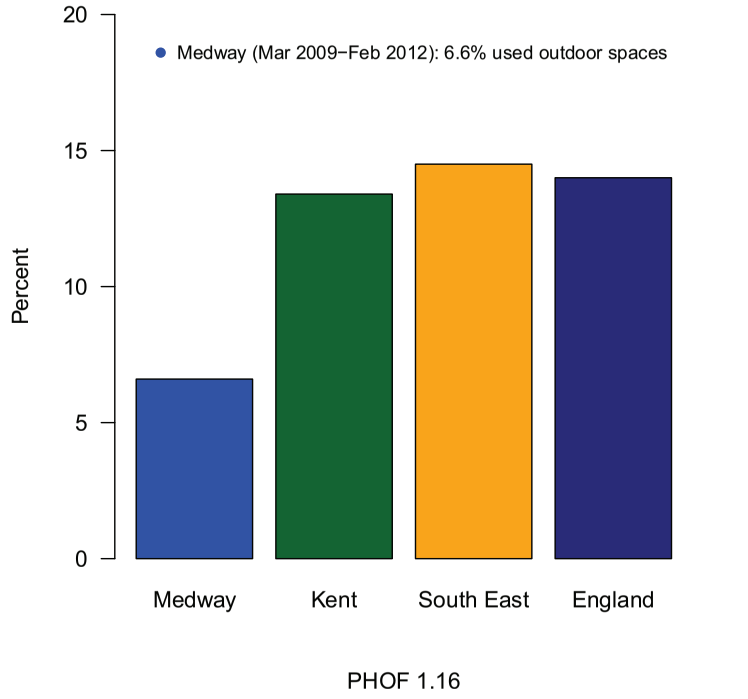


IND313: Experience of community MH services

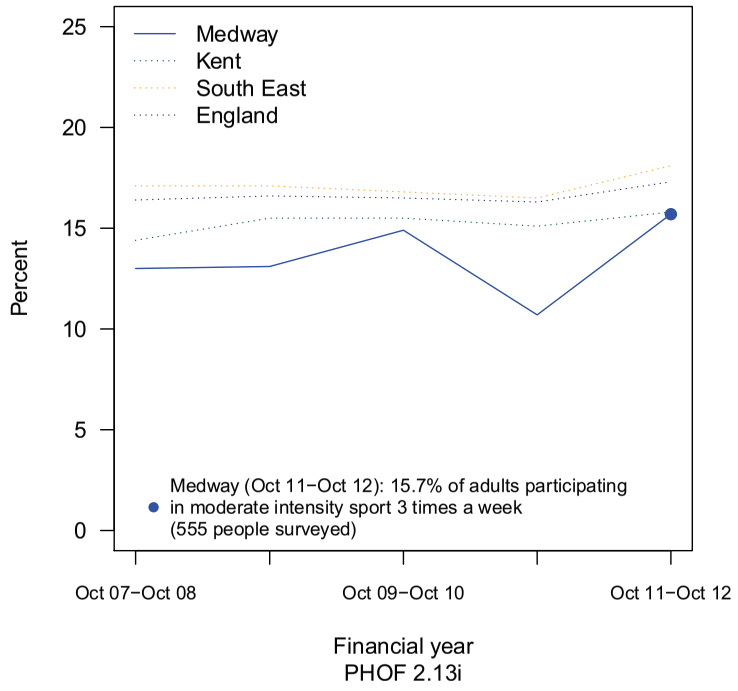


JHWS Theme 4: Improve physical and mental health and wellbeing

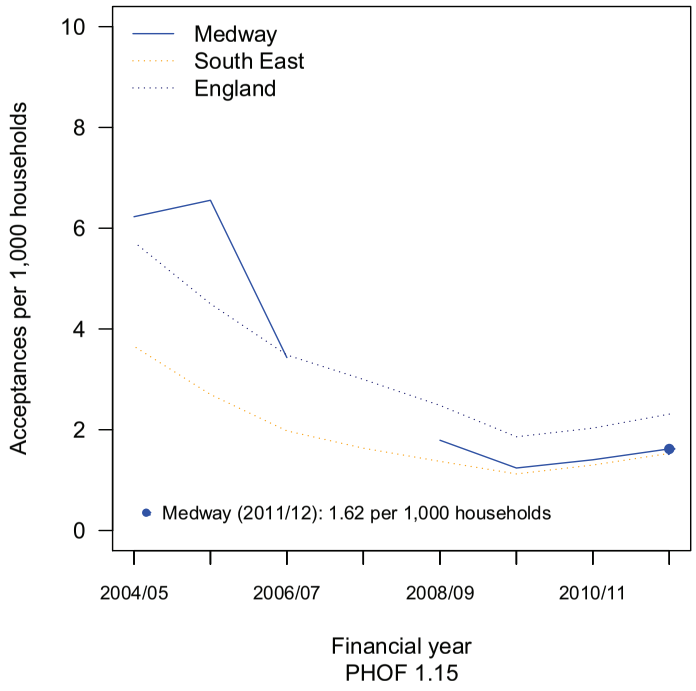
IND401: People using green spaces for exercise



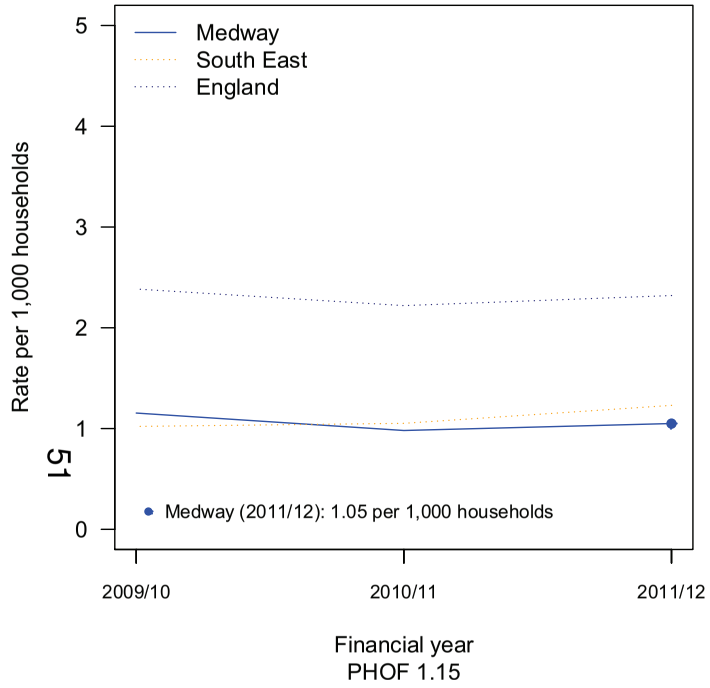
IND402: Sport 3 times per week



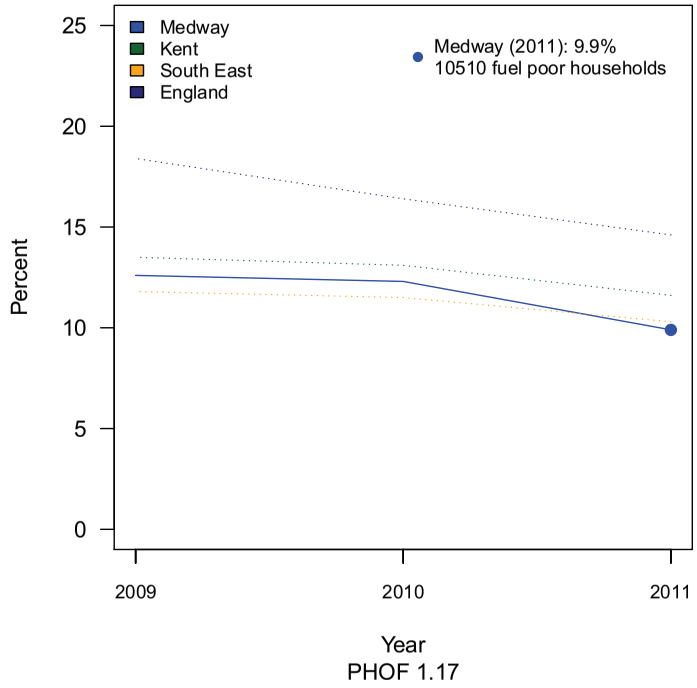
IND405: Statutory homelessness



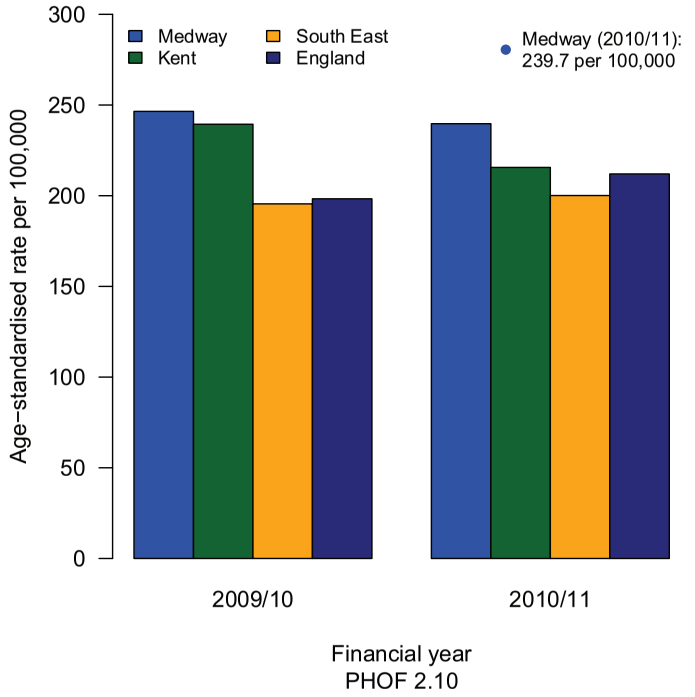
IND406: Households in temp accommodation



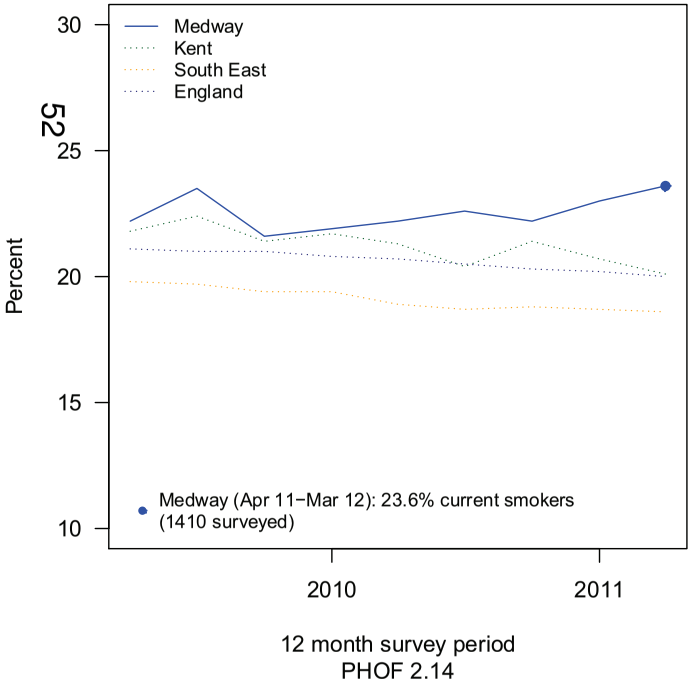
IND407: Fuel poverty



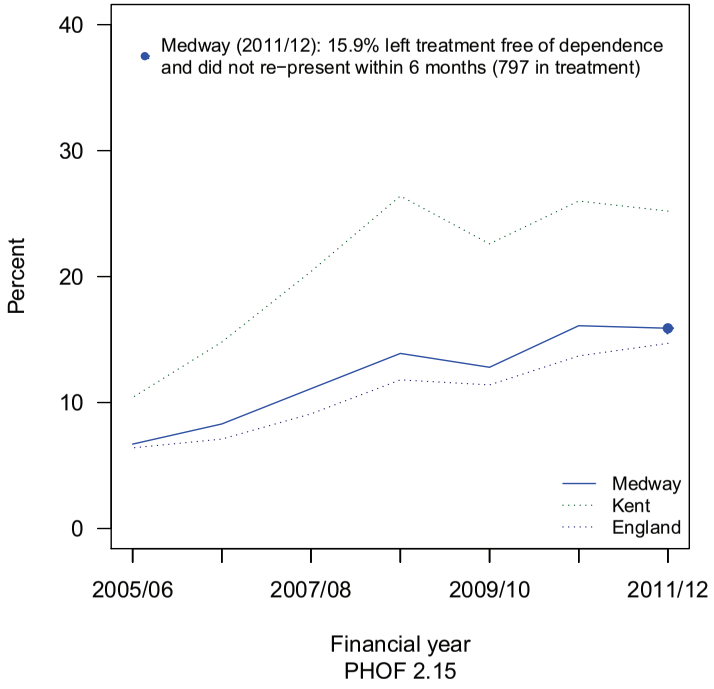
IND408: Self−Harm hospital admissions



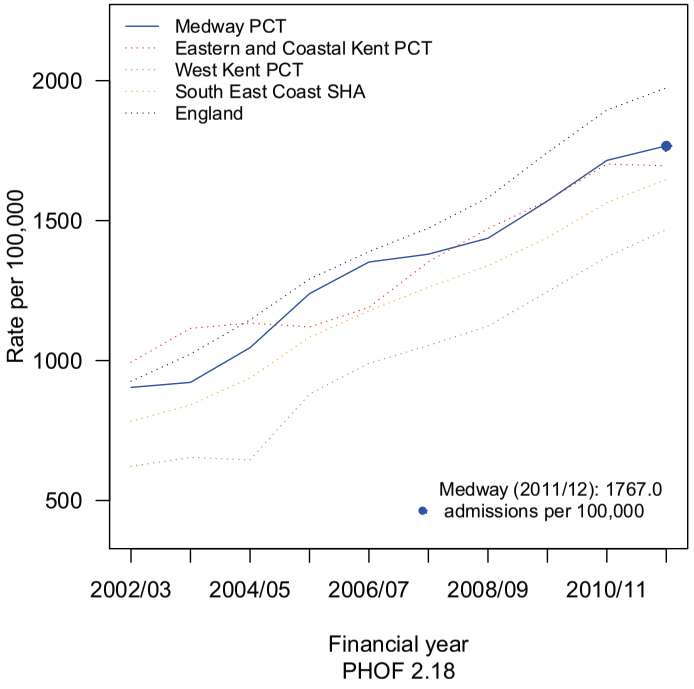
IND409: Smoking prevalence (18+)



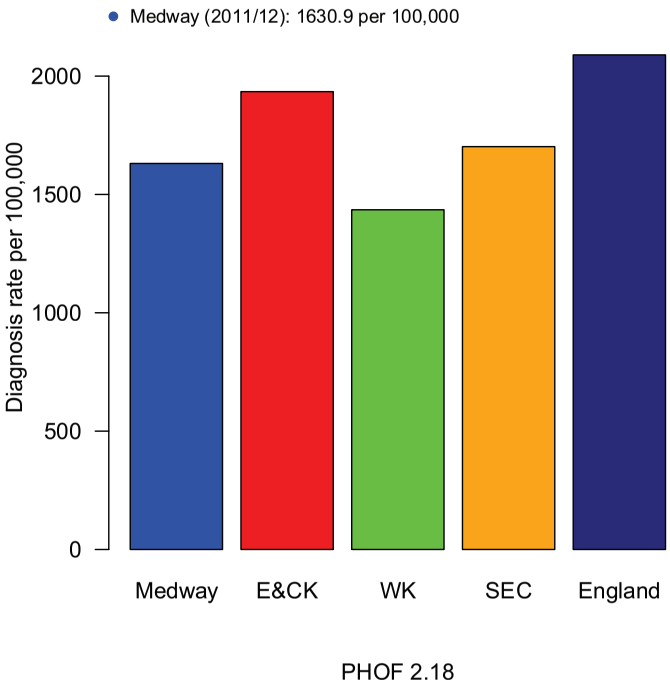
IND410: Successful drug treatment



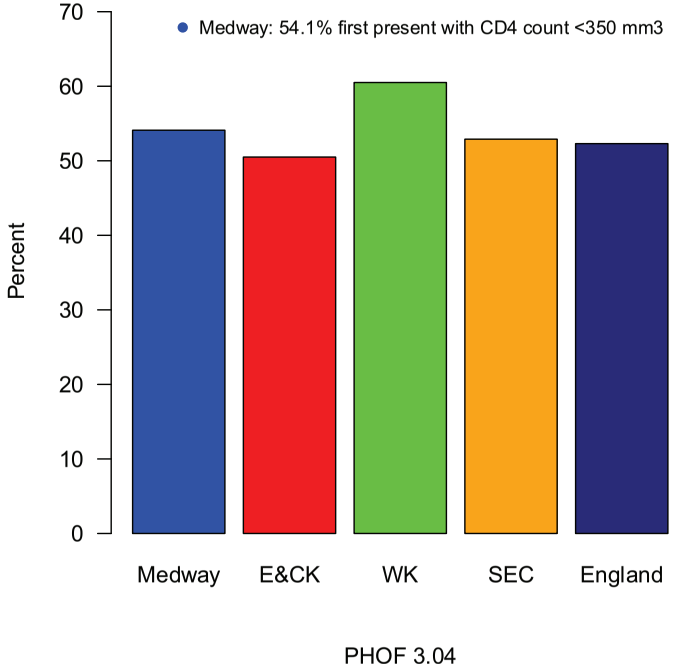
IND411: Alcohol related hospital admissions



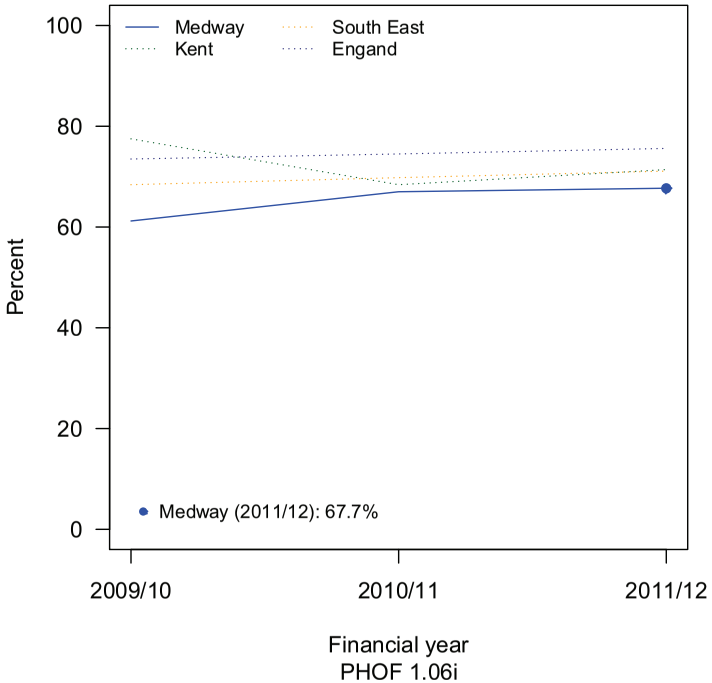
IND412: Chlamydia Diagnoses (15−24)



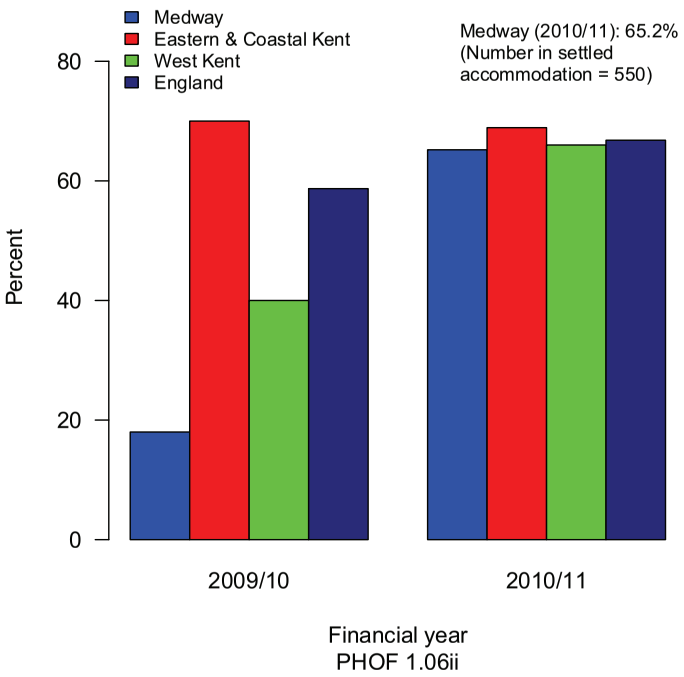
IND413: Late HIV diagnoses (2008−10)



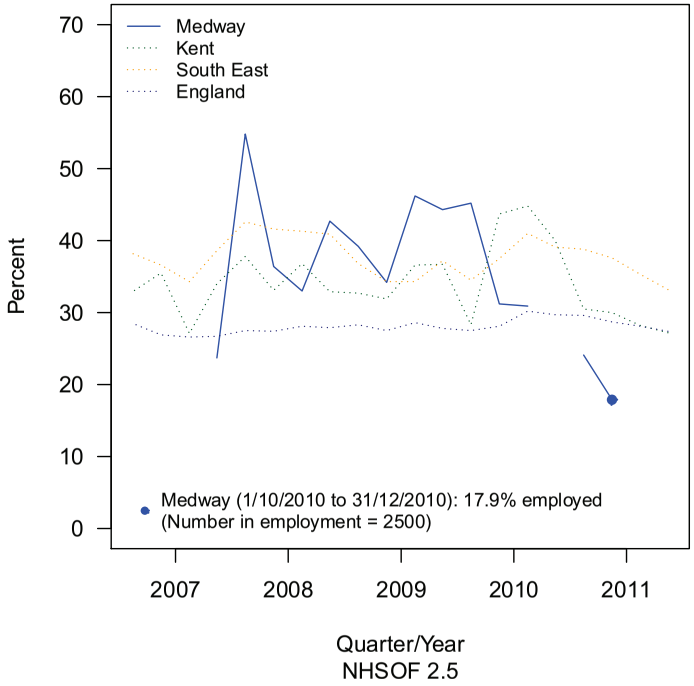
IND414: LD adults in settled accommodation



IND415: MH adults in settled accommodation



IND416: Mental Illness employment rate



FOOTNOTES

IND401: People using green spaces for exercise

Percentage of people using green space for exercise / health reasons. The value is a weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes

IND402: Sport 3 times per week

Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity

IND405: Statutory homelessness

No narrative definition in indicator function.

IND406: Households in temp accommodation

Households in temporary accommodation (per thousand households)

IND407: Fuel poverty

A household is classified as fuel poor when it would need to spend more than 10% of its income on energy in order to maintain an adequate level of warmth

IND408: Self−Harm hospital admissions

Age−sex standardised rate of emergency hopital admissions for intentional self−harm per 100,000 population

IND409: Smoking prevalence (18+)

Prevalence of smoking among persons aged 18 years and over − persons aged 18+ who are self−reported smokers in the Integrated Household Survey

IND410: Successful drug treatment

Number of drug users that left drug treatment successfully free of drug(s) of dependence who do not then re−present to treatment again within 6 months as a proportion of the total number in treatment

IND411: Alcohol related hospital admissions

The North West Public Health Observatory developed a methodology to estimate the proportion of admissions in which alcohol is the underlying cause for a number of diseases and injuries. These proportions are applied to raw hospital episode statistics data to derive a total of alcohol attributable admissions. This is then expressed as a directly age−standardised admission rate per 100,000 population

IND412: Chlamydia Diagnoses (15−24)

Crude rate of Chlamydia diagnoses per 100,000 young adults aged 15−24 in 2011/12

IND413: Late HIV diagnoses (2008−10)

Percentage of persons presenting with HIV at a late stage of infection, 2008−2010 pooled data. Late diagnoses defined as cell count <350mm3

IND414: LD adults in settled accommodation

Percentage of adults with learning disabilities known to social services who are assessed or reviewed during the year and were in settled accommodation at the time of their latest assessment

IND415: MH adults in settled accommodation

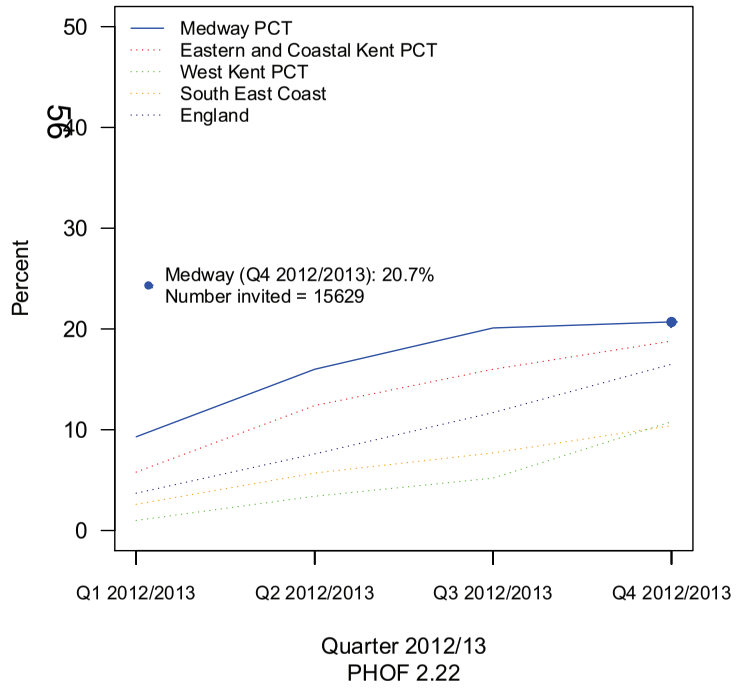
Percentage of adults receiving secondary mental health services known to be in settled accommodation at the time of their most recent assessment, formal review or multi disciplinary care planning meeting

IND416: Mental Illness employment rate

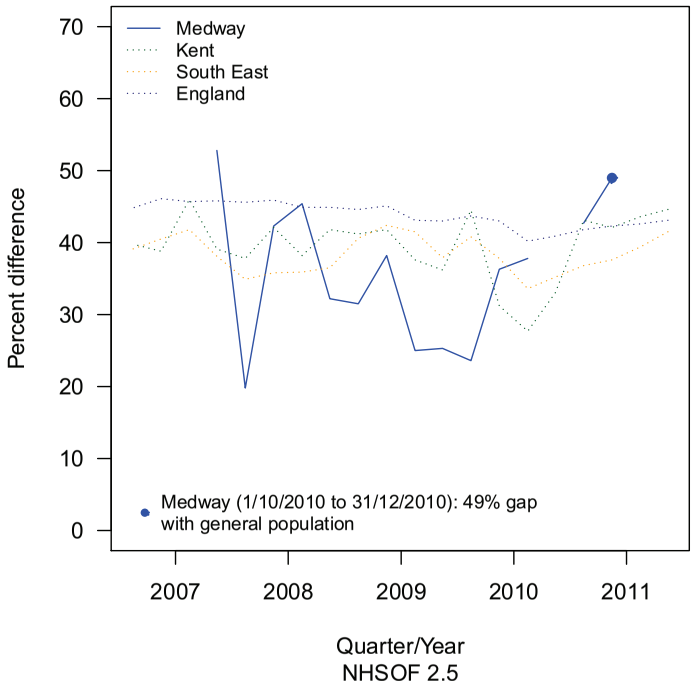
Proportion of people with a mental illness in employment. Number of people with mental illness in employment are those where the respondent has a health problem or disabilities that they expect will last for more than a year AND has Depression, bad nerves or anxiety or Severe or specific learning difficulties (mental handicap), or Mental illness, or suffer from phobia, panics or other nervous disorder AND is in employment − either an employee, self−employed, in Government employment & training programmes, or and unpaid family worker (this is the ILO definition of Basic economic activity) AND is of working age (ages 16−64)

JHWS Theme 5: Reduce health inequalities

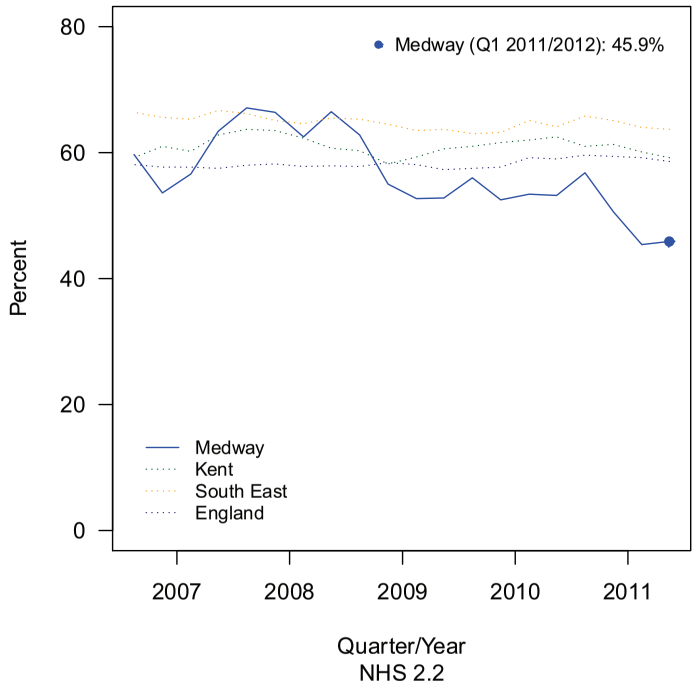
IND503: Invited to NHS Health Check



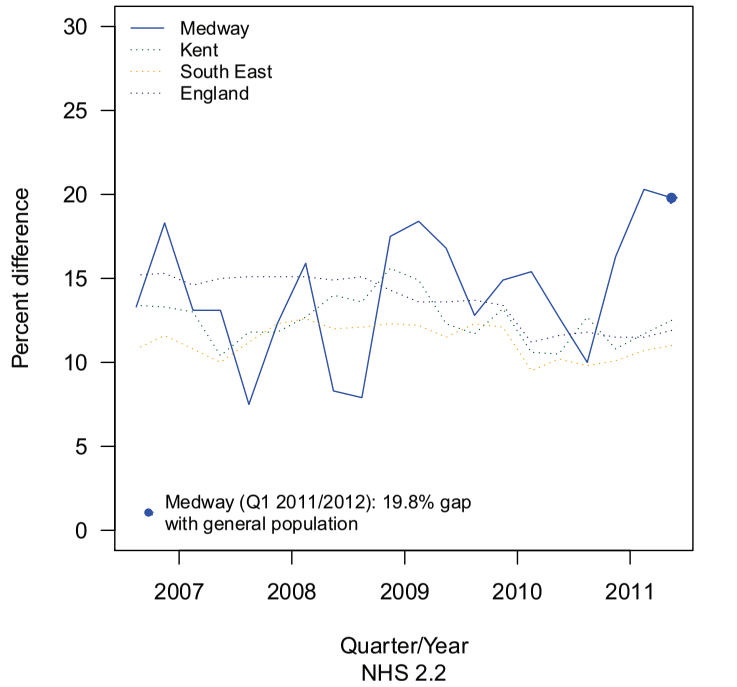
IND417: Mental Illness employment gap



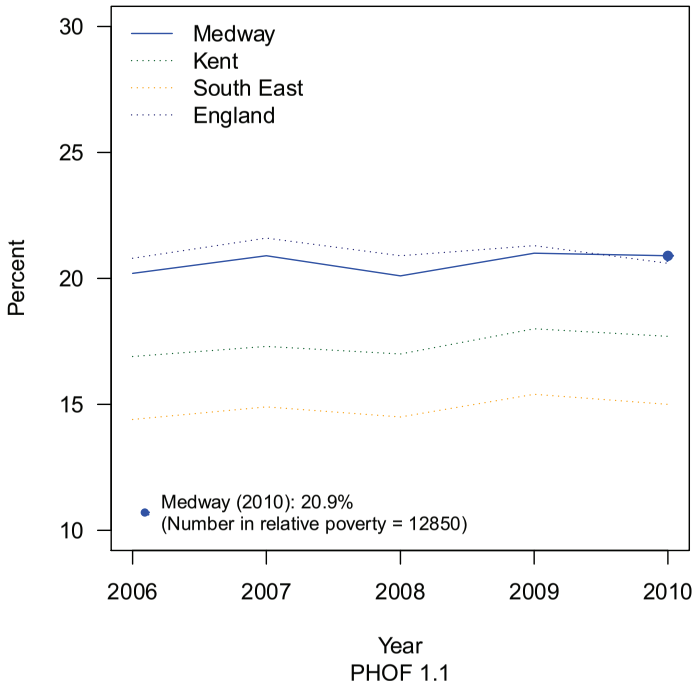
IND418: Long Term Condition employment rate



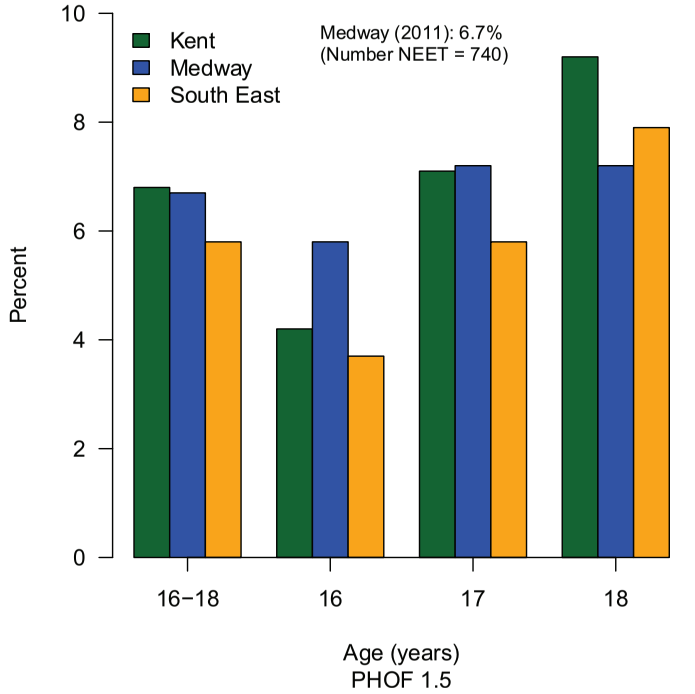
IND419: Long−term condition employment gap



IND504: Children in poverty



IND505: Not in Education, Employment or Training



FOOTNOTES

IND503: Invited to NHS Health Check

Percentage of eligible people who receive an NHS Health Check

IND417: Mental Illness employment gap

Employment rate gap between people with Mental illness and the overall population. Number of people with mental illness in employment are those where the respondent has a health problem or disabilities that they expect will last for more than a year AND has Depression, bad nerves or anxiety or Severe or specific learning difficulties (mental handicap), or Mental illness, or suffer from phobia, panics or other nervous disorder AND is in employment − either an employee, self−employed, in Government employment & training programmes, or and unpaid family worker (this is the ILO definition of Basic economic activity) AND is of working age (ages 16−64)

IND418: Long Term Condition employment rate

Percentage of respondents in the Labour Force Survey (LFS) who have a long−term condition who are classed as employed using the International Labour Organisation (ILO) definition of employment, compared to the percentage of all respondents classed as employed.

IND419: Long−term condition employment gap

Percentage of respondents in the Labour Force Survey (LFS) who have a long−term condition who are classed as employed using the International Labour Organisation (ILO) definition of employment, compared to the percentage of all respondents classed as employed.

IND504: Children in poverty

Percentage of children in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs)

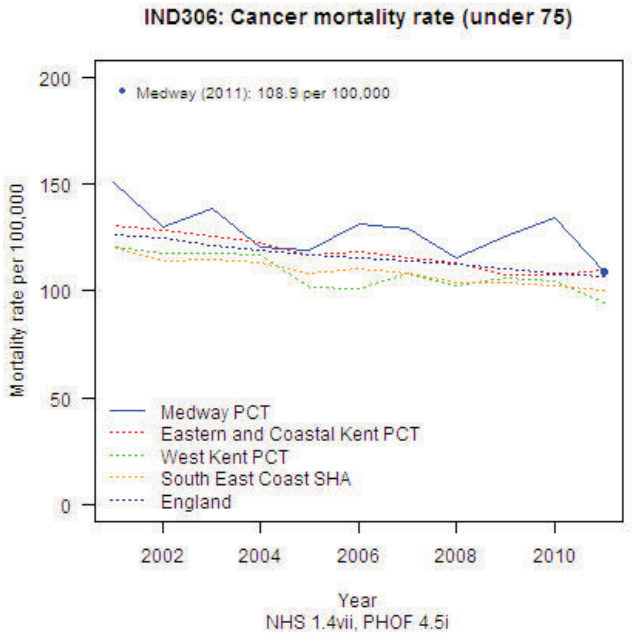
IND505: Not in Education, Employment or Training

Percentage of 16−18 year olds not in education, employment or training (NEET)

Item 7

Paper 2 b – Sample views for Public Health Dashboard

Cancer mortality rate (under 75)



Previous | Next

Current status

Medway (2011): 108.9 per 100,000

Additional information

Item	Detail
Description:	IND306: Cancer mortality rate (under 75)
Definition:	Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population
Source:	Health and Social Care Information Centre
Reporting frequency	Year

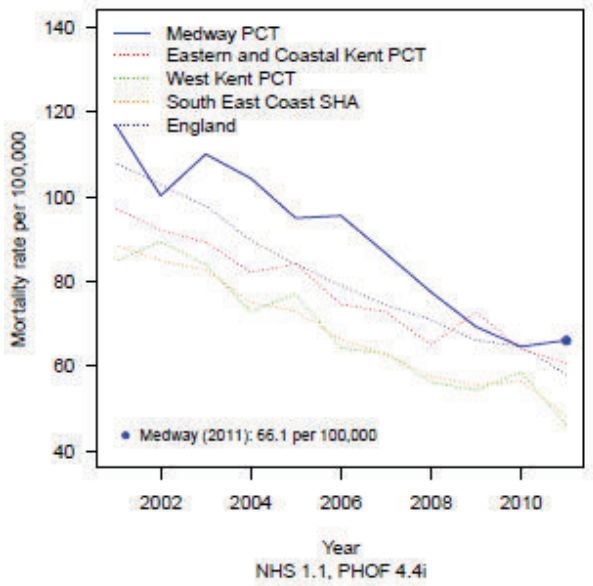
Cancer mortality in Medway has been either close to or more usually above the England average and higher than the geographical neighbours for the last decade. The annual rates show greater variation than seen in West Kent PCT and East and Coastal Kent PCT and this is probably because of the relative population sizes (West Kent and Eastern and Coastl Kent are about three times the size of Medway).

Using the three-year average of 2009-2011 Medway had the highest cancer mortality rate of all areas in the South East, significantly higher than the England average (see PHOF indicator 4.5i).

There's a reasonable amount of variation in cancer rates in Meday year-on-year, the most recent data (for 2011 show) that the rate is the same as England, but the long-term trend is that rates in Medway are higher than England.

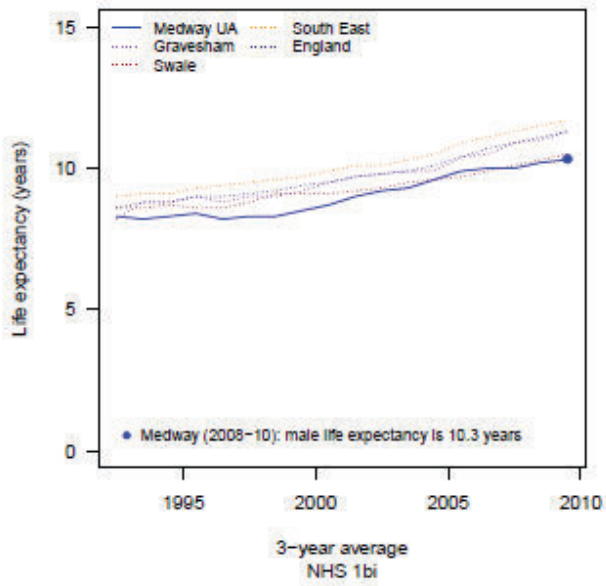
In all areas in Kent there has been a gradual decline over the last decade.

IND301: Cardiovascular disease mortality (under 75)



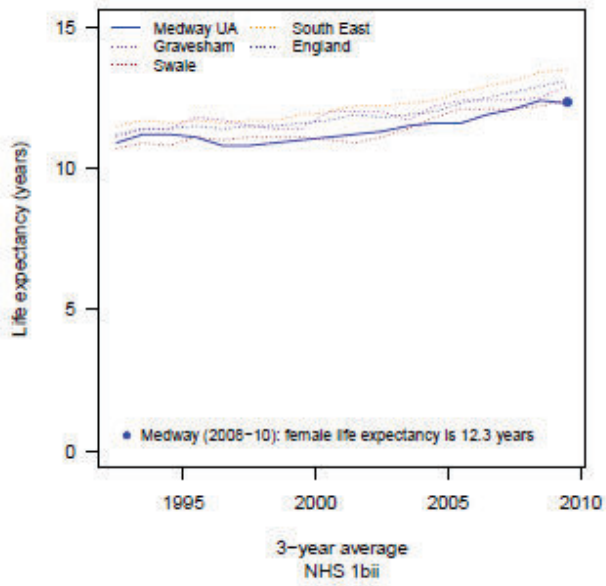
NHS 1.1, PHOF 4.4i

IND302: Life expectancy at 75 – Male



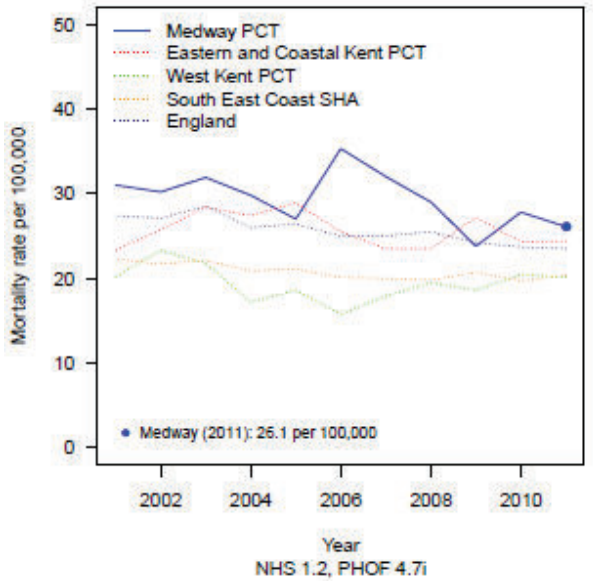
NHS 1bi

IND303: Life expectancy at 75 – Female



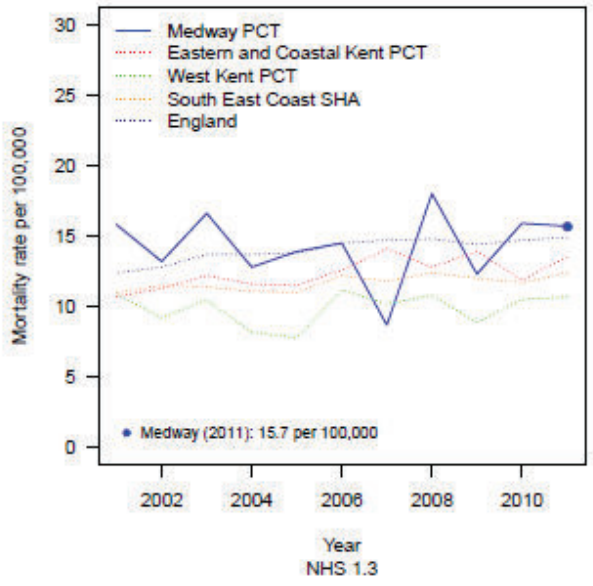
NHS 1bii

IND304: Respiratory disease mortality (under 75)



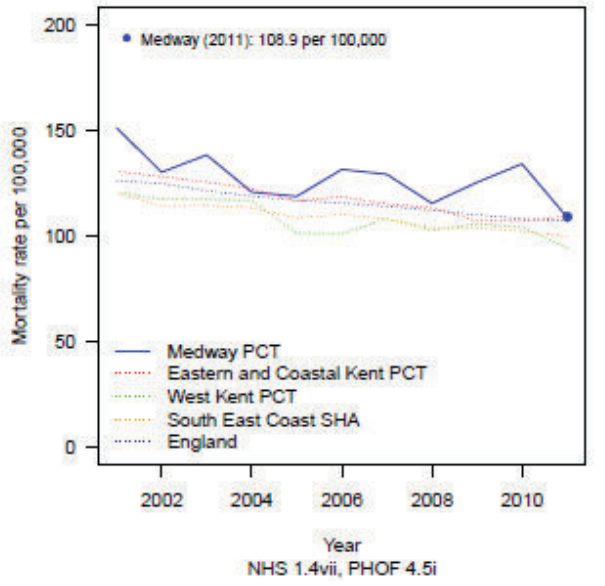
NHS 1.2, PHOF 4.7i

IND305: Liver disease mortality (under 75)



NHS 1.3

IND306: Cancer mortality rate (under 75)



NHS 1.4vii, PHOF 4.5i

Summary of Selected Public Health Outcomes Framework Indicators in Theme 4 of JHWS (May 2013)

Indicator	Value type	Time period	Sex	Age	Medway	England	Comparison
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	Proportion	2011/12	Persons	18-64 yrs	67.7	70	Similar
1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Proportion	2010/11	Persons	18-69 yrs	65.9	66.8	Similar
1.15i - Statutory homelessness - homelessness acceptances	Crude rate per 1,000 households	2011/12	Persons	All ages	1.62	2.31	Worse
1.15ii - Statutory homelessness - households in temporary accommodation	Crude rate per 1,000 households	2011/12	Persons	All ages	1.05	2.32	Better
1.16 - Utilisation of outdoor space for exercise/health reasons	Proportion	Mar 2009 - Feb 2012	Persons	16+ yrs	6.62	14.02	Worse
2.04 - Under 18 conceptions	Crude rate per 1,000 females aged 15-17	2011	Female	<18 yrs	38.79	30.7	Worse
2.14 - Smoking prevalence - adults (over 18s)	Proportion	2011/12	Persons	18+ yrs	23.63	19.96	Worse
2.15i - Successful completion of drug treatment - opiate users	Proportion	2011	Persons	18-75 yrs	11.45	8.62	Better
3.02 - Chlamydia diagnoses (15-24 year olds)	Crude rate per 100,000 15-24 year olds	2011	Persons	15-24 yrs	1744.1	2124.64	
3.04 - People presenting with HIV at a late stage of infection	Proportion	2009 - 11	Persons	15+ yrs	43.86	49.99	Similar

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