CABINET

27 NOVEMBER 2012

DEVELOPMENT OF A JOINT HEALTH AND WELLBEING STRATEGY FOR MEDWAY

Portfolio Holder Councillor Brake, Adult Services

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Summary

This report outlines the development of the Medway Joint Health and Wellbeing Strategy in line with the requirements of the Health and Social Care Act 2012. The draft Medway Joint Health and Wellbeing Strategy 2012-2017 is attached for approval by the Cabinet.

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 area. This is directly informed by the enhanced Joint Strategic Needs Assessment.

1.2 The Joint Health and Wellbeing strategy aims to improve the health and wellbeing of the population in Medway. There are five strategic themes

1. Give every child a good start
2. Enable our older population to live independently and well
3. Prevent early death and increase years of healthy life
4. Improve physical and mental health and wellbeing
5. Reduce health inequalities

Each year, under these themes, priority actions will be identified to support the themes.

2. Development of the Medway Joint Health and Wellbeing Strategy

2.1. In order to develop the Joint Health and Wellbeing Strategy for Medway, key strategic themes for health, public health and social care were drawn out from the Joint Strategic Needs Assessment (JSNA) 2012, which was reported to Cabinet on 7 August 2012.

2.2 Consultation on themes and the development of priority actions to deliver on these themes was carried out. The consultation included both an online consultation which ran from the 25 June to 20 July 2012 and a stakeholder event on 2 July which was attended by about 80 stakeholders from a wide range of organisations. The strategic themes were considered by stakeholders and priority actions to deliver against them were suggested.

2.3 The feedback from the event and the online consultation was reviewed by the Health and Wellbeing Board on 31July 2012 and strategic themes confirmed. A long list of priority actions drawn from the JSNA and the consultation process were considered and scored under each theme using appropriate criteria. One priority action was agreed under each theme as a focus for action for 2013/14.

2.4 Delivery plans around the priority actions with clear timescales and accountabilities are now being developed.

2.5 The strategy returned to the Health and Wellbeing Board on 23 October 2012 and has followed the timeline set out below with respect to other approval processes in the NHS and the local authority.

2.6 The final strategy will be approved by the end of November 2012.

3. Timescale for development of the Joint Health and Wellbeing Strategy

Action	Relevant body	Timeline	Status
Initial plans agreed for engagement event	Health and Wellbeing Board	3 May 2012	**Complete**
Detailed plans for engagement event	Health and Wellbeing Board	15 June 2012	**Complete**
Health and Wellbeing Board engagement event with stakeholders to produce priorities	Stakeholder event – St George's Centre 1-4pm	2 July 2012	**Complete**
Online consultation		25 June – 20 July 2012	**Complete**
Agreement of JHWS priorities and theme leads/.officers	Health and Wellbeing Board	31 July 2012	**Complete**
Consideration of draft JHWS	Health and Wellbeing Board	11 September 2012	**Complete**
Lead officers develop draft delivery plans		October/Nov 2012	**Complete**
Consideration of draft JHWS	Health and Adult Social Care O&S Committee	9 October 2012	**Complete**
Consideration of draft JHWS	Medway CCG Board	17 October	**Complete**
Final agreement of JHWS and consideration of draft delivery plans.	Health and Wellbeing Board	23 October 2012	**Complete**
Consideration of draft JHWS	NHS Kent and Medway Cluster Board	24 October	**Complete**
Final agreement of JHWS	Medway CCG Board	21 November	
Final agreement of JHWS	Cabinet	27 November 2012	

4. Consideration by the Shadow Health and Wellbeing Board – 11 September 2012 and the Health and Adult Social Care Overview and Scrutiny Committee – 9 October 2012

4.1 The Shadow Health and Wellbeing Board considered the draft strategy at its meeting on 11 September 2012.

4.2 The Board commended the Strategy and the priorities contained in it and agreed on the need for robust delivery plans for each of the priority actions which will be developed over the next few months. The delivery plans need to link to and build on current work and be developed in collaboration with other partnerships such as the Childrens Trust.

4.3 The JHWS was presented to the Health and Adult Social Care Overview and Scrutiny Committee on the 9 October 2012 and was well received. The following points were made:

- The need for further work on developing short, medium and long term outcome indicators and clear delivery plans.
- Themes were fed back as being the right ones for Medway.
- Request that other Boards and Overview and Scrutiny Committees in the Council also take some responsibility for taking forward the themes. It was suggested that the Chairman of the Health and Adult Social Care Overview and Scrutiny Committee discuss with the other Overview and Scrutiny Chairman to recommend that each committee takes responsibility for the relevant themes of the strategy to ensure the policies and budgets that they consider as pre-decision scrutiny are driving forward the themes set out in the strategy.
- Cabinet be advised of the need to ensure that health and wellbeing is everyone's business and should be included across all aspects of the Council's responsibilities.
- Concern about levels of obesity and the impact other policies such as those relating to planning and licensing can have on healthy lifestyles.
- Importance of partnership working – for example the Kent Fire and Rescue Service support dementia patients to stay in their own homes for longer.

4.4 A draft outcomes framework for the strategy had been attached as Appendix 5 based on the national outcomes framework and there was discussion during the meeting as to the importance of developing a monitoring framework for the themes and the priority actions with clear accountability for delivery.

4.5 The Health and Adult Social Care Overview and Scrutiny Committee requested to see the delivery plans for the themed priorities when drafted. The Committee also requested the Cabinet to note its comments and to ensure that health and wellbeing was inclusive to all committees and services run by the Council.

5. Director's Comments

5.1 The monitoring and outcomes framework is being further developed and officers are working on developing robust delivery plans for the identified priority actions. An all Member Briefing on the new public health role of the Council has been arranged for 19 December 2012. Meetings are being held with Council officers responsible for service planning to ensure the themes identified in the Joint Health and Wellbeing Strategy are reflected in all the Council's work.

6. Advice and analysis

6.1. A Diversity Impact Assessment screening has been undertaken and is attached as Appendix 6 to the strategy. It has been found it is not necessary to undertake a full impact assessment.

7. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Joint Health and Wellbeing strategy not in place in a timely manner	If JHWS not in place then commissioning plans will not reflect needs of the area	Clear timetable for development in place	D2
Lack of ownership	Board members will not take ownership of the strategy and therefore implementation will not take place	Board members have agreed to take responsibility as theme leads	D2
Commissioning Plans do not reflect JHWS priorities	Board members do not reflect the key priorities in their commissioning plans	Commissioning Plans will be reviewed by the HWB	D2

8. Legal and financial implications

8.1. Whilst there are no financial implications arising directly from the contents of this report, the Joint Health and Wellbeing Strategy will have a significant bearing on the future prioritisation and allocation of resources by the Council and its partners on the Health and Wellbeing Board. There are no legal implications arising directly from this report.

9. Recommendation

9.1. The Cabinet is asked to note the comments of the Health and Adult Social Care Overview and Scrutiny Committee and approve the Joint Health and Wellbeing Strategy for Medway.

10 Suggested Reasons for Decision

10.1 The strategy sets out the health and wellbeing issues for the community based on evidence from the Medway Joint Strategic Needs Assessment, what can be done to address them and what outcomes are intended to be achieved. The recommendation discharges the statutory duty through the Health and Wellbeing Board to prepare and adopt a Health and Wellbeing Strategy.

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Background papers
Joint Health and Wellbeing Strategy for Medway 2012-17 (Appendix 1)

Joint Strategic Needs Assessment - Report to Cabinet 7 August 2012
http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=17213

Appendix 1

JOINT HEALTH AND WELLBEING STRATEGY FOR MEDWAY: 2012-2017

September 2012

DRAFT

CONTENTS

1 FOREWORD

In Medway we are committed to improving the health and wellbeing of our whole population. We are also committed to reducing the health inequalities that exist across our area. Our desire is to see all our population healthy and flourishing and able to enjoy life to the full.

This new statutory Joint Health and Wellbeing Strategy will be the key mechanism to ensure that key priorities for health and wellbeing in our area are identified and driven forward. It builds on the work of the previous Medway Health and Wellbeing Strategy 2010-15, but as required by the Health and Social Care Act 2012, this Joint Health and Wellbeing Strategy will encompass health and social care services as well as prevention and public health.

The Joint Health and Wellbeing Strategy has been developed by the Shadow Medway Health and Wellbeing Board which will also have responsibility for overseeing implementation and monitoring of the strategy. Medway Health and Wellbeing Board is a new statutory local Board which was established by the Health and Social Care Act 2012 to lead the strategic approach to health and wellbeing work in the local authority area.

Improving health and wellbeing is a shared responsibility between statutory and voluntary organisations and the people of Medway themselves. The private sector and local businesses also have a key role to play. People expect to take some responsibility for their health and wellbeing but they also expect local agencies to play their part by developing services and an environment which supports and enables them to do this. All partners have a vital role in making sure public resources are used effectively to promote health and well-being and to support high-quality services in order to make sure that all the people of Medway enjoy the best possible health and wellbeing for as long as possible.

The environments in which people are born, grow, live, work and age have a substantial impact on health and health inequalities and this is recognised in this strategy. Universal services, such as transport, housing and leisure services, including access to sports, arts and culture, play a crucial role in facilitating an improved environment. Supporting communities and social inclusion is a key strand to improving health and wellbeing.

Mental and emotional well-being and resilience are also fundamental to people's capacity to get the most out of life, for themselves and for their families. There is much that can be done to improve mental health and wellbeing, and reduce the levels of mental ill health. Supporting people with this will help them to lead happier, more fulfilled and productive lives. We support the government's commitment that mental health and physical health should be equally valued and will seek to ensure that this is reflected in the work carried out as part of this strategy

We are committed to ensuring that this strategy is implemented in a way which ensures that the benefits of health and wellbeing are available to all the people of Medway.

Cllr David Brake: Chair of the Health and Wellbeing Board

2 INTRODUCTION AND CONTEXT

2.1 BACKGROUND

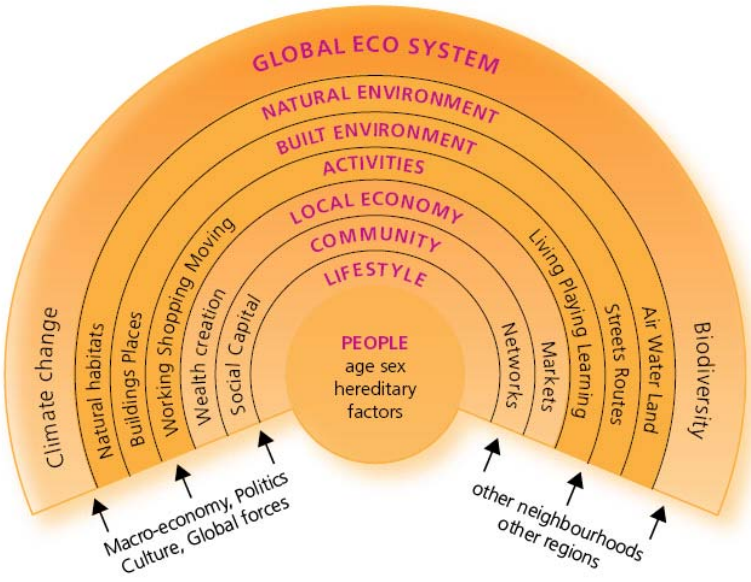
Our desire to improve health and wellbeing is driven by recognition that health is a resource for living as well as to be enjoyed on its own. With good health people are capable of growing, learning, and enjoying life. This strategy is about helping people reach towards their aspirations and about participating fully in society and the economy. Ensuring good mental health is as important as ensuring good physical health in achieving this aim.

This section sets out how we see improving health and wellbeing in Medway, the policy context the strategy is being developed in and the principles and aims of the strategy.

What does improving health and wellbeing mean for Medway?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organisation). Health therefore extends to issues far beyond the traditional medical context of health. While health and social services make a contribution to health, most of the key determinants of health lie outside the direct influence of health and social care, for example, education, employment, housing, and environment. The diagram below presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider social, economic and environmental issues

Fig 1: The determinants of health and wellbeing [i] providing an illustration of the different layers of influence that together shape our health throughout our life.



While focusing on the entire population, this strategy acknowledges the particular importance of childhood as a foundational stage for future health and wellbeing. It also highlights key issues for older people's health and wellbeing.

From Fig 1 it can be seen that action to improve health needs to take place across a

range of social determinants, lifestyle factors and in improving health and social care services.
Continuing action needs to be taken by the Council and other partners in order to create and sustain healthy environments for the people of Medway. There is overwhelming evidence that the environments in which people live (the economic, the social, the built and the natural environments) have the greatest impact on achieving wellbeing and health.

Action needs to be taken to enable healthier lifestyles across the life course and highlight particular needs for different population groups. The strategy emphasises health and wellbeing rather than sickness. This means giving attention to the twin elements of "feeling good and functioning well"

Ensuring high quality health and social care services is also essential if we are to maximise health and wellbeing. Addressing variation in care and ensuring that all patients are treated with respect and dignity and their choices supported where possible is key to this strategy.

Health and social care services also have a part to play in prevention. Immunisation, screening and health promoting interventions in primary care and hospitals are all important in ensuring effective prevention. Other statutory and voluntary sector agencies providing services have a key contribution in mobilising the wider public health workforce to improve health

In addition, understanding and reducing health inequalities needs to part of everything we do in Medway. The evidence shows that for action on health inequalities to be effective it must cover a range of policy areas and environments

2.2 POLICY CONTEXT

The Medway Health and Wellbeing Board has overall responsibility for the oversight, development and implementation of the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board is a new body created under the Health and Social Care Act 2012. It brings local government, the NHS, and HealthWatch to work together to improve health and wellbeing outcomes for the population of Medway. See link below for more information about the role of the Health and Wellbeing Board.

http://healthandcare.dh.gov.uk/hwb-guide/

Also through the Health and Social Care Act 2012 the Government has established the Joint Strategic Needs Assessment (JSNA) as a fundamental part of the planning and commissioning cycle at a local level. The Joint Strategic Needs Assessment is an objective assessment of local needs and is intended to address current and future health and social care needs. Building on this there is an additional duty on the local authority and Medway Commissioning Group to develop a Joint Health and Wellbeing Strategy for Medway.

This Joint Health and Wellbeing strategy is a direct response to the needs and issues identified in the 2012 Medway Joint Strategic Needs Assessment. It sets out the agreed priorities for collective action by key commissioners – the Local Authority, Medway Commissioning Group and the NHS Commissioning Board and all statutory and voluntary partners.

Central to this vision is that decisions about services should be made as locally as possible, involving people who use them and communities to the maximum degree.

2.3 VISION AND AIMS OF THE STATEGY

Vision and principles

We want Medway to be a place where:

- The environments people live in help them to improve their health and wellbeing
- Children grow up to reach their full potential
- Older people feel valued and supported in their local communities.
- People have access to good employment and work opportunities
- People stay healthy and enjoy life but have resilience to cope with life's challenges.
- People can expect to enjoy good health and good health and social care whatever their social or economic circumstances.

Four underlying principles have been identified which should underpin all health and wellbeing work in Medway and be woven through the further implementation of this strategy

- A commitment to an integrated systems approach and partnership working
- A focus on prevention and early intervention in all areas
- On-going and effective stakeholder communication and engagement
- A commitment to sustainability

Aims of the strategy

The purpose of this strategy is to describe what the health and wellbeing issues are for the local community based on evidence in the Medway JSNA, what can be done to address them, and what outcomes are intended to be achieved.

The aims of this strategy are therefore to:

- Set out a vision for improving health and well-being across Medway including health, social care and public health.
- Identify strategic themes and priority actions for improving health and well-being through integrated partnership action in order to achieve significant change in population outcomes

This strategy is an overarching document for the next 5 years but the priority actions will be reviewed on an annual basis. In Medway we recognise that the delivery of improved health and well-being will need to be carried out by a range of organisations working in partnership. This strategy seeks to create a framework which will ensure that these partnerships work effectively towards this common vision.

The strategic themes will guide the work of Medway Council and the NHS in developing all their commissioning plans for health, public health and social care as well as the Council's work on the wider determinants of health. The implementation of these plans will be reviewed and monitored by the Health and Wellbeing Board.

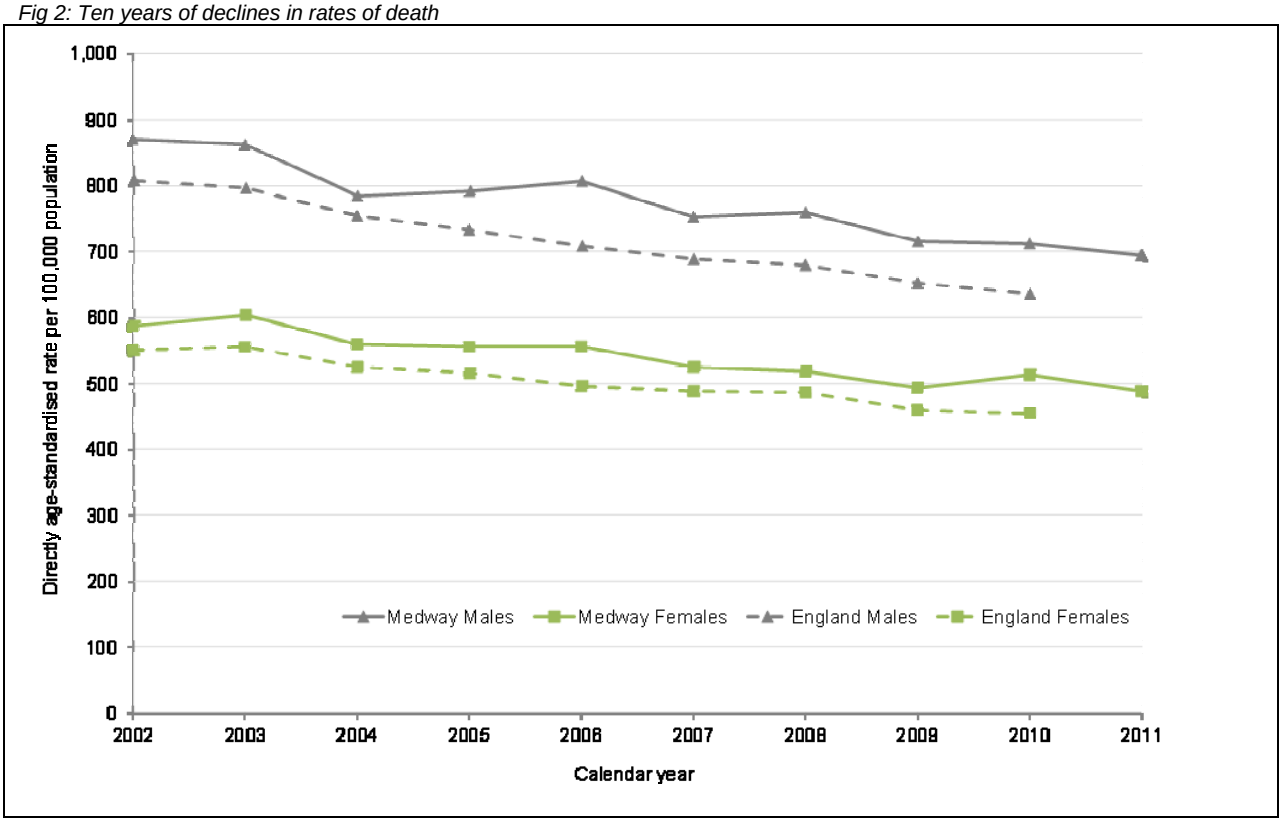
In addition, in order to ensure that there is a clear focus for action under each theme the Board will have a particular focus on one priority action under each theme which will contribute effectively towards the desired outcomes for that theme each year.

These priority actions will be reviewed each year and changed or added to as appropriate. In addition, specific delivery plans for the priority actions will be put in place and these will be monitored by the Health and Wellbeing Board on a regular basis.

3 KEY CHALLENGES FOR HEALTH AND WELLBEING IN MEDWAY

The Medway Joint Strategic Needs Assessment 2012 shows that overall health and life expectancy is improving each year in Medway in line with the rest of UK, but that there remain some serious health challenges for Medway

Fig 2: Ten years of declines in rates of death



Source: Office for National Statistics (2002 to 2010 data via The NHS Information Centre for health and social care and 2011 data from Primary Care Mortality database – England data not yet available for 2011).

These are: the importance of focusing on our children in their earliest years, an ageing population potentially leading to increased demand on health and social care services, the need to continue to prevent and treat effectively the major causes of ill health and premature death and the importance of health-related behaviours and health inequalities

3.1 The importance of the early years of life

According to the 2011 Census, Medway's resident population is 263,900, an increase of 14,200 (5.7%) since 2001, There were 3,538 births to women aged 11–49 years in 2010.

What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.

Medway is doing well in some areas with respect to its youngest children; immunisation rates are good and infant mortality rates are similar to the England average, however we do face some significant challenges.

Rates of smoking in pregnancy in 2010/11 in Medway were significantly higher than the

England average. Rates of breastfeeding initiation and children achieving a good level of development at age 5 are significantly lower than the England average.

Smoking in pregnancy, which is a real challenge in Medway, impacts negatively on both maternal and child health Smoking nearly doubles the risk of low birthweight babies. More specifically, infants born to smokers weigh on average 200 grams less than infants born to women who do not smoke. Premature and low birthweight babies face an increased risk of serious health problems both as newborns and have chronic lifelong disabilities such as cerebral palsy (a set of motor conditions causing physical disabilities), and learning difficulties. Overall, they also face an increased risk of death.[ii]

In the UK Millennium Cohort Survey, six months of exclusive breast feeding was associated with a 53% decrease in hospital admissions for diarrhoea and a 27% decrease in respiratory tract infections.[iii]

For children, achieving a good level of early development is crucial to improving their life chances and opportunities later in life. Many factors will influence this including the mental health of mother, good parenting and good physical health.

There has been an increase in the number of children in care. In March 2011 Medway had 446 children in care, 19 more than in 2010/11. With 73 children in care per 10,000 children this is higher than the national average but in line with other similar unitary authorities.

The number of children with special educational needs (SEN) is also expected to increase in the next five years. This may result in an additional 300 pupils with statements requiring specialist provision, over and above the number projected through normal population growth.

3.2 The impact of an ageing population

The population profile in Medway is changing with an increasing proportion of older people. Projections from 2010 to 2020 suggest that the number of people 65 years of age or over will increase by 29% to 46,900 and the number of people over 85 years will grow by 34% to 5,500.

Increasing numbers of older people mean that there will be increasing numbers of people developing chronic conditions who will become intensive users of services. For example, the number of people aged 65 and over predicted to have a long standing health condition caused by a stroke will rise from 838 in 2011 to 1,338 in 2030 and those aged 65 and over predicted to have diabetes will rise from 4,583 to 7,063. Ageing of the population is likely to result in a substantial increase in costs to the health and social care system and primary and secondary prevention of conditions such as diabetes, COPD and heart disease, combined with improved care for people with conditions such as dementia, is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system.

As people live longer with chronic conditions, health improvement programmes need to be responsive to the particular needs of older people, supporting their resilience and continuing to encourage healthy behaviours along with innovations in self-management, care in the home and the application of new technologies.

Approximately 2,000 Medway residents die each year, with mortality rates significantly higher in males than they are in females. There is considerable variation in mortality rate

by ward and mortality rates in the five wards with the highest rates are significantly higher than in the five wards with the lowest rates. Average life expectancy in Cuxton and Halling, Rainham Central, and Hempstead and Wigmore is significantly greater than in Chatham Central, Luton and Wayfield, and River wards. Life expectancy is highest in Cuxton and Halling at 82.6 years, and lowest in Chatham Central at 77.5 years.

3.3 Premature death and ill health in Medway

Of the roughly 2,000 deaths that occur in Medway each year, almost a third of deaths in females and half of deaths in males are considered to be premature, that its they occur under the age of 75 years. In both males and females the leading cause of premature deaths is cancer, accounting for almost half of deaths in women and a third of deaths in men of this age.

The next largest cause of death in those under the age of 75 years is circulatory disease (for example heart attacks, stroke and heart failure), accounting for 18% of premature deaths in women and 28% in men. Deaths from heart disease contribute significantly to the gap in life expectancy between Medway and England.

A further 10% of premature deaths are due to respiratory diseases, notably chronic obstructive pulmonary disease (COPD), primarily caused by smoking.

Premature mortality is strongly associated with deprivation and the premature mortality rate in the most deprived twenty percent of the population is double the rate in the least deprived twenty percent.

Improvements in life expectancy over the past few decades mask a growing burden of preventable long term chronic conditions including heart and respiratory diseases, diabetes, cancers, and depression

Mental health is particularly important in determining quality of life and wellbeing. According to estimates derived from the 2007 psychiatric morbidity survey for England, in Medway in 2011 there were 33,500 people at any one time living with common mental health problems and 783 with a psychotic disorder. In February 2011 the total number of people in Medway claiming incapacity benefit was 7,120. Of these, 2,950 (42%) were claiming incapacity benefit for mental health reasons.

3.4 The importance of health related behaviour and lifestyle factors

Many of the diseases that lead to premature death and long term illness share similar preventable causes and many of these can be linked directly to lifestyle behaviours and choices. Smoking, unhealthy diet, physical inactivity, alcohol consumption and stress separately and in combination have a profound impact on the health and wellbeing of people.

The Joint Strategic Needs Assessment and the Medway Health Profile 2012 show some high levels of lifestyle risk factors in Medway

- 22.2% of the adult population are smokers. This is higher but not significantly different from the England average
- Medway has significantly higher rates of obesity than the England average. 30% of adults in Medway are obese compared with the England average of 24.2%
- Medway is in the lowest quartile in England for healthy eating with 23.9% of adults

eating five or more portions of fruits or vegetables per day, significantly worse than the England average of 28.7%.

- Medway's figure of 22.5% of adults with increasing and high risk drinking is not significantly different from the England average of 22.3%

Poor mental health and high levels of stress are important issues in their own right and are also linked to physical health problems. Promoting mental health and wellbeing is an essential element of promoting overall health and wellbeing

Table 1: Links between lifestyle behaviours and mental and physical health

- *It is estimated that smoking causes 25-30% of all cancers (90% of lung cancer in men and 82% in women is caused by smoking) [iv, v] and 19% of Coronary Heart Disease (CHD) mortality in developed countries. It doubles your risk of death if you have diabetes*
- *People who are physically active reduce their risk of developing major chronic diseases – such as CHD, stroke and type 2 diabetes by up to 50% and the risk of premature death by about 20-30% [vi] World wide low intake of fruit and vegetables is estimated to cause about 19% of gastrointestinal cancer and about 31% of CHD. [vii]*
- *Some studies have shown that severely obese individuals are likely to die on average 11 years earlier than those with a healthy weight, although this figure can vary depending on an individual's circumstances. [viii]*
- *Stress at work is associated with a 50% increased risk of coronary heart disease and there is consistent evidence that high job demand, low control and effort-reward imbalance are risk factors for mental and physical health problems [ix,x]*
- *A history of anxiety and depression has been found to be a stronger long term predictor of heart disease than smoking in men and is associated with an increase in cancers*
- *Alcohol is well established as a cause of cancer: Around 6% of UK cancer deaths could be avoided if people did not drink. Scientists have estimated that unhealthy diets cause from 10 to 30% of cancer deaths in developed countries [xi]*

Integrated action which maximises partnership resources needs to be taken to reduce lifestyle risk factors and improve physical and mental health and wellbeing.

3.5 Inequalities in Health

Health inequalities are defined as differences in health status or in the distribution of health determinants between different population groups (World Heath Organisation).

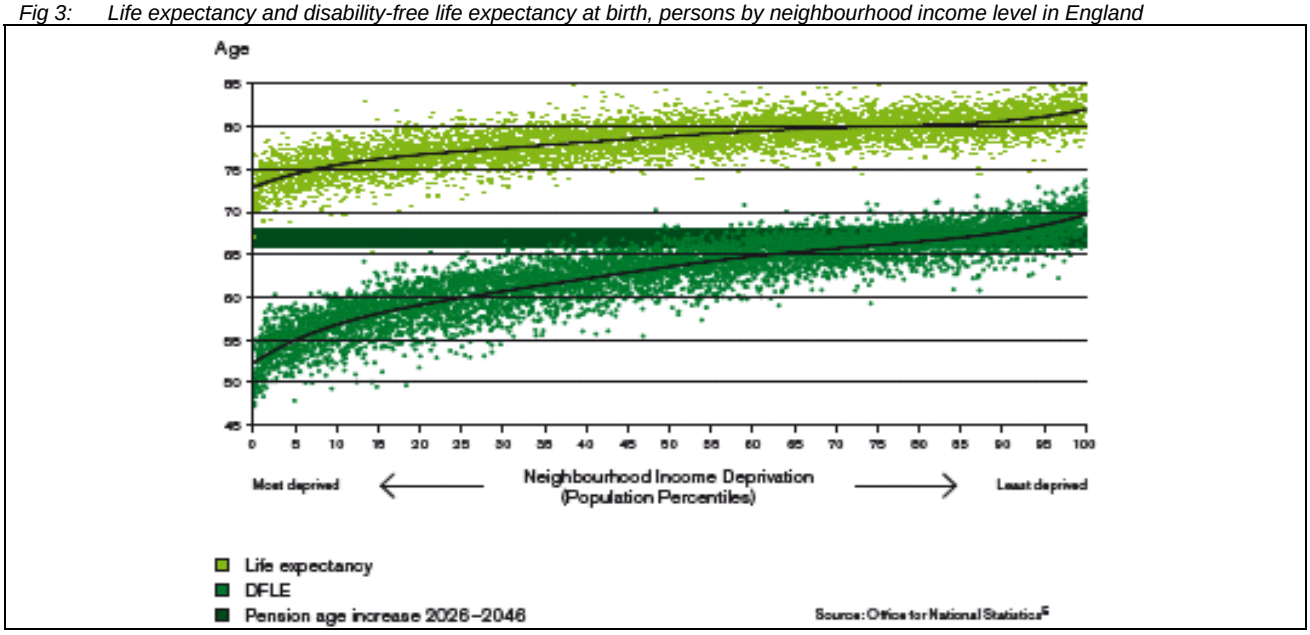
Health inequalities have been identified by socio-economic status, ethnicity, age, gender and disability. While all these are important the main focus of this strategy (which reflects the national focus) is on the inequalities in health due to differences in levels of deprivation or socio-economic status. This should also have an impact on other groups suffering from health inequalities as poor health in any group is often linked to low income and poverty.

Nationally key indicators of health inequalities are the gaps in life expectancy and healthy life expectancy between areas of higher and lower deprivation.

As well as the moral imperative to tackle inequalities there is a good business argument to do so. Emergency hospital admissions or more years spent with a long-term illness mean greater costs for health and social care systems In addition the figure below taken from

the Marmot Report shows that when the retirement age is 68 more than three quarters of the population will already be disabled in some way before they reach it. If we wish to have a healthy population working until 68 years it is essential to take action to both raise the general level of health and flatten the social gradient shown below.

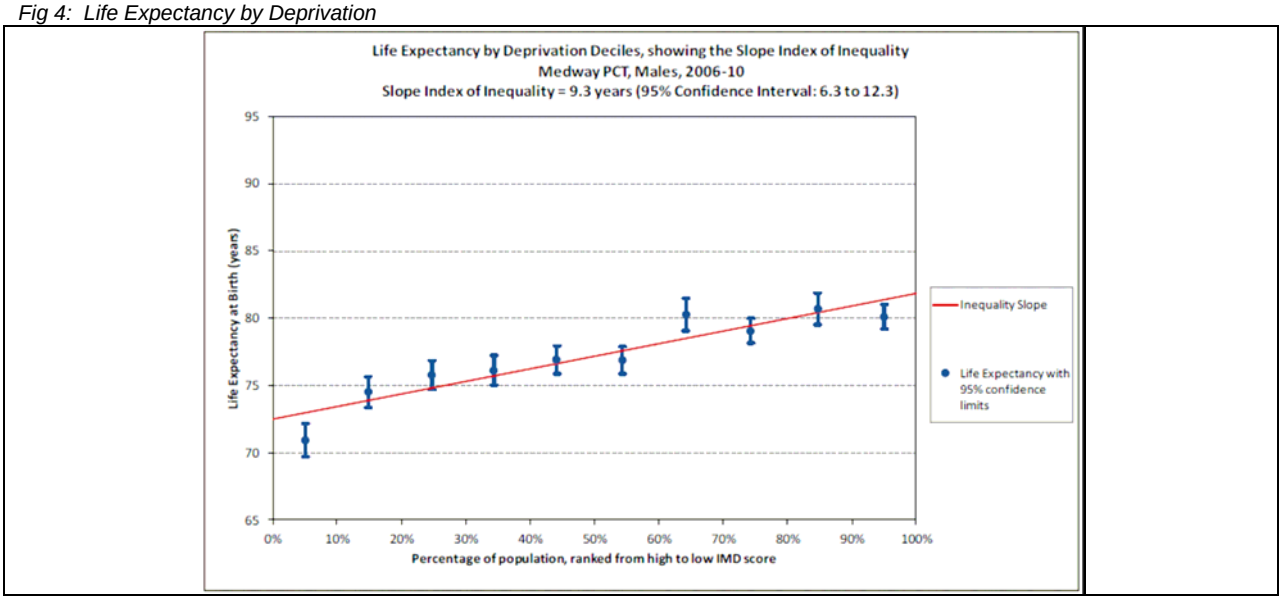
Fig 3: Life expectancy and disability-free life expectancy at birth, persons by neighbourhood income level in England



In Medway it is not that there is a small group of people in poor health, and the rest of Medway in excellent health. Within Medway the Slope Index of Inequality shows that the difference in life expectancy between the 10% most and least deprived in the population is 9.4 years for men and 4 years for women.

In fact, as Fig 4 illustrates, health improves incrementally with each step people take up the social ladder of income, education or occupation. This 'social gradient' means even those in Medway with good incomes experience poorer health than those who earn more than them.

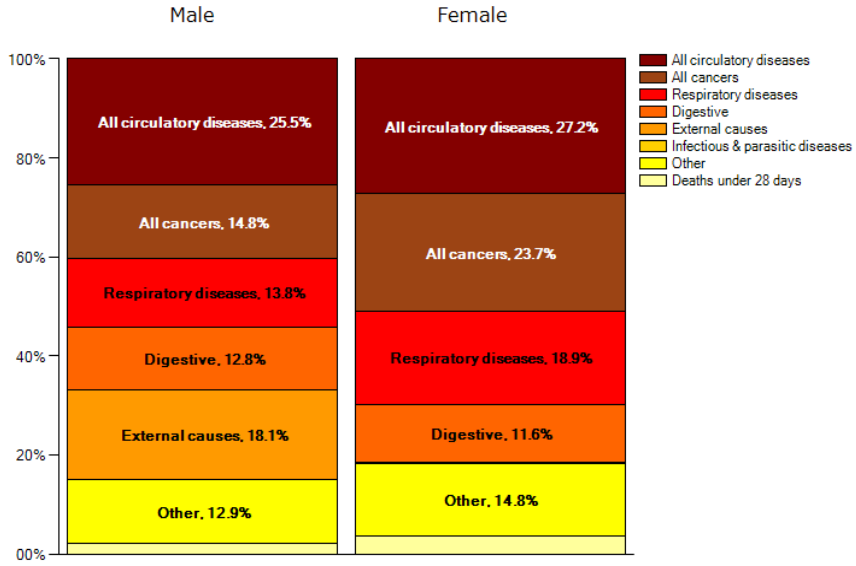
Fig 4: Life Expectancy by Deprivation



Source Medway Public Health Intelligence Team 2012

The life expectancy gap between the health of the most and least deprived can be directly attributed to higher rates of the major killers with circulatory diseases (heart disease and stroke) making the largest contribution to the gap (fig 5)

Fig 5: Contribution of various causes to life expectancy gap between most and least deprived quintile, Medway



Source NHS Medway Public Health Directorate

The causes of death that contribute most to the equalities gap in Medway for men are coronary heart disease at 1.18 years, followed by lung cancer (0.64yrs), suicide and undetermined injury (0.55 yrs) and chronic obstructive pulmonary disease (COPD).

Social determinants of health inequalities

Social determinants of health have been recognised to be key determinants of health inequalities. These include employment, low income and debt, housing and access to green spaces.

Medway is suffering more than many other parts of the country from chronic and worsening unemployment. In July 2012 the number of people claiming job seekers allowance (JSA) in Medway was 7,203, an increase of just over 300 (4.6%) compared to July 2011. This increase is greater than seen nationally (2.7%) and regionally (0.2%). Unemployment is an important factor driving the health and well-being of a population and this is likely to be playing a key role in the health inequalities seen in Medway.

Fig 6 Links between socio-economic status and health

- *Nearly two thirds of children with emotional disorders live in poverty and the mothers of over half of these children have mental health needs of their own. Research indicates that parents caring for children in disadvantaged circumstances are likely to need additional family support if they are to protect their children from the effects of disadvantage including family stress, and potentially child abuse and domestic violence.*[xii]

- *Chronic stress caused by low income is a risk factor for cardiovascular problems and also contributes to the adoption of coping behaviours such as smoking and drinking alcohol.*[xiii]

4 BUILDING A HEALTHY MEDWAY: FIVE STRATEGIC THEMES

To support our ambition to improve overall health and reduce inequalities, existing activity within Medway and the evidence on the challenges we face in Medway has been reviewed. From this we have identified key strategic themes and priority actions.

This chapter sets out the five strategic themes we will work on during the life of this strategy. The priority actions that we will focus on during 2013/14 are attached as Appendix 1. We are committed to working in partnership across all sectors and directly with people in the community in order to deliver these to ensure that health and wellbeing for the people of Medway is maximised.

The five key themes for Medway are:

Working together to:

- Give every child a good start
- Enable our older population to live independently and well
- Prevent early death and increase years of healthy life
- Improve physical and mental health and wellbeing
- Reduce health inequalities

4.1 THEME 1: GIVE EVERY CHILD A GOOD START

We know there is increasing evidence that investment in the early years of life (0–5 years) is highly effective both in terms of the impact on future health and wellbeing and in being cost-effective. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.

It is essential then that we take action to ensure a good start to life for all the approximately 3,500 children born in Medway every year. This will need to comprise a multi-agency approach which offers support for mothers and children from conception through the early years of life.

Mothers need to be supported to have good mental and physical health during pregnancy and the birth of their child. This involves making sure our midwifery and maternity services are high quality and mothers are aware of the actions they can take themselves to improve the health of their child. Reducing smoking in pregnancy is particularly important in improving health outcomes for the child. Ensuring good mental health for the mother is also important for both mother and child. The provision of good timely perinatal mental health services is key to effectively supporting women at this time.

When the child is born, in order to support the best possible development, there are a number of areas that we need to take action on.

Firstly, supporting new parents to improve their parenting skills. This is important in improving outcomes and a particular focus is required on supporting the most vulnerable families to improve parenting and help very young children be school-ready

Secondly ensuring sufficient appropriately trained staff and resources are invested to support parents and young children. A significant increase in the health visitor workforce

in Medway is being implemented and this workforce will have a significant role in supporting new families. Medway's Children Centres also have an important role to play in this and bring together a range of key services.

The provision of good social care for children is important to ensure that some of our most vulnerable children have a good start in life. In England the number of referrals to children's social care has increased in recent years and a similar pattern has been seen in Medway over the last two years, where the number of referrals has increased 63%, from 3,292 in 2009/10 to 5,364 in 2011/12..

Children in care are particularly vulnerable and are likely to have poorer outcomes. Good training and support for foster carers is essential to make sure that any disadvantage is minimised.

4.2 THEME 2: ENABLE OUR OLDER POPULATION TO LIVE INDEPENDENTLY AND WELL

The rapid increase that Medway will see in the number of people aged 65+ and 85+ over the next decade is something that should be celebrated. It is in part the result of steady improvements over many years in health care and public health. Many of these new older people will be healthy and strong and able to live independently; however, it is inevitable that there will also be an increase in the number of people who will need health and social care and support. In particular we can expect to see more people who have dementia, and others who become physically frail.

An increase in the number of older people is not a new phenomenon. In 1901 less than 5% of the UK population was over the age of 65 years. Since then there has been a steady increase and as a society we have made many changes during this period. As we go forward further changes will be needed to ensure that we are able to provide affordable and high quality care for older people. In Medway we need to be sure we are planning robustly and that all our older people will be able to access appropriate care and support as the older population increases.

Equally important is ensuring our older people keep physically and mentally healthy as long as possible to prevent ill health. Many activities have been shown to impact on this. Keeping physically active, engaging in learning, volunteering and maintaining good social networks are all evidence based ways for older people to maintain their health. In Medway and we want to make sure that these opportunities remain available for older people.

For many older people, their preference is to stay in their own home for as long as they can and they may need additional support to do so. We will support this preference wherever possible. There will also be increasing numbers of older people who will need specialist accommodation that mesh support, care and housing provision and we need to continue to develop appropriate provision for them.

Carers play an essential role in supporting older people and their role will become increasingly more important as the older population increases. However carers also have needs for support in order.to continue in their role and we need to ensure that this is provided when it is needed.

4.3 THEME 3: PREVENT EARLY DEATH AND INCREASE YEARS OF HEALTHY LIFE

The current leading causes of early death and illness in Medway include cancer, circulatory disease (e.g. heart attacks, stroke and heart failure) and respiratory disease, conditions that share many common causes.

Over recent decades public health and improved health care have led to dramatic reductions in the number of deaths. For example the mortality rate from heart attacks in Medway fell 85% from 108 to 17 per 100,000 between 1993 and 2010. About half of this reduction was due to improved health care and half was due to public health measures, such as reductions in smoking.

Ensuring that we take action that continues to improve health care but that also focuses on prevention will be essential if we are to see these reductions continue.
Good preventative strategies will need to include action on primary prevention and the wider determinants of health such as employment and access to green spaces as well as lifestyle factors such as smoking and physical activity. For clarity these will largely be developed under Theme 4.

This theme will focus largely on improving healthcare to prevent early death and improve quality of life. This will include improving early diagnosis and therefore allowing more timely intervention which can significantly improve outcomes in some diseases. Strategies are needed to promote this through raised awareness and efficient diagnostic pathways. Good access and uptake to screening programmes will help facilitate this as will effective partnership action.

With respect to increasing years of healthy life, preventing and treating long term conditions such as heart disease, diabetes, epilepsy and mental health issues which cause chronic illness is a priority. Supporting people to be able to self manage their own conditions more effectively is particularly important and we commit to supporting this .

Mental health in particular impacts on quality of life and good identification and treatment of people with mental health problems needs to be in place. The physical health of people with mental health problems is generally significantly worse than that of the general population and we need to take action on this.

Most people with long-term conditions have a single condition and can be helped to manage their condition at relatively low cost. However, as people age and if prevention and treatment are not optimal, more people begin to develop other conditions. As the number and severity of these conditions increases the complexity and cost of managing them becomes much greater. Addressing these conditions requires well-integrated health and social care systems.

4.4 THEME 4: IMPROVE PHYSICAL AND MENTAL HEALTH AND WELLBEING

Increasing attention is being paid to not just how long people live, but also how well they live. We all know that preventing ill health is more effective than treating disease.

As highlighted in the previous section, physical and mental health and wellbeing are affected by many issues in the environments we live in, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who do have work, debt and income level, the ability to live independently and autonomously and freedom from pain and ill-health. We need to ensure action is taken in all these areas.

With respect to lifestyle change there are six key risk factors which affect health and wellbeing which we need to take action on:

- tobacco use,
- harmful use of alcohol and drugs,

- physical inactivity
- poor diet
- high stress levels and poor mental wellbeing
- poor sexual health

Each of these risk factors are aspects of "lifestyle", a concept that superficially sounds quite simple, yet involves a complex interaction of personal choice and responses to the social and physical environment. People need to make the right choices as they have a personal responsibility for their own health, and this happens more readily in an environment in which these choices are the easy or are the default choices.

Changing behaviour is difficult and behaviours are shaped by context and by competing demands. The evidence indicates that if people are isolated or going through stressful life circumstances they will find it very difficult to make lifestyle changes

The diagram below illustrates some of the forces that act directly on health related behaviours

Fig 6: The behavioural change challenge

Taking action to improve all the environments which affect health and ensuring action is in place to support healthier lifestyle choices is essential if we are going to improve the health and wellbeing of the people of Medway. In order to have a significant effect on health related behaviours, the scale and sophistication of prevention activities needs to increase and to be tailored appropriately to the needs of individuals to ensure their impact is felt across the community. Activities also need to be developed and carried out in partnership with Medway communities and local organisations.

4. 5 THEME 5: REDUCE HEALTH INEQUALITIES

The challenge of reducing health inequalities is a substantial one. The evidence shows that for action on health inequalities to be effective it must cover a range of policy areas and environments. Only by drawing together action on deprivation in Medway will we

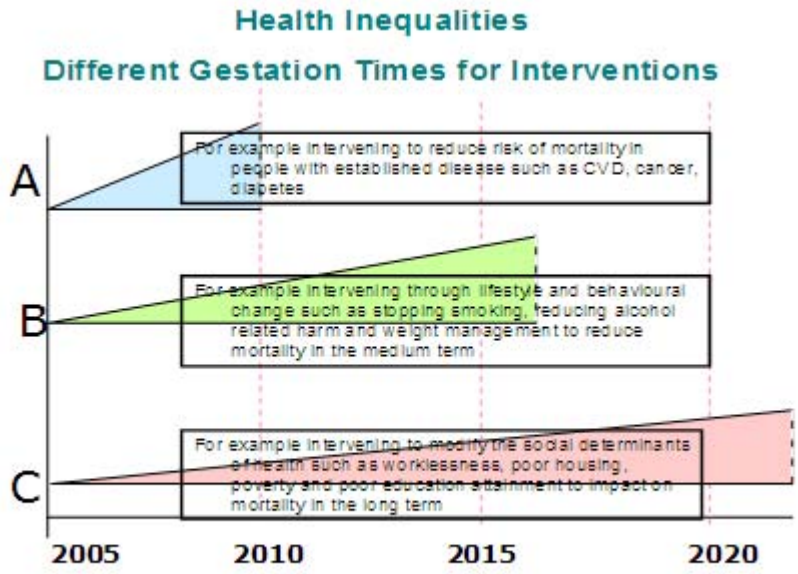
break the damaging spiral where people with the fewest resources, the lowest skills and the least social status suffer the most, illness and disability and lowest life expectancy. One effective way to tackle health inequalities which we will support is to develop neighbourhood focused work that allows the social determinants of health to be tackled in an integrated way.

Rates of death are higher in those who are more disadvantaged, as are emergency hospital admissions and rates of long-term illness. Health outcomes are not only worse in those who are the most disadvantaged; the inequalities follow a gradient and as such the response also needs to follow a gradient. This means that health and social care provisions need to be made available to all, with increasing effort needed for those who are increasingly disadvantaged.

In order to understand how resources may need to be redistributed we need to carry out equity audits which identify whether resources are currently being distributed according to need. We have done this with the NHS Health Checks and this is one area where we have already identified that additional resource needs to be spent in more deprived areas in order that access to these is improved for all our residents.

Taking action through tackling the wider determinants of health, lifestyle factors and improved health and social care to reduce health inequalities will result in reduced costs for the health and social care system. There are different time spans for the length of time different interventions can take to affect health inequalities and a model giving examples of gestation times in these three key areas is presented in Figure 6. Actions in all 3 areas should lead to a sustained reduction in health inequalities over the next 15 years

Fig 7: Gestation Times for Health Inequalities Interventions



The recent publication Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010 (Marmot Review) has reviewed all the available evidence on what is effective in tackling health inequalities. This focuses largely on the social determinants of health and is based around 6 key policy recommendations for the most effective ways to reduce the health inequalities gap. The policy recommendations are as follows: give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives, create fair employment and good work for all, ensure a healthy standard of living for all, create and develop healthy and sustainable

places and communities and strengthen the role and impact of ill health prevention.

Further detail is given in the Marmot Review as to which interventions will be effective in taking these policy recommendations and we will use this to guide our actions in this area.

In Medway, we want to continue to improve our understanding of who experiences health inequality and be able to tackle it effectively. We know that those who are in difficult social and economic circumstances are more likely to experience poor health. We also know that in addition health inequalities affect groups marginalised because of ethnicity, sexual orientation, gender and disability status, and will look towards tackling the health inequalities associated with these groups.

5. CONSULTATION, GOVERNANCE AND IMPLEMENTATION : HOW DO WE MAKE IT WORK

This chapter identifies the enabling actions that will support the development and delivery of the health and wellbeing strategy

5.1 Governance & Leadership.

The successful delivery of this strategy will require the engagement of all partners. Delivery of the Strategy will be monitored through the Health and Wellbeing Board which provides strategic leadership for health and wellbeing in Medway. The Health and Wellbeing Board will work with other local partnerships including the Childrens Trust and the Local Strategic Partnership to deliver the actions contained within this Strategy.

5.2 Strategy Consultation and Development

In order to develop this strategy the following process was implemented.

Firstly, needs and issues highlighted in the JSNA were used to identify draft key strategic themes for the Joint Health and Wellbeing Strategy. A consultation event was held in July 2012 to test these themes with stakeholders. This was attended by about 80 stakeholders from across Medway.

Following the stakeholder consultation, the Health and Wellbeing Board confirmed five key strategic themes for action for Medway. An online consultation was also held from 25th June to the 20th July 2012 to allow for wider involvement

A long list of priority actions to take forward implementation was developed under each theme in consultation with stakeholders as part of the stakeholder event and online consultation..

In line with national guidance, the Health and Wellbeing Board then used a prioritisation process (each Board member scoring individually using the following criteria) to score the long list of priority actions.

Criteria
1. Evidence of need
2. High impact on local priority (consistent with evidence)
3. Significant contribution to desired outcomes (National Outcomes Frameworks)
4. Feasible
   a) Stakeholder support
   b) Affordable/value for money
5. Partnership action needed

Scores were added up and totalled across all members. One priority action under each theme was then chosen for focused co-ordinated action by the Board in 2013/14. For each of these priority actions, a delivery plan will be developed and monitored regularly by the Board.

While the delivery plans for the priority actions chosen will provide an initial focus for

additional co-ordinated action and monitoring the Health and Wellbeing Board will also be concerned to support all work under all the priority actions which scored highly (over 200). A full list of scoring for priority actions is attached at Appendix 2.

5.3 Communication and Engagement

Engagement with the community is an essential part of delivering services that are appropriate for the population. We will continue to listen to what local people need to maintain their health and wellbeing and show that we have listened by the actions we take.

The development of this strategy and stakeholder involvement in that process is documented above. However we want to ensure that engagement and opportunity for people to participate in the development and delivery of all health and wellbeing initiatives including the Joint Health and Wellbeing Strategy is widened. A separate communication and engagement strategy plan is being developed which will facilitate this.

The Public Health White Paper released by the Department of Health in 2010 outlined a new approach to improving health through greater emphasis on well-being and prevention. Local communities taking more ownership of their own health and wellbeing utilising the valuable skills and resources that exist within the community is essential in order to improve health and wellbeing and tackle the wider determinants of health such as improving social relationships and networks more effectively

We are also committed to developing ways to engage with hard to reach groups and will work to ensure that we extend our consultation as widely as possible.

5,4 Outcomes and Monitoring

Nationally, there is a focus on improving outcomes and local areas are free to choose their own process indicators and activities in order to achieve these outcomes

National outcomes frameworks have been produced for the NHS, Adult Social Care and Public Health and Children These frameworks provide overarching measures and corresponding indicators of the health and wellbeing of national and local populations.

This Joint Health and Wellbeing Strategy and the forthcoming delivery plans will be monitored using outcome, output and process measures.

Appropriate indicators from the national frameworks will be used to monitor changes in outcomes for Medway and appropriate indicators have been mapped to the key strategic themes and priority actions. See Appendix 3

Locally we will also need to measure output and process measures for our priority actions as it may take a number of years for the effects of some of the actions we take now to be seen in outcomes such as mortality rates. Therefore we need to be able to use appropriate local proxy output measures which are linked by research to the outcomes. These output and process indicators will be developed alongside the delivery plans for the priority actions.

APPENDIX 1: PRIORITY ACTIONS FOR 2013/14

THEME 1: Give every child a good start: 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

The importance of supporting mothers and children at the very beginning of a child's life has been recognised by the Health and Wellbeing Board as an area which needs additional focused partnership action.

Tackling smoking in pregnancy and improving rates of breastfeeding have been shown to be particularly challenging in Medway and we will take action in these areas.

Ensuring good maternity services and support for new mothers is essential in making sure every child has a good start. Developing good parenting is important for all new parents. The support given by Children's Centres and health visitors is key to this and we are committed to maintaining and developing this support.

Building on work that has already been done, we will work in partnership with the Children's Trust to take these actions forward as part of an integrated delivery plan

THEME 2: Enable our older population to live independently and well: Priority Action 2: Improve early diagnosis, treatment and care for people with dementia in line with increasing population need

Between 2011 and 2030, the number of older people living in Medway with dementia is expected to increase from approximately 2,400 to 4,400. This will represent a huge challenge as current services will have to nearly double in capacity if in their present form. 45% of these will be likely to have moderate to severe dementia. This is driven by projected changes in the age structure of the population.

Caring for people with dementia has been recognised nationally as a huge challenge for health and social care services.

We need to ensure that people with dementia are diagnosed as early as possible to ensure that the disease progression is slowed down. This will involve raising public awareness of dementia and also ensuring that our primary care provision in this area is high quality and consistent across Medway

Effective co-ordinated care should be available on every step of the dementia pathway. An integrated care pathway has been developed but it is important that people with dementia and their carers are aware of the care and support available and that it is provided in a co-ordinated manner;

Support for carers of people with dementia is also seen as a priority. Caring for people with dementia can be in itself a stressful and demanding experience, Carers need to be fully supported in their role in this.

Creating a dementia friendly community in Medway and reducing the stigma associated with it will also improve quality of life in for people with dementia and we are committed to see this develop

THEME 3: Prevent early death and increase years of healthy life : Priority Action 3: Reduce death rates from cardiovascular disease
Cardiovascular disease is Medway's biggest killer and is the largest contributor to the health inequalities gap. It is the second biggest cause of premature death. In order to prevent early death from cardiovascular disease we will need to take integrated partnership action. Research indicates that risk factors for cardiovascular disease include both lifestyle factors and the social determinants of health. Lifestyle factors including smoking, obesity, alcohol and stress at work. Social determinants of health which affect cardiovascular disease include access to green spaces, employment and housing Reducing death rates from cardiovascular disease will involve improving treatment and care for people who already have disease. This will include a focus on early diagnosis and intervention and secondary prevention. Both ensuring good support for early discharge for stroke patients and improving cardiac rehabilitation have been identified as specific needs for Medway. The delivery plan for this priority action will need reflect all these areas.
THEME 4: Improve mental and physical health and wellbeing: Priority Action 4 Promote healthy eating and physical activity
Currently, the best estimates we have indicate that 30% of Medway adults are obese. This is significantly higher than the England average. Only 24% of the population are considered to eat healthily. Physical activity levels are lower than the England average although not significantly so. Obesity in children is also a significant issue Given that this issue affects such a high percentage of the population it is considered that it needs integrated action on a population level to make a difference. This will include action on environments to make sure healthier choices are easier such as planning fast food outlets, and support for increasing access to a variety of opportunities to increase physical activity. In order to make the step change needed to impact on the population, all partners will need to be involved and making every contact count. All opportunities need to be taken to ensure that physical activity and healthy eating are promoted by every service. In order to do this, we will engage with all stakeholders to map current provision and services across Medway and formulating a clear delivery plan. This is likely to involve stakeholders from the Council, the NHS and other statutory and voluntary partners. An issue that has been identified as needing further action is the development of a pilot weight management service for adolescents. We will also continue to develop our community food programme and other weight management and physical activity initiatives.
THEME 5: Reduce health inequalities: Priority Action 5: Improve uptake of screening and NHS Health Checks in the most disadvantaged areas
This action has been chosen as a priority by the Health and Wellbeing Board as it will impact on health inequalities in cancer, circulatory disease and diabetes. There is considerable evidence that more deprived areas seemingly have lower

prevalence rates but higher mortality rates of coronary heart disease. This is because people from more deprived areas are diagnosed later than those in less deprived areas and so disease is not picked up until it is too late. Research has also shown that people in more deprived areas are less likely to come forward for screening programmes and therefore are less likely to be picked up when they are in the early asymptomatic stages of disease and can be more effectively treated.

We will take action to ensure that people from all our communities access opportunities for diagnosis and treatment by developing outreach services in more deprived areas and with more vulnerable groups.

APPENDIX 2: SUMMARY OF STRATEGIC THEMES AND PRIORITY ACTIONS FOR 2013/14

THEME 1: Give every child a good start
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
THEME 2: Enable our older population to live independently and well
Priority Action 2: Improve early diagnosis, treatment and care for people with dementia in line with increasing population need
THEME 3: Prevent early death and increase years of healthy life
Priority Action 3: Reduce death rates from cardiovascular disease
THEME 4: Improve mental and physical health and wellbeing
Priority Action 4: Promote healthy eating and physical activity
THEME 5: Reduce health inequalities
Priority Action 5: Improve uptake of screening and NHS Health Checks in the most disadvantaged areas

APPENDIX 3: SCORES FOR PRIORITISATION EXERCISE: PRIORITY ACTIONS UNDER THEMES AND THEN RANKED TOTALLY

THEME 1: Give every child a good start		
Rank	**Action**	**Score**
1	Support mothers to have a 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.	198
2	Reduce rates of teenage pregnancy.	194
3	Support healthy eating and physical exercise.	188
4	Improve prevention, treatment and care for young people misusing drugs and alcohol.	179
5	Working together with all families to support good parenting for children in Medway. Focus on improving access to evidence based parenting programmes and support.	175
6	Help very young children to be prepared for starting school and be ready to learn with good communication and social skills and the ability to manage their own personal needs: Focus on extending and improving access to Sure Start children's centres and good quality childcare.	173
7	Improve independence and support for children with disabilities in all settings, home school, health leisure and work.	172
8	Improve mental, physical and emotional health outcomes for children in care.	169
9	Improve quality of education and school standards.	152
THEME 2: Enable our older population to live independently and well		
Rank	**Action**	**Score**
1	Improve early diagnosis, treatment and care for people with dementia in line with increasing population need.	220
2	Promote independence and improve support for older people to stay in their own homes.	213
3	Improve support for carers.	196
4	Ensure housing needs of older people are met as the older population increases. (Extra care, Lifetime homes).	187
5	Promote healthy lifestyles for older people.	184

6	Improve social connectedness for older people.	168
7	Ensuring older people are safe in their own homes.	167
8	Better intergenerational support between older and younger people and families.	164
9	Supporting older people to access a better standard of living.	151
THEME 3: Prevent early death and increase years of healthy life		
RATE	**ACTION**	**SCORE**
1	Reduce cancer death rates: Improve prevention, awareness and early diagnosis of cancer .	218
2	Reduce death rates from cardiovascular disease (heart disease and stroke).	217
3	Support access to good mental health treatment and care and improve the physical health of those with mental health problems.	205
4	Develop campaigns and targeted support to help people to be more aware of early signs and symptoms and self manage their own conditions better.	204
5	Promote healthy eating and improve uptake of physical exercise.	203
6	Develop more flexible integrated ways of working focused on the patient/client.	185
7	Improve access to decent housing.	166
8	Develop and use health impact assessment for planning proposals and environmental changes.	165
9	Support development of social connectedness and support networks.	155
THEME 4: Improve physical and mental health and wellbeing		
RATE	**ACTION**	**SCORE**
1	Promote healthy eating and physical activity.	202
2	Reduce smoking rates, particularly in young people.	201
3	Promote good sexual health and reduce rates of teenage pregnancy.	198
4	Better awareness of mental health conditions and support for prevention, early diagnosis and treatment.	195
5	Reduce levels of alcohol related harm.	195
6	Developing a strategic approach to planning and licensing for alcohol/ food outlets/green spaces/housing quality which maximizes health and wellbeing.	177

7	Promoting healthy lifestyles though partnership: Making every contact count.	166
8	Support and facilitate better social connectedness and reduce social isolation.	157
9	Work with employers to improve health and wellbeing at work.	157
THEME 5: Reduce health inequalities		
Rank	**Action**	**Score**
1	Improve uptake of screening and health checks in most disadvantaged areas.	200
2	Promotion of healthy lifestyles in more deprived areas.	194
3	Reduce variation in access to and quality of primary care across Medway.	182
4	Focus on neighbourhoods: Tackle social and economic causes of health in disadvantaged neighbourhoods by identifying and supporting community leaders to develop community led models for improvement .	181
5	Improve access to good quality employment with a focus on people with mental health conditions and young people not in education, employment or training.	178
6	Improve debt management support to reduce debt and improve mental health.	178
7	Promote different economic sectors: e.g. tourism and creative industries to boost employment.	158
8	Encourage quality volunteering to improve mental and physical wellbeing.	150
Summary of top 10 actions (top 2 in each theme)		
Rank	**Action**	**Score**
1	Support mothers to have a 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.*	198
2	Reduce rates of teenage pregnancy	194
3	Improve early diagnosis, treatment and care for people with dementia in line with increasing population need.	220
4	Promote independence and improve support for older people to stay in their own homes	213
5	Reduce cancer death rates: Improve prevention, awareness and early diagnosis of cancer	218
6	Reduce death rates from cardiovascular disease (heart disease and stroke)	217
7	Promote healthy eating and physical activity.	202
8	Reduce smoking rates, particularly in young people	201

9	Improve uptake of screening and health checks in most disadvantaged areas	200
10	Promotion of healthy lifestyles in more deprived areas.	194

Ranking for all 45 actions		
Rank	**Action**	**Score**
1	Improve early diagnosis, treatment and care for people with dementia in line with increasing population need.	220
2	Reduce cancer death rates: Improve prevention, awareness and early diagnosis of cancer	218
3	Reduce death rates from cardiovascular disease (heart disease and stroke)	217
4	Promote independence and improve support for older people to stay in their own homes	213
5	Support access to good mental health treatment and care and improve the physical health of those with mental health problems	205
6	Develop campaigns and targeted support to help people to be more aware of early signs and symptoms and self manage their own conditions better	204
7	Promote healthy eating and improve uptake of physical exercise	203
8	Promote healthy eating and physical activity.	202
9	Reduce smoking rates, particularly in young people	201
10	Improve uptake of screening and health checks in most disadvantaged areas	200
11	Support mothers to have a 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.*	198
12	Promote good sexual health and reduce rates of teenage pregnancy	198
13	Improve support for carers	196
14	Better awareness of mental health conditions and support for prevention, early diagnosis and treatment	195
15	Reduce levels of alcohol related harm	195
16	Reduce rates of teenage pregnancy	194
17	Promotion of healthy lifestyles in more deprived areas.	194
18	Support healthy eating and physical exercise	188
19	Ensure housing needs of older people are met as the older population increases. (Extra care, Lifetime homes)	187
20	Develop more flexible integrated ways of working focused on the patient/client	185

21	Promote healthy lifestyles for older people	184
22	Reduce variation in access to and quality of primary care across Medway	182
Rank	**Action**	**Score**
23	Focus on neighbourhoods: Tackle social and economic causes of health in disadvantaged neighbourhoods by identifying and supporting community leaders to develop community led models for improvement	181
24	Improve prevention, treatment and care for young people misusing drugs and alcohol	179
25	Improve access to good quality employment with a focus on people with mental health conditions and young people not in education, employment or training	178
26	Improve debt management support to reduce debt and improve mental health.	178
27	Developing a strategic approach to planning and licensing for alcohol/ food outlets/greenspaces/housing quality which maximizes health and wellbeing	177
28	Working together with all families to support good parenting for children in Medway. *Focus on improving access to evidence based parenting programmes and support*	175
29	Help very young children to be prepared for starting school and be ready to learn with good communication and social skills and the ability to manage their own personal needs: *Focus on extending and improving access to Sure Start children's centres and good quality childcare.*	173
30	Improve independence and support for children with disabilities in all settings, home school, health leisure and work	172
31	Improve mental, physical and emotional health outcomes for children in care.	169
32	Improve social connectedness for older people	168
33	Ensuring older people are safe in their own homes	167
34	Improve access to decent housing	166
35	Promoting healthy lifestyles though partnership: Making every contact count.	166
36	Develop and use health impact assessment for planning proposals and environmental changes.	165
37	Better intergenerational support between older and younger people and families.	164
38	Promote different economic sectors: e.g. tourism and creative industries to boost employment	158

39	Support and facilitate better social connectedness and reduce social isolation	157
40	Work with employers to improve health and wellbeing at work	157
Rank	**Action**	**Score**
41	Support development of social connectedness and support networks	155
42	Improve quality of education and school standards	152
43	Supporting older people to access a better standard of living	151
44	Encourage quality volunteering to improve mental and physical wellbeing	150

APPENDIX 4: References

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APPENDIX 5: NATIONAL OUTCOMES INDICATORS MAPPED ONTO MEDWAY THEMES AND PRIORITY ACTIONS

THEME 1: GIVE EVERY CHILD A GOOD START

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Infant mortality	NHS, PH	1.6.i, 4.1	Yearly	All
Neonatal mortality and stillbirth	NHS	1.6.ii	Yearly	All
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	NHS	2.3.ii	Quarterly	All
Emergency admissions for children with LRTI	NHS	3.2	Quarterly	All
An indicator to be derived from a Children's Patient Experience Questionnaire	NHS	4.8	Not available	
School readiness (Placeholder)	PH	1.2	Not available	
Low-birth weight of term live births	PH	2.1	Quarterly	All
Breastfeeding initiation	PH	2.2i	Quarterly	PCT
Breastfeeding prevalence at 6-8 weeks after birth	PH	2.2ii	Quarterly	PCT
Rate of smoking at time of delivery per 100 maternities	PH	2.3	Quarterly	PCT
Child development at 2 – 2.5 years (Placeholder)	PH	2.5	Not available	
Proportion of children aged 4-5 classified as overweight or obese	PH	2.6i	Yearly	All
Proportion of children aged 10-11 classified as overweight or obese	PH	2.6ii	Yearly	All
Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in age 0-17 years, per 10,000 resident population	PH	2.7	Quarterly	All
Emotional well-being of looked after children (Placeholder)	PH	2.8	Not available	
The proportion of babies registered within the area (currently PCT) both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe.	PH	2.21iv	Quarterly	Maternity Unit
The proportion of babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes-well babies, all programmes NICU babies) or 5 weeks corrected age (community programmes – well babies)	PH	2.21v	Quarterly	Maternity Unit
The proportion of babies eligible for the newborn physical examination who were tested within 72 hours of birth	PH	2.21vi	Quarterly	Maternity Unit
Routine vaccination of school age children [multiple imms]	PH	3.3	Quarterly	Practice, PCT
Rate of tooth decay in children aged 5 years (based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted - dmft)	PH	4.2	4 yearly	PCT

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.

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Infant mortality	NHS, PH	1.6.i, 4.1	Yearly	All
Neonatal mortality and stillbirth	NHS	1.6.ii	Yearly	All
Low-birth weight of term live births	PH	2.1	Quarterly	All
Breastfeeding initiation	PH	2.2i	Quarterly	PCT
Breastfeeding prevalence at 6-8 weeks after birth	PH	2.2ii	Quarterly	PCT
Rate of smoking at time of delivery per 100 maternities	PH	2.3	Quarterly	PCT
Child development at 2 – 2.5 years (Placeholder)	PH	2.5	Not available	
School readiness (Placeholder)	PH	1.2	Not available	

Please note: Where the available geography has been marked as LA (Local Authority), it may be possible to obtain lower level data using local datasets

THEME 2: ENABLE OUR OLDER POPULATION TO LIVE INDEPENDENTLY AND WELL

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Permanent admissions to residential and nursing care homes, per 100,000 population	ASC	(2A)	Yearly	LA
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	ASC, NHS	(2B), 3.6i	Yearly	LA
Enhancing quality of life for people with dementia (An indicator needs to be developed)	NHS	2.6	Not available	
Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital	NHS	3.6ii	Yearly	LA
Age-sex standardised rate of emergency hospital admissions for falls or falls injuries in persons aged 65 and over	PH	2.24:	Quarterly	All
PPV vaccination coverage (over 65s)	PH	3.3xiii	Yearly	PCT
Flu vaccination coverage (over 65s)	PH	3.3xiv	Yearly	PCT
Flu vaccination coverage (at risk individuals aged over 6 months)	PH	3.3xv	Yearly	PCT
Health-related quality of life for older people (Placeholder)	PH	4.13	Not available	
Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population	PH	4.14	Quarterly	All
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	PH	4.15	Yearly	All
Dementia and its impacts (Placeholder)	PH	4.16	Not available	
Carer reported quality of life	ASC	1D	2 yearly	LA
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASC	3C	2 yearly	LA
The proportion of people who use services and carers who say it is easy to find information about them	ASC	3D	2 yearly	LA

Priority Action 2: Improve early diagnosis, treatment and care for people with dementia in line with increasing population need

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Enhancing quality of life for people with dementia (An indicator needs to be developed)	NHS	2.6	Not available	
Dementia and its impacts (Placeholder)	PH	4.16	Not available	
Carer reported quality of life	ASC	1D	2 yearly	LA
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASC	3C	2 yearly	LA
The proportion of people who use services and carers who say it is easy to find information about them	ASC	3D	2 yearly	LA

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THEME 3: PREVENT EARLY DEATH AND INCREASE YEARS OF HEALTHY LIFE

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	NHS	1a	Yearly	All
Life expectancy at 75 males	NHS	1bi	Yearly	All
Life expectancy at 75 females	NHS	1bii	Yearly	All
Healthy life expectancy	PH	0.1	Yearly	National
Under 75 mortality rate from cardiovascular disease	NHS, PH	1.1, 4.4i	Yearly	All
Under 75 mortality rate from respiratory disease	NHS, PH	1.2, 4.7i	Yearly	All
Under 75 mortality rate from liver disease	NHS	1.3	Yearly	All
Under 75 mortality rate from cancer	NHS, PH	1.4vii, 4.5i	Yearly	All
Excess under 75 mortality rate in adults with serious mental illness	NHS	1.5	Yearly	All
Reducing premature death in people with learning disabilities (An indicator needs to be developed)	NHS	1.7	Not available	
Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population	PH	4.4ii	Yearly	All
Age-standardised rate of mortality that is considered preventable from all cancers in persons less than 75 years of age per 100,000 population	PH	4.5ii	Yearly	All
Age-standardised mortality rate from liver disease for persons aged under 75 per 100,000 population	PH	4.6i	Yearly	All
Age-standardised rate of mortality that is considered preventable from liver disease in persons less than 75 years of age per 100,000 population	PH	4.6ii	Yearly	All
Age-standardised rate of mortality that is considered preventable from respiratory diseases in persons less than 75 years of age per 100,000 population	PH	4.7ii	Yearly	All
Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	PH	4.1	Yearly	All
An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	NHS	3.4	Not available	
Number of QOF-recorded cases of diabetes per 100 patients registered with GP practices (17 years and over)	PH	2.17	Yearly	Practice, PCT
Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed	PH	2.19	Not available	
The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	PH	2.20i	Yearly	Practice, PCT
The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	PH	2.20ii	Yearly	Practice, PCT
The proportion of those offered screening for diabetic retinopathy who attend a digital screening event	PH	2.21vii	Yearly	Practice, PCT
Health-related quality of life for people with long-term conditions	NHS	2	2 yearly	PCT
Proportion of people feeling supported to manage their condition	NHS	2.1	2 yearly	PCT
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	NHS	2.3.i	Quarterly	All
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's	NHS	2.3ii	Quarterly	All
Patient experience of community mental health services	NHS	4.7	Yearly	MH Trust
One-year survival from colorectal cancer	NHS	1.4i	Yearly	PCT
Five-year survival from colorectal cancer	NHS	1.4ii	Yearly	PCT
One-year survival from breast cancer	NHS	1.4iii	Yearly	PCT
Five-year survival from breast cancer	NHS	1.4iv	Yearly	PCT
One-year survival from lung cancer	NHS	1.4v	Yearly	PCT
Five-year survival from lung cancer	NHS	1.4vi	Yearly	PCT

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Priority Action 3: Reduce death rates from cardiovascular disease

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Under 75 mortality rate from cardiovascular disease	NHS, PH	1.1, 4.4i	Yearly	All
An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	NHS	3.4	Not available	
Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population	PH	4.4ii	Yearly	All

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THEME 4: IMPROVE PHYSICAL AND MENTAL HEALTH AND WELLBEING

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Re-offending	PH	1.13	Quarterly	LA, DAT, YOT, Prison
Number of complaints per year per local authority about noise per thousand population (according to statistics collected by CIEH)	PH	1.14i	Yearly	National
The proportion of the population exposed to transport noise (primarily road) of more than x dB(A) per Local Authority	PH	1.14ii	Not available	
Statutory homelessness	PH	1.15	Quarterly	LA
Percentage of people using green space for exercise / health reasons	PH	1.16	Yearly	GO Region
Fuel poverty	PH	1.17	Yearly	GO Region
Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population	PH	2.1	Quarterly	All
Diet (Placeholder)	PH	2.11	Not available	
Proportion of adults classified as overweight or obese	PH	2.12	Yearly	LA
Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity	PH	2.13i	Yearly	LA
Proportion of adults classified as 'inactive'	PH	2.13ii	Yearly	LA
Prevalence of smoking among persons aged 18 years and over	PH	2.14	Quarterly	LA
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	PH	2.15	Quarterly	DAT
Proportion of people assessed for substance dependence issues when entering prison	PH	2.16	Not available	
Alcohol-related admissions to hospital	PH	2.18	Quarterly	LA, PCT
Self-reported wellbeing	PH	2.23	2 yearly	LA
The mortality effect of anthropogenic particulate air pollution (measured as fine particulate matter, $PM_{2.5}$) per 100,000 population	PH	3.1	Yearly	National
Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24	PH	3.2	Quarterly	LA, PCT
Proportion of persons presenting with HIV at a late stage of infection	PH	3.4	Yearly	PCT
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	PH	1.6i	Yearly	LA
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	PH	1.6ii	Quarterly	MH Trust
Employment of people with mental illness	NHS	2.5	Yearly	LA
Employment of those with long term conditions	NHS	2.2	Quarterly	LA
Domestic abuse (Placeholder)	PH	1.11	Not available	
Violent crime (including sexual violence) (Placeholder)	PH	1.12	Not available	

Priority Action 4: Promote healthy eating and physical activity

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Percentage of people using green space for exercise / health reasons	PH	1.16	Yearly	GO Region
Diet (Placeholder)	PH	2.11	Not available	
Proportion of adults classified as overweight or obese	PH	2.12	Yearly	LA
Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity	PH	2.13i	Yearly	LA
Proportion of adults classified as 'inactive'	PH	2.13ii	Yearly	LA

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THEME 5: REDUCE HEALTH INEQUALITIES

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
Differences in life expectancy and healthy life expectancy between communities	PH	0.2	Yearly	LA
Children in poverty	PH	1.1	Yearly	LA
The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	PH	2.20i	Yearly	Practice, PCT
The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	PH	2.20ii	Yearly	Practice, PCT
Percentage of eligible people who receive an NHS Health Check	PH	2.22	Quarterly	All
Gap between the employment rate for those with a long-term health condition and the overall employment rate	PH	1.8i	Yearly	National
Gap between the employment rate for those with a learning difficulty / disability and the overall employment rate	PH	1.8ii	Yearly	National
Gap between the employment rate for those with a mental illness and the overall employment rate	PH	1.8iii	Yearly	National
Percentage of 16-18 year olds not in education, employment or training (NEET)	PH	1.5	Yearly	LA

Priority Action 5: Improve uptake of screening and NHS Health Checks in the most disadvantaged areas

Outcome Indicator	Outcomes Framework	Ref	Suggested frequency	Available geography
The percentage of women in a population eligible for breast screening at a given point in time who were screened adequately within a specified period	PH	2.20i	Yearly	Practice, PCT
The percentage of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	PH	2.20ii	Yearly	Practice, PCT
Percentage of eligible people who receive an NHS Health Check	PH	2.22	Quarterly	All

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Diversity Impact Assessment: Screening Form

Directorate **Business Support**	**Public Health Directorate** **Joint Health and Wellbeing Strategy**	
Officer responsible for assessment Karen Macarthur: Consultant in Public Health	Date of assessment August 2012	New or existing? New
Defining what is being assessed		
1. Briefly describe the purpose and objectives	This Diversity Impact Assessment Screening looks at the impact of the new Medway Joint Health and Wellbeing Strategy 2012-17 The Joint Health and Wellbeing Strategy is a requirement under the Health and Social Care Act 2012. It is being overseen and developed by the Health and Wellbeing Board whose core membership includes the local authority, Medway Commissioning Group and the local HealthWatch. There was a stakeholder event held with approximately 80 delegates from statutory and voluntary organisation across Medway. In addition an online consultation was on the Medway Council website and open to the public.	
2. Who is intended to benefit, and in what way?	The Joint Health and Wellbeing strategy aims to improve the health and wellbeing of the population in Medway. There are five strategic themes 1. Give every child a good start 2. Enable our older population to live independently and well 3. Prevent early death and increase years of healthy life 4. Improve physical and mental health and wellbeing 5. Reduce health inequalities So there is a focus on children and older people as well as looking to reduce the health inequalities associated with different socio-economic status. Each year under these themes priority actions will be identified to support the themes.	
3. What outcomes are wanted?	Improve health and wellbeing and reduce health inequalities.	
4. What factors/forces could contribute/detract from the outcomes?	Contribute Good partnership working Adequate resources available	Detract Cuts in budgets or resources could adversely affect outcomes

5. Who are the main stakeholders?	Medway Council, NHS, other statutory and voluntary providers.
6. Who implements this and who is responsible?	Medway Health and Wellbeing Board

Assessing impact		
7. Are there concerns that there <u>could</u> be a differential impact due to *racial/ethnic groups*?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
8. Are there concerns that there <u>could</u> be a differential impact due to *disability*?	NO	. The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
9. Are there concerns that there <u>could</u> be a differential impact due to *gender*?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		

10. Are there concerns there <u>could</u> be a differential impact due to *sexual orientation*?	NO	. The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
11. Are there concerns there <u>could</u> be a have a differential impact due to *religion or belief*?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
12. Are there concerns there could be a differential impact due to people's *age*?	YES	The strategic themes do focus on older people and early years children but this is considered appropriate to the level of need
What evidence exists for this?		
13. Are there concerns that there <u>could</u> be a differential impact due to *being trans-gendered or transsexual*?	NO	. The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
14. Are there any *other* groups that would find it difficult to access/make use of the function (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen If yes, which group(s)?

What evidence exists for this?		
15. Are there concerns there <u>could</u> be a have a differential impact due to *multiple discriminations* (e.g. disability <u>and</u> age)?	YES NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		

Conclusions & recommendation		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?	NO 	Brief statement of main issue
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	 	N/A
Recommendation to proceed to a full impact assessment? NO		
	This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.	
…	**What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?**	Ensure any delivery plans or actions agreed as part of the strategy would not be discriminatory for any of the equality strands..
YES	**Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)**	

		Officer responsible

Signed (completing officer/service manager) **Karen Macarthur**	**Date** **24th Aug 2012**	
Signed (service manager/Assistant Director)	**Date**	

NB: Remember to list the evidence (i.e. documents and data sources) used