

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

8 APRIL 2014

MEDWAY HEALTH AND WELLBEING BOARD: REVIEW OF PROGRESS

Report from: Dr Alison Barnett, Director of Public Health

Author: Dr Saloni Zaveri, Consultant in Public Health

Summary

All upper tier and unitary authorities in England were required under the Health and Social Care Act 2012 to establish a Health and Wellbeing Board

The Medway Health and Wellbeing Board was established in shadow form in 2012, becoming fully operational in April 2013. It brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway.

The purpose of this report is to provide information to the Committee on progress made by the Health and Wellbeing Board within its first year.

1. Budget and Policy Framework

- 1.1. The Health and Social Care Act 2012 (HSCA) set out the requirement for all upper tier and unitary local authorities in England to establish a Health and Wellbeing Board (HWB), which would be established as a committee of the council.

2. Background

2.1. Purpose of the Health and Wellbeing Board

- 2.1.1. The Medway Health and Wellbeing Board brings together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Medway.

- 2.1.2. The general principles underlying the creation of HWBs were as follows:

- Shared strategic leadership and ownership within a local area for the identification of health and wellbeing issues for the population
- Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities
- Transparency and openness in the way the HWB carries out its work

- Engagement with patient, user and public representation on an equal footing.

2.2. Key tasks of the Health and Wellbeing Board

2.2.1. HWBs have a number of statutory functions as laid out in the HSCA. These include:

- Co-ordinating the development of a Joint Strategic Needs Assessment (JSNA) which outlines the health and wellbeing needs of the community
- Developing a Joint Health and Wellbeing Strategy (JHWS) which identifies priorities and sets out a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions
- Promoting greater integration and partnership, including joint commissioning, integrated provision and pooled budgets
- To consider Commissioning Plans and ensure they are in line with the Health and Wellbeing Strategy
- To produce the pharmaceutical needs assessment for their area.
- Any other functions that may be delegated by the council under section 196 (2) of the HSCA 2012, e.g., certain public health functions.

2.3. Membership of the Health and Wellbeing Board

2.3.1. Statutory membership of HWBs is as follows:

- At least one councillor
- The Director of Public Health
- The Director of Adult Social Care
- The Director of Children's Services
- At least one representative from each relevant Clinical Commissioning Group
- At least one representative of the local HealthWatch.
- Any other members considered appropriate by the council.

2.3.2. In addition, the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparation of JSNAs and the development of JHWSs and to join the HWB when it is considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the HWB.

2.3.3. The terms of reference for the HWB were agreed by Council on 24 April 2013. These are in appendix 1 with the membership of the HWB during 2013/14.

3. Medway's Health and Wellbeing Board: progress to date

3.1. The Shadow HWB

- 3.1.1. Following a series of development sessions involving members of the pre-shadow Board, Medway's Shadow Health and Wellbeing Board started meeting formally from April 2012
- 3.1.2. Planning of Medway's Joint Health and Wellbeing Strategy (JHWS) by the Shadow Board began in 2012.
- 3.1.3. Using the JSNA, key strategic themes for health, public health and social care were drawn out. Through a subsequent series of engagement events and a public consultation, the themes were considered and priority actions to deliver against them were suggested.
- 3.1.4. The final strategy for 2012-2017, with five strategic themes and key priority actions for 2013-2014 under each theme, was agreed in November 2012.

3.2. Updating the JSNA

- 3.2.1. The JSNA is a web based resource (www.Medwayjsna.info) and is updated on a quarterly basis.
- 3.2.2. Updates in the 2014 quarter 1 release of the JSNA were as follows:
 - Updated teenage pregnancy chapter to include data from 2012, and other edits to the narrative
 - Updated recommendations for commissioners in the adult mental health chapter based on input from council colleagues
 - Many updates to the maternity and pregnancy chapter
 - Updated general fertility rate data in the data section
 - Added Annual Public Health Report download
 - New background chapters on:
 - Air quality
 - Long-term neurological conditions
 - Learning disabilities

3.3. Progress against JHWS Priority Actions

- 3.3.1. The HWB has responsibility to ensure that robust performance and quality monitoring measures are in place with regard to the implementation and outcomes for the JHWS.
- 3.3.2. Theme Leads- members of the HWB- are allocated to each strategic theme. The role of the Theme Lead is to ensure the strategy is developed in accordance with the direction of the Board, to provide assurance to the Board that it is working within agreed timescales and to champion the JHWS across partner organisations.
- 3.3.3. A narrative summary of progress against Medway's JHWS priority actions for 2013/14 is given in appendix 2 and a report on key JHWS outcome indicators is given in appendix 3.

3.3.3. A submission detailing the HWB's development of the JHWS, approach to prioritisation and the delivery of the NHS Health Checks outreach programme was shortlisted for a LGC award for public health in 2014.

3.3.4. The Chief Executive of Public Health England and the Director General for Public Health, Department of Health visited Medway Council on 17 March and gave very positive feedback on the JHWS.

3.4. Annual review of Joint Health and Wellbeing Strategy

3.4.1. The JHWS requires an annual review to identify priority actions for the forthcoming year and to inform annual commissioning plans. These priority actions are issues to which the Board will apply particular collective focus during the year to support achievement of improved outcomes.

3.4.2. Reviewing key priority actions every year allows for a clearer focus on areas that are felt to be of primary importance: they may be changed or added to if appropriate as agreed by the Board.

3.4.3. The consultation on priority actions for 2014/15 included both an online consultation and a stakeholder event on 18th September 2013.

3.4.4. The stakeholder consultation event brought together key stakeholders with involvement in the development of the JHWS with the aims of:

- Updating stakeholders on progress made to date against priority actions within the JHWS.
- Consulting stakeholders on emerging issues, existing resources to meet needs/ issues and gaps in resources.
- Reviewing and refreshing priority actions for each of the five key themes within the JHWS.

3.4.5. Following consultation with our key stakeholders and the public, the Health and Wellbeing Board undertook a careful prioritisation process. The Board have now approved the final list of priority actions for 2014/15. These priority actions are shown in table 1 alongside their corresponding theme.

Table 1: Medway JHWS Key Priority Actions for 2014/15

Theme	Key Priority Action(s)
1: Give every child a good start	1. Promote maternal physical and emotional health in pregnancy and in the early months of life through high quality antenatal and postnatal services. (Focus on increasing levels of breastfeeding and reducing smoking in pregnancy).
2: Enable our older population to live independently and well	2.1. Improve early diagnosis, treatment and care for people with dementia in line with increasing population need.
	2.2. Falls prevention and management
3: Prevent early death and increase years of healthy life	3. Reduce death rates from cancer (bowel, breast and lung). (Focus on improving prevention, awareness and increasing early diagnosis).
	Watching Brief: Reduce death rates from cardiovascular disease (heart disease and stroke)*
4: Improve mental and physical health and wellbeing	4.1. Increase awareness of MH conditions and support for prevention, early diagnosis and treatment. (Focus on MH promotion).
	4.2. Reduce social isolation through a social isolation strategy developed and delivered jointly with key partners.
5: Reduce health inequalities	5. Increase targeting of disadvantaged groups for promotion of healthy lifestyles. (Focus on promoting healthy eating and physical activity and tobacco, drugs and alcohol control).
	Watching Brief: Improve uptake of screening and health checks in most disadvantaged areas.*

**Watching Brief: Two existing priority actions have been assigned Watching Brief status. These are priority actions for which good progress has been made in local outcomes during 2013/14. The Board's role will be to continue monitoring and intervene should outcomes deteriorate.*

3.4.6. Delivery plans around the priority actions with clear timescales and accountabilities are now being developed and will be presented to the Health and Wellbeing Board for final approval in April 2014.

3.5. Pharmaceutical Needs Assessment

3.5.1. The Health and Social Care Act 2012 transferred responsibility for developing and updating Pharmaceutical Needs Assessments (PNAs) from PCTs to HWBs with a requirement to publish the first PNA by 1st April 2015. The PNA will enable NHS England to make decisions on future applications for NHS pharmaceutical services after 1st April 2015.

3.5.2. The HWB is collaborating with the Kent HWB through a joint steering group to oversee the production, consultation and publication of the PNAs. This will

allow for a more efficient process and engagement of stakeholders which are common to both Boards. A separate PNA will be produced for Medway.

3.6. Commissioning Plans

- 3.6.1. The HWB has reviewed and provided formal comment on the 2014/15 commissioning plans of Medway CCG, NHS England Kent & Medway and Public Health ensuring that they take account of and are aligned to priorities identified within Medway's JHWS.
- 3.6.2. The plans for children and adults services will be reviewed at the 2 April 2014 HWB meeting.

3.7. Better Care Fund Plan

- 3.7.1. The principle of the Better Care Fund (BCF) is for health and social care services to work in partnership in an integrated way through a single pooled budget.
- 3.7.2. This commitment to an integrated systems approach and partnership working aligns directly with the principles highlighted in the JHWS, to Council priorities and to the CCG Commissioning Plan.
- 3.7.3. The HWB has overseen the development of Medway's BCF Plan. Final approval of the plan will be sought at the meeting of the HWB on 2 April 2014.

3.8. Board Development

- 3.8.1. Medway's HWB has recognised the importance of developing as a Board in order to develop shared leadership and drive continual improvements in its work such that the health gain for Medway's people is maximised.
- 3.8.2. The HWB has been supported in its development by an external consultant funded by the NHS Leadership Academy.
- 3.8.3. In order to further the HWB's understanding of health inequalities, which is one of the strategic themes in the JHWS, Prof. Peter Goldblatt, Deputy Director UCL Institute of Health Equity delivered a workshop for the HWB and Overview and Scrutiny Committees.

3.9. Communications and Engagement

- 3.9.1. In 2012, Medway's Shadow Health and Wellbeing Board developed a Communications and Engagement Strategy, which outlined the Board's principles in developing the strategy. The Board committed to "joining up its approach to communicating and engaging with our local community" so that good engagement is "systematically embedded across the whole of Medway's health and social care system"
- 3.9.2. The Board subsequently supported the commissioning of a stock take of current engagement activities across the five JHWS strategic themes. This work was undertaken by Public Engagement Agency (pea©) to develop a

proposal to support the delivery of the Communications and Engagement Strategy.

3.9.3. Feedback from across commissioner and provider organisations during the stocktake process highlighted the willingness of partners to focus on community engagement issues and to ensure that engagement is taken to the “next level”, embedded in the core business of the HWB and taking place through commissioning and delivery processes.

3.9.4. A number of ambitious recommendations have been made through this work which reflect the feedback and views expressed during the stocktake, with the following recommendations suggested for prioritisation:

- Development of a public statement of intent around how the HWB will engage with the local community across its activities
- Establish a network of engagement staff working within and across their organisations to lead the implementation of the statement of intent and its principles
- Undertaking of a skills and capacity audit based on the competencies and good practice identified in the stocktake report.
- All HWB reports to identify and explain how local people were/ will be engaged in the issue under consideration
- The HWB to establish a mechanism through which senior local provider representatives can engage with the Board and contribute to the Health and Wellbeing agenda.

3.10. Communications Plan

3.10.1. Medway Council's communications team has provided communications support to the Health and Wellbeing Board during 2013/14. This has included developing a short communications strategy for the board's work, producing a video promoting the board and publicising the work of the board in the local media. The agreed strategy highlights the role of board members and their respective organisations in helping communicate the aims and activities of the board.

3.10.2. The council's team is committed to supporting this and working with communications colleagues in partner organisations to ensure the board's work is understood by residents, stakeholders and professionals in Medway.

4. Risk management

Risk	Description	Action to avoid or mitigate risk
Lack of progress in improving health outcomes	Effective action not taken by partners to implement Joint Health and Wellbeing Strategy	Commissioning plans reviewed by HWB. Review of outcome indicators

5. Financial and legal implications

5.1 There are no direct financial or legal implications of this report

6. Recommendations

6.1 The Committee is asked to note and provide formal comment on the information provided in this report.

Lead officer contact: Dr Alison Barnett, Director of Public Health
Alison.Barnett@medway.gov.uk

Background papers

Medway Clinical Commissioning Group, NHS Commissioning Board and Medway Council, 2012. *Joint Health and Wellbeing Strategy for Medway 2012-2017*

Medway Shadow Health and Wellbeing Board Communications and Engagement Strategy v6, August 2012.

Medway Health and Wellbeing Board Stock Take of Engagement. The Public Engagement Agency, January 2014.

Medway Health and Wellbeing Board

Terms of reference

The terms of reference for the HWB are as follows broadly reflecting the provisions in the Health and Social Care Bill at this stage and the response from the Government to the report of the Futures Forum:

- (i) To prepare the JSNA which identifies the current and future health and wellbeing needs of the local population and may address needs around wider determinants of health, for approval by the relevant partners as required.
- (ii) To prepare a Joint Health and Wellbeing Strategy for Medway to meet the needs identified in the JSNA, for approval by relevant partners as required.
- (iii) To prepare the Medway Pharmaceutical Needs Assessment for approval by relevant partners as required.
- (iv) To promote integrated working between commissioners of NHS, public health and social care services for the benefit of the health and wellbeing of the people of Medway.
- (v) To provide advice, assistance or other support appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 (ie arrangements under which NHS bodies and local authorities agree to exercise specified functions of each other).
- (vi) To keep commissioning plans for healthcare, social care (adult and children's services) and public health under review to ensure they are taking into account the JSNA and local HWB Strategy.
- (vii) To advise Medway Council's Cabinet of its views on whether the local authority is discharging its duty to have regard to the JSNA and Joint Health and Wellbeing Strategy in discharging its relevant functions
- (viii) To consider, and where appropriate, refer CCG commissioning plans back to the CCG or the NHS Commissioning Board for further consideration if they are deemed not to sufficiently comply with the local Health and Wellbeing Strategy.
- (ix) To encourage persons who arrange for the provision of services related to wider determinants of health such as housing, to work closely with the Board and other commissioners of health and social care
- (x) To involve users and the public in the work of the Board, as appropriate.
- (xi) To play a formal role in authorisation and annual assessment of the Medway Clinical Commissioning Group.

Membership

Name	Position	Organisation	Dates of membership
Cllr Andrew Mackness	Chair Medway HWB	Medway Council	April 2013-
Dr. Gill Fargher	Vice-Chair Medway HWB; Medway Clinical Commissioning Group (CCG)	Medway CCG	April 2013-
Dr. Alison Barnett	Director of Public Health	Medway Council	April 2013-
The Very Rev. Dr. Mark Beach	Chair	HealthWatch Medway	April 2013-
Cllr David Brake	Portfolio Holder for Adult Services,	Medway Council	April 2013-
Alison Burchell	Chief Operating Officer	Medway CCG	April 2013-
Cllr David Carr		Medway Council	October 2013- February 2014
Cllr Mrs. Diane Chambers		Medway Council	April 2013- August 2013
Felicity Cox	Kent & Medway Director	NHS England	April 2013-
Cllr Howard Doe	Portfolio Holder for Housing and Community Services	Medway Council	April 2013-
Dr. Peter Green	Chief Clinical Officer	Medway CCG	April 2013-
Cllr Peter Hicks	Portfolio Holder for Community Safety and Customer Contact,	Medway Council	April 2013- March 2014
Cllr Vince Maple	Leader of the Labour Group,	Medway Council	April 2013-
Cllr Mike O'Brien	Portfolio Holder for Children's Services	Medway Council	April 2013-
Barbara Peacock	Director of Children & Adult Services,	Medway Council	April 2013-
David Quirke-Thornton	Deputy Director, Children and Adults Services	Medway Council	April 2013-
Cllr Kelly Tolhurst	Portfolio Holder for Educational Improvement	Medway Council	March 2014-
Cllr Les Wicks		Medway Council	February 2014-

Medway Joint Health and Wellbeing Strategy 2013/14: summary of progress against priority actions

Theme	Priority Action	Summary of progress to date
1: Give every child a good start	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.	<p>Breastfeeding: Initiation has been at 70% for the last 3 years. Continuation to six weeks has risen from below 30% to almost 40%. Medway rates remain below national and regional rates.</p> <p>The multi-agency Infant Feeding Strategy Group was re-launched in July 2013 and is working to build on current good practice and improve both initiation and continuation</p> <p>The Better Start Lottery bid (submitted in February 2014) has a strong emphasis on improving early years nutrition with increasing breastfeeding rates being the priority to do this. The bid includes provision of intensive support from breastfeeding specialists in the first 48 hours after birth. It also includes a multi-media marketing campaign based on local insights and aims to change attitudes to breastfeeding. The decision on successful bids will be announced in June,.</p> <p>Smoking in pregnancy: 19% women smoke at time of delivery- this is higher than national and regional rates.</p> <p>The smoking cessation service is integrating smoking cessation at all stages of antenatal care. Carbon monoxide testing at the time of booking was phased in from July 2013. This has been well received by clients and midwives.</p> <p>BabyClear Phase 2 is about to be rolled out in Medway- availability of clinic space within the antenatal area at MFT has been agreed but is still awaited. CQUINS (contractual financial incentives) are in place for accurate recording of smoking at the time of delivery</p> <p>Childrens' Centre staff are being actively encouraged to work more closely with the smoking cessation service</p>

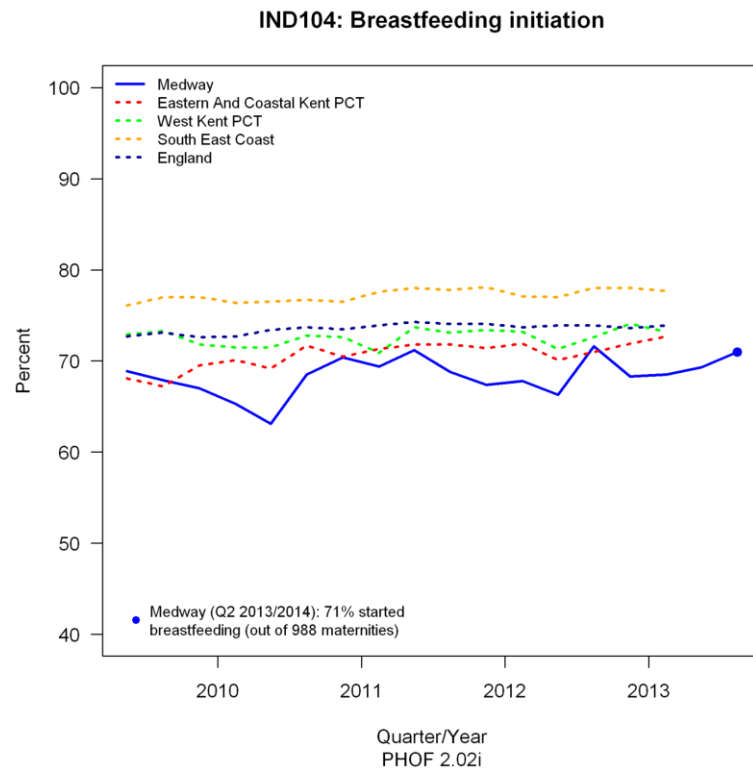
Theme	Priority Action	Summary of progress to date
2. Enable our older population to live independently and well	2. Improve early diagnosis treatment and care for people with dementia in line with increasing population need	<p>Improve patient experience in Acute Hospital settings Buddy Scheme in collaboration with Alzheimers & Dementia Support Environmental changes within the hospital Staff training in collaboration with Dementia UK.</p> <p>Early Identification GP training Cantamobile; New technology Development of an assessment & diagnostic pathway</p> <p>Improving care in care homes Introduction of the Newcastle model</p> <p>Dementia Friendly Communities: Awareness raising to support an increase in dementia diagnosis rates</p> <p>Whole System Working: Creation of Integrated Care for Adults Programme Management Group facilitated through Medway Older People's Partnership Board. This group will take a strategic view and drive transformational whole system change. First group meeting was held in October 2013. It aims to create responsive services that will meet the needs and support people with dementia & those who care for them.</p>
3. Prevent early death and increase years of healthy life	3. Reduce death rates from cardiovascular disease	<p>Launched P.A.C.T. campaign to increase recorded prevalence of atrial fibrillation, a key risk factor in stroke.</p> <p>GPs have been enabled to increase recorded rates for obesity and offer lifestyle intervention in an easier and more consistent way.</p> <p>Alcohol and tobacco use screening by GPs</p> <p>GP practices have been supported to identify patients with CKD and with diabetes earlier</p>

Theme	Priority Action	Summary of progress to date
4. Improve physical and mental health and wellbeing	4. Promote physical and mental health and wellbeing	<p>Health & wellbeing issues now becoming embedded into planning & licensing processes</p> <p>Approval of consultation around restriction of trading of hot food takeaways near schools</p> <p>Programme of healthy eating workshops in libraries, children's centres & schools, etc</p> <p>Ambitious health promotion training developed to help make every contact count. First cohort of A Better Medway Champions recruited and trained including six elected members. All participants passed the RSPH exam.</p> <p>Community asset mapping project underway on healthy weight and physical activity.</p> <p>Launch of Fit Fix – healthy weight programme for adolescents</p> <p>Launch of Medway Grows programme to support residents to grow fruit and veg.</p> <p>Sporting legacy programme launched to reduce barriers to participation in physical activity</p>
5. Reduce health inequalities	5. Improve Uptake of NHS Health Checks in the most disadvantage areas	<p>By the end of Q3 20.5% of the eligible population for this year had been offered a check, exceeding the annual target of 20%, with a take-up rate of 41.7% (compared to 34.4% at the end of Q3 last year).</p> <p>A targeted outreach service has been commissioned which has increased uptake in targeted groups who had low uptake in the GP programme.</p> <p>In addition, IT investment to support data management and high quality data collection has enabled Medway to gain a good understanding of who is and isn't taking up invitations to NHS Health Checks and target interventions based on this intelligence.</p>

Public Health Indicators for Overview and Scrutiny of the Health and Wellbeing Board

21 April 2014

Breastfeeding initiation



Current status

Medway (Q2 2013/2014): 71% started breastfeeding (out of 988 maternities)

Summary

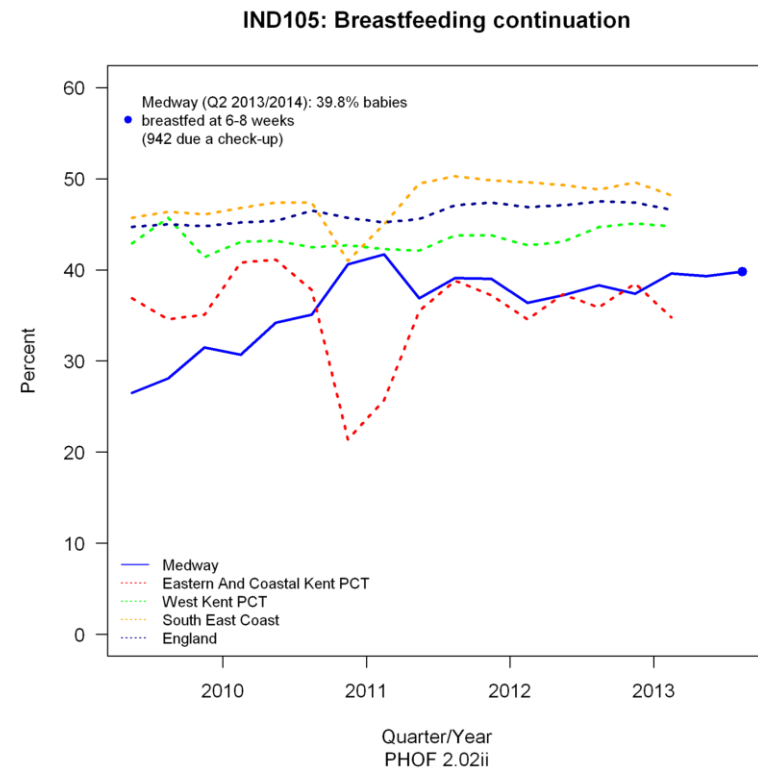
Item	Detail
Description:	IND104: Breastfeeding initiation
Definition:	Women who initiate breastfeeding in the first 48 hours after delivery
Source:	Department of Health, breastfeeding quarterly statistics
Reporting frequency	Quarter/Year
Last review	2014-03-19

Breastfeeding initiation in Medway has remained at a consistent level of around 70% for the past 3 years. This is slightly below the England average, and significantly less than for the South East Coast area. Breastfeeding continuation to six weeks has however shown a steady rise from below 30% to almost 40% over the same time period, although it still remains below national and regional rates. Medway Breastfeeding Network provides breastfeeding support and advice through local drop-ins held in Children's Centres, one-to-one meetings and support through existing family services e.g. Health Visitor clinics, libraries, Family Nurse Partnership and on the maternity wards at Medway Foundation NHS Trust (MFT).

The Infant Feeding Strategy Group which has representation from Medway Community Healthcare (MCH), MFT and Medway Council (Early Years and Public Health) was re-launched in July 2013. The previous action plan was updated and revised, and undertakings concerning working together to increase both initiation and continuation were given.

- The next quarterly collection for breastfeeding initiation data for 2013 to 2014 will be published later in March 2014 on the NHS England website and include data for quarter 1, quarter 2 and quarter 3.

Breastfeeding continuation



Current status

Medway (Q2 2013/2014): 39.8% babies
 breastfed at 6-8 weeks
 (942 due a check-up)

Summary

Item	Detail
Description:	IND105: Breastfeeding continuation
Definition:	Infants who are totally or partially breastfed at 6-8 week check
Source:	Department of Health, breastfeeding quarterly statistics
Reporting frequency	Quarter/Year
Last review	2014-03-19

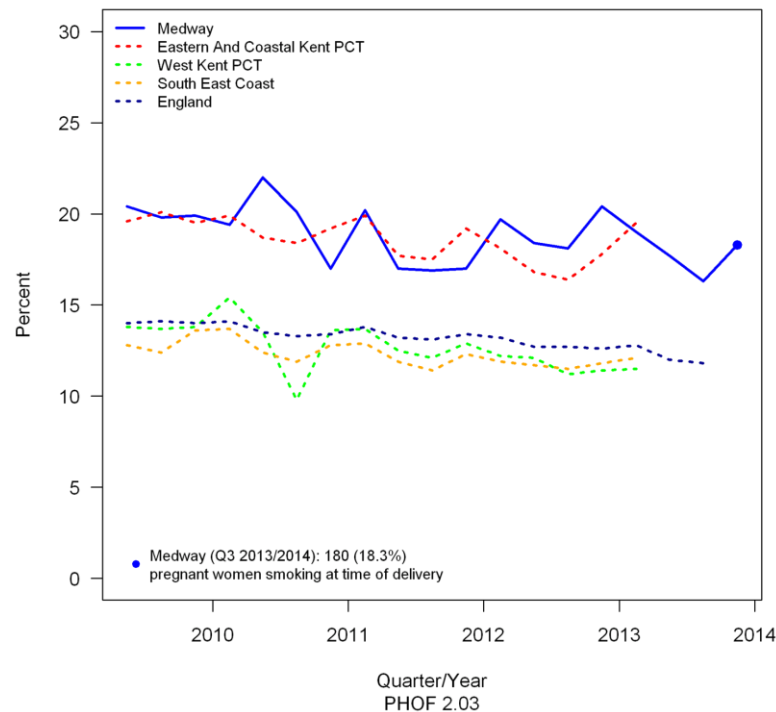
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- The next quarterly collection for breastfeeding 6-8 weeks data for 2013 to 2014 will be published later in March 2014 on the NHS England website and include data for quarter 1, quarter 2 and quarter 3.

SATOD

IND106: Smoking at the time of delivery



Current status

Medway (Q3 2013/2014): 180 (18.3%) pregnant women smoking at time of delivery

Summary

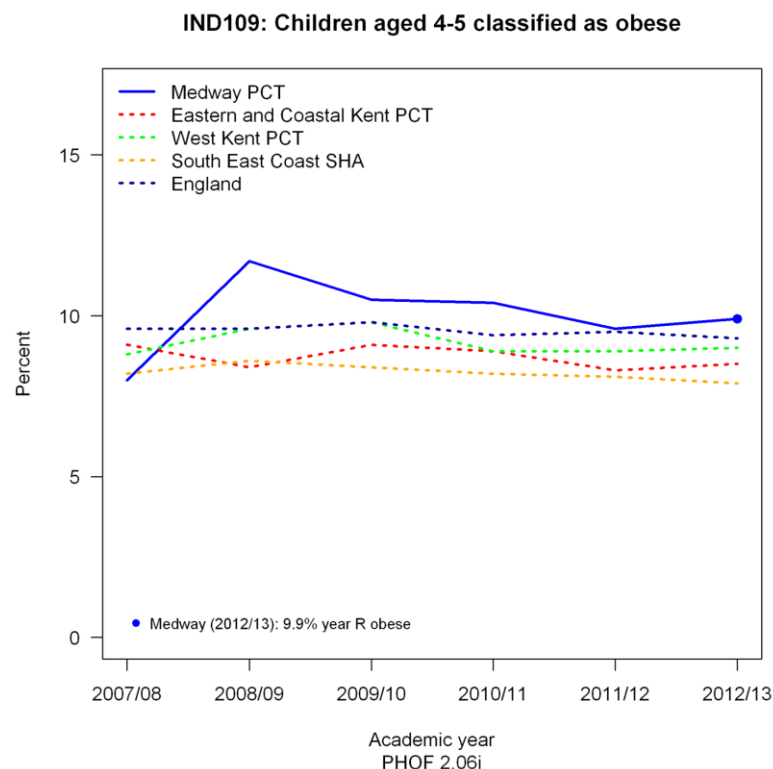
Item	Detail
Description:	IND106: Smoking at the time of delivery
Definition:	Rate of smoking at time of delivery per 100 maternities
Source:	HSCIC, SATOD data collection
Reporting frequency	Quarter/Year
Last review	2014-03-19

Smoking in pregnancy remains a problem in Medway, with 18.3% women smoking at time of delivery (SATOD). The prevalence fell 16.3% in quarter two, however, this remains consistently higher than the rate in England at 11.8% and in the South East Coast area.

Smoking is one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality. In Medway, the CQUIN (Commissioning for Quality and Innovation) payment framework which enables reward for excellence has been set to target midwives on the accurate recording of the smoking status of women at time of delivery. NICE guidance says all pregnant women should have their carbon monoxide level measured at booking and smoking cessation should be integrated into the antenatal care pathway. Midwives should refer all women who smoke for help to quit and check if the woman took up the referral at the next antenatal appointment.

Medway Stop Smoking Service provides a specialist service for pregnant women wanting to stop smoking, providing a relaxed and discreet environment where women can go to discuss their smoking habits and the challenges involved in quitting.

Children aged 4-5 classified as obese



Current status

Medway (2012/13): 9.9% year R obese

Summary

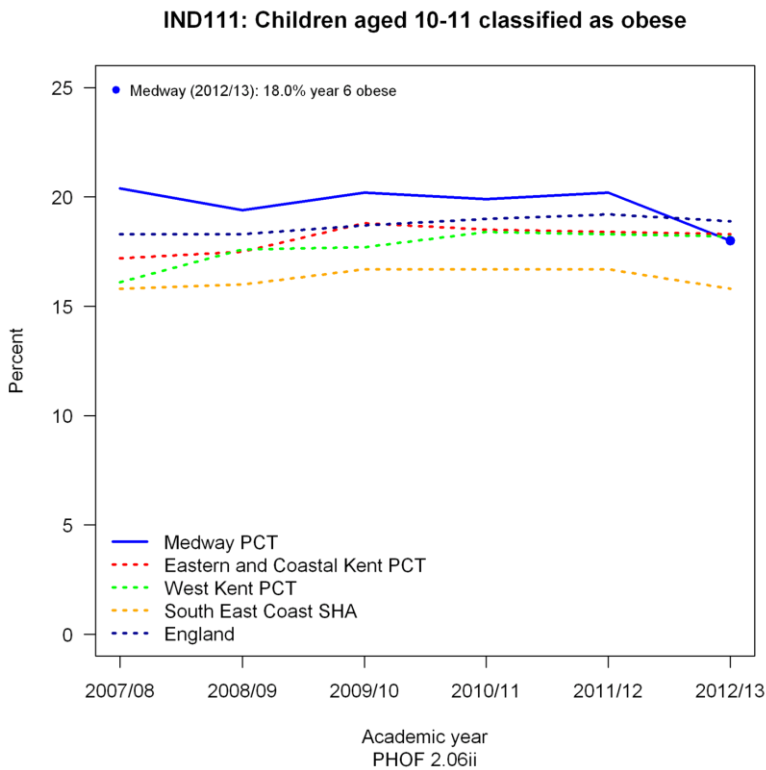
Item	Detail
Description:	IND109: Children aged 4-5 classified as obese
Definition:	Percentage of children aged 4-5 classified as overweight or obese
Source:	HSCIC NCMP
Reporting frequency	Academic year
Last review	2014-02-20

Rates of children classified as "overweight" and "obese" are monitored through the National Child Measurement Programme (NCMP), which is delivered through schools. Children's weight and height are measured in reception class (ages 4-5) and again in year 6 (ages 10-11).

For children in reception year, the rates of those classified overweight has fallen to 13.3% in Medway in 2012/13, while those classified as obese has risen since 2011/12 to 9.9% in 2012/13. Both of these most recent rates are slightly above those for England. Nationally, there has been a plateau or, at best, slight decline in this age group of children classified as overweight and obese.

In Medway, there are established services for children and young people to achieve and maintain healthy weight. Mind, Exercise, Nutrition, Do it (MEND) has a number of free courses for families with children up to 13 years old. These include MEND 2-4, MEND 5-7 and MEND 7-13, which works with children and their families for these age ranges, and a MEND graduate programme, which offers continuing support after the 10-week course has been completed. There are also a range of other community initiatives aimed at promoting healthy eating.

Children aged 10-11 classified as obese



Current status

Medway (2012/13): 18.0% year 6 obese

Summary

Item	Detail
Description:	IND111: Children aged 10-11 classified as obese
Definition:	Percentage of children aged 10-11 classified as overweight or obese
Source:	HSCIC NCMP
Reporting frequency	Academic year
Last review	2014-02-20

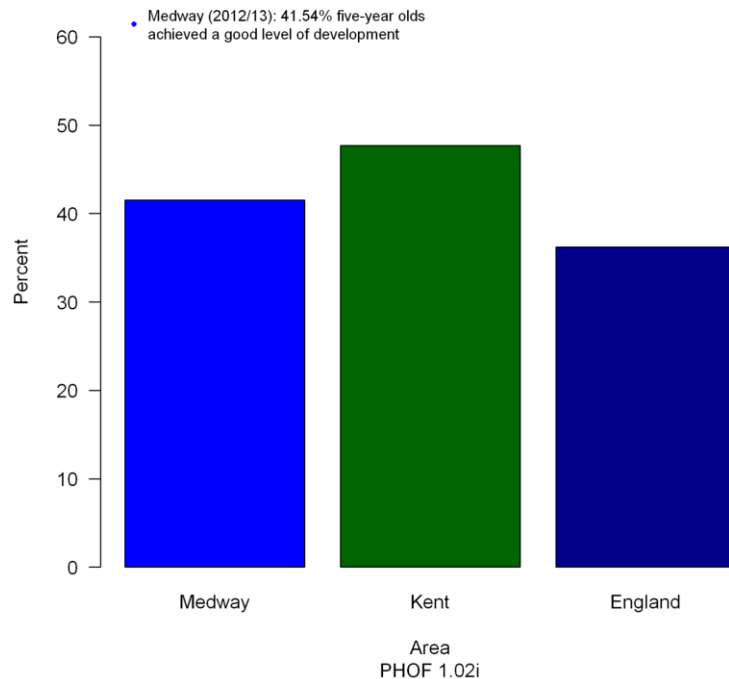
Rates of children classified as "overweight" and "obese" are monitored through the National Child Measurement Programme (NCMP), which is delivered through schools. Children's weight and height are measured in reception class (ages 4-5) and again in year 6 (ages 10-11).

For children in the year 6 age group, the rate of those classified as overweight has risen since 2011/12, to 14.3% in 2012/13. This is marginally below the national average of 14.4%. On a positive note, there has been a recent drop in children in Medway classified as obese, which had previously plateaued at around 20% between 2009/11 and 2011/12. The new figure of 18.0% in 2012/2013 takes Medway below the National average of 18.9%.

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Five-year olds achieving a good level of development

IND131: 5yr olds achieving a Good Level of Development



Current status

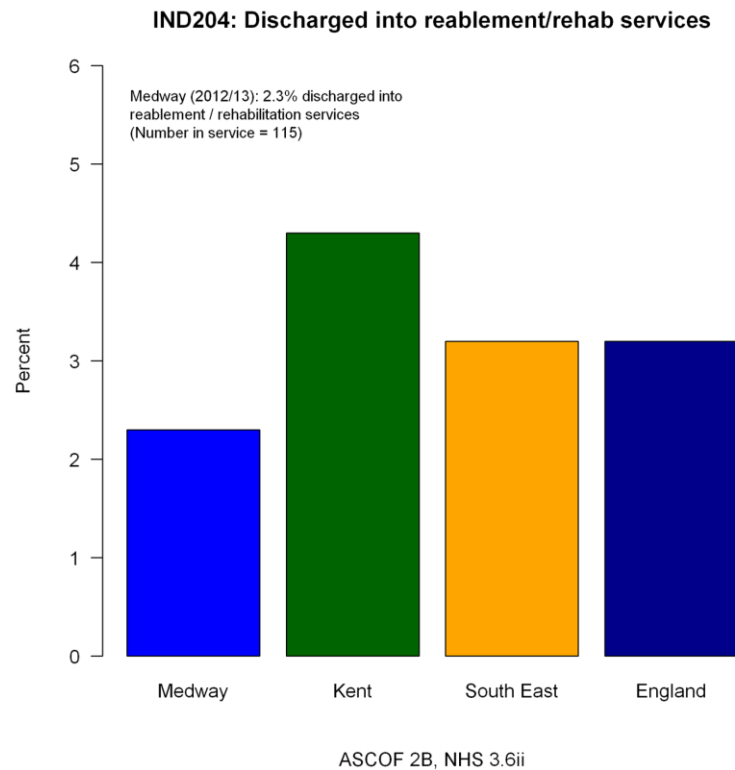
Medway (2012/13): 41.54% five-year olds achieved a good level of development

Summary

Item	Detail
Description:	IND131: 5yr olds achieving a Good Level of Development
Definition:	The percent of children from each local authority achieving a Good Level of Development by the end of the Early Years Foundation Stage (EYFS). A Good Level of Development is defined as achieving the expected level within the three prime areas of learning (communication and language, physical development and personal, social and emotional development) and the early learning goals in the specific areas of mathematics and literacy.
Source:	Department for Education
Reporting frequency	Area
Last review	2014-03-19

A new indicator for Good Level of Development was introduced in September 2012. This new indicator has a stronger emphasis on the three prime areas which are most essential for children's healthy development: communication and language; physical; and personal, social and emotional development. For each child the Level of Development is now assessed against 17 early learning goals at a newly revised EYFS (the end of the academic year in which the child turns five). Teachers indicate whether children are "meeting", "exceeding" or "not reaching" expected levels.

Discharged into reablement/rehab services



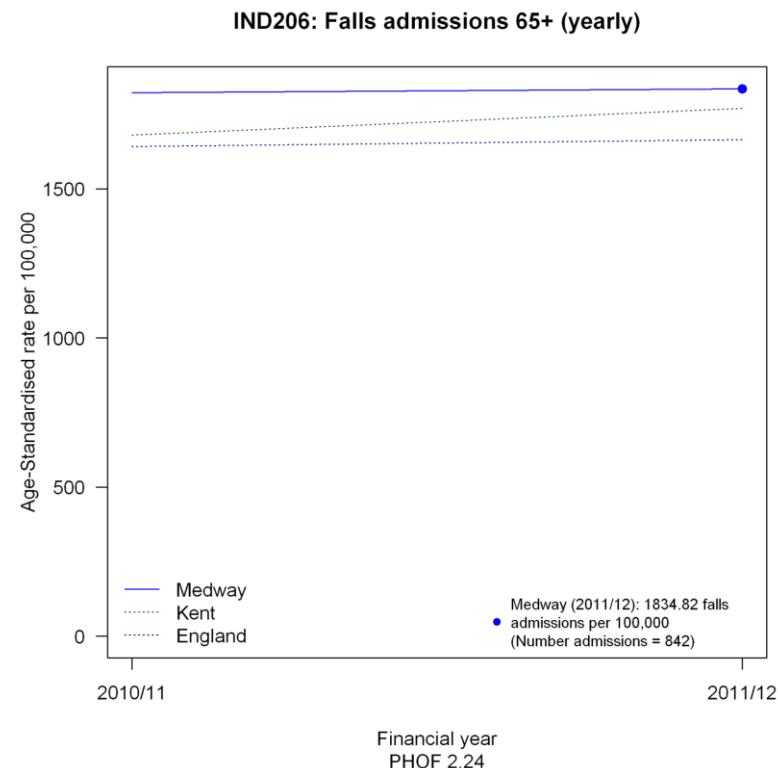
Current status

Medway (2012/13): 2.3% discharged into reablement / rehabilitation services (Number in service = 115)

Summary

Item	Detail
Description:	IND204: Discharged into reablement/rehab services
Definition:	Percentage of older people (aged 65 and over) offered rehabilitation following discharge from acute or community hospital
Source:	NHS Information Centre NASCIS
Reporting frequency	
Last review	2014-03-24

Falls admissions 65+



Current status

Medway (2011/12): 1834.82 falls admissions per 100,000
(Number admissions = 842)

Summary

Item	Detail
Description:	IND206: Falls admissions 65+ (yearly)
Definition:	Number of emergency admissions for falls or fall related injuries in persons aged 65 and over
Source:	http://www.phoutcomes.info/
Reporting frequency	Financial year
Last review	2014-03-24

A fall is defined as 'an event whereby an individual comes to rest on the ground or another lower level with or without the loss of consciousness' (American Geriatric Society, 2001).

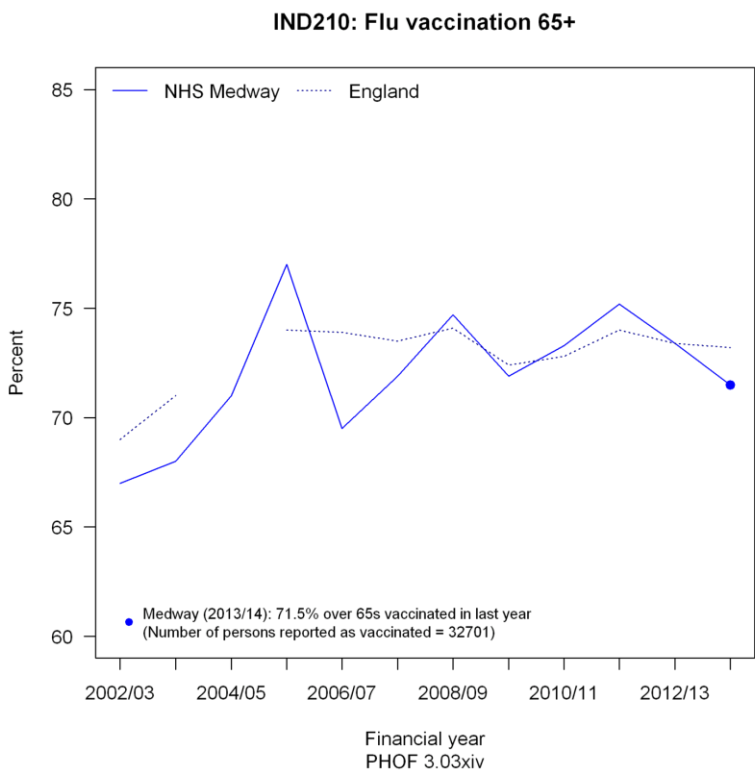
Falls are an increasingly significant public health issue due to our ageing population. Older people have the highest incidence of falls and the greatest susceptibility to injury. Up to 35% of people aged 65 and over fall each year increasing to up to 42% for those aged 70 years and above

Falls may result in loss of independence, injuries such as fractures and head injuries (20% of fallers sustain serious injury such as hip fracture), mobility loss, pressure related injuries, infection and sometimes injury-related death.

In the UK there were 647,721 Accident and Emergency (A&E) attendances and 204,424 hospital admissions for falls-related injuries in those aged 60 years or above in 1999. Falls and fractures in the >65s account for four million hospital bed days/year in England.

Comparator data is only available for the last 2 years.

Flu vaccination 65+



Current status

Medway (2013/14): 71.5% over 65s vaccinated in last year
(Number of persons reported as vaccinated = 32701)

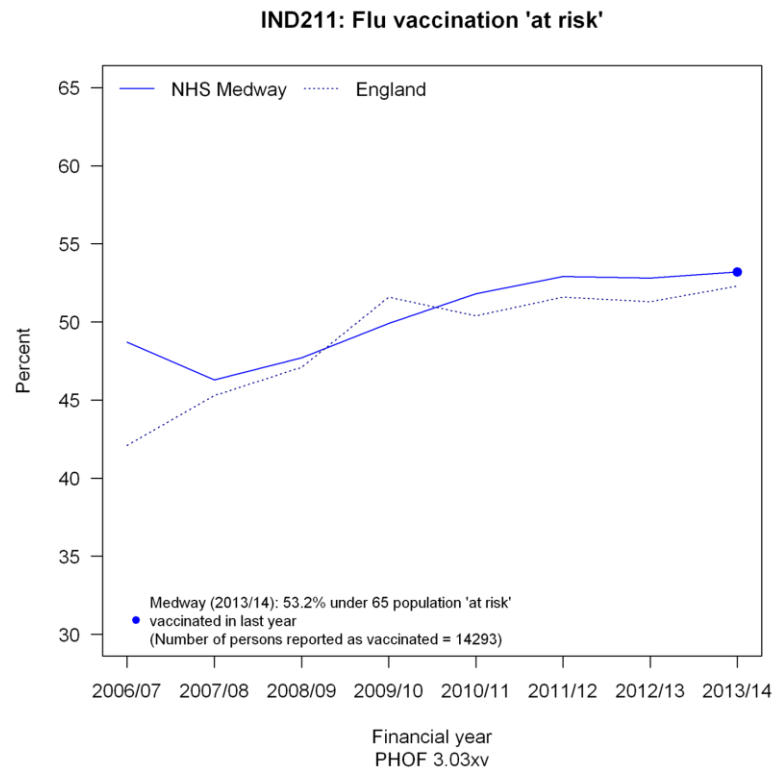
Summary

Item	Detail
Description:	IND210: Flu vaccination 65+
Definition:	Flu vaccination coverage in population aged 65+
Source:	Department of Health
Reporting frequency	Financial year
Last review	2014-03-19

Influenza is a viral infection of the respiratory tract. Symptoms include fever, dry cough, sore throat, headache, muscle pain and fatigue. Those with underlying health problems, pregnant women and children under 6 months are at an increased risk of serious illness as are those aged 65 and over. Uptake is measured from September to January each year.

In 2013/14, Medway achieved a lower uptake in adults aged 65 or over than England and has had a downward trend since 2011/12.

Flu vaccination 'at risk'



Current status

Medway (2013/14): 53.2% under 65 population 'at risk' vaccinated in last year
(Number of persons reported as vaccinated = 14293)

Summary

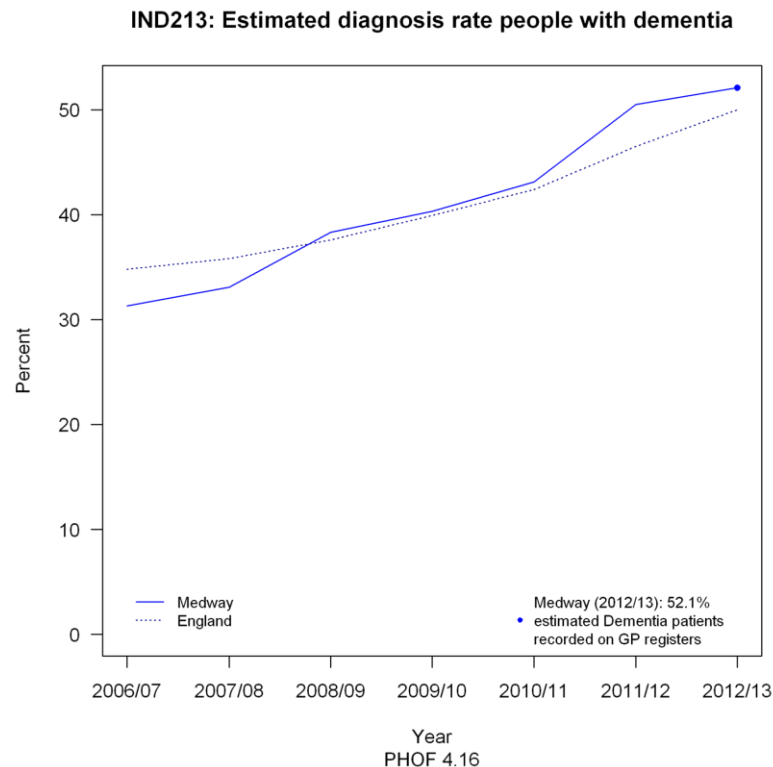
Item	Detail
Description:	IND211: Flu vaccination 'at risk'
Definition:	Flu vaccination coverage in at risk population aged 6 months to 64 years
Source:	Department of Health
Reporting frequency	Financial year
Last review	2014-03-19

Influenza is a viral infection of the respiratory tract. Symptoms include fever, dry cough, sore throat, headache, muscle pain and fatigue. Those with underlying health problems, pregnant women and children under 6 months are at an increased risk of serious illness as are those aged 65 and over.

Uptake is measured from September to January each year.

In 2013/14, Medway achieved a higher uptake in those in an at risk group than England.

Estimated diagnosis rate for people with dementia



Current status

Medway (2012/13): 52.1% estimated Dementia patients recorded on GP registers

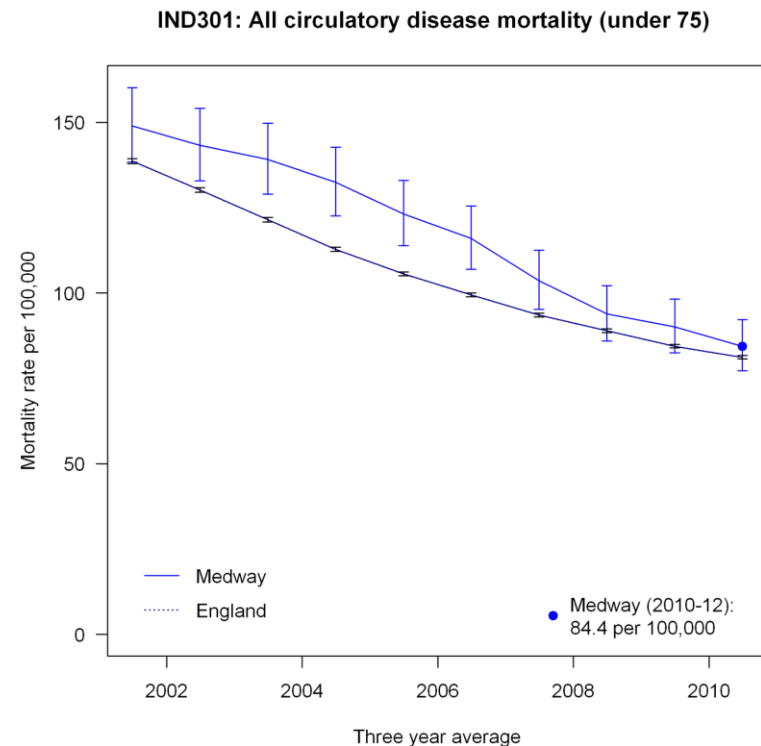
Summary

Item	Detail
Description:	IND213: Estimated diagnosis rate people with dementia
Definition:	Proportion of total population diagnosed with dementia according to Quality and Outcomes framework as a percentage of estimated dementia prevalence according to Dementia UK report (2007)
Source:	Quality and Outcomes Framework , Health & Social Care Information Centre and Dementia UK report (2007)
Reporting frequency	Year
Last review	2014-03-19

The estimated rate of diagnosis of dementia in Medway was 52.1% in 2012/13. This figure refers to the number of people diagnosed with dementia as recorded in the Quality and Outcomes Framework, compared with prevalence estimates based upon the findings of a Dementia UK report in 2007. In other words, approximately half of the population one would expect to have developed dementia in Medway were successfully diagnosed and had their condition recorded. This has risen, alongside the England average, from approximately a third diagnosed in 2006/7. Medway's performance in this indicator now outstrips the England average.

Some caution should be exercised in interpreting this data however, both because the rate is based on an estimate of prevalence, and because the nature of the condition may make early diagnosis difficult. The CCG has a focus for 2013/14 on increasing dementia diagnosis rates through redesign of diagnostic pathway linked to Payment by Results (PbR) for dementia.

Circulatory disease mortality (under 75)



Current status

Medway (2010-12):
84.4 per 100,000

Summary

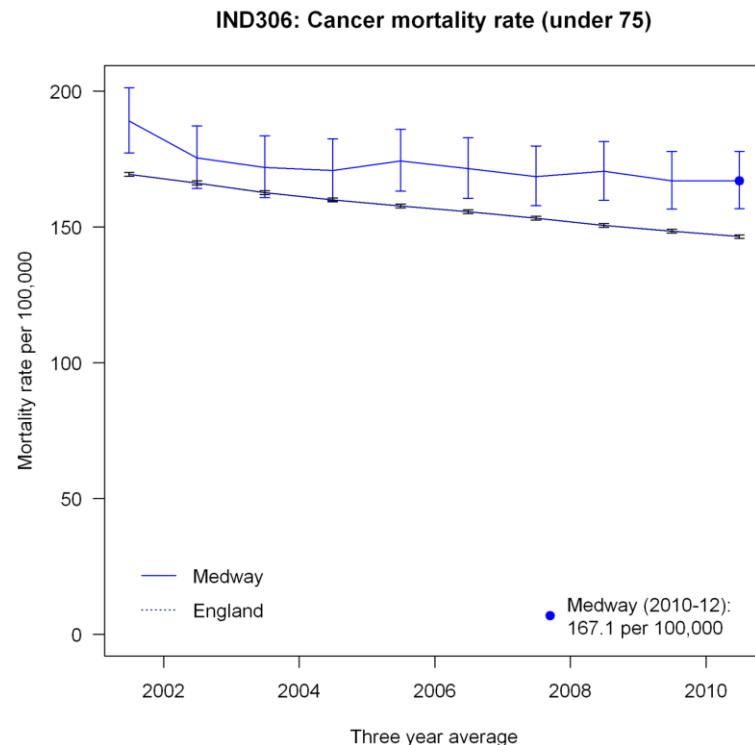
Item	Detail
Description:	IND301: All circulatory disease mortality (under 75)
Definition:	Age-standardised rate of mortality from all circulatory diseases(including heart disease and stroke) in persons less than 75 years of age per 100,000 population
Source:	Public Health England
Reporting frequency	Three year average
Last review	2014-03-06

In 2010-12, the difference between Medway and England is not statistically significant. The Medway rate is 84.4 and the England rate is 81.2.

Medway's premature mortality (deaths under 75) for four major killers is above the England average. Almost a third of deaths in women and half of deaths in men are premature, i.e. occurring younger than 75 years. Whilst rates for liver disease and respiratory disease have stayed broadly constant over the last 10 years, there have been significant improvements in premature mortality rates for cardiovascular disease (including heart disease and stroke).

Medway GP practices participate in the NHS Health Checks programme, which focuses on checks for type 2 diabetes, heart disease, stroke and kidney disease for people aged between 40 and 74. Nationally, both the NHS and Public Health Outcomes Frameworks have a strong focus on helping people to live well for longer, and reducing premature mortality (deaths under 75). Public Health England have produced a [Longer Lives](#) map for upper and unitary authorities in which local authorities' premature mortality is comparable in an accessible format.

Cancer mortality rate (under 75)



Current status

Medway (2010-12):
167.1 per 100,000

Summary

Item	Detail
Description:	IND306: Cancer mortality rate (under 75)
Definition:	Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population
Source:	Public Health England
Reporting frequency	Three year average
Last review	2014-03-06

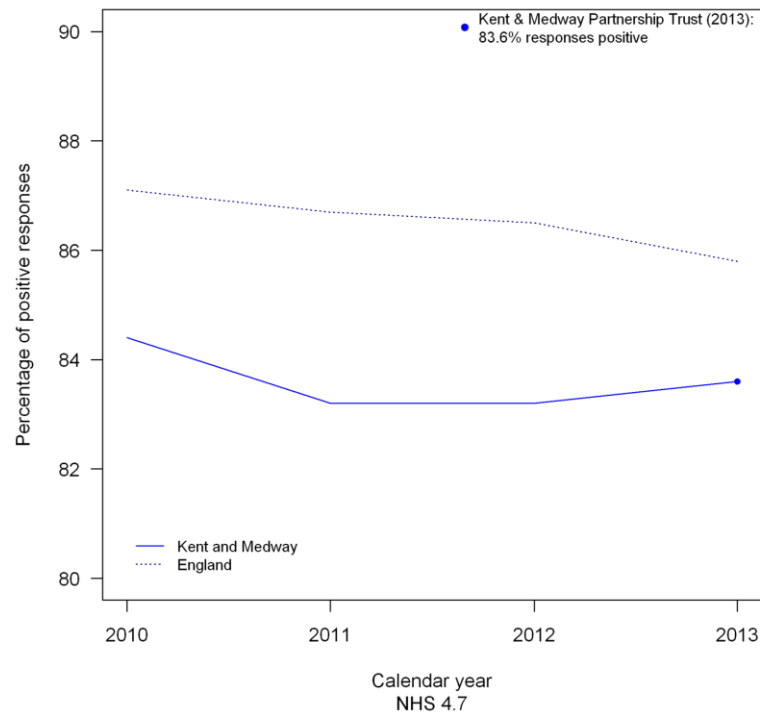
Premature mortality due to cancer has fallen from a rate of 189.03 per 100,000 pre 2002 to its current (2010-12) figure of 167.1 age-standardised deaths per 100,000. Nonetheless, cancer remains the leading cause of premature deaths for both genders, accounting for almost half of deaths in women and a third of deaths in men before the age of 75.

Medway has one of the highest cancer mortality rates of all areas in the South East, significantly higher than the England average, [see PHOF indicator 4.5i](#). The England average shows a steady downward trend over time, whereas Medway has remained roughly stable meaning that the gap between is widening.

Medway has well-established screening programmes for breast, cervical and bowel cancers. Nationally, both the NHS and Public Health Outcomes Frameworks have a strong focus on helping people to live well for longer, and reducing premature mortality (deaths under 75). Public Health England have produced a "[Longer Lives](#)" map for upper and unitary authorities in which local authorities' premature mortality is comparable in an accessible format.

Experience of community MH services

IND313: Experience of community MH services



Current status

Kent & Medway Partnership Trust (2013):
83.6% responses positive

Summary

Item	Detail
Description:	IND313: Experience of community MH services
Definition:	Figures are based on the community mental health survey, which is completed by a sample of patients aged 16 and over who received care or treatment for a mental health condition, including services provided under the Care Programme Approach (CPA)
Source:	National patient survey programme, Health & Social Care Information Centre
Reporting frequency	Calendar year
Last review	2014-02-21

Approximately 84% of service users of community mental health services in Medway rated their care positively in 2012, and this rate has fallen since 2010. This compares to the England average of 87% in 2012, although in common with Medway this has also fallen in recent years.

This figure is based upon the community mental health survey which asks service users (aged over 16) four questions about their experience of the last time that they had contact with a mental health or social care worker. Patients seen only once for an assessment, current inpatients and anyone primarily in receipt of learning disability, drug and alcohol, or forensic services were not eligible to take part in the survey.

The indicator is calculated as the average of four survey questions from the community mental health survey. The questions are:

Thinking about the last time you saw this NHS health worker or social care worker for your mental health condition.

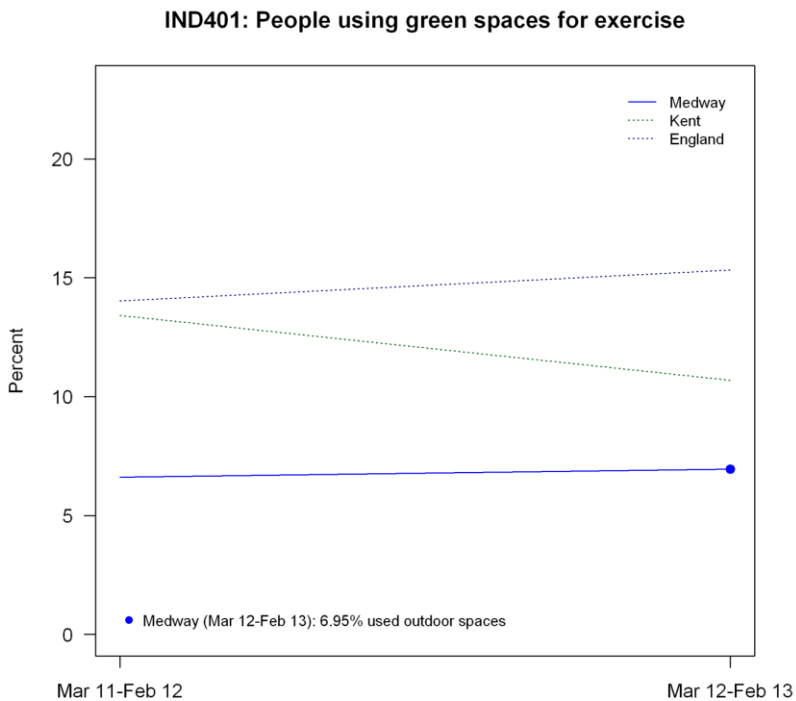
- Did this person listen carefully to you?
- Did this person take your views into account?

- Did you have trust and confidence in this person?
- Did this person treat you respect and dignity?

For each Provider an average weighted score (by age and sex) is calculated for each of the questions. Overall Trust scores are calculated as a simple average of the 4 question scores. National scores are calculated by a simple average of the overall trust scores. Only the overall score is used as the high level outcome measure.

Community mental health services in Medway are provided by Kent and Medway Partnerships NHS Trust. Medway CCG has a programme focus on improving the experience of mental health service users, including closer monitoring of experience along the care pathway, development of Patient Reported Outcome Measures (PROMs) and enhancing shared decision-making.

People using green spaces for exercise



PHOF 1.16

Current status

Medway (Mar 12-Feb 13): 6.95% used outdoor spaces

Summary

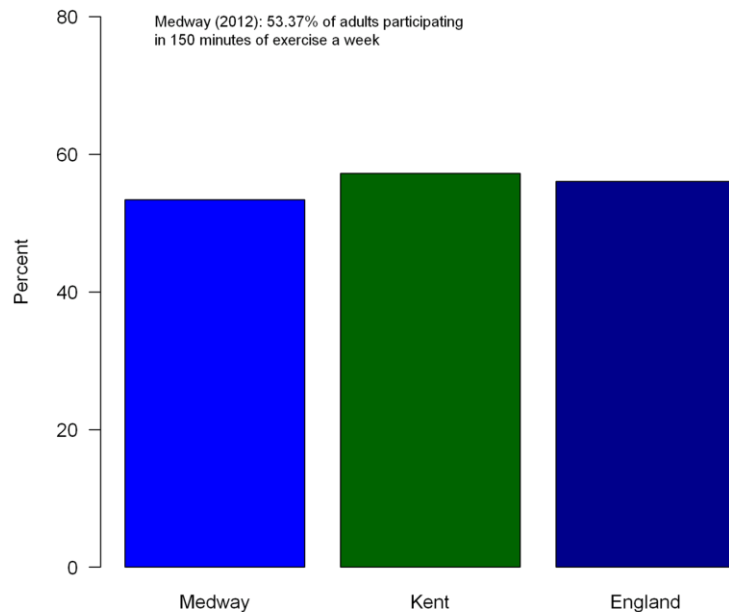
Item	Detail
Description:	IND401: People using green spaces for exercise
Definition:	Percentage of people using green space for exercise / health reasons. The value is a weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes
Source:	Monitor of Engagement with the Natural Environment Survey, Natural England
Reporting frequency	
Last review	2014-03-18

The Monitor of Engagement with the Natural Environment (MENE) survey, funded by Natural England, with support from Defra and the Forestry Commission, provides trend data on how people use the natural environment in England. MENE collects information about visits to the natural environment. This includes the type of destination, duration of visit, mode of transport, distance travelled, expenditure, main activities, motivation and barriers to visiting.

Every year at least 45,000 interviews are undertaken to refresh the data and provide local comparisons. The survey uses a quota sampling method to ensure that results are representative of the English adult population (16 years and over).

Adults achieving 150 minutes of exercise

IND402: Adults achieving 150 minutes of exercise



PHOF 2.13i

Current status

Medway (2012): 53.37% of adults participating in 150 minutes of exercise a week

Summary

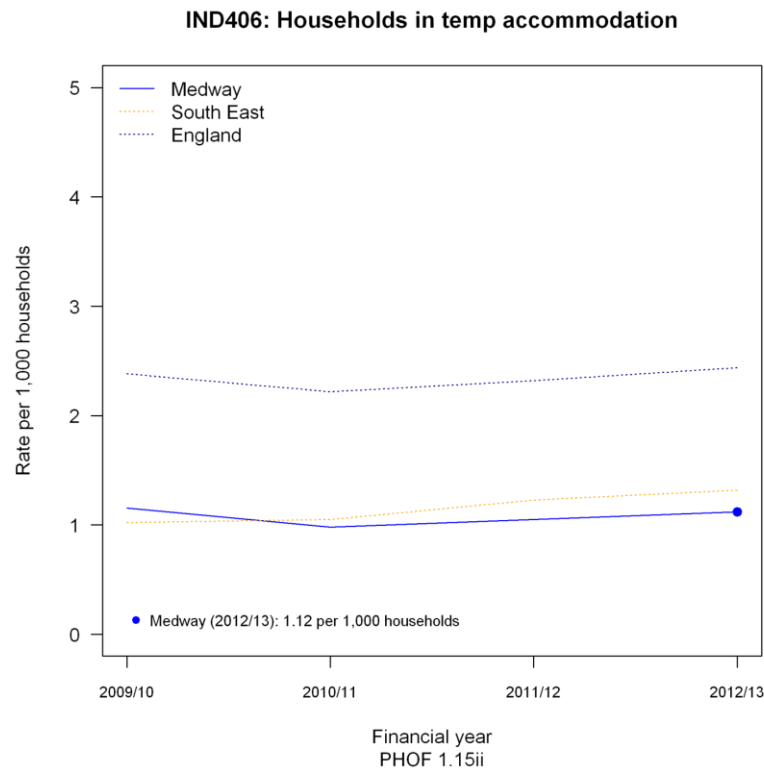
Item	Detail
Description:	IND402: Adults achieving 150 minutes of exercise
Definition:	Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity
Source:	Active People Survey, Sport England
Reporting frequency	Financial year
Last review	2014-03-18

The definition for this indicator has changed compared to past data collected as part of Sport England's Active People Survey. It percentage represents respondents aged 16 and over, with valid responses to questions on physical activity, doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

The counts were weighted to be representative of the whole population at each level of geography. Approximately 500 people are contacted in each district and single tier local authority during the survey.

Medway Council has a range of physical activity interventions that it provides for local residents including leisure centres, sporting legacy projects and public health programmes. The community and third sector also play a crucial role in providing sport and exercise opportunities in Medway.

Households in temp accommodation



Current status

Medway (2012/13): 1.12 per 1,000 households

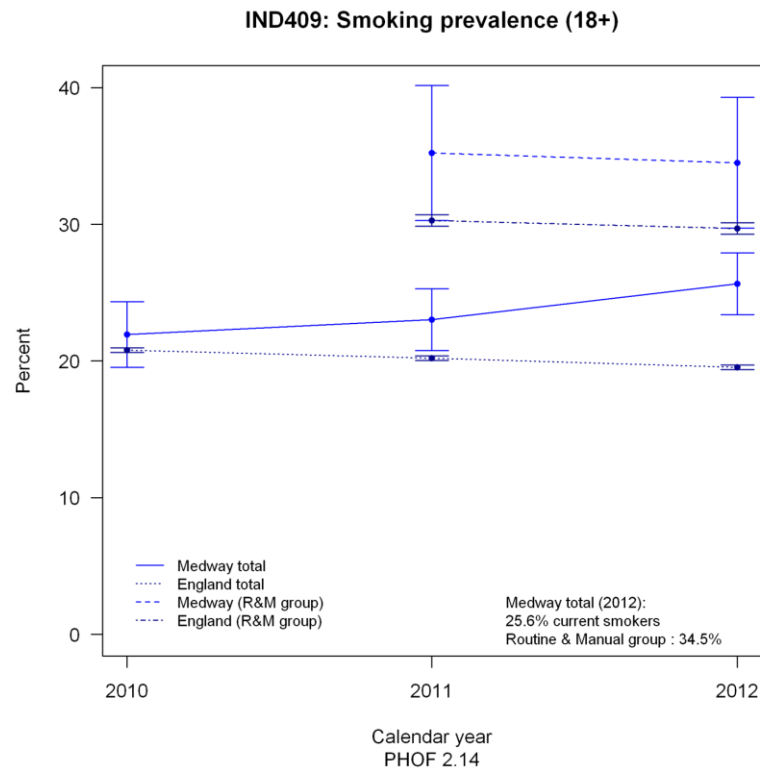
Summary

Item	Detail
Description:	IND406: Households in temp accommodation
Definition:	Households in temporary accommodation (per thousand households)
Source:	Department of Communities and Local Government
Reporting frequency	Financial year
Last review	2014-03-24

Medway Council places people in temporary accommodation if they are homeless (as defined by legislation), have nowhere to stay and have been accepted as being in priority need. The increase in homeless applications and acceptances has had an impact on the number of clients placed into temporary accommodation. At the end of February 2014, there were 140 households living in temporary accommodation against a target of 135.

However, since September 2013, the number of households in temporary accommodation has fallen despite the increase in households approaching the Council as homeless. This is due to the service quickly sourcing and moving clients in to permanent accommodation and discharging duties on cases. Where the Council has no other option but to place households in temporary accommodation it will ensure that vulnerable people have targeted support to help them move on into settled accommodation.

Smoking prevalence (18+)



Current status

Medway total (2012):
25.6% current smokers
Routine & Manual group : 34.5%

Summary

Item	Detail
Description:	IND409: Smoking prevalence (18+)
Definition:	Prevalence of smoking among persons aged 18 years and over - persons aged 18+ who are self-reported smokers in the Integrated Household Survey
Source:	Public Health England
Reporting frequency	Calendar year
Last review	2014-02-21

Since 2006, the number of people successfully quitting smoking after four weeks has increased from approximately 300 people per quarter, to more than 600.

Q1 & Q2 2013/14 resulted in the achievement of a total of 910 four week quits against a target of 1,070. This represents 85% of the target for Q1 & Q2 combined. Nationally, numbers of people accessing stop smoking services have declined and this is reflected in our local figures. Comparing current Q2 data for 2013/14 against the same period last year, there has been a 29% decrease nationally in the numbers of people setting a quit date. Successful four week quits has decreased by 23.4% for the same period. It should be noted that Medway is still treating more smokers per 100,000 population when compared to the national average

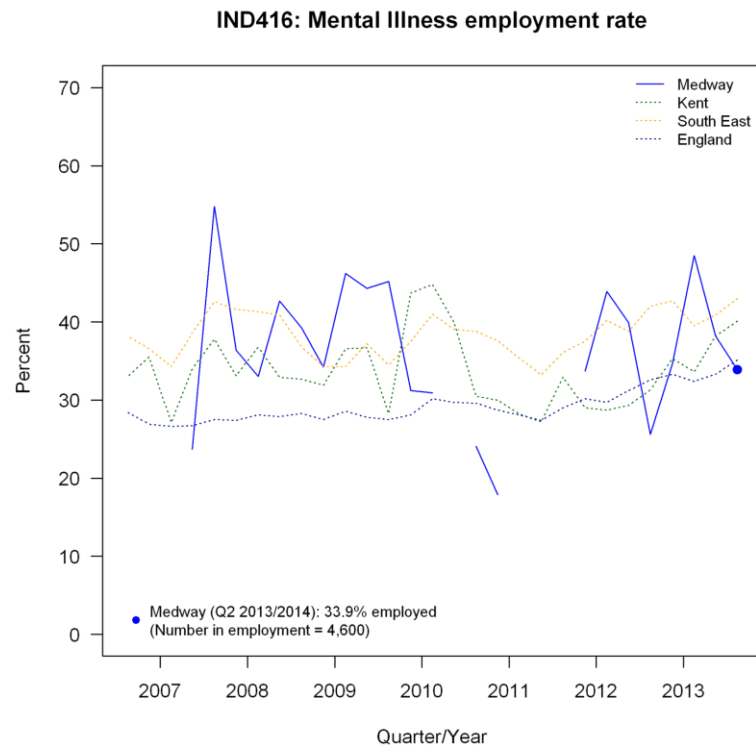
Smoking prevalence in Medway is higher than the national average and this is also mirrored in the routine & manual group. The table below sets out a comparison between local and national data for R&M interventions. Local data for the first half of the current reporting year shows that the 'R&M group' interventions account for the majority of clients accessing the service, both in terms of volume and percentage. The next highest group accessing the service in Medway is 'Never worked/unemployed for over 1yr' where 12% (245 clients) set quit dates. This reflects the fact that R&M smokers are

seeking support to quit and the service is actively engaging with this population group. The service offers both daytime and evening support, as well as drop-ins at the weekend. This makes it easier for R&M smokers to access the service, evidenced by the numbers seeking support.

Stoptober promotional stands took place at the end of Q2 and this increased the number of referrals into the service. Of the 149 referrals generated, 6 clients went on to quit. Conversations revealed that although there were many people who had used the service before, there still remains a large proportion of the population in Medway who are not aware of the free support available to them. The work Workplace Health is carrying out to raise awareness in Workplace Health will be invaluable in this respect.

The Stop Smoking Service has various support options across Medway including stop smoking courses and one-to-ones. These can be accessed in a range of venues including health centres, pharmacies, GP surgeries and community centres.

Mental Illness employment rate



Current status

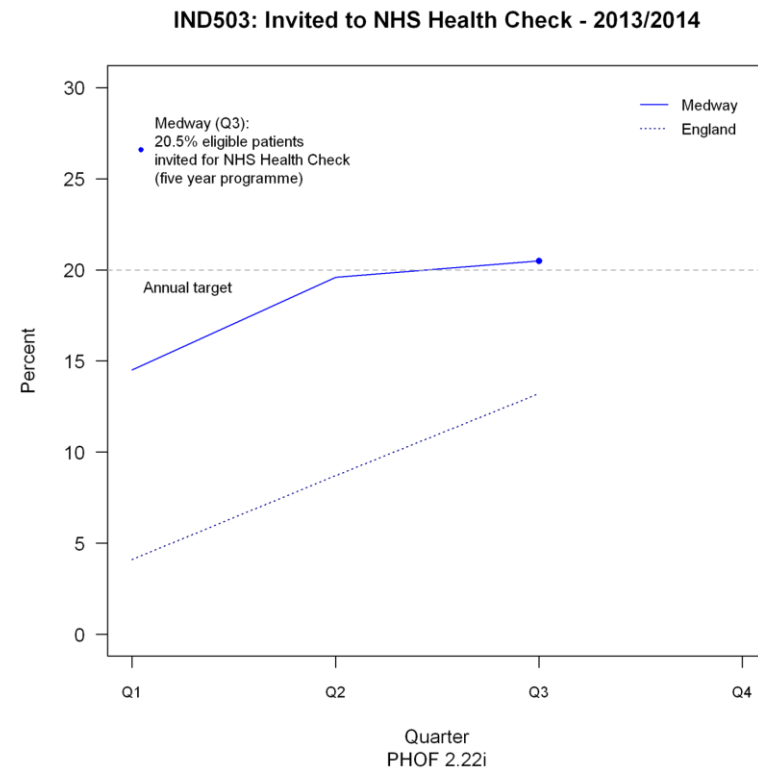
Medway (Q2 2013/2014): 33.9% employed
(Number in employment = 4,600)

Summary

Item	Detail
Description:	IND416: Mental Illness employment rate
Definition:	Proportion of people with a mental illness in employment. Number of people with mental illness in employment are those where the respondent has a health problem or disabilities that they expect will last for more than a year AND has Depression, bad nerves or anxiety or Severe or specific learning difficulties (mental handicap), or Mental illness, or suffer from phobia, panics or other nervous disorder AND is in employment - either an employee, self-employed, in Government employment & training programmes, and/or unpaid family worker (this is the ILO definition of Basic economic activity) AND is of working age (ages 16-64)
Source:	NHS IC Indicator Portal
Reporting frequency	Quarter/Year
Last review	2014-03-18

This indicator only covers those aged 18-69 in contact secondary mental health services on the Care Programme Approach.

Invited to NHS Health Check



Current status

Medway (Q3):
20.5% eligible patients
invited for NHS Health Check
(five year programme)

Summary

Item	Detail
Description:	IND503: Invited to NHS Health Check
Definition:	Percentage of eligible people who receive an NHS Health Check invite
Source:	Department of Health
Reporting frequency	Quarter
Last review	2014-03-19

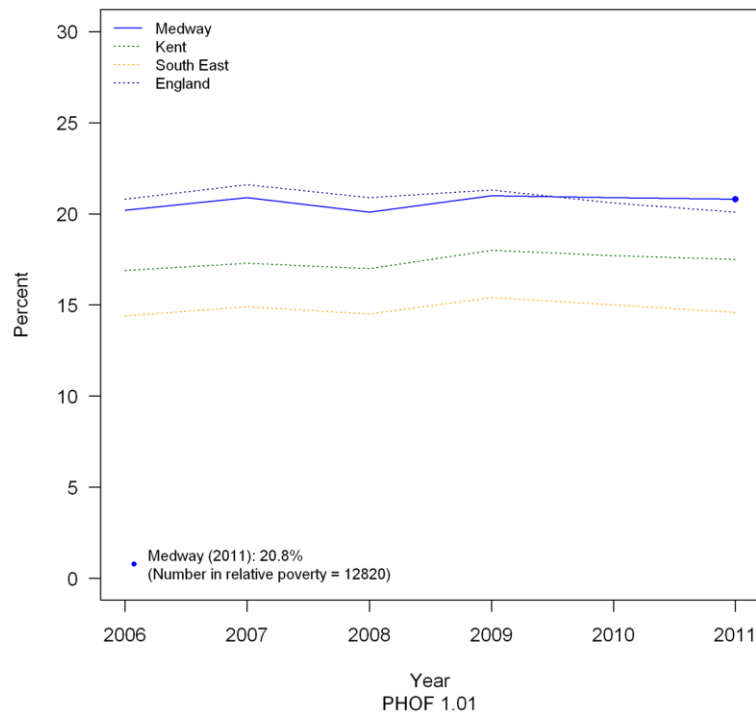
The Medway NHS Health Check programme was first implemented in April 2010. All Medway registered patients aged 40-74 without existing cardiovascular disease are eligible for screening once every five years, this equates to 75,400 individuals.

Methods of invitation in Medway include telephone calls and letters (roll out is based on date of birth). The GP practices use an IT system to produce the letters and send out batches based on their practice capacity. GPs are encouraged to carry this work out at the beginning of the financial year when other work streams are lower, so that invitations generally peak in quarter one. There has been an increase each year where the programme has become embedded into the practices.

Because of the IT system used in GP practices in Medway, we can be assured that all patients eligible for an NHS health check will receive an invitation by the end of the financial year.

Children in poverty

IND504: Children in poverty



Current status

Medway (2011): 20.8%
(Number in relative poverty = 12820)

Summary

Item	Detail
Description:	IND504: Children in poverty
Definition:	Percentage of children in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs)
Source:	HM Revenue & Customs http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm
Reporting frequency	Year
Last review	2014-03-21

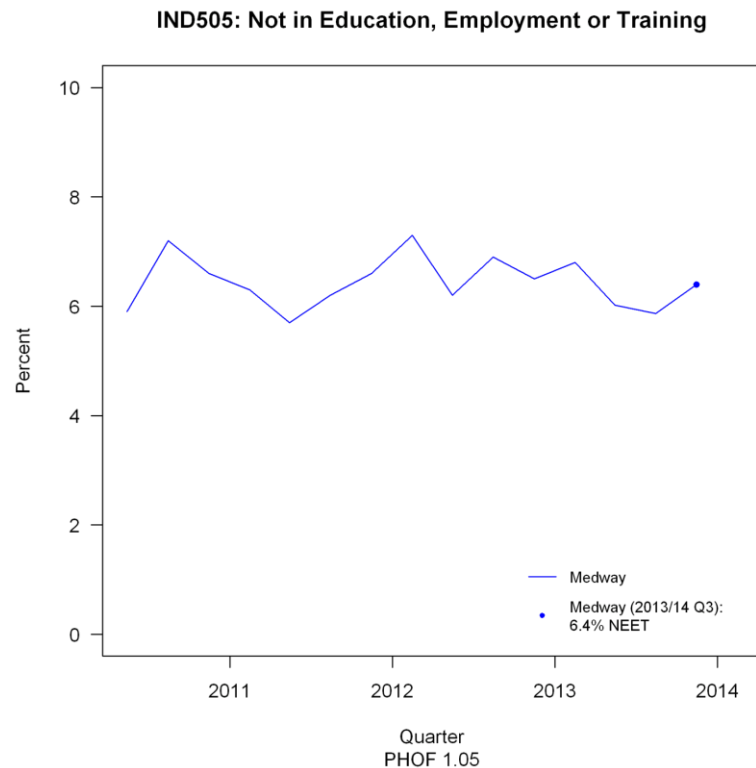
"Previously known as the Revised Local Child Poverty Measure or National Indicator 116, this publication has been renamed Children in Low-Income Families Local Measure to help distinguish these statistics from the Households Below Average Income (HBAI) publication, which provides the definitive national measure of relative child poverty as set out in the Child Poverty Act 2010.

Under the Child Poverty Act 2010 a child is defined as being in relative poverty if they live in a household where income is less than 60 per cent of the national median income. The Children in Low-Income Families Local Measure is based on administrative tax credits and benefit data sources and includes children who are living in families in receipt of out-of-work benefits, or in receipt of tax credits with reported income less than 60 per cent of median income."

Source: [Commentary](#) accompanying the Children in Low-Income Families Local Measure, HMRC

In 2011, a greater proportion of children were living in poverty in Medway than the England average. Gillingham North has the highest level of child poverty.

Not in Education, Employment or Training



Current status

Medway (2013/14 Q3):
6.4% NEET

Summary

Item	Detail
Description:	IND505: Not in Education, Employment or Training
Definition:	Percentage of 16-18 year olds not in education, employment or training (NEET)
Source:	Medway Youth Trust
Reporting frequency	Quarter
Last review	2014-03-24

The percentage of young people aged 16-18 years not in education, employment or training (NEET) reflects skill development during school years and indicates those at greater risk of a range of negative outcomes, including poor health and early parenthood.

This trend data shows quarterly percentages based on data provided by Medway Youth Trust and has been used in Council performance reporting.

Medway's percentage has been higher than the South East in 2011 and 2012. European Social Fund programmes are run throughout Kent and Medway and target young people aged 14 to 19 who are classed as NEET or are likely to become so.