

HEALTH AND WELLBEING BOARD

30 JUNE 2015

MEDWAY HEALTH AND WELLBEING BOARD: REVIEW OF 2014/15

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 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 on progress made by the Health and Wellbeing Board during 2014/15.

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 HWB

- 2.1.1. The Medway HWB 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 HWB members in terms of their opportunity to contribute to the HWB'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 HWB

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 JHWS
- 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 HWB

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, NHS England 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 NHS England'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 Cabinet on 25 April 2013. These can be found in Appendix 1.

2.3.4. Last year, representatives from the main NHS service providers were invited to attend formal meetings of the HWB (which are held in public) to observe and participate in discussions. This recognised the importance of having a

collective understanding of the whole system challenges and solutions facing Medway

2.3.5. The membership of the HWB during 2014/15 is shown in table 1.

Table 1: Medway Health and Wellbeing Board membership during 2014/15.

HEALTH AND WELLBEING BOARD MEMBERSHIP 2014/15	
Cllr A Mackness	Chairman
Cllr D Brake	Portfolio Holder for Adult Services
Cllr H Doe	Portfolio Holder for Housing & Community Services
Cllr K Tollhurst	Portfolio Holder for Educational Improvement
Cllr M O'Brien	Portfolio Holder for Children's Services
Cllr L Wicks	
Cllr V Maple	Leader of the Labour Group
Barbara Peacock	Director of Children & Adult Services,
David Quirke Thornton	Deputy Director of Children & Adult Services (April-Oct 2014)
Kim Carey	Interim Deputy Director of Children & Adult Services (Dec 2014-Mar 2015)
Ian Sutherland	Deputy Director of Children & Adult Services (from Mar 2014)
Dr Alison Barnett	Director of Public Health,
Dr Peter Green	Chief Clinical Officer, Medway Clinical Commissioning Group,
Dr Gill Fargher	Medway Clinical Commissioning Group Vice Chairman
Alison Burchell	Chief Operating Officer, Medway Clinical Commissioning Group
Elliot Howard-Jones	Director of Operations & Delivery NHS England (South East)
The Very Rev. Dr. Mark Beach	Healthwatch Medway (April-October 2014)
Heidi Butcher (substitute)	HealthWatch Medway (from January 2015)
Dr Phillip Barnes (observer)	Interim Chief Executive, Medway NHS Foundation Trust
Angela McNab (observer)	Chief Executive Officer, Kent and Medway NHS and Social Care Partnership Trust
Dr. Mike Parks (observer)	Medical Secretary, Kent Local Medical Committee
Martin Riley (observer)	Managing Director, Medway Community Healthcare

3. Medway's HWB: progress to date

3.1. The Joint Health and Wellbeing Strategy

- 3.1.1. The JHWS for 2012-2017, with five strategic themes and key priority actions under each theme, was developed through a series of engagement events and public consultation and was agreed in November 2012.
- 3.1.2. An updated version was agreed by the HWB in October 2014. This can be found here:
<http://www.medway.gov.uk/carehealthandsupport/healthandwellbeing.aspx>

3.2. Updating the JSNA

- 3.2.1. The JSNA is a web based resource (www.medwayjsna.info). Activity to update the JSNA occurs throughout the year and publication of new material takes place once approved through the agreed channels.
- 3.2.2. At the 14 June 2014 meeting of the HWB, the new governance arrangements for updates to and forward planning of the JSNA were confirmed.
- 3.2.3. The following updates were finalised and approved through the agreed governance mechanisms. They were published in December 2014:
- Executive Summary
 - Health Inequalities
 - Dementia chapter
 - Data Inventory
 - Health and Social Care Profiles
 - Our Five Themes (summarises the five strategic themes of Medway's HWB)

The following new chapters were finalised and approved through the agreed governance mechanisms. They were published in December 2014:

- Learning Disabilities
- Domestic abuse

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 HWB, to provide assurance to the HWB 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 2014/15 is given in Appendix 2. Detailed delivery plans are also available for all 2014/15 priority actions. Key achievements include: development of a social isolation strategy; development of an asset based approach to reducing obesity; development of a falls response model for Medway; sign up by more than two thirds of Medway GPs to participate in the Pearl project which aims to increase bowel cancer screening uptake; targeting of health improvement programmes to disadvantaged groups; running programmes to support early diagnosis of cancer; supporting the Dementia Friends initiative; establishing the Medway Dementia Action Alliance and the development of Medway's Emotional Wellbeing Strategy for Children and Young People.

3.3.4. A report on key JHWS outcome indicators is given in Appendix 3.

3.4. Annual review of JHWS

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 HWB 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 HWB.

3.4.3. The HWB has identified Out of Hospital Care as the key priority on which it wishes to focus during 2015/16. HWB members supported having a longer term strategic focus on this subject as it is integral to successful delivery of the JHWS and integrated working.

3.4.4. In order to support this aspiration a workshop was held during February 2015 with the aim of:

- Increasing understanding of local health and care services and the challenges that they face
- Understanding the national policy environment in which services are now being commissioned and provided
- Identifying the strategic input required from Medway HWB in order to help shape future services
- Finding better ways of working together in order to address local challenges and support each other effectively.

Following a series of presentations by key partners around service provision, key risks and challenges and opportunities for closer working, workshop participants identified strategic priorities and future actions for the HWB.

These included developing system leadership; identifying risks and outcomes; improving understanding across organisations; developing new

care models; prioritising prevention and developing the health and social care workforce. The recommendation was made that commissioners and providers should be brought together more regularly to understand roles and challenges and that this could occur through a summit and smaller meetings with relevant partners around specific issues.

- 3.4.5. This recommendation has been supported through the planning of an event to explore the wider support needs of older people in the community. This multi-stakeholder event will be held on 16 June 2015.

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 Primary Care Trusts to HWBs with a requirement to publish the first PNA by 1 April 2015. The PNA enables NHS England to make decisions on applications for NHS pharmaceutical services after 1 April 2015.
- 3.5.2. The HWB has collaborated with the Kent HWB through a joint steering group to oversee the production, consultation and publication of the PNAs. This allowed for a more efficient process and engagement of stakeholders which are common to both Boards.
- 3.5.3. The Medway PNA was presented to the HWB in March 2015. The key findings and recommendations in the PNA were accepted by the HWB and approved for publication.

3.6. Commissioning Plans

- 3.6.1. The HWB has reviewed and provided formal comment on the 2015/16 commissioning plans of Medway CCG and NHS England Kent & Medway, ensuring that they take account of and are aligned to priorities identified within Medway's JHWS
- 3.6.2. A summary overview of Medway Council's commissioning and service plans for 2015/16 which support the delivery of the JHWS was presented to the HWB in March 2015.

3.7. Better Care Fund Plan

- 3.7.1. The principle of the Better Care Fund (BCF) is for designated health and social care services to work in partnership in an integrated way through a single pooled budget.
- 3.7.2. This commitment of working towards 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. Regular reporting to the HWB of progress against the plan has taken place throughout 2014/15.

3.7.4. The plan was approved by the Department for Communities and Local Government (DCLG) in January 2015, and was judged BY DCLG as follows:

"strong and robust with every confidence that the partnership will be able to deliver against it. This puts you in a strong position for delivering the change outlined above"

3.7.5. The BCF came into effect on 1 April 2015. Monitoring of activity will take place throughout 2015/16, with the HWB continuing to review performance and activity.

3.8. Protocol for working with other Boards

3.8.1. A protocol setting out the relationship between the HWB, Medway Safeguarding Children Board, Medway Council Corporate Parenting Board, Kent & Medway Safeguarding adult Board and Medway Children's Action Network was signed by the respective chairs in December 2014. The protocol sets out arrangements to ensure effective co-ordination and coherence in the work of the five Boards/partnerships.

3.8.2. As part of this process the emerging findings of the JSNA chapter on children's emotional wellbeing were presented to the MSCB in February 2015. Comments on the chapter were provided from a number of MSCB members. These comments are currently being taken forward to further develop the chapter, which is due to be completed shortly.

3.8.3. Recent discussions between Cllr Mackness, Portfolio Holder for Corporate Services, the Director of Public Health and the Director of Children and Adults have identified the benefit of extending this protocol to include the Community Safety Partnership. It is proposed that the protocol is amended to reflect this and brought back to the HWB for agreement.

3.9. Communications and Engagement

3.9.1. Engaging with stakeholders and the wider community are key to the effective development and implementation of the JHWS. As such this engagement is embedded in the work of the HWB either through the HWB workshops or through the implementation of the JHWS.

3.9.2. The HWB hosted Medway's first Obesity Summit in June 2014 which brought together stakeholders from a range of organisations to develop a framework for tackling obesity. A follow up event in January 2015 allowed partners to update each other on the progress achieved since the summit.

3.9.3. The HWB produced Medway's first Strategy to reduce social isolation in 2014. A total of seven focus groups were undertaken to inform this

strategy. These were with older people, carers, mental health service users, black and minority ethnic communities, residents from Peninsula ward and a men's health support group

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 JHWS	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 HWB are asked to consider the information provided in this report and to agree in principle to include the Community Safety Partnership in the Protocol for working with other Boards.

Lead officer contact

Dr Saloni Zaveri
Consultant in Public Health Medicine
Public Health Directorate
Medway Council
Tel: 01634 332639
Saloni.Zaveri@medway.gov.uk

Background papers

Medway Joint Strategic Needs Assessment
Medway Joint Health and Wellbeing Strategy 2012-2017

Appendices

Appendix 1 – Terms of Reference for the health and Wellbeing Board
Appendix 2 – Summary of Progress against Medway's JHWS Priority Actions for 2014/15
Appendix 3 – Key JHWS Outcome Indicators

Medway Health and Wellbeing Board Terms of Reference

A. Operating principles

In line with nationally agreed operating principles the Medway Health and Wellbeing Board (HWB) will seek to:

- (i) provide collective leadership to improve health and well-being across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way;
- (ii) achieve democratic legitimacy and accountability, and empower local people to take part in decision-making;
- (iii) address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the area; and
- (iv) identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes in the short, medium and long term.

B. Key functions

- (i) To prepare the Joint Strategic Needs Assessment (JSNA) which identifies the current and future health and wellbeing needs of the local population and may address needs around wider determinants of health.
- (ii) To prepare a Joint Health and Wellbeing Strategy for Medway to meet the needs identified in the JSNA.
- (iii) To prepare the Medway Pharmaceutical Needs Assessment.
- (iv) To encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Medway.
- (v) To encourage persons who arrange for the provision of any health related services (ie services that may have an effect on the health of individuals but are not health or social care services) in Medway to work closely with the Board.
- (vi) To encourage persons who arrange for the provision of any health or social care services in Medway and those who arrange for the provision of any health-related services in its area to work closely together.
- (vii) 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).
- (viii) To keep NHS commissioning plans under review to ensure they are taking into account the JSNA and local HWB Strategy, referring back to the Clinical Commissioning Group (CCG) or the NHS Commissioning Board where they do not.

(ix) 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.

(x) To involve users and the public in the work of the Board, as appropriate.

(xi) To play a formal role in the annual assessment of the Medway Clinical Commissioning Group.

(xii) To undertake any other functions assigned to Health and Wellbeing Boards in legislation.

Governance arrangements for the operation of the Medway Health and Wellbeing Board were agreed by Council on 25 April 2013.

(i) **Appointment of Chairman and Vice Chairman:** The Chairman and Vice Chairman of the Board will be appointed at the first meeting of the Board after each Annual Council meeting, discounting the Joint Meeting of all Committees on the evening of Annual Council. The Chairman will be appointed from among the councillors serving on the Board.

(ii) **Meetings:** The Board will meet a minimum of four times a year and be administratively supported by Medway Council's Democratic Services Team. Meetings will take place in public with provision for exclusion of the press and public where confidential or exempt information is likely to be disclosed.

(iii) **Sub-committees:** The Board may set up advisory sub-committees but any proposal to delegate the functions of the Board to a sub-committee or an officer (or from a sub-committee to an officer) insofar as this is permitted, shall be subject to agreement by the Council.

(iv) **Attendance:** The quorum for Board meetings will be a quarter of the membership and meetings may only proceed if at least one local authority member and one CCG representative are present. Substitutions are permitted with notification to the Democratic Services Officer ahead of the meeting.

(v) **Conduct of meetings:** Meetings will be conducted in accordance with the procedural rules applicable to Council meetings as appropriate.

(vi) **Voting:** All members of the Board will have the right to vote, subject to the law and procedures for registering and declaring interests which will require non-participation and withdrawal from meetings when conflicts of interest arise.

(vii) **Programming of business:** the Board will determine its own work programme and pre-agenda processes taking into account statutory requirements relating to notice of meetings and publication and availability of agenda papers and will use the templates and standards in place for reports to other Council committees.

(viii) **Communications and engagement:** the Board will develop a Communications and Engagement Strategy during 2013/14 which will set out how the Board will engage with stakeholders and the public and how communications on behalf of the Board will be managed.

(ix) **Operational links:** the Board will work collaboratively with other partnership bodies including the Children's Trust, the Medway Safeguarding Children Board, the Adult Safeguarding Board and the Community Safety Partnership, taking into account the need for alignment between the Joint Health and Wellbeing Strategy and other key plans and strategies.

(x) **Overview and scrutiny:** the Board will be subject to overview and scrutiny and will respond to requests for information and representation at overview and scrutiny committees as appropriate.

(xi) **Review:** the terms of reference of the HWB and the governance arrangements will be kept under periodic review.

Theme	Priority Action	Summary of progress to date
1: Give every child a good start	1. Support to mothers to have good physical and emotional health in pregnancy and in the early months of life: Focus on increasing levels of breastfeeding and reducing smoking in pregnancy	<p>Smoking in pregnancy:</p> <ul style="list-style-type: none"> • 19.2% women smoke at time of delivery in Medway: this is higher than national and regional rates. Concerns persist relating to the reliability of SATOD data, and the proportion of cases in which this is not recorded (taking instead the smoking status at booking). The Stop Smoking Team are continuing to work with Medway Foundation Trust to explore the feasibility of extending the antenatal check delivered at 36 weeks to enable midwives to enquire about smoking status and record this appropriately. • Carbon monoxide (CO) testing at the time of booking was phased in from July 2013. All women are routinely CO tested at booking. Progress is being made in ensuring the capture of smoking status at booking on the EuroKing Database. • Stage two of the 'Baby clear' project has been implemented. The intervention includes a CO test and discussion, with visual aids, around the impact of smoking on the fetus and takes place at the 12 week scan where appropriate, following referral of pregnant smokers by the sonographers to the specialist Stop Smoking Team advisor. Since November 2014, a smoking cessation clinic has run alongside the Fetal Medicine Consultant's Intra Uterine Growth Restriction (IUGR) clinic in order that all pregnant smokers with placental insufficiency/ IUGR can be directed to a specialist stop smoking adviser. <p>Infant Feeding</p> <ul style="list-style-type: none"> • Breastfeeding initiation has remained below regional and national rates at around 70% for three years. • Since April 2013, the proportion of infants with "unknown" breastfeeding status at 6-8 weeks has increased from below 5% to over 30% (49% in Q4 2014/15). This has had a direct effect on the breastfeeding continuation rate causing it to fall dramatically. Once the number of unknowns in an area rises above 5%, the continuation rate is suppressed by NHS England in published figures. This sudden drop in data completeness coincides with the cessation of CQUIN payments made to Medway Community Healthcare for the supplementary data collection of breastfeeding status at six weeks by the health visiting service. The potential solutions to this problem are under investigation by Public Health and NHS England locally. • 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). • Medway's multi-agency Infant Feeding Strategy Group has representation from Medway Community Healthcare (MCH), MFT and Medway Council Early Years and Public Health. The current action plan focuses on partnership action to increase initiation and continuation. • MCH will be undertaking part one, stage three community Unicef Baby Friendly Initiative assessment in June 2015. <p>Perinatal mental health</p> <ul style="list-style-type: none"> • Training of partners around early detection and treatment of perinatal mental health disorders continues to be delivered. The perinatal course is now a standard part of the student Health Visitor course and part of the induction for new-to-area Health Visitors. Plans are in progress to deliver training to children's centre colleagues.

Theme	Priority Action	Summary of progress to date
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	<p>Make Medway a dementia friendly community The Alzheimer's Society has been funded for a year from January 2015 by Medway Council and Medway CCG to develop Medway's Dementia Action Alliance, with the launch event being held during Dementia Awareness Week. Negotiations are in progress to secure further funding for the Alliance and to continue work on recruiting Dementia Friends.</p> <p>Understand the current health and social care needs of people living with dementia Medway's Dementia Strategy has been agreed and follow up work with wide range of stakeholders has identified areas which need further attention and good models of service delivery. An implementation plan is being developed and recommendations for commissioning are being taking forward through governance processes at Medway Council and CCG. Commissioning recommendations focus on early intervention and prevention; non bed-based provision; reducing and/or delaying high cost care packages; and reducing inappropriate admissions to hospital. The dementia diagnosis rate has improved and is now at 63% of the expected rate. Further work to increase this is included in commissioning recommendations.</p>
	2.2. Falls prevention and management	<p>Raise public and professional awareness around falls prevention The GP falls assessment/management tool was presented to GPs at a learning event in 2014, along with a presentation from Medway Community Healthcare on the falls referral pathway.</p> <p>Collaboration with Medway Foundation Trust, Medway CCG, Public Health, Medway Community Healthcare and the Medway College of Social Care to develop and roll out a pilot training package for Care Homes on falls prevention and management. Five training courses were delivered to home managers in 2014/15. The courses were well attended and well evaluated. Plans are in place to undertake qualitative follow up with managers attending the courses and to assess the impact of the courses on falls prevention and management.</p> <p>Commission and develop services to reduce the risk of falls/falls related injury Development of Medway's Falls Response Vehicle Model was halted in 2014 due to a lack of evidence of positive impact on outcomes. During late 2014/early 2015, a multi-partner steering group, led by Medway CCG, has collaborated on the development of a model and pathway which aims to identify those at risk of falls/recurrent falls, prevent ED attendances and hospital admissions for falls, and to ensure that fallers receive appropriate follow up management and support whilst remaining independent in their own homes.</p> <p>SECamb, on attendance at a callout, will categorise patients as low, medium and high risk fallers through a risk assessment process. Ambulance crews will use the risk assessment tool if a patient has fallen, or if the crew feel that the patient may be at risk of falling. By identifying those at risk of falls and providing evidence based interventions, a reduction in recurrent falls is expected. Patients will be referred to the Community Falls Service by SECamb crew where appropriate. This project is awaiting approval through CCG governance channels. It is expected that rollout will commence during 2015.</p>

Theme	Priority Action	Summary of progress to date
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	<p>Raising public awareness of risk factors for and early signs/symptoms of cancer.</p> <ul style="list-style-type: none"> Numbers engaging with the three Health Improvement Advice Centre referral services (Stop Smoking, Tipping The Balance, Exercise Referral) were steady overall for the first three quarters of 2014-15. There continues, however, to be a year-on-year decline in smoking quitters accessing the service, in line with national trends, linked to the increasing popularity of electronic cigarettes. In contrast, the demand for supporting healthy weight services exceeds capacity to deliver: waiting lists are now in place. Medway Council and CCG Communications Teams are collaborating around campaign activity, with a number of activities planned for Spring 2015, for example: <ul style="list-style-type: none"> Dissemination of lung, bowel and breast cancer 'Be Clear On Cancer' leaflets and posters to organisations to display; submission of articles to the MVA newsletter; the use of social media and a door drop of leaflets to 11,000 targeted homes; promotion of awareness of cancer symptoms and screening from a mobile van by Solutions4Health a cancer awareness roadshow held by Cancer Research UK in Chatham high street in June 2015. A Macmillan GP is currently developing a training package to equip health trainers and volunteers with key cancer awareness message to work with the public (targeting specific vulnerable groups), supporting and encouraging people to attend screening programmes when invited and to seek help quickly when there are concerns. <p>Improve uptake and Did Not Attend rates for cancer screening</p> <ul style="list-style-type: none"> An adjustment to the Audit+ system is planned in order that accurate DNA numbers can be identified. MOSAIC segmentation has been undertaken to identify target groups who are less likely to take up screening, and the best communication methods for these groups <p>Promotion of cancer prevention services and screening within primary care.</p> <ul style="list-style-type: none"> Professor Halloran (Director, Bowel Cancer Screening Hub- South of England) presented at the GP monthly educational event in October 2014. The Pearl Project is a specific programme of work currently in progress through collaboration between Public Health, CCG and the Southern Hub Bowel Cancer Screening to increase bowel cancer screening uptake. An invitation letter to participate in the project pilot was sent out to GP practices on the 16th March. 39 practices have been recruited to the project and their details have been sent to the Southern Hub. Recruitment continues with the remaining practices. <p>Monitoring cancer survival and staging for breast, lung and bowel cancer,</p> <ul style="list-style-type: none"> Agreement has been finalised between Public Health and The Cancer Collaborative Group to obtain anonymised cancer data annually to allow surveillance and monitoring of cancer staging. An analysis of bowel and lung cancer staging has been completed and work still ongoing with the Clinical Lead at MFT to interpret the breast cancer staging data.

Theme	Priority Action	Summary of progress to date
<p>4. Improve physical and mental health and wellbeing</p>	<p>4.1. Increase awareness of Mental Health conditions and support for prevention, early diagnosis and treatment. (Focus on MH promotion).</p>	<p>Training and awareness</p> <ul style="list-style-type: none"> • A comprehensive MH Promotion training programme, which aims to raise awareness of mental health promotion and suicide prevention, has been delivered across a wide range of partners in all sectors in Medway. • Suicide prevention and self-harm training has been delivered to a large number of clinicians, including GPs. This was well evaluated and should impact on clinician ability to identify and refer people at high risk of suicide. <p>Development of outcome based interventions to promote mental health undertaken by Community Development Workers (CDWs) in Medway</p> <ul style="list-style-type: none"> • The Men's Health Project has been delivered by the CDWs and has been a very effective model of peer support. The model has now been replicated for a women's wellbeing group which was launched in Jan 2015. • The CDW held focus groups to inform the production of the social isolation strategy and their community work will address some of the objectives within the action plan. <p>Raising awareness of available mental health support services</p> <ul style="list-style-type: none"> • "Unwind with a Healthy Mind" is a new leaflet which has been produced under the Medway council 'A Better Medway' brand. This leaflet captures the support available for Medway residents for stress and mental health issues, e.g., psychological therapies, helpline numbers, Samaritans, books on prescription. The leaflet also promotes the available MH training offered by the Council's MH Promotion team. • A further education MH Promotion forum has been set up with Medway universities and colleges. This has improved links to local services and increased awareness of MH amongst staff and students through training and campaign support. • MHP projects have been delivered in schools in collaboration with the voluntary sector (funded by Child Health Small Grants), including the SAFE project pilot. Funding has been received from the Department for Education to extend the project across Medway schools based on the pilots. • Development and support of Youth Wellbeing Community with 28 young people currently engaged in MH training, campaign work, consultation and MH Promotion in their own settings amongst their peers. • The Medway Men in Sheds project launched in March 2015. This is a project targeting men who are unemployed or retired to help combat feelings of social isolation and restore their community connections. Located near to the Sunlight Centre in Gillingham, the project has seen very good attendance in its first months. Discussions are taking place around expanding the project into a number of satellite locations across Medway. • The MH Promotion team have undertaken engagement activities at various wellbeing days, e.g., Council, Medway Foundation Trust, Barracks to raise awareness of available support.

Theme	Priority Action	Summary of progress to date
4. Improve physical and mental health and wellbeing	4.2. Reduce social isolation through a social isolation strategy developed and delivered jointly with key partners	<p>The Joint Strategic Needs Assessment chapter for social isolation is complete. Scoping activity was undertaken for the development of the JSNA chapter and social isolation strategy and involved working with different providers around linking in current available activity (e.g. leisure, arts) to different community groups and settings to ensure barriers to access are minimised. This work will continue as part of the strategy implementation.</p> <p>Consultation has taken place with a range of partners and community groups to determine how best to minimise barriers to reducing social isolation for different communities in Medway. A total of seven focus groups have been undertaken with a range of groups in Medway including; carers, mental health service users, Medway BME forum, Medway African and Caribbean Association, Medway men's health group. The outcomes from this consultation are reflected in the JSNA chapter and have influenced the development of the strategy to reduce social isolation.</p> <p>The strategy was completed during 2014. An action plan has been drafted with named officers to take forwards actions. An implementation working group will be set up early in 2015/16 with key officers and stakeholders forming the membership.</p>

Theme	Priority Action	Summary of progress to date
5. Reduce health inequalities	5. Increase targeting of disadvantaged groups for promotion of healthy lifestyles	<p>Healthy Eating</p> <ul style="list-style-type: none"> • Healthy eating talks were delivered to 105 people (49 adults and 56 children) in areas of greatest deprivation during 2014/15 (target exceeded by five people). Healthy cookery courses were delivered to 200 people (target exceeded by 50 people) in areas of greatest deprivation. • Now looking at options to develop this further and increase uptake over the next year. <p>Training and awareness</p> <ul style="list-style-type: none"> • All health improvement training programmes are now accredited by Royal Society of Public Health • A Better Medway Champions course has been consistently filled to capacity and there is now a focus on maximising the use of trained champions in the field. Evaluation of the effectiveness of Champions is planned. <p>Promotion and development of transport corridors that encourage personal movement</p> <ul style="list-style-type: none"> • Road Safety and Integrated Transport Both teams continue to embed their public health work through Collaborative Working Agreements with the Public Health Directorate. • 90% of all Medway Schools now have a School Travel Plan in place. • Numerous walking journeys to/from school • 'Splash and Dash': a local swimming pool has opened its car park for parents to use while dropping children at the local school and potentially going for a swim themselves afterwards. • £2.5M received by Local Enterprise Partnership for the Cycling Action Plan which will develop cycling across Medway over the next 6 years. <p>Develop targeting of smoking cessation services to vulnerable groups</p> <ul style="list-style-type: none"> • The Stop Smoking team continues to collaborate with partners to explore barriers are to uptake of the service for vulnerable groups. An action plan is in place to track the evolution of actions being undertaken. • Key work has involved collaboration with professionals involved in the care of looked after children and Turning Point; projects with the long-term unemployed; the agreement of new CQUIN targets for the care of pregnant smokers; work with Eastern European community in Medway. • A pilot treatment programme focusing on reducing smoking in adults with moderate to severe mental health needs began in May 2014. The project has been successful in achieving its objectives to date. 54% of referred patients have made a positive change in their smoking behaviour as a result of support. Plans are in place to develop the service further during 2015/16.

Public Health Indicators for Health and Wellbeing Board (HWB) 30 June 2015

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Summary of changes since 21 January 2015

New indicator added

IND115: DTaP/IPV/Hib 12 months
IND125: First MMR 2 years
IND127: Second MMR 5 years

New data and commentary updated

IND104: Breastfeeding initiation
IND105: Breastfeeding continuation
IND106: Smoking at the time of delivery **(new format)**
IND206: Falls admissions 65+ (yearly) **(new format)**
IND210: Flu vaccination 65+ **(new format)** - correction to 2013/14 data due to change in definition (to match PHOF)
IND211: Flu vaccination 'at risk' **(new format)** - correction to 2013/14 data due to change in definition (to match PHOF)
IND503: Invited to NHS Health Check

New data only

IND131: 5yr olds achieving a Good Level of Development **(new format)**
IND402: Adults achieving 150 minutes of exercise - correction to 2013 data due to change in definition (to match PHOF) **(new format)**
IND505: Not in Education, Employment or Training

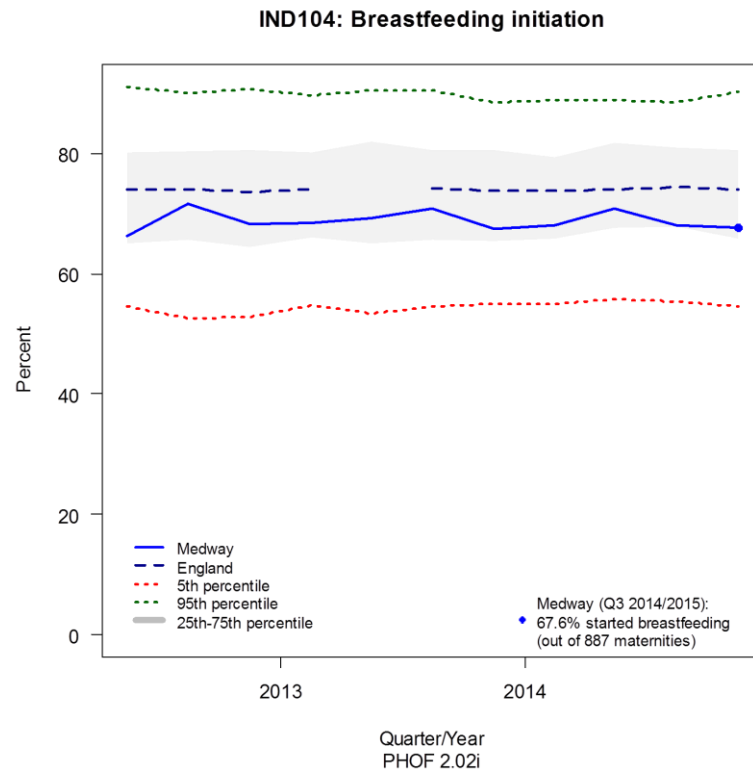
Commentary updated

IND109: Children aged 4-5 classified as obese **(new format)**
IND301: All circulatory disease mortality (under 75) **(new format)**
IND306: Cancer mortality rate (under 75) **(new format)**
IND313: Experience of community mental health services
IND204: Discharged into reablement/rehab services

No data or commentary updates

IND111: Children aged 10-11 classified as obese **(new format)**
IND213: Estimated diagnosis rate people with dementia
IND401: People using green spaces for exercise **(new format)**
IND406: Households in temp accommodation
IND409: Smoking prevalence (18+)
IND504: Children in poverty

Breastfeeding initiation



Current status

Medway (Q3 2014/2015): 67.6% started breastfeeding (out of 887 maternities)

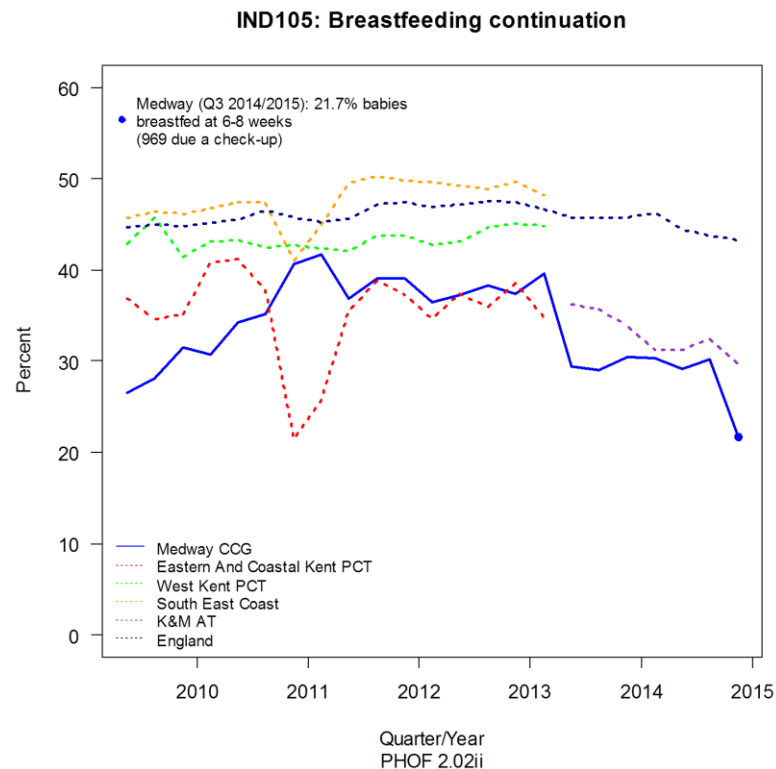
Summary

Item	Detail
Description:	IND104: Breastfeeding initiation
Definition:	Women who initiate breastfeeding in the first 48 hours after delivery
Source:	NHS England
Reporting frequency	Quarter/Year
Last review	2015-05-22
Data	Download plot data

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. 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.

Breastfeeding continuation



Current status

Medway (Q3 2014/2015): 21.7% babies breastfed at 6-8 weeks (969 due a check-up)

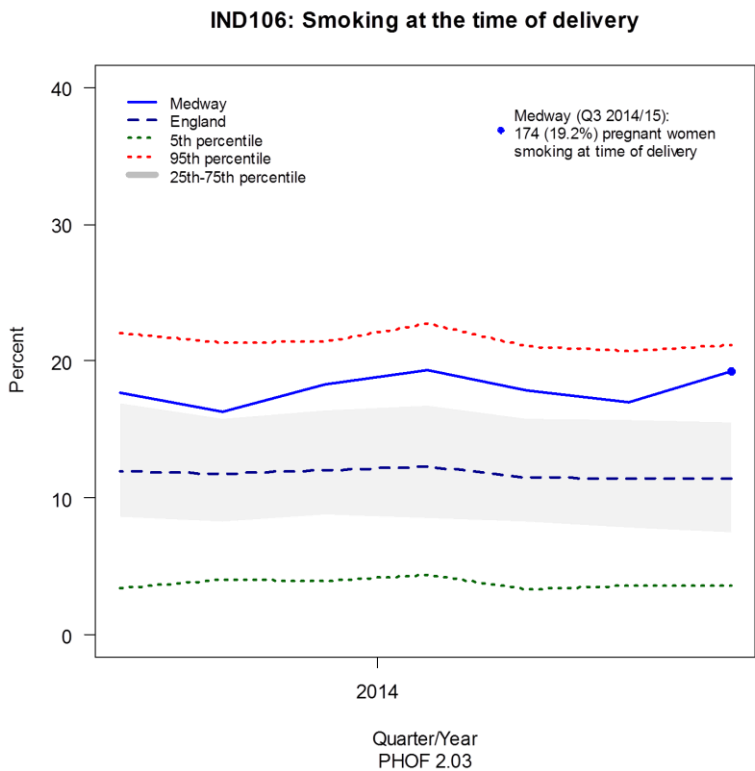
Summary

Item	Detail
Description:	IND105: Breastfeeding continuation
Definition:	Infants who are totally or partially breastfed at 6-8 week check
Source:	NHS England
Reporting frequency	Quarter/Year
Last review	2015-05-15

Since April 2013, the proportion of infants with "unknown" breastfeeding status at 6-8 weeks has increased from below 5% to over 30% (49% in Q4 2014/15). This has had a direct effect on the breastfeeding continuation rate causing it to fall dramatically. Once the number of unknowns in an area rises above 5%, the continuation rate is suppressed by NHS England in published figures. The potential solutions to this problem are under investigation by Public Health and NHS England locally.

This sudden drop in data completeness coincides with the cessation of CQUIN payments made to Medway Community Healthcare for the supplementary data collection of breastfeeding status at six weeks by the health visiting service.

Smoking at time of delivery (SATOD)



Current status

Medway (Q3 2014/15): 174 (19.2%) 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	2015-05-26

Smoking in pregnancy remains a problem in Medway, with 19.2% women smoking at time of delivery (SATOD). This is consistently higher than the rate in England (11.4%).

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.

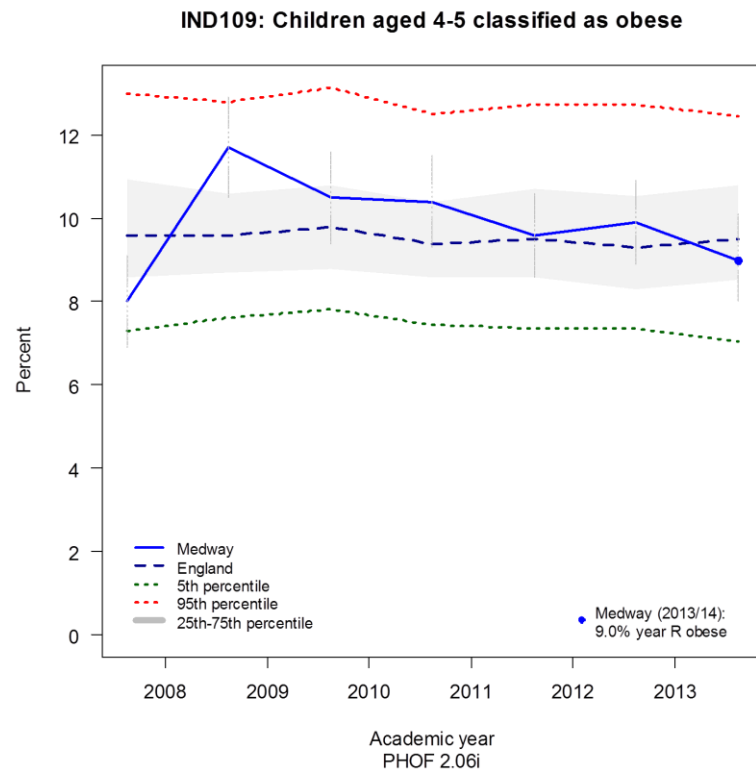
MFT are continuing to ensure that information is kept up to date to ensure accuracy. Concerns persist relating to the reliability of SATOD data, and the proportion of cases in which this is not recorded (taking instead the smoking status at booking). The Stop Smoking Team are continuing to work with Medway Foundation Trust to explore the feasibility of extending the antenatal check delivered at 36 weeks to enable midwives to enquire about smoking status and record this appropriately.

The second stage of the 'Baby clear' project has been implemented. The Risk Perception intervention is being carried out at the 12 week Nuchal scan. This intervention includes a carbon monoxide test and a discussion with the use of visual aids around the effects of smoking on the baby during pregnancy. Referrals are carried out by the sonographers: they ask all women their smoking status prior to the scan and women are informed that this needs to be accurate as adjustments have to be made when calculating the risk for Down's

syndrome. Any smokers are then advised to see our specialist midwife and following a discussion, those who have not engaged with the stop smoking services then go on to receive the intervention.

Since 7th of November, a smoking cessation clinic has been running alongside the Fetal Medicine Consultants' IUGR clinic. The plan is to book all pregnant smokers with placental insufficiency or IUGR on a Friday so they can be directed to a specialist stop smoking adviser after their appointment.

Children aged 4-5 classified as obese



Current status

Medway (2013/14): 9.0% year R obese

Summary

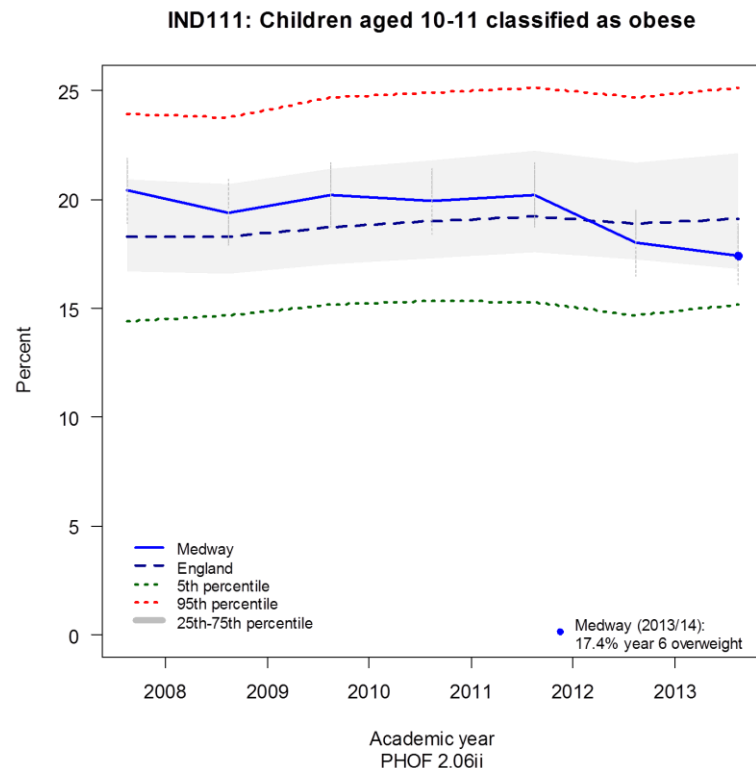
Item	Detail
Description:	IND109: Children aged 4-5 classified as obese
Definition:	Percentage of children aged 4-5 classified as overweight or obese
Source:	HSCIC NCMP
Reporting frequency	Academic year
Last review	2015-05-26
Data	Download plot data

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 12.9% in Medway in 2013/14. Those classified as obese has also reduced in Medway over the last year by 0.9% to 9% in 2013/14. 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 (2013/14): 17.4% year 6 overweight

Summary

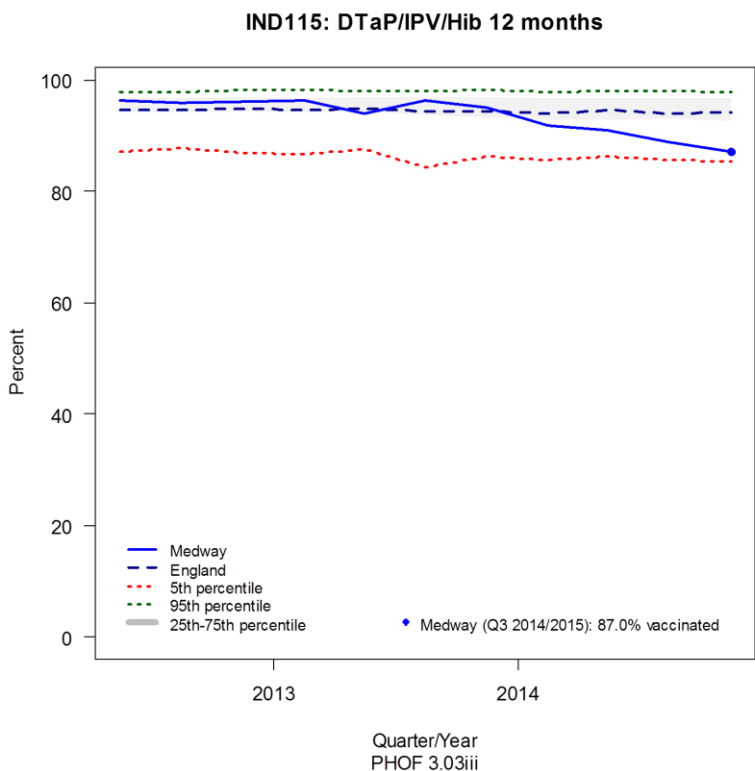
Item	Detail
Description:	IND111: Children aged 10-11 classified as obese
Definition:	Percentage of children aged 10-11 classified as overweight or obese
Source:	HSCIC NCMP
Reporting frequency	Academic year
Last review	2015-04-28

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 older children in the year 6 age group, the rate of those classified as overweight (not including obese) has risen since 2012/13, to 15.4% in 2013/14. However, there has been a 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 17.4% in 2013/2014 means that Medway remains below the National average.

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.

DTaP/IPV/Hib 12 months



Current status

Medway (Q3 2014/2015): 87.0% vaccinated

Summary

Item	Detail
Description:	IND115: DTaP/IPV/Hib 12 months
Definition:	DTaP/IPV/Hib vaccination coverage
Source:	quarterly COVER published on gov.uk
Reporting frequency	Quarter/Year
Last review	2015-05-27

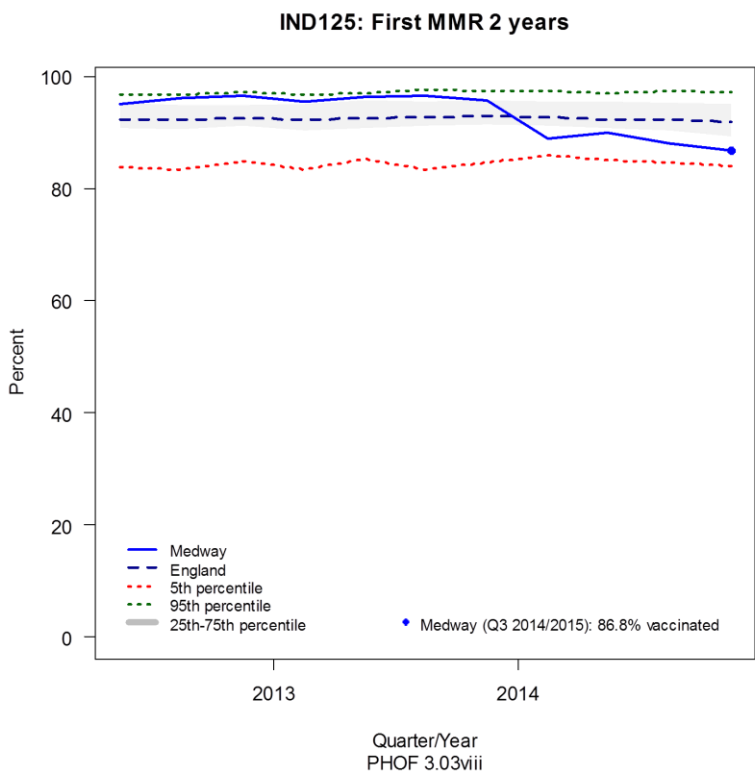
Indicators 115-127 refer to vaccinations within the routine childhood immunisation schedule. Vaccinations work by producing immunological memory so that when the immune system is subsequently exposed to natural infection it is able to recognise and respond to it, therefore preventing or modifying the disease.

Whilst the main aim of vaccination is to protect the individual who receives it, high levels of immunity in a population mean that those who cannot be vaccinated, for example because they are too young, are at reduced risk of being exposed to a disease. This is known as "herd immunity".

Vaccine coverage is compared against the World Health Organisation target of 95% coverage by 2 years old at the national level.

A decline in the uptake of childhood vaccinations in Medway was first noted during 2013. This decline has, in general, persisted and can be seen to a varying degree across a number of the routine childhood vaccinations. These trends should be interpreted with caution and are the subject of ongoing investigations by Public Health England, supported by Medway's Public Health Directorate.

First MMR 2 years



Current status

Medway (Q3 2014/2015): 86.8% vaccinated

Summary

Item	Detail
Description:	IND125: First MMR 2 years
Definition:	MMR vaccination coverage for one dose
Source:	quarterly COVER published on gov.uk
Reporting frequency	Quarter/Year
Last review	2015-05-27

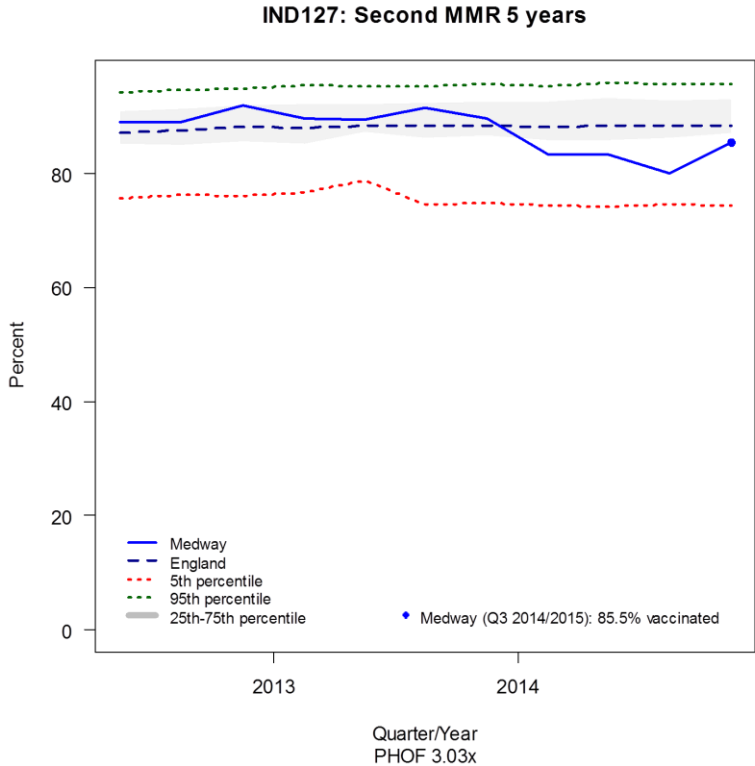
Indicators 115-127 refer to vaccinations within the routine childhood immunisation schedule. Vaccinations work by producing immunological memory so that when the immune system is subsequently exposed to natural infection it is able to recognise and respond to it, therefore preventing or modifying the disease.

Whilst the main aim of vaccination is to protect the individual who receives it, high levels of immunity in a population mean that those who cannot be vaccinated, for example because they are too young, are at reduced risk of being exposed to a disease. This is known as "herd immunity".

Vaccine coverage is compared against the World Health Organisation target of 95% coverage by 2 years old at the national level.

A decline in the uptake of childhood vaccinations in Medway was first noted during 2013. This decline has, in general, persisted and can be seen to a varying degree across a number of the routine childhood vaccinations. These trends should be interpreted with caution and are the subject of ongoing investigations by Public Health England, supported by Medway's Public Health Directorate.

Second MMR 5 years



Current status

Medway (Q3 2014/2015): 85.5% vaccinated

Summary

Item	Detail
Description:	IND127: Second MMR 5 years
Definition:	MMR vaccination coverage for two doses (5 year olds)
Source:	quarterly COVER published on gov.uk
Reporting frequency	Quarter/Year
Last review	2015-05-27

Indicators 115-127 refer to vaccinations within the routine childhood immunisation schedule. Vaccinations work by producing immunological memory so that when the immune system is subsequently exposed to natural infection it is able to recognise and respond to it, therefore preventing or modifying the disease.

Whilst the main aim of vaccination is to protect the individual who receives it, high levels of immunity in a population mean that those who cannot be vaccinated, for example because they are too young, are at reduced risk of being exposed to a disease. This is known as "herd immunity".

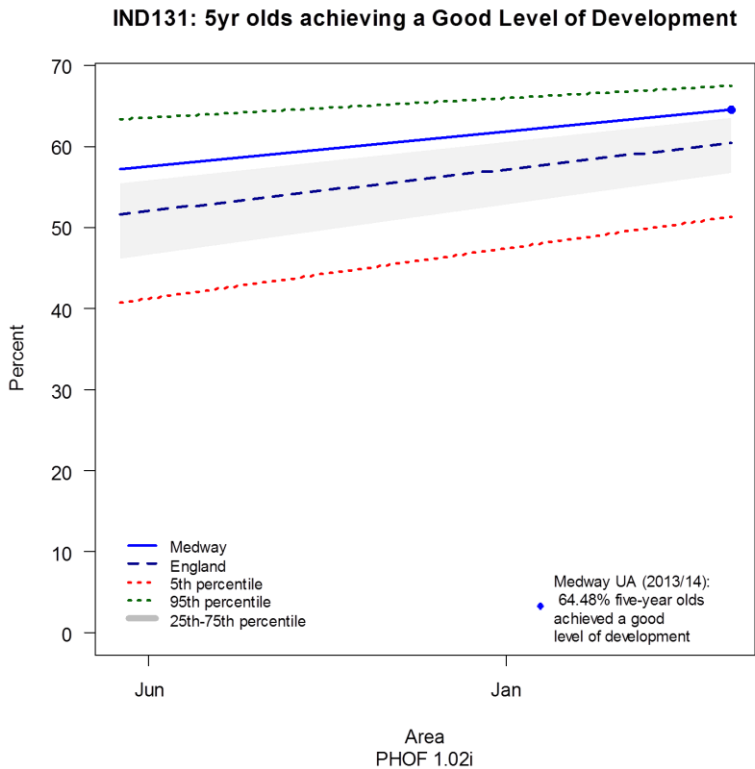
Vaccine coverage is compared against the World Health Organisation target of 95% coverage by 2 years old at the national level.

A decline in the uptake of childhood vaccinations in Medway was first noted during 2013. This decline has, in general, persisted and can be seen to a varying degree across a number of the routine childhood vaccinations. These trends should be interpreted with caution and are the subject of ongoing investigations by Public Health England, supported by Medway's Public Health Directorate.

Interestingly, the latest immunisation uptake data (which relate to quarter 3 2014/15) show an increase in uptake of the second measles, mumps and rubella vaccination (MMR2, IND 127). The

same upturn in uptake for quarter 3 2014/15 can be seen for the preschool booster vaccination (diphtheria, tetanus, pertussis and polio, dTaP/IPV) which is delivered at the same time as MMR2. Public Health will continue to monitor this pattern.

Five-year olds achieving a good level of development



Current status

Medway UA (2013/14): 64.48% five-year olds achieved a good level of development

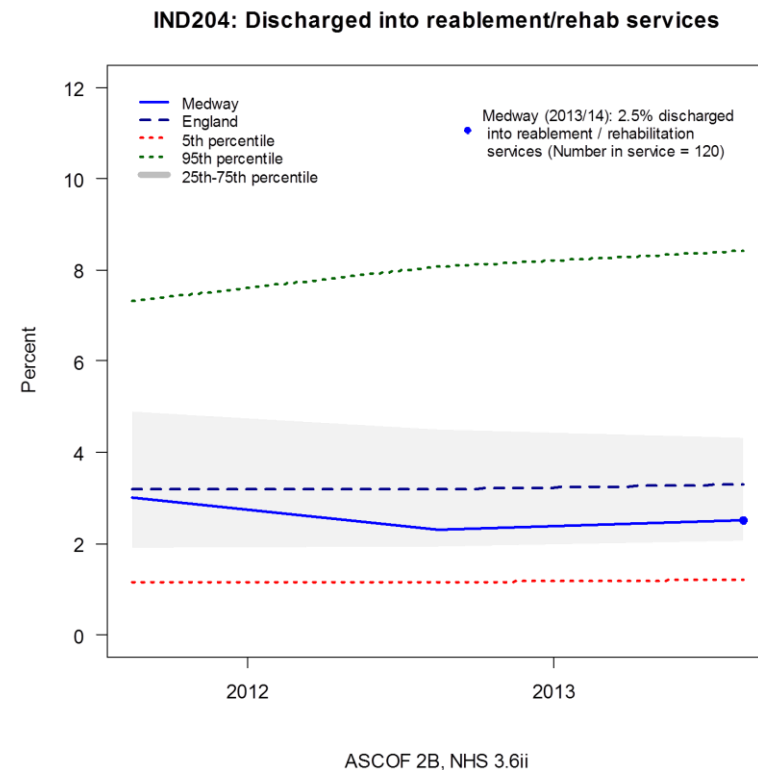
Summary

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	2015-05-28
Data	Download plot data

This indicator relates to the residents of Medway.

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

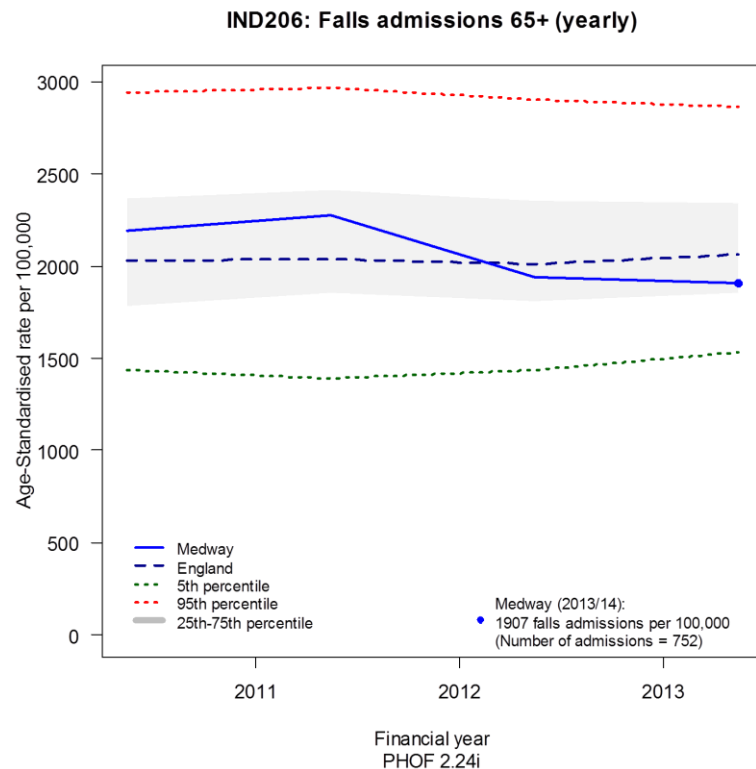
Medway (2013/14): 2.5% discharged into reablement / rehabilitation services (Number in service = 120)

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	2015-06-05

Reablement and rehabilitation refer to short term periods of support with the aim of maximising the independence of individuals with the aim of enabling them to remain in their own homes following a stay in hospital. The measure is calculated using the number of hospital discharges from the Hospital Episodes Statistics (HES) data warehouse and the number of discharges into reablement and rehabilitation from the Adult Social Care statutory returns. In Medway, the proportion of adults aged 65+ discharged into reablement/rehabilitation services saw no statistically significant change between 2012-13 and 2013-14 with only a 0.2 percentage point increase. Within the comparator group of similar councils, Medway ranked 10th out of 16 with the highest performing council in the group having 9.1% of people discharged from hospital entering reablement/rehabilitation services. The average within the comparator group was 3.6%, 1.1 percentage points greater than Medway's 2013-14 figure.

Falls admissions 65+



Current status

Medway (2013/14): 1907 falls admissions per 100,000 (Number of admissions = 752)

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	2015-05-28

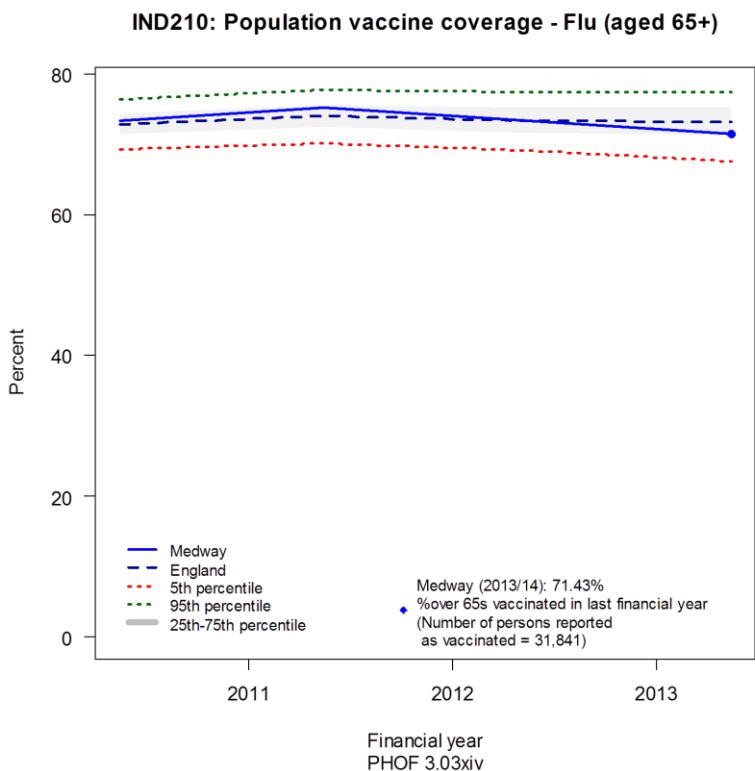
A fall is defined as 'an event whereby an individual comes to rest on the ground or another lower level with or without the loss of consciousness' (American Geriatric Society, 2001).

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.

The rate of falls admissions in over 65's in Medway has declined since 2011/12 to 1907 falls admissions per 100,000 in 2013/14. The fall admission rate is below that of Kent and England overall.

Flu vaccination 65+



Current status

Medway (2013/14): 71.43% over 65s vaccinated in last financial year (Number of persons reported as vaccinated = 31,841)

Summary

Item	Detail
Description:	IND210: Population vaccine coverage - Flu (aged 65+)
Definition:	% of eligible adults aged 65+ who have received the flu vaccine (between 1st September and 31st January of the financial year)
Source:	Department of Health
Reporting frequency	Financial year
Last review	2015-05-26

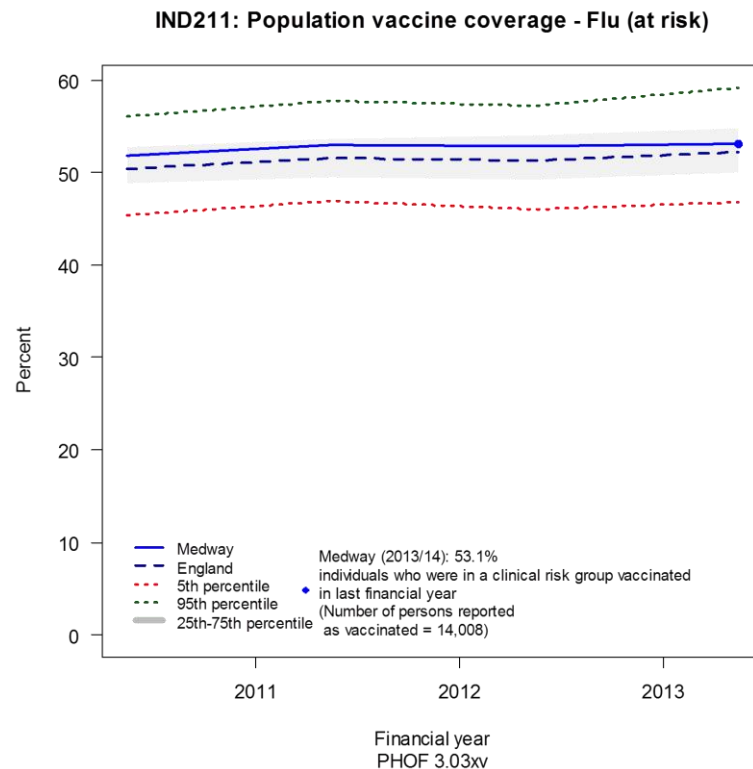
Influenza is a viral infection of the respiratory tract. Symptoms include fever, dry cough, sore throat, headache, muscle pain and fatigue. Those with underlying health problems, pregnant women and children under 6 months are at an increased risk of serious illness as are those aged 65 and over.

Surveillance of influenza vaccine uptake takes place throughout the season (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.

The final report for the 2014/15 influenza season was published by Public Health England in March 2015. Medway’s uptake for people aged 65 years and above was 71.4%: this is slightly higher than that for Kent and Medway overall but lower than the target uptake of 75%.

Flu vaccination 'at risk'



Current status

Medway (2013/14): 53.1% individuals who were in a clinical risk group vaccinated in last financial year (Number of persons reported as vaccinated = 14,008)

Summary

Item	Detail
Description:	IND211: Population vaccine coverage - Flu (at risk)
Definition:	% of individuals aged between 6 months to 64 years who are in a clinical risk group (between 1st September and 31st January of the financial year)
Source:	Department of Health
Reporting frequency	Financial year
Last review	2015-05-26

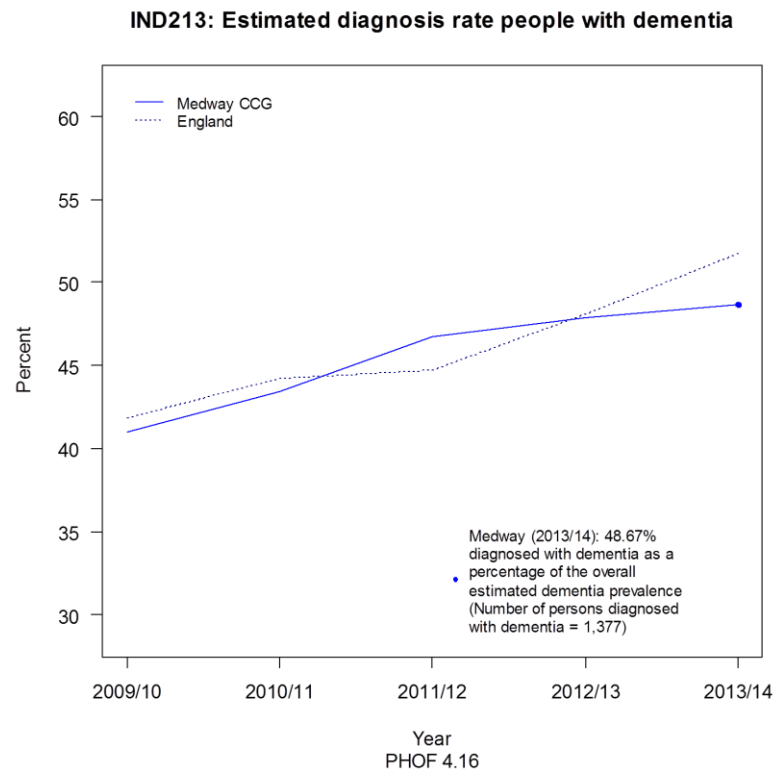
Influenza is a viral infection of the respiratory tract. Symptoms include fever, dry cough, sore throat, headache, muscle pain and fatigue. Those with underlying health problems, pregnant women and children aged two, three and four years are at an increased risk of serious illness as are those aged 65 and over. This indicator includes those who are in a clinical risk group, but excludes pregnant women and young children. Patients considered to be in a clinical risk groups are those with:

- Chronic respiratory, heart, liver or neurological disease
- Renal disease
- Diabetes
- Immunosuppression

Surveillance of influenza vaccine uptake takes place throughout the season (September to January) each year.

The final report for the 2014/15 influenza season was published by Public Health England in March 2015. Medway's uptake was, for all at risk groups, slightly higher than that for Kent and Medway overall but lower than the target uptake of 75%.

Estimated diagnosis rate for people with dementia



Current status

Medway (2013/14): 48.67% diagnosed with dementia as a percentage of the overall estimated dementia prevalence (Number of persons diagnosed with dementia = 1,377)

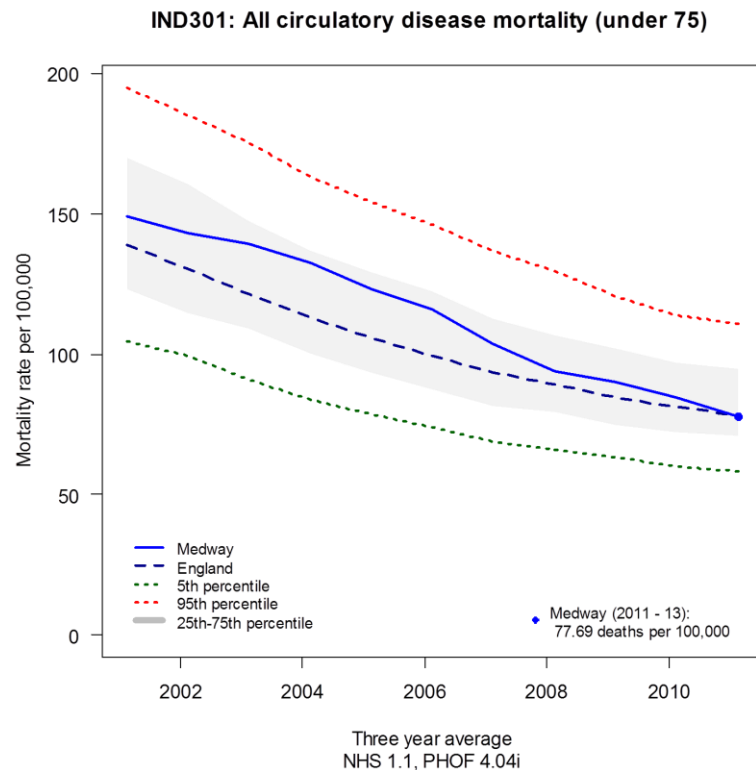
Summary

Item	Detail
Description:	IND213: Estimated diagnosis rate people with dementia
Definition:	Proportion of total population diagnosed with dementia as a percentage of estimated dementia prevalence according to NHS Outcomes Framework
Source:	NHS Outcomes Framework (The Dementia Prevalence Calculator Tool), Quality Outcomes Framework
Reporting frequency	Year
Last review	2015-05-26

The estimated rate of diagnosis of dementia in Medway was 48.67% in 2013/14. 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 value has risen since 2009/10, as has 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 on increasing dementia diagnosis rates.

Circulatory disease mortality (under 75)



Current status

Medway (2011 - 13): 77.69 deaths per 100,000

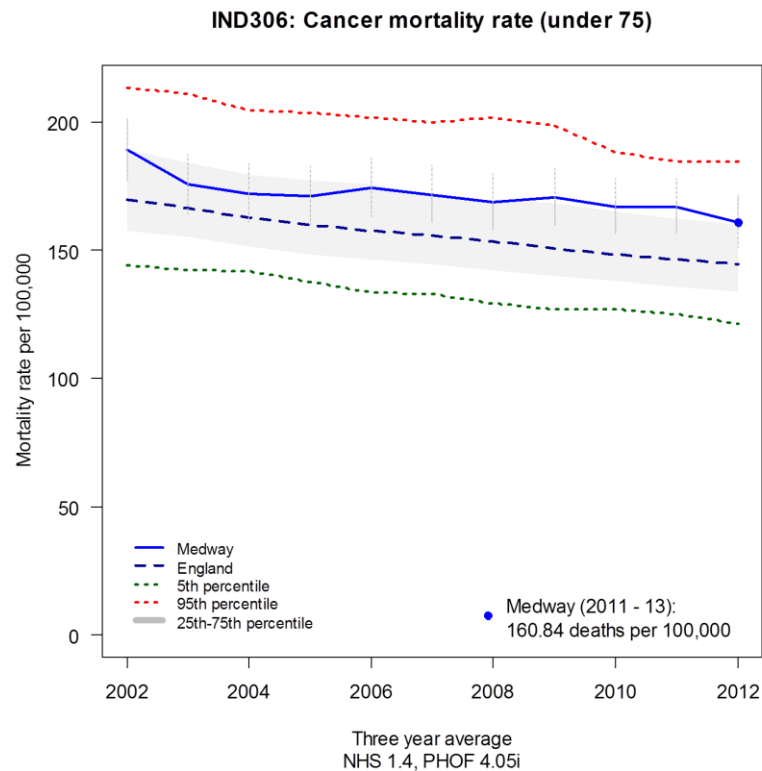
Summary

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	2015-05-26

There have been significant improvements in premature mortality rates for cardiovascular disease (including heart disease and stroke). In 2011-13, the difference between Medway and England was not statistically significant demonstrating that the gap has been closed; the Medway rate was 77.7 per 100,000 and the England rate was 78.2 per 100,000.

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. A review of stroke services is currently underway across Kent and Medway.

Cancer mortality rate (under 75)



Current status

Medway (2011 - 13): 160.84 deaths 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	2015-05-26
Data	Download plot data

Premature mortality due to cancer has fallen by 11.6% from a rate of 189.03 per 100,000 pre 2002 to its current (2011-13) figure of 160.8 age-standardised deaths per 100,000. However, 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. Over half of these are considered preventable.

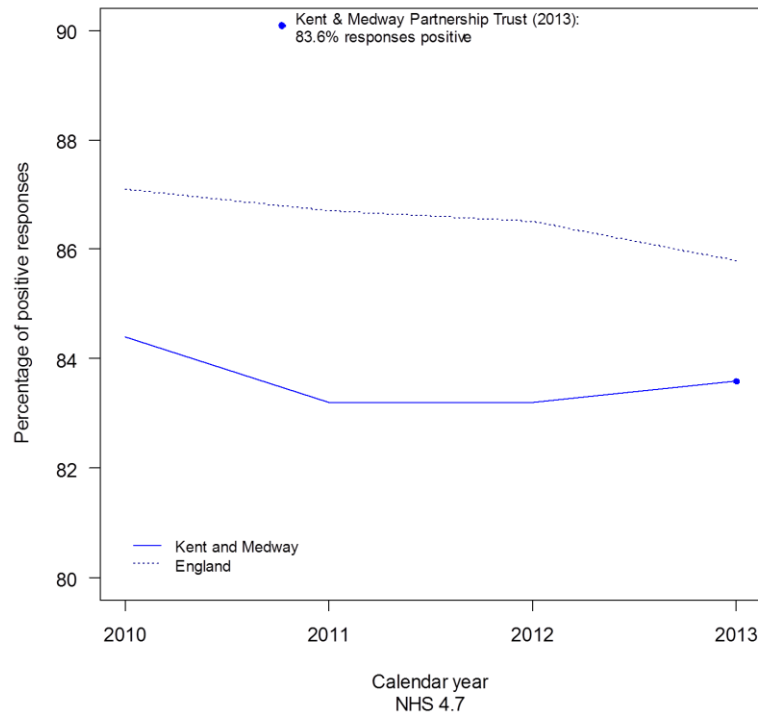
Medway has one of the highest cancer mortality rates of all areas in the South East, significantly higher than the England average (144.4 per 100,000). Public Health England is running various national cancer campaigns to raise awareness of cancer symptoms.

Locally, Public Health is coordinating the delivery of the cancer awareness campaign communications and engagement plan which focuses on lung, breast and colorectal cancers. The Pearl Project is a specific programme of work which is currently in progress between Public Health, Medway CCG and the Southern Hub Bowel Cancer Screening to increase bowel cancer screening uptake.

Recently an agreement has been finalised between Public Health and The Cancer Collaborative Group to obtain anonymised cancer data annually to enable improved surveillance and monitoring of cancer staging.

Experience of community mental health services

IND313: Experience of community mental health services



Current status

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

Summary

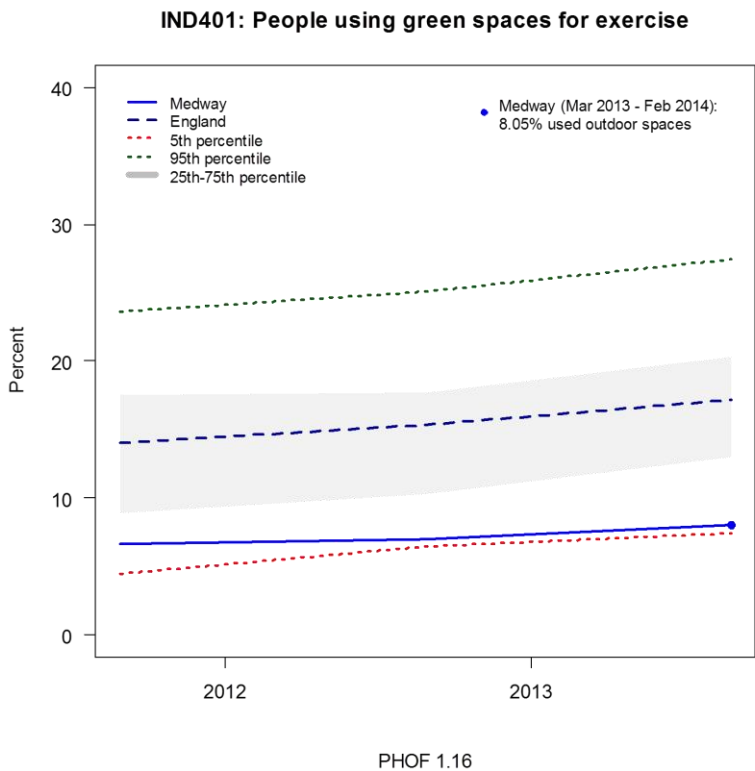
Item	Detail
Description:	IND313: Experience of community mental health services
Definition:	Figures are based on the community mental health survey, which is completed by a sample of patients aged 16 and over who received care or treatment for a mental health condition, including services provided under the Care Programme Approach (CPA)
Source:	National patient survey programme, Health & Social Care Information Centre
Reporting frequency	Calendar year
Last review	2015-05-26

Just under 84% of service users of community mental health services in Medway rated their care positively in 2013, and this rate has increased from the previous year. However, this value is still below the England average of 85.8% in 2013.

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.

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



Current status

Medway (Mar 2013 - Feb 2014): 8.05% 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	2015-05-26

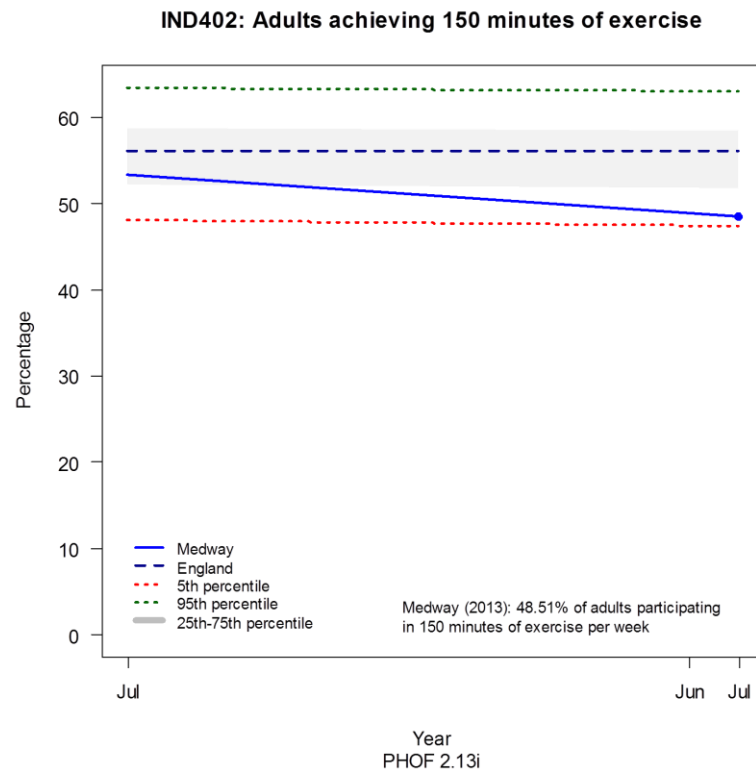
Every year at least 45,000 people aged 16 years and over are interviewed about their use of the natural environment in the last seven days.

This indicator is a weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Visits to the natural environment are defined as time spent "out of doors" e.g. in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers. This could be anything from a few minutes to all day. It may include time spent close to home or workplace, further afield or while on holiday in England.

During each survey interview, respondents are asked how many visits they have taken to the natural environment in the last 7 days. If any visits have been taken in this period, they are then asked to provide details of one visit (if more than one has been taken, the visit asked about is randomly selected).

>

Adults achieving 150 minutes of exercise



Current status

Medway (2013): 48.51% of adults participating in 150 minutes of exercise per 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	Year
Last review	2015-05-26

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over 1.6 billion GBP per year.

The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency (according to DoH Start Active, Stay Active Report). Since January 2009, the Department of Health has commissioned Sport England to include a number of questions on wider participation in physical activity in the Active People Survey in order to be able to monitor the CMO recommendations.

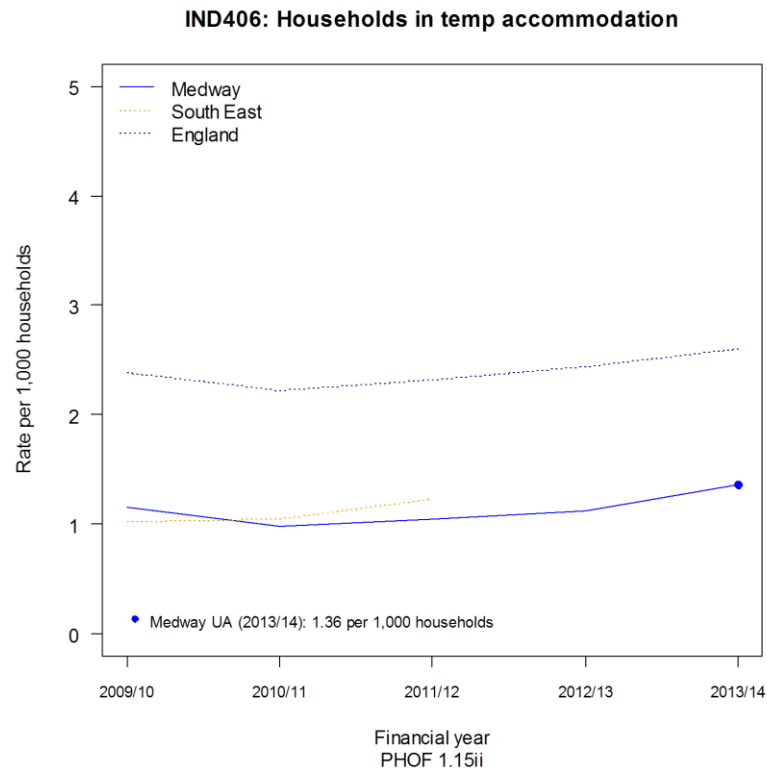
This indicator is based on the residents of Medway. The definition for this indicator has changed compared to past data collected as part of Sport England's Active People Survey. It represents

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 UA (2013/14): 1.36 per 1,000 households

Summary

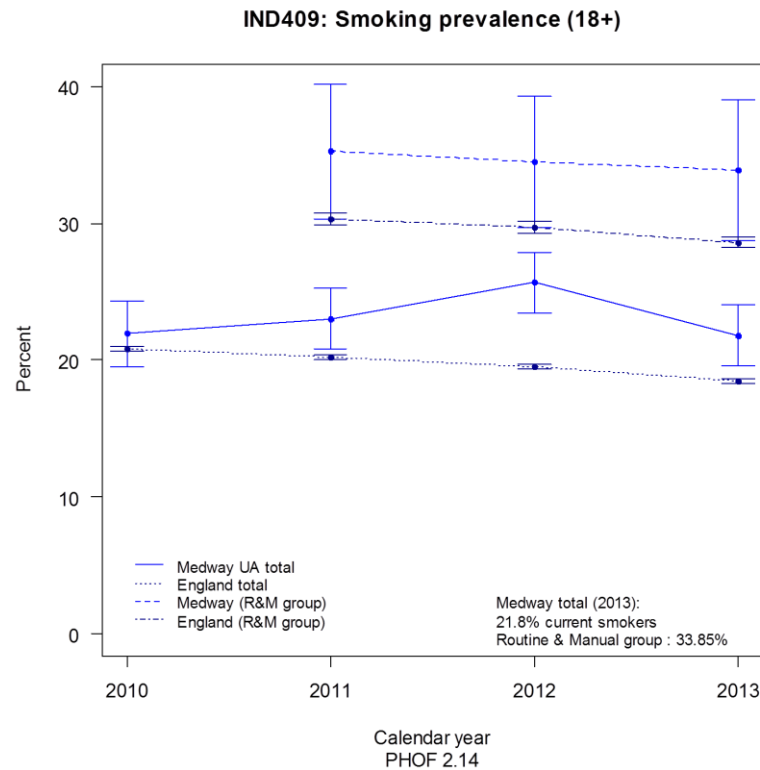
Item	Detail
Description:	IND406: Households in temp accommodation
Definition:	Households in temporary accommodation (per thousand households)
Source:	Department of Communities and Local Government
Reporting frequency	Financial year
Last review	2015-05-26

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.

The service quickly sources and moves clients in to permanent accommodation and discharges 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.

Medway has shown consistently lower rates of households in temporary accommodation than England as a whole.

Smoking prevalence (18+)



Current status

Medway total (2013): 21.8% current smokers. Routine & Manual group : 33.85%

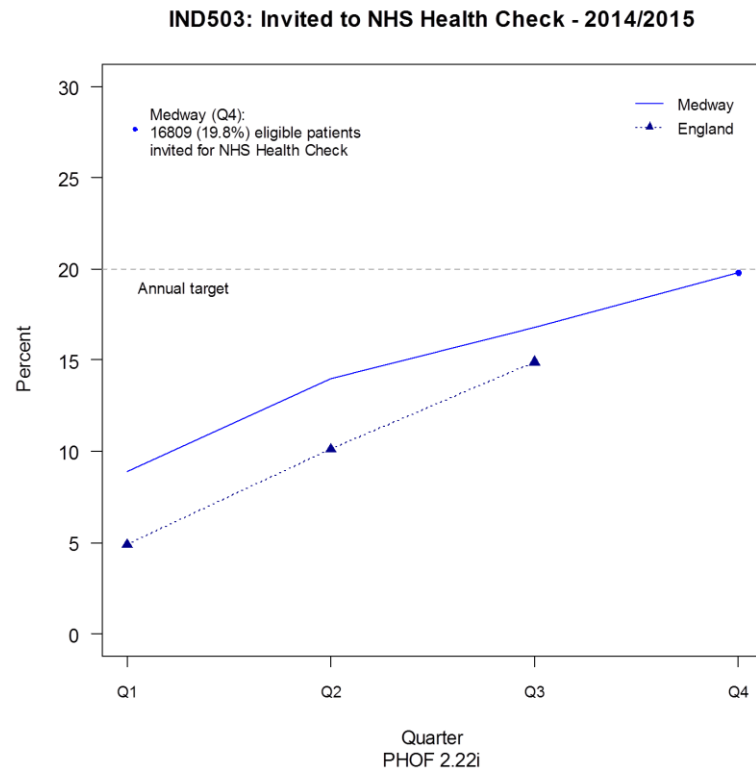
Summary

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	2015-05-26

The smoking prevalence among adults in Medway decreased from 25.7% in 2012 to 21.8% in 2013, although this decline was not significant. Despite this recent drop in smoking rates, the prevalence in Medway remains significantly above the England average (18.5%). However, there is no significant difference in the smoking prevalence in the routine and manual sub-group, with Medway and England coming out as 33.9% and 28.6% respectively.

The data has been published on the PH Outcomes website with the definitions and supporting information (indicator number 2.14). The original data is from the quarterly Labour Force Survey conducted by ONS. This is combined with other surveys to form the 'Integrated Household Survey'. These estimates have been updated to include the whole of 2012 and the number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Invited to NHS Health Check



Current status

Medway (Q4): 16809 (19.8%) eligible patients invited for NHS Health Check

Summary

Item	Detail
Description:	IND503: Invited to NHS Health Check
Definition:	Percentage of eligible people who receive an NHS Health Check invite
Source:	Public Health England
Reporting frequency	Quarter
Last review	2015-06-01
Data	Download plot data

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 84,700 individuals.

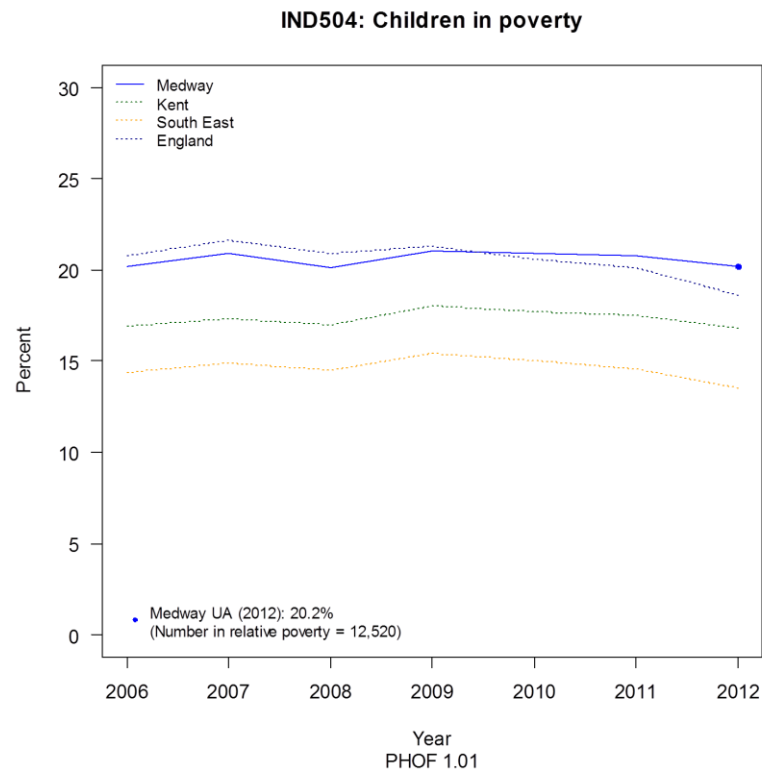
Methods of invitation in Medway include telephone calls and letters as well as opportunistic screens carried out by the outreach provider. The GP practices use an IT system to manage the process of inviting eligible patients and are actively encouraged to carry this work out at the beginning of the financial year when practice workload is generally lower.

Overall, just under 20% of patients were invited for screening during the 2014/15 financial year. At the time of writing this report, the England figure is not yet published. There is some variation in performance among practices meaning that not all eligible patients are invited for a health check in timely manner. Therefore the Medway Public Health team has produced a summary performance report which has been sent to all practice managers.

The purpose of this report is to show practices how their performance has changed over time, how they compare to their peers and to highlight any other specific areas for improvement. The

Public Health directorate provides support where needed for practices in which performance is low. A new person will be recruited to this role in the next few months.

Children in poverty



Current status

Medway UA (2012): 20.2% (Number in relative poverty = 12,520)

Summary

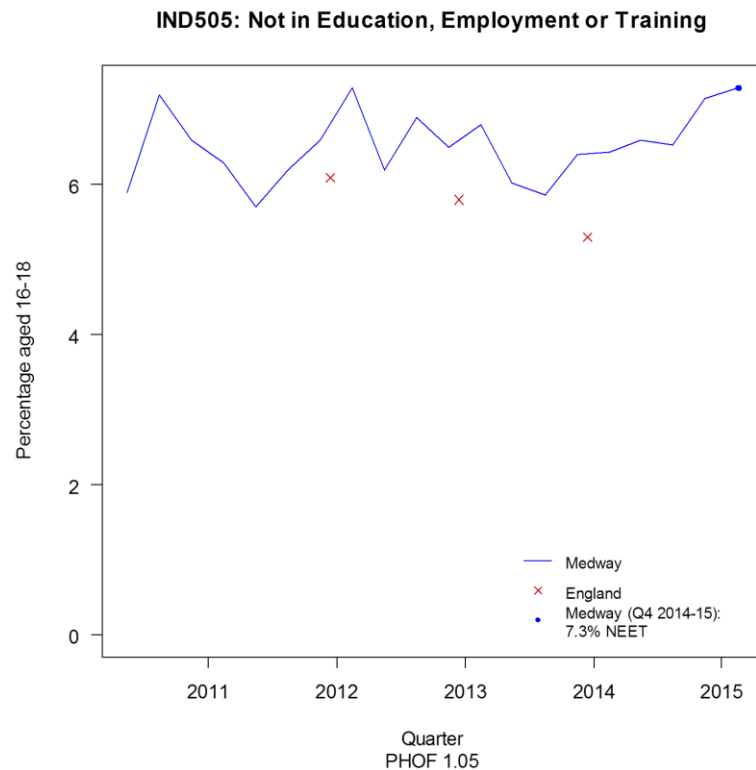
Item	Detail
Description:	IND504: Children in poverty
Definition:	Percentage of children in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs)
Source:	HM Revenue & Customs
Reporting frequency	Year
Last review	2015-06-01
Data	Download plot data

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.

The Children in Low-Income Families Local Measure shows the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of UK median income.

In 2012, a significantly greater proportion of children were living in poverty in Medway than the England and regional averages. Gillingham North, Chatham Central and Gillingham South have the highest levels of child poverty (32-34%).

Not in Education, Employment or Training



Current status

Medway (Q4 2014-15): 7.3% 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, Department for Education
Reporting frequency	Quarter
Last review	2015-06-01
Data	Download plot data

Awaiting new commentary from Medway Youth Trust - not available at time of reporting.

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.

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.