

HEALTH AND WELLBEING BOARD

3 NOVEMBER 2015

REVIEW OF JOINT STRATEGIC NEEDS ASSESSMENT AND JOINT HEALTH AND WELLBEING STRATEGY INDICATORS FOR COMMISSIONING CYCLE 2016-2017

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Summary

An annual review of the outcomes indicators which contribute to the Joint Health and Wellbeing Strategy (JHWS) and a review of updates to the Joint Strategic Needs Assessment (JSNA) is required to inform annual partnership commissioning plans. This is to ensure that there is an appropriate commissioning response to any new information which has been received prior to the commissioning cycle 2016-17.

This report provides a brief review of appropriate indicators and highlights any changes that commissioning partners may need to consider in setting their own priorities for the next year.

1. Budget and Policy Framework

- 1.1. The Health and Social Care Act 2012 (HSCA) set out the requirement for each local authority to have a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy which set out the agreed needs and priorities for health and social care in that area.
- 1.2. An annual review of the relevant outcomes indicators which contribute to the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment is required to inform annual commissioning plans for 2016-2017.
- 1.3. A protocol has been signed between the Health and Wellbeing Board, the Medway Safeguarding Children Board, Medway Council Corporate Parenting Board, Kent and Medway Safeguarding Adult Board, Medway Children's Action Network and Medway Community Safety Partnership to ensure appropriate co-ordination and coherence between the boards. This paper contributes to the communication arrangements agreed in the protocol.

2. Background

- 2.1 The Joint Health and Wellbeing Strategy for Medway 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.
- 2.1 An updated version was agreed by the HWB in October 2014. This can be found here:
<http://www.medway.gov.uk/carehealthandsupport/healthandwellbeing.aspx>
- 2.2 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.
- 2.3 New chapters of the JSNA which have been finalised, approved and published through the agreed governance mechanisms since the last commissioning cycle are identified below under the relevant JHWS themes and recommendations are attached as Appendix 1

3. Advice and analysis

- 3.1 Overall a review in the indicators used in the JSNA and the JHWS does not point towards a significant change in direction for commissioning. This section will provide updated overview information from the JSNA and go on to look at each theme of the JHWS and highlight any indicators in each area which may need additional attention. A full set of indicators is attached as Appendix 2.

4 Theme 1: Give every child a good start

- 4.1 While Medway remains below the England average for infant mortality and neonatal and still birth rates, there appears to have been an increase in Medway of low birthweight babies term live births < 2500g in 2012 (latest available data) which needs monitoring to ensure it is not an ongoing trend . Causation for low birthweight is complex and multifactorial but is linked strongly with deprivation, teenage pregnancy, smoking in pregnancy, substance misuse, poor uptake of antenatal care and poor nutrition.
- 4.2 Breastfeeding initiation remains fairly steady at around 70% but still below the England average. Since April 2013, the proportion of infants with "unknown" breastfeeding status at 6-8 weeks has increased from below 5% to over 30% (44% 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.

- 4.3 Smoking in pregnancy remains a problem in Medway, with 17.6% women smoking at time of delivery (SATOD). This is consistently higher than the rate in England (11.1%) and places Medway within the worse quintile nationally for this indicator.
- 4.4 Both breastfeeding and smoking in pregnancy need a continued focus to improve the current position.
- 4.5 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 have been the subject of investigations by Public Health England, supported by Medway's Public Health Directorate. The reason for the decline in uptake is very likely to be a data quality issue. Concerns have been raised with NHS England and assurance given that action will be taken to resolve this matter. Public Health will continue to monitor uptake.
- 4.6 The percentage of children in Medway with excess weight in both age groups measured (4-5 and 10-11) decreased to below the England average in 2013/14 which is a very positive outcome.
- 4.7 The emotional wellbeing of looked after children appears to have been worsening from 2012 to mid 2013-14 and also needs ongoing monitoring. An emotional wellbeing strategy for children and young people in Medway has been developed in 2015 and is being implemented.
- 4.8 A JSNA chapter on looked after children will be published shortly. This takes into account the Cabinet decision taken on 14th April 2015 described below.

Decision Number 50/2015

The Cabinet agreed that the future Joint Strategic Needs Assessment (JSNA) include within its Children in Care section, information on health outcomes and needs data for Care Leavers and recommended the Medway CCG, in partnership with the Council, ensure a focus on care leavers when commissioning services using evidence about their needs by using the JSNA.

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

- 5.1 The demographic challenge of an ageing population remains a clear priority. 2011 to 2037 projections suggest that the proportion of the population aged 65 years or over will increase from 14.0% (37,200) to 21.4% (70,000)[1].
- 5.2 The equivalent change in those aged 85 years and over is from 1.7% (4,400) to 3.7% (12,000)[1]. The number of people over 65 years with a limiting long-term illness is expected to increase by 48.3% from 2014 to 2030, which presents considerable ongoing challenges for health and social care commissioners.
- 5.3 A considerable proportion of the health and social care challenge continues to relate to chronic conditions. Increasing numbers of older people means that there will be increasing numbers of people developing chronic conditions who

will become intensive users of services. For example, the number of people aged 65 and over predicted to have a long standing health condition caused by a stroke will rise from 889 in 2012 to 1,657 in 2037 and those aged 65 and over predicted to have diabetes will rise from 4,870 to 8,687 in the same time frame[11]. Ageing of the population is likely to result in a substantial increase in costs to the health and social care system and primary and secondary prevention of conditions such as diabetes, COPD and heart disease, combined with improved care for people with conditions such as dementia, is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system.

- 5.4 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.
- 5.5 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 diagnosed and had their condition recorded. This value has risen since 2009/10, as has the England average. The diagnosis rate in England is seemingly increasing faster than the Medway rate.
- 5.6 There have been two JSNA chapter updates relevant to this theme produced since the last commissioning cycle was started. These cover dementia and social isolation. Commissioning recommendations from these can be found at Appendix 1.

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

- 6.1 The latest available mortality information shows that between 2010 and 2012 Medway was ranked 84th out of 150 local authorities for overall rate of premature deaths with an age-adjusted rate of 376 per 100,000. Of the roughly 2,000 deaths that occur in Medway each year, almost a third of deaths in females and almost half of deaths in males occurring before the age of 75 (28% and 45% in 2012 respectively).
- 6.2 In both males and females the leading cause of premature deaths is still cancer[8], accounting for almost half of deaths in women (45.5%) and men (44.2%) of this age[9]. There has been a downward trend in mortality for all cancers in Medway since 1993 but cancer death rates here have remained higher than in comparator groups, regional and national rates. There are an estimated 167 premature deaths per 100,000 resulting from cancer, equating to a ranking of 120th out of 150 local authorities. 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 and these have been supported by local campaigns. 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.

- 6.3 The next largest cause of death in those under the age of 75 years is cardiovascular disease (for example heart attacks, stroke and heart failure)[8], accounting for 15.6% of premature deaths in women and 23.5% in men[9]. Deaths from cancer and respiratory diseases contribute significantly to the gap in life expectancy between Medway and England.
- 6.4 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.
- 6.5 A further 10.3% of premature deaths are due to respiratory diseases[9], notably chronic obstructive pulmonary disease (COPD), primarily caused by chronic tobacco smoking. The latest data shows that Medway has a rate of 40.61 deaths per 100,000 in 2011-13 which seems to have increased since 2010-12.
- 6.6 A JSNA chapter on learning disabilities have been published and the recommendations for commissioning can be found at Appendix 1.

7. Improve physical and mental health and wellbeing

- 7.1 Many of the diseases that lead to premature death and long term illness share similar preventable causes and many of these can be linked directly to lifestyle behaviours and choices. Smoking, unhealthy diet, physical inactivity, alcohol consumption and stress separately and in combination have a profound impact on the health and wellbeing of people.
- 7.2 Reviewing some the most recent information on lifestyle risk factors in Medway available in 2015 the following points can be made:
- 7.3 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.

- 7.4 Medway is now not significantly different to the England average with respect to obesity in adults. 22.8% of adults in Medway are obese compared with the England average of 23.0%. (2012)
- 7.5 The percentage of physically active adults in Medway is significantly below the England average at 48.5% compared with 56%. (2013)
- 7.6 The age standardised rate of hospital stays for alcohol related harm in Medway is less but not significantly different to the national average at 438/100,000 compared to 645/100,000
- 7.7 A JSNA update chapter on domestic abuse has been produced and the recommendations for commissioning are attached as Appendix 1

8. Reduce health inequalities

- 8.1 Overall both male and female life expectancy in Medway is still significantly worse than the England average. Compared with other LAs of a similar deprivation status it has one of the lower life expectancies.
- 8.2 Within Medway the Slope Index of Inequality for life expectancy—the 'Life Expectancy Gap'—shows that in 2014 the difference in between the 10% most and least deprived in the population is 6.3 years for men and 4.8 years for women. The life expectancy gap for men as been decreasing since 2007 so it is now much closer to the England average
- 8.3 The main disease contributors to the life expectancy gap are the same as the major killers, with circulatory disease and cancer contributing the most to the life expectancy gap.
- 8.4 While in both men and women the gap in life expectancy due to circulatory disease is decreasing the gap in life expectancy due to cancer is static overall, with an increase in the inequality gap in men. However the largest contributor to the life expectancy gap overall within Medway is circulatory disease.
- 8.5 Smoking, obesity and alcohol and poor mental health are all key lifestyle issues which impact on health inequalities.
- 8.6 Social determinants of health have been recognised to be key determinants of health inequalities.
- 8.7 With respect to Medway's position relative to England show that the percentage of young people not in employment, education or training in 2015 has increased from 2014 whereas in England as a whole the percentage appears to have decreased over the same time period.

9. Financial implications

- 9.1 No financial implications arise specifically from this report.

10. Legal implications

10.1 No legal implications arise from this report.

11. Recommendations

11.1 The Health and Wellbeing Board is asked to approve this report and ensure relevant partner organisations take note of any relevant updates in the next commissioning cycle. It will be presented to other appropriate partnerships as outlined in the protocol for joint working with other boards approved at the last meeting of the Health and Wellbeing Board

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Appendices

Appendix 1: Recommendations for commissioning for recently published chapters of the Medway Joint Strategic Needs Assessment

Oct 2015

Appendix 2: Outcomes Indicators for the Joint Health and Wellbeing Strategy

Background papers

None

Recommendations for commissioning for recently published chapters of the Medway Joint Strategic Needs Assessment: Oct 2015

1 Recommendations for Commissioning for Dementia

- The aims of the Dementia Strategy are being developed to take into account the growing needs within the Medway population and in recognition of changing priorities within health and social care. The Dementia Strategy when complete should inform commissioning activity on behalf of both Adult Social Care and the CCG.
- Public awareness about dementia and its effect on people's lives should be the focus of attention within the community of Medway and the creation and support of a local Dementia Action Alliance is seen as the most effective way of becoming a dementia friendly community.
- The role of the GP is central to meeting people's needs and there should be a continued development of understanding for the importance of early diagnosis, treatment through medication, and the care and support that is available through social care services including those provided by the independent sector.
- The role and importance of the carer should be incorporated into the Strategy and supported by the commissioning options selected for implementation. A focus of attention will need to be given to ensuring that services are available to avoid and manage crises that might lead to avoidable hospital or care home admissions.
- The Dementia Strategy should set out in the form of clear pathways the journey that people with a developing dementia disease are expected to take. Together with clear pathways there is a need to develop ways that information, guidance and support can be understood and available in easy to understand formats. Options being considered for practitioner and patient signposting should continue to be explored.
- Achieving a dementia friendly community is one where people living with dementia can do so in a way that promotes a sense of value and ability to make a continued meaningful contribution to the community. The strategy will need to be developed from an understanding of the needs and aspirations heard from listening carefully to people living with dementia, both the person with the condition and their carers.
- To ensure services provide quality at each point on a person's dementia journey, support and development will be necessary within the care home sector.

2 Unmet Needs and Gaps and Recommendations for Commissioning for Learning Disability

- Medway participates in the learning disability self assessment framework that enables health and social care organisations to review how well learning

disability services reflect best practice recommendations. Medway's 2013 Self Assessment

- Review identified key areas as the focus for change in 2014, namely:
- Developing Clinical Commissioning Group capture of demographic/needs information.
- Ensuring that GPs notify other healthcare providers of a patient's learning disability status when referring them. This is key in enabling receiving healthcare providers to make reasonable adjustments in advance of patients attending for care.
- Support increased uptake of health checks and associated health action plans to improve the way that GPs pro-actively manage patients health needs to try and avoid medical problems from developing and/or to offer earliest intervention to prevent medical conditions from worsening.
- Reduce inequalities in access to national screening programmes between those with a learning disability and those without.
- Consider the recommendations from 'Health Inequalities and People with Learning Disabilities in the UK: 2010' and the views of the MCCG engagement, combined with the findings of the JHSCSAF.
- Address the unmet needs detailed in the Unmet Needs and Service Gaps section.

3 Recommendations for Commissioning for Social Isolation

- Interventions that have an evidence base of being effective to reduce social isolation, such as befriending programmes, should be considered for further commissioning support
- Frontline health and social care workers should receive training and information that will help them to have an increased awareness of the risks of social isolation and find ways to connect people to activities or organisations that can help.
- There should be an emphasis to support people to engage with the wide range of opportunities (i.e. leisure facilities, drama groups) in Medway which would address social isolation. A greater understanding of people's behaviour in terms of what would make them utilise facilities is needed. This could be undertaken via action research.
- To ensure the development of the care navigator programme appropriately signposts the population in Medway to improve the interface between the community and public services in helping socially isolated individuals to find appropriate interventions.
- There is a need to increase the number of supportive groups in Medway to support vulnerable populations at risk of being socially isolated.

4. Recommendations for Commissioning for Domestic Abuse

- Perpetrator programmes need to be prioritised in Medway.
- Ensure that the needs of children affected by domestic violence perpetrated by parents as well as within their own relationships are identified and met.
- Require A and E staff to be trained in understanding of issues relating to domestic violence and to be able to signpost callers to the relevant services
- An integrated pathway should be developed for identifying, referring (either externally or internally) and providing interventions to support people who experience domestic violence and abuse, and to manage those who perpetrate it. The pathway should include children who may be affected, people who misuse alcohol or drugs, people who have mental health problems and the perpetrators of, the violence and abuse should be kept separate from each other when receiving support

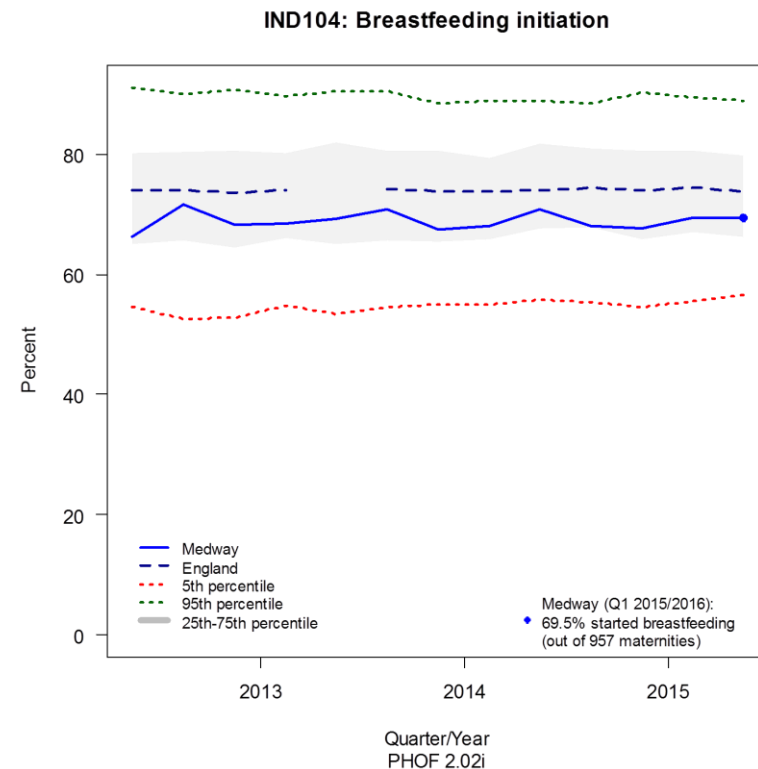
Health and Wellbeing board

13/10/2015

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Breastfeeding initiation



Current status

Medway (Q1 2015/2016): 69.5% started breastfeeding (out of 957 maternities)

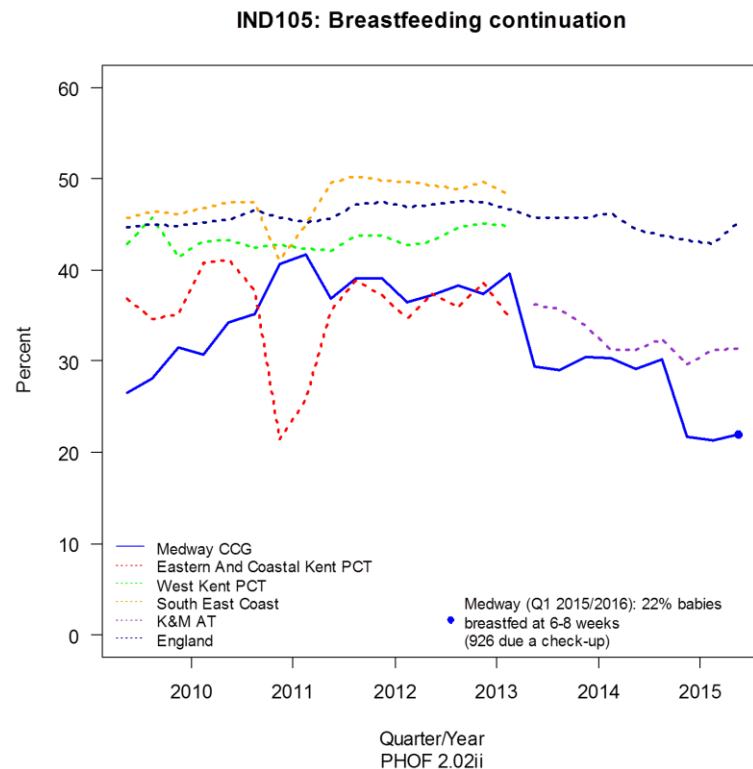
Summary

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	2015-09-25
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 (Q1 2015/2016): 22% babies breastfed at 6-8 weeks (926 due a check-up)

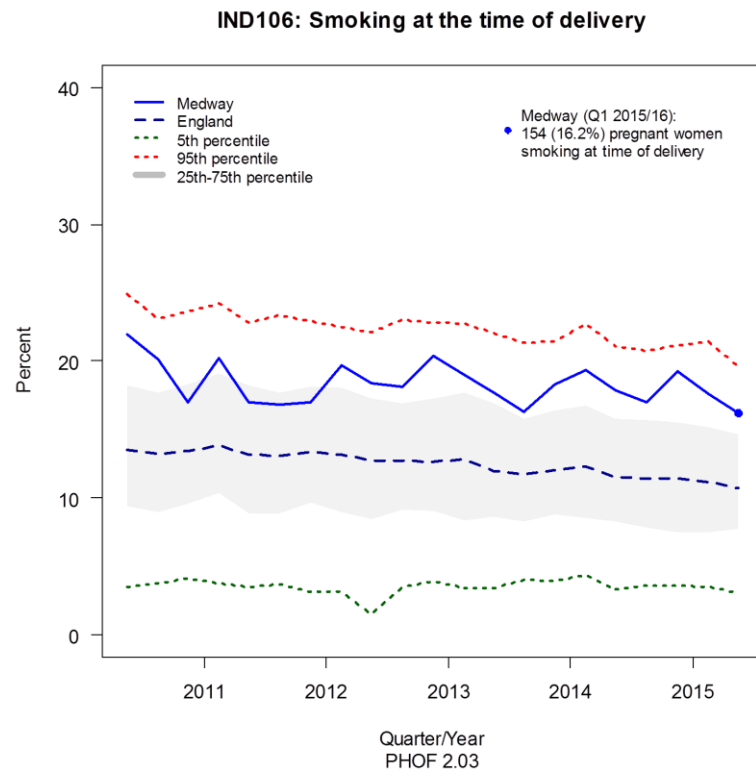
Summary

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	2015-09-25

Since April 2013, the proportion of infants with "unknown" breastfeeding status at 6-8 weeks has increased from below 5% to over 30% (44% 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 (Q1 2015/16): 154 (16.2%) 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	2015-09-25

Smoking in pregnancy remains a problem in Medway, with 17.6% women smoking at time of delivery (SATOD). This is consistently higher than the rate in England (11.1%).

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.

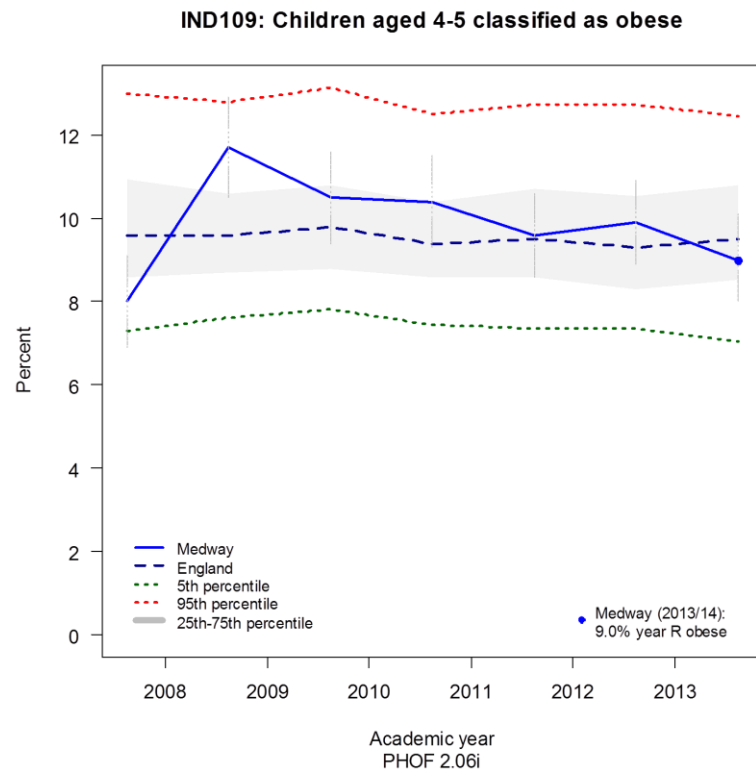
MFT are continuing to ensure that information is kept up to date to ensure accuracy. Concerns persist relating to the reliability of SATOD data, and the proportion of cases in which this is not recorded (taking instead the smoking status at booking). The Stop Smoking Team are continuing to work with 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

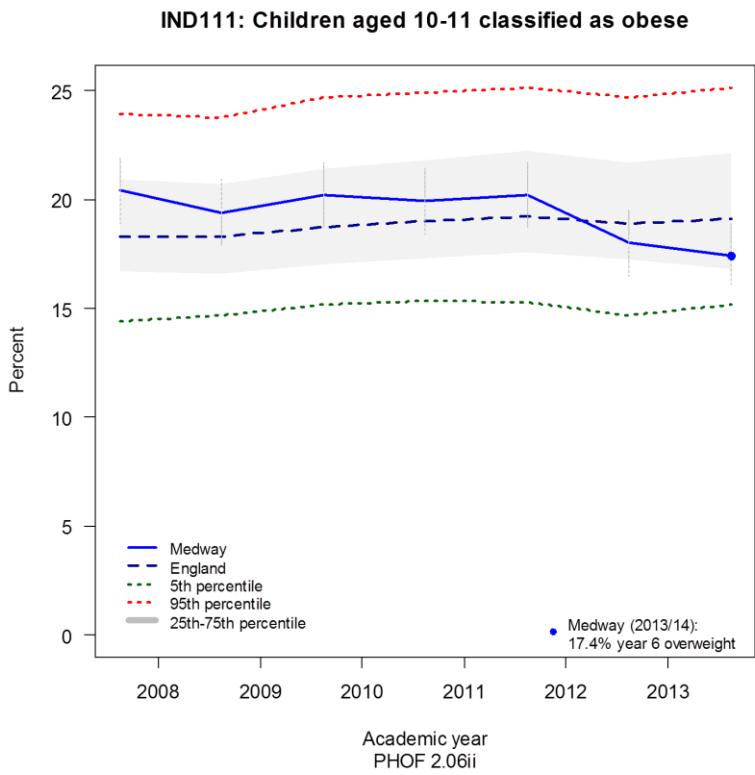
Item	Detail
Description:	IND109: Children aged 4-5 classified as obese
Definition:	Percentage of children aged 4-5 classified as overweight or obese
Source:	HSCIC NCMP
Reporting frequency	Academic year
Last review	2015-09-28
Data	Download plot data

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

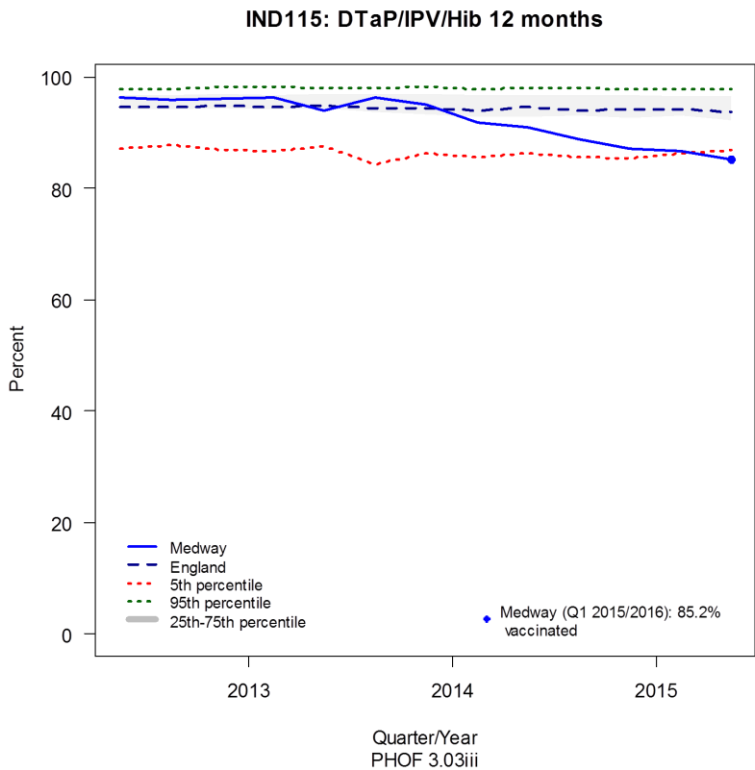
Item	Detail
Description:	IND111: Children aged 10-11 classified as obese
Definition:	Percentage of children aged 10-11 classified as overweight or obese
Source:	HSCIC NCMP
Reporting frequency	Academic year
Last review	2015-09-28

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.

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DTaP/IPV/Hib 12 months



Current status

Medway (Q1 2015/2016): 85.2% 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	2015-09-28

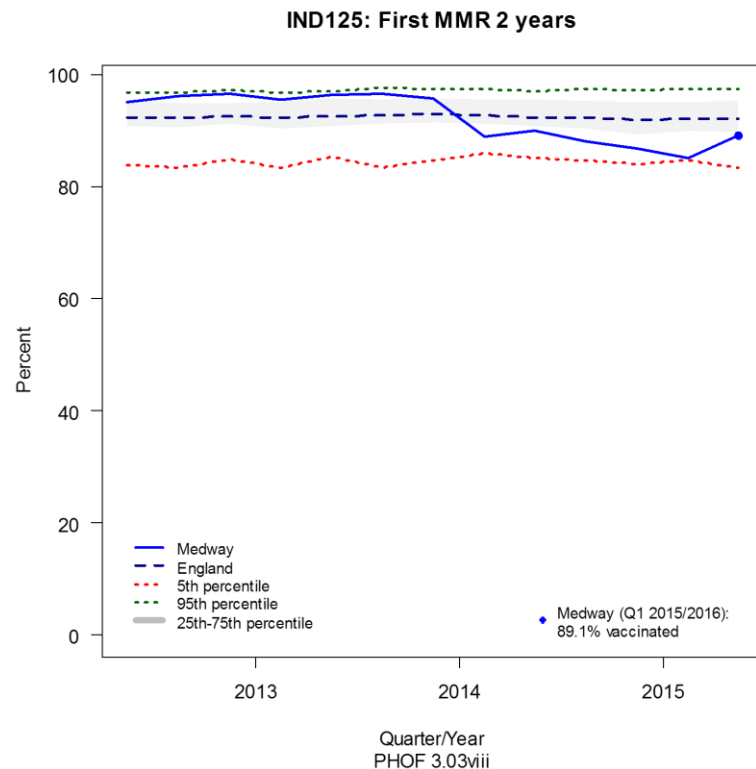
Indicators 115-127 refer to vaccinations within the routine childhood immunisation schedule. Vaccinations work by producing immunological memory so that when the immune system is subsequently exposed to natural infection it is able to recognise and respond to it, therefore preventing or modifying the 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 (Q1 2015/2016): 89.1% 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	2015-09-28
Data	Download plot data

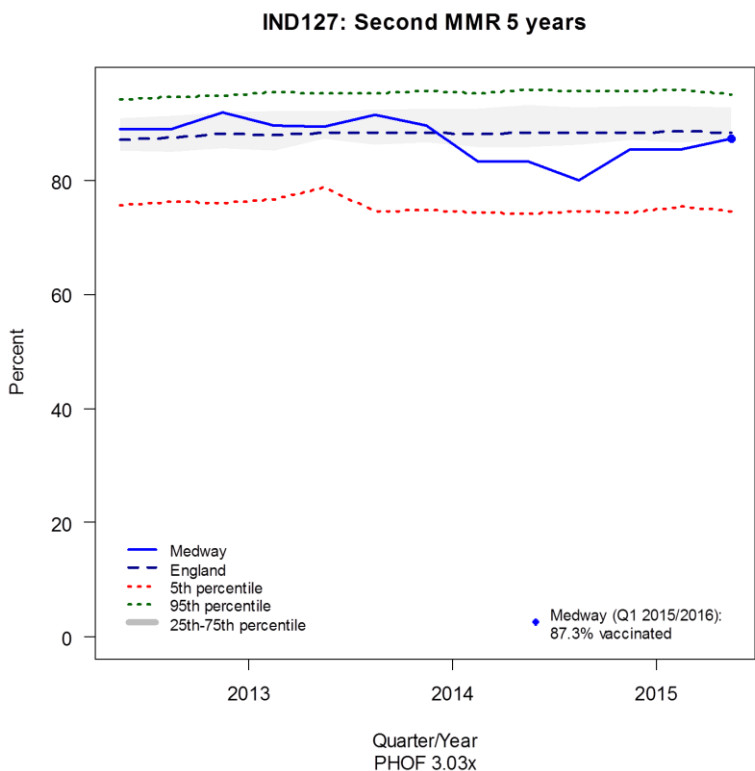
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Second MMR 5 years



Current status

Medway (Q1 2015/2016): 87.3% 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	2015-09-28

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".

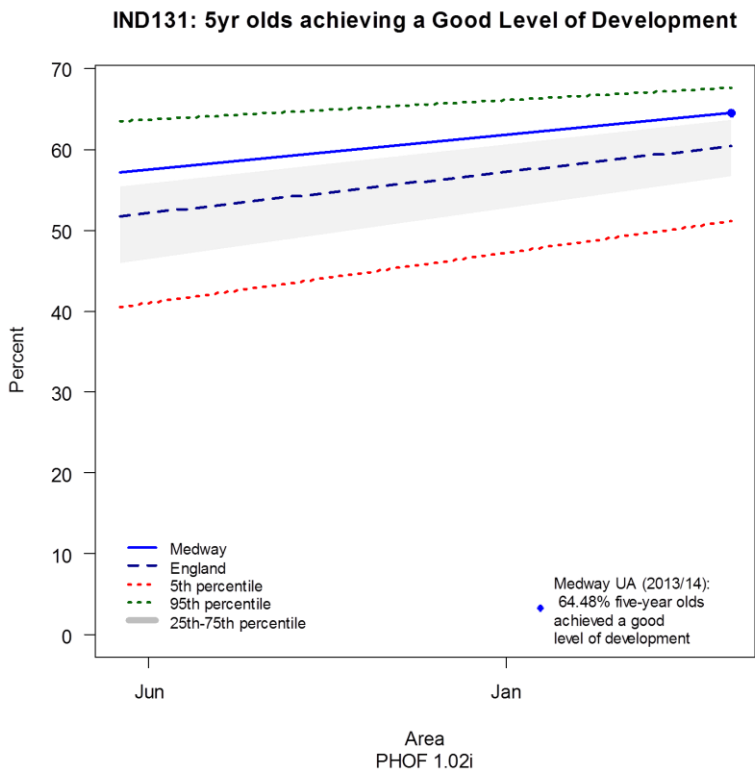
Vaccine coverage is compared against the World Health Organisation target of 95% coverage by 2 years old at the national level.

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 uptake of this vaccination showed an increase in quarter three 2014/15. 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. Uptake for both vaccines then plateaued during quarter 4 2014/15. 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

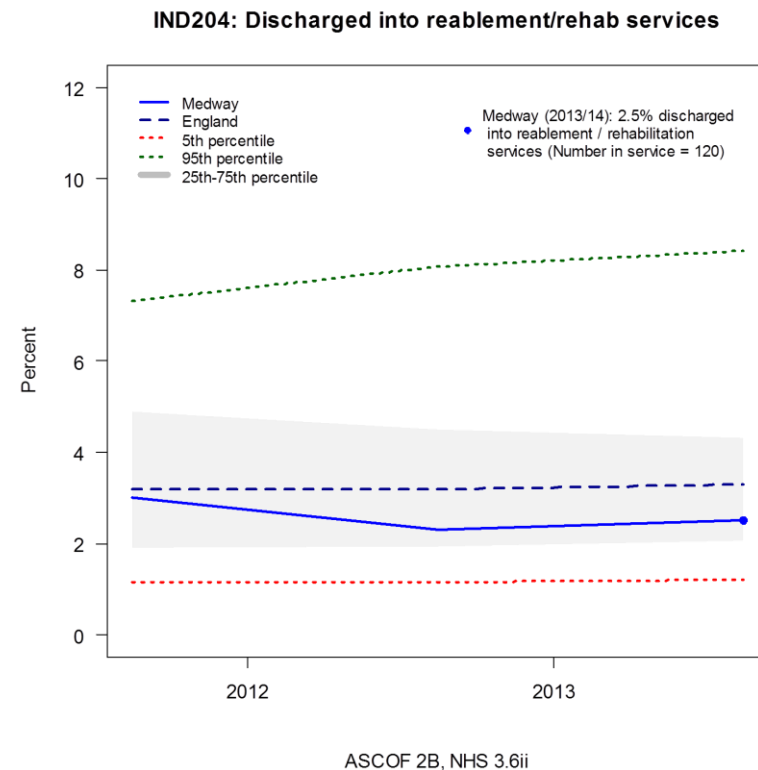
Summary

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	2015-09-28
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

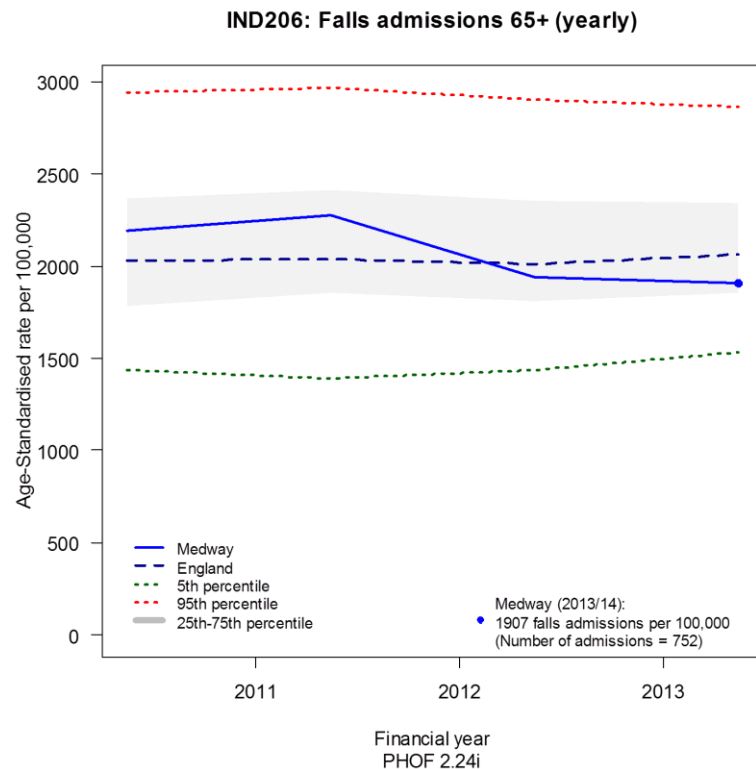
Medway (2013/14): 2.5% discharged into reablement / rehabilitation services (Number in service = 120)

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	2015-09-28

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	2015-09-28

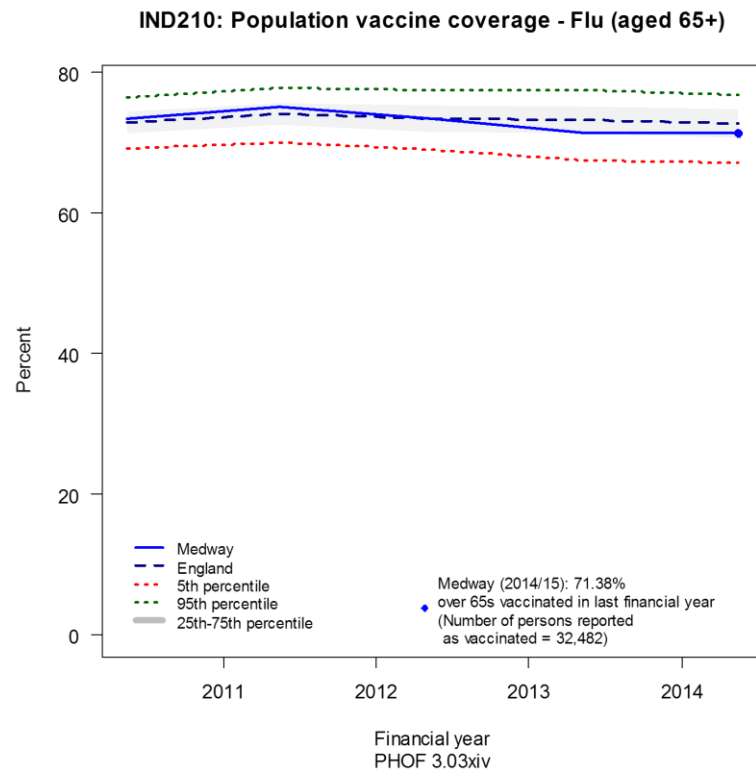
A fall is defined as 'an event whereby an individual comes to rest on the ground or another lower level with or without the loss of consciousness' (American Geriatric Society, 2001).

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 (2014/15): 71.38% over 65s vaccinated in last financial year (Number of persons reported as vaccinated = 32,482)

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	2015-08-10

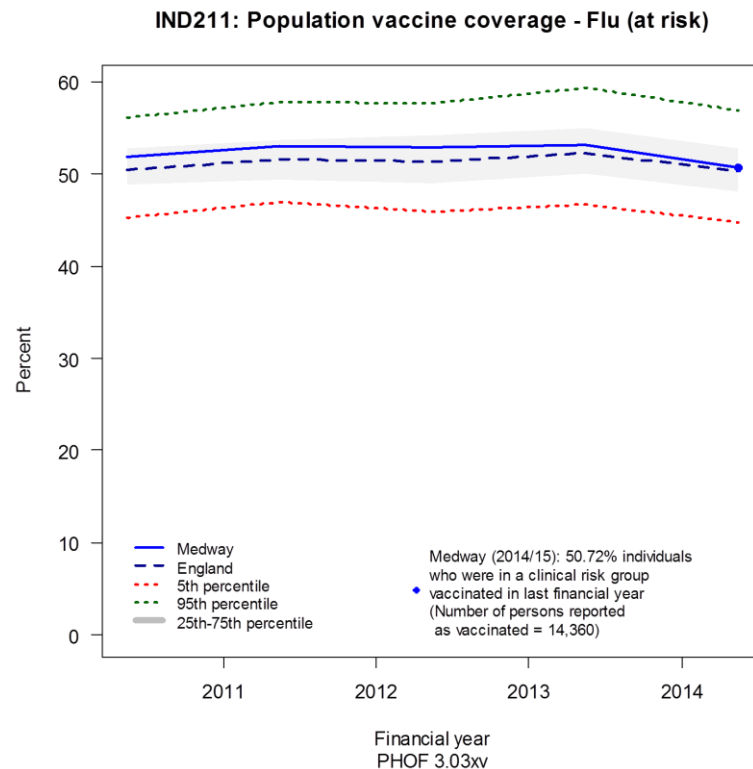
Influenza is a viral infection of the respiratory tract. Symptoms include fever, dry cough, sore throat, headache, muscle pain and fatigue. Those with underlying health problems, pregnant women and children under 6 months are at an increased risk of serious illness as are those aged 65 and over.

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

In 2014/15, 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 (2014/15): 50.72% individuals who were in a clinical risk group vaccinated in last financial year (Number of persons reported as vaccinated = 14,360)

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	2015-08-10

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

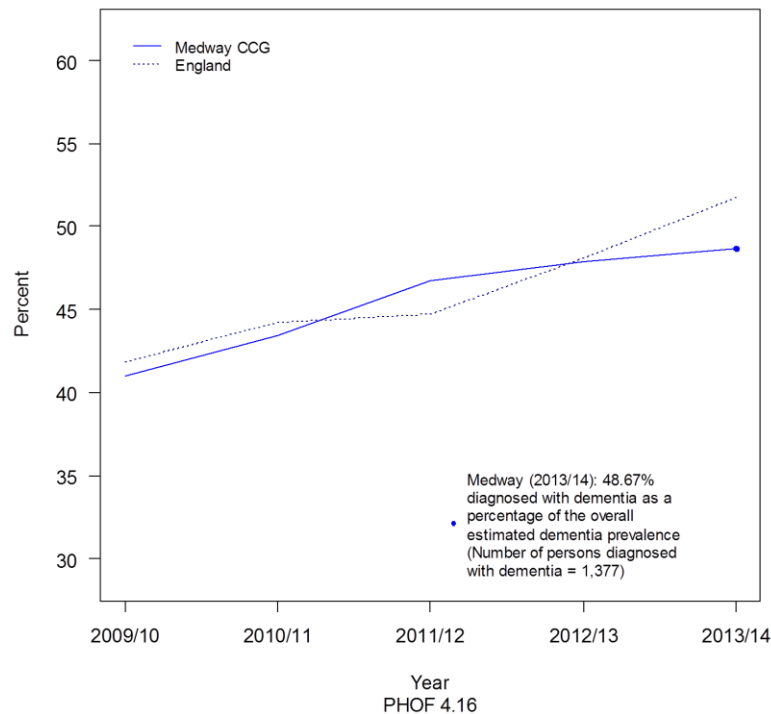
Surveillance of influenza vaccine uptake takes place throughout the season (September to January) each year.

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%.

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Estimated diagnosis rate for people with dementia

IND213: Estimated diagnosis rate 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)

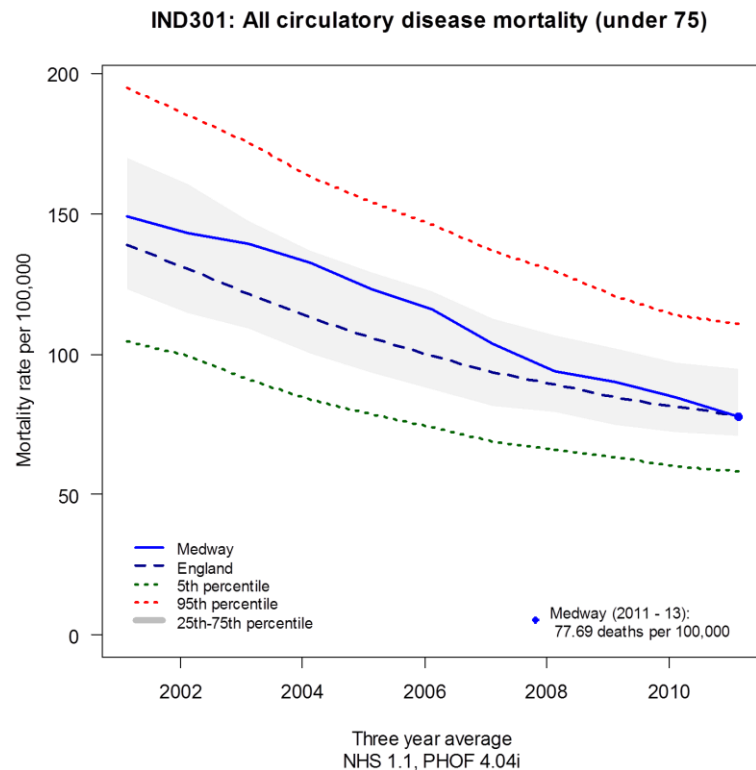
Summary

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	2015-08-05

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. The diagnosis rate in England is seemingly increasing faster than the Medway rate.

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

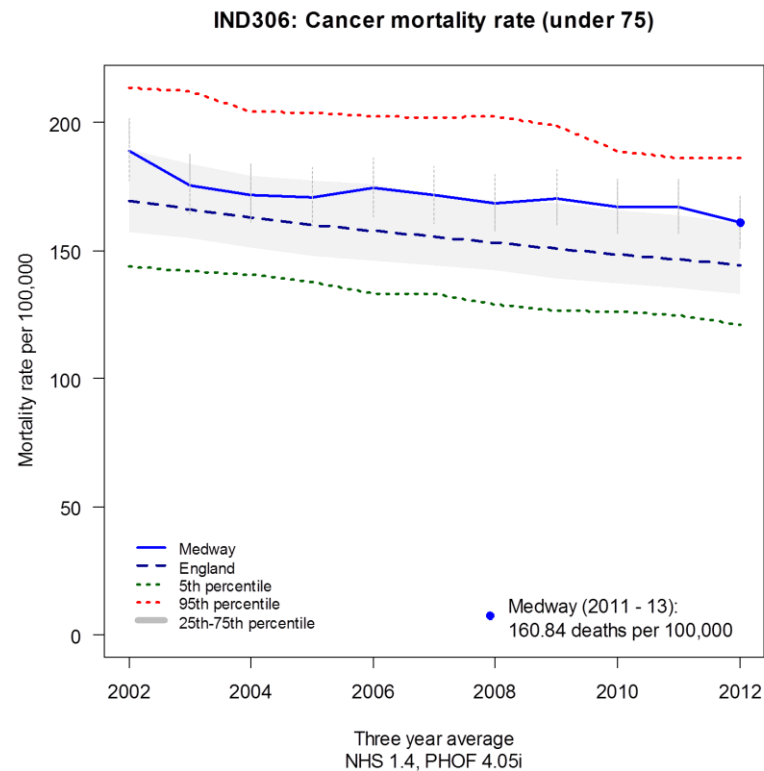
Summary

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	2015-08-21

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	2015-08-21
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. Forty-three practices in Medway have signed up to participate in this project.

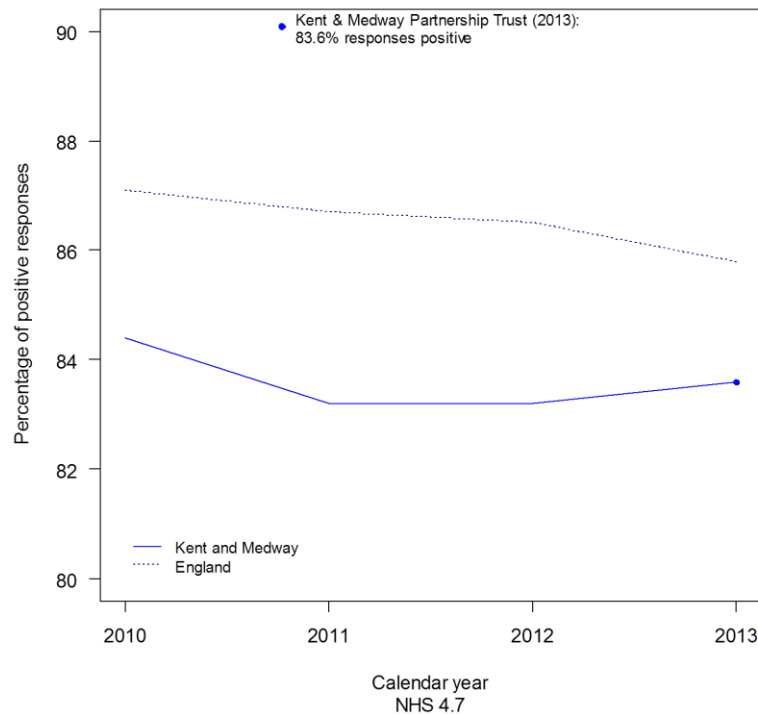
Recently an agreement has been finalised between Public Health and The Cancer Collaborative Group to obtain anonymised cancer

data annually to enable improved surveillance and monitoring of cancer staging.

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Experience of community mental health services

IND313: Experience of community mental health services (2014)



Current status

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

Summary

Item	Detail
Description:	IND313: Experience of community mental health services (2014)
Definition:	Figures are based on the community mental health survey, which is completed by a sample of patients aged 18 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	2015-07-20

"Similar surveys of community mental health services were carried out between 2005-2008 and 2010-2013. However, the 2014 survey questionnaire was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. New questions have been added to the questionnaire, and existing questions modified. This means that the results from the 2014 survey for all questions are not comparable with the results from previous surveys." (National Summary of the Results for the 2014 Community Mental Health Survey)

A new style of benchmark report has been produced, replacing the previous reports for the national surveys which contained scores out of 100. This new design takes into account the complexity of 'service user experience'. A number of indicators are covered in the report including, but not limited to, questions relating to organising, planning and reviewing care as well as questions relating to treatments and the experience with people providing care to the patient. The Care Quality Commission advise that all areas should be assessed in order to establish how the trust is performing in relation to 'service user experience'.

When asked about 'overall' patient experience Kent & Medway Partnership Trust achieved a score of 6.6 out of 10; where 0 was "I had a very poor experience" and 10 was "I had a very good experience". In Medway, this score is based on 233 respondents. The lowest trust score achieved was 6.5, the highest trust score achieved was 7.5.

Kent and Medway NHS and Social Care Partnership Trust service has been flagged by CQC as 'requires improvement', this is because the trust scored 'worse than expected' for five or more questions across the questionnaire as a whole. It is suggested that the trust must review its performance as a matter of urgency to ensure that they are delivering good quality community mental health services across the areas included in the survey.

The 2014 survey showed that Medway performed worse than most other trusts in the following areas:

Your Health and Social Care workers

- Did the person or people you saw understand how your mental health needs affect other areas of your life?

Planning your care

- Does this agreement on what care you will receive take your personal circumstances into account?

Reviewing care

- Were you involved as much as you wanted to be in discussing how your care is working?

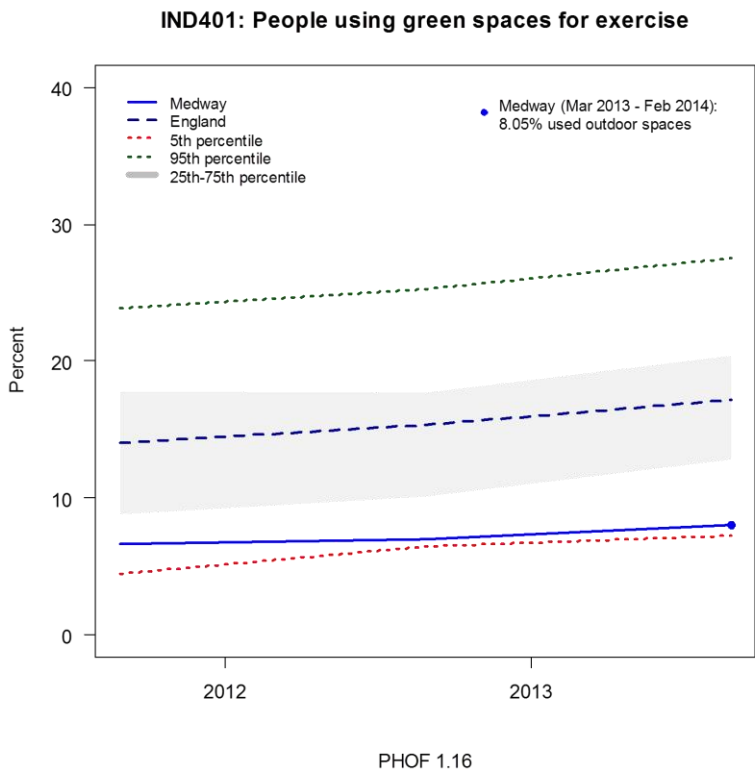
Other areas of life

- Do the people you see through NHS mental health services understand what is important to you in your life?
- Do the people you see through NHS mental health services help you help you with what is important to you?

Overall views and experiences

- In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?

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	2015-09-17

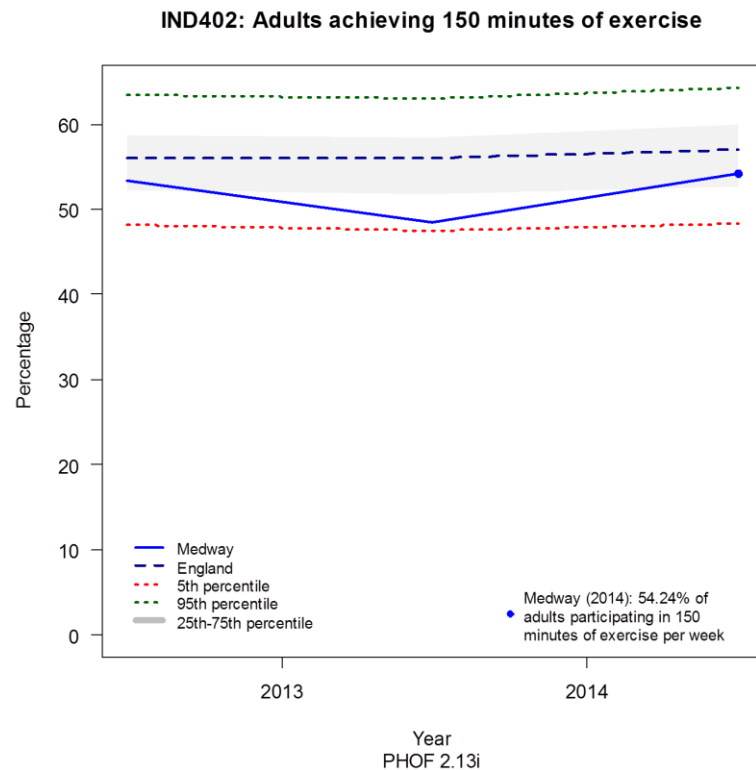
Every year at least 45,000 people aged 16 years and over are interviewed about their use of the natural environment in the last seven days.

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).

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Adults achieving 150 minutes of exercise



Current status

Medway (2014): 54.24% 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	2015-09-17

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.

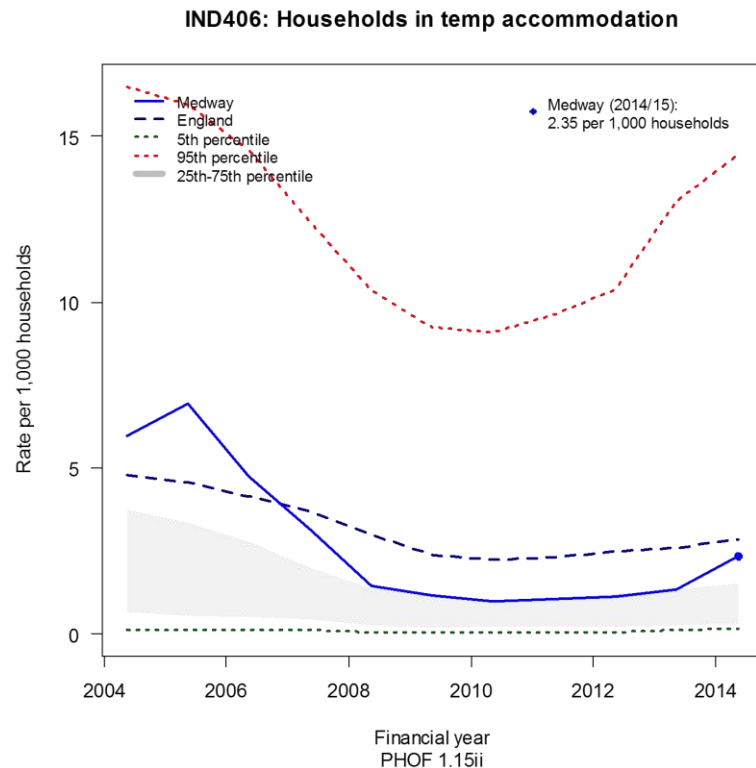
This indicator is based on the residents of Medway. The definition for this indicator has changed compared to past data collected as part of Sport England's Active People Survey. It represents

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 (2014/15): 2.35 per 1,000 households

Summary

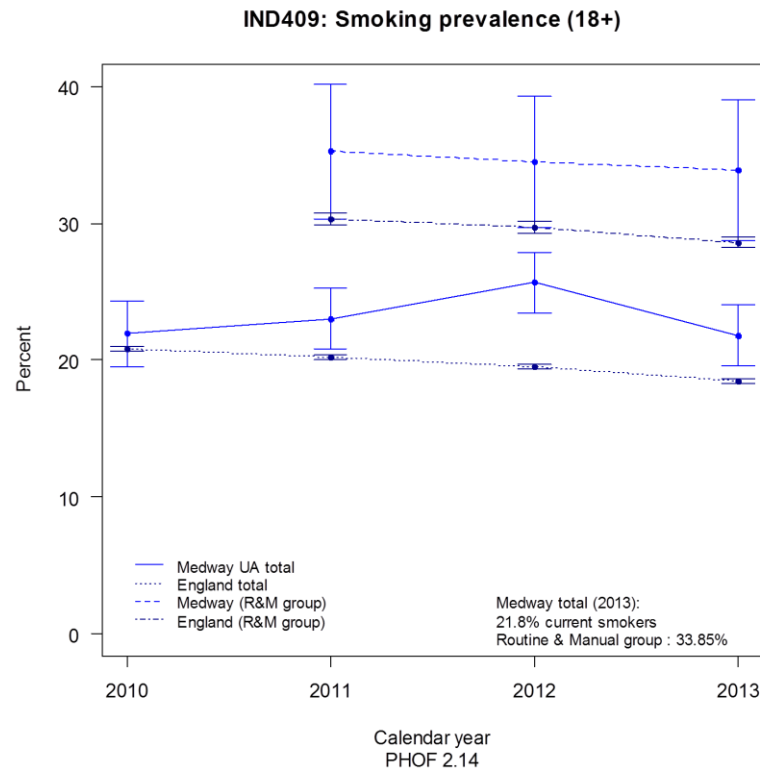
Item	Detail
Description:	IND406: Households in temp accommodation
Definition:	Households in temporary accommodation (per thousand households)
Source:	Department of Communities and Local Government
Reporting frequency	Financial year
Last review	2015-10-05

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%

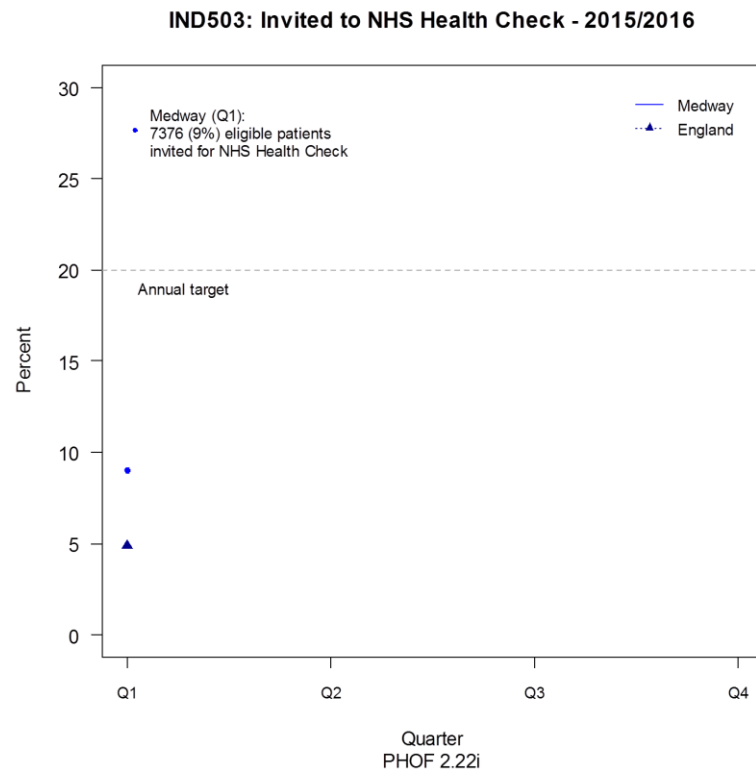
Summary

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	2015-08-21

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 (Q1): 7376 (9%) 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	2015-07-07
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.

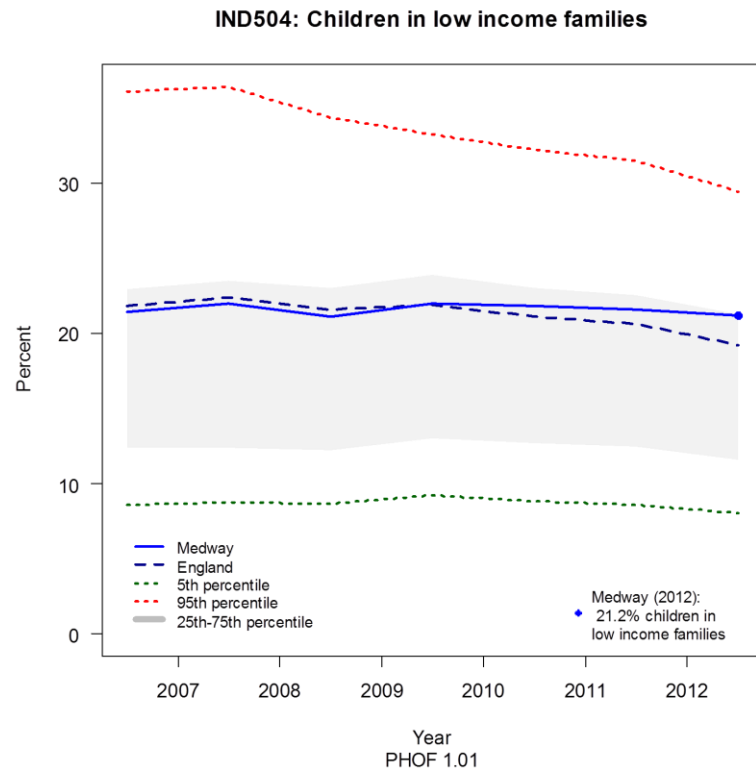
Methods of invitation in Medway include telephone calls and letters as well as opportunistic screens carried out by the outreach provider. The GP practices use an IT system to manage the process of inviting eligible patients and are actively encouraged to carry this work out at the beginning of the financial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

Overall, just under 20% of patients were invited for screening during the 2014/15 financial year. 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 low income families



Current status

Medway (2012): 21.2% children in low income families

Summary

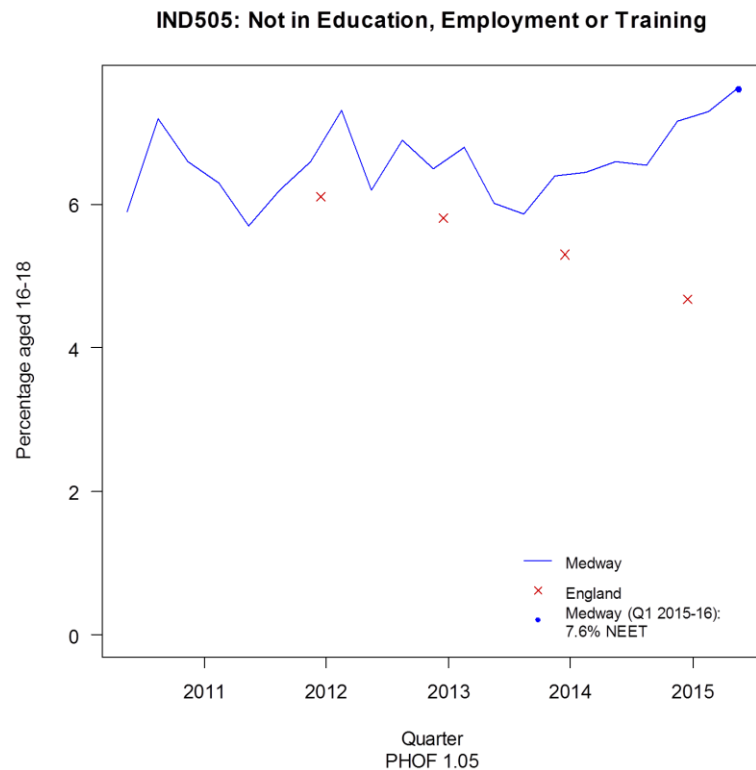
Item	Detail
Description:	IND504: Children in low income families
Definition:	Percentage of children in relative poverty (living in families where income is less than 60 per cent of median household income before housing costs and / or family is in receipt of out-of-work benefits.)
Source:	HM Revenue & Customs
Reporting frequency	Year
Last review	2015-09-29
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 (Q1 2015-16): 7.6% 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	2015-09-29
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.