HEALTH AND WELLBEING BOARD

3 NOVEMBER 2016

REVIEW OF JOINT STRATEGIC NEEDS ASSESSMENT AND JOINT HEALTH AND WELLBEING STRATEGY INDICATORS FOR COMMISSIONING CYCLE 2017-2018

Report from:	Dr Andrew Burnett, Interim Director of Public Health, Medway Council
	Stuart Jeffrey, Chief Operating Officer, Medway CCG
	Ian Sutherland, Interim Director of Children and Adult Services
Author:	Karen Macarthur, Consultant in Public Health, Medway Council
	Dr David Whiting, Head of Public Health Intelligence

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 2017-18.

This report sets out the conclusions of a joint review of the appropriate indicators by Medway Council and Medway CCG and highlights any changes that commissioning partners may need to consider in setting their own priorities for the next year.

The key points for future service commissioning are:

- Prevention of avoidable disease and disability needs to be a prominent component of all commissioned services, especially in terms of smoking cessation and encouraging people to be more physically active as part of their everyday lives (a significant cause of premature death continues to be cardiovascular disease, for example)
- As the number of people who have one or more long-term conditions continues to increase, it is important that services are commissioned in such a way that people feel better supported to look after themselves effectively (Medway is in the bottom 25% of places where such people feel they are supported to do this).
- Medway still has high death rates from cancer. Services need to be commissioned such that people are better encouraged and enabled to present early and to receive appropriate treatment quickly.

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.

2.2 An updated version of the Strategy was agreed by the HWB in October 2014. This can be found here:
www.medway.gov.uk/carehealthandsupport/healthandwellbeing.aspx

2.3 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.

2.4 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 in Appendix 1.

2.5 The report will be presented to other appropriate partnerships as outlined in the protocol for joint working with other boards approved previously at the Health and Wellbeing Board

3. Advice and analysis

3.1 Sections 4 to 8 of this report provide updated overview information from the JSNA and reviews each theme of the JHWS to highlight any indicators in each area which may indicate a cause for concern or which have shown clear progress. A full set of indicators is attached as Appendix 2.

Key points from all the themes for commissioning activity are summarised in section 9.

4. Theme 1: Give every child a good start

4.1 Medway is now above the England average for infant mortality and neonatal and still birth rates and has seen an increase over the last period which needs monitoring. In addition, there appears to have been an increase in Medway of low birthweight babies in terms of live births < 2500g in 2014 (latest available data), although there had been a decrease the previous year and overall, Medway is still below the England average. There is no clear trend at present but the figures will continue to be reviewed regularly. 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 still appears to be remaining fairly steady at around 70%. However, national data collection has been suspended for an indefinite length of time so local data collection mechanisms are being used and therefore it is difficult to make any national comparisons. Continuing efforts are being made to ensure breastfeeding continuation is improved. Responsibility for commissioning health services for 0-5 year olds transferred from the NHS to Local Authorities in October 2015. A new system of recording breastfeeding continuation has recently been established, through which this indicator is now being measured according to information held in health visiting service records rather than the Child Health Information System. This new system has required Medway Community Healthcare (MCH) to modify its existing data collection process, a process which may take a number of months to become fully established, so it is difficult to fully interpret the data at this stage.

4.3 Smoking in pregnancy remains a problem in Medway, with previous figures showing 17.6% women smoking at time of delivery (SATOD). This was consistently higher than the rate in England (11.1%) and placed Medway within the worse quintile nationally for this indicator. Although progress has been made with 15.7% of women smoking at time of delivery, this is still consistently higher than the rate in England which now stands at 10.2%.

4.4 Both breastfeeding and smoking in pregnancy need a continued focus to improve the current position.

4.5 The seeming decline of the uptake of childhood vaccinations in Medway, which was first noted during 2013, has, in general, persisted and can still be seen to a varying degree across a number of the routine childhood vaccinations. These trends continue to be the subject of investigations by Public Health England, supported by Medway's Public Health Directorate. Concerns have been raised on an ongoing basis 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. However, childhood obesity remains an ongoing concern.

4.7 The emotional wellbeing of looked after children appears to have been worsening from 2012. Over recent years, Medway has moved from being a

little above the England average to the 95 percentile, i.e. 95% of local authorities are now doing better than Medway. This is partly as a result of Medway performance becoming worse and also partly due to performance in other parts of the country, particularly those that were performing poorly, getting better. An emotional wellbeing strategy for children and young people in Medway has been developed in 2015 and is being implemented, however it is too early to judge the effectiveness of this and this indicator will need to be monitored closely.

4.8 A new indicator for Good Level of Development for children at age 5 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 (Early Years Foundation Stage - the end of the academic year in which the child turns five). Teachers indicate whether children are "meeting", "exceeding" or "not reaching" expected levels. For 2015, almost 71% of Medway's five-year-olds achieved a good level of development. This is significantly better than the England average.

4.9 A major update of the JSNA chapter on Looked After Children was published in March 2016 and in May 2016 a new chapter on the Emotional and Mental Wellbeing of Children and Young People was also published. The recommendations can be found attached in Appendix 1.

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)

5.2 The equivalent change in those aged 85 years and over is from 1.7% (4,400) to 3.7% (12,000). 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. 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 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 appears to have declined since 2011/12 to a rate of 1778.2 falls admissions per 100,000 in 2014/15. The fall admission rate is below that of England overall, placing Medway in the best 25% of local authorities. However this may need further investigation as it might be expected to show some consistency with the rate of emergency admissions for fractured neck of femur, which has been fluctuating substantially over recent years with Medway currently higher than the England average.

5.5 The provisional estimated rate of diagnosis of dementia in Medway for 2014/15 (based on March 2015 data) was 55.03% 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 Medway is seemingly increasing faster than the England rate. This is a positive outcome and may reflect the fact that the CCG has had a focus on increasing dementia diagnosis rates.

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

6.1 Life expectancy at the age of 75 is 12.5 years for women. This figure is based on a 3-year average, and has been steadily rising. Medway's life expectancy at 75 is significantly below the South East and national average (95% confidence intervals). Life expectancy at the age of 75 for men in Medway is 11.0 years. This figure is based on a 3-year average, and has been steadily rising over the last few years. Medway's life expectancy at 75 is significantly below the South East and national average (95% confidence intervals). Some of the causes of this can be found in the disease specific sections below.

6.2 Premature mortality due to cancer has fallen over the last 10 years by 8.0% from a rate of 175.52 per 100,000 in 2002-04 to its current (2012-14) figure of 161.54 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.

6.3 Medway has one of the highest cancer mortality rates of all areas in the South East, significantly higher than the England average (141.5 per 100,000). Despite a number of initiatives to address this it has remained high. Work with partners to investigate why this is the case and address it is underway. Public Health has produced a cancer report detailing the top ten cancers contributing to premature mortality in Medway. High rates of emergency presentations and poor cancer survival rates for some cancer sites indicate people are

presenting late with cancer symptoms and may also not be using primary care appropriately. An action plan has been developed and agreed with partners to address all the cancers that are driving the high mortality rate. This clearly needs to remain a focus of action for commissioners.

6.4 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), accounting for 15.6% of premature deaths in women and 23.5% in men.

6.5 There have been significant improvements in premature mortality rates for cardiovascular disease (including heart disease and stroke) over the last few years. In 2012-14, the difference between Medway and England was not statistically significant; the Medway rate was 77.2 per 100,000 and the England rate was 75.7 per 100,000. However, mortality rates from CVD considered preventable (< 75 years) in Medway are significantly higher (54.9 per 100,000) than the national average (49.2 per 100,000) (2012-2014).

6.6 A further 10.3% of premature deaths are due to respiratory diseases, notably chronic obstructive pulmonary disease (COPD), primarily caused by chronic tobacco smoking. Nationally, the trend in the respiratory disease mortality rate has fallen consistently over the past ten years. Although consistently higher, the Medway rate has generally tracked this downward trend but has recently risen to be significantly higher than England. The age-standardised rate of mortality from respiratory disease in Medway was 40.2 deaths per 100,000 between 2012-2014, compared to the rate in England of 32.6 deaths per 100,000.

6.7 The Medway Public Health team, Medway CCG, Medway Community Healthcare and Medway Foundation Trust are working in partnership to encourage the identification of undiagnosed cases of COPD in General Practice and to develop an effective care pathway for these patients and those already diagnosed with COPD.

6.8 In 2013/14, there were 15,256 people aged 17 years and above diagnosed with diabetes in Medway and the number is increasing. The prevalence of diabetes in Medway is higher compared with the England average. This may partly be explained by Medway's prevalence of obesity compared with England as a whole, but also because more new cases are being diagnosed.

6.9 It is well documented that people with long term conditions (LTC) have better lives when they are supported to take care of their conditions themselves. In a GP Patient Survey, fewer people with LTC in Medway (59.5 %), compared with other areas agreed they felt supported to manage their condition.

6.10 Medway CCG, Medway Council, Medway Foundation Trust and patients are working together to deliver a programme, focused on enhancing shared decision-making and improving the experience of people with long term conditions. This indicator needs to be monitored closely

6.11 Unplanned hospitalisation in those aged under-19 for these common conditions in Medway has historically kept pace with, or been slightly above, the England average. However in the last couple of years it has risen

significantly above the England average. Asthma and epilepsy admissions (rather than those for diabetes) are primarily responsible, with a large rise in asthma admissions in 2010/11, which has been sustained. There has been no obvious change in coding or process within MFT (the main provider of these services for the Medway population).

6.12 An audit of emergency paediatric admissions for asthma was undertaken in 2014 by Public Health and presented to Medway CCG's Children and Families Clinical Strategy Group in September 2014. The audit highlighted a low recorded prevalence of asthma amongst children in Medway with wide variation amongst Medway Practices. This suggests that asthma is under-diagnosed amongst children in Medway. Other issues which related, for example, to the appropriateness of coding of wheezy children, the appropriateness of the tariff assigned to short stay asthma admissions and aspects of care within primary care, secondary care and A&E were also highlighted by the audit. A Task Group of the CCG Clinical Strategy Group was established and an action plan has been in place to systematically address the audit's recommendations.

6.13 People with serious mental health illness are more likely to die prematurely compared to the general population. The ratio of excess premature death for those with serious mental health illness in Medway is higher than the average for England and for Kent. The confidence intervals for this data indicate that this comparison should be treated with caution, however this indicator should be monitored carefully going forward to ensure that there is no ongoing trend.

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, both separately and in combination, have a profound impact on the health and wellbeing of people and ensuring that all services improve their focus on prevention and early intervention is a key priority.

7.2 Reviewing some the most recent information on lifestyle risk factors in Medway available in 2016 the following points can be made:

7.3 The smoking prevalence among adults in Medway at 22.3% remains significantly above the England average at 16.9% (2015). Rates of smoking related deaths are also significantly higher than the England average. Reducing smoking needs to remain a key priority across all organisations

7.4 Medway is not significantly different to the England average with respect to excess weight in adults.

7.5 The percentage of physically active adults in Medway is now not significantly different to the England average at 53.3%, compared with 57% (2015).

7.6 The age standardised rate of hospital stays for alcohol related harm in Medway is now significantly better than the national average at 434/100,000, compared to 641/100,000.(2014/15).

7.7 A JSNA update chapter on sexual health has been produced and the recommendations for commissioning are attached in Appendix 1.

8. Reduce health inequalities

8.1 As stated in the previous section, 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. Public Health supported the CCG to develop “Quantifiable Levels of Ambition” to address health inequalities in Medway, including a high level plan for action.

8.2 Within Medway the Slope Index of Inequality for life expectancy—the 'Life Expectancy Gap'—shows that in 2012 - 2014 the difference in between the 10% most and least deprived in the population is 6.3 years for men and 4.4 years for women. The life expectancy gap for men has 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 Smoking, obesity, alcohol and poor mental health are all key lifestyle issues which impact on health inequalities.

8.5 Social determinants of health have been recognised to be key determinants of health inequalities.

8.6 In Medway, levels of violent crime, (2014/15) statutory homelessness 2014/15 and long term unemployment (2015) are also significantly above the England average.

9. Summary of commissioning recommendations

9.1 A continued emphasis on prevention and early intervention is essential in all commissioning areas. Even though there has been improvement in some areas, Medway remains significantly below the England average in a number of key areas, particularly smoking, smoking in pregnancy and breastfeeding. Improving prevention is key to not only improving the health and wellbeing of the population but in reducing demand for and pressure on all health and social care services.

9.2 Improving the emotional wellbeing of looked after children appears to be an area needing ongoing support, which requires ongoing monitoring and appropriate action. More detailed commissioning recommendations from the new JSNA chapter are attached in Appendix 1.

9.3 An ageing population is still an ongoing challenge due to the expected increasing numbers of people with long term conditions. Commissioners need to be ensuring that their planning takes this into account. It is concerning to note that Medway appears to be in the lowest 25% of authorities where people with LTCs feel supported to manage their condition.

9.4 Medway still has one of the highest cancer mortality rates of all areas in the South East, significantly higher than the England average. Action to address this remains a clear priority.

9.5 The Medway rate for respiratory disease mortality is now significantly higher than the England average. The continuing high prevalence of smoking will mitigate against any reduction in this mortality indicator and a continued focus needs to be on both reducing smoking levels and ensuring prompt identification and treatment.

9.6 The rise in asthma and epilepsy emergency admissions for 0-19 year old appears to have been sustained and requires ongoing monitoring and appropriate action.

9.7 In the context of continuing health inequalities, all commissioners need to continue to monitor and address health inequalities in all services that are provided in Medway.

10 Financial implications

10.1 No financial implications arise specifically from this report.

11. Legal implications

11.1 No legal implications arise specifically from this report

12. Recommendations

12.1 The Health and Wellbeing Board is asked to agree this report and ensure that relevant partner organisations use the information and recommendations in it to inform the next commissioning cycle.

Lead officer contact

Karen Macarthur, Consultant in Public Health, Medway Council
Telephone: 01634 332634 E-mail: karen.macarthur@medway.gov.uk

Appendices

Appendix 1 – Recommendations for Commissioning for Recently Published Chapters of the Medway Joint Strategic Needs Assessment - Oct 2016

Appendix 2 – Joint Health and Wellbeing Strategy Indicators

Background papers

None.

This page is intentionally left blank

APPENDIX 1

Recommendations for Commissioning for Recently Published Chapters of the Medway Joint Strategic Needs Assessment - Oct 2016

1. Recommendations for Commissioning for Looked After Children

Emotional Health and Wellbeing:

- To assess the emotional health of each Looked After Child to identify needs.
- To address each child's needs through the shared development of an emotional wellbeing plan.
- To provide a package of services and support that addresses each child or young person's emotional health and well-being.
- To ensure foster carers and residential staff are appropriately trained and experienced to positively respond to the emotional health and wellbeing of looked after children.

Educational Attainment

- To ensure that every Looked After Child attends school and is able to achieve their potential.
- To address the needs of Looked After Children that impact on their ability to learn.
- To ensure that foster carers and residential staff are appropriately trained in order to support educational attainment of Looked After Children.
- To continue to use the PEP process to monitor and ensure that pupil premium plus is used effectively and appropriately for all pupils to support their educational achievement.
- To make better use of mentoring and coaching programmes to support educational attainment.

Placements

- To ensure where possible that children and young people are supported to return home.
- To increase the available placements for sibling groups, children and young people with complex and challenging behaviours as well as children with profound and multiple disabilities.
- To develop greater provision of "Staying Put" placements.

Placement stability

- To improve matching and planning for permanence so that children and young people are placed with foster carers that can meet their needs and provide a safe and caring environment.
- To provide a therapeutic support that can meet the needs of complex and challenging children and young people.
- To provide training and support for foster carers that develop resilience and expertise that sustains them through periods of turbulence.
- To monitor placement stability and provide a rapid response before during and after a period crisis.
- To provide a multi-agency response to placement instability to ensure a comprehensive response that addresses all the child or young person's needs.

Placed out of local area

- To reduce the number of children placed out of area by increasing availability of local foster carers, either through development of in-house fostering or by increasing accessible and cost effective independent provider provision, thereby offering more placement choice to children and young people.
- To strengthen the supported accommodation service to ensure that there is increased quality provision for young people wishing to return from “out of area” placements.
- To monitor children and young people placed “out of area” to ensure they receive the appropriate services to meet their needs.

Placements with family, friends, special guardianships

- To support more children and young people into permanent family arrangements.
- To enable and encourage more kinship families to become special guardians.

Adoption and Permanence

- To reduce the time taken to match a child after a placement order has been made.
- To reduce the shortage of adopters by encouraging more adopters.

Unaccompanied Asylum Seeking Children (UASC)

- To ensure that suitable placements are available to meet the needs of UASC.
- To ensure UASC are supported to adapt to the local culture whilst retaining. their links with their home country cultures.
- To ensure that education and health needs are addressed.

Children Looked After and Offending

- To recruit foster carers able to offer placements to children and young people on remand or involved in criminal activity.
- To develop foster carers that can offer stability, reduce risk and develop resilience, thereby reducing the risk of reoffending.
- To increase health education and support to young people who ae at risk of substance abuse.

Child Sexual Exploitation

- To raise awareness of child sexual exploitation and ability to identify the signs and symptoms, whilst addressing the needs of victims.
- To consider the possibility of CSE whenever a child goes missing or is displaying tell-tale signs.
- To implement Multi Agency Child Sexual Exploitation (MASE) panels in order to communicate and collate information with regards to children at risk and agree a way forward.

Leaving Care and raising aspirations

- To ensure that there is a range of support provision for care leavers up to the age of 25 that meets their needs.
- To encourage young people to remain in care until the age of 18 and in foster care until the age of 21.
- To expect and support care leavers to continue with education and employment.
- To give care leavers additional opportunity to achieve.

- To ensure that pathway plans include a clear outline of support into employment.
- To reduce the experience of loneliness and isolation of Care Leavers by anticipating need and preparing them to live confidently in the community.
- To increase the number of care leavers accessing higher education.

Taking note of the views of children and young people

- To continue to develop strong partnership working with young people.
- To raise the profile and impact of the Children in Care Council, Care Leavers Group and Children with Disabilities Group.
- To ensure that the views and concerns of young people are included in service redesign or development as a matter of course.
- To have effective feedback mechanisms to young people so that they know when they have expressed their views that they have been taken into account and actioned.

2. Recommendations for commissioning for the emotional and mental wellbeing of children and young people

- Review the robustness of managing referrals to Tier 2 and 3 CAMHS through single point of access (SPA) arrangements, with the aim of reducing waiting times for assessment, intervention and treatment, and facilitating self-referral to the SPA.
- Commissioning plans should be developed jointly with adult mental health (MH) services to ensure good transitional arrangements are in place.
- Ensure clear, evidence based pathways for MH conditions in children and young people, with clear step up/down criteria to ensure that children and young people with MH needs do not fall out of services through the gaps between the tiers and at transition to adult services. Ensure links across partner agencies and areas of support, e.g., substance misuse, youth justice and domestic violence.
- Review CAMHS specialist service provision to specific vulnerable groups, ensuring effective identification of and targeting/improved accessibility of services for children and young people who are at an early stage/high risk of MH problems or poor outcomes due to predisposing factors. A strong focus is needed on earlier intervention for these groups.
- Further exploration of the possible influences on emotional health and wellbeing and access to services which are experienced by children and young people from Medway's Ethnic Minority Groups should be considered.
- Investigate the reasons for the higher than expected prevalence of ASD and ADHD. ADHD and ASD pathways should be reviewed to ensure that the appropriate range of assessments and interventions is offered, adopting a multidisciplinary approach to the long-term management of conditions. Coordination between health and other key services such as education, social care and the voluntary sector is important.
- Review the self-harm pathway for Medway against the NICE Quality Standard.
- Further work is required in order to determine whether there is unmet need at Tier 4, in particular to explore access to inpatient services and the setting for provision of care whilst inpatient bed availability is awaited.
- Children and young people should be directly involved in the identification of needs and issues affecting them in order that their views are reflected in the design and delivery of emotional health and wellbeing services.

- Increase support for schools in promoting emotional wellbeing and resilience. Raise awareness of MH issues in schools, involving teachers and school nurses in MH awareness and prevention.
- Consider support for schools to address issues such as domestic abuse within a Personal, Social and Health Education framework.

3. Recommendations for Commissioning for Sexual Health

- Sexual ill health is not equally distributed among the population with the highest levels seen in men-who-have-sex-with-men (MSM), teenagers, young adults and some black and minority ethnic groups. It is therefore necessary to promote sexual health in a multifaceted manner as it is influenced by a number of issues including socio-economic and cultural issues.
- There is some correlation between deprivation and STI rates, with Chatham town centre having the highest concentration of GUM diagnoses per 100,000 population. The National Chlamydia Screening Programme (NCSP) has identified the highest rates of positivity in Strood North, Luton and Wayfield, and the Rochester wards; it should be noted that the Young Offenders Institution and the Secure Training Unit skew the data for Rochester West.
- The highest HIV prevalence rates are shown in Chatham, with lower prevalence in rural areas.
- The Pelvic Inflammatory Disease rate is significantly higher in Medway than the England average.
- The total abortion rate in Medway is significantly above the England average.
- It is anticipated that the move to an integrated service will improve access to STI screening generally.
- Additional research may be required to understand the cause of high prevalence in some areas of Medway in order to target identified causes.

Joint Health and Wellbeing Strategy indicators

26/10/2016

Contents

Infant mortality 4
Neonatal and stillbirths 5
Term live births < 2,500g 6
Breastfeeding initiation 6
Breastfeeding continuation 7
Smoking at time of delivery (SATOD) 8
Emergency admissions for children with LRTI 9
Children aged 4-5 classified as overweight 9
Children aged 4-5 classified as obese 10
Children aged 10-11 classified as overweight 11
Children aged 10-11 classified as obese 12
Newborn blood spot screening 13
Newborn hearing screening 13
DTaP/IPV/Hib 12 months 14
DTaP/IPV/Hib 2 years 15
MenC 12 months 15
PCV 12 months 16
HibMenC booster 2 years 16
HibMenC booster 5 years 17
PCV booster 2 years 17
First MMR 2 years 18
First MMR 5 years 18
Second MMR 5 years 19
HPV given to year 8 cohorts 19
Tooth decay in 5 year olds (2011/12) 20
Five-year olds achieving a good level of development 20
Emotional well-being of looked after children 21
First time entrants into the Youth Justice System 22
Emergency admissions for injuries (0-14) 22
Emergency admissions for injuries (15-24) 23
Care home admissions aged 65+ 23

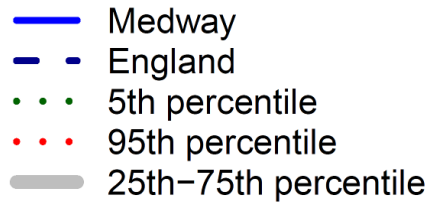
Public Health Directorate, Medway Council, Chatham, Kent ME4 4TR

Reablement/rehab services success rate 24
Discharged into reablement/rehab services 24
Falls admissions 65+ 25
Fractured neck of femur 26
PPV vaccination in last year 27
PPV vaccination ever 27
Flu vaccination 65+ 28
Flu vaccination 'at risk' 29
Excess winter deaths 30
Estimated diagnosis rate for people with dementia 30
Falls admissions 65+ (females) 31
Falls admissions 65+ (males) 32
Circulatory disease mortality (under 75) 32
Life expectancy at 75 - Male 33
Life expectancy at 75 - Female 33
Respiratory disease mortality (under 75) 34
Liver disease mortality (under 75) 34
Cancer mortality rate (under 75) 35
Serious mental health illness excess deaths 36
Recorded prevalence of Diabetes (17+) 37
Diabetic retinopathy screening 38
Long-term condition support 38
Chronic ambulatory care admissions 39
Asthma, diabetes and epilepsy admissions 40
Experience of community mental health services 40
TB treatment completion 41
Rate of new TB cases 42
Diabetic retinopathy screening 42
Breast screening 53-70 years 43
Cervical screening 25-64 years 44
People using green spaces for exercise 44
Adults achieving 150 minutes of exercise 45
Re-offending within 12 months 46
Avg re-offences per offender 47
Households in temp accommodation 47
Households in temp accommodation 48

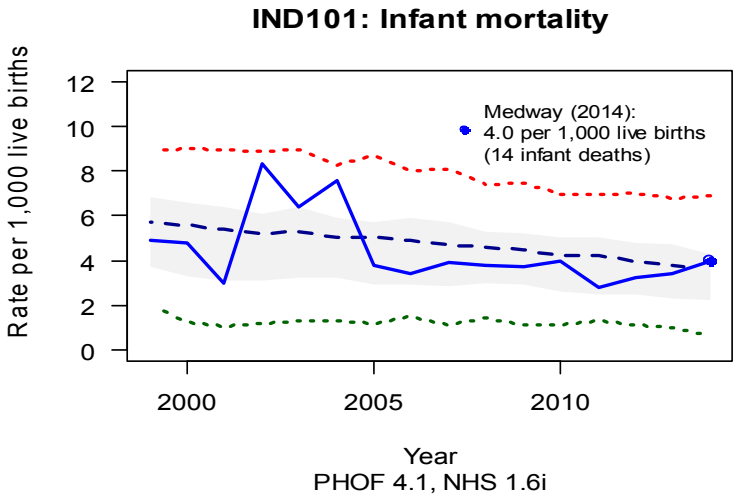
Fuel poverty 49
Self-Harm hospital admissions 49
Smoking prevalence (18+) 50
Chlamydia diagnoses (15-24) 50
Late HIV diagnoses (CD4 cell count < 350) 51
LD adults in settled accommodation 52
MH adults in settled accommodation 52
Mental Illness employment rate 53
Mental Illness employment gap 53
Long Term Condition employment rate 54
Long-term condition employment gap 54
Under 18 conceptions 55
Percentage of opiate users completing treatment and not re-presenting within six months 56
Non-opiate users not re-presenting for treatment 56
Particulate air pollution 57
Emergency hospital admissions for violence 58
Violence against the person offences 58
Alcohol-related hospital admissions (Narrow) - Males 59
Alcohol-related hospital admissions (Narrow) - Females 60
Physically active adults 61
Suicide rate (persons) 61
Suicide rate (persons) 62
Children in low income families 62
Not in Education, Employment or Training 63

Legend

For indicators that have a red dashed line, green dashed line and grey shaded area, the following legend applies:



Infant mortality



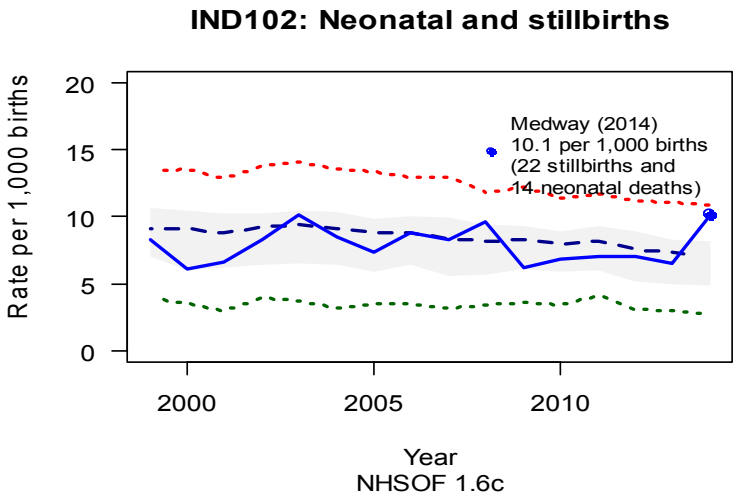
Medway (2014): 4.0 per 1,000 live births (14 infant deaths)

While most births occur following an uneventful pregnancy, occasionally there are complications and rare tragedies which good antenatal care seeks to minimise.

Babies may die in utero, during labour or in the early days, weeks and months of life. Infant deaths are deaths between birth and under one year of life. Still births and deaths in infancy are fortunately relatively rare events

Infant mortality rates have decreased nationally and in Medway over the past decade. Infant mortality rates in Medway are now lower than in England, although not statistically significantly. In 2002-04, the infant mortality rate in Medway was significantly higher than in England. Why this occurred is unknown.

Neonatal and stillbirths



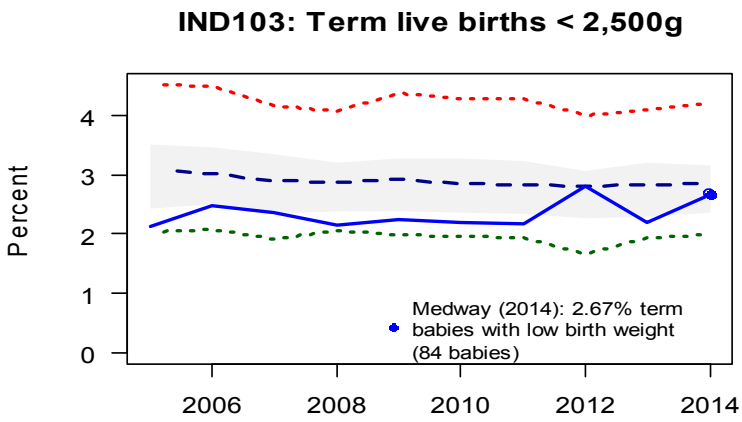
Medway (2014) 10.1 per 1,000 births (22 stillbirths and 14 neonatal deaths)

While most births occur following an uneventful pregnancy, occasionally there are complications and rare tragedies which good antenatal care seeks to minimise. Babies may die in utero, during labour or in the early days, weeks and months of life.

- Still births are deaths after 24 or more weeks of completed gestation - death may occur in utero or during labour.
- Early neonatal deaths are deaths between birth and 6 completed days of life.
- Late neonatal deaths are deaths from 7-27 completed days of life.
- Neonatal deaths are deaths in the first 27 completed days of life.

Still births and deaths in infancy are fortunately relatively rare events and between 2009 and 2012, Medway's rate was lower than for England. Confidential enquires into still births and neonatal deaths have been undertaken in the UK for many years and risk factors for these events have been identified.

Term live births < 2,500g



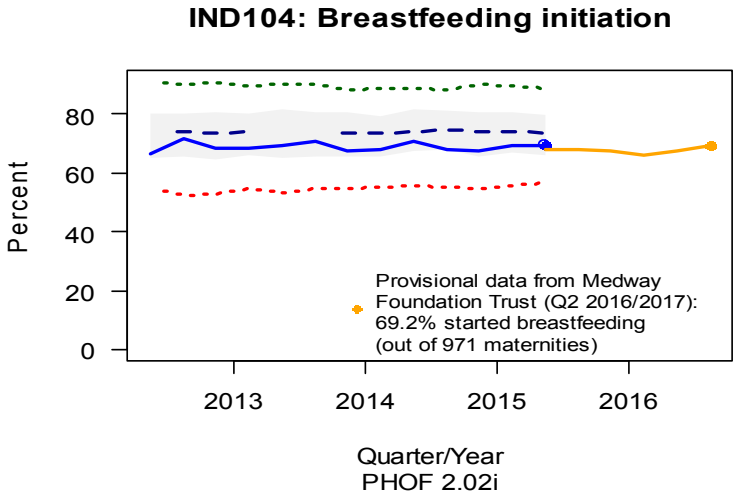
Medway (2014): 2.67% term babies with low birth weight (84 babies)

Preterm babies often have low birth weights. This indicator, however, looks at births which have a gestational age of at least 37 completed weeks. Low birth weight births are more common in women from lower socio-economic groups. It is associated with inhibited growth and cognitive development, and chronic diseases later in life.

In 2011, babies with a very low birth weight (less than 1,500 grams) had a neonatal mortality rate of 145.4 per 1,000 live births in England and Wales. For low birth weight babies (less than 2,500 grams), the neonatal mortality rate was 28.9 per 1,000 live births compared to 0.7 per 1,000 live births in babies with a birth weight of greater than or equal to 2,500 grams.

In 2011, the percentage of live low birth weight births in Medway was lower than the South East and significantly lower than the England average.

Breastfeeding initiation



Provisional data from Medway Foundation Trust (Q2 2016/2017): 69.2% started breastfeeding (out of 971 maternities)

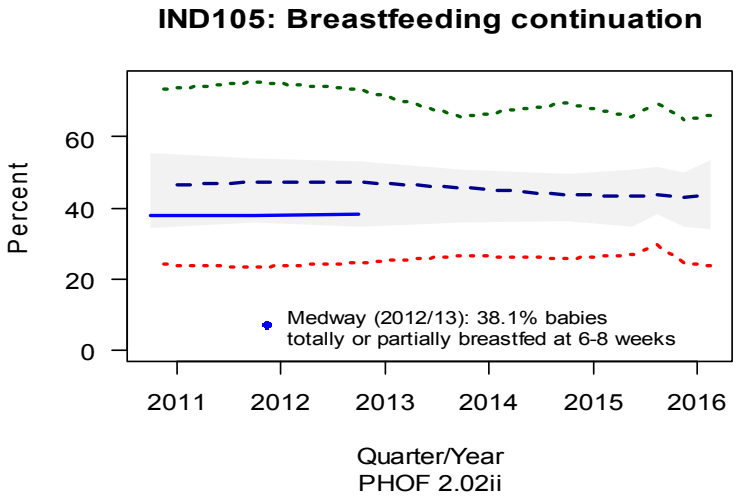
Breastfeeding initiation in Medway has remained at a consistent level of around 70% for the past 3 years. This is slightly below the England average, and significantly less than for the South East Coast area. Medway Breastfeeding Network provides breastfeeding support and advice through local drop-ins 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).

Medway's Infant Feeding Strategy Group has representation from Medway Community Healthcare (MCH), MFT and Medway Council (Early Years and Public Health). One of the key objectives of the strategy group is to achieve full UNICEF Baby Friendly Initiative Accreditation for acute and community settings. MCH have now achieved this by reaching level 3 in February 2016. Medway Foundation Trust are making good progress to advance beyond their current stage 1 accreditation, with progress on training and embedding new policies across the hospital. In excess of 80% of maternity staff have refreshed their training this year.

Another key objective of the strategy is to normalise breastfeeding, and Medway will be launching a large awareness campaign with Best Beginnings in 2016. Best Beginnings have international recognition for their work on promoting breastfeeding, and the joint campaign is an excellent opportunity to target the groups in the population with the lowest breastfeeding rates.

Please note: the national data collection process coordinated by NHS England has been suspended for an unknown period of time. The most recent data shown by the orange line has been provided by Medway Foundation Trust.

Breastfeeding continuation



Medway (2012/13): 38.1% babies totally or partially breastfed at 6-8 weeks

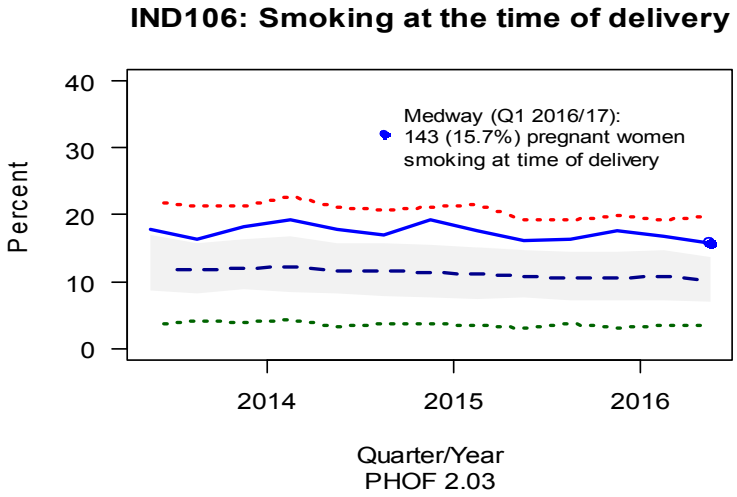
Since April 2013, the proportion of infants with "unknown" breastfeeding status at 6-8 weeks on the Child Health Information System (CHIS) has increased from below 5% to over 30%. Once the number of unknowns in an area rises above 5%, the continuation rate is suppressed in published figures. This sudden drop in data completeness coincides with the cessation of CQUIN payments made to Medway Community Healthcare (MCH) for the supplementary data collection of breastfeeding status at six weeks by the health visiting service.

Responsibility for commissioning health services for 0-5 year olds transferred from the NHS to Local Authorities in October 2015. A new system of recording breastfeeding continuation has recently been established, through which this indicator is now being measured according to

information held in health visiting service records rather than the CHIS. Health Visitors are required to enquire about breastfeeding status at the 6-8 week Maternal Mood Assessment. This new system has required MCH to modify its existing data collection process, a process which may take a number of months to become fully established.

In Q1 2016/17, 79% of 6-8 Week Maternal Mood Assessments were undertaken and the breastfeeding status was recorded in 68% of all the infants due an assessment. Public Health is closely monitoring the improvements made via regular performance monitoring meetings with MCH.

Smoking at time of delivery (SATOD)



Medway (Q1 2016/17): 143 (15.7%) pregnant women smoking at time of delivery

In Medway, there are 15.7% women smoking at time of delivery (SATOD). Although this has declined recently, it is consistently higher than the rate in England (10.2%).

Medway Stop Smoking Service continues to provide a specialist service for pregnant women wanting to stop smoking. Medway Foundation Trust (MFT) is continuing to ensure that information is kept up to date and to check it for accuracy. The quality of Smoking at time of delivery (SATOD) data is improving and the Stop Smoking Team are continuing to work with MFT to ensure that this is now recorded at 36 weeks gestation and validated by a CO reading.

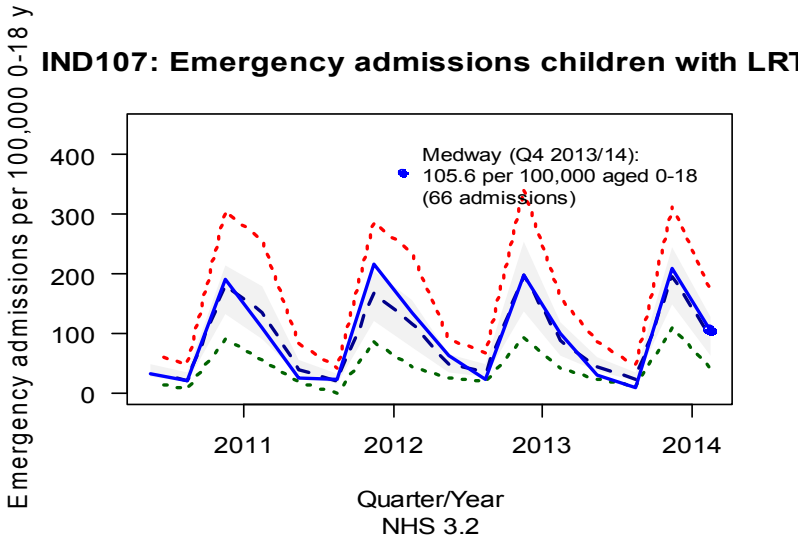
The second stage of the 'Baby clear' project has been implemented. The Risk Perception intervention is being carried out to a limited extent at the 12 week Nuchal scan. This is due to the fact that a room cannot be provided at any other time other than Wednesdays, only a handful of pregnant smokers can be seen each week. 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. A smoking cessation clinic had been trialled alongside the Fetal Medicine Consultants' IUGR clinic but has had to be discontinued due to a lack of room space at MFT and difficulties in engaging with these high risk women at the time of their appointment. As outlined above, a number of measures are in place, planned or in negotiation which aim to reduce the SATOD rate for Medway and encourage pregnant women to quit smoking.

The stop smoking team and Medway Maritime Hospital jointly organised an event for health professionals to help reduce smoking prevalence and the adverse outcomes during pregnancy. On Tuesday, 27 September, a range of staff joined the star of BBC Three's Misbehaving Mums Lisa Fendall, at the hospital to discuss how the issue can be tackled. They listened to a number of speakers, including hospital Chief Executive Leslie Dwyer, Professor Ranjit Akolekar and

members of Medway Council's Stop Smoking Service, who explained the risks of smoking while pregnant, from an unhealthy placenta to stillbirth and the support available to stop smoking.

The next step will be to form a steering group to develop some plans towards the best way forward to address these issues.

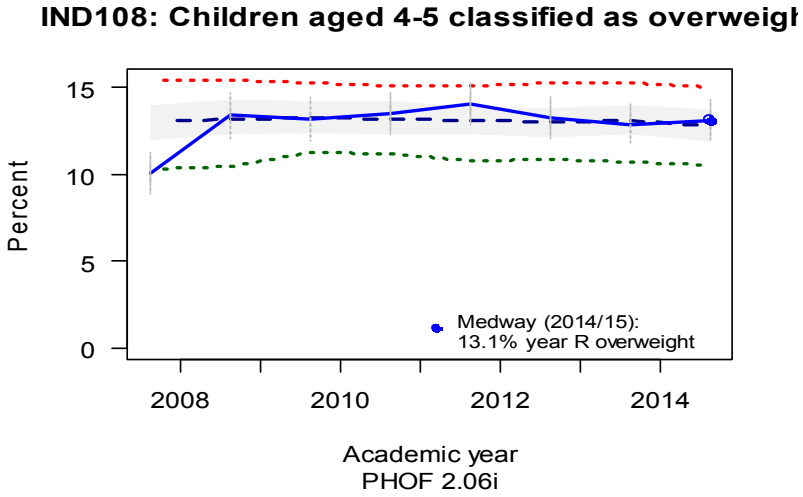
Emergency admissions for children with LRTI



Medway (Q4 2013/14): 105.6 per 100,000 aged 0-18 (66 admissions)

Respiratory tract infections are caused predominantly by viruses but can also be caused by bacteria. Upper respiratory tract infections affect the nose, sinuses and throat and lower respiratory tract infections affect the airways and lungs. Common lower respiratory tract infections include flu, bronchitis, bronchiolitis and pneumonia. The main symptom is a cough which may be productive. Other symptoms include having a tight chest, breathlessness and wheezing.

Children aged 4-5 classified as overweight



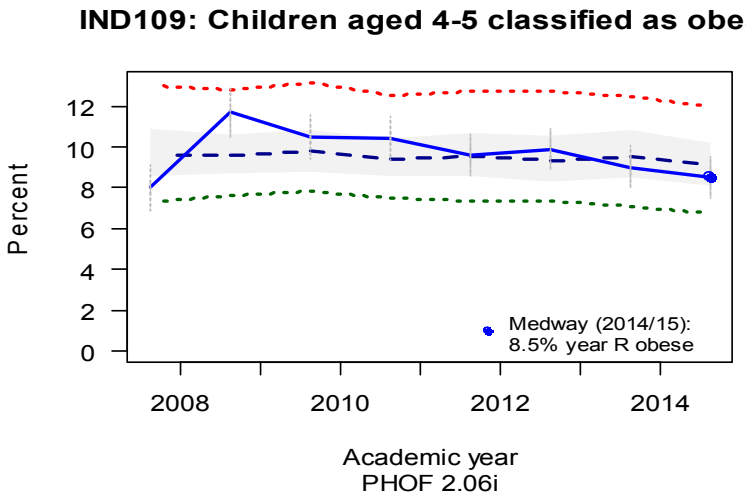
Medway (2014/15): 13.1% year R overweight

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).

The 2014/15 results have kept Medway below the national prevalence for both obesity and overweight and obesity combined figures, and another small drop in our overall year R obesity figure has been seen. The year R prevalence of obesity for Medway in 2014/15 was 8.5% compared to 9.1% nationally, with the local drop being 0.5% in year. When combining the overweight and obesity numbers, the year R prevalence for Medway in 2014/15 was 21.6% compared to 21.9% nationally with Medway's drop being 0.3% in year.

These results reinforce the need for a wide range of partners to take action and attempt to tackle childhood obesity. The government is expecting to publish the Childhood Obesity Strategy in summer 2016, and we are eager to see what national action will be prioritised, as national policy action is critical if we are to be effective. Medway provides a range of family weight management, healthy eating and activity support services, offering free swimming, fully engaged children centres and young people settings and a fully approved Obesity treatment pathway. Medway commenced a local obesity network in 2014, to engage wider stakeholder partners in taking local action and we anticipate this action to grow over the coming years and to develop this programme of work.

Children aged 4-5 classified as obese



Medway (2014/15): 8.5% year R obese

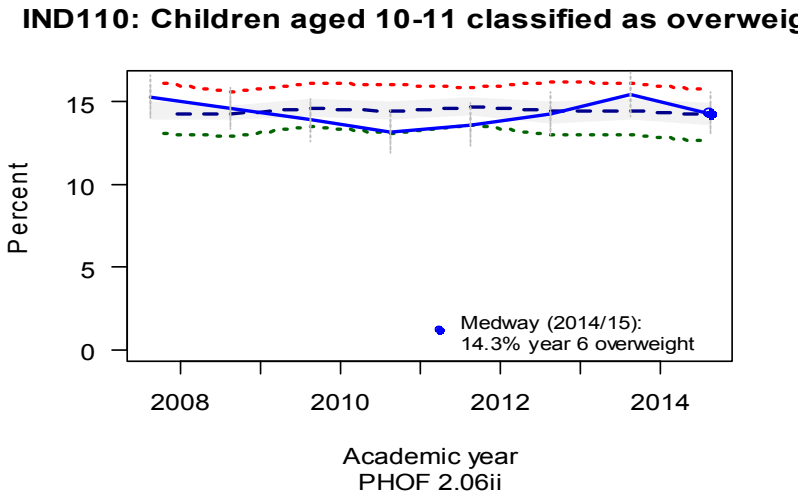
Rates of children classified as "overweight" and "obese" are monitored through the National Child Measurement Programme (NCMP), which is delivered through schools. Children's weight and height are measured in reception class (ages 4-5) and again in year 6 (ages 10-11).

The 2014/15 results have kept Medway below the national prevalence for both obesity and overweight and obesity combined figures, and another small drop in our overall year R obesity figure has been seen. The year R prevalence of obesity for Medway in 2014/15 was 8.5% compared to 9.1% nationally, with the local drop being 0.5% in year. When combining the overweight and obesity numbers, the year R prevalence for Medway in 2014/15 was 21.6% compared to 21.9% nationally with Medway's drop being 0.3% in year.

These results reinforce the need for a wide range of partners to take action and attempt to tackle childhood obesity. The government is expecting to publish the Childhood Obesity Strategy in summer 2016, and we are eager to see what national action will be prioritised, as national

policy action is critical if we are to be effective. Medway provides a range of family weight management, healthy eating and activity support services, offering free swimming, fully engaged children centres and young people settings and a fully approved Obesity treatment pathway. Medway commenced a local obesity network in 2014, to engage wider stakeholder partners in taking local action and we anticipate this action to grow over the coming years and to develop this programme of work.

Children aged 10-11 classified as overweight



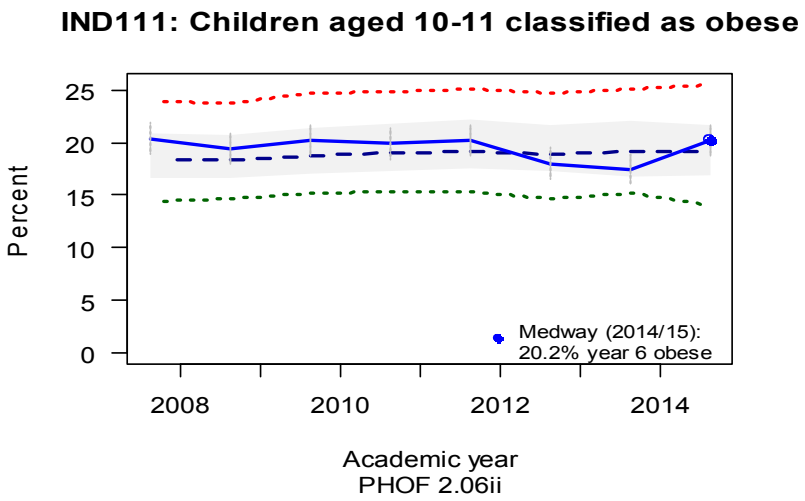
Medway (2014/15): 14.3% year 6 overweight

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).

The proportion of year 6 children in Medway classified as being overweight is 14.3%. This figure has fluctuated above and below the England average over recent years but not significantly so. When combining the overweight and obesity numbers, the year 6 measurements were 34.5% for obesity in Medway (33.2% nationally).

These results reinforce the need for a wide range of partners to take action and attempt to tackle childhood obesity. The government is expecting to publish the Childhood Obesity Strategy in summer 2016, and we are eager to see what national action will be prioritised, as national policy action is critical if we are to be effective. Medway provides a range of family weight management, healthy eating and activity support services, offering free swimming, fully engaged children centres and young people settings and a fully approved Obesity treatment pathway. Medway commenced a local obesity network in 2014, to engage wider stakeholder partners in taking local action and we anticipate this action to grow over the coming years and to develop this programme of work.

Children aged 10-11 classified as obese



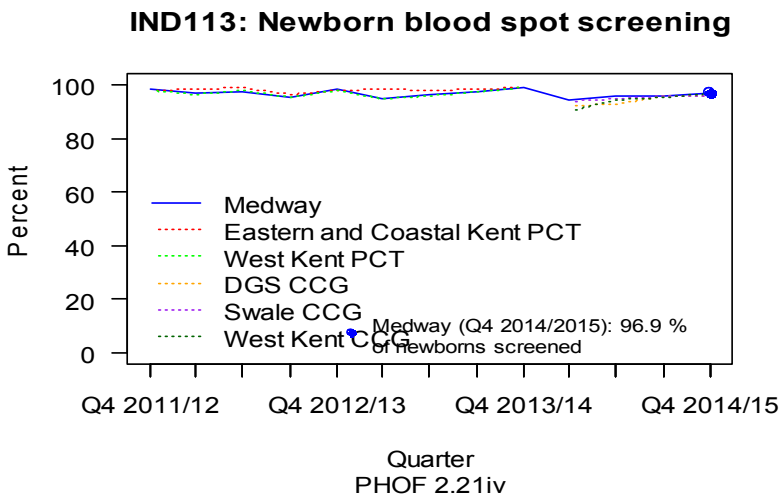
Medway (2014/15): 20.2% year 6 obese

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).

Medway's Year 6 measurements have risen from last year, compared to no change nationally. Meaning Medway is no longer below the national average. The year 6 measurements were 20.2% for obesity in Medway (19.2% nationally). Across the country the Year 6 obesity rate is strongly linked to the obesity rate of the same group when they entered school in Year R, six years ago. The current Year 6 rate in Medway is actually lower than would be expected given the Year R rate six years ago and may represent some success in tackling childhood obesity locally. When combining the overweight and obesity numbers, the year 6 measurements were 34.5% for obesity in Medway (33.2% nationally).

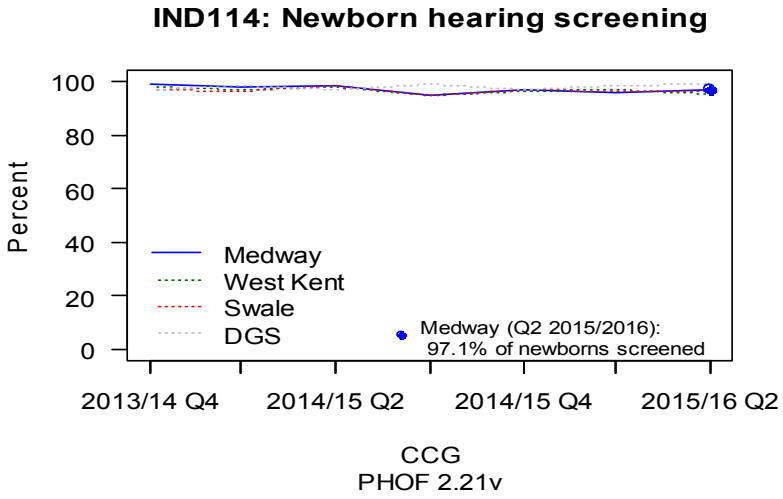
These results reinforce the need for a wide range of partners to take action and attempt to tackle childhood obesity. The government is expecting to publish the Childhood Obesity Strategy in summer 2016, and we are eager to see what national action will be prioritised, as national policy action is critical if we are to be effective. Medway provides a range of family weight management, healthy eating and activity support services, offering free swimming, fully engaged children centres and young people settings and a fully approved Obesity treatment pathway. Medway commenced a local obesity network in 2014, to engage wider stakeholder partners in taking local action and we anticipate this action to grow over the coming years and to develop this programme of work.

Newborn blood spot screening



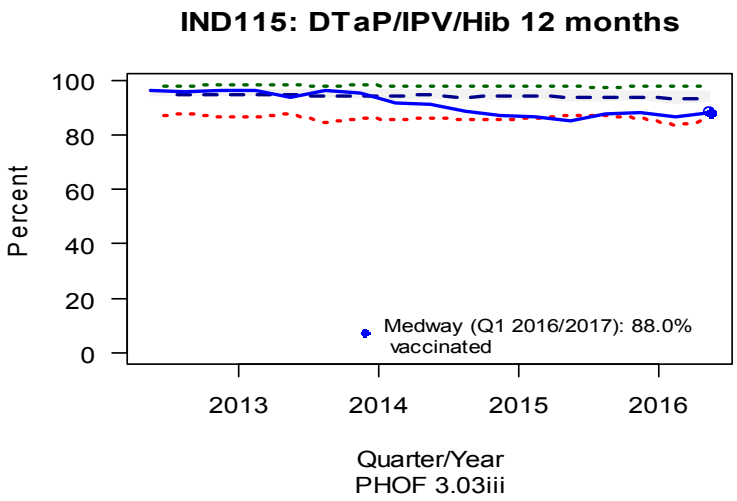
Medway (Q4 2014/2015): 96.9 % of newborns screened

Newborn hearing screening



Medway (Q2 2015/2016): 97.1% of newborns screened

DTaP/IPV/Hib 12 months



Medway (Q1 2016/2017): 88.0% vaccinated

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".

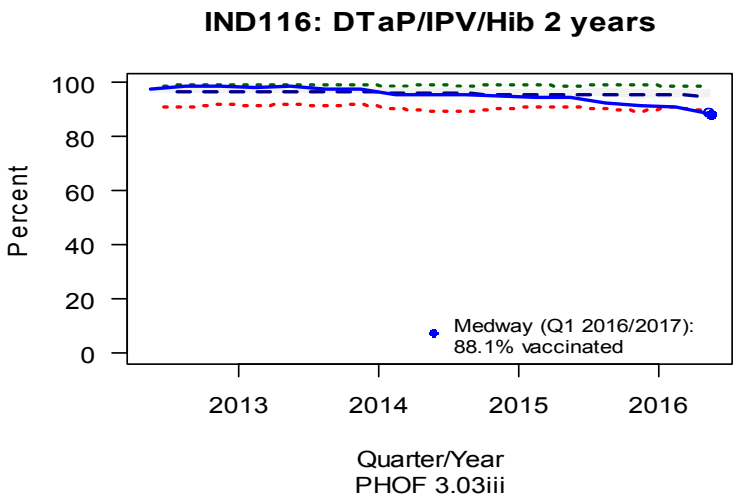
Vaccine coverage is compared against the World Health Organisation target of 95% coverage by 2 years old at the national level.

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. Investigations by Public Health England, supported by Medway Council's Public Health Directorate, suggest that the reason for the decline in immunisation up take is likely to be a data reporting issue.

The following actions are being taken to address the likely data reporting issue which is affecting the uptake of childhood immunisations:

- The Directors of Public Health for Kent County Council and Medway Council have sought assurance from NHS England that action will be taken to address the issue of declining immunisation uptake. The Director of Commissioning Operations for NHS England (South East) has provided this assurance.
- NHS England's procurement of a data extraction tool which will automate the process of reporting of immunisation delivery by practices to the CHIS in underway.

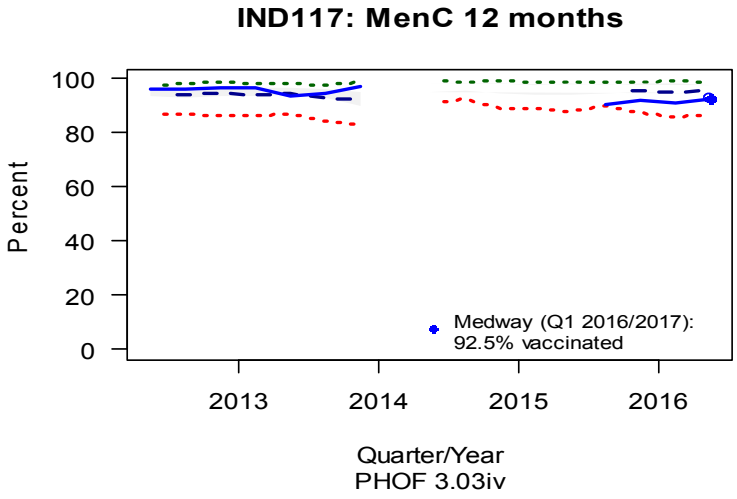
DTaP/IPV/Hib 2 years



Medway (Q1 2016/2017): 88.1% vaccinated

Please see narrative for IND115.

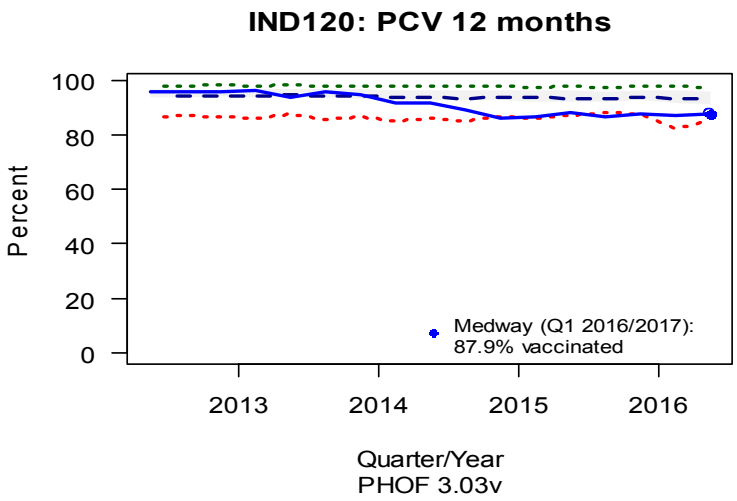
MenC 12 months



Medway (Q1 2016/2017): 92.5% vaccinated

Please see narrative for IND115.

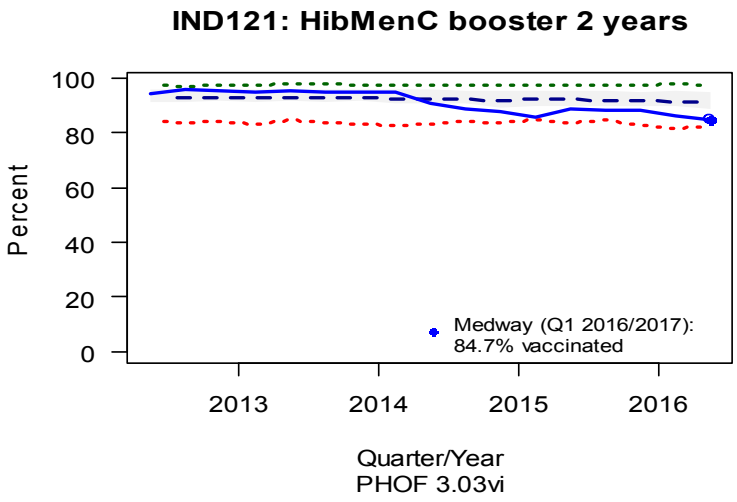
PCV 12 months



Medway (Q1 2016/2017): 87.9% vaccinated

Please see narrative for IND115.

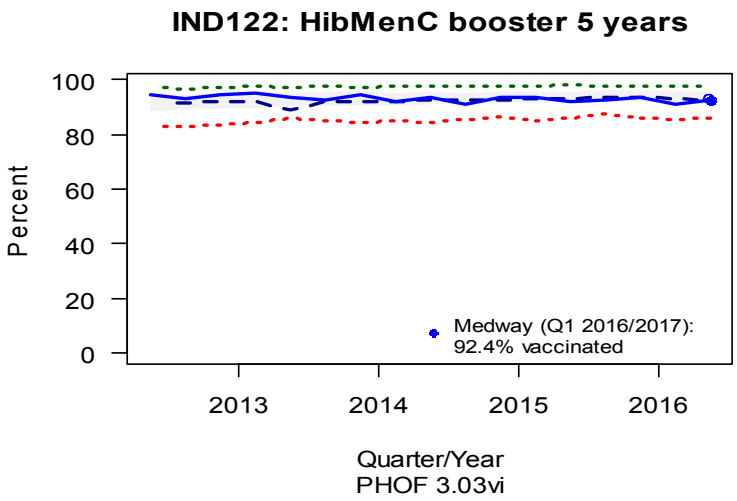
HibMenC booster 2 years



Medway (Q1 2016/2017): 84.7% vaccinated

Please see narrative for IND115.

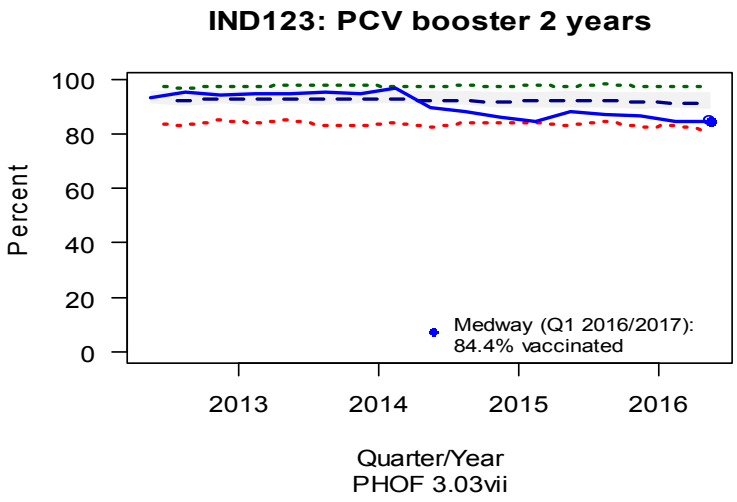
HibMenC booster 5 years



Medway (Q1 2016/2017): 92.4% vaccinated

Please see narrative for IND115.

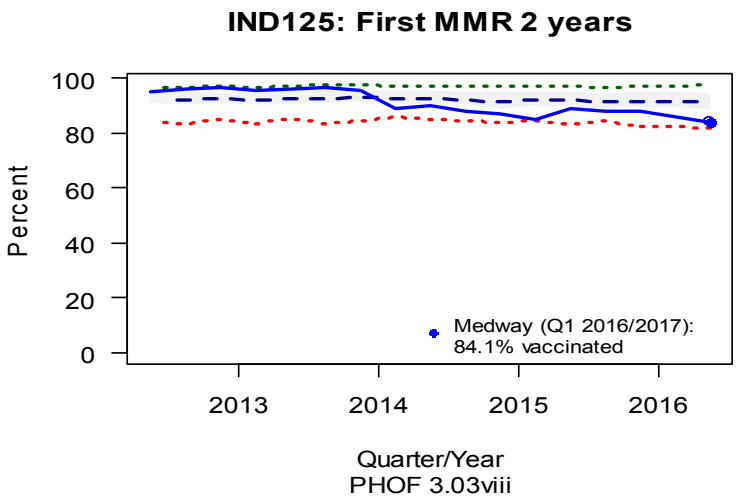
PCV booster 2 years



Medway (Q1 2016/2017): 84.4% vaccinated

Please see narrative for IND115.

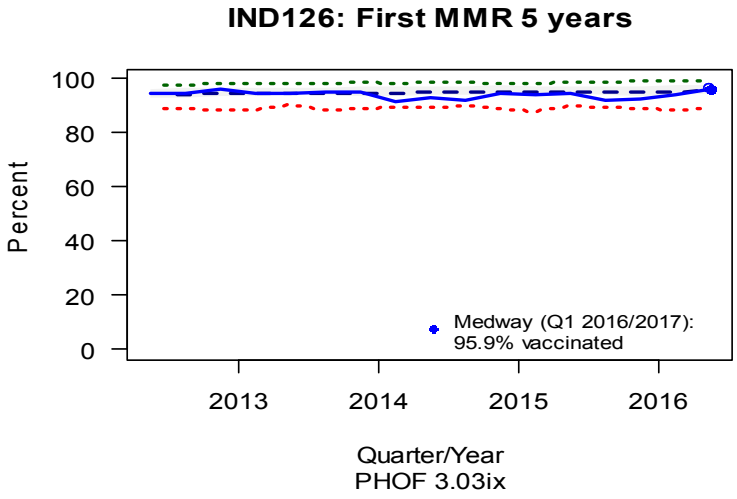
First MMR 2 years



Medway (Q1 2016/2017): 84.1% vaccinated

Please see narrative for IND115.

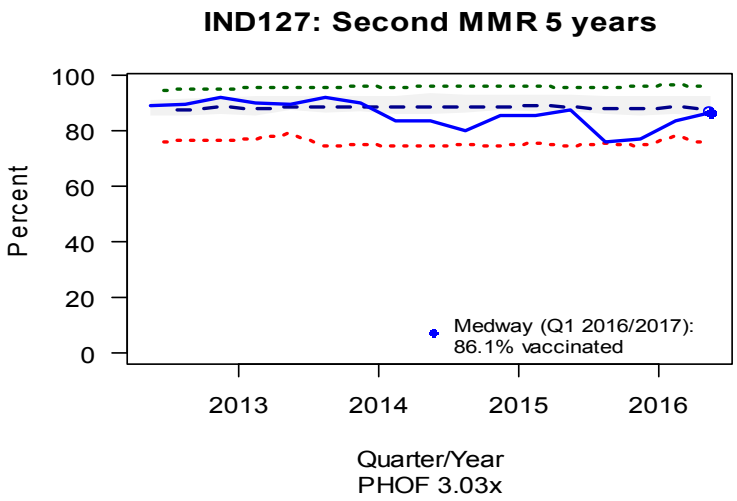
First MMR 5 years



Medway (Q1 2016/2017): 95.9% vaccinated

Please see narrative for IND115.

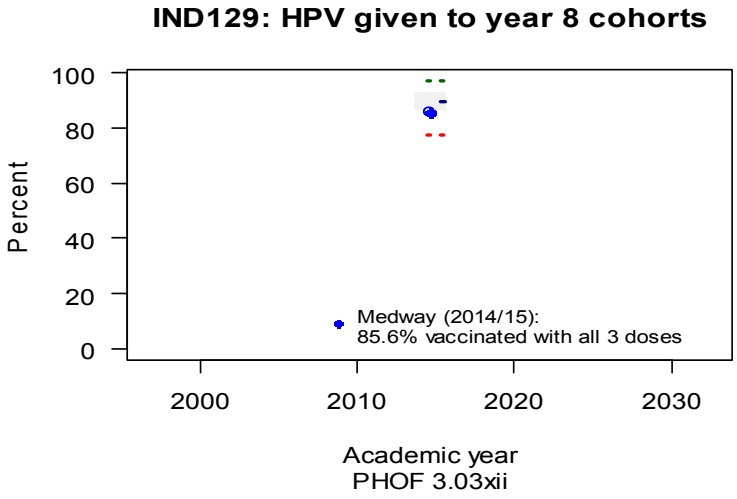
Second MMR 5 years



Medway (Q1 2016/2017): 86.1% vaccinated

Please see narrative for IND115.

HPV given to year 8 cohorts

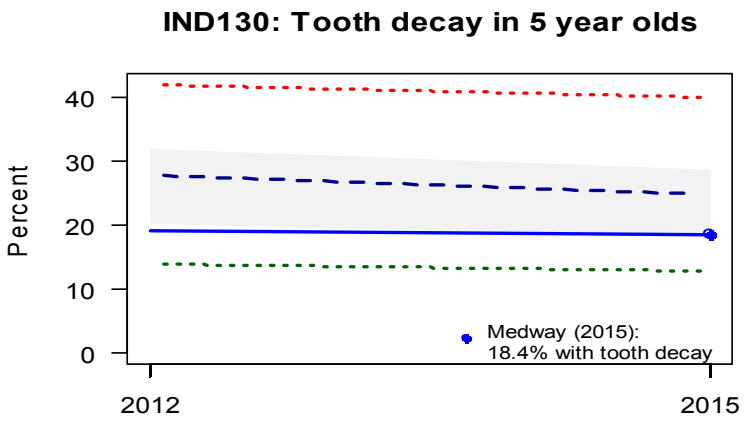


Medway (2014/15): 85.6% vaccinated with all 3 doses

Human papillomavirus (HPV) is a virus which can infect the genital tract. It is primarily transmitted through sexual contact. Although many infections are short lived and cause no symptoms, some types are associated with anogenital cancers, including cervical cancer.

In September 2008, vaccination against HPV was introduced into the childhood immunisation schedule for all girls aged 12 to 13. The vaccination schedule involves three doses. The percentage of girls in Medway receiving all three doses has risen steadily.

Tooth decay in 5 year olds (2011/12)



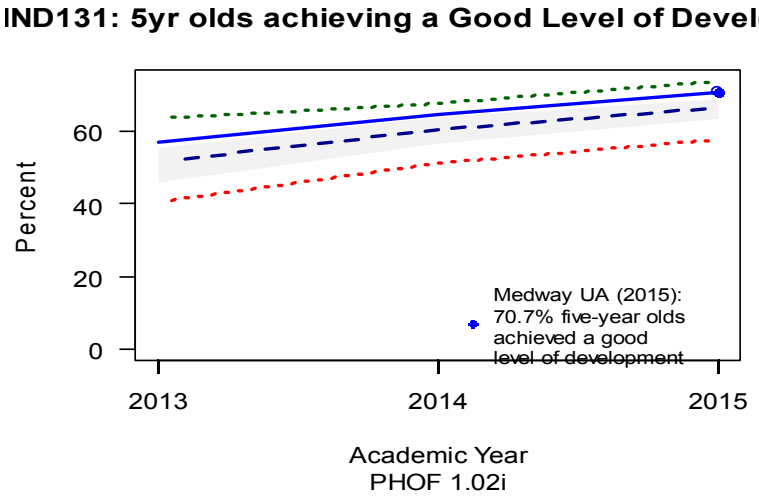
Medway (2015): 18.4% with tooth decay

Tooth decay is a predominantly preventable disease. Significant levels remain (25% of 5-year-old children have observable decay) resulting in pain, sleep loss, time off school and treatment. The National Dental Epidemiology Programme for England, Oral Health Survey of 5-year-olds is undertaken every three years and provides the data for this indicator.

The numerator is defined as the total number of obviously decayed, missing (due to decay) and filled teeth in 5-year-olds in an area.

Medway has a lower rate of tooth decay in 5-year-olds on average than England and is around the 25th percentile for Lower Tier Local Authorities for the percentage of children sampled that displayed tooth decay.

Five-year olds achieving a good level of development



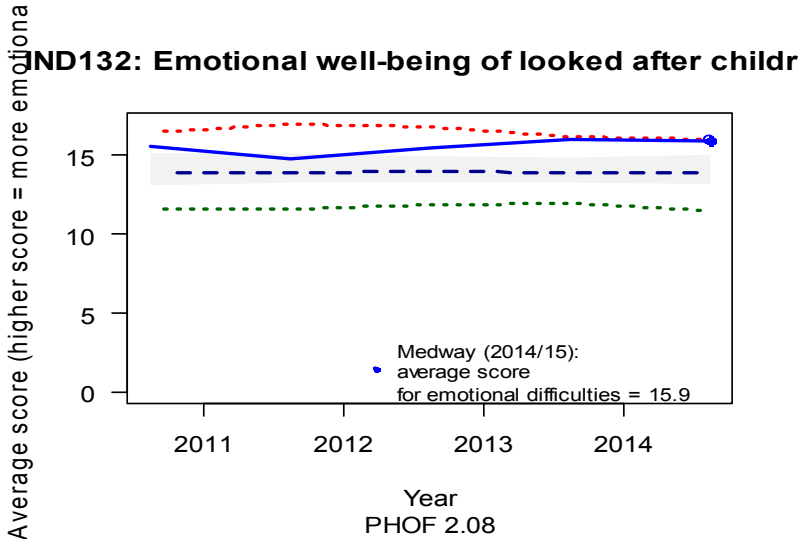
Medway UA (2015): 70.7% five-year olds achieved a good level of development

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.

For 2015, almost 71% of Medway's five-year-olds achieved a good level of development. This is significantly better than the England average.

Emotional well-being of looked after children

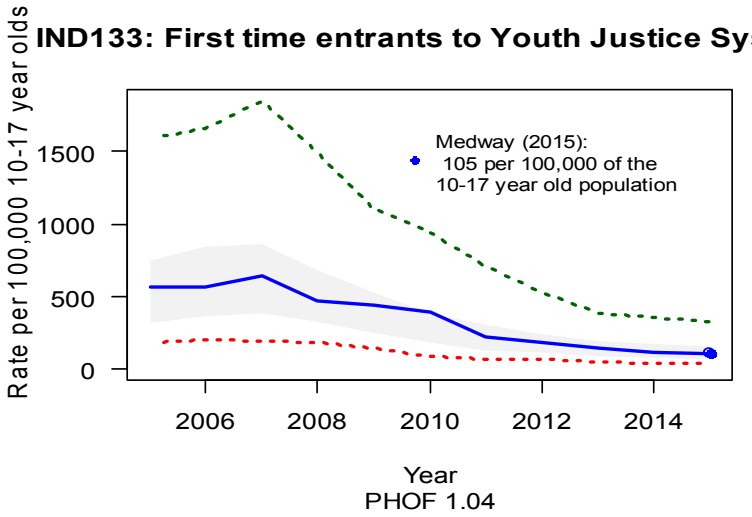


Medway (2014/15): average score for emotional difficulties = 15.9

This indicator is reported in the Public Health Outcomes Framework and is defined as "Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March". A score from 0-13 is considered normal, 14-16 is considered borderline and a score of 17 and above is categorised as being "of concern".

The attached plot shows that over recent years, Medway has moved from being a little above the England average to the 95 percentile, i.e. 95% of local authorities are now doing better than Medway. This is partly as a result of Medway performance becoming worse and also partly due to performance in other parts of the country, particularly those that were performing poorly, getting better (shown by the red line falling).

First time entrants into the Youth Justice System

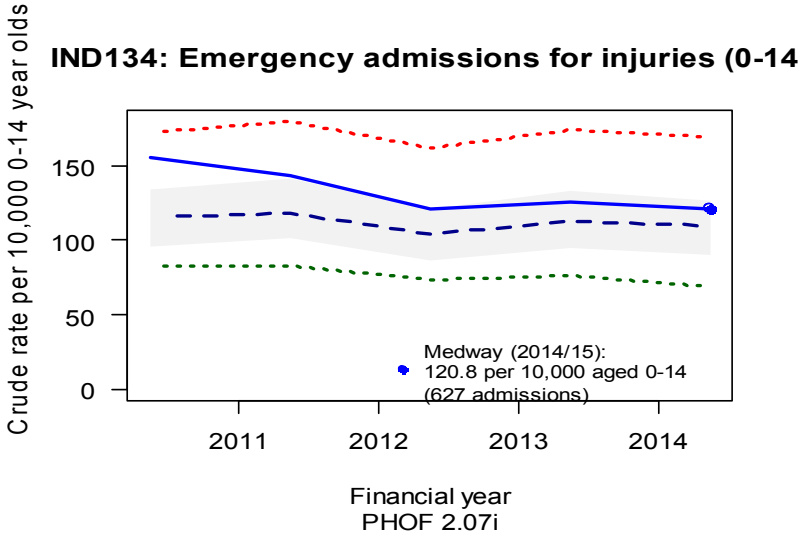


Medway (2015): 105 per 100,000 of the 10-17 year old population

The figure shows the rate of first time entrants to the youth justice system, where a young person is given a first youth caution or conviction for a proven offence.

In more recent years interventions have been put in place to divert young people away from the justice system, for example Triage and Restorative Justice. The aim is to divert young people who have committed less serious crimes away from formal sanctions.

Emergency admissions for injuries (0-14)



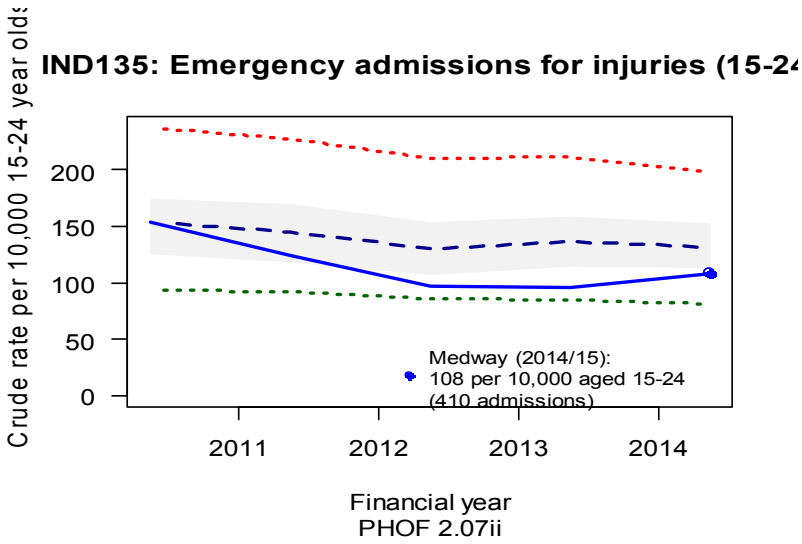
Medway (2014/15): 120.8 per 10,000 aged 0-14 (627 admissions)

Unintentional injury is a leading cause of death and hospital admission among children aged from birth to 14 years. Most injuries result from accidents in the home and there are inequalities between groups in the likelihood of these occurring - injury rates are higher in lower socio-economic groups. Many fall accidents in children are caused by pushing, shoving and wrestling.

For children under 5 taken to A&E in 2013/14 for 'other accidents' occurring in the home, the most common diagnosis was 'head injury'. For children and young people aged 5 to 14 the most

common diagnosis was 'dislocation/fracture/joint injury/amputation'. Within the national curriculum there is a requirement to teach children about hazards, risks and controls as well as road safety.

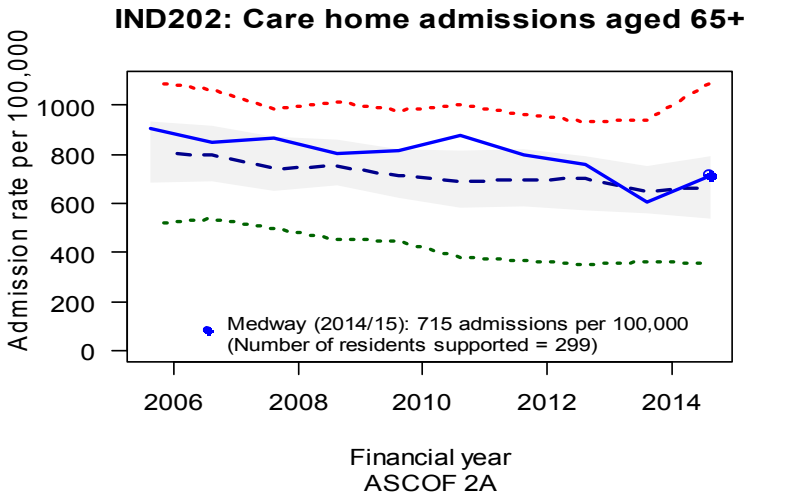
Emergency admissions for injuries (15-24)



Medway (2014/15): 108 per 10,000 aged 15-24 (410 admissions)

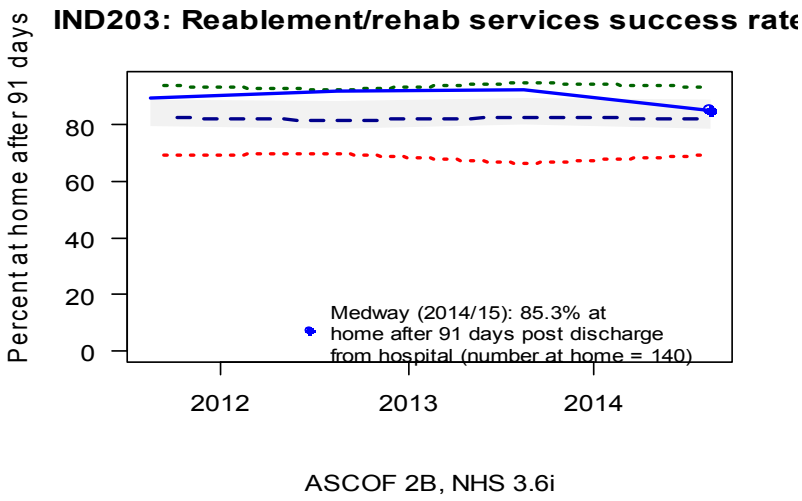
For young people aged 15 to 24 taken to A&E in 2013/14 for 'other accidents', the most common diagnoses were 'dislocation/fracture/joint injury/amputation' and 'sprain/ligament injury'.

Care home admissions aged 65+



Medway (2014/15): 715 admissions per 100,000 (Number of residents supported = 299)

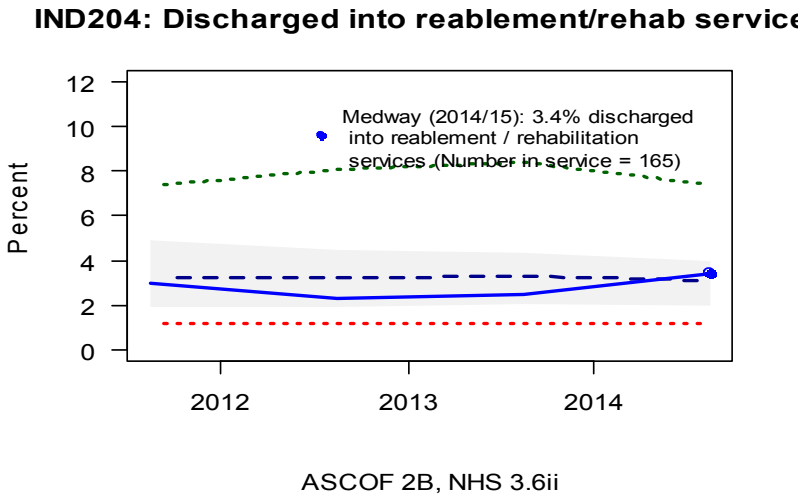
Reablement/rehab services success rate



ASCOF 2B, NHS 3.6i

Medway (2014/15): 85.3% at home after 91 days post discharge from hospital (number at home = 140)

Discharged into reablement/rehab services



ASCOF 2B, NHS 3.6ii

Medway (2014/15): 3.4% discharged into reablement / rehabilitation services (Number in service = 165)

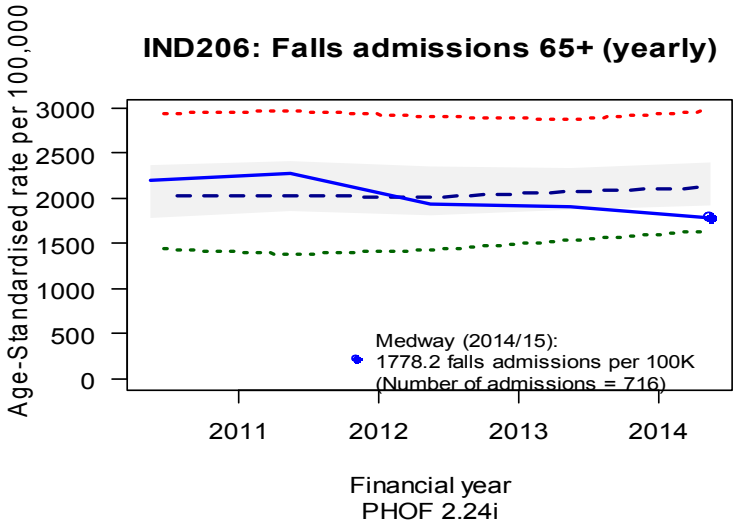
This indicator shows the percentage of older people aged over 65 who received a short-term reablement or rehabilitation care package following discharge from hospital, with the aim of maximising their independence and enabling them to remain in their own homes following their stay in hospital. The measure 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 for three months between October and December as reported from the Adult Social Care Short and Long Term (SALT) return.

In Medway, the proportion of adults aged 65+ discharged into reablement/rehabilitation services increased significantly between 2013-14 and 2014-15 with a 0.9 percentage point increase. Within the comparator group of similar councils, Medway ranked 7th out of 16, in line

with the average within the comparator group at 3.3%, and slightly above the England average of 3.1%.

We suspect that the 2014-15 percentage figure (as originally reported) is artificially high due to the Health & Social Care Information Centre using the 2013-14 number of discharges in the denominator rather than 2014-15. The true figure is probably lower. This is beyond our direct control and is currently being investigated.

Falls admissions 65+



Medway (2014/15): 1778.2 falls admissions per 100K (Number of admissions = 716)

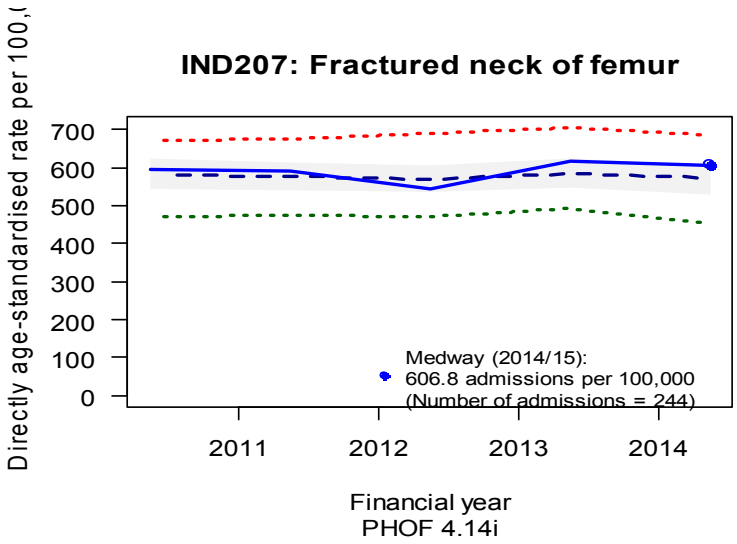
A fall is defined as 'an event whereby an individual comes to rest on the ground or another lower level with or without the loss of consciousness' (American Geriatric Society, 2001).

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 a rate of 1778.2 falls admissions per 100,000 in 2014/15. The fall admission rate is below that of England overall, placing Medway in the best 25% of local authorities.

Fractured neck of femur



Medway (2014/15): 606.8 admissions per 100,000 (Number of admissions = 244)

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).

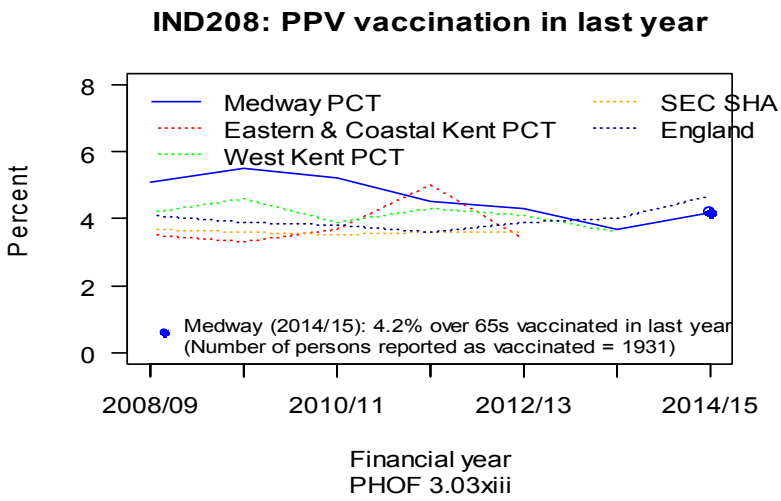
Falls are an increasingly significant public health issue due to our ageing population. Older people have the highest incidence of falls and the greatest susceptibility to injury. Up to 35% of people aged 65 and over fall each year increasing to up to 42% for those aged 70 years and above

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 most common serious consequence of falling is a hip fracture (fractured neck of femur). Often the elderly will require hospital admission and rehabilitation following a fall. Falls and fractures in the >65s account for four million hospital bed days/year in England.

The rate of emergency admissions for fractured neck of femur fluctuates substantially, with England currently higher than Medway.

PPV vaccination in last year

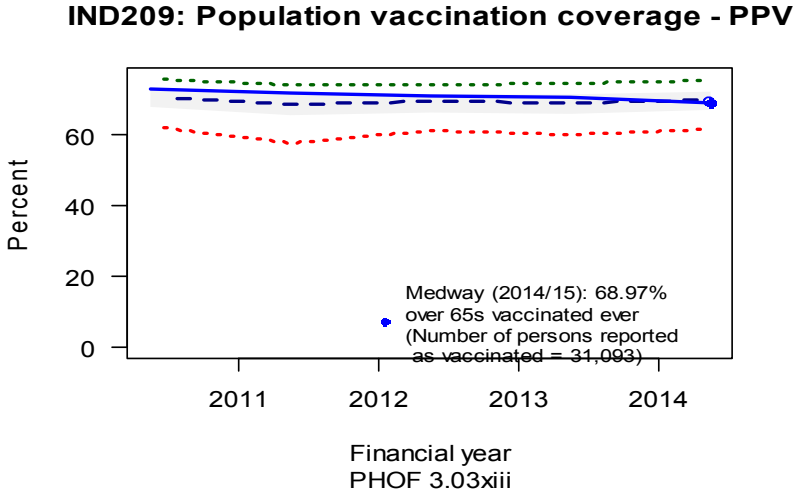


Medway (2014/15): 4.2% over 65s vaccinated in last year (Number of persons reported as vaccinated = 1931)

Pneumococcal disease is caused by the bacterium Streptococcus pneumoniae. Most disease is caused by 8 to 10 of the 90 different types. It can cause a range of different illnesses such as otitis media, sinusitis, pneumonia and meningitis. Groups most affected by pneumococcal disease are the very young, the elderly and those with impaired immune system. As well as being part of the childhood immunisation programme, the vaccine is also recommended for adults aged 65 and over and those who are in an at risk group.

As with other vaccinations there is considerable variation in uptake between practices and it is often combined with the seasonal flu vaccine.

PPV vaccination ever



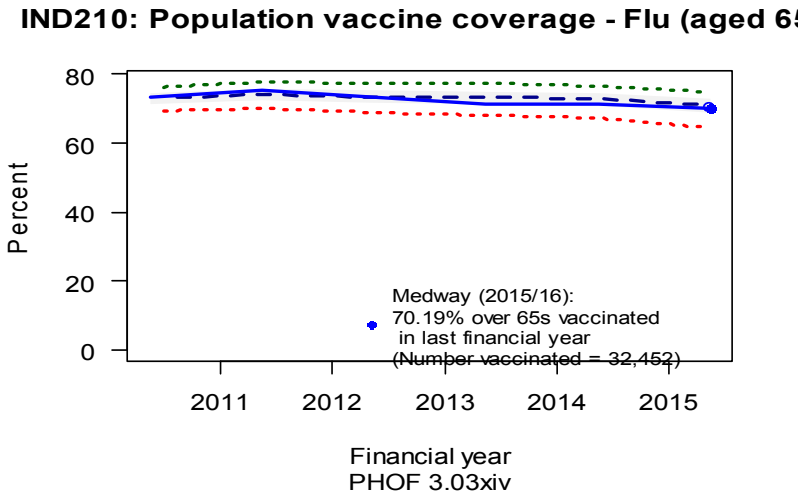
Medway (2014/15): 68.97% over 65s vaccinated ever (Number of persons reported as vaccinated = 31,093)

Pneumococcal disease is caused by the bacterium Streptococcus pneumoniae. Most disease is caused by 8 to 10 of the 90 different types. It can cause a range of different illnesses such as

otitis media, sinusitis, pneumonia and meningitis. Groups most affected by pneumococcal disease are the very young, the elderly and those with impaired immune system. As well as being part of the childhood immunisation programme, the vaccine is also recommended for adults aged 65 and over and those who are in an at risk group.

As with other vaccinations there is considerable variation in uptake between practices and it is often combined with the seasonal flu vaccine.

Flu vaccination 65+



Medway (2015/16): 70.19% over 65s vaccinated in last financial year (Number vaccinated = 32,452)

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.

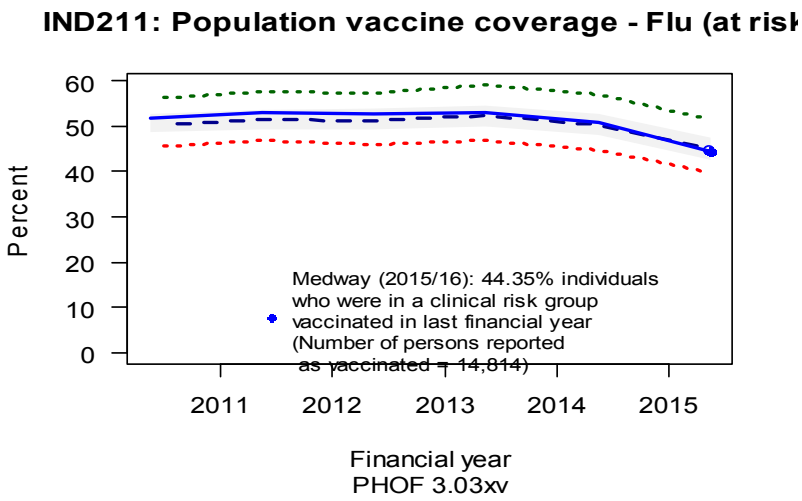
Surveillance of influenza vaccine uptake takes place throughout the season (September to January) each year.

Uptake of seasonal flu immunisation is monitored throughout the vaccination season both by PHE and, through the ImmForm website, by the Public Health Directorate.

In 2015/16, 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 2015/16 influenza season was published by Public Health England in March 2016. Medway's uptake for people aged 65 years and above was 70%: this is slightly higher than that for Kent and Medway overall but lower than the target uptake of 75%.

Flu vaccination 'at risk'



Medway (2015/16): 44.35% individuals who were in a clinical risk group vaccinated in last financial year (Number of persons reported as vaccinated = 14,814)

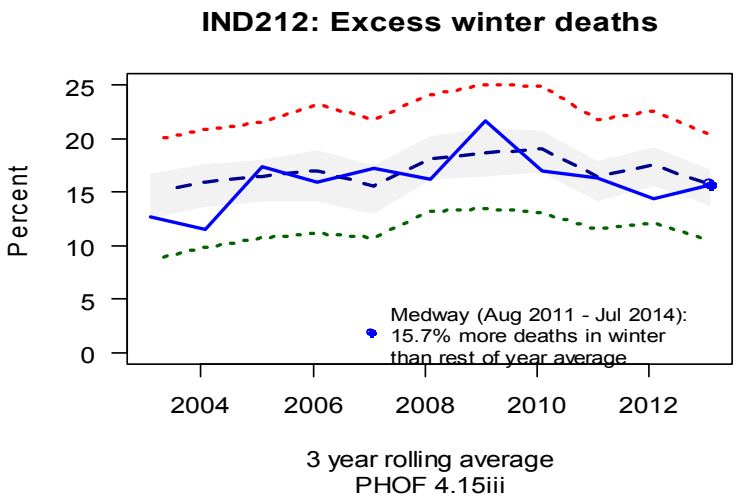
Influenza is a viral infection of the respiratory tract. Symptoms include fever, dry cough, sore throat, headache, muscle pain and fatigue. Those with underlying health problems, pregnant women and children aged two, three and four years are at an increased risk of serious illness as are those aged 65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

Uptake amongst this group of patients for Medway 2015/16 was 44%, which is slightly lower than for 2014/15. Uptake for 2015/16 for Medway was slightly higher than that for Kent and Medway overall but lower than the target uptake of 75%. Uptake has fallen across England. The range of uptake varies considerably between GP practices.

Plans are in place for Public Health to collaborate with Medway CCG to ascertain which practices are in need of support to increase their vaccination uptake, and to subsequently support these practices.

Excess winter deaths



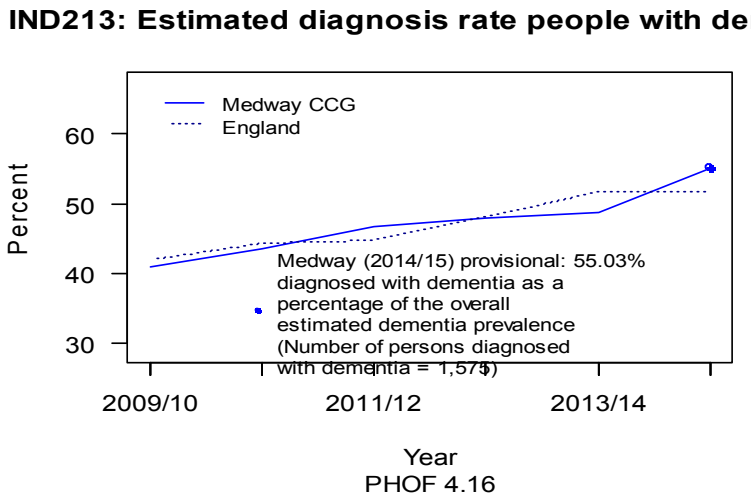
Medway (Aug 2011 - Jul 2014): 15.7% more deaths in winter than rest of year average

In common with other areas, Medway experiences higher levels of mortality in the winter than in the summer. Studies have found that mortality increases as mean daily temperatures fall (below 18 degrees) and, in England and Wales, the total excess winter mortality is estimated to be around 30,000 per annum.

Although excess winter mortality (EWM) is associated with low temperatures, conditions directly relating to cold, such as hypothermia, are not the main cause of EWM. The majority of additional winter deaths are caused by cerebrovascular diseases, ischaemic heart disease and respiratory diseases. Mortality in England and Wales however, increases more than in other European countries with colder climates, suggesting that factors other than temperature also contribute. There is no clear cut explanation for excess winter mortality.

EWM is calculated by comparing the number of deaths in December to March with the average number of deaths occurring in the preceding and subsequent four months.

Estimated diagnosis rate for people with dementia

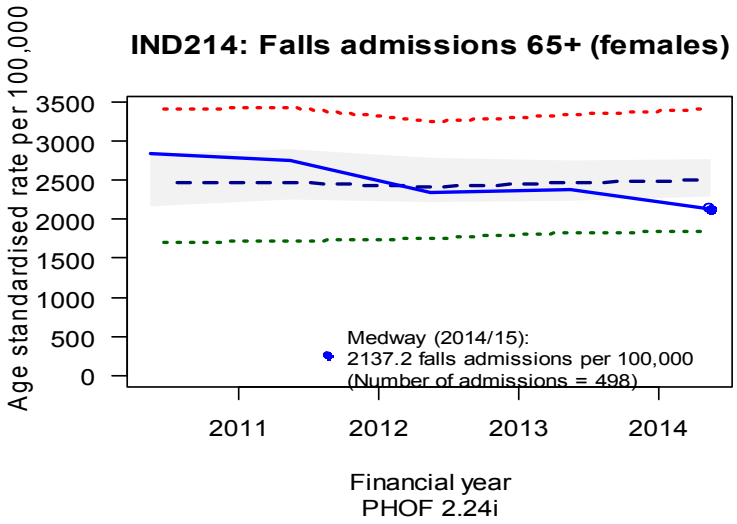


Medway (2014/15) provisional: 55.03% diagnosed with dementia as a percentage of the overall estimated dementia prevalence (Number of persons diagnosed with dementia = 1,575)

The provisional estimated rate of diagnosis of dementia in Medway for 2014/15 (based on March 2015 data) was 55.03% in 2014/15. 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, just over 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. In 2014/15 there appears to have been an increase in the Medway rate of diagnosis compared with the England rate which has remained fairly static. This is a positive outcome and may reflect the fact that the CCG has had a focus on increasing dementia diagnosis rates.

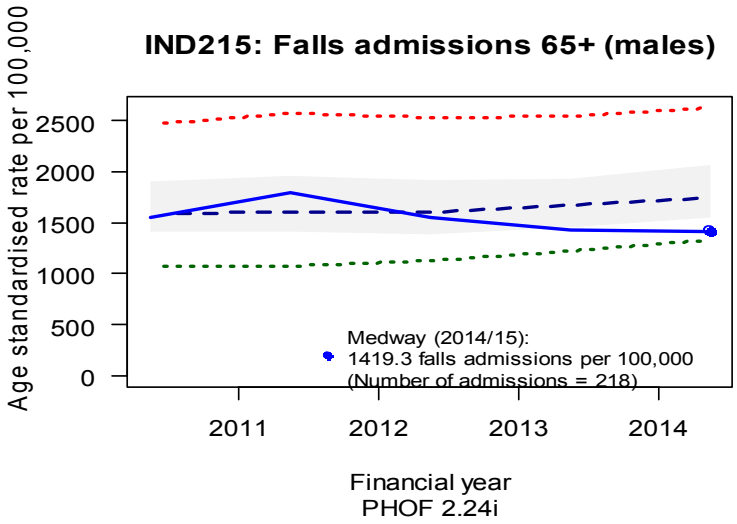
Some caution should be exercised in interpreting this data however, both because the rate is based on an estimate of prevalence, and because the nature of the condition may make early diagnosis difficult.

Falls admissions 65+ (females)



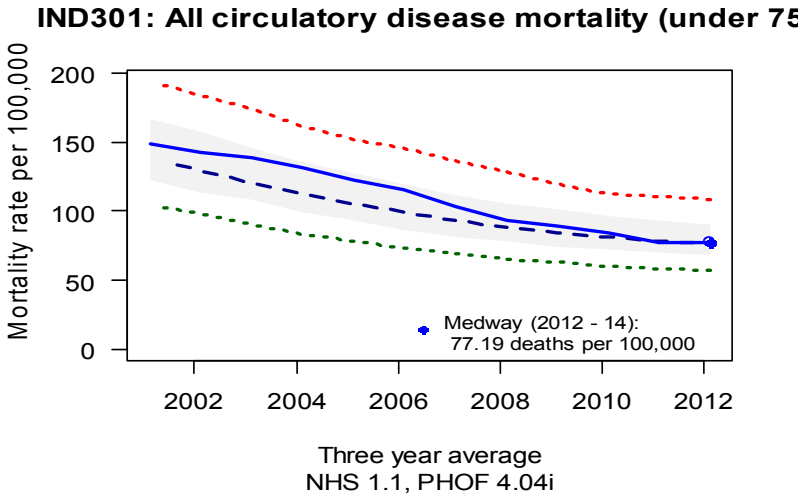
Medway (2014/15): 2137.2 falls admissions per 100,000 (Number of admissions = 498)

Falls admissions 65+ (males)



Medway (2014/15): 1419.3 falls admissions per 100,000 (Number of admissions = 218)

Circulatory disease mortality (under 75)



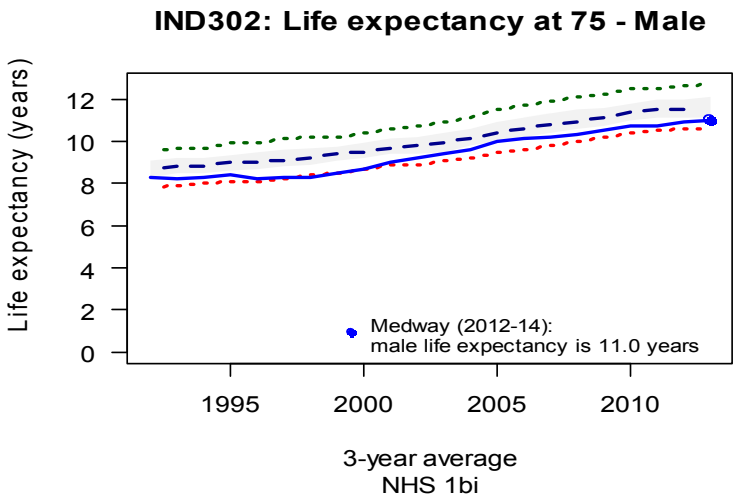
Medway (2012 - 14): 77.19 deaths per 100,000

There have been significant improvements in premature mortality rates for cardiovascular disease (including heart disease and stroke). In 2012-14, the difference between Medway and England was not statistically significant demonstrating that the gap has been closed; the Medway rate was 77.2 per 100,000 and the England rate was 75.7 per 100,000. However, mortality rates from CVD considered preventable (< 75 years) in Medway are significantly higher (54.9 per 100,000) than the national average (49.2 per 100,000) (2012-2014). Tackling premature death and ill health, including CVD has been identified as a priority in the Medway Joint Health and Wellbeing Strategy.

Medway GP practices participate in the NHS Health Checks programme, which focuses on checks for people aged between 40 and 74 at risk of type 2 diabetes, heart disease, stroke and kidney disease. A review of stroke services has recently been undertaken for Kent and Medway. This is informing work which is currently underway, led by NHS England, to reconfigure stroke services across Kent and Medway to ensure that they are compliant with national best practice. This

review will be aligned to the Urgent and emergency care programme and the Kent and Medway Strategic Transformation Plans.

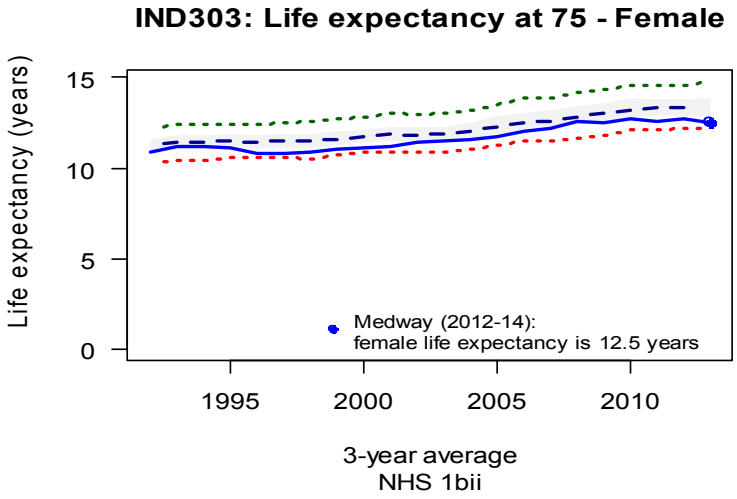
Life expectancy at 75 - Male



Medway (2012-14): male life expectancy is 11.0 years

Life expectancy at the age of 75 for men in Medway is 11.0 years. This figure is based on a 3-year average, and has been steadily rising over the last few years. Medway's life expectancy at 75 is significantly below the South East and national average at the 95% level.

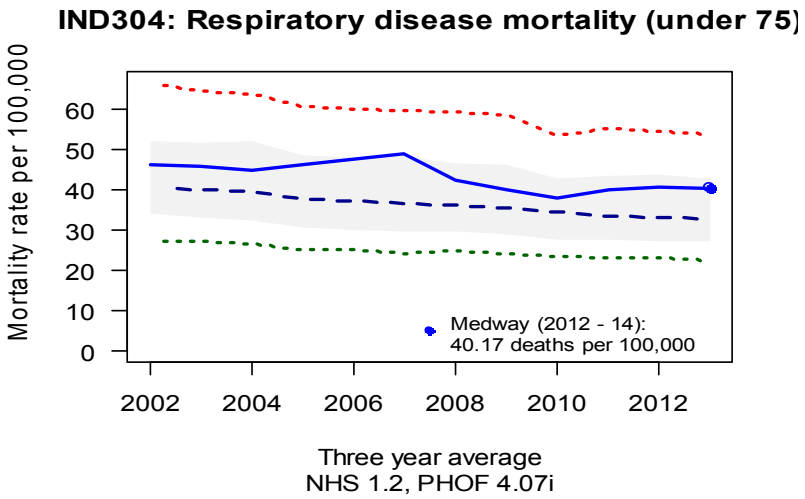
Life expectancy at 75 - Female



Medway (2012-14): female life expectancy is 12.5 years

Life expectancy at the age of 75 is 12.5 years for women. This figure is based on a 3-year average, and has been steadily rising. Medway's life expectancy at 75 is significantly below the South East and national average at the 95% level.

Respiratory disease mortality (under 75)



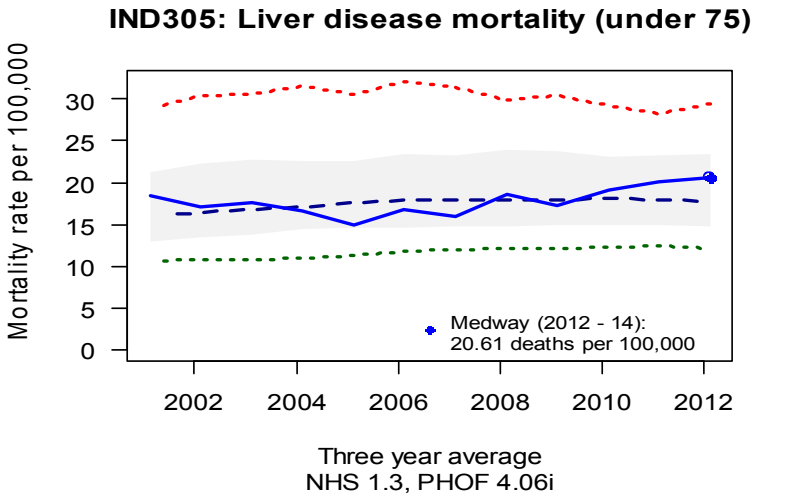
Medway (2012 - 14): 40.17 deaths per 100,000

Nationally the trend in the respiratory disease mortality rate has fallen consistently over the past ten years. Although consistently higher, the Medway rate has generally tracked this downward trend but has recently risen to be significantly higher than England as illustrated by the non-overlapping 95% confidence intervals. The age-standardised rate of mortality from respiratory disease in Medway was 40.2 deaths per 100,000 between 2012-2014, compared to the rate in England of 32.6 deaths per 100,000.

COPD remains one of the most common causes of respiratory deaths in England and indeed Medway. Public Health, Medway CCG and Medway Community healthcare and Medway Foundation Trust are working in partnership to encourage the identification of undiagnosed cases of COPD in General Practice and to develop an effective care pathway for these patients and those already diagnosed with COPD.

A Supported discharge scheme shown to be effective in reducing the length of stay from 8 to 4.8 days for patients with COPD exacerbations has been rolled out fully in MFT.

Liver disease mortality (under 75)



Medway (2012 - 14): 20.61 deaths per 100,000

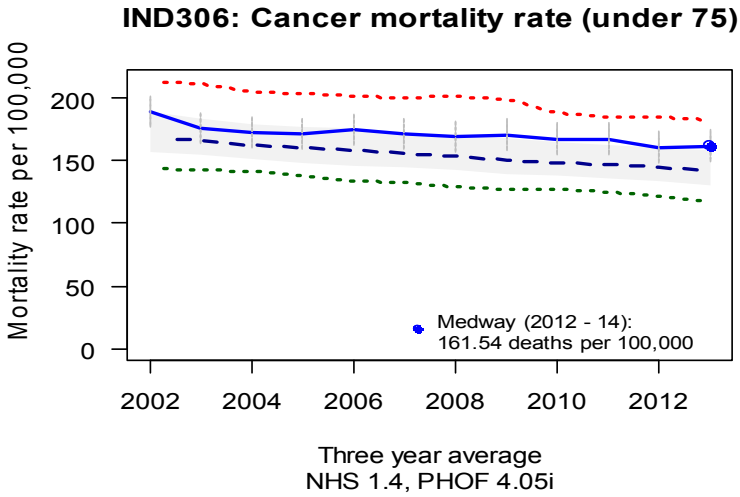
Premature mortality rate due to liver disease has remained fairly stable over the last 11 years, with a slight but not significant rise between 2001-03 and 2012-14 from 18.47 to 20.6 per 100,000. In 2012-14 there were 136 deaths due to liver disease.

Two key drivers for liver disease burden and mortality are alcohol and obesity.

Medway's Public Health Team commission and deliver a wide range of interventions and programmes which promote healthy weight through healthy eating and physical activity across the entire spectrum of ages. Further details of these initiatives can be provided if required.

Work with partners around alcohol licensing, Intervention and Brief Advice training and recent roll out of the MFT alcohol liaison service pilot are examples of current initiatives which are in place and aim to prevent and reduce alcohol related harm.

Cancer mortality rate (under 75)



Medway (2012 - 14): 161.54 deaths per 100,000

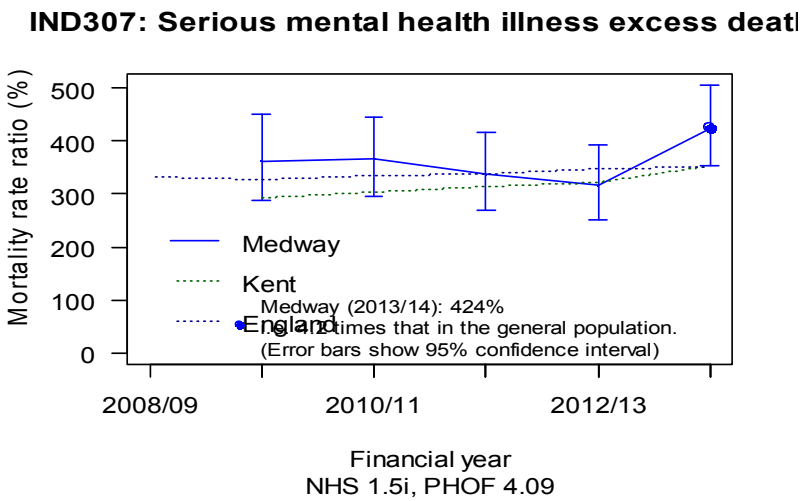
Premature mortality due to cancer has fallen over the last 10 years by 8.0% from a rate of 175.52 per 100,000 in 2002-04 to its current (2012-14) figure of 161.54 age-standardised deaths per 100,000. However, cancer remains the leading cause of premature deaths for both genders, accounting for almost 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 (141.5 per 100,000). Public Health England is running various national cancer campaigns to raise awareness of cancer symptoms.

Locally various actions taken to reduce cancer mortality include:

- The delivery of various cancer campaigns aimed at increasing public awareness of lung, breast and colorectal cancers symptoms including CRUK cancer roadshow which was very successful.
- The Pearl Project aimed at increasing bowel cancer screening uptake, led by the Southern Hub Bowel Cancer Screening Programme in partnership with Public Health and Medway CCG has been implemented. Forty-three practices in Medway signed up to participate in this project. The results from this project are awaited.
- Work with NCIN, MFT to improve the recording of staging of cancer.

Work with partners to investigate why mortality from cancer still remains high in Medway is underway. Public Health has produced a cancer report detailing the top ten cancers contributing to premature mortality in Medway with further actions developed and agreed with partners to tackle the high premature mortality in Medway.

Serious mental health illness excess deaths



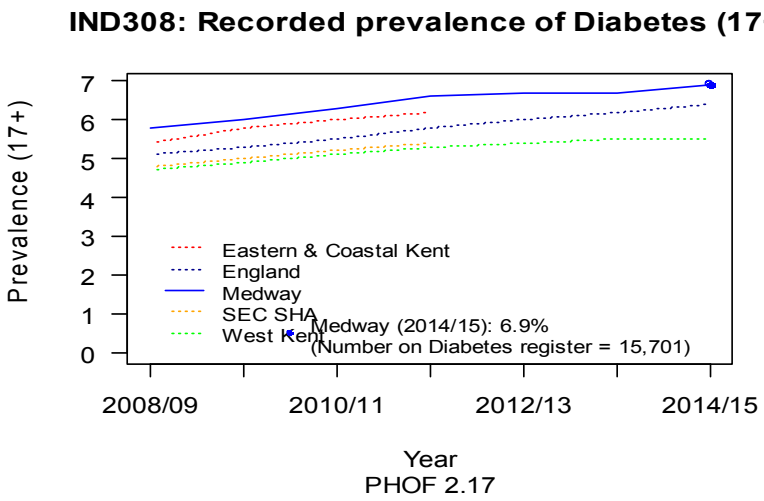
Medway (2013/14): 424% i.e. 4.2 times that in the general population.

People with serious mental health illness are more likely to die prematurely compared to the general population. The ratio of excess premature death for those with serious mental health illness in Medway is higher than the average for England and for Kent. The confidence intervals for this data indicate that this comparison should be treated with caution however this indicator should be monitored carefully going forward to ensure that there is no ongoing trend.

'Adults with serious mental illness' are defined as anyone aged 18-74 who has been in contact with the secondary mental care services in the current financial year or in ether of the two previous financial years who is alive at the beginning of the current financial year. Data linkage between ONS mortality data and the Mental Health Minimum Dataset has been completed using NHS number.

It needs to be noted that the way in which the Mental Health Minimum Dataset is processed has changed from financial year 2011/12 onwards. Therefore it is not advisable to directly compare 2011/12 figures with those from previous years. The changes mean that more people are now captured, and on balance it is believed the increase represents a more accurate and comprehensive picture of service activity.

Recorded prevalence of Diabetes (17+)



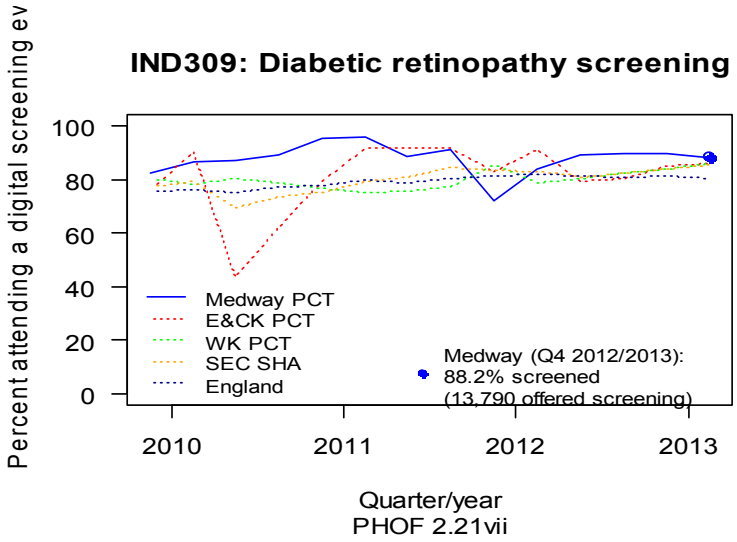
Medway (2014/15): 6.9% (Number on Diabetes register = 15,701)

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly. Increasing age and being obese increases the likelihood of someone developing diabetes. Usually by the time an individual is diagnosed with the condition, they would have already developed complications such as kidney disease, heart disease and retinopathy. Hence early identification and treatment is crucial to achieving good outcomes. Medway NHS Health checks programme aims primarily at identifying those at risk of certain conditions including diabetes and secondarily at identifying those who are unaware they have a disease such as diabetes.

In 2013/14, there were 15,256 people aged 17 years and above diagnosed with diabetes in Medway. The prevalence of diabetes in Medway is higher compared with the England average. There has been a steady increase in prevalence of diabetes in Medway. This may partly be explained by our high prevalence of obesity compared with England as a whole but also because more new cases are being diagnosed.

NB: From 2012/2013,Medway changed from a PCT to a CCG. No further updates will be available for the other PCTs, therefore only Medway, West Kent and England data has been updated from this date onwards.

Diabetic retinopathy screening

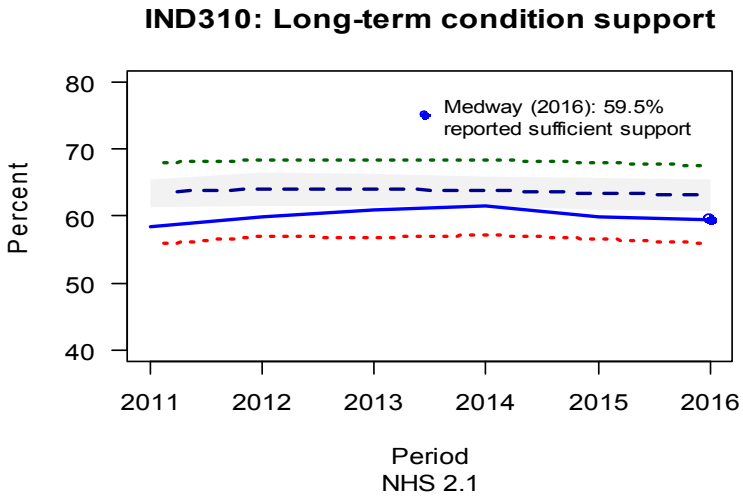


Medway (Q4 2012/2013): 88.2% screened (13,790 offered screening)

Diabetes can affect any part of the body including the eye. Diabetes retinopathy is a complication of diabetes and affects sight by damaging the small vessels at the back of the eye. Eye screening is offered yearly, free to people with diabetes (type 1 and 2) aged 12 and over. People diagnosed as having diabetes are referred by their GPs to the screening programme. Annual screening is important as early detection and effective treatment of diabetic retinopathy can prevent sight loss. Managing diabetes properly can reduce the risk of developing diabetic retinopathy or slowing the rate at which it happens.

Please note that this indicator is scheduled to be retired. Please see Indicator 316 for more recent statistics.

Long-term condition support



Medway (2016): 59.5% reported sufficient support

It is well documented that people with long term conditions (LTC) have better lives when they are supported to take care of their conditions themselves. (Supporting People with Long Term

Conditions - A guide to developing local strategies and good practice provides a strategic focus towards delivering this initiative).

In a GP Patient Survey, fewer people with LTC in Medway (64.3 %), compared with other areas agreed they felt supported to manage their condition. Medway CCG, Medway council, Medway Foundation Trust and patients are working together in delivering a programme focused on enhancing shared decision-making and improving the experience of people with long term conditions.

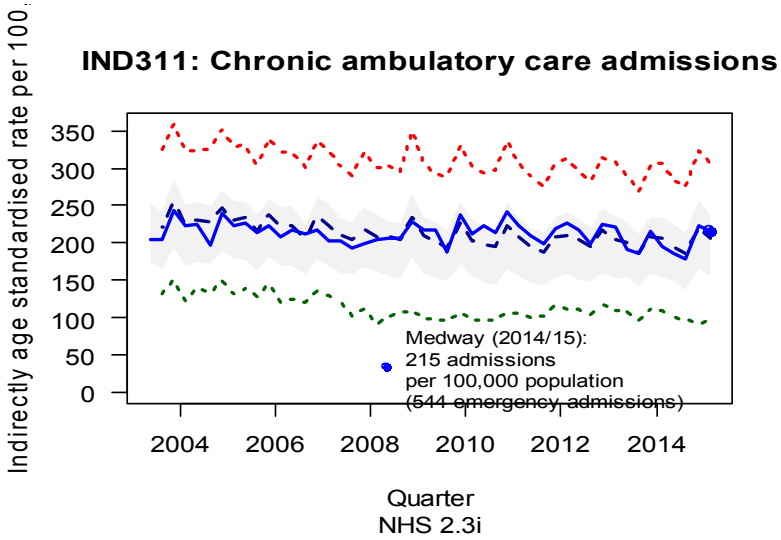
Medway's strategy for improving how people are supported to live with their long term conditions has evolved and now focuses on: Patient identification through use of risk stratification; developing Integrated Care teams; improving self-care and deliver shared decision making.

These three key strategies are underpinned by an ongoing commitment to embed teletechnology into local services and deliver more sustainable models of care.

Since 2011 the survey has been sent out twice a year. The first wave is conducted between January and March and the second between July and September. Due to new weighting procedures, 2011/12 data cannot be compared to previous years' data even where same questions have been asked.

NB: from January 2013 to September 2013 period onwards Medway data is presented at a CCG level, not a PCT level.

Chronic ambulatory care admissions

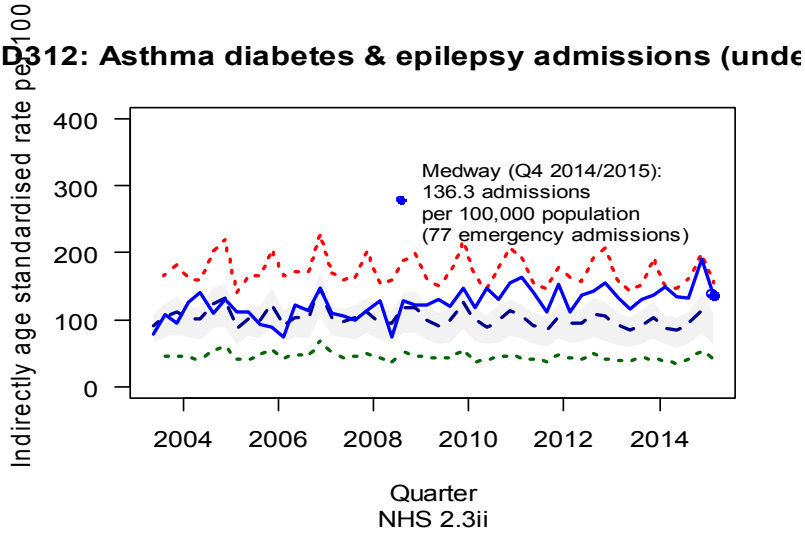


Medway (2014/15): 215 admissions per 100,000 population (544 emergency admissions)

Ambulatory Care Sensitive (ACS) conditions are chronic conditions for which it is possible to reduce the need for hospital admission through management measures such as vaccination, better self-management, disease and case management or lifestyle interventions. Admissions for ACS conditions can be both a significant burden on emergency services and costly.

A King's Fund briefing in 2012 (Tian et al) calculated that these conditions accounted for 15.9% of all emergency admissions in 2009/10, and for a core set of 19 ACS conditions, cost the NHS £1.42 billion for the same period. Medway CCG had a programme focus for 2013/14 working with and across providers to reduce admissions, lengths of stay, and improve patient experience for ACS.

Asthma, diabetes and epilepsy admissions



Medway (Q4 2014/2015): 136.3 admissions per 100,000 population (77 emergency admissions)

Unplanned hospitalisation in those aged under-19 for these common conditions in Medway has historically kept pace with, or been slightly above, the England average. However in the last couple of years it has risen significantly above the England average.

Asthma and epilepsy admissions (rather than those for diabetes) are primarily responsible, with a large rise in asthma admissions in 2010/11 which has been sustained. There has been no obvious change in coding or process within MFT (the main provider of these services for the Medway population).

An audit of emergency paediatric admissions for asthma was undertaken in 2014 by Public Health and presented to Medway CCG's Children and Families Clinical Strategy Group in September 2014. The audit highlighted a low recorded prevalence of asthma amongst children in Medway with wide variation amongst Medway Practices. This suggests that asthma is under-diagnosed amongst children in Medway. Other issues which related, for example, to the appropriateness of coding of wheezy children, the appropriateness of the tariff assigned to short stay asthma admissions and aspects of care within primary care, secondary care and A&E were also highlighted by the audit. A Task Group of the CCG Clinical Strategy Group was established and an action plan has been in place to systematically address the audit's recommendations.

Progress against the action plan includes provision of education and training sessions for GPs around the use of asthma self-management plans and the development of Emergency Department guidelines at Medway Foundation Trust for the management of the acutely wheezy child.

Experience of community mental health services

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 questions were asked relating to 9 topic areas, as listed in the table above. Questions included those 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 advises that questions across all 9

areas should be assessed in order to establish how the trust is performing in relation to 'service user experience'.

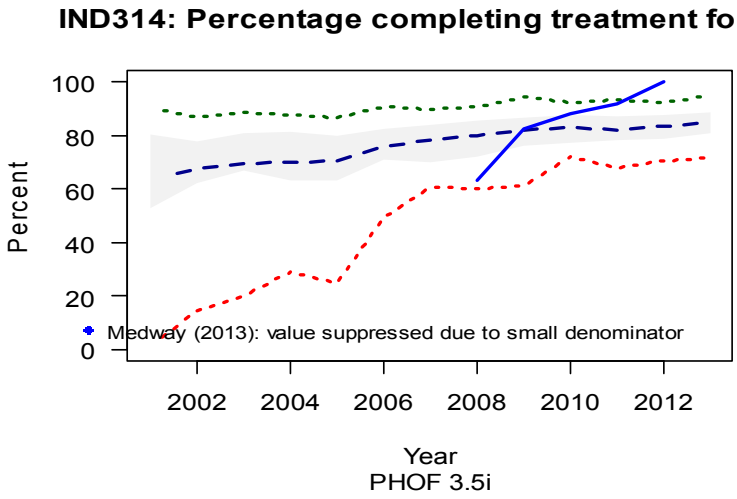
At the start of 2015, a questionnaire was sent to 850 people who received community mental health services. Responses were received from 239 people at Kent and Medway NHS and Social Care Partnership Trust. The Trust scored 'worse than expected' for 1 question across the questionnaire as a whole, for all other questions the Trust scored about the same as when compared with other trusts. This was better than the results of the 2014 survey when the Trust performed worse in 6 questions over 5 areas (National Summary of the Results for the 2014 Community Mental Health Survey). Overall in all the areas shown in the table above (for which there were multiple questions) there is no significant difference between the Trust and its comparator

The 2015 survey showed that the Trust performed worse than most other trusts in the following question:

Organising care

• How well does this person organise the care and services you need?

TB treatment completion



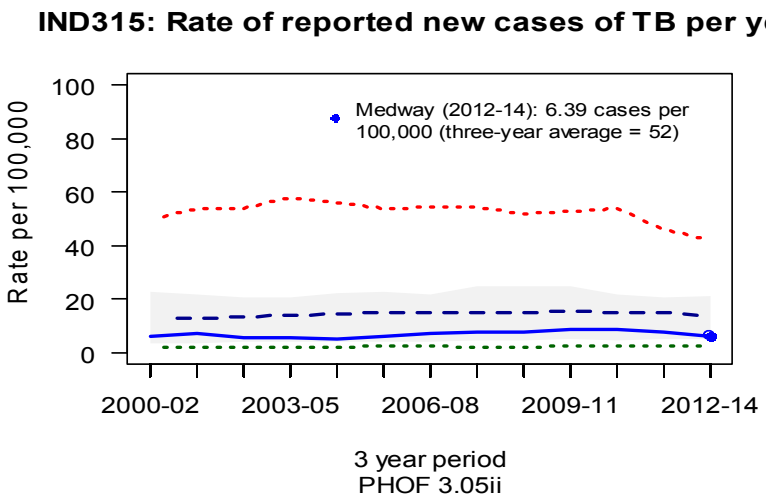
Medway (2013): value suppressed due to small denominator

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average.

Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance. Dropping out of treatment before it is completed can contribute to drug-resistant TB, and preventing the development of drug resistant TB is particularly important as it has more severe health consequences and is considerably more expensive to treat.

TB treatment completion is an indicator of the quality of TB treatment and helps inform policy decisions around local and national approaches to TB.

Rate of new TB cases

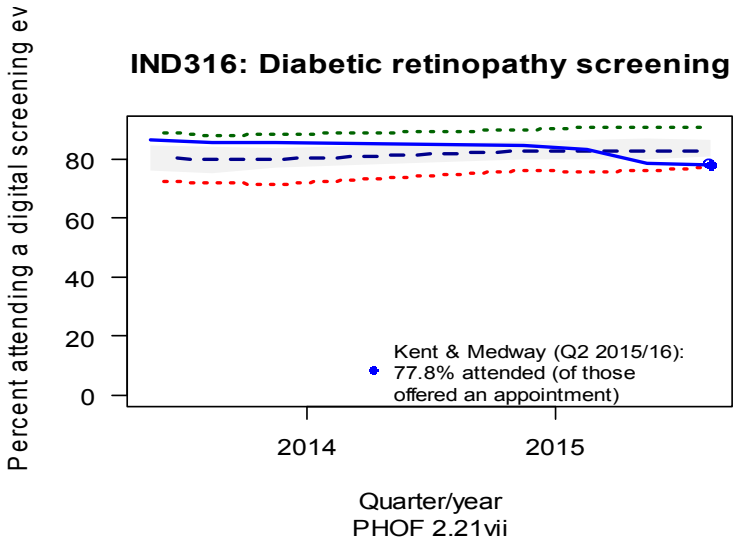


Medway (2012-14): 6.39 cases per 100,000 (three-year average = 52)

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average.It is important to monitor TB treatment completion (IND314) but in many LA areas the PHOF will not be able to publish data for this indicator because there are low numbers of cases.

TB incidence rate is a supplementary indicator to help LAs understand why treatment completion data may not be published for their area, and also to give LAs information about levels of TB in their area and surrounding areas.

Diabetic retinopathy screening



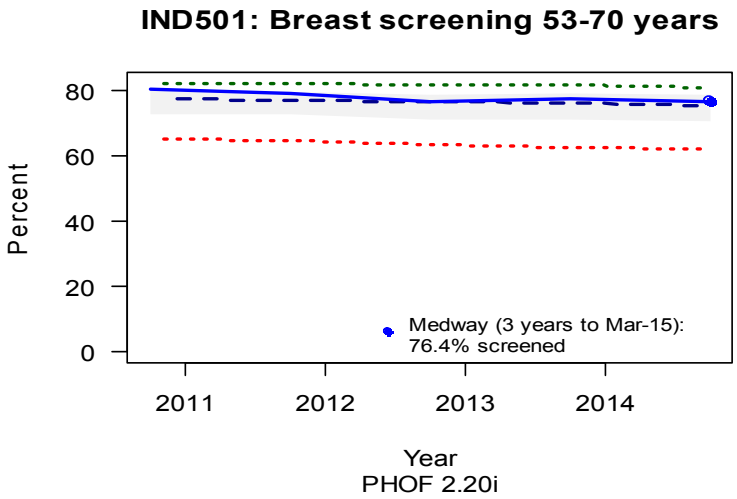
Kent & Medway (Q2 2015/16): 77.8% attended (of those offered an appointment)

Diabetes can affect any part of the body including the eye. Diabetes retinopathy is a complication of diabetes and affects sight by damaging the small vessels at the back of the eye. Eye screening is offered yearly, free to people with diabetes (type 1 and 2) aged 12 and over. People diagnosed as having diabetes are referred by their GPs to the screening programme. Annual screening is important as early detection and effective treatment of diabetic retinopathy can prevent sight

loss. Managing diabetes properly can reduce the risk of developing diabetic retinopathy or slowing the rate at which it happens.

From 2013/14 onwards, screening statistics have been published by screening centre rather than individual CCG or PCT. Due to a reporting issue with one of the system suppliers, there is currently no data available for the period from Q4 2013/14 to Q2 2014/15.

Breast screening 53-70 years



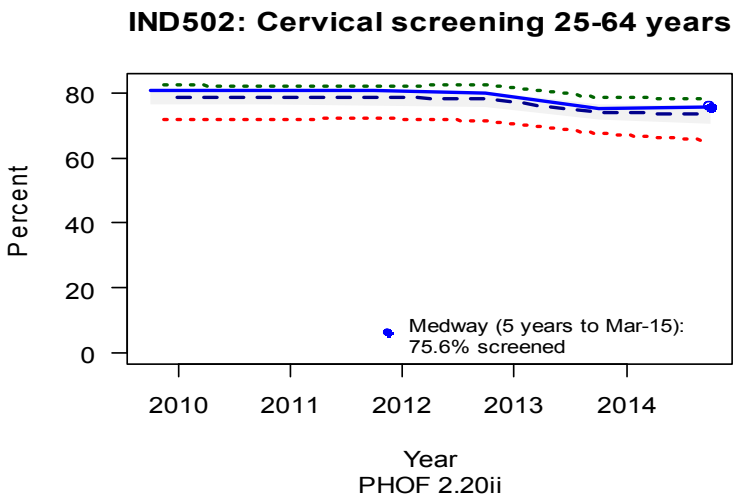
Medway (3 years to Mar-15): 76.4% screened

The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and over in a breast screening unit. The programme is a rolling one which invites women from GP practices in turn. Although not every woman receives an invitation as soon as she is 50, she will receive her first invitation before her 53rd birthday. The programme aims at detecting breast cancer at a very early stage, when treatment can be more effective and less invasive. Cancer screening is an important way to detect cancer early with around a third of breast cancers now diagnosed through screening.

The programme is now phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73. This started in 2010 and is expected to be complete by 2016.

We have observed a slight decline in screening coverage over a few years in Medway, a similar trend in other areas. The national target is 80% and Medway is slightly below, at 76.4%.

Cervical screening 25-64 years



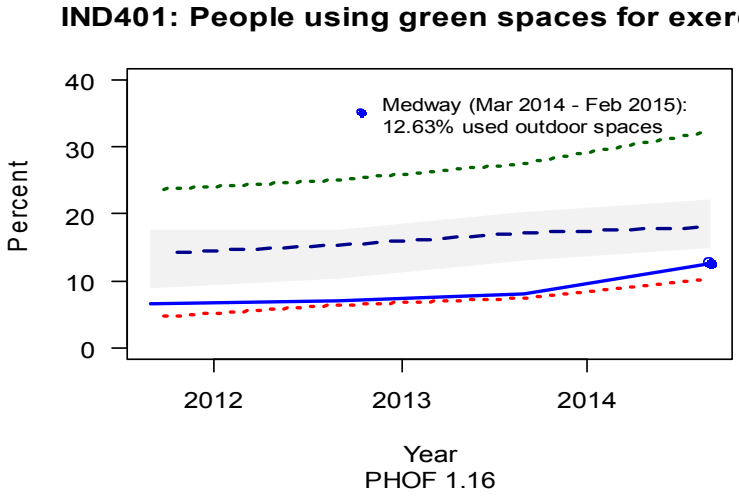
Medway (5 years to Mar-15): 75.6% screened

All women between the ages of 25 and 64 are eligible for a free cervical screening every three to five years. The programme aims at reducing the number of women who develop invasive cervical cancer and the number of women who die from it.

Cervical screening is not a test for cancer but a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in the neck of the womb. Early detection and treatment can prevent 75% of cancers developing.

The effectiveness of any screening programme depends on the coverage. This is the percentage of women in the target age group (25 to 64 years) who have been screened in the last five years. If overall coverage of 80% can be achieved, the evidence suggests that a reduction in death rates of around 95% is possible in the long term. At the end of Mar 2015 the coverage for eligible women in Medway was 75.6%.

People using green spaces for exercise



Medway (Mar 2014 - Feb 2015): 12.63% used outdoor spaces

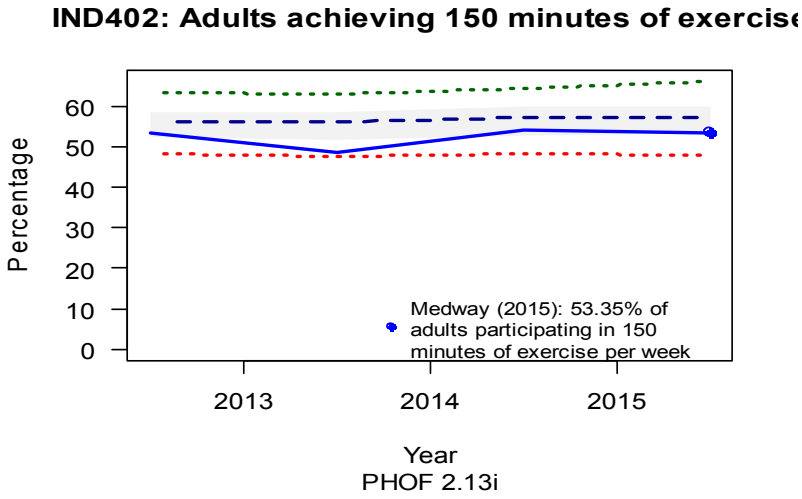
Every year at least 45,000 people aged 16 years and over across England are interviewed about their use of the natural environment in the last seven days.

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).

Due to the continued low performance of Medway compared to the rest of the country and considering its volume of high quality and seemingly popular green spaces, cross departmental officers are investigating the reason for the low performance. The data source methodology will first be reviewed and potentially replicated, to ensure it's an accurate reflection of Medway's green space usage.

Adults achieving 150 minutes of exercise



Medway (2015): 53.35% of adults participating in 150 minutes of exercise per week

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. In December 2015 the government published *Sporting Future: A new strategy for an active nation* to tackle this problem.

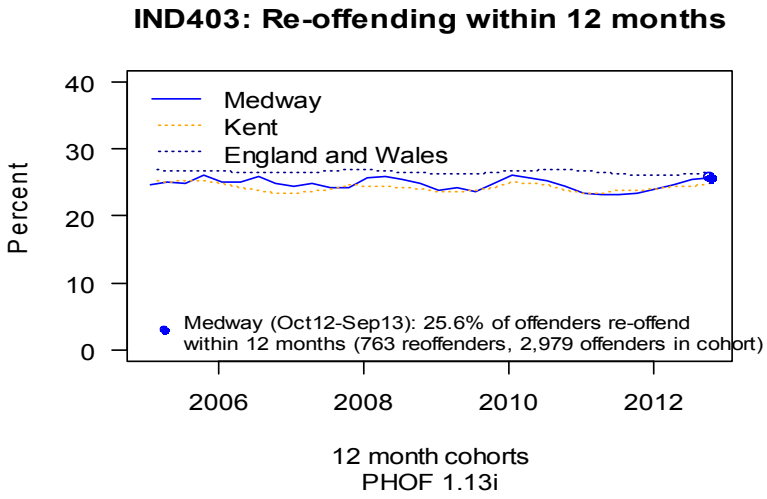
The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency (according to DoH Start Active, Stay Active Report). Since 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.

Medway Council has a range of physical activity interventions that it provides for local residents including a new cycling action plan. 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.

Re-offending within 12 months

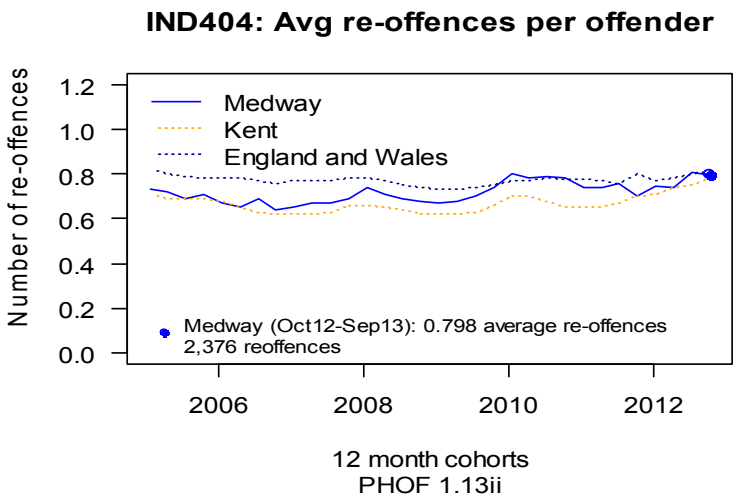


Medway (Oct12-Sep13): 25.6% of offenders re-offend within 12 months (763 reoffenders, 2,979 offenders in cohort)

The Proven Re-offending Statistics Quarterly Bulletin provides key statistics on proven re-offending in England and Wales. It gives proven re-offending figures for adult and juvenile offenders, who were released from custody, received a non-custodial conviction at court, received a caution, reprimand or warning, or tested positive for opiates or cocaine.

A proven re-offence is defined as any offence committed in a one year follow-up period that leads to a court conviction, caution, reprimand or warning in the one year follow-up or within a further six month waiting period to allow the offence to be proven in court.

Avg re-offences per offender

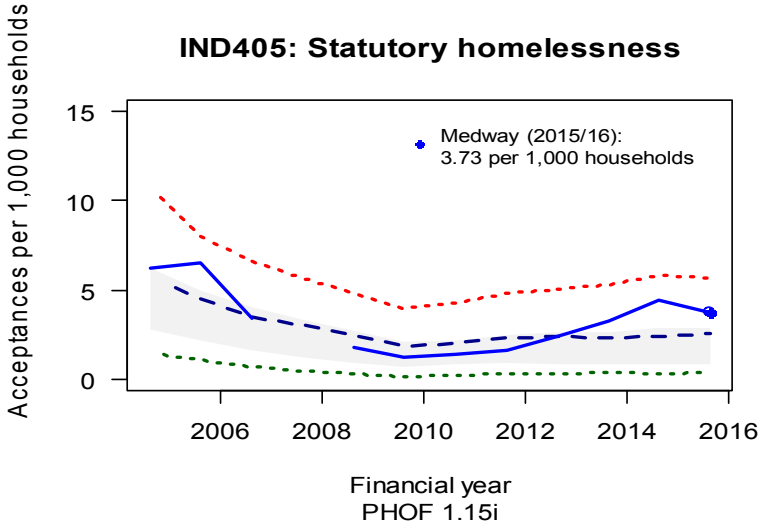


Medway (Oct12-Sep13): 0.798 average re-offences 2,376 reoffences

The Proven Re-offending Statistics Quarterly Bulletin provides key statistics on proven re-offending in England and Wales. It gives proven re-offending figures for adult and juvenile offenders, who were released from custody, received a non-custodial conviction at court, received a caution, reprimand or warning, or tested positive for opiates or cocaine.

A proven re-offence is defined as any offence committed in a one year follow-up period that leads to a court conviction, caution, reprimand or warning in the one year follow-up or within a further six month waiting period to allow the offence to be proven in court.

Households in temp accommodation



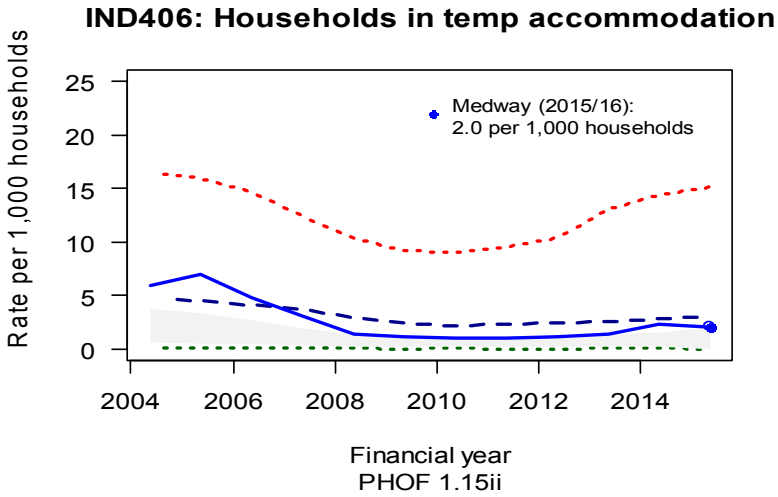
The term 'homelessness' is often considered to apply only to people 'sleeping rough'. However, most of our statistics on homelessness relate to the statutorily homeless i.e. those households which meet specific criteria of priority need set out in legislation, and to whom a homelessness duty has been accepted by a local authority.

Such households are rarely homeless in the literal sense of being without a roof over their heads, but are more likely to be threatened with the loss of, or are unable to continue with, their current accommodation.

All households that apply for assistance under the Housing and Homelessness Acts are referred to as 'decisions'. However, these do not include households found to be ineligible for assistance (some persons from abroad are ineligible for assistance).

A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group. Such statutorily homeless households are referred to as 'acceptances'.

Households in temp accommodation



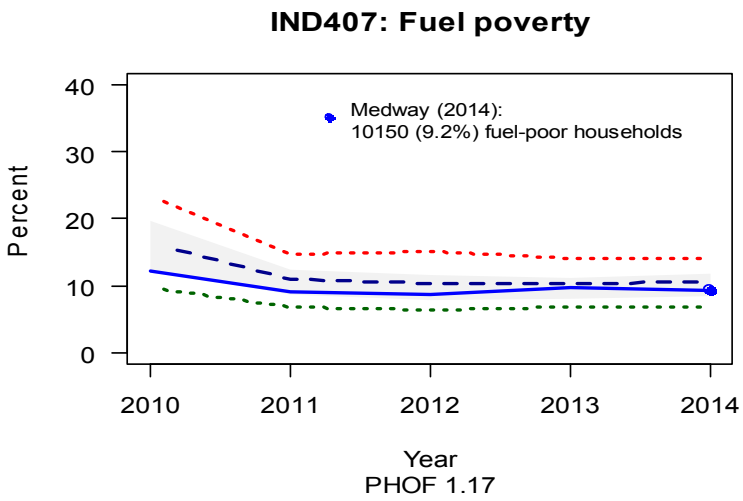
Medway (2015/16): 2.0 per 1,000 households

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.

Fuel poverty

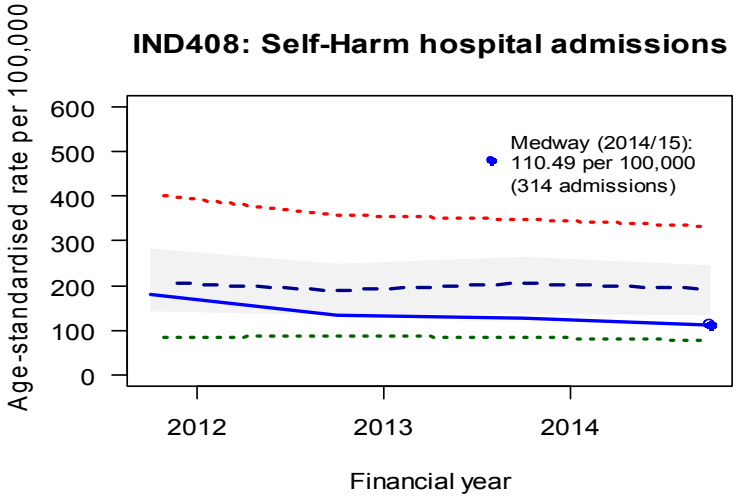


Medway (2014): 10150 (9.2%) fuel-poor households

Older people, children, disabled people and those with long-term conditions are particularly vulnerable to the health effects of living in cold, damp homes. Fuel poverty is defined as a household needing to spend more than 10% of its income on fuel to maintain an adequate level of warmth and to meet its other energy needs (ie lighting, appliances etc).

The current economic situation is likely to increase the risk of fuel poverty. In 2012, Medway had a lower percentage of fuel poor households than England overall.

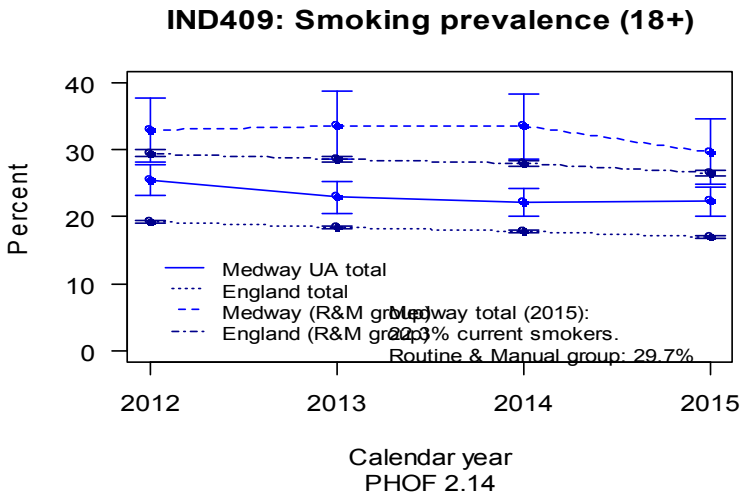
Self-Harm hospital admissions



Medway (2014/15): 110.49 per 100,000 (314 admissions)

Awaiting commentary

Smoking prevalence (18+)



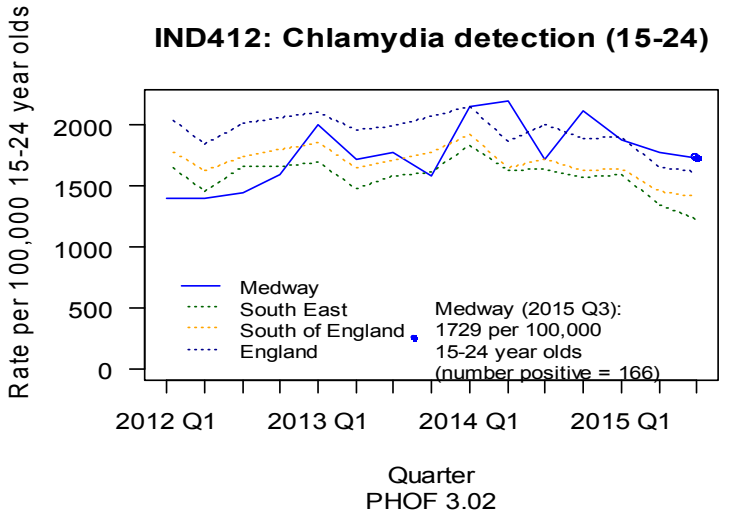
Medway total (2015): 22.3% current smokers. Routine & Manual group: 29.7%

The smoking prevalence among adults in Medway has not shown a clear trend over recent years, whilst the national rate has declined consistently. The prevalence of smoking in Medway remains significantly above the England average (16.9%). A modest downward trend, albeit not statistically significant, can be seen in the smoking prevalence in the routine and manual sub-group, with Medway and England being as 29.7% and 26.5% respectively.

Medway Stop Smoking Service (MSSS) team are assisting Medway Foundation Trust to go smokefree on the 17th October 2016. MSSS expect to see an increase in referrals from this setting following implementation which could help reduce smoking prevalence.

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 Annual Population Survey conducted by ONS.

Chlamydia diagnoses (15-24)



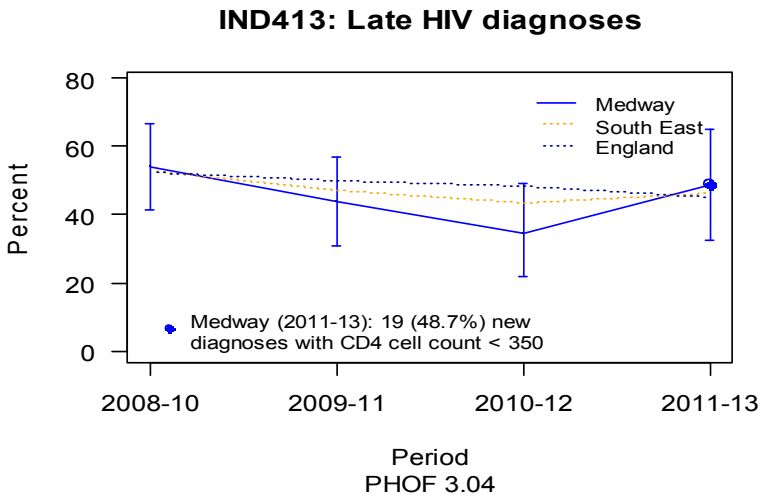
Medway (2015 Q3): 1729 per 100,000 15-24 year olds (number positive = 166)

The National Chlamydia Screening Programme requires that we achieve a positive diagnosis rate of 2,300/100,000 of population within the 15-24yr age group. Modelling suggests that achieving this and having a robust treatment and partner notification process in place will result in a 2% reduction in chlamydia prevalence each year, thereby controlling and preventing the spread of infection.

The service is now widely available across Medway. GP's continue to perform well and have increased activity and outcomes threefold since 2013. All but a handful of GP's are screening. All work streams are actively screening: Barracks, Prisons, Marie Stopes, Student Health, Pharmacies, LAC and Family Nurse Partnership. This shows good collaborative working.

CaSH services are focussing their attention on looking for positives rather than aiming for a high number of screens. Historically their positivity rates have been below what is expected from sexual health services.

Late HIV diagnoses (CD4 cell count < 350)



Medway (2011-13): 19 (48.7%) new diagnoses with CD4 cell count < 350

Late Diagnosis of HIV increases the likelihood of serious illness and the onward transmission to partners.

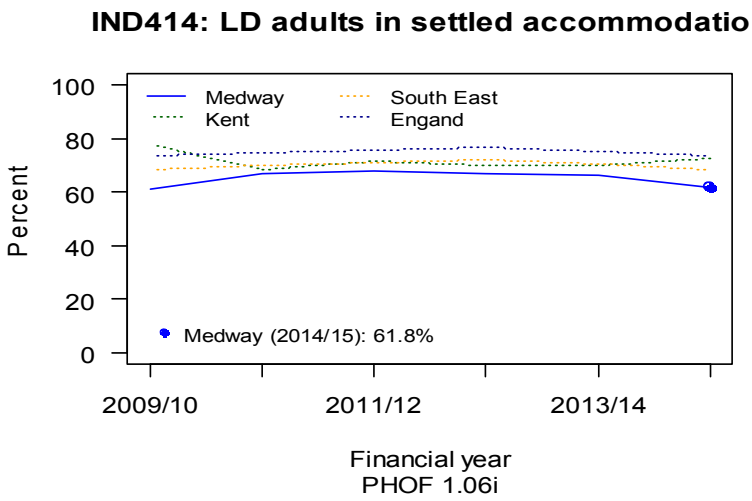
There are two groups at highest risk of being diagnosed with HIV: Men who have sex with men (MSM) and Black Africans. In the UK there has been progress made in reducing late diagnoses among MSM. Late diagnosis is still particularly high among Black African heterosexuals. HIV Prevention England also highlights late diagnosis in the over 50s as a concern.

In Medway we have commissioned Health Action Charity Organisation (HACO) to carry out rapid HIV point of care testing targeting the Black African community. A 6 month pilot project in 2013 saw 146 tests completed of which 8 were sero-reactive. The full project commenced in November 2013 HACO have been unable to meet the target screening numbers set in the contract but have had 5 sero-reactive screens.

Two local charities in partnership (Medway Gender Sexual Diversity and Metro) offer point of care testing focussed towards MSM and the LGBT communities. This service began in early 2014, uptake has been slow and Public Health are not aware of any sero-reactive screens.

The recent IMPRESS research project would seem to indicate that late diagnosis is of rising concern among older heterosexuals.

LD adults in settled accommodation

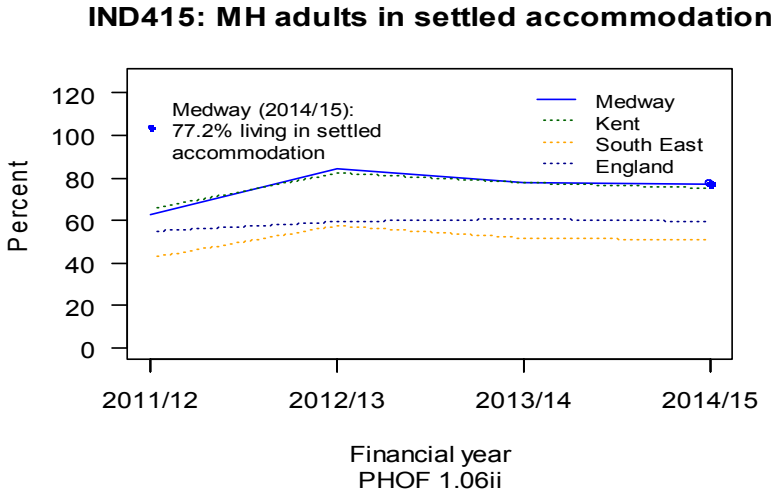


Medway (2014/15): 61.8%

The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and the risk of social exclusion.

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.

MH adults in settled accommodation



Medway (2014/15): 77.2% living in settled accommodation

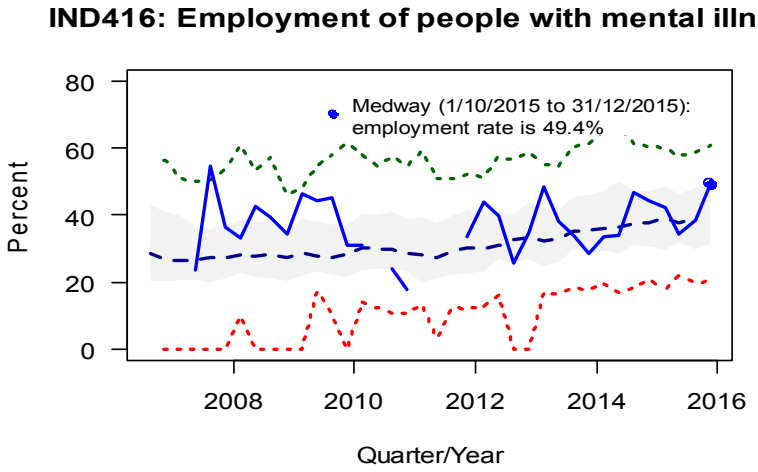
This indicator monitors Public Health Outcomes Framework indicator 1.06ii. As defined by Public Health England, this indicator only covers those aged 18-69 in contact secondary mental health services on the Care Programme Approach. **Other services provided by Medway Council are not included in this measure.**

The measure is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.

A number of changes have been proposed to the Mental Health Minimum Data Set which underpins this measure. The rationale behind the proposed changes is (i) to take account of a more frequent collection of these data (monthly instead of quarterly) and (ii) to ease replication of the methodology locally to improve consistency in reporting and so better support locally-led improvement.

Source: The Adult Social Care Outcomes Framework 2013/14 Handbook of Definitions

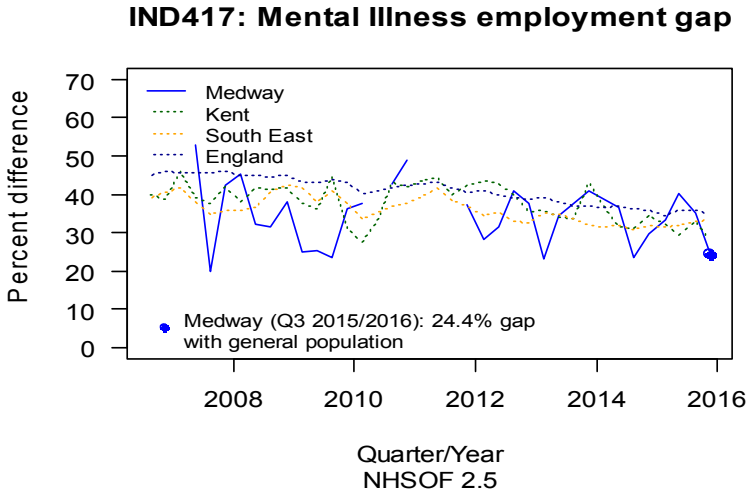
Mental Illness employment rate



Medway (1/10/2015 to 31/12/2015): employment rate is 49.4%

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

Mental Illness employment gap

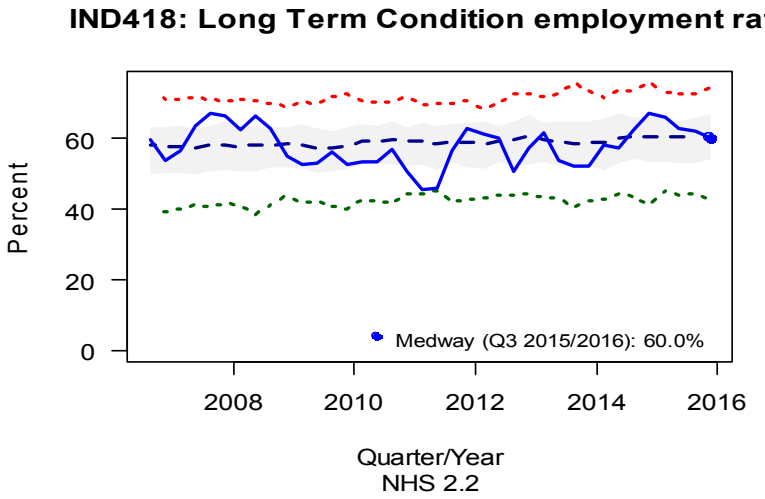


Medway (Q3 2015/2016): 24.4% gap with general population

This indicator needs to be interpreted with caution. This indicator is based on the definition of NHS Outcomes Framework indicator 2.5, using data from the HSCIC. It is complementary to PHOF indicator 1.08iii (Percentage of adults in contact with secondary mental health services in paid employment, compared to the percentage of all respondents to the Labour Force Survey classed as employed). The guidance for PHOF1.08iii, however, states that the data from the labour force survey is not robust enough for local authority level estimates, and it is reasonable to assume that the large changes seen in the rates for Medway in this plot are indicative of the fragility of the estimates.

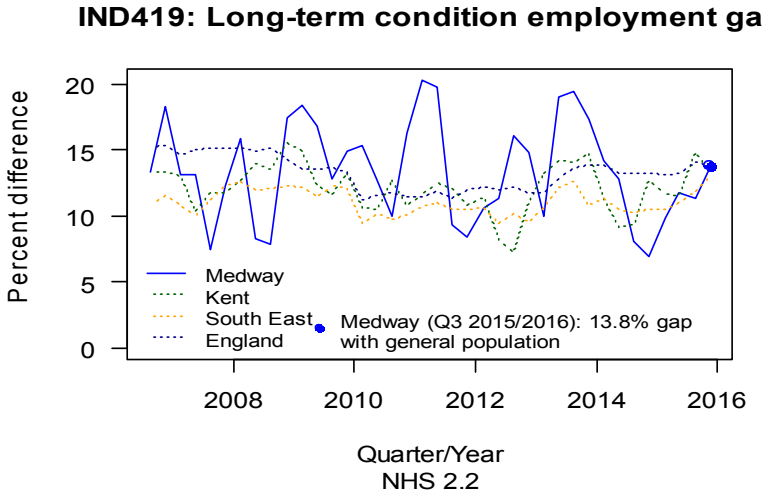
We are currently uncertain how the HSCIC have been able to produce these local authority level estimates and we will investigate.

Long Term Condition employment rate



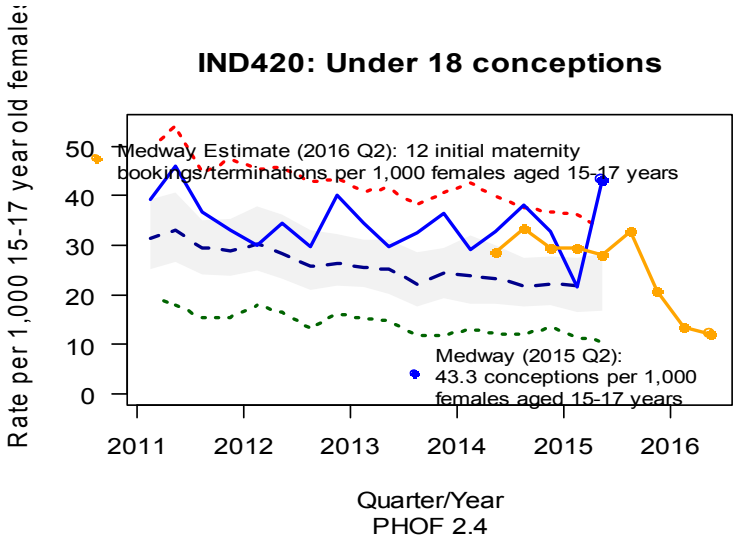
Medway (Q3 2015/2016): 60.0%

Long-term condition employment gap



Medway (Q3 2015/2016): 13.8% gap with general population

Under 18 conceptions



Medway (2015 Q2): 43.3 conceptions per 1,000 females aged 15-17 years

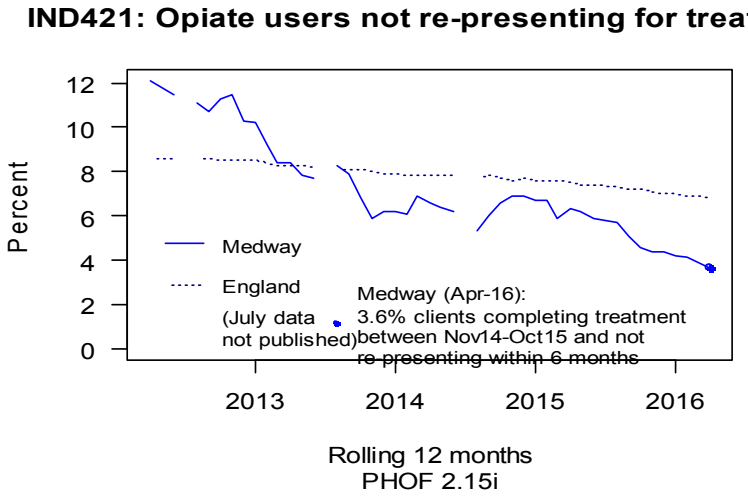
Reducing conceptions to young people aged under 18 (under-18 conceptions) has been a long standing national and local priority. Most teenage pregnancies are unplanned and approximately half end in a termination. For many teenagers, bringing up a child can be very difficult and challenging, impacting on outcomes for both the parent and child in terms of the baby's health, the emotional well-being of the mother and the long term likelihood of the child living in poverty.

The impact of poverty on health and life chances has been highlighted in recent documents. People in different social circumstances experience differences in health, well-being and length of life, creating health inequalities and a social gradient in health. The cost of health inequalities can be measured in human terms by years of life lost and in economic terms by the cost of additional illness. The rate in England dropped from 27.7 in 2012 to 24.3 per 1,000 in 2013 and there is a corresponding drop in conceptions leading to abortion. The percentage leading to abortion has increased slightly (49.1% in 2012 and 51.1% in 2013).

In Medway the rate has dropped from 33.6 in 2012 to 33.4 per 1,000 in 2013, the lowest since 1998. Of concern is that the rate of the fall has slowed and now lags significantly behind the England average. This represents only 4 less pregnancies between 2012 and 2013. Estimated conceptions do not indicate a significant fall Also of concern is the percentage of u18 conceptions leading to abortion; this has dropped from 44.6% to 40.4%, the lowest since 2005. This trend is opposite to the England average where U18 conceptions leading to abortion has increased since 2011.

The Medway estimate is calculated using the sum of the number of initial bookings made with a midwife at MFT and the number of terminations recorded by Marie-Stopes by Medway residents aged under 18 year olds of age. Each value indicates the number of maternity bookings and terminations made during each quarter; actual time of conception is unknown. Please note, this indicator is meant to be an estimate only not an accurate reflection of the absolute rate of under-18 conceptions in Medway residents. The Medway estimate does not include those conceptions which do not result in a maternity booking or termination. Also, there may be some duplication if the pregnancy is terminated following the initial booking with a midwife (generally held at 10 week post conception).

Percentage of opiate users completing treatment and not re-presenting within six months

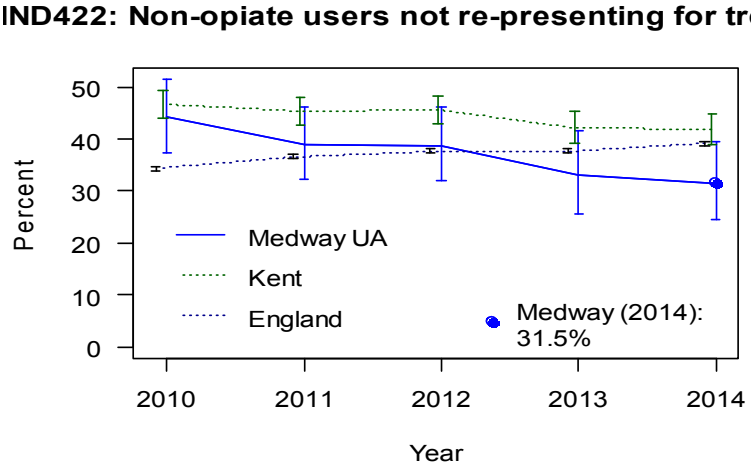


Medway (Apr-16): 3.6% clients completing treatment between Nov14-Oct15 and not re-presenting within 6 months

For the latest period available, the proportion of all clients in treatment who re-present within six months is 3.6%. This figure is small as it is calculated as a proportion of all in treatment rather than just those who leave treatment in a planned way).

The PHOF indicator is a difficult measure as it only reflects the proportion of clients who successfully complete and do no re-present, it does not reflect the proportion of successful completions, or the proportion that are retained in effective treatment. A performance improvement plan is in place with Turning Point to increase the number of clients who successfully complete - the data for this is beginning to show an improvement (against a national declining picture). Due to the time delay in the PHOF indicator it will take a while for this improvement to reflect in these figures.

Non-opiate users not re-presenting for treatment



Medway (2014): 31.5%

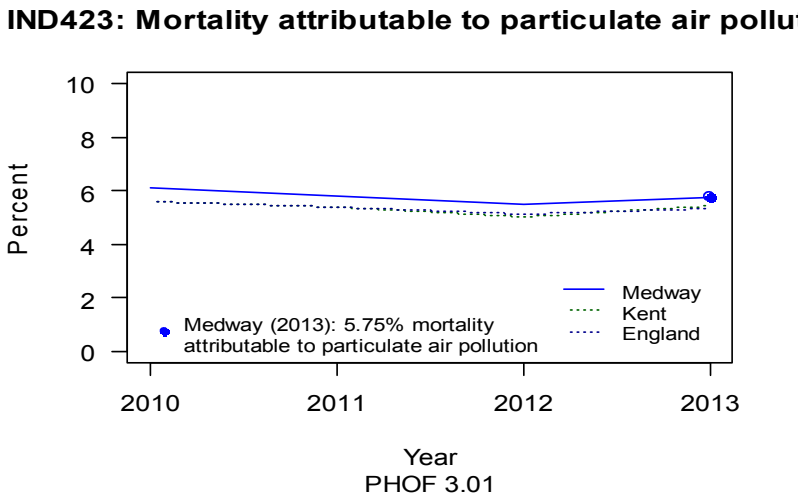
2013/14 Q2 figures show a small improvement in the number of clients successfully completing and not re-presenting at treatment (7.9%) this is similar to the England average of 8.1%. This figure is small as it is calculated as a proportion of all in treatment. At a service level there has been a 12% increase of successful completions in Q2 to 42% (that is the percentage of clients who leave treatment in a planned way as proportion of all those that complete treatment).

There has been significant work carried out this year to improve the successful completions outcomes for substance misuse clients. The service provider has developed a service improvement plan to reverse the trend - as a result of this a robust training programme has been rolled out to staff, a new recovery focussed treatment plan has been developed in partnership with service users, interviews with returning clients to improve service delivery and a structured 16 week programme is being piloted with all new clients.

In addition PHE have been leading a successful completions working group (made up of Medway PH, PHE, KCA and Service users). The group has underaken three key workstreams: 1. Audit of prescribing case files to improve prescribing practice 2. Analysis of client profiles to understand complexity profile and develop segmentation profile 3. Service user survey

The tender for a new integrated drug and alcohol service is due to be advertised early in the new calendar year.

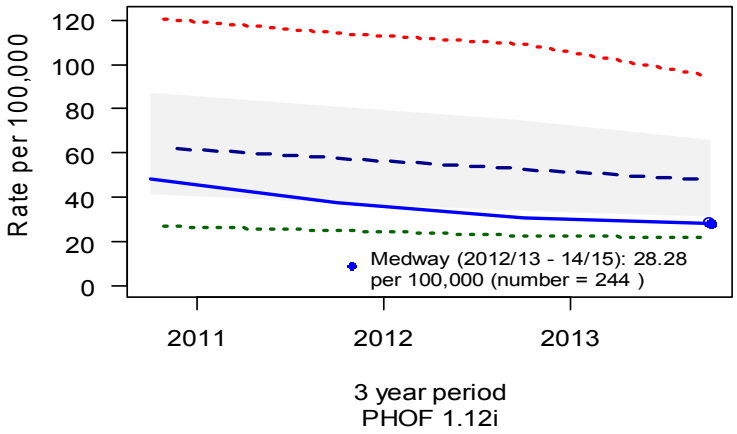
Particulate air pollution



Medway (2013): 5.75% mortality attributable to particulate air pollution

Emergency hospital admissions for violence

D424: Rate of emergency hospital admissions for vio



Medway (2012/13 - 14/15): 28.28 per 100,000 (number = 244)

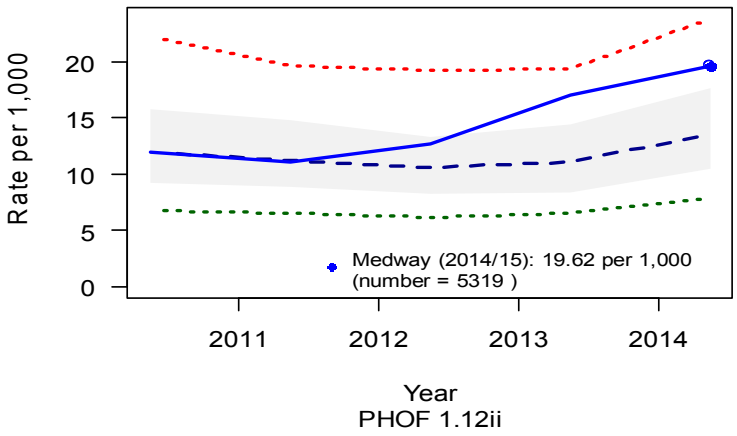
Offences involving alcohol are dealt with in a number of ways, one of which is by linking in with licensed premises, pubs, clubs and off-licenses and ensuring that where possible conditions like the following - "No beers, lager or ciders above 5.5% ABV will be sold" or where off-licensees are not to sell single cans to prevent children buying them, this is also used for where street drinkers are identified in a locale. Health, Licensing and Environmental Officers continue to conduct joint visits on premises with a close working relationship with licensees to address any problems at the outset. The benefits of this can be seen by how few offences occur in the Night Time Economy hours.

In regards to hospital issues, the main area that has shown a noticeable improvement with a reduction in both Anti-Social Behaviour and Crime is at the Medway Maritime Hospital where joint funding of the PCSO at this venue has enabled a closer working relationship with hospital staff and patients, providing surgeries, advice, guidance and a visible uniform presence.

NB: caution this indicator only incorporates two 3-year periods

Violence against the person offences

ID425: Crude rate of violence against the person offe



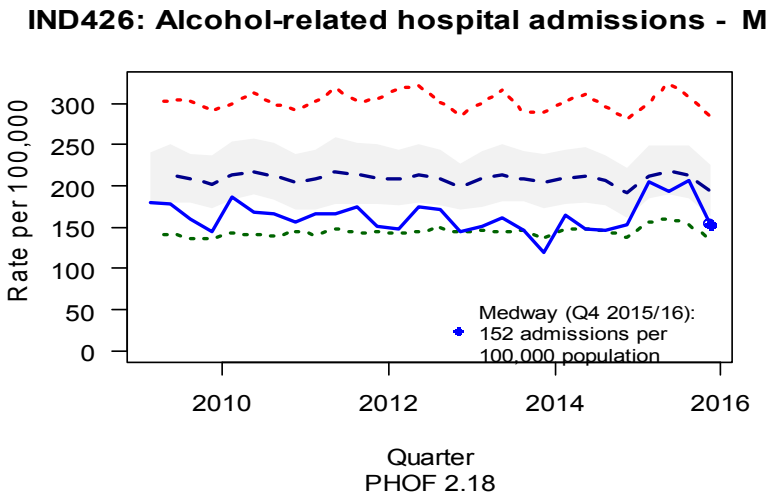
Medway (2014/15): 19.62 per 1,000 (number = 5319)

Looking at the changes around violence against the person (VAP) in Medway, there are various areas of business that affect the figures. One being the weather and in 2012 where the summer was extremely wet, this led to events and festivals being cancelled and lower levels of VAP were noticed. The last two years have seen the opposite of this.

Domestic Abuse Offences rarely occur in the open which makes it more difficult to identify and deal with. It should be noted that there are fewer repeat victims and more new (1st time) victims who can be linked to the media/publicity campaigns, which is very much a positive move.

There have been a number of young persons moving into Medway from London. These persons and their families are normally housed in an effort to remove them from the violence they have experienced or been actively involved in, in London. Some continue to commit violence either back in London, on route to London or in the area they reside, and it is possible that a rise in assaults by young people is possible. These families are being engaged with through various agencies to assist them in keeping their family members away from the 'gang' activity to stem any violent activity or involvement with drugs dealing and using of illegal substances.

Alcohol-related hospital admissions (Narrow) - Males



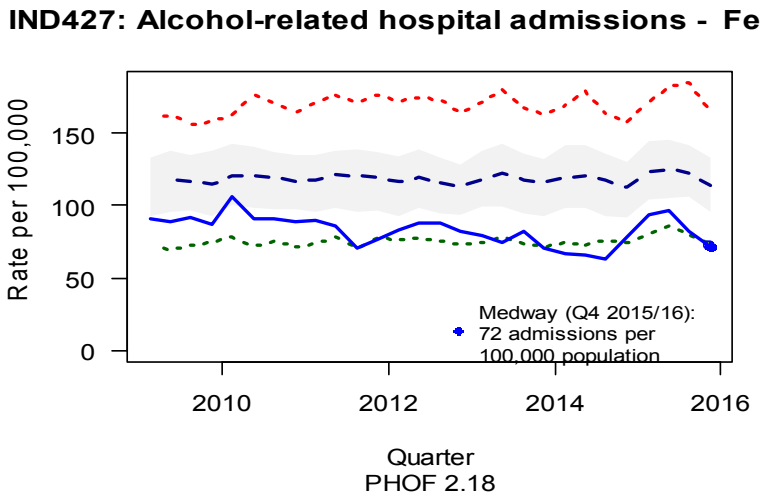
Medway (Q4 2015/16): 152 admissions per 100,000 population

The total number of alcohol-related hospital admissions, as described by the indicator, is not the number of actual people or the number of actual admissions but an estimated number of admissions calculated by adding up all of the fractions that have been identified where the reason for admission is related to alcohol to a greater or lesser degree. The data presented here is known as the 'narrow' measure of alcohol-related hospital admissions which only counts the primary diagnosis in the admissions dataset except for external cause codes such as assaults which are usually recorded as one of the secondary diagnoses. This 'narrow' measure is less sensitive to the changes that have occurred in coding over the years and therefore enables fairer comparison between levels of harm in different areas and over time.

The recent increase is due to two main factors. Firstly the long-term upward trend in the recording of hypertension (which accounts for the greatest proportion of alcohol-related admissions) but also a spike in the use of Mental and Behavioural disorders due to the use of alcohol.

The quarterly admission rate has demonstrated considerable volatility over recent quarters. Over the next six months it will become easier to assess the long-term trajectory of this indicator.

Alcohol-related hospital admissions (Narrow) - Females



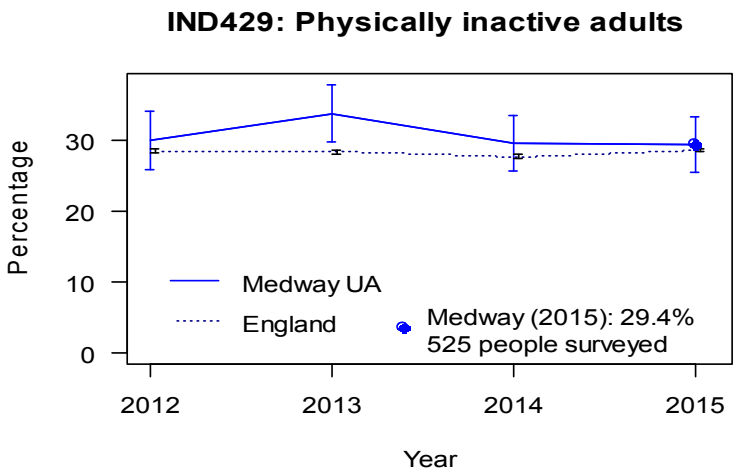
Medway (Q4 2015/16): 72 admissions per 100,000 population

The total number of alcohol-related hospital admissions, as described by the indicator, is not the number of actual people or the number of actual admissions but an estimated number of admissions calculated by adding up all of the fractions that have been identified where the reason for admission is related to alcohol to a greater or lesser degree. The data presented here is known as the 'narrow' measure of alcohol-related hospital admissions which only counts the primary diagnosis in the admissions dataset except for external cause codes such as assaults which are usually recorded as one of the secondary diagnoses. This 'narrow' measure is less sensitive to the changes that have occurred in coding over the years and therefore enables fairer comparison between levels of harm in different areas and over time.

The recent increase is due to two main factors. Firstly the long-term upward trend in the recording of hypertension (which accounts for the greatest proportion of alcohol-related admissions) but also a spike in the use of Mental and Behavioural disorders due to the use of alcohol.

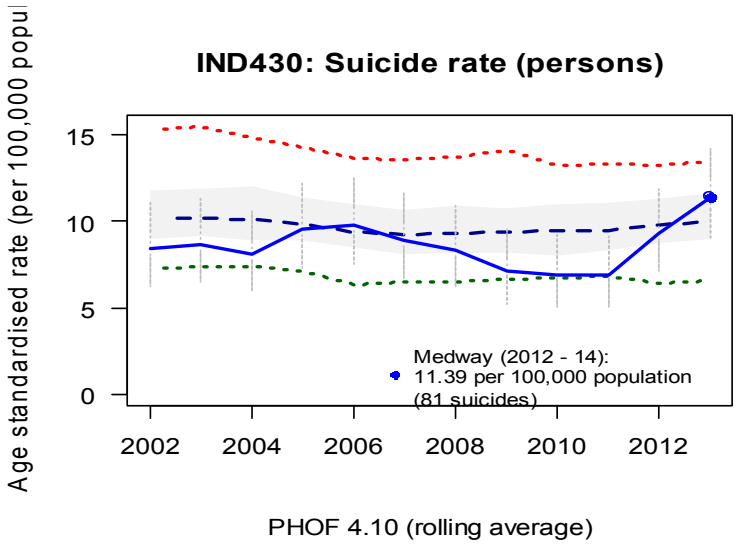
The quarterly admission rate has demonstrated considerable volatility over recent quarters. Over the next six months it will become easier to assess the long-term trajectory of this indicator.

Physically active adults



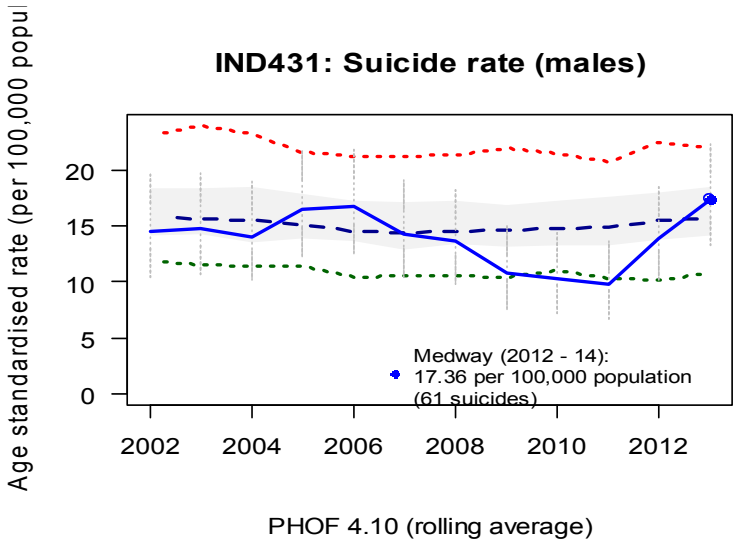
Medway (2015): 29.4% 525 people surveyed

Suicide rate (persons)



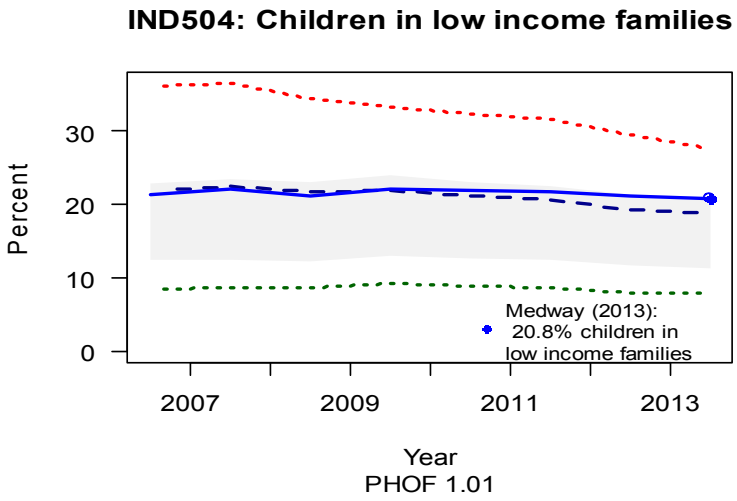
Medway (2012 - 14): 11.39 per 100,000 population (81 suicides)

Suicide rate (persons)



Medway (2012 - 14): 17.36 per 100,000 population (61 suicides)

Children in low income families



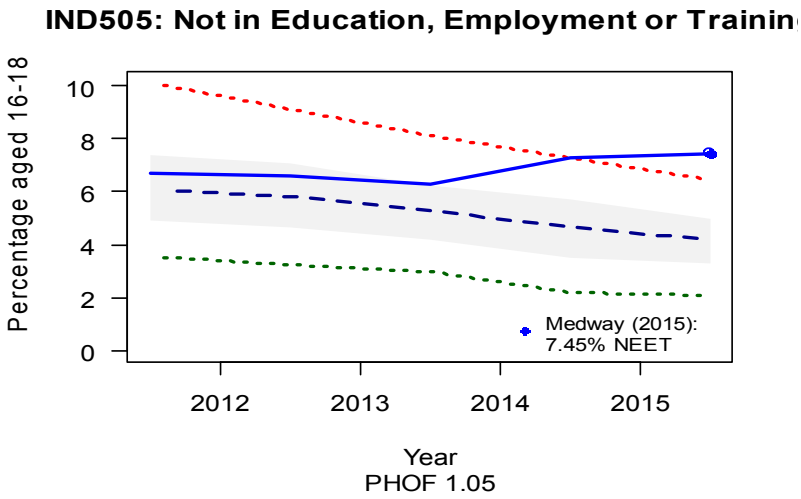
Medway (2013): 20.8% children in low income families

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 2013, a significantly greater proportion of children were living in poverty in Medway than the England and regional averages. Gillingham North, Chatham Central and Luton & Wayfield wards have the highest levels of child poverty (33-34%).

Not in Education, Employment or Training



Medway (2015): 7.45% NEET

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.

The plot shows annual data for benchmarking, but the latest available data from Medway Youth Trust relates to the month of August 2016 in which the percentage classified as NEET is 7.69%.