

**KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD**

9 OCTOBER 2018

PREVENTION DASHBOARD PROGRESS

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Summary

This report presents requested Public Health indicators forming the Prevention Dashboard. The report also sets out, in the form of commentaries on each section, context and progress relating to the indicators.

1. Budget and Policy Framework

1.1 The STP Prevention Action Plan identifies priority health and wellbeing outcomes for the population of Kent and Medway that fall predominately under the responsibility of the NHS, but working in partnership with local authorities and other stakeholders.

1.2 The prevention priorities for Kent and Medway are:

- Reducing tobacco usage prevalence
- Reducing obesity prevalence
- Reducing alcohol consumption
- Physical activity.

1.3 These priorities have been identified as tackling them is key to reducing the risk factors that give rise to premature death and disability in Kent and Medway, namely:

- Cancer
- Cardiovascular disease and stroke
- Diabetes
- Respiratory disease
- Mental ill-health.

2. Background

- 2.1 On 28 June 2018, the Joint Board agreed that at the next meeting of the Joint Board consideration would be given to proposed prevention and local care outcomes which can be measured and monitored during the life of the Joint Board. At the agenda setting meeting on 3 September 2018, it was agreed that a subset of outcomes be presented as a dashboard to the Joint Board. These outcomes would relate primarily to the prevention topic presented at the meeting (agenda item 7). It was also noted that the dashboard for local care was being compiled and would be presented to the Joint Board at its next meeting.
- 2.2 Appendix 1 shows a subset of the prevention dashboard outcomes.

3. Advice and analysis

3.1 Adult smoking prevalence

- 3.1.1 Kent County smoking prevalence is above the national prevalence. Of note are the rises in prevalence in Canterbury and Gravesham, Sevenoaks and Tunbridge Wells. Thanet is an outlier with a prevalence rate of 23.7 per 100,000 population.
- 3.1.2 Current priorities are the delivery of workplace 'Quit Clubs' targeting routine and manual workers, the development of quit support services in Acute Trusts and the development of Smokefree hospitals. Darent Valley Hospital is now fully Smokefree.
- 3.1.3 Professor Robert West recently provided advice to Ashford GPs and the CCG to support the implementation of basic medication support in line with the UCL Smoking Plus model. Discussions are in place with Ashford GPs and CCG to pilot this programme in Ashford to achieve a target of 250 quitters.
- 3.1.4 In addition, there is work to reduce illicit tobacco supply and demand in Kent and Medway, to reduce initiation of smoking in young people and to introduce Smoke Free School Gates in many areas across Kent and Medway. The Kent and Medway Public Health E-cigarette guidance paper will be published shortly in October 2018.
- 3.1.5 Smoking prevalence in Medway has been gradually declining and was as high as 23.6% in 2013 compared to 17.6% now in 2018. Medway has a well-established stop smoking service and delivers a range of services across the area, including a specialist stop smoking shop in Chatham high street. Nationally the numbers accessing stop smoking services is declining, however, in 2017/18 Medway achieved an increase in: the rates of people setting a quit date, achieving a quit at 4 weeks and an increase in the percentage of successful quitters.
- 3.1.6 The lack of capacity to tackle the expanding number of shops selling illicit tobacco decreases the opportunity to reduce the supply and demand of illegal and cheap tobacco. The recent NEMS report suggested that Medway has the highest prevalence of hand rolling tobacco in the South East at 58% and the

highest level of availability from all sources. Trading standards are accountable for over two hundred and seventy plus statutory duties and feel that they are disproportionately addressing the three statutory duties that cover their involvement in illegal tobacco.

3.2 Smoking at Time of Delivery

- 3.2.1 Smoking at Time of Delivery is a priority issue for KCC Public Health and the team have been working with partners to improve services, particularly in the areas of Folkestone and Hythe, Swale, Dover and Thanet where rates compare unfavourably with the English average and bring the entire county below the English average.
- 3.2.2 KCC Public Health has worked with local midwives to improve CO monitoring rates and there have been significant increases in referral rates to Stop Smoking Services. Specialist clinics are being delivered to pregnant women and their partners and Home Visit Advisers have been piloted in Thanet, South Kent Coast and Swale. These have resulted in 118 quits over the last 11 months (compared to 55 quits across the whole of Kent in the core Stop Smoking Service) and the intention is to extend the Home Visit model to the rest of Kent from April 2019. Another programme being rolled out across Kent is the 'What the Bump?' campaign which has been successful in Swale and Medway.
- 3.2.3 Work is ongoing to secure the funding for the Smoking in Pregnancy Midwives and to deliver a digital platform to provide self-help and motivational advice for quitters.
- 3.2.4 The Medway stop smoking service has developed a new holistic approach to addressing the multiple disadvantages that this group face. Based on a survey of the key issues, the sessions include advice around nutrition, relaxation, financial advice, infant feeding, baby first aid, respiratory health and exercise in pregnancy. The stop smoking team are working closely with the midwifery teams to ensure that all staff are adequately trained. Smoking in pregnancy is a key priority for the Local Maternity System (LMS) and performance is monitored via this group.
- 3.2.5 To achieve the national ambition of 6% by 2022, there needs to be a 2.35% year on year reduction in the numbers of women smoking. There are many factors that contribute to these disadvantages, and the social networks within high prevalence communities can undermine quitting and increase the potential for relapse. The challenges faced in everyday life can make changes harder to sustain.

3.3 Physical Activity

- 3.3.1 Generally, rates of physical activity in Kent are better than the national average. However, there is variability across the County and Gravesham is an outlier with rates below the English average. KCC Public Health is working with partners in the Districts and Boroughs and with Kent Community Health NHS Foundation Trust (KCHFT) to deliver health improvement services. There is also work with Ebbsfleet Healthy New Towns programme to improve

physical activity and community cohesion. This work will impact on Gravesham as one of the surrounding districts. Monies from the STP workforce workstream are being used to develop Motivational Interviewing skills in staff groups in Kent. This is currently at a small scale but will include a 'train the trainer' component which should aid sustainability.

- 3.3.2 Public Health have contributed to the Kent Sport and Physical Activity Conference, to be held in October 2018 and will be presenting the Key Note Speech on the day. There is also a bid in preparation for work to reduce obesity rates, increase physical activity and reduce worklessness in East Kent. This is a piece of collaborative work with the Health in Europe Centre, KCHFT and Betteshanger Country Parks.
- 3.3.3 Rates of physical activity in Medway are similar to those across the rest of England. The dashboard shows no significant change from the data in 2015/16.
- 3.3.4 Medway has launched two new promotional videos to increase the uptake of the Health Walks and cycling groups schemes. These volunteer lead projects are free to join and with over 3,000 residents participating, represent a popular local intervention.
- 3.4 Adult Obesity
 - 3.4.1 Kent has higher rates of adult obesity than England and the districts and boroughs that are particular outliers include Dartford, Swale and Maidstone.
 - 3.4.2 KCC Public Health is working with partners in the Districts and Boroughs and with KCHFT to deliver health improvement services, which include weight management. However, it is not clear whether the current services are appropriate and there is currently a Health Needs Assessment in preparation on obesity in Kent, which will include a review of evidence for interventions for adult obesity.
 - 3.4.3 In addition, the development of Motivational Interviewing (MI) skills in the workforce, using monies from the STP workforce work stream should impact on the ability of the health and social care workforce in Kent to raise the issue of weight with their clients and signpost them to services.
 - 3.4.4 The proportion of adults in Medway who are overweight or obese is similar in comparison to the level across England for the most recent year's data. This compares favorably to figures for 2015/16 show Medway's position as worse than that across England.
 - 3.4.5 Medway launched the Man vs Fat local football league in September, with 72 participants attending. The format involves weekly football games, coupled with the players individual weight loss determining the scores for matches and team points won. The 16 week season will be evaluated at the end of the pilot, to see if a wider roll out is needed.

3.5 Childhood Obesity

- 3.5.1 Childhood obesity is a national problem and although Kent is better than the national average, the national rates are poor and the local aggregate data masks a considerable outlier in Gravesham. Rates of childhood obesity are rising in many areas such as Folkestone and Hythe and Thanet.
- 3.5.2 There is a Health Needs Assessment (HNA) in preparation on obesity, including childhood obesity and public health are sending representatives to the LGA/ADPH conference on childhood obesity.
- 3.5.3 Kent will be one of the authorities receiving draft new guidance on the use of a Whole Systems Approach to Obesity and will be piloting this approach over the coming year to improve results in both children's' and adult obesity programmes.
- 3.5.4 There is ongoing work with children's services and local partners to develop interventions for childhood obesity and KCC uses Change 4 Life and One You to promulgate the genuine principals of health promotion messages on children's weight.
- 3.5.5 Levels of childhood obesity in Medway are at a similar level to the rest of England.
- 3.5.6 A wide range of interventions are in place to support healthy weight in children, these are tailored to meet the needs of children of different age ranges and also to engage families in healthy eating.
- 3.5.7 Medway hosted its annual Healthy Weight Summit on 25 September 2018. This whole system partner event aims to increase the awareness and action of local partners, encouraging them to work collaboratively to tackle childhood obesity.

3.6 NHS Health Checks

- 3.6.1 The data on NHS Health Checks demonstrate that Kent is not hitting its targets for the delivery of health checks, although the authority is hitting the target for invites. This is the result of changes to the IT system used for the NHS Health Checks and now that issues with the new system have been resolved, the numbers are expected to improve in the next quarter.
- 3.6.2 There is ongoing work with our providers to improve uptake of the NHS Health Check and we link in with National campaigns to improve awareness of this programme.
- 3.6.3 The Medway Health Check Programme continues its outreach work. During the summer this has focused on the series of Council events, with good numbers of health checks being delivered to residents who typically don't engage with primary care services. The Health Check team have also broadened their scope piloting the atrial fibrillation testing kits and providing heavy support for the know your numbers campaign, giving free blood pressure checks to all residents.

4. Risk management

4.1 There are no risks identified as arising directly from this report.

5. Financial implications

5.1 There are no financial implications arising directly from this report.

6. Legal implications

6.1 There are no legal implications arising directly from this report.

7. Recommendation

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider and note the progress on the included outcomes and continue to support the prevention workstream to achieve the prevention plan priorities.

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Appendices

Appendix 1 – Dashboard indicators

Background Papers

None