

HEALTH AND WELLBEING STRATEGY FOR MEDWAY: 2010-2015

August 2010

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Our desire is to improve the health and well being of everyone in Medway. It is also to reduce the health inequalities that exist across our area. This commitment is already integral to the work of the Council, the NHS and our partners. It is central to the Sustainable Community Plan, the NHS Medway Strategic Commissioning Plan “Growing Healthier and the Council Plan. This Health and Wellbeing strategy is about prevention, not about treatment. It is about making sure that all the people of Medway enjoy the best possible health and wellbeing for as long as possible.

Improving health and wellbeing is a shared responsibility between statutory and voluntary organisations and the people of Medway themselves. People expect to take some responsibility for their health and wellbeing but they also expect local agencies to play their part by developing services and an environment which supports and enables them to do this. All partners have a vital role in making sure public resources are used effectively to promote health and well-being and to support high-quality services.

It is the environments in which people are born, grow, live, work and age that have the most substantial impact on health and health inequalities and this is recognised in this strategy. Universal services, such as transport, housing and leisure services, including access to sports, arts and culture, play a crucial role in facilitating an improved environment. Supporting communities and social inclusion is a key strand to improving health and well being.

Mental and emotional well-being and resilience are also fundamental to people’s capacity to get the most out of life, for themselves and for their families. There is much that can be done to improve mental health and wellbeing, and reduce the levels of mental ill health. Helping people in these situations will help them to lead happier, more fulfilled and productive lives.

This strategy was developed with local stakeholders over recent months and therefore predates the new government. However health improvement remains high on the national agenda and has been identified as a priority by Medway’s Local Strategic Partnership. The cost of health inequalities to the public sector and to the nation in lost productivity is huge so there is an economic case as well as a moral case for tackling inequalities.

We are committed to ensuring that this strategy is implemented in a way which ensures that the benefits of health and wellbeing are available to all the people of Medway including the most vulnerable. This strategy highlights priorities to tackle health inequalities that will help to ensure this happens.

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The health and wellbeing strategy has a unique focus, different from but related to the other health and community plans prepared by NHS Medway, Medway Council and the Medway Local Strategic Partnership. This chapter introduces the concepts and context that inform the strategy

2.1 FOCUS OF THE STRATEGY

The focus of this strategy is the prevention of ill health and the promotion of health and wellbeing. This includes mental and physical health and wellbeing. It is a preventative strategy and does not include treatment services except as these relate to prevention. It focuses on tackling the causes of poor health and health inequalities and looks to set out an overarching and effective framework to address these

The purpose of this Strategy is therefore to:

- Set out a shared context and vision for health and well-being across Medway
- Identify shared priorities and actions for improving health and well-being
- Provide a framework for addressing health inequalities in partnership

Our desire to improve health and wellbeing is driven by recognition that health is a resource for living as well as to be enjoyed in it's own. With good health people are capable of growing, learning, and enjoying life. This strategy is about helping people reach towards their aspirations and about participating fully in society and the economy

Economists concerned with the costs and benefits of health services have shown that prevention can be highly cost-effective. Studies in a number of areas have demonstrated that investments in prevention can save considerable expense in later treatment

Evidence gathered by the National Institute for Health and Clinical Excellence around lifestyle interventions show that a number of interventions not only save lives but save money. For example, to help people stop smoking has an incremental net cost of -£12 to -£414 depending which interventions are used. These can range from brief advice by GPs to more intensive interventions involving nicotine replacement treatment and counselling support

Some early work has also been done on estimating returns from investment for PCTs which indicates that investment by PCTs in a range of smoking services at a cost of £305,000 will yield a best case net saving after 5 years of £1,248,000. A similar calculation for obesity based on investment in locally enhanced services in primary care with a total investment of £1,984,000 yields a best case net saving of £2,183,000. For a range of alcohol interventions for a total investment of £812,000 there is estimated to be a best case net saving of £3,349,000 ¹

These figures show that we cannot afford not to invest in prevention but even more compelling than the economic case for early intervention and prevention is the human dimension. Preventing illness prevents considerable physical and mental suffering across the population. ²

What does improving health and wellbeing mean for Medway?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organisation). Health therefore extends to issues far beyond the traditional medical context of health. While health and social services make a contribution to health, most of the key determinants of health lie outside the direct influence of health and social care, for example, education, employment, housing, and environment. The diagram below presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider social, economic and environmental issues

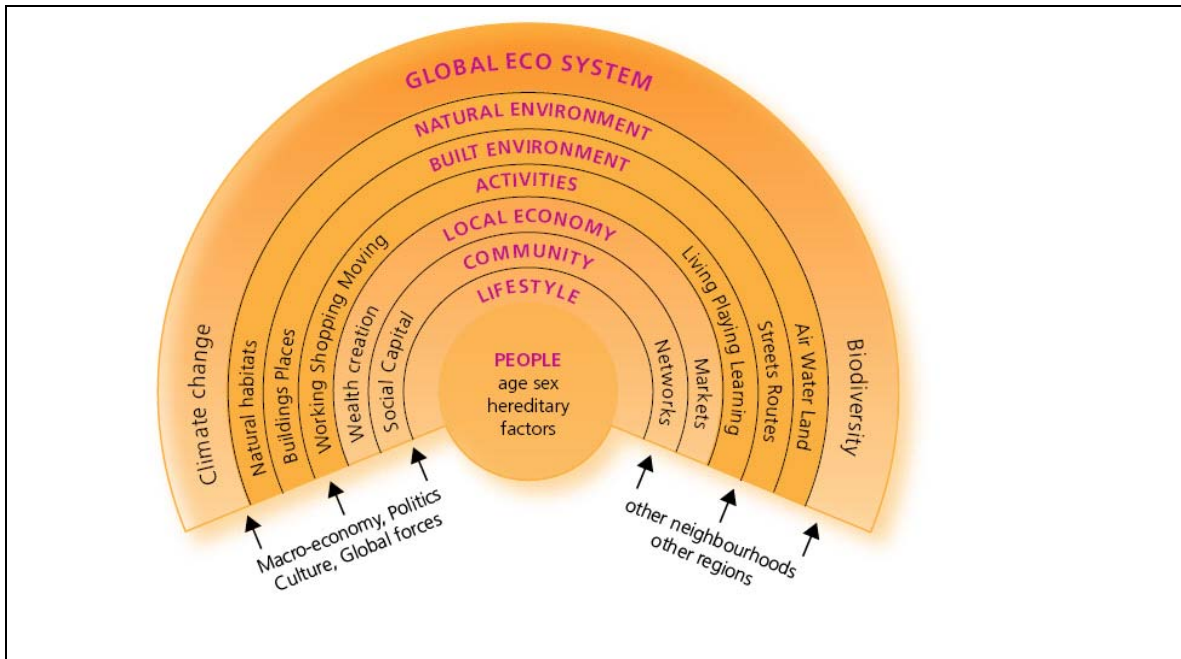


Diagram 1: The determinants of health and wellbeing³ providing an illustration of the different layers of influence that together shape our health throughout our life.

From this diagram it can be seen that action to improve health needs to take place across a range of determinants. While focusing on the entire population, this strategy acknowledges the particular importance of childhood as a foundational stage for future health and wellbeing. It also highlights key issues for older people's health and wellbeing.

In this strategy we are looking to support action across all the key health determinants. The framework we have used for this is to develop priorities in each of the following areas

- Tackling Health Inequalities
- Healthy Places
- Healthy Lives
- Healthy Services

1. Tackling Health Inequalities

The challenge of reducing health inequalities is a substantial one. We have placed health inequalities at the heart of this strategy and integrated it throughout the other areas. The evidence shows that for action on health inequalities to be effective it must cover a range of policy areas and environments. Only by drawing together action on deprivation in Medway will we break the damaging spiral where people with the fewest resources, the lowest skills and the least social status suffer the most, illness and disability and lowest life expectancy

2. Healthy Places

Continuing action needs to be taken by the Council and other partners in order to create and sustain healthy environments for the people of Medway. There is overwhelming evidence that the environments in which people live (the economic, the social, the built and the natural environments) have the greatest impact on achieving wellbeing and health. As a result, if together we can create more supportive environments, individuals and communities have a firm foundation from which to build competencies and skills that positively influence behaviour and health throughout the lifespan.

3. Healthy Lives

Action needs to be taken to enable healthier lifestyles across the life course and highlight particular needs for different population groups. The strategy emphasises health and wellbeing rather than sickness. This means giving attention to the twin elements of “feeling good and functioning well”.

4. Healthy Services

Health services also have a part to play in prevention. Immunisation, screening and health promoting interventions in primary care and hospitals are all important in ensuring effective prevention. Other statutory and voluntary sector agencies providing services have a key contribution in mobilising the wider public health workforce to improve health.

2.1 STRATEGIC CONTEXT

This health and wellbeing strategy for Medway is aligned with and fits into a range of local strategies which aim to make Medway a healthy and prosperous community.

This strategy as an overarching document for the next 5 years does not seek to reproduce other plans and documents that already exist in relation to promoting health & wellbeing across Medway rather to reflect how each contribute to promoting health and well being and reducing health inequalities. Agencies in Medway recognise that the delivery of improved health and well-being will need to be carried out by a range of organisations working in partnerships. This Strategy seeks to create a framework which will ensure that these partnerships work effectively towards this common vision.

To ensure that this strategy is fully implemented a multi-agency action plan will be put in place and this will be monitored by the Health Improvement Strategic Change Programme group. This group will then report regularly on progress to the Health Partnership Board as part of the Local Strategic Partnership.

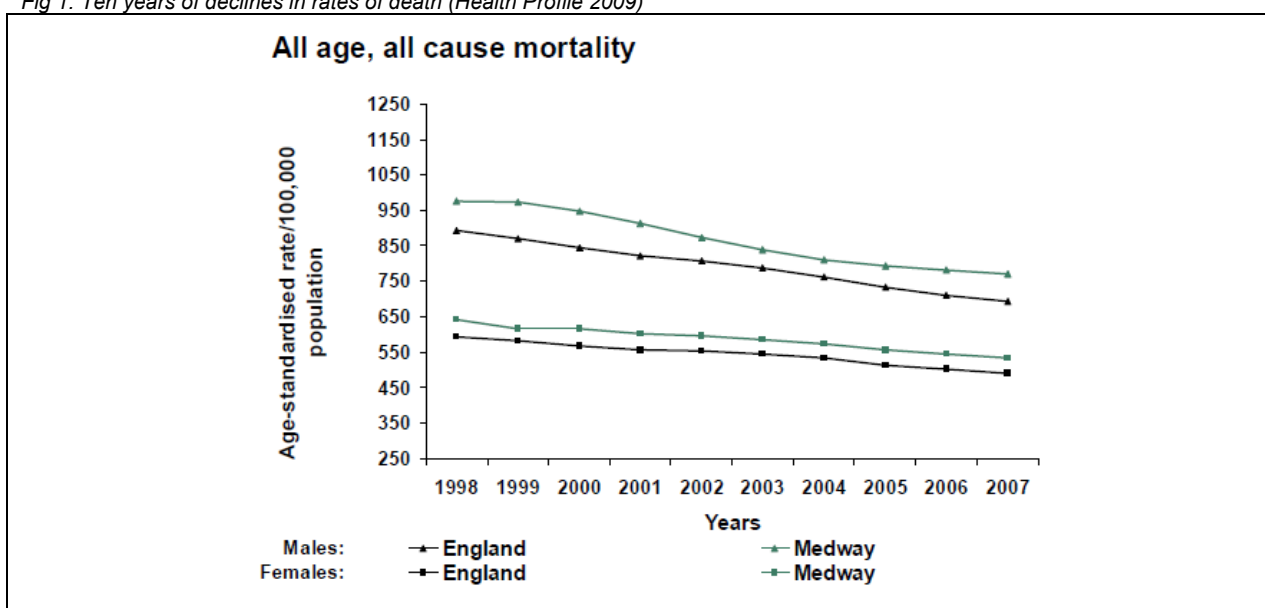
2.2 STRATEGY DEVELOPMENT AND CONSULTATION

In order to develop this strategy, current national and local policy was reviewed and individual interviews were carried out with a range of key stakeholders from across the Council and the voluntary sector. A wider consultation event was also held in March 2010 which was attended by about 60 stakeholders from across Medway.

The health and wellbeing strategy is a direct response to the needs and issues identified in the 2008/9 Medway Joint Strategic Needs Assessment ⁴. This chapter introduces the major challenges facing health and wellbeing in Medway: an ageing population, health-related behaviours and health inequalities

The Medway Joint Strategic Needs Assessment shows that overall health and life expectancy is improving each year in Medway in line with the rest of UK, but that there remain some serious health challenges for Medway. The improvements over many decades have come about primarily because the economic and social prosperity of England has reshaped the environments in which many people live and have also brought advances in medicine and technology which have made better treatment possible

Fig 1: Ten years of declines in rates of death (Health Profile 2009)



Source: Health Profiles 2009

From the detailed analysis of health and social need in the JSNA three underlying challenges can be identified.

3.1 AN AGEING POPULATION

The population profile in Medway is changing with an increasing proportion of older people.

The Challenge

The Office of National Statistics projections suggest that the number of people 65 years of age or over is projected to grow by 34% with the number of people over 85 years growing by 49% from 2009 to 2021.

Because of the ageing population the number of people over 65 of age with a limiting long term illness is expected to increase by 31% by 2020 and this will have a significant impact on the demand for health services for the management of long term conditions such as dementia, heart disease and diabetes as the incidence of these conditions increases with age. It will also have an impact on preventative programmes such as influenza vaccination for the over 65s.

Demand for health services rises as people age and the cost of this rising demand will impact significantly on existing health and social care resources.

As people live longer with chronic conditions, health improvement programmes need to be responsive to the particular needs of older people, supporting their resilience and continuing to encourage healthy behaviours along with innovations in self-management, care in the home and the application of new technologies.

3.2 HEALTH RELATED BEHAVIOURS AND LIFESTYLES

Improvements in life expectancy over the past few decades mask a growing burden of preventable long term chronic conditions including heart and respiratory diseases, diabetes, cancers, and depression. These conditions share similar preventable causes and many of these can be linked directly to lifestyle behaviours and choices. Smoking, unhealthy nutrition and eating, physical inactivity, alcohol consumption and stress separately and in combination have a profound impact on the health and wellbeing of people

The JSNA shows that Medway has high levels of lifestyle risk factors which lead to increased rates of illness and death

- 24.9% of the adult population are smokers although this is not significantly different from the England average it does place Medway in the highest quartile in the country
- Medway has significantly higher rates of obesity than the England average. 31.4% of adults and 11.8% of children in Medway are obese compared with England average figures of 24.2% and 9.6% for adults and children respectively
- Medway is in the lowest quartile in England for healthy eating with 24.1% of adults eating five or more portions of fruits or vegetables per day, significantly worse than the England average of 28.7%.
- Medway's figure of 18.7% of adults binge drinking is not significantly different from the England average of 20.1% but is higher than the regional average

All these factors contribute towards the fact that the death rates for lung and colorectal cancers and for coronary heart disease are significantly higher for Medway than for England.

The figures below show some of the links between lifestyle factors and health and illustrates why healthier lifestyles are so important in improving health

Links between lifestyle behaviours and physical health

- It is estimated that smoking causes 25-30% of all cancers (90% of lung cancer in men and 82% in women is caused by smoking) ^{5, 6} and 19% of Coronary Heart Disease (CHD) mortality in developed countries. It doubles your risk of death if you have diabetes
- People who are physically active reduce their risk of developing major chronic diseases – such as CHD, stroke and type 2 diabetes by up to 50% and the risk of premature death by about 20-30% ⁷
- Some studies have shown that severely obese individuals are likely to die on average 11 years earlier than those with a healthy weight, although this figure can vary depending on an individual's circumstances. ⁸
- Alcohol is well established as a cause of cancer: Around 6% of UK cancer deaths could be avoided if people did not drink. Scientists have estimated that unhealthy diets cause from 10 to 30% of cancer deaths in developed countries ⁹
- World wide low intake of fruit and vegetables is estimated to cause about 19% of gastrointestinal cancer and about 31% of CHD. ¹⁰

Poor mental health and high levels of stress are important issues in their own right and are also linked to physical health problems. Promoting mental health and wellbeing is an essential element of promoting overall health and wellbeing

Links between lifestyle and mental and physical health

- Stress at work is associated with a 50% increased risk of coronary heart disease and there is consistent evidence that high job demand, low control and effort-reward imbalance are risk factors for mental and physical health problems ^{11,12}
- A history of anxiety and depression has been found to be a stronger long term predictor of heart disease than smoking in men and is associated with an increase in cancers ¹³

Changing behaviour is difficult and is not just a case of simple choices. Behaviours are shaped by context and by competing demands. The evidence indicates that if people are isolated or going through stressful life circumstances they will find it very difficult to make lifestyle changes

The diagram below illustrates some of the forces that act directly on health related behaviours

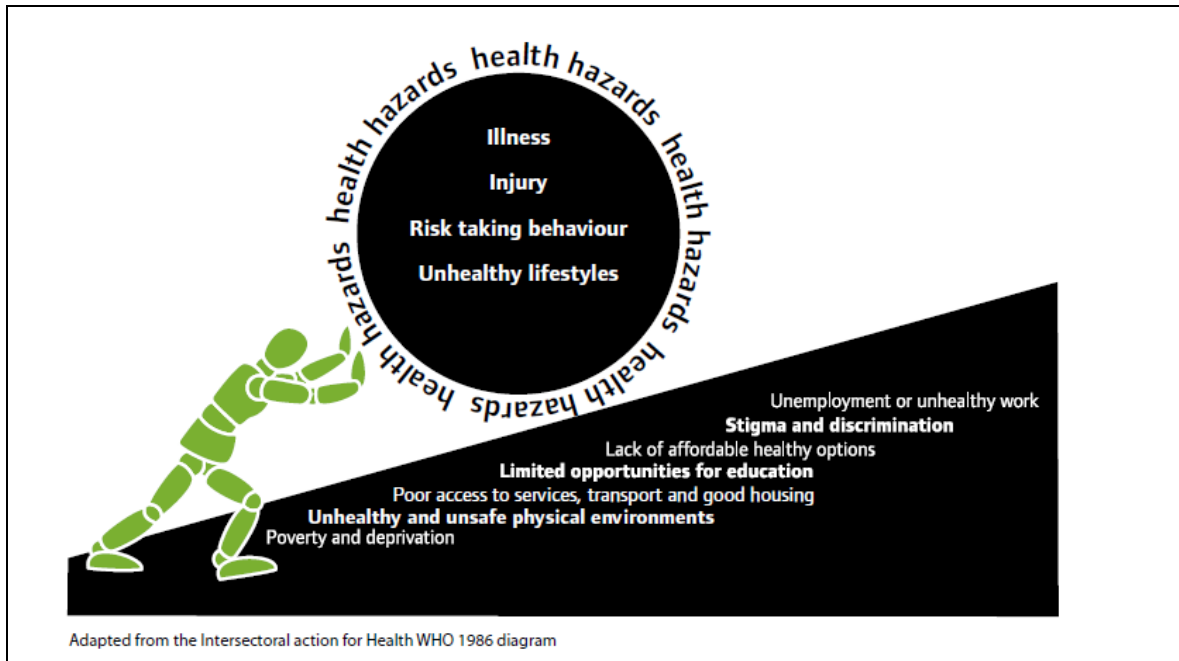


Diagram 2: The behavioural change challenge Error! Bookmark not defined.

In order to have a significant effect on health related behaviours, the scale and sophistication of prevention activities needs to increase and to be tailored appropriately to the needs for individuals to ensure their impact is felt across the community

3.3 INEQUALITIES IN HEALTH

Health inequalities are defined as differences in health status or in the distribution of health determinants between different population groups.¹⁴

Health inequalities have been identified by socio-economic status, ethnicity, age, gender and disability. While all these are important the main focus of this strategy (which reflects the national focus) is on the inequalities in health due to differences in levels of deprivation or socio-economic status. This should also have an impact on other groups suffering from health inequalities poor health in any group is often linked to low income and poverty.

Currently, key indicators of health inequalities are the gaps in life expectancy and infant mortality between areas of higher and lower deprivation and routine and manual socio-economic groups.

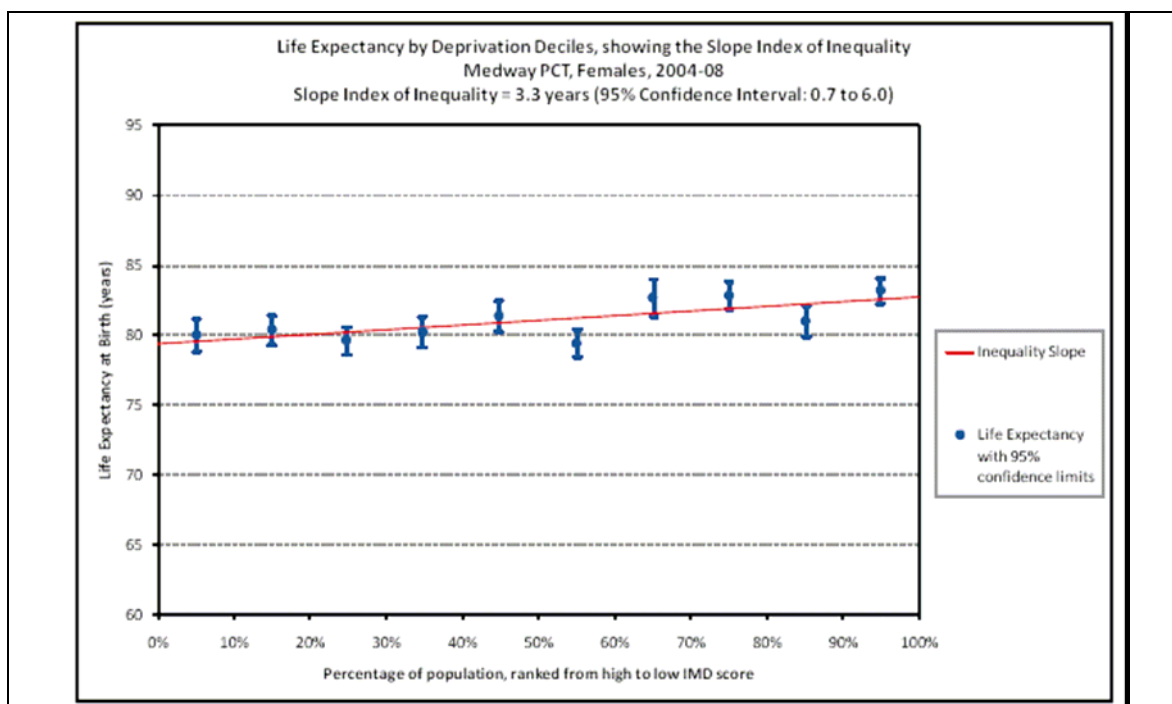
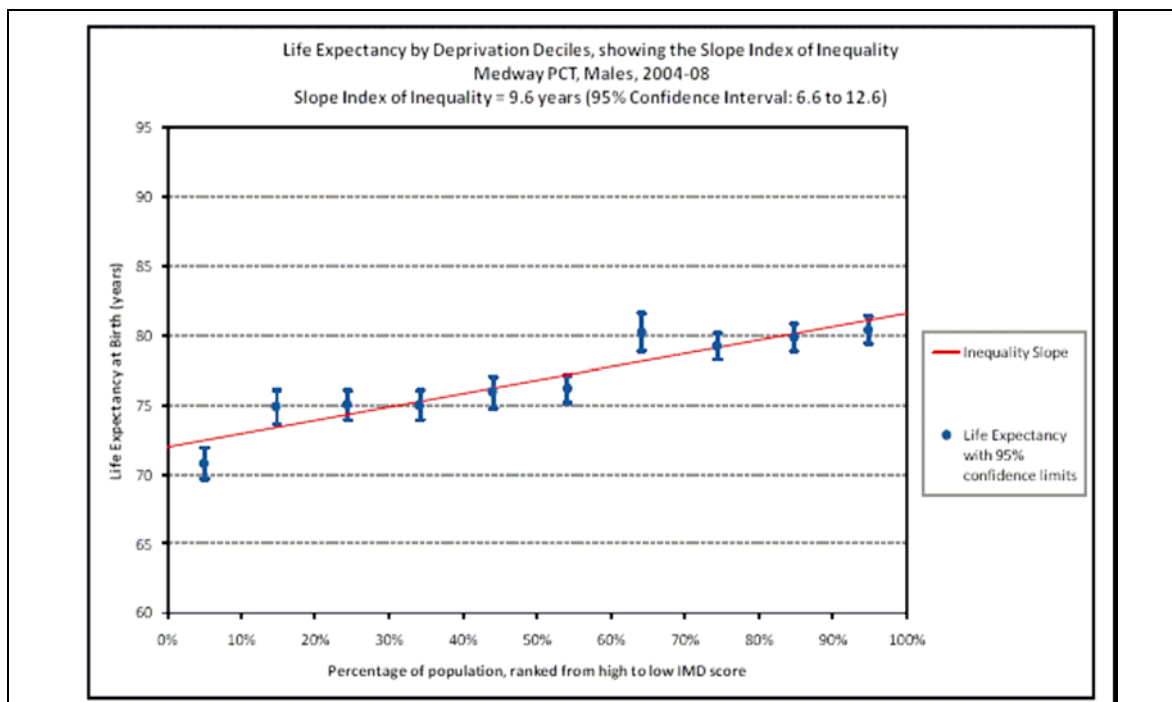
Life expectancy

In Medway it is not that there is a small group of people in poor health, and the rest of Medway in excellent health. In fact, as diagram 3 illustrates, health improves incrementally with each step people take up the social ladder of income, education or occupation. This 'social gradient' means even those in Medway with good incomes experience poorer health than those who earn more than them.

The slope index of inequality graphs (diagram 3) show that the difference in life expectancy between the most deprived 10% of Medway's population and the 10% least deprived is 9.6 years for men and 3.3 years for women. (This method groups lower super output areas (LSOAs) in Medway into 10 deciles based on level of deprivation and shows the relationship between deprivation and life expectancy).

It is striking that the life expectancy gap for men is much greater than that for women and this is consistent with findings in other PCTs

Diagram 3: Life Expectancy by Deprivation

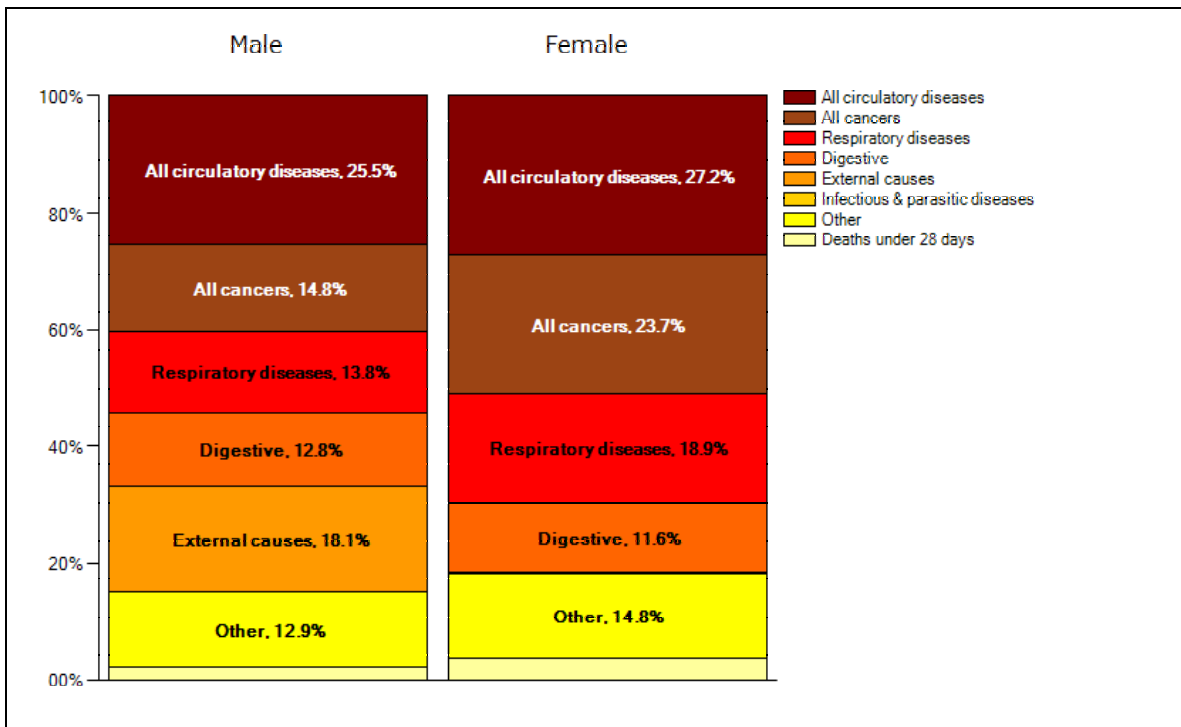


Source KMPHO 2009

Analysis at ward level shows that a child born today in a more deprived area of Medway, such as Gillingham North ward, is expected to live almost 7 years less than a child born in a less deprived ward such as Cuxton and Halling.

The life expectancy gap between the health of the most and least deprived can be directly attributed to higher rates of the major killers with circulatory diseases (heart disease and stroke) making the largest contribution to the gap (diagram 4)

Diagram 4: Contribution of various causes to life expectancy gap between most and least deprived quintile, Medway



Source NHS Medway Public Health Directorate

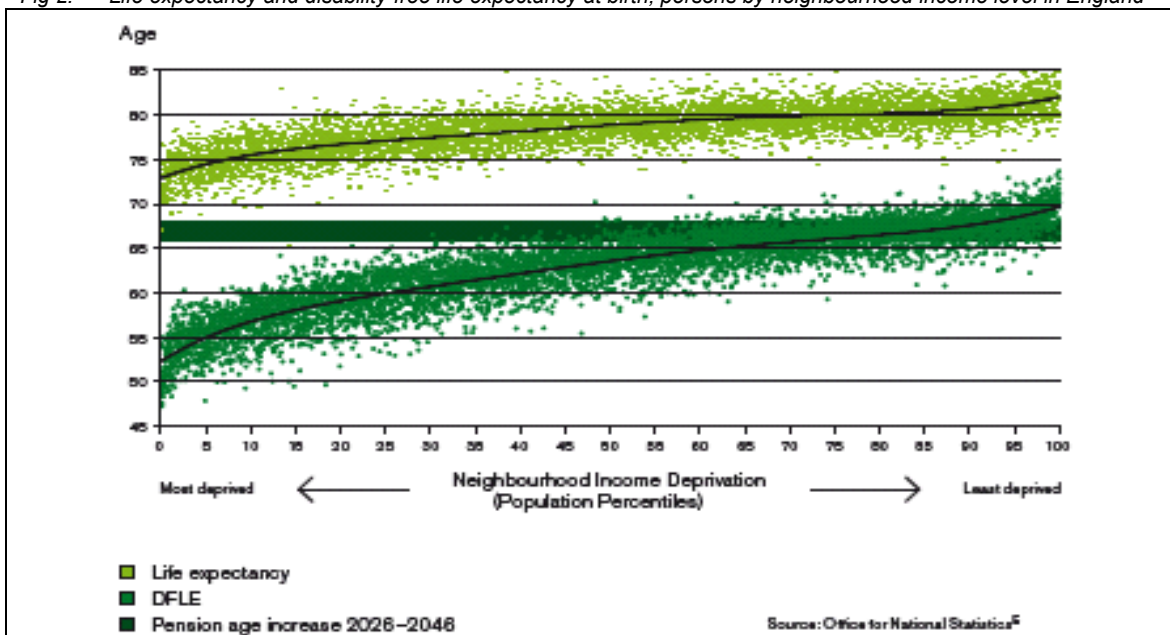
The causes of death that contribute most to the equalities gap in Medway for men are CHD at 1.18 years, followed by lung cancer (0.64yrs), suicide and undetermined injury (0.55 yrs) and chronic obstructive pulmonary disease (COPD).

Healthy life expectancy

It is proposed that healthy life expectancy rather than just life expectancy should be a new national target for health inequalities. This is a more powerful indicator as it captures the quality of life lived as well as the length. The figure 2 shows not only the difference in life expectancy by neighbourhood income level for England but also the difference in healthy/disability free life expectancy between the most and least deprived neighbourhoods. This shows that the average difference in healthy life expectancy between people in the richest and poorest neighbourhoods is about 17 years.

It also shows that when the retirement age is 68 more than three quarters of the population will already be disabled in some way before they reach it. If society wishes to have a healthy population working until 68 years it is essential to take action to both raise the general level of health and flatten the social gradient shown below.

Fig 2: Life expectancy and disability-free life expectancy at birth, persons by neighbourhood income level in England

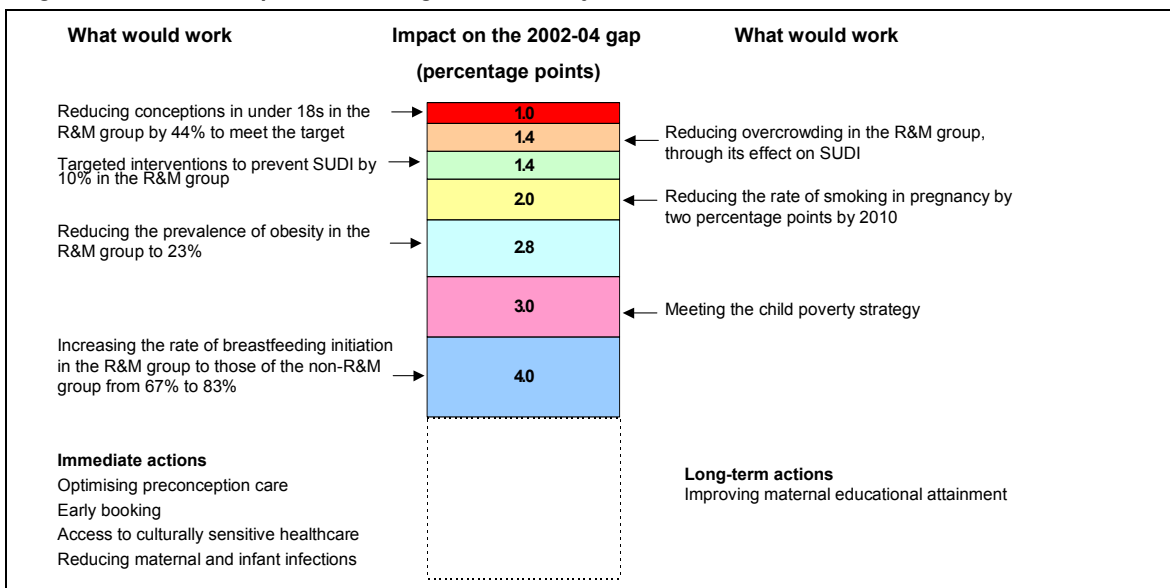


Infant mortality

Infant mortality is considered to be a good indicator of health inequalities. It is decreasing nationally but the gap between routine and manual groups and the population as a whole is still increasing and evidence suggests that there will be a 25% widening of the gap by 2009-11 over the 1997-9 baseline.

Deaths in infancy are relatively rare events. The majority occur in the first 28 days in life. A reduction in neonatal deaths (deaths in the first 28 days of life) will have a large effect on overall infant mortality. In Medway in 2008 there were 12 infant deaths of which 9 occurred in the neonatal period. This equates to an infant mortality rate of 3.5 per 1,000 live births and a neonatal mortality rate of 2.6 per 1,000 live births. Figure 3 shows some of the key factors and interventions that will impact on infant mortality nationally.

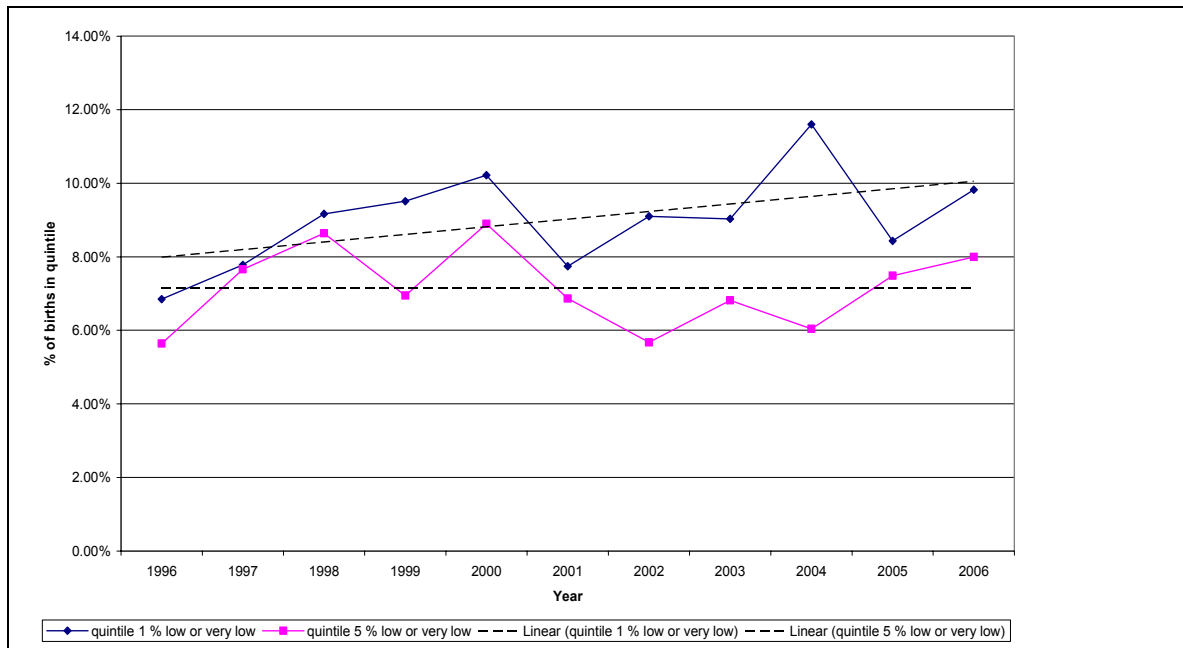
Fig 3 Factors which impact on reducing infant mortality



Source: Department of Health 2010

A key risk factor for neonatal deaths is low birthweight, In Medway work has been done which illustrates that this is more likely in the most deprived areas.

Fig 4 : Percentage of all births defined as low or very low birthweight, most and least deprived quintiles in Medway, 1996 to 2006



Links between socio-economic status and health

- Nearly two thirds of children with emotional disorders live in poverty and the mothers of over half of these children have mental health needs of their own. Research indicates that parents caring for children in disadvantaged circumstances are likely to need additional family support if they are to protect their children from the effects of disadvantage including family stress, and potentially child abuse and domestic violence.¹⁵
- Chronic stress caused by low income is a risk factor for cardiovascular problems and also contributes to the adoption of coping behaviours such as smoking and drinking alcohol.¹⁶

The link between poor health and deprivation is irrefutable. We also know that in addition health inequalities affect groups marginalised because of ethnicity, sexual orientation, gender and disability status, and will look towards tackling the health inequalities associated with these groups. In Medway, we want to continue to improve our understanding of who experiences health inequality and be able to tackle it effectively

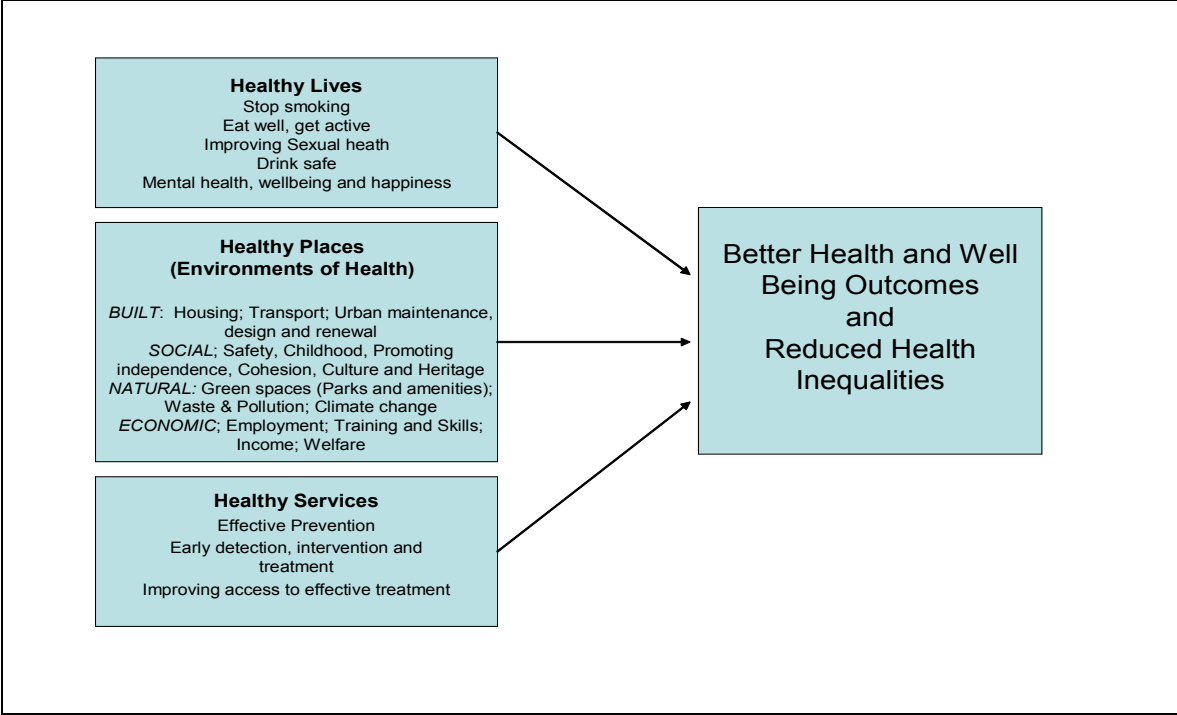
To support our ambition to improve overall health and reduce inequalities existing activity within Medway has been reviewed and the best evidence on effective action has been considered. This chapter sets out how, working in partnership across all sectors and directly with people in the community, we can ensure healthier lives and a healthier place. Health inequalities is addressed initially separately and then within each domain

4.1 FRAMEWORK FOR ACTION

The framework for action is set out in 4 priority areas (Tackling Health Inequalities, Healthy Places, Healthy Lives, Healthy Services,) all of which work together to deliver the health and well being and health inequalities outcomes we want to see in Medway.

Healthy Places contribute both directly to better health and wellbeing outcomes and reducing health inequalities and also indirectly through improving Healthy Lives as creating and sustaining good environments makes good lifestyle choices easier

Fig: 5 Better Health and Well being Outcomes and Reduced Health Inequalities



Within these domains we have identified priorities and initial actions. Local partners including the PCT and Council have already committed to a number of improved health outcomes and actions in a number of different strategic and operational documents including the Sustainable Community Plan, ‘Growing Healthier’ the NHS Medway Strategic Commissioning Plan and the Local Area Agreement. As a result, some of the priorities and objectives in this Strategy are already in existing plans and strategies and others will be new

4.2 TACKLING HEALTH INEQUALITIES

The health inequalities affecting Medway have been described in Section 3. The National Strategy for Tackling Health Inequalities has 2 overarching targets which are used as population measures of health inequalities

The national health inequalities Public Service Agreement target is to: "Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth."

This target is underpinned by two more detailed objectives:

1. starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between the routine and manual group and the population as a whole;
2. starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy at birth between the fifth of areas with the worst health and deprivation (the Spearhead Group) and the population as a whole.

The Marmot review has recommended the following additional national targets from 2010

- reducing the gradient in healthy life expectancy and
- readiness for school
- young people not in education, employment or training as (to capture child development)

As new national outcome measures are confirmed they will be used to develop this work further.

Reducing the gap in life expectancy

In Medway, the work outlined previously has identified the contribution of different causes to the life expectancy gap.

With respect to coronary heart disease, key lifestyle determinants have been identified as smoking, diet and physical activity and key social determinants include deprivation, unemployment and housing. With respect to cancer the biggest contributor to the inequalities gap in Medway is lung cancer and as highlighted previously in this report 80-90% of lung cancer is attributable to smoking. The major lifestyle risk factor for COPD is also smoking. Poor housing also contributes to poor respiratory health.

Reducing the gap in infant mortality

The main contributors to the infant mortality gap have been identified on page 16. A detailed action plan for reducing infant mortality will form part of the Child Health Action Plan which is currently being developed. Many of the lifestyle and social determinants of health affecting both infant mortality and life expectancy are the same

Developing a local framework for tackling health inequalities

The National Support Team for Health Inequalities has emphasised that action needs to be taken in 3 areas in order to tackle health inequalities effectively. These correspond to the 3 areas set out in this strategy: healthy services, healthy lives and healthy places

The recent publication Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010 (Marmot Review) has also reviewed all the available evidence and describes a broad framework to tackle health inequalities.

This is based around 6 key policy recommendations for the most effective ways to reduce the health inequalities gap which correspond to our healthy lives, healthy places and healthy services framework areas. The policy recommendations are as follows:

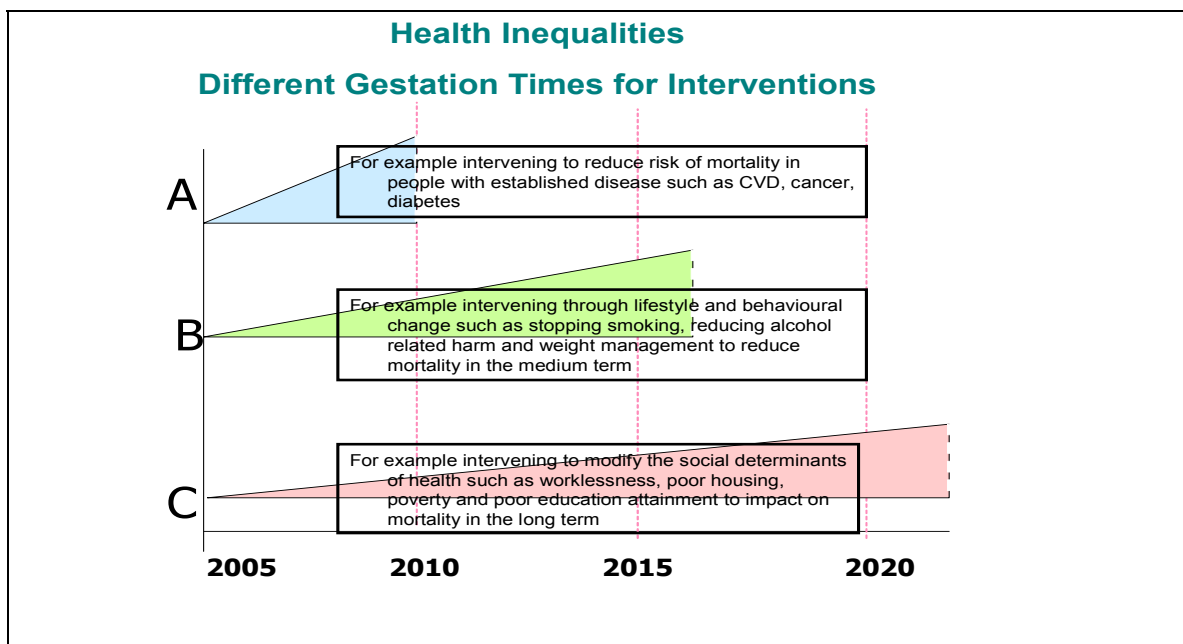
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Within these very broad policy objectives, more detailed recommendations have been set out. These can be found at <http://www.marmotreview.org> The emphasis in all these recommendations is on ensuring that resources are targeted proportionately according to need across the social gradient

Integrating the Marmot Review policy recommendations in each of our other 3 key areas in this strategy, priorities and actions have been identified which contribute to both health inequalities and promoting health and wellbeing

There are different time spans for the length of time different interventions can take to affect health inequalities and a model giving examples of gestation times in our 3 key areas in Figure 6. Actions in all 3 areas should lead to a sustained reduction in health inequalities over the next 15 years

Fig 6 : Gestation Times for Health Inequalities Interventions



Source: National Health Inequalities Support Team presentation

In addition, a particular focus of tackling health inequalities in Medway will be to support and facilitate community/place based approaches which bring together planning, health, housing, transport and environmental policies in identified areas and support locally developed and evidence base community regeneration programmes, that remove barriers to social participation and action and that emphasise a reduction in social isolation

Key underpinning priorities with initial actions that support the reduction of health inequalities across Medway are

Priority 1: To ensure health inequalities is integrated into partnership work in all 3 other areas of this strategy

Actions:

These are highlighted in the relevant sections following.

Priority 2: To monitor health inequalities across Medway and improve local knowledge and understanding to allow for improved targeting of resources across the social gradient e.g carrying out health equity audits and health inequalities impact assessment.

Actions:

- To use tools from the Health Inequalities National Support Team to model effect of primary care and lifestyle interventions on life expectancy and number of lives saved.
- Carry out at least 1 health equity audit per year
- To develop health inequalities dashboards for key service areas to enable appropriate tracking of progress

Priority 3: To support place based initiatives that focus on tackling health inequalities and integrate action on the social and lifestyle determinants of health

Actions:

- Medway Council is now implementing a new phase of social regeneration, which is bringing major benefits to local people. New Initiatives that will be developed include
 - Project SUCCESS which will expand employment support services to local people by neighbourhood outreach.
 - Upgrading and improvement of existing open space facilities such as Barnfield Recreation Ground in Luton and Rede Common in Strood South.
 - A programme of streetscape, parking and highways improvements
- Medway's Housing Team is developing the In Focus project and has developed a detailed Medway-wide house-by-house database which draws together a wide variety of information. This is being used to model the possible impact of improvements to that stock, in particular it will allow us to focus on the impact of work to improve energy efficiency which the main reason for failure of minimum housing standards within this area. One of the project aims is to improve health and reduce health inequalities.

- NHS Medway and Medway Council have signed up to the Healthy Places Healthy Lives initiative to develop more integrated ways of working in specific geographical locations to tackle health inequalities..
- NHS Medway is using a Triple Aim approach (which aims to improve the health of the population, patient experience and value for money) to focus on analysis of the coronary heart disease pathway and services in the All Saints area. The information gained will be used to redesign services more appropriately with the aim of reducing mortality from heart disease in this area.

4.3 HEALTHY PLACES

A healthy place is one where the natural, built, social and economic environments support health. The relationships between the environments for health are reinforcing as integrated action across each of these environments improves health. Better health improves educational attainment, builds the economy and supports a more cohesive society. The lead responsibility for creating and maintaining environments that support health in Medway rests with Medway Council but implementation will involve partnerships across the statutory and voluntary sectors and with local people.

4.3.1 THE NATURAL ENVIRONMENT: CLEANER AND GREENER

Although most people in Medway live in very urban settings, the natural environment continues to exert a significant impact on our health and wellbeing. This impact is both negative – in pollution, waste and environmental threats like flooding; and positive – green spaces for health enhancing activity, establishing local identity and the mitigating effects of biodiversity on excess heat, pollution and noise. Knowledge about our changing climate is also alerting us to future health consequences.

Priority 1: Improving access to green spaces across the social gradient

The mental, physical and emotional benefits of access to a good quality natural environment are now very well documented.¹⁷ The provision of green infrastructure including for example allotments, amenity spaces, green corridors, public rights of way and recreational routes, provides a range of health and wellbeing benefits. This includes opportunities for exercise and recreation, promoting a sense of community and help to establish a local identity or sense of place. Some examples of evidence to support this are:

- Significant reductions in mortality and morbidity from all causes and circulatory diseases associated with areas of green space¹⁸
- 10% increase in green space led to a reduction in health complaints equivalent to a 5 year reduction in age¹⁷
- Increasing green space increases likelihood of physical activity in all age groups¹⁹
- Natural play environment at school helps reduce bullying, increases creative play, improves concentration and a feeling of self worth in children²⁰
- Survival of older people increases when there is more space for walking near their home²¹
- Looking at nature through a window can lead to reduced stress and enhanced work performance²²
- 2009 study found that disease prevalence went down if there was access to green space within 1km as opposed to 3km²¹

The local consultation highlighted that for some older people there was a perceived lack of access to green spaces and that to feel comfortable using green spaces, they needed access to decent public toilets, to feel safe and to have seats available. It was also helpful if they had some focus or activity for social participation.

Medway Council has a Wildlife, Countryside and Open Spaces Strategy and Medway Council Greenspaces are currently undertaking work on improving access to greenspaces across Medway. This work aims to increase the amount of greenspace available and also identify barriers to access for specific groups (these may be linked to physical, psychological, disability or cultural factors) and working to reduce them.

Actions:

Ensuring Medway targets for access to green space are met and remove barriers to access

The Medway Wildlife, Countryside and Open Space strategy sets out challenging targets for the increase in access to green spaces for Medway residents. It uses Accessible Natural Greenspace Standards (ANGSt) to set objectives for Medway. Meeting these standards should realise significant health benefits

English Nature's standards for access to Natural Greenspace	Current provision across Medway	Proposed Medway standard
Minimum level of 1ha of Local Nature Reserve per 1,000 population	0.4 ha of LNR per 1000 population	1ha of LNR per 1,000 population by 2016
Every home should be within 300m (5 minutes walk) of a natural green space	27% of population have an accessible natural greenspace less than 300 metres (5 minutes walk) from home	40% of population have an accessible natural greenspace less than 300 metres (5 minutes walk) from home by 2010 75% of population have an accessible natural greenspace less than 300 metres (5 minutes walk) from home by 2016
Every home should have at least one accessible 20ha greenspace site within 2km	87% within 2km of 20ha site	100% within 2 km of a 20ha site 2016
Every home should have at least one accessible 100ha greenspace site within 5km	51% within 5km of 100ha site	100% within 5 km of a 100ha site 2016
Every home should have at least one accessible 500ha greenspace site within 10km	No baseline figure available	Review of baseline data to be undertaken in 2010

Source: Medway Wildlife Countryside and Open Space Strategy 2008-2011

Barriers being identified to use of greenspace by Medway Council which are not purely related to distance to nearest greenspace will also be addressed appropriately to improve access for all groups across Medway.

- Improve green spaces to provide appropriate facilities children and young people and older people. Medway Council has received £1 million for improving and creating new play areas as part of the government funded Playbuilder programme. 22 areas across Medway have been targeted for this investment and will see improvement of their play facilities.

Priority 2: Reducing waste and pollution

Without proper controls waste can lead to: disease spread by vermin, health effects from hazardous waste, landfill gases, fire, explosions, an increase of global warming resulting from methane produced by decomposing organic wastes, and pollution of surface and ground waters. By reducing the amount of waste we produce, or recycle, we can minimise the amount of waste requiring disposal and thereby reduce the impact on the environment and health.

Action:

- Work in partnership with the Kent Energy Efficiency Partnership, and the Energy Saving Trust to reduce carbon emissions from domestic activities.
- Work in partnership with our commercial partners, through contract re-lets, to ensure that our waste services:
 - Roll out organic waste collection from Sept 2010
 - Minimise waste by the introduction of wheeled bins to appropriate properties from June 2011
 - Review the provision of household waste recycling centres with a view of increasing recycling and minimising waste.

Priority 3: Addressing climate change

The risks of climate change to health include the physical and mental effects of extreme climatic events such as flooding and sea-level rises. There may also be heat/cold related illness, increase in skin cancer, and possible increase in respiratory effects from changing patterns of airborne pollution and humidity.²³ Action needs to be taken now to reduce the likelihood of extreme climate change. Reducing carbon emissions is a key area for taking effective action.

Action:

- Annually assess the carbon footprint of council buildings, assets and operations, and use data to target buildings for energy reduction initiatives
- Develop energy champions in each service area to promote energy efficiency, within the council's estate, operations and services.
- Conduct a green fleet review of council transport.

Key relevant local strategies for the natural environment:

Medway Wildlife, Countryside and Open Space strategy 2008-2016

Medway Waste Management Strategy

Medway Sustainable Community Strategy 2010 – 2026

Medway Renaissance Regeneration Framework (2006)

Where delivery of these priorities is already a key part of the Council's agenda a framework has been developed as part of the relevant local strategies above. Key indicative actions from these strategies that impact on the health priorities identified will be monitored as part of this strategy.

4.3.2 THE BUILT ENVIRONMENT

The three most significant aspects of the built environment, from a health perspective are housing, transport and urban maintenance, design and renewal. This includes: urban layout, building design and renewal, housing quality, affordability and density, parks and recreation facilities, roads, paths and transport and the provision of other amenities, such as seating and toilets. Each of these, are already a key focus of Medway Council and the Local Strategic Partnership. The key priorities for health are:

Housing

Priority 1: Reducing excess winter deaths and improving health by ensuring access to good quality and energy efficient housing

Poor quality housing can lead to severe health consequences. Cold, damp, mould and poor maintenance are linked to physical and mental illnesses including respiratory conditions, anxiety, depression and, in extreme cases, hypothermia. Fuel poverty is also increasing which contributes to excess winter deaths. 2008/9 saw the highest number of excess winter deaths since 1999/2000 with 36,700 across the UK.

Evidence linking housing and health

- Damp and cold housing associated with increased respiratory symptoms such as cough and wheeze and asthma in children.¹⁴
- Significantly higher levels of chest ill health and asthma associated with low temperature (0-16C)
- Adequate heating associated with improved asthma and reduced days off school.²⁴
- Improvements in housing conditions have been shown to have a number of positive impacts on health including lower rates of mortality, improved mental health and lower rates of contact with GPs.²⁵

Medway Council have been working in partnership with Creative Environmental Networks (CEN) to enable vulnerable people to remain independent and healthy in their own homes. Work includes enlisting community champions from BME and vulnerable groups to provide them with fuel poverty training so that they can assist members of their community. A series of fuel poverty and energy efficiency training sessions have also been developed for several departments in Medway Council and external agencies who have staff who regularly work in the community.

Priority 2: Ensure access to decent housing for all Medway residents with a focus for housing for older people which facilitates continuing independence

Enabling independence for older people is highlighted as a priority for health and wellbeing in the sustainable community strategy. In the consultation for this health and wellbeing strategy older people highlighted particular issues with respect to housing and health as:

- A lack of transitional homes and a concern that there would not be appropriate sheltered housing sufficient from the growing ageing population, particularly for those suffering from dementia.
- Reducing fuel poverty as a priority.
- Ensuring all housing is good quality housing particularly in the private rented sector and making sure all new housing is of a good standard.

For children and young people, issues highlighted were :

- The desire for a multi-agency assessment of need for housing
- Increase awareness of housing staff on the impact of housing on children and young families

The need for better linkages between health, housing and planning to ensure good community facilities and mixed communities was identified. In November 2009 Medway Council commissioned In Touch, part of the Hyde Housing Group, to run the Home Improvement Agency (HIA) for the next three years. This will enable Medway Council to continue to deliver valuable services to older, disabled or vulnerable people. The HIA's services include offering advice on home improvements, co-ordinating major works and offering a handyperson service for smaller jobs. The work the agency arranges includes damp proofing, electrical rewiring, adaptations, repairs and improving safety in the home through fitting stair rails, toilet rails and bath aids.

Actions:

- Health and housing staff will develop a health and housing action plan. This will include ensuring appropriate frontline healthcare staff are trained to identify and refer vulnerable people who would benefit from help in improving energy efficiency
- Reduce the number of people receiving income based benefits living in homes with a low energy efficiency rating
- Improve the targeting of energy efficiency advice and assistance to alleviate fuel poverty and improve the level of decency in the housing stock.
- Increase the number of vulnerable people achieving independent living

Transport

Priority 3: Improving access to active transport

Active transport provides exercise ²⁶, reduces fatal accidents, increases social contact and reduces air pollution

- Walkability: Shops and facilities nearby help promote physical activity.²⁷
- Access to facilities including cycle paths, green spaces, leisure centres, beaches strongly associated with physical activity.²⁸
- Presence of footpaths and pavements that are well maintained with good surfaces, cycle paths and good lighting increase the number of walking and cycling trips ²⁹

Medway's Local Transport Plan 3 commits to improving access to active transport. This includes increasing the length of the cycle network to support active travel and supporting more active transport for children going to school

Priority 4: Reducing the level of traffic accidents by appropriate traffic calming measures

Reducing injury from traffic accidents will reduce one key cause of inequality (particularly for young men)

The consultation suggested that targeting "rat runs" to reduce speeding in residential areas was needed. Transport links to any new or moved health facilities were a particular concern for older people and transport and health planners need to collaborate to ensure the transport links are in place

Evidence for impact on health of interventions in the built interventions

- Traffic calming measures, implementing 20mph zones in London brought injuries down by 40 per cent, cyclist injuries by 17% and pedestrian injuries by a third. Modelling work showed that there would be 50% less deaths in one year in the most deprived fifth of the population ³⁰
- Traffic calming measures in Glasgow led to 20% increase in walking ³¹

Actions:

- Extend cycle paths and continue to promote increased use of cycling and walking
- Provision of appropriate public transport to health facilities and other new developments
- Continue to promote accident reduction measures through physical measures on sites, and through education in schools

Urban Regeneration

Priority 5: Ensuring all new developments meet appropriate standards for decent homes and access to green spaces and create living environments that support cohesive and sustainable communities

Priority 6: Ensuring the benefits of urban regeneration and new infrastructure are made available to all Medway citizens

Town planning originally began as a result of concerns over the poor public health and in sanitary living conditions. Although they are largely taken for granted, these fundamentals of town planning remain essential for today's health and wellbeing.

Medway is a largely urban area and a national priority area for regeneration and growth. The council has received more than £120million of funding from the Government's Sustainable Communities Fund to support the development of more than 900 hectares of previously developed land in the area.

This regeneration will involve developing new housing, employment, cultural, community, and tourism and education sites.

With these developments Medway's economy, education and employment opportunities will grow, providing real improvements in the quality of life available for all Medway's communities

Action:

Ensure compliance with the Developer Contribution Guide which sets formal and informal standards for green spaces within new developments

Delivery of these priorities is already a key part of the Council's agenda and more comprehensive frameworks have been developed as part of the relevant local strategies above. Key indicative actions from these strategies that impact on the health priorities identified here will be monitored as part of this strategy.

Key relevant local strategies

Medway Housing Strategy 2008-11

Local Transport Plan 3 2011-2026

Medway Renaissance Framework

4.3.3 THE SOCIAL ENVIRONMENT

The social environment is a broad domain involving creating opportunities for people to participate in their community. This includes education and early childhood development, providing a sense of place, community and safety, informal social support, health and community services, arts and culture, sport and leisure. Four key areas have been highlighted below that are a particular priority in Medway and some of the health effects have been identified

Priority 1: Reducing fear of crime

The way neighbourhoods, streets and buildings are planned and looked after can reduce accidents and crime. If we feel safe in our neighbourhoods we go out more, we meet people and make friends; we're more active and less stressed. Medway Community Safety Partnership has in place a strategy to improve the safety of our local communities which will in turn impact on health. One of the priorities is to reduce the fear of crime and increase the public confidence in the actions of the CSP.

All Partnerships within England are measured on how safe their residents' feel, and what crime and disorder the members of its communities worry about the most. In Medway, there is a disproportionate amount of worry around certain crime and disorder, compared with how much crime and disorder is actually taking place. The CSP has carried out a public consultation around Medway to identify local concerns, and ensure resources are used efficiently to tackle these concerns.

A study in northwest England found that people who felt safe in their neighbourhood were more likely to be physically active although no associations between actual levels of crime and physical activity were found; i.e. perceived rather than actual safety has the largest effect on levels of physical activity³².

Concern about safety was reflected by older people as part of the Medway consultation as being a barrier to physical activity.

Actions:

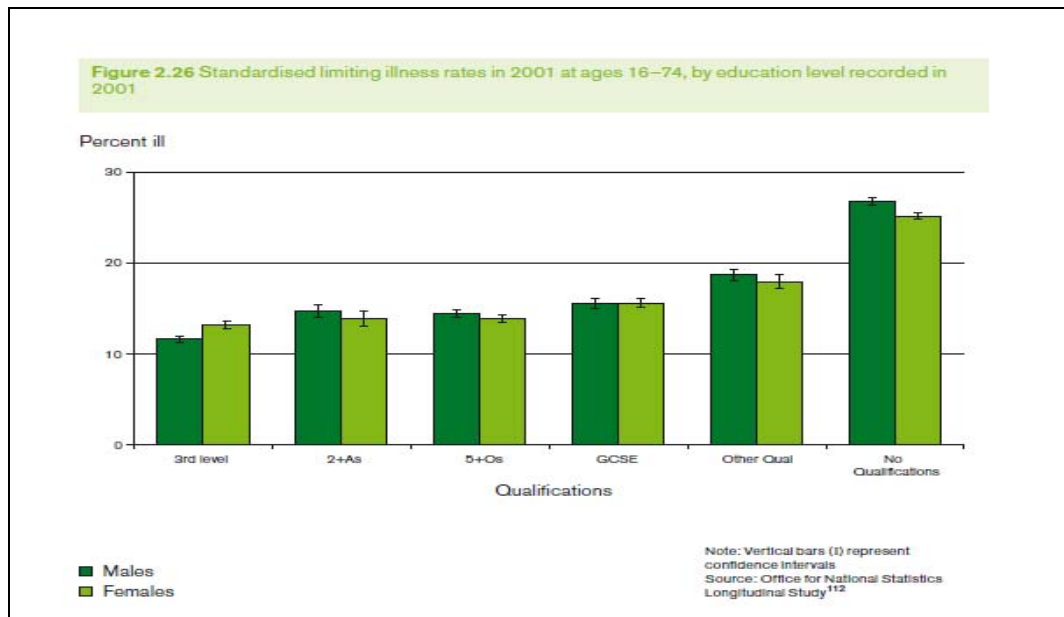
- Increase visible uniformed presence: The Performance Delivery Group will coordinate a visible presence of officers from the council and police working together at the appropriate times and places to reduce the opportunity for offences to take place and to reassure the public.
- Tackle the perception of crime: The Community Safety Partnership will publicise current crime figures, relevant to Medway to reassure the public of the low levels, compared to those perceived
- Increase public awareness and provide enhanced community engagement: The Community Safety Unit will keep the public informed of ongoing and planned activities to reduce the opportunity for criminal activity in neighbourhoods. The Confidence and Reassurance Group will frequently identify opportunities for community engagement in Medway to gauge local concerns
- Work with partners to deliver the Medway Prevent Action Plan that has been highlighted nationally in the Office of Counter Terrorism's good practice guide.

Priority 2: Supportive early years environments and good educational facilities for children and young people

At a strategic level, access to good support in the early years of life and educational facilities helps to ensure that children have the best opportunity for healthy lives by increasing educational attainment and longer-term prospects for employment and independence, and by providing the means to make informed choices about individual lifestyles later in life.

The early years of life are crucial for the development of the brain's cognitive abilities and for the development of social skills such as empathy

Fig 7 : Standardised limiting illness rates in 2001 at ages 16-74, by education level recorded in 2001



Source: Marmot Review 2010

Both the Marmot review and the Acheson report focused on the early years and childhood as the most effective time in the life-course to tackle health inequalities. The Marmot review identifies priority objectives as being

- To reduce inequalities in the early development of physical and emotional health and cognitive, linguistic and social skills
- Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient,
- Build the resilience and well-being of young children across the social gradient

More concretely recommendations from the review include; increasing the proportion of overall expenditure spent on early years and distributing it across the social gradient, giving priority to pre and post natal interventions and intensive home visiting programmes such as the Family Nurse Partnership that reduce adverse outcomes, providing paid parental leave for the first year of life and providing routine support to families through parenting programmes, children's centres and key workers.

In Medway as in the rest of the country some of this work is underway. The Family Nurse Partnership programme, a preventative safeguarding programme for teenage mothers was launched in July 2009 and is being delivered initially in Chatham and Gillingham. The Children's Trust in Medway has set up separate workstreams for parenting and emotional wellbeing to ensure that these areas are given priority. The development of Children's Centres has also been key to supporting children and families.

Only 10-20% of the variation in educational attainment between different pupils can be explained by differences in schools and even less variation in other outcomes such as wellbeing. Recommendations in the Marmot review include prioritising the reduction of social inequalities in pupils educational outcomes, extending the role of schools in supporting families and communities and developing the school based workforce to build their skills in working across school home boundaries and addressing social and emotional development, physical and mental health and wellbeing.

In Medway, as stated in the Children and Young People's Plan 2009-11 we are committed to the development of 21st Century schools which means that schools are committed to excellence in teaching and learning but also working in partnership to address all children's needs.

Further specific issues for children's health and wellbeing will be addressed in further detail in the Medway children's preventative strategy which is currently under development.

Priority 3: Ensuring access to good quality lifelong learning across the social gradient

Participation in adult learning impacts positively on health behaviours and outcomes. Support and advice is particularly important for the 16-25 year old age group, who miss out on many other forms of help and support. Recommendations in the Marmot report around access to quality lifelong learning opportunities across the social gradient include; providing easily accessible support and advice to 16-25 year olds on life skills, training and employment opportunities; providing work-based learning, including apprenticeships for young people and job changers and increasing availability of non-vocational life-long learning across the life-course are key to reducing health inequalities.

The Social Regeneration Strategy for Medway 2008-2016 has identified as a priority ensuring access to vocational skills across the community including the disadvantaged workforce. Local objectives within this areas are

- To enable Medway's workforce to access vocational skills and qualifications
- To deliver learning empowerment for Medway's disadvantaged workforce

Actions:

- Provide evidence-based and effective parenting programmes to all parents who would benefit.
- Ensure appropriate pre and post natal interventions, such as intensive home visiting programmes (e.g Family Nurse Partnership and the new Antenatal and Preparation for Parenthood programme) are provided for all Medway residents who would benefit.
- Implementing the Improved Health Child programme and encouraging high quality and consistent PHSE education
- Ensure that all information about children and young people's activities and services is easily available via the Family Information Service
- Continuing development of Children's Centre provision in Medway.

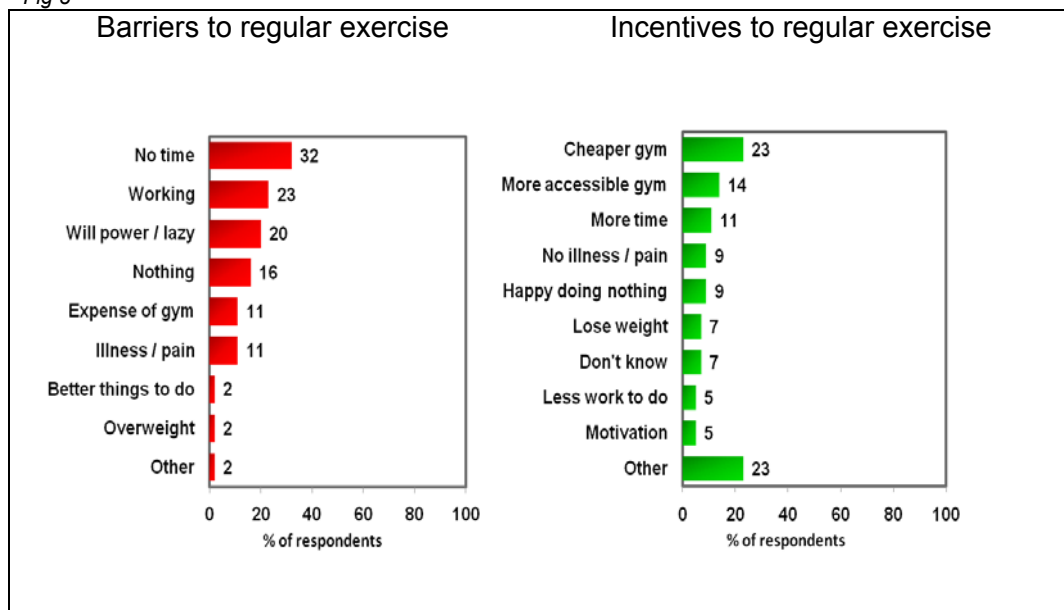
Priority 4 Promoting physical and mental wellbeing through culture and leisure facilities

Access to meaningful activities, particularly the arts and physical activity, is an important factor in creating and sustaining physical and mental wellbeing.

- Physical activity is associated with a 25-50% lower risk of developing Type 2 diabetes, and a reduction in the overall risk of cancer. It has a clear protective effect on colon cancer and is associated with a reduced risk of breast cancer in women after the menopause. (Department of Health 2009)
- Physical activity has been found to be as effective in the treatment of mild to moderate mental ill health as anti-depressant drugs and psychotherapy.^{33, 34}
- Physical activity is associated with a reduced risk of depression and dementia later in life.⁷

Recent research for the A Better Medway campaign showed that lack of affordable leisure facilities was identified by Medway residents as a barrier to take up of physical activity.

Fig 8



The consultation also highlighted the need to ensure that information for families in Medway on places to go and things to do needs to be more easily accessible.

Arts and culture

There is a growing body of evidence for the effectiveness of the arts in improving mental wellbeing.

Music and singing have been shown to increase the quality of life of people with progressive dementia as well as being able to provide comfort, awareness and inclusion to people from different cultural and social backgrounds (Clair

1990) An evaluation of the role of therapeutic theatre for people with deficits in communications, showed a positive effect in alleviating cognition and social skills disabilities (Snow, 2003). Evidence has also shown that intentional activities, which includes socialising, engaging in meaningful activities and pursuits like engaging with arts and culture account for 40% of the variation in people's happiness. (SE Mental Health and Wellbeing Strategy)

A review of the medical literature for Arts Council England cites nearly 400 papers showing the beneficial impact of the arts on a wide range of health outcomes (p46 Midlands: Arts Council England 2006 Taking Part: the first six months).

Actions:

- To provide access to affordable local facilities and activities which improve the take-up of physical activity for all Medway residents. This will include improving facilities in and usage of green spaces
- Working with partners, stakeholders and residents to ensure that a range of cultural opportunities are provided that meet the needs of our diverse communities and increase engagement of those in minority communities

Priority 5: Promoting community cohesion and reducing social Isolation

Reducing social isolation and promoting cohesion lies at the heart of a safer, stronger community. Bringing old and new communities together, making sure everyone can access the services they need and empowering communities to make the changes they see as important are essential to building a healthier community.

Social isolation and loneliness have been shown to impact strongly on both physical and mental wellbeing.

- Examples of evidence linking social isolation with mental and physical wellbeing
- Most powerful sources of stress are low status and lacking social networks particularly in parents and young children (Wilkinson and Pickett 2009)³⁵
- Low levels of social integration significantly increase mortality (Bennett 2002)³⁶
- Several studies have shown that social networks and participation seem to act as a protective factor against dementia and cognitive decline over the age of 65 and social networks are consistently and positively associated with mortality and morbidity (Fabrigole 1995 and others)³⁷

The voluntary sector and local community groups have a key role to play in developing community cohesion and social isolation. They often provide creative and effective approaches that meet the needs of their communities more efficiently than the statutory sector. Medway is also developing a voluntary sector strategy which will further support the development of this sector. Particular areas where the voluntary sector can be effective include working with people at higher risk of mental health problems, .e.g carers.

In Medway the Social Regeneration Strategy has identified as a priority

strategic aim “to create a cohesive and inclusive community”. Work is going on in the most deprived communities across Medway to support their development.

Medway also has the Sunlight Development Trust as an excellent example of a successful community development social enterprise which has developed a number of volunteering projects. Volunteering has been shown to have health benefits both for those volunteering and for those being helped.

Actions:

- To support the development of the community and voluntary sector in Medway to reduce social isolation
- To support the development of volunteering initiatives to ensure access to the benefits of volunteering for both volunteers and recipients

The strategies highlighted above will provide a comprehensive framework for delivering these priorities however some of the key initial actions below will be also monitored as part of this strategy.

Relevant local plans

- Community Safety Plan
- Children and young people’s plan 2009-2011
- Medway Cultural Strategy 2009-2014
- A Social Regeneration Strategy for Medway 2008-2014

4.3.4 THE ECONOMIC ENVIRONMENT

Poor health is strongly correlated with poverty, unemployment, low-skills and also particular types of employment.

Priority 1: To increase access to benefits advice/advice on financial and debt management in order to ensure improved mental and physical wellbeing

Poverty caused either by unemployment or low-income can mean that people do not have enough money to afford the resources necessary for their own or their families health. This can be very direct – such as in the case of paying for heating during winter - or it can be indirect - for example high fat, high sugar foods often cost less than fruit, vegetables and lean meats, particularly when considered in terms of cost per unit of energy. The number of children and pensioners in poverty represents a serious cause for concern

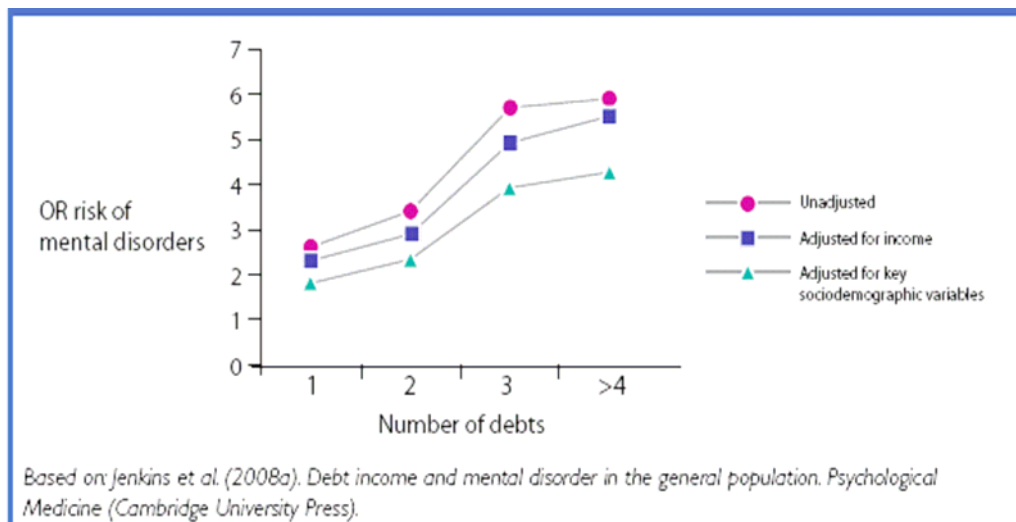
The Marmot Review focuses on national objectives for this priority; of establishing a minimum income, reducing the social gradient through progressive taxation and reducing cliff edges faced by people returning to work. However, locally action can be taken to tackle poverty to improve take-up of benefits and reduce debt.

The Foresight report on Mental Capital and Wellbeing (Foresight Report) suggests that the latest data show that the relationship between poor mental health and low income is largely mediated by debt and that debt is a far stronger risk factor for mental disorder than low income.

When all other factors including income are accounted for the effect of debt is still strong but when all other factors including debt are accounted for, the effect of low income largely disappears.

Figure 9 from the Foresight report illustrates these findings. The odds ratio is a measure of the increase risk of mental disorder. The key finding is that, even when corrected for the increased risk with low income on its own, and with other sociodemographic variables as well as income, there is a very marked increase in rates of the different disorders with increasing numbers of debts.

Fig 9 : Odds ratio (OR) risk of mental disorders vs. increasing numbers of debts



The status syndrome – relative poverty in a wealthy society

Actions:

- To improve take-up of benefits with a particular focus on pensioners living in poverty
- To ensure access to debt advice is available for all those who need it.

Priority 2: Improve access by local communities to good quality employment opportunities

The impact of work on health is undisputed. At the extreme are injuries and deaths arising at work. The impact of the workplace on health in specific occupations is also important. An example of this is harmful exposure to hazardous substances and physical hazards in construction industries and the shipyards, e.g asbestos which can go on to cause cancer. Higher suicide rates have also been noted in particular occupational groups nationally. Ensuring good quality employment opportunities means working to promote healthy workplaces across a range of occupations. Unemployment has been shown to be detrimental to both physical and mental health. New evidence is also pointing to the impact of job control, precarious employment and stress influencing health particularly heart disease³⁸.

Relative wealth and status also appear significant. The Whitehall studies proved that even above an absolute poverty line, health continued to improve with each step up the income and occupation ladder. Another English study found that there is higher mortality in local authority areas in which there is greater inequality of income, independent of overall income levels³⁹.

The Marmot review suggests that the following objectives will have a significant impact on health inequalities.

- Improve access to good jobs and reduce long-term unemployment across the social gradient
- Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
- Improve the quality of jobs across the social gradient.

The Marmot Review recommends that encouraging, incentivising and where appropriate enforcing the implementation of measures to improve the quality of work across the social gradient e.g adherence to equality guidance and stress management/effective wellbeing programmes is important.

This is supported by NICE guidance on improving wellbeing at work. Additionally: providing greater security and flexibility in employment by improving flexibility of retirement age and incentivising employers to create or adapt jobs that are suitable for lone parents, carers, those with physical or mental health problems may also have an impact.

Actions:

- Deliver Flexible New Deal programme of employment support with Skills Training UK Ltd and local REIGNITE partnership of voluntary and community organisations. 600 local unemployed people to benefit from this service and 90 to secure employment.
- Implement Future Jobs Fund programme in Medway, enabling the creation of 180 temporary jobs within Medway Council to provide local longer term unemployed people with invaluable work experience.
- Maintain the delivery of neighbourhood outreach based employment support services, benefiting 6 target neighbourhoods.
- To work in close partnership with Job Centre Plus to strengthen Local Employment Partnership schemes, which assist local businesses to recruit suitably equipped people from the local workforce.

Relevant local strategies and plans

Medway Sustainable Communities Strategy

A Social Regeneration Strategy for Medway 2008-2016

4.4 HEALTHY LIVES

In line with the white paper 'Choosing Health: making healthy choices easier' this strategy recognizes that it is easier for some people to make healthy choices than others. This section focuses on how we can support people in Medway to be able to make the healthy lifestyle choices that they want. Our aim is to ensure that everyone, including those people in disadvantaged areas and groups have the opportunity to live healthier lives.

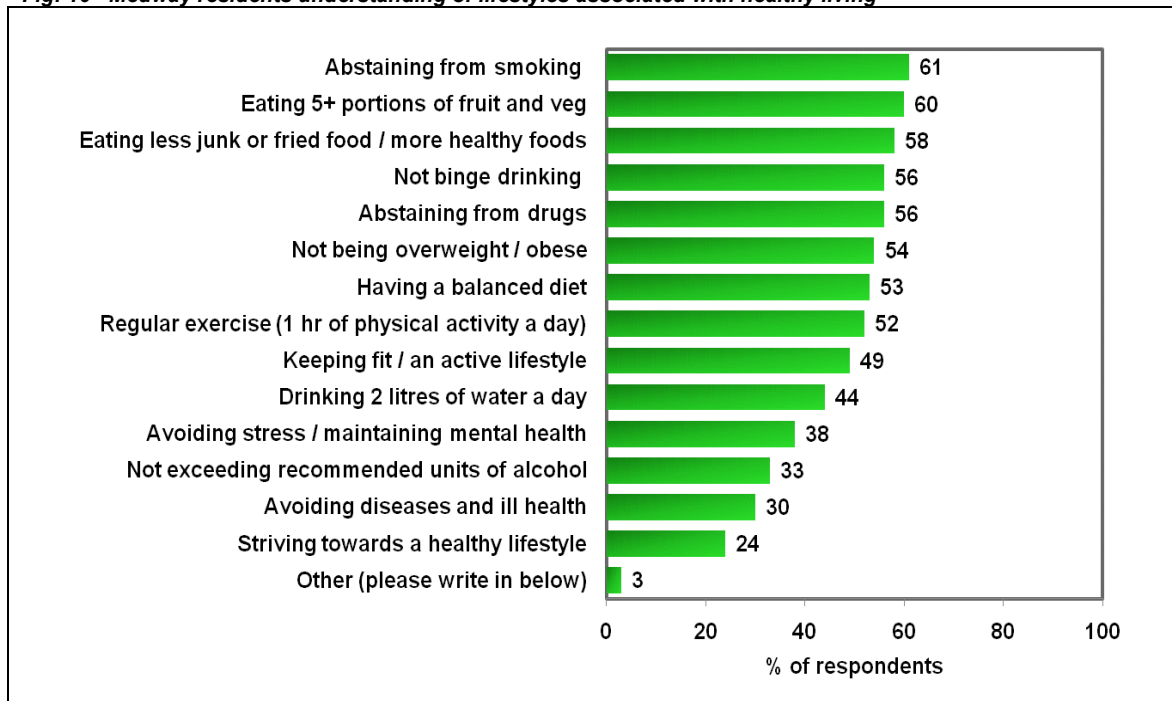
Table 1 : Examples of links between lifestyle risk factors and disease

	Poor diet	Physical inactivity	Tobacco use	Alcohol misuse	Excess weight	High blood pressure	High cholesterol
Heart disease	X	X	X	X	X	X	X
Stroke	X	X	X	X	X	X	X
Cancer	X	X	X	X			
Depression	X			X	X		
Diabetes	X	X			X		
Asthma			X		X		

Source: AIHW 2002⁴⁰

As part of the research carried out in 2009 for the A Better Medway campaign, 273 people across Medway were asked what they felt were the key aspects of healthy lifestyles. Their response can be seen in Figure 10.

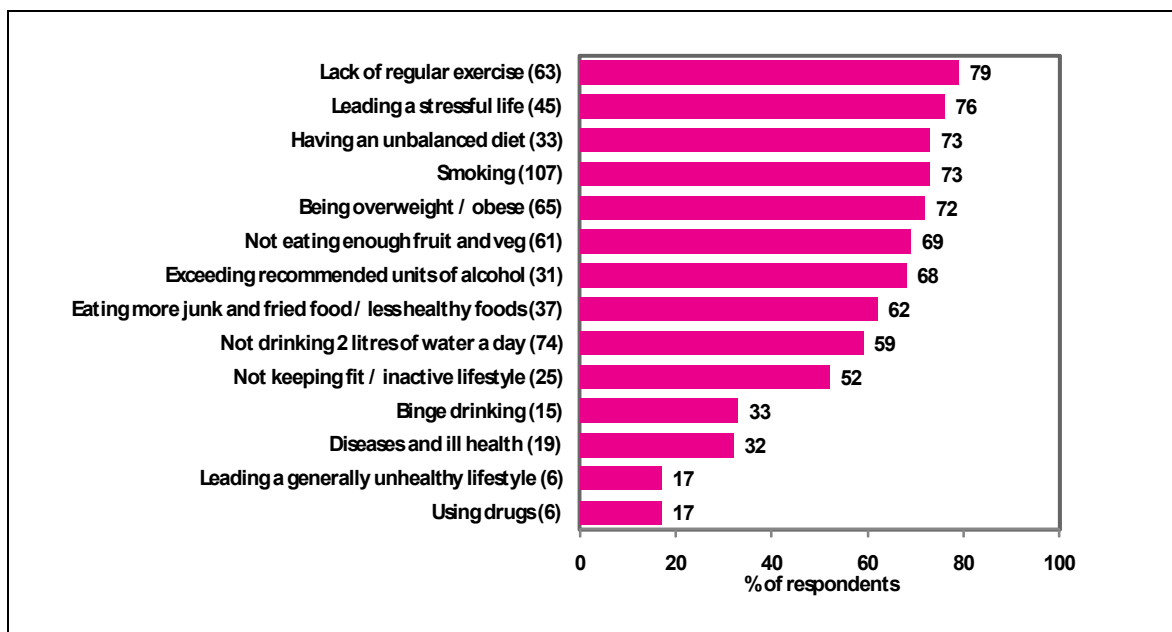
Fig: 10 Medway residents understanding of lifestyles associated with healthy living



Source: A Better Medway social marketing research 2009

They were also asked which of their own behaviours they would like to change. Figure 11 below illustrates the response and indicates that the majority of Medway residents do want to change what they perceive as unhealthy behaviours.

Fig 11: Which of the lifestyle aspects that you said apply to you would you personally like to improve in order to lead a healthier lifestyle?



Source: A Better Medway Social Marketing Research 2009

In addition to the ongoing need to promote healthier lifestyles, additional demand for health promotion services will be created by the Health Checks Programme which started in 2010. This programme will offer vascular risk assessment and management to everybody aged 40-74 years every 5 years and will identify people at increased risk of heart disease type 2 diabetes and stroke. Modelling has identified that this programme will identify an increased need for health promotion programmes relating to smoking, obesity and physical activity.

Developing priorities for Healthy Lives.

Nationally, “Choosing Health” identified the most important lifestyle changes and these are consistent with our local research.

The following sections outline these lifestyle priorities and key actions locally to support them. In order to tackle health inequalities effectively action in all these priority areas need to be focused across the social gradient with an initial focus on more deprived areas where rates of smoking, obesity, alcohol misuse and poor diet are higher and physical activity and mental wellbeing are lower.

Priority 1: Reducing smoking rates and improving tobacco control

Smoking is the single biggest cause of illness and early death in England. Although smoking rates are decreasing locally rates are higher than in neighbouring areas. Medway ranks 32nd out of 37 LA areas in South-East Coast with 24.9% of the adult population smoking. As stated previously it is estimated that smoking causes 25-30% of all cancers. Smoking also contributes more than any other risk factor to inequalities in life expectancy. Stopping smoking at any age improves health and increases life expectancy.

From national surveys smoking is perceived to be the behaviour that has the worst impact on health, with smoking being more prevalent amongst under 35's and in lower socioeconomic groups. 73% of smokers who were asked as part of the Better Medway research say they want to improve this aspect of their lifestyle,

In 2009 'Medway's Stop Smoking service commissioned social marketing research on how to best reduce smoking rates in routine and manual socio-economic groups. The results from this will be used to shape smoking services in the future.

In 2010 the Medway Tobacco Control Alliance was launched. The alliance was established to bring together partners across all agencies to tackle wider tobacco related problems across Medway from stopping young people taking up smoking to reducing illegal supply.

Actions:

- Increase capacity within the Stop Smoking Service, particularly targeting routine and manual groups
- Develop a tobacco control action plan for Medway.

Priority 2: Eating a healthier diet and achieve and maintain a healthy weight

A healthy diet, from infancy onwards, lays the foundation for good health throughout life. Even small changes in our diet, such as reducing the amount of saturated fat, sugar and salt, can have very positive health benefits. Medway currently has the 2nd highest adult obesity rate of the 37 LAs in South East Coast. The number of adults eating the recommended amount of five pieces of fruit and vegetables a day is the 4th lowest in the region.

From the A Better Medway research, 27% of a sample of Medway residents believe they are overweight / obese, 25% do not think they eat enough fruit and vegetables, 15% think they eat too much junk food and 14% think they have an unbalanced diet. Lack of time, lack of knowledge and lack of support are all barriers that need to be overcome to tackle this issue.

In Medway there is a healthy weight programme which includes initiatives to improve healthy eating and reduce obesity which includes a weight management programme for adults (Tipping the Balance) and MEND (Mind, Exercise, Nutrition, Do It!) and MEND 2-4 which are programmes for children and their parents to help develop and maintain healthy eating patterns and increase physical exercise.

Actions:

- Development of a co-ordinated infant feeding programme, to increase breastfeeding rates in Medway
- Deliver MEND 2-4 Preventative Programme to help parents to embed healthy eating principles within their family diet and to encourage active play in partnership with Children's centre in wards with high rates of childhood obesity
- Extend the supporting healthy weight programme for all ages

Medway has the lowest rates of physically active adults in South East Coast at 16%. Increasing physical activity is a multi-faceted task. It involves creating a physical infrastructure and access to quality green spaces which make physical activity easier. Some of the work to improve the infrastructure to facilitate active transport has been highlighted as part of the Healthy Places section as part of the natural, built and social environments.

It also involves developing exercise opportunities which make physical activity more accessible and attractive. Doing this involves partnership across a variety of agencies.

In Medway, initiatives include exercise referral schemes, Healthy Walks programmes and an active travel co-ordinator to encourage active transport for people to build more physical activity into their daily routine.

Actions:

- Increase access to physical activity opportunities
- Develop an exercise referral scheme to increase participation in physical activity opportunities.
- Development of a co-ordinated infant feeding programme, to increase breastfeeding rates in Medway
- Deliver MEND 2-4 Preventative Programme to help parents to embed healthy eating principles within their family diet and to encourage active play in partnership with Children's centre in wards with high rates of childhood obesity
- Extend the supporting healthy weight programme for all ages

Priority 4: Promoting sensible drinking

Alcohol affects all of society, from the burden on the NHS in terms of hospital admission and treatment in primary care, the economic burden due to loss of employment and reduced capacity to work, through to other negative effects of alcohol on the social and behavioural welfare of communities (e.g from antisocial behaviour).

Across England and in Medway alcohol related admissions to hospital continue to increase annually. The cost to society of alcohol misuse is estimated to be more than £17 billion a year.

A Priority for the Community Safety Partnership is to tackle substance misuse, including alcohol. With alcohol consumption being involved in just under half of all arrests, alcohol misuse has been shown to be an important factor in a wide number of disorder related issues.

Alcohol misuse is not isolated to adults. Local analysis of young people accessing treatment for substance misuse shows 60% are primarily misusing alcohol. Concern about rowdy or drunken behaviour (not just confined to the night-time economy) remains high.

A Medway Alcohol Strategy was developed in 2009 and an alcohol co-ordinator has been appointed to take forward implementation of this. Some of the key actions in this strategy are highlighted in the actions section following.

Actions:

Deliver the Medway Alcohol Strategy and Community Safety Partnership priorities which include:

- Training for primary healthcare staff and other frontline workers for screening and delivering brief interventions opportunistically for harmful drinkers
- Identify and use opportunities in conjunction with partners for delivering brief interventions in A&E, primary care and other settings e.g police station, youth services
- Develop a system for identifying and treating hazardous drinkers in the criminal justice system.

- Projects will be commissioned & delivered by the CSP Office to raise awareness of the dangers of drug and alcohol misuse; this will include working within schools to ensure that young people stay healthy and improve children's outcomes. Public Health will support the CSP with social marketing projects to promote sensible drinking.
- Reduce young people's access to alcohol in shops through targeting illegal under age sales through test purchase operations to ensure alcohol is not sold to under 18s.

Priority 5: Improving mental health and wellbeing

Wellbeing and mental health are not simply the absence of mental illness. The Foresight Mental Capital and Wellbeing Project (2008) ⁴¹ defines wellbeing as “dynamic state in which the individual is able to develop their potential, work protectively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.

Enjoyment of the world around us, our families and friends, physical activity, appreciation of art, music and spirituality can all contribute to good mental health and well-being. Mental well-being can be adversely affected by things like worries about money, stressful work, poor relationships, bullying and violence. Our mental well-being is also affected by whether or not we feel in control of our lives, feel safe, have good relationships with other people and feel involved with our community.

In the sample interviewed as part of the A Better Medway survey of healthy lifestyles there appeared to be higher stress levels amongst respondents in the “middle” age groups and higher socio-economic groups. This appeared to be generally related to work or family pressures, with a notable proportion of respondents unsure how to positively impact this.

The Foresight Report used the best available evidence to put together developed the wellbeing equivalent of the” 5 fruit and vegetables a day” for mental health and wellbeing which is set out below:

- 1 **Connect...** With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day
- 2 **Be active...** Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness
- 3 **Take notice...** Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you
- 4 **Keep learning...** Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun
- 5 **Give...** Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you

As part of the implementation of the Live It Well mental health and wellbeing strategy we will run campaigns in Medway to promote key messages around mental health and wellbeing.

Actions:

- Development of a mental health promotion strategy which aims to increase health and wellbeing at population level, and also with high risk groups and those with existing mental health problems.
- Promote and support wellbeing at work by working with small and medium sized businesses to implement the NICE guidance
- Employ a mental health promotion specialist to commission and develop programmes targeted at improving mental wellbeing in all age groups
- Commission mental health awareness and suicide prevention training across Medway

Priority 6: Improving sexual health and reducing teenage pregnancy

Good sexual health is about enjoying sex without harming yourself or others. It is important to have the knowledge and skills to be able to make informed choices, to avoid sexually-transmitted infections and use contraception effectively.

Sexually-transmitted infections can be unpleasant; although sometimes people may not realise they have one. If left untreated they can lead to infertility, pelvic inflammatory disease, ectopic pregnancy, liver disease and cancers. Some, such as syphilis and HIV, can be fatal.

Although the teenage pregnancy rates remain difficult to reduce, significant progress has been made in the delivery of the Teenage Pregnancy Programme during the last year. Key achievements include increased access to condoms and emergency hormonal contraception, increased provision of Sex and Relationships Education and the establishment of the Supporting Young Parents Integrated Team.

Action:

- Increasing the capacity of the Speakeasy programme (supporting parents/carers to discuss sexual health matters with young people)

Priority 7: Support and develop peer support programmes to facilitate holistic lifestyle style change

Research indicates that a key factor in the ability to change behaviour is peer support. Working with communities and individuals to empower them to be able to make the lifestyle decisions they want to make is crucial to enable sustainable changes. One way this can be helped is through working with communities to provide appropriate lifestyle services in accessible places.

A key new programme which has started in Medway in 2009 is the Health Trainer Programme. This is being delivered by the Sunlight Development Trust and provides tailored 1:1 support for people to help with making the specific changes that that individual has decided they want to make. They provide help and support in finding the right services and accessing them as needed.

Key to the success of this programme is recruiting people who come from and are able to work with the communities they serve. This programme has had a successful start and is planned to continue and develop over the next 5 years.

Actions:

- Support and develop peer support programmes to facilitate holistic lifestyle style change
- To continue to develop the Health Trainer programme across Medway.

Priority 8: Ensure that health promotion programmes are in place to support older people in healthy ageing

Older people can currently access all Medway's adult health promotion programmes. However further work needs to be done to identify whether older people are actually using these programmes and if further targeted work needs to be done to facilitate lifestyle change for older people.

Actions:

Ensure that health promotion programmes are in place to support older people in healthy ageing

- Audit access to health promotion programmes and target older people where barriers to access are identified.
- Where necessary support the development of new health promotion programmes that support healthy ageing

Relevant local strategies

Medway Sustainable Community Strategy 2000 - 2006

Medway Alcohol Strategy 2009

4.5 HEALTHY SERVICES

A range of services contribute to the prevention of ill health. Healthcare and other statutory and voluntary services have a key role to play in taking every opportunity to prevent disease and promote health. There are also specific directly provided preventative health services which include immunisation and screening.

4.5.1 Immunisation

The childhood immunisation programme offers immunisation to all children against the following infections: diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib), pneumococcal disease, meningococcal group C disease, measles, mumps and rubella (German measles). In addition girls are offered immunisation against human papilloma virus (HPV) types 16 and 18 which are responsible for some forms of cervical cancer. This is usually offered in school year 8.

Immunisation protecting against hepatitis B and tuberculosis is offered to at risk groups or individuals.

In addition, adults in at risk categories, those over 65 and healthcare and social care staff, are offered vaccination against seasonal flu annually and in 2009/10 there was a national campaign to vaccinate against Influenza A H1N1 which reached pandemic proportions in July 2009.

Medway has higher uptake of vaccinations for all childhood immunisations except HPV, compared to England and South East Coast SHA. Work needs to be and is being undertaken to improve the HPV vaccination uptake rate.

Priority 1: Improve the HPV vaccination uptake rate in Year 8 girls

Action:

- Work with Medway Council, schools and general practices to increase uptake of HPV vaccination offered to Year 8 girls (primarily a school based programme supported by general practice where immunisation in school has not occurred).

4.5.2 Screening

There are a variety of screening programmes in place in Medway for both children and adults which play a key role in identifying pre-symptomatic disease. These include the antenatal and neo-natal screening programmes for children the adult screening programmes for cancer (breast, cervical, bowel and prostate) and diabetic retinopathy screening.

Two programmes which are comparatively new in Medway and which are still being developed are chlamydia screening and the NHS Health Checks programme.

Chlamydia is the most commonly diagnosed sexually transmitted bacterial infection in the UK. The infection is often symptomless and left untreated it can lead to pelvic inflammatory disease and infertility in women. In 2006 NHS Medway started a chlamydia screening service for young people between 15-25 to identify, treat and control this disease before the effects become irreversible.

NHS Health Checks is a national programme aiming to offer everyone aged between 40 and 74 years of age, a check every 5 years to help them identify their risk of developing stroke, heart disease, diabetes and kidney disease.

Following risk assessment individuals at a higher risk of developing disease in the future are offered advice and support to reduce their risk. This may take the form of a brief intervention recommending appropriate lifestyle changes and referral to stop smoking and physical activity services.

Medway has a two phase strategy for offering the checks. The first phase is offering the checks on a systematic basis through GP surgeries. This is now happening with many practices reporting good uptake of the checks. The second phase will be to offer targeted outreach checks on an opportunistic basis.

Priority 1: Ensure continuing development and cost-effectiveness of the Chlamydia screening and Health Checks programmes

Actions:

- Increase coverage and cost-effectiveness of the chlamydia screening programme for young people in Medway
- Continuing development of the Health Checks programme and extension to hard to reach groups This programme is being developed at present and will target specific groups and areas where there is poor uptake of the check

4.5.3 Health improvement in primary care

Primary care is playing an increasingly more significant role in health improvement. Research has shown that doctors are trusted and respected by the public and their advice is listened to more than other professionals.

GP practices can and do play a key role in prevention, for example, there is a locally enhanced service in place in Medway in which GPs provide smoking cessation advice. However there are also other initiatives relating to the wider determinants of health that have been shown to be effective in other areas which could be implemented locally. Initiatives in primary care have often been developed in isolation from each other and consequently GPs can feel overloaded.

Pharmacies, dentists and opticians also have a role to play in health improvement.. There is an Oral Health Strategy for Medway which sets out the priorities for dental health promotion.

Priority 1: Enhance and support health improvement in primary care

Actions:

- In collaboration with the Clinical Quality Directorate review all activity to promote health improvement and tackle health inequalities in primary care and ensure that appropriate programmes are in place and integrated for maximum effectiveness
- Ensuring that the treatment of the risk factors (high cholesterol and hypertension) for CHD is delivered to the highest standard in all GP practices in Medway
- To ensure that all primary care staff are kept up to date with respect to health improvement interventions and relevant services to ensure effective signposting where appropriate.

4.5.4 Health improvement in secondary care & community services

Hospitals and other out and in-patient services can also have a key role in improving health as they are involved in caring for people at a time when they may be particularly receptive to making lifestyle changes. Nationally there is a health promoting hospitals network which seeks to promote and develop good practice in this area.

In Medway the main acute provider is Medway NHS Foundation Trust. Medway Community Healthcare is the main provider for community services.

The Kent and Medway NHS and Social Care Partnership Trust provides most secondary mental health services. There are also a growing number of third sector providers of health and social care services

Priority 1: All health and social care services to promote health improvement as part of their normal service .

Actions:

- Develop public health champions in all provider organisations who will give leadership and ensure action on health improvement. Ensure opportunities for public health champion training as part of the Kent and Medway scheme are promoted across all providers including voluntary sector providers
- All commissioners of health and social care services to ensure that when services are commissioned that the contracting mechanisms include provision for appropriate health improvement activities.

4.5.5 The wider public health workforce

Delivering the public health agenda requires wider engagement than just the health and social care workforce. If we are to make a significant impact on the health of the people of Medway then the engagement of other partner organisations and the voluntary sector is essential. The Marmot review suggests that prioritising investment in ill health prevention across government departments to reduce the social gradient should be a key objective.

Planning to create supportive environments for health needs to strengthen the local community's capacity to achieve better health. This capacity building involves developing 'sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors ... [to] prolong and multiply health gains many times over' (Hawe et al. 2000). It can occur within a specific program and as part of broad agency and system development. 'This means that capacity building activity may be developed with individuals, groups, teams, organisations, inter-organisational coalitions or communities' (Hawe et al. 2000).

Statutory agencies such as Medway Council and Kent Police have a key role in ensuring all frontline staff are aware of and signposting to appropriate health improvement services as part of their normal work.

The voluntary sector provides a range of services and are often ideally placed to engage with their communities in a way that can be difficult for statutory providers. They can also have a significant impact by signposting and facilitating access to services and by encouraging lifestyle change.

Priority 1: To enhance the capability of the wider public health workforce to contribute to improving the health and wellbeing of Medway residents.

Action:

- We will develop training programmes to increase the public health capacity and capability of the local statutory and voluntary sector organisations workforce and develop a network of public health champions.

This chapter identifies the enabling actions that will support the delivery of the health and wellbeing strategy

MEASURING IMPACT

This Health and Wellbeing Strategy will be monitored using a number of outcome, output and process measures. Currently the existing actions in this strategy are monitored through existing indicators including LAA targets, Vital Signs and World Class Commissioning Outcomes. (See Appendix 3) The new government is currently consulting on new outcome measures for health and the Council is reviewing the targets needed to support the Council Plan. Appropriate outcome measures for the ongoing monitoring of this strategy will be developed through these processes.

PARTNERSHIPS

Communication and Public Engagement

We will continue to listen to what local people want and need to maintain their health and wellbeing through the established forums for consultation as well as by carrying out appropriate local research.

We are also committed to developing ways to engage with hard to reach groups and will work with groups across Medway Council to ensure that we extend our consultation as widely as possible.

Governance & Leadership

The successful delivery of this strategy will require the engagement of all thematic partnerships within the LSP. Delivery of the Strategy will be monitored through the Health Improvement Strategic Change Group. The Health Partnerships Board will provide strategic leadership of health and wellbeing in Medway and hold partners to account to work together to delivery the priority actions contained within the Strategy.

APPENDIX 1: SUMMARY OF PRIORITIES AND INITIAL ACTIONS

Health Inequalities	
Priority 1:	To ensure health inequalities is integrated into partnership work in all areas of this strategy
Actions:	These are highlighted in the relevant sections following.
Priority 2:	To monitor health inequalities across Medway and improve local knowledge and understanding e.g carrying out health equity audits and health inequalities impact assessment.
Actions:	<ul style="list-style-type: none"> • To use tools from the Health Inequalities National Support Team to model effect of primary care and lifestyle interventions on life expectancy and number of lives saved. • Carry out at least 1 equity audit per year • To develop health inequalities dashboards for key service areas to enable appropriate tracking of progress.
Priority 3:	To support place based initiatives that focus on tackling health inequalities and bring together all the elements needed to reduce the life expectancy gap in an integrated way.
Actions:	<ul style="list-style-type: none"> • Medway Council is now implementing a new phase of social regeneration, which is bringing major benefits to local people. New Initiatives that will be developed include <ul style="list-style-type: none"> ○ Project SUCCESS which will expand employment support services to local people by neighbourhood outreach. ○ Upgrading and improvement of existing open space facilities such as Barnfield Recreation Ground in Luton and Rede Common in Strood South. ○ A programme of streetscape, parking and highways improvements • Medway's Housing Team is developing the In Focus project and has developed a detailed Medway-wide house-by-house database which draws together a wide variety of information. This is being used to model the possible impact of improvements to that stock, in particular it will allow us to focus on the impact of work to improve energy efficiency which the main reason for failure of minimum housing standards within this area. One of the project aims is to improve health and reduce health inequalities • NHS Medway and Medway Council have signed up to the Healthy Places Healthy Lives initiative to develop more integrated ways of working in specific geographical locations..

	<ul style="list-style-type: none"> NHS Medway is using a Triple Aim approach (which aims to improve the health of the population, patient experience and value for money) to focus on analysis of the coronary heart disease pathway and services in the All Saints area. The information gained will be used to redesign services more appropriately with the aiming of reducing mortality from heart disease in this area.
Healthy Places	
Priority 1:	Improving access to green spaces across the social gradient
Actions:	<ul style="list-style-type: none"> Ensuring Medway targets for access to green space are met and remove barriers to access Improve green spaces to provide appropriate facilities for children, young people and older people
Priority 2:	Reducing waste and pollution
Actions:	<ul style="list-style-type: none"> Work in partnership with the Kent Energy Efficiency Partnership, and the Energy Saving Trust to reduce carbon emissions from domestic activities. Work in partnership with our commercial partners, through contract re-lets, to ensure that our waste services.
Priority 3:	Addressing climate change
Actions:	<ul style="list-style-type: none"> Annually assess the carbon footprint of council buildings, assets and operations, and use data to target buildings for energy reduction initiatives Develop energy champions in each service area to promote energy efficiency, within the council's estate, operations and services. Conduct a green fleet review of council transport
The Built Environment	
<u>Housing</u>	
Priority 1:	Reducing excess winter deaths by ensuring access to good quality and energy efficient housing
Priority 2:	Ensure access to decent housing for all Medway residents with a focus for housing for older people which facilitates continuing independence.
Actions:	<ul style="list-style-type: none"> Health and housing staff will develop a health and housing action plan. This will include ensuring appropriate frontline healthcare staff are trained to identify and refer vulnerable people who would benefit from help in improving energy efficiency Reduce the number of people receiving income based benefits

	<p>living in homes with a low energy efficiency rating</p> <ul style="list-style-type: none"> • Improve the targeting of energy efficiency advice and assistance to alleviate fuel poverty and improve the level of decency in the housing stock. • Increase the number of vulnerable people achieving independent living
<u>Transport</u>	
Priority 3:	Improving access to active transport
Priority 4:	Reducing the level of traffic accidents by appropriate traffic calming measures
Actions:	<ul style="list-style-type: none"> • Extend cycle paths and continue to promote increased use of cycling and walking • Provision of appropriate public transport to health facilities and other new developments • Continue to promote accident reduction measures through physical measures on sites, and through education in schools
<u>Urban Regeneration</u>	
Priority 5:	Ensuring all new developments meeting appropriate standards for decent homes and access to green spaces and create living environments that support cohesive and sustainable communities
Priority 6:	Ensuring the benefits of urban regeneration and new infrastructure are made available to all Medway citizens
Action:	Ensure compliance with the Developer Contribution Guide which sets formal and informal standards for greenspaces within new developments.
The Social Environment	
Priority 1:	Reducing fear of crime
Actions:	<ul style="list-style-type: none"> • Increase visible uniformed presence: The Performance Delivery Group will coordinate a visible presence of officers from the council and police working together at the appropriate times and places to reduce the opportunity for offences to take place and to reassure the public. • Tackle the perception of crime: The Community Safety Partnership will publicise current crime figures, relevant to Medway to reassure the public of the low levels, compared to those perceived. • Increase public awareness and provide enhanced community

	<p>engagement: The Community Safety Unit will keep the public informed of ongoing and planned activities to reduce the opportunity for criminal activity in neighbourhoods. The Confidence and Reassurance Group will frequently identify opportunities for community engagement in Medway to gauge local concerns</p> <ul style="list-style-type: none"> • Work with partners to deliver the Medway Prevent Action Plan that has been highlighted nationally in the Office of Counter Terrorism's good practice guide.
Priority 2:	Supportive early years environments and good educational facilities for children and young people.
Priority 3:	Ensuring access to good quality lifelong learning across the social gradient
Actions:	<ul style="list-style-type: none"> • Provide evidence-based and effective parenting programmes to all parents who would benefit. • Ensure appropriate pre and post natal interventions, such as intensive home visiting programmes (e.g Family Nurse Partnership and the new Antenatal and Preparation for Parenthood programme) are provided for all Medway residents who would benefit. • Implementing the Improved Health Child programme and encouraging high quality and consistent PHSE education programme • Ensure that all information about children and young people's activities and services is easily available via the Family Information Service • Continuing development of Children's Centre provision in Medway.
Priority 4:	Promoting physical and mental wellbeing through culture and leisure facilities
Actions:	<ul style="list-style-type: none"> • To provide access to affordable local facilities and activities which improve the take-up of physical activity for all Medway residents. This will include improving facilities in and usage of green spaces. • Working with partners, stakeholders and residents to ensure that a range of cultural opportunities are provided that meet the needs of our diverse communities and increase engagement of those in minority communities
Priority 5:	Promoting community cohesion and reducing social Isolation
Actions:	<ul style="list-style-type: none"> • To support the development of the community and voluntary sector in Medway to reduce social isolation • To support the development of volunteering initiatives to ensure access to the benefits of volunteering for both volunteers and recipients

The Economic Environment	
Priority 1:	To increase access to benefits advice/advice on financial and debt management in order to ensure improved mental and physical wellbeing
Actions:	<ul style="list-style-type: none"> • Deliver Flexible New Deal programme of employment support with Skills Training UK Ltd and local REIGNITE partnership of voluntary and community organisations. 600 local unemployed people to benefit from this service and 90 to secure employment. • Implement Future Jobs Fund programme in Medway, enabling the creation of 180 temporary jobs within Medway Council to provide local unemployed people with invaluable work experience. • Maintain the delivery of neighbourhood outreach based employment support services, benefiting 6 target neighbourhoods. • To work in close partnership with Job Centre Plus to strengthen Local Employment Partnership schemes, which assist local businesses to recruit suitably equipped people from the local workforce
Healthy Lives	
Priority 1:	Reducing smoking rates and improving tobacco control
Actions:	<ul style="list-style-type: none"> • Increase capacity within the Stop Smoking Service, particularly targeting routine and manual groups • Develop a tobacco control action plan for Medway.
Priority 2:	Eating a healthier diet and achieve and maintain a healthy weight
Actions:	<ul style="list-style-type: none"> • Development of a co-ordinated infant feeding programme, to increase breastfeeding rates in Medway • Deliver MEND 2-4 Preventative Programme to help parents to embed healthy eating principles within their family diet and to encourage active play in partnership with Children's centre in wards with high rates of childhood obesity • Extend the supporting healthy weight programme for all ages
Priority 3	Increasing physical activity
Actions:	<ul style="list-style-type: none"> • Increase access to physical activity opportunities • Develop an exercise referral scheme to increase participation in physical activity opportunities.
Priority 4:	Promoting sensible drinking
Actions:	<p>Deliver the Medway Alcohol Strategy and Community Safety Partnership priorities which include:</p> <ul style="list-style-type: none"> • Training for primary healthcare staff and other frontline workers for screening and delivering brief interventions opportunistically for harmful drinkers.

	<ul style="list-style-type: none"> • Identify and use opportunities in conjunction with partners for delivering brief interventions in A&E, primary care and other settings e.g police station, youth services • Develop a system for identifying and treating hazardous drinkers in the criminal justice system. • Projects will be commissioned & delivered by the CSP Office to raise awareness of the dangers of drug and alcohol misuse; this will include working within schools to ensure that young people stay healthy and improve children's outcomes. Public Health will support the CSP with social marketing projects to promote sensible drinking. • Reduce young people's access to alcohol in shops through targeting illegal under age sales through test purchase operations to ensure alcohol is not sold to under 18s.
Priority 5	Improving mental health and wellbeing
Actions:	<ul style="list-style-type: none"> • Development of a mental health promotion strategy which aims to increase health and wellbeing at population level, and also with high risk groups and those with existing mental health problems. • Promote and support wellbeing at work by working with small and medium sized businesses to implement the NICE guidance • Employ a mental health promotion specialist to commission and develop programmes targeted at improving mental wellbeing in all age groups • Commission mental health awareness and suicide prevention training across Medway
Priority 6:	Improving sexual health and reducing teenage pregnancy
Action:	<ul style="list-style-type: none"> • Increasing the capacity of the Speakeasy programme (supporting parents/carers to discuss sexual health matters with young people)
Priority 7:	Support and develop peer support programmes to facilitate holistic lifestyle style change.
Actions:	<ul style="list-style-type: none"> • Support and develop peer support programmes to facilitate holistic lifestyle style change • To continue to develop the Health Trainer programme across Medway
Priority 8:	Ensure that health promotion programmes are in place to support older people in healthy ageing
Action:	<ul style="list-style-type: none"> • Audit access to health promotion programmes and target older people where barriers to access are identified. • Where necessary support the development of new health promotion programmes that support healthy ageing
Healthy Services	
<u>Immunisation</u>	
Priority 1:	Improve the HPV vaccination uptake rate in year 8 girls

Actions:	<ul style="list-style-type: none"> • Work with Medway Council, schools and general practices to increase uptake of HPV vaccination offered to Year 8 girls (primarily a school based programme supported by general practice where immunisation in school has not occurred)
<u>Screening</u>	
Priority 1:	Ensure continuing development and cost effectiveness of the Chlamydia screening and Health Checks programmes
Actions:	<ul style="list-style-type: none"> • Increase coverage and cost-effectiveness of the chlamydia screening programme for young people in Medway • Continuing development of the Health Checks programme and extension to hard to reach groups This programme is being developed at present and will target specific groups and areas where there is poor uptake of the check
<u>Primary care</u>	
Priority 1:	Enhance and support health improvement in primary care
Actions:	<ul style="list-style-type: none"> • In collaboration with the Clinical Quality Directorate review all activity to promote health improvement and tackle health inequalities in primary care and ensure that appropriate programmes are in place and integrated for maximum effectiveness • Ensuring that the treatment of the risk factors (high cholesterol and hypertension) for CHD is delivered to the highest standard in all GP practices in Medway • To ensure that all primary care staff are kept up to date with respect to health improvement interventions and relevant services to ensure effective signposting where appropriate.
<u>Secondary care</u>	
Priority 1:	All health and social care services to promote health improvement as part of their normal service
Actions:	<ul style="list-style-type: none"> • Develop public health champions in all provider organisations who will give leadership and ensure action on health improvement. Ensure opportunities for public health champion training as part of the Kent and Medway scheme are promoted across all providers including voluntary sector providers • All commissioners of health and social care services to ensure that when services are commissioned that the contracting mechanisms include provision for appropriate health improvement activities.
<u>Wider public health workforce</u>	
Priority 1:	To enhance the capability of the wider public health workforce to contribute to improving the health and wellbeing of Medway residents.
Action:	<ul style="list-style-type: none"> • We will develop training programmes to increase the public health

	capacity and capability of the local statutory and voluntary sector organisations workforce and develop a network of public health champions
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APPENDIX 2: HEALTH AND WELLBEING STRATEGY: CURRENT OUTCOME MEASURES

Overarching health outcome indicators
All age all cause mortality under 75 (AACM) number per 100,000
Cancer Mortality Rate (People aged under 75) number per 100,000
CVD Mortality Rate per 100,000 (Heart disease, stroke and related diseases in people aged under 75)
Health inequalities
Slope index of health inequality for life expectancy
Life expectancy gap between life expectancy in the best and worst wards
Infant mortality per 1,000 live births
Healthy Places
Will contribute to overarching health outcome indicators above
Further work to be done on the relationship between output and outcome measures
Healthy Lives
16 + Smoking prevalence % of population 16+ who are smoker quitters (NI 123)
Numbers (%) of successful quitters at 4 week follow up
Smoking in pregnancy, % of mothers smoking at time of delivery
Childhood obesity, % of children obese in Year R
Childhood obesity, % of children obese in Year 6 (NI56)
Breastfeeding: % of mothers breastfeeding at 6-8 weeks
Under 18 conception rate (NI 112) number/1000 population for girls aged 15-17
Chlamydia screening: % of 15-24 year olds who are tested for Chlamydia (NI 113)
Alcohol harm related admission rates (NI 39)
Adult participation in sport (NI 8)
Number of drug users recorded as being in effective treatment
Healthy Services
<i>Immunisation</i>
<ul style="list-style-type: none"> • % of children immunised against measles mumps and rubella by their 2nd birthday (MMR)
<ul style="list-style-type: none"> • % of children (school age girls in year 8) receiving human papilloma vaccinations (HPV)
<ul style="list-style-type: none"> • % persons aged 65 and over immunised against influenza
<i>Screening</i>
<ul style="list-style-type: none"> • % of women receiving a Hepatitis B test in pregnancy
<ul style="list-style-type: none"> • % screening coverage for phenylketonuria (PKU)
<ul style="list-style-type: none"> • % hearing screen complete 4 weeks after birth
<ul style="list-style-type: none"> • % women aged 53-64 years screened for breast cancer
<ul style="list-style-type: none"> • % women aged 25-64 years with less than 5 years since last adequate test for cervical cancer
<ul style="list-style-type: none"> • % of patients with diabetes who have a record of retinal screening in the last 15 months

APPENDIX 3: References

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