

Overview of Public Health Child Health Programmes and Projects 3 October 2024



What is the role of Public Health?

□ Improve population health
□ Reduce health inequalities
□ Help people stay healthy
□ Tackling the wider determinants of health
□ Increase life expectancy
□ Reduce the gap in mortality

Partnership working

Occupational Health
Healthcare and Safety Alcohol
Birth Defects Environmental
Indicators Breast and Training Breast and Traini

Public Health plays an important role in delivering the council objectives and improving the health of the community

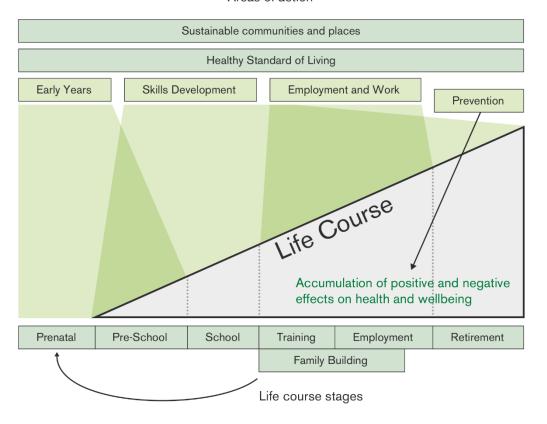




Public Health is everyone's business

Sir Michael Marmot





Good start in life

- Breastfeeding
- Education

Healthy adulthood

- □ Employment
- Housing

Healthy later life

- Dementia friendly
- ☐ Social isolation





Joint Local Health and Wellbeing Strategy

THE BUILDING BLOCKS OF HEALTH AND WELLBEING

Good health is about much more than health care services. A long and healthy life comes from a strong foundation supporting all the building blocks, such as good education and employment; good quality, affordable housing; access to healthy food; and strong social and community networks. When one or more of these blocks are missing, lives can be cut short leading people to spend more time in poor health. For example, housing with steep stairs that is poorly adapted for a frail older person can lead to falls and injury, with longer-term impacts on mobility and social isolation. The Joint Local Health and Wellbeing Strategy looks at these aspects of our everyday lives and calls on all of us to come together and play our part in improving lives and the environment in which we live.



Read the Joint Local Health and Wellbeing Strategy





MEDWAY'S JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024-2028

GOAL: Improve the physical and mental health and wellbeing of Medway residents and reduce inequalities.

PURPOSE: To ensure everyone in Medway lives a long, healthy, and happy life, with people valuing self-care and helping others. Opportunities are available to all throughout life to help people grow and create a brighter future. Medway is a place where help is easily available, places are connected, and when people move between services, their journey is seamless.

People are proud to live in Medway and feel part of their community.



HEALTHIER & LONGER LIVES FOR EVERYONE

Babies and children are healthy, happy, and safe. They develop well and are ready to start school.

People in Medway are supported to live healthy, long and happy lives, and value self-care.

Vulnerable adults lead fulfilling lives in a caring environment that ensures their wellbeing and safety.

Older people live with dignity and stay independent for as long as possible.

Good mental health is enjoyed by everyone. People can cope with life's challenges, sleep well, have positive relationships, and experience a sense of purpose and fulfilment.



REDUCE POVERTY

AND INEQUALITY

All children achieve a good level

of education leading to secure

employment in adulthood.

Outcomes are improved for those

in vulnerable and disadvantaged

groups, such as children in care and

care leavers.

PRIORITY THEME 2

PRIORITY THEME 3



PRIORITY THEME 4



SAFE, CONNECTED **AND SUSTAINABLE PLACES**

Services are close to where people live and accessible by active transport such as walking or cycling, or using public transport.

People and organisations work together to create a sustainable, clean and green environment.

Green spaces can be accessed and used by all.

> People feel safe in their neighbourhood.

CONNECTED **COMMUNITIES AND COHESIVE SERVICES**

People feel connected with their community, have a sense of belonging and strong support

support to ensure digital inclusion.

Organisations work together so when people move between services, their journey is seamless.

services, organisations and users, regardless of their differences; diversity is recognised and

People and families can access healthy food, have steady jobs, and live in affordable, good quality homes.

People in Medway are supported in managing the cost of living.





Public Health Commissioned Services













Health Improvement Offer

Front line services

- Child Health Team providing direct support to schools and parents
- ☐ Health campaigns, such as oral health and breastfeeding
- Weight management services for children and families
- ☐ Healthy cookery sessions for children and families
- Workforce Development training for professionals and volunteers
- Bump Club Healthy Pregnancy Support
- Stop smoking support during pregnancy
- ☐ Healthy Early Years award and Food For Life Schools programme





Start for Life and Family Hubs



6 Key Strands to Funded Programme

- ☐ Family Hubs (physical and virtual)
- Perinatal Mental Health and Parent Infant Relationships
- □ Parenting Support (Universal)
- ☐ Infant Feeding Support
- ☐ Home Learning Environment
- Parent Carer Panels

Every family should understand the local Start for Life offer





Holiday Activity Food Programme

- Holiday hunger and free activity sessions running during holidays
- Range of activities and providers delivering engaging programme across the community
- Focused SEND and inclusive sessions for all







Bump Club



A six-week programme for pregnant women who want to learn about eating right and staying active in pregnancy.

91 women were supported last year

The sessions include:

- baby first aid
- pregnancy yoga
- cooking demos
- how to challenge yourself to stay active.





Programmes for Families







Child health strategy, partnership and policy work

- Medway Food strategy
- Infant Feeding strategy
- Oral health strategy
- Medway Healthy Weight Network and sub-groups
- Kent and Medway suicide prevention strategy





A Better Medway Champions



✓ Share your passion for and knowledge about health with your community, work colleagues, friends and family.

The two-day core programme covers:

- ✓ Key theories in Public Health and health challenges in Medway.
- ✓ How to communicate in a way that will help people change their behaviour.
- ✓ Where to go in Medway for help with smoking, alcohol, weight loss and mental health.
- ✓ Taking opportunities to help the population make informed choices about healthy lifestyles and how to access support services.
- ✓ Become A Better Medway Champion by completing 2 days of core training and then attending 3 topic specific masterclasses related to your areas of interest
- Members are kept up to date with public health news, receive signposting to e-learning, resources and new masterclasses, as well as being invited to refresher training and network events.





A BETTER MEDWAY

Easier ways to be healthy

All our Training Courses are available to book now via our new Training Portal



- Visit https://healthtraining.medway.gov.uk/auth/register
- Log on and book your free place on the ABM Champions Core days and select any ABM Champions Masterclasses
- The training portal is easy to use and contains many other training courses that may be of interest. Why not take a look now and see how you can further your training today?

Current Masterclass Example Topics

Eating Well

Drug and Alcohol Misuse

Sexual Health

Talking about Weight with confidence

Physical Activity

Help reduce Smoking in Medway

Debt Advice + Gambling awareness

Mental Health & Wellbeing

Loneliness & Social Isolation

Bereavement and Loss

medway.gov.uk/abettermedway





Outputs and outcomes





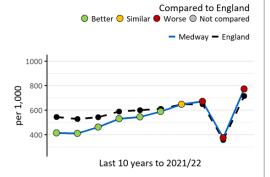
A&E attendances, persons, 0-4 yrs

Medway compared to England

The latest value for Medway is worse than England.

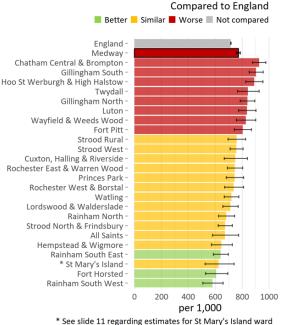
Crude rate per 1,000





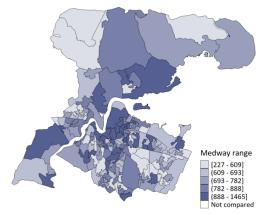
Within Medway

Wards in Medway Ordered from worst to best



LSOAs in Medway





Legend: (a - b) means '>a and <=b' Contains National Statistics data © Crown copyright and database right 2019 Contains OS data © Crown copyright and database right 2019

Value type: Crude rate per 1,000.

Original geography: LSOA.

Benchmarking method: Byar's CI method (95%).

Source: NHS Digital, Hospital Episode Statistics (HES).

Notes: COVID-19 had a large impact on hospital activity. A&E attendances

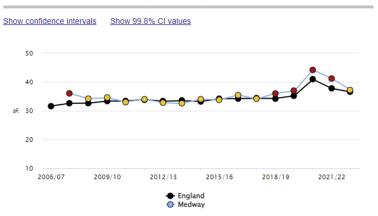
decreased significantly across the country in 2020/21.





PH15: Excess weight in 10-11 year olds



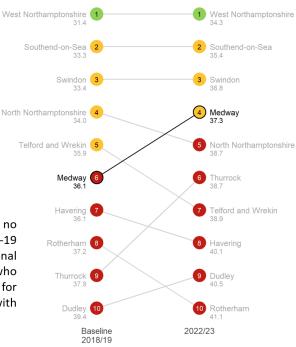


Summary: The PH14 target is based on the previous year's England value. This method is no longer being used. Excess weight increased in year 6 aged children during the Covid-19 pandemic. In Medway, it was increasing and became significantly higher than the national average in 2018/19 before Covid-19. Medway was one of the only local authorities who managed to get a high enough recording rate during the pandemic to release their figures for that financial year. It has now come back in line with national levels and is comparable with levels in 2017/18 and before. The prevalence has been decreasing since 2020/21.

Medway has also improved in its rank for excess weight compared to peer groups of similar areas. In 2022/23 Medway now ranked 4th vs 6th in 2018/19.

Medway compared to its peer group:

4 - year ranking trends



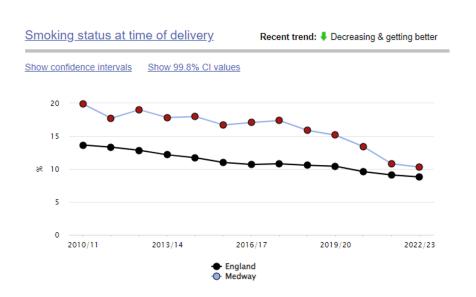








PH16: Smoking at Time of Delivery (SATOD)



PI Data +	Showing Quarterly from 2006 to 2023 ▼	
Period	Status	Value
Q4 2023/24		9.13%
Q3 2023/24	Ø	7.9%
Q2 2023/24	Ø	9.9%
Q1 2023/24	Ø	9.4%
Q4 2022/23	Ø	10%
Q3 2022/23	Ø	10.1%
Q2 2022/23	Ø	10%
Q1 2022/23	Ø	10.92%
Q4 2021/22	Ø	11.46%
Q3 2021/22	Ø	9.63%
Q2 2021/22	Ø	11.16%
Q1 2021/22	⊘	11.03%

Summary: The Council Plan SATOD targets for Medway have consistently been met since 2020/21 Q2.

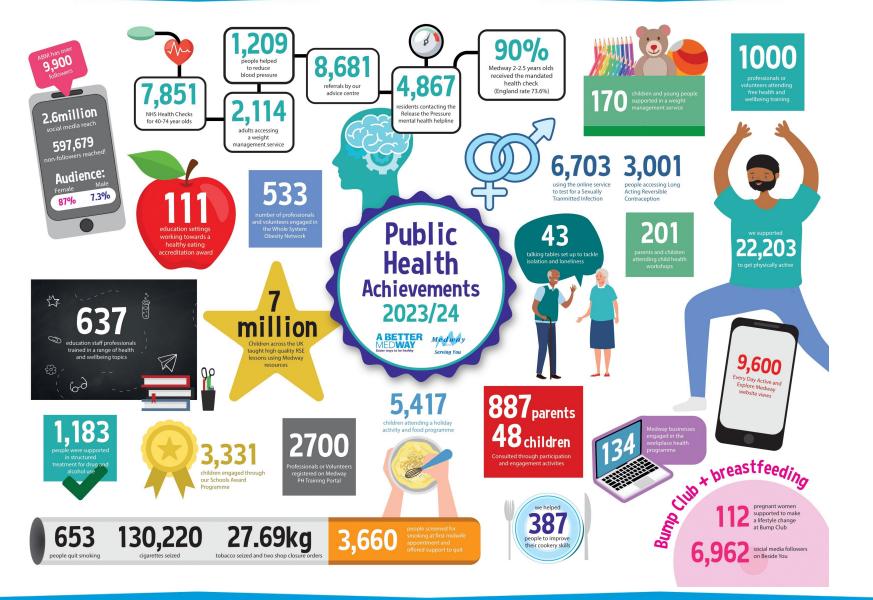
The left plot presents the National data compared to the Medway value over the last few years. Although the Medway value remains statistically worse than England, the trend is reported to be decreasing and getting better. The rate has come down from 19.9% in 2010/11 to 10.3% in 2022/23 (difference of 9.6%). There is now only a 1.5% gap between the Medway and England value in 2022/23, compared to a 6.3% gap in 2010/11.













A BETTER
MEDWAY
Easier ways to be healthy

Appendix 1

These slides are included for information but won't be discussed in the presentation to allow time for members to discuss the presentation and accompanying papers.





Emergency admissions for asthma (under 19 years)





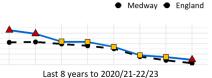
Crude rate (CR) per 100,000



Trend

CR per 100,000





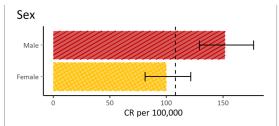
ICD-10 codes as a primary diagnosis: J45-J46.

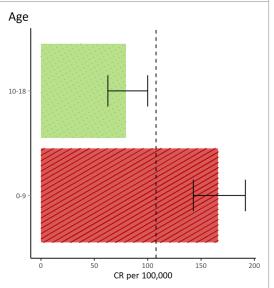
 $\label{thm:completed} \mbox{Completed first episode emergency admissions discounting regular attendees.}$

Value type: Crude rate (CR) per 100,000. Original geography: Lower Super Output Area (LSOA).

Benchmarking method: Byar's method (95%). Source: NHS Digital, Hospital Episode Statistics (HES).

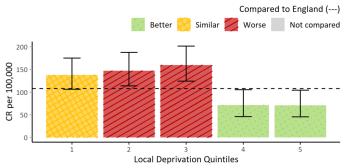






Deprivation

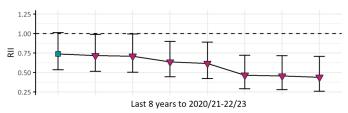
Quintile 1 = Highest Deprivation



Relative Index of Inequality (RII)

Represents how much the indicator varies across the whole gradient of deprivation

- RII = 1: No inequality (---)
- ▼ RII < 1: Inequality exists. Higher rates in more deprived areas
- ▲ RII > 1: Inequality exists. Higher rates in less deprived areas







شُوْلُو

Emergency admissions for diabetes (under 19 years)





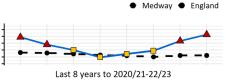
Crude rate (CR) per 100,000



Trend

CR per 100,000



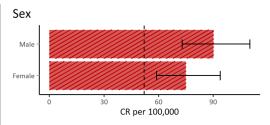


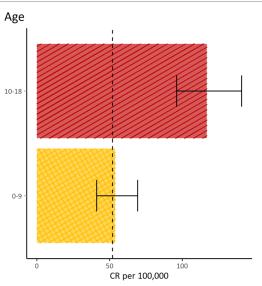
ICD-10 codes as a primary diagnosis: E10.

Completed first episode emergency admissions discounting regular attendees.

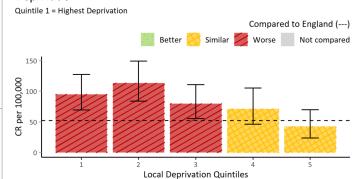
Value type: Crude rate (CR) per 100,000.
Original geography: Lower Super Output Area (LSOA).
Benchmarking method: Byar's method (95%).
Source: NHS Digital, Hospital Episode Statistics (HES).







Deprivation



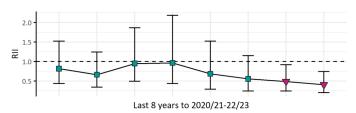
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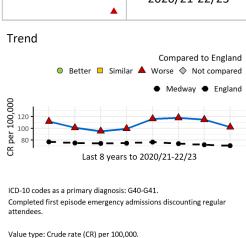


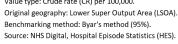
Latest value



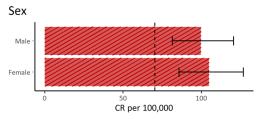
Emergency admissions for epilepsy (under 19 years)

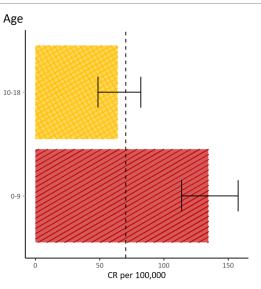




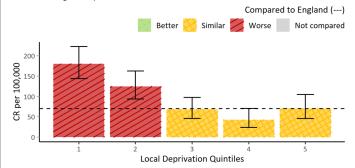












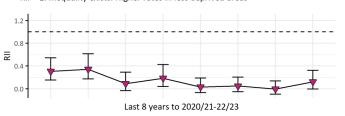
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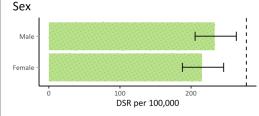
Hospital admissions where a tooth extraction was performed (<20 years)

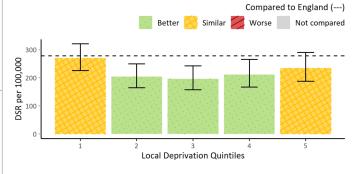


Latest value

Directly standardised rate (DSR) per 100,000

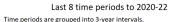






Trend

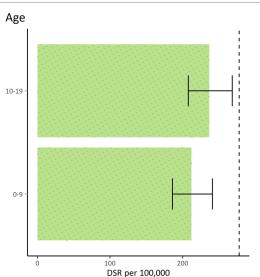




Procedure codes: F09-F10.

Finished consultant episodes for ordinary admissions or day cases. Includes caries and non caries related tooth extractions

Value type: Directly standardised rate (DSR) per 100,000. Original geography: Lower Super Output Area (LSOA). Benchmarking method: Exact CI method (95%). Source: NHS Digital, Hospital Episode Statistics (HES) Caveat: Admissions figures may be underestimated as extractions in community dental services are not always included in data.



Relative Index of Inequality (RII)

Represents how much the indicator varies across the whole gradient of deprivation

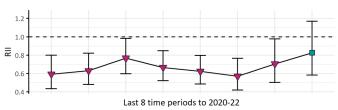
■ RII = 1: No inequality (---)

Deprivation

Quintile 1 = Highest Deprivation

RII < 1: Inequality exists. Higher rates in more deprived areas

▲ RII > 1: Inequality exists. Higher rates in less deprived areas



Time periods are grouped into 3-year intervals.



