ONE MEDWAY COUNCIL PLAN

2024/28

Proud to be Medway



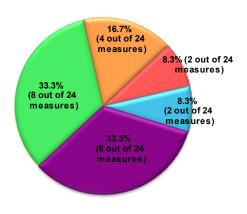


Q3 2024/25
Health & Adult
Social Care
Overview &
Scrutiny
Committee

# **Summary of all performance indicators**

There are 24 performance indicators for the One Medway Council Plan 2024/28 relevant to this committee.

### **Performance**



Performance - key

Green means met or exceeded target

Amber means slightly below target

Red means significantly below target

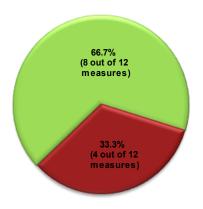
Data means data only. No target set

NA means not available this quarter or annual PI

This chart shows the performance for all the measures:

- 33.3% (8 out of 24 measures) met or exceeded target.
- 16.7% (4 out of 24 measures) were slightly below target (less than 5%).
- 8.3% (2 out of 24 measures) were significantly below target (more than 5%).
- 8.3% (2 out of 24 measures) were data only or status unavailable.
- 33.3% (8 out of 24 measures) were not available or annual Pls.

### **Direction of Travel**



### **Direction of Travel - key**

Green means positive travel

Blue means static

Red means negative travel

This chart shows the direction of travel for 12 measures:

- 66.7% (8 out of 12 measures) had an upward long trend.
- 0.0% (0 out of 12 measures) had a static long trend.
- 33.3% (4 out of 12 measures) had a downward long trend.

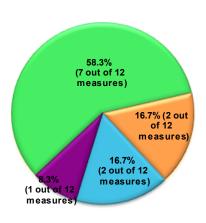
# **Delivering** quality social care and community services

- Provide effective, targeted support for our most vulnerable residents to enable them to fulfil their potential and improve their quality of life.
- Support people of all ages to live the most happy, healthy, independent life possible, utilising assistive technologies.
- Ensure that services support children in care to thrive, fulfil their potential, build meaningful relationships and make good transitions to adulthood, so that they can live as independent lives as possible in their communities.
- Provide creative, cultural and community services and facilities across Medway that everyone can access and benefit from.
- Support our children and young people to ensure they are safe, secure and stable.
- Support all adults, including those living with disability or physical or mental illness to live independently and stay safe.
- People in Medway live independent and fulfilled lives into an active older age.

# Summary of all performance indicators for this priority

There are 12 performance indicators for the One Medway Council Plan 2024/28 which fall under this priority.

## **Performance**



Performance - key

Green means met or exceeded target

Amber means slightly below target

Red means significantly below target

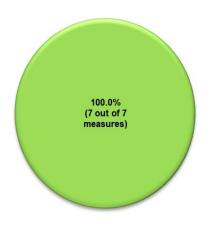
Data means data only. No target set

NA means not available this quarter or annual PI

This chart shows the performance for all the measures:

- 58.3% (7 out of 12 measures) met or exceeded target.
- 16.7% (2 out of 12 measures) were slightly below target (less than 5%).
- 0.0% (0 out of 12 measures) were significantly below target (more than 5%).
- 16.7% (2 out of 12 measures) were data only or status unavailable.
- 8.3% (1 out of 12 measures) were not available or annual Pls.

# **Direction of Travel**



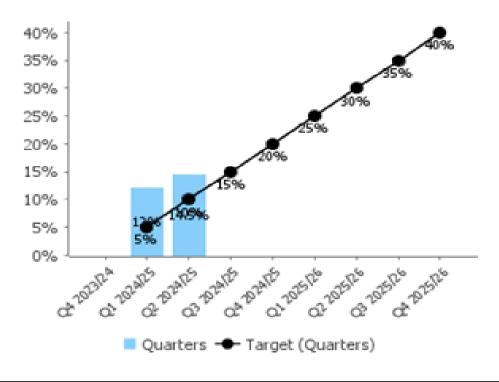
### **Direction of Travel - key**

Green means positive travel
Blue means static
Red means negative travel

This chart shows the direction of travel for 7 measures:

- 100% (7 out of 7 measures) had an upward long trend.
- 0.0% (0 out of 7 measures) had a static long trend.
- 0.0% (0 out of 7 measures) had a downward long trend.

Provide effective, targeted support for our most vulnerable residents to enable them to fulfil their potential and improve their quality of life - 1.02 Commissioned domiciliary care workers MECC training



Aim to Maximise
Green (upward long trend)

Reported in arrears. By 2027/28, 80% of commissioned domiciliary care workers will have undertaken Making Every Contact Count (MECC) training. The Support to Live at Home Service requires that service providers ensure their employees undertake MECC Training. There are currently 13 Service Providers appointed to the framework who deliver Homecare and 2 Providers across 5 Extra Care Schemes. Combined they employ 517 staff, 75 being MECC trained. Summary

Carers interact with service users daily, which provides opportunities to have conversations that can bring about positive changes to a person's health and lifestyle.

MECC training will enable care staff to better understand how to start these conversations with people by looking at what matters to them and help find solutions by signposting them to different services. MECC training, provided by Public Health, explains the principles of MECC. It covers local services that help people stop smoking, maintain a healthy weight, reduce alcohol related harm, and improve their mental health and wellbeing.

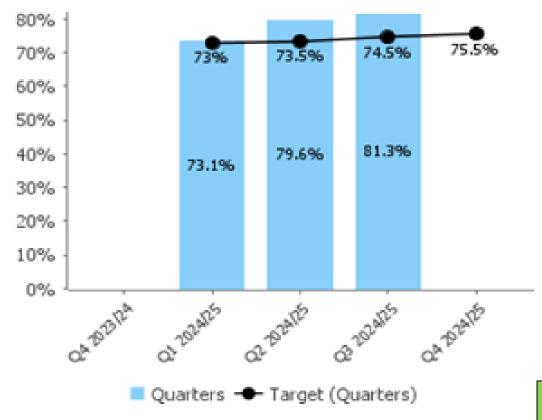
**Target** 

The contract requires 20% of staff be training in MECC by the end of year one and for each year thereafter giving a total of 80% of staff trained by 2028. There was one training session available for MECC training (July 2024). Each session accommodates 18 people.

Outcome

During Q2 2024/24, 14.5 % of the providers workforce had undergone MECC training, exceeding the 10% target.

Provide effective, targeted support for our most vulnerable residents to enable them to fulfil their potential and improve their quality of life - 1.03 By 2027/28 the proportion of people who received short-term services during the year, who previously were not receiving services, where no further request was made for ongoing support have increased to 80%



Aim to Maximise Green (upward long trend)

Due to a data incident within MCH the data needed to calculate this measure for December is not available.

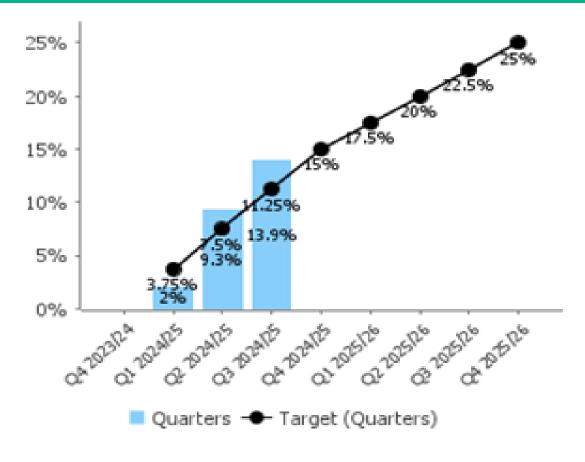
In November 81.3% of new short-term clients did not receive ongoing services, which exceeds the target and is 0.7pp higher than Q2. However, this figure may be recalculated once the MCH data is resolved.

The 2023-24 National outturn was 79.4% and 80% in the South East.

A Social Work & Occupational Therapy pilot that seeks to triage new work to Adult Social Care has been in place for 6 months. The pilot seeks to identify where joint visits, at the earliest opportunity, can be undertaken in order to provide advice & signposting, equipment or an enablement package of care to maximise independence. This has proved successful in preventing, reducing and delaying the need for ongoing services and has produced positive outcomes. The pilot is currently taking place in Locality 1 and additional resource has been secured via transformation funding to roll this work out across all 3 Localities.

# Support people of all ages to live the most happy, healthy, independent life possible, utilising assistive technologies

- 1.04 Assistive Technology for long-term care or reablement in adult social care



Aim to Maximise Green (upward long trend)

By 2027/28, there will be at least a 40% increase in use of assistive technology.

The value represents the number of assistive technologies used in long term care (LTC) or enablement (ENB) settings in Adult Social Care (ASC). This indicator is cumulative. LTC users are clients that use this service to support care packages with no end date. Installations in Q3 2024/25 met and exceeded the target and remain on track to meet the 15% target for the year. Historically, client numbers increase monthly in Q4. The dedicated Assistive Technology champion sits within the Adult Social Care localities and review team. This role looks to increase awareness and referrals for assistive technology by the adult social care work force.

ENB is where users are helped to further improve out of the hospital setting for a period of up to six weeks. Numbers in Q3 2024/25 are slightly below target, however expectations are that the final year target will be achieved. The services have met and exceeded the combined target of 11.25% in Q3, with a 13.9% increase in the use of assistive technologies in 2024/25 so far. Expectations are that the target of a 15% increase will be met by the end of the financial year.

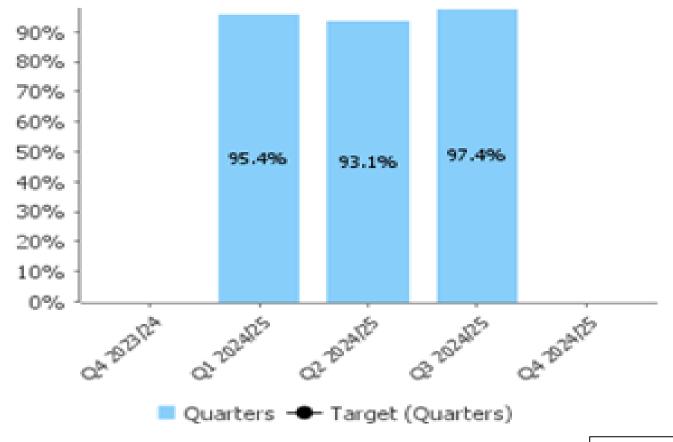
Support all adults, including those living with disability or physical or mental illness to live independently and stay safe - 1.14 By 2027/28, the proportion of people who receive long-term support who live in their home or with family is similar to the national average



Aim to Maximise
Data only (upward long trend)

This is a new national measure. Targets will be agreed following the publication of the first data set. This was due in the latter half of 2024 but has not been published yet. Local data shows that 2109 out of 3001 clients receive services in the community, a small rise from the Q2 outturn. This should be viewed as indicative as the final national methodology for calculating this metric has not yet been published. The national outturn for adults with a learning disability is 81.6%, with 78.7% in the South East, in Medway this is 62.6% Head of Transformation is actively recruiting for a Project Officer to undertake a review of the Carer's offer. Adult Social Care are moving to an allocated model for people who have a learning disability and or Autism. This will enable us to ensure the right support is in place and that we respond to crisis effectively, supporting people to remain at home. We continue to work with partners to run pilots and keep updated with assistive technology and AI to support people's independence. The Transition Service are aiming to start working with young people earlier than 17. This will strengthen well planned transitions to adulthood, including implementing support for young people to remain at home with their families.





Aim to Maximise
Data only (upward long trend)

This is a new national measure. Targets will be agreed following the publication of the first data set, which is expected in the Autumn and be active for the 2025-26 year. Local data shows that there were 190 Safeguarding enquiries closed in Q3, of these 185 were resolved with the risk reduced or removed, this is 97.4% which is an increase compared to the Q2 outturn. However, the number of enquires closed in Q3 was 33% lower than in Q2.

The national outturn for 2023-24 is 81%, well below Medway's performance.

We will continue to monitor this area by reviewing the data fortnightly so that we are clear on, in what circumstances risk has not been able to be removed or reduced. We will use these findings to implement both strategic and operational actions to improve the outcome in this area.

Where risk remains due to circumstances beyond Adult Social Care control, for example due to lack of resource or provision, ASC will feedback to key stake holders and work collaboratively to devise and deliver strategies with a focus of addressing shortfalls in provision that could remove or reduce risk further.

Support all adults, including those living with disability or physical or mental illness to live independently and stay safe - 1.16 By 2027/28, 90% of people with a concluded safeguarding enquiry achieve either their desired outcome, or their desired outcome is partially met



Aim to Maximise
Green (upward long trend)

There were 190 closed enquiries in Q3. Of these 145 clients expressed a making safeguarding personal outcome. 98% (142) had outcomes achieved or partially achieved.

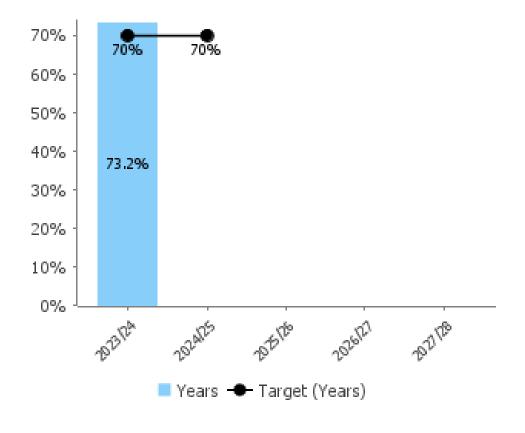
In Q3 24% of closed enquiries did not have a making safeguarding personal outcome recorded, this was better than the 58% in Q2.

National benchmarking is taken from a voluntary collection. The latest data (2022-23) saw 135 out of 152 LAs respond. From this cohort 91.9% saw desired outcome met or partially met.

We aim to improve this area further by evaluating data quarterly to understand the themes and trends as to why desired outcomes have not been met. The findings from the data will be utilised to devise actions aimed to improve the outcome in this area. Where outcomes that have not been met are linked to services outside of Adult Social Care, we will work collaboratively with key stakeholders to implement plans focussed on improving achieving desired outcomes.

Support all adults, including those living with disability or physical or mental illness to live independently and stay safe

- 1.17 By 2027/28, the proportion of people who use long term adult social care services who report that they feel safe is similar to, or higher than, our statistical neighbours



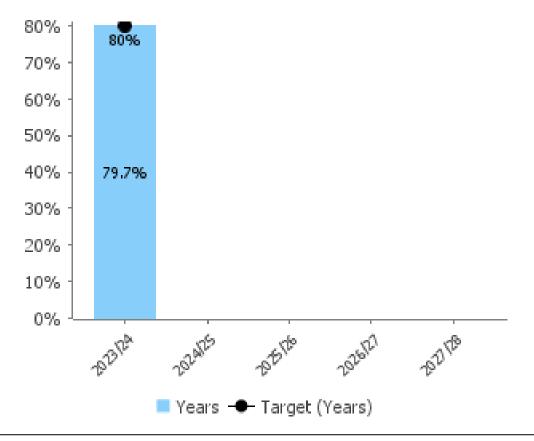
Aim to Maximise Green (no long trend) Annual PI

The proportion of users reporting that they feel safe has increased by 7.2%, having fallen by 1.4% in the 2022/23 survey. This rise was greater than the 2.0% seen at national level and as a result, Medway are now 3.0% (2.1pp) above national, having been 2.0% (1.4pp) below in 2022/23. For 2023/4 National was 71.1% and our statistical neighbours 69.9%

We will analyse the reasons that people reported they did not feel safe so steps can be taken to improve.

We will consider introducing mandatory question to ask individuals if they feel safe during our interventions such as safeguarding, My Plan, Reviews, Conversation 2 and Conversation 3.

- 1.18 By 2027/28, the proportion of people who use long term social care services who report having control over their daily lives is similar to, or higher than, the national average



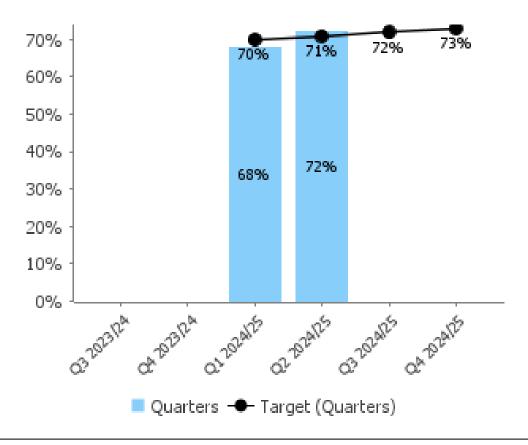
Aim to Maximise Amber (no long trend) Annual PI

The proportion of users who felt that they had as much control over their daily life as they would want has increased by 0.8% from 79.1% in 2022/23 to 79.7% in 2023/24. Nationally, there was a 0.5% increase over the same period. Medway continues to be above national; the gap has widened slightly from 2.5% above in 2022/23 to 2.7pp above in 2023/24.

It is likely that the difference between Medway and the benchmark results are not statistically significant, however the upward trend in results is noteworthy. The national outturn was 77.6% and the Statistical neighbour, 78.3%

We will analyse the reasons that people reported they did not feel in control as a result of Adult Social Care interventions and identify what steps can be taken to improve.

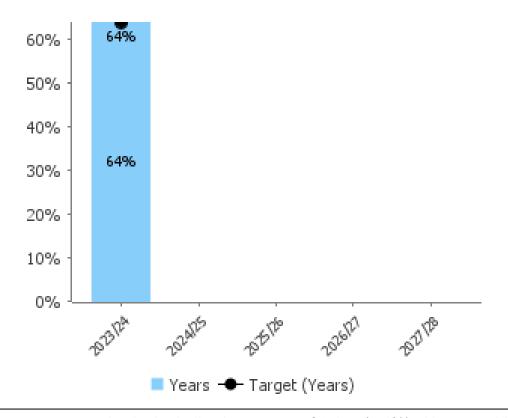
- 1.19 By 2027/28, the proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement services is similar to, or higher than, our statistical neighbours



Aim to Maximise
Data unavailable (no long trend)

Due to a data incident within Medway Community Healthcare (MCH) the data needed to calculate this measure for Q3 2024/25 is not available.

- 1.20 By 2027/28, the proportion of people who use adult social care services who report that they find it easy to find information about services is higher than the national average



Aim to Maximise Green (no long trend) Annual PI

Published data shows that shows a year-on-year rise in the indicative outturn of 2.1pp (3.4%). However, Medway has now dropped below the indicative scores for both national and statistical neighbours having been greater than these in 2022/23.

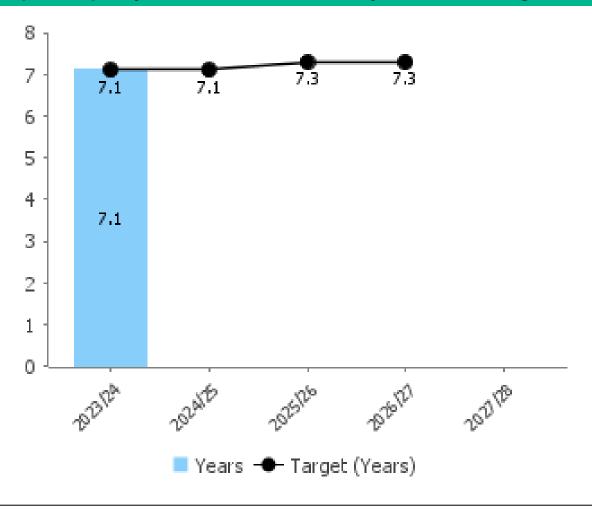
It is likely that the difference between Medway and the benchmark results are not statistically significant.

For 2023/24 Medway was 3.9pp lower than national (67.9%) and 4.9pp lower than statistical neighbours (68.9%). Comparator results are improving at a faster rate than in Medway.

The Adult Social Care Engagement Manager will consult with individuals and groups about how they prefer to access information.

Head of Transformation to develop our digital offer and other means of communication.

- 1.21 By 2027/28, the carer reported quality of life score is statistically similar to, or higher than, the national average



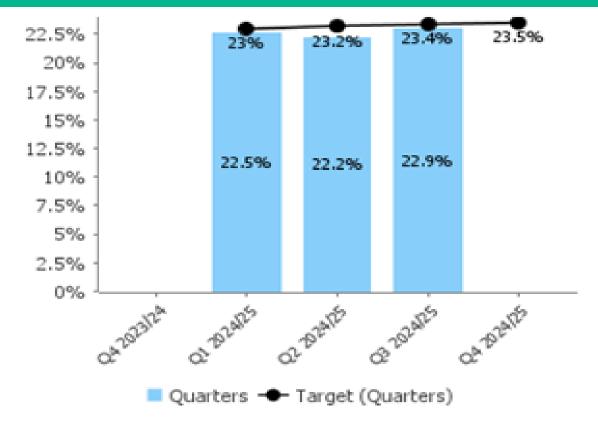
Aim to Maximise Green (no long trend) Annual PI

Validated data, shows a year-on-year decline of 0.1 point (1.4%).

For 2023/24 Medway was 0.2 points lower than national (7.3) and 0.1 points lower than the South East (7.2). This would suggest that difference between Medway's outturn and the comparators is not significantly statistically important.

We are developing a Carers offer to support Carers have an improved quality of life. The Head of Transformation will appoint a project officer to undertake this work.

- 1.22 By 2027/28, the proportion of long-term clients receiving support via a Direct Payment is similar to or better than the National percentage.



Aim to Maximise
Amber (upward long trend)

The ongoing downward trend has been reversed this quarter, with a 0.7pp (3%) increase. Currently there are 487 clients receiving a direct payment, this is an increase on the 471 with an active DP at the end of September.

For 2023/2024 the National outturn was 25.5% and the South East 25%. Both rates are lower than the 2022/23 results.

We have worked with P&I to develop PowerBI dashboards, using these will enable us to identify areas to target in order to increase DP referral and uptake. The DHSC have acknowledged that there is a fall in the take up of direct payments nationally and they are looking at the CASS (Care and Support Statutory guidance in particularly section 12 to see if there is anything that could be included to support good practice and the uptake. The DHSC are working with Think Local Act Personal (TLAP), Independent Living Group (ILG) and the national direct payment forum, of which we are an active member, with a view to revising the statutory guidance to promote the DP uptake. Data cleansing work will continue to ensure all DPs are recorded accurately and counted in the total monthly figure.

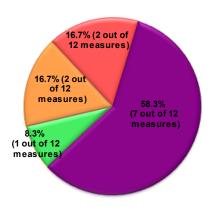
# Improving health and wellbeing for all

- Empowering people to achieve good health and wellbeing through prevention, with access to local activities and services that will enable and support them to lead independent, active and healthy lifestyles.
- Support families to give their children the best start in life.
- Work collaboratively to grow participation year on year in recreational play, sport and physical activity as a means of promoting improved physical and mental health and wellbeing.
- Work in partnership with communities and organisations to address the issues that negatively affect health and wellbeing, making sure everyone has the opportunity to live long, healthy lives.

# Summary of all performance indicators for this priority

There are 12 performance indicators for the One Medway Council Plan 2024/28 which fall under this priority.

### **Performance**



### Performance - key

Green means met or exceeded target

Amber means slightly below target

Red means significantly below target

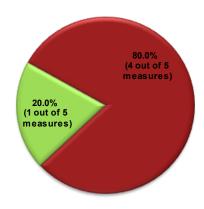
Data means data only. No target set

NA means not available this quarter or annual PI

This chart shows the performance for all the measures:

- 8.3% (1 out of 12 measures) met or exceeded target.
- 16.7% (2 out of 12 measures) were slightly below target (less than 5%).
- 16.7% (2 out of 12 measures) were significantly below target (more than 5%).
- 0.0% (0 out of 12 measures) were data only or status unavailable.
- 58.3% (7 out of 12 measures) were not available or annual Pls.

### **Direction of Travel**



### **Direction of Travel - key**

Green means positive travel

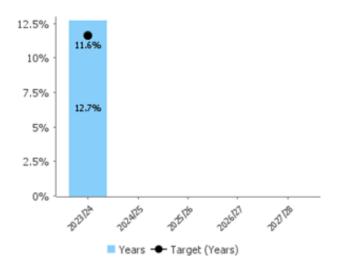
Blue means static

Red means negative travel

This chart shows the direction of travel for 5 measures:

- 20.0% (1 out of 5 measures) had an upward long trend.
- 0.0% (0 out of 5 measures) had a static long trend.
- 80.0% (4 out of 5 measures) had a downward long trend.

- 4.01 Smoking prevalence in adult (18+ yrs)



Aim to Minimise Green (downward long trend) Annual PI

By 2027/28, the proportion of adults (18+ years) who are self-reported smokers is statistically similar to, or lower than, the England average (comparing England and Medway values in 2026).

Smoking prevalence in Medway for 2023 was 12.7%, which meets the target of being statistically similar to England. Medway had a 3-year average of 12% which is below the England average of 12.4% for the same period. Medway's smoking prevalence has continued to decline since 2011.

Smoking cessation services are offered via a number of options, including vapes and Nicotine Replacement Therapy. The medications Cytisine and Varenicline will soon be available to support those wanting to quit.

### **Achievements**

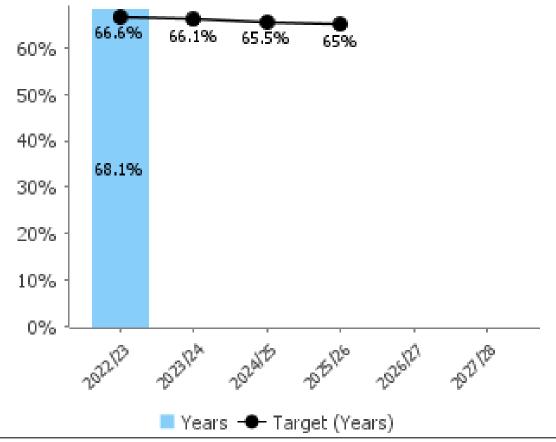
In 2023/24, Medway Stop Smoking Service was 22nd in the country for quits per 100k smokers and 3rd in the South East. There were 277 quits up until the end of Q2 2024/25.

Using the section 31 grant to expand Medway Stop Smoking Service we are establishing service provision for those with mental illness conditions, offering additional support. Insights work is underway to understand the barriers to quitting for people with a mental illness and from Eastern European populations

### **Actions**

A working group for Varenicline is drawing up a Patient Group Direction (PGD) to offer smokers the option via pharmacies. Development of an AI tool to support smokers to quit is underway. Scoping is being done to work with Voluntary, Community, and Social Enterprise (VCSE) partners to maximise engagement from communities with high prevalence.

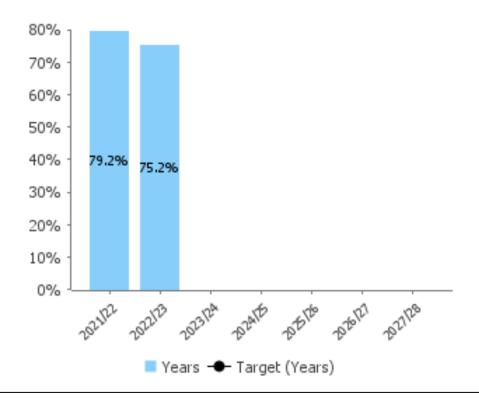
- 4.02 Overweight (including obesity) prevalence in adults (18+ yrs)



Aim to Minimise
Amber (upward long trend)
Annual PI

By 2027/28, the percentage of adults (18+) classified as overweight or obese is the same as or below 65%. The latest data shows that 68.1% of adults in Medway are obese. To address this, initiatives are being undertaken, including the delivery of cookery programmes and a Food Strategy which has been approved by the Health and Wellbeing Board and will be presented to Cabinet. The Medway Food Partnership (MFP) has achieved the Bronze Sustainable Food Award, participated in the Sustainable Food Places Annual Day in Parliament, and led an annual network event in September with important collaborations. The oral health strategy is being implemented through steps such as participating in the National Care Home Survey, providing training to youth services, special educational needs leads, and fostering services, and a focus on dental neglect among looked-after children. The "Beside You" initiative promotes infant feeding guidance and support to establish early healthy eating habits. High demand for weight loss medications but lack of engagement from Integrated Care Board colleagues has led to public dissatisfaction and increased waiting lists. The number of weight management groups is increasing with services delivered to ethnic minority groups via the community voluntary sector to reduce obesity rates and health inequalities. Ongoing training includes safeguarding children and obesity framework, training university colleagues, a diabetes masterclass, and the "A Better Medway" module.

- 4.03 High life satisfaction score



Aim to Maximise
Data unavailable (no long trend)
Annual PI.

By 2027/28, the proportion of people who report "high" or "very high" levels of life satisfaction will be similar or higher compared to the England average. This data comes from the Annual Population Survey (APS) and the Office for National Statistics. The data for 2023/24 has not yet been released.

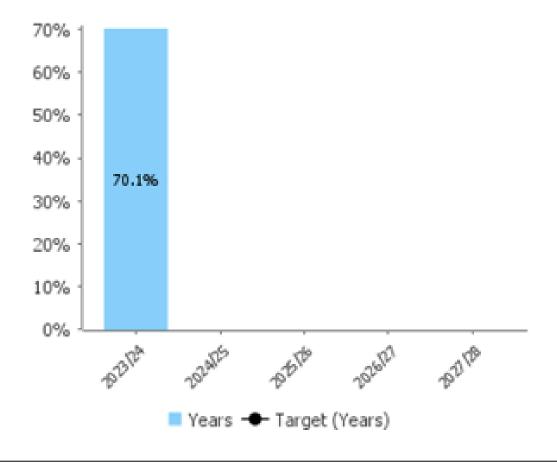
Data from the APS 2022/23 indicates that 75.2% of people reported "high" or "very high" levels of life satisfaction.

All Medway Public Health interventions and actions are intended to support people to have better health outcomes and address health inequalities, these can often take years to demonstrate improvements on a population level and are influenced by macroeconomic level policies. Self-reported health, marital status and economic activity have the strongest associations with how positively we rate our life satisfaction.

### **Actions and Achievements**

A strategic partnership for work and health is in development along with a work and health strategy. Promotion of partner initiatives such as Recovery College and Individual Placement Support contributes to improving life satisfaction. Work continues at a strategic level to strengthen and promote the value and positive impact of Voluntary, Community, and Social Enterprise (VCSE) sector social prescription activity and community development on residents' wellbeing and life satisfaction. The Five Ways to Wellbeing campaign is ongoing and recent housing needs assessments will highlight recommendations to make further progress for this indicator.

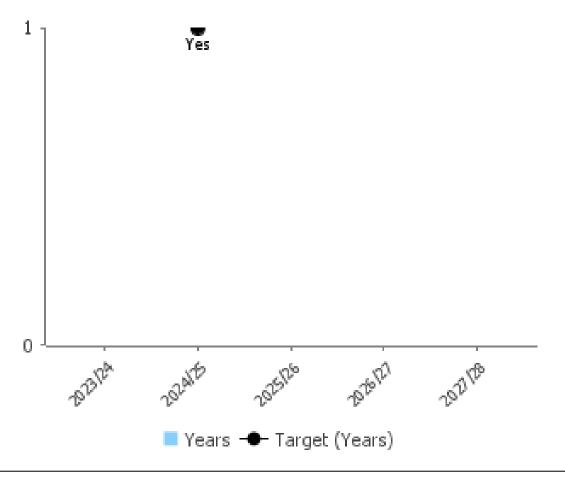
- 4.04 Bowel cancer screening



Aim to Maximise Data unavailable (no long trend) Annual Pl. Due February 2025

By 2027/28 the proportion of the population aged 60 to 74 screened for bowel cancer will be similar or higher compared to the national average. This data comes from the Office for Health Improvement and Disparities and is based on data from NHS England. The value for 2024 will be available in February 2025. Since 2020/21, the coverage in Medway has been above 60% and from 2023/24 has exceeded 70%. This represents the main cohort of 60–74-year-olds and does not yet include the younger age group, introduced into the programme from April 2021. With the implementation of age extension to include men and women from age 50 years, more people are being invited for bowel screening. The Medway and Swale Health and Care Partnership have worked with Social Enterprise Kent (SEK) to raise awareness of bowel screening in the Medway area.

- 4.05 Health facilities

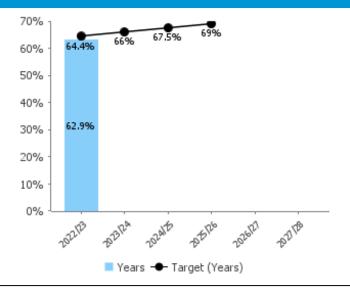


Aim to Maximise Yes/No Data unavailable (no long trend) Annual Pl. Due Q4

The Infrastructure Funding Statement reported to and agreed by Cabinet in December. The IFS will be reported to RCE Overview and Scrutiny in January 2025 and there will be a report to Planning Committee in February/March re S106 performance for Q3.

Work collaboratively to grow participation year on year in recreational play, sport and physical activity as a means of promoting improved physical and mental health and wellbeing

- 4.13 Physically active adults (19+ yrs)



Aim to Maximise Amber (downward long trend) Annual PI

By 2027/28, the percentage of physically active adults will have increased to 69%. This performance indicator is measured two years in arrears. Medway Public Health continue to offer a range of interventions to support people to become more active.

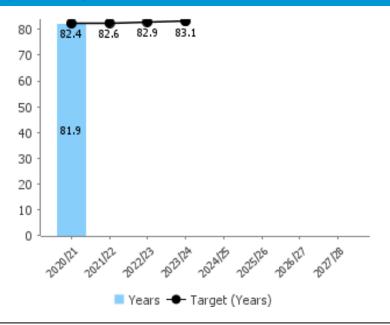
Up to the end of Q3 2024/25 for Public Health interventions:

- •504 patients referred (year to date YTD) for Active Referral Programme
- •328 people attended Small Steps, Big Changes courses
- •8,904 footfall for Let's Get Active classes. Classes are for a range of people including Rehab, Stroke, Neurology, Cardiac and ethnic minority groups
- •3,706 footfall in older adult's programmes including Extra Care Schemes, Care Homes and Walk in the Park expansion to 10 walks across Medway
- •9,708 footfall YTD for Wellbeing Walks with 227 new walkers
- •1.431 footfall YTD for Nordic Walking with 43 new walkers
- •15-20 attendees for Nordic for Parkinsons each week
- •481 footfall for cycling groups

### Actions:

- •The Better Care Fund funded Primary Falls Prevention Programme will launch in Q4 2024/25
- •Novembers Physical Activity Alliance was well attended with a focus on Children and Young People. Planning is underway for the Spring event. The alliance has over 200 members and continues to grow.
- •The Community of Practice is near completion with a final feedback session for round 4. Draft national policy guidance documentation will be produced from the project findings to shape the future of exercise referral and the wider links and opportunities between the Physical Activity and Health systems.

- 4.16a Life expectancy at birth (Female, 3 year range)



Aim to Maximise Red (downward long trend) Annual PI

By 2027/28, life expectancy at birth for females will have increased by one year.

This performance indicator is measured four years in arrears. Data reported is for 2020/2022.

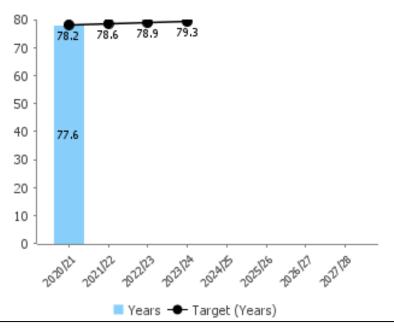
Life expectancy in Medway for females was 81.9 years in 2020/22, lower than the England average of 82.8 years. Factors like smoking, obesity, and deprivation impact this. Everything that Medway Council and the NHS do has an overarching aim to increase life expectancy, as highlighted in the key outcomes of the Joint Local Health and Wellbeing Strategy and the Integrated Care Strategy.

The Medway Public Health (PH) team offers various healthy lifestyle services under the 'A Better Medway' banner, with many accepting self-referrals. Recently, Medway received additional funding to enhance smoking cessation efforts with new initiatives and campaigns scheduled for 2025, building on existing stop smoking services at Chatham High St and community venues such as GP surgeries and pharmacies.

Medway is also in the process of becoming a 'Marmot Place', an initiative set up by the Institute of Health Equity. This means that Medway will be recognised as placing the reduction in health inequalities and the needs of the community at the centre of their approaches, interventions, and policies. A formal launch of this programme is likely to occur in April 2025.

Additionally, the Medway PH Intelligence Team will be carrying out an exploratory piece of work into life expectancy for males and females in Medway, to better understand local contributing factors.

- 4.16b Life expectancy at birth (Male, 3 year range)



Aim to Maximise Red (downward long trend) Annual PI

By 2027/28, life expectancy at birth for males will have increased by 1.5 years.

This performance indicator is measured four years in arrears. Data reported is for 2020 /2022.

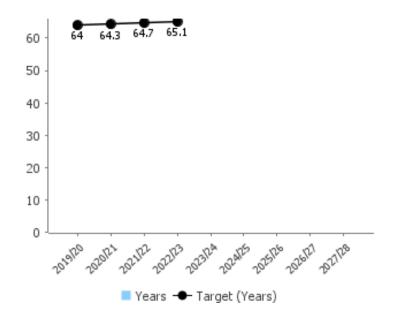
Life expectancy in Medway for males was 77.6 years in 2020/22, lower than the England average of 78.9 years. Factors like smoking, obesity, and deprivation impact this. The COVID19 pandemic also caused a drop in life expectancy that hasn't fully recovered. Everything that Medway Council and the NHS do has an overarching aim to increase life expectancy, as highlighted in the key outcomes of the Joint Local Health and Wellbeing Strategy and the Integrated Care Strategy.

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Additionally, the Medway PH Intelligence Team will be carrying out an exploratory piece of work into life expectancy for males and females in Medway, to better understand local contributing factors

- 4.17a Healthy life expectancy at birth (Female, 3 year range)



Aim to Maximise Data unavailable (no long trend) Annual Pl. Due March 2025

By 2027/28, healthy life expectancy at birth will have increased by 1.5 years for females.

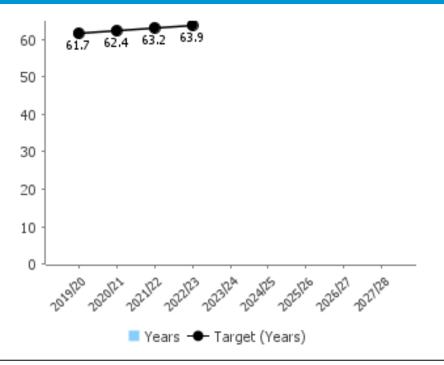
Data will be reported for 2019 - 2021. This data comes from the Office for National Statistics. The COVID19 pandemic had a significant impact on the data collection which is causing delays in the release of subnational data.

Healthy life expectancy at birth is the average number of years a person would expect to live in good health. In Medway, the healthy life expectancy for females was 63.6 years in 2018/20, similar the England average of 63.9 years. Recent trends published by the Office for Health Improvement and Disparities shows that healthy life expectancy in Medway is decreasing, whilst life expectancy is increasing. The Global Burden of Disease study suggests that some of the key contributing factors to disability-adjusted life years between 2011 and 2021 are anxiety, depression, diabetes, and COVID19, amongst others.

The Medway Public Health team offers various healthy lifestyle services under the 'A Better Medway' banner, with many accepting self-referrals. Medway is also in the process of becoming a 'Marmot Place', an initiative set up by the Institute of Health Equity. This means that Medway will be recognised as placing the reduction in health inequalities and the needs of the community at the centre of their approaches, interventions, and policies. A formal launch of this programme is likely to occur in April 2025.

Additionally, the Medway Public Health Intelligence Team will be carrying out an exploratory piece of work into healthy life in males and females' expectancy in Medway, to better understand what is causing the recent decline.

- 4.17b Healthy life expectancy at birth (Male, 3 year range)



Aim to Maximise
Data unavailable (no long trend)
Annual Pl. Due March 2025

By 2027/28, healthy life expectancy at birth will have increased by three years for males.

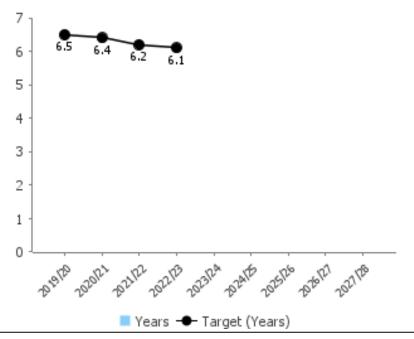
Data will be reported for 2019 - 2021. This data comes from the Office for National Statistics. The COVID19 pandemic had a significant impact on the data collection which is causing delays in the release of subnational data.

Healthy life expectancy at birth is the average number of years a person would expect to live in good health. In Medway, the healthy life expectancy for males was 60.9 years in 2018-20, similar the England average of 63.1 years. Recent trends published by the Office for Health Improvement and Disparities shows that healthy life expectancy in Medway is decreasing, whilst life expectancy is increasing. The Global Burden of Disease study suggests that some of the key contributing factors to disability-adjusted life years between 2011 and 2021 are anxiety, depression, diabetes, and COVID19, amongst others.

The Medway Public Health team offers various healthy lifestyle services under the 'A Better Medway' banner, with many accepting self-referrals. Medway is also in the process of becoming a 'Marmot Place', an initiative set up by the Institute of Health Equity. This means that Medway will be recognised as placing the reduction in health inequalities and the needs of the community at the centre of their approaches, interventions, and policies. A formal launch of this programme is likely to occur in April 2025.

Additionally, the Medway Public Health Intelligence Team will be carrying out an exploratory piece of work into healthy life in males and females' expectancy in Medway, to better understand what is causing the recent decline.

- 4.18a Inequality in life expectancy at birth (Female, 3 year range)



Aim to Minimise
Data unavailable (no long trend)
Annual Pl. Due March 2025

By 2027/28, inequalities in life expectancy at birth will have decreased by 0.5 years for females.

Data reported will be for 2019 - 2021. This data is calculated by the Office for Health Improvement and Disparities, using Office for National Statistics and Department for Levelling Up, Housing and Communities data. It is reported five years in arrears. The COVID19 pandemic had a significant impact on data collection which is causing delays in the release of subnational data.

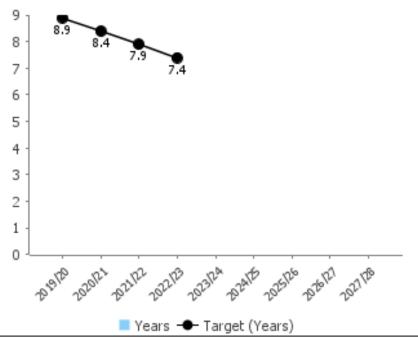
Life expectancy is a key measure of population health. Differences in life expectancy are often linked to socioeconomic factors (like income and education), demographic traits (such as ethnicity and gender), geographic regions, or specific population groups. These differences can cause inequalities in life expectancy and can be measured using levels of deprivation.

The inequality in life expectancy at birth in Medway for females was 6.6 years, compared to England (7.9 years) in 2018-20. This is in the middle quintile nationally, suggesting a smaller inequality gap compared to males in Medway.

The Medway Public Health team offers various healthy lifestyle services under the 'A Better Medway' banner, with many accepting self-referrals. Recently, Medway received additional funding to enhance smoking cessation efforts with new initiatives and campaigns scheduled for 2025, building on existing stop smoking services at Chatham High St and community venues such as GP surgeries and pharmacies.

Medway is also in the process of becoming a 'Marmot Place', an initiative set up by the Institute of Health Equity. This means that Medway will be recognised as placing the reduction in health inequalities and the needs of the community at the centre of their approaches, interventions, and policies. A formal launch of this programme is likely to occur in April 2025.

- 4.18b Inequality in life expectancy at birth (Male, 3 year range)



Aim to Minimise
Data unavailable (no long trend)
Annual Pl. Due March 2025

By 2027/28, inequalities in life expectancy at birth will have decreased by two years for males.

Data reported will be for 2019 - 2021. This data is calculated by the Office for Health Improvement and Disparities, using Office for National Statistics and Department for Levelling Up, Housing and Communities data. It is reported five years in arrears. The COVID19 pandemic had a significant impact on data collection which is causing delays in the release of subnational data.

Life expectancy is a key measure of population health. Differences in life expectancy are often linked to socioeconomic factors (like income and education), demographic traits (such as ethnicity and gender), geographic regions, or specific population groups. These differences can cause inequalities in life expectancy and can be measured using levels of deprivation.

The inequality in life expectancy at birth in Medway for males was 9.4 years, compared to England (9.7 years) in 2018-20. This is in the 2nd worst quintile nationally, suggesting a large gap in life expectancy between more and less deprived areas in Medway.

The Medway Public Health team offers various healthy lifestyle services under the 'A Better Medway' banner, with many accepting self-referrals. Recently, Medway received additional funding to enhance smoking cessation efforts with new initiatives and campaigns scheduled for 2025, building on existing stop smoking services at Chatham High St and community venues such as GP surgeries and pharmacies.

Medway is also in the process of becoming a 'Marmot Place', an initiative set up by the Institute of Health Equity. This means that Medway will be recognised as placing the reduction in health inequalities and the needs of the community at the centre of their approaches, interventions, and policies. A formal launch of this programme is likely to occur in April 2025.