

ONE MEDWAY COUNCIL PLAN

2024/28

Proud to be Medway

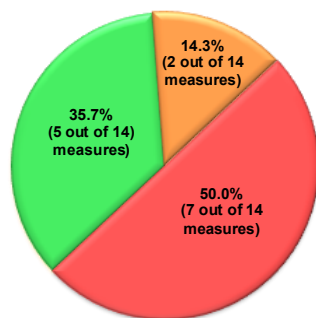


Performance Report

Q4 2025/26 Health and Adult Social Care Overview and Scrutiny Committee

There are 24 performance indicators for the One Medway Council Plan 2024/28 relevant to this committee. We are reporting on 14 performance indicators this quarter. There are 10 indicators where data is unavailable.

Performance

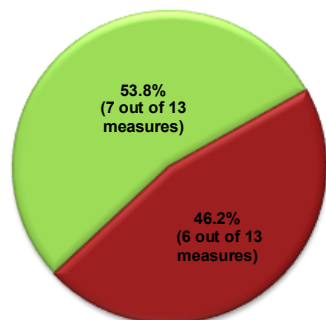


Performance - key
Green means met or exceeded target
Amber means slightly below target
Red means significantly below target

This chart shows the performance for 14 of the measures:

- 35.7% (5 out of 14 measures) met or exceeded target.
- 14.3% (2 out of 14 measures) were slightly below target (less than 5%).
- 50.0% (7 out of 14 measures) were significantly below target (more than 5%).

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 13 measures:

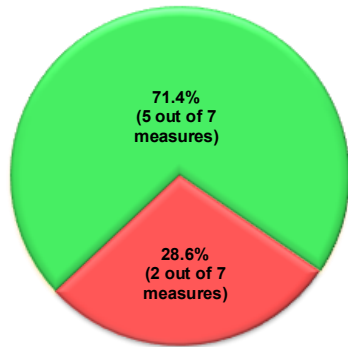
- 53.8% (7 out of 13 measures) had an upward long trend.
- 46.2% (6 out of 13 measures) had a downward long trend.

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.

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

Performance

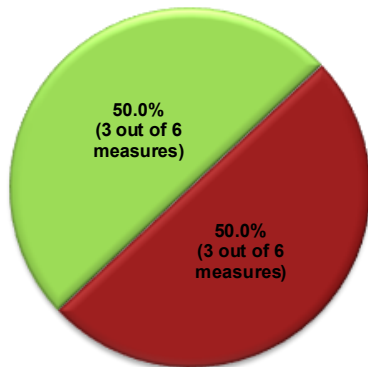


Performance - key
Green means met or exceeded target
Amber means slightly below target
Red means significantly below target

This chart shows the performance for 7 measures:

- 71.4% (5 out of 7 measures) met or exceeded target..
- 28.6% (2 out of 7 measures) were significantly below target (more than 5%).

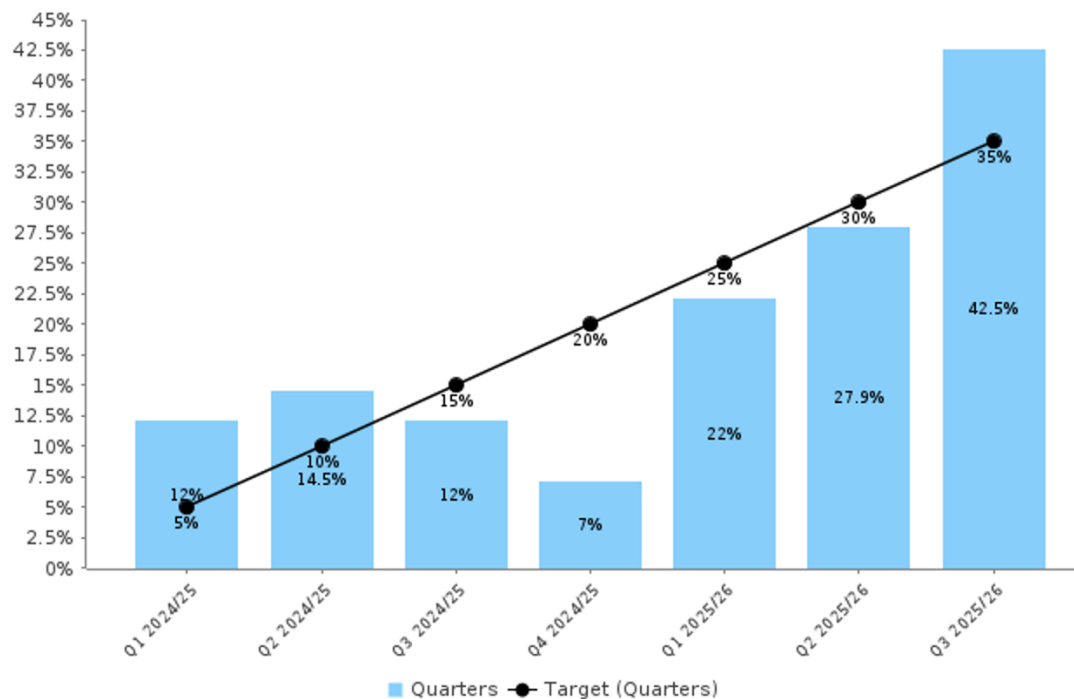
Direction of Travel



Direction of Travel - key
Green means positive travel
Blue means static
Red means negative travel

This chart shows the direction of travel for 6 measures:

- 50.0% (3 out of 6 measures) had an upward long trend.
- 50.0% (3 out of 6 measures) had a downward long trend.



Aim to Maximise Green (upward long trend)

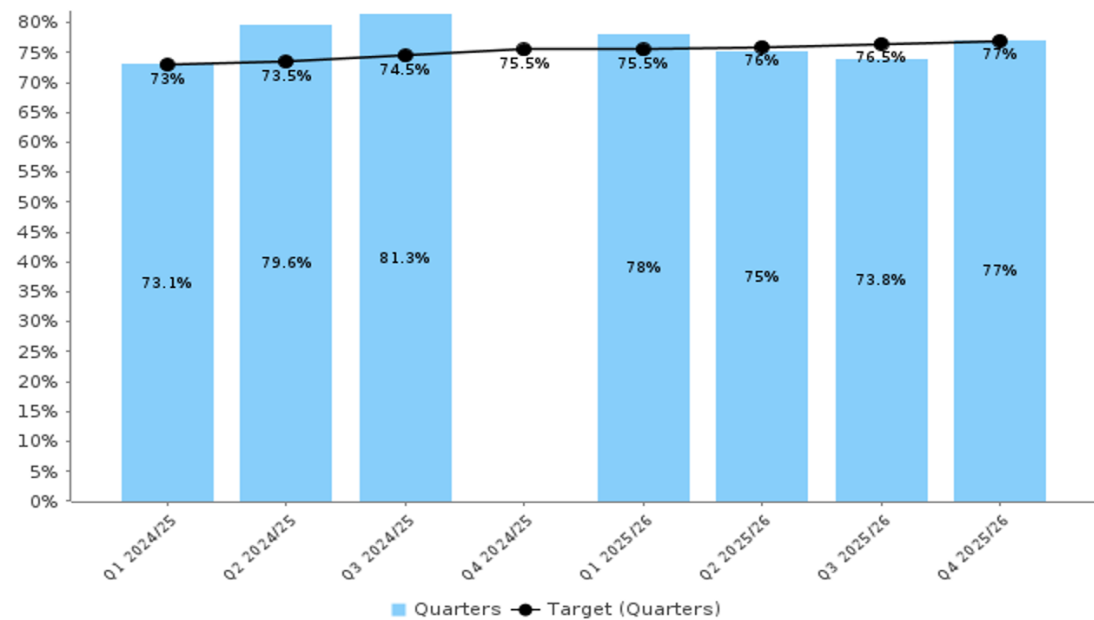
Reported a quarter in arrears

Q3 of year 2 (2025/26), 42.45% of the framework providers workforce had undergone MECC training, exceeding the 35% target for Q3 and surpassing the 40% target set for the end of Q4.

Achievements: There has been a 14.53 percentage point increase in the total number of staff MECC trained over the previous quarter, primarily due to, two providers committing to upskilling staff in MECC over the last quarter (Q3) which has had a positive result on the overall number of staff trained. At the beginning of 2026, action templates were sent to providers informing them of their current % achievement for Q1, expected targets, suggestive actions, links to the online training sessions and contact details of workforce development. Monthly meetings are held with providers, pushing the narrative and importance of staff training in MEEC. We also liaise with workforce development who provide bespoke 1:1 provider training sessions, on mass. Resulting an increase in MECC trained staff, going from 7% in Q4 year 1, which was 13 percentage points below the target of 20%, to 42.45% for year 2 Q3, which is 7.45 percentage points over the 35% target and exceeds the end of year Q4 target of 40%, a quarter early.

Actions going forward: Commissioning have primarily been focusing on the Framework Homecare Providers as this is where the majority percentage of employed care staff are and thus the area which would have the greatest impact. As we progress into Year 3, the focus will shift to target Extra Care Housing Scheme Homecare Providers as these have the lowest levels of MECC uptake. The same target model will be used for this cohort, i.e. Meetings, Action Templates, Bespoke on Mass Training sessions. Commissioning will continue to work with workforce development and providers, explore running more online sessions due to demand and work with individual providers who have not met the target for Q3 Year 2.

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%



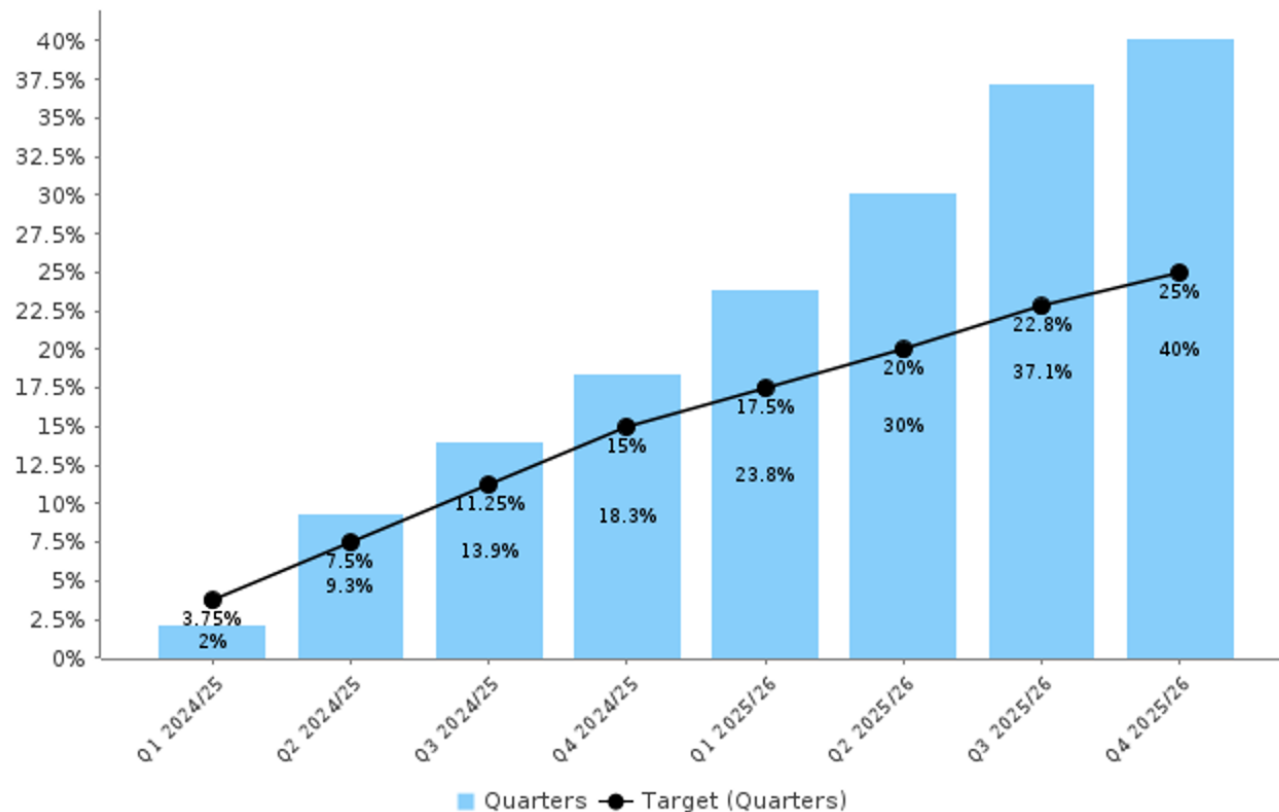
Aim to Maximise Green (upward long trend)

This measure is Adult social care outcomes framework (ASCOF) 2A. Data represents a 12-month period from April 2025 to March 2026 seeing 1,689 clients receiving reablement, with 1301 or 77% of clients not requiring further support and therefore achieving target for 2025/26 and an increase of 3.2 percentage points (pp) on Q3 reporting.

Figures for Q3 & Q4 25/26 are based on the ASC Intelligence team interpretation of the ASCOF methodology. The Intelligence team will review and validate its methodology once cohort reports are available from DHSC.

In 2024/25 Medway achieved an outturn of 78.3% based on CLD returns, which as can be seen above is 1.2pp above National and 1.7pp below SE region.

Benchmarking The 24/25 National outturn published Dec 2025 was 77.1% a drop of 2.3pp on 23/24. Medway Peer Group was 69.9% and the SE remains the same at 80%. **Achievements:** The New Head of Service is undertaking a review across Early Help and Prevention. Although still in its early stages, the review aims to strengthen the short-term offer, improve response times and deliver a refreshed Enablement Service aligned to the enablement plan developed in partnership with Commissioning. The SW Operations Manager has worked closely with commissioners and identified effective methods to share it with care providers. The plan sets out clear expectations for providers to support individuals in achieving their personal goals, promoting independence, and reduce reliance on long-term adult social care. In parallel, the Occupational Therapy Operations Manager has collaborated with a local authority that has successfully reduced waiting lists while improving independence outcomes. Together, these initiatives seek to embed a consistent, outcome-focused approach across services. **Actions** going forward: The refreshed enablement offer will be rolled out within this quarter and reviewed next quarter to establish benefits for residents and service alike. The Enablement plan support consistent reablement practice help achieve client goals and reduce long term care reliance. The new Head of EHP will undertake a whole service review to determine how we can improve further and reduce waiting lists across the service. Along side a review of OT and Deaf Service, factoring in impact of the changes and effectiveness implemented by the duty team.



Aim to Maximise Green (upward long trend)

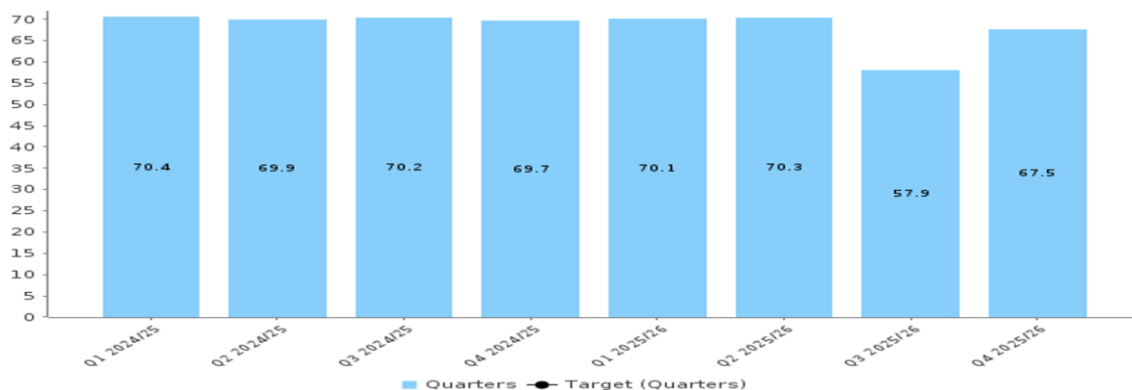
Performance remains solid, surpassing the Q4 target by 15 percentage points.

Actions and Achievements:

Long term care (LTC) clients that use this service to support care packages with no end date installations are above current target for 2025/26 and with the dedicated Assistive Technology champion now working with the Early Help & Intervention teams as well within Adult Social Care localities and review teams, as helped exceed the target by 5.1%. Enablement (ENB) where users are helped to further improve out of the hospital setting for a period of up to 6 weeks. 2025/26 target has been exceeded by 20.1%. Intelligent Lilli (an Assessment tool which passively monitors users to ensure they are safe and well living at home and provides reports that help with care assessments and reviews) the small shortfall for Q1 has been eradicated and the target for 2025/26 has been reached.

New TEC such as the Circadian lightbulbs and the Evondos medication dispenser are contributing to the over achievement in the New TEC 2025/26 target, which has overachieved by 162.5%.

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 measure is Adult social care outcomes framework (ASCOF) 2E, split over 3 parts. Part 1 = Learning Disability Cohort, Part 2A = People aged 18-64 and Part 2B = People aged 65+. In 24/25 Medway achieved an outturn in 24/25 based on client level data returns of: Part 1 83.1%, 1.7 percentage point (pp), Part 2A 79.6%. 2.2pp above national, 3.1pp and 2.2pp above SE region, with Part 2B 54.7% 5.6pp below national and 3.1pp below South East (SE) region. The figure of 67.5% being reported for Q4 25/26 above is a combined figure of people aged 18-64 and 65+ and is based on the revised ASCOF methodology. Intelligence is available across the 3 reporting values of Learning Disability 83.7%, 18-64 81.8% and 65+ 58.7% The Intelligence Team will work with the service on a process of reporting on 'Unknown or incorrect' tenure type recording in Mosaic to improve these measures.

Benchmarking

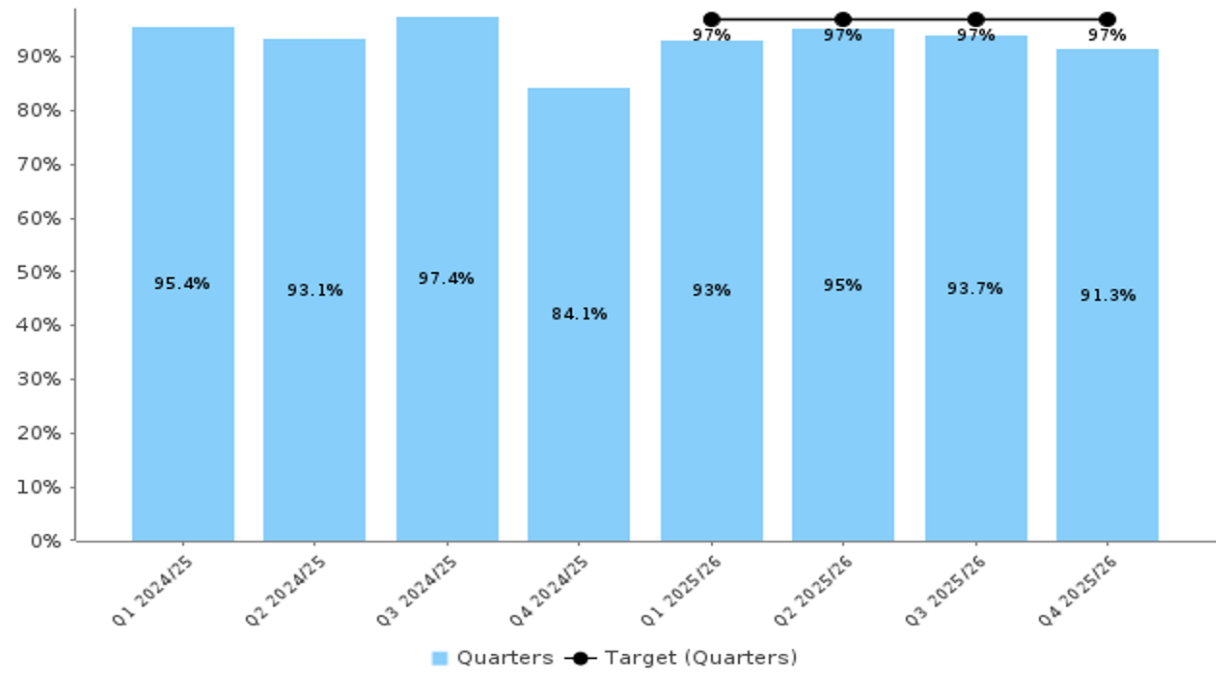
The 2024/25 National outturn that was published in Dec 2025 was.

	National	Peer Group	South East Region
Part 1	81.4%	80.4%	80.0%
Part 2A	77.4%	79.0%	77.6%
Part 2B	60.3%	61.4%	57.8%

New requests for support increased by 21% in 24/25 and demand continues. Additional management oversight and support at the Front Door have been introduced to support the Early Help & Prevention Service to increase prevention and reablement to support people to remain independent at home.

Achievements: Alongside Kyndi introducing new non-wearable assistive technology, two additional social work posts have been introduced to support people with a learning disability and/or autism, assisting individuals who receive long term care and support to remain living at home. **Actions** going forward: Increases in long term care packages will be monitored as part of a reablement approach, with the goal of helping the individual regain independence, return to their original level of care support and monitor the impact of the new non wearable devices to determine impact on people.

Support all adults, including those living with disability or physical or mental illness to live independently and stay safe
- 1.15 By 2027/28 the proportion of closed safeguarding enquiries where risk is reduced or removed is better than the national percentage



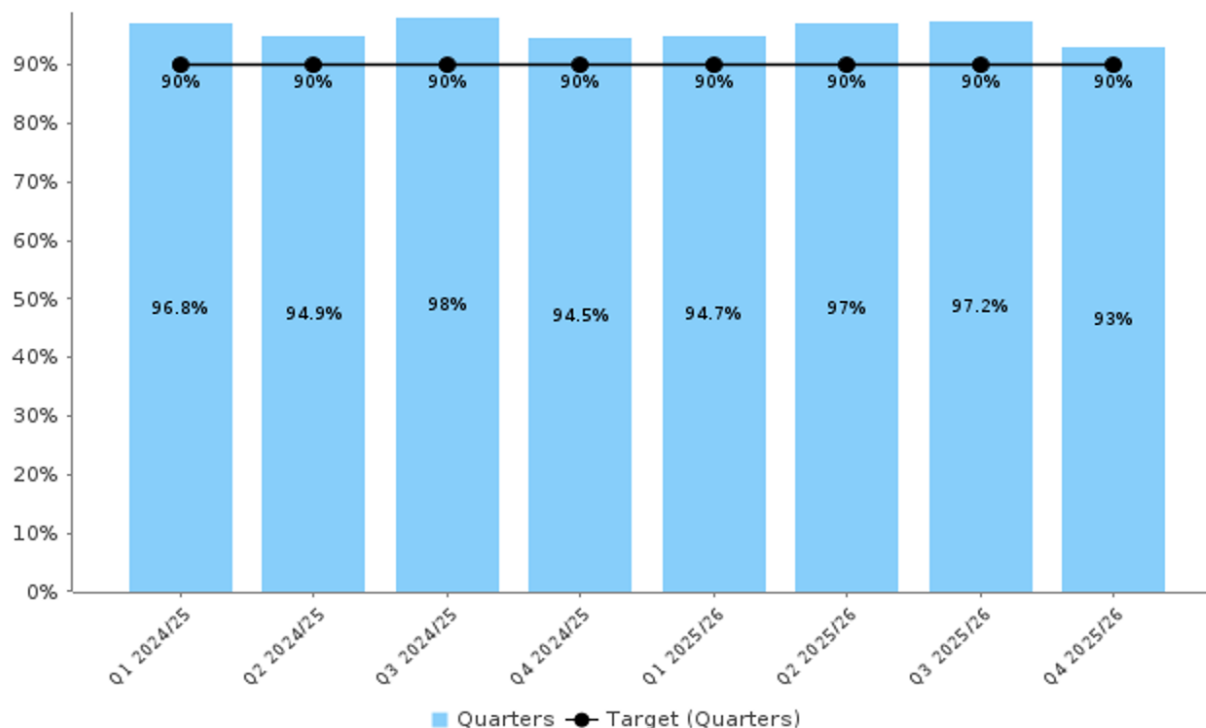
Aim to Maximise
Red (downward long trend)

Adult social care outcomes framework (ASCOF) 4B is a subset of this measure. Local data shows that there were 419 closed safeguarding enquiries in Q4, inclusive of Section 42 enquiries and non-statutory enquiries. Of these, 357 had risks identified, where actions under safeguarding took place. The risk was removed or reduced in 91.3% (326) cases and there is a provisional annual rate of 93.7%, 3.3 percentage point (pp) below the target. ASCOF 4B, which accounts for Section 42 enquiries only, also achieved 91.3% in Q4 with 263 clients seeing a removal or reduction in risk with a provisional annual rate of 94.2%, 2.8pp below the target.

Benchmarking: The data return is currently still open and therefore national and peer group bench marking data will not be available until the latter part of the year. Performance has declined this quarter by 2.4pp in comparison to the previous quarter and is below the target by 5.7pp. This indicates that analysis needs to be undertaken to understand the decline. However, consideration should be given to complex circumstances where risk cannot be removed or reduced, for example individuals with capacity having the right to make unwise choices. We continue to work with individuals who draw on care and support and their network to remove and reduce risk wherever possible.

Achievements: Data analysis is ongoing to examine trends and outcomes, to strengthen our understanding of the factors contributing to unresolved risk. This analysis has informed targeted actions, including focused and specialist training for frontline practitioners. We continue to work with partner agencies to assess and mitigate risk collaboratively, maximising opportunities to reduce or remove risk to individuals. The provisional annual rate is 94.2%, which is 2.8pps below target. While performance has declined this quarter, annual performance remains closer to the target overall. **Actions** going forward: To further strengthen performance, further embedding of collaborative multi-agency risk assessments and risk management plans is required alongside ensuring that individuals who draw on care and support are part of the risk assessment process where possible.

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 (downward long trend)

This measure is not an Adult Social Care Outcomes Framework (ASCOF) measure and data is gathered from a voluntary collection. Local data shows that there were 419 closed enquiries in Q4, inclusive of Section 42 enquiries and non-statutory enquiries. Of these, 353 (84.3%) were asked about their desired outcome, of which 314 (89%) expressed an outcome and 292 (93%) outcomes were either fully or partially met. The annual provisional outturn is 95.3%, exceeding the target by 5.3 percentage point (pp). **Benchmarking** National benchmarking is taken from a voluntary collection of which 91.5% of local authorities submitted data. 100% of the peer group submit to the voluntary data collection. The return is currently still open and therefore national and peer group benchmarking data will not be available until the latter part of the year. There has been a decline in performance against the last quarter by 4.2pp, however the target was exceeded by 3pp during this quarter. Although there has been a decrease, the service continues to outperform the target, however analysis will be undertaken to understand the decrease to implement strategies to further improve and maintain performance. **Achievements:** As highlighted this target has been exceeded across 2025/26 by a provisional 5.3pp, demonstrative of the ongoing commitment and strategies to ensure individuals outcomes are at the centre of safeguarding work. **Actions** going forward: During 2026/27, we will introduce alternative communication methods to enable individuals with communication challenges to participate more fully in the safeguarding process and to better express their desired outcomes. We will also continue to embed approaches that ensure individuals are consistently asked and supported to articulate their outcomes. Further analysis is required to understand the reasons why outcomes are not always achieved.

Plot not shown as the data has not changed since the last report

Aim to Maximise
Data unavailable (no long trend)
Annual PI Due Q1 2026/27

This measure is an Adult social care outcomes framework (ASCOF) 4A. The 2025/26 Adult Social Care Survey is current underway and provisional data should be available within the Q1 2026/27 reporting period.

In 24/25 Medway achieved an outturn of 69.5% of users reporting that they feel safe, which is a 3.7 percentage point (pp) decrease on 2023/24, as can be seen below 0.6pp below National and SE Region. Although national also saw a decrease this was only by 1pp.

Benchmarking

The 24/25 National outturn that was published in Dec 25 was 70.1% and the SE region was also 70.1%.

Adult Social Care is committed to increasing the proportion of people using long-term services who report feeling safe, aiming to meet or exceed the performance of our statistical neighbours. Central to this effort is the consistent application of high-quality Care Act assessments and personalised support planning. These processes ensure that individuals' needs, preferences, and risks are thoroughly understood and addressed from the outset. By embedding safety considerations into every assessment and co-producing support plan that prioritise well-being and risk reduction, we empower individuals to feel more secure in their care arrangements.

Achievements: Regular case audits are undertaken to ensure these processes are applied effectively and that individuals' safety remains central to all care arrangements. The audits provide assurance that needs and risks are appropriately identified and managed, and that care plans actively promote wellbeing and security.

Actions going forward: Management oversight-focused case audits are ongoing to ensure that decision-making, supervision, and escalation processes are robust and consistently applied. Strengthening oversight supports earlier identification and management of risk, contributing to improved safety outcomes for people receiving care.

People in Medway live independent and fulfilled lives into an active older age

- 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

Plot not shown as the data has not changed since the last report

Aim to Maximise
Data unavailable (no long trend)
Annual PI Due Q1 2026/27

This measure is an Adult social care outcomes framework (ASCOF) 3A. The 2025/26 Adult Social Care Survey is current underway and provisional data should be available within the Q1 2026/27 reporting period. In 24/25 Medway achieved an outturn of 76.6% of users who felt that they had as much control over their daily life as they would want, which is a 3.1 percentage point (pp) decrease on 23/24, as can be seen below 0.7pp below national and 1.6pp below SE region. Although national also saw a decrease this was only by 0.3pp.

Benchmarking The 24/25 National outturn that was published in Dec 2025 was 77.3% and the SE region was also 78.2%.

While there has been a slight reduction in the proportion of people who report having as much control over their daily lives as they would like, Adult Social Care remains committed to driving continued improvement. The newly established Engagement Team will enhance our ability to gather meaningful feedback from individuals, carers, and families, strengthening our understanding of their experiences and priorities. This insight will inform service development and support our ambition to increase choice and control.

Achievements:

A new Adult Social Care Strategy has been developed, setting out future priorities and strategic direction. Engagement with residents, care providers, and strategic partners has informed the strategy, ensuring it reflects a shared vision and responds to local needs. Feedback from this engagement has shaped a strategy that promotes independence, safety, and improved quality of life, with a strong focus on enabling greater choice and control over the support people receive.

Actions going forward:

The ASC Strategy has now been published and will be embedded across services and commissioning activity to directly respond to the needs and priorities identified through engagement. This will help shape a more responsive, person-centred approach to care and support.

People in Medway live independent and fulfilled lives into an active older age

- 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

Measure not updated for Q4 2025/26 due to national changes

Aim to Maximise
Data unavailable (no long trend)

Due to internal reporting processes still needing to be established, the figure of 60.7% being reported for Q2 25/26 above is based on client level data returns for the period of Oct 2024 to Sept 2025, seeing 1079 clients aged 65+ discharged into reablement, of which 655 clients remained in the community 12 weeks after discharge. In 24/25 Medway achieved an outturn of 61.2% based on client level data returns, as can be seen below, 0.5 percentage point (pp) above national, although 4.8pp below SE region.

Benchmarking The 24/25 National outturn that was published in Dec 2025 was 60.7%, Peer Group was 60.7% and the SE region was 66%.

We continue to work as a Health & Social Care System to support people who are ready to be safely discharged from hospital and with community health and care provider partners to provide the most appropriate care and support to enable people to remain at home.

People in Medway live independent and fulfilled lives into an active older age

- 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

Plot not shown as the data has not changed since the last report

Aim to Maximise
Data unavailable (no long trend)
Annual PI Due Q1 26/27

This measure is an Adult social care outcomes framework (ASCOF) 3A Part 1. The 2025/26 Adult Social Care Survey is current underway and provisional data should be available within the Q1 2026/27 reporting period.

In 24/25 Medway achieved an outturn of 60.3% of users who felt that they find it easy to find information about services, which is a 3.7 percentage point (pp) decrease on 23/24, as can be seen below 7.5pp below national and 7pp below SE region. National saw an increase of 3.8pp.

Benchmarking The 2024/25 National outturn that was published in December 2025 was 67.8% and the SE region was 67.3%.

Work is progressing to improve the Adult Social Care website, with a focus on making content more accessible, user-centred, and easy to navigate. Pages are being reviewed and refreshed to ensure accuracy, relevance, and clarity. This includes updating logic trees to make them more intuitive and engaging and using user testing to confirm that changes meet identified needs. Accessibility remains a priority, with improvements aligned to the Web Content Accessibility Guidelines (WCAG) to ensure inclusivity. In parallel, Adult Social Care is supporting the development of Integrated Hubs to improve face-to-face access to information. Work is also progressing to strengthen non-digital communications, including updating and creating leaflets that reflect the most frequently requested information, and ensuring these are widely available across Medway. Digital innovation is being explored through the pilot of Beebot, and other technologies, to support in centralising Adult Social Care information and tailoring content to individual user. The Adult Social Care Engagement Team plays an active role by, gathering insights into how individuals and communities prefer to access services and information.

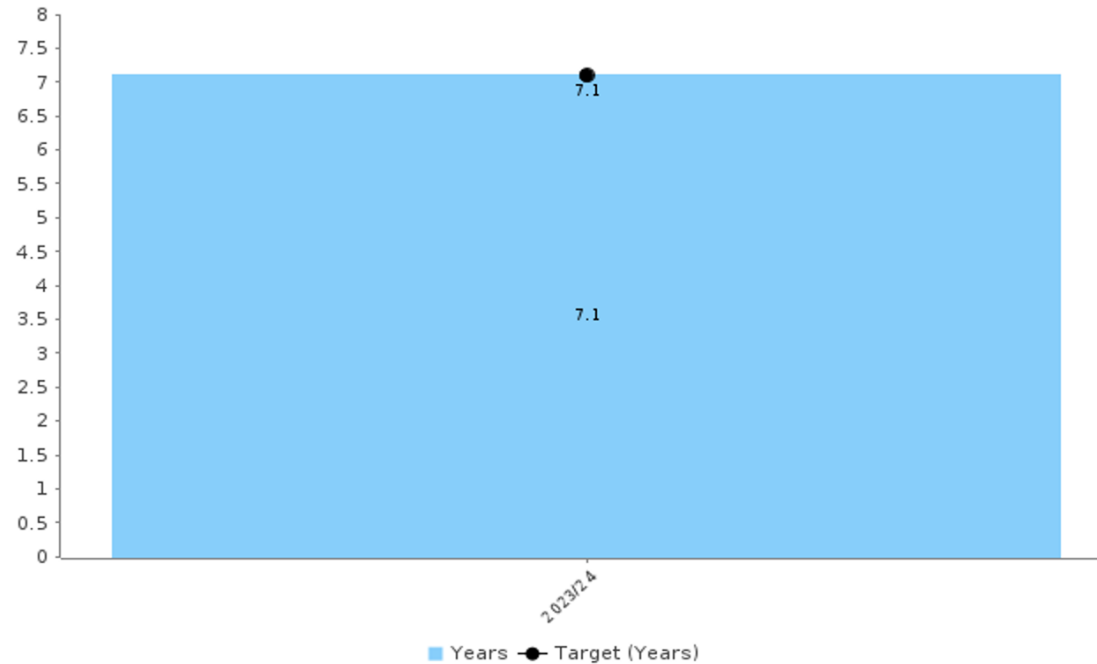
Achievements:

The redesign of Adult Social Care web pages is continuing with iterative updates. A public survey is live to identify key areas of information that should be prioritised for physical communication materials, such as leaflets. The "Your Guide to Adult Social Care" booklet has been developed and is being actively distributed. A guide to carers assessments is in design phase. The need for physical media in these areas has been identified through engagement with communities.

Actions going forward:

Continued redesign of the ASC web pages and develop physical media and distribute to locations across Medway and the review of Beebot proof of concept and development of business case comparing this technology to other available tools on the market that improve information, advice, and guidance.

People in Medway live independent and fulfilled lives into an active older age
- 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**

This measure is an Adult social care outcomes framework (ASCOF) 1C. The 2025/26 Survey of Adult Carers has drawn to a close, a provisional figure of 6.9 has been calculated, a potential drop of 0.2 points on 2023/24 and 0.4 points against the 2025/26 target of 7.3. Once the data has been validated and published reporting will be fully updated.

Benchmarking For 23/24 Medway was 0.2 points lower than national (7.3) and 0.1 points lower than the Southeast (7.2). This would suggest that difference between Medway’s outturn and the comparators is not significantly statistically important.

A full review of the current carers offer in Medway has been completed. The project lead has worked with Commissioning, linking in with Carers First and individual carers and carer groups to gain a better understanding of the current offer and whether it is fit for purpose.

Achievements: This is year 2 of a 2-year project. A full review of the carers offer has taken place and individual business cases on the future carers offer have now gone through the governance processes. The carers web pages have been reviewed and updated and are now live, providing additional information and links to available support. Carers First are now sitting with the front door in EHP and in Long Term Care & Support services to support staff with carer conversation, assessments, and reviews. A carers panel has been implemented which has broadened the offer available to carers and will ensure consistency and fairness of services to support carers.

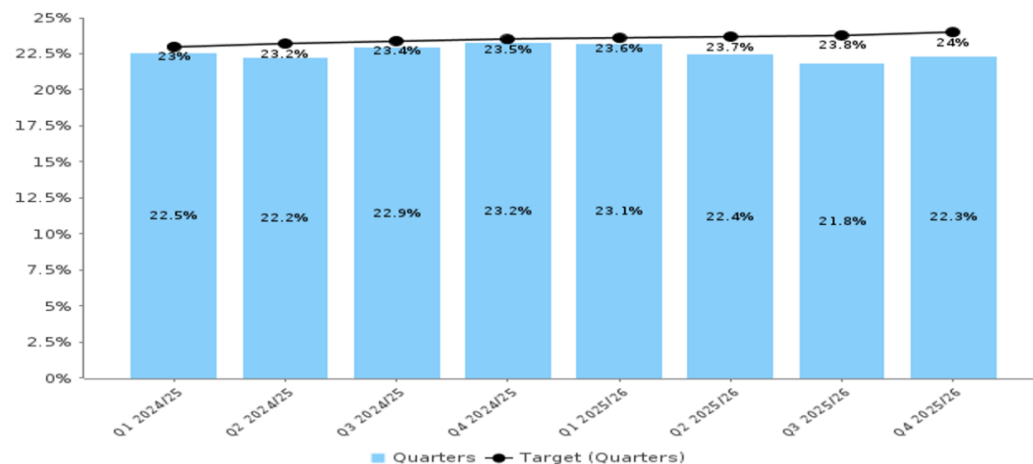
Actions going forward:

We are working with partners on increasing the identification of carers; address gaps in current support; support carers to access training and work opportunities; improve contingency planning & services in a crisis; improve digital innovation and accessibility.

Work is being undertaken to progress a pilot of Carers First undertaking carer assessments and reviews on behalf of the Local Authority.

People in Medway live independent and fulfilled lives into an active older age

- 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
Red (downward long trend)**

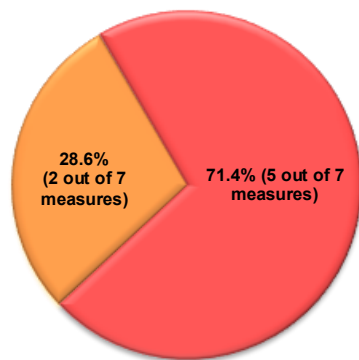
This measure is an Adult social care outcomes framework (ASCOF) 3D Apart 2A. An increase of four clients receiving a DP from 477 to 481 and an increase of four clients in the SDS (Self-Directed Support) clients from 2150 to 2154, an improvement of 0.5 percentage point (pp) has been seen between Q3 and Q4 2025/26, leaving the KPI 1.7pp away from the end of year target of 24%. In 24/25 Medway achieved an outturn of 23.4% which is a 1.5pp decrease on 23/24 (24.9%). As can be seen below 1.1pp below national and 0.3pp below SE region. National saw a decrease of 1pp compared to Medway's 1.5pp decrease. **Benchmarking** The 2024/25 National outturn that was published in December 2025 was 24.5%, Peer Group was 27.2% and the SE region was 23.7%. The Self-Directed Support (SDS) Team continues to collaborate closely with frontline practitioners to support an increase in Direct Payment (DP) referrals. A key proposed development is the introduction of a mandatory step within Mosaic that generates a task for the SDS Team when eligible needs are identified. This will ensure that every individual is offered a dedicated conversation about the option of Direct Payments, supporting informed choice and a clear understanding of available support. **Achievements:** Self-Directed Support and Direct Payments training is now mandatory for all Adult Social Care practitioners and monitored by Workforce Development. Attempts are ongoing to obtain compliance data from Workforce Development; however, contact has not yet been successful. Also, TLAP webinar information continues to be circulated to practitioners to support understanding of person-centred planning. This information has also been uploaded to the shared drive for ease of access. Alongside, access to Personal Assistants (PAs) has been expanded through the establishment of a DWP account and the development of micro-enterprises, supporting greater diversity within the PA market. In addition, the service is currently piloting UKCIL, an online advertising platform that uses social media and digital channels to promote PA opportunities. Subject to the outcome of the trial, a business case will be developed to support continuation. **Actions** Going Forward: Finalise and publish the Direct Payment leaflet, ensuring SDS information is clearly presented on the council's website. This work is ongoing, alongside updates to the Medway Terms and Conditions, which will also be included on the website and implement the new Mosaic work step to ensure SDS engagement is embedded at an early stage in the support planning process, which has temporarily stalled due to issues raised by the PSW Team, with a meeting scheduled with the Principal Social Worker and Systems to discuss and resolve these concerns. Support the onboarding of newly recruited staff to stabilise service delivery and maintain momentum in progressing SDS initiatives. All new staff meet with the Senior SDS Coordinator as part of their induction, alongside supporting the Head of Locality to introduce Direct Payment referral targets for assessing officers. Each locality has a named SDS Coordinator who supports their area by attending team meetings and managing referrals by postcode.

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.

There are 12 performance indicators for the One Medway Council Plan 2024/28 which fall under this priority. We are reporting on seven performance indicators this quarter. There are five indicators where data is unavailable.

Performance

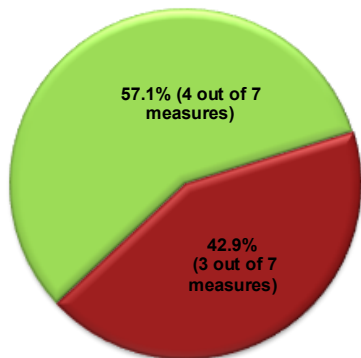


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- 71.4% (5 out of 7 measures) were significantly below target (more than 5%).

Direction of Travel



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This chart shows the direction of travel for 7 measures:

- 57.1% (4 out of 7 measures) had an upward long trend.
- 42.9% (3 out of 7 measures) had a downward long trend.

- 4.01 Smoking prevalence in adult (18+ yrs)

Plot not shown as the data has not changed since the last report

**Aim to Minimise
Data unavailable (no long trend)
Annual PI. December 2026**

By 2027/28, the proportion of adults (18+ years) who are self-reported smokers will be statistically similar to, or lower than, the England average (comparing England and Medway values in 2026).
This data is reported a year in arrears and comes from the Office for Health Improvement and Disparities, based on data from the Office for National Statistics. The value for 2025/26 will be available December 2026.
Smoking prevalence in Medway for 2024/25 was 11.2%, which meets the target of being statistically similar to England, a value of 10.4%. Medway had a 3-year average of 10.4% which is similar to the England average of 10.9% for the same period. Medway's smoking prevalence has continued to decline since 2011.

Achievements
In Q4 2025/26, there were 267 Quit Dates Set and 122 people quit smoking.
The Allen Carr EasyWay Stop Smoking Service launched on No Smoking Day, with 27 people signing up and attending within the first three weeks.
The Varenicline Patient Group Directions (PGD) launched on 1 April 2025, increasing the range of pharmacotherapy options available to support people to quit smoking.

Actions
Plans are underway for service delivery in 2026/27 using the ring-fenced smoking grant, including the development of new service level agreements (SLAs) with both primary care and pharmacies.

Plot not shown as the data has not changed since the last report

Aim to Minimise
Data unavailable (no long trend)
Annual PI June 2026

By 2027/28, the percentage of adults (18+) classified as overweight or obese is the same as or below 65%. The four-year target is 65%, with the incremental target for 2023/24 being 66.1%.

This performance indicator is reported 2 years in arrears. This data comes from the Office for Health Improvement and Disparities and is based on data from Sport England. The data for 2024/25 will be available in June 2026.

The latest value for 2023/24 is 67.8%, which is similar to the target of 66.1%. Significant steps are being implemented to reduce adult obesity rates in Medway across a range of programmes.

Healthy Way: Over Q4 2025/26, nine courses were booked, with plans to add a further three, including an online evening option. A men-only group was delivered successfully, with 18 participants booked, 14 starting the programme and nine completing it. Of those who completed, seven lost weight, including one participant who achieved a 5% weight loss.

Tier 2+: Over Q4 2025/2026, five courses were booked, including four daytime courses and one online evening course. Early insights from an independent provider have been share with the delivery team and will be used to help shape the programme ahead of its official launch in April. A new starter induction plan has also been developed for this new service, including in-depth training and a quality assurance framework.

Healthy Way Community (HWC): Two HWC courses were delivered and completed through the Medway Diversity Forum and the Nigerian Community, with two further courses scheduled to start in 2026. Additional outreach activity took place across NHS, GP and hospital events to promote Healthy Way and Talking About Weight with Confidence. Business-as-usual activity included delivering multiple Eatwell, nutrition, stress, neurodiversity, and oral health sessions across community groups, as well as providing Talking About Weight with Confidence training to eight delegates in November.

Plot not shown as the data has not changed since the last report

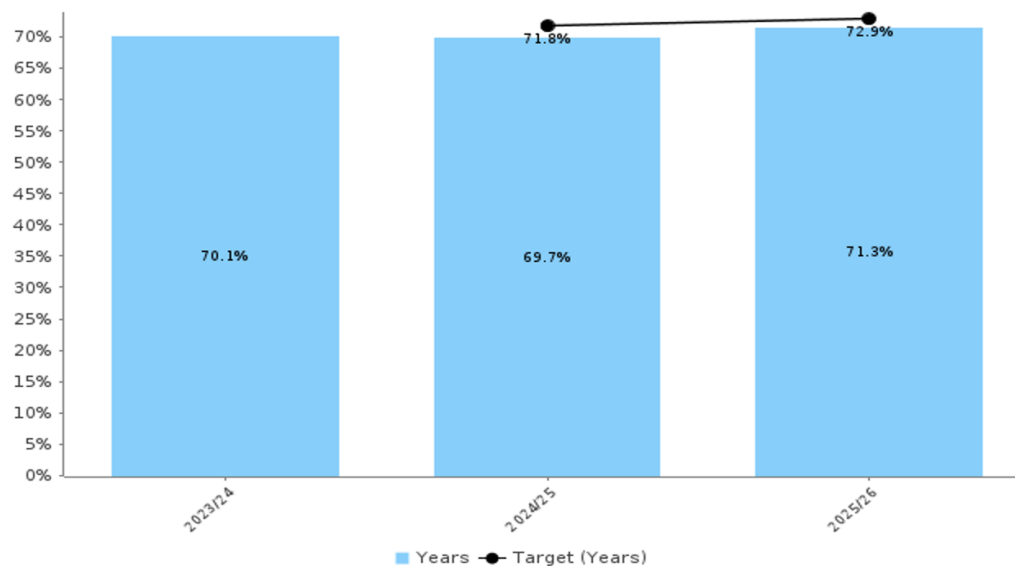
**Aim to Maximise
Data unavailable (no long trend)
Annual PI.**

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 Public Health interventions and actions intend to support people to have better health outcomes and address health inequalities. These often take years to demonstrate improvements on a population level and are influenced by macroeconomic policies. This refers to policies outside council control which may impact on life satisfaction, such as benefit entitlements or wider public services. Self-reported health, marital status and economic activity have the strongest associations with how positively we rate our life satisfaction.

The Kent and Medway 2026-30 suicide prevention strategy is finalised and will contribute to the promotion of life satisfaction and mental wellbeing. Between 2022-24, the 3-year rate for suicide in Medway fell from 12.0 to 10.3 deaths per 100,000. This is an encouraging decrease as this indicator has an association with life satisfaction. The Medway Men in Sheds service received additional funding to expand the service reach and for a new 3-year contract from 1st April 2026.

- 4.04 Bowel cancer screening



Aim to Maximise Red (upward long trend) Annual PI.

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. Since 2020/21, the coverage in Medway has been above 60%, with the latest value for 2025 at 71.3%. While this is an increase from the previous year, the value remains statistically worse compared to England (72.9%). The NHS Long Term Plan aims for 75% of cancers to be diagnosed at stage 1 or 2 by 2028.

Achievements
Bowel screening supports *Priority Theme 1* of the Joint Local Health and Wellbeing Strategy: “*Healthier, Longer Lives for Everyone.*” It is offered biennially to residents aged 50–74 and delivered in partnership with NHS England South East, Kent and Medway Screening and Immunisation Team (K&M SIT), and Kent and Medway Cancer Alliance (KMCA).

In Q4 2025/26, Medway’s Health Protection Team has continued to build on the data analysis on bowel cancer screening inequalities conducted in 2025 by a public health registrar. This included sharing the findings at the regional screening inequalities meeting and considering how to fund and deliver the key recommendations of the report.

Actions
K&M SIT is embedding training and resources across workplaces and leading an inequalities workstream using NHS England’s CORE20+5 approach. Our follow-up work will inform the SIT’s health equity audit, and the findings will also be used to support an application with the voluntary sector to the Cancer Alliance’s screening inequalities funding scheme.

Full Council in February 2026 agreed the removal of this measure for 2026/27.

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

Public Health has been working to identify suitable measures that would give us the ability to assess impact on outcomes. Health facilities meeting the needs of the population and being accessible is a complex topic. Some important health facilities, such as GPs and pharmacies, fall under Integrated Care Board (ICB) estates. The ICB make the key decisions around these estates. We, as a local authority in the ICB footprint, cannot directly impact health facilities in ICB estates. One of the critical factors when designing indicators for the One Medway Council Plan (OMCP) was for Medway Council to be able to have a direct impact upon them. Full Council in February 2026 agreed the removal of this measure for 2026/27.

- 4.13 Physically active adults (19+ yrs)

Plot not shown as the data has not changed since the last report

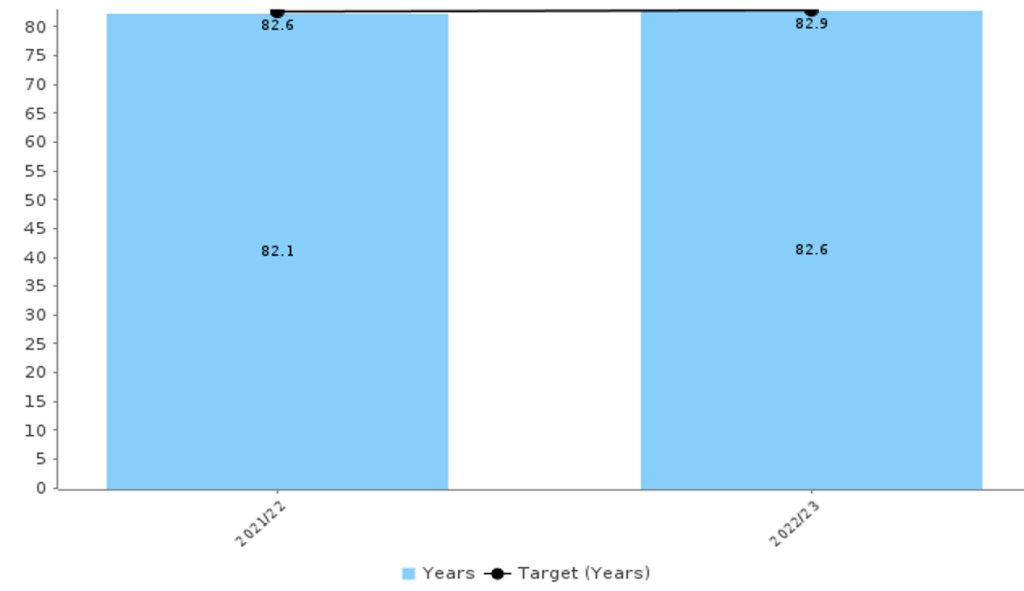
Aim to Maximise
Data unavailable (no long trend)
Annual PI Due May 2026

By 2027/28, the percentage of physically active adults will have increased to 69%. The incremental target for 2023/24 is 66%. This data comes from the Office for Health Improvement and Disparities and is based on data from Sport England. It is reported two years in arrears and data for 2024/25 will be available in May 2026. The current value is from 2023/24. The latest value for Medway was 65.6%, which is statistically similar to the incremental target and to the England value of 67.4%. During 2023/24, Public Health ran its successful Medway Can programme which looked to reduce sedentary behaviour for Medway residents. Medway Public Health continues to offer a range of interventions to support people to become more active.

Achievements:
We are working closely with Active Kent and Medway and wider partners to embed Place Based Partnership funding. Test and Learn phases are underway, with data being collected on an ongoing basis. Over 620 residents have attended the Primary Falls Prevention service, known as FaME (Falls Management Exercise). The programme continues to grow with additional venues and sessions added to meet demand in areas of need and aligned to primary care. Service plans have been agreed for 2026/27.

Actions:
Ongoing review of the Test and Learn phases to support future funding from Place Based Partnership initiatives.

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



Aim to Maximise Amber (upward long trend) Annual PI.

By 2027/28, life expectancy at birth for females will have increased by 1 year. The final target is 83.1, taken from the baseline value of 82.1 from 2019/20. The incremental target for 2022/23 is 82.9.

This performance indicator is measured 3 years in arrears. The data is taken from the Office for Health Improvement and Disparities and is based on data from the Office for National Statistics (ONS).

Life expectancy in Medway for females was 82.6 years in 2022-24, lower than the England average of 83.3 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.

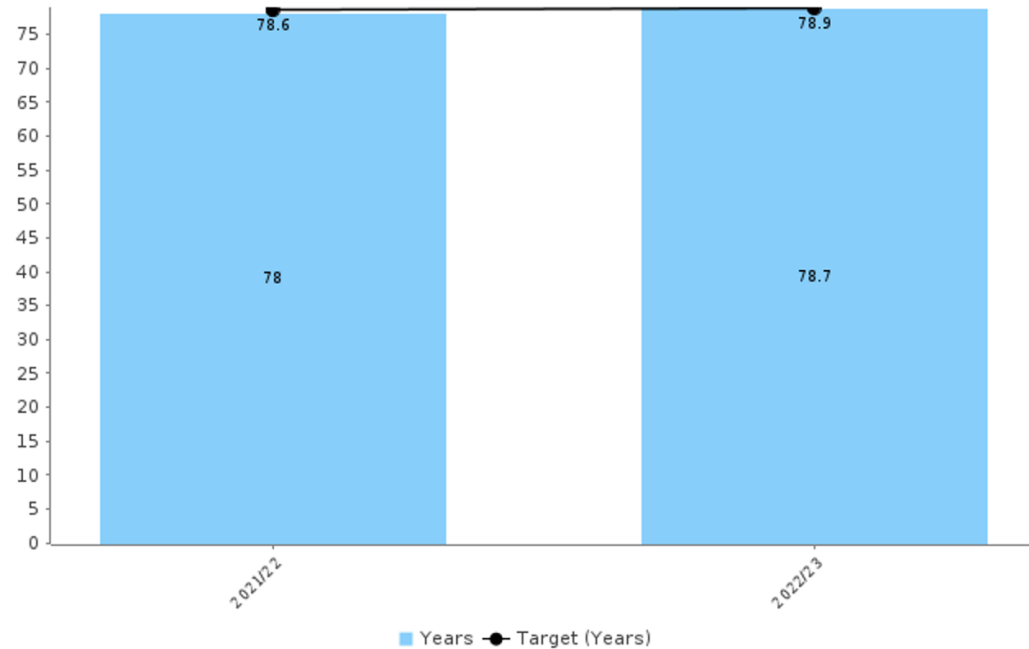
In Q4 2025/26, the Public Health Intelligence team published a Joint Strategic Needs Assessment chapter on Life Expectancy and Healthy Life Expectancy which identified key priorities for action.

As part of the Marmot Place work a resident insight report was completed, bringing together 90 pieces of insight from residents and partners. This has helped clarify the main issues driving health inequalities locally and highlighted communities whose views are not yet well heard.

The Marmot asset mapping workstream identified over 500 community assets contributing to reducing health inequalities. Providers have been contacted to include their services on the Medway Marmot website. The map will be added to the website in Q1 2026/27.

The Institute of Health Equity has completed its independent report for Medway, reviewed by the Health and Wellbeing Board in February. The report summarises progress, outlines health inequality data, and sets out recommendations for system partners. A six-week consultation will begin in April to gather partner feedback. Next quarter includes a NEET summit chaired by Sir Michael Marmot to support joint action.

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



Aim to Maximise Amber (upward long trend) Annual PI.

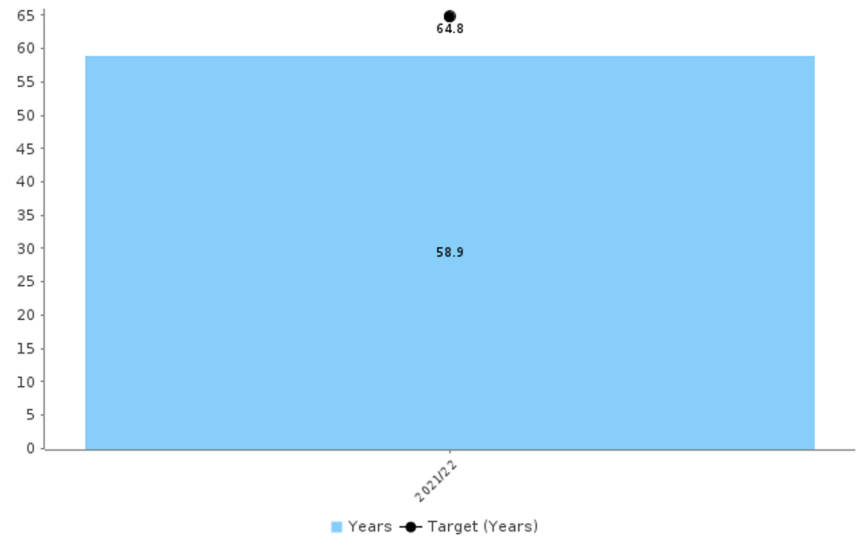
By 2027/28, life expectancy at birth for males will have increased by 1.5 years. The final target is 79.3, taken from the baseline value of 77.8 from 2019/20. The incremental target for 2022/23 is 78.9. This performance indicator is measured 3 years in arrears. The data is taken from the Office for Health Improvement and Disparities and is based on data from the Office for National Statistics (ONS).

Male life expectancy in Medway was 78.7 years in 2022-24, lower than the England average of 79.5 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.

In Q4 2025/26, the Public Health Intelligence team published a Joint Strategic Needs Assessment chapter on Life Expectancy and Healthy Life Expectancy which identified key priorities for action. As part of the Marmot Place work a resident insight report was completed, bringing together 90 pieces of insight from residents and partners. This has helped clarify the main issues driving health inequalities locally and highlighted communities whose views are not yet well heard.

The Marmot asset mapping workstream identified over 500 community assets contributing to reducing health inequalities. Providers have been contacted to include their services on the Medway Marmot website. The map will be added to the website in Q1 2026/27. The Institute of Health Equity has completed its independent report for Medway, reviewed by the Health and Wellbeing Board in February. The report summarises progress, outlines health inequality data, and sets out recommendations for system partners. A six-week consultation will begin in April to gather partner feedback. Next quarter includes a NEET summit chaired by Sir Michael Marmot to support joint action.

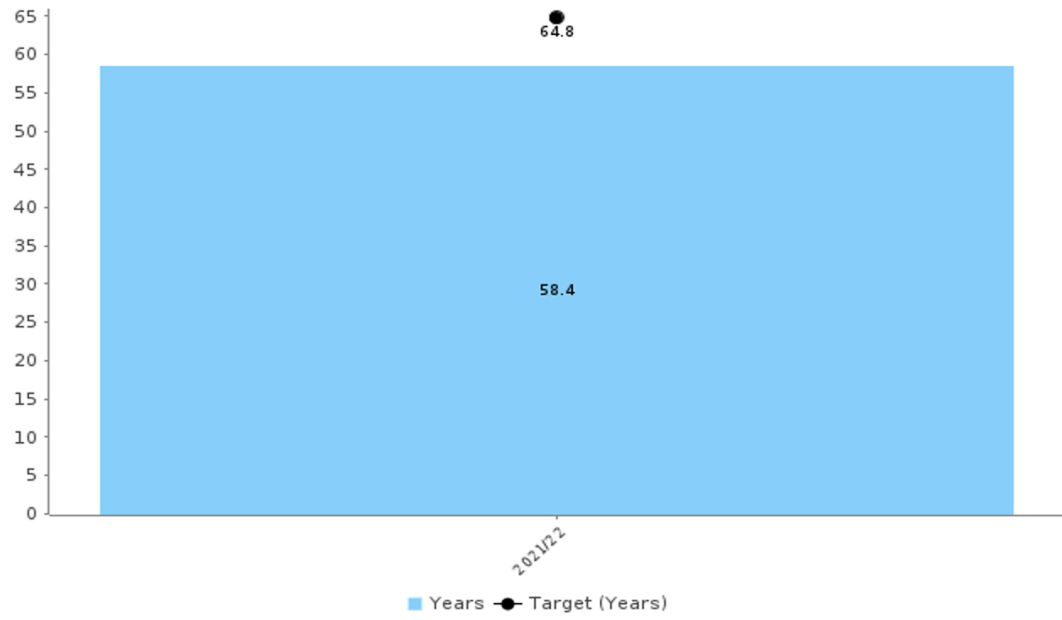
- 4.17a Healthy life expectancy at birth (Female, 3 year range)



**Aim to Maximise
Red (downward long trend)
Annual PI.**

By 2027/28, healthy life expectancy at birth will have increased by 1.5 years for females. The Office for National Statistics data (ONS) have changed the methodology for Healthy Life Expectancy and published figures have been recalculated. The target of a 1.5 year increase in healthy life expectancy remains the same, but the end goal has changed from 65.1 to 65.2 years by 2027/28 in light of the new methodology. This performance indicator is measured 4 years in arrears. The data is taken from the Office for Health Improvement and Disparities and is based on data from the ONS. 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 58.9 years in 2021-23, similar to the England average of 61.9 years. The Global Burden of Disease suggests that in England in 2023, key contributing conditions to poor health included cancer, mental health, and cardiovascular diseases amongst others. In Q4 2025/26, the Public Health Intelligence team published a Joint Strategic Needs Assessment chapter on Life Expectancy and Healthy Life Expectancy which identified key priorities for action. This chapter also highlights the gender health gap in healthy life expectancy in Medway. As part of the Marmot Place work: A resident insight report clarified the main issues driving health inequalities locally and highlighted communities whose views are not yet heard. The Marmot asset mapping identified over 500 community assets contributing to reducing health inequalities. The map will be added to the website in Q1 2026/27. The Institute of Health Equity has completed its independent report for Medway, reviewed by the Health and Wellbeing Board in February. A six-week consultation will begin in April to gather partner feedback. Next quarter includes a NEET summit chaired by Sir Michael Marmot to support joint action.

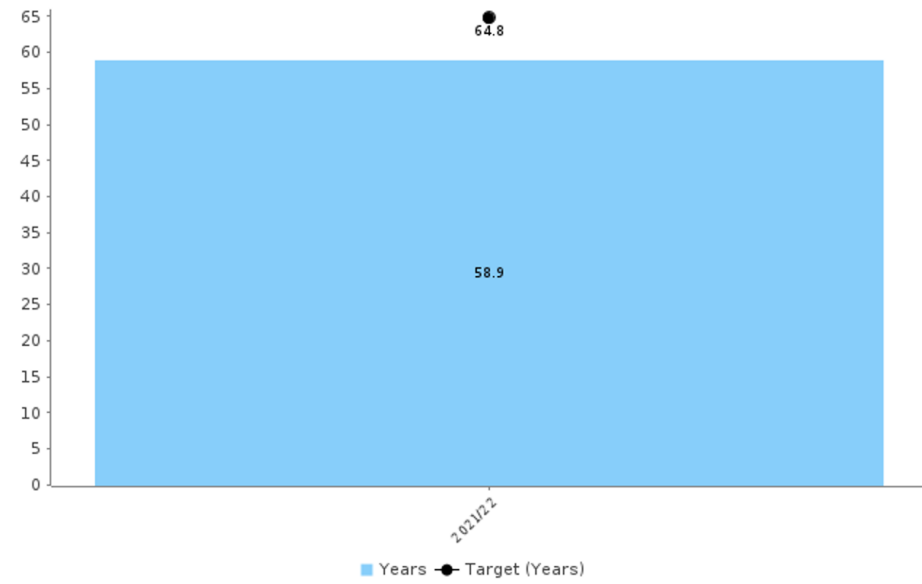
- 4.17b Healthy life expectancy at birth (Male, 3 year range)



**Aim to Maximise
Red (downward long trend)
Annual PI.**

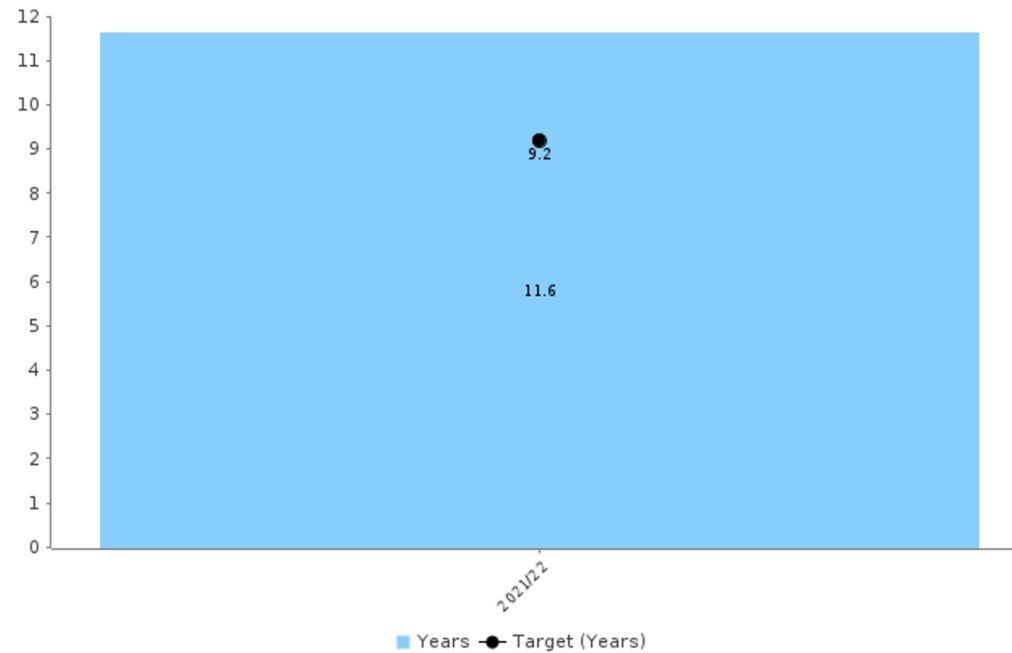
By 2027/28, healthy life expectancy at birth will have increased by 3 years for males. The Office for National Statistics data (ONS) have changed the methodology for Healthy Life Expectancy and published figures have been recalculated. The target of a 3-year increase in healthy life expectancy remains the same, but the end goal has changed from 63.9 to 65.5 years by 2027/28 in light of the new methodology. This performance indicator is measured 4 years in arrears. The data is taken from the Office for Health Improvement and Disparities and is based on data from the ONS. 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 58.4 years in 2021-23, similar to the England average of 61.5 years. The Global Burden of Disease suggests that in England in 2023, key contributing conditions to poor health included cancer, mental health, and cardiovascular diseases amongst others. In Q4 2025/26, the Public Health Intelligence team published a Joint Strategic Needs Assessment chapter on Life Expectancy and Healthy Life Expectancy which identified key priorities for action. This chapter also highlights the gender health gap in healthy life expectancy in Medway. As part of the Marmot Place work: A resident insight report clarified the main issues driving health inequalities locally and highlighted communities whose views are not yet heard. The Marmot asset mapping identified over 500 community assets contributing to reducing health inequalities. The map will be added to the website in Q1 2026/27. The Institute of Health Equity has completed its independent report for Medway, reviewed by the Health and Wellbeing Board in February. A six-week consultation will begin in April to gather partner feedback. Next quarter includes a NEET summit chaired by Sir Michael Marmot to support joint action.

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



Aim to Minimise Red (downward long trend) Annual PI.

By 2027/28, inequalities in life expectancy at birth will have decreased by 0.5 years for females. The Office for National Statistics data (ONS) have changed the methodology for Inequality in Life Expectancy and published figures have been recalculated. The target of a 0.5-year decrease in inequality in life expectancy remains the same, but the end goal has changed from 6.1 to 6.3 years by 2027/28 in light of the new methodology. The data is taken from the Office for Health Improvement and Disparities and is based on Ministry of Housing, Communities and Local Government and ONS data. Life expectancy is a key measure of population health, often linked to socioeconomic factors, demographic traits, geographic regions, or specific population groups. These differences can cause inequalities in life expectancy, often measured using levels of deprivation. The inequality in life expectancy at birth in Medway for females was 8.4 years, compared to England (8.3 years) in 2021-23, placing Medway in the second worst quintile nationally. In Q4 2025/26, the Public Health Intelligence team published a Joint Strategic Needs Assessment chapter on Life Expectancy and Healthy Life Expectancy which identified key priorities for action. This chapter also highlights key inequalities driving the gap in life expectancy and healthy life expectancy in Medway. As part of the Marmot Place work: A resident insight report clarified the main issues driving health inequalities locally and highlighted communities whose views are not yet heard. The Marmot asset mapping identified over 500 community assets contributing to reducing health inequalities. The map will be added to the website in Q1 2026/27. The Institute of Health Equity has completed its independent report for Medway, reviewed by the Health and Wellbeing Board in February. A six-week consultation will begin in April to gather partner feedback. Next quarter includes a NEET summit chaired by Sir Michael Marmot to support joint action.



**Aim to Minimise
 Red (upward long trend)
 Annual PI.**

By 2027/28, inequalities in life expectancy at birth will have decreased by 2 years for males. The Office for National Statistics data (ONS) have changed the methodology for Inequality in Life Expectancy and published figures have been recalculated. The target of a 2-year decrease in inequality in life expectancy at birth remains the same, but the end goal has changed from 7.4 to 8.7 years by 2027/28 in light of the new methodology. The data is taken from the Office for Health Improvement and Disparities and is based on Ministry of Housing, Communities and Local Government and ONS data. Life expectancy is a key measure of population health, often linked to socioeconomic factors, demographic traits, geographic regions, or specific population groups. These differences can cause inequalities in life expectancy, often measured using levels of deprivation. The inequality in life expectancy at birth in Medway for males was 11.6 years, compared to England (10.5 years) in 2021-23, placing Medway in the second worst quintile nationally. In Q4 2025/26, the Public Health Intelligence team published a Joint Strategic Needs Assessment chapter on Life Expectancy and Healthy Life Expectancy which identified key priorities for action. This chapter also highlights key inequalities driving the gap in life expectancy and healthy life expectancy in Medway. As part of the Marmot Place work: A resident insight report clarified the main issues driving health inequalities locally and highlighted communities whose views are not yet heard. The Marmot asset mapping identified over 500 community assets contributing to reducing health inequalities. The map will be added to the website in Q1 2026/27. The Institute of Health Equity has completed its independent report for Medway, reviewed by the Health and Wellbeing Board in February. A six-week consultation will begin in April to gather partner feedback. Next quarter includes a NEET summit chaired by Sir Michael Marmot to support joint action.