Building Bridges for a Healthier Medway

The Annual Public Health Report 2006

Medway Council
Serving You

Medway NHS
Primary Care Trust

Contents

Preface

Eddie Anderson
Chairman, Medway PCT

Staying healthy is important to us all and is something for which we have a shared responsibility. Supporting the community in achieving this as well as continuing to tackle health inequalities remains a key factor in the development and regeneration of Medway.

I am delighted to say that in the last year the continuation of the joint working arrangements we have across the Primary Care Trust and the Council has succeeded in enabling the Public Health Team to make significant progress in key areas affecting health including smoking, obesity, sexual and oral health.

Innovative work with the Council's Children's Services Directorate has helped the team to focus on teenage conceptions and childhood obesity, while successful partnerships with the healthy schools programme, primary care dieticians and the Olympic 2012 team have also allowed us to increase public awareness of the need to eat healthily and exercise more.

Fantastic progress has been made in the past year, but there is more to do. There are still challenges facing us here in Medway but I am confident that we have a programme of action in place and dedicated team who will continue to work to make a positive difference to the health of our community.

Cllr Rodney Chambers
Leader, Medway Council

Welcome to the third Public Health annual report.

As you read through the report you will see that good links have been forged between the council and PCT, and that there is a strong commitment from colleagues in both organisations to improve the health and well being of the people of Medway.

By working closely together we are able to pool our expertise and resources to work towards an even healthier Medway and help tackle health inequalities. However, it's important that we all play our part in taking care of ourselves. It would be really good if we all thought about taking more exercise, eating more healthily, cutting down on drinking alcohol and stopping smoking.

With help and guidance from the experts, the more we can look after ourselves now the less chance we will have of suffering from long term illnesses. It's our health and it's in our hands. Together, we can all create a healthier Medway.

Introduction

This Annual Public Health Report provides an overview of Medway, its people and their health. It highlights the work of the integrated Council and Primary Care Trust Public Health Team and that of the many other organisations working on the wide-ranging aspects that affect the health of Medway residents. It also gives an overview of a range of public health targets and our progress towards achieving them.

Within the report I have highlighted the links with the local area agreement, the new contract for improving outcomes for local communities, through strong partnership working. I have emphasised how the work of the Public Health Team and the wider public health workforce contributes to the twin themes of 'working with communities' and 'strong partnerships', building bridges to a healthier Medway.

Last year's report, 'Minding the Gap', focussed on health inequalities and the action required to reduce those inequalities. It has been a busy year, and progress has been made in a number of important areas:

- Development of the public health intelligence function within the team has already had an impact on the planning and development of services with the Child Health Equity profile, regular public health profiles, teenage pregnancy risk factor analysis and the Chatham Renaissance Health Impact assessment. This area of work is set to grow further and through the collection, monitoring and analysis of data we will continue to produce evidence to inform decision-making.
- Working to develop the wider public health workforce to support health improvement, particularly regarding the prevention and treatment of obesity and supporting people to stop smoking. Partnerships are in place with healthy schools programme, dieticians, primary care and Medway 2012 Olympic development to name a few.
- Close links with Children's Service on two key targets – reducing teenage conceptions and tackling childhood obesity.

This has been a significant year for public health in Medway, with key issues including:

- **Smoking** – A high proportion of residents in Medway smoke, and the impact is evident in smoking related ill-health and mortality. The new smoking in public places legislation is welcomed and the Stop Smoking Service are working hard to utilise its impact.
- **Obesity** – available data suggests that Medway has an obesity rate higher than the national average. Two major strands of work here have been the MEND and 4Life Programmes.
- **Sexual Health** – evidence nationally shows that sexual health is deteriorating and here in Medway we see, for example, an increasing trend in some STI's and stubborn teenage pregnancy rates.
- **Oral Health** – whilst Medway performs well on some aspects of oral health, there are still considerable inequalities across the area.

In the coming year, a major additional focus will be on reducing the harms caused by alcohol misuse. This will require well-co-ordinated, joint working from organisations across Medway. Also there will be a developing focus on increasing the positive relationship between work and health, creating opportunities for a healthier and productive workforce with wider inclusion in employment.

The 2004 Public Health White Paper, Choosing Health: Making Healthy Choices Easier gave us a blueprint for health improvement and reducing health inequalities, with resources identified to deliver some of the necessary changes. Although there are continuing financial pressures, the development and strengthening of the Public Health Team in Medway demonstrates the joint commitment of the Council and the PCT to address the challenging long term aims in respect of reducing infant mortality, and reducing the gap in life expectancy.

Medway Community Plan, Medway PCT Strategy and Strategic Commissioning Plan have public health issues at their heart, and the integrated Public Health Team is well positioned to ensure that health and wellbeing issues maintain a prominent profile in the ongoing regeneration of Medway.

Sally-Ann Ironmonger
(Acting) Head of Public Health
Medway Council/Medway Primary Care Trust

Acknowledgements:

I would like to thank the following for their significant contributions to this report:

Dr Steve Wisher and Kate Marshall from Information by Design
Helen Buttivant – Senior Public Health Manager
Julia Thomas – Senior Public Health Manager
Dr Saloni Zaveri – Specialist Registrar
Kate Jones – Consultant in Dental Public Health

2 Public Health in Medway

This section of the report details the common elements between the Public Health agenda and Medway's Local Area Agreement (LAA). It provides examples of where the Public Health Team and others working in public health are contributing to the LAA outcomes.

Supporting the Local Area Agreement

A key element of this annual public health report aims to highlight how the public health agendas and the Medway Local Area Agreement are strongly linked. Public health and well-being interventions and activities across Medway delivered by a wide range of statutory, voluntary and community organisations, impact on a large number of the LAA targets.

In the past, health was perceived as simply the absence of disease. However, in recent years the definition of health has been accepted as being much wider. The World Health Organisation (WHO) has defined health as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1999).

Did you know:

The Local Area Agreement (LAA) for Medway is an agreement between the Local Strategic Partnership (LSP) and central government. It sets out the outcomes that the local community and central government want to see achieved over the period April 2007 to March 2010.

This broader definition implies that:

- Health is a positive concept to which governments, statutory agencies, voluntary organisations, businesses, communities and individuals can all contribute
- People's sense of well-being can be poor even where there is no "identifiable disease" (WHO, 1999).

The WHO also points out that "the policies that are the most successful in sustaining and improving the health of the population are those which deal with economic growth, human development and health in an integrated way."

Categories influencing health	Examples of Specific Influences within each Category
Biological factors	Age, sex, genetic factors
Personal / family circumstances and lifestyle	Family structure and functioning, primary/secondary/adult education, occupation, income, risk taking behaviour, diet, smoking, alcohol, substance use, exercise, recreation, means of transport (cycle/car ownership).
Social environment	Culture, peer pressures. Discrimination, social support, neighbourliness, social networks/isolation), community/cultural/spiritual participation.
Physical environment	Air, water, housing conditions, working conditions, noise, smell, view, public safety, civic design, shops (location/range/quality), communications (road/rail), land use, waste disposal, energy, local environmental features.
Public services	Access to (location/disabled access) and quality of primary/community/secondary health care, child care, social services, housing/leisure/employment/social security services, public transport, policing, other, health-relevant public services, non-statutory agencies and services.
Public policy	Economic/social/environmental/health trends, local and national priorities, policies, programmes, projects.

The Determinants of Health

A wide range of factors can contribute to good and/or poor health, for example:

- The environment
- Income
- Employment
- Education
- The organisation of transport
- The design and condition of houses
- Crime
- The social and physical condition of local neighbourhoods.

These factors have been labelled as the "wider determinants of health" and are now a key focus for activities and interventions in public health.

Medway Local Area Agreement

This recognition that the wider determinants have an impact on people's health is evident within the Local Area Agreement (LAA) for Medway. The LAA uses the key elements of Medway's Community Plan to form an action plan for the next 3 years. The main 'blocks' of Medway's LAA are below. Example outcomes of the LAA blocks are shown.

Many of these outcomes are a key focus of the work of the Public Health Team and others working in public health across Medway.

Reduce the percentage of 16-18 year olds not in education, employment or training

For the past 3 years the Public Health Team has had a strong partnership with Connexions Kent and Medway, hosting a number of specialist personal advisor posts to work directly with young people, offering guidance and support, to raise aspirations and help to remove barriers to success. This work has been targeted towards young parents, those at risk of teenage pregnancy or mental health problems.

Reduce the proportion of adult and young offenders, and prolific and other priority offenders who re-offend

Over the last year the Public Health Team and Information by Design have conducted a health needs assessment (HNA) in Rochester Young Offenders Institute (YOI). The HNA has looked at the health needs of young people in the YOI and will inform the commissioning of prison health services.

"Prisons should already provide health education, patient education, prevention and other health promotion

Children and Young People

- Ensure the safety and well-being of children and young people so they can play a productive part in Medway
- Reduce teenage pregnancies
- Safe travel to school
- Reduce childhood obesity
- Improve the percentage achieving 5 or more GCSEs
- Support early learning
- Reduce the percentage of NEETs
- Improve chances of vulnerable and looked after children

Safer, Stronger (and Greener) Communities

- Reduce anti-social behaviour to increase people's feelings of safety
- Reduce crime
- Reduce the proportion of adult and young offenders, who re-offend
- Reducing fear of crime
- Reduce the harm caused by illegal drugs
- Build respect in communities and reduce ASB
- Empower local people
- Increase volunteering

Healthier Communities and Older People

- Enable people to remain healthy and independent, especially older people and other vulnerable groups
- Improve health and reduce health inequalities
- Improve health and well-being of people aged over 75 who have chronic disease
- Support more people to stop smoking
- Develop model for prevention and treatment of obesity

Economic Development and Enterprise

- Increase and improve local employment opportunities
- Increase number and quality of jobs in Medway
- Harness economic potential of the Olympics
- Increase skills for life – literacy, numeracy and language
- Access improvements for people with mobility difficulties

interventions to meet assessed needs. Good health is central to successful rehabilitation and resettlement, and in turn requires an environment in each prison that is supportive of health".

Rochester Reducing re-Offending, And Resettlement (RROAR) is a work experience project initiated by Rochester Young Offenders Institute, Sunlight Development Trust and Medway Public Health Team which aims to provides purposeful activity and reduce re-offending. The project offers a twelve week placement at The Sunlight Centre providing offenders with the opportunity to experience many of the different activities on offer and gain work experience and training to help them in planning for their release and resettlement into the community. Participants completing the programme will be more confident and better able to access opportunities for building constructive and rewarding lives upon leaving prison.

Medway Public Health team played an important role in the development of Medway prostitution strategy, a co-ordinated partnership approach to tackling prostitution and related criminal activity, which brings together the police, community safety team, public health, drug action team, children's services and elected members. Project Isis is an outreach service for street based sex workers based within the Public Health Team, providing a focus for reducing harm and drug misuse, addressing anti-social behaviour and criminal activity, and supporting sex workers to develop routes out of prostitution.

Increase the number of volunteers recruited and working in Medway

The level of volunteering is an important measure of the participation, engagement and social capital of community. In Medway, there are some excellent examples of residents making a difference through volunteering. For example, at the Sunlight Healthy Living Centre, volunteers from the local community run various services and activities – all helping to improve the lives and health of local residents.

The Public Health Team support volunteering through a number of projects:

- The Step4Ward young parents group encourages volunteers from within the group to support the running of the project through committee membership and other practical roles within the group
- A partnership developed with University of Greenwich at Medway, encourages students studying nutrition and sports science subjects to contribute to the public health obesity projects on a voluntary basis. This is done by facilitating groups, leading community walks etc.
- Parents who have taken part in the MEND programme (which is tackling childhood obesity) are encouraged to become ambassadors for the project, helping to recruit other families who would benefit from support.
- Supporting volunteer led community walks initiatives in Medway.

Increasing the skills for life provision across Medway to enable adults to improve their literacy, numeracy and language skills

There is a strong partnership between the Public Health Team and adult learning, providing specific community based learning to support lifestyle changes. These include sessions to increase cookery skills, physical activity, and self esteem. This work also encourages residents to access other opportunities to develop basic life skills.

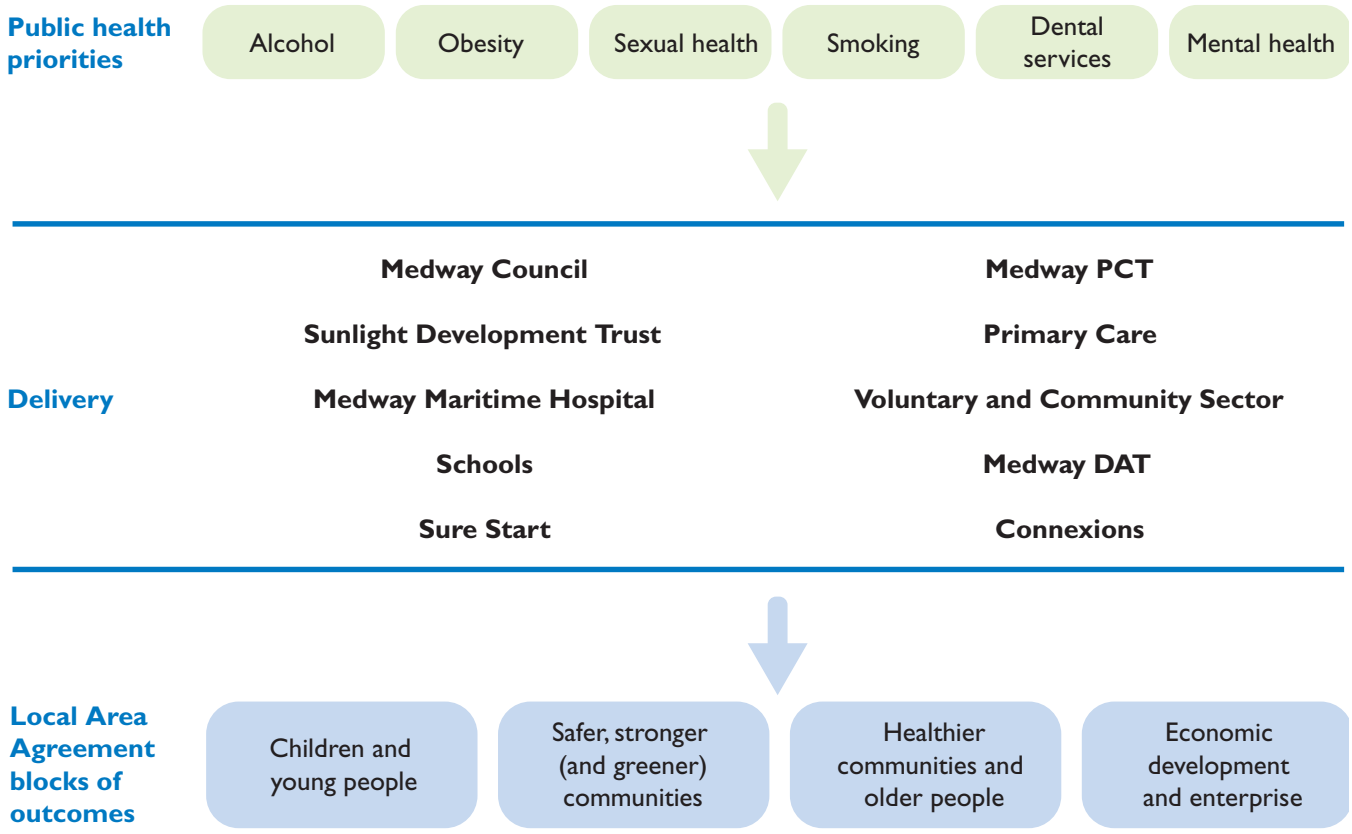
Access improvements for people with mobility difficulties

Partnership arrangement has been developed between Integrated Transport and the public health team which articulates common objectives:

- reducing social exclusion and inequalities by improving access to key services through improved transport.
- working in partnership to identify and deliver targeted interventions in agreed geographical areas
- increasing levels of physical activity by promoting opportunities for walking and cycling as an alternative means of transport.
- decreasing the reliance on the motor car for journeys to reduce congestion, improve air quality and improve general health.

Public Health and Local Area Agreement Priorities

The LAA is the vehicle through which the local strategic partnership (LSP) will deliver improvements in Medway. Whilst the Public Health Team has direct responsibility for a number of targets within the Healthier Communities and Older People block and in the Children and Young People block, there are strong linkages across the broad spectrum of the LAA targets.



Looking Forward

The recent local government white paper (Strong and Prosperous Communities, October 2006) gave increased weight to Local Area Agreements. LAA's will form the central delivery contract between central government and local government and its partners…responsibilities for delivery will be made clear by placing a duty on named partners to have regard to relevant targets set out in the LAA. The White Paper highlights 'health and well-being' as a key area for action. It stresses a need to focus on four areas:

- To ensure residents can voice their concerns on health and well-being issues in their area.
- To ensure a more visible leadership on health and well-being, particularly on issues including childhood obesity, smoking rates, and health inequalities.
- To engender systematic partnership working between NHS bodies, local authorities and other partners through use of joint appointments, pooled budgets and joint commissioning.
- To ensure the priorities, reporting systems and performance management for public health and social care are joined up.

This focus of action is developed further in the new 'Commissioning Framework for Health and Well-being' (DH, 2007). Each of these important national developments will establish the platform for work in public health over the coming year.

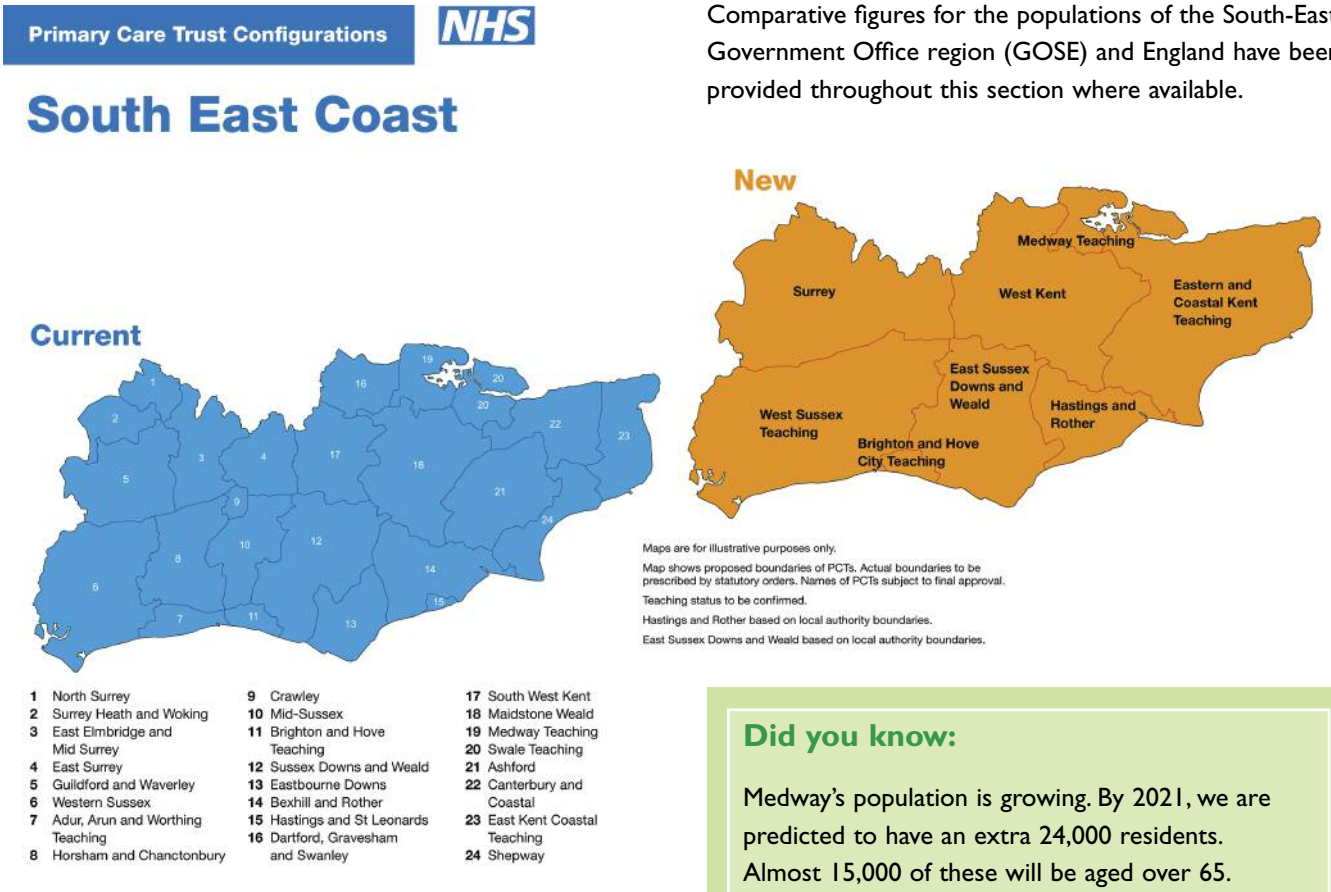
3 Profile of Medway

This section provides a profile of the demographic characteristics and health needs of Medway's population.

The Area

Medway Unitary Authority comprises of the urban areas of the Medway Towns (Strood, Rochester, Gillingham and Chatham). Following the reconfiguration of NHS Trusts in October 2006 the areas covered by Medway PCT and Medway Council are now co-terminus (contained within common boundaries). Medway Council provides local government services to Rochester, Chatham, Gillingham, Strood, the Hoo Peninsula and part of the North bank of the River Medway including Halling. Medway Primary Care Trust (PCT) was established in 2002 and provides services to improve the health and social care for Medway's population.

The map below shows the boundaries of the new South East Coast SHA and its constituent PCTs.



Comparative figures for the populations of the South-East Government Office region (GOSE) and England have been provided throughout this section where available.

Did you know:

Medway's population is growing. By 2021, we are predicted to have an extra 24,000 residents. Almost 15,000 of these will be aged over 65.

The map below illustrates the area covered by GOSE.

Age and Gender

Approximately 250,000 people live in the Medway area, of whom 51% are female and 49% male (Source: ONS Mid 2005 Population Estimates). The area has a young population relative to England as a whole: the proportion of children in Medway is high and the mean age is 36.6 years (Source: Census 2001). However the proportion of young adults (aged 20-34) is smaller than the national average.

Mid 2005 Estimates of Medway PCT Resident Population:
(Source: Office of National Statistics)

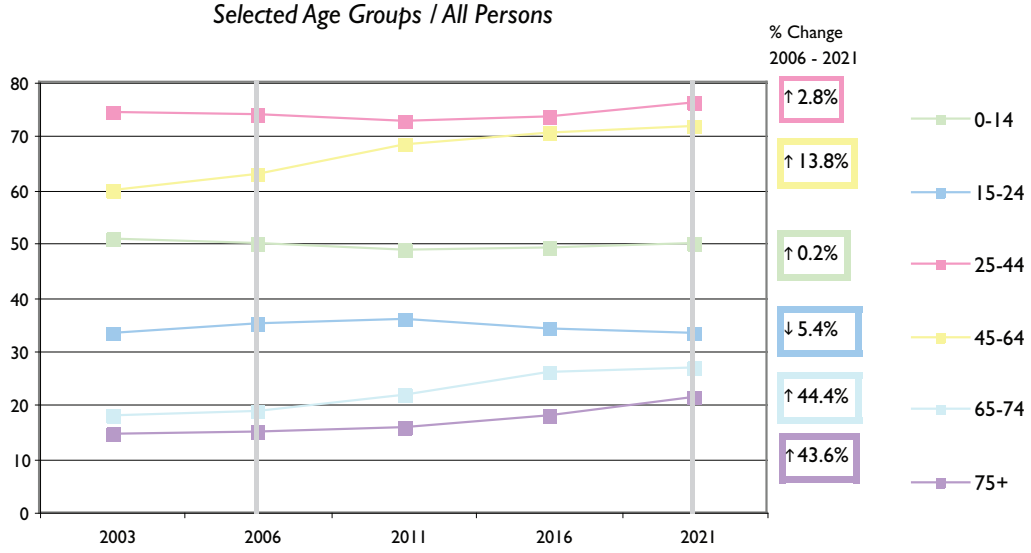
	Number	% of Total Population
Males	123,638	49.2
Females	127,434	50.8
All Persons	251,072	100.0

	% of Total Population in each Age Range			
	0 - 19	20 - 44	45 - 64	65+
Males	28.1	35.7	24.6	11.6
Females	25.7	35.3	24.1	14.8
All Persons	26.9	35.5	24.4	13.2

Population projections indicate that this age profile is set to change dramatically over the next 15 years.

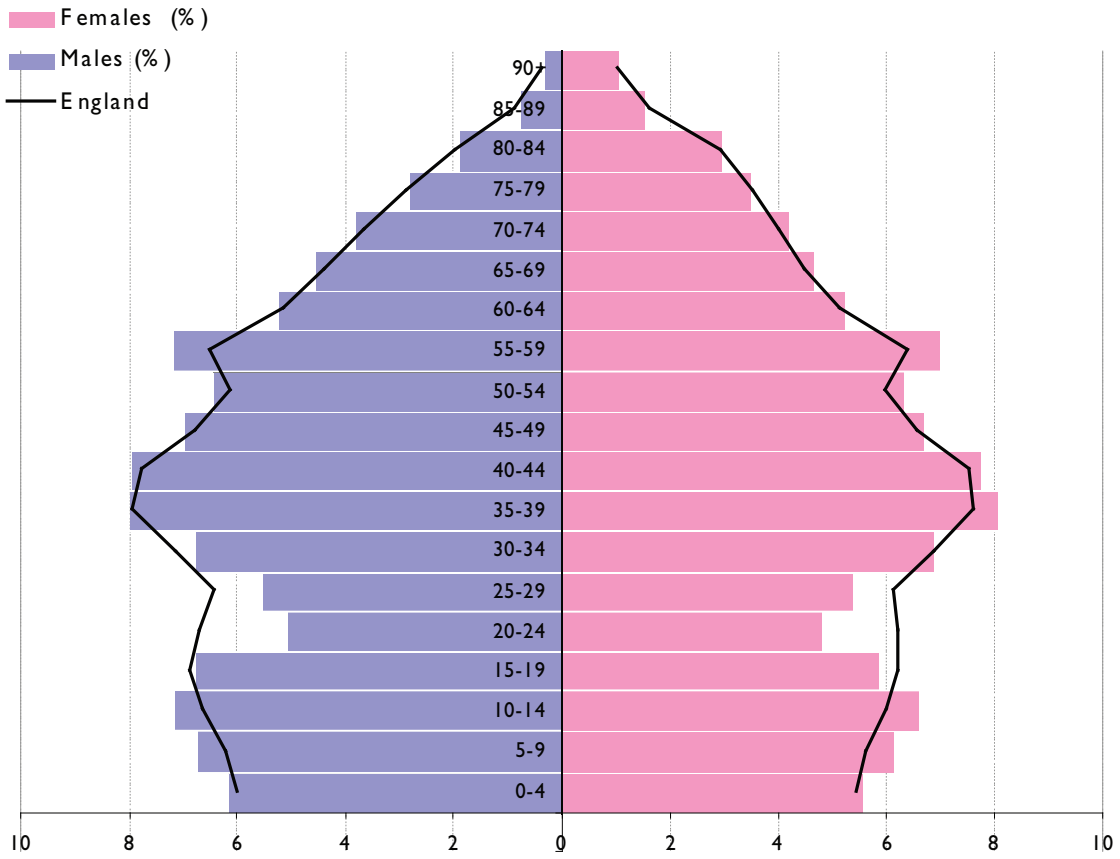
From 2006 the resident population of Medway PCT as a whole is predicted to increase by nearly 24,000 by 2021. This represents a growth rate of 9.3%, considerably higher than the national average (6.7%). There will be a substantial increase in the size of the older population of Medway. The greatest rise will be seen in the 65-74 age group which is predicted to increase by 44.3%. There will be approximately 8300 more people aged 65-74 living in Medway in 2021. This increase is considerably greater than that predicted for the South East Region and England as a

Population Projections for Medway PCT 2003 - 2021
Selected Age Groups / All Persons



Source: ONS Sub-National Population Projections (2003 Base)

Population Pyramid for Medway PCT



Source: ONS, Mid 2005 Population Estimates (2001 based)

whole who are expected to see increases in this age group of 35.6% and 31.6% respectively. There will also be a large increase in those aged 75+. The population in this age group is predicted to rise by 43.6%, equating to an additional 6500 people aged 75+ in 2021.

The only predicted decrease will occur in the 15-24 age group whose population is expected to fall by 5.4%. This decrease is larger than that predicted for this age group in the South East but smaller than that in England as a whole. The population aged 15-24 in the South East is predicted to decrease by 1.2% whilst the total population in this age group in England is predicted to reduce by 5.7% by 2021.

Ethnicity

Medway has a lower proportion of residents from black and minority ethnic (BME) groups than England as a whole. According to the Census 2001, 7.8% of the population of Medway classified themselves in a Black or Ethnic Minority Group* compared to 8.7% in the South East and 13.0% nationally. Black and Minority Ethnic Groups include those classified as White Irish and White Other.

Figures are shown in thousands and may not add exactly due to rounding. Data in this table has been randomly adjusted to avoid the release of confidential data.

Ethnic Profile of the Medway Population in 2001

	All Ethnic Groups	White		Mixed		Asian or Asian British		Black or Black British		Other		All Black & Minority Ethnic Groups	
Area	No.	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Medway PCT	249.5	236.1	94.6	2.7	1.1	7.3	2.9	1.7	0.7	1.6	0.7	19.4	7.8
South East GOR	8,000.6	7,609.0	95.1	85.8	1.1	186.6	2.3	56.9	0.7	62.3	0.8	696.0	8.7
ENGLAND	49,138.8	44,679.4	90.9	643.4	1.3	2,248.3	4.6	1,132.5	2.3	435.3	0.9	6,391.7	13.0

Source: Census 2001 Table KS06, Crown Copyright 2003.

The Office of National Statistics recently released experimental estimates of ethnicity for the year 2004. According to these estimates, the population within black and minority ethnic groups now constitutes 9.5% of the total population of Medway. This is still lower than the average for the South East or England (10.7% and 14.7% respectively). These figures indicate that the BME population in Medway has increased by 22.9% since 2001.

The minority ethnic group in Medway with the greatest estimated proportion of residents is the Asian or Asian British Group (estimated to constitute 3.4% (n= 8500) of the total population of Medway in 2004). The 2nd highest proportion belongs to the White: Non-British (2.7% of total population). Indians make up the greatest proportion of the Asian community, constituting 67% (n=5500) of the total Asian population in Medway.

The map below illustrates the variation in the size of the BME population in wards across Medway.

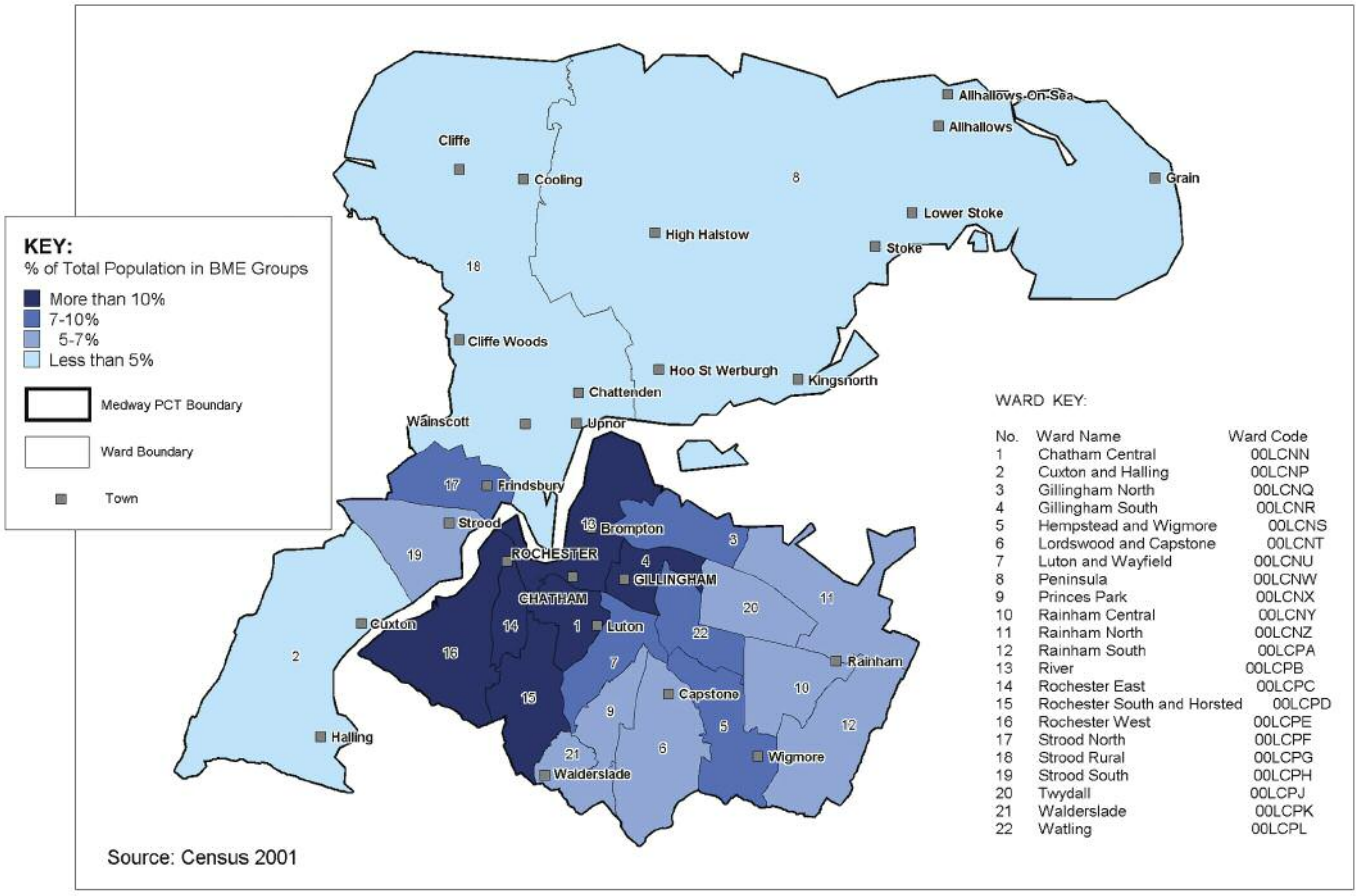
Did you know:

An estimated 9.5% of Medway's residents in 2004 were from black and minority ethnic (BME) groups - compared with 10.7% in the South East and 14.7% in England.

Residents in Black & Minority Ethnic Groups

	Census 2001		2004 Estimates		Change from 2001 - 2004	
Area	No.	%	No.	%	No.	%
Medway PCT	19.4	7.8	23.8	9.5	4.4	22.9
South East GOR	696.0	8.7	866.8	10.7	170.8	24.5
ENGLAND	6,391.7	13.0	7,384.4	14.7	992.7	15.5

Population in Black or Minority Ethnic Groups in Medway PCT Electoral Wards, 2001



Chatham Central Ward has the largest proportion of BME residents. In 2001,13.7% (n=2014) of its population categorised themselves within black or minority ethnic groups. The composition of the ethnic minority population in this ward is similar to that in the PCT as a whole; most of the ethnic minority population are Asian (n=1080) and of these the majority 71.6% (n=773) are Indian.

Cuxton and Halling ward has the smallest ethnic minority community and the least ethnic diversity, with only 3.6% (n=188) of the ward's population being from a BME group and many specific groups not represented at all.

The Census data also allows us to identify those wards with the greatest number of a specific BME group. For example: Chatham Central has the largest Black African, Indian, Bangladeshi and Irish communities. Rochester West has the biggest Black Caribbean community and most Pakistani residents of Medway live in Gillingham South ward.

Did you know:

Some areas of Medway have high levels of poverty, particularly compared to other areas of the South East. Gillingham North has the worst poverty affecting children. Chatham central has the worst poverty affecting older people.

Deprivation

Following the industrialisation and expansion of the towns of Medway during the late 18th to mid 19th centuries, the coalescing of Strood, Rochester, Chatham and Gillingham resulted in the formation of the large conurbation of the Medway Towns. The extension of Medway into St Mary's Island, completed by the latter part of the 19th century, saw the expansion of the number of workers employed within the dockyard at Chatham, thus drawing people to the areas of Brompton and Gillingham. The cement industry was the largest employer in the area until 1900. After World War II the dockyard activities were restricted to ship refitting and building of submarines. The closure of the dockyard in 1984 caused unemployment for thousands of dockyard workers. The ensuing period of adjustment and high unemployment slowed by the end of the 20th century, by which time local unemployment had recovered to a level below the national average.

Higher levels of deprivation still exist in Medway - particularly relative to neighbouring regions in the South East. Consequently, Medway experiences adverse health in comparison to its neighbours. Wide variations in levels of deprivation are exhibited across Medway's wards. The Index of Multiple Deprivation 2004 (IMD 2004) is a commonly used measure of multiple deprivations in England in "small areas" (Lower Layer Super Output Areas, LL-SOA). LL-SOAs have an average population size of 1,500, contain similar types of dwelling and have boundaries which, when aggregated, are coterminous with electoral wards. Medway has 164 LL-SOAs within its boundaries.

The IMD 2004 measures seven dimensions (Domain Indices) of deprivation, relating to income, employment, health and disability, education skills and training, barriers to housing and services, living environment and crime. The seven domains are combined to give an overall measure: the IMD. There are also two supplementary indices produced as subsets of the Income Domain:

- The Income Deprivation Affecting Children Index
- The Income Deprivation Affecting Older People Index

Medway experiences relatively high levels of general deprivation compared to the rest of Kent. 21% (n=44) of the most deprived LLSOAs in the Kent and Medway area are located within Medway. Also 8% (n=13) of Medway's LLSOAs rank within the fifth most deprived areas in England as a whole.

IMD 2004 - Scores and Ranks for the 20% most Deprived LLSOAs in Medway

LLSOA Code	Within Ward	LLSOA IMD Score	Quintile* in the Ranking of all LLSOAs in England	Quintile* in the Ranking of all LLSOAs in Kent & Medway	Quintile* in the Ranking of all LLSOAs in Medway
E01016032	Gillingham North	46.62	1	1	1
E01016023	Chatham Central	44.32	1	1	1
E01016033	Gillingham North	43.97	1	1	1
E01016111	River	43.02	1	1	1
E01016017	Chatham Central	42.26	1	1	1
E01016031	Gillingham North	39.41	1	1	1
E01016069	Luton and Wayfield	36.79	1	1	1
E01016049	Gillingham South	36.52	1	1	1
E01016063	Luton and Wayfield	35.82	1	1	1
E01016083	Princes Park	35.58	1	1	1
E01016068	Luton and Wayfield	34.94	1	1	1
E01016161	Twydall	33.97	1	1	1
E01016159	Twydall	33.16	1	1	1
E01016153	Strood South	32.73	2	1	1
E01016150	Strood South	32.10	2	1	1
E01016160	Twydall	31.23	2	1	1
E01016019	Chatham Central	30.98	2	1	1
E01016110	River	30.18	2	1	1
E01016117	Rochester East	29.70	2	1	1
E01016024	Chatham Central	29.63	2	1	1
E01016035	Gillingham North	29.36	2	1	1
E01016039	Gillingham North	28.68	2	1	1
E01016136	Strood North	28.39	2	1	1
E01016061	Luton and Wayfield	28.16	2	1	1
E01016171	Walderslade	28.09	2	1	1
E01016084	Princes Park	27.85	2	1	1
E01016114	Rochester East	27.79	2	1	1
E01016140	Strood North	27.63	2	1	1
E01016064	Luton and Wayfield	27.27	2	1	1
E01016025	Chatham Central	27.26	2	1	1
E01016040	Gillingham South	26.88	2	1	1
E01016154	Strood South	26.51	2	1	1
E01016038	Gillingham North	26.37	2	1	1

LLSOAs shaded in grey rank within the fifth most deprived areas in England.

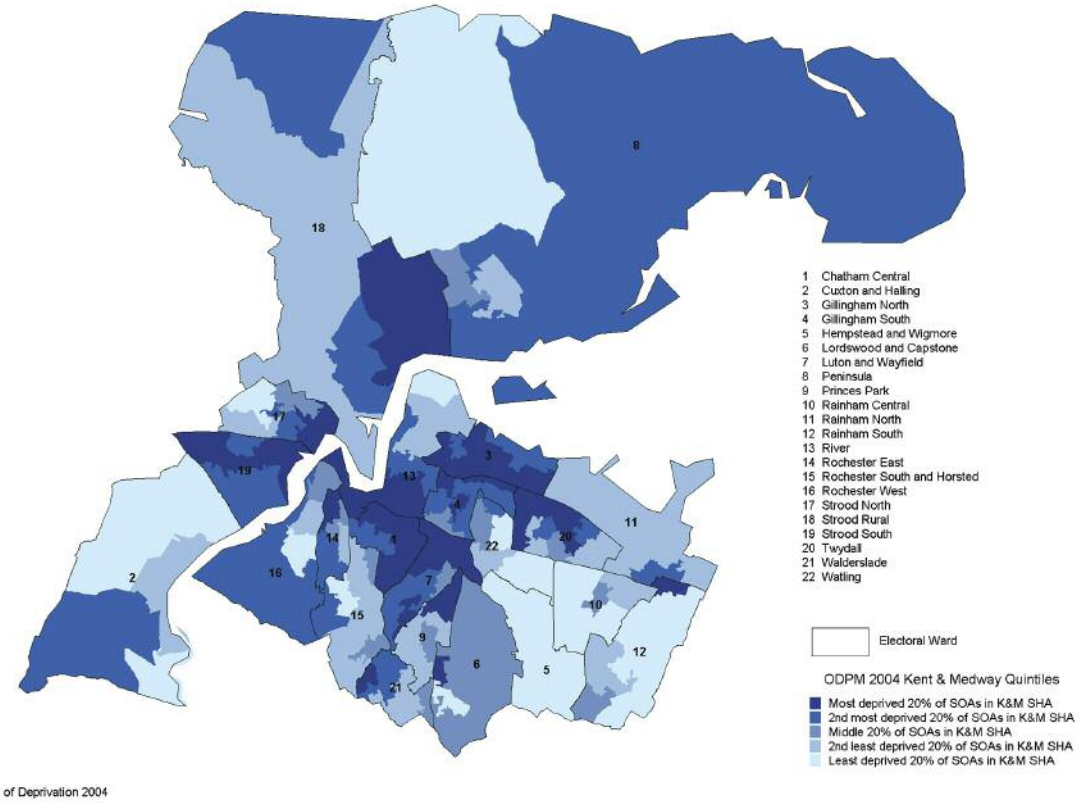
Source: Office of the Deputy Prime Minister, 2004 (now part of the Department for Communities and Local Government, DCLG).

Quintile Key	
1	Most deprived 20% of SOAs
2	Second-most deprived 20% of SOAs
3	Middle 20% deprived SOAs
4	Second-least deprived 20% of SOAs
5	Least deprived 20% of SOAs*

There is large variation in the levels of deprivation within the Medway area. The map below illustrates this:

The population of Gillingham North ward experience the highest levels of deprivation. 60% of the LLSOAs in this ward rank within the most deprived quintile of all LLSOAs in Medway. The population of Hempstead and Wigmore ward on average experience the lowest levels of deprivation, none of its LLSOAs fall within the most deprived areas of Medway.

Index of Multiple Deprivation 2004 ranks for Medway UA LL-SOAs



Source: ODPM Indices of Deprivation 2004

IMD 2004 - % of LLSOAs within each ward which rank within the most deprived quintile in Medway

Ward Name	No. LLSOAs in most deprived Quintile in Medway	Total LLSOAs in Ward	% of SOAs in the most deprived Quintile in Medway
Gillingham North	6	10	60%
Chatham Central	5	10	50%
Luton and Wayfield	5	9	56%
Strood South	3	9	33%
Twydall	3	9	33%
Gillingham South	2	10	20%
Strood North	2	9	22%
Princes Park	2	7	29%
Rochester East	2	6	33%
River	2	5	40%
Walderslade	1	6	17%
Rainham South	0	9	0%
Peninsula	0	8	0%
Rainham Central	0	8	0%
Rochester South and Horsted	0	8	0%
Strood Rural	0	8	0%
Lordswood and Capstone	0	6	0%
Rainham North	0	6	0%
Rochester West	0	6	0%
Watling	0	6	0%
Hempstead and Wigmore	0	5	0%
Cuxton and Halling	0	4	0%

Income Deprivation Affecting Children

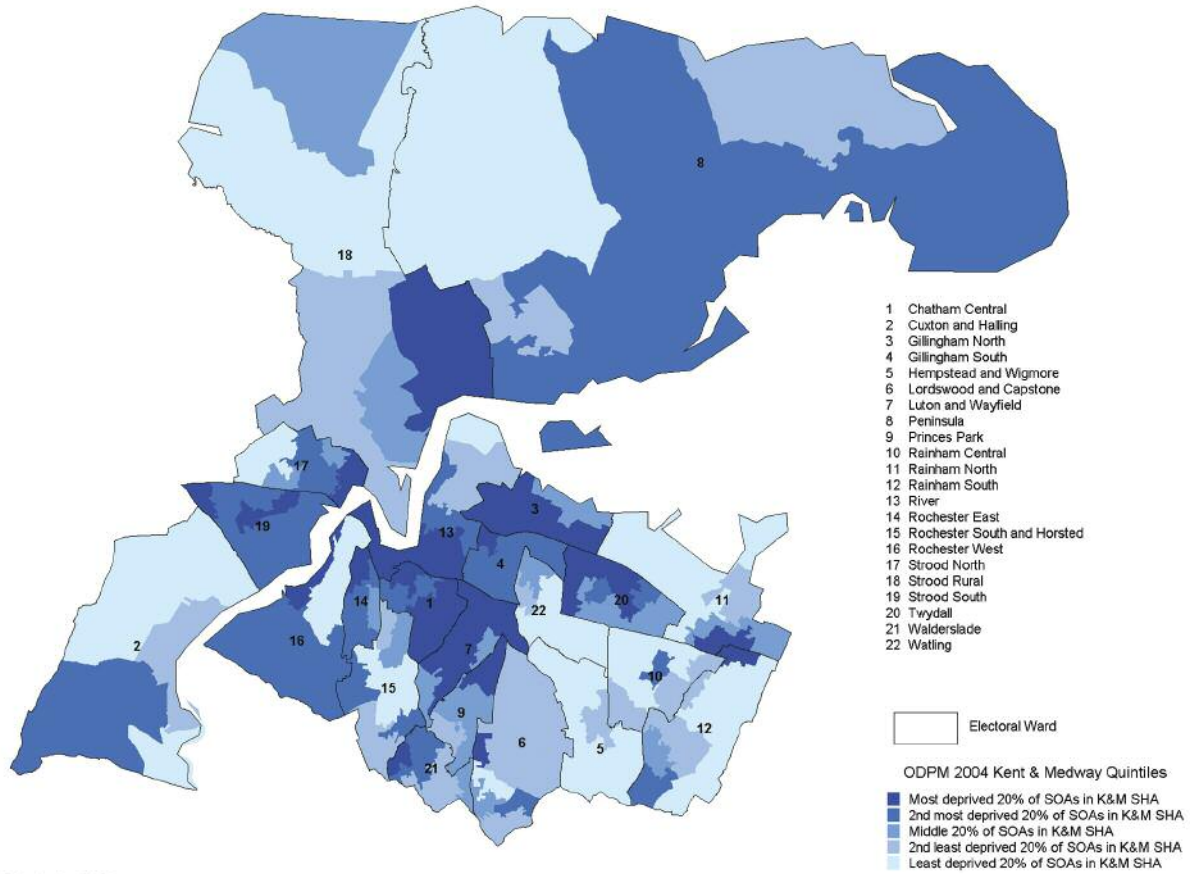
The children of Medway also experience relatively high levels of income deprivation.

21% (n=44) of the most deprived LLSOAs in terms of (IDACI) in the Kent and Medway area are located within Medway. A greater proportion (14%, n=23) of Medway's LLSOAs rank within the fifth most deprived areas in England as a whole in terms of this index compared to IMD.

There is large variation in the levels of income deprivation affecting children within the Medway area. This is illustrated in the following map.

The children of Gillingham North ward experience the highest levels of deprivation. 60% of the LLSOAs in this ward rank within the most deprived quintile of all LLSOAs in Medway in terms of IDACI.

Rank of Income Deprivation Affecting Children Index for Medway UA LL-SOAs



Source: ODPM Indices of Deprivation 2004

IDACI 2004 - % of LLSOAs within each ward which rank within the most

Ward Name	No. LLSOAs in most deprived Quintile in Medway	Total LLSOAs in Ward	% of SOAs in the most deprived Quintile in Medway
Gillingham North Total	6	10	60%
Luton and Wayfield Total	5	9	56%
Chatham Central Total	4	10	40%
Strood South Total	3	9	33%
Twydall Total	2	9	22%
Princes Park Total	2	7	29%
Rochester East Total	2	6	33%
River Total	2	5	40%
Gillingham South Total	1	10	10%
Strood North Total	1	9	11%
Rainham South Total	1	9	11%
Strood Rural Total	1	8	13%
Rochester West Total	1	6	17%
Rainham North Total	1	6	17%
Lordswood and Capstone Total	1	6	17%
Rochester South and Horsted	0	8	0%
Rainham Central	0	8	0%
Peninsula	0	8	0%
Watling	0	6	0%
Walderslade	0	6	0%
Hempstead and Wigmore	0	5	0%
Cuxton and Halling	0	4	0%

Income Deprivation Affecting Older People

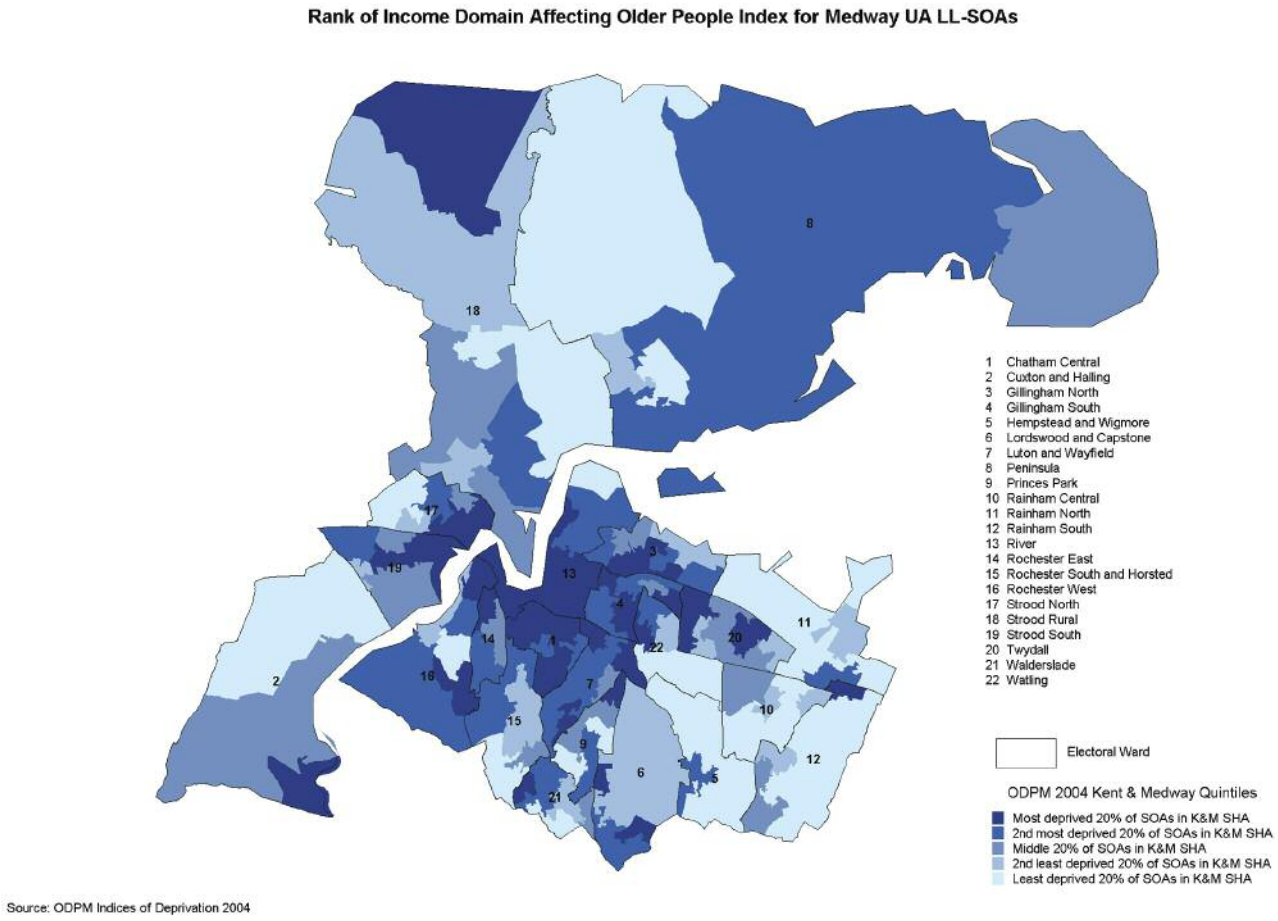
Older People in Medway also experience relatively high levels of income deprivation.

22% (n=45) of the most deprived LLSOAs in terms of (IDAOPI) in the Kent and Medway area are located within Medway. Also 13% (n=21) of Medway's LLSOAs rank within the fifth most deprived areas in England as a whole in terms of this index.

LLSOAs shaded in grey rank within the fifth most deprived areas in England.

There is large variation in the levels of income deprivation affecting older people within the Medway area. The following map illustrates this.

The elderly population of Chatham Central ward experience the highest levels of deprivation. 70% of the LLSOAs in this ward rank within the most deprived quintile of all LLSOAs in Medway.



IDAOPI 2004 - % of LLSOAs within each ward which rank within the most

Ward Name	No. LLSOAs in most deprived Quintile in Medway	Total LLSOAs in Ward	% of SOAs in the most deprived Quintile in Medway
Chatham Central Total	7	10	70%
Luton and Wayfield Total	4	9	44%
Gillingham South Total	3	10	30%
Gillingham North Total	3	10	30%
Strood South Total	3	9	33%
Strood North Total	3	9	33%
River Total	3	5	60%
Rochester East Total	2	6	33%
Twydall Total	1	9	11%
Princes Park Total	1	7	14%
Watling Total	1	6	17%
Walderslade Total	1	6	17%
Lordswood and Capstone Total	1	6	17%
Rainham South Total	0	9	0%
Strood Rural Total	0	8	0%
Rochester South and Horsted	0	8	0%
Rainham Central	0	8	0%
Peninsula	0	8	0%
Rochester West Total	0	6	0%
Rainham North Total	0	6	0%
Hempstead and Wigmore	0	5	0%
Cuxton and Halling	0	4	0%

Health Poverty

Health Poverty Index

The Health Poverty Index (HPI) was commissioned by the Department of Health and developed as a visualisation tool for combating health inequalities. The term "Health Poverty" refers to both a population's current state of health and its future potential (or lack of potential) for health. When different groups or populations are selected for comparison using the tool, they may be contrasted with respect to their health poverty. Further information and an evaluation of the tool can be downloaded from the SEPHO website via the following address:

http://www.sepho.org.uk/topics/hpi.aspx.

Health is conceptualised as the result of a background of interacting and intervening factors which are themselves based in a set of "root causes". The context in which the factors are experienced is also important, for example, at household level or at community level. Nine domains are presented in the HPI diagram, for each of which a set of indicators exist for different groups within society. Thus the significant aspects of each domain are represented. The domains are illustrated in the figure below:

hpi typology

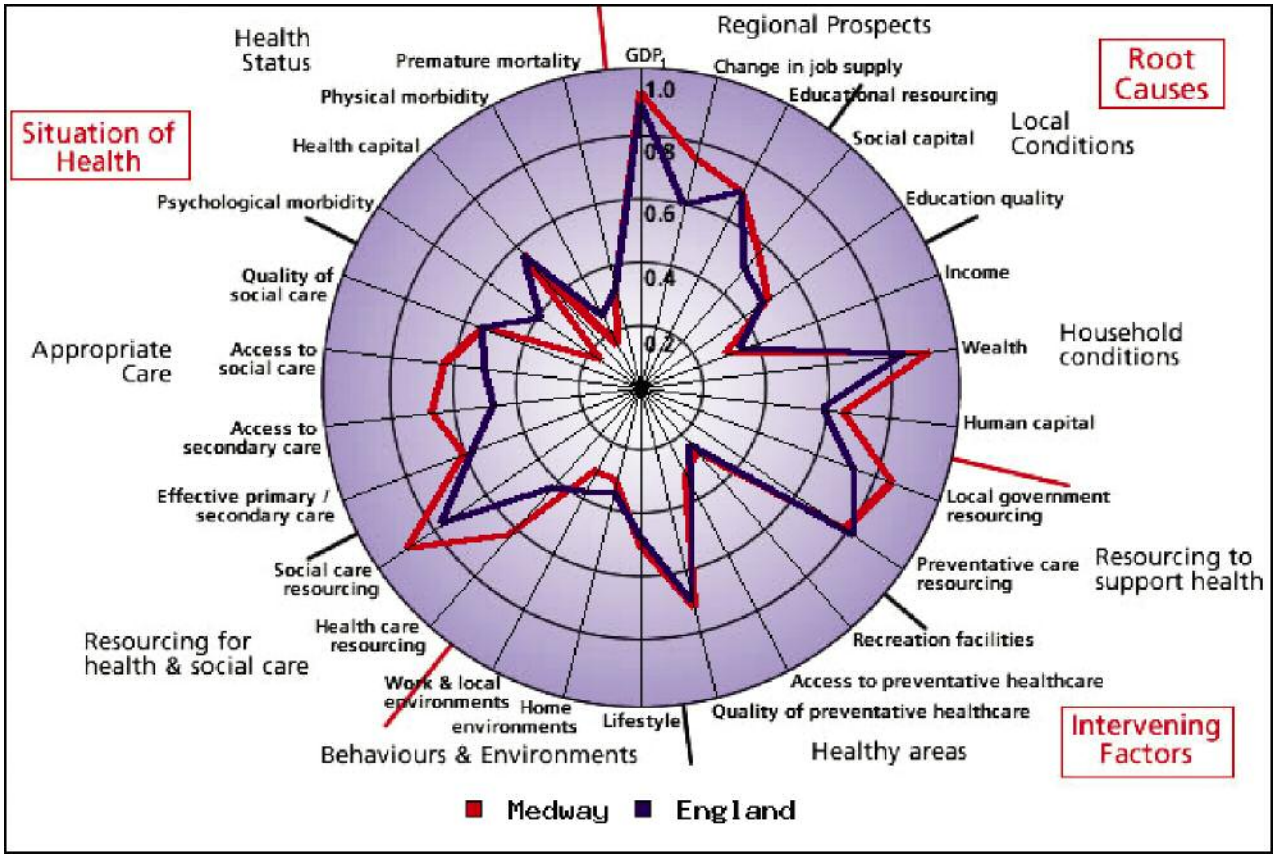
	Root causes	Intervening factors	Situation of health
Macro	Regional prospects	Resourcing to public health	Resourcing for health and social care
Intermediate	Local conditions	Healthy areas	Appropriate care
Individual	Individual and household conditions	Behaviours and environments	Health status

Source: www.HPI.org.uk

We can use the Health Poverty Index to profile Medway and to compare it to a chosen reference group. This is done using the spider diagram. A spider diagram comparing Medway to England as a whole is shown below. The indicators (for example, physical morbidity; access to secondary care) are scaled such that high values indicate a high level of Health Poverty for that indicator. For each domain, therefore, a score of zero represents the lowest possible level of Health Poverty and a score of one the worst Health Poverty situation.

For example, taking the indicator "Access to Secondary Care" within the "Appropriate Care" domain, we can see that Medway has a situation of significant Health Poverty compared to England as a whole.

Overall, the above highlights some aspects of 'Appropriate Care' and 'Resourcing for Health and Social Care' where Medway has a higher level of poverty than the England average.



Looking Forward

The population of Medway is predicted to increase by almost 10% over the next 15 years. In addition, the profile of the population will change, with an expected increase in the proportion of elderly residents.
These changes will provide challenges for those working in public health and for future Local Area Agreements. Using data for planning, monitoring and evaluation will continue to play an important part of the work of the Medway's Public Health Team.

4 Public Health Priorities

This section of the annual public health report highlights four of the key areas of work over the last year. These are in tackling obesity, improving sexual health, reducing smoking and improving oral health.

Obesity

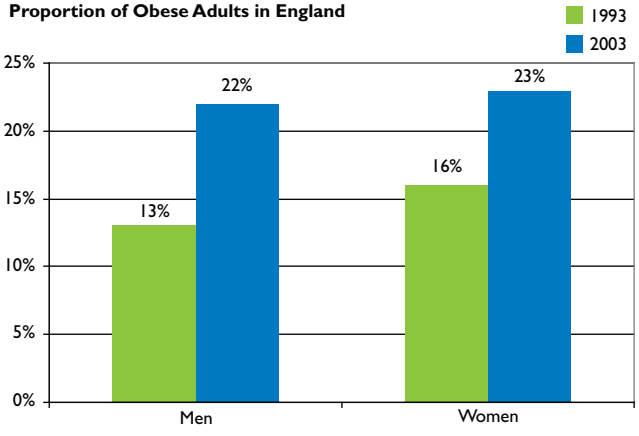
Obesity is defined by the World Health Organisation (WHO) as a condition of abnormal or excessive fat accumulation in adipose tissue to the extent that health may be impaired (WHO, 2000). The health consequences of obesity include:

- non-insulin dependent diabetes mellitus (NIDDM)
- coronary heart disease (CHD)
- hypertension
- gallbladder disease
- certain cancers
- psycho-social problems including depression, social exclusion, bullying, low self esteem, stigmatisation and poor social functioning.

Other health problems associated with obesity include insulin resistance, dyslipidaemia, hormone abnormalities, sleep apnoea and osteoarthritis.

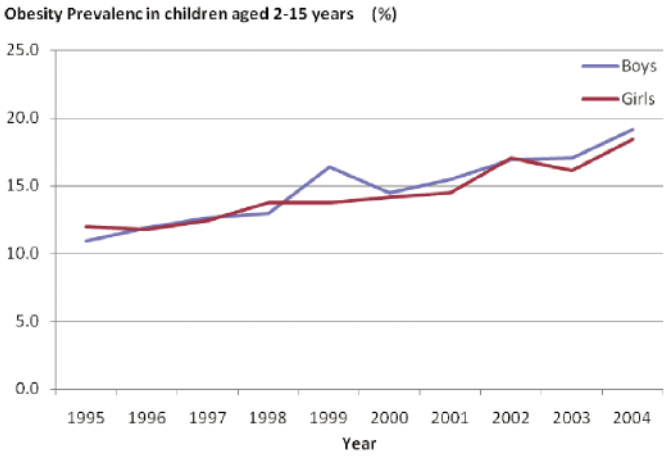
The Health Select Committee has estimated that the cost of obesity in adults is £3.3 - £3.7 billion per year. This includes treating obesity at a cost of £1 billion, absence due to sickness costing £1.4 billion and state benefits (DH, 2006).

Obesity rates amongst adults in England have almost trebled since 1980.



Source: National Centre for Social Research, 2006

Obesity rates amongst children (aged 2-15 years) are lower than in adults but have risen steadily since 1995 (National Centre for Social Research, 2006a). By 2010, 19% of boys and 22% of girls are predicted to be obese (National Centre for Social Research, 2006b).



Data Source: National Centre for Social Research (2006a); Health Survey for England 2004

National Performance Targets

The Government has published PSA targets for reducing childhood obesity and increasing physical activity which play an essential part in reducing obesity and improving health. These are:

- By 2008, to increase the take-up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups by increasing the number who participate in active sports, at least 12 times a year by 3%, and increasing the number who engage in at least 30 minutes of moderate-intensity-level sport, at least three times a week by 3% (owned by the Department of Culture Media and Sport)
- To enhance the take-up of sporting opportunities by 5 to 16-year-olds so that the percentage of school children in England who spend a minimum of two hours each week on high quality PE and school sport within and beyond the curriculum increases from 25%

in 2002 to 75% by 2006 and 85% by 2008 in England, and to at least 75% in each school sport partnership by 2008 (jointly owned by the Department of Culture Media and Sport and the Department for Children, Schools and Families)

- To reduce obesity by 'halting the year-on-year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole'.

Obesity in Medway

Adults

Currently the 2 main sources of local intelligence on obesity in adults are the Kent and Medway Healthy Lifestyles Survey (2001) and the ONS Synthetic Estimates of Healthy Lifestyle Behaviours (2000-2002). In 2001 the Kent and Medway Healthy Lifestyles Survey estimated that 50% of the adult population in Medway were either overweight or obese (33% overweight, 14% obese). This estimate was reflected in the results of a smaller survey undertaken by Medway Council in 2003 which estimated that 53% of the population was either overweight or obese. The ONS Synthetic Estimates (based on the results of the Health Surveys for England 2000-2002) suggest levels of obesity in Medway may be even higher at 23.3% which is comparatively higher than the national average of 22.1%

Available data also indicates

- Only 22.4% of adults in Medway eat the recommended level of fruit and vegetable consumption (23.7% nationally)
- 18.4% of men and 10.2% of women in Medway exercised 5 or more times a week (using 2001 data), compared to 35% of men and 24% of women in England (using 2003 data).

Physical Activity Targets for the United Kingdom

Adults	By 2020, 70% of individuals to be undertaking 30 minutes of physical activity on at least 5 days a week. An interim target of 50% of individuals by 2011
Children	To increase the proportion of school children in England who spend a minimum of two hours each week on high quality sport from 25% in 2002, to 75% by 2006 and 85% in 2008.

Did you know:

Medway has a higher proportion of Yr6 school pupils who are overweight than nationally, but a lower proportion who are obese.

Less than 30% of children in Medway eat the recommended amount of fruit and vegetables.

Children

This year saw the implementation of the National Child Measurement Programme (NCMP) in Medway Primary Schools. The programme aims to capture data on the BMI of children in Year R (aged 4-5) and Yr6 (aged 10-11). Currently results for Medway in 2006/07 are only available for Yr6 pupils. The NCMP was introduced in 2005/06 to support the government in its achievement of the PSA2 childhood obesity target. Medway participated in the NCMP for the first time in the 2006/07 academic year. Between November 2006 and February 2007 a team of School Nurses and Assistants visited every maintained primary school in the local area to collect data for Yr6 pupils. A total of 63 schools were visited and 2722 out of a possible 3138 children were measured. This equates to a response rate of 87% which is well above the national average and exceeds target of 80% set by the DoH.

The results for Medway indicate that the prevalence of overweight pupils is higher in this age group than the national average (14.5% compared to 13.8%). However, the prevalence of obesity in both male and female pupils in Medway was significantly below the national average (11.5% compared to 17.3%). These results should be interpreted with caution as national evaluation of the results has suggested that these may represent underestimates of prevalence and the reliability of the data has been questioned. Repetition of the programme in subsequent years will provide more reliable indication of the prevalence and trends in obesity and overweight in Medway's children.

Local data on children's physical activity and dietary habits is scarce. The Medway Young People's Lifestyle Survey, 2004 captured the views of approximately 1 in 18 young people in the area. Although the survey did not capture data on the amounts of physical activity or fruit and vegetables that young people were consuming it did include questions about their perceptions of their diet and exercise levels. Only 50% indicated that they eat healthily or took enough exercise. In addition many young people reported that they were unsure if they ate healthily or took enough

exercise (approx. 33% and 25% respectively) suggesting that many young people may are confused about current recommendations for diet and exercise.

The ONS Synthetic Estimates is the only other primary source of data on the lifestyle habits of Medway's children. These provided an estimate of the number of children aged 5-15 consuming the recommended amount of fruit and vegetables. In Medway this was estimated to be 28.9% which is significantly lower than the national average of 37.5%.

These statistics indicate that both the adult and child population of Medway is experiencing a significant obesity problem. Prevalence of overweight and obesity is high whilst the levels of physical activity and healthy eating are comparatively low. A number of challenging local targets have been set to reflect the national priority to reduce obesity levels, drive the implementation of action to tackle these issues and monitor their success.

Did you know:

A range of factors cause obesity including genetics, the environment, income and education. Two key specific factors are high calorie diets and sedentary lifestyles

Local Activities and Achievements

An Obesity Strategy for Medway was produced in 2005. This resulted in the development of a Public Health Obesity Team in 2006, with the team working towards achieving the following aims:

- To facilitate the achievement of the LPSA and LAA targets to reduce obesity in Medway and contribute to the achievement of the national PSA2 target.
- To co-ordinate the implementation of recommendations outlined in the Medway Obesity Strategy
- To expand and develop obesity and overweight prevention.
- To expand and develop weight reduction programmes for those who are already overweight or obese.
- To ensure that there is equitable and appropriate provision of specialist treatment for those who are morbidly obese including; anti-obesity drugs and surgery.
- To ultimately reduce the negative impact on health in Medway of overweight and obesity.

These aims will be achieved by implementing an evidence-based multi-agency initiatives and interventions which promote healthy eating and physical activity for residents in Medway. A key element in this is to build a network of partners to assist in delivery of these interventions. The Public Health Team are currently leading two major obesity reduction projects; 4Life which is aimed at adults and MEND which is aimed at children.

Local Performance Targets and Policy Drivers

Medway Council Local Public Service Agreement 2006 – 2009

In response to the Government's PSA target Medway has set an ambitious LPSA target to reduce childhood obesity during the period 2006-09. This is to reduce levels of child obesity in children aged 5-17

This reduction will be measured in DALYS (Disability Adjusted Life Years) which is the measure of improved life expectancy and health derived from reductions in adult-equivalent BMI. The target is to achieve a net increase in DALYS of 66.75 by March 2009. This is an enhanced target which, if achieved, will result in the award of additional funding from central government.

Medway Council Local Area Agreement 2007 – 2010

The LPSA target has also been included in the Medway's Local Area Agreement 2007-2010 (in the Children and Young Peoples Block).

Challenging targets have also been set for the adult population within the Healthier Communities and Older People Block:

To reduce levels of adult obesity

This target will also be measured in DALYS. The target is to achieve a net increase in DALYS of 65 by March 2010.

To increase levels of participation in physical activity in adults and increase knowledge of healthy lifestyle choices

The first part of this target will be measured by responses to the Active England Survey (undertaken annually by Sport England). The second part of the target will be measured via a survey of members of our 4Life Scheme (see next section for further details). The target is to achieve an increase in healthy lifestyle choices of 15% by March 2010.

Key targets which impact on obesity are also included in the PCTs Local Delivery Plan.

MEND

The MEND programme is one of the core strategies introduced in Medway to tackle childhood obesity. The Programme was developed over a period of more than five years by experts in paediatric obesity from the Institute of Child Health, Great Ormond Street Hospital for Children and University College, London.

MEND is a community, family based programme for overweight and obese children aged between 7 and 13 and their families. It is a multi-disciplinary programme that places equal emphasis on (M)ind, (E)xercise, (N)utrition…(D)o It. These components combine all the known elements necessary to treat and prevent overweight or obesity in children including family involvement, practical nutrition education, increased physical activity and behavioural change. The MEND Programme is not a diet and does not encourage rapid weight loss. Its main aim is to give children skills which will help them to make life changes in terms of physical activity, food, self-confidence and personal development. The core MEND programme comprises 20, two-hour sessions over ten weeks. The sessions feature an hour of discussion workshops, alternating between behaviour change and nutrition topics followed by an hour of land or water based exercise. Workshop sessions include learning to read a food label, raising self-esteem, goals and rewards, MEND friendly recipe tasting and a supermarket tour. At least one carer must accompany each child to every session in order that the whole family can incorporate the knowledge gained from group workshops into their daily routines for long-term health benefits.

LOTTERY FUNDED

Recently published results from the multi-site, randomised controlled trial show that MEND is an effective, community based intervention for improving key health outcomes in moderately obese children (Sacher et al, 2007).

Medway piloted its first MEND programme in February 2007 with 13 children and their carers at the Black Lion Leisure Centre and Strood Sports Centre. The majority of children were referred to the programme by their GP or Practice Nurse. Summary results for this programme are given below. The Total Difficulties measurement includes emotional symptoms, conduct problems, hyperactivity and peer relationship problems. Improvements in the Dietary Habits measure are indicative of substantial improvements in eating habits and nutritional intake.

MEND Pilot Programme Participant Feedback

"I've really enjoyed MEND and would love to do it all over again"

"I've made lots of new friends who are just like me"

"I can help my Mum with reading food labels when we go shopping"

"I do more exercise and eat brown bread"

"I don't like crisps anymore"

"I liked learning about fats and sugars"

"I'm determined I don't want to go back to how I was before MEND"

Measurement	Mean Outcomes for Pilot Group Participants
Body Mass Index	4% reduction
Waist Circumference	2% reduction
Time Spent in Physical Activity	94% increase
Time Spent in Sedentary Activity	37% reduction
Self-esteem	2% increase
Total Difficulties	15% reduction
Dietary Habits	30% improvement

The 4Life Vision

4 Life is a membership scheme for adults and their families, which aims to encourage families to adopt healthier lifestyles by facilitating access to leisure opportunities and health-related education programmes and events.

Members are offered a health assessment and then have access to an exclusive programme of activities and courses. They are also provided information on the wider range of leisure opportunities and health-related education programmes provided by other organisations across the area.

All Saints Pilot Project

The 4LIFE concept was piloted in the All Saints and White Road area of Chatham earlier this year, where we worked in partnership with the Church Community Centre, Children's Centre and local schools as well as the Family Learning Service.

Social Marketing

Social marketing techniques were employed to develop a marketing strategy which combined the use of direct marketing and promotional events to recruit members to the scheme. This resulted in the successful recruitment of over 130 residents to the scheme who are currently able to access a small programme of exclusive activities including:

- A lifestyle drop-in clinic where members receive counselling and guidance on healthy lifestyle issues.
- A walking club led by volunteers from a local university.
- A selection of activity programmes including: Tai Chi, Exercise to Music, Pilates and Ranger led walks @ Capstone Country Park.
- A website was also developed to enable members to access the latest information on the activities and benefits available to them.

New 4Life Delivery Model

A review of the pilot enabled the team to refine and clarify the aims and objectives of the scheme and produce a framework for its delivery. The framework focuses around the main opportunities available to members:

- Activities and Exercise
- Personal Development and Education
- Discounts and Benefits
- Events and Days Out

The team is currently undertaking extensive work to expand the opportunities available to existing members within each of these themes in collaboration with a range of partner agencies and local businesses. The framework is also being used to develop plans to expand the scheme across Medway.

Promotion and Recruitment	Delivery of Interventions
Chairs of Primary Heads Consortia	Environmental Health Officer
Extended Schools Cluster Managers	Country Park Ranger
Healthy Schools Manager	14-19 years Education Consultant
School Sports Co-ordinators	Family Learning Tutors
Home School Support Officers	Leisure Assistants
Youth Inclusion and Support Panel	Dance Instructor
Transport Planning Managers	Personal Trainer
Medway 2012 Olympic Development Manager	Public Health Manager
Youth Services Manager	Nutritionist
Family Learning Service Manager	Public Health Nurse
Re-Ignite Area Co-ordinators	Oral Health Promoter
All Saints Children's Centre Managers	Healthcare Assistant
Interreg Project Champion Manager	University Students
Occupational Health Personnel in Local Businesses	Sainsbury's Supermarket Community Liaison Officers
GPs	
Pharmacists	
Health Visitors	
School Nurses	
Paediatricians	
Dieticians	

Colleagues from across the local area in the statutory, voluntary and community sectors have been working in partnership on tackling obesity.

Effective community engagement is essential if the ambitious obesity prevention and reduction targets are to be achieved in Medway. Work has taken place in a variety of community settings including:

- Schools, leisure centres, private gyms, country parks
- Community Centres
- Children's Centres
- Shopping Centres
- Local Businesses
- Family Learning Centres
- Community Pharmacies

The Obesity Team will continue to establish new partnerships, sustain links with its existing partners and identify innovative ways of engaging the community to facilitate the successful development and delivery of its plans for the forthcoming year. This should ensure that it continues to make a positive contribution towards the achievement of the ambitious obesity reduction targets.

Sexual Health

Good sexual health is fundamental to our emotional and physical well-being and forms a significant part of our identity and the relationships we develop. Sexual health is influenced by social, economic and environmental factors and has been identified as a key area of health inequality, with the most vulnerable, disadvantaged and isolated groups in society being disproportionately affected by poor sexual health. Sexually Transmitted Infections cause poor health and deaths which could be prevented through better education, earlier diagnosis and treatment. Unwanted pregnancy, particularly amongst teenagers, and termination of unwanted pregnancy can have an enduring physical and psycho-social impact on an individual, leading to further health problems in the future.

The World Health Organisation defines sexual health as:

"A state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled".

Did you know:

Medway has seen an increase in sexually transmitted diseases since 2001. The increases in the diagnosis of new cases have been higher than for England.

Evidence shows that sexual health is deteriorating nationally with substantial increases in rates of all Sexually Transmitted Infections (STIs) over the last decade. A number of factors have contributed to the increase in poor sexual health, including:

- Lack of sexual health knowledge
- An increase in risk-taking sexual behaviour, for example, amongst those who typically change sexual partners frequently such as men who have sex with men (MSM) and young heterosexuals.
- Under-resourcing of services over many years, coupled with large increases in client access.

National Targets

The Government has produced targets to help improve sexual health. These are:

- Reduce the under-18 conception rate by 2010, as part of a broader strategy to improve sexual health
- 100% of patients contacting GUM clinics to be offered an appointment within 48 hours by 2008
- Decrease in rates of new diagnoses of Gonorrhoea by 2008
- Increase in the percentage of people aged 15-24 accepting Chlamydia screening by 2007

Local Activities and Achievements

Medway's Sexual Health Strategy was produced in 2006 with the aim of co-ordinating sexual health promotion activities, tackling poor sexual health and reducing health inequalities relating to sexual health that exist across Medway. The strategy reflects the national policies within the National Strategy for Sexual Health and HIV, Choosing Health and the ten recommended standards for sexual health services laid down by the Department of Health. It also encompasses the Medway Teenage Pregnancy Strategy.

Medway's Local Area Agreement (LAA) translates the key national sexual health targets into indicators within the LAA Outcomes Framework. The relevant indicators relating to sexual health within this framework are outlined below, together with local activities directed towards achieving them and progress to date.

LAA Indicator	Local Activities and progress to date
50% reduction in the under 18 conception rate	Medway has shown an overall decline in its under-18 conception rate from the 1998 baseline of 46.2 to the 2005 rate of 44.6 per thousand female population aged 15-17. Some of the key initiatives and activities within the programme include: • Medway Teenage Pregnancy Partnership Steering Group has been strengthened, and a forward plan developed following a comprehensive self-assessment of key areas of Medway's Teenage Pregnancy Programme against national best practice criteria. Consequently a comprehensive teenage pregnancy risk factor analysis has been planned for Medway and will be completed by October 2007. • Medway Teenage Pregnancy Network brings together practitioners working across Medway with an agenda of education, sharing good practice and information and building joint working initiatives. • Systematic delivery of high quality SRE/PSHE across schools and other youth settings is crucial. Development of training and support to secondary schools to improve and increase the delivery of SRE and drugs education is ongoing, as is targeted work with those young people most at risk. • The Emergency Hormonal Contraceptive Scheme provides access to free emergency hormonal contraception for young people. • The C-card scheme was launched in June 2006 and has proved to be a successful initiative to provide condoms to young people in non-health settings. • Media and Communications. The teenage pregnancy programme works with Medway Council's Communication and Marketing teams to ensure active publicity and positive messages around teenage pregnancy and young people's sexual health is consistently delivered. Channels of information include the Little Black Book (a pocket guide to local services for young people), websites such as Positive Parenting Network and RUThinking, and local STI and sexual health services leaflets.
Increase by 10% per annum in the percentage of people aged 15-24 accepting Chlamydia screening (LOCAL INDICATOR)	The National Chlamydia Screening Programme was introduced across Kent and Medway in June 2006. Opportunistic screening is taking place within family planning clinics and Medway Secure Training Centre, with discussions in progress to expand screening across other relevant institutions. By January 2007 a total of 280 Medway residents aged 15-24 had been screened as part of the programme (source Kent and Medway Chlamydia Screening Co-ordinator, Jan 2007).
100% of patients contacting GUM clinics to be offered an appointment within 48 hours by 2008 (LOCAL INDICATOR)	MedFASH review. A review of GUM services at Medway Maritime Hospital, commissioned by the Department of Health, was undertaken by the Medical Foundation for AIDS and Sexual Health (MedFASH) in early 2007 and culminated in a report and set of recommendations for improvement of the service. Commendation was given to the service as a whole, to the highly committed team and to the recent dramatic improvement in access performance. For GUM access, in December 2006 97% of patients were seen within 48 hours compared with 20% in August 2006, bringing Medway well on track to meeting the 2008 target.

Smoking

Smoking is the greatest cause of death and ill health in the developed world. Nationally, the reduction of smoking prevalence is a key government strategy relating to coronary heart disease and cancer (since smoking is estimated to be the cause of one third of all cancers). In particular, the NHS Cancer plan (DoH 2000) focuses on the need to reduce the comparatively high rates of smoking among those in manual socio-economic groups, which result in much higher death rates from cancer among unskilled workers than among professionals. The national target is to reduce the proportion of smokers in manual groups in England from 32% in 1998 to 26% by 2010.

The 'Smoking Kills' White Paper sets out several key national targets that are grouped according to age and maternal status.

- To reduce adult smoking in all social classes so that the overall rate falls from 28% (1996) to 24% or less by the year 2010, with a fall to 26% by the year 2005
- To reduce smoking in children from 13% (1996) to 9% or less by the year 2010, with an interim target of 11% by 2005
- To reduce the percentage of women who smoke during pregnancy from 23% (1996) to 15% by the year 2010, with a fall to 18% by the year 2005

Locally, Medway has some challenging targets for reducing smoking. These targets have been set by the Department of Health and set out what organisations need to achieve.

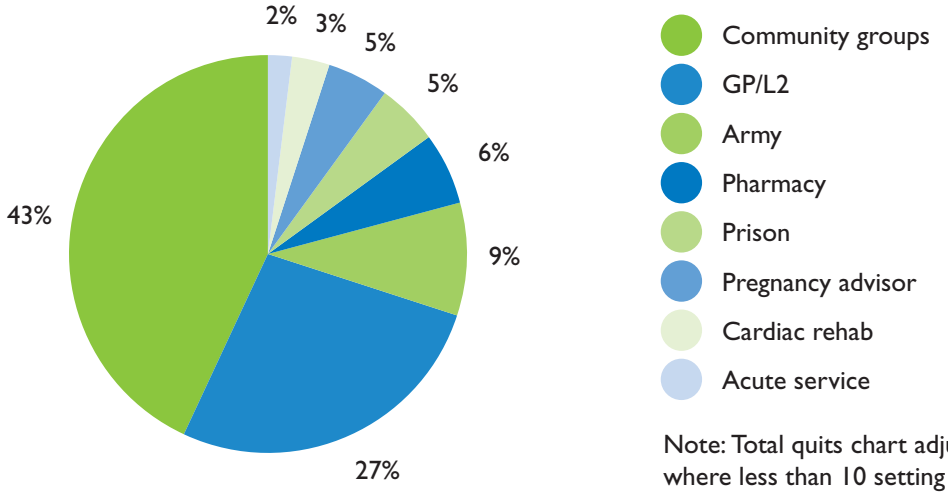
Targets

In the last year (2006-2007), Medway Stop Smoking Service achieved almost 60% of its target in terms of quitters against a backdrop of considerable challenges, both nationally and locally.

Analysis of data from the Stop Smoking Service shows that the largest number and proportion of quitters came through community based group sessions. As illustrated below, 718 smokers came through this route; 442 of these were successful quitters, a success rate of 61.6%.

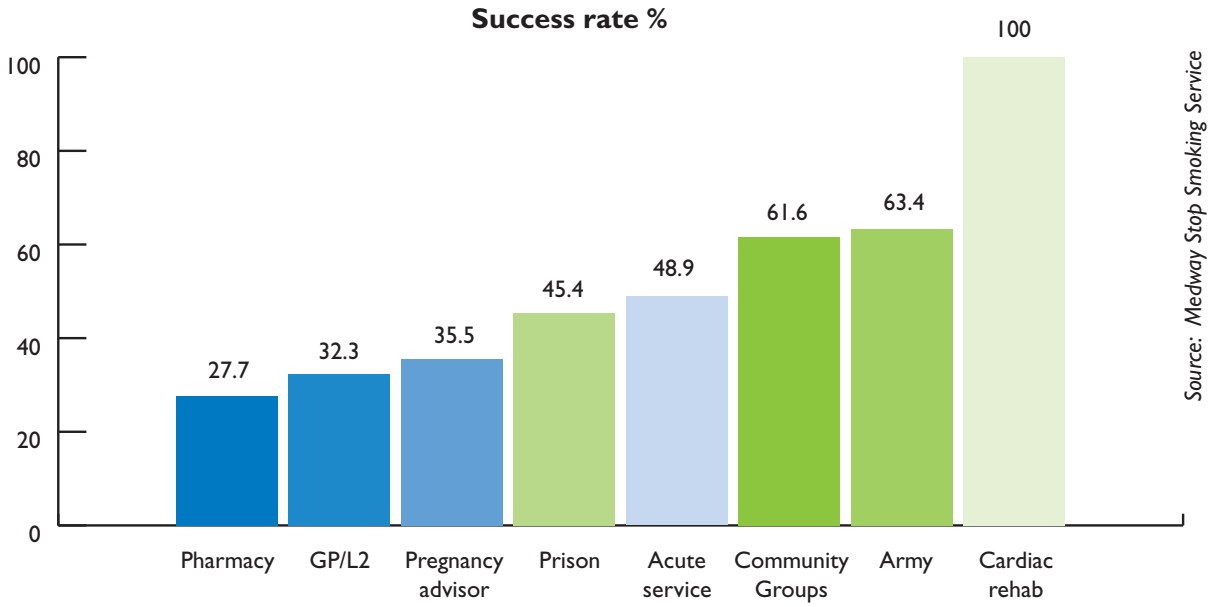
Organisation	Setting quite date	Total quits	Success rate %
Community groups	718	442	61.6
GP/L2	861	278	32.3
Army	142	90	63.4
Pharmacy	206	57	27.7
Prison	119	54	45.4
Pregnancy advisor	141	50	35.5
Cardiac rehab	33	33	100* *Quits only*
Acute service	47	23	48.9* *6 month date*

Total quits



Note: Total quits chart adjusted to exclude where less than 10 setting quit date

Note: Total quits chart adjusted to exclude where less than 10 setting quit date



Key Stakeholders and Partnership Working

For Medway Stop Smoking Service, a key focus is working in partnership with other agencies including primary care staff, secondary care, prisons, dental practices, pharmacies and businesses.

The Stop Smoking Service is also running many community-based groups. These take place in a wide range of venues. Over 2006-07, a total of 84 groups were run for smokers. In addition, the Stop Smoking team run free training sessions, including those for representatives from pharmacies, GP surgeries, schools, youth centres, colleges, prison staff, PCT community rehab teams, acute trust teams, Medway Council and health trainers.

Did you know:

Low Birth Weight (LBW) babies are those who are less than 2,500g at birth. Smoking in pregnancy has been linked to mothers having LBW babies.

Medway Stop Smoking Service Activity

Primary Care and Pharmacies:
- Support to all trained staff / Data collection
- New SLA. Recruitment of new service providers

Practice Based Commissioning Pilot:
- 6 months
- ? day a week support at a practice

Dental:
- Mailshot promoting FREE training
- Meetings July – September

Pregnancy Service:
- Referrals from Maternity book
- Letter to all smokers with follow up calls
- Specialist training to community staff/Midwives etc.

Workplace Groups:
- 15,000 service leaflets in EH Packs
- Target mailshot to 116 businesses
- 4 workplaces signed up so far this year

Schools:
- Rainham Girls
- Groups/Parents of Primary School children

Marketing, Advertising, Service Promotion:
- Legislation, KM Wraparound
- Promotional Stands at Pentagon
- New Medway/Smokefree materials sent to all G.P. Practices and Pharmacies

Acute/Mental Health:
- 6 months, 47 patients and Staff , 48% success rate, to evaluate in September
- Training for specialist staff in Mental Health

Training:
- Brief training to all relative teams in PCT and Council
- Continue to provide Level 2 training

Social Marketing June 2007:
- Predicted 150/200 extra people booked on to groups

1:1 Phone Pilot Project:
- Grant application
- Target housebound/disabled

Prisons:
- Group at Cookham Wood
- Support with Policy and to 1:1 Trained staff

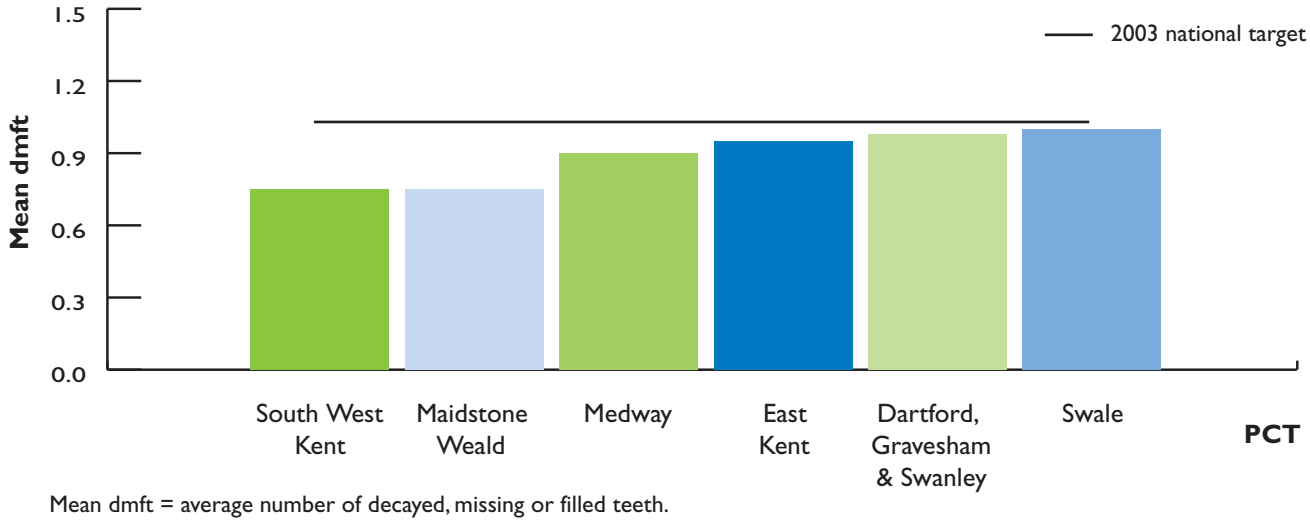
Oral Health

Following improvements in oral health over the last thirty years, levels of oral health in England are amongst the best in Europe. Latest data show that compared to England overall, children living in Kent have amongst the best oral health in the country. Medway achieved two of the three national oral health targets for children in 2003. In 2006, 31% of 5-year-olds in Medway had experienced tooth decay and had on average 0.9 affected teeth (see figures below). However, inequalities in oral health exist across the area. In the 31% of 5-year-old children in Medway with tooth decay, each child had around 3 affected teeth, more than three times the Medway average.

Levels of oral health of adults in Medway are unknown. National surveys of adults are undertaken every 10 years. These surveys show that in common with children, oral health has improved over the last 30 years and in general, adults living in the south of the country have better oral health compared with their northern counterparts. Improving levels of oral health mean that people are keeping their teeth for longer. Despite the improvements in oral health, inequalities in oral health persist and adults from lower socio-economic groups are three times more likely to have lost all their teeth than adults from higher socio-economic groups (Kelly et al., 2000).

In common with other chronic diseases, poor oral health in adults and children is associated with deprivation and studies have shown that people from higher socio-economic groups have better oral health than people from lower socio-economic groups (Watt and Sheiham, 1999; Locker, 2000).

Figure 1: Average number of decayed, missing or filled teeth in 5-year-old children in Kent and Medway, 2005/06



Mean dmft = average number of decayed, missing or filled teeth.
Source: East and West KentPrimary Care Dental Services, 2006

Proportion of children affected by tooth decay in Kent and Medway, 2005/06

Source: East and West Kent Primary Care Dental Services, 2006

Local Activities

Following the publication of Choosing Health (DH, 2004), the Oral Health Plan for England, Choosing Better Oral Health was published (DH, 2005). It proposed new ways of working to achieve oral health improvement and reduce oral health inequalities through the common risk approach and partnership working. Poor oral health has risk factors in common with Choosing Health priorities, for example, reducing obesity and tobacco control.

Medway is addressing oral health inequalities through the work of a Consultant in Dental Public Health and an Oral Health Promoter who work in partnership with key organisations in the area. Activity has included the successful piloting of smoking cessation services in general dental practices and working with Sure Start programmes, community groups and schools to tackle local inequalities in oral health. In some nurseries in Medway, tooth-brushing schemes have been developed to enable children to benefit from fluoride toothpaste and to help promote tooth-brushing habits.

Partnership Working with Communities

Choosing Better Oral Health identified key areas for action to tackle poor oral health. These are:

- Reducing sugar intake in food and drink
- Improving oral hygiene
- Optimising exposure to fluoride
- Tobacco control and sensible alcohol use
- Reducing dento-facial injuries

Current oral health promotion activity is being reviewed against these areas, which will be the focus for oral health promotion in Medway in the future.

Medway PCT now has responsibility for dental services and, with the introduction of the new dental contract, there is opportunity for dentists and members of the dental team to provide care focusing on the prevention of oral diseases.

In partnering the local authority, oral health should be included in local policy and guidance. In schools, for example, pupils, teachers, school nurses, other staff and school governors can all contribute to improving oral health through ensuring healthy foods and drinks in tuck shops and vending machines, and ensuring there are safe play areas to reduce the risk of dental trauma. Links with voluntary groups should be established to ensure oral health is included in health protocols in care homes, children's homes and other institutions.

Primary care health professionals such as doctors, nurses and pharmacists also have a role in improving oral health, for example, doctors and pharmacists should ensure they prescribe sugar free medicines. Health visitors and midwives should provide advice on oral health through advising parents/carers on minimising a child's sugar consumption and promoting supervised tooth brushing and the use of fluoride toothpaste. Other health professionals can help promote good oral health, and should also be able to recognise when it is appropriate to refer patients to a dentist.

Individuals can protect their own oral health by reducing the amount and frequency of foods and drinks containing sugars consumed and following a healthy, balanced diet. Effective tooth-brushing with fluoride toothpaste should be carried out on a daily basis. Chewing or smoking tobacco should be avoided and alcohol consumption should be limited to levels compatible with health. In addition, the dentist should be attended on a regular basis.

Looking Forward

The public health priorities illustrated in this section will, alongside other developing areas, provide a focus for activities in the future. For example, over the next year, we will:

- Conduct a health needs assessment for smoking, with the aim of using the findings to improve the targeting of stop smoking services
- Undertake a review of the Medway Obesity Strategy, to ensure we are utilising best practice. This will help us to expand the service offered through 4Life to a wider range of residents.
- Review sexual health services currently provided and assess needs across Medway. This will inform future commissioning of sexual health services.

5 Medway's health needs, priorities and progress towards targets

This section highlights some of the key public health targets in Medway and our progress towards the targets.

Teenage Pregnancy

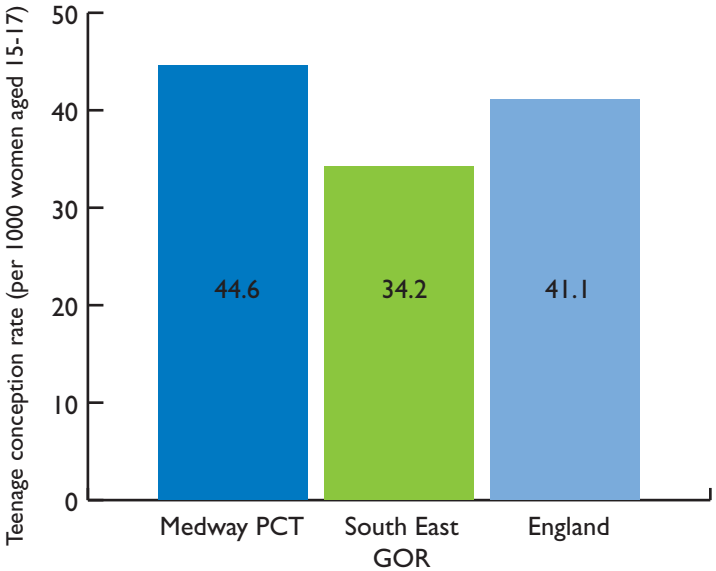
Teenage pregnancy has been linked to poor health and social outcomes for both the parent and the child and Medway Council and PCT through the LAA share key targets to reduce teenage pregnancy rates and improve the opportunities for teenage parents and their children. These are:

- To halve the under 18 conception rate by 2010.
- To increase to 60% the proportion of teenage parents aged 16 – 19 in education employment or training in 2010.

The latest provisional figures for 2005 show Medway's teenage conception rate is currently 44.6. This is higher than the national average (41.1 per thousand in England) and significantly higher than the rate in the South East Region (34.2 per thousand).

Teenage conception rates *(2005)*

Teenage conceptions include all births and legal abortions to mothers aged 15-17 at the time of conception



Source: Teenage Pregnancy Unit
N.B. Figures are provisional (published in April 07)

The latest available figures for teenage conceptions at ward level cover the period 2002-04. Analysis of this data shows that rates vary considerably across the local area. Chatham Central ward currently has the highest teenage conception rate which is five times higher than that in the ward with lowest rates (Hempstead and Wigmore).

Infant Mortality

Infant mortality is a measure of the number of deaths in children under 1 year old and is expressed as a rate per 1000 live births in the same population. It is a key indicator of health inequalities. The Government has identified significant inequalities in infant mortality rates between different socio-economic groups and geographical areas and in 2003 it set the following national target to reduce these inequalities:

- Starting with children under 1 year, by 2010, to reduce the gap in mortality by at least 10% between routine and manual groups as a whole.

To contribute to the achievement of this national target, Medway has set the following local target for reducing infant mortality in its population (LAA Indicator 6.1.2):

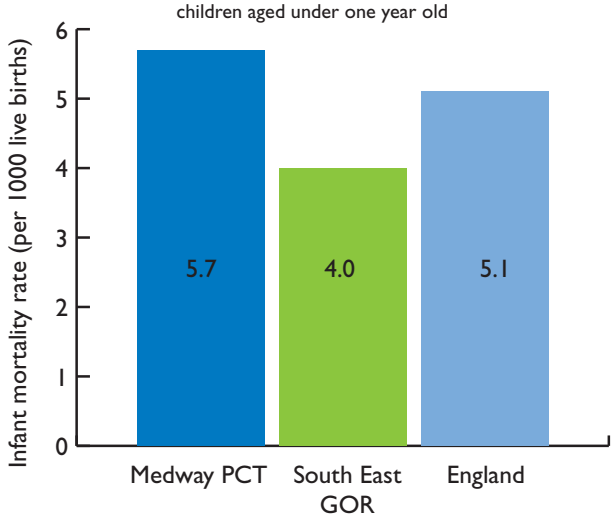
- To reduce the infant mortality rate in Medway from 5.27 in the baseline period 1998-2000 to no more than 4.83 by 2010.

This equates to saving the lives of at least 2 more children.

The infant mortality rate in Medway is currently 5.7 deaths per 1000 live births, this is significantly higher than the regional average of 4.0 and also higher than the overall rate for England which is currently 5.1.

Infant mortality *(2003-05)*

Infant mortality is the no. of deaths of children aged under one year old



Source: Compendium of Clinical and Health Indicators, Information Centre, Dec 2006

Did you know:

Medway has higher rate of infant mortality than the South East. Research shows a strong link between infant mortality and the proportion of low birth weight babies.

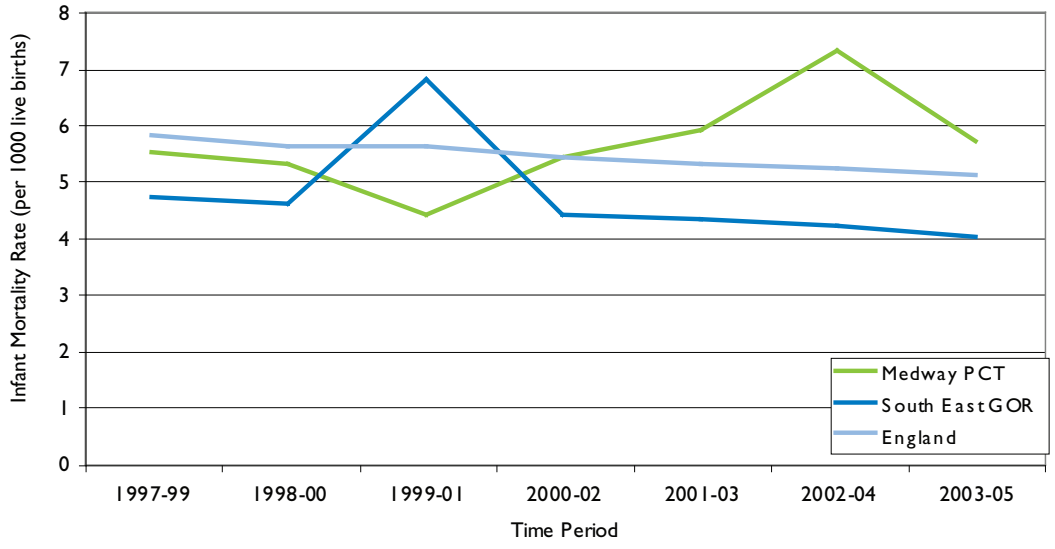
Ward of Residence of Mother	Average Annual Premature Birth Rate per 1000 births (2002-06)
Walderslade	112.7
Gillingham North	112.6
Cuxton and Halling	107.3
River	103.3
Lordswood and Capstone	103.1
Strood North	99.6
Luton and Wayfield	96.6
Strood South	91.0
Chatham Central	88.8
Rochester East	88.0
Rainham Central	87.1
Watling	85.8
Strood Rural	84.9
Gillingham South	84.7
Twydall	84.3
Rainham North	84.2
Princes Park	83.5
Rainham South	79.6
Rochester South and Horsted	68.4
Peninsula	66.8
Hempstead and Wigmore	59.2
Rochester West	54.6
Medway	89.0

Source: Medway Maritime Hospital Maternity System, Jan 2007

Latest figures show a decrease in infant mortality rates in Medway. This is in contrast to the sharp upward trend seen over the previous 3 periods (1999/01 – 2002/04).

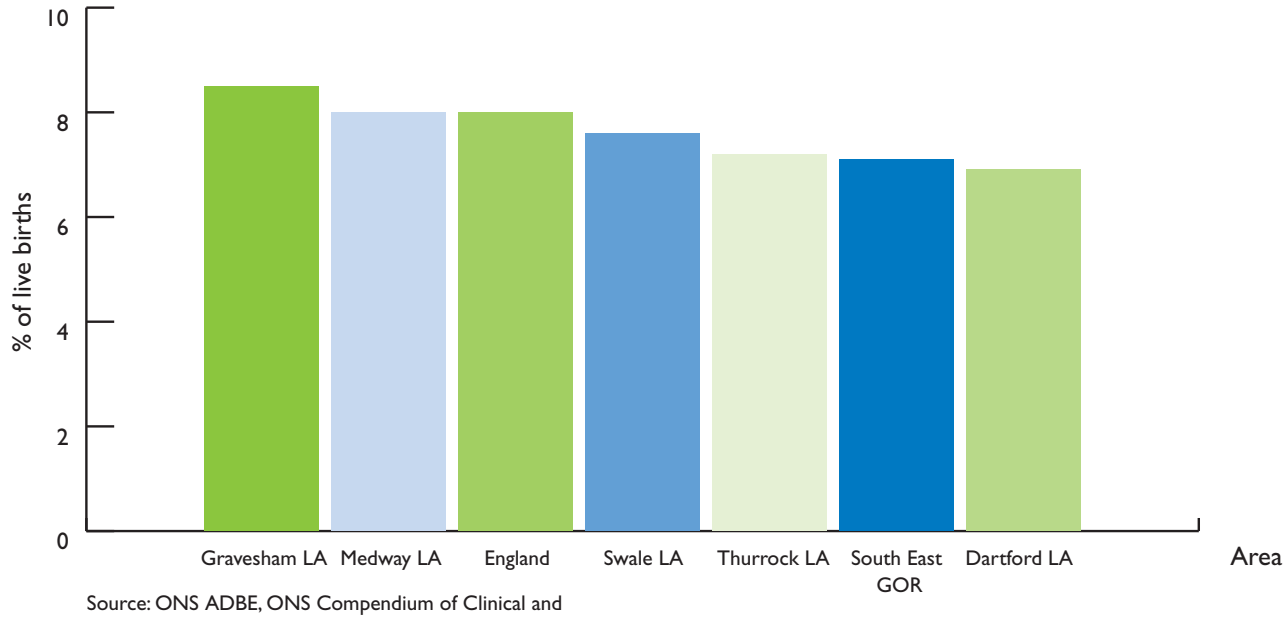
Nevertheless Medway's infant mortality rate remains substantially higher than that for England as a whole and the South East Region.

National, Regional and Local Trends in Infant Mortality (1997/99 - 2003/05)



Source: Compendium of Clinical and Health Indicators, Information Centre, Dec 2006

Percentage of live births with a birthweight < 2500grams (Rate per 100)
5 year average for the period 2001 to 2005 - Local authority comparison



Source: ONS ADBE, ONS Compendium of Clinical and Health Indicators

Perinatal and Neonatal Mortality

Many infant deaths occur in the first few weeks of life as a result of premature birth, low birth weight or congenital abnormalities.

Premature births

Preterm birth is the primary cause of death in neonates and infants, with significant morbidity ensuing for surviving babies, particularly as a result of neurological disability. The table below shows premature births (gestation was less than 37 completed weeks) by Medway ward of residence of mother for 2002-2006.

Premature birth rates in mothers resident in Medway (average annual rates based on births in 2002-2006)

This table indicates that substantial variation exists between Medway's wards for this indicator. In summary, for 2002-2006:

- Walderslade and Gillingham North ward have the highest rate of premature births (112.7 and 112.6 per 1000 births respectively)
- Rochester West ward has the lowest rate of premature births (54.6 per 1000 births).
- The differences in the highest and lowest rates are statistically significant

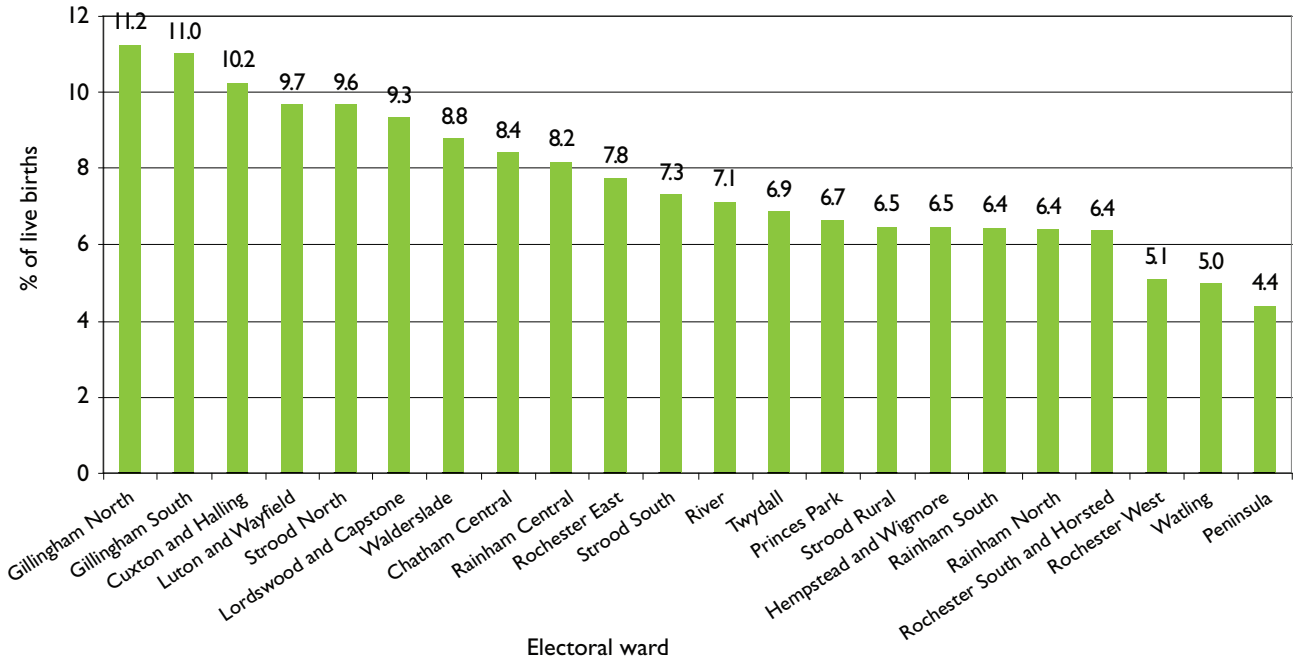
Low Birth Weight (LBW)

LBW is defined by the WHO as a birth weight of less than 2,500g. It is an indicator which can be used to monitor changes over time within a population, or between populations, and is the most important risk factor for neonatal mortality. Of all member countries of the Organisation for Economic Co-operation and Development in 2000, the UK had one of the highest proportions of low birth weight live births (7.6%). Furthermore, the proportion of babies born with low birth weight showed an upward trend, in line with most other OECD countries. This trend is likely in part to be due to the increasing survival of pre-term babies.

There is a strong correlation between perinatal and infant mortality and incidence of LBW, with the mortality being largely attributable to immaturity. Furthermore, research has shown that low birth weight babies experience an increase in death and illness throughout childhood and into adulthood. For example, there is evidence that the risk of developing chronic diseases such as heart disease, diabetes and breast cancer in adulthood is increased for LBW babies. Important factors associated with higher levels of LBW are outlined below:

- Maternal smoking (with rates of LBW twice as high among the babies of smokers compared to non-smokers)
- Low socio-economic status, poor housing, overcrowding and unemployment. For example, LBW is higher where the

Percentage of live births with a birthweight < 2500 grams (Rate per 100)
5 year average for the period 2001 to 2005 - Medway Ward comparison



Source: ONS ADBE, ONS Compendium of Clinical and Health Indicators

father has a manual occupation compared to non-manual. Although there are wide variations in levels of child poverty and deprivation across Medway, nine of Medway's wards were, in 2000, amongst the top 20% of wards in England which have the highest levels of child poverty

- Sole registrations. Babies registered by the mother alone tend to have lower birth weight than those registered by both parents
- Ethnicity. Black and Asian women's babies have a lower mean birth weight than that for babies born to white mothers
- Poor maternal nutrition at conception and throughout pregnancy

The figure below shows the rates of LBW for Medway and its ONS Cluster Comparator areas. Note that a 5 year period has been used to allow for the large annual fluctuations in LBW rates at this Level.

This indicates that the overall rate of LBW babies (percentage of births, live and still, with birth weight less than 2500g) for 2001-2005 is generally comparable in Medway (8%) to that for England as a whole, but substantially higher than for the South East region (7.1%).

There is wide variation in the rates of LBW babies between Medway's wards. This is illustrated by the figure below, which shows percentage of live births with LBW by ward for Medway over the period 2001-2005.

Congenital anomalies

Congenital anomalies are a major cause of child and infant mortality in England and Wales. The term refers to all types of structural abnormalities with which a baby can be born. Up to 8% of congenital anomalies are thought to be caused by environmental and maternal factors such as

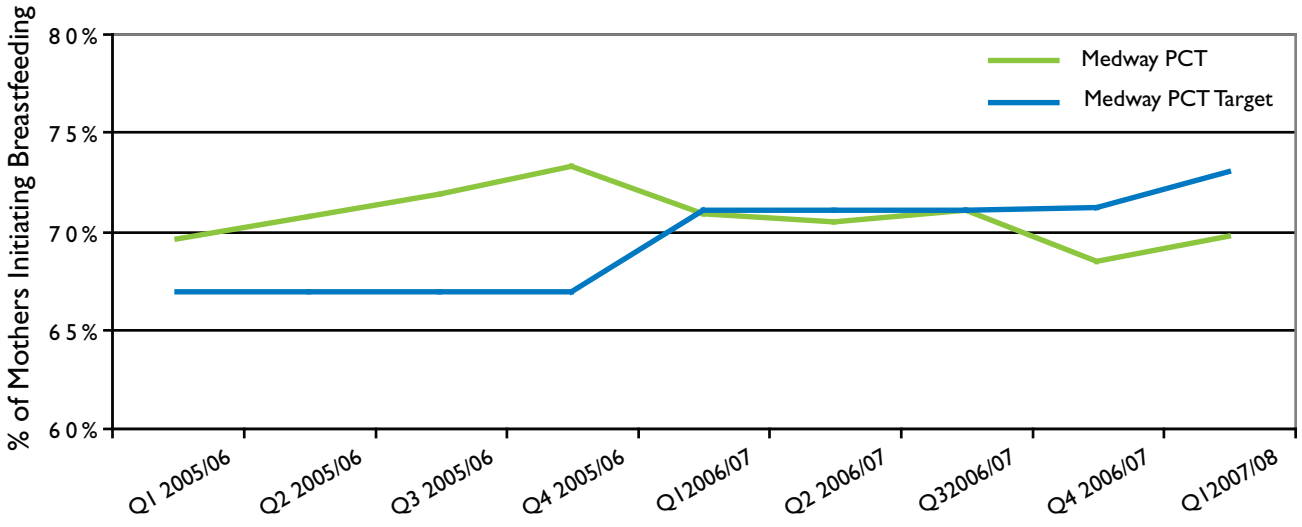
% of Mothers Initiating Breastfeeding in Medway PCT

	2005/06				2006/07				2007/08			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Medway PCT	69.4%	70.6%	71.8%	73.1%	70.8%	70.3%	70.9%	68.3%	69.6%			
Medway PCT Target	66.9%	66.9%	66.9%	66.9%	70.9%	70.9%	70.9%	71.0%	72.9%	72.9%	72.9%	72.9%

Source: Medway PCT Commissioning Information Manager, August 2007

Recent Trends in Breastfeeding Initiation Rates in Medway PCT Residents

(April 2005 - June 2007)



Source: Kent & Medway Health Informatics Service, July 2007

certain drugs, smoking and alcohol. Socio-economic variables are thought to contribute to higher rates of neural tube defects, possibly relating in part to poor nutrition amongst lower socio-economic groups.

Breastfeeding

The Government recognises the important contribution which breastfeeding can make to the health of mothers and infants and has adopted the WHO recommendations to encourage exclusive breastfeeding for the first six months of life. It has set a target for all PCTs to increase breastfeeding initiation rates by 2% year on year.

Local performance targets are included in Medway PCT's Local Delivery Plan and performance is monitored via quarterly returns from the Maternity Unit at Medway Maritime Hospital. Recent data shows that breastfeeding initiation rates in Medway currently fall below the target. The data also shows a general decline in breastfeeding initiation rates although figures for the latest reporting period (Apr-Jun07) show an upward turn.

Life Expectancy

Life expectancy at birth is a way of expressing the all cause mortality of an area. It is an estimate of the number of years a new-born baby would survive, were he or she to experience the particular area's age-specific mortality rates for that time period throughout his or her life. It is another indicator of the health inequalities experienced within a population.

Average life expectancy in Medway is currently 76.4 for males and 80.4 for females.

These figures are slightly lower than the national figure but substantially lower than the South East region overall.

Analysis of recent trends shows that the life expectancy of Medway residents has increased consistently over the last 8 years. The gap in life expectancy between men and women is also decreasing. Since 1994/96 the gap has decreased by 25% (equivalent to 1.3yrs).

In 2003 a national target was set to reduce by at least 10% the gap in life expectancy between the areas with the worst health and deprivation indicators and the population as a whole. To contribute to the achievement of this national target, Medway has set the following LAA target for reducing inequalities in life expectancy:

- To reduce the gap between the ward with the lowest life expectancy and the ward with the highest life expectancy by 15% by 2010.

In the period 2000-04 River Ward had the lowest life expectancy (73.7) and Cuxton and Halling the highest (80.9), a gap of 7.2 years.

In order to achieve the target 15% reduction, life expectancy in River Ward would need to increase by approximately 1.1 years to 74.8. Unfortunately recent trends suggest that the gap is widening and currently stands at 7.6 years.

Did you know:

Life expectancy in Medway is 76.4 years for men and 80.4 years for women. This is lower than in the South East of England. Life expectancy is highest in Cuxton and Halling and lowest in River Ward – a gap of 7.2 years.

Data also shows that life expectancy in Cuxton and Halling has consistently increased in contrast to River Ward where life expectancy has consistently reduced over the same period. Improving life expectancy requires a multi-faceted approach focussing on a number of key areas:

- Reducing mortality rates from the major killer diseases
- Promoting the adoption of more healthy lifestyles
- Improving access to services

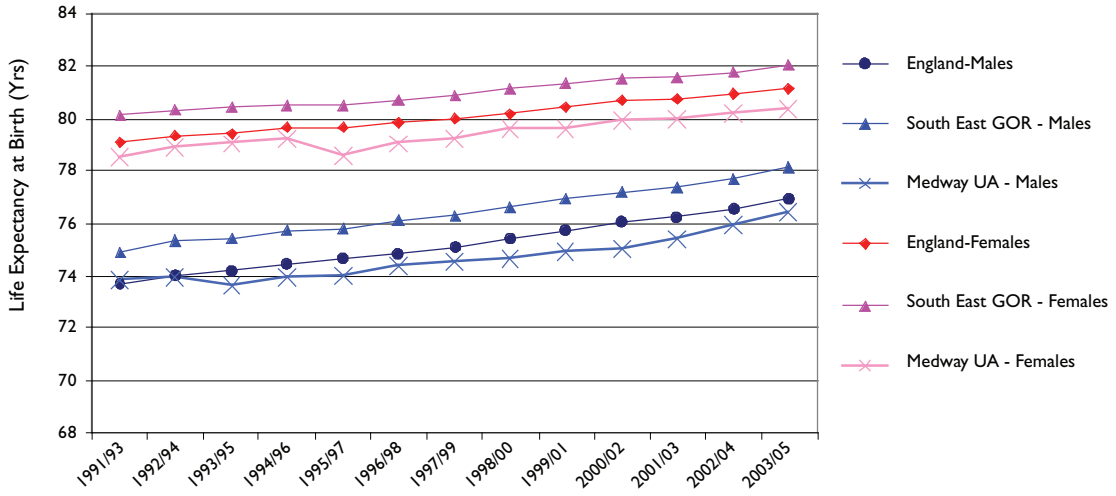
There are a variety of national and local targets to address these issues and Medway's progress towards these targets is reviewed in the following section:

Difference between Wards with the Lowest and Highest Life Expectancy (yrs)

1998-2002*	1999-2003	2000-04	2001-05
5.5	6.3	7.2	7.6

**Cuxton and Halling ward had the 2nd highest life expectancy in 1998—02.*

National, Regional & Local Trends in Life Expectancy at Birth (1991/93 - 2003/05)



Sources: 1991_93 - 2002_04 figs from: Compendium of Clinical and Health Indicators (www.nchod.nhs.uk or nww.nchod.nhs.uk). Health and Social Care Information Centre. © Crown Copyright.
2003_05 figs calculated using the SEPHO Life Expectancy Calculator using ONS Mid Yr Population Estimates & Deaths from Vital Statistics Table VS3.

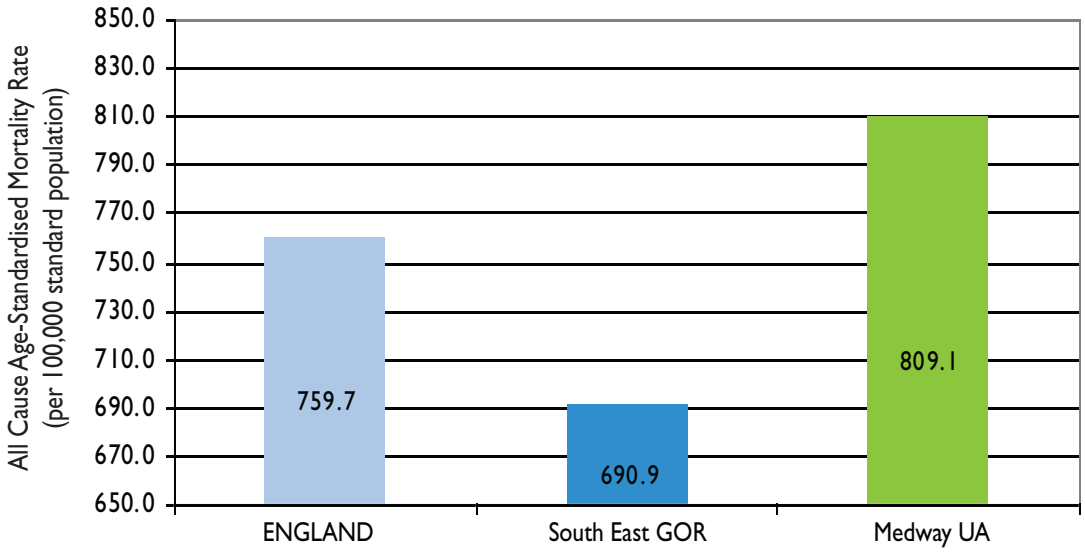
Mortality

All Cause Mortality

The government included a target to reduce all cause mortality rates (deaths per 100,000 standardised population) in the original Public Service Agreement. This has been reflected in Medway PCT's Local Delivery Plan with a target to reduce the rate to 773 in males and 549 in females by March 2008.

The latest figures available (3 yr aggregates for 2003-2005) indicate that rates in Medway are currently above these targets (809.1 for males and 573.1 for females). However analysis of recent trends indicate a consistent downward trend which, if sustained, should result in the achievement of this target within the timescale.

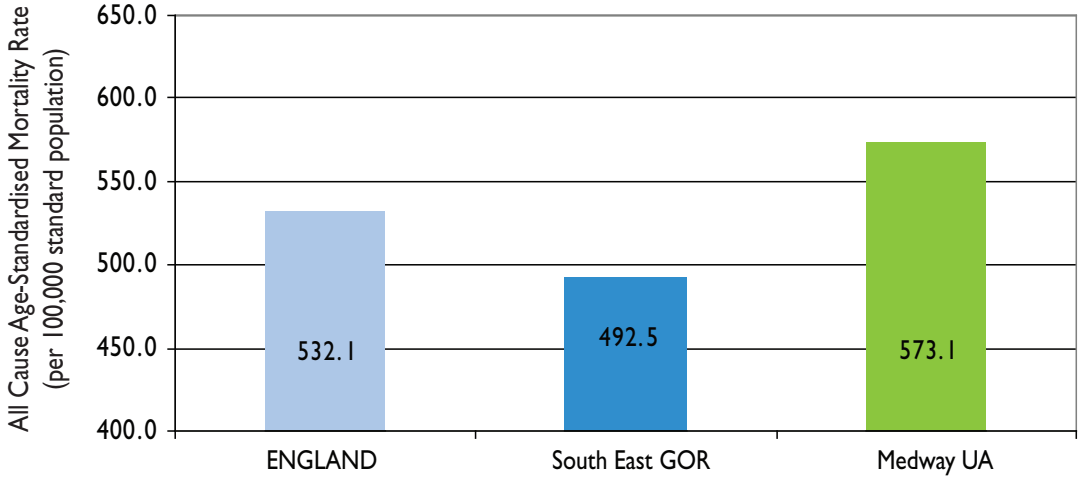
Male All Cause Mortality Rates (2003-05)



Source: National Compendium of Clinical & Health Indicators: www.nchod.nhs.uk, Aug 2007

*Mortality rates are directly age standardised using the European standard population.

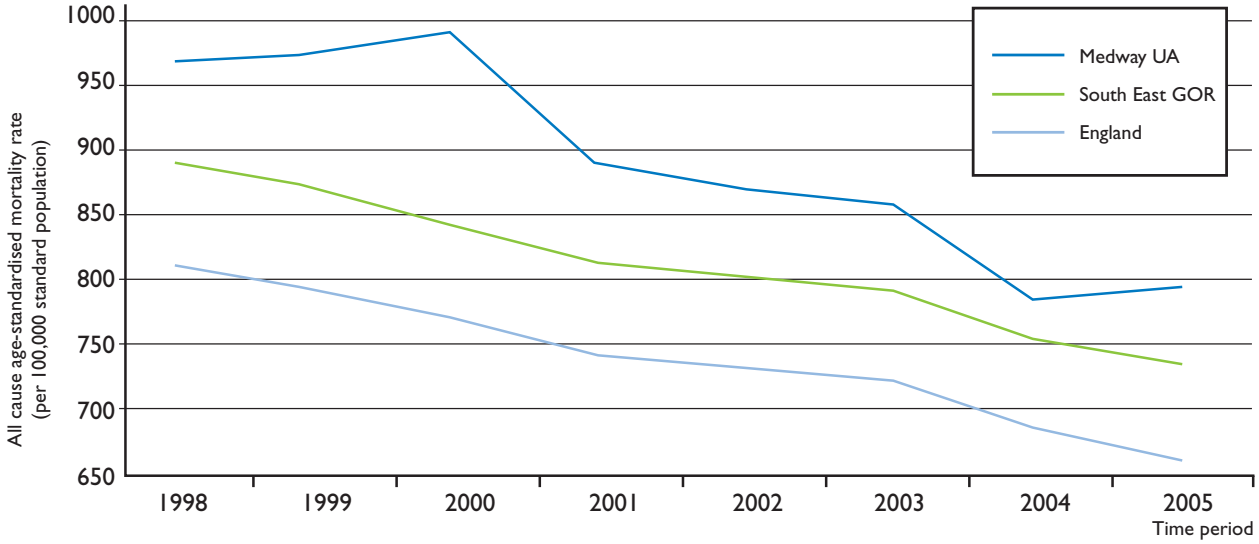
Female All Cause Mortality Rates (2003-05)



Source: National Compendium of Clinical & Health Indicators: www.nchod.nhs.uk, Aug 2007

*Mortality rates are directly age standardised using the European standard population.

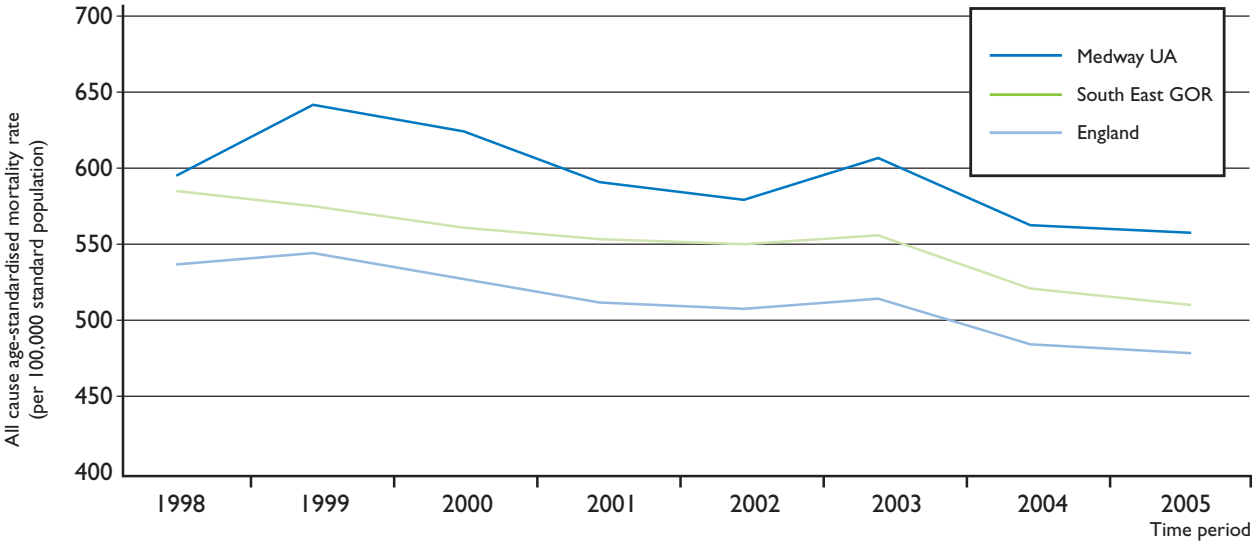
National, regional and local trends in MALE all cause mortality (1998-2005)



Source: National Compendium of clinical & Health Indicators: www.nchod.nhs.uk, Aug 2007

*Mortality rates are directly age standardised using the Eurpoean standard population

National, regional and local trends in FEMALE all cause mortality (1998-2005)



Source: National Compendium of clinical & Health Indicators: www.nchod.nhs.uk, Aug 2007

*Mortality rates are directly age standardised using the Eurpoean standard population

Our Healthier Nation Targets

In 1999 the 'Our Healthier Nation' White Paper set targets to reduce mortality rates for some of the most common causes of death. These were subsequently incorporated into the national Public Service Agreement and Medway PCTs Local Delivery Plan.

The following national targets are to be achieved by 2010:

- deaths from Circulatory Disease, in those aged <75, by 40%
- ?deaths from Cancers, in those aged <75, by 20%
- deaths from Accidents by 20%
- ?deaths from Intentional Self Harm and Undetermined Injury (suicides) by 20%

Local progress towards the OHN targets is monitored using age-structuralised mortality rates. These are shown below for Medway.

Numerator: deaths from the Annual District Death Extracts (registrations)

Denominator: PCT Populations based on the mid-year local authority resident population estimates (2001 base)

Mortality rates are directly age standardised using the European standard population and expressed as a rate per 100000 people.

Year	Cancers	Circulatory diseases	Accidents	International self harm
Baseline: 1996 (1995-97)	157.8	156.2	15.3	6.1
2001	151.0	117.4	17.4	6.9
2002	129.8	100.0	18.5	9.2
2003	138.1	109.9	15.3	5.1
2004	120.5	104.1	15.3	7.9
2005	118.0	94.6	12.3	7.9
Latest 3yr rolling ave (2003-05)	125.5	102.9	14.3	6.9
Target: 2010	**126.2**	**93.7**	**12.2**	**4.9**

Sources (all from ONS)

Progress Towards OHN Targets

Circulatory Disease	The <75 circulatory disease mortality rate for Medway PCT is currently 94.6. This is considerably higher than the average rates for England and South East GOR which are 84.0 and 70.1 respectively. Although this rate is currently above the OHN target for 2010 (93.7) there has been a general reduction in mortality over the last 5 years and the PCT is progressing towards this target.
Cancers	The <75 cancer mortality rate for Medway PCT is currently 118.0. This is higher than national average (116.8) and considerably above the regional average for the South East (currently 108.4). Medway has achieved a consistent reduction in its cancer mortality rates over the last 5 years and this rate is already below the OHN target for 2010 which is 126.2. However the rate must remain below this level in order to achieve the target in 2010
Accidents	The accidental mortality rate for Medway PCT is currently 12.3. This is considerably lower than the average rates for England and South East Region which are 15.9 and 15.2 respectively. This rate is only just above the OHN target for 2010 for Medway which is 12.2. There has been a consistent reduction in accidental mortality rates over the last 3 years and this will need to be maintained to ensure achievement of the target by 2010.
Intentional Self Harm (Suicide)	The mortality rate for intentional self harm in Medway PCT is currently 7.9. This is similar to the regional average (8.0) but lower than the national average (8.4). There has been a consistent rise in suicide mortality rates in Medway for the last 3 years and the rate now stands above that in the baseline year (6.1). Considerable work will be required to reverse this upward trend in order to achieve the target mortality rate of 4.9 by 2010.

Sexually Transmitted Infections (STIs)

The Health Protection Agency monitors the incidence of selected sexually transmitted infections by recording the number of new diagnoses made at genitourinary medicine (GUM) clinics across the UK. Figures from the GUM clinic at Medway Maritime Hospital (MMH) can provide an indication of the trends in the incidence of STIs in the population of Medway. However it is important to note that the data provided cannot be analysed according to the patient's place of residence. As some people choose to visit a GUM clinic which is not close to their home, these figures may include people who are not resident within the Medway area and may not be truly representative of the entire Medway population.

The incidence of all STIs diagnosed at MMH has increased dramatically in the last 6 years. It should be noted however that these may not merely be an indication of changes in incidence but a reflection of other changes that have occurred during this period, for instance

- Increased awareness of sexual health amongst the population.
- Better screening techniques (particularly in relation to Chlamydia).
- Better access to GUM clinics.

The following table provides a comparison of recent trends in the incidence of STIs in other local PCTs and England as a whole.

The rate of increase of all STIs in Medway is significantly greater than the national average. However the table also illustrates the dramatic variation in trends between the PCTs.

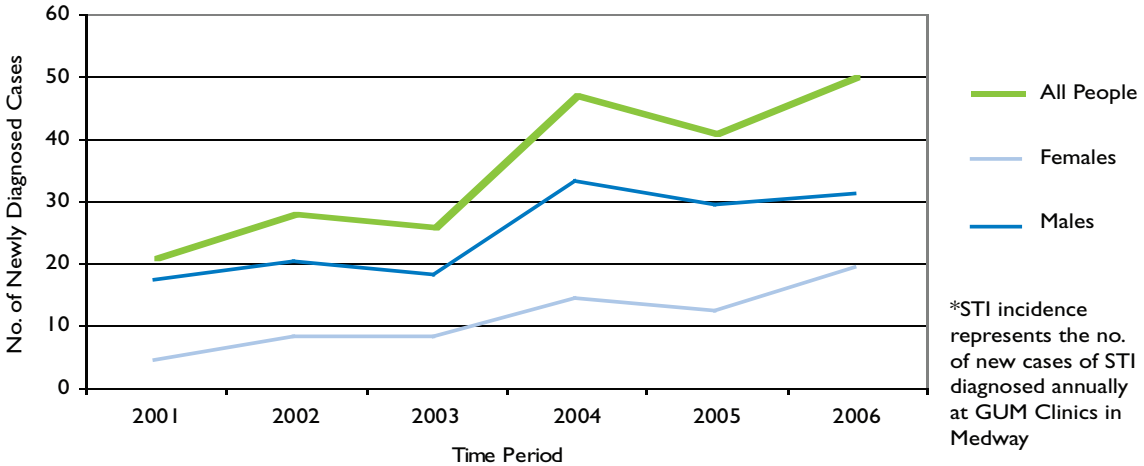
Gonorrhoea is well established as a proxy measure of the general state of sexual health. An increase in rates of new diagnoses of gonorrhoea is likely to reflect an increase in unsafe sexual behaviour.

A national target to reduce rates of new diagnoses of Gonorrhoea by 2008 was included in the Public Service Agreements and subsequently incorporated into Medway PCTs Local Delivery Plan. Nationally the target is currently being met as cases of Gonorrhoea have fallen over the last 5 years. However, locally, Medway has seen an increase of over 100%.

% Change in the no. of newly diagnosed cases (2001 - 2006)

STI	Medway	Eastern & Coastal Kent Teaching PCT	West Kent PCT	England
Chlamydia	831.6%	346.5%	97.8%	45.5%
Herpes	693.3%	7.1%	-34.8%	13.7%
Warts	164.6%	40.6%	-12.1%	13.7%
Gonorrhea	138.1%	145.0%	-51.2%	-22.1%

Recent Trends in the Incidence of Ghonorrhoea in Medway* (2001 - 2006)



*STI incidence represents the no. of new cases of STI diagnosed annually at GUM Clinics in Medway

Source: KC60 returns via the Health Protection Agency, July 2007

Lifestyle

Information on lifestyle behaviours at a local level is not consistently recorded and therefore reliable figures are difficult to obtain. PCTs have traditionally relied on lifestyle surveys to provide a snapshot of the habits of a sample of their population.

In Medway, lifestyle survey data is from 2001 and 2002 and so may not reflect any changes that have taken place recently. Until a new lifestyle survey is undertaken, changeover time in many lifestyle measures is not available.

The National Healthy Schools Programme

The National Healthy Schools Programme (NHSP) is funded by the Department for Children, Schools and Families and aims to support the development of healthy behaviour in children and young people, to improve educational achievement and to reduce health inequalities and social exclusion. A number of national targets are supported by the NHSP. These are as follows:

- Improving behaviour and attendance at school
- Halting the rise in childhood obesity
- Reducing teenage conceptions and improving sexual health
- Reducing substance misuse and smoking by young people

Schools are expected to meet criteria laid down within four key themes:

- Personal Social and Health Education (PSHE): this includes Sex and Relationships Education (SRE) and drug education
- Healthy eating
- Physical activity
- Emotional health and well-being

These should be delivered through a 'whole-school' approach, a structured curriculum and in an environment that facilitates making healthy choices.

Latest figures (for July 2007) show that 33% of schools in Medway (n=34) have currently achieved National Healthy Schools accreditation. This is below the national average of 47% and below the local target for Medway (41%).
This data should be interpreted with caution as it reflects the impact of the revision of the National Healthy Schools Standard in 2006 and the staff shortages currently being experienced by the local team. The team have run a series of intense visits to schools which resulted in a significant number of schools achieving accreditation. They plan to repeat this programme on a quarterly basis.

Immunization

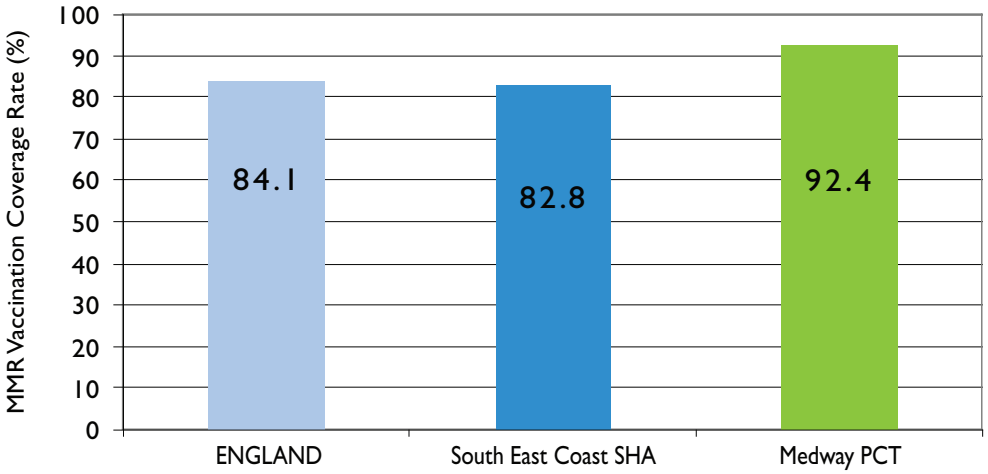
Influenza Immunisation Programme

The national target for the uptake of influenza immunisation is 70% of people aged 65 years and over, targeting populations in the 20% of areas with the lowest life expectancy. The latest figures (for winter 2006) show that Medway PCT narrowly missed this target with an overall flu vaccination coverage rate of 69.5%.

Childhood Immunisation Programme

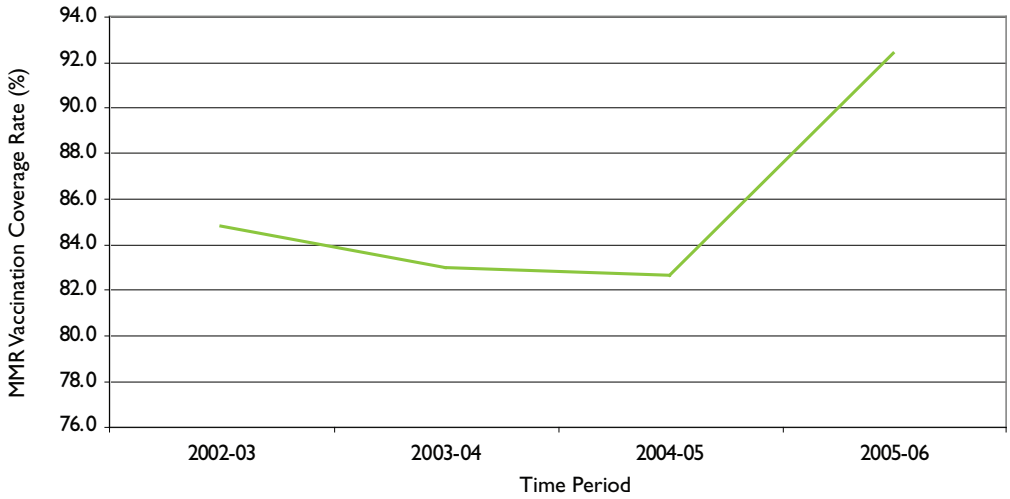
The childhood immunisation programme in England now includes vaccinations against 11 diseases, including diphtheria, tetanus, measles, mumps and rubella. The latest available annual figures (2005/06) show that Medway PCT is achieving or exceeding the WHO coverage rate for all vaccinations at 12 months and 2 years, except MMR. However coverage rates for this vaccine have increased considerably in the last year and are currently above the national average.

MMR Coverage Rates in children at their 2nd birthday* (2005/06)



Source: Health Protection Agency, Dec 2006

Recent Trends in MMR Coverage Rates in Children at their 2nd Birthday in Medway PCT(2002/03 - 2005/06)



Source: Health Protection Agency, Dec 2006

Looking Forward

Medway faces some important challenges in meeting a number of the targets set for improving public health. These include those of reducing teenage pregnancy and infant mortality. The planned comprehensive analysis of teenage pregnancy risk factors (due to be completed in the Autumn 2007) will be important in developing future interventions here.

In addition, planned work of the Public Health Team will help address the significant gap in life expectancy across Medway. For example, much of the planned social marketing activity aimed at reducing the rates of smoking will focus on River ward.

6 Public Health Assessment

A number of significant elements of Public Health work have been completed during the year as part of the developing role of public health intelligence.

Chatham Renaissance Health Impact Assessment (HIA)

Health Impact Assessment is a process by which the potential impacts of a policy/programme on the local population can be identified and decision makers informed in order to minimise the negative and maximise the positive impacts. HIA recognises that the health of individuals or populations is determined by factors wider than those of just physical health and heredity: economic, social and environmental determinants are recognised as key determinants of health and well-being. A Rapid HIA of the redevelopment proposals for Chatham Waterfront, Station Gateway and The Brook was undertaken in May 2007. Several key implications of the regeneration initiatives on local health and well being have been identified from the findings and have led to the formulation of recommendations whereby negative impacts can be minimised and positive impacts maximised. The findings and recommendations are to be presented to and taken forward by the Health Partnership Board and Medway Renaissance Partnership.

Medway Child Health Equity Audit

Child Health was highlighted as a priority target for reducing health inequalities by the government in 2001. Health Equity Audit (HEA) is a process which focuses on the fairness of distribution of healthcare resources/services in relation to a population's health needs. Through understanding and knowledge about health inequities within the population, HEA aims to reduce the health inequalities experienced by those groups within the population whose health needs are found to be greatest. Improving the health of mothers and their children and reducing the health inequalities experienced by these groups is fundamental to improving the overall health of the nation. The Government has highlighted, in a number of key documents, the need to improve the health, lives and wellbeing of England's children and young people. England displays substantial and significant differences across its wards for several key indicators of child health and well-being, and local data for Medway has revealed that children born and living in different parts of Medway experience inequities and subsequent differences in health and access to health services. A Child Health Equity Profile, which forms the initial stages of Medway's Child HEA, has been undertaken and has confirmed that substantial inequities across a range of indicators of child

health exist between Medway's population and the resident population of other parts of Kent, the South East region and England as a whole. Furthermore, substantial inequities exist between resident populations of Medway's wards. The Children and Young Peoples Strategic Partnership Board has taken ownership of the Child HEA and will work with the Public Health Team to move the process through its next stages of agreeing actions to "narrow the gap".

Strategic Review of Alcohol Harm

Medway is common with many other areas in the issues faced by alcohol misuse. These are focused around:

- **Health**, and the effects of alcohol misuse on residents and organisations in the health and well-being sector.
- **Crime**, the effects that alcohol misuse has on increasing crime, anti-social behaviour and the fear of crime.
- **Work**, and the effect on employers, organisations, profitability etc. from the working days lost each year resulting from the misuse of alcohol.
- **Society in general**, including emotional effects and abuse, for example within families, resulting from alcohol misuse.

A review of issues related to alcohol misuse was jointly commissioned by Medway Public Health team and the Community Safety partnership, and was conducted by Information by Design.

The study involved in-depth analysis of a range of indicators relating to health, crime, education, housing, employment, licensing and service provision. Low level data was collected and analysed to provide a thorough understanding of alcohol problems across the Medway area. Statistical analysis was used to identify the most problematic geographical areas in Medway with regards to alcohol related crime and health, as well as identifying the most significant alcohol related issues. A consultation was carried out with stakeholders that worked across Medway in roles either directly or indirectly affected by the misuse of alcohol as well as members of the public and licensed premises.

The report is currently being used to develop an alcohol strategy for the area to establish local targets to tackle and reduce alcohol related crime and poor health in Medway. The strategy will also help to direct alcohol related support agencies and the services they provide to better meet local need.

7 Recommendations

A wide range of activities will be a priority in the next year. These include public health assessment work and a further focussing on key agendas.

Sexual Health Needs Assessment

Health Needs Assessment (HNA) is a public health method by which challenging decisions relating to healthcare delivery and provision can be facilitated: the health challenges within a population are systematically reviewed, priorities are then set and resources allocated. Medway's Sexual HNA aims to analyse the evidence about sexual health needs in Medway and to identify priorities for commissioning of sexual health services in Medway from April 2008. The full range of sexual health services will be reviewed, with a focus on public consultation and involvement.

Diabetes in women

Highlighted within the 2004 Annual Report of the DPH and Medway's Local Delivery Plan is the importance of the burden of chronic diseases, including Diabetes, in Medway. Medway has a Standardised Mortality Ratio (SMR) of 136 for all ages for Diabetes, i.e., 36% more people locally are dying of Diabetes compared to the national average. The rate for men alone is 104 but for women is 165: 65% higher than the national average (ONS, 2001-02). Clearly Diabetes within Medway's female population is a modifiable area of significant Public Health importance where further work is needed if we are to reduce the mortality rate gap between Medway and England as a whole and meet "Choosing Health" targets of reducing mortality rates from chronic diseases. An HNA for Diabetes in Medway's women is to be undertaken.

Smoking

Smoking is the single largest preventable cause of ill health and premature death in the UK. The Medway Coronary Heart Disease Health Equity Audit, undertaken by the Public Health Team in 2005, identified clusters within Medway where high concentrations of smokers live, and a strong link between deprivation and the proportion of people who smoke. A smoking HNA is planned for Medway, with the objectives of understanding key smoking related issues for target groups, mapping existing smoking related services and resources and consulting with service providers and the public (particularly target groups) about smoking and quitting.

Joint Service Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) forms a vital element of the new commissioning processes outlined in the Government Report; "Commissioning Framework for Health and Well-Being".

The aim of a JSNA is to:

- Enable the PCT, Council and their partners to develop health and social care commissioning plans which are designed to meet future needs and achieve better outcomes.
- Inform existing and potential service providers about potential service change.
- Provide an opportunity to look ahead three to five years and identify the change that needs to happen in local service systems.
- It can also be used to develop a programme of specific systematic service reviews.
- It should support the PCT and Council in identifying their performance targets e.g. PCT Outcome Metrics, LAA and Council Outcome Indicators.

The JNSA will also support the agreement of longer-term priorities and the production of strategic documents such as the PCT Prospectus, Sustainable Communities Strategy and Children and Young Peoples Plan. Recent guidance has indicated that initial JSNA's should be completed by July 2008. A Medway JSNA Steering group was convened in July 2007 to co-ordinate the completion of the project. This will be a 2 tier process:

- Preliminary report to inform the PCTs Strategic Commissioning Plan. This will be in the form of a "Health and Demographic Profile" incorporating existing data from within the JSNA list of indicators, to be completed by September 2007.

- A full JSNA report, incorporating the full range of recommended indicators and analyses will be completed by summer 2008 and used to inform the review of the Strategic Commissioning Plan.

Healthy Living Equity Audit

In response to recommendations in the Obesity Strategy 2005 the Obesity Team intend to undertake an audit to assess equity of access to low cost healthy food and opportunities for physical activity available to Medway Residents.

Community Lifestyle Clinics

The prevention and management of overweight and obesity is a national government priority as outlined in 'Choosing Health'. There is also a Public Service Agreement shared by the Department for Health, the Department for Education and Skills and the Department for Culture, Media and Sports to halt the year on year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

Key policy drivers for local action on adult obesity are already in place through National Service Frameworks for coronary heart disease and diabetes. Local policy drivers are included in the Local Area Agreement and delivery planning for Choosing Health is an integral part of PCTs' Local Delivery Plans.

Community 'Lifestyle Clinics' will provide assessment, treatment, referrals to exercise etc, and group sessions as well as developing local clinical care pathways for management of obesity.

Social Marketing

Social marketing techniques aim to effectively modify health-related behaviours for a social good - for example, better health, improved wellbeing or greater community cohesion, by using commercial marketing techniques. Put simply, social marketing is an intelligence led health promotion technique, whereby developing a detailed understanding of the local population allows social marketing messages to be targeted effectively. If we are to have a significant impact on health inequalities it is essential that we invest in and utilise expertise the available resources and expertise. 'Quick wins' in this area would be targeted interventions to reduce smoking prevalence, or healthy eating and physical activity initiatives.

Medway Health and Lifestyle Survey

Health and lifestyle surveys have become an established method of gathering information and are an important source of data at a local level to measure and monitor lifestyles relevant to the health of the population. Collecting baseline data on the health and health-related lifestyles of the local adult population could be used to help plan Medway services and to target areas of need.

Dental Public Health

Oral health is central to healthy living and dental public health can provide services and information that will enable people to take control of their oral health (eg reducing sugar intake, giving up smoking). Additionally the advice and support provided by dentists and other members of the dental team can contribute to the government's prime objectives on healthier living, and offers new opportunities for building partnerships. While oral health is steadily improving, there remain considerable inequalities, particularly associated with children. A consultant in Dental Public Health would act as an advisor and advocate for oral health improvement, supporting strategies to address inequalities, and ensuring that oral health is included in local health-related initiatives. The common risk approach recognises that chronic non-communicable diseases and conditions such as obesity, heart disease, stroke, cancers, diabetes, and oral diseases share a set of common risk conditions and factors eg poor quality diet, smoking, excessive alcohol intake. The common risk approach provides a rationale for partnership working.

Improved health in the workplace

A healthier workplace potentially increases productivity, performance, morale and commitment. Reducing sickness absence will reduce organisational costs and promoting well being at work will improve an organisations external image and reputation.

The healthy workplace code should be adopted by the Council and the PCT, and promoted with other local employers.

References

DEPARTMENT FOR COMMUNITIES AND LOCAL GOVERNMENT (2006): *Strong and Prosperous Communities – the Local Government White Paper, October 2006.*

DEPARTMENT OF HEALTH (2004): *Choosing Health – Making healthy choices easier. London, The Department of Health.*

DEPARTMENT OF HEALTH (2005): *Choosing Better Oral Health: an oral health plan for England. London, Department of Health.*

DEPARTMENT OF HEALTH: *Commissioning framework for health and well-being, March 2007.*

DEPARTMENT OF HEALTH: *Saving Lives: Our Healthier Nation. July 1999.*

DoH (2006): *Choosing Health: Obesity Bulletin, Issue 1*

KELLY M, STEELE J, NUTTALL N, ET AL (2000): *Adult Dental Health Survey: oral health in the UK 1998. London: The Stationery Office.*

LOCKER D (2000): *Deprivation and oral health: a review. Community Dentistry and Oral Epidemiology 28 (3) 161-9.*

MEDWAY LOCAL STRATEGIC PARTNERSHIP: *Local Area Agreement for Medway, 2006*

NAO (2001): *Tackling Obesity in England [online] last accessed 2nd August 2007 at URL: http://www.nao.org.uk/publications/nao_reports/00-01/0001220.pdf*

NATIONAL CENTRE FOR SOCIAL RESEARCH (2006a): *Health Survey for England 2004*

NATIONAL CENTRE FOR SOCIAL RESEARCH (2006b) *Forecasting Obesity to 2010*

NICE (2006): *Nice Clinical Guideline 43: Obesity: Guidance on the prevention, assessment and management of overweight and obesity in adults and children*

SACHER PM, KOLOTOUROU M, CHADWICK P, SINGHAL A, COLE TJ AND LAWSON MS (2007): *The MEND Programme: effects on waist circumference and BMI in moderately obese children Obesity Reviews 8 (suppl. 3): 12-13*

SAMUEL A, BIRLEY M, ARDON K: *The Merseyside guidelines for health impact assessment, Liverpool Public Health Observatory, 1998.*

WATT R AND SHEIHAM A (1999): *Inequalities in oral health: a review of the evidence and recommendations for action. British Dental Journal 187 (1) 6-12.*

WHO (2000) Obesity: *preventing and managing the global epidemic. WHO Technical Report Series no. 894 [online] last accessed 2nd August 2007 at URL: http://whqlibdoc.who.int/trs/WHO_TRS_894.pdf*

WORLD HEALTH ORGANISATION (WHO). Health 21: *The health for all policy framework for the WHO European region, 1999.*

Designed by Medway Council's Communications Team. www.medway.gov.uk/communications G2621

Medway Council
Serving You

Medway NHS
Primary Care Trust