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To: Kent Health and Wellbeing Board – 12 February 2014

Subject: **2013/14** Exception report for the Kent JSNA

Classification: Unrestricted

Summary:

The joint strategic needs assessment is a set of reports, chapters and interactive maps and as such is under constant review, update and development. Almost all summary chapters of the JSNA have been reviewed and updated, to reflect the latest policy, guidance and data trends. A list of the new and emerging priorities and highlights are reported in this paper to the Health and Wellbeing Board.

Recommendations:

The Health and Wellbeing Board is asked to note the contents of the report

Update on the Local Development Process

In September 2013 a decision was made to combine the JSNA and JHWS steering groups with Roger Gough as the meeting chair. The first meeting of this group took place on 11th October 2013. This is to ensure that the two documents are linked through the process and to ensure that the JHWS reflects recommendations from the JSNA. Membership currently includes representation from a variety of internal and external organisations as described in the JSNA update to May 2013 HWBB meeting. Since then 2 new organisations have also been invited to this group – Kent Police and Kent Fire & Rescue.

This report and the updates from respective chapters and needs assessments will be fed into a prioritisation process that will be developed by the Public Health team supported by a collaboration of Universities of Kent, Sheffield and Durham. A workshop involving the JSNA / JHWS stakeholder group and other key representatives will be held on 13th March 2014 to determine which priorities will go forward and be included in the JHWS which is expected to be completed by June 2014.

The majority of chapter updates are represented here with the notable exception of Child and Adolescent Mental Health. This is being currently scheduled for a complete needs assessment refresh. An update for the JSNA will be provided later in autumn of 2014 once the assessment has been completed.

Demographic Changes

- The overall resident population in Kent in 2012 was approximately 1.48 million resident (1.55 million registered practice population) indicating a growth of just under 1%, smaller than the previous year on year figure which was 2.7%.
- The fastest growing section of the population is those aged 65 and over. In this age group the population grew by over 5% to over 279,000.
- Part of the population change is due to births and deaths. In 2012 there were approximately 16,000 deaths across Kent & Medway whilst we saw over 21,000 births. This gave an indigenous population growth of 6,200 (approximately half of the total growth)
- General fertility rates (rate of births to mothers aged 15-44) continues to rise across the county with the exception of Canterbury where fertility rates remain low.
- Life Expectancy for Kent continues to rise in both males and females and now stands at 79.1 and 83 years respectively.

Health Inequalities

The table below shows the trends in avoidable deaths (aged under 75) for various causes and for each Clinical Commissioning Group in Kent County Council area, showing the trajectory for the period 2002-2012, contrasted with the rate in the latest year. Also included is the rank for each CCG and disease, where 7 = the highest rates in Kent and 1 = the lowest rates.

CCG	All cause			Cancer			Circulatory disease			Respiratory disease			Liver disease ⁴		
	Rank ¹	Period trend ²	Trend in last year ³	Rank ¹	Period trend ²	Trend in last year ³	Rank ¹	Period trend ²	Trend in last year ³	Rank ¹	Period trend ²	Trend in last year ³	Rank ¹	Period trend ²	Trend in last 3 years ⁴
Ashford	2	↓	↓	2	↓	↓	2	↓	↑	2	↓	↑	1	↑	↓
Canterbury	3	↓	↓	3	↓	↓	3	↓	↓	3	↓	↓	3	↑	↑
DGS	4	↓	↓	4	↓	↓	4	↓	↑	4	↓	↔	4	↑	↔
SKC	5	↓	↓	5	↓	↓	5	↓	↓	5	↓	↓	6	↑	↑
Swale	6	↓	↓	6	↓	↓	7	↓	↔	6	↓	↓	5	↔	↓
Thanet	7	↓	↓	7	↓	↓	6	↓	↓	7	↓	↓	7	↑	↓
West Kent	1	↓	↑	1	↓	↑	1	↓	↔	1	↔	↓	2	↑	↔
Kent	-	↓	↓	-	↓	↓	-	↓	↑	-	↓	↓	-	↑	↔

Source: PHMF, ONS, KMPHO

¹ - Rank 1 = lowest mortality rates in Kent, through Rank 7 = highest mortality rates

² - 2002-2012 death registrations

³ - 2012 death registrations

⁴ - Three-year rolling averages, due to small numbers

↑ Rate increasing over period ↓ Rate decreasing over period ↔ No evident period change

In Kent, the period trend for all causes, cancer, circulatory disease and respiratory disease was downward, although in the latest year (2012) a small increase was noted on the previous year for circulatory disease. For liver disease, mortality increased over the period, although in the latest year the mortality rate has not changed from the previous year.

Lifestyles and Behaviour

Smoking

- The latest synthetic estimates for adult smoking prevalence in Kent is 20.1%, equating to approximately 231,753 people.
- Up until 2010/11, there has been a year on year increase in the numbers of people attempting to quit smoking. In 2010/11 19,979 people set quit dates, which then significantly reduced to 16,774 people in 2012/13, through the use of stop smoking services (perhaps due to increased uptake of other nicotine delivery products such as 'e-cigarettes').
- 15.2% of women continue to smoke during pregnancy in Kent (2012/13). The overall trend over time has been downwards locally, regionally and nationally. It is widely believed that self-reported smoking rates during pregnancy represent an underestimate of the true prevalence of smoking during pregnancy due to women's reluctance to disclose their smoking behaviour. A recent audit of pregnant women in Tunbridge Wells revealed significant differences between the self-reported prevalence of smoking and cotinine testing.
- Kent County Council is currently reviewing the delivery of Stop Smoking Services as there is a need to consider how services are currently delivered. NICE (2013) has produced new guidance on 'harm reduction' which needs to be implemented.
- Disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke than those from more privileged backgrounds. This is due to lower levels of smoking restrictions in the home. Work with children and young people is still required to ensure that the denormalisation of smoking continues to take place.
- Work on reducing illicit tobacco in Kent is still required. A Problem Profile was also undertaken to identify areas where illegal tobacco is a particular issue. This has also now been undertaken in the South East in 2013. An action plan needs to be developed to take forward activities to reduce the wider societal impacts of illicit tobacco.

Adult Obesity

- The adult rate of obesity in England is 24.2% and Kent is 26.3%, higher than the national average. Nine Kent Districts are also higher than the national average. Sevenoaks (23.9%), Tunbridge Wells (22.9%) and Canterbury (23.4%) are the only districts with rates lower than the national average, although district variation is not statistically significant.
- Key recommendations include:
 - Ensure that all tiers of the adult care pathway can be provided across Kent. Currently access to Tier 2 physical activity services is not available in some areas particularly in DGS and WKCCGs.
 - Ensure these services are integrated with other primary prevention services such as Health Trainers.
 - Public Health are reviewing adult weight management and obesity prevention programmes to develop a Kent model including specialist physical activity programmes which are acceptable to people who are very obese for which there is a perceived lack of services available.

Childhood Obesity

- In Kent, rates are not significantly different to last year (and the England average) and could be interpreted as having plateaued. In Reception the rate of children recorded as overweight is 13.0% and recorded as obese is 9.3%. In year six 14.4% of children are overweight, 18.2% are obese. District rates vary, with Dartford, Gravesham and Dover having significantly higher rates than the Kent average.

Key recommendations include:

- Kent Community Health is reviewing interventions and care pathways to develop a model of care for family/child and young people for obesity prevention and treatment.
- KCC and schools should focus on early years and school settings that foster a healthy environment, including School Food Plans and include cooking skills as part of the commissioned programmes for families.
- The provision of appropriate workforce training, including the NHS and the development of a targeted evidence of what works specifically as regards children and young people including an action-learning approach.
- Advice to colleagues and the Kent Planners forum on planning permissions for licensing of take-away outlets near schools.

Alcohol

- Latest synthetic estimates suggest that 209,260 adults in Kent are drinking at 'increasing risk' levels (22-50 units a week for men and 15-35 units for women). 49,843 drink at 'high risk' levels, showing evidence of harm to their own physical and mental health, and 30,423 people have a level of alcohol addiction (dependency).
- (Under 18yrs) hospital admissions specific to alcohol use have more than halved since 2006, although there is variation across the county. Thanet has the highest rate in Kent and is around four times higher than that of Sevenoaks District.
- Since 2011 there has been a slight reduction in hospital specific admissions, which has halted the year on year increase since 2003.

Recommendations are:

- Public Health to work with commissioners to industrialise routine delivery of Identification and Brief Advice (IBA) across all health, community and social care settings.
- Develop a joint working policy, procedure and care pathway for clients with mental health and alcohol misuse problems (significant co-morbidity with mental illness requires pathway development into alcohol / mental health dual diagnosis services). Use referral tools and pathways already agreed by commissioners and providers.

Substance Misuse

- Illicit drug misuse among adults (16 to 59 years) in England and Wales declined in 2012/13 to 8.2%, of which the South East region was the third highest, around 8.4%.
- Applying the current South East figure to the Kent population results in over 67,000 people having used drugs at least once in the last year.

Recommendations for commissioning include:

- Raise awareness through campaigns in the press, radio and through partner newsletters including workforce initiatives about the risks of substance misuse. Give consideration to wider distribution of culturally appropriate resources for new communities.
- Develop pathways for generic young people's risk reduction services, from brief advice to referrals for specialist services to be jointly carried out by commissioners across Child Health, KDAAT and KCC Education.
- The integrated drug and alcohol services as envisaged in the new treatment specifications will need to link into mental health services at all levels, including signposting and referral to IAPT.

Vulnerable / High Risk Groups

Learning Disabilities

- QOF data shows a Kent prevalence of 0.44% (slightly below the England average) or 5,209 adults with learning disabilities in 2011/12, an increase of 0.09% from 2007/8. In contrast local authority data for 2011/12 indicates a smaller population of 0.39% or 3390 adults with learning disabilities, implying that approximately 1,819 people may not be accessing or needing local authority services.
- Key priorities are improved recognition of adults with learning disabilities, understanding their specific needs and identifying reasonable adjustments to deliver accessible, effective services:
 - Training and awareness of learning disabilities among service providers, including GP surgeries and other providers of universal services.
 - Increased access to services through use of reasonable adjustments and by promoting easy read materials and other communication methods to support the health and wellbeing of adults with learning disabilities.
 - Ensure that every person who is on an LD register has been offered and had a health check.
 - Develop care pathways for specific conditions to include the needs and reasonable adjustments of people with learning disabilities, especially:
 - Epilepsy
 - Cardiovascular disease
 - Dementia
 - Diabetes
 - Falls
 - Optical care
 - Dental care

Offenders

- Based on surveys carried out between 2008 and 2011 there were approximately 3,741 offenders accommodated in prison. Higher proportion offenders are in the age group 20 to 49 years. Apart from Dover Immigration Removal Centre the highest proportion of offenders from BME groups was found in HMP Canterbury but this establishment was closed at the end of March 2013.

- The number of community offenders in the Kent Probation workload has remained largely unchanged from 2008/09 to 2012/13 and at March 2013 stood at 4303 with an annual turnover of some 5,300 individuals.
- There is a high rate of non-attendance at appointments offered within healthcare at some prisons in Kent such as refusal of psychological interventions associated with the Integrated Drug Treatment System and low uptake of Hepatitis B vaccination, coupled with high rates of smoking and hazardous drinking.
- Since April 2013 healthcare commissioning and the assessment of health needs of those offenders in prison is the responsibility of NHS England whilst those in the community have access to community commissioned services.
- Community offender management is currently undergoing significant change under the Government's "Reducing Reoffending" programme and will be in place for April 2014.

Recommendations

- NHS England is to prioritise development of clear pathways and referral processes that enable offenders currently in, as well as leaving, custody to access community drug and alcohol services, mental health services and other health care and improvement services including health checks.
- Sheppey prison estate should implement a Medicines Management Performance Framework to optimise and improve prescribing practices.
- Bedwatch and escort events should be subject to a special review to ensure that as many clinical services as possible are offered in the prison.
- There should be a specific review of In Patient facilities in HMPs Elmley and Swaleside.
- With the Kent Prison estate to be designated "resettlement prisons" with effect from 1st April 2014 steps should be taken to ensure that those offenders leaving a Kent resettlement prison have a clearly defined physical and mental healthcare pathway and registration with a local GP which is understood by the new emerging community offender organisations and their service providers.

Carers

- The 2011 census estimates 151,777 people, or 10.4% of Kent's total population, provide unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%. This is an increase in 23,253 people or 18.1% since the last census in 2001.
- Out of the Kent local authority districts, Thanet has the highest proportion of unpaid carers with 11.6% or 15,502 residents. Tunbridge Wells has the smallest proportion of unpaid carers with 9.2% or 10,539 people.
- The proportion of unpaid carers in Kent who provide care for less than 20 hours a week dropped from 71% in 2001 to 64.2% in 2011. This is in contrast to the proportion of unpaid carers in Kent who provide care for between 20 to 29 hours a week which increased from 9.3% in 2001 to 12.1% in 2011, and those who provide care for more than 50 hours a week which also increased from 19.7% in 2001 to 23.6% in 2011. This pattern is comparable across the Kent local authority districts and at the regional and national level.

Recommendations described in the chapter on carers in the JSNA website, remain unchanged.

Children in Care (CiC)

- Latest estimates from Kent & Medway Safeguarding Team show that the number of CiC has risen consistently over the last five years until 2012, in line with national trends.
- In July 2013 there were a total of 1,827 CiC from Kent placed within Kent with a further 206 placed outside Kent in other local authorities (OLA) including Medway.
- Numbers across districts vary, from 306 in Thanet (16.7% of the total CiC population from Kent), to 23 in Tunbridge Wells (1.3% of the total population of CiC from Kent).
- A significant number of CiC from other local authorities (OLA) are also placed within Kent. In July 2013 a total of 1,225 CiC from OLA were living in Kent, with Thanet having the highest proportion (231 children or 18.9% of all OLA CiC in Kent).
- In December 2012 there were also 202 Unaccompanied Asylum Seeking Children (UASC). These children are likely to have significant health and wellbeing needs compared to indigenous CiC.
- The results of individual health assessments currently provides the following information on the health needs of CiC from Kent who had been looked after for at least 12 months (as of 31/12/12):
 - 93% had their immunisations up to date
 - 80% had their teeth checked by a dentist
 - 76% had received an annual health assessment
 - 47% of CiC who had an assessment of their emotional and behavioural health had issues which were cause for concern
 - 2.6% (n=30) were identified as having a substance misuse issue, an increase from 2.1% the previous year although this is thought to be an underestimate
- After the 2010 OSFSTED/ CQC inspection of services for CiC, an Improvement Board was established with a CiC Health & Wellbeing sub-group focussing on quality improvement in key areas ranging from timeliness of assessments to multi-agency training for practitioners.
- NHS reforms resulting in the new landscape and configuration of jointly responsible organisations will be a significant challenge to ensure that standards for safeguarding processes for CiC are maintained. For example, for CiC from OLA, the CCG in which the child was living when they became looked after are responsible for commissioning the child's initial and review health assessments and any secondary healthcare needs rather than the host CCG.
- Improvements made to the Kent Adoption Services have resulted in a significant increase in the workload of medical advisers who are required to provide comprehensive assessments of adoptive children and foster carers. Capacity issues within the service have been recognised as a significant risk by CCGs and a Medical Adviser Task and Finish Group has been established to co-ordinate a response to this issue.
- Legislative changes in 2012 mean that all young people securely remanded now become CiC. Work is underway by KCC and NHS England to establish the size and health needs of this new population.
- KCC Public Health are leading a needs assessment for CiC and Care Leavers in Kent which will provide a detailed population profile, review of services available

and the views of CiC. It will attempt to address gaps in information such as health needs and potential demand for primary care services. Much of the analyses will depend on capability of accessing linked datasets across health and social care to understand relative service use by CiC and the rest of the population. This work should be developed alongside the KIASS information system.

Veterans (New chapter)

- Kent has strong military links and includes bases that are home to a significant number of serving personnel. Local modelling suggests there are approximately 130,000 veterans in Kent and Medway, with the highest density in Thanet, Dover, Shepway, Swale and Medway.
- There are currently no specialised services for veterans in Kent beyond the Medical Assessment Programme. Primary Mental Health Care in Kent and Medway includes Increasing Access to Psychological Therapies (IAPT) services.
- The Armed Forces Network was established in 2013 to provide information about free at the point of access mental health services for ex-military personnel across Kent and Medway.

Recommendations are made in four key areas:

- Transition from Defence Medical Services to the NHS by facilitating GP registration prior to discharge and improving transfer of medical records.
- Public Health to raise awareness around the principle of prioritisation to improve physical health services for Veterans.
- Local implementation of the national Murrison Report which describes the mental health needs of veterans and an action plan for improvement.
- Support for the Armed Forces Community Covenant and develop closer working arrangements between CCGs and districts, such as the Civilian Military Partnership Board in Dover to articulate veterans' issues locally including the impact of defence cuts.

Gypsy, Roma and Traveller Populations (New chapter)

- Kent has a higher proportion of Gypsy, Roma and Traveller populations compared to many other parts of the country. There is very limited data about this population, although the limited evidence has found that the Gypsy, Roma and Traveller populations experience poor levels of health, even compared with other marginalised groups; high rates of infant mortality, and difficulties in accessing healthcare have been cited in the evidence. Poor school attendance, low educational attainment and high levels of illiteracy are also particularly acute problems for Gypsy and Traveller children. This leads to poor knowledge and awareness of how to access health services particularly primary care.

Recommendations

- Additional health trainers or community workers that have an understanding of the language and cultural issues should be considered for areas where there is a relatively high proportion of Gypsy, Roma and Traveller populations. It would ensure representation for wider community groups, including Roma community members and male representatives from the community.
- Services that aim to change lifestyle behaviour such as the Stop Smoking Service and drugs and alcohol services should actively ensure that there is appropriate outreach offered to Gypsy, Roma and Traveller Communities.

- Provision of training that improves the knowledge of staff around the cultural needs of Gypsy, Roma and Traveller communities, particularly those that are delivering primary health care services. Training could be formal, but could also be offered online or via the production of a DVD to ensure wider coverage.
- Educating health care professionals, community members, and community leaders to raise awareness is vital if the health needs of this community are to be met. The production of DVDs explaining how and when to access different health services in Slovak or other languages could help.

Sensory Impairment (New chapter)

- Latest (2010/11 data) Public Health Outcomes Framework data indicate Kent having relatively lower rates of sight impairment (AMD, glaucoma and diabetic retinopathy) compared to the England average.
- The Kent County Council registers for sensory impairment show more than 7,700 blind, 9,000 deaf and 1,400 deaf/blind people as of April 2011. However other national estimates suggest that these numbers could be only 33%, 10% and 25% of the expected figures respectively.

Recommendations

- There is a need to carry out health promotion campaigns aimed at raising awareness of the need for regular sight and hearing tests, targeted particularly at risk groups e.g. older people, diabetics, young people at risk of hearing impairment from the effects of loud music and noise in the workplace.
- Develop and implement clearer pathways for accessing integrated care services and assessment as well as the delivery of services, for example Eye Clinic Liaison Officer posts and consistent vision screening for children in Kent schools.
- Undertake further analysis to better understand how sensory impairment influences / overlaps with other programme areas eg. risk of falls and fractures in the elderly, learning disabilities.

Sexual Health

- Prevalence of HIV is increasing in Kent including late diagnosis. In 2011 the highest rates of diagnosed prevalence of HIV among Black Africans aged 15-59 per 1,000 population in the South East included Shepway (79.4/1,000).
- The numbers of residents accessing HIV related care increased by 6.4% from 2011 to 2012 except Maidstone where numbers remained the same and Dover where numbers decreased.
- Number of repeat terminations is increasing in Kent.

Recommendations include:

- Conduct qualitative research to understand why some HIV positive patients present late in the course of their disease
- Increase HIV testing through primary care and secondary care for patients who present with clinical indicator diseases
- Offer HIV testing in GUM and CASH to 100% of the patients receiving an asymptomatic screen or who have a concern about being at risk of an STI

- Expand the EHC scheme through community pharmacies to females up to the age of 30 years
- Conduct research to find out about barriers to protecting yourself against STI's /using barrier methods

Teenage Pregnancy

- The rate of under 18 conceptions in England has fallen to its lowest rate for 30 years. The rate of under 18 conceptions has declined in Kent by 26% from a baseline established in 1998.
- In Kent, in 2011 the rate of under 18 conceptions is 31 per 1000 15-17 year olds compared to the England rate which is 30.7 per 1000. The rate of under 16 conceptions in Kent for 2009-11 is 6.4 per 1000 13-15 year olds compared to 6.7 per 1000 in England.
- The rates vary across districts and wards of Kent. The highest rates are found in the coastal towns of Thanet, Swale and Folkestone.
- A strategy to reduce under-18 conceptions and improve outcomes for young parents will be consulted upon in early 2014. Its key recommendations are:
 - Use information better, to intervene early, improve care pathways, meet need, drive innovation and deliver evidence based practice.
 - Ensure an equitable, accessible and young people friendly sexual health service is in place across Kent.
 - Coordinate Kent wide social marketing activity which will build resilience and enable young people to make the right choices for them.
 - Ensure effective and equitable PHSE with a strong focus on sex and relationships, building emotional health and wellbeing.
 - Extend the Family Nurse Partnership to deprived localities and / or high levels of conception rates.

Domestic Violence

- The Home Office ready reckoner tool estimates more than 150,000 cases of sexual assaults, domestic abuse and stalking in Kent & Medway during the last year, costing more than £317 million to the health and social care services but most of these go unreported.
- Overall, in Kent repeat victimisation rates are increasing with the highest numbers of reported incidents were in Dover and Thanet, closely followed by Ashford and Shepway. Canterbury and Sevenoaks had the lowest repeat victimisation rates.
- On average there are five domestic homicides a year in Kent & Medway.
- During 2012/13, a total of 23,409 incidents of domestic abuse were reported, an increase of 4% from the previous year.
- Thanet (2,795 incidents – 0.5% lower than previous year) and Swale (2,016 incidents – 0.7% lower than previous year) reported the most incidents. The same areas also reported the highest number of incidents during 2011/12.
- The areas with the lowest number of reported incidents were Tunbridge Wells (1,005 incidents – 2% lower than previous year) and Sevenoaks (876 incidents – 2% higher than previous year). Both these areas also reported the lowest number of incident during 2011/12.

- There are now a total of 12 one stop shops across Kent and Medway providing legal support and advocacy. There has been a steady increase in their utilisation 891 visits in 2010/11 to 1259 visits in 2012/13.
- Among the key recommendations are to disseminate accredited training across Kent & Medway organisations that are certified competent to deliver it. This mainly involves raising awareness over availability of wider services and referral pathways not just MARACS processes for the most severely affected women.
- Ensure that the needs of children affected by domestic violence perpetrated by parents as well as within their own relationships are identified and met.

Breastfeeding

- Breastfeeding coverage up to April 2013 had been slowly improving over the previous 3-4 years, although still under the 95% coverage required by DoH. Best coverage was found in West Kent CCG and Canterbury & Coastal CCG area where coverage was 92%. Swale and Thanet CCGs had 89%.
- Since April 2013 coverage rates across the county have been falling and are now as low as 72% for Kent (Q2 2013/14). CCG coverage rates vary from just 67% in Thanet to 84% in Canterbury & Coastal CCG area.

Targeted Action

- Public Health have been and will continue to engage with GP Practices and Child Health Surveillance to ensure recording of breastfeeding status is as timely as possible and raise coverage rates to over 90%.

Long Term Conditions

Cardiovascular Disease and Vascular Health Checks

- As per previous estimates, CHD prevalence in Kent overall still appears to be increasing in line with national trends, largely due to higher reporting and case finding rates. Thanet district appears to have relatively higher Coronary Heart Disease mortality rates compared to the rest of Kent while Tonbridge and Malling have relatively lower levels.
- Latest 2012/13 estimates show admissions for heart failure have shown some increases in Thanet and West Kent CCGs but reduced slightly in Canterbury, DGS and South Kent Coast CCGs.
- Rates of revascularisation procedures in 2013 show higher proportion of activity being repatriated from London to local centres in Kent and slightly reduced numbers of CABGs alongside increased angioplasties.
- Based on the 2012/13 eligible population, there are an estimated 456,201 patients who are eligible to receive an NHS Health Check living in Kent. This equates to an annual target of 91,241 patients to be invited once every five years. The current commission agreement also includes extra funding for out-reach programmes to target hard to reach groups.
- Between April 2011 and March 2013 different commissioning arrangements between East and West Kent which compromised delivery of the health check programme, leading to non-achievement of the DH set targets for 2012/13 in West Kent. From April 2013, KCHT were commissioned to deliver the NHS HC programme across Kent. This included contracting directly with GP and

pharmacy providers as well as the out-reach aspect of the programme. KCHT have also contracted directly with GP practices to deliver the invitation part only of the NHS HC. There are now only 6/209 practices that are not engaged in the delivery of the programme.

Diabetes

- There are 69,061 people in Kent aged 17 or over on a diabetes register. In March 2011 there were 66,290. This is an increase of 2,771 (4.2%). The CCGs with the highest prevalence of recorded diabetes are Thanet and Swale CCGs and those with the lowest are West Kent and Canterbury and Coastal CCGs.
- It is estimated that 17,497 people in Kent have undiagnosed diabetes increasing prevalence by another 20%.
- Canterbury Coastal and West Kent CCGs have the highest number of undiagnosed patients.

Recommendations

- Given the strong link between obesity and diabetes, Kent Healthy Weight Pathway for Adults needs to be integrated better. Tier 3 services are now provided across Kent from 1st April 2013 and are now the gateway to bariatric surgery.
- Kent Paediatric Diabetes Units may wish to look at the practice of Maidstone and Tunbridge Wells NHS Trust when considering how to reduce admissions related to children with diabetes.
- Optimising the health check programme to find the 'missing thousands' and increase appropriate referrals into lifestyle programmes will continue to be a priority for public health.

Chronic Obstructive Pulmonary Disease

- QOF recorded prevalence of COPD is 1.7% in Kent and Medway with another 1% estimated undiagnosed or 12,000 people. Prevalence is rising across the CCGs with the highest in South Kent Coast and Thanet CCGs. DGS CCG is estimated to have a much higher number of undiagnosed patients.
- Mortality rates for COPD are highest in Swale (26.9 per 100,000) and South Kent Coast CCG (36.9 per 100,000) and lowest in Ashford (16.5 per 100,000). This is related to deprivation and smoking prevalence. Nationally the trend is rising in women and falling in men.
- Commissioners need to ensure that primary care services for early diagnosis and treatment of COPD is integrated well with Smoke Free and Smoking Cessation initiatives.
- Improving public and patient engagement aimed at 'finding the missing thousands' to increase reporting and case finding rates.
- Evaluation of pilots in East Kent (using spirometry) and West Kent and DGS area smoking cessation teams using International Journal of COPD questionnaire
- Prioritise service improvement particularly in areas of deprivation and in addressing disparity of outcomes between CCGs in Kent.
- Deployment of community respiratory nurses and acute sector outreach into the community to improve diagnosis and treatment.

Cancer

- Over the last ten years, the incidence rate for all cancers in Kent and Medway has remained steady for males, with a slight increase for females. Incidence of skin cancer continues to increase. There appears to be a downward trend in mortality for all cancers in both males and females in Kent and Medway. Cancer of the breast, lung, colorectal and prostate together remain the four most common cancers in Kent and Medway and account for about 50% of all cancer diagnosed and causes of death from cancer. Lung cancer remains the main cause of death from cancer.
- Most of the existing recommendations outlined in the JSNA chapter to improve health and wellbeing outcomes associated with cancer still apply.
- The national 2012/13 Cancer Patient Experience survey on service quality and satisfaction involved responses from three Kent Acute Trusts results of which include some areas rated well and others bad. For example 20% of patients had visited their GP three or more times before they were referred to the hospital.
- Improvement still required in raising awareness amongst GPs and the public around early diagnosis and treatment of cancer.

Stroke

- Latest QOF data shows that in Kent & Medway 30,500 people were recorded as having a stroke or TIA. This is a prevalence of 1.7% across Kent and Medway (equal to the national prevalence). The lowest prevalence of stroke was seen in Medway with just 1.3% of the population appearing on a stroke register, the highest prevalence of 2.1% is seen in South Kent Coast CCG area. Thanet CCG area has the second highest prevalence with 2.0%, followed by Canterbury & Coastal CCG (1.9%), Ashford CCG (1.8%), DGS CCG (1.6%) and Swale CCG (1.4%).

The South East Coast Cardiovascular Strategic Clinical Network (SCN) have recommended:

- All acute and community providers should be recording, completing and returning the Sentinel Stroke National Audit Programme (SSNAP) data as this is the only national standardised stroke audit system to enable benchmarking and recording of quality of services.
- CCGs to review existing stroke models of care, in line with the work currently being undertaken within Surrey and Sussex, to ensure that the existing model of care (District General Hospitals, linked by Telemedicine) is cost effective, sustainable, meets quality standards, and offers the best possible patient outcomes.
- The Integrated Stroke Service Specification (ISSS), which was developed by the previous county wide Stroke Networks for Kent, Surrey and Sussex and contains best practice guidance for stroke services, should be used as the basis for commissioning stroke services.

Older People's Health

Falls and Fractures

- In 2011/12 there were 1,758 emergency admissions for hip fractures in the over 65 population compared to the previous year 2010/11 which had 1,721. The

majority of these hip fractures are usually as a direct result of a fall. This shows a slight increase of emergency admissions for hip fractures. Falls is still a major public health issue for Kent and to reduce the numbers of falls further, more work needs to be done.

Recommendations:

- To support local population in engaging with preventative interventions, particularly those in the 65+ age group and those 50 years and over with multiple conditions
- Carry out further needs analysis of falls in residential care and hospitals.
- Have in place postural stability community therapeutic exercise programmes in each CCG area ensuring a process of monitoring, feedback and the evaluation of services.
- Review and redesign of Falls Clinics and falls ambulance call out services.

Excess Winter Deaths

- 25,700 excess winter deaths were recorded for England and Wales for the winter 2010/11, a ratio of 17% compared to the summer months. In comparison, the three rolling average ratio for Kent during the period 2007/11 was 17.6%, equating to an average of 856 deaths per year. There is significant variance between districts, the lowest for this period being 11.7% (Maidstone) and the highest 26% (Tunbridge Wells).

Recommendations are:

- Increase sharing of data, information and referrals between health and local authority to identify vulnerable patients, particularly those over 65 with circulatory or respiratory conditions that are at risk of ill health or morbidity due to cold weather.
- The use of risk stratification to identify high risk / complex frail, elderly patients who are likely to die during winter is an example of how the seasonal mortality agenda can be linked to wider health and social care integration programmes in Kent.
- Another example is to promote cold weather alarms for vulnerable people in cold weather, as part of assistive technologies programme led by Families and Social Care.

Dementia

- Improving diagnosis rates is a key strategic objective, from 38% (based on 2011 QOF data) to 60%. It is estimated that by 2015, assuming a 60% diagnosis rate, 12,805 people will be diagnosed with dementia across Kent. This means that in two years an additional 5,632 people will need to be assessed as they enter the dementia pathway as people who are newly diagnosed.
- The 2012 urgent care needs assessment across the 3 systems in Kent show a marked increase in rates for dementia related emergency admissions rates. The 2011 hospital bed day audit across Kent & Medway showed that, in up to 50% admissions that were audited, no substantive acute care had taken place at the time of audit, and that up to 40% of those admissions were waiting for residential care placement. Most of the admissions audited were emergency and complex frail elderly.

- The recent Public Health led epidemiological study, using risk stratification showed the highest prevalence of dementia in the very high intensive users of hospital services (approximately 15%), as well as higher levels of multi morbidity, mortality rates and falls. Further analysis showed that the proportion of very high intensive users with only dementia was as low as 5%, while the remaining 95% who had dementia, had at least one other chronic condition.
- A number of initiatives have already been implemented under the auspices of dementia friendly communities, ranging from diagnostic support to assistive technologies.

Recommendations

- Further work is still required to improve integrated care pathways such as geriatrician outreach, provide training and support to hospital staff such as Buddy Scheme and support for carers through crisis response in the event of carer breakdown.

Multiple Morbidities (this is explained in the Integration chapter)

Adult Mental Health

- Currently the data for adult mental health is poor. There are various reasons for this, some due to the National Implementation of PBR and other local data issues. On this basis an accurate assessment of need is not possible at this stage. The prevalence estimates in the JSNA show Kent to have similar mental health needs to the England average. Only when the cluster arrangements are mature will we be able to make a clear assessment. In the interim it is recommended that an urgent clinical and equity audit is conducted in secondary mental health service data.
- The data on psychological therapies is also incomplete. However, the part year data shows that South Kent Coast is making good progress in referrals to psychological therapy. West Kent and DGS have considerable unmet needs. Recommend that greater publicising of IAPT counselling services is undertaken and the self-referral publicised.
- Ensure that targeted groups eg veterans, men (45-55) and BME groups get access to psychological therapy via this route.
- Employment rates for people on long term care plans is lower than the national rate across the whole of Kent CCGs – with Thanet and SKC having the lowest rates in the county.
- Hospital data in 2012 showed that Thanet had by far the largest proportion of patients admitted to hospital for schizophrenia (72 per 100,000 people) in Kent. The Kent average admission rate for that year was 35 per 100,000.
- In Kent 121 people (aged over 15) committed suicide or died by undetermined causes in 2012 with South Kent Coast CCG having the highest rates.
- Kent had just over 3000 hospital admissions for self-harm in 2012 similar to the England average.

Some of the key recommendations:

- Review and refresh the 'Live it Well' Strategy in light of new commissioning arrangements and national priorities ensuring a greater focus on recovery, prevention and equity of access.

- Prioritise the mental health of people in Thanet and ensure that services are accessible, equitable and joined up in that locality.
- Improve the knowledge, publicity and awareness of counselling services across Kent and particularly in Dartford, Gravesham & Swanley and West Kent.
- Ensure that mental health services from primary care are sufficiently resourced and equipped to meet demand and unmet need in Kent and that equity is evidenced across Kent CCGs.
- Ensure that services for younger adults are appropriate and joined up with CAMHS services to ease transition into adult services.
- Refresh the current suicide prevention plan for Kent and prioritise methods to tackle self-harm and links to police and the criminal justice system.
- Improve referrals made for employment opportunities and increase links with training and employment.

Screening

- Latest data shows that while breast cancer screening coverage rates have been consistently higher than national standard (70%) across Kent, Canterbury and Thanet CCGs have fallen below the national standard of 80% coverage rate for cervical cancer screening. Analysis of the bowel cancer screening over the last 4 years have revealed pockets of coverage less than 50% in most CCGs.
- Concerns and the need for concerted action on
 - coverage/uptake
 - known inequalities
 - analysis of need not yet mapped map and measure associated inequalities
 - the need for accurate and timely information to enable those groups or individuals not taking up these public health services to be targeted

Health Protection (including immunisation)

- Immunisation rates, including MMR, are relatively high in Kent, but further improvements are necessary to reach the target of 95% for two doses at age five years.
- “Tuberculosis (TB) cohort review” is now well established in Kent and Medway and is expected to improve outcomes.
- Commissioning of TB services should take account of the geographical areas (Gravesham) and sub-groups of the population with the highest incidence (non-UK born).
- Continued effort to improve screening is required to meet the target of 2,300 chlamydia diagnoses per 100,000 population (aged 15-24).
- The proportion of adults presenting late with HIV in Kent is 49%. Although this is not significantly different to the national average, effort should be made to reduce this proportion.
- There are areas within Kent with a relatively high fraction of mortality attributable to air pollution. Guidance is available from the Department for Environment, Food and Rural Affairs and Public Health England to support the development of local action plans.

Pharmaceutical Needs

- Work has started to combine both the West & East Kent assessments and update and review the combined report, taking into account any recent changes to legislation, population changes and changes to the pharmaceutical list. This review will be carried out according to national guidance.
- Latest analysis indicates no immediate need to commission more community pharmacy services, but that commissioners should target current services more appropriately according to need and look to give choice to patients by providing services that are best placed for the patient, health need and location.
- In addition the West Kent needs assessment recognise that for some services pharmacies will be one of a number of providers, who should be commissioned to work collaboratively with each other to avoid duplication and ensure best use of resources.

Other Health Care Services

Urgent Care

- Until 2012 Emergency Department (ED) attendance rates in Kent & Medway appeared to have changed little over the last three years, the number of emergency admissions has risen by more than a third in the last six years whereas rates have increased by approximately 10%.
- ED is the main route in for emergency inpatient admissions and represents the most of the rate of increase in activity and spend in non-elective admission activity.
- There have been activity increases in important programme areas particularly Ambulatory Care Sensitive conditions, falls in the elderly, dementia, alcohol and under fives.
- Analysis indicates a significant proportion of urgent care activity is related to older people with health and social care needs linked to dementia, falls and end of life.
- This cohort will be complex, have multiple morbidities requiring an integrated health and social approach which can be successful depending on a whole systems transformational change towards an integrated care team approach using risk stratification and patient empowerment methods through self-care and self-management.
- While completeness of inpatient data is fairly robust, attendance data needs to be improved and explore how information on key programme areas such as falls & fragility fractures in the elderly and alcohol use can be better recorded.

End of Life Care

- The majority of deaths in Kent were caused by chronic conditions including cancer (28%), respiratory disease (15%), coronary heart disease (12%), stroke (8%) and other circulatory disease (9%).
- Analysis of deaths in Kent suggests that sudden death ranges between 25% and 42%. This suggests that between 3381 and 5679 deaths in Kent were unexpected and could not have been identified as requiring some EOLC input in 2011/12.
- Deaths for those aged >75 years are important as they account for 67% of all deaths and thus most closely mimic the preferences of those nearing the end of their lives.

- The national end of life programme on 'Finding the missing 1%' recommends a proactive approach towards identifying patients who may be at an end of life stage and initiating advance care planning as early as possible.
- Apart from improving completeness of palliative care registers, the risk-stratification approach, part of the wider health and social care integration programme in Kent, can help focus commissioners on those with the highest chance of death and ensure integrated care delivery as early as possible. It should be developed into a key element of EOLC planning in Kent and Medway.

Planned Care

- Patient satisfaction rates around access to GP services show Kent generally in line with national levels. There is consistently lower satisfaction in getting an appointment within 48 hours and advance bookings.
- Latest data on outpatient data shows high FU/FA ratios for cancer and dental specialities. Historical differences between East and West Kent PCT areas continue with higher Clinical Oncology ratios in west Kent versus higher Medical Oncology ratios in east Kent.
- The total hip replacement rates have started to decrease over the last two years, with the exception of Swale CCG, for which the figures have increased and are now considerably higher than the Kent average.
- The total knee replacement rates have also started to fall over the last two years, with the exception of Canterbury & Coastal, Swale and Thanet CCGs. Figures for each of these CCGs have increased during this time with the highest being Thanet CCG.
- The rates of cataract operations appear to have decreased across all of the CCGs for 2011/12 followed by a slight increase in 2012/13.
- Wide variation in rates of skin lesion removal procedures exists across all CCGs however their trends appear to have plateaued with the exception of Canterbury CCG where it has increased slightly.

Maternity and Babies

Some of the areas have already been discussed in other sections. Recommendations for NHS and local authority commissioners are around pathway improvement and optimisation across all areas in Kent:

- Smoking cessation support to be incorporated in the role of midwives and maternity services by December 2014 across all maternity units. The Babyclear programme, delivered by midwives, for screening to validate smoking behaviour will be built into the maternity care pathway and routinely undertaken at time of booking for all mothers.
- Support for breast feeding initiation and on-going support into the community is systematically embedded by August 2014.
- Care pathway for teenage parents is mapped, commissioned and followed in by December 2014.
- Pathways in place to reduce the rates of infant mortality and the universal healthy child programme, identifies at risk infants and supports mothers on an on-going basis.
- All antenatal and postnatal screening programmes are meeting national standards in Kent and uptake is monitored and services performance managed.

Dental Health

- NHS dental access rates for the years 2011-13 indicate Kent is lower than the South East Coast regional average (42% & 46% respectively). This disparity in dental access may be a lack of capacity, or a lack of ability to use dental services.
- While most children were free of tooth decay, some 19% of 5-year-olds and 23.6% of 12-year-olds in Kent and Medway were estimated to have experience of tooth decay. Although lower in prevalence and severity when compared to the national average, there are geographical variations across Kent.

Accidents and Injuries (New chapter)

- Accidents account for 13% of emergency hospital admissions and 5% of total hospital admissions nationally. Estimates, of the ratio of financial return on injury prevention work, range from e.g. 50 to 1 for bicycle helmets and 17 to 1 for smoke alarms. Unintentional injuries are the leading cause of death for people under the age of 39, and are the second biggest cause of Years of Life Lost (YLL), among people aged 15-64 (i.e. 'working age population') behind cancer.
- Deaths and serious injuries on Kent's roads have shown a long-term reducing trend. The number of people killed or seriously injured in 2012 was 25% lower than the 2005-2009 average. Nationally, over the same period, there was a 17% reduction, suggesting that the long-term reduction has been greater in Kent than in England overall. However, in 2012 the number of people killed or seriously injured in Kent increased slightly by 1%, whilst nationally, casualties fell by 1%. Further investigation of the extent of road and transport-related injuries by district is required.
- National data suggests that Kent experienced more unintentional injuries relating to burns and to falls in children under five than national averages, up to 2010/11. Further investigation is required to identify whether this represents a longer term trend, and if so, the possible reasons for this.

Sustainability (New chapter)

There is a clear interdependency between public health, social care and sustainability and Health and Wellbeing Boards are required to consider wider social, environmental and economic factors that impact on health and wellbeing- such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances and employment. This chapter looks at how we can improve delivery of public health outcomes through taking a sustainable approach focussing on these, amongst other, priorities for Kent.

A sustainable health and care system requires an integrated approach, improving quality of life and meeting the needs of current and future generations, whilst simultaneously protecting and enhancing the natural environment. Through considering economic, social and environmental impacts in our decision making we can ensure that our approach to delivery of health and social care in Kent is sustainable, with outcomes benefitting our residents now and into the future. Local planning and commissioning should consider and address the impact of environmental factors that can impact positively or negatively on health, in particular:

- Housing and fuel poverty

- Transport
- Climate resilience
- Air quality
- Workplace and supply chain
- Natural environment

Housing & Homelessness (New chapter)

- Between July and September 2013, 238 households in Kent were classified as homeless and in priority need (as defined by the homelessness legislation in the Housing Act 1996), a reduction of 3% for the same period in 2012.
- In September 2013, 550 people in Kent were living in temporary accommodation, an increase of 0.5% on the same period of 2012.
- A total of 33,608 people were on housing waiting lists across 11 Kent Districts (1 district data not available) as at 1st April, 2013, an estimated increase of 2%, the highest since 1995.
- Impact on welfare reforms may significantly impact on rental payments particularly for tenants in private housing over the next few years.

Key recommendations include:

- Integrated approach to commissioning and processes to address falls prevention in the elderly and fuel poverty, including contribution that housing services by district authorities can make.
- Improve awareness and access to services for homeless; rough sleepers; sofa surfers; those in temporary accommodation who often have complex health conditions

Integration (New chapter)

A new section on Integration will replace QIPP and describe information on the Kent programme such as:

- Latest progress on the Kent *HASCIP*: A compact agreement is in place between community mental health, community health and social care which describes how organisations will work together to enable care coordination – multi-disciplinary team (MDT) meetings, coordinated by the GP, using risk stratification to identify patients, with an outcome of an anticipatory care plan. The aim of this is to enable people to self-care and self-manage, using assistive technologies and personal budgets and greater use of service in the voluntary sector. Some key achievements include:
 - 92% practices have signed up to NHS England Risk Stratification Direct Enhanced Service & supporting MDTs.
 - Co-location of community health and social care teams in Dartford Gravesham and Swanley CCG areas.
 - 29 out of 35 practices in South Kent Coast using an agreed proactive care model of integrated care.
 - 25 patients in South Kent Coast receiving an integrated personal budget.
 - Health and Social Care Coordinators working with GPs in Canterbury, Swale and West Kent have received over 2000 referrals since January 2013.
- Latest achievements of the Integration Pioneer, its different workstreams and the spread of innovation particularly Kent participation in the national Year of Care Funding Model programme.

- Explanation of the emerging 'House of Care' model conceived by NHS England that will enable whole system change to manage patients with long term conditions.
- The emerging importance of multiple morbidities, the impact on our health and social care services. The latest risk stratification analyses indicate that the highest intensive users (approximately 5% of the population) of hospital services are mostly elderly patients with complex needs and multiple morbidities, representing almost 60% of total unscheduled hospital admission spend in the whole population. The need has increased considerably for a whole system change moving towards a proactive integrated care approach, irrespective of single disease or single programme areas.
- The use of risk stratification approach to understand impact of population need on service utilisation: This has given commissioners a unique whole system baseline profile across different services, particularly hospital and adult social care and substantively contributed to the necessary evidence base and strategic planning of the local health and social care integration programme, and the cornerstone for Kent CCGs' transformational plans over the next three to five years.
- The importance of whole systems intelligence and data sharing: to develop a framework to understand how use of health and social care services varies across the whole population, how and what services need to be transformed and improved, and more importantly building local evidence for whole system change, moving towards an integrated model of care.