

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Roger Gough, Chairman – Health and Wellbeing Board

Andrew Scott-Clark, Director of Public Health

To: Kent Health and Wellbeing Board

Date: 20th May 2015

Subject: JSNA Exception Report

Classification: Unrestricted

Electoral Division: All

Summary:

The Kent JSNA is a set of reports, chapter summaries, interactive maps and needs assessments which are regularly reviewed and updated as per the development process agreed by the Kent Health & Wellbeing Board in 2013. All JSNA chapter summaries have been refreshed for 2014/15, to reflect the latest policy, guidance and data trends. Alongside this, the JSNA exception report highlights only key excerpts of this refresh, described in this paper. Most excerpts are reported for Kent, describing variation at a sub-Kent level where information is available.

Recommendations:

Kent Health & Wellbeing Board Members are asked to note the contents of the report.

1. Changes in population

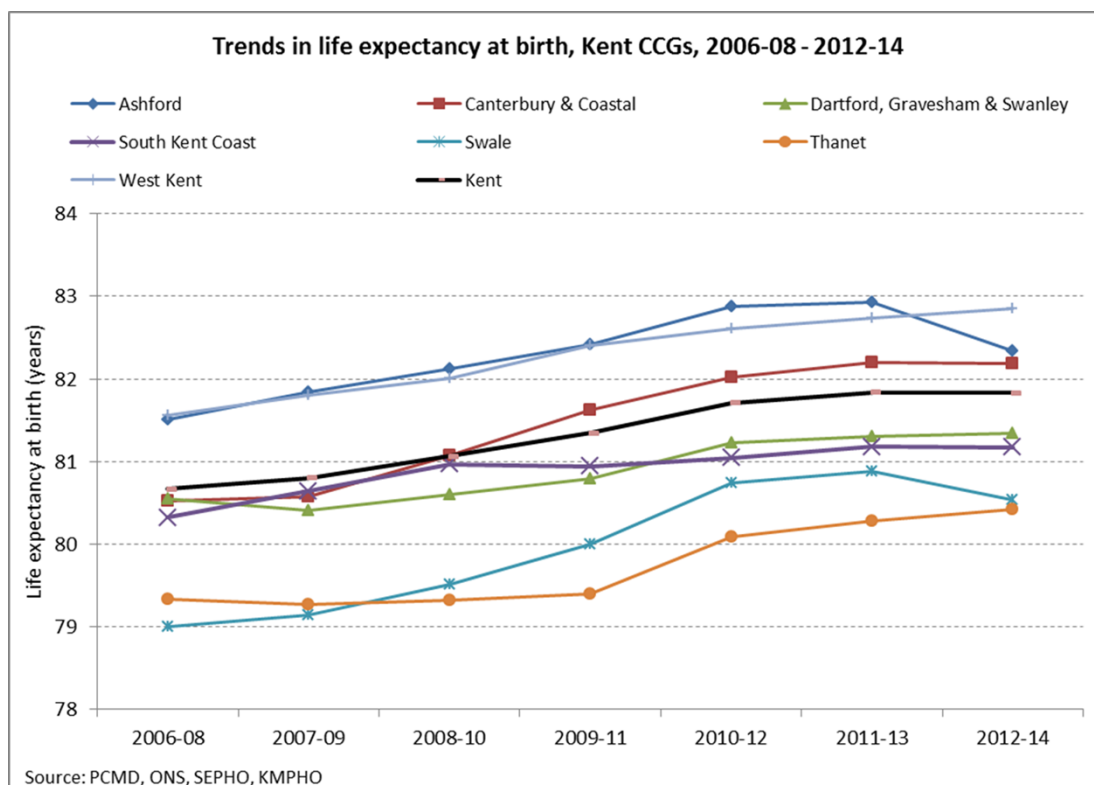
1.1 In mid-2015, the Office for National Statistics (ONS) population estimate for Kent was a little over 1.5 million persons. This is expected to rise to 1.77 million in 2035 a rise of nearly 17%.

1.2 The highest percentage increase would be that of Swale CCG (20.8%) and the lowest in Canterbury (13.1%).

2. Life Expectancy

2.1 Life expectancy in Kent continues to increase over time, although there appears to be a slight decrease in Ashford and Swale CCGs but this is statistically not significant.

2.2 The 'Health Gap' between the most deprived and least deprived areas stays constant at around five years of life difference (between the respective populations). Closer examination reveals that while this gap is shrinking in East Kent and in West Kent, these reductions are counterbalanced by an increasing gap in North Kent, resulting in no appreciable net change.



3. Premature mortality for long term conditions

3.1 'Kent's 'Health Gap' between most and least deprived for premature mortality in long-term conditions fell by 4% between 2012 and 2013. This was the result of a reduction in the health gap for this indicator in East Kent; North Kent and West Kent remain relatively unchanged.'

3.2 People with cancer living in areas in the most deprived quintile are persistently around 50% more likely die from cancer under the age of 75 than those living in the least deprived areas. Whilst there have been improvements in terms of the overall level of premature mortality from cancer, the gap between the most and least deprived has remained relatively static.

4. Physical Activity

- 4.1 The percentage of adults in Kent currently classed as physically inactive is 28.1%, meaning almost 3 in 10 adults fail to achieve at least 30 minutes of physical activity in one week.
- 4.2 Currently 56.3% of the adult population meet the physical activity guidelines of 150 minutes per week to improve or maintain health.
- 4.3 Programmes to systematically address physical inactivity are in development by Kent County Council Public Health for 2015 onwards and will follow current guidance on programme design and commissioning.

5. Smoking

- 5.1 There were 7,285 premature deaths related to smoking mortality between 2011 and 2013. In 2014 the overall smoking prevalence reduced to 19% in Kent in line with, but slightly above, the national rate of 18.4%. District wise, the highest prevalence was in Dover and Thanet, particularly in routine manual skilled workers.

6. Health Checks

- 6.1 Latest figures show that clusters of GP practices located in more deprived areas have lower uptake levels. These include Thanet, parts of Swale and Maidstone. More focussed targeting and promotion of the NHS Health Check is necessary from a Health Inequalities perspective.

7. Teenage Pregnancy

- 7.1 There are significant differences in progress to reduce rates across the districts of Kent, with Shepway having achieved the best reduction, of 55.9%, and Dartford having shown the lowest increase, of 17.6%. Significant improvement has been made in Maidstone, from a 4% increase to a reduction of 38.8%, giving an overall improvement of 42.8%.
- 7.2 Thanet and Swale had the highest teenage conception rates in 2012/2013; the lowest rates were in Tunbridge Wells and Sevenoaks. Dartford, Dover, Gravesham, Swale and Thanet districts all had teenage conception rates above the national average in this period.

8. Maternity and Child Health

- 8.1 The number of live births in Kent has fluctuated over the past 3 years for which data is available with an average of just over 17,600 births per year. There has been no distinct upward or downward trend.
- 8.2 In 2012/13 Gravesham had the highest rate of terminations of pregnancies amongst Kent districts whilst Tunbridge Wells had the lowest rate. Rates tend to be higher in districts within East Kent compared to West Kent. It is interesting to note that although Maidstone district hosts the only terminations clinic in Kent the rate of terminations for women in this district is below the Kent average.
- 8.3 Dover has the highest infant mortality rate of Kent districts and Dartford the lowest. Dover, Sevenoaks, Canterbury, Gravesham Swale and Thanet districts all have infant mortality rates higher than the South East average although it is not currently known if any of these differences are statistically significant.
- 8.4 Swale CCG has the highest percentage of mothers smoking at the time of delivery at just over 20%. South Kent Coast, Swale and Thanet CCGs all have higher smoking rates at delivery than the Kent and Medway average. The percentage of women smoking at the time of delivery is lowest in West Kent CCG at just under 10%.
- 8.5 According to these statistics breastfeeding continuation at 6-8 weeks (12/13) is highest in West Kent CCG and lowest in Swale CCG.

9. Late diagnoses of HIV

- 9.1 Latest figures for 2011-13 indicate considerable differences in proportion of HIV cases that were diagnosed late across Kent districts, ranging from 46.7% in Gravesham to 66.7% in Swale.

10. Stroke

- 10.1 Latest Quality Outcomes Framework (QOF) data indicated that in Kent & Medway, 30,500 people were recorded as having a Stroke or Transient Ischaemic Attack (TIA). This is a prevalence of 1.7% across Kent and Medway (same as the national average). The lowest prevalence of stroke was seen in Swale with 1.4% of the population appearing on a stroke register, the highest prevalence of 2.1% is seen in South Kent Coast CCG area.
- 10.2 Thanet CCG area has the second highest prevalence with 2.0%, followed by Canterbury & Coastal CCG (1.9%), Ashford CCG (1.8%), West Kent CCG (1.8%) DGS CCG (1.6%) and Swale CCG (1.4%). The national prevalence from the quality and outcomes framework (QOF) is 1.7%. Latest PHE figures show national comparison of premature mortality and prevalence for stroke /

TIA and other risk factors in which Kent has been rated better than average for most except Atrial Fibrillation.

- 10.3 Latest analysis of Quality Outcomes Framework (QOF) data related to CHD, stroke and hypertension suggest similar patterns in indicator achievement across all CCGs (eg. higher case ascertainment rates in stroke and higher proportion of patients with recorded blood pressure of 150/90mmhg or less) with minimal variation across them.
- 10.4 Stroke care quality was analysed in a special report by Public Health. The table below shows the three hospital sites in East Kent performing relatively better than the acute sites in other areas.

Domain	Darent Valley	Kent and Canterbury	Queen Elizabeth the Queen Mother	William Harvey	Maidstone District General	Tunbridge Wells	Medway Maritime
Scanning	C	A	A	A	D	D	C
Stroke unit	E	C	C	C	E	E	D
Thrombolysis	E	A	B	B	E	E	D
Specialist assessment	D	A	A	B	E	D	E
Occupational therapy	C	D	C	C	C	C	Insufficient records
Physiotherapy	D	D	B	C	D	D	Insufficient records
Speech and language therapy	E	E	E	E	E	E	Insufficient records
Multi disciplinary team working	E	D	C	D	D	E	D
Standards by discharge	C	C	B	D	D	D	Insufficient records
Discharge process	D	E	D	E	E	D	Insufficient records
All Domains combined	E	D	C	D	E	E	D

A = Over 80% B = 70-80%
 C = 60 -70% D = 40 – 60%
 E = less than 40%

Source: Royal College of Physicians, Sentinel Stroke Audit, 2014
<http://www.rcplondon.ac.uk/projects/ssnap-clinical-audit/SSNAP>

11. Coronary Heart Disease (CHD)

- 11.1 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.
- 11.2 Latest 2013/14 estimates show admissions for heart failure have shown some increase in Thanet and West Kent CCGs but these have reduced slightly in Canterbury, DGS and South Kent Coast CCGs.
- 11.3 The rates for revascularisation (angiogram/Percutaneous Coronary Intervention (PCI) procedures) procedures in 2013 show higher proportion of activity being repatriated from London to local centres in Kent and slightly reduced numbers of Coronary Arterial Bypass Graft (CABGs) alongside increased angioplasties.

12. Cancer

- 12.1 Over the last 15 years, there have been significant improvements in Kent in one-year survival rates across all cancers. However, both the overall one-

year survival index and the rate of improvement varies markedly across CCGs.

- 12.2 This analysis particularly highlights Swale CCG, and to a lesser extent Thanet CCG, as having a concerning combination of low baseline survival rates and low rates of improvement. This implies that these areas are likely to fall further behind in terms of one-year survival rates.
- 12.3 More effort is required to promote early diagnosis and awareness of signs and symptoms of cancer

13. Dementia

- 13.1 Based on 2013 estimates, the observed prevalence of dementia (number of dementia patients on QOF registers) is approximately 44% of the expected prevalence across Kent or 9221 which is an improvement from 37% based on estimates made in 2011. However this falls short of the revised new target of 67% that GP practices are obliged to meet by March 2015.
- 13.2 NHS England (NHSE) has published a second Direct Enhanced Service known as Dementia Identification Scheme In addition to identifying and referring those individuals at high risk of dementia, this enhanced service also requires practices to work with nursing and care homes to identify patients in their care who may have symptoms of dementia and offer a dementia assessment.

14. Falls

- 14.1 Falls related admissions amongst the over 65's (with an injury-related primary diagnosis) continue to increase steadily, with the age-standardised rate having increased by 30% between 2006/07 and 2013/14. This upward trend is evident in all CCGs except Swale, where admission rates have decreased year-on-year since 2010/11.

15. Excess Winter Deaths

- 15.1 Kent also showed a reduction from 933 excess winter deaths in 2012/13 to 655 in 2014/15. In contrast to national figures, the reduction was not as significant as past years, in particular for the winter periods of 2006/7 and 2007/8 (473 and 454 respectively).
- 15.2 Kent has continued to develop partnership referral pathways to try to reach those most at risk in cold weather. Emergency support is available at a population level and Public Health co-funded housing retrofit interventions with the Kent County Council Warm Homes programme, to provide sustainable interventions such as insulation and heating repairs for those over 65 with a long term health condition, particularly respiratory and heart. In the

winter period of 2013/14 almost 11,000 people received a home visit resulting on over 3,000 interventions.

16. Looked After Children

- 16.1 A needs assessment completed in 2014 highlighted the following:
- 16.2 A 25% increase in the number of Kent children in care in the last five years (but a 16% decrease in children from other local authorities). Thanet district has the highest number of children in care. Most children in care are in the age group 12-18 years old. A decrease in the age group 0-4 years old has been observed in 2013-14.
- 16.3 Higher levels were reported for fixed school exclusions, Special Education Needs, educational attainment and SDQ score. Lower levels were reported annual health assessments completed compared to rest of England, however the number of review health assessments performed by nursing staff for looked after children in east Kent has increased sharply in 2013/14.

17. Learning Disabilities

- 17.1 A needs assessment for adults with Learning Disabilities was completed in 2014. It highlights a number of gaps in access to health improvement programmes such as Health Promotion for patients and their carers, health activity groups such as weight management, cancer screening. Kent Public Health team is working with NHSE, CCGs and Kent Community Health Trust to improve the uptake of annual health checks for people with learning disabilities.

18. Domestic Abuse

- 18.1 During 2013/14 there were 25,365 domestic abuse incidents reported to Kent Police. This is an increase of 8.4% from 2012/13.
- 18.2 During 2013/14, 1862 high risk cases were referred to Multi Agency Risk Assessment Conferences, with 2,394 children living in those high risk households. This is an increase of 32% on the previous year.
- 18.3 During the first two quarters of 2014/15 (the second year of the service) the Kent and Medway Independent Domestic Violence Advisor service received 1,411 referrals. This amounts to a 64% increase on the same period in 2013/14.
- 18.4 Between July 2013 and June 2014, 1,835 people were assisted at domestic abuse one stop shops across Kent. This is an increase of 46% on the previous year.

- 18.5 In light of the increasing demand for services and reduced budgets, discussion is required about whether to combine the provision of domestic abuse services into a single commissioned integrated service.

19. Offenders

- 19.1 Latest anecdotal reports indicate a higher than expected number of suicides (or suspected suicides) in Kent Prisons – 11 in total - between December 2013 and December 2014. A comprehensive health needs assessment of the prison population in Kent should be undertaken, particularly highlighting suicide prevention.

20. Mental Health – Adults

- 20.1 The National Wellbeing Index shows that overall Kent's population feels slightly more anxious than the UK population average. There has been considerable work done to tackle psychosis and urgent and early help via the Mental Health Crisis Concordat. Many partners are signed up to this agreement across Kent and Medway. Latest needs assessment work continues to highlight the problems in the provider services data, an issue that CCG commissioners as well as NHS England are looking into.
- 20.2 There is a comprehensive public health and social care prevention plan for mental wellbeing across Kent. This includes promoting good mental health via asset development and resilience building (6 ways to Wellbeing), supporting access and vulnerable groups (Kent Sheds and Community Link Workers), preventing suicide (Mental health first aid training) and helping recovery via the forthcoming 'primary care mental wellbeing and recovery service' which will empower voluntary and community agencies to tackle stigma, support employment and re-integrate people into community life after illness.
- 20.3 Each CCG area has particular priorities highlighted by their needs assessment. However many issues are shared across all areas with differential impact. Some of the most important are listed below:
- Ensuring joined up community asset development is linked to accessing primary care and psychological therapy.
 - Tackling the rise in self harm and dual diagnosis by ensuring better transition between CAMHS and AMHS as well as focusing on schools and raising awareness (particularly in Canterbury).
 - Understanding more fully the nature and extent of depression in local areas (particularly Ashford).
- 20.4 Increasing areas of concern are anti-social personality disorder, Attention Deficit Disorder (around 7000 people in Kent), eating disorders (around 26,000 in Kent particularly in females) and post natal depression (around 1800 women across Kent).

21. Suicide and Self Harm

- 21.1 A Kent and Medway Suicide and Self Harm Strategy is currently out for consultation in 2015. The strategy aims to strengthen data surveillance via working with Coroners and the police.
- 21.2 In 2013 there were 182 deaths from suicide across Kent. Men are far more at risk of suicide than women. The rate of suicide across Kent is 9 deaths per 100,000 people (2011-13). This is slightly higher than the England rate of 8.8 per 100,000. This amounts to just over 4000 years of life lost across Kent (2011-13). DGS, SKC and Thanet CCGs had the highest rates in 2013.
- 21.3 Latest estimates suggest that almost 15,000 young people between 16-24 years have self-harmed in Kent. Overall, trends of self-harm in Kent are falling for people aged 20-24 but increasing for those aged <19 years. South Kent Coast CCG had highest self harm rates in 2013/14 in those aged 10 – 24 years, followed by Ashford, Thanet and Canterbury CCGs.
- 21.4 A key recommendation for tackling self-harm in young people (particularly those who repeatedly self-harm) is to discuss distress and risky behaviours in schools settings and also support parents and young people to discuss emotional problems together.

22. Mental Health – Children and Young People

- 22.1 Latest estimates indicate 11-16 years are the riskiest ages for developing mental health problems in young people. There are over 5,500 children in need in Kent due to family dysfunction, abuse and neglect. Kent also has higher rates of hospital admissions for mental health conditions than the England average, particularly eating disorder and self-harm.
- 22.2 Approximately 45% of Children In Care are at risk of mental illness, compared with 9% in the rest of the population but only half of the expected number of children in care in Kent are getting CAMHS services, particularly Tier 2 (preventative /early help) services reflecting similar problems nationally. It is hoped that the new Children's Emotional Well Being Strategy – linking Headstart / Early Help, Troubled Families, resilience and public health services together may address this situation.
- 22.3 Self-harm and Obsessive compulsive disorder and witnessing domestic abuse are some of the main reasons for referral to CAMHS therapy services. Given these issues, transition between children's and adult mental health services needs to be planned carefully to improve care continuity.

23. Recommendations

- 23.1 Members of the Committee are asked to:
 - a. Note the contents of the report
 - b. Make recommendations to the Cabinet Member for Adult Services and Public Health to approve the report.

Report Author

Dr Abraham George

Consultant in Public Health

Abraham.george@kent.gov.uk

03000416137

Relevant Director:

Andrew Scott-Clark, Director of Public Health

Andrew.scott-clark@kent.gov.uk