From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
	Andrew Scott-Clark, Director of Public Health
To:	Kent Health and Wellbeing Board
	7 February 2019
Subject:	Kent Joint Strategic Needs Assessment (JSNA) Exceptions Report 2018/19
Classification:	Unrestricted

Summary:
This paper provides a brief list of key population health risks and issues arising from the refresh of the Kent Joint Strategic Needs Assessment through more detailed Needs Assessments or other public health analysis. This list enables the Kent Health and Wellbeing Board, the Joint Kent and Medway Health and Wellbeing Board and the Kent and Medway Sustainable Transformation Partnership to be aware of the relevant issues and trends which need to be addressed and reflect the key priorities and outcomes of the refreshed STP plans based on the recently published NHS Long Term Plan.

Recommendation:
The Kent Health and Wellbeing Board are asked to **COMMENT** and **ENDORSE** the following recommendations:

- Ensure a system wide focus on prevention especially the continued whole system focus on the reduction of smoking prevalence particularly for women who smoke during pregnancy.
- Continue the focus on local populations that have the lowest life expectancy.
- Work to ensure that whole systems are communicating systematically and effectively in order to gain the best outcomes, particularly to address multiple long term conditions and both physical and mental health, across the life course.
- Continue to focus on improving Stroke and Cancer pathways from prevention through diagnosis, treatment, rehabilitation and palliative care.
- Embed key highlights and emerging issues into the reiterated Kent and Medway Case for Change.

1. Context

1.1 This report updates the Kent Health and Wellbeing Board on the refresh of the Kent Joint Strategic Needs Assessment through the more detailed Needs Assessments published in this financial year (2018/2019).

1.2 In 2018 the Kent and Medway STP published an updated Case for Change[i], the Needs Assessment that drives all the work transforming health and care services across Kent and Medway.

1.3 In early January the NHS published the NHS Long Term Plan. The next task for the STP is to reiterate the Kent and Medway Case for Change based on the NHS Long Term Plan.

1.4 The findings of the needs assessment work highlighted in this paper, the existing Kent and Medway Case for Change and NHS Long Term Plan will be reflected in the refreshed STP Case for Change.

2.0 Background

2.1 The Kent JSNA[ii] is a set of:

- Reports
- Visual map including health and social care maps
- Need assessments

These describe and inform priorities to improve and transform health and wellbeing of the Kent population.

2.2 Now that Integrated Care Partnership footprints are becoming clearer, we are also developing analysis at this level to ensure a greater understanding of local population health needs and priorities. A West Kent footprint needs assessment has been produced and work planned to complete North Kent and East Kent.

2.3 Previous Kent Health and Wellbeing Boards have endorsed the use of population cohort modelling and this work is now being used in a number of local care service transformation projects including West Kent, Dartford Gravesham and Swanley and Swale and the Vanguard.

3.0 JSNA Reports (Briefings, Needs Assessments, Deep Dives and Analyses)

3.1 The following reports were completed by the Public Health team in the last year:

- Pharmaceutical Needs Assessment[iii]
- Suicide Prevention Needs Assessment[iv]
- Tobacco Dependency Needs Assessment[v]
- Sexual Health Needs Assessment[vi]
- Children and Young People with Disabilities Needs Assessment[vii]
- Director of Public Health Annual Report (Sexual and Reproductive Health)[viii]
- Local Authority Health Profiles[ix]
- Air Quality[x]
- Childhood Obesity[xi]
- Obesity Deep Dive[xii]
- Multimorbidity in Kent Developmental Statistics[xiii]
- Kent Fire and Rescue Service, an Evaluation of the Health Impacts of Safe and Well Visits[xiv]
- Analysis of Hospital Admissions for Self-Harm in Children and Young People in Kent[xv]
- Family Weight Management[xvi]
- Using Acorn Wellbeing & the Kent Integrated Dataset (KID) to Identify and Analyse Older People More Likely to be Experiencing Social Isolation and Loneliness[xvii]

- National Child Measurement Programme Data [xviii]
- Inequalities in Obesity and Excess Weight in Childhood 2017/18 Update[xix]
- The Infant Feeding Service Consultation Report[xx]

3.2 The following reports were completed by the Public Health team in the last year and await sign off:

- Maternal Weight
- Children and Young People with Special Education Needs
- The Use of Preventative Health Services by People with Learning Disabilities (Brief Analysis)
- Stopping Over-Medication of People with a Learning Disability, Autism or Both (STOMP) in Kent

3.3 The following reports are in production:

- End of Life Care for Children and Young People in Kent
- Percutaneous Coronary Intervention (PCI) Procedures in Kent and Medway
- An Estimate of Undiagnosed Atrial Fibrillation and Assessment of Targeting in the Health Checks Programme in Kent
- Dual Diagnosis: Developmental Statistics Exploring General Practice Recording, Hospital Admissions and Contact with Community Mental Health Teams
- Population Health Needs, Inequalities and Commissioning Opportunities in West Kent CCG
- Substance Misuse in Adults: Drugs
- Substance Misuse in Adults: Alcohol
- Children's and Young People's Substance Misuse
- Regression Analyses to Explore Equity of Uptake of Learning Disability (LD)-Specific Health Checks, and the Impact of LD Health Checks on Acute Emergency Care
- Cancer Annual Public Health Report

4.0 Key Highlights and Emerging Issues

4.1 Population

4.1.1 The KCC Housing Led Forecast suggests population growth is due to rise in Dartford and Maidstone, particularly in Ebbsfleet. In total, the Kent population is due to grow by 74,800 (5.0%) from 2019 to 2024. Older people are the fastest growing group of people in Kent. Latest projections estimate that the population aged 65 and over will grow by 10.2% over the same time period, compared to 3.8% for those under 65 (see infographics showing key indicators and health and wellbeing information in Appendix 2).

4.1.2 From 2015-17 the leading causes of premature death (considered preventable) in the Kent population for the under 75 age group are:

- Cancer 76.9/100,000 trend decreasing
- Cardiovascular disease 38.6/100,000 trend decreasing
- Respiratory disease 18.1/100,000 trend static

- Liver disease 14/100,000 trend increasing

4.2 Health Inequalities

4.2.1 Health inequalities across the county are getting wider. Most recent analysis on mortality shows that whilst the rates have been falling over the last decade, the 'gap' in mortality rates between the most deprived and least deprived in Kent persists. See Appendix 1 for the trend of Health Inequalities and the variation in life expectancy.

4.3 Smoking

4.3.1 Adult smoking prevalence in Kent has continued to fall, from 20.7% in 2012 to 16.3% in 2017. The reduction is largely attributed to e-cigarette use and has resulted in a significant reduction in the number of individuals setting a quit date using traditional smoking cessation services. However, differences across populations continue to widen. For example, people in routine and manual occupations are 3.5 times more likely to smoke than other occupations.

4.3.2 Smoking at the time of delivery continues to be a significant concern in Kent with the rates above national average (Kent 14.4%, National 10.8%) and the recent trend increasing. A new model of support for women who smoke during pregnancy is required if Kent is to achieve the national target of 6% or less by 2022.

4.4 Air Pollution

4.4.1 Air pollution is a significant contributor to preventable ill health and premature mortality. In 2016, 5.6% of mortality in the under 75 population in Kent was attributable to particulate air pollution, which is similar to mortality rates attributable to respiratory disease and liver disease.

4.5 Mental Health and Substance Misuse

4.5.1 Despite a recent slight fall, suicide rates in Kent are still higher than national and regional comparators, particularly amongst men. There is variation in rates across the CCG areas, with Thanet having the highest male suicide rate, and West Kent CCG having the lowest. However, West Kent CCG has the 2nd highest female suicide rate. Approximately 70% of people who die by suicide are not known to secondary mental health services.

4.5.2 The rates of depression co-existing with comorbidities, including anxiety, obesity, smoking, poor self-care, alcohol misuse and self harm, are increasing. People with mental illness are also six times more likely to have a co-existing Long Term Conditions.

4.5.3 Mental health continues to present challenges including:

- Primary care data suggests that there were almost 130,000 adults with depression in 2017-18.
- Approximately 13% of young people aged 5-19 years have mental ill health.
- Rates of police section 136 (S136) detentions are higher in Kent than the

national average.

- 68% of people using Kent substance misuse services have suicidal ideation.
- Approximately 50% of hospital admissions for self-harm involving young people involve those aged 14-18, the majority of whom are females.
- A third of admissions for self-harm involve children and young people living in the 20% most deprived areas in Kent.

4.5.4 There is a change in pattern of drug use amongst young people in Kent. There are now more young people reporting abstinence. However, those that are using substances (both drugs and alcohol) are engaging in high risk activities with more varied drug availability (e.g. online) and the substances are often unknown and complex.

4.6 Excess Weight

4.6.1 In 2016/17, 63% of adults in Kent were identified as having excess weight (overweight or obese) based on the Active Lives Survey, which is higher than England. Within Kent, the prevalence of excess weight in Maidstone and Swale was higher than Kent. National and local analyses demonstrate that there is a strong relationship between obesity and multimorbidity, independent of age, gender and deprivation. In 2017/18, multimorbidity affected 29.5% of those classified as normal weight, 38.6% of those overweight and 65.9% of those classified as obese. Hospital admissions where obesity is a factor have increased across Kent, in line with England, from 267.3 in 2011/12 to 946.9 per 100 000 resident population in 2016/17.

4.6.2 In 2017, 50% of pregnant women were identified as having excess weight at booking. However, there are inconsistencies in measuring weight as part of BMI at booking, with little and varied information given to pregnant women about healthy eating and physical activity.

4.6.3 The National Child Measurement Programme in 2017/18 in Kent found that 20.7% of reception aged children and 33.2% of Year 6 children had excess weight. In 2017/8, the prevalence of excess weight in Year R children in Dartford, Dover and Swale was higher than Kent and the South East, whereas the prevalence of excess weight in Year 6 in Dartford, Gravesham and Thanet was higher than for Kent, the South East and England.

4.7 Oral Health

4.7.1 The Indicators for oral health is the number of decayed missing or filled teeth in children of 5 years. Data shows Kent has a lower rate than the national average although the rate of children being free from dental decay in Kent is similar to the national average.

4.8 NHS Health Checks

4.8.1 NHS Health Checks is a vascular screening programme mandated to Upper Tier Local Authorities to commission. In Kent, for the last five years the whole annual cohort have been invited, with the average uptake now standing at approximately 42%. This is significantly below the national average of 48%.

4.9 Learning Disability and Special Educational Needs

4.9.1 There are as many as 24,000 people with an undiagnosed learning disability (LD) across Kent. In 2016/17, only 40.8% of diagnosed cases were reported to have had a health check, which is lower than the national average. The proportion varied by CCG area, with DG&S CCGs delivering checks to only 26.5%.

4.9.2 National analysis has shown that 17% of adults with a diagnosed LD are prescribed an antipsychotic medication, with over half not having a diagnosis on their GP record of a condition which the medication is designed to treat, including psychosis, bipolar disorder, depression and anxiety. A local analysis has indicated that the Kent prevalence is likely to be similar to the national prevalence.

4.9.3 The prevalence of SEN in children and young people in Kent has reduced significantly over the past 4 years to 28,787 (12.4%) in 2018 and is now lower than England. However, prevalence is highest amongst Children In Need (CHIN) and Children In Care (CIC). Children with SEN often require specific SEN support, Educational and Health Care Plans (EHCP), and a multi-agency approach to improve health outcomes.

5.0 Finding of the JSNA Population Cohort Model[xxi] (Progress Update)

5.1 Several workshops have been delivered to improve the engagement and feedback around the JSNA Population Cohort Model.

5.2 Outputs from the JSNA Population Cohort Model, including existing service configuration, provide a needs-based projection for hospital services. These outputs have been used to inform the 'do nothing' baseline for models that are designed to explore service transformation, particularly in Kent around the introduction of Local Care. A Population Cohort Model has been generated specifically for West Kent, which was actively used and applied in the West Kent Needs Assessment. Similar cohort models for North Kent and East Kent will be completed in due course.

5.3 Within Public Health, the Population Cohort Model has been used to produce projections for the latest needs assessment on tobacco dependency. For example, if we are to achieve the 12% smoking prevalence target by 2022, we estimate it would mean 620 fewer cases of lung cancer, 832 fewer cases of COPD, 480 fewer cases of coronary heart disease, and 461 fewer cases of stroke by 2032.

5.4 The Population Cohort Model has been used to assess the impacts of targeted public health interventions on healthy life expectancy in Kent. The interventions are shown in Table 1.
If all of the interventions were applied to the target outlined we estimate that healthy life expectancy at birth would increase from 72.5 years to 77.9 years by 2037 (Fig. 1).

Table 1 Public Health intervention impact targets

Intervention Areas	Impact	Impact (%)	Number	Start	End
Breastfeeding	Increase prevalence	20		2019	2024
Smoking in pregnancy	Decrease prevalence	6		2019	2025
Childhood obesity	Decrease prevalence	20		2019	2025
Fuel poverty in children	Decrease prevalence	10		2019	2022
ACE in childhood	Decrease prevalence	20		2020	2030
Hypertension	Increase percentage treated	30		2020	2025
Hypercholesterolaemia	Increase percentage treated	30		2020	2025
Smoking	Decrease prevalence	8		2019	2024
Obesity	Decrease prevalence	10		2019	2024
Alcohol screening		Screening	50,000	2019	2025
Alcohol treatment		Treatment	5,000	2019	2030
Fuel poverty in older people	Decrease prevalence	20		2019	2024
Impact of ACE in adulthood	Decrease prevalence	20		2020	2030

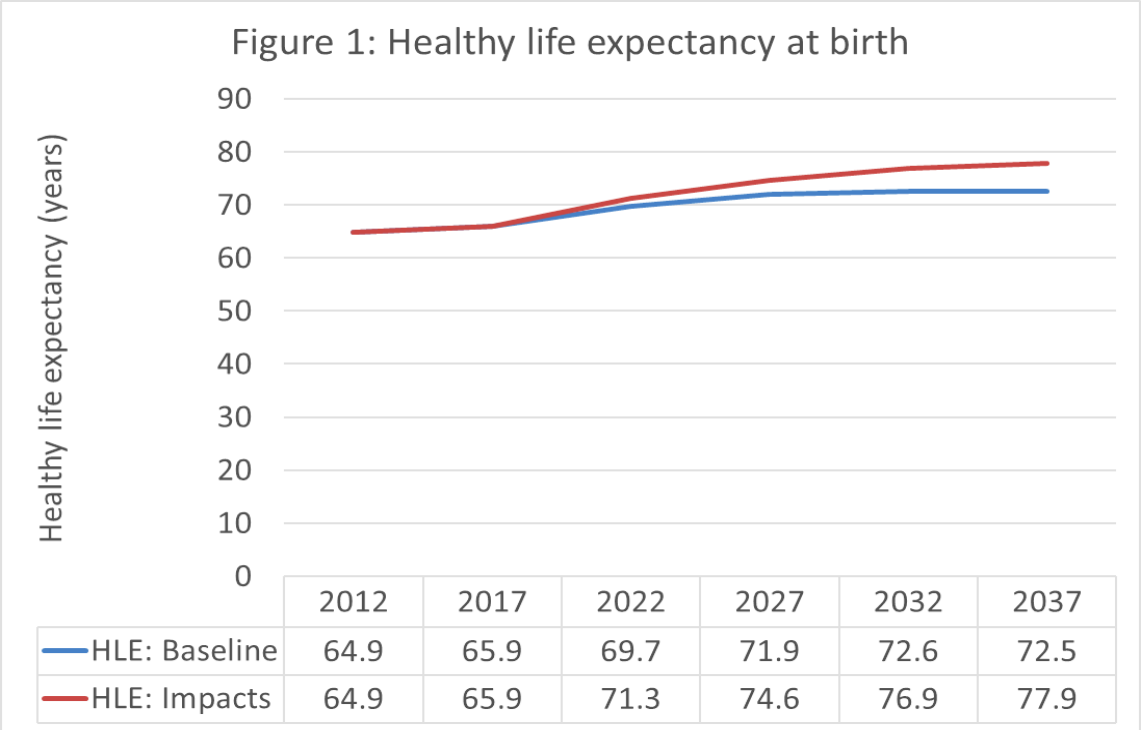

Figure 1 above shows the modelled impacts on health life expectancy at birth with all of the Public Health intervention impacts applied

6.0 Recommendations

The Kent Health and Wellbeing Board are asked to **COMMENT** and **ENDORSE** the following recommendations:

- Ensure a system wide focus on prevention especially the continued whole system focus on the reduction of smoking prevalence particularly for woman who smoke during pregnancy.
- Continue the focus on local populations that have the lowest life expectancy.
- Work to ensure that whole systems are communicating systematically and effectively in order to gain the best outcomes, particularly to address multiple long term conditions and both physical and mental health across the life course.
- Continue to focus on improving Stroke and Cancer pathways from prevention through diagnosis treatment, rehabilitation and palliative care.
- Embed key highlights and emerging issues into the reiterated Kent and Medway Case for Change.

7.0 Contact Details

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Background Documents:

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[i] https://kentandmedway.nhs.uk/wp-content/uploads/2018/07/KM_STP_case_for_change__March_2018_vF2.pdf

[ii] https://www.kpho.org.uk/joint-strategic-needs-assessment

[iii] https://www.kpho.org.uk/__data/assets/pdf_file/0004/76747/Kent-Pharmaceutical-Needs-Assessment-2018.pdf

[iv] https://democracy.kent.gov.uk/documents/s86560/Item%209%20appx%20-%20Suicide%20Prevention%20Needs%20Assessment%20Sept%202018%20v1.dotx.pdf

[v] https://www.kpho.org.uk/__data/assets/pdf_file/0018/90702/Tobacco-Dependency-Needs-Assessment.pdf

[vi] https://www.kpho.org.uk/__data/assets/pdf_file/0006/89151/Kent-sexual-health-needs-assessment-Final.pdf

[vii] https://www.kpho.org.uk/__data/assets/pdf_file/0006/83913/CYP-with-Disabilities-Needs-Assessment.pdf

[viii] https://www.kent.gov.uk/__data/assets/pdf_file/0009/89397/Sexual-and-reproductive-health-annual-report-2017.pdf

[ix] https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000008?search_type=list-child-areas&place_name=South East

[x] https://www.kpho.org.uk/__data/assets/pdf_file/0004/80617/Air-Quality.pdf

[xi] committee https://democracy.kent.gov.uk/documents/g8322/Public%20reports%20pack%2015th-Jan-2019%2009.00%20Health%20Reform%20and%20Public%20Health%20Cabinet%20Committee.pdf?T=10

[xii] https://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=44928

[xiii] https://www.kpho.org.uk/__data/assets/pdf_file/0010/80398/Multimorbidity-report-D2.pdf

[xiv] https://www.kpho.org.uk/__data/assets/pdf_file/0007/58444/KPHO-Evaluation-of-Safe-and-Well-visits-FINAL.pdf

[xv] https://www.kpho.org.uk/__data/assets/pdf_file/0019/82054/CYP-self-harm.pdf

[xvi] https://www.kpho.org.uk/__data/assets/pdf_file/0008/90548/FINAL_APRV_1.pdf

[xvii] https://democracy.kent.gov.uk/documents/s86149/Social%20isolation%20and%20loneliness%20in%20Kent%20-%20Public%20Health.pdf

[xviii] https://www.kpho.org.uk/__data/assets/pdf_file/0003/88167/NCMP-2017-18-Data-Report-Accessible-version_FINAL.pdf

[xix] https://www.kpho.org.uk/__data/assets/pdf_file/0009/88371/NCMP-Equity-201718.pdf

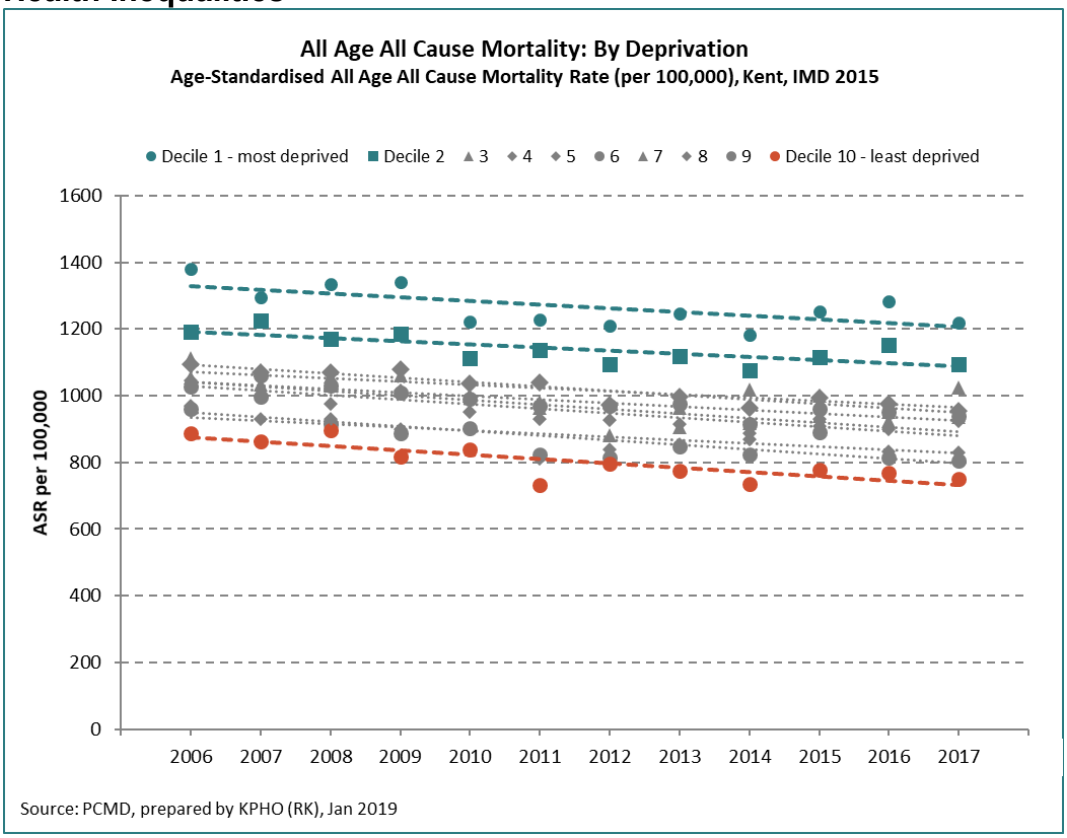
[xx] https://consultations.kent.gov.uk/consult.ti/InfantFeeding

[xxi] https://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-population-cohort-model

Appendices

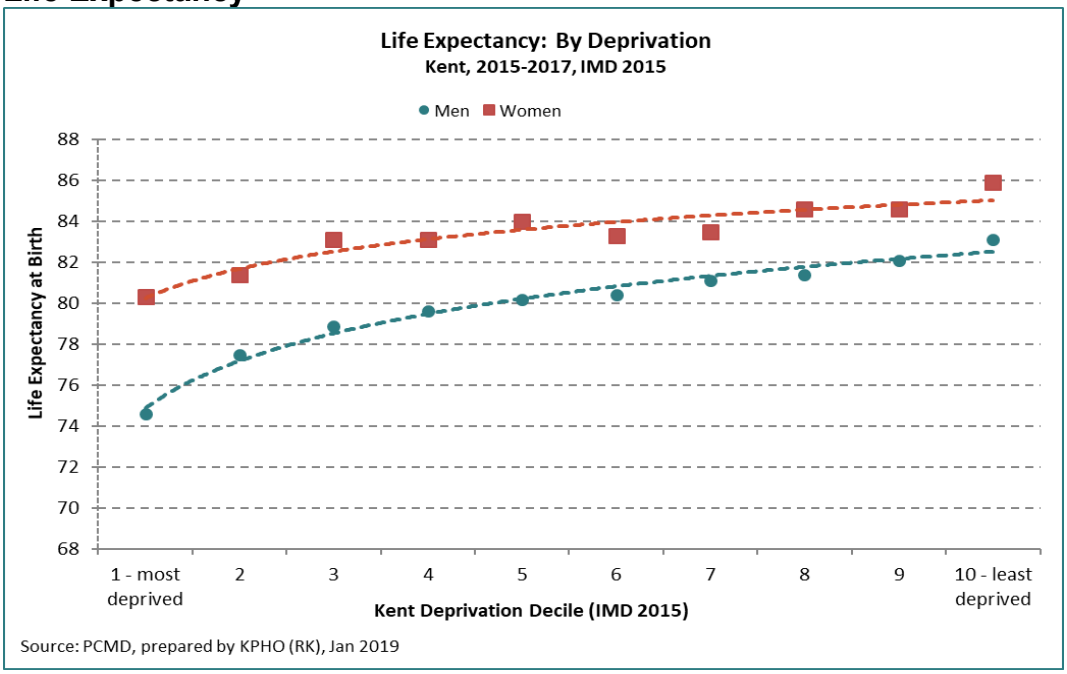
Appendix 1

Health Inequalities



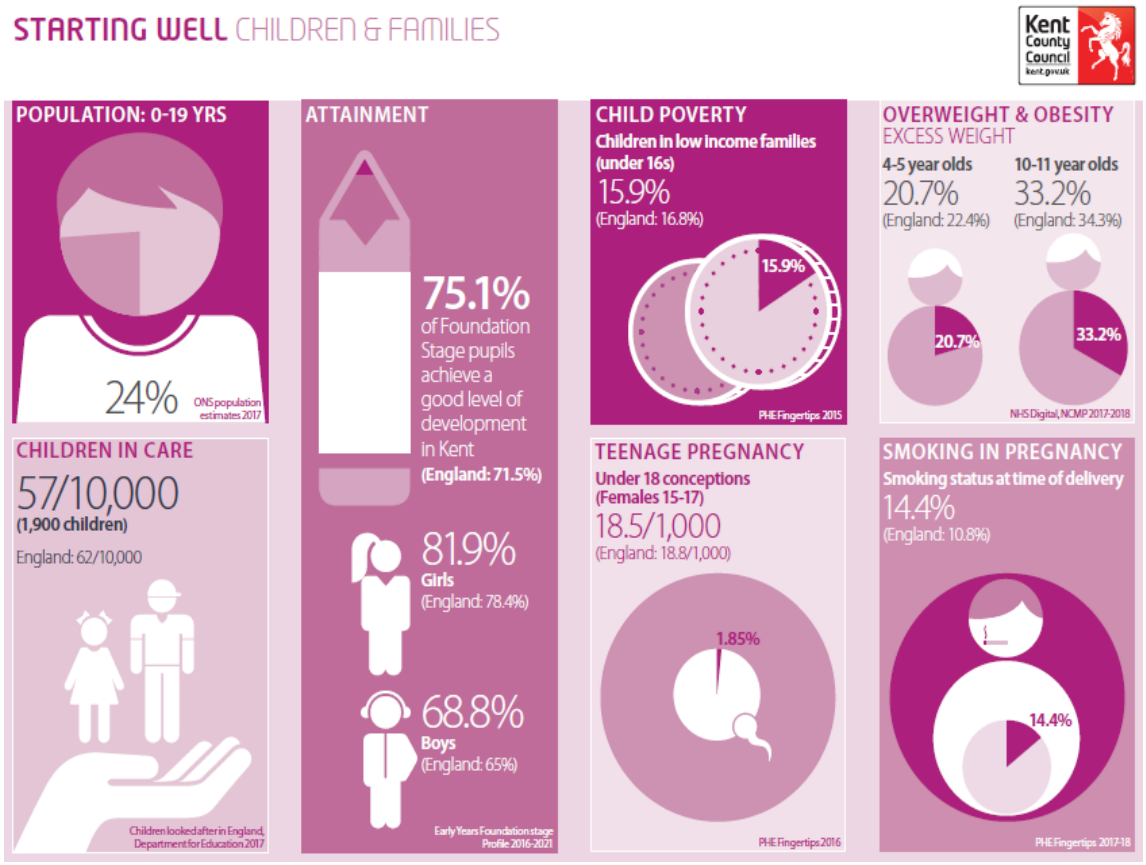
Source: PCMD, prepared by KPHO (RK), Jan 2019

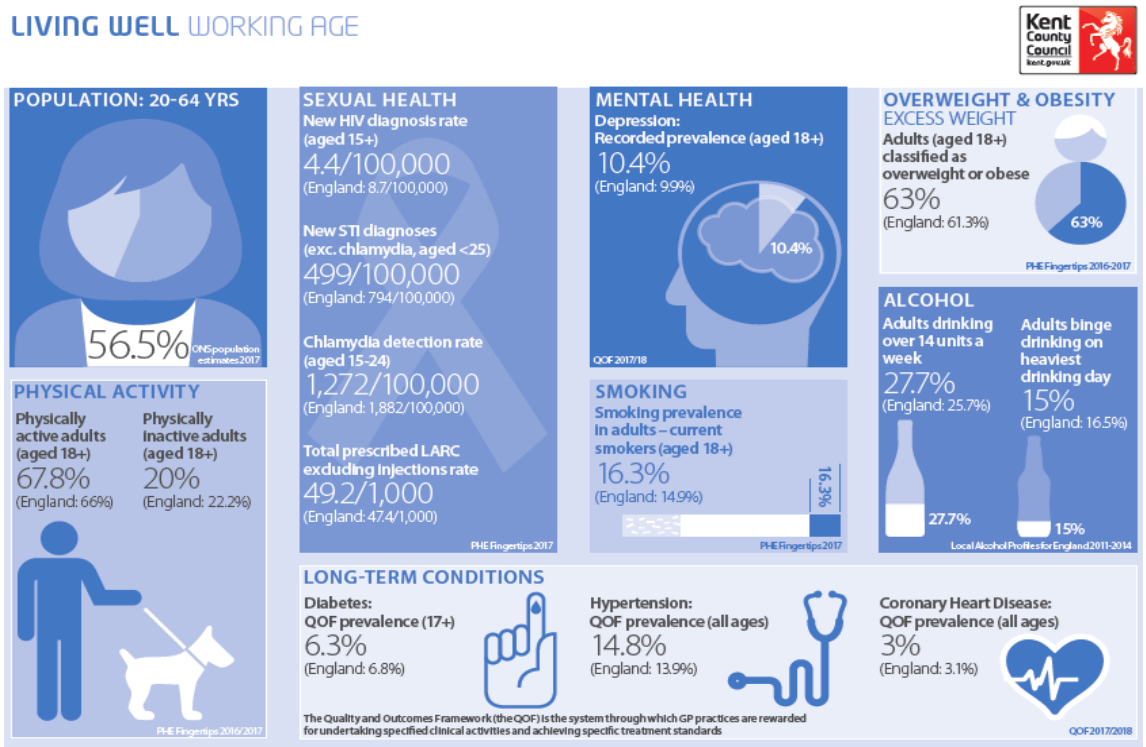
Life Expectancy



Source: PCMD, prepared by KPHO (RK), Jan 2019

Appendix 2: Infographics





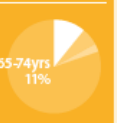
AGEING WELL OLDER PEOPLE

POPULATION: 65+ YRS

Projected growth by 2023*

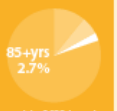
↑11.6%

Percentage of population between 65 and 74 years of age: 11% (171,085)



Percentage of population between 75 and 84 years of age: 6.2% (96,587)

Percentage of population over 85 years of age: 2.7% (42,325)

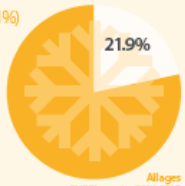


*2023 Protected growth by 2023; based on 2016 sub-national population projections ONS population estimates 2016

EXCESS WINTER DEATHS

Percentage of deaths above the mortality rate if it was stable throughout the year

21.9%
(England: 21%)



All ages
PHE Fingertips 2014-2017

FALLS AND FRACTURES

Hip fractures

1,825 patients
over 65 years of age were admitted to hospital as emergency admissions with hip fractures

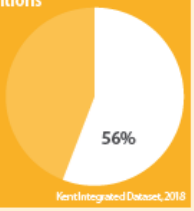
Number of hospital admissions due to falls

6,337

PHE Fingertips 2016-2017

MULTI-MORBIDITY

56%
Over half of those aged 70 and above have 2 or more QOF long term conditions



Kent Integrated Dataset, 2018

HEART DISEASE / STROKE

People under 75 suffer an early death due to cardiovascular and stroke*

63.1/100,000
(England: 72.5/100,000)

*Cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000
PHE Fingertips 2015-2017

DEMENTIA

Dementia: Recorded prevalence (aged 65+)

4%
(England: 4.3%)

PHE Fingertips 2017

END OF LIFE CARE

Cause of death

- Cancer: 28%
- Coronary heart disease: 7%
- Respiratory disease: 15%
- Stroke: 7%
- Other circulatory diseases: 12%

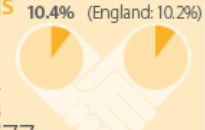
Place of death

- Hospital deaths: 43% (England: 47%)
- Home deaths: 22% (England: 24%)
- Care home deaths: 23% (England: 22%)
- Hospice deaths: 9% (England: 6%)
- Other: 3% (England: 2%)

PHE Fingertips 2017

CARERS

10.4% (England: 10.2%)

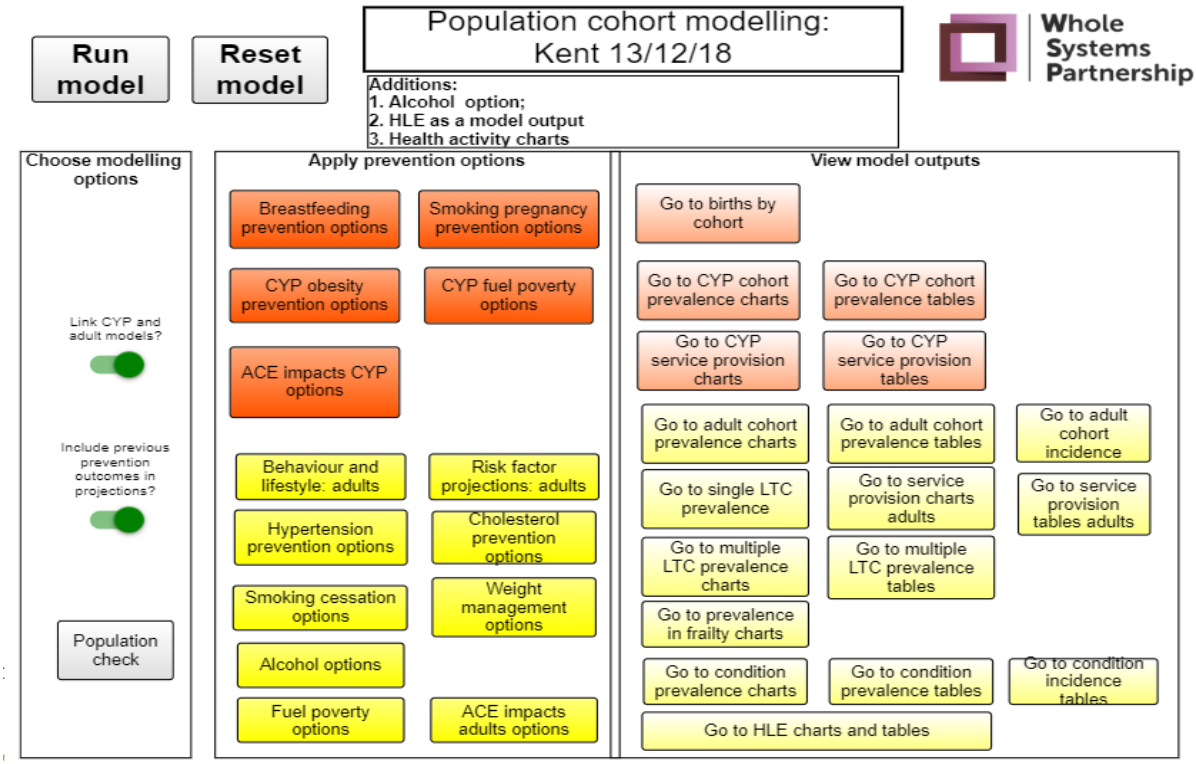


Number of carers

151,777

Census 2011

Appendix 3


Run model
Reset model
Population cohort modelling: Kent 13/12/18
Additions:
1. Alcohol option;
2. HLE as a model output
3. Health activity charts
Whole Systems Partnership
Choose modelling options
Link CYP and adult models?
Include previous prevention outcomes in projections?
Population check
Apply prevention options
Breastfeeding prevention options
Smoking pregnancy prevention options
CYP obesity prevention options
CYP fuel poverty options
ACE impacts CYP options
Behaviour and lifestyle: adults
Risk factor projections: adults
Hypertension prevention options
Cholesterol prevention options
Smoking cessation options
Weight management options
Alcohol options
Fuel poverty options
ACE impacts adults options
View model outputs
Go to births by cohort
Go to CYP cohort prevalence charts
Go to CYP cohort prevalence tables
Go to CYP service provision charts
Go to CYP service provision tables
Go to adult cohort prevalence charts
Go to adult cohort prevalence tables
Go to adult cohort incidence
Go to single LTC prevalence
Go to service provision charts adults
Go to service provision tables adults
Go to multiple LTC prevalence charts
Go to multiple LTC prevalence tables
Go to prevalence in frailty charts
Go to condition prevalence charts
Go to condition prevalence tables
Go to condition incidence tables
Go to HLE charts and tables