

West Kent Needs Assessment Executive Summary

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1 Executive Summary

1.1 Introduction

The [Health and Care Act 2022](#) introduces a series of measures to make it easier for health and care organisations to deliver joined up care for people and requires integrated care partnerships to write an Integrated Care Strategy to set out how the assessed needs from the Joint Strategic Needs Assessment (JSNA) can be met. [National guidance on the preparation of Integrated Care Strategies](#) released in July 2022 stated that the integrated care strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how all commissioners, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. This needs assessment builds on the Kent Joint Strategic Needs Assessment (JSNA) and provides further local information to the West Kent HCP to assist them in making their commissioning decisions. The [Marmot Review \(2010\)](#) emphasises that social determinants lead to health inequalities and that actions must be based on proportionate universalism. The [Marmot Review](#) 10 years on mentions six policy objectives based on the life course approach and highlighted the effect of widespread and deep cuts in most areas of public spending.

1.2 Key health indicator results

- The elderly population in West Kent is set to increase substantially over the next 20 years, by up to 79% in ages 85+ with Maidstone district population generating the largest increases. This implies the need for a broader consistent integrated approach towards [primary secondary and tertiary prevention](#) for frailty, falls, fracture, multimorbidity and dementia care for the elderly.
- Life expectancy in females has reduced slightly in West Kent over that last 4 years to 83.2. Maidstone had lowest average life expectancy of the West Kent districts at 79.9 years. Fortunately, all four West Kent districts are all lower than the Kent average for premature mortality from all causes, with Maidstone district the highest at 308.6 per 100,000 aged 0-74 and Sevenoaks lowest at 275.3 per 100,000. Net migration is expected to average around 3,300 per year across the 4 districts. West Kent HCP has managed to increase the number of total full time equivalent GPs per 100,000 patients during the four-year period September 2018 to August 2022
- Health service demand has since rebounded post COVID creating pressures on the system for winter. Overall health inequalities have persisted (some indicators slightly worsened) as a COVID particularly related to school disruption, learning and unemployment. West Kent districts perform worse than the England average across the following indicators: intentional self-harm, diagnosis rates for dementia, Diabetes, and smoking status at time of pregnancy.

- In West Kent, obesity and severe obesity have increased in Tonbridge and Malling and Sevenoaks districts since the previous year, alongside similar levels of physical inactivity in these areas. Obesity is associated with health inequalities, and a considerable and effective [population-level approach whole systems approach to obesity prevention](#) is needed. Addressing the wider determinants of health will not only tackle obesity but could reduce health inequalities and prevent noncommunicable diseases and reduce premature deaths. It is recommended the obesity prevention and management plan are incorporated with the West Kent health inequalities strategy.
- Most mental ill health indicators such as prevalence depression, psychosis, serious mental illness, and suicide rates have increased across West Kent, but most are not significantly different from the Kent or England averages. There is significant variation across PCNs but more so in Tunbridge Wells PCN and for depression in ABC PCN.
- The Maidstone council area has the highest diagnostic rates of STIs and teenage pregnancy rates in West Kent, but screening and testing levels have still not reached pre-pandemic levels.
- Learning disabilities (LD) such as Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) diagnostic and prescribing services continue to face significant capacity issues due to large waiting lists and a surge in demand resulting in long wait times for some patients, similar to pre-pandemic levels. If unchecked waiting lists are projected hit more than 27,000 by 2025. Up to 20% of people with LD have underlying conditions such as Epilepsy and Depression, picked up during Health Check. In the West Kent HCP area just under 60% of patients with LD have had a Health Check in 2021/22.
- Universal claimant counts across West Kent have since fallen back to pre-pandemic levels but there is significant variation by ward for each district. Local authority housing registers have been steadily declining and now fallen to their lowest levels in 20 years. The Housing Register is important as an indication of housing need as determined by the local authority using their eligibility criteria. Heating bills are rising significantly and whilst Government support is in place it is expected to be modified in 2023. Lower income households are more likely to respond to higher energy prices by cutting energy use below safe levels. This could have direct implications for the up-and-coming winter of 2022/23. An estimated 21.5% of all excess winter deaths can be attributed due to homes being cold (Fuel poverty and cold home-related health problems PHE 2014)
- Death rates could rise 2.8% for every Celsius degree drop in the external temperature for those in the coldest 10% of homes compared with the 0.9% in the warmest homes.

1.3 JSNA Cohort model simulation outputs

- The factors contributing to demographic change, and therefore to the shape of future health needs, include:

- Natural demographic growth contributing to the ageing process leading to increases in the very old who are likely to be frail.
- Net-migration in the short term tends to be a younger, and therefore overall healthier, demographic.
- Prevalence of risk factors impacting on incidence of specific health conditions, leading to an increase in people with specific or multiple conditions.
- Underlying risk factors continuing to have a positive impact on health outcomes – annual year on year 0.5% reduction in smoking prevalence, reduction in harmful alcohol intake and ACE reductions alongside reversal of rising levels of obesity through a combination of national and local interventions.
- The relative contribution of the different assumptions implicit in best case scenario suggest that:
 - The benefits of reduced levels of smoking continue to increase over the next 25 years, but also because the benefits of having given up, or preferably never having started to smoke, are often only fully realised in later life.
 - However, prevalence of health conditions in the population continues to rise as a proportion of the whole population.
 - The addition of reduced levels of obesity, hazardous and harmful drinking and improvements in adverse childhood experiences further reduce the levels of, at a population level.
 - There is approximately a 0.3% reduction in frailty when assessing the impact of improvements in all four risk factors. However, frailty will continue to increase significantly, by 40% between 2018 and 2043 due to an ageing population. The ‘best case’ in the longer term is to see the numbers who have a health condition increase, particularly in the multiple condition and frail cohorts. However, the impact of all 4 interventions combined would see the growth for multiple conditions slow from 2030 onwards.

1.4 Stakeholder Voice

- [‘Kent and Medway Listens’](#) is an engagement project set up over the last year by KCC, Medway Council and Kent & Medway Partnership NHS Trust involving almost 4000 participants across Kent and Medway to understand the pressures impacting mental wellbeing of the local population, particularly seldom heard communities. Involve Kent managed the West Kent aspects of the survey.
- Key themes that emerged include
 - Wider determinants of health such as growing financial concerns, poor housing, and the inability to access health services were impacting mental wellbeing.
 - Local communities expressed distrust with the system borne out of lack of change, the frustration around siloed working and wider societal issues such as racism.

- VCS partner organisations expressed difficulty in providing much needed community-based services due to the short-term funding opportunities from commissioners.
- These themes indicate a need for a system wide approach to tackle health inequalities on an individual and population level. Collaborating with voluntary organisations highlighted the need for an integrated and sustainable approach to address the wider determinants of health.
- Activmob undertook several listening exercises on people’s health in Parkwood and Shepway wards of Maidstone district. Themes such as anti-social behaviour and safety issues in using communal green spaces, poor housing conditions and lack of nutritious food were amongst many that were picked up. These findings contributed to the development of the ‘Community Larder’ pilot in one of these wards funded by West Kent Health inequalities fund.

1.5 Recommendations – Key priorities for implementation across all programme areas

1.5.1 Partnership building

Public Health to work in partnership with districts, VCSE and other local anchor institutions to agree key priorities for action that would be developed under People, Place, Policy & Practice themes, ensuring focus on wider health determinants. Partnership arrangements should minimise duplication of existing work and must align with current local approaches.

1.5.2 MECC training

Workforce education and training to prioritise relevant front-line health and care staff to undertake core MECC training to ensure they have the skills and confidence to hold conversations with at risk individuals and families about healthy behaviour change particularly around healthy weight and signpost to appropriate support services. Maximise the potential of the health coaches, social prescribers, and community champions by offering relevant training to equip them with skills to hold conversations with people.

1.5.3 Health Promotion

Apply health in all policies to promote an environment that will make healthy options easier for the West Kent population e.g., using the local planning policies to provide access to quality green and blue spaces or incorporating messages on falls into other relevant awareness-raising campaigns such as Winter Wellbeing.

Work with districts and wellbeing providers so that people are signposted to the right recovery services, advocacy, and support at the right time.

Working with schools, workplaces, and communities to promote physical activities and healthy eating among West Kent population.

Consider a ‘Champion’ role e.g., Falls Prevention in adult social care teams to raise awareness within teams and act as a first port of call for signposting to local services.

1.5.4 Integrated Care delivery

Address childhood obesity through the commissioning of a multicomponent family weight management service, align actions with maternity, health visiting and school nursing to promote uptake.

Review the recording and management of depression (QOF) and serious mental illness in primary care (PCN): support practices to provide and support faster access to psychological and wellbeing services. All providers to work together to create a better, seamless mental health services where barriers to care are minimised, particularly for those with drug and alcohol problems and a learning disability. Good support and recovery plans should be created for vulnerable patients with complex mental health problems linked to a multidisciplinary team.

Given the low rates of dementia detection the HCP should explore opportunities to further enhance work of Kent and Medway ICB and KCC jointly commissioned dementia co-ordinators who can support pathway navigation for early diagnosis and signpost/refer into wider community services.

Greater analysis is needed to understand the variation in osteoporosis QOF recording rates to understand detection/treatment gaps and identify areas for improvement. This should link into the wider falls prevention work that is ongoing in West Kent.

A population health management approach could be considered for the ‘younger frail’ (aged 50-65) to identify and proactively signpost individuals at risk into West Kent health and wellbeing services, within a social prescribing model.

Commission an initiative to target improved screening for hypertension in several areas of highest deprivation within West Kent focused upon relevant PCNs.

1.5.5 Research Innovation and Improvement

Understand the “best buy” interventions based on evidence and best practice to meet Kent’s localities needs. Encourage data sharing and access, building on the work by the [Shared Health & Care Analytics Board](#) including relevant data on local need i.e., between council and NHS building on best practice examples such as the Financial Hardship programme, linking into the NHS led Population Health Management programme to enable proper local health needs assessment, effective service planning, evaluation, targeting and measurement of success. Undertake regular equity audits and deep dive analyses on depression and anxiety NHS counselling services linked to specialist psychological provision across West Kent.

1.5.6 Engagement and Insight

There is a need to continue and develop stakeholder voice not only with patients/clients and carers but also with service providers, teaching staff, clinicians, local authorities, the voluntary sector, social care, and other health care staff to enable better insights into service delivery and quality in the West Kent HCP area and specific issues e.g., intentional self-harm, diagnosis rates for dementia and diabetes.