

JSNA

Executive summary

Introduction

The current economic and social climate presents the people of Medway and their representatives with a number of challenges, but also opportunities. Nationally, and within Medway, life expectancy at birth has steadily increased over the past few decades. Recent evidence however, suggests that although people are living longer, their quality of life is reducing. There has been an increase in the number of people experiencing physical and mental disabilities, which impacts on their ability to undertake basic activities of daily living. Evidence suggests that the recent increase in population disability can be associated with the impact of preventable chronic long term health conditions, such as high blood pressure, diabetes and cardiovascular disease.

People living in the most disadvantaged areas often experience higher levels of premature mortality and disability than those living in more affluent areas. Within Medway there is a recognition that concerted action is required to address health inequalities. There is a commitment to an approach that improves the health of the whole population, whilst at the same time tackling issues that impact on the wellbeing of the most vulnerable, such as children.

Making sure every child is given the best start in life is a priority for Medway Council and its strategic partners. Of particular concern is the need to improve outcomes for children looked after, children identified as at risk from neglect, or exposure to domestic abuse, child sexual exploitation or abuse. Understanding the needs of children with physical, mental health or sensory disabilities is also a key focus.

In line with the requirements of the Health and Social Care Act 2012, Health and Wellbeing Boards are responsible for producing and publishing Joint Strategic Needs Assessments (JSNAs). The Medway JSNA is an objective assessment of local needs. It aims to provide an overview of all current and future health and social care needs within Medway. It is an extensive document that takes into account emerging evidence.

The JSNA is divided into three broad parts: 1) a narrative 'picture of place'; 2) over 30 topic-specific chapters; and 3) health and social care profiles, which together provide detailed information on the health and wellbeing needs of the local residents and Medway context. It is regularly updated as new evidence and intelligence on the needs of local people emerge.

The Medway Health and Wellbeing Board has produced this JSNA to assist individuals and organisations working to improve the health of the population of Medway. It aims to improve their ability to better understand the needs of local residents and make more informed judgements when commissioning or prioritising resource allocation.

JSNA's can also help residents and other interested parties to measure and challenge the progress being made to protect and improve the public health.

Readers should note the current transformation of the health and social care system in England may impact on future iterations of the Medway JSNA. This is because the manner in which the strategic organisations currently tasked with commissioning (buying) and providing NHS care and support locally, is under review.

The development of [Sustainability and Transformation Partnerships](#) (STPs) have significant implications for public services. Local authorities, the NHS and other stakeholders, such as the voluntary and private sector, are being brought closer together to improve the way in which care and support is provided to communities.

The key factors to note regarding potential impact of STP's in Kent and Medway are:

- The creation of a single strategic NHS commissioning body for Kent and Medway. This body will take on delegated responsibility for delivering some of the statutory functions of the 8 Clinical Commissioning Groups in Kent and Medway, in addition to some of the functions of other NHS organisations, such as NHS England and NHS Improvement.
- The development of a model of Accountable Care Partnerships, aligning NHS commissioning structures with that of local authorities. The purpose is to deliver better outcomes for residents and improve the efficiency of service provision through a local care model.
- Improving access to high quality services. This will be achieved through building workforce capacity and capability, transforming the NHS estate and the way in which people access certain services. Using technology to facilitate quality improvement and focusing on prevention to address the risk factors that lead to health inequalities and poor outcomes for our communities.

Overview of the JSNA

Our people and place

According to the Office for National Statistics (ONS) mid-2018 population estimate, Medway's resident population is 277,855, an increase of 13,930 (5.3%) since 2011[1]. The population has increased naturally every year since 2011, with 3,475 live births in 2018[2]. Migration to Medway has dropped since peaking around 2011/12. Medway has seen an outward flow in internal migration for the last three years - that is to other parts of the country - while international migration to Medway remained constant at +1,100 in 2018[3].

Approximately 2,300 Medway residents die each year (2,329 deaths in 2018)[4]. Life expectancy from birth (a summary measure of current mortality patterns) in Medway is 3.4 years greater in females (82.3 years) than in males (78.9 years) over the period 2014 to 2018.[5]. There is also considerable variation in life expectancy between the wards. Average life expectancy in Cuxton and Halling, Rainham Central, Hempstead and Wigmore, Lordswood and Capstone, and Rainham North is significantly greater than 7 wards including Chatham Central, Watling, and Gillingham North wards. Life expectancy

is highest in Cuxton and Halling at 85.1 years, and lowest in Chatham Central at 77.6 years (2014 to 2018).[5]

The majority of the population in Medway are classified as White British (85.5%), with the next largest ethnic group being Asian or Asian British (4.8% - not including Chinese).[6] The three wards with the most ethnically diverse school populations are Chatham Central, Gillingham North and Luton and Wayfield. Within these wards 51.6% to 57.9% of pupils are White British and at least 42.1% of pupils are of minority ethnic origins.[7]

Medway has a slightly higher proportion of unemployment compared to the England average and has seen a decrease in the number claiming Jobseeker's Allowance (JSA) compared to last year. In September 2019 the number of people claiming JSA in Medway was 847, a decrease of 844 (50.1%) compared to the previous 12 months. This decrease is similar than that seen nationally (49.9%) and higher than the regional (48.2%) in the same period.[8] Unemployment is an important factor driving the health and wellbeing of a population and this is likely to be playing a key role in the health inequalities seen in Medway.

The population of Medway is slightly younger than the national average, with a larger proportion aged 0 to 24 years. However, the 2016 to 2026 projections suggest that the proportion of the population aged 65 years or over will increase from 15.6% (43,100) to 17.5% (52,400). During the same time period, the proportion of the population aged 85 years and over is also expected to increase from 1.8% (4,900) to 2.1% (6,400). [9] The number of people aged 65 and over with a limiting long-term illness in Medway is projected to rise by 23% between 2017 and 2025[10]. This would have a significant impact on the demand for health services for the management of long-term conditions, such as dementia, heart disease and diabetes, as the incidence of these conditions increases with age.

Our health and well-being

Between 2015 and 2017 Medway was ranked 85th out of 151 local authorities for overall rate of premature deaths with an age-adjusted rate of 361 per 100,000.[11] Of the roughly 2,200 deaths that occur in Medway each year, almost a third of deaths in females and almost half of deaths in males occur before the age of 75 (29.8% and 43.2% respectively; 2015-2017).[5]

In both males and females the leading cause of premature death is cancer, accounting for just under half of deaths in females (49.8%) and over a third of deaths in males (36.4%) under 75 years (2015-2017).[5] There has been a downward trend in the premature mortality rates from cancer in Medway since 2005-07, however these rates have remained consistently higher than both the South East region and England. Currently, there are an estimated 153.7 premature deaths per 100,000 resulting from cancer, equating to a ranking of 123rd out of 151 local authorities.[11]

The next largest cause of death in those under the age of 75 years is circulatory disease (including coronary heart disease and stroke), accounting for 22.1% of premature deaths in males and 15.7% in females (2015-2017).[5] A further 10.5% of premature deaths are due to respiratory disease,[5] notably chronic obstructive pulmonary disease (COPD), which is primarily caused by smoking.

Premature mortality is strongly associated with deprivation. The Slope Index of Inequality (SII) is a measure of the social gradient in life expectancy at birth. In 2015-17, the SII in Medway was 9.5 years for males and 6.9 years for females; these values have increased since 2011-13 for both males (6 years) and females (4.9 years).[12]

A considerable proportion of the health and social care challenge relates to the impact of chronic long-term health conditions. Increasing numbers of older people means that there will be increasing numbers of people developing chronic conditions who will become intensive users of services. For example, the number of people aged 65 and over predicted to have a long-term condition caused by a stroke will rise from 1,044 in 2019 to 1,498 by 2035 and those aged 65 and over predicted to have diabetes will rise from 5,682 to 7,946 in the same time frame.[13]

Ageing of the population is likely to result in a substantial increase in costs to the health and social care system, as well as the primary and secondary prevention of conditions, such as diabetes, COPD and heart disease. Combined with improved care for people with conditions such as dementia. It is therefore essential to reduce or limit the number of high-intensity users of services and reduce the costs to the health and social care system.

Our community

Community involvement is an essential part of the planning, and increasingly the delivery, of health and wellbeing services. In Medway, DERiC (Developing and Empowering of Resources in Communities) works with WALT (Walderslade Together) and wHoo Cares (Hoo Peninsula Carers) to help build resilient communities in Walderslade and the Hoo Peninsula. These community interest companies aim to reduce social isolation by identifying additional support that could improve a person's life and helping people access local services. This may be, for example, a chat and a cup of tea once a week, help getting to the local coffee morning or support getting to GP or hospital appointments.

Further to this, a new initiative, called Involving Medway, is designed to encourage people to get involved with and help make decisions about health provision in the area. Red Zebra leads this project and works in partnership with six other community organisations. Grants are available to Medway community groups looking to engage local residents in leading healthier and more active lifestyles. Involving Medway are looking to support community-focused projects that need help to, for example, hire a hall for a coffee morning or organise a day out for a carers group.

Understanding the needs of the community, is also an essential part of delivering efficient, effective and responsive services. As part of the development of the Kent and Medway STP process, a specific workstream focused on the development of a 'Local Care Model' across Kent and Medway has been established. The aim of the local care workstream is to transform the way in which services are provided and develop preventative and innovative approaches to address some of the entrenched issues impacting on the health and wellbeing of the population.

Within Medway, the aspirations of the local care workstream are being taken forward in the guise of the 'Medway Model'. The Medway Model brings together a range of key stakeholders to build on and further develop local community assets. The Medway Model segments Medway into 6 distinct areas formed around natural units of care

(General Practices). The JSNA highlights the key health and wellbeing issues within these communities, providing invaluable insight to inform action to address the problems identified.

Through the work of the local care workstream, Medway should see an increase in proportion of vulnerable people able to actively 'self-manage' and take action to manage the impact of long-term chronic health conditions. People will also be able to access a range of services in community locations that were previously only available in an acute hospital setting. There will be a focus on developing new ways of working, and building capacity and resilience in the Medway community. This 'asset based approach' will identify the skills, strengths, capacity and knowledge of individuals within a community, which will be used to contribute towards sustainable development.

Our health inequalities

Overall both male and female life expectancy in Medway is significantly worse than the England average. Compared with other local authorities of a similar deprivation status it has one of the lower life expectancies.[14]

Within Medway, the Slope Index of Inequality (SII) shows that the difference in life expectancy at birth between the 10% most and least deprived in the population is 9.2 years for men and 7.2 years for women (2015-2017).[12]

The main disease contributors to the life expectancy gap are the same as the major killers, with circulatory disease, cancer and respiratory disease contributing the most to the life expectancy gap in Medway.[15]

The causes of health inequalities are complex, but there appears to be three main areas that contribute to the differences in health between different socio-economic groups: 1) variation in quality and uptake of health care; 2) differences in lifestyle factors; 3) wider determinants of health.

There is significant variation in access to and uptake of primary and secondary health care within Medway.

Smoking, obesity, alcohol and poor mental health are all key lifestyle issues which impact on health inequalities.

Social determinants of health have been recognised to be key determinants of health inequalities. With respect to Medway's position relative to England, the Marmot indicators show that the number of long term claimants of Jobseeker's Allowance are significantly worse than the national average.[16]

Appendices

The online appendices of the JSNA contain much detailed information, including over 30 topic-specific chapters related to lifestyle and wider determinants of health, children, and adults. Each chapter contains local and national data, evidence of what works, local views, and proposed recommendations for commissioners.

There are also profiles that provide an overview of the variation in health and social care outcomes within Medway across a wide range of indicators. Data is presented in

the form of charts, maps and infographics, and is available for specific wards, sub-hubs (groups of extended practices in the Medway Model), and early help hubs.

Key themes for Medway

The evidence in the JSNA points to five key themes for Medway:

- Giving every child a good start
- Enable our older population to live independently and well
- Prevent early death and increase years of healthy life
- Improve physical and mental health and well-being
- Reduce health inequalities

Giving every child a good start

There is good evidence that investment in the early years of life (0-5 years) is highly effective in terms of the impact on future health and wellbeing and is highly cost-effective. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.

Ensuring that every child in Medway has a good start in life is therefore essential for the future success of Medway and the health and wellbeing of people in Medway. For some aspects of child health and wellbeing Medway is doing well, such as 5-year-olds achieving a good level of development and hospital admissions for dental caries (0-4 years), and we must maintain and build upon this level of performance. For others there are important and persistent issues where there are opportunities for improvement, for example in smoking during pregnancy, or the emotional well-being of looked-after children.

Enable our older population to live independently and well

Over the next five years the number of people aged over 65 years will increase by over four thousand (10%) and the number aged over 85 years will increase by 900 (18%). Increasing numbers of older people mean that there will be increasing numbers of people developing chronic conditions who become intensive users of services (assuming age-specific rates remain constant). This ageing of the population is likely to result in a substantial increase in costs to the health and social care system. Therefore, primary and secondary prevention of conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and heart disease (see next theme), combined with improved care for people with conditions such as dementia, is essential to reduce or limit the numbers of high-intensity users of services and reduce the costs to the health and social care system. While not limited to older people, addressing social isolation is one important aspect of improving health and wellbeing and the findings of the council's Social Isolation Task Group will help to guide this.

Many older people prefer to stay in their own home for as long as they can and to do so they may need additional support. There have also been increasing numbers of older

people who need specialist accommodation that combines support, care and housing provision. Carers play an essential role in supporting older people and their role will become increasingly important as the older population increases.

Prevent early death and increase years of healthy life

This theme focuses mainly on improving healthcare to prevent early death and improve quality of life. This includes improving early diagnosis and therefore allowing more timely intervention which can significantly improve outcomes in some diseases.

The leading causes of early death and illness in Medway include cancer, circulatory disease (e.g. heart attack, stroke and heart failure) and respiratory disease, conditions that share many common causes. Over recent decades public health action and improved health care have led to dramatic reductions in the number of deaths from these causes. The mortality rate from cardiovascular disease in under 75s has reduced significantly in Medway over the past 15 years, and is now in line with the England average.[11] About half of this reduction was due to improved health care and half was due to public health measures, such as reductions in smoking.

Improving mental and physical health and well-being

Increasing attention is being paid to not just how long people live, but also how well they live.

Mental and physical health and wellbeing are affected by many issues, including crime and the perception of crime, proximity to green spaces, housing, unemployment, the quality of employment for those who are in work, debt and income level, the ability to live independently and autonomously, and freedom from pain and ill-health.

Reduce health inequalities

In Medway rates of long-term illness, emergency hospital admissions and death are higher in those who are more disadvantaged. Health outcomes are not only worse in those who are the most disadvantaged; the inequalities follow a gradient and as such the response also needs to follow a gradient. This means that health and social care provisions need to be made available to all, with increasing effort needed for those who are increasingly disadvantaged. For example, individuals with a learning disability and individuals with mental illnesses have, on average, a significantly lower life expectancy compared to the general population. Other groups include those in the criminal justice system and armed forces. For these groups national strategies and policies apply, and the local public health team works with these groups and national teams where appropriate.

Taking action through tackling the wider determinants of health, lifestyle factors and improved health and social care to reduce health inequalities will result in reduced costs for the health and social care system. Some interventions will have a rapid effect, while others will take longer to affect health inequalities.

The Joint Health and Wellbeing Strategy

The themes identified in the JSNA have informed, and been developed in, the Joint Health and Wellbeing Strategy (JHWS) by the Health and Wellbeing Board.

The evidence in the JSNA points to five key themes for Medway:

- Giving every child a good start
- Enable our older population to live independently and well
- Prevent early death and increase years of healthy life
- Improving mental and physical health and well-being
- Reduce health inequalities

[Download the strategy \(PDF, 5Mb\)](#)

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