South Kent Coast Health and Wellbeing Board

Health and Wellbeing Strategy

Helping people live longer, happier and healthier lives

Contents

1. Introduction

- Vision
- Summary

2. What are our priorities?

- · Kent Joint Health and Wellbeing Strategy
- South Kent Coast Localised JSNA Core Focus
- Working Groups:
 - Integrated Commissioning Group Priorities (Adults with disability and older people)
 - Healthier South Kent Coast Sub-Group Agreed Priorities
 - o Children's Operational Group(s) Priorities (yet to be agreed
- · South Kent Coast Health and Wellbeing Board Structure

3. Where are we aiming to be in 5 to 10 years?

4. How do we propose to get there?

5. Appendices:

A. Shapshot of the South Kent Coast

- Performing well
- Key issues
 - 1. Aging Population
 - 2. Living with Long Term Conditions
 - Key Killers
 - 4. Health Inequalities
 - 5. Life Expectancy
 - 6. Deprivation
 - 7. Adults
 - 8. Children and Young People
 - Mental Wellbeing and Dementia
 - 10. Veterans
 - 11. Finding the 'Missing People'

B. Links to other plans

- Corporate Plans (Dover and Shepway District Councils)
- Kent Joint Strategic Needs Assessment
- Kent Joint Health and Wellbeing Strategy
- Kent Mind the Gap Health Inequalities Action Plan
- Kent & Medway Live It Well Strategy
- South Kent Coast CCG Strategy 2014-19
- South Kent Coast CCG Health Inequalities Action Plan
- South Kent Coast HWB Integrated Commissioning Strategy

Introduction

This is the first South Kent Coast Health and Wellbeing Strategy. The strategy aims to address the health and wellbeing needs of people living on our communities at every stage of their lives and is written by the South Kent Coast Health and Wellbeing Board (SKC HWB).

The South Kent Coast HWB is a sub-group of the Kent Health and Wellbeing Board. It brings together GPs, district and county councilllors, senior local government officers and the voluntary and community sector including HealthWatch. The aim of the Board is to improve the quality of life, health and wellbeing, including mental wellbeing, for our residents.

This strategy is based on the Kent Joint Strategic Needs Assessment, which identifies current and future needs for adults and children, and other local data. It is an evolving strategy that will respond to the changes that occur through new ways of working and challenges that we may face in the future. Priorities will modify over time.

Our vision:

The South Kent Coast Health and Wellbeing Board will work together to make a positive difference to the health and wellbeing of local residents

It will do this by:

- Understanding and responding to the needs of the population now and in the future;
- Engaging effectively with the public.

Summary of the Health and Wellbeing Strategy

The South Kent Coast Health and Wellbeing Strategy incorporates all of the work-streams of the South Kent Coast Health and Wellbeing Board and is based on the following (These priorities represent the initial focus for the health and wellbeing board and not the whole range of priorities the board will seek to address over the coming years):

Crosscutting objectives:

- Tackling health inequalities
- Mental Wellbeing

Overarching principles:

- Equality and Equity of access
- 'Going the extra mile', with the right service, in the right place, at the right time
- Ensuring key services are provided for all residents, but that extra resources and interventions are targeted on those most in need
- Preventing and tackling the wider causes of ill health, poor lifestyle choices and health conditions
- Supporting people to take personal responsibility and make good lifestyle choices.

Strategic Priorities

- Tackling Inequalities by improving health outcomes and ensuring the whole population of South Kent Coast has the best health possible.
- Improving the outcomes and treatment of people with Long Term Health Conditions

- Improving the access and quality of treatment in urgent care
- Improving the Mental Health and Well Being of the population of South Kent Coast
- Empower Children and Families to lead healthier and safer lives to achieve their full potential

What are our priorities?

The South Kent Coast Health and Wellbeing Board have identified the following priorities.

These priorities represent the initial focus for the health and wellbeing board and not the whole range of priorities the board will seek to address over the coming years.

KENT WIDE SOUTH KENT COAST **Kent Joint Health and Wellbeing Strategy** South Kent Coast Localised JSNA Core Focus The Kent Joint Health and Wellbeing Strategy has four priorities: The six issues identified in the Kent Joint Strategic Needs Assessment (JSNA) for the South Kent Coast are: Tackle key health issues where Kent is performing worse than the England 1. Tackling Health Inequalities (LP1) average · Tackle health inequalities 2. Urgent Care: Avoiding unnecessary • Tackle the gaps in provision admissions to hospital (LP2) • Transform services to improve outcomes, patient experience and value for money It identifies five outcomes it wants to achieve: 3. Supporting Children and Families (LP3) Every child has the best start in life. • Effective prevention of ill health by people 4. Prevention of Illness (LP4) taking greater responsibility for their health and wellbeing. • The quality of life for people with long term 5. Improving Long Term Conditions (LP5) conditions is enhanced and they have access to good quality care and support. • People with mental ill health issues are 6. Improving Mental Health and Wellbeing supported to live well. (LP6)

South Kent Coast Health and Wellbeing Board Working Groups

Integrated Commissioning Group Priorities (Adults with disability and older people)

• Intermediate Care (LP2 and LP5)

• People with dementia are assessed and

• Falls Prevention (LP2 and LP4)

treated earlier.

- Healthy Living (LP1, LP4 and LP6)
- Tele-technology (LP2 and LP5)

The group will also monitor and oversee the Better Care Fund Local Priority Schemes:

- Integrated Teams, Rapid response and Reablement
- Enhanced Neighbourhood Care Teams and Care Coordination
- Enhanced Primary Care
- Enhanced Support to Care Homes
- Integrated Health and Social Housing Approaches
- Falls Management and Prevention

Healthier South Kent Coast Sub-Group Agreed Priorities

- Reducing coronary heart disease (LP1, LP2 and LP4)
- Reducing the percentage of the population who smoke (LP1, LP2, LP4 and LP5)
- Improving breast-feeding prevalence (LP1, LP3 and LP4)
- Tackling Obesity (LP1, LP3, LP4 and LP6)

Children's Operational Group(s) Priorities (yet to be agreed – these are examples only)

- Mental health and wellbeing
- The best start in life

South Kent Coast Health and Wellbeing Board Structure

South Kent Coast Health and Wellbeing Board

Chair: Cllr Paul Watkins (DDC)
Vice Chair: Dr Joe Chaudhuri (SKC CCG)

Integrated Commissioning Group (Adults):

Delivering and Overseeing:

- Better Care Fund
- Integrated Commissioning

Focused on 4 work streams:

- Intermediate Care
- Falls prevention
- Healthy Living (oversight)
- Tele-technology

Healthier South Kent Coast Group:

Delivering and Overseeing:

- ealthy Living
- Local Health and Wellbeing Strategy

Integrated Commissioning Group(s) (Children and Young People):

Currently being developed. Led by:

- Cllr Chandler / Michelle Farrow (DDC)
- Cllr Hollingsbee / Shaun Taylor (SDC)
- Hazel Carpenter / Hilary Knight / Dr Brighton Chireka (SKC CCG)

Dover Adult Strategic Partnership Shepway Adult Strategic Partnership

Consultation Forum

Dover and Shepway Troubled Families Programmes

Where are we aiming to be in 5 to 10 years?

- The South Kent Coast Economy begins to thrive by attracting industry and jobs into the area
- Over 5 years the gap in life expectancy between South Kent Coast and Kent reduced, enabling the majority of South Kent Coast residents to live longer healthier lives.
- Within South Kent Coast wards, our aim is to improve and target those people living in the most deprived areas faster
- The number of people getting long-term health conditions begins to reduce in 10 years
- The people in South Kent Coast living with long-term health conditions feel better able to manage their conditions with the right support, at the right time in the right place.
- Within 5-years the system for providing and commissioning health and wellbeing is working efficiently, with good outcomes and providing high quality services and can show good results.
- The rate of suicide in South Kent Coast will reduce in 5 years and 10 years
- Those people with mental illness will be better supported and have good access to the right treatment at the right time.
- People in South Kent Coast will know where to go for support, help and advice to improve their mental wellbeing.
- More women will be empowered to keep their children healthy and have the best start in life e.g. help with breastfeeding, better access to mid wives, helping pregnant women stop smoking.
- The young people of South Kent Coast will have access to emotional support when they need it and good access to services.
- Young people will have opportunities to improve their life chances by better access to sport and recreation, education and skills.

How do we propose to get there?

This strategy represents a commitment by a number of partners to work together to promote health and wellbeing and tackle some of the difficult and complex health inequalities that exist.

This strategy sets out what we propose to focus on, how we propose to deliver improvements to health and wellbeing across Dover and Shepway and what outcomes we want to achieve. However, responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals. **Together we can make a difference.**

The table below will need completing once the outcomes are approved (currently examples only).

Suggested Outcomes:	Local Action:	Key Partner(s):
5 year trajectory on inward investment	Local Authority Regeneration and Development Plans	DDC, SDC, KCC
Better access and provision of housing over 5 years	Housing Strategy Action Points Accommodation Strategy	• DDC, SDC • KCC
10 year plan to reduce housing debt		
Improved Life Expectancy: trajectory 5 years and 10 years (reduction in the rate of early deaths under 75 years), with Improved life expectancy in the		

Suggested Outcomes:	Local Action:	Key Partner(s):
worst wards in 5 years		
Service user health and wellbeing outcomes / experience		
Quality of environment (in which people live / work)		
Reduction of teenage pregnancy	KCFN sponsored project	
Reduction in coronary heart disease		Healthier SKC Group
Reduction in the percentage of those who smoke		Healthier SKC Group
Reduction in obesity levels, increased physical activity	 Calorie maps Provision of parks and open spaces DDC Lottery Bid for parks and open spaces 	Healthier SKC Group
Helping people with mental health needs get the appropriate support and treatment and early diagnosis	Dementia Friendly CommunitiesAsset Mapping project	
Reduction of suicide rates		
Troubled Families targets and outcomes		
Reduced rates of Not in Employment, Education or Training (NEETS)		
Reduction in falls	Falls and Management Prevention (BCF Workstream)	Integrated Commissioning Group – Falls Sub Group
Improved Equity and quality of access to health and wellbeing provison	 Delivery of Intermediate Care Plan Integrated Teams, Rapid Response and Reablement (BCF Workstream) 	
Children's Outcomes to be agreed		Children's Operational / Integrated Commissioning Group(s)

It is vital that we work in partnership across the South Kent Coast to improve the key measures of health and wellbeing.

The responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals.

Appendix A

Snapshot of the South Kent Coast

The priorities and outcomes outlines in this document are taken from the needs identified in the Kent Joint Strategic Needs Assessment (JSNA) and other local data. Data will be referred to in relevant documents so this Strategy can be kept as short and simple as possible.

Good health and wellbeing is fundamental to living a full and productive life. Overall residents in Dover and Shepway have a good standard of health and wellbeing, but this hides some significant areas of poorer health and differences in life expectancy and there are actions that we can take to continue improving health and wellbeing.

Performing well

We are performing better than the national average in the following areas¹:

- Hospital stays for alcohol related harm
- Drug misuse
- Acute sexually transmitted infections
- Deprivation
- Statutory homelessness
- Road injuries and deaths

Key Issues The following bullet points need to have references inserted (source / dates)

There are some significant health challenges in our area:

1. Aging Population

- The population in the South Kent Coast area is older than that for Kent, with the lowest percentage of people under the age of 40 compared to other CCGs.
- Combining the data for Dover and Shepway districts, the population is projected to increase by 2.2% over the next 5 years and 5.2% over the next 8 years².
- The greatest population growth is in the 65+ (14.4%) and 85+ (20.2%) age groups. The age group of 0 to 4 is projected to decrease by 2.2%.
- The proportion of the Dover and Shepway population aged 65+ is 21%, along with Thanet this is the greatest proportion of over 65+ within each of the Kent CCGs. 3% are over the aged of 85+.
- As the population ages the need for health care increases, with more people are living longer and managing long term conditions.

2. Living with Long Term Conditions

- Having long term conditions can have a significant impact on the quality of a person's life physically, emotionally, psychologically and socially as well as on the lives of those who care for them.
- More people in our area have long-term health conditions such as heart disease, stroke, diabetes, cancer, high blood pressure, epilepsy and learning disabilities than the national average for England. This figure is expected to significantly increase mirroring the growth in the older population.

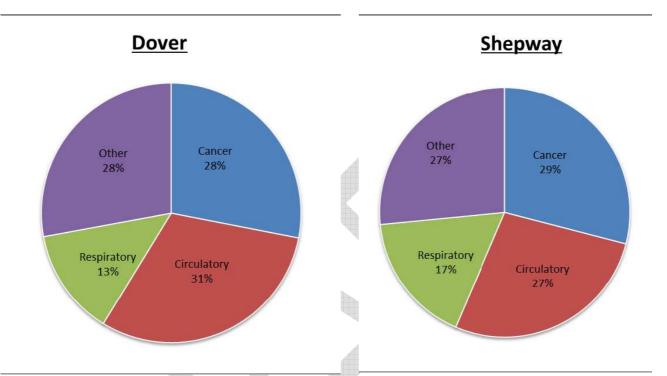
¹ Dover and Shepway Health Profiles 2013

² ONS 2011-Based population projections 2013-2018, 2013-2021 (from KMPHO)

3. Key Killers

• Across the South Kent Coast 76.3% of all deaths are attributable to three main diseases: Circulatory disease (34.2%), Cancer (27%) and respiratory disease (15%).

Key Killers 2012



- Within the circulatory disease category, nearly half are due to coronary heart disease. Just under a
 quarter are due to strokes in Dover and a fifth in Shepway. For cancer deaths the majority are for lung
 cancer (18% in Dover and 22% in Shepway).
- Trends in mortality rates show that although there have been reductions in deaths from circulatory conditions, there have been increases from all others, notably dementia. For men the main cause of death is coronary heart disease and for women, dementia³.

4. Health Inequalities

- There are significant health inequalities in the South Kent Coast area. These health inequalities can be found both compared to Kent as a whole and also within the South Kent Coast area.
- People living in the South Kent Coast have, on average, the fourth lowest life expectancy rates in Kent.
- The South Kent Coast is the third most economically deprived area in Kent.
- 53% of People in Dover, and 60% of people in Shepway are in the bottom 2 deprivation quintiles. A quarter of children and young people live in the 20% most deprived wards in South Kent Coast.
- South Kent Coast has made improvements in reducing the gap (difference) in life expectancy of those from the poorest areas compared to the richest areas the only CCG area in Kent to do so.
- Trends in standardised mortality rates are increasing in the South Kent Coast, in relation to other CCGs in Kent and England. Therefore, although SKC CCG is less unequal then other CCGs, their patients are still dying at a higher rate than the average for a Kent CCG
- If the premature deaths for men in South Kent Coast were brought down to the Kent average then 212 men's lives could be saved (2010-12 data).

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³ KMPHO 2012: Date for period 2008-2012

• Premature mortality rates are twice as high for men in the poorest 20% of super output areas in South Coast Kent compared to South Kent Coast as a whole, indicating there are poorer outcomes for those living in the poorest areas.



5. Deprivation

- Relative deprivation is the single biggest contributor to health inequalities, with poorer health
 outcomes generally seen in populations that live in more deprived areas. Challenges such as the
 economic downturn and welfare reform could affect the most vulnerable communities and widen
 inequalities.
- In the Indices of Multiple Deprivation 2010, Shepway is ranked 97 and Dover is 127 out of 326 local authorities (using a rank of one to indicate the most deprived district council area). Shepway is the third most deprived district in Kent and Dover the fourth.
- 16.4% of Dover and 16.9% of Shepway's lower layer super output areas are in the 20% most deprived for England.
- The highest levels of deprivation are found within St.Radigunds, Buckland and Tower Hamlets (Dover), Folkestone Harvey Central, Folkestone Harbour and Folkestone East (Shepway).
- Coastal Deprivation is also an issue for both Dover and Shepway with unique challenges relevant to
 public health and regeneration such as alcohol problems, in-migration of older people and transient
 populations; houses in multiple occupation and limited opportunities for young people.

Index of Deprivation, 2010	Dover	Shepway	Kent	England
People living in means tested benefits households (No.)	14,904	15,709		
Children living in income deprived households (No.)	4,008	4,038		
People aged 60+ living in pension credit households (No.)	4,713	4,970		
Deprivation (%)	18	18.3	10.9	20.3
Income Deprivation (%)	14	15.7	12.3	14.7
Child Poverty (%)	20.4	22.4	17.8	21.8
Older People in Deprivation (%)	15.8	17.2	15	18.1

Source: PHE Local Health Reports

Significantly better than England	Not significantly different	Significantly worse than England

6. Life Expectancy

Life expectancy is a proxy measure for the amount of disease in the population. Life expectancy for both men and women is strongly associated with level of deprivation. The population served by the SKC CCG has the fourth lowest life expectancy at birth of the CCGs in Kent, and considerable variations exist between different localities.

Dover District

- Life expectancy at birth for Dover is estimated to be 80.4 years.
- The difference in male life expectancy at birth between those living in the most deprived areas and those living in the least deprived areas is 11.3 years. In females, the difference was 7.6 years (persons 7.7 years)⁴.
- In Dover, only 4 out of 21 wards are over the Kent average life.
- The ward with the highest life expectancy at birth is St Margarets-at-Cliffe (84.7); this is 7.7 years more than the lowest life expectancy which is in Lydden and Temple Ewell (77.1).
- The wards with the lowest life expectancy at birth in the Dover district are: Tower Hamlets, Lydden and Temple Ewell, Aylesham, Middle Deal, Town and Pier, Buckland and Castle.
- The wards with the poorest life expectancy at age 65 are: Aylesham, Whitfield, Middle Deal and Sholden, Tower Hamlets, Little Stour and Ashstone, Lydden and Temple Ewell.

Shepway

- Life expectancy at birth for Shepway is estimated to be 80.8 years.
- In the Shepway district, the difference in male life expectancy at birth between those living in the most deprived areas and those living in the least deprived areas was 8.3 years. In females, the difference was 11.6 years (Persons: 9.3 years).
- In Shepway, only 8 out of 22 wards are over the Kent average life.

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⁴ Source: PHMF 2008-12, ONS, SEPHO, KMPHO

- The ward with the highest life expectancy at birth is Folkestone Morehall (85.5); this is 9.3 years more than the lowest life expectancy which is in Folkestone Harbour (76.2).
- The wards with the lowest life expectancy at birth in the Shepway district are: Folkestone Harbour, Folkestone Harvey Central, Folkestone East, New Romney Coast, Folkestone Foord, Hythe East and Romney Marsh.
- The wards in Shepway with the poorest life expectancy at age 65 are: Lydd, New Romney Coast, Folkestone Harvey Central, Tolsford, Romney Marsh and Folkestone Harbour.

Years of life lost by people dying early

- Modifiable lifestyle factors such as smoking, maintaining a healthy diet and limiting alcohol consumption can have a significant impact on health and social care outcomes.
- A simple way to identify the impact of poor health and lifestyle choices on life expectancy is by looking at how many years of life are lost by people dying prematurely. In Dover and Shepway, the average annual number of years of life lost by people dying of preventable causes before the age of 75 is 9,019⁵.
- At present, most years of life are being lost prematurely to coronary heart disease (especially in men), respiratory disease, cancer and liver disease, all of which can be reduced by taking a more proactive approach to health and care. Dementia is beginning to emerge as an increasingly common cause of death, especially in women.

7. Adults

- In the South Kent Coast CCG there are approximately 48,000 people who can be classified as obese (or not in a healthy weight range. The prevalence of obese adults in Dover is 26.8%, which is significantly higher than England (24.2%) The rate for Shepway is 25.9%.
- The 2012-13 QOF registers show that the population of South Kent Coast have a higher prevalence of Coronary Heart Disease (CHD), stroke, hypertension, diabetes, epilepsy, hypothyroidism, cancer, arterial fibrillation and learning disabilities when compared to England.
- South Kent Coast have a higher emergency admission rate than Kent and Medway for all long term conditions (Chronic Obstructive Pulmonary Disease - COPD, Stroke, CHD, Dementia and Diabetes), except Cancer. For all conditions except Cancer the trend shows an increase in the rate of emergency admissions. Emergency hospital admissions can be an indicator of how well patients are being managed within primary care.
- Although performing better than England average, the number of admissions to hospital due to alcohol specific conditions has been rising year on year for South Kent Coast CCG.
- The percentage of people reporting their health to be good or very good in Shepway was 78.3% and in Dover was 78.8%. This is the second and third lowest in Kent.

Adults' lifestyle indicators	Dover	Shepway	Kent	England
Obese adults (%) 2006-08	26.8	25.9	26.3	24.1
Binge drinking adults (%) 2006-08	17	16.6	16.9	20
Healthy eating adults (%) 2006-08	26	26.6	27.3	28.7
Adults smoking (%) 2011/12	27.4	20.9	20.1	20
Physically active adults (%) 2012	56.2	48.7	57.2	56
Drug misuse (per 1,000) 2010/11	5.4	6.5	5.0	8.6

Source: PHE Local Health Reports / Health Profiles 2013

Significantly better than England Not significantly different Significantly worse than England

⁵ Source: HSCIC, December 2013. Years of Life Lost, 2010-12 pooled, numbers and crude rates per 10000 population

Health and care indicators, Census 2011						
2011: Self report health	Dover	Shepway	Kent	England		
General health very bad (%)	1.3	1.5	1.1	1.2		
General health bad or very bad (%)	6.3	6.4	5.1	5.5		
Limiting long-term illness or disability (%)	20.8	21	17.6	17.6		
Provides 1 hour or more unpaid care per week (%)	11.3	11.4	10.4	10.2		
Provides 50 hours or more unpaid care per week (%)	2.9	2.9	2.5	2.4		

Source: PHE Local Health Reports

The environment in which residents live and work influences lifestyle and behaviour choices which impacts on the health of individuals and communities.

Housing and Living Environment Indicators	Dover	Shepway	Kent	England
Households with central heating (%) 2011	97.6	96.7	97.6	97.3
Overcrowding (%) 2011	6	8	6.9	8.7
Pensioners living alone (%) 2011	31.4	31.7	30.2	31.5
Statutory homelessness (rate per 1,000) 2012/13	1.63	1.24	1.72	2.37
Total recorded crime (rate per 1,000) 2012/13	50.8	53.8	55.6	66

Source: PHE Local Health Reports; KCC Community Safety Portal; ONS

		357	
Significantly better than England	Not significantly different		Significantly worse than England

8. Children and Young People

- Dover has the third highest infant mortality rate in Kent (2012-2012) and higher than the England average, although the trend fluctuates from year-to-year, on average the trend appears to be decreasing.
- Low birth weight has serious consequences for health in later life. Dover (4.9%) has a lower proportion of babies with low birth weight than the Kent average (5.2%). Shepway (5.2%) has an equal proportion to the Kent average⁶.
- There are significantly fewer physically active children in Shepway (48.3%) compared to England (55.1%). However, the rate for Dover is 63.9% which is significantly more than the England average.
- In Dover and Shepway in 2010 women recorded as smoking at the time of delivery was 20% significantly worse than England (14%). In quarter 2 of 2013/14 the percentage of women recorded as smoking during pregnancy was 15.2% compared to the Kent County figure of 12.2%⁷.
- Both Dover and Shepway have lower than average rates of breastfeeding (70% compared to 73.6%).
 In quarter one (2013/14) the breastfeeding initiation rate in South Kent Coast was 61% whilst the Kent County rate was 58%⁷.
- Shepway and Dover, along with Thanet, have the highest rates of teenage conception in Kent although rates have been reducing. The teenage conception rate (per 1,000 women aged 15-17) for Shepway of 43.3 is significantly higher than the rate for England of 34.0. The rate for Dover is 38.28.
- Both Dover and Shepway are under the recommended 95% coverage rate for MMR.
- The rate of family homelessness is better than the England average.
- A quarter of children and young people live in the 20% most deprived wards in South Kent Coast CCG.

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⁶ KMPHO, pooled data for 2010-2012

⁷ KMPHO, CCG Dashboards September 2013

⁸ ONS, Conception Statistics

Children lifestyle indicators	Dover	Shepway	Kent	England
Obese children (Reception) (%) 2009/10-2011/12	9.9	8.5	9	9.6
Obese children (Year 6) (%) 2009/10-2011/12	19.3	19.6	18.3	19
Smoking in pregnancy (%) 2011/12	18.2	18.2	15.2	13.3
Start breast feeding (%) 2011/12	71.7	71.7	73.1	74.8
Teenage pregnancy (aged 15-17) (per 1,000)	38.2	43.3		34
Physical activity (%)	63.9	48.3		55.1

Source: PHE Local Health Reports / Health Profiles 2013 / ONS

Child Development, Education and Employment	Dover	Shepway	Kent	England
Indicators	4			
Low birth weight births (%) 2010-2012 pooled data	4.9	5.2	5.2	
Child development at age 5 (%) 2010/11	63.8	62	64.8	58.8
GCSE achievement (5A* - C inc Eng & Maths) (%) 2011/12	56.6	60.3	61.1	59
Unemployment 2010/11 monthly average	3.3	4	2.9	3.6
Long term unemployment (rate per 1,000) 2010/11	4.5	8.2	4.9	6
NEETs (%) April 2013	6.04	6.91	5.36	

Source: KMPHO; PHE Local Health Reports / Health Profiles 2013; CXK

Significantly better than England	N	lot significantly different	Significantly worse than England
	A		

9. Mental Wellbeing

- Good mental health and wellbeing is about feeling good about yourself and your life and being able to cope with problems when they happen. It can be affected by a wide range of factors such as secure employment and a sustainable income.
- The South Kent Coast CCG has a higher prevalence of mental health issues than the average for Kent and Medway⁷.
- Adult Mental Health contact rates in Dover and Shepway are joint second highest of all districts in Kent: 27.4 per 100,000 (adults aged 16-64) compared to 23.6 for Kent (JSNA 2012).
- The mental health needs index shows that the wards: Aylesham; North Deal; Middle Deal and Sholden; Buckland, St Radigunds, Tower Hamlets and Castle (in the Dover district⁸) and Folkestone Harbour; Folkestone Harvey Central; Folkestone Harvey West (in the Shepway district⁹) have an expected rate of mental health admissions at least 20% more than national levels.
- The numbers of people with dementia in Kent are set to increase by 83% by 2026. The Kent JSNA makes recommendations for an improved model of care for dementia.
- From 2012 to 2020, dementia is predicted to increase by 25.9% (from 1,681 to 2,116) in the Dover district and 17.5% (from 1,697 to 1,994) in Shepway¹⁰

10. Veterans

- Veterans healthcare needs can be different from those of other patients because of their military service.
- The South Kent Coast has a large proportion of all ex-military in Kent, with an estimated 11,064 in Dover and 10,051 in Shepway (12.5% and 12.0% of 16 and over population respectively).

11. Finding the 'Missing People'

• The Health and Wellbeing Strategy covers the whole population and life-course.

⁷ Mental Health and Wellbeing – Kent, KMPHO 12/02/2014

⁸ Mental Health and Wellbeing – Dover, KMPHO 30/01/2014

⁹ Mental Health and Wellbeing – Shepway, KMPHO 30/01/2014

¹⁰ Table produced on 23/04/14 from www.poppi.org.uk version 8.0

- The total population for the South Kent Coast area is approximately 220,500 (111,800 in Dover and 108,700 in Shepway¹¹). There are 33 practices within the South Kent Coast CCG (15 in the Dover district and 18 in the Shepway district) with approximately 200,000 registered patients.
- GP's only see a patient if he or she comes through the surgery door and it is estimated that millions of people in England are living with undiagnosed diseases. There is a huge opportunity for the NHS to prevent people from dying too soon by diagnosing conditions as early as possible and getting them the treatment they need before the condition worsens.
- Access to health professionals is vital to support good health outcomes and finding and visiting a GP can be more difficult for those experiencing disruption in their lives - including looked after children and the homeless.
- All partners must be proactive and help direct good health care to those who need it.



¹¹ 2012 Mid Year Population Estimates, ONS

This document is supported in delivery through the following partners' plans:

District Corporate Plans

Our Corporate Plans provide a framework for the delivery of services. They are a clear statement of our vision and strategic priorities and provides the context for other strategies and plans that we may produce:

- Dover District Council Corporate Plan 2012-2016:
 Our Vision: A high speed district of growth, enterprise and opportunity
- Shepway District Council Corporate Plan 2013 2018: Investing for the next generation

Kent Joint Strategic Needs Assessment

Joint Strategic Needs Assessment (JSNA) is an on-going process by which a range of data, information and analysis about the health and wellbeing of Kent is collated, assessed and compared in order to present an understanding of the issues impacting on the population of Kent

JSNA for Kent 2012: Working together to Keep Kent Healthy

Kent Joint Health and Wellbeing Strategy

This strategy is the starting point for a long term partnership approach to improve health and care services whilst reducing health inequalities in Kent.

Kent Joint Health and Wellbeing Strategy

Kent Health Inequalities Action Plan

The action plan is based around six priorities, which follow our life course and are:

- 1. Give every child the best start in life;
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives:
- 3. Create fair employment and good work for all;
- 4. Ensure a healthy standard of living for all;
- 5. Create and develop healthy and sustainable places and communities; and
- 6. Strengthen the role and impact of ill-health prevention.
- Mind the Gap: Building Bridges to better health for all 2012/15

Kent & Medway Live It Well Strategy

Live It Well is the strategy that looks to improve the mental health and wellbeing of people in Kent and Medway from 2010 to 2015. The strategy makes ten commitments, including:

- o ensuring people have easy access to care in a crisis
- reducing the number of people with common mental health problems such as anxiety and depression
- o giving people more choice and more say over their care and
- o reducing the number of suicides.
- Live it well

South Kent Coast Clinical Commissioning Group Strategy 2014-19

This strategy sets out the high level ambitions and plans for the next 5 years. The CCG has identified 6 keys issues which its strategy and plans will set out to address:

- 1. Tackling Health Inequalities
- 2. Improving the management of Long term Conditions
- 3. Urgent Care: Avoiding unnecessary admissions to hospital
- 4. Improving Mental Health and Wellbeing
- 5. Supporting Children and Families
- 6. Prevention of Illness
- South Kent Coast CCG Strategy 2014-19: insert link

South Kent Coast Clinical Commissioning Group Health Inequalities Action Plan

A Plan for South Kent Coast CCG to Reduce Health Inequalities for their Patients. The Action Plan has the following components:

- 1. Improving Equity in Access and Treatment
- 2. Doing the Job properly
- 3. Being Leaders
- 4. Making Every Contact Count
- 5. Going the Extra Mile
- Right Treatment, Right Place, Right Time: insert link

South Kent Coast Integrated Commissioning Strategy

This strategy focuses on adults with a disability and older people and aims to co-ordinate the way services are provided for adults living in the area so they can lead healthier and more active lives. Four agreed priority areas of work:

- 1. Intermediate Care
- 2. Falls Prevention
- 3. Tele-technology / Assisted Technology
- 4. Healthy Living (Healthier South Kent Coast sub-group)
- South Kent Coast Integrated Commissioning Strategy: insert link

