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# Introduction

This summary needs assessment provides a high-level overview of the current health and social care needs of the Medway and Swale Health and Care Partnership (HCP).

The majority of this information has been sourced from the Kent and Medway HCP profiles1, which compare local indicators to England averages, as well as Medway’s Joint Strategic Needs Assessment (JSNA) chapter on health inequalities.2

Some of the data presented in this report was collected pre COVID-19 and may not reflect the impact of the pandemic on these conditions.

The health and wellbeing of people in Medway and Swale HCP is varied compared to England. There are a number of issues affecting both Medway and Swale, but some issues affect only one of these areas.

# Demographic

Medway and Swale HCP is located on the north coast of Kent and covers the Medway Local Authority area and most of the Swale Local Authority area, including the Isle of Sheppey. There are currently 51 GP practices in the locality and 9 Primary Care Networks (PCNs).

The main towns include (from west to east) Strood, Rochester, Chatham, Gillingham, Rainham, Sittingbourne, and Queenborough and Sheerness on the Isle of Sheppey. While the towns are densely populated, there are larger, much more sparsely populated rural areas on the Hoo Peninsula (north Medway), the ward of Cuxton and Halling (west Medway), the wards around Sittingbourne, and the Isle of Sheppey (central and east). In these rural areas the population is generally older, and there may be greater levels of isolation and reduced access to services.

Medway and Swale HCP has a patient population of 433,353; with 321,223 patients registered at a GP practice in Medway and 112,130 in Swale (June 2022). The population is younger compared to England, and Kent and Medway as a whole. In Medway and Swale HCP, 22% of the patient population are aged under 18 years, 60% are aged 18 to 64 years, and 17% are aged 65 years and over.[[1]](#footnote-1) Most of the population are classified as White British, with the next largest ethnic group being Asian. Deprivation is higher than the England average. Medway and Swale HCP contains some of the most deprived neighbourhoods in England; these neighbourhoods are in Gillingham, Chatham, Sittingbourne, and on the Isle of Sheppey (east and west).

# Best start in life

What happens in pregnancy and early childhood impacts on physical and emotional health through into adulthood.3 Smoking is the main modifiable risk factor in pregnancy3, but over a tenth (13%) of mothers in Medway and Swale smoke at the time of delivery, which is significantly higher compared to England (10%).

Foetal Alcohol Spectrum Disorder (FASD) refers to the range of neurodevelopmental problems caused by alcohol exposure during pregnancy.4 The effects are diverse and impact early-years development, which can create great difficulties for individuals in their childhood that persist throughout life.4 Challenges in diagnosis and data collection make it difficult to obtain reliable estimates of FASD prevalence.4 Local prevalence is not available, but it is estimated that around 3.2% of babies born in the UK are affected by FASD.5

Breast milk provides the ideal nutrition for infants in the first stages of life, offers protection from certain infections, and helps improve long-term health.6 Breastfeeding is also associated with improved maternal health.6 The establishment and continuation of breastfeeding begins with initiation and first feed.6 In Medway and Swale, the percentage of babies whose first feed is breastmilk is higher or similar to England.

A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.7 In Medway and Swale HCP, the A&E attendance rate has been increasing in recent years and is currently higher than England. It is worth noting that the COVID-19 pandemic had a large impact on hospital activity and A&E attendances decreased significantly across the country in 2020/21.7

Reducing the under 18 conception rate is a key priority nationally, as the health of a teenage mother, and that of their children, is likely to be worse than average.3 In 2020, the under 18 conception rate in Medway was significantly higher than England; the rate in Swale has fallen in recent years and is currently similar to the national average.

# Children and young people with special educational needs (SEN) and disabilities

A child or young person has a special educational need (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.8 In 2021, the percentage of pupils with SEN in schools was 16.9% in Medway compared to 16.6% nationally.

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support.9 EHC plans identify educational, health and social needs and set out the additional support to meet those needs.9 The number of children and young people for whom Medway maintains an EHC has increased by 8.3% (April 21 to April 22) and remains on an upward trajectory.

# Obesity

Being overweight or obese is a significant physical and mental health issue across the life course and increases the risk of developing a host of diseases.10 In Medway and Swale HCP, over a third of children aged 10 to 11 are overweight or obese (2019/20), and these children are more likely to stay obese into adulthood.10 Over two-thirds of adults in Medway (69%) and Swale (71%) are classed as being overweight or obese (2020/21), which is significantly higher than England (63%).

# Cancer

Screening rates are consistently high for breast and cervical cancer in women (up to 2020/21). The bowel cancer screening rate for all persons has increased in recent years and is now similar to England. There are, however, some areas for improvement across the cancer care pathway in Medway and Swale HCP. In 2017-19, the rate of premature mortality from cancer in Medway was higher than England, while the rate for Swale was similar. Cancer survival rates in Medway and Swale have been among the lowest in the country, particularly for lung cancer.

# Cardiovascular disease

As cardiovascular disease (CVD) is the leading cause of disability and death in the UK and given that the majority of CVD cases are preventable,11 reducing the prevalence of modifiable risk factors plays an important role. In Medway and Swale HCP, smoking prevalence has dramatically decreased in recent years and in 2020 was similar to the national average. Medway and Swale HCP has a high recorded prevalence of hypertension (2020/21) and, as previously mentioned, a high level of obesity; both indicators are significantly above England.

While the recorded prevalence of coronary heart disease, chronic kidney disease and stroke in Medway and Swale HCP have remained lower or similar to England over the last decade, the recorded prevalence of diabetes has been consistently higher (up to 2020/21).

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.12 Regular physical activity is also associated with a reduced risk of obesity and diabetes.12 Historically, the percentage of physically active adults in Medway and Swale is similar to the national average, however the latest available data (2020/21) for Medway (61%) is lower than England (66%).

Over the last two decades, premature mortality from all cardiovascular diseases has significantly decreased in Medway and Swale and in recent years has remained similar to England (up to 2017-19).

# Multimorbidity

Multimorbidity refers to the co-existence of multiple long-term conditions13, which can include:

* defined physical and mental health conditions such as diabetes or schizophrenia
* ongoing conditions such as learning disability
* symptom complexes such as frailty or chronic pain
* sensory impairment such as sight or hearing loss
* alcohol and substance misuse

These are associated with an increased treatment burden for the individual, including multiple medical appointments and polypharmacy (use of multiple medicines), and an increase in unplanned care.13

According to figures from local data, approximately 20% of the Kent and Medway population have multimorbidity, rising to 40% in those aged 50 years and above and 70% in those aged 85 years and above.13 Approximately 21% of patients living in the most deprived areas are multimorbid, compared to 16% in the most affluent areas.13

# Ambulatory care-sensitive conditions

Ambulatory care sensitive conditions (ACSC), such as diabetes, hypertension or dementia, are those where effective community care and case management can help prevent the need for hospital admission.14 In Medway and Swale HCP, the rate of unplanned hospitalisation for chronic ACSC (all ages) has been consistently higher than the England average (up to 2020/21).

Three conditions that children are most commonly admitted to hospital with as an emergency are asthma, diabetes and epilepsy. In Medway and Swale HCP, the emergency admission rate for epilepsy for children and young people (under 19 years) has increased in recent years and is higher compared to England (2018/19 – 20/21). Further to this, in Swale, the emergency admission rates for asthma and diabetes for children and young people are higher than England.

# Neurodevelopmental conditions

Neurodevelopmental conditions are a group of conditions that are caused by differences in early brain development, and affect the way a person processes information, thinks, or learns.15 Two of the main neurodevelopmental conditions are autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).15 They commonly appear in childhood but are lifelong conditions.15 Neurodevelopmental conditions can lead to health inequalities. Since April 2021, there has been a significant increase in the number of children waiting for neurodevelopmental (ASD and ADHD) assessments in Medway and Swale. For adults, waiting times have been reduced due to a new neurodevelopmental health service opening in April 2022, however the demand on this service continues to increase.

# Dementia

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life.16 Alzheimer’s Disease is the most common type of dementia, followed by vascular dementia.16 Dementia can affect a person at any age, but it is more commonly diagnosed in people over the age of 65 years; however, dementia is not an inevitable part of ageing.16

Around 40% of dementia cases might be attributable to potentially avoidable risks including physical inactivity, high blood pressure (hypertension), type 2 diabetes, obesity, smoking, midlife hearing loss, depression, and social isolation.16

Dementia has physical, psychological, social, and economic impacts, not only for people living with dementia, but also for their carers, families, and the wider society.16

In 2019/20, the GP recorded dementia prevalence (all ages) was 0.6% in Medway and Swale HCP compared to 0.8% for England as a whole.16 In January 2021, the estimated dementia diagnosis rate (aged 65 and over) in Medway and Swale HCP was lower (50.8%) than the national ambition (66.7%).16

As Medway and Swale’s population is projected to age, a timely diagnosis for those people living with dementia will become increasingly important to improve health and care outcomes.

# Mental health and wellbeing

Mental health and wellbeing are key issues in Medway and Swale HCP. In Medway, self-reported personal wellbeing scores across all four indicators (low satisfaction, low worthwhile, low happiness, and high anxiety) are similar to the England average (2020/21).

The recorded prevalence of depression is higher compared to England (2020/21), as is the rate of hospital admissions for self-harm for children and young people (10 to 24 years). Self-harm is an expression of personal distress, and following an episode of self-harm there is a significant and persistent risk of future suicide. It is important to note that data on self-harm trends using hospital data may be somewhat misleading as increases can reflect improved data collection.17

The suicide rates for Medway and Swale between 2018 and 2020 were similar to the England average.

# Social isolation and loneliness

Social isolation and loneliness can have a detrimental effect on quality of life and life expectancy. It is associated with a range of negative health outcomes that include mortality, dementia, high blood pressure, increased stress levels, and a weakened immune system. Adults most at risk of being lonely have one or more of the following characteristics: they are young, live alone, are on low incomes, are out of work, or have a mental health condition.

# Antimicrobial resistance

It is important to prescribe antibiotics only when necessary to minimise the development of antimicrobial resistance (AMR), where bacteria and viruses change and become resistant to treatment.18 A higher number of antibiotics are being prescribed in Medway and Swale HCP compared to England (Q4 2021).

# Health inequalities

Health inequalities are unfair and avoidable differences in health status between groups of people or communities.19 They arise because of the conditions in which people are born, grow, live, work and age.20

## Inequalities in life expectancy

Life expectancy in Medway and Swale is below the England average for both sexes. Life expectancy has generally increased in recent decades, but the rate of increase has slowed.21 The coronavirus pandemic has led to a far greater number of deaths in total and a higher rate of death in 2020 compared with recent years.22 It affected male mortality more than female mortality.22 This led to a decrease in life expectancy in males in 2018-20, while life expectancy estimates for females remained relatively unchanged.21

Life expectancy is not uniform across Medway; inequalities exist. Life expectancy is greater for females than males.21 Individuals living in more affluent areas live longer than those living in more deprived areas.

There are also distinct differences in life expectancy across the PCNs in Medway and Swale. It is likely that this variation is due to the level of deprivation within each PCN.

## Inequalities in mortality

Before the COVID-19 pandemic, the gap between the most and least deprived areas was driven mostly by higher mortality rates from circulatory disease, cancer and respiratory disease in the most deprived areas.23 However, the most recent estimates show that higher mortality from COVID-19 is now also a key contributor to the life expectancy gap.23

In Medway, mortality rates from lung cancer24 and chronic obstructive pulmonary disease (COPD)25 are significantly higher than England. In Medway, males have higher mortality rates from both lung cancer24 and COPD25 compared to females (2017-19). A high proportion of deaths related to both lung cancer and COPD are caused by a common modifiable risk, smoking.26 It is therefore unsurprising that smoking attributable mortality in Medway has also been significantly higher than England consistently (up to 2017-19).27

## Inequalities in behavioural risk factors

Health inequalities begin early in life.28 Differences exist between population groups for many key child health outcomes,28 such as smoking in pregnancy, breastfeeding, and childhood obesity, which can effect health and wellbeing outcomes in later life.

Smoking and obesity are also known to be two key risk factors that contribute to morbidity and mortality across a range of conditions in adulthood. While smoking rates in Medway have significantly fallen over the last decade, prevalence remains high for routine and manual occupations (2020).29 Furthermore, the proportion of adults with excess weight in Medway is higher than the England average (2020/21).30

## Approaches to reducing health inequalities

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are.19 Two key approaches are proposed to reduce health inequalities: 1) proportionate universalism31; and 2) place-based approach.19 Proportionate universalism focuses action and resources along the whole social gradient with a scale and intensity that is proportionate to the level of disadvantage.31 Improving the lives of those with the worst health, fastest.19 Further to this, a place-based approach is recommended. This requires joined-up action from all components of the local system, across civic-level, service-based and community centred interventions, in order to reduce health inequalities at a population scale.19

There are at least four dimensions in which health inequalities have been reported.19 These are listed below with examples of the characteristics of the people or communities in each of these groups:19

1. Socio-economic groups: People living in deprived areas; unemployed; low income.
2. Protected characteristics: Age; sex; race; sexual orientation; disability.
3. Vulnerable groups: Homeless people; sex workers; vulnerable migrants; Gypsy, Roma and Travellers.
4. Geography: Urban or rural areas.

To reduce health inequalities, the design and delivery of services must consider these groups of people and communities.

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1. Due to rounding, percentages may not add up to 100%. [↑](#footnote-ref-1)