Health Impact Assessment

Kent County Council Accommodation Strategy

Stage 2: Assessment and Action Planning

For Kent County Council





Quality Management

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Contents

References

Tables and Figures

Tables

Figures

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1 Introduction

Background

1.1 RPS was appointed by Kent County Council (KCC) Public Health to scope and deliver a Health Impact Assessment (HIA) on the Needs Analysis and Asset Mapping phase of a draft Accommodation Strategy (referred to as the draft strategy) for Kent Social Care clients. The overarching objective of the draft strategy is to establish how potential demand and financing for KCC care and accommodation will change in the future, and to plan the delivery of effective high quality housing care and support for communities throughout Kent. Developing innovative solutions that improve the health and wellbeing of communities for longer, improve independence and reduce/delay the onset of poor health is a further aim of this strategy.

1.2 The draft strategy has three key phases:

- **Phase 1 – Needs analysis and asset mapping**

  Commissioning the Evidence Base, drawing conclusions and drafting the strategy, developing maps of known provision for Kent and locally for each district/borough.

- **Phase 2 – Consultation and engagement**

  Sharing the strategy with the wider audience, translating the evidence base into District Profiles, consulting with districts/boroughs, operational managers and Clinical Commissioning Groups' (CCGs) on the profiles, incorporating local knowledge and experience to agree final content and sign off.

- **Phase 3 – Options appraisal and review**

  Review all findings and prioritise the Candidate Projects, form working groups to review the projects, undertake options appraisals and develop business cases to deliver the agreed change and vision.

1.3 The outcomes and key findings of the HIA are intended to further inform Phase 3 of the draft strategy.

1.4 This report constitutes a HIA scoping statement and high level appraisal, testing the draft Accommodation Strategy for its coverage of community health aspects, appraising any potential health pathways associated with the strategy, and defining potential gaps and/or opportunities to be further investigated and addressed.

1.5 The document is structured as follows:

- **Section 2 Project Profile:** introduces the draft strategy and overlapping documentation, and scope of health pathways investigated;
- **Section 3 Community Profile:** defines the community investigated, including trend data on relative circumstance and needs;

- **Section 4 Appraisal:** constitutes a high level appraisal of potential health pathways directly attributed to the draft strategy;
- **Section 5 Conclusion:** presents the findings of the HIA, including potential gaps for action and/or for further consideration; and
- **Section 6 Health Action Plan:** presents recommendations to further facilitate the delivery of the draft strategy.

1.6 The remainder of this section provides an introduction to the HIA, detailing the specific aims and objectives of this study, and the approach and methodology applied.

Health Impact Assessment

1.7 HIA is a multidisciplinary process which incorporates air quality, noise, transport, and socio-economics as well as more intangible elements important to good health and well-being. It is designed to identify and assess the potential health outcomes (both adverse and beneficial) of a proposed project, plan or programme and to deliver evidence based recommendations that maximise health gains; and reduce or remove potential negative impacts or inequalities on health and well-being [1] [2] [3].

1.8 In its simplest definition, HIA is an additional aid to facilitating more health conscious planning and decision making, where the process and methodology applied are bespoke to the specific objectives set.

1.9 Originally, the HIA was intended to comprises two stages:

(i) Stage 1 – review of the Needs Analysis and Asset Mapping exercise, scoping of the methodology and initial components of the HIA; and

(ii) Stage 2 – production and submission of full HIA and Health Action Plan on the final strategy.

1.10 However, following presentation of the HIA Stage 1 results, it was clear that Stage 2 was not required, where the results and initial recommendations proved sufficient to refining both the draft strategy, and in reinforcing wider networks that will facilitate the delivery of the final strategy.

1.11 On this basis, the Stage 1 HIA was amended and re-written to catalogue the process, outputs and actions to be taken forward.

Aims and Objectives

1.12 The overarching aim of the HIA was to test and further enhance the coverage of health into the options appraisal at Phase 3 of the Accommodation Strategy. This was achieved by investigating potential health outcomes (both adverse and beneficial), and their potential distribution within community groups.

1.13 Where outcomes are identified, the HIA delivers evidence-based recommendations to inform strategy amendments, to maximise health gains and reduce or remove negative impacts or inequalities.

Process and Methodology

1.14 Although guidance and a generic HIA process exists, the methods employed in HIA are often tailored to meet the particular assessment requirements of a project, and further vary depending on the level of integration within the regulatory assessment process.

1.15 In this instance and as set out below, the HIA comprises five key stages: 1) a project profile; 2) a community profile; 3) health and equalities appraisal; and 4) a Health Action Plan.

Project Profile

1.16 The project profile draws on information within the draft Accommodation Strategy and supporting documentation to define the scope and focus of the appraisal, and highlight the issues and opportunities directly attributed to the draft strategy.

1.17 The following documents and websites have been reviewed:

- KCC Draft Accommodation Strategy (received April 2014);
- Kent Adult Accommodation Strategy: Evidence Base (received April 2014);
- Kent Joint Health and Wellbeing Strategy: Outcomes for Kent (received April 2014);
- The Kent Better Care Fund: First Draft Submission (received April 2014);
- The Better Care Fund, by Dr Robert Stewart, Chair Integration Pioneer Steering Group (received April 2014);
- Clinical Commissioning Groups' websites:
    - http://www.westkentccg.nhs.uk/homepage/
    - http://www.southkentcoastccg.nhs.uk/homepage/#
    - http://www.thanetccg.nhs.uk/home/#
    - http://www.swaleccg.nhs.uk/#
    - http://www.dartfordgraveshamswanleyccg.nhs.uk/#
    - http://www.canterburycoastalccg.nhs.uk/#
    - http://www.ashfordccg.nhs.uk/#

1.18 It is important to note, that the HIA was performed to test and inform the final stages of the draft strategy's iterative development. As a consequence, the draft strategy and its supporting Evidence Base used to define and inform the health pathways assessed, may marginally differ to that of the final strategy.

Community Profile

1.19 Evidence suggests that different communities have varying susceptibilities to health impacts and benefits as a result of social and demographic structure, behaviour and relative economic circumstance. A community profile therefore not only forms the basis to exposure response modelling, but also provides a means to consider how potential health pathways identified in the project profile might act disproportionately upon certain communities and sensitive/vulnerable groups.

1.20 In this instance, the draft strategy has spatial and temporal components which require the consideration of the entire Kent population as it stands, but also as communities and individuals develop, mature and their relative accommodation and care requirements change.

1.21 As the Kent Adult Accommodation Strategy: Evidence Base, provides such a complex analysis, the community profile tests and summarises the evidence informing the draft strategy, alongside information from National Statistics, the Public Health Observatory and the Joint Strategic Needs Assessment.

1.22 It is important to note, that the HIA was performed to test and inform the final stages of the draft strategy's iterative development. As a consequence, the demographic data and statistics contained within the draft strategy and its supporting Evidence Base replicated in the community profile may marginally differ to that of the final strategy.

Health and Equalities Appraisal

1.23 A high level health and equalities appraisal was undertaken, whereby the proposed actions as set out in the draft strategy have been evaluated with respect to the health pathways for each client group. The appraisal considers the potential outcome of the draft strategy upon the concerned community groups and recommends, where applicable, additional actions.

1.24 Given the overlap with health and equalities, an equalities screening exercise was integrated within the health appraisal stage, to further explore any potential disproportionate impact upon sensitive community groups.

Draft Health Action Plan (HAP)

1.25 A HAP goes beyond the normal recommendations set out in HIA, defining and agreeing committed actions with proponents to address residual impacts, remove barriers to health benefit uptake and maximise opportunities to improve local circumstance, health and well-being.

1.26 In this instance, given the integration of the Stage 1 HIA and Stage 2 HIA, the HAP is considered a draft, where the recommendations will need further investigation and refinement by KCC before they can be fully committed.

2 Project Profile

Overview

2.1 This section comprises a review of the draft Accommodation Strategy and supporting documents to aid in defining the scope and focus of the appraisal, and to highlight the issues and opportunities directly attributed to what is proposed.

2.2 The following documents and websites have been reviewed:

- KCC Draft Accommodation Strategy (received April 2014);
- Kent Adult Draft Accommodation Strategy: Evidence Base (received April 2014);
- Kent Joint Health and Wellbeing Strategy: Outcomes for Kent (received April 2014);
- The Kent Better Care Fund: First Draft Submission (12 February 2014 v1.0);
- The Better Care Fund, by Dr Robert Stewart, Chair Integration Pioneer Steering Group (received April 2014); and
- Clinical Commissioning Groups' websites:
  - http://www.westkentccg.nhs.uk/homepage/
  - http://www.southkentcoastccg.nhs.uk/homepage/#
  - http://www.thanetccg.nhs.uk/home/#
  - http://www.swaleccg.nhs.uk/#
  - http://www.dartfordgraveshamswanleyccg.nhs.uk/#
  - http://www.canterburycoastalccg.nhs.uk/#
  - http://www.ashfordccg.nhs.uk/#

Accommodation Strategy

Objective and Focus

2.3 Social Care and Health are experiencing a time of great change and many challenges. It is clear that population growth, coupled with an increasingly elderly population and significant financial pressures requires a robust strategy to ensure continued access to suitable accommodation and care to meet the current and future needs of Kent's populace.

2.4 The purpose of the draft strategy is to investigate and deliver innovative approaches that address the challenges, meet the change, and work in partnership with key stakeholders to provide more choice and access to high quality accommodation, both in terms of housing and care home solutions.

2.5 With this in mind, the draft strategy is focussed upon the following specific Adult Social Care client groups:

- older People (over 65[1] years);
- people with a Physical Disability;
- people with a Sensory Disability;
- people with Mental Health Needs;
- people with Learning Disabilities; and
- people with Autism.

Vision

2.6 The draft strategy outlines how the demand and aspiration for housing care and support will be met for each of the client groups, with an underlining vision to deliver the following:

- reduce reliance on long term institutional care settings, with greater exploration of alternative options for the provision and the use of short term intervention including intermediate care, enabling people to return home;
- more focus upon preventative services including Social Care, Housing Related Support, Health services and community services and driving up quality;
- more Extra Care Housing, across all tenure;
- more Supported Accommodation for those with Learning Disabilities needs, Mental Health needs, and those with an Autistic Spectrum Disorder;
- more wheelchair accessible housing; and
- more opportunities for clients to explore all tenure opportunities.

HIA Scope

2.7 The KCC "future directions" within the draft strategy (replicated in Table 2.1), constitutes the current baseline and the predicted change directly attributed to the draft strategy.

2.8 On this basis, the "future direction" constitutes the scope of the HIA, were potential health pathways are considered for each of the "future direction" objectives for the Kent population in its entirety, but also for the specific client groups with a further consideration for any disproportionate impact upon sensitive community groups.

[1] As stated in the Accommodation Strategy. Access to housing for Older People is commonly determined as 55+

Table 2.1 Current Position and Direction

Client Group	Current Position	Future Direction
Older People including Dementia	▪ Over-provision of residential care ▪ Under-provision of nursing care ▪ Under-provision of extra care ▪ Average size of a care home in Kent is 40 beds ▪ Evidenced efficiencies through extra care housing ▪ Community hospital provision older and smaller not getting best value ▪ Inefficient rehabilitation and enablement model for intermediate care	▪ Increase provision of extra care housing and other models ▪ Increase provision of nursing and dementia care homes ▪ Increase fit for purpose modern care homes and as a result reduce older converted care home provision ▪ Investment in Community Services, both health and social care, to prevent reliance on long term residential services ▪ Greater use of tele-technologies across all provision
Learning Disability	▪ Growing care home market that is not supported strategically by KCC ▪ Other local authorities placing people in Kent providing issues for ordinary residence ▪ Varying availability of supported accommodation ▪ Lack of choice and availability of alternative provision resulting in the only option for people to be placed in residential care ▪ Needs of individuals not clearly understood ▪ Needs of people in residential care currently range from very low to very high	▪ Provision of some specialist residential provision targeted to move people into independent living ▪ Undertake detailed review of the needs of individuals to determine whether they are in the best place for them ▪ Understand and make provision for the range of needs of people in care homes ▪ Undertake detailed commercial understanding of sector ▪ Develop provision as an alternative to residential care ▪ Greater use of tele-technologies across all provision
Physical Disability	▪ Some specialist residential provision across the County ▪ Varying waiting lists for DFG's across the County ▪ Wide ranging needs of individuals difficult to predict ▪ Specialist provision developed for access across the Country means local provision is impacted	▪ Through development contributions, increase the supply of wheelchair accessible housing ▪ Undertake detailed review through workshops on the current activity and models and research service provision around the country for best practice ▪ Promote use of tele-technologies across all provision
Mental Health	▪ The market believes there is a need to develop more residential care, this is not supported strategically by KCC ▪ Some interest from the market to develop large supported accommodation schemes, determined as more than 12 units, this is not supported strategically by KCC ▪ Supported accommodation with assured shorthold tenancies effectively working to progress people through services	▪ Develop more supported accommodation in some areas of the County ▪ Adequate provision of supported accommodation in some areas at the current point in time, will need a further focus as the move to decommission further residential care provision is appropriately managed ▪ Undertake a review of the care and support provision to make sure best value is achieved

Client Group	Current Position	Future Direction
Autistic Spectrum Disorder	▪ Insufficient provision for those that challenge services ▪ Continued use of services for people with learning disabilities or mental health needs as a lack of alternative suitable services	▪ Develop more supported accommodation with specialist design and tailored care and support services

Source: Kent County Council Draft Accommodation Strategy

Health Pathways

2.9 A health pathway can be described as the way in which an activity influences a known determinant of health. The identification of potential health pathways helps to define and rationalise the scope of the assessment, from which it is possible to develop an appropriate evidence base and an informed community profile. The distribution, magnitude and significance of potential health pathways associated with the actions listed above are investigated at the appraisal stage.

2.10 In this instance, the Stage 1 HIA was intended as a scoping exercise to investigate the potential health pathways that may be influenced, thereby defining if further assessment is required, and what the scope and focus of that assessment should be. On this basis the draft strategy was tested for its influence upon all health determinants, including:

- Demography;
- Income and Employment;
- Education;
- Housing;
- Transport;
- Crime and Safety;
- Access and Accessibility;
- Services, amenities and leisure;
- Lifestyle;
- Health Needs;
- Environment; and
- Food Access.

3 Community Profile

Overview

3.1 Evidence suggests that different communities have varying susceptibilities to both health impacts and benefits as a result of social and demographic structure, behaviour and relative economic circumstance. A community profile therefore provides insight into how potential health pathways may act disproportionately upon certain communities and sensitive receptors.

3.2 The following community profile summarises data and information contained in the Evidence Base for the draft strategy, which provides data for the local authority or the sub-region relating to the Kent Area Team, and considers the following client groups:

- older people;
- people with learning disabilities including autism spectrum disorder;
- people with mental health needs; and
- people with physical disabilities including sensory impairments.

3.3 When considering the specific client groups, it important to not only consider the social, mental and physical needs of each group independently, but to also be aware that the categories are not exclusive. The client groups may overlap and ultimately, all of the client groups will also fall within the older people category. This means there is a need for the draft strategy to cover the requirements of the entire Kent populace (where all residents intend to age), and the individual and/or the combined needs of the wider client groups.

3.4 The community profile therefore draws on the following data provided in the Evidence Base:

- an overview of the Kent populace demographic trend and socio-economic/health status;
- the estimated population of people in each client group;
- the number of people who receive a service from KCC; and
- the forecast population growth and future needs of people in each client group.

3.5 While the draft strategy is focused open Kent, it is important to consider that this is a national issue, and that there is the potential for trans-boundary impacts, particularly if neighbouring authorities are not as comprehensive in their strategy development.

3.6 Please note that while additional data was sourced to test and validate the Evidence Base informing the draft strategy, the Evidence Base itself already includes all the information that would be compiled and analysed as part of a HIA community profile.

Kent

3.7 Kent has the largest population of all of the English counties, with just over 1.46 million people. Just over half of the total population of Kent is female (51.1%) and 48.9% are male. People living in urban areas make up 71% of Kent's population; the remaining 29% of the population live in rural areas. Over the past 10 years Kent's population has grown faster than the national average, growing by 7.8% between 2000 and 2010. This is higher than both the average for the South East (6.7%) and for England (6.1%). Kent's population is forecast to increase by a further 10.9% between 2010 and 2026.

3.8 Overall the age profile of Kent residents is similar to that of England. However, Kent does have a greater proportion of young people aged 5-19 years and of people aged 45+ years than the England average.

3.9 Just under a fifth of Kent's population is of retirement age (65+); forecasts show that the number of 65+ year olds is to increase by 43.4% between 2010 and 2026, yet the population aged under 65 is only forecast to increase by 3.8%.

3.10 As replicated in Table 3.1 below, the Evidence Base for the draft strategy provides a section on forecast population growth based upon housing supply (i.e. planned housing).

Table 3.1: Forecast Population Growth in Kent, by District

Area	2011	2016	2021	2026	2031	% change 2011-2021	% change 2011-2031
Ashford	118,400	133,700	149,700	165,600	170,100	26%	44%
Canterbury	150,600	158,000	162,600	168,100	173,700	8%	15%
Dartford	97,600	107,500	120,500	130,400	135,800	23%	39%
Dover	111,700	117,800	125,900	134,000	134,700	13%	21%
Gravesham	101,800	103,300	105,100	107,100	108,200	3%	6%
Maidstone	155,800	159,200	161,100	162,700	167,800	3%	8%
Sevenoaks	115,400	115,000	115,500	115,400	115,800	0%	0%
Shepway	108,200	109,800	112,100	114,100	116,100	4%	7%
Swale	136,300	140,100	144,200	148,000	151,700	6%	11%
Thanet	134,400	136,800	139,000	140,400	141,700	3%	5%
Tonbridge & Malling	121,100	123,900	127,200	130,300	133,500	5%	10%
Tunbridge Wells	115,200	114,300	115,500	116,000	116,600	0%	1%
Kent	**1,466,500**	**1,519,700**	**1,578,300**	**1,632,100**	**1,665,700**	**8%**	**14%**

Source: Kent County Council Research and Intelligence Strategy Forecasts November 2012

3.11 As shown, applying the housing supply data, the lowest population growth is expected to occur in Sevenoaks and Tunbridge Wells. However, even these areas are predicted to have significant growth in elderly populations, as seen in Table 3.2.

3.12 The Evidence Base notes that there are some limitations to consider with applying housing supply as the basis to population forecasting. In the absence of new homes, demand will remain and can lead to a change in the housing composition to accommodate the extra population (i.e. houses converted into flats, bungalows developed into houses resulting in higher population densities within the existing stock).

3.13 On this basis, the Evidence Base also applies ONS sub-national population projections, based on past trends projected forward. This approach anticipates much higher levels of population growth in the west Kent districts (including Sevenoaks and Tunbridge Wells) than the supply based forecasts. This approach also has its limitations, in that trends do not account for actual housing supply, wider planning, or socio-economic / environmental influences. However, the triangulation of the two approaches provides a means to increase the accuracy of the forecast, which indicates that regardless of spatial variation, the population of Kent as a whole, will increase by 8-10% by 2021.

3.14 Kent ranks 102 out of 152 county and unitary authorities in the English Indices of Deprivation 2010 (ID2010). This places Kent within England's least deprived third of authorities (a rank of one indicates the most deprived area). However, there remain areas within Kent that fall within the 20% most deprived in England.

3.15 The health of the people of Kent is mixed. 70% of Kent residents describe themselves as being in good health and 16.5% of Kent's population live with a limiting long term illness. Life expectancy is higher than the England average for both men and women, with men living for 79.1 years and women living for 82.7 years.

3.16 However, life expectancy is significantly lower in socio-economically deprived areas, with a male in a deprived area living on average 8.2 years less, and a female living on average 4.5 years less.

3.17 Such a trend is particularly important in this regard, where socio-economic deprivation may influence and potentially widen burdens of poor health; may influence/define the level of coping skills an individual may have, and ultimately define the type, level and geographic distribution of KCC support and care required. This trend also reinforces the need to address socio-economic deprivation, and partnerships that support health promotion (rather than rely on a more reactive and costly treatment based approach).

3.18 Kent's large, increasing and ageing population will place significant pressures on health and social care services. [4] While the challenges are clear, the size of Kent's populace also means that interventions and partnerships geared towards facilitating good health for longer and improving coping skills and independence will have a potential for greater effect.

Older People

Overview

3.19 As the Evidence Base states, it is important to note that there is no formal definition of old age. As historically the retirement age has been at 65 years, many national data sets have used this as the threshold for considering the needs of older people. The KCC caseload for older people is determined at 65 years, whereas the eligible age for extra care and other types of older persons designated housing is at 55 years.

Current Needs

3.20 In 2011, just under a fifth of the population of Kent was aged 65 or over. The proportion of older people varies across the districts, with Shepway and Thanet having more than one fifth of the population aged 65 or over and Dartford and Gravesham having 14% and 16% of their population in the older age groups respectively (see Table 3.2).

3.21 The proportion of the population in more advanced age groups (75+ and 85+) appears to even out across the Districts, although with the highest absolute numbers in Canterbury, Dover, Maidstone, Shepway and Thanet.

3.22 There are around 20,700 older people who have a service provided by KCC. This is around 8% of the population aged 65 and over. In practice, most of those receiving a KCC service are in the older age groups (75+ and 85+). The proportion of people in these older age groups receiving a service is likely to be much higher and approaching 50% for those aged 85 and over. This figure includes people who receive residential services, respite care, community services (e.g. domiciliary care). It also includes 'direct payment' customers (those who arrange their own care). There is a large number of additional people (approaching 9,000 people) who receive social work support and help with equipment and adaptations.

3.23 As shown in Figure 2.9 in the Evidence Base, there is a spatial trend with are higher concentrations of older people in care homes in the east of Kent (Dover, Shepway and Thanet) than the west, consistent with the higher absolute number of more advanced age groups. In contrast, Sevenoaks and Tonbridge and Malling have much lower concentrations of older people living in care homes than the average for Kent (5.3 and 4.3 per 1,000 compared with 16.6).

3.24 The majority of older people placed in residential care homes in Kent have been placed in their home authority (72%), as shown in Figure 2.14 in the Evidence Base. 20% of older people have been placed in a neighbouring authority and only 7% have been placed in non-neighbouring authorities. These proportions, however, do vary across the individual districts, as discussed in the Evidence Base.

3.25 As detailed in the Evidence Base, the majority of older people placed in nursing care have also been accommodated in their home authority (65%) or a neighbouring authority (23%), whilst 11% have been placed in non-neighbouring authorities. It is important to note that placement in home

authorities is preferred, providing an individual continuity with the area, social networks and family support; facilitating social, mental and physical health.

3.26 There is currently an over-provision of residential care for older people (sheltered accommodation). As stated in the Evidence Base, there are 144 sheltered units per 1,000 of the population aged 75 and over, exceeding the ratio of 125 sheltered units per 1,000 in 'More Choice, Greater Voice'. [5]

3.27 There are around 770 short term beds across Kent, with the highest number in the east of the county. Of these 770, 520 are used for intermediate care and enablement only, with the remainder (250) designated as "Respite/Short Term" and "Short term beds not accessible by KCC (NHS)" [2]. Two of the 7 CCGs have a supply of intermediate beds that is below the national benchmark of 26 beds per 100,000 population [3]; namely, Dartford, Gravesham & Swanley, and Thanet, which have an Intermediate Care Beds Per 100,000 population shortfall of -9 and -6 respectively. [3]

3.28 It is noted in the Evidence Base that the supply of short term beds is often used reactively to relieve hospital pressures rather than proactively to prevent crisis and manage an individual's care in an integrated way.

Future Needs

3.29 The predicted future proportions of people aged 65 and over are also provided in the Evidence Base and are reproduced in Table 3.2 below.

Table 3.2: Proportion of Population Aged 65+ in 2011 and Projected to 2031, KCC Forecasts

Area	2011	2016	2021	2026	2031
Ashford	17%	18%	19%	20%	22%
Canterbury	19%	21%	22%	24%	26%
Dartford	14%	15%	15%	16%	17%
Dover	20%	23%	24%	26%	29%
Gravesham	16%	18%	18%	20%	21%
Maidstone	17%	20%	21%	23%	25%
Sevenoaks	19%	22%	23%	25%	27%
Shepway	21%	24%	25%	27%	30%
Swale	17%	19%	20%	22%	24%
Thanet	21%	23%	24%	26%	28%
Tonbridge & Malling	17%	19%	20%	22%	24%
Tunbridge Wells	17%	19%	20%	22%	25%
Kent	**18%**	**20%**	**21%**	**23%**	**25%**

Source: Kent County Council Research and Intelligence Strategy Forecasts November 2012

[2] Kent Adult Accommodation Strategy: Evidence Base. Figure 4.6: Short Term Beds by Clinical Commissioning Group Area

[3] NHS Benchmarking National Audit of Intermediate Care 2012/13

3.30 As can be seen, in 2011, 18% of the population in Kent was aged 65 and over, and the proportion of older people is expected to increase in all districts. Seven of the twelve districts are predicted to have a quarter or more of their population aged 65 or over by 2031.

3.31 As shown in Figure 3.4 of the Evidence Base, the number of people aged 65 or over in Kent is expected to increase by 55% from 2011 to 2031. This significant growth of the older population emphasises the increasingly top-heavy local population and subsequent pressures that will arise on health and social care services throughout Kent.

3.32 The Evidence Base provides estimates of the additional older people needing support in the future. These are summarised as follows:

- an additional 17,300 older people receiving a service from KCC in 2031 (from 20,700 in 2011); and
- an additional 3,670 older people living in care homes arranged by KCC in 2031.

3.33 The Evidence Base states that these estimates do not *"necessarily imply the need to build lots of additional care homes because there may already be capacity in existing homes and there are also other ways to meet demand, e.g. by enabling older people to live independently for longer."*

3.34 The KCC forecasts indicate that the population of those aged 85 and over will increase by 34.8% from 2011 to 2021, and will double by 2031. These results suggest that the projected increase in the demand for services may lie somewhere between 50 and 100%. The Evidence Base also makes it clear that service provision is only part of the solution. Health promotion and support is required to enable people to live in good health for longer, thereby offsetting and delaying potential demand.

People with Learning Difficulties

Overview

3.35 As stated in the Evidence Base, national research suggests that the incidence of people with learning disabilities in the population as a whole is around 3%, but this includes those with difficulties ranging from low, moderate to severe. If 3% of the population of Kent has a learning disability, this would correspond to around 44,000 people in 2011.

3.36 GP data records indicate that approximately 0.3% of the Kent population have learning disabilities. Although, as noted in the Evidence Base, it is likely that only severe disabilities are recorded, and the majority of people live without support in terms of care or accommodation.

3.37 A large proportion of people with learning disabilities have autistic spectrum disorder. National research suggests this could be as high as one third of those with learning disabilities. In the population as a whole, around 1% of people have some form of autism. If this proportion holds true within Kent, this equates to 14,700 in 2011 (including children and adults).

Current Needs

3.38 As detailed in the Evidence Base, 4,447 people with learning disabilities in Kent currently receive a service from Families and Social Care (FSC) and KCC. This figure includes those who receive residential services, respite care and community service (e.g. domiciliary care, meals and day care). It also includes 'direct payment' customers, i.e. those who have been assessed as needing help from social services but who arrange their care or accommodation themselves.

3.39 In Kent, the proportion of people with learning disabilities living in care homes is higher than the England average. In Kent, there is a spatial trend, with the highest numbers of people with learning disabilities living in care homes located in Canterbury, Dover, Shepway and Thanet (shown in Figure 2.1 of the Evidence Base).

3.40 According to the Evidence Base, there are 240 care homes providing 2,130 beds in Kent for people with learning disabilities. However, it is noted that the number of care homes has dramatically increased since the above values were estimated, and that the current count of care homes for people with learning disabilities is approximately 300. This is in excess of what is and will be required in Kent. There is a general trend of a higher number of care homes and beds in the east of Kent and fewer in the west. This is consistent with the higher absolute number of more advanced age groups in care homes, and may indicate a spatial distribution defined by supply rather than demand.

3.41 Figure 2.11 in the Evidence Base provides the placement patterns of current residents in Kent who have learning disabilities. The majority of people with learning disabilities living in Canterbury, Dover, Shepway and Thanet are placed in their own local authority. The majority of people with learning disabilities living in Dartford, Gravesham, Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells (North and West Kent) are placed outside of their home local authorities. As previously discussed, there is a preference for placement in home authorities to provide an element of continuity with the area, with social networks and family support, this is particularly true for individuals with learning disabilities and/or dementia.

3.42 According to Figure 2.11 of the Evidence Base, the proportions of people placed in non-neighbouring districts ranges from 5% (Canterbury) to 52% (Dartford, Gravesham, Swanley and Maidstone and Malling). On average across Kent, 32% are placed in non-neighbouring authorities.

3.43 There is a net movement of people with learning disabilities from Dartford, Sevenoaks and Tonbridge and Malling which might imply a lack of accommodation in these areas. There are net movements of people into Dover, Maidstone, Swale and Tunbridge Wells which may suggest some capacity in these areas. However, as noted in the Evidence Base, the numbers studied may vary from year to year.

3.44 In Kent, there are 670 people with learning disabilities on local authority waiting lists to access housing, corresponding to 3% of all applicants. The largest numbers of people are on the waiting lists for Dover, Shepway and Swale.

Future Needs

3.45 The estimates of people with learning disabilities needing support in the future are provided in the Evidence Base and are summarised as follows:

- based on population growth, there is likely to be an additional 6,000 people with learning disabilities in Kent in 2031; and
- there will be an additional 600 people receiving a service from KCC.

3.46 The above estimates are based on the forecast population of people with learning disabilities and the current proportion of people who receive support. They assume health profiles will remain the same and does not take into account efforts made to increase independence and reduce the demand for people living in care home accommodation.

3.47 The estimates also do not take into account potential increases in the prevalence of learning disabilities in the population, a subject that is debated by the Centre for Disability Research in their 2008 report.

3.48 As mentioned, a large proportion of people with learning disabilities have autistic spectrum disorder. If the proportion of people with autism grows in line with the population as a whole, the number of people in Kent with some form of autism is likely to increase from 14,700 in 2011 to 15,800 in 2021 and 16,700 in 2031 (including children and adults).

People with Mental Health Needs

Overview

3.49 At the national level, evidence suggests that the prevalence of mental illness within the population as a whole is 0.7% [6]. Mental illness in this context is defined as schizophrenia, bipolar disorder and other psychoses. A further 8.1% are estimated to have depression.

3.50 If these proportions are applied to Kent's population in 2011, this suggests 10,400 people had a serious mental illness in 2011.

Current Needs

3.51 The Kent Joint Strategic Needs Assessment (JSNA) estimated that around 133,760 people in Kent have a "common mental illness", the vast majority of which are unlikely to need care and accommodation provided by KCC.

3.52 As detailed in the JSNA, when compared to the England average, Kent has overall less mental health care need, although there is spatial variation across the districts with the populations in the west of Kent have notably less mental health needs than those in the east. [7]

3.53 There are around 3,500 people with mental health needs that receive a service from KCC. This figure includes people who receive residential services, respite care and community services (e.g. domiciliary care). It also includes 'direct payment' customers – those who arrange their own

care. There are a large number of people (the majority) who receive support from KCC under adult protection and social work, but it has not been possible to break these down by district.

3.54 Out of the 3,500 people with mental health needs, the vast majority (just under 3,000) receive social work support. These people do not live in accommodation provided by or arranged by KCC, and it is assumed that they live in the mainstream housing stock.

3.55 As detailed in Figure 2.3 of the Evidence Base, the population with mental health needs who are accommodated in care homes are most likely to be living in Canterbury, Shepway or Thanet. This is in line with the nature of the stock of accommodation in the east of Kent. It is unclear as to of the spatial trend for such hosing stock is demand focussed, or commercial (i.e. the cost of housing). Please note that if the latter, further investigation is warranted on how urban planning can support a more even distribution of future accommodation (potentially through planning policy and or Section 106).

3.56 Figure 2.12 of the Evidence Base provides the placement patterns for people with mental health needs in Kent. Caution is advised when interpreting the relative percentages as the absolute numbers are small in some cases. Figure 2.12 of the Evidence Base shows that overall the majority of people with mental health needs living in care homes have been placed within their home local authority or neighbouring authority area. Almost one quarter (24%) of people have been placed in non-neighbouring authorities, indicating that they are required to move significant distances to access a suitable care home (potentially away from familiar areas, social networks and family). This can materially influence an individual's social, mental and physical health and wellbeing.

3.57 In the east of Kent there are more places in residential care homes for people with mental health needs than in the west of Kent. It is again unclear as to if this is reflective of there being more demand in the east than in the west.

3.58 As stated in the Evidence Base, the number of beds in care homes for people with mental health needs (520) outweighs the number of people with mental health needs placed in care homes by KCC (225).

Future Needs

3.59 The Evidence Base provides estimates of the future proportion of the population with a serious mental illness and the subsequent demand that might fall on KCC, summarised as follows:

- based on population growth, there is likely to be an additional 1,400 people with mental health needs in Kent by 2031;and
- there will be an additional 550 people receiving a service from KCC.

3.60 The above estimates are based on the current prevalence of mental illness within the population as a whole (0.7% for England, from the UK Health Statistics 2010) and the projected population in Kent from 2011 to 2031.

People with Physical Disabilities

Overview

3.61 According to the Disability Discrimination Act, a disabled person is someone with a physical or mental impairment which has a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities. [8]

3.62 People in Kent with physical disabilities including sensory impairments have been analysed in the Evidence Base, which focuses on those with physical disabilities who are aged 18-65. People with physical disabilities over the age of 65 have been included in the older people client group.

Current Needs

3.63 As shown in Figure 2.5 of the Evidence Base, almost 44,000 working age people claimed Disability Living Allowance (DLA) in February 2013 in Kent, with the highest number in Thanet.

3.64 The data in this figure shows that the number of people claiming DLA has increased by 50% across the whole of Kent from 2003 to 2013. This increase is far greater than the level of population growth as a whole over the 10 year period, indicating an increasing trend of demand over time.

3.65 According to the Evidence Base, there are 23 care homes for people with physical disabilities, equating to around 520 beds, of which 110 specialise in care for those with sensory impairments.

3.66 As stated in the Evidence Base, almost 6,000 people with physical disabilities currently receive a service from KCC. This includes those who receive residential services, respite care and community services (e.g. domiciliary care). It also includes "direct payment" customers (those who arrange their own care or accommodation). Around 3,000 people receive other services, for example social work and equipment and adaptations.

3.67 Overall, KCC currently provide a service to around 14% of all working age disabled people in Kent. Of the 6,000 people, the majority (just over 4,000 people) do not live in accommodation arranged by KCC.

3.68 As shown in Figures 2.6 and 2.7 of the Evidence Base, around 280 people with physical disabilities live in care homes, and around 2,300 live in their own homes (excluding supported accommodation).

3.69 There are currently 260 applicants on local authority waiting lists across Kent that require a home which is wheelchair accessible. This corresponds to approximately 1% of all applicant households. There are many more residents who require adaptations to their existing homes.

3.70 It is thought that there are around 4,000 properties in the affordable housing stock which have wheelchair access and a further 8,000 have been adapted for people with physical disabilities. However, as noted in the Evidence Base, adaptations in many cases will be specific to the needs of the individual and so it is not as straightforward as re-letting them to other people with physical

disabilities when they are available to re-let. A bespoke solution is required to an individual's requirements and circumstance.

3.71 Figure 2.13 of the Evidence Base shows where people with physical disabilities living in care homes have been placed within Kent. A caveat is again provided with the percentages as the absolute numbers are small in some cases.

3.72 As an overall average, 44% of people with physical disabilities are placed in their home local authority, although there is spatial variation across the districts. In Dartford, only 11% of people with physical disabilities are placed within their own local authority, whilst in Shepway 80% of people have a placement in their own local authority.

3.73 The statistics provided in Figure 2.1 of the Evidence Base shows that almost one third of Kent residents with a physical disability are placed in a non-neighbouring local authority. This could imply that people have had to move considerable distances to access care, although it could also reflect willingness to move for specific or specialist care in some cases.

Future Needs

3.74 The Evidence Base provides estimates of the future proportion of the population with a physical disability and the subsequent demand that might fall on KCC, summarised as follows:

- based on population growth, there is likely to be an additional 600 people with physical disabilities in Kent in 2031; and
- there will be 200 additional people receiving a service from KCC.

Community Profile Summary

3.75 The population of Kent is large, growing faster than the national trend, and is becoming increasingly top-heavy. This is placing significant pressure on health and social care services within the county, particularly given the austerity measures in force, and the diminishing resources the proposed strategy is allocated.

3.76 In regards to client care groups, burden of health and care there is spatial variation across the districts within Kent, but in general there are higher concentrations of older people in care homes in the east of Kent. The large majority of older people placed in residential care homes have been placed within their home authority.

3.77 The increase in the demand for services for older people provided by KCC may lie somewhere between 50 and 100% by 2031.

3.78 In Kent, the proportion of people with learning disabilities living in care homes is higher than the average in England. The placement patterns of people with learning disabilities in Kent varies across the districts and there is a general trend of a higher number of care homes and beds in the east of Kent and fewer in the west. Almost one third of people with learning disabilities placed

in care homes are placed in a non-neighbouring authority. There is a need for supported housing for people with autism in Kent, particularly in the west of Kent.

3.79 There is likely to be an additional 600 people receiving a service from KCC in 2031. However, the estimates do not take into account any potential increases in the prevalence of learning disabilities within the population (i.e. assumes a static proportion based on the current rate).

3.80 The vast majority of people with mental health needs in Kent receive social work support and do not live in accommodation provided by or arranged by KCC. It is assumed that the vast majority of people with mental health needs live in the mainstream housing stock.

3.81 Almost a quarter of people with mental health needs in Kent have been placed in non-neighbouring authorities, indicated that they are required to move significant distances to access a suitable care home. In the east of Kent there are more places in residential care homes, and more supported accommodation for people with mental health needs than in the rest of Kent.

3.82 A simple projection indicates that there will be an additional 550 people with mental health needs receiving a service from KCC in 2031. The demand for services for people with mental health needs is expected to be limited.

3.83 The majority of people with physical disabilities receiving a service from KCC do not live in accommodation arranged by KCC. Almost one third of people with physical disabilities who live in care homes are placed in non-neighbouring local authorities. There are currently 260 applicants on local authority waiting lists across Kent that require a home which is wheel chair accessible and there are many more who require adaptations to their existing homes.

3.84 Estimates of future demand that might fall on KCC in terms of providing services to people with physical disabilities indicates that there is not likely to be a significant growth in demand. However, the estimates do not take into account changes in the prevalence of physical disability within the working age population, or that the working age may change.

3.85 Overall, the main issue faced by health and social care services in Kent is the steadily ageing population. To a less significant extent, there is expected to be a growth in demand for services for those with learning disabilities, including autism, and for people with physical disabilities. There is expected to be limited absolute growth in demand from people with mental health needs. However, it is recognised that more supported housing across the county is required, to help people with mental health needs move into independent living arrangements.

Comments

3.86 The information provided within the Evidence Base informing the draft strategy is comprehensive, demonstrating current demand, future projections and spatial patterns all critical to informing and facilitating the delivery of the proposed strategy.

3.87 Aspects that would warrant further consideration include an element of caution when applying current health trends when working on a long term strategy. It is entirely possible that trends will

change by 2031, ideally for the better, but that is not to say that some health trends will not decline.

3.88 To clarify, assuming the health trend will remain static underplays the significance health promotion will have in maintaining good health for longer, thereby addressing some of the additional demand a growing and increasingly elderly population will create, and therefore the successful delivery of the proposed strategy.

3.89 Equally, it is recommended to give further consideration on how patterns of health inequality go hand in hand with socio-economic deprivation, and the cause/effect this may have spatially. To clarify, there is a spatial trend of accommodation and care which may be due to commercial reasons (i.e. the affordability of property). If this association is causal, then with population growth there is a risk of further spatial patterns that could widen socio-economic deprivation.

3.90 Equally, this could result in more individuals having to relocate further from their home locations for care. Such relocation from areas known to them can influence behaviour, reducing social and recreational activities, reducing available family support and impinge on social, mental and physical health. Such impacts are particularly important for the specific care groups the draft strategy targets.

4 Appraisal

Overview

4.1 This section provides a high-level health and equalities appraisal of the draft strategy.

4.2 The appraisal is structured to investigate the potential influence of each of the “future direction” objectives to Kent’s populace in its entirety, in terms of each client group, and for any disproportionate impact to any sensitive community group (i.e. race, ethnicity, religion, sex, sexual orientation or preference).

4.3 To aid the reader, each of the “future directions” objectives are structured under the following broad headings

- older people;
- people with learning disabilities;
- people with physical disabilities; and
- people with mental health needs.

Future Direction

Table 4.1 Older People – Health and Equalities Appraisal

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
Increase provision of extra care housing and other models	Demography	The draft strategy is a reaction to the changing demography (i.e. a growing and increasingly ageing population), and does not directly influence it. Although this is the case, the draft strategy has the potential to address or reinforce some of the current spatial patterns, and the indirect effect this may have on future demography (i.e. an even distribution of elderly population, or increased concentration within current spatial trends).	n/a	No particular sensitive group	Further investigation into spatial patterns of care/accommodation is warranted in order to achieve more uniform and balanced age demographics and more inclusive communities. A failure to do so could result in unsustainable pockets of elderly communities, creating wider pockets of socio-economic deprivation and isolation.
	Income and Employment	Increase employment in care sector	Positive	No particular sensitive group	No additional recommendations
	Education	No influence on education	n/a	n/a	No additional recommendations
	Housing	More extra care housing available to those who need it	Positive	Older people who require on-site care and support	No additional recommendations
	Transport	As with any housing, the provision of extra care housing could contribute towards a local increase in transport requirements. However, given the relative proportion in contrast to general residential development, the contribution of redistributed/increased transport from extra care housing is unlikely to constitute a significant impact upon capacity, congestion, risk of accident or injury, air quality or noise. Conversely, the correct provision of extra care housing distributed to address demand close to source has the potential to reduce unnecessary transport requirements. The provision of extra care housing could enable individuals to remain within or closer to an area that they are familiar with, and which	Unclear The potential outcome will be dependent upon the spatial allocation and quality of extra care housing, where provision close to source will enable individuals to remain within a familiar environment , reducing transport requirements while further encouraging physical activity (due to familiarity of route and routines) and better retain social and family networks. Inadequate provision close to	The elderly and individuals with learning disabilities in particular will be more sensitive to changes in urban setting, and social and family networks, but are equally more sensitive to the health benefits associated with extra care housing close to source, and continued connection to known environment and social and family networks. Socio-economic deprived individuals will also display sensitivity, due to fewer resources to travel and retain social and family connections	The spatial allocation of extra care housing should consider both the transport requirements of individuals and social networks to remain connected (ideally managed close to source); but also the associated social, mental and physical health benefits that will facilitate good health, improve independence and reduce reliance on KCC for longer.

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
		contains their social and family networks. This presents the potential to reduce the need for individuals, family and friends traveling to maintain relationships and provide support, but will also enable individuals to remain connected to areas they are familiar with and support their social, mental and physical health and wellbeing. Please note that the opposite outcome is also possible. Inappropriate provision of extra care housing that requires people to move away from areas they know and their social and family networks can increase transport requirements to maintain such support. This in turn can put additional economic burden upon individuals and families, reducing the level of support and independence they may have, and increasing the reliance upon KCC. It is important to further note, that relocation to an area unknown to an individual with few or no social networks or family can greatly diminish social, mental and physical health, as the individuals concerned become isolated and may have difficulty connecting with a new urban and social environment, or may not have the resources or ability to travel back to areas and social networks they know.	source runs the risk of increased relocation, fragmenting social and family ties, increasing financial burdens and reducing overall social, mental and physical health with subsequent increased reliance upon KCC support.	and associated support.	
	Crime and Safety	More people will feel safe if they have more care and support	Positive	Older people who require on-site care and support	No additional recommendations
	Access and Accessibility	More housing will mean greater accessibility to need; people may not have to travel as far as they would have for extra care	Positive	Older people who require on-site care and support	No additional recommendations
	Services, amenities and leisure	Greater availability of extra care housing will result in the demand for other services, such as communal facilities, shops and recreational facilities	Positive	Older people who require on-site care and support	No additional recommendations

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
	Lifestyle	Better lifestyles for the population of concern	Positive	Older people who require on-site care and support	Spatial patterns warrant further consideration with the objective to provide individuals close to origin, such that they can continue their social networks and remain part of their longstanding community.
	Health Needs	The health needs for the population of concern will be better addressed	Positive	Older people who require on-site care and support	No additional recommendations
	Environment	No significant influence on environment	n/a	n/a	No additional recommendations
	Food Access	The extra care housing may provide meals. This can be a very important component of the service, with the opportunity for social interaction and natural enjoyment of a good meal. Where this is the case, food should be nutritious and cater to the bespoke health requirements of the individual	Positive	Older people who require on-site care and support	There is a requirement to ensure food is nutritious and caters to the bespoke health requirements of the individual.
Increase provision of nursing and dementia care homes	Demography	This is a reaction to the demography (increasingly ageing population); it will not significantly influence the local demography – although new care homes may bring in older people from outside Kent into the County	n/a	n/a	No additional recommendations
	Income and Employment	Increase employment in care sector	Positive	No particular sensitive group	
	Education	No influence on education	n/a	n/a	
	Housing	More care homes available to those who need them	Positive	Older people who require the highest level of on-site care and support	
	Transport	Given the relative proportion, the provision of nursing and dementia care homes is not anticipated to directly contribute towards a significant increase in transport requirements, or significantly impact upon capacity, congestion, risk of accident or injury, air quality or noise (in contrast to residential development). However, consideration is recommended regarding the spatial provision of nursing and dementia care homes close to demand/source in order to reduce	Unclear The potential outcome will be dependent upon the spatial allocation of nursing and dementia care homes, where provision close to source will enable individuals to remain within a known environ,	Individuals experiencing dementia are more sensitive to changes in environment and social networks.	The spatial allocation of nursing and dementia care homes should consider both the transport requirements of individuals and social networks to remain connected (ideally managed close to source); but also the associated social, mental and physical health benefits that will facilitate good health, improve relative independence and reduce reliance on KCC for longer.

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
		unnecessary transport requirements associated with maintaining social and family networks, and retaining connections with familiar settings. Please note that the opposite is also possible. Inappropriate provision of extra care housing that requires people to move away from areas they know and their social and family networks can increase transport requirements to maintain such support. This in turn can put additional economic burden upon individuals and families, reducing the level of support and independence they may have, and increasing the reliance upon KCC. It is important to further note, that relocation to an area unknown to an individual with few or no social networks or family can greatly diminish social, mental and physical health, as said individuals become isolated and may have difficulty connecting with a new urban and social environment, or may not have the resources or ability to travel back to areas and social networks they know.	reducing transport requirements while further encouraging physical activity (due to familiarity of route and routines) and better retain social and family networks. Inadequate provision close to source runs the risk of increased relocation, fragmenting social and family ties, increasing financial burdens and reducing overall social, mental and physical health with subsequent increased reliance upon KCC support.		It is recommended to further consider that co-locating such services also provides a means for couples with varying requirements to remain connected.
	Crime and Safety	More people will feel safe if they have more care and support than previously. Provision of nursing and dementia care homes close to source, will also enable a greater sense of continuity and interaction with a known environment, and aid in maintaining social and family networks important to social, mental and physical health.	Positive	Older people who require the highest level of on-site care and support, and individuals with learning disability and dementia	No additional recommendations
	Access and Accessibility	More housing will mean greater accessibility to need; people may not have to travel as far as they would have for extra care	Positive	Older people who require the highest level of on-site care and support	
	Services, amenities and leisure	Increase in services available to those who are to be cared in nursing homes	Positive	Older people who require the highest level of on-site care and support	
	Lifestyle	Better lifestyles for the population of concern	Positive	Older people who require the highest level of on-site care and support	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
	Health Needs	The health needs for the population of concern will be better addressed	Positive	Older people who require the highest level of on-site care and support	
	Environment	No significant influence on environment	n/a	n/a	
	Food Access	Better access to food for the population of concern	Positive	Older people who require the highest level of on-site care and support	There is a requirement to ensure food is nutritious and caters to the bespoke health requirements of the individual.
Increase fit for purpose modern care homes and as a result reduce older converted care home provision	Demography	No significant influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	May increase the employment opportunities for carers	Positive	No particular sensitive group	
	Education	No influence on education	n/a	n/a	
	Housing	May result in a net increase in care homes available for those who need them	Positive	Older people who require car home accommodation	
	Transport	The provision of modern care homes is not anticipated to directly contribute towards a significant increase in transport requirements, or significantly impact upon capacity, congestion, risk of accident or injury, air quality or noise (in contrast to residential development). However, consideration is recommended regarding the spatial provision of care homes close to demand/source in order to reduce unnecessary transport requirements associated with maintaining social and family networks, and retaining connections with familiar settings. Please note that the opposite is also possible. Inappropriate provision of extra care homes that requires people to move away from areas they know and their social and family networks can increase transport requirements to maintain such support. This in turn can put additional economic burden upon individuals and families, reducing the level of support and independence they may have, and increasing the reliance upon	Unclear The potential outcome will be dependent upon the spatial allocation of care homes, where provision close to source will enable individuals to remain within a known environ, reducing transport requirements while further encouraging physical activity (due to familiarity of route and routines) and better retain social and family networks. Inadequate provision close to source runs the risk of increased relocation, fragmenting social and family ties, increasing financial burdens and reducing overall social, mental and physical health with subsequent increased reliance upon KCC support.	n/a	The spatial allocation of care homes should consider both the transport requirements of individuals and social networks to remain connected (ideally managed close to source); but also the associated social, mental and physical health benefits that will facilitate good health, improve relative independence and reduce reliance on KCC for longer. It is recommended to further consider that co-locating nursing and care homes also provides a means for couples with varying requirements to remain connected.

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
		KCC. It is important to further note, that relocation to an area unknown to an individual with few or no social networks or family can greatly diminish social, mental and physical health, as said individuals become isolated and may have difficulty connecting with a new urban and social environment, or may not have the resources or ability to travel back to areas and social networks they know.			
	Crime and Safety	Modern care homes may be safer than older converted car homes. Provision of modern care homes close to source, will also enable a greater sense of continuity and interaction with a known environment, and aid in maintaining social and family networks important to social, mental and physical health.	Positive	Older people who require car home accommodation	No additional recommendations
	Access and Accessibility	Modern care homes may have better accessibility and facilities	Positive	Older people who require car home accommodation	
	Services, amenities and leisure	Modern care homes may offer better services, amenities and leisure	Positive	Older people who require car home accommodation	
	Lifestyle	Better lifestyle associated with modern care homes compared with older care homes	Positive	Older people who require car home accommodation	
	Health Needs	Better address the health needs of the population of concern	Positive	Older people who require car home accommodation	
	Environment	No significant influence on the environment	n/a	n/a	
	Food Access	The care homes will provide meals. This can be a very important component of the service, with the opportunity for social interaction and natural enjoyment of a good meal. Where this is the case, food should be nutritious and cater to the bespoke health requirements of the individual	n/a	n/a	There is a requirement to ensure food is nutritious and caters to the bespoke health requirements of the individual.

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
Investment in Community Services, both health and social care, to prevent reliance on long term residential services	Demography	This is a reaction to the change in demography (increasingly ageing population); it will not significantly influence the local demography	n/a	n/a	• Age-proof mainstream services, and offer training to individuals to improve their independence for longer • Develop training to enable family and friends to provide elements of care for elderly relatives, thereby prolonging independence • Given the growing and increasingly elderly population, the provision of an accredited training course to the general public could aid in developing future vocational staff. • Introduce a 'Neighbourhoods Networks' scheme, to keep older people socially and physically fit/active for longer while also improving their combined scoping skills and independence. • Explore possibility of 'multigenerational houses', like those in Germany, the Netherlands and USA • Volunteers and community support groups offering practical support, e.g. shopping, gardening and basic chores. This will contribute towards maintaining independence, with less risk to sensitive community groups.
	Income and Employment	Increase employment in community service sector	Positive	No particular sensitive group	
	Education	No influence on education	n/a	n/a	
	Housing	May reduce the demand for housing from the population of concern	Positive	No particular sensitive group	
	Transport	Negligible influence on transport. Additional transport may emerge as a consequence of a carer providing a house visit and rudimentary support (potentially three times a day). While this is unlikely to be significant on an individual level, given the growing requirement, the total effect may be significant and may warrant the consideration of a transport plan.	Unclear	No particular sensitive group	
	Crime and Safety	Better community services will increase feeling of safety and may decrease levels of crime	Positive	No particular sensitive group	
	Access and Accessibility	Better access to health and social care	Positive	No particular sensitive group	
	Services, amenities and leisure	May result in better services, amenities and leisure	Positive	No particular sensitive group	
	Lifestyle	Improve lifestyle of local population	Positive	No particular sensitive group	
	Health Needs	Help to address various health needs	Positive	No particular sensitive group	
	Environment	No influence on the environment	n/a	n/a	
	Food Access	May result in better access to food	Positive	No particular sensitive group	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation / Action
Greater use of tele-technologies across all provision	Demography	No influence on demography	n/a	n/a	• Provide training and increase awareness of tele-technology to aid the individuals transition into its use, but to also enable family members to better understand, assist and use such technology. • Provide developers with KCC approved Tele-technology for integration into planning applications.
	Income and Employment	No significant influence on income or employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	
	Housing	No influence on housing	n/a	n/a	
	Transport	Technology may provide service to arrange transport	Positive	Older people	
	Crime and Safety	Technology may provide support or information regarding crime and safety	Positive	Older people	
	Access and Accessibility	Technology may increase the accessibility of services	Positive	Older people	
	Services, amenities and leisure	Technology may provide greater services and leisure activities	Positive	Older people	
	Lifestyle	Technology may improve lifestyle of concerned population. May also improve lifestyles of family/carers of older people	Positive	Older people	
	Health Needs	Technology may help assist with health needs, e.g. reminders to take medication	Positive	Older people	
	Environment	No influence on environment	n/a	n/a	
	Food Access	Technology may enable easier and more efficient access to food, e.g. shopping online	Positive	Older people	

Table 4.2 People with Learning Disabilities – Health and Equalities Appraisal

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
Provision of some specialist residential provision targeted to move people into independent living	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	May help adults with learning disabilities to find employment	Positive	Adults with learning disabilities	
	Education	No influence on income and employment	n/a	n/a	
	Housing	New homes and greater choice for people with learning disabilities	Positive	Adults with learning disabilities	
	Transport	No influence on transport	n/a	n/a	
	Crime and Safety	The new homes may offer safety which the residents did not have previously	Positive	Adults with learning disabilities	
	Access and Accessibility	Specialist residential provision may improve accessibility for those needing it	Positive	Adults with learning disabilities	
	Services, amenities and leisure	Specialist residential provision may improve services, amenities and leisure for people with learning disabilities	Positive	Adults with learning disabilities	
	Lifestyle	Improve lifestyles of adults with learning disabilities	Positive	Adults with learning disabilities	
	Health Needs	Specialist residential provision may help to reduce health needs of those with learning disabilities	Positive	Adults with learning disabilities	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May improve access to nutritious food for those with learning disabilities	Positive	Adults with learning disabilities	There is a requirement to ensure food is nutritious and caters to the bespoke health requirements of the individual.
Undertake detailed review of the needs of individuals to determine whether they are in the best place for them	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	No influence on income and employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	
	Housing	May result in relocation of people with learning disabilities, to housing more suited to their needs	Positive	Adults with learning disabilities	
	Transport	No influence on transport	n/a	n/a	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
	Crime and Safety	May result in relocation of people with learning disabilities to areas which are considered safer	Positive	Adults with learning disabilities	
	Access and Accessibility	May result in relocation of people with learning disabilities to areas with better accessibility	Positive	Adults with learning disabilities	
	Services, amenities and leisure	May result in relocation of people with learning disabilities so that they have better access to services, amenities and leisure	Positive	Adults with learning disabilities	
	Lifestyle	May result in improvement in lifestyle of people with learning disabilities	Positive	Adults with learning disabilities	
	Health Needs	May result in improvement in health needs of those with learning disabilities	Positive	Adults with learning disabilities	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May result in improvement in food access for those with learning disabilities	Positive	Adults with learning disabilities	
Understand and make provision for the range of needs of people in care homes	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	May result in an increase in employment opportunities for carers	Positive	No particular sensitive group	
	Education	No influence on education	n/a	n/a	
	Housing	No influence on housing	n/a	n/a	
	Transport	No influence on transport	n/a	n/a	
	Crime and Safety	No influence on crime and safety	n/a	n/a	
	Access and Accessibility	May result in improved accessibility for those in care homes	Positive	Adults with learning disabilities	
	Services, amenities and leisure	May result in improved services, amenities and leisure for those in care homes	Positive	Adults with learning disabilities	
	Lifestyle	May improve lifestyles of those who live in care homes	Positive	Adults with learning disabilities	
	Health Needs	Better address the health needs of those living in care homes	Positive	Adults with learning disabilities	
	Environment	No influence on environment	n/a	n/a	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
	Food Access	May improve food access for those living in care homes	Positive	Adults with learning disabilities	
Undertake detailed commercial understanding of sector	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	May improve employment and income in the sector	Positive	No particular sensitive group	
	Education	No influence on education	n/a	n/a	
	Housing	No influence on housing	n/a	n/a	
	Transport	No influence on transport	n/a	n/a	
	Crime and Safety	No influence on crime and safety	n/a	n/a	
	Access and Accessibility	No influence on accessibility	n/a	n/a	
	Services, amenities and leisure	May improve services, amenities and leisure for people with learning disabilities	Positive	Adults with learning disabilities	
	Lifestyle	May improve lifestyles of those with learning disabilities. May also improve lifestyles of carers	Positive	Adults with learning disabilities	
	Health Needs	May improve health needs of those with learning disabilities	Positive	Adults with learning disabilities	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May improve access to food for those with learning disabilities	Positive	Adults with learning disabilities	
Develop provision as an alternative to residential care	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	No significant influence on income and employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	
	Housing	May increase housing choice and availability for people with learning disabilities, and increase availability in residential care for others who need it	Positive	Adults with learning disabilities; Adults who require residential care	
	Transport	No influence on transport	n/a	n/a	
	Crime and Safety	No influence on crime and safety	n/a	n/a	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
	Access and Accessibility	May improve accessibility for those needing support	Positive	Adults with learning disabilities	
	Services, amenities and leisure	May improve services, amenities and leisure for people with learning disabilities	Positive	Adults with learning disabilities	
	Lifestyle	May improve lifestyle of those with learning disabilities	Positive	Adults with learning disabilities	
	Health Needs	May improve health needs of those with learning disabilities	Positive	Adults with learning disabilities	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May affect food access for those with learning disabilities	Negative/Positive	Adults with learning disabilities	
Greater use of tele-technologies	Demography	No influence on demography	n/a	n/a	• Provide training and increase awareness of tele-technology to aid the individuals transition into its use, but to also enable family members to better understand, assist and use such technology. • Provide developers with KCC approved Tele-technology for integration into planning applications.
	Income and Employment	No influence on income and employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	
	Housing	No influence on housing	n/a	n/a	
	Transport	Technology may provide service to arrange transport	Positive	Adults with learning disabilities	
	Crime and Safety	Technology may provide support or information regarding crime and safety	Positive	Adults with learning disabilities	
	Access and Accessibility	Technology may increase the accessibility of services	Positive	Adults with learning disabilities	
	Services, amenities and leisure	Technology may provide greater services and leisure activities	Positive	Adults with learning disabilities	
	Lifestyle	Technology may improve lifestyle of concerned population. May also improve lifestyles of family/carers of people with learning disabilities	Positive	Adults with learning disabilities	
	Health Needs	Technology may help assist with health needs	Positive	Adults with learning disabilities	
	Environment	No influence on environment	n/a	n/a	
	Food Access	Technology may enable easier and more efficient access to food, e.g. shopping online	Positive	Adults with learning disabilities	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
(For Autistic Spectrum Disorder) Develop more supported accommodation with specialist design and tailored care and support services	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	May include support for people with autism to find employment	Positive	People with Autistic Spectrum Disorder	
	Education	May improve education and opportunities for people with autism	Positive	People with Autistic Spectrum Disorder	
	Housing	More housing available and greater choice for people with autism	Positive	People with Autistic Spectrum Disorder	
	Transport	Support services may include specialist transport for people with autism	Positive	People with Autistic Spectrum Disorder	
	Crime and Safety	May offer greater safety	Positive	People with Autistic Spectrum Disorder	
	Access and Accessibility	Improve accessibility and access to services	Positive	People with Autistic Spectrum Disorder	
	Services, amenities and leisure	Improve services, maybe including amenities and leisure	Positive	People with Autistic Spectrum Disorder	
	Lifestyle	Improve lifestyles of those with autism, and maybe also those of their carers/family	Positive	People with Autistic Spectrum Disorder and their carers	
	Health Needs	May improve health needs of those with autism	Positive	People with Autistic Spectrum Disorder	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May improve access to food for people with autism	Positive	People with Autistic Spectrum Disorder	

Table 4.3 People with Physical Disabilities – Health and Equalities Appraisal

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
Through development contributions, increase the supply of wheelchair accessible housing	Demography	No influence on demography	n/a	n/a	Provide developers with clear guidance on healthy urban design principles, and potentially consider establishing formal Section 106 and Community Infrastructure Levy expectations for disability provision. The planning contribution must be managed transparently and applied to either deliver accessible housing, and/or in retrofitting properties to the bespoke needs of individuals. It is important to note that developer contributions should always take account of healthy urban design features intended to facilitate good health, before a contribution is sought. This will positively reinforce healthy urban design principles, reducing and delaying the need for KCC support, as opposed to developers providing contributions to treat poor health, by removing preventative features from their planning application.
	Income and Employment	No significant influence on income and employment	n/a	n/a	
	Education	No significant influence on education	n/a	n/a	
	Housing	More housing available to wheelchair and mobility scooter users	Positive	Wheelchair and mobility scooter users	
	Transport	No influence on transport	n/a	n/a	
	Crime and Safety	No influence on crime and safety	n/a	n/a	
	Access and Accessibility	Improved accessibility for wheelchair and mobility scooter users	Positive	Wheelchair and mobility scooter users	
	Services, amenities and leisure	Improved amenities for wheelchair and mobility scooter users	Positive	Wheelchair and mobility scooter users	
	Lifestyle	Improved lifestyle for wheelchair and mobility scooter users	Positive	Wheelchair and mobility scooter users	
	Health Needs	Improved health needs for wheelchair and mobility scooter users	Positive	Wheelchair and mobility scooter users	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May improve food access for wheelchair and mobility scooter users	Positive	Wheelchair and mobility scooter users	
Undertake detailed review through workshops on the current activity and models and research service provision around the country	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	No influence on income and income and employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
for best practice	Housing	May result in redesign of housing to better suit needs of people with physical disabilities	Positive	People with physical disabilities	
	Transport	May result in redesign of transport to better accommodate those with physical disabilities	Positive	People with physical disabilities	
	Crime and Safety	No significant influence on crime and safety	n/a	n/a	
	Access and Accessibility	May result in better access for physically disabled people	Positive	People with physical disabilities	
	Services, amenities and leisure	May result in improvement to services, amenities and leisure	Positive	People with physical disabilities, General local population	
	Lifestyle	May result in better lifestyles for local population	Positive	Local population	
	Health Needs	May better address health needs	Positive	People with physical disabilities	
	Environment	May lead to improvement in local environment	Positive	Local population	
	Food Access	May lead to improvement in access to nutritious food	Positive	People with physical disabilities	
Promote use of tele-technologies across all provision	Demography	No influence on demography	n/a	n/a	• Provide training and increase awareness of tele-technology to aid the individuals transition into its use, but to also enable family members to better understand, assist and use such technology. • Provide developers with KCC approved Tele-technology for integration into planning applications.
	Income and Employment	No significant influence on income or employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	
	Housing	No influence on housing	n/a	n/a	
	Transport	Technology may provide service to arrange transport	Positive	People with physical disabilities	
	Crime and Safety	Technology may provide support or information regarding crime and safety	Positive	People with physical disabilities	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
	Access and Accessibility	Technology may increase the accessibility of services	Positive	People with physical disabilities	
	Services, amenities and leisure	Technology may provide greater services and leisure activities	Positive	People with physical disabilities	
	Lifestyle	Technology may improve lifestyle of concerned population. May also improve lifestyles of family/carers	Positive	People with physical disabilities	
	Health Needs	Technology may help assist with health needs	Positive	People with physical disabilities	
	Environment	No influence on environment	n/a	n/a	
	Food Access	Technology may enable easier and more efficient access to food, e.g. shopping online	Positive	People with physical disabilities	

Table 4.4 People with Mental Health Needs – Health and Equalities Appraisal

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
Develop more supported accommodation in some areas of the County	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	May increase employment opportunities for carers / mental health workers. May help people with mental health needs to find employment.	Positive	Adults with mental health needs, and carers	
	Education	No influence on education	n/a	n/a	
	Housing	More housing available for people with mental health needs	Positive	Adults with mental health needs	
	Transport	No significant influence on transport	n/a	n/a	
	Crime and Safety	Might improve levels of crime and safety; people with mental health needs may feel safer in supported accommodation	Positive	Local population	
	Access and Accessibility	Improve access to supported accommodation for people with mental health needs	Positive	Adults with mental health needs	
	Services, amenities and leisure	Improve services, amenities and leisure for people with mental health needs	Positive	Adults with mental health needs	
	Lifestyle	Improve lifestyles of those with mental health needs, and may also improve lifestyle of carers/family	Positive	Adults with mental health needs, and carers	
	Health Needs	Will better address health needs	Positive	Adults with mental health needs, and carers	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May improve access to nutritious	Positive	Adults with mental health needs, and carers	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
Adequate provision of supported accommodation in some areas at the current point in time, will need a further focus as the move to decommission further residential care provision is appropriately managed	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	No significant influence on income and employment	n/a	n/a	
	Education	No influence on education	n/a	n/a	
	Housing	Changes to the housing provision for people with mental health needs should reflect current and future needs	Positive, so long as effectively managed	Adults with mental health needs	
	Transport	No significant influence on transport	n/a	n/a	
	Crime and Safety	No influence on crime and safety	n/a	n/a	
	Access and Accessibility	May result in better accessibility to services for people with mental health needs	Positive, so long as effectively managed	Adults with mental health needs	
	Services, amenities and leisure	May result in improvement to services, amenities and leisure	Positive, so long as effectively managed	Adults with mental health needs	
	Lifestyle	May result in improved lifestyle of those with mental health needs	Positive, so long as effectively managed	Adults with mental health needs	
	Health Needs	Possibility to better address health needs	Positive, so long as effectively managed	Adults with mental health needs	
	Environment	No influence on environment	n/a	n/a	
	Food Access	May result in improved access to food	Positive, so long as effectively managed	Adults with mental health needs	

Accommodation Strategy: Future Direction	Health Determinant	Health Pathway	Potential Health Outcome	Sensitive Communities	Recommendation/ Action
Undertake a review of the care and support provision to make sure best value is achieved	Demography	No influence on demography	n/a	n/a	No additional recommendations
	Income and Employment	Unclear; however, local income may improve as a result of best value provision	Positive	No particular sensitive group	
	Education	No influence on education	n/a	n/a	
	Housing	Unclear	n/a	n/a	
	Transport	Unclear	n/a	n/a	
	Crime and Safety	Unclear	n/a	n/a	
	Access and Accessibility	Unclear	n/a	n/a	
	Services, amenities and leisure	Unclear	n/a	n/a	
	Lifestyle	Unclear	n/a	n/a	
	Health Needs	Unclear	n/a	n/a	
	Environment	Unclear	n/a	n/a	
	Food Access	Unclear	n/a	n/a	

5 Conclusion

5.1 The draft strategy and Evidence Base have outlined the current position and future direction across Kent, with respect to the following client groups: older people, people with learning disabilities, people with mental health needs, and people with physical disabilities.

5.2 The fundamental basis of the draft strategy is to increase the provision of extra care, nursing and dementia care homes; increasing fit for purpose modern care homes and reducing older care homes; while further investing in Community Services, and the use of tele-technologies across all provision, albeit to a reduced budget.

5.3 The overarching approach is to therefore improve the level of intermediate care (i.e. support in the community), thereby improving an individual's ability and independence and reducing/delaying the need for more significant KCC support. Such preventative measures will partly address the challenges associated with a growing and increasingly elderly population (coupled with austerity measures), enabling KCC to further enhance wider care and accommodation support.

5.4 On the above basis, the draft strategy is logical, supported by a wealth of robust information and implements innovative solutions and wider partners to continue to deliver a high quality care and accommodation service.

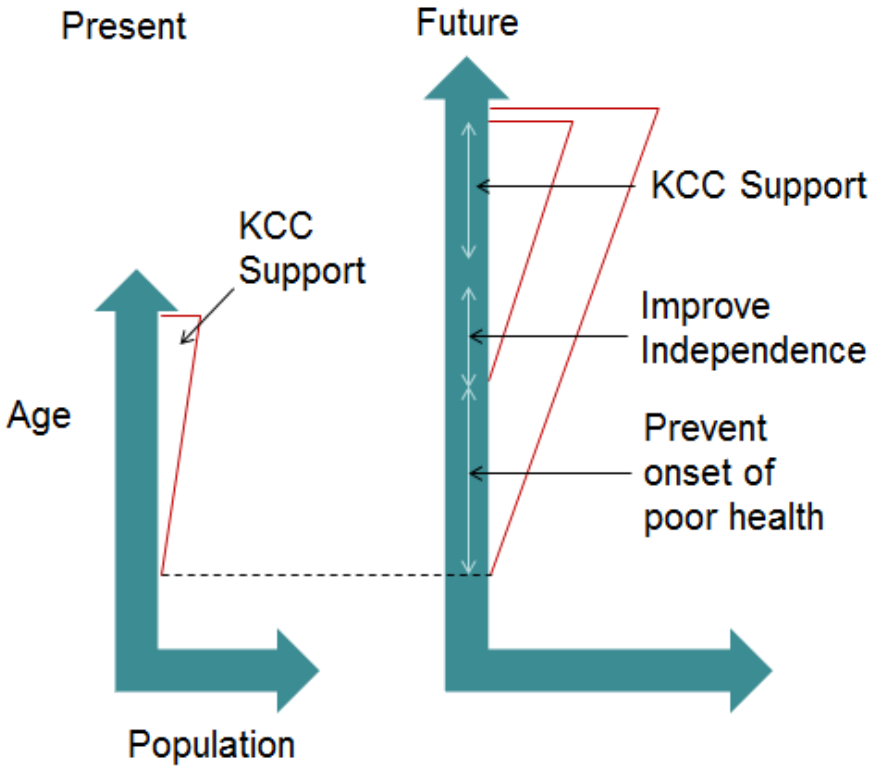
5.5 However, the draft strategy is largely treatment focussed, and does not fully address all the parameters that will define future care and accommodation requirements.

5.6 Figure 5.1 constitutes a very simplistic representation of the association between increasing life expectancy, population growth and subsequent KCC support. As shown, under the heading of "present", it is an inevitable fact that with age, the rate of KCC support required increases and that there is a broad threshold where good health starts to deteriorate, again requiring increased support. Equally, with population growth, the proportion of that population requiring support will also increase.

5.7 When moving to the right of Figure 5.1 to consider the "Future" scenario, the draft strategy assumes that the broad threshold where good health starts to deteriorate is static; does not improve in relation to increasing life expectancy and that the draft strategy cannot influence this, thereby limiting the focus of the strategy to a treatment based approach.

5.8 A treatment based approach will not fully address the challenges faced by Kent and the nation, where a more proactive approach is not only the more cost effective, but also the more desired, where individuals would ideally remain in good health for longer leading more independent lives.

Figure 5.1 Relationship between Population Growth Age and KCC Support.



5.9 To clarify, the treatment based approach of the draft strategy cannot be considered in isolation, and must work in partnership with the wider KCC health and wellbeing initiatives and policy addressing more preventative action and health promotion.

5.10 Greater prominence of this point within the draft strategy will add weight to the overarching health objectives, while further reinforcing the requirement for wider partnerships and influence of spatial planning and transport policy, which again, all have a part to play in delivering healthy, cohesive, vibrant and sustainable communities throughout Kent.

5.11 Finally, it is important to recognise that care and accommodation is a treatment-based solution to a societal problem, which is not the sole preserve of KCC and health stakeholders to address. As society changes, so too must its values and actions. As populations continue to grow and mature, social awareness, education and general support will be critical to meeting the coming challenges and improving health and the quality of life for longer. This is not only of value at the individual level, but also at the community level, contributing to removing social barriers (particularly between the young and old) and building general aid and support as part of normal behaviour.

6 Health Action Plan

Overview

6.1 A Health Action Plan (HAP) expands upon the normal recommendations section within HIA guidance, establishing and committing protocols and monitoring regimes to be implemented to further reduce and remove potential adverse health outcomes and disruption, while maximising opportunities to increase health benefits by addressing local circumstance and needs.

6.2 In this instance, the HAP provides additional recommendations to further support the delivery and the overarching strategic aim and objectives of the Accommodation Strategy.

Healthy Urban Design

6.3 To facilitate greater partnership and healthy urban design from developers it is recommended that KCC develop bespoke healthy urban design features tailored to the needs of Kent, with further consideration as to the relative needs of the individual Districts. Such design principles, (potentially driven by Supplementary Planning Guidance (SPG)), would effectively aid in coordinating a more consistent and effective approach to general health promotion via planning, and may also be applied to help address spatial patterns of care and accommodation (by defining where future stock is required to provide a greater and more balanced coverage).

6.4 Such an approach goes beyond encouraging basic requirements, such as wheelchair access provision, and may require developers to demonstrate how their applications will support active and physically fit communities (through processes such as Health Impact Assessment), through to installing KCC approved Tele-Health and Tele-Care equipment and potentially contribute towards maintenance and retrofit costs through justified Section 106 (S106) Agreement or Community Infrastructure Levy (CIL).

6.5 It is important to note that developer planning contributions through S106 or CIL should always take account of healthy urban design features intended to facilitate good health, before the planning contribution is sought.

6.6 This will positively reinforce healthy urban design principles, reducing and delaying the need for KCC support; as opposed to developers providing contributions to treat poor health, at the cost of preventative features from their planning application. In order to deliver a planning contribution in addition to those normally sought (education, GP provision, roads etc), a developer may have to remove or reduce the quality of features that would otherwise facilitate good social, mental and physical health within a community, staving off the onset of poor health. This might constitute a lower quality of urban fabric, smaller areas of shared open and green space, reduced provision of community assets (allotments, benches, cycle paths, lighting, art) or less attention and innovation to support the integration of new communities (welcome packs, engagement with local communities etc). Developers should be encouraged to plan and facilitate the delivery of healthy,

vibrant and cohesive communities as the first priority, and planning contributions sought on any residual issue. This will encourage healthy urban design, while dissuading and penalising developments that do not.

Good Health and Independence

6.7 It is understood that KCC research has been conducted into what the main barriers and challenges are for individuals and families to maintain good health and independence for longer. It is recommended to draw from such research to not only inform the Kent and District specific healthy urban design principles, but to also devise wider health promotion and support initiatives.

6.8 It is also recommended to publish such research, as the challenges faced by Kent, are encountered elsewhere across the nation. Improved awareness will not only enable more effective, complementary and collaborative local authority action, but will also be key to raising community awareness, and the general care and support that should be considered the norm and part of normal behaviour in society.

6.9 Examples for consideration include:

- The identification and discussion of technology, equipment and potentially training for individuals and families to overcome such barriers/challenges.
- List KCC approved Tele-Health and Tele-Care equipment (that KCC will be able to monitor and maintain) for individuals/families that may not elect or require KCC support, yet have the ability to purchase and use, thereby improving their quality of life and independence for longer.
- Encourage and support Neighbourhood Networks Schemes, this not only improves/maintains social, mental and physical health, but increases coping skills and addresses social barriers (i.e. inclusive communities rather than the separation of young and old and individuals of varying ability).
- Identify and deliver training courses that will better enable an individual's coping ability and independence.
- Identify and deliver a course to aid family members, partners and the general public in preparing for and supporting the needs of the elderly and for varying disabilities. It is appreciated that such a course comes with some element of liability. However; given the relative change in demography, society, and future demand, everyone will at some point benefit from improved awareness, mental preparedness, ability and confidence. Many family members and partners often resort to care, as they believe they are unable to meet the unknown requirements. Training will aid in addressing some of these barriers, and enable individuals to stay in familiar settings and social networks for longer. This will also build empathy, enabling individuals to better recognise when other people are in distress and in need of aid, building general community support as part of normal behaviour.

- Consider developing an accredited version of the course. This is intended to partly aid individuals in the development of vocational skills and experience that will prove valuable as the demand for care increases proportionate with the growing and aging population. Equally, an accredited course would also aid family members that provide long term care, to return to the wider employment sector when the care is no longer required, or offer an alternative to providing care on a commercial basis. Such an initiative can also help in addressing another barrier that can limit the level of care families can commit to.
- Raising general awareness and addressing often self-imposed social taboos will also be important to building general aid and support as part of normal behaviour. In the same way that offering up a seat or holding open a door for a less able individual is considered a basic courtesy; so too should offering to push a wheelchair if the individual looks to be struggling, to offer to carry a bag, or call for help should an individual be in distress. While such basic manners are often imparted through upbringing, the nature of societal change (i.e. the unprecedented increasingly aging population) has left a gap in knowledge that limits the ability to identify the need and offer general support. It is recommended that awareness be raised in schools, including guidance on when and how to safely offer support, and not place themselves or the individual at risk. This in turn will filter down to other family members. This might cover general disability awareness and rudimentary wheel chair training, providing:
    - general disability awareness, including dementia, learning difficulties and physical disability;
    - children and young adults the opportunity to experience what it is like to be sensory impaired, and allow them to attempt to overcome typical urban obstacles (building empathy and greater recognition for when individuals may need aid or be in distress);
    - children and young adults the opportunity to experience what it is like to use a wheelchair, and allow them to attempt to overcome typical urban obstacles;
    - hands on experience on correctly manoeuvring a wheelchair, including step control, brakes and communicating with the individual in the chair;
    - experience on manually manoeuvring an electric wheelchair, including disengaging and reengaging the motors, and again, communicating with the individual in the chair;
    - providing children and young adults with an appreciation and shared experience that will better enable them to identify when people are struggling; build confidence on what support they can provide; remove social barriers and define a safe approach to general community support, that may also be of personal value.

Health in All Things

6.10 The final recommendation is for KCC to place greater emphasis on the efforts underway to drive the promotion of health and wellbeing throughout Kent. It is clearly a central tenet to the vision for Kent, and an inherent feature and objective for Kent's strategic policy and decision making.

6.11 Emphasising this central tenet will feed down into local policy, spatial planning and development, and sets the tone for wider partners and developers to drive good physical, mental and social health and wellbeing.

6.12 Additional action that could be explored includes:

- driving community health and wellbeing as a central tenet within Kent Corporate Social Responsibility (CSR) programmes, formally recognising organisations for significant contributions towards facilitating healthy vibrant and cohesive communities;
- driving healthy urban design by formally recognising examples of best practice, and developers for innovative contributions towards facilitating vibrant and cohesive communities; and
- public information, raising general awareness, encouraging general support and more cohesive communities.

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