

Population Health Needs, Inequalities and Commissioning Opportunities in North Kent

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Produced by

Abraham George: Public Health Consultant (<u>abraham.george@Kent.gov.uk</u>) Rachel Kennard: Senior Intelligence Analyst (<u>rachel.kennard@kent.gov.uk</u>) Remi Omotoye: JSNA Programme Manager (<u>remi.omotoye@kent.gov.uk</u>) Correspondence to: Abraham George



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Contents

Part 1

1	Background 5					
2	Acknowledgements					
3	Executive Summary7					
4	Cur	rent context	10			
4.1	Pr	rinciples	11			
4.2	Μ	Iodelling population health using systems dynamics	11			
5	Sus	tainability and Transformation Partnerships	12			
5.1	Pr	12				
	5.1.1	Background	12			
	5.1.2	Future Activity	14			
	5.1.3	Risks	14			
5.2	Methodology15					
	5.2.1	Quintiles	15			
	5.2.2	Included practices	15			
	5.2.3	Multimorbidity	15			
6	Рор	oulation demographics	17			
6.1	Population size and age structure17					
6.2	Ex	Expected population growth22				
6.3	Ethnicity					
6.4	4 Fertility					

7	Mortality	39
7.1	Life expectancy	
7.2	Causes of premature mortality	
7.3	Causes of mortality in older people	
8	Wider determinants affecting health outcomes	52
8.1	Deprivation - Index of Multiple Deprivation (IMD)	
8.2	Unemployment	
8.3	Education	
8.4	Crime 59	
8.5	Road traffic accidents	60
9	Children and young people	64
9.1	Infographic summary	64
9.2	Income deprivation	65
9.3	Infant mortality rate	66
9.4	Low birth weight	69
9.5	Teenage conceptions	
9.6	Breastfeeding	
9.7	Excess weight	
9.8	A&E attendances	
9.9	Elective hospital admissions	103
9.10	Oral health of children	113
9.11	Dental extractions amongst children 0-19 years	113
9.12	Children aged five with filled, missing or decayed teeth	113
10	Older people	115
10.1	Infographic summary	115
10.2	Population growth	116
10.3	Income deprivation	119

10.4	Life expectancy 12				
10.5	Seaso	onal flu vaccination	127		
10.6	Falls	128			
10.7	Social	l Isolation	132		
11 S	exual	l health	.137		
11.1	Demo	ographics	137		
11.2	Repro	oductive health	138		
11	1.2.1	Teenage pregnancy	139		
11.3	Pregn	nancy and birth	139		
11	1.3.1	Termination of pregnancy	139		
11	1.3.2	Contraception	141		
11.4	Sexua	ally transmitted infections [STI]	143		
	_				
12 L	ifesty	/le factors affecting health	.148		
12.1	Alcoh	ol	148		
12.2	Smoki	ing	154		
12	2.2.1	Smoking in Pregnancy	157		
12.3	Obesi [.]	ity	159		
12	2.3.1	Adult obesity	159		
12	2.3.2	Childhood obesity	159		
12.4	Fruit a	and vegetable consumption	169		
12.5	Physic	cal inactivity	169		

1 Background

People with long term conditions place disproportionate pressure on current health and social care services. Evidence suggests that prevalence of multimorbidity increases substantially with age. There is also evidence to suggest that there is early onset of multimorbidity in the most deprived areas compared with the most affluent.

We are working to achieve integrated services through greater collaboration between commissioners and providers, referred to as an ICS (or 'integrated care system'). They are intending to go further to discuss how they can each play their part in improving services and health outcomes for local people within their collective local budget.

Given the focus on population health management, prevention and improvement of health and care outcomes, it is necessary to develop a place-based plan for the future of health and care services. The scope includes improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Key priorities needed to meet these challenges across Kent and Medway are in Prevention, local care, hospital care and mental health.

Considering the projected population growth, it is essential that Commissioners prevent illhealth through primary prevention as well as commission services for secondary and tertiary prevention.

This can be further enhanced by the use of modelling tools, such as the System Dynamics (SD) model, to contribute to informed future health and care planning, by providing population level projections of adult health needs with a view to identifying overall population health and wellbeing, and demands placed upon health and care services. The Use of SD models provides a prospective analysis using aggregated person level data and thus can serve as a system planning tool for commissioners.

As the emphasis in service transformation lies on prevention in primary care, this needs assessment is focussed on providing information on variation of needs and inequalities on a GP practice level.

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3 Executive Summary

Population Demography

- A greater proportion of the North Kent population is in the 0-14- and 25-39-year olds. The overall population is expected to go up an additional 20% to around 138,000 by 2039.
- Most of the population growth will be in older population, projections suggest that between 2029 and 2039, the 65+ age group will be up by around 50% and the 85+ will be twice as much.
- ➢ Fertility is stable but remains significantly higher than Kent average, and especially higher in the more deprived areas.

Mortality

In DGS, mortality is declining at a greater rate in the most deprived wards, leading to narrowing of the gap between the most deprived and least deprived wards. In Swale, there is no significant change in these trends.

Wider determinants affecting health outcomes

- Riverside (DGS CCG) and Sheerness East (Swale CCG) wards have the highest rate of unemployment in North Kent.
- Eleven wards in DGS and nine wards in Swale CCG are amongst the 20% most deprived wards for educational attainment for young people, and skills for adults across Kent.

Children and Young people

- Breastfeeding rates (prevalence) are significantly lower than the Kent average both at new-born visit and at 6-8 weeks. It is twice as low in the most deprived Kent quintiles of Swale (23.3%), compared to 46.6% in least deprived.
- Childhood obesity is high in the Swale CCG area. Compared against the Kent average, the prevalence is significantly higher. Figures for children at reception was 26%, whereas those at year 6, it was higher, around 36%.
- Swale has one of the highest rates of any lower tier local authority in the South East of 5-year olds experiencing tooth decay. Dental extractions rate is 47.2 per 1000 population compared to 39.7/1000 for Kent overall. The rate for Gravesham is 49.8 per 1000. DMFT figures also significantly high in Swale (0.85) than England (0.78).

- Elective admission rates for under 19 have increased significantly in DGS CCG in the last 2 years, particularly in the Paediatrics specialty.
- Interventions at an earlier age are required to reduce obesity prevalence at reception, and across other school aged groups through the Healthy Schools programme and Family Weight Management Programmes.

Older people

- North Kent has higher admission rates for falls in those aged above 65 years compared to the Kent average.
- The highest impact will be achieved by focusing on cohorts with high numbers and high rates of progression of needs, therefore interventions should be targeted at, for example, those with moderate frailty or multiple morbidities.

Sexual health

- The uptake of emergency contraception or the provision of Long Acting Reversible Contraception provision in Swale is the lowest in the county, whereas the declining teenage conception and complications from sexually transmitted infection remain one of the highest in Kent.
- All new practice registrants should be offered and encouraged to take up an HIV test in general practice, including understanding the needs of marginal BME groups such as surveillance for sickle cell anaemia and thalassemia¹.
- > Promoting access to planned contraception for females of reproductive years

Lifestyles affecting health

- Smoking at time of delivery in Swale CCG is significantly high in Swale. High variability across practices support/treatment to smokers
- To take action to reduce smoking prevalence using the three "A" model ASK (Ascertaining the patient's smoking status), ADVICE (smokers to quit smoking), and ACT (refer smokers to NHS specialist support and prescribing medication if appropriate)
- To work collaboratively with key stakeholders to reduce the supply and demand of Illicit Tobacco and underage sales
- Clinical treatments for lifestyle behaviors (e.g. GPs in Ashford CCG area engaged in a Smoking + pilot and if this model is successful, it will be extended to other targeted CCG areas.
- > Work with District Councils and other partners to provide affordable fresh produce.

¹ Personal communication, Dr Diana Fairley-Hamilton

Commission services to support individual behaviour change for adopting a healthy lifestyle in areas with lower consumption rates of '5-a-day'

Healthcare utilisation and disease distribution

- There is variation in the prevalence of long-term conditions across practices in North Kent - diabetes, COPD, CVD stroke, atrial fibrillation hypertension, mental health illness.
- Mental illness is on an increase in the North Kent area, with severe depression, self-harm and suicide on a rise.
- The prevalence of diabetes is significantly higher than the Kent average Swale. At ward level, highest emergency admission rates were in Murstow.
- Some cancer metrics are poor in Swale. Recorded prevalence is significantly lower than Kent average; one – year cancer survival rates remain lower than Kent and Medway and, emergency hospital admissions with cancer are also significantly higher than the Kent average.
- People with 2 or more long term condition account for significant use of the healthcare services. The most common in patients across North Kent are hypertension and obesity, depression and obesity, diabetes and hypertension, chronic kidney disease and hypertension, diabetes and obesity, depression and hypertension, and asthma and obesity.
- There needs to be greater activity with respect to prevention which needs to be grounded in local interventions rather than just giving advice. Interventions need to be able to identify undiagnosed diabetics as well as the cohort of patients inadequately supported in Primary Care
- Optimizing health checks to 'find the missing thousands' and for referral into lifestyle programs to reduce risks.
- Secondary prevention for people with diabetes is important to prevent complications. Local primary care providers of care should be made aware of rates of emergency admissions for diabetic complications and structure services accordingly.
- All diabetes patients except those with existing eye conditions and under the care of a specialist should attend annual screening to prevent retinopathy.
- AF management should be addressed to improve outcomes in terms of stroke prevention:
- Identification of practice level variation in cancer referral rates, emergency admission rates and cancer screening uptake rates by practices and develop remedial action plan.
- To develop initiatives for people to seek help earlier, facilitating earlier diagnosis of cancer in primary care and prompt referral for treatment in secondary care.
- Investigate how demographic changes will impact on demand on services.

4 Current context

North Kent² is comprised of 48 practices (30 in DGS CCG and 18 in Swale CCG) responsible for a registered practice population of 385.000³ (24% of the total Kent registered practice population).

The registered population of North Kent differs from the resident population for Kent in that it has proportionately more 25-39-year olds and children (particularly 0-14-year olds).

Between 2017 and 2037 the number of people aged 65+ is predicted to increase by 65% in Dartford, 41% in Gravesham, 43% in Sevenoaks and 56% in Swale⁴. Over the same period, the number of people aged 85+ is expected to increase by 88%, 76%, 96% and 120% respectively.

The life expectancy at birth is variable across the North Kent population, with figures for male and female in DGS relatively similar to Kent compared to Swale, which is just below the Kent average.

The fertility rates in both DGS and Swale CCG are higher than the Kent average, and increasing. Fertility rates are around 60% higher in the most deprived areas of DGS than the least deprived areas, and more than 50% higher in the most deprived areas of Swale CCG than the least deprived⁵. There is considerable variation between electoral wards.

There are clear contrasts in the ethnicity profiles of the four Districts in North Kent. In 2011, just 4.2% of the population of Sevenoaks, and 3.4% of the population of Swale District were of black and ethnic minority origin compared with 12.6% of the population of Dartford and 17.2% of the population of Gravesham. In all four North Kent districts, the proportion of the population that are of black and minority ethnic origin decreases with increasing age. Whilst 24% of 0-15's in Gravesham are BME, this decreases to 18% of those of working age, and 6% of those aged 65+.

There are areas of deprivation throughout DGS and Swale CCG, mainly within urban centres and on the Isle of Sheppey. 13 LSOAs within DGS and 15 LSOAs within Swale CCG are highlighted as being in the most deprived decile in Kent⁶.

North Kent⁷ is comprised of 48 practices (30 in DGS CCG and 18 in Swale CCG) responsible for a registered practice population of 385.000⁸ (24% of the total Kent registered practice population).

² The description of North Kent CCGs and, Dartford, Gravesham & Swanley CCG (DGS) and Swale CCG, are regularly used in this report, and both mean the same thing.

³ Source: PCIS, September 2018

⁴ Based on the October 2018 KCC housing-led forecasts

⁵ based on Kent IMD 2015 quintiles.

⁶ Further analysis of the most deprived decile LSOAs and their characteristics can be found at <u>https://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report</u>

4.1 Principles

The following report is a placed based needs assessment which aims to inform commissioning in Dartford, Gravesham & Swanley (DGS), and Swale CCGs and the wider STP planning process, reflecting priorities in terms of local needs and inequalities to maximise health gain across the population.

It provides an outline of the current status of North Kent population and health and care services as well as analytical outputs of a population modelling tool to guide future research, planning and commissioning focussing on variation and health inequalities at general practice level. Names of GP practices have been anonymised. If the reader wishes, more information can be accessed on request from the Kent Public Health Observatory.

4.2 Modelling population health using systems dynamics

A key addition in this needs assessment is the introduction of a place-based population cohort model⁹ for Dartford, Gravesham & Swanley (DGS), and Swale CCGs. This is based on the Kent Health & Wellbeing Board's ambition to transform the JSNA into more forward planning dynamic tool that can directly support commissioning. Kent County Council commissioned a specialist consultancy called Whole Systems Partnership to explore the potential contribution that a system dynamics (SD) modelling approach can make to understanding future population health needs. The project complements the tools already used for the JSNA and improves on stakeholder engagement and strategic decision making for the Integrated Care System going forward.

Included in this report are outputs from a calibration of the SD modelling tool to the Dartford, Gravesham & Swanley (DGS), and Swale CCGs registered population. It summarises an approach to understanding local adult health and care needs in terms of population cohorts. The model will be subject to further improvements and inclusion of additional programme areas and simulation scenarios over time. Suggested scenarios for further modelling are listed as a concluding part of the modelling section.

⁷ The description of North Kent CCGs and, Dartford, Gravesham & Swanley CCG (DGS) and Swale CCG, are regularly used in this report, and both mean the same thing.

⁸ Source: PCIS, September 2018

⁹https://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-population-cohort-model

5 Sustainability and Transformation Partnerships

The Health & Social Care Act 2012 mandates the Kent Health Wellbeing Board to produce a Joint Strategic Needs Assessment that will provide the evidence base for commissioning for health, wellbeing and social care and become more integral to the business planning processes in Kent County Council and in partner organisations, particularly the new and emerging Primary care Networks (PCNs).

The CCGs have the responsibility to a deliver sustainable health care system which is focused on health outcomes and reduces health inequalities. In the face of a challenging financial environment, CCGs need to provide equitable services and drive up quality whilst reducing costs. Currently, the system is transforming with the development of the Integrated Care System.

The STP prevention workstream aims to embed prevention as the first step in all patient health and social care pathways. It endeavours to make prevention the responsibility of all health and social care services, employers and the public to allow delivery of prevention interventions at scale and realisation of improved population health outcomes.

This needs assessment provides local information and projections developed from population cohort modelling for DGS and Swale CCGs, and STP workstreams to assist them in making their commissioning decisions. Recommendations made include questions for further modelling activities.

5.1 Prevention plans and activities

5.1.1 Background

Over 500,000 people across Kent and Medway live with long-term health conditions, many with multiple long-term health conditions, dementia or mental ill health. A large proportion of these conditions are preventable.

The STP presents an exciting opportunity to change the way we deliver prevention to our population and Kent and Medway public health colleagues have been collaborating on many of the STP workstreams, in particular the STP prevention workstream which aims to embed prevention as the first step in all patient health and social care pathways.

There are health inequalities across Kent & Medway. In Thanet, one of the most deprived areas of the county, a woman living in the best ward for life expectancy can expect to live almost 22 years longer than a woman in the worst. The main causes of early death are often preventable.

Within North Kent there is also variation between wards. For example, Bean and Darenth, Brent, Coldharbour, Crockenhill and Well Hill, Eynsford (all in DGS), and Sheerness East and Sheerness West (in Swale) have significantly lower life expectancy at birth than the North Kent average for both males and females.

Kent and Medway STP

The Kent and Medway Sustainability and Transformation Plan (STP) sets out how NHS and Local Authority partners think services need to change over the next five years to achieve the right care for the people of Kent and Medway for decades to come. It will help us deliver the Five Year Plan for the Integrated Care System, incorporating the NHS Long Tern Plan, which sets out the national vision for health and social care services.

The core group involved in the Kent and Medway STP include all the organisations that commission NHS services in Kent and Medway; all the major organisations that provide NHS care in Kent and Medway including hospitals, mental health trusts, community providers and an ambulance trust; Kent County Council and Medway Council which plan and pay for social care and public health and Health Education Kent, Surrey and Sussex. Voluntary and charitable organisations will also play a significant part in helping to deliver the STP.

The STP is a work in progress. It describes what we think needs to be done differently to bring about better health and wellbeing, better standards of care, and better use of staff and funds. We will only be able to decide on and implement any changes following a period of engagement and consultation with local communities in Kent and Medway.

We need to make changes because our current health and social care system wasn't set up to meet the needs of today's population. Many more people are living longer, often with multiple long-term conditions, and they want and need a different kind of care.

To help people make the most of their lives, we want to:

- prevent ill health
- intervene earlier when people are unwell
- have excellent care wherever it is delivered.

This will also enable us to make better use of staff and funds to secure the long-term future of health and care services.

Benefits of the STP

Kent and Medway residents will benefit from the following:

- Joined-up services to treat and care for people at home and support to leave hospital.
- Health and social care coming together to work as a single team and able to access necessary records
- Improved use of technology, including online booking of appointments, virtual consultations and new apps to monitor your health
- Timely appointments with appropriate professionals
- Holistic care, for both physical and mental health
- Regular monitoring of complex health conditions, including multimorbidity

- More support including support from the voluntary and charity sector and social prescribing
- Better access to health improvement advice and services to help you manage your own health and prevent disease
- High quality care in hospital when it is needed and support out of hospital when you don't.

5.1.2 Future Activity

The prevention workstream is currently developing strands of work. A Prevention Action Plan is being developed for Kent and Medway STP. This will cover all of Kent and Medway, but work is ongoing to localise the plans to North Kent. This action plan will include full details of the four main areas of prevention for the STP, will detail the timing of the initiatives, data to be collected and performance indicators. It will also outline future considerations for the local populations such as the links between housing and public health and how the workstream can collaborate with other teams in the local health and care economy.

An action plan is being developed for an initiative on workforce development for partners to enable wider dissemination of public health philosophies and concepts and empower partners to deliver health promotion messages in many areas of health, care and wider public services e.g. fire service. This is being taken forward with monies from Local Workforce Action Board and there have been discussions with North Kent partners around the most appropriate delivery of these initiatives.

The STP prevention workstream has already developed links with many partners and other workstreams and there is representation at the workstream meetings e.g. from communications and finance workstreams. In addition, links have been made to other parts of the health and social care system such as the Local Maternity Service and Cancer Network. There are plans for 'deep dive' meetings to explore particular areas of health and care such as improved prevention in maternity service and cancer prevention.

The work of the STP continues at pace and the Prevention Workstream is developing to ensure that the work of the public health teams and partners is keeping pace with developments in the wider Integrated Care Systems and Partnerships.

5.1.3 Risks

The funding required for the prevention of lifestyle-related harm is substantial and it is not possible to fund this from the public health budgets of local authorities without detriment to the prescribed legal functions of local authority public health.

An additional risk is a lack of buy-in from clinicians in primary and secondary care. It is essential that clinicians accept their responsibility for secondary and tertiary prevention¹⁰

5.2 Methodology

Information has been assimilated from various information sources currently available on the Kent Public Health Observatory (KPHO) website, the Kent County Council website, from NHS Digital (including Hospital Episode Statistics (HES)), Public Health England (PHE) and the Office for National Statistics (ONS), and supplemented by additional analysis of data conducted by KPHO, including analysis using the Kent Integrated Dataset (KID) as well as outputs from the population cohort modelling tool.

The analysis focuses on North Kent (DGS and Swale CCGs), comparing North Kent with the rest of Kent and exploring variation by ward/GP practice, as well as commenting on trends over time and inequality gaps. Maps of GP practice catchments have been provided in <u>Appendix B</u>.

5.2.1 Quintiles

Where analysis is provided by deprivation quintiles, the quintiles shown are the population weighted *Kent* quintiles, with the first quintile being the most deprived and the fifth being the least deprived.

5.2.2 Included practices

Analysis of practice populations by GP practice is based on the 48 practices open at September 2018. Analysis of recorded disease prevalence (QOF) and hospital admissions is based on the same 48 practices, who were all included within the 2017/18 QOF returns. Where practices have closed/merged no adjustments have been made to historical data by GP practice, i.e. data is presented as originally published and based on the patients registered at the practice at that point in time. Analysis using data from the KID is based on the 44 practices flowing data at the time of the analysis.

5.2.3 Multimorbidity

Analysis of multimorbidity has been conducted using data from the Kent Integrated Dataset (KID). The KID is a whole population, person level, pseudonymised dataset that currently collects information from almost all NHS providers across Kent and Medway.

¹⁰ Secondary prevention is the prevention of illness in those known to be susceptible e.g. screening to identify people at higher risk of cancer and interventions to then prevent the development of cancer

Tertiary prevention refers to interventions aimed at minimising the impact of disability or further deterioration in people with existing health condition or complex care and support needs,

Analysis¹¹ drawing on the Kent Integrated Dataset is based on approximately 1.5million patients (about 93% of the Kent population) which was available from 165 medical practices in Kent (and 44 practices in North Kent), who lived in a Kent Lower Super Output Area (LSOA. In this analysis patients were considered morbid if they had one, or multimorbid if they had two or more of the following 19 long term conditions: Atrial fibrillation (AF), coronary heart disease (CHD), hypertension, heart failure (HF), peripheral artery disease (PAD), stroke, diabetes, asthma, chronic obstructive pulmonary disease (COPD), dementia, mental health (MH), cancer, chronic kidney disease (CKD), epilepsy, learning difficulties (LD), osteoporosis, rheumatoid arthritis (RA), obesity or depression.

¹¹ KID analysis undertaken 14 May 2019

6 Population demographics

6.1 Population size and age structure

The registered CCG population of Dartford, Gravesham and Swanley is 271,020 and of Swale CCG is 114,012. Together they make up 24% of the total Kent registered practice population¹². At September 2018, DGS had 30 practices and Swale CCG had 18 practices.

In comparison with Kent, both DGS and Swale have a slightly larger proportion of 25-39 year olds and of children (particularly 0-14 year olds).



Figure 1: Registered population

¹² Source: PCIS, September 2018





As with the Kent population, there are slightly more females than males in both DGS and Swale CCGs (50.8% and 50.3% females respectively).

The proportion of the practice population that is aged 65+ is lower than the Kent average in both DGS and Swale CCG. Whilst this proportion is increasing at a similar rate to the Kent average in Swale CCG, the rate of increase is slower in DGS than for Kent overall.





Proportion of practice population aged 65+: trend

Increasing with a slower pace of change than Kent

Increasing with a similar pace of change to Kent

Source: PCIS, prepared by KPHO (RK), Jan-19



Proportion of practice population aged 65+: trend

Source: PCIS, prepared by KPHO (RK), Jan-19

Across the DGS and Swale CCG, 11 practices (6 in DGS and 5 in Swale) have a significantly higher proportion of their registered population aged 65 and over than the Kent average. The practice with the greatest proportion has 25.4% of registered patients who are aged 65 and over.





Source: PCIS, prepared by KPHO (RK), Jan-19



Proportion of practice population aged 65+: by GP practice

Source: PCIS, prepared by KPHO (RK), Jan-19

The proportion of the practice population that is aged 0-4 is higher than the Kent average in both DGS and Swale CCG.

Across the CCGs, 17 practices (11 in DGS and 6 in Swale) have a significantly higher proportion of their registered population aged 0-4 than the Kent average. At the practice with the highest proportion 10% of the registered population are 0-4 year olds.



Figure 4: Registered population aged 0-4 - by GP practice

Source: PCIS, prepared by KPHO (RK), Jan-19



6.2 Expected population growth

Over the next twenty years the overall population of all four local authorities in the DGS and Swale CCG areas are expected to increase. There are two sets of population projections available at district-level; the ONS projections (which take into account births, deaths and migration) and KCC's own housing-led forecasts (which also take into account local housing plans). Generally, the KCC housing-led forecasts suggest a higher level of population growth (19% for Kent as a whole between 2017 and 2037, compared with 15% using the ONS projections).

Using resident populations for the districts of Dartford, Gravesham, Sevenoaks and Swale, the following changes are predicted:

- The under five population will increase more slowly than the population as a whole. Whilst the ONS projections suggest that the number of 0-4s will be largely unchanged across all four Districts, the KCC housing-led forecast suggests an increase of around 20% in the number of 0-4s for Dartford and Sevenoaks.
- The 0-19 population is also projected to increase more slowly than the population as a whole. The KCC housing-led forecast again suggests a larger increase for Dartford and Sevenoaks than for Gravesham and Swale.
- The population of 65+ is predicted to increase much more significantly: by 55% in Dartford, 44% in Gravesham, 36% in Sevenoaks and 58% in Swale based on the ONS projections and 66%, 41%, 43% and 56% respectively based on the KCC housing-led forecasts.
- This population increase is even greater in the 85+ group, with the ONS projections suggesting increases of 78% in Dartford, 79% in Gravesham, 89% in Sevenoaks and 125% in Swale, and the KCC housing-led forecasts 88%, 76%, 96% and 120% respectively¹³. Please note that both the ONS and KCC projected increases for this age group have been revised downwards in the latest figures.

¹³ Please note that both the ONS and KCC projected increases for this age group have been revised downwards in the latest figures. The latest KCC projections suggest that the number of people aged 85+ living in Kent will double between 2017 and 2037 (i.e. a 100% increase). Previous estimates suggested a 130% increase over the same period.

Figure 5: Population projections - Ages 0-4



Source: ONS, KCC, prepared by KPHO (RK), Nov-18



Children aged 0-4 years: population projections

Office for National Statistics 2016-based projections, KCC housing-led forecast (October 2018)



Source: ONS, KCC, prepared by KPHO (RK), Nov-18







Children & young people aged 0-19 years: population projections

Source: ONS, KCC, prepared by KPHO (RK), Nov-18



Children & young people aged 0-19 years: population projections

Office for National Statistics 2016-based projections, KCC housing-led forecast (October 2018)



Source: ONS, KCC, prepared by KPHO (RK), Nov-18







Source: ONS, KCC, prepared by KPHO (RK), Nov-18





Persons aged 65 years and over: population projections

2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 3034 2035 2036 2037 2038 2039 2040 2041

Source: ONS, KCC, prepared by KPHO (RK), Nov-18











Persons aged 85 years and over: population projections

2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 3034 2035 2036 2037 2038 2039 2040 2041

Source: ONS, KCC, prepared by KPHO (RK), Nov-18



6.3 Ethnicity

There are clear contrasts in the ethnicity profiles of the four Districts in North Kent. In 2011, just 4.2% of the population of Sevenoaks, and 3.4% of the population of Swale District were of black and ethnic minority origin compared with 12.6% of the population of Dartford and 17.2% of the population of Gravesham. These compare with a Kent average of 6.3% and the England average of 14.6%.

In all four North Kent districts, the proportion of the population that are of black and minority ethnic origin decreases with increasing age. Whilst 24% of 0-15's in Gravesham are BME, this decreases to 18% of those of working age, and 6% of those aged 65+.



Figure 9: Ethnicity by age group, 2011

Figure 10: Ethnicity by CCG, 2011

	DGS CCG		Swale CCG	
	Number	%	Number	%
All people	245,999	100.0%	106,424	100.0%
White	214,025	87.0 %	102,358	96.2 %
BME	31,974	1 3.0 %	4,066	3.8%
White: British	202,154	82.2%	98,531	92.6%
White: Irish	1,925	0.8%	615	0.6%
White: Gypsy or Irish Traveller	777	0.3%	614	0.6%
Other White	9,169	3.7%	2,598	2.4%
White and Black Caribbean	1,382	0.6%	456	0.4%
White and Black African	783	0.3%	190	0.2%
White and Asian	1,519	0.6%	326	0.3%
Other Mixed	1,146	0.5%	312	0.3%
Indian	10,582	4.3%	483	0.5%
Pakistani	763	0.3%	104	0.1%
Bangladeshi	957	0.4%	193	0.2%
Chinese	1,041	0.4%	191	0.2%
Other Asian	3,901	1.6%	324	0.3%
African	5,507	2.2%	955	0.9%
Caribbean	1,074	0.4%	256	0.2%
Other Black	522	0.2%	112	0.1%
Arab	319	0.1%	26	0.0%
Any other ethnic group	2,478	1.0%	138	0.1%

6.4 Fertility

Fertility rates in both DGS and Swale CCG are higher than the Kent average and increasing.

Fertility rates are higher than the Kent average in 23 Wards (16 in DGS and 7 in Swale CCG). This is likely to increase the possibility of an increased demand for child health and maternity services in these areas.

Fertility rates are around 60% higher in the most deprived areas of DGS than the least deprived areas, and more than 50% higher in the most deprived areas of Swale CCG than the least deprived¹⁴.



Figure 11: General fertility rate – by CCG

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

¹⁴ based on Kent IMD 2015 quintiles.

Figure 12: General fertility rate - trend



General fertility rate: trend

Increasing compared with a stable trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

General fertility rate: trend

The crude rate of total live births per 1,000 women aged 15 to 44, 2006 to 2016



Increasing compared with a stable trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 13: General fertility rate – by deprivation



General fertility rate: by deprivation

The crude rate of total live births per 1,000 women aged 15 to 44, 2006 - 2008 to 2014 - 2016

Least deprived trend - increasing compared with a decreasing trend for Kent Most deprived trend - increasing compared with a stable trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

General fertility rate: by deprivation The crude rate of total live births per 1,000 women aged 15 to 44, 2006 - 2008 to 2014 - 2016



Most deprived trend - no significant change compared with a stable trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 14: General fertility rate - by ward



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General fertility rate: by electoral ward

The crude rate of total live births per 1,000 women aged 15 to 44, 2014-2016

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

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General fertility rate: by electoral ward

The crude rate of total live births per 1,000 women aged 15 to 44, 2014-2016



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

General fertility rate: by electoral ward

The crude rate of total live births per 1,000 women aged 15 to 44, 2014-2016



Recommendations

Planning will be necessary for an increased capacity for older people's health services, particularly those aged 85 years and over. Older people have the greatest need of health services and it may be necessary to expand the capacity of certain health services such as general practitioners in areas where there will be the greatest population increases.

Equally, the increase in young families due to planned housing development projects will put pressure on health and social care, such as maternity and children's services, particularly for Dartford and Sevenoaks under 19 population where KCC housing growth estimates are higher than that of ONS growth estimates in the near future. Health and Social care service planners and commissioners will need to ensure that the differences in the localities are considered when planning Maternity and Children's services.

7 Mortality

7.1 Life expectancy

Life expectancy at birth is 79.6 years for males and 83.1 years for females in DGS and 78.5 years for males and 82.5 years for females in Swale CCG. Life expectancy at birth in North Kent is similar to the Kent averages.

Figure 15: Life expectancy at birth – by CCG



Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18



Life expectancy at birth, female: by CCG

Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

There is significant variation in ward-level life expectancy across North Kent. The following wards have significantly higher life expectancy at birth than the Kent average for both males and females:

- Meopham North
- Woodstock

The following wards have significantly lower life expectancy at birth than the Kent average for both males and females:

- Bean and Darenth
- Brent
- Coldharbour
- Leysdown and Warden
- Northfleet North
- Sheerness East
- Sheerness West

Figure 16: Life expectancy at birth - by ward



Life expectancy at birth, male: by electoral ward

Life expectancy at birth, male: by electoral ward Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017 Ward Dartford, Gravesham & Swanley CCG ---Kent 120 Life expectancy in years 42 42 42 42 42 42 42 42 42 42 42 82.1 16. 100 18.4 11.6 11.3 77.2 82.2 61 61 61 61 61 60 61 61 76.7 82.6 80 60 40 20 Bennetorenti al Waltersord al hawley Ash Painters Ash Painters wanso an Swanley Whit SW

Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

Life expectancy at birth, female: by electoral ward



Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017

Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

Wards in grey did not meet 5,000 total person years



Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

Life expectancy at birth, male: by electoral ward

Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health



Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18



Life expectancy at birth, male: by electoral ward

Life expectancy at birth, female: by electoral ward

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Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017

Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18



Life expectancy at birth, female: by electoral ward

Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

7.2 Causes of premature mortality

Premature mortality rates (i.e. deaths under the age of 75) are similar to Kent as a whole in DGS, but higher than the Kent average in Swale CCG. Across both CCGs, more than 40% of premature deaths in 2017 were from cancer and 20% from circulatory disease.

Premature mortality rates in the most deprived areas of DGS and Swale CCG are double those of the least deprived areas¹⁵.



Figure 17: Premature mortality – by CCG

Source: PCMD, prepared by KPHO (RK), Nov-18

¹⁵ based on Kent IMD 2015 quintiles.

Figure 18: Causes of premature mortality





Underlying cause of death for persons aged under 75 years, 2017



Source: PCMD, prepared by KPHO (RK), Jul-18

Figure 19: Premature mortality – by deprivation



Premature mortality from all causes: by deprivation

Age standardised rate per 100,000 people aged under 75 years, classified by underlying cause of death (ICD-10: A00-Y99), 2010 to 2017

Most deprived trend - decreasing compared with stable trend for Kent

Source: PCMD, prepared by KPHO (RK), Nov-18

Premature mortality from all causes: by deprivation Age standardised rate per 100,000 people aged under 75 years, classified by underlying cause of death (ICD-10: A00-Y99), 2010 to 2017



Most deprived trend - no significant change compared with stable trend for Kent

Source: PCMD, prepared by KPHO (RK), Nov-18

7.3 Causes of mortality in older people

Mortality rates amongst those aged 65+ are higher than the Kent average in both DGS and Swale CCG. In DGS in 2017, 26% of deaths involving people aged 65 or over were from cancer and 25% from circulatory disease; 16% were from mental illness and behavioural disorders (mainly dementia). In Swale CCG in 2017, 32% of deaths involving people aged 65 or over were from cancer and 20% from circulatory disease; 12% were from mental illness and behavioural disorders (mainly dementia).

In the case of Swale CCG, the gap between the most and least deprived areas is similar to that seen for premature mortality. Whilst mortality rates in DGS amongst those aged 65+ are certainly higher in the most deprived areas, the gap between the most and least deprived areas is much less marked than is the case for premature mortality. Mortality rates amongst those aged 65+ are 85% higher in the most deprived areas of Swale CCG compared with the least deprived areas, but this falls to only around 25% higher when comparing the most and least deprived areas of DGS¹⁶.

Figure 20: Mortality for people aged 65 and over – by CCG



Mortality from all causes for people aged 65 and over: by CCG

Source: PCMD, prepared by KPHO (RK), Nov-18

¹⁶ based on Kent IMD 2015 quintiles.

Figure 21: Causes of mortality in people aged 65 and over



Source: PCMD, prepared by KPHO (RK), Jul-18





Mortality from all causes for people aged 65 and over: by deprivation Age standardised rate per 100,000 people aged 65 and over, classified by underlyingcause of death (ICD-10: A00-Y99), 2010 - 2012 to 2015 - 2017

Most deprived trend - decreasing compared with stable trend for Kent

Source: PCMD, prepared by KPHO (RK), Nov-18

Mortality from all causes for people aged 65 and over: by deprivation Age standardised rate per 100,000 people aged 65 and over, classified by underlyingcause of death (ICD-10: A00-Y99), 2010-2012 to 2015-2017



Least deprived trend - no significant change compared with stable trend for Kent Most deprived trend - no significant change compared with stable trend for Kent

Source: PCMD, prepared by KPHO (RK), Nov-18

Conclusion:

The life expectancy at birth is variable across the North Kent population, with figures for male and female in DGS similar to Kent compared to Swale, which is just below the Kent average. At lower geographies, compared to the average for Kent, life expectancy in seven of the 62 wards were significantly lower, and two wards had significantly high rates

In DGS, mortality is declining at a greater rate in the most deprived wards, leading to narrowing of the gap between the most deprived and least deprived wards. In Swale, there is no significant change in these trends.

8 Wider determinants affecting health outcomes

8.1 Deprivation - Index of Multiple Deprivation (IMD)

The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains¹⁷ of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA), or neighbourhood, in England. IMD has been analysed by ward for the purposes of this needs assessment.

There are areas of deprivation throughout DGS and Swale CCG, mainly within urban centres and on the Isle of Sheppey.

Figure 23: Index of Multiple Deprivation (IMD) – by Ward



¹⁷ These are Income Deprivation; Employment Deprivation; Health Deprivation and Disability; Education, Skills and Training Deprivation; Crime; Barriers to Housing and Services; and Living Environment Deprivation.



Index of Multiple Deprivation (IMD): by electoral ward

Overall IMD score, population weighted quintile, 2015

The 2015 Kent Annual Public Health Report¹⁸ on health inequalities placed a focus on LSOAs within the most deprived decile in Kent, as defined by IMD 2015. This identified the following 13 LSOAs within DGS and 15 LSOAs within Swale CCG¹⁹:

- E01024476 (Sevenoaks 002A) located within Swanley St Mary's ward
- E01024477 (Sevenoaks 002B) located within Swanley St Mary's ward
- E01024148 (Dartford 001A) located within Joyce Green ward
- E01024155 (Dartford 001D) located within Littlebrook ward
- E01024165 (Dartford 009A) located within Princes ward
- E01024177 (Dartford 004C) located within Swanscombe ward
- E01024257 (Gravesham 002A) located within Central ward
- E01024278 (Gravesham 001C) located within Northfleet North ward
- E01032799 (Gravesham 002F) located within Pelham ward
- E01024295 (Gravesham 002E) located within Riverside ward
- E01024305 (Gravesham 011C) located within Singlewell ward
- E01024306 (Gravesham 011D) located within Singlewell ward

 ¹⁸ <u>https://www.kpho.org.uk/___data/assets/pdf_file/0005/57407/Final-Public-Health-Annual-Report-2015.pdf</u>
¹⁹ Further analysis of the most deprived decile LSOAs and their characteristics can be found at https://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report

- E01024308 (Gravesham 007A) located within Westcourt ward
- E01024580 (Swale 006A) located within Leysdown and Warden ward
- E01024581 (Swale 006B) located within Leysdown and Warden ward
- E01024584 (Swale 010B) located within Milton Regis ward
- E01024590 (Swale 010C) located within Murston ward
- E01024597 (Swale 005C) located within Queenborough and Halfway ward
- E01024609 (Swale 001A) located within Sheerness East ward
- E01024610 (Swale 001B) located within Sheerness East ward
- E01024611 (Swale 001C) located within Sheerness East ward
- E01024612 (Swale 001D) located within Sheerness East ward
- E01024613 (Swale 002A) located within Sheerness West ward
- E01024614 (Swale 002B) located within Sheerness West ward
- E01024615 (Swale 002C) located within Sheerness West ward
- E01024616 (Swale 002D) located within Sheerness West ward
- E01024618 (Swale 006D) located within Sheppey Central ward
- E01024621 (Swale 004E) located within Sheppey Central ward

Deprivation is a key contribution to poor health outcomes and is closely related to wealth. The IMD is a relative measure rather than an individual measure. Knowledge of the location of the most deprived communities is important to understand where the varying health need may be the greatest.

8.2 Unemployment

In 2018, Dartford and Sevenoaks had two of the lowest unemployment rates in Kent, but unemployment in both Gravesham and Swale was above the Kent average.

There is significant ward level variation in unemployment rates. Seven wards in DGS and 7 in Swale CCG had unemployment rates above the Kent average in December 2018:

- Central
- Chalkwell
- Coldharbour
- Leysdown and Warden
- Milton Regis
- Murston
- Northfleet North

- Pelham
- Riverside
- Roman
- Sheerness East
- Sheerness West
- Swanscombe
- Westcourt

Figure 24: Unemployment rate – by district



Unemployment rate: by district

Source: NOMIS, prepared by KPHO (TG), Jan-19

Figure 25: Unemployment rate - trend







Source: NOMIS, prepared by KPHO (TG), Jan-19



Source: NOMIS, prepared by KPHO (TG), Jan-19

8.3 Education

The education domain of IMD measures lack of attainment and skills in the local population. The indicators are structured into two sub-domains: one relating to children and young people and one relating to adult skills.

Eleven wards in DGS and nine wards in Swale CCG are highlighted as being amongst the 20% most deprived wards for educational attainment for young people and skills for adults across Kent.

Figure 27: IMD 2015 – Education domain



IMD education domain: by electoral ward

IMD Education, Skills and Training Score, population weighted quintile, 2015



8.4 Crime

The crime domain of IMD measures the risk of personal and material victimisation at local level.

Many wards in both DGS and Swale CCG are highlighted as being amongst the 20% most deprived wards in respect of the risk of personal and material victimisation.

Figure 28: IMD 2015 – Crime domain



IMD crime domain: by electoral ward

IMD Crime Score, population weighted quintile, 2015

Source: DCLG, prepared by KPHO (RK), Jan-19

IMD crime domain: by electoral ward

IMD Crime Score, population weighted quintile, 2015



Source: DCLG, prepared by KPHO (RK), Jan-19

8.5 Road traffic accidents

The rate of killed and seriously injured (KSI) casualties on the roads is increasing across all four of the North Kent districts.

Figure 29: Killed and seriously injured (KSI) casualties – by district





Source: Department for Transport, prepared by KPHO (RK), Jan-19





Killed and seriously injured (KSI) casualities: trend

Rate of people KSI on the roads, all ages, per 100,000 resident population, 2010-12 to 2014-16

Source: Department for Transport, prepared by KPHO (RK), Jan-19

Killed and seriously injured (KSI) casualities: trend

Rate of people KSI on the roads, all ages, per 100,000 resident population, 2010-12 to 2014-16



No significant change compared with an increasing trend for Kent

Source: Department for Transport, prepared by KPHO (RK), Jan-19

Killed and seriously injured (KSI) casualities: trend

Rate of people KSI on the roads, all ages, per 100,000 resident population, 2010-12 to 2014-16



Increasing with a similar pace of change to Kent

Source: Department for Transport, prepared by KPHO (RK), Jan-19

Killed and seriously injured (KSI) casualities: trend

Rate of people KSI on the roads, all ages, per 100,000 resident population, 2010-12 to 2014-16



Increasing with a similar pace of change to Kent

Source: Department for Transport, prepared by KPHO (RK), Jan-19

Killed and seriously injured (KSI) casualities: trend Rate of people KSI on the roads, all ages, per 100,000 resident population, 2010-12 to 2014-16



Source: Department for Transport, prepared by KPHO (RK), Jan-19

Increasing with a similar pace of change to Kent

Conclusion

Many wards in both DGS and Swale CCG are amongst the most deprived wards in respect crime and unemployment in Kent. Riverside (DGS) and Sheerness East (Swales) wards have the highest rate of unemployment in North Kent.

9 Children and young people

9.1 Infographic summary

The infographic below provides a summary of key data relating to the health and wellbeing of children and young people in DGS and Swale CCG.



9.2 Income deprivation

Low income has a direct impact on much of children's and parents' lives. Children living in deprived areas are much more likely to be overweight, have poor dental health, have poor control over their diabetes and have a special educational need identified.

There is a separate index of deprivation, which is used to describe deprivation in children. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain, which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

Eleven wards in DGS and eight in Swale CCG are highlighted as being amongst the 20% most deprived wards in Kent for income deprivation affecting children

Figure 31: IMD 2015 – Income deprivation affecting children (IDACI)



Income deprivation affecting children (IDACI): by electoral ward The percentage of children aged 0-15 years living in income deprived households, 2015

Source: DCLG, prepared by KPHO (RK), Oct-17

Income deprivation affecting children (IDACI): by electoral ward

The percentage of children aged 0-15 years living in income deprived households, 2015



9.3 Infant mortality rate

Infant mortality in North Kent is similar to the Kent average. Whilst infant mortality rates for Kent residents living in the most deprived 20% areas remain higher than for those living in the least deprived areas, there is some evidence to suggest that the gap is decreasing²⁰.

²⁰ It has not been possible to conduct robust analysis by deprivation at CCG level due to small numbers of infant deaths in each deprivation quintile at these smaller geographies.

Figure 32: Infant mortality – by CCG



Infant mortality rate: by CCG

Crude rate of deaths that occur in infants under the age of 1 year per 1,000 live births, 2012-2016

Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 33: Infant mortality - trend

Infant mortality rate: trend

Crude rate of deaths that occur in infants under the age of 1 year per 1,000 live births, 2006 - 2008 to 2014 - 2016



No significant change compared with a decreasing trend for Kent

Infant mortality rate: trend

Crude rate of deaths that occur in infants under the age of 1 year per 1,000 live births, 2006 - 2008 to 2014 - 2016



Decreasing with a slower pace of change than Kent

Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 34: Infant mortality – by deprivation

Infant mortality rate: by deprivation Crude rate of deaths that occur in infants under the age of 1 year per 1,000 live births, 2006 - 2010 to 2012 - 2016





9.4 Low birth weight

The main cause of low birth weight is prematurity and babies born earlier than 26 weeks have greatly increased chances of disability as they grow. There are many causes associated with low birth weight babies including lifestyle issues such as smoking in pregnancy, alcohol and drug misuse.

Levels of low birth weights (the percentage of live births with a birth weight of 2500g or less) are higher than the Kent average in DGS, but lower than the Kent average in Swale CCG. There is, however, considerable variation between electoral wards. The percentage of babies born with low birth weight is significantly higher than the Kent average in:

- Coldharbour
- Northfleet North
- Painters Ash
- Pelham

A higher proportion of babies born to mothers living in the most deprived areas of Kent are born with low birth weight (6.8% in 2013-2015) than the least deprived areas $(5.2\%)^{21}$.

Figure 35: Low birth weight – by CCG





²¹ based on Kent IMD 2015 quintiles.

Figure 36: Low birth weight - trend



Low birth weight: trend

The percentage of live births with low birth weight, 2500 grams or less, 2006 to 2015

No significant change compared with a decreasing trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Low birth weight: trend

The percentage of live births with low birth weight, 2500 grams or less, 2006 to 2015



Decreasing with a similar pace of change to Kent

Figure 37: Low birth weight – by deprivation



Low birth weight: by deprivation

The percentage of live births with low birth weight, 2500 grams or less, 2006 - 2008 to 2013 - 2015

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 38: Low birth weight - by ward



Low birth weight: by electoral ward

The percentage of live births with low birth weight, 2500 grams or less, 2013-2015



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Low birth weight: by electoral ward

The percentage of live births with low birth weight, 2500 grams or less, 2013-2015




Low birth weight: by electoral ward

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

9.5 Teenage conceptions

Teenage conception rates have fallen dramatically across Kent since the national teenage pregnancy programme was set up. Both DGS and Swale CCG continue to make progress, with rates continuing to decrease over recent years. Teenage conception rates are similar to the Kent average in DGS but remain well above the Kent average in Swale CCG.

Two MSOAs within DGS (E02005031 and E02005028) and four MSOAs within Swale CCG (E02005116, E02005119, E02005124 and E02005115) have teenage conception rates above the Kent average.



Figure 39: Teenage conceptions – MSOAs with above Kent average teenage conception rates









Source: ONS, prepared by KPHO (TG), Nov-17



Teenage conceptions: trend



Rate per 1,000 15-17 year olds

Decreasing with a similar pace of change to Kent

Source: ONS, prepared by KPHO (TG), Oct-17



Rate per 1,000 15-17 year olds



Decreasing with a similar pace of change to Kent

Source: ONS, prepared by KPHO (TG), Oct-17

Teenage conceptions: trend



Rate per 1,000 15-17 year olds, ONS, 2001 - 2015

Source: ONS, prepared by KPHO (TG), Oct-17

9.6 Breastfeeding

Research has shown that breastfeeding is beneficial for both mothers and babies. Local needs assessment has shown that breastfed babies benefit the health economy in reduced consultations, prescription costs and reducing hospital admissions. Improving breastfeeding rates will impact on ill-health associated with social deprivation, giving the next generation a better start in life.

Whilst breastfeeding rates captured at both the new born (babies aged between 10-14 days) and 6-8 week health visitor contact are fairly similar to the Kent average in DGS, they are well below this level in Swale CCG.

Breastfeeding prevalence is significantly lower than the Kent average both at the new born visit and at 6-8 weeks in the following Wards:

- Bean and Darenth
- Grove
- Hartlip, Newington and Upchurch
- Milton Regis
- Minster Cliffs
- Queenborough and Halfway
- Roman
- Sheerness East
- Sheerness West
- Sheppey Central
- Singlewell
- Swanley St Mary's
- Westcourt

Breastfeeding prevalence at 6-8 weeks is lower in the most deprived areas of both DGS and Swale CCG. In the case of Swale CCG, the breastfeeding rate in the most deprived areas is half that of the least deprived parts of the CCG (23.3% for areas of Swale CCG falling into the most deprived Kent quintile compared with 46.6% for areas falling into the least deprived Kent quintile).







Source: KCHFT, prepared by KPHO (LLY), Nov-18

Figure 43: Breastfeeding at new born visit – by ward





Source: KCHFT, prepared by KPHO (LLY), Nov-18

New born visit breastfeeding: by electoral ward

Percentage of babies recorded as being breastfed at a new-born visit, as a percentage of all those due a new born visit, January 2016 - June 2017





New born visit breastfeeding: by electoral ward

Source: KCHFT, prepared by KPHO (LLY), Nov-18





Breastfeeding at 6-8 weeks: by CCG

Figure 45: Breastfeeding at 6-8 weeks – by ward



Breastfeeding at 6-8 weeks: by electoral ward

Percentage of babies recorded as breastfed at 6-8 week health visitor check, as a percentage of all those due a check, January 2016 - June 2017





Breastfeeding at 6-8 weeks: by electoral ward



Percentage of babies recorded as breastfed at 6-8 week health visitor check, as a percentage of all those due a check, January

Source: KCHFT, prepared by KPHO (LLY), Nov-18

Greater than 54.4



Breastfeeding at 6-8 weeks: by electoral ward

9.7 Excess weight

Excess weight levels amongst reception year pupils are higher than the Kent average for both DGS and Swale CCG. Amongst year 6 pupils, excess weight levels are also higher than the Kent average in DGS, but similar to the Kent average in Swale CCG.

There is considerable variation between electoral wards. Excess weight levels are significantly higher than the Kent average for both reception year and year six pupils in:

- Joyce Green
- Littlebrook
- Stone
- Riverside
- Northfleet North
- Swanscombe
- Sheerness East

Excess weight levels in year 6 are around 25% higher in the most deprived areas of North Kent than the least deprived areas (40.1% for areas of DGS falling into the most deprived Kent quintile compared with 32.6% for areas falling into the least deprived Kent quintile, and 37.4% for areas of Swale falling into the most deprived Kent quintile compared with 29.1% for areas falling into the least deprived Kent quintile).

Figure 46: Excess weight in reception year children – by CCG







Excess weight in reception year children aged 4-5 years: trend

No significant change compared with a stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Excess weight in reception year children aged 4-5 years: trend

Percentage of reception year pupils measured as overweight or obese, Body Mass Index greater than or equal to the 85th centile of the UK90 growth reference according to age and sex, 2010/11 to 2017/18



No significant change compared with a stable trend for Kent



Figure 48: Excess weight in reception year children - by deprivation

Least deprived trend - no significant change compared with stable trend for Kent

Most deprived trend - increasing with a similar pace of change to Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18



Least deprived trend - no significant change compared with stable trend for Kent Most deprived trend - no significant change compared with increasing trend for Kent





Excess weight in reception year children aged 4-5 years: by electoral ward Percentage of reception year pupils measured as overweight or obese, Body Mass Index greater than or equal to the 85th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18



Excess weight in reception year children aged 4-5 years: by electoral ward

Image: constrained of the state of the

Percentage of reception year pupils measured as overweight or obese, Body Mass Index greater than or equal to the 85th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18



Excess weight in reception year children aged 4-5 years: by electoral ward



Figure 50: Excess weight in year six children - by CCG

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 51: Excess weight in year six children – trend



Increasing compared with a stable trend for Kent



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

No significant change compared with a stable trend for Kent





Least deprived trend - no significant change compared with stable trend for Kent Most deprived trend - no significant change compared with stable trend for Kent



Least deprived trend - no significant change compared with stable trend for Kent Most deprived trend - no significant change compared with stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 53: Excess weight in year six children - by ward



Excess weight in year six children aged 10-11 years: by electoral ward Percentage of year six pupils measured as overweight or obese, Body Mass Index greater than or equal to the 85th centile of the



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Excess weight in year six children aged 10-11 years: by electoral ward

Percentage of year six pupils measured as overweight or obese, Body Mass Index greater than or equal to the 85th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18





Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

9.8 A&E attendances

The age-standardised rate of A&E attendances in children in North Kent is higher than the Kent average, both for children aged 0-4 and for children aged 0-19. Trend analysis suggests that the A&E attendance rates in North Kent have increased slightly over recent years in the same way as they have across Kent as a whole. There is, however, considerable variation between electoral wards. A&E attendance rates are significantly higher than the Kent average for both 0-4 year olds *and* 0-19 year olds in 34 wards:

- Ash
- Bean & Darenth
- Borden
- Brent
- Castle
- Central
- Chalk
- Chalkwell
- Coldharbour
- Farningham, Horton Kirby & South Darenth
- Fawkham & West Kingsdown
- Greenhithe
- Hartlip, Newington & Upchurch
- Joyce Green
- Leysdown & Warden

- Littlebrook
- Milton Regis
- Murston
- Newtown
- Northfleet North
- Northfleet South
- Pelham
- Princes
- Riverside
- Sheppey Central
- Singlewell
- Stone
- Sutton-at-Hone & Hawley
- Swanscombe
- Town
- Westcourt

• Whitehill

Woodstock

• Woodlands

A&E attendance rates are higher in the most deprived areas of North Kent than the least deprived areas, for both 0-4 year olds and 0-19 year olds.

Figure 54: A&E attendances in children aged 0-4 years – by CCG



Accident & Emergency attendances in children aged 0-4 years: by CCG





Accident & Emergency attendances in children aged 0-4 years: trend

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18



Accident & Emergency attendances in children aged 0-4 years: trend Crude rate per 1.000 children aged 0-4 years. 2014/15 to 2017/18





Accident & Emergency attendances in children aged 0-4 years: by deprivation Crude rate per 1,000 children aged 0-4 years, 2014/15-2016/17 to 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18





Figure 57: A&E attendances in children aged 0-4 years – by ward



Accident & Emergency attendances in children aged 0-4 years: by electoral ward Crude rate per 1,000 children aged 0-4 years, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18



Accident & Emergency attendances in children aged 0-4 years: by electoral ward Crude rate per 1,000 children aged 0-4 years, 2015/16-2017/18



Accident & Emergency attendances in children aged 0-4 years: by electoral ward Crude rate per 1,000 children aged 0-4 years, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18



Accident & Emergency attendances in children aged 0-4 years: by electoral ward







Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 59: A&E attendances in children aged 0-19 years – trend







Accident & Emergency attendances in children & young people aged 0-19 years: trend

Crude rate per 1,000 children and young people aged 0-19 years, 2014/15 to 2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 60: A&E attendances in children aged 0-19 years – by deprivation







Accident & Emergency attendances in children & young people aged 0-19 years: by deprivation Crude rate per 1,000 children and young people aged 0-19 years, 2014/15 - 2015/16 - 2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 61: A&E attendances in children aged 0-19 years - by ward

Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18





Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18



Accident & Emergency attendances in children & young people aged 0-19 years: by electoral warc Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

9.9 Elective hospital admissions

The age-standardised rate of elective hospital admissions in children in Swale CCG is lower than the Kent average, both for children aged 0-4 and for children aged 0-19, but in DGS it is far higher. Trend analysis shows that whilst elective hospital admission rates across Kent have seen modest increases, rates in DGS have increased significantly over the last 3-4 years for both 0-4s and 0-19s. Further analysis suggests the upward trend is driven by pressures from paediatrics, as it was the highest of all specialties. In Swale CCG, admissions were on a decline when compared to the Kent trend. Variation across the wards remain, with significantly higher rates than the Kent average in both 0-4-year olds *and* 0-19-year olds in the following wards (all in DGS):

- Ash
- Brent
- Central
- Chalk
- Farningham, Horton Kirby & South Darenth
- Greenhithe
- Hextable
- Joyce Green
- Littlebrook
- Northfleet North
- Northfleet South
- Painters Ash

- Riverside •
- Singlewell •
- Stone •
- Sutton-at-Hone & Hawley •
- Swanley Christchurch & Swanley Village •
- Swanley St Mary's •
- Swanley White Oak •
- Swanscombe •
- Westcourt .
- Wilmington •

Figure 62: Elective hospital admissions in children aged 0-4 years - by CCG





Figure 63: Elective hospital admissions in children aged 0-4 years - trend

Increasing with a faster pace of change than Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18



Elective hospital admissions in children aged 0-4 years: trend Crude rate per 1,000 children aged 0-4 years, 2010/11 to 2017/18

Decreasing compared with an increasing trend for Kent



Figure 64: Elective hospital admissions in children aged 0-4 years - by deprivation

Least deprived trend - increasing compared with a stable trend for England Most deprived trend - increasing compared with a stable trend for England

Figure 65: Elective hospital admissions in children aged 0-4 years - by ward





Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18



Elective hospital admissions in children aged 0-4 years: by electoral ward Crude rate per 1,000 children aged 0-4 years, 2013/14-2017/18

Elective hospital admissions in children aged 0-4 years: by electoral ward

Crude rate per 1,000 children aged 0-4 years, 2013/14-2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Elective hospital admissions in children aged 0-4 years: by electoral ward




Figure 66: Elective hospital admissions in children aged 0-19 years - by CCG

Elective hospital admissions in children and young people aged 0-19 years: by CCG Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 67: Elective hospital admissions in children aged 0-19 years - trend



Elective hospital admissions in children and young people aged 0-19 years: trend Crude rate per 1,000 children and young people aged 0-19 years, 2010/11 to 2017/18

Increasing with a faster pace of change than Kent



Elective hospital admissions in children and young people aged 0-19 years: trend

Crude rate per 1,000 children and young people aged 0-19 years, 2010/11 to 2017/18

Decreasing compared with an increasing trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 68: Elective hospital admissions in children aged 0-19 years - by deprivation





Least deprived trend - increasing with a similar pace of change to England Most deprived trend - increasing with a slower pace of change than England

Figure 69: Elective hospital admissions in children aged 0-19 years - by ward



Elective hospital admissions in children and young people aged 0-19 years: by electoral ward Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18







Elective hospital admissions in children and young people aged 0-19 years: by electoral ward Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Elective hospital admissions in children and young people aged 0-19 years: by electoral ward Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18



9.10 Oral health of children

Local authorities have the lead role in commissioning programmes to improve the oral health of vulnerable older people as well as health improvement of the general population.

Poor dental health impacts on individual health and wellbeing. Children who have toothache or who need treatment may have pain, infections and difficulties with eating, sleeping and socializing. Toothache or dental treatment may cause children to be absent from school.

Children are more at risk of developing tooth decay if they:

- eat a poor diet
- brush their teeth less than twice per day with fluoride toothpaste
- live in deprived areas

9.11 Dental extractions amongst children 0-19 years

In 2015/16 extraction rates in 0-4-year olds in England were (2.3) with rates higher in Dartford (2.2), and Gravesham (3.0) districts than in the South East (1.2). The 5-9 year old extraction rate in Gravesham (9.9) was significantly higher than in England (6.7) and rates in Dartford (5.2) significantly higher than in the South East (3.6).

Data available for extractions in community settings for 2015/16 indicates that the rate of extractions across Kent for 0-19 year olds was 39.7 per 1,000. Significantly higher rates were indicated for Gravesham (49.8) and Swale (47.2)

9.12 Children aged five with filled, missing or decayed teeth



Conclusion

Every two years, the community dental services are commissioned by the local authority to survey the teeth of children aged 5 to identify if they have any decayed filled or missing teeth [dfmt]. Parents are notified and advised to visit their dentist for treatment where needed. The last survey identified levels of decayed missed and filled teeth [DFMT] with an average number of dfmt in Gravesham district 1.13 higher than the England average 0.78. The district of Swale was also higher than the England average at 0.85.

Whilst overall infant mortality is decreasing across Kent, this rate of decrease is at a slower pace in the most deprived wards of North Kent, especially in the Swales area.

Compared against the Kent average, relatively high levels of low birthweight are more common in the DGS area of North Kent, with significantly high rates in Pelham, Coldharbour, Painters Ash and Northfleet North wards.

Teenage conception rates are falling in North Kent overall, however, they are significantly high in Swanscombe, Joyce Green, Sheerness, Queensborough and Halfway, and Roman.

Vaccine uptake in North Kent is low, uptake is similar to the Kent trends.

Breast feeding prevalence in newborn and at 6-8 weeks is lower in the most deprived areas of North Kent, with rates around 23% in the most deprived compared to around 47% in the least deprived of the Swale area.

Excess weight amongst reception and Year 6 pupils in North Kent are relatively higher than across the Kent. The figures in reception year were between 16% and 31% in the DGS and Swale CCG areas, rising to 25%-43% in Year 6 pupils.

Obesity rates were found to be increasing to be on the increase in the most deprived whereas it's reducing for the least deprived. At ward level, the figures at reception were around 2% and 7.5% higher in the most deprived compared to the least deprived of the DGS and Swale CCG areas, rising to an 8-8.5% difference in Year 6.

In North Kent, A&E attendances in children and young people under 20 are more common in those from deprived areas. Significantly high rates were from those living in in those living in Iwade and Lower Halstow (Swale), and Swanley White Oak, West Hill, Single Well, Joyce Green, Chalk, Hextable, Riverside, Sutton-at-Home and Hawley is more common in children aged up to 19 years are more common in the more deprived areas in Sevenoaks.

Elective admission rates for under 19 have increased significantly in DGS in the last 2 years, Further analysis suggests this is driven by pressures from paediatrics, as it was the highest of all specialties

The oral health of children in DGS CCG and Swale CCG requires improvement to reduce the proportion of dental extractions. The average levels of decayed filled and missing teeth found in children aged 5 in Gravesham needs to reduce. The establishment of proactive oral health messaging in primary care would help support this. NICE recommends adequate promotion of oral health across most public service settings and frontline health staff to give advice on the importance of oral health [Ensure public service environments promote oral health.

10 Older people

10.1 Infographic summary

The infographics below provide a summary of key data relating to the health and wellbeing of older people in DGS and Swale CCG.



10.2 Population growth

As outlined in Section 4.2, the population of people aged 65+ is predicted to increase significantly between 2017 and 2037: by 55% in Dartford, 44% in Gravesham, 36% in Sevenoaks and 58% in Swale based on the ONS projections and 66%, 41%, 43% and 56% respectively based on the KCC housing-led forecasts.



Figure 70: Population projections - Ages 65+

Source: ONS, KCC, prepared by KPHO (RK), Nov-18



2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 3034 2035 2036 2037 2038 2039 2040 2041

Source: ONS, KCC, prepared by KPHO (RK), Nov-18



Persons aged 65 years and over: population projections

2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 3034 2035 2036 2037 2038 2039 2040 2041

Source: ONS, KCC, prepared by KPHO (RK), Nov-18



Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Increases in the number of people aged 85+ are likely to be even more significant, with the ONS projections suggesting increases of 78% in Dartford, 79% in Gravesham, 89% in Sevenoaks and 125% in Swale, and the KCC housing-led forecasts 88%, 76%, 96% and 120% respectively²².

Based on the North Kent population cohort model, explained in detail below, the progression of needs over time was projected. The number expected to have high or very high frailty without any changes in the rates of progression between 2018 and 2030 is 8,900 to 10,300 (+15%).



Figure 71a: Frailty projections - Ages 65+

A number of cohorts of patients are at risk of progression of needs, such as those with moderate frailty, multiple conditions, respiratory conditions or cardiovascular disease etc.

²² Please note that both the ONS and KCC projected increases for this age group have been revised downwards in the latest figures. The latest KCC projections suggest that the number of people aged 85+ living in Kent will double between 2017 and 2037 (i.e. a 100% increase). Previous estimates suggested a 130% increase over the same period.

Figure 71b: Cohorts at risk of progression of needs and numbers of patients in each cohort progressing to high and very high frailty in 2018



Highest number and highest rate of progression can be found in those with moderate frailty and multiple conditions.

10.3 Income deprivation

There is a separate index of deprivation which is used to describe deprivation in older people. The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income.

Twelve wards in DGS and seven wards in Swale CCG are highlighted as being amongst the 20% most deprived wards for income deprivation affecting older people.

Figure 72: IMD 2015 – Income deprivation affecting older people index (IDAOPI)



Income deprivation affecting older people (IDAOPI): by electoral ward The percentage of those aged 60 or over who experience income deprivation, 2015

Income deprivation affecting older people (IDAOPI): by electoral ward

The percentage of those aged 60 or over who experience income deprivation, 2015



10.4 Life expectancy

Life expectancy at 65 years is 18.6 years for males and 20.8 years for females in DGS and 18.2 years for males and 20.6 years for females in Swale CCG. These figures are all slightly lower than the Kent averages.

Figure 73: Life expectancy at 65 years - by CCG



Source: ONS, NHS Digital, PHE, prepared by KPHO (ZC), Nov-18



Life expectancy at 65 years, female: by CCG

There is significant variation in ward-level life expectancy at 65 across the CCG. Joydens Wood (in DGS) and Woodstock (in Swale CCG) have significantly higher life expectancy at 65 than the Kent average for both males and females.

The following wards have significantly lower life expectancy at 65 than the Kent average for both males and females:

- Coldharbour
- Bean & Darenth
- Brent
- Greenhithe
- Leysdown & Warden
- Painters Ash
- Princes
- Sheerness East
- Sheerness West
- Swanscombe

Figure 74: Life expectancy at 65 years - by ward



Life expectancy at 65 years, male: by electoral ward

Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017





Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017





Life expectancy at 65 years, male: by electoral ward

Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017







Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017







10.5 Seasonal flu vaccination

Flu is an unpleasant but usually self-limiting disease for most healthy people, with recovery generally within a week. However, certain population cohorts such as older people, pregnant women and those with underlying disease are at particular risk of severe illness if they catch flu. Analysis of 2017/8 winter deaths suggests increasing influenza vaccine uptake may reduce excess seasonal mortality however this is yet to be qualified further. (Editorials, Rise in mortality in England and Wales in first seven weeks of 2018 BMJ 2018; 360 doi: https://doi.org/10.1136/bmj.k1090 (Published 14 March 2018)

The national uptake ambition for the flu vaccination for people aged 65 and over is 75%, but provisional end of December 2018 cumulative uptake data for both DGS and Swale CCG suggests that this target was not met, with uptake rates below the Kent average for DGS.



Figure 75: Flu vaccine coverage in persons aged 65+ – by CCG

Source: Public Health England, prepared by KPHO (TG), Feb-19

10.6 Falls

The age-standardised rate of emergency hospital admissions due to falls amongst those aged 65+ is higher in DGS than the Kent average, but lower than the Kent average in Swale CCG. Trend analysis suggests that whilst admission rates have remained stable in DGS, there is evidence of a decrease in Swale CCG.

There is, however, considerable variation between electoral wards. The hospital admission rate due to falls is higher than the Kent average in:

- Brent
- Central
- Coldharbour
- Crockenhill and Well Hill
- Farningham, Horton Kirby and South Darenth
- Greenhithe
- Heath
- Hextable
- Littlebrook

- Longfield, New Barn and Southfleet
- Milton Regis
- Northfleet North
- Pelham
- Stone
- Swanscombe
- Whitehill
- Wilmington
- Woodlands

Figure 76: Hospital admissions due to falls in people aged 65+ – by CCG



Emergency hospital admissions due to falls in people aged 65 and over: by CCG

Figure 77: Hospital admissions due to falls in people aged 65+ - trend



Emergency hospital admissions due to falls in people aged 65 and over: trend

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-18

Emergency hospital admissions due to falls in people aged 65 and over: trend Age standardised rate per 100,000 people aged 65 and over, ICD 10: S00-T98 (primary diagnosis) and external cause code W00-W19, 2010/11 to 2017/18



Decreasing compared with a stable trend for Kent

No significant change compared with a stable trend for Kent

Figure 78: Hospital admissions due to falls in people aged 65+ - by ward



Emergency hospital admissions due to falls in people aged 65 and over: by electoral ward Age standardised rate per 100,000 people aged 65 and over, ICD 10: S00-T98 (primary diagnosis) and external cause code W00-

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-18



Emergency hospital admissions due to falls in people aged 65 and over: by electoral ward Age standardised rate per 100,000 people aged 65 and over, ICD 10: S00-T98 (primary diagnosis) and external cause code

KENT PUBLIC HEALTH

Emergency hospital admissions due to falls in people aged 65 and over: by electoral ward

Age standardised rate per 100,000 people aged 65 and over, ICD 10: S00-T98 (primary diagnosis) and external cause code W00-W19, 2015/16-2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-18



Emergency hospital admissions due to falls in people aged 65 and over: by electoral ward

Age standardised rate per 100,000 people aged 65 and over, ICD 10: S00-T98 (primary diagnosis) and external cause code W00-

10.7 Social Isolation

Research has shown that, in terms of negative health outcomes, lacking social connections is comparable to smoking 15 cigarettes a day, and has worse health outcomes than risk factors such as obesity and physical inactivity. It has been calculated that loneliness increases the likelihood of mortality by 26% in older people. Research also suggests that social frailty has a stronger impact on the onset of depressive symptoms than physical frailty or cognitive impairment.

This section provides an analysis of North Kent residents aged 65+ who have been identified as living alone and falling into one of the 11 Wellbeing Acorn types identified as having a higher than average isolation index²³. The Wellbeing ACORN classifications are on based on demographic, socio-economic, population, health and consumer behaviour. The segments are designed to provide insights into people's health and wellbeing.

The maps below show wards in DGS and Swale CCG with high *numbers* of individuals identified. Wards falling into the highest quintile are highlighted, i.e. the 20% of Wards²⁴ with the highest numbers of older residents identified.

Figure 79: Numbers of older people more likely to be experiencing social isolation/loneliness – by ward





Source: CACI, Kent Integrated Dataset (KID), prepared by KPHO (RK), Jul-18

 ²³ <u>https://www.kpho.org.uk/ data/assets/pdf file/0008/87362/Social-isolation-and-loneliness-in-Kent.pdf</u>
²⁴ Across Kent

KENT PUBLIC HEALTH

Older people more likely to be experiencing social isolation/loneliness: by electoral ward

Number identified belonging to a Wellbeing Acorn type with a high calculated 'isolation index', aged 65+ and living alone, 2018



Source: CACI, Kent Integrated Dataset (KID), prepared by KPHO (RK), Jul-18

The maps below show wards in DGS and Swale CCG with high *percentages* of their populations identified as being older people more likely to be experiencing social isolation or loneliness. Results are shown based both on the percentage of the total population identified as being at risk, and on the percentage of the population aged 65+. In each case wards falling into the highest quintile are highlighted, i.e. the 20% of Wards with the highest percentages of residents identified.

KENT PUBLIC HEALTH

Figure 80: Percentage of the total population identified as being more likely to be experiencing social isolation/loneliness – by ward



% of the population who are older people more likely to be experiencing social isolation/loneliness: by electoral ward Percentage of population aged 65+ identified as belonging to a Wellbeing Acorn type with a high calculated 'isolation index', aged 65+ and living alone, 2018

% of the population who are older people more likely to be experiencing social isolation/loneliness: by electoral ward



Percentage of population aged 65+ identified as belonging to a Wellbeing Acorn type with a high calculated 'isolation index', aged 65+ and living alone, 2018

Source: CACI/Kent Integrated Dataset (KID), ONS, prepared by KPHO (RK), Jun-18

Source: CACI/Kent Integrated Dataset (KID), ONS, prepared by KPHO (RK), Jun-18

Figure 81: Percentage of the population aged 65+ identified as being more likely to be experiencing social isolation/loneliness – by ward



% of older people more likely to be experiencing social isolation/loneliness: by electoral ward Percentage of population aged 65+ identified as belonging to a Wellbeing Acorn type with a high calculated 'isolation index', aged 65+ and living alone, 2018

Source: CACI/Kent Integrated Dataset (KID), ONS, prepared by KPHO (RK), Jun-18

% of older people more likely to be experiencing social isolation/loneliness: by electoral ward

Percentage of population aged 65+ identified as belonging to a Wellbeing Acorn type with a high calculated 'isolation index', aged 65+ and living alone, 2018



Source: CACI/Kent Integrated Dataset (KID), ONS, prepared by KPHO (RK), Jun-18

Conclusions:

North Kent has higher admission rates for falls in those aged above 65 years compared to Kent.

Recommendations

The highest impact will be achieved by focusing on cohorts with high numbers and high rates of progression of needs, therefore interventions should be targeted at, for example, those with moderate frailty or multiple conditions.

Districts already provide a range of services (some through the One You assessments) in the community that impact on falls prevention and social isolation. For example TMBC in Tonbridge and Malling provides services for home improvements. In this regard further work is required to examine the effectiveness of these services particularly in terms of impact on health service demand.

11 Sexual health

WHO sexual health definition

'Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.'ⁱ

Sexual health is affected by many factors. These include lifestyles, childhood and adolescent experiences, adult experiences and exposure to risk and health status. Key challenges include Adverse Childhood Experiences [ACE]s, domestic violence, mental health, alcohol use and Harmful Sexual Behaviours (HSB)s.

11.1 Demographics

The male and female population in North Kent needing or potentially needing sexual health services is significant. The female population aged 15-44 years in North Kent is 85,582 - a population needing services which enable and allow them to understand and know about: positive, safe sexual health and relationships; information and support to enable them to prepare and plan their contraception and conceptions. In addition, females 45 years and over require protection against pregnancy, sexually transmitted infections [STIs], peri menopausal symptoms and the menopause.

The male population in North Kent equally need to have services which enable them to understand and know about positive, safe sexual health and relationships. All sexually active or potentially sexually active males and females need to know about and how to protect themselves against sexually transmitted infections.

The general fertility rate in North Kent was higher than the rate in Kent of 63.0 live births per 1,000 females 15 – 44 years and the England and Wales average rate of 61 in 2017 when shown at a district level. Dartford district 73.3, Swale 69.8, Gravesham 69.3

The total period fertility rate [TFR] is the average number of children a woman would have if she experienced current age specific fertility rates throughout her reproductive life span. (See table 1 below)

Table 1: Total period fertility rate

	Total period fertility rate [TFR]
England and Wales	1.76
Kent	1.89
Dartford district	2.03
Gravesham district	2.02
Swale district	2.09
Sevenoaks district	1.93

Source: KCC- Population data

11.2 Reproductive health

Many pregnancies are unplanned. It is a helpful, using the NATSAL study below, to retrospectively estimate unplanned pregnancy in a subsequent year and consider how to support those age ranges where this is higher.

Figure 82: Age profile of unplanned pregnancies from the NATSAL¹



Source: PHE presentation 2017

Figure 83: Age profile of unplanned pregnancies from NATSAL survey vs total conceptions in 2016, England



11.2.1 Teenage pregnancy

There has been much investment since 2000 to help reduce the rates of conception amongst teenagers. Under 18 conception rates across Kent have been steadily declining, and have decreased by 40% since 2011, a similar pattern to England & Wales and the South East.

Rates in Swale district remain higher than England at 26.5 per 1,000 population aged 15-17 years in 2016, compared to Kent LA at a rate of 18.5 and England 18.8. Dartford and Gravesham districts were lower at 16.6 and 18.7 respectively. Publication of 2017 data from ONS was expected in February 2019.

11.3 Pregnancy and birth

The number of births in Kent has remained similar in recent years at approx. 17,500 per annum. The approximate number of births, which are modelled estimate births due to boundary difference from district level data in North Kent was 5,000 in 2017. Of these Swale district had the highest number of births with 1814 in 2017.

11.3.1 Termination of pregnancy

The rate of terminations in England overall has not changed in the last few years and in Kent there has been there little change. In some cultures, termination is used as a form of contraception; this does not, however, explain uptake of this service.

		Method of abortion		Repeat abortion				
year		Medical %	Surgical %	Repeat abortions all ages %	Repeat abortions under 25 years %	Repeat abortions 25 year & over %		
2017	England	64.6	35.4	38.8	26.7	46.7		
	DGS	53.3	46.7	44	32.1	50.6		
	Swale	58.5	41.5	37.7	20.8	49.1		
	Kent	53.9	46.1	40.7	27.4	50.5		
2016	England	61.2	38.8	38.4	26.7	46.3		
	DGS	53	47	43	31	51		
	Swale	59	41	40	25	50		
	Kent	53	47	39	26	49		
2015	England	54.2	45.1	37.8	26.3	46.1		
	DGS	46	54	40	25	51		
	Swale	49	51	44	32	55		
	Kent	47	53	39	25	50		

Table 2: Percentages of method of abortion and repeat abortions, 15 –44-year-old females by CCG and locality office of residence 2015-2017

Source: ONS

Table 3: Legal abortions: Number and rates of abortion, 15- 44-year-old females by CCG and locality Office of residence 2013-2017

Total number				Abortion rate per 1,000 resident females aged 15-44 years						
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
England						16.1	16.1	16	16	16.8
DGS	835	889	903	932	989	16.6	17.6	18	18.3	19.4
Swale	357	330	366	334	393	17.5	15.9	18	16	18.3
Kent LA	4343	4323	4432	4217	4675	15.7	15.6	16	15.2	16.6

Source: ONS

11.3.2 Contraception

The most common form of contraception used in Kent is oral contraception with *microgynon* [a combined pill] being the most frequently prescribed in primary care.

Trained commissioned community pharmacists offer free emergency oral contraception to females aged 30 and under. This offers *levonelle* and *ella one*.

Figure 84: Free emergency oral contraception provided to 30-year-old and under females through pharmacies in North Kent 2015/16 - 2016/17



Source: Performance data

The graph above highlights the low coverage of service from community pharmacies in Swale district. Investment in training with community pharmacies is difficult when turnover

KENT PUBLIC HEALTH

of pharmacists is high as experienced in Swale. Dartford district has the greatest uptake which could be reflecting access from nearby districts and visitors to Bluewater shopping centre. Please note these services are open access and do not include any service in Swanley. Across Kent most uptake of this service is amongst 17 and 18-year olds.

Public health has invested in the workforce development of primary care practitioners in Dartford Gravesham Swanley and Swale CCGs to attain the letters of competency [LoC] to provide long acting reversible contraception (LARC) for over three years. Firstly between April 2015 and December 2017 and then where uptake was lower than expected additional training was offered until December 2018. This included Swale.

There are two LoCs; one for Intrauterine therapy [IUT] and one for Sub-dermal implants (SDI). The need for workforce development was identified through initial audit which highlighted that approximately one in three LARC procedures were removed early. Follow up audit from quarters 1 and 2 in 2015/16, and subsequently in 2017/18 suggests that these have reduced in Kent to 14.2%, a 97% reduction. In DGS, procedures were also down from 100% to 13.5%, whereas in Swale CCG, it was around 17.9%, a drop of around 56%.

Table 4: LARC excluding injections prescribed in primary care, specialist and non-specialistSHS per 1,000 females aged 15-44 years 2015 -2017.

	Total rate of LARC excluding injections prescribed in primary care, specialist and non-specialist SHS per 1,000 females aged 15-44 years			The rate of LARC prescribed in primary care per 1,000 females aged 15-44 years		
	2015	2016	2017	2015	2016	2017
Dartford district	44.1	43.9	45.7	35.3	33.7	34.5
Gravesham district	51.8	46.6	43.3	42.5	37.9	32.4
Sevenoaks district	44.2	44.2	41.9	37.7	36.3	32.9
Swale district	44.7	42.3	43.5	28.1	25.7	25.4
Kent LA	48.4	47.8	49.2	36.4	36.3	36.9
England	48.2	46.4	47.4	29.8	28.8	29.2

Source: PHE fingertips

The responsibility for commissioning vasectomy services are the CCGs², but vasectomy reversals are not routinely funded. There is variation in activity between CCGs, with Ashford and South Kent Coast CCGs showing considerably higher rates than the rest of Kent.

The vast majority of vasectomies are delivered in primary care, with only 222 (4.5%) of the 4,898 procedures from 2014 to 2017 being done in a hospital setting.

The mean age profile 2014-2017 of Kent residents having a vasectomy is 40 years.

Table 5. Combined printary and secondary sterms ation procedure counts, by eeg 2014 2017

Vasectomy Procedure Counts	2014	2015	2016	2017	Total
NHS Ashford CCG	170	163	161	195	689
NHS Canterbury And Coastal CCG	95	103	109	181	488
NHS Dartford, Gravesham And Swanley CCG	139	178	143	177	637
NHS South Kent Coast CCG	178	228	245	326	977
NHS Swale CCG	44	64	75	157	340
NHS Thanet CCG	85	68	112	145	410
NHS West Kent CCG	370	359	356	272	1357
Kent	1081	1163	1201	1453	4898

Source: Kent Integrated dataset [KID]

There is no national data available at sub-England level for female sterilisation.

Most of the activity was delivered in secondary care. Of these, 342 of 364 sterilisation procedures across the four years were also coded with a caesarean procedure. 90 procedures were found in primary care.

Female Sterilisation Counts	2014 & 2015	2016 & 2017	Total
NHS Ashford CCG	27	26	53
NHS Canterbury And Coastal CCG	22	24	46
NHS Dartford, Gravesham And Swanley CCG	52	59	111
NHS South Kent Coast CCG	48	37	85
NHS Swale CCG	31	24	55
NHS Thanet CCG	33	41	74
NHS West Kent CCG	18	12	30
Kent	231	223	454

Source: Kent Integrated dataset

There were differences seen across the Kent CCGs, with North Kent and Canterbury & Coastal CCGs notably lower.

In England and Wales, the mean age of first-time mothers in 2016 was 28.8 years³. The mean age of Kent female residents 2014-2017 having a sterilisation is 33.5 years. The need to maintain fertility for longer may go some way to explain the change in demand for female sterilisation.

11.4 Sexually transmitted infections [STI]

The main STIs reported on and with data publicly available include Gonorrhoea, Syphilis, Chlamydia, Genital herpes, Genital warts and HIV. New STI diagnoses are reducing in Kent

KENT PUBLIC HEALTH

but there are pockets where infections are higher. The most commonly diagnosed STI in Kent is chlamydia. Rates in Kent need to improve but a recent Kent wide needs assessment has identified that the proportion of females being offered a sexual health screen at first attendance in sexual health services has dropped sharply since 2015. Highest levels of positivity are detected through the online service online and with the number of people using this service increasing, rates overall should increase.

The increase in the detection of gonorrhoea and syphilis in Kent has mirrored national trends. The rates of detected gonorrhoea in 2017 was highest in Dartford district with a rate of 54.2 per 100,000 population greater than the average South East rate of 45.9 but less than the average England rate of 78.8. The rates of detected syphilis in Kent in 2017 were higher than the South East rate of 9.5 per 100,000 population and highest in the county in Dartford district at 11.4 and Gravesham district 10.4 compared to the England rate of 12.5 per 100,000 population. Further national exploration of the increase in detected syphilis has been undertaken with report expected in 2019. Expected recommendations include improvements in partner notifications and 3 monthly STI testing for those using HIV Pre exposure prophylaxis [PrEP].

Stigma and ignorance of HIV remain an issue. The late diagnosis of HIV is exacerbated by the missed opportunities for HIV testing in secondary and primary care where other conditions are considered. The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. Around a quarter of the estimated 100,000 people living with HIV do not know that they have the infection; and around half of people newly diagnosed with HIV are diagnosed after the point at which they should have started treatment. This can have implications not just for the care of the individual person with HIV, but also for the onward transmission of the infection.

There has been a steady increase in the prevalence of HIV in Kent over the last five years. The prevalence rate of diagnosed HIV amongst 15-59-year olds does not capture all diagnosed infections but is a reliable indicator. In December 2016 PHE revised the definition of high prevalence of HIV. 'Local authorities in England are now categorised by diagnosed HIV prevalence levels into low prevalence (<2/1,000 among 15-59-year olds), high prevalence (2-5/1,000 among 15-59-year olds) and extremely high prevalence areas (>5/1,000 15-59-year olds).' Kent is identified as a low prevalence area when looked at as one area however, looked at by district, Dartford [2.11] and Gravesham [2.02] districts are above 2 per 1,000 among 15-59-year olds. These areas should consider proactively testing all new GP registrants.
Figure 85: Prevalence of diagnosed HIV infection per 1,000 15-59 year olds by district in Kent 2012 and 2017



The changes in prevalence rate are shown and highlight where the burden of detected infection is highest. The greatest rate of change in the prevalence of diagnosed HIV per 1,000 population aged 15-59 years from 2012 shown above includes Gravesham district.

Most late diagnosis of HIV is amongst the heterosexual community in Kent. Offering and encouraging uptake of HIV tests amongst this group and in a range of settings, including primary care as well as offering access to online testing, should help with the earlier diagnosis of new cases and onward referral to treatment. Everyone is at risk of HIV if they are sexually active however the stigma around HIV testing continues to influence peoples' decision to test.

New episodes of genital warts or Human Papilloma Virus (HPV) which can present around the penis, anus or vagina are the most common viral STI. The diagnoses rate of genital warts per 100,000 has decreased since 2013 in Kent and England. This is likely to be as a result of the HPV vaccination programme which was introduced in 2008. The impact for individuals with this infection can be a prolonged course of treatment requiring multiple visits to the service and reoccurring outbreaks.

Pelvic inflammatory disease [PID] can be present without any symptoms and may become evident when conception is difficult or a conception results in an ectopic pregnancy. An untreated sexually transmitted infection, for example chlamydia or gonorrhea could be a

cause. Emerging evidence²⁵ is suggesting that *Mycoplasma Genitalium* may be another undetected infection responsible for PID. Kent has a rate of 272.5 PID hospital admissions per 100,000 females aged 15 - 44 years old, which is significantly higher than England with highest rates in Dartford district at 435.2 per 100,000 in 2016/17.

Ectopic pregnancy is a pregnancy, sometimes referred to as tubal pregnancy which attempts to grow outside of the uterus. The rates in Kent vary but had been consistently similar to the England average with the exception of the last three years, where Kent are now higher than the England average. This needs to be better understood.

Untreated chlamydia and gonorrhoea are risk factors but more clearly associated with ectopic pregnancy is cigarette smoking, both exposure to second hand smoke and smoking status which have been demonstrated to increase risk.ⁱⁱ. The districts in Kent with rates of ectopic pregnancies higher than the Kent average of 114.8 per 100,000 female population aged 15-44 years in 2016/17 included Dartford 142.0 per 100,000 female population aged 15-44 years.

Local sexual health service provision

The sexual health services available to the resident and non-resident population in Swale and DGS which are identified on the website <u>www.kent.gov.uk/sexualhealth</u> are as follows:

Integrated sexual health clinics – with all age provision services or services for those aged 25 years and under.

24 pharmacies in DGS and Swale CCG have contracts to provide free emergency oral contraception to women aged 30 years and under.

Kent county council has ensured there is regular provision of sexual health services in the prisons in Kent, three of which are situated in Swale CCG. HMP Elmley, a local category B/C prison for men, HMP Swaleside, a category B prison for men and HMP Standford Hill a category D prison for men.

Resident only services

Psychosexual therapy is available through GP referral and is held in venues across DGS and Swale CCGs.

Practices in Swale and DGS CCG with a GMS contract provide contraceptive services. 34 [7 in 10] practices have contracts with the local authority to provide LARC.

Online STI testing for those aged 16 and over provides testing for chlamydia, gonorrhoea, syphilis, HIV, Hepatitis B and/or Hepatitis C depending on the risk identified by the service user.

²⁵ Moini A.; Jahangiri N.; Shiva M.; Hosseini R.; Akhoond M.R. Risk factors for Ectopic Pregnancy: A case-control study *Journal of Research in Medical Sciences;* 2014; vol. 19 (no. 9); pp 844-849

Condom provision through the 'Get it' programme is accessible to under 25-year olds from many outlets across the CCG areas.

Online condom provision through the 'Get it' programme is accessible for those aged 16 -24 years.

Out of area

The majority of Kent residents accessing sexual health services out of area, access them in London with significant proportions from residents of DGS CCG. This may be a reflection of the community accessing services whilst working, socialising or studying in London.

Recommendations

- All new practice registrants in Dartford and Gravesham districts should be offered and encouraged to take up an HIV test in general practice.
- Promoting access to planned contraception for females of reproductive years

Issues for consideration:

Localised policies which limit the volume of oral contraception prescribed at any one time means that access is rapidly changing. A change in practice to enable the distribution of oral contraception will require transformation and innovation of the provision of contraceptive services to meet user demand.

¹ NATSAL <u>http://www.natsal.ac.uk/media/2102/natsal-infographic.pdf</u>

² DH [2013] Commissioning Sexual Health Service and Interventions <u>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment</u> <u>data/file/144184/Sexual Health best practice guidance for local authorities with IRB.p</u> <u>df</u>

³https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/liveb irths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2016

12 Lifestyle factors affecting health

12.1 Alcohol

Alcohol misuse leads to a range of public health problems and acute conditions, such as alcohol poisoning, violence, mental illness, anorexia and accidents which can be attributed to alcohol. There are a number of alcohols related chronic conditions such as alcohol-induced pancreatitis, chronic liver disease and stomach cancer which all lead to reduced health and wellbeing and at worst, loss of life. Alcohol misuse contributes to stroke and hypertension, as well as mortality related to liver disease.

Consequently, the public health effects of high alcohol consumption can be seen across the whole society. These range from access to hospital care and the wider social effects such as the loss of employment and reduced capacity to work. Further negative effects of alcohol are seen both at individual and community level, for example, behavioural changes resulting in acts of violence, anti-social behaviour, accidents or crime, risky sexual activity leading to unwanted and underage conceptions and sexually transmitted infections, and poor educational attainment. Alcohol misuse is also related to self-medication from acute social anxiety and depression and can lead to chronic poor mental health.

The rate of admissions to hospital for alcohol-specific conditions in North Kent is similar to the Kent average. There is, however, considerable variation between electoral wards. The hospital admission rate due to alcohol-specific conditions is higher than the Kent average in:

- Ash
- Central
- Crockenhill and West Hill
- Leysdown & Warden
- Littlebrook
- Northfleet North
- Pelham
- Princes
- Riverside
- Roman
- Sheerness East
- Sheerness West
- Singlewell
- Swanscombe
- Town
- Whitehill

Figure 86: Hospital admissions for alcohol-specific conditions - by CCG



Hospital admissions for alcohol-specific conditions: by CCG

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19

Figure 87: Hospital admissions for alcohol-specific conditions – trend



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19

No significant change compared with a stable trend for Kent



Hospital admissions for alcohol-specific conditions: trend

Age standardised rate per 100,000 population, ICD10: E244, F10, G312, G621, G721, I426, K292, K70, K852, K860, Q860, R780, T510, T511, T519, X45, X65, Y15, Y90, Y91, 2010/11 to 2017/18

No significant change compared with a stable trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19





Least deprived trend - increasing compared with stable trend for Kent Most deprived trend - decreasing with a similar pace of change to Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19



Least deprived trend - no significant change compared with stable trend for Kent Most deprived trend - no significant change compared with decreasing trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19

Figure 89: Hospital admissions for alcohol-specific conditions – by wards in DGS



Hospital admissions for alcohol-specific conditions: by electoral ward Age standardised rate per 100,000 population, ICD10: E244, F10, G312, G621, G721, I426, K292, K70, K852, K860, Q860, R780, T510, T511, T519, X45, X65, Y15, Y90, Y91, 2013/14-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19





Hospital admissions for alcohol-specific conditions: by electoral ward

Age standardised rate per 100,000 population, ICD10: E244, F10, G312, G621, G721, I426, K292, K70, K852, K860, Q860, R780, T510, T511, T519, X45, X65, Y15, Y90, Y91, 2013/14-2017/18



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19



Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Jan-19

It is estimated that more than 80,000 adults across DGS and Swale CCG are drinking over 14 units of alcohol a week²⁶.

Alcohol and Drug misuse services in North Kent have been re- commissioned and since April 2016 services are provided by CGL (<u>https://www.changegrowlive.org/</u>). CGL provide treatment and recovery support for dependent drinkers in West Kent. Dependent drinkers are people who cannot reduce their alcohol intake alone (drinking over 30 units per week) and/ or are physically dependent (ie it is unsafe for the person to stop drinking due to possible seizures). It will important for GPs to work closely with CGL and mental health providers to ensure people get safe and timely support and treatment. There will be people who have alcohol related hospital admissions who are not 'dependent' but drink to high risk levels, these people should be signposted to a range of recovery and support services including One You Kent.

²⁶ Calculated based on Health Survey for England data on adults drinking over 14 units of alcohol a week for Kent (2011-14), applied to the mid-2017 18+ resident population for DGS and Swale CCG.

12.2 Smoking

Smoking is a major cause of lung cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD). Smoking also contributes to many other cancers and conditions, such as high blood pressure.

Smoking prevalence has decreased significantly since 2012. The latest figures from the Annual Population Survey suggest that smoking prevalence in Kent was 16% in 2017 compared with 21% in 2012. Smoking prevalence in adults is measured through the Annual Population Survey, and as such there are large confidence intervals associated with smoking prevalence estimates at district level.

Figure 90: Smoking prevalence – by district



Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18

Figure 91: Smoking prevalence – trend



Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18



Smoking prevalence in adults: trend

Percentage of adults (aged 18+) who are self-reported smokers, 2012 to 2017

Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18



Smoking prevalence in adults: trend

Percentage of adults (aged 18+) who are self-reported smokers, 2012 to 2017

No significant change compared with a decreasing trend for Kent

No significant change compared with a decreasing trend for Kent

Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18



Smoking prevalence in adults: trend

Percentage of adults (aged 18+) who are self-reported smokers, 2012 to 2017

Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18

Smoking prevalence in adults: trend

Percentage of adults (aged 18+) who are self-reported smokers, 2012 to 2017



Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18

No significant change compared with a decreasing trend for Kent

12.2.1 Smoking in Pregnancy

In 2017, the prevalence of smoking at time of delivery in pregnant women was 11.4% in Dartford, Gravesham and Swanley CCG. This is lower than the Kent average (14.4%) but higher than the national average (10.8%) and relates to 344 women recorded as smokers at the time of delivery across the 3,030 births in the CCG area. Swale CCG has a higher than average prevalence of smoking at time of delivery (19.6%) which relates to 269 women who are smokers at the point of delivery among 1,369 births.

Smoking during pregnancy increases the risk of stillbirth, and babies born to mothers who smoke are more likely to be born underdeveloped and in poor health. Maternal smoking after birth is associated with a threefold increase in the risk of sudden infant death.

Smoking during pregnancy is also a major health inequality, with prevalence varying significantly across communities and social groups, particularly higher in those from disadvantaged groups and aged under 20.

Children who grow up with a smoking parent are also more likely to become smokers themselves, further perpetuating the cycle of inequality and affecting their life chances.

Summary

Smoking is, overall, on a declining trend across the county, but prevalence varies widely across districts. The prevalence of adult smoking is highest in Thanet (23.7%), Dover was second highest, closely followed by Gravesham (18.3%), whereas Dartford had the lowest prevalence (10.2%)

Recommendations

- To identify innovative ways to support smokers to quit in order to reduce Smoking Prevalence in Kent to 12% or less by 2022
- To reduce the gap in health inequalities that arise as a result of smoking
- To reduce smoking prevalence among women who smoke in pregnancy in Kent to 6% or less by 2022
- To reduce the take up of smoking among young people and identify effective models to support young people who smoke to quit
- To take action to reduce smoking prevalence using the three "A" model:
 - ASK Ascertaining the patient's smoking status
 - ADVICE smokers to quit smoking
 - ACT refer smokers to NHS specialist support and prescribing medication if appropriate.
- To work collaboratively with key stakeholders to reduce the supply and demand of Illicit Tobacco and underage sales

12.3 Obesity

12.3.1 Adult obesity

Obesity can contribute to a range of health conditions such as hypertension, type 2 diabetes and heart disease. Obesity is a general issue requiring collective effort from all stakeholders.

The latest figures from the Active Lives Survey suggest that 61% of adults in Kent are overweight or obese. Whilst excess weight levels in Dartford, Gravesham and Sevenoaks are similar to the Kent average, Swale district has excess weight levels above this Kent average (at 73%).

Adults classified as overweight or obese: by district Percentage of adults (aged 18+) classified as overweight or obese, 2016/17 District Kent 100 Percentage 80 60 40 20 0 Canterbury Gravesham Maidstone Sevenoaks Thanet Tonbridge & Tunbridge Ashford Dartford Dover Shepway Swale Malling Wells

Figure 92: Adults classified as overweight or obese by district

Source: Public Health England (based on Active Lives survey, Sport England), prepared by KPHO (LLY), May-18

12.3.2 Childhood obesity

Childhood obesity is a well-known risk factor for developing diabetes as an adult, with figures suggesting a small but rising number of children who are developing Type 2 diabetes at a very early age due to their weight.

Childhood obesity levels in DGS are higher than the Kent average, with obesity levels amongst year six children in Swale CCG also higher than the Kent average.

There is a significant gap between children living in the most and least deprived parts of Kent, and the size of this gap is increasing. In 2017/18 obesity levels amongst reception year children living in the most deprived areas of Kent were 78% higher than those living in the

least deprived areas²⁷. Obesity levels amongst year 6 pupils living in the most deprived areas were 84% higher than for pupils living in the least deprived areas.

There is considerable variation between electoral wards. Obesity amongst both reception year and year six pupils is significantly higher than the Kent average in:

- Central •
- Littlebrook •
- Northfleet North •
- Northfleet South .
- Riverside •
- Singlewell •
- Swanscombe •
- Town .

Figure 93: Childhood obesity – by CCG



Obesity in reception year children aged 4-5 years: by CCG

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

²⁷ based on Kent IMD 2015 quintiles.



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 94: Childhood obesity - trend



No significant change compared with a stable trend for Kent





Obesity in reception year children aged 4-5 years: trend

No significant change compared with a stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Obesity in year six children aged 10-11 years: trend

Percentage of year six pupils measured as obese, Body Mass Index greater than or equal to the 95th centile of the UK90 growth reference



No significant change compared with a stable trend for Kent



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

No significant change compared with a stable trend for Kent

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Figure 95: Childhood obesity – by deprivation

Obesity in reception year children aged 4-5 years: by deprivation

Percentage of reception year pupils measured as obese, Body Mass Index greater than or equal to the 95th centile of the UK90 growth reference according to age and sex, 2010/11 - 2012/13 to 2015/16 - 2017/18



Most deprived trend - increasing



Obesity in year six children aged 10-11 years: by deprivation

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 96: Childhood obesity - by ward



Obesity in reception year children aged 4-5 years: by electoral ward

Percentage of reception year pupils measured as obese, Body Mass Index greater than or equal to the 95th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18





Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18



Percentage of year six pupils measured as obese, Body Mass Index greater than or equal to the 95th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18







Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18



Obesity in reception year children aged 4-5 years: by electoral ward

Percentage of reception year pupils measured as obese, Body Mass Index greater than or equal to the 95th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Obesity in year six children aged 10-11 years: by electoral ward

Percentage of year six pupils measured as obese, Body Mass Index greater than or equal to the 95th centile of the UK90 growth reference according to age and sex, 2013/14-2017/18



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Obesity in year six children aged 10-11 years: by electoral ward

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Recommendations:

To act to tackle obesity, practices must understand obesity prevalence within their registered populations and commission services to support individuals to address eating habits and improve physical activity.

At CCG level practices must work with the local authorities to act in making changes at environmental and policy level to enable people to be more active and eat more appropriately.

Interventions at an earlier age are required to reduce prevalence at reception, as well as interventions for school aged children through the Healthy Schools programme and Family Weight Management Programmes

12.4 Fruit and vegetable consumption

Five portions of fruit and vegetable consumption is an indicator of health as it is associated with lifestyle factors and with affordability.

The latest figures from the Active Lives Survey suggest that 59% of adults in Kent meet the recommended '5-a-day' on a 'usual day'. Whilst fruit and vegetable consumption in Sevenoaks and Swale are similar to the Kent average, there is some evidence to suggest lower consumption rates in Dartford and Gravesham.

Fruit and vegetable consumption in adults: by district



Figure 97: Fruit and vegetable consumption in adults – by district

Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (LLY), May-18

Recommendations:

- Work with District Councils and other partners to provide affordable fresh produce.
- Commission services to support individual behaviour change for adopting a healthy lifestyle in areas with lower consumption rates of '5-a-day'

12.5 Physical inactivity

The latest figures from the Active Lives Survey suggest that 20% of adults in Kent are physically inactive (i.e. they do less than 30 moderate intensity equivalent minutes of physical activity per week). Whilst Gravesham, Sevenoaks and Swale districts have physical inactivity levels that are not statistically significantly different to this Kent average, there is

some evidence to suggest that physical inactivity levels in Dartford are higher than the Kent average.



Figure 98: Physical inactivity in adults – by district

Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (LLY), May-18

Conclusion

Whilst admissions rates for alcohols specific conditions across the North Kent area is similar to that for the overall county, there is some ward level variation, with admission rates in 16 wards significantly higher in comparison to that for Kent.

Obesity levels are 78% higher in the most deprived areas compared to the least deprived areas for reception year, with a further widening of the gap in Year 6 pupils.

Smoking is, overall, on a declining trend across the county, but at differing levels by district. The prevalence of adult smoking is highest in Thanet (23.7%), Dover was second highest, closely followed by Gravesham (18.3%), whereas Dartford had the lowest prevalence (10.2%).