West Kent Population

Health and Wellbeing Profile

This profile summarises health factors and wider determinants within the West Kent Clinical Commissioning Group area.

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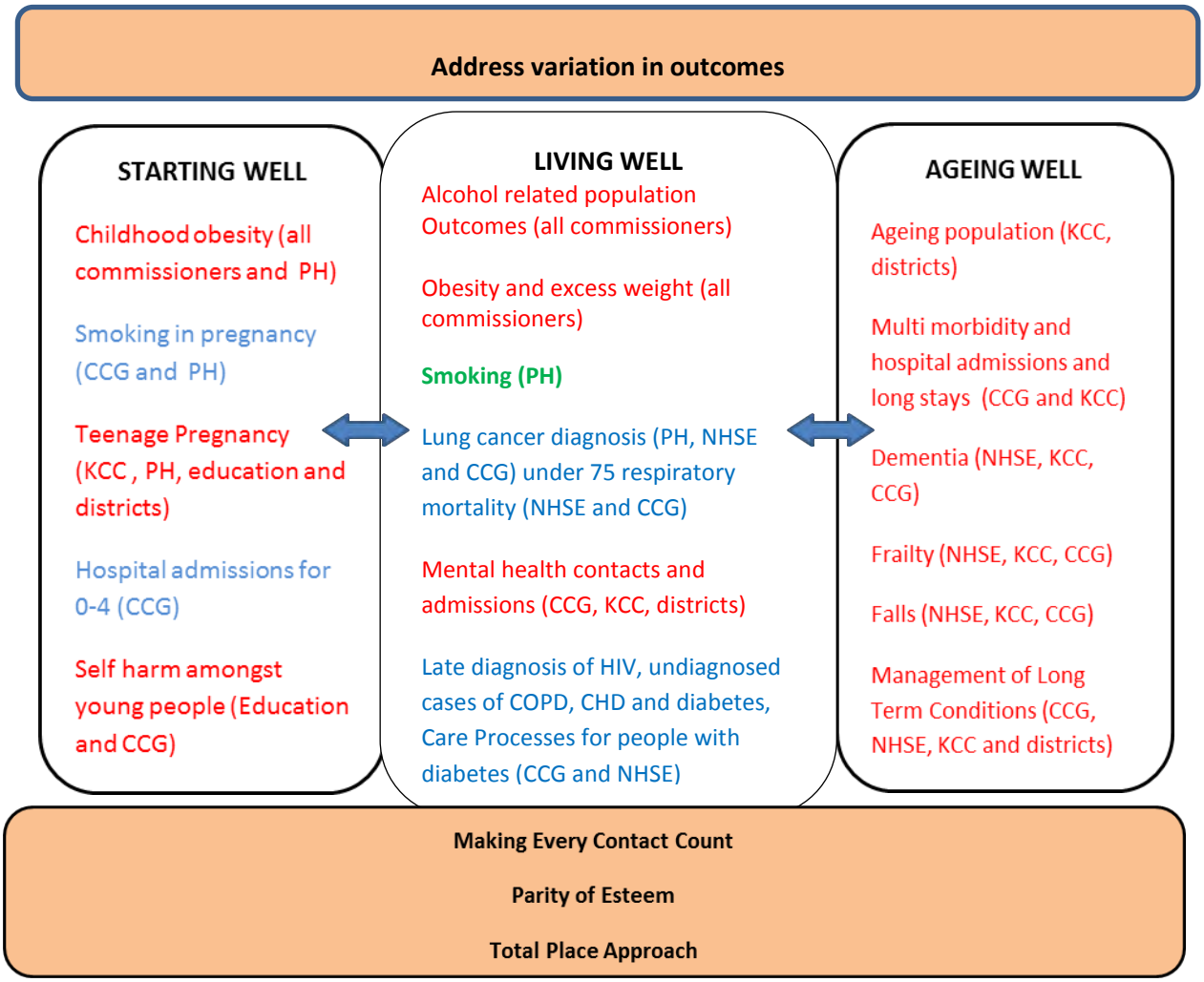


1. Summary

This profile does not replace Kent level Joint Strategic Needs Assessment and should be seen as a complimentary document providing comprehensive local information.

Generally West Kent enjoys good health in comparison to neighbouring geographical areas, but there are still inequalities between areas. In West Kent life expectancy is higher than for the Kent average (82.7 and 81.7 years respectively). Over the last five years whilst the life expectancy has increased across the whole CCG area, it has increased marginally faster in the most deprived quintile compared to least deprived quintile but there is still a gap of 13.1 years, between the poorest and most affluent areas within the CCG.

All partners across the health and care system need to work in strategic alliance to improve population level outcomes in West Kent. West Kent Health and Wellbeing Board provides an opportunity to close the inequalities gap between the affluent and poorest populations. This will require investing limited public resources to achieve the best outcomes for people.

The National Health Service Five Year Forward View[1] articulates the role of system leadership to ensure joined up local services and communities to realise potential benefits, through prevention and new models of integrated care. It also recommends new commissioning processes to ensure parity of esteem[2] between physical and mental health services. The following summary of key points where demand is increasing, or West Kent performs worse than Kent, is provided below, including recommendations for commissioners.

Information has been assimilated from a variety of internal and external data sources. Data is displayed for West Kent CCG where possible; however, for some indicators this was not possible and information is provided by district or acute trust. For example data produced at Sevenoaks District level, will include Swanley.

Information on immunisation, antenatal screening and other screening programmes has not been included in the document, as these interventions are commissioned by NHS England.

Key points have been collated within the summary, and detailed analysis can be found within 'West Kent Population: Health and Wellbeing Profile' (draft for comments) from Consultant in Public Health or through the link https://democracy.tmbc.gov.uk/ieListDocuments.aspx?MId=2751&x=1&

This report provides an extensive overview of the current population profile in West Kent. It looks at current and predicted demographics, the health of the population and the wider determinants that create inequalities, which in turn contribute to poor health outcomes.

Those in more deprived communities often need a multi-agency approach to address fundamental needs such as housing, clean air, and employment before they can contemplate addressing the associated lifestyles, such as diet, smoking and alcohol consumption. Therefore these key points have been translated into recommendations for action from all commissioners in West Kent to

[1] http://www.england.nhs.uk/ourwork/futurenhs/
[2] http://www.rcpsych.ac.uk/pdf/OP88.pdf

ensure best use of public resources to tackle future challenges and improve outcomes for the population and system. Suggested partners are included at the end of each point.

2. Key Findings and Recommendations

Generally West Kent enjoys good health in comparison to neighbouring geographical areas, but there are still inequalities between areas. For example life expectancy in West Kent is higher than for the Kent average (82.7 and 81.7 years respectively), but there is still a gap of 13.1 years, between the poorest and most affluent areas within the CCG. Older people living in deprivation are clustered in rural areas, whilst many grant funded voluntary organisations appear to be in town centres.

The importance of education, accessible information and services to improve young people's outcomes still vary across the area.

A high number of people are estimated to be living with undiagnosed conditions such as hypertension, diabetes, COPD, depression and dementia.

1. Population Demographics

The age profile of the West Kent CCG population is broadly similar to that of Kent; however, it has slightly lower proportions of people aged 16 and 29, and marginally higher proportions of people aged between 40 and 54 years. Population demographics will change significantly over the next 5-20 years, with an increasing ageing population, but also in diversity, particularly in town centre areas. Implications for health, social care and education:

1. Over the next five years it is estimated that the 85 aged population will increase by 22.4% (2,848 individuals)

2. Over the next twenty years, there will be a population increase of 19%. The largest increase is expected in the over 65 age band, an increase of 59.4%

3. Nearly 5% of West Kent CCG population is from non-white background. Between mid-2012 and mid-2013, despite some outward migration there was a net increase in migration into West Kent of approximately 10,000 people, of which almost one third was classified as international migration. The majority of this migration appears to be within Maidstone, and the population are most commonly aged between 25 and 49, although there are also a high number of the under 15 population. This potentially indicates that a large proportion of migration will consist of families, however, there could be a possibility of unaccompanied young people.

1.1 Recommendations

Population increases indicate that commissioners should consider further pressures on older people's services within health and social care. There is a need to focus on the early 40+ population on prevention of ill health through addressing lifestyle behaviours, early identification and proactive self-management of diagnosed conditions, such as diabetes.

For older people, services will need to focus on opportunities for integrated commissioning and service delivery through cross organisations working. Principles of 'total place' for aging populations should be considered to progress joint commissioning and enhance collaborative working.

Agencies should consider the use of modern technologies to maximise communication between client groups as well as agencies to aide integrated working.

Partners: Health, Social Care, Local Authorities, Providers, Voluntary Sector, Businesses

2. Health Indicators

Although people in West Kent generally live longer than the rest of Kent, there are still inequalities, in which those in more deprived areas can experience death up to 13.1 years less life than those in more affluent areas.

Data within this document highlights that within the areas of high deprivation, poor levels of education, high crime rates particularly against the person, housing conditions, homeless people and poorer health outcomes can be found. For example Maidstone has the second highest rates of homeless people in Kent, almost four times the number of people in 2008, usually found within the town centre.

2.1 Recommendations

Addressing health inequalities requires concerted effort by all partner organisations involved to promote health and wellbeing of the population.

Inequalities should determine the commissioning priorities and delivery of services to ensure resources are distributed according to need, which may be a combination of medical, social and economic factors.

Partners will need to develop new ways of working to address wider determinants that result in poor health outcomes, without tackling these, the inequalities gap will not narrow. Collaborative working between public sector partners including primary care will provide wrap around services for person/family/community that needs help. This work should be facilitated through the use of integrated information.

Partners: Commissioners

3. Deprivation and wider determinants

Each district within West Kent has areas with poor health outcomes that are also the areas with high deprivation, poor levels of educational attainment, high in fuel poverty, poor air quality and high crime rates. This provides challenges as well as the opportunities for partner organisations to develop collaborative commissioning plans to address wider determinants that affect health outcomes. Nationally funded programmes are often available through districts to address the wider determinants, such as Warm Homes for energy efficiency, or Troubled Families programme for families with multiple problems. These programmes, if used effectively can reduce cost to the entire system, in financial and human terms.

3.1 Recommendations

Whilst services are needed for the entire population, they should be appropriately resourced to support those with the most need. Therefore services should be commissioned universally but proportionately. There should be clear pathways across organisations to ensure complex and/or multiple needs are met, such as housing, financial and health. Without tackling the wider determinants that create poor health outcomes, by improved or new ways of working across agencies, the inequalities gap will continue to exist and may in fact widen.

Partners: Commissioners, Providers and Partners

4. Children and Young People

Childhood indicators such as infant mortality and low birth weight babies are similar to the Kent average, although there is variation between wards. Breastfeeding at six weeks is higher and smoking in pregnancy is lower than the Kent average. Six wards are among the highest two quintiles of teenage conceptions in Kent: Parkwood, Shepway, Snodland East, East Malling, Sherwood and Trench. Of these six, Parkwood is in the highest quintile.

More children are placed in KCC Foster care in West Kent than the Kent average.

Sevenoaks has the highest number of children from Irish Traveller and Gypsy Roma communities in Kent, also found to be high in Maidstone.

4.1 Recommendations

Whilst breastfeeding and smoking in pregnancy compares favourably in West Kent, there should be a focus on stop smoking in pregnancy, teenage conceptions and supporting young parents, particularly in the six identified wards in the highest two quintiles, Parkwood, Shepway, Snodland East, East Malling, Sherwood and Trench.

Shared vision and partnerships should be developed to ensure that vulnerable children, those in the care system and those entitled to free schools meals are supported to improve educational achievement.

Commissioners of children's services need to ensure that stop smoking and childhood obesity is addressed in their contracts, such as with midwifery, health visiting, children's centres and school nursing services. Appropriate investment of time now will achieve longer term positive outcomes for younger population.

Partners: commissioners, education, supply chain

5. Older people

The highest rate of domiciliary care for people aged over 65 is currently Snodland East and Judd wards (51.3 and 32.4 respectively per 1,000 population). With an expected increase above the Kent average of people over age 85 in Maidstone and Tonbridge and Malling, this picture could change, but will certainly place higher demand on services for both health and social care. In addition there are several wards in West Kent with people over 60 living in deprived households, known to be higher users of services.

5.1 Recommendations

The predicted increase in older population will place huge demands on both health and social care, as they will become the largest proportion of service users. For those aged over 50, all organisations should make every contact count to focus on prevention, reduce risk taking behaviours, particularly high consumption of alcohol, smoking and poor mental health to reduce the prevalence of avoidable conditions. Early diagnosis, regular condition and medicine reviews and improved self-management should be equitable across West Kent to avoid crisis.

For older people particularly over 75, many of whom have more complex needs particularly in areas of deprivation, care should be wrapped around the patient using a system wide approach. Isolated and often unable to navigate the system, older people need organisations that speak to each other, whether health, social care, districts, voluntary and third sector. Therefore sharing of information and clear pathways are needed to ensure holistic care. As the highest users of long term hospital stays, pro-active care at home will be beneficial to the patient, families and system.

Partners: Commissioners, Providers, Districts, KFRS, Businesses, Community and Voluntary Sector

6. Trends in mortality

Life expectancy has increased at the average rate of 0.26 years over each two year time period, with marginal increase in the most deprived quintile. Mortality rates for under 75 cancer, circulatory and liver disease have decreased, although there has been an increase in under 75 respiratory mortality. The age standardised mortality rate from under 75 liver disease has increased by 1.17 deaths per 100,000 population between 2011-13 and 2012-14.

Over the most recent recorded ten year period, the average ratio of excess winter deaths in West Kent has remained similar to the Kent ratio (17.4% and 17.5% respectively). This said the West Kent ratio was high in the first five year period, followed by a decrease in the second five year period. Fuel poverty is highest in Tunbridge Wells and Maidstone.

6.1 Recommendations

The increase in alcohol related admissions indicates the continuing trend of alcohol misuse. Making every contact count by offering, information, brief advice and signposting to specialist services should be included in contracts of the health and social care supply chain. The wider determinants over which people often have little control, such as fuel poverty, noise, air quality are monitored by district teams who are often able to assist with practical solutions. These wider determinants are more prominent in areas of deprivation; therefore a proportionate approach should be used. Clinical Commissioners should use tools such as CQUINS and other tools to ensure every contact counts in addressing factors which will reduce health inequalities, such as addressing excess weight and obesity, smoking and high consumption of alcohol.

Partners: Commissioners, Providers, District, Voluntary Sector

7. Lifestyle factors affecting health

- Eleven MSOAs have an estimated binge drinking prevalence of above 18.9%, all of which are within Maidstone and Tunbridge Wells wards

- An estimated 28% of adults are classified as obese within six MSOAs in West Kent: Snodland East and West; Sherwood; Shepway North and South; Parkwood
- Obesity in reception aged children has reduced from 9.4% to 5.9%. Conversely, at year 6 obesity levels have increased from 16.3% to 18.5% between 2013 and 2014. This equates to prevalence of 30% obesity or overweight at year 6. There are variations in prevalence between wards
- The highest numbers of licenced premises in West Kent are restaurants and cafes, most densely found in town centres. Although pictorially there appears to be higher admissions for obesity or alcohol related conditions from these areas, this is more likely to be due to deprivation as analysis shows no correlation
- Prevalence of smoking is relatively low in West Kent, but seven wards (six of which are in Maidstone) have a prevalence of over 30%
- Only 15% of residents from eleven MSOAs in West Kent are estimated to consume the recommend five portions of fruit and vegetables a day
- Maidstone has measured some of the highest NO^2 concentrations in Kent, particularly around the route from town centre towards Tovil. The crossroads on Tonbridge Road at Wateringbury also has consistently high recorded levels of NO^2
- The uptake of young people's preventative sexual health services is highest in Maidstone
- Abortion rates in West Kent are similar to Kent, but the number of repeat abortions is increasing and is higher than the England average in all CCGs in Kent
- The administration of long acting reversible contraception (LARC) by GP is higher in West Kent than the England average
- GUM attendances are highest in Maidstone, but this is possibly due to the provision of more specialist services at this site. Tonbridge and Malling have the highest number of new appointments. Sevenoaks have the highest number of patients attending out of area services, often in London clinics
- The burden of new STIs is increasing in most districts within West Kent, with the exception of Tonbridge and Malling, which was highest in West Kent in 2013 and dropped significantly in 2014
- STIs are highest in those aged 25 and under, but this is expected due to proactive Chlamydia screening
- Maidstone has a higher Chlamydia positivity rate than Kent , although all other West Kent districts were lower
- Gonorrhoea has increased by 2.51% in West Kent, also Genital Herpes 3.56 cases per 100,000 population
- Diagnosed HIV prevalence is lower than Kent in all West Kent districts, but late diagnosis has increased in West Kent between 2009 and 2013.

7.1 Recommendations

Obesity

- Adult obesity and low consumption of fruit and vegetables are highest in the same six MSOAs in West Kent: Snodland East and West; Sherwood; Shepway North and South; Parkwood
- Childhood obesity appears to increase between the ages of four and ten. West Kent Health and Wellbeing Board is well placed to galvanise the system in addressing this key public health challenge. The Board has agreed obesity to be a key priority and an action plan to progress the 'Total Place' concept across West Kent to tackle obesity.
- Commissioners should ensure that childhood obesity is addressed in contracts such those as with children's centres, acute hospital (maternity contract), health improvement services, school nursing and health visiting.

Alcohol

- Alcohol misuse should be addressed across the West Kent area with a particular focus on MSOAs in Maidstone and Tunbridge Wells where estimated binge drinking is higher than in other areas. West Kent Health and Wellbeing Board have agreed that alcohol is a priority and a proposed summit will take place to initiate the 'Total Place' concept for alcohol prevention. A cross organisational plan should be drawn to take action in areas such as marketing of low alcohol consumption, brief interventions and adequate commissioning and provision of rehabilitation and recovery services.
- Further work should be undertaken to understand substance misuse trends in West Kent and appropriate actions taken to address issues.

Smoking

- A particular focus should be placed on tobacco control in MSOAs in Maidstone and Tunbridge Wells with an estimated smoking prevalence of above 30%. Organisations need to integrate referrals into the stop smoking service in their commissioning plans.

Air Quality

- Maidstone and Tonbridge and Malling have three areas with significantly high NO^2 readings. District low emission strategies should be shared with partners to ensure a multi-agency approach to improving air quality, particularly within these areas. All public sector have a responsibility to produce sustainability plans, including the supply chain which could contribute significantly to reducing emissions.

Sexual Health

- Prescription of Long Acting Reversible Contraception (LARC) is higher in West Kent than in England and is only cost effective in the long term, additionally adding no value to the prevention of STIs. However the removal rate of LARC is also high, this requires further investigation of the cost effectiveness of LARC in West Kent and offer alternative contraceptive as a preferred method as appropriate
- Repeat abortions are also higher in West Kent than in England. Education and signposting to contraceptive services at point of abortion is needed to avoid second event
- Increase referrals into local preventative services to avoid higher costs of out of area treatments for GUM services
- Improve early diagnosis of HIV, education and signposting to services
- STIs continue to increase, in particular Gonorrhoea and Genital Herpes. Better awareness of safer sexual health practices should be available through schools, colleges and youth services

Partners: Commissioners, Health, Social Care, Education, Youth Service, Providers, Trading Standards, Districts

8. Healthcare utilisation and disease distribution in the population

Ambulance and Admissions

- Ambulance incident and transportation rates for West Kent CCG are lower than the Kent average, although the number resulting in transportation to hospital is higher than the Kent average
- 0-4 age group comprise the highest number and cost of short stay admissions
- The cost of long stay admissions increases by age, with the highest long stays in the 80-84 age group
- Hospital admissions are significantly higher in populations from the most deprived areas

- Delayed discharges more than doubled between April 2014 and March 2015, the main reason recorded was patient or family choice, followed by awaiting further NHS non-acute care.

Diabetes

Recorded prevalence of diabetes in West Kent CCG is lower than the Kent average, but varies between practices. Recorded diabetes has been increased at a similar rate to the Kent average, and is estimated to continue to do so. There is a moderate association between recorded diabetes and obesity. Additional risks of complications among people with diabetes are higher in West Kent CCG than England and Wales, in particular Heart Failure, Stroke, major and minor amputations and Renal replacement therapy.

Asthma

Prevalence of asthma in West Kent CCG is similar to Kent (5.6% and 5.5%) but there is variation between practices (ranging between 3.6% to 8.4%). There is no strong correlation between prevalence of asthma and hospital admissions.

COPD

The prevalence of COPD is below the Kent average (1.49% and 1.8% respectively). Modelling estimates large numbers of undiagnosed cases.

Coronary Heart Disease

Prevalence of CHD is lower than Kent and Medway and England, again modelling estimates that prevalence is significantly higher, as with hypertension, with an estimated 6,300 undiagnosed patients.

Cancer

West Kent CCG has a slightly higher recorded cancer prevalence (2.3%) then both Kent and Medway (2.2%) and England (2.1%). Recorded cancer prevalence ranges from 0.8% to 3.9%. Mortality rates are highest in lung cancer for men, and for women rates are highest for lung and breast cancer.

54% of lung cancer admissions are emergencies, whilst only 25% are diagnosed at an early stage.

An estimated 12,788 people in West Kent are living with and beyond cancer up to twenty years after diagnosis.

Mental Health

- Prevalence is similar to Kent and Medway, and lower than national. Hospital admission rates vary and a number are higher than the West Kent CCG and there is a mild association between prevalence and admissions
- Bridge and Shepway South have the highest contact rates for those aged between 15 and 64 with a mental health condition, although contact rates vary across West Kent CCG from 34.8% to 41.0%
- Emergency admissions for mental illness vary between practices (51.0 to 296.4 per 100,000 population)
- Prevalence of depression is lower in West Kent CCG than in Kent and Medway and England, but there is a variance of 2% to 12.1% between practices
- Suicide rates are similar to Kent, although female are slightly higher. Male rates increase with each age band and peak at 50 to 59, rates then reduce until aged 80 and over. Females remain relatively low and are highest at age 80 and over.

Learning Disability

Prevalence of patients with learning disabilities is lower in West Kent CCG than in Kent and Medway, and contact rates are highest in Lenham, Park, Bridge and Hildenborough. The overall West Kent CCG contact rate (those in contact with services) for those with mental health learning disabilities is lower than Kent. Detailed analysis also suggests low uptake of annual health checks in some areas.

Dementia

Dementia prevalence in West Kent CCG is similar to Kent and Medway and England at 0.6%. Referrals into memory assessment clinics continue to increase by approximately 405 per year and emergency admissions with dementia codes as primary or secondary diagnosis have increased by 106.6 per 100,000 population

Falls

Hospital admissions due to falls rose steadily until 2011/12 and fell in 2012/13. A small increase occurred in 2013/14 and trend analysis estimates the increase to continue.

8.1 Recommendations

- Investigate why the number of ambulance incidents and transportations that result in transportation to hospital are higher in West Kent and if this is appropriate
- There is a need to undertake regular audits to ensure that bed capacity is appropriately used in secondary care, particularly in case of short stay hospital admissions for 0-4 year olds and long stays hospital admissions particularly for 80-84 year olds.
- Improve early diagnosis of lung cancer and long term conditions, such as diabetes, COPD, CHD to reduce the gap in the number of people estimated to have a disease and known to services
- Address management of diabetes, COPD, CHD and other long term conditions to address variation in outcomes at CCG level
- Possible impact on Palliative Care Services and support in the community as patients diagnosed with cancer are living longer and would need support in maintaining their quality of life
- Commissioning plans to reflect the increasing demand for memory assessment clinics and those living with dementia
- Continue to work with partners to prevent and manage falls, particularly for those at risk.

Partners: CCGs, SECAmb, Acute Provider, Primary Care, Palliative Care, Falls Services, District Housing Teams

Grant funded voluntary organisations

Most grant funded voluntary organisations are situated within town centres, despite a high number of older people appearing to be living with income deprivation in more rural areas. From current data it is unclear as to how established outreach engages with rural communities and requires further exploration.

Conclusion

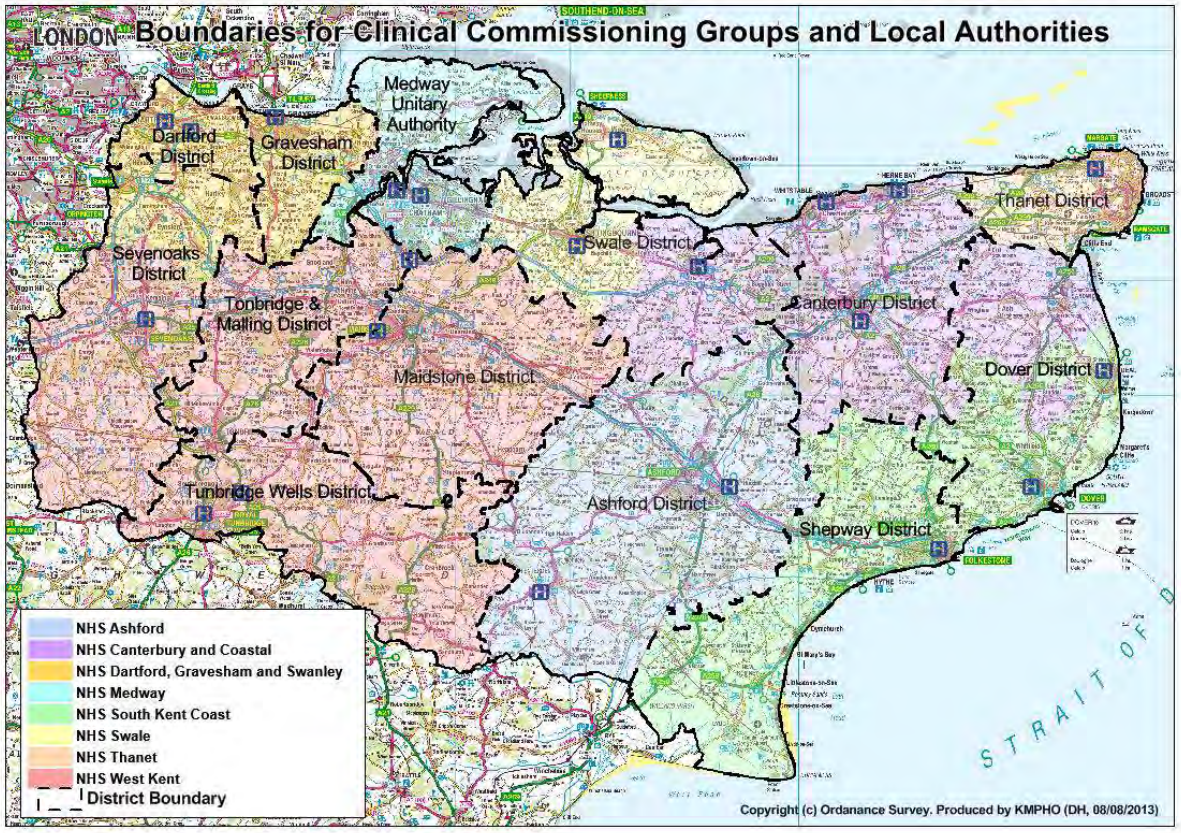
The analysis in the report has been structured locally to understand trends for diseases and contributory factors at various stages of life course. As public sector organisations strive to do things differently in order to meet increasing pressures on the health and social care system, there is an ongoing need to improve quality whilst achieving better value for money. It is required that public resources are invested on the right services in the right place for the right people. This report highlights areas that require collaborative working amongst partners through joined up commissioning and integrated care, informed by good information on population demographics. As next steps the CCG will need to consider its existing and future commissioning intentions along with partnership action plans to address issues highlighted in the report.

2. Population Demographics

2.1 Current Population

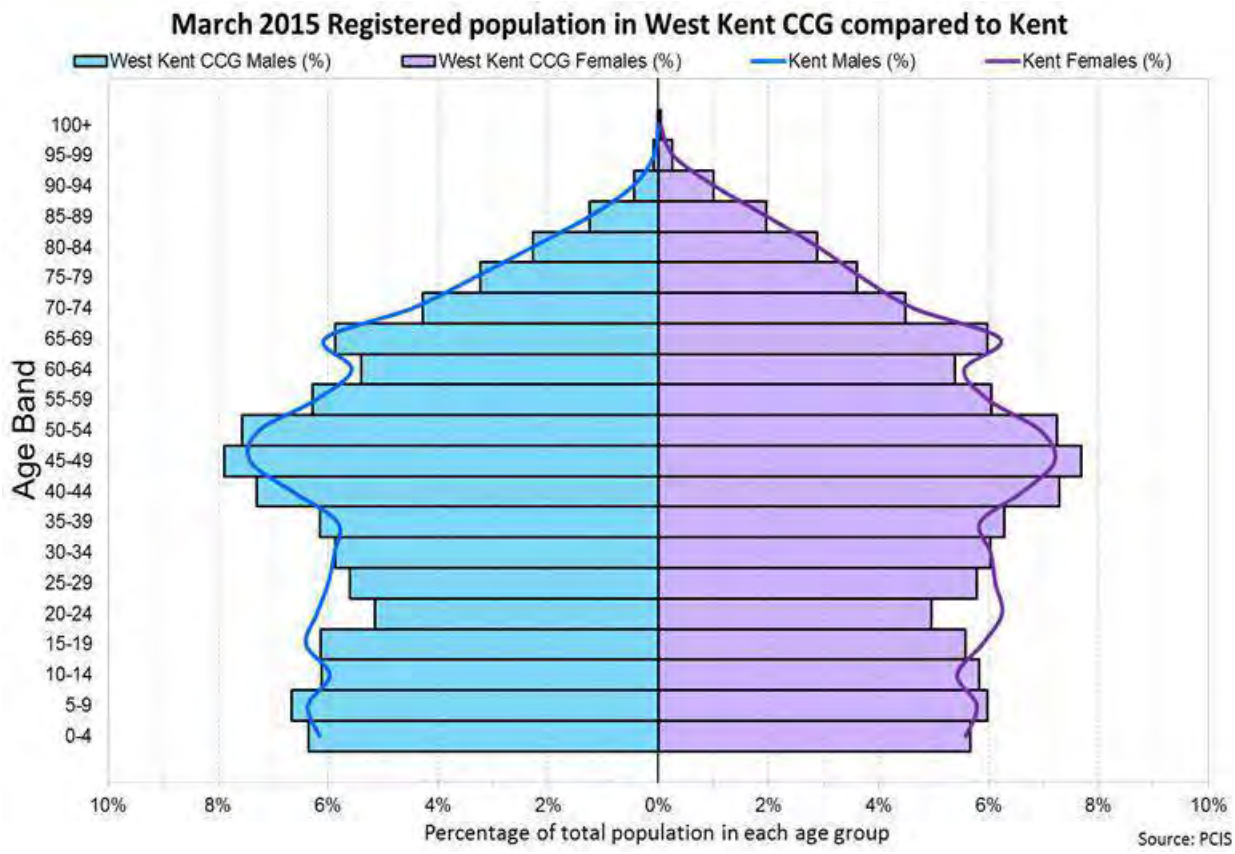
West Kent CCG is comprised of 62 practices, responsible for a population registered with general practice of 476,223 (March 2015). Since March 2004, the registered population has increased steadily by approximately 3,200 patients per year. West Kent CCG is the largest of the seven Kent CCGs (figure1), accounting for 31.2% of the overall Kent registered population (1,527,332 individuals).

Figure 1 Boundaries for Clinical Commissioning Groups and Local Authorities



The age profile of the West Kent CCG population is broadly similar to that of Kent; however, has a slightly lower proportions of patients aged between 16 and 29, and marginally higher proportions of people aged between 40 and 54 years. In next ten years this population is likely to be the user of health services and by ensuring every contact counts to prevent and delay the onset of ill health will realise longer term patient and system benefits. There tends to be more males than females in the under 25 population, although from the age of 85 there are notably higher proportions of females than males.

Figure 2



At March 2015, 18.9% (89,393 individuals) of the registered population in West Kent CCG was aged 65 and above, a small increase from 18.4% in March 2013. Across Kent, 19.4% of the registered population was aged 65 and over at March 2015.

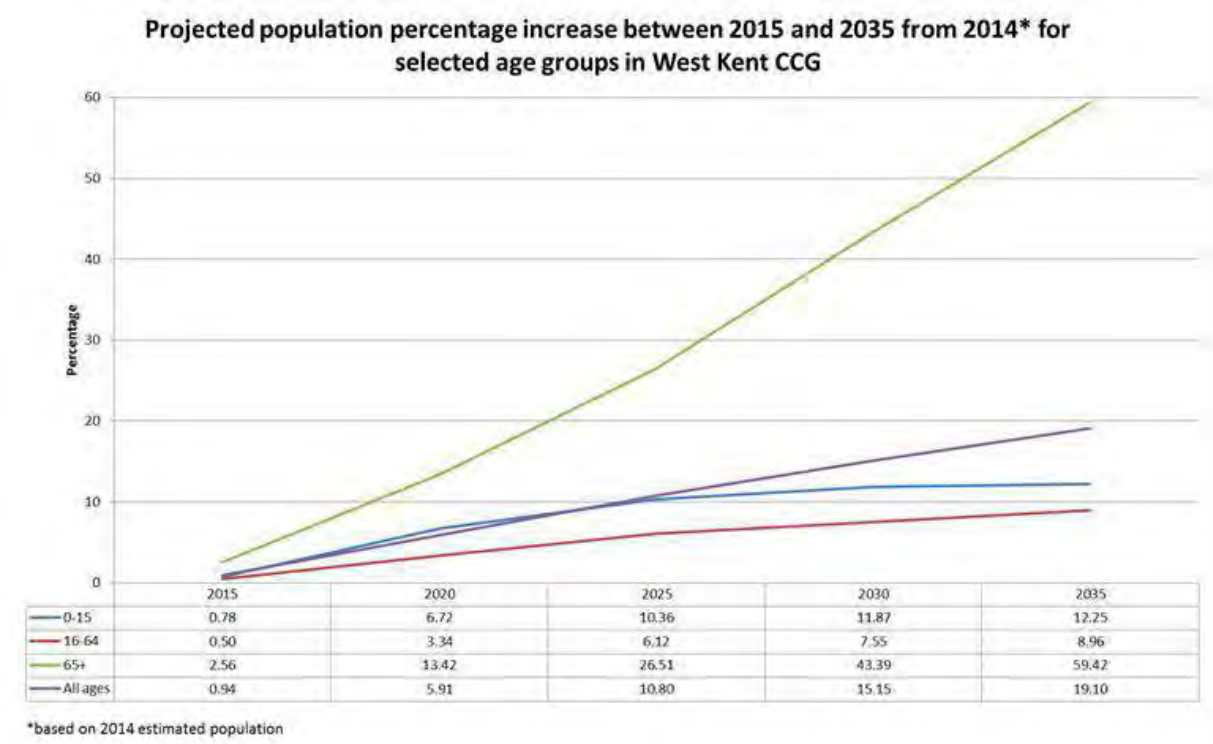
Allington Park Surgery (G82793, Maidstone) had the highest proportion of registered patients aged 65 and over in West Kent CCG in March 2015, at 31.8% (879 individuals), followed closely by The Crane Surgery (G82605, Tunbridge Wells) with 30.8% (583) of the practice population aged 65 and above. Across West Kent CCG, 6.0% (28,601 patients) of the registered population are aged 0 to 4 years compared to 5.9% in Kent. The Surgery (G82641, Maidstone) has the highest proportion of patients under the age of five, accounting for 10.2% (348) of its practice population.

Please see appendix 1 for population information at practice level

2.2 Expected population change

In next twenty years across West Kent CCG, the population is expected to increase from 471,791 residents in 2014 to 561,883 residents in 2035, an increase of 19.1%. The largest increase is expected in the over 65 age band, a 59.4% increase, accounting for an additional 52,647 people (figure 5).

Figure 5



Whilst in the next five years the estimated increase in population aged 65 to 84 in West Kent is slightly higher than Kent and Medway, the percentage increase in population aged over 85 is the second highest of the CCGs in Kent and Medway (figure 6). The percentage increase in population aged over 85 between 2015 and 2020 is 22.4%, equating to an additional 2,848 individuals. The shift of care from acute to community settings will improve the patient experiences, whilst reducing pressures on acute providers (figure7).

Figure 6

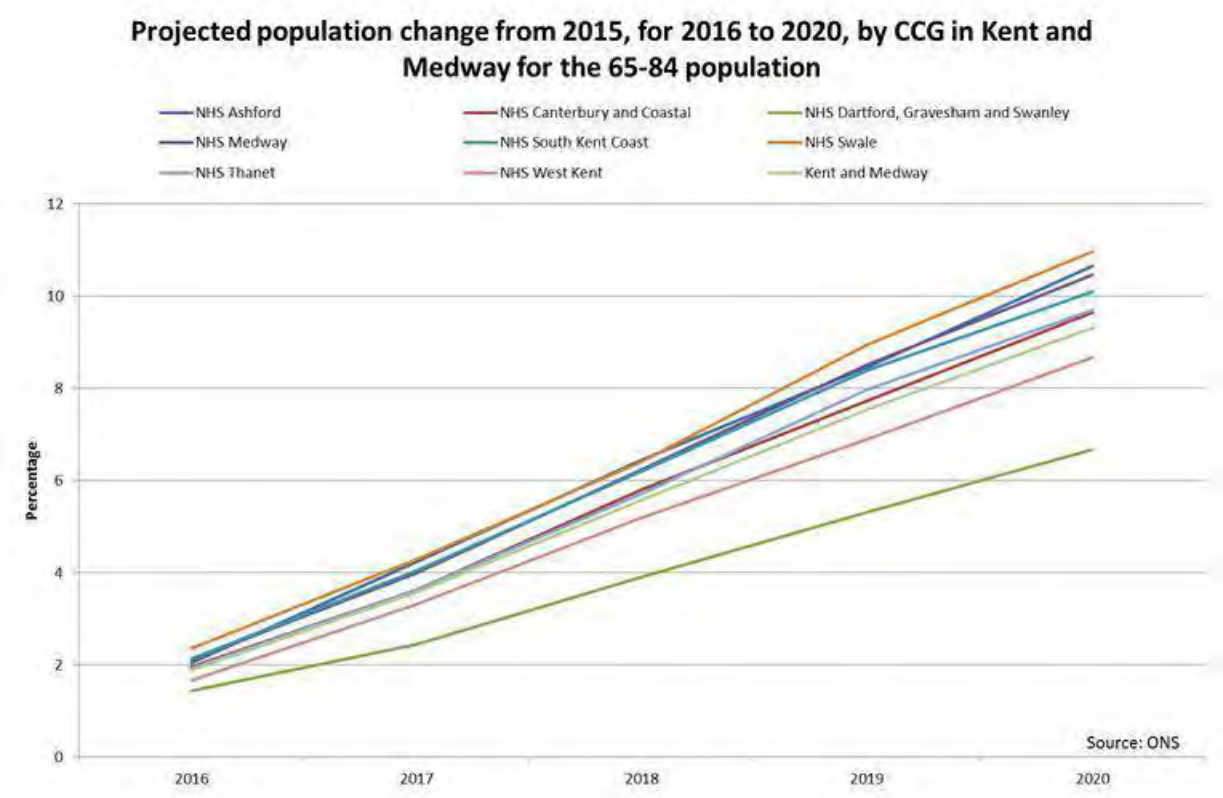
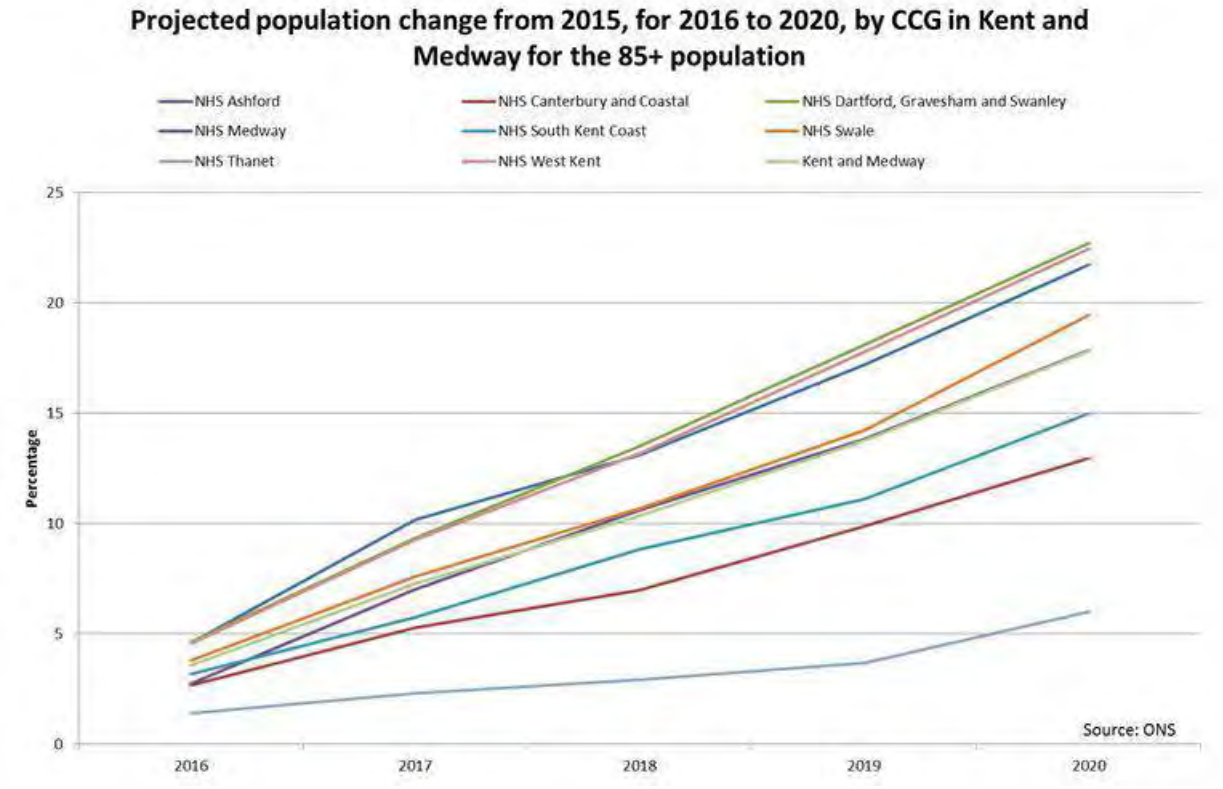


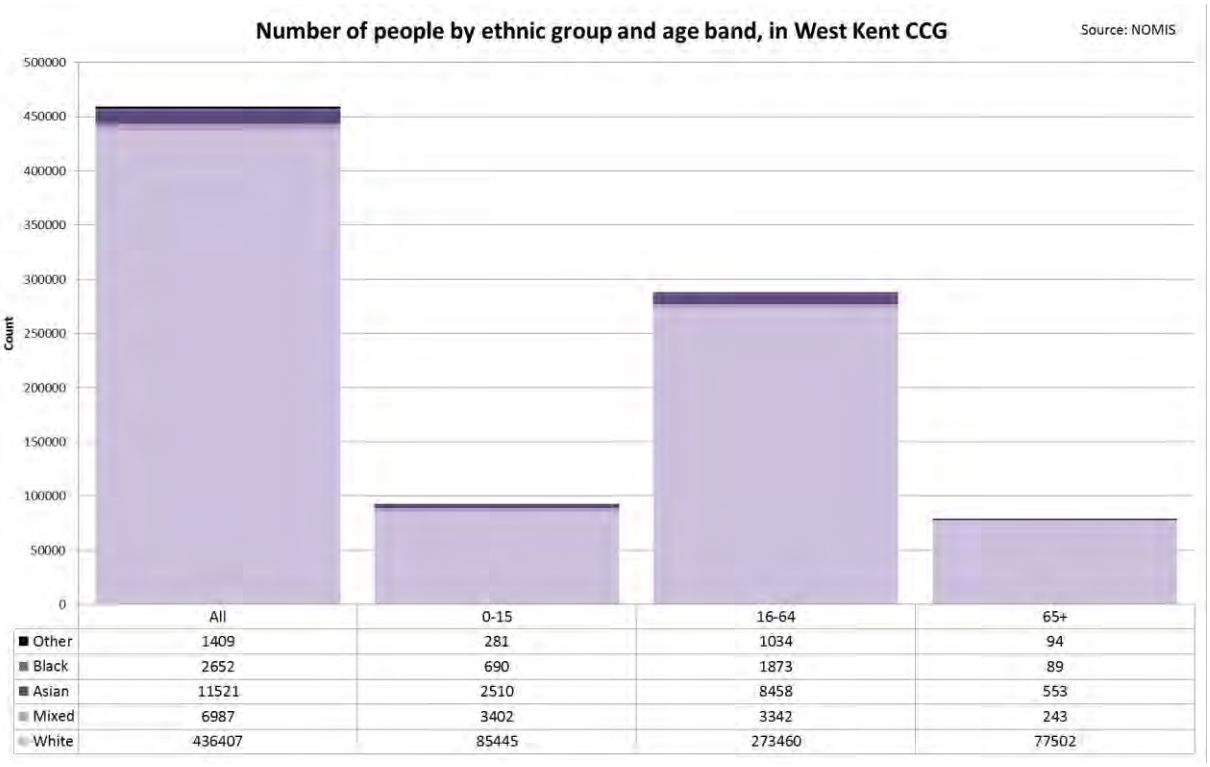
Figure 7



2.3 Ethnicity

The proportion of the West Kent CCG population from a non-white background is 4.9% (22,569 people). 3.8% (17,257) of residents classified themselves as 'Other White' in the 2011 Census, and 2.5% (11,521) as Asian British. People of Arabian ethnic background comprise just 0.1% (430) of the population.

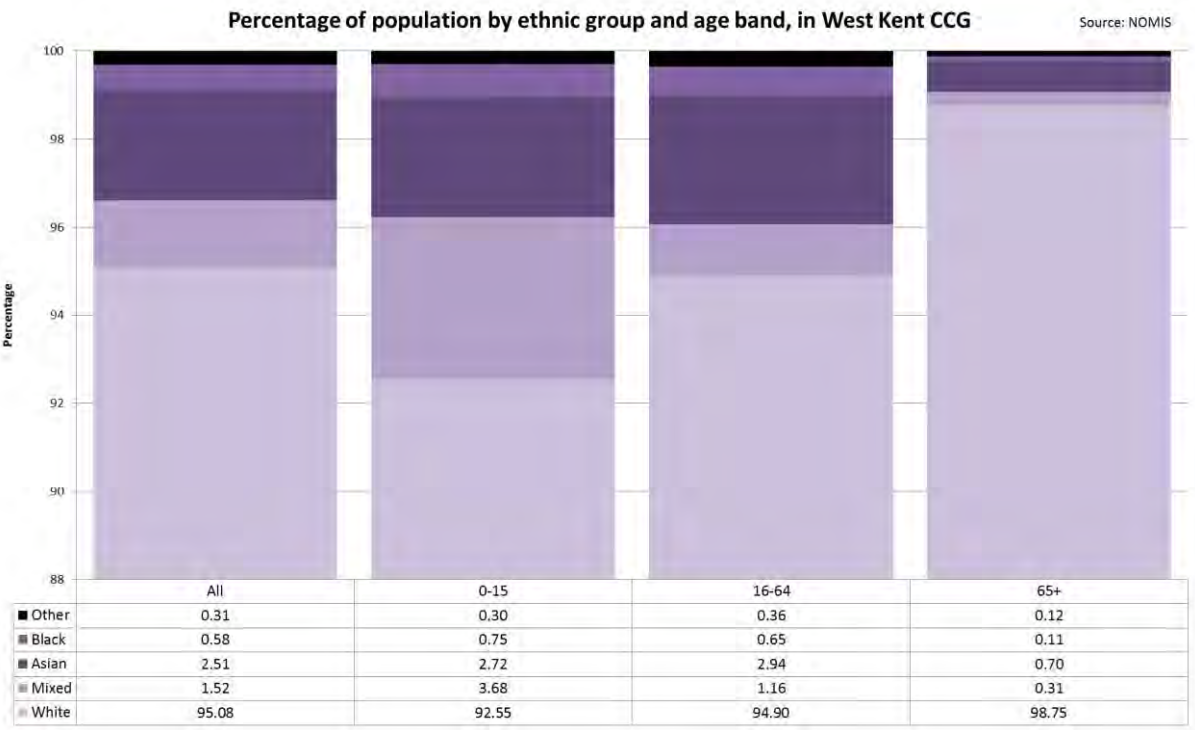
Figure 8



	All	0-15	16-64	65+
Other	1409	281	1034	94
Black	2652	690	1873	89
Asian	11521	2510	8458	553
Mixed	6987	3402	3342	243
White	436407	85445	273460	77502

Ethnic diversity is greatest in the under 15 age group, with 7.45% (6,883 people) of the population being of non-white ethnicity. The majority of these individuals identified as either Mixed ethnicity (3.7%, 3,402 people) or Asian ethnicity (2.7%, 2,510 people). Among the 65 and above population, 1.3% of the population are non-white, with the majority being of Asian ethnicity (0.7%, 553 people).

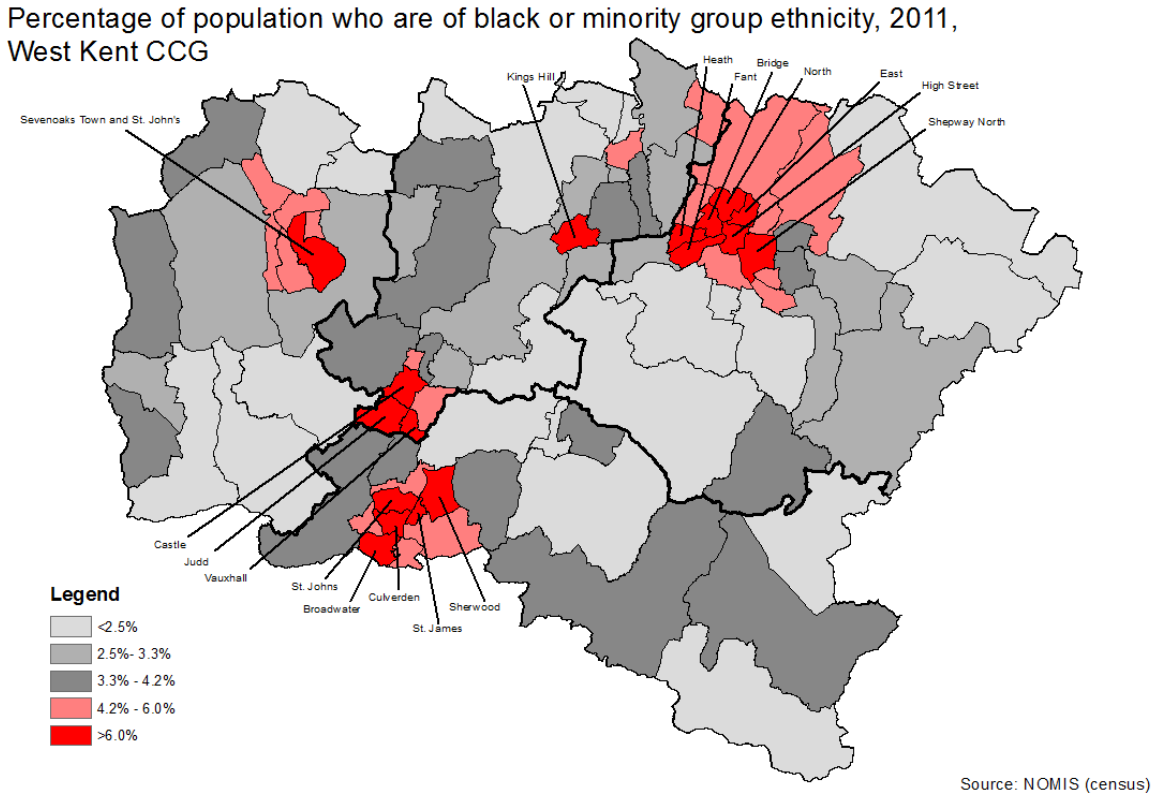
Figure 9



	All	0-15	16-64	65+
Other	0.31	0.30	0.36	0.12
Black	0.58	0.75	0.65	0.11
Asian	2.51	2.72	2.94	0.70
Mixed	1.52	3.68	1.16	0.31
White	95.08	92.55	94.90	98.75

The wards with highest percentage of BME population (above 4.2%) tend to be in the town centres.

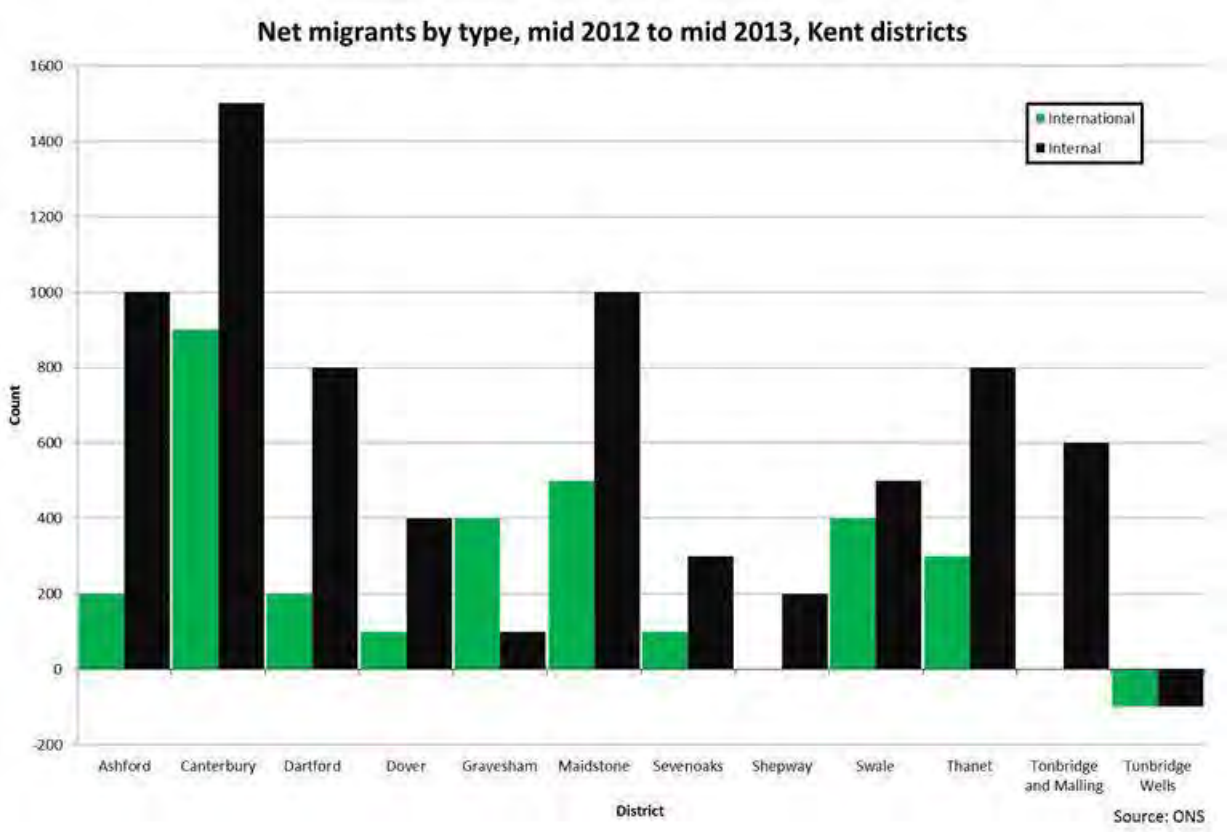
Figure 10



2.4 Migration

Between mid-2012 and mid-2013, there was a net increase of 10,000 migrants, with 7,000 of these originating from within the UK, and 3,000 international migrants. Tunbridge Wells was the only Kent district with a larger out flow than in flow, although Tonbridge and Malling had equal inflow and outflow for international migrants. Changes in population ethnicity will bring new challenges for primary care in particular, cultural differences, language barriers and increased risk for some conditions, for example diabetes, stroke and coronary heart disease.

Figure 11



Based on data collected in the 2011 census, across all districts in West Kent, the out flow was greater than the in flow in the 16 to 24 age band, meaning more people moved out of these areas than into these areas in this age band.

Table 1: Age profile of in flow and out flow of migrants, Census 2011 data

Maidstone	Net Migrants (persons)		
	IN	OUT	NET
All ages	8248	6807	1441
0-15	1277	823	454
16-24	1708	1955	-247
25-49	3913	2956	957
50-64	1070	911	159
65+	280	162	118

Sevenoaks	Net Migrants (persons)		
	IN	OUT	NET
All ages	6442	6133	309
0-15	1160	809	351
16-24	1080	1832	-752
25-49	3084	2360	724
50-64	852	868	-16
65+	266	264	2

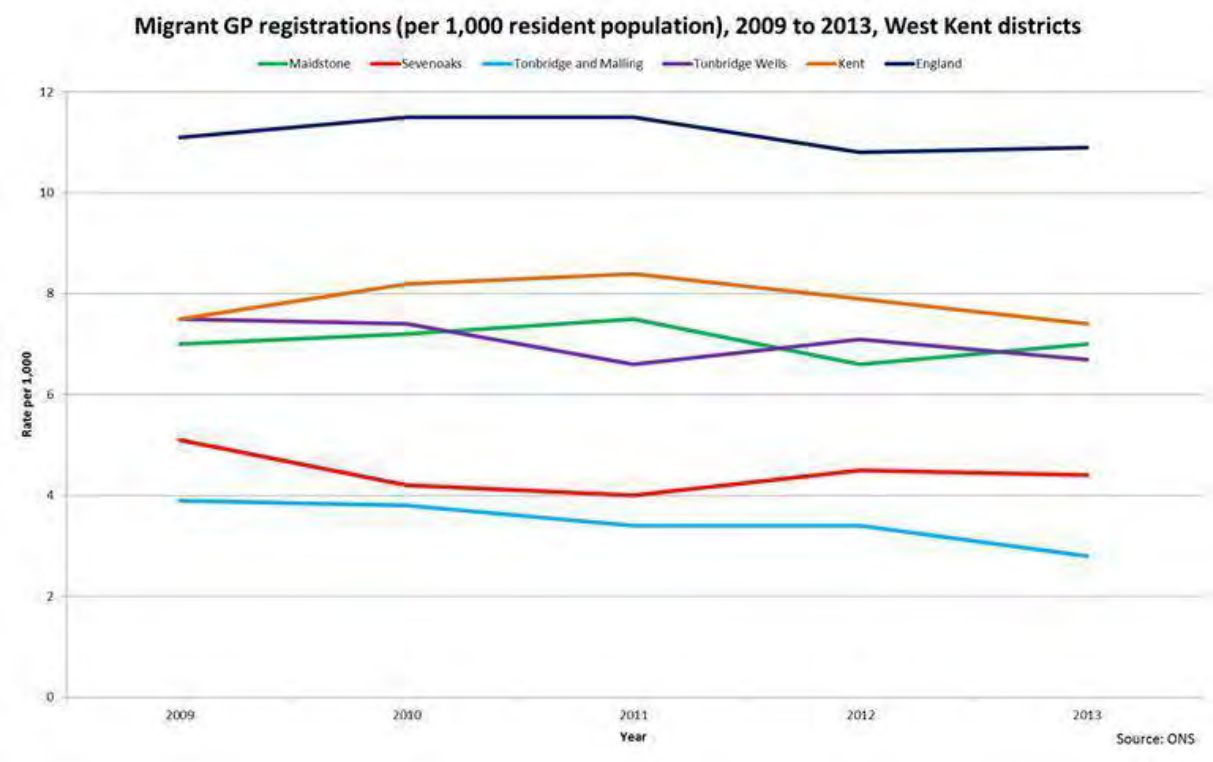
Tonbridge and Malling	Net Migrants (persons)		
	IN	OUT	NET
All ages	6614	5864	750
0-15	1316	757	559
16-24	1218	1753	-535
25-49	3060	2393	667
50-64	828	755	73
65+	192	206	-14

Tunbridge Wells	Net Migrants (persons)		
	IN	OUT	NET
All ages	7620	6041	1579
0-15	1427	860	567
16-24	1481	1820	-339
25-49	3651	2434	1217
50-64	816	765	51
65+	245	162	83

Source: NOMIS

Migrant GP registration rate per 1,000 resident population has remained fairly stable over the past five years across Kent, England and the West Kent districts. Registration rates in the West Kent districts have remained consistently lower than that of Kent and England; this is especially evident in Tonbridge and Malling and Sevenoaks.

Figure 12



3. Health Indicators

Key Points Health Indicators

Although people in west Kent generally live longer than the rest of Kent, there are still inequalities, in which those in more deprived areas can experience death up to 13.1 years **less life t**han those in more affluent areas.
Data within this document highlights that within the areas of high deprivation, poor levels of education, high crime rates particularly against the person, housing conditions, homeless people and poorer health outcomes can be found. For example Maidstone has the second highest rates of homeless people in Kent, almost four times the number of people in 2008, usually found within the town centre.

Recommendations

Addressing health inequalities requires concerted effort by all partner organisations involved to promote health and wellbeing of the population.
Inequalities should determine the commissioning priorities and delivery of services to ensure resources are distributed according to need, which may be a combination of medical, social and economic factors.
Partners will need to develop new ways of working to address wider determinants that result in poor health outcomes, without tackling these, the inequalities gap will not narrow. Collaborative working between public sector partners including primary care will provide wrap around services for person/family/community that needs help. This work should be facilitated through the use of integrated information.

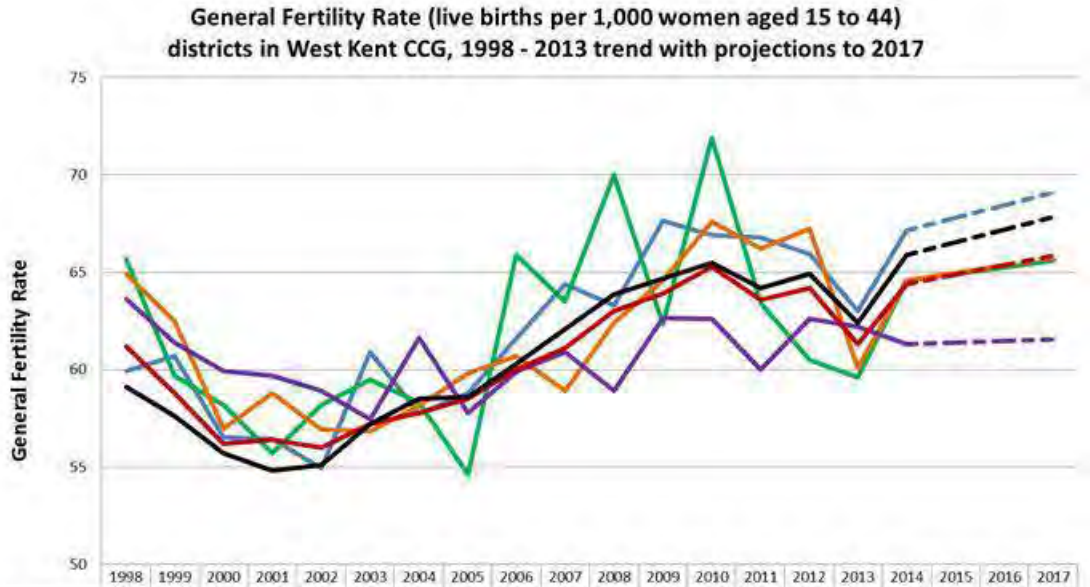
Partners: Commissioners

3.1 Fertility

General Fertility Rate (GFR) is an indication of population growth within the current population of women of child bearing age. GFR is a measure of the number of live births per 1,000 women aged between 15 and 44. The rates for the districts in West Kent have followed a very similar pattern to the Kent rate since 1998, gradually increasing until approximately 2010 before starting to decline again. General Fertility Rate varies greatly between the West Kent CCG wards, with the highest rate in Park Wood, Maidstone (97.7 per 1000) and the lowest rate in Ightham, Tonbridge and Malling (41.5 per 1000). The West Kent CCG rate (63.6 per 1000) is very similar to that of Kent (63.0 per 1000).

The GFR is expected to increase across Kent, England and the West Kent districts until 2017; however this increase is less evidence in Tonbridge and Malling. Between 1998 and 2013, the rate of change in Tonbridge and Malling was 0.08 births per 1,000 women annually, whereas the rate of change in Kent was 0.48. Maidstone has the fastest rate of change over this time period, at 0.65 births per 1,000 women annually. Under 18 conceptions are also decreasing in west Kent, although at a slower rate in Tonbridge and Malling (see chapter 8, page 87)

Figure 13



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Maidstone	60.0	60.7	56.5	56.4	55.0	60.9	57.7	58.8	61.6	64.4	63.3	67.6	66.9	66.8	65.9	63.0	67.2	67.8	68.5	69.1
Tunbridge Wells	65.7	59.7	58.2	55.7	58.2	59.5	58.3	54.6	65.9	63.5	70.0	62.3	71.9	63.4	60.5	59.6	64.6	64.9	65.3	65.6
Sevenoaks	64.9	62.5	57.0	58.8	56.9	56.9	58.1	59.8	60.7	58.9	62.4	64.6	67.6	66.2	67.2	60.1	64.6	65.0	65.4	65.7
Tonbridge & Malling	63.6	61.4	59.9	59.7	58.9	57.5	61.6	57.8	59.9	60.9	58.9	62.7	62.6	60.0	62.6	62.2	61.3	61.4	61.5	61.6
Kent	61.2	58.8	56.2	56.4	56.0	57.2	57.8	58.5	60.0	61.1	63.0	63.9	65.3	63.6	64.2	61.3	64.4	64.9	65.4	65.8
England	59.1	57.6	55.7	54.8	55.1	57.2	58.5	58.6	60.3	62.1	63.9	64.7	65.5	64.2	64.9	62.4	65.9	66.5	67.2	67.8

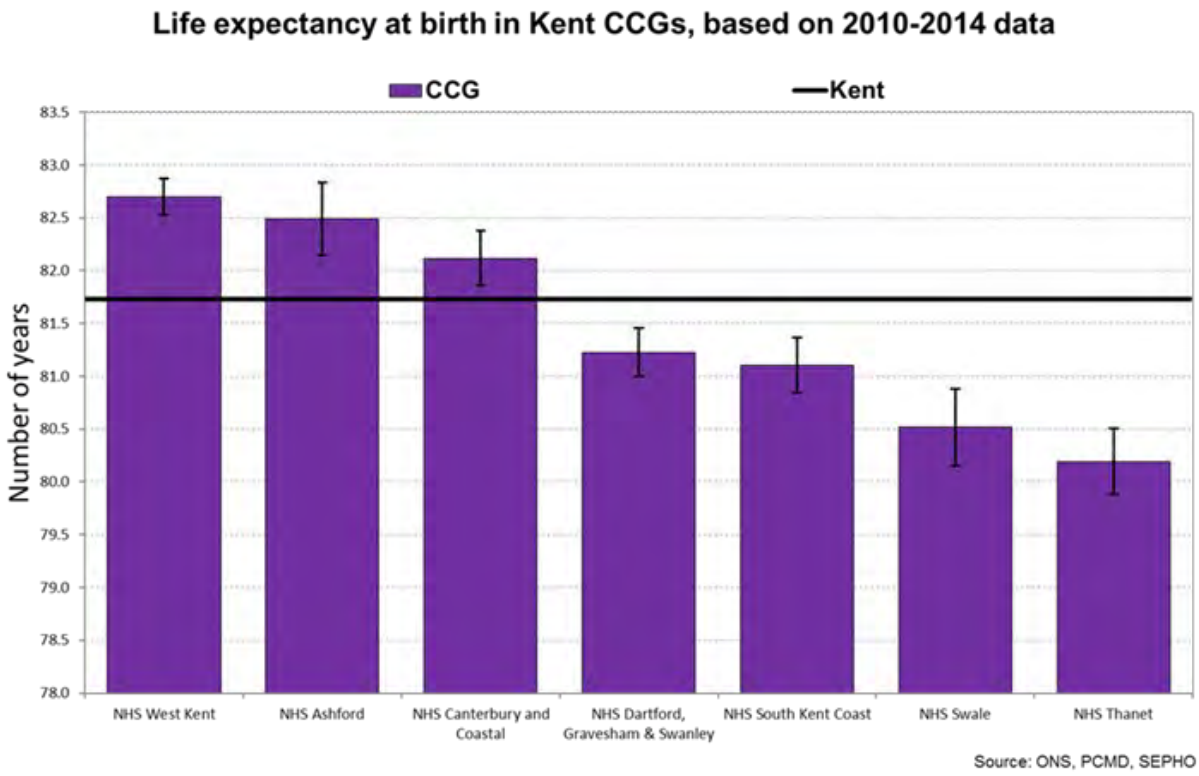
Source: HSCIC

3.2 Life expectancy

The South East Public Health Observatory (SEPHO) define life expectancy as: '*The average number of years a baby born in a particular area or population can be expected to live if it experiences the current age-specific mortality rates of that particular area or population throughout its life'.*

When calculated using 5 year time periods, life expectancy in West Kent CCG is 82.7 years (confidence interval: 82.5, 82.9), is significantly higher than the Kent average of 81.7 (confidence interval: 81.6, 81.8) (figure15).

Figure 15



There is significant variation across the West Kent CCG in terms of life expectancy. Detling and Thurnham ward, Maidstone has the highest life expectancy from birth, at 89.5 years, whilst the lowest is Bridge, Maidstone at 76.5 years; this is a difference of 13.1 years (appendix 2). The confidence intervals on the chart below identify a range in which we can be 95% confident that the true life expectancy lies; these tend to be wide due to the small areas of geography involved.

Between 1999-2001 and 2012-2014 the life expectancy in West Kent CCG has increased by 3.0 years, from 79.9 to 82.9 years.

Table 2: Life Expectancy in West Kent CCG, 1999-2001 to 2012-2014, by deprivation quintile

Time period	Indicator	Deprivation quintile					West Kent CCG
		Most deprived	Quintile 2	Quintile 3	Quintile 4	Least deprived	
1999-01	Life expectancy	77.9	78.5	80.1	80.3	81.6	79.9
	Mean annual deaths	857	853	726	802	759	3,997
2000-02	Life expectancy	77.7	79.0	80.8	80.6	81.8	80.2
	Mean annual deaths	872	828	691	777	760	3,927
2001-03	Life expectancy	78.1	79.4	80.8	81.0	81.8	80.5
	Mean annual deaths	860	812	689	757	773	3,892
2002-04	Life expectancy	78.6	79.7	80.7	80.6	82.2	80.6
	Mean annual deaths	837	798	698	771	757	3,861
2003-05	Life expectancy	78.7	79.9	80.9	81.3	82.8	81.0
	Mean annual deaths	840	792	694	748	731	3,806
2004-06	Life expectancy	79.1	80.2	81.7	81.7	83.2	81.4
	Mean annual deaths	829	782	671	733	724	3,739
2005-07	Life expectancy	79.5	80.7	82.8	82.4	83.7	82.1
	Mean annual deaths	822	789	655	749	738	3,753
2006-08	Life expectancy	80.3	81.3	83.3	82.6	84.0	82.6
	Mean annual deaths	797	791	658	764	751	3,762
2007-09	Life expectancy	79.6	80.9	82.4	82.3	83.8	82.0
	Mean annual deaths	795	800	668	748	748	3,758
2008-10	Life expectancy	79.8	81.1	82.5	82.7	84.0	82.3
	Mean annual deaths	796	802	679	742	752	3,772
2009-11	Life expectancy	80.1	81.1	82.9	83.0	84.2	82.5
	Mean annual deaths	782	804	667	733	742	3,727
2010-12	Life expectancy	80.7	81.4	83.2	83.1	84.4	82.6
	Mean annual deaths	761	808	649	787	786	3790
2011-13	Life expectancy	80.9	81.7	83.2	83.3	84.4	82.7
	Mean annual deaths	760	799	660	797	813	3828
2012-14	Life expectancy	81.2	82.1	83.1	83.3	84.4	82.9
	Mean annual deaths	750	785	676	821	831	3864

Totals may not sum due to rounding
Source: PCMD, ONS, SEPHO

In all West Kent CCG deprivation quintiles, life expectancy from birth has been steadily increasing., When calculated using 3 year time periods, life expectancy increased from an average of 79.9 in 1999-2001 to 82.9 in 2012-14. The rate of increase in life expectancy for the most deprived quintile has been marginally faster; however, the discrepancies in life expectancy between each quintile remain clear. The most deprived quintile has the lowest life expectancy (81.2 years in 2012-14) and the least deprived has the highest life expectancy (84.4 years in 2012-14). None of the deprivation quintiles have a life expectancy that is changing at a significantly different rate to the West Kent CCG life expectancy.

Between 1999-01 and 2012-14, the gap in life expectancy between the least and most deprived quintiles has remained fairly consistent, at an average of 3.9 years. The rate of change is a decrease of 0.02 years per time period, and this drop has been largely observed since 2009-11, reaching the lowest point in 2012-14 of 3.1 years. (Figure 18, below) shows the actual change (purple line), whilst the black line shows the current trend in changes in the gap in life expectancy.

Figure 17

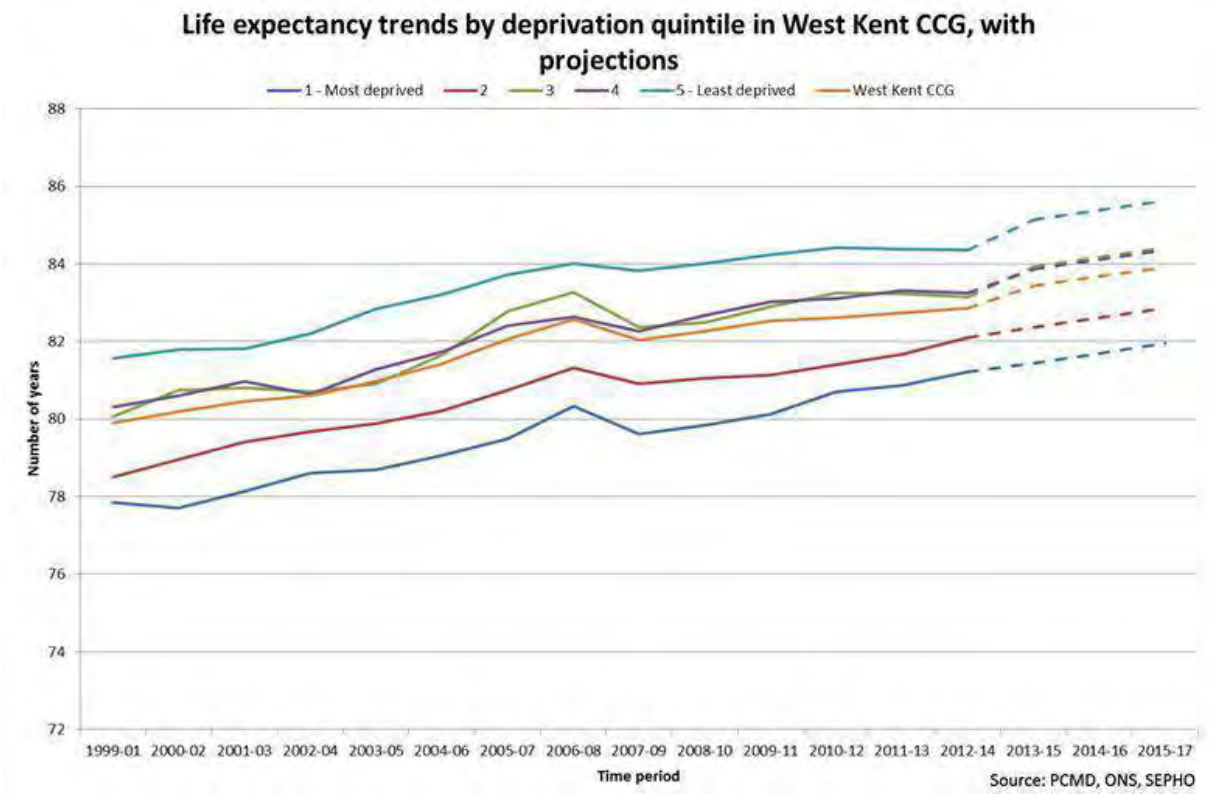
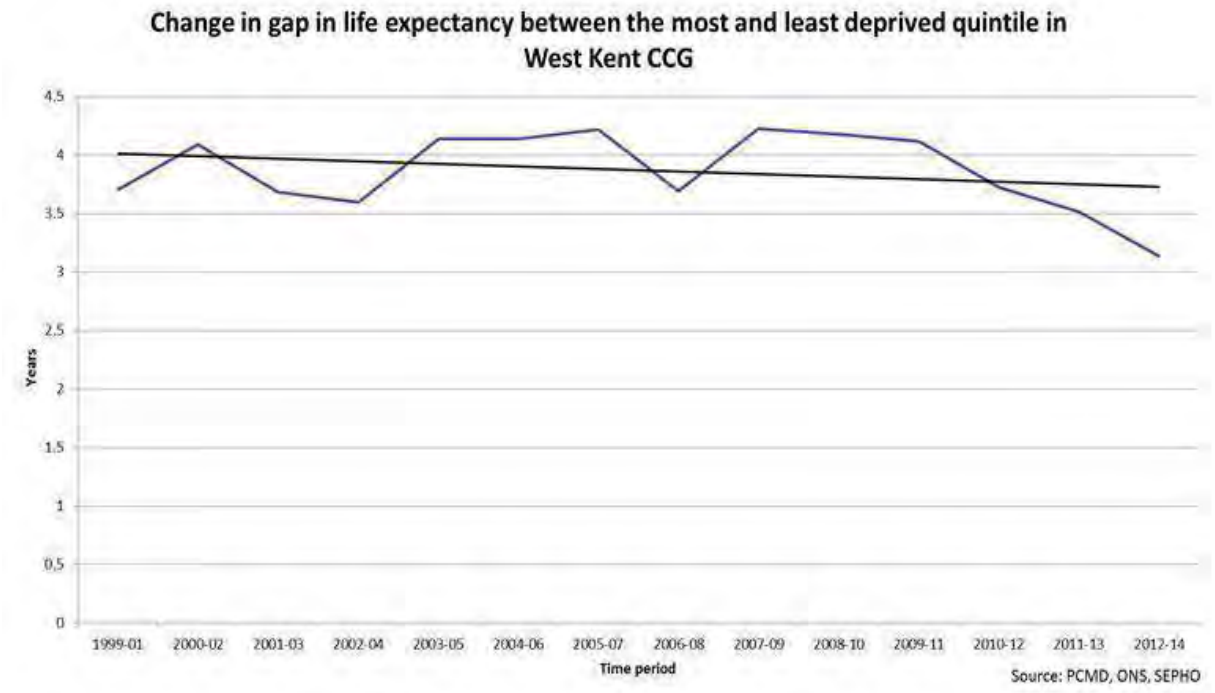


Figure 18



4. Deprivation and the wider determinants of health

Key Points

Each district within West Kent has areas with the poor health outcomes that are also the areas with high deprivation, poor levels of educational attainment, high in fuel poverty, poor air quality and high crime rates. This provides challenges as well as the opportunities for partner organisations to develop collaborative commissioning plans to address wider determinants that affect health outcomes. Nationally funded programmes are often available through districts to address the wider determinants, such as Warm Homes for energy efficiency, or Troubled Families programme for families with multiple problems. These programmes, if used effectively can reduce cost to the entire system, in financial and human terms.

The gap in school achievement between those entitled and not entitled to universal free school meals is greater in West Kent than the Kent average, with those in poorer households achieving less in the education arena.

Recommendations

Whilst services are needed for the entire population, they should be appropriately resourced to support those with the most need. Therefore services should be commissioned universally but proportionately. There should be clear pathways across organisations to ensure complex or/and multiple needs are met, such as housing, financial and health.

Shared vision and partnerships to ensure that vulnerable children, such as those of Irish Traveller, Gypsy Roma, those in care system and those entitled to free schools meals are supported to improve educational achievement.

Without tackling the wider determinants that create poor health outcomes, by improved or new ways of working across agencies, the inequalities gap will continue to exist and may in fact widen.

Partners: Commissioners, Providers and Partners

4.1 Deprivation

The links between social and economic conditions are intrinsically linked. The Marmot Strategic Review of Inequalities (2010)[3] found that the more affluent people are economically, the better their health outcomes. Marmot also concludes that we should be addressing these inequalities as a matter of social justice. The NHS Five Year Forward View also states that unless we address inequalities the gap will continue to widen.

When compared to the national Indices of Multiple Deprivation (IMD) quintiles, the majority of West Kent Lower Super Output Areas (LSOAs) tend to be in the least deprived quintiles; however, there are a few LSOAs mainly in town centres which are in the most deprived quintile nationally (appendix 3). The figure in appendix 3 highlights wards in West Kent CCG which have LSOAs in the most deprived quintile nationally; these are High Street, Shepway South and Park Wood.

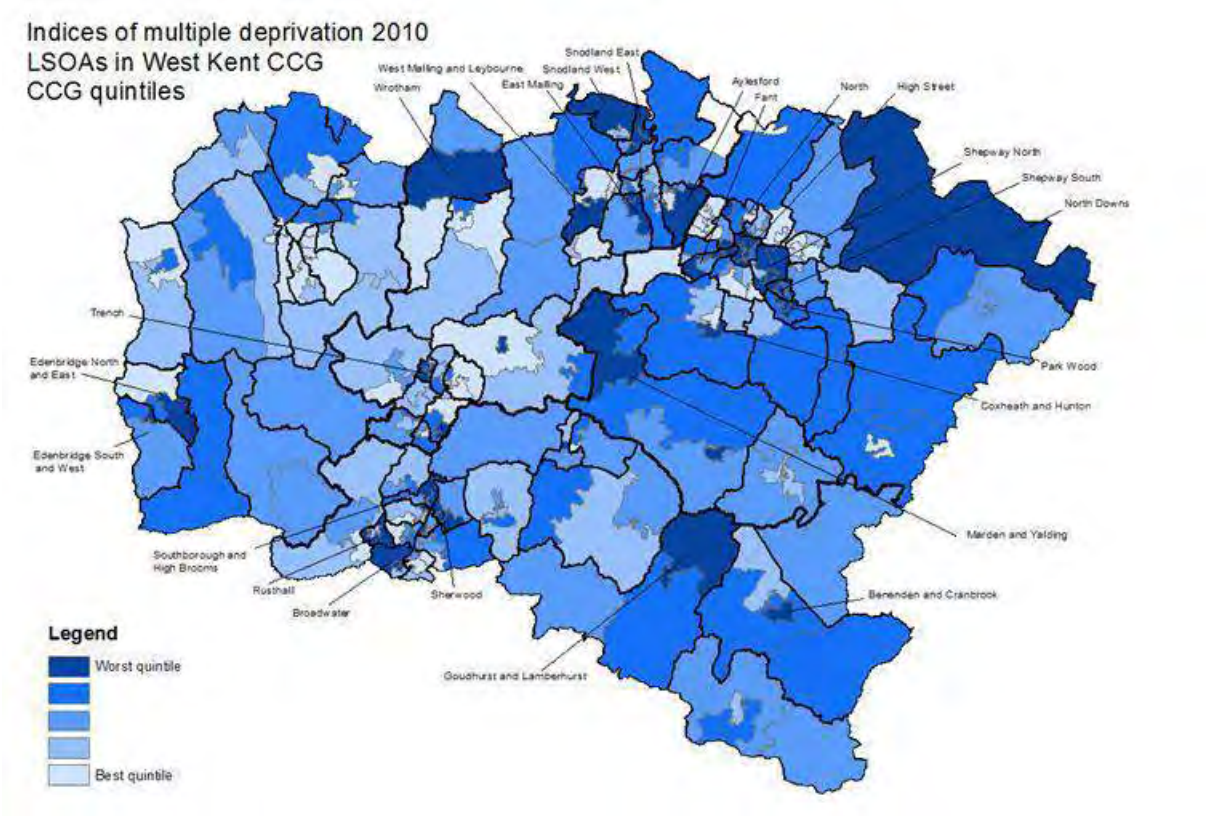
Figures 20 and 21 demonstrate the links between unemployment and deprivation, with the same wards being identified as having high unemployment and deprivation. A review of inequalities undertaken on behalf of the Health Select Committee (2011)[4] found that good quality employment is good for health, yet evidence shows the longer people are unemployed the less chance that they will return to work. Throughout this chapter it is apparent, that whether education, crime, housing, the issues appear to be more prominent in deprived areas, particularly town centres, thus affecting these populations disproportionately. In addition there are small areas that appear to be affluent, where there are pockets of the poorest people living in relative poverty, which often do not appear within deprivation statistics and these people are often overlooked.

[3] Marmot M 2010 Fair Society: Healthy Lives

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

The figure 20 shows the wards which have LSOAs in the most deprived quintile within West Kent CCG, highlighting areas of relative deprivation.

Figure 20

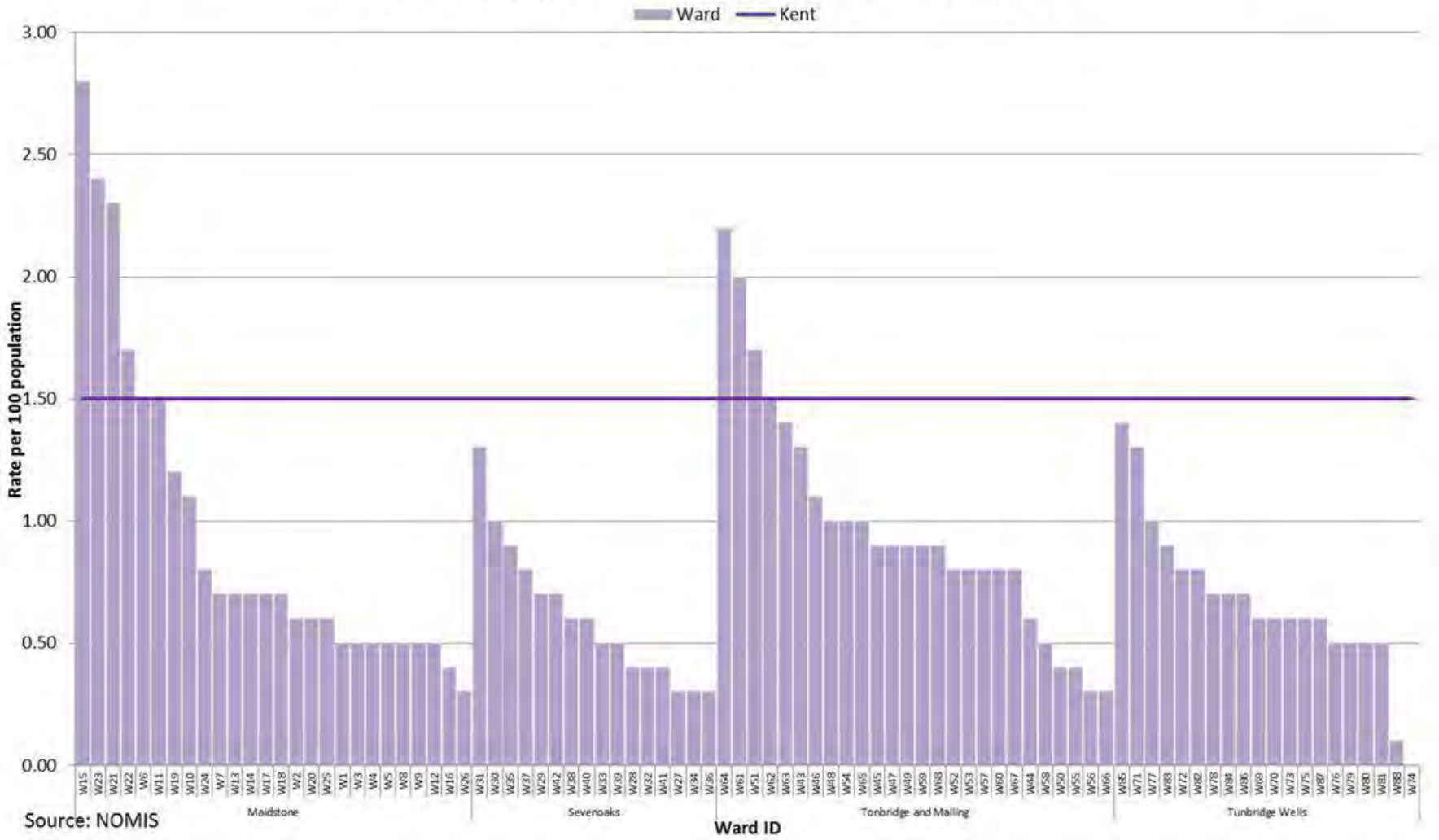


4.2 Unemployment

Only ten wards of the 88 in West Kent CCG have a job seeker's allowance rate greater than that of Kent. High Street, Maidstone (2.8, 192 individuals), Shepway South (2.4, 80 individuals) and Parkwood (2.3, 102 individuals) have the highest rates per 100 working age population.

Figure 21

Proportion of resident population aged 16-64 estimates claiming jobseeker's allowance, May 2015, by ward in West Kent CCG



Source: NOMIS

4.3 Pension credits

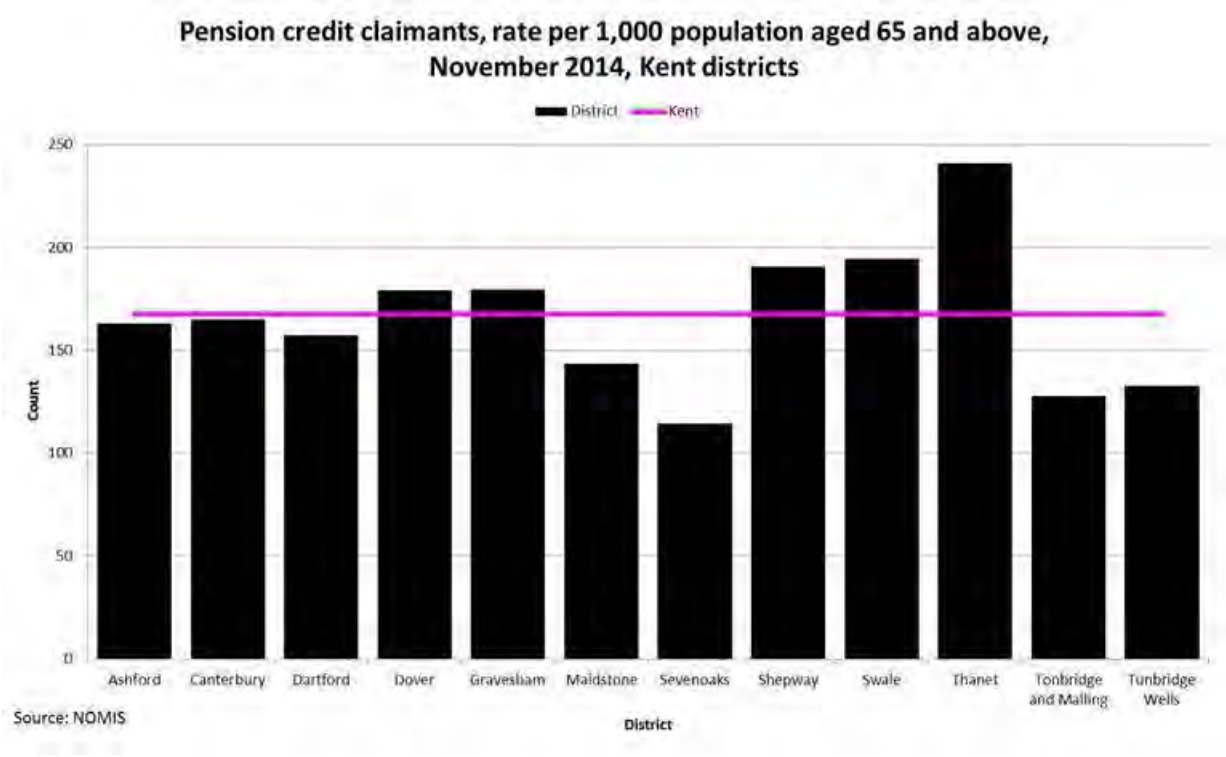
Pension Credits were introduced in October 2003 and is a non-contributory, income-related benefit. Its purposes are:

•To lift the poorest pensioners out of poverty by providing a contribution to a minimum guaranteed income for those aged 60 and over living in Great Britain

• To support those aged 65 and over who have made modest provision for their retirement

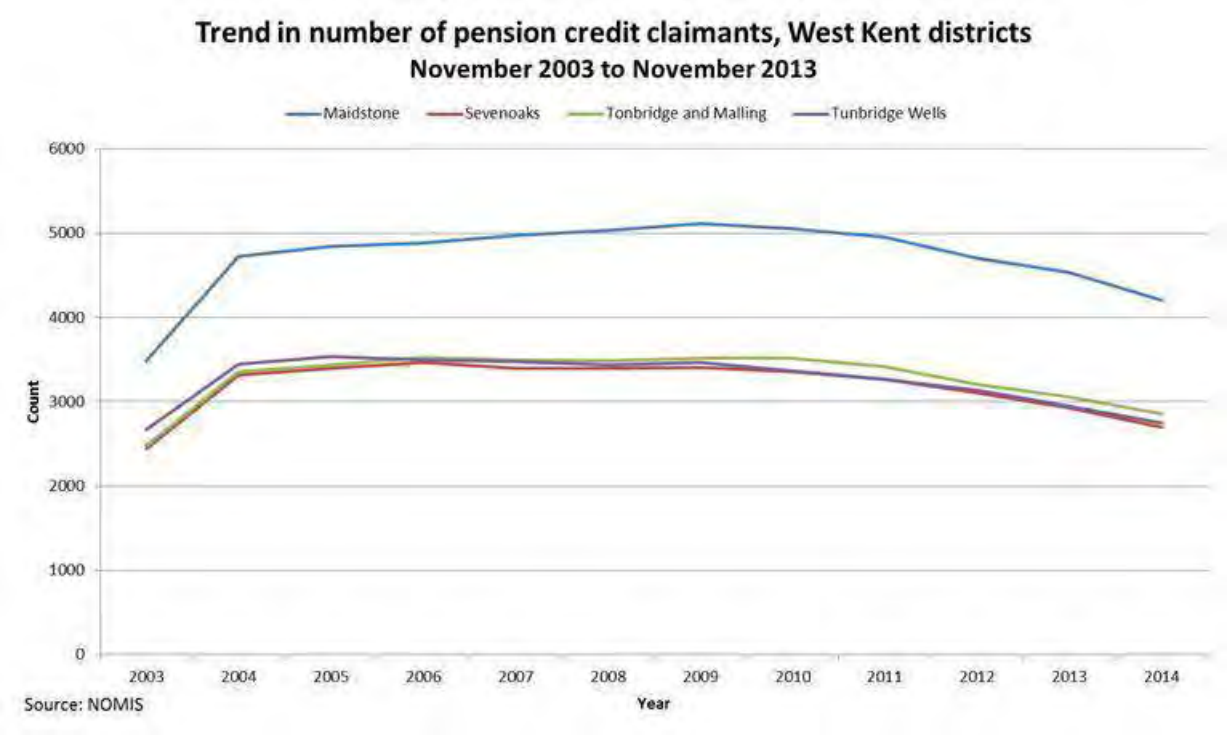
The four West Kent districts have the lowest pension credit claimant rates of all the Kent districts. Whilst pension credits aim to assist the poorest pensioners, some caution should be given to this measurement, as there is some consensus across agencies that there are a number of pensioners in West Kent that are 'asset rich, but cash poor'.

Figure 22



The number of claimants has been similar in Sevenoaks, Tonbridge and Malling and Tunbridge Wells; however is comparatively higher in Maidstone. All districts have displayed a similar trend, in which the count of claimants increased noticeably between 2003 and 2004, steadied for five to six years and has started to decline again since 2010. This is reflective of the trend observed at a national level, and the decrease has been attributed to the increase in the female State Pension age, which is also the age at which people become eligible for Pension Credit. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/452513/statistical-summary-august-2015.pdf).

Figure 23

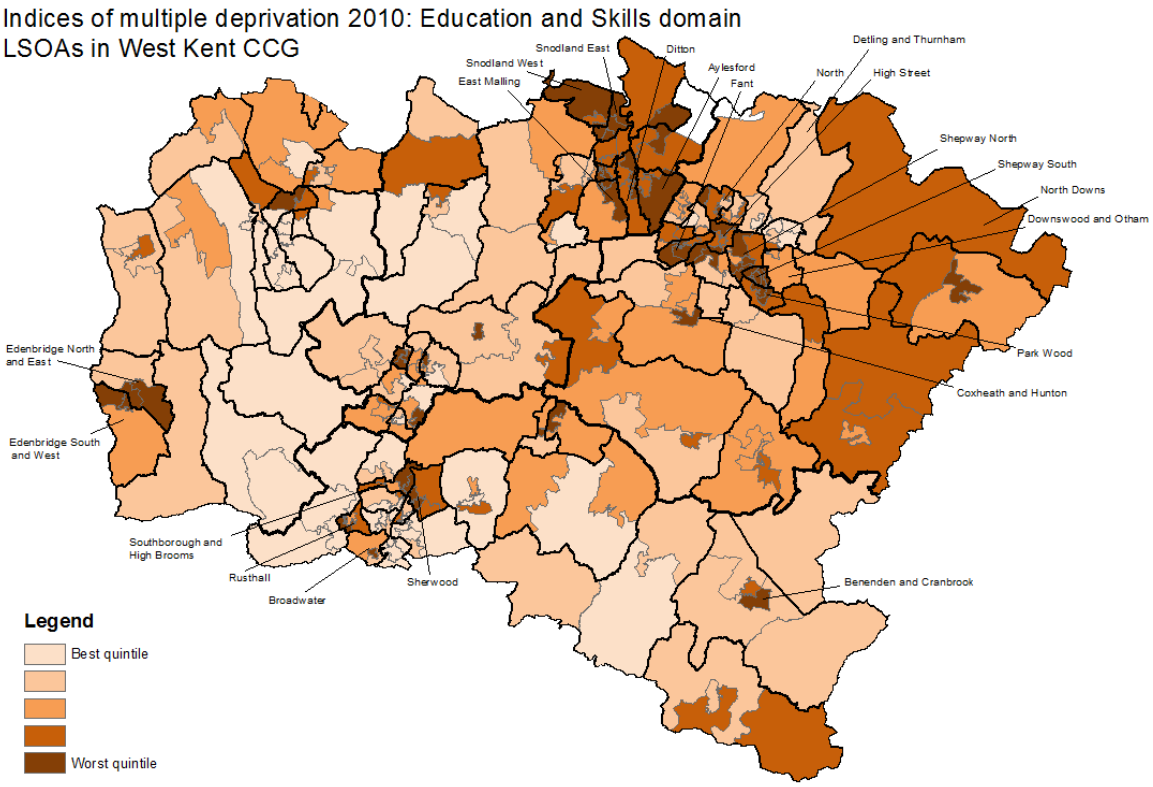


4.4 Educational Domain[5]

This domain measures the extent of deprivation in terms of education, skills and training in an area. Some caution should be applied to interpretation of this measure, as it is derived from the postcode of the school, rather than the pupil home address. For example, Sevenoaks has no grammar school, therefore, students travel to neighbouring districts to school. Therefore, education attainment within the Sevenoaks population is expected to be higher in some wards than illustrated on Figure 24. Whilst there are areas of educational deprivation across West Kent , these are mainly concentrated in north east of the CCG.

[5] Details of how this indicators is measured is in Appendix 4

Figure 24

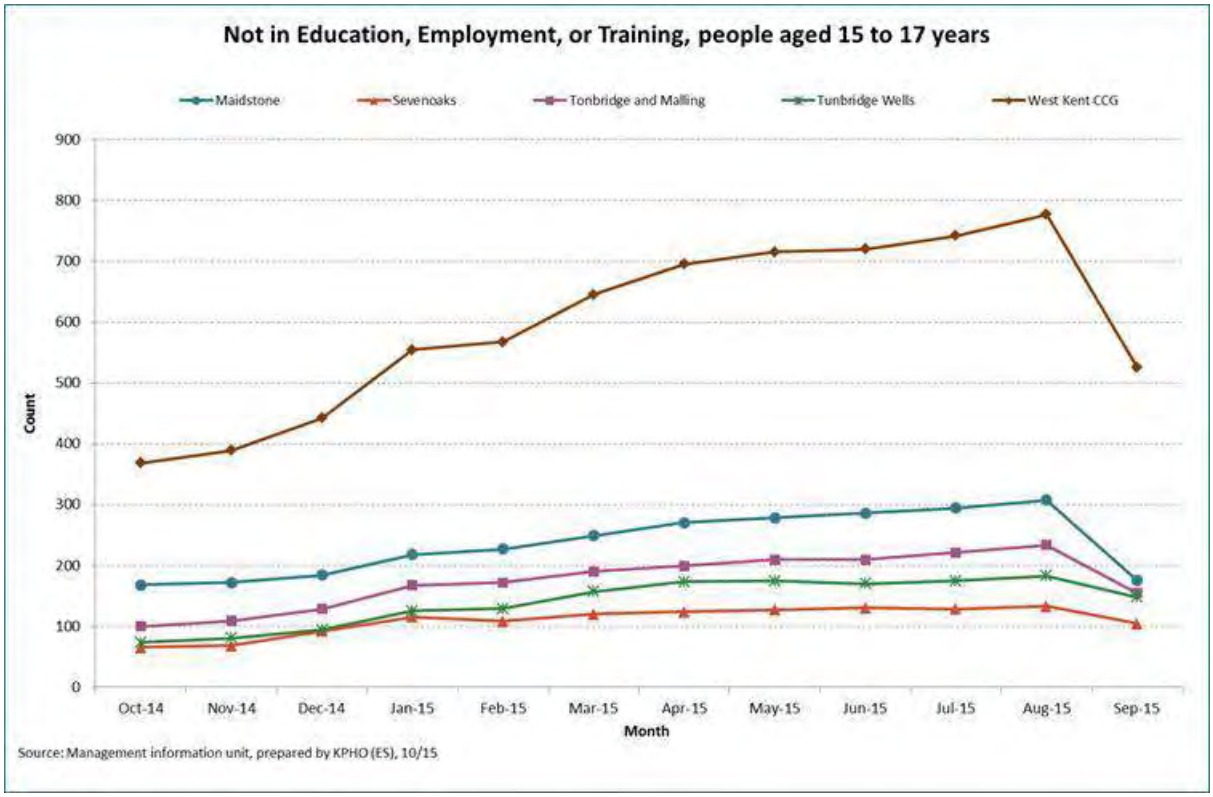


Young people not in education, employment, or training

Across West Kent CCG, and the four west Kent districts, the number of people aged 15 to 17 not in education, employment or training (NEET) increased steadily each month between October 2014 and August 2015, but decreased notably in September 2015.

The number of NEETs at a ward level fluctuates monthly, although a number of wards have consistently high numbers. High Street, Shepway North, Fant, North, Park Wood and Shepway South wards (all in Maidstone), East Malling and Snodland East (Tonbridge and Malling) and Sherwood (Tunbridge Wells) all have an average of 16 or more NEETs per month over the past year.

Figure 25 Not in Education, Employment, or Training, people aged 15 to 17 years

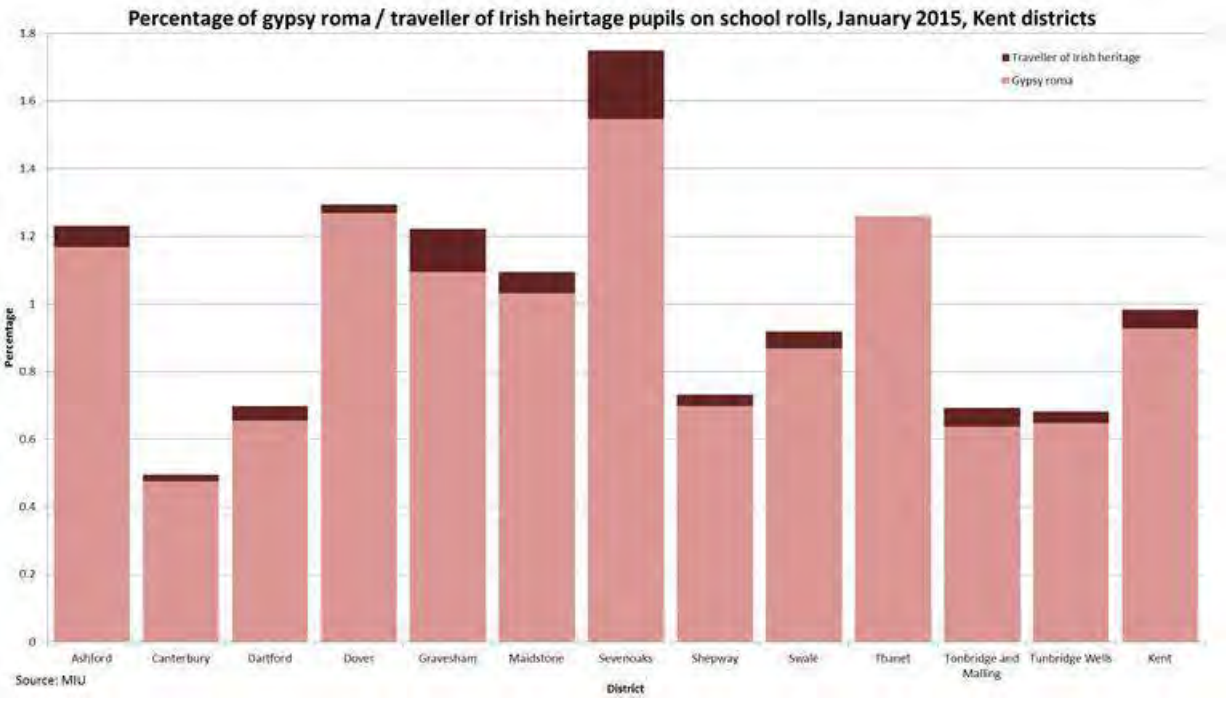


Vulnerable groups (Gypsy Roma/Traveller children)

Across Kent, 0.93% (2,059) children are identified as Gypsy Roma, and 0.05% (122 children) are travellers of Irish heritage. Thanet has the lowest percentage of children of Irish traveller heritage (0%), whilst the highest percentage is in Sevenoaks (0.20%, 24 children).

The percentage of pupils who identify as Gypsy Roma varies from 0.48% (95 children) in Canterbury to 1.55% (184 children) in Sevenoaks. Maidstone district also has a higher percentage of Gypsy Roma pupils (1.03%, 248 children) and travellers of Irish heritage (0.06%, 15 children) than Kent.

Figure 26 Percentage of gypsy roma/traveller of Irish heritage



The Early Years Foundation Stage Profile framework introduced in 2012-13 consists of 17 Early Learning Goals across seven Areas of Learning. The table below sets out how the Early Learning Goals fit under the Areas of Learning.

PRIME LEARNING GOALS	**Communication and Language**
	Listening and attention
	Understanding
	Speaking
	Physical Development
	Moving and handling
	Health and self-care
	Personal, Social and Emotional Development
	Self-confidence and self-awareness
	Managing feelings and behaviour
	Making relationships
SPECIFIC LEARNING GOALS	**Literacy**
	Reading
	Writing
	Mathematics
	Numbers
	Shape, space and measures
	Understanding the world
	People and communities
	The world
	Technology
	Expressive arts and design
	Exploring media and materials
	Being imaginative

There are three possible assessment scores for each of the Early Learning Goals; emerging, expected and exceeding. The main overall indicator for the new Foundation Stage Profile framework is for pupils to show a Good Level of Development (GLD). To attain this, pupils need to achieve expected or exceeding in all Prime Learning Goals and all Literacy and Mathematics Early Learning Goals.

Figure 27 Percentage gap in attainment between pupils with Special Educational Needs and their peers (Good level of Development)

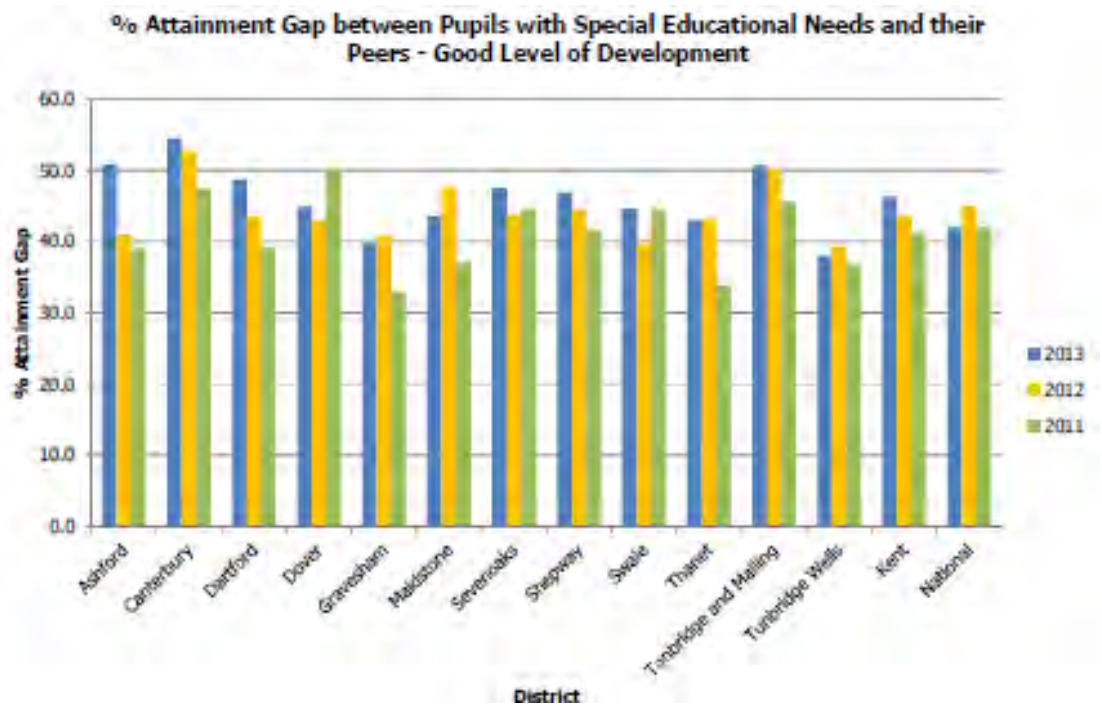
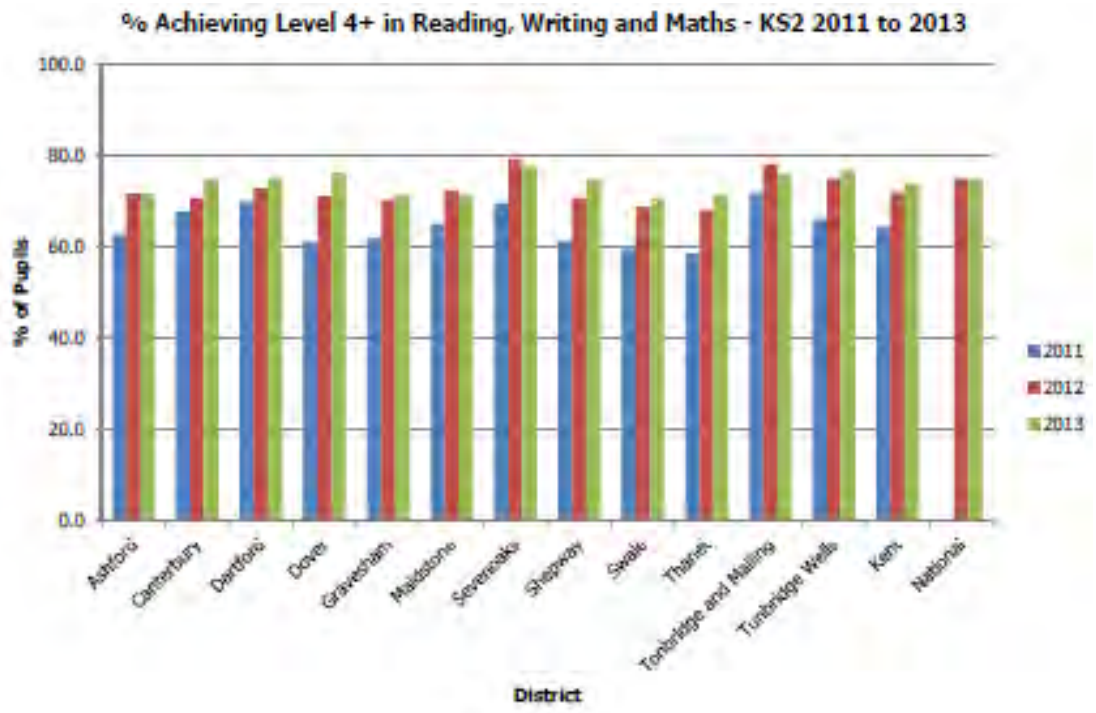


Figure 27 shows the highest percentage gap in attainment between pupils with special educational needs and their peers in west Kent are within Tonbridge and Malling, slightly above the Kent average. The smallest percentage gap is in Tunbridge Wells. Data is collected by pupil address.

Figure 28 Percentage of pupils achieving level 4+ in reading, writing and maths (key stage 2, 2011-2013)

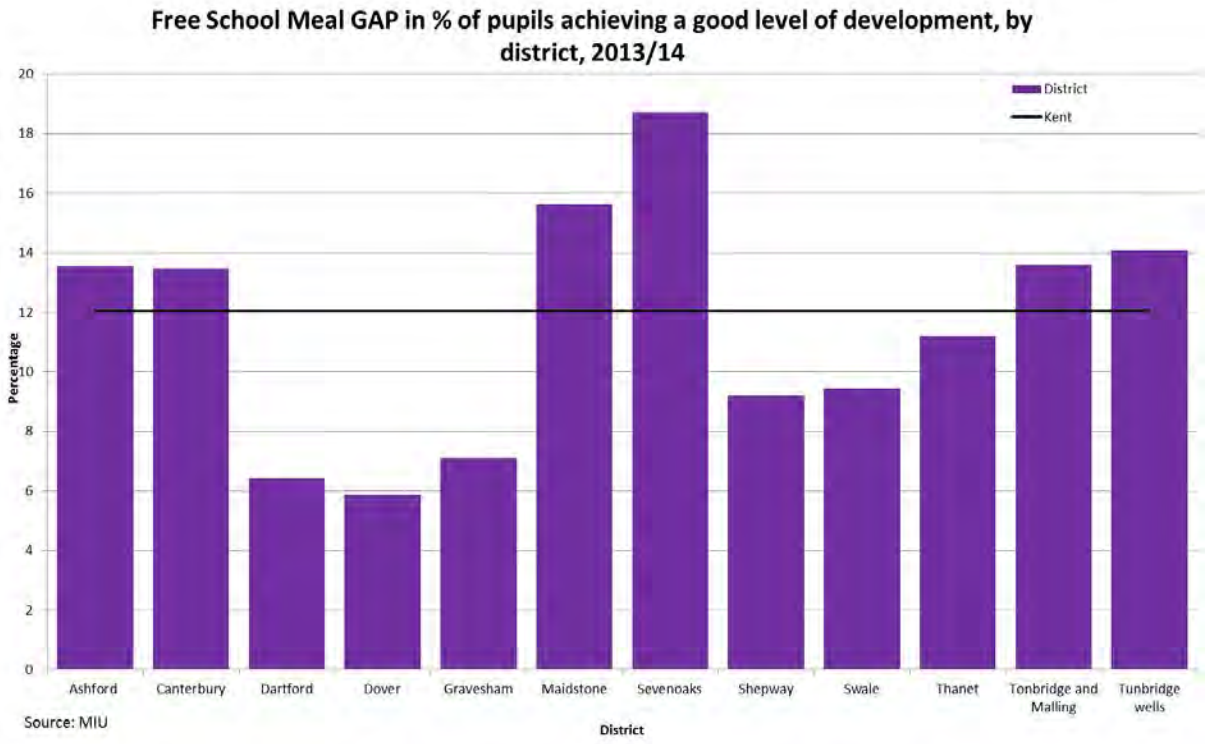


Within west Kent, the highest percentage of pupils achieving level 4+ in reading, writing and maths at Key Stage 2 is found within Sevenoaks. Most West Kent Districts are either slightly higher or similar to the Kent percentage.

Figure 29 shows the gap in the percentage of pupils achieving a good level of development between pupils eligible for free school meals and those who are not.

The gap in development of those entitled to free school meals in all four West Kent districts is greater than that observed across Kent (12.0%) as illustrated in figure 29; however, the percentage of pupils eligible for free school meals is lower in all west Kent districts than Kent (9.3% and 13.2% respectively. Therefore, although a lower number of children are entitled to free school meals, this group have poorer educational outcomes than children entitled to free school meals in other areas in Kent.

Figure 29 Free School Meal Gap in % of pupils achieving a good level of development by district, 2013/14



4.5 Crime domain[6]

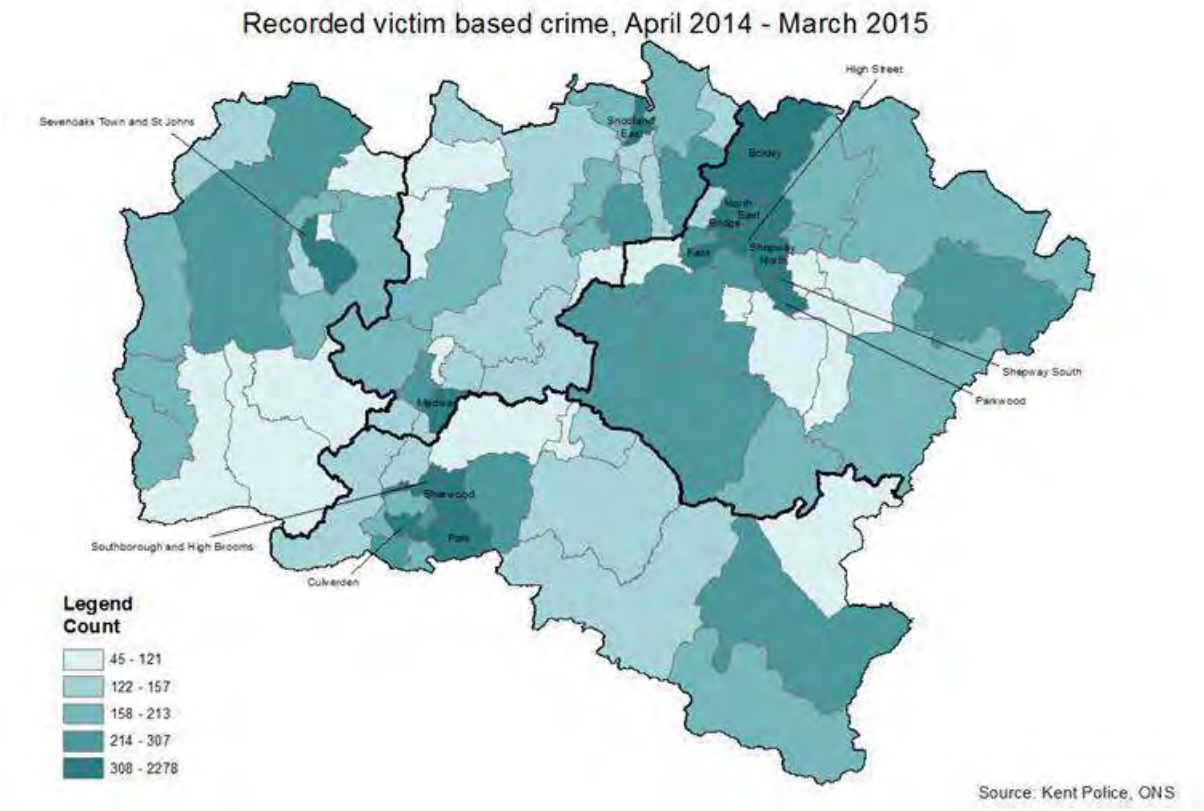
This domain measures the rate of recorded crime in an area for four major crime types representing the risk of personal and material victimisation at a small area level. There are wards within the worst quintile of crime and disorder domain across West Kent, but these are mainly concentrated in north east (figure 30).

Recorded crimes

Recorded crime data has been provided from Kent Police, via the Community Safety Partnership at Kent County Council. All of the west Kent districts have recorded crime rates per 1,000 population which are lower than the Kent rate, and the rates for Sevenoaks, Tonbridge and Malling and Tunbridge Wells have the lowest rates in Kent.

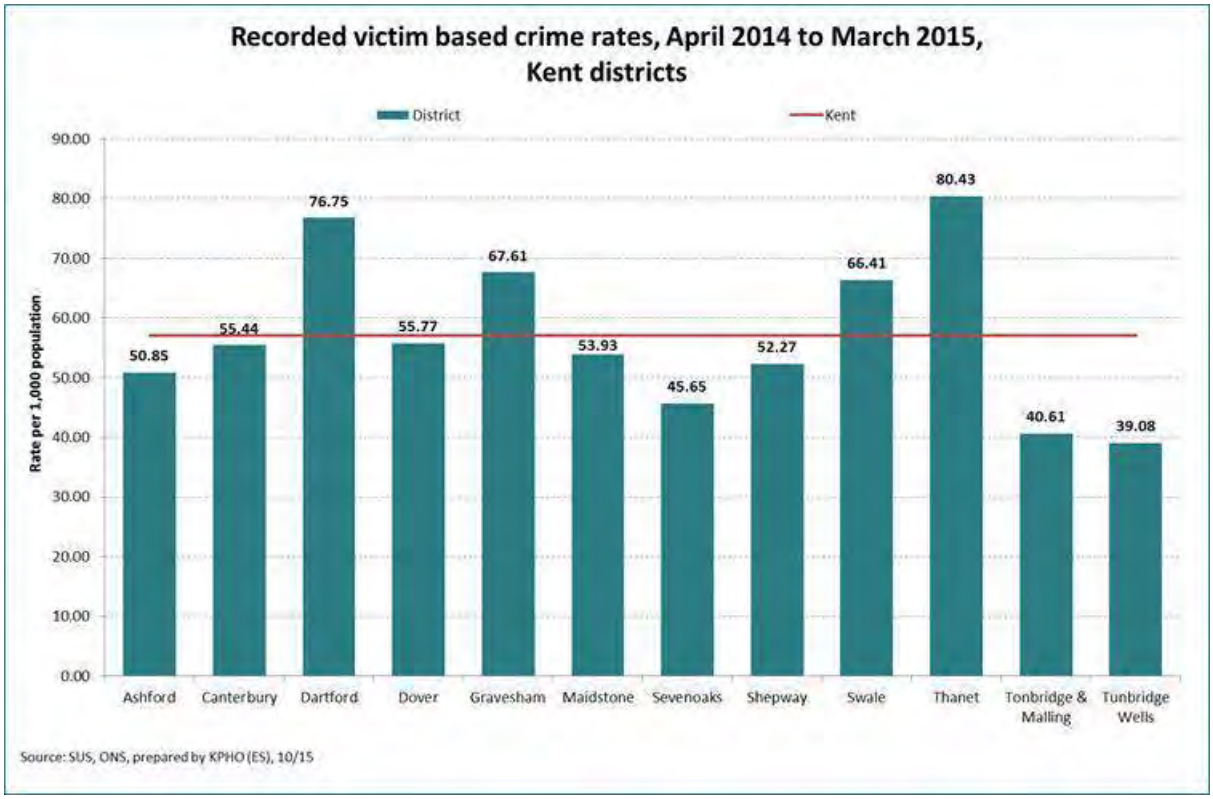
[6] Indicator definition in Appendix 4

Figure 30 Recorded victim based crime, west Kent April 2014 – March 2015



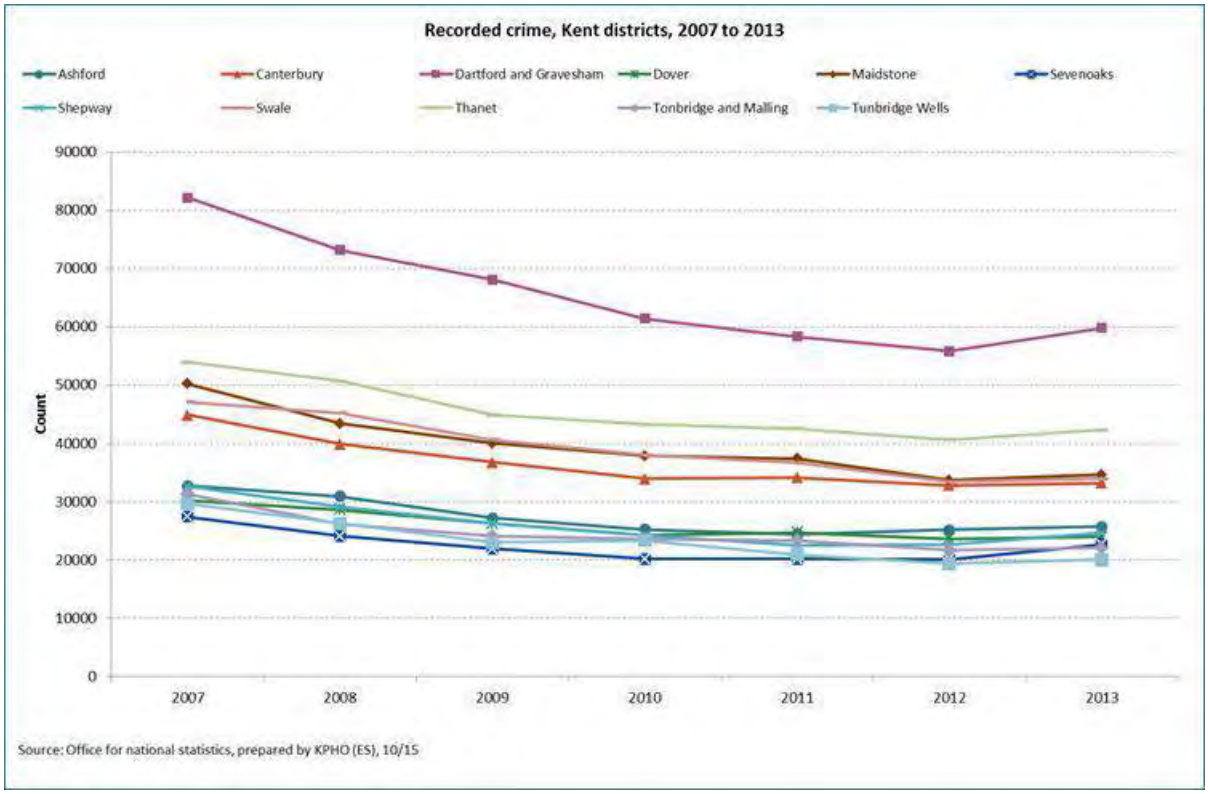
The above map shows the numbers of recorded victim based crime per ward in West Kent CCG. High Street ward, Maidstone, has the highest number of crimes at 2,278, substantially higher than Park ward, Tunbridge Wells, which has the next highest number at 622. The high number of crimes in High Street is comprised mainly of shoplifting (627 crimes), theft offences (415) and violence against the person (692).

Figure 31 Recorded victim based crime rates, April 2014 to March 2015, Kent districts



All of the west Kent districts have recorded crime rates per 1,000 population which are lower than the Kent rate, and the rates for Sevenoaks, Tonbridge and Malling and Tunbridge Wells have the lowest rates in Kent.

Figure 32 Recorded crime rate, 2007 to 2013, Kent districts



Of the west Kent districts, Maidstone has the highest number of recorded crimes, although this number has decreased annually, from 50,221 to 33,674. In the last year, a slight increase has been observed, to 34,618 recorded offences. Sevenoaks, Tonbridge and Malling and Tunbridge Wells are among the districts with the lowest numbers of recoded crimes.

Information on types of recorded crime is in appendix 4.

Figure 33 Recorded victim based crime, rate per 1,000 population, April 2014 - March 2015

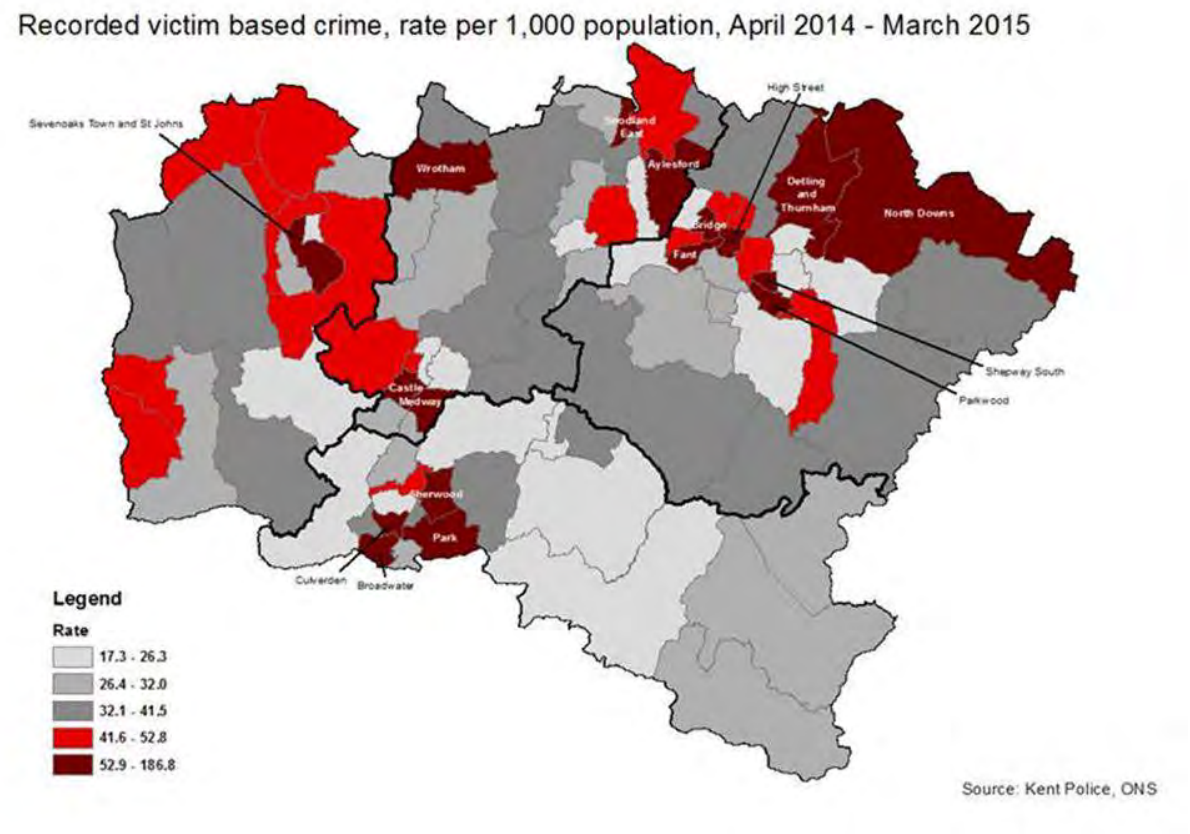


Figure 33 shows the recorded victim based crime as a rate per 1,000 population at ward level, and there are pockets within the four districts which have high crime rates, indicating a need for partnership working for sector organisations. High Street ward, Maidstone, has the highest victim based crime rate at 186.8 crimes per 1,000 population, substantially more than Bridge ward which is the next highest at 94.4 crimes per 1,000 population. The high crime rate in High Street is comprised of large numbers of shoplifting (627 crimes), theft offences (415) and violence against the person (692) offences; there were 2,278 recorded crimes in total in this time period.

4.6 Troubled families

Appendix 5 describes phase one troubled families were characterised by:

- no adult in the family working
- children not being in school and
- family members being involved in crime and anti-social behaviour

Locally the programme involves a whole family outcome plan, allocation of a key worker, a multi-agency approach and district partnership managers to oversee the whole programme. Mental and physical health issues are significantly prevalent in the most complex of these families, with information gathered at point of assessment by family worker indicating:

- 31% have at least one parent with a long term condition
- 36% have a parent in the household with a mental health condition
- 38% have a child in the household with a mental health problem.

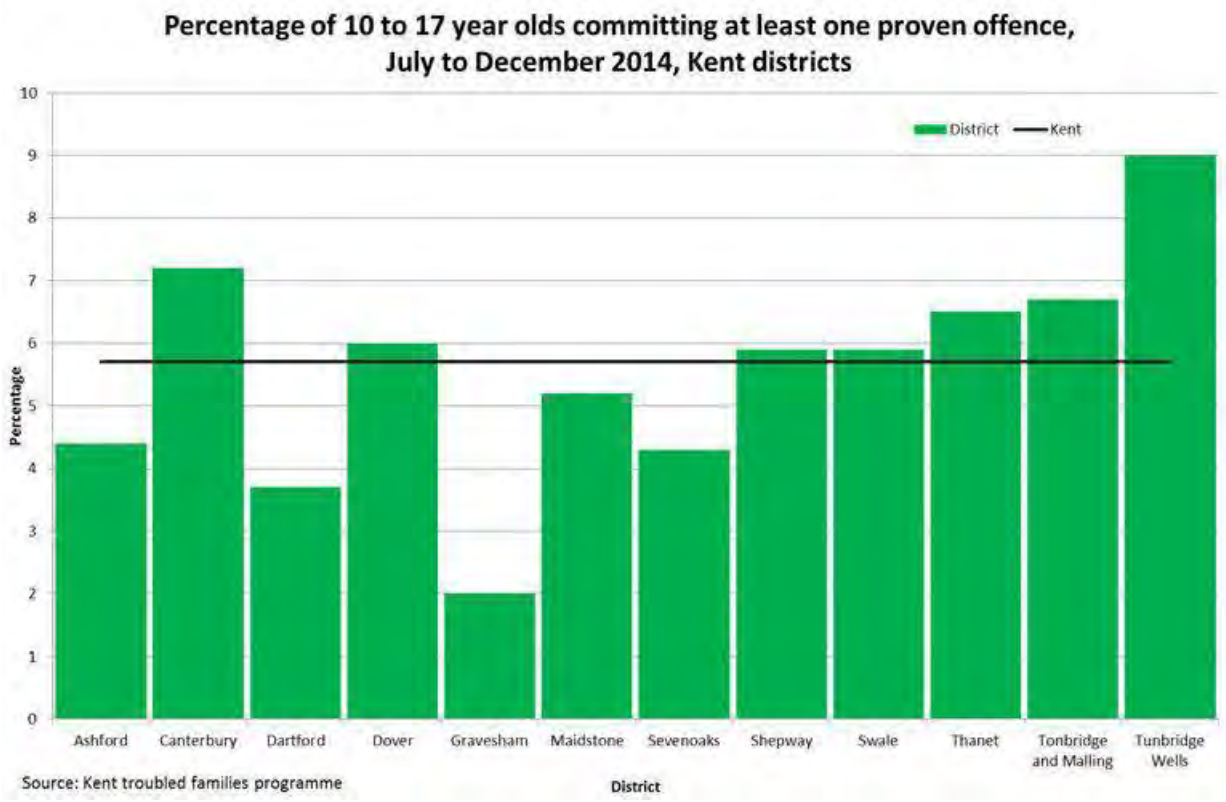
Improved information and closer working with GPs, could improve outcomes significantly for families and longer term health outcomes.

Table 3: Number of troubled families engaged in the programme

District	Engaged
Ashford	168
Canterbury	220
Dartford	99
Dover	248
Gravesham	111
Maidstone	102
Sevenoaks	84
Shepway	312
Swale	373
Thanet	342
Tonbridge and Malling	222
Tunbridge Wells	134
Kent	**2415**

Source: Kent Troubled families programme

Figure 35



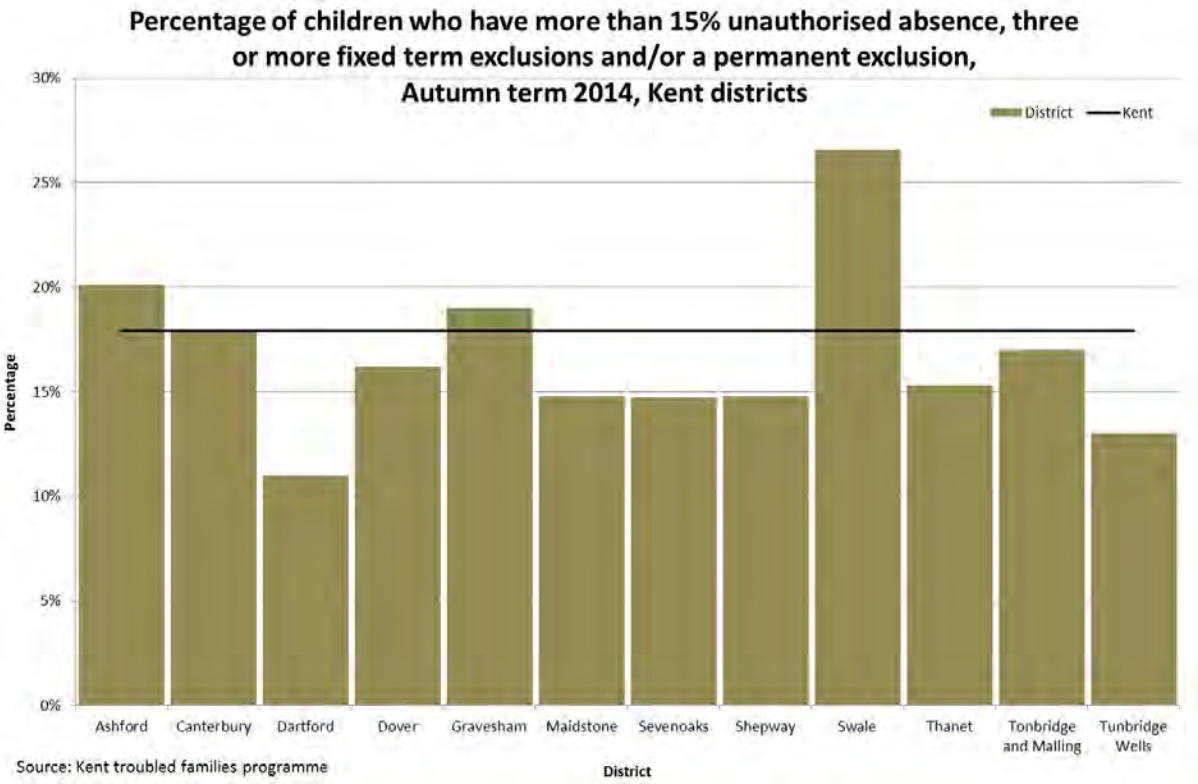
The percentage of people aged between 10 and 17 (inclusive) who have committed at least one proven offence between July and December 2014 is higher in Tonbridge and Malling (6.7%) than Kent (5.7%) and highest in Tunbridge Wells (9.0%) (figure 35). Across the past five time periods, the percentage has been decreasing, by an average rate of 1.32% across Kent. Sevenoaks, Tonbridge and Malling and Tunbridge Wells have been decreasing at a similar rate; however, Maidstone is reducing at a slower rate of 0.22% per time period. This is not a significantly different rate of change.

To continue this decreasing trend in the percentage of people on the troubled families programme committing at least one proven offence, the troubled families programme are undertaking the following:

The Troubled Families team work with Youth Offending Services to address the prolific offenders remaining on the programme. The team should also focus work on dealing with violence against the person committed by 14-17.99 year olds, including child to elder abuse. The team intends to work with Kent Police to start preparing to mitigate against the rise in shoplifting expected in October to December 2015, to put plans in place to reduce the levels and address financial issues which may lead to shoplifting in the lead up to Christmas.

Unauthorised absence is another area addressed by the programme. Unauthorised absences/ exclusions are lower in West Kent districts than the Kent average of autumn 2014. Tunbridge Wells (13.0%) had the lowest percentages of children on the cohort who have more than 15% unauthorised absence, three or more fixed term exclusions and/or a permanent exclusion in Kent (figure 36).

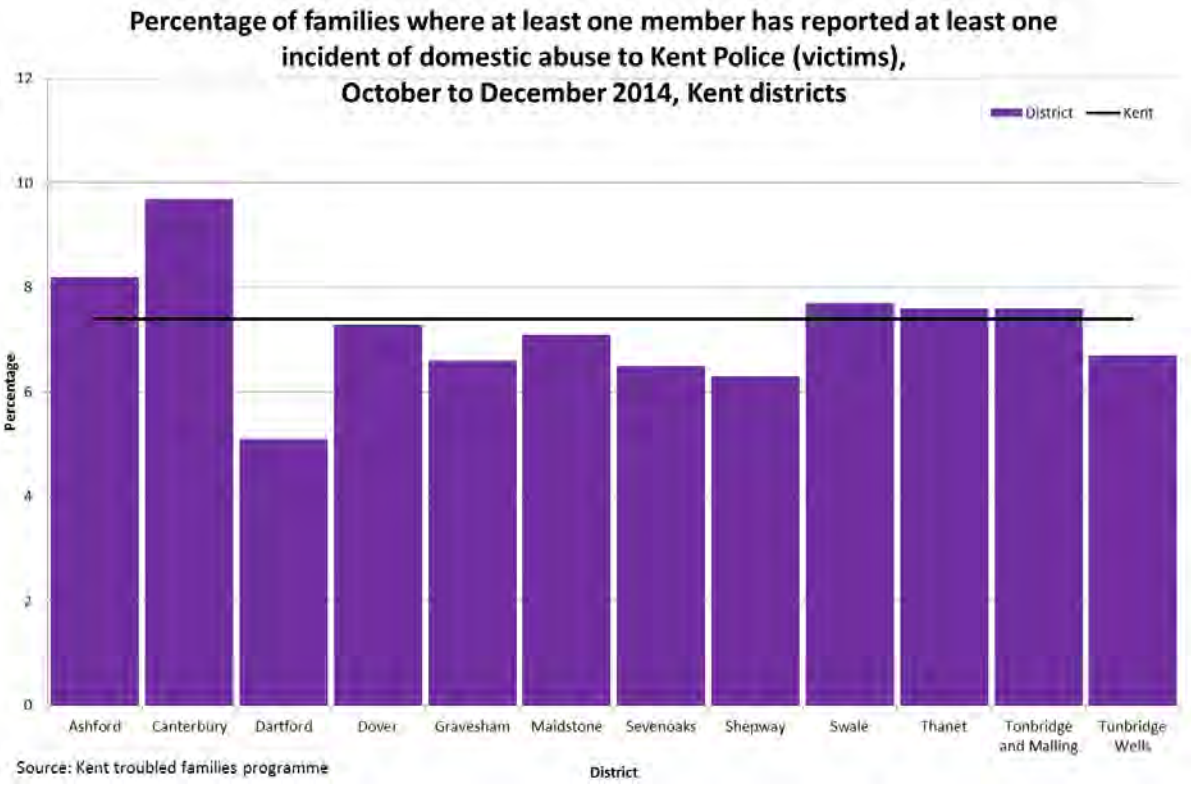
Figure 36



Persistent absentee is defined as a pupil having 46 or more sessions of absence (authorised or unauthorised) during the academic year, around 15% of overall absence. Interviews conducted by the Troubled Families programme indicated that education was a significant factor in the qualitative interviews as in the majority of families interviewed this was the key problem affecting them. Across Kent, the percentage of children with more than 15% absence has decreased by 0.5% per time period. The rate of change of decrease in absenteeism has been fastest in Tunbridge Wells (0.8%) out of the west Kent districts, but has been decreasing in all west Kent districts.

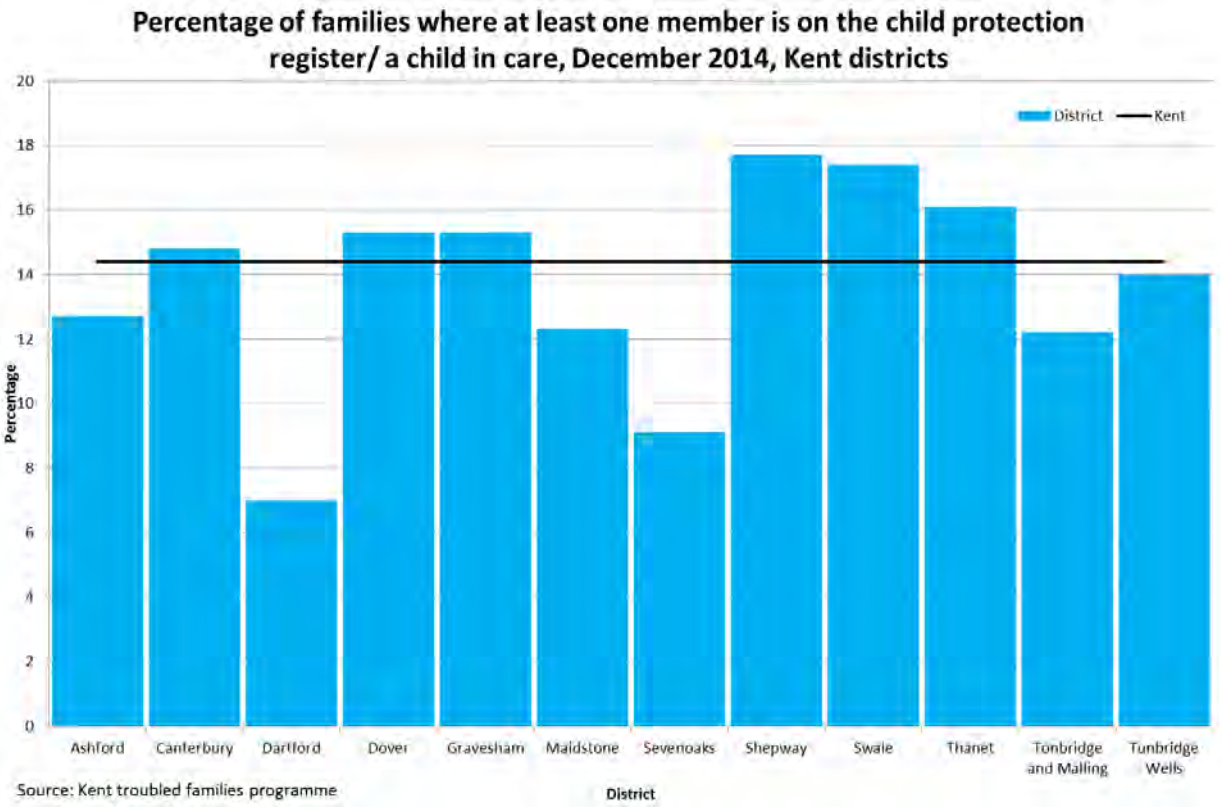
The Troubled Families programme workers have been liaising with schools involved and all felt that this had achieved some action. The majority said this action had resulted in improved school attendance and engagement with education.

Figure 37



The percentage of families where one or more family member(s) have reported a case of domestic abuse is lower in Maidstone, Sevenoaks and Tunbridge Wells than the Kent percentage (7.4%); however is marginally higher in Tonbridge and Malling (7.6%). Across Kent and the four West Kent CCG districts, the rate of change is less than 1% per time period.

Figure 38



The percentage of families where at least one member is on the child protection register/a child in care, is lower in each of the four West Kent CCG districts than Kent (14.4%). Across Kent, the percentage of families where at least one member is on the child protection register/a child in care has reduced by 1.1% over the past five quarters (July to December 2013 to July to December 2014). The rate of decrease in the four West Kent districts is faster than this, excluding Tunbridge Wells which is 0.7%.

4.7 Housing

Housing tenure

West Kent CCG has a higher percentage of households which own their home either outright or with a mortgage (33.3%, 61,974 households; 36.2%, 67,486 households respectively) than either Kent or England (appendix 6). A lower proportion of households rent socially from a local authority in West Kent CCG, although a higher proportion rent socially from another social rented source, in comparison to both Kent and England.

Occupancy

57.3% of households in West Kent CCG have an occupancy rating (rooms) of 2 or more, indicating very low levels of overcrowding. 5.0% of West Kent CCG households have an occupancy rating of -1 and 1.4% have a rating of -2 or less, indicating overcrowding. This is similar to the Kent rates of 5.5% and 1.4% respectively, but below the England ratings of 6.4% and 2.3% (appendix 6).

Housing benefits

In February 2015, the average weekly housing benefit payment was £86.27 for people in the socially rented sector and £102.32 for those who rent privately. Although west Kent has less people that live in social rented sector than most Kent districts, the proportion of people in this cohort claiming benefit is higher; (appendix 6). Maidstone has the highest number of housing benefit claimants in the West Kent CCG districts and one of the highest number in Kent.

Homelessness[7]

Statutory homelessness

Each local housing authority is required to consider housing needs within its area, including the needs of homeless households, to whom local authorities have a statutory duty to provide assistance (appendix 6). The number of people being accepted as homeless was much higher in Maidstone than the other West Kent districts in 2013/14, with 155 individuals. The number has decreased substantially in Sevenoaks, from 100 in 2008/09 to 24 in 2013/14 (table 4).

[7] https://www.gov.uk/homelessness-data-notes-and-definitions

Table 4 Local Authorities action under the homelessness provisions of the 1985 and 1996 Housing Acts (numbers accepted as being homeless and in priority need)

Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts
Numbers accepted as being homeless and in priority need

Area	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Ashford	125	178	194	161	199	166
Canterbury	42	47	259	79	82	59
Dartford	153	100	86	77	91	89
Dover	61	62	49	65	78	56
Gravesham	105	73	77	53	63	--
Maidstone	37	7	27	189	198	155
Sevenoaks	100	50	40	42	33	24
Shepway	88	80	42	55	57	42
Swale	61	59	82	37	73	77
Thanet	96	63	62	145	130	112
Tonbridge and Malling	32	32	52	41	33	23
Tunbridge Wells	73	44	36	21	39	46
Medway	186	129	146	168	257	357
Kent	**973**	**795**	**1006**	**965**	**1076**	**--**
England	**53430**	**40020**	**44160**	**50290**	**53540**	**52260**

Source: Statutory Homelessness Statistical Releases, Community and Local Government website

*-- Indicates no data supplied at time of publishing

As a rate, Ashford (3.3 per 1000) has the highest number of individuals accepted as being homeless per 1,000 households; however, Maidstone (2.4 per 1000) has the second highest rate in Kent. The lowest rates are observed in Sevenoaks and Tonbridge and Malling (both 0.5 per 1000). Similar to England, rates of recorded homeless people in Kent has risen over the past three years.

The legal definition of homelessness is complex, and may not include people sleeping rough or sofa-surfing that has made themselves homeless due to circumstances. As welfare reforms continue and direct payments are no longer made, there is some concern for more vulnerable residents in maintaining payments, exacerbating the homeless situation.

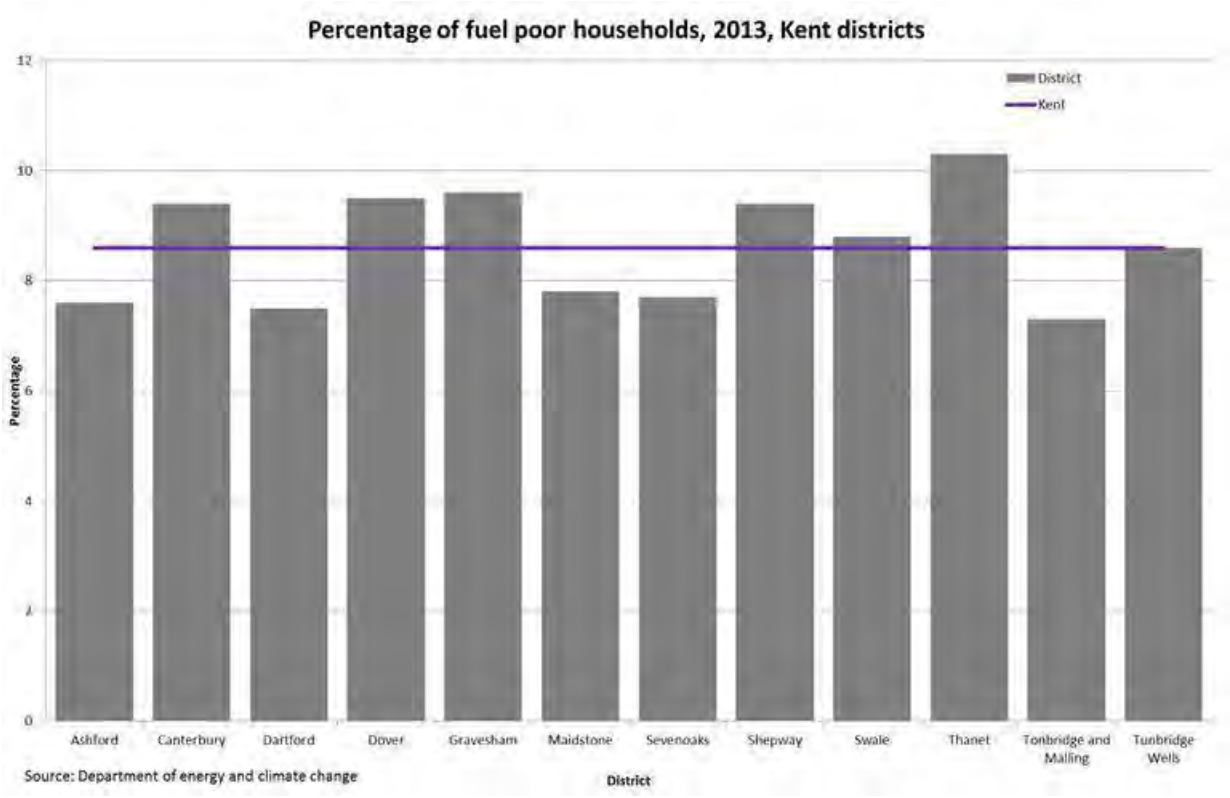
Spatial planning and West Kent Clinical Commissioning Housing Development Report

The Kent and Medway Public Health Observatory are currently collating information regarding housing developments in West Kent. The purpose of the NHS West Kent Clinical Commissioning Housing Development Report is to provide a snapshot of the housing development needs in the districts within NHS West Kent CCG, focusing on how this will impact on population demographics, population projections, primary healthcare services and maternity services.

4.8 Fuel poverty[8]

Fuel poverty is an indicator of ability of household to adequately heat their property. Under the Hills Low Income High Costs (LIHC) definition, a fuel poor household is one in which:
A household has required fuel costs that are above the median level; and were the household to spend that amount, they would be left with a residual income below the official poverty line.

Figure 44

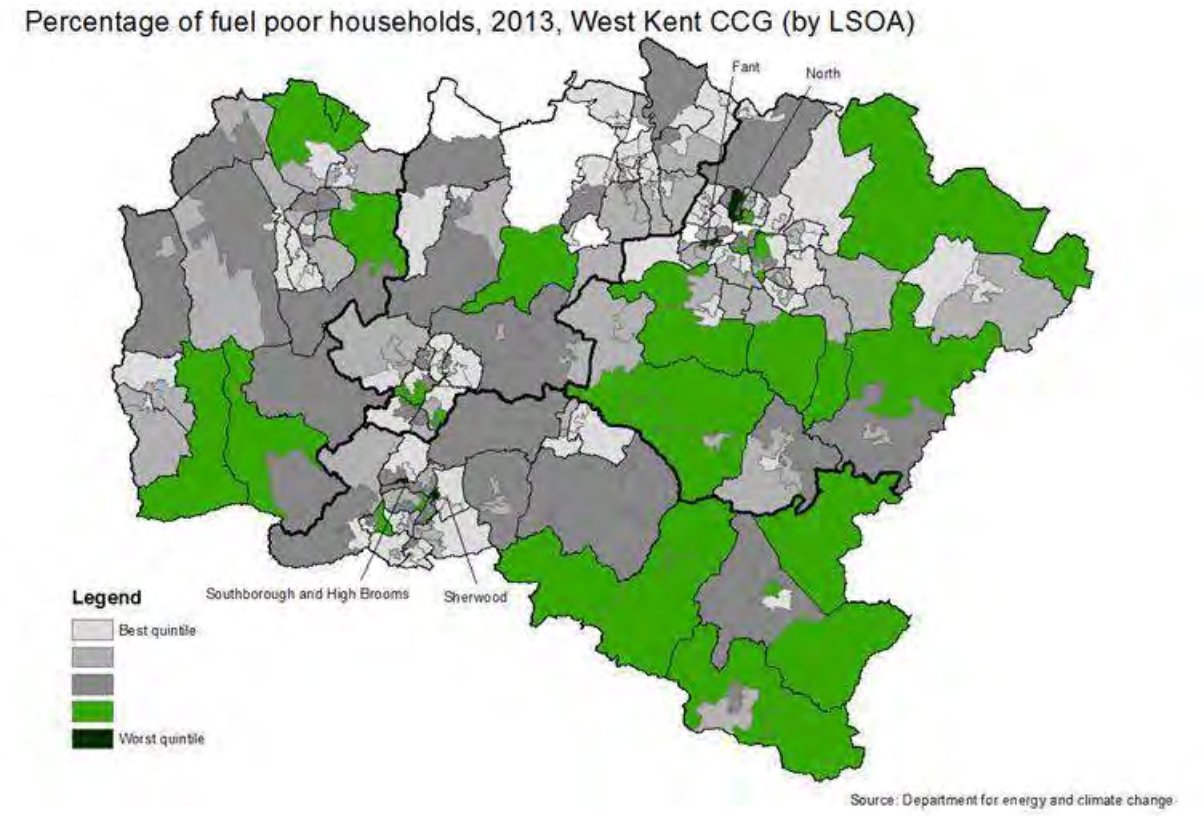


The four West Kent districts all have lower proportions of fuel poor households in comparison to Kent (8.6%), although Tunbridge Wells is equal to the Kent percentage.

8 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429792/sub_regional_fuel_poverty_statistics_methodology.pdf

Figure 45 shows the percentage of fuel poor households in West Kent CCG by LSOA, divided into national quintiles; the green LSOAs being in the most fuel poor two quintiles. Of the 278 LSOAs in West Kent CCG, 2.2% (6 LSOAs) are in the most fuel poor quintile nationally, whilst 12.9% (36 LSOAs) are in the second most deprived fuel quintile. Of the six LSOAs which are in the most fuel poor quintile, four are in Maidstone and two in Tunbridge Wells. This indicates that some populations in these areas are not able to adequately heat their properties and at a higher risk of health conditions related to cold and damp properties.

Figure 45



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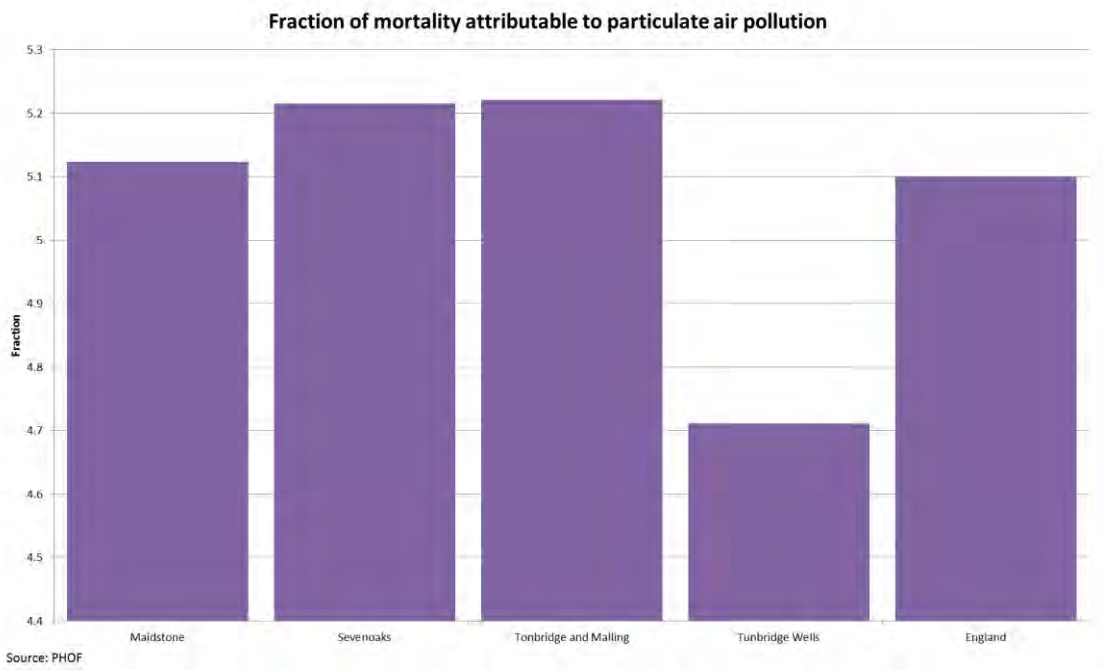
4.9 Air quality

Poor air quality is a significant Public Health concern and estimates from Defra suggest that particulate air pollution alone could have attributed to nearly 29,000 deaths in 2008 in the UK. Of most concern nationally is nitrogen oxide, causing inflammation of the airways and affecting lung function and respiratory symptoms.

The Public Health Outcomes Framework provides information on the fraction of mortality attributable to particulate air pollution in people aged over 30. Tunbridge Wells has the lowest fraction of mortality attributable to particulate air pollution, at 4.7.

Figure 46



All four districts in West Kent measure NO2 emissions and detail information is available in appendix 7.

5. Children and young people

Key Points

Childhood indicators such as infant mortality and low birth weight babies are similar to the Kent average, although there is variation between wards. Breastfeeding at six weeks is higher and smoking in pregnancy is lower than the Kent average. Immunisations are not reaching targets in the under two year old age group, and also boosters at five years old.

Four West Kent wards are outliers for hospital admissions for deliberate and unintentional injury among children and young people aged between 0 and 24.

Six wards are among the highest two quintiles of teenage conceptions in Kent: Parkwood, Shepway, Snodland East, East Malling, Sherwood and Trench. Of these six, Parkwood is in the highest quintile. Estimated smoking prevalence among young people in west Kent is highest in Tunbridge Wells.

More children are placed in KCC Foster care in West Kent than the Kent average.
Sevenoaks has the highest number of Irish Traveller and Gypsy Roma children in Kent, also found to be high in Maidstone.

Recommendations

Whilst breastfeeding and smoking in pregnancy compares favourably in West Kent, there should be a focus on stop smoking in pregnancy, teenage conceptions and supporting young parents, particularly in the six identified wards in the highest two quintiles, Parkwood, Shepway, Snodland East, East Malling, Sherwood and Trench.

Increase uptake of immunisation among children under two year olds.

Clinical commissioners to ensure stop smoking and childhood obesity is addressed in their contracts, such as midwifery, health visiting and school nursing.

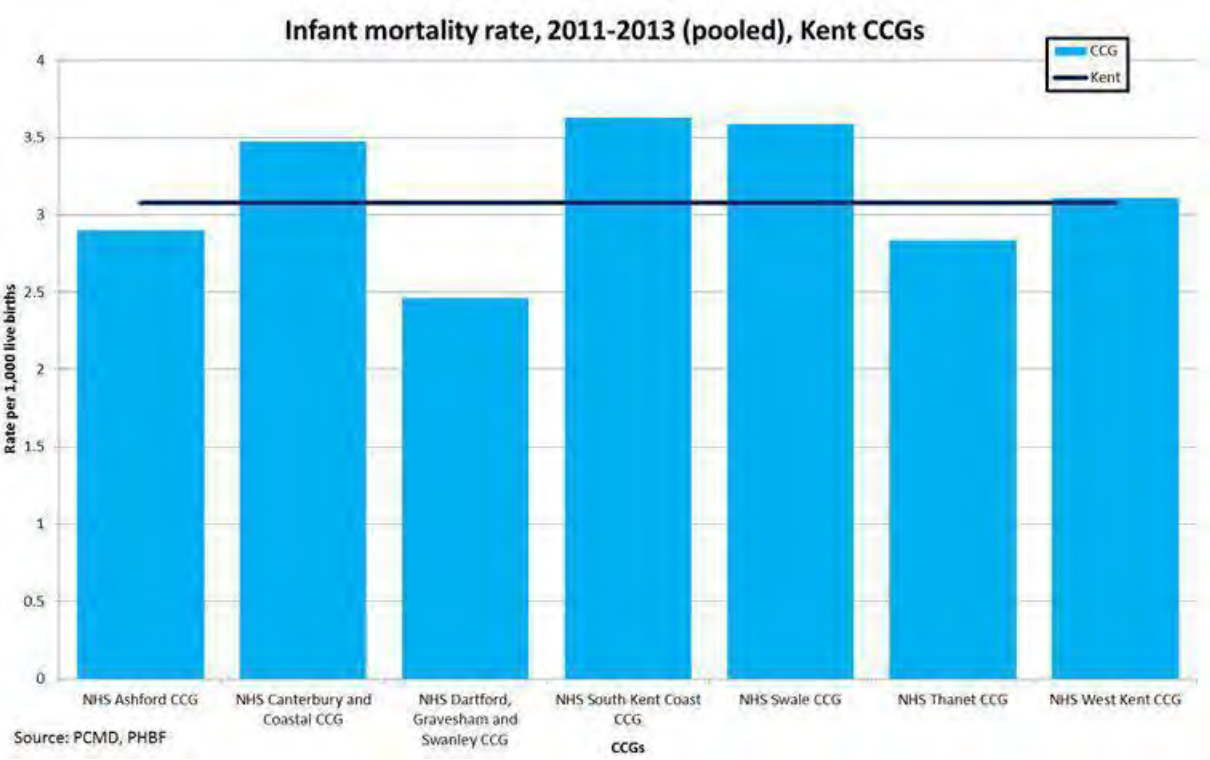
Appropriate investment of time now will achieve longer term positive outcomes for the younger population.

Partners: Commissioners, Education, Supply chain

5.1 Infant Mortality Rate

Infant mortality rate (IMR) is the number of deaths of children less than one year of age per 1000 live births, due to small numbers the data is analysis is undertaken in pooled years.

Figure 51

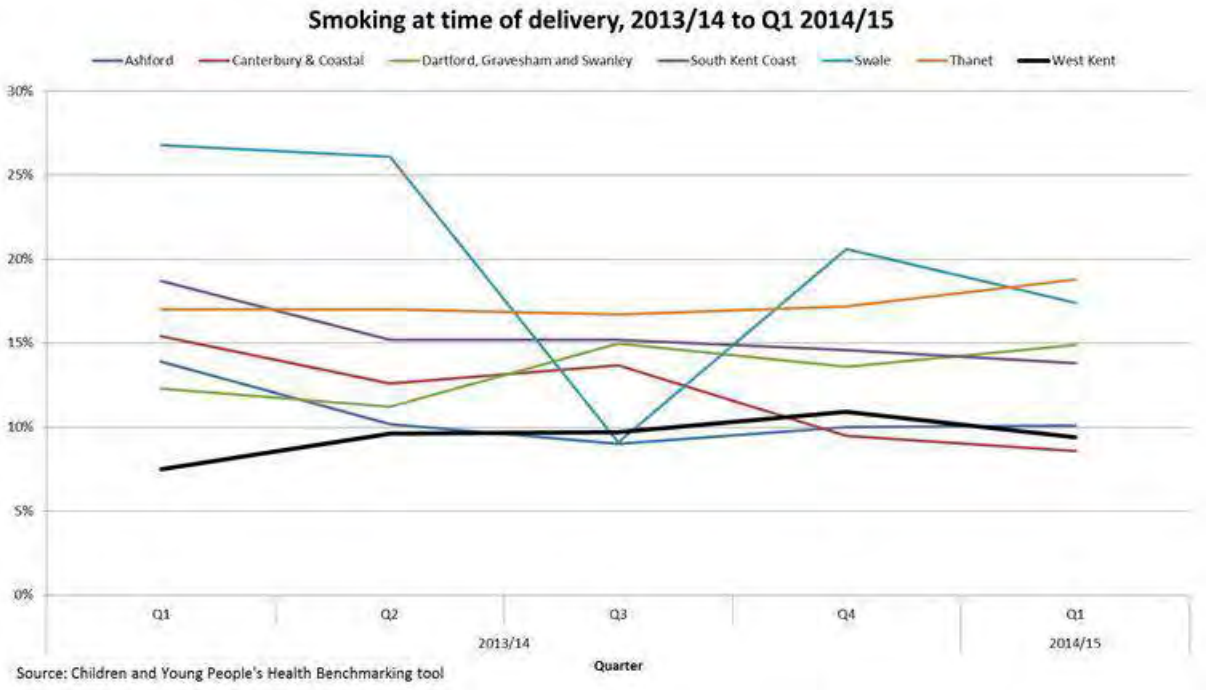


The infant mortality rate in West Kent CCG between 2011 and 2013 was very similar to that of Kent, at 3.8 deaths under the age of one per 1,000 live births. Only three CCG areas had higher infant mortality rates than West Kent, despite general life expectancy being higher. As infant mortality is generally linked to deprivation, it is likely that there is variance between geographical areas of west Kent should this data be broken down at ward level, implying that rates in deprived wards may be significantly above the Kent average, this requires further investigation.

5.2 Smoking at time of delivery

West Kent CCG consistently has a low smoking prevalence at time of delivery in comparison to the other CCGs in Kent. Over the past year, the percentage of women smoking at time of delivery increased until quarter 4 (March 2015) and is now showing a slight downward trend (figure 52). The rate is still slightly higher than at April 2014. As this data is West Kent wide, if broken down by smaller geographical areas, the prevalence may be much higher than the West Kent average, a known contributor to infant mortality and low birth weight babies.

Figure 52

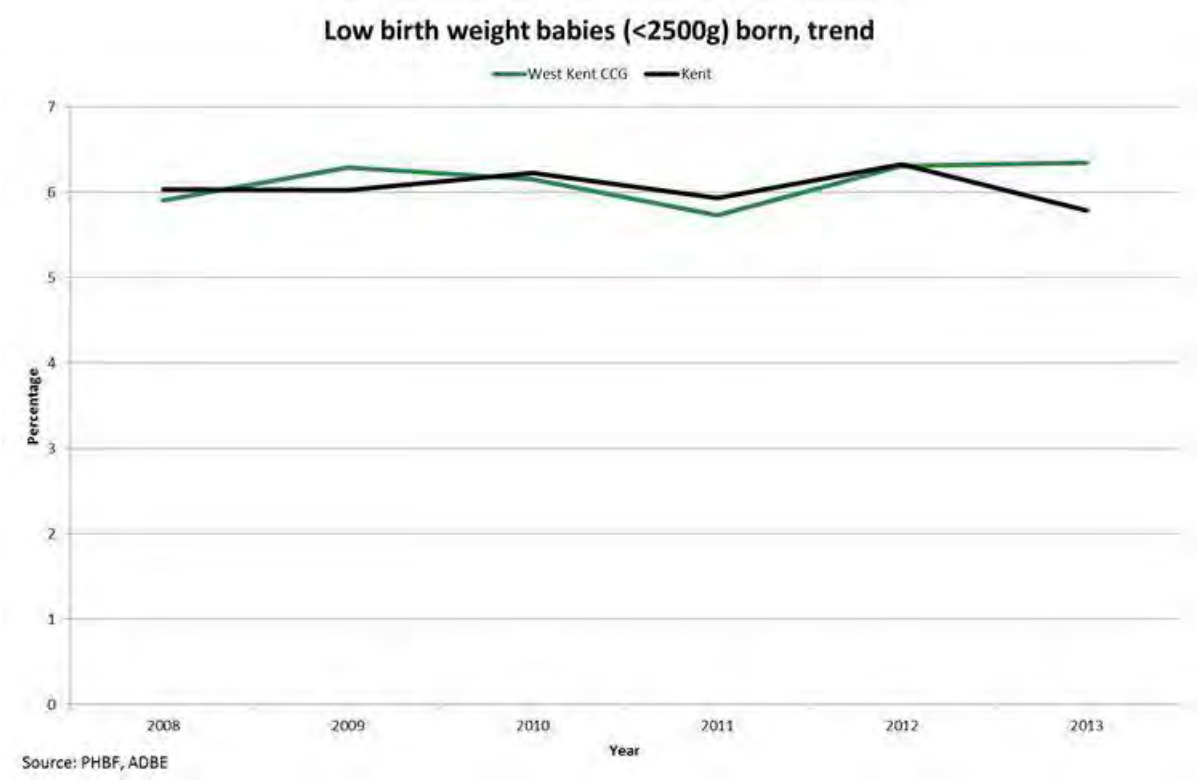


Source: Children and Young People's Health Benchmarking tool

5.3 Low birth weight

The percentage of low birth weight babies born in West Kent CCG is similar to Kent is and has remained relatively stable over the past six years.

Figure 53

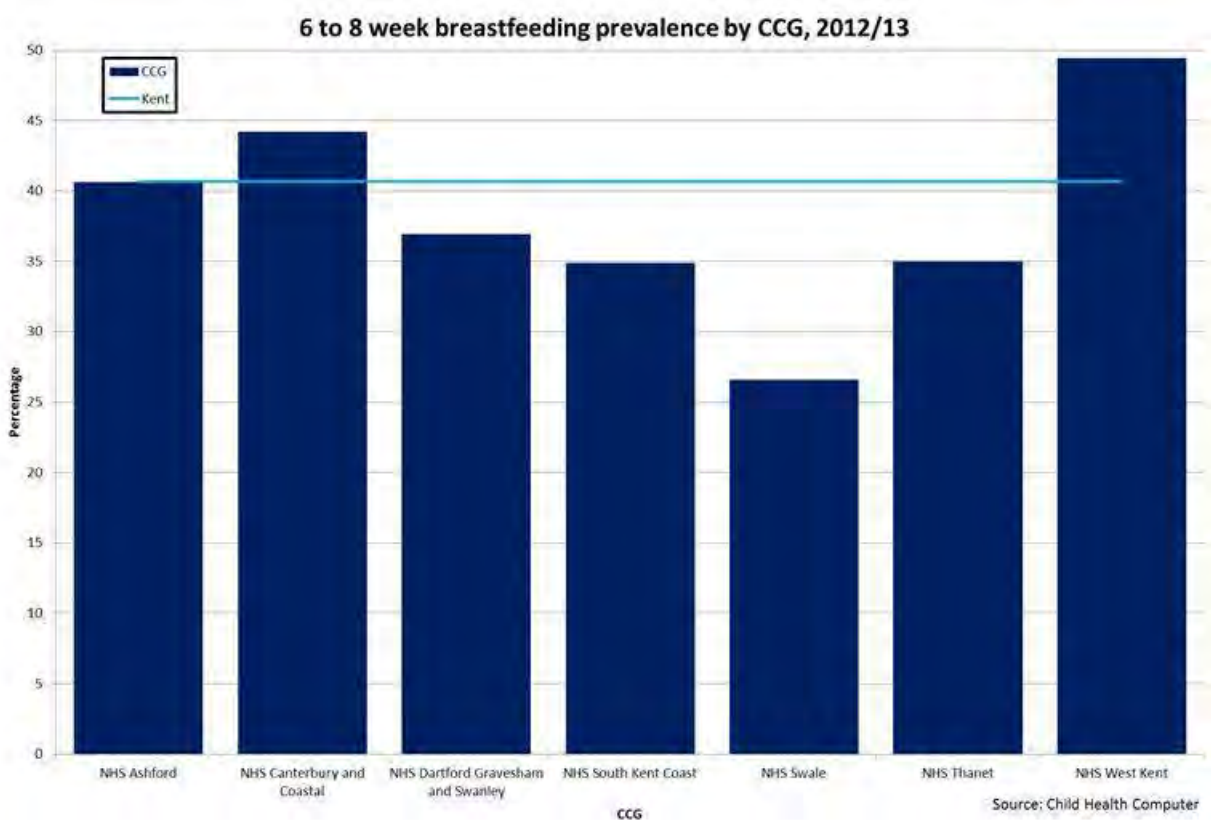


Between 2011 and 2013, North Downs ward (Maidstone) and Capel (Tunbridge Wells) had the highest percentage of low birth weight babies, accounting for 11.3% of births in both wards. Ightham ward, Tonbridge and Malling had no babies born weighing under 2500g (appendix 8). The West Kent CCG and Kent low birth weight percentage are both 6.1%.

5.4 Breastfeeding

In 2012/13, West Kent CCG had the highest breastfeeding prevalence of the Kent CCGs, with 49.4% of babies being totally or partially breastfed at their six to eight week check-up. Across Kent, 40.7% of babies were being breastfed at this point.

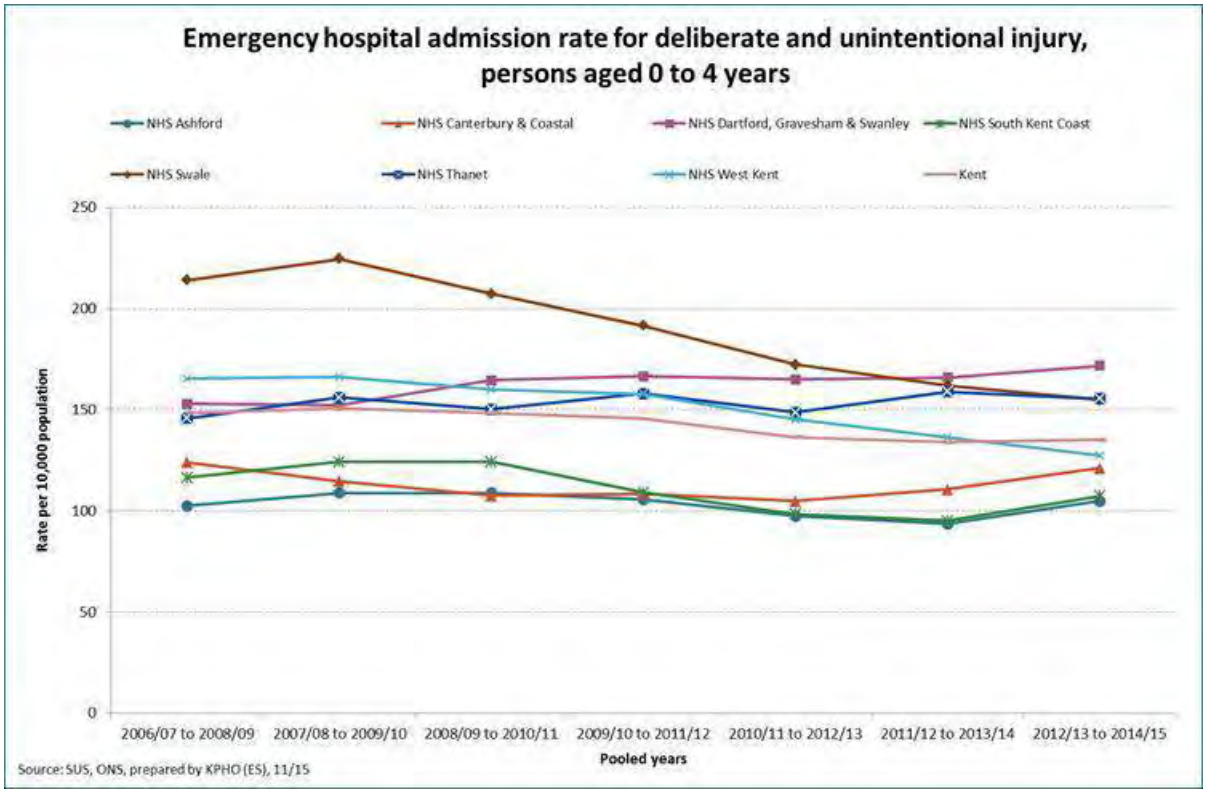
Figure 55


6 to 8 week breastfeeding prevalence by CCG, 2012/13
CCG
Kent
Percentage
50
45
40
35
30
25
20
15
10
5
0
NHS Ashford
NHS Canterbury and Coastal
NHS Dartford Gravesham and Swanley
NHS South Kent Coast
NHS Swale
NHS Thanet
NHS West Kent
CCG
Source: Child Health Computer

5.5 Deliberate and unintentional injury

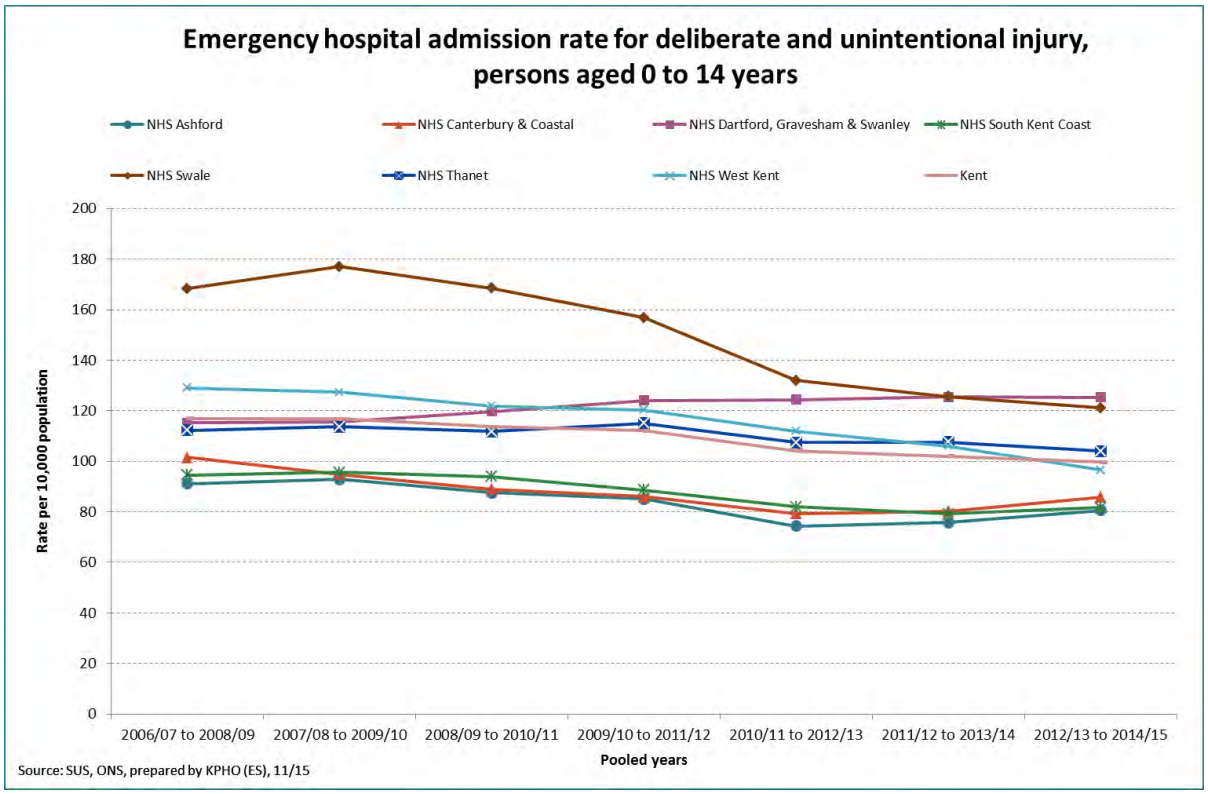
Deliberate and unintentional injuries are defined as the number of finished in-year hospital admissions, per 10,000 population, within each age band, including accidents (road traffic, fire), self-harm, assault, poisoning and certain other external causes.

Figure 56 Emergency hospital admission rate for deliberate and unintentional injury, persons aged 0 – 4 years



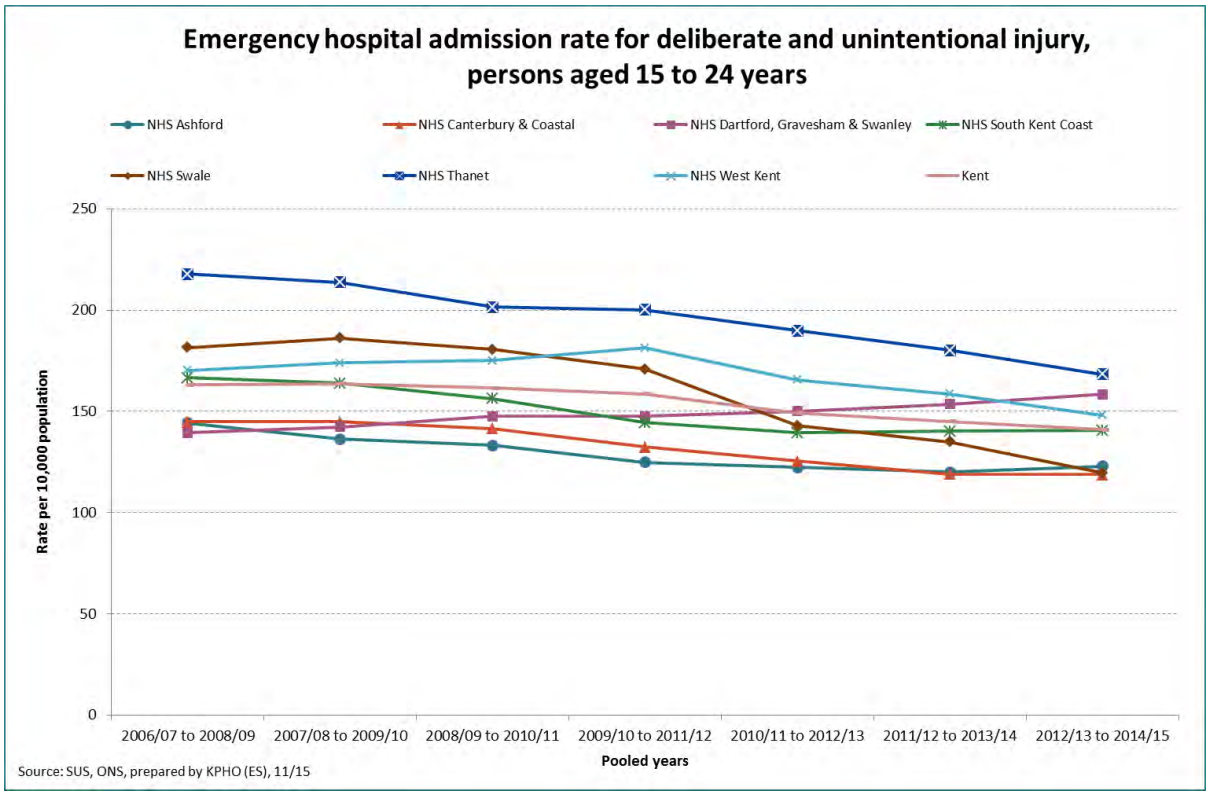
The West Kent CCG deliberate and unintentional injury rate was 165.3 admissions per 10,000 population aged 0 to 4 in 2006/07 to 2008/09 (pooled) was higher than the Kent rate of 148.5. Since then, the rate of decrease observed in West Kent CCG (5.8 admissions per 10,000 population annually) has fallen at a greater rate than Kent (1.8); however, this difference is not significant. During the last time period, West Kent CCG (127.3) had a lower admission rate than Kent

Figure 57 Emergency hospital admission rate for deliberate and unintentional injury, persons aged 0 – 14 years



The West Kent CCG deliberate and unintentional injury rate was 129.1 admissions per 10,000 population aged 0 to 14 in 2006/07 to 2008/09 (pooled), higher than the Kent rate of 117.0 per 10,000 population. Since then, the rate of decrease has been faster in West Kent CCG (5.1 admissions per 10,000 population annually) than Kent (2.7 per 10,000); however this difference is not significant. For the past two time periods, the West Kent CCG rate has been below that of Kent.

Figure 58 Emergency hospital admission rate for deliberate and unintentional injury, persons aged 15 to 24 years

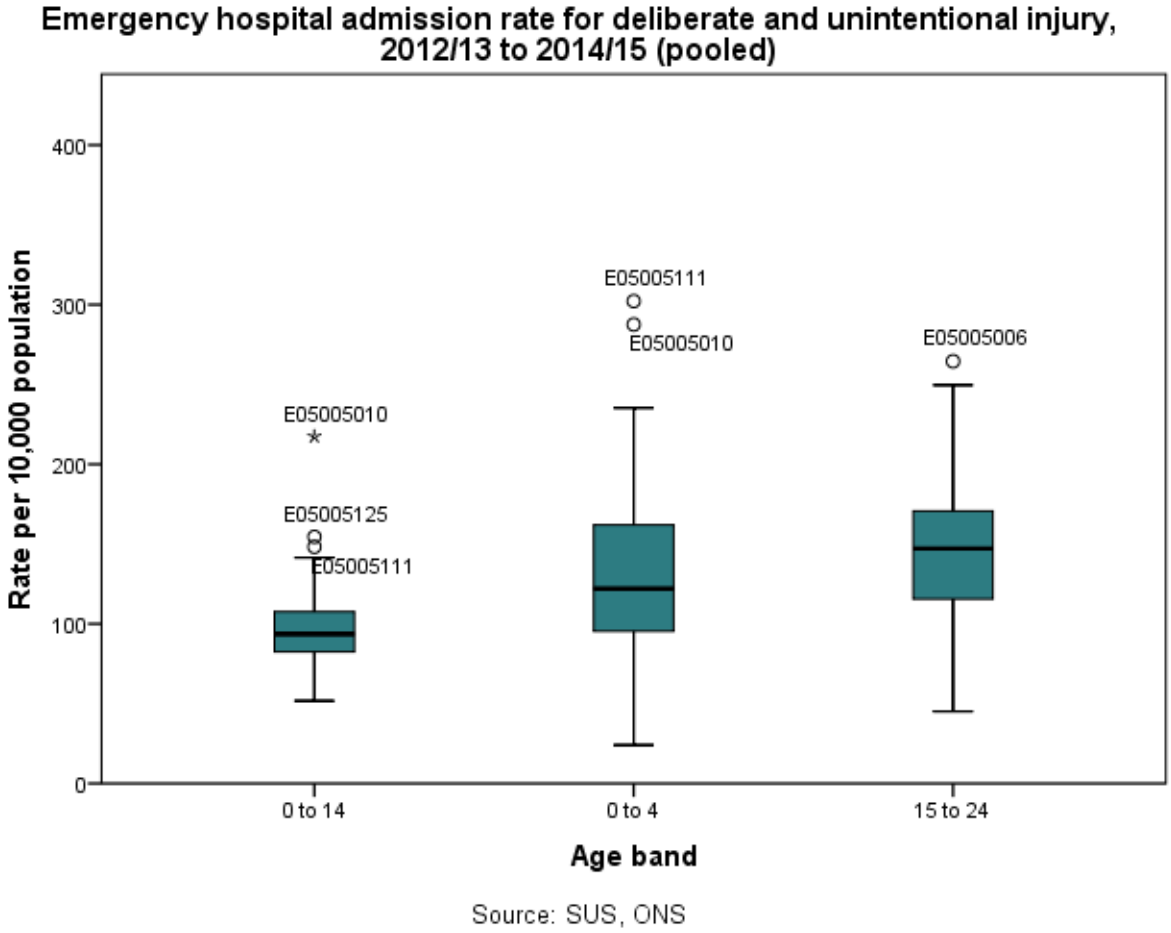


The admission rate in West Kent CCG rose between 2006/07 to 2008/09 and 2009/10 to 2011/12 to a peak of 181.3 admissions per 10,000 population. Since then, the rate has decreased to a low of 148.2 in 2012/13 to 2014/15. Over the past seven time periods, the West Kent CCG rate has been consistently higher than the Kent rate. The rate of decrease in admissions observed in West Kent CCG (4.1 admissions per 10,000 population annually) is similar to that observed across Kent (3.5).

Ward level admission rates have been calculated based on pooled data for the contract years 2012/13 to 2014/15. A box plot has been produced to identify which wards have significantly higher or lower emergency deliberate and unintentional injury rates in comparison to West Kent CCG (Figure 59).

In the 0 to 14 age band, Cowden and Hever, Downs and Trench have rates significantly higher than West Kent CCG. In the under 5 age band, Cowden and Hever and Downs wards are outliers, and in the 15 to 24 age band, Staplehurst has a significantly higher rate.

Figure 59

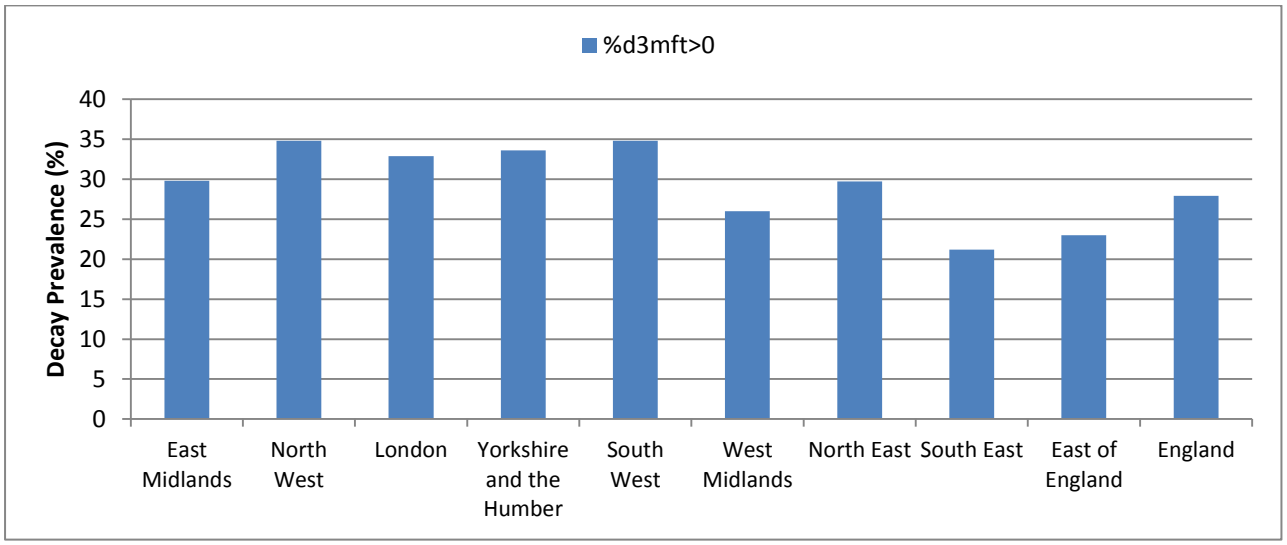


Maps identifying wards with rates in the highest quintile within West Kent CCG for deliberate and unintentional injury, by age band can be found at Appendix 8

5.6 Children's Dental Health

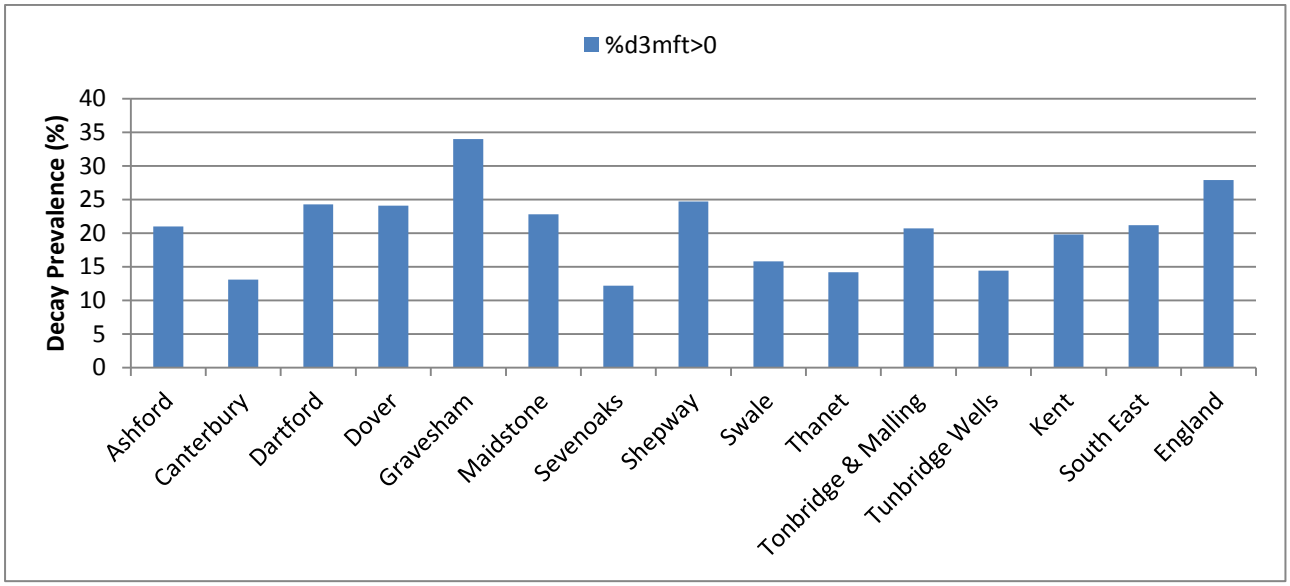
The proportion of five- year- old children experiencing tooth decay differs from region to region, from the highest in the North West and South West (34.8%) to the lowest in the South East (21%) compared to the England prevalence of 28% (Figure 6.5).

Figure 63 Prevalence of tooth decay in five-year-old children by regional area, 2013



The prevalence of tooth decay in five- year- olds in Kent (20%) is below the average for the South East (21%) and England (28%) and although levels of decay are not significantly lower in Kent than in the South East; levels are significantly lower than they are in England. Similar to regional observations, the proportion of children experiencing tooth decay differs from district to district, with levels ranging from the highest in Gravesham (34%) to the lowest (12%) in Sevenoaks (Figure 6.6). Six districts (Gravesham; Shepway; Dartford; Dover; Maidstone and; Tonbridge and Malling) in Kent have prevalence higher than the South East and those districts together with Ashford have higher prevalence than Kent. However, it is only in the district of Gravesham (34%) that prevalence is significantly higher than the prevalence in England (28%) the South East (21%) and Kent (20%).

Figure 64 Prevalence of tooth decay in five-year-old children by Kent districts, 2013



Decay severity

The picture (Figure 64) of severity of tooth decay also differs with mean teeth damaged by decay in Kent lower (.62) than that of the South East (.67) and of England (.94). Additionally, severity ranges from the highest in Gravesham (1.11) to the lowest in Sevenoaks (.29) with Gravesham also having higher severity of decay than the national, regional and county levels and at significantly higher levels than in the South East and in Kent as a whole. Along with Gravesham (.52); Shepway (.38) and Dover also have higher severity of tooth decay than the South East and together with Maidstone have higher levels of decay severity than the Kent (.62) average.

Where decay was present in teeth, the number of teeth damaged was similar (at 3 teeth per child) in England, the South East and in Kent. At district level the picture (Figure 6.8) was of mean decayed teeth per child of between 2-3 teeth with the exception of Canterbury; Swale and Thanet where each child with decay averaged four teeth each. No district in Kent had significantly higher severity of decay than the England and Kent average; however, levels in Swale were significantly higher than those in the South East.

Figure 65 Teeth with decay experience in five-year-old children in Kent districts, 2013

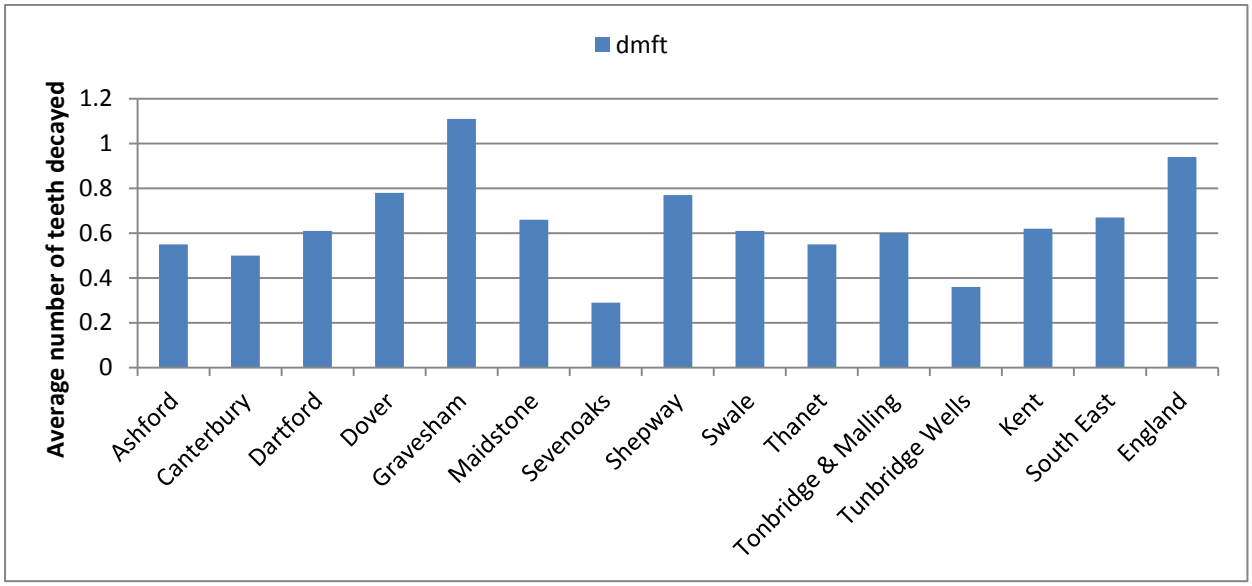
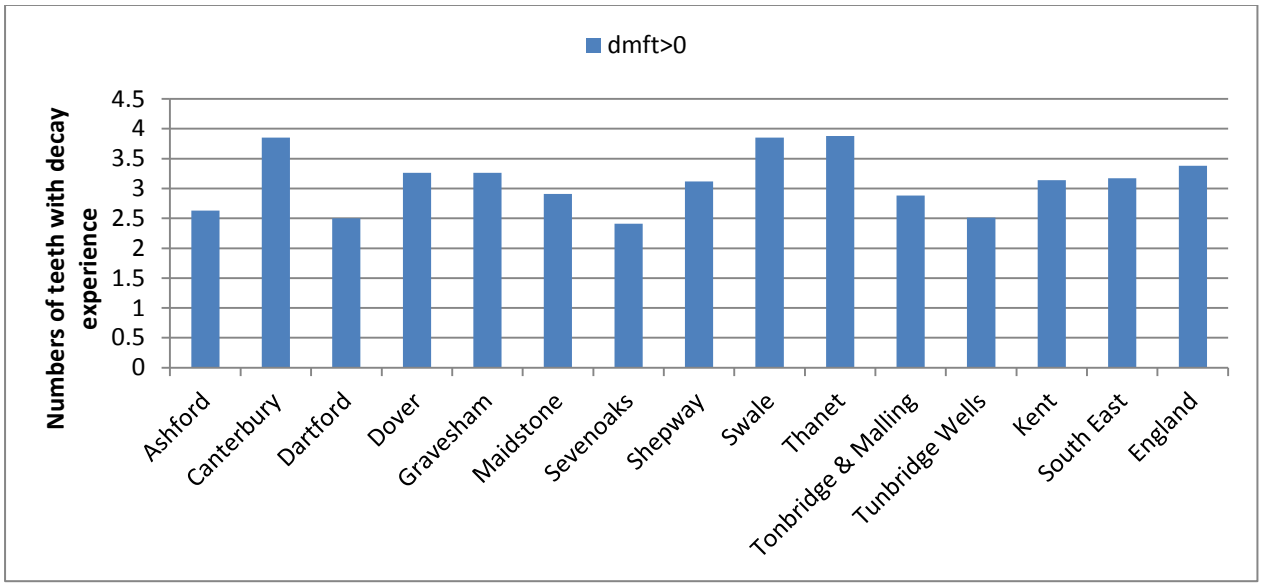
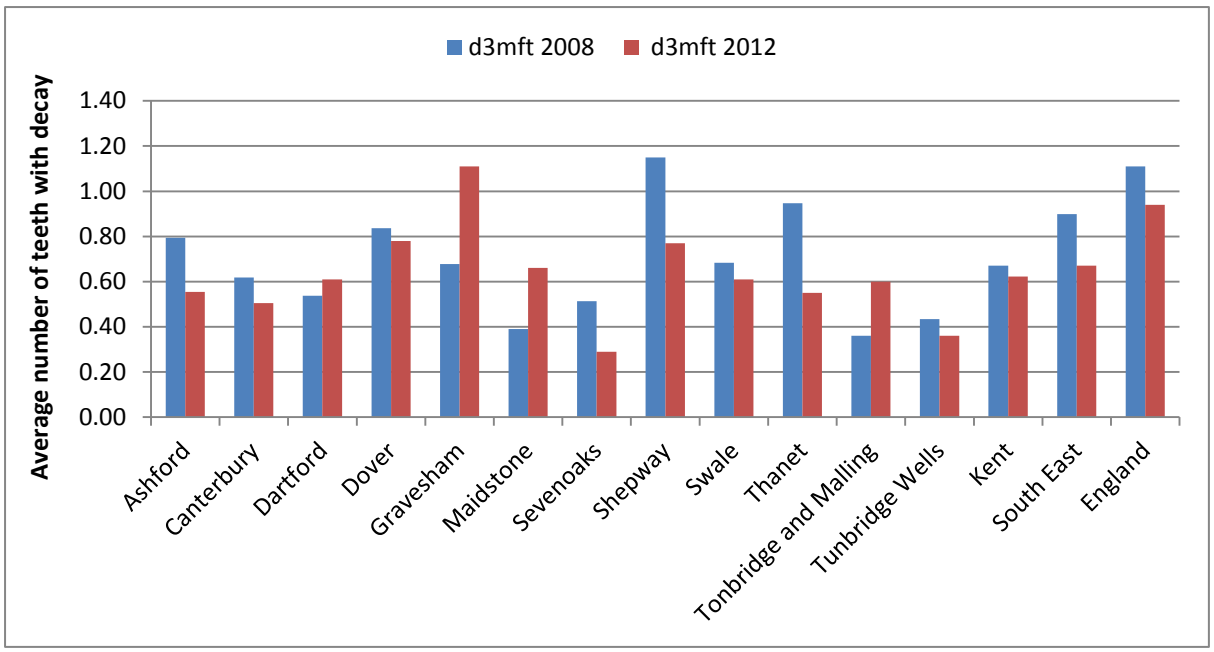


Figure 66 Decay numbers where there is decay in five-year-old children in Kent districts, 2013



It is also worth looking at the picture of tooth decay in 5-year-old between the most recent (2012) and previous (2008) national surveys (see graph 6.9). At national, regional and county levels; the experience of tooth decay has come down. Nearly every district in Kent has experienced this trend with the exception of Gravesham, Maidstone and Tonbridge and Malling where there have been increases although those increases are not significant**.** When looking at each year separately, it is evident in the 2008 survey data analysis where there are higher levels of decay experience, Shepway had significantly higher levels of decay experience when compared to the South East and Kent. In the 2012 survey, this position is the case in Gravesham**.**

Figure 67 Trends in tooth decay experience in 5-year- old children in Kent districts, 2008 to 2012



5.7 Children living in income deprivation

This indicator is a sub domain of the overall income domain. It identifies children living in income deprivation (families receiving income support, income based jobs seekers allowance or pension credit, or child tax credit with an income below 60% of the national median before housing costs. Data is collected at district level and the worst quintiles are:

Maidstone – most children living in income deprivation are situated predominantly around town centre, High Street, East, South, Shepway North and South, Parkwood, Heath, Fant, Coxheath and Hunton.

Tonbridge and Malling wards include, Snodland East and parts of Snodland West, Aylesford, Trench, West Malling and Leybourne.

Tunbridge Wells ward include Broadwater, Rustall, Sherwood, Paddock Wood East, Benenden and Cranbrook, Hawkhurst and Sandhurst.

Sevenoaks wards in worst quintile are predominantly clustered in the Swanley area, but also include small pockets in Sevenoaks Eastern, Hartley and Ash.

Detailed maps illustrating children living in income deprivation can be found at Appendix 8

5.8 Teenage conceptions

The teenage conception rate is defined as the numbers of conceptions per 1,000 women aged 15 to 17. Snodland East (62.0), Park wood (59.1) and Trench (45.1) have the highest teenage conception rates in West Kent CCG (appendix 8).

Most teenage pregnancies are unplanned and almost half end in abortion, but for those that continue with birth, health outcomes are often greatly reduced for teenage parents and child. Further information relating to Teenage conceptions can be found in Chapter 8 (8.9).

5.9 Young People and smoking

Table 5 estimated percentage of smoking prevalence in young people in west Kent districts is highest in Tunbridge Wells in young people ranging between 11 and 17 (3.6%, 9.9% rising to 16.6% at 16-17 years)

Table 5 Percentage of smoking prevalence modelled estimates– regular smokers aged 11-17 years 2009 to 2012

	% Smoking prevalence modelled estimates – regular smokers aged 11-15 years	% Smoking prevalence modelled estimates – regular smokers aged 15 years	% Smoking prevalence modelled estimates – regular smokers aged 16-17 years
Ashford	**3.3**	**9.1**	**15.4**
Canterbury	**3.5**	**9.6**	**16.2**
Dartford	**3.0**	**8.5**	**14.4**
Dover	**3.6**	**10.0**	**16.8**
Gravesham	**2.8**	**7.7**	**13.3**
Maidstone	**3.2**	**8.9**	**15.1**
Sevenoaks	**3.2**	**8.8**	**14.9**
Shepway	**3.7**	**10.1**	**16.9**
Swale	**3.6**	**10.1**	**16.8**
Thanet	**4.0**	**10.9**	**18.1**
Tonbridge & Malling	**3.3**	**9.3**	**15.7**
Tunbridge Wells	**3.6**	**9.9**	**16.6**
Kent	**3.4**	**9.5**	**15.9**
England	**3.1**	**8.7**	**14.7**

Source: Public Health England

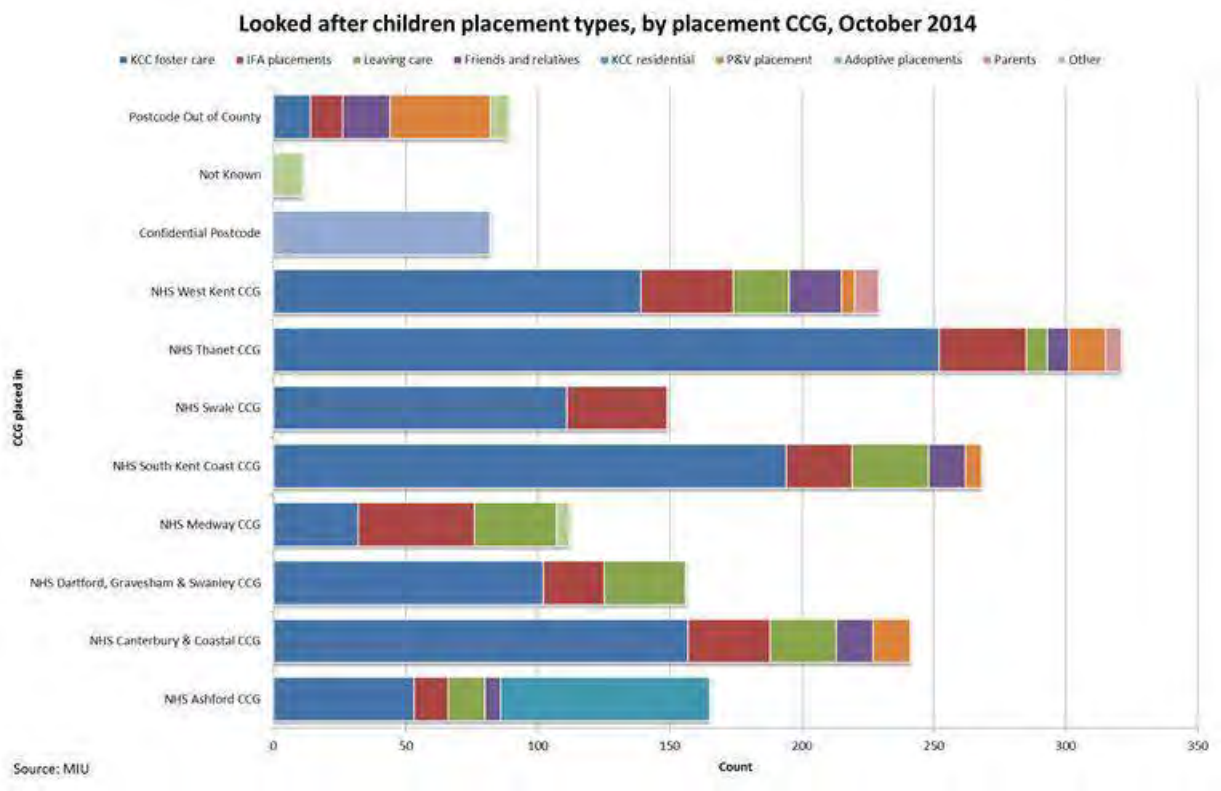
5.10 Children in Care

The data in table 6 is a snapshot as at 31st July 2015 shows the number of children in care for each district of origin. These children often move around, therefore it data is collected by original address upon which they entered the care sector. There are considerably higher numbers in Thanet compared to any other district, the highest number in west Kent are in Maidstone with the lowest numbers in Sevenoaks. The data excludes Unaccompanied Asylum Seeker Children (UASC) as their home post code at the point they became Looked After is not known.

Table 6 Number of children moved into care from originating district

Originating Home District	Number of children in care
Ashford	105
Canterbury	153
Dartford	59
Dover	121
Gravesham	103
Maidstone	117
Sevenoaks	53
Shepway	116
Swale	153
Thanet	293
Tonbridge & Malling	88
Tunbridge Wells	78
OLA	13
Not Known	1
Not to be Disclosed	2
Grand Total	**1455**

Figure 73



In total there were 229 looked after children placed in West Kent CCG at 31st October 2014. 60.7% of these were placed in KCC foster care, and 15.3% were placed with independent fostering agencies (IFA). Overall, the placement distribution was similar in West Kent CCG to across Kent.

Placements in KCC foster care have been consistently highest in West Kent CCG between November 2013 and October 2014, followed by IFA placements. Private and voluntary placements have accounted for the fewest placements, with numbers often being suppressed (<5) (appendix 8).

5.11 CAMHS

The Kent Public Health Observatory has just completed a needs assessment regarding Children and Adolescent mental health services, and the full report can be found on their website (www.kpho.org.uk). Key findings from the Children and Adolescent Mental Health Services Needs assessment:

- NHS West Kent has 115,135 children and young people aged 0 to 19, which is the largest number of all Kent's CCGs.

- Of this, it is estimated that 4,415 pre-schoolers, 2,648 children aged 5 to 10 and 4,121 children aged 11 to 16 estimated to have a mental health disorder. There are 3,957 young people aged 16 to 19 estimated to have a mental health disorder. The highest diagnoses across all ages being conduct disorders, followed by emotional disorders.

- It is estimated that over 4,000 young people aged 16 to 24 living in NHS West Kent have self-harmed. NHS West Kent has the lowest average annual crude rate per 10,000 for inpatient admissions for mental health diagnoses but one of the highest rates for self-harm admissions amongst young people across Kent's CCGs.

- Mental health services are categorised into tiers that become increasingly specialised in function, ranging from universal provision at Tier 1 to highly specialist outpatients and inpatients at Tier 4. CCGs commission Tier 1-3 services where appropriate in tandem with other agencies. NHS England directly commissions Tier 4 CAMHS and other highly specialised services. The number of children and young people who may experience mental health problems appropriate to CAMHS living in West Kent are:
  between 10,000 and 15,000 at Tier 1; 7255 at Tier 2; 1917 to 3109 at Tier 3; and between 78 and 487 at Tier 4.

- There are groups of children at greater risk of mental health disorders living in NHS West Kent, including those who experience personal abuse or neglect; witness domestic violence; live in socio-economically disadvantaged areas and/or households; are living with a long-term physical illness or disability; have parents with mental health problems, including post-natal depression; are looked after; are not in education, employment or training; and come from Black, Asian and Minority Ethnic (BAME) backgrounds.

- The proportion of the caseload in the main CAMHS service was lower than expected for NHS West Kent. Access to CAMHS by children and young people living in NHS West Kent requires further investigation.

6. Older people

Key Points

The highest rate of domiciliary care for people aged over 65 is currently Snodland East and Judd wards (51.3 and 32.4 respectively per 1,000 population). With an expected increase above the Kent average of people over age 85 in Maidstone and Tonbridge and Malling, this picture could change, but will certainly place higher demand on services for both health and social care. In addition there are several wards in West Kent with people over 60 living in deprived households, known to be higher users of services.

Recommendations

The predicted increase in older population will place huge demands on both health and social care, as they will become the largest proportion of service users. For those aged over 50, all organisations should make every contact count to focus on prevention, reduce risk taking behaviours, particularly high consumption of alcohol, smoking and poor mental health to reduce the prevalence of avoidable conditions. Early diagnosis, regular condition and medicine reviews and improved self-management should be equitable across West Kent to avoid crisis.

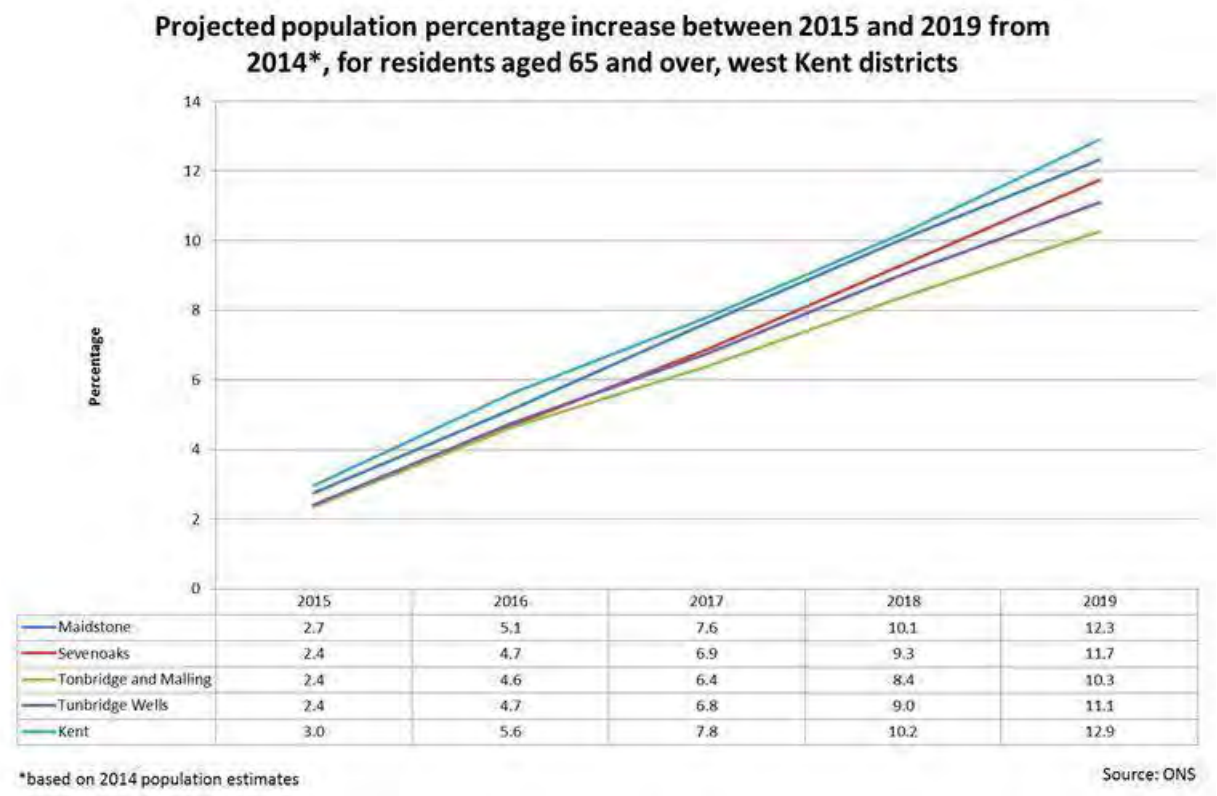
For older people particularly over 75 , many of which have more complex needs particularly in areas of deprivation, care should be wrapped around the patient using a system wide approach. Isolated and often unable to navigate the system, older people need organisations that speak to each other, whether health, social care, districts, voluntary and third sector. Therefore sharing of information and clear pathways are needed to ensure holistic care. As the highest users of long term hospital stays, pro-active care at home will be beneficial to the patient, families and system.

Partners: Commissioners, Providers, Districts, KFRS, Businesses, Community and Voluntary Sector

6.1 Expected population growth

Of the four west Kent districts, Maidstone have the largest projected percentage change in residents aged 65 and above, with a predicted increase of 12.3% by 2019, representing an additional 3,719 people between 2014 and 2019 (figure 75). However, the percentage increase observed in Kent is 12.9%, larger than any of the districts in west Kent.

Figure 75



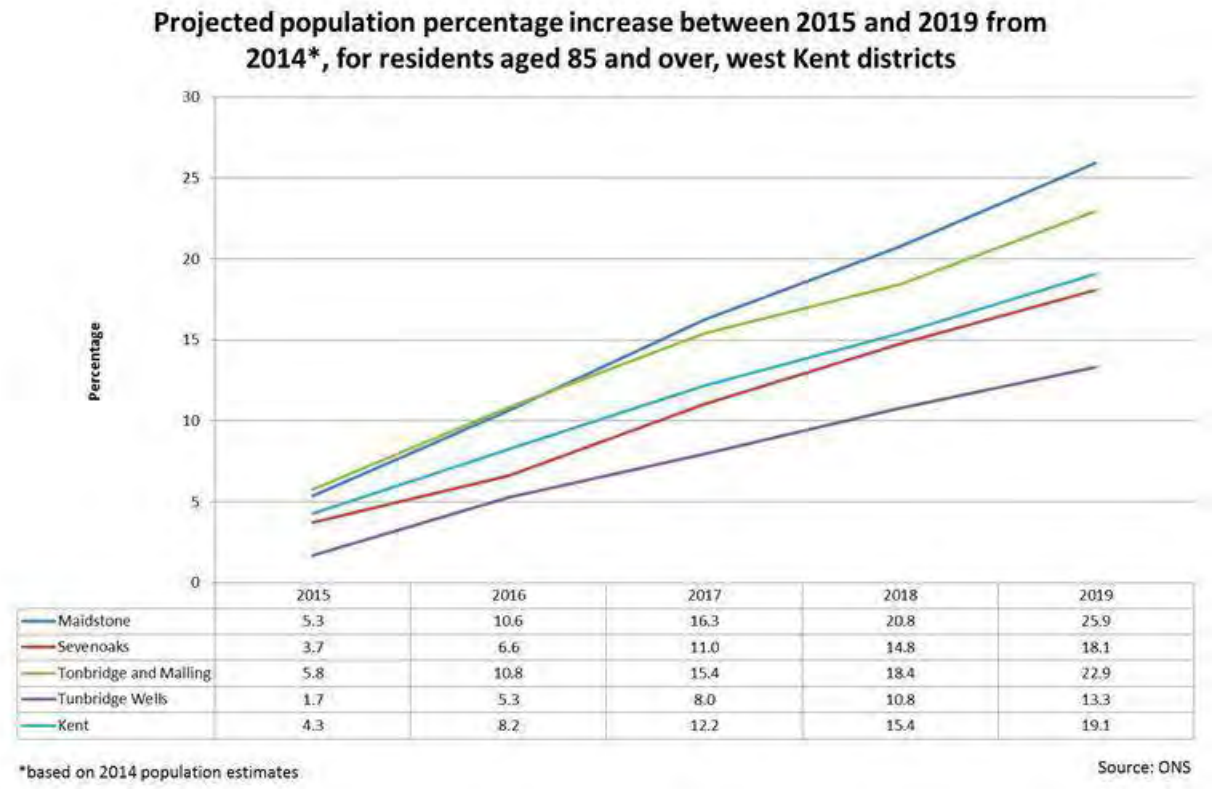
	2015	2016	2017	2018	2019
Maidstone	2.7	5.1	7.6	10.1	12.3
Sevenoaks	2.4	4.7	6.9	9.3	11.7
Tonbridge and Malling	2.4	4.6	6.4	8.4	10.3
Tunbridge Wells	2.4	4.7	6.8	9.0	11.1
Kent	3.0	5.6	7.8	10.2	12.9

*based on 2014 population estimates

Source: ONS

For the population aged 85 and over, Maidstone and Tonbridge and Malling have expected percentage increases that are greater than that of Kent, at 25.9% (996 people) and 22.9% (671 people) respectively.

Figure 76



	2015	2016	2017	2018	2019
Maidstone	5.3	10.6	16.3	20.8	25.9
Sevenoaks	3.7	6.6	11.0	14.8	18.1
Tonbridge and Malling	5.8	10.8	15.4	18.4	22.9
Tunbridge Wells	1.7	5.3	8.0	10.8	13.3
Kent	4.3	8.2	12.2	15.4	19.1

*based on 2014 population estimates

Source: ONS

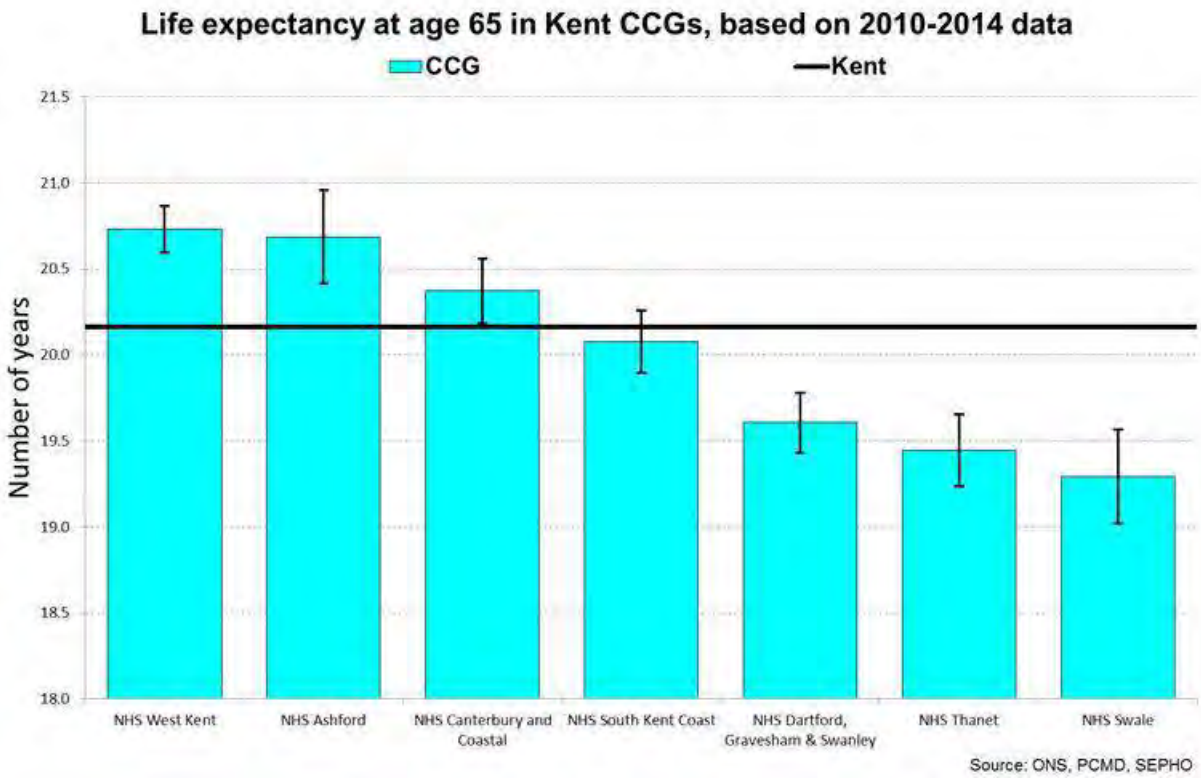
6.2 Indices of multiple deprivation

The income deprivation affecting older people represents the proportion of older people aged 60 and over living in income deprived households. Across West Kent there are wards which are in worst quintile of older people living in income deprived households (appendix 9). In addition to the usual urban and town centre LSOAs, there is a considerable amount of rural deprivation, including areas such as Westerham and Crockham; Benenden and Cranbrook; Coxheath and Maidstone; Marden and Yalding; Hawkhurst and Sandhurst.

6.3 Older people life expectancy

West Kent CCG has the highest life expectancy at age 65, along with Ashford CCG, of 20.7 years. This is significantly higher than the Kent life expectancy at 65 years of 20.2 years.

Figure 78



6.4 Social Service

Across West Kent there are pockets of areas with high use of local authority recorded domiciliary care. New data sets are currently being constructed to provide further social care information. Judd and Snodland East have the highest rate of people aged 65 and above receiving domiciliary care, at 32.4 and 51.3 per 1,000 population (appendix 9).

7. Trends in mortality

Key Points

Life expectancy has increased at the average rate of 0.26 years over each 2 year time period, with the highest increase in the most deprived quintile. Mortality rates for under 75 cancer, circulatory and liver disease have decreased, although there has been an increase in under 75 respiratory mortality.

Over the most recent recorded ten year period, the average ratio of excess winter deaths in West Kent has remained similar to the Kent ratio (17.4% and 17.5% respectively). This said the West Kent ratio was high in the first five year period, followed by a decrease in the second five year period.

Fuel poverty is highest in Tunbridge Wells and Maidstone.

Recommendations

Mortality rates for Under 75 respiratory and liver disease are increasing and this trend is estimated to continue. The increase in alcohol related admissions indicates the continuing trend of alcohol misuse. Making every contact count by offering, information, brief advice and signposting to specialist services should be included in contracts of the health and social care supply chain. The wider determinants over which people often have little control, such as fuel poverty, noise, air quality are monitored by district teams, who are often able to assist with practical solutions. These wider determinants are more prominent in areas of deprivation; therefore a proportionate approach should be used. Clinical Commissioners should use tools such as CQUINS and other tools to ensure every contact counts in addressing factors which will reduce health inequalities, such as addressing excess weight and obesity, smoking and high consumption of alcohol.

Partners: Commissioners, Providers, District, Voluntary Sector

7.1 Premature Mortality

Premature mortality is defined as a death occurring before the age of 75.

Table 7 Trends in mortality, CCGs in Kent, 2006 to 2014

CCG	All age, all cause			Under 75 Cancer		
	Period slope	Last year slope	Last year rank	Period slope	Last year slope	Last year rank
Ashford CCG	-8.37	57.69	3	-3.82	11.29	3
Canterbury and Coastal CCG	-22.05	25.55	2	-2.79	19.34	4
Dartford, Gravesham and Swanley CCG	-12.40	-25.66	5	-2.25	0.40	2
South Kent Coast CCG	-14.32	34.56	4	-2.46	8.29	5
Swale CCG	-25.52	28.54	7	-1.39	-4.51	6
Thanet CCG	-17.78	13.50	6	-0.84	-10.69	7
West Kent CCG	-17.90	-34.43	1	-2.23	-12.62	1
Kent	**-17.08**	**2.02**	-	**-2.30**	**-0.15**	-

CCG	Under 75 Circulatory			Under 75 Respiratory			Under 75 Liver disease*		
	Period slope	Last year slope	Last year rank	Period slope	Last year slope	Last year rank	Period slope	Last year slope	Last year rank
Ashford CCG	-3.25	18.20	4	0.47	-2.34	2	0.62	0.72	2
Canterbury and Coastal CCG	-4.67	-11.66	2	0.51	0.47	3	-0.11	-0.44	3
Dartford, Gravesham and Swanley CCG	-1.64	-2.60	6	0.91	11.44	6	0.05	-1.29	4
South Kent Coast CCG	-4.09	-5.06	3	0.39	0.94	5	0.85	-1.38	6
Swale CCG	-6.15	-3.60	5	-1.58	-11.89	4	-0.48	0.68	5
Thanet CCG	-3.10	0.31	7	-1.15	11.32	7	-0.87	0.46	7
West Kent CCG	-3.91	-3.67	1	0.38	-5.09	1	-0.12	1.17	1
Kent	**-3.73**	**-2.69**	-	**0.19**	**0.39**	-	**0.03**	**0.06**	-

Source: PCMD, ONS

Last year rank - where 1 = lowest mortality rates, 7 = highest mortality rates

*3 year rolling average, due to small numbers

Decreasing over time period

Increasing over time period

Table 7 uses the slope index which indicates the rate of change (Number of deaths per 100,000 population) over a period of time, either the last year or a defined period. All diseases in table 5 relate to a time period of 2006-2014. Detailed figures for each condition can be found in appendix 10.

For West Kent CCG all mortality rates for the above selected causes have been decreasing between 2006 and 2014 in West Kent CCG , with the exception of under 75 mortality rates from respiratory disease, which have increased by 0.38 deaths per 100,000 population annually (table 5).

Rates have also decreased between 2013 and 2014 for all causes of death (appendix 10), although for mortality from under 75 liver disease, the age standardised mortality rate has increased by 1.17 deaths per 100,000 population between 2011-13 and 2012-14 (appendix 10).

7.2 Excess Winter deaths

The ONS standard method defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in the preceding August to November and the following April to July. These ratios are measured over three year trends to account for other variables, such as fluctuation in winter temperatures.

Table 8: Excess winter deaths ratio, 2002/04 to 2011/13, three year rolling averages, CCGs in Kent

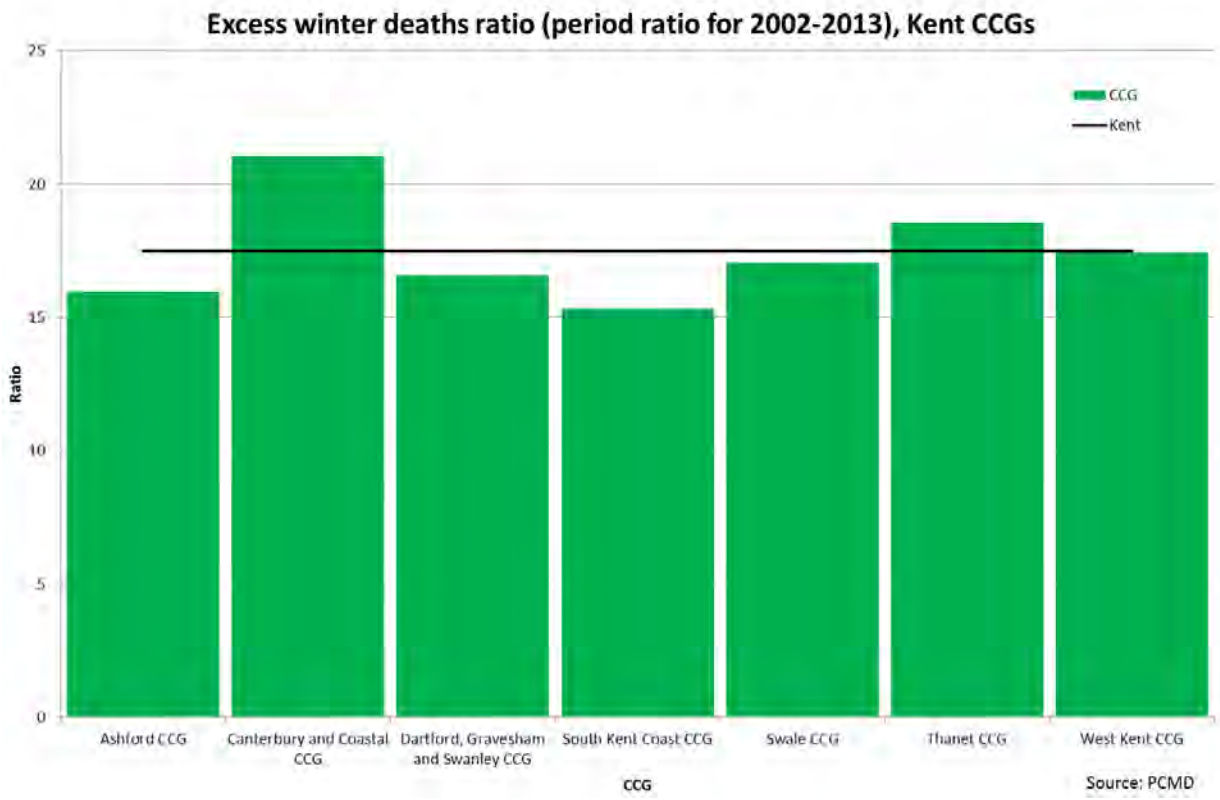
	Excess winter deaths ratio										Period Ratio*	Annual average number of EWD
CCGs	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013		
NHS Ashford CCG	14.7	16.5	15.7	12.4	16.0	17.2	18.6	15.8	15.6	18.1	16.0	48.0
NHS Canterbury and Coastal CCG	22.9	29.4	28.4	23.7	21.4	18.3	16.2	13.8	17.4	21.5	21.0	134.5
NHS Dartford, Gravesham and Swanley CCG	16.7	12.9	13.4	10.9	11.3	14.6	19.2	18.1	19.9	19.5	16.6	110.9
NHS South Kent Coast CCG	14.5	11.1	12.0	9.8	15.0	17.2	22.1	18.4	16.7	15.2	15.3	106.1
NHS Swale CCG	9.9	14.5	16.6	14.6	23.8	25.3	31.5	17.7	16.0	13.1	17.0	48.5
NHS Thanet CCG	17.2	17.8	16.2	12.4	17.7	21.5	23.2	16.4	21.9	21.9	18.5	100.8
NHS West Kent CCG	20.1	22.3	17.6	14.3	15.9	20.0	20.6	15.0	16.1	14.7	17.4	208.4
Kent	17.7	18.6	17.3	14.1	16.6	18.8	20.8	16.3	17.6	17.5	17.5	757.2

*Period ratio: Ratio of all winter: non winter deaths for the entire period

Source: PCMD

It is estimated that in West Kent an average in a given year approximately 208 more deaths occur during winter months (more information in appendix 11).

Figure 85



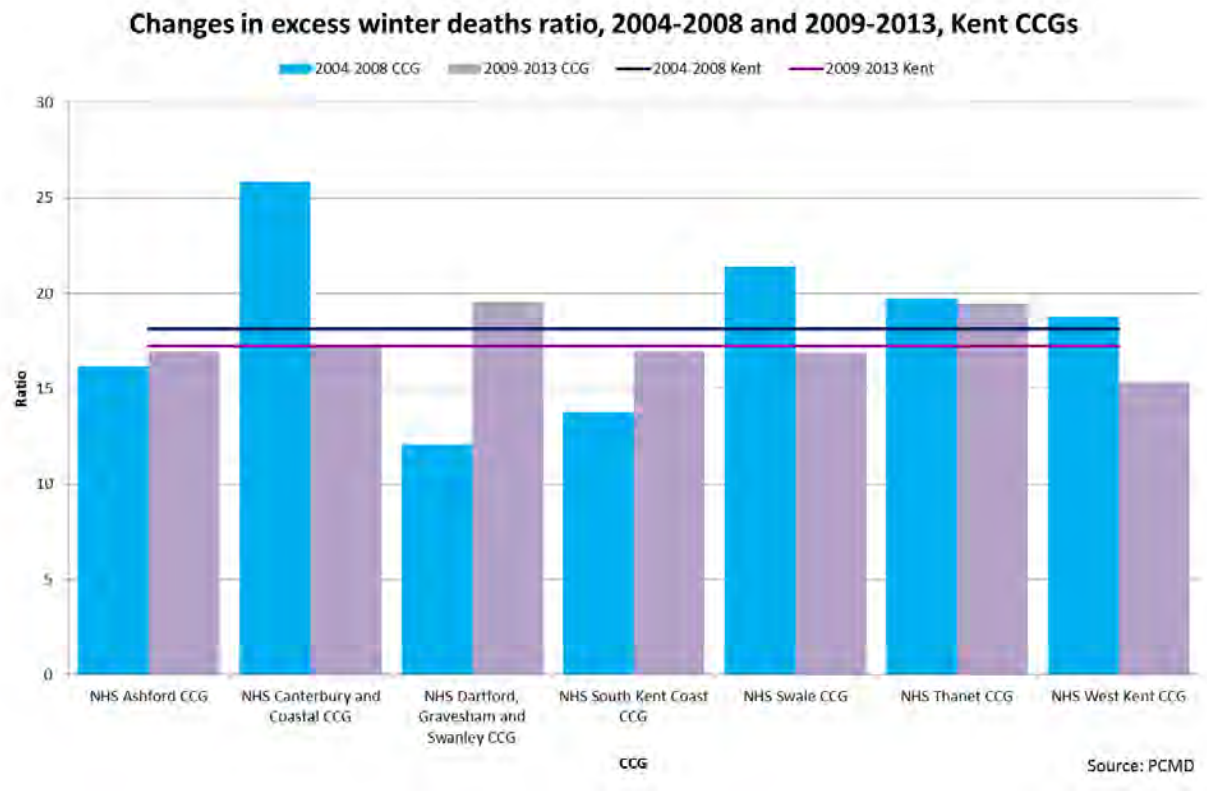
The excess winter death ratio has fluctuated substantially between 2002-04 and 2011-2013, particularly in Canterbury and Coastal and Swale CCGs. The ratio in West Kent CCG has remained fairly similar to Kent since 2002-04 , although it reduced significantly in 2011-13.(table 9).

Table 9: Excess winter deaths ratios, comparing 2004-2008 and 2009-2013, by CCG

CCGs	2004-2008	2009-2013
NHS Ashford CCG	16.2	17.0
NHS Canterbury and Coastal CCG	25.8	17.2
NHS Dartford, Gravesham and Swanley CCG	12.1	19.6
NHS South Kent Coast CCG	13.8	16.9
NHS Swale CCG	21.4	16.9
NHS Thanet CCG	19.7	19.5
NHS West Kent CCG	18.8	15.3
Kent	18.1	17.2

Source: PCMD

Figure 87



The excess winter deaths ratio has reduced between 2004-2008 and 2009-2013 in Kent, from 18.1 to 17.2. West Kent CCG had a ratio of 18.8 for 2004-2008, slightly above the Kent ratio, and a ratio of 15.3 in 2009-2013, below the Kent ratio.

8. Lifestyle factors affecting health

Key Points

- Eleven MSOAs have an estimated binge drinking prevalence of above 18.9%, all of which are within Maidstone and Tunbridge Wells wards
- An estimated 28% of adults are classified as obese within six MSOAs in West Kent: Snodland East and West; Sherwood; Shepway North and South; Parkwood
- Obesity in reception aged children has reduced from 9.4% to 5.9%. An increase in year six obesity was observed between 2008/09 and 2010/11; however, levels have since decreased to 14.9% in 2013/14. Almost 30.0% of year six children had excess weight based on pooled 2011/12 to 2013/14 data. There are variations in prevalence between wards
- The highest numbers of licenced premises in west Kent are restaurants and cafes, most densely found in town centres. Although pictorially there appears to be higher admissions for obesity or alcohol related conditions from these areas, this is more likely to be due to deprivation as analysis shows no correlation
- Prevalence of smoking is relatively low in West Kent, but seven wards (six of which are in Maidstone) have a prevalence of over 30%
- Only 15% of residents from eleven MSOAs in West Kent are estimated to consume the recommend five portions of fruit and vegetables a day
- Maidstone has measured some of the highest NO^2 concentrations in Kent, particularly around the route from town centre towards Tovil. The crossroads on Tonbridge Road at Wateringbury also has consistently high recorded levels of NO^2
- The uptake of young people's preventative sexual health services is highest in Maidstone
- Abortion rates in West Kent are similar to Kent, but the number of repeat abortions is increasing and is higher than the England average in all CCGs in Kent
- The administration of long acting reversible contraception (LARC) by GP is higher in West Kent than the England average
- GUM attendances are highest in Maidstone, but this is possibly due to the provision of more specialist services at this site. Tonbridge and Malling have the highest number of new appointments. Sevenoaks have the highest number of patients attending out of area services, often in London clinics
- The burden of new STIs is increasing in most districts within West Kent, with the exception of Tonbridge and Malling, which was highest in West Kent in 2013 and dropped significantly in 2014
- STIs are highest in those aged 25 and under, but this is expected due to proactive Chlamydia screening
- Maidstone has a higher Chlamydia positivity rate than Kent , although all other West Kent districts were lower
- Gonorrhoea has increased by 2.51% in west Kent, also Genital Herpes 3.56 cases per 100,000 population
- Diagnosed HIV prevalence is lower than Kent in all West Kent districts, but late diagnosis has increased in West Kent between 2009 and 2013

Recommendations

Obesity

- Adult obesity and low consumption of fruit and vegetables are highest in the same six MSOAs in West Kent: Snodland East and West; Sherwood; Shepway North and South; Parkwood
- Childhood obesity appears to increase between the age of 4 and ten. West Kent Health and Wellbeing Board is well placed to galvanise the system in addressing this key public health challenge. The Board has agreed obesity to be a key priority and an action plan to progress the 'Total Place' concept across West Kent to tackle Obesity.
- Commissioners should ensure that childhood obesity is addressed in contracts such as with children's centres, acute hospital (maternity contract), health improvement services , school nursing and health visiting

Alcohol

- Alcohol misuse should be addressed across the West Kent area with a particular focus on MSOAs in Maidstone and Tunbridge Wells where estimated binge drinking is higher than in other areas. West Kent Health and Wellbeing Board have agreed that alcohol is a priority and a proposed summit will take place to initiate the 'Total Place' concept for alcohol prevention. A cross organisational plan should be drawn to take action in areas such as marketing of low alcohol consumption, brief interventions and adequate commissioning and provision of rehabilitation and recovery services.
- Further work should be undertaken to understand substance misuse trends in west Kent and appropriate actions taken to address issues.

Smoking

- A particular focus should be placed on tobacco control in MSOAs in Maidstone and Tunbridge Wells with an estimated smoking prevalence of above 30%. Organisations need to integrate referrals into the stop smoking service in their commissioning plans.

Air Quality

- Maidstone and Tonbridge and Malling have three areas with significantly high NO^2 readings. District low emission strategies should be shared with partners to ensure a multi-agency approach to improving air quality, particularly within these areas. All public sector have a responsibility to produce sustainability plans, including the supply chain which could contribute significantly to reducing emissions.

Sexual Health

- Prescription of Long Acting Reversible Contraception (LARC) is higher in West Kent than in England and is only cost effective in the long term, additionally adding no value to the prevention of STIs. However the removal rate of LARC is also high, this requires further investigation of the cost effectiveness of LARC in West Kent and offer alternative contraceptive as a preferred method as appropriate
- Repeat abortions are also higher in West Kent than in England. Education and signposting to contraceptive services at point of abortion is needed to avoid second event
- Increase referrals into local preventative services to avoid higher costs of out of area treatments for GUM services
- Improve early diagnosis of HIV, education and signposting to services
- STIs continue to increase, in particular Gonorrhoea and Genital Herpes. Better awareness of safer sexual health practices should be available through schools, colleges and youth services

Partners: Commissioners, Health, Social Care, Education, Youth Service, Providers, Trading Standards, Districts

8.1 Alcohol

A number of West Kent CCG wards contain MSOAs with an estimated binge drinking prevalence of greater than 18.9%. These are all within Maidstone and Tunbridge Wells, including Sherwood, Culverden, Park, St. James, Heath, Fant, South, High Street, North, East and Southborough and High Brooms.

Figure 88

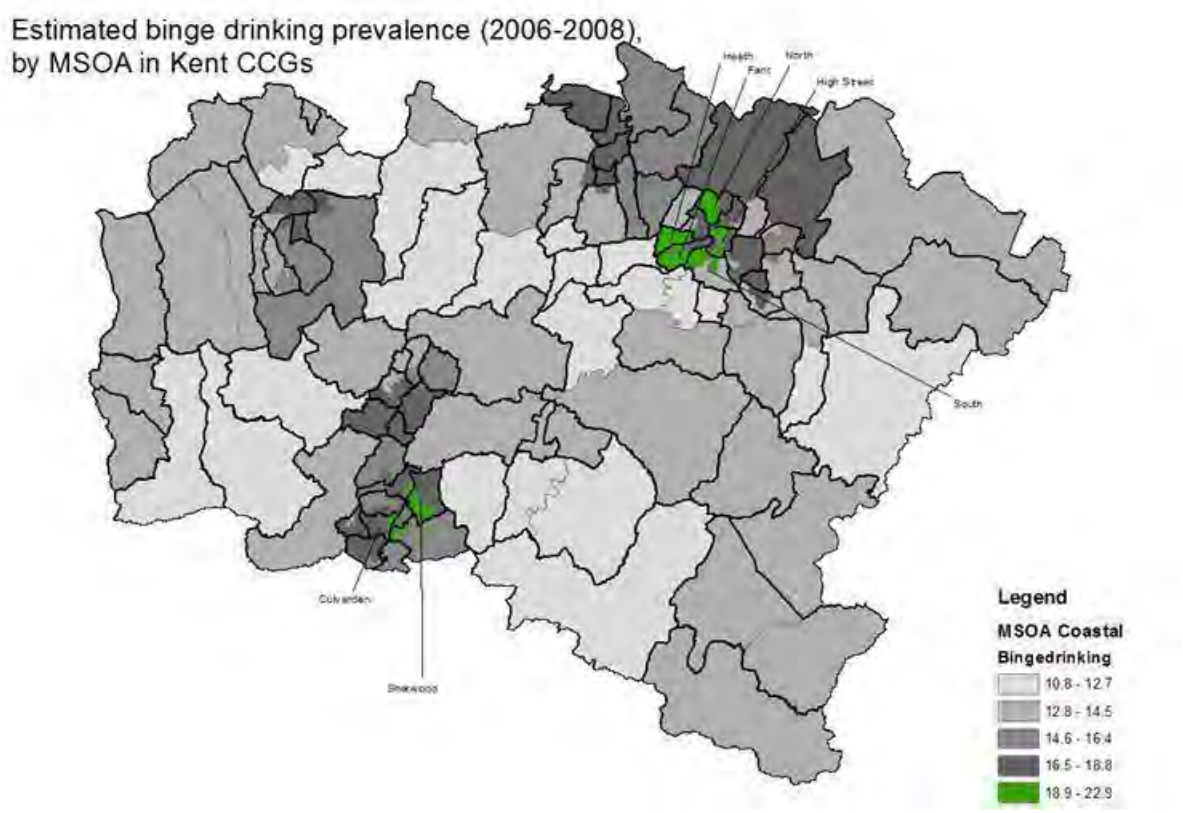
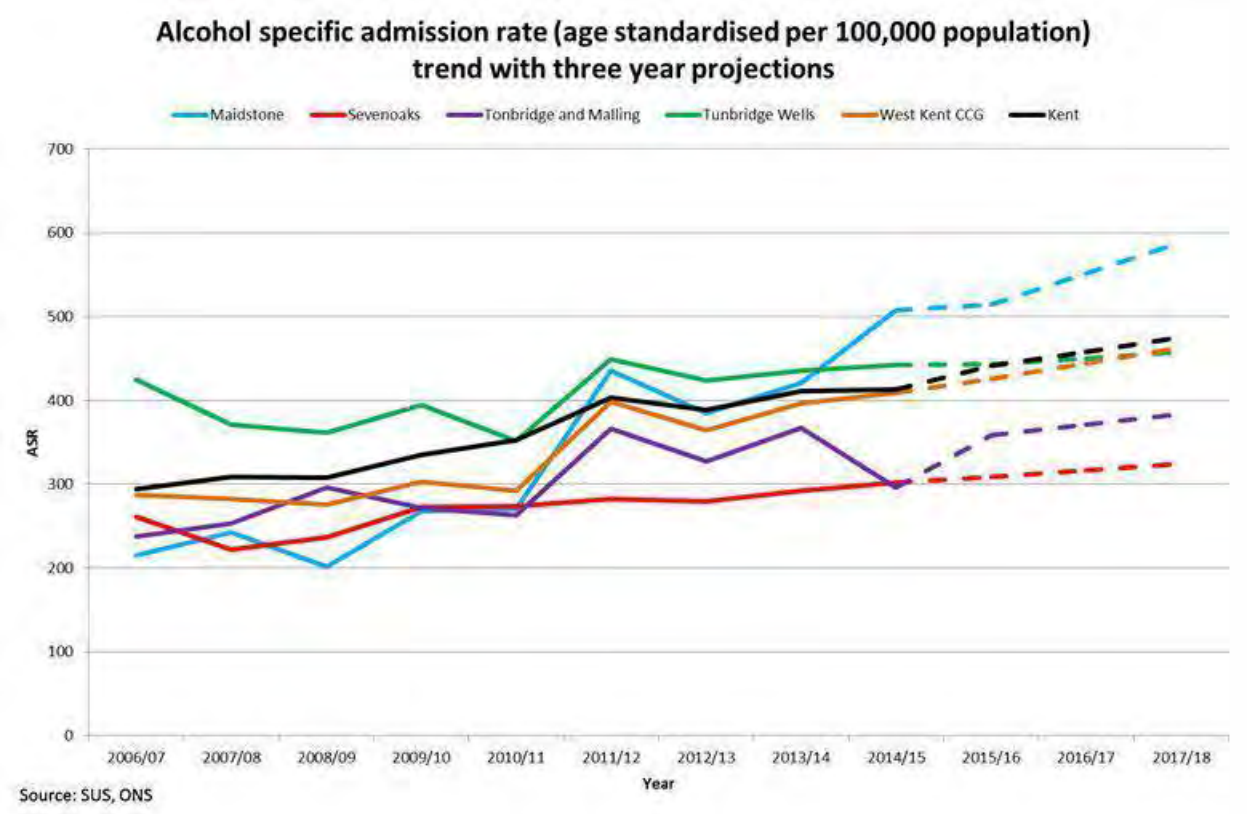


Figure 89



Across Kent, the alcohol specific admission rate is increasing by an average of 21.0 admissions per 100,000 population annually, and this increase is slightly higher in West Kent CCG, at 26.8 admissions; however the West Kent CCG rate has remained slightly lower than the Kent rate over the past nine years. Maidstone district's admission rate is increasing at a rate of 37.3 admissions per 100,000 population, which is significantly faster than Kent but not significantly different to the rate of change observed in West Kent CCG.

The rate in Sevenoaks has remained relatively low in comparison to the other West Kent districts, although Tonbridge and Malling had a similar rate in 2014/15. The rate of change in Sevenoaks is an increase of 12.4 admissions per 100,000 population and whilst this is not significantly different to West Kent CCG, it is a significantly lower increase in comparison with Kent. Table 10 highlights alcohol indicators above Kent or regional average

Table 10 Alcohol indicators above Kent or regional average

Maidstone	Highest alcohol related mortality rates (female) in Kent; months of life lost, alcohol specific mortality, chronic liver disease (all female) are all higher than the regional average. Conversely, alcohol specific and related hospital admissions (males and females) are lower than the regional average.
Sevenoaks	Highest alcohol-related sexual offences in Kent. Alcohol related mortality (male and female) is higher than the regional average, as are low and increasing risk drinkers.
Tonbridge and Malling	Lowest number of abstainers in Kent. Alcohol related mortality (males) and alcohol specific hospital admissions for under 18's are higher than the regional average.
Tunbridge Wells	Has the highest rate of low and high risk drinkers in Kent. Alcohol specific under 18's hospital admissions and alcohol specific female hospital admissions are also higher than the regional average.

LAPE profile Indicators, 2013 (Source: NWPHO, KMPHO)

8.2 Physical activity

Physical inactivity is the fourth-leading risk factor for worldwide global mortality and in the UK is responsible for 17% of annual all-cause mortality[9]. Physical inactivity is directly responsible for a range of non-communicable disease conditions and has been identified as the cause of 10.5% of UK coronary heart disease burden, 13% of Type II diabetes, 18% of breast cancers and 19% of colon cancers... An inactive person will also spend 38% more days in hospital than an active person, requires 5.5% more GP visits and accesses 13% more specialist services[10].

Physical inactivity is defined by the Chief Medical Officer as an adult who achieves fewer than 30mins of moderate physical activity, over the course of one week, in bursts of 10mins or longer[11] . Inactive people are at the highest risk of developing disease conditions as a result of their low levels of physical activity.

[9] Lee, I, et al. (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet. 380 (9838), 219-229. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61031-9/abstract

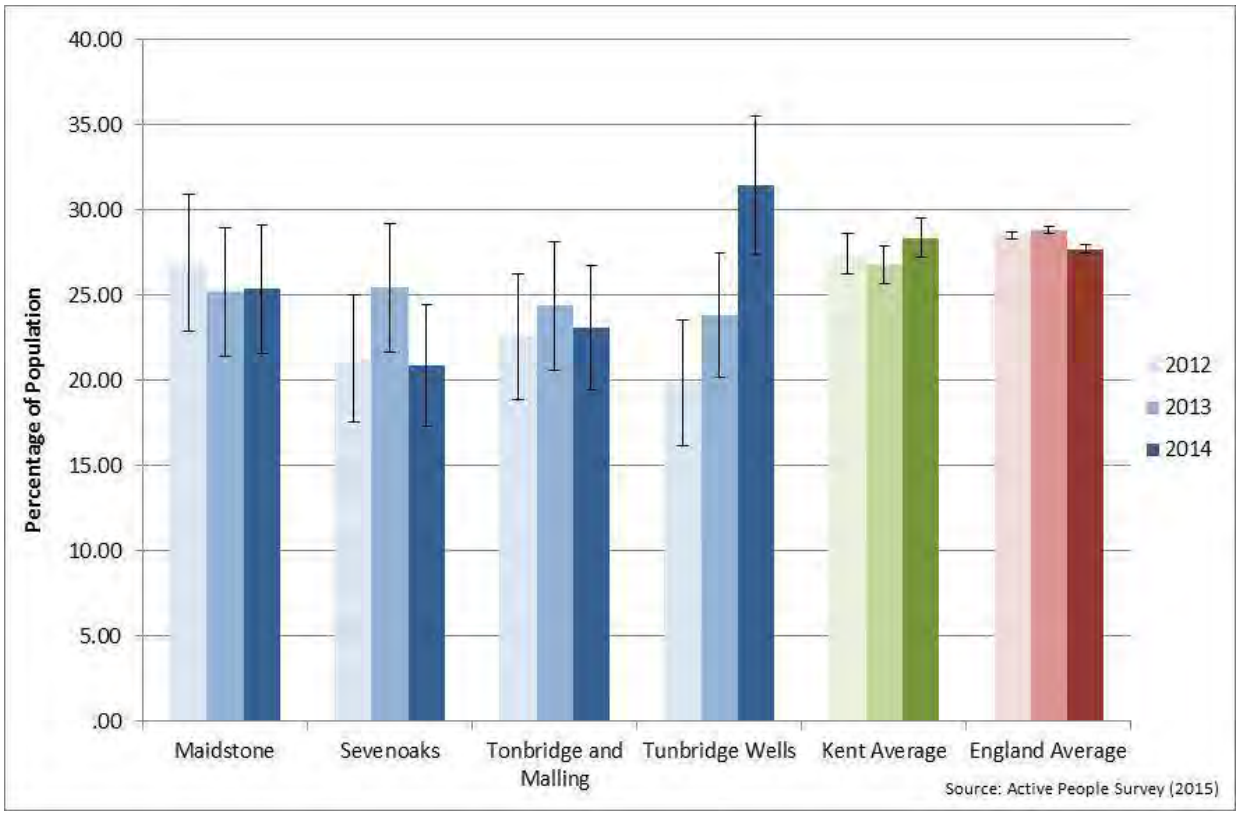
[10] Sari, N (2009). Physical inactivity and its impact on healthcare utilization. Health Economics 18(8): 885-901.

[11] Department of Health (2011). Start Active, Stay Active: a report on physical activity from the four home countries' Chief Medical Officers. https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

To be classed as active, an adult must achieve 150mins of moderate physical activity or 75mins of vigorous physical activity per week in bursts of 10mins or longer[12]. 150mins or more of moderate physical activity per week is necessary to maintain or improve health, and adults classed as physically active are at low risk of developing disease conditions. An individual achieving more than 30mins, but fewer than 150mins, per week is classified as 'Not Meeting Guidelines' and is at moderate risk. These guidelines refer to adults aged 19-74.

There is no current measure of physical activity in children and young people.

Figure 90 PHOF 2.13ii - Percentage of Physically Active and Inactive Adults - Inactive Adults (West Kent Districts, Kent & England, 2012-2014)



Of the four West Kent districts, only Tunbridge Wells is currently above the county and national average level of physical inactivity. Tunbridge Wells has dropped from having the lowest levels of physical inactivity in Kent in 2012, to being the 3rd worst in Kent in 2014. It is likely that these changes are largely attributable to Active People Survey's low sample sizes. Error bars on Figure 71 show confidence intervals in which the true value is expected to lie.

The average physical inactivity level for the four West Kent districts has steadily increased in the three years that data has been collected. In this time, the Kent average has also shown a net increase whilst the national trend has fallen. Despite the increase in physical inactivity levels, the West Kent average is still below the national and county averages.

[12] Department of Health (2011). Start Active, Stay Active: a report on physical activity from the four home countries' Chief Medical Officers. https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

8.3 Adult obesity

There are six wards in West Kent CCG, in which there are MSOAs which have an estimated 25% of adult residents classified as obese. These wards are Snodland East, Snodland West, Sherwood, Shepway North, Shepway South and Parkwood (appendix 12).

8.4 Childhood obesity

(appendix 12 for charts)

In 2013/14 in West Kent CCG, 5.9% (95% confidence interval: 5.3%, 6.6%) of reception children were classified as obese, and 17.6% (95% confidence interval: 16.5%, 18.7%) were overweight and obese. Over the past five years, levels of obesity for reception children in West Kent CCG have declined from 9.4% in 2008/09 to 5.9% in 2013/14 and have remained at this level since.

In year six in 2013/14, 14.9% of children in West Kent CCG are obese (95% confidence interval: 13.9%, 16.0%) and 28.7% (95% confidence interval: 27.3%, 30.0%) were overweight and obese. Over the past five years, obesity levels have increased from 16.2% in 2008/09 to 17.3% 2010/11 before decreasing in 2013/14.

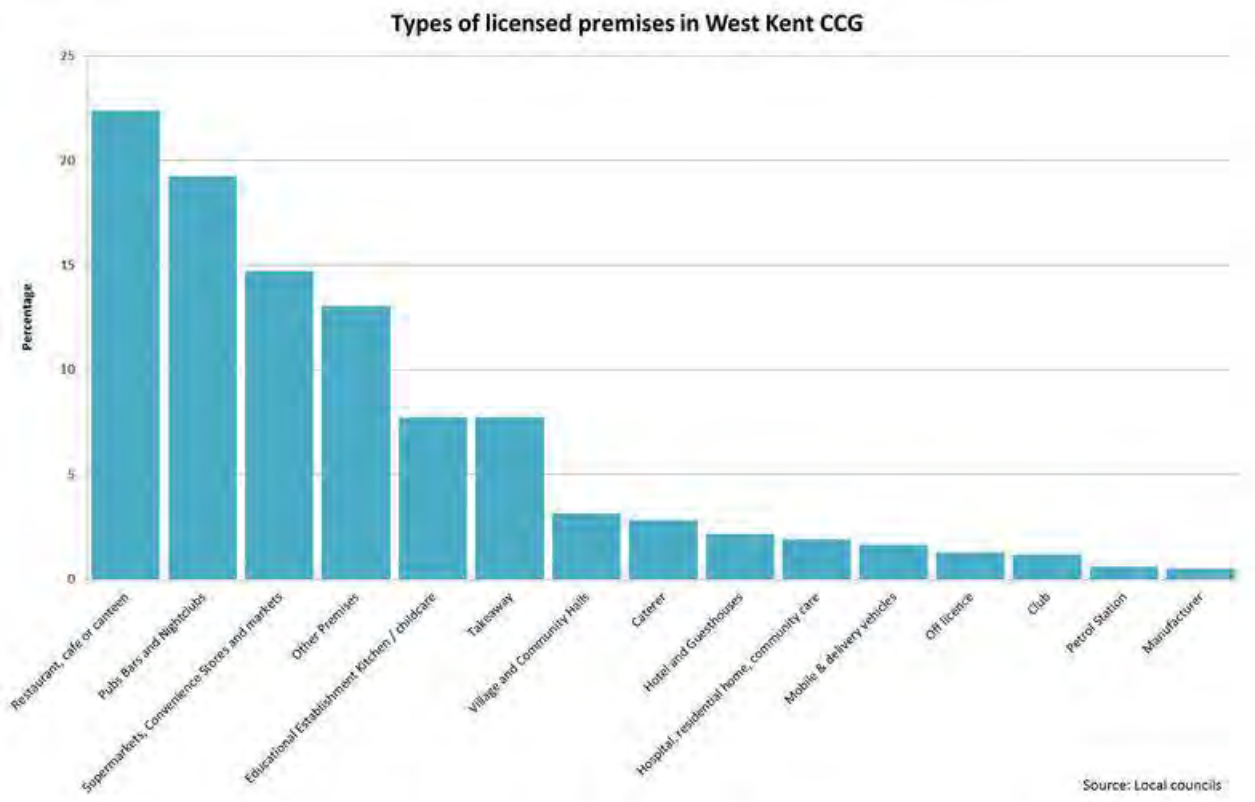
Across West Kent CCG, 20.9% of reception children were classified as overweight or obese during the period 2011/12 to 2013/14 (pooled), compared to 21.5% in Kent. Figure 92 shows the percentage of overweight or obese in reception year in comparison to the Kent percentage by LSOA.

For children in year six, almost 30.0% of children in West Kent CCG were classified as overweight or obese, in comparison with 32.7% in Kent when considering pooled data for 2011/12 to 2013/14. Again, there is considerable variation between LSOAs regarding whether the percentages are above or below the Kent average, as shown in figure 94.

8.5 Licensed premises

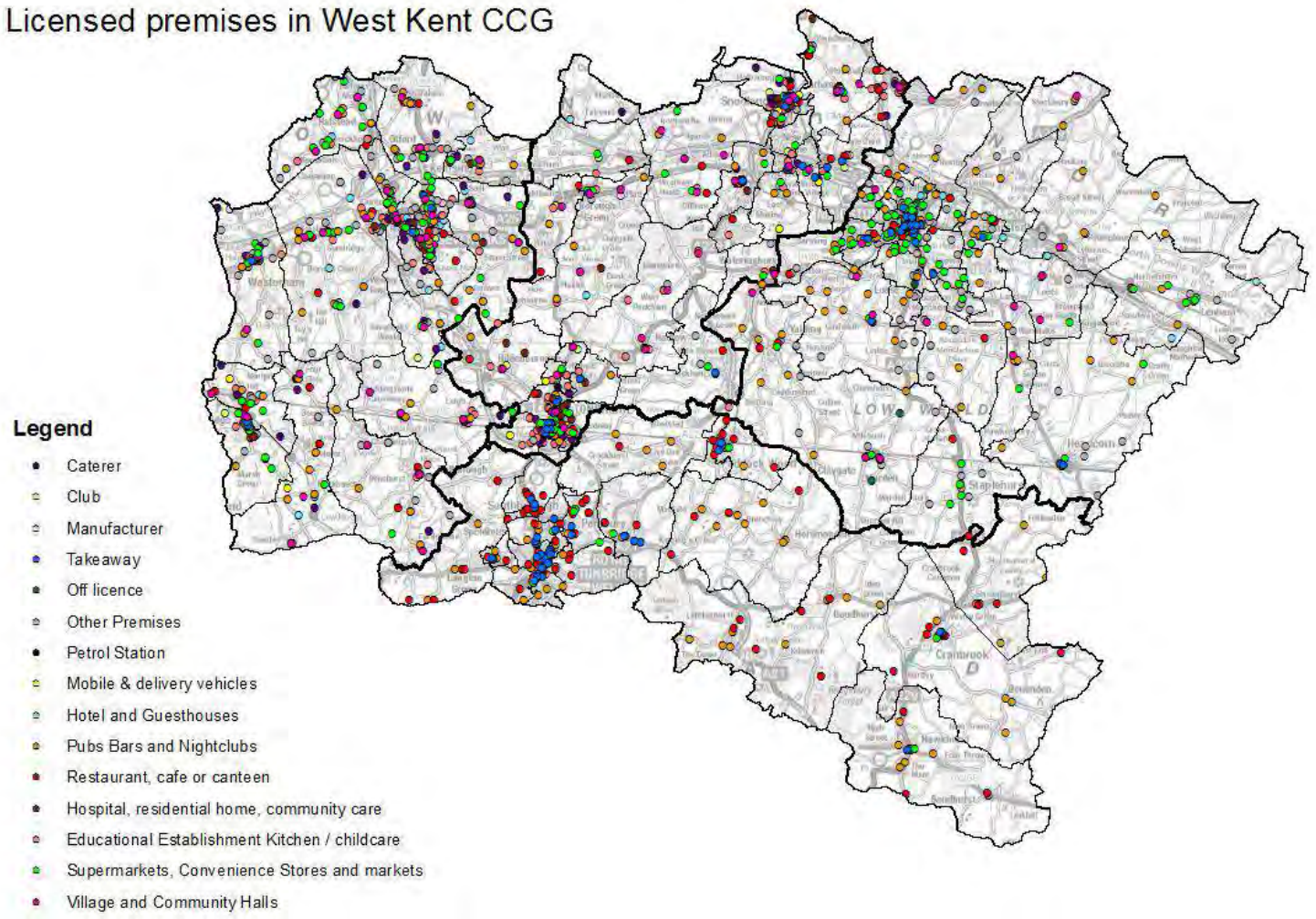
In total, there are 2610 licensed premises across West Kent CCG. These have been broadly grouped into varying premises types; however, this was challenging as data were provided by the four districts, and each district records premises differently. 22.4% (584) of premises are restaurants, cafés or canteens, and 19.2% (502) are bars, pubs or nightclubs.

Figure 98



Premises tend to be clustered around the towns, as would be expected (figure 99). More detailed maps of the town centres are in appendix 13.

Figure 99


Licensed premises in West Kent CCG
Legend
Caterer
Club
Manufacturer
Takeaway
Off licence
Other Premises
Petrol Station
Mobile & delivery vehicles
Hotel and Guesthouses
Pubs Bars and Nightclubs
Restaurant, cafe or canteen
Hospital, residential home, community care
Educational Establishment Kitchen / childcare
Supermarkets, Convenience Stores and markets
Village and Community Halls

Maidstone town centre consists predominantly of restaurants, cafes and canteens, Supermarkets, convenience stores and markets, and takeaways.

Sevenoaks town centre contains mainly restaurants, cafes and canteens, Supermarkets, convenience stores and markets.

Tonbridge town centre has more of a mixture of premises, with educational establishment kitchens and childcare premises alongside restaurants, cafes and canteens, Supermarkets, convenience stores and markets and takeaways.

Tunbridge Wells appears to have many restaurants, cafes and canteens and takeaways in the town centre.

Figure 104 below show admission rate for obesity per 1000 population and the location of takeaways, off licenses, pubs, bars and nightclubs, restaurants and shops. Due to small numbers involved statistical analysis did not find any conclusive association between the location of takeaways and obesity

Figure 104

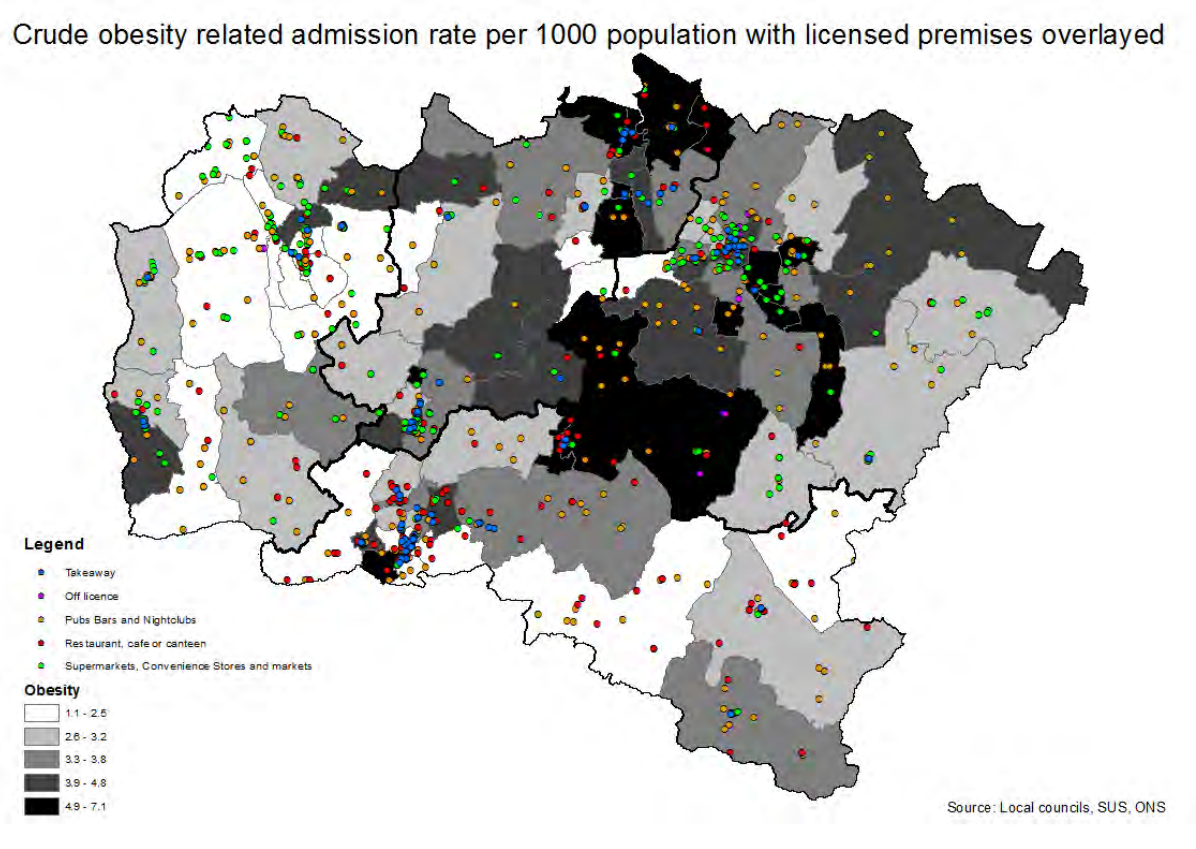
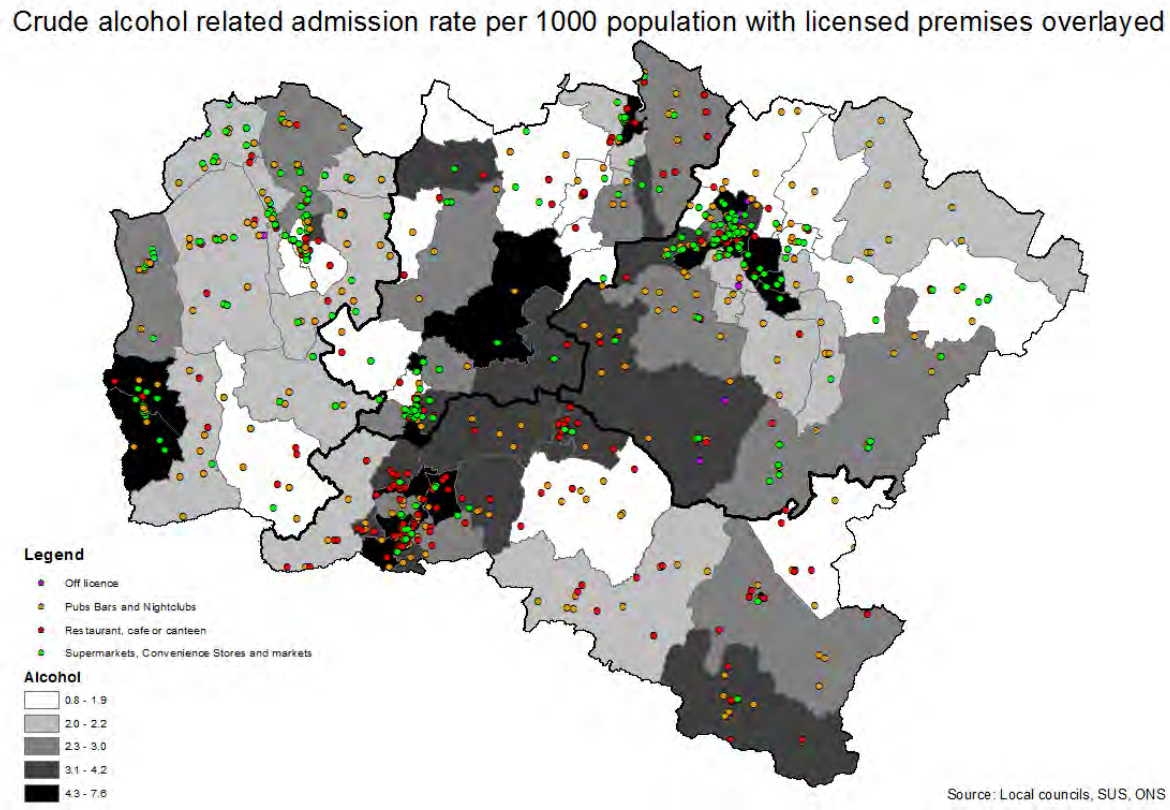


Figure 105 below show admission rate for alcohol per 1000 population and the location of pubs, off licenses, bars and nightclubs, restaurants and shops. Due to small numbers involved statistical analysis did not find any association between alcohol admission rates and licensed premises association.

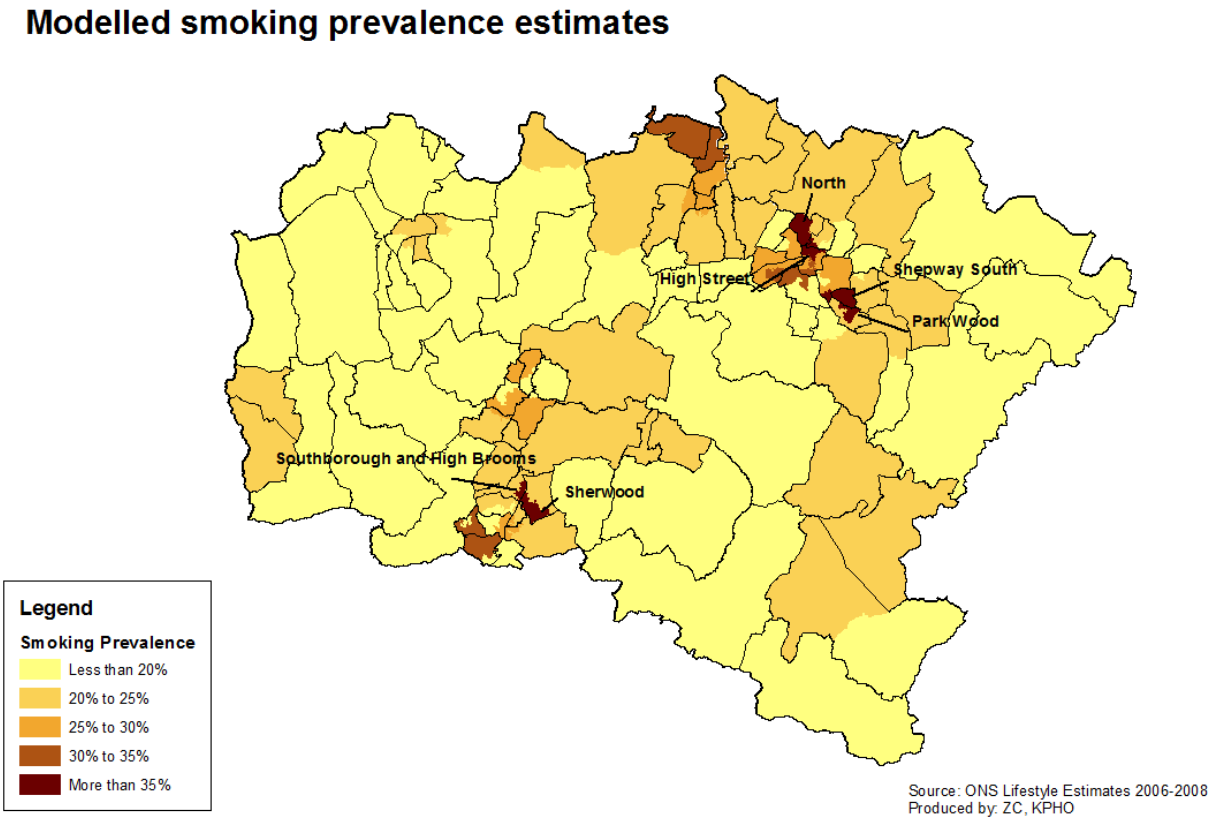
Figure 105



8.6 Smoking

Most wards in West Kent have a smoking prevalence of below 20%. Although North, East and High Street Maidstone, Shepway North, Shepway South, Parkwood and Sherwood wards all contain MSOAs with an estimated smoking prevalence of above 30%.

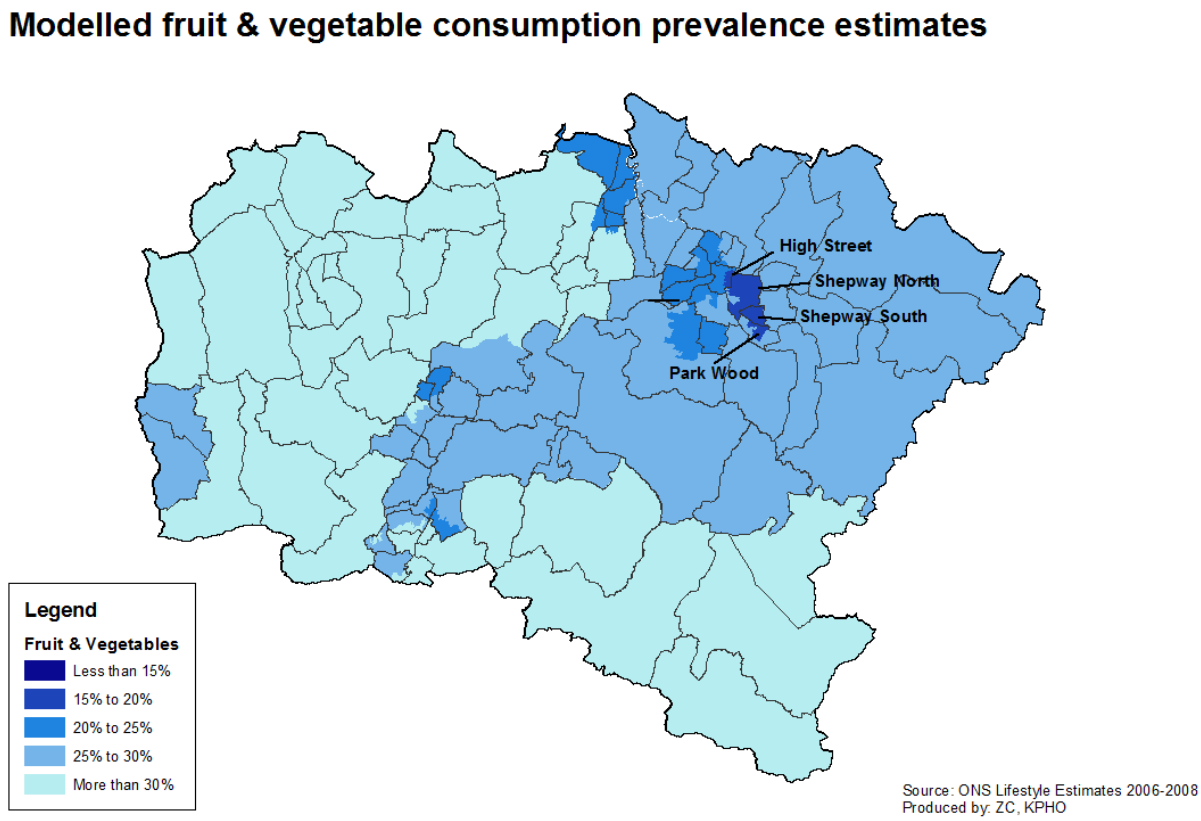
Figure 106



8.7 Fruit and vegetable consumption

A number of West Kent CCG wards have MSOAs in which only 15% of residents are estimated to consume the recommended five fruit or vegetable portions per day. These are all within Maidstone, including: High Street, Shepway North, Shepway South and Parkwood.

Figure 107

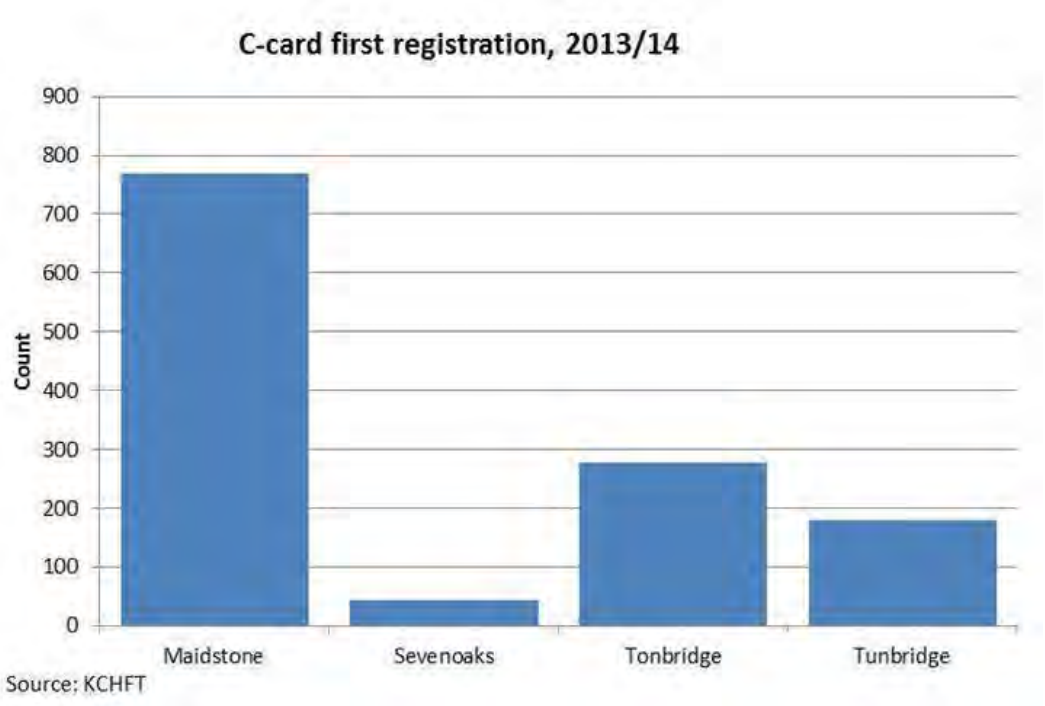


8.8 Sexual health

Current service demand

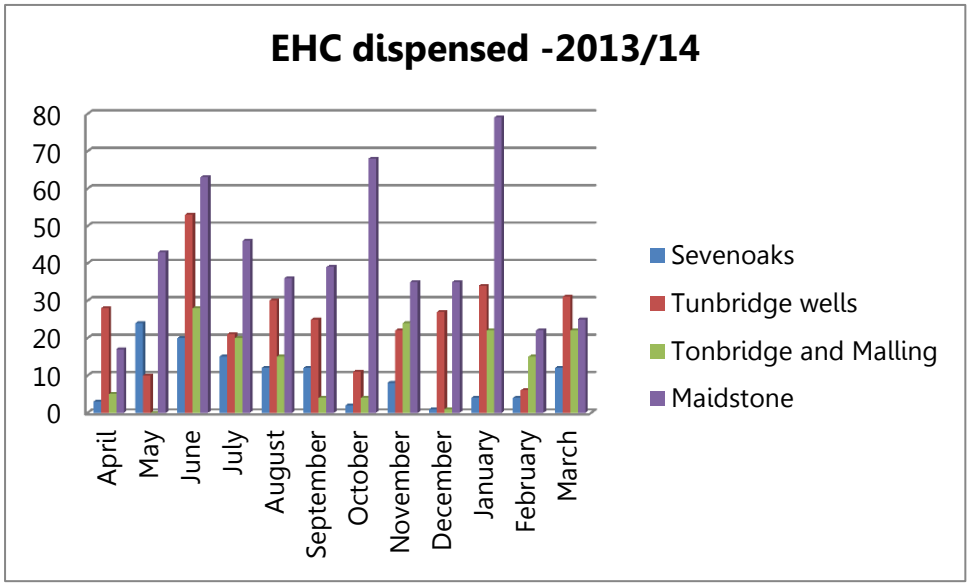
Access to services to support teenagers' sexual health varies across the districts. C card, a condom registration and access programme is available to males and females 19 and under. It is predominantly accessed through outreach services, schools and youth services. There is diverse registration uptake in West Kent which may be a reflection of the current opportunities. The programme is now being evaluated which will inform the future development of C card. Whilst Maidstone has the highest number of registrations, it also has the highest under 19 population (38,010) compared to Sevenoaks (28,367), Tonbridge and Malling (31,663) and Tunbridge Wells (29,271).

Figure 108 C-card first registration, 2013/14



The offer of free emergency hormonal contraption [EHC] amongst females aged 20 and under in West Kent from 2013/14 was dispensed from pharmacists 1019 times. From the evidence received during this time it is unclear as to what proportion of these are repeat visits.

Figure 109 EHC provided free by pharmacists to under 20's 2014/15



Source: KCHFT

Table 11: Legal abortions: methods of abortion and repeat abortion and repeat abortion, all ages under 25 and 25 and over by CCGs 2014

	Total	No of NHS abortions under 10 weeks	Abortion rate per 1,000 resident females aged 15 to 44	Method of abortion %		Repeat abortion %		
				Medical	Surgical	Repeat abortions all ages	Repeat abortions under 25	Repeat abortions over 25
England			16.0	50.1	49.9	37.6	27	45.6
Ashford	352	284	15.9	48	52	41	31	48
Canterbury	500	413	11.6	42	58	35	23	48
DGS	889	741	17.6	41	59	40	26	49
South Kent	591	478	17.1	39	61	37	25	49
Swale	330	261	15.9	39	61	38	27	50
Thanet	421	329	17.1	32	68	38	30	46
West Kent	1240	1003	15.1	43	57	37	23	47
Kent	4323	3509	15.6	41	59	38	26	48

Source: PHE

The percentage of repeat termination amongst 15 -44 year olds has increased slightly in Ashford and West Kent from 2013. The abortion rate remains higher than the England average in DGS, SKC and Thanet CCG and the percentage of repeat abortions over 25 is higher than the England average in all CCGs.

Sexual and reproductive health

Genito-urinary medicine [GUM] services are open access and as such patients can access them at the place of their choice. The majority of patients (75%) resident in Kent accessing services out of area are from West Kent and of these, 37 % seek services in London boroughs.

The access to GUM services is variable across the district. The burden of infection is mostly seen amongst the residents in Maidstone, however given the lack of visible symptoms amongst some infections the undiagnosed infection amongst the population in West Kent should not be underestimated. Diagnosed sexually transmitted infections are highest amongst those aged 25 and under. This is expected given the proactive screening for chlamydia amongst 15- 24 year olds. The population most at risk of STIs are those with an already undiagnosed STI or blood borne virus and men who have sex with men.

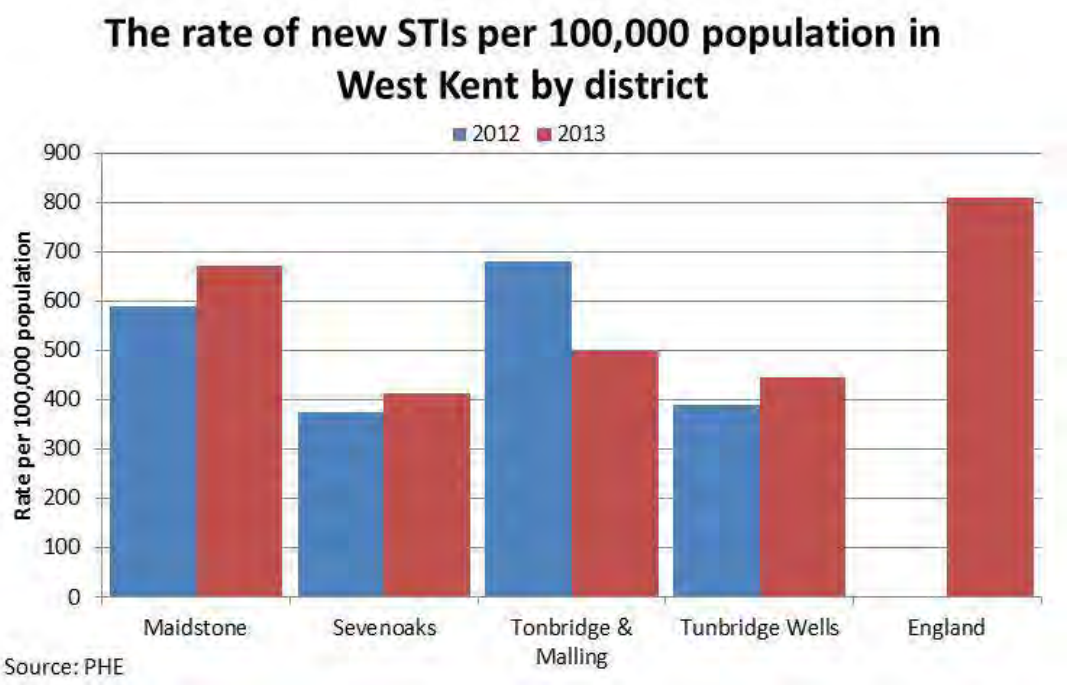
Table 15: Number of GUM attendances in and out of LA by district 2013/14

District	Number of patients	New apt	Follow up apt	Number of patients accessing services out of area	Total number of attendances
Maidstone	3167	4434	784	504	5218
Sevenoaks	1558	1940	378	556	2318
Tonbridge & Malling	1975	2670	503	381	3173
Tunbridge Wells	1622	2191	470	323	2661
Kent	25856	32436	6899	2339	39,335

Source: PHE

In 2013 the burden of sexually transmitted infections was higher amongst the residents in Maidstone, however given the lack of visible symptoms amongst some infections the undiagnosed infection amongst the population in West Kent should not be underestimated. The burden of gonorrhoea is higher in Maidstone than other West Kent districts. Ensuring accurate treatment for gonorrhoea is crucial given antimicrobial resistance.

Figure 110 Rate of new STIs per 100,000 population in west Kent by district



Detail information on STIs is available in [appendix 14]

8.9 Teenage pregnancy

Teenage conception rates have decreased in all Kent districts, although Tonbridge and Malling has the smallest percentage decrease. The other West Kent districts have a larger percentage decrease between 1998 and 2013 than observed in Kent, the South East or England and Wales.

Figure 120 : Percentage reduction in under 18 conception rates between 1998 and 2013. Districts within Kent and comparators

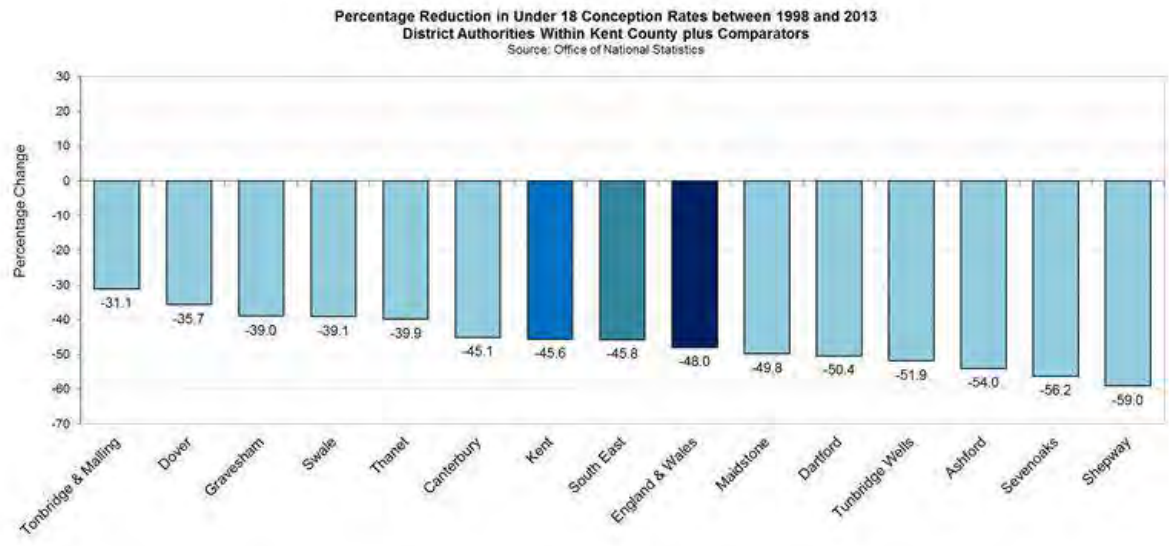


Table 17: Under 18 conceptions in 2013, number and rate per 1,000 women aged 15 to 17, west Kent districts

District	Teenage conceptions		Percentage leading to abortion
	Number	Rate per 1,000	
Maidstone	44	15.6	59.1
Sevenoaks	30	13.7	56.7
Tonbridge and Malling	57	22.8	47.4
Tunbridge Wells	35	13.8	42.9
Kent	**649**	**22.9**	47.8

Source: ONS

All West Kent districts have a lower rate of teenage conceptions than Kent (22.9), although Tonbridge and Malling's rate (22.8) is very similar to that of Kent. The percentage of conceptions leading to abortions is higher in Maidstone (59.1%) and Sevenoaks (56.7%) than Kent (47.8%).

The access to, choice and knowledge of and correct use of planned contraception is important. The most commonly used and most accessible contraception is oral contraception. The choice and uptake of long acting reversible contraception is variable with highest use seen in injectable methods. The timeframe within the menstrual cycle for inserting intrauterine contraception devices [IUCD] in part defines access to this procedure. The choice of IUCD is limited with intrauterine systems being the method of preference used by general practices in West Kent and similarly through community sexual health services.

Looking at the rate of long acting reversible contraception (LARC) in general practice amongst 15-44 year olds Kent is slightly higher than the England average 54.2 per 1,000 and 52.7per 1,000. This includes injectable contraception and does not take into account the uptake of contraception amongst women 45 and above. LARC is only cost efficient as a longer term intervention, and does not reduce the burden of STIs.

Table 18: Local LARC activity illustrates the volume of procedures undertaken across West Kent CCG 2014/15.

	SDI (Nexplanon) insertion	**SDI (Nexplanon) removal**	**IUCD insertion**	**IUCD removal**
WestKent CCG	1033	966	1537	1006

Source: PHE

9. Healthcare utilisation and disease distribution in the population

Key Points

Ambulance and Admissions

- Ambulance incident and transportation rates for West Kent CCG are lower than the Kent average, although the number resulting in transportation to hospital is higher than the Kent average
- 0-4 age group comprise the highest number and cost of short stay admissions
- The cost of long stay admissions increases by age, with the highest long stays in the 80-84 age group
- Hospital admissions are significantly higher in populations from the most deprived areas
- Delayed discharges more than doubled between April 2014 and March 2015, the man reason recorded was patient or family choice, followed by awaiting further NHS non-acute care

Diabetes

Recorded prevalence of diabetes in West Kent CCG is lower than the Kent average, but varies between practices. Recorded diabetes has been increased at a similar rate to the Kent average, and is estimated to continue to do so. There is a moderate association between recorded diabetes and obesity. Additional risks of complications among people with diabetes are higher in West Kent CCG than England and Wales, in particular Heart Failure, Stroke, major and minor amputations and Renal replacement therapy.

Asthma

Prevalence of asthma in West Kent CCG is similar to Kent (5.6% and 5.5%) but there is variation between practices (ranging between 3.6% to 8.4%). There is no strong correlation between prevalence of asthma and hospital admissions.

COPD

The prevalence of COPD is below the Kent average (1.49% and 1.8% respectively). Modelling estimates large numbers of undiagnosed cases.

Coronary Heart Disease

Prevalence of CHD is lower than Kent and Medway and England, again modelling estimates that prevalence is significantly higher, as with hypertension with an estimated 6,300 undiagnosed patients.

Cancer

West Kent CCG has a slightly higher recorded cancer prevalence (2.3%) then both Kent and Medway (2.2%) and England (2.1%). Recorded cancer prevalence ranges from 0.8% to 3.9%). Mortality rates are highest in lung cancer for men, and for women rates are highest for lung and breast cancer. 54% of lung cancer admissions are emergencies, whilst only 25% are diagnosed at an early stage. An estimated 12,788 people in West Kent are living with and beyond Cancer up to twenty years after diagnosis.

Mental Health

- Prevalence is similar to Kent and Medway, and lower than national. Hospital admission rates vary and a number are higher than the West Kent CCG and there is a mild association between prevalence and admissions
- Bridge and Shepway South have the highest contact rates for those aged between 15 and 64 with a mental health condition, although contact rates vary across West Kent CCG from 34.8% to 41.0%
- Emergency admissions for mental illness vary between practices (51.0 to 296.4 per 100,000 population)
- Prevalence of depression is lower in West Kent CCG than in Kent and Medway and England, but there is a variance of 2% to 12.1% between practices
- Suicide rates are similar to Kent, although female are slightly higher. Male rates increase with each age band and peak at 50 to 59, rates then reduce until aged 80 and over. Females remain relatively low and are highest at age 80 and over

Learning Disability

Prevalence of patients with learning disabilities is lower in West Kent CCG than in Kent and Medway, and contact rates are highest in Lenham, Park, Bridge and Hildenborough. The overall West Kent CCG contact rate is lower than Kent. Detailed analysis suggests low uptake of annual health checks in some areas

Dementia

Dementia prevalence in West Kent CCG is similar to Kent and Medway and England at 0.6%. Referrals into memory assessment clinics continue to increase by approximately 405 per year and emergency admissions with dementia codes as primary or secondary diagnosis have increased by 106.6 per 100,000 population

Falls

Hospital admissions due to falls rose steadily until 2011/12 and fell in 2012/13. A small increase occurred in 2013/14 and trend analysis estimates the increase to continue.

Grant funded voluntary organisation

Most grant funded voluntary organisations are situated within town centres, despite a high number of older people appearing to be living with income deprivation in more rural areas. From current data it is unclear as to how established outreach engages with rural communities.

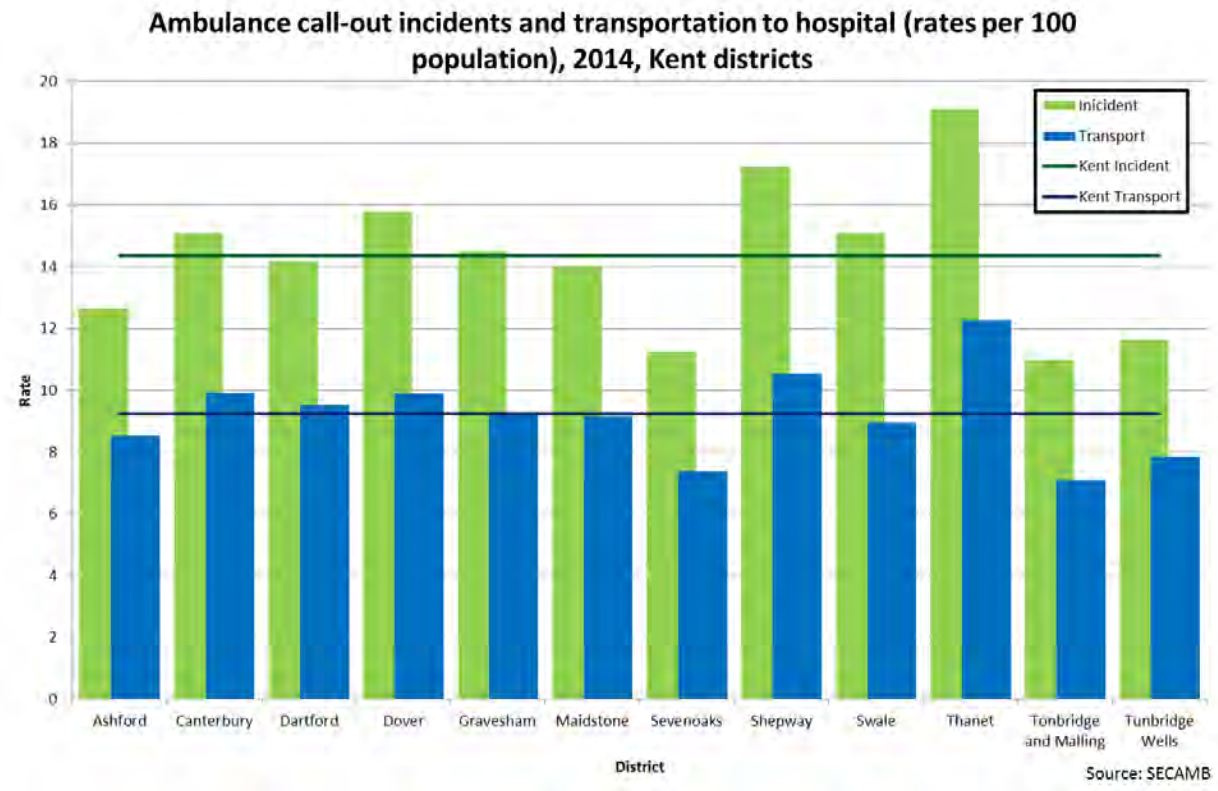
Recommendations

- Investigate why the number of ambulance incidents and transportations that result in transportation to hospital are higher in West Kent and if this is appropriate
- There is a need to undertake regular audits to ensure that bed capacity is appropriately used in secondary care, particularly in case of short stay hospital admissions for 0-4 year olds and long stays hospital admissions particularly for 80-84 year olds.
- Improve early diagnosis of Lung Cancer and long term conditions, such as Diabetes, COPD, CHD to reduce the gap in the number of people estimated to have a disease and known to services
- Address management of Diabetes, COPD, CHD and other long term conditions to address variation in outcomes at CCG level
- Possible impact on Palliative Care Services and support in the community as patients diagnosed with Cancer are living longer and would need support in maintaining their quality of life
- Commissioning plans to reflect the increasing demand for memory assessment clinics and those living with dementia
- Continue to work with partners to prevent and manage falls, particularly for those at risk

Partners: CCGs, SECAmb, Acute Provider, Primary Care, Palliative Care, Falls Services, District Housing Teams

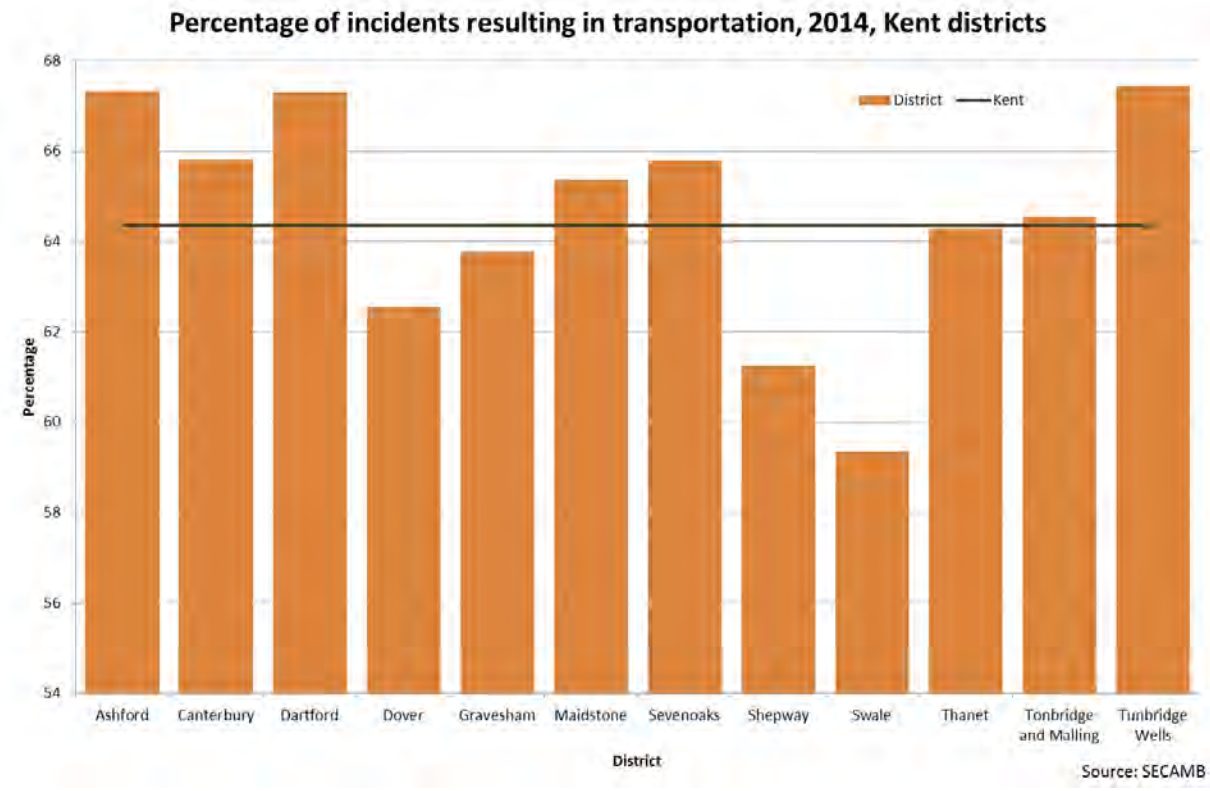
9.1 Ambulance activity

Figure 121



Whilst districts in West Kent CCG have lower ambulance incident and transportation rates than the Kent rate (14.3 and 9.2 per 100 respectively), the percentage of ambulance call outs that result in transportation to hospital is higher than the Kent percentage (64.4%) (figure 102) across these districts. It should be noted that ambulance activity is recorded by location of the incident rather than residential address of the patient.

Figure 122



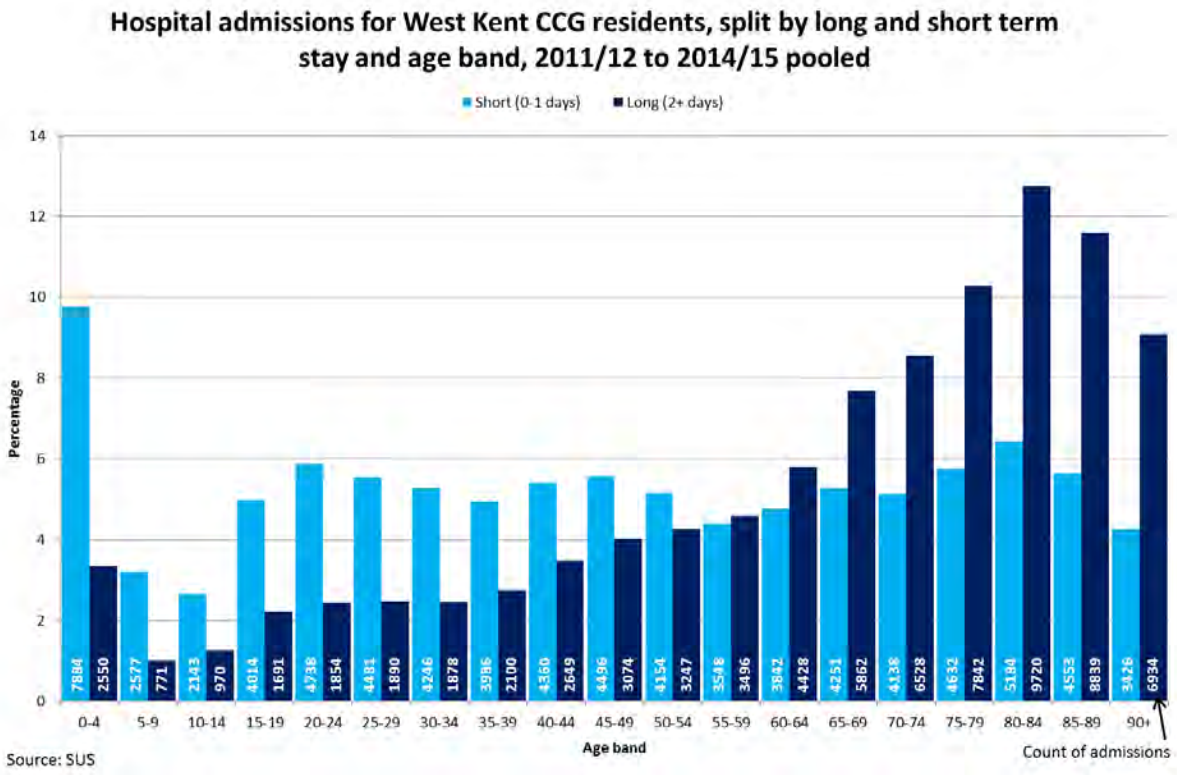
9.2 Emergency care admissions

Admissions by age and length of stay

Length of stay has been classified as either short (0 to 1 days) or long (2 or more days), and age split into five year age bands.

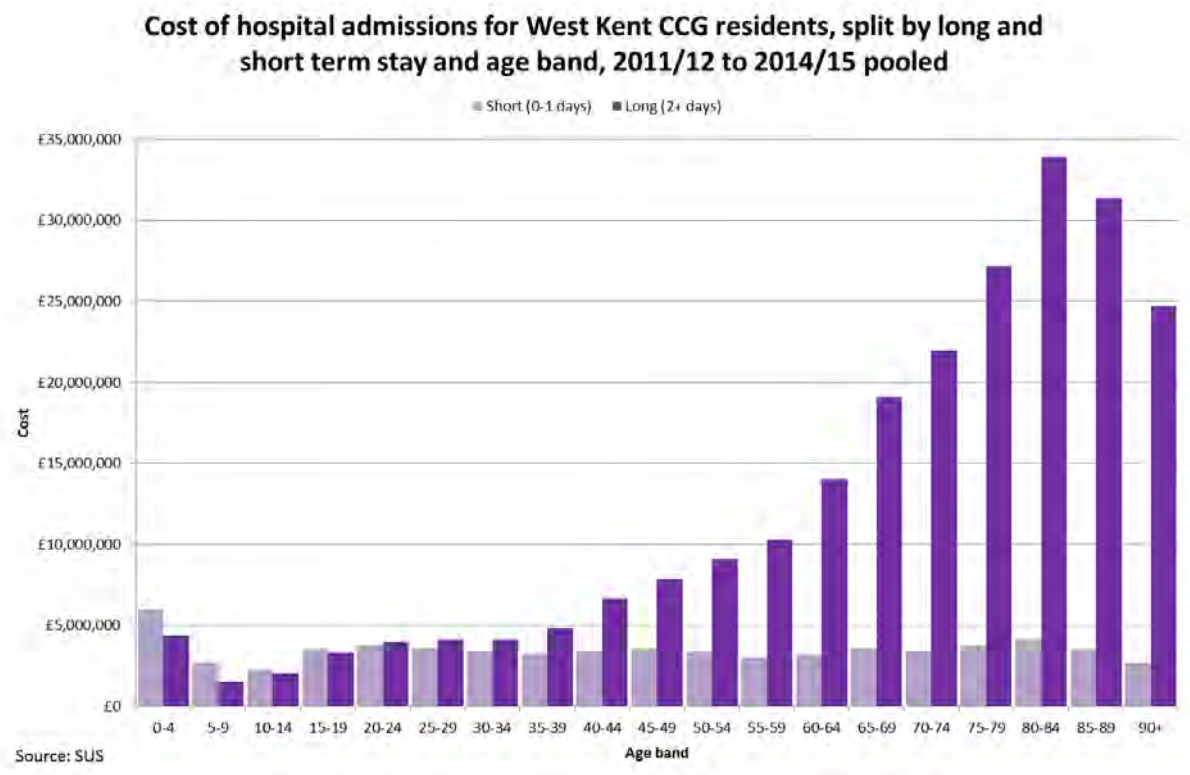
The highest percentages of short stay admissions occur in the 0 to 4 age band in both West Kent CCG (9.78%) and Kent (11.15%). In West Kent CCG, 65.71% of long stay admissions occur in people aged 60 and above, and 33.40% are accounted for by people aged 80 and above. Across Kent, 64.32% of long stays are for patients aged over 60, and 31.61% for people aged over 80. There is a significant association between age band and long or short term stay, $p < 0.001$.

Figure 123



Cost of long stay hospital admissions increase significantly with age ($p<0.001$). The cost of short stay admissions for children is highest in the 0-4 age group, is relatively stable in the 5-14 age group, then steadily rises with age.

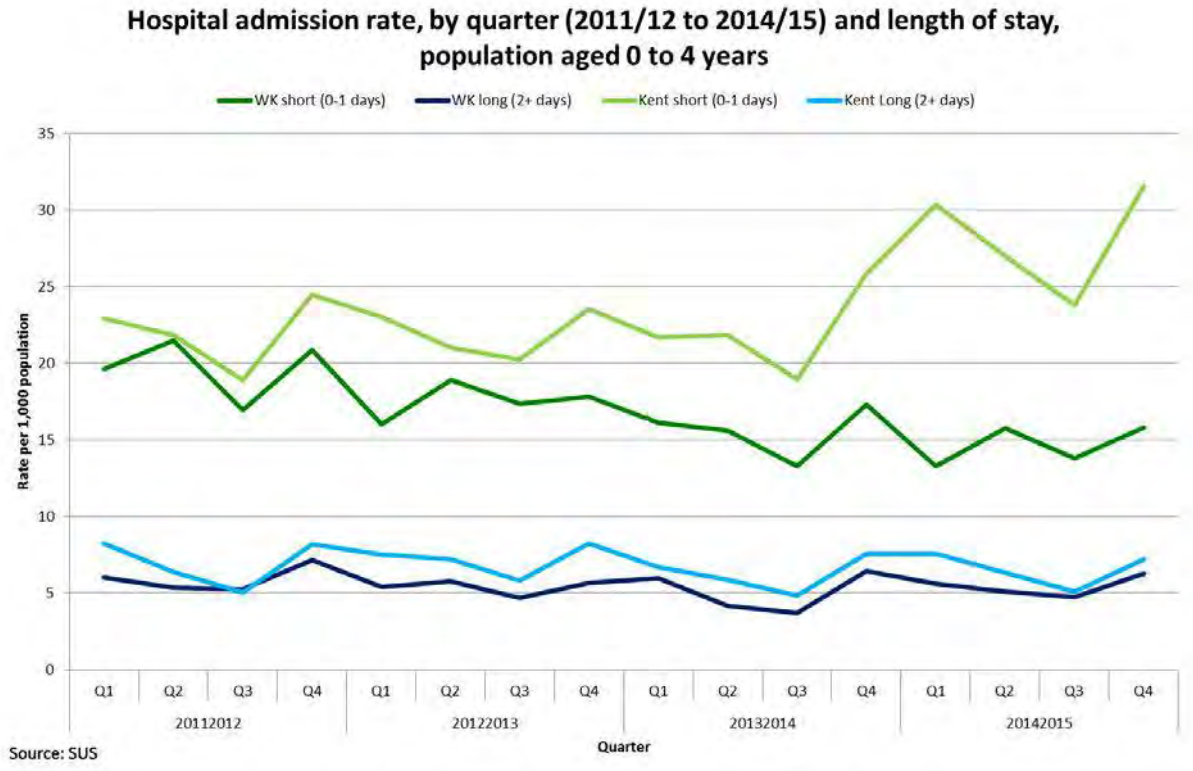
Figure 124



The number of short term admissions for people aged 0 to 4 has declined over the past four years; however the number of long term admissions in this age group has stayed fairly consistent (appendix 15).

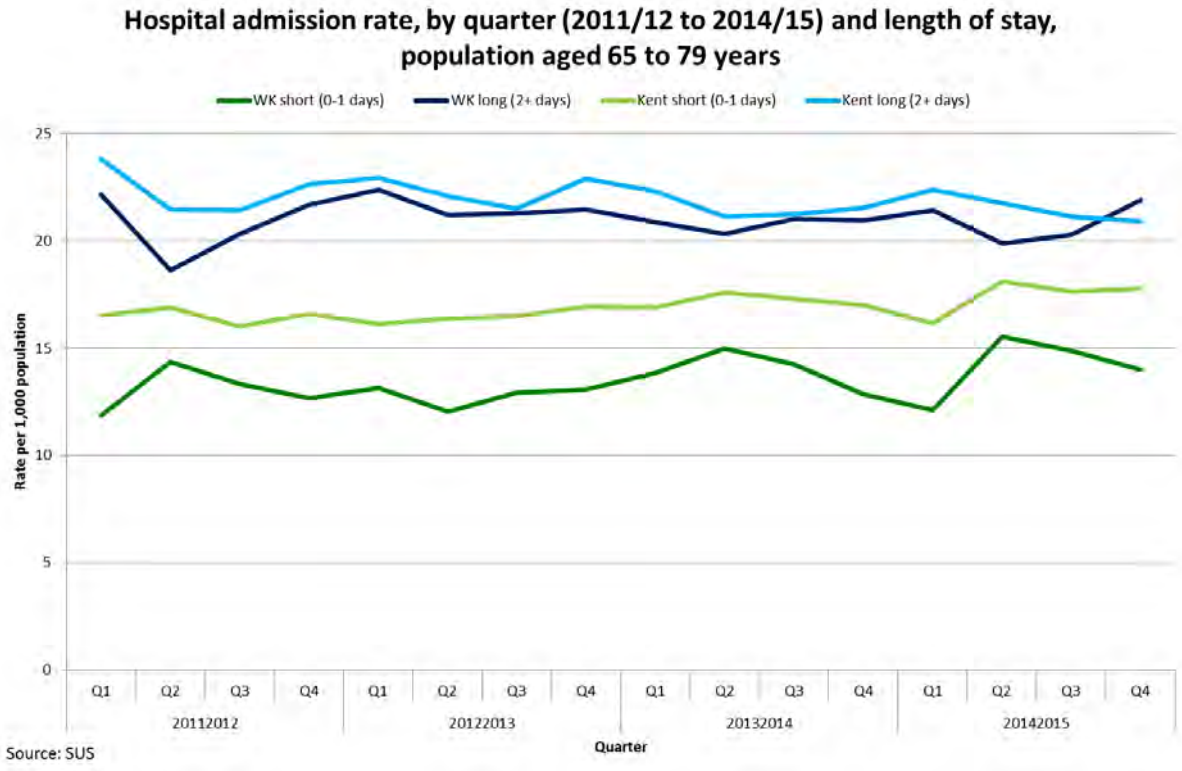
West Kent CCG has slightly lower long stay admission rates compared to Kent for the 0 to 4 age band and has followed a similar trend over the past four years. The Kent short stay admission rate has increased at a rate of 0.46 (95% CI: 0.10, 0.81) admissions per 1,000 population aged 0 to 4 per quarter, significantly different to the rate of change in West Kent CCG which has decreased by -0.39 (95% CI: -0.58, -0.19) admissions per quarter.

Figure 134



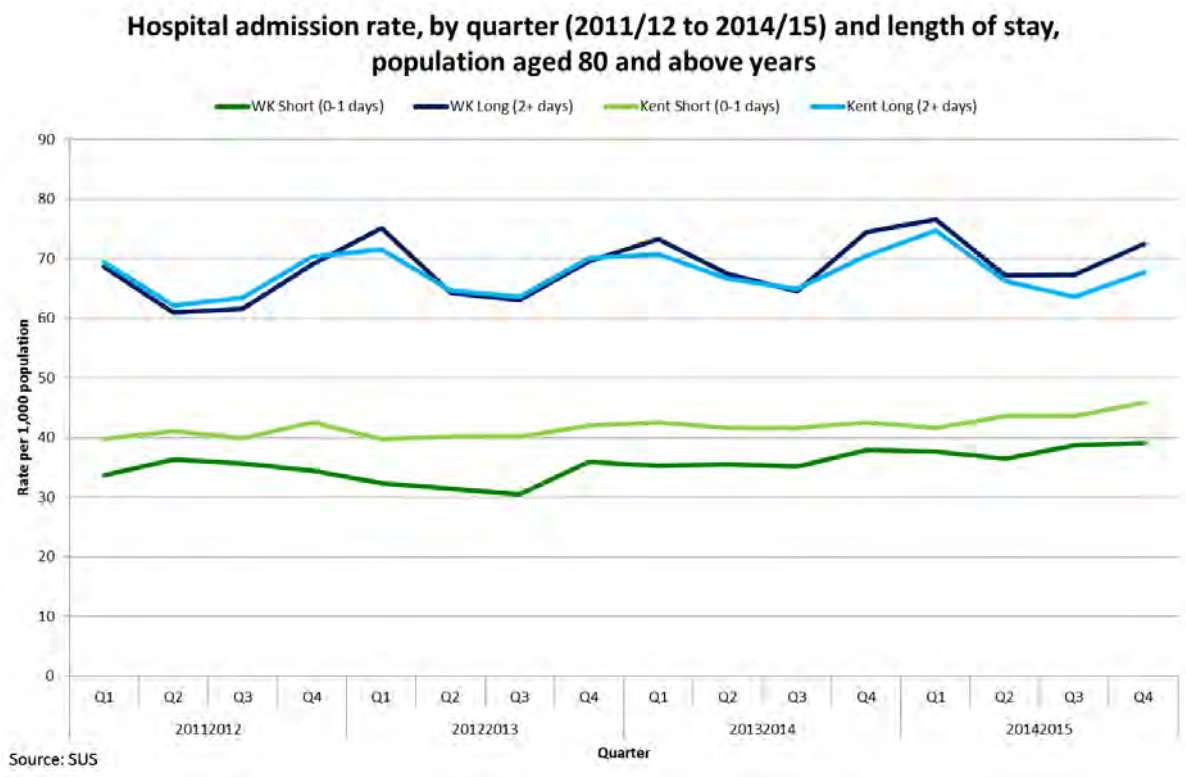
The admission rates for long and short term stays in the 65 to 79 age band are lower in West Kent CCG than Kent over the past four years, with the exception of quarter 4 of 2014/15 during which period the West Kent CCG long stay rate rose to 21.88 admissions per 1,000 population. There is little change observed in the rates over the past four years.

Figure 135



West Kent CCG has a lower short stay admission rate for the 85 plus population compared to Kent; however, both are increasing at a similar rate of 0.33 (95% CI: 0.09, 0.56) and 0.28 (95% CI: 0.15, 0.40) respectively. Quarters 1 and 4 have increased rates for long stay admissions in both West Kent CCG and Kent. The long stay admission rate is increasing at a faster rate in West Kent CCG (0.42 per 1,000 population, 95% CI: 0.15, 0.40) in comparison to Kent (0.10 per 1,000 population, 95% CI: -0.33, 0.53); however this is not significant.

Figure 136



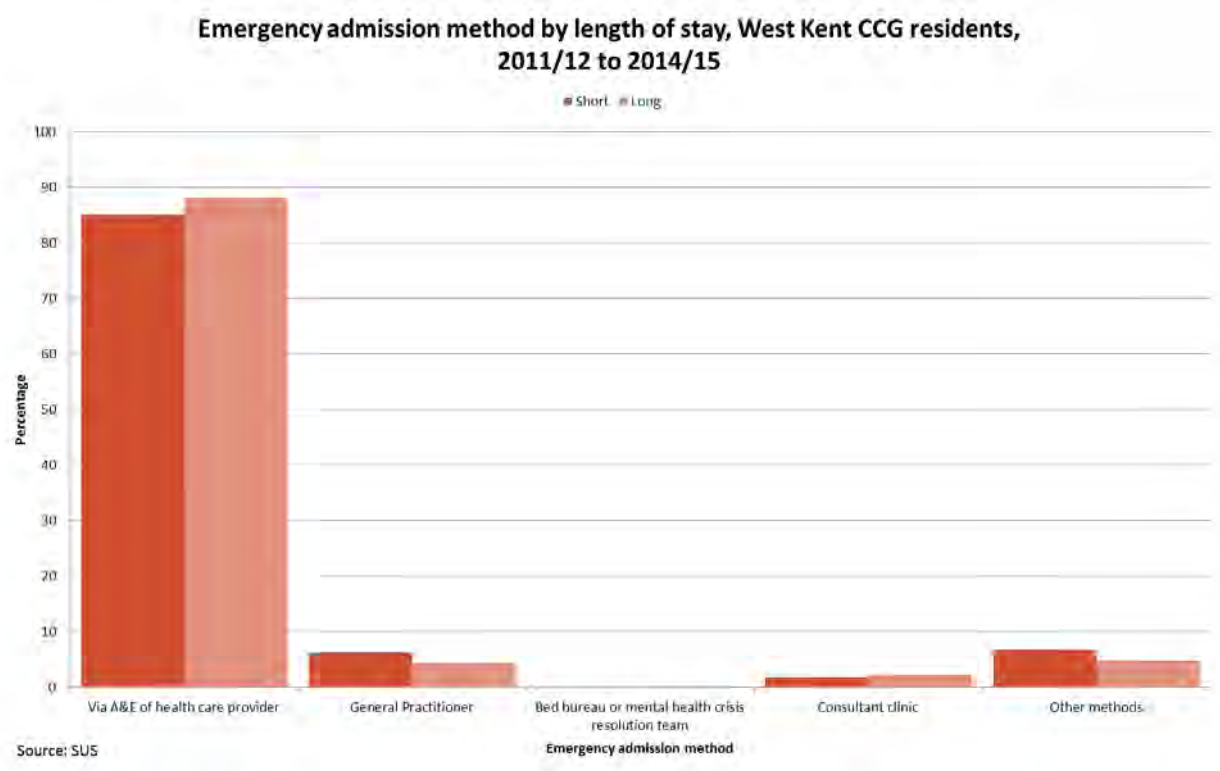
Primary diagnosis and total payment for spell

Across Kent, length of stay significantly predicts total payment per spell ($p<0.001$), accounting for 40.5% of the variance observed in cost. Further information on primary diagnosis and total payment for spell is in appendix 15.

Emergency admission method

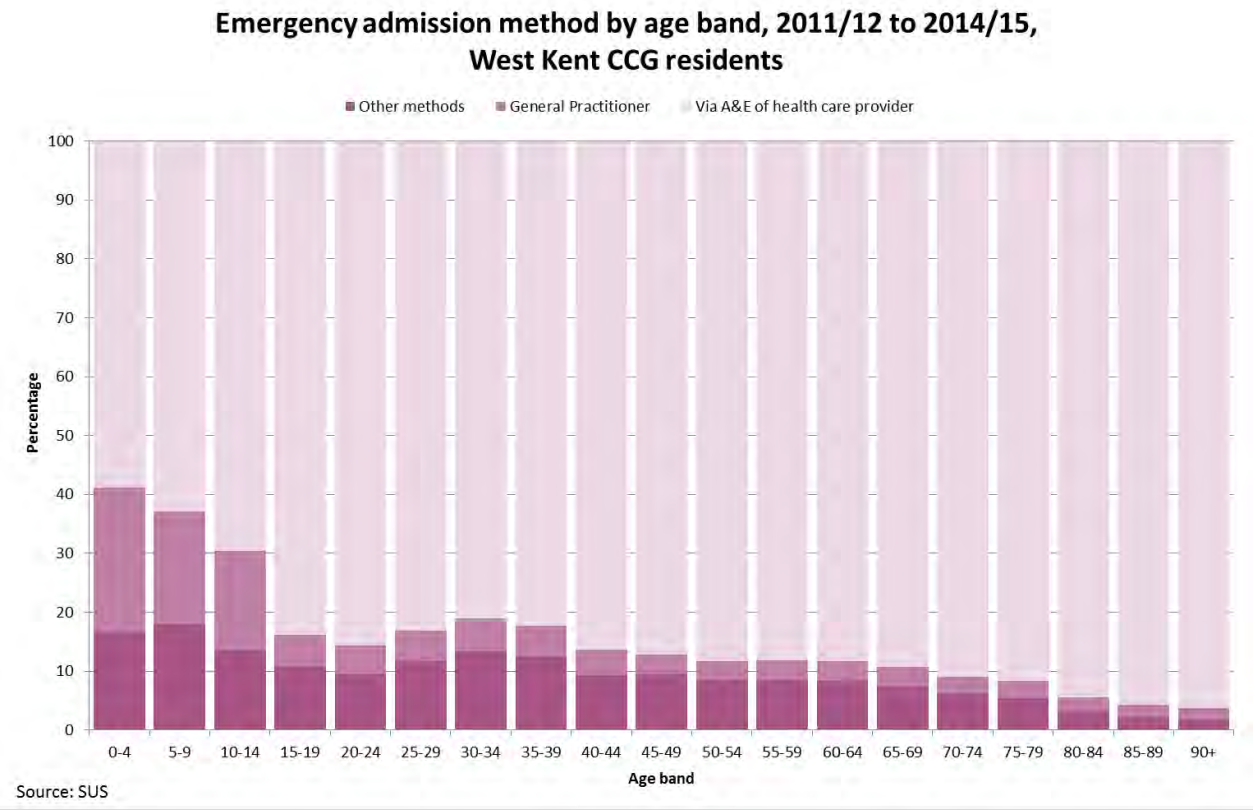
Of all emergency admissions for West Kent CCG residents during this time period (156,975), 86.5% of patients were admitted via the A&E or dental casualty department of the health care provider. The proportion of patients admitted via the various emergency admission methods did not vary greatly by length of stay (Figure 137).

Figure 137



Other methods are classified as admissions via a general practitioner, bed bureau, mental health crisis team, A&E department of another healthcare provider, emergency transfer of an admitted patient from another hospital provider and baby born at home as intended. Emergency admission method varies by age band, with the percentage of patients admitted via A&E increasing from 58.9% (6,145) in the 0 to 4 age band, to 96.3% (9,973) in the 90 and above age band. The percentage of admissions via request from general practitioner or other means decreases with age.

Figure 138

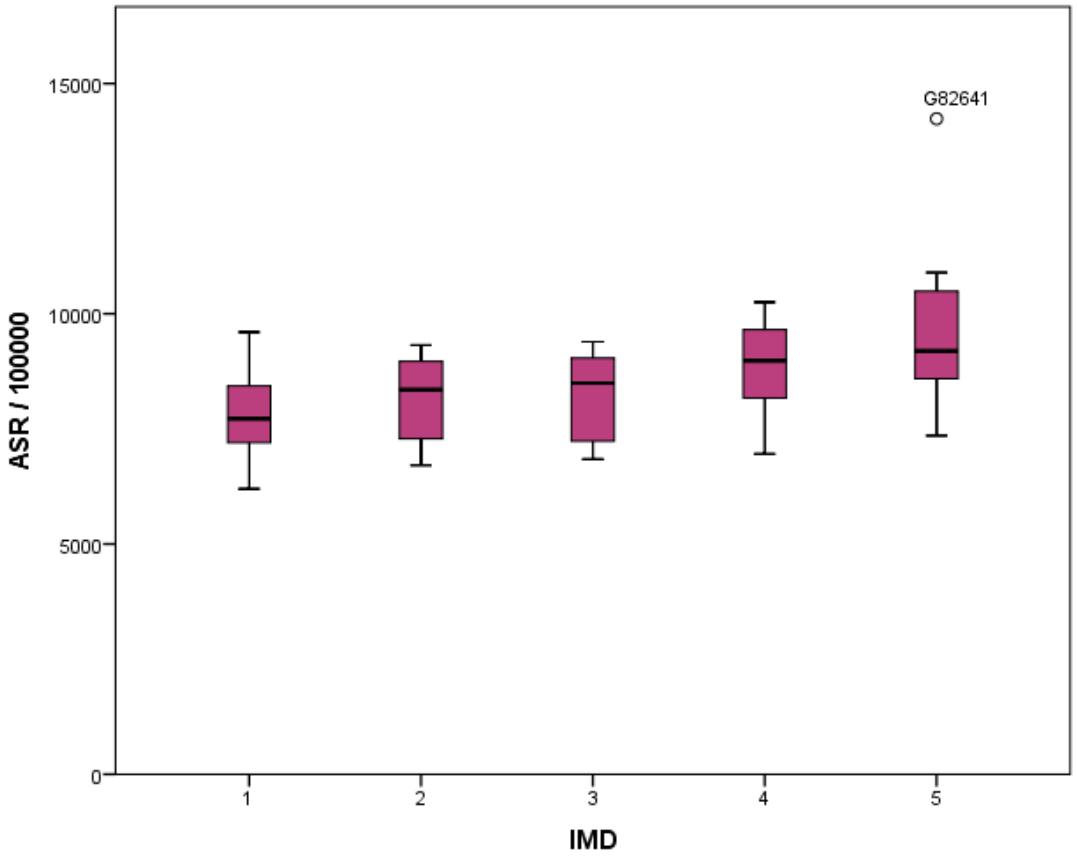


***Further information on children and young people hospital admissions for deliberate and unintentional injury can be found at Chapter 5.6**

Practice deprivation

Figure 139

Age standardised admission rate by deprivation quintile, 2011/12 to 2014/15 pooled, practices in West Kent CCG



The median number of admissions per 100,000 population increases between quintile 1 (least deprived) and quintile 5 (most deprived). Practice G82641 is an outlier, with a significantly higher admission rate than would be expected among practices within the most deprived quintile. The admission rate is significantly higher in the most deprived quintile of practices (M=9659.35, SD=1797.34) than in the least deprived quintile (M=7848.28, SD=977.70), p<0.01.

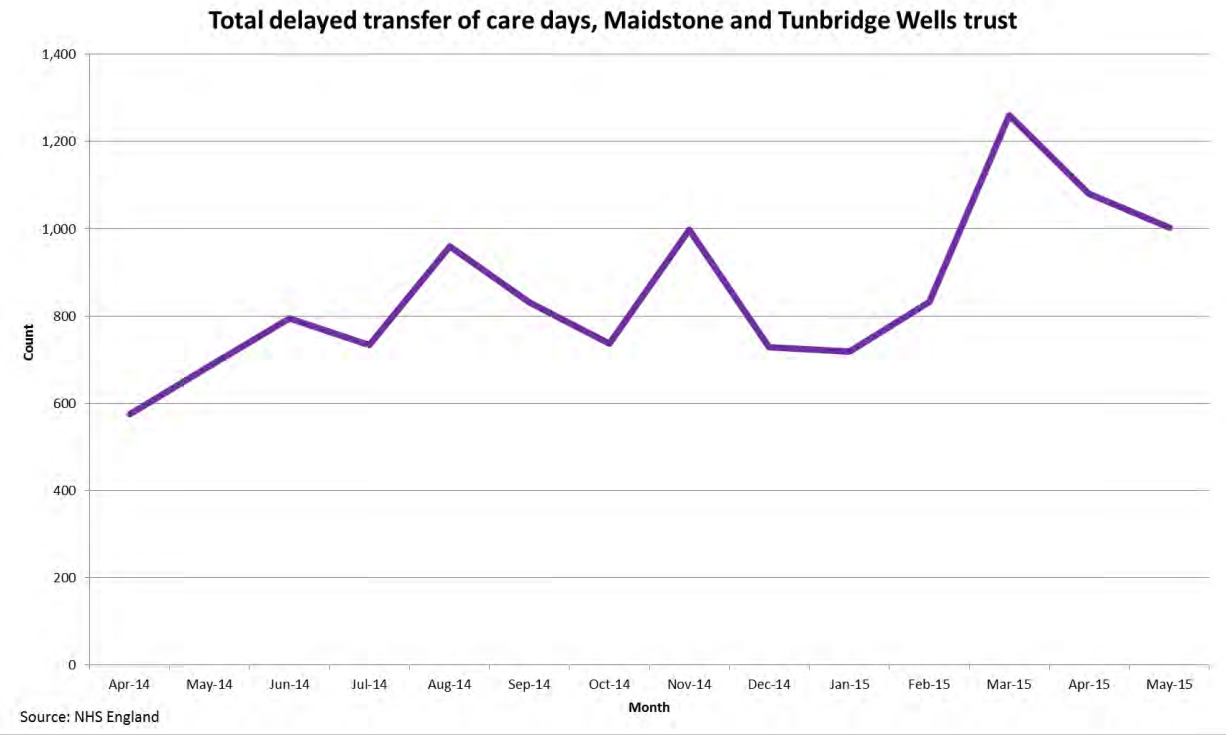
Deprivation quintile is significantly associated with total payment for spell, (p< 0.001). In the least deprived quintile of practices the average total cost per spell was 1812.69 (SD = 2034.96), and in the most deprived quintile the average cost was 2000.83 (SD = 2181.10).

Length of stay increases significantly from 4.48 (SE = 10.69) days in the least deprived quintile to 5.12 (SE = 10.73) in the most deprived, p<0.001.

Delayed discharge

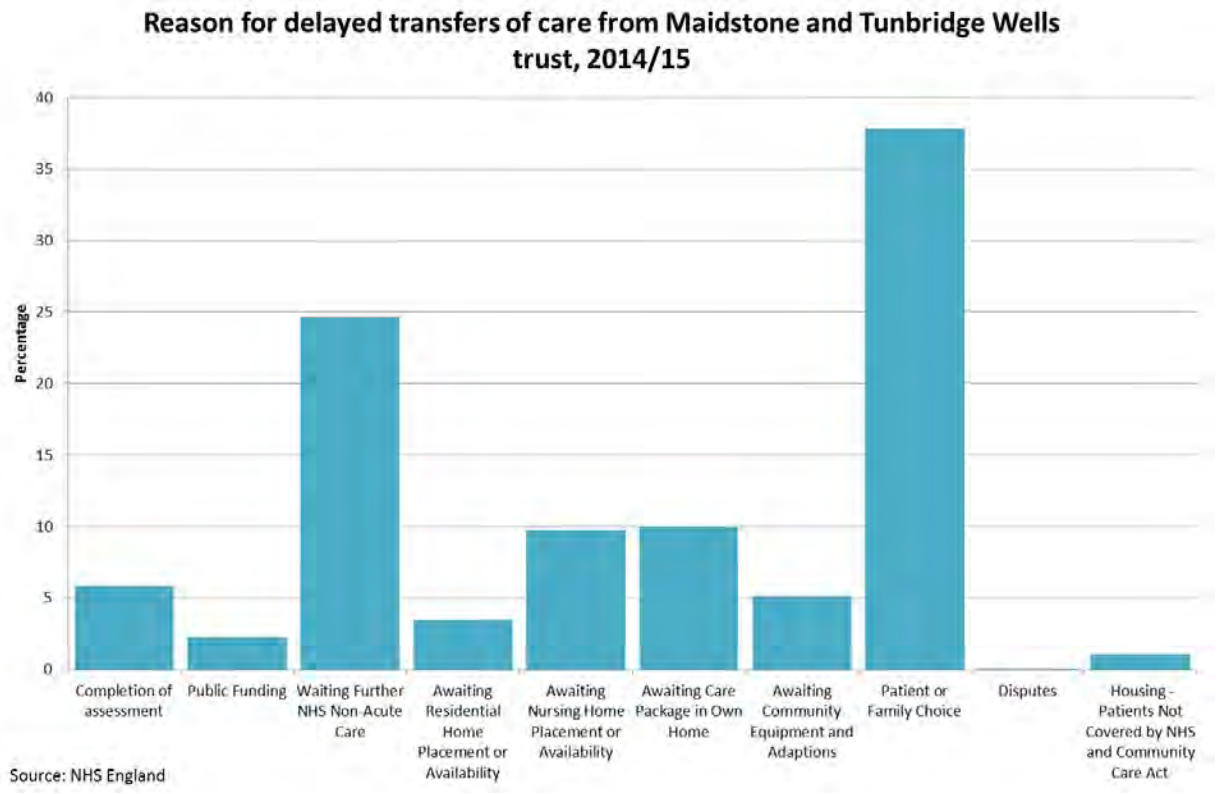
NHS England publishes delayed transfer of care data on a monthly basis recording the total number of delayed days during the month for all patients delayed throughout the month. Data is split by the reason for delay.

Figure 140



The number of delayed transfer of care days increased from 575 in April 2014 to a peak of 1,260 in March 2015. This could be due to fluctuations in the number of admissions, and influenced by both NHS and social care factors.

Figure 141



37.8% (3,726 days) of delayed transfer of care days were due to patient or family choice, out of a total 9,854 delayed days in 2014/15. Waiting for further NHS non-acute care also accounted for a substantial proportion of days (24.6%, 2,429 days) whilst disputes was the least common reason for delay (0.1%, 8 days)

9.3 Quality outcomes framework

Data from the following section is taken from Quality Outcomes Framework (QOF) reporting.

'The QOF includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

A technical description, including a full list of exceptions can be found as appendix 15

9.4 Diabetes

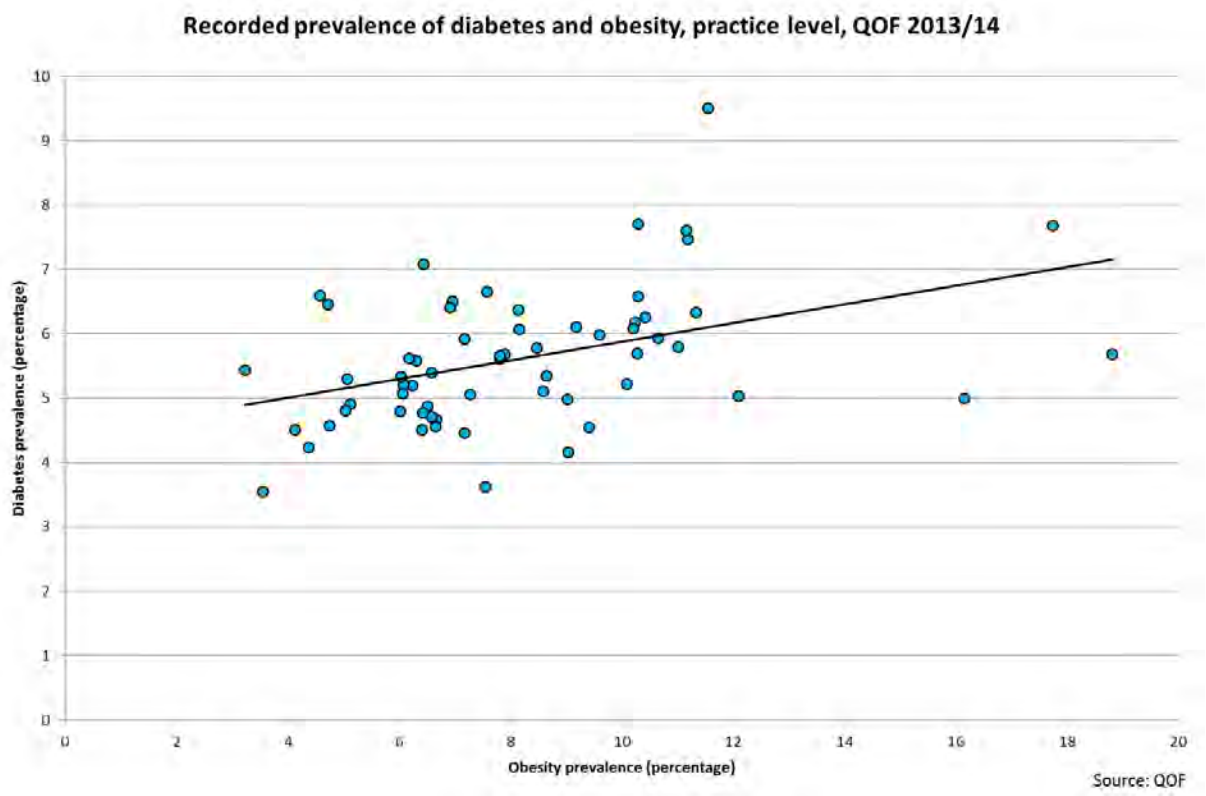
The recorded prevalence of diabetes (age 17+) varies from 9.5% (G82793, Dr Mennie, Maidstone) to 3.5% (G82888, South Park Medical Centre, Sevenoaks). Across West Kent CCG, the recorded prevalence is 5.5%, lower than the prevalence of Kent and Medway (6.3%) and England (6.2%).

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less is 91.0% with 4.9% of patients classified as an exception in West Kent CCG. Across West Kent CCG, this figure varies from 100% achievement and 5.3% exceptions (G82104, Dr Vibhuti R & Partner, Maidstone) to 76.8% achievement and 3.1% exceptions (G82235, Dr Digby R J & Partner, Tunbridge Wells).

The percentage of the practice population aged 16 and above on the obesity register is 8.0% in West Kent CCG, slightly lower than the Kent and Medway percentage (9.8%) and the England percentage (9.4%). Levels of obesity ranges from 3.2% (G82235, Dr Digby R J & Partner, Tunbridge Wells) to 18.8% (G82604, Dr Singh K, Maidstone) among the practices in West Kent CCG. Detail practice level information is available in appendix 15.

There is a moderate association between recorded obesity and diabetes prevalence at a practice level in West Kent CCG (r=0.42).

Figure 142



Diabetes trend analysis

Figure 143 shows the QOF diabetes recorded prevalence by CCG between 2006/07 and 2013/14; this demonstrates an increasing trend. NHS West Kent CCG has the lowest trend in diabetes recorded prevalence between 2006/07 and 2013/14.

Figure 143

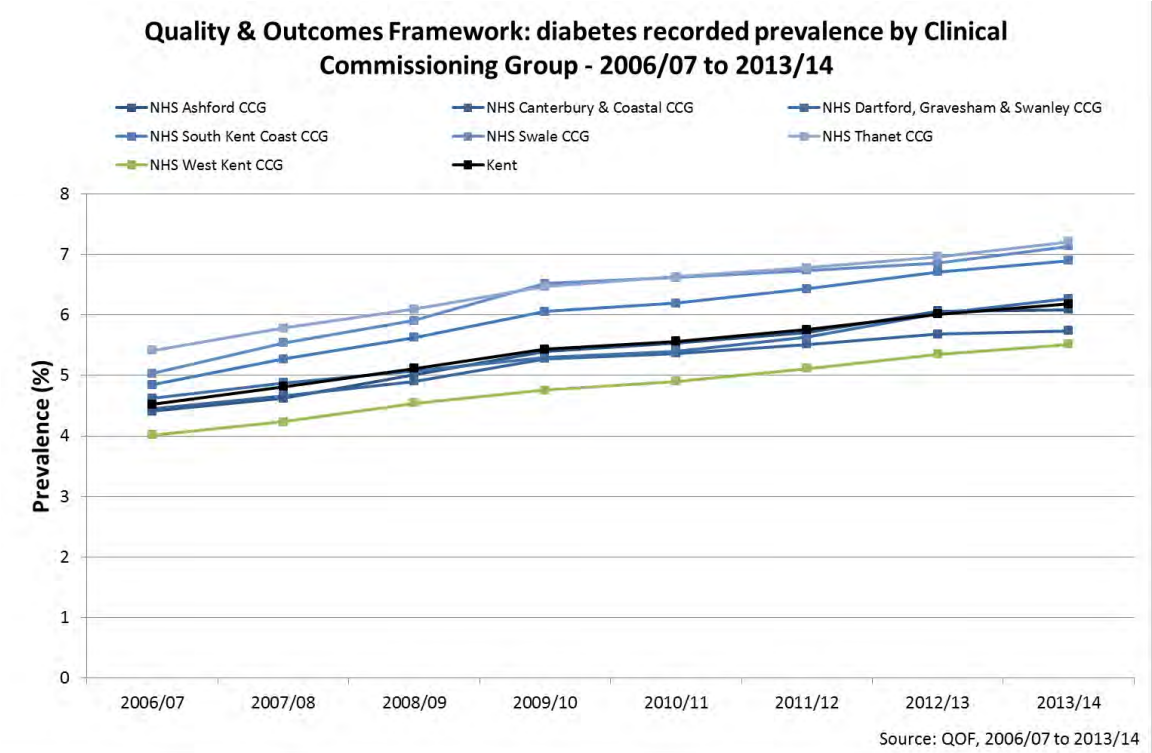
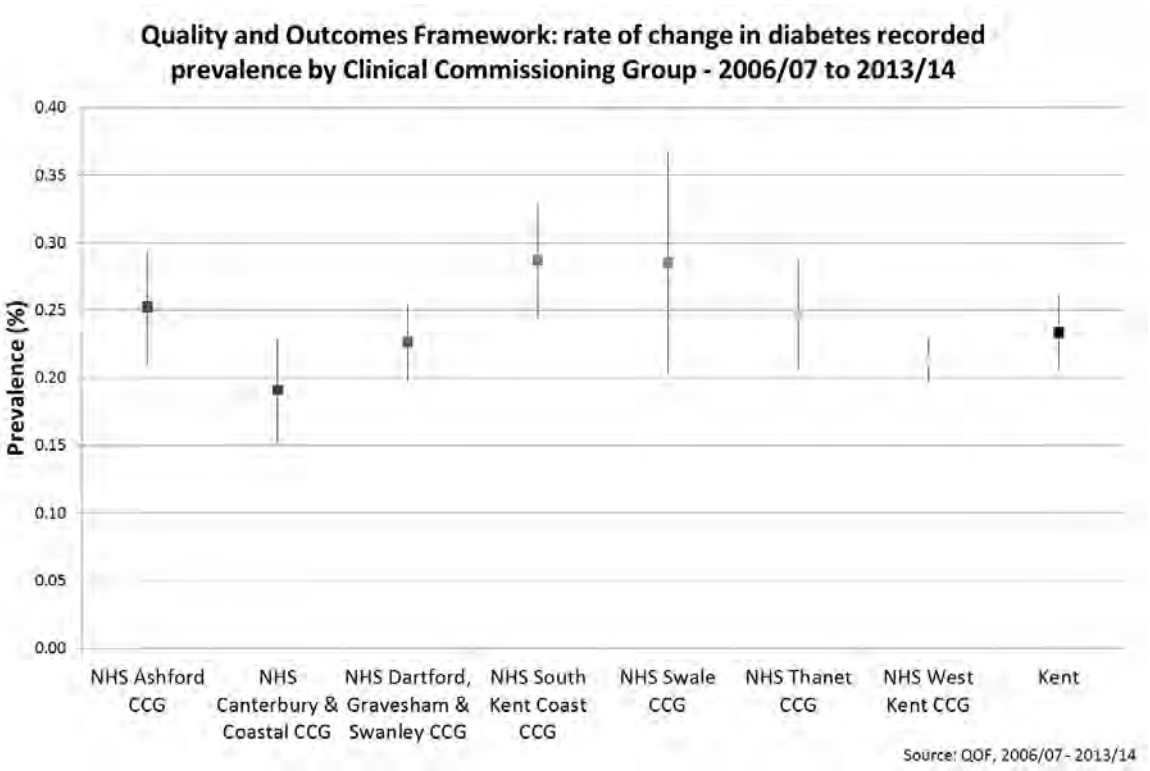


Figure 144 shows the rate of change in diabetes recorded prevalence by CCG between 2006/07 and 2013/14. The points represent the rate of change and the lines represent confidence intervals.

Within NHS West Kent CCG, the rate of change in diabetes recorded prevalence increased by 0.21% (95% Confidence Interval: 0.20, 0.23) with each year between 2006/07 and 2013/14. This was not significantly different to the rate of change for Kent, whereby the prevalence of diabetes increased by 0.23% (95% Confidence Interval: 0.21, 0.26) with each year between 2006/07 and 2013/14.

Figure 144


Quality and Outcomes Framework: rate of change in diabetes recorded prevalence by Clinical Commissioning Group - 2006/07 to 2013/14
Prevalence (%)
0.40
0.35
0.30
0.25
0.20
0.15
0.10
0.05
0.00
NHS Ashford CCG
NHS Canterbury & Coastal CCG
NHS Dartford, Gravesham & Swanley CCG
NHS South Kent Coast CCG
NHS Swale CCG
NHS Thanet CCG
NHS West Kent CCG
Kent
Source: QOF, 2006/07 - 2013/14

The number of people admitted to hospital as an emergency admission for diabetes between 2012/13 and 2014/15 is relatively small, and so the rates vary considerably between practices, ranging from 9.4 admissions per 100,000 population (G82715, Tunbridge Wells) to 220.2 (G82641, Maidstone). Practices that have significantly higher admission rates in comparison to West Kent CCG are G82641 (The Surgery, Maidstone) G82229 (Sutton Valence Surgery, Maidstone), G82155 (Waterfield House Surgery, Tunbridge Wells), G82089 (Brewer Street Surgery, Maidstone), G82085 (Snodland Medical Practice, Tonbridge and Malling) and G82099 (The College Practice, Maidstone).

The association between emergency admission rate for diabetes and prevalence of diabetes is weak (r=0.15).

Figure 145

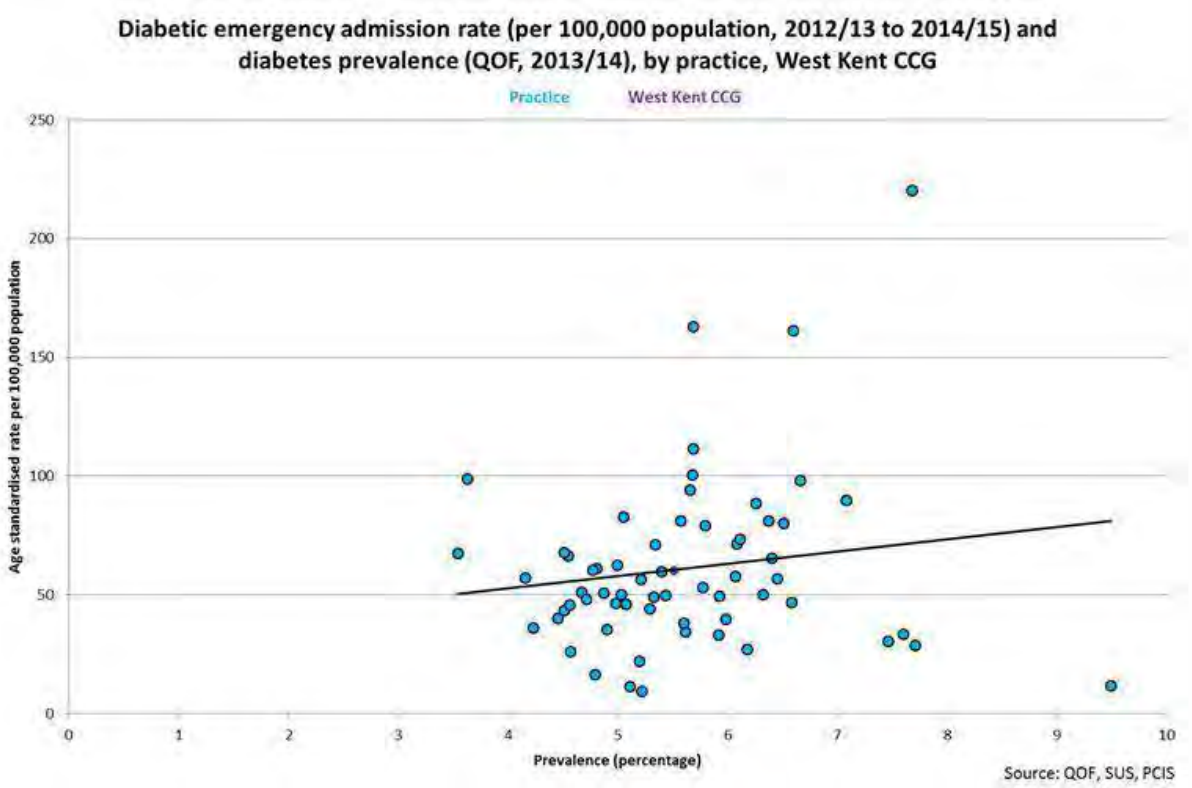
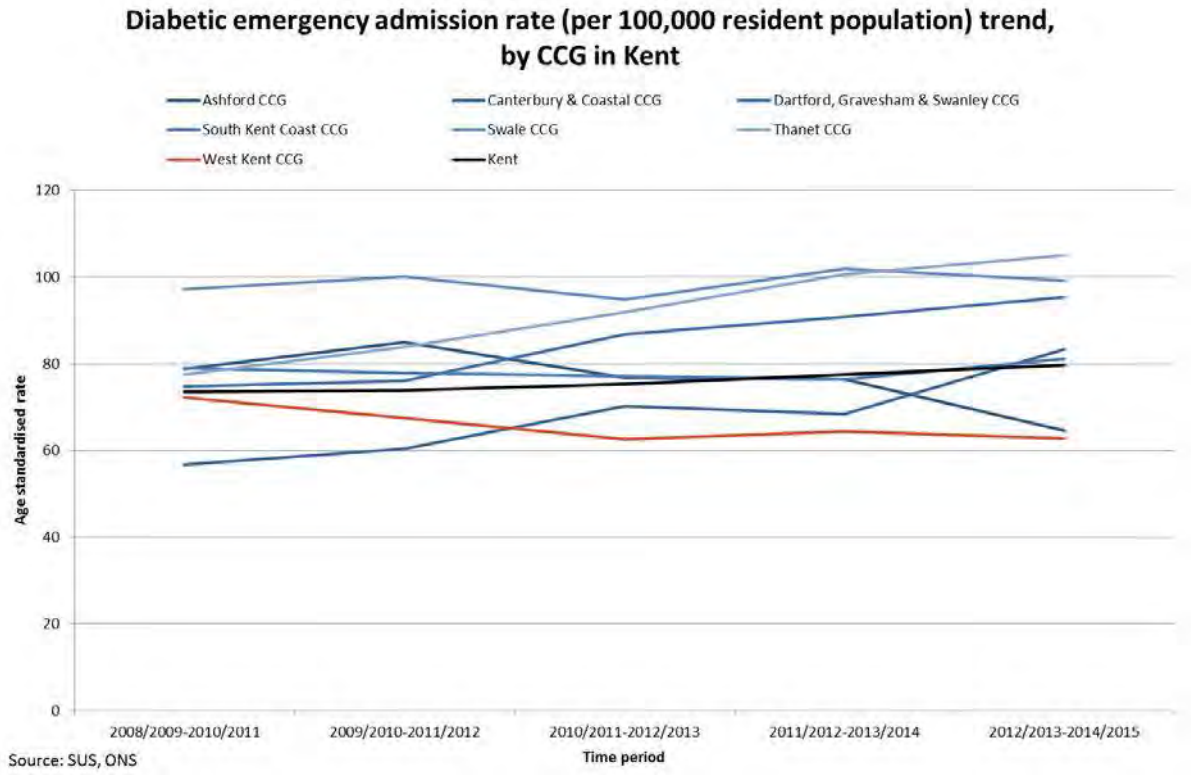


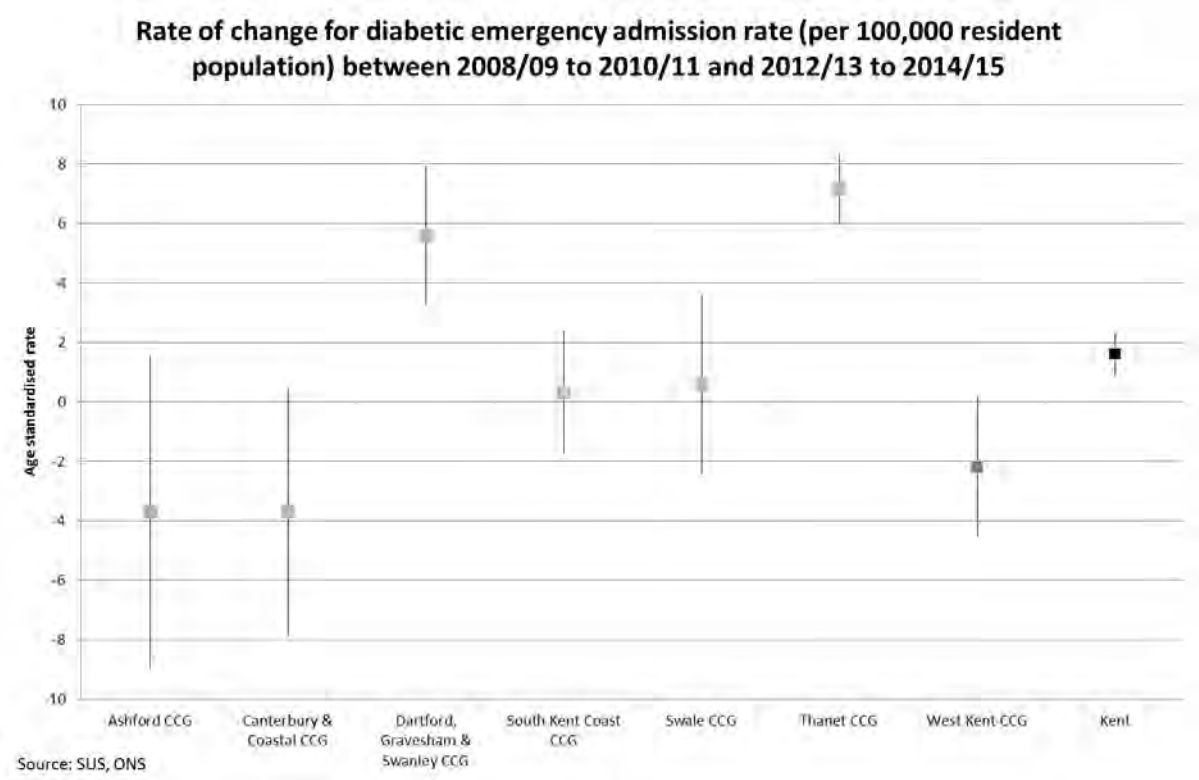
Figure 146



Across Kent, the emergency admission rate for diabetes has risen over the past five time periods, from 73.5 to 79.8 admissions per 100,000 resident population. The West Kent CCG emergency admission rate has decreased during this time period, and in 2012/13 to 2014/15 had the lowest rate of the Kent CCGs.

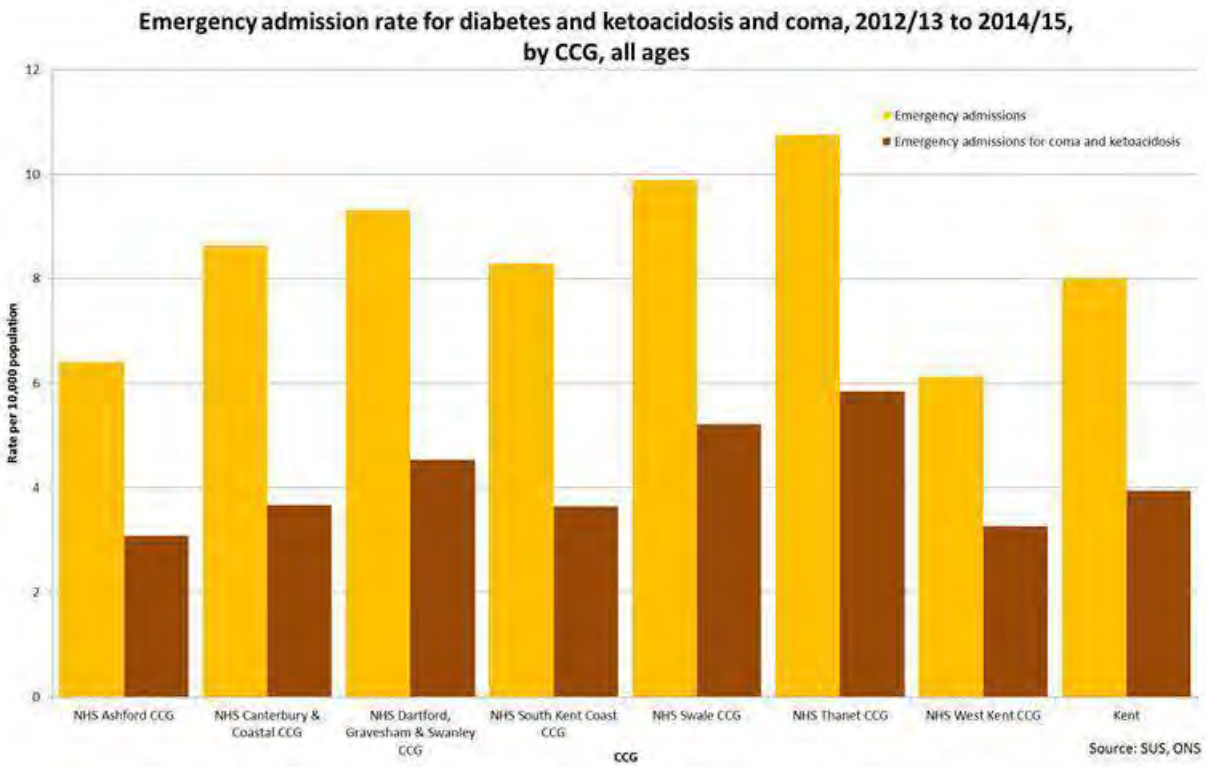
Across Kent, the emergency admission rate is increasing by 1.62 admissions per 100,000 population whilst the rate of change in West Kent CCG is decreasing by 2.19 admissions per 100,000 population; this difference is significant (figure 147)

Figure 147



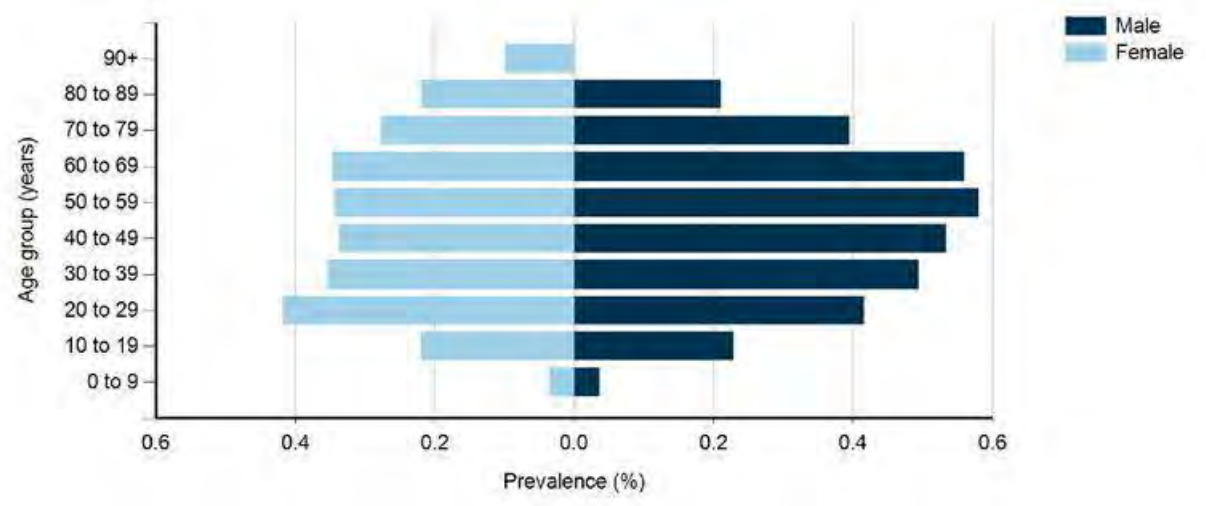
West Kent CCG has the lowest emergency admission rate (6.1 per 10,000 population) for diabetes of the Kent CCGs, and the second lowest emergency admission rate for admissions for ketoacidosis or diabetic coma (3.3 admissions per 10,000 population).

Figure 148



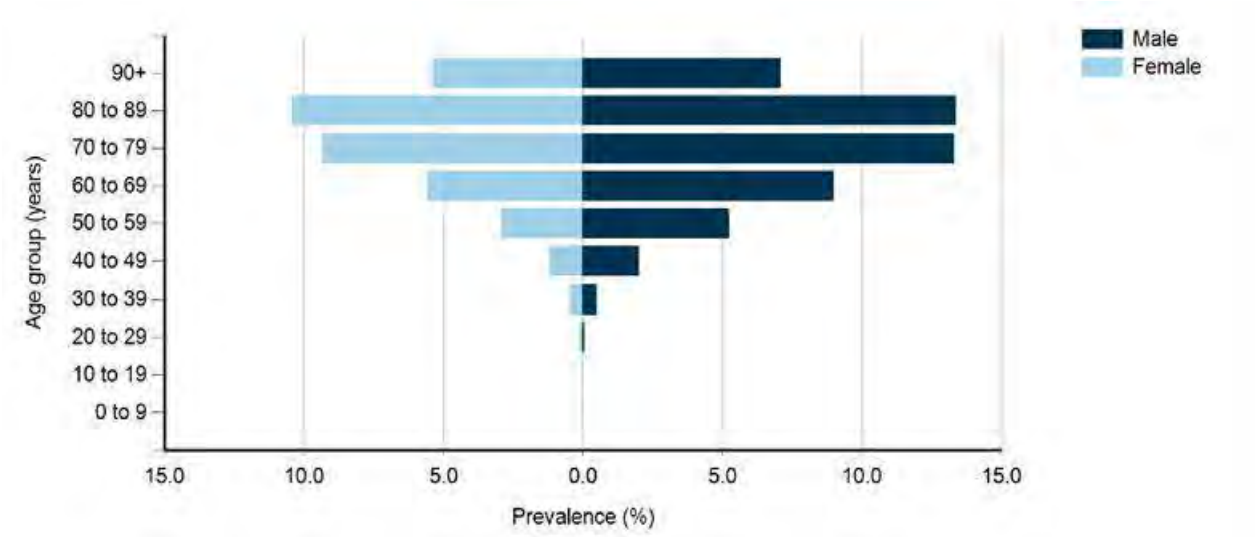
Findings from the National Audits relating to diabetes (NDA)

Figure 149 : **Age and gender of patients with Type 1 diabetes in West Kent CCG, 2012/13, Source: National diabetes audit**



Type 1 diabetes tends to be diagnosed at a younger age, and the above pyramid shows the estimated prevalence of type 1 diabetes by age and gender in West Kent CCG.

Figure 150: Age and gender of patients with Type 2 diabetes in West Kent CCG, 2012/13, Source: National diabetes audit



Type 2 diabetes tends to be identified later in life, and figure 151 shows the estimated prevalence of type 2 diabetes by age and gender in West Kent CCG.

Note: due to limitations with patient registrations from GP practices data, the age and gender prevalence of patients with Type 1 and Type 2 diabetes was calculated using the ONS mid-year population estimates for 2012 by age group and gender. As a result, figures 149 and 150 may show an underestimation for Type 1 and Type 2 diabetes, respectively.

The table below depicts the care process quartile rankings for West Kent CCG, where Q1 is the bottom 25 percent and Q4 is the top 25 percent, in comparison to all CCGs. West Kent CCG has been in the bottom quartile for the eight care process listed in the table combined in both 2011/12 and 2012/13. When focusing on individual care processes, West Kent CCG has improved a quartile for blood pressure, cholesterol, serum creatinine and body mass index; however, these are still areas for improvement, warranting further investigation.

Table 19: All diabetes patients care process quartile rankings for West Kent CCG, 2011/12 and 2012/13, Source: National diabetes audit

Care process	Quartile 2011/12	Quartile 2012/13
HbA1c	Q2	Q2
Blood pressure	Q2	Q3
Cholesterol	Q1	Q2
Serum creatinine	Q2	Q3
Urine albumin	Q1	Q1
Foot surveillance	Q2	Q2
Body mass index	Q1	Q2
Smoking	Q1	Q1
Eight care processes	Q1	Q1

Furthermore the NDA also highlighted information on additional risk of complication among people with diabetes and summary of this is in table 20

Table 20: Additional risk of complication among people with diabetes, Source: National diabetes audit

Conditions	Additional risk of complication among people with diabetes	
	West Kent CCG	England and Wales
Angina	137.2%	135.6%
Myocardial infarction	88.5%	107.6%
Heart failure	160.8%	148.2%
Stroke	103.2%	80.6%
Major amputation	566.2%	441.5%
Minor amputation	1445.0%	742.5%
Renal replacement therapy	359.1%	290.2%

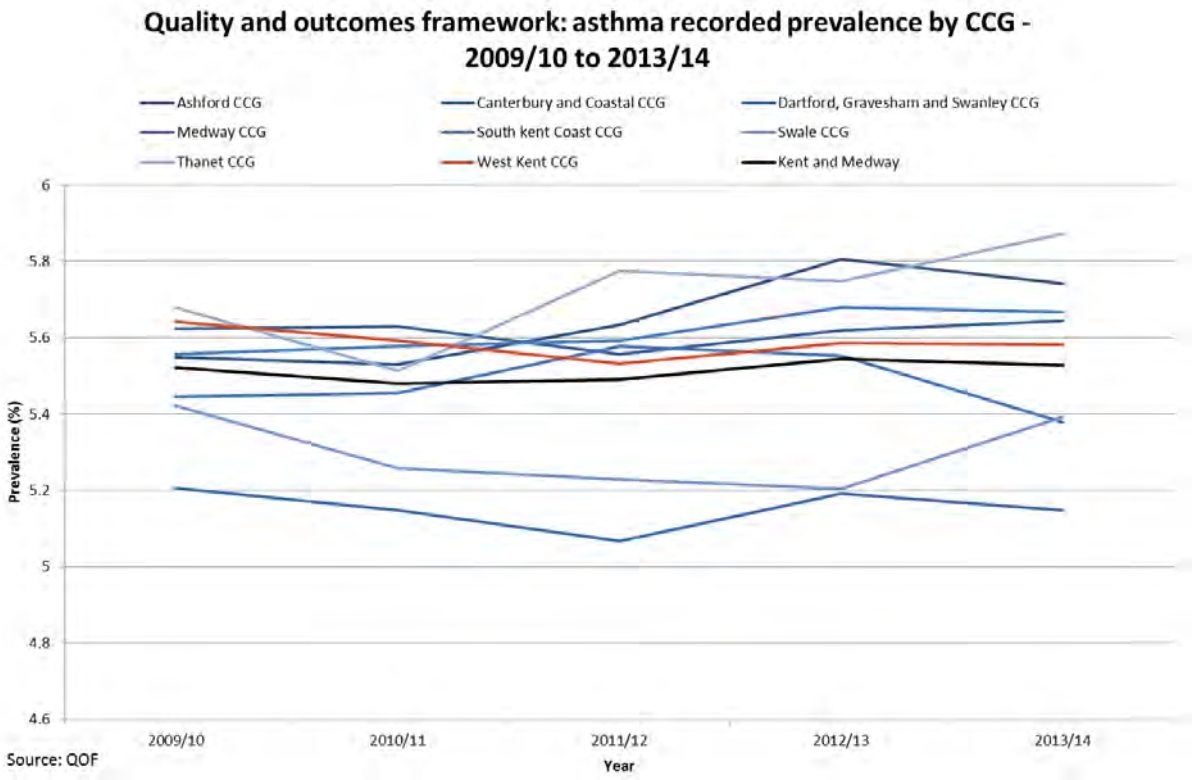
9.5 Asthma

The CCG recorded asthma prevalence (5.6%) is slightly higher than the Kent and Medway prevalence (5.5%), but lower than the national prevalence (5.9%). Recorded prevalence varies from 3.6% (G82751, The Orchard Medical Centre, Maidstone) to 8.4% (G82229, Sutton Valence Surgery, Maidstone) across West Kent CCG practices, practice level information is in appendix 15

Asthma trend analysis

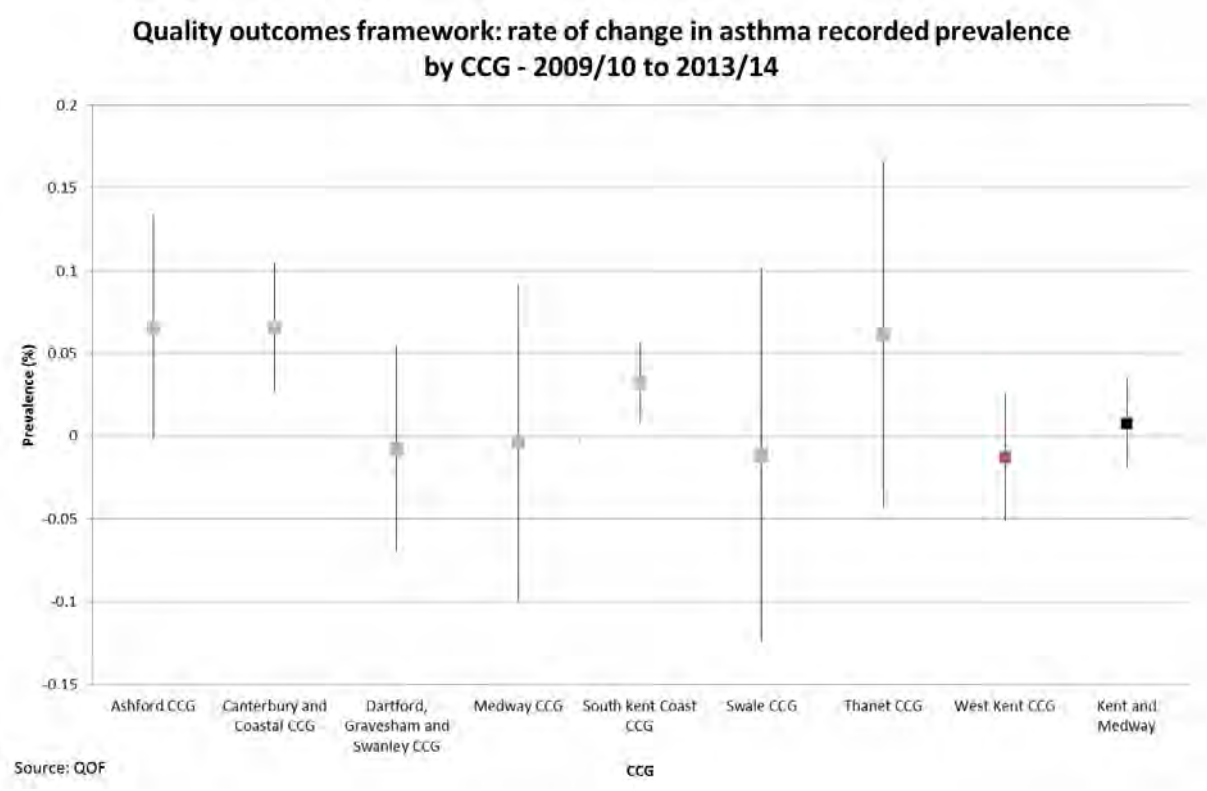
Over the past five years, recorded asthma prevalence has remained relatively stable across West Kent CCG and Kent and Medway; with the West Kent CCG being slightly above the prevalence of Kent.

Figure 155



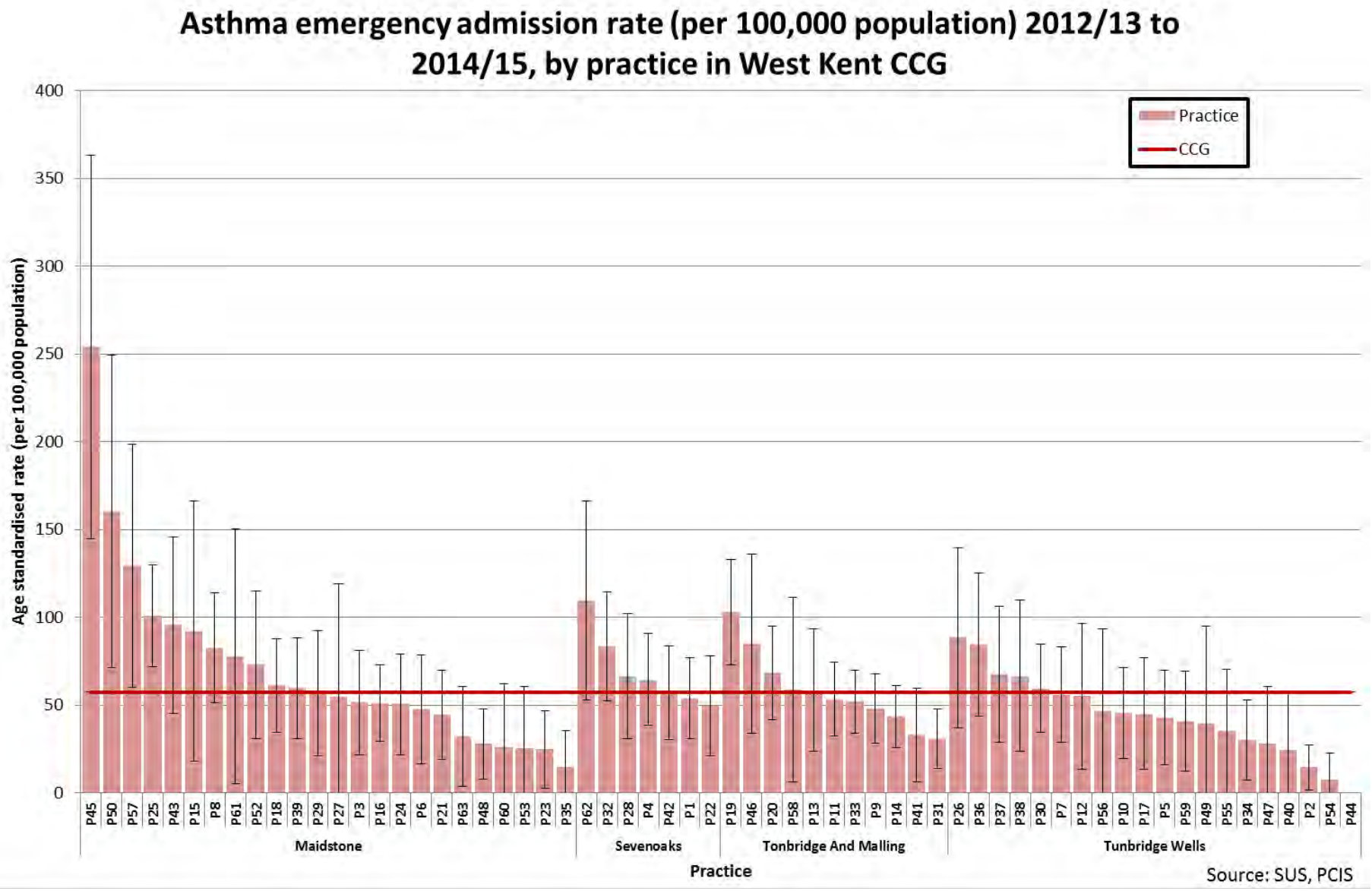
The figure below shows the rate of change in recorded asthma prevalence over the past five years. Recorded prevalence of asthma in West Kent CCG has decreased by 0.01% annually, between 2009/10 and 2013/14. This is not significantly different to the rate of change observed in Kent and Medway (0.01).

Figure 156



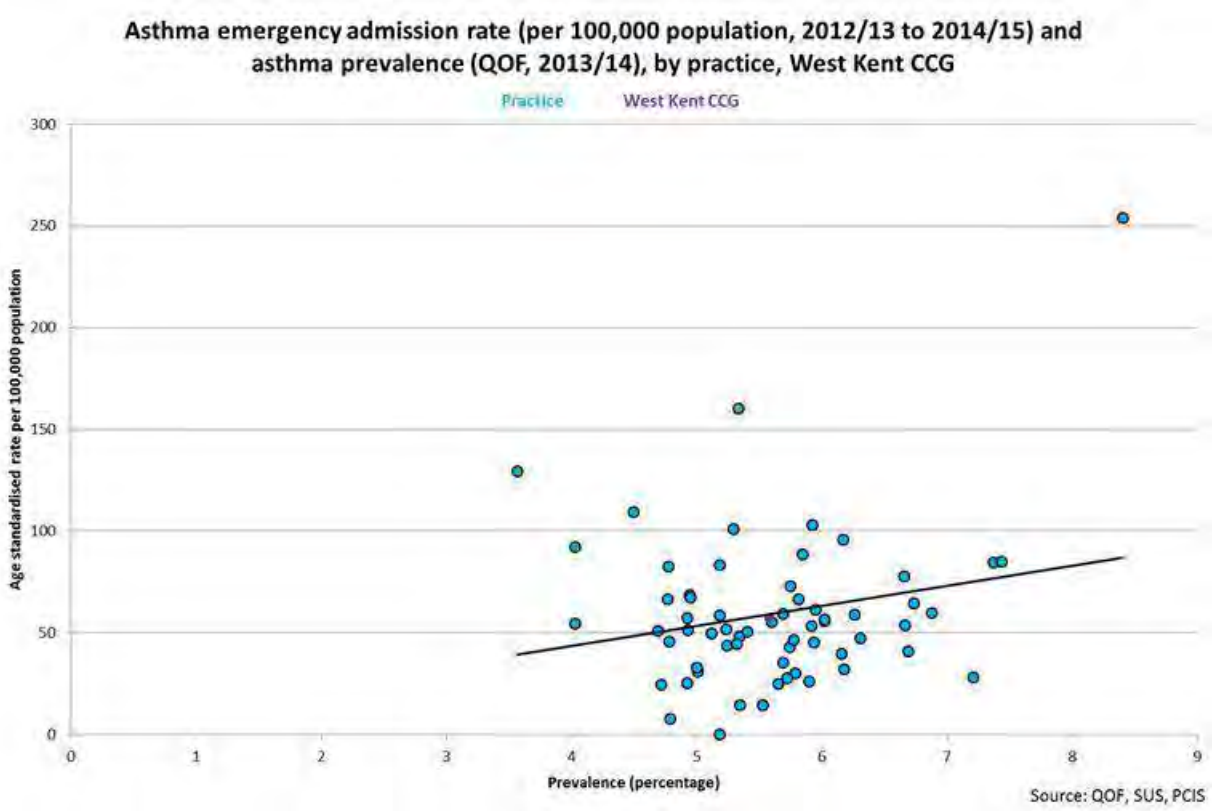
Emergency admission rate for asthma vary greatly between practices, from none (G82224, Tunbridge Wells) to 254.0 per 100,000 (G82229, Maidstone). Five practices have admission rates that are significantly higher than the CCG rate; G82229 (Sutton Valence Surgery, Maidstone), G82641 (The Surgery, Maidstone), G82751 (The Orchard Medical Centre, Maidstone), G82083 (Thornhills Medical Centre, Tonbridge and Malling) and G82099 (The College Practice, Maidstone),(figure 157).

Figure 157


Asthma emergency admission rate (per 100,000 population) 2012/13 to 2014/15, by practice in West Kent CCG
Practice
CCG
Age standardised rate (per 100,000 population)
400
350
300
250
200
150
100
50
0
P45 P50 P57 P25 P43 P15 P8 P61 P52 P18 P39 P29 P27 P3 P16 P24 P6 P21 P63 P48 P60 P53 P23 P35
P62 P32 P28 P4 P42 P1 P22
P19 P46 P20 P58 P13 P11 P33 P9 P14 P41 P31
P26 P36 P37 P38 P30 P7 P12 P56 P10 P17 P5 P59 P49 P55 P34 P47 P40 P2 P54 P44
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Practice
Source: SUS, PCIS

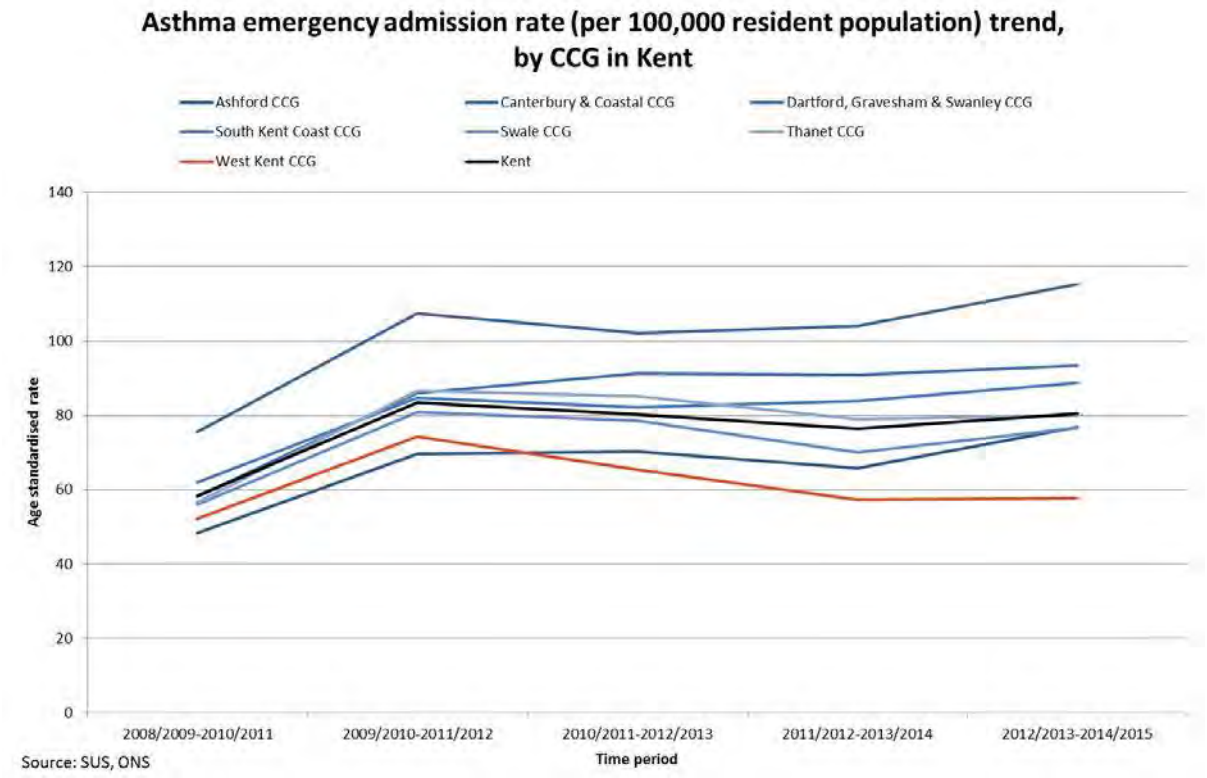
The emergency admission rate for asthma and prevalence of asthma is not strongly associated (r=0.22).

Figure 158



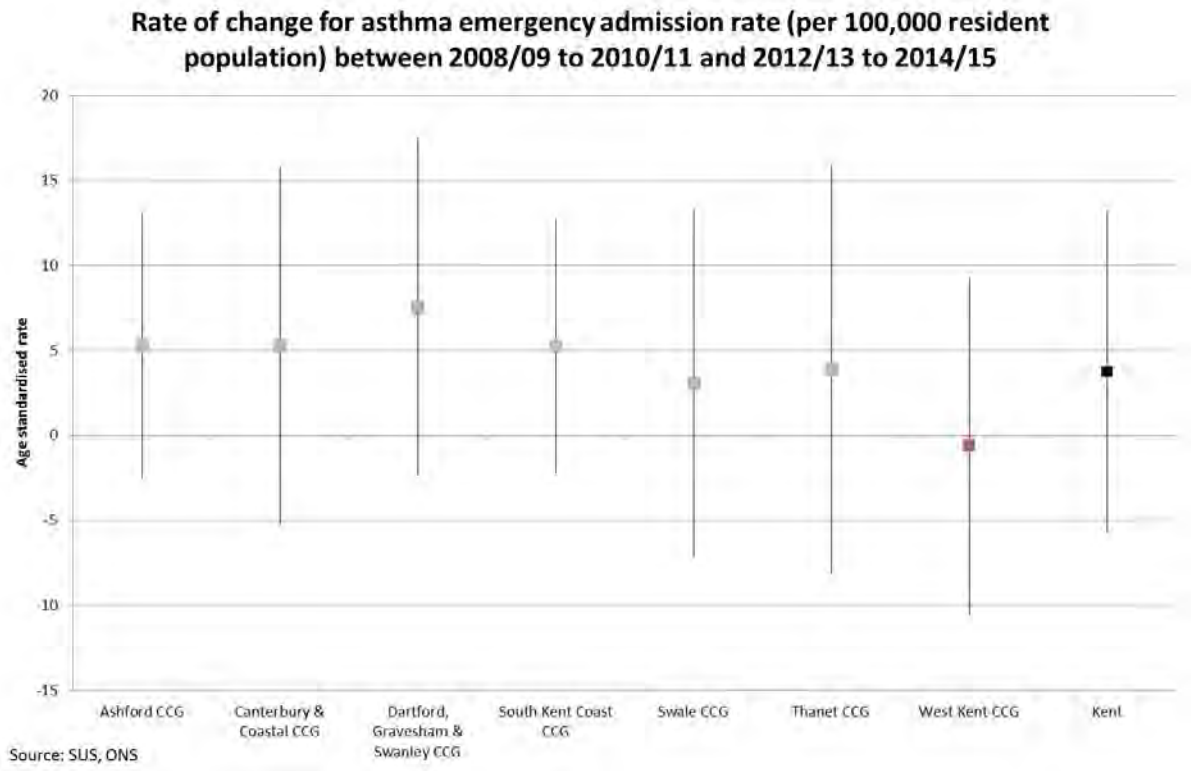
Across Kent, the emergency admission rate for asthma rose between 2008/09 and 2010/11 to 2009/10 and 2011/12, and then has remained relatively stable since. A similar pattern has been observed in West Kent CCG's rate; however, there is a more noticeable decrease in admission rate from 2009/10 and 2011/12 onwards. West Kent CCG has had the lowest rate for the past three time periods.

Figure 159



West Kent CCG is the only CCG in Kent which has had a decrease in emergency asthma admission rate over the past five time periods; however this is not a significantly different rate of change compared to Kent.

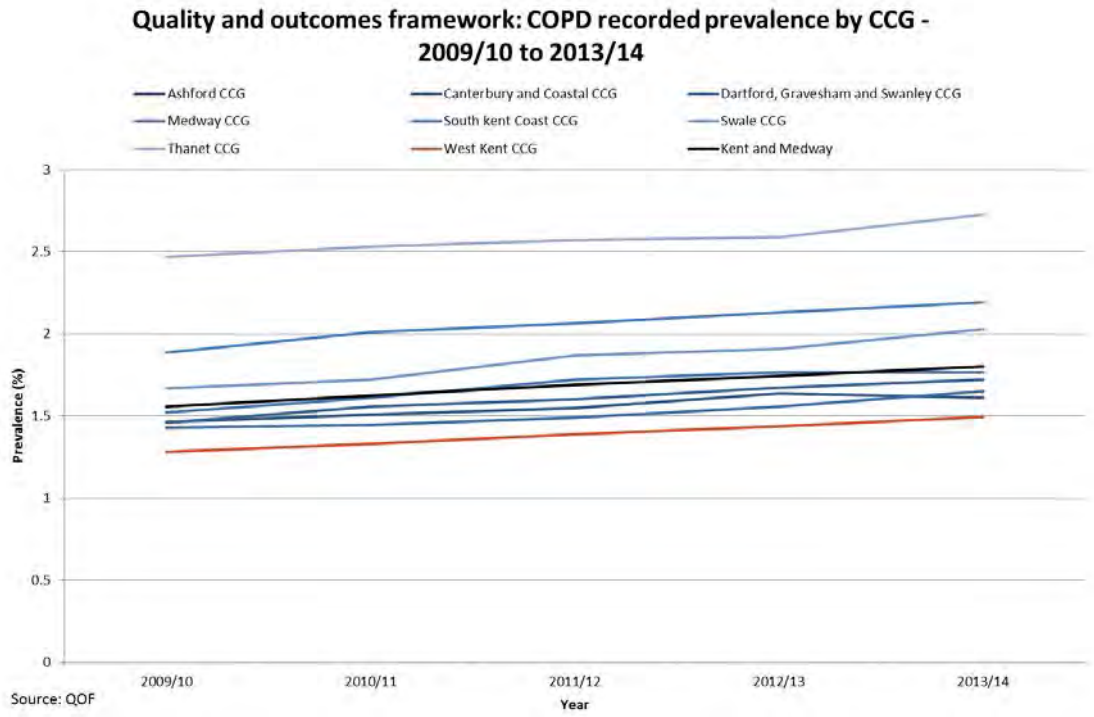
Figure 161



9.6 Chronic Obstructive Pulmonary Disease (COPD)

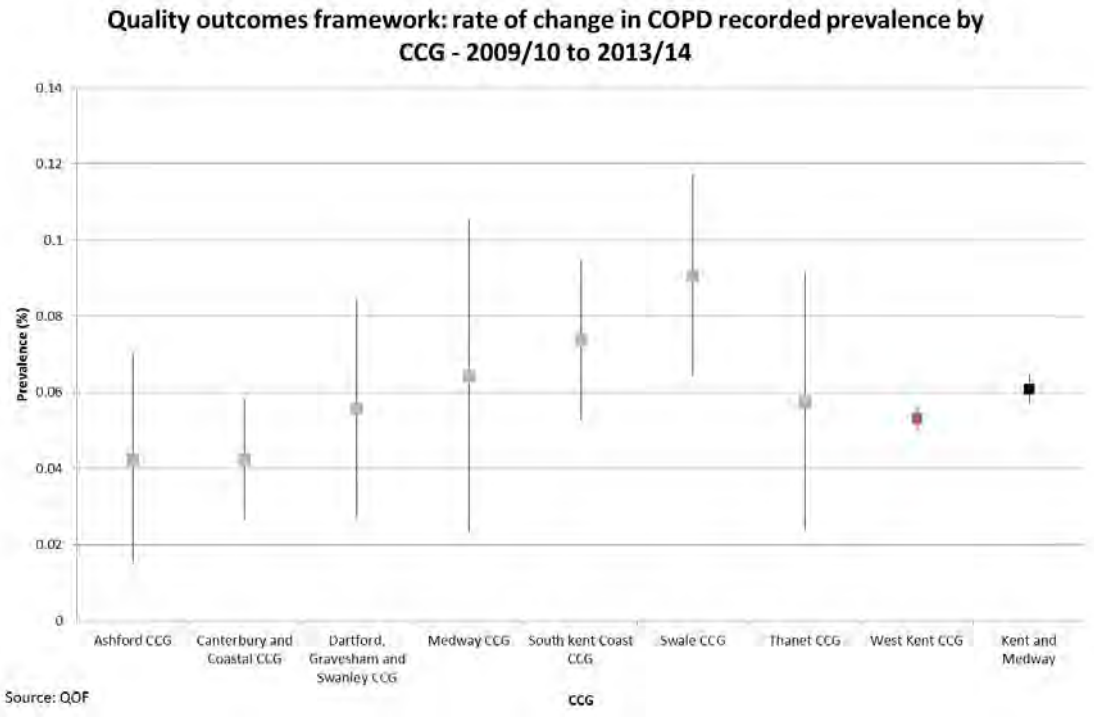
The figure below shows recorded prevalence of COPD between 2009/10 and 2013/14, by CCG. West Kent CCG has consistently had the lowest recorded prevalence compared to the other Kent and Medway CCGs.

Figure 162



Across Kent and Medway, recorded prevalence of COPD has increased by 0.06% annually. In West Kent CCG, the increase has been 0.05%, which is a significantly slower rate of increase than observed across Kent and Medway.

Figure 163

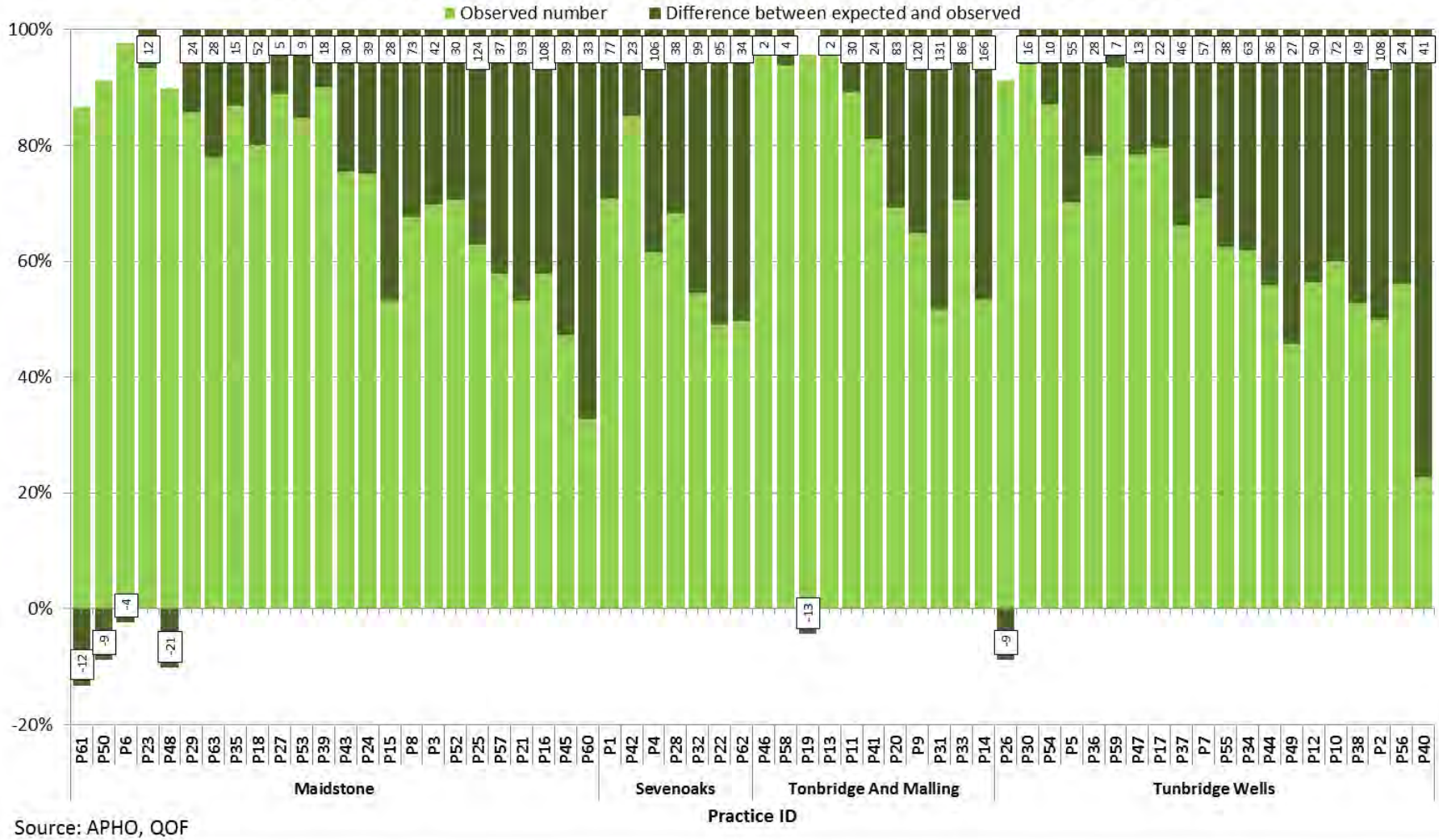


Prevalence of COPD varies greatly between practices, from 0.49% (12 individuals) in G82170 (Lamberhurst Surgery, Tunbridge Wells) to 2.41% (79 patients) in G82793 (Dr Mennie, Maidstone). The CCG prevalence of COPD is 1.49%, below that of Kent and Medway and England (both 1.8%), practice level details are in appendix 15 .

The number of people expected to have COPD at each practice has been calculated using the 2011 modelled prevalence estimates produced by the Association of Public Health Observatories (APHO) applied to the 2013/14 practice register. The number of people on the COPD register at each practice (QOF, 2013/14) has been subtracted from the expected number of people with COPD. The majority of West Kent practices have large numbers of undiagnosed patients with COPD, although a few have diagnosed greater numbers of people with COPD than would be expected. These data are presented in figure 164, appendix 15

Figure 165

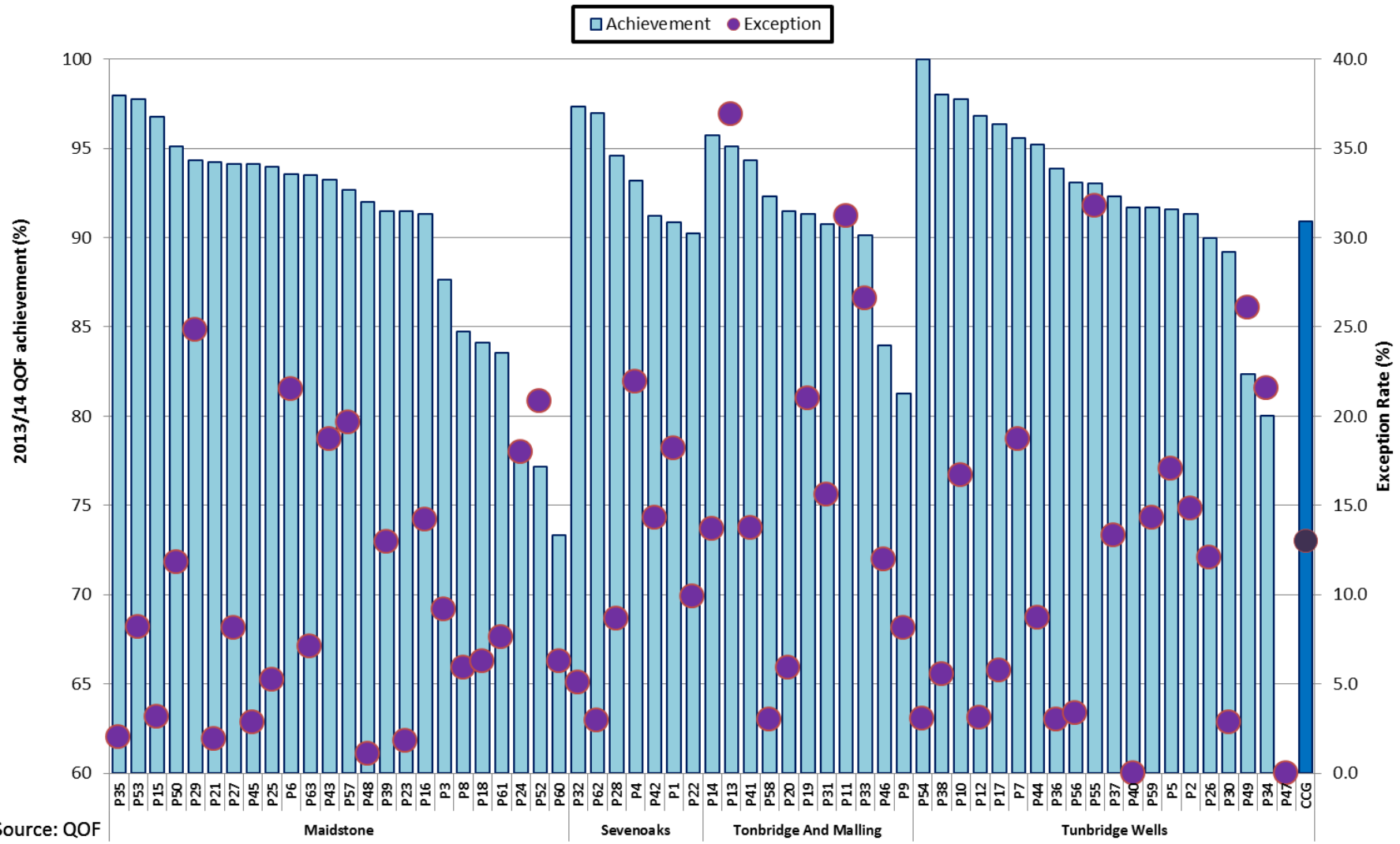
COPD: Expected (2011 modelled estimate applied to 2013/14 register) and observed (2013/14 QOF prevalence), practices in West Kent CCG



Source: APHO, QOF

Figure 166

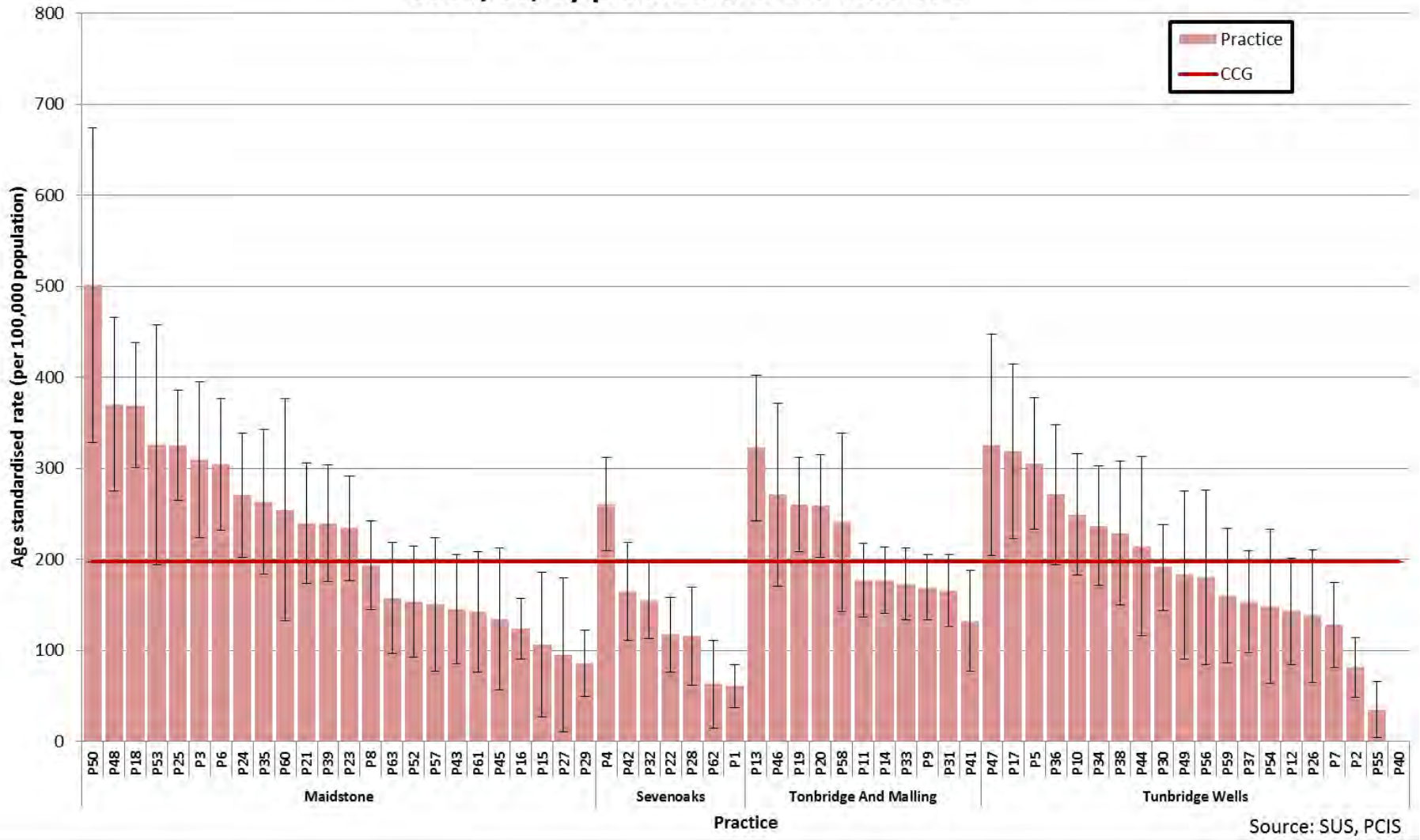
COPD003 - The percentage of patients with COPD who have had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months in West Kent CCG



Source: QOF

Figure 167

COPD emergency admission rate (per 100,000 population) 2012/13 to 2014/15, by practice in West Kent CCG



Source: SUS, PCIS

The percentage of patients with COPD who have had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months is 90.9% across West Kent CCG, and 13.0% of patients have been classified as an exception. Again, this varies greatly across the practices within West Kent CCG, with P54 (G82715, Rowan Tree Surgery, Tunbridge Wells) achieving 100.0% on QOF indicators COPD003, with exception reporting of 3.0% and P47 (G82235, Dr Digby R J & Partner, Tunbridge Wells) achieving 50.0% with 0.0% exceptions.

The range in emergency admission rate for COPD between practices is large, with the lowest rate observed in G82170 (Lamberhurst Surgery, Tunbridge Wells) with 0 admissions, and the highest rate in G82641 (501.1 admissions per 100,000 population). A number of practices have rates that are significantly different to the CCG rate.

The association between COPD admissions and prevalence in West Kent CCG is moderate (r=0.42).

Figure 168

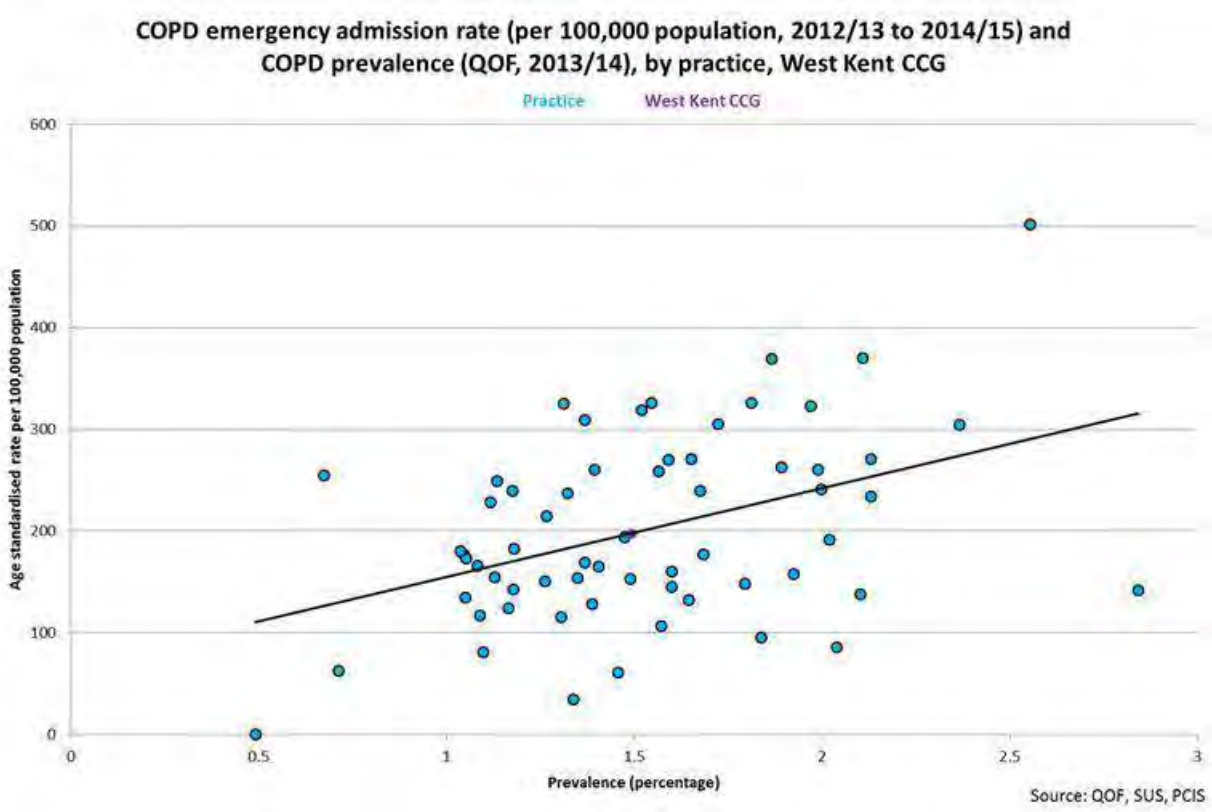
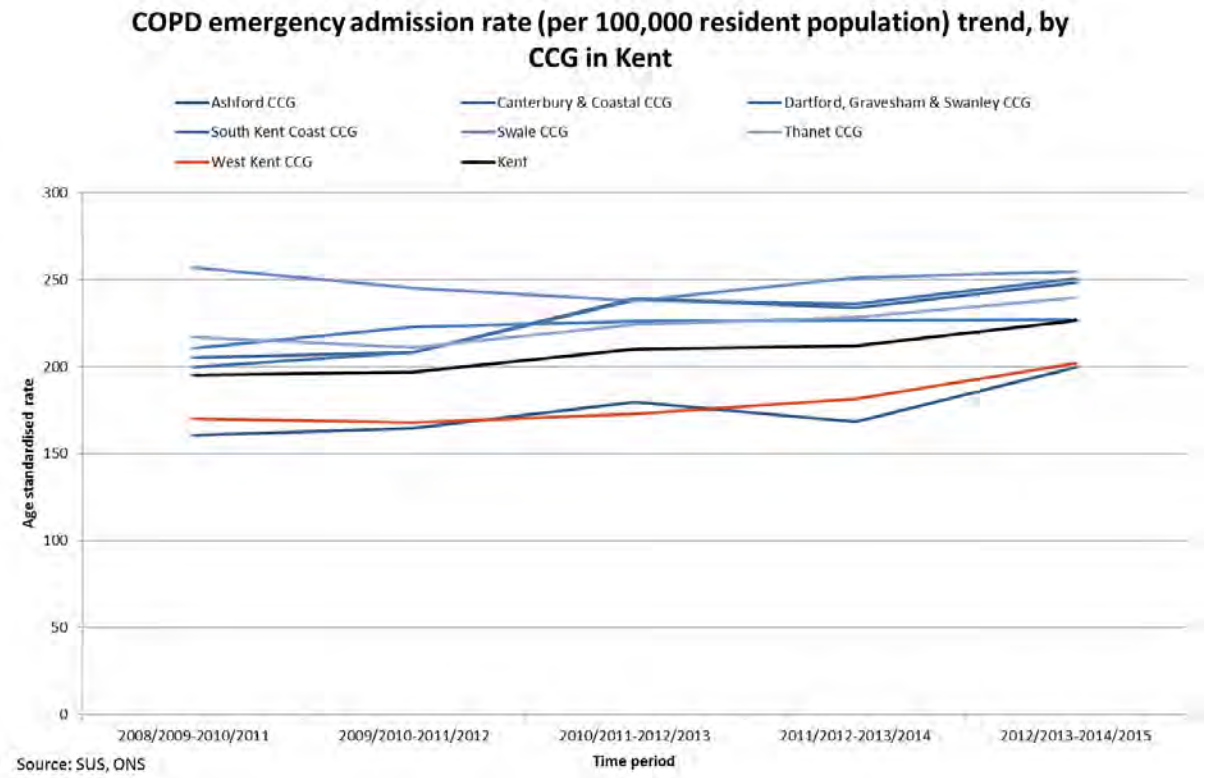
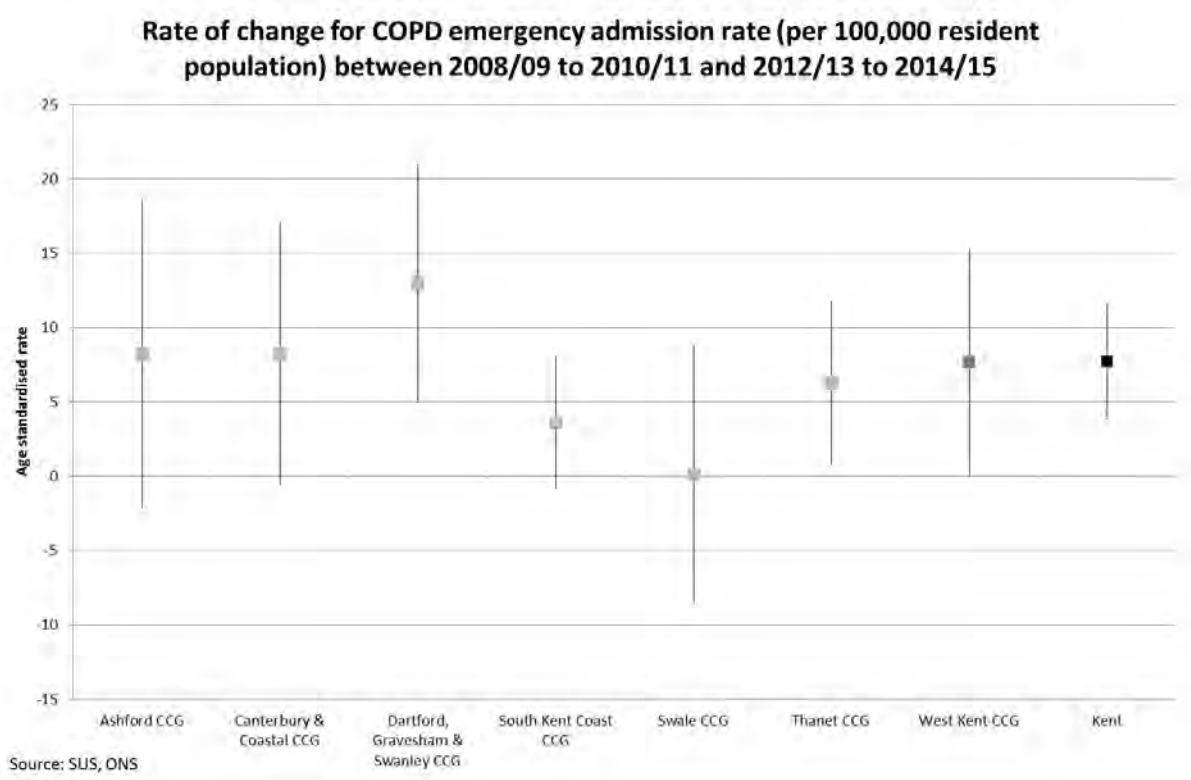


Figure 169



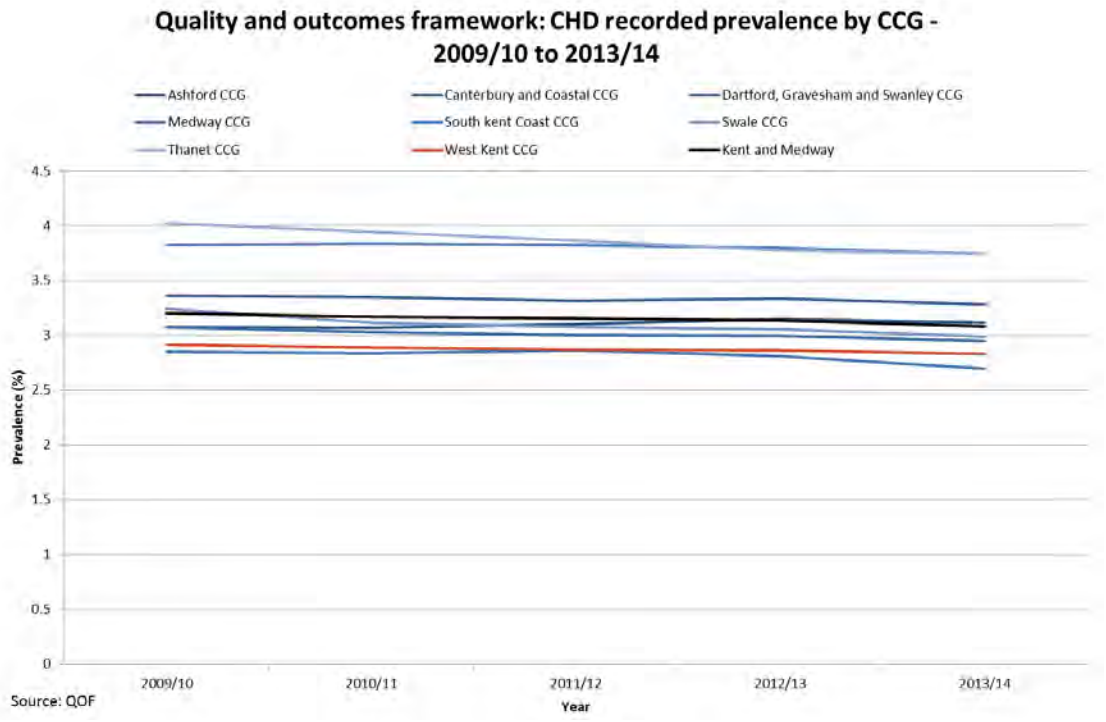
Although the West Kent CCG emergency admission rate for COPD remains consistently below the Kent rate, it has increased steadily over the past five time period, thus requiring further investigation and action. The rate of change observed in West Kent CCG is very similar to that observed at a Kent level.

Figure 170


Rate of change for COPD emergency admission rate (per 100,000 resident population) between 2008/09 to 2010/11 and 2012/13 to 2014/15
Age standardised rate
25
20
15
10
5
0
-5
-10
-15
Ashford CCG
Canterbury & Coastal CCG
Dartford, Gravesham & Swanley CCG
South Kent Coast CCG
Swale CCG
Thanet CCG
West Kent CCG
Kent
Source: SUS, ONS

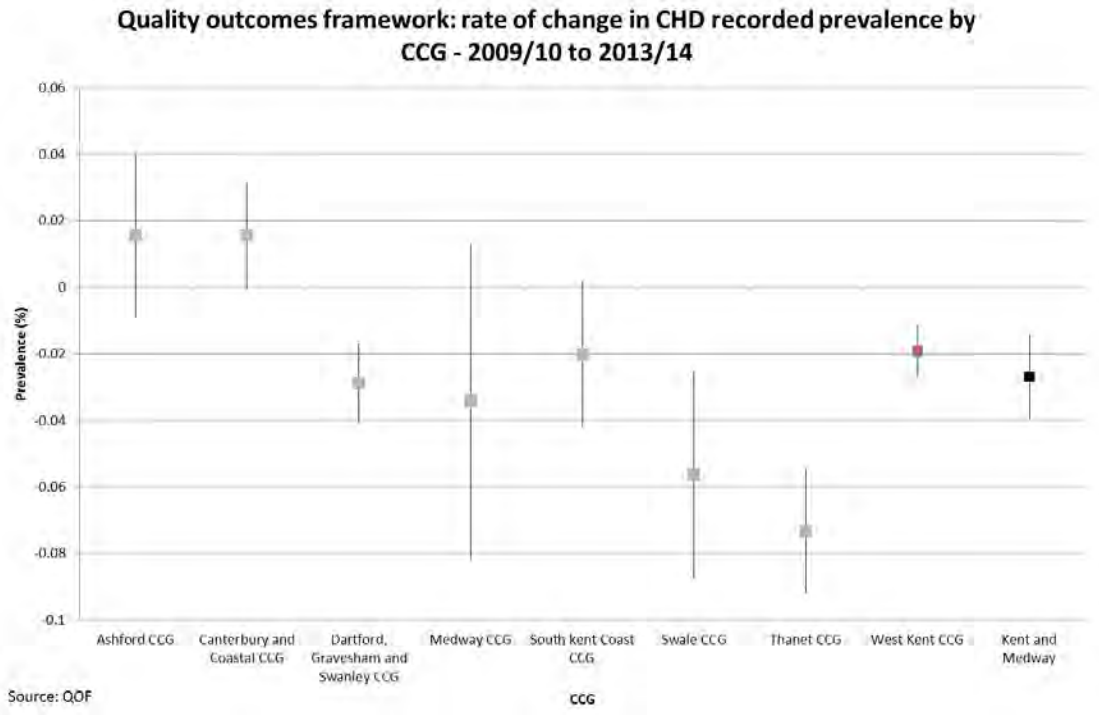
9.7 Coronary heart disease

Figure 171



The figure above shows the recorded CHD prevalence over the past five years in Kent and Medway CCGs. The recorded prevalence in West Kent CCG has been consistently lower than that observed in Kent and Medway.

Figure 172



The figure above shows the rate of change in recorded prevalence of CHD by CCG over the past five years. The change has been minimal over this time period, and West Kent CCG's prevalence is not changing at a different rate to that of Kent and Medway.

West Kent CCG has a lower prevalence (2.8%) of CHD then both Kent and Medway (3.1%) and England (3.3%). The recorded prevalence ranges from 1.7% (G82888, South Park Medical Practice, Sevenoaks) to 4.9% (G82793, Dr Mennie, Maidstone), practice level details are in appendix 15.

The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (CHD002) was 92.2% with 3.6% of patients excepted across West Kent CCG in 2013/14, practice level details are in appendix 15.

The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less (CHD003) had a lower achievement percentage of 84.3% with a higher percentage of exceptions (11.5%), practice level details are in appendix 15.

The number of people expected to have CHD at each practice has been calculated using the 2011 modelled prevalence estimates produced by the Association of Public Health Observatories (APHO) applied to the 2013/14 practice register. The number of people on the CHD register at each practice (QOF, 2013/14) has been subtracted from the expected number of people with CHD. All of the practices have substantial estimates of undiagnosed patients, totalling to 6,305 people across West Kent CCG.

West Kent CCG (13.5%) has a slightly lower hypertension prevalence than England (13.7%) and is also lower than the Kent and Medway prevalence (14.4%). This has been consistent over the past

five years. Recorded hypertension prevalence ranges from 9.2% (G82888, South Park Medical Practice, Sevenoaks) to 22.0% (G82793, Dr Mennie, Maidstone).

The number of people expected to have hypertension at each practice has been calculated using the 2011 modelled prevalence estimates produced by the Association of Public Health Observatories (APHO) applied to the 2013/14 practice register. The number of people on the hypertension register at each practice (QOF, 2013/14) has been subtracted from the expected number of people with hypertension. All of the practices have substantial estimated of undiagnosed patients, totalling to over 50,000 people across West Kent CCG.

The CVD Primary prevention indicator is defined as patients diagnosed in the preceding 12 months with a first episode of hypertension, excluding patients with the following conditions (CHD: Angina; stroke or TIA, peripheral vascular disease; familiaral hypercholestorolemia; diabetes; Chronic Kidney Disease). The prevalence of cardiovascular disease- primary prevention is also lower in West Kent CCG (2.6%) compared to both Kent and Medway and England (both 2.8%). CVD-PP prevalence has increased by 0.51% over the past five years, similar to the rate of change observed across Kent and Medway (0.54%). The prevalence (Figure 157) ranges from 1.5% (G82205, St John's medical practice, Sevenoaks) to 5.0% (G82030, Marsham Street Surgery, Maidstone). The most recent estimated prevalence of CVD was 9.63% across West Kent CCG (2011 estimates APHO).

Figure 178

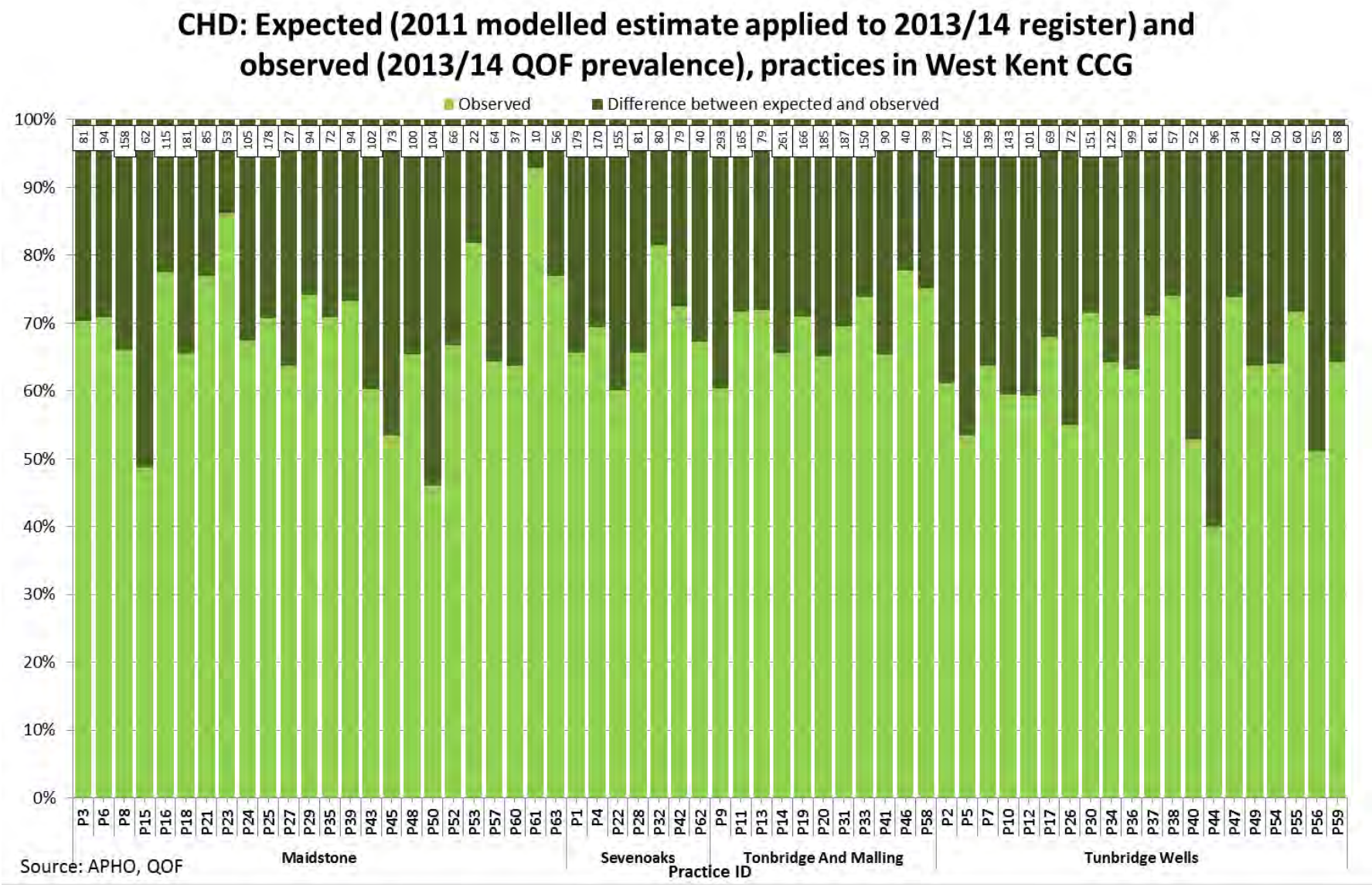

CHD: Expected (2011 modelled estimate applied to 2013/14 register) and observed (2013/14 QOF prevalence), practices in West Kent CCG
Observed
Difference between expected and observed
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
81 94 158 62 115 181 85 53 105 178 27 94 72 94 102 73 100 104 66 22 64 37 10 56 179 170 155 81 80 79 40 293 165 79 261 166 185 187 150 90 40 39 177 166 139 143 101 69 72 151 122 99 81 57 52 96 34 42 50 60 55 68
P3 P6 P8 P15 P16 P18 P21 P23 P24 P25 P27 P29 P35 P39 P43 P45 P48 P50 P52 P53 P57 P60 P61 P63 P1 P4 P22 P28 P32 P42 P62 P9 P11 P13 P14 P19 P20 P31 P33 P41 P46 P58 P2 P5 P7 P10 P12 P17 P26 P30 P34 P36 P37 P38 P40 P44 P47 P49 P54 P55 P56 P59
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Practice ID
Source: APHO, QOF

Figure 179

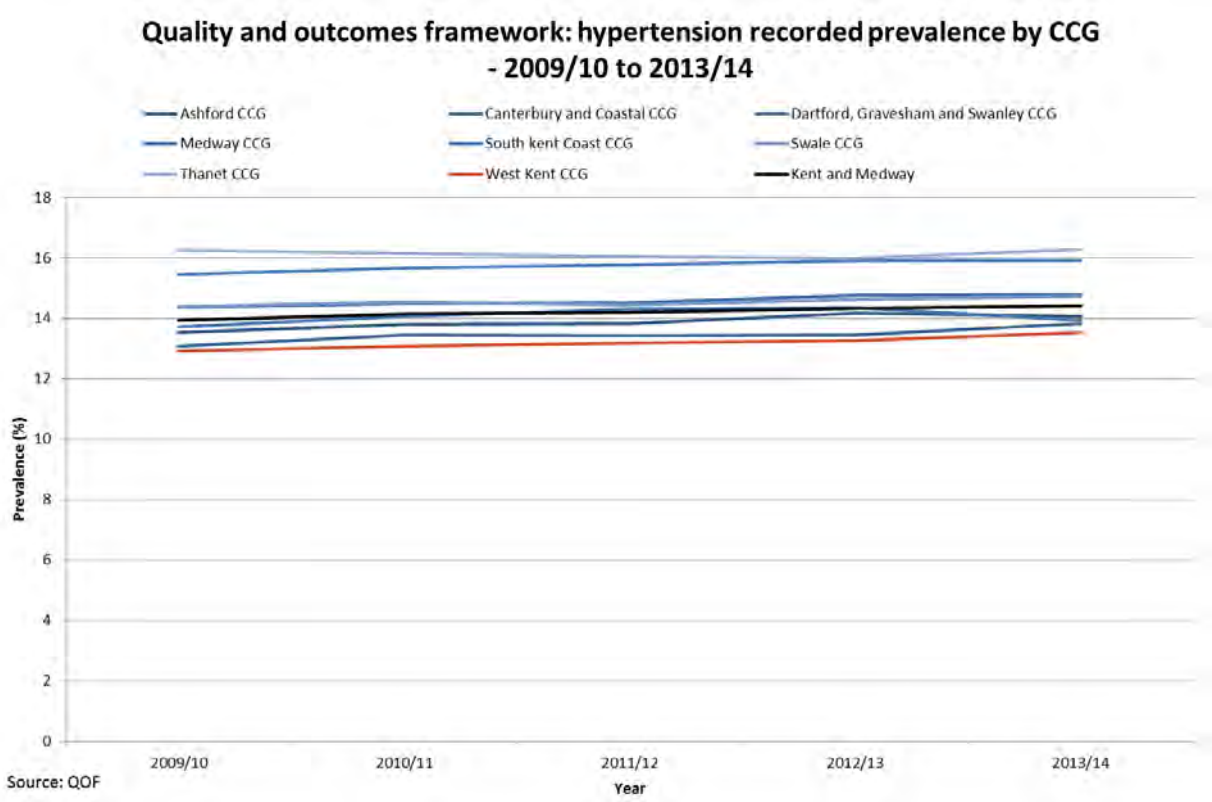
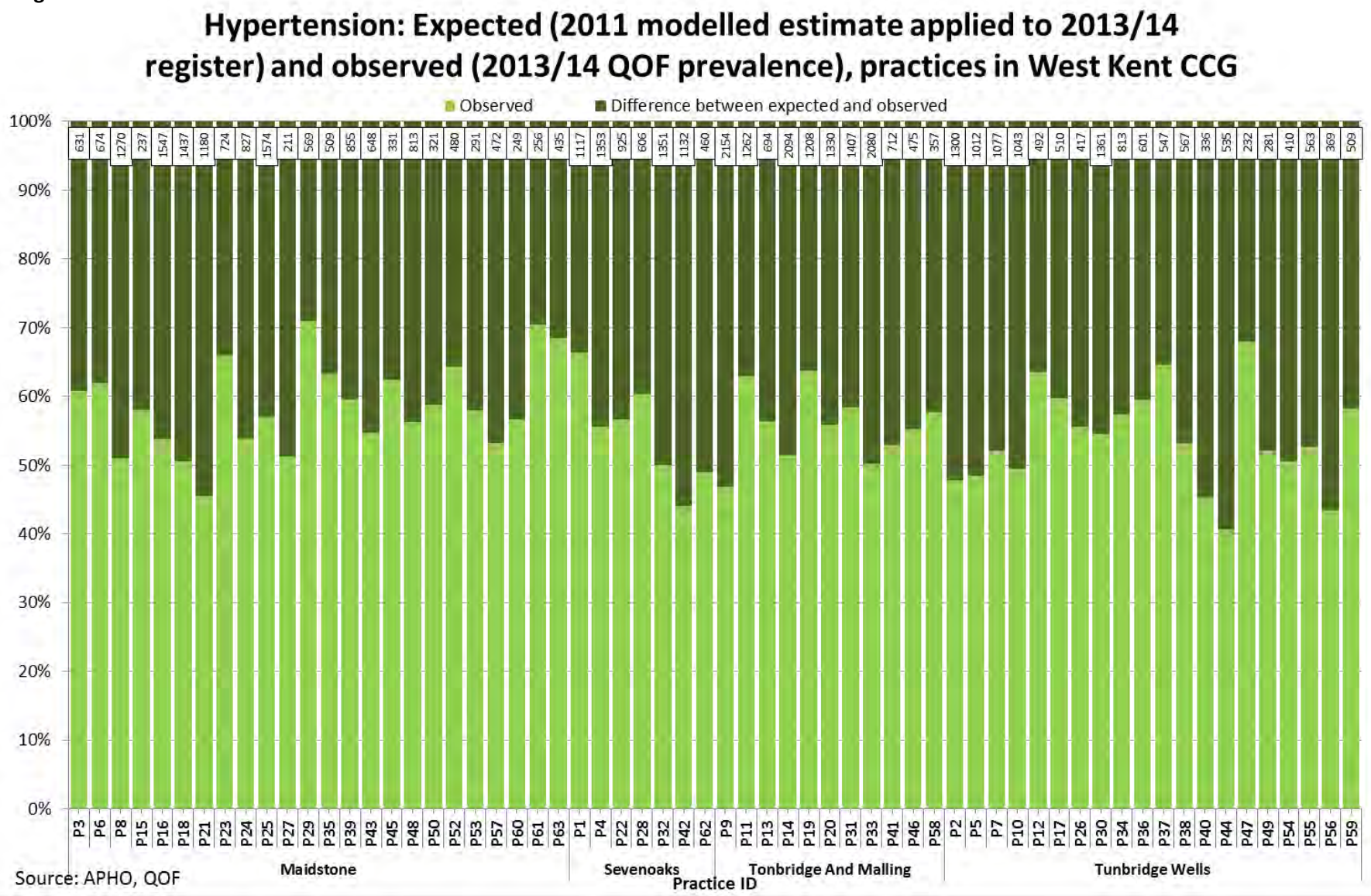
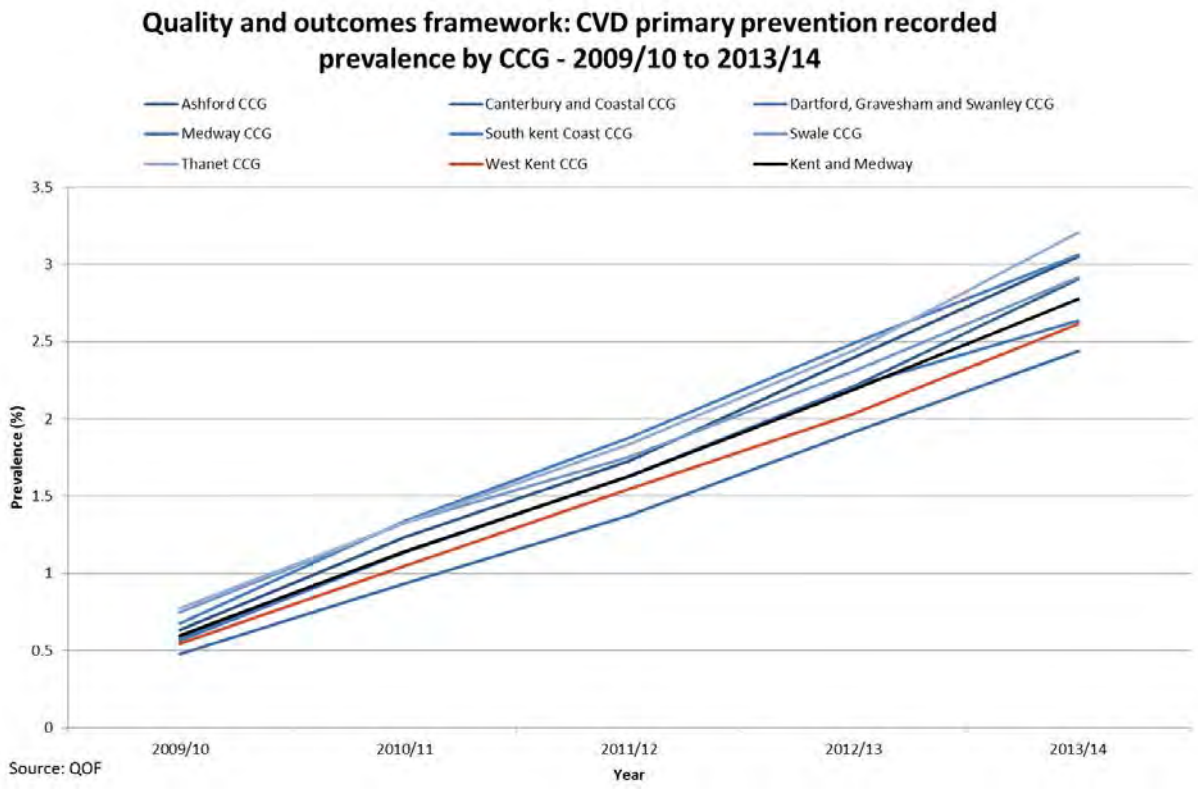

Quality and outcomes framework: hypertension recorded prevalence by CCG - 2009/10 to 2013/14
Ashford CCG
Canterbury and Coastal CCG
Dartford, Gravesham and Swanley CCG
Medway CCG
South kent Coast CCG
Swale CCG
Thanet CCG
West Kent CCG
Kent and Medway
Prevalence (%)
18
16
14
12
10
8
6
4
2
0
2009/10
2010/11
2011/12
2012/13
2013/14
Year
Source: QOF

Figure 180



Source: APHO, QOF

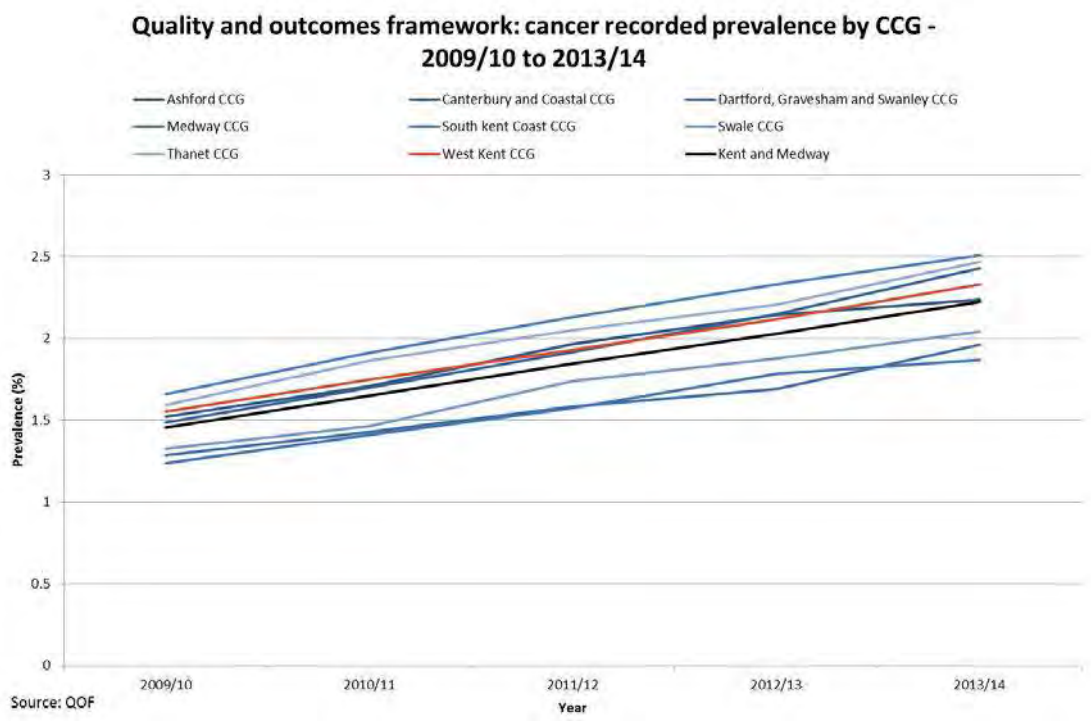
Figure 181


Quality and outcomes framework: CVD primary prevention recorded prevalence by CCG - 2009/10 to 2013/14
Ashford CCG
Canterbury and Coastal CCG
Dartford, Gravesham and Swanley CCG
Medway CCG
South kent Coast CCG
Swale CCG
Thanet CCG
West Kent CCG
Kent and Medway
Prevalence (%)
3.5
3
2.5
2
1.5
1
0.5
0
2009/10
2010/11
2011/12
2012/13
2013/14
Year
Source: QOF

9.8 Cancer

Recorded prevalence of cancer has increased across all CCGS over the past five years, with the prevalence in West Kent CCG remaining consistently higher than the Kent and Medway prevalence.

Figure 182



Source: KMPHO

In common with all Kent CCGs, premature mortality rates in West Kent for men is highest for lung cancer, whilst for women, mortality rates are highest for lung and breast cancer.

Figure 183

Need levels by site - Men

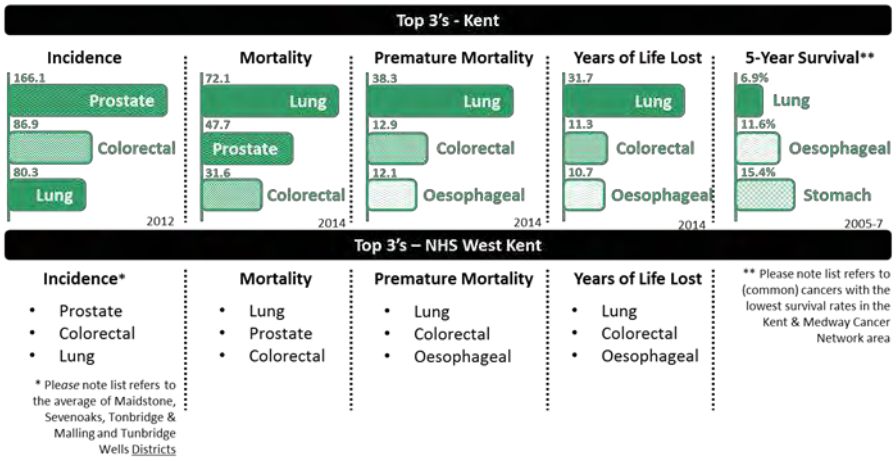
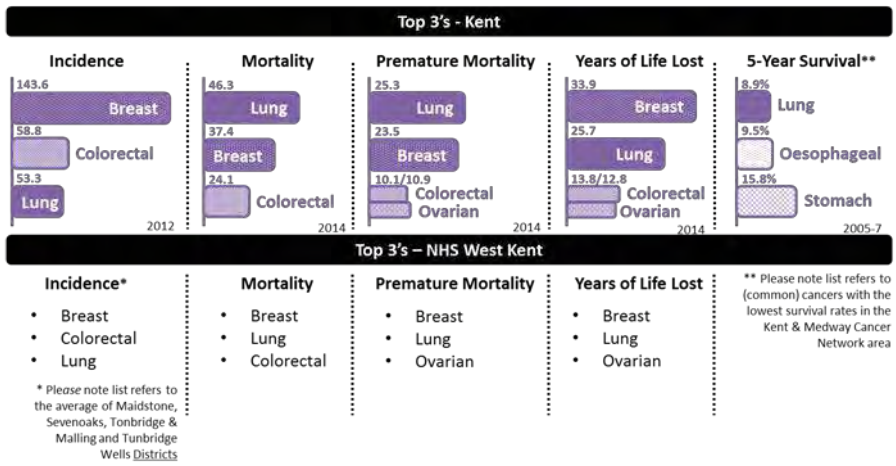


Figure 184

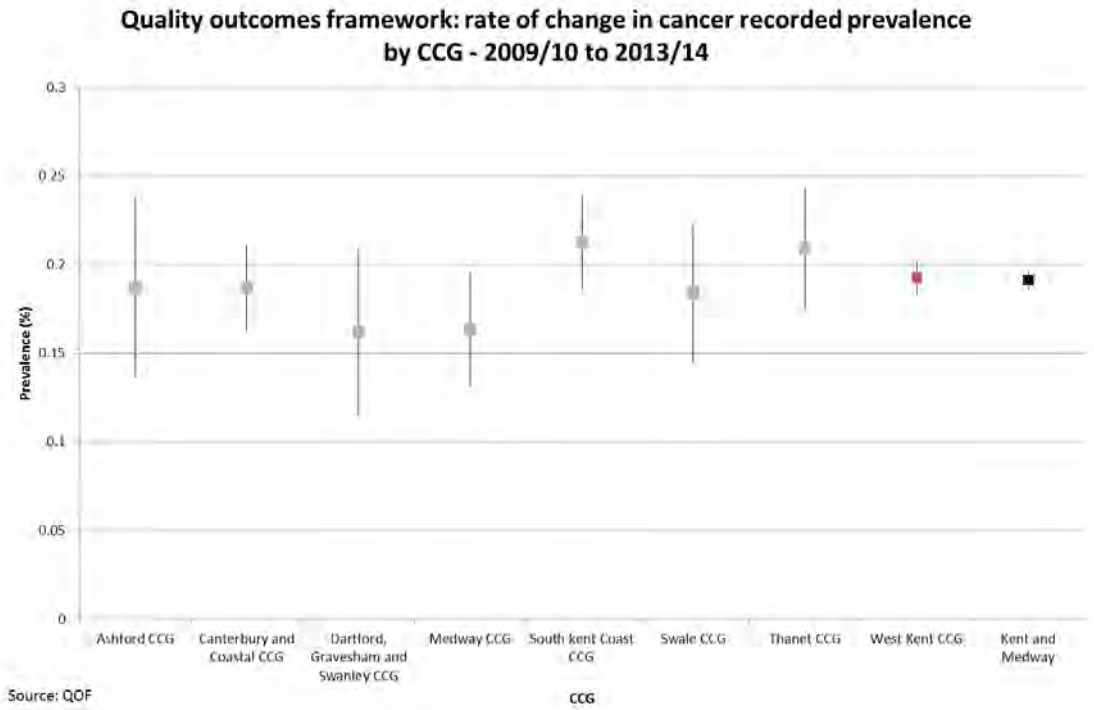
Need levels by Site - Women



Source: KMPHO

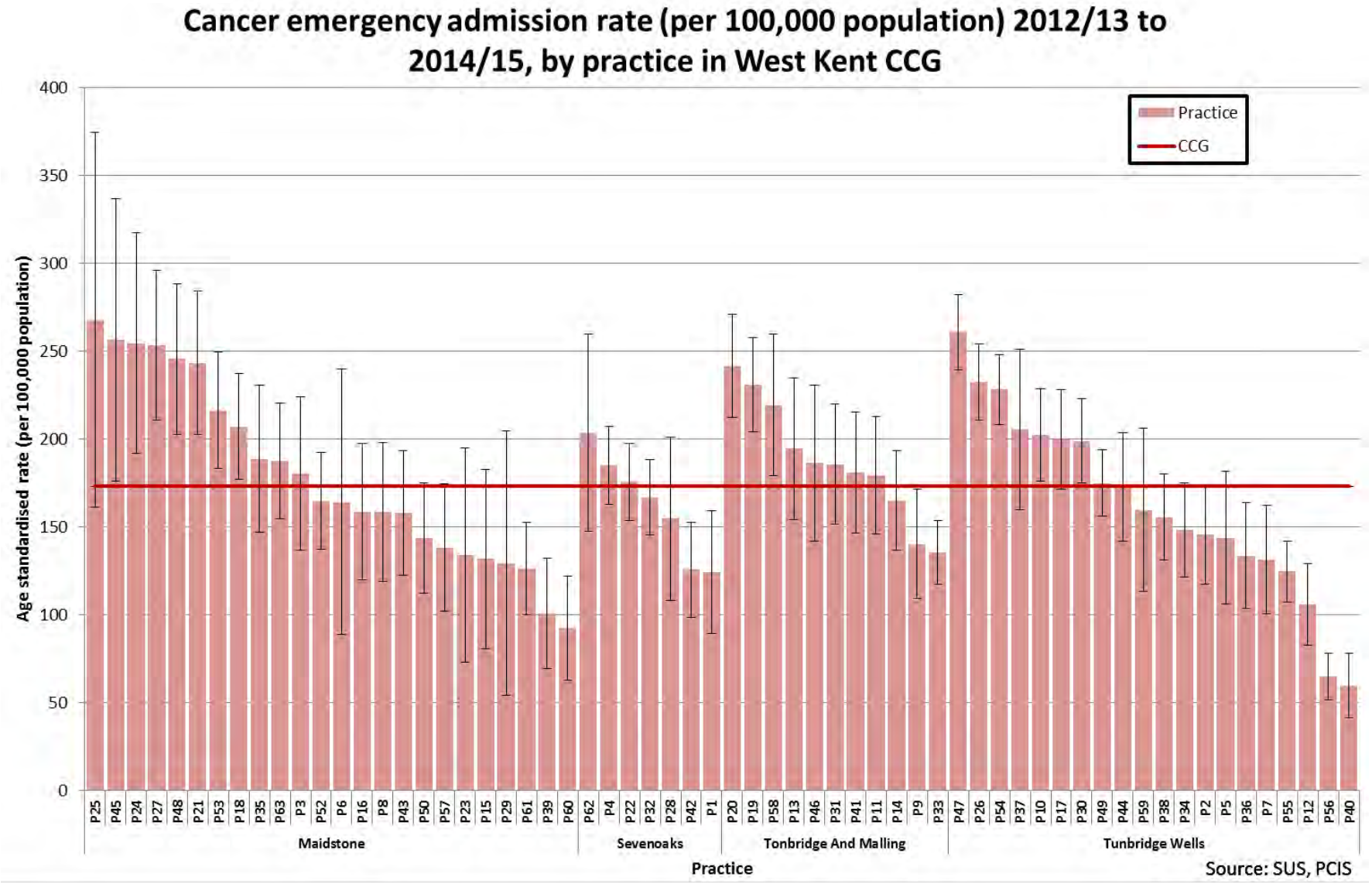
The rate of increase observed in West Kent CCG has been 0.19%, as has the rate of increase observed in Kent and Medway.

Figure 185



West Kent CCG has a higher recorded cancer prevalence (2.3%) then both Kent and Medway (2.2%) and England (2.1%). Recorded cancer prevalence ranges from 0.8% (G82235, Dr Digby R J & Partner, Tunbridge Wells) to 3.9% (G82605, Dr Hindmarsh, DJ, Tunbridge Wells).

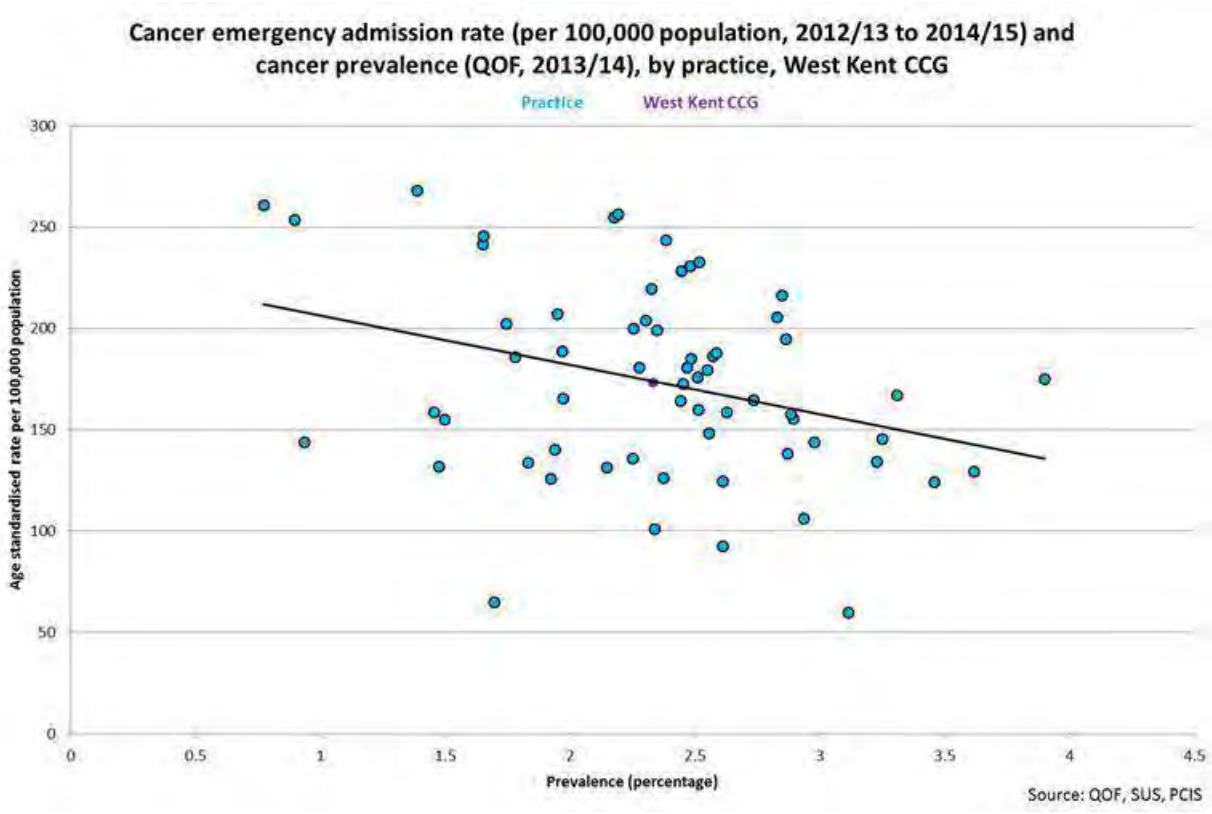
Figure 186


Cancer emergency admission rate (per 100,000 population) 2012/13 to 2014/15, by practice in West Kent CCG
Practice
CCG
Age standardised rate (per 100,000 population)
400
350
300
250
200
150
100
50
0
P25 P45 P24 P27 P48 P21 P53 P18 P35 P63 P3 P52 P6 P16 P8 P43 P50 P57 P23 P15 P29 P61 P39 P60
P62 P4 P22 P32 P28 P42 P1
P20 P19 P58 P13 P46 P31 P41 P11 P14 P9 P33
P47 P26 P54 P37 P10 P17 P30 P49 P44 P59 P38 P34 P2 P5 P36 P7 P55 P12 P56 P40
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Practice
Source: SUS, PCIS

Emergency admission rates for cancer range from 59.9 per 100,000 admissions for G82170 (Lamberhurst Surgery, Tunbridge Wells) to 267.8 per 100,000 admissions for G82099 (The College Practice, Maidstone), although this is not significantly higher than West Kent CCG.

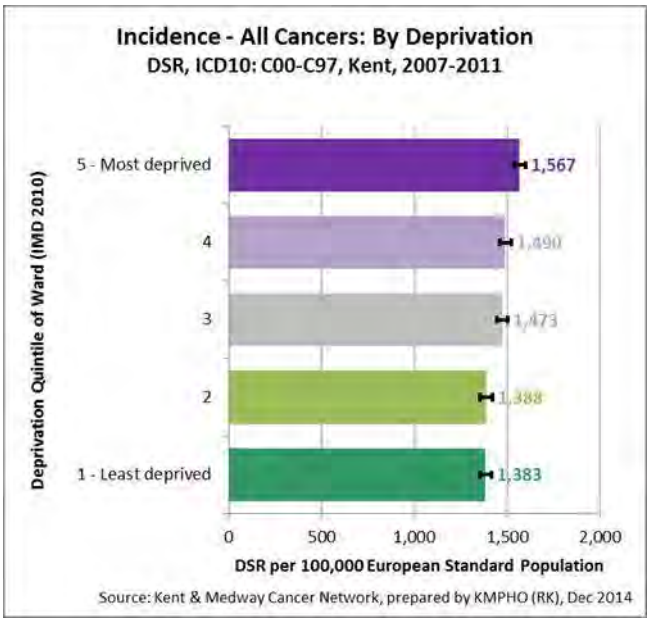
There is a weak negative association between prevalence of cancer and emergency admissions due to cancer (r=-0.32) which could be indicative of delay in diagnosing cancer.

Figure 187



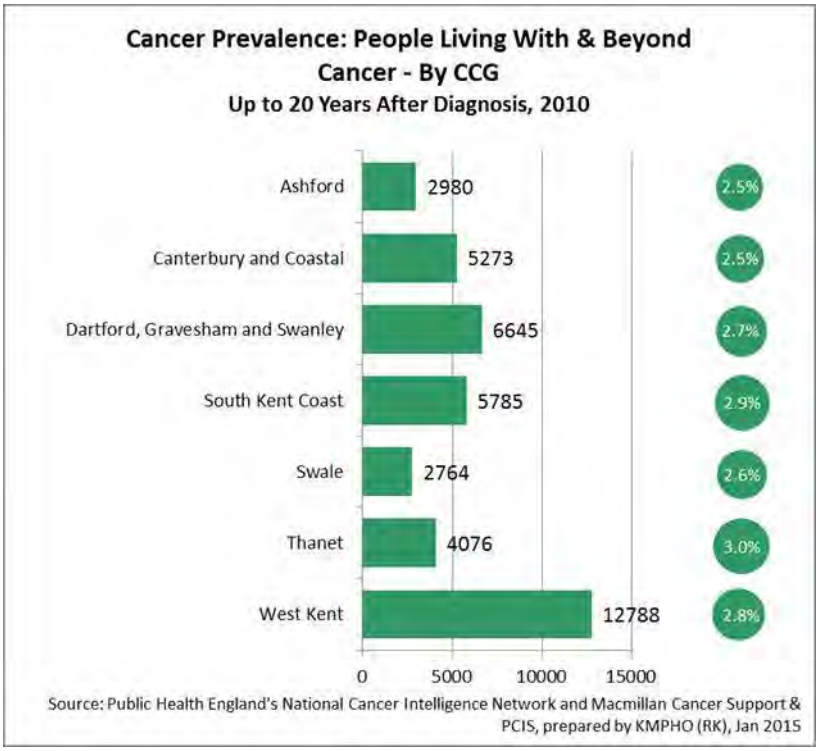
Using Ward-level data from the Kent & Medway Cancer Network, analysis of age-standardised incidence rates by deprivation (using Ward-level IMD estimates) shows the degree of variation in incidence by deprivation quintile (figure 168) with more deprived population groups having modestly higher incidence rates.

Figure 188 Incidence – all Cancers: by deprivation



Local Cancer Intelligence (a collaboration between Macmillan Cancer Support and Public Health England's National Cancer Intelligence Network (NCIN)) estimates that as of the end of 2010, more than 40,000 people in Kent were living with and beyond cancer up to 20 years after diagnosis. The chart below shows estimated prevalence figures by CCG (both in terms of the numbers of individuals and the % of the registered population (un-standardised)). This would have commissioning implications for palliative care.

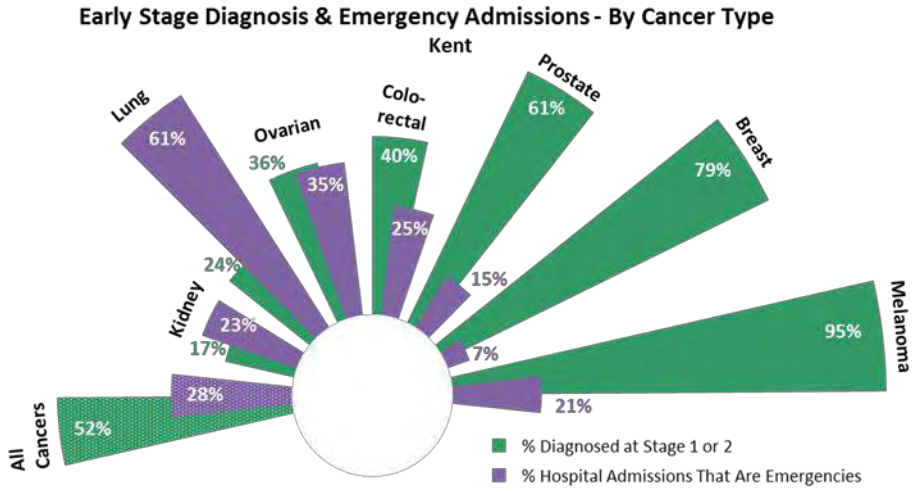
Figure 188 Cancer prevalence: People living with and beyond Cancer – by CCG



Early Diagnosis

A high proportion of lung cancer admissions for West Kent CCG (54%) are emergencies, whilst a low proportion are diagnosed at an early stage (25%). Conversely, a low proportion of breast cancer admissions are emergencies, whilst a high proportion were diagnosed at an early stage.

Figure 190 Early stage diagnosis and emergency admissions by Cancer type, Kent

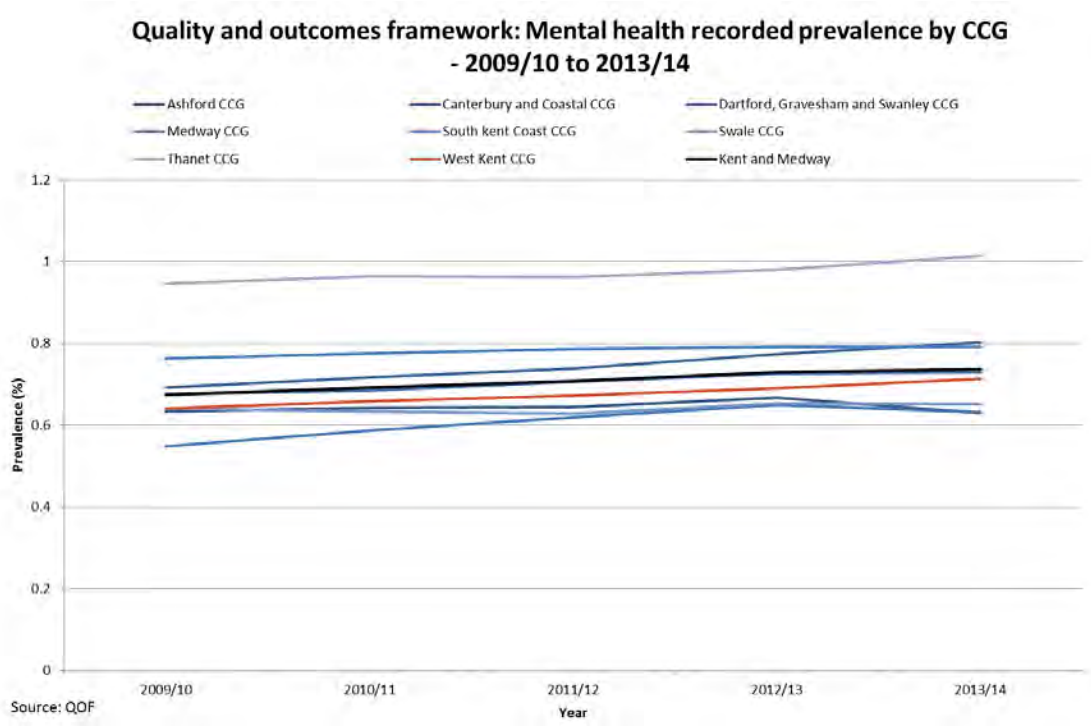


Source: KMPHO

9.9 Mental Health

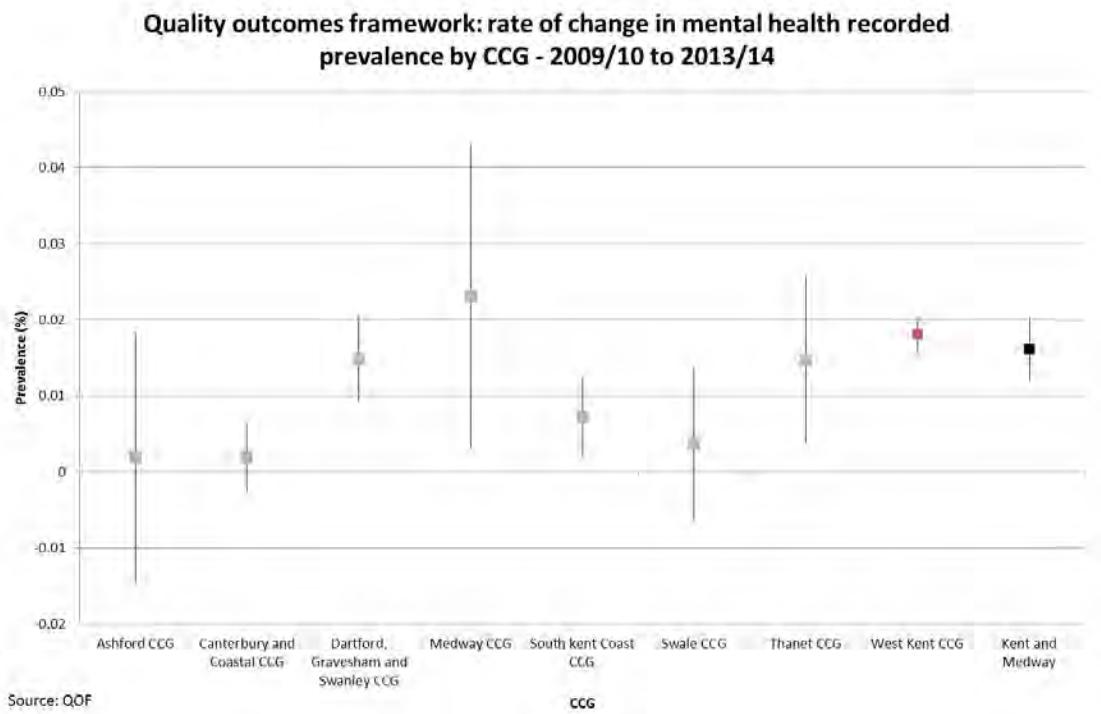
Over the past five years, West Kent CCG has had a mental illness prevalence that is slightly below that of Kent and Medway. The west Kent CCG recorded prevalence has risen from 0.64% to 0.71% between 2009/10 and 2013/14.

Figure 191



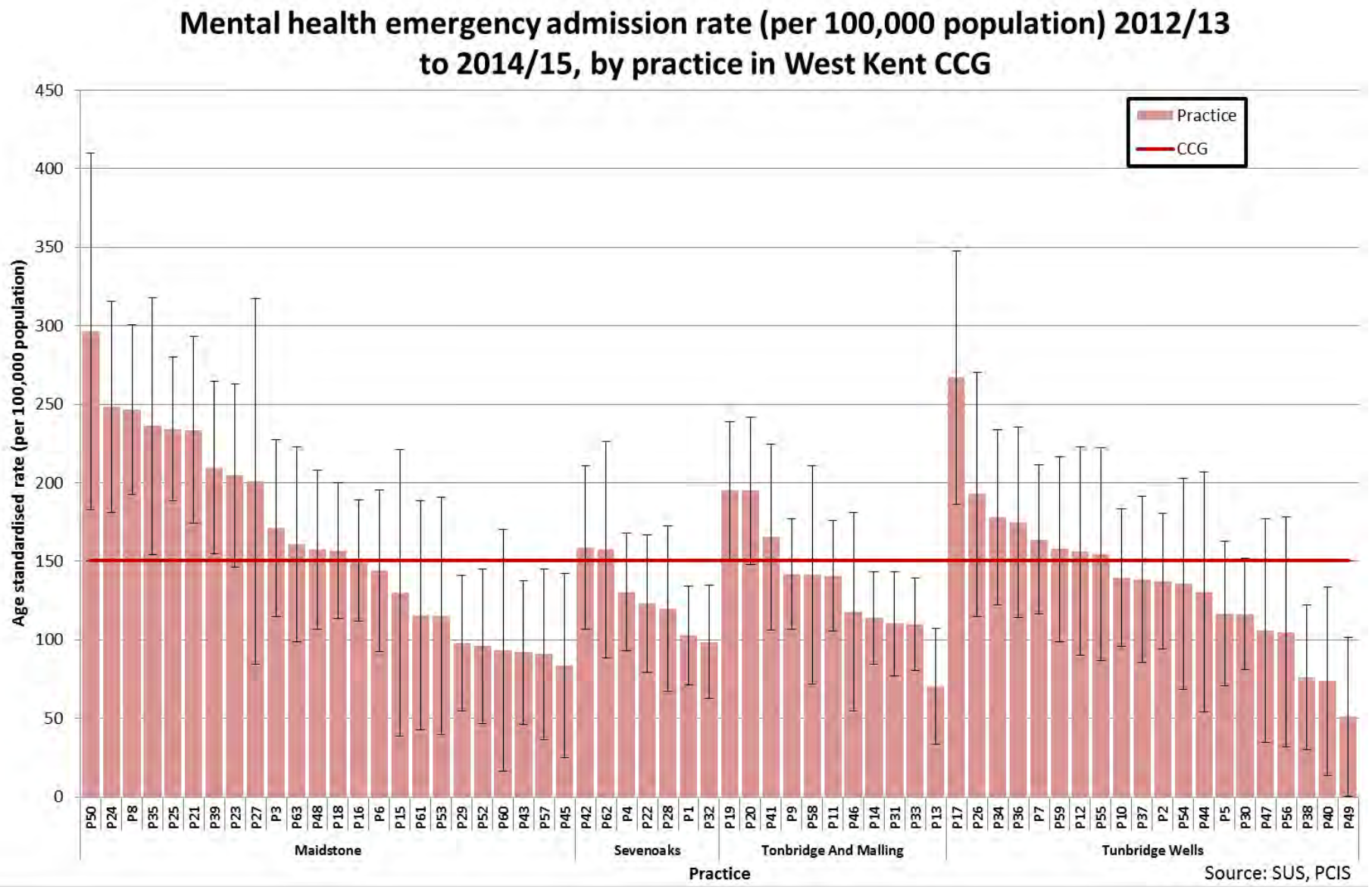
This is an average annual increase of 0.02%; however this rate of increase is not significantly different from that observed in Kent and Medway.

Figure 192



The prevalence of mental illness in West Kent CCG is similar to that of Kent and Medway (both 0.7%) (G82104, Dr Vibhuti & Partner, Maidstone) to 1.7% (G82103, Dr Sachdeva L, Tunbridge Wells), and it is lower than the national prevalence (0.9%), practice level details in appendix 15.

Figure 194


Mental health emergency admission rate (per 100,000 population) 2012/13 to 2014/15, by practice in West Kent CCG
Practice
CCG
Age standardised rate (per 100,000 population)
450
400
350
300
250
200
150
100
50
0
P50 P24 P8 P35 P25 P21 P39 P23 P27 P3 P63 P48 P18 P16 P6 P15 P61 P53 P29 P52 P60 P43 P57 P45 P42 P62 P4 P22 P28 P1 P32 P19 P20 P41 P9 P58 P11 P46 P14 P31 P33 P13 P17 P26 P34 P36 P7 P59 P12 P55 P10 P37 P2 P54 P44 P5 P30 P47 P56 P38 P40 P49
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Practice
Source: SUS, PCIS

Mental health emergency admission rates vary from 51.0 per 100,000 in G82605 (The Crane Surgery, Tunbridge Wells) to 296.4 per 100,000 population in G82641 (The Surgery, Maidstone); the West Kent CCG admission rate is 149.0. A number of practices have admission rates that are significantly higher than the CCG rate.

Mental health emergency admissions and prevalence are moderately correlated (r=0.4).

Figure 195

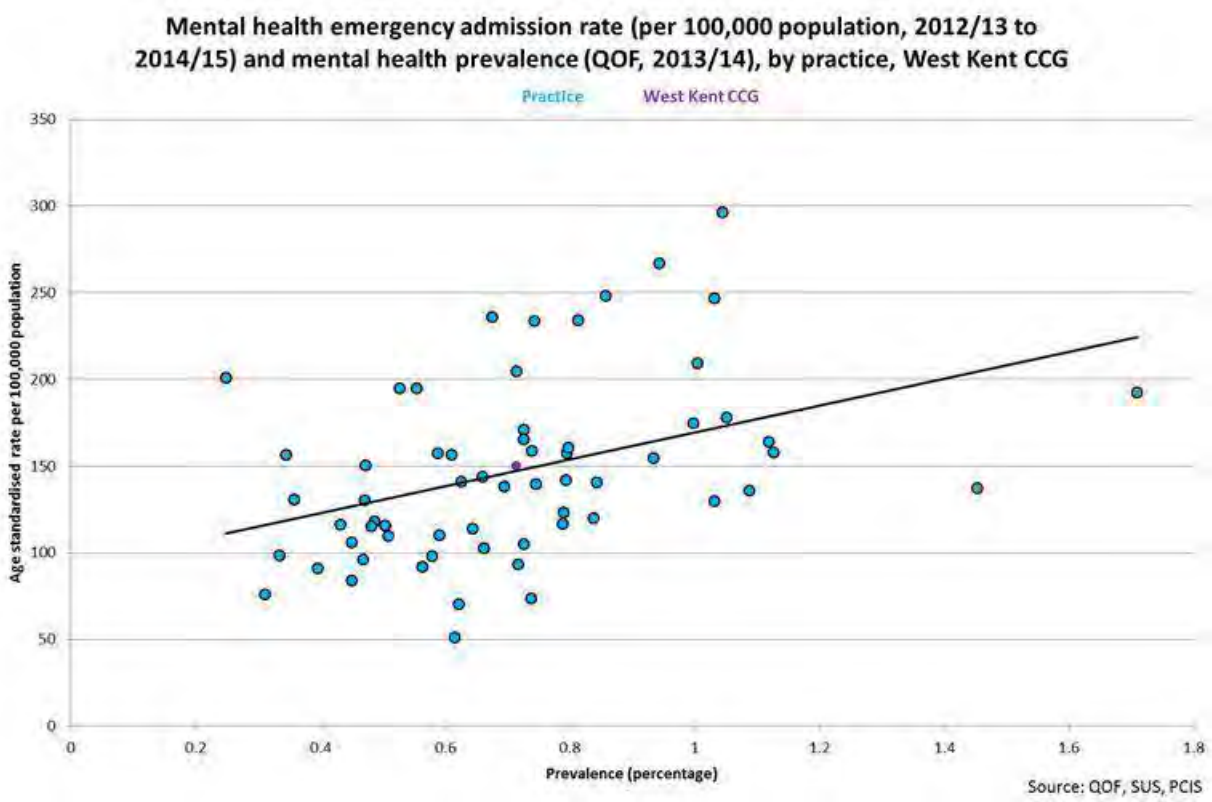
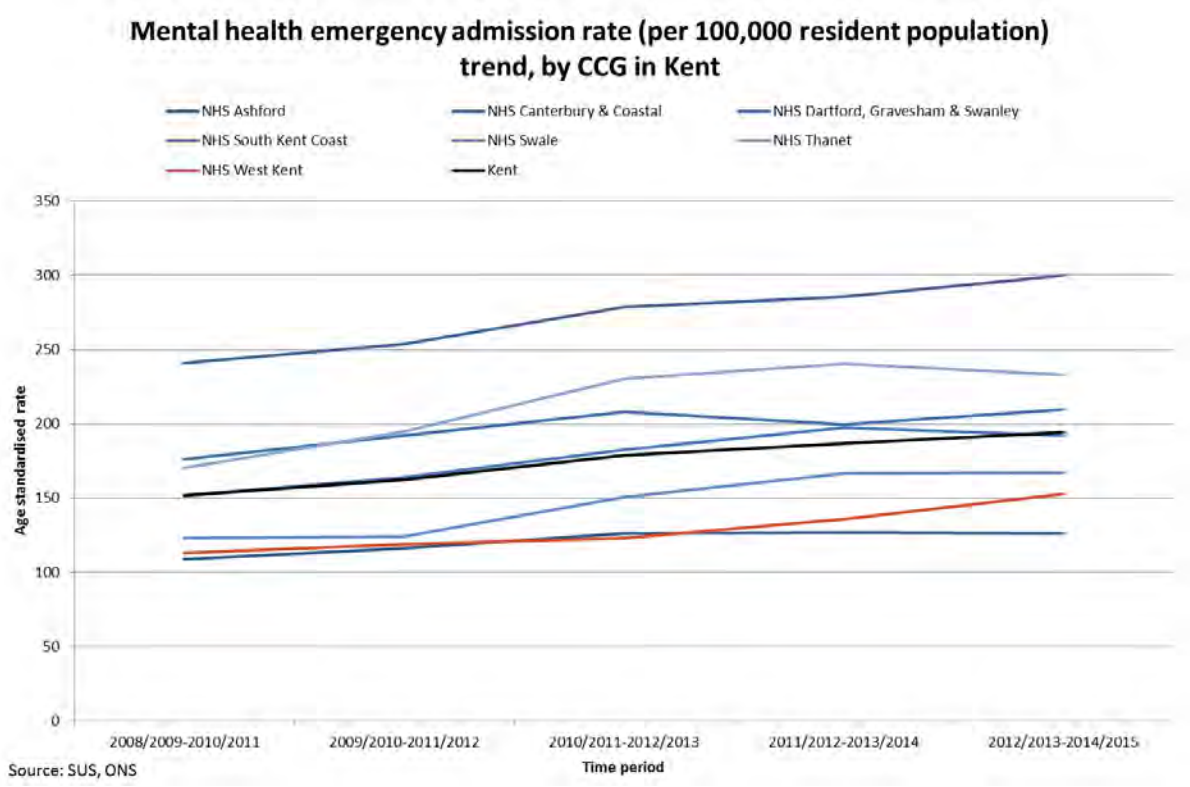


Figure 196



Although the West Kent CCG rate for emergency admissions related to mental health is consistently lower than the Kent rate, over the past five time periods, there has been a steady increase. The rate has increased across all CCGs, however the rate of increase in West Kent CCG is slightly slower than that observed across Kent.

Figure 197

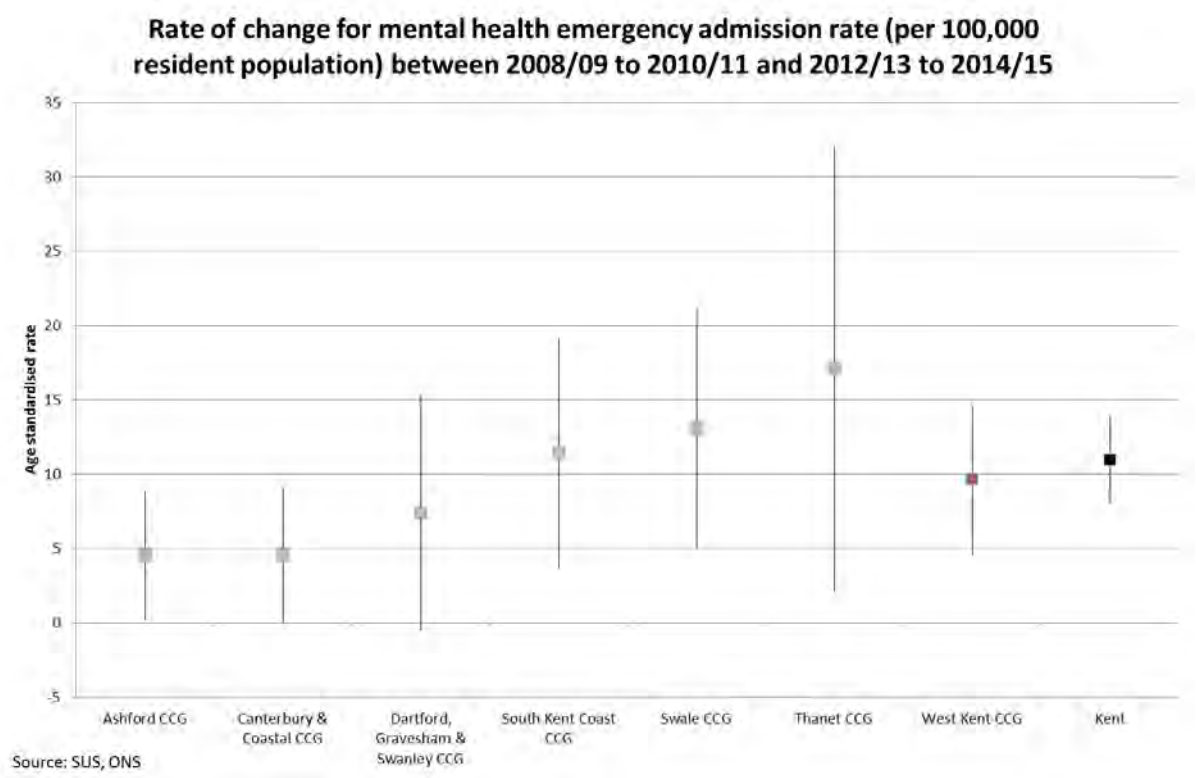
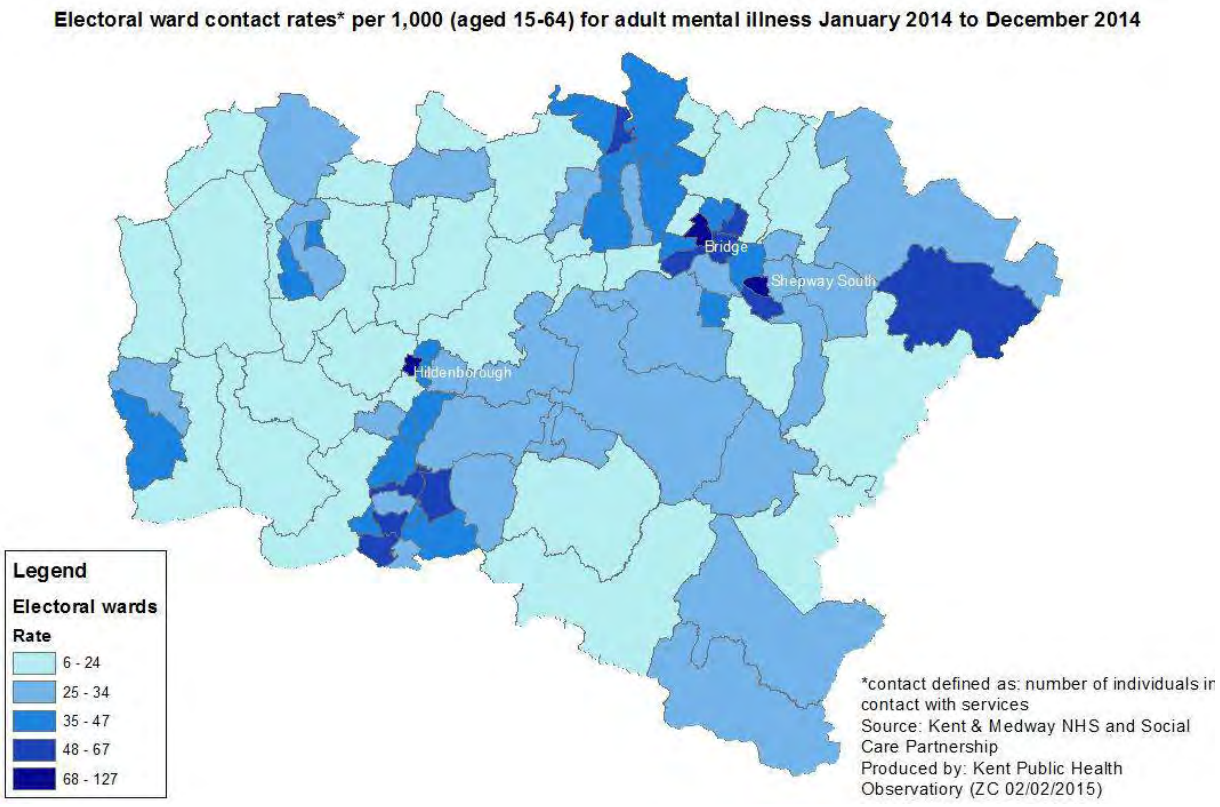
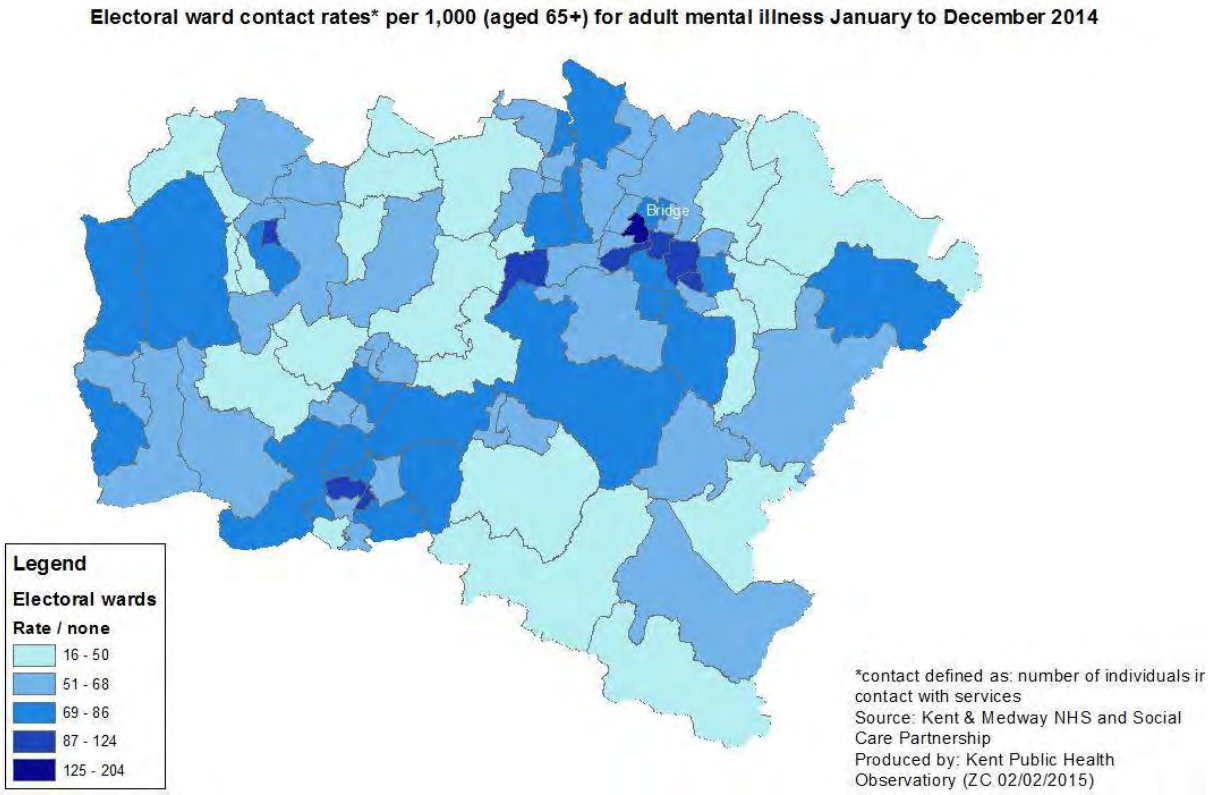


Figure 198



Bridge (92.6) and Shepway South (85.3) wards have the highest mental health contact rates of the West Kent CCG for the 15 and 64 age group. The West Kent CCG rate is 34.8, lower than the Kent rate of 41.0 contacts per 1,000 population.

Figure 199



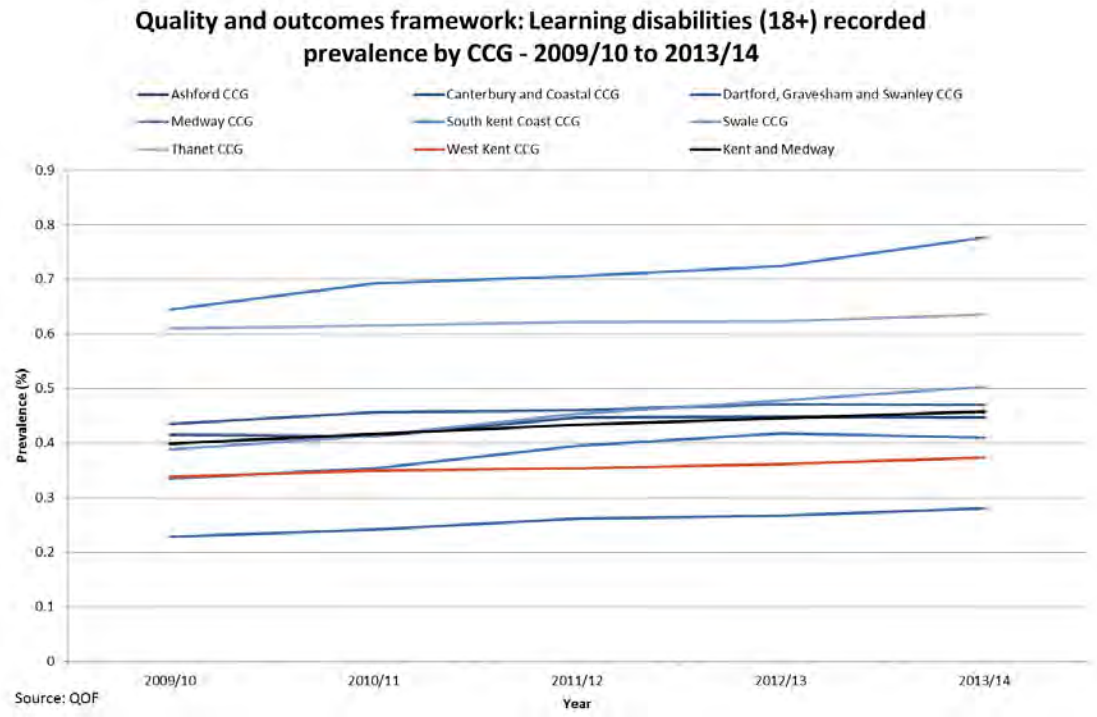
Bridge has the highest mental health contact rate in West Kent CCG, at 163.6 contacts per 1000 population aged 65 and above. The West Kent rate is 66.1, lower than the Kent rate of 73.2.

9.10 Learning disabilities

The prevalence of learning disabilities in people aged 18 and above in West Kent CCG is lower than Kent and Medway, and this has been the case since 2009/10.

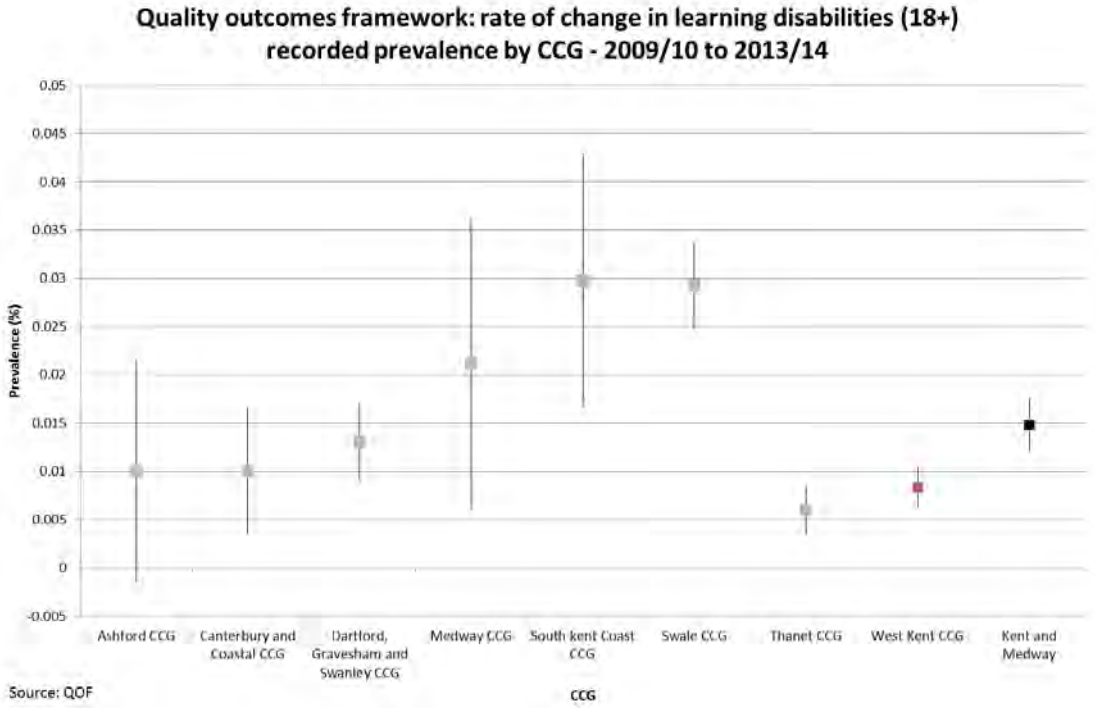
Annual health checks are an important aspect of developing care plans for people with learning disability. Detailed analysis has been undertaken, which highlights variable uptake of health checks for people with learning disabilities across the CCG. An action plan is currently being developed to address this.

Figure 200



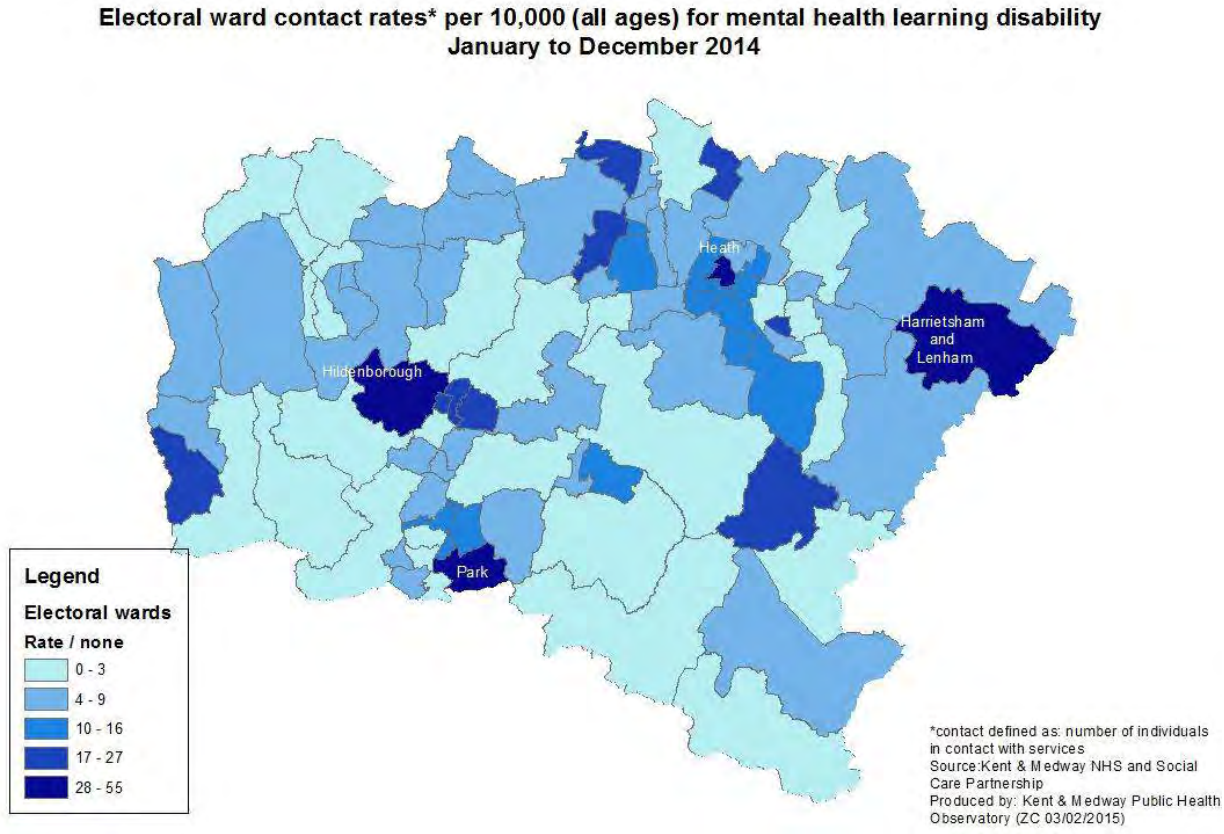
The recorded prevalence in West Kent CCG is increasing at a significantly slower rate (0.01%) than Kent and Medway.

Figure 201



Recorded learning disability prevalence is marginally lower in West Kent CCG (0.4%) than Kent and Medway and England (both 0.5%). Again, there is variation observed among practices in West Kent CCG, from 0.0% in Howell Surgery (G82158, Tunbridge Wells) to 1.1% at Dr Charlesworth J P & Partner (G82733, Tunbridge Wells), practice level details in appendix 15

Figure 203



Harrietsham and Lenham (39.2), Park (37.6), Bridge (35.1) and Hildenborough (30.3) have the highest mental health contact rates for people with learning disabilities. The West Kent CCG rate (8.5) is lower than that of Kent (10.2).

9.11 Depression

QOF reported prevalence for depression has reduced considerably compared with 2011/12. This reduction can be attributed to a change in the business rules for the depression register. Previously all patients with a record of unresolved depression at any point in their GP patient record were included on the register. As of April 2012, the register rules were changed to only include patients with a record of unresolved depression since April 2006, resulting in fewer patients on practice depression registers. For this reason, trend analysis for recorded prevalence of depression has not been conducted.

West Kent CCG has lower recorded prevalence of depression (6.3%) compared to Kent and Medway (6.6%) and England (6.5%). The range across West Kent CCG practices is considerable, with the lowest recorded prevalence of 2.0% found at King Street Surgery (G82031, King Street Surgery, Maidstone), and the highest at Dr Singh K at 12.1% (G82604, Dr Singh, K, Maidstone), practice level details in appendix 15

9.12 Suicide

Age standardised suicide and undetermined mortality rates are higher in males than females in all CCGs across Kent, and are significantly higher in Dartford Gravesham and Swanley CCG, and in Kent as a whole. West Kent CCG has the smallest discrepancy in suicide and undetermined mortality rate of the Kent CCGs, with a male rate of 4.1 deaths per 100,000 population and a female rate of 3.8 deaths per 100,000 population. West Kent CCG has a male suicide rate below the Kent rate, whilst the female suicide rate is slightly higher; however, these differences are not significant.

Figure 205

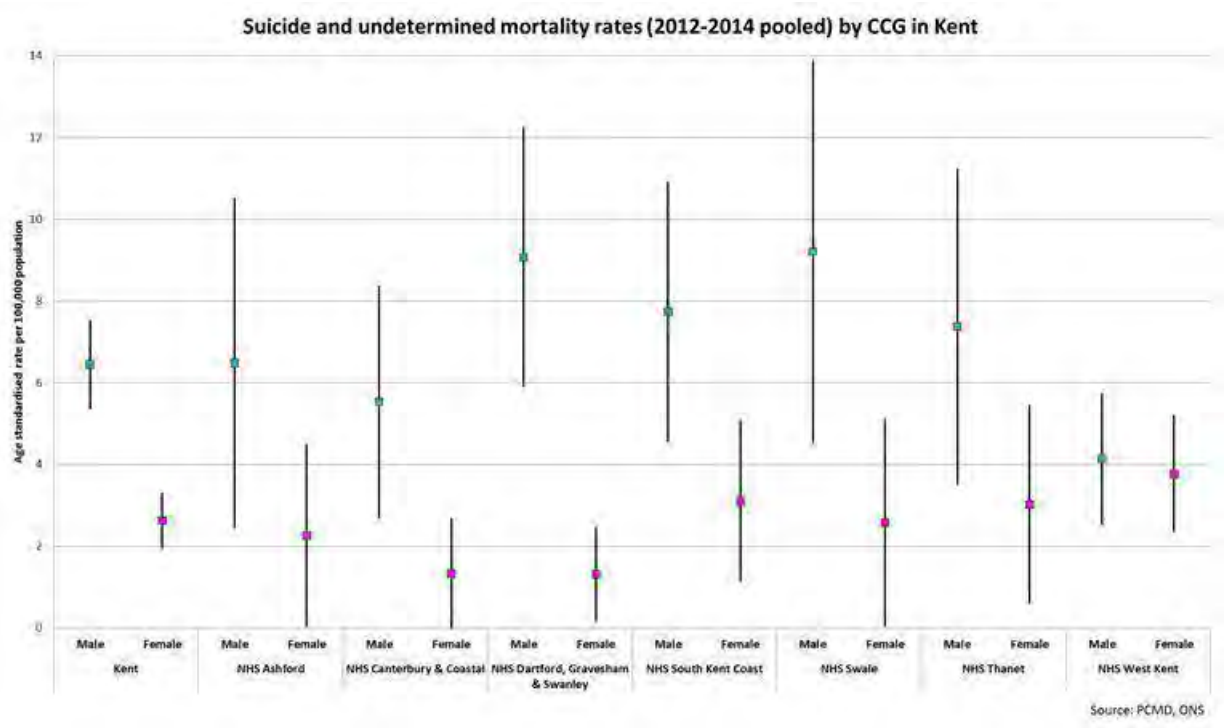


Figure 206

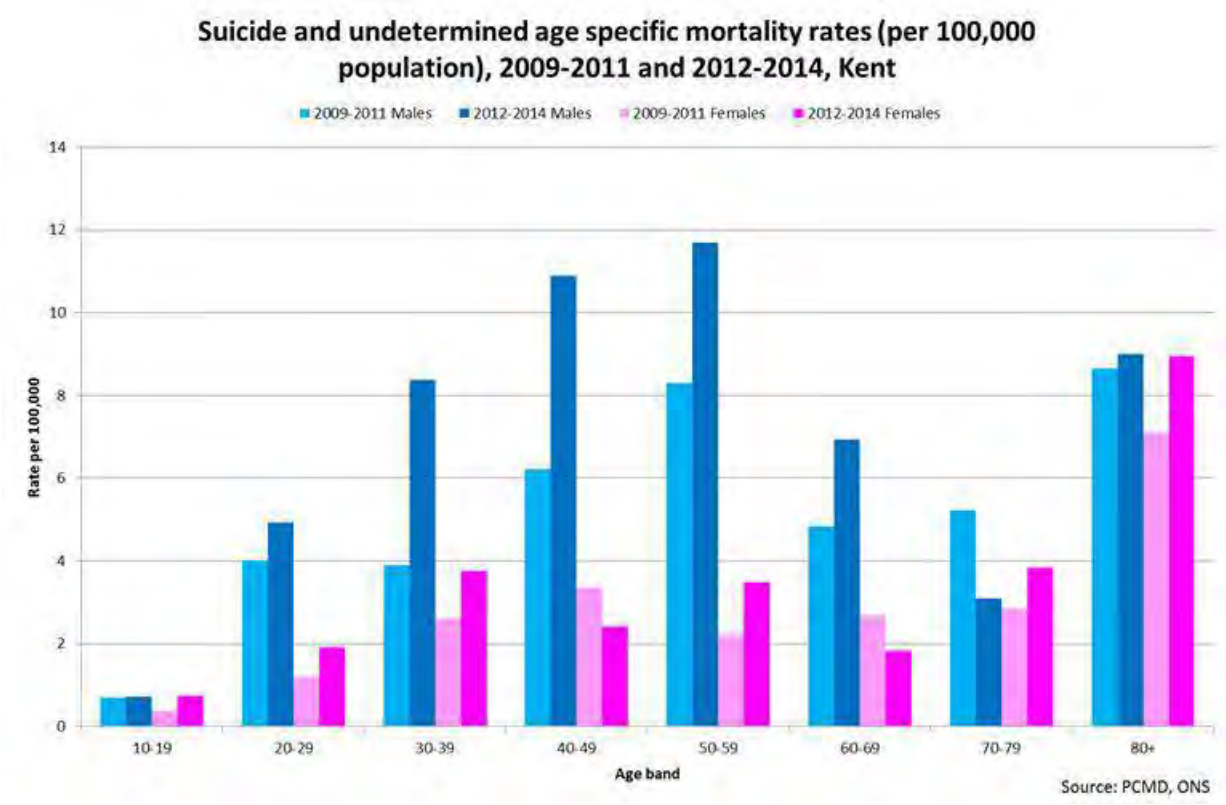
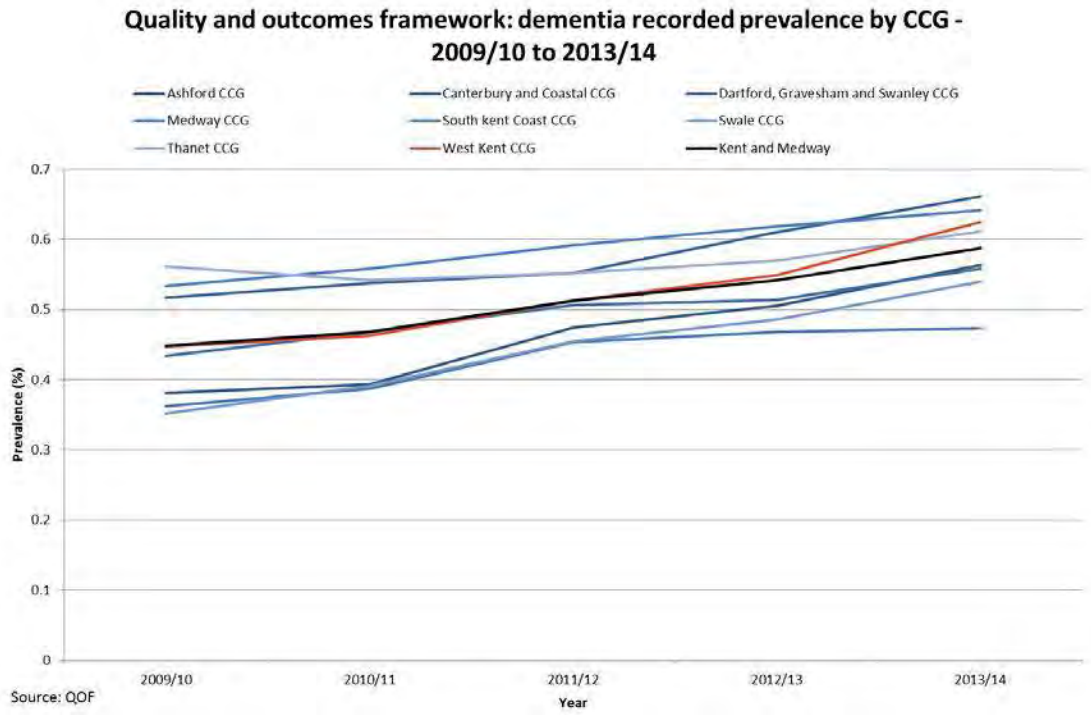


Figure 187 illustrates suicide in Kent by age and gender, numbers will be too small to analyse at CCG level. Across Kent, the age specific suicide mortality rate for males has increased between 2009-2011 and 2012-2014 for all age groups, excluding the 70-79 age band. This is also true for females across all age groups except 40-49 and 60-69. The rates for females are fairly consistent, with a large increase for people aged 80 and above; however, for men the rate increases with each age band until 50-59, before decreasing again. Like females, the suicide and undetermined mortality rate is relatively high in people aged 80 and over.

9.13 Dementia

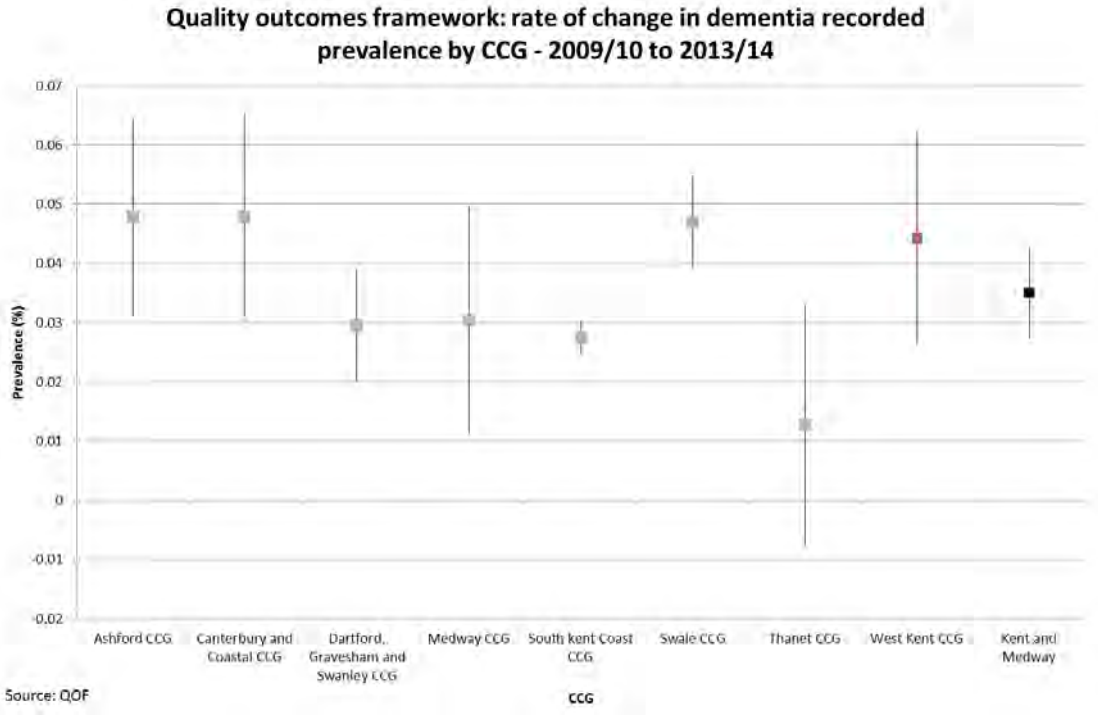
Between 2009/10 and 2012/13, West Kent CCG had a very similar recorded prevalence for dementia as Kent and Medway; however, the West Kent CCG prevalence has increased over the past year, from 0.55% in 2012/13 to 0.59% in 2013/14.

Figure 207



Recorded dementia prevalence has increased in each CCG over the past five years, and the West Kent CCG prevalence is not increasing at a rate that is significantly different to that of Kent and Medway.

Figure 208



Dementia prevalence is very similar in West Kent CCG, England and Kent and Medway, with all areas having a prevalence of 0.6%. This does vary across practices in West Kent CCG however, from 0.2% in Lamberhurst Surgery (G82170, Tunbridge Wells), to 2.2% at The Surgery (G82641, Maidstone), practice level details in appendix 15

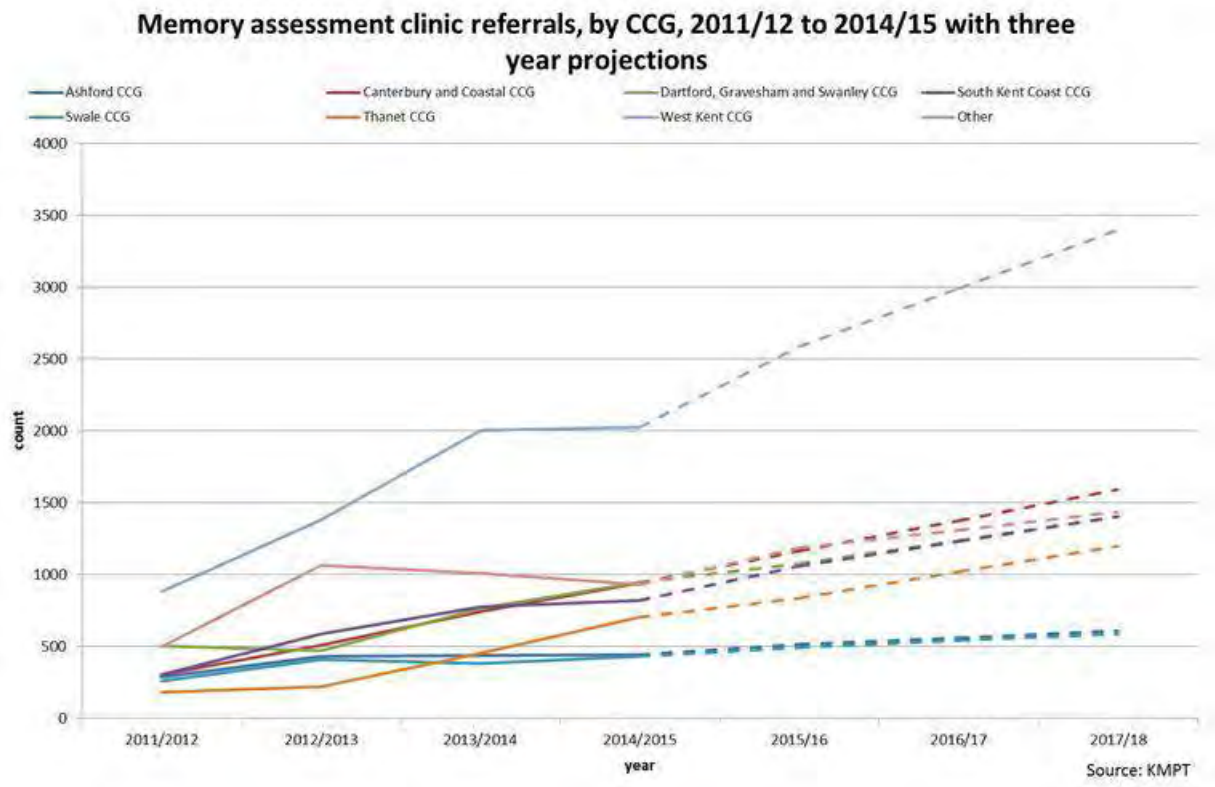
There is a national emphasis on regular checks for over 65 years old and where applicable an earlier diagnosis of dementia, to provide better management . Table 20 highlights estimated numbers of people with dementia across Kent districts.

Table 21: Estimates of prevalence of dementia in people aged 65+, at varying levels of ascertainment, 2013/14 to 2018 (predicted), Kent districts

District	2013/14			2018 projections						
	POPPI (2014)	QOF (2013/14)	Percentage ascertained	POPPI (2018)	At 2013/14 QOF level	50%	60%	70%	80%	90%
Ashford	1,548	686	44.32	1,765	782	883	1059	1236	1412	1589
Canterbury	2,283	1176	51.51	2,481	1278	1241	1489	1737	1985	2233
Dartford	1,064	773	72.65	1,241	902	621	745	869	993	1117
Dover	1,737	723	41.62	1,940	807	970	1164	1358	1552	1746
Gravesham	1,224	478	39.05	1,404	548	702	842	983	1123	1264
Maidstone	2,054	1146	55.79	2,356	1314	1178	1414	1649	1885	2120
Sevenoaks	1,676	670	39.98	1,886	754	943	1132	1320	1509	1697
Shepway	1,808	668	36.95	2,020	746	1010	1212	1414	1616	1818
Swale	1,656	758	45.77	1,853	848	927	1112	1297	1482	1668
Thanet	2,244	868	38.68	2,361	913	1181	1417	1653	1889	2125
Tonbridge and Malling	1,535	628	40.91	1,744	714	872	1046	1221	1395	1570
Tunbridge Wells	1,609	678	42.14	1,815	765	908	1089	1271	1452	1634
Kent	**20,441**	**9252**	**45.26**	**22,908**	**10369**	**11454**	**13745**	**16036**	**18326**	**20617**

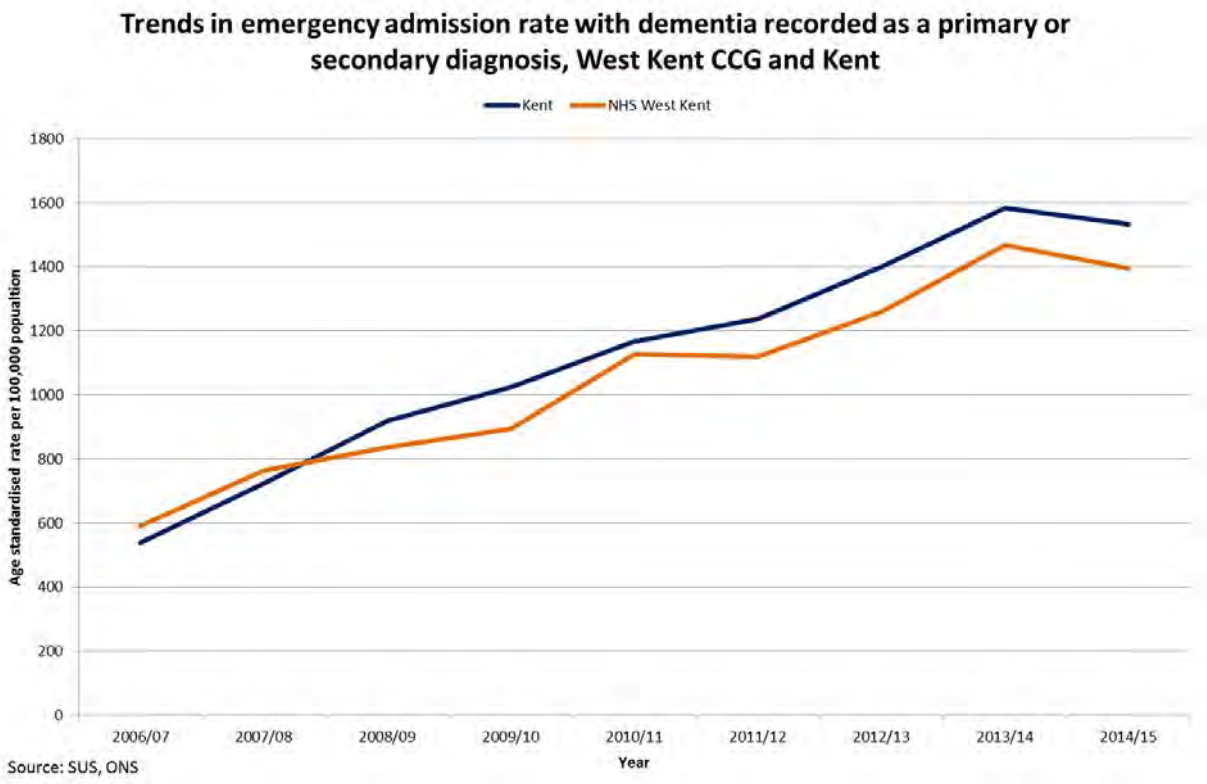
Source: Projecting older people population information system (POPPI), QOF

Figure 210



West Kent CCG has the highest number of referrals to memory assessment clinics, as would be expected as it has the largest population of the Kent CCGs. Between 2011/12 and 2013/14, the increase in referrals each year was 405 people (95% confidence interval: 11.0, 799.4), and if this rate of increase continues, it is expected that in 2017/18 there will be 3398 referrals to the service.

Figure 212

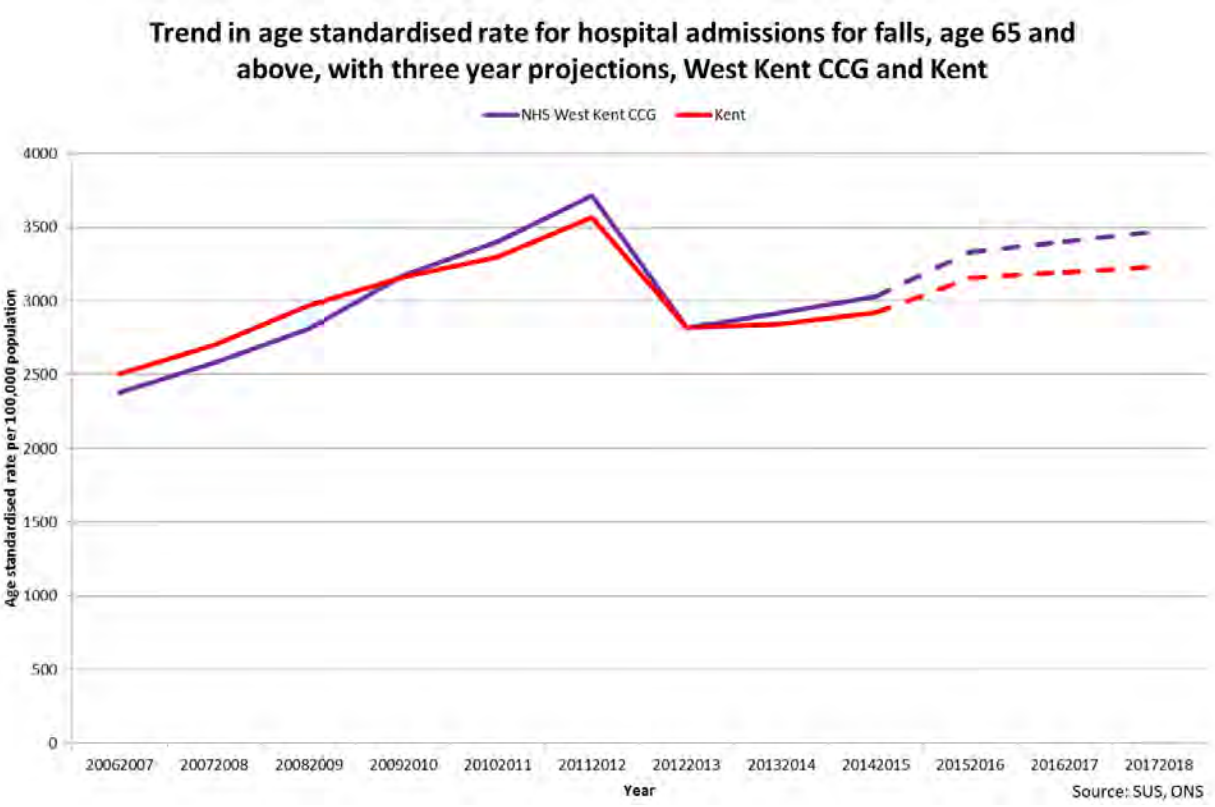


Across West Kent CCG, the rate of emergency hospital admissions with dementia coded as a primary or secondary diagnosis has been increasing by 106.6 admissions per 100,000 population annually, not significantly different to the Kent rate of change (128.9 admissions per 100,000 population each year).

9.14 Falls

Hospital admissions for falls rose steadily to a peak in 2011/2012, before decreasing in 2012/13 and starting to gradually rise again. West Kent CCG admissions show a very similar rate to the Kent admissions. The increase in West Kent CCG has been 70.0 (95% confidence interval: -47.9, 187.8) admissions per 100,000 population annually. This is not a significantly different rate of change in comparison to the Kent increase of 36.5 (95% confidence interval: -63.4 136.4) admissions per 100,000 population. This gradual increase is expected to continue over the next few years.

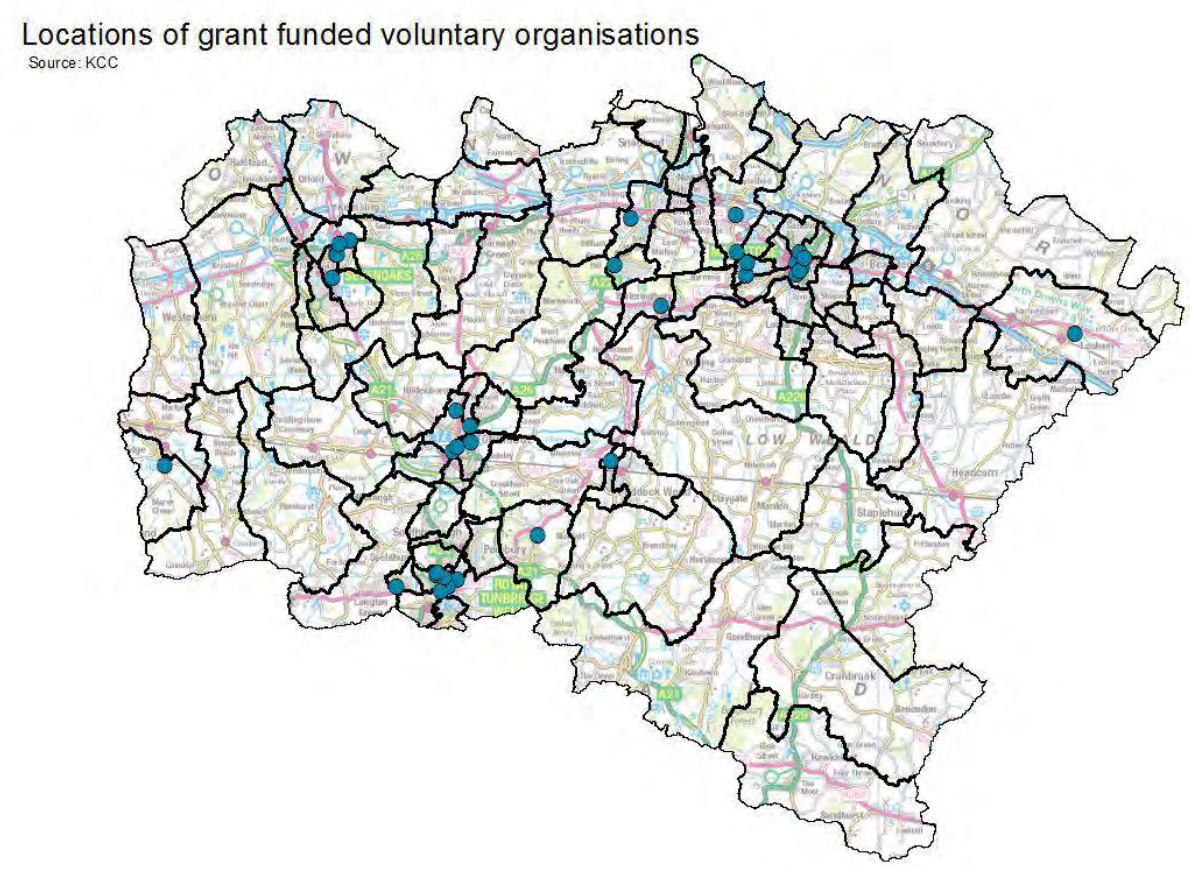
Figure 212



9.15 Voluntary and Third Sector organisations

There is limited data available across the voluntary sector. Figure 213 highlights local authority grant funded voluntary organisations which tend to be located within the town centres. The most deprived older people live in rural areas, therefore should the nature of the services being offered aim to support older people, the locations may not be most appropriate.

Figure 213



Appendices

Appendix 1

Figure 4

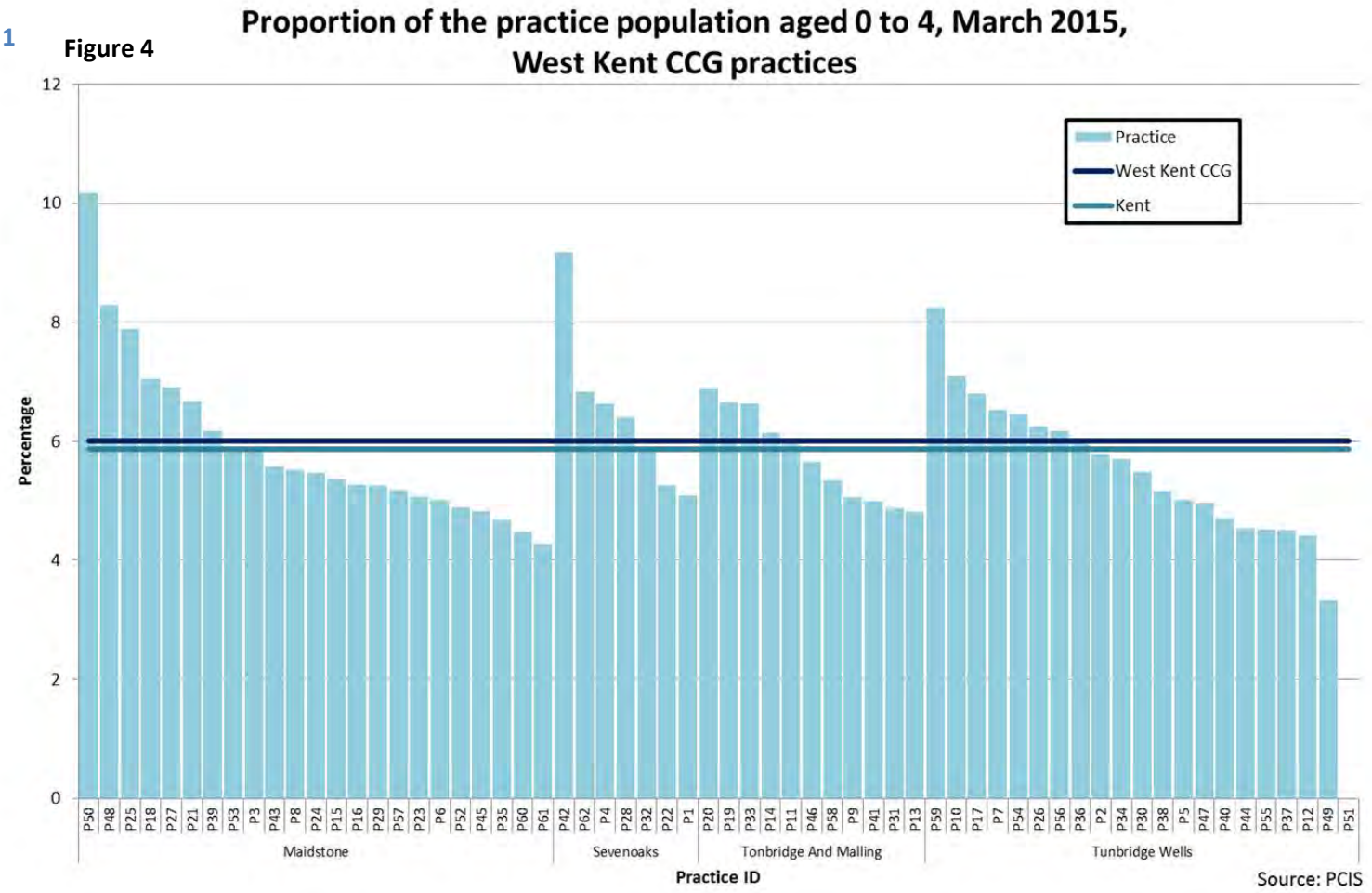


Figure 14

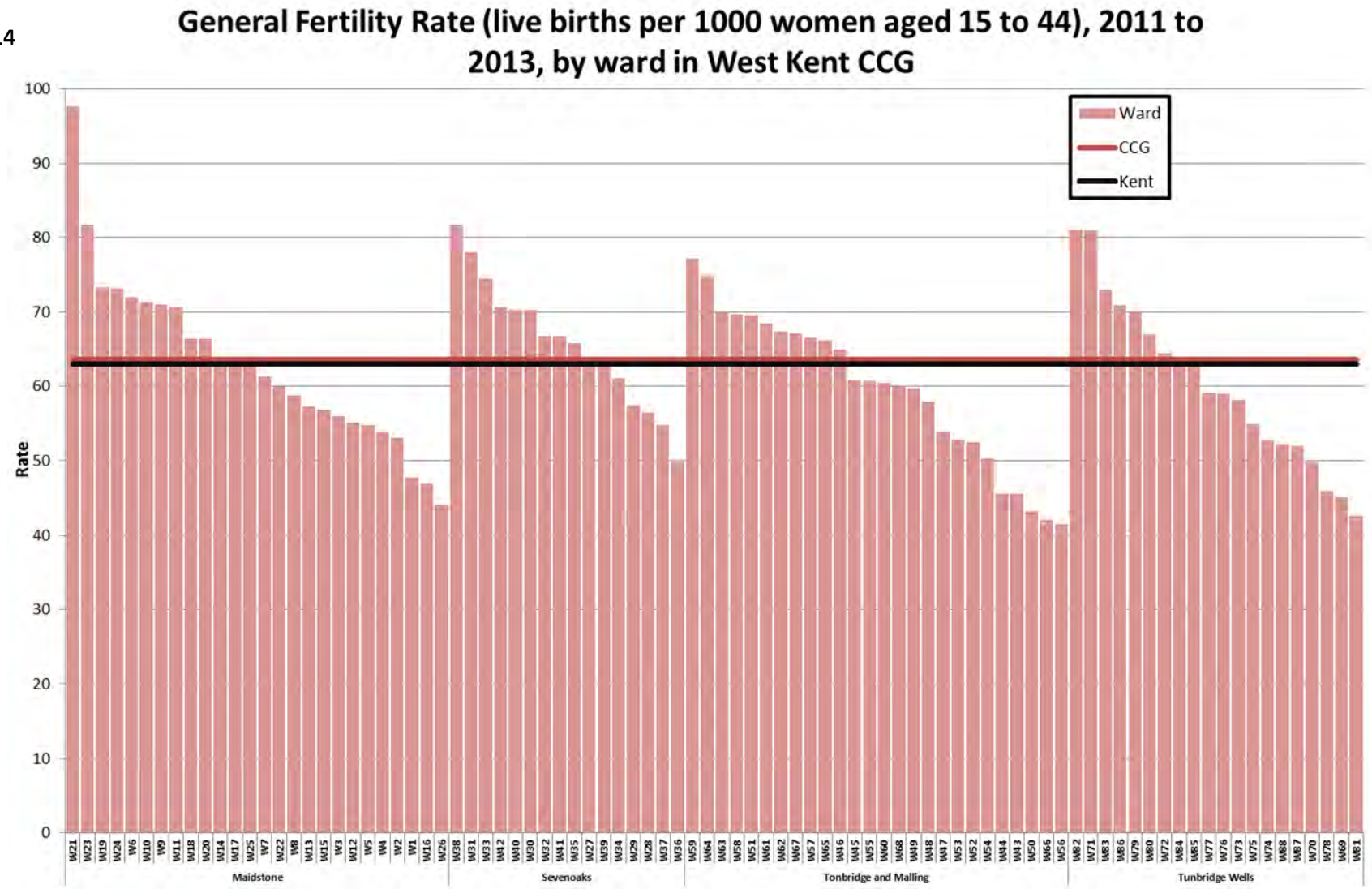
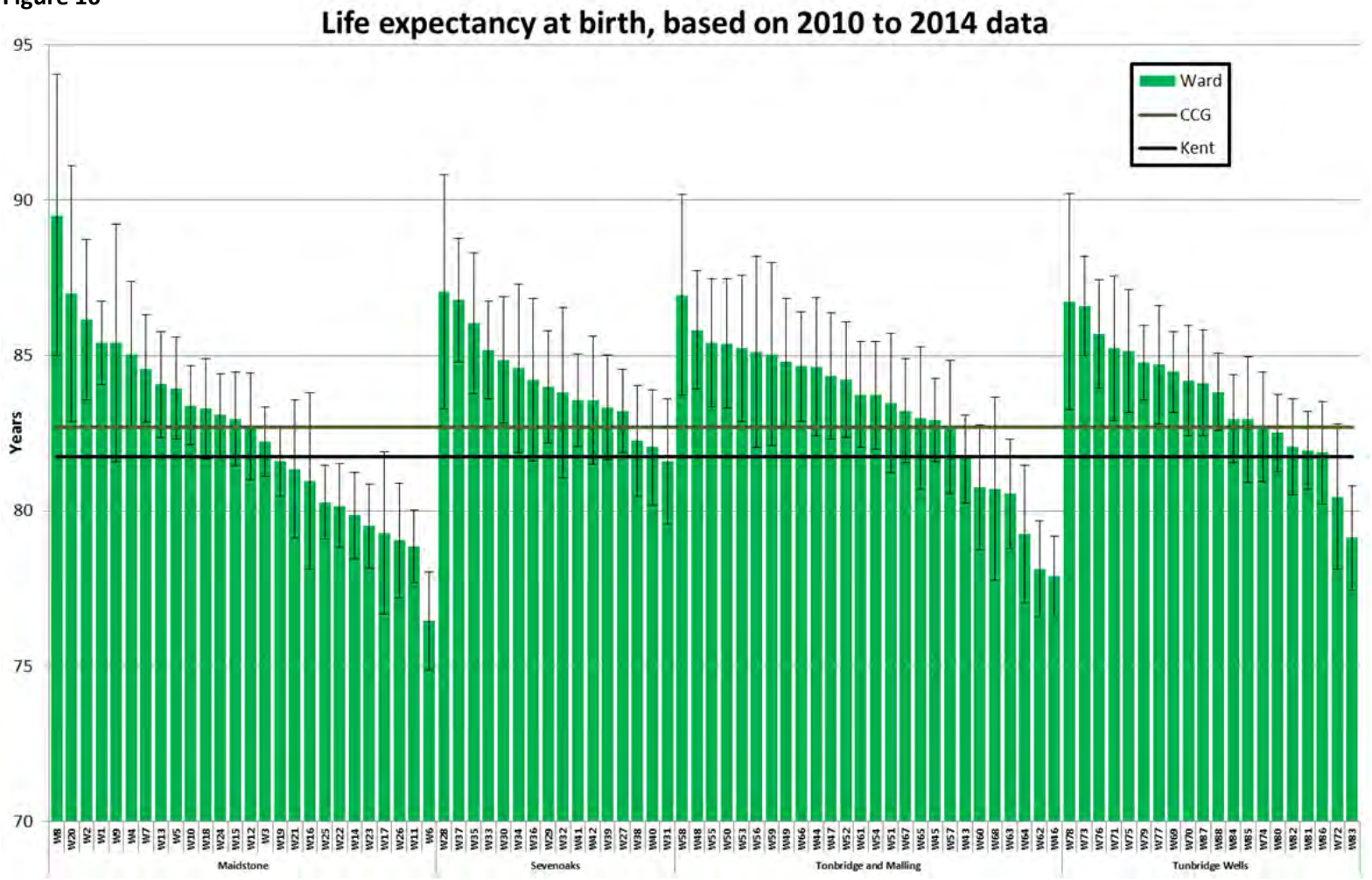

General Fertility Rate (live births per 1000 women aged 15 to 44), 2011 to 2013, by ward in West Kent CCG
Rate
100
90
80
70
60
50
40
30
20
10
0
Ward
CCG
Kent
W21 W23 W19 W24 W6 W10 W9 W11 W18 W20 W14 W17 W25 W7 W22 W8 W13 W15 W3 W12 W5 W4 W2 W1 W16 W26
Maidstone
W38 W31 W33 W42 W40 W30 W32 W41 W35 W27 W39 W34 W29 W28 W37 W36
Sevenoaks
W59 W64 W63 W58 W51 W61 W62 W67 W57 W65 W46 W45 W55 W60 W68 W49 W48 W47 W53 W52 W54 W44 W43 W50 W66 W56
Tonbridge and Malling
W82 W71 W83 W86 W79 W80 W72 W84 W85 W77 W76 W73 W75 W74 W88 W87 W70 W78 W69 W81
Tunbridge Wells

Figure 16


Life expectancy at birth, based on 2010 to 2014 data
Years
95
90
85
80
75
70
Ward
CCG
Kent
Maidstone
Sevenoaks
Tonbridge and Malling
Tunbridge Wells

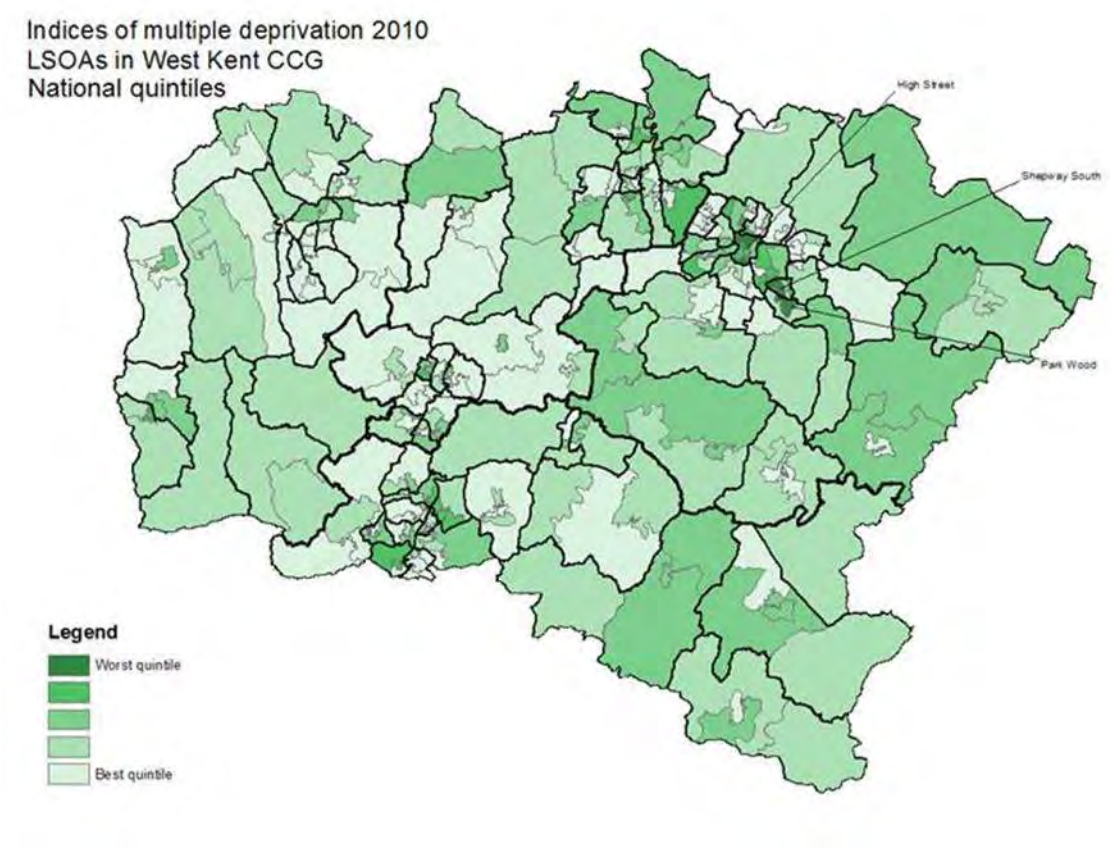
Appendix 3

The English Indices of Deprivation 2010 are measures of multiple deprivation at the small area level. The model of multiple deprivation which underpins the Indices of Deprivation 2010 is based on the idea of distinct domains of deprivation which can be recognised and measured separately. These domains are experienced by individuals living in an area. People may be counted in one or more of the domains, depending on the number of types of deprivation that they experience.

Each domain represents a specific form of deprivation experienced by people and each can be measured individually using a number of indicators. Seven distinct domains have been identified in the English Indices of Deprivation; Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime. Individual domains can be used in isolation as measures of each specific form of deprivation. They can also be combined, using appropriate weights, into a single overall Index of Multiple Deprivation which can be used to rank every small area in England according to the deprivation experienced by the people living there". –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6871/1871208.pdf

Figure 19



Appendix 4

Educational Domain Indicators

The indicators are structured into two sub-domains: one relating to children and young people and one relating to adult skills. These two sub-domains are designed to reflect the 'flow' and 'stock' of educational disadvantage within an area respectively. Seven indicators are used to calculate this domain:

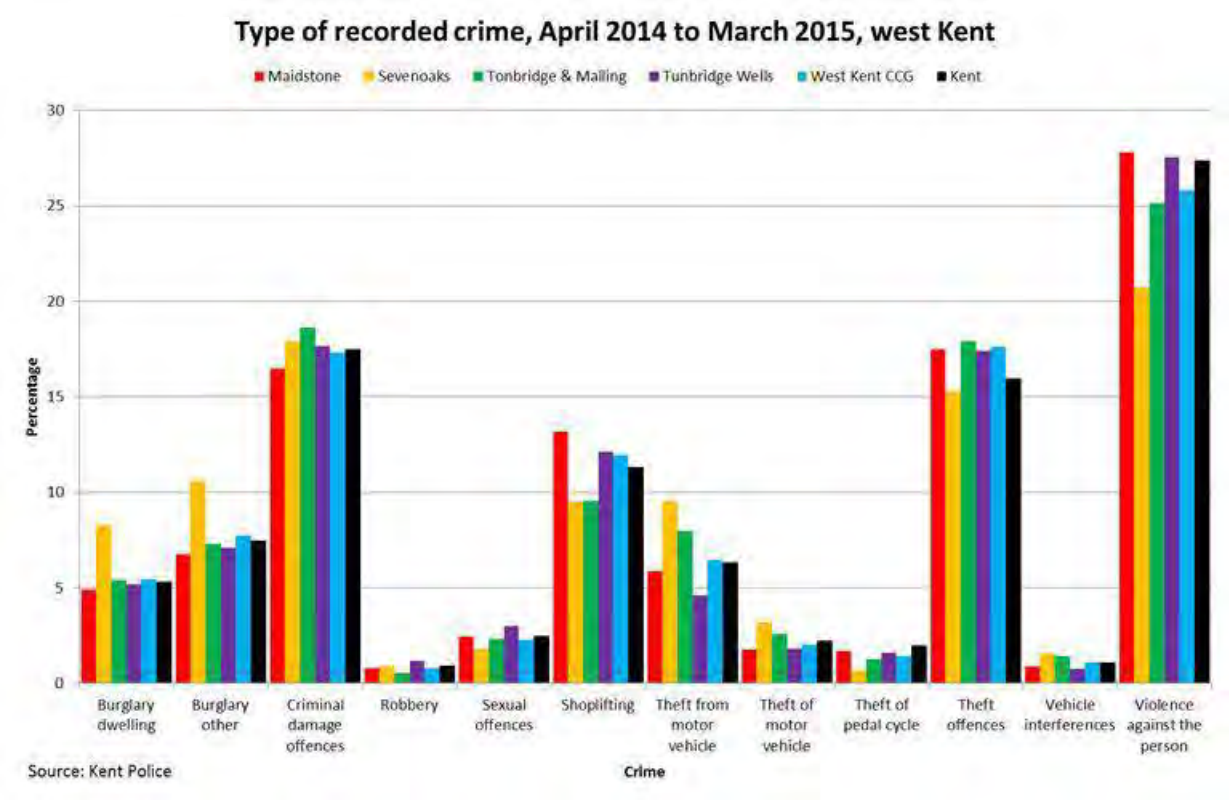
- Average points score of pupils taking English, Maths and Science Key Stage 2 exams
- Average points score of pupils taking English, Maths and Science Key Stage 3 exams
- Average capped points score of pupils taking Key Stage 4 (GCSE or equivalent) exams
- Proportion of young people not staying on in school or non-advanced education above age 16
- Secondary school absence rate – the proportion of authorised and unauthorised absences from secondary school
- Proportion of those aged under 21 not entering Higher Education.
- Proportion of adults aged 25-54 with no or low qualifications.

Crime Domain Indicators

These figures apply to where an incident took place, rather than the address of the perpetrator.

- Violence – number of reported violent crimes (19 reported crime types) per 1000 at risk population
- Burglary – number of reported burglaries (4 reported crime types) per 1000 at risk population
- Theft – number of reported thefts (5 reported crime types) per 1000 at risk population
- Criminal damage – number of reported crimes (11 reported crime types) per 1000 at risk population.

Figure 34 Type of Recorded crime, April 2014 to March 2015, West Kent



The types of crimes committed in West Kent CCG are very similar to the profile of Kent, although West Kent CCG (25.8% of crimes) has a lower proportion of violence against the person than Kent (27.4%), and a higher proportion of theft offences; 17.6% and 16.0% respectively. There is more variation in the types of crimes committed between the West Kent districts.

Appendix 5

Troubled Families

Payments by results for troubled families are measured by:

- Reduction in offending
- Reduction in anti-social behaviour
- Improvement in engagement with education
- Return to work

Phase one of the troubled families programme in Kent aimed to turn around the lives of 2,560 families between 2012 and 2015. The programme has been extended until 2020, with the aim of around an additional 8,960 families in Kent. Families must meet two of the following criteria to be included on the programme:

- crime or anti-social behaviour
- school absenteeism
- children who need help
- unemployment
- domestic violence
- health problems

Source: *http://www.kent.gov.uk/about-the-council/strategies-and-policies/childrens-social-care-and-families-policies/troubled-families*

Appendix 6

Figure 39

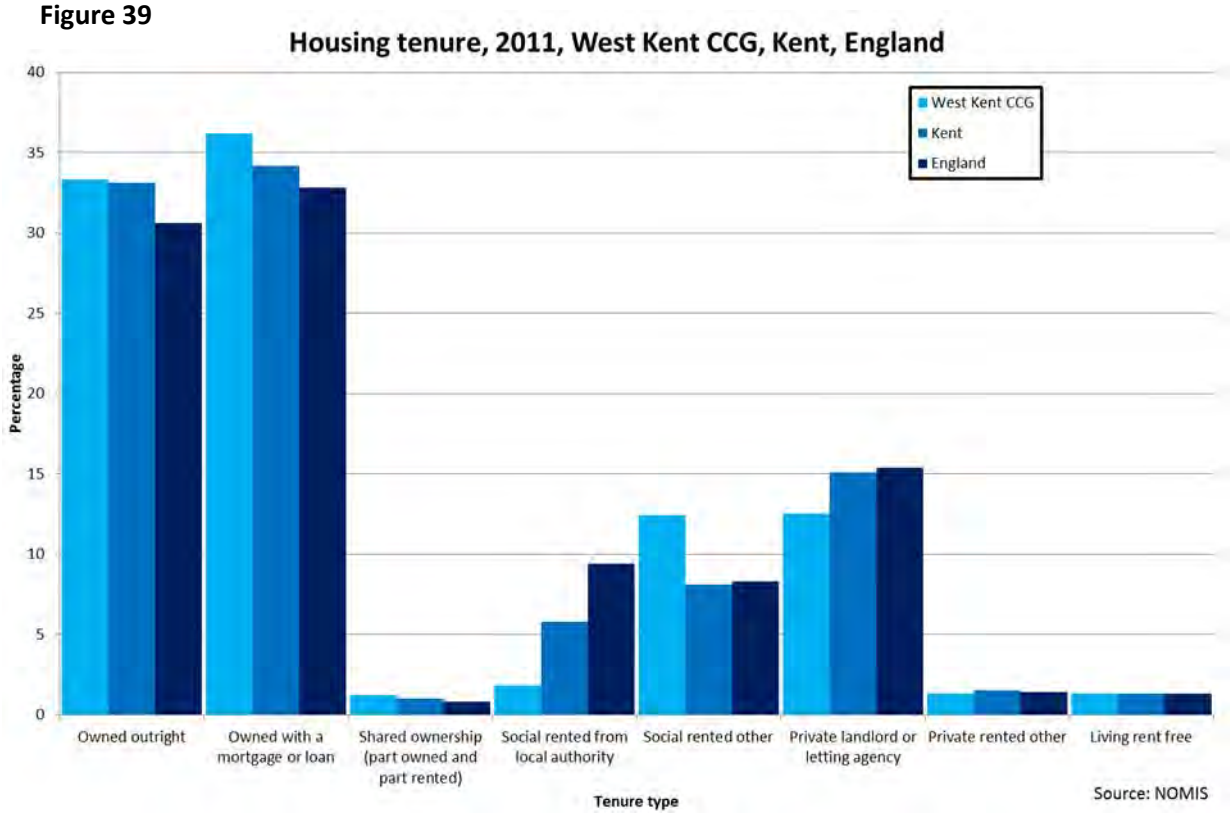


Figure 40

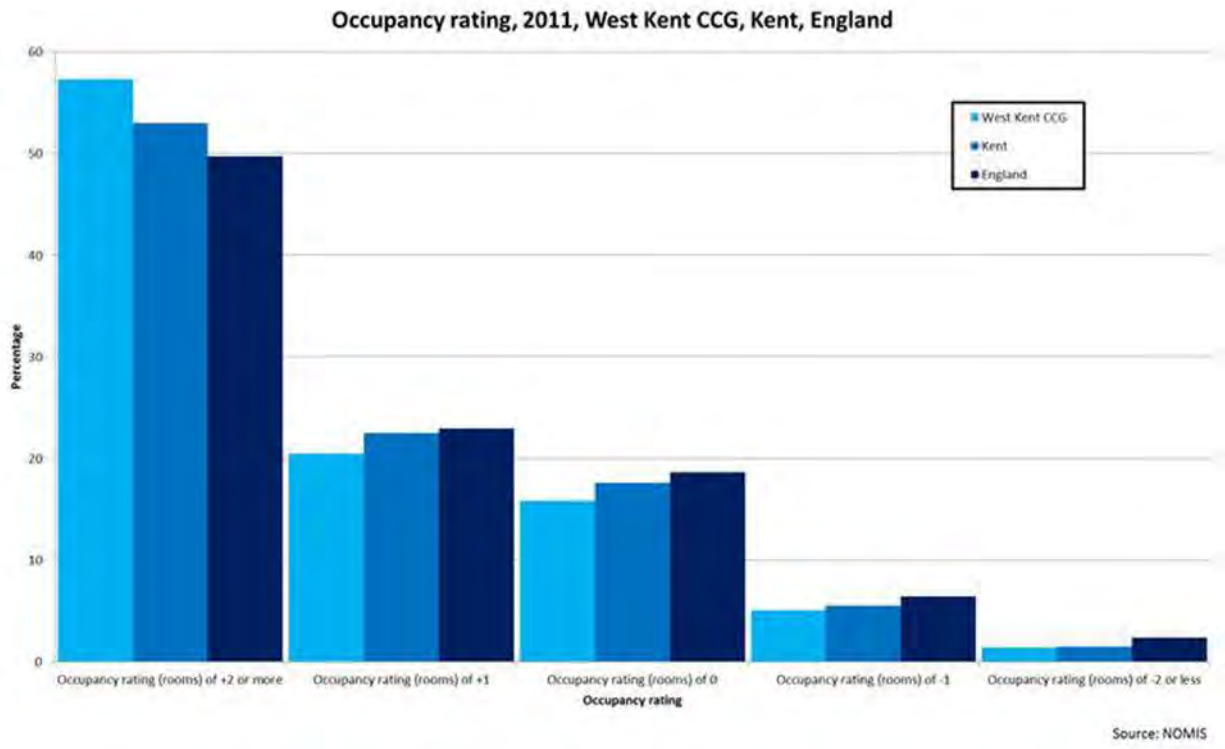


Figure 41

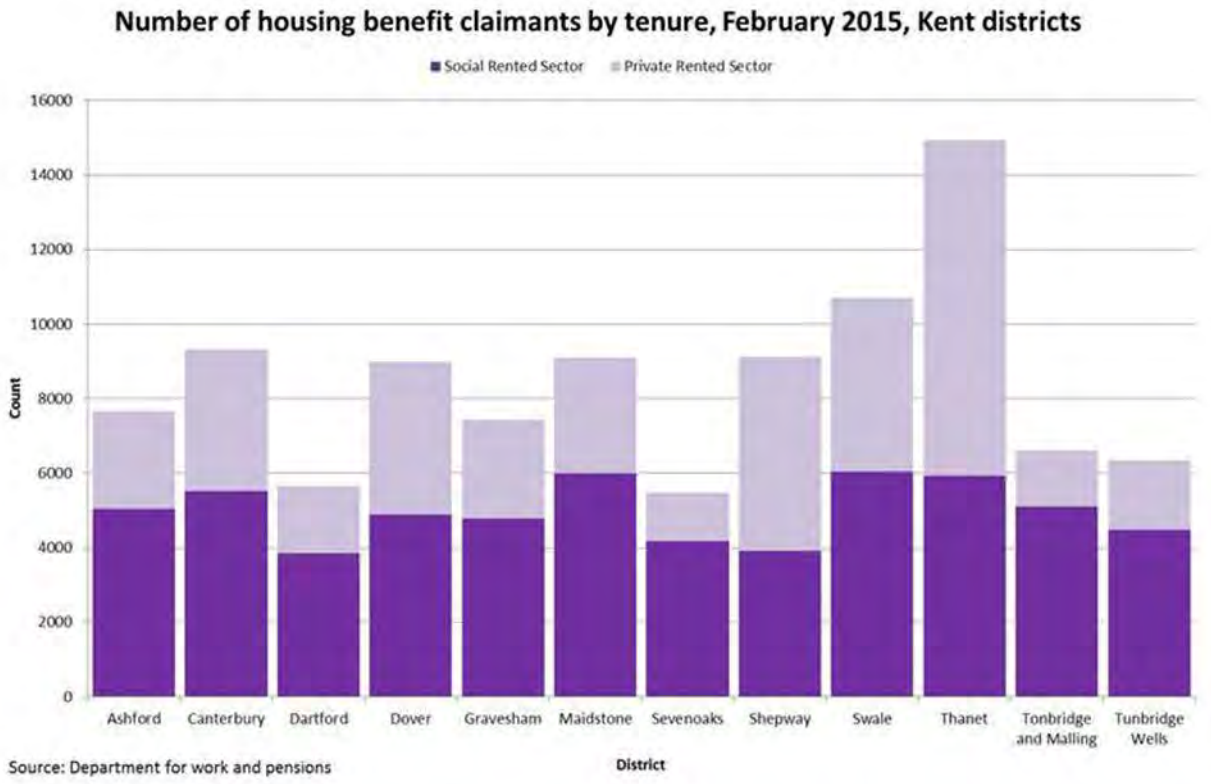
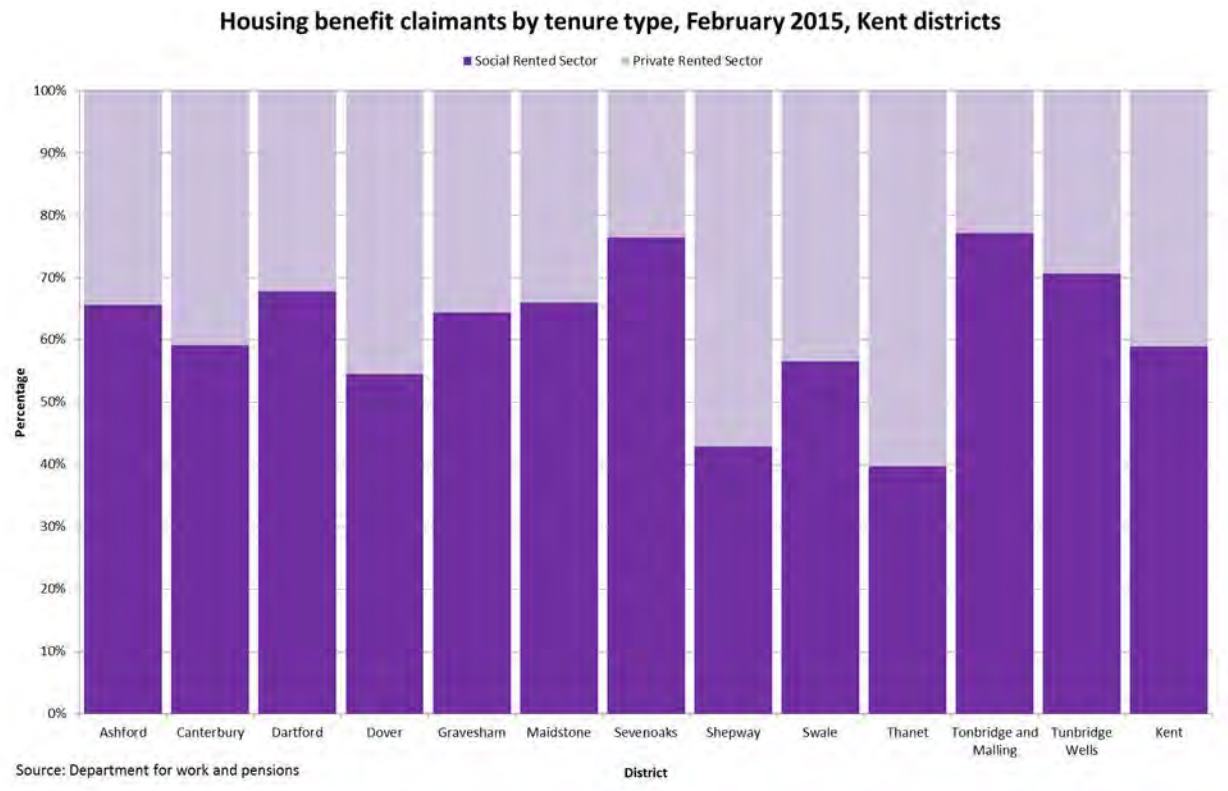


Figure 42



Homelessness

The Housing Act 1977, Housing Act 1996, and the Homelessness Act 2002, placed statutory duties on local housing authorities to ensure that advice and assistance to households who are homeless or threatened with homelessness is available free of charge. All households that apply for assistance under the Housing and Homelessness Acts are referred to as 'decisions'. However, these do not include households found to be ineligible for assistance (some persons from abroad are ineligible for assistance).

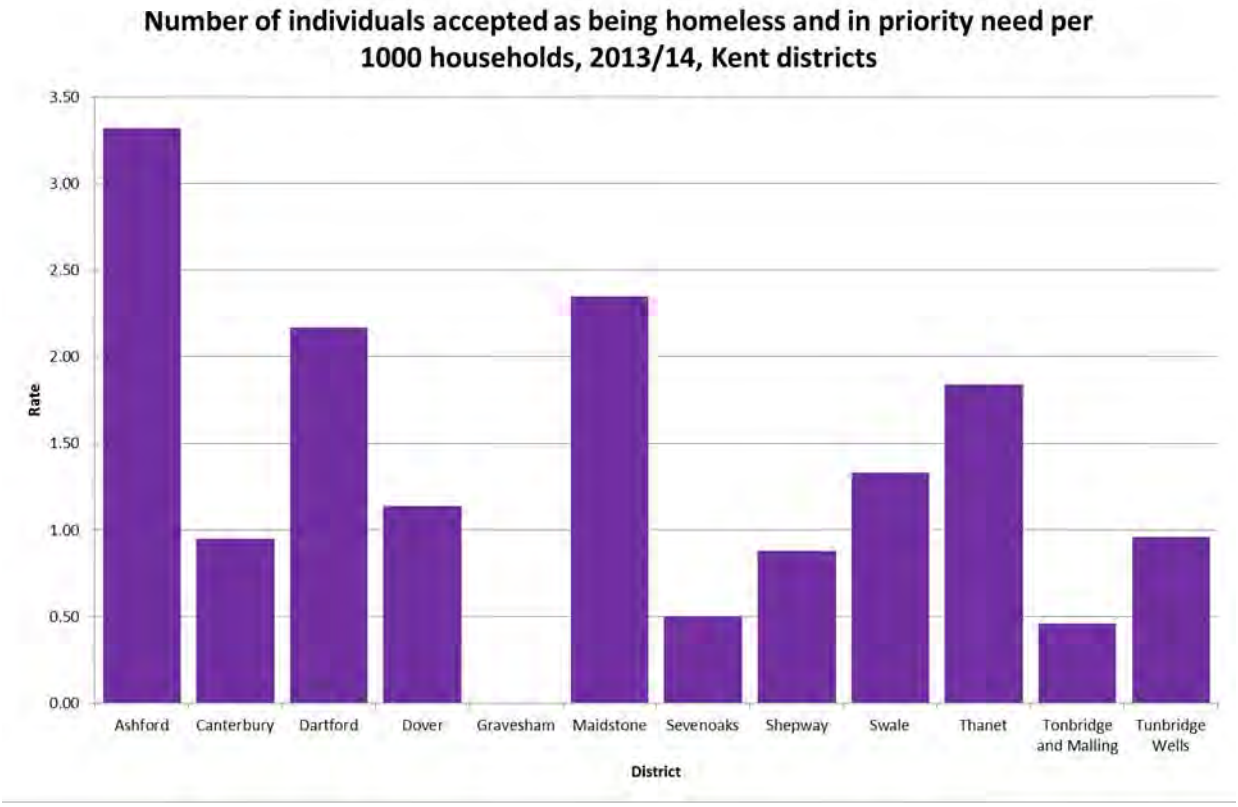
A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group. Such statutorily homeless households are referred to as 'acceptances'.

The 'priority need groups' include households with dependent children or a pregnant woman and people who are vulnerable in some way e.g. because of mental illness or physical disability. In 2002 an Order made under the 1996 Act extended the priority need categories to include applicants:

- aged 16 or 17
- aged 18 to 20 who were previously in care
- vulnerable as a result of time spent in care, in custody, or in HM Forces
- vulnerable as a result of having to flee their home because of violence or the threat of violence

Where a main duty is owed, the authority must ensure that suitable accommodation is available for the applicant and his or her household. The duty continues until a settled housing solution becomes available for them, or some other circumstance brings the duty to an end. Where households are found to be intentionally homeless, or not in priority need, the authority must make an assessment of their housing needs and provide advice and assistance to help them find accommodation for themselves.

Figure 43

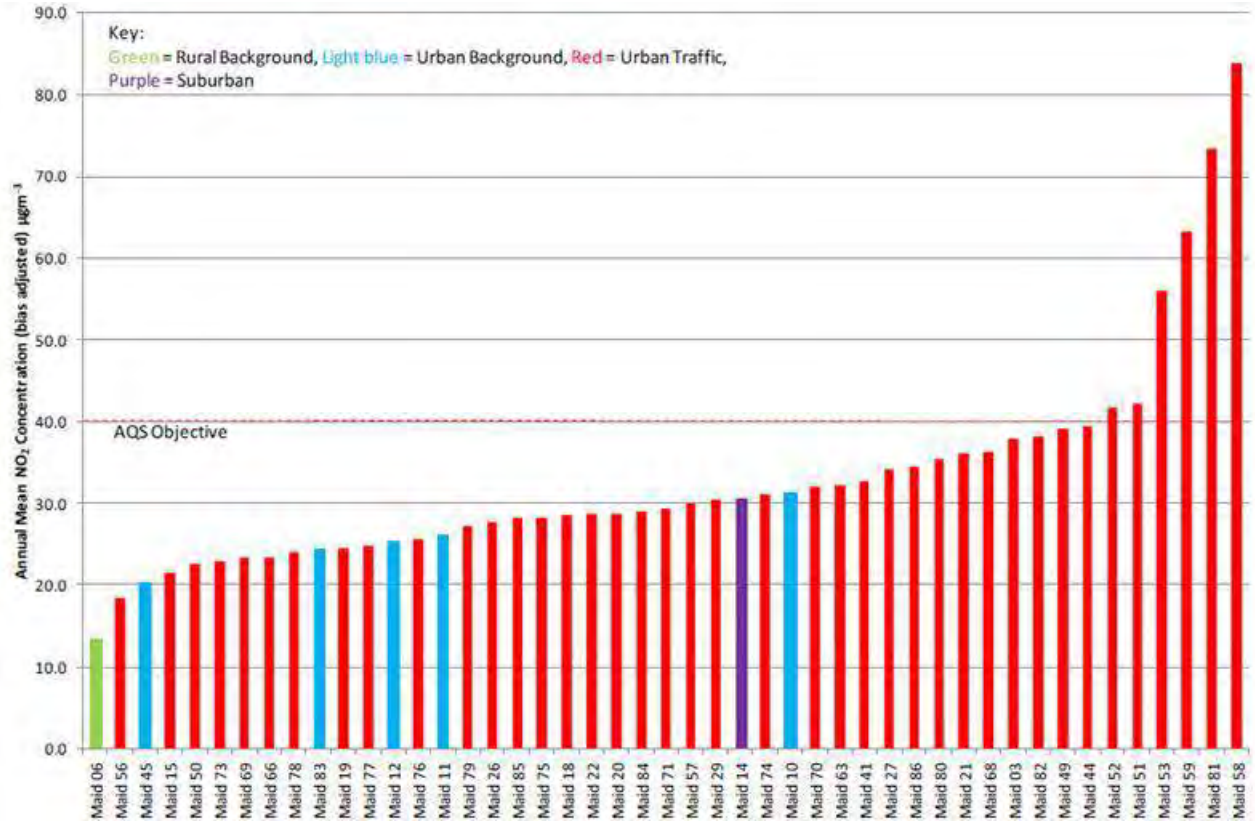

Number of individuals accepted as being homeless and in priority need per 1000 households, 2013/14, Kent districts
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Rate
Ashford
Canterbury
Dartford
Dover
Gravesham
Maidstone
Sevenoaks
Shepway
Swale
Thanet
Tonbridge and Malling
Tunbridge Wells
District

Appendix 7

Air Pollution

The following information has been taken from the Kent and Medway air quality network annual report for 2013.

Figure 47 Annual mean NO2 at diffusion tube sites in Maidstone, 2013



Although only six of Maidstone's diffusion tube sites measured annual means greater than the Air Quality Standards objective of 40 μgm^{-3}, Maidstone measured some of the highest annual mean NO2 concentrations in Kent. Site "Maid 58" (located at R &J Carpets, beside a busy major road) measured an annual mean greater than 80 μgm^{-3}, whilst site "Maid 81" (located at The Pilot pub, beside a busy major road) measured an annual mean greater than 70 μgm^{-3}.

Figure 48: Annual mean NO2 at diffusion tube sites in Sevenoaks, 2013

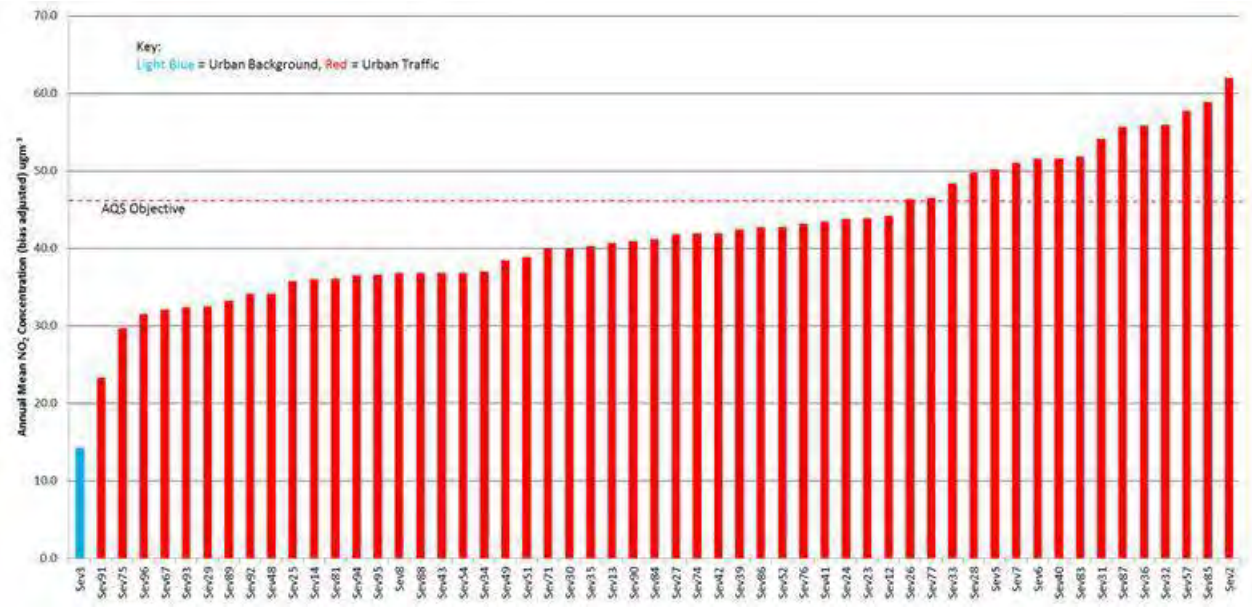
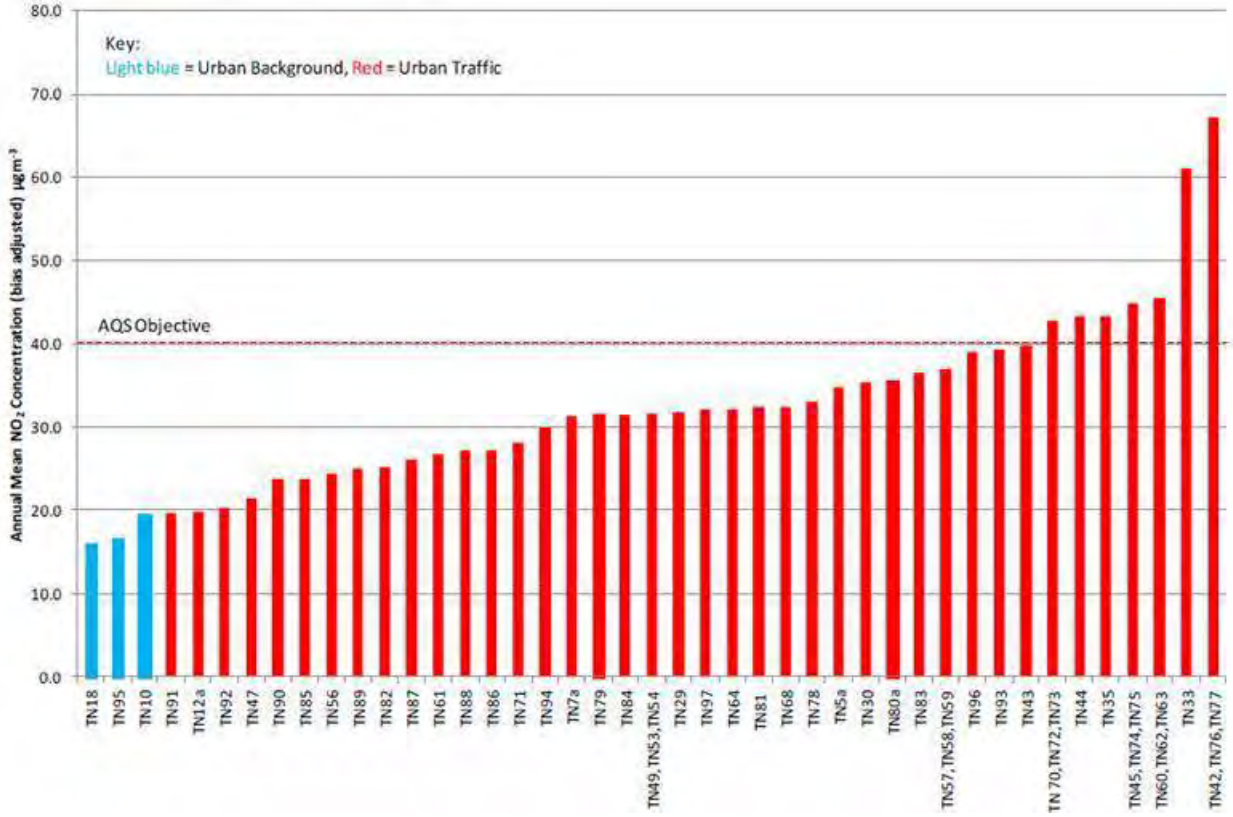
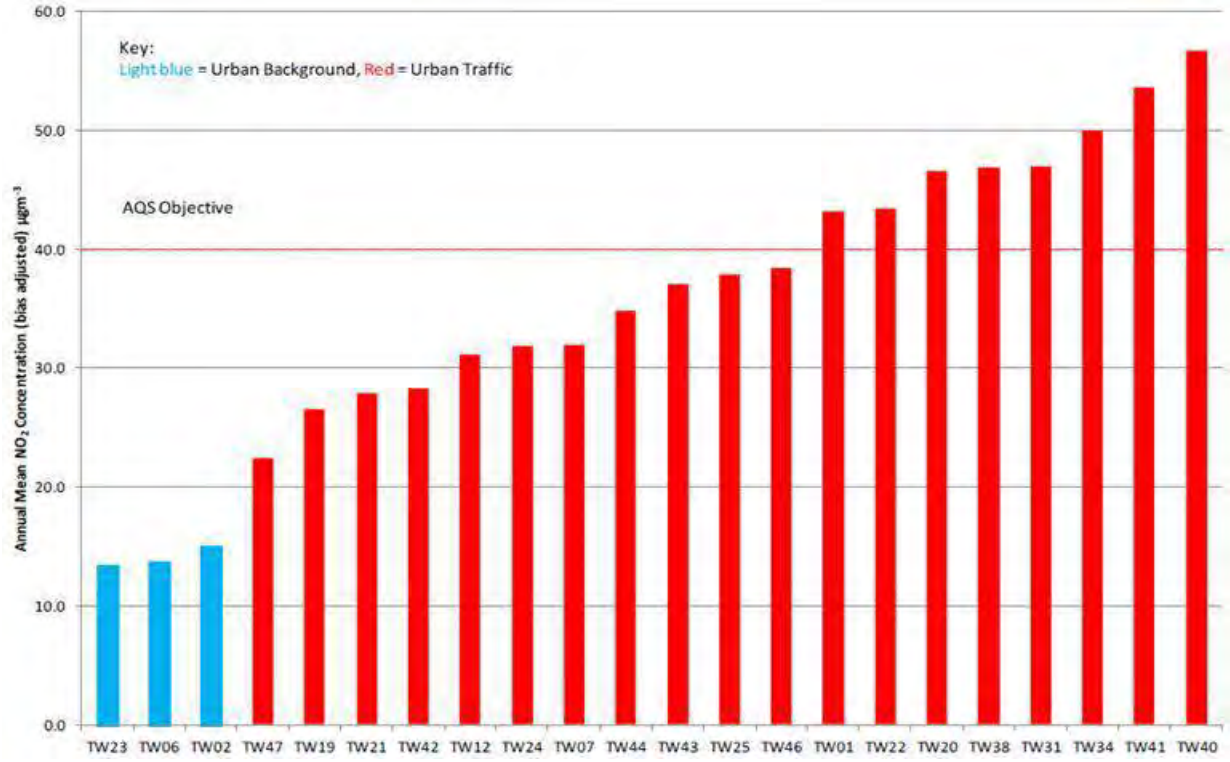


Figure 49: Annual mean NO2 at diffusion tube sites in Tonbridge and Malling, 2013



The majority of the sites in this borough are urban traffic, with three urban background sites (TN10, TN18 and TN96). Seven sites exceeded the AQS annual mean objective of 40 µgm^{-3}. The highest annual mean concentration was measured at the triplicate site "TN42, TN76, TN77" at Tonbridge Road, Wateringbury. This site has consistently measured the highest annual mean in the district since 2008.

Figure 50: Annual mean NO2 at diffusion tube sites in Tunbridge Wells, 2013



The majority of Tunbridge Wells' sites are urban traffic. Eight of the sites (all urban traffic) exceeded the AQS annual mean objective of 40 µgm^{-3} in 2013. However, Tunbridge Wells Borough Council have identified that the site with the highest annual mean (TW40) is affected by emissions from a restaurant kitchen ventilation outlet. It is therefore considered not to be representative of the surrounding area.

Figure 54

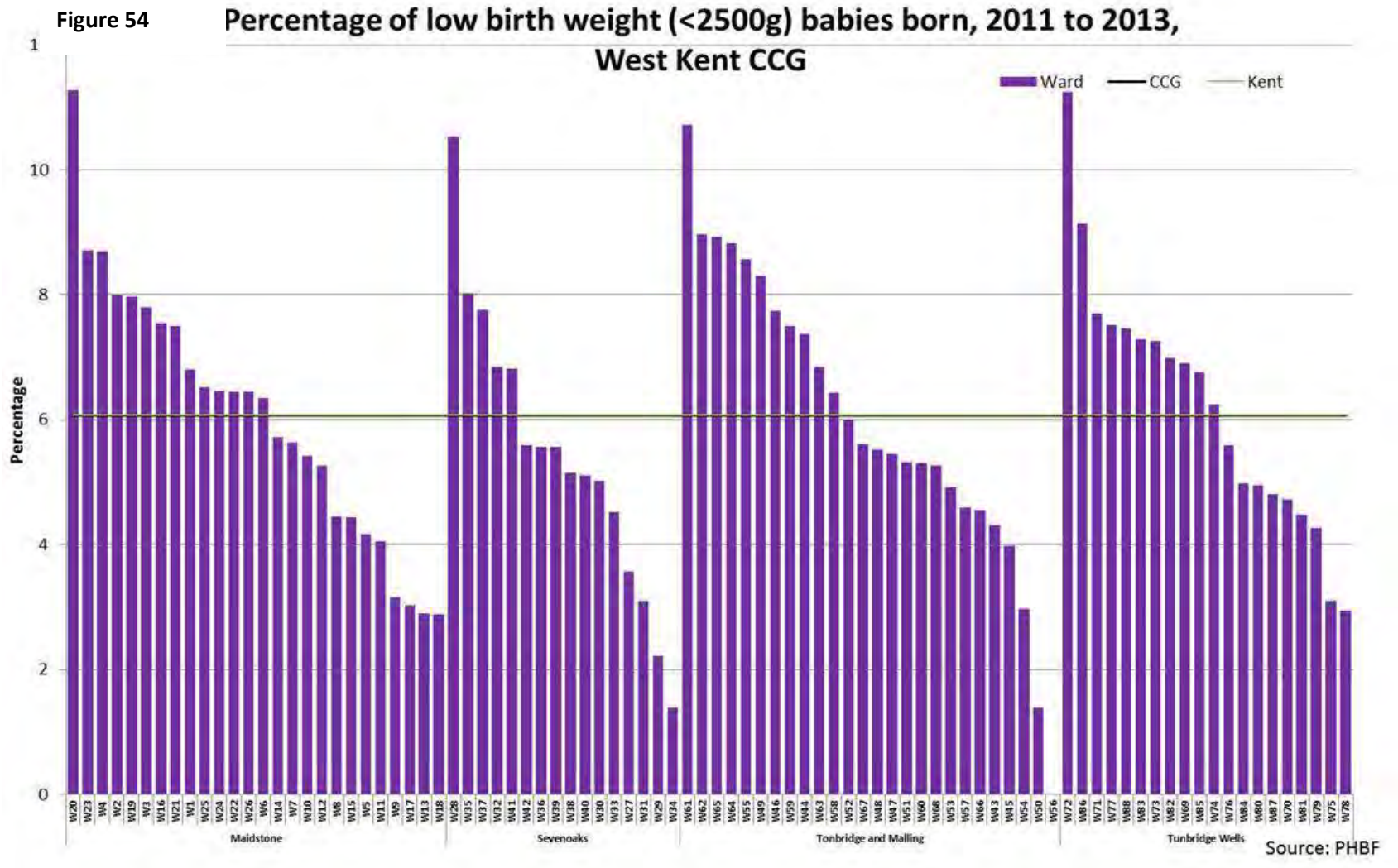

Percentage of low birth weight (<2500g) babies born, 2011 to 2013, West Kent CCG
Ward
CCG
Kent
Percentage
1
10
8
6
4
2
0
Maidstone
Sevenoaks
Tonbridge and Malling
Tunbridge Wells
Source: PHBF

Figure 60

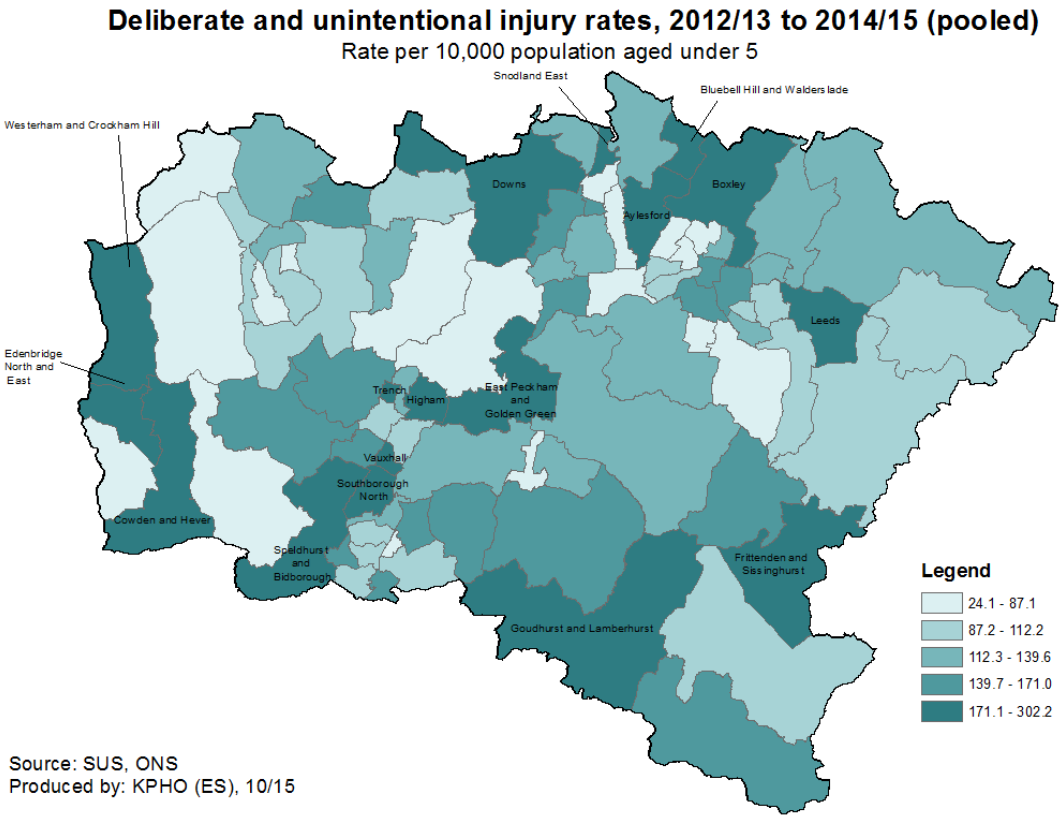

Deliberate and unintentional injury rates, 2012/13 to 2014/15 (pooled)
Rate per 10,000 population aged under 5
Snodland East
Bluebell Hill and Walderslade
Westerham and Crockham Hill
Downs
Boxley
Aylesford
Leeds
Edenbridge North and East
Trench
Higham
East Peckham and Golden Green
Vauxhall
Southborough North
Cowden and Hever
Speldhurst and Bidborough
Frittenden and Sissinghurst
Goudhurst and Lamberhurst
Legend
24.1 - 87.1
87.2 - 112.2
112.3 - 139.6
139.7 - 171.0
171.1 - 302.2
Source: SUS, ONS
Produced by: KPHO (ES), 10/15

Figure 61

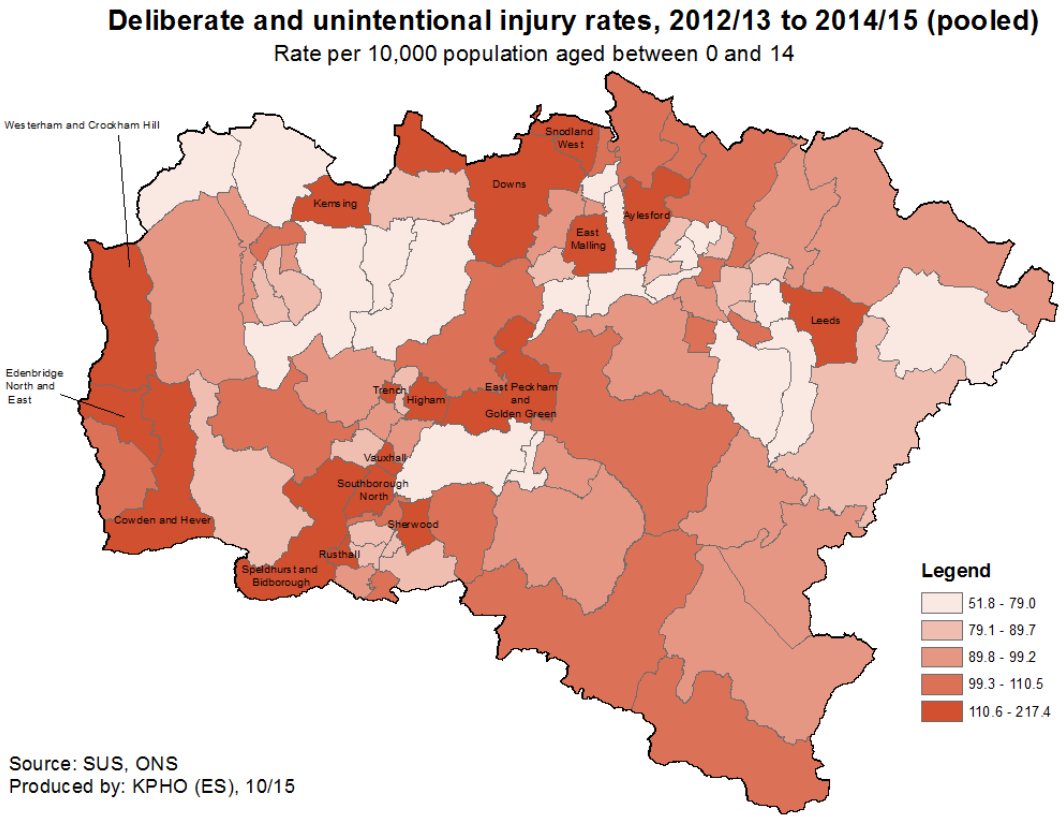

Deliberate and unintentional injury rates, 2012/13 to 2014/15 (pooled)
Rate per 10,000 population aged between 0 and 14
Westerham and Crockham Hill
Edenbridge North and East
Cowden and Hever
Speldhurst and Bidborough
Rusthall
Sherwood
Southborough North
Vauxhall
Trench
Higham
East Peckham and Golden Green
Leeds
East Malling
Aylesford
Downs
Snodland West
Kemsing
Legend
51.8 - 79.0
79.1 - 89.7
89.8 - 99.2
99.3 - 110.5
110.6 - 217.4
Source: SUS, ONS
Produced by: KPHO (ES), 10/15

Figure 62

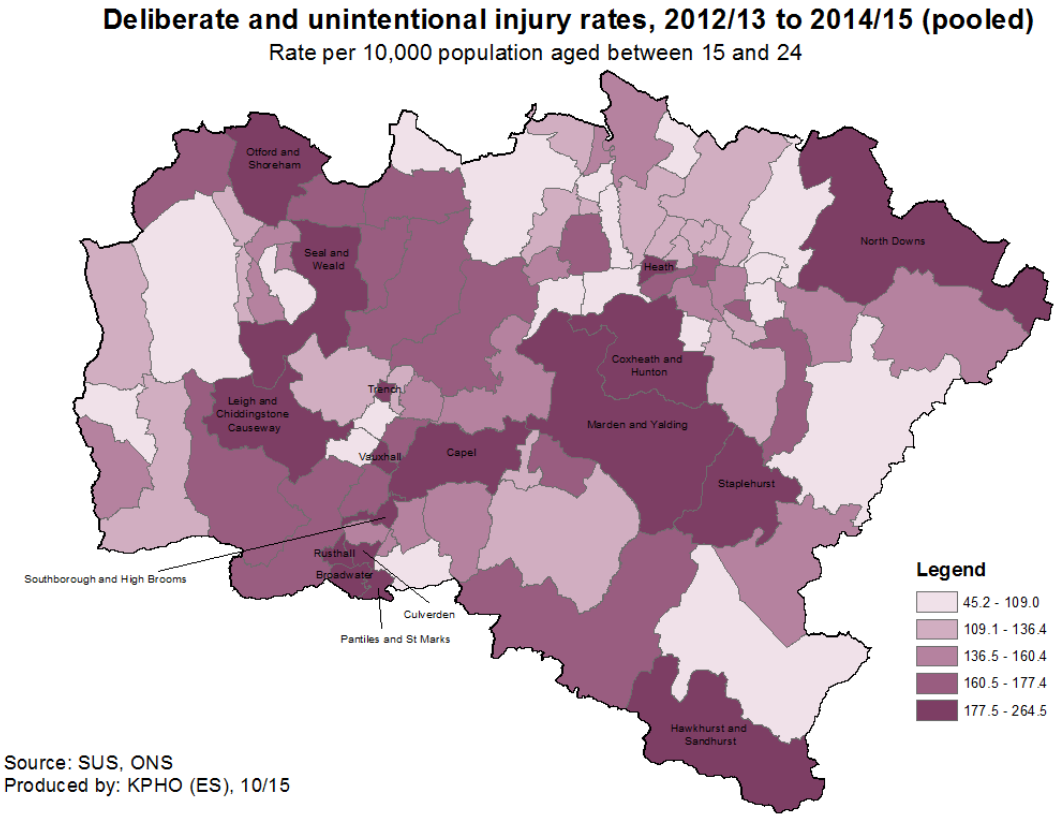

Deliberate and unintentional injury rates, 2012/13 to 2014/15 (pooled)
Rate per 10,000 population aged between 15 and 24
Otford and Shoreham
Seal and Weald
North Downs
Heath
Coxheath and Hunton
Leigh and Chiddingstone Causeway
Trench
Marden and Yalding
Vauxhall
Capel
Staplehurst
Rusthall
Broadwater
Southborough and High Brooms
Culverden
Pantiles and St Marks
Hawkhurst and Sandhurst
Legend
45.2 - 109.0
109.1 - 136.4
136.5 - 160.4
160.5 - 177.4
177.5 - 264.5
Source: SUS, ONS
Produced by: KPHO (ES), 10/15

Figure 68 Income deprivation affecting children (Maidstone)

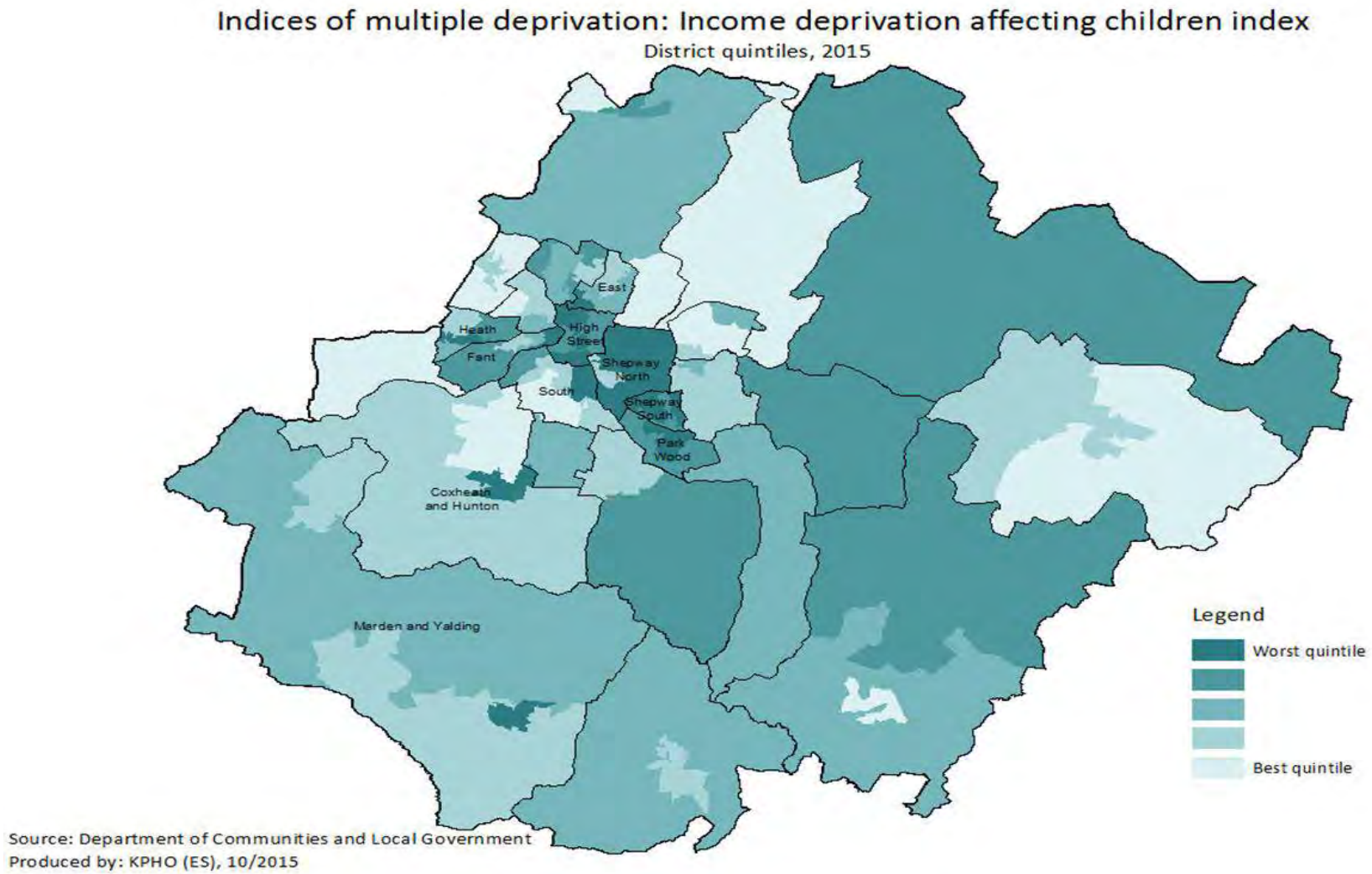


Figure 69 Income deprivation affecting children (Tonbridge and Malling)

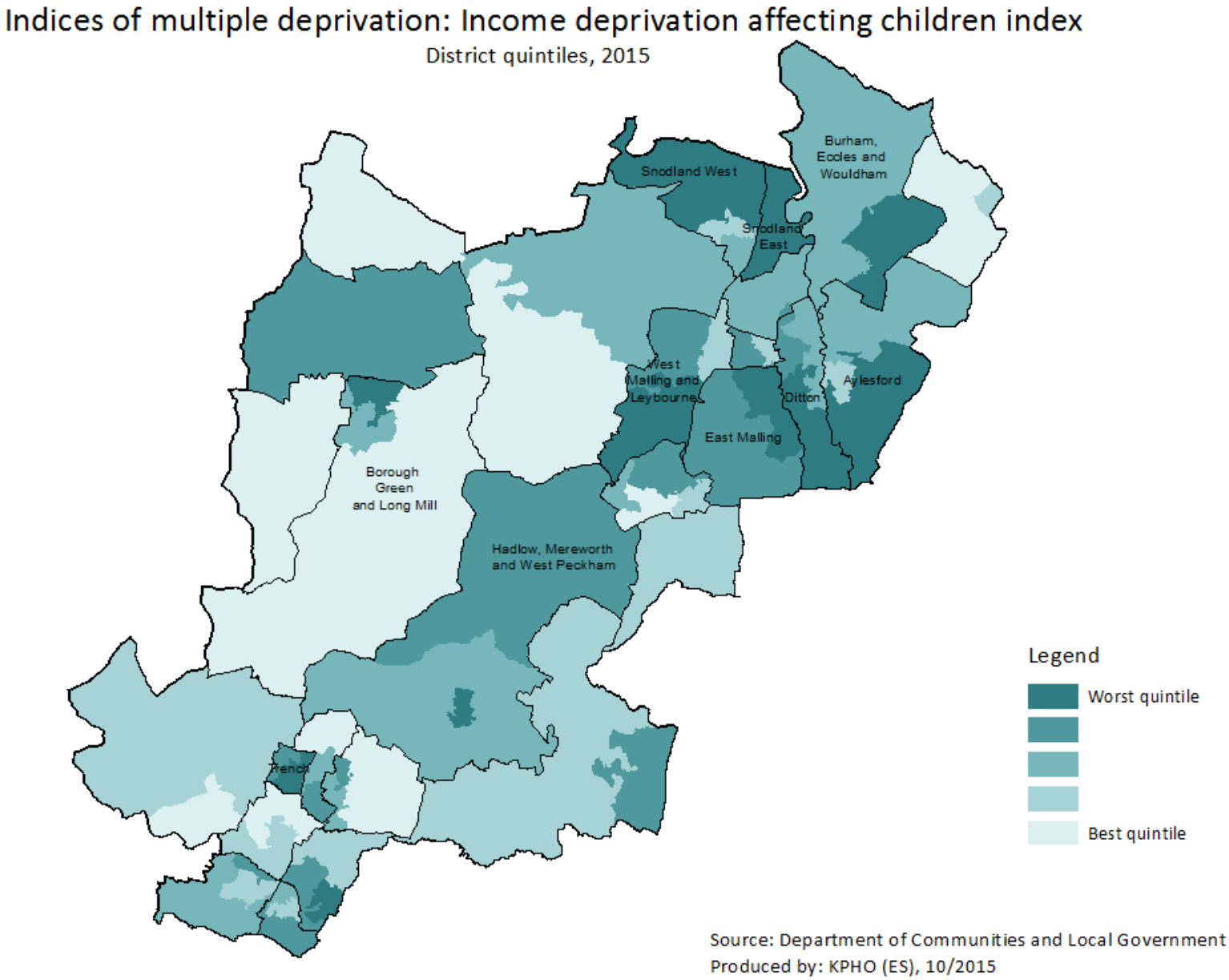
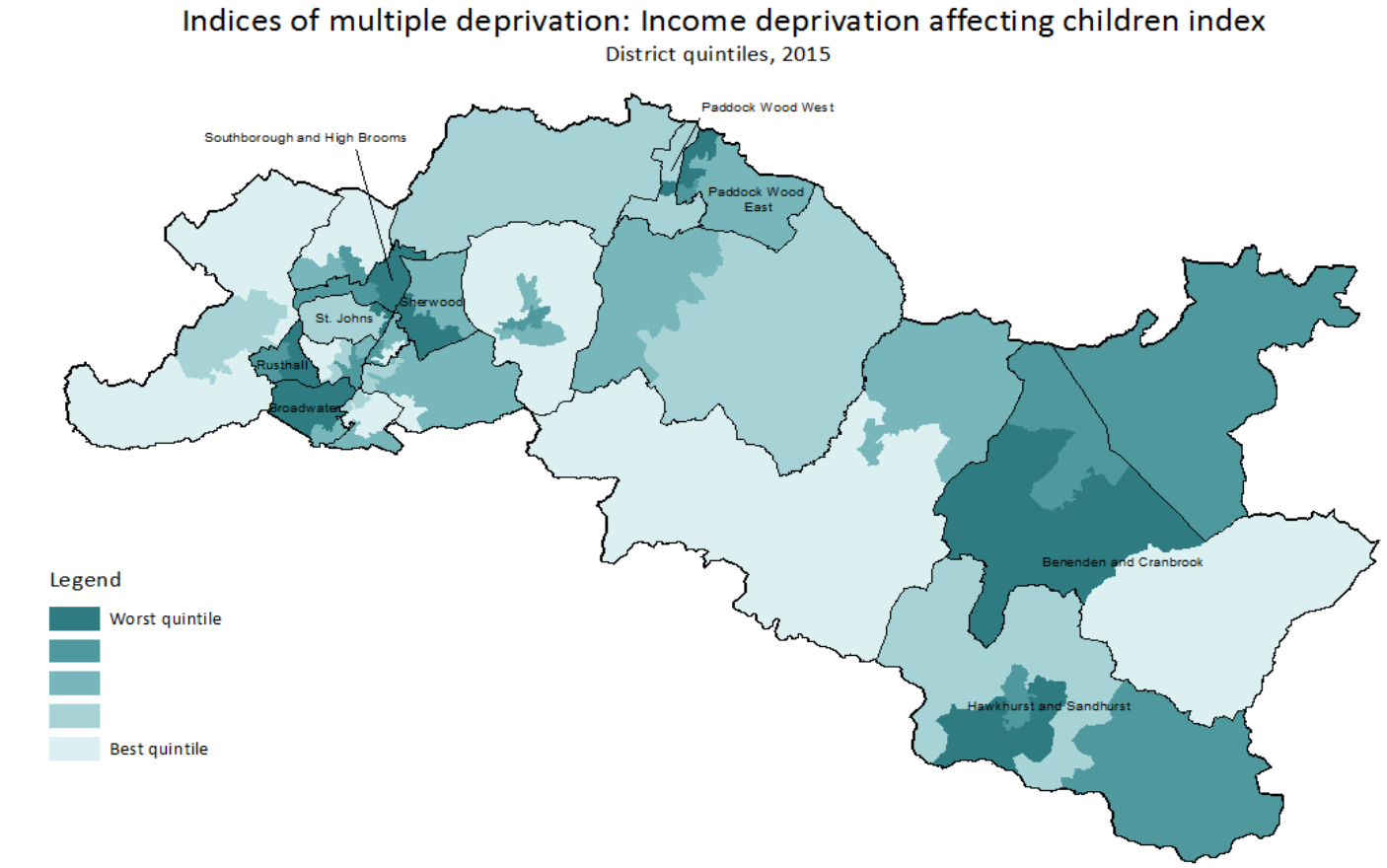


Figure 70 Income deprivation affecting children (Tunbridge Wells)



Source: Department of Communities and Local Government
Produced by: KPHO (ES), 10/2015

Figure 71 Income deprivation affecting children (Sevenoaks)

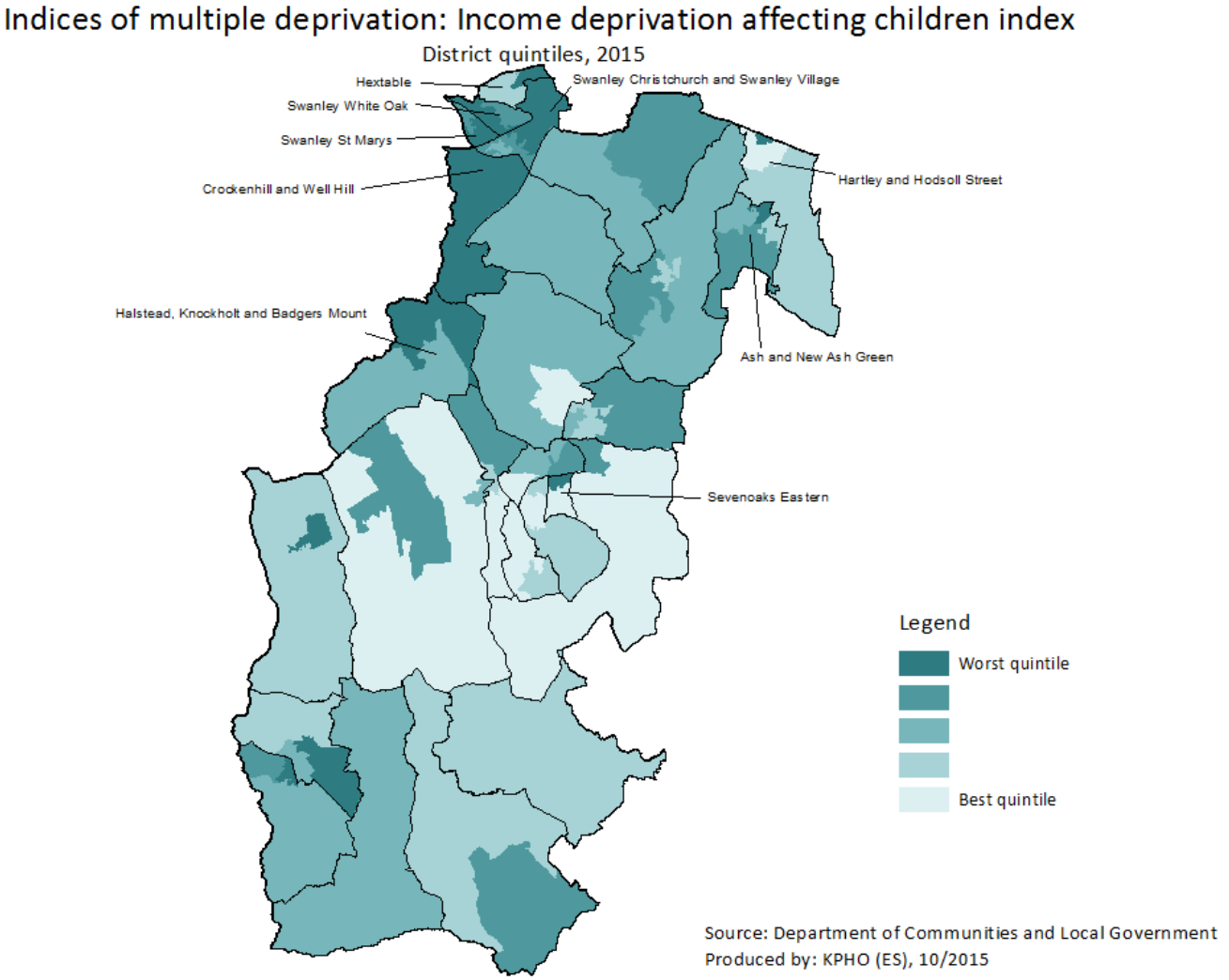


Figure 72

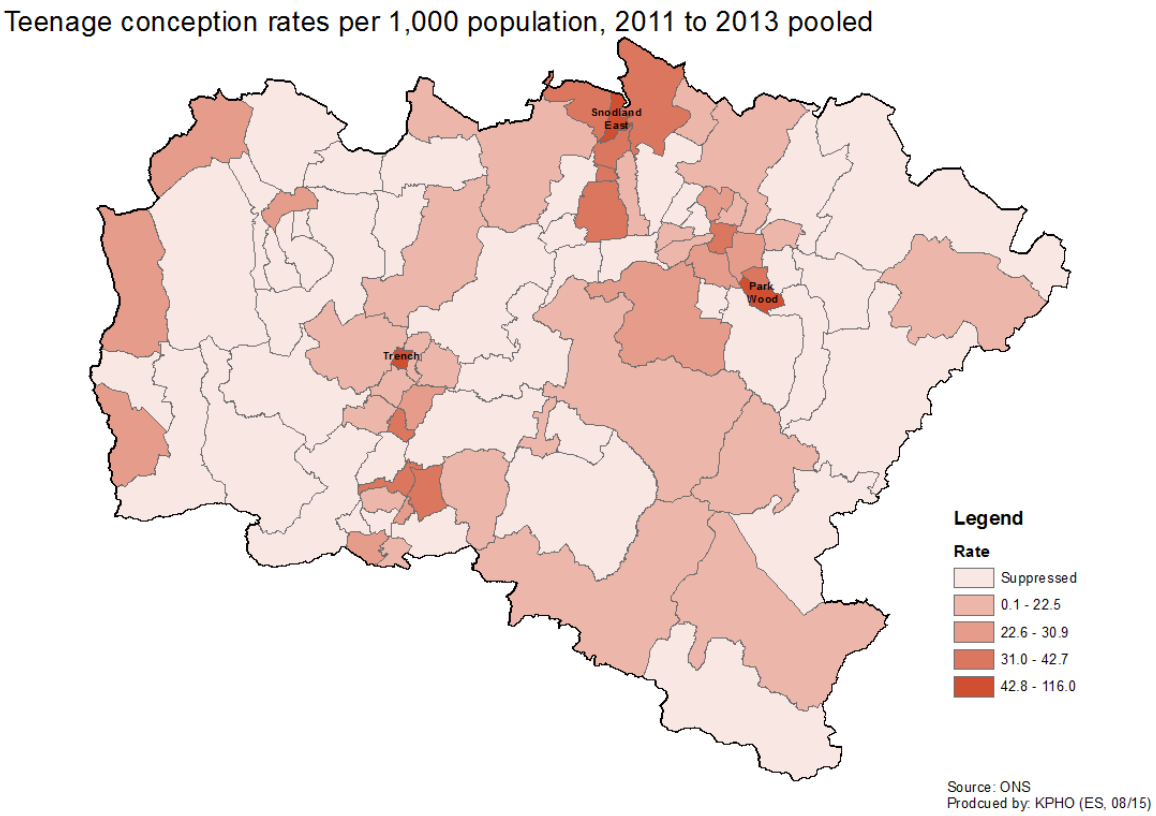
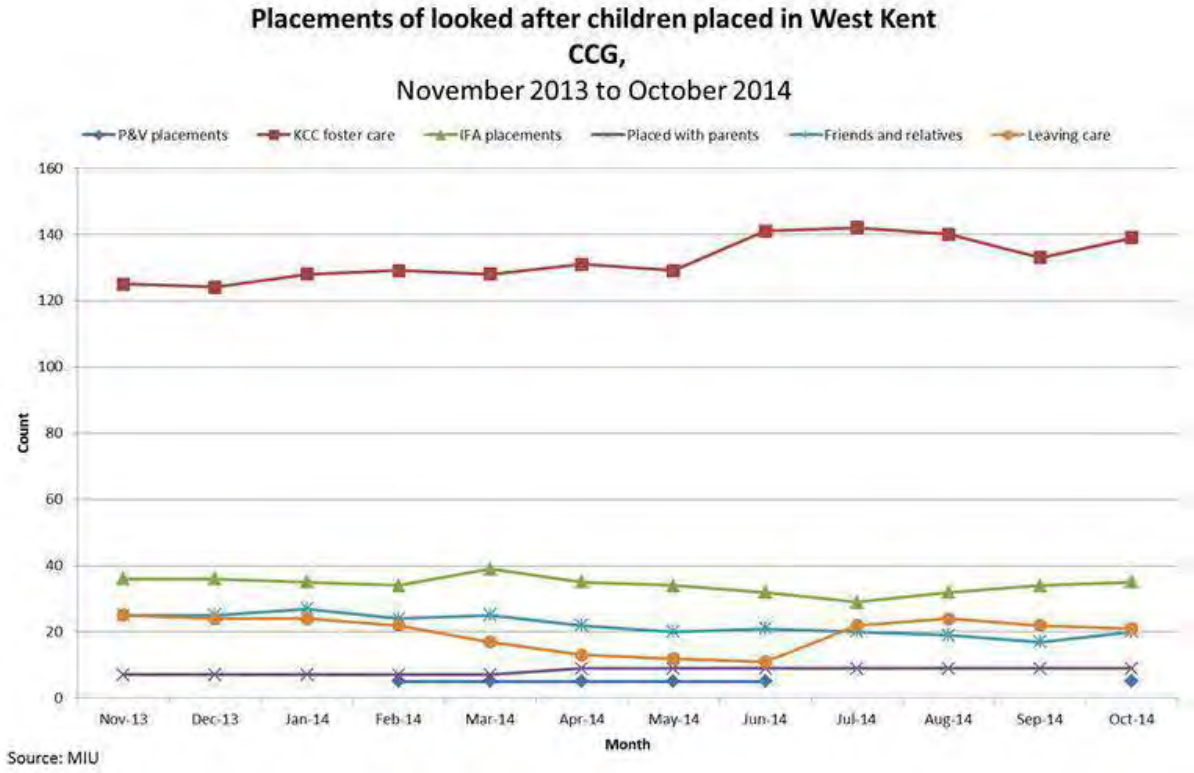

Teenage conception rates per 1,000 population, 2011 to 2013 pooled
Snodland East
Park Wood
Trench
Legend
Rate
Suppressed
0.1 - 22.5
22.6 - 30.9
31.0 - 42.7
42.8 - 116.0
Source: ONS
Prodcued by: KPHO (ES, 08/15)

Figure 74



Source: MIU

Appendix 9

Older People

Figure 77

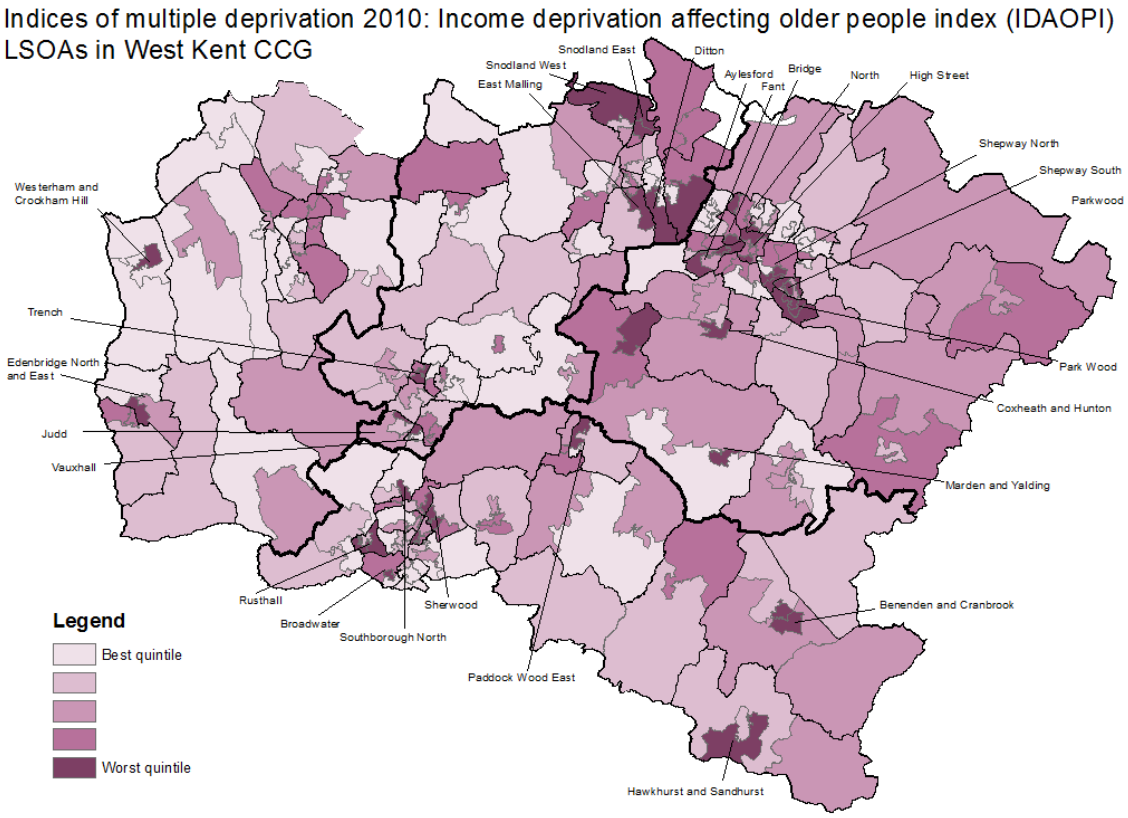
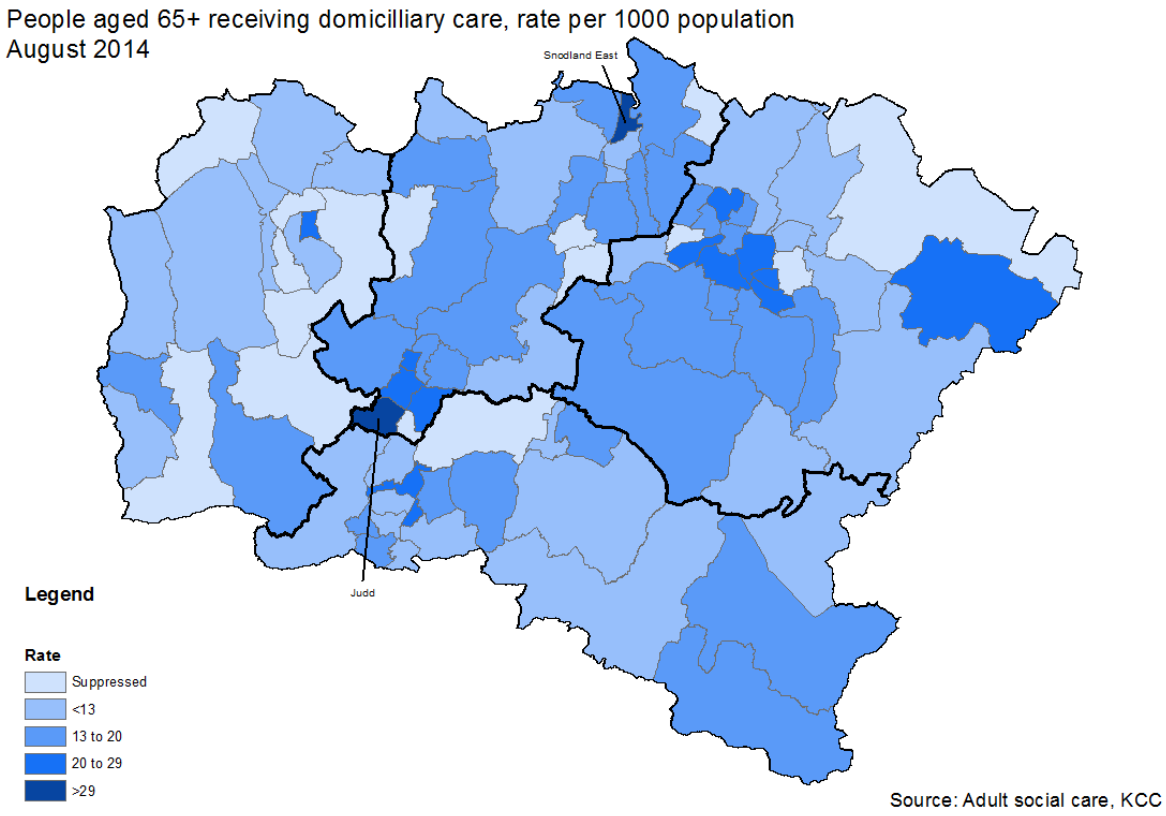


Figure 79


People aged 65+ receiving domicilliary care, rate per 1000 population
August 2014
Snodland East
Judd
Legend
Rate
Suppressed
<13
13 to 20
20 to 29
>29
Source: Adult social care, KCC

Appendix 10

Under 75 mortality

The charts below show the trend in age standardised rate and count of deaths for the selected causes for West Kent CCG. In the last time period West Kent CCG had the lowest age standardised mortality rates of the CCGs in Kent for all of the selected causes.

Figure 80

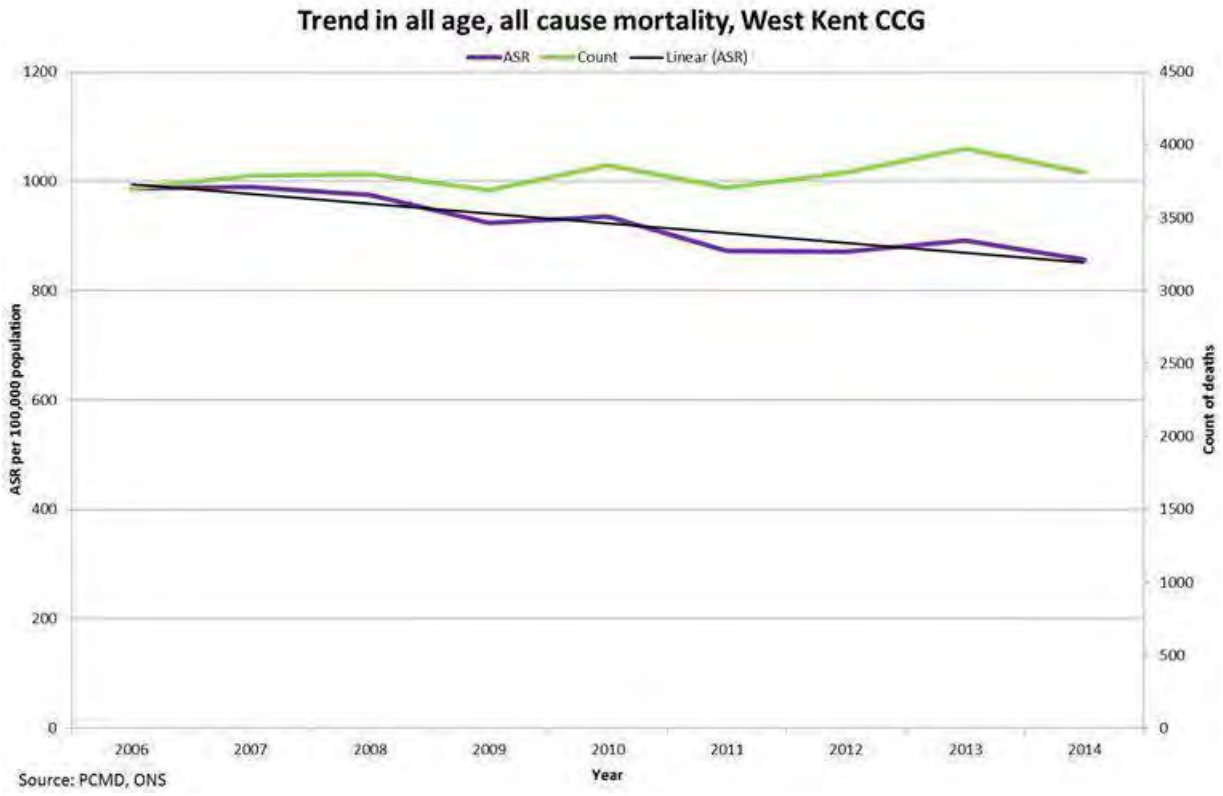


Figure 81

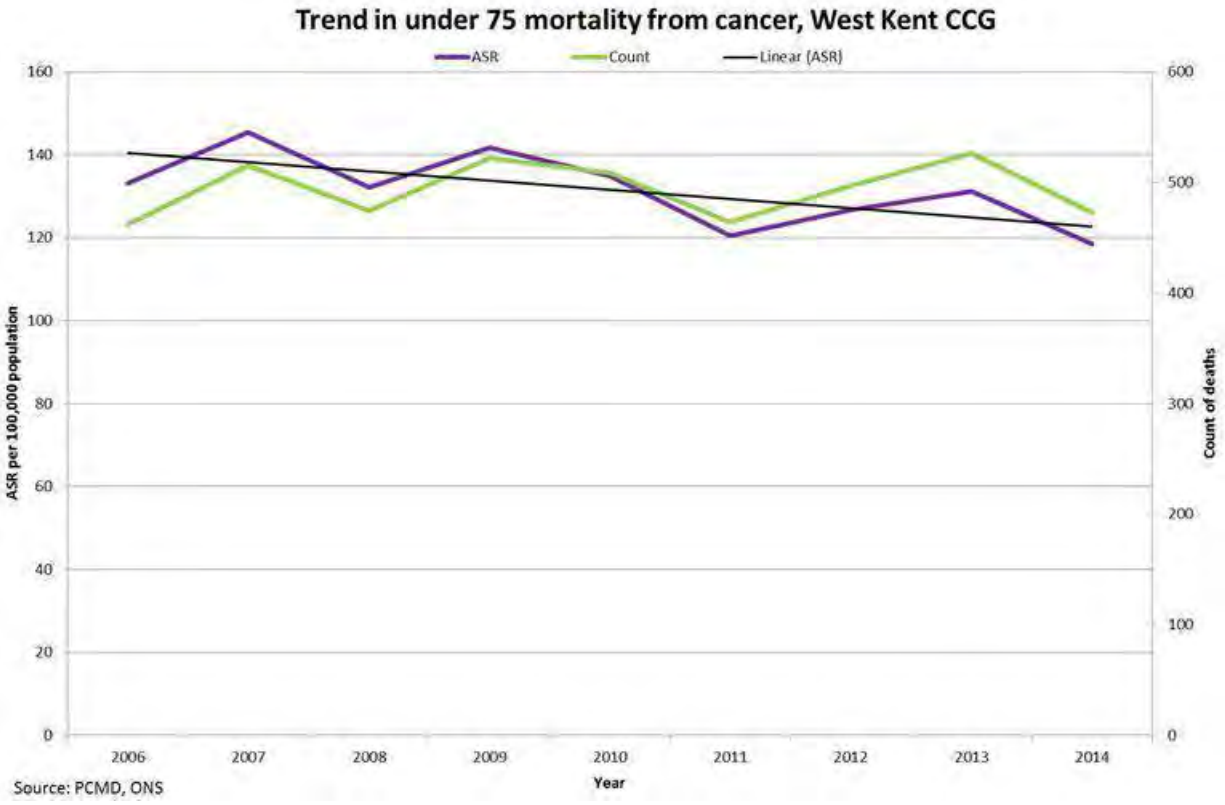


Figure 82

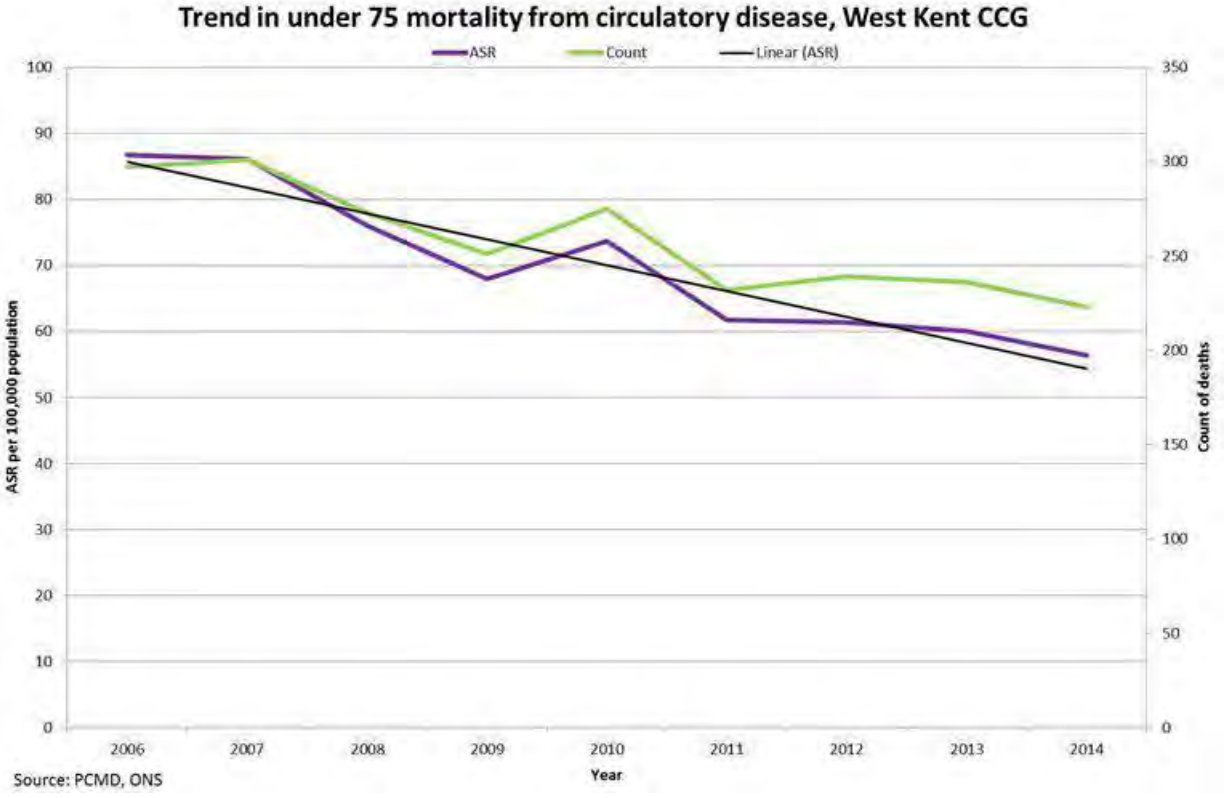


Figure 83

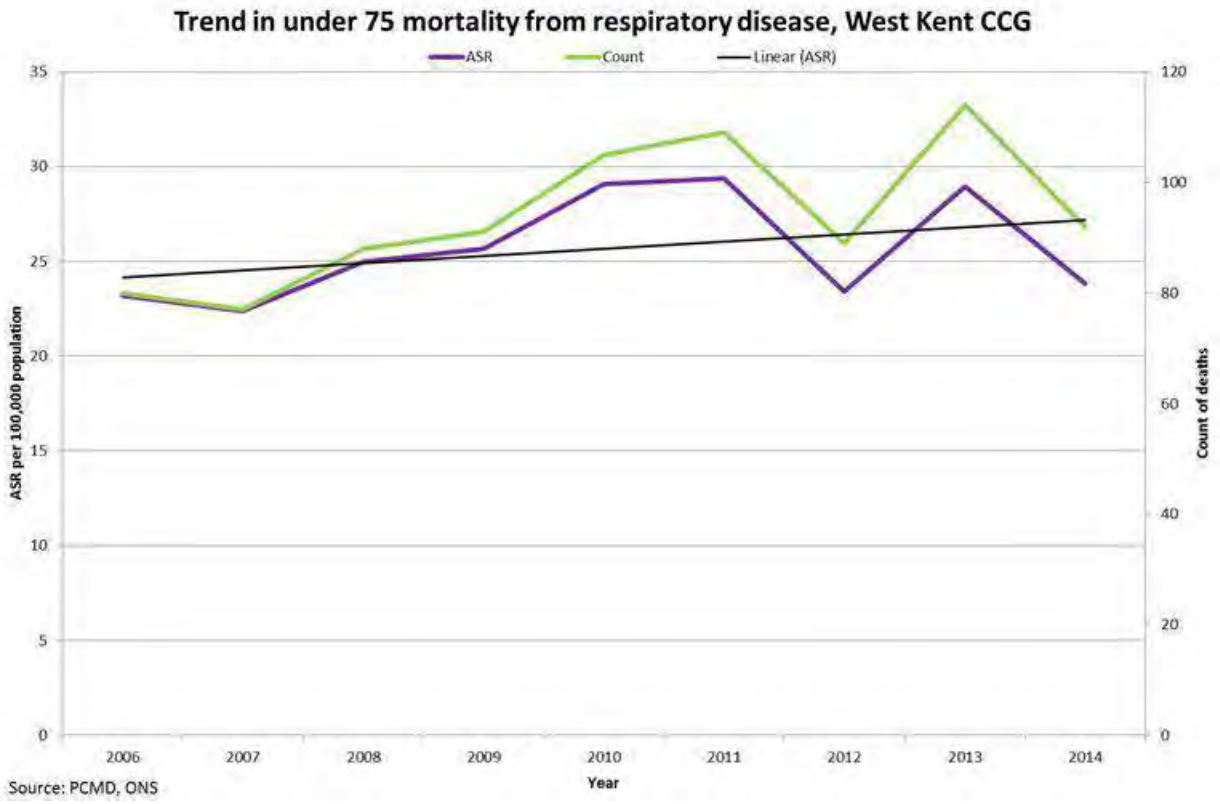
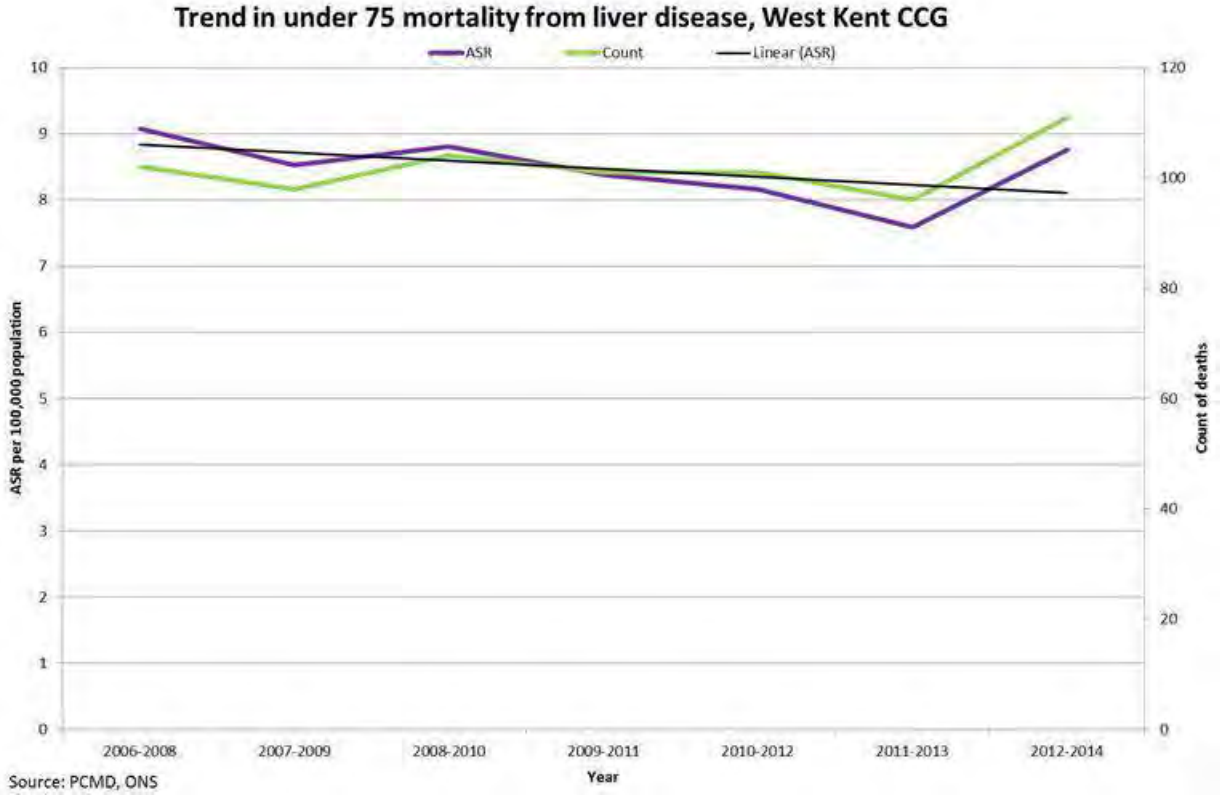


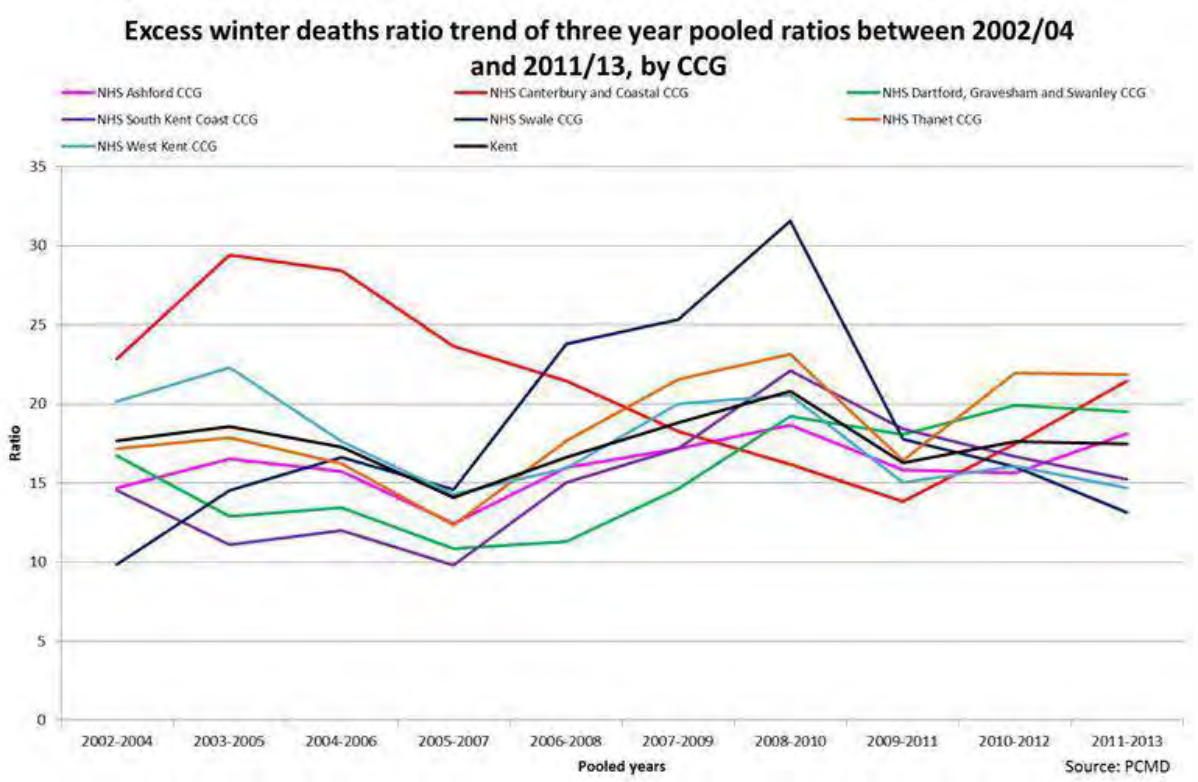
Figure 84



Appendix 11

Excess Winter Deaths

Figure 86



Appendix 12

Obesity

Figure 91

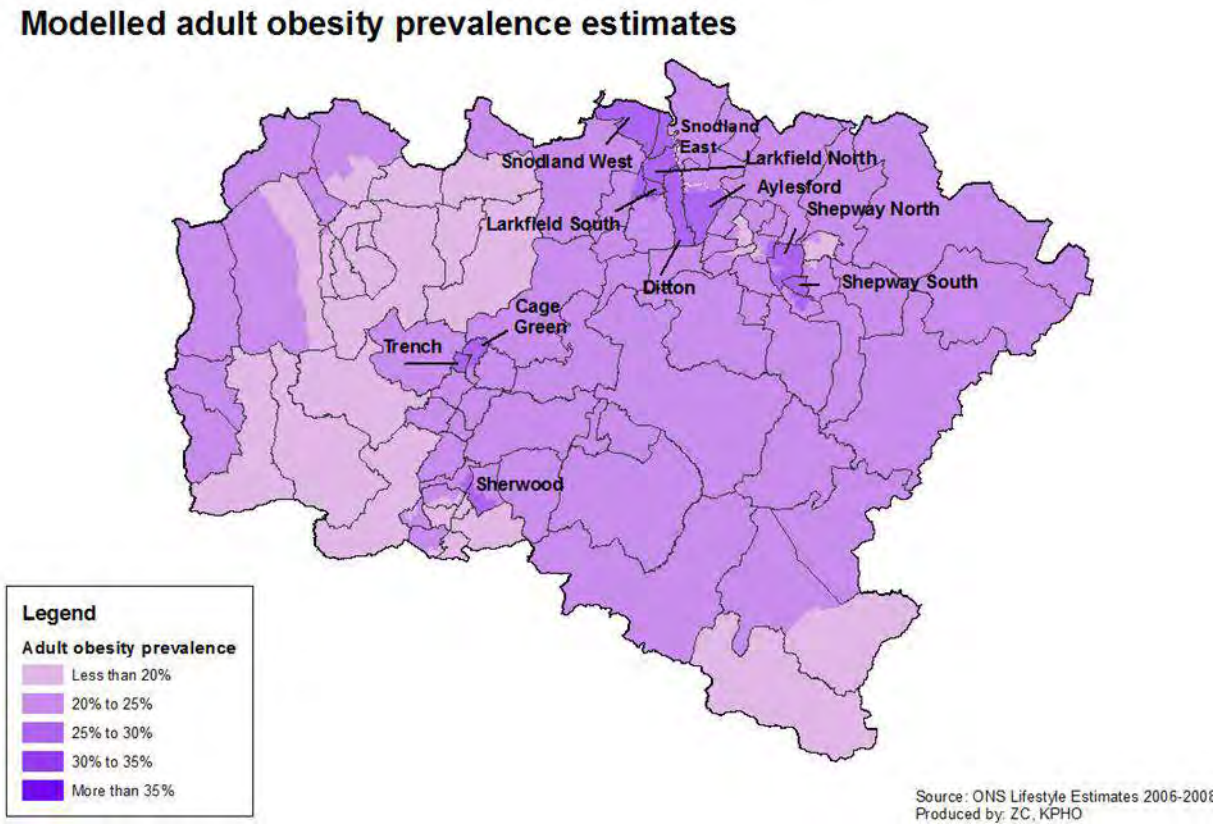


Figure 92

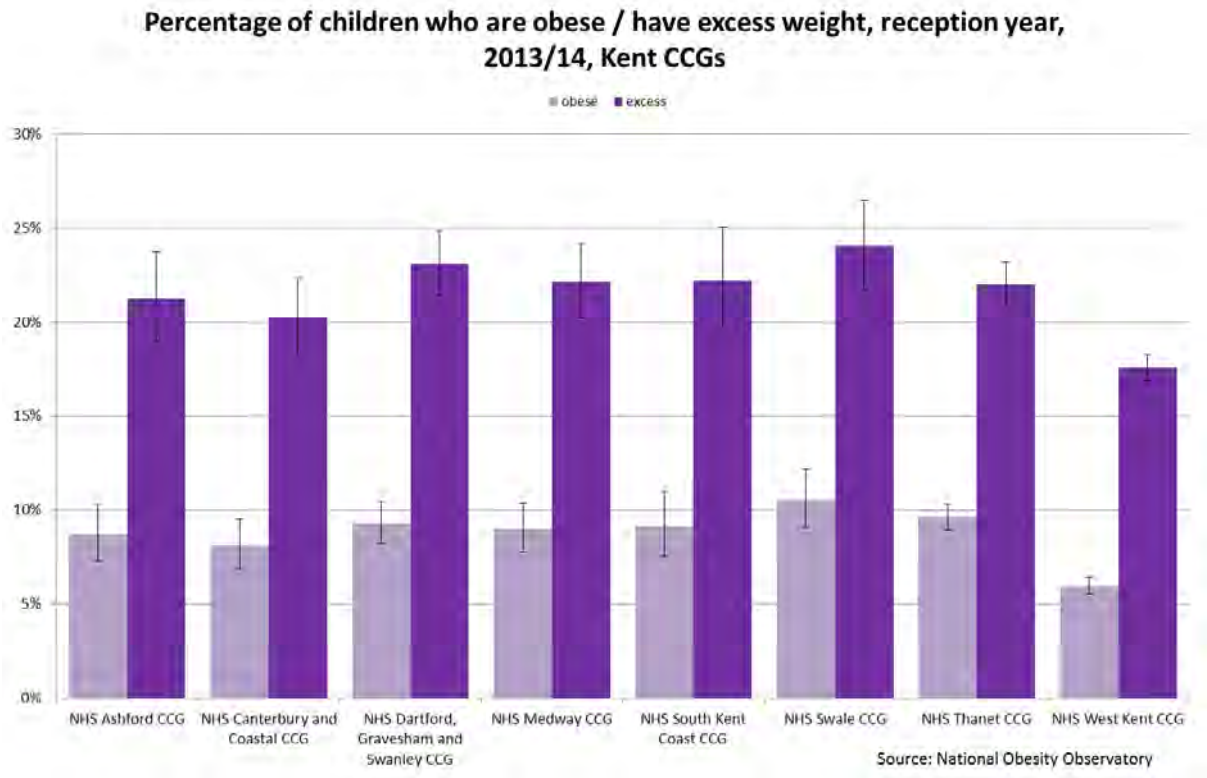


Figure 93

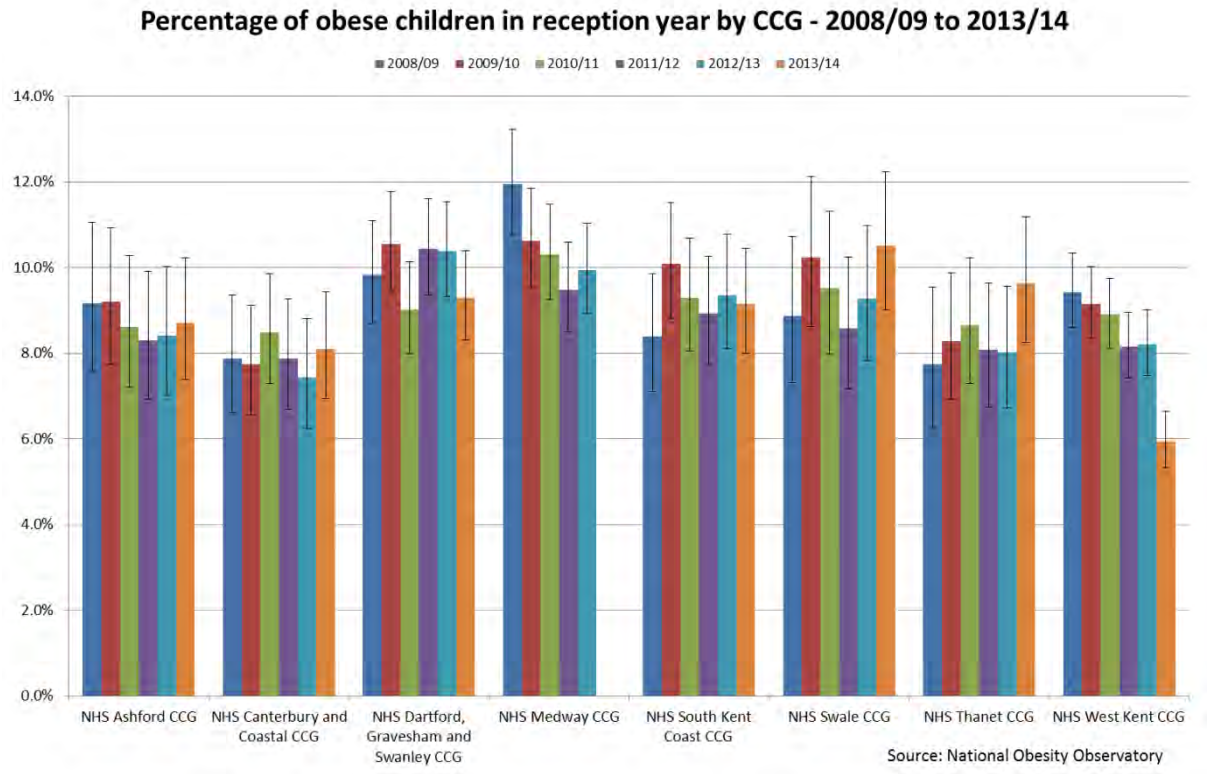


Figure 94

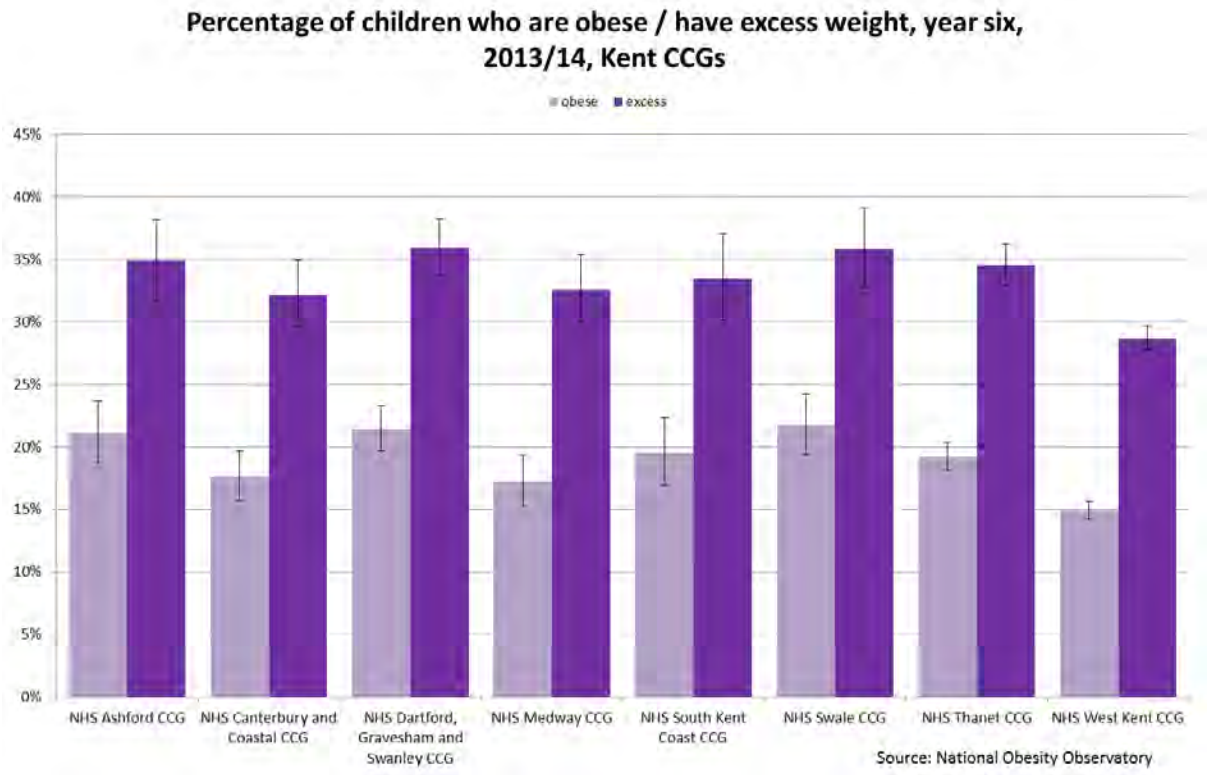


Figure 95

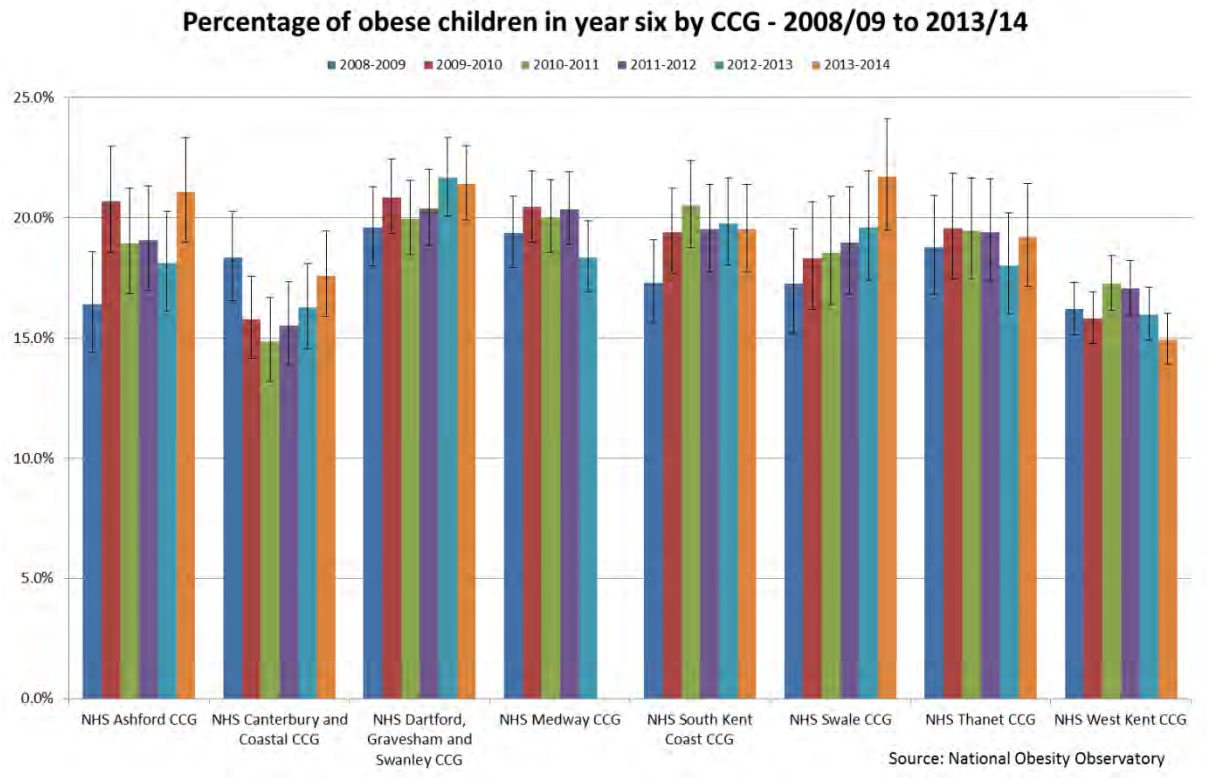


Figure 96

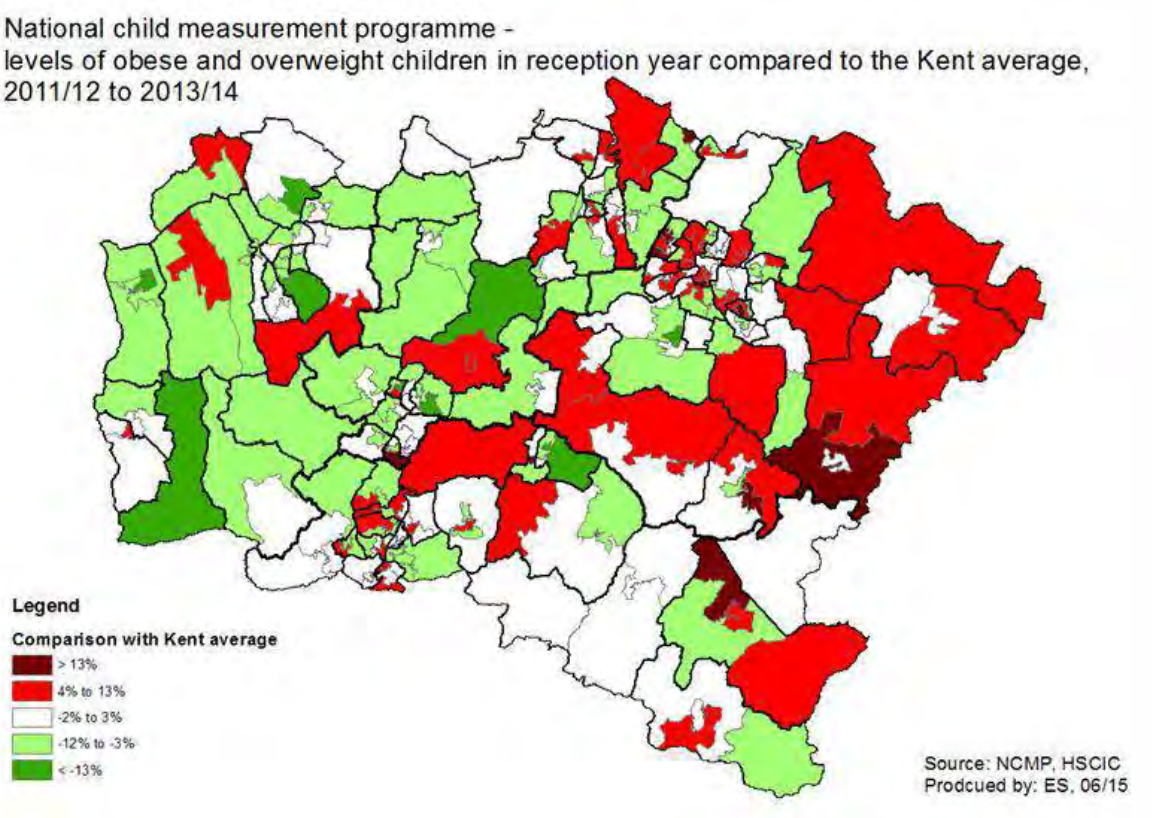
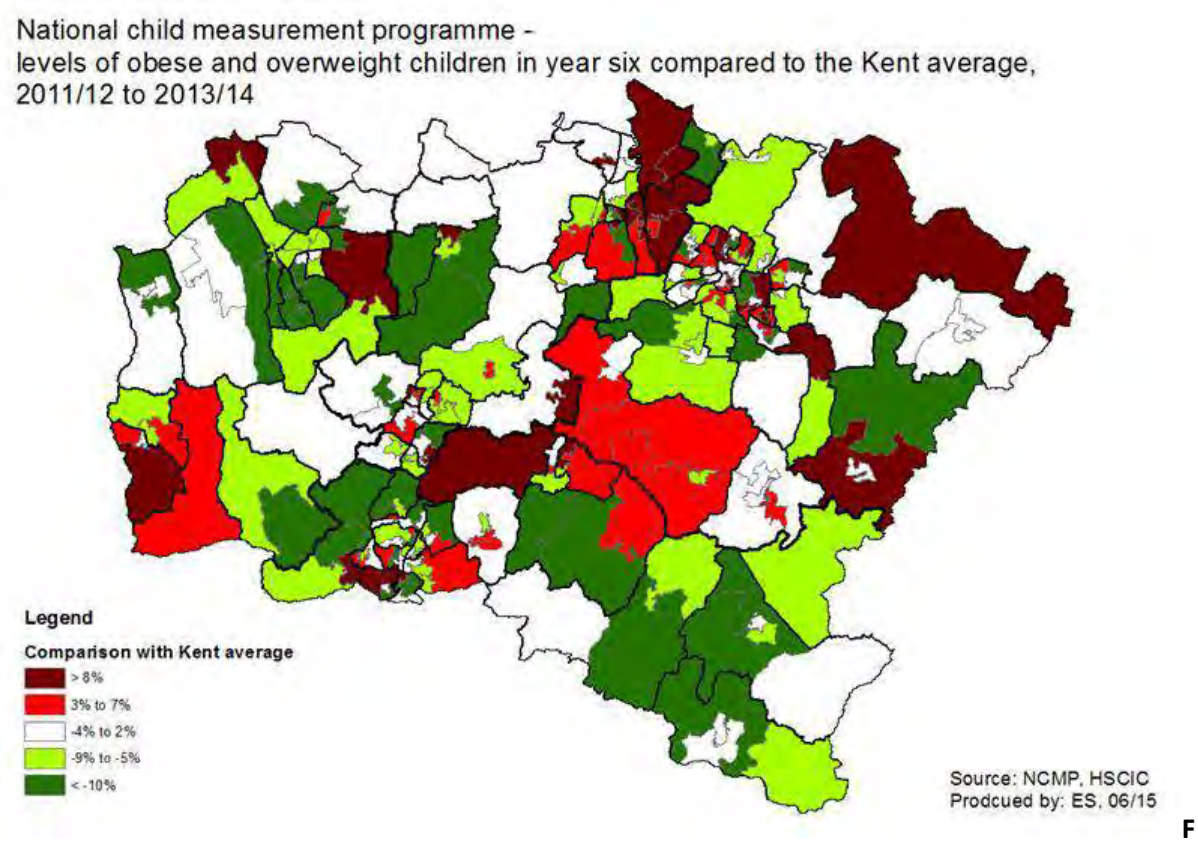

National child measurement programme -
levels of obese and overweight children in reception year compared to the Kent average,
2011/12 to 2013/14
Legend
Comparison with Kent average
> 13%
4% to 13%
-2% to 3%
-12% to -3%
< -13%
Source: NCMP, HSCIC
Prodcued by: ES, 06/15

Figure 97


National child measurement programme -
levels of obese and overweight children in year six compared to the Kent average,
2011/12 to 2013/14
Legend
Comparison with Kent average
> 8%
3% to 7%
-4% to 2%
-9% to -5%
< -10%
Source: NCMP, HSCIC
Prodcued by: ES, 06/15

F

Appendix 13

Licensed Premises

Figure 100 Licenced premises, Maidstone

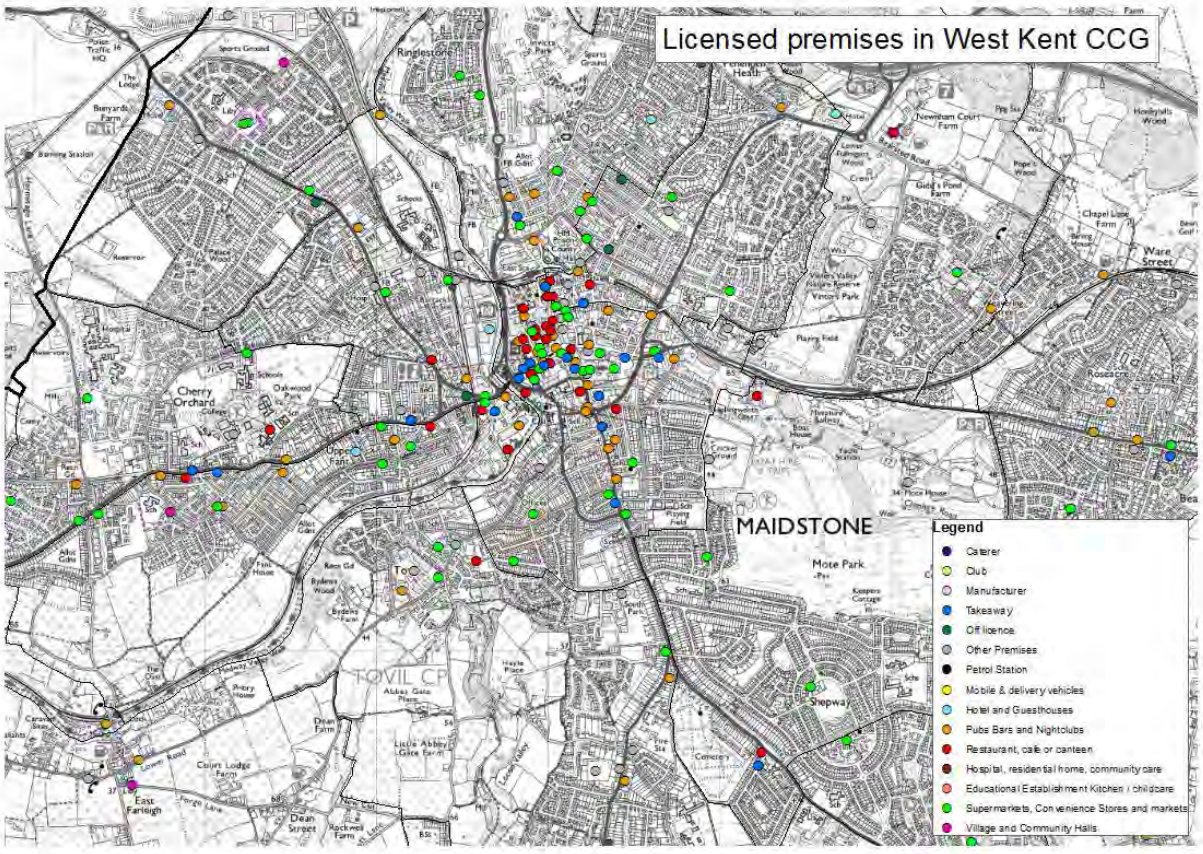


Figure 101 Licenced premises in Sevenoaks

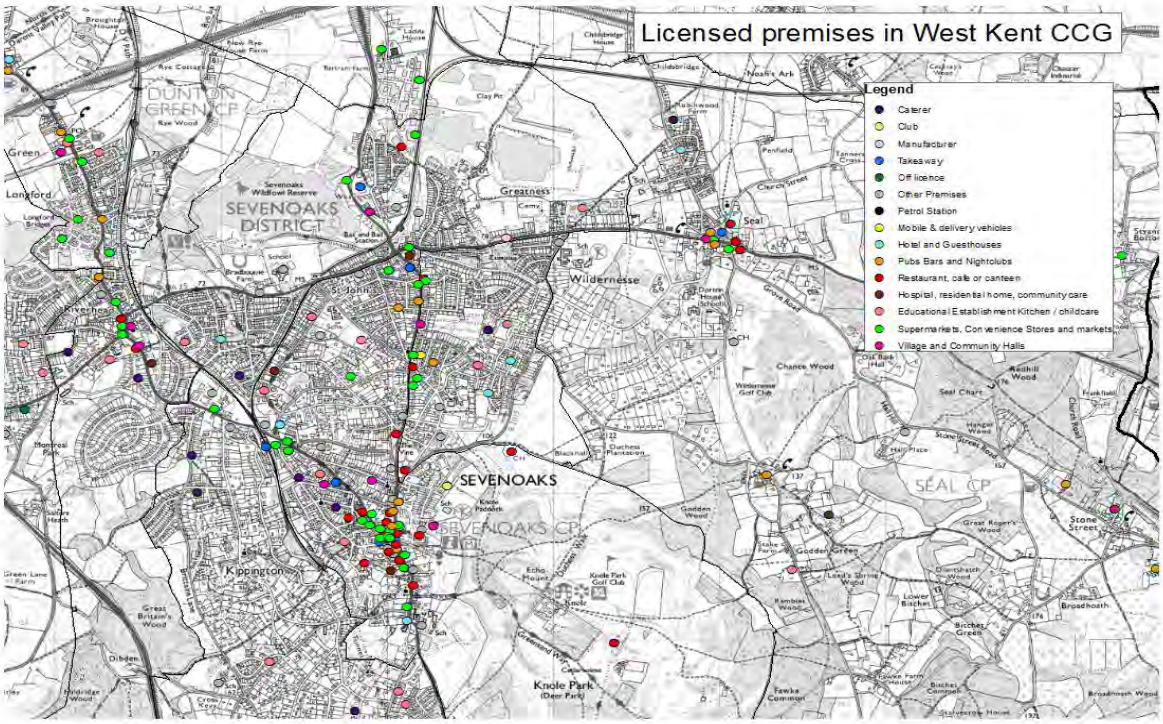


Figure 102 Licenced premises, Tonbridge

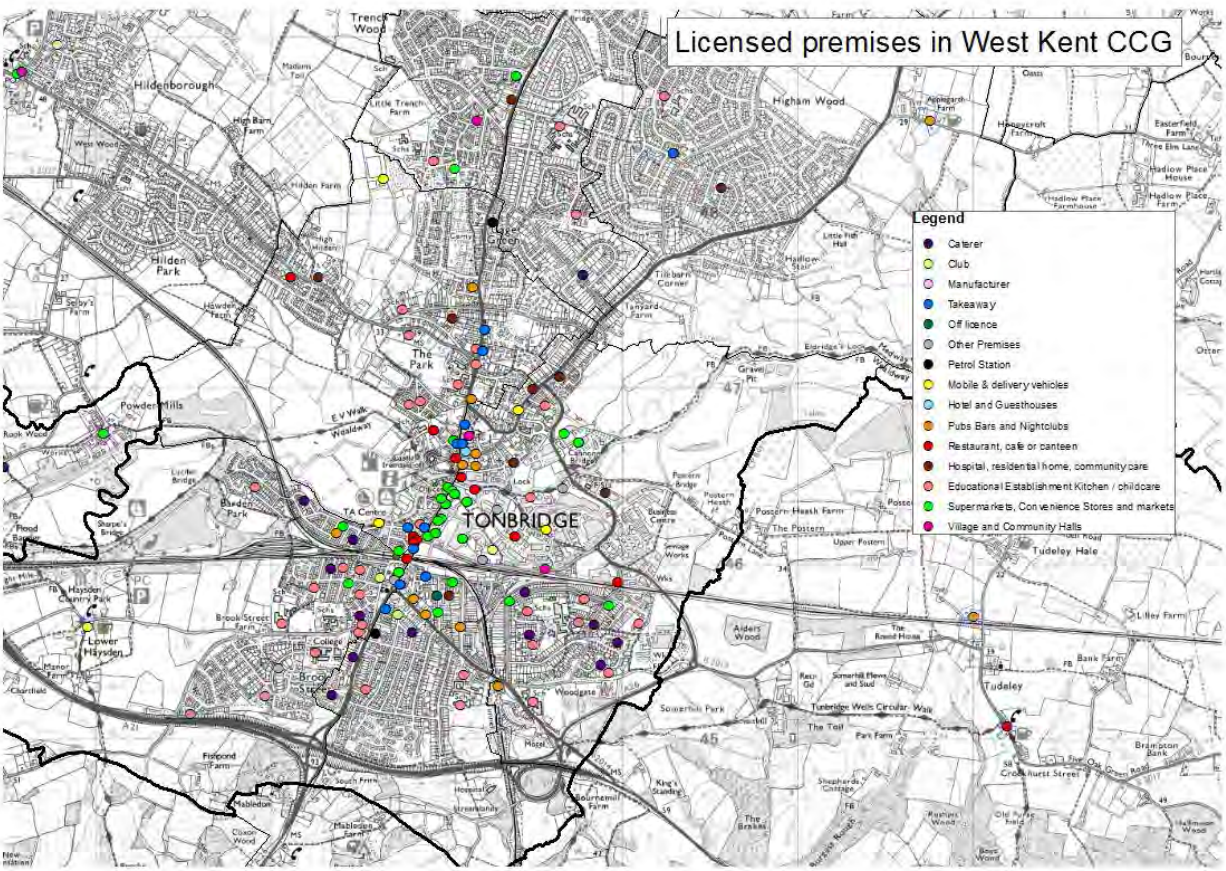
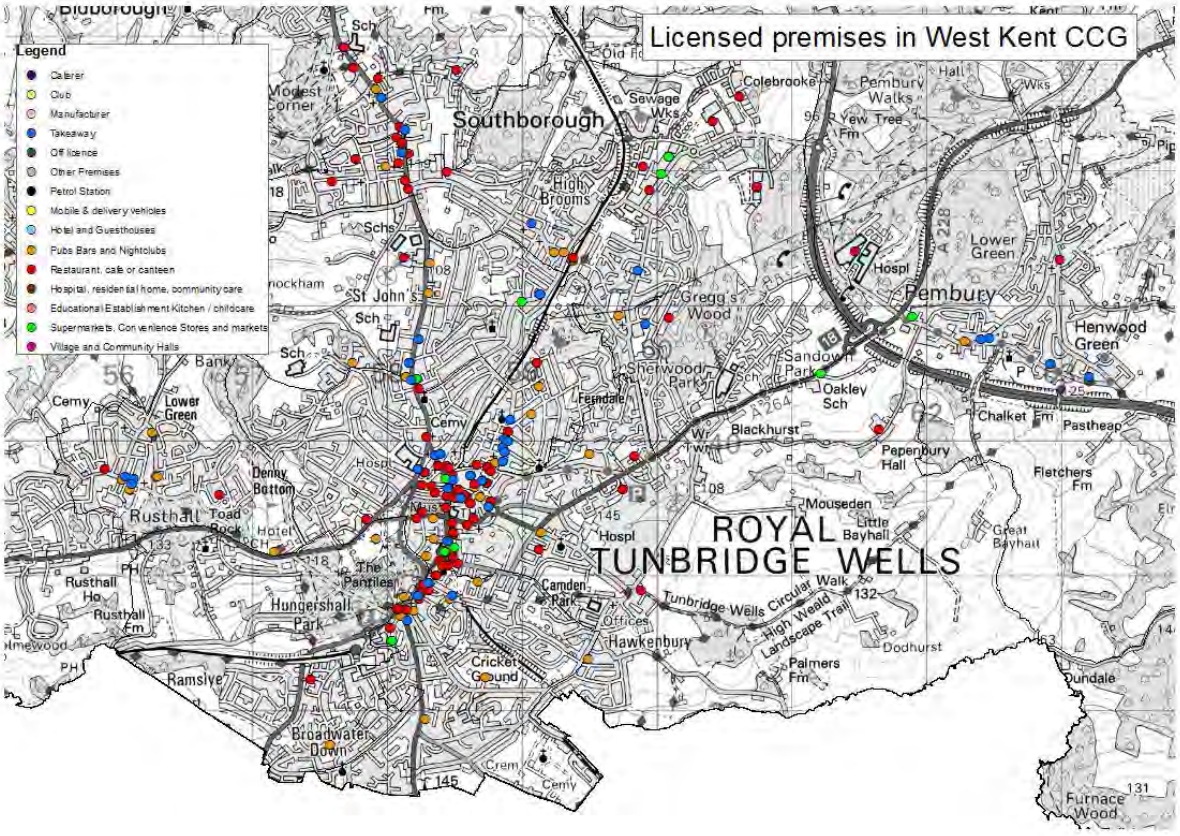


Figure 103 Licenced premises, Tunbridge Wells



Appendix 14

Sexual Health

Legal abortions

Across Kent and Medway, 42.2% of abortions are medical and 57.8% are surgical; the West Kent CCG percentages are very similar, at 43.2% and 56.8% respectively. In West Kent CCG, the percentage of abortions that are a repeat abortion (37.1%) is lower than both Kent and Medway (38.5%) and England (37.6%).

Table 12 Legal abortions: method of abortion and repeat of abortion (percentages), by CCG, 2014

Area	Method of abortion			Repeat abortions		
	Total	Medical	Surgical	All ages	Under 25	Over 25
NHS Ashford	352	*48.0*	*52.0*	*40.6*	*31.1*	*47.5*
NHS Canterbury and Coastal	500	*42.0*	*58.0*	*35.4*	*23.4*	*47.6*
NHS Dartford, Gravesham and Swanley	889	*41.4*	*58.6*	*39.7*	*26.2*	*49.3*
NHS Medway	1,052	*46.6*	*53.4*	*41.2*	*30.6*	*50.0*
NHS South Kent Coast	591	*38.9*	*61.1*	*37.1*	*25.4*	*48.6*
NHS Swale	330	*39.1*	*60.9*	*37.6*	*26.6*	*49.7*
NHS Thanet	421	*32.3*	*67.7*	*38.2*	*29.5*	*46.2*
NHS West Kent	1,240	*43.2*	*56.8*	*37.1*	*23.5*	*46.6*
Kent and Medway	5,375	*42.2*	*57.8*	*38.5*	*26.7*	*48.2*
England	176,238	*50.1*	*49.9*	*37.6*	*27.0*	*45.6*

Source: Department of Health

The abortion rate per 1,000 women aged 15 to 44 is significantly lower in West Kent CCG (15.1, 95% confidence interval: 14.5, 15.7) than England (16.0, 95% confidence interval: 16.0, 16.1). The age distribution of abortions is very similar across Kent and Medway, England and West Kent CCG.

Table 13 Legal abortions: numbers and rates by age, 2014, West Kent CCG, Kent and Medway, England

Area	Indicator	All age	95% confidence interval	Under 18	18-19	20-24	25-29	30-34	35 +
England	Numbers	176,238	175,416 - 177,063	10,432	15,629	50,123	42,142	30,824	27,088
	Rate per 1,000 women	16.0*	16.0 - 16.1	11	24	28	23	17	8
Kent and Medway	Numbers	5,375	5,232 - 5,521	341	542	1,546	1,186	924	836
	Rate per 1,000 women	15.9*	15.6 - 16.2	10	25	28	23	17	7
West Kent CCG	Numbers	1,240	1,172 - 1,311	77	129	305	284	242	203
	Rate per 1,000 women	15.1*	14.5 - 15.7	8	25	28	22	17	6

Source: Department of Health
*Rate per 1,000 resident women aged 15-44 ASR

In Kent and Medway and West Kent CCG, a much higher proportion of abortions are independently funded (95% in both) in comparison to England (68%).

Table 14: Legal abortions: percentage of abortions by purchaser, 2014, West Kent CCG, Kent and Medway, England

	Purchaser		
Area	NHS hospital	NHS funded Independent sector	Privately funded
England	30	68	2
Kent and Medway	4	95	1
West Kent CCG	4	95	1

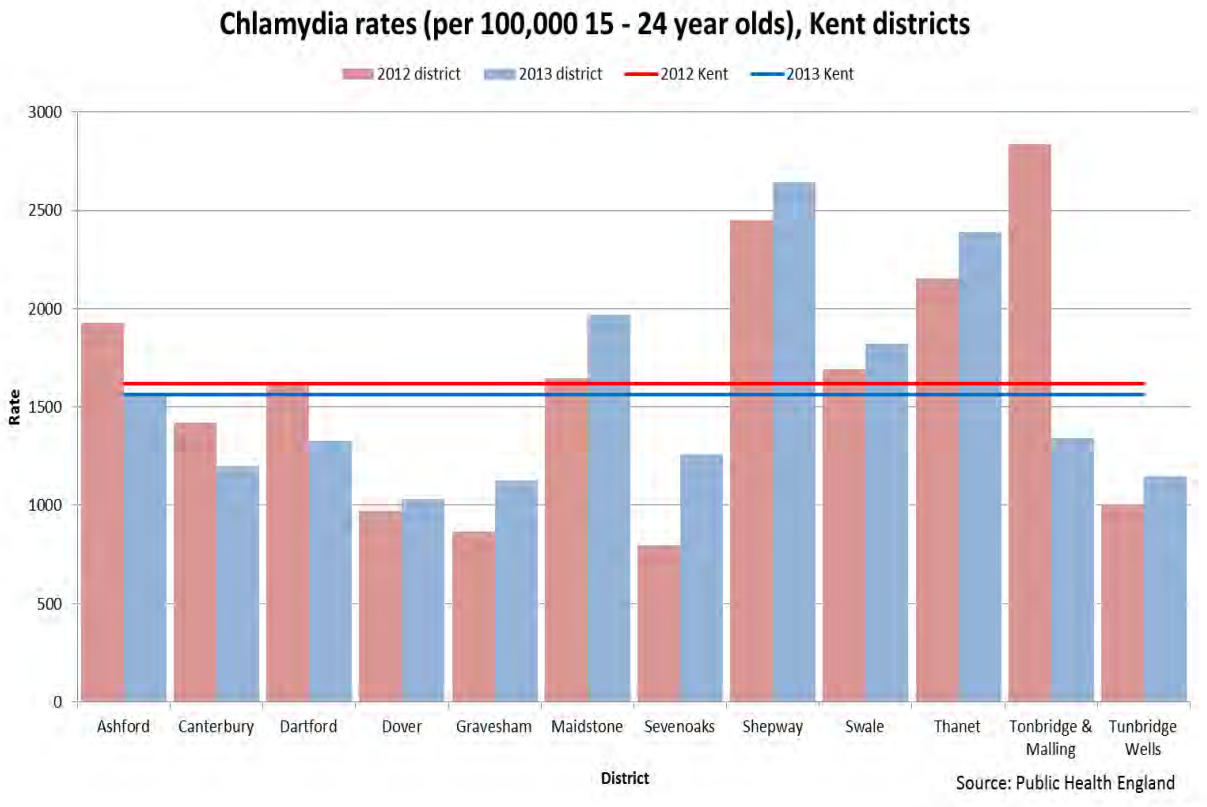
Source: Department for Health

Chlamydia

The National Chlamydia Screening Programme (NCSP) in England was established in 2003 with the following objectives:

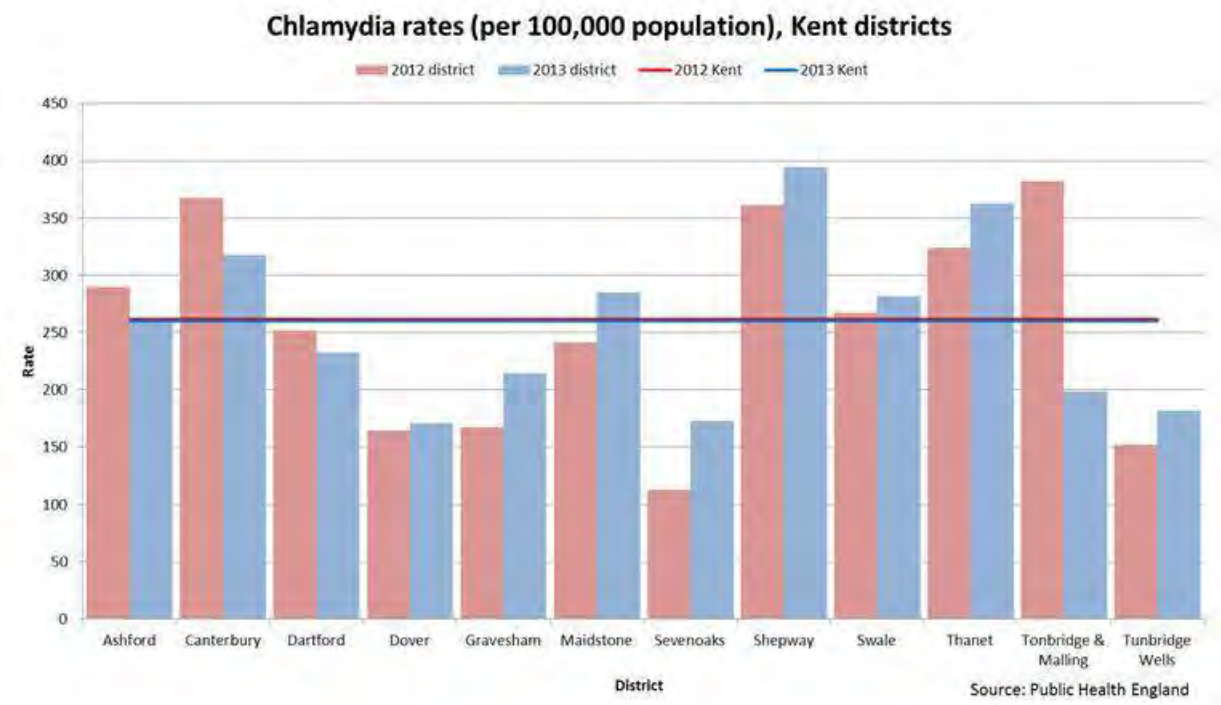
1. Preventing and control chlamydia through early detection and treatment of infection;
2. Reduce onward transmission to sexual partners;
3. Prevent the consequences of untreated infection;
4. Ensure all sexually active under 25 year olds are informed about chlamydia, and have access to sexual health services that can reduce risk of infection or transmission;
5. Normalise the idea of regular chlamydia screening among young adults so they expect to be screened annually or when they change partner.

Figure 111



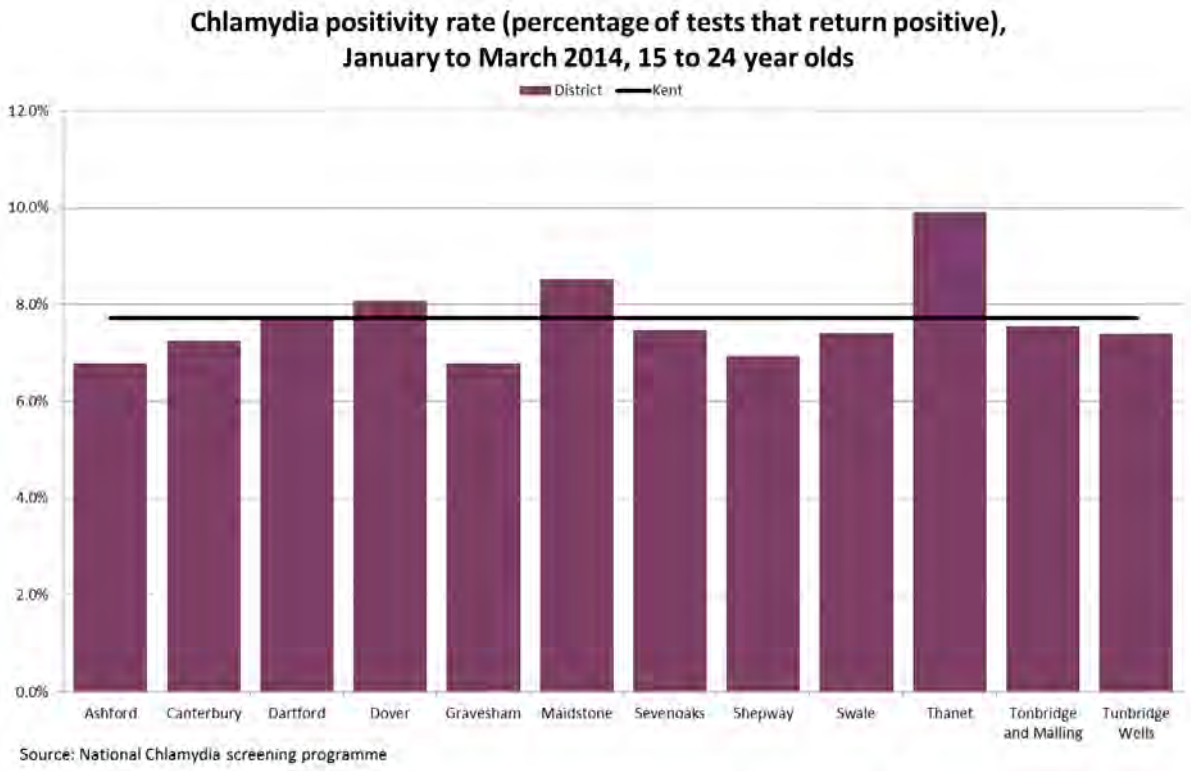
Overall, in Kent, chlamydia rates have decreased between 2012 and 2013, from 1619.8 to 1563.0 per 100,000 people aged between 15 and 24 years. The decrease observed in Tonbridge and Malling has been substantial (2838.0 to 1344.0); however increase in rates have occurred in the other West Kent districts. The percentage of population tested in Tonbridge and Malling has fallen from 44.2% in 2012 to 18.0% in 2013, which could account for some of the decrease observed in chlamydia rates.

Figure 112



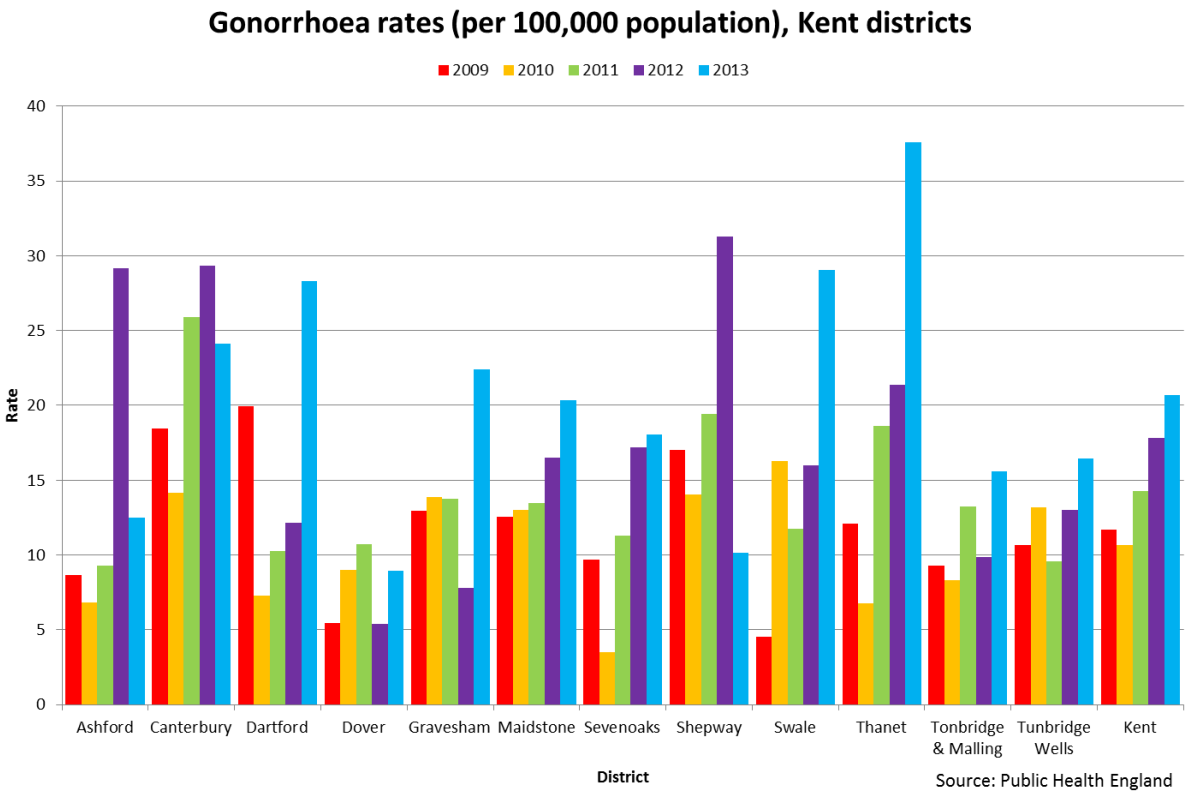
Across Kent, the chlamydia rate has remained stable between 2012 and 2013, at approximately 260 diagnoses per 100,000 population. Again, a substantial decrease has been observed in Tonbridge and Malling; however rates in the other West Kent districts increased over this time period. Overall, in Kent, chlamydia rates have decreased between 2012 and 2013, from 1619.8 to 1563.0 per 100,000 people aged between 15 and 24 years. The decrease observed in Tonbridge and Malling has been substantial (2838.0 to 1344.0); however increase in rates have occurred in the other West Kent districts. The percentage of population tested in Tonbridge and Malling has fallen from 44.2% in 2012 to 18.0% in 2013, which could account for some of the decrease observed in chlamydia diagnostic rates. Some caution should be given to Tonbridge and Malling data due to missing postcodes**.**

Figure 113



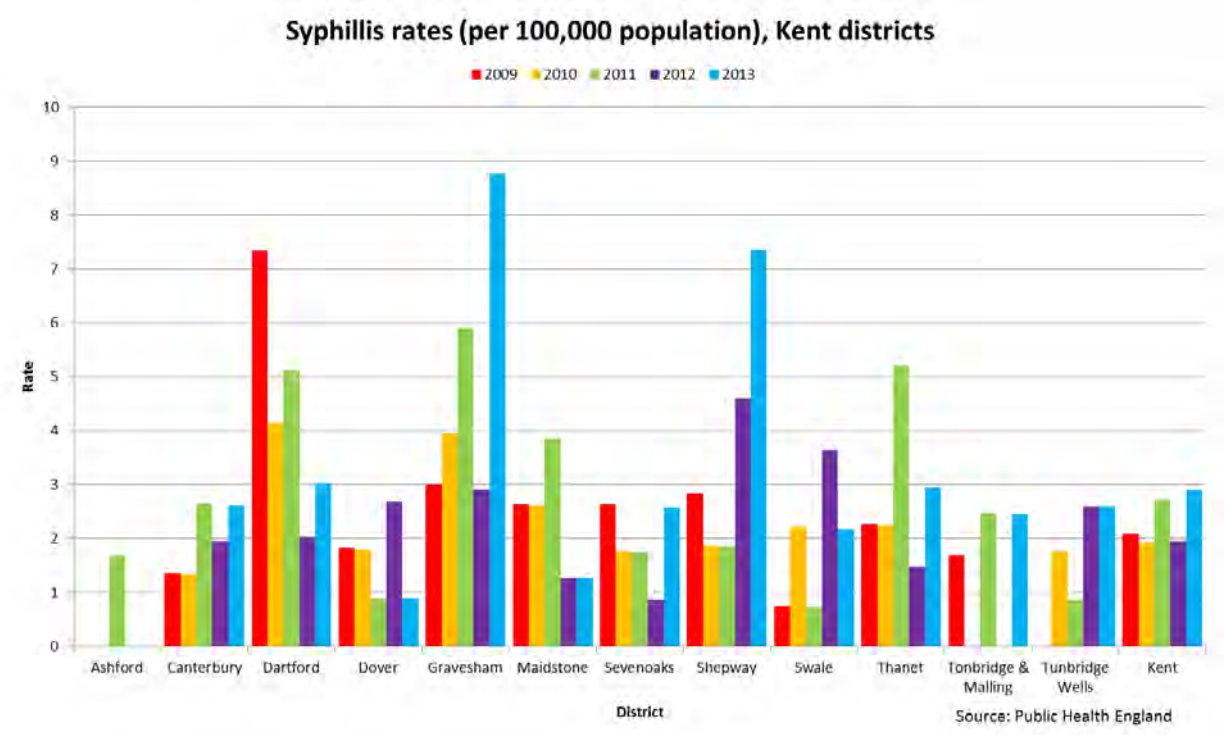
Maidstone (8.5%) had a higher positivity rate for chlamydia tests than Kent (7.7%) in the first quarter of 2014 whilst the other West Kent district had lower percentages. There could be underlying causes for this; such as, more targeted testing.

Figure 114



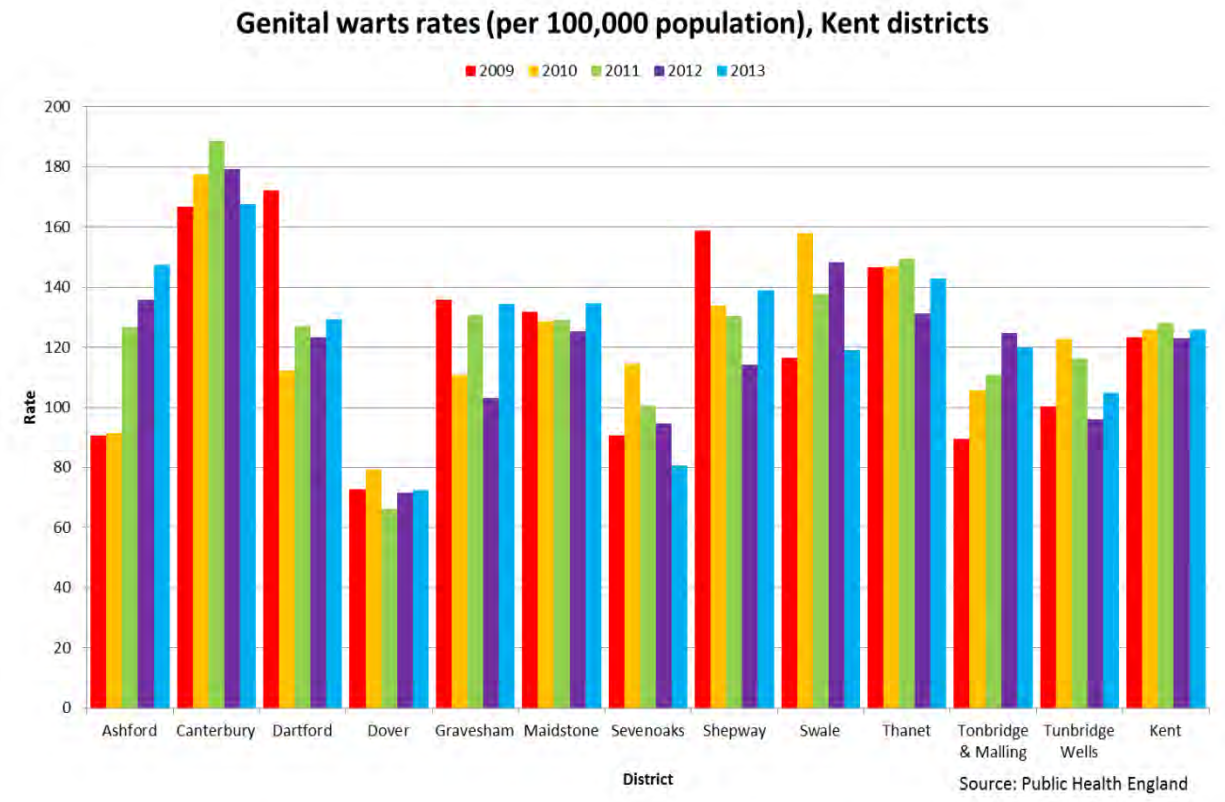
Over the past five years, the gonorrhoea diagnosis rate has increased by 2.51 (95% confidence interval: 0.9, 4.1) diagnoses per 100,000 population annually. Of the West Kent districts, the increase in Sevenoaks has been greatest at 3.04 (95% confidence intervals: -1.03, 7.11); however, the rate of change is not significantly different from Kent. Ensuring accurate treatment for gonorrhoea is crucial given antimicrobial resistance.

Figure 115



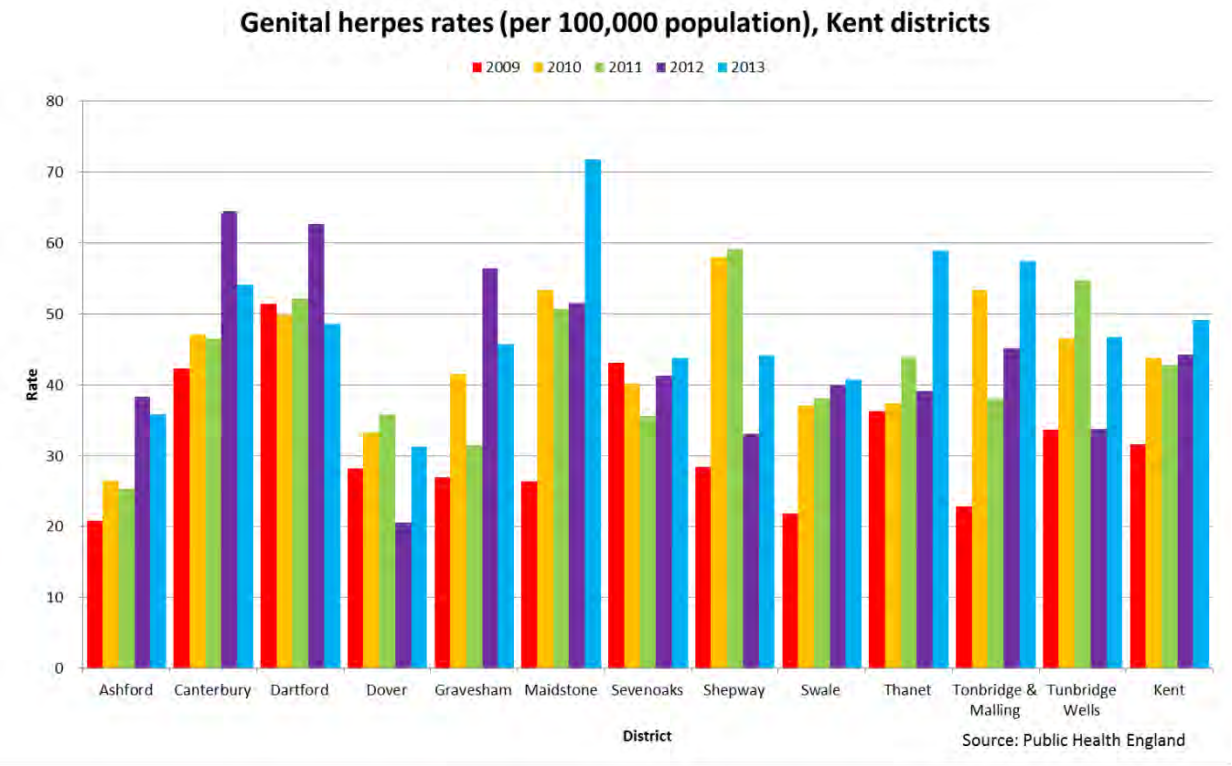
The syphilis diagnosis rate is very low, with just 43 cases diagnosed across Kent in 2013.

Figure 116



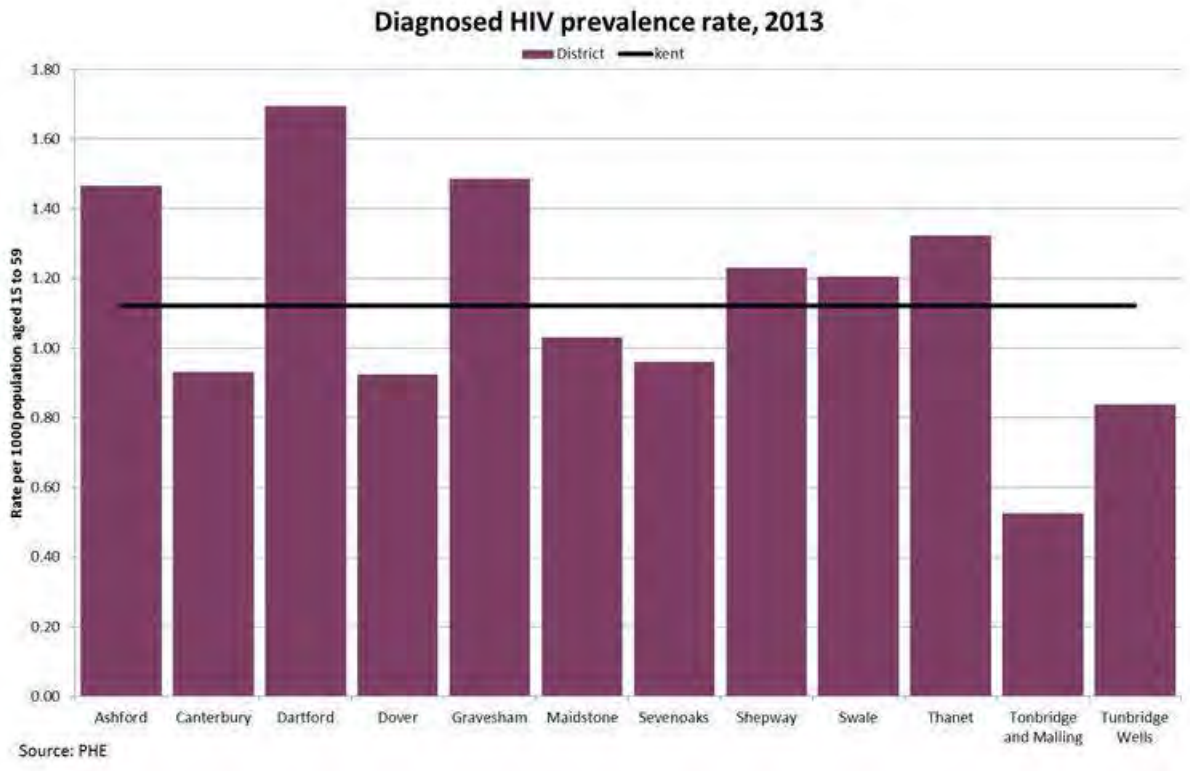
Across Kent, there has been very little change in the diagnosis rate of genital warts (0.26 diagnoses per 100,000 population annually, 95% confidence interval: -2.18, 2.70). With the exception of Maidstone, rates in the West Kent districts tend to be slightly lower than the Kent rates.

Figure 117



Across Kent, the genital herpes diagnosis rate has risen by 3.56 cases per 100,000 population per year (95% confidence interval: -0.13, 7.25). Of the West Kent districts, the rate of change is highest in Maidstone (8.91, 95% confidence interval: -0.31, 18.14) and Tonbridge and Malling (6.11, 95% confidence interval: -5.20, 17.41); however, these are not significantly different from the rate of change observed across Kent.

Figure 118



All of the west Kent CCG districts have lower diagnosed HIV prevalence rates compared to Kent (1.12 per 1,000).

HIV Testing through primary care

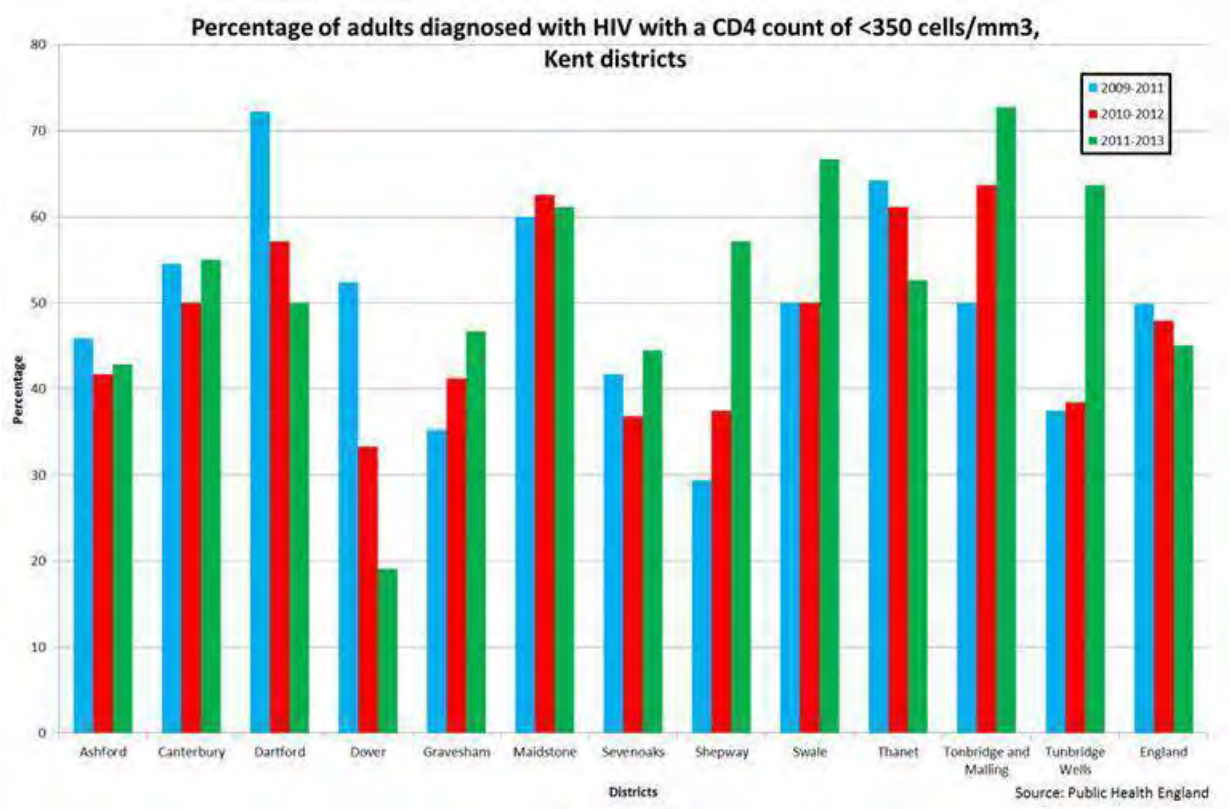
Table 16: Prevalence (per 1,000 women booked) of HIV in women booked for antenatal care, 2013, by Trust

PHEC (HPT)	Trust	Prevalence
Kent	Maidstone and Tunbridge Wells NHS Trust	0.8
Kent	Medway NHS Trust	0.9
Kent	East Kent Hospitals NHS Trust	1.3
Kent	Dartford and Gravesham NHS Trust	2.0

Source: Public Health England

HIV is checked for routinely at antenatal clinics. The HIV prevalence among women booked for antenatal care at Maidstone and Tunbridge Wells NHS Trust was the lowest of the Kent and Medway Trusts in 2013 at 0.8 per 1,000 women booked.

Figure 119

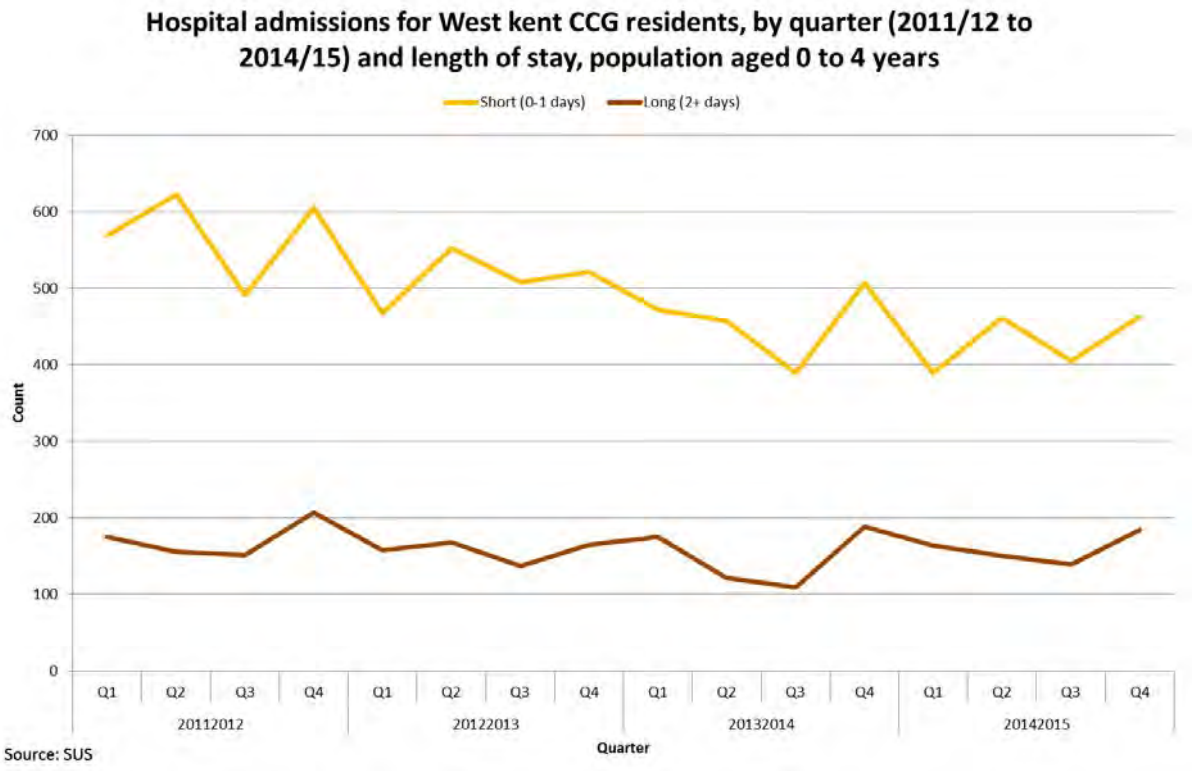


HIV key strategic priorities are to (i) reduce the proportion of late HIV diagnoses and, (ii) increase the proportion of HIV infections diagnosed. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing. In the current UK guidelines, it is recommended that an individual starts HIV treatment when the CD4 cell count is around 350mm^3. Doctors use a test that 'counts' the number of CD4 cells in a cubic millimetre of blood (a very small sample). A normal CD4 count in a healthy, HIV-negative adult can vary but is usually between 500 and 1500 CD4 cells/mm^3.

Across England, the percentage of people who receive a late diagnosis of HIV has been falling, from 49.8% in 2009-2011 to 45.1% in 2011-13. This is an annual decrease of 2.4% (95% confidence interval: -6.0, 1.2). The percentage of people being diagnosed with a late HIV case has increased over the past three time periods in all West Kent districts, most notably in Tonbridge and Malling, with an increase of 11.4% annually (95% confidence interval: -5.3, 28.0) and Tunbridge Wells at 13.1% (95% confidence interval: -75.7, 101.9).

Appendix 15

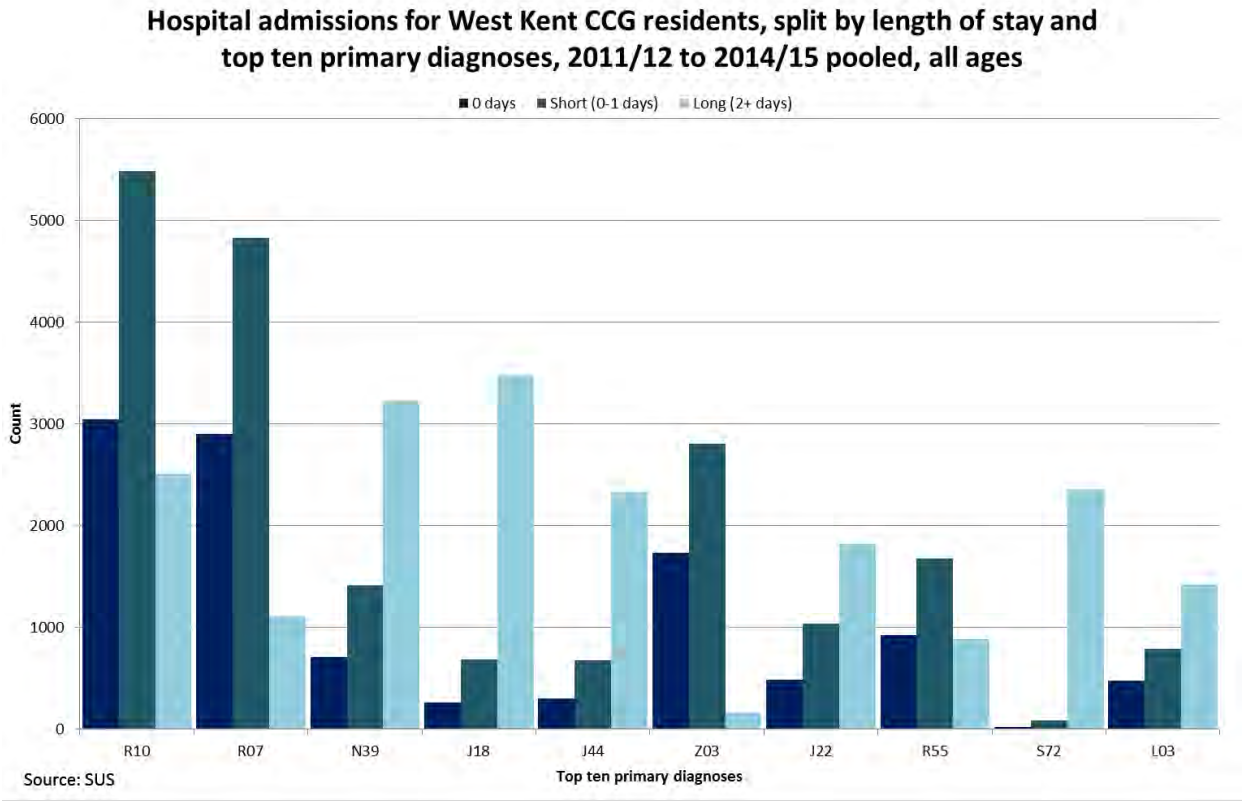
Figure 125



Primary diagnosis and total payment for spell

Across Kent, length of stay significantly predicts total payment per spell ($p<0.001$), with cost increasing by 131.48 (95% CI: 131.06, 131.90) per day and length of stay accounting for 40.5% of the variance observed in cost.

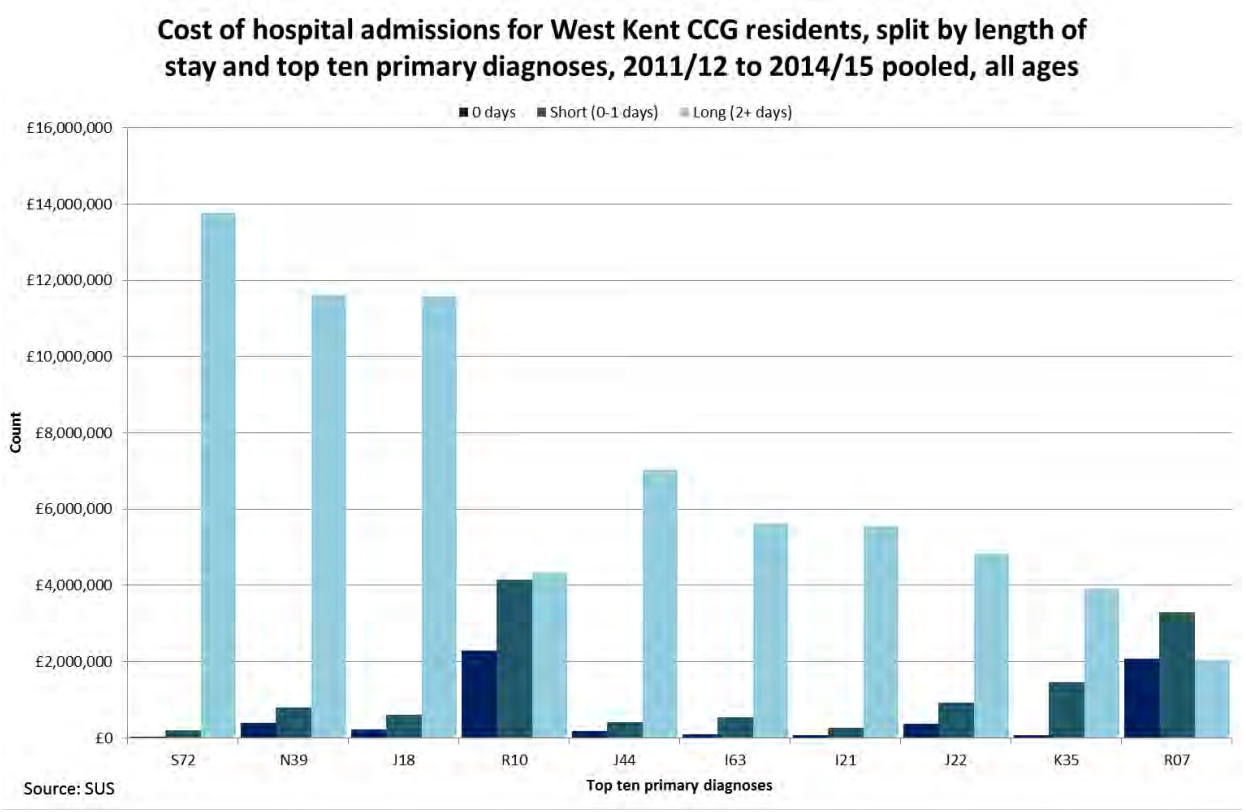
Figure 126



Abdominal and pelvic pain	R10
Pain in throat and chest	R07
Other disorders of urinary system	N39
Pneumonia, organism unspecified	J18
Other chronic obstructive pulmonary disease	J44
Medical observations and evaluation for suspected diseases and conditions	Z03
Unspecified acute lower respiratory infection	J22
Syncope and collapse	R55
Fracture of femur	S72
Cellulitis	L03

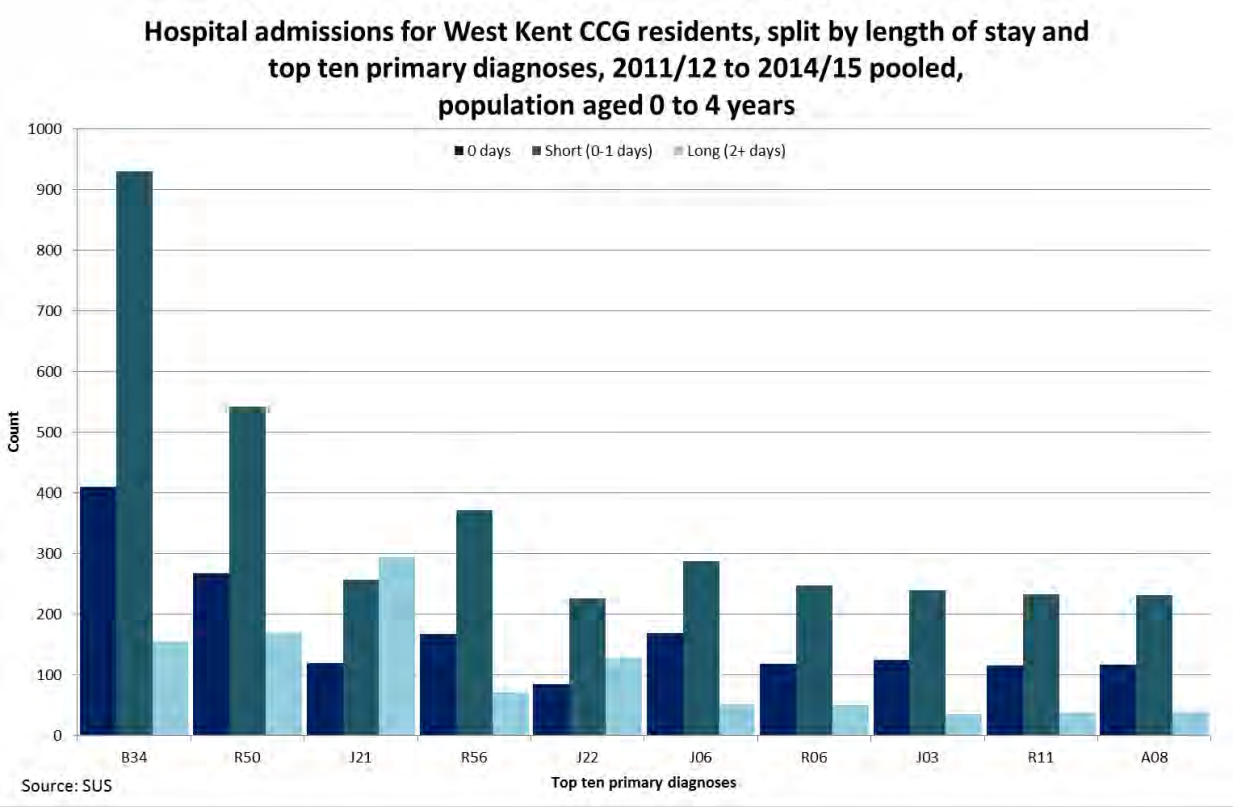
Abdominal and pelvic pain accounted for 5.1% (7992 admissions) of total admissions in West Kent CCG over the past four years. Of the 7992 admissions, 38.1% were day cases, 68.6% short stays and 31.4% long stay admissions. 96.4% of admissions for fracture of femur lasted for 2 or more days, and this was the most expensive admission in West Kent CCG, accounting for £13,961,138 (4.6% of total payment for spell cost) over the past four years.

Figure 127



Fracture of femur	S72
Other disorders of urinary system	N39
Pneumonia, organism unspecified	J18
Abdominal and pelvic pain	R10
Other chronic obstructive pulmonary disease	J44
Cerebral infarction	I63
Acute myocardial infarction	I21
Unspecified acute lower respiratory infection	J22
Acute appendicitis	K35
Pain in throat and chest	R07

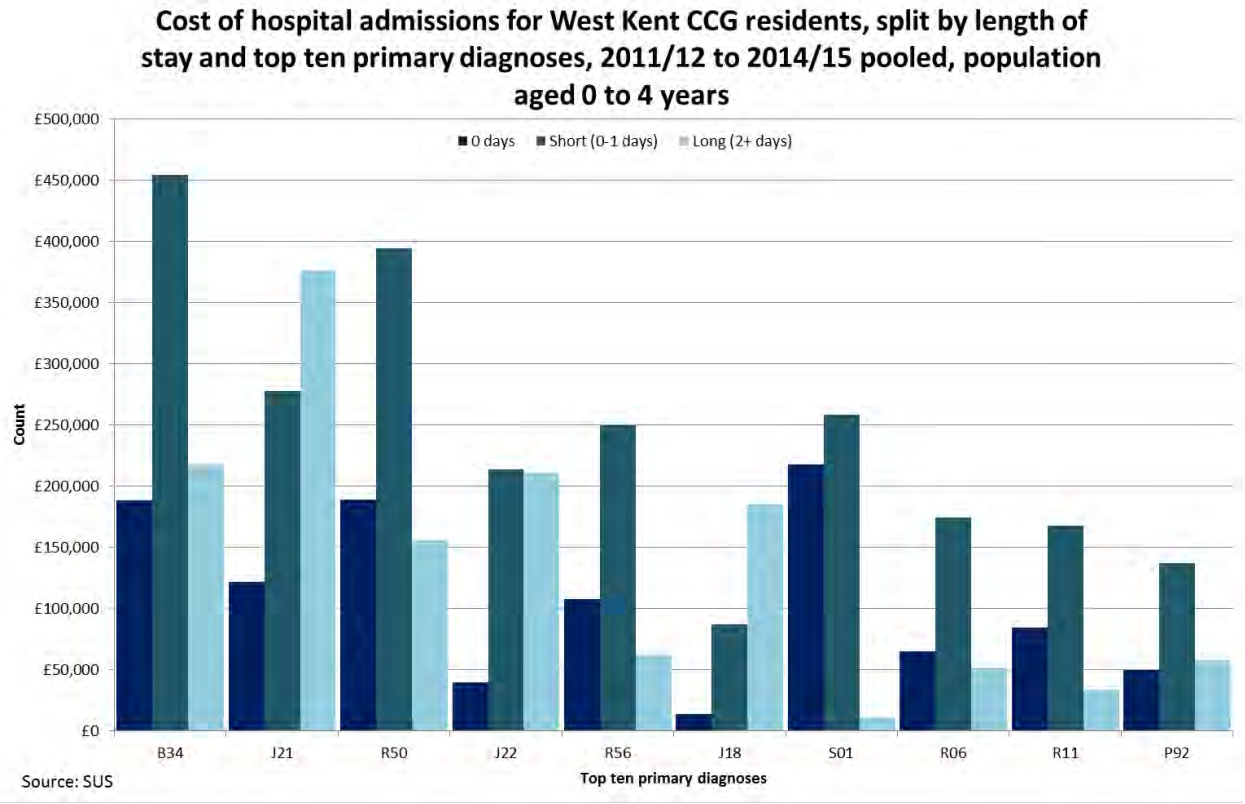
Figure 128



Viral infection of unspecified site	B34
Fever of unknown origin	R50
Acute bronchiolitis	J21
Convulsions, not elsewhere classified	R56
Unspecified acute lower respiratory infection	J22
Acute upper respiratory infections multiple and unspecified sites	J06
Abnormalities of breathing	R06
Acute tonsillitis	J03
Nausea and vomiting	R11
Viral and other specified intestinal infections	A08

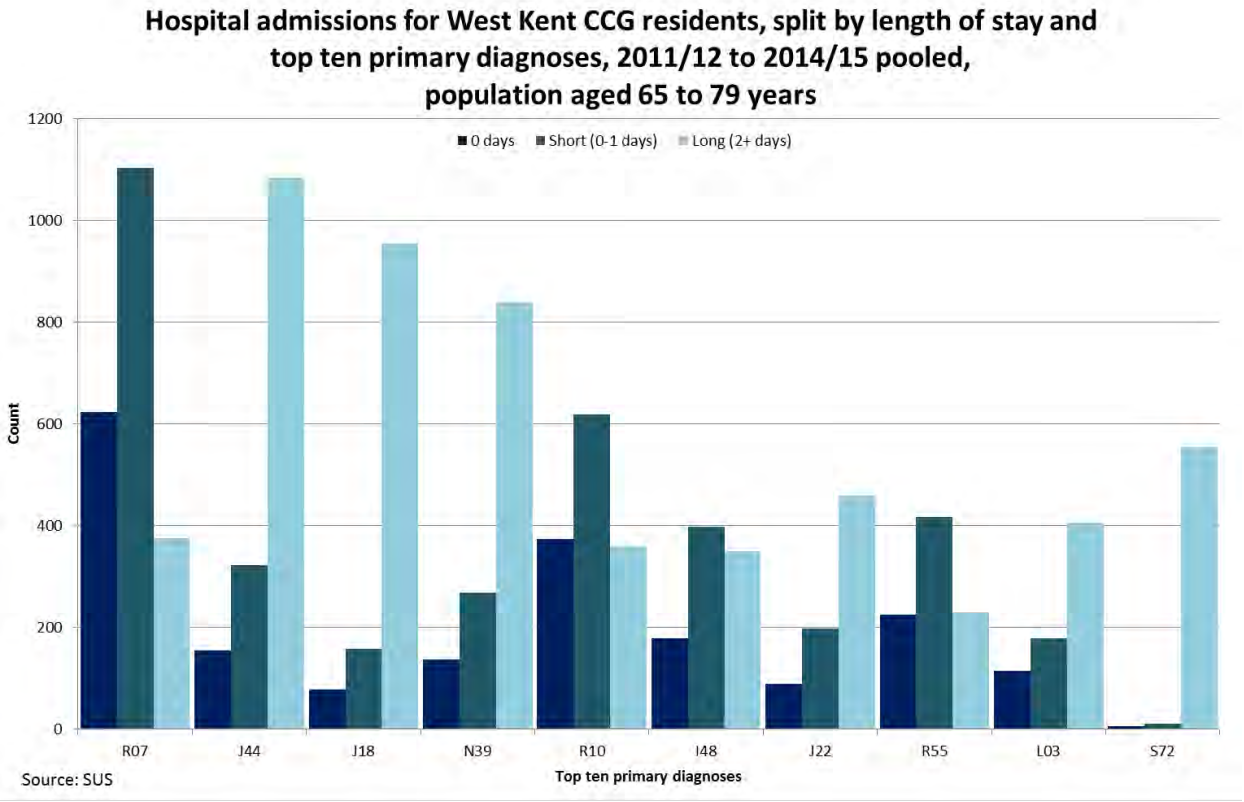
Amongst children aged 0 to 4 in West Kent CCG, viral infection of unspecified site accounted for 10.8% of admissions, and 85.7% of these admissions were short stay. 53.4% of admissions for acute bronchiolitis were long stay, but overall across the 0 to 4 age band 24.8% of admissions were long stay. Viral infection of unspecified site admissions accounted for 6.5% of the total payment for spell for 0 to 4 year olds, followed by acute bronchiolitis which accounted for 6.3%.

Figure 129



Viral infection of unspecified site	B34
Acute bronchiolitis	J21
Fever of unknown origin	R50
Unspecified acute lower respiratory infection	J22
Convulsions, not elsewhere classified	R56
Pneumonia, organism unspecified	J18
Open wound of head	S01
Abnormalities of breathing	R06
Nausea and vomiting	R11
Feeding problems of new-born	P92

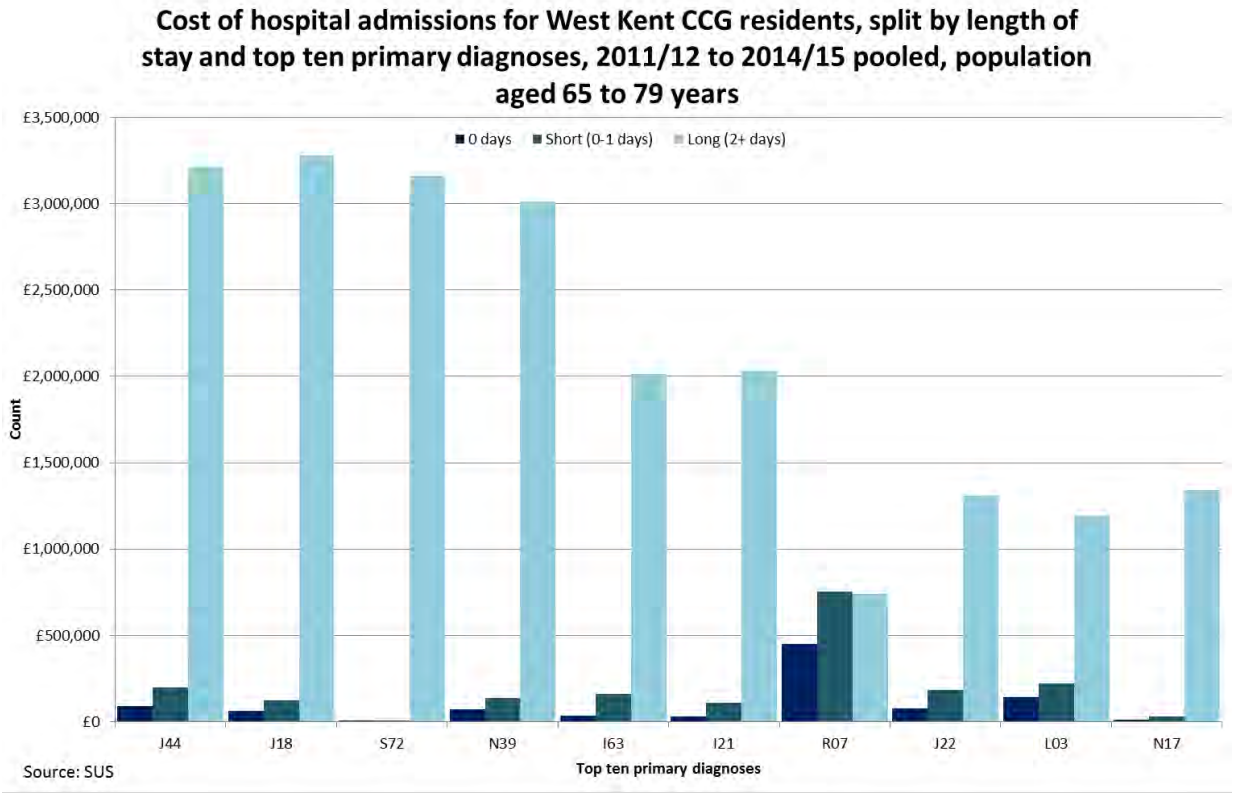
Figure 130



Pain in throat and chest	R07
Other chronic obstructive pulmonary disease	J44
Pneumonia, organism unspecified	J18
Other disorders of urinary system	N39
Abdominal and pelvic pain	R10
Atrial fibrillation and flutter	I48
Unspecified acute lower respiratory infection	J22
Syncope and collapse	R55
Cellulitis	L03
Fracture of femur	S72

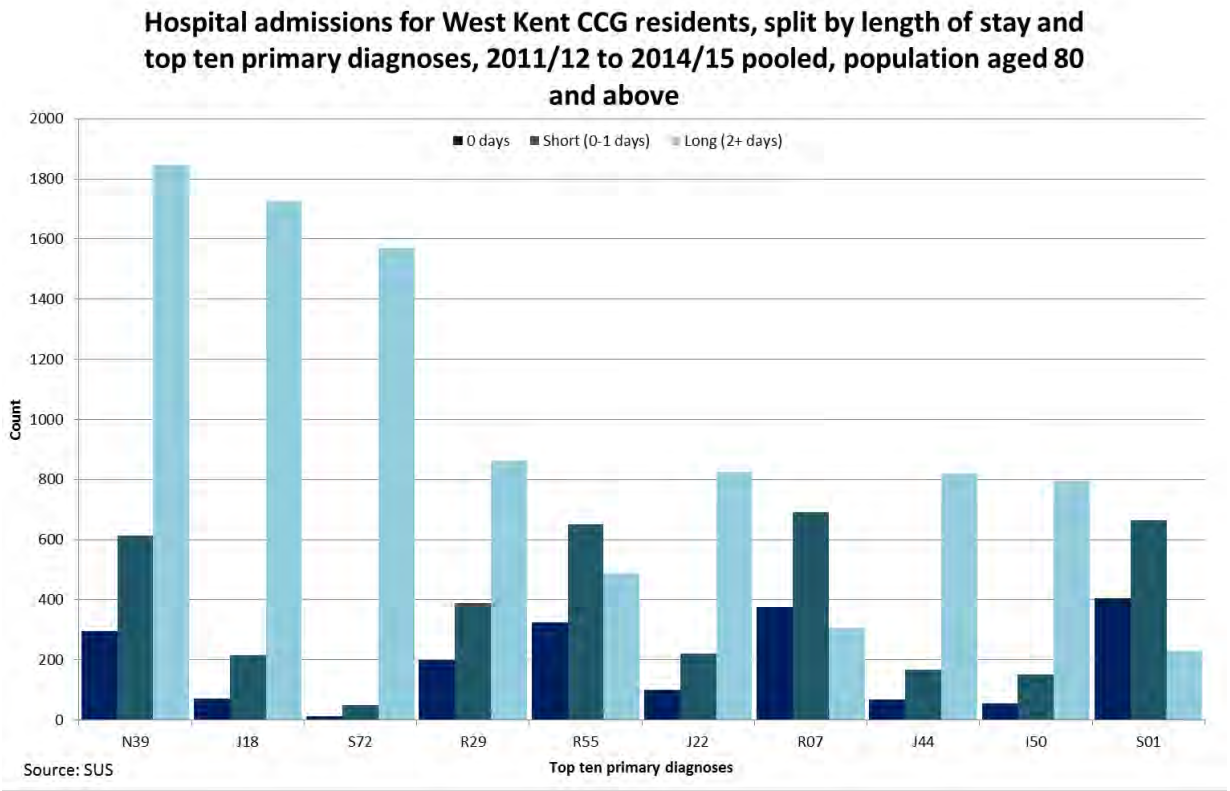
Pain in throat and chest accounted for 4.5%(1478) of admissions in people aged 65 to 79 whilst other chronic obstructive pulmonary disease accounted for 4.3% (1407 admissions). Across this aged band, 39.1% of admissions are short stay (0-1 days), and 60.9% of patients are admitted for 2 or more days. Other chronic obstructive pulmonary disease (£3,412,979) and pneumonia, organism unspecified (£3,401,146) were the most expensive admissions, both accounting for 4.3% of total payment for spells.

Figure 131



Other chronic obstructive pulmonary disease	J44
Pneumonia, organism unspecified	J18
Fracture of femur	S72
Other disorders of urinary system	N39
Cerebral infarction	I63
Acute myocardial infarction	I21
Pain in throat and chest	R07
Unspecified acute lower respiratory infection	J22
Cellulitis	L03
Acute renal failure	N17

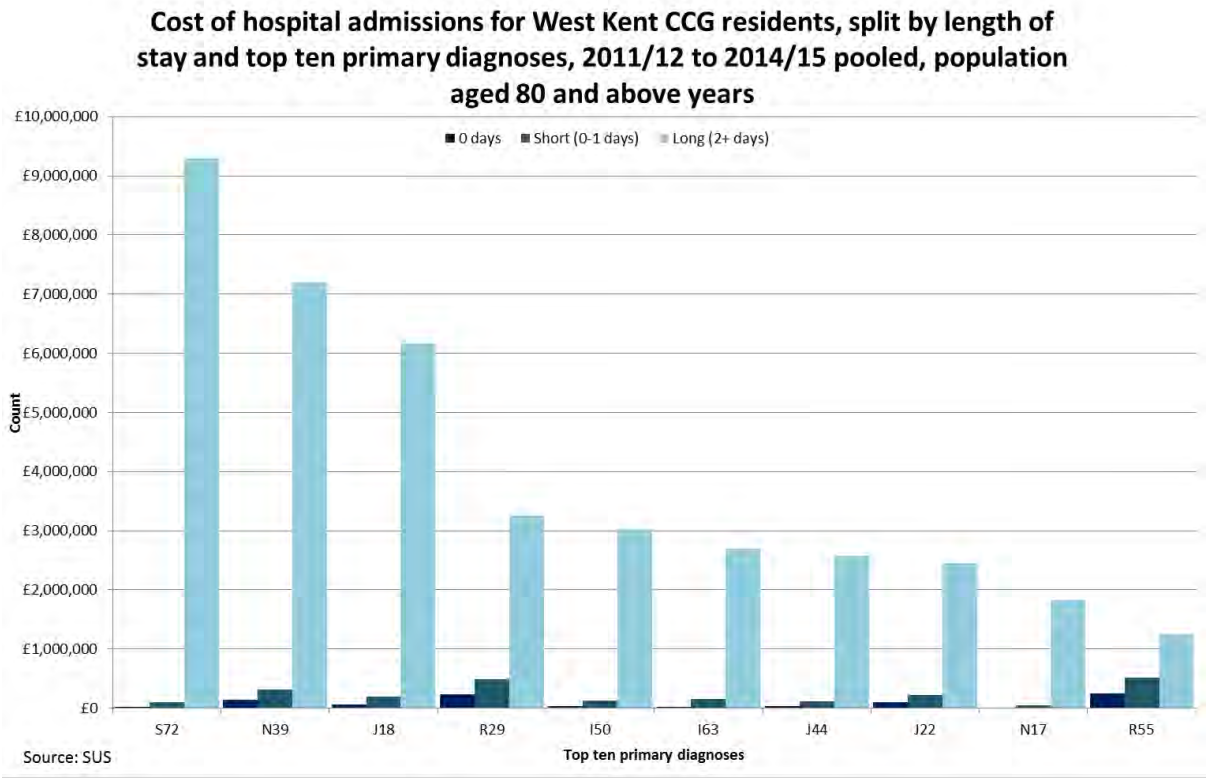
Figure 132



Other disorders of urinary system	N39
Pneumonia, organism unspecified	J18
Fracture of femur	S72
Other symptoms and signs involving nervous and musculoskeletal systems	R29
Syncope and collapse	R55
Unspecified acute lower respiratory infection	J22
Pain in throat and chest	R07
Other chronic obstructive pulmonary disease	J44
Heart failure	I50
Open wound of head	S01

6.5% (2461) of admissions for patients aged 80 and above were for other disorders of urinary system, and 5.1% for pneumonia, organism unspecified. 75.1% and 88.9% of these admissions were long stay respectively, and 97.0% of admissions for fracture of femur were for 2 or more days. These three diagnoses were also the most expensive, accounting for £23,269,725 combined, 23.2% of the total payments for spells.

Figure 133



Fracture of femur	S72
Other disorders of urinary system	N39
Pneumonia, organism unspecified	J18
Other symptoms and signs involving nervous and musculoskeletal systems	R29
Heart failure	I50
Cerebral infarction	I63
Other chronic obstructive pulmonary disease	J44
Unspecified acute lower respiratory infection	J22
Acute renal failure	N17
Syncope and collapse	R55

Figure 151

Prevalence of Diabetes (17+) by practice within each CCG, QOF, 2013/14

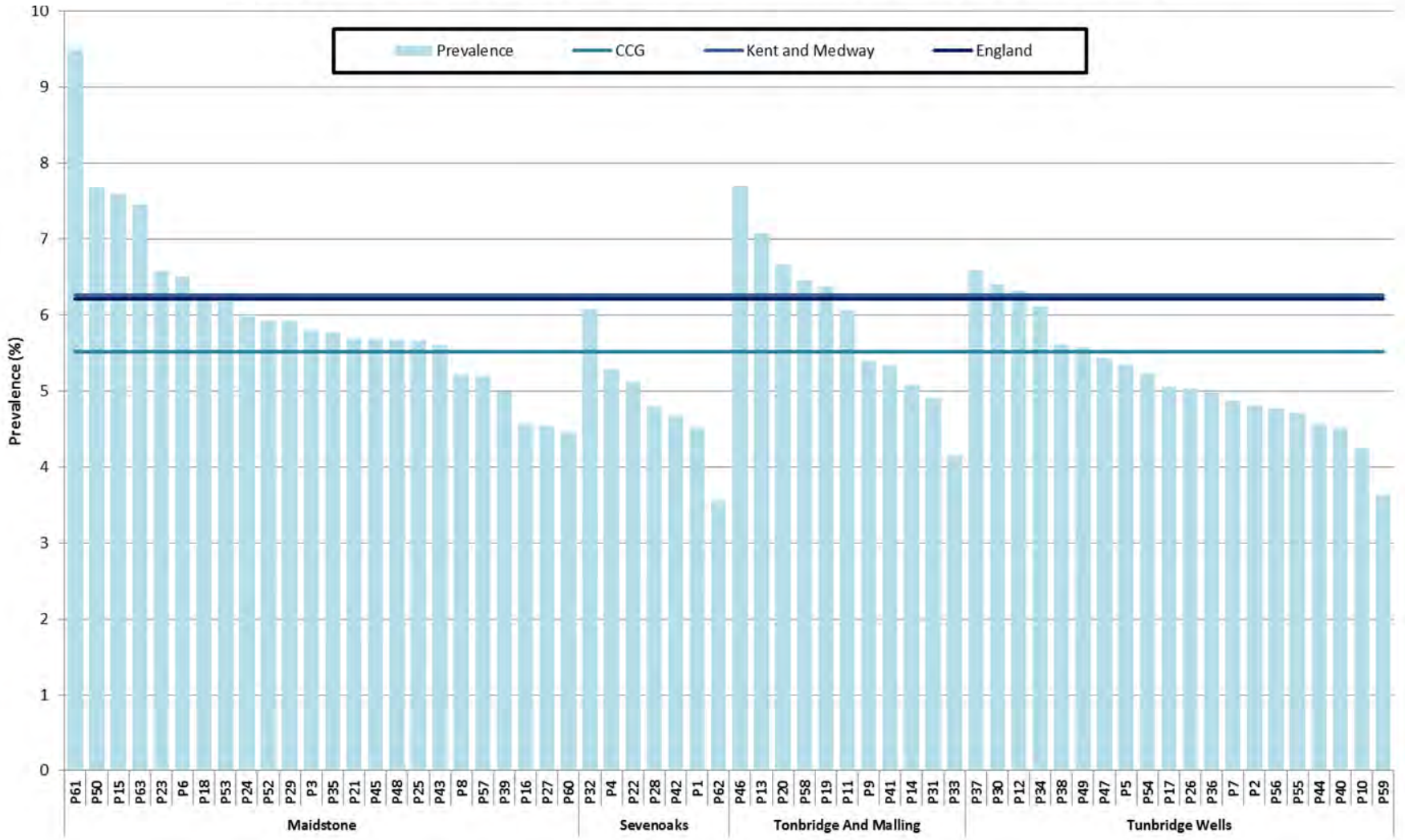


Figure 152

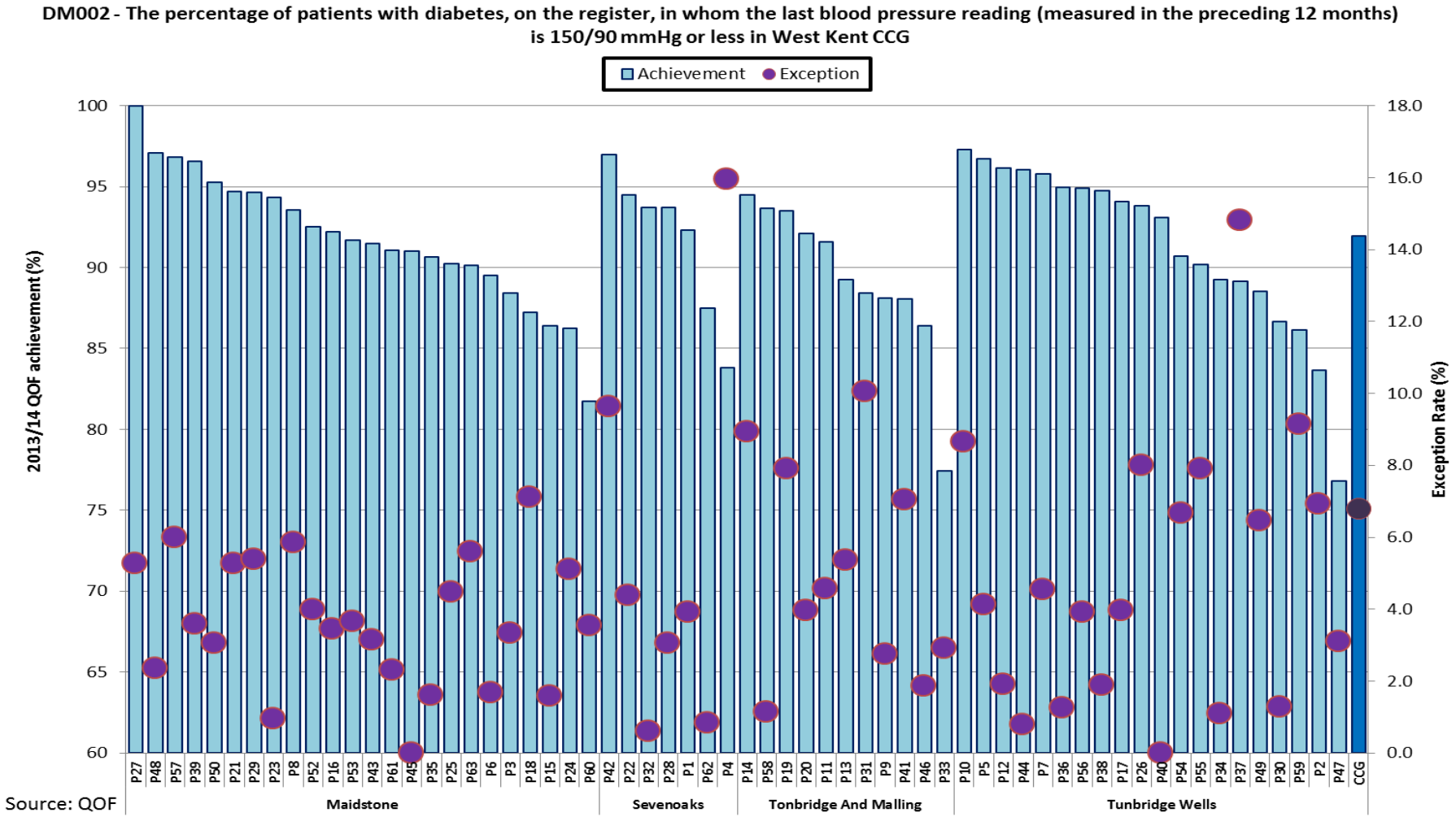

DM002 - The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less in West Kent CCG
Achievement
Exception
2013/14 QOF achievement (%)
Exception Rate (%)
100
95
90
85
80
75
70
65
60
18.0
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
P27 P48 P57 P39 P50 P21 P29 P23 P8 P52 P16 P53 P43 P61 P45 P35 P25 P63 P6 P3 P18 P15 P24 P60
Maidstone
P42 P22 P32 P28 P1 P62 P4
Sevenoaks
P14 P58 P19 P20 P11 P13 P31 P9 P41 P46 P33
Tonbridge And Malling
P10 P5 P12 P44 P7 P36 P56 P38 P17 P26 P40 P54 P55 P34 P37 P49 P30 P59 P2 P47 CCG
Tunbridge Wells
Source: QOF

Figure 153

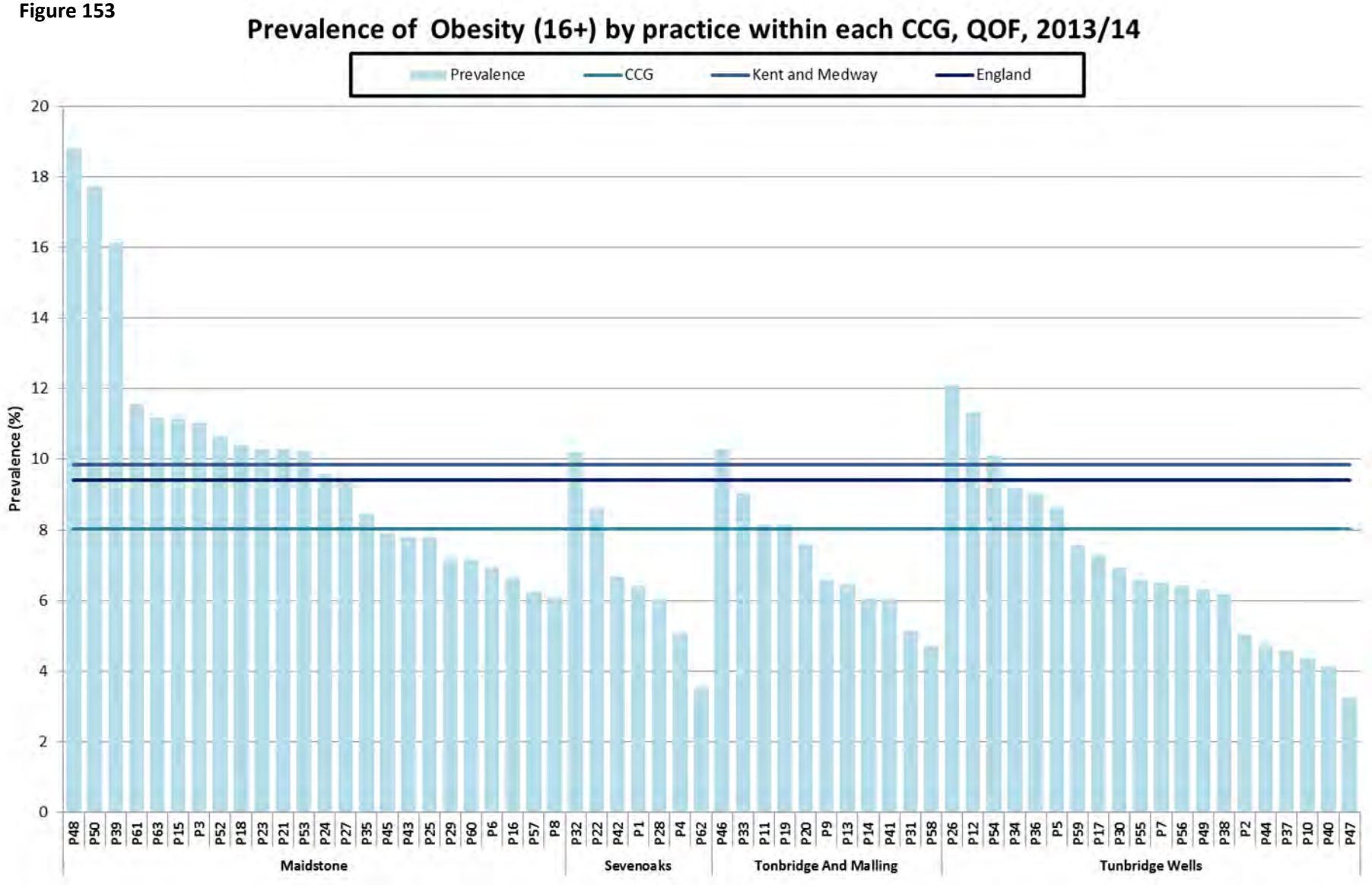

Prevalence of Obesity (16+) by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
0
2
4
6
8
10
12
14
16
18
20
P48 P50 P39 P61 P63 P15 P3 P52 P18 P23 P21 P53 P24 P27 P35 P45 P43 P25 P29 P60 P6 P16 P57 P8
P32 P22 P42 P1 P28 P4 P62
P46 P33 P11 P19 P20 P9 P13 P14 P41 P31 P58
P26 P12 P54 P34 P36 P5 P59 P17 P30 P55 P7 P56 P49 P38 P2 P44 P37 P10 P40 P47
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells

Figure 154

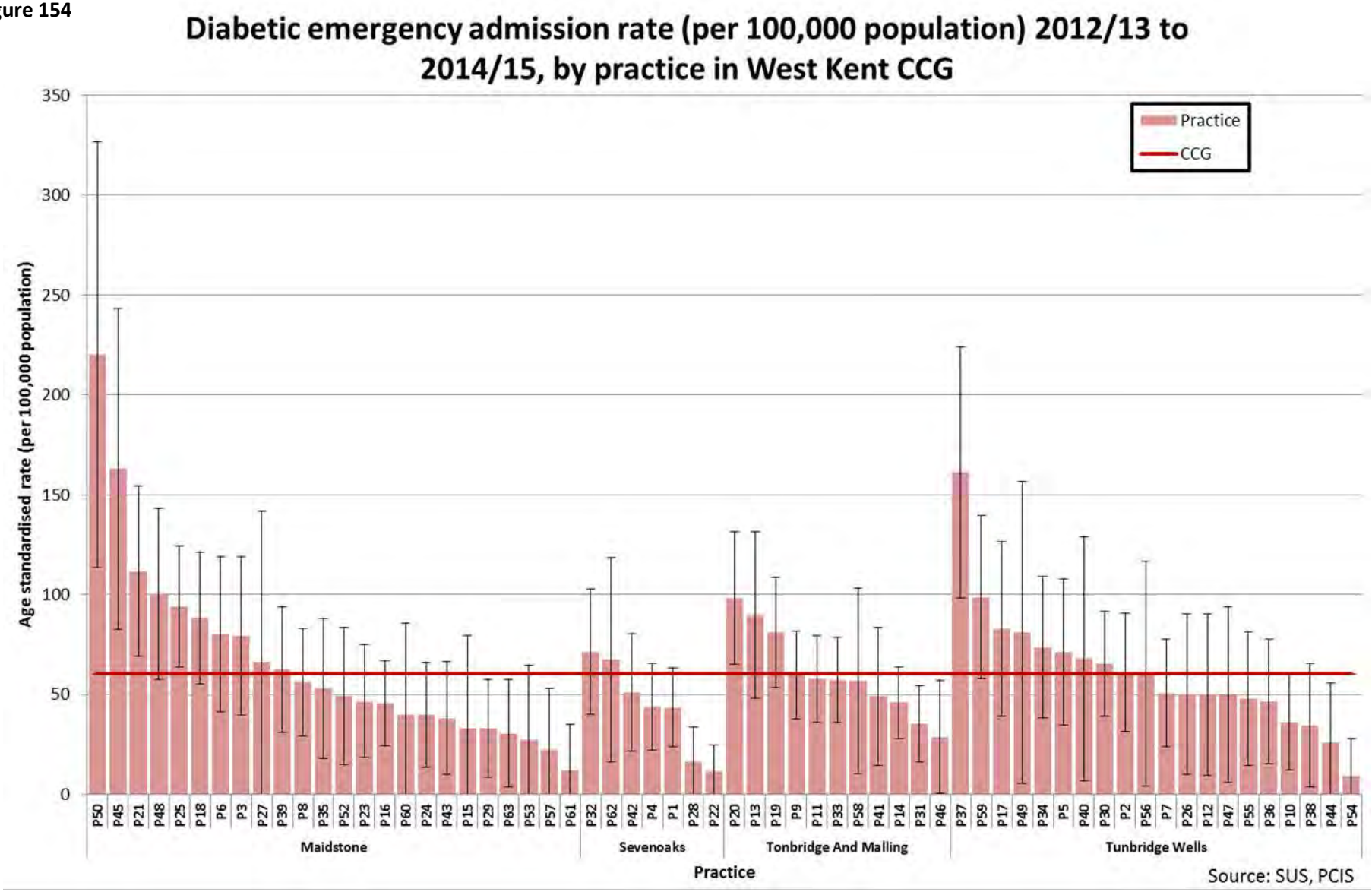

Diabetic emergency admission rate (per 100,000 population) 2012/13 to 2014/15, by practice in West Kent CCG
Practice
CCG
Age standardised rate (per 100,000 population)
350
300
250
200
150
100
50
0
P50 P45 P21 P48 P25 P18 P6 P3 P27 P39 P8 P35 P52 P23 P16 P60 P24 P43 P15 P29 P63 P53 P57 P61
P32 P62 P42 P4 P1 P28 P22
P20 P13 P19 P9 P11 P33 P58 P41 P14 P31 P46
P37 P59 P17 P49 P34 P5 P40 P30 P2 P56 P7 P26 P12 P47 P55 P36 P10 P38 P44 P54
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Practice
Source: SUS, PCIS

Figure 161

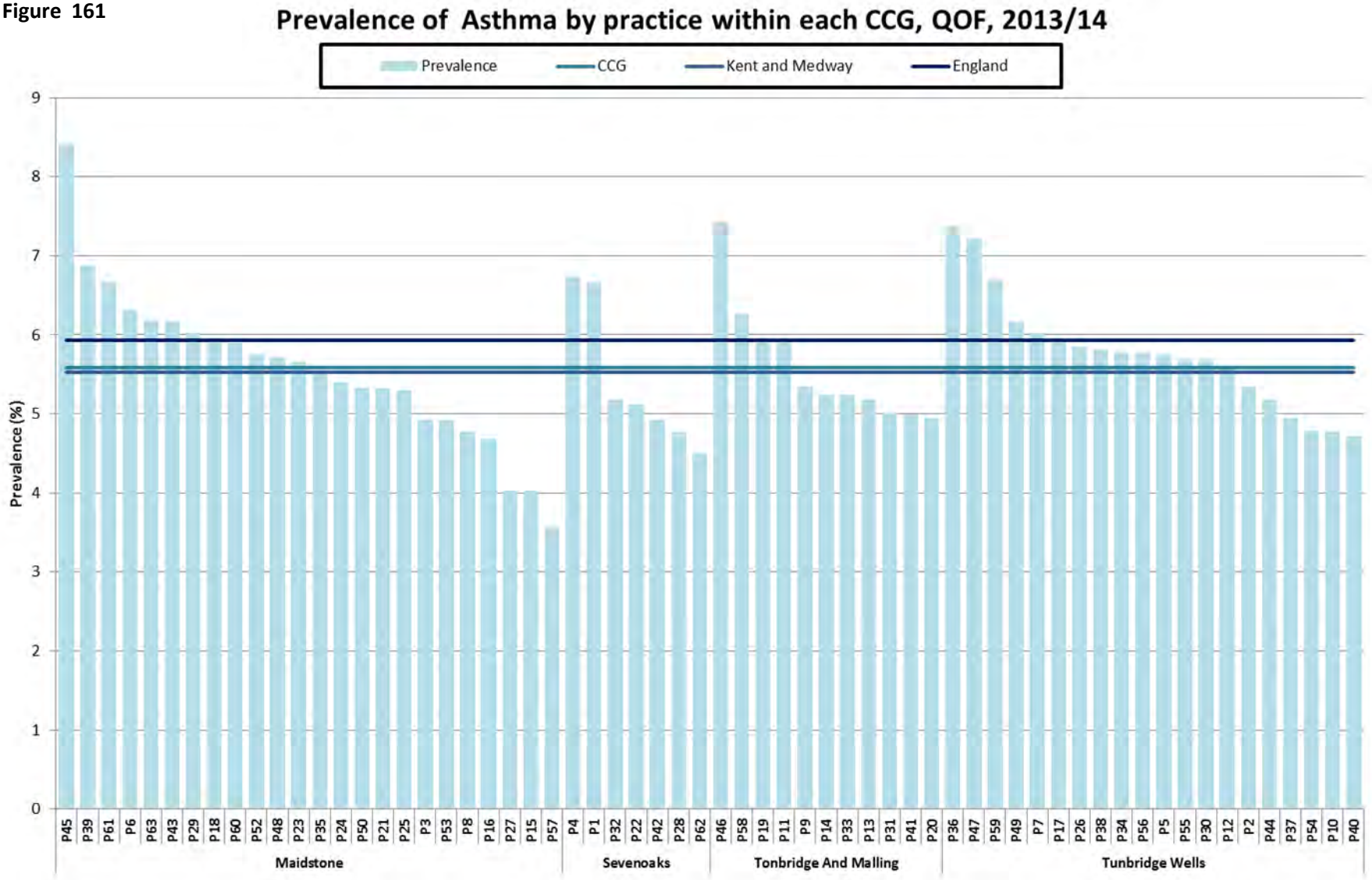

Prevalence of Asthma by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
0
1
2
3
4
5
6
7
8
9
P45 P39 P61 P6 P63 P43 P29 P18 P60 P52 P48 P23 P35 P24 P50 P21 P25 P3 P53 P8 P16 P27 P15 P57
P4 P1 P32 P22 P42 P28 P62
P46 P58 P19 P11 P9 P14 P33 P13 P31 P41 P20
P36 P47 P59 P49 P7 P17 P26 P38 P34 P56 P5 P55 P30 P12 P2 P44 P37 P54 P10 P40
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells

Figure 164

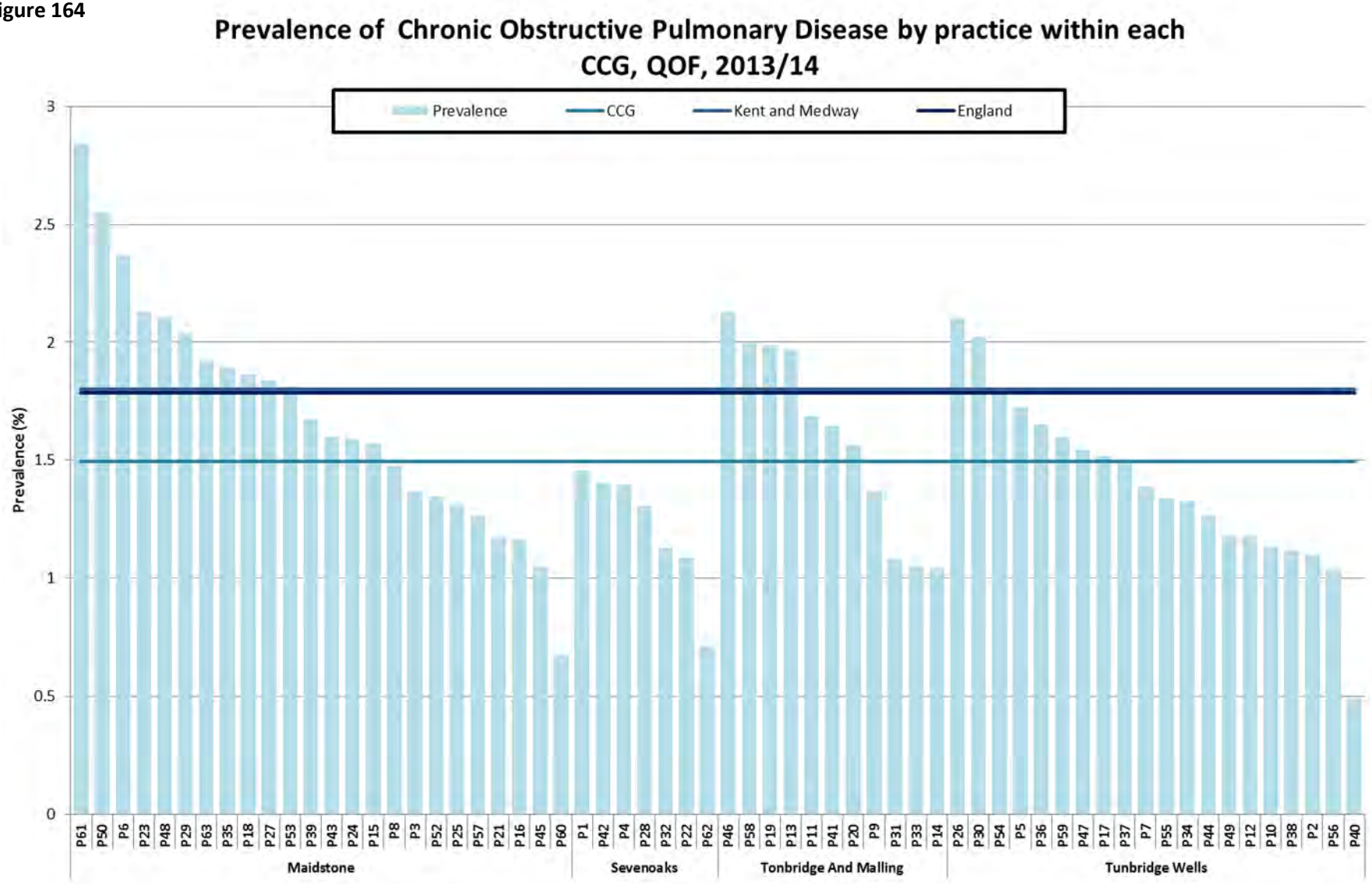

Prevalence of Chronic Obstructive Pulmonary Disease by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
3
2.5
2
1.5
1
0.5
0
P61 P50 P6 P23 P48 P29 P63 P35 P18 P27 P53 P39 P43 P24 P15 P8 P3 P52 P25 P57 P21 P16 P45 P60
P1 P42 P4 P28 P32 P22 P62
P46 P58 P19 P13 P11 P41 P20 P9 P31 P33 P14
P26 P30 P54 P5 P36 P59 P47 P17 P37 P7 P55 P34 P44 P49 P12 P10 P38 P2 P56 P40
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells

Figure 173

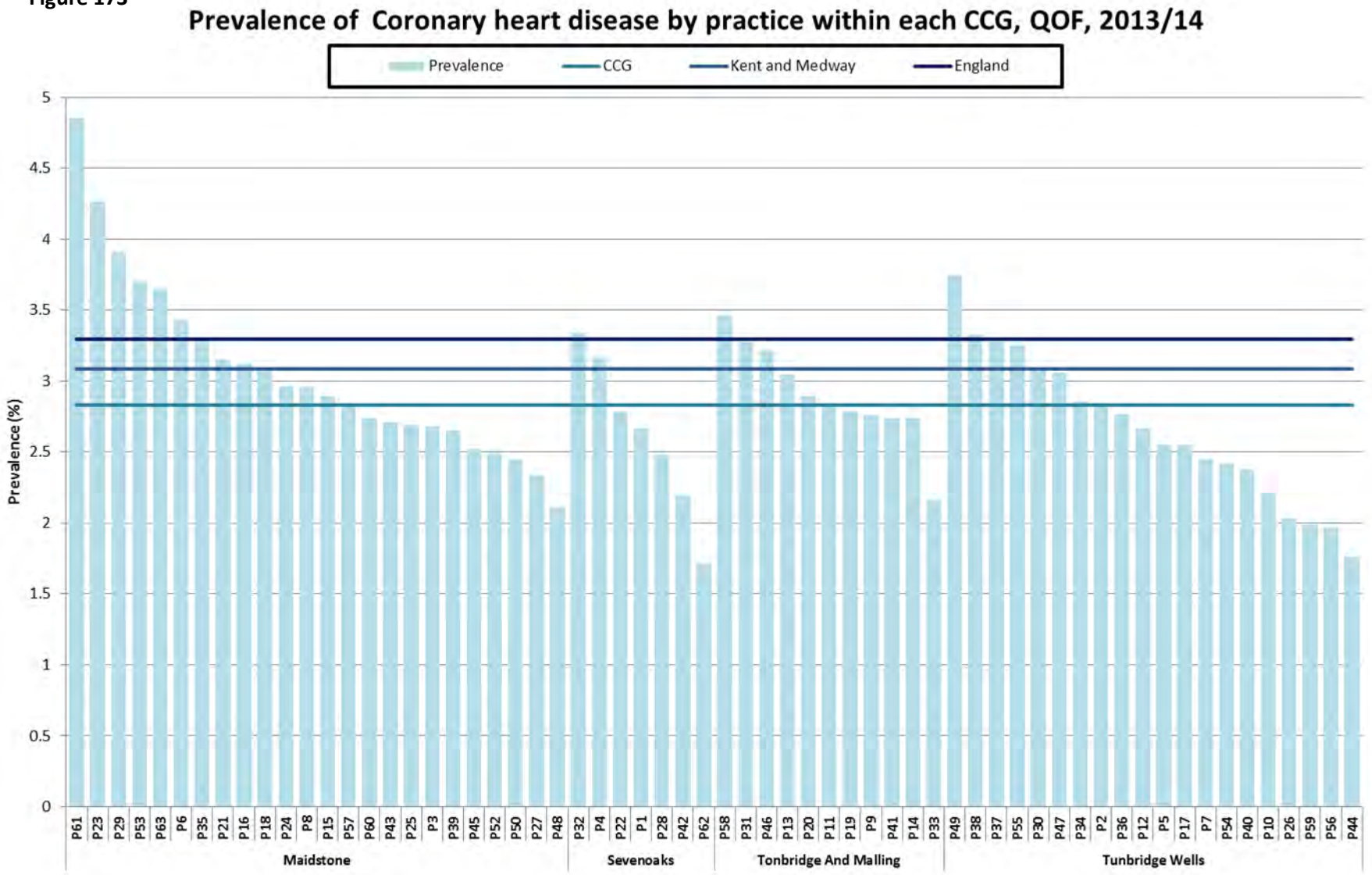

Prevalence of Coronary heart disease by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
P61 P23 P29 P53 P63 P6 P35 P21 P16 P18 P24 P8 P15 P57 P60 P43 P25 P3 P39 P45 P52 P50 P27 P48
P32 P4 P22 P1 P28 P42 P62
P58 P31 P46 P13 P20 P11 P19 P9 P41 P14 P33
P49 P38 P37 P55 P30 P47 P34 P2 P36 P12 P5 P17 P7 P54 P40 P10 P26 P59 P56 P44
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells

Figure 174

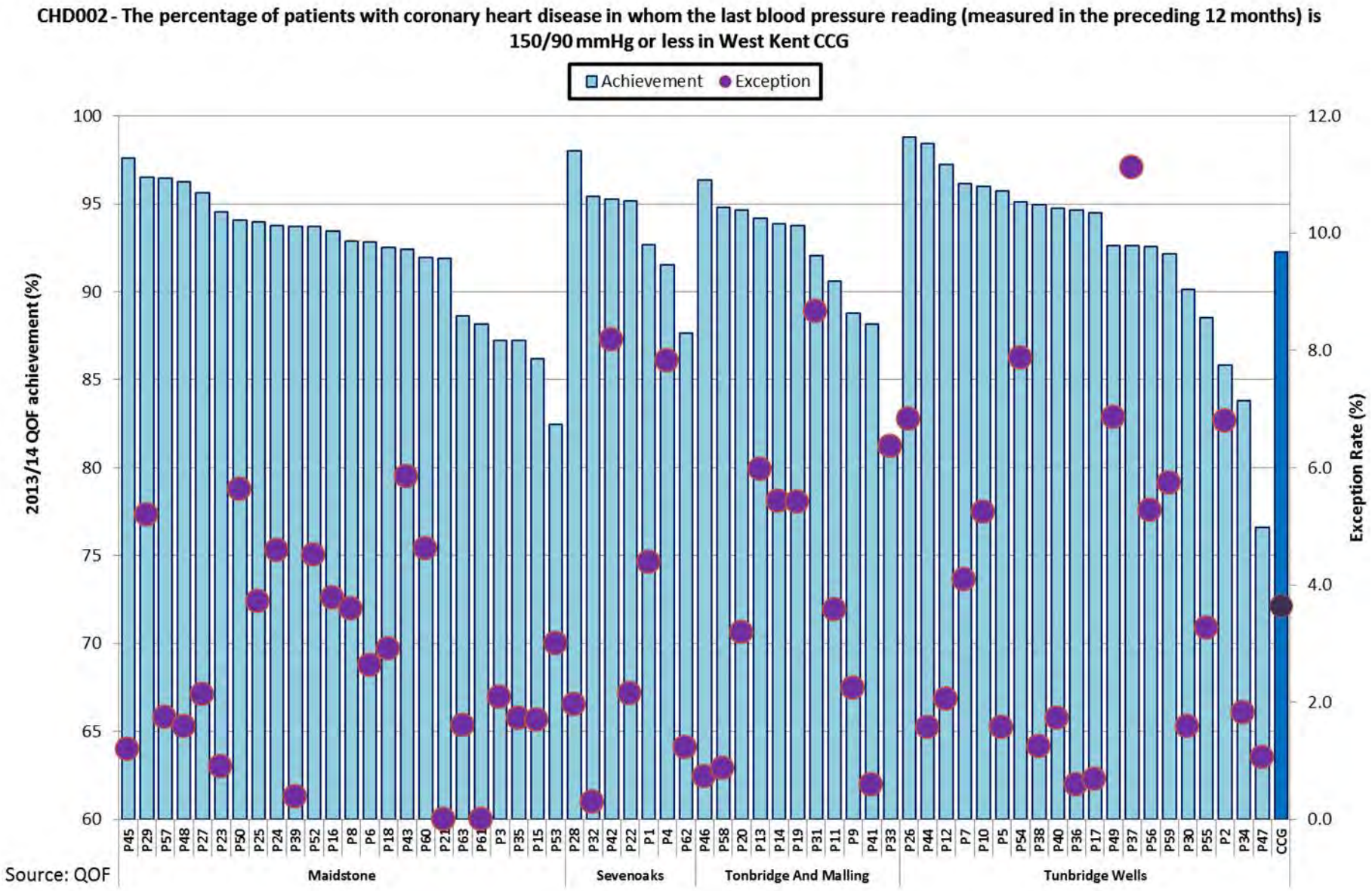

CHD002 - The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less in West Kent CCG
Achievement
Exception
2013/14 QOF achievement (%)
Exception Rate (%)
100
95
90
85
80
75
70
65
60
12.0
10.0
8.0
6.0
4.0
2.0
0.0
P45 P29 P57 P48 P27 P23 P50 P25 P24 P39 P52 P16 P8 P6 P18 P43 P60 P21 P63 P61 P3 P35 P15 P53
P28 P32 P42 P22 P1 P4 P62
P46 P58 P20 P13 P14 P19 P31 P11 P9 P41 P33
P26 P44 P12 P7 P10 P5 P54 P38 P40 P36 P17 P49 P37 P56 P59 P30 P55 P2 P34 P47 CCG
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Source: QOF

Figure 175

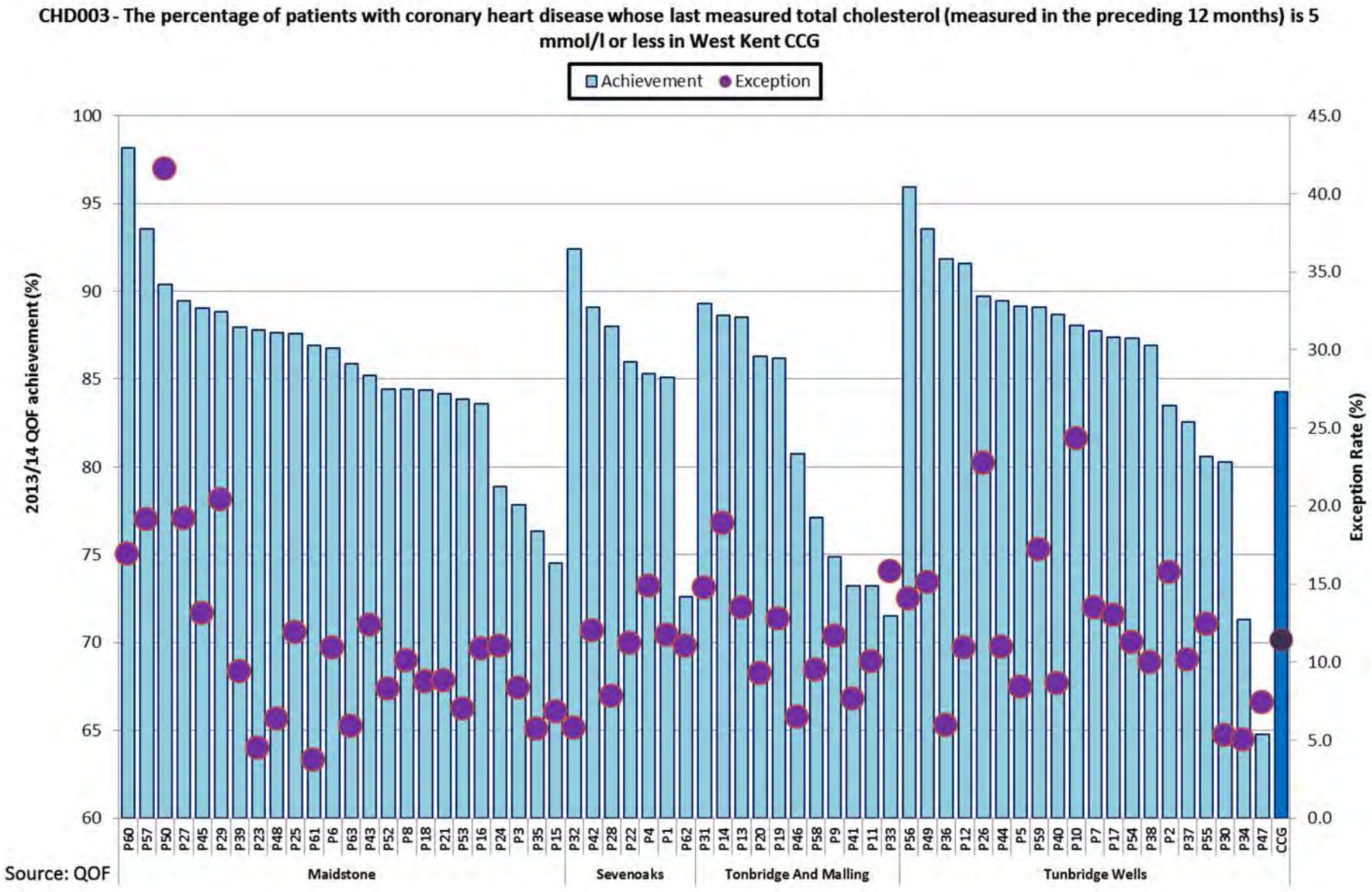

CHD003 - The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less in West Kent CCG
Achievement
Exception
2013/14 QOF achievement (%)
Exception Rate (%)
100
95
90
85
80
75
70
65
60
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
P60 P57 P50 P27 P45 P29 P39 P23 P48 P25 P61 P6 P63 P43 P52 P8 P18 P21 P53 P16 P24 P3 P35 P15
P32 P42 P28 P22 P4 P1 P62
P31 P14 P13 P20 P19 P46 P58 P9 P41 P11 P33
P56 P49 P36 P12 P26 P44 P5 P59 P40 P10 P7 P17 P54 P38 P2 P37 P55 P30 P34 P47 CCG
Maidstone
Sevenoaks
Tonbridge And Malling
Tunbridge Wells
Source: QOF

Figure 176

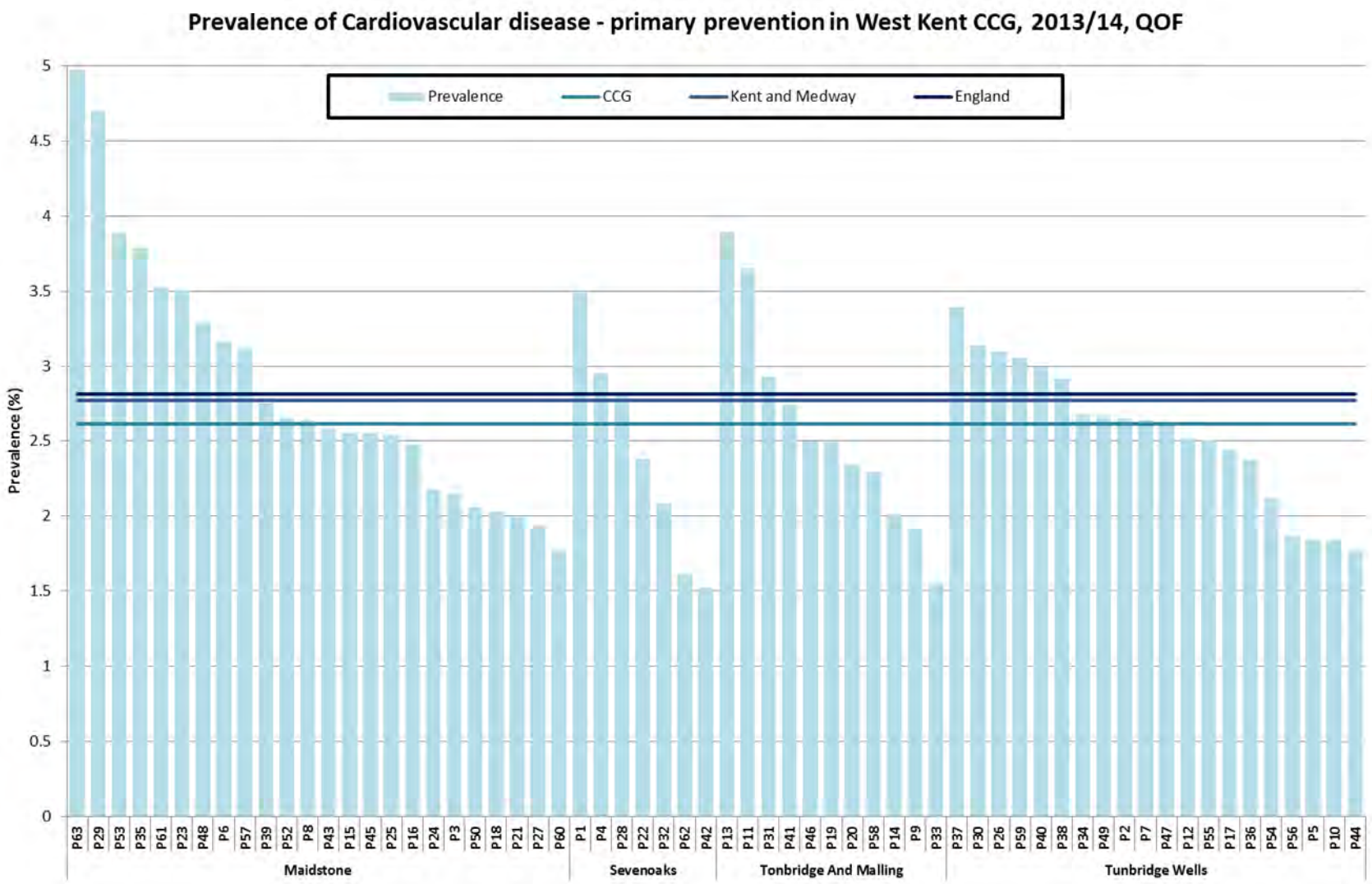

Prevalence of Cardiovascular disease - primary prevention in West Kent CCG, 2013/14, QOF
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
P63 P29 P53 P35 P61 P23 P48 P6 P57 P39 P52 P8 P43 P15 P45 P25 P16 P24 P3 P50 P18 P21 P27 P60
Maidstone
P1 P4 P28 P22 P32 P62 P42
Sevenoaks
P13 P11 P31 P41 P46 P19 P20 P58 P14 P9 P33
Tonbridge And Malling
P37 P30 P26 P59 P40 P38 P34 P49 P2 P7 P47 P12 P55 P17 P36 P54 P56 P5 P10 P44
Tunbridge Wells

Figure 177

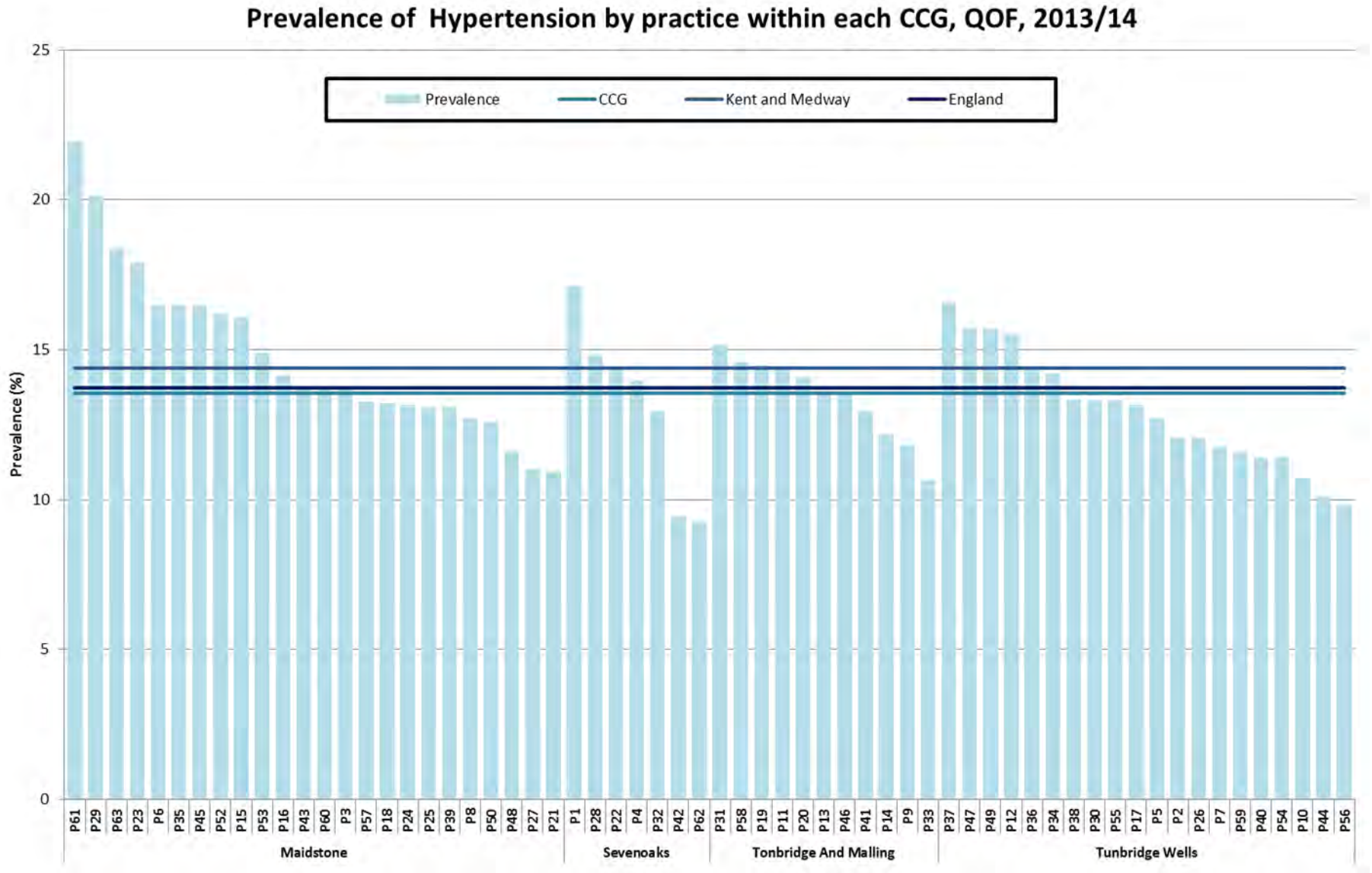

Prevalence of Hypertension by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
25
20
15
10
5
0
P61 P29 P63 P23 P6 P35 P45 P52 P15 P53 P16 P43 P60 P3 P57 P18 P24 P25 P39 P8 P50 P48 P27 P21
Maidstone
P1 P28 P22 P4 P32 P42 P62
Sevenoaks
P31 P58 P19 P11 P20 P13 P46 P41 P14 P9 P33
Tonbridge And Malling
P37 P47 P49 P12 P36 P34 P38 P30 P55 P17 P5 P2 P26 P7 P59 P40 P54 P10 P44 P56
Tunbridge Wells

Figure 193

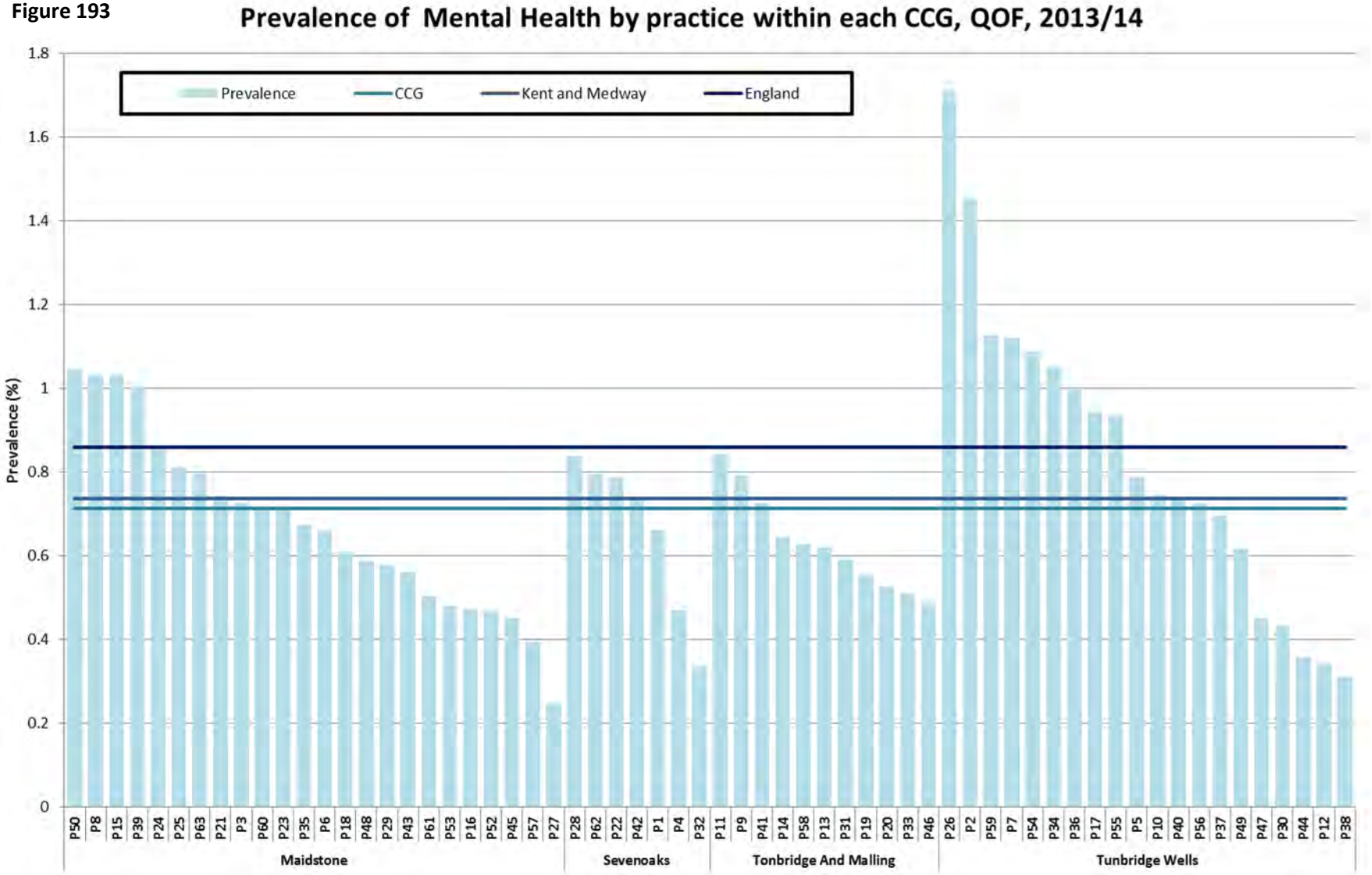

Prevalence of Mental Health by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
P50 P8 P15 P39 P24 P25 P63 P21 P3 P60 P23 P35 P6 P18 P48 P29 P43 P61 P53 P16 P52 P45 P57 P27
Maidstone
P28 P62 P22 P42 P1 P4 P32
Sevenoaks
P11 P9 P41 P14 P58 P13 P31 P19 P20 P33 P46
Tonbridge And Malling
P26 P2 P59 P7 P54 P34 P36 P17 P55 P5 P10 P40 P56 P37 P49 P47 P30 P44 P12 P38
Tunbridge Wells

Figure 202

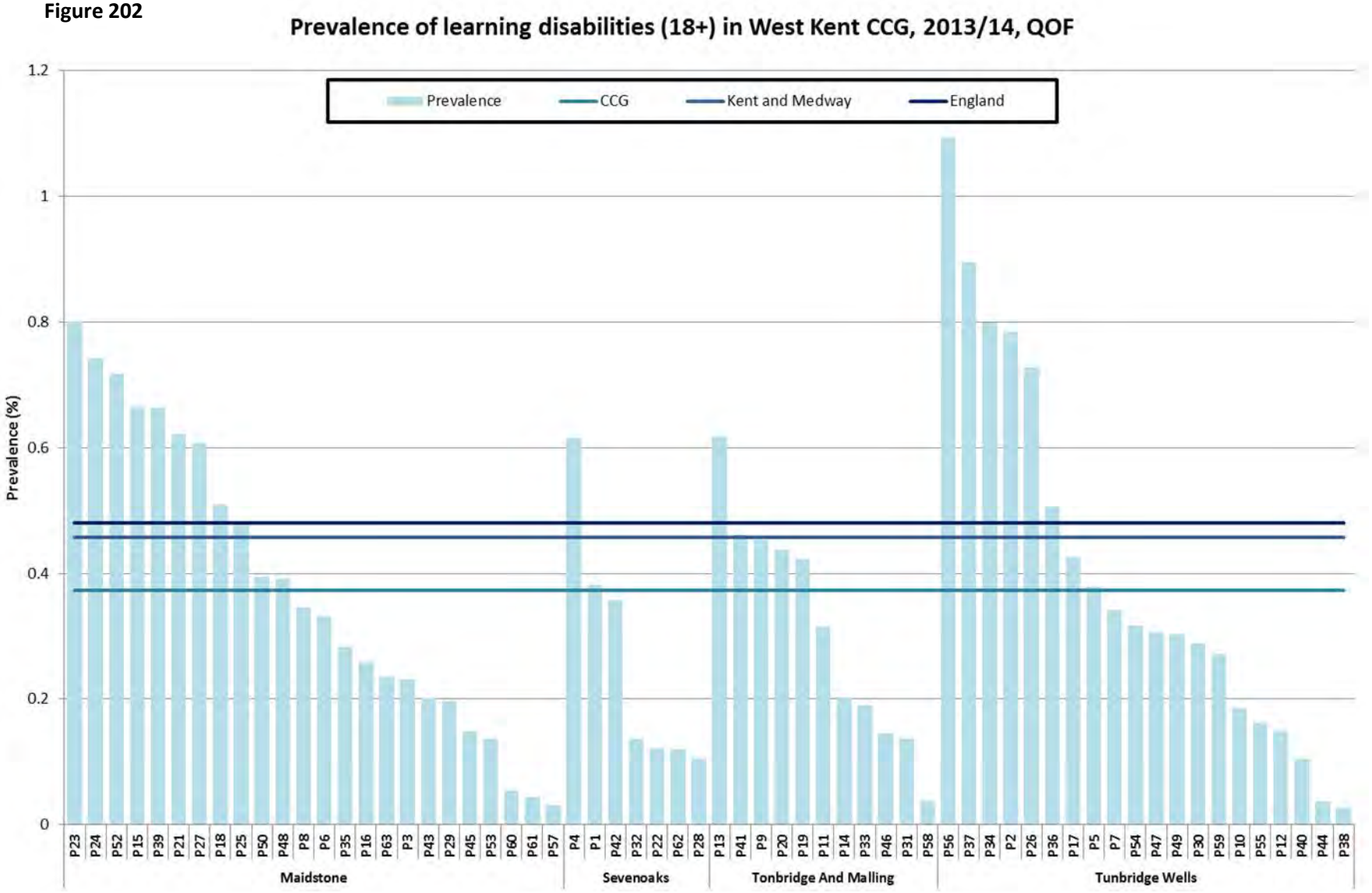

Prevalence of learning disabilities (18+) in West Kent CCG, 2013/14, QOF
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
1.2
1
0.8
0.6
0.4
0.2
0
P23 P24 P52 P15 P39 P21 P27 P18 P25 P50 P48 P8 P6 P35 P16 P63 P3 P43 P29 P45 P53 P60 P61 P57
Maidstone
P4 P1 P42 P32 P22 P62 P28
Sevenoaks
P13 P41 P9 P20 P19 P11 P14 P33 P46 P31 P58
Tonbridge And Malling
P56 P37 P34 P2 P26 P36 P17 P5 P7 P54 P47 P49 P30 P59 P10 P55 P12 P40 P44 P38
Tunbridge Wells

Figure 204

Prevalence of depression (18+) in West Kent CCG, 2013/14, QOF

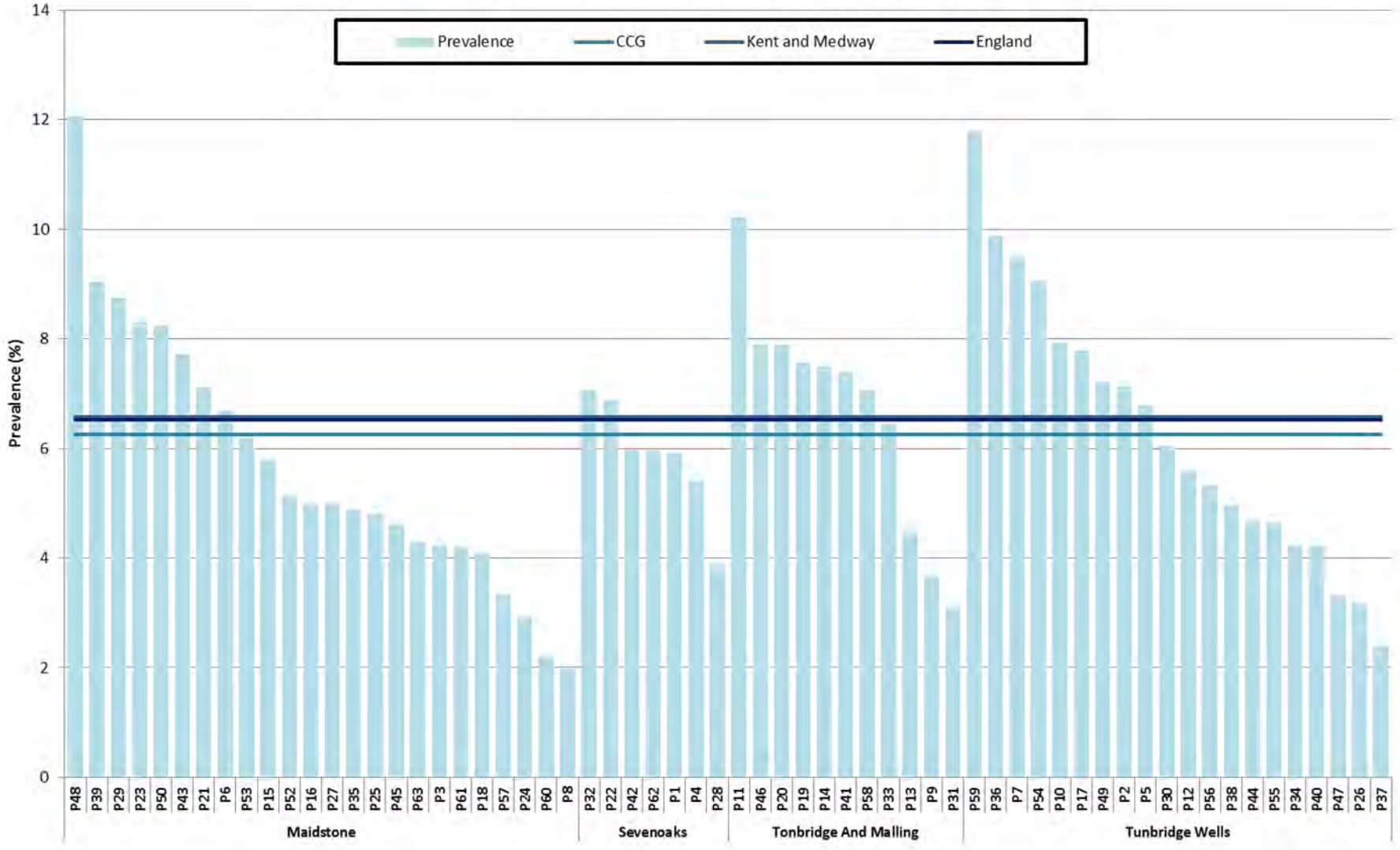
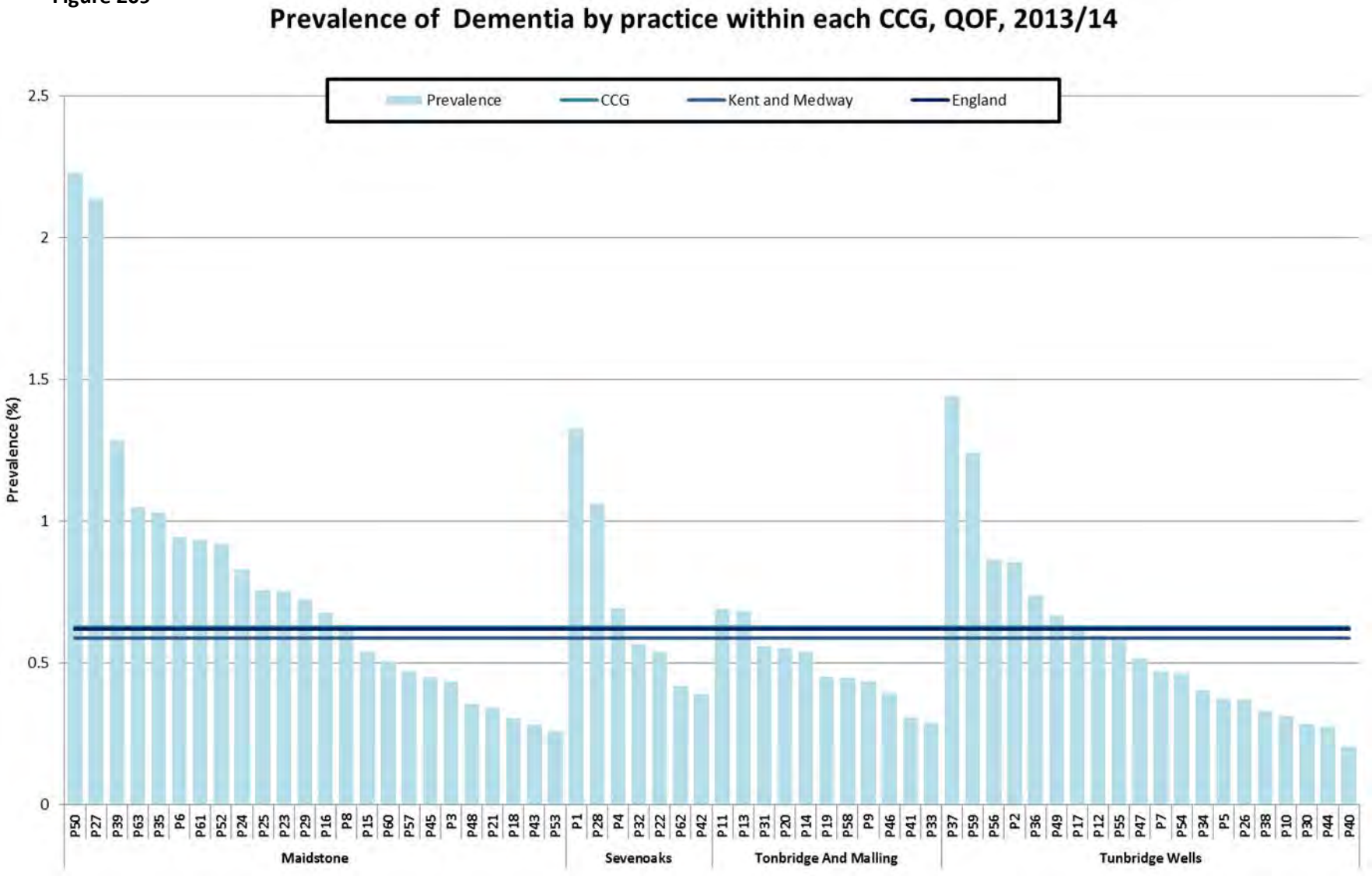


Figure 209


Prevalence of Dementia by practice within each CCG, QOF, 2013/14
Prevalence
CCG
Kent and Medway
England
Prevalence (%)
2.5
2
1.5
1
0.5
0
P50 P27 P39 P63 P35 P6 P61 P52 P24 P25 P23 P29 P16 P8 P15 P60 P57 P45 P3 P48 P21 P18 P43 P53
Maidstone
P1 P28 P4 P32 P22 P62 P42
Sevenoaks
P11 P13 P31 P20 P14 P19 P58 P9 P46 P41 P33
Tonbridge And Malling
P37 P59 P56 P2 P36 P49 P17 P12 P55 P47 P7 P54 P34 P5 P26 P38 P10 P30 P44 P40
Tunbridge Wells

Explanation of Quality and Outcomes Framework

Exceptions relate to patients who are on the disease register, and who would ordinarily be included in the indicator denominator. However they are excepted from the indicator denominator because they meet at least one of the SFE5 exception criteria.

The GMS contract Statement of Financial Entitlements (SFE)4 includes the following:

'The QOF includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

A) Patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months

B) Patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty

C) Patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure or cholesterol measurements within target levels

D) Patients who are on maximum tolerated doses of medication whose levels remain sub-optimal

E) Patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, another contraindication or have experienced an adverse reaction

F) Where a patient has not tolerated medication

G) Where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records

H) Where the patient has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease.

I) Where an investigative service or secondary care service is unavailable.

In the case of exception reporting on criteria A and B this would apply to the disease register and these patients would be subtracted from the denominator for all other indicators. For example, in a practice with 100 patients on the CHD disease register, in which four patients have been recalled for follow-up on three occasions but have not attended and one patient has become terminally ill with metastatic breast carcinoma during the year, the denominator for reporting would be 95. This would apply to all relevant indicators in the CHD set.

In addition, practices may exception-report patients relating to single indicators, for example a patient who has heart failure due to left ventricular dysfunction (LVD) but who is intolerant of ACE inhibitors could be exception-reported. This would again be done by removing the patient from the denominator.

Practices should report the number of exceptions for each indicator set and individual indicator. Exception codes have been added to systems by suppliers. Practices will not be expected to report why individual patients were exception-reported. Practices may be called on to justify why they have accepted patients from the QOF and this should be identifiable in the clinical record.'

QOF achievement

Reference to 'QOF achievement' often refers to the percentage of available QOF points achieved. So if a practice achieves the full 900 QOF points it has achieved 100 per cent of the points available and may be said to have 100 per cent achievement across the whole QOF.

The level of achievement for certain elements of the QOF can be expressed in the same way. A practice achieving all clinical QOF points available, can be said to have 100 per cent clinical achievement even though it may not have 100 per cent achievement overall. Practices achieve the maximum QOF points for most indicators (especially clinical indicators) when they have delivered the maximum threshold to achieve the points available. For many indicators a practice must provide a certain level of clinical care to 90 per cent of patients on a particular clinical register to achieve the maximum points.

http://www.hscic.gov.uk/catalogue/PUB15751/qof-1314-anx2-technical-annex.pdf

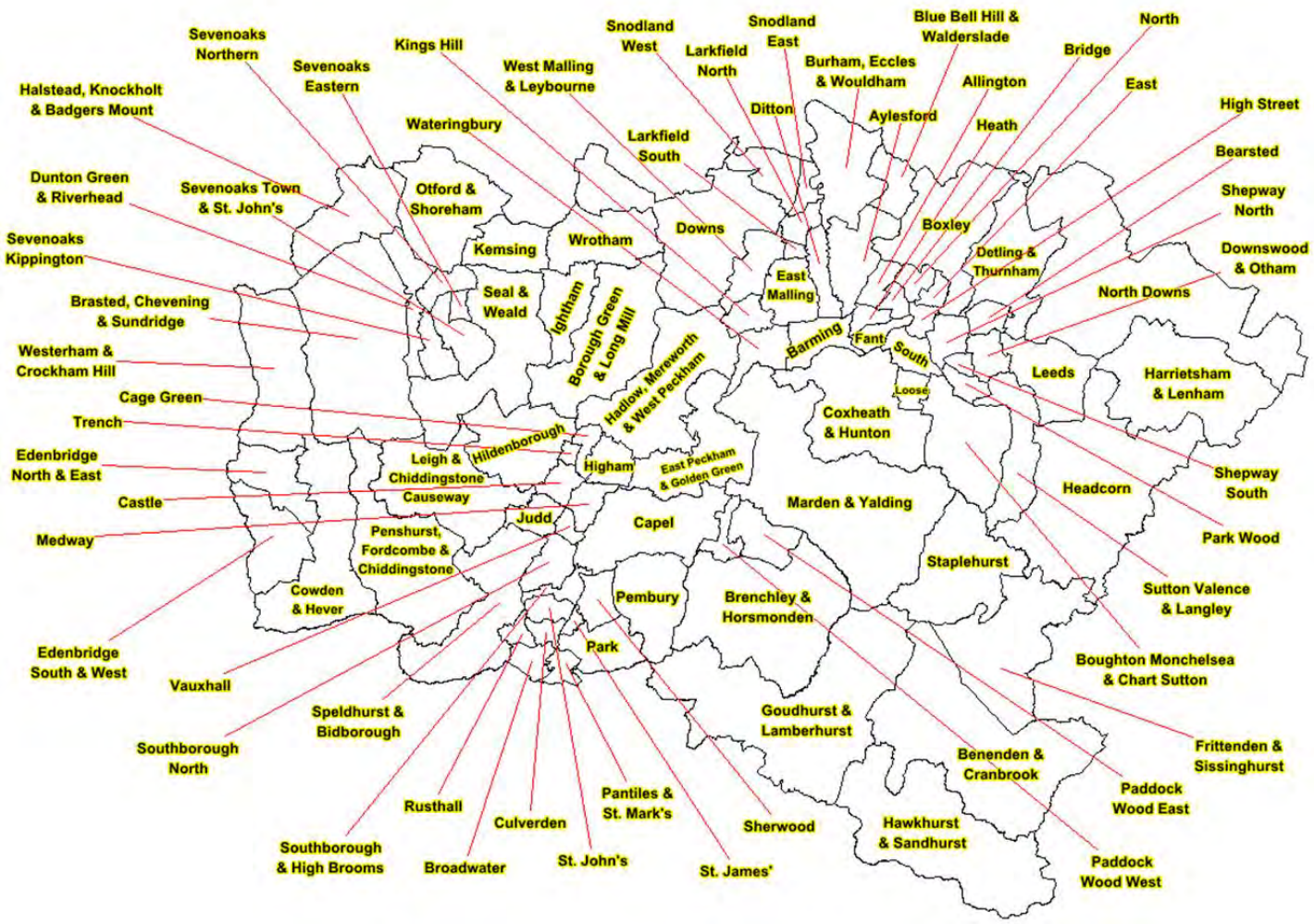
Appendix 16

Practice Codes

PRACTICE CODE	PRACTICE NAME	ID
G82013	Amherst Medical Practice	P1
G82016	Kingswood Surgery	P2
G82017	Albion Place Medical Practice	P3
G82019	Edenbridge Medical	P4
G82022	Greggs Wood Medical Centre	P5
G82024	Stockett Lane Surgery	P6
G82025	Clanricarde Medical Centre	P7
G82031	Bower Mount Medical Practice	P8
G82037	Hildenborough Medical Group	P9
G82041	Grosvenor Medical Centre	P10
G82042	Tonbridge Medical Group	P11
G82055	North Ridge Medical Practice	P12
G82058	Aylesford Medical Centre	P13
G82059	Warders	P14
G82065	Grove Park Surgery	P15
G82074	Bearsted Medical Practice	P16
G82075	St James Medical Centre	P17
G82076	The Mote Medical Practice	P18
G82083	Thornhills Medical Practice	P19
G82085	Snodland Medical Practice	P20
G82089	Brewer Street Surgery	P21
G82092	Winterton Surgery	P22
G82093	Len Valley Practice	P23
G82098	Blackthorn Medical Centre	P24
G82099	The College Practice	P25
G82103	Abbey Court Medical Centre	P26
G82104	Allington Clinic	P27
G82110	Town Medical Centre	P28
G82112	Headcorn Surgery	P29
G82118	Woodlands Health Centre	P30
G82120	Borough Green Medical Practice	P31
G82125	The Otford Medical Centre	P32
G82135	West Malling Group Practice	P33
G82137	St Andrews Medical Centre	P34
G82141	Yalding Surgery	P35
G82152	Rusthall Medical Centre	P36
G82155	Waterfield House Surgery	P37
G82158	Howell Surgery	P38
G82164	The Vine Medical Centre	P39
G82170	Lamberhurst Surgery	P40
G82200	Wateringbury Surgery	P41
G82205	St John's Medical Pr	P42
G82215	Marden Medical Centre	P43
G82224	Old Parsonage Surgery	P44
G82229	Sutton Valence Surgery	P45
G82234	Phoenix Medical Practice	P46
G82235	Old School Surgery	P47
G82604	Northumberland Court	P48
G82605	The Crane Surgery	P49
G82641	The Surgery	P50
G82651	Dr Worthley P	P51
G82681	Malling Health Four	P52
G82691	The Orchard Surgery	P53
G82715	Rowan Tree Surgery	P54
G82732	Wish Valley Surgery	P55
G82733	Orchard End Surgery	P56
G82751	The Orchard Medical Centre	P57
G82754	The Medical Centre Hadlow	P58
G82768	Lonsdale Medical Centre	P59
G82777	Cobtree Medical Practice	P60
G82793	Allington Park Surgery	P61
G82888	South Park Medical Practice	P62
G82030	MARSHAM STREET SURGERY	P63

Ward Code (2001)	Ward Code (2011)	Ward Name	Local Authority	CCG	Ward ID
29UHGF	E05004982	Allington	Maidstone	NHS West Kent	W1
29UHGG	E05004983	Barming	Maidstone	NHS West Kent	W2
29UHGH	E05004984	Bearsted	Maidstone	NHS West Kent	W3
29UHGJ	E05004985	Boughton Monchelsea and Chart Sutton	Maidstone	NHS West Kent	W4
29UHGK	E05004986	Boxley	Maidstone	NHS West Kent	W5
29UHGL	E05004987	Bridge	Maidstone	NHS West Kent	W6
29UHGM	E05004988	Coxheath and Hunton	Maidstone	NHS West Kent	W7
29UHGN	E05004989	Detling and Thurnham	Maidstone	NHS West Kent	W8
29UHGP	E05004990	Downswood and Otham	Maidstone	NHS West Kent	W9
29UHGQ	E05004991	East	Maidstone	NHS West Kent	W10
29UHGR	E05004992	Fant	Maidstone	NHS West Kent	W11
29UHGS	E05004993	Harrietsham and Lenham	Maidstone	NHS West Kent	W12
29UHGT	E05004994	Headcorn	Maidstone	NHS West Kent	W13
29UHGU	E05004995	Heath	Maidstone	NHS West Kent	W14
29UHGW	E05004996	High Street	Maidstone	NHS West Kent	W15
29UHGX	E05004997	Leeds	Maidstone	NHS West Kent	W16
29UHGY	E05004998	Loose	Maidstone	NHS West Kent	W17
29UHGZ	E05004999	Marden and Yalding	Maidstone	NHS West Kent	W18
29UHHA	E05005000	North	Maidstone	NHS West Kent	W19
29UHHB	E05005001	North Downs	Maidstone	NHS West Kent	W20
29UHHC	E05005002	Park Wood	Maidstone	NHS West Kent	W21
29UHHD	E05005003	Shepway North	Maidstone	NHS West Kent	W22
29UHHE	E05005004	Shepway South	Maidstone	NHS West Kent	W23
29UHHF	E05005005	South	Maidstone	NHS West Kent	W24
29UHHG	E05005006	Staplehurst	Maidstone	NHS West Kent	W25
29UHHH	E05005007	Sutton Valence and Langley	Maidstone	NHS West Kent	W26
29UKGL	E05005009	Brasted, Chevening and Sundridge	Sevenoaks	NHS West Kent	W27
29UKGM	E05005010	Cowden and Hever	Sevenoaks	NHS West Kent	W28
29UKGP	E05005012	Dunton Green and Riverhead	Sevenoaks	NHS West Kent	W29
29UKGQ	E05005013	Edenbridge North and East	Sevenoaks	NHS West Kent	W30
29UKGR	E05005014	Edenbridge South and West	Sevenoaks	NHS West Kent	W31
29UKGW	E05005018	Halstead, Knockholt and Badgers Mount	Sevenoaks	NHS West Kent	W32
29UKGZ	E05005021	Kemsing	Sevenoaks	NHS West Kent	W33
29UKHA	E05005022	Leigh and Chiddingstone Causeway	Sevenoaks	NHS West Kent	W34
29UKHB	E05005023	Otford and Shoreham	Sevenoaks	NHS West Kent	W35
29UKHC	E05005024	Penshurst, Fordcombe and Chiddingstone	Sevenoaks	NHS West Kent	W36
29UKHD	E05005025	Seal and Weald	Sevenoaks	NHS West Kent	W37
29UKHE	E05005026	Sevenoaks Eastern	Sevenoaks	NHS West Kent	W38
29UKHF	E05005027	Sevenoaks Kippington	Sevenoaks	NHS West Kent	W39
29UKHG	E05005028	Sevenoaks Northern	Sevenoaks	NHS West Kent	W40
29UKHH	E05005029	Sevenoaks Town and St John's	Sevenoaks	NHS West Kent	W41
29UKHM	E05005033	Westerham and Crockham Hill	Sevenoaks	NHS West Kent	W42
29UPHJ	E05005104	Aylesford	Tonbridge and Malling	NHS West Kent	W43
29UPHK	E05005105	Blue Bell Hill and Walderslade	Tonbridge and Malling	NHS West Kent	W44
29UPHL	E05005106	Borough Green and Long Mill	Tonbridge and Malling	NHS West Kent	W45
29UPHM	E05005107	Burham, Eccles and Wouldham	Tonbridge and Malling	NHS West Kent	W46
29UPHN	E05005108	Cage Green	Tonbridge and Malling	NHS West Kent	W47
29UPHP	E05005109	Castle	Tonbridge and Malling	NHS West Kent	W48
29UPHQ	E05005110	Ditton	Tonbridge and Malling	NHS West Kent	W49
29UPHR	E05005111	Downs	Tonbridge and Malling	NHS West Kent	W50
29UPHS	E05005112	East Malling	Tonbridge and Malling	NHS West Kent	W51
29UPHT	E05005113	East Peckham and Golden Green	Tonbridge and Malling	NHS West Kent	W52
29UPHU	E05005114	Hadlow, Mereworth and West Peckham	Tonbridge and Malling	NHS West Kent	W53
29UPHW	E05005115	Higham	Tonbridge and Malling	NHS West Kent	W54
29UPHX	E05005116	Hildenborough	Tonbridge and Malling	NHS West Kent	W55
29UPHY	E05005117	Ightham	Tonbridge and Malling	NHS West Kent	W56
29UPHZ	E05005118	Judd	Tonbridge and Malling	NHS West Kent	W57
29UPJA	E05005119	Kings Hill	Tonbridge and Malling	NHS West Kent	W58
29UPJB	E05005120	Larkfield North	Tonbridge and Malling	NHS West Kent	W59
29UPJC	E05005121	Larkfield South	Tonbridge and Malling	NHS West Kent	W60
29UPJD	E05005122	Medway	Tonbridge and Malling	NHS West Kent	W61
29UPJE	E05005123	Snodland East	Tonbridge and Malling	NHS West Kent	W62
29UPJF	E05005124	Snodland West	Tonbridge and Malling	NHS West Kent	W63
29UPJG	E05005125	Trench	Tonbridge and Malling	NHS West Kent	W64
29UPJH	E05005126	Vauxhall	Tonbridge and Malling	NHS West Kent	W65
29UPJJ	E05005127	Wateringbury	Tonbridge and Malling	NHS West Kent	W66
29UPJK	E05005128	West Malling and Leybourne	Tonbridge and Malling	NHS West Kent	W67
29UPJL	E05005129	Wrotham	Tonbridge and Malling	NHS West Kent	W68
29UQGB	E05005130	Benenden and Cranbrook	Tunbridge Wells	NHS West Kent	W69
29UQGC	E05005131	Brenchley and Horsmonden	Tunbridge Wells	NHS West Kent	W70
29UQGD	E05005132	Broadwater	Tunbridge Wells	NHS West Kent	W71
29UQGE	E05005133	Capel	Tunbridge Wells	NHS West Kent	W72
29UQGF	E05005134	Culverden	Tunbridge Wells	NHS West Kent	W73
29UQGG	E05005135	Frittenden and Sissinghurst	Tunbridge Wells	NHS West Kent	W74
29UQGH	E05005136	Goudhurst and Lamberhurst	Tunbridge Wells	NHS West Kent	W75
29UQGJ	E05005137	Hawkhurst and Sandhurst	Tunbridge Wells	NHS West Kent	W76
29UQGK	E05005138	Paddock Wood East	Tunbridge Wells	NHS West Kent	W77
29UQGL	E05005139	Paddock Wood West	Tunbridge Wells	NHS West Kent	W78
29UQGM	E05005140	Pantiles and St Mark's	Tunbridge Wells	NHS West Kent	W79
29UQGN	E05005141	Park	Tunbridge Wells	NHS West Kent	W80
29UQGP	E05005142	Pembury	Tunbridge Wells	NHS West Kent	W81
29UQGQ	E05005143	Rusthall	Tunbridge Wells	NHS West Kent	W82
29UQGR	E05005144	St James'	Tunbridge Wells	NHS West Kent	W83
29UQGS	E05005145	St John's	Tunbridge Wells	NHS West Kent	W84
29UQGT	E05005146	Sherwood	Tunbridge Wells	NHS West Kent	W85
29UQGU	E05005147	Southborough and High Brooms	Tunbridge Wells	NHS West Kent	W86
29UQGW	E05005148	Southborough North	Tunbridge Wells	NHS West Kent	W87
29UQGX	E05005149	Speldhurst and Bidborough	Tunbridge Wells	NHS West Kent	W88

Electoral Map



Electoral ward ID

Table 1

Ward Code (2001)	Ward Code (2011)	Ward Name	Local Authority	Ward ID
29UHGF	E05004982	Allington	Maidstone	W1
29UHGG	E05004983	Barming	Maidstone	W2
29UHGH	E05004984	Bearsted	Maidstone	W3
29UHGJ	E05004985	Boughton Monchelsea and Chart Sutton	Maidstone	W4
29UHGK	E05004986	Boxley	Maidstone	W5
29UHGL	E05004987	Bridge	Maidstone	W6
29UHGM	E05004988	Coxheath and Hunton	Maidstone	W7
29UHGN	E05004989	Detling and Thurnham	Maidstone	W8
29UHGP	E05004990	Downswood and Otham	Maidstone	W9
29UHGQ	E05004991	East	Maidstone	W10
29UHGR	E05004992	Fant	Maidstone	W11
29UHGS	E05004993	Harrietsham and Lenham	Maidstone	W12
29UHGT	E05004994	Headcorn	Maidstone	W13
29UHGU	E05004995	Heath	Maidstone	W14
29UHGW	E05004996	High Street	Maidstone	W15
29UHGX	E05004997	Leeds	Maidstone	W16
29UHGY	E05004998	Loose	Maidstone	W17
29UHGZ	E05004999	Marden and Yalding	Maidstone	W18
29UHHA	E05005000	North	Maidstone	W19
29UHHB	E05005001	North Downs	Maidstone	W20
29UHHC	E05005002	Park Wood	Maidstone	W21
29UHHD	E05005003	Shepway North	Maidstone	W22
29UHHE	E05005004	Shepway South	Maidstone	W23

29UHHF	E05005005	South	Maidstone	W24
29UHHG	E05005006	Staplehurst	Maidstone	W25
29UHHH	E05005007	Sutton Valence and Langley	Maidstone	W26
29UKGL	E05005009	Brasted, Chevening and Sundridge	Sevenoaks	W27
29UKGM	E05005010	Cowden and Hever	Sevenoaks	W28
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29UKGW	E05005018	Halstead, Knockholt and Badgers Mount	Sevenoaks	W32
29UKGZ	E05005021	Kemsing	Sevenoaks	W33
29UKHA	E05005022	Leigh and Chiddingstone Causeway	Sevenoaks	W34
29UKHB	E05005023	Otford and Shoreham	Sevenoaks	W35
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29UPHK	E05005105	Blue Bell Hill and Walderslade	Tonbridge and Malling	W44
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29UPHP	E05005109	Castle	Tonbridge and Malling	W48
29UPHQ	E05005110	Ditton	Tonbridge and Malling	W49
29UPHR	E05005111	Downs	Tonbridge and Malling	W50

29UPHS	E05005112	East Malling	Tonbridge and Malling	W51
29UPHT	E05005113	East Peckham and Golden Green	Tonbridge and Malling	W52
29UPHU	E05005114	Hadlow, Mereworth and West Peckham	Tonbridge and Malling	W53
29UPHW	E05005115	Higham	Tonbridge and Malling	W54
29UPHX	E05005116	Hildenborough	Tonbridge and Malling	W55
29UPHY	E05005117	Ightham	Tonbridge and Malling	W56
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29UPJA	E05005119	Kings Hill	Tonbridge and Malling	W58
29UPJB	E05005120	Larkfield North	Tonbridge and Malling	W59
29UPJC	E05005121	Larkfield South	Tonbridge and Malling	W60
29UPJD	E05005122	Medway	Tonbridge and Malling	W61
29UPJE	E05005123	Snodland East	Tonbridge and Malling	W62
29UPJF	E05005124	Snodland West	Tonbridge and Malling	W63
29UPJG	E05005125	Trench	Tonbridge and Malling	W64
29UPJH	E05005126	Vauxhall	Tonbridge and Malling	W65
29UPJJ	E05005127	Wateringbury	Tonbridge and Malling	W66
29UPJK	E05005128	West Malling and Leybourne	Tonbridge and Malling	W67
29UPJL	E05005129	Wrotham	Tonbridge and Malling	W68
29UQGB	E05005130	Benenden and Cranbrook	Tunbridge Wells	W69
29UQGC	E05005131	Brenchley and Horsmonden	Tunbridge Wells	W70
29UQGD	E05005132	Broadwater	Tunbridge Wells	W71
29UQGE	E05005133	Capel	Tunbridge Wells	W72
29UQGF	E05005134	Culverden	Tunbridge Wells	W73
29UQGG	E05005135	Frittenden and Sissinghurst	Tunbridge Wells	W74
29UQGH	E05005136	Goudhurst and Lamberhurst	Tunbridge Wells	W75
29UQGJ	E05005137	Hawkhurst and Sandhurst	Tunbridge Wells	W76
29UQGK	E05005138	Paddock Wood East	Tunbridge Wells	W77
29UQGL	E05005139	Paddock Wood West	Tunbridge Wells	W78

29UQGM	E05005140	Pantiles and St Mark's	Tunbridge Wells	W79
29UQGN	E05005141	Park	Tunbridge Wells	W80
29UQGP	E05005142	Pembury	Tunbridge Wells	W81
29UQGQ	E05005143	Rusthall	Tunbridge Wells	W82
29UQGR	E05005144	St James'	Tunbridge Wells	W83
29UQGS	E05005145	St John's	Tunbridge Wells	W84
29UQGT	E05005146	Sherwood	Tunbridge Wells	W85
29UQGU	E05005147	Southborough and High Brooms	Tunbridge Wells	W86
29UQGW	E05005148	Southborough North	Tunbridge Wells	W87
29UQGX	E05005149	Speldhurst and Bidborough	Tunbridge Wells	W88

Appendix 17

Figures

Tables

Version	Date Published	Changes	By Whom
1.0	**7th September 2015**	**Draft**	**K Hardy**
2.0		**Key Points (Year 6 childhood obesity, CHD estimates)**	**K Hardy**
3.0	**27th October 2015**	**New crime data Children's obesity/Excess weight data updated Childrens deliberate and unintentional Injuries**	**K Hardy**
4.0	**30th October 2015**	**Children education added and vulnerable children moved to education chapter**	**K Hardy**
5.0	**5th November**	**New pooled data for Children deliberate and unintentional injuries, dental, amendments as per paper copy, tidied pages.**	**K Hardy**