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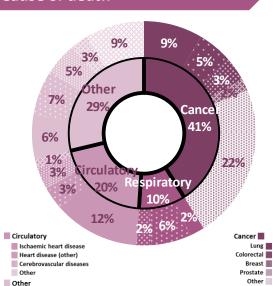
Living Well: Swale

Heath and Social Care Maps



(under 75 years)

Cause of death



Respiratory |

Bronchitis, emphysema & other COPD

Pneumonia III

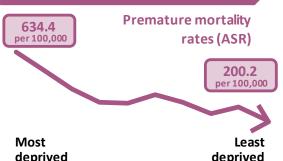
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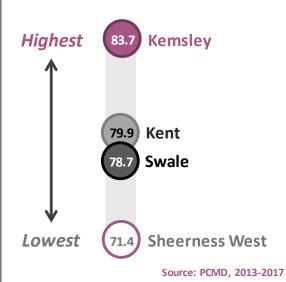
Source: PCMD. 2017. 2013-2017

LIFE EXPECTANCY

at birth



Ward-level life expectancy (men)



LONG TERM CONDITIONS

Diabetes

6.8%

Ages 17+

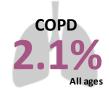
Kent recorded prevalence

Hypertension

14.7%

Asthma **5.6%**

Source: QOF, 2018/19



MENTAL HEALTH

Depression



11.2%

Of adults recorded by their GP as having depression

Emergency hospital admissions for serious mental health conditions

230 in 2018/19



Source: QOF, 2018/19; HES,

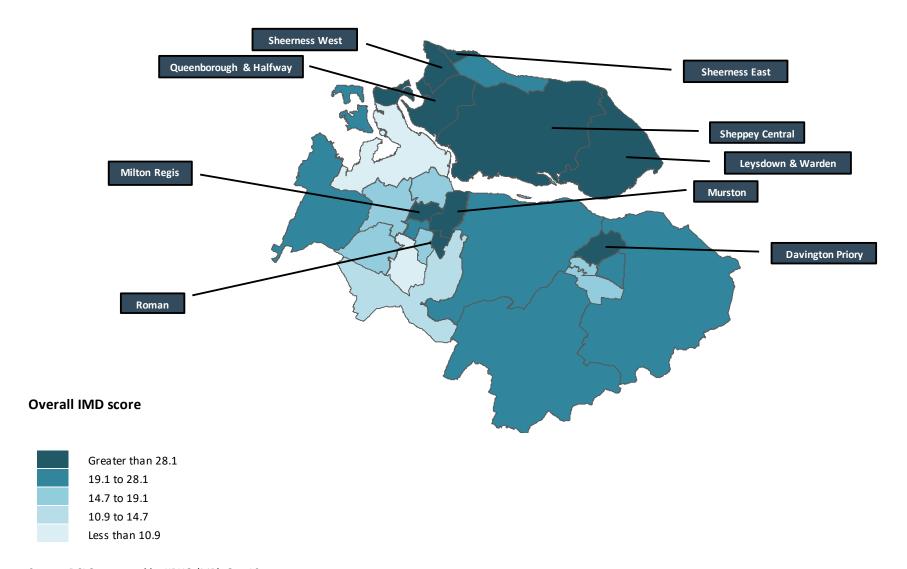
Demographics

Index of Multiple Deprivation (IMD)



Index of Multiple Deprivation (IMD): by electoral ward

Overall IMD score, population weighted quintile, 2019



Source: DCLG, prepared by KPHO (MP), Oct-19



Premature mortality

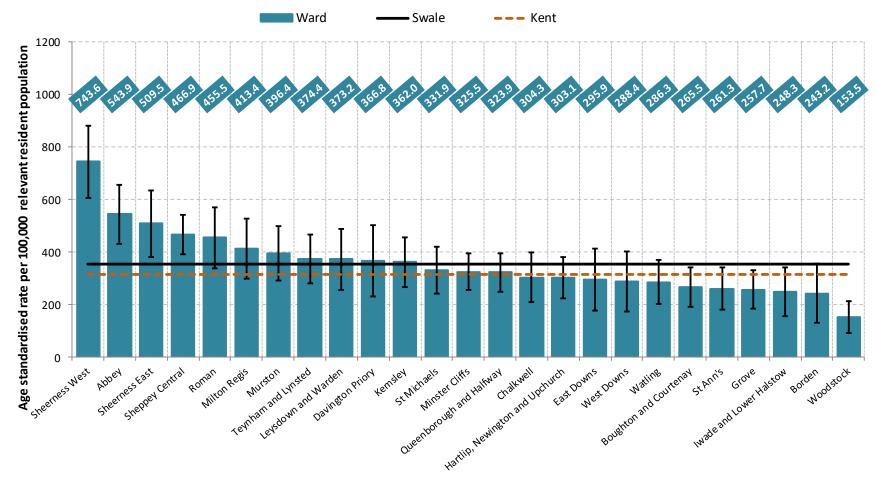
Premature mortalty from all causes

Causes of premature death



Premature mortality from all causes: by electoral ward

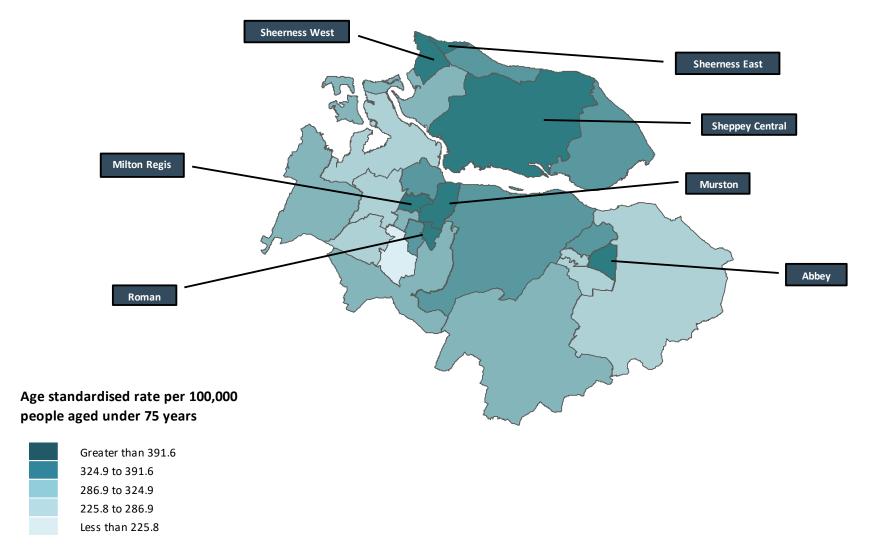
Age standardised rate per 100,000 people aged under 75 years, classified by underlying cause of death (ICD-10: A00-Y99), 2015-2017





Premature mortality from all causes: by electoral ward

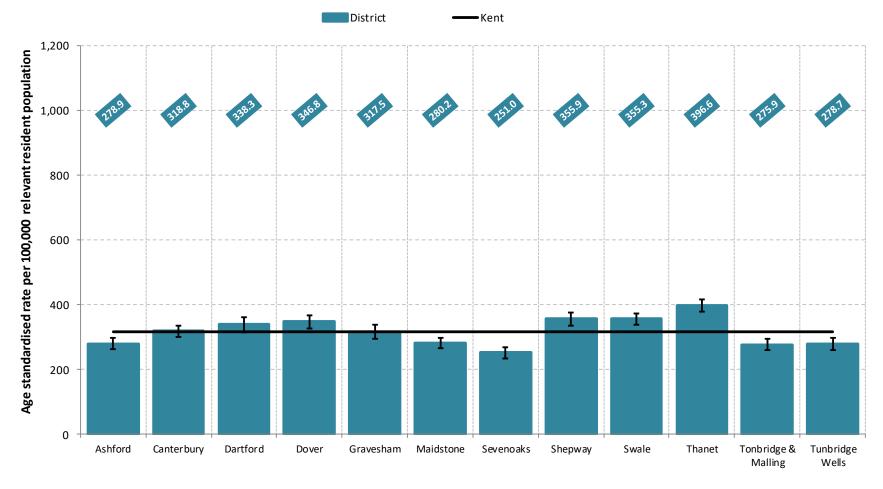
Age standardised rate per 100,000 people aged under 75 years, classified by underlying cause of death (ICD-10: A00-Y99), 2015-2017





Premature mortality from all causes: by district

Age standardised rate per 100,000 people aged under 75 years, classified by underlying cause of death (ICD-10: A00-Y99), 2015-2017

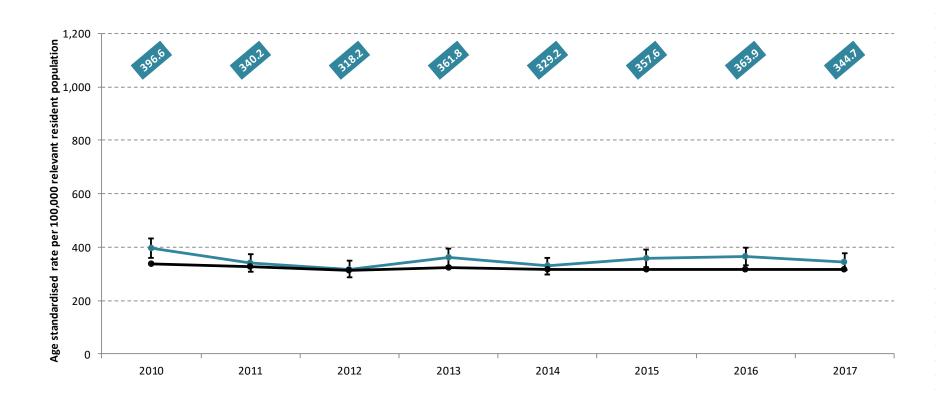




Premature mortality from all causes: trend

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



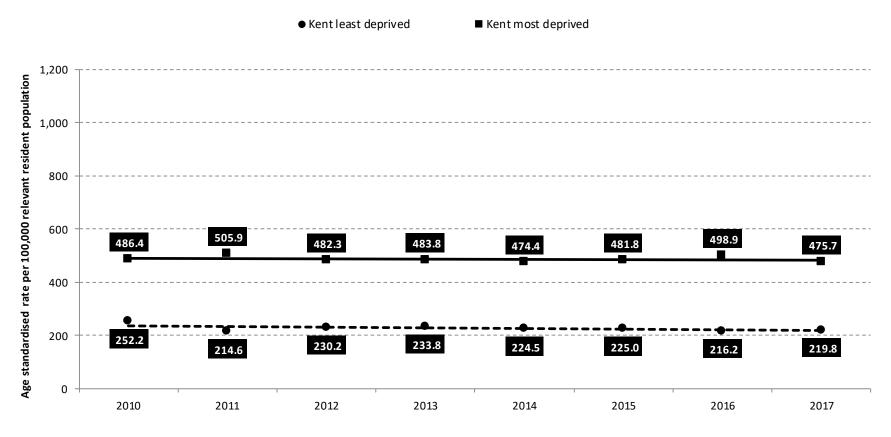


No significant change compared with a decreasing trend for Kent



Premature mortality from all causes: by deprivation

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

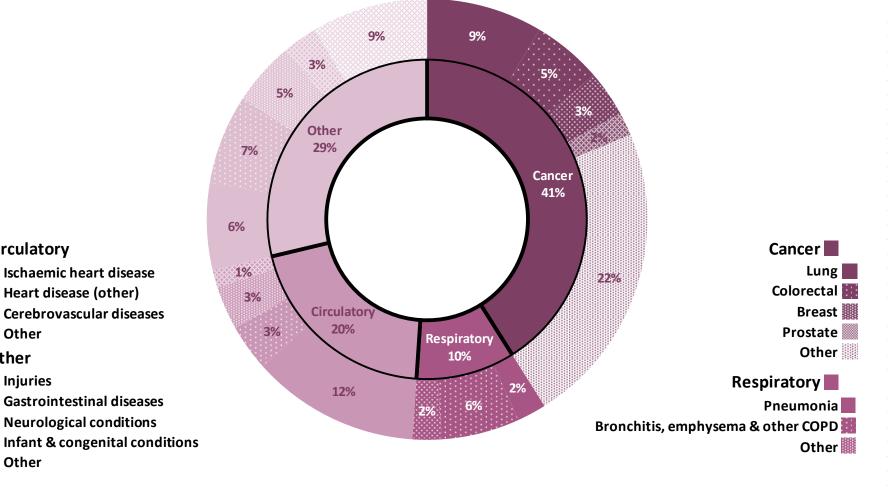


Least deprived trend - stable Most deprived trend - stable



Causes of premature mortality

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



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

Heart disease (other)



Circulatory

Other

Injuries

Other

Other

Healthcare usage

A&E attendances

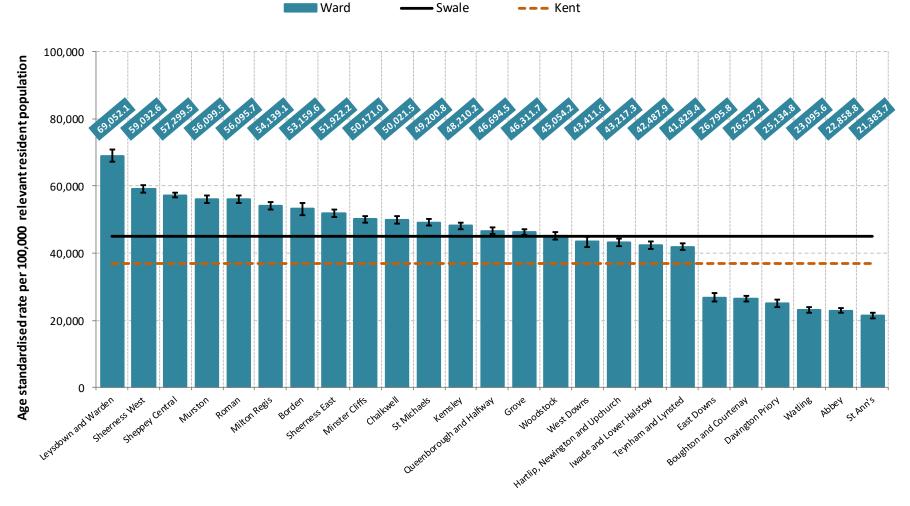
Elective hospital admissions

Emergency hospital admissions



Accident & Emergency attendances: by electoral ward

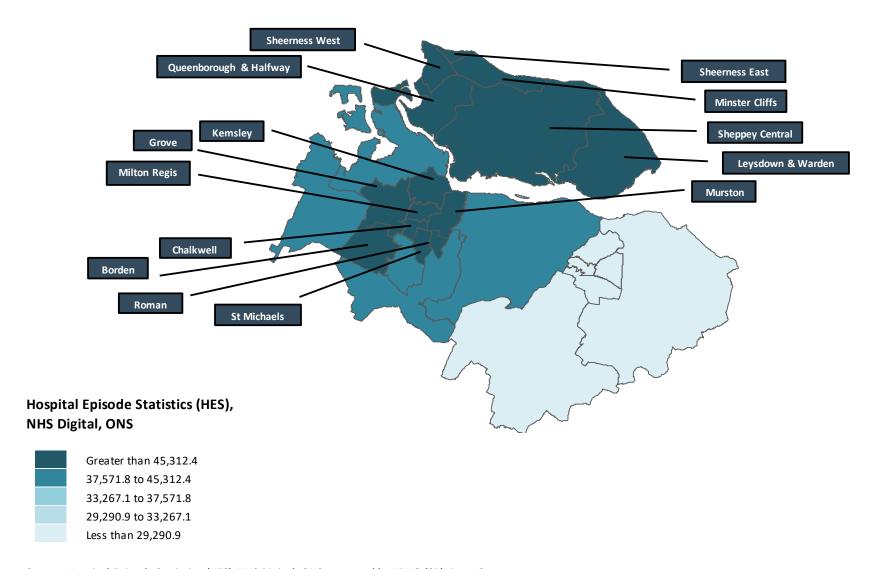
Age standardised rate per 100,000 resident population, , 2016/17-2018/19





Accident & Emergency attendances: by electoral ward

Age standardised rate per 100,000 resident population, 2016/17-2018/19



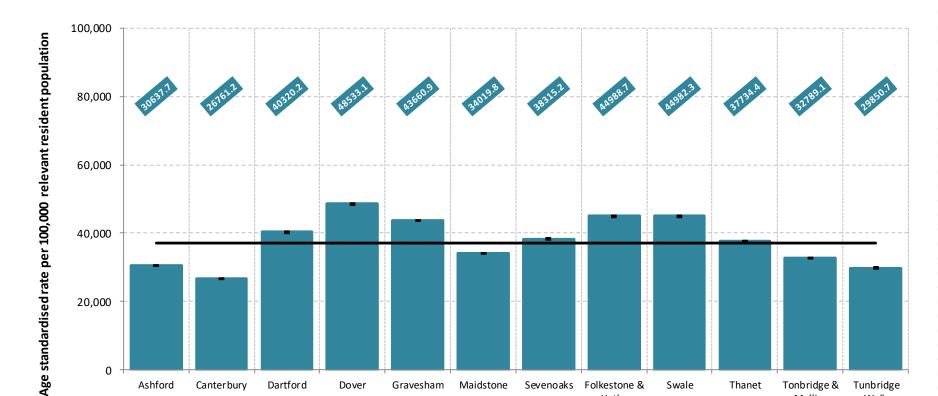


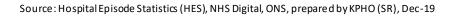
Accident & Emergency attendances: by district

Age standardised rate per 100,000 resident population, , 2016/17-2018/19

--Kent

District





Canterbury

Dartford

Dover

Gravesham

Maidstone

Sevenoaks Folkestone &

Hythe

Swale



Tonbridge &

Malling

Thanet

Tunbridge

Wells

40,000

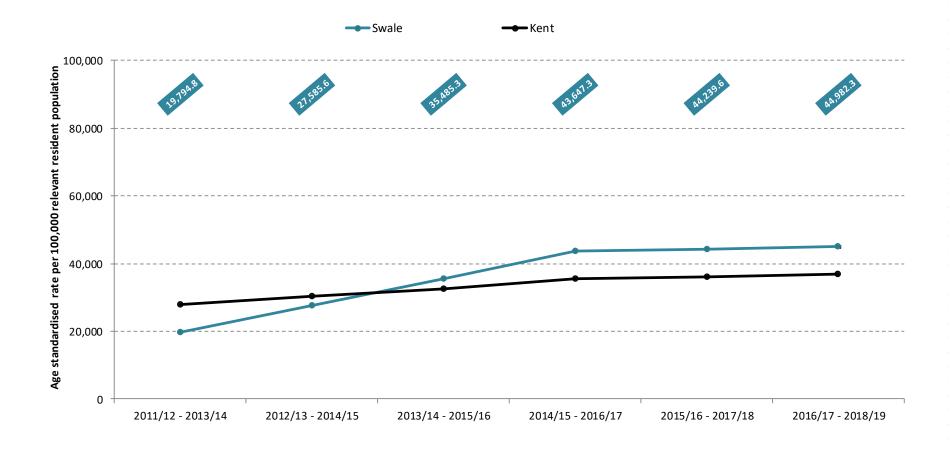
20,000

0

Ashford

Accident & Emergency attendances: trend

Age standardised rate per 100,000 resident population, 2010/11 - 2012/13 to 2016/17 - 2018/19

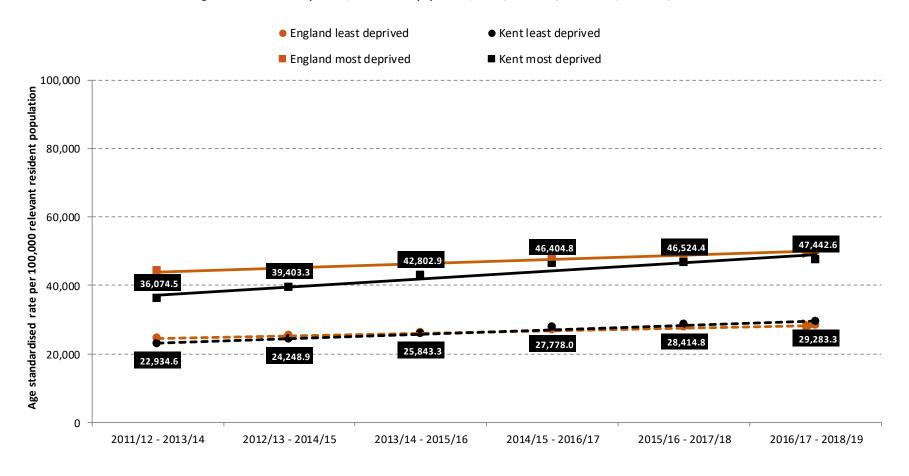


Increasing with a faster pace of change than Kent



Accident & Emergency attendances: by deprivation

Age standardised rate per 100,000 resident population, 2011/12 - 2013/14 to 2016/17 - 2018/19

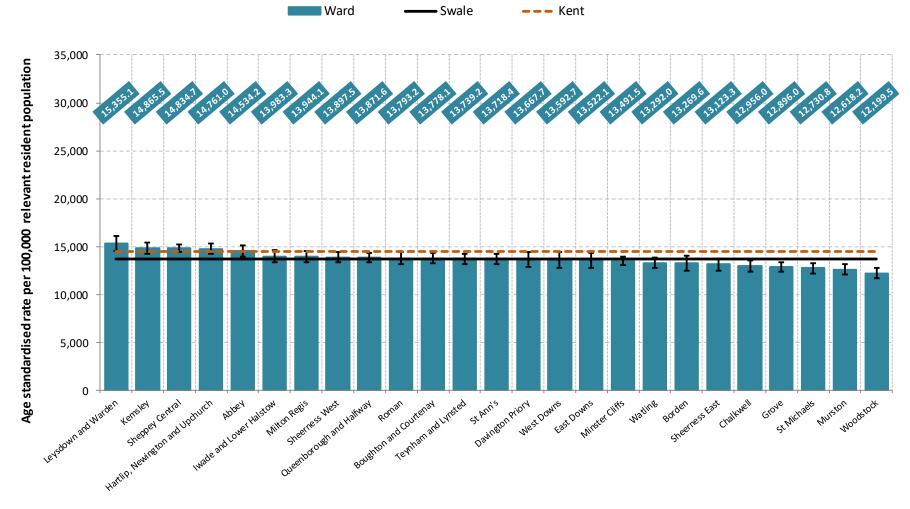


Least deprived trend - increasing with a faster pace of change than England Most deprived trend - increasing with a similar pace of change to England



Elective hospital admissions: by electoral ward

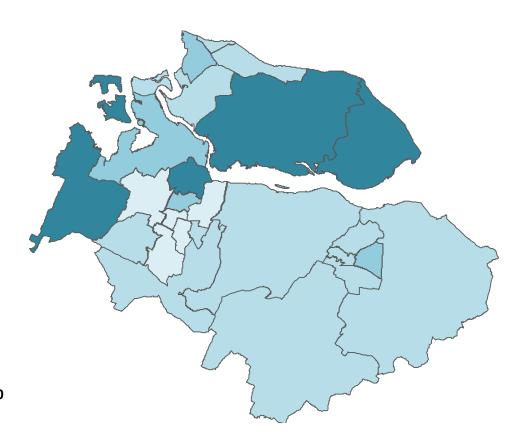
Age standardised rate per 100,000 resident population, 2016/17-2018/19





Elective hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2016/17-2018/19



Age standardised rate per 100,000 resident population

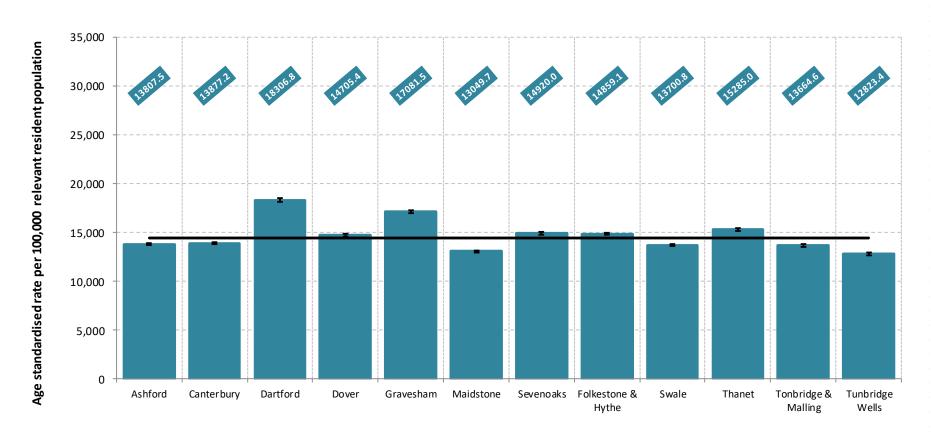




Elective hospital admissions: by district

Age standardised rate per 100,000 resident population, 2016/17-2018/19







Elective hospital admissions: trend

Age standardised rate per 100,000 resident population, 2011/12 - 2013/14 to 2016/17 - 2018/19

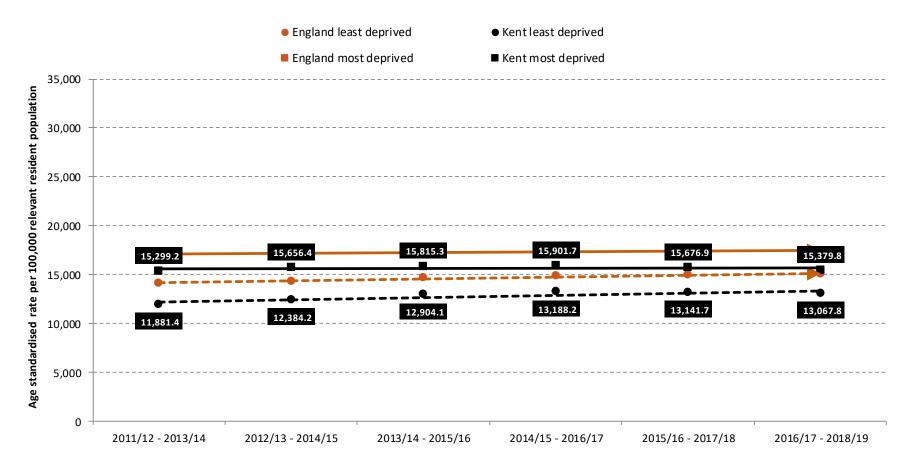


No significant change compared with a stable trend for Kent



Elective hospital admissions: by deprivation

Age standardised rate per 100,000 resident population, 2011/12 - 2013/14 to 2016/17 - 2018/19

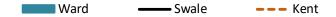


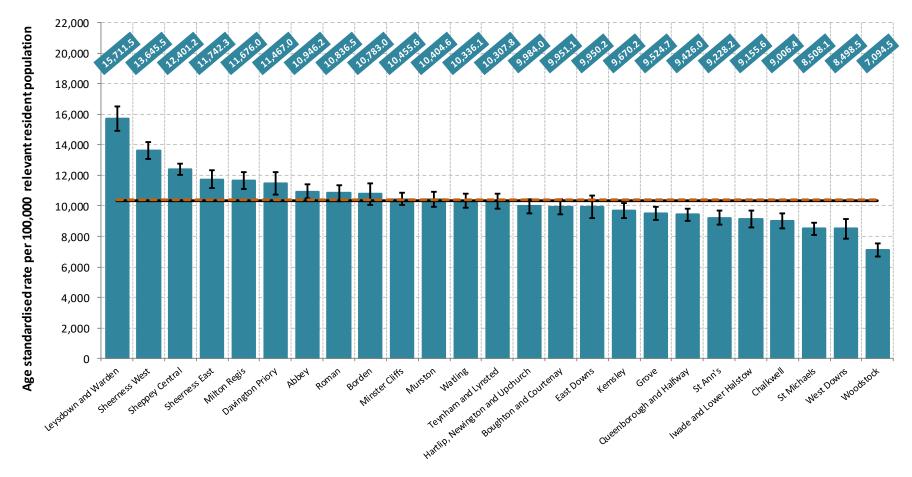
Least deprived trend - increasing with a similar pace of change to England Most deprived trend - stable with a similar pace of change to England



Emergency hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2016/17-2018/19

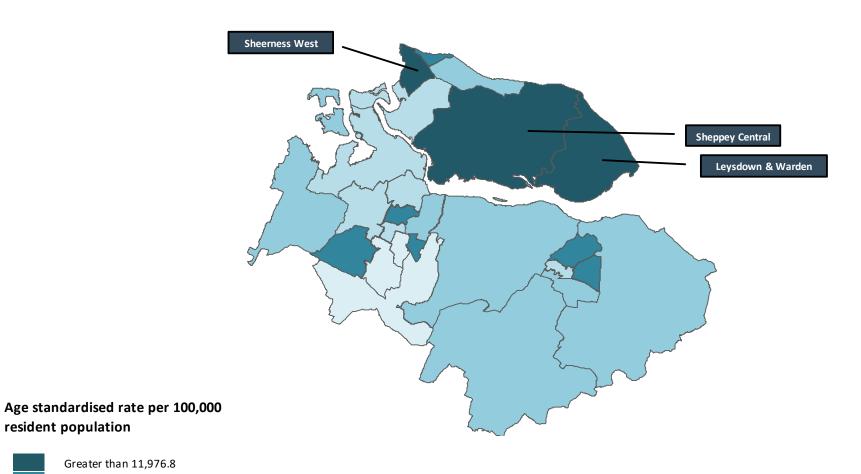






Emergency hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2016/17-2018/19





Less than 8,901.0

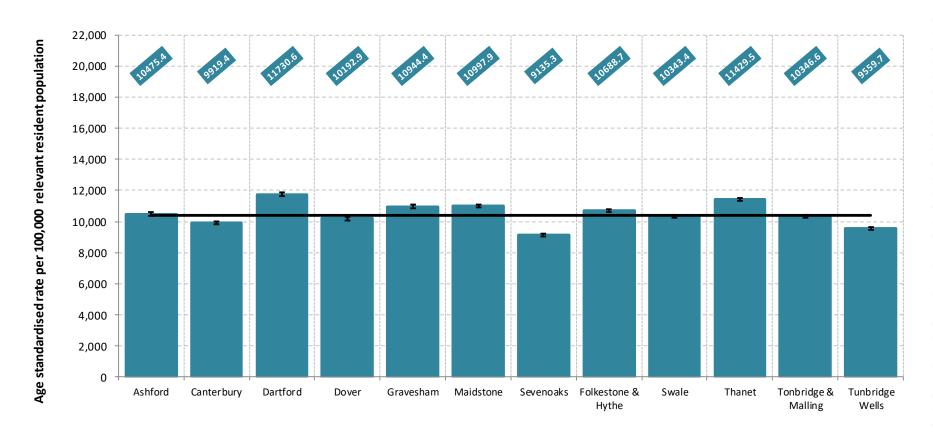
resident population



Emergency hospital admissions: by district

Age standardised rate per 100,000 resident population, 2016/17-2018/19

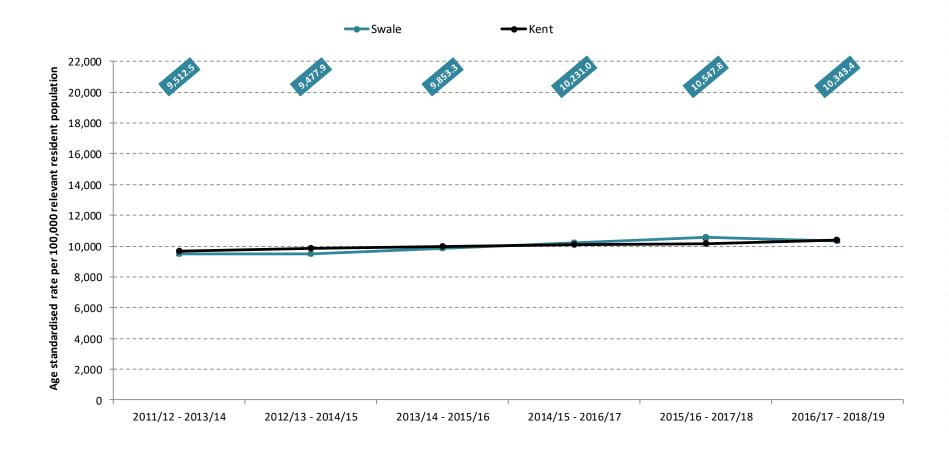






Emergency hospital admissions: trend

Age standardised rate per 100,000 resident population, 2011/12 - 2013/14 to 2016/17 - 2018/19

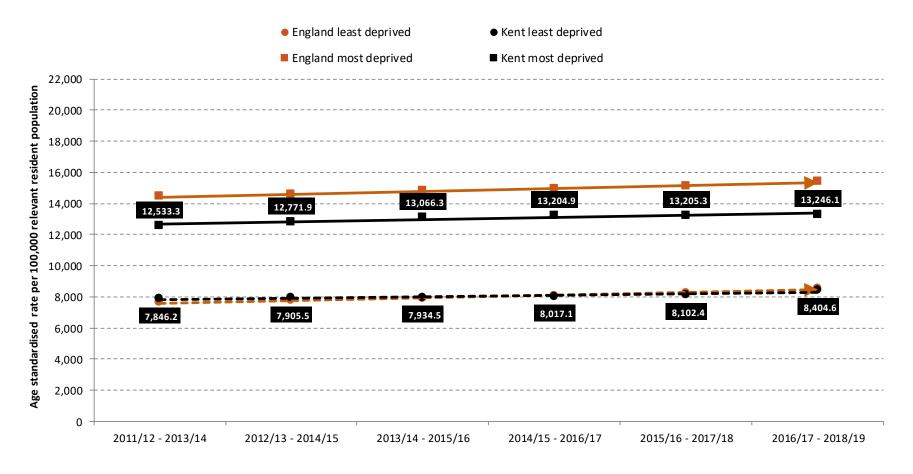


Increasing with a similar pace of change to Kent



Emergency hospital admissions: by deprivation

Age standardised rate per 100,000 resident population, 2011/12 - 2013/14 to 2016/17 - 2018/19



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



Clinical effectiveness

Mortality from causes considered avoidable

Mortality from causes considered amenable

Mortality from causes considered preventable

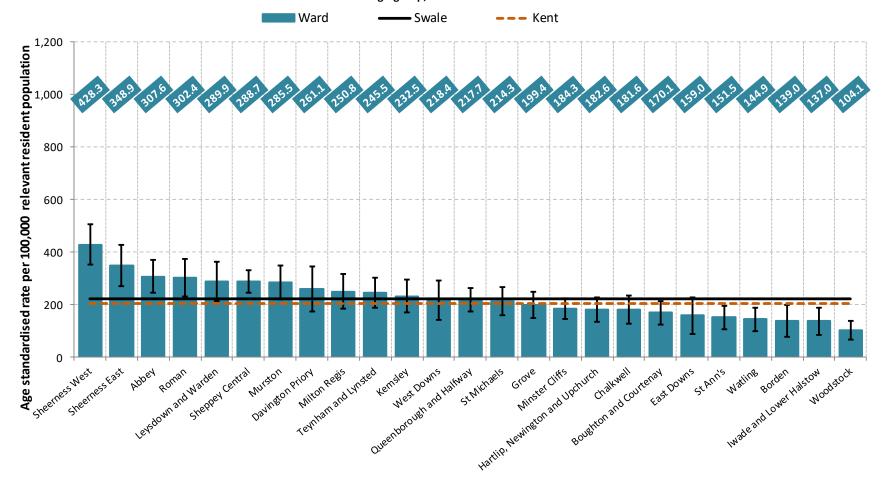
Avoidable admissions for chronic conditions

Avoidable admissions for acute conditions



Avoidable mortality: by electoral ward

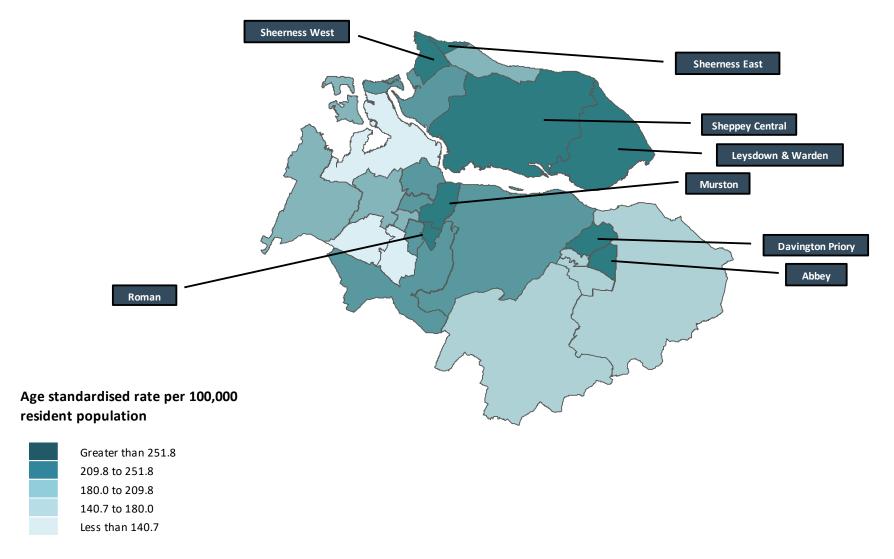
Age standardised rate per 100,000 resident population, for potentially avoidable deaths identified by using underlying cause and age group, 2013-2017





Avoidable mortality: by electoral ward

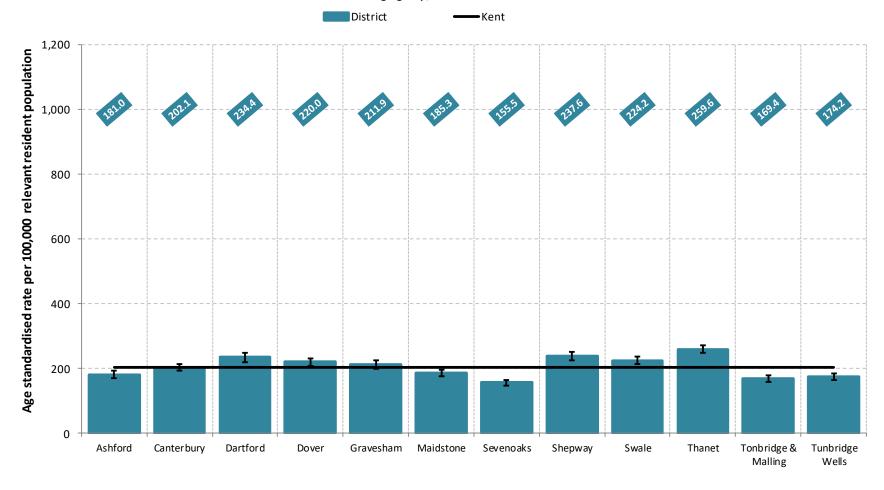
Age standardised rate per 100,000 resident population, for potentially avoidable deaths identified by using underlying cause and age group, 2013-2017





Avoidable mortality: by district

Age standardised rate per 100,000 resident population, for potentially avoidable deaths identified by using underlying cause and age group, 2013-2017

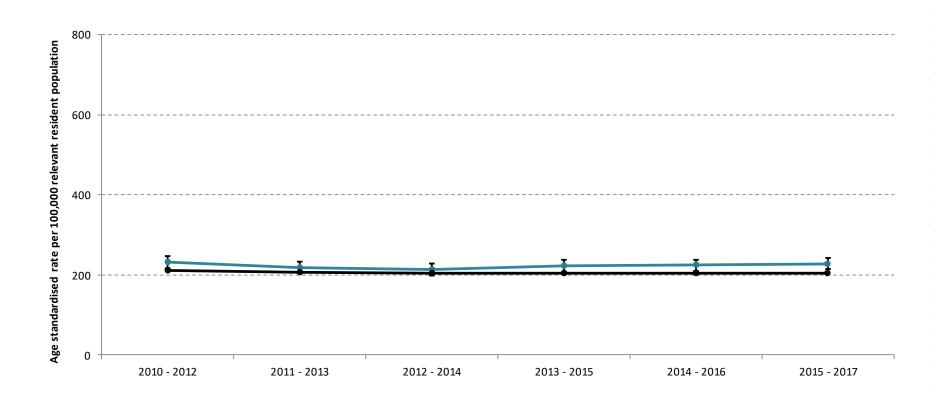




Avoidable mortality: trend

Age standardised rate per 100,000 resident population, for potentially avoidable deaths identified by using underlying cause and age group, 2010 - 2012 to 2015 - 2017



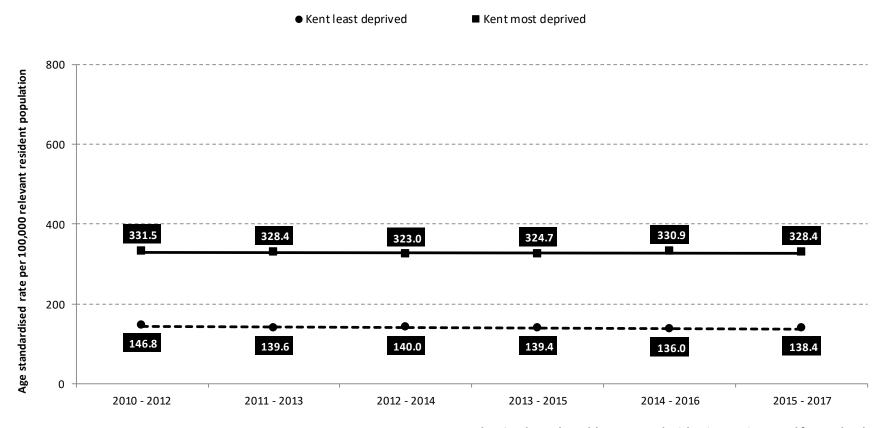


No significant change compared with a stable trend for Kent



Avoidable mortality: by deprivation

Age standardised rate per 100,000 resident population, for potentially avoidable deaths identified by using underlying cause and age group, 2010 - 2012 to 2015 - 2017

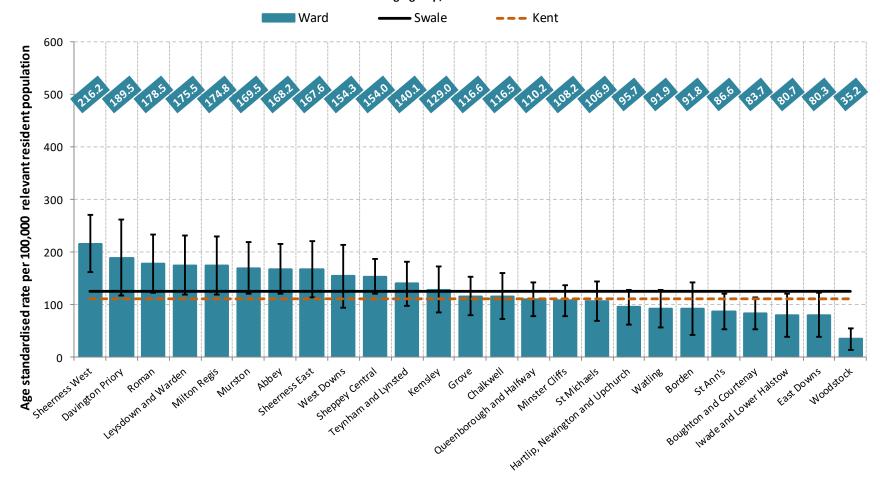


Least deprived trend - stable compared with a increasing trend for England Most deprived trend - stable compared with a decreasing trend for England



Amenable mortality: by electoral ward

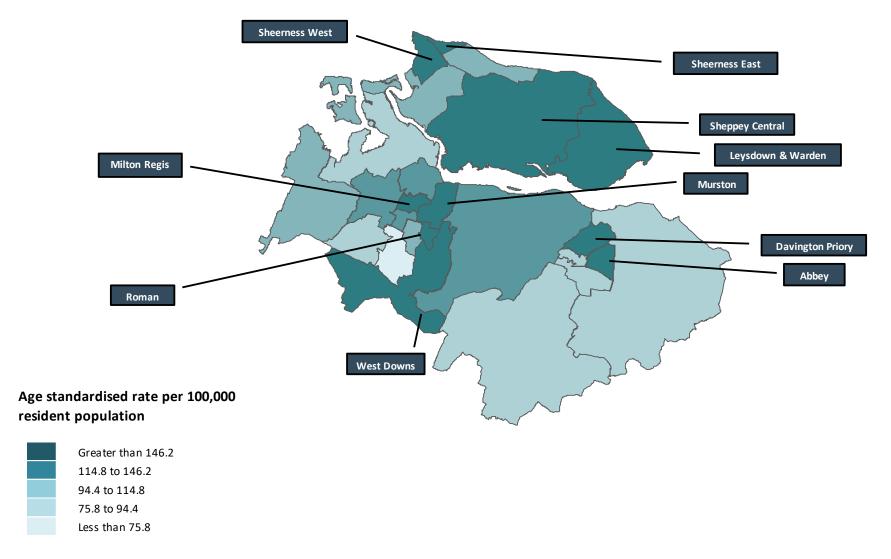
Age standardised rate per 100,000 resident population, for deaths amenable to healthcare identified by using underlying cause and age group, 2013-2017





Amenable mortality: by electoral ward

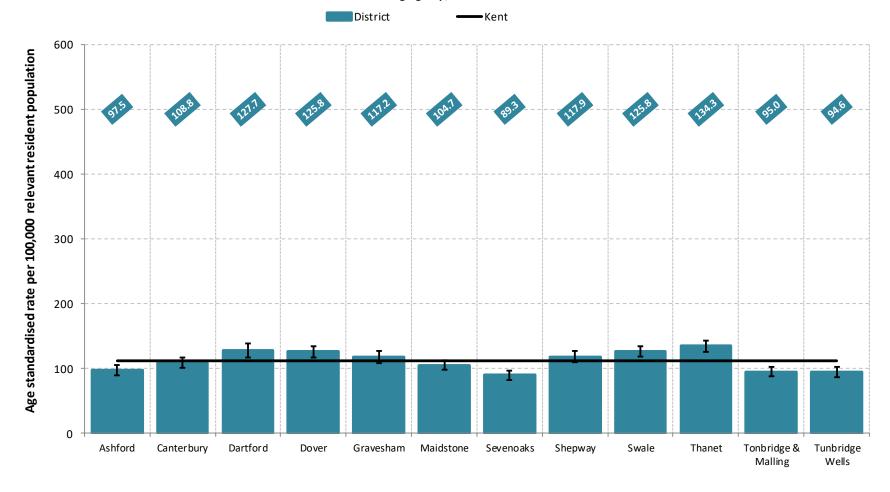
Age standardised rate per 100,000 resident population, for deaths amenable to healthcare identified by using underlying cause and age group, 2013-2017





Amenable mortality: by district

Age standardised rate per 100,000 resident population, for deaths amenable to healthcare identified by using underlying cause and age group, 2013-2017

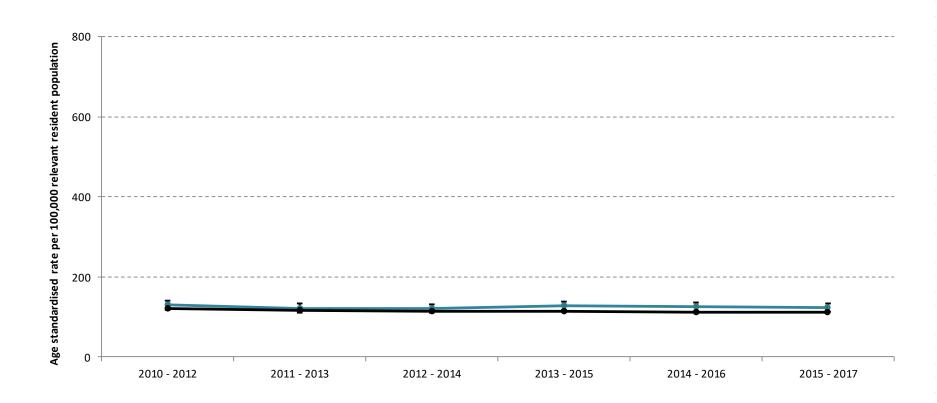




Amenable mortality: trend

Age standardised rate per 100,000 resident population, for deaths amenable to healthcare identified by using underlying cause and age group, 2010 - 2012 to 2015 - 2017



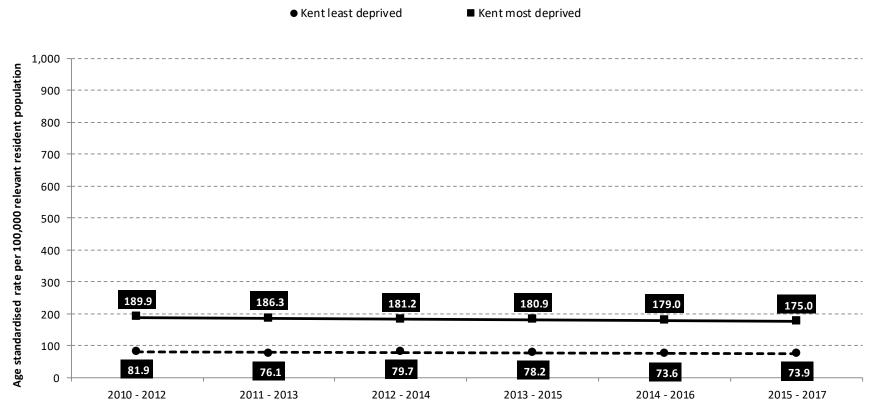


No significant change compared with a decreasing trend for Kent



Amenable mortality: by deprivation

Age standardised rate per 100,000 resident population, for deaths amenable to healthcare identified by using underlying cause and age group, 2010 - 2012 to 2015 - 2017

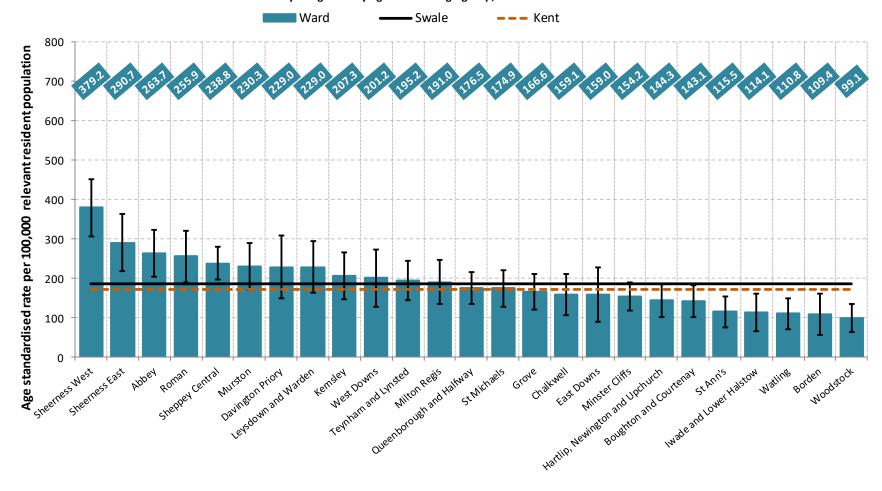


Least deprived trend - stable compared with a increasing trend for England Most deprived trend - decreasing compared with a decreasing trend for England



Preventable mortality: by electoral ward

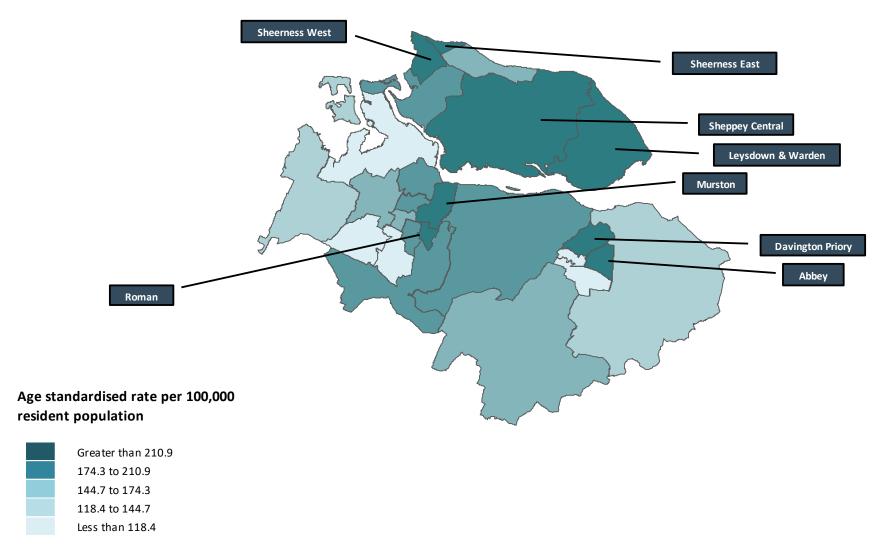
Age standardised rate per 100,000 resident population, for deaths that could be prevented by health intervention identified by using underlying cause and age group, 2013-2017





Preventable mortality: by electoral ward

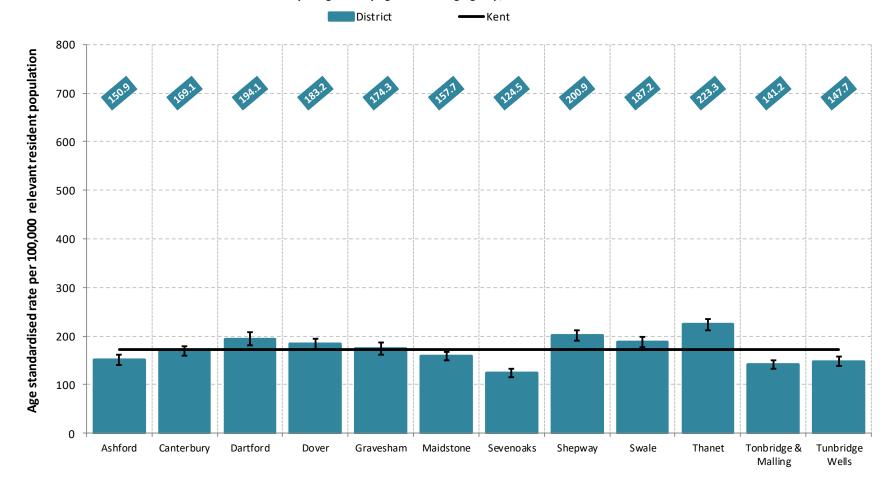
Age standardised rate per 100,000 resident population, for deaths that could be prevented by health intervention identified by using underlying cause and age group, 2013-2017





Preventable mortality: by district

Age standardised rate per 100,000 resident population, for deaths that could be prevented by health intervention identified by using underlying cause and age group, 2013-2017

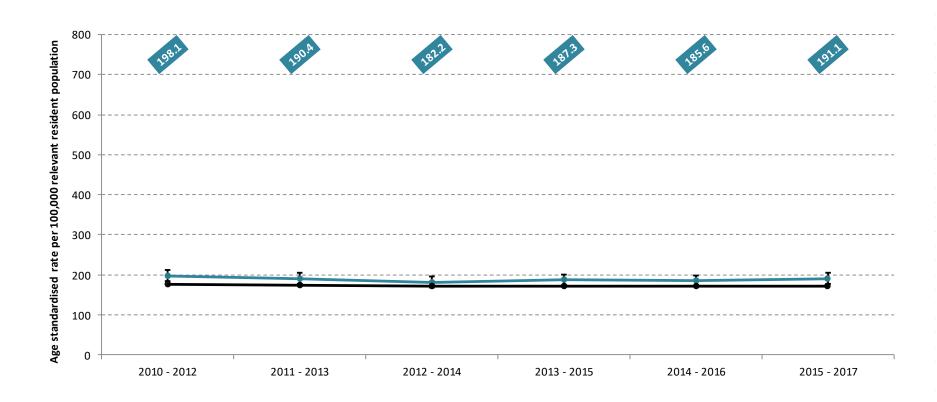




Preventable mortality: trend

Age standardised rate per 100,000 resident population, for deaths that could be prevented by health intervention identified by using underlying cause and age group, 2010 - 2012 to 2015 - 2017



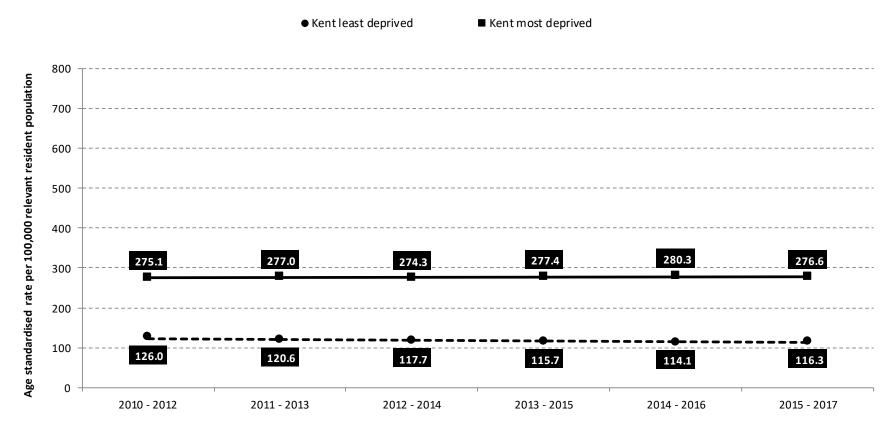


No significant change compared with a stable trend for Kent



Preventable mortality: by deprivation

Age standardised rate per 100,000 resident population, for deaths that could be prevented by health intervention identified by using underlying cause and age group, 2010 - 2012 to 2015 - 2017



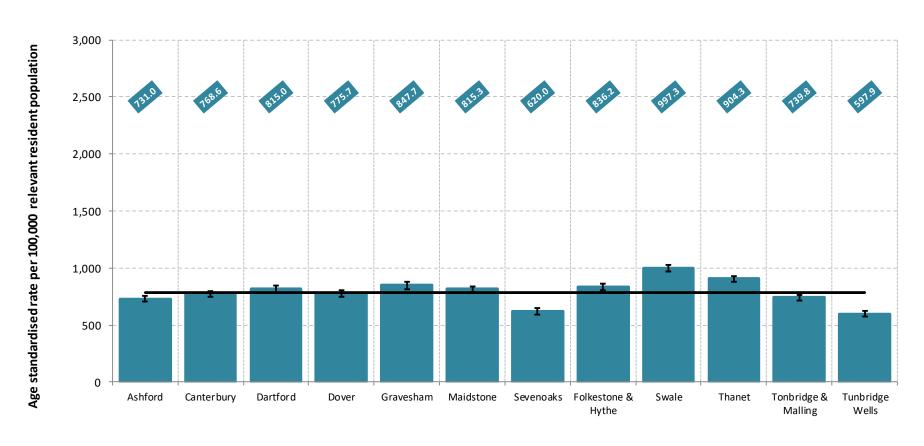
Least deprived trend - decreasing Most deprived trend - stable



Avoidable emergency hospital admissions for chronic ambulatory care sensitive conditions: by district

Age standardised rate per 100,000 resident population, persons, 2016/17-2018/19



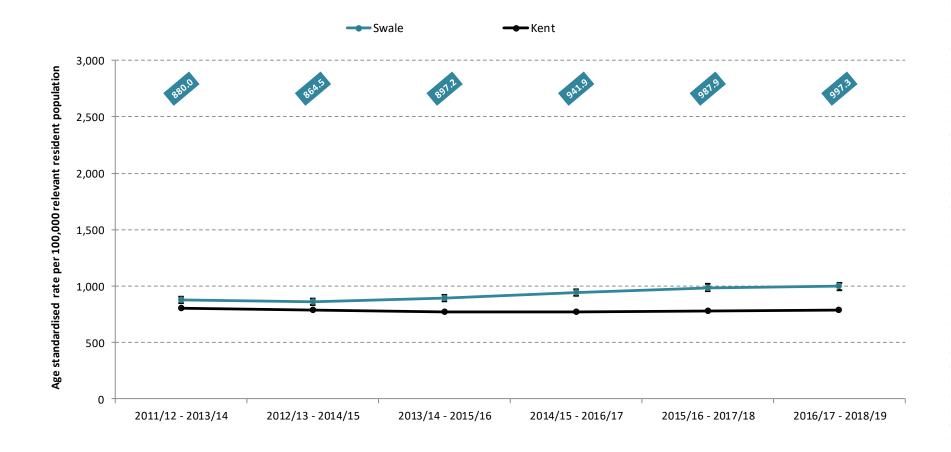


 $Source: Hospital \, Episode \, Statistics \, (HES), \, NHS \, Digital, \, ONS, \, prepare \, d \, by \, KPHO \, (ZC), \, Jan-20 \, Applies \, Applie$



Avoidable emergency hospital admissions for chronic ambulatory care sensitive conditions: trend

Age standardised rate per 100,000 resident population, persons, 2011/12 - 2013/14 to 2016/17 - 2018/19

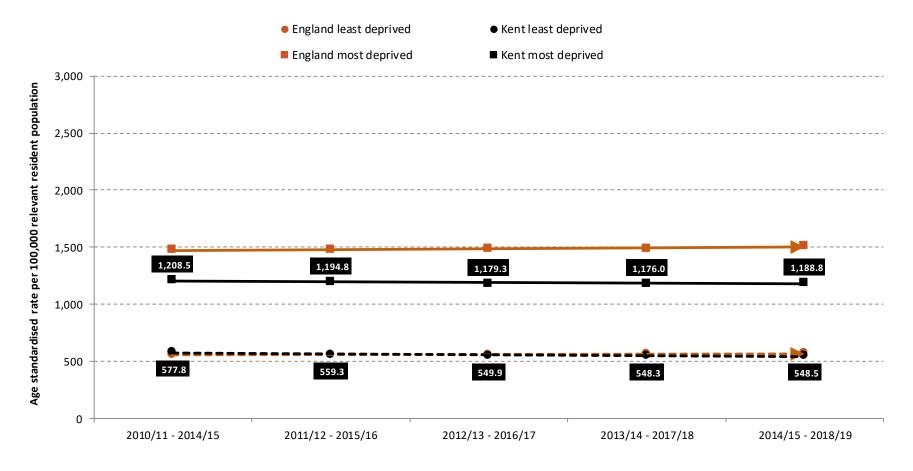


Increasing compared with a stable trend for Kent



Avoidable emergency hospital admissions for chronic ambulatory care sensitive conditions: by deprivation

Age standardised rate per 100,000 resident population, persons, 2010/11 - 2014/15 to 2014/15 - 2018/19

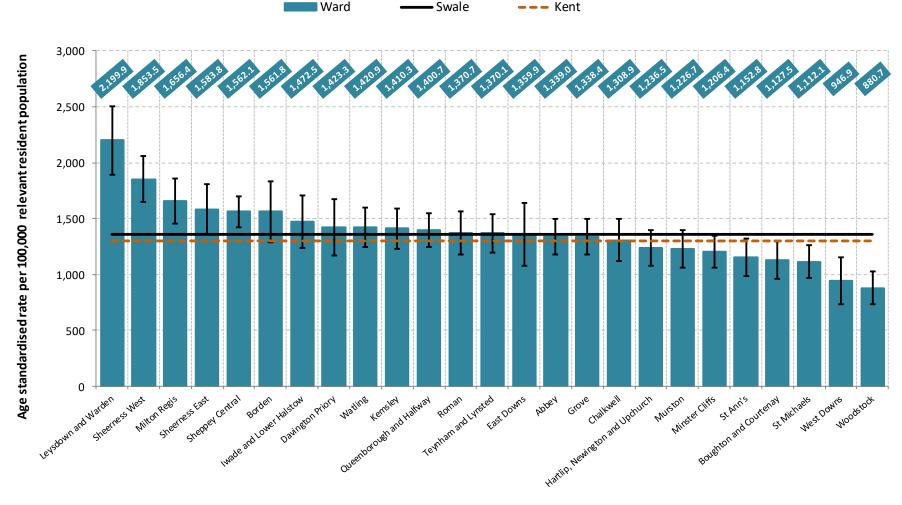


Least deprived trend - stable compared with a increasing trend for England Most deprived trend - stable compared with a increasing trend for England



Avoidable emergency hospital admissions for acute conditions: by electoral ward

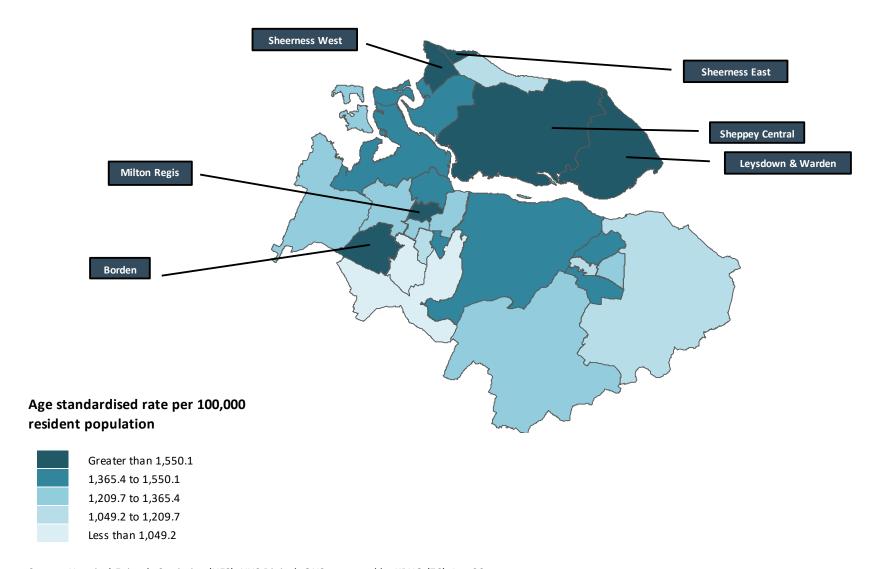
Age standardised rate per 100,000 resident population, persons, 2016/17-2018/19





Avoidable emergency hospital admissions for acute conditions: by electoral ward

Age standardised rate per 100,000 resident population, persons, 2016/17-2018/19

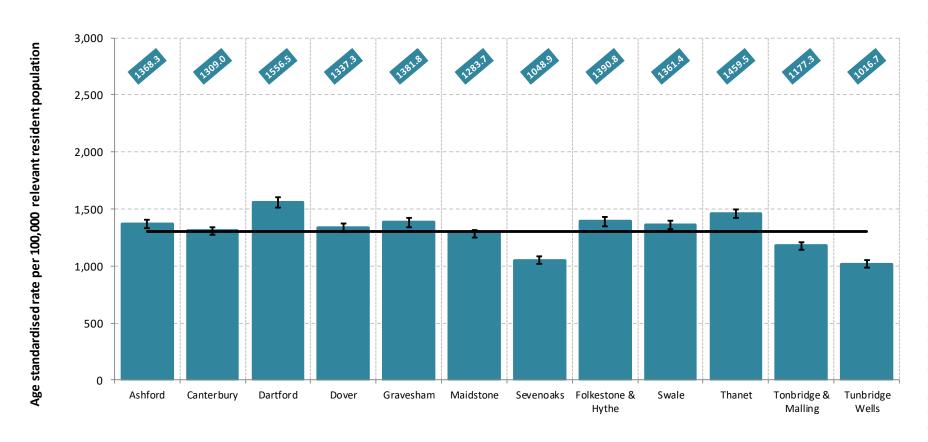




Avoidable emergency hospital admissions for acute conditions: by district

Age standardised rate per 100,000 resident population, persons, 2016/17-2018/19



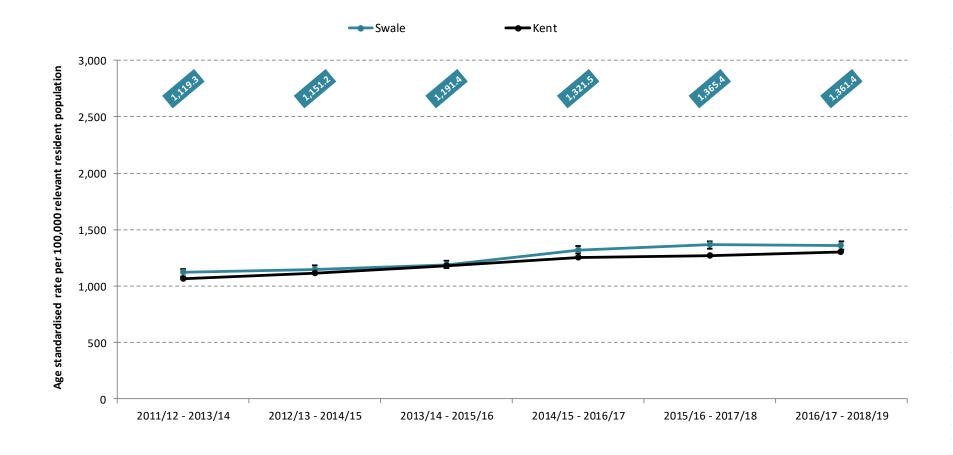


 $Source: Hospital \, Episode \, Statistics \, (HES), \, NHS \, Digital, \, ONS, \, prepare \, d \, by \, KPHO \, (ZC), \, Jan-20 \, Applies \, Applie$



Avoidable emergency hospital admissions for acute conditions: trend

Age standardised rate per 100,000 resident population, persons, 2011/12 - 2013/14 to 2016/17 - 2018/19

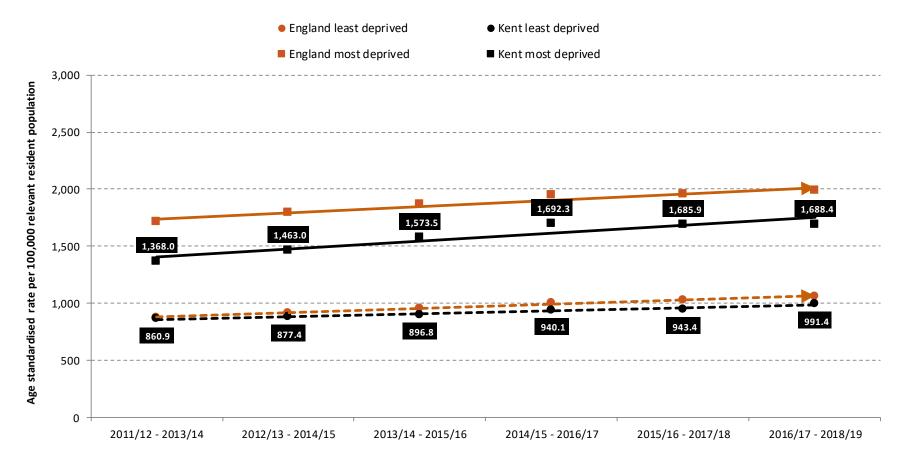


Increasing with a similar pace of change to Kent



Avoidable emergency hospital admissions for acute conditions: by deprivation

Age standardised rate per 100,000 resident population, persons, 2011/12 - 2013/14 to 2016/17 - 2018/19



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

Source: <Select>, prepared by KPHO (ZC), Jan-20



Lifestyle

Excess weight

Physical activity

Smoking

Fruit and vegetable consumption

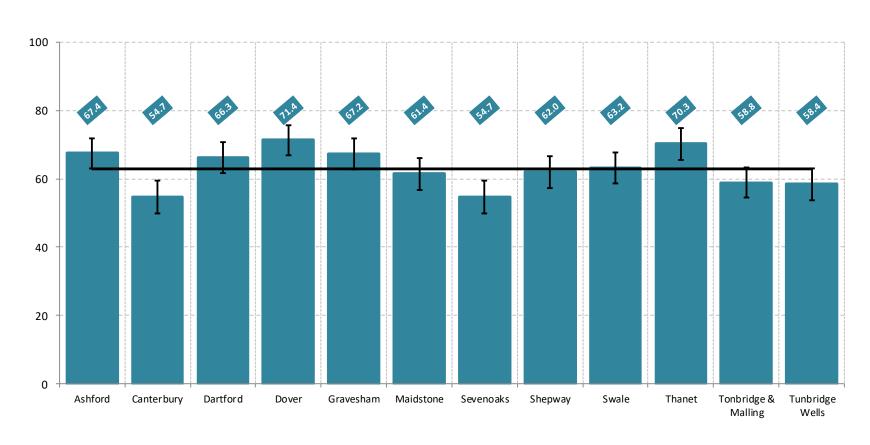


Adults classified as overweight or obese: by district

Percentage of adults (aged 18+) classified as overweight or obese, 2017/18

District — Kent

Percentage



Source: Public Health England (based on Active Lives survey, Sport England), prepared by KPHO (LLY), May-19

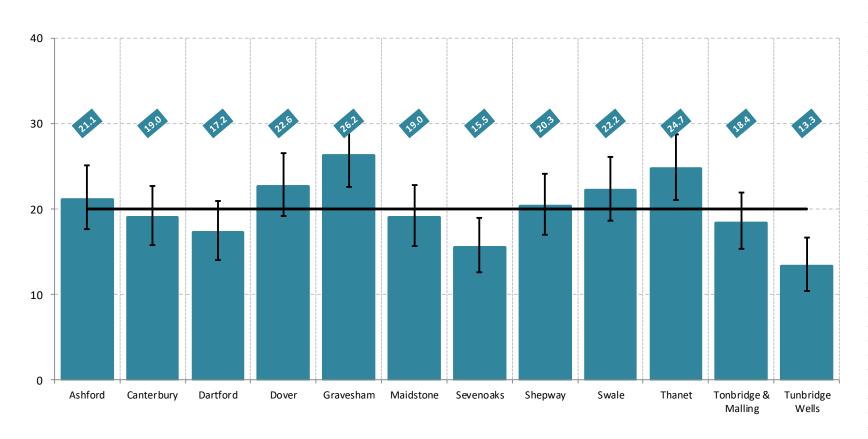


Physical inactivity in adults: by district

Percentage of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week), 2017/18



Percentage



Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (SR), Jun-19

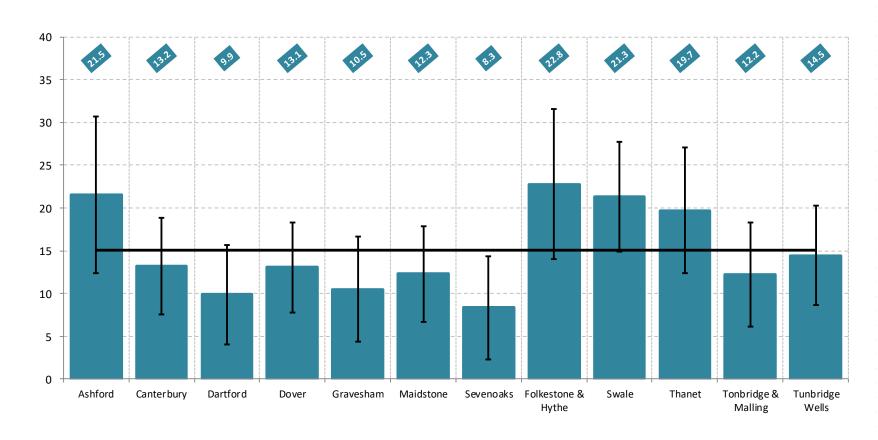


Smoking prevalence in adults: by district

Percentage of adults (aged 18+) who are self-reported smokers, 2018

District —Kent

Percentage

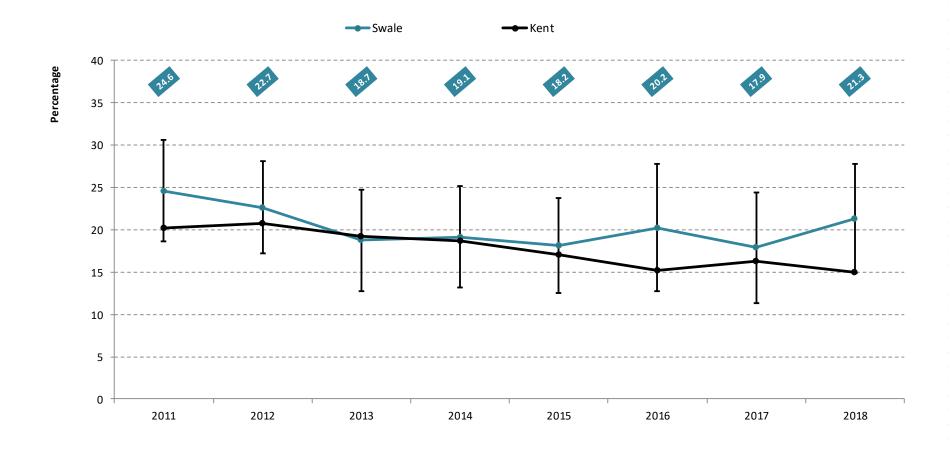


Source: Annual Population Survey (APS), prepared by KPHO (MP), Nov-19



Smoking prevalence in adults: trend

Percentage of adults (aged 18+) who are self-reported smokers, 2011 to 2018



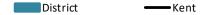
No significant change compared with a decreasing trend for Kent

Source: Annual Population Survey (APS), prepared by KPHO (MP), Nov-19

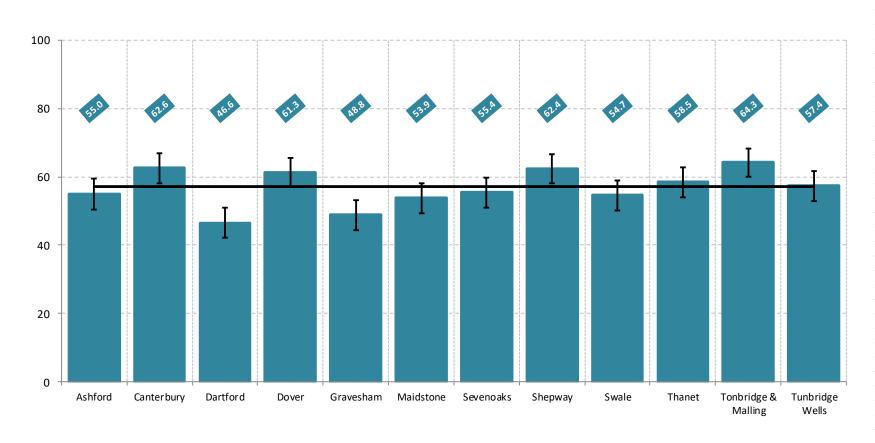


Fruit and vegetable consumption in adults: by district

Percentage of adults (aged 16+) meeting the recommended '5-a-day' on a 'usual day', 2017/18



Percentage



Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (SR), Jun-19

Multimorbidity

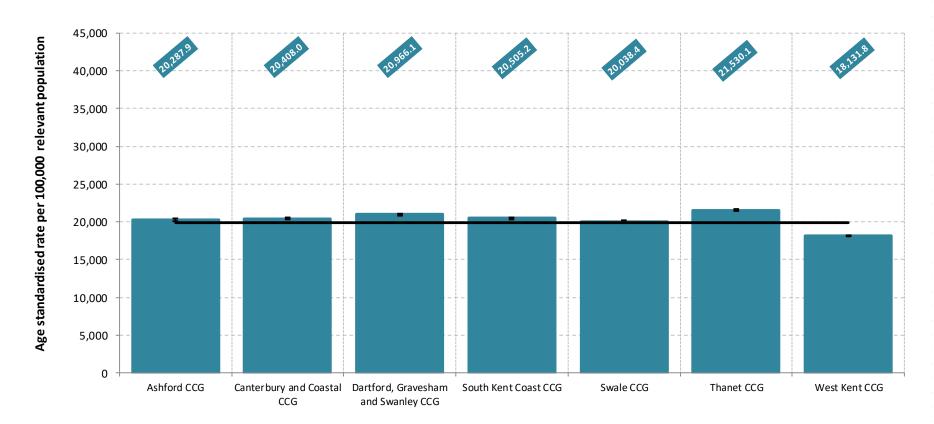
Multimorbidity prevalence



Multimorbidity (developmental statistics): by CCG

Patients (aged 25 years and over) recorded by their GP as having 2 or more long-term conditions, analysis is restricted to GP practices flowing data into the KID at time of the analysis, 2019



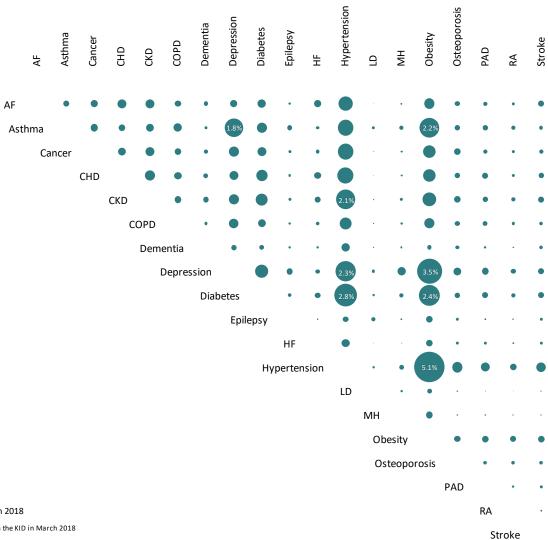


Source: Kent Integrated Dataset (KID), prepared by KPHO (LLY), Aug-19



Multimorbidity (developmental statistics): Prevalence of long term condition combinations

Patients recorded by their GP as having specific combinations of long term conditions, Kent, March 2018



Source: Kent Integrated Dataset (KID), prepared by KPHO (TG), March 2018



^{*} Figures relate to persons resident in Kent and registered at a GP participating in the KID in March 2018