

Unintentional Injury Prevention in Adults and Children

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Introduction

This chapter summary includes unintentional injuries for both adults and children. Deliberate injuries such as self-harm, violence to others, road accidents and adult falls are, on occasion, referred to in the data but are not within the scope of this chapter. These indicators can be found within other chapters of the JSNA. Unintentional injuries included in this chapter are:

- falls in children, young and working age people
- drowning and submersion
- poisoning
- burns.

Unintentional injuries in and around the home are not only a major cause of death and disability but can have devastating and long-term effects for children and families, impacting on education, employment, relationships and emotional wellbeing. The cost to the system is high, with a single serious home accident for a child aged nought to four years estimated to be £2,494 to healthcare and wider costs of £33,200. The majority of these injuries are preventableⁱ.

Key Issues and Gaps

- All unintentional injuries hospital admissions: The rate of hospital admissions for all unintentional injuries has remained similar across the period. Thanet and Dartford, Gravesham and Swanley rates are higher than Kent as a whole. Many unintentional injuries could be prevented, particularly as they occur within or near the home.
- **Death due to all unintentional injuries:** Mortality due to unintentional injury has increased by a third in the most recent three year period. While the increase is mainly in the over 65 year age group, there has also been an increase in poisoning which has doubled in the period 2008/10 to 2014/16. Many unintentional injuries are avoidable and years of life lost should be a consideration, particularly for young people.
 - Clinical Commissioning Groups (CCGs), Local Children's Partnership Groups, Community Safety Partnerships and partner agencies to provide information, guidance and support to prevent unintentional injuries, particularly in the 0-4 year age group.
- Falls hospital admissions: Hospital admissions due to falls are highest in those aged 65 years and over (see Falls chapter), followed by the nought to four year old age group.
- Death due to falls: Mortality rates for falls are highest in Thanet CCG, followed by South Kent Coast and Canterbury CCGs, also higher than the Kent rate.

CCGs and older people's services to work with partners to ensure a clear pathway to prevent falls, which includes the role of housing, Kent Fire and Rescue Service (KFRS), and the voluntary sector, particularly in areas with high incidence and mortality rates (see Falls chapter).

- **Drowning and submersion hospital admissions:** Almost half of all hospital admissions occur in the 0-24 year age group.
- **Death due to drowning and submersion:** Whilst numbers are relatively small, mortality is highest in the 25 to 64 year old age group therefore the number of years of life lost is higher.
- Districts and CCGs are to consider through Local Children's partnerships and Community Safety Partnerships, particularly where numbers are higher.
- **Poisoning hospital admissions:** Hospital admissions are highest in the nought to four year old age group and of this cohort Thanet CCG has the highest rate.
- Death due to poisoning: The number of deaths due to poisoning has doubled over the period and is most common in the 25 to 64 year old age group.
 Most deaths in this category are due to substance misuse. (See Substance Misuse chapter).
- Burns hospital admissions: Hospital admissions due to burns are highest in the nought to four year age group at a rate of 11.56 per 10,000 Kent population.

 Dartford, Gravesham and Swanley CCG had the highest rate of 14.71 per 10,000 population.
- **Death due to burns:** The mortality rate due to burns for Kent for the period 2008/10 to 2014/16 is 0.03. The Kent rate of 0.05 is high in the period 2008/10 and for Thanet during the same period the rate was 0.13.

CCGs' Children's Services to work with KFRS to ensure free home safety visits are offered to all families with children under two years.

Key Issues and Recommendations

Subject	Hospital admissions	Mortality	Recommendations
All Unintentional Injuries	Rate of hospital admissions have remained similar across the period, but are highest in over 65 and 0-4 age groups. Rates are highest in Thanet at all ages	Mortality rates have increased across the period, particularly in the last three year period, this appears to be predominantly due to poisoning and falls in the over 65 old age group	CCGs and Local Children's Partnership Groups and partners to provide information, guidance and support to prevent unintentional injuries, particularly in the 0-4 age group Mortality due to falls – refer to Falls chapter
Falls	Rates are highest in over 65 and 0-4 age	Mortality increases with age, occurring	CCGs and Older peoples services to work with

	group. Rates are highest in Swale and Thanet, however Swale has seen a large reduction across the period for most age groups	from age 25-64 and highest in age 65 and over. Highest rates are observed in Thanet.	partners to ensure a clear pathway to prevent falls, which includes the role of housing, KFRS, and the voluntary sector, particularly in areas with high incidence and mortality rates
Drowning and Submersion	Numbers are small, but are highest in the age 0-24 age group	The highest number of deaths occur in the 0-24 age group	Districts and CCGs to consider through Local Children's partnerships and Community Safety Partnerships, particularly where numbers are higher.
Poisoning	Rate of admissions is highest in 0-4 age group. Highest rate is observed in Thanet	The highest rate of death is found in Thanet (0.9 per 10,000). Kent rate 0.47 per 10,000	Most deaths in this category are due to substance misuse. (See Substance Misuse Chapter)
Burns	Hospital admissions is highest in 0-4 age group and highest rates are found in Dartford, Gravesham and Swanley CCG. (14.71 per 10,000), Kent rate of 11.56 per 10,000)	Highest mortality rate is observed in Thanet (0.13) compared to Kent rate (0.03). (Pooled rate for period)	CCGs, children's services to work with KFRS to ensure free home safety visits are offered to all families with a first child of under two years of age

Who is at Risk and Why?

Age

Unintentional injury is a leading cause of death among children and young people aged one to 14. A substantial amount of these deaths occur within the home or in leisure environments. Nationally death rates are falling, while in 2002 nearly 900,000 children aged below 15 years old attended hospital following an unintentional injury in the home and following an unintentional injury outside of the homeⁱⁱ was over one million children.

For older people, those over 65 years of age are at the highest risk of injury or death, most of which are as a result of falls. In 2002, an estimated 2.7 million accident and emergency admissions in England and Wales were as a result of accidents in the home. Of these admissions 19% where aged over 65. Furthermore, nationally an estimated 7,475 deaths in those aged over 65 years were as a result of an accident, of which 49% were due to a fallⁱⁱⁱ.

Gender

Whilst young males are at a higher risk of road accidents and drowning, girls are more likely to suffer burns^{iv}. For older people, the number of falls is higher for females^v.

Deprivation

The risk of injury is greatest for those living in the most deprived circumstances, for example children of parents who have never worked or are long-term unemployed are 13 times more likely to die from unintentional injury than those whose parents are in managerial or professional occupations. The risks are not solely linked to income but complex and interrelated factors, such as gender, age, culture, ethnicity and control over the home environment^{vi}.

Kent Profile

Generally, Kent has similar or slightly lower hospital admissions due to unintentional or deliberate injures compared to England and the south east. The Public Health Outcomes Framework^{vii} has three indicators which allow regions and local areas to benchmark hospital admissions due to unintentional or deliberate injuries:

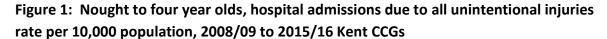
Indicator	England	South East	Kent
2.07i Hospital admissions caused by unintentional and deliberate injuries in children 0-4 (per 10,000)	129.6	123	124.1
2.07i Hospital admissions caused by unintentional and deliberate injuries in children 0-14 (per 10,000)	104.2	98.7	94.4
2.07ii 2.07i Hospital admissions caused by unintentional and deliberate injuries in children 15-24 (per 10,000)	134.1	142.1	137.3

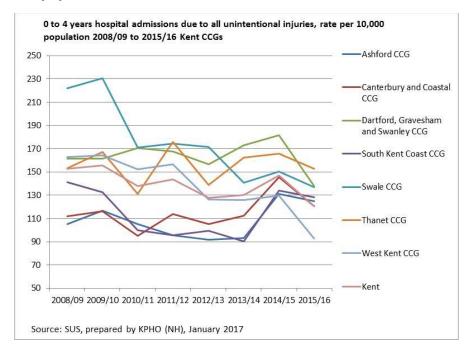
Source: Public Health Outcomes Framework June 2017

All unintentional injuries in Kent CCGs

Hospital admissions due to all unintentional injuries

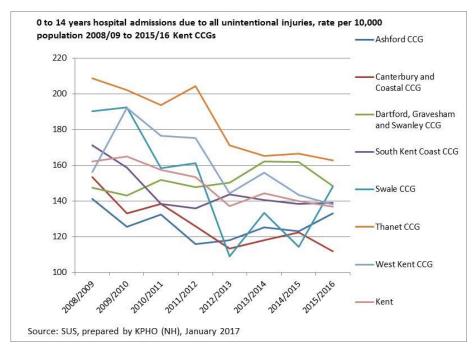
The rate of hospital admissions with stays over three days due to unintentional injuries for Kent remained consistent for the period 2008/09 to 2015/16 and are highest in the population aged over 65, followed by the nought to four year old age group.





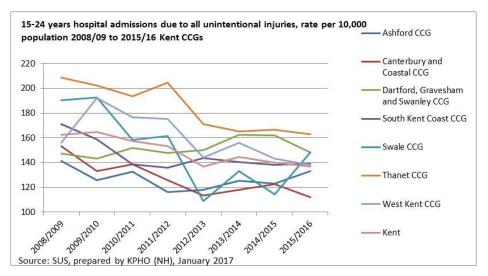
The rate per 10,000 of nought to four year olds unintentional injuries generally fluctuates from year to year, but Kent has seen a reduction from 153 per 10,000 in 2008/09 to 121 per 10,000 in 2015/16. In 2015/16 reductions were observed in Swale CCG, Dartford, Gravesham and Swanley CCG, West Kent CCG and South Kent Coast CCG. For the same period the same CCGs were higher than the Kent average.

Figure 2: 0-14 years, hospital admissions due to all unintentional injuries rate per 10,000 population, 2008/09 to 2015/16 Kent CCGs



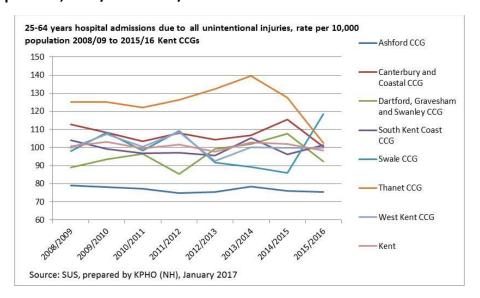
The Kent rate per 10,000 0-14 year olds hospital admissions due to unintentional injuries has slightly reduced between 2008/09 and 2015/16 (115 to 93). The largest reduction was observed in Swale CCG and West Kent CCG. Rates in Swale CCG and Dartford, Gravesham and Swanley CCG were higher than Kent in the most recent period (2015-16).

Figure 3: 15-24 years, hospital admissions due to all unintentional injuries rate per 10,000 population 2008/09 to 2015/16 Kent CCGs



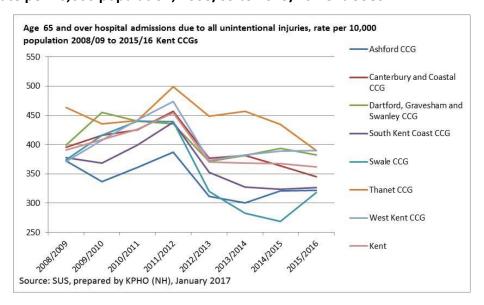
Rates for hospital admissions of unintentional injuries for young people aged 15-24 years have all decreased in Kent as well as the CCGs from 2008/09 to 2015/16. Five CCGs had rates higher than Kent in 2015/16. Canterbury and Coastal CCG had the lowest rates in 2015/16.

Figure 4: 25-64 year olds, hospital admissions due to all unintentional injuries rate per 10,000 population, 2008/09 to 2015/16 Kent CCGs



The rate for hospital admissions due to unintentional injuries for 25-64 year olds has remained stable for the period 2008/09 to 2015/16. Highest rates are observed in Thanet CCG, while the lowest rates across the period were observed in Ashford CCG.

Figure 5: 65 year olds and over age group hospital admissions due to all unintentional injuries rate per 10,000 population, 2008/09 to 2015/16 Kent CCGs

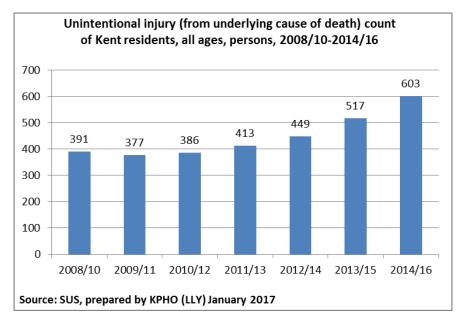


The rate of hospital admissions for those aged 65 years and over fluctuates during the period 2008/09 to 2015/16. At a rate of almost 400 per 10,000 (pooled) across this period this is the highest cohort of hospital admissions for unintentional injuries. (Discussed in further detail in Older Persons Falls chapter) – I can't find the chart to check the info – I presume it is all fine!

Mortality due to unintentional injuries in Kent CCGs

There has been an increase in the number of deaths due to unintentional injuries over the last five year period, with approximately a third more deaths in the period 2014/16 compared to 2011/13.

Figure 6: Mortality due to unintentional injury, count of Kent residents, all ages and persons, 2008/10-and 2014/16



Falls

Hospital admissions due to a fall

The hospital admission rate due to a fall is highest in the 65 year olds and over age group and is discussed in further detail in the Older Persons Falls chapter of JSNA. Of the remaining age groups, similar to national trends, nought to four have the highest rate of hospital admissions at an average of 51 per 10,000 population for the period 2008/09 to 2015/16.



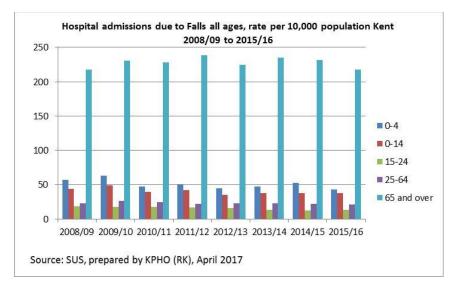
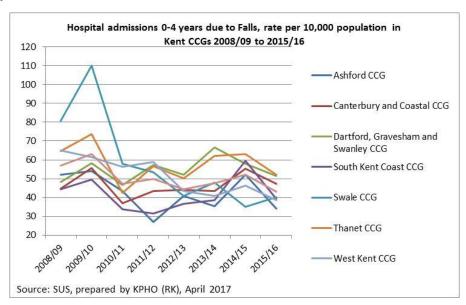
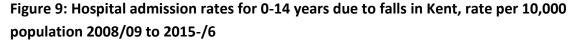
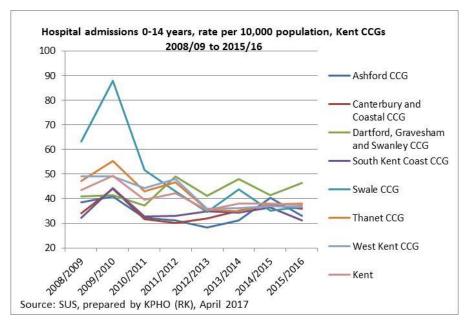


Figure 8: Hospital admission rates for nought to four years due to falls in Kent, rate per 10,000 population 2008/09 to 2015/16



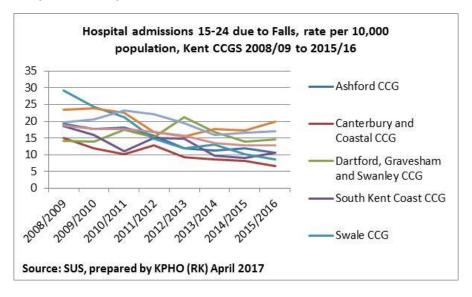
The average rate for hospital admissions due to falling for children aged nought to four across Kent for the period 2008/09 to 2015/16 was 51 per 10,000 population. The highest rate for the period was in Swale and Thanet at 58 per 10,000 (pooled). The lowest rate was in Ashford at 42 per 10,000.





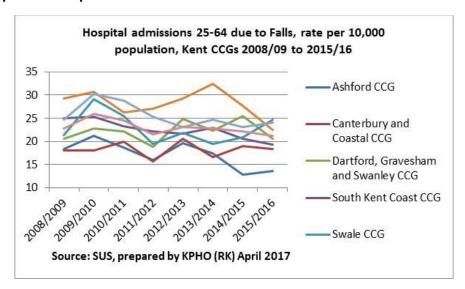
Hospital admissions due to falls for those aged 0-14 years has marginally reduced across Kent from 44 to 37 (per 10,000) for the period of 2008/09 to 2015/16. The largest reduction was observed in Swale CCG from 88 in 2009/10 to 37 (per 10,000).

Figure 10: Hospital admissions 15-24 year olds due to falls, rate per 10,000 population, Kent CCGs 2008/09 to 2015/16



Hospital admissions due to falls for those aged 15-24 years has marginally reduced across Kent from 19 to 13 (per 10,000) for the period 2008/09 to 2015/16. The largest reduction (from 29 in 2009/10 to 9 (per 10,000)) was observed in Swale CCG.

Figure 11: Hospital admissions 25-64 years due to falls, rate per 10,000 population, Kent CCGs 2008/09 to 2015/16

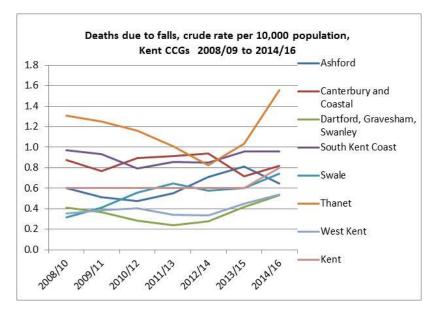


Hospital admission rates due to falls for those aged 25 -64 have remained stable during the period 2008/09 to 2015/16. Canterbury and Coastal and Ashford were lower than Kent for this period and the largest reduction was observed in Thanet (29 to 21 per 10,000).

Mortality rates due to falling

The average mortality rate due to falls in all ages across Kent is 0.63 per 10,000 population (pooled) for the period 2008/09 to 2014/16. For the same period Thanet has almost double the Kent rate at 1.16 per 10,000 population (pooled). South Kent Coast and Canterbury Coastal also have higher rates than the Kent average (0.90 and 0.85 respectively).

Figure 12: Deaths due to falls, crude rate per 10,000 population Kent CCGs 2008/09 to 2014/16



Mortality rates due to falls across Kent increases with age, with no recorded age group and rates being too low to report at a CCG level in the 0-14 age group. For those aged between 25 and 64, rates are low with an average of 0.16 per 10,000 population. Over 65 falls are discussed in more detail within the Falls chapter summary.

Table 1 Mortality rates (pooled) age 25-64 years and 65 years old and over for falls in Kent 2008/10 to 2014/16

Kent	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16
25-64	0.197	0.178	0.186	0.164	0.146	0.158	0.131
65 and over	2.933	2.825	2.700	2.620	2.588	2.894	3.475

Drowning and Submersion

Hospital admissions due to drowning and submersion

Between 2008/09 and 2015/16 there were 100 hospital admissions due to drowning and submersion. The highest number of occurrences is observed in West Kent CCG (30).

Table 2: Hospital admissions due to drowning and submersion: count by CCG of residence 2008/09 to 2015/2616

Area	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Total 2008/09 - 2015/16
Ashford CCG		*	*			*			*
Canterbury and Coastal CCG Dartford, Gravesham and Swanley CCG	6	*	*		*	*	6	*	22 13
South Kent Coast CCG	*	*		*	*	*	*		8
Swale CCG	*	*		*	*	*			7
Thanet CCG	*	*	*		*	*	*	*	16
West Kent CCG	*	*	*	*	*	6	*	*	30
Kent	18	15	9	7	14	17	12	8	100
Source: SUS, prepared by KPHO (9	,	14	1/	12	0	100		

Mortality due to drowning and submersion

The number of deaths due to drowning and submersion are relatively low. For the period 2008/10 and 2014/16 the highest number of deaths is observed in West Kent CCG (30) and Canterbury Coastal CCG (19).

Table 3: Mortality due to Drowning and Submersion, Count (pooled) by Kent CCGs 2008-10 to 2014/16

	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Ashford CCG	*						*
Canterbury and Coastal							
CCG	5	5	4	*	*	*	5
Darford, Gravesham &							
Swanley CCG	*	*		*	*	*	
South Kent Coast CCG	*	*	*	*	*	*	*
Swale CCG	*	*	*	*	*		*
Thanet CCG	*	*	*	*	*	*	*
West Kent CCG	4	4	7	5	5	*	5
Kent	17	17	18	16	14	10	16
Source: SUS, prepared by KPHO (LL) May 2017				•			•

Poisoning

Between 2008/09 and 2015/16 the rate of hospital admissions due to poisoning per 10,000 Kent population is highest in the nought to four years age group, (38 per 10,000). The highest rate for nought to four years hospital admissions due to poisoning is observed in Thanet (64 per 10,000).

Table 4: Hospital admissions due to poisoning, rate per 10,000 population (pooled) Kent CCGs 2008/09 to 2015/16

		_	_	_	age 65	
	0-4 years	0-14	15-24	25-64	and over	
	per	years per	years per	years per	per	
Area	10,000	10,000	10,000	10,000	10,000	
Ashford	29	14	21	9	*	
Canterbury	30	13	32	27	14	
Dartford	37	18	39	20	6	
Dover	33	16	28	15	6	
Gravesham	43	17	37	27	9	
Maidstone	37	16	16	16	8	
Sevenoaks	27	13	27	14	4	
Shepway	23	11	34	20	9	
Swale	43	18	26	16	7	
Thanet	64	31	22	13	4	
Tonbridge & Malling	39	18	10	10	10	
Tunbridge Wells	47	17	12	9	5	
Kent	38	17	25	17	7	
Source: SUS, prepared by KPHO (NH/KH), January 2017						

Mortality due to poisoning, Kent CCGs

The average mortality rate due to poisoning in Kent for the period 2008/10 to 2014/16 is 0.3 per 10,000 population. The highest rate for this period across all ages was observed in

Thanet CCG at 0.46 per 10,000 population. The highest rate is observed in the 25 to 64 age group.

Table 5: Mortality rates due to Poisoning per 10,000 Kent population, 2008-10 to 2014-16 (pooled)

Kent CCGs	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Ashford	*	0.1	0.1	0.3	0.3	0.5	0.5
Canterbury & Coastal	0.2	0.2	0.2	0.3	0.4	0.5	0.6
Dartford, Gravesham,							
Swanley	0.2	0.2	0.2	0.3	0.3	0.4	0.4
South Kent Coast	0.2	0.2	0.3	0.4	0.5	0.6	0.7
Swale	0.2	0.2	0.3	0.5	0.6	0.6	0.6
Thanet	0.4	0.3	0.4	0.4	0.5	0.5	0.8
West Kent	0.2	0.2	0.2	0.2	0.3	0.3	0.4
Kent	0.2	0.2	0.2	0.3	0.4	0.4	0.5

Table 6: Number of deaths due to poisoning, by type of poisoning (Kent 2008 to 2016)

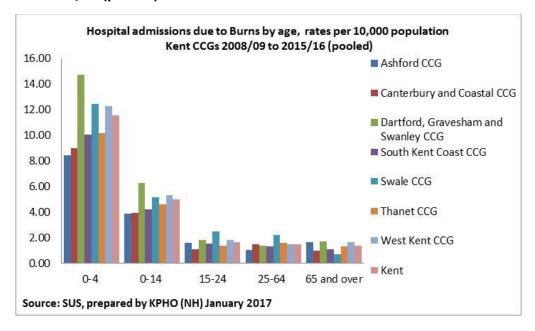
Different Types of Poisoning	2008	2009	2010	2011	2012	2013	2014	2015	2016
Accidental poisoning by and exposure to									
narcotics and psychodysleptics	12	9	12	13	15	19	44	52	47
(hallucinogens) not elsewhere classified									
Accidental poisoning by and exposure to									
other and unspecified drugs, medicaments	5	9	6	9	7	14	8	11	18
and biological substances									
Accidental poisoning by and exposure to									
antiepileptic, sedative-hypnotic, anti-	9	*	5	*	7	9	8	7	13
parkinsonism and psychotropic drugs not	9		3		,	9	0	,	15
elsewhere classified									
Accidental poisoning by and exposure to	*	*		7	13	12	6	7	5
alcohol				,	13	12	O	,	J
Accidental poisoning by and exposure to		*	*			*	*		*
other gases and vapours									
Accidental poisoning by and exposure to									
nonopioid analgesics, antipyretics and	*				*	*		*	*
antirheumatics									
Accidental poisoning by and exposure to									
other and unspecified chemicals and noxious	*			*	*				*
substances									
Grand Total	31	26	26	31	44	57	67	79	88

Table 6 presents further data on mortality due to poisoning, indicating that the majority of deaths due to poisoning are related to substance misuse, both legal and illicit.

Burns

For the period 2008/9 to 2015/16 the rate per 10,000 population of hospital admissions are highest in the 0 to 4 age group, with Dartford, Gravesham and Swanley having a rate of 14.71 per 10,000 compared to the Kent rate of 11.56.

Figure 13: Hospital admission due to Burns by age, rate per 10,000 population Kent CCGs, 2008-09 to 2015/16 (pooled)



Mortality due to Burns

Between 2008/10 and 2014/16 all age mortality rate per 10,000 Kent population due to burns was 0.03. The rate is high in Thanet at 0.13 per 10,000 population for 2008/10 in comparison to the Kent rate of 0.05.

Table 7: Mortality rates per 10,000 population due to Burns, all ages Kent CCGs 2008/10 to 2014/16 (pooled)

Kent CCGs	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Ashford							
Canterbury							
& Coastal	*	*	*	*	*	*	*
Dartford,							
Gravesham,							
Swanley	0.06	*	*	*	*	*	*
South Kent							
Coast	*	*	*	*	*	*	*
Swale		*	*	*	*	*	*
Thanet	0.13	*					
West Kent		*	*	*	*	*	*
Kent	0.05	0.03	0.02	0.02	0.02	0.03	0.02

REFERENCES

ⁱ Reducing unintentional injuries in and around the home among children under five years (2014) Public Health England

ii https://www.nice.org.uk/guidance/ph29/chapter/2-Public-health-need-and-practice#background

iii http://www.rospa.com/home-safety/advice/older-people/

iv http://www.who.int/ceh/capacity/injuries.pdf

^v http://www.rospa.com/home-safety/advice/older-people/

vi https://www.nice.org.uk/guidance/ph30/chapter/2-Public-health-need-and-practice

vii http://www.phoutcomes.info/

APPENDIX I

District Data

Hospital admissions due to all unintentional injuries, rate per 10,000 population Kent districts, all ages 2008/09 to 2015/16 (pooled)

Hospital admissions due to all unintentional injuries rate per 10,000 population Kent							
districts, all ages 2008/0	9 to 2015/1 6 ((Pooled)					
						65 and	
Area	0-4	0-14	15-24	0-24	25-64	over	
Ashford	107.87	84.24	126.84	100.19	76.81	337.31	
Canterbury	118.41	87.83	122.71	107.35	113.71	412.63	
Dartford	172.49	126.63	159.62	139.38	91.94	446.48	
Dover	127.48	90.20	148.98	114.12	101.97	361.26	
Gravesham	156.40	115.89	150.69	129.82	102.77	393.47	
Maidstone	124.85	96.05	154.17	118.65	102.25	365.94	
Sevenoaks	134.92	109.24	144.23	121.85	85.79	402.99	
Shepway	99.89	82.68	138.74	105.74	94.82	360.47	
Swale	160.00	127.29	152.88	137.32	97.90	348.03	
Thanet	155.95	109.57	184.05	139.62	125.03	445.51	
Tonbridge & Malling	140.76	109.48	152.48	125.57	96.23	377.71	
Tunbridge Wells	165.33	121.64	182.57	143.98	114.83	466.20	
Kent	139.12	105.21	149.38	123.23	100.76	392.15	
Source: SUS, prepared b	y KPHO (NH),	January 201	7				

Hospital admissions due to Falls, rate per 10,000 population by age Kent districts 2008/09 to 2015/16

Hospital admissions due to Falls, count of population Kent districts 2008/09 to										
2015/16 (Pooled)	2015/16 (Pooled)									
					65 and					
Area	0-4	0-14	15-24	25-64	over					
Ashford	42.18	34.48	14.55	17.21	189.61					
Canterbury	48.13	35.96	9.37	18.49	203.53					
Dartford	57.02	44.29	14.38	20.91	279.43					
Dover	45.69	35.22	12.98	22.93	195.45					
Gravesham	50.42	41.48	17.94	23.90	239.99					
Maidstone	43.56	38.05	18.93	24.45	235.12					
Sevenoaks	50.79	41.54	16.75	20.99	254.85					
Shepway	37.35	34.39	12.63	21.40	196.31					
Swale	53.90	45.51	16.90	21.68	187.78					
Thanet	58.00	42.21	19.60	28.11	232.96					
Tonbridge & Malling	53.92	42.65	19.39	25.16	243.54					
Tunbridge Wells	62.65	47.56	20.06	30.09	318.10					
Kent	50.42	40.37	15.68	22.98	228.08					
Source: SUS, prepared b	y KPHO (NH),	January 201	.7							

Hospital admissions due to drowning and submersion, poisoning and burns, all ages count of population by Kent districts 2008/09 to 2015/16 (pooled)

Hospital admissions due to drowning and submersion, poisoning and burns, all ages count of population by Kent district 2008/09 to 2015/16 (Pooled)								
	Drowning	Poisoning	Burns					
	and							
Area	Submersion							
Ashford	*	23	170					
Canterbury	19	336	190					
Dartford	9	154	170					
Dover	*	128	165					
Gravesham	*	187	222					
Maidstone	14	178	277					
Sevenoaks	7	119	211					
Shepway	*	141	151					
Swale	9	178	277					
Thanet	16	181	221					
Tonbridge & Malling	6	119	195					
Tunbridge Wells	*	96	243					
Kent	100	1919	2492					
Source: SUS, prepared by KPHO (NH), January 2017								

District Data, Mortality unintentional injuries

For the age group 0-24, both numbers and rates for mortality are too low to present at district level. The following tables show both count and rates per 10,000 population for unintentional injuries by district for burns, drowning and submersion, falls and poisoning.

Mortality rate per 10,000 population due to all unintentional injuries, rate per 10,000 population, Kent Districts, all ages 2008/10 to 2014/16 (pooled)

Ashford	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns							
Drowning & Submersion	*						*
Falls	0.6	0.5	0.5	0.6	0.7	0.8	0.6
Poisoning	*	0.1	0.1	0.3	0.3	0.5	0.5
Canterbury	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns	*	*	*	*			*
Drowning & Submersion	*	0.1	0.1	*	*	*	0.1
Falls	0.9	0.9	0.9	0.9	0.9	0.7	0.8
Poisoning	0.2	0.2	0.2	0.3	0.5	0.5	0.7
Dartford	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns	*	*		*	*	*	*
Drowning & Submersion							
Falls	0.4	0.3	0.3	0.2	0.2	0.3	0.6
Poisoning	*	0.2	0.3	0.3	0.2	0.3	0.4
Dover	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns	*			*	*	*	
Drowning & Submersion	*	*	*				*
Falls	0.8	0.8	0.7	0.9	0.9	0.8	0.9
Poisoning	0.2	0.2	0.1	0.2	0.3	0.3	0.3
Gravesham	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns	*	*	*				
Drowning & Submersion	*	*		*	*	*	
Falls	0.5	0.4	0.3	0.3	0.4	0.4	0.5
Poisoning	0.3	0.2	0.3	0.4	0.5	0.5	0.4
Maidstone	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns	*	*	*	*	*	*	*
Drowning & Submersion	*	*	0.1	*	*		*
Falls	0.4	0.4	0.4	0.5	0.5	0.8	0.8
Poisoning	0.1	0.2	0.2	0.3	0.3	0.5	0.5
Sevenoaks	2008/10	2009/11	2010/12	2011/13	2012/14	2013/15	2014/16
Burns	*	*	*	*	*	*	*
Drowning & Submersion				7 0.2		7 0.5	0.5
Falls	0.5	0.5	0.4	0.3	0.3	0.5	0.5
Poisoning				0.1			
	0.1	0.1	0.1		0.2	0.2	0.3
Shepway	0.1 2008/10	0.1 2009/11	2010/12	2011/13	2012/14	2013/15	0.3 2014/16
Shepway Burns	2008/10	2009/11	2010/12	*	2012/14 *	2013/15 *	2014/16
Shepway Burns Drowning & Submersion	2008/10 * *	2009/11 *	2010/12	*	2012/14	2013/15	2014/16
Shepway Burns Drowning & Submersion Falls	2008/10 * * 1.1	2009/11 * * 1.0	2010/12 * * 0.8	* * 0.9	2012/14 * * 1.0	2013/15 * * 1.3	2014/16 * * 1.1
Shepway Burns Drowning & Submersion Falls Poisoning	2008/10 * * 1.1 0.2	2009/11 * * 1.0 0.2	2010/12 * * 0.8 0.4	* * 0.9 0.5	2012/14 * * 1.0 0.6	2013/15 * * 1.3 0.9	2014/16 * * 1.1 1.0
Shepway Burns Drowning & Submersion Falls Poisoning Swale	2008/10 * * 1.1	2009/11 * * 1.0	2010/12 * * 0.8	* * 0.9	2012/14 * * 1.0	2013/15 * * 1.3	2014/16 * * 1.1
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns	* * 1.1 0.2 2008/10	2009/11 * * 1.0 0.2	2010/12 * * 0.8 0.4	* 0.9 0.5 2011/13	* * 1.0 0.6 2012/14	2013/15 * * 1.3 0.9	2014/16 * * 1.1 1.0 2014/16
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion	2008/10 * * 1.1 0.2 2008/10 *	2009/11 * * 1.0 0.2 2009/11 *	2010/12 * * 0.8 0.4 2010/12 *	*	2012/14 * * 1.0 0.6 2012/14 *	2013/15 * * 1.3 0.9 2013/15 *	2014/16 * * 1.1 1.0 2014/16 *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls	2008/10 * * 1.1 0.2 2008/10 * *	2009/11 * 1.0 0.2 2009/11 * 0.4	2010/12 * * 0.8 0.4 2010/12 * *	* * 0.9 0.5 2011/13 * *	2012/14 * * 1.0 0.6 2012/14 * *	2013/15 * * 1.3 0.9 2013/15 * *	2014/16 * * 1.1 1.0 2014/16 * *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning	2008/10 * * 1.1 0.2 2008/10 * * 0.4 0.2	2009/11 * 1.0 0.2 2009/11 * 0.4 0.2	2010/12 * * 0.8 0.4 2010/12 * * 0.6 0.3	* * 0.9 0.5 2011/13 * * 0.7 0.4	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5	2013/15 * 1.3 0.9 2013/15 * 0.5 0.5	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet	2008/10 * * 1.1 0.2 2008/10 * 0.4 0.2 2008/10	2009/11 * 1.0 0.2 2009/11 * 0.4	2010/12 * * 0.8 0.4 2010/12 * *	* * 0.9 0.5 2011/13 * *	2012/14 * * 1.0 0.6 2012/14 * *	2013/15 * * 1.3 0.9 2013/15 * *	2014/16 * * 1.1 1.0 2014/16 * *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns	2008/10 * * 1.1 0.2 2008/10 * * 0.4 0.2	2009/11 * 1.0 0.2 2009/11 * 0.4 0.2	2010/12 * * 0.8 0.4 2010/12 * * 0.6 0.3	* * 0.9 0.5 2011/13 * * 0.7 0.4	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5	2013/15 * 1.3 0.9 2013/15 * 0.5 0.5	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion	2008/10 * * 1.1 0.2 2008/10 * * 0.4 0.2 2008/10 0.1 *	2009/11 * 1.0 0.2 2009/11 * 0.4 0.2 2009/11 *	2010/12 * * 0.8 0.4 2010/12 * 0.6 0.3 2010/12 *	* * 0.9 0.5 2011/13 * * 0.7 0.4 2011/13 *	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14	2013/15 * * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 *	2014/16 * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3	2009/11 * * 1.0 0.2 2009/11 * * 0.4 0.2 2009/11 * 1.2	2010/12 * * 0.8 0.4 2010/12 * * 0.6 0.3 2010/12 *	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 *	2012/14 * * 1.0 0.6 2012/14 * * 2012/14 * 0.6 0.5 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 *	2014/16 * * 1.1 1.0 2014/16 * * 2014/16 * 1.6
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4	2009/11 * * 1.0 0.2 2009/11 * * 0.4 0.2 2009/11 * * 1.2 0.3	2010/12 * * 0.8 0.4 2010/12 * 0.6 0.3 2010/12 *	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4	2012/14 * * 1.0 0.6 2012/14 * * 2012/14 * 0.6 0.5 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5	2014/16 * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3	2009/11 * * 1.0 0.2 2009/11 * * 0.4 0.2 2009/11 * 1.2	2010/12 * *	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 *	2012/14 * * 1.0 0.6 2012/14 * * 2012/14 * 0.6 0.5 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 *	2014/16 * * 1.1 1.0 2014/16 * * 2014/16 * * 1.6 0.8
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Tonbridge & Malling	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4	2009/11 * * 1.0 0.2 2009/11 * * 0.4 0.2 2009/11 * * 1.2 0.3	2010/12 * *	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4	2012/14 * * 1.0 0.6 2012/14 * * 2012/14 * 0.6 0.5 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5	2014/16 * * 1.1 1.0 2014/16 * * 2014/16 * 1.6 0.8 2014/16
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Burns Drowning & Malling Burns	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4 2008/10	2009/11 * * 1.0 0.2 2009/11 * * 0.4 0.2 2009/11 * * 1.2 0.3	2010/12 * *	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14 * 2012/14 * * 0.8 0.5 2012/14	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5 2013/15	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 * 1.6 0.8 2014/16 *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Tonbridge & Malling Burns Drowning & Submersion	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4 2008/10 *	2009/11 * * 1.0 0.2 2009/11 * * 0.4 0.2 2009/11 * 2009/11 * 2009/11	2010/12 * * 0.8 0.4 2010/12 * * 0.6 0.3 2010/12 * 1.2 0.4 2010/12	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4 2011/13	2012/14 * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14 * 2012/14 * 0.8 0.5 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5 2013/15 *	2014/16 * * 1.1 1.0 2014/16 * * * 0.7 0.5 2014/16 * 1.6 0.8 2014/16 * *
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Tonbridge & Malling Burns Drowning & Submersion Falls	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4 2008/10 * 0.3	2009/11 * 1.0 0.2 2009/11 * 0.4 0.2 2009/11 * 2009/11 2009/11 0.4	2010/12 * *	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4 2011/13 * 0.4	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14 * 2012/14 * 0.8 0.5 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5 2013/15 * 0.2	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 * 1.6 0.8 2014/16 * * 0.3
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Tonbridge & Malling Burns Drowning & Submersion Falls Poisoning	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4 2008/10 * 0.3 0.1	2009/11 * 1.0 0.2 2009/11 * 0.4 0.3 2009/11	* 0.8 0.4 2010/12 * * 0.6 0.3 2010/12 * 1.2 0.4 2010/12 0.5 0.2	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4 2011/13 * 0.4 0.1	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14 * 0.8 0.5 2012/14 * 0.2 0.2	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5 2013/15 * 0.2 0.3	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 * 2014/16 * 0.8 2014/16 * * 0.3 0.3
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Tonbridge & Malling Burns Drowning & Submersion Falls Poisoning Tunbridge & Wells	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4 2008/10 * 0.3 0.1	2009/11 * 1.0 0.2 2009/11 * 0.4 0.3 2009/11	* 0.8 0.4 2010/12 * * 0.6 0.3 2010/12 * 1.2 0.4 2010/12 0.5 0.2	* * 0.9 0.5 2011/13 * 0.7 0.4 2011/13 * 1.0 0.4 2011/13 * 0.4 0.1	2012/14 * * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14 * 0.8 0.5 2012/14 * 0.2 0.2	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5 2013/15 * 0.2 0.3	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 * 2014/16 * 0.8 2014/16 * * 0.3 0.3
Shepway Burns Drowning & Submersion Falls Poisoning Swale Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Thanet Burns Drowning & Submersion Falls Poisoning Tonbridge & Malling Burns Drowning & Submersion Falls Poisoning Tunbridge & Wells Burns	2008/10 * 1.1 0.2 2008/10 * 0.4 0.2 2008/10 0.1 * 1.3 0.4 2008/10 * 0.3 0.1	2009/11 * 1.0 0.2 2009/11 * 0.4 0.3 2009/11 0.4 0.1 2009/11	2010/12 * *	* * 0.9 0.5 2011/13 * 0.4 2011/13 * 1.0 0.4 2011/13 * 0.4 2011/13	2012/14 * 1.0 0.6 2012/14 * * 0.6 0.5 2012/14 * 0.8 0.5 2012/14 * 2012/14 *	2013/15 * 1.3 0.9 2013/15 * * 0.5 0.5 2013/15 * 1.0 0.5 2013/15 * 0.2 0.3 2013/15	2014/16 * * 1.1 1.0 2014/16 * * 0.7 0.5 2014/16 * 1.6 0.8 2014/16 * * 0.3 2014/16 *