KENT PUBLIC HEALTH OBSERVATORY

Baseline data for Healthy Child Programme

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1. Executive summary

The document will present a discrete collection of indicators relating to the health of the youngest children of Kent, those aged 0 to 4 years. The indicators are presented at district and clinical commissioning group (CCG level), and also at all Kent level.

1.1. Key findings

Since 2009 Kent had seen a declining trend in the rate of emergency admissions for the 0-4s which has sharply reversed over the last two years (2014-2015). Only West Kent (WK) has decrease for the same period.

There is a marked variation in the percentage of children in each CCG who have had a GP consultation in the last year, varying from 24% in Thanet to 81% in Dartford, Gravesham and Swanley. There is, however, only a small variation in the use of Out of Hours services by CCG. Notably, despite having a lower percentage of children who had a GP consultation in the last year, Thanet does not have a higher percentage of children having contact with the Out of Hours service.

Between the period of 2014/15 - 2015/16, there was a 3.65% increase in the 0-4s attending Accident and Emergency (AE) in Kent (*n=1,536)*. In 20014/15, only West Kent had statistically lower rates of AE attendance of children 0-4 years than the Kent average. In 2015/16, West Kent, Thanet, Swale and Canterbury and Coastal CCGs had statistically lower rates of AE attendance of those aged 0-4 years.

It appears that those CCGs with lower AE attendance have amongst the lowest proportion of GP consultations e.g. Thanet and Canterbury and Coastal. It is not possible to tell from the data the proportion of attendances that convert to admissions. For children with admission to hospital of less than three days, there is variation by CCG with a lower percentage of children from West Kent having a hospital admission.

Of the top ten most common reasons for hospital admission, eight are concerned with viral illness. There is a strong positive relationship between the rate of emergency admissions and the level of relative socio-economic deprivation experienced by the local community (NHSE, 2014)[1]. NHS South Kent Coast CCG and Dartford, Gravesham and Swanley CCG with statistically significant higher rates of hospital attendance both have significant levels of deprivation. Thanet, another area of significant deprivation, however, does not.

Other factors shown in the child health profiles will also be contributing to higher attendance / admission rates. For example, compared to Kent, South Kent Coast has a higher rate of children admitted with dental carries and a higher number of families on a

[1] NHS England (2014) what actions could be taken to reduce emergency admissions? Available: https://www.england.nhs.uk/wp-content/uploads/2014/03/red-acsc-em-admissions.pdf

low income. More data over time would need to be gathered to draw any inference for the numbers of children being admitted with injury.

It is worth noting that low immunisation rates increase the potential risk of future impact upon the system in terms of higher rates of AE attendance and hospital admissions for viral illness.

There could be many reasons for the apparent variations in AE attendance and admission that we see in this data across Kent. It would be logical to assume that to some degree the increasing numbers of attendances and admissions are due to population growth but there does not appear to be a direct correlation.

1.2. Call to action

It would be useful to identify the reasons why there is so much variation between levels of GP consultations and how these levels compare to patient satisfaction survey data related to service accessibility. Likewise more information on why some areas have fewer GP consultations but are not seeing more admissions; are there different or clinical practices in place or differing patient attitudes or presenting condition severity that may explain some of the emergent variations?

The number of consultations children have with their GP before they have an admission event should be explored as is what is happening in West Kent that they have a declining admission rate compared to other CCGs.

The reasons why some CCGs have statistically fewer AE attendances should be informative. Even with a sharp rise in AE attendance in West Kent for the latest period, the reasons why this has not resulted in higher admission rates should be explored. For example are there significant differences in practice, service access or information campaigns across districts and CCGs that could explain this?

It would be useful to compare how levels of GP access/consultation compare to health outcome data for this cohort i.e. what, if any, may be the impacts of low (or excessively high) GP attendance on the health of children? What could be the impacts upon other services and is there any evidence that could be reviewed?

2. Introduction & Objectives

The document will present a discrete collection of indicators relating to the health of the youngest children of Kent, those aged 0 to 4 years. The indicators are presented at district and CCG level, and also at all Kent level.

This report contains data on attendances to Accident and Emergency (AE), hospital admission, General Practice (GP) and Out of Hours consultations, of all children 0-4 years, resident in Kent. The data should be read in conjunction with the Children and Young Peoples' Health Profiles priority areas[2]. The child profiles outcome indicators by CCG are displayed in Section 3.

Compared to Kent, two CCGs have statistically significant higher rates of hospital attendance 2015/16: NHS South Kent Coast CCG and NHS Dartford, Gravesham and Swanley.

In 20014/15, West Kent had statistically lower rates of AE attendance of children 0-4 years than Kent. In 2015/16, West Kent, Thanet, Swale and Canterbury and Coastal CCGs had statistically lower rates of AE attendance of those aged 0-4 years, figure 4.

Although a majority of children are essentially healthy, a significant number of them suffer from long term conditions (LTC). Some children will have unhealthy lifestyles, for example being obese, which put them at increased risk of health problems in the future. Other children have increased vulnerability to adverse outcomes, for example as a result of parental mental health problems or drug use.

One approach to understanding children, young people and their families' needs is to segment the population into broad groups. This approach has been taken by Imperial and Evelina Children's Hospital in some of their projects, to help determine the needs of different groups (Nuffield Trust, 2016).[3]

[2] Available at Kent Public Health Observatory: www.kpho.org.uk/health-intelligence/population-groups/children-and-young-people

[3] Kossarova L, Devakumar D, Edwards N. (2016) The future of child health services: new models of care. The Nuffield Trust. Available: www.nuffieldtrust.org.uk (Accessed 31/1/17)

Note

Information displayed in this section is derived from a Kent analysis of health service use and costs in children, using a population segmentation approach (PH, February 2017). This attempted to divide the population up into broad segments based on the level of health or social needs using data available through the Kent Integrated Dataset (KID).

More work is required to refine the approach to population segmentation in each age group and the analysis will be repeated once this work is complete. For this reason the data in this report is only presented for all cohorts combined i.e. all 0-4 year olds present in the KID[4]

[4] As of Nov 2016, 75% of GP practices were flowing data into the KID, although this varies by CCG.

3. GP consultations of Kent resident infants, 0 to 4 years

3.1. GP consultations

The information in Table 1 displays GP consultations for children 0-4 years. The most striking feature of these tables is the marked variation in the percentage of children in each CCG who have had a GP consultation in the last year, varying from 24% in Thanet to 81% in Dartford, Gravesham and Swanley.

Table 1 GP consultations for children 0-4y; Nov 2015-Oct 2016

CCG	Total 0-4	Had a consultation (individual child count)	% of cohort who had a concultation	Total consultations	Average number of Consultation per cohort child (Cohort /Consultations)	Average number of consultations by attendees (total consultation / individual child count)	Total Cost of Consultations	Avg Total Cost per cohort -all consultations (total consultations /total cost)	Avg Cost per cohort child (total cost / cohort)	Average cost per child who consulted (toal cost / individual child with a consultation)
Ashford	6426	3346	52%	21139	3.29	6.32	£ 783,976.00	£ 37.09	£ 122.00	£ 234.30
Canterbury & Coastal (C4)	10450	4011	38%	24457	2.34	6.10	£ 777,696.00	£ 31.80	£ 74.42	£ 193.89
Dartford, Gravesham & Swanley	20266	16346	81%	78555	3.88	4.81	£ 2,922,236.00	£ 37.20	£ 144.19	£ 178.77
South Kent Coast	9701	5607	58%	36152	3.73	6.45	£ 1,261,426.00	£ 34.89	£ 130.03	£ 224.97
Swale	7120	3932	55%	26226	3.68	6.67	£ 722,878.00	£ 27.56	£ 101.53	£ 183.84
Thanet	9318	2203	24%	15353	1.65	6.97	£ 436,470.00	£ 28.43	£ 46.84	£ 198.13
West Kent	19488	14124	72%	82721	4.24	5.86	£ 2,773,512.00	£ 33.53	£ 142.32	£ 196.37
Kent	**82769**	**49569**	**60%**	**284603**	**3.44**	**5.74**	**£ 9,678,194.00**	**£ 34.01**	**£ 116.93**	**£ 195.25**

Source: Kent Integrated Dataset

3.2. Out of Hours

Table 2 displays details of Out of Hours contacts and costs. These tables show only small variation in Out of Hours service use by CCG unlike that seen in GP attendances. The very low numbers seen in Swale are due to a change of provider in 2014. The new provider does not flow data into the KID, so there will be no data on children seen by this service.

In spite of the lower percentage of children in Thanet who had a GP consultation in the last year, Thanet does not have a higher percentage of children having contact with the Out of Hours service.

Table 2 Out of Hours service activity for 0-4yrs, Nov 2015- Oct 2016 inclusive of cohorts 1, 2 and 3.

CCG	Total 0-4 Cohorts 1-3	Had an attendance (individual child count)	% of cohort who had an attendance	Total attendancess	Average number of attendances per cohort child (Cohort /Attendancess)	Average number of attendances by attendees (total attendances / individual child count)
Ashford	6426	1015	16%	1513	0.24	1.49
Canterbury & Coastal (C4)	10450	1544	15%	2253	0.22	1.46
Dartford, Gravesham & Swanley	20266	2626	13%	3910	0.19	1.49
South Kent Coast	9701	1546	16%	2236	0.23	1.45
Swale	7120	20	0%	20	0.00	1.00
Thanet	9318	1358	15%	2017	0.22	1.49
West Kent	19488	2681	14%	3819	0.20	1.42
Kent	**82769**	**10790**	**13%**	**15768**	**0.19**	**1.46**

Source: Kent Integrated Dataset

Admissions with length of stay <3 days

The information set out in tables 3 and 4 was obtained from the Hospital Admissions Contract Dataset, a Secondary Uses Service (SUS) dataset that is produced nationally and then loaded into a local data warehouse. Costs of attendances were taken from the Payment by Results Total Cost variable included in the contract dataset. Table3 brings the information for cohorts one to three together (i.e. all 0-4 year old children).

There is variation by CCG with a lower percentage of children from West Kent having a hospital admission.

Table 3 Hospital admissions with length of stay <3 days for children for 0-4y, Nov 2015- Oct 2016

CCG	Total 0-4y	Had an Admission (Individual child count)	% of cohort who had an Admission	Total Admissions	Average number of Admission per cohort child (Cohort /Admissions)	Average number of Admissions by attendees (total Admission / individual child count)	Total Cost of Admissions	Avg Total Cost per cohort -all Admissions (total Admissions /total cost)	Avg Cost per cohort child (total cost / cohort)	Average cost per child who consulted (toal cost / individual child with an Admission)
Ashford	6426	748	12%	1007	0.16	1.35	£ 682,753.00	£ 678.01	£ 106.25	£ 912.77
Canterbury & Coastal (C4)	10450	1176	11%	1591	0.15	1.35	£ 1,111,643.00	£ 698.71	£ 106.38	£ 945.27
Dartford, Gravesham & Swanley	20266	2396	12%	3563	0.18	1.49	£ 2,716,535.00	£ 762.43	£ 134.04	£ 1,133.78
South Kent Coast	9701	1123	12%	1486	0.15	1.32	£ 1,069,608.00	£ 719.79	£ 110.26	£ 952.46
Swale	7120	609	9%	850	0.12	1.40	£ 677,768.00	£ 797.37	£ 95.19	£ 1,112.92
Thanet	9318	1032	11%	1400	0.15	1.36	£ 1,000,482.00	£ 714.63	£ 107.37	£ 969.46
West Kent	19488	1049	5%	1305	0.07	1.24	£ 1,181,705.00	£ 905.52	£ 60.64	£ 1,126.51
Kent	**82769**	**8133**	**10%**	**11202**	**0.14**	**1.38**	**£ 8,440,494.00**	**£ 753.48**	**£ 101.98**	**£ 1,037.81**

Source: Kent Integrated Dataset

Table 4 Hospital admissions with length of stay <3 days for children for 0-4yrs, Nov 2015 - Oct 2016; split between general acute and elective admissions and admission for injury

CCG	Total admissions	Count of elective acute admissions	Count of emergency acute admissions	Count of emergency injury admissions
DGS	3563	735	2641	187
Cant & Coast	1591	210	1287	94
SKC	1486	190	1187	109
Thanet	1399	190	1129	80
West Kent	1306	405	788	113
Ashford	1007	135	803	69
Swale	850	111	681	58
Kent	11202	1976	8516	710

Source: Kent Integrated Dataset

3.3. Hospital admissions 3 days plus

Table 5 Hospital admissions with length of stay ≥3 days for children for 0-4yrs, Nov 2015- Oct 2016; split between general elective, acute and admission for injury

CCG	Total admissions	Count of elective acute admissions	Count of emergency acute admissions	Count of emergency injury admissions
DGS	313	80	227	6
West Kent	236	92	135	9
SKC	139	*	117	*
Cant & Coast	120	*	105	*
Thanet	107	13	85	9
Ashford	98	9	84	*
Swale	85	*	75	*
Kent	1098	234	828	36

* suppressed due to small numbers

Table 6 Hospital admissions and costs with length of stay 3 days plus for children for 0-4y, Nov 2015- Oct 2016 inclusive of cohorts 1, 2 and 3; split between general acute admissions and admission for injury

CCG	Total 0-4y	Had an Admission (individual child count)	% of cohort who had an Admission	Total Admissions	Average number of Admission per cohort child (Cohort /Admissions)	Average number of Admissions by attendees (total Admission / individual child count)	Total Cost of Admissions	Avg Total Cost per cohort -all Admissions (total Admissions /total cost)	Avg Cost per cohort child (total cost / cohort)	Average cost per child who consulted (toal cost / individual child with an Admission)
Ashford	6426	91	1.4%	98	0.02	1.08	£ 123,707.00	£ 1,262.32	£ 19.25	£ 1,359.42
Canterbury & Coastal (C4)	10450	99	0.9%	120	0.01	1.21	£ 190,288.00	£ 1,585.73	£ 18.21	£ 1,922.10
Dartford, Gravesham & Swanley	20266	227	1.1%	313	0.02	1.38	£ 442,510.00	£ 1,413.77	£ 21.84	£ 1,949.38
South Kent Coast	9701	117	1.2%	139	0.01	1.19	£ 283,332.00	£ 2,038.36	£ 29.21	£ 2,421.64
Swale	7120	64	0.9%	85	0.01	1.33	£ 121,263.00	£ 1,426.62	£ 17.03	£ 1,894.73
Thanet	9318	81	0.9%	107	0.01	1.32	£ 194,459.00	£ 1,817.37	£ 20.87	£ 2,400.73
West Kent	19488	153	0.8%	236	0.01	1.54	£ 303,257.00	£ 1,284.99	£ 15.56	£ 1,982.07
Kent	**82769**	**832**	**1.0%**	**1098**	**0.01**	**1.32**	**£ 1,658,816.00**	**£ 1,510.76**	**£ 20.04**	**£ 1,993.77**

Source: Kent Integrated Dataset

3.4. Emergency admissions

The analysis in this section gives an age specific rate of young children (0 to 4 year olds) who had an unplanned admission to hospital expressed per 1000 population. Data were extracted from the Secondary User Service (SUS) Finished Consultant Episode Contract Dataset which records inpatient and day case care from National Health Service (NHS) hospitals. Within this dataset, units of care (finished consultant episodes [FCE]) are numbered consecutively as a person may experience more than one FCE during their spell in the hospital. Correspondingly, the tables include a count of FCEs where FCE='1' - the admission episode.

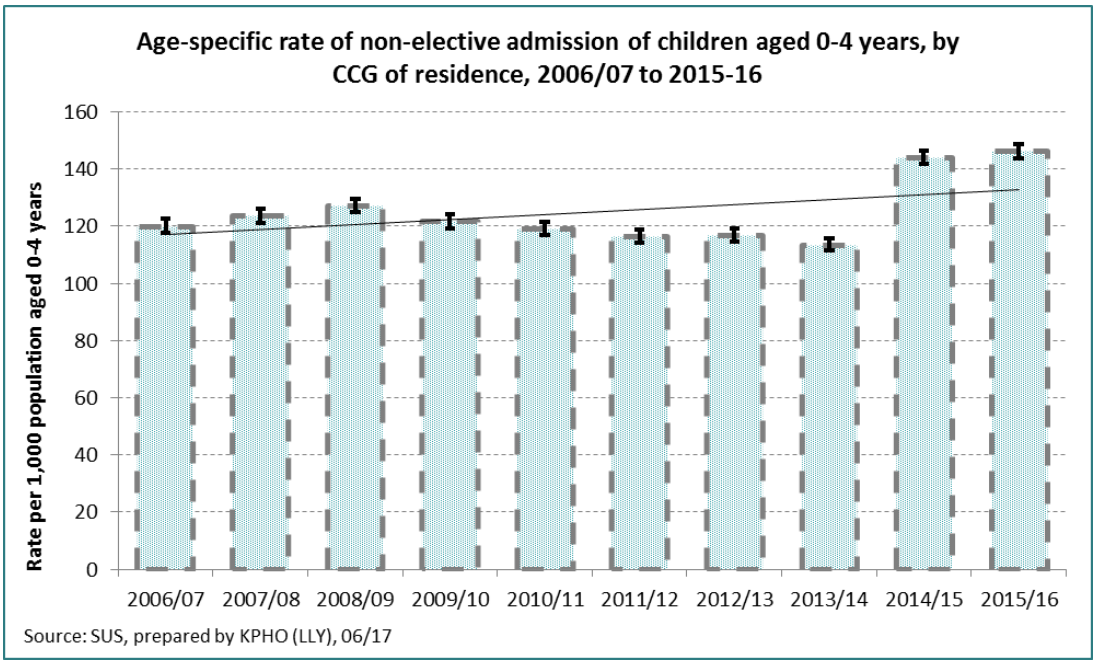
The Secondary Users Service database was queried using Access on Thursday 20 December 2016. The records of 0 to 4 year old infants who were admitted in any emergency in the contract years 2006/07 to 2015/16 were extracted.

The query used the following criteria:

Contract year:	>=”20062007” And <=”20152016”
Age:	<”5”
Admission method:	Like”2*”
FCE sequence no.:	“1”

Since 2009 Kent had seen a declining trend in the rate of emergency admissions for the 0-4s which has sharply reversed over the last two years (2014-2015), figure1.

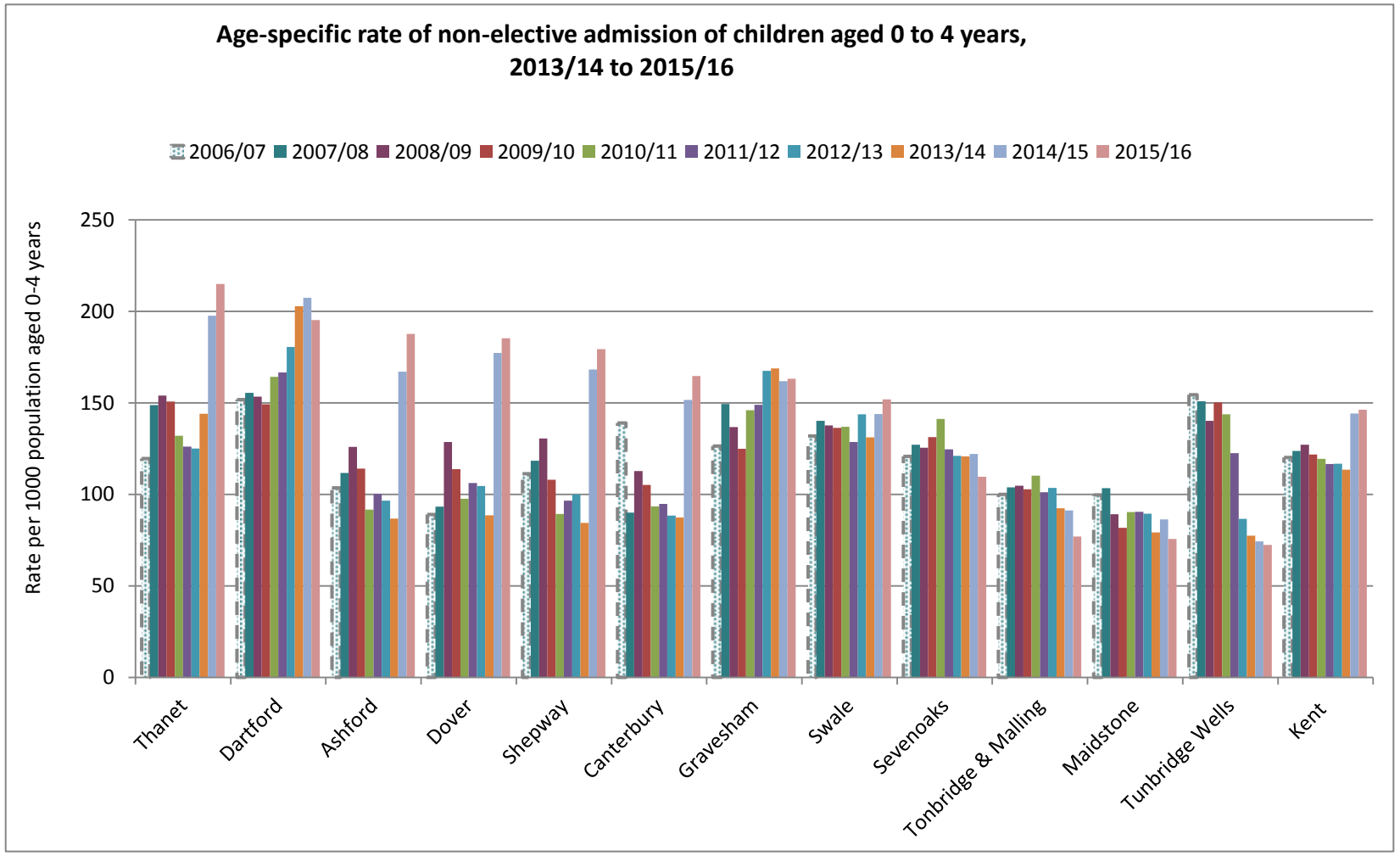
Figure 1 Age-specific rate of non-elective admissions 0-4y by resident CCG, 2013-2016.



Source: SUS, prepared by KPHO (NH), March 2017.

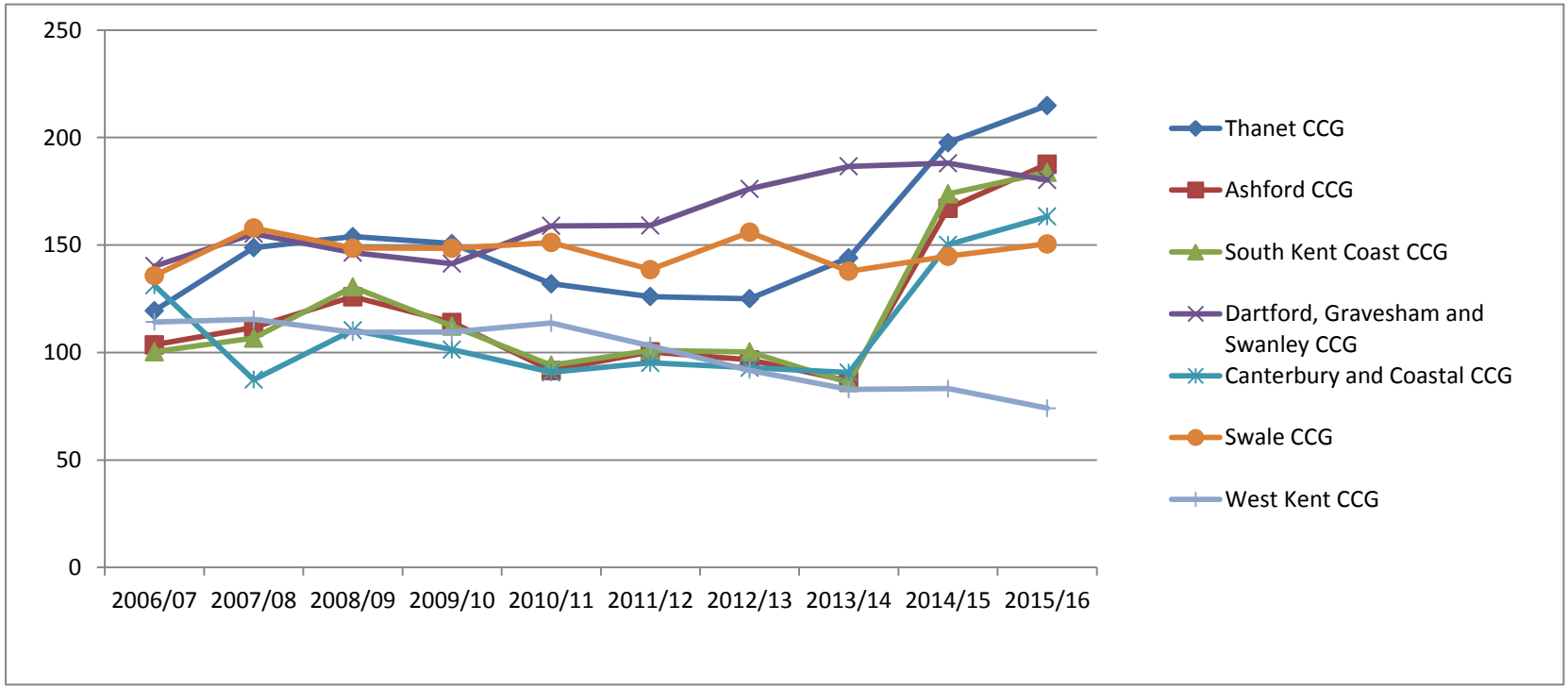
Only NHS West Kent CCG has seen a trend of decreasing emergency admissions in this period, Figures 2 and 3.

Figure 2 Age specific rates of non-elective admission to hospital of children 0-4y, 2006/07 to 2015/16 by district



Source: SUS, prepared by KPHO (NH), March 2017. Presented by PH (LS) May, 2017

Figure 3 Trends of age specific rates of non-elective admission to hospital of children 0-4y by CCG of residence 2006/07 to 2015/16



Source: SUS, prepared by KPHO (NH), March 2017. Presented by PH (LS) May, 2017

3.5. Accident and Emergency attendances

AE attendances are any person who has attended the Accident and Emergency Department; they then can be sent home, admitted to hospital or referred to another department.

This analysis gives details about attendances by young children (0 to 4 year olds) at AE Departments, or Minor Injury Units within the contract year denoted. Data were extracted from the Secondary User Service (SUS) contract dataset which records Accident and Emergency activity from National Health Service (NHS) hospitals and Minor Injury Units.

Prior to the contract year 2014/15, activity at Minor Injury Units was not recorded within this dataset, and activity from different Minor Injury Units may have been introduced under a stepwise transition. Accordingly, for areas where a Minor Injury Unit would be the usual choice for treatment, the data will underestimate numbers of attendances prior to the 2014/15 contract year; an increase in volume of activity will be observed at some point to this contract year. Minor Injury Units are located in: Crowborough, Deal Victoria, Dover Buckland, Edenbridge, Erith, Faversham, Folkestone, Gravesend, Canterbury, Farnborough Common, Sidcup, Sevenoaks, Sittingbourne, Sheppey, and Whitstable.

There is variation by CCG in the percentage of children who had an AE attendance, with the most seen in Dartford, Gravesham and Swanley. *Thanet does not appear to have a higher percentage of children having an AE attendance in spite of the low percentage that have seen their GP in the last year, Table 7.*

Table 7 Count of AE attendances for 0-4y, Nov 2015- Oct 2016

CCG	Total 0-4y	Had an attendance (individual child count)	% of cohort who had an attendance	Total attendancess	Average number of attendances per cohort child (Cohort /Attendancess)	Average number of attendances by attendees (total attendances / individual child count)	Total Cost of Attendances	Avg Total Cost per cohort -all attendances (total attendances /total cost)	Avg Cost per cohort child (total cost / cohort)	Average cost per child who attended (toal cost / individual child with an attendance)
Ashford	6426	1406	22%	1909	0.30	1.36	£ 176,216.32	£ 92.31	£ 27.42	£ 125.33
Canterbury & Coastal (C4)	10450	2009	19%	2881	0.28	1.43	£ 247,541.82	£ 85.92	£ 23.69	£ 123.22
Dartford, Gravesham & Swanley	20266	6189	31%	9983	0.49	1.61	£ 997,944.91	£ 99.96	£ 49.24	£ 161.24
South Kent Coast	9701	2620	27%	4025	0.41	1.54	£ 285,288.02	£ 70.88	£ 29.41	£ 108.89
Swale	7120	1687	24%	2661	0.37	1.58	£ 170,215.66	£ 63.97	£ 23.91	£ 100.90
Thanet	9318	2264	24%	3338	0.36	1.47	£ 285,666.34	£ 85.58	£ 30.66	£ 126.18
West Kent	19488	4538	23%	6631	0.34	1.46	£ 554,916.59	£ 83.69	£ 28.47	£ 122.28
Kent	**82769**	**20713**	**25%**	**31428**	**0.38**	**1.52**	**£ 2,717,789.66**	**£ 86.48**	**£ 32.84**	**£ 131.21**

Source: Kent Integrated Dataset (segmentation approach)

It would appear that those CCGs with lower AE attendance have amongst the lowest proportion of GP consultations e.g. Thanet and Canterbury and Coastal. It is not possible to tell from the data the proportion of attendances that convert to admissions.

Between the period of 2014/15 - 2015/16, there was a 3.65% increase in the 0-4s attending AE in Kent (*n=1,536),* Table 8. The Kent population increase of the 0-4s for the period 2014-2015 was 200 (0.2%)[5].

[5] Source: Office for National Statistics Mid-Year Estimates. Presented by: Strategic Business Development & Intelligence, Kent County Council (October 2016); SUS, KPHO (January 2017), population aged 0-4 years (91,800)

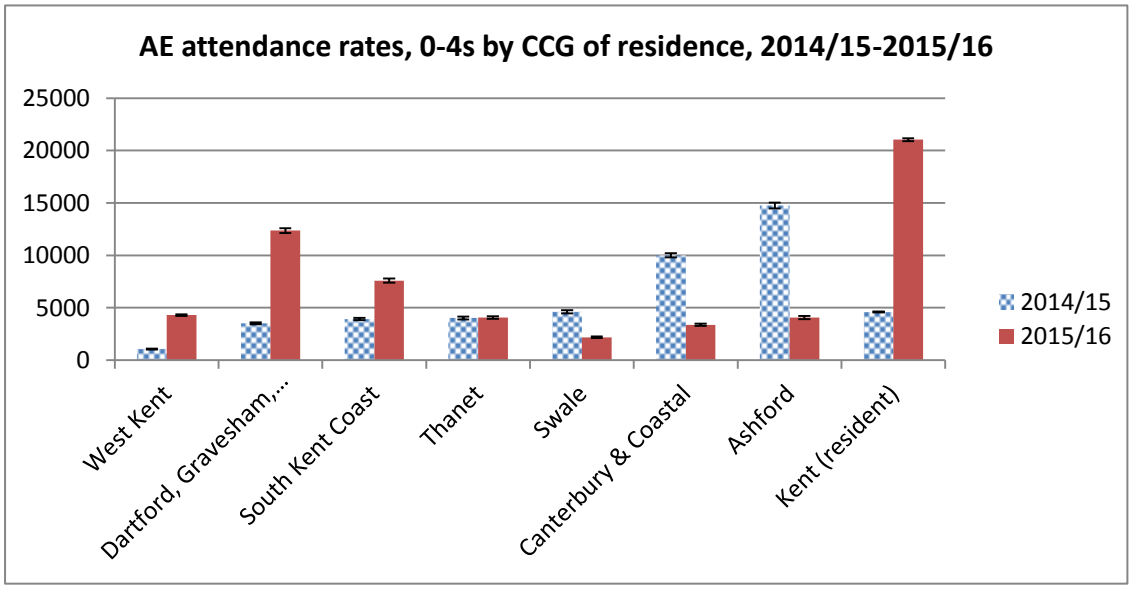
Table 8 Age specific count of AE attendances 2014/15 - 2015/16, attendance rates per 10,000 for 2015/16 and percentage change of attendances 2014/15 to 2015/16 of children 0-4y by CCG of residence

CCG	2014/15	2015/16	Attendance rate per 10,000 pop 2015/16	% increase in count of attendances from 2014/15 to 2015/16
NHS West Kent	11,607	12,637	4300.2	8.87%
NHS DGS	10,091	10,426	12360.4	3.32%
NHS SKC	6,068	5,661	7583.2	-6.87%
NHS Thanet	4,424	4,550	4057.1	2.85%
NHS Swale	3,434	3,810	2181.0	10.95%
NHS Cant & Coast	3,378	3,358	3373.5	-0.59%
NHS Ashford	3,114	3,220	4065.7	3.40%
Kent (resident)	42,116	43,652	1376.1	3.65%

Source: SUS, prepared by KPHO (NH), March 2017

In 20014/15, West Kent had statistically lower rates of AE attendance of children 0-4 years than Kent. In 2015/16, West Kent, Thanet, Swale and Canterbury and Coastal CCGs had statistically lower rates of AE attendance of those aged 0-4 years, figure 4.

Figure 4 Age specific AE attendances per 10,000 of children 0-4y by CCG of residence, 2014/15- 2015/16



Source: SUS, prepared by KPHO (NH), March 2017. Presented by PH (LS) July, 2017

3.6. List of top 10 most prevalent admissions in the contract year 2015/16

Of the top ten most common reasons for hospital admission, eight are concerned with viral illness, Table 9. There is a strong positive relationship between the rate of emergency admissions and the level of relative socio-economic deprivation experienced by the local community (NHSE, 2014). NHS South Kent Coast CCG and Dartford, Gravesham and Swanley CCG, with statistically significant higher rates of hospital attendance, both have significant levels of deprivation. Thanet another area of significant deprivation however does not.

Other factors shown in the child health profiles will also be contributing to higher attendance / admission rates. For example, compared to Kent, South Kent Coast has a higher rate of children admitted with dental carries and a higher number of families on a low income.

It is worth noting that low immunisation rates increase the potential risk of future impact upon the system in terms of higher rates of AE attendance and hospital admissions for viral illness.

Table 9 Top ten most prevalent primary diagnoses on admission: 0-4years, 2015/16, all Kent.

KD-10 Code	Description	Count
B34	Viral infection of unspecified site	1,377
J06	Multiple and unspecified sites	1,179
J21	Acute bronchitis	886
J03	Acute tonsillitis	579
J22	Unspecified acute lower respiratory infection	510
J05	Acute obstructive laryngitis [croup] and epiglottitis	363
A08	Viral and other specified intestinal infections	362
P59	Neonatal jaundice from other unspecified causes	360
R56	Convulsions, not elsewhere classified infectious gastroenteritis and colitis	359
A09	Unspecified	352
Total number		**6,327**
Number of other emergency admissions		7,107
Total number of emergency admissions		**13,434**
Crude rate of admissions (per 1000 children in this age group)		146

4. Population growth

The Kent trend of population growth for those aged 0-4 years has been steadily increasing since 1992. Over the period of 2005-2015 this population has increased by 14,200 (18.3%). Growth by district for the recent period is displayed in Table 10. For the period 2017-2022, the population of Kent residents aged 0-4 years is projected to increase by a further 5,300 (6%)[6].

It is important to consider population growth because, even if admission and attendance rates remained stable, the population growth would mean that there would still be an increase in the absolute numbers attending / being admitted and continuing to impact upon the system. This means that, with the predicted growth in the 0-4s population, although rates may be declining, numbers attending / being admitted may increase further.

Table10 Kent 0-4y population growth by CCG, 2006/7 to 2015/16

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Ashford CCG	7,114	7,163	7,313	7,384	7,618	7,746	7,849	7,951	7,866	7,920
Canterbury and Coastal CCG	9,510	9,742	9,842	9,904	9,998	10,172	10,249	10,124	10,098	9,954
Dartford, Gravesham and Swanley CCG	13,820	14,340	14,935	15,261	15,697	15,920	16,534	16,808	17,258	17,469
South Kent Coast CCG	10,051	10,328	10,606	10,871	11,217	11,393	11,474	11,403	11,282	11,215
Swale CCG	5,899	6,167	6,435	6,640	6,892	6,940	7,116	7,321	7,454	7,452
Thanet CCG	6,886	7,145	7,437	7,725	7,994	8,133	8,350	8,369	8,385	8,435
West Kent CCG	25,893	26,781	27,331	27,672	28,400	28,982	29,226	29,308	29,335	29,387
Kent (resident)	79,173	81,666	83,899	85,457	87,816	89,286	90,798	91,284	91,678	91,832

Sources: Source: KCC Housing Led forecast (Oct 2016), Strategic Business Development & Intelligence, Kent County Council

[6] ONS mid-year estimates; prepared by KPHO (NH), January 2017

5. Child Health Profiles

The Child Health Profiles have been published for 2017. Work is underway within Public Health to update the CYP resource pack based on the 2017 profile. Kent CCG outcomes for children and young people that are significantly better and worse than England as a whole are displayed in tables 11 and 12. Children in care immunisations, 16-18 year olds NEET, children in care, breastfeeding initiation are only available at Kent level.

Table 11 Child health outcomes which are significantly worse than England as a whole by CCG (2017)

	Kent	Ashford CCG	Canterbury & Coastal CCG	Dartford, Gravesham & Swanley CCG	South Kent Coast CCG	Swale CCG	Thanet CCG	West Kent CCG
MMR vaccination one dose (2 years)	■		■		■	■		
DTaP/IPV/Hib vaccination (2 years)								■
Children in care immunisations	■							
Children in low income families					■	■	■	
Obese children (10-11 years)				■				
Hospital admissions for dental caries (0-4 years)		■			■		■	
16-18 year olds not in education, employment or training	■							
Children in care	■							
Teenage mothers					■	■		
Persons under 18 admitted to hospital for alcohol specific conditions			■				■	
Hospital admissions due to substance misuse (15-24 years)	■				■			
Smoking status at time of delivery	■		■		■	■	■	
Hospital admissions caused by injuries in children (0-14 years)				■				
Hospital admissions caused by injuries in young people (15-24 years)				■			■	■
Breastfeeding initiation	■							
Hospital admissions for asthma (under 19 years)		■					■	

Source: PHE Fingertips Overview of Child Health (September, 2017). Available: https://fingertips.phe.org.uk/profile/child-health-overview

Table 12 Child health outcomes which are significantly better than England as a whole by CCG (2017)

	Kent	Ashford CCG	Canterbury & Coastal CCG	Dartford, Gravesham & Swanley CCG	South Kent Coast CCG	Swale CCG	Thanet CCG	West Kent CCG
Infant mortality	■							■
Child mortality rate (1-17 years)	■							■
Children achieving a good level of development at the end of reception	■							
GCSEs achieved (5A*-C including English and Maths)	■							
First time entrants to the youth justice system	■							
Children in low income families (under 16s)	■	■	■	■				■
Family homelessness	■							
Low birth weight of term babies	■							
Obese children (4-5 years)			■					■
Obese children (10-11 years)	■		■					■
Children with one or more decayed, missing or filled teeth	■	■	■	■	■	■	■	■
Hospital admissions for dental caries (0-4 years)	■		■	■				■
Persons under 18 admitted to hospital for alcohol specific conditions				■		■		
Smoking status at time of delivery								■
A&E attendances (0-4 years)	■	■	■		■	■	■	■
Hospital admissions caused by injuries in children (0-14 years)	■	■			■			■
Hospital admissions caused by injuries in young people (15-24 years)			■					
Hospital admissions for asthma (under 19 years)	■		■	■				■
Hospital admissions as a result of self-harm (10-24 years)	■							

6. Conclusions

6.1. Summary

There could be many reasons for the apparent variations in AE attendance and admission that we see in this data across Kent. It would be logical to assume that to some degree the increasing numbers of attendances and admissions are due to population growth but there does not appear to be a direct correlation. All districts have experienced population growth for those aged 0-4 years but districts would appear to be manifesting different behaviours such as DGS and SKC with increased rates of AE attendance.

To what extent emergent patterns are in response to differing clinical practice, processes, systems, access to services and patient attitude and behaviour is unknown but would be useful to ascertain.

6.2. Call to action

Some things to consider that may help to provide additional information and insight are given below:

- What may be the reason(s) why there is so much variation between GP consultations by CCG?
- How do the levels of consultations compare to patient satisfaction survey related to accessibility of services?
- What could be the reason(s) that some areas have fewer GP consultations e.g. Thanet but they are not seeing more admissions?
- Are there different or clinical practices in place or differing patient attitudes or presenting condition severity that may explain some of the emergent variations?
- The number of consultations children have with their GP before they have an admission event should be explored.
- What is happening in West Kent that they have a declining admission rate compared to other CCGs?
- Why have West Kent seen such a sharp rise in AE attendances in the latest period and why has this not resulted in higher admission rates? Are there significant differences in practice/service access or information campaigns across districts and CCGs that could explain this?
- Why do some CCGs have statistically fewer AE attendances than others?
- How do levels of GP access/consultation compare to health outcome data for this cohort? I.e. what, if any, may be the impacts of low (or excessively high) GP attendance on the health of children? What could be the impacts upon other services? Is there any evidence that could be reviewed?
- More data over time should be gathered to draw any inference for the numbers of children being admitted with injury.