NHS

Kent and Medway

Swale Clinical Commissioning Group

Health Profile

2014 to 2016

Kent & Medway Public Health Observatory

Kent County Council kent.gov.uk

Dr Faiza Khan
Jack Baxter
Colin Thompson
Natasha Roberts
Penelope Searle
Kent & Medway Public Health Observatory

January 2014

Contents

Summary of Findings

1. Higher proportions of under 4 year olds are to be found in Sheerness East, Sheppey Central & Kemsley wards.
2. Minster Cliffs and Sheppey Central are the wards with the highest number of residents aged 65+.
3. Minster Cliffs & Woodstock have the highest proportion of people aged over 85+
4. Grove, Milton Regis, Sheppey Central, Sheerness East, Leysdown and Warden & Sheerness West have the lowest life expectancy from birth than Swale at 75.5 years. The difference in life expectancy from birth between highest and lowest wards is 8.3 years.
5. The largest predicted rises in population are in the 65+ and 85+ populations which are set to increase by 55% and 126% of the 2013 population figures
6. The majority of deprived areas in Swale are found on the Isle of Sheppey. However on the main land one part of Murston is also amongst the 20% most deprived.
7. The Swale CCG area has the second highest infant mortality rate in comparison to the other CCG's in Kent. Although it's higher than the rate for Kent it's still below the England rate.
8. Generally the prevalence & coverage rates for breast feeding in Swale are lower than the Kent average.
9. The Swale CCG practices demonstrate mixed immunisation rates which highlights the need to keep focused on effective immunisation to achieve optimal rates.
10. A greater proportion of children with poor health and disability are found in Sheerness West, Sheerness East, Queenborough and Halfway, Murston and Milton Regis
11. The teenage conception rates are highest in Leysdown, Warden, Chalkwell and Roman ward
12. Smoking rates are highest around central Sittingbourne and Sheerness. 20% of mothers within the Swale Borough Council area continue to smoke during pregnancy.
13. Wards on the Isle of Sheppey have relatively higher estimated rates of obesity than those on the main land
14. Overall the cancer registrations for Swale CCG are marginally lower than the rate for Kent.
15. The prevalence of diabetes for the CCG is 6.8% which is second to Thanet CCG
16. The expected prevalence of CHD in Swale is estimated to be 5,430 which means there are potentially 2,146 people who are unaware they have the condition.
17. The expected and observed prevalence for stroke in Swale are broadly similar, with less variation between practices.
18. The prevalence of COPD within Swale CCG ranges from 0.8% to 2.9%., there maybe up to 842 patients in Swale CCG with undiagnosed COPD.
19. Swale CCG practices overall have lower rates of patients with mental illness as compared to the national and Kent & Medway average.
20. The highest age standardised admission rates for Swale residents aged 65+ are found in Sheppey Central, Sheerness East & West and Milton Regis

Links to other plans

This needs assessment for the Swale CCG area may be read in conjunction with the following County and local plans:

Kent Joint Strategic Needs Assessment
http://www.kmpho.nhs.uk/jsna/

Kent Children's Joint Strategic Needs Assessment
http://www.kmpho.nhs.uk/population-groups/children/jsna-2011/?locale=en

Local Children's Trust Plan
http://www.kenttrustweb.org.uk/kct/lctb_swale_board_plan.cfm

Swale Borough Council Corporate Plan
http://www.swale.gov.uk/corporate-plan/

Geography

Swale Clinical Commissioning Group (Swale CCG) covers patients from 22 practices, with a registered practice population of 106,579 (7%) of Kent's total registered practice population.

The registered practice population is drawn mainly from Sittingbourne, the Isle of Sheppey and the area east of Faversham within the Swale Borough Council boundary.

It is important to recognise that patients resident in the CCG area cannot be presumed to be registered exclusively with Swale primary care teams. Residents of Iwade, Lower Halstow and Upchurch are as likely to be registered with Medway practices. Similarly large numbers of people resident in Teynham and Lynsted ward are registered with the Faversham practices (Canterbury & Coastal CCG) reflecting the hinterland of Faversham as a market town.

The population pattern of Swale CCG is broadly similar to that for Kent and Medway although there is a slightly larger proportion aged 0 to 9 which may have an impact on services commissioned for children.

Using resident populations for the district of Swale the population aged 65+ is predicted to increase by 68.1% from 2011 to 2031, i.e. from 22,600 to 38,000. This increase is greater in the 85+ group, being predicted to increase 142.3% during the same period (from 2,600 to 6,300).

2011Census data around ethnic populations show that 1.03% of the population of Swale are from a black or minority ethnic (BME) group. Anecdotal evidence suggests that a greater number of Eastern Europeans are migrating to Kent. Data from the 2011 census has provided a better understanding of the populations within Kent, for the first time this included the Gypsy and Traveller communities of which Swale has a higher proportion compared to the England percentage, this data is presented in the tables below (Please note that the data is produced at a local authority level, NOT CCG).

Life expectancy from birth is 79.7 years; the same as Medway CCG and the 2nd lowest of the eight CCGs. This compares to 80.9 years for Kent and Medway.

Swale is the third most deprived district within Kent and is ranked 70 out of the 326 districts in England. Looking at practice level deprivation (derived from weighted population deprivation), no practices are within the 40% least deprived and eight practices are in the 20% most deprived.

Ethnicity in Swale LA compared to England

Broad Ethnic Group	Swale Local Authority	% of Population
All Residents	135,835	100%
White	131,155	96.55%
Mixed/ Multiple Ethnicity	1575	1.16%
Asian/ Asian British	1489	1.10%
Black / African / Caribbean / Black British	1395	1.03%
Other Ethnic Group	221	0.16%
Gypsy or Irish Traveller	730	0.54%

Broad Ethnic Group	England Only	% of Population
All Residents	53,012,456	100%
White	45,226,247	85.31%
Mixed / Multiple Ethnicity	1,192,879	2.25%
Asian / Asian British	4,143,403	7.82%
Black / African / Caribbean / Black British	1,846,614	3.48%
Other Ethnic Group	548,418	1.03%
Gypsy or Irish Traveller	54,895	0.10%

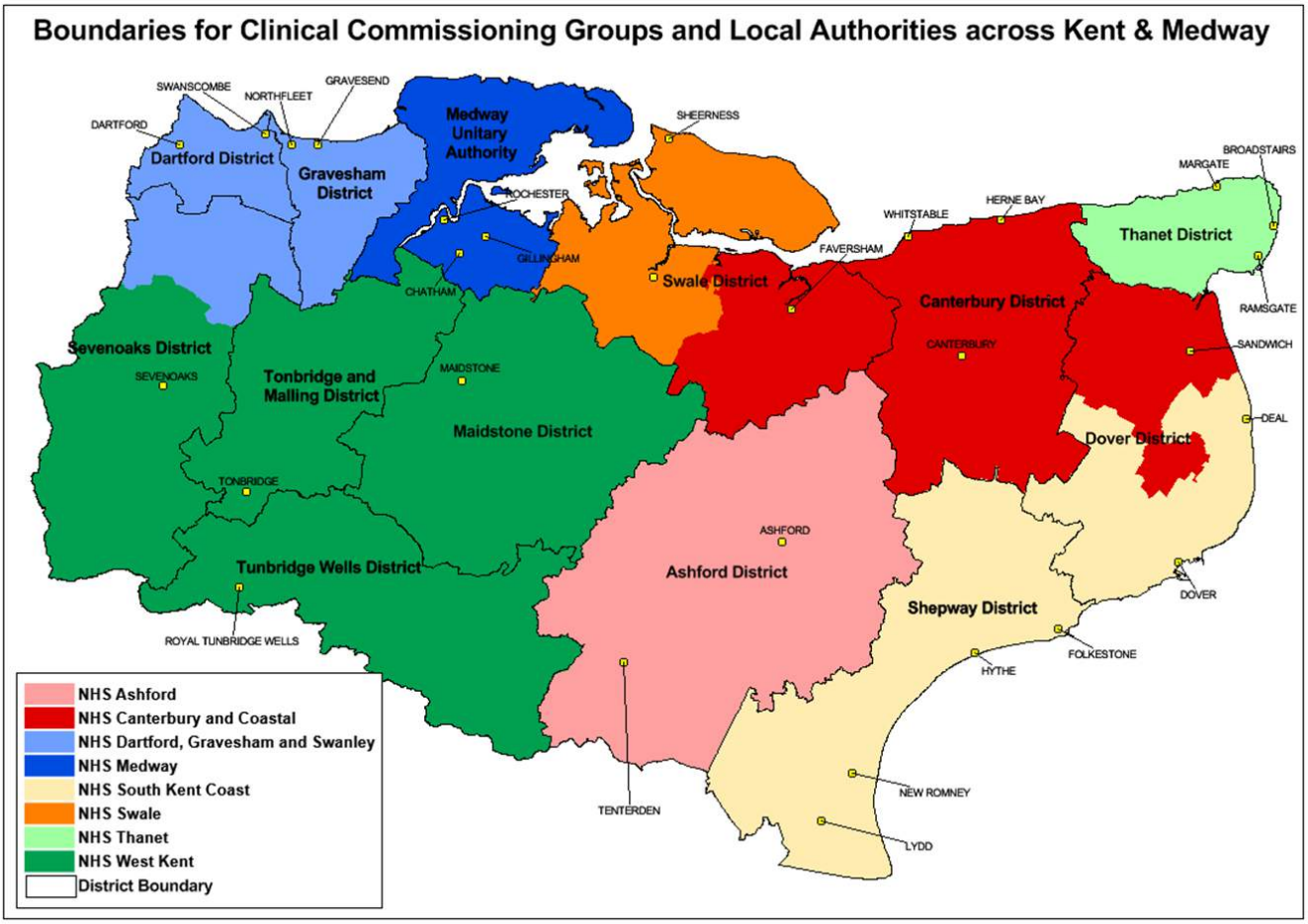
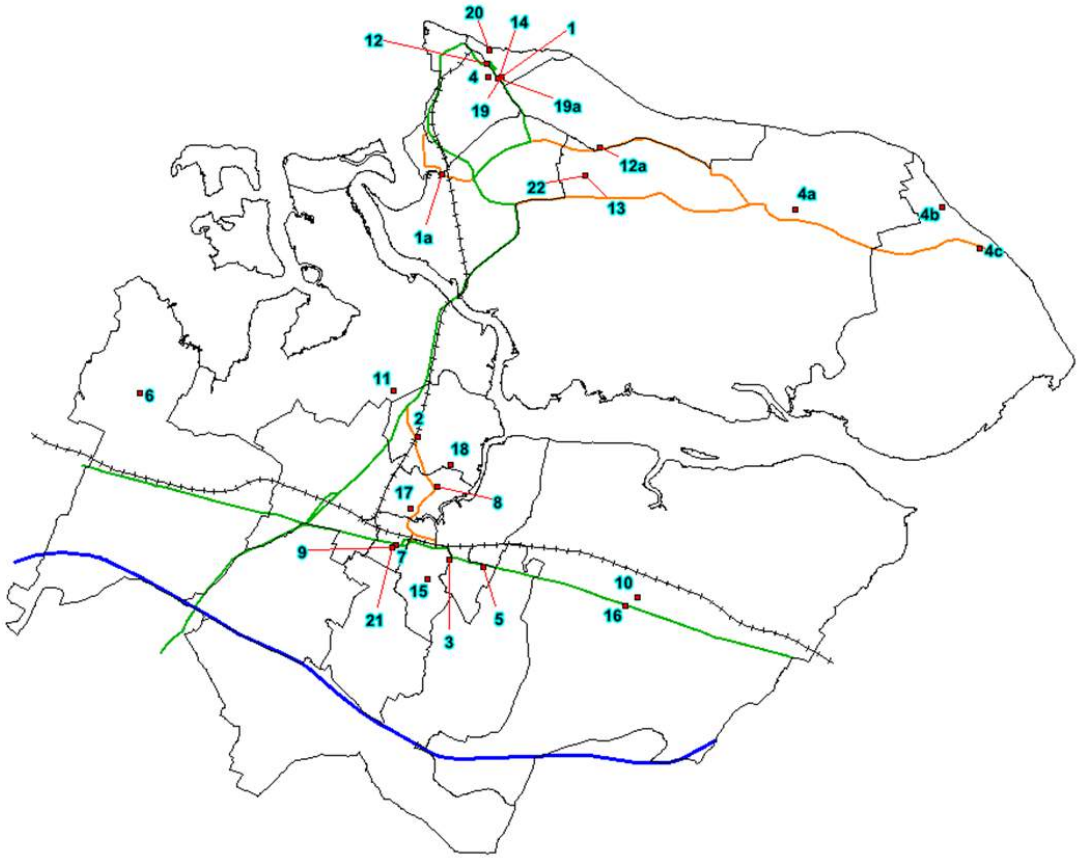


Figure 1 – Kent & Medway districts with CCG outlines

Figure 2 - Prime electoral wards within Swale CCG area

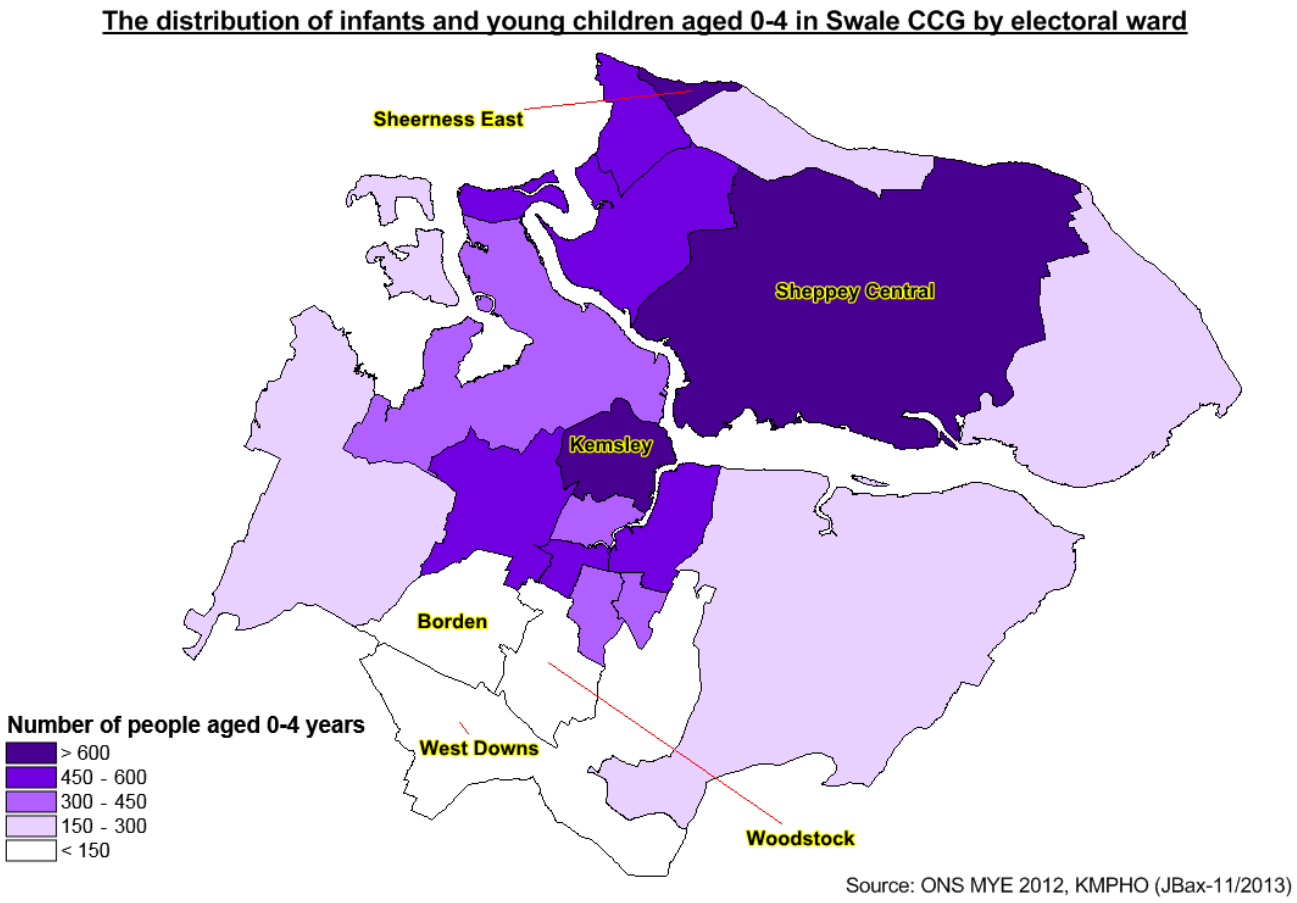
Figure 3 - Approximate location of practices within Swale CCG area



Key To Map	G-Code	Practice Name	Partnership
1	G82023	Sheerness Health Centre	Dr Fahmy M M E & Partner
1a	G82023	The Surgery	
2	G82026	Grovehurst Surgery	Grovehurst Surgery
3	G82035	The Chestnuts Surgery	The Chestnuts Surgery
4	G82057	St George's Medical Centre	Dr A S Pannu & Partners
4a	G82057	Eastchurch Practice	
4b	G82057	Warden Bay Surgery	
4c	G82057	Leysdown Surgery	
5	G82175	Dr H J Beerstecher Practice	Dr Beerstecher H J
6	G82180	Maidstone Road Surgery	Maidstone Road Surgery
7	G82231	The Medical Centre	The Medical Centre
8	G82634	Saffron Way Health Centre	Dr Pasola M
9	G82663	London Road Surgery	Dr Mahtha S K
10	G82667	Teynham Medical Centre	Dr Sikdar A N
11	G82671	Iwade Health Centre	Iwade Health Centre
12	G82682	The 'Om' Medical Centre	Dr Sahu G B & Partner
12a	G82682	Shiva Medical Centre	
13	G82686	Minster Medical Centre	Minster Medical Centre
14	G82687	Sheerness Health Centre	Sheerness Health Centre
15	G82693	Memorial Medical Centre	Memorial Medical Centre
16	G82698	The Surgery, Teynham	Dr R B Kumar
17	G82702	Milton Regis Surgery	Dr Ramu C & Partner
18	G82757	Lakeside Medical Centre	Dr Saha B K
19	G82791	Sheerness Health Centre	Dr Subash Chandran S
19a	G82791	Sheerness Health Centre (Branch)	
20	G82799	Sheppey Healthy Living Centre	Dr Murthy S R S
21	Y01009	Holly Bank Surgery	Holly Bank Surgery
22	Y02506	Sheppey NHS Healthcare Centre	DMC Healthcare Centre

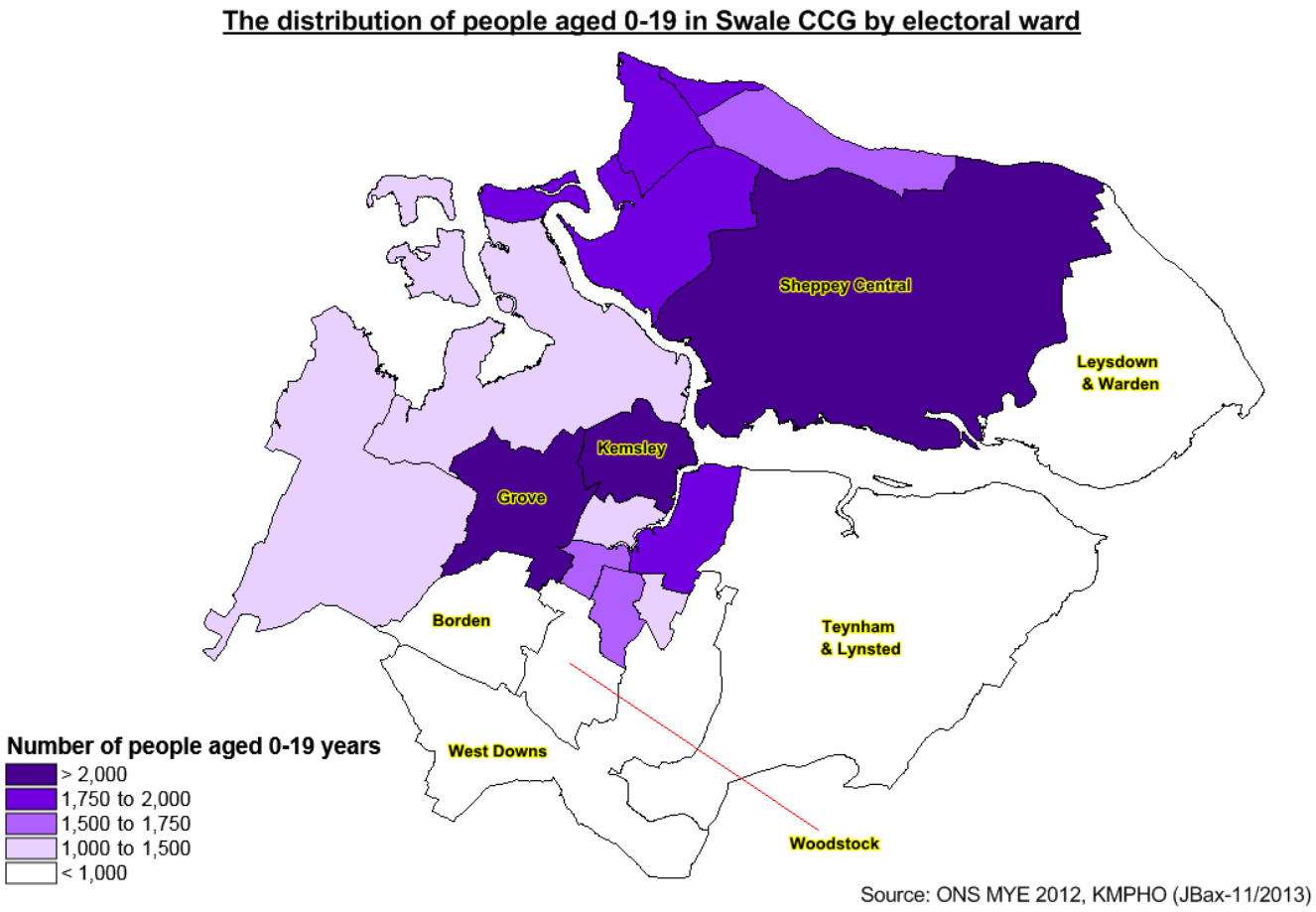
Demography

Figure 4 - The distribution of residents aged 0-4 years by electoral ward



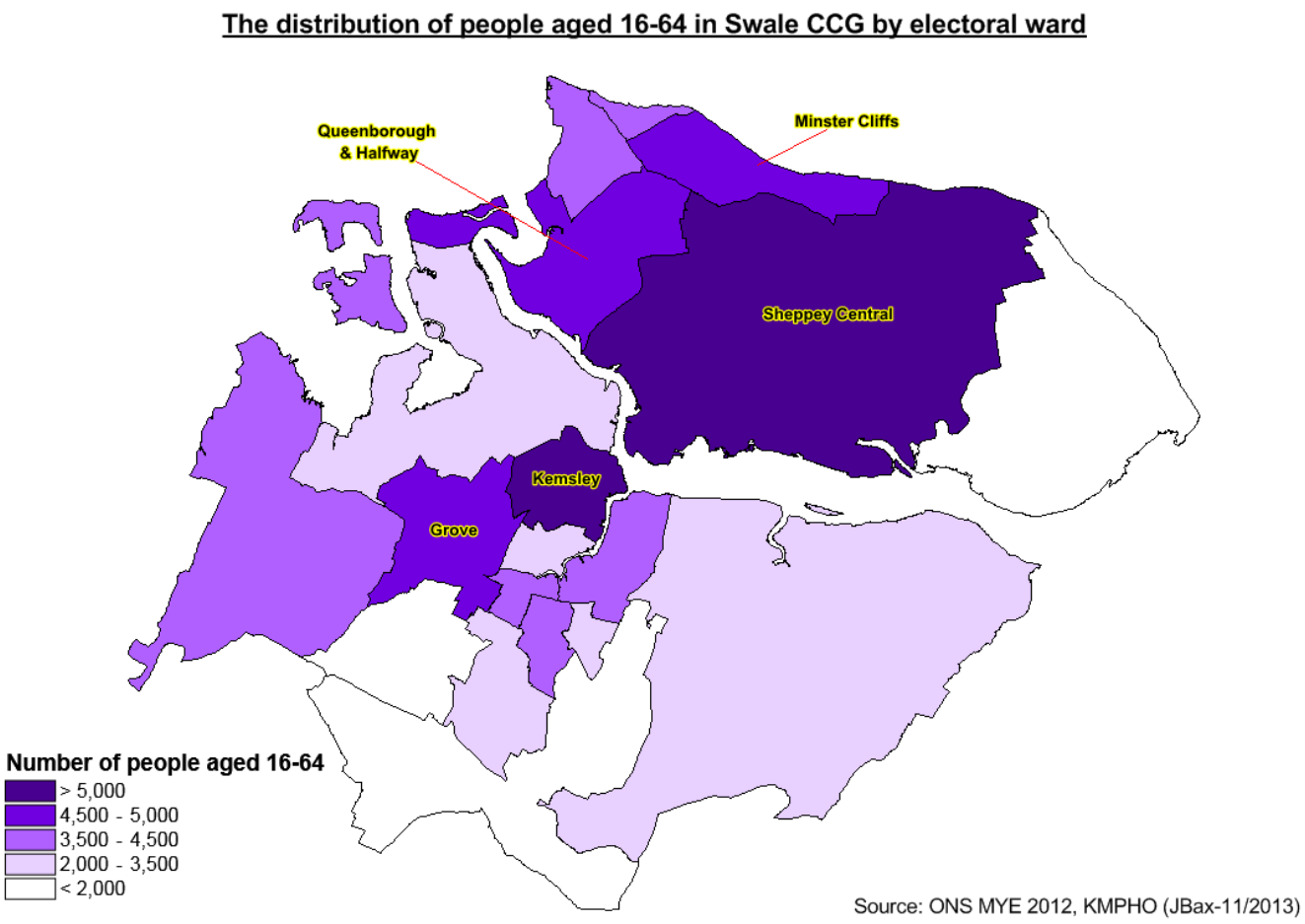
Higher proportions of under fours are to be found in Sheerness East, Sheppey Central & Kemsley wards. West Downs, Borden and Woodstock wards have the lowest proportions of under fours.

Figure 5 - The distribution of residents aged 0-19 years by electoral ward



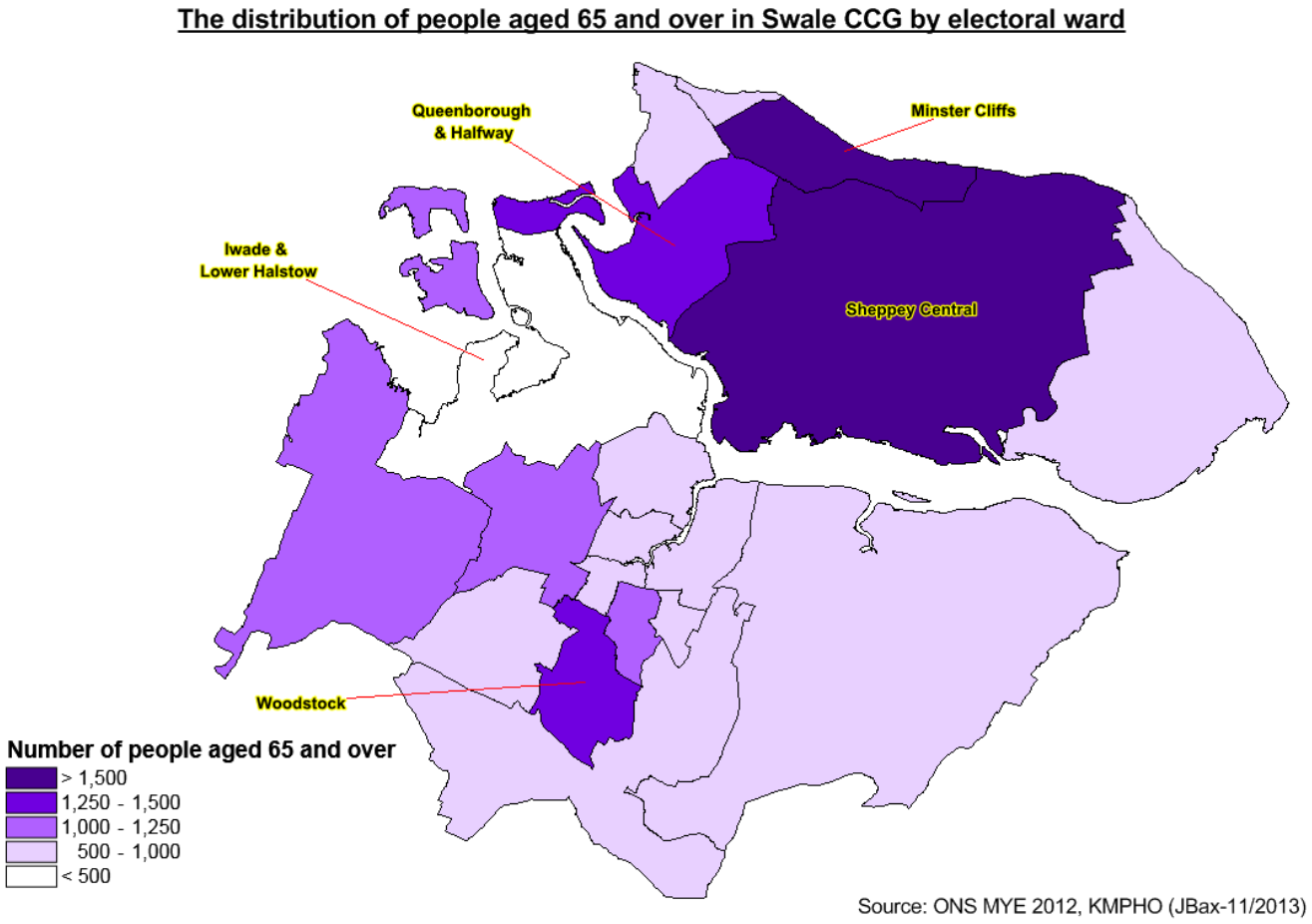
The ward with the highest numbers of 0-19 year olds in Swale CCG are Grove, Kemsley and Sheppey Central.

Figure 6 - The distribution of residents of working age by electoral ward



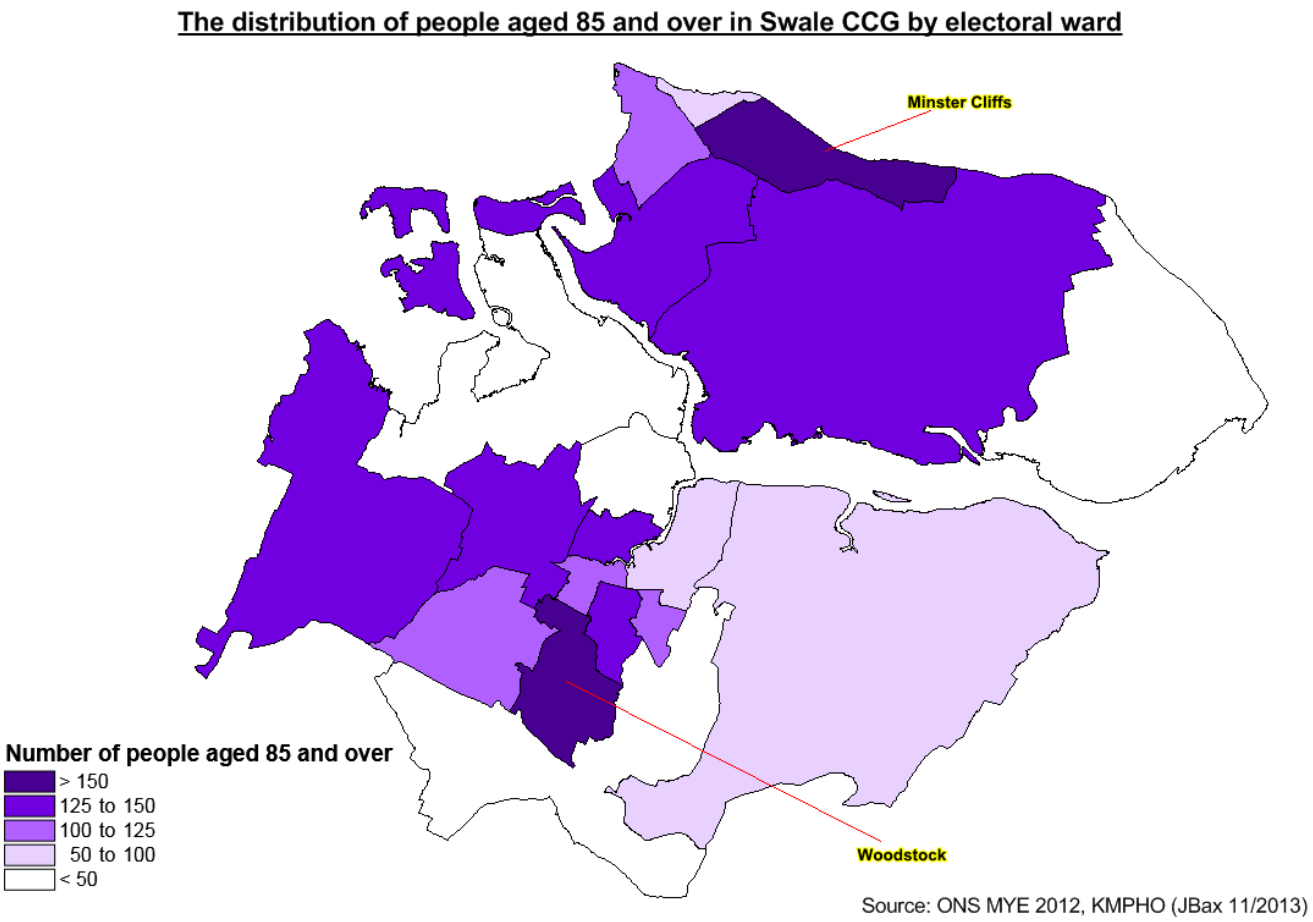
Sheppey Central and Kemsley are the wards with the highest numbers of working age people.

Figure 7 - The distribution of residents aged 65+ by electoral ward



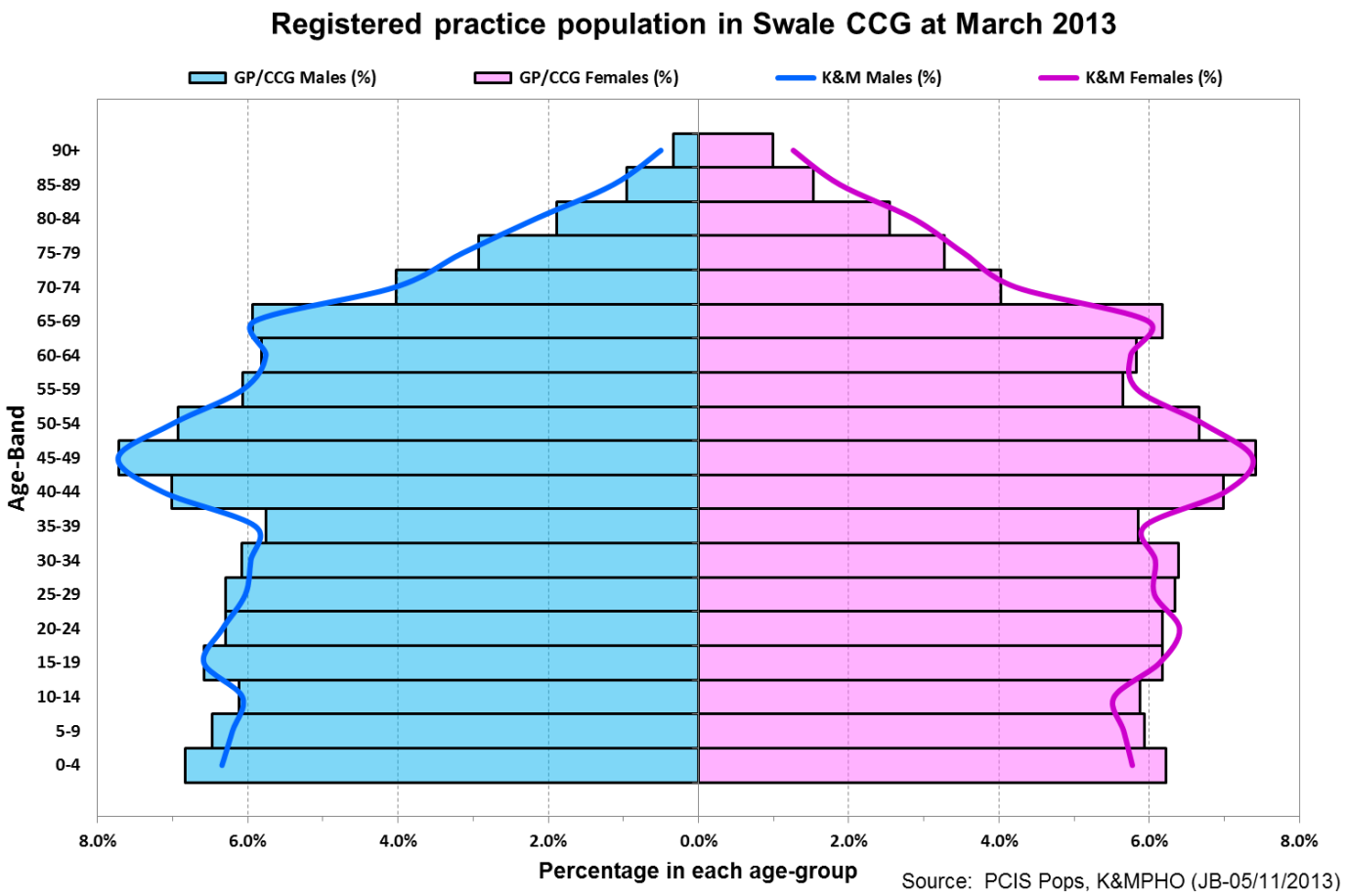
Minster Cliffs and Sheppey Central are the wards with the highest number of residents aged 65+. In comparison the ward with the lowest proportion with less than 500 people over 65 is Iwade and Lower Halstow.

Figure 8 - The distribution of residents aged 85+ by electoral ward



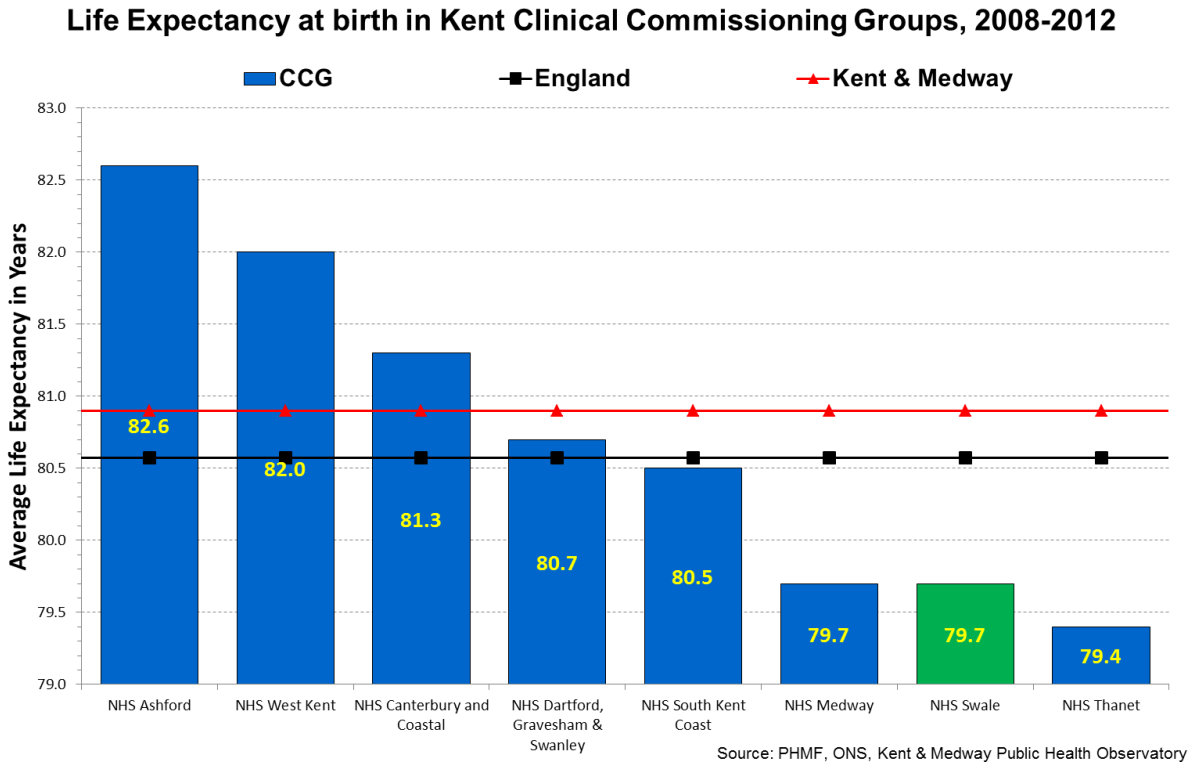
Minster Cliffs & Woodstock have the highest proportion of people aged over 85 whereas Iwade and Lower Halstow, Leysdown and Warden, West Downs and Kemsley wards have less than 50 people aged 85+.

Figure 9 - Registered practice population as at September 2013



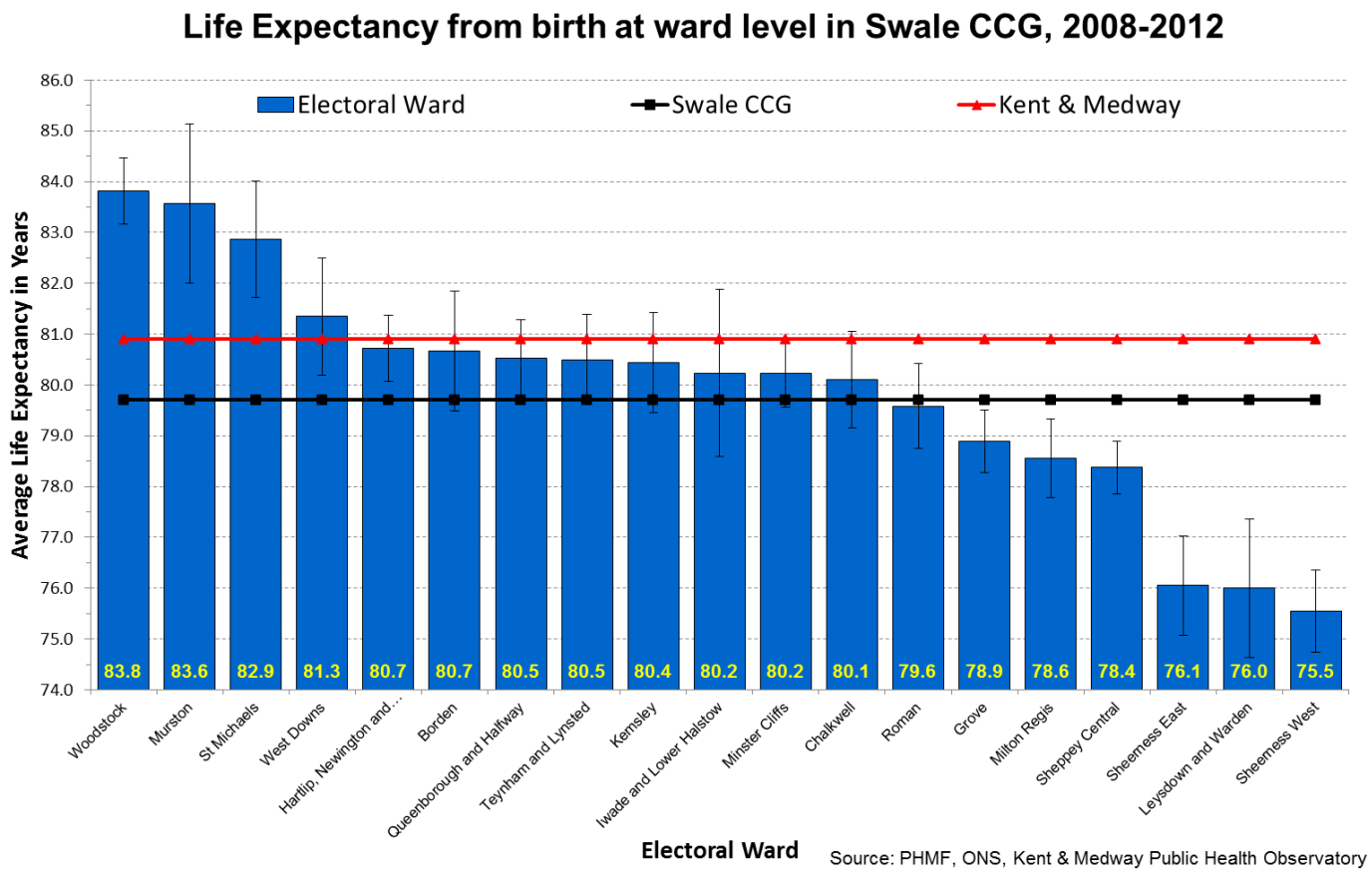
The registered practice population for the Swale CCG area closely reflects the pattern for Kent and Medway. However there appear to be slightly more 0-9 year olds and fewer women aged 70+ than that for Kent and Medway.

Figure 10 - Life expectancy from birth



The Swale area has the joint-second lowest life expectancy from birth compared to other CCGs in Kent. This is 1.2 years lower than the life expectancy for Kent & Medway.

Figure 11 - Life expectancy from birth by ward in Swale CCG area

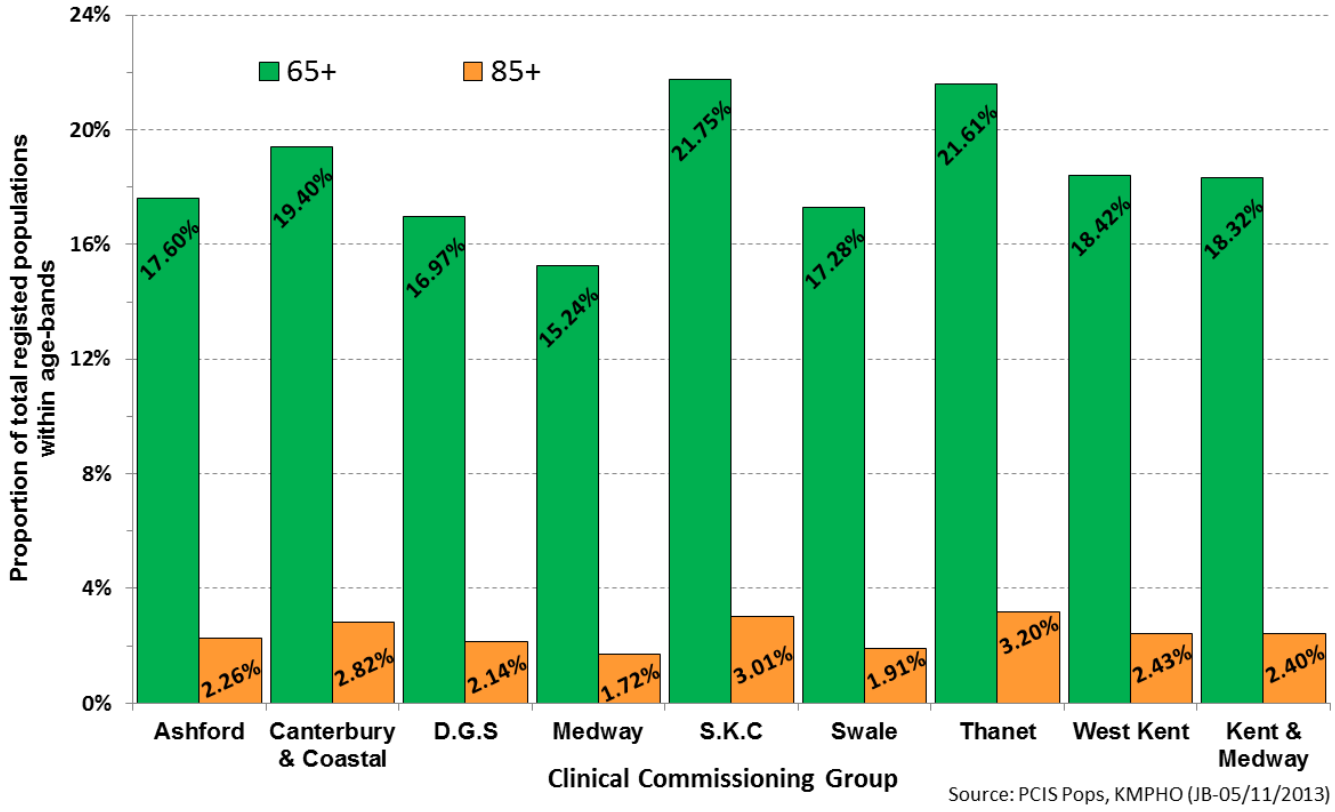


You will find the highest life expectancy from birth is in Woodstock ward at 83.8 years, this is reflected in the fact it is one of only 2 wards in Swale CCG with over 150 people aged over 85 living within it. Other wards with a higher life expectancy than Kent & Medway's include Murston, St. Michaels & West Downs.

There are 6 wards with a significantly lower life expectancy from birth than Swale CCG overall, they are Grove, Milton Regis, Sheppey Central, Sheerness East, Leysdown and Warden & Sheerness West which has the lowest life expectancy at 75.5 years. It's also worth noting that the bottom 4 wards all reside on the Isle of Sheppey.

The difference in life expectancy from birth between highest and lowest; Woodstock and Sheerness West is 8.3 years.

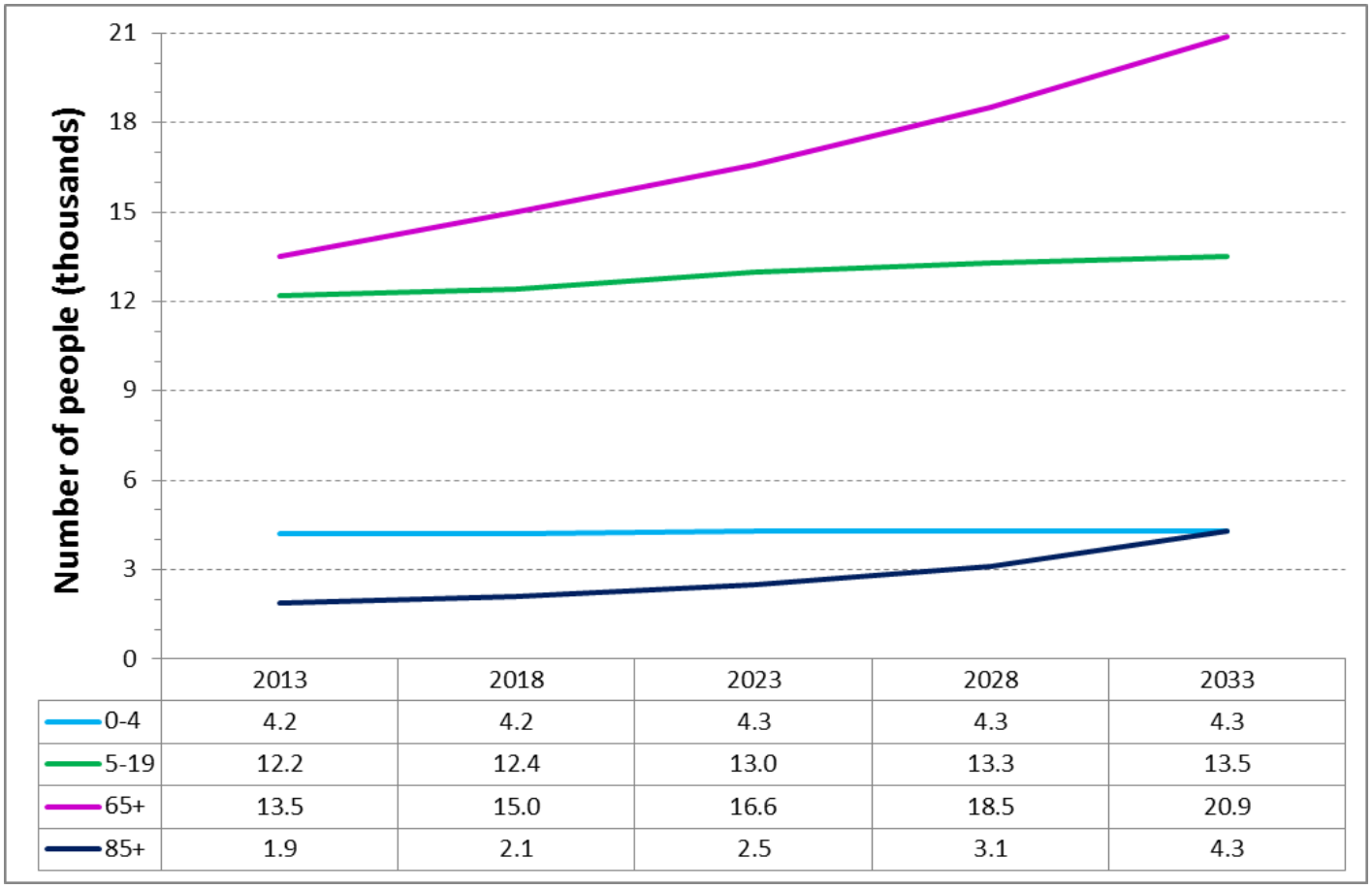
Figure 12 - Proportion of CCG registered practice populations aged 65+ and 85+ - September 2013



The Swale CCG area has the third lowest proportion of registered practice populations aged 65+ and second lowest proportion of people aged 85+ in their population compared to the rest of Kent.

Predicted trends in population change

Figure 13 - Population projection - females

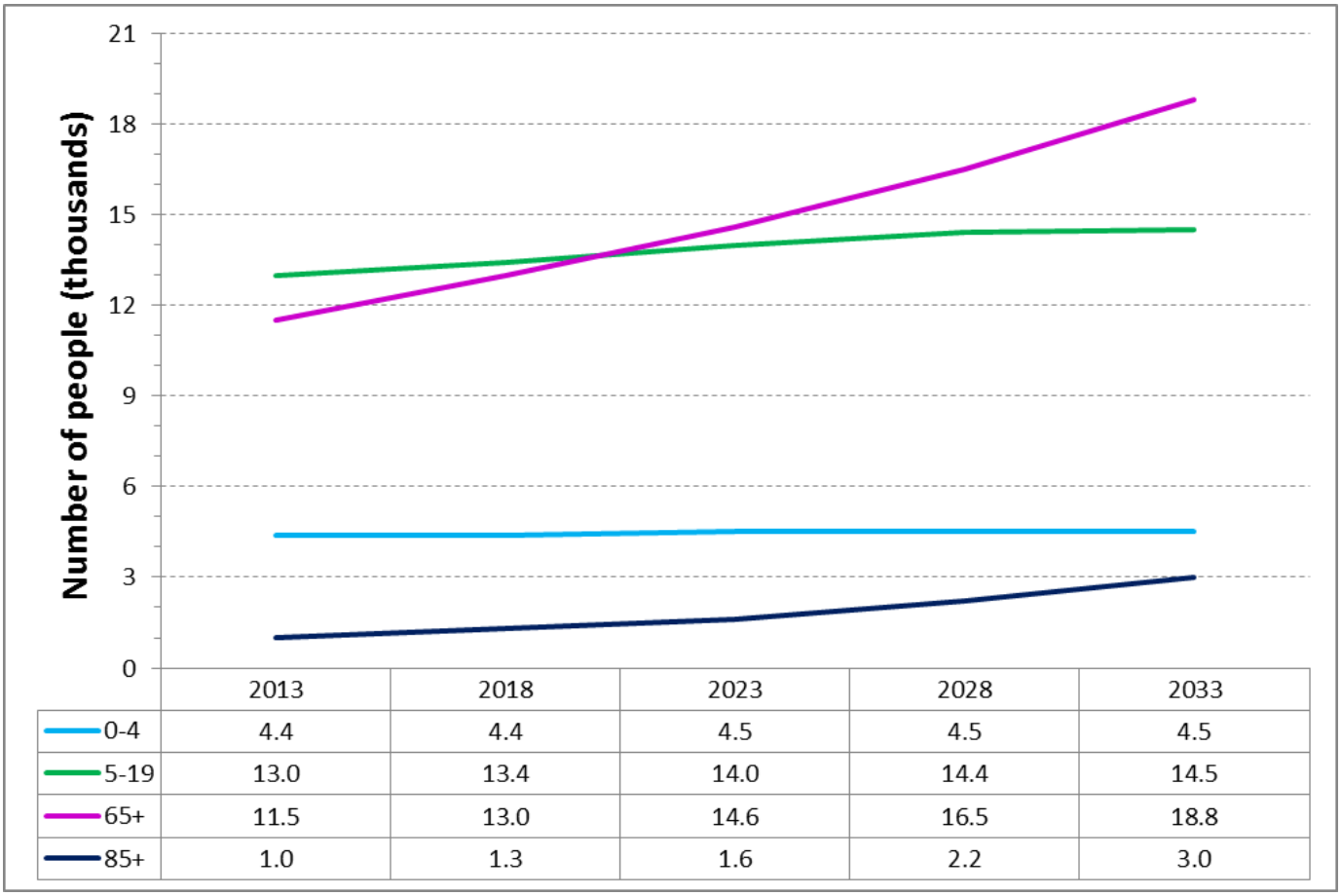


	2013	2018	2023	2028	2033
0-4	4.2	4.2	4.3	4.3	4.3
5-19	12.2	12.4	13.0	13.3	13.5
65+	13.5	15.0	16.6	18.5	20.9
85+	1.9	2.1	2.5	3.1	4.3

The predicted trends for the 0-4 and 5-19 age groups within Swale CCG are fairly static for the years 2013-2033. The largest predicted rises are in the 65+ and 85+ populations which are set to increase by 55% and 126% of the 2013 population figures. This means there will be over 1.5 times more females aged 65+ and over 2 times more females aged 85+ than there are currently.

Female Population Projection			% of Total Population				
Age Group	Predicted Difference from 2013 -2033	% Increase from 2013	2013	2018	2023	2028	2033
0-4	0.1	2%	6.10%	5.86%	5.75%	5.53%	5.35%
5-19	1.3	11%	17.73%	17.29%	17.38%	17.12%	16.81%
16-64	2.8	7%	61.60%	60.17%	59.20%	57.97%	56.31%
65+	7.4	55%	19.62%	20.92%	22.19%	23.81%	26.03%
85+	2.4	126%	2.76%	2.93%	3.34%	3.99%	5.35%

Figure 14 - Population projection - males



	2013	2018	2023	2028	2033
0-4	4.4	4.4	4.5	4.5	4.5
5-19	13.0	13.4	14.0	14.4	14.5
65+	11.5	13.0	14.6	16.5	18.8
85+	1.0	1.3	1.6	2.2	3.0

The picture for males looks slightly different to that for females in that the number of people aged 65+ are due to surpass the number of 5-19 year olds around 2020 whereas they've already done so amongst the female population. There is predicted to be a decrease in the 0-19 age groups as a percentage of the total population over the next 20 years (see table), while the 65+ and 85+ age groups are set to heavily increase over the next 20 years. This means there will be over 1.5 times more males aged 65+ and 3 times more males aged 85+ than there are currently.

Male Population Projection			% of Total Population				
Age Group	Predicted Difference from 2013 -2033	% Increase from 2013	2013	2018	2023	2028	2033
0-4	0.1	2%	6.49%	6.21%	6.07%	5.86%	5.67%
5-19	1.5	12%	19.17%	18.90%	18.89%	18.75%	18.26%
16-64	2.7	6%	62.86%	61.33%	60.05%	58.93%	57.10%
65+	7.3	63%	16.96%	18.34%	19.70%	21.48%	23.68%
85+	2.0	200%	1.47%	1.83%	2.16%	2.86%	3.78%

The older generation in most population groups will make the highest demands on health services. Nevertheless the biggest challenge for any CCG is to engage the 65+ age group in their health to prevent premature onset of chronic disease with the risk of related complications necessitating increased demand for secondary care based treatment. Where diagnoses of chronic diseases are made, it is essential that these conditions are identified early so that they can be managed effectively long term in primary and community care settings.

Inequalities in Health

The Health and Social Care Act 2012 now places a new statutory duty on health services to reduce inequalities in health. Demonstrating this intention is also a requirement of CCGs for the purposes of authorisation by the NHS National Commissioning Board.

Inequalities in health is primarily a socio-economic relationship. The poorer people are, the greater the likelihood of early onset disability, chronic disease and a shorter life span. In contrast, those who are of a higher status are expected to have a much greater disability-free life span and live a lot longer.

People with low socio-economic status are at greater risk of behaviours causing ill health. They will have higher smoking rates, a poorer diet; have less opportunity to take part in social activities and poorer mental health. Whilst it is undeniable that individual behaviour is a significant driver of ill health, it is wrong to attribute all causes of premature poor health and early death to personal behaviour. If such behaviour was eliminated, people with the lowest socio-economic status would certainly live longer, but would continue to die prematurely relative to the mainstream society.

Addressing health inequalities as a strategic response requires CCGs to commit to partnership working with other statutory agencies whose capacity to address the wider determinants of health is core to their purpose. Accordingly Swale CCG must support the actions of Kents' Public Health Team, working with local authorities to address the root causes of disadvantages in society, whether through the Kent Health Inequalities Strategy, through Swale Borough Council's Corporate Plan or through the work of Local Children's Trusts.

In addition the British Medical Association through the Presidency of Professor Sir Michael Marmot has identified a range of actions that doctors can implement directly.

Doctors can help by intervening with individual **patients**, their families and contacts, using clinical tools including social prescribing and brief interventions. They can work within **communities**, for example, by commissioning measures including health promotion and ill-health prevention that will affect changes to the social determinants and are effective in the whole community including those who are traditionally hard to reach. Such as gypsy and traveller communities.

Doctors can use **evidence** and **influence** to have a positive impact on health inequalities. Doctors can use their position and their expertise to **advocate** for change to areas outside traditional medical areas and to promote the generation of **research**, especially on the efficacy of prevention measures.

Source: BMA Publications 2011

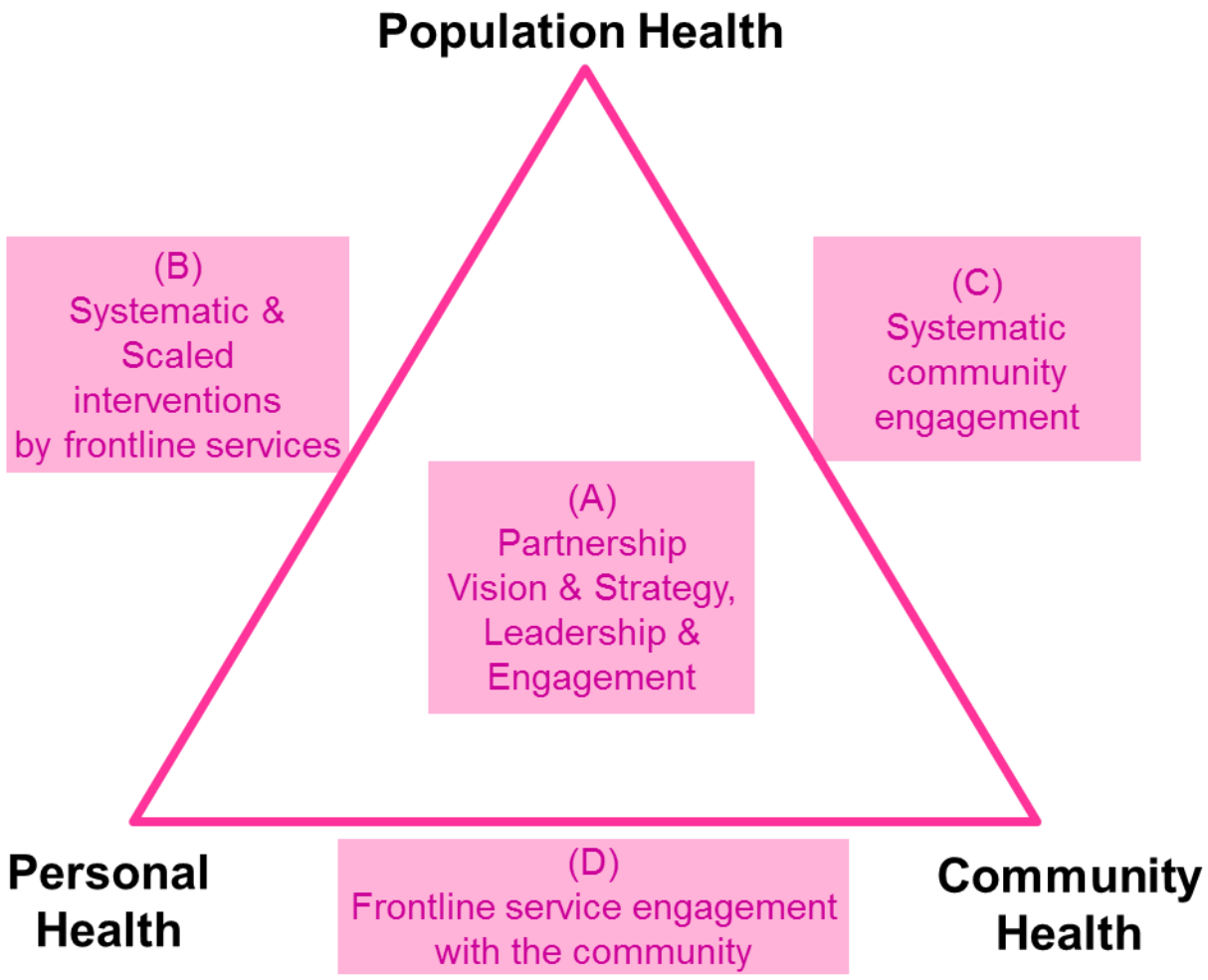


Figure 15 - Outline of the HINST Intervention Model

Source: Bentley C (2007) Systematically Addressing Health Inequalities, Health Inequalities National Support Team

The direct actions that clinical services need to focus upon include:

A) Partnership, vision and strategy, leadership and engagement

This requires 'seamless' partnership working between local authorities and CCGs. The CCG has a statutory duty to collaborate with social services. Public Health has a major leadership role but cannot deliver on its own. There is a need for a detailed strategy or action plan which shows how local inequality targets can be achieved.

B) Systematic and scaled interventions by frontline services

Primary care services will need to play a central role requiring organisational capacity to be addressed by some practices if they are to work more effectively on this agenda. There is a need for training systematically to ensure effective brief interventions, referral pathways, and performance monitoring which should at least cover smoking, alcohol problems and obesity.

C) Systematic community engagement

The CCG and local authorities should have joint systems for reaching vulnerable patients at highest risk who may be demotivated and not in meaningful contact with services. Such systems should be of sufficient scale to make a difference. A comprehensive engagement

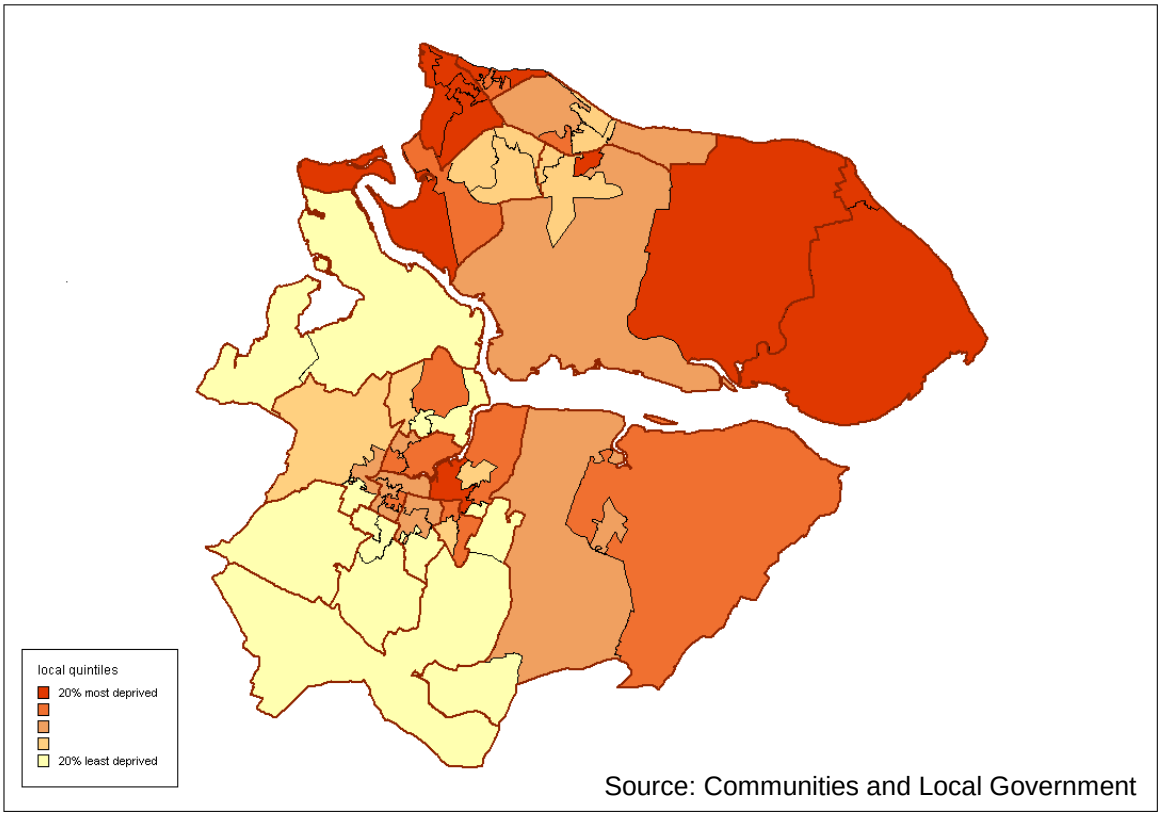
system is needed to interact not only with community groups but also with socially excluded individuals and families, e.g. through health trainers.

D) Frontline service engagement with the community

Many local areas have large portions of the population that are seldom seen, seldom heard. This can be addressed through the systematic use of practice registers and outreach staff to draw people in to services. Outreach strategies need to be targeted and scaled up appropriately in order to have impact across whole communities. The NHS workforce needs to be integrated effectively. The voluntary sector has great potential to bridge across from service into community provided that that sector is supported to develop its infrastructure to function at a strategic level.

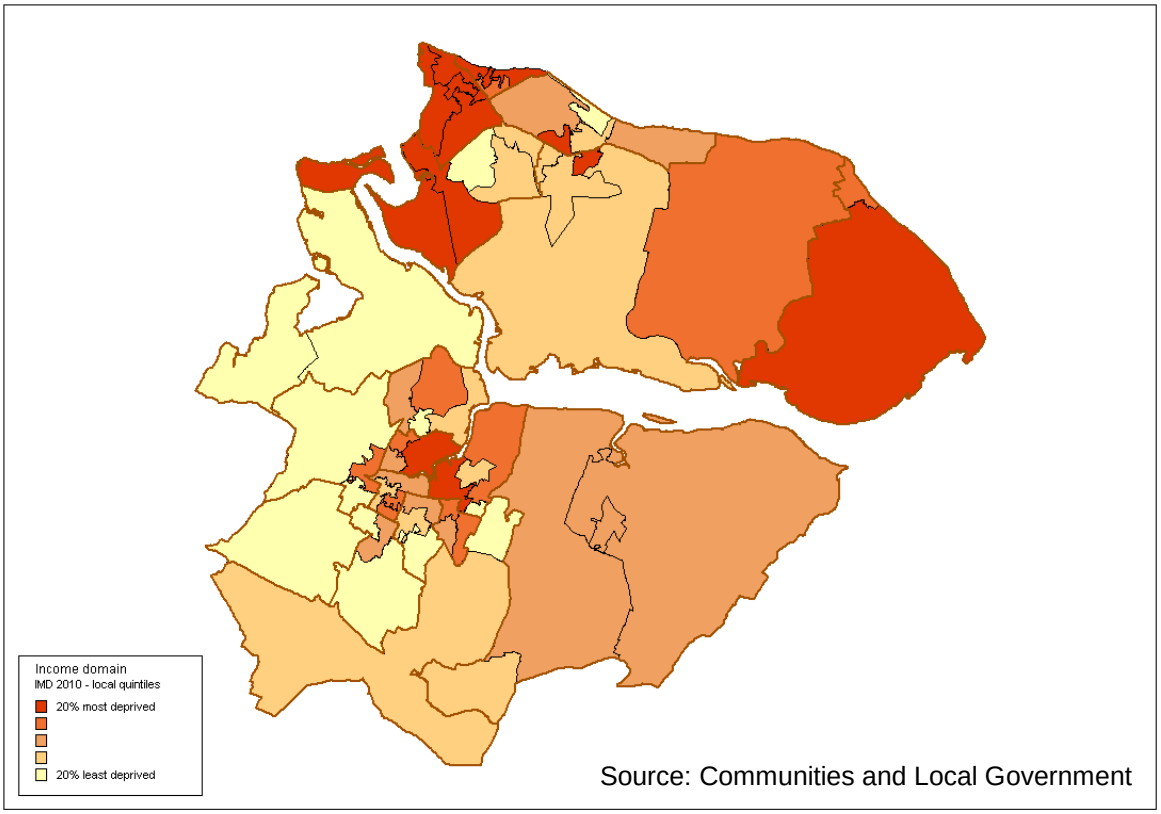
Health inequalities through measurement of the social determinants of health in the Swale CCG area

Figure 16 - Indices of Multiple Deprivation 2010 - local quintiles - LLSOAs in Swale CCG



This analysis describes the distribution of residents of the Swale CCG area by reference to their socio-economic status. The majority of deprived areas are found on the Isle of Sheppey. However on the main land one part of Murston is also amongst the 20% most deprived. The least deprived areas of Swale CCG are to be found at Iwade and Lower Halstow, Woodstock, West Downs and Borden.

Figure 17 - Indices of Multiple Deprivation 2010 - Income Deprivation - local quintiles - LLSOAs in Swale CCG



Similarly the majority of areas that are the most income deprived are to be found on the Isle of Sheppey. On the main land parts of Milton Regis and Murston are also amongst the 20% most deprived areas.

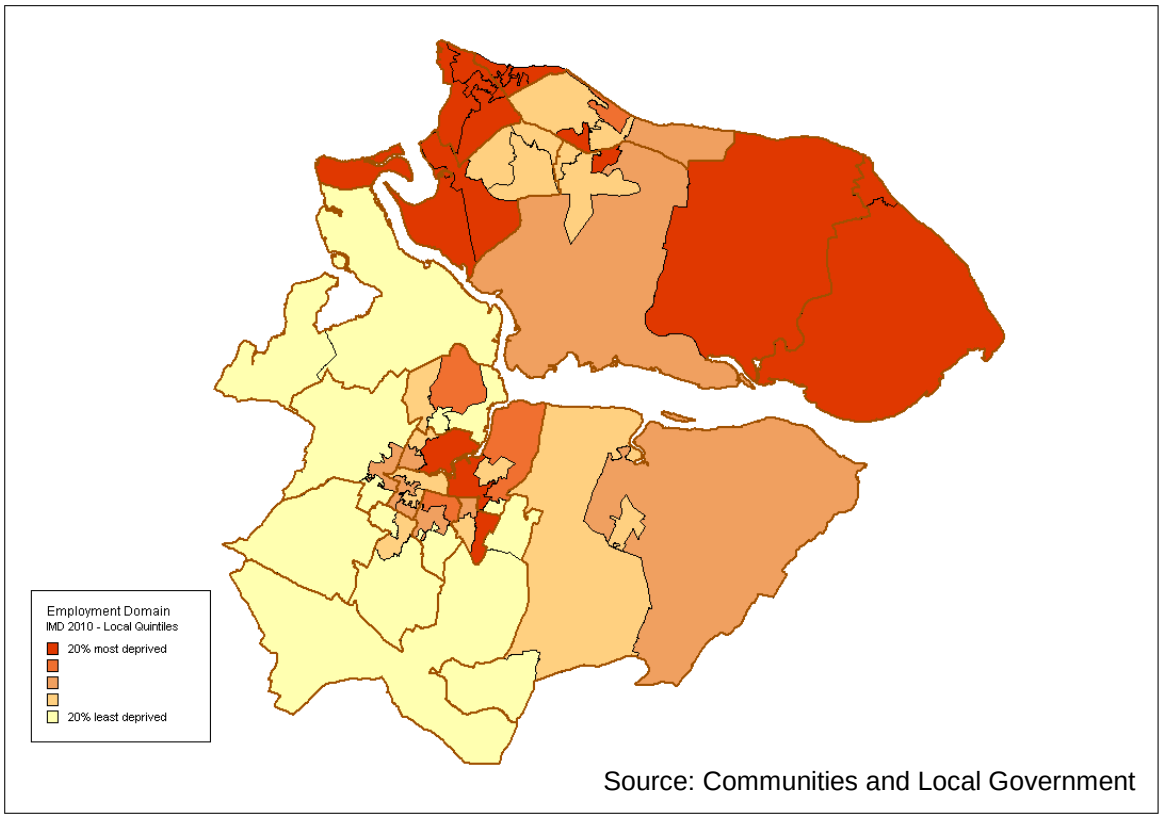
Table 1 – Practice deprivation

	Most deprived		40%		60%		80%		Least deprived		Total practices
	No of practices	%	No of practices	%	No of practices	%	No of practices	%	No of practices	%	
Swale CCG	8	38.1%	8	38.1%	5	23.8%	0	0.0%	0	0.0%	21

Source: IMD 2010

As will be seen on a national basis, there are no practices within the higher two quintiles. However 16 out of the 21 practices are within the two most deprived quintiles.

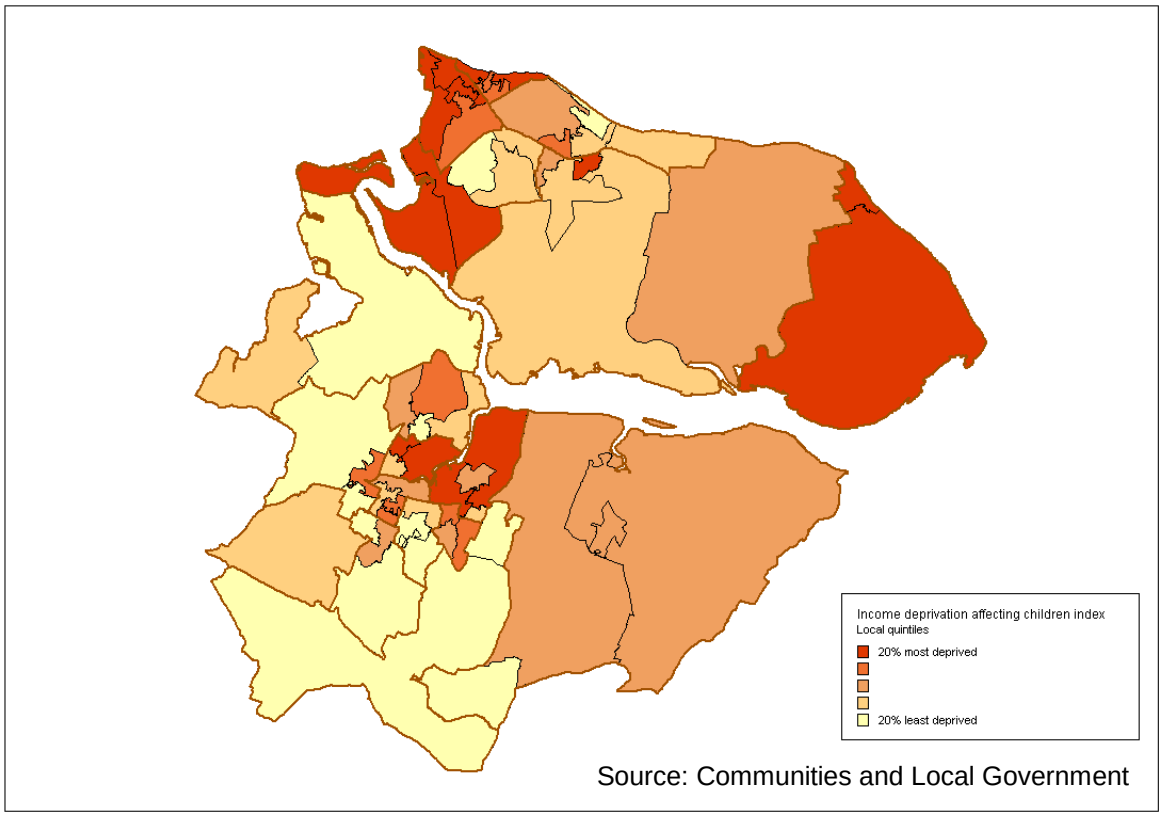
Figure 18 - Indices of Multiple Deprivation 2010 - Employment Domain - local quintiles - LLSOAs in Swale CCG



This is a close reflection of the overall deprivation pattern within the Swale CCG area. Once again the most deprived areas are to be found on the Isle of Sheppey. Seasonal employment will be a contributory factor to this. Parts of Murston, Milton Regis and Roman wards on the main land are also within the 20% most deprived employment domain.

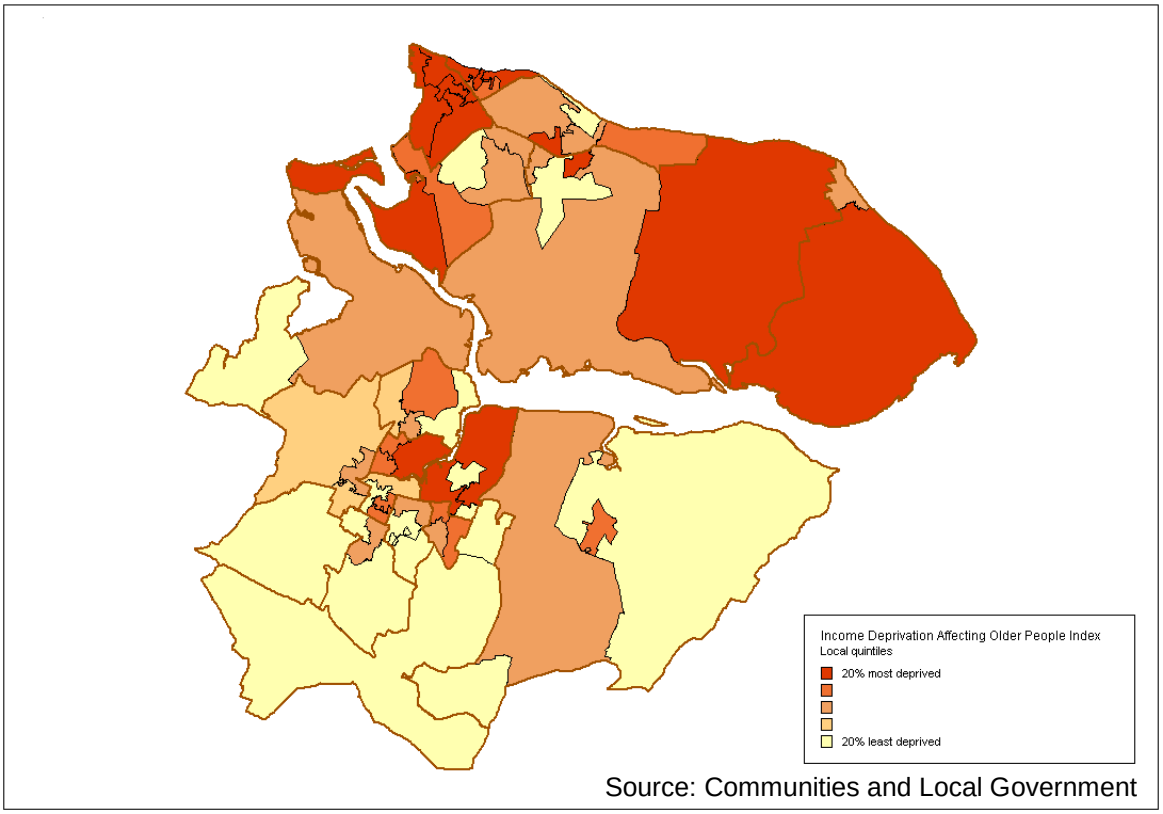
The least deprived 20% are all in the western part of the CCG area and include the rural areas such as Borden, West Downs and Iwade and Lower Halstow wards.

Figure 19 - Indices of Multiple Deprivation 2010 - Income Deprivation Affecting Children Index - local quintiles - LLSOAs in Swale CCG



In respect of children, there are more areas on the mainland that are within the 20% most deprived in comparison to the overall deprivation profile although the Isle of Sheppey still has the majority of areas amongst the most deprived.

Figure 20 - Indices of Multiple Deprivation 2010 - Income Deprivation Affecting Older People Index - local



quintiles - LLSOAs in Swale CCG

The prime measure here is the extent to which there are sufficient concentrations of older people whose primary dependency is upon state pensions alone. The lack of income in later years is a useful proxy for identifying people at greater risk of early onset chronic disease. Again the majority of older people affected by income deprivation are to be found on the Isle of Sheppey although there are parts of Murston, Kemsley and Milton Regis also affected.

Table 2 - Income deprivation affecting older people index

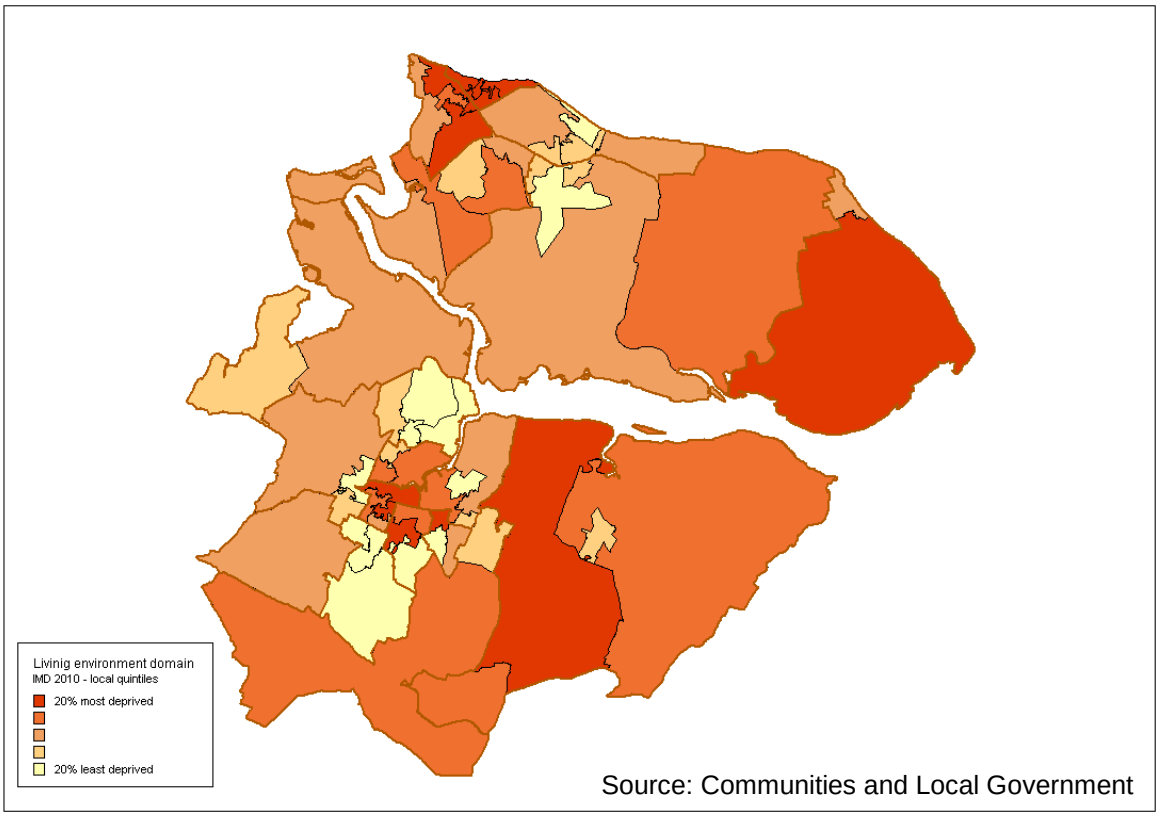
	Most deprived		40%		60%		80%		Least deprived		Total practices
	No of practices	%	No of practices	%	No of practices	%	No of practices	%	No of practices	%	
Swale CCG	7	33.3%	4	19.0%	7	33.3%	3	14.3%	0	0.0%	21

Source: IMD 2010

Index Affecting Older People (IDAOP) is a subset of the Index of Multiple Deprivation (IMD), the pattern of deprivation is broadly similar to that of the overall score. The number of practices within the 40% most deprived areas has reduced from 13 to 10, with 6 practices now within the 40% least deprived.

There are no practices to be found in the least deprived 20%; however a third of practices are in the most deprived areas for income deprivation affecting older people.

Figure 21 - IMD 2010 - Living Environment Domain - Local quintiles - LLSOAs in Swale CCG



This domain from the Index of Multiple Deprivation measures the physical and financial accessibility of housing and key local services. The indicators fall into two sub-domains: 'geographical barriers' which relate to the physical proximity of local services and 'wider barriers' which include issues relating to access to housing such as affordability. Seven indicators are combined to calculate this domain.

Wider barriers:

- Household overcrowding – the proportion of households within an LSO which are judged to have insufficient space to meet the household's needs;
- Homelessness – the rate of acceptances for housing assistance under the homelessness provisions of the 1996 Housing Act (at local authority district level);
- Difficulty of access to owner-occupation (local authority district level) – proportion of households aged under 35 whose income means they are unable to afford to enter owner occupation.

Geographical barriers:

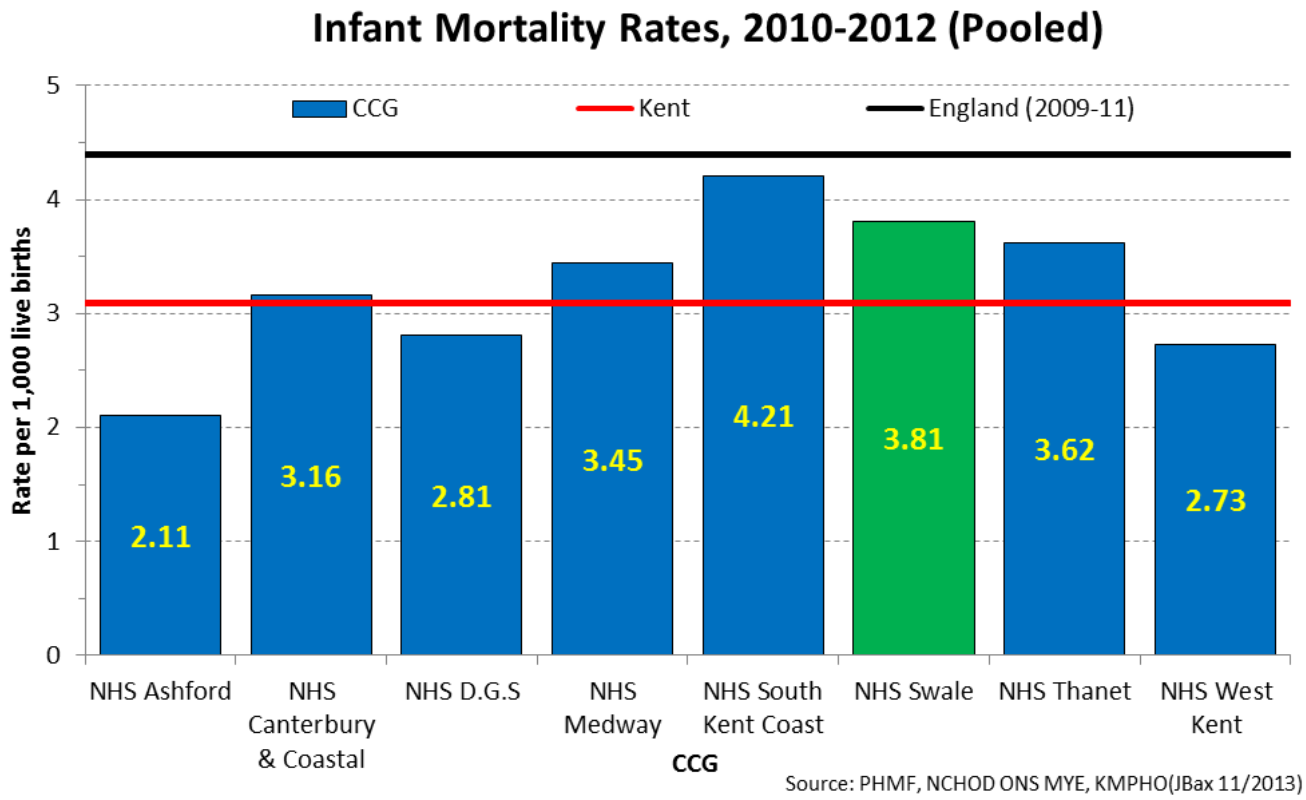
- Road distance to a GP surgery;
- Road distance to a supermarket or convenience store;
- Road distance to a primary school'
- Road distance to a post office.

What therefore is being measured is the extent of spatial and service isolation and thus factors which may have some dilatory influence on positive mental health.

This analysis offers a perspective that is counter to many of the other cartographic descriptions of deprivation but not all. Housing issues such as overcrowding and homelessness are both still found in all of the major centres of populations. On the other hand, the distance from location of basic services and amenities is also reflected in the extensive rural parts of the Swale CCG area.

Children

Figure 22 - Infant mortality rate, 2010 - 2012 (pooled) – Kent CCGs



The Swale CCG area has the second highest infant mortality rate in comparison to the other CCG's in Kent. Although it's higher than the rate for Kent it's still below the England rate for 2009-11 (Most recently available)

Figure 23 - Infant mortality trends 2002-2012

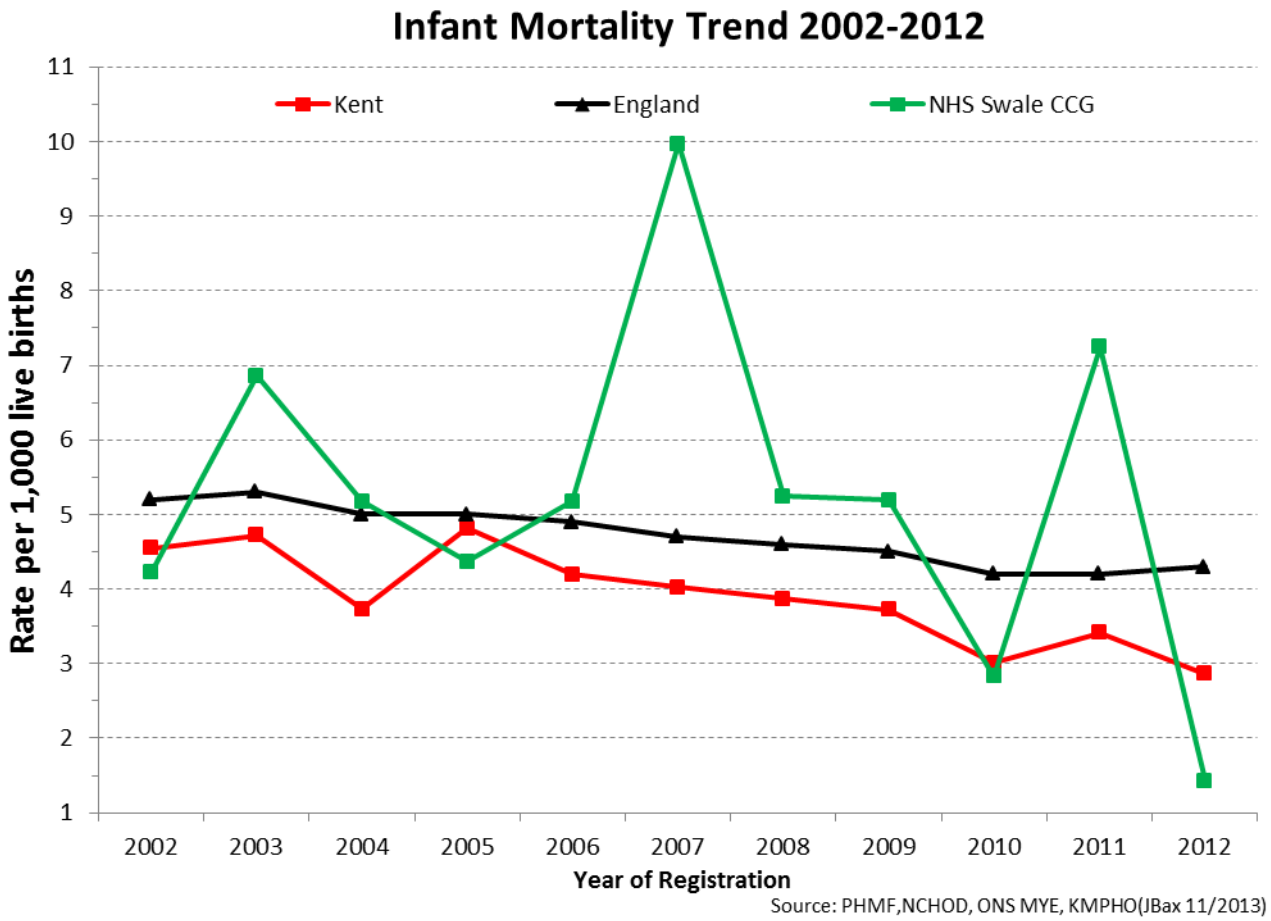
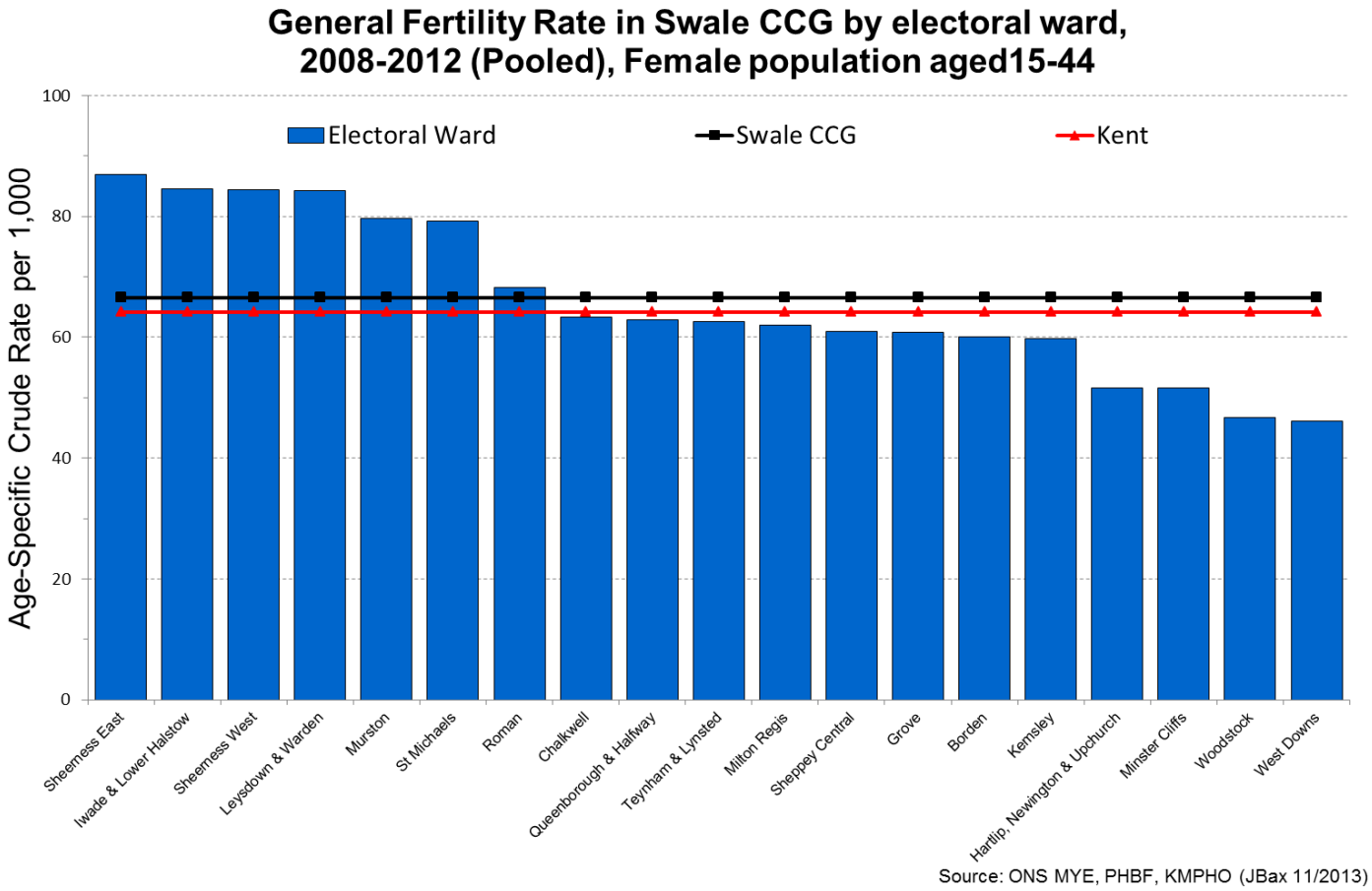


Figure 23 shows huge variation on the Swale IMR trend in comparison to the England and Kent averages. In 2005, the rate was below the England average, whereas in 2007 it was considerably higher; and again in 2011. This may be due to the relatively low numbers of infant deaths.

General Fertility Rate

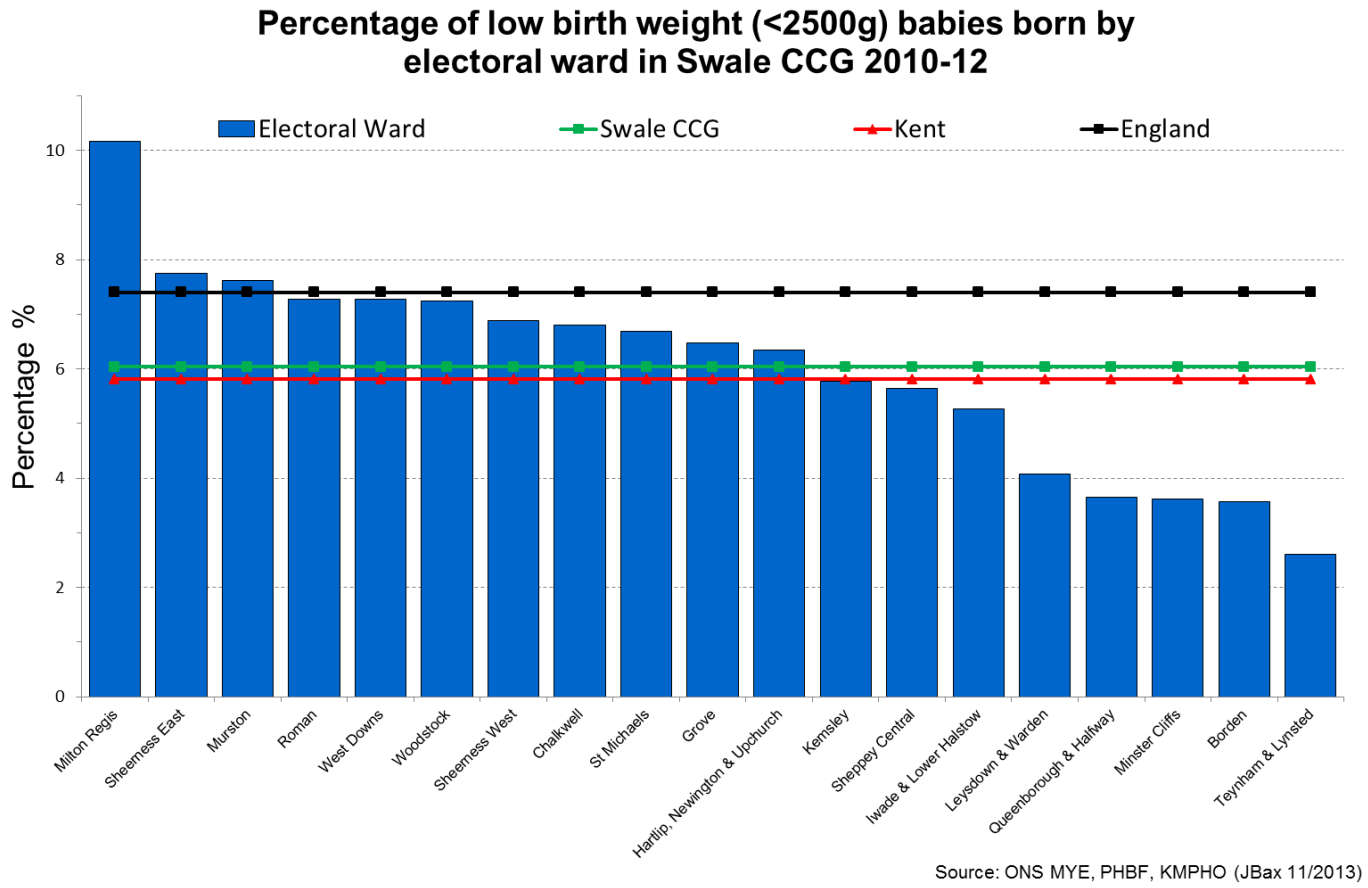
Figure 24 - General Fertility Rate 2008-2012 by electoral ward for Swale CCG - Numbers of live births per 1,000 female population aged 15-44



The lowest fertility rates are in areas that have relatively lower levels of deprivation (Woodstock, West Downs and Minster Cliffs). Conversely areas that are more deprived have a higher general fertility rate (Sheerness East & West, Murston and Leysdown & Warden). The one exception is Iwade and Lower Halstow which is a relatively affluent ward but has a higher proportion of young families.

Low Birth Weight

Figure 25 - Percentage of low birth weight (<250g) babies born by electoral ward in Swale CCG, 2010-12



The pattern of low birth weight in the Swale CCG area appears to be at variance with the classic causal attribution of relative deprivation and teenage parenthood. The latter is only demonstrated by reference to Sheerness East, Milton Regis and Murston.

Breast feeding

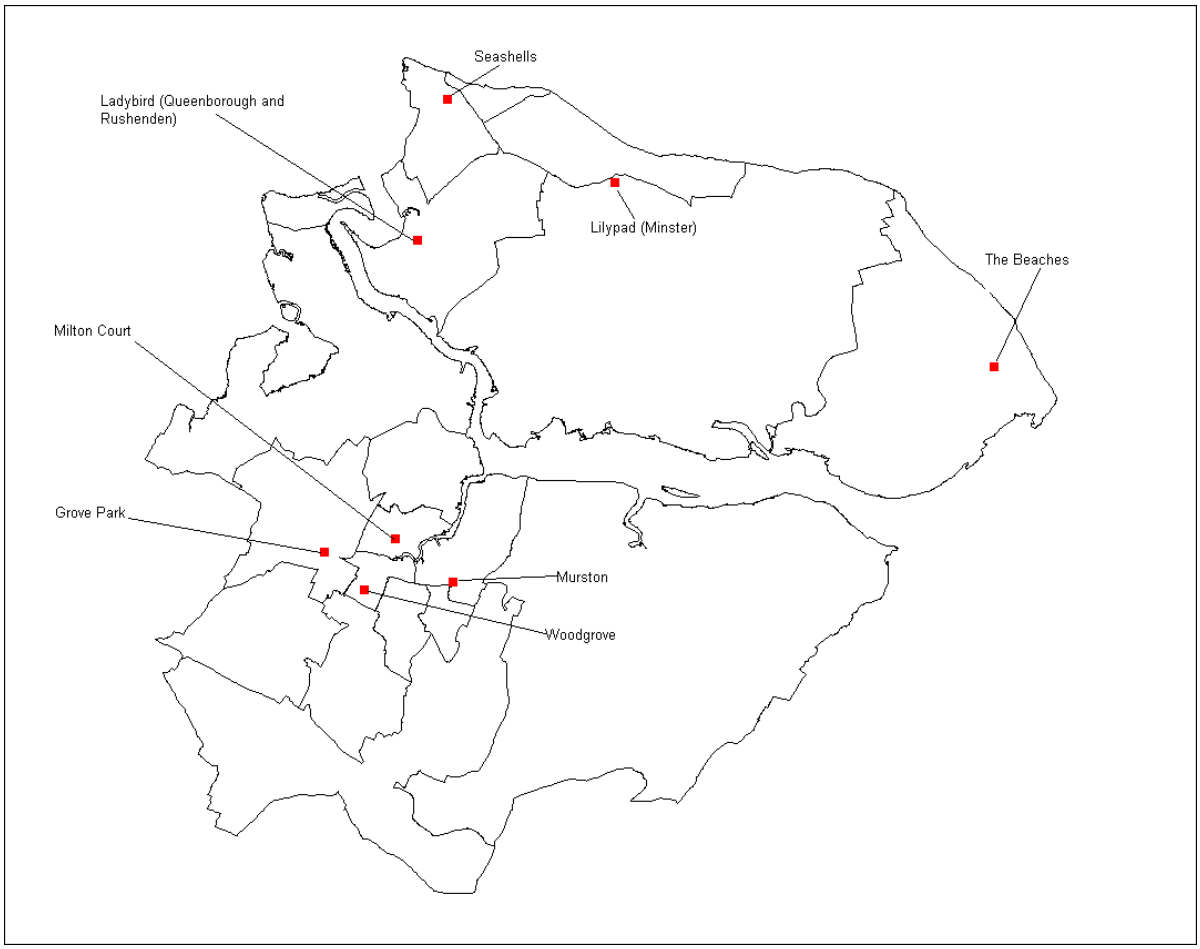
Table 3 – 6-8 week breast feeding status 2012/13

6-8 week breast feeding status by mother's CCG of residence - 2012/13

Area	Quarter 2012/13	Number of Maternities	Number of breastfed infants	Number of part breastfed infants	Number of infants not breastfed (artificial)	Number of Infants where status is unknown	Prevalence of Breast feeding	% coverage
Swale CCG	1	380	74	36	228	42	28.9%	88.9%
	2	363	48	26	231	58	20.4%	84.0%
	3	357	62	30	251	14	25.8%	96.1%
	4	362	60	26	232	44	23.8%	87.8%
	Total	**1462**	**244**	**118**	**942**	**158**	**24.8%**	**89.2%**
Kent & Medway	1	5550	1521	594	2928	507	38.1%	90.9%
	2	5360	1475	656	2943	286	39.8%	94.7%
	3	5544	1596	695	3023	230	41.3%	95.9%
	4	4985	1196	618	2525	646	36.4%	87.0%
	Total	**21439**	**5788**	**2563**	**11419**	**1669**	**39.0%**	**92.2%**

Table four shows variation between quarters regarding the prevalence of breast feeding (28.9% for quarter one, 20.4% for quarter two etc.). This could be related to the variation in coverage which fluctuates over the course of the year. Generally the prevalence & coverage rates are lower than the Kent average.

Figure 26 - Approximate locations of children's centres in Swale CCG area



The monitoring of child health is in accordance with the national Healthy Child programme. This programme is conceived in two parts: birth to age five and five to 19. There is internationally-based evidence to show that over the life course, a person's health is fundamentally influenced by influences in the first few months of life and a child's early years (0-3). The delivery of this programme falls significantly to the role of the health visitor working in conjunction with a range of providers of children's services. In recent years there has been a transformation of early years provision through the establishment of children's centres. These are provided on the premise of locale and the reality that children's development is not something that should primarily be medicalised.

The current policy of the Government is to re-build the profession of health visitor and to expand their numbers. Locally the importance of health visitors has been consistently recognised and a reduction in numbers has not been tolerated in the way that has been the case in some other parts of the County. In the short term the delivery of the health visitor programme will fall to the NHS Commissioning Board and at the completion of the programme (2015) the commissioning of these services will be transferred to local authorities, re-confirming an historic (pre 1974) position.

Health visitor practise is seen to be crucial in the context of the role of children's centres and thus health visitors will primarily be based in such centres. It is essential that there is effective liaison between health visitors, children's centres and primary care teams and therefore a requirement that each practice has a named health visitor.

Immunisation and Vaccination

Figure 27 - Practice level vaccinations to first birthday

G code	Practice Name	Up to 1st birthday						
		No. of children	DTap/IPV/		Men C		Pneu	
			No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake
Swale CCG		1338	1296	96.9	1289	96.3	1292	96.6
G82023	Sheerness Health Centre (Dr Fahmy)	51	46	90.2	46	90.2	46	90.2
G82026	Grovehurst Surgery	82	82	100.0	82	100.0	82	100.0
G82035	Chestnuts Surgery	119	119	99.0	118	99.2	119	100.0
G82057	St George's Medical Centre	112	112	100.0	112	100.0	112	100.0
G82175	Canterbury Road Surgery	19	19	100.0	19	100.0	19	100.0
G82231	London Road Medical Centre (Dr Wilcox)	95	93	97.9	93	97.9	93	97.9
G82634	Saffron Way Health Centre	86	83	96.5	83	96.5	82	95.3
G82663	Hollybank Surgery (Dr Matha) - Merged with Y01009	18	17	94.4	17	94.4	17	94.4
G82667	Teynham Medical Centre	14	14	100.0	14	100.0	14	100.0
G82671	Iwade Health Centre	89	85	95.5	85	95.5	85	95.5
G82682	Om Medical Centre	65	59	90.8	59	90.8	59	90.8
G82686	Minster Medical Centre	72	72	100.0	72	100.0	72	100.0
G82687	Sheerness Health Centre (Dr Witts)	63	49	77.8	49	77.8	49	77.8
G82693	Memorial Medical Centre	152	150	98.7	146	96.1	147	96.7
G82698	London Road Surgery (Teynham)	15	13	86.7	13	86.7	13	86.7
G82702	Milton Regis Surgery	24	24	100.0	24	100.0	24	100.0
G82757	Lakeside Medical Centre	29	29	100.0	29	100.0	29	100.0
G82791	Sheerness Health Centre (Dr Chandran)	51	50	98.0	50	98.0	50	98.0
G82799	Healthy Living Centre (Sheppey)	37	36	97.3	36	97.3	36	97.3
Y01009	Hollybank Surgery	28	27	96.4	26	92.9	27	96.4
Y02506	Sheppey NHS Health Centre Plover Rd	117	117	100.0	116	99.1	117	100.0

Source:

Child Health Computer

Figure 28 - Practice level vaccinations to second birthday

G code	Practice Name	Up to 2nd birthday primaries								Up to 2nd birthday			
		No. of children	Dtap/IPV/		MMR 1		Men C		Pneu		Hib/MenC		Pneu	
			No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake
Swale CCG		1375	1349	98.1	1321	96.1	1338	97.3	1349	98.1	1321	96.1	1326	96.4
G82023	Sheerness Health Centre (Dr Fahmy)	68	64	94.1	63	92.6	63	92.6	64	94.1	62	91.2	63	92.6
G82026	Grovehurst Surgery	82	82	100.0	81	98.8	82	100.0	82	100.0	81	98.8	81	98.8
G82035	Chestnuts Surgery	98	98	100.0	97	99.0	96	98.0	97	99.0	95	96.9	96	98.0
G82057	St George's Medical Centre	125	123	98.4	121	96.8	122	97.6	123	98.4	120	96.0	121	96.8
G82175	Canterbury Road Surgery	21	21	100.0	20	95.2	20	95.2	21	100.0	21	100.0	21	100.0
G82231	London Road Medical Centre (Dr Wilcox)	89	89	100.0	86	96.6	88	98.9	89	100.0	87	97.8	88	98.9
G82634	Saffron Way Health Centre	97	94	96.9	88	90.7	93	95.9	95	97.9	91	93.8	89	91.8
G82663	Hollybank Surgery (Dr Matha) - Merged with Y01009	26	24	92.3	25	96.2	24	92.3	24	92.3	23	88.5	23	88.5
G82667	Teynham Medical Centre	17	16	94.1	17	100.0	16	94.1	16	94.1	16	94.1	16	94.1
G82671	Iwade Health Centre	96	96	100.0	95	99.0	95	99.0	96	100.0	96	100.0	96	100.0
G82682	Om Medical Centre	84	77	91.7	73	86.9	77	91.7	77	91.7	73	86.9	75	89.3
G82686	Minster Medical Centre	73	73	100.0	72	98.6	72	98.6	73	100.0	72	98.6	73	100.0
G82687	Sheerness Health Centre (Dr Witts)	61	59	96.7	54	88.5	59	96.7	59	96.7	55	90.2	55	90.2
G82693	Memorial Medical Centre	163	163	100.0	161	98.8	162	99.4	163	100.0	163	100.0	163	100.0
G82698	London Road Surgery (Teynham)	18	17	94.4	17	94.4	17	94.4	17	94.4	16	88.9	17	94.4
G82702	Milton Regis Surgery	30	30	100.0	30	100.0	30	100.0	30	100.0	30	100.0	30	100.0
G82757	Lakeside Medical Centre	24	24	100.0	24	100.0	24	100.0	24	100.0	24	100.0	24	100.0
G82791	Sheerness Health Centre (Dr Chandran)	59	56	94.9	55	93.2	56	94.9	56	94.9	55	93.2	53	89.8
G82799	Healthy Living Centre (Sheppey)	30	29	96.7	29	96.7	28	93.3	29	96.7	29	96.7	29	96.7
Y01009	Hollybank Surgery	25	25	100.0	25	100.0	25	100.0	25	100.0	25	100.0	25	100.0
Y02506	Sheppey NHS Health Centre Plover Rd	89	89	100.0	88	98.9	89	100.0	89	100.0	87	97.8	88	98.9

Source: Child Health Computer

Figure 29 - Practice level vaccinations to fifth birthday

G code	Practice Name	Up to 5th birthday primaries								Up to 5th birthday boosters							
		No. of children	Dtap/IPV/		MMR 1		Men C		Pneu		DTPP		MMR 2		Hib/Men C		Pneu	
			No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake	No. Vaccinated	% Uptake
Swale CCG		1292	1258	97.4	1252	96.9	1225	94.8	1236	95.7	1235	95.6	1208	93.5	1230	95.2	1187	91.9
G82023	Sheerness Health Centre (Dr Fahmy)	49	47	95.9	48	98.0	47	95.9	46	93.9	44	89.8	44	89.8	46	93.9	42	85.7
G82026	Grovehurst Surgery	71	71	100.0	69	97.2	71	100.0	70	98.6	71	100.0	68	95.8	71	100.0	67	94.4
G82035	Chestnuts Surgery	111	110	99.1	110	99.1	107	96.4	108	97.3	109	98.2	108	97.3	108	97.3	106	95.5
G82057	St George's Medical Centre	98	96	98.0	96	98.0	93	94.9	95	96.9	93	94.9	92	93.9	94	95.9	90	91.8
G82175	Canterbury Road Surgery	27	27	100.0	27	100.0	22	81.5	23	85.2	26	96.3	26	96.3	24	88.9	22	81.5
G82231	London Road Medical Centre (Dr Wilcox)	87	86	98.9	85	97.7	86	98.9	84	96.6	84	96.6	83	95.4	84	96.6	83	95.4
G82634	Saffron Way Health Centre	91	88	96.7	87	95.6	84	92.3	86	94.5	85	93.4	85	93.4	86	94.5	84	92.3
G82663	Hollybank Surgery (Dr Matha) - Merged with Y01009	14	14	100.0	14	100.0	14	100.0	14	100.0	14	100.0	14	100.0	14	100.0	14	100.0
G82667	Teynham Medical Centre	19	17	89.5	17	89.5	16	84.2	18	94.7	18	94.7	17	89.5	17	89.5	17	89.5
G82671	Iwade Health Centre	129	126	97.7	124	96.1	124	96.1	125	96.9	123	95.3	120	93.0	126	97.7	122	94.6
G82682	Om Medical Centre	64	61	95.3	60	93.8	60	93.8	61	95.3	60	93.8	58	90.6	61	95.3	58	90.6
G82686	Minster Medical Centre	63	63	100.0	63	100.0	61	96.8	61	96.8	57	90.5	55	87.3	61	96.8	58	92.1
G82687	Sheerness Health Centre (Dr Witts)	45	42	93.3	42	93.3	42	93.3	42	93.3	40	88.9	41	91.1	39	86.7	42	93.3
G82693	Memorial Medical Centre	137	133	97.1	133	97.1	124	90.5	129	94.2	132	96.4	131	95.6	128	93.4	124	90.5
G82698	London Road Surgery (Teynham)	21	21	100.0	21	100.0	21	100.0	20	95.2	20	95.2	20	95.2	21	100.0	20	95.2
G82702	Milton Regis Surgery	35	34	97.1	33	94.3	34	97.1	34	97.1	32	91.4	32	91.4	34	97.1	33	94.3
G82757	Lakeside Medical Centre	36	34	94.4	34	94.4	32	88.9	33	91.7	35	97.2	30	83.3	33	91.7	30	83.3
G82791	Sheerness Health Centre (Dr Chandran)	59	57	96.6	57	96.6	57	96.6	57	96.6	58	98.3	56	94.9	54	91.5	54	91.5
G82799	Healthy Living Centre (Sheppey)	44	42	95.5	42	95.5	42	95.5	42	95.5	42	95.5	40	90.9	41	93.2	40	90.9
Y01009	Hollybank Surgery	18	18	100.0	17	94.4	17	94.4	18	100.0	18	100.0	16	88.9	17	94.4	18	100.0
Y02506	Sheppey NHS Health Centre Plover Rd	74	71	95.9	73	98.6	71	95.9	70	94.6	74	100.0	72	97.3	71	95.9	63	85.1

Source: Child Health Computer

The national Childhood Immunisation programme is an essential part of protecting children's health. Low vaccine up-take puts children at risk. The right to be offered immunisation is enshrined in the NHS Constitution. Lower than acceptable levels of immunisation in east Kent were reviewed by a National Support Team in 2010 who made 29 detailed recommendations. The strategic aim is:

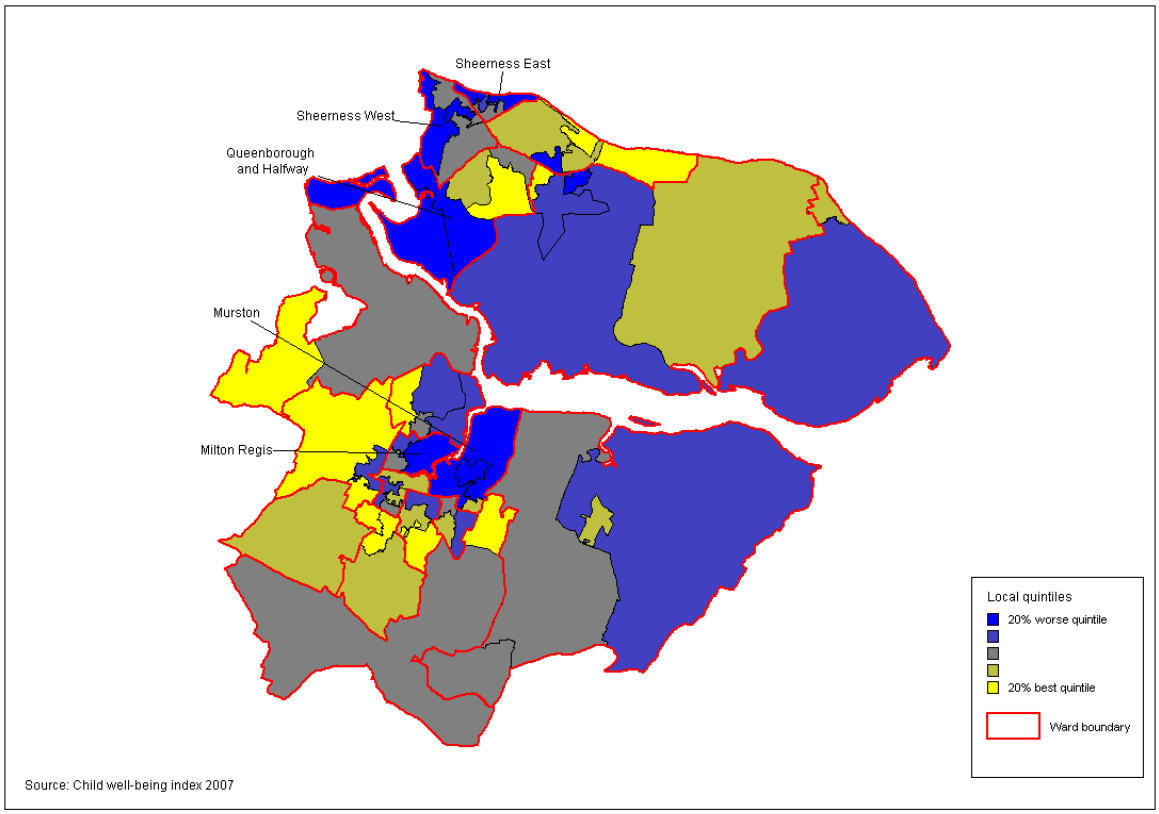
- To achieve herd immunity (95%+) in the population through increased uptake of immunisation;
- To ensure immunisation services are equitable and accessible;
- To provide a high quality standardised immunisation service;
- To ensure the implementation of NICE guidance relating to immunisation.

Clearly Swale CCG practices demonstrate mixed rates which highlights the need to keep focused on effective immunisation to achieve optimal rates.

Notwithstanding that higher rates of MMR have been achieved since the dis-information of risk affected people's confidence, the England recommended rate has not been reached in the Swale CCG area.

Child wellbeing – health overview

Figure 30 - Child Wellbeing Index 2007 - Health and disability scores in the Swale CCG area



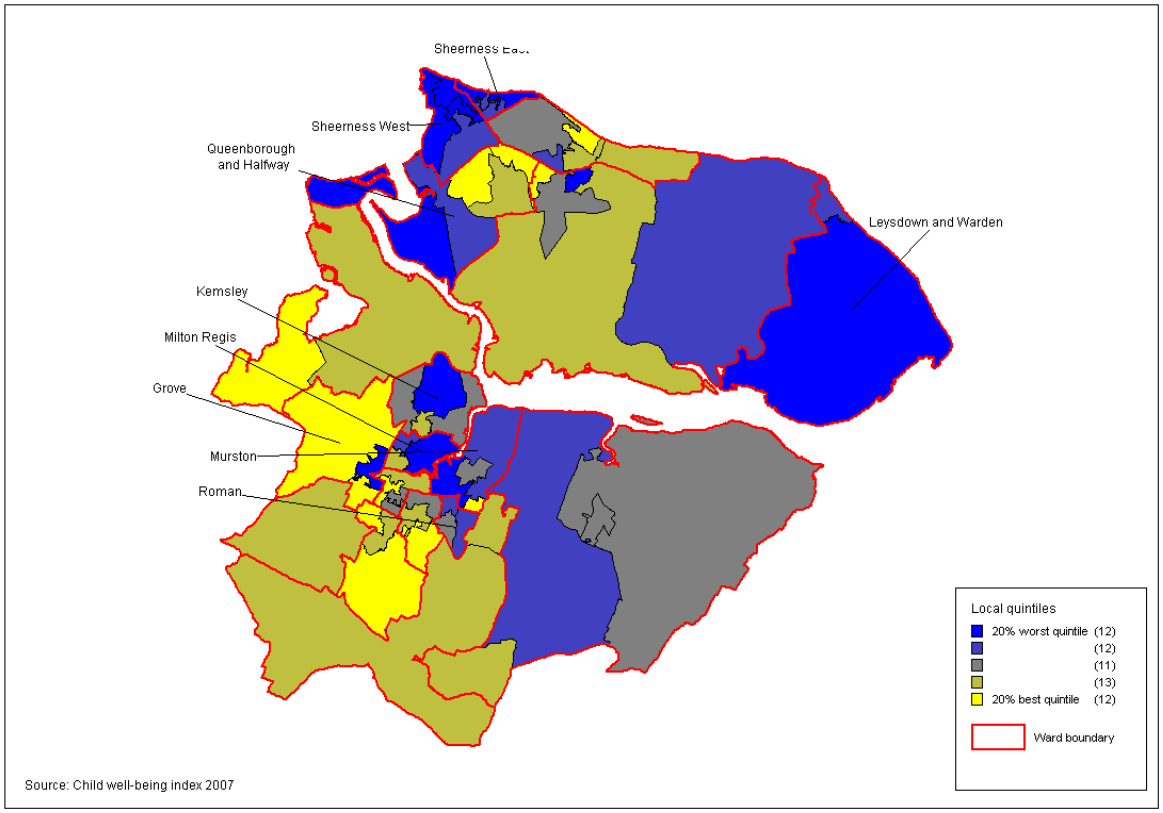
This is a mapped overall summary of children's health drawn from a specific field of children's indicators of wellbeing based on a variant of the Index of Multiple Deprivation as published in 2007. It covers for this purpose:

- All emergency admissions to hospital for children aged 0-18 as a proportion of all children aged 0-18 in each LSOA. (Source: Hospital Episode Statistics for England, 2005/6);
- All outpatient hospital attendances for children aged 0-18 as a proportion of all children aged 0-18 in each LSOA. (Source: Hospital Episode Statistics for England, 2005/6);
- The proportion of children aged 0-16 receiving Disabled Living Allowance. (Source: DWP, 2005).

Particular attention should be drawn to a greater proportion of children with poor health and disability found in Sheerness West, Sheerness East, Queenborough and Halfway, Murston and Milton Regis.

Child wellbeing overview – material wellbeing

Figure 31 - Child Wellbeing Index 2007 - Material wellbeing scores in the Swale CCG area

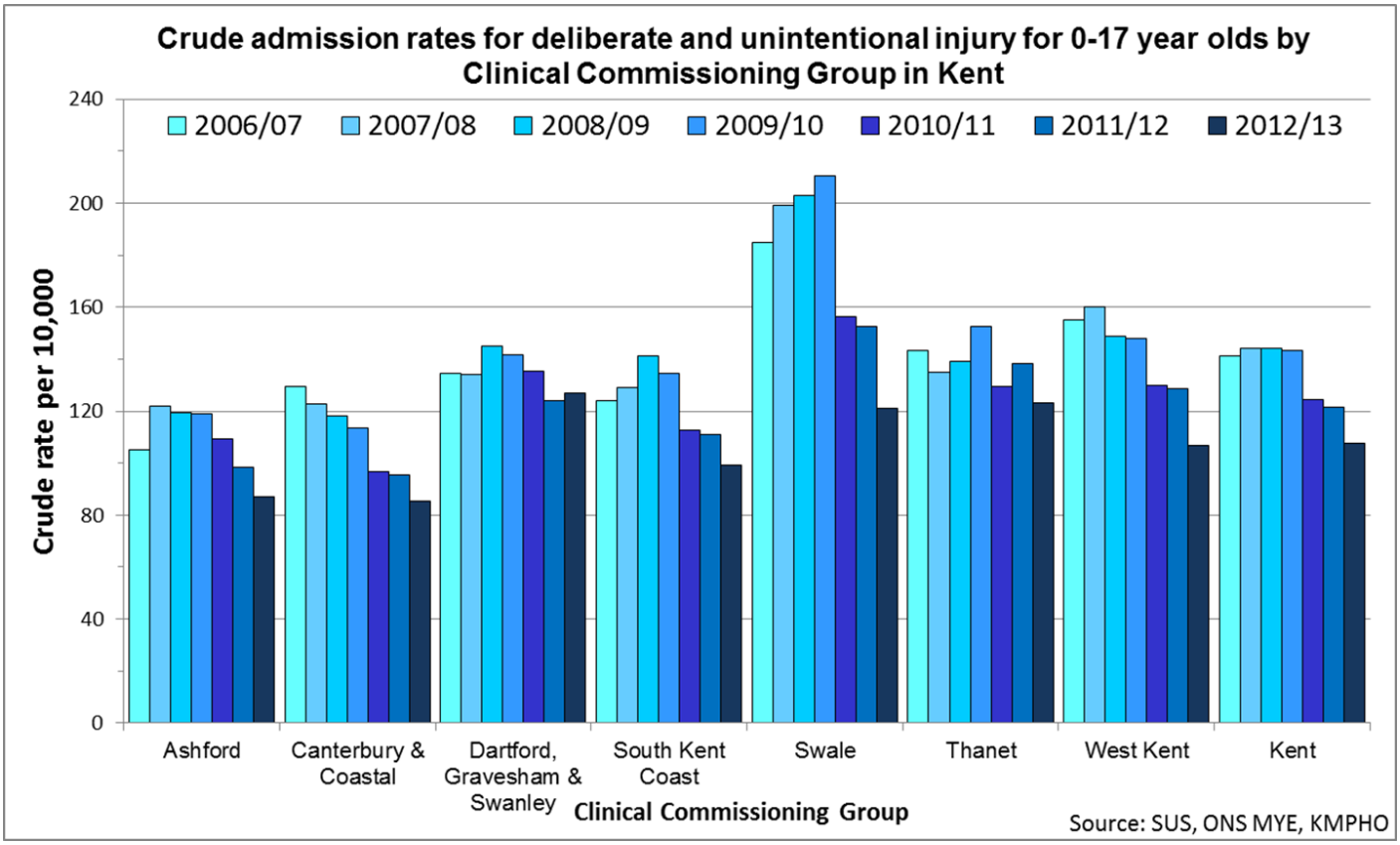


This map describes material wellbeing for children as analysed by a variant of the Index of Multiple Deprivation 2007. Particular note should be taken of Leysdown and Warden, Sheerness West, Queenborough and Halfway, Sheerness East, Kemsley, Milton Regis and Murston.

Children born into poverty are more likely when compared to affluent families, to:

- Die in the first year of life;
- Be born small, or born early, or both;
- Be bottle fed;
- Die from an accident in childhood;
- Smoke and have a parent who smokes;
- Have poor nutrition;
- Become a lone parent;
- Have or father children younger;
- Suffer from mental health problems;
- Die in an accident;
- Die younger.

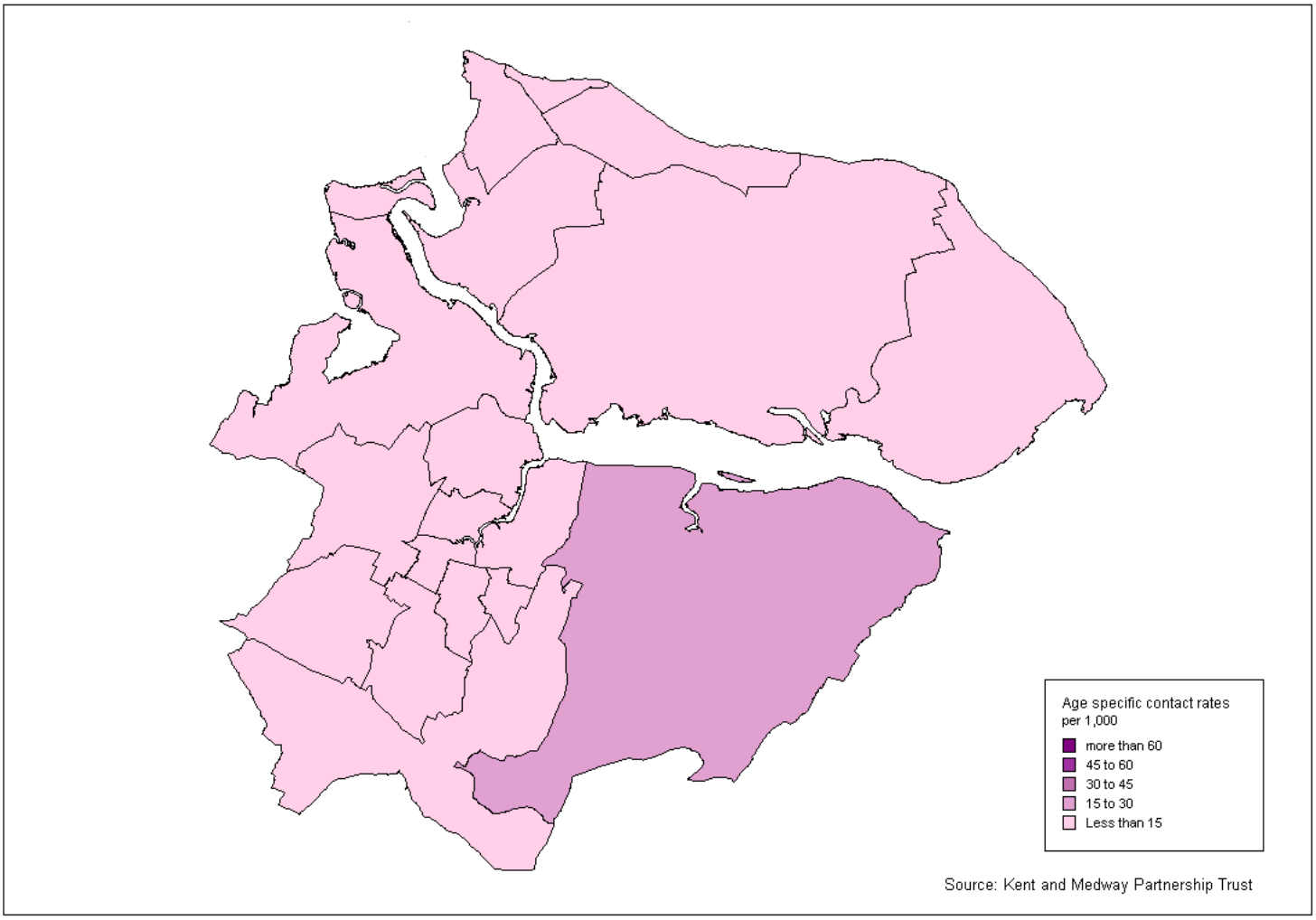
Figure 32 - Crude admission rates for deliberate and unintentional injury for 0-17 year olds by local authority in east Kent



Although Swale has the highest crude rates in comparison to the other CCGs in Kent, overall their rates have dropped considerably since 2010/11.

Child and Adolescent Mental Health Services

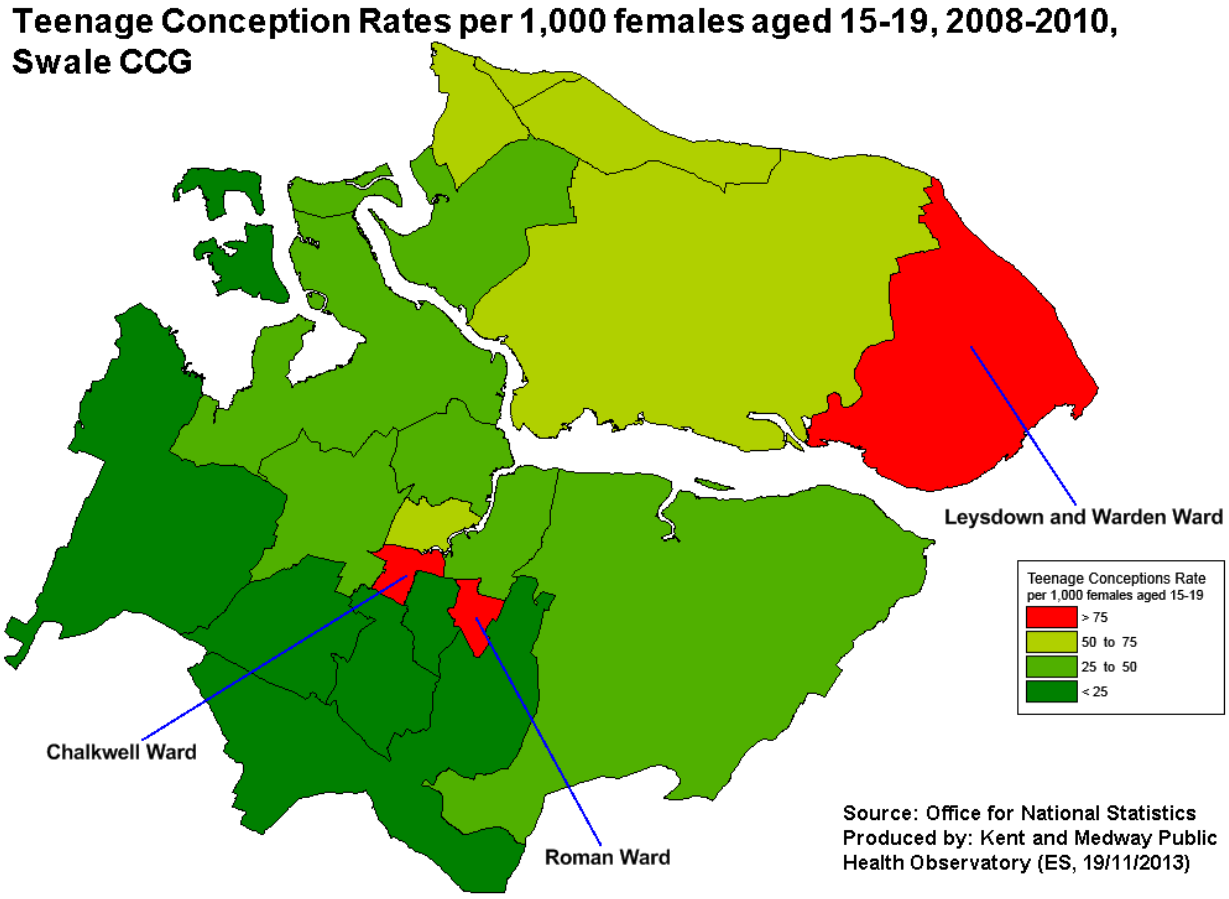
Figure 33 - Age specific CAMHS contact rates for children and young people aged 0-18 by electoral ward of residence



Overall Swale has relatively low age specific contact rates for children and young people aged 0-18.

Teenage Pregnancy

Figure 34 - Teenage conceptions 2007-2009 - Swale CCG area



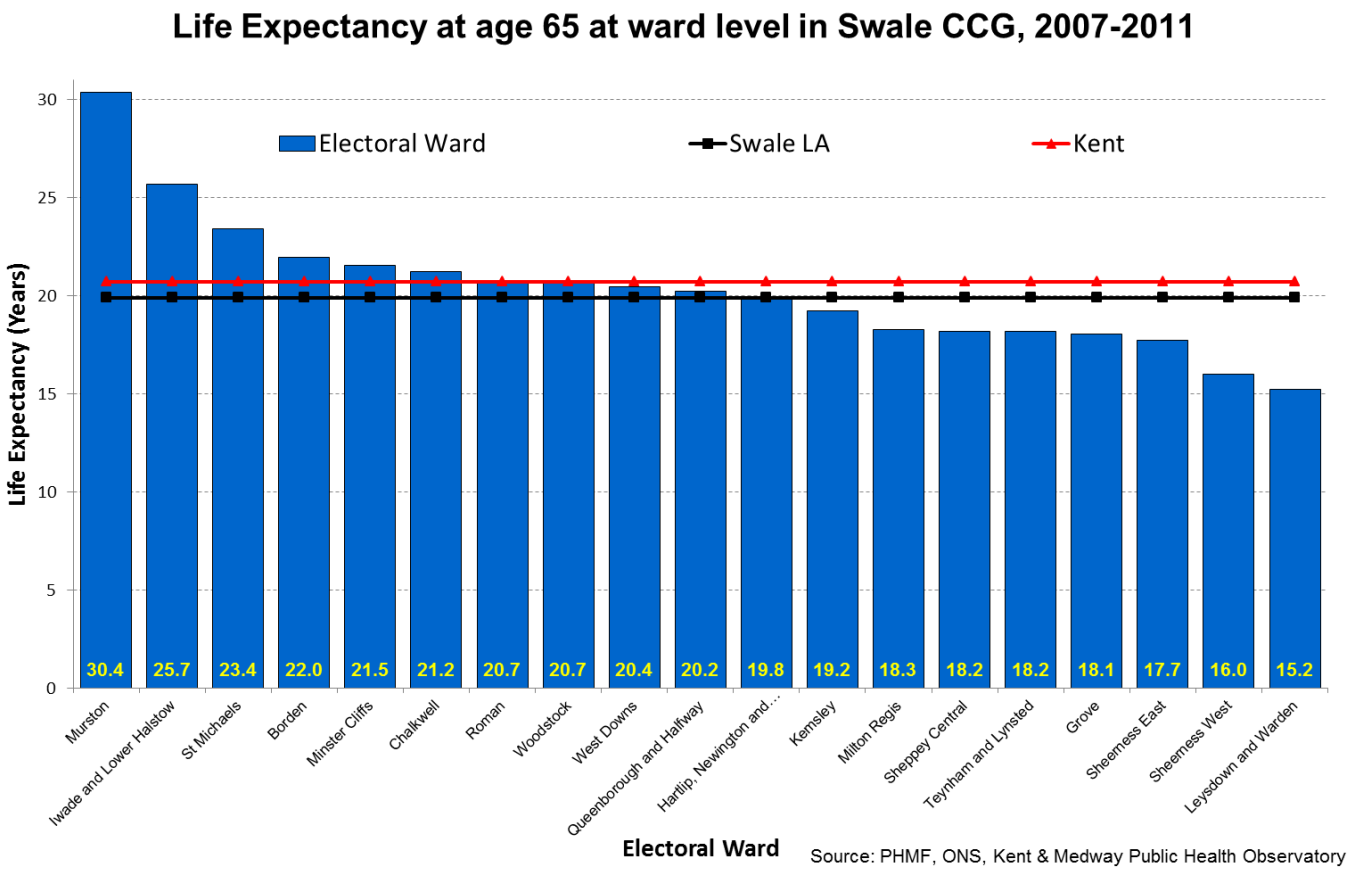
The Swale CCG area has seen a welcome reduction in the rates of teenage pregnancy since the national programme commenced (1998). The national programme finished in 2011 but the Kent strategy is to reduce the rate of teenage conceptions in all districts to fewer than 40 per 1,000 young women under the age of 19 by 2015.

Successful reductions in teenage pregnancy rates are the result of a strategy that combines the availability of sexual health services with working on the wider determinants of good health – largely a partnership issue. Fundamentally the phenomenon of teenage pregnancy is a product of poor aspiration and self-regard amongst young people. The sustained downward trends in rates cannot be presumed to continue as the current national economic situation makes this a very difficult time for young people.

Older People

As the population ages the need for health care increases. People are living longer and managing better with long term conditions.

Figure 35 - Life expectancy at age 65 - 2005-2009 by electoral wards in Swale CCG area



The proportion of the Swale population aged 65+ is 17.3%, 1.9% are over the age of 85+, lower than the proportions for Kent 18.3% and 2.4% respectively.

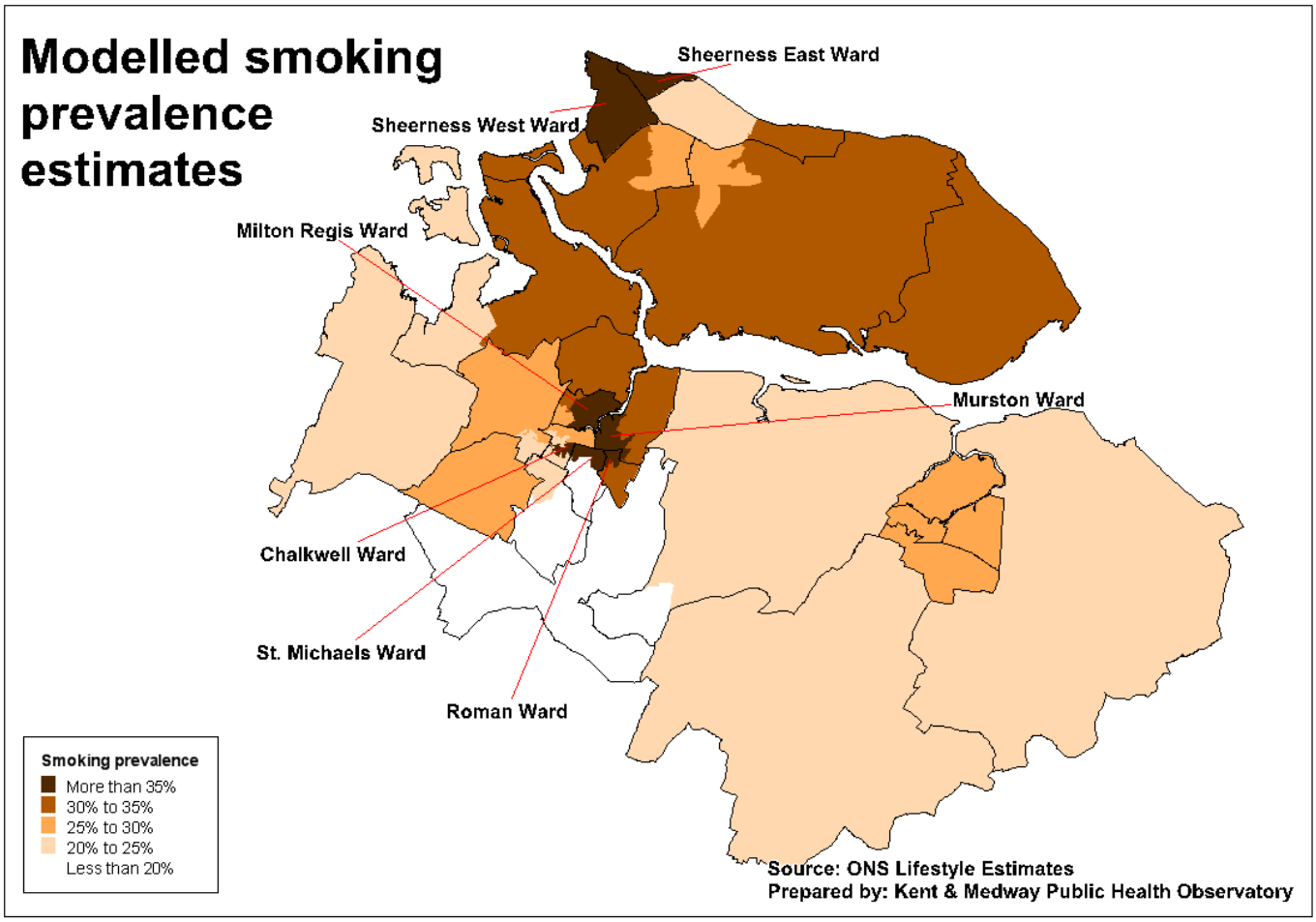
The population of Swale CCG who reach 65 years can expect to live a further 20.5 years compared to 21.1 years for Kent. Swale CCG has the third lowest life expectancy at 65+ of all CCGs.

There are 6 wards in the CCG with a life expectancy at age 65 that is greater than that for Kent.

Risk Factors for Chronic Disease

Smoking Prevalence

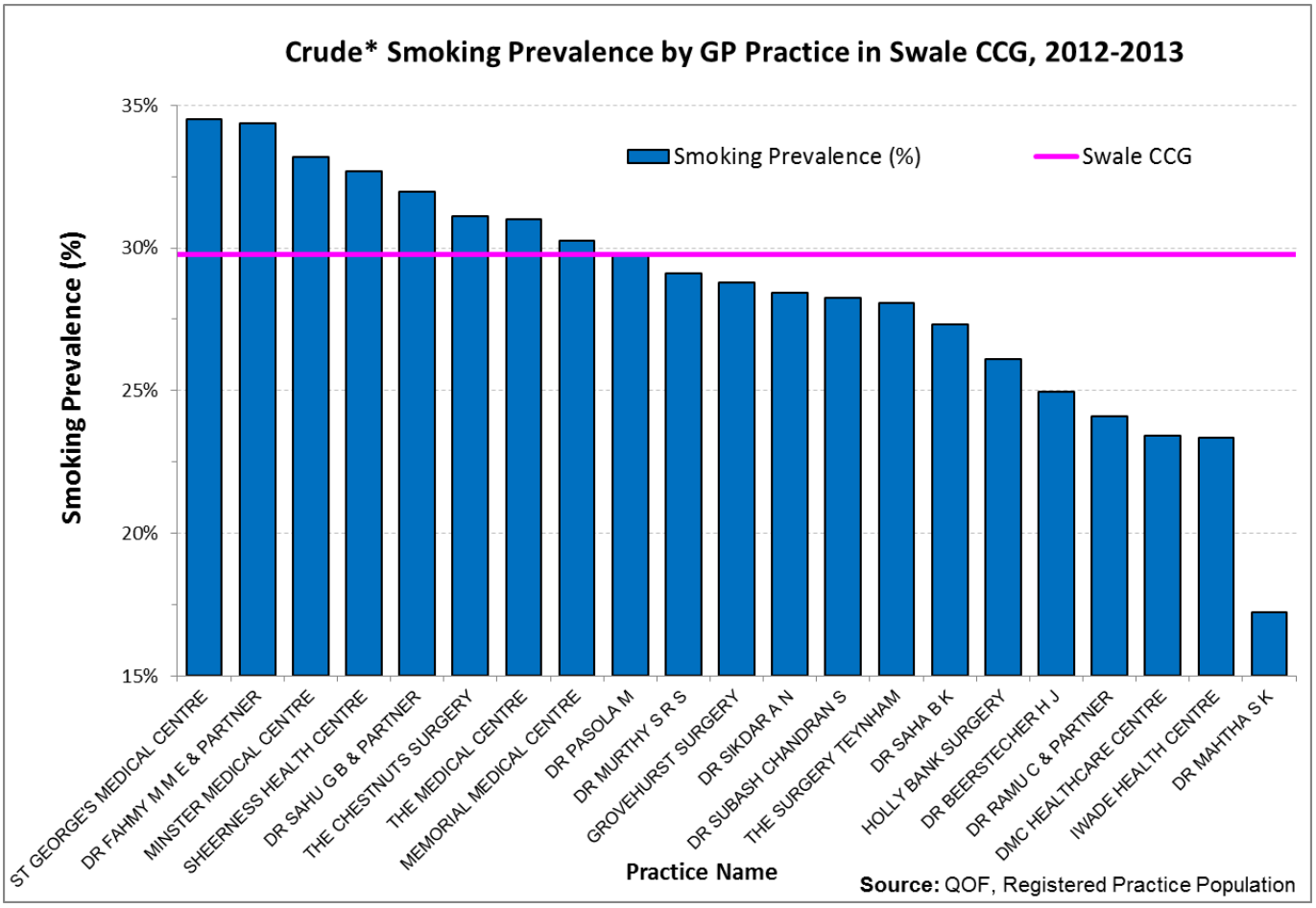
Figure 36 - Modelled smoking prevalence estimates in the Swale CCG area



Smoking rates are highest around central Sittingbourne and Sheerness (over 35%). The lowest rates are to be found south of Sittingbourne (Woodstock, West Downs and St Michaels). The estimated rates are considerably higher than the England estimate of 22.7%, the Kent estimate of 21.3% and the Swale Borough Council area estimate.

Also of especial concern is the rate of smoking during pregnancy. 20% of mothers within the Swale Borough Council area continue to smoke through this period. In this respect, the Swale area and indeed all other parts of east Kent are now classified as a national outlier for poor health.

Figure 37 - Smoking prevalence in 16+ registered population

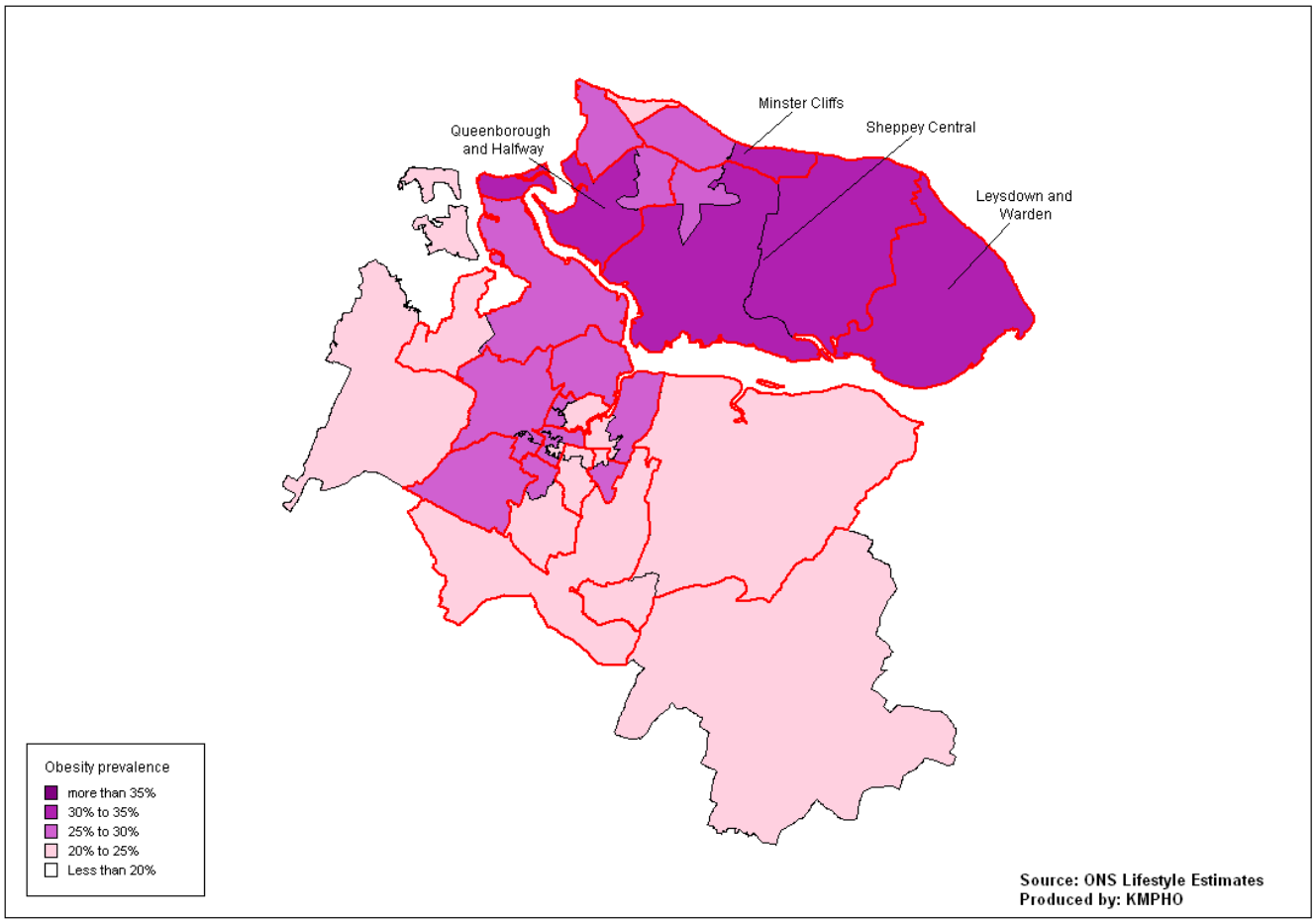


*The crude rates are calculated by dividing the actual number of known smokers into the registered practice population without standardising using the European population estimates.

Important note: The register figure does not represent all patients who smoke, but represents a count of patients noted as smoking within the last 15 months, who also have any combination of the following conditions: coronary heart disease, stroke/TIA, hypertension, diabetes, COPD, asthma. (A patient with more than one of these conditions is counted only once.)

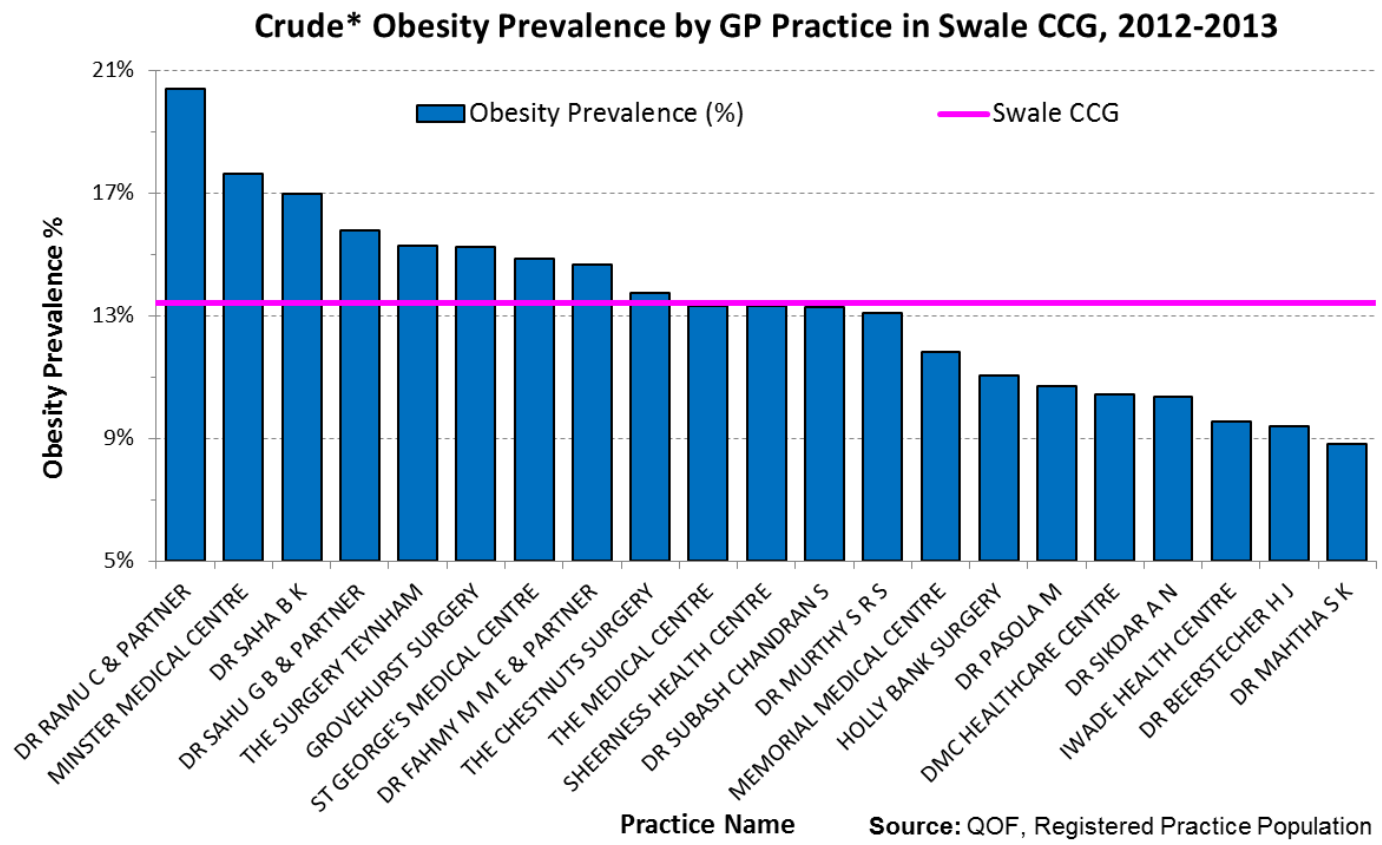
Adult Obesity Prevalence

Figure 38 - Modelled adult obesity prevalence estimates in the Swale District area



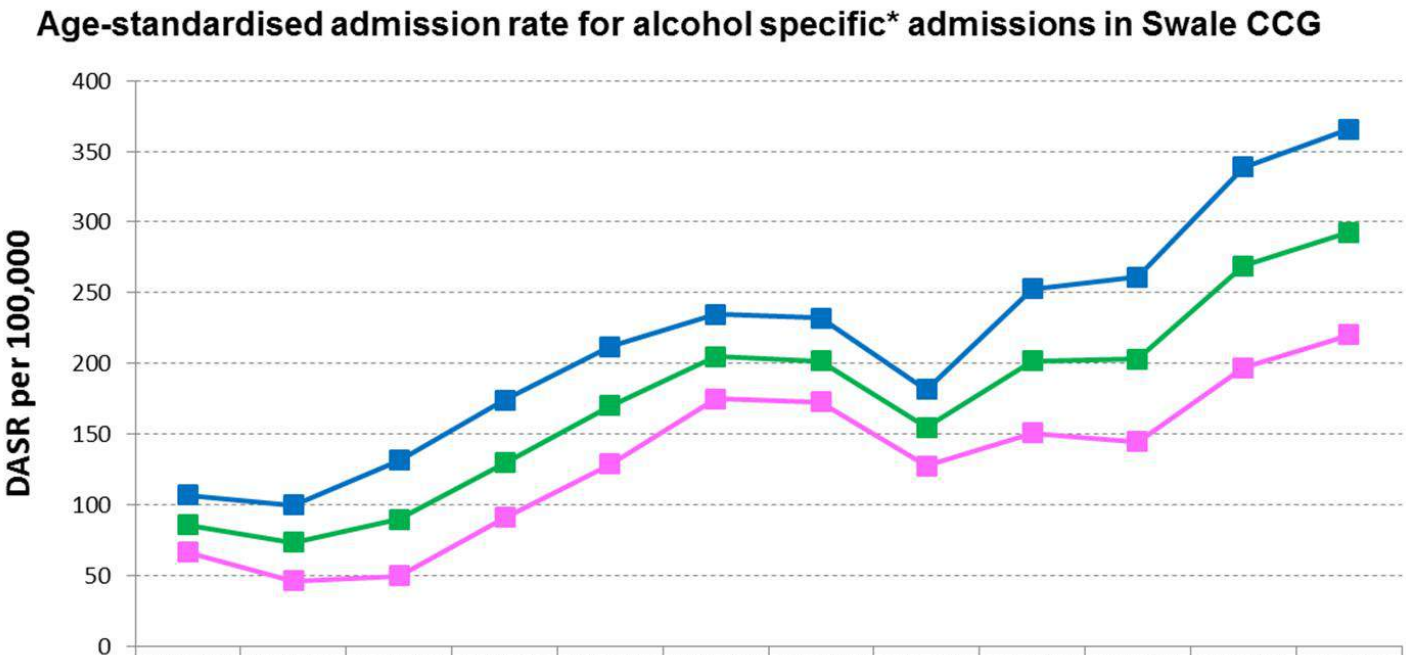
30.2% of adults are estimated to be obese in the Swale Borough Council area. This position is significantly worse than the England average. Wards on the Isle of Sheppey have relatively higher estimated rates of obesity than those on the main land.

Figure 39 - Obesity prevalence in 16+ registered population



Alcohol Misuse

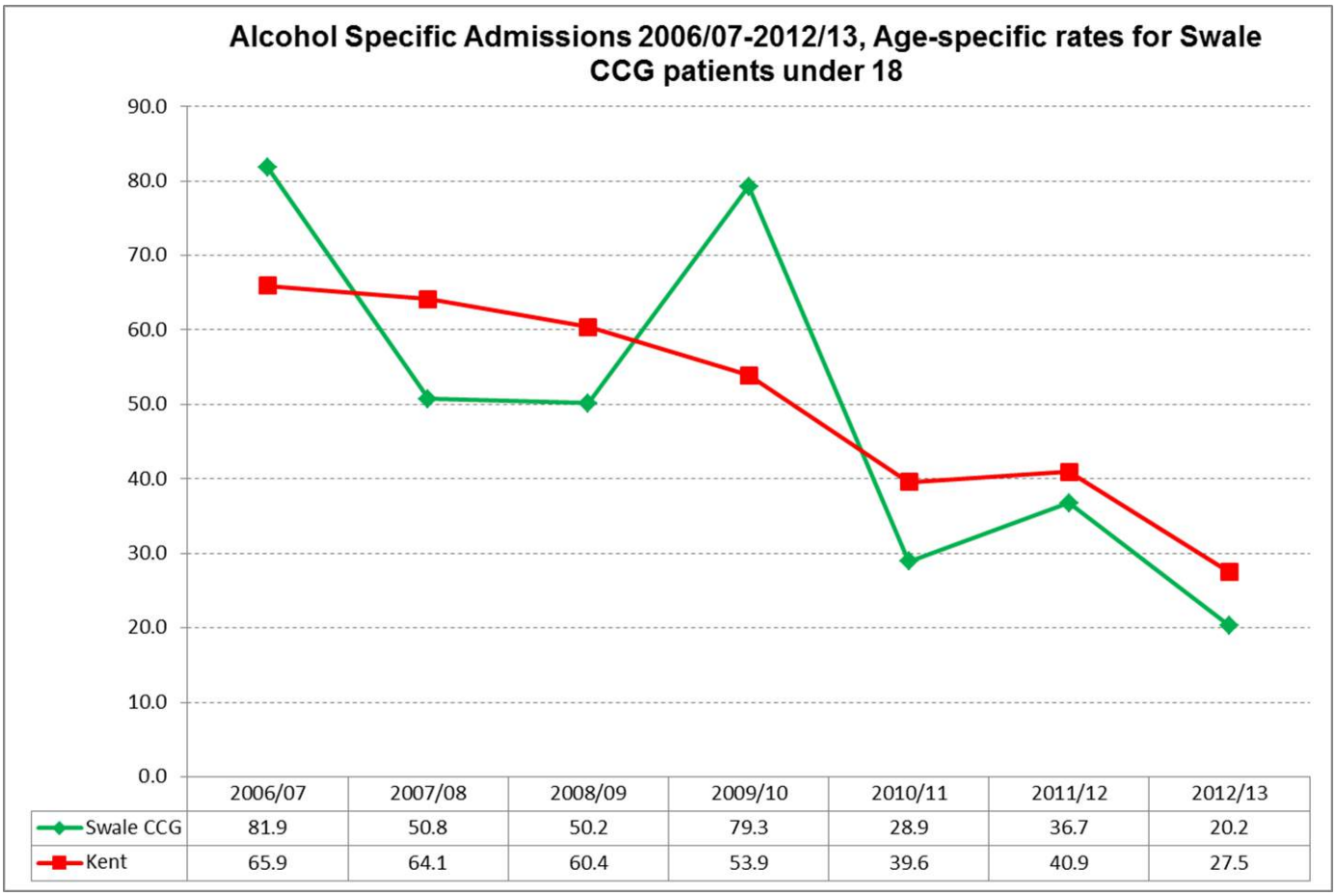
Figure 40 - Age standardised admission rate for alcohol specific* admission - trends for Swale CCG resident patients by gender



	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Males	106.6	99.8	131.2	174.1	212	234.5	232.2	181.6	252.8	261.2	338.7	365.7
Females	66.4	46.3	49.7	90.8	128.7	175.1	172.7	127.4	150.8	144.8	196.7	220.3
People	85.6	73.3	89.6	129.8	170	204.8	201.6	154.6	201.9	203	268.9	292.8

There has been a steady increase in the trend of alcohol specific admissions since 2001. In 2008 there was a slight decrease in admissions but there seems to be a fairly significant upward trend for males and females if you look at the last 5 years. The alcohol profile for Swale shows that generally Swale compares well to the England average. The trend in alcohol specific admissions shows an increase in males between 2008/09 and 2009/10, whist the rate for females has increased but on a smaller scale.

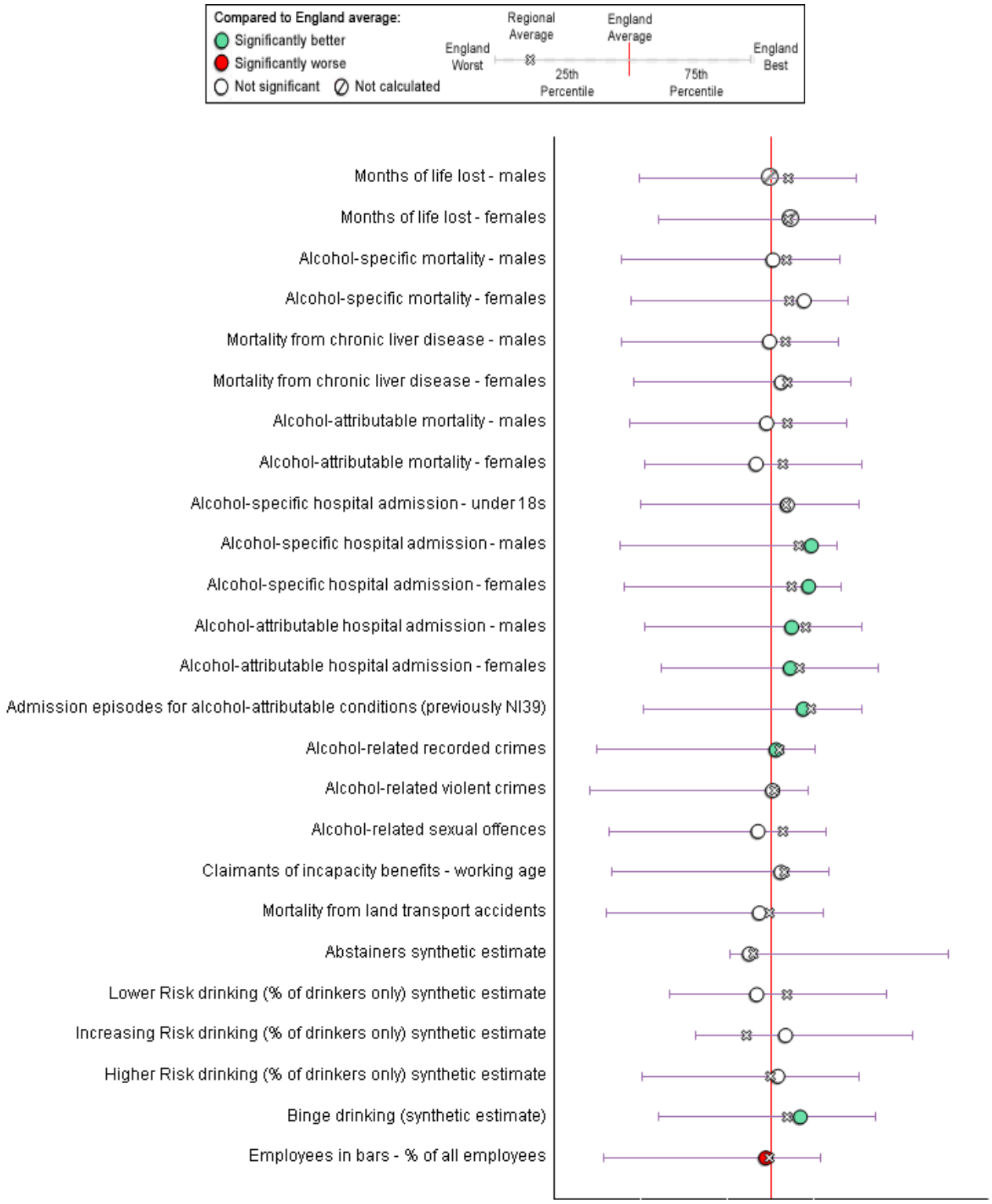
Figure 41 - Alcohol specific admissions 2006/07-2012/13 - Age specific rates for Swale CCG registered patients aged under 18



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Swale CCG	81.9	50.8	50.2	79.3	28.9	36.7	20.2
Kent	65.9	64.1	60.4	53.9	39.6	40.9	27.5

The trend for under 18s alcohol admissions has been erratic over the last five years, with a number of peaks and troughs this may be due in part to the small number of admissions for this indicator.

Figure 42 - Local alcohol profile - Swale compared to England and regional average



Alcohol and Drug Misuse treatments – Eastern and Coastal Kent area 2012/13

The following data on treatment activity from the National Treatment Agency for Substance Misuse covers the whole of the NHS Eastern and Coastal Kent area. It is not possible to disaggregate the data to CCG level at the present time. Furthermore in this regard, activity is being used as a proxy for need.

Nevertheless what the data highlights are routes into treatment, common treatment programmes and numbers participating in such programmes and exit from such programmes. It also highlights the age and gender profile of those actively in treatment, their ethnicity, abuse patterns at the time of treatment, adjunctive drug misuse and other needs.

Table 4 - Alcohol Treatment System Information

Number of clients in treatment year to date (YTD) - alcohol is the primary drug	**1283**	
Number and % of clients with a new presentation to treatment YTD - alcohol is the primary drug	**919**	**72%**
Number of clients receiving an alcohol specific intervention YTD - alcohol is **not** the primary drug	**5**	
Number of clients exiting the treatment system YTD - alcohol is the primary drug	**1272**	

Source: NHS National Treatment Agency for Substance Misuse

Table 5 - Treatment Entry

Referral source into treatment of all new presentations (YTD)		
	Number	Percent
Health and Mental Health Services: A & E	3	0%
Health and Mental Health Services: Hospital	6	1%
Health and Mental Health Services: GP	165	18%
Health and Mental Health Services: Other	45	5%
Self, Family and Friends	374	41%
Community Based Care Services	39	4%
Children and Family Services	1	0%
Substance Misuse Services	65	7%
Criminal Justice	203	22%
Other	18	2%
Inconsistent/Missing	0	0%

Source: NHS National Treatment Agency for Substance Misuse

Table 6 - In Treatment – Common Treatment Pathways (clients latest treatment journey YTD)

Common Treatment Pathways - (clients latest treatment journey YTD)					
	Number	**Percent**		**Number**	**Percent**
Structured Psychosocial Intervention Only	292	23%	Psychosocial and SDP	7	1%
Other Structured Treatment (OST) Only	19	1%	Residential Rehabilitation (RR) Only	5	0%
Young Person Intervention Only	3	0%	IP and Psychosocial	7	1%
Prescribing Only	63	5%	SDP and OST	0	0%
Psychosocial and OST	3	0%	Inpatient, Psychosocial and OST	0	0%
Structured Day Programme (SDP) Only	87	7%	Prescribing, Psychosocial and OST	2	0%
Inpatient Treatment (IP) Only	9	1%	Psychosocial, SDP and OST	1	0%
Prescribing and Psychosocial	95	7%	All Other Combinations (inc IP/RR)	19	1%
IP and OST	0	0%	All Other Combinations	669	52%
Prescribing and OST	2	0%	No Intervention Commenced	0	0%

Source: NHS National Treatment Agency for Substance Misuse

Table 7 - In Treatment - all interventions commenced (clients latest treatment journey YTD)

All Interventions commenced (clients latest treatment journey YTD)		
	Number	Percent*
ALC - Inpatient Treatment	34	3%
ALC - Residential Rehabilitation	6	0%
ALC - Community Prescribing	265	21%
ALC - Structured Psychosocial Intervention	684	53%
ALC - Structured Day Programmes	202	16%
ALC - Other Structured Treatment	40	3%
Non-Alcohol Specific Intervention	22	2%
Young Person Intervention	3	0%
Pharmacological Intervention (CDS-J)	148	12%
Psychosocial Intervention (CDS-J)	627	49%
* % are calculated based on the number of clients in treatment YTD. As a client may receive more than one type of intervention in a journey % may sum to more than 100.		

Source: NHS National Treatment Agency for Substance Misuse

Table 8 - Treatment Exits - Treatment Systems Exits (YTD)

	Number	Percent	Average Length of Journey Prior to Exit (mean number of days)
Completed - Planned Exit	678	53%	155
Unplanned Exit	337	26%	115
Transferred - Not in Custody	249	20%	170
Transferred - In Custody	8	10%	145
Referred On (old code)	0	0%	0

Source: NHS National Treatment Agency for Substance Misuse

Table 9 - Treatment Exits - Intervention Exit Status (ending YTD)

	Inpatient Treatment	Residential Rehabilitation	Community Prescribing	Structured Psychosocial Intervention	Structured Day Programme	Other Structured Treatment	Non Alcohol Specific Intervention	Young Persons Intervention	Pharmacological Intervention (CDS-J)	Psychosocial Intervention (CDS-J)	TOTAL
Interventions Ended	32	6	256	747	214	44	24	9	174	668	2174
Interventions with an Exit Status	32	6	256	747	214	44	24	9	174	668	2174
% Interventions with an Exit Status	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mutually Agreed Planned Exits	31	4	211	619	182	42	20	8	147	530	1794
Client Unilateral Unplanned Exits	1	1	40	118	24	2	2	1	21	132	342
Intervention Withdrawn	0	1	5	10	8	0	2	0	6	6	38
No Exit Status Recorded	0	0	0	0	0	0	0	0	0	0	0
% Mutually Agreed Planned Exit	97%	67%	82%	83%	85%	95%	83%	89%	84%	79%	83%
% Client Unilateral Unplanned Exits	3%	17%	16%	16%	11%	5%	8%	11%	12%	20%	16%
% Intervention Withdrawn	0%	17%	2%	1%	4%	0%	8%	0%	3%	1%	2%
% No Exit Status Recorded	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Source: NHS National Treatment Agency for Substance Misuse

Table 10 - Treatment Exits - Individuals retained on the last day of the reporting period 31 March 2012

Number of Individuals retained on the last day of the period	11
Percentage of individuals in treatment YTD retained at the end of the period	1%
Average Length of Journey on last day of reporting period (mean number of days)	143

Source: NHS National Treatment Agency for Substance Misuse

Table 11 - Alcohol Client Information - Client Demographics

Age group at mid-point of the year - all in treatment (YTD)				
	Male		Female	
	Number	Percent	Number	Percent
18-24	60	5%	38	3%
25-29	77	6%	37	3%
30-34	101	8%	57	4%
35-39	109	8%	84	7%
40-44	121	9%	73	6%
45-49	117	9%	80	6%
50-54	89	7%	54	4%
55-59	62	5%	27	2%
60-64	43	3%	25	2%
65+	12	1%	17	1%
Total	791	61%	492	38%

Source: NHS National Treatment Agency for Substance Misuse

Table 12 - Alcohol Client Information - Ethnicity - All in treatment (YTD)

	Number	Percent		Number	Percent
White British	1222	95%	Bangladeshi	1	0%
White Irish	11	1%	Other Asian	2	0%
Other White	24	2%	Caribbean	0	0%
White & Black Caribbean	5	0%	African	3	0%
White & Black African	1	0%	Other Black	3	0%
White & Asian	1	0%	Chinese	0	0%
Other Mixed	4	0%	Other	3	0%
Indian	0	0%	Not Stated	3	0%
Pakistani	0	0%	Unknown / Missing or Inconsistent	0	0%

Source: NHS National Treatment Agency for Substance Misuse

Table 13 - Alcohol Client Information - All Interventions commenced (clients latest treatment journey YTD)

Age - Band	Sex	Inpatient Treatment	Residential Rehabilitation	Community prescribing	Structured Psychosocial Intervention	Structured Day Programme	Other Structured Treatment	Non Alcohol Specific Intervention	Young Persons Intervention	Pharmacological Intervention (CDS-J)	Psychosocial Intervention (CDS-J)	TOTAL
18 - 24	M	0	0	4	12	27	0	1	1	2	23	60
	F	0	0	2	18	7	2	1	2	3	31	38
25 - 29	M	2	0	8	21	30	2	4	0	1	20	77
	F	2	0	7	20	6	5	3	0	5	38	37
30 - 34	M	1	1	19	45	31	4	4	0	6	27	101
	F	1	1	9	34	6	6	2	0	18	51	57
35 - 39	M	4	1	24	50	20	0	2	0	9	49	109
	F	1	0	11	51	5	6	1	0	14	52	84
40 - 44	M	7	1	24	59	21	0	1	0	8	42	121
	F	1	1	11	40	3	2	0	0	15	59	73
45 - 49	M	2	0	40	69	16	3	1	0	12	39	117
	F	5	1	21	53	4	6	1	0	12	50	80
50 - 54	M	3	0	22	49	10	0	1	0	11	24	89
	F	3	0	13	40	3	1	0	0	16	44	54
55 - 59	M	0	0	12	39	6	1	0	0	4	8	62
	F	0	0	8	19	1	1	0	0	2	30	27
60 - 64	M	1	0	16	29	3	1	0	0	3	11	43
	F	1	0	3	18	3	0	0	0	1	17	25
65 +	M	0	0	5	6	0	0	0	0	3	8	12
	F	0	0	6	12	0	0	0	0	3	4	17

Source: NHS National Treatment Agency for Substance Misuse

Table 14 - Additional Client Information - Drinking Days and Units - all in treatment (YTD)

Drinking Days and Units - all in treatment (YTD)						
Number of units on a typical drinking day	Number of drinking days in the past 28 days					
	0	1-7	8-14	15-27	28	Missing or Invalid
0	130	0	0	0	0	-
1-9	0	49	30	25	38	-
10-19	0	40	55	98	176	-
20-29	0	26	42	83	176	-
30-39	0	25	26	27	97	-
40-49	0	10	13	18	44	-
50-99	0	11	10	6	24	-
100+	0	2	0	1	1	-
Missing or Invalid	0	0	0	0	0	-

Units per Month	Male		Female		All	
	Number	Percent	Number	Percent	Number	Percent
Missing	0	0%	0	0%	0	0%
0	78	10%	52	11%	130	10%
1-199	168	21%	119	24%	287	22%
200-399	149	19%	151	31%	300	23%
400-599	166	21%	90	18%	256	20%
600-799	80	10%	39	8%	119	9%
800-999	76	10%	26	5%	102	8%
1000+	74	9%	15	3%	89	7%

Source: NHS National Treatment Agency for Substance Misuse

Table 15 - Additional Client Information - Adjunctive Drug Use - all in treatment (YTD)

Adjunctive Drug Use - all in treatment (YTD)				
	Second Drug		Third Drug	
	Number	Percent	Number	Percent
Heroin	31	2%	10	1%
Methadone	5	0%	0	0%
Other opiate	1	0%	1	0%
Benzodiazepine	10	1%	11	1%
Amphetamine	17	1%	11	1%
Cocaine	30	2%	8	1%
Crack	7	1%	7	1%
Hallucinogens	1	0%	2	0%
Ecstasy	3	0%	6	0%
Cannabis	127	10%	18	1%
Solvents	0	0%	0	0%
Barbiturates	0	0%	0	0%
Major Tranquiliser	0	0%	0	0%
Anti-depressants	25	2%	1	0%
Other drug	3	0%	1	0%
Novel Psychoactive Substances		0%		0%
Prescription Drugs	8	1%	2	0%
Alcohol	0	0%	0	0%
No second/ third drug or misuse free	977	76%	1147	89%
Missing	38	3%	58	5%

Source: NHS National Treatment Agency for Substance Misuse

Table 16 - Additional Client Information - Dual Diagnosis - all new presentations (YTD)

	Number	Percent
Dual diagnosis	278	30%
No dual diagnosis	640	70%
Missing status	1	0%

Source: NHS National Treatment Agency for Substance Misuse

Table 17 - Additional Client Information - Accommodation Need - all new presentations (YTD)

	Number	Percent
NFA - urgent housing problem	36	4%
Housing Problem	80	9%
No Housing Problem	802	87%
Other Housing Problem (includes young persons accommodation need codes)	1	0%
Missing status	0	0%

Source: NHS National Treatment Agency for Substance Misuse

Table 18 - Additional Client Information - Individuals with children - all new presentations

	Number	Percent
Parent living with own children	195	21%
Other child contact: Living with children	11	1%
Other child contact: Parent not living with children	280	30%
Not a parent / no child contact	431	47%
Both fields blank or "declined to answer"	2	0%

Source: NHS National Treatment Agency for Substance Misuse

Kent Pharmacies with needle exchange services

Town	Address	Opening Times	Telephone Number
Faversham	Carlisles Pharmacy, 14 Cross Lane, ME13 8PN	8:45am – 6:30pm	01795 532784
Sheerness	Mistry Chemist, Wood Street, Sheerness, Kent, ME12 1HA	Saturday 9:00am – 3:00pm Closed Sunday	01795 662683
Sittingbourne	Lloyds Pharmacy, 80 High Street, Milton, Sittingbourne, Kent, ME10 2AN	Mon-Fri 9am – 1pm, 2pm - 6pm Saturday 9am – 12:30pm Closed Sunday	01795 472057
Teynham	Greenstreet Pharmacy, 105 London Road, Teynham, Kent, ME9 9QL	Mon, Tue, Thur & Fri 9am – 1pm & 2pm – 6pm Wed & Sat 9am – 1pm Closed Sunday	01795 521224

Chronic Disease Patterns

Multi-Morbidity

An ageing population and increased prevalence of chronic diseases requires a service re-orientation away from the current emphasis on acute and episodic care, towards prevention, self-care, more consistent standards of primary care and care that is well co-ordinated and integrated. The King's Fund has identified 10 priorities for action:

King's Fund 10 Priorities for Commissioners

Active support for self-management
Primary prevention
Secondary prevention
Managing ambulatory care sensitive conditions
Improving the management of patients with both mental and physical health needs
Care co-ordination through integrated health and social care teams
Improving primary care management of end-of-life care
Effective medicines management
Managing elective activity – referral quality
Managing emergency activity – urgent care

A common feature of all 10 priorities is the degree to which they are dependent upon a change within primary care services and the way in which such services relate to the rest of health and social care.

Clinical practise conventionally treats and thus measures individual diseases. Such an approach is increasingly challenged by the scale of service demands facing the NHS (and is also a worldwide problem) through the concept of multi-morbidity. In essence patients with chronic conditions often have more than one such condition simultaneously. It is the challenge of managing the complexities of co-morbid and multi-morbid conditions that gives rise to complications, often leading to high cost, unplanned, unscheduled care.

A landmark Scottish study (Barnett et al 2012) has examined the distribution of multi-morbidity and of co-morbidity of physical and mental health disorders in relation to both age and socio-economic deprivation. In a cross sectional study data from 40 morbidities relating to 1,751,841 people registered with 314 medical practices in Scotland as of March 2007 was analysed according to the number of morbidities, disorder type (physical or mental), age, sex and socio-economic status. Multi-morbidity for the purpose of this study was defined as the presence of two or more disorders.

42.2% of all patients had one or more morbidity. 23.2% were multi-morbid. Although the prevalence of multi-morbidity increased substantially with age and was present in most people aged 65 and older, the absolute number of people with multi-morbidity was higher in those younger than 65 (210,500 v 194,196). Onset multi-morbidity occurred 10-15 years earlier in people living in the most deprived areas compared to the most affluent. The presence of a mental health disorder increased as the number of physical morbidities increased and was much greater in more deprived than in less deprived people. The authors recommend that generalist clinicians provide personalised, comprehensive continuity of care since the single disease framework on which most health care research and indeed medical education is based is profoundly challenged by this study.

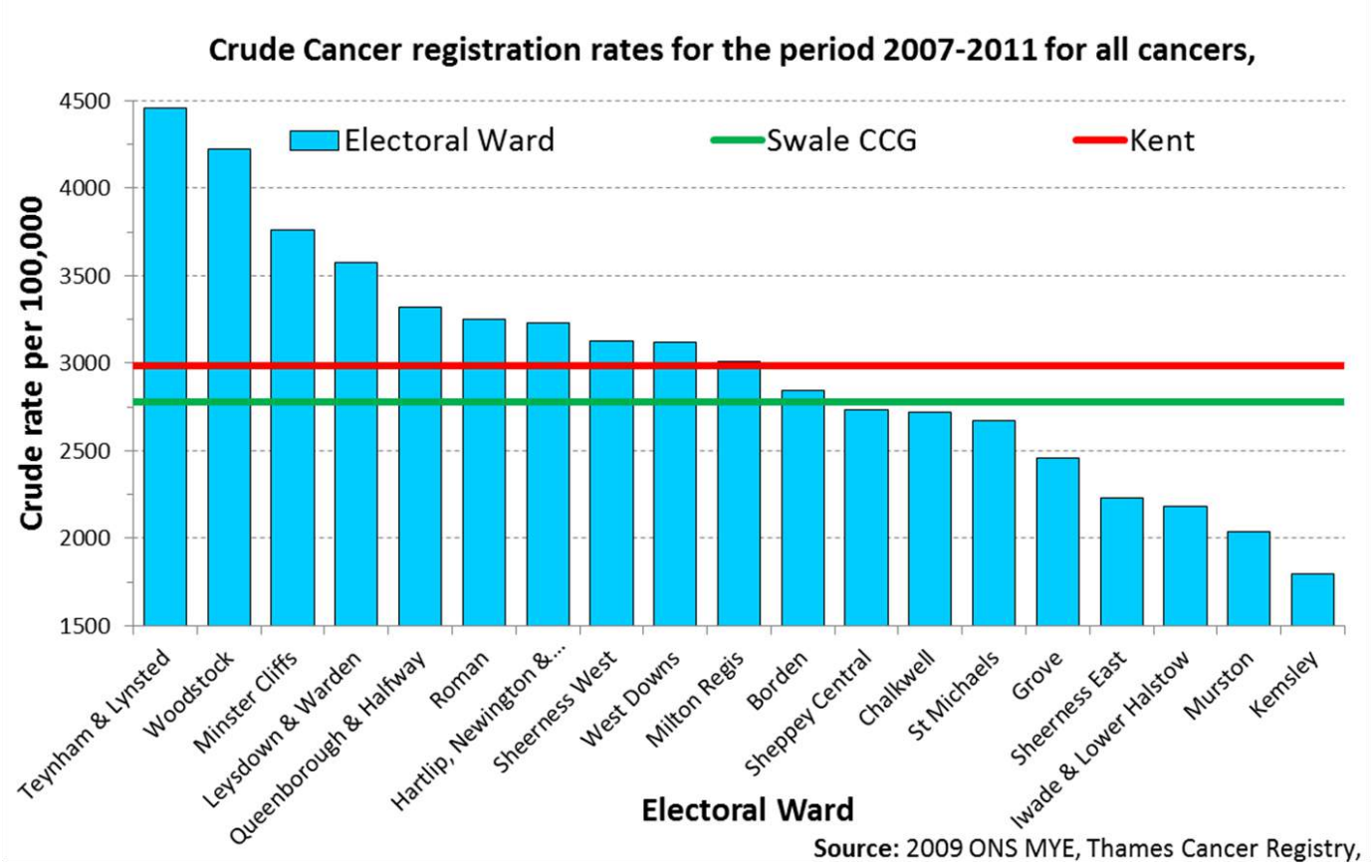
An ageing population and increased prevalence of chronic disease requires a strong re-orientation away from the current emphasis on acute and episodic care, towards prevention, self-care and more consistent standards of primary care that are well co-ordinated and integrated. The King's Fund (2011) has identified 10 priorities for action and most of these demand a change within primary care and in the way in which primary care relates to the rest of the health care system.

The Swale CCG Board through its leadership needs to enable:

- The systematic and pro-active management of chronic disease within primary care. This will improve health outcomes, manage down inappropriate use of hospital services but will also make a significant and positive contribution to reducing health inequalities;
- The empowerment of patients. Patients are arguably the greatest untapped resource within the NHS. The active engagement of patients is a common thread throughout the 10 priorities identified by the King's Fund;
- A population-based approach to commissioning. This presents a dichotomy in relation to the primary care clinician's role as advocate for the individual patient but also in shifting a focus from patients that present in practice to the wider population needs and disease patterns. The presentation of this needs assessment, keeping separate the population-based patterns from practice-based patterns of disease, is illustrative of the conceptual challenge of this task;
- More integrated models of care. The aim is to improve the quality of care for patients and reduce waste, especially as CCGs are being tasked with providing leadership within the NHS at a time of financial constraint in which the burden of disease is growing, driven in part by demographic change, yet medical advances offer increasing opportunities to treat disease.

Cancer Registrations

Figure 43 - Crude Cancer Registration Rates for the Period 2007-2011 for all Cancers. All ages



Cancer registrations cover all ages. Overall registrations for Swale CCG are marginally lower than the rate for Kent.

Figure 44 - Prevalence of Cancer in practices within Swale CCG 2012/13

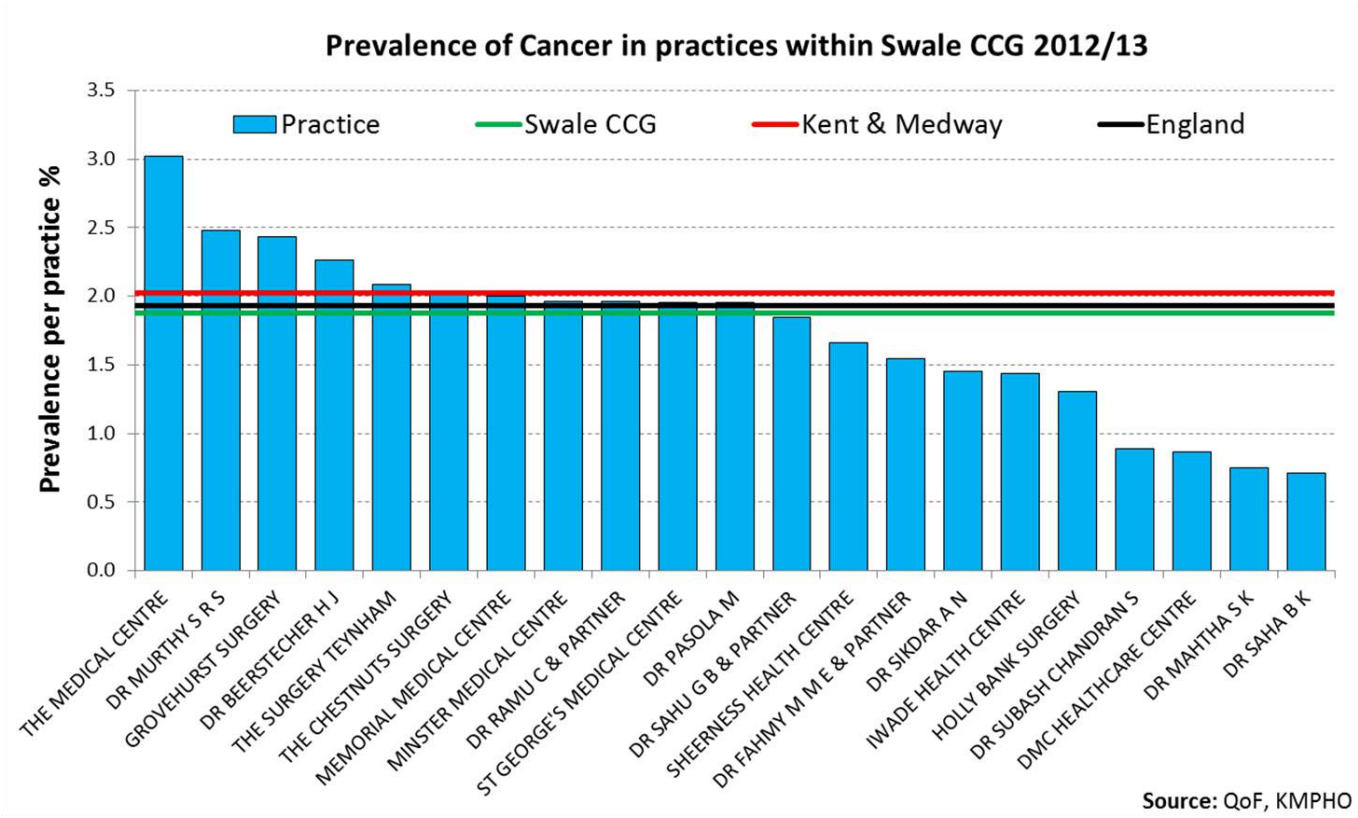
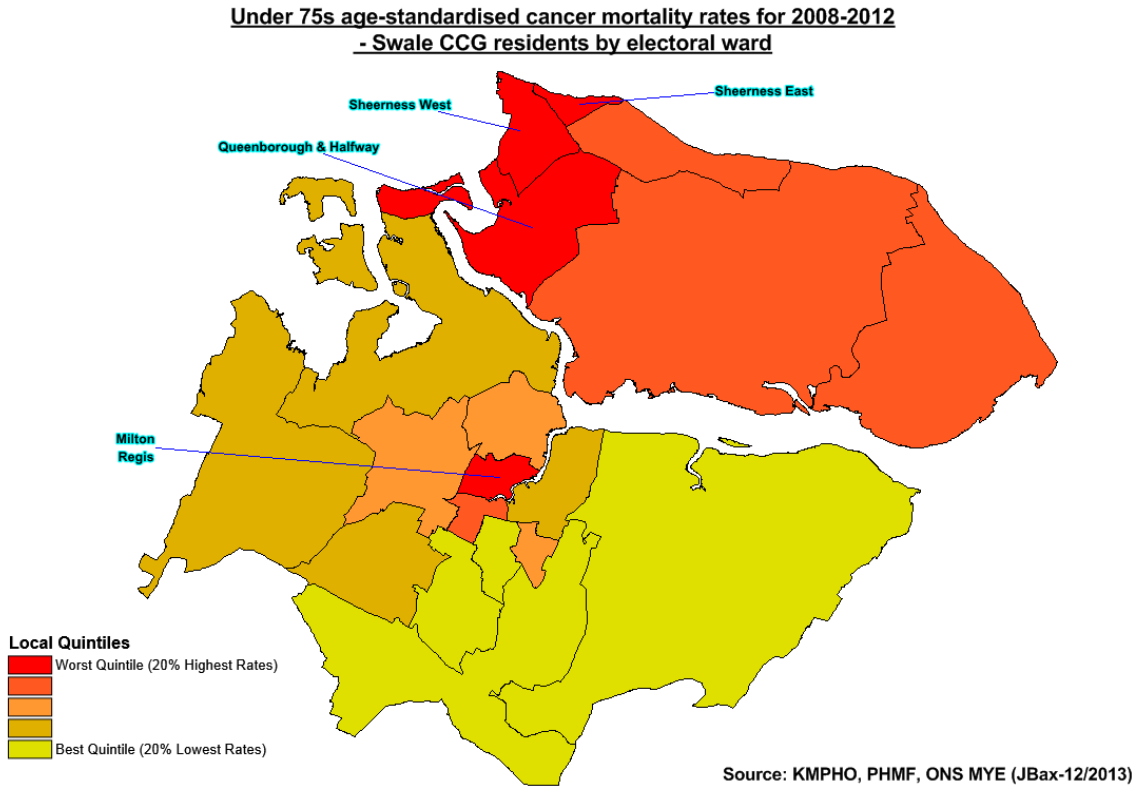


Figure 45 – Age-standardised U75 mortality rates for cancer 2008-2012 - residents by electoral ward



There is some relationship between age standardised mortality rates for under 75 cancers and deprivation. The highest rates are found on the Isle of Sheppey (Sheerness East & West, Queenborough and Halfway) and Milton Regis Ward. The wards with the lowest rates are Teynham & Lynsted, West Downs, Woodstock and St Michaels.

Figure 46 - Crude cancer registration rates for 2007 - 2011 for all cancers in the under 75s by LA in east Kent

	Ashford	Canterbury	Dover	Shepway	Swale	Thanet	Kent
Female	1704.7	1693.4	2128.0	2092.0	1943.2	2180.5	1877.9
Male	1992.4	1962.6	2625.8	2540.8	2112.6	2561.8	2092.5
Persons	1847.0	1825.5	2373.1	2313.0	2028.4	2367.2	1997.8

Source: 2009 ONS MYE, Thames Cancer Registry, KMPHO

It is important to recognise that the registration rates of cancers in the under 75s are ascribed to local authority areas rather than CCG areas. Overall Swale has a marginally lower rate of such registrations compared to the Kent county total.

Diabetes

Figure 47 - Diabetes QOF register 2012/13

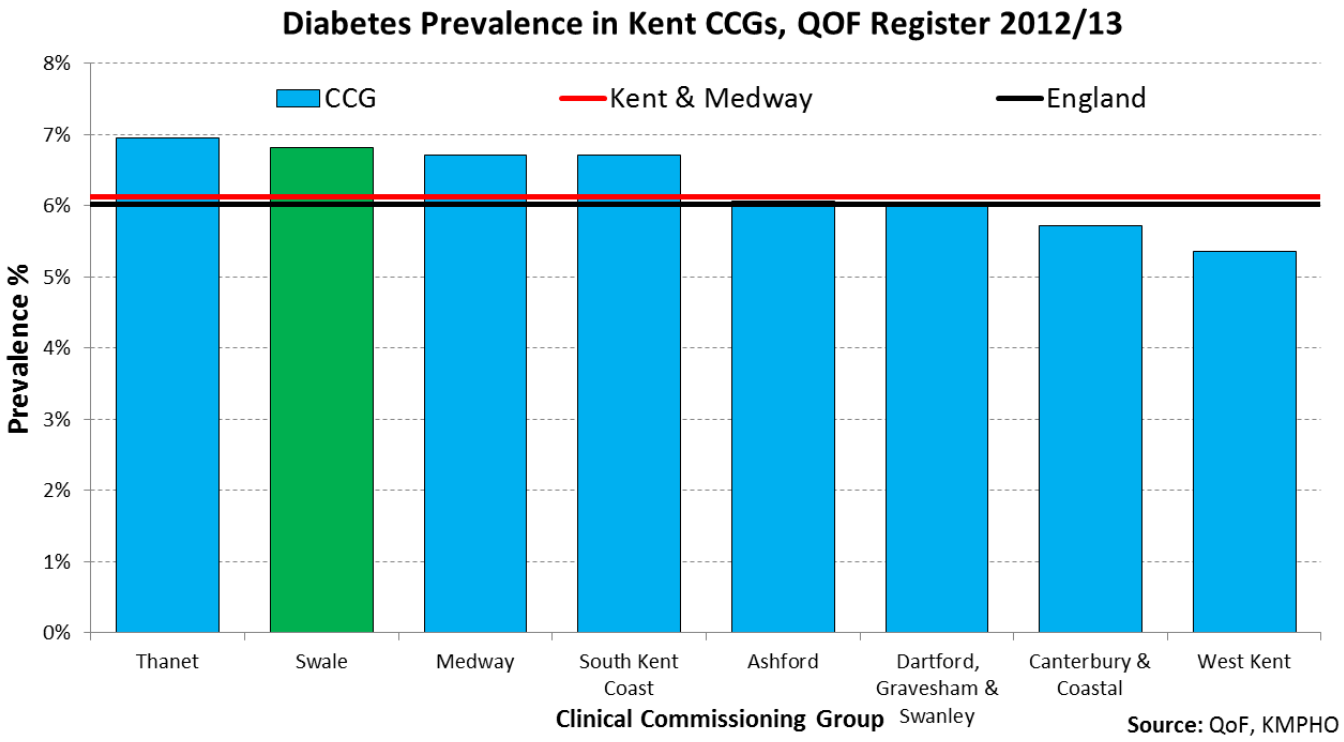
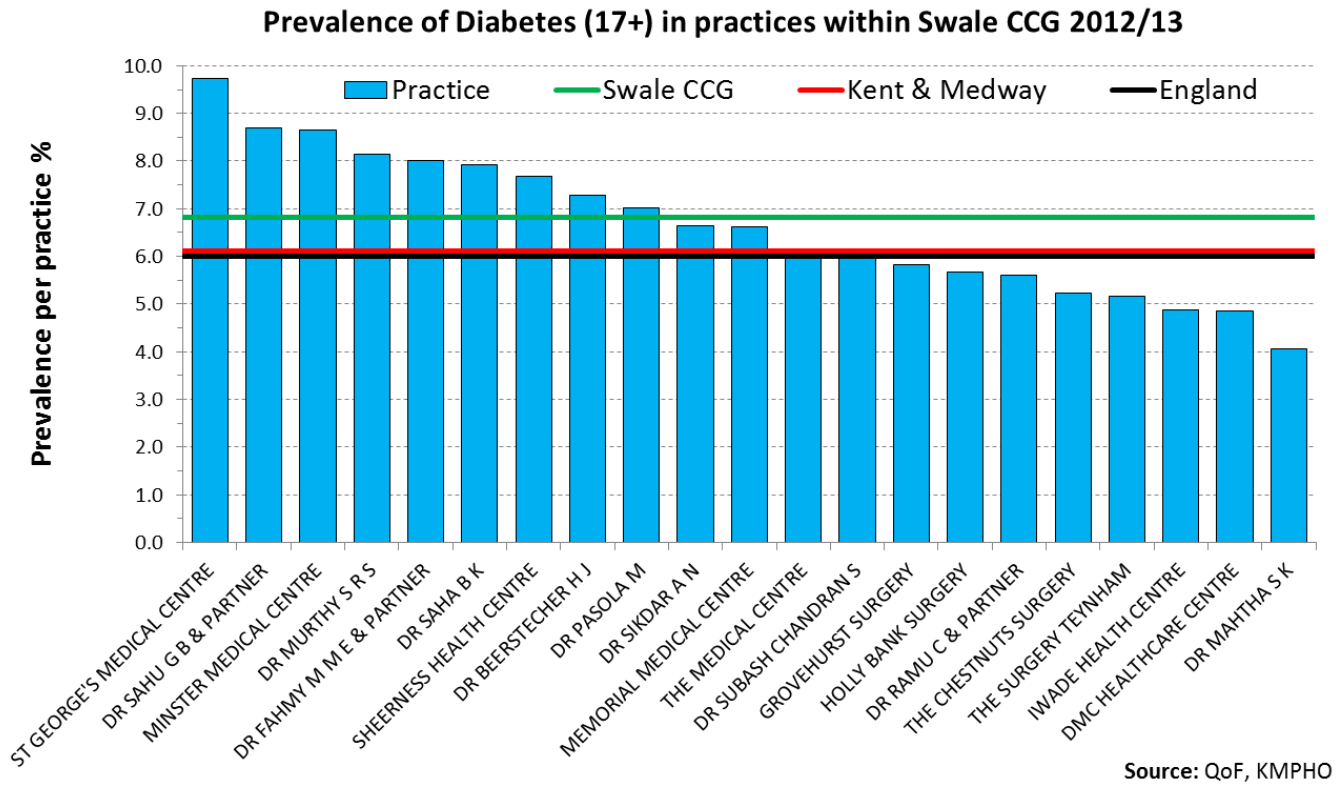
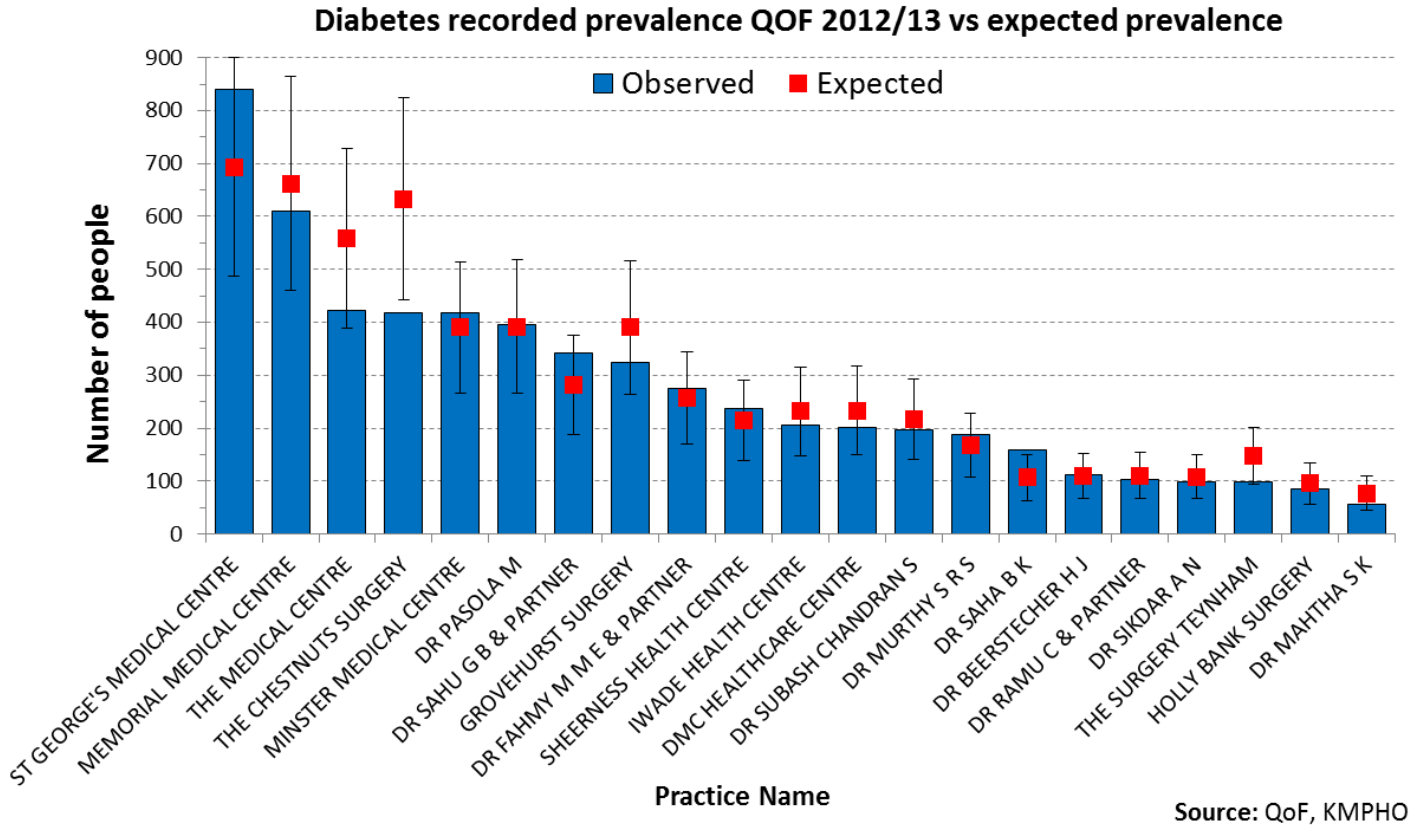


Figure 48 - Diabetes prevalence by practice



The recorded prevalence of diabetes varies between practices from 4.1% to 9.7%. The prevalence for the CCG is 6.8% which is second to Thanet CCG with the highest prevalence of diabetes for the eight CCGs in Kent.

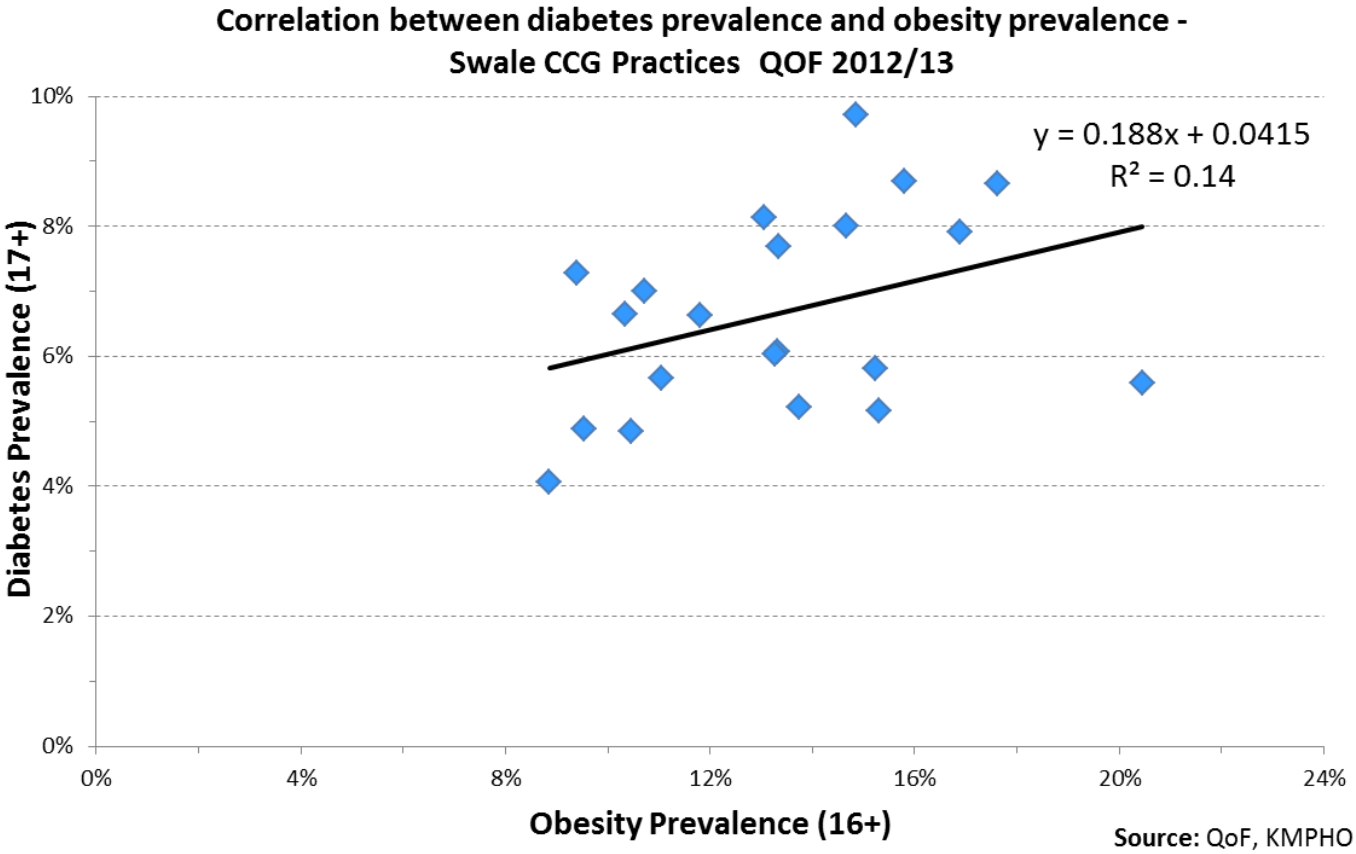
Figure 49 - Diabetes recorded prevalence QOF 2012/13 vs expected prevalence



Source: QoF, KMPHO

In 2012/13 there were 5,787 people on diabetes registers within Swale CCG. The expected number of diabetic patients is 6,080; this leaves potentially 293 patients undiagnosed.

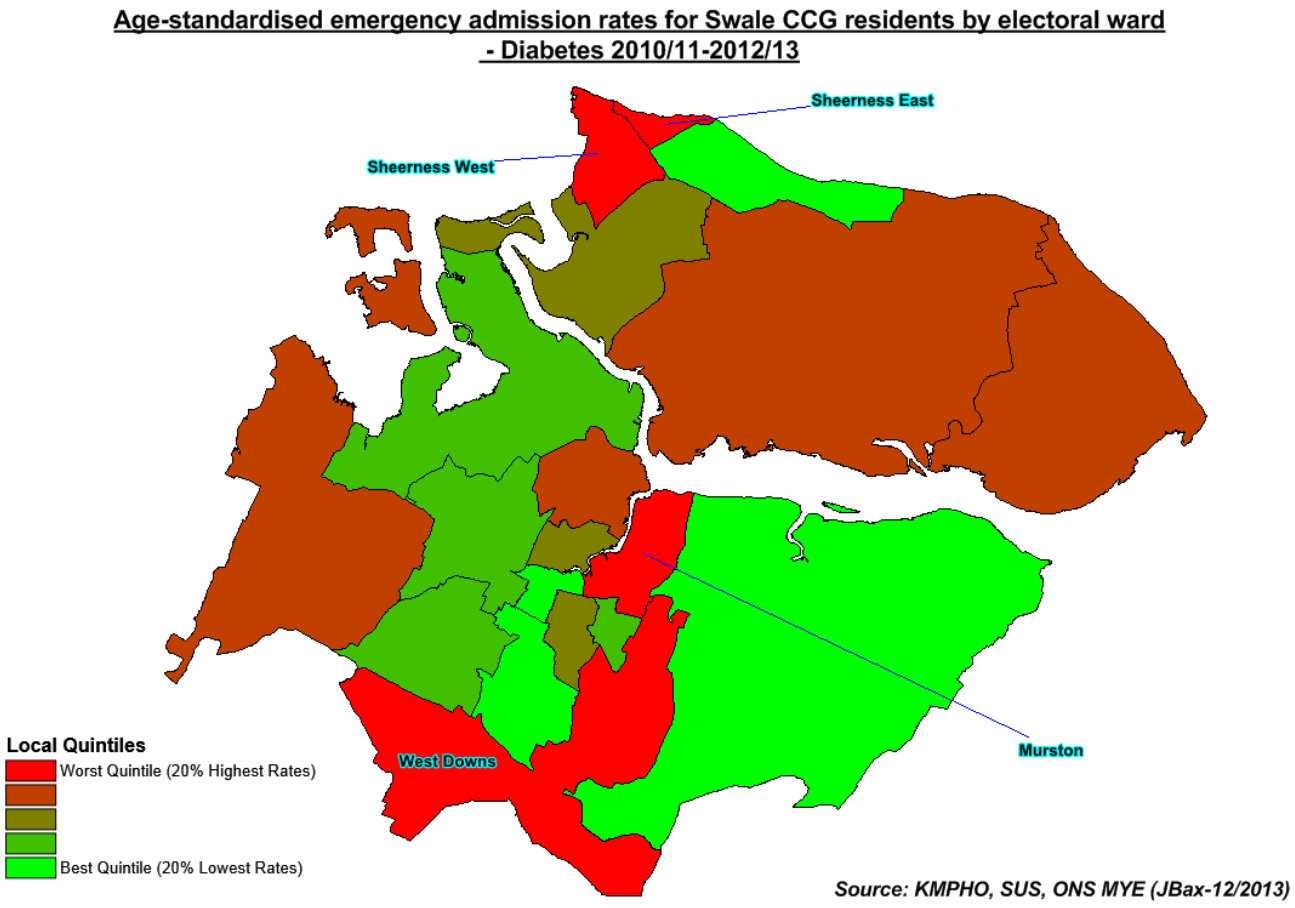
Figure 50 - Correlation between diabetes prevalence and obesity prevalence - Swale CCG practices 2012/13



Source: QoF, KMPHO

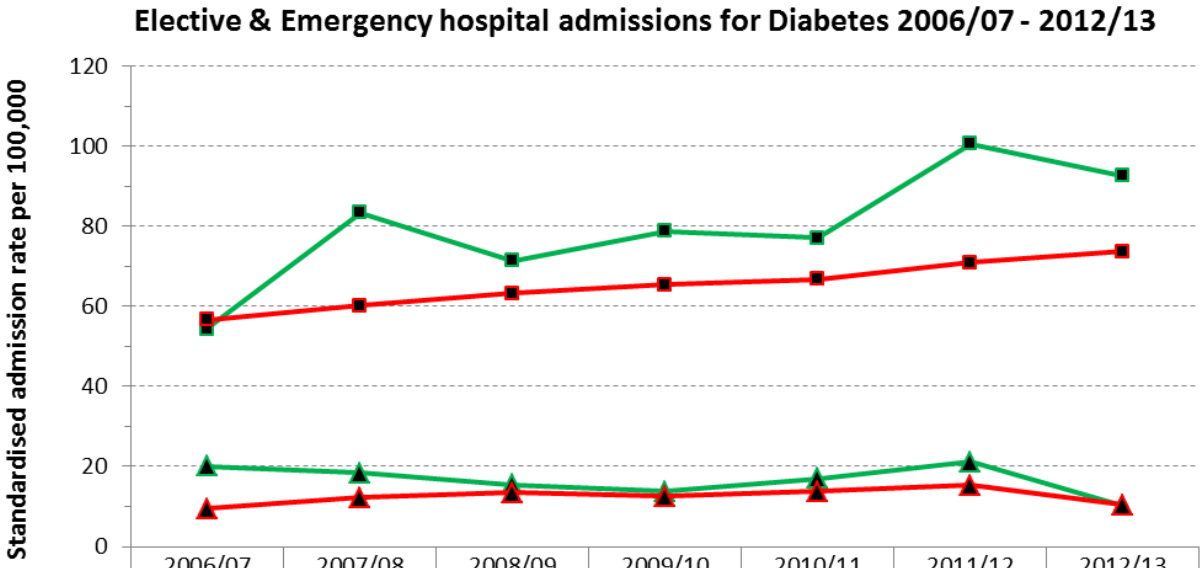
The relationship between the level of diabetes and obesity has been explored by correlating the QOF registers for these conditions.

Figure 51 - Age standardised emergency admission rates for Swale CCG residents for diabetes 2010/11-2012/13 by electoral ward



The wards with the highest age standardised emergency admission rates for diabetes are Sheerness West, Sheerness East and Murston.

Figure 52 - Elective and emergency hospital admission rates for diabetes 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Elective - Swale	20.1	18.3	15.4	13.8	17	21.1	10.2
Elective - K&M	9.4	12.2	13.5	12.5	13.7	15.3	10.4
Emergency - Swale	54.3	83.4	71.4	78.7	77.1	100.5	92.6
Emergency - K&M	56.6	60.1	63.2	65.4	66.7	70.9	73.6

Source: SUS, ONS, KMPHO

The trend in elective admissions had been declining until 2009/10, however there has been an increase between 2009/10 and 2011/12. The elective admission rate for Swale CCG is slightly higher than that for Kent and Medway.

Emergency admissions for diabetes are higher than Kent and Medway's with a significant increase between 2010/11 and 2011/12. The rate for Kent and Medway has shown a year on year increase.

****PLEASE NOTE!!**

All graphs and charts which include the mean cost and/or total expenditure for various diagnoses have not been updated since 2010/11 as the information in the SUS database doesn't match up with figures from previous years, work is being done to look into any changes that may have been incurred to have affected this.

Figure 53 – Mean cost per hospital admission for diabetes 2006/07-2010/11

	2006/07	2007/08	2008/09	2009/10	2010/11
Swale	£2,439	£1,487	£1,587	£1,787	£2,026
Kent and Medway	£2,044	£1,857	£1,677	£1,697	£2,039

Source: SUS/ KMPHO – Ordinary admissions only

Figure 54 - Expenditure on hospital admissions for diabetes 2006/07-2010/11

	2006/07	2007/08	2008/09	2009/10	2010/11
Swale	£190,280	£159,115	£149,166	£191,251	£208,666

Source: SUS/ KMPHO – Ordinary admissions only

The mean cost of a hospital admission for diabetes has been increasing year on year from 2008 and is nearing the mean cost shown in 2006/07.

Coronary Heart Disease (CHD)

Figure 55 - Coronary Heart Disease QOF register 2012/13

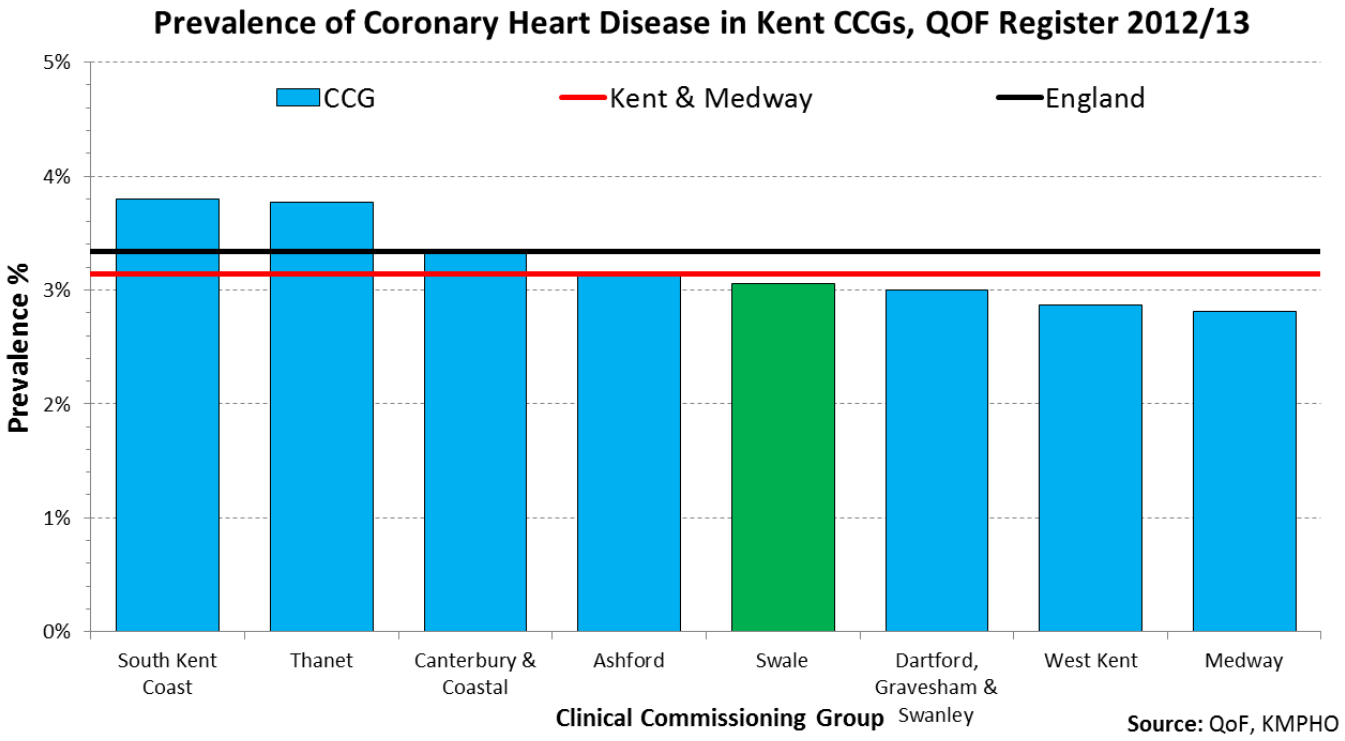
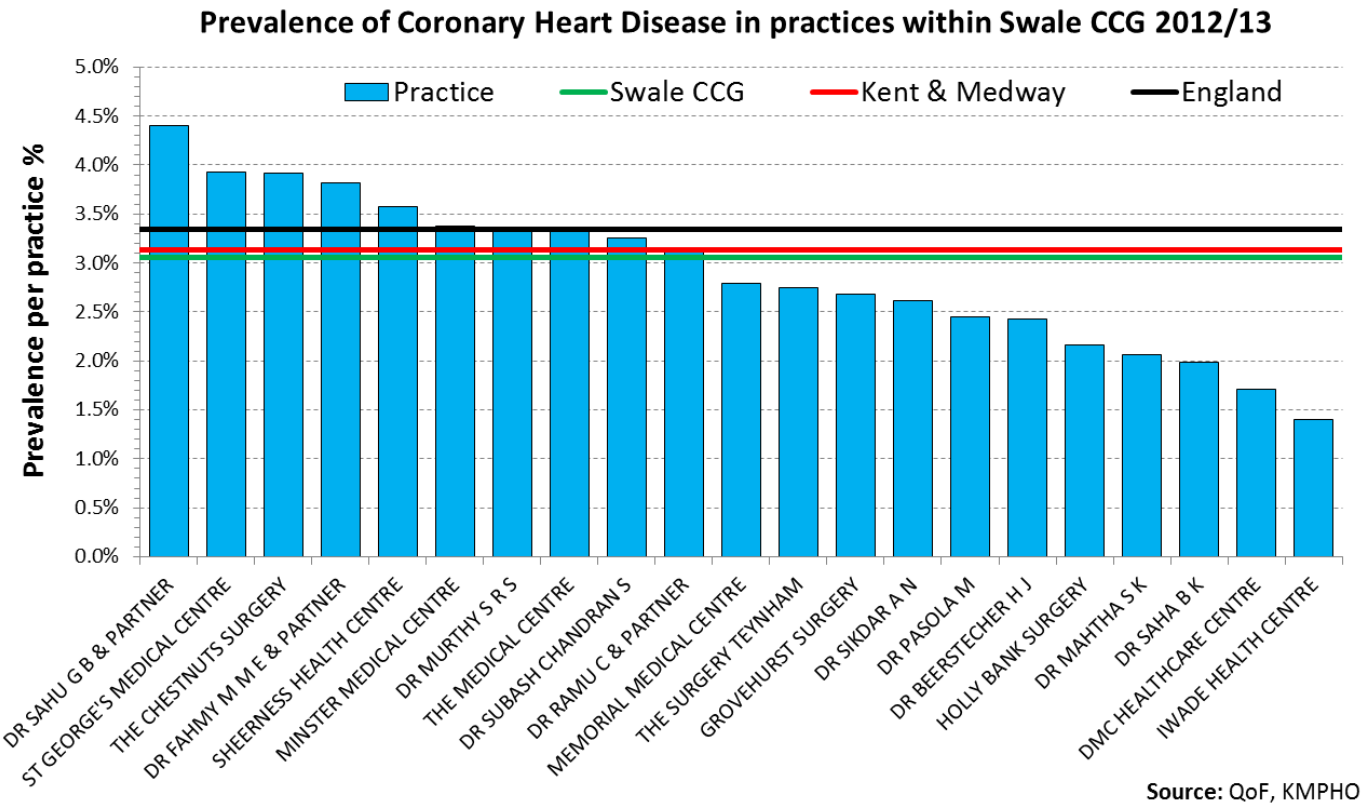
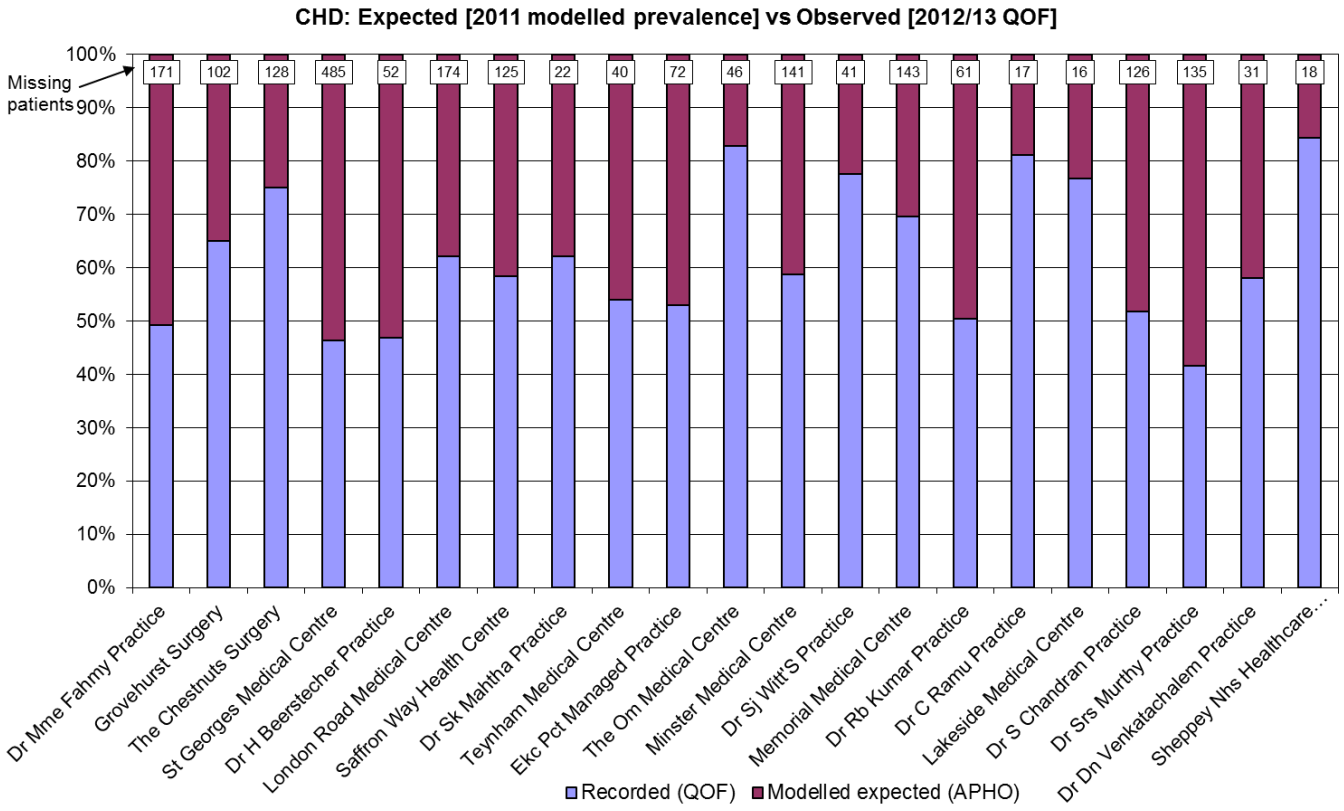


Figure 56 - Prevalence of CHD by practice 2012/13



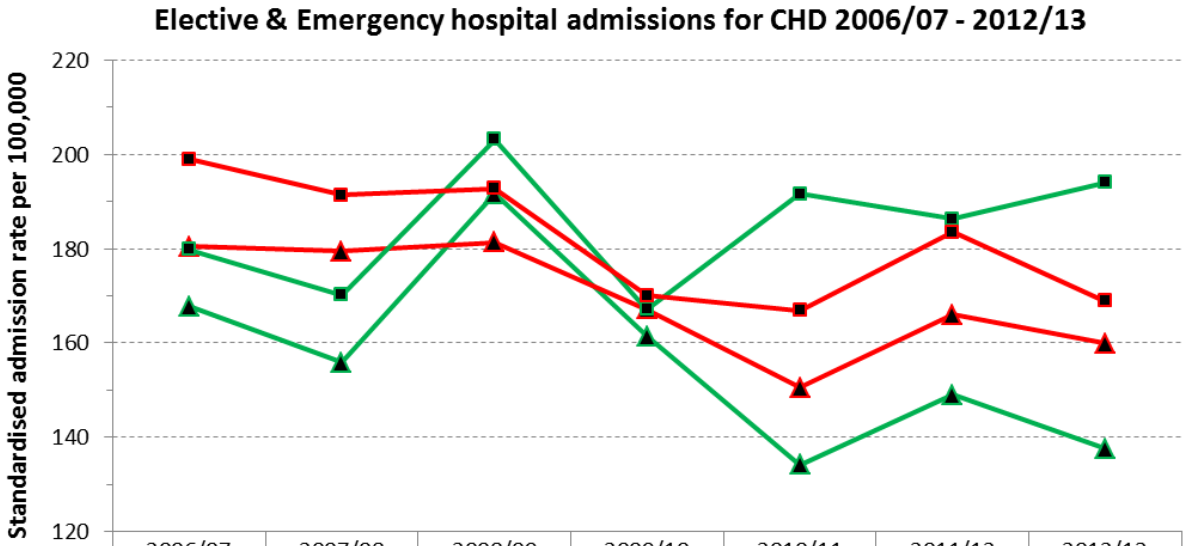
3,284 Swale CCG patients are recorded on the QOF CHD register and with a prevalence of 3.05% which is lower than Kent and Medway (3.13%) and England (3.34%).

Figure 57 - CHD: Expected [2011 modelled prevalence] vs Observed [2012/13 QOF]



The expected prevalence of CHD in Swale is estimated to be 5,430 which means there are potentially 2,146 people who are unaware they have the condition. The observed number of people on the CHD register is 3,284.

Figure 58 - Elective and emergency admissions rates for CHD 2006/07-2012/13

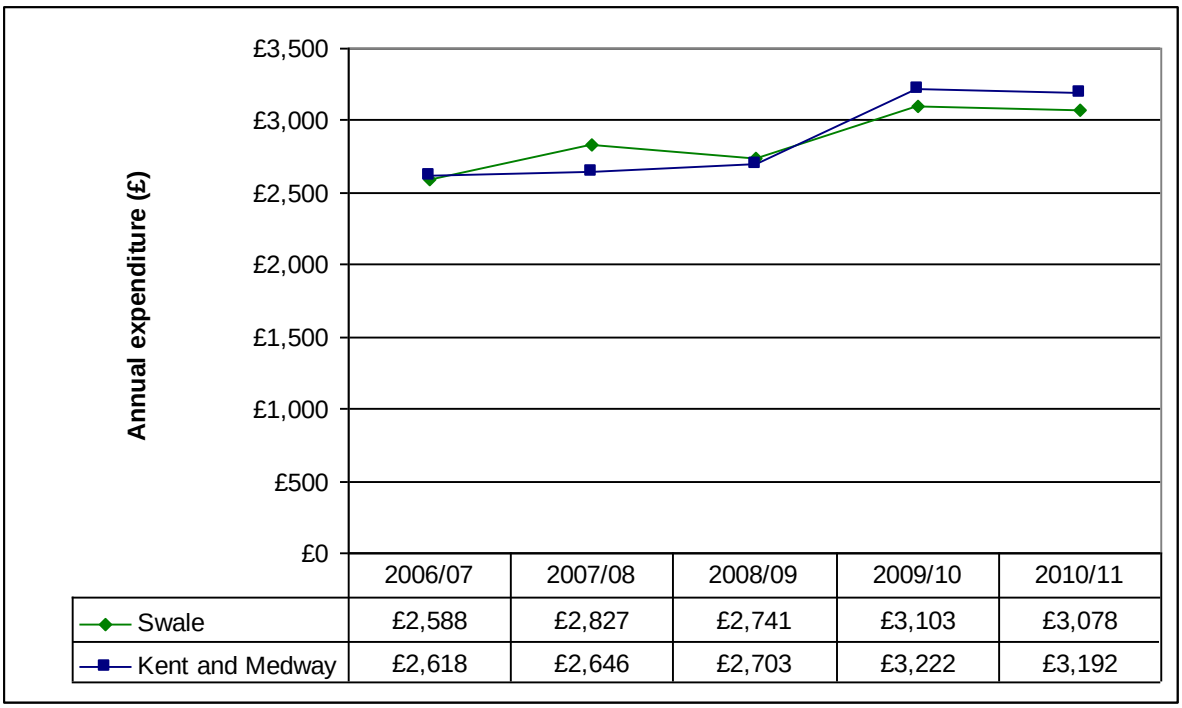


	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Elective - Swale	167.8	155.8	191.6	161.5	134.2	149.0	137.7
Elective - K&M	180.4	179.4	181.4	167.1	150.5	166.0	159.9
Emergency - Swale	179.8	170.2	203.1	167.1	191.6	186.3	194.0
Emergency - K&M	199	191.3	192.7	170	166.9	183.6	168.9

Source: SUS, ONS, KMPHO

Elective admissions are declining in Swale CCG; however emergency admissions increased between 2009/10 and 2010/11. The standardised admission rate for the three year period 2010/11 to 2012/13 is lower than Kent and Medway.

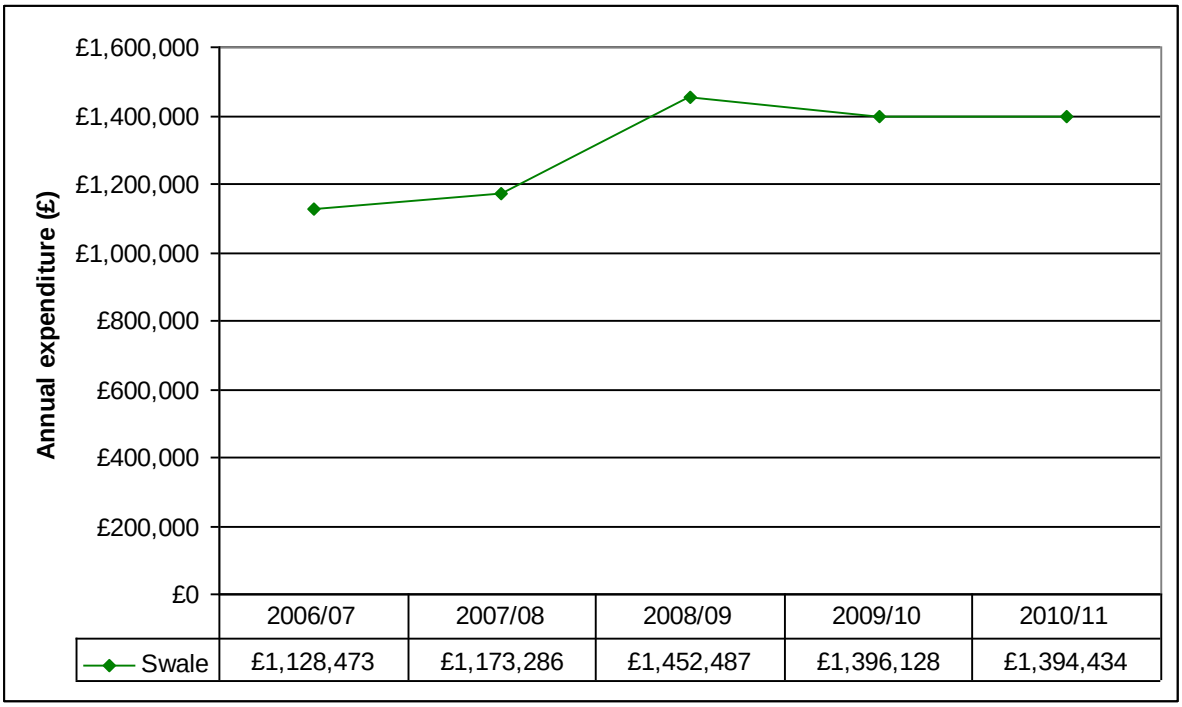
Figure 59 - Mean cost per hospital admission for CHD 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale	£2,588	£2,827	£2,741	£3,103	£3,078
Kent and Medway	£2,618	£2,646	£2,703	£3,222	£3,192

Source: SUS, KMPHO – Ordinary admissions only

Figure 60 - Expenditure on hospital admissions for CHD 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale	£1,128,473	£1,173,286	£1,452,487	£1,396,128	£1,394,434

Source: SUS, KMPHO – Ordinary admissions only

The mean cost per admission showed a small reduction between 2009/10 and 2010/11 and is slightly lower than the mean cost for Kent and Medway.

Figure 61 - Age standardised emergency admission rates for Swale CCG residents for acute myocardial infarction 2010/11-2012/13 by electoral ward

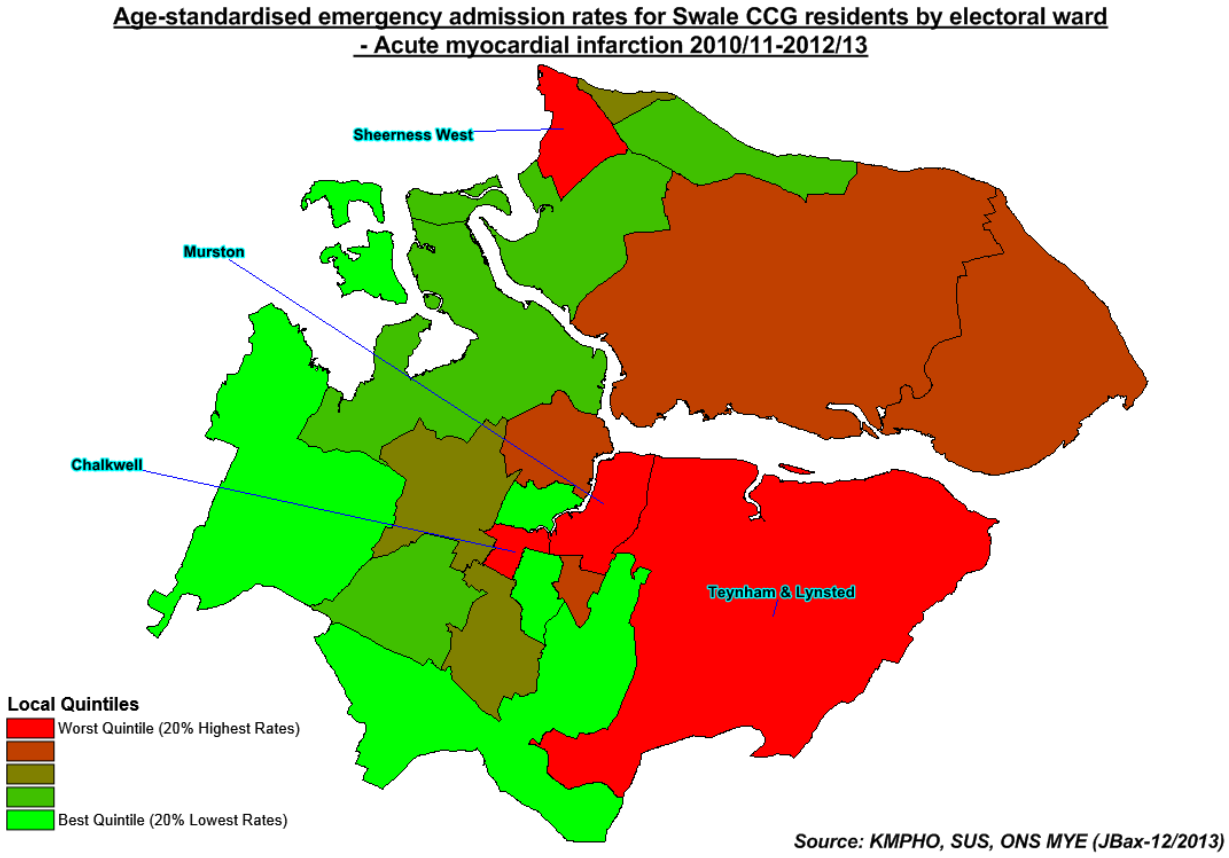
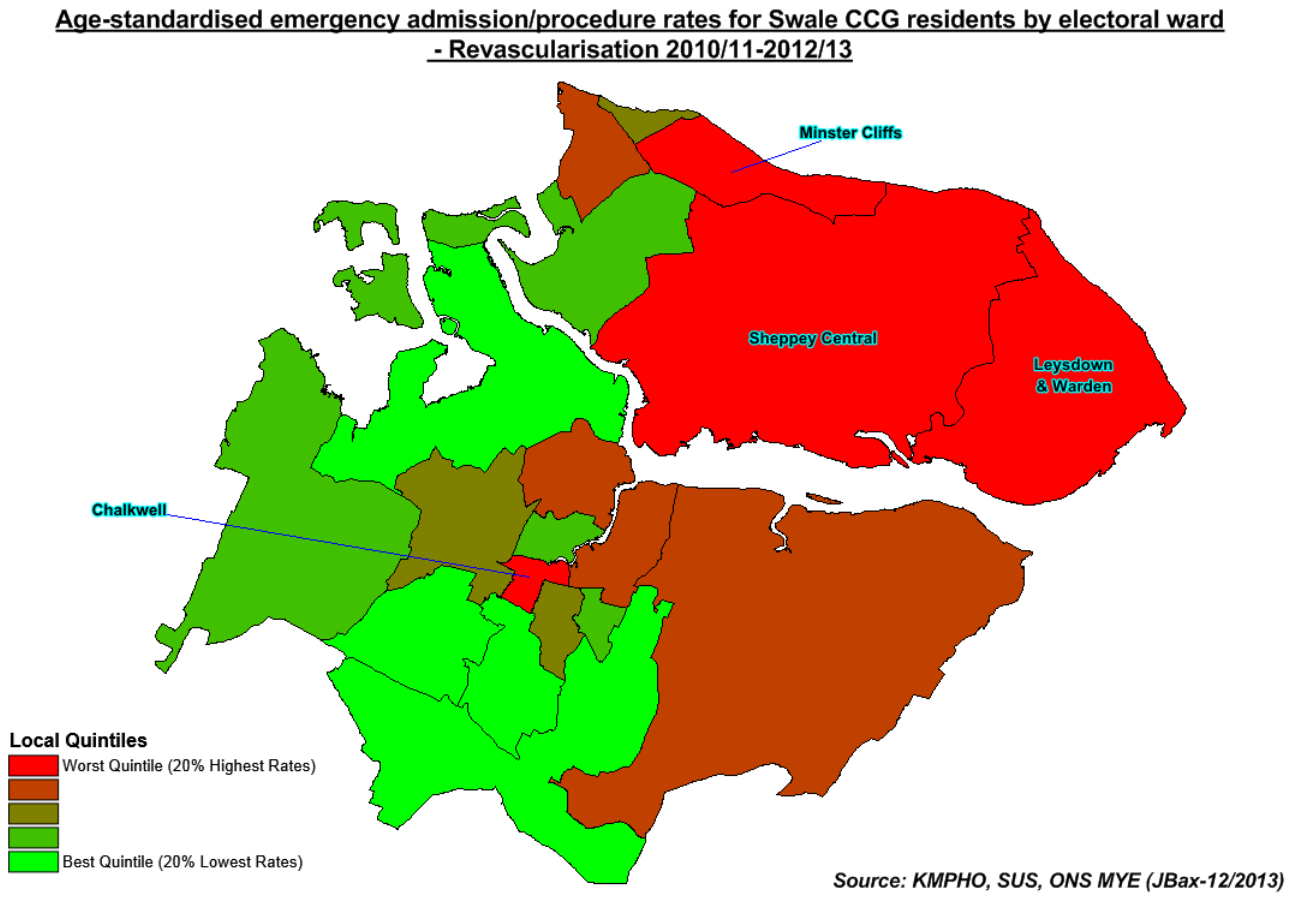
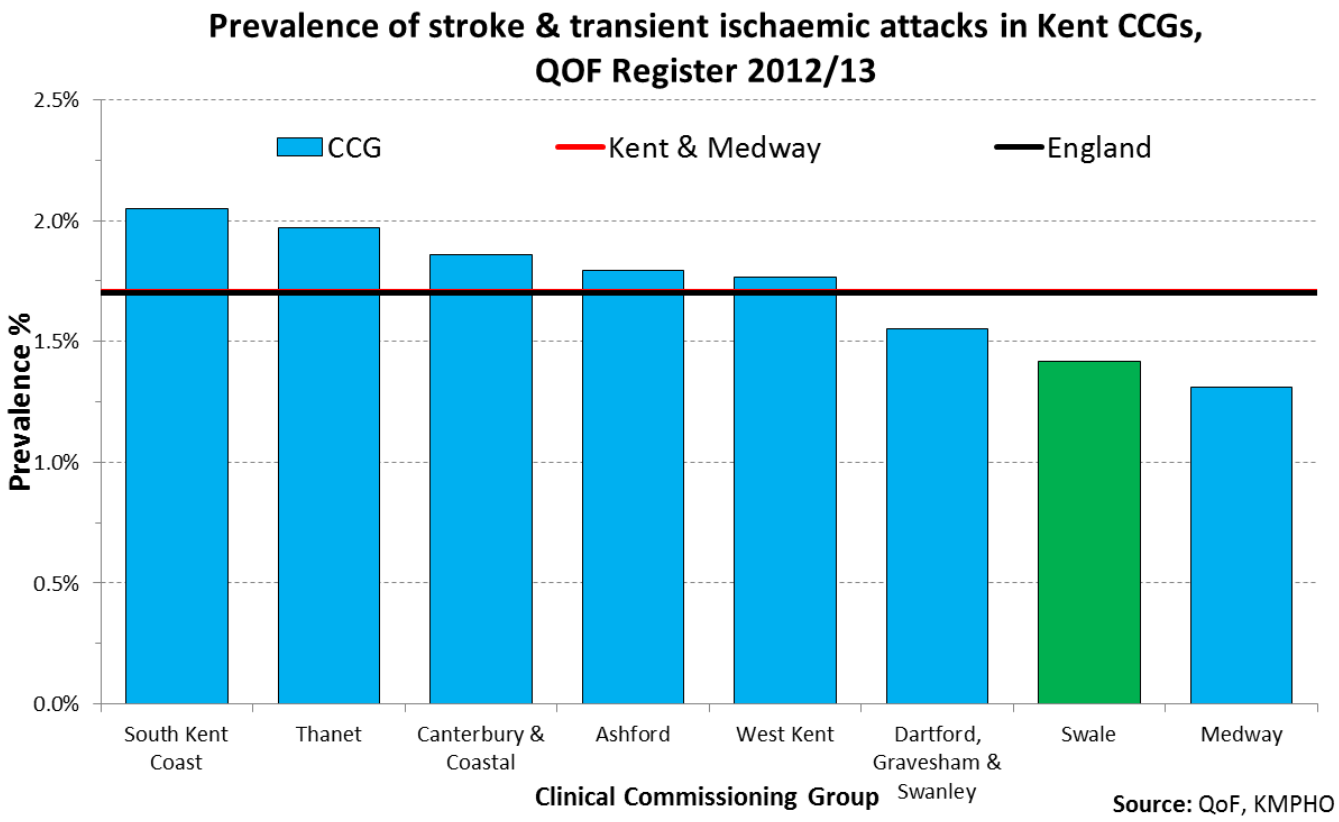


Figure 62 - Age standardised emergency admission rates for Swale CCG residents for revascularisation - 2010/11-2012/13 by electoral ward



Stroke

Figure 63 - Stroke or transient ischemic attacks QOF register 2012/13



There were 1,527 patients on Swale CCG stroke registers in 2012/13, a prevalence of 1.4%. The expected and observed prevalence are broadly similar, with less variation between practices. This is one of the lowest in comparison to the other east Kent areas.

Figure 64 - Prevalence of stroke by practice 2012/13

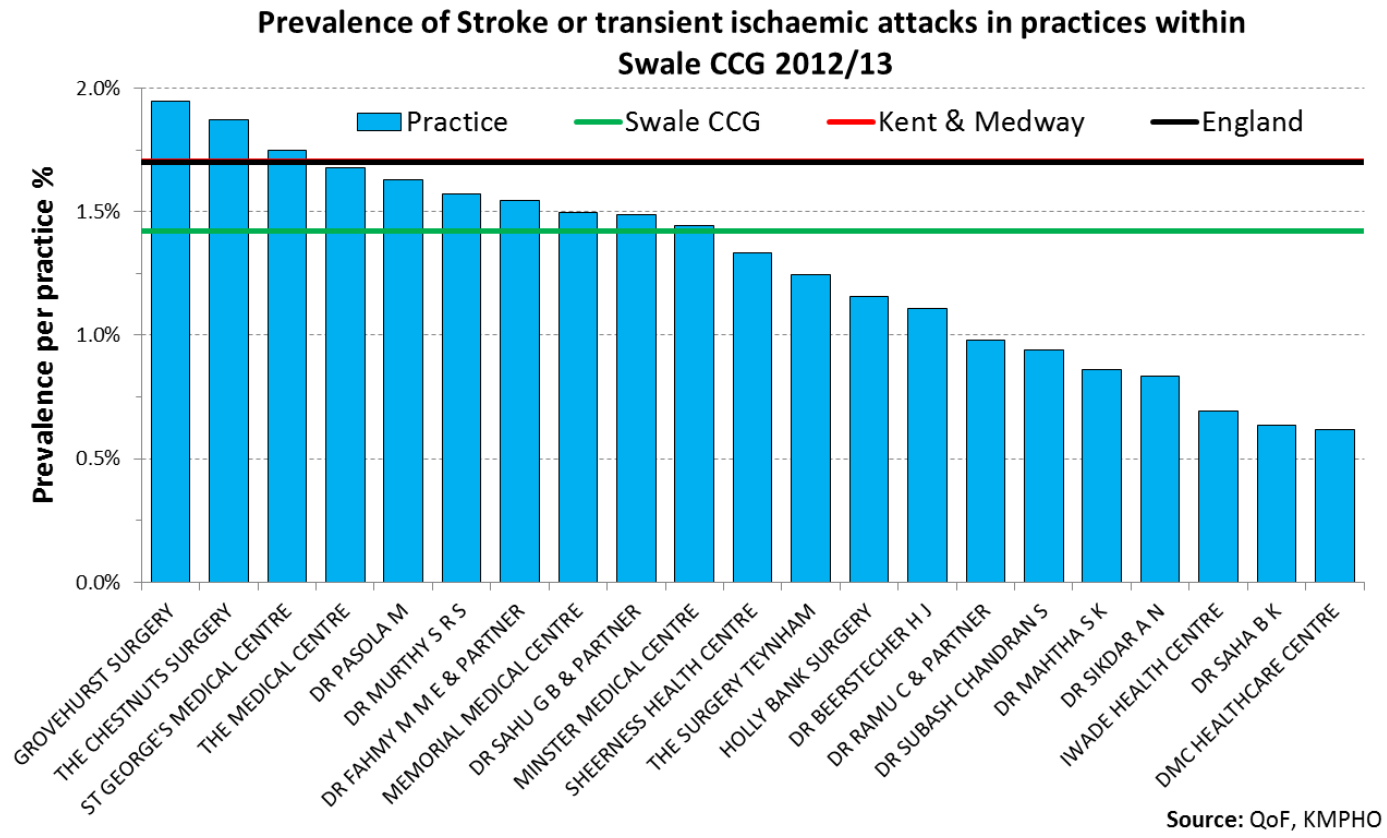


Figure 65 - Stroke: Expected [2011 modelled prevalence] vs Observed ([2012/13 QOF]

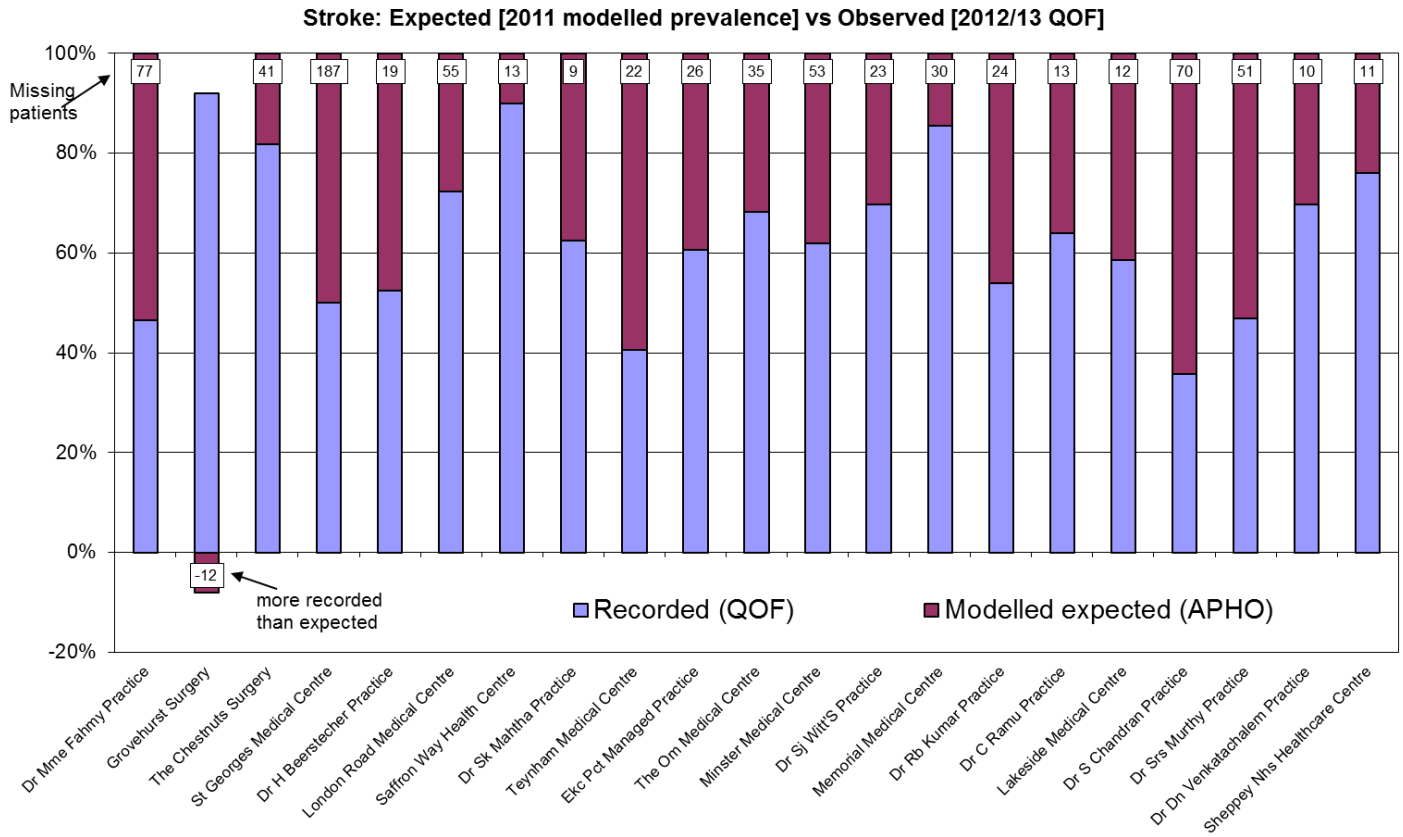
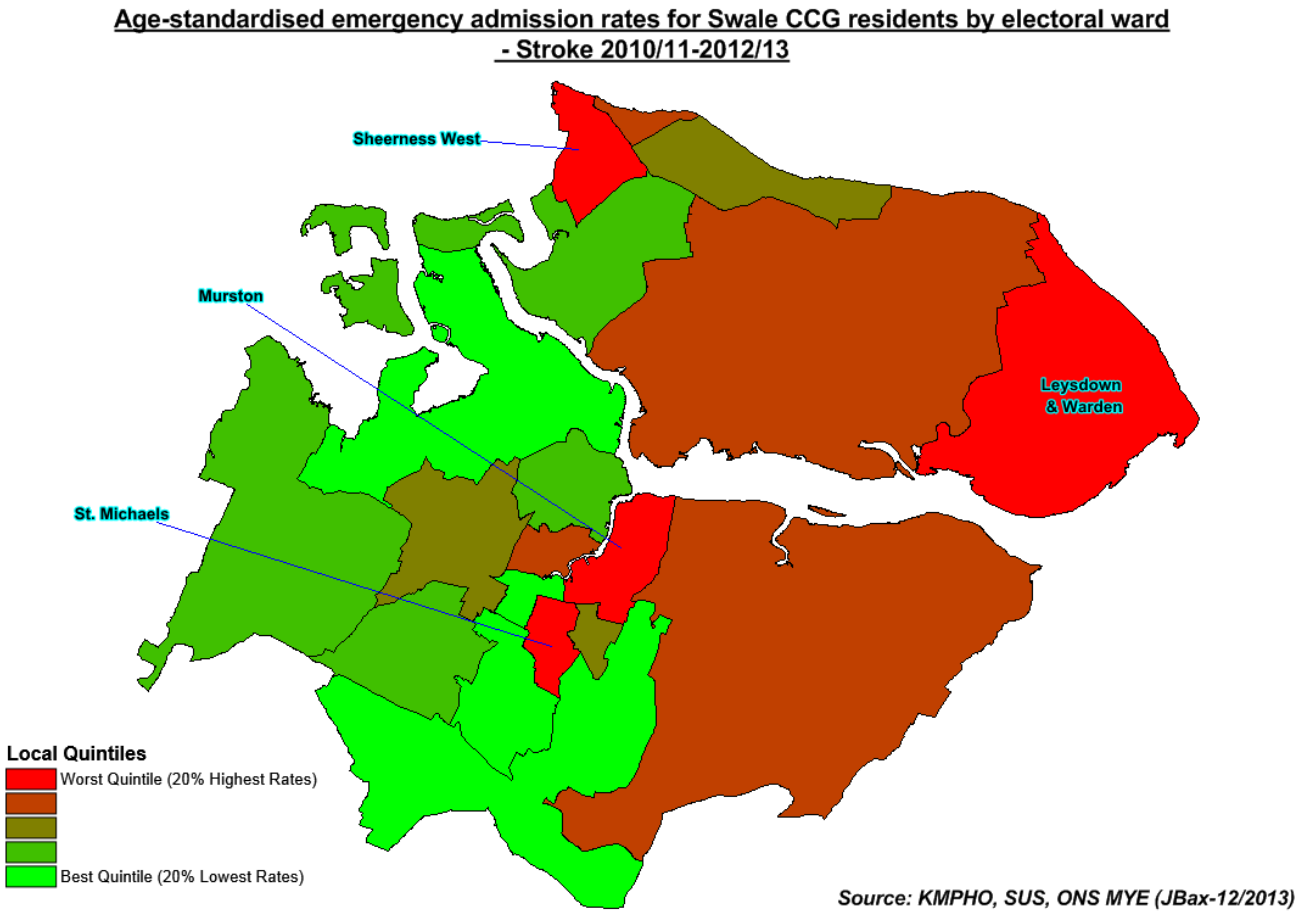
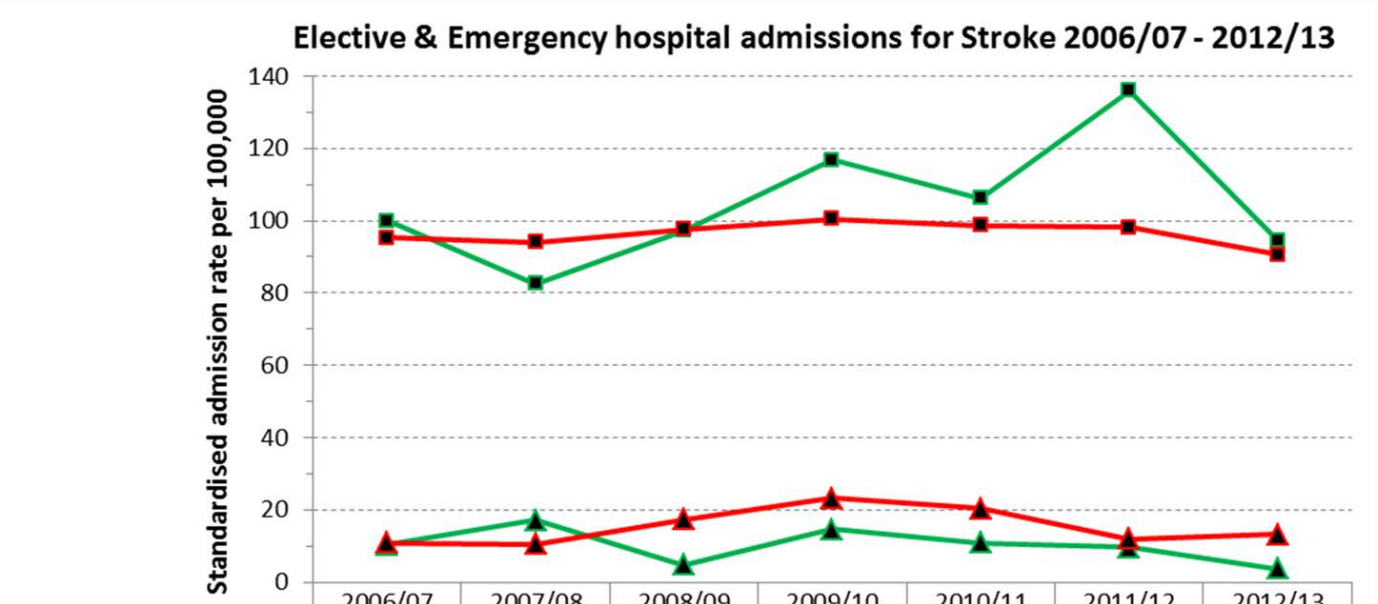


Figure 66 - Age standardised emergency admission rates for Swale CCG residents for stroke 2010/11-2012/13 by electoral ward



The highest emergency admission rates for stroke are to be found in the Sheerness West, Murston, St. Michaels and Leysdown and Warden wards.

Figure 67 - Elective and emergency admissions for stroke 2006/07-2012/13

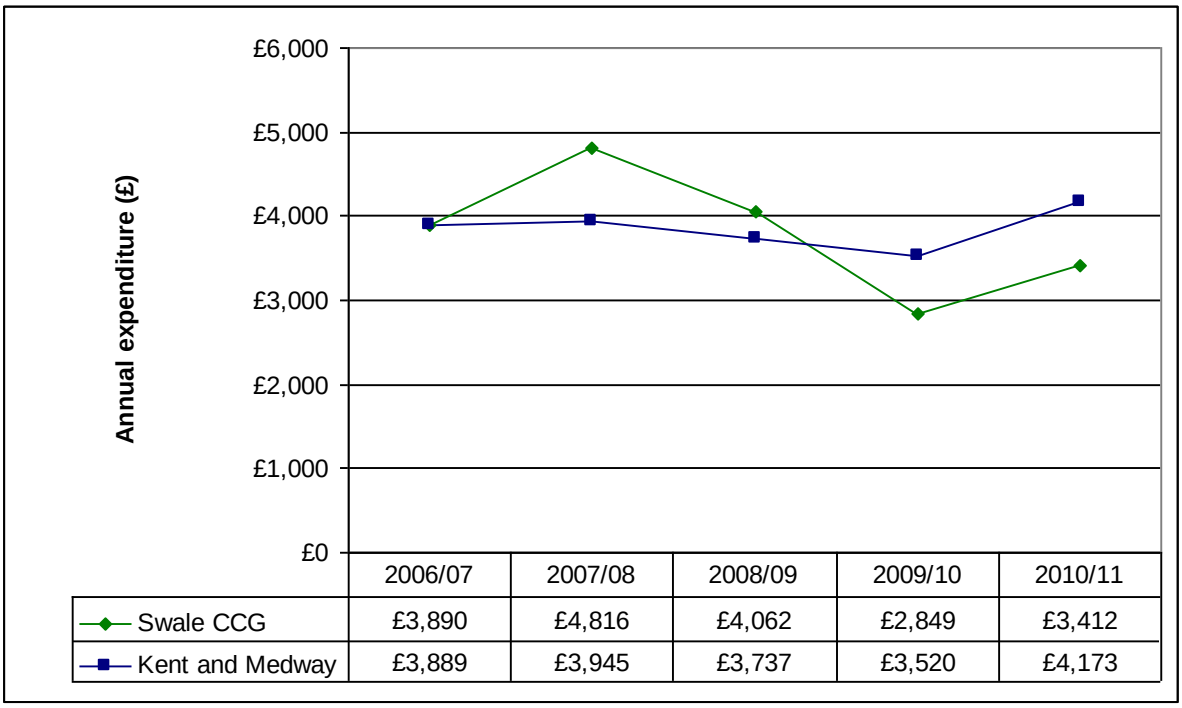


	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Elective - Swale	10.4	17.2	4.8	14.6	10.9	9.7	3.7
Elective - K&M	10.9	10.5	17.4	23.3	20.4	12.0	13.2
Emergency - Swale	99.9	82.6	97.3	116.8	106.3	136.0	94.6
Emergency - K&M	95.3	94.1	97.6	100.5	98.6	98.2	90.6

Source: SUS, ONS, KMPHO

Elective admissions for Swale CCG are lower than Kent and Medway although emergency admissions are slightly higher with a significantly high rate for the year 2011/12, however it would appear that this was an anomaly compared to previous years.

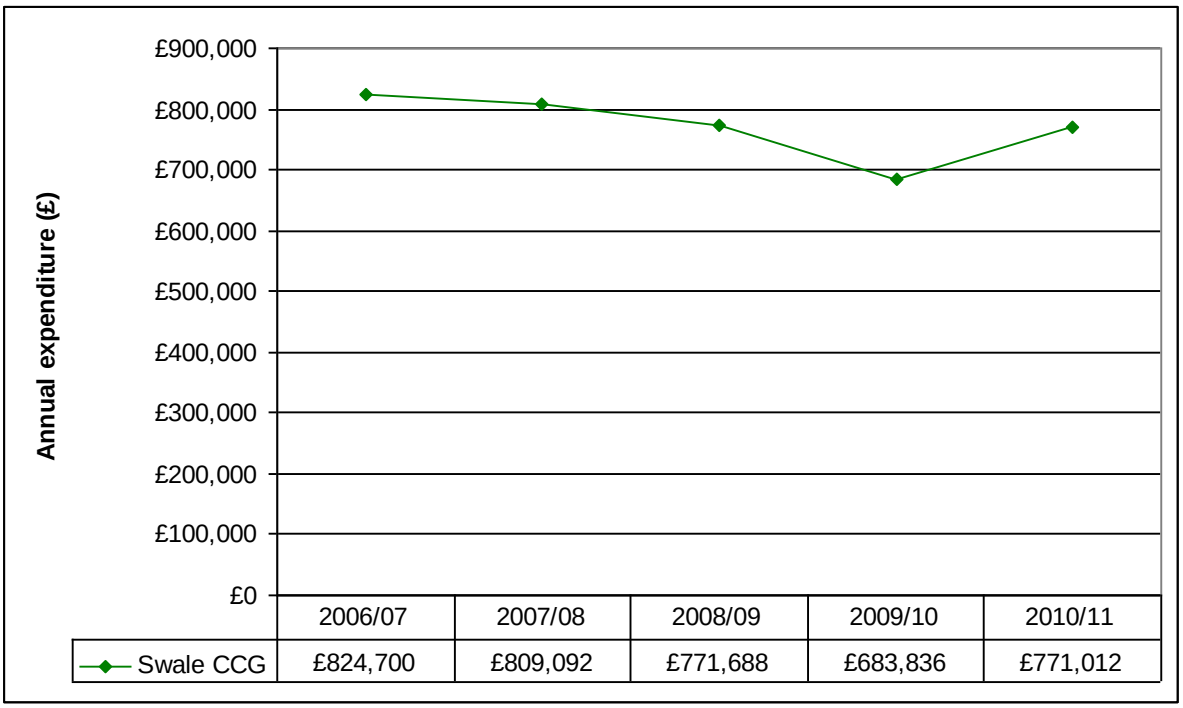
Figure 68 - Mean cost per hospital admission for stroke 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale CCG	£3,890	£4,816	£4,062	£2,849	£3,412
Kent and Medway	£3,889	£3,945	£3,737	£3,520	£4,173

Source: SUS, KMPHO – Ordinary admissions only

Figure 69 - Expenditure on hospital admissions for stroke 2006/07-2010/11

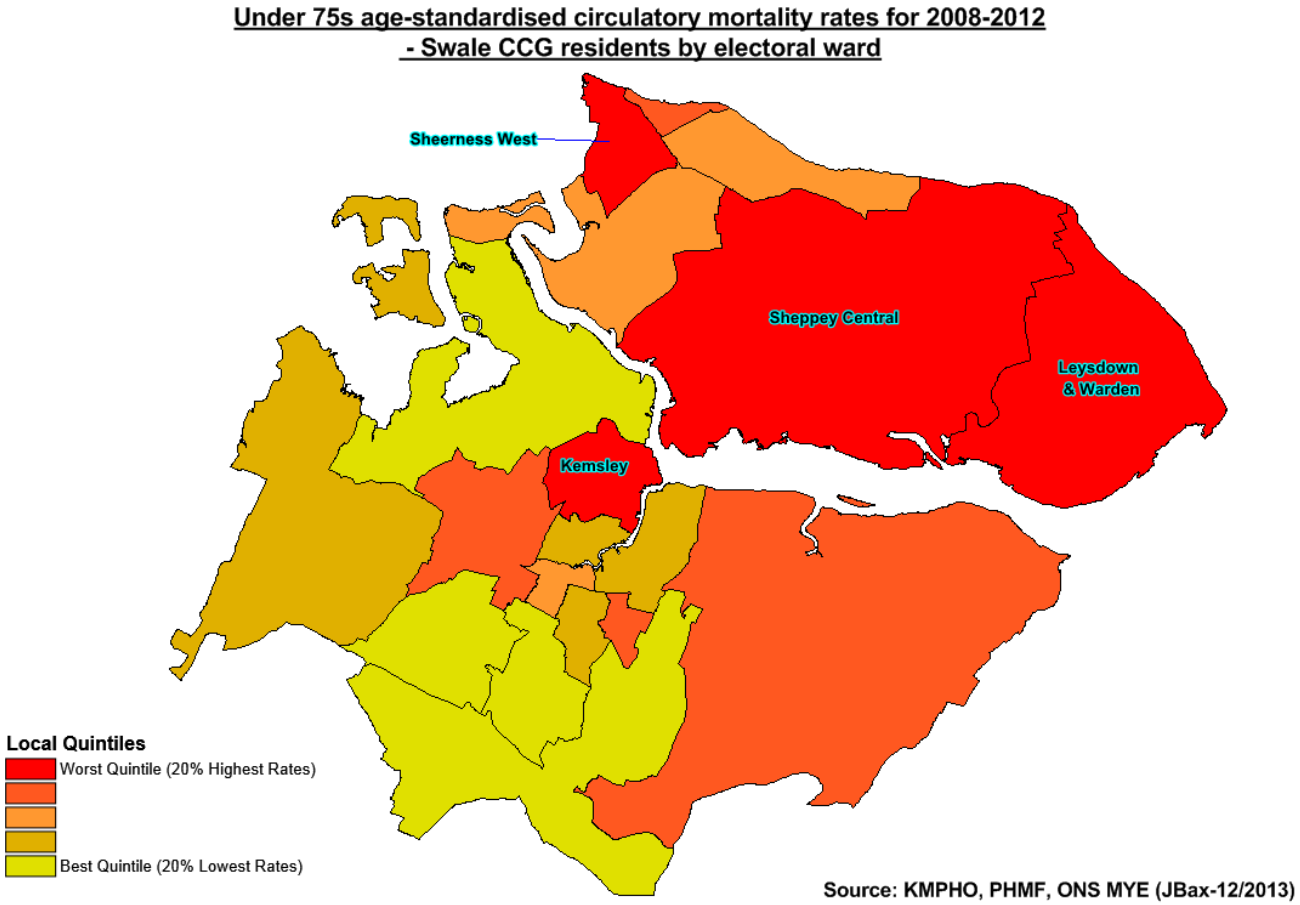


	2006/07	2007/08	2008/09	2009/10	2010/11
Swale CCG	£824,700	£809,092	£771,688	£683,836	£771,012

Source: SUS, KMPHO – Ordinary admissions only

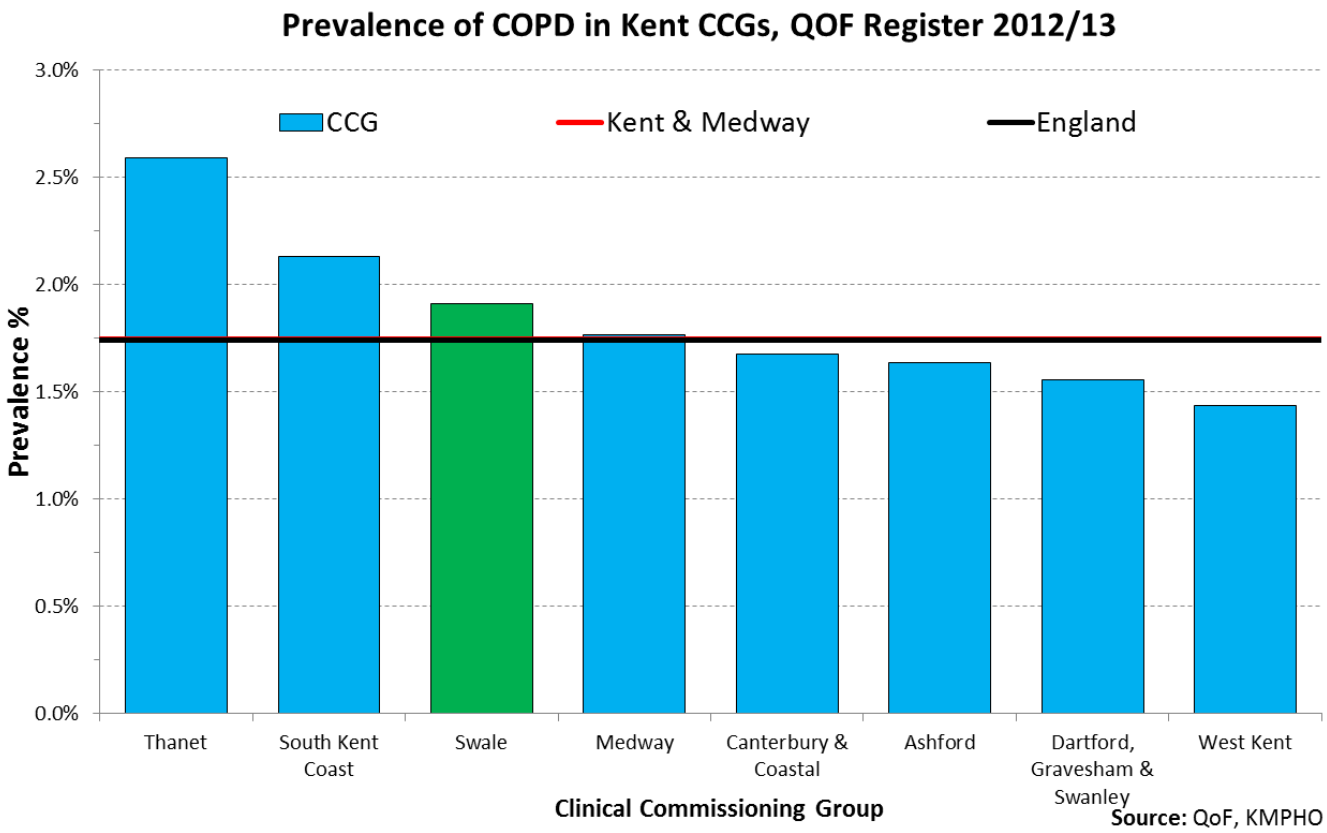
Both total expenditure and the mean average cost for admissions were declining, until 2009/10 when there was a slight increase between 2009/10 and 2010/11

Figure 70 - Age standardised mortality rates for 2008-12 Swale CCG residents by electoral ward - under 75 circulatory disease



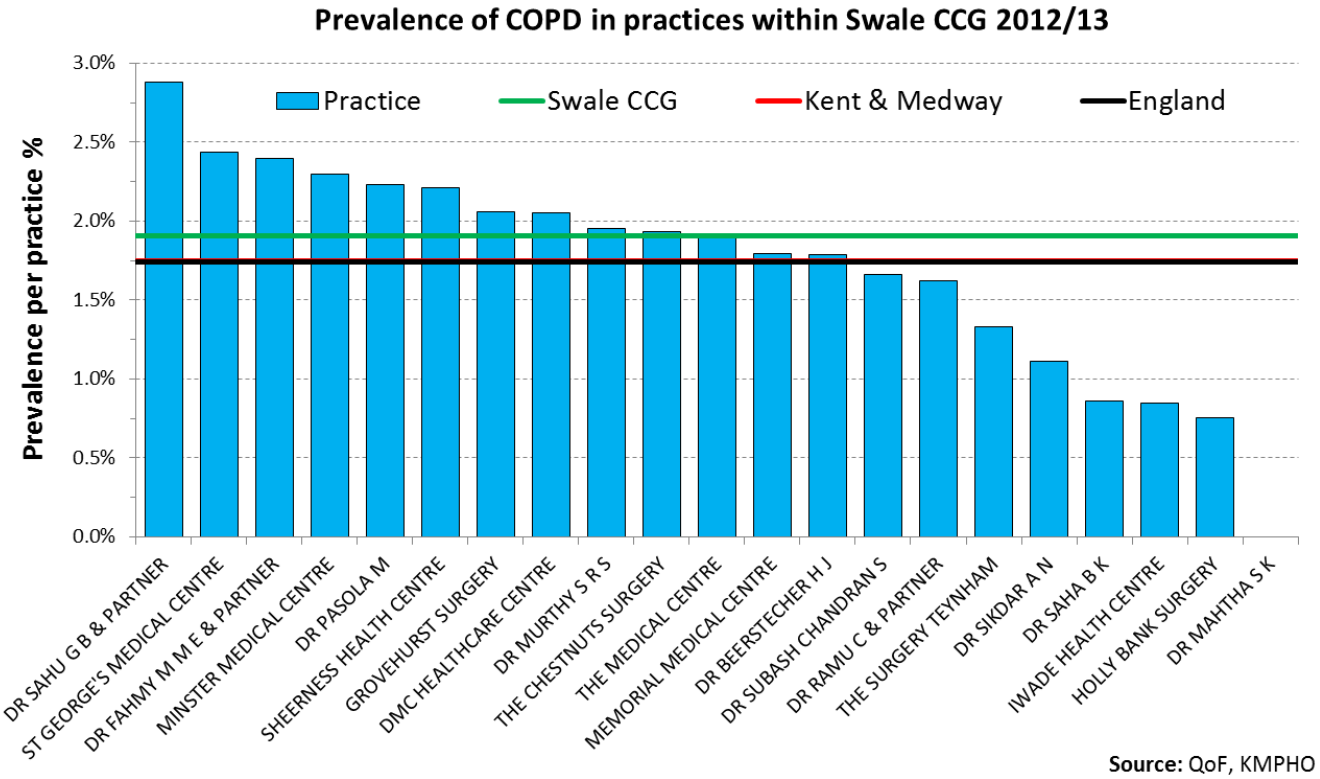
Chronic Obstructive Pulmonary Disease (COPD)

Figure 71 - COPD QOF register 2010/11



Source: QoF, KMPHO

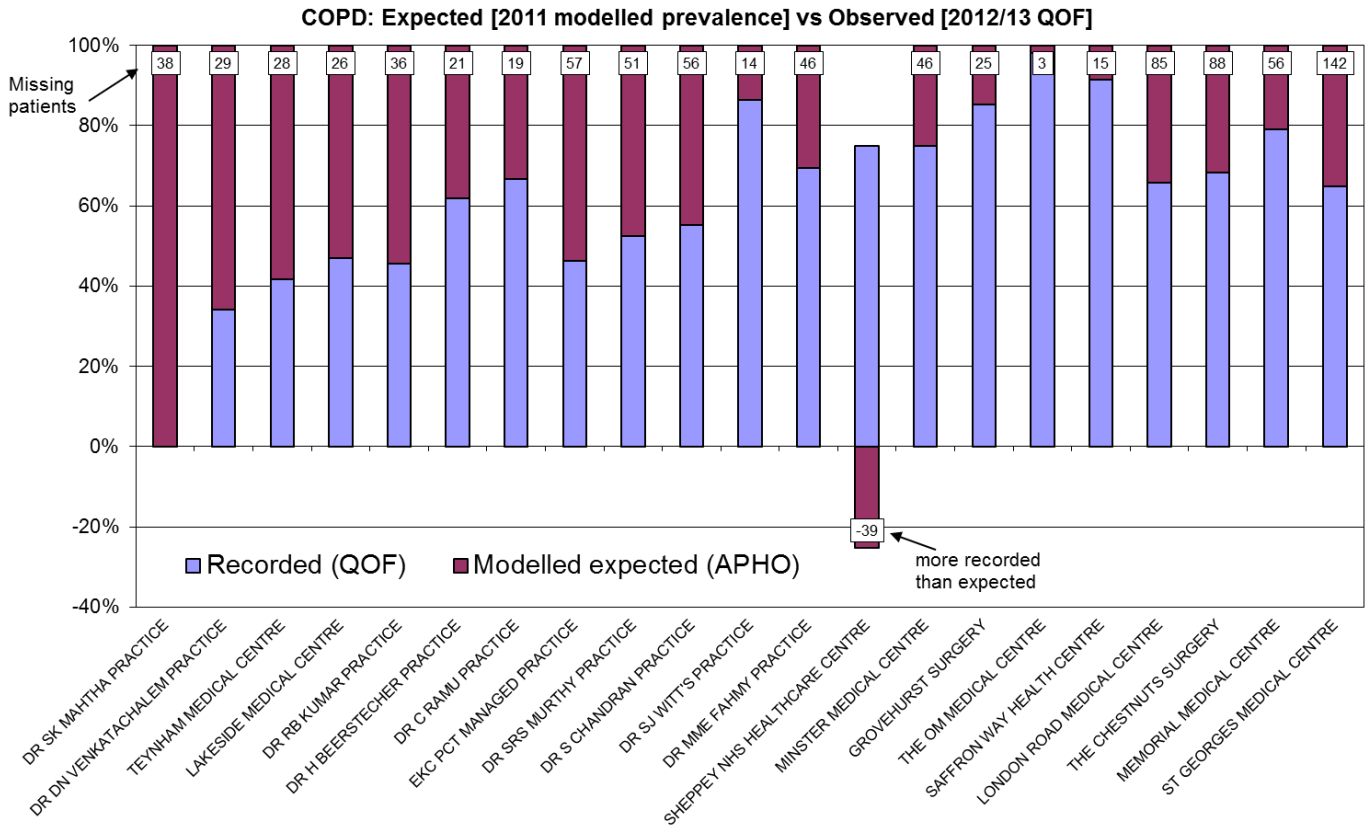
Figure 72 - Prevalence of COPD by practice 2010/11



Source: QoF, KMPHO

Prevalence of COPD is 1.9% which equates to a total of 2,054 patients compared to a rate of 1.7% for both Kent and Medway and England. The prevalence of COPD within Swale CCG ranges from 0.8% to 2.9%.

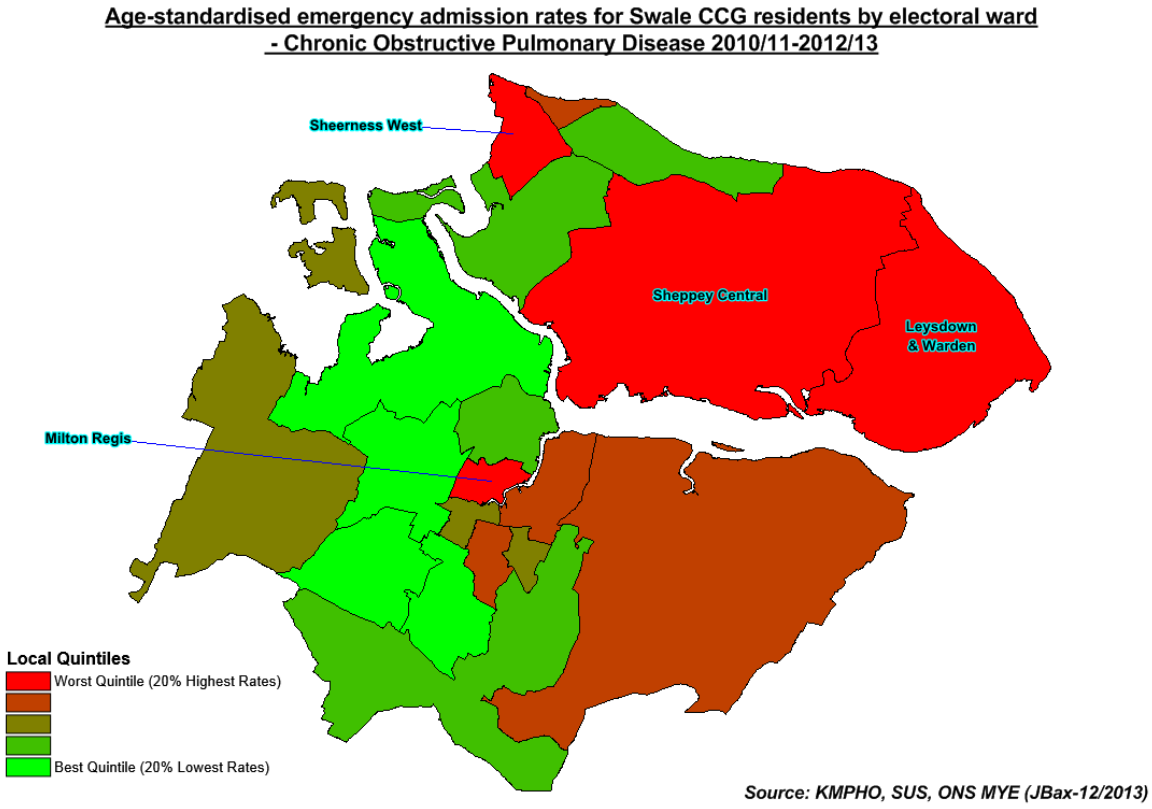
Figure 73 - COPD: Expected [2011 modelled prevalence] vs Observed [2012/13 QOF]



The Association of Public Health Observatory model estimates an expected prevalence of 2,896 patients. This suggests that there may be 842 patients in Swale CCG with undiagnosed COPD.

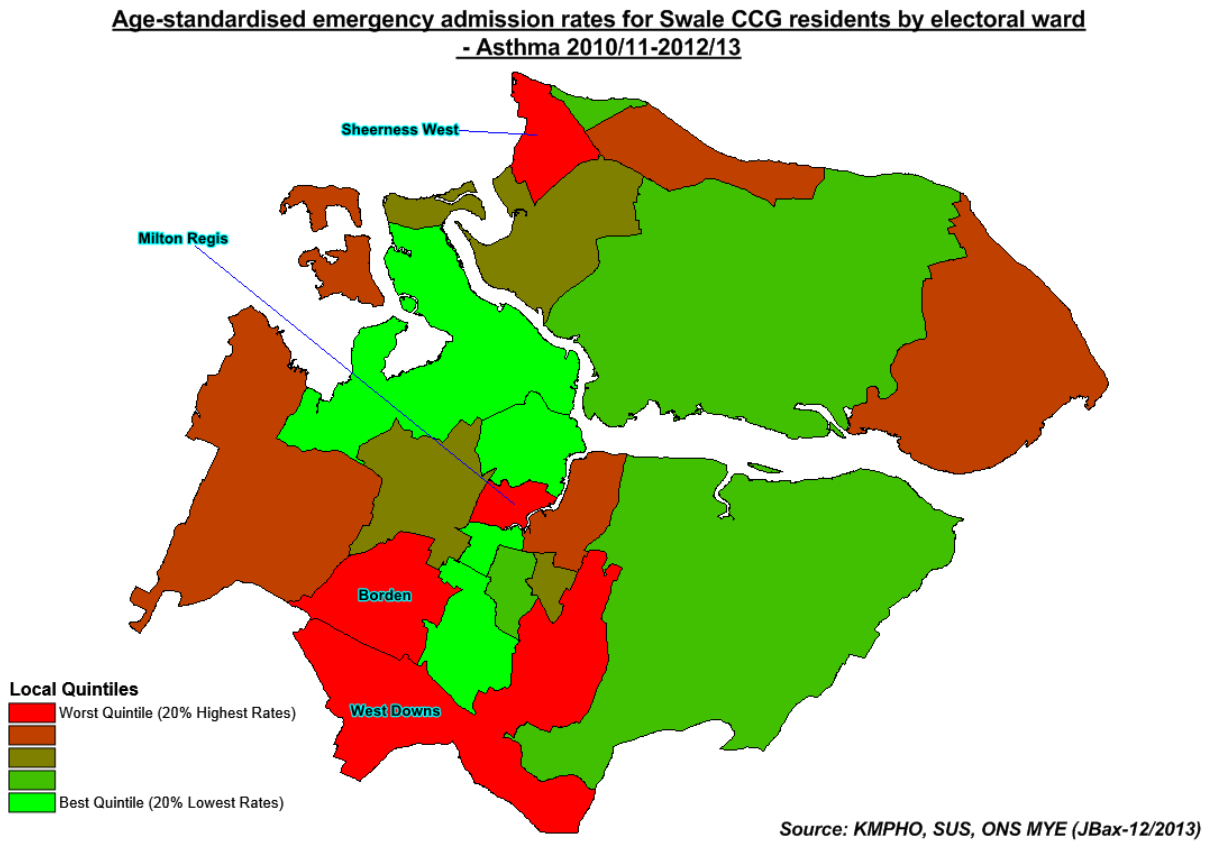
The elective admission rate is lower than that of Kent and Medway and has remained fairly stagnant over the last six years declining; however there is an increasing trend in the emergency admissions rate which is greater than that for Kent and Medway; who are both showing a year-on-year increase.

Figure 74 - Age standardised emergency admissions rates for Swale CCG residents for Chronic Obstructive Pulmonary Disease - 2010/11-2012/13 by electoral ward



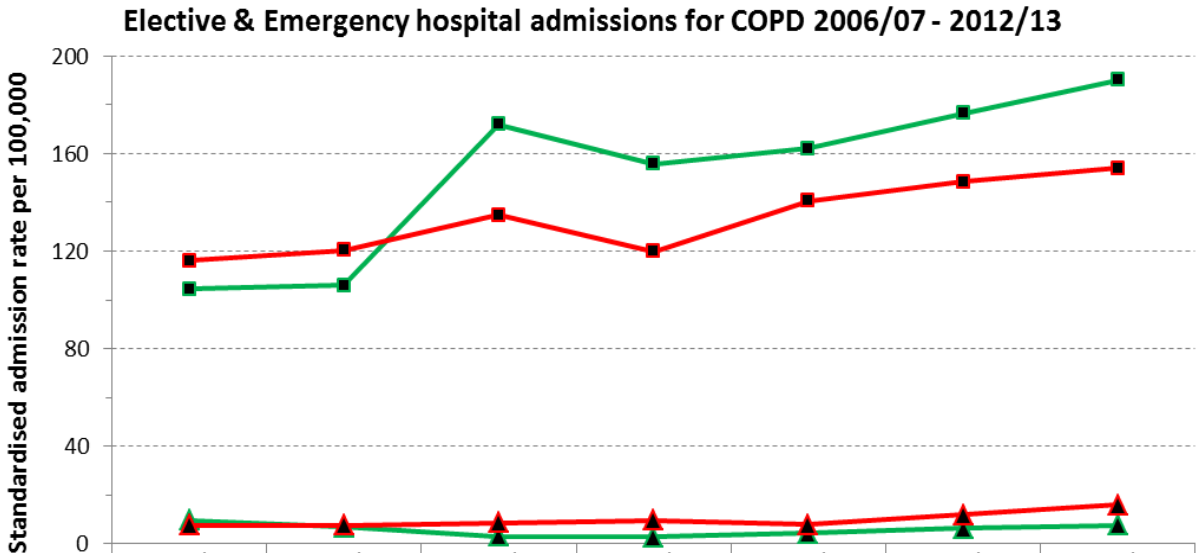
Higher emergency admission rates for COPD will be seen in Sheerness West, Sheppey Central, Leysdown and Warden and Milton Regis wards.

Figure 75 - Age standardised emergency admission rates for Swale CCG residents for asthma – 2010/11-2012/13 by electoral ward



Higher emergency admission rates for asthma will be seen in Sheerness West, Borden, West Downs and Milton Regis wards.

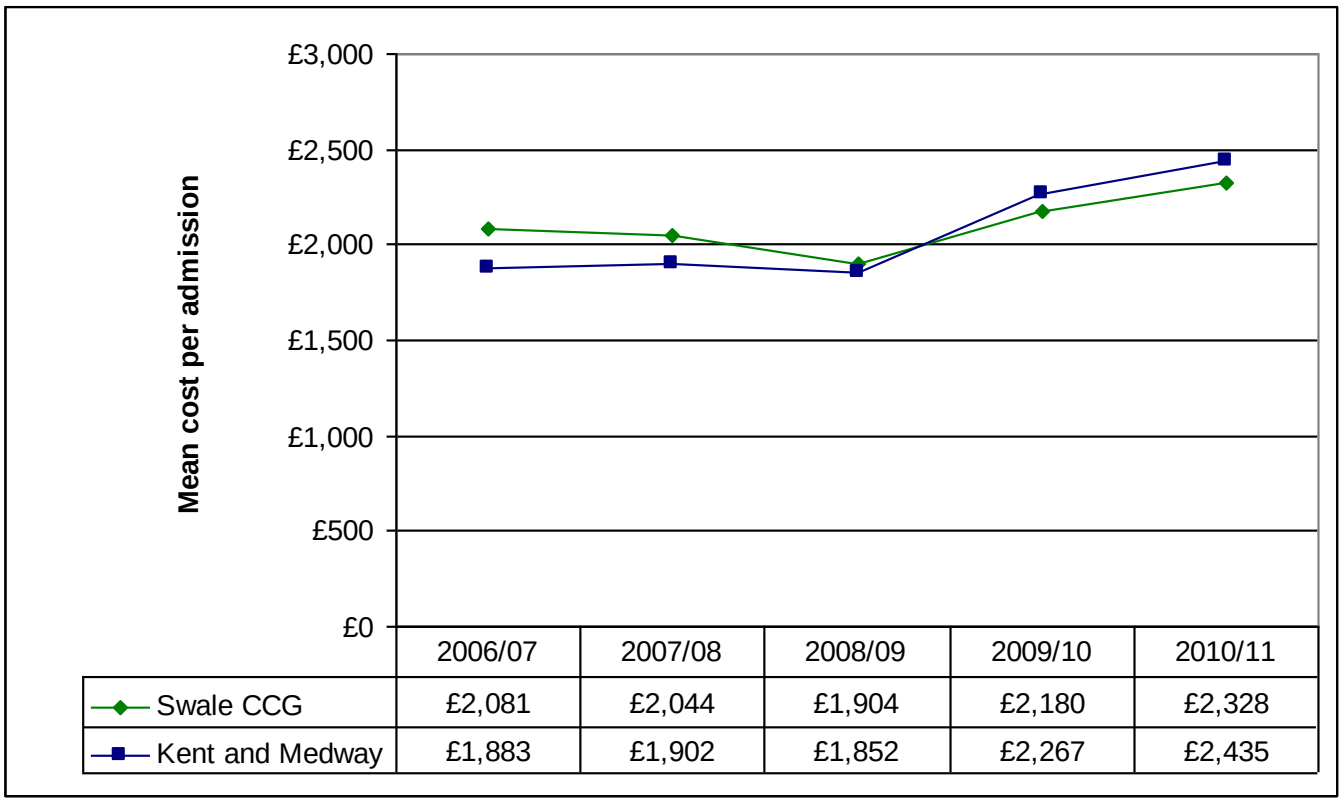
Figure 76 - Elective and emergency hospital admission rates for COPD 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Elective - Swale	9.8	6.8	3.1	3	4.3	6.4	7.8
Elective - K&M	7.6	7.8	8.8	9.6	8	12.1	16.1
Emergency - Swale	104.4	105.9	172	155.7	162.1	176.3	190.0
Emergency - K&M	116.1	120.3	134.8	119.9	140.5	148.4	153.9

Source: SUS, ONS, KMPHO

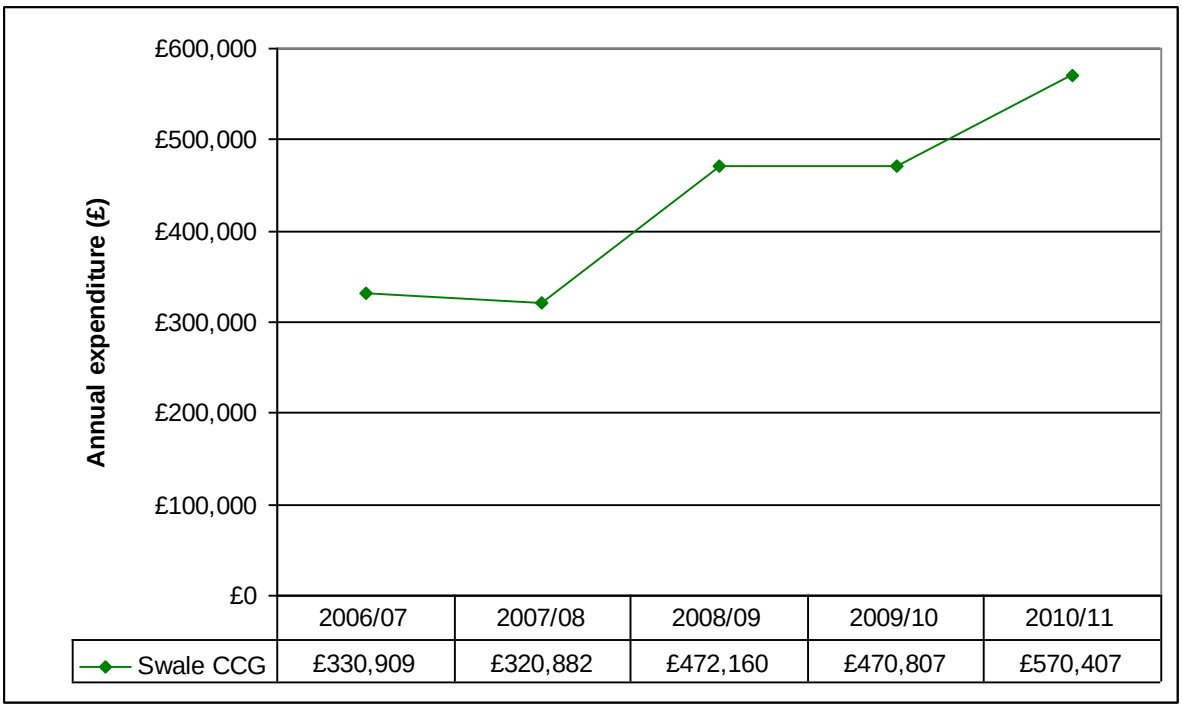
Figure 77 - Mean cost per hospital admission for COPD 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale CCG	£2,081	£2,044	£1,904	£2,180	£2,328
Kent and Medway	£1,883	£1,902	£1,852	£2,267	£2,435

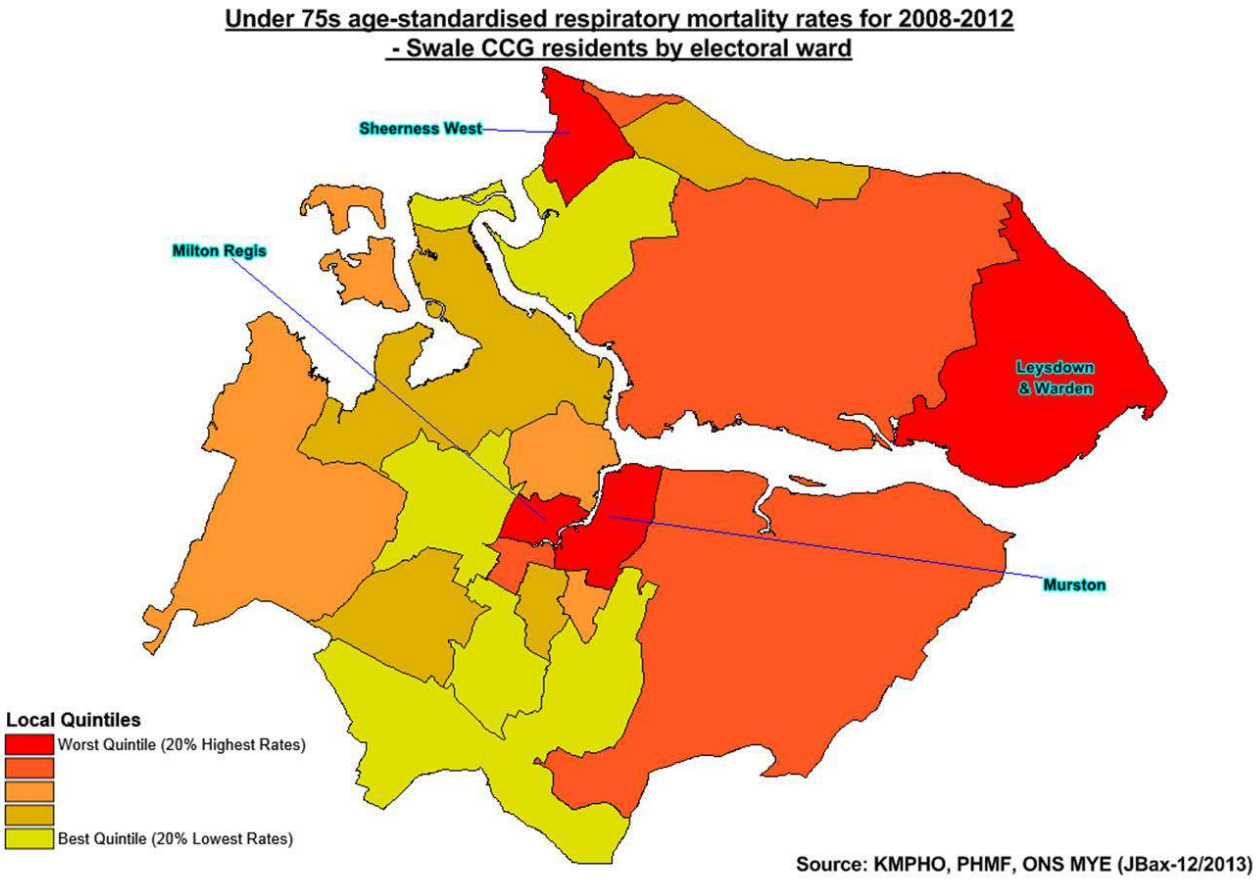
Unfortunately the mean cost for COPD hospital admissions has been increasing steadily since 2006/07. The mean cost for Swale CCG is similar to that for Kent and Medway.

Figure 78 - Expenditure on hospital admissions for COPD 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale CCG	£330,909	£320,882	£472,160	£470,807	£570,407

Figure 79 - Age standardised mortality rates for 2008-12 Swale CCG residents by electoral ward - all respiratory diseases



Sheerness West, Milton Regis, Murston and Leysdown and Warden wards have the highest mortality rates for all respiratory diseases.

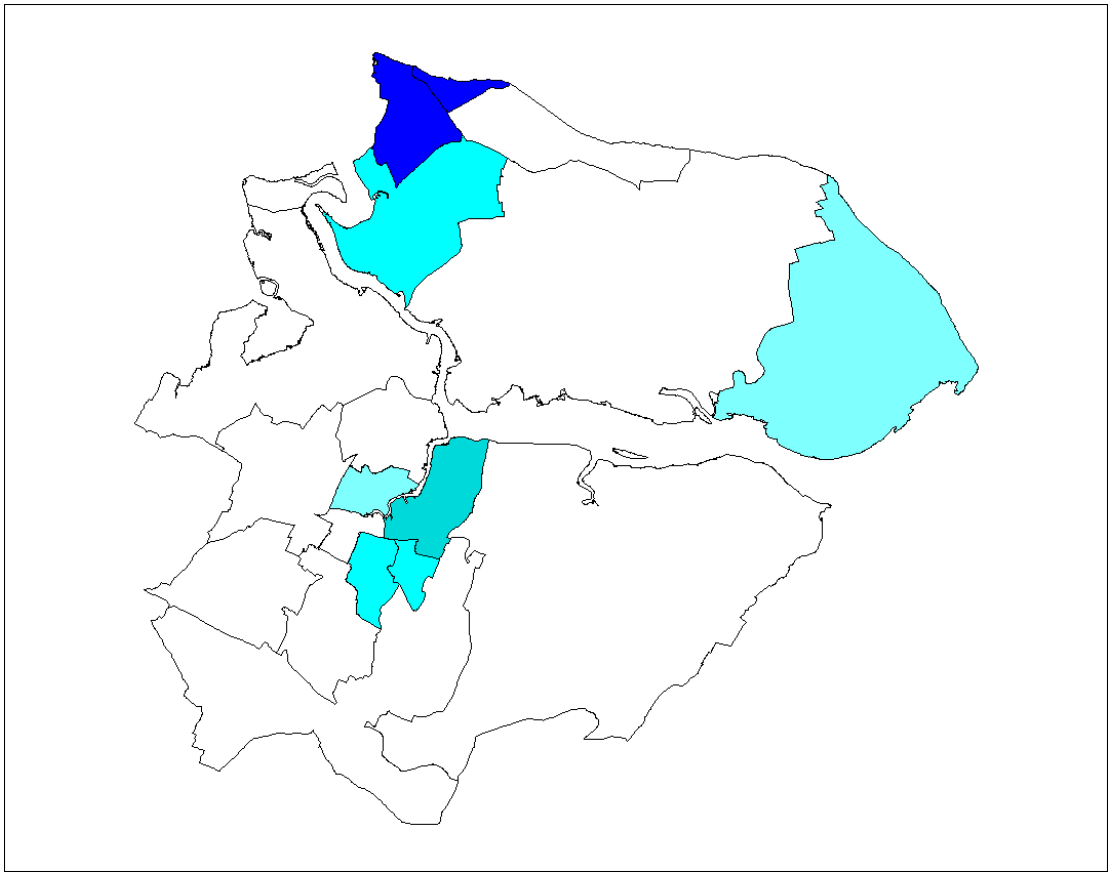
Mental Health

In different types of areas, people are more or less likely to incur common mental illnesses. To some extent this can be ***predicted*** from characteristics of the population measured by the census or other types of survey. Mental health needs indices estimate by how much. A needs index of 0.8 suggests that there will be 20% less illness in an area than in the country as a whole, an index of 1.2 suggests 20% more.

Mental Illness Needs Index

In different types of areas, people are more or less likely to incur common mental illnesses. To some extent this can be ***predicted*** from characteristics of the population measured by the census or other types of survey. Mental health needs indices estimate by how much. A needs index of 0.8 suggests that there will be 20% less illness in an area than in the country as a whole, an index of 1.2 suggests 20% more.

Figure 80 - Mental Illness Needs Index



20% more

5-20% less

20% less

5-20% more

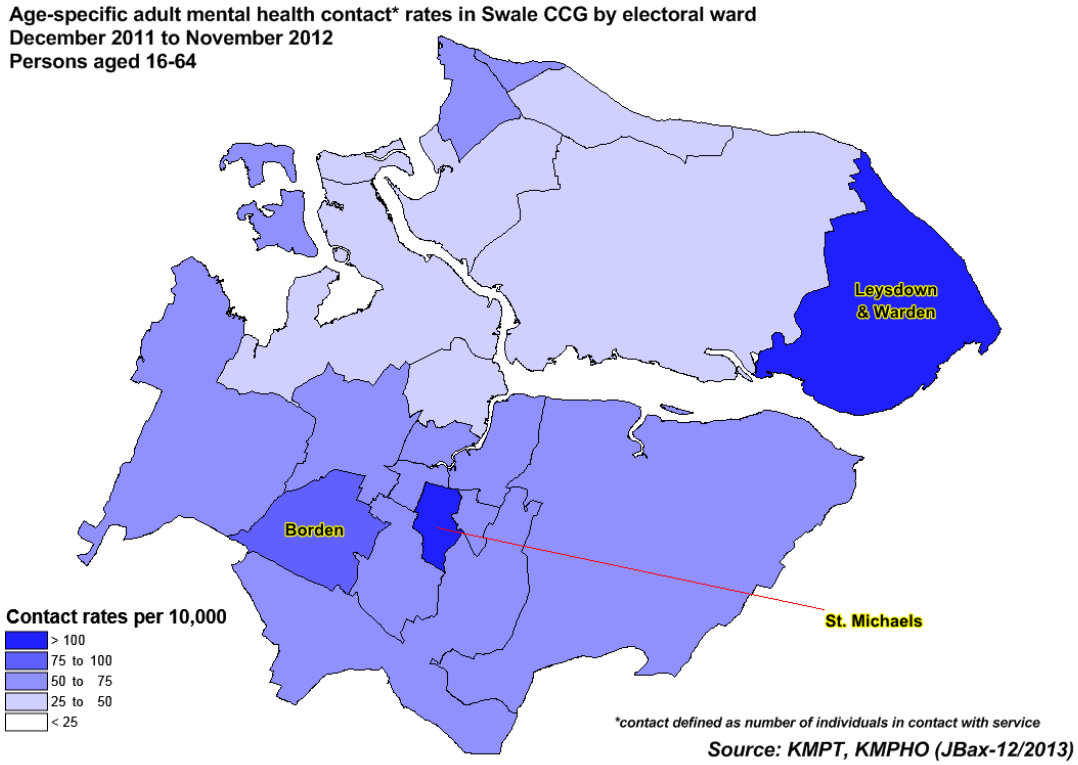
Expected national rate (+/- 5%)

Mental Illness in Children and Young People

Please refer to the Children's section of this needs assessment. The presumption being made is that children are children first, with specialist clinical needs as a second order consideration.

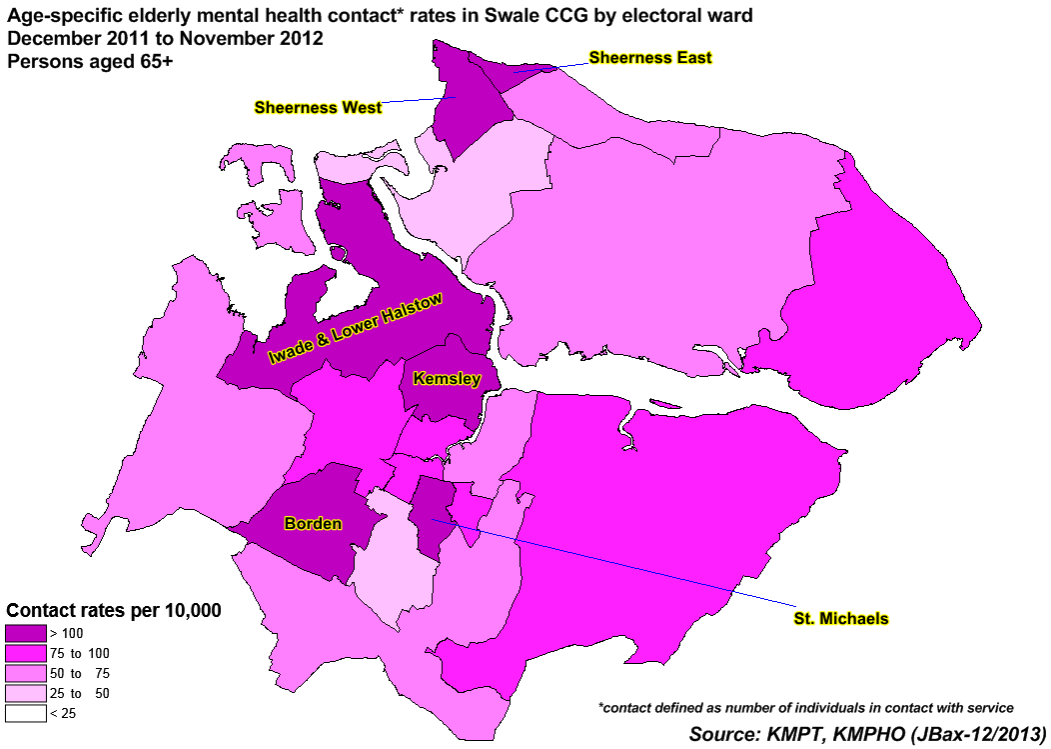
Prevalence of more severe mental illness in adults

Figure 81 - Age specific adult mental health patient rates (ages 16-64) for 2012 by electoral ward of residence



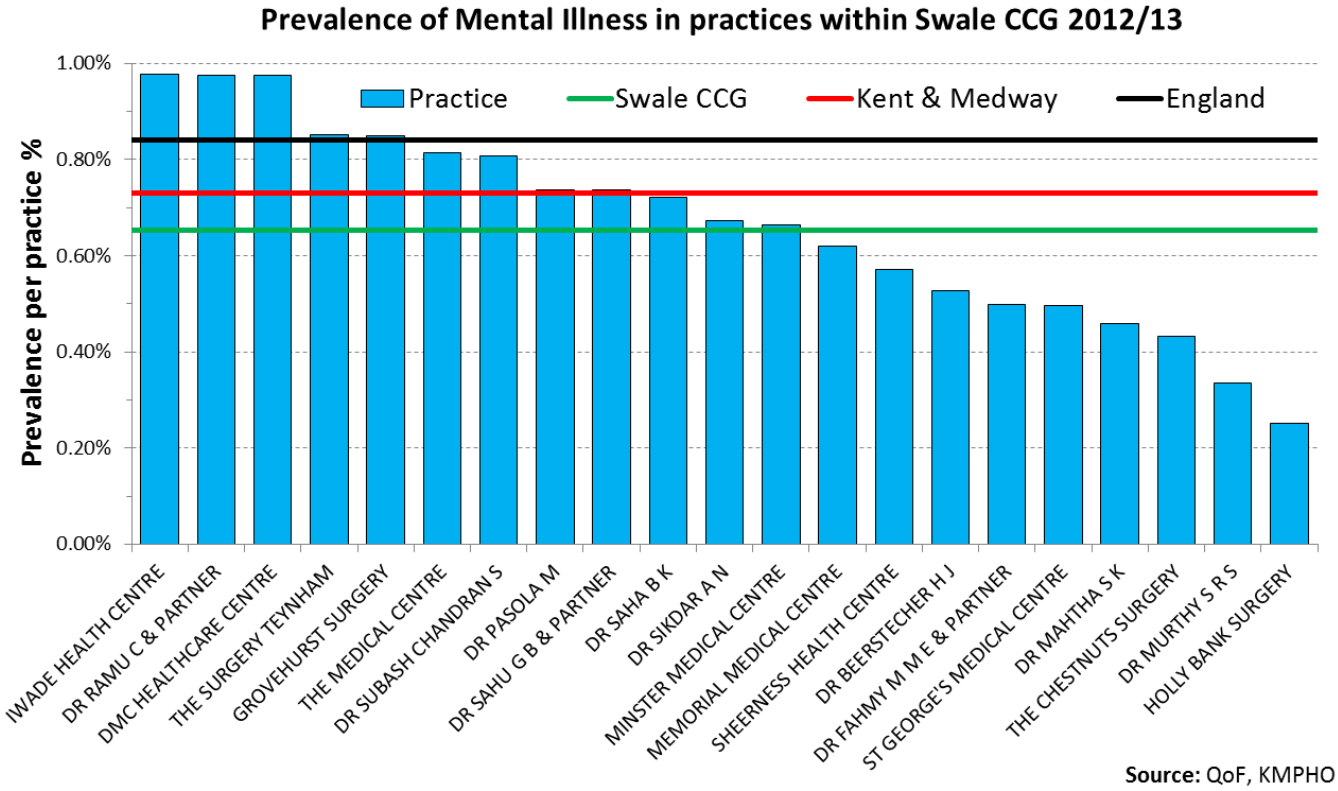
Higher rates of contact with specialist mental health services for adult persons aged up to 64 can be seen in St. Michaels and Leysdown and Warden. Medium rates are also shown for Borden.

Figure 82 - Age specific elderly mental health patient rates (ages 65+) for 2012 by electoral ward of residence



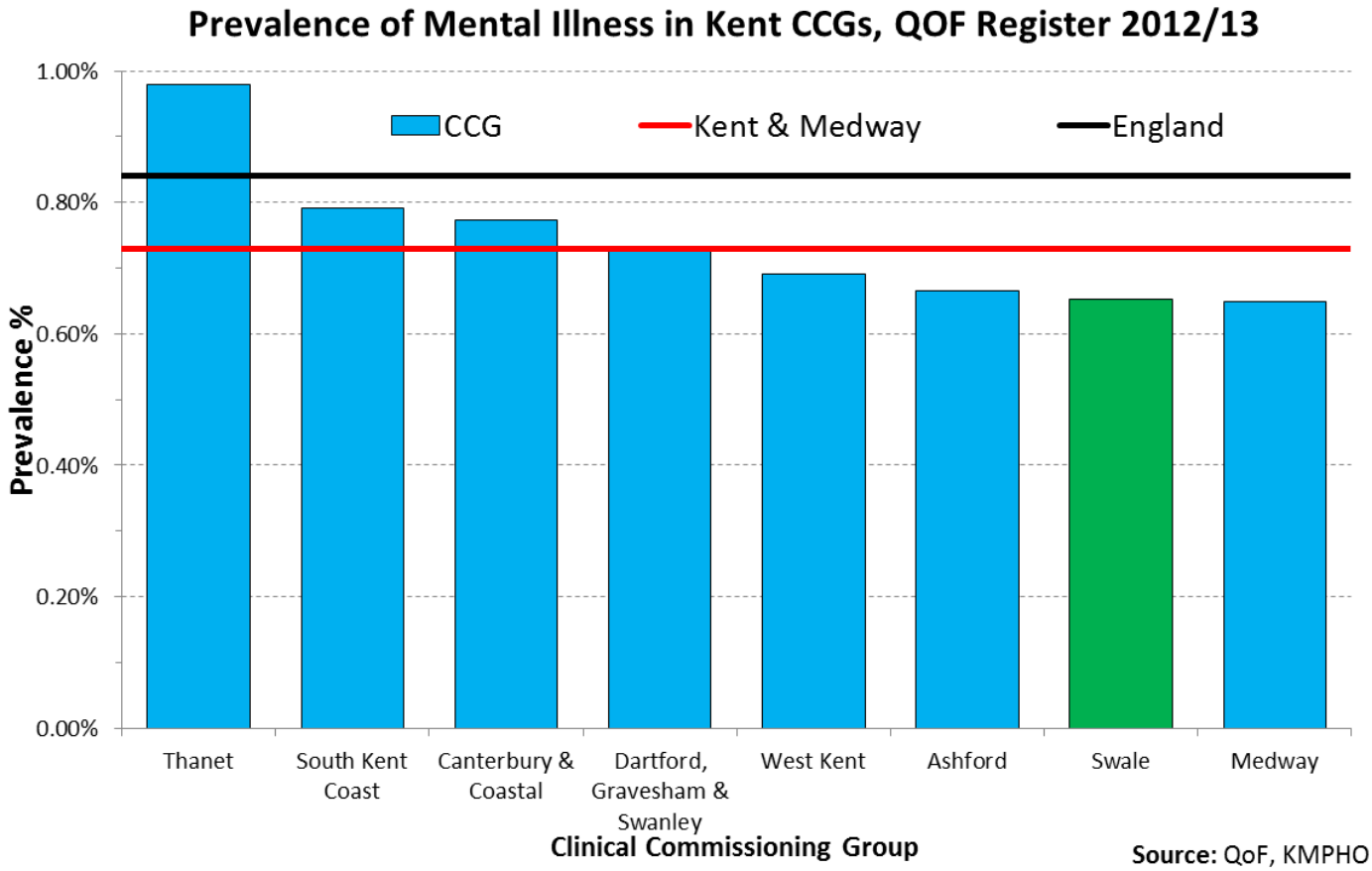
The highest concentrations of contact with specialist mental health services for persons aged 65 and above are to be found in Sheerness East & West, Iwade & Lower Halstow, Kemsley, Borden and St. Michaels. The contrast between older age groups and the high contact rate for residents of Iwade and Lower Halstow which had low rates of under 65 contacts is worth noting.

Figure 83 - Prevalence of mental illness in practices in Swale CCG 2012/13



Source: QoF, KMPHO

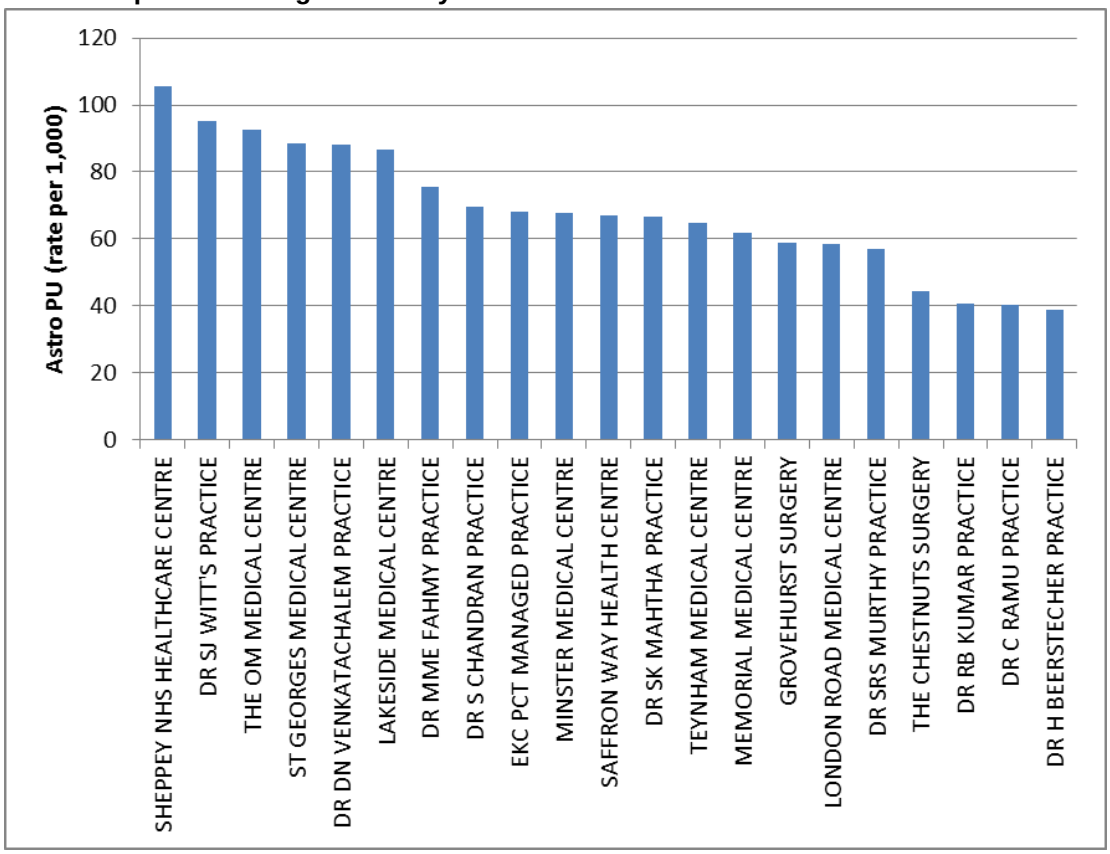
Swale CCG practices overall have lower rates of patients with mental illness as measured by QOF, compared to the national and Kent & Medway average. This may reflect overall the younger population make-up of the Borough. The higher rates are found at Sheppey Healthcare Centre, Iwade Health Centre and Milton Regis surgery.



Source: QoF, KMPHO

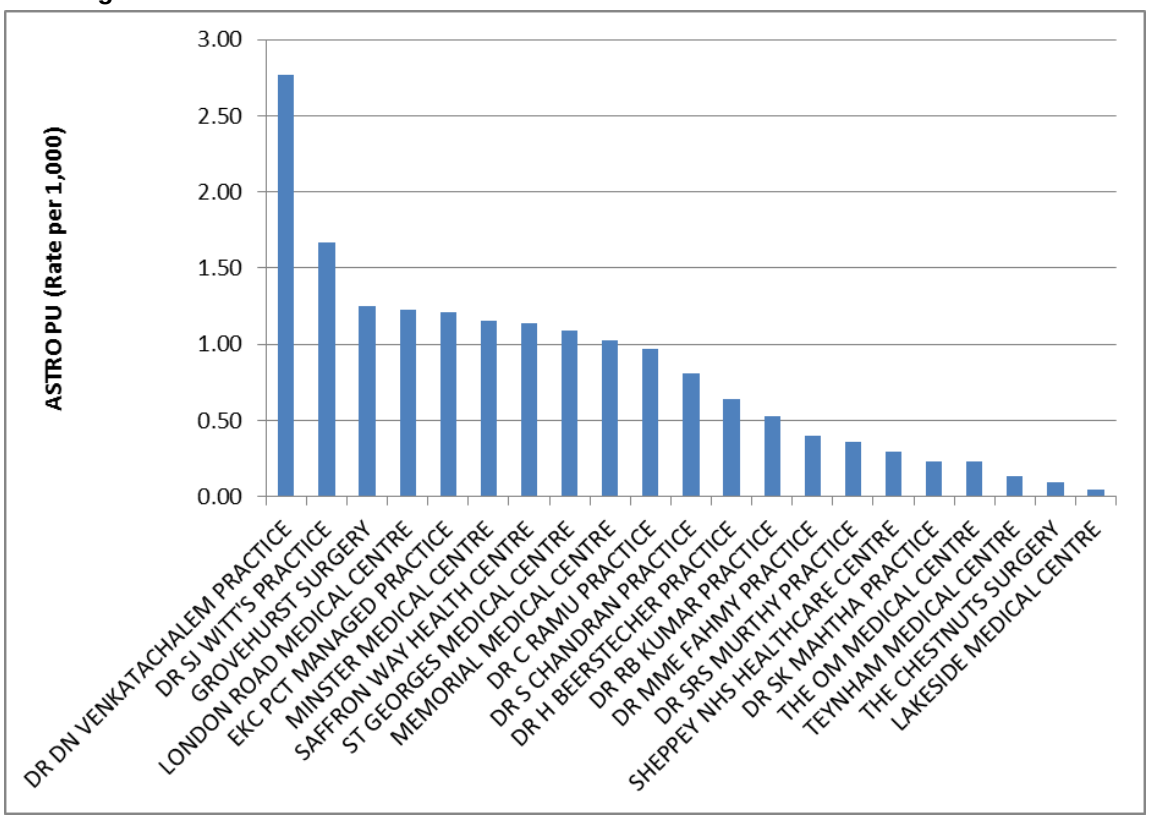
Common mental illness described by reference to practice prescribing patterns

Figure 84 - Anti-depressant drugs - January 2011 - December 2011



As a broad pattern, higher prescribing rates for the Sheppey-based practices reflect higher rates of depression which correspondingly can be associated with social dysfunction manifesting itself in mental illness.

Figure 85 - Drugs for Dementia - Swale CCG Practices



The prescribing rates for dementia largely reflect the geographic distribution of older people with a diagnosed mental illness across the CCG area.

Long term conditions and mental health: Co-morbidities

Many people with long term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life.

Costs to the health care system are also significant – by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45% for each person with a long term condition and co-morbid mental health problem. This suggests that between 12% and 18% of all expenditure on long term conditions is linked to poor mental health and wellbeing.

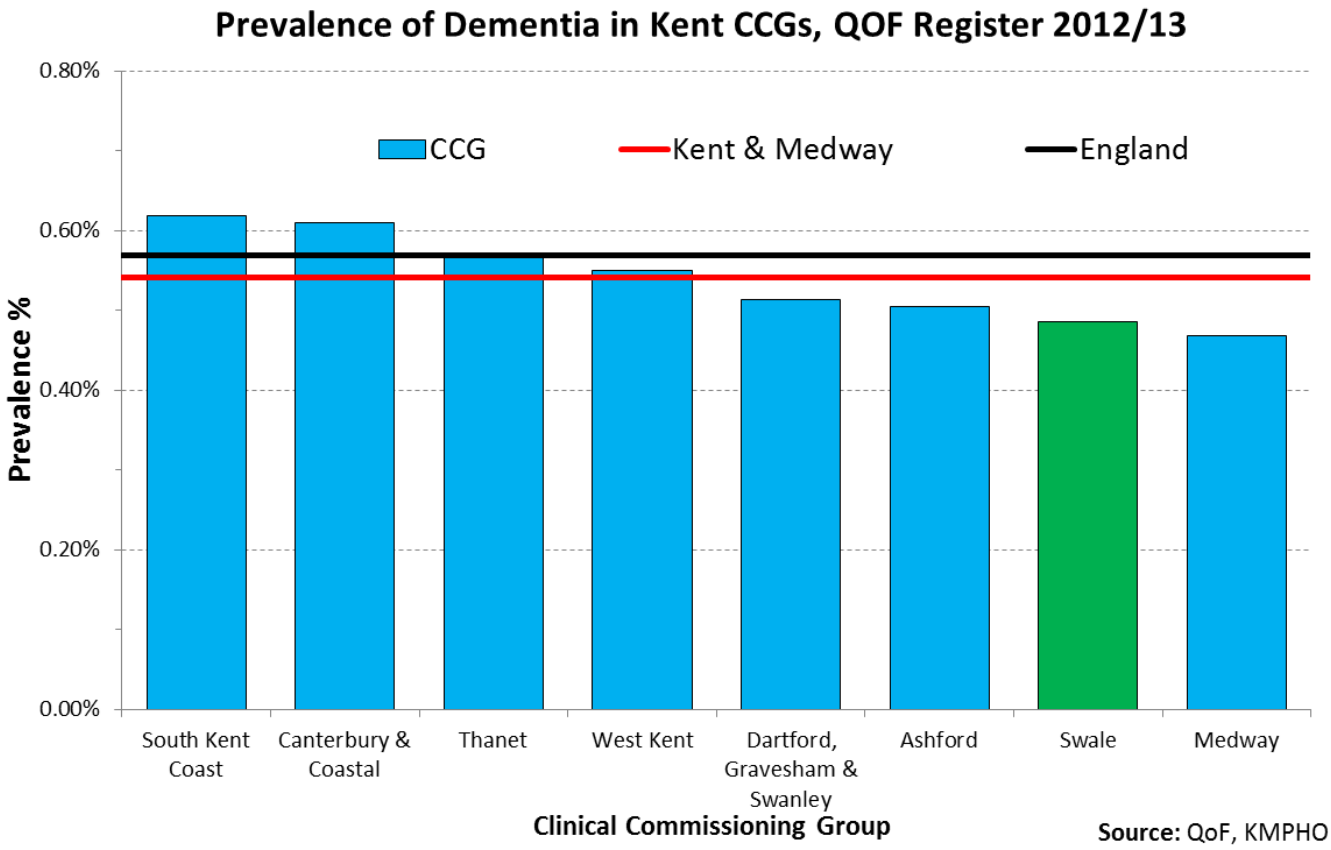
People with long term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities.

Care for large numbers of people with long term conditions could be improved by better integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals. Collaborative care arrangements between primary care and mental health specialists can improve outcomes with no or limited additional net costs. Innovative forms of liaison psychiatry demonstrate that providing better support for co-morbid mental health needs can reduce physical health care costs in acute hospitals.

The CCG should consider prioritising the integration of mental and physical health care more closely as a key part of its strategy to improve quality and productivity in health care.

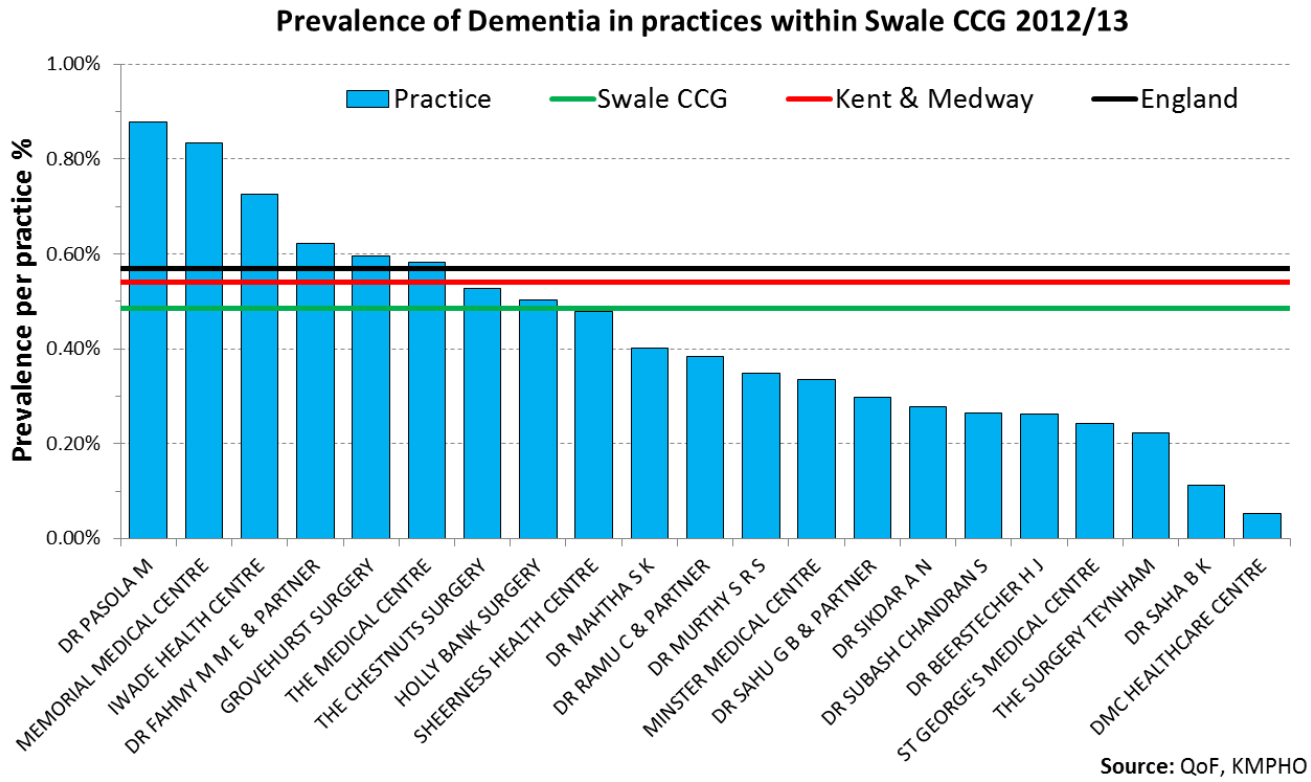
Dementia

Figure 86 - Dementia QOF register by CCG 2012/13



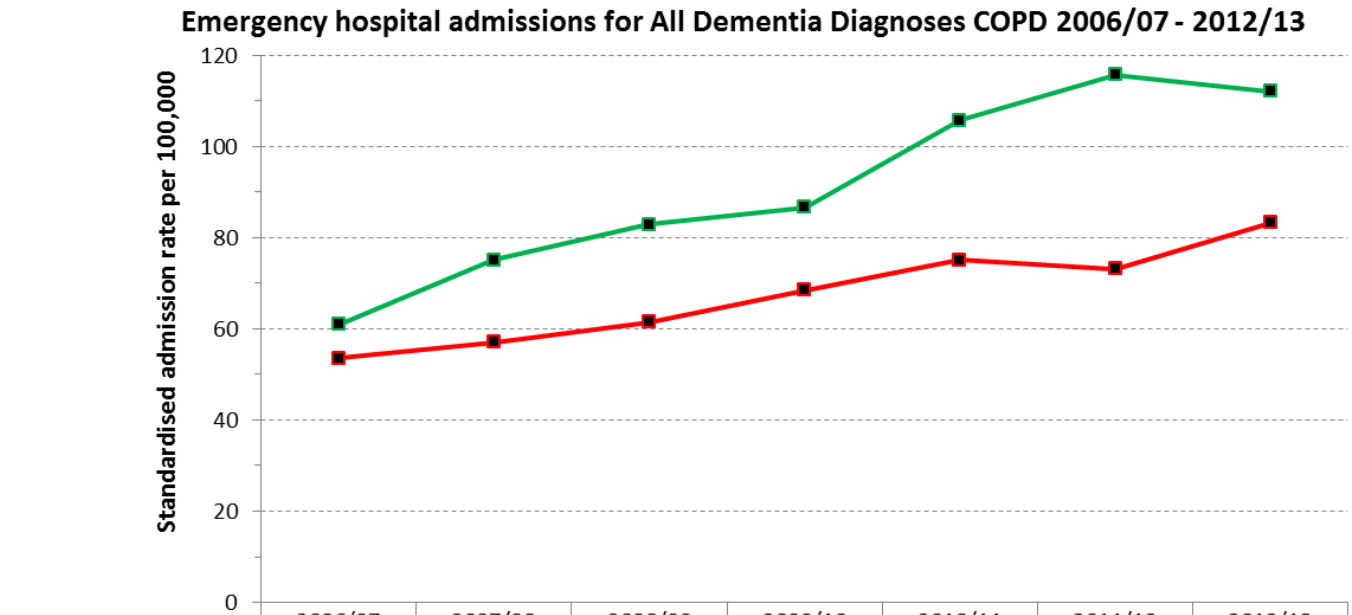
It is well documented that the prevalence of dementia is set to increase as the population ages. 2012/13 QOF registers had 522 patients recorded on the dementia register.

Figure 87 - Prevalence of dementia by practice 2012/13



Source: QoF, KMPHO

Figure 88 - Emergency admission rates for all dementia diagnoses 2010/11-2012/13

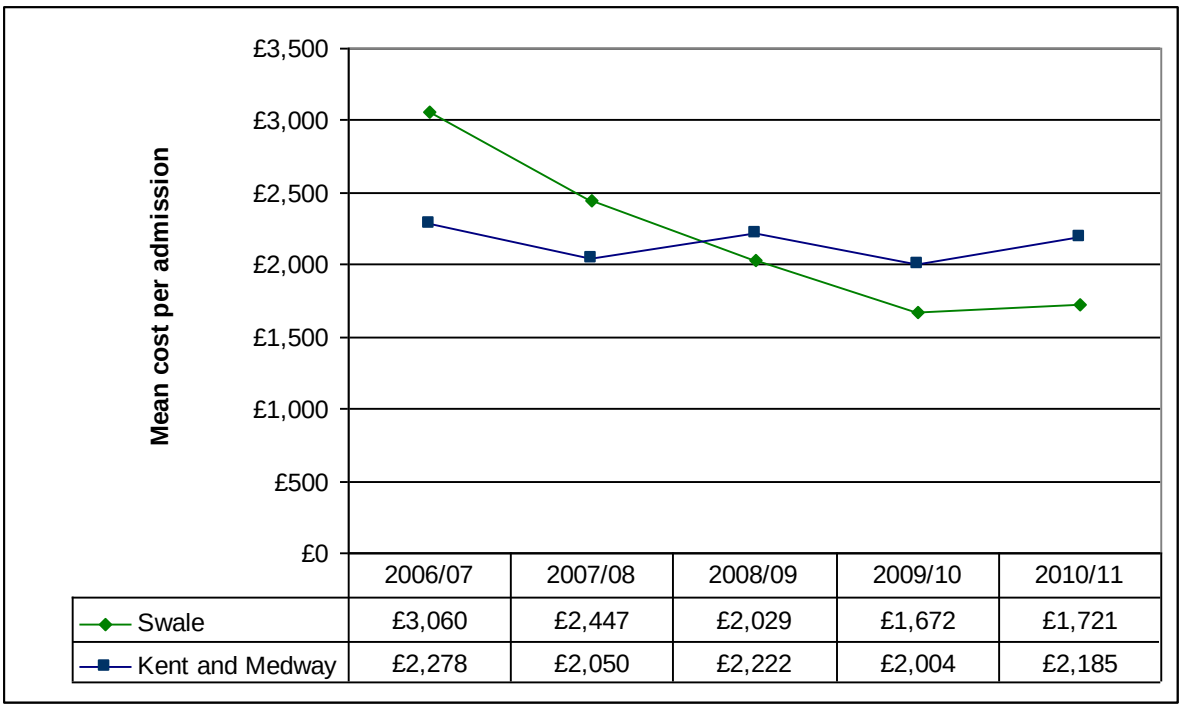


	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Emergency - Swale	61	75.1	82.8	86.6	105.7	115.6	112.1
Emergency - K&M	53.5	57	61.4	68.5	75.1	73.1	83.3

Source: SUS, ONS, KMPHO

Most dementia patients are admitted to hospital as an emergency and the rate of admissions has been steadily increasing since 2006/07. Swale CCG has a higher admission rate for dementia than Kent and Medway and has the highest rate of all the CCGs. During 2012/13 there were a total of 220 emergency admissions for dementia.

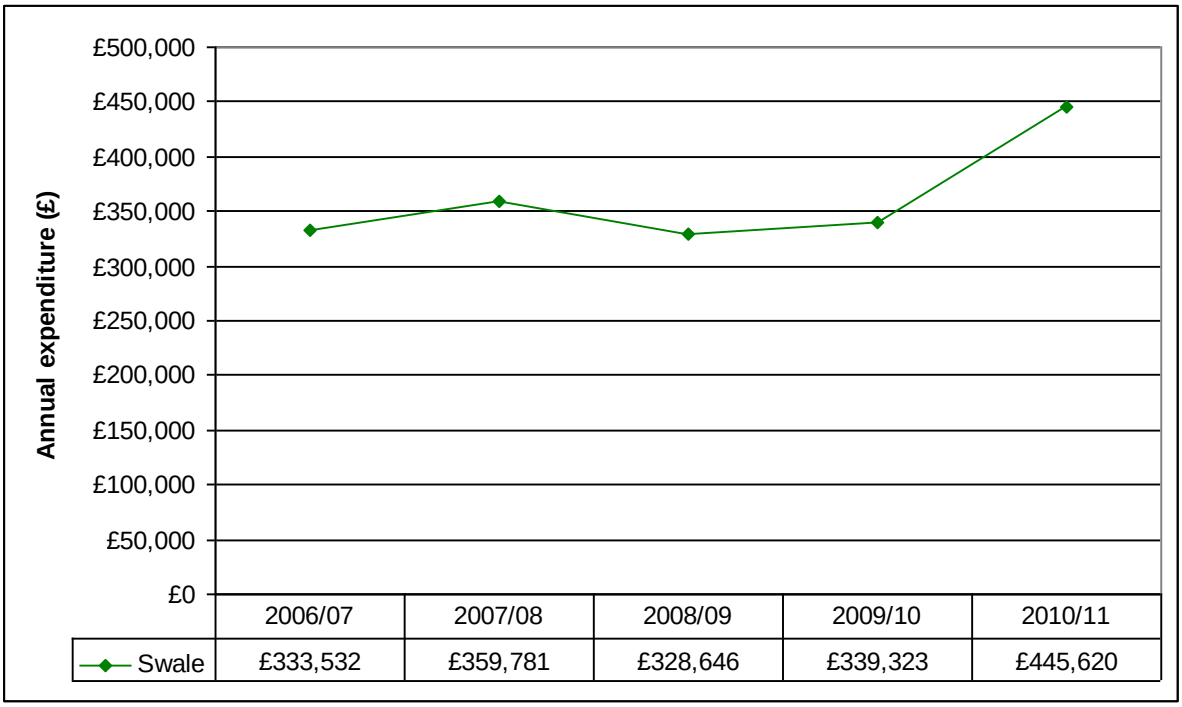
Figure 89 - Mean cost per emergency hospital admission for dementia diagnoses 1-3, 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale	£3,060	£2,447	£2,029	£1,672	£1,721
Kent and Medway	£2,278	£2,050	£2,222	£2,004	£2,185

Source: SUS, KMPHO – Ordinary admissions only

Figure 90 - Expenditure on emergency hospital admissions for dementia diagnoses 1-3, 2006/07-2010/11



	2006/07	2007/08	2008/09	2009/10	2010/11
Swale	£333,532	£359,781	£328,646	£339,323	£445,620

Source: SUS, KMPHO – ordinary admissions only

Figure 91 - Number of older people with a mental health problem living in a residential or nursing home - March 2011

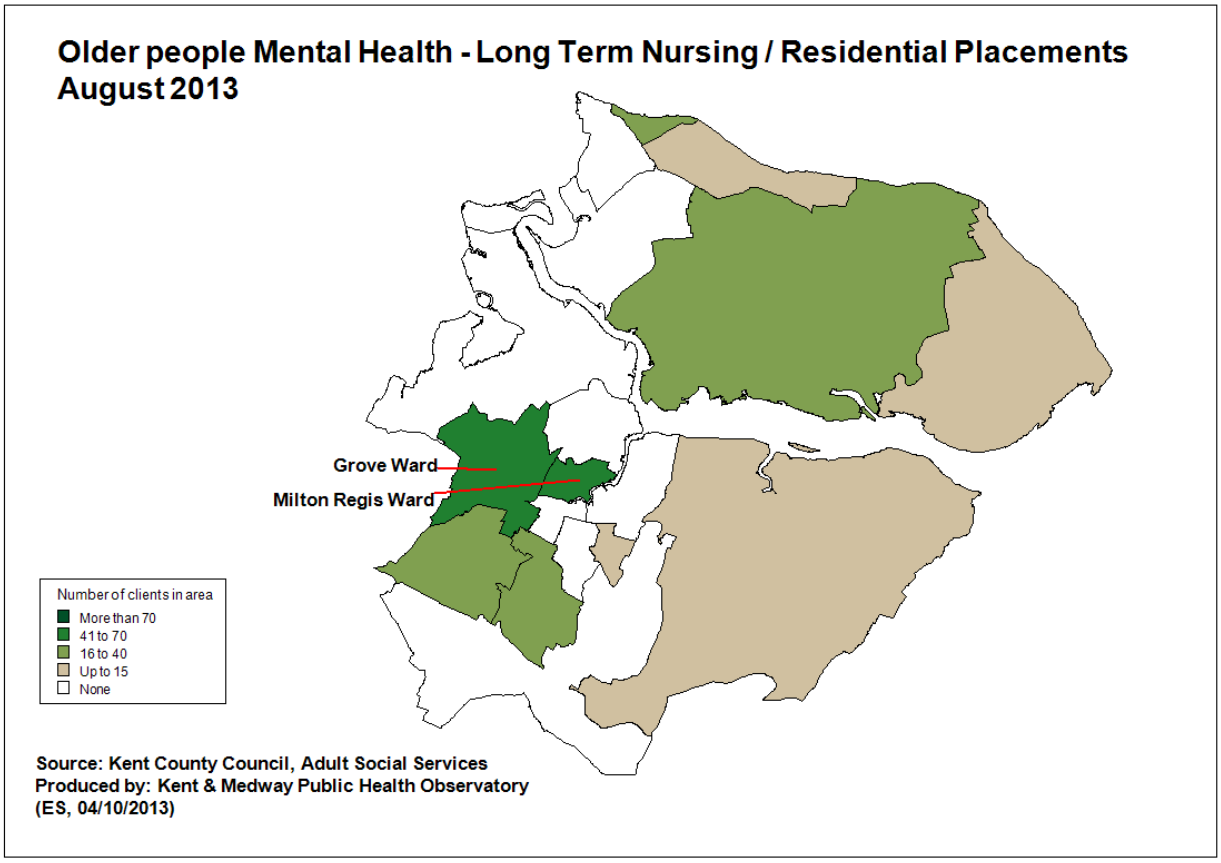


Figure 91.5-Number of older people receiving enablement or active care

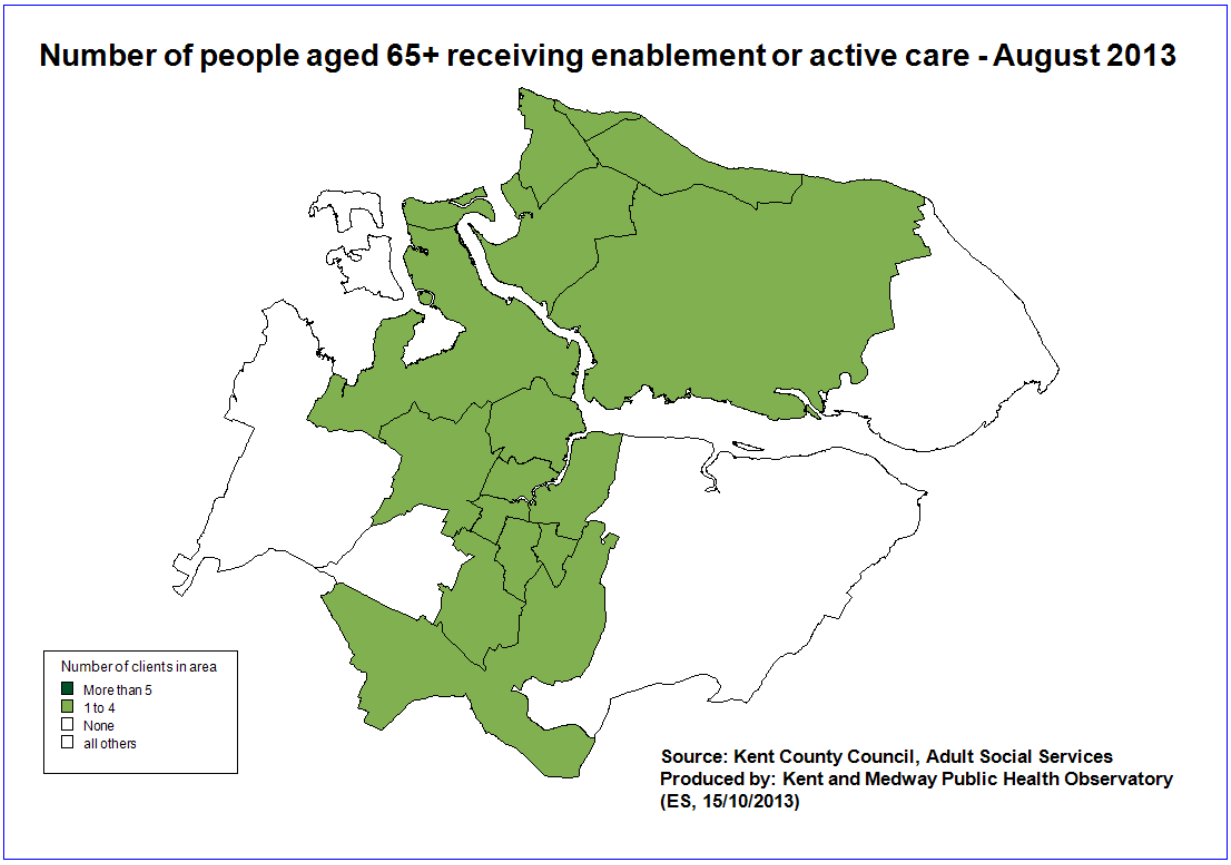


Figure 92 - Number of older people (65+) who receive domiciliary/community support services care

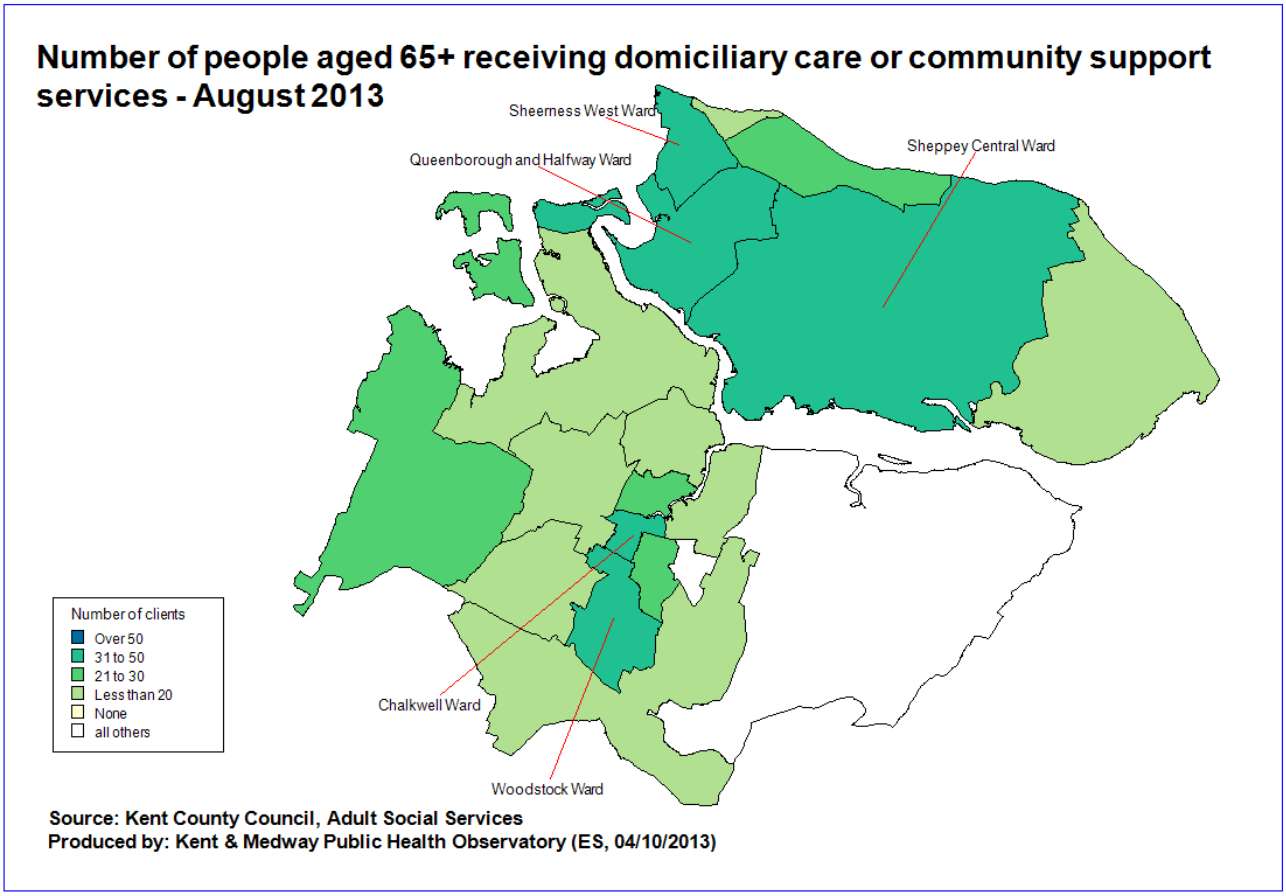
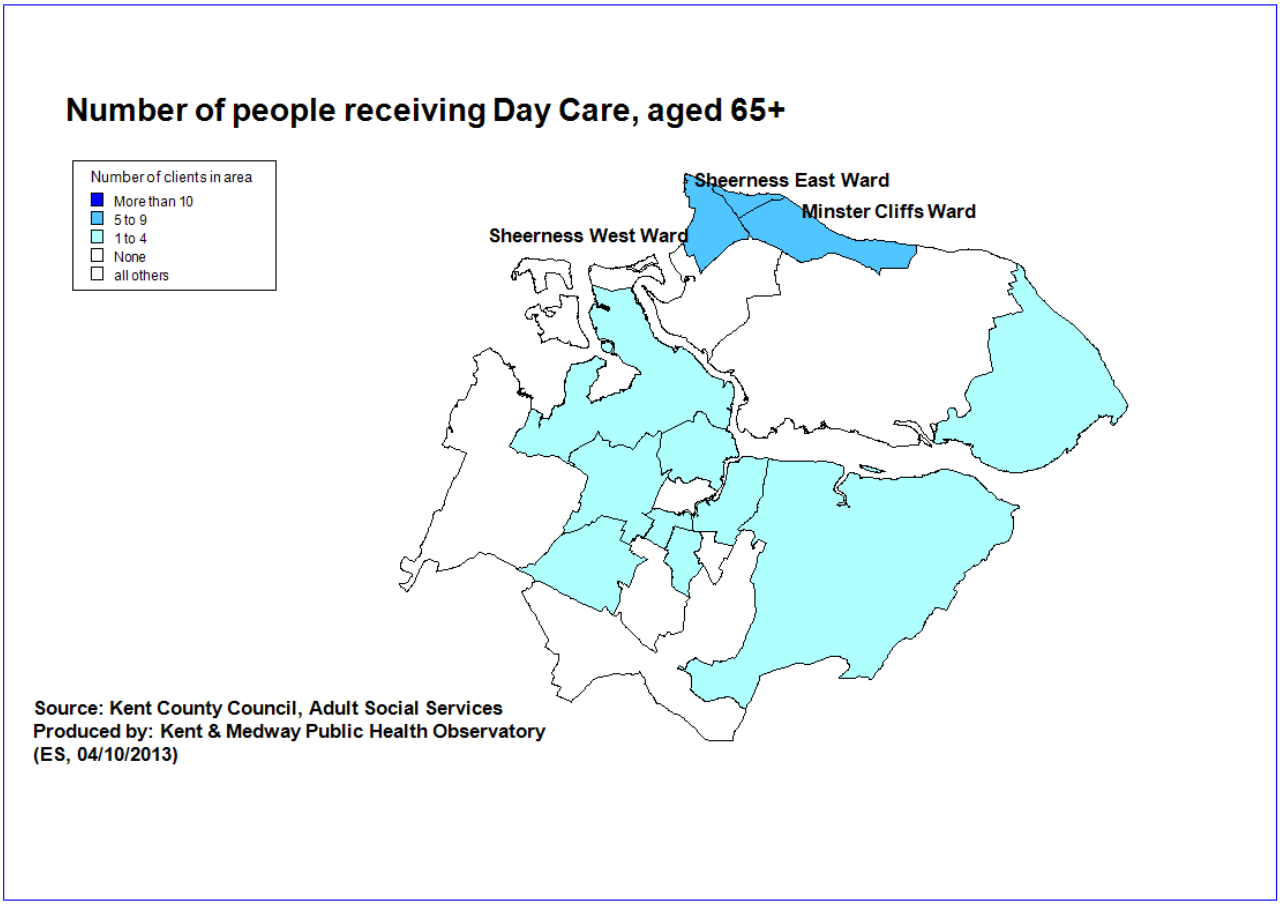
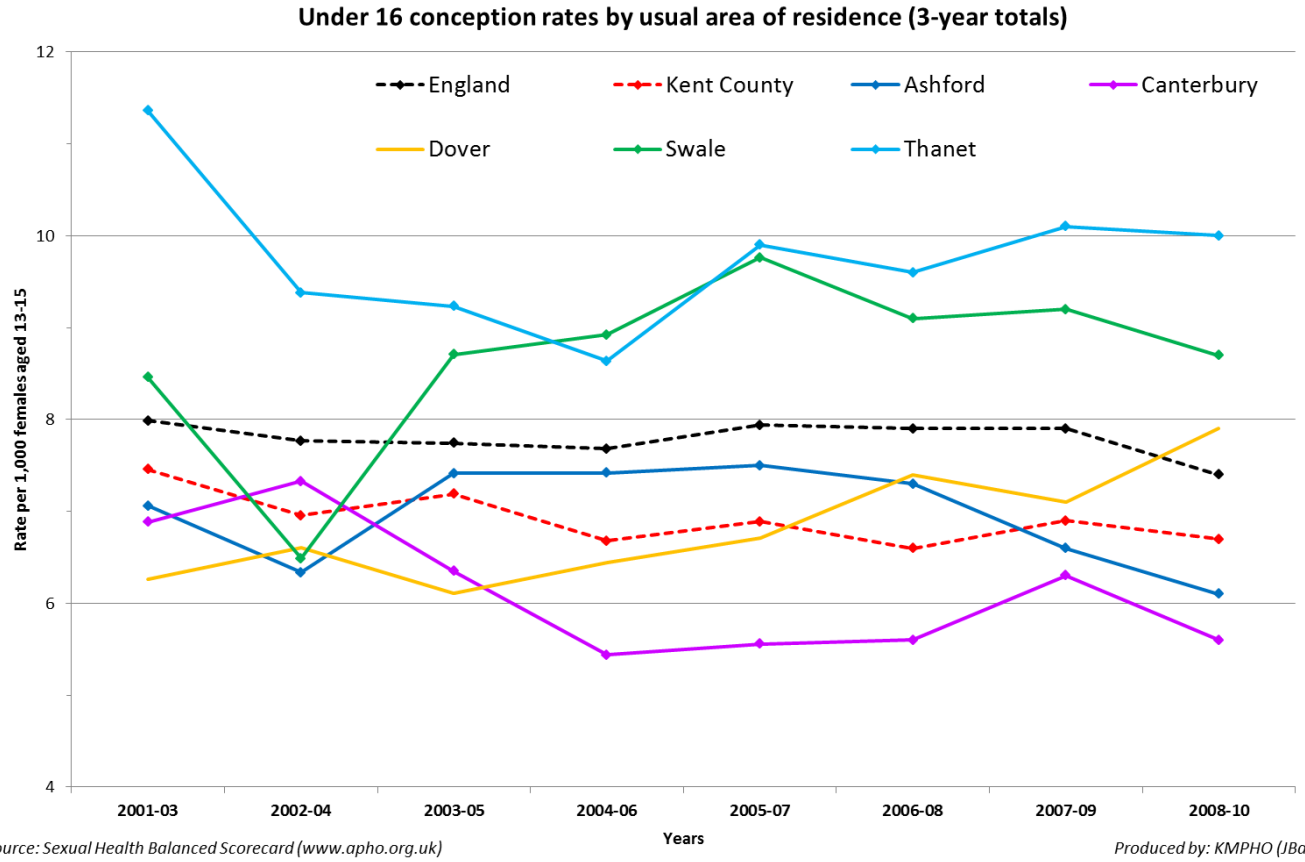


Figure 93 - Number of older people (65+) who are in receipt of day care

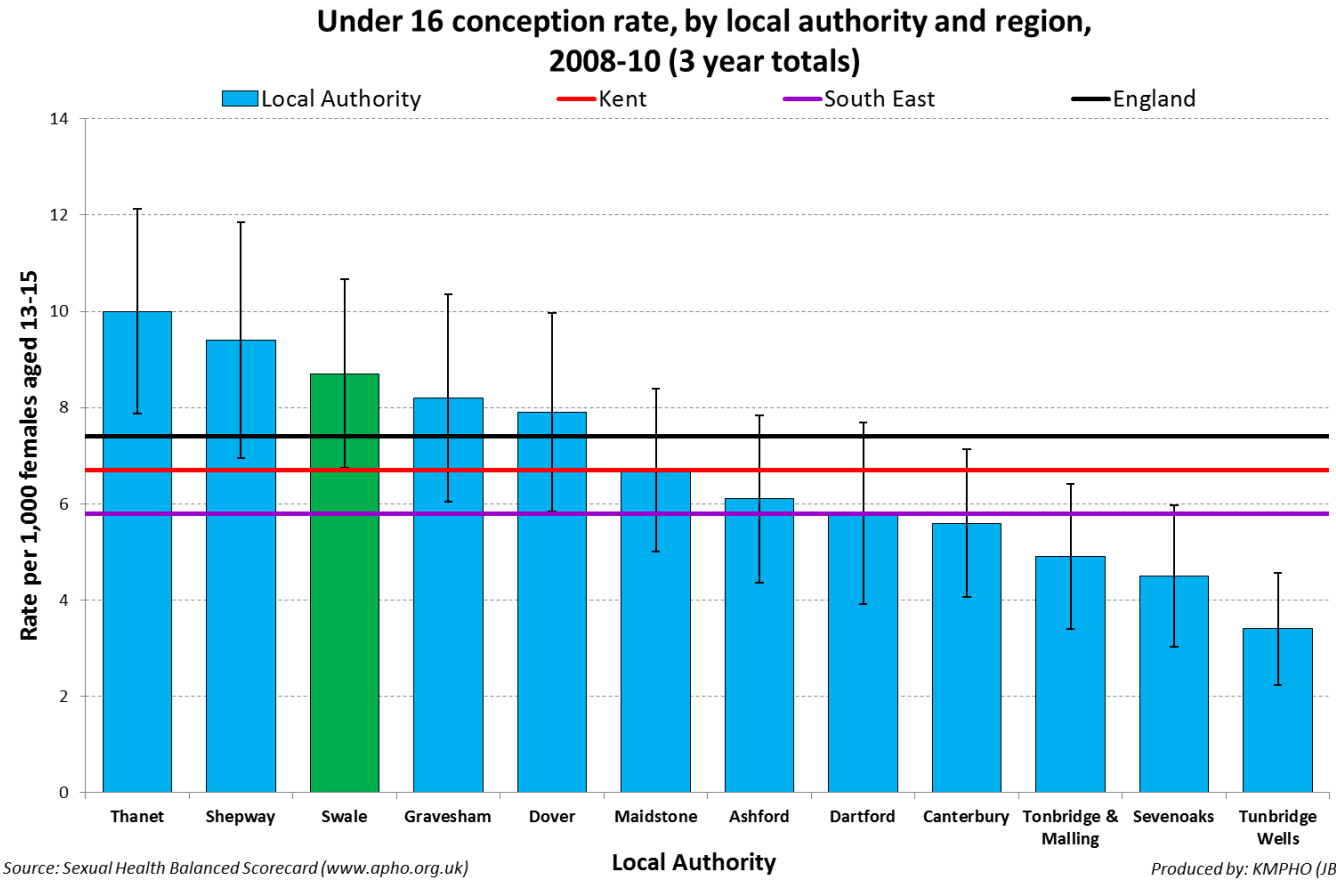


Teenage Conceptions



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

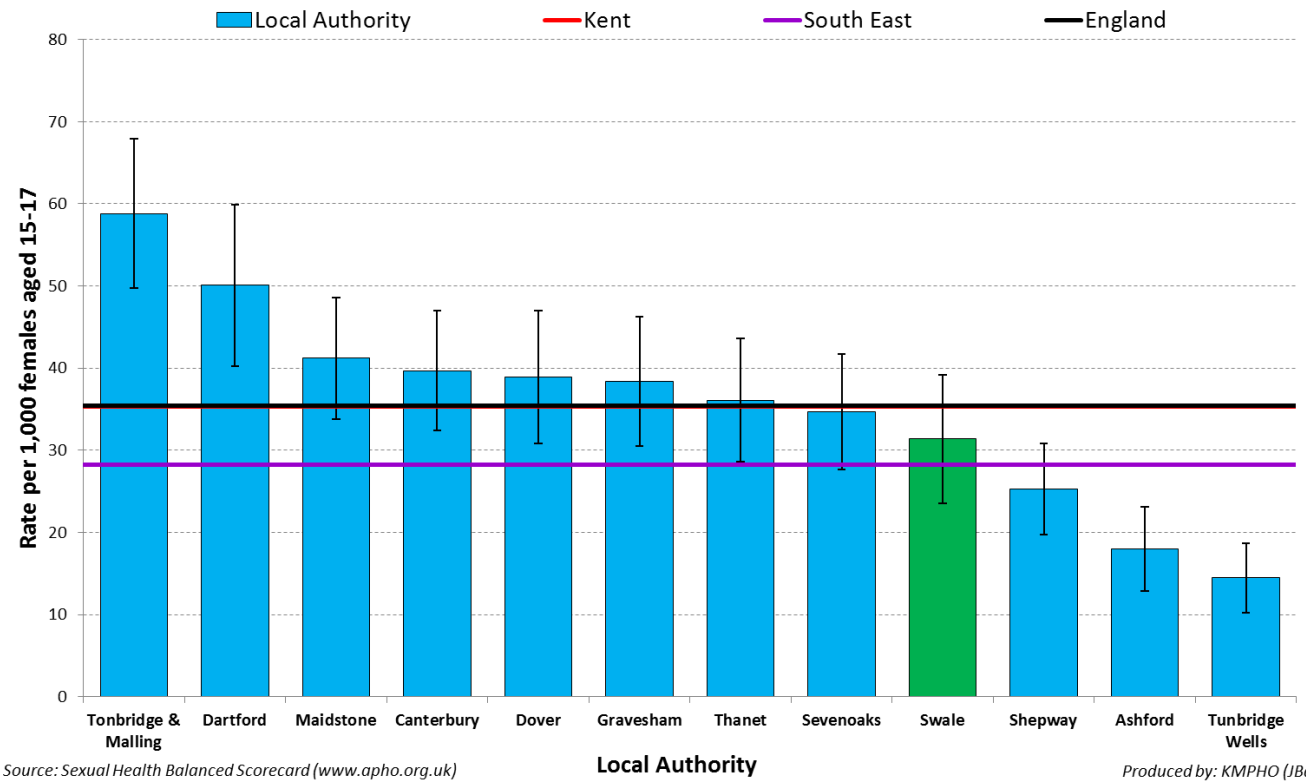
Produced by: KMPHO (JBax)



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

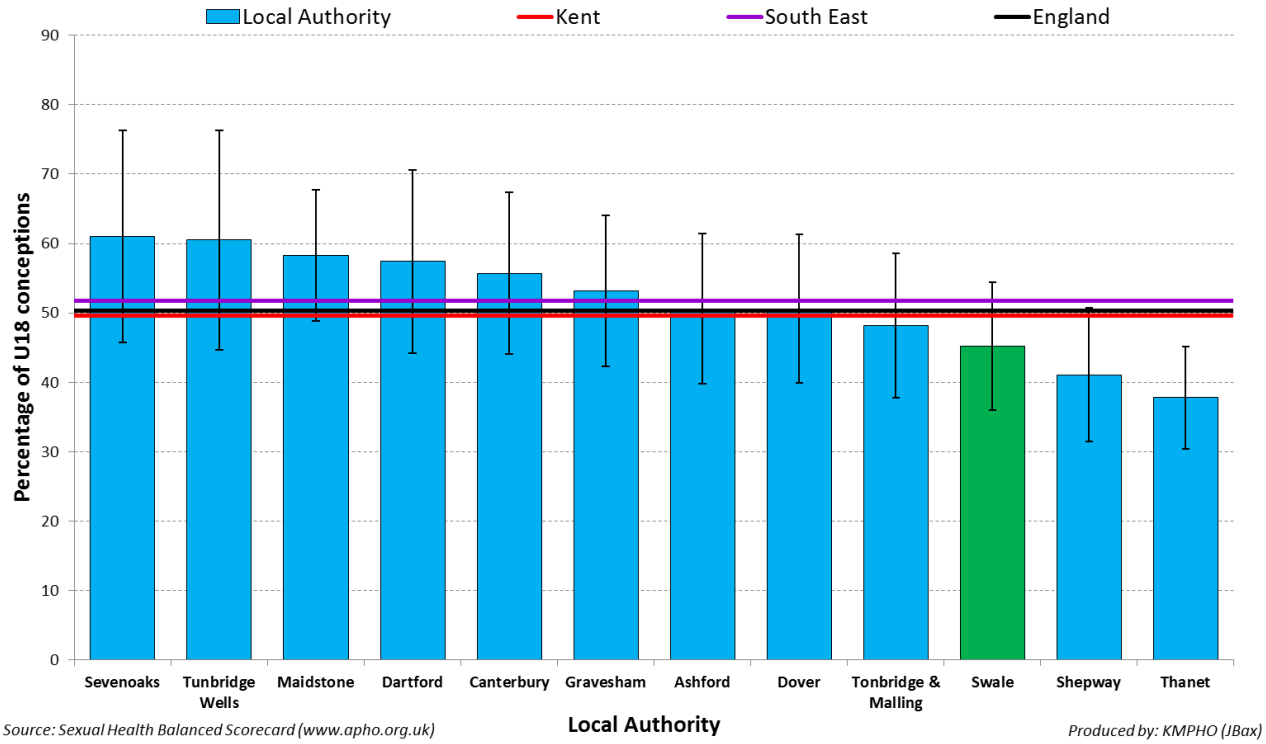
Under 18 conception rate, by local authority and region, 2010



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

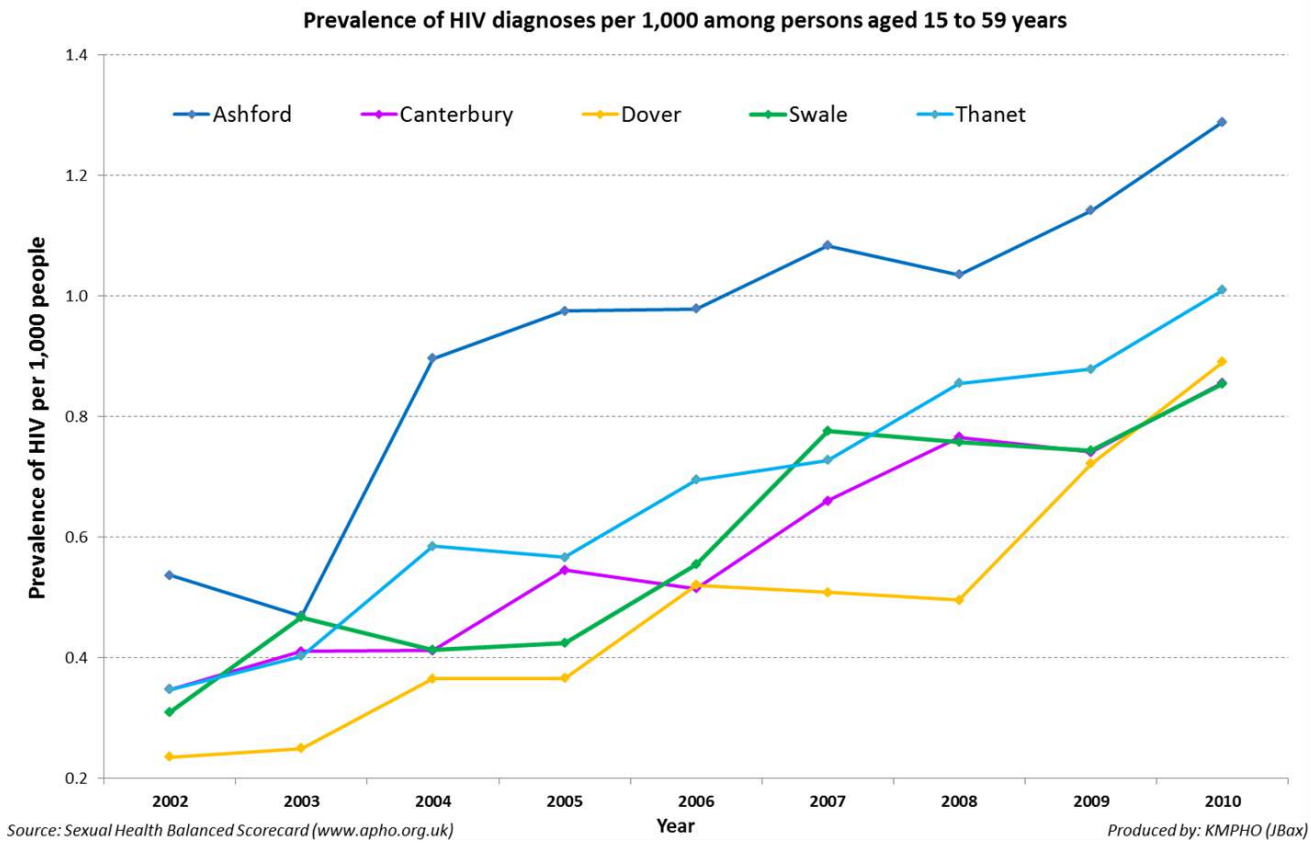
Percentage of under 18 conceptions in 2010 leading to abortion, by local authority

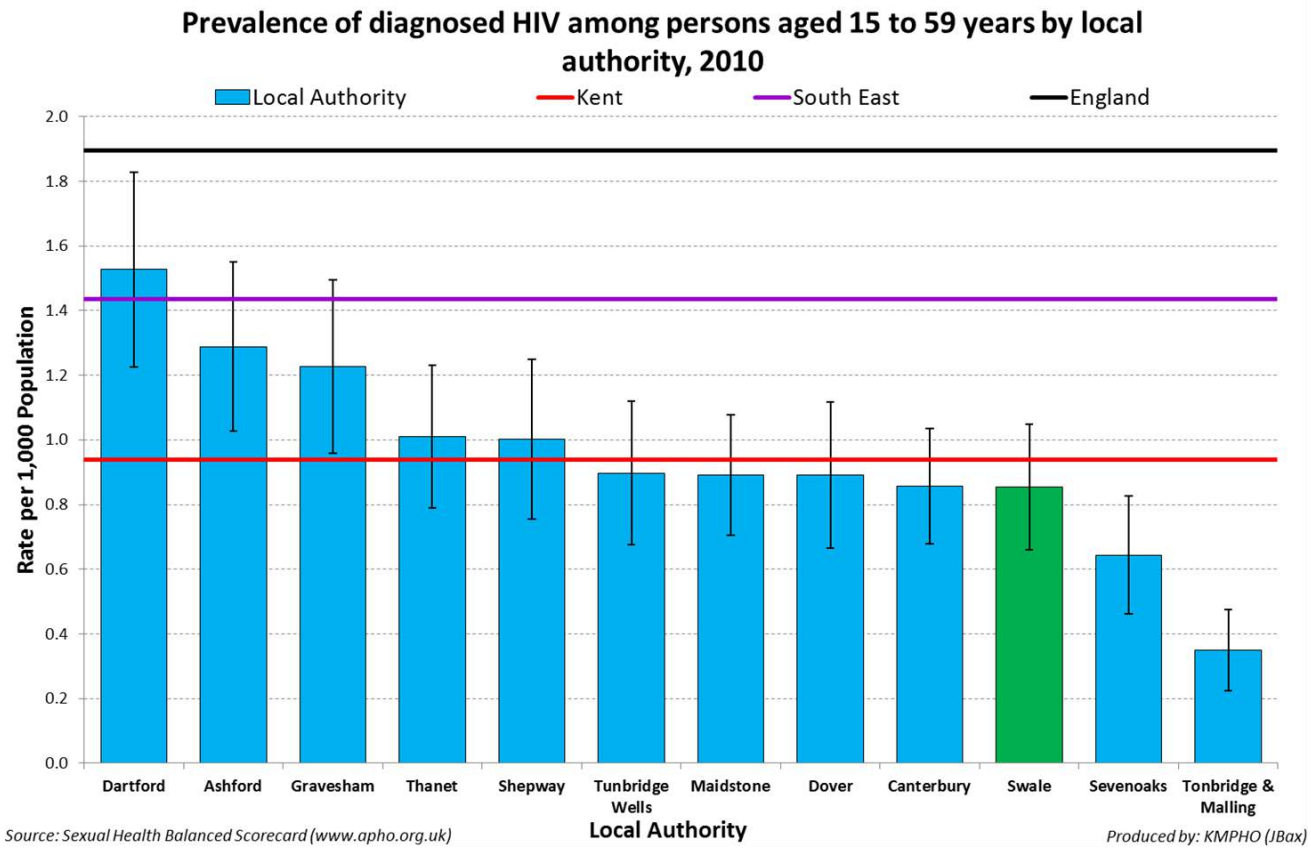


Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

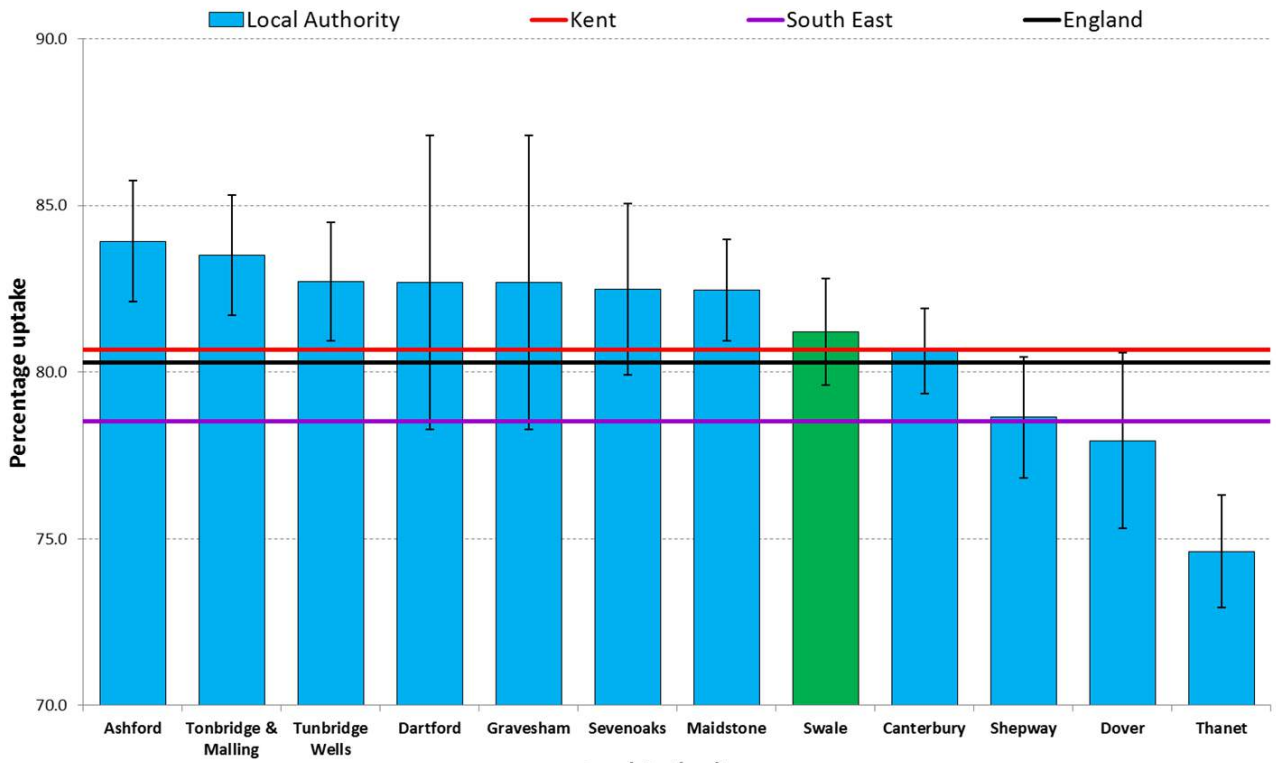
Produced by: KMPHO (JBax)

HIV


Prevalence of HIV diagnoses per 1,000 among persons aged 15 to 59 years
Ashford
Canterbury
Dover
Swale
Thanet
Prevalence of HIV per 1,000 people
1.4
1.2
1.0
0.8
0.6
0.4
0.2
2002
2003
2004
2005
2006
2007
2008
2009
2010
Year
Source: Sexual Health Balanced Scorecard (www.apho.org.uk)
Produced by: KMPHO (JBax)


Prevalence of diagnosed HIV among persons aged 15 to 59 years by local authority, 2010
Local Authority
Kent
South East
England
Rate per 1,000 Population
2.0
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0.0
Dartford
Ashford
Gravesham
Thanet
Shepway
Tunbridge Wells
Maidstone
Dover
Canterbury
Swale
Sevenoaks
Tonbridge & Malling
Local Authority
Source: Sexual Health Balanced Scorecard (www.apho.org.uk)
Produced by: KMPHO (JBax)

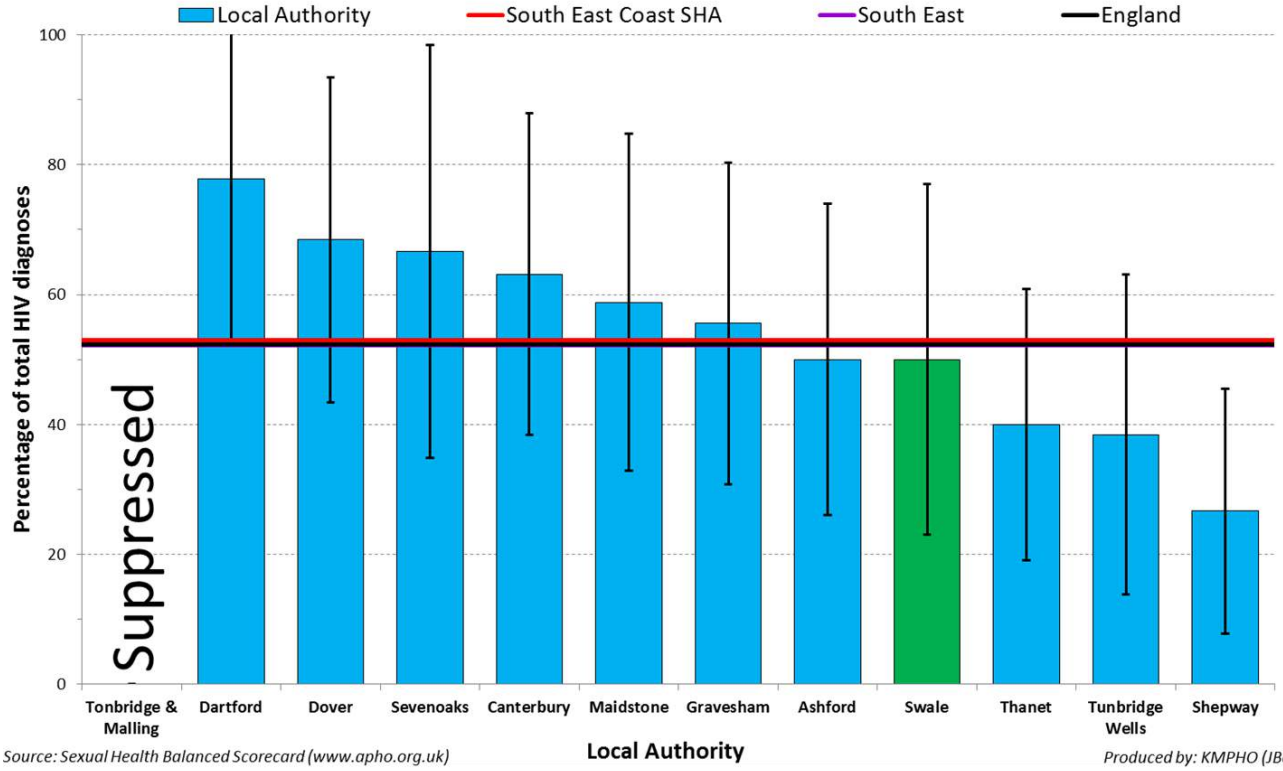
Percentage uptake of HIV testing in GUM clinics by local authority, 2011



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

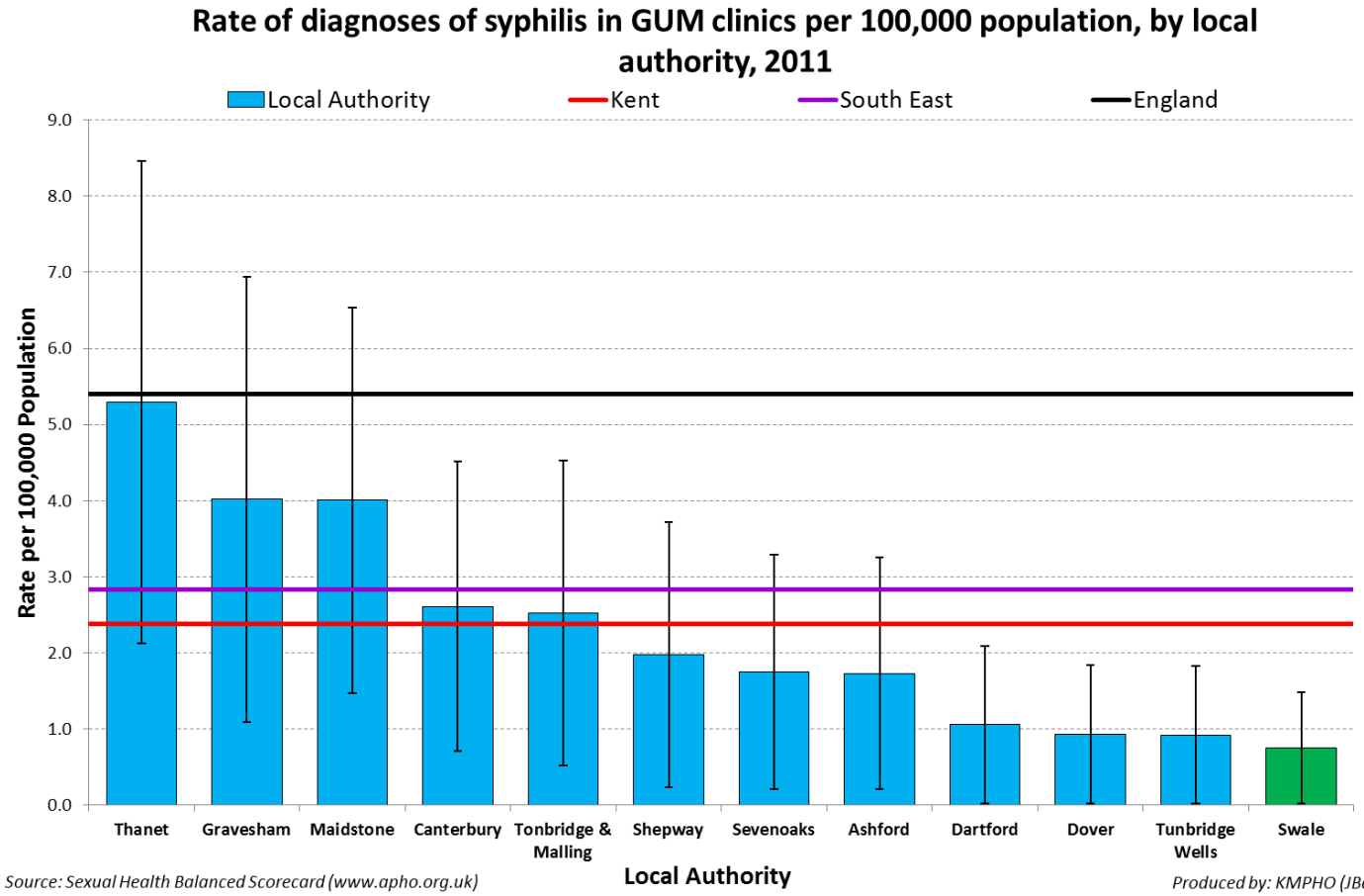
Percentage of HIV diagnoses with CD4 count <350mm3 at time of diagnosis, by local authority, 2008-2010 (combined 3 years)



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

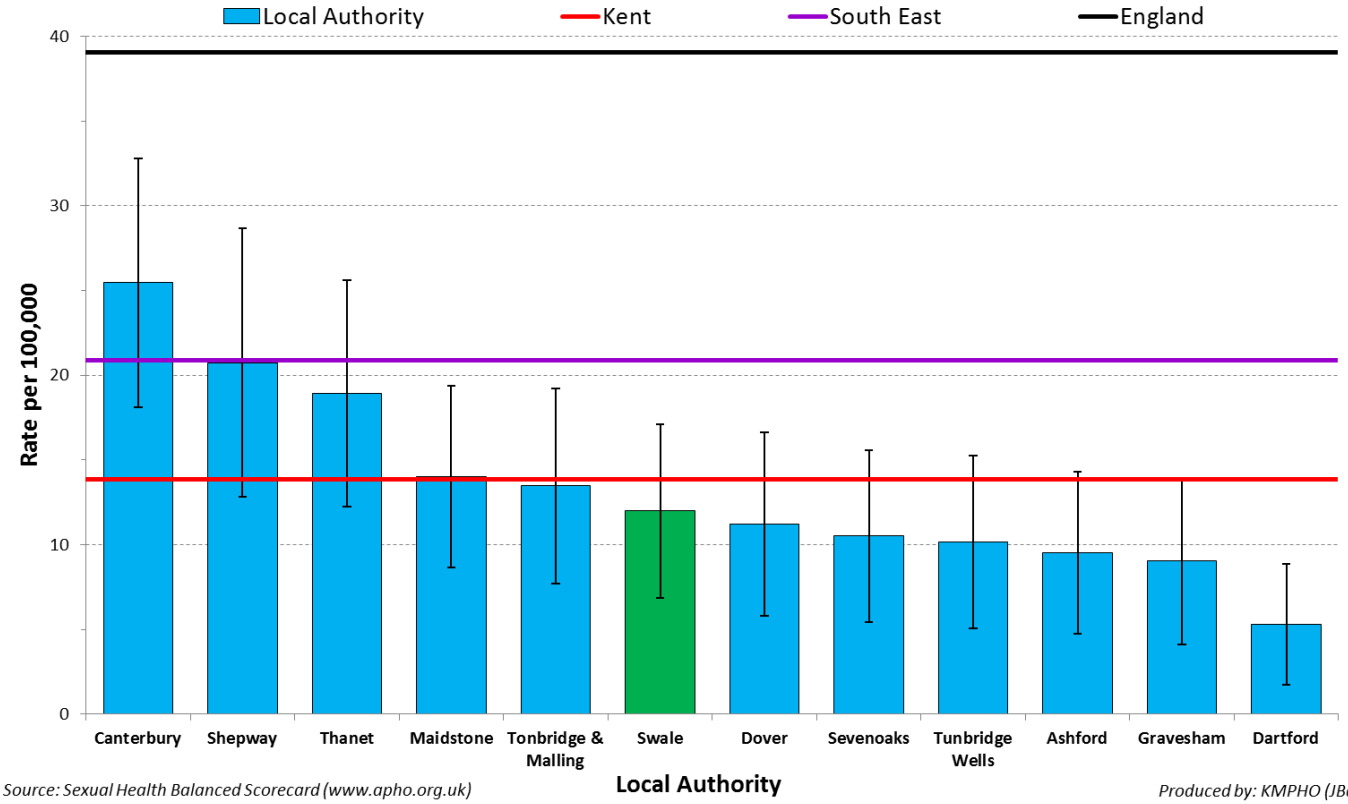
Syphillis, Gonorrhoea and acute sexually transmitted infections



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

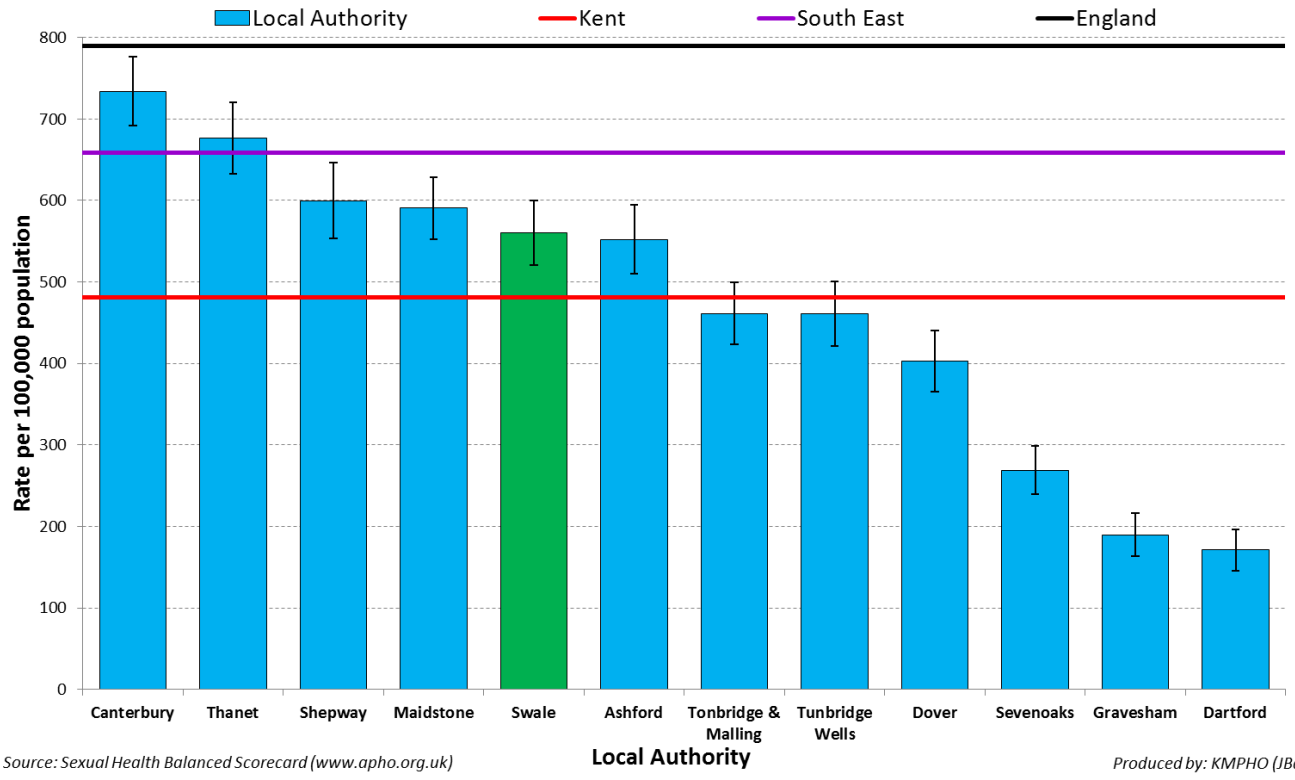
Rate of diagnoses of gonorrhoea in GUM clinics per 100,000 population, by local authority, 2011



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

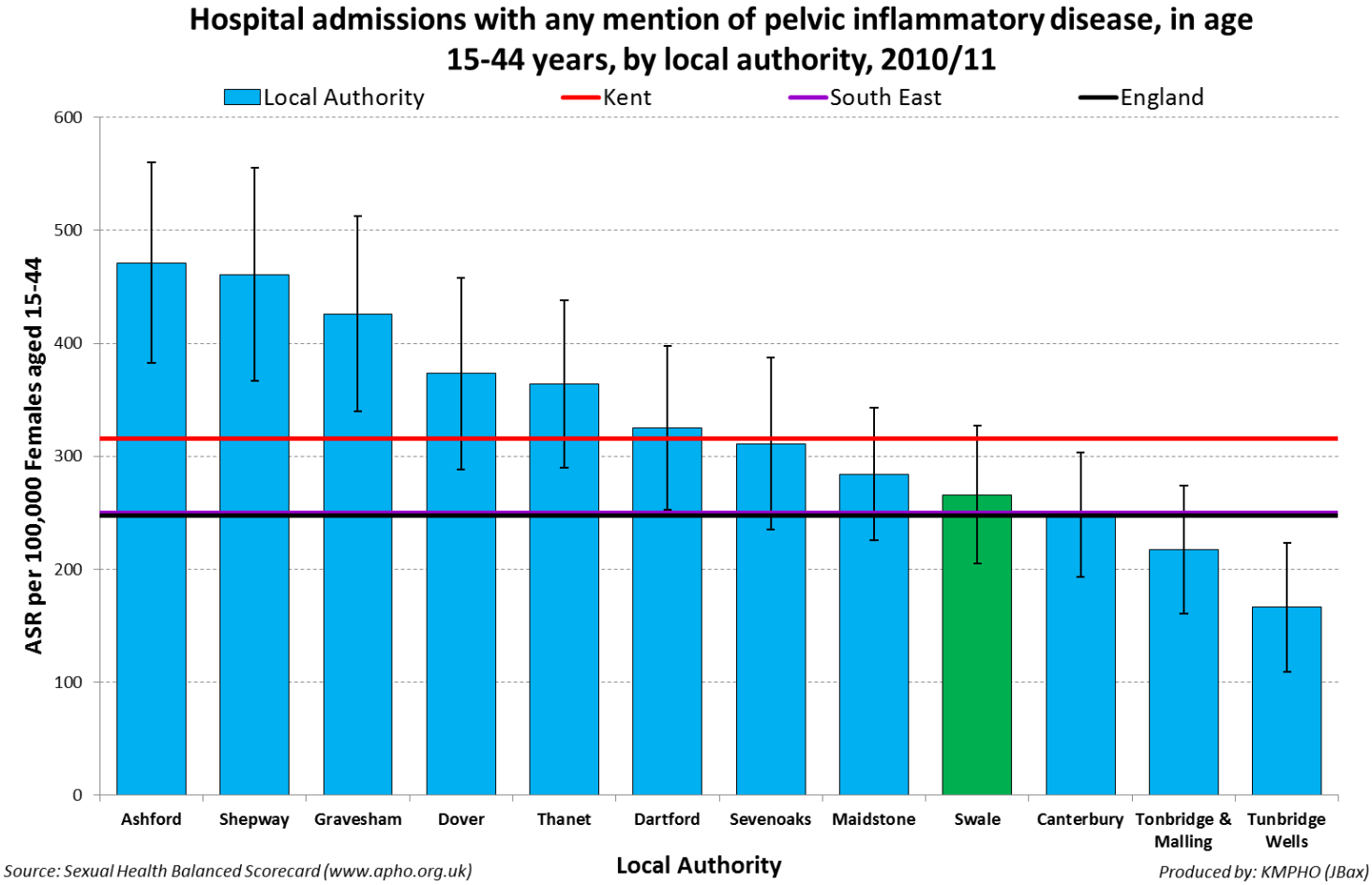
Produced by: KMPHO (JBax)

Rate of acute sexually transmitted infections, by LA, 2011



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

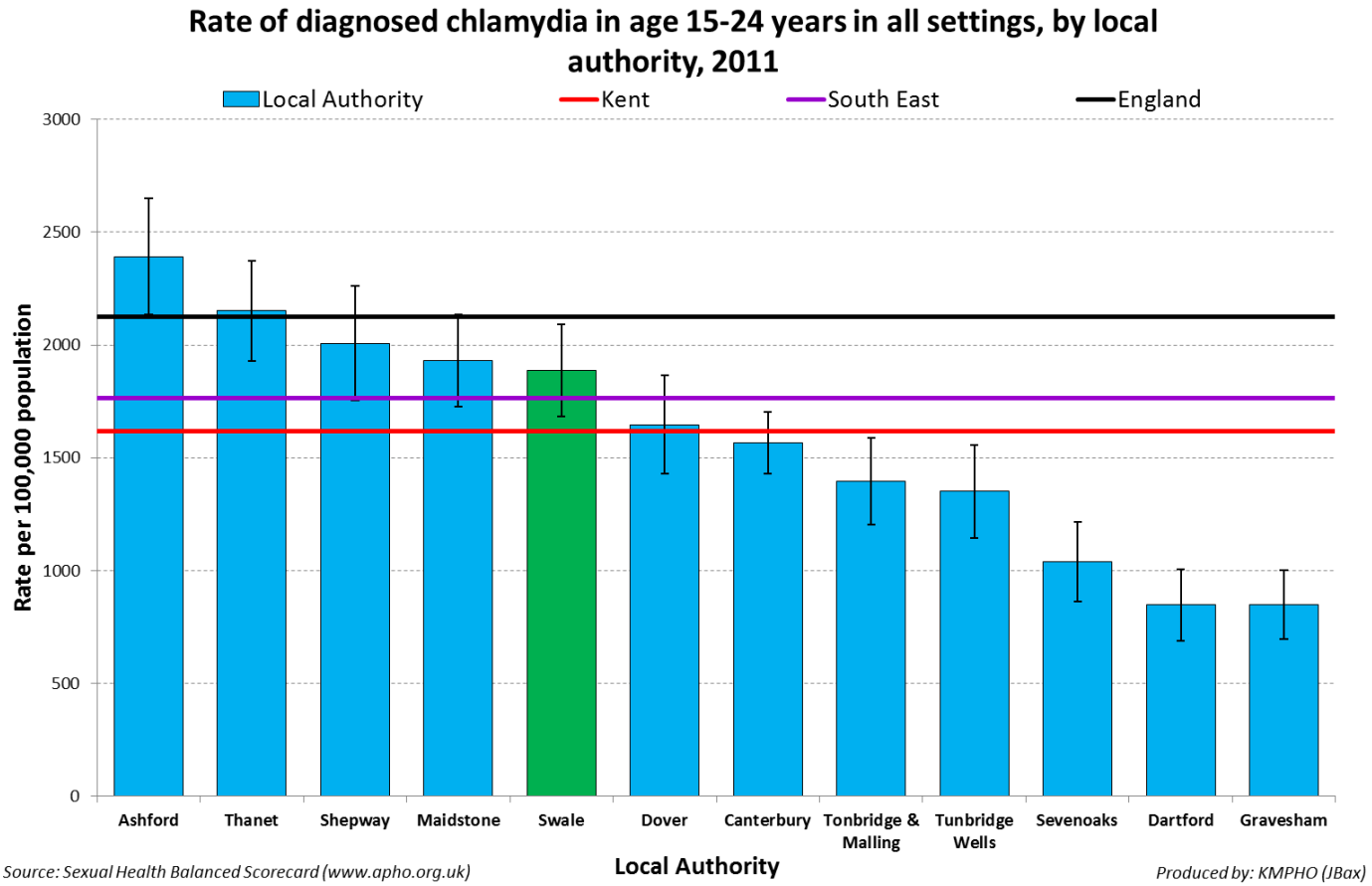
Produced by: KMPHO (JBax)



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

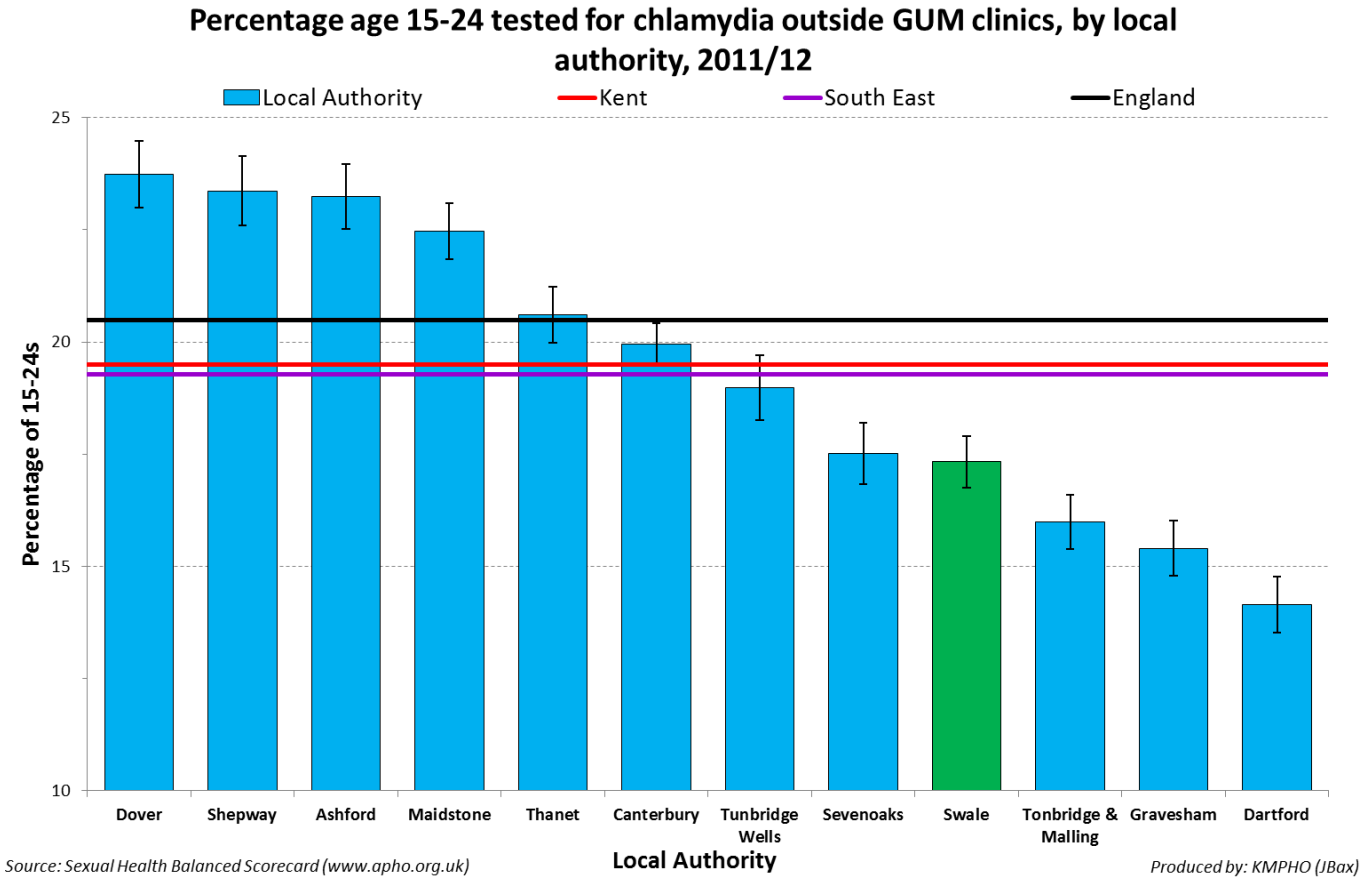
Produced by: KMPHO (JBax)

Chlamydia



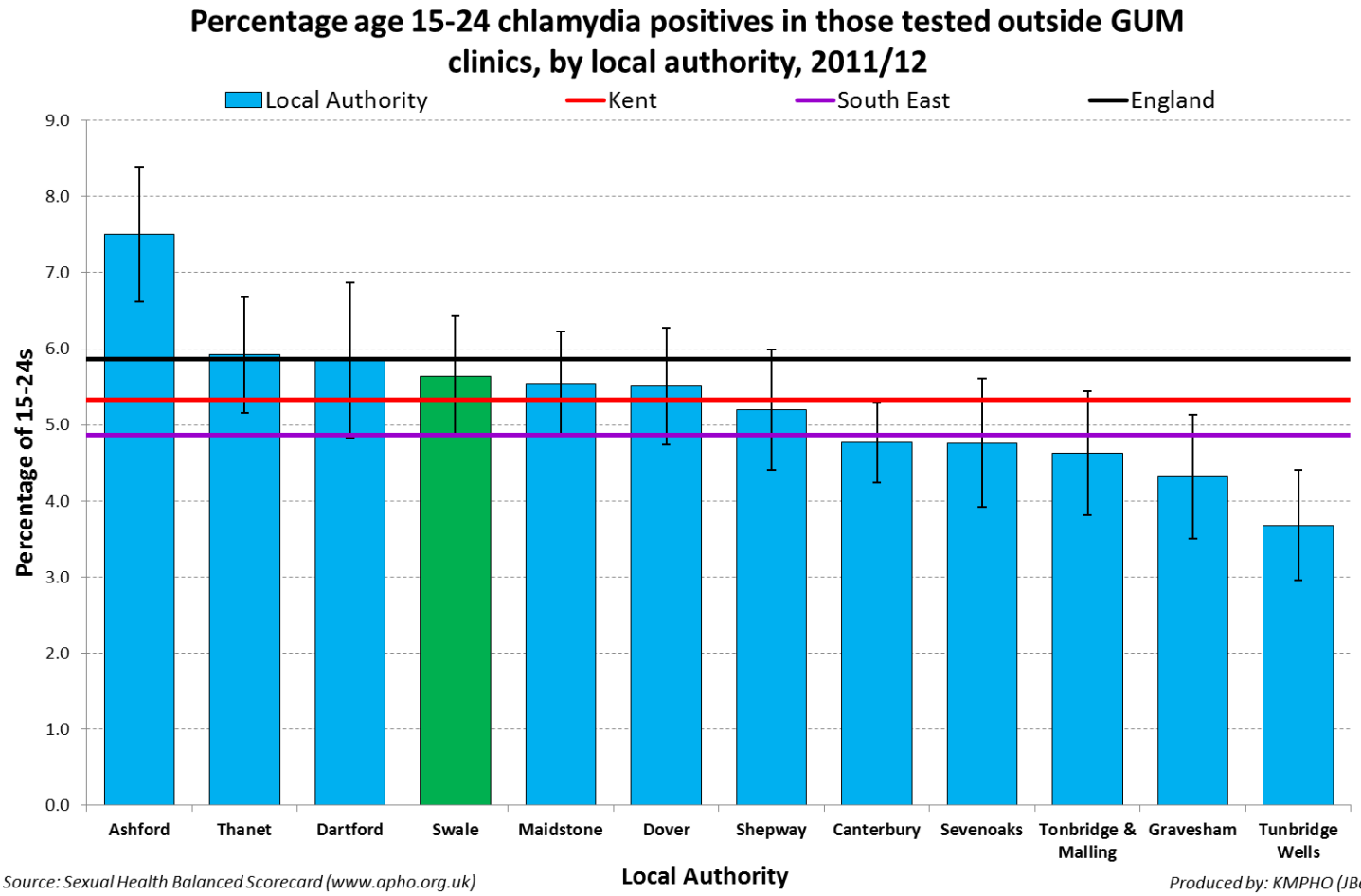
Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)



Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

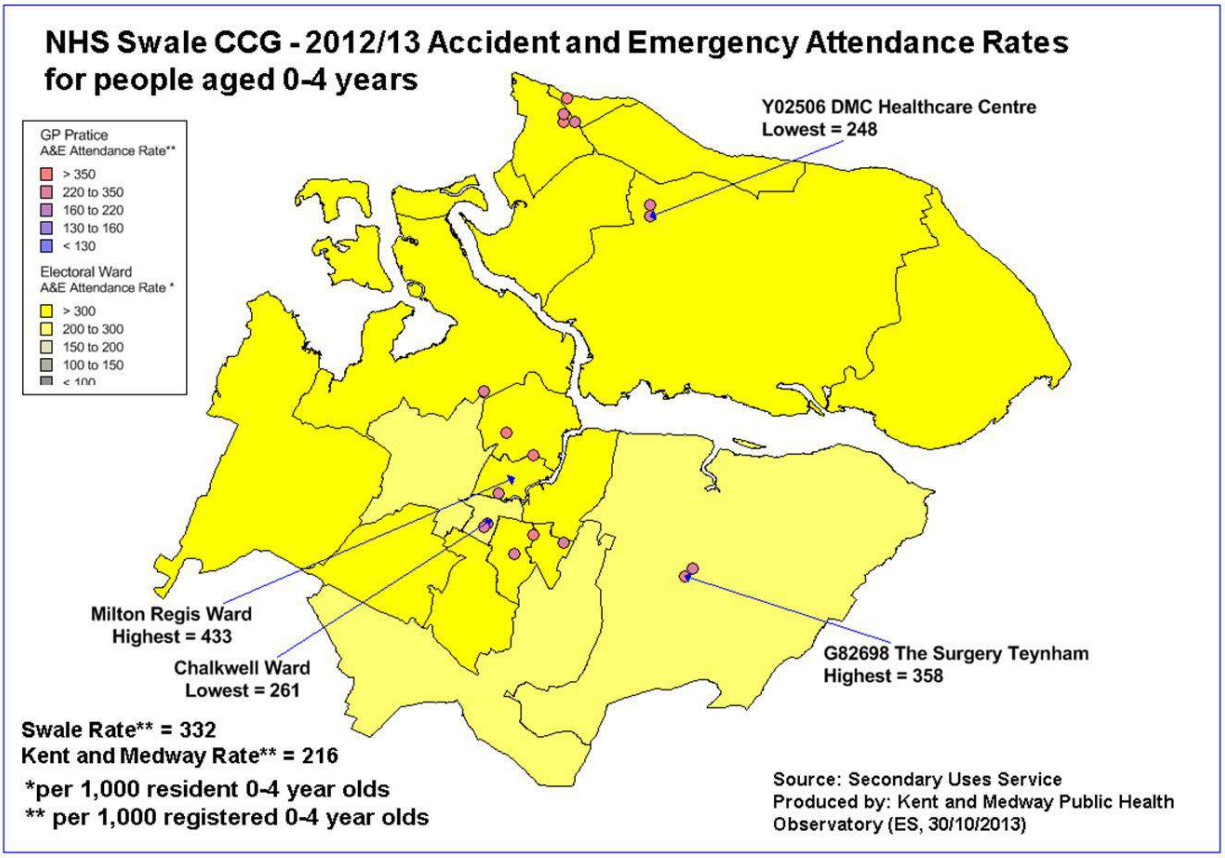


Source: Sexual Health Balanced Scorecard (www.apho.org.uk)

Produced by: KMPHO (JBax)

Swale A&E Admissions

Figure 94 - Swale CCG - 2011/12 Accident and emergency attendance rates for children aged 0-4 years



There are modest rates of A&E attendance for children aged 0-4; the lowest rate wards corresponding with low numbers of children relative to the rest of the population.

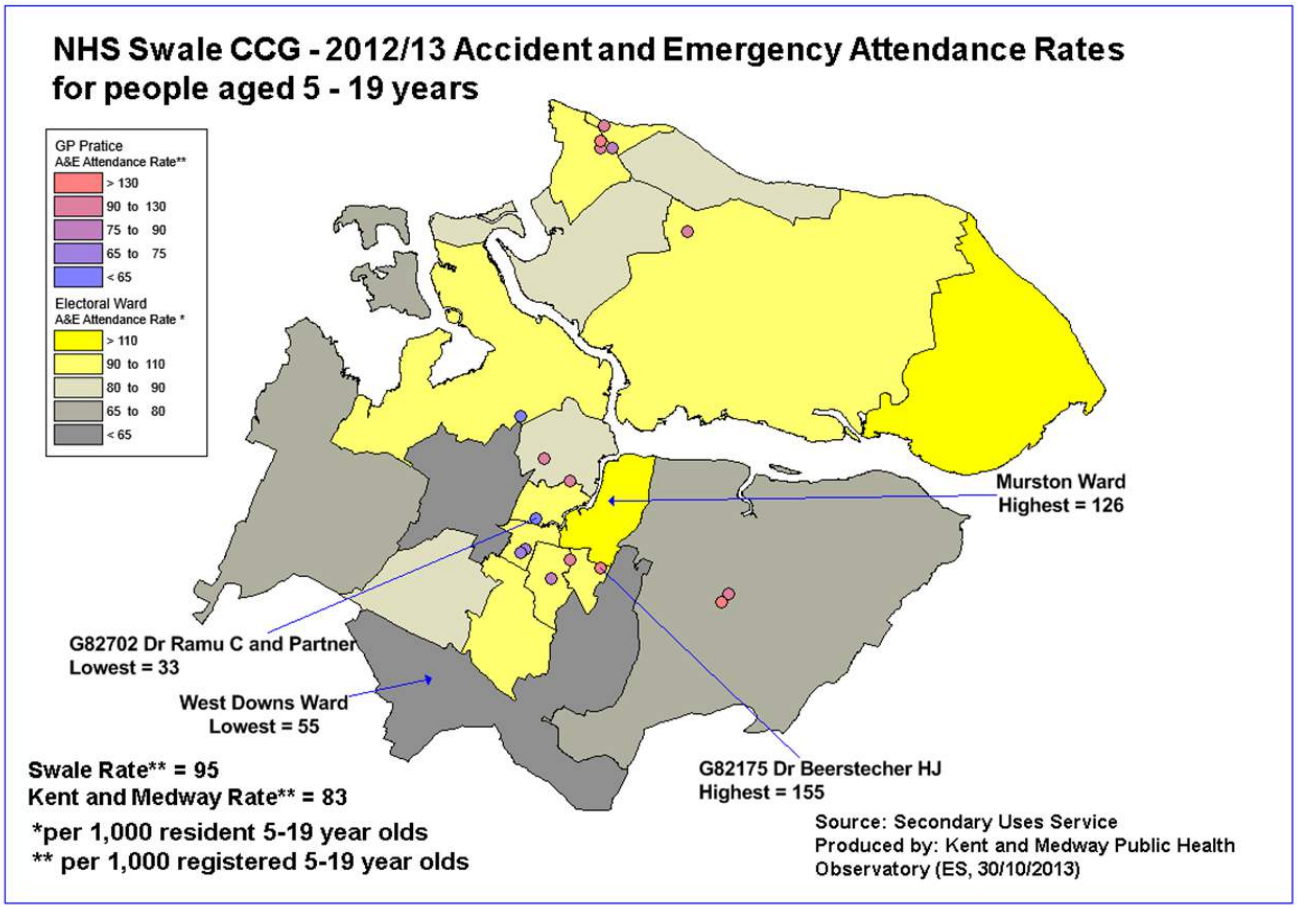
Table 19 - Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents aged 0-4 years - 2012/13

Ward Name	0-4
Milton Regis	432.8
Sheppey Central	424.8
Leysdown and Warden	406.1
Sheerness West	397.9
Roman	396.3
Murston	396.0
Queenborough and Halfway	354.3
Hartlip, Newington and Upchurch	345.7
Sheerness East	334.4
St Michaels	330.1
Minster Cliffs	328.8
Borden	324.6
Kemsley	315.8
Woodstock	308.2
Iwade and Lower Halstow	303.5
Grove	288.5
West Downs	278.8
Chalkwell	260.7

Table 20 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients aged 0-4 years - 2012/13

GP Surgery	0-4
St George's Medical Centre	450.1
Grovehurst Surgery	402.1
Dr Saha B K	391.3
The Chestnuts Surgery	382.9
The Medical Centre	369.5
Sheerness Health Centre	367.2
Dr Murthy S R S	365.4
The Surgery Teynham	357.9
Dr Subash Chandran S	348.7
Dr Beerstecher H J	347.8
Holly Bank Surgery	325.6
Dr Sahu G B & Partner	318.0
Memorial Medical Centre	309.6
Minster Medical Centre	300.6
Dr Pasola M	290.0
Dr Fahmy M M E & Partner	286.2
Dr Ramu C & Partner	281.7
Iwade Health Centre	276.1
Dmc Healthcare Centre	248.3
Dr Sikdar A N	223.7

Figure 95 - Swale CCG – 2012/13 Accident and emergency attendance rates for children aged 5-19 years



There are modest rates of A&E attendance for children aged 5-19. Interestingly Grove ward has higher rates of children (0-19) relative to the general population. There is no socio-economic factor (child poverty) that can at a population level be discerned as a driver for rates of attendance.

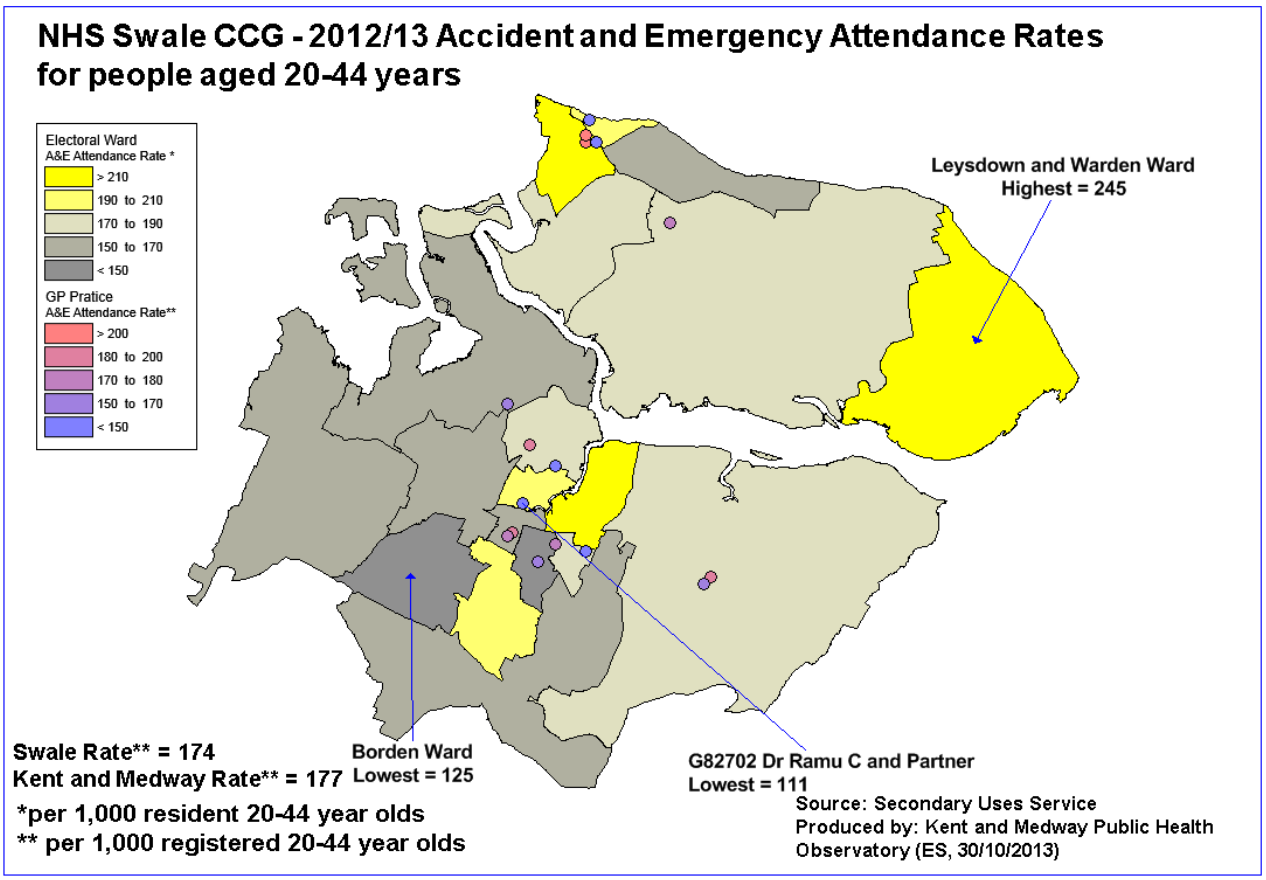
Table 21 - Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents aged 5-19 years - 2012/13

Ward Name	5-19
Murston	126.0
Leysdown and Warden	115.2
Roman	108.9
Sheerness East	104.5
Sheppey Central	100.8
Sheerness West	100.1
Woodstock	97.1
Iwade and Lower Halstow	95.3
St Michaels	90.9
Chalkwell	90.8
Milton Regis	90.7
Queenborough and Halfway	89.8
Minster Cliffs	86.8
Borden	85.4
Kemsley	84.8
Hartlip, Newington and Upchurch	78.7
Grove	62.1
West Downs	54.7

Table 22 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients aged 5-19 years - 2012/13

GP Surgery	5-19
Dr Beerstecher H J	155.0
The Surgery Teynham	146.8
Dr Sahu G B & Partner	136.2
Grovehurst Surgery	117.9
Dr Saha B K	111.3
St George's Medical Centre	110.1
The Chestnuts Surgery	102.4
Dr Sikdar A N	99.7
Dr Murthy S R S	97.7
Dmc Healthcare Centre	97.0
Dr Pasola M	85.0
Memorial Medical Centre	85.0
Sheerness Health Centre	82.4
Dr Subash Chandran S	79.9
Minster Medical Centre	79.6
Dr Fahmy M M E & Partner	78.9
The Medical Centre	74.5
Holly Bank Surgery	74.0
Iwade Health Centre	58.4
Dr Ramu C & Partner	33.5

Figure 96 Swale CCG - 2012/13 Accident and emergency attendance rates for people aged 20-44 years



Higher rates of attendance of residential people of working age can be discerned in Murston, Sheerness East and West and Leysdown and Warden.
Murston, Kemsley, the Sheerness wards and Leysdown and Warden have significant populations of this age group living in relative deprivation.
The people of Leysdown and Warden within this age group are a lower proportion of the ward population and therefore are making greater demands as A&E attenders. However this may also reflect the high seasonal population who are resident in holiday parks.

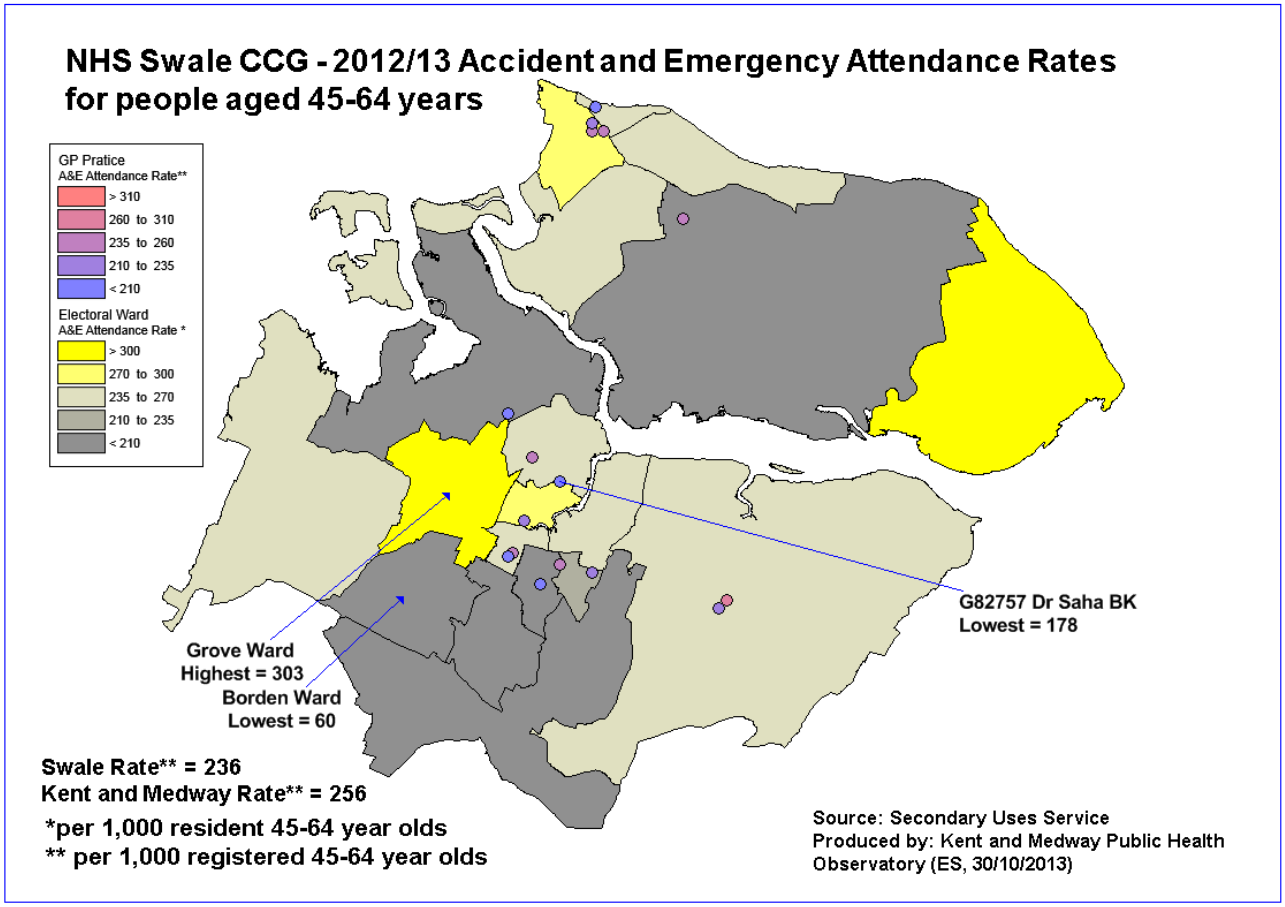
Table 23 - Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents aged 20-44 years - 2012/13

Ward Name	20-44
Leysdown and Warden	244
Sheerness West	231
Murston	214
Sheerness East	200
Woodstock	199
Milton Regis	195
Sheppey Central	186
Roman	185
Queenborough and Halfway	176
Kemsley	175
Hartlip, Newington and Upchurch	169
Iwade and Lower Halstow	164
Chalkwell	163
Minster Cliffs	162
Grove	157
West Downs	153
St Michaels	144
Borden	124

Table 24 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients aged 20-44 years - 2012/13

GP Surgery	20-44
Sheerness Health Centre	240.5
Dr Fahmy M M E & Partner	216.1
Dr Pasola M	215.2
Dr Sahu G B & Partner	201.8
St George's Medical Centre	201.4
The Medical Centre	193.5
Grovehurst Surgery	190.7
Dr Sikdar A N	188.6
Holly Bank Surgery	179.2
Minster Medical Centre	173.0
Dmc Healthcare Centre	172.9
The Chestnuts Surgery	171.6
Memorial Medical Centre	166.2
Iwade Health Centre	161.0
The Surgery Teynham	158.9
Dr Subash Chandran S	149.4
Dr Saha B K	143.6
Dr Murthy S R S	133.8
Dr Beerstecher H J	115.1
Dr Ramu C & Partner	111.1

Figure 97 - Swale CCG - 2012/13 Accident and emergency attendance rates for people aged 45-64 years



Higher rates of attendance for people aged 45-64 can be discerned in Leysdown and Warden, Sheerness West, Grove and Murston wards.
These wards contain significant numbers of residents living in relative deprivation.

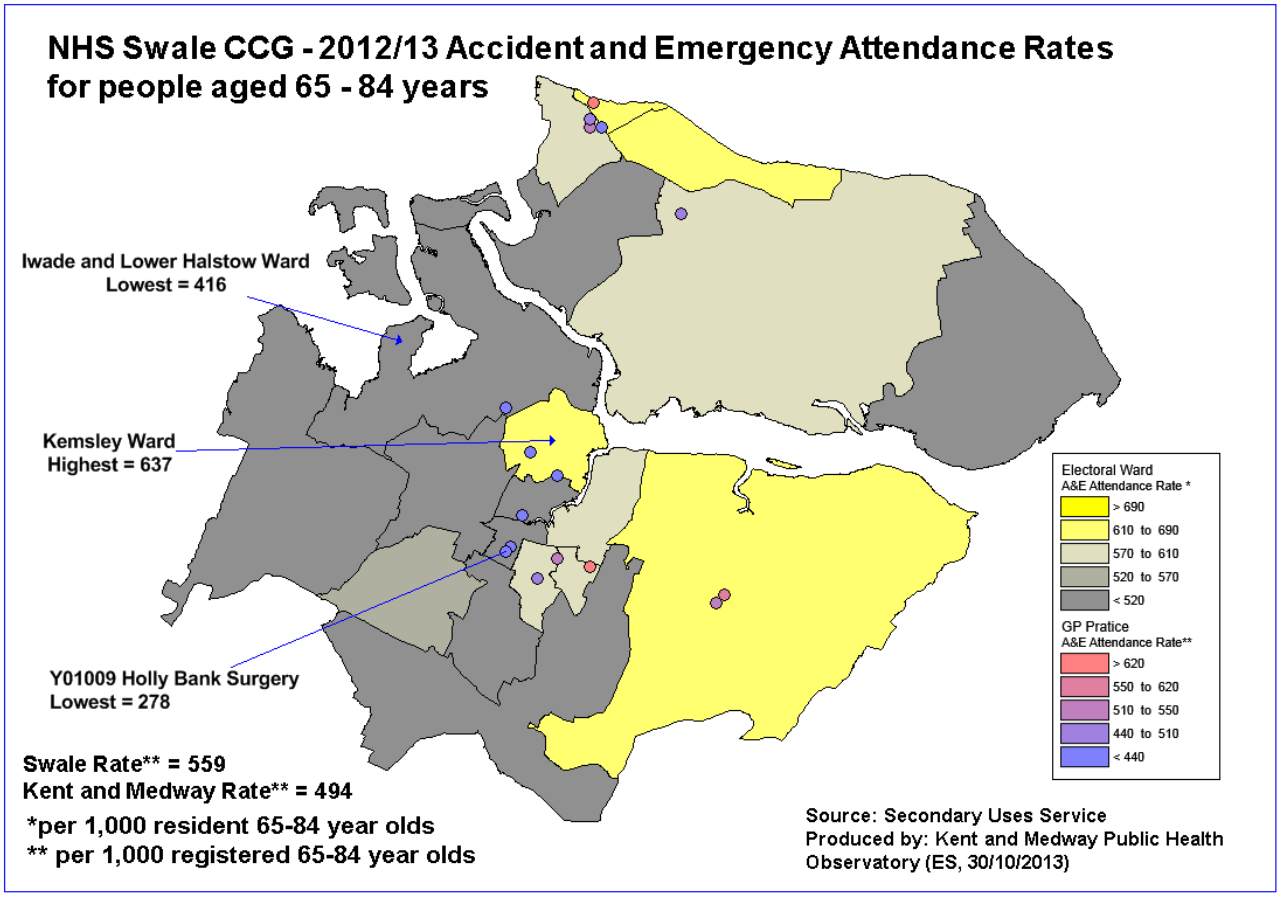
Table 25 - Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents aged 45-64 years - 2012/13

Ward Name	45-64
Grove	302.7
Leysdown and Warden	301.3
Sheerness West	289.6
Milton Regis	288.9
Chalkwell	267.5
Murston	265.4
Sheerness East	253.2
Hartlip, Newington and Upchurch	253.0
Minster Cliffs	247.2
Queenborough and Halfway	243.9
Kemsley	240.7
Roman	224.9
St Michaels	205.6
Woodstock	204.0
Iwade and Lower Halstow	203.1
Sheppey Central	196.0
West Downs	194.3
Borden	159.9

Table 26 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients aged 45-64 years - 2012/13

GP Surgery	45-64
Dr Pasola M	342.5
Minster Medical Centre	269.2
Dr Sikdar A N	263.6
St George's Medical Centre	259.7
Dr Subash Chandran S	258.6
Grovehurst Surgery	258.4
The Medical Centre	255.6
Dmc Healthcare Centre	243.0
The Chestnuts Surgery	240.8
Dr Sahu G B & Partner	233.8
Dr Beerstecher H J	233.6
The Surgery Teynham	226.9
Dr Fahmy M M E & Partner	221.6
Sheerness Health Centre	211.7
Dr Ramu C & Partner	210.4
Iwade Health Centre	209.9
Memorial Medical Centre	203.0
Dr Murthy S R S	201.1
Holly Bank Surgery	199.2
Dr Saha B K	178.3

Figure 98 - 2012/13 Accident and emergency attendance rates for people aged 65-84 years



There is a relatively greater demand on A&E services for the resident population in Sheerness East and Minster Cliffs. In contrast residents of Woodstock ward with a higher proportion of 65-84 year olds makes a significantly smaller demand on A&E services.

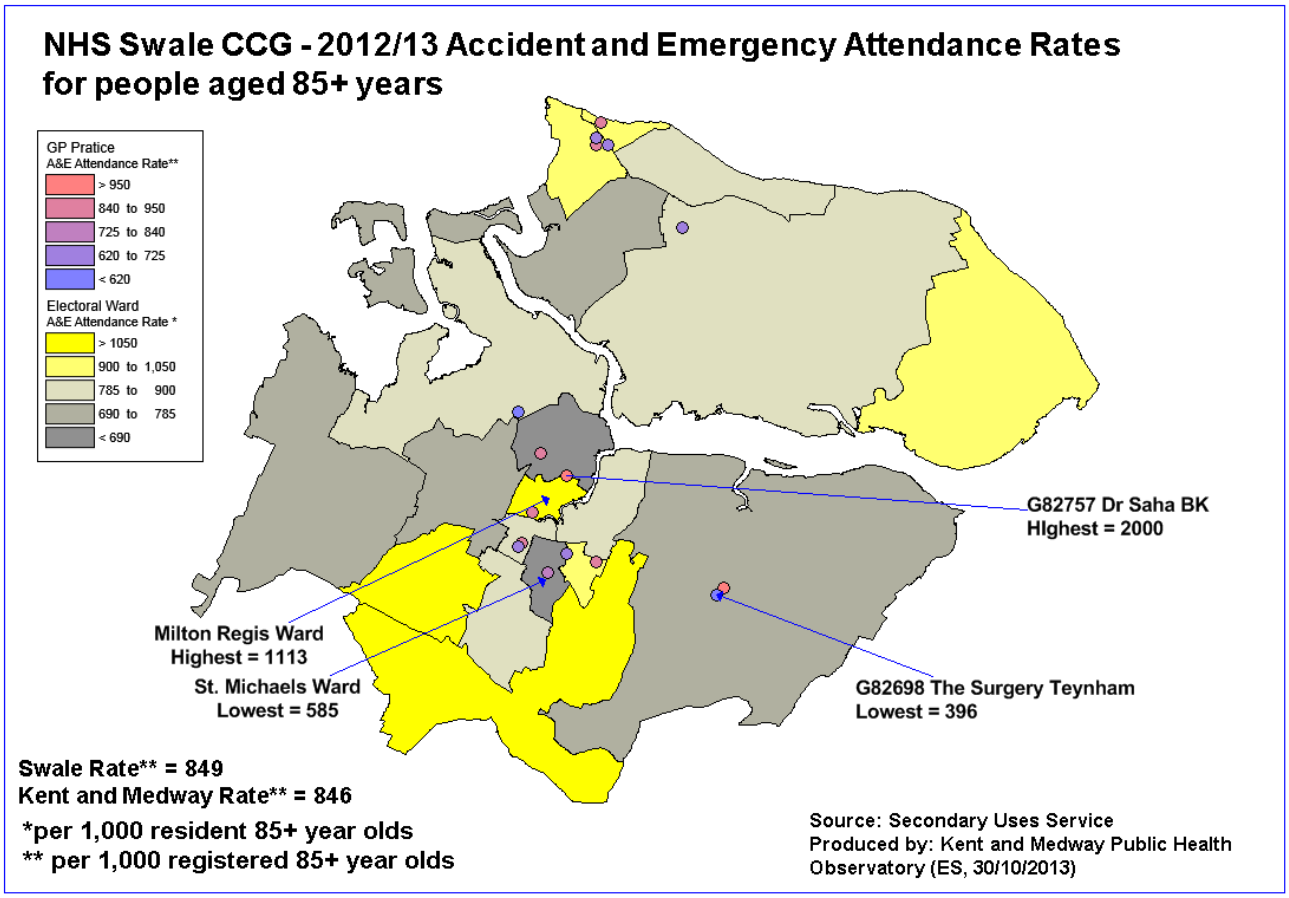
Table 27 - Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents aged 65-84 years - 2012/13

Ward Name	65-84
Kemsley	637.4
Sheerness East	620.0
Minster Cliffs	610.3
Murston	586.2
Sheerness West	580.9
Sheppey Central	578.0
St Michaels	575.8
Roman	572.0
Borden	553.1
Milton Regis	505.9
Leysdown and Warden	498.4
Grove	491.6
Queenborough and Halfway	491.1
Hartlip, Newington and Upchurch	488.6
West Downs	483.7
Woodstock	474.3
Chalkwell	423.1
Iwade and Lower Halstow	416.0

Table 28 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients aged 65-84 years - 2012/13

GP Surgery	65-84
Sheerness Health Centre	698.8
Dr Beerstecher H J	691.3
Dr Murthy S R S	648.9
Dr Pasola M	630.4
Dr Sikdar A N	615.4
Dr Fahmy M M E & Partner	561.6
The Surgery Teynham	539.6
The Chestnuts Surgery	527.8
St George's Medical Centre	515.1
Dr Sahu G B & Partner	505.0
Dmc Healthcare Centre	488.0
Memorial Medical Centre	472.8
Grovehurst Surgery	439.3
The Medical Centre	412.0
Minster Medical Centre	393.3
Dr Subash Chandran S	392.5
Dr Saha B K	386.4
Iwade Health Centre	382.2
Dr Ramu C & Partner	293.3
Holly Bank Surgery	278.5

Figure 99 - 2012/13 Accident and emergency attendance rates for people aged 85+ years



Low rates of A&E attenders for 85+ residents should be noted for areas previously highlighted as containing relatively deprived populations. The highest attendance rates are from the central area of Sheppey and for the south Sittingbourne wards.

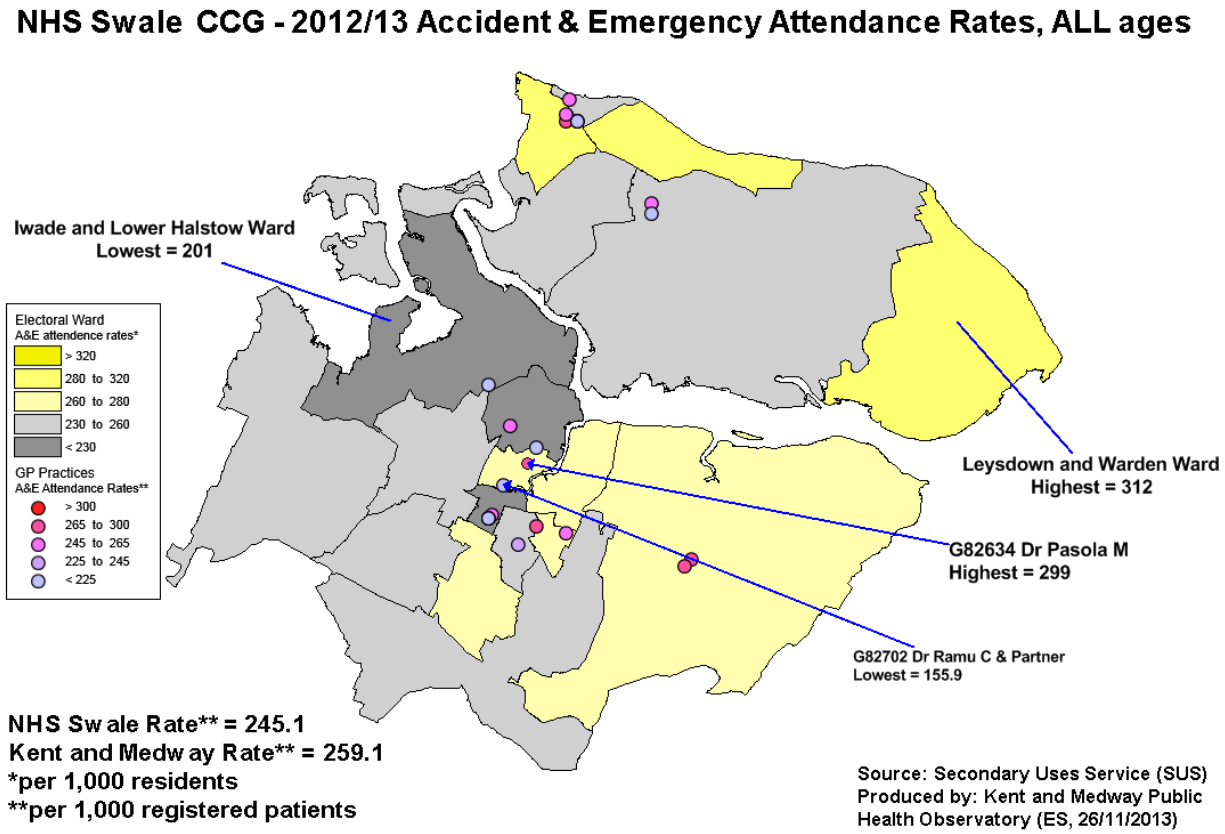
Table 29 - Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents aged 85+ years - 2012/13

Ward Name	85+
Milton Regis	1112.9
West Downs	1085.1
Borden	1073.2
Roman	957.3
Leysdown and Warden	921.6
Sheerness East	919.5
Sheerness West	915.1
Chalkwell	898.1
Minster Cliffs	880.2
Sheppey Central	842.5
Iwade and Lower Halstow	840.9
Murston	797.3
Woodstock	786.5
Hartlip, Newington and Upchurch	750.0
Queenborough and Halfway	728.5
Grove	693.0
Kemsley	682.9
St Michaels	584.5

Table 30 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients aged 85+ years - 2012/13

GP Surgery	85+
Dr Saha B K	2000.0
Dr Sikdar A N	1066.7
Dr Fahmy M M E & Partner	966.3
Minster Medical Centre	958.0
Sheerness Health Centre	921.9
Grovehurst Surgery	896.6
Dr Beerstecher H J	884.6
Dr Murthy S R S	879.3
St George's Medical Centre	849.2
The Medical Centre	846.2
Dr Ramu C & Partner	842.1
Memorial Medical Centre	750.9
The Chestnuts Surgery	717.6
Holly Bank Surgery	702.7
Dmc Healthcare Centre	700.0
Dr Sahu G B & Partner	696.6
Dr Pasola M	685.7
Dr Subash Chandran S	666.7
Iwade Health Centre	562.5
The Surgery Teynham	396.2

Figure 100 - 2012/13 Accident and emergency attendance rates – all ages



Overall the highest attendance rates are of residents in Leysdown and Warden, Murston, Milton Regis, Teynham and Lynstead and Sheerness West & East wards.

Table 31- Electoral ward age-specific accident and emergency attendance rates - Swale CCG residents all ages - 2012/13

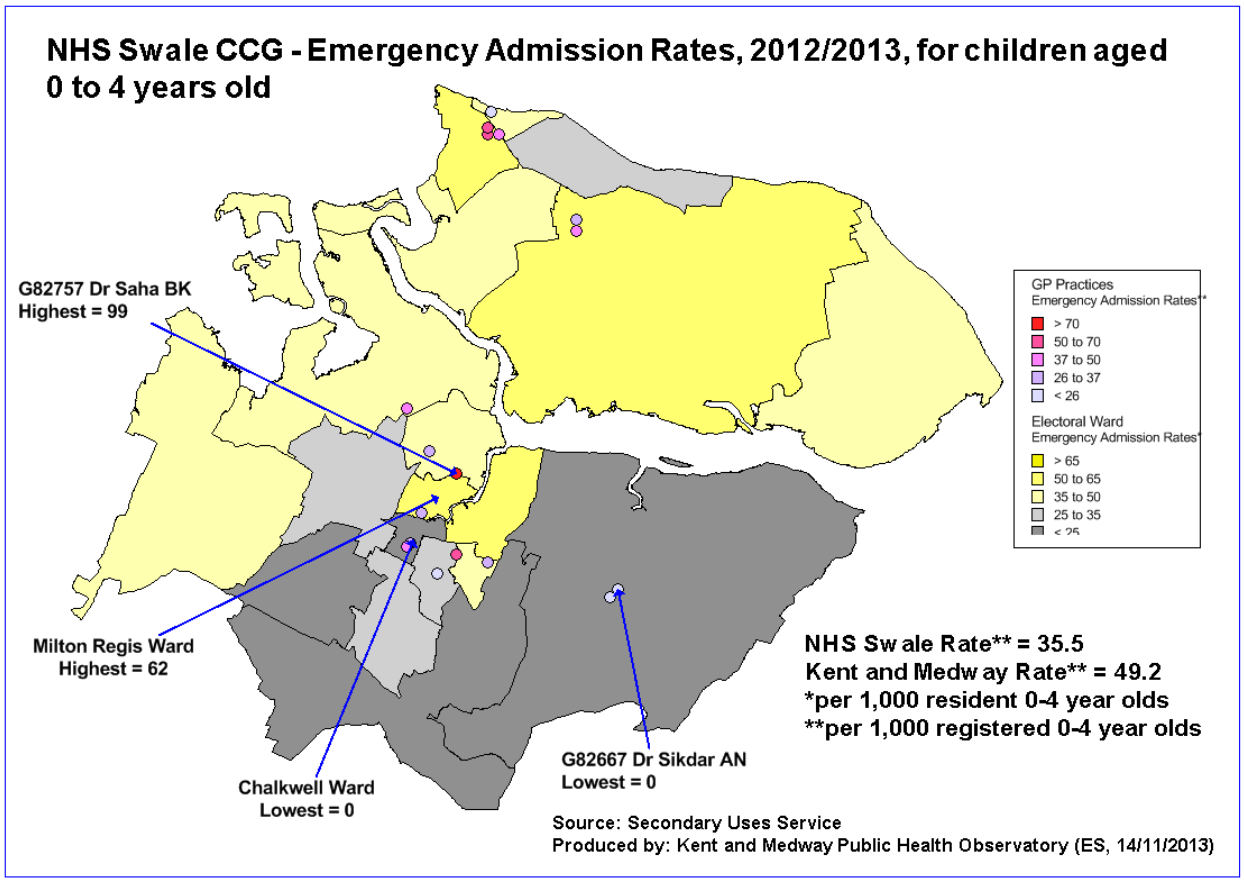
Ward Name	All Ages
Leysdown and Warden	312.4
Minster Cliffs	292.3
Sheerness West	290.1
Woodstock	279.6
Milton Regis	279.2
Murston	270.1
Roman	269.7
Hartlip, Newington and Upchurch	254.6
Sheerness East	254.5
Queenborough and Halfway	252.8
Sheppey Central	247.5
Borden	243.6
St Michaels	233.5
West Downs	231.2
Grove	230.8
Chalkwell	226.9
Kemsley	217.8
Iwade and Lower Halstow	201.1

Table 32 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients all ages - 2012/13

GP Surgery	All Ages
Dr Pasola M	299.3
Dr Sikdar A N	292.2
Sheerness Health Centre	290.5
St George's Medical Centre	289.7
The Chestnuts Surgery	273.8
Dr Fahmy M M E & Partner	272.0
The Surgery Teynham	266.4
Dr Sahu G B & Partner	263.4
Dr Murthy S R S	262.6
Dr Beerstecher H J	261.2
The Medical Centre	258.8
Grovehurst Surgery	254.2
Minster Medical Centre	250.5
Memorial Medical Centre	230.3
Dr Subash Chandran S	218.0
Dmc Healthcare Centre	207.6
Holly Bank Surgery	191.7
Dr Saha B K	182.8
Iwade Health Centre	180.3
Dr Ramu C & Partner	155.9

Swale Emergency Admissions

Figure 101 – Swale CCG – 2012/13 Emergency admission rates for children aged 0-4 years



Higher rates of emergency admission should be noted for Murston, Sheerness West, Sheppey Central and Leysdown and Warden wards. Minster Cliffs and Leysdown and Warden have smaller proportions of 0-4 year olds relative to the total ward populations. These admissions may be inflated by seasonal residents of holiday parks.

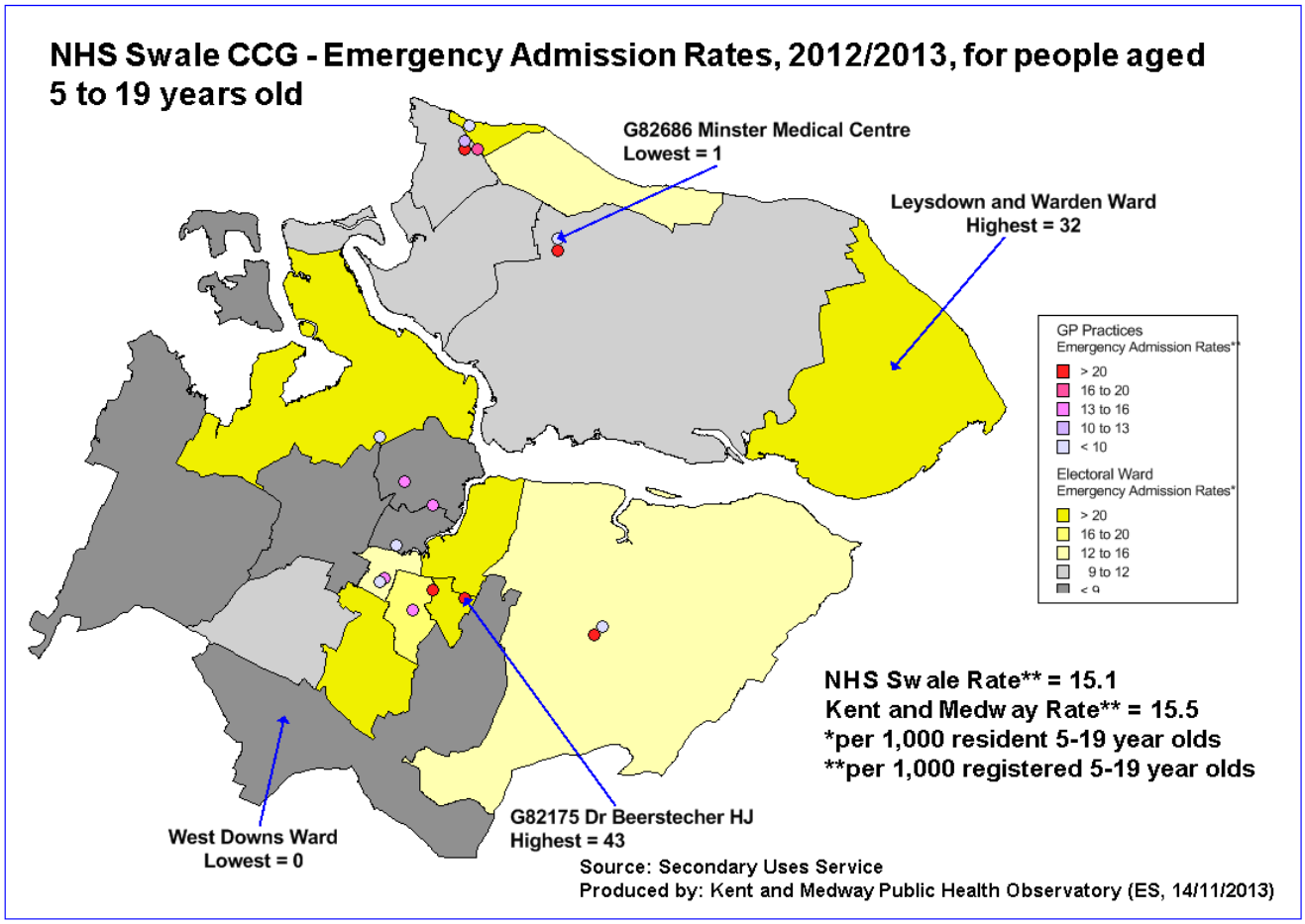
Table 33 – Electoral ward age-specific emergency admission rates – Swale CCG residents aged 0-4 years – 2012/13

Ward Name	0-4
Milton Regis	62.3
Sheerness West	56.3
Sheppey Central	54.2
Murston	50.0
Roman	49.5
Queenborough and Halfway	44.0
Iwade and Lower Halstow	43.4
Leysdown and Warden	42.4
Sheerness East	38.1
Hartlip, Newington and Upchurch	37.2
Kemsley	37.2
Grove	30.1
Minster Cliffs	27.4
St Michaels	26.9
Woodstock	25.2
West Downs	19.2
Borden	8.8
Chalkwell	0.0

Table 34 GP practice age-specific emergency admission rates - Swale CCG registered patients aged 0-4 years - 2012/13

GP Surgery Name	0-4
Dr Saha B K	99.4
Dr Sahu G B & Partner	55.0
The Chestnuts Surgery	52.4
St George's Medical Centre	50.7
Dr Subash Chandran S	46.0
Sheerness Health Centre	42.6
Dmc Healthcare Centre	39.1
Holly Bank Surgery	38.8
Iwade Health Centre	38.6
Dr Beerstecher H J	34.8
Minster Medical Centre	30.9
Grovehurst Surgery	28.4
Dr Ramu C & Partner	28.2
The Medical Centre	26.5
Dr Fahmy M M E & Partner	26.0
Dr Pasola M	26.0
Memorial Medical Centre	22.5
Dr Murthy S R S	12.8
The Surgery Teynham	10.5
Dr Sikdar A N	0.0

Figure 102 - Swale CCG - 2012/13 Emergency admission rates for children aged 5-19 years



The notably high rate of emergency admissions for children aged 5-19 resident in Leysdown and Warden should be noted. The proportion of children in this age group relative to the total ward population is low thus particularly high rates of emergency admissions should be noted. However this may be influenced by seasonal factors.

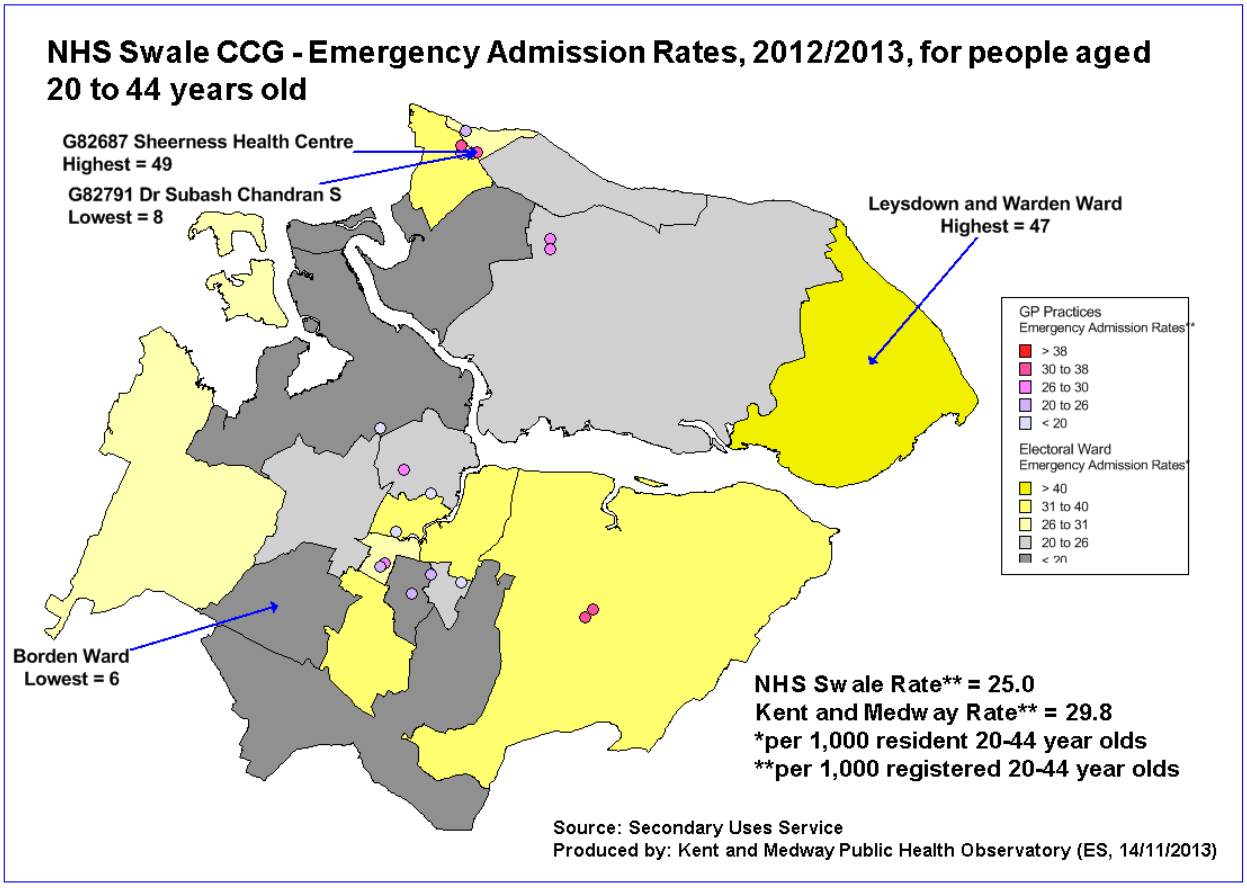
Table 35 - Electoral ward age-specific emergency admission rates – Swale CCG residents aged 5-19 years – 2012/13

Ward Name	5-19
Leysdown and Warden	32.6
Sheerness East	30.8
Iwade and Lower Halstow	23.5
Murston	23.4
Roman	22.0
Woodstock	20.4
St Michaels	16.8
Chalkwell	14.3
Minster Cliffs	13.4
Sheerness West	11.9
Queenborough and Halfway	10.4
Sheppey Central	10.1
Borden	10.1
Hartlip, Newington and Upchurch	7.6
Grove	7.5
Milton Regis	7.0
Kemsley	6.9
West Downs	0.0

Table 36 - GP practice age-specific emergency admission rates - Swale CCG registered patients aged 5-19 years - 2012/13

GP Surgery Name	5-19
Dr Beerstecher H J	40.9
The Surgery Teynham	30.6
St George's Medical Centre	25.2
Dmc Healthcare Centre	23.2
The Chestnuts Surgery	21.1
Dr Subash Chandran S	19.0
Dr Saha B K	15.0
Grovehurst Surgery	15.0
Memorial Medical Centre	14.1
The Medical Centre	13.3
Dr Sahu G B & Partner	12.5
Sheerness Health Centre	10.8
Dr Sikdar A N	10.0
Dr Pasola M	9.9
Dr Murthy S R S	9.6
Holly Bank Surgery	9.0
Dr Ramu C & Partner	8.9
Dr Fahmy M M E & Partner	7.5
Iwade Health Centre	4.8
Minster Medical Centre	1.0

Figure 103 - Swale CCG - 2012/13 Emergency admission rates for people aged 20-44



Higher emergency admission rates can be discerned for residents of both Sheerness wards, Minster Cliffs and Leysdown and Warden on the Isle of Sheppey; for many of the wards in central Sittingbourne and for Teynham and Lynstead. The low rates of admission should be noted for West Downs and Borden wards.

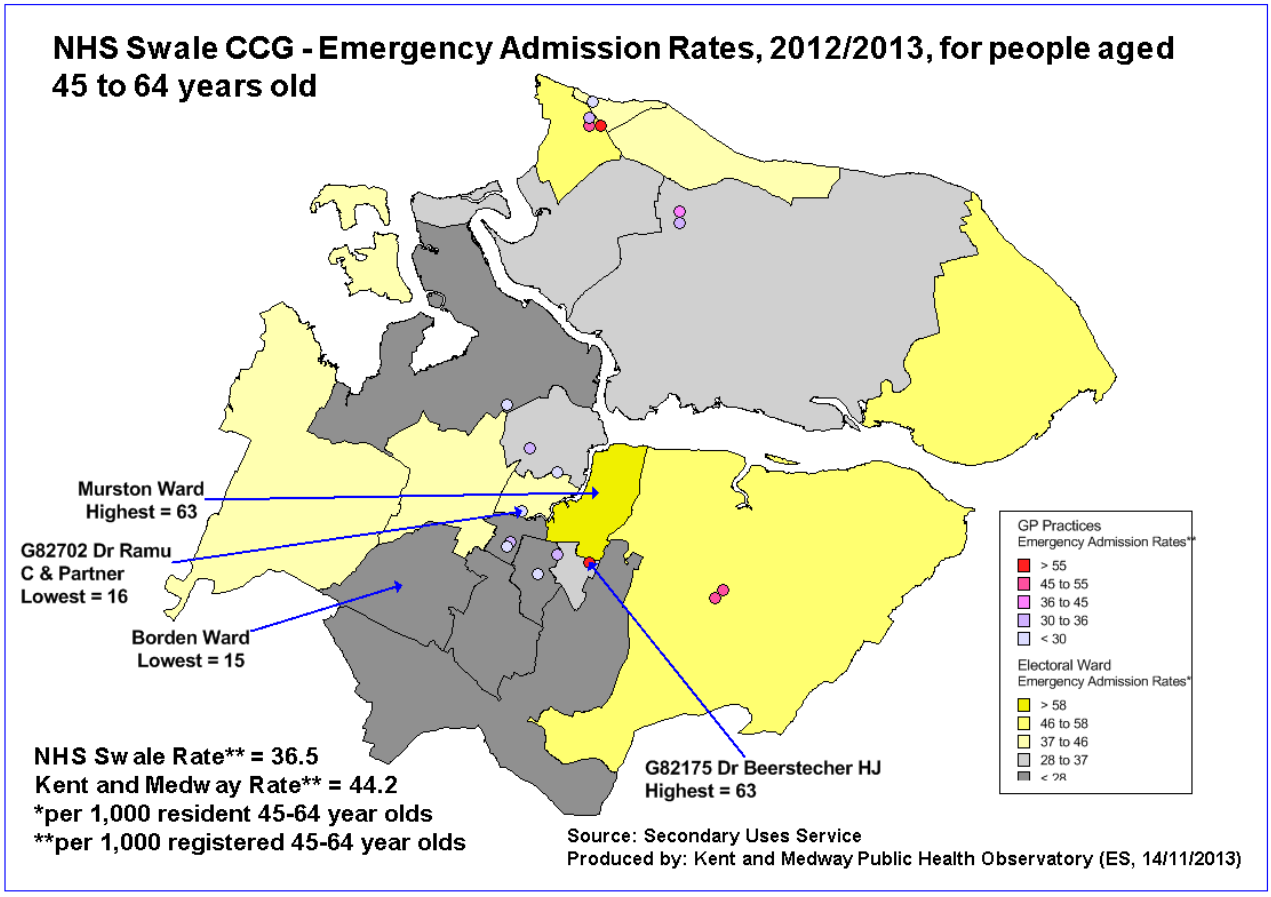
Table 37 - Electoral ward age-specific emergency admission rates – Swale CCG residents aged 20-44 years – 2012/13

Ward Name	20-44
Leysdown and Warden	46.6
Murston	35.1
Sheerness West	34.0
Woodstock	33.8
Milton Regis	31.9
Hartlip, Newington and Upchurch	30.7
Sheerness East	30.1
Chalkwell	26.6
Minster Cliffs	26.0
Kemsley	23.7
Sheppey Central	23.4
Roman	22.6
Grove	20.4
Queenborough and Halfway	19.5
West Downs	17.4
St Michaels	15.4
Iwade and Lower Halstow	11.3
Borden	6.2

Table 38 - GP practice age-specific emergency admission rates - Swale CCG registered patients aged 20-44 years - 2012/13

GP Surgery Name	20-44
Sheerness Health Centre	48.7
The Surgery Teynham	31.8
Dr Pasola M	31.2
Dr Sahu G B & Partner	30.7
Dr Sikdar A N	30.7
Dr Fahmy M M E & Partner	28.8
Minster Medical Centre	28.5
The Medical Centre	28.4
Dmc Healthcare Centre	27.1
Grovehurst Surgery	26.0
The Chestnuts Surgery	25.9
St George's Medical Centre	25.8
Memorial Medical Centre	25.2
Dr Murthy S R S	21.1
Holly Bank Surgery	20.4
Dr Saha B K	18.1
Iwade Health Centre	14.9
Dr Ramu C & Partner	13.3
Dr Beerstecher H J	8.3
Dr Subash Chandran S	8.1

Figure 104 -Swale CCG - 2012/13 Emergency admission rate for people aged 45-64 years



Notable emergency admission rates for residents of Sheerness West and Leysdown and Warden should be noted for the Isle of Sheppey. The high rates for Leysdown and Warden may be inflated by holiday park residents. High rates for residents of Teynham and Lynstead can also be observed. Generally the lowest rates are for residents of the south Sittingbourne wards.

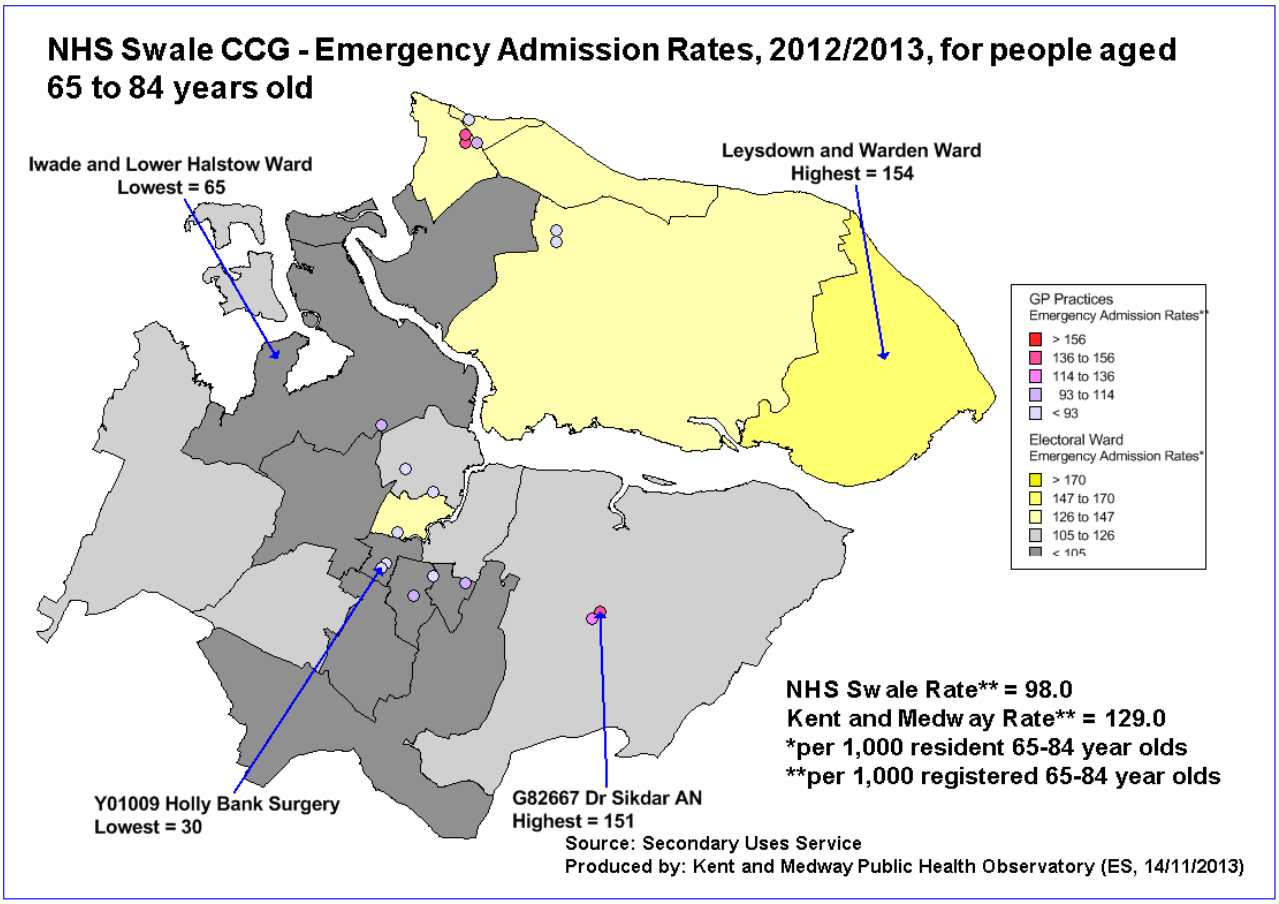
Table 39 - Electoral ward age-specific emergency admission rates – Swale CCG residents aged 45-64 years – 2012/13

Ward Name	45-64
Murston	63.2
Sheerness West	57.9
Leysdown and Warden	50.6
Milton Regis	44.4
Sheerness East	41.7
Minster Cliffs	40.5
Hartlip, Newington and Upchurch	39.4
Grove	38.9
Queenborough and Halfway	36.3
Kemsley	31.2
Roman	31.2
Sheppey Central	29.7
St Michaels	25.9
Iwade and Lower Halstow	24.3
West Downs	24.1
Chalkwell	23.7
Woodstock	23.3
Borden	15.1

Table 40 - GP practice age-specific emergency admission rates - Swale CCG registered patients aged 45-64 years - 2012/13

GP Surgery Name	45-64
Dr Beerstecher H J	63.3
Dr Subash Chandran S	59.8
The Surgery Teynham	53.0
St George's Medical Centre	47.6
Dr Pasola M	46.8
Dr Sikdar A N	46.0
Minster Medical Centre	42.5
Dr Fahmy M M E & Partner	35.8
The Medical Centre	35.3
Grovehurst Surgery	35.0
Sheerness Health Centre	33.0
Dmc Healthcare Centre	32.0
Dr Sahu G B & Partner	31.2
The Chestnuts Surgery	30.2
Iwade Health Centre	29.4
Holly Bank Surgery	24.1
Memorial Medical Centre	24.0
Dr Murthy S R S	22.7
Dr Saha B K	21.4
Dr Ramu C & Partner	16.3

Figure 105 – Swale CCG – 2012/13 Emergency admission rates for people aged 65-84 years



The highest emergency admissions rate for people aged 65-84 are of residents of Milton Regis ward. The low rate of admission reflected in one practice located in Milton Regis ward is noteworthy. Higher rates of admission should also be noted for Sheppey Central, Leysdown and Warden and Sheerness West wards. This pattern is also to be observed for residents of Teynham and Lynstead ward. Low rates of emergency admission can be discerned for Woodstock and West Downs ward as well as Iwade and Lower Halstow. However the latter ward has lower numbers of people in this age group relative to the ward population as a whole.

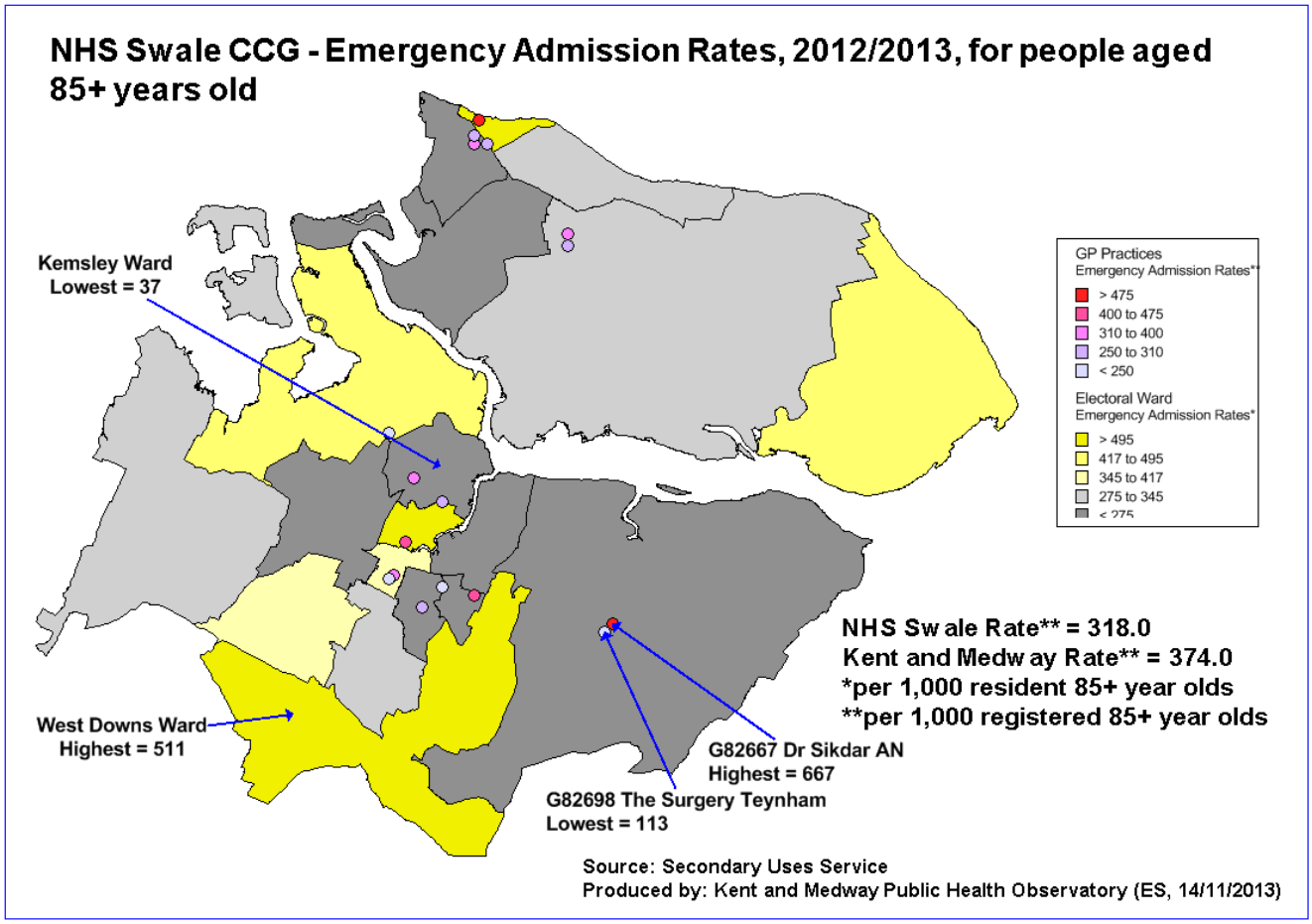
Table 41 - Electoral ward age specific emergency admission rates - Swale CCG residents aged 65-84 years 2012/13

Ward name	65-84
Milton Regis	254.1
Sheppey Central	238.1
St Michaels	210.5
Teynham and Lynsted	209.6
Leysdown and Warden	209.4
Sheerness West	196.8
Kemsley	193.4
Minster Cliffs	187.8
Chalkwell	186.5
Murston	184.1
Woodstock	175.2
Roman	168.0
Queenborough and Halfway	167.2
Borden	161.7
Grove	154.7
Sheerness East	141.8
West Downs	134.8
Iwade and Lower Halstow	115.2

Table 42 - GP practice age-specific emergency admission rates - Swale CCG registered patients aged 65-84 years - 2012/13

Partner/Name	65-84
Sheppey NHS Healthcare Centre	313.4
Dr Venkatachalam D N & Partner	294.1
Dr Sikdar A N	240.7
Dr Saha B K	217.6
Dr Kumar R B	206.0
Dr Murthy S R S	202.2
Dr Beerstecher H J	192.2
Dr Sahu G B & Partner	183.9
Dr Pasola M	182.5
Dr Subash Chandran S	181.8
Dr A S Pannu & Partners	181.2
Minster Medical Centre	179.0
Iwade Health Centre	176.3
Dr Wilcox K E & Partners	169.6
Dr Fahmy M M E & Partner	165.1
Dr Witts S J & Partner	153.3
Memorial Medical Centre	145.5
Dr Marsh C M & Partners	140.9
The Chestnuts Surgery	137.4
Dr Ramu C & Partner	130.2
Dr Mahtha S K	84.3

Figure 106 - Swale CCG – 2012/13 Emergency admission rates for people aged 85+ years



The highest emergency admission rates are found in Milton Regis, Sheerness East and West Downs. The high rates of admission for residents of West Downs and Borden wards may be inflated by the presence of residential and nursing homes since overall this age group does not constitute a significant proportion of the ward population. However looking at the overall pattern of demand for A&E services, residents of West Downs and Borden wards have proportionately less need of such services and thus may account for high demands in old age.

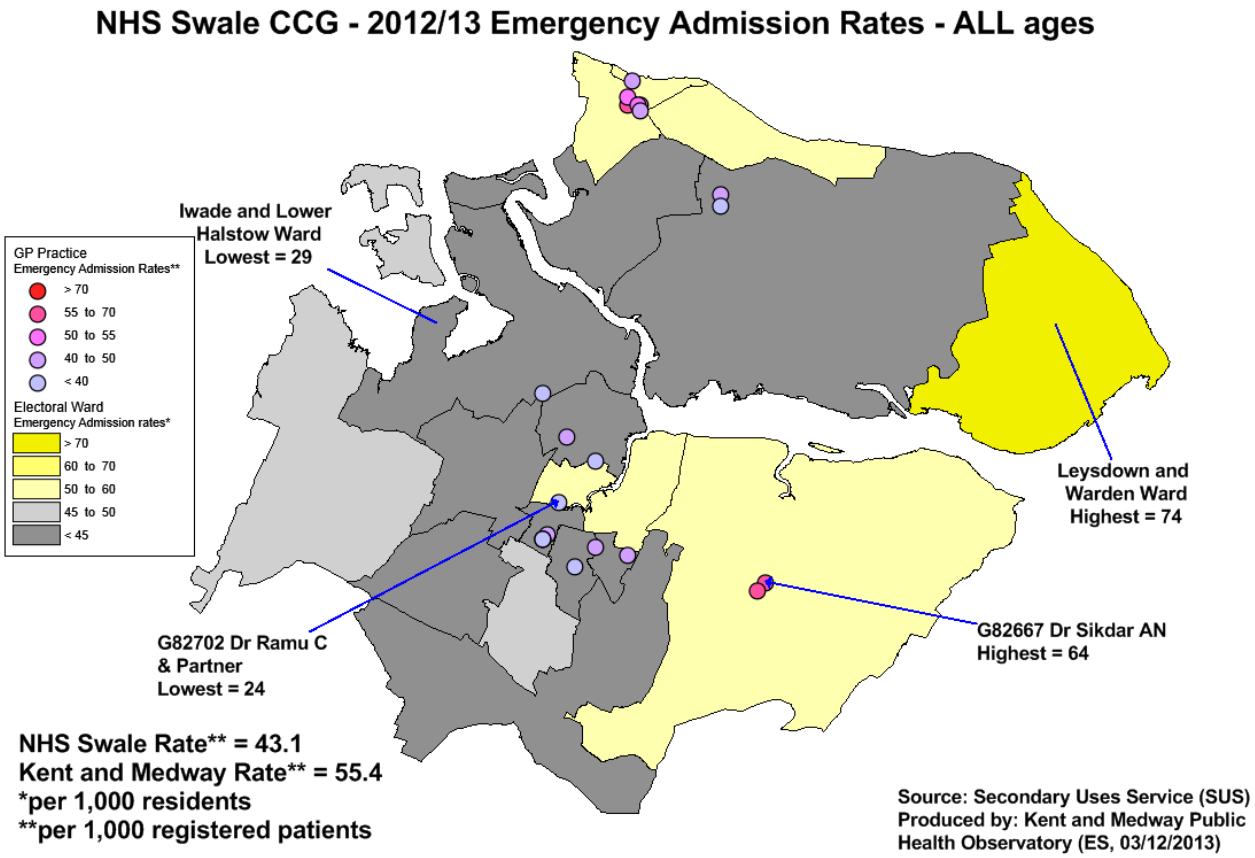
Table 43 - Electoral ward age-specific emergency admission rates - Swale CCG residents aged 85+yrs - 2012/13

Ward Name	85+
West Downs	510.6
Sheerness East	505.7
Milton Regis	500.0
Leysdown and Warden	470.6
Iwade and Lower Halstow	454.5
Chalkwell	370.4
Borden	365.9
Sheppey Central	342.5
Minster Cliffs	317.4
Woodstock	297.8
Hartlip, Newington and Upchurch	290.3
Roman	265.0
Sheerness West	264.2
Grove	245.6
Murston	243.2
St Michaels	218.3
Queenborough and Halfway	185.4
Kemsley	170.7

Table 44 - GP practice age-specific emergency admission rates - Swale CCG registered patients aged 85+yrs - 2012/13

GP Surgery Name	85+
Dr Sikdar A N	666.7
Dr Murthy S R S	569.0
Dr Beerstecher H J	423.1
Dr Ramu C & Partner	421.1
The Medical Centre	367.5
Minster Medical Centre	361.3
St George's Medical Centre	346.7
Grovehurst Surgery	336.2
Dr Saha B K	300.0
Sheerness Health Centre	265.6
Dr Subash Chandran S	260.9
Memorial Medical Centre	260.2
Dr Sahu G B & Partner	258.4
Dr Pasola M	257.1
Dmc Healthcare Centre	250.0
The Chestnuts Surgery	235.9
Iwade Health Centre	229.2
Holly Bank Surgery	216.2
Dr Fahmy M M E & Partner	213.5
The Surgery Teynham	113.2

Figure 107 - Swale CCG - 2012/13 Emergency admission rate for all ages



Overall the area of Swale CCG with the highest rates of admission is Leysdown and Warden. However this may be inflated by seasonal factors and thus the residents of holiday parks. Generally lower rates of admission can be discerned from both the south and west wards surrounding Sittingbourne. Teynham and Lynstead ward demonstrates higher rates of admission than might be expected for this population.

Table 45 - Electoral ward age-specific emergency admission rates – Swale CCG residents all ages – 2012/13

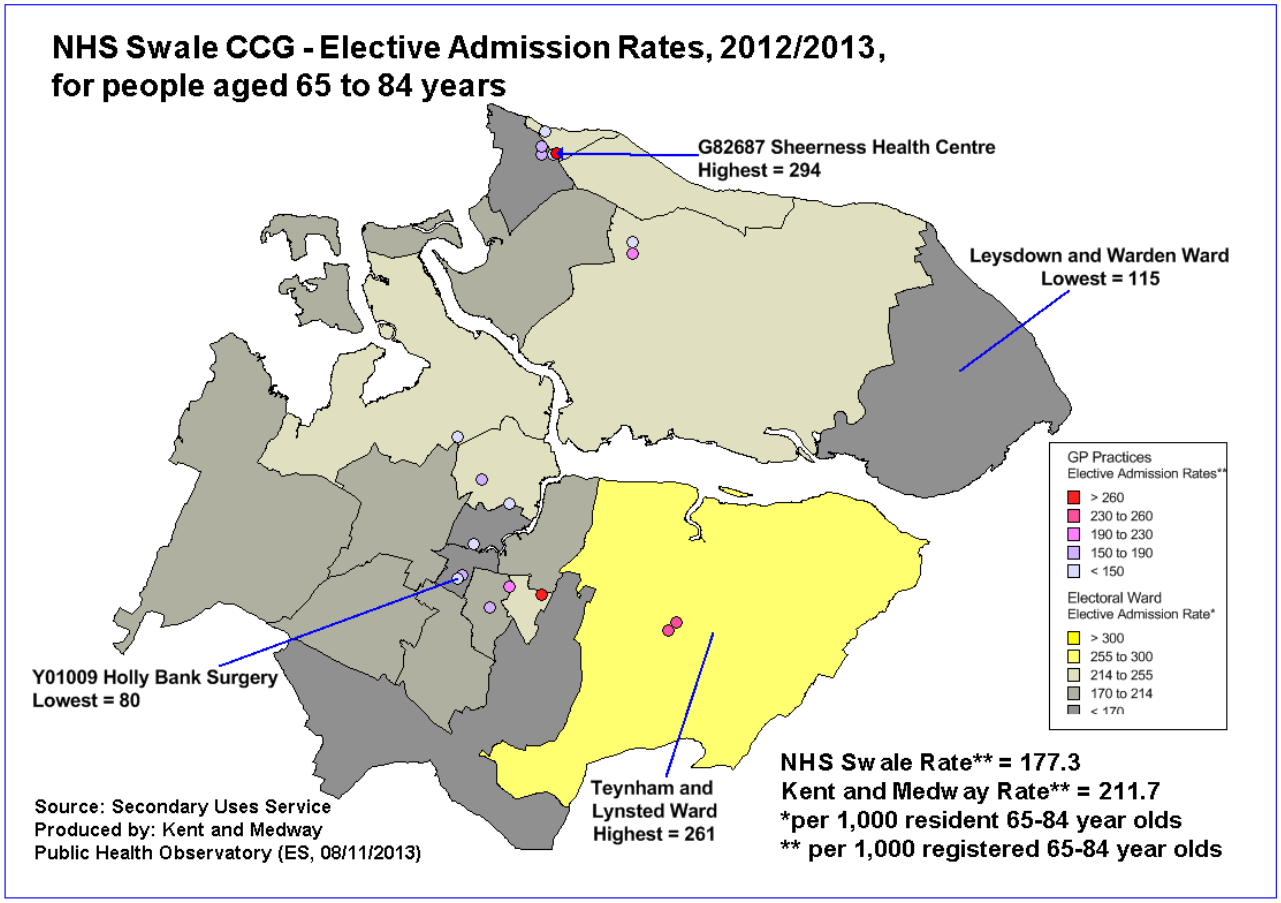
Ward Name	All Ages
Leysdown and Warden	74.1
Milton Regis	59.1
Minster Cliffs	57.8
Sheerness West	56.3
Sheerness East	50.9
Murston	50.8
Hartlip, Newington and Upchurch	48.5
Woodstock	47.5
Roman	43.9
Sheppey Central	42.4
Borden	39.3
Queenborough and Halfway	39.1
West Downs	37.1
Chalkwell	36.9
Grove	35.1
St Michaels	34.3
Kemsley	29.5
Iwade and Lower Halstow	29.1

Table 46 - GP practice age-specific accident and emergency attendance rates - Swale CCG registered patients all ages - 2012/13

GP Surgery Name	All Ages
Dr Sikdar A N	64.1
St George's Medical Centre	62.0
The Surgery Teynham	55.3
Sheerness Health Centre	51.8
Dr Sahu G B & Partner	51.2
Dr Pasola M	49.2
The Medical Centre	47.5
Dr Beerstecher H J	47.4
Minster Medical Centre	46.0
Dr Fahmy M M E & Partner	44.9
The Chestnuts Surgery	44.1
Dr Murthy S R S	41.9
Dr Subash Chandran S	41.6
Grovehurst Surgery	40.9
Memorial Medical Centre	38.4
Dmc Healthcare Centre	34.5
Iwade Health Centre	25.8
Dr Saha B K	25.6
Holly Bank Surgery	24.7
Dr Ramu C & Partner	24.3

Older People

Figure 108 – Swale CCG – 2012/13 Elective admission rates for people aged 65-84 years



There is an equitable distribution of elective admissions for residents of the CCG aged 65-84. Residents of Leysdown and Warden and of Teynham and Lynstead wards have modest elective admission rates in contrast to the relatively higher demands made of unplanned care.

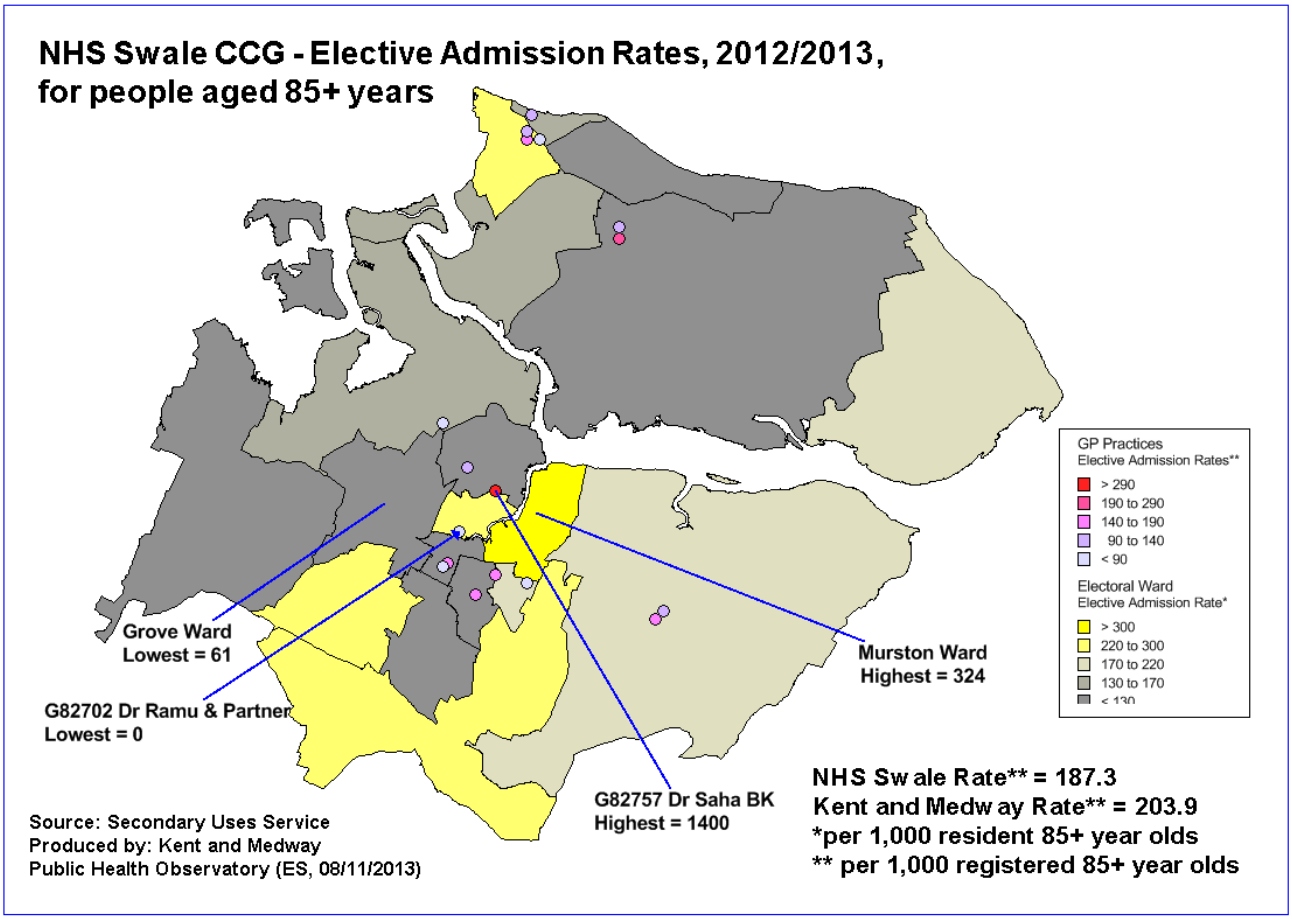
Table 47 - Electoral ward age-specific elective admission rates - Swale CCG residents aged 65-84yrs - 2012/13

Ward name	65-84
Sheerness East	247.6
Kemsley	238.1
Roman	232.3
Minster Cliffs	225.0
Iwade and Lower Halstow	217.1
Sheppey Central	216.2
Borden	212.6
Woodstock	204.2
Murston	194.4
Grove	191.9
St Michaels	191.6
Hartlip, Newington and Upchurch	187.3
Queenborough and Halfway	178.7
Milton Regis	158.8
Sheerness West	155.8
West Downs	142.9
Chalkwell	121.3
Leysdown and Warden	114.8

Table 48 - GP practice age-specific elective admission rates - Swale CCG registered patients aged 65-84yrs - 2012/13

GP name	65-84
Sheerness Health Centre	294.2
Dr Beerstecher H J	261.7
The Surgery Teynham	242.2
Dr Fahmy M M E & Partner	234.1
Dr Sikdar A N	234.0
Dmc Healthcare Centre	217.9
The Chestnuts Surgery	194.5
Dr Pasola M	193.6
Grovehurst Surgery	182.6
Memorial Medical Centre	172.6
Dr Sahu G B & Partner	166.2
The Medical Centre	160.5
St George's Medical Centre	156.8
Dr Murthy S R S	146.8
Minster Medical Centre	138.7
Dr Subash Chandran S	129.0
Dr Ramu C & Partner	128.9
Iwade Health Centre	115.6
Dr Saha B K	96.6
Holly Bank Surgery	80.2

Figure 109 – Swale CCG – 2012/13 Elective admission rates for people aged 85+ years



The low elective admission rates for 85+ residents of Grove and Minster Cliffs, Sheppey Central and Woodstock should be noted as these are areas with a higher proportion of people aged over 85 for the ward.
The high rates of elective admission of residents of West Downs and Murston wards should be observed since the proportion of this age group relative to the ward population is low. Highest rates can be observed for residents of the south central Sittingbourne wards together with West Downs ward. The latter has among the lowest numbers of 85+ relative to the population as a whole.

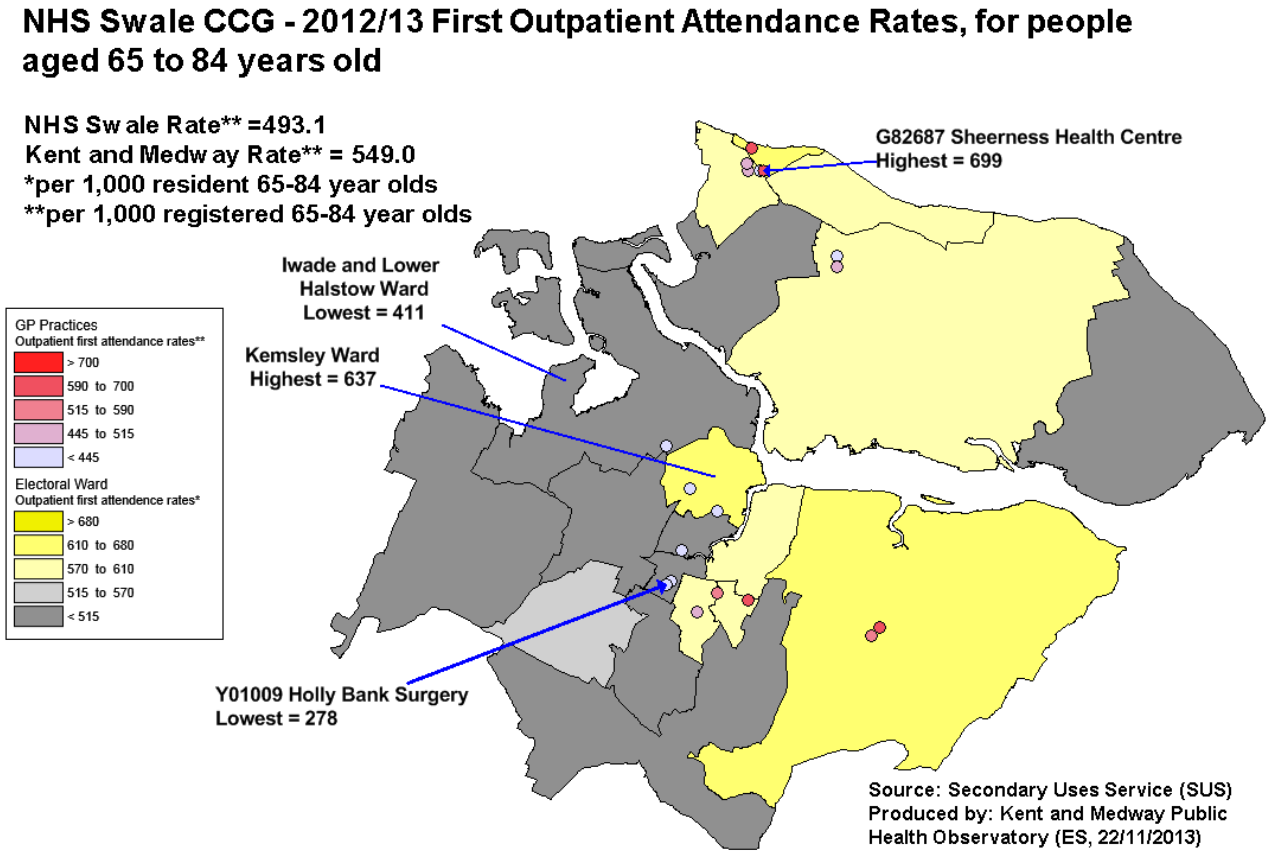
Table 49 - Electoral ward age-specific elective admission rates - Swale CCG residents aged 85+yrs - 2012/13

Ward name	85+
Murston	324.3
Borden	268.3
West Downs	255.3
Sheerness West	245.3
Milton Regis	241.9
Leysdown and Warden	196.1
Roman	179.5
Queenborough and Halfway	165.6
Sheerness East	137.9
Iwade and Lower Halstow	136.4
Hartlip, Newington and Upchurch	129.0
Minster Cliffs	119.8
Woodstock	106.7
Sheppey Central	102.7
St Michaels	77.5
Chalkwell	74.1
Kemsley	73.2
Grove	61.4

Table 50 - GP practice age-specific elective admission rates - Swale CCG registered patients aged 85+yrs - 2012/13

GP name	85+
Dr Saha B K	1400.0
Dr Fahmy M M E & Partner	258.4
Sheerness Health Centre	203.1
Dmc Healthcare Centre	200.0
The Surgery Teynham	169.8
St George's Medical Centre	155.8
The Medical Centre	153.8
The Chestnuts Surgery	149.5
Memorial Medical Centre	141.3
Dr Sahu G B & Partner	112.4
Minster Medical Centre	109.2
Dr Murthy S R S	103.4
Dr Sikdar A N	100.0
Grovehurst Surgery	94.8
Iwade Health Centre	83.3
Holly Bank Surgery	81.1
Dr Pasola M	80.0
Dr Beerstecher H J	76.9
Dr Subash Chandran S	72.5
Dr Ramu C & Partner	0.0

Figure 110 - Swale CCG - 2012/13 First outpatient attendance rates for people aged 65-84 years



There is an equitable distribution of first outpatient attendance for people aged 65-84 across the CCG area.

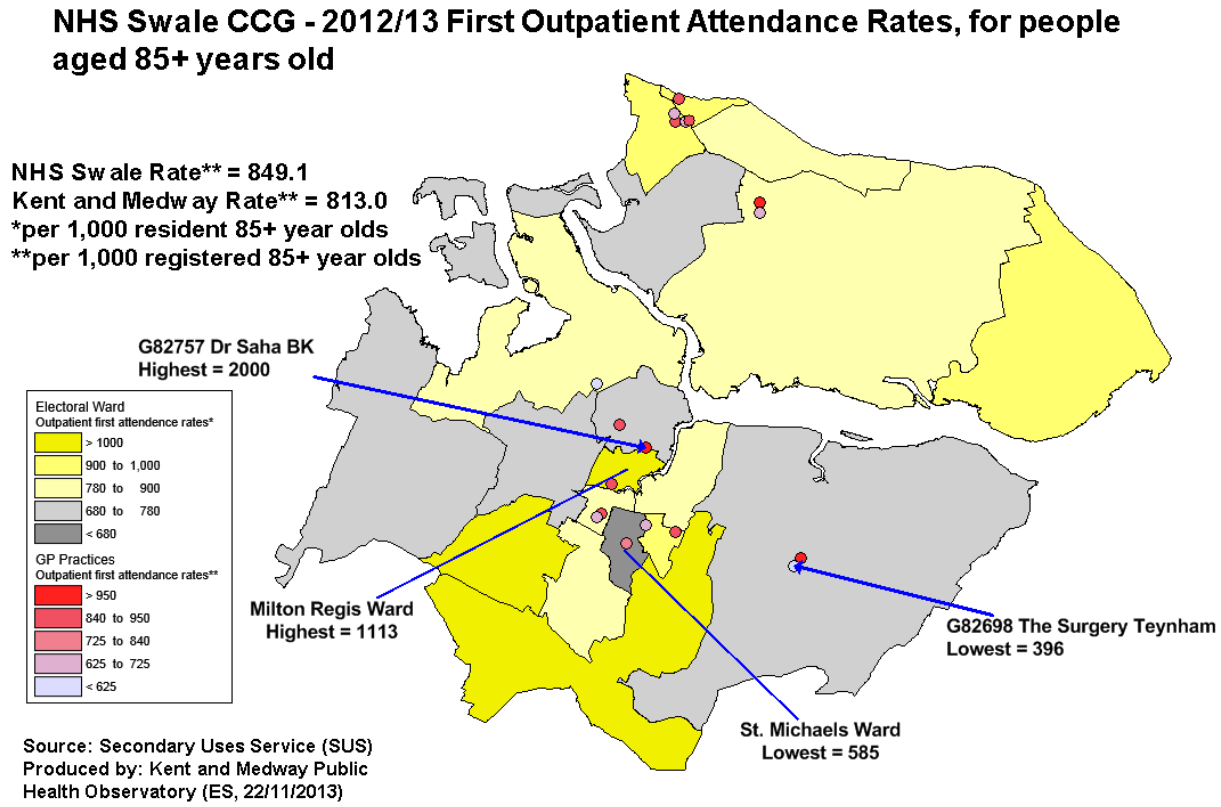
Table 51 - Electoral ward age-specific outpatient first attendance rates - Swale CCG residents aged 65-84 years - 2012/13

Ward name	65-84
Kemsley	637.4
Sheerness East	620.0
Minster Cliffs	608.3
Murston	586.2
Sheerness West	580.9
Sheppey Central	578.0
St Michaels	574.7
Roman	572.0
Borden	553.1
Milton Regis	505.9
Leysdown and Warden	498.4
Grove	491.6
Queenborough and Halfway	491.1
Hartlip, Newington and Upchurch	488.6
West Downs	483.7
Woodstock	472.7
Chalkwell	423.1
Iwade and Lower Halstow	410.9

Table 52 - GP practice age specific outpatient first attendance rate - Swale CCG registered patients aged 65-84 years - 2012/13

GP Surgery	65-84
Sheerness Health Centre	698.8
Dr Beerstecher H J	691.3
Dr Murthy S R S	648.9
Dr Pasola M	630.4
Dr Sikdar A N	615.4
Dr Fahmy M M E & Partner	561.6
The Surgery Teynham	539.6
The Chestnuts Surgery	527.3
St George's Medical Centre	514.6
Dr Sahu G B & Partner	505.0
Dmc Healthcare Centre	483.7
Memorial Medical Centre	471.7
Grovehurst Surgery	439.3
The Medical Centre	412.0
Minster Medical Centre	393.3
Dr Subash Chandran S	392.5
Dr Saha B K	386.4
Iwade Health Centre	377.8
Dr Ramu C & Partner	293.3
Holly Bank Surgery	278.5

Figure 111 - Swale CCG -2012/13 Outpatient first attendance rates for people aged 85+ years



The very high rates of outpatient first attendances amongst people aged 85+ resident in Milton Regis should be noted as this age group constitutes a higher proportion of ward residents. The rates in one of the highest group for the neighbouring West Down ward should be noted as proportionately this age group is lower relative to the total ward population.

Table 53 - Electoral ward age-specific outpatient first attendance rates - Swale CCG residents aged 85+ years - 2012/13

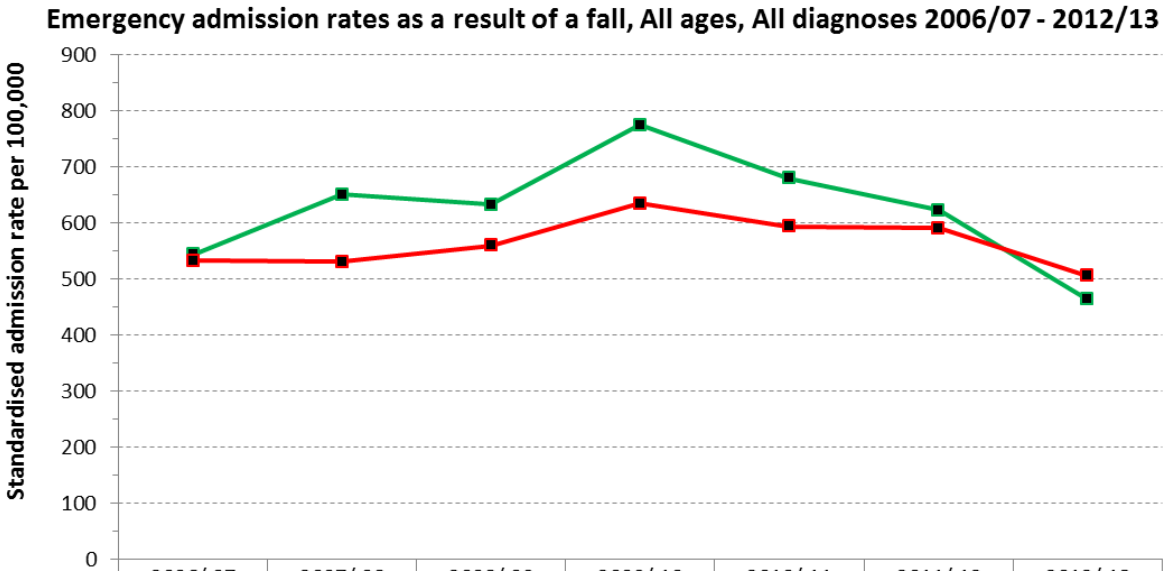
Ward name	85+
Milton Regis	1112.9
West Downs	1085.1
Borden	1073.2
Roman	948.7
Leysdown and Warden	921.6
Sheerness East	919.5
Sheerness West	915.1
Chalkwell	898.1
Minster Cliffs	880.2
Sheppey Central	842.5
Iwade and Lower Halstow	840.9
Murston	797.3
Woodstock	786.5
Hartlip, Newington and Upchurch	750.0
Queenborough and Halfway	728.5
Grove	693.0
Kemsley	682.9
St Michaels	584.5

Table 54 - GP practice age specific outpatient first attendance rates - Swale CCG registered patients aged 85+ - 2012/13

GP Surgery	85+
Dr Saha B K	2000.0
Dr Sikdar A N	1066.7
Dr Fahmy M M E & Partner	966.3
Minster Medical Centre	958.0
Sheerness Health Centre	921.9
Grovehurst Surgery	887.9
Dr Beerstecher H J	884.6
Dr Murthy S R S	879.3
St George's Medical Centre	849.2
The Medical Centre	846.2
Dr Ramu C & Partner	842.1
Memorial Medical Centre	750.9
The Chestnuts Surgery	717.6
Holly Bank Surgery	702.7
Dmc Healthcare Centre	700.0
Dr Sahu G B & Partner	696.6
Dr Pasola M	685.7
Dr Subash Chandran S	666.7
Iwade Health Centre	562.5
The Surgery Teynham	396.2

Falls

Figure 112 - Emergency admission rates as a result of a fall, 2008/09-2010/11 - all diagnoses



	2006/ 07	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13
Emergency - Swale	544.2	650.8	632.3	774.6	679.9	623.2	464.0
Emergency - K&M	532.9	530.4	559.6	634.5	594.1	590.9	505.6

Source: SUS, ONS, KMPHO

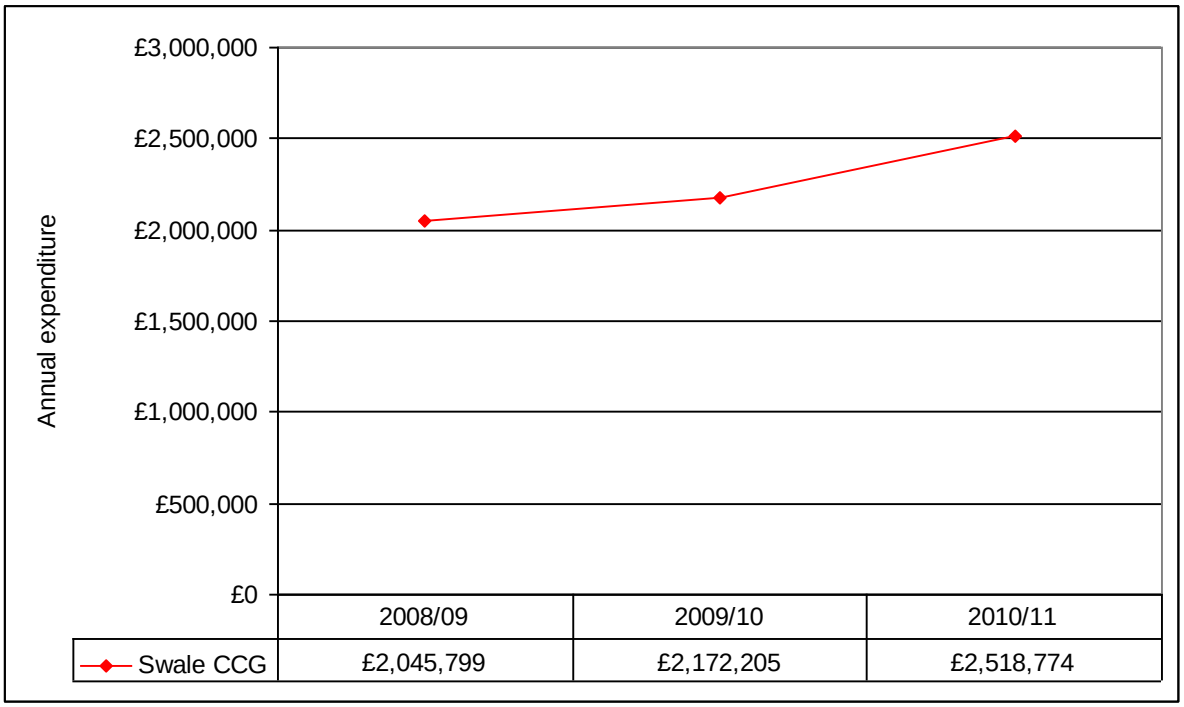
Emergency admissions due to a fall has declined since 2009/10. The rate for Swale CCG has been greater than that for Kent and Medway until 2012/13.

For the year 2012/13 Swale CCG had the second lowest directly age standardised emergency admissions rate due to a fall. More females than males are admitted as a result of a fall and the majority of admissions are in the 85+ age group.

Figure 113 - Mean cost per emergency hospital admission due to a fall 2008/09-2010/11

	2008/09	2009/10	2010/11
Swale CCG	£2,772	£2,592	£2,946
Kent and Medway	£2,791	£2,652	£2,836

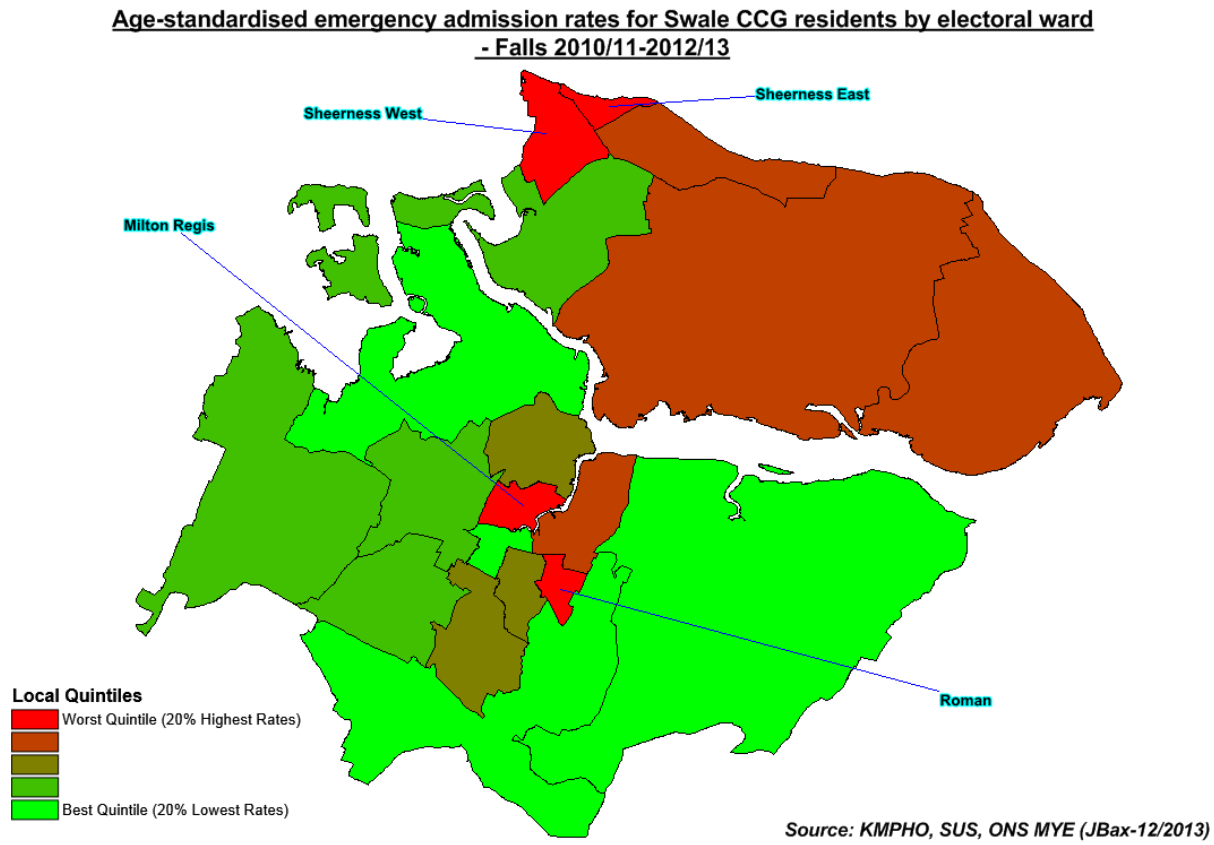
Figure 114 - Expenditure on emergency admissions for falls 2008/09-2010/11



	2008/09	2009/10	2010/11
Swale CCG	£2,045,799	£2,172,205	£2,518,774

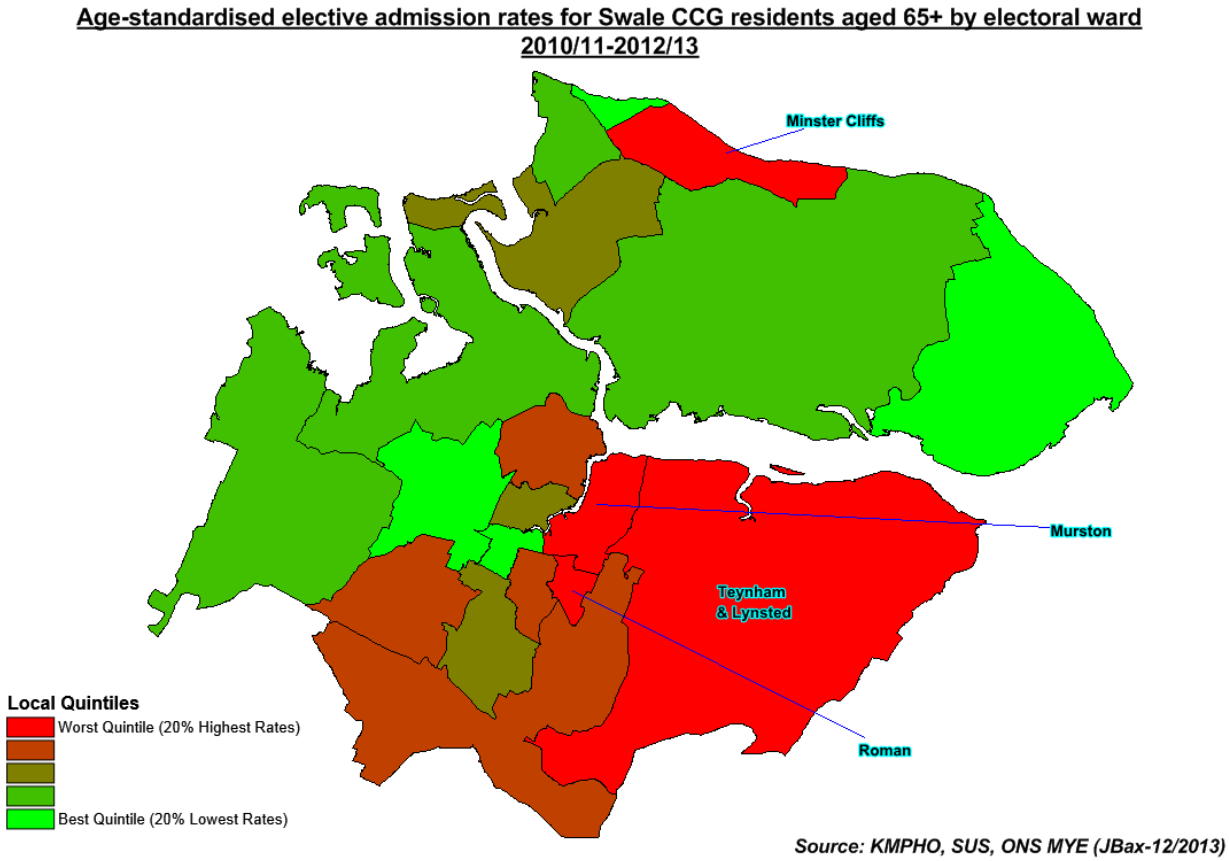
Expenditure for emergency falls admissions has increased year on year and the mean cost per admission for Swale CCG is higher than that for Kent and Medway

Figure 115 - Age standardised emergency admission rates for Swale CCG residents - Falls 2010/11-2012/13 by electoral ward



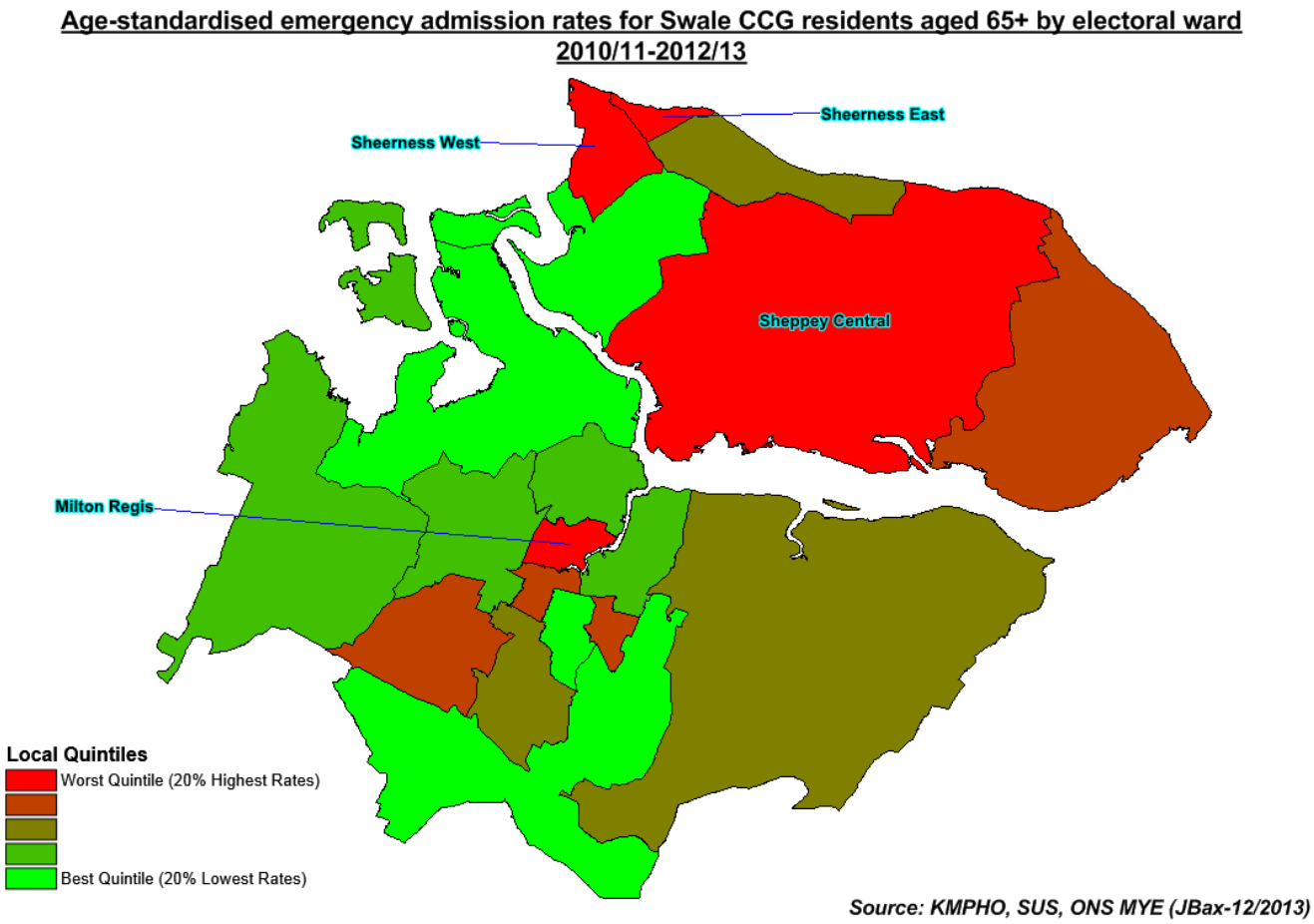
The highest rates of emergency admissions due to falls can be found in Sheerness East, Sheerness Wes, Roman and Milton Regis wards.

Figure 116 - Age standardised elective admissions rates for Swale CCG residents aged 65+ 2010/11-2012/13 by electoral ward



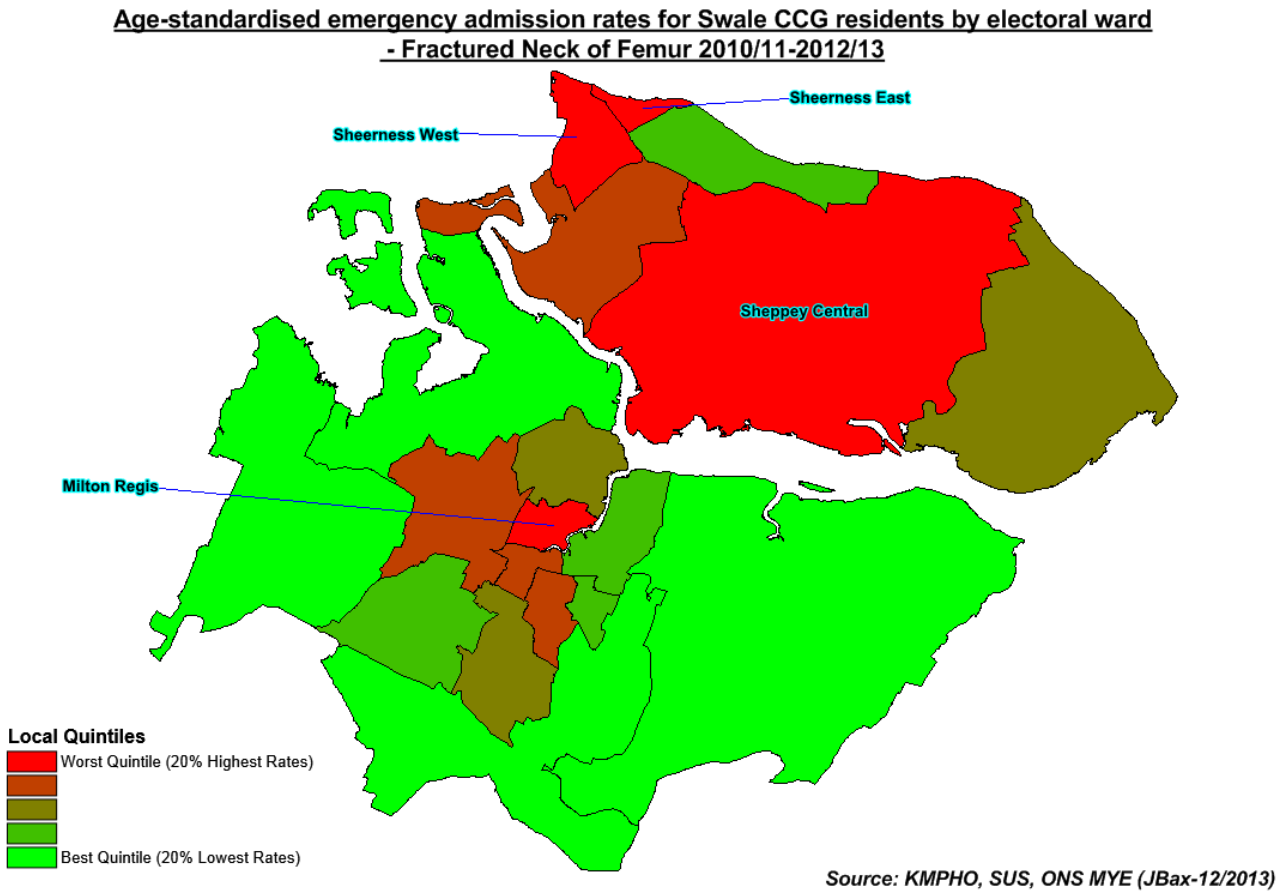
The highest elective admission rates are to be found in Minster Cliffs, Teynham and Lynsted, Murston and Roman wards.

Figure 117 - Age standardised emergency admission rates for Swale CCG residents aged 65+ 2010/11-2012/13 by electoral ward



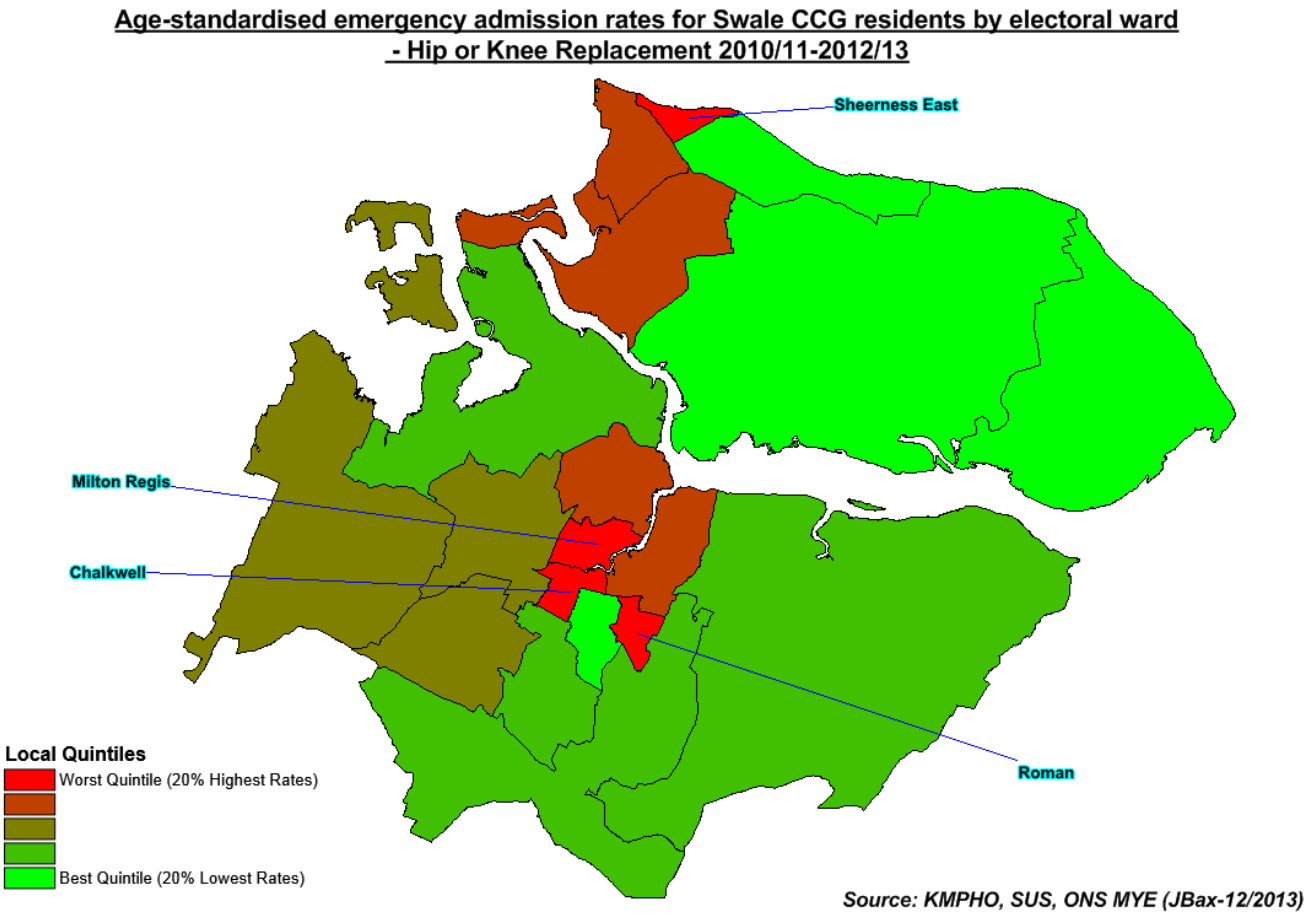
The highest age standardised admission rates for Swale residents aged 65+ are to be found in Sheppey Central, Sheerness East & West and Milton Regis.

Figure 118 - Age standardised emergency admissions rates for Swale CCG residents - fractured neck of femur 2010/11-2012/13 by electoral ward



The highest age standardised emergency admissions rates for Swale CCG residents for fractured neck of femur are in Sheerness East & West, Milton Regis and Sheppy Central wards.

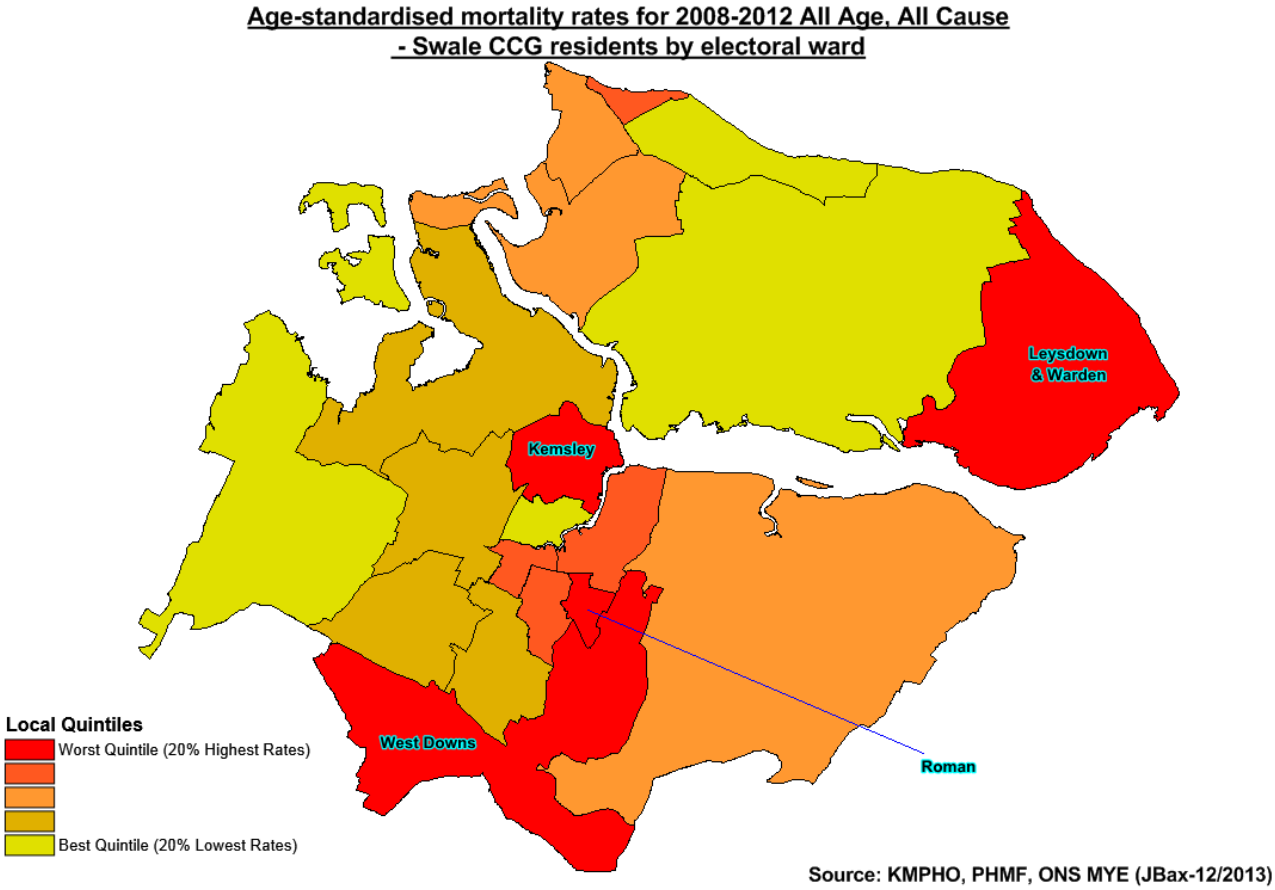
Figure 119 - Age standardised emergency admission rates for Swale CCG residents - hip or knee replacement 2010/11-2012/13 by electoral ward



The highest rates of age standardised emergency admission rates for Swale CCG residents for hip or knee replacement are to be found in Sheerness East, Milton Regis, Chalkwell and Roman wards.

All age all-cause mortality

Figure 120 - Age standardised mortality rates for 2008-2012 Swale CCG residents by electoral ward - All age all-cause mortality



The data mapped represents the directly age standardised mortality rate per 100,000 for all ages and all causes. Deaths include all causes classified by underlying cause of death by reference to the International Classification of Diseases. Neo-natal deaths are also included.

Leysdown and Warden, Kemsley, West Downs and Roman wards have the highest age standardised mortality rates which may be associated with relative levels of deprivation.

Hartlip, Newington & Upchurch, Minster Cliffs, Milton Regis and Sheppey Central have the lowest age standardised mortality rates.