



Living Well: Overview

Living well in Swale CCG

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Overview

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User guide

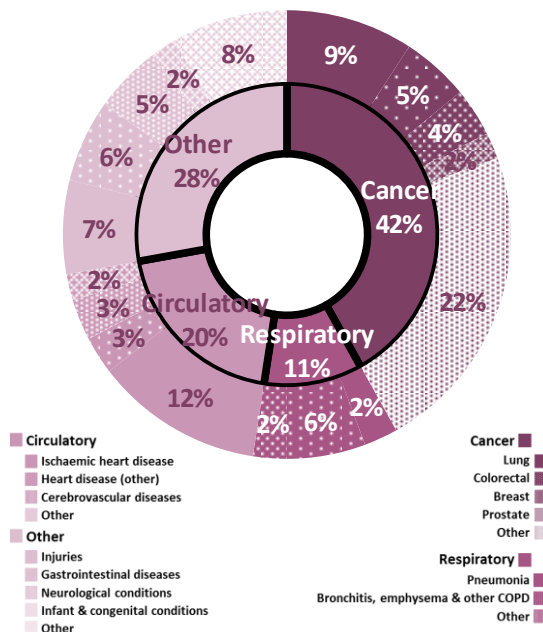


Living Well: Swale CCG

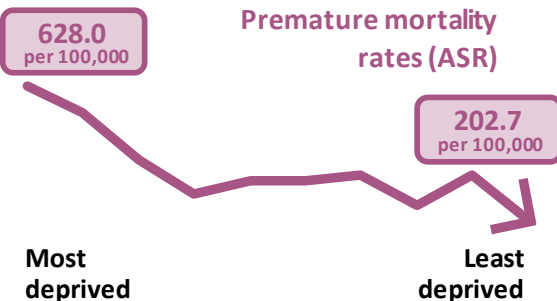
PREMATURE DEATHS

(under 75 years)

Cause of death

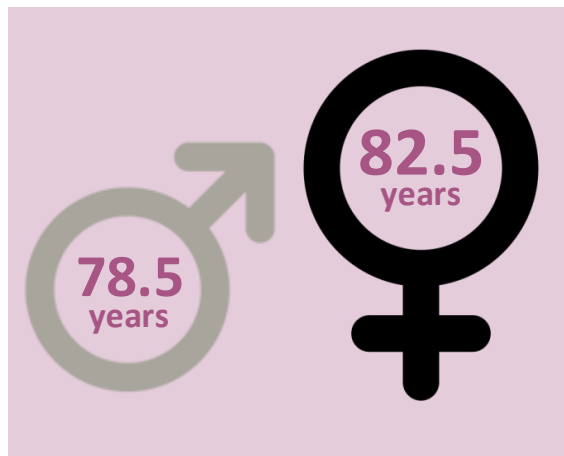


Inequalities by deprivation

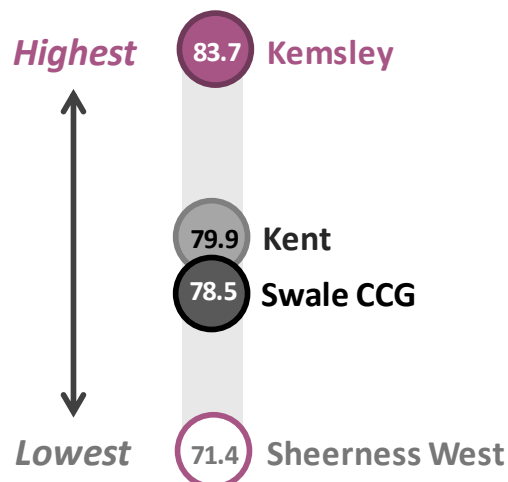


LIFE EXPECTANCY

at birth



Ward-level life expectancy (men)



LONG TERM CONDITIONS

recorded prevalence

Diabetes

7.9%

Ages 17+

Hypertension

15.5%

All ages

Asthma

5.7%

All ages

COPD

2.5%

All ages

Source: QOF, 2018/19

MENTAL HEALTH

Depression



12.6%

Of adults recorded by their GP as having depression

Emergency hospital admissions for serious mental health conditions

192

in 2018/19



Source: QOF, 2018/19; HES,

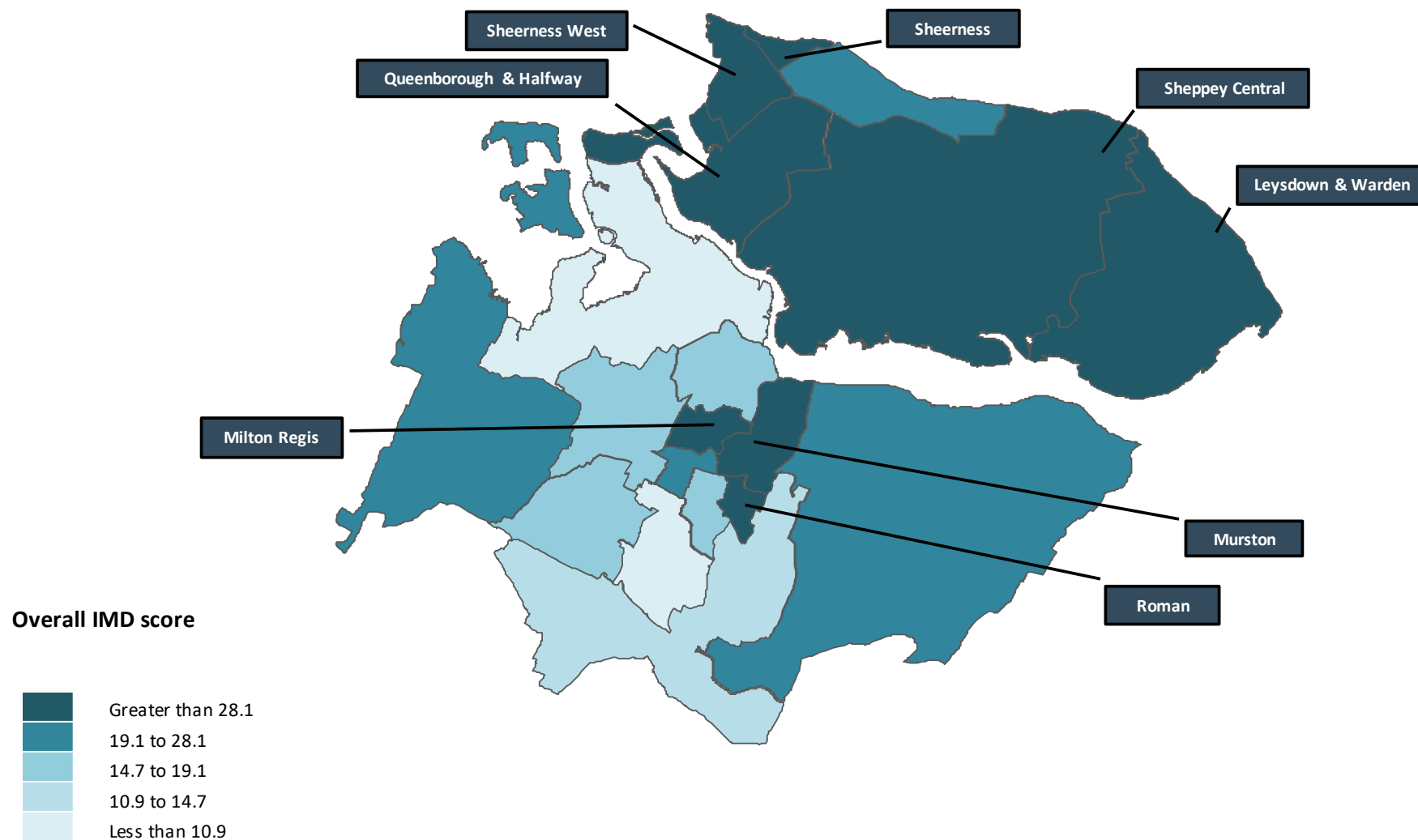
Demographics

Index of Multiple Deprivation (IMD)



Index of Multiple Deprivation (IMD): by electoral ward

Overall IMD score, population weighted quintile, 2019



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



Premature mortality

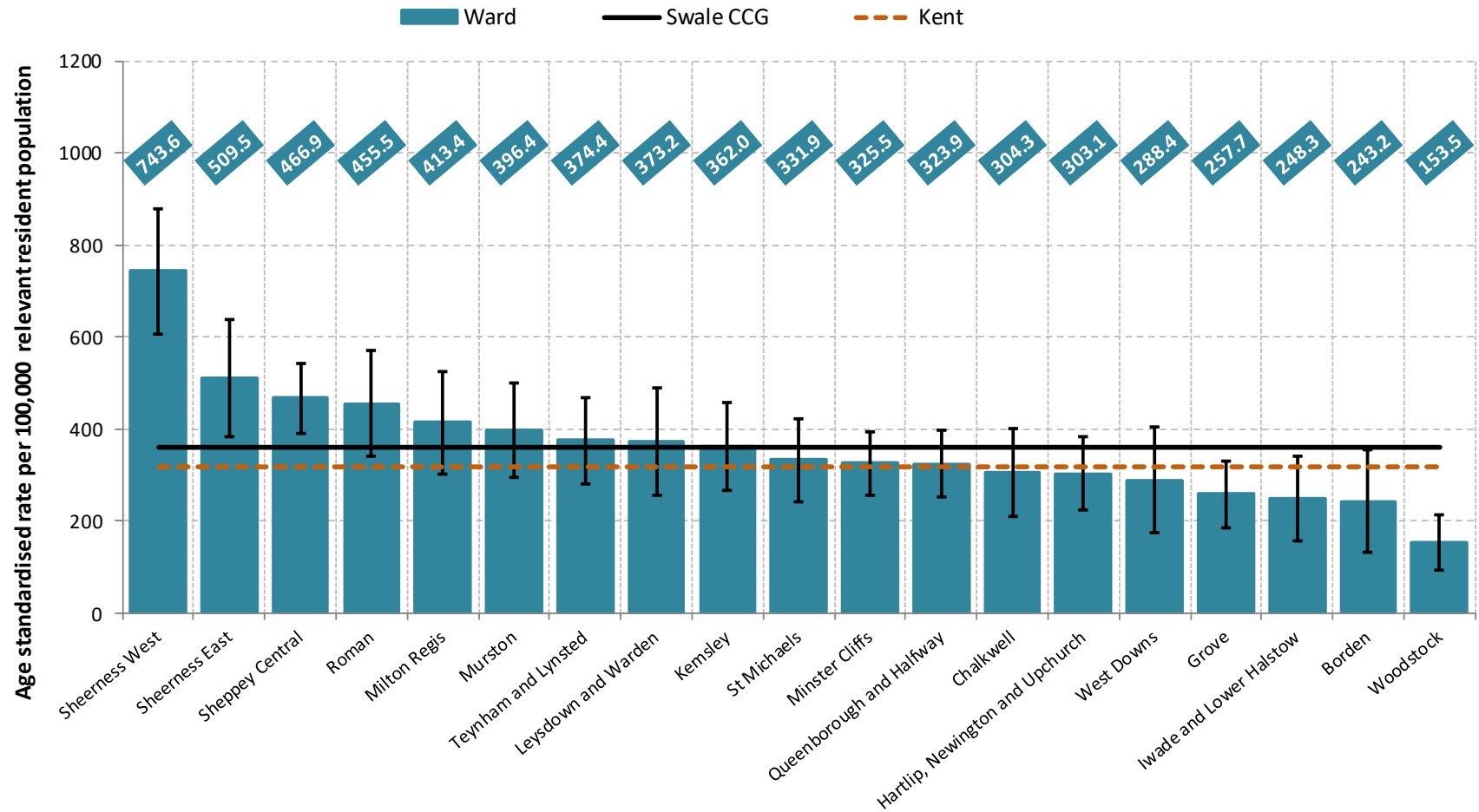
Premature mortality from all causes

Causes of premature death



Premature mortality from all causes: by electoral ward

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

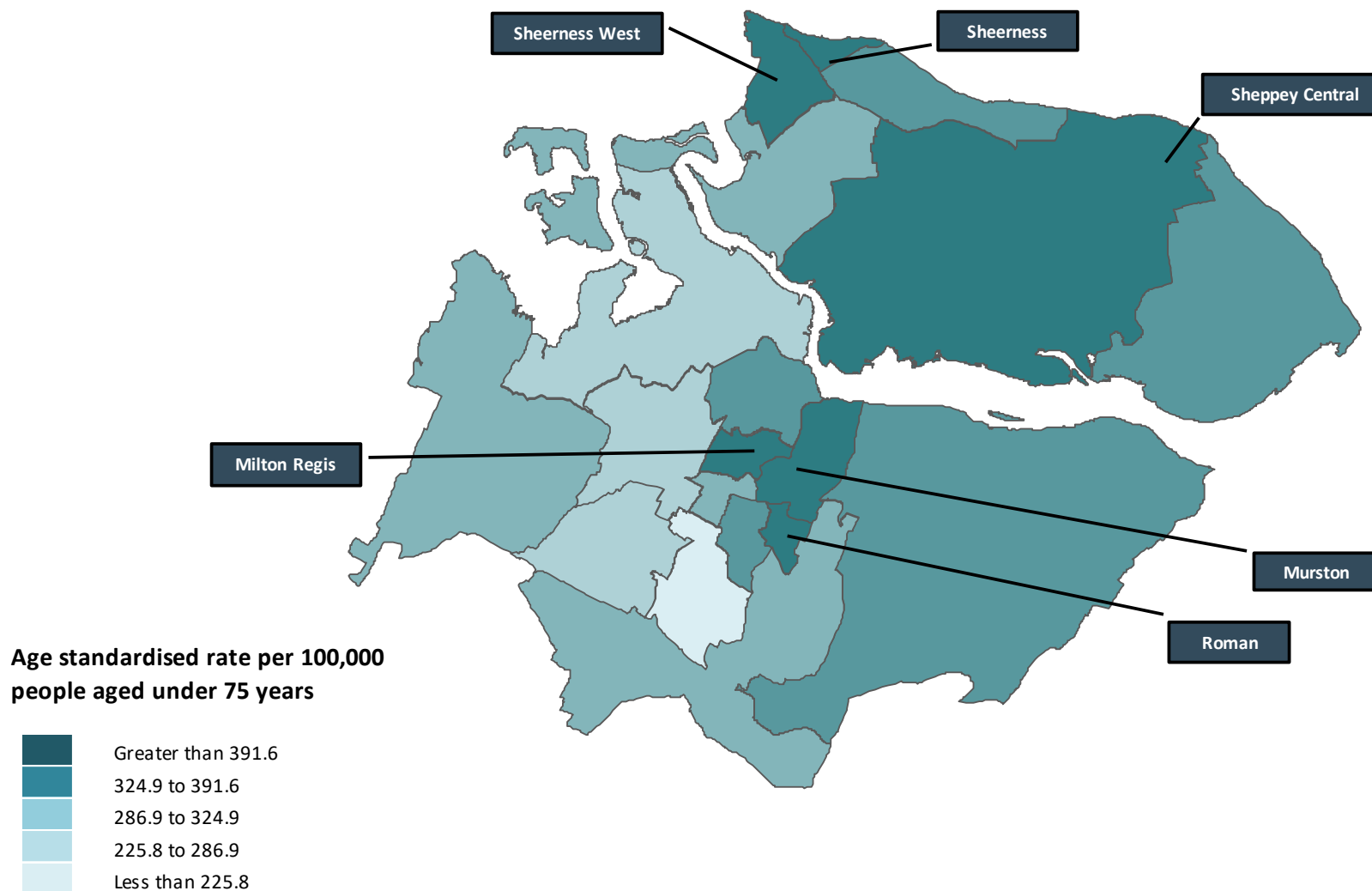


Source: PCMD, prepared by KPHO (RK), Nov-18



Premature mortality from all causes: by electoral ward

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

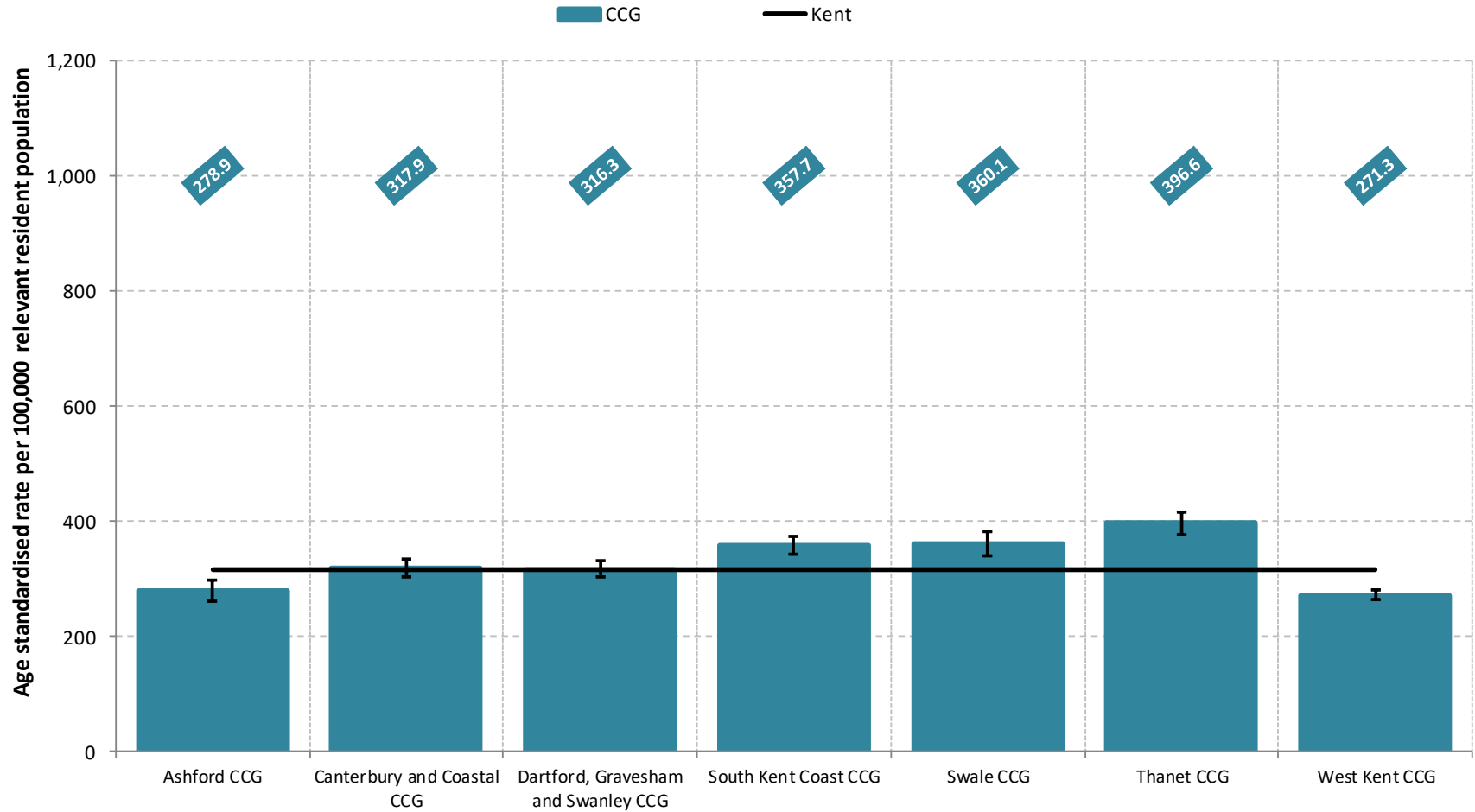


Source: PCMD, prepared by KPHO (RK), Nov-18



Premature mortality from all causes: by CCG

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

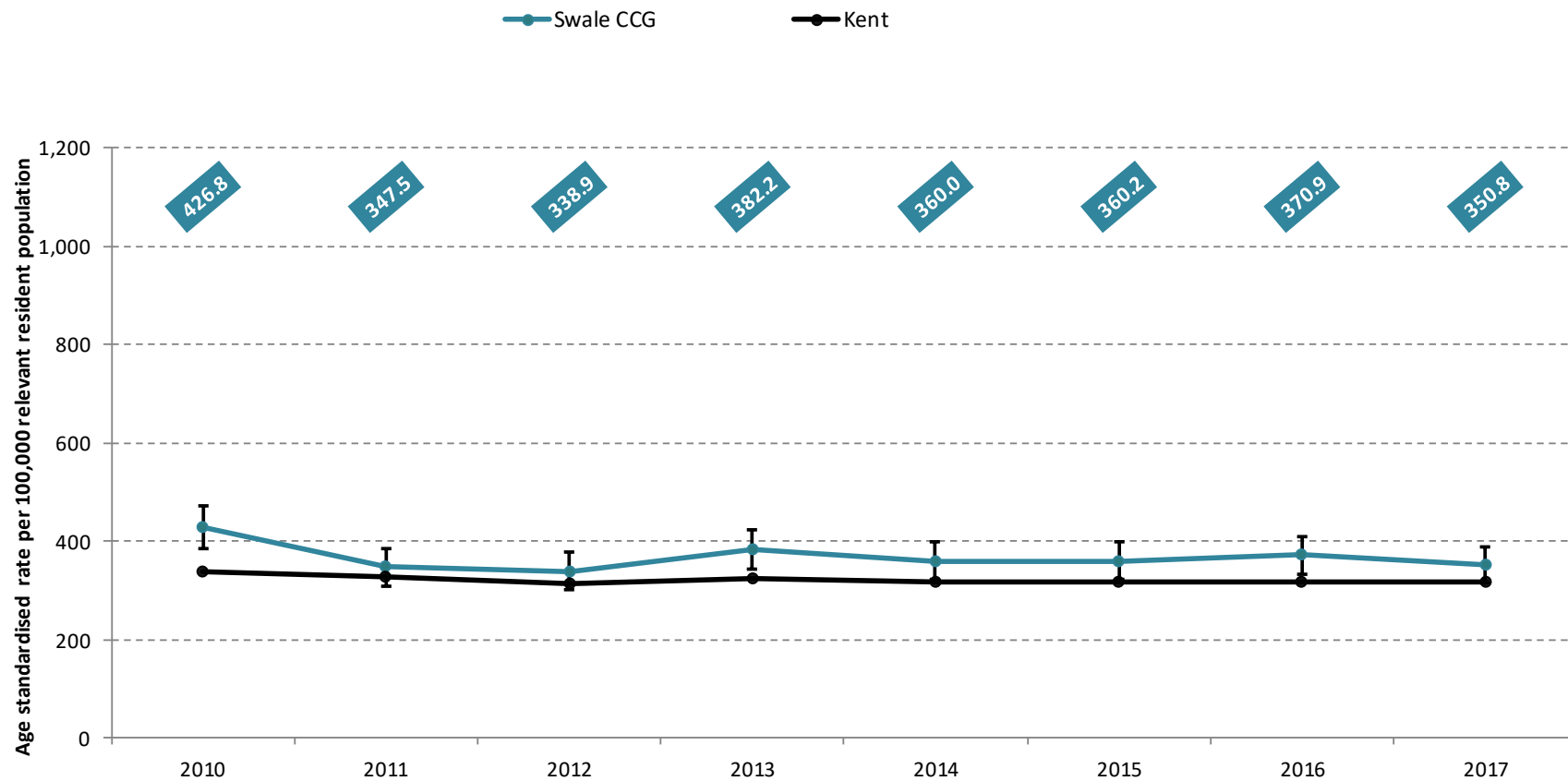


Source: PCMD, prepared by KPHO (RK), Nov-18



Premature mortality from all causes: trend

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



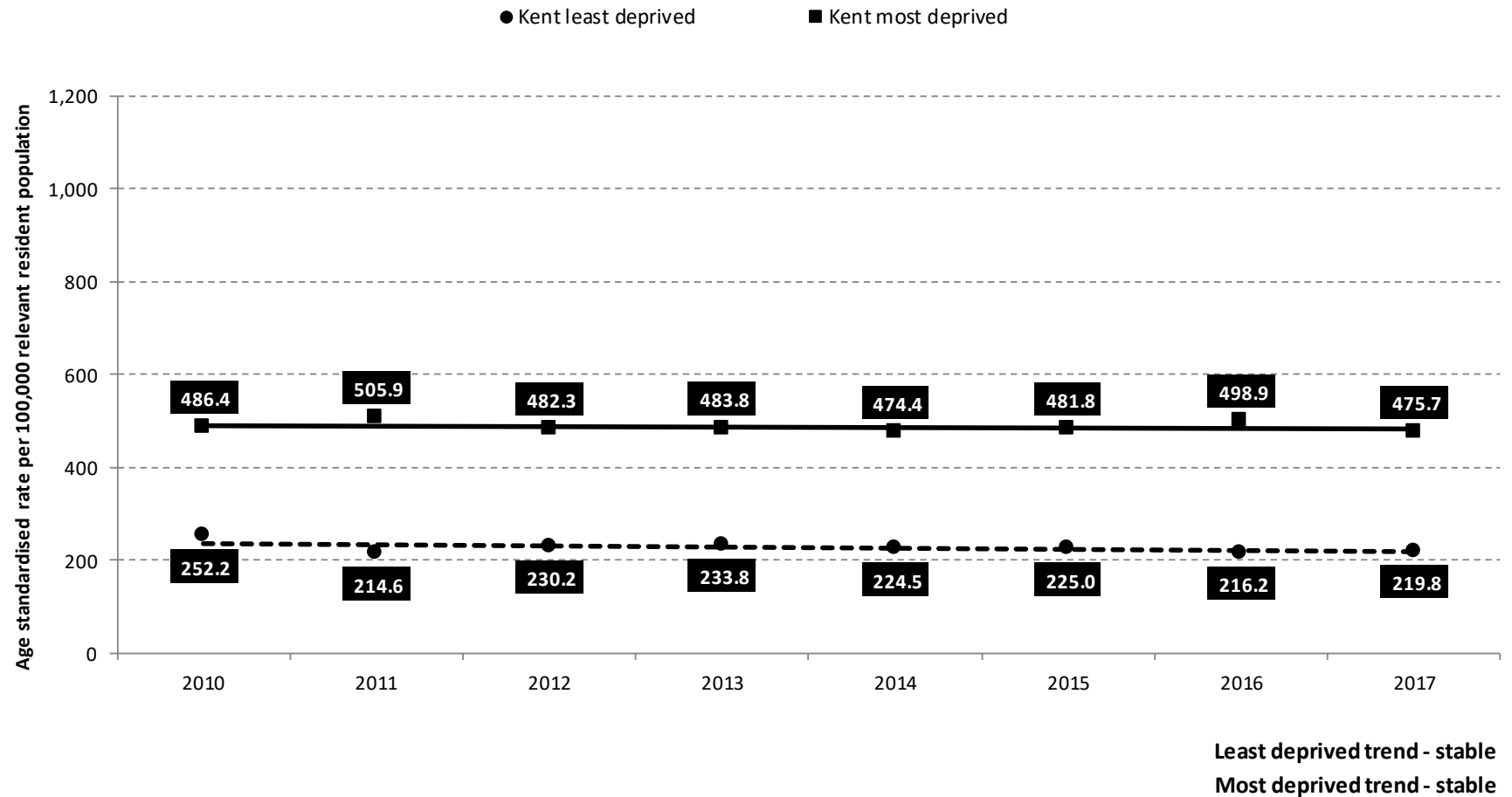
No significant change compared with a decreasing trend for Kent

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



Premature mortality from all causes: by deprivation

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

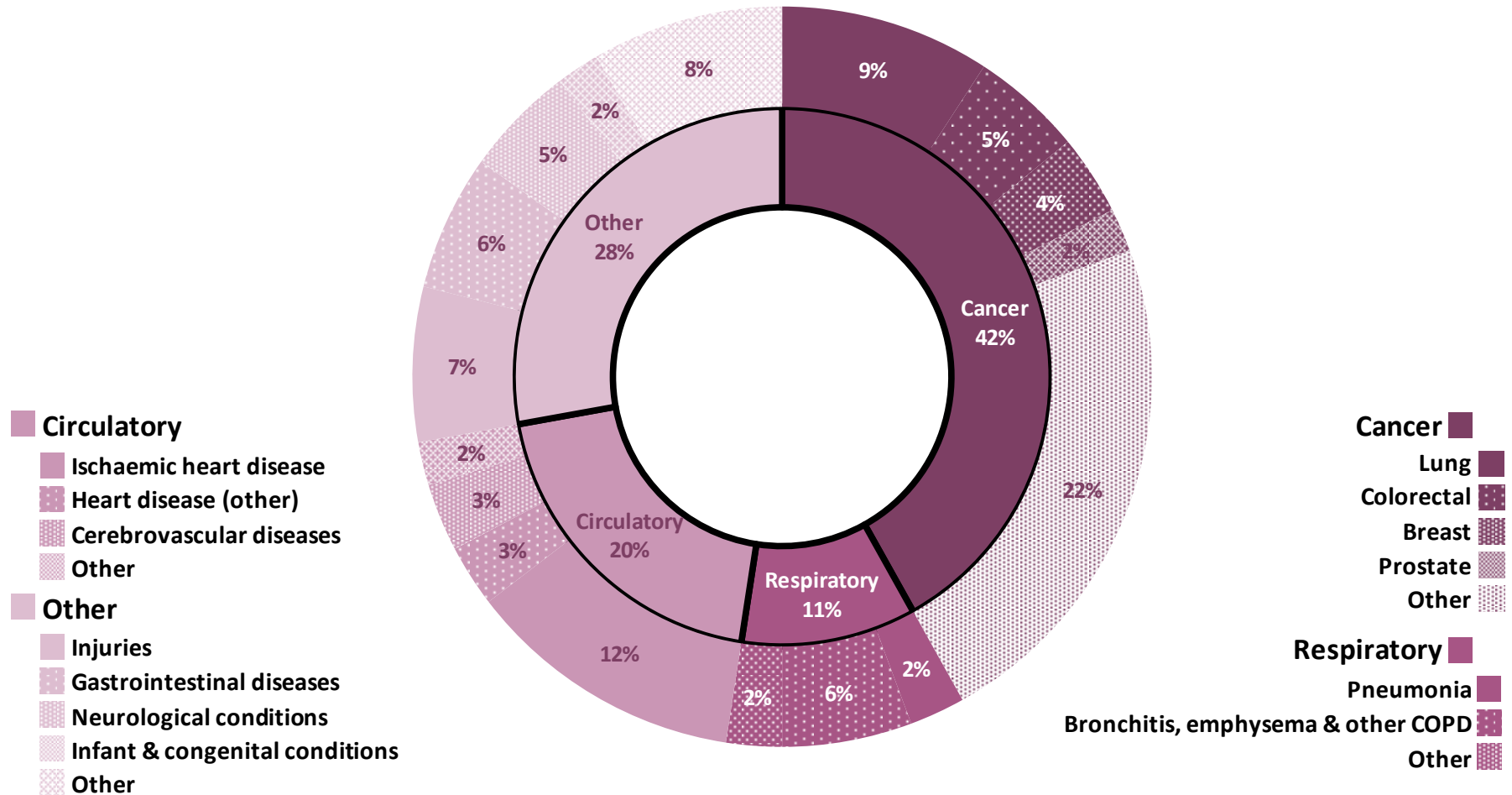


Source: PCMD, prepared by KPHO (RK), Nov-18



Causes of premature mortality

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



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



Healthcare usage

A&E attendances

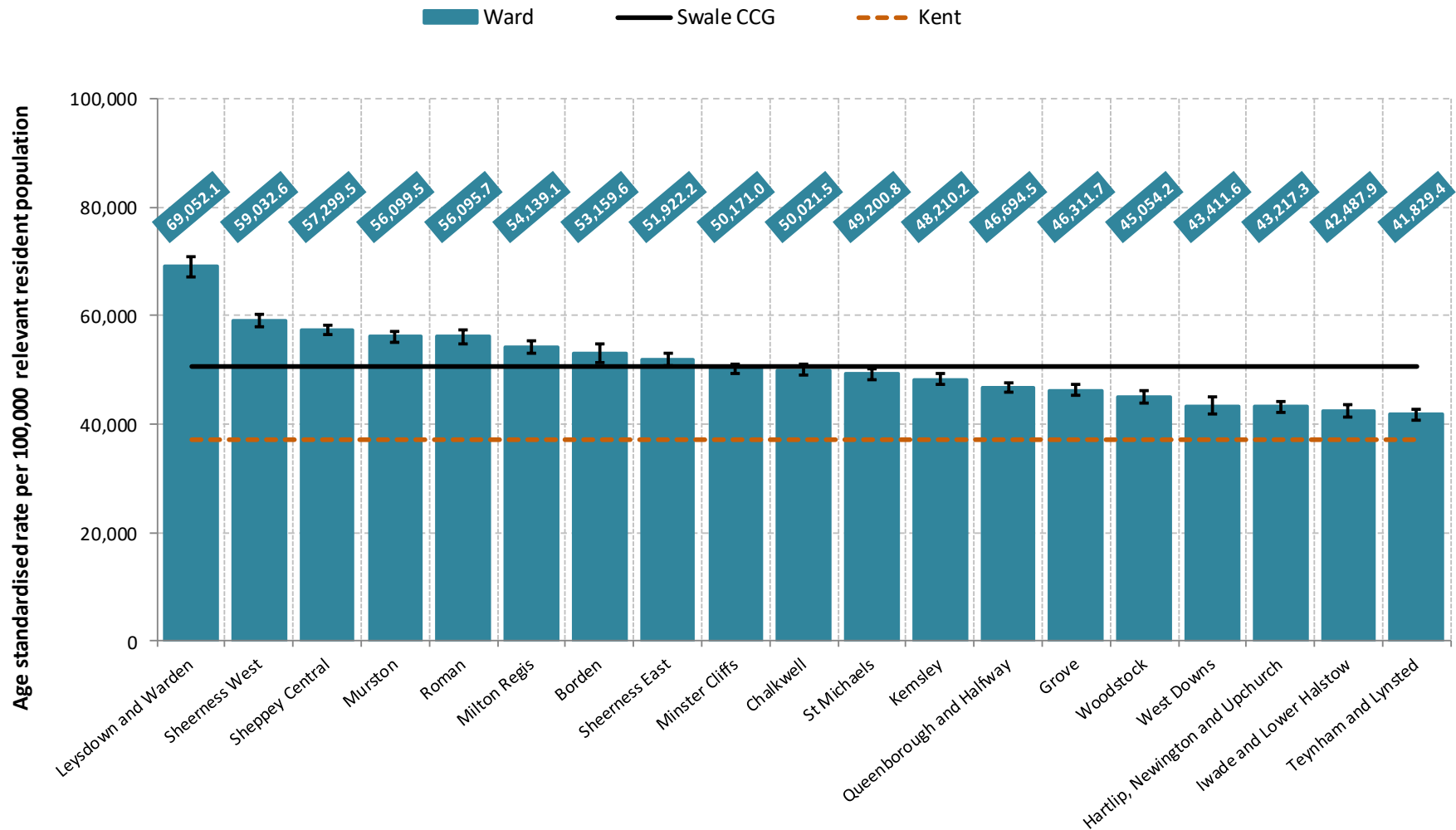
Elective hospital admissions

Emergency hospital admissions



Accident & Emergency attendances: by electoral ward

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

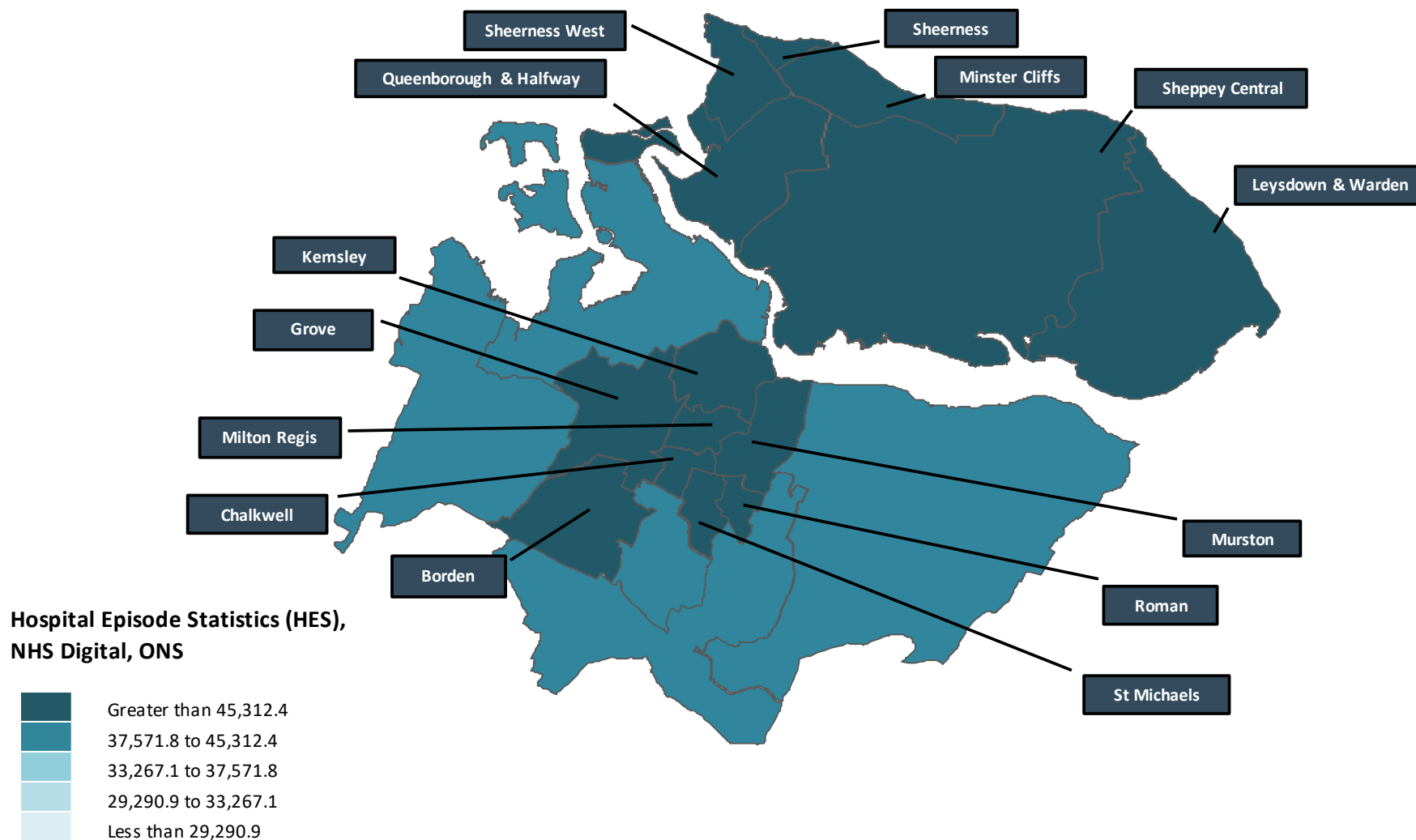


Source : Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (SR), Dec-19



Accident & Emergency attendances: by electoral ward

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

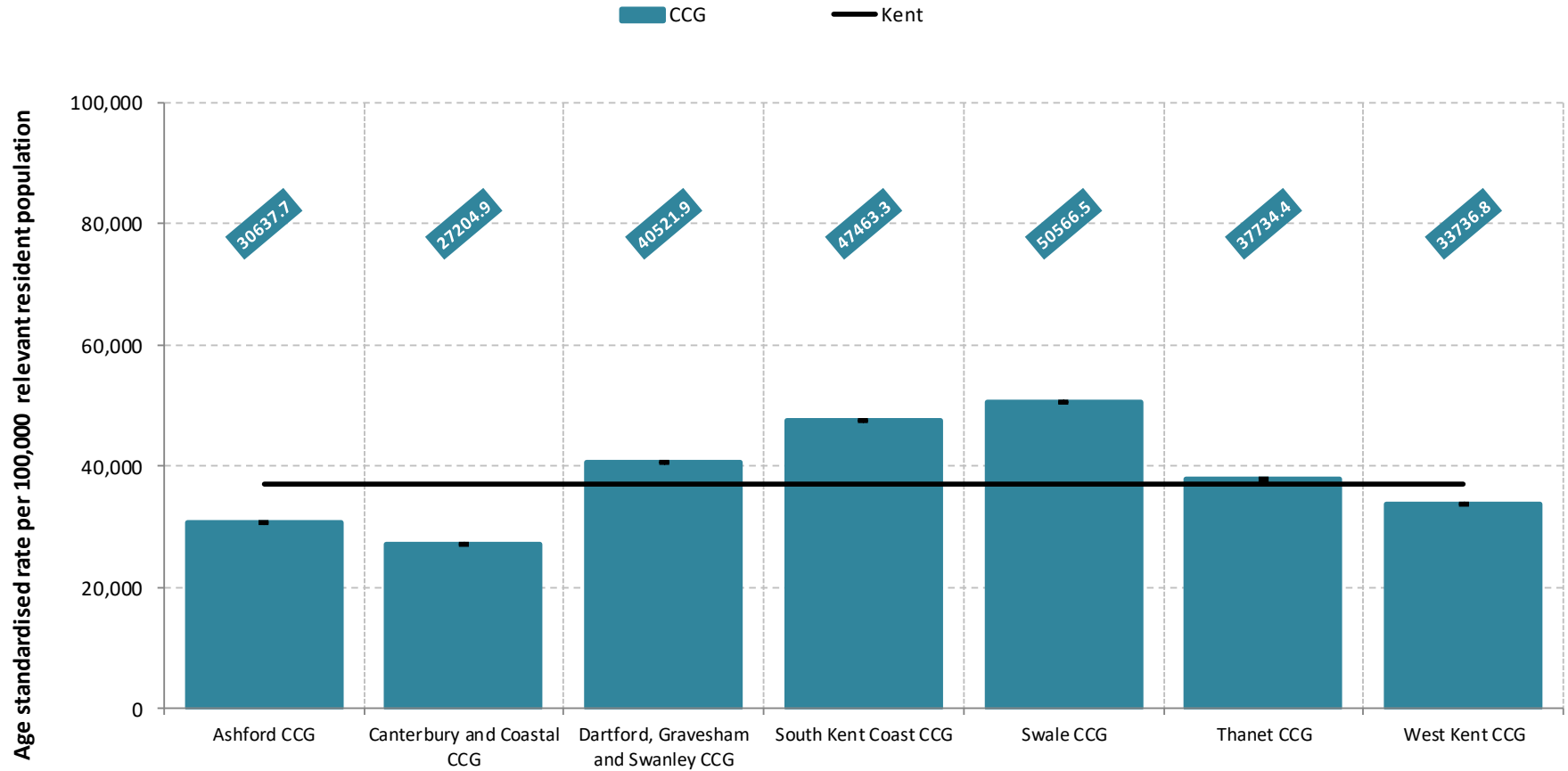


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (SR), Dec-19



Accident & Emergency attendances: by CCG

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

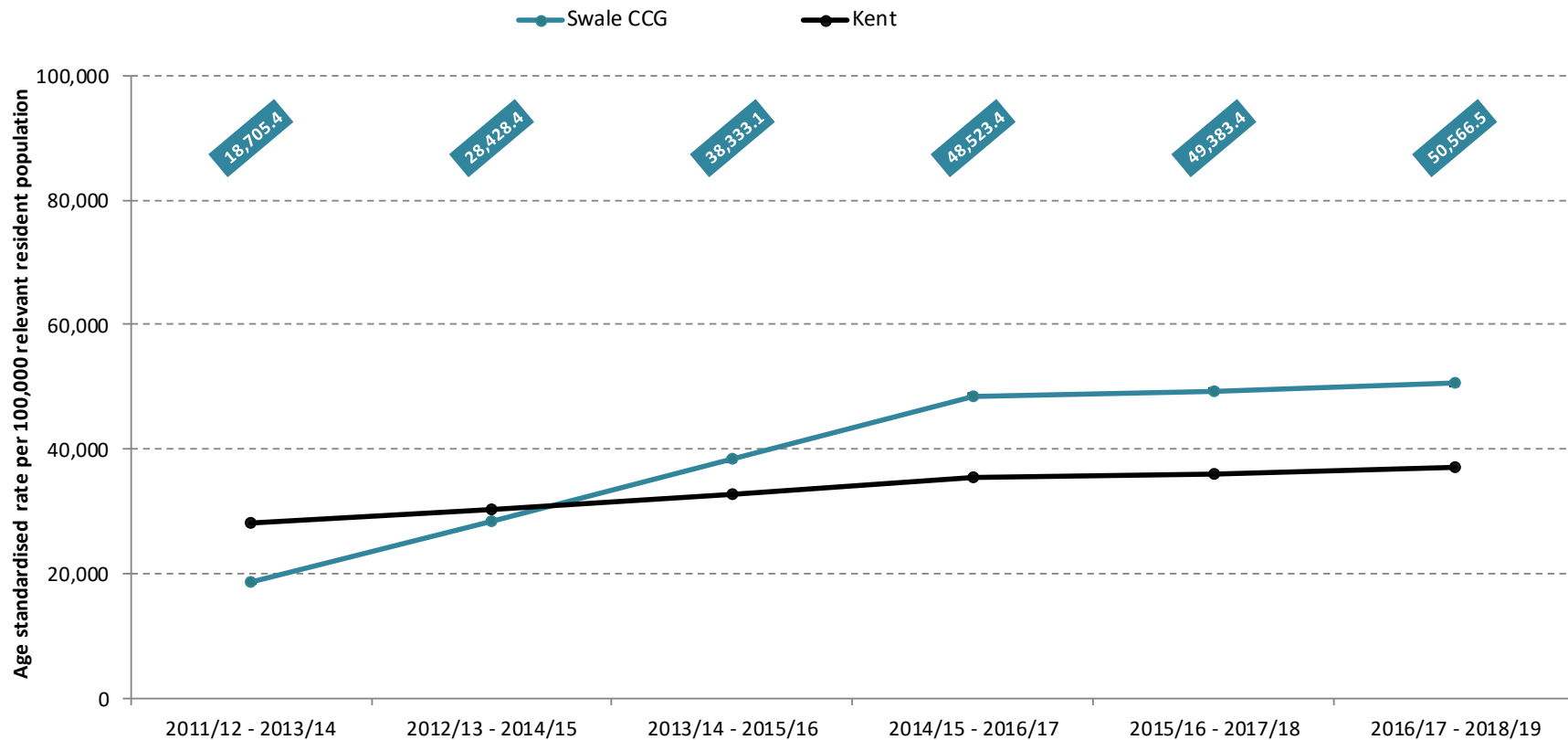


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (SR), Dec-19



Accident & Emergency attendances: trend

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



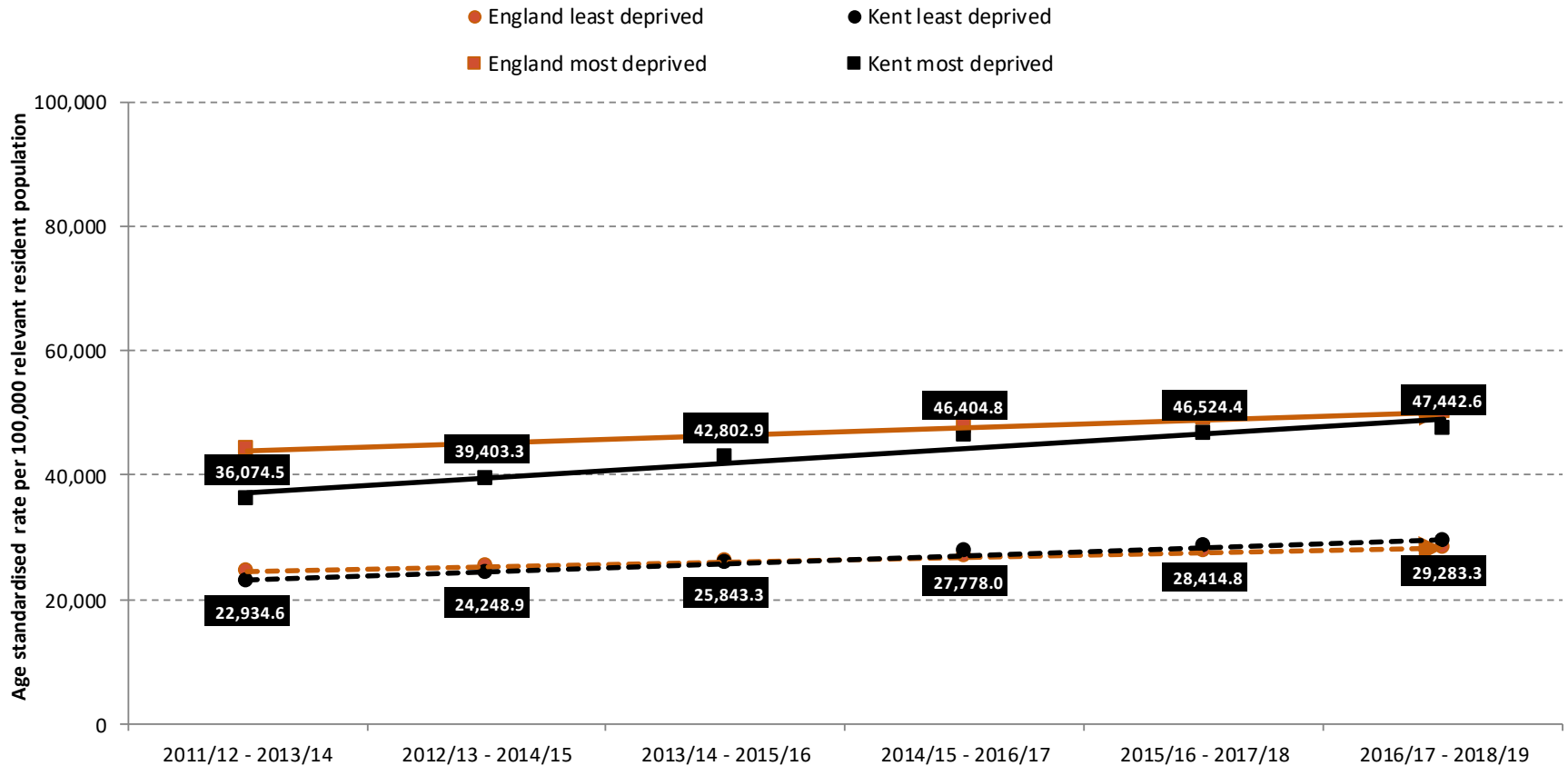
Increasing with a faster pace of change than Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (SR), Dec-19



Accident & Emergency attendances: by deprivation

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



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

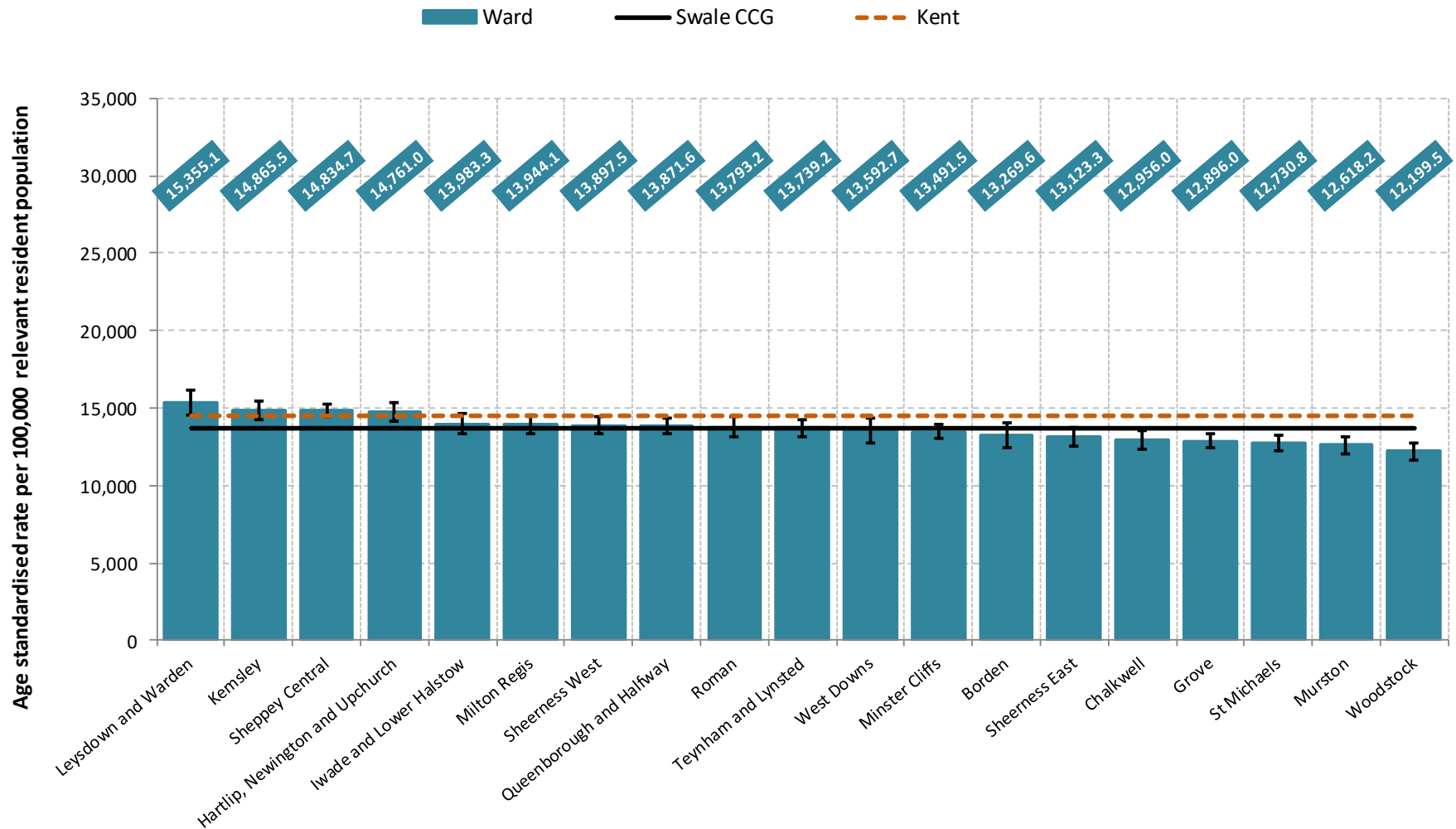
Most deprived trend - increasing with a similar pace of change to England

Source : Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (SR), Dec-19



Elective hospital admissions: by electoral ward

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

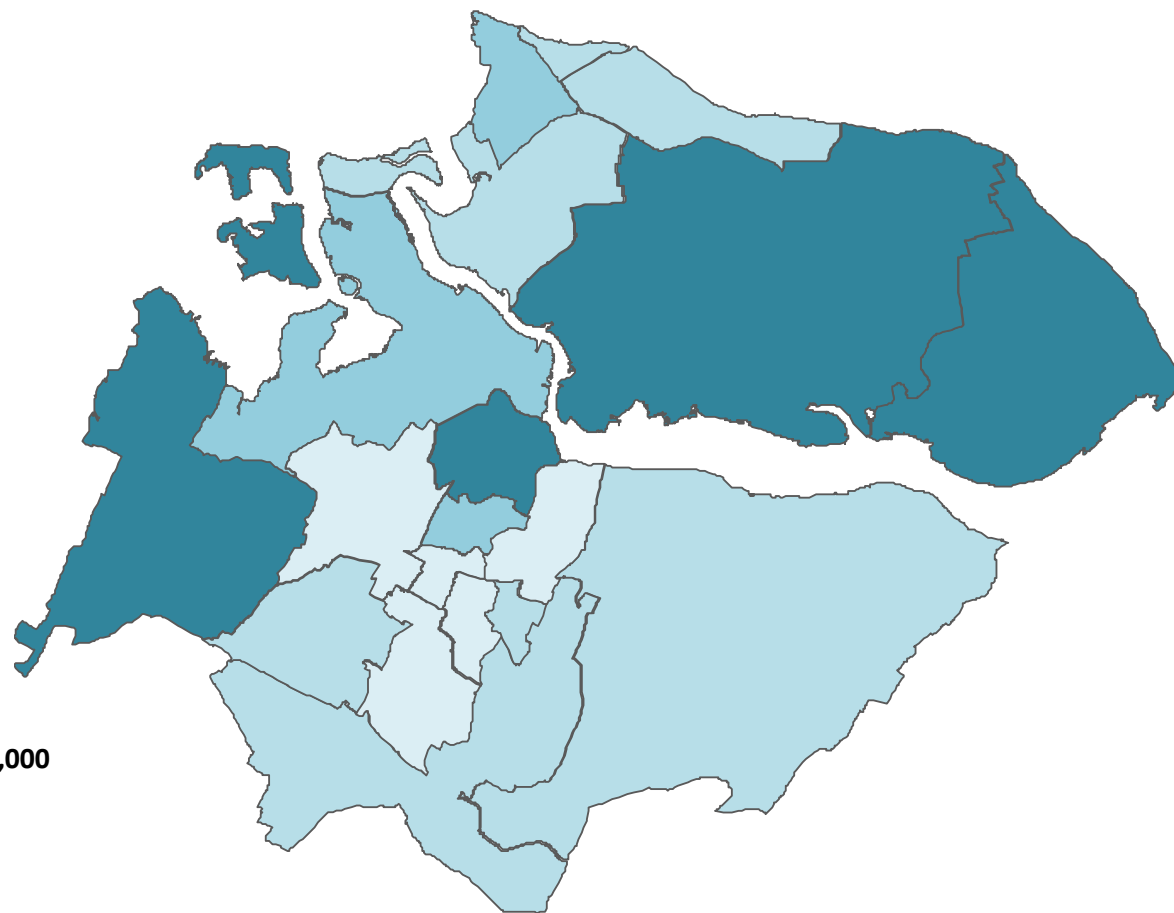


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-19

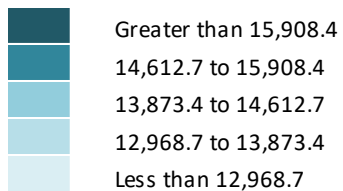


Elective hospital admissions: by electoral ward

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



**Age standardised rate per 100,000
resident population**

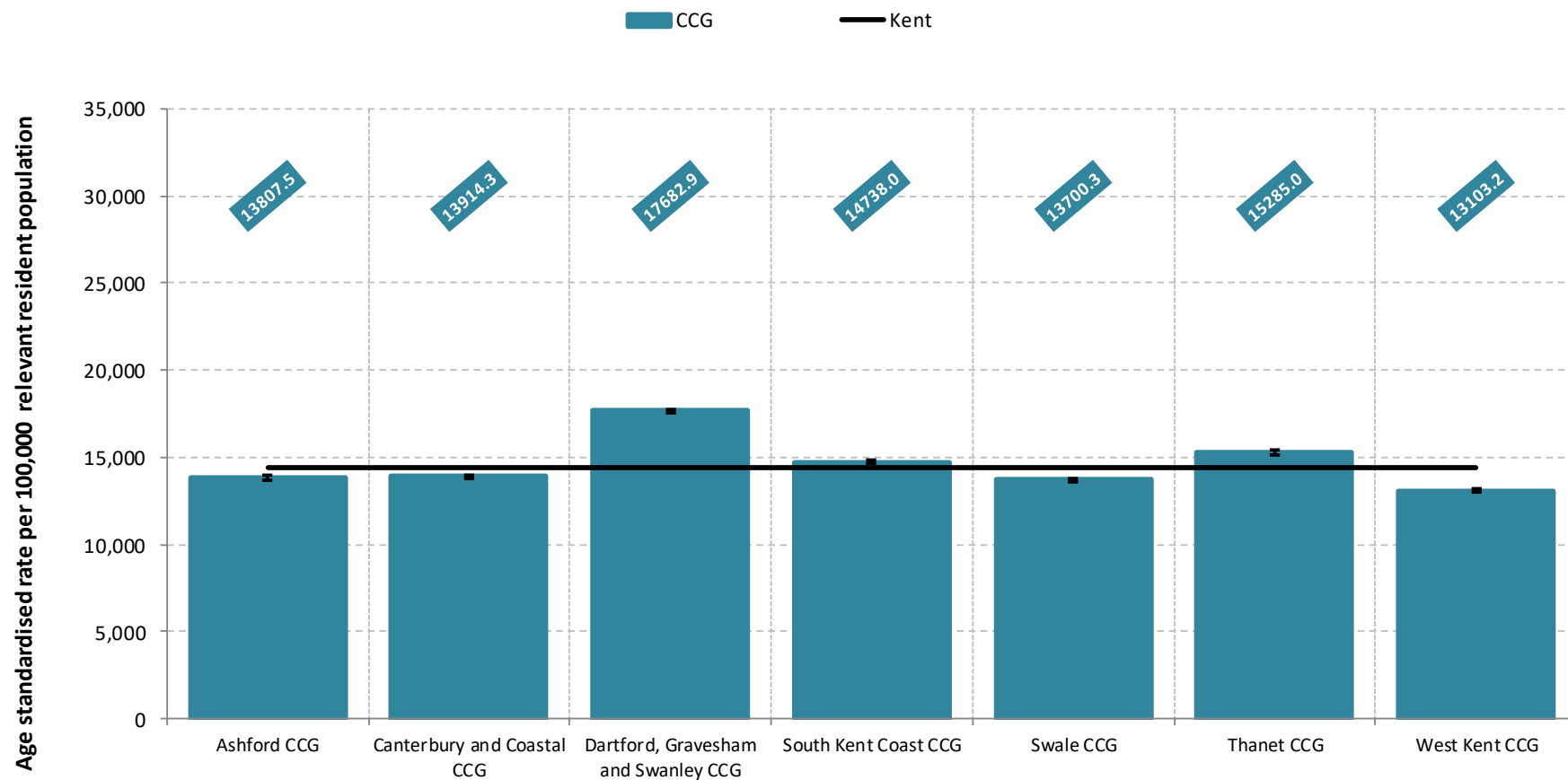


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-19



Elective hospital admissions: by CCG

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

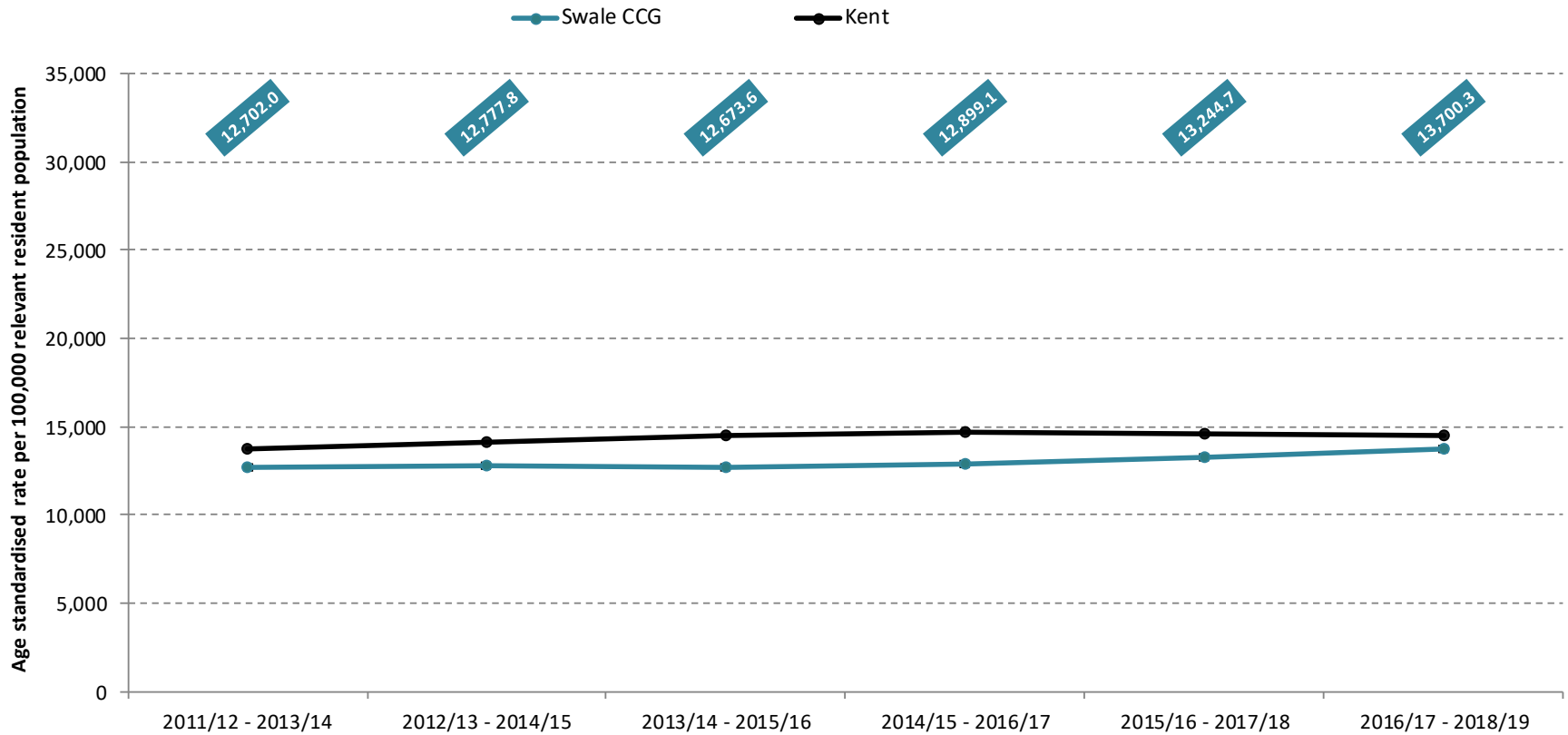


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-19



Elective hospital admissions: trend

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



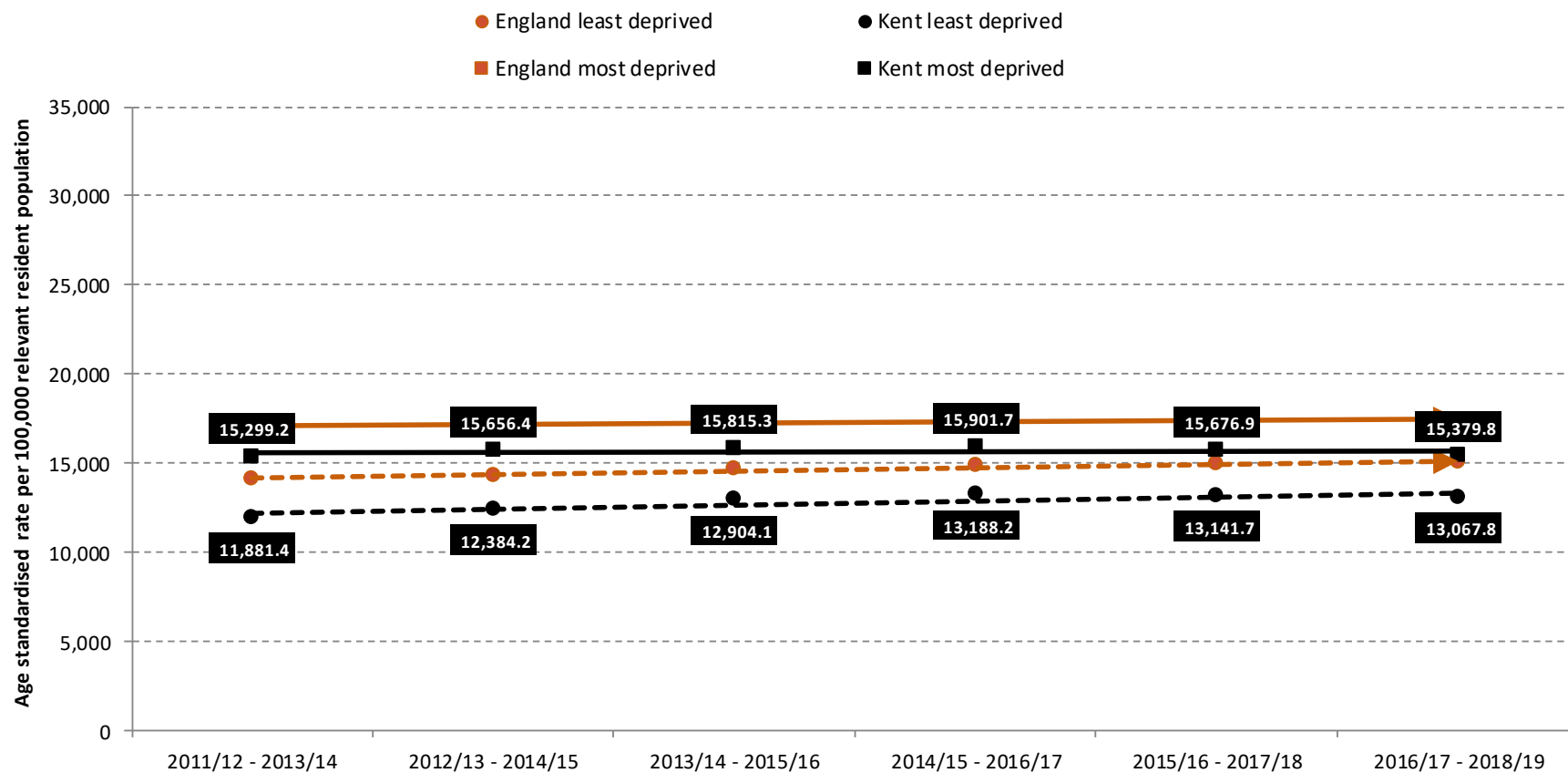
Increasing compared with a stable trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-19



Elective hospital admissions: by deprivation

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



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

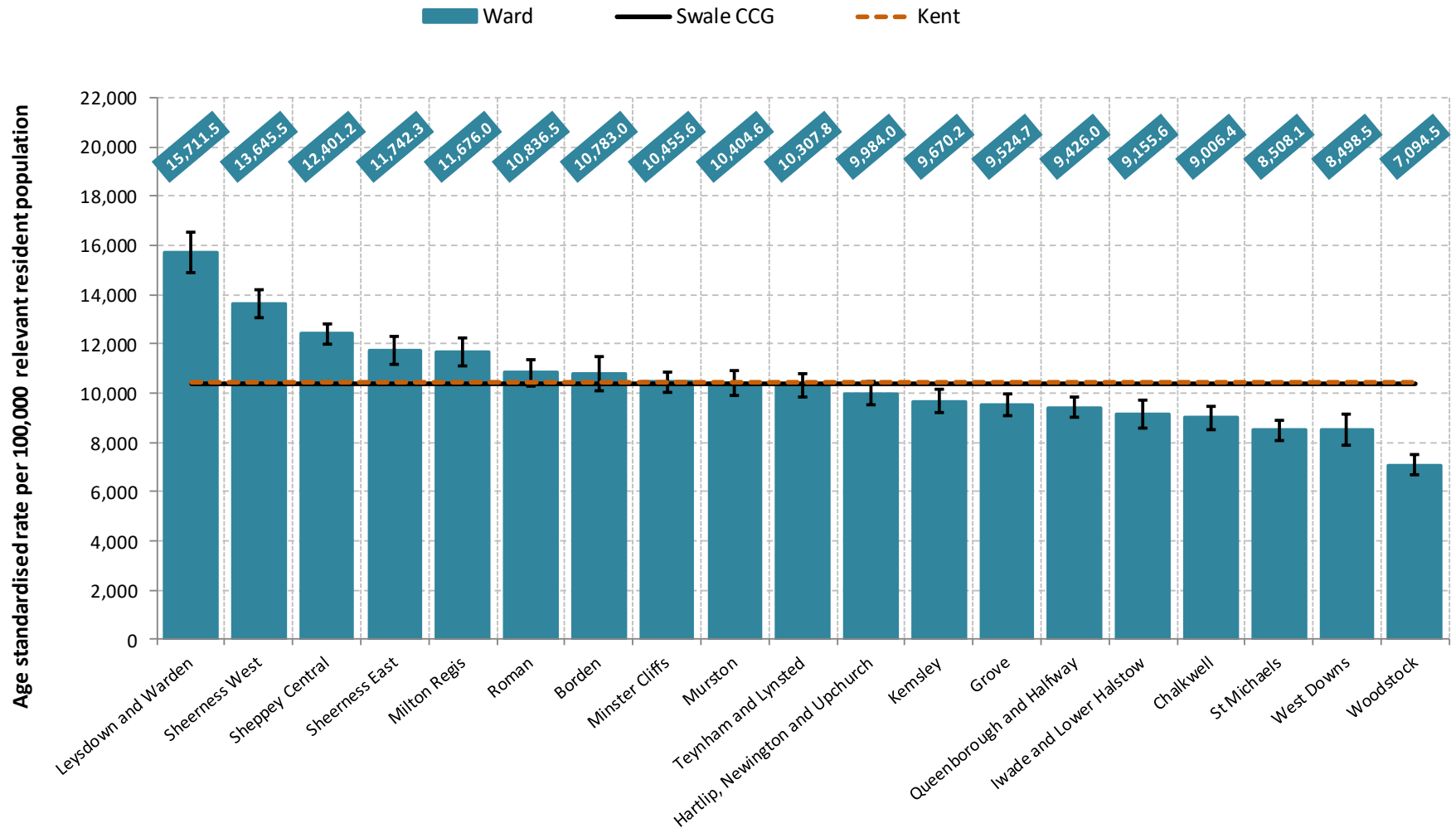
Most deprived trend - stable with a similar pace of change to England

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (MP), Nov-19



Emergency hospital admissions: by electoral ward

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

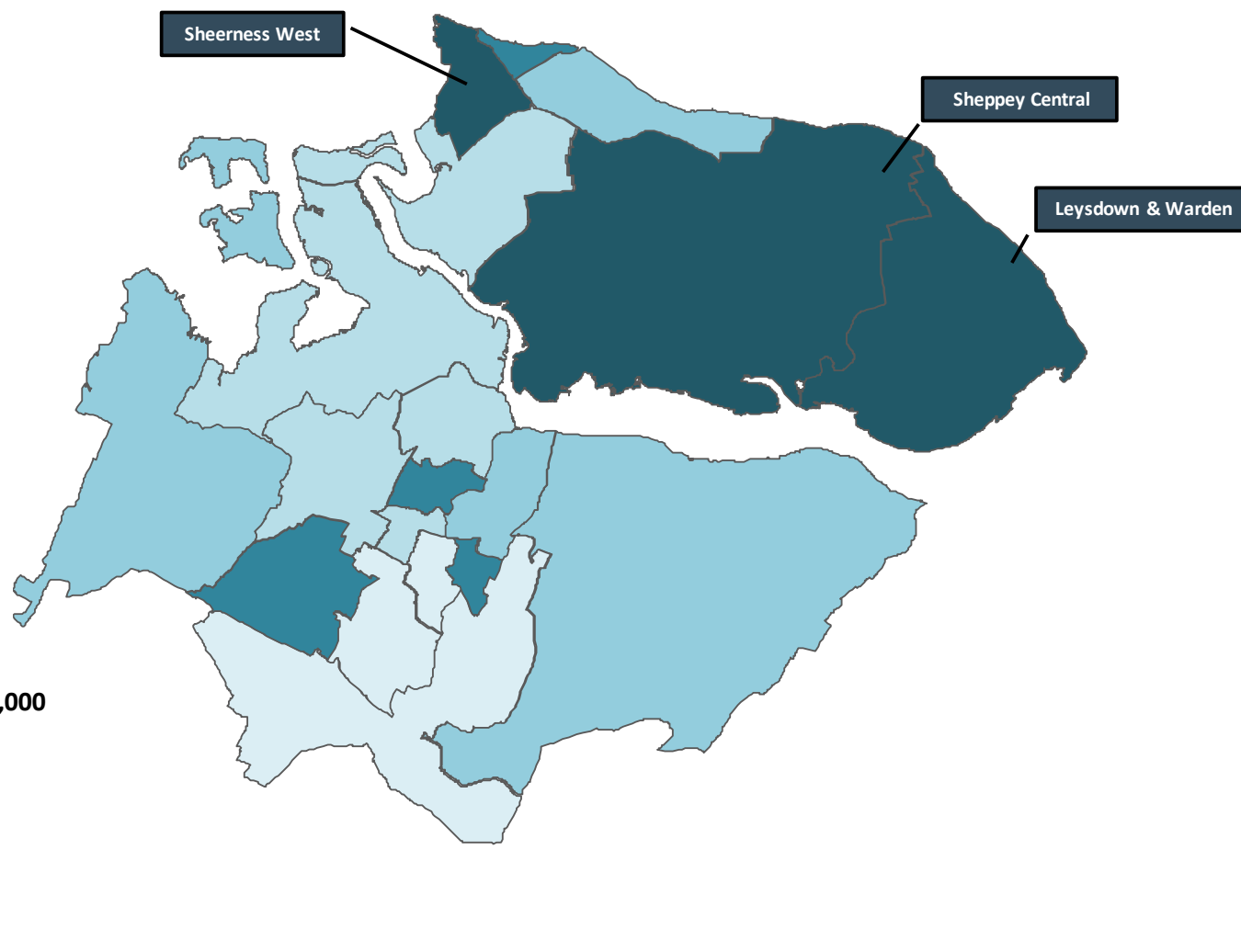


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (JS), Nov-19



Emergency hospital admissions: by electoral ward

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

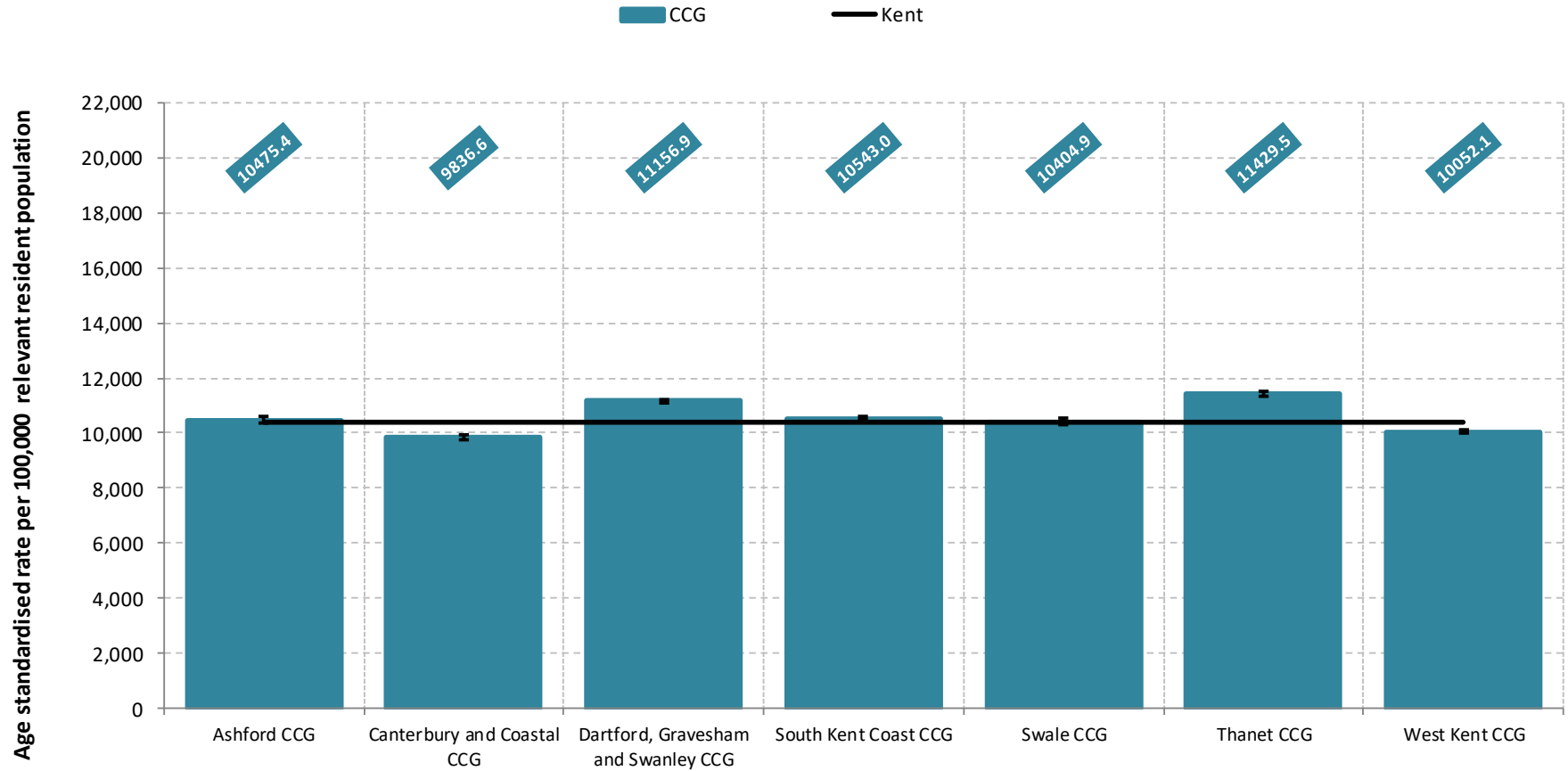


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (JS), Nov-19



Emergency hospital admissions: by CCG

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

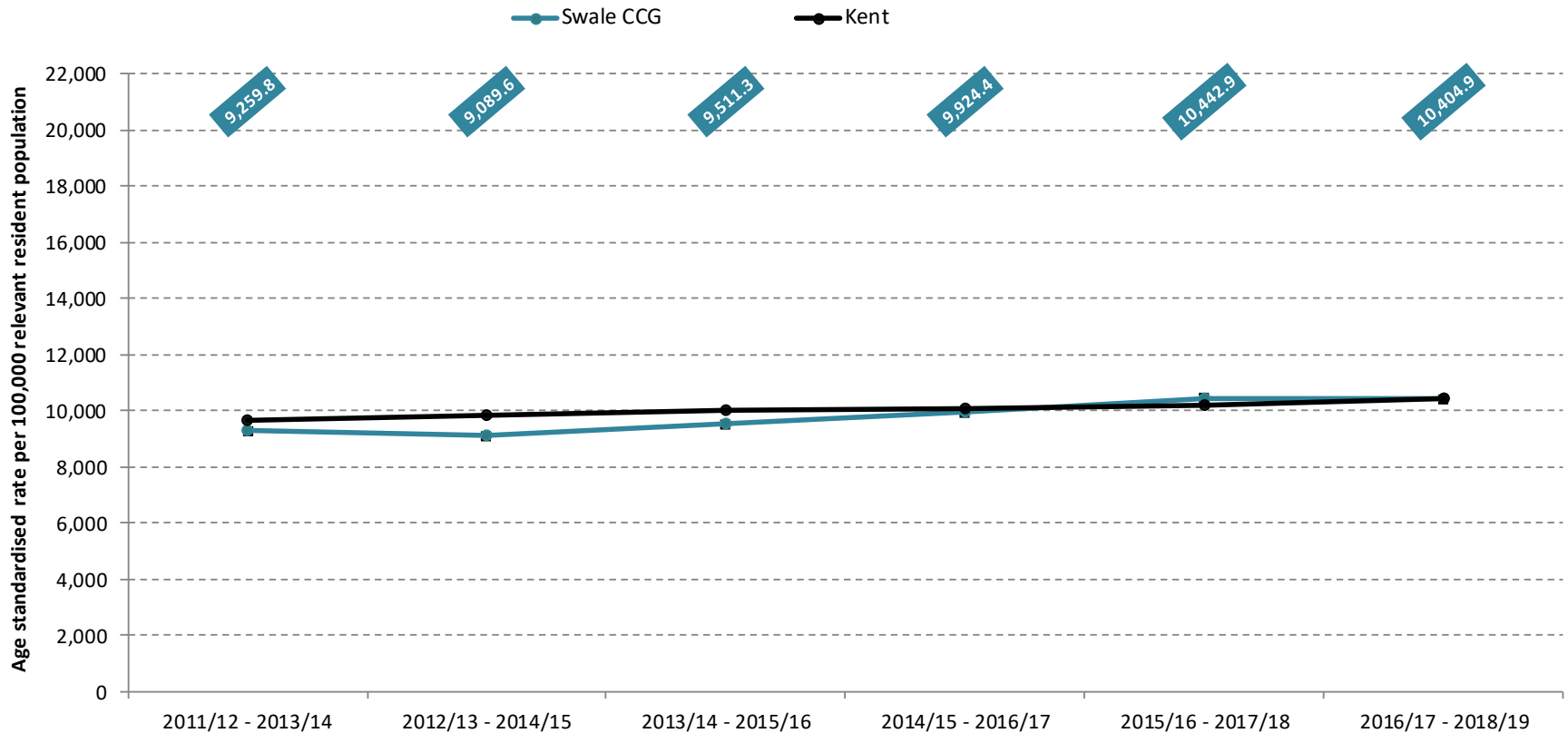


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (JS), Nov-19



Emergency hospital admissions: trend

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



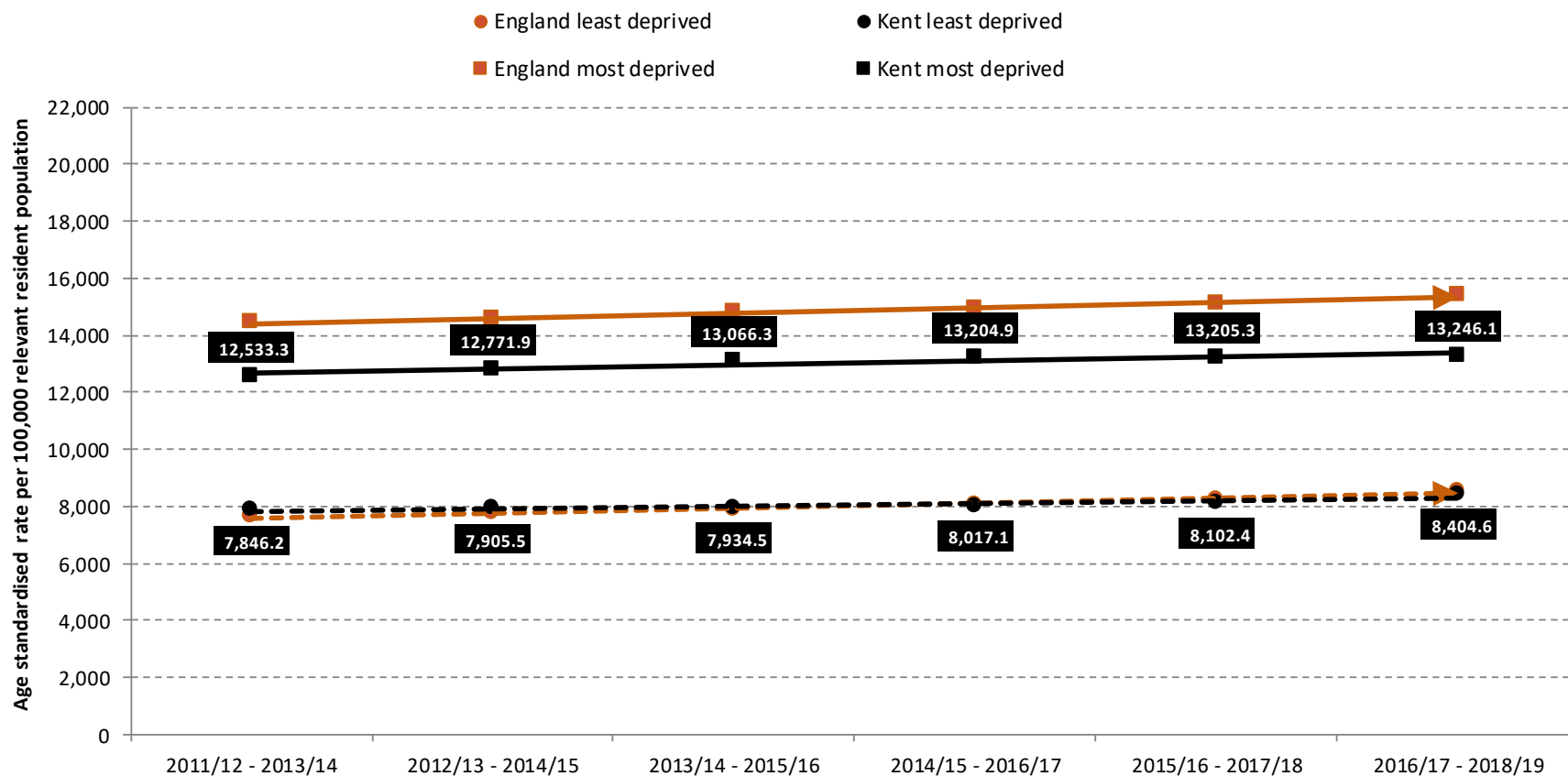
Increasing with a similar pace of change to Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (JS), Nov-19



Emergency hospital admissions: by deprivation

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



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

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

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (JS), Nov-19



Clinical effectiveness

Mortality from causes considered avoidable

Mortality from causes considered amenable

Mortality from causes considered preventable

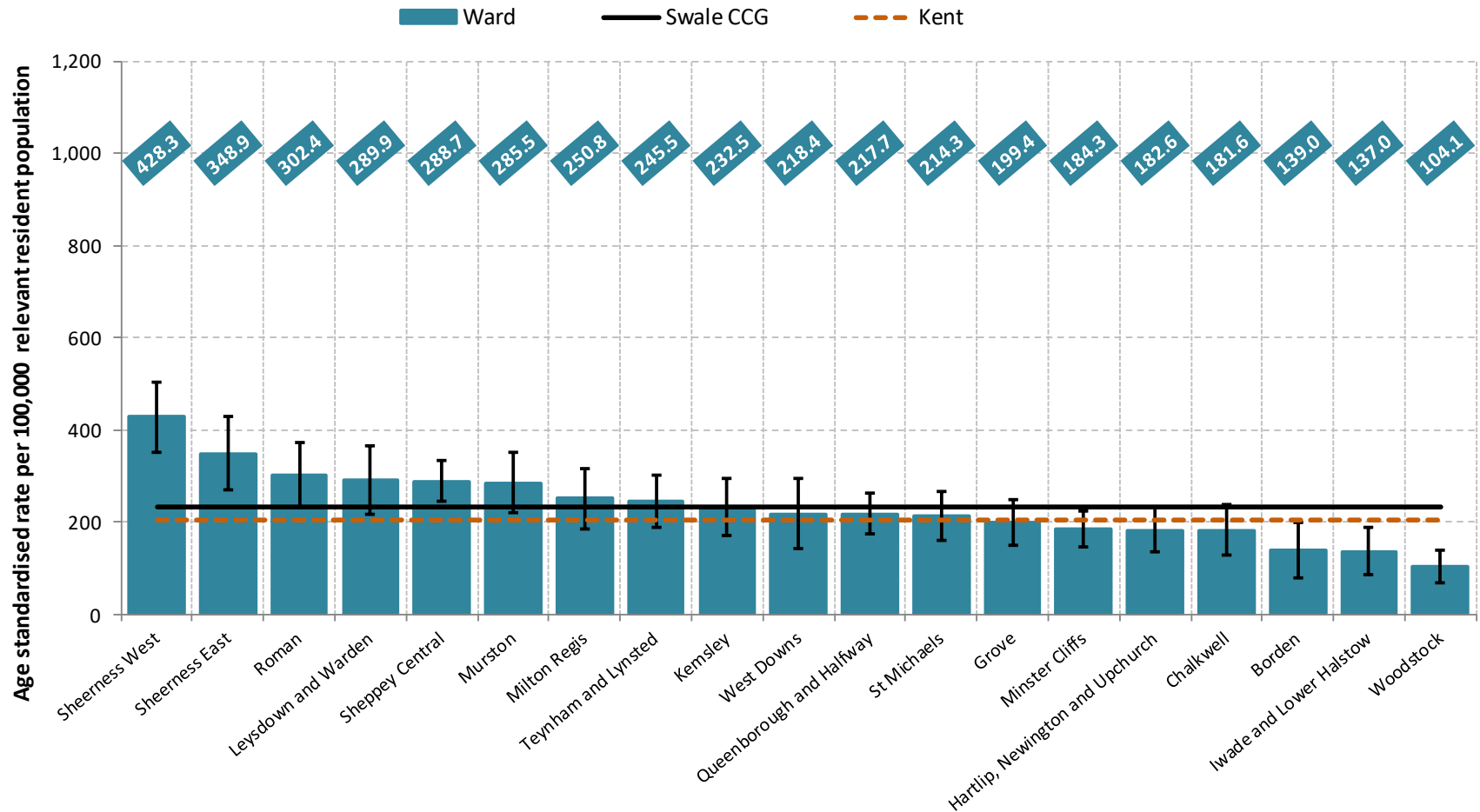
Avoidable admissions for chronic conditions

Avoidable admissions for acute conditions



Avoidable mortality: by electoral ward

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

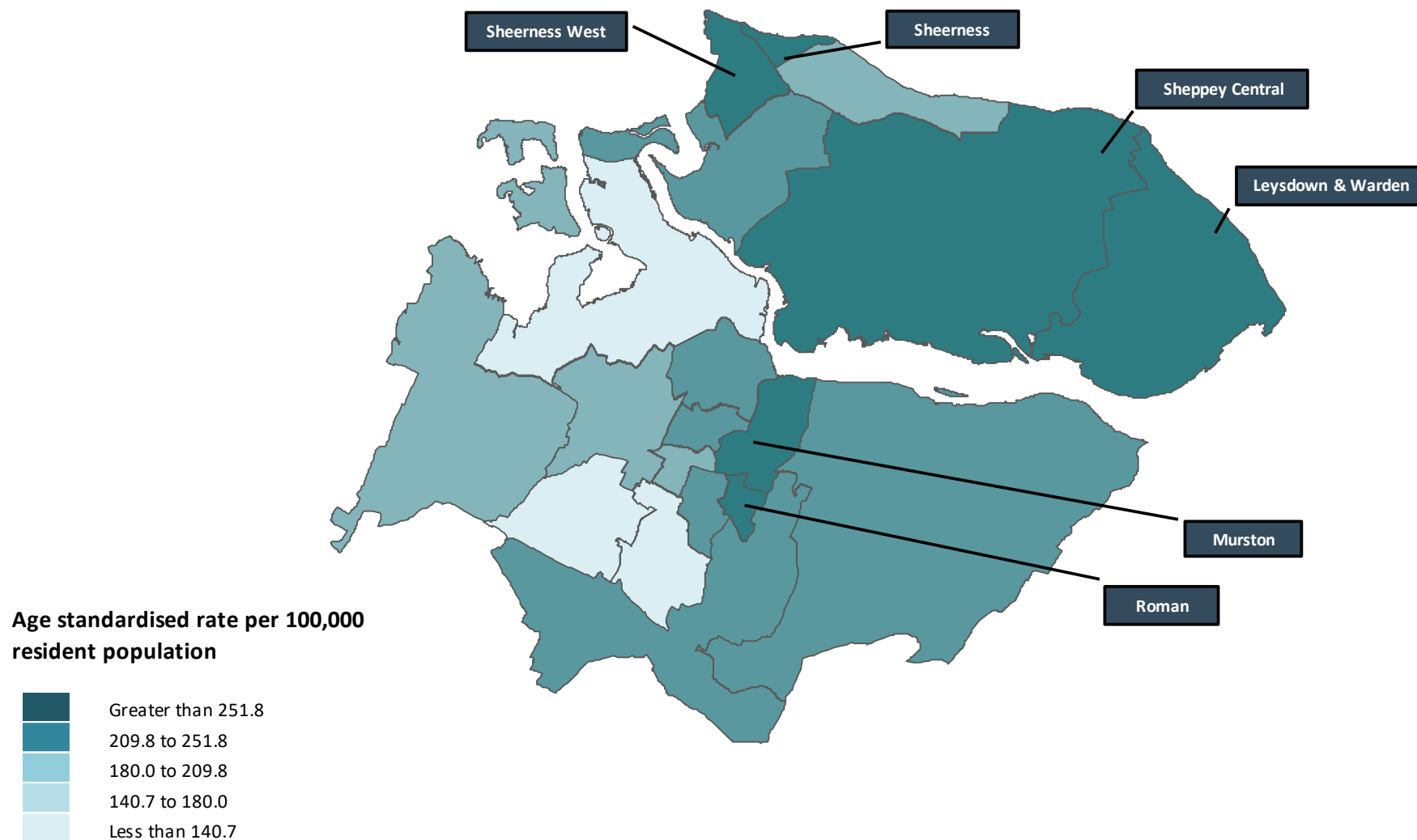


Source: PCMD, prepared by KPHO (RK), Nov-18



Avoidable mortality: by electoral ward

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

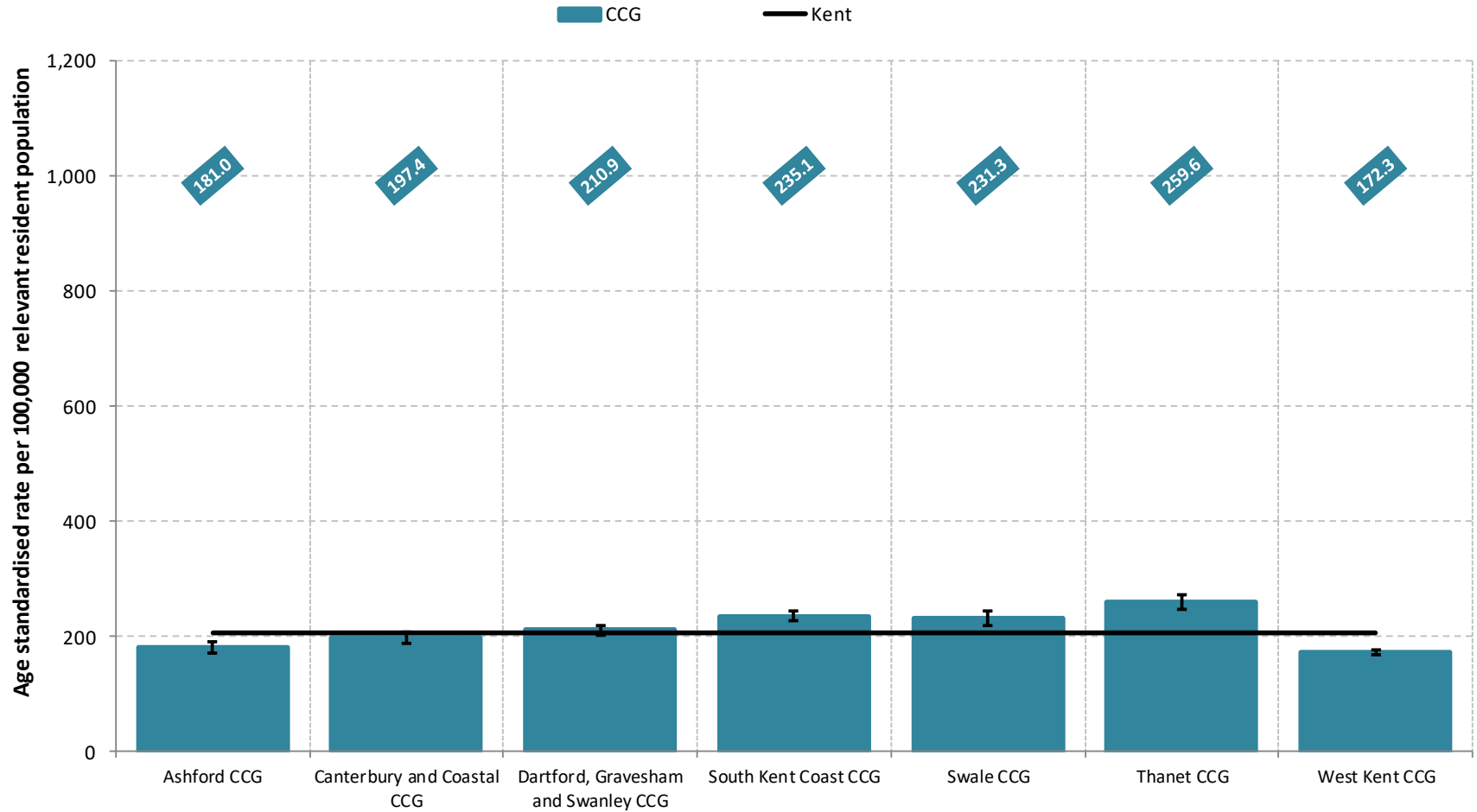


Source: PCMD, prepared by KPHO (RK), Nov-18



Avoidable mortality: by CCG

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

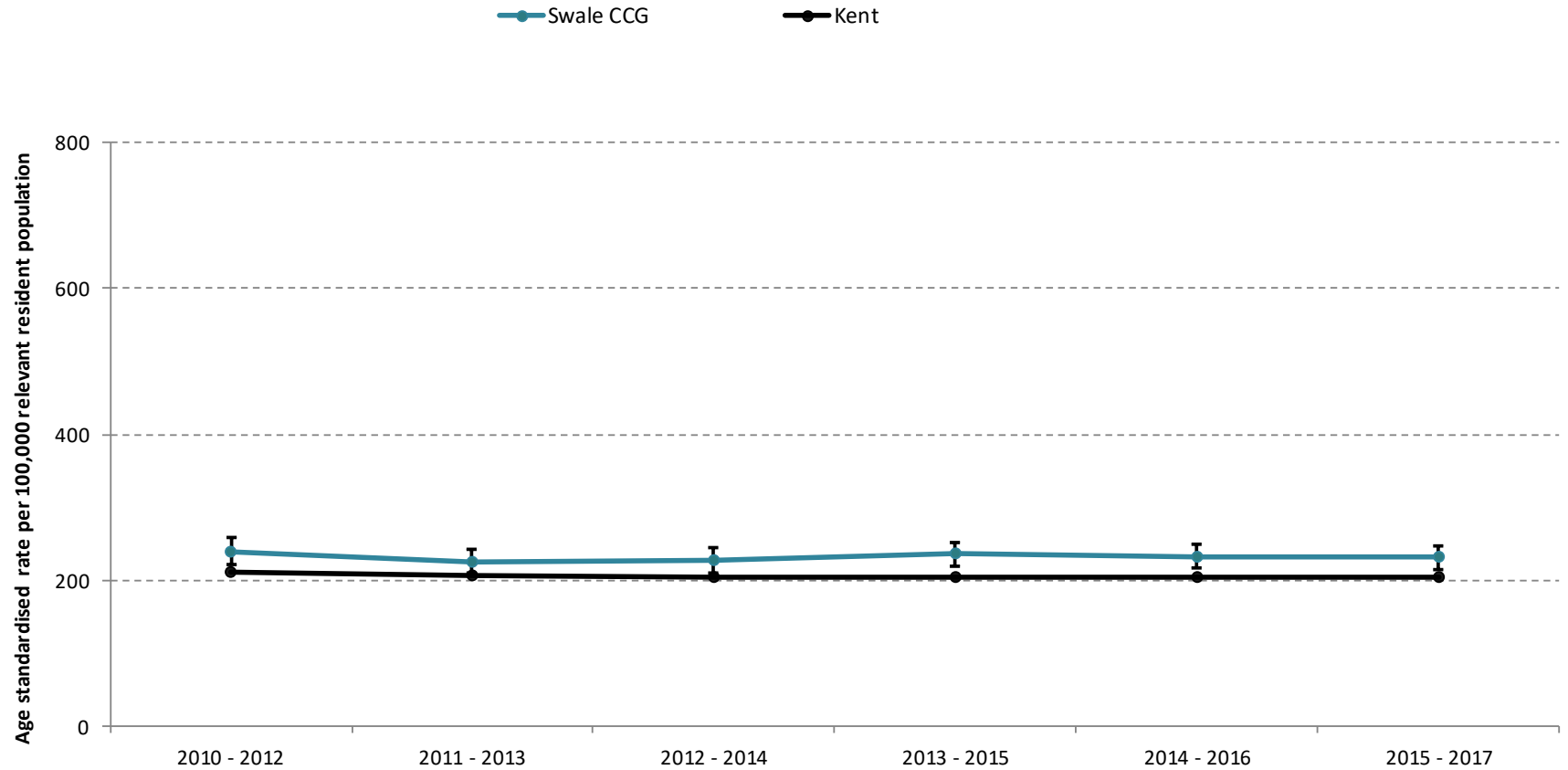


Source: PCMD, prepared by KPHO (RK), Nov-18



Avoidable mortality: trend

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



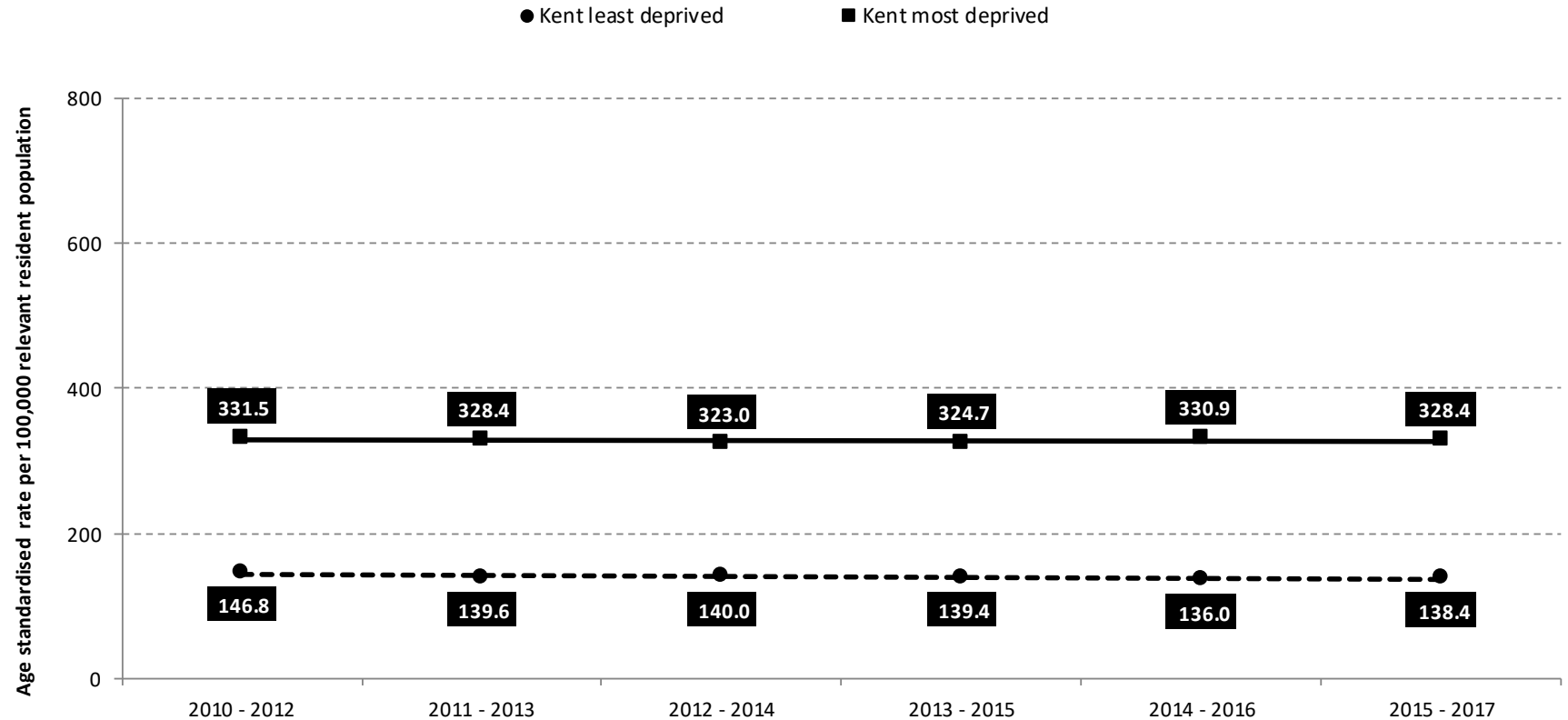
No significant change compared with a stable trend for Kent

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



Avoidable mortality: by deprivation

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



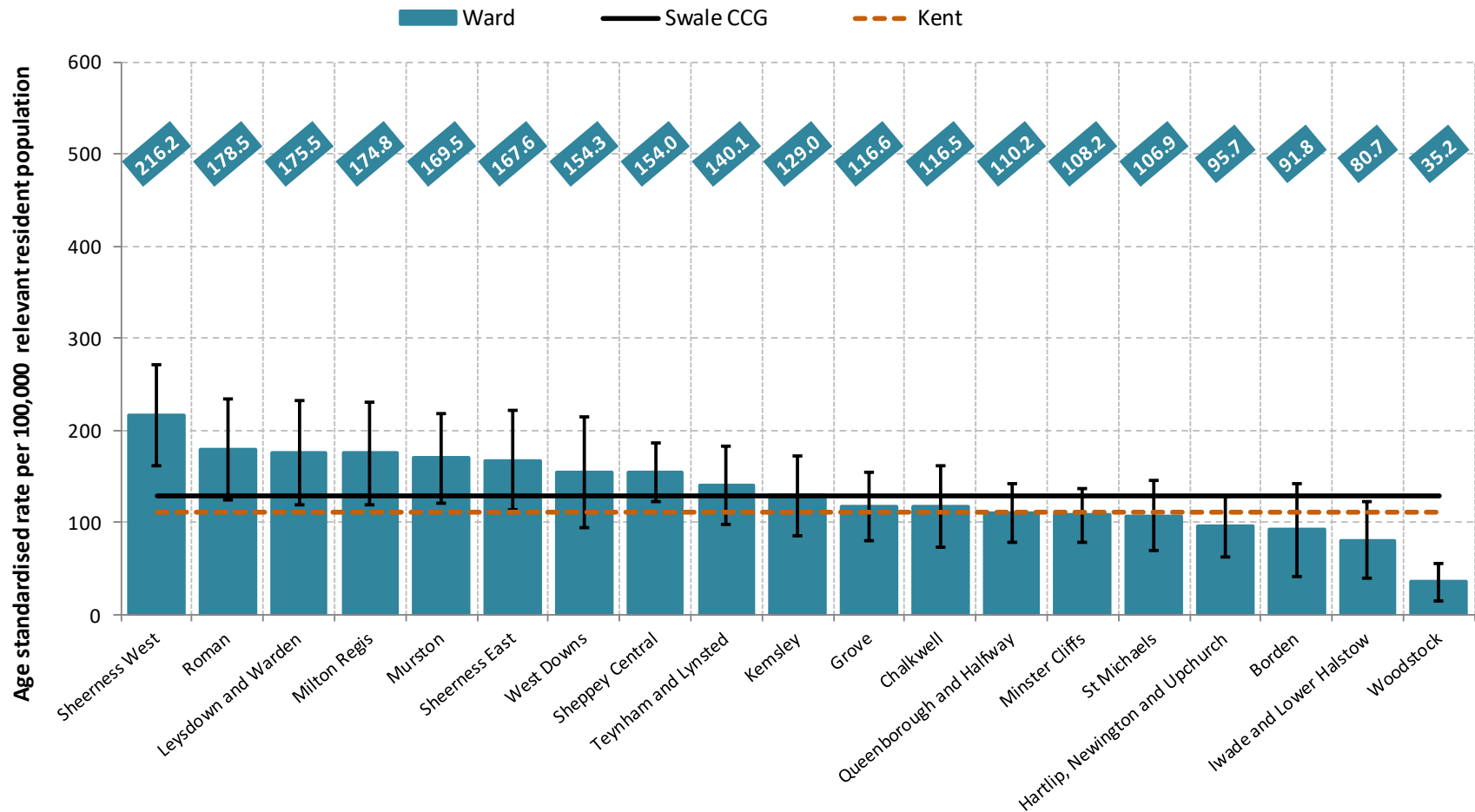
Least deprived trend - stable compared with a increasing trend for England
Most deprived trend - stable compared with a decreasing trend for England

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



Amenable mortality: by electoral ward

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

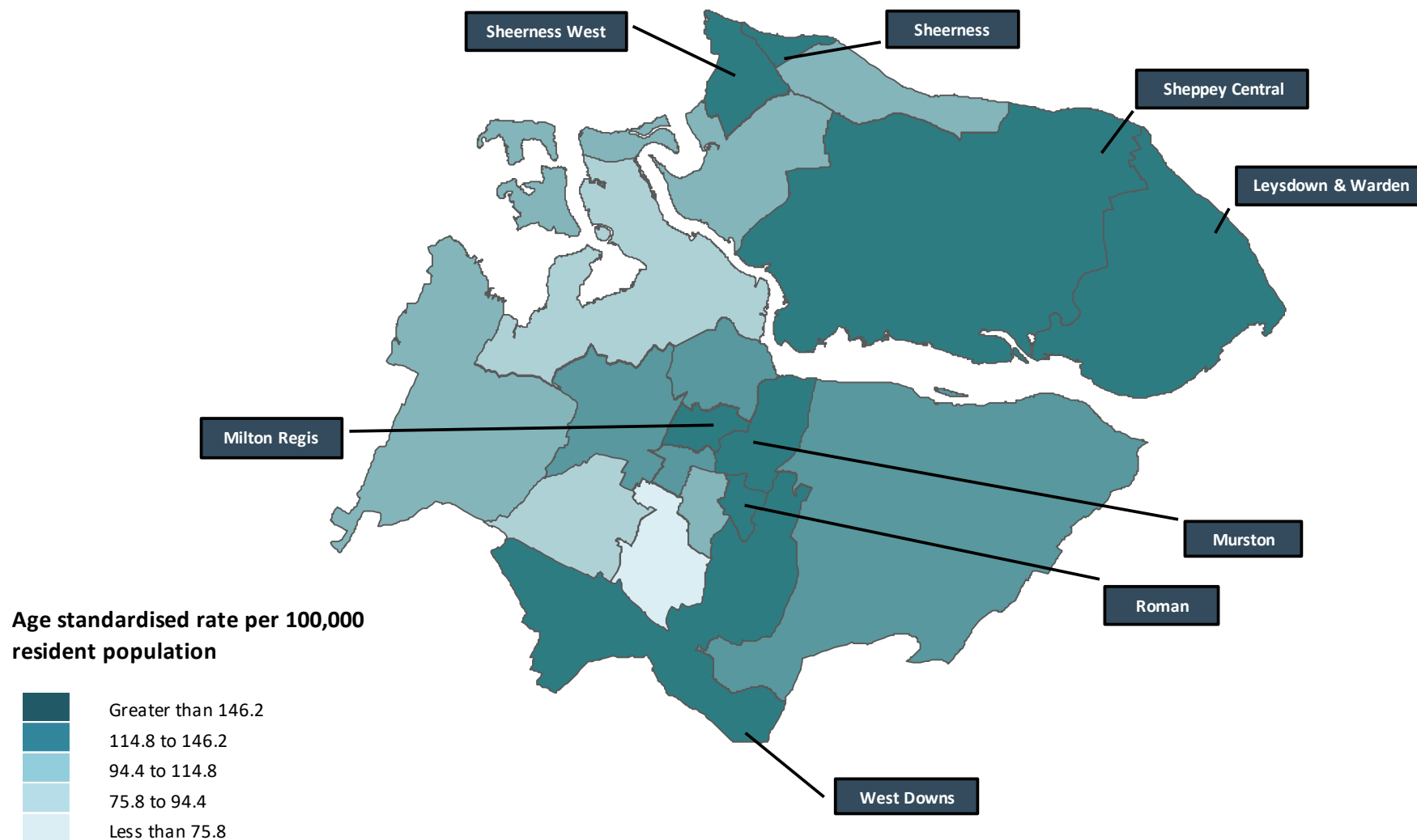


Source: PCMD, prepared by KPHO (RK), Nov-18



Amenable mortality: by electoral ward

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

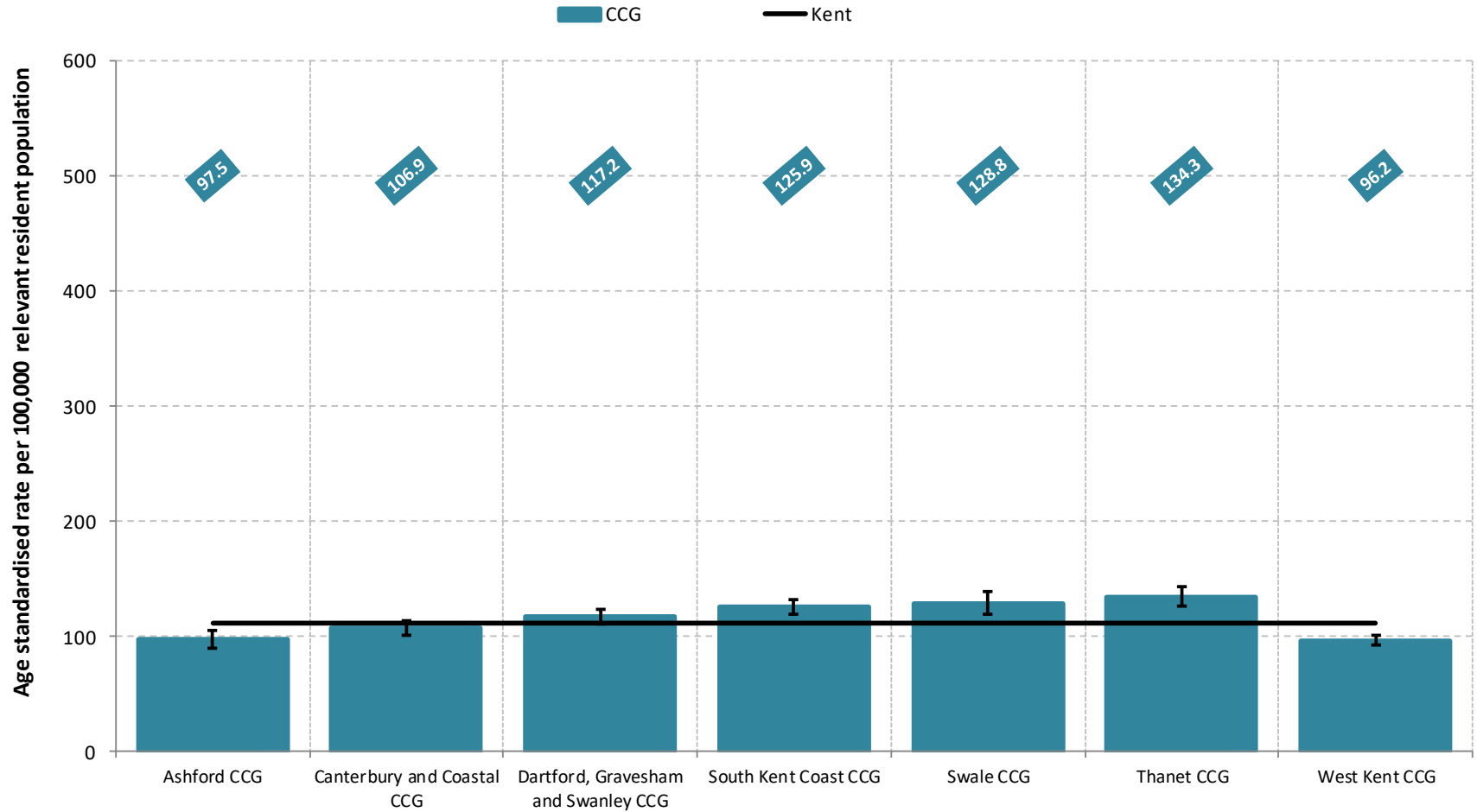


Source: PCMD, prepared by KPHO (RK), Nov-18



Amenable mortality: by CCG

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

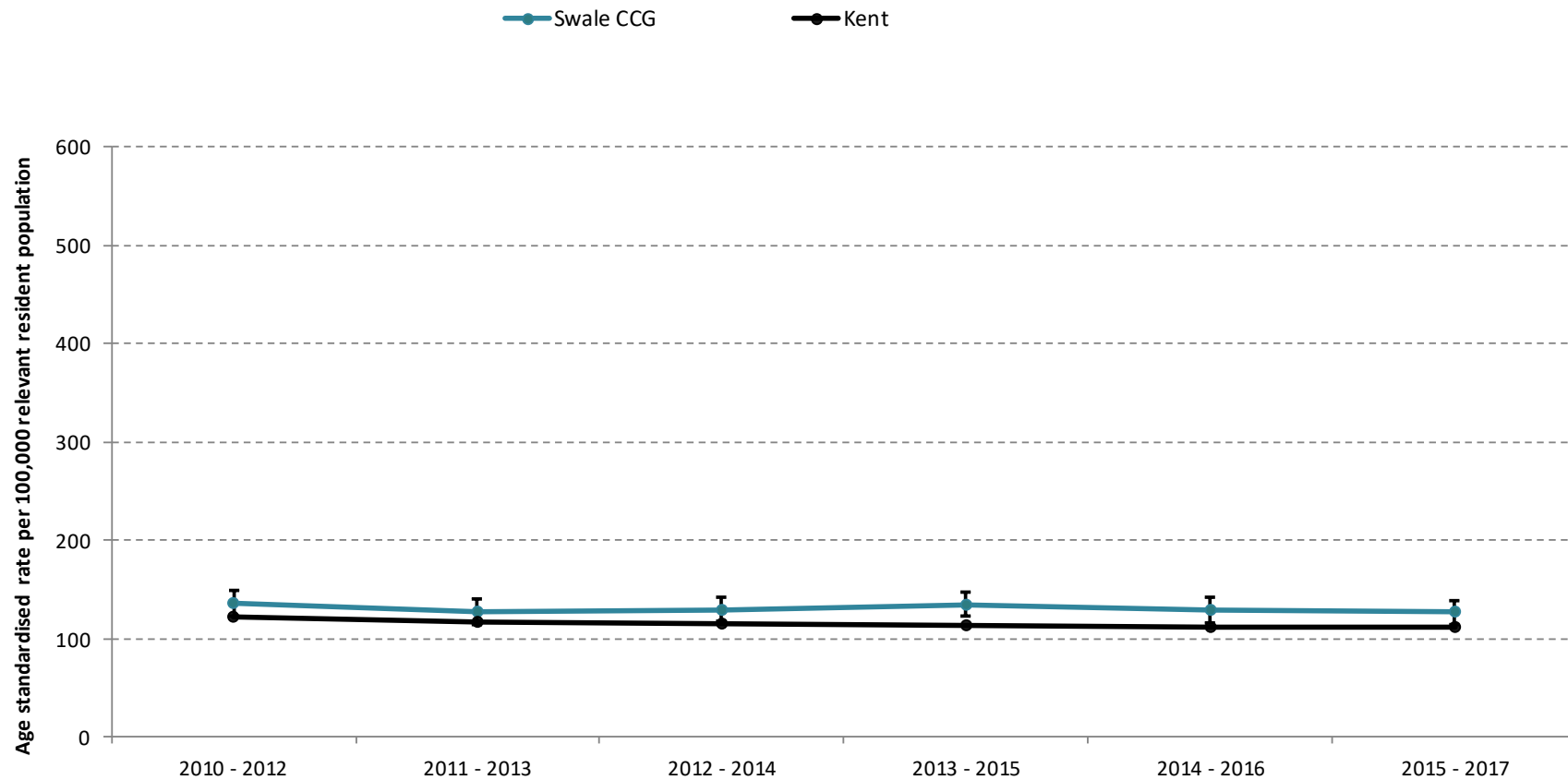


Source: PCMD, prepared by KPHO (RK), Nov-18



Amenable mortality: trend

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



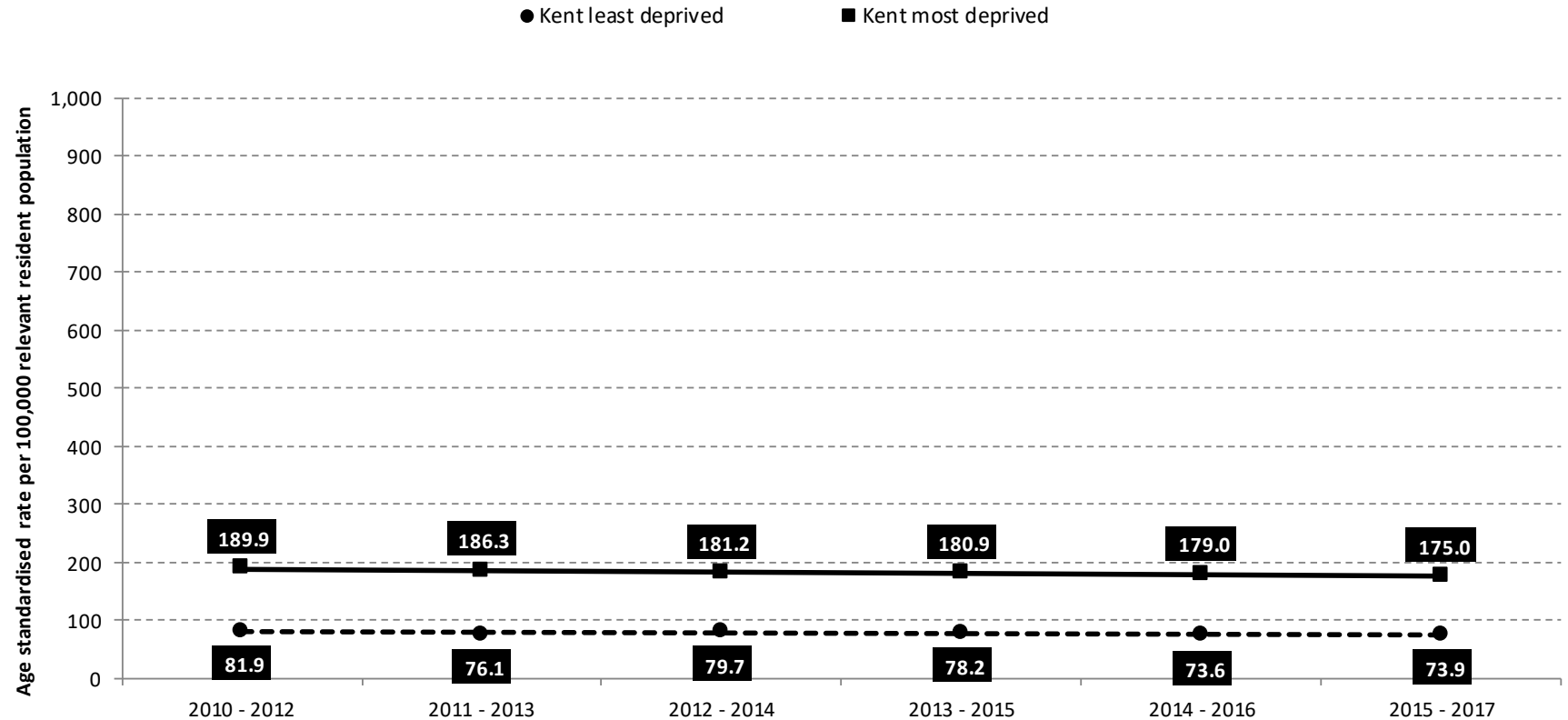
No significant change compared with a decreasing trend for Kent

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



Amenable mortality: by deprivation

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



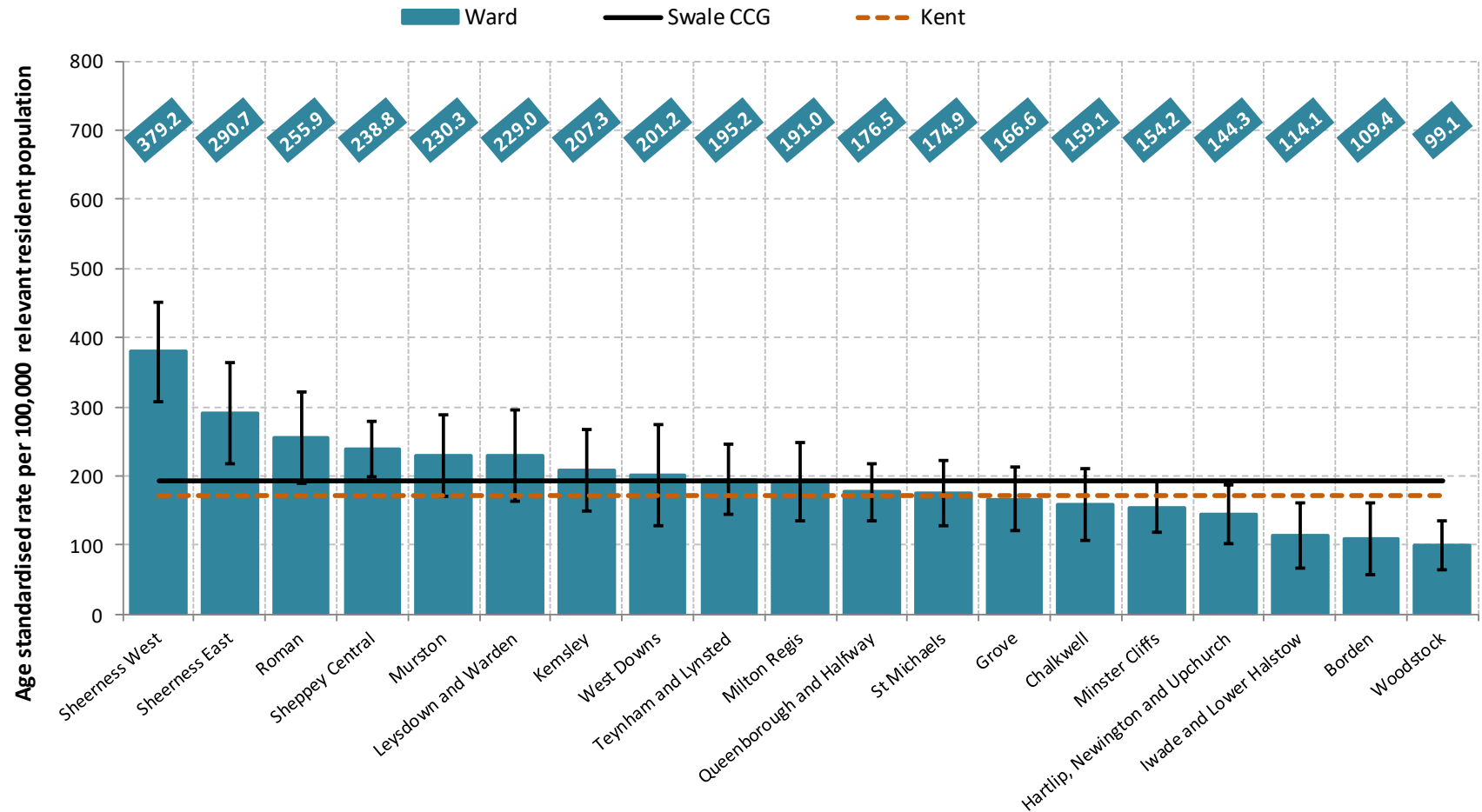
Least deprived trend - stable compared with a increasing trend for England
Most deprived trend - decreasing compared with a decreasing trend for England

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



Preventable mortality: by electoral ward

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

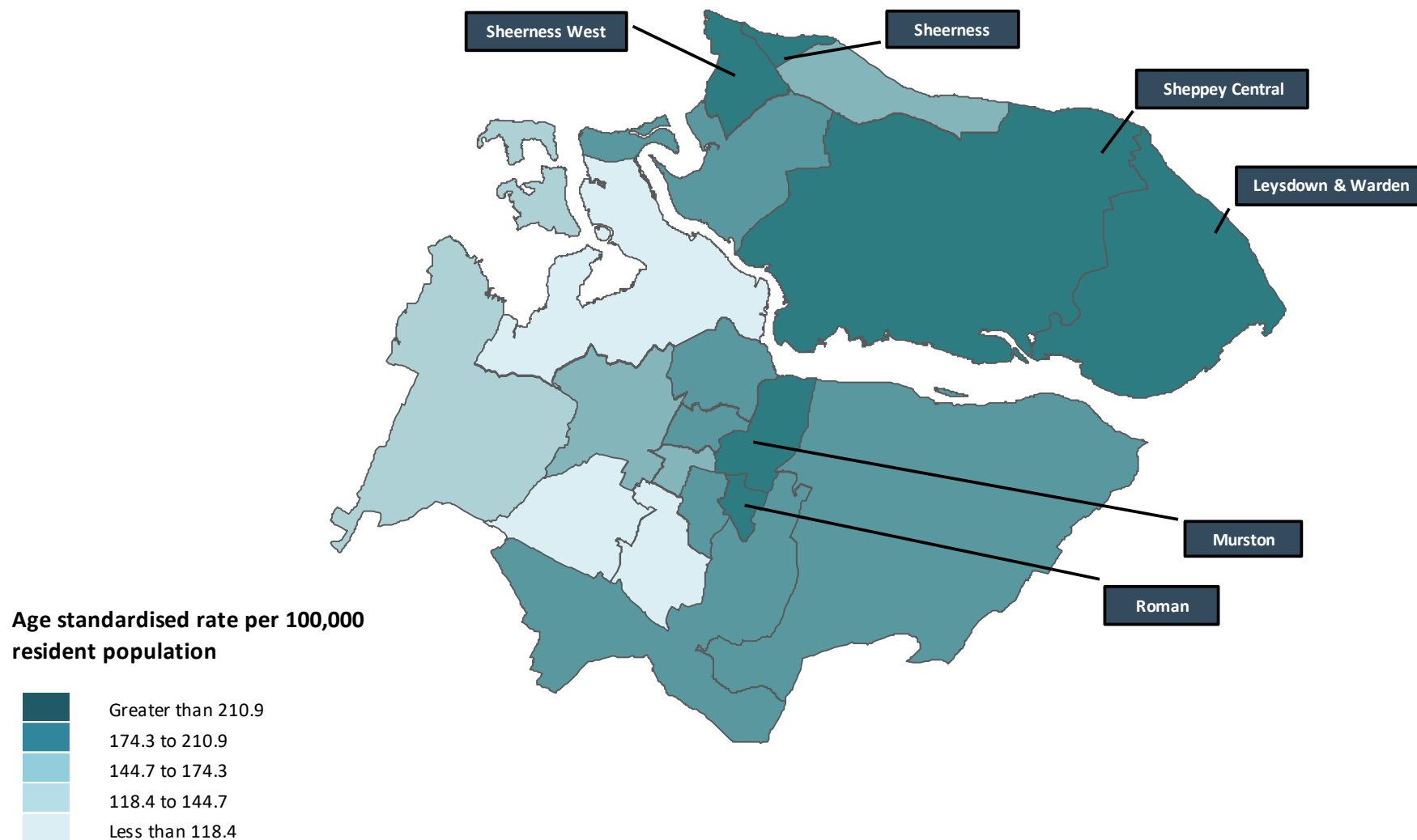


Source: PCMD, prepared by KPHO (RK), Nov-18



Preventable mortality: by electoral ward

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

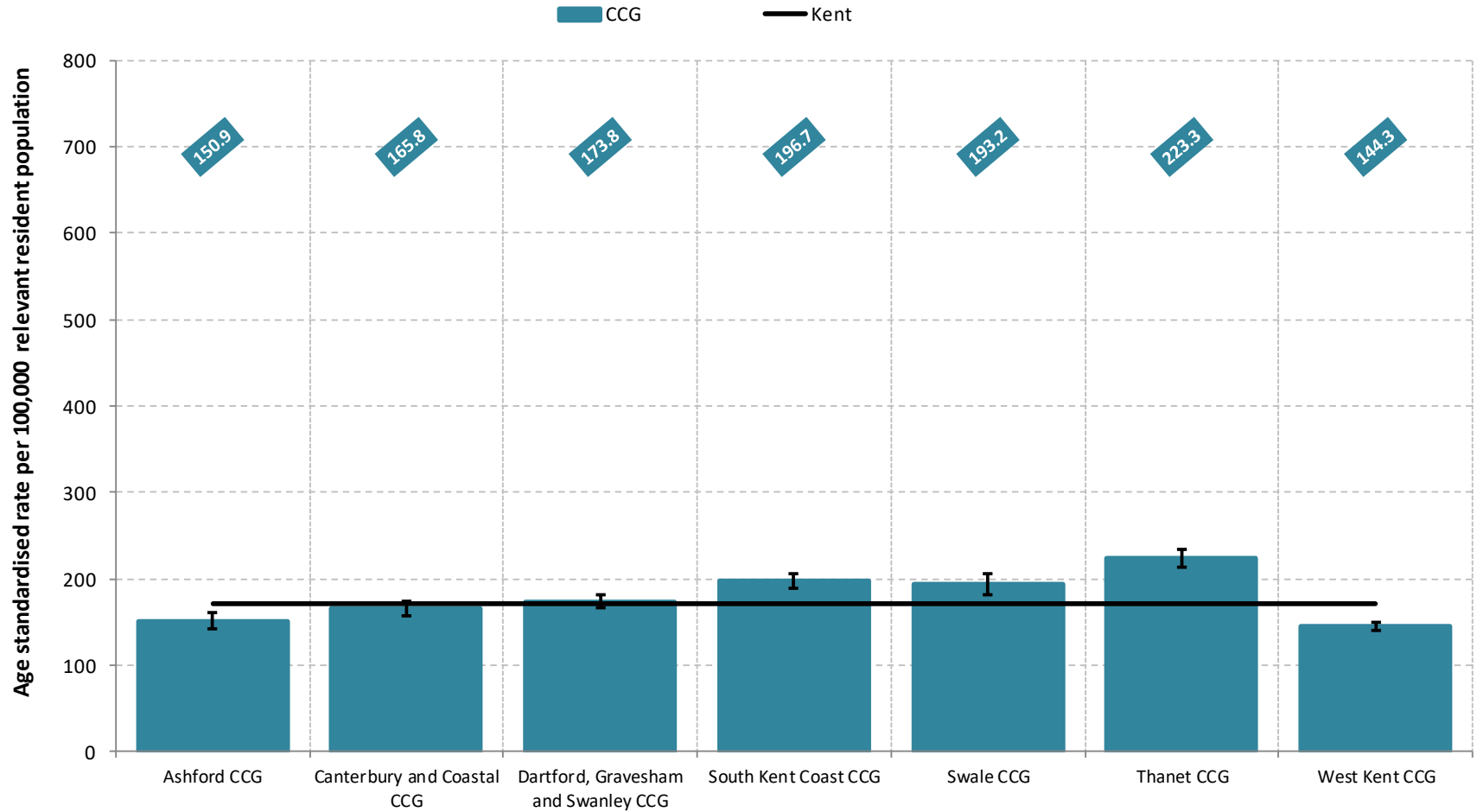


Source: PCMD, prepared by KPHO (RK), Nov-18



Preventable mortality: by CCG

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

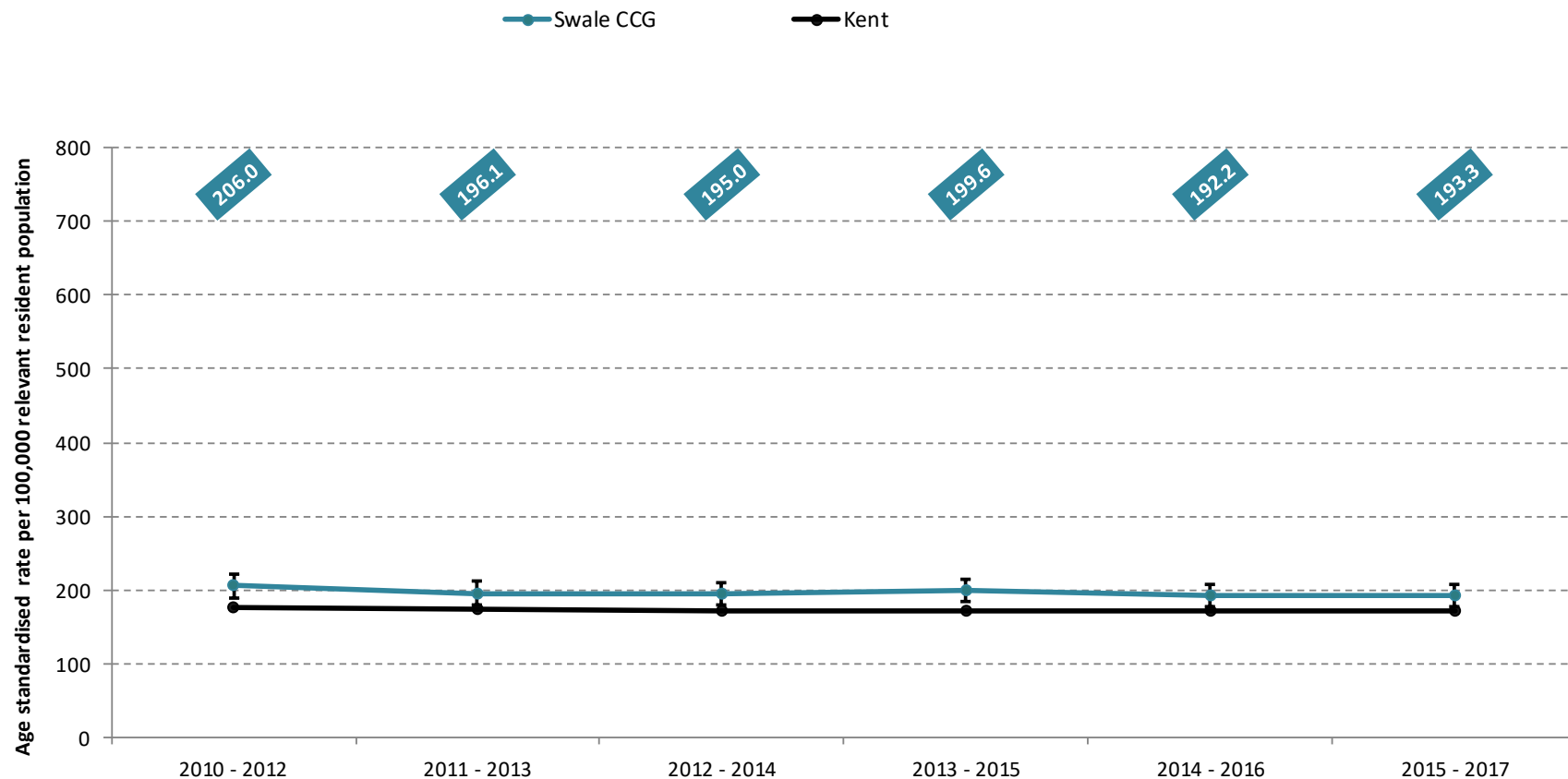


Source: PCMD, prepared by KPHO (RK), Nov-18



Preventable mortality: trend

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



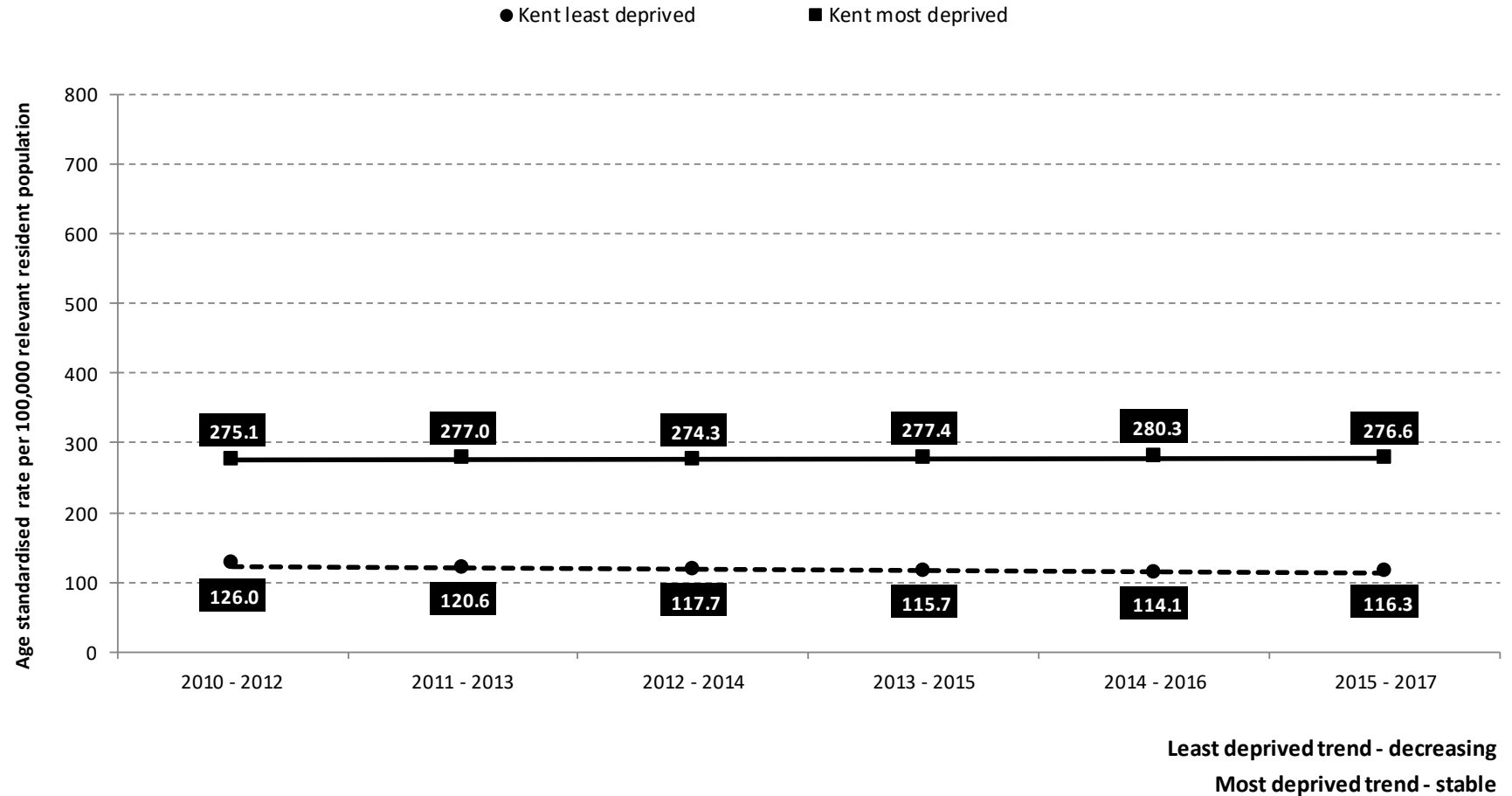
No significant change compared with a stable trend for Kent

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



Preventable mortality: by deprivation

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

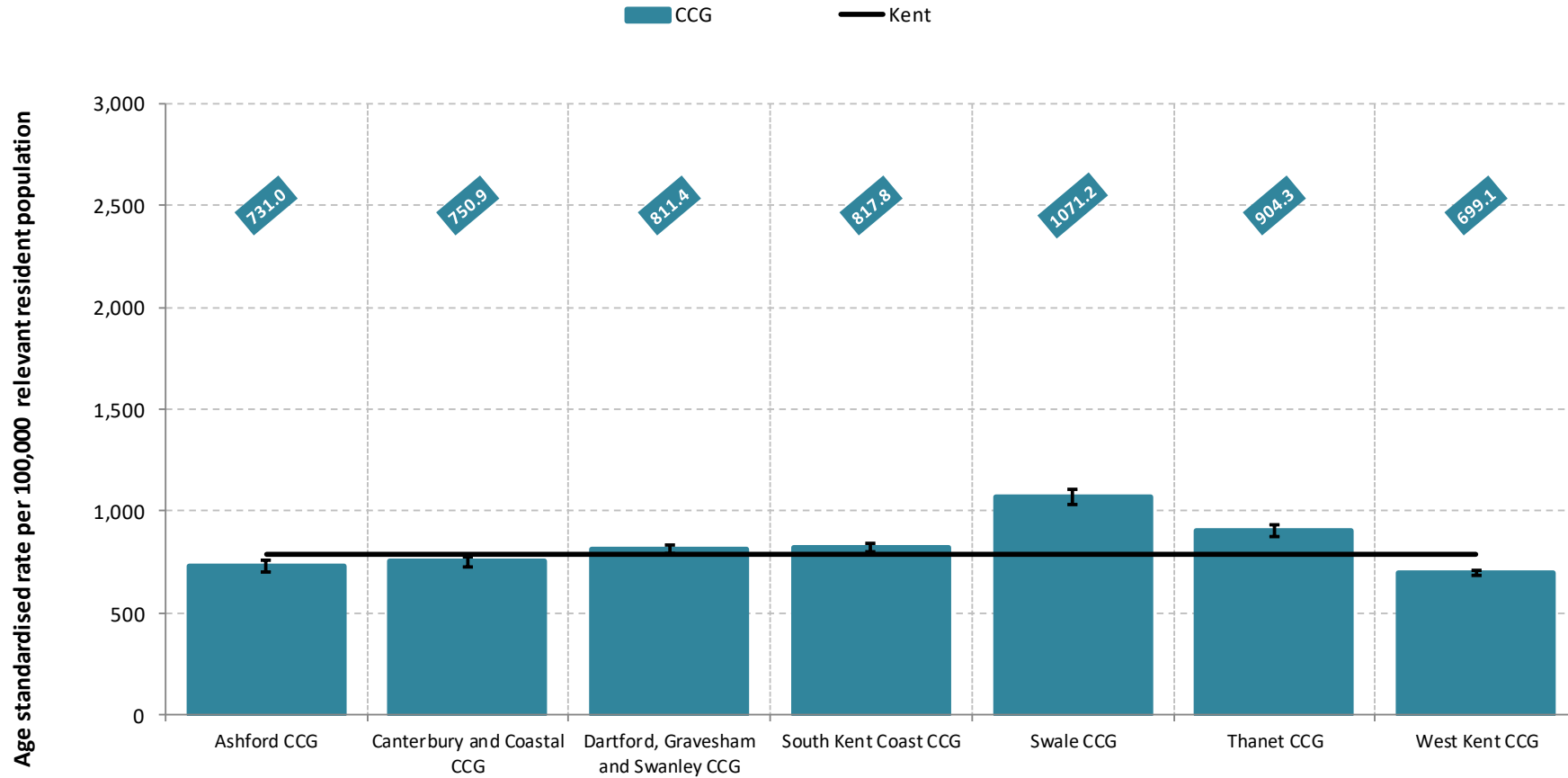


Source: PCMD, prepared by KPHO (RK), Nov-18



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

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

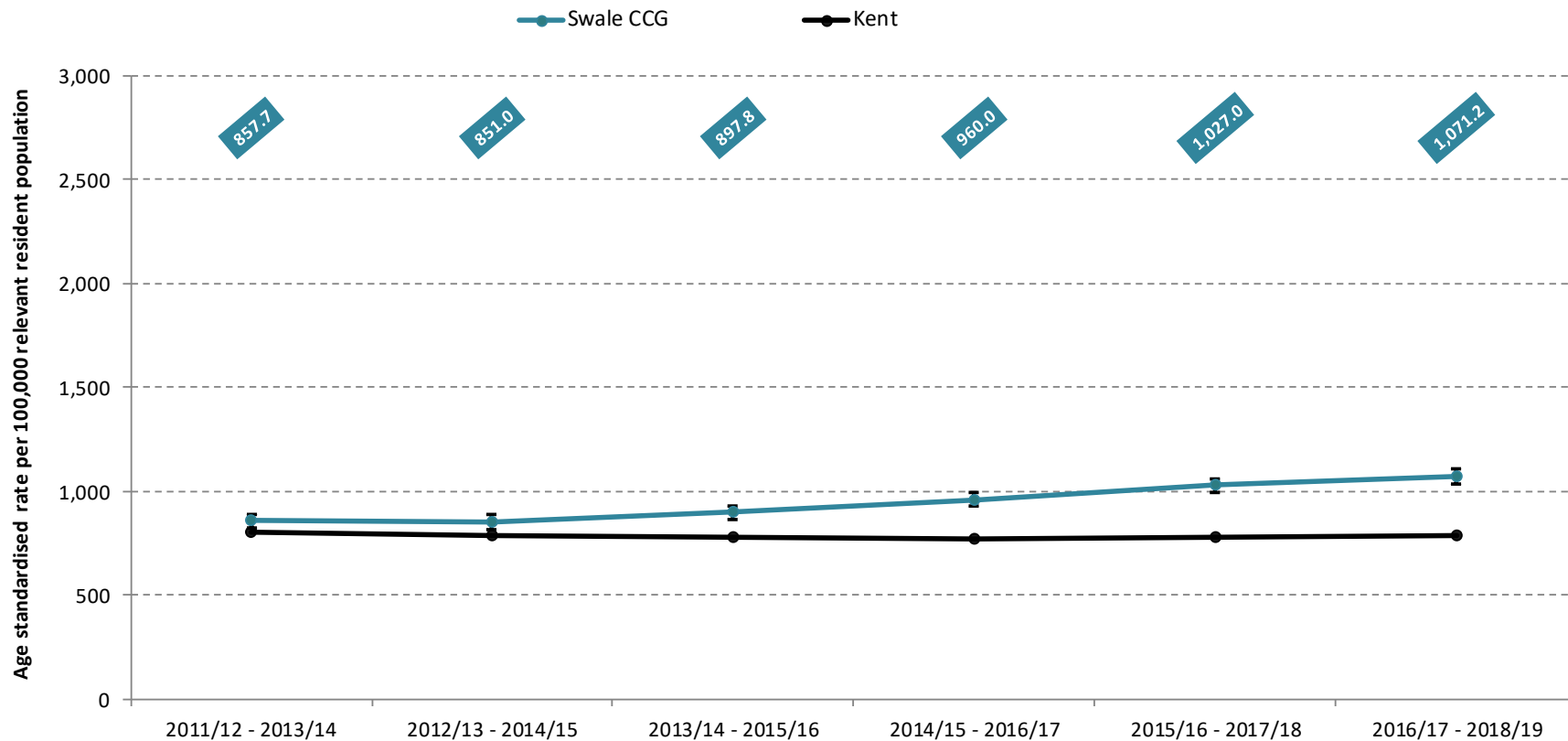


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan -20



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

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



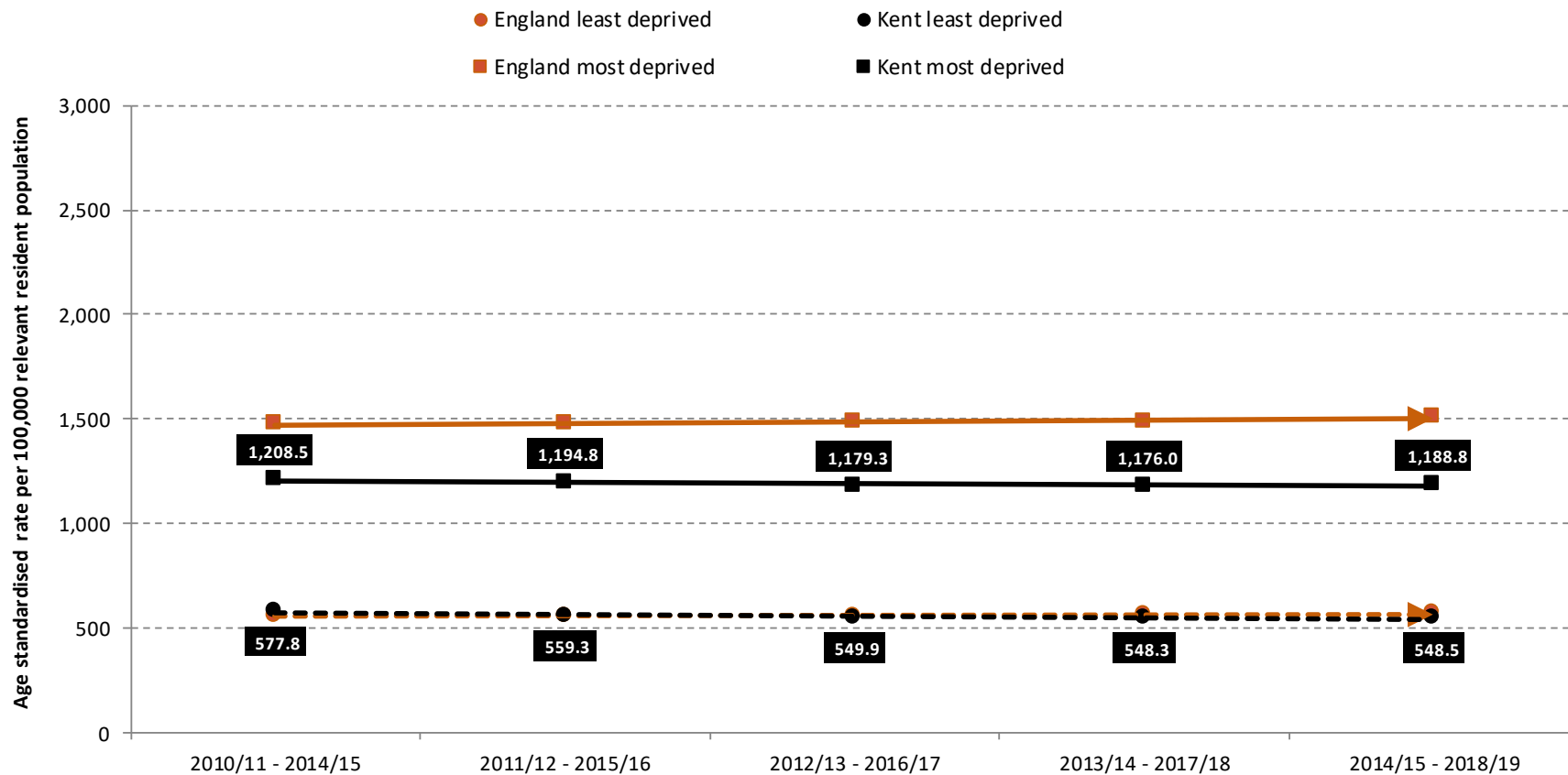
Increasing compared with a stable trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan-20



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

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



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

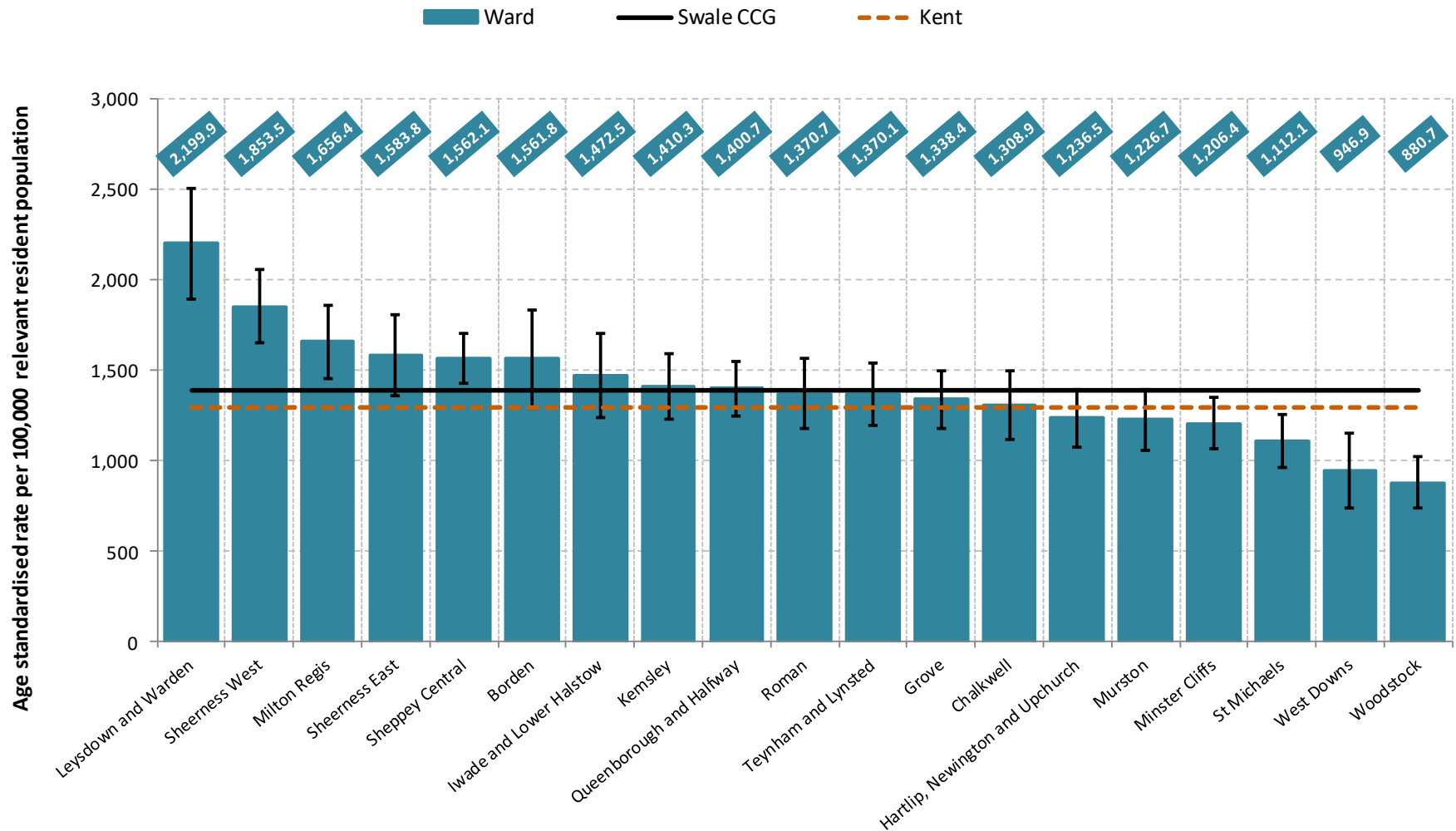
Most deprived trend - stable compared with a increasing trend for England

Source : Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan -20



Avoidable emergency hospital admissions for acute conditions: by electoral ward

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

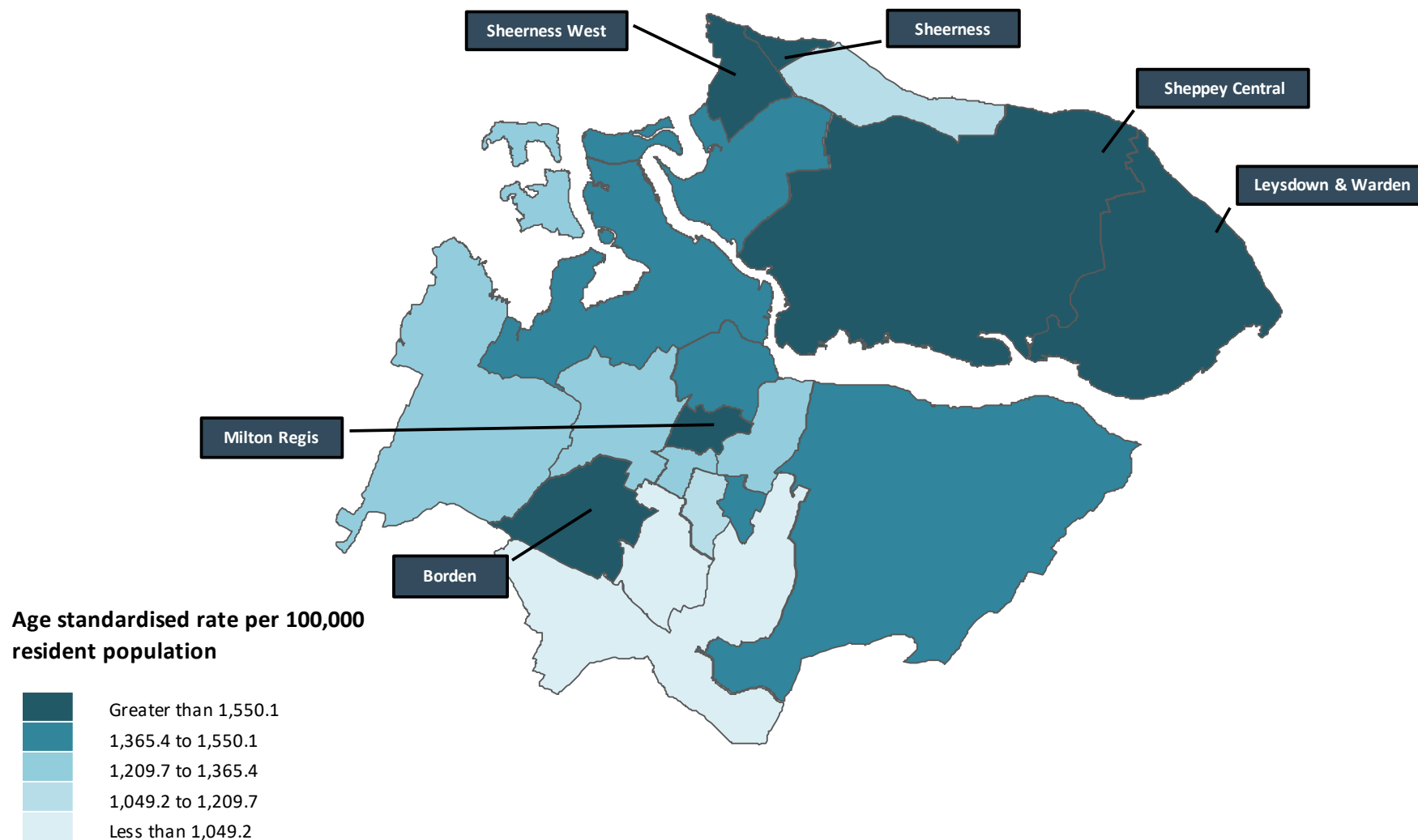


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan -20



Avoidable emergency hospital admissions for acute conditions: by electoral ward

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

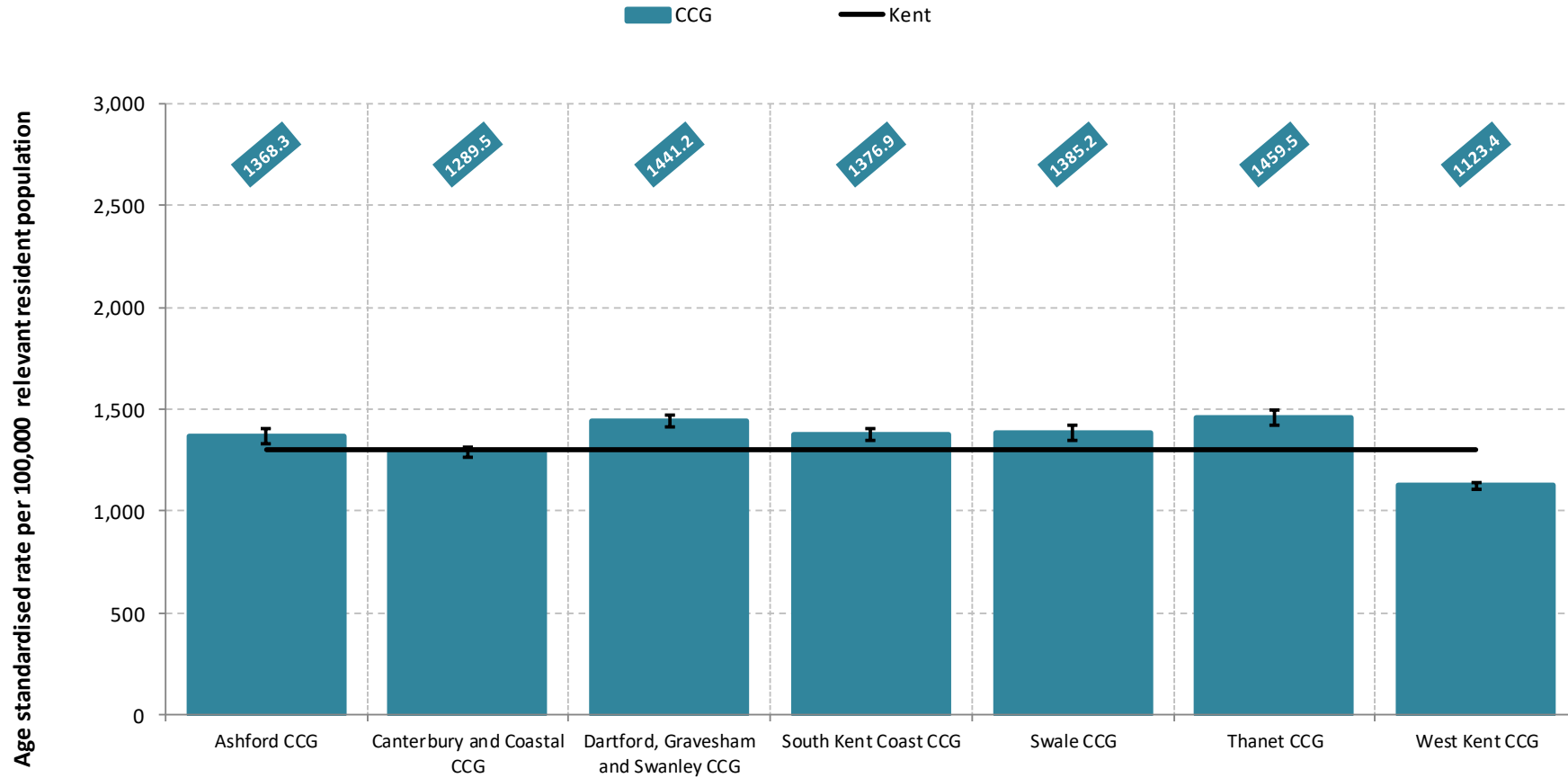


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan-20



Avoidable emergency hospital admissions for acute conditions: by CCG

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

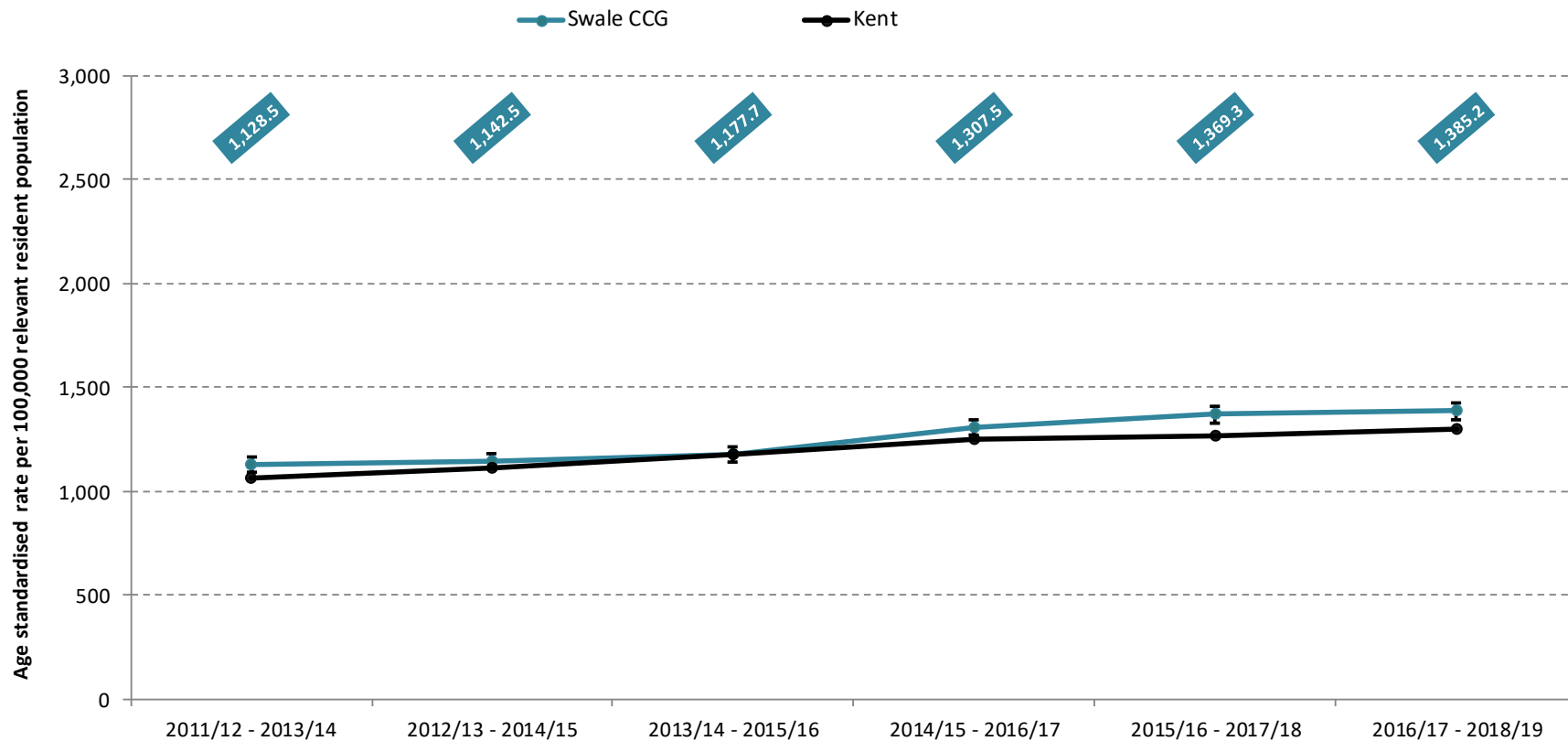


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan -20



Avoidable emergency hospital admissions for acute conditions: trend

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



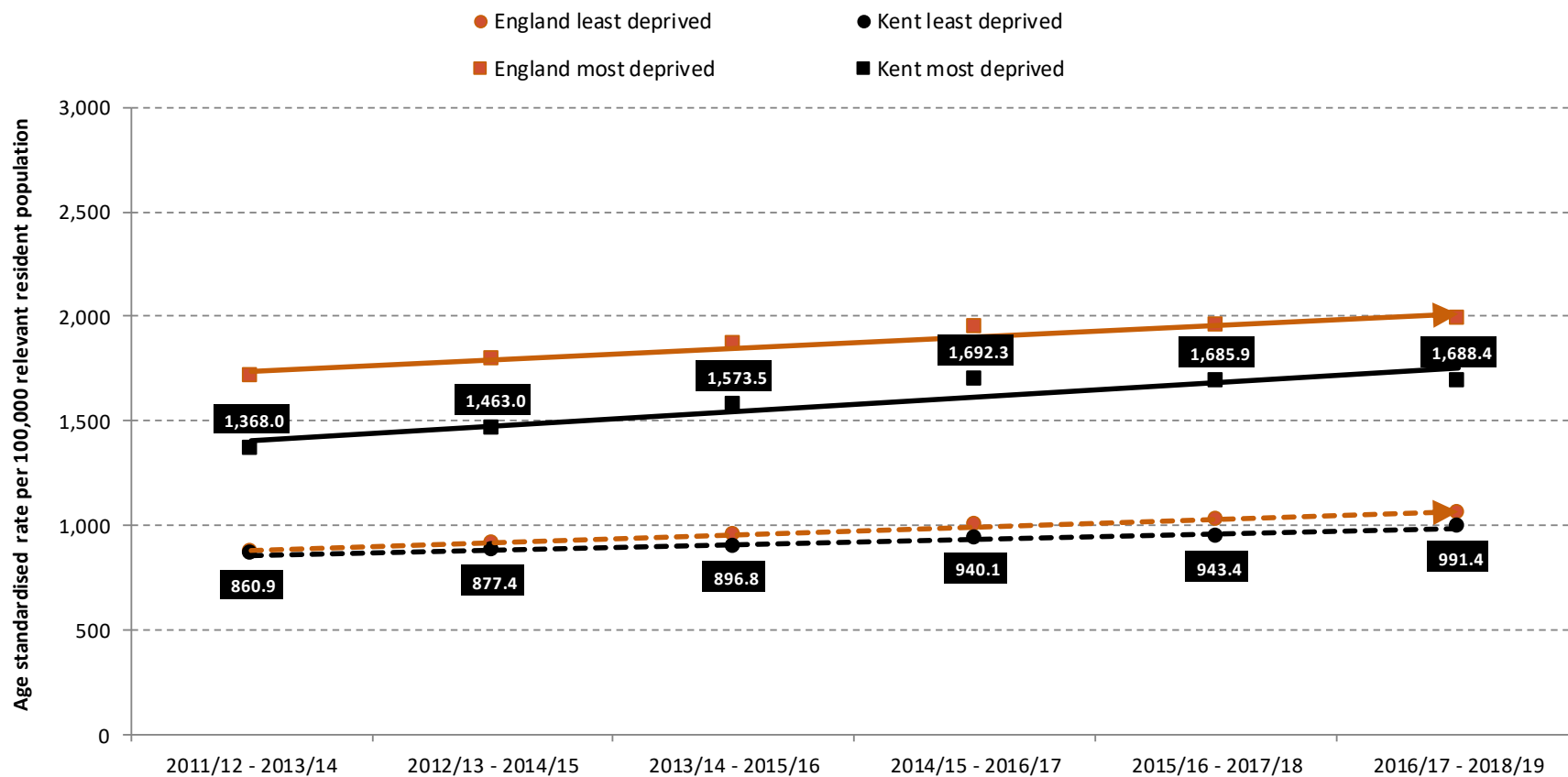
Increasing with a similar pace of change to Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (ZC), Jan -20



Avoidable emergency hospital admissions for acute conditions: by deprivation

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



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

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

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



Lifestyle

Excess weight

Physical activity

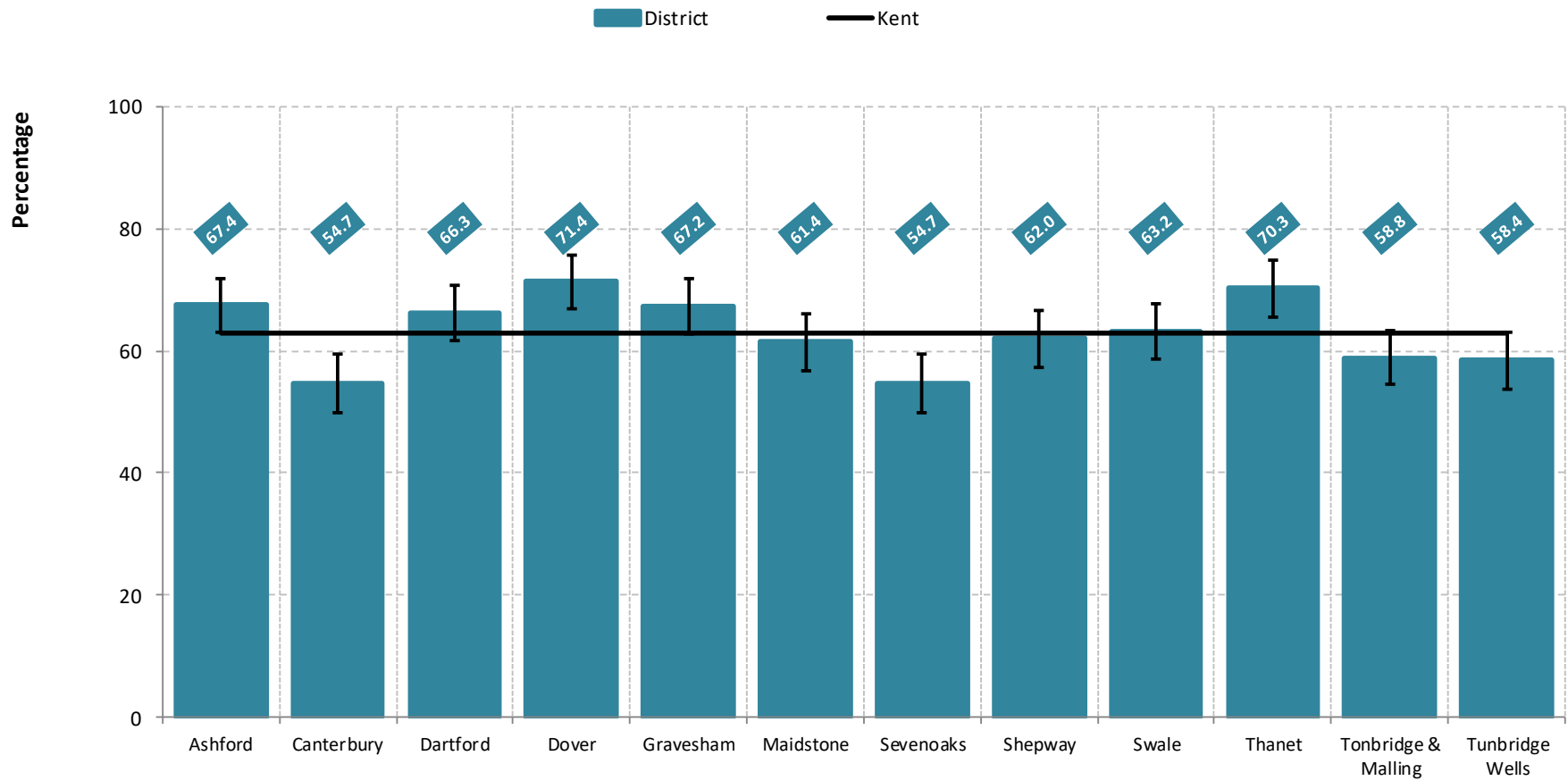
Smoking

Fruit and vegetable consumption



Adults classified as overweight or obese: by district

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

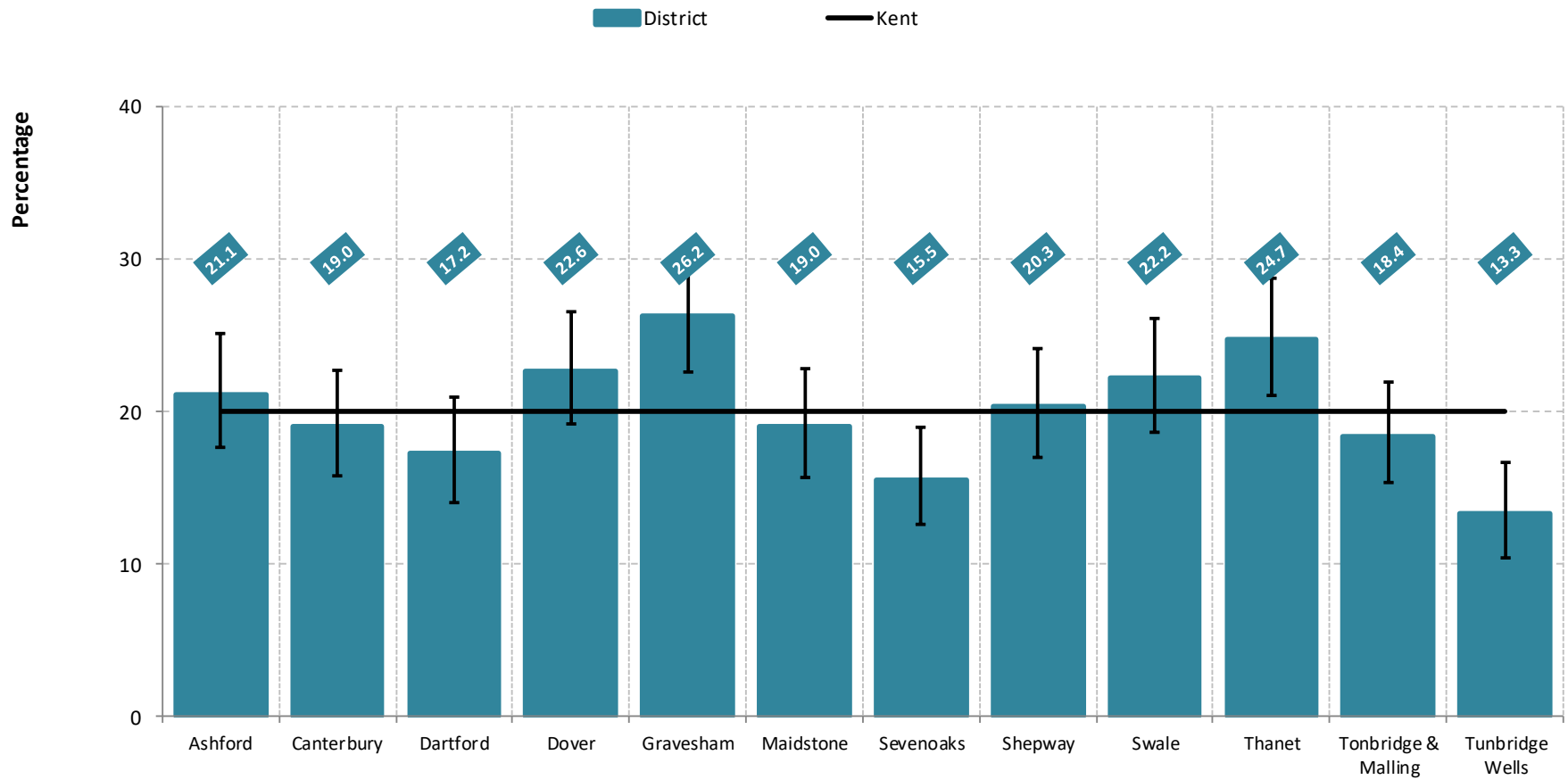


Source: Public Health England (based on Active Lives survey, Sport England), prepared by KPHO (LLY), May-19



Physical inactivity in adults: by district

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

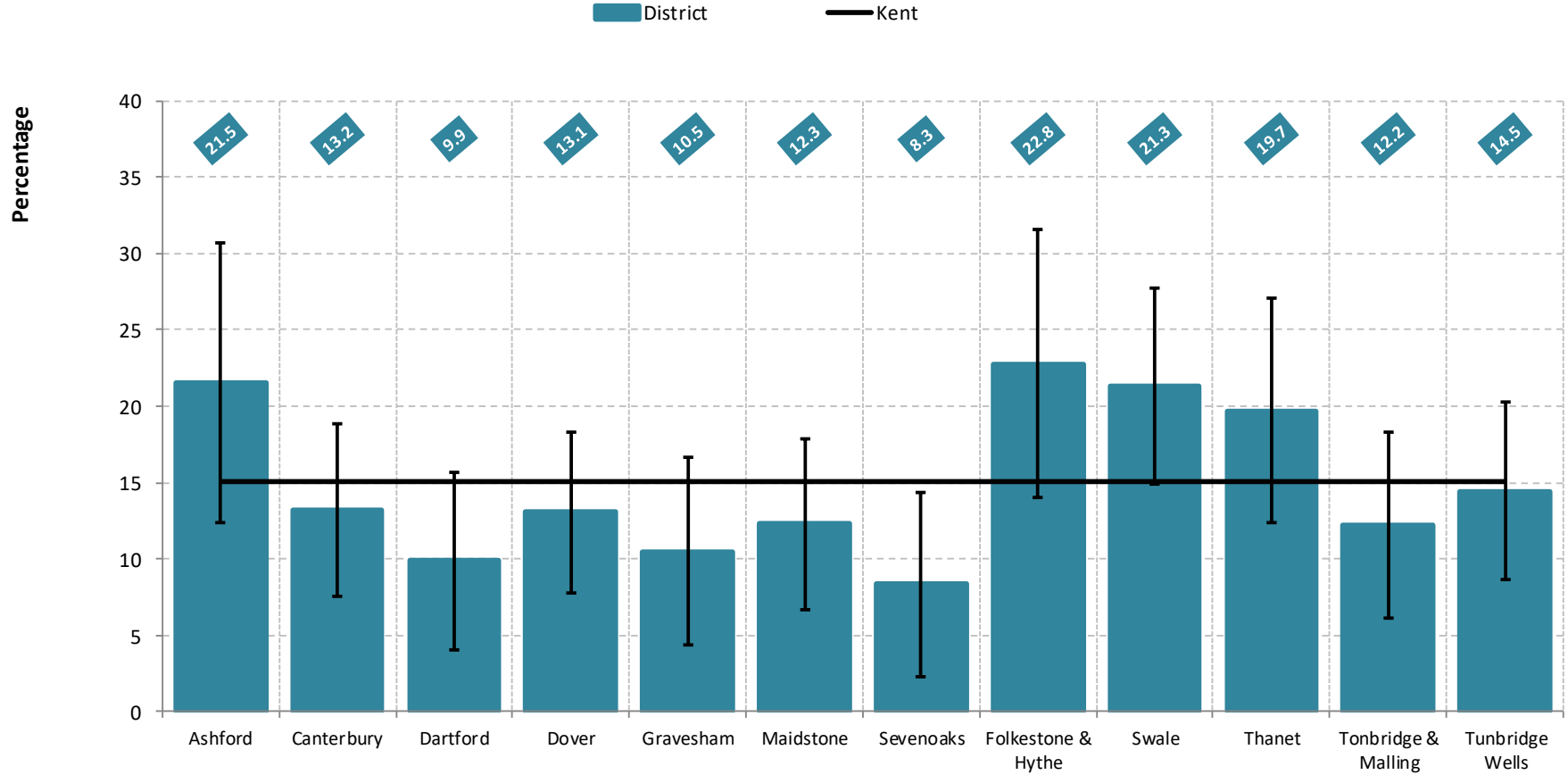


Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (SR), Jun -19



Smoking prevalence in adults: by district

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

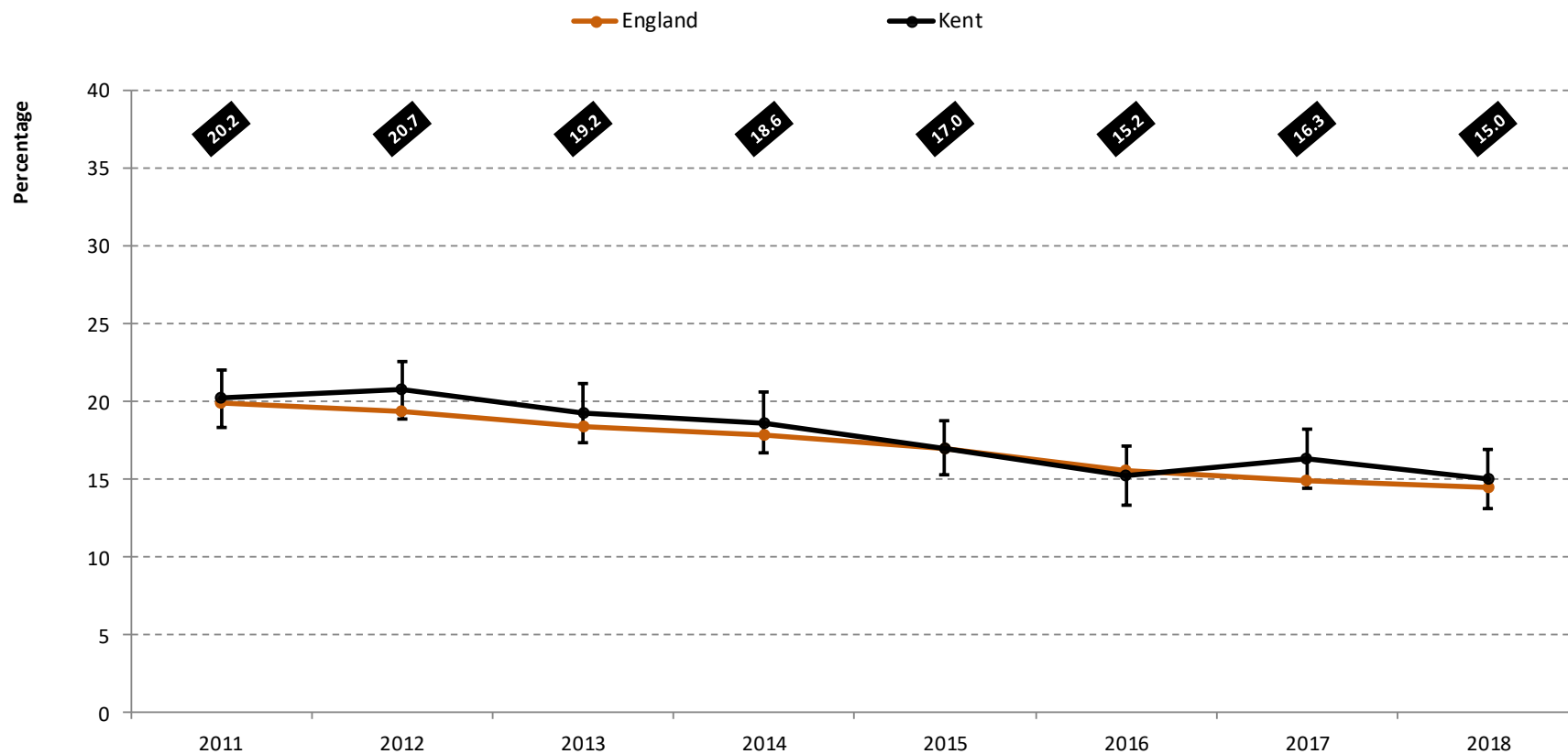


Source: Annual Population Survey (APS), prepared by KPHO (MP), Nov-19



Smoking prevalence in adults: trend

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

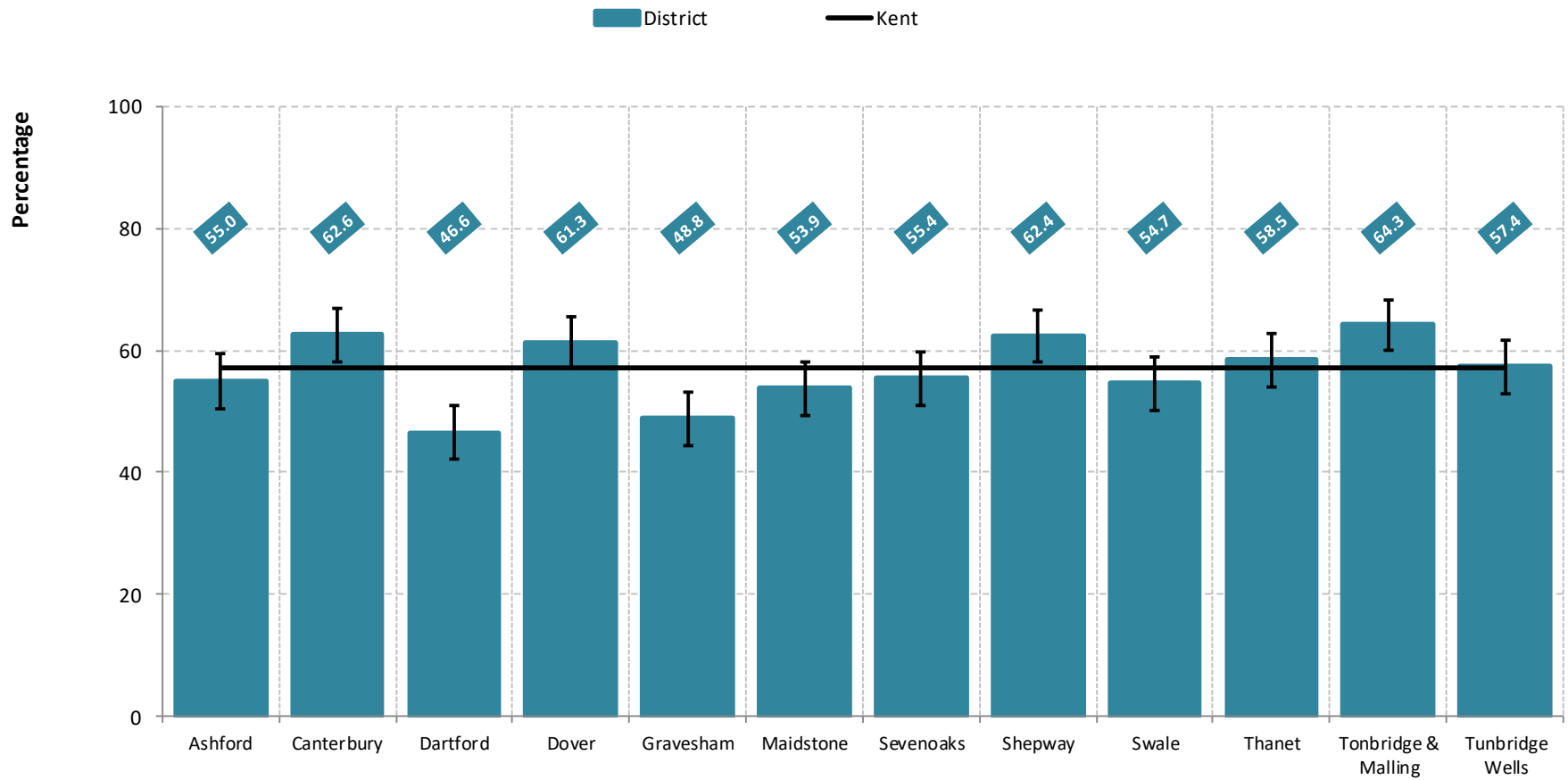


Source: Annual Population Survey (APS), prepared by KPHO (MP), Nov-19



Fruit and vegetable consumption in adults: by district

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



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



Multimorbidity

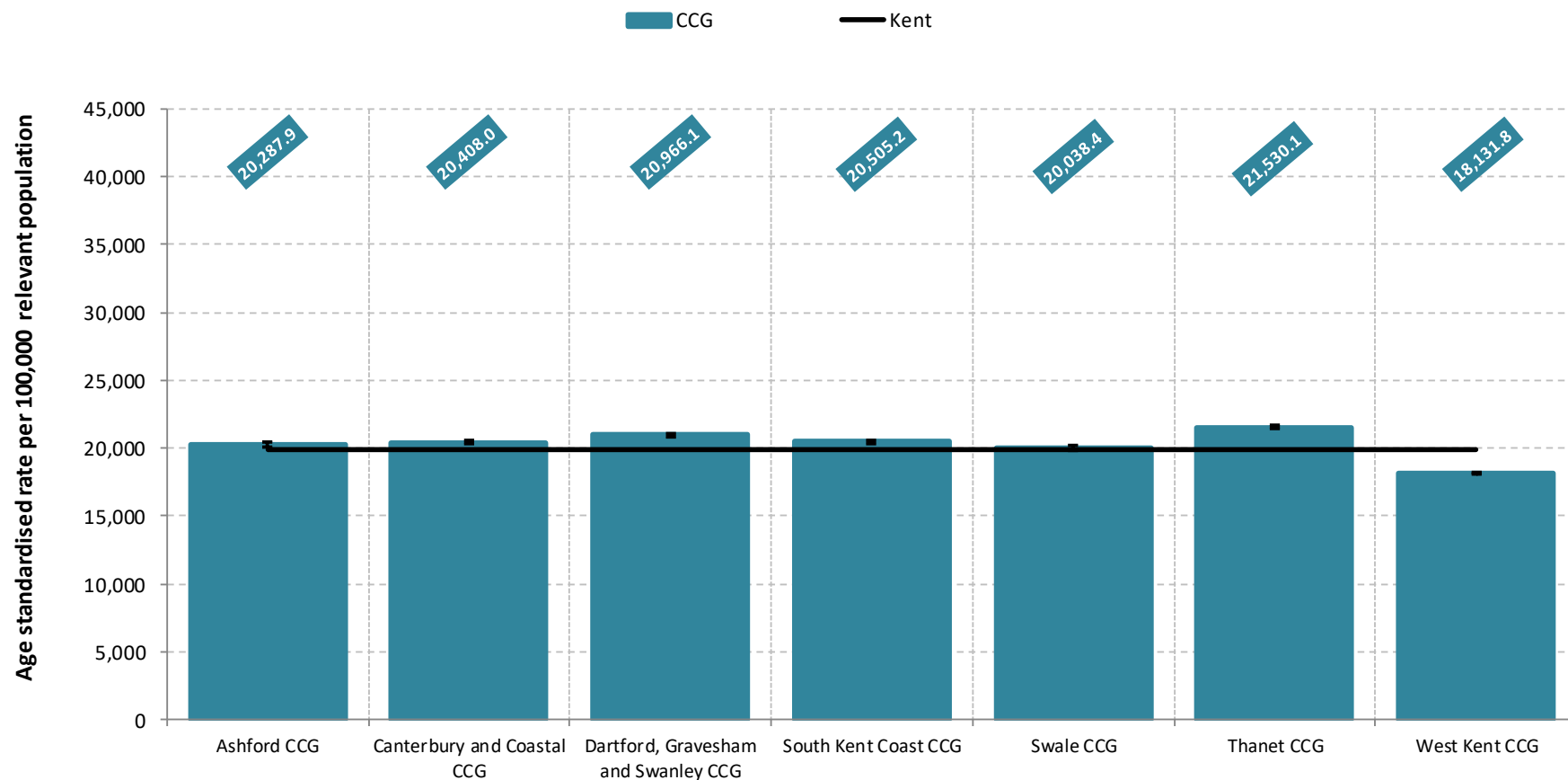
Multimorbidity prevalence

Prevalence of long term condition combinations



Multimorbidity (developmental statistics): by CCG

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

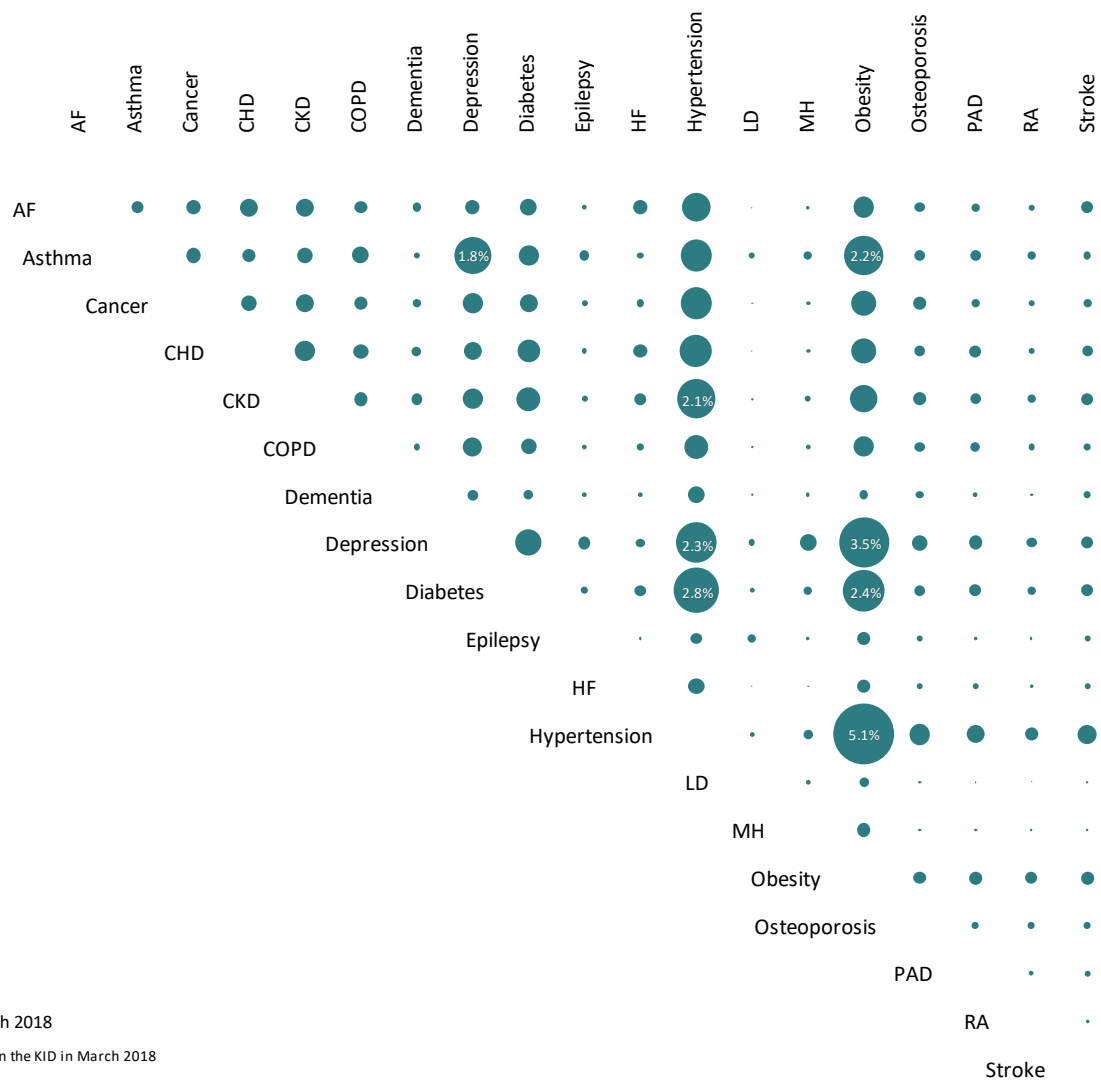


Source: Kent Integrated Dataset (KID), prepared by KPHO (LLY), Aug-19



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

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



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

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

