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Living Well: Ashford CCG

**PREMATURE DEATHS** (under 75 years)

**Cause of death**

- **Cancer**: 46%
- **Respiratory**: 8%
- **Circulatory**: 19%
- **Other**: 27%

**PERCENTAGE**

- Cancer: 10%
- Respiratory: 5%
- Circulatory: 4%
- Other: 25%

**LONG TERM CONDITIONS**

**Diabetes**

- Recorded prevalence: 6.4%
  - Ages 17+

**Hypertension**

- All ages: 14.8%

**Asthma**

- All ages: 5.8%

**COPD**

- All ages: 1.7%

**MENTAL HEALTH**

**Depression**

- 12.6%
  - Of adults recorded by their GP as having depression

**Emergency hospital admissions** for serious mental health conditions

- 147 in 2017/18

**LIFE EXPECTANCY** at birth

- Male: 80.6 years
- Female: 84.1 years

**Ward-level life expectancy (men)**

- Highest: Isle of Oxney, 84.7 years
- Lowest: Bockhanger, 75.2 years

**INEQUALITIES by deprivation**

**Premature mortality rates (ASR)**

- Most deprived: 412.8 per 100,000
- Least deprived: 243.2 per 100,000

**Source:**

- QOF, 2017/18
- NCMP, 2014/15 - 2015/16 combined
- HES, 2017/18
Demographics

Index of Multiple Deprivation (IMD)
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

Least deprived trend - no significant change compared with stable trend for Kent
Most deprived trend - no significant change compared with stable trend for Kent
Causes of premature mortality
Underlying cause of death for persons aged under 75 years, 2017

- Cancer: 46%
- Respiratory: 8%
- Circulatory: 19%
- Other: 27%

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

<table>
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<th>Category</th>
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<td>A&amp;E attendances</td>
</tr>
<tr>
<td>Elective hospital admissions</td>
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<tr>
<td>Emergency hospital admissions</td>
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</tbody>
</table>
Accident & Emergency attendances: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Accident & Emergency attendances: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Accident & Emergency attendances: trend
Age standardised rate per 100,000 relevant resident population, 2010/11 - 2012/13 to 2015/16 - 2017/18

Increasing with a slower pace of change than England

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Accident & Emergency attendances: by deprivation
Age standardised rate per 100,000 resident population, 2011/12 - 2013/14 to 2015/16 - 2017/18

Least deprived trend - no significant change compared with an increasing trend for Kent
Most deprived trend - no significant change compared with an increasing trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Elective hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16 - 2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Elective hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Elective hospital admissions: trend
Age standardised rate per 100,000 resident population, 2010/11 - 2012/13 to 2015/16 - 2017/18

No significant change compared with an increasing trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Elective hospital admissions: by deprivation
Age standardised rate per 100,000 resident population, 2010/11 - 2012/13 to 2015/16 - 2017/18

Least deprived trend - decreasing compared with an increasing trend for Kent
Most deprived trend - decreasing compared with an increasing trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Emergency hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Emergency hospital admissions: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Emergency hospital admissions: by CCG
Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Emergency hospital admissions: trend
Age standardised rate per 100,000 resident population, 2010/11 - 2012/13 to 2015/16 - 2017/18

Increasing with a faster pace of change than Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Emergency hospital admissions: by deprivation
Age standardised rate per 100,000 resident population

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

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

- Ashford CCG
- Kent

Decreasing 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 - no significant change compared with a stable trend for Kent
Most deprived trend - decreasing compared with a stable trend for Kent

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

Wards with no data have been subject to suppression rules

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

Wards with no data have been subject to suppression rules
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

Living Well in Ashford CCG

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

- Kent least deprived
- Kent most deprived
- Ashford CCG least deprived
- Ashford CCG most deprived

Least deprived trend - no significant change compared with a stable trend for Kent
Most deprived trend - no significant change compared with a decreasing trend for Kent

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

Age standardised rate per 100,000 resident population

- Greater than 210.9
- 174.3 to 210.9
- 144.7 to 174.3
- 118.4 to 144.7
- Less than 118.4

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

- Kent least deprived
- Ashford CCG least deprived
- Kent most deprived
- Ashford CCG most deprived

Least deprived trend - no significant change compared with decreasing trend for Kent
Most deprived trend - no significant change compared with stable trend for Kent

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, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for chronic ambulatory care sensitive conditions: trend
Age standardised rate per 100,000 resident population, 2010/11 to 2017/18

No significant change compared with a decreasing trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for chronic ambulatory care sensitive conditions: by deprivation

Age standardised rate per 100,000 resident population

- Kent least deprived
- Kent most deprived
- Ashford CCG least deprived
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Least deprived trend - decreasing compared with a stable trend for Kent
Most deprived trend - no significant change compared with a stable trend for Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for acute conditions: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for acute conditions: by electoral ward

Age standardised rate per 100,000 resident population, 2015/16 - 2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for acute conditions: by CCG

Age standardised rate per 100,000 resident population, 2015/16-2017/18

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for acute conditions: trend
Age standardised rate per 100,000 resident population, 2010/11 to 2017/18

Increasing with a similar pace of change to Kent

Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18
Avoidable emergency hospital admissions for acute conditions: by deprivation

Age standardised rate per 100,000 resident population

- England least deprived
- Kent least deprived
- England most deprived
- Kent most deprived

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 (RK), Nov-18
## Lifestyle

<table>
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<tr>
<th>Excess weight</th>
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<tbody>
<tr>
<td>Physical activity</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Fruit and vegetable consumption</td>
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</tbody>
</table>
Adults classified as overweight or obese: by district

Percentage of adults (aged 18+) classified as overweight or obese, 2016/17

Source: Public Health England (based on Active Lives survey, Sport England), prepared by KPHO (LLY), May-18
Physical inactivity in adults: by district

Percentage of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week), 2016/17

Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (LLY), May-18
Smoking prevalence in adults: by district

Percentage of adults (aged 18+) who are self-reported smokers, 2017

Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18
Smoking prevalence in adults: trend
Percentage of adults (aged 18+) who are self-reported smokers, 2012 to 2017

Source: Annual Population Survey (APS), prepared by KPHO (RK), Jul-18
Fruit and vegetable consumption in adults: by district

Percentage of adults (aged 16+) meeting the recommended '5-a-day' on a 'usual day', 2016/17

Source: Public Health England (based on Active Lives, Sport England), prepared by KPHO (LLY), May-18
## Multimorbidity

- Multimorbidity prevalence
- Prevalence of long term condition combinations
Multimorbidity (developmental statistics): by CCG

Patients recorded by their GP as having 2 or more long-term conditions, age standardised rate per 100,000 people, 2017

Source: Kent Integrated Dataset (KID), prepared by KPHO (TG), Apr-18
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