KENT PUBLIC HEALTH OBSERVATORY

An Assessment of Population Health Needs and Health Inequalities in East Kent: A Case for Action

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Executive Summary of Needs and Recommendations for Commissioning

There is now overwhelming evidence that people with long term conditions place disproportionate pressure on current health and social care services. Multimorbid individuals (with 2 or more long-term conditions, 18% of the West Kent population) account for 52% of GP appointments; 46% of A&E attendances; 56% of emergency hospital admissions; 54% of outpatient appointments; and 72% of social care costs[1]. Evidence suggests that prevalence of multimorbidity increases substantially with age. There is also evidence to suggest that there is early onset of multimorbidity in the most deprived areas compared with the most affluent.

East Kent compared to England Average: Please see ICP Profile for more information on this:

http://medwayjsna.info/profiles/icps/East%20Kent%20ICP%20profile.pdf

East Kent is *worse* than the England average in the following indicators:

- **% of Adults Overweight and/or Obese**
- **Maternal Smoking Status at delivery**
- **Baby's first feed of breast milk**
- **Under 75year deaths from All Cancers**
- **Suicide Rates – all persons and Males.**

Demography

- The east Kent population will grow by **21,300 people by 2020.**
    - **By 2020 Canterbury & Coastal and South Kent Coast CCG**'s will see an **average population increase of around 2.8%**. **Thanet CCG** will see a higher overall population **growth of around 4.4%**
    - **Canterbury and South Kent Coast** will see a rise in all areas with the exception of under 5's, with the largest increases in the over **85 year age band which is set to rise by 13%** in both CCG areas.
    - **Ashford** will have the highest population change from 2013 – 2020 with an increase of **7% - 8% and** will see a rise in all areas with the largest increase in the **over 85 year age band which is set to rise by 21.7%.**
    - **Thanet** will see a rise in all areas with the largest increase in the **65-84 age band, which is set to rise by 9.7%**
    - **Overall** the most significant population increases in east Kent will be **driven by residents in the over 65, and specifically over 85 age bands.**
    - **A growing elderly** population is likely to result in an increase in the number of people with **multiple long-term conditions**; (Kings Fund)

[1] Source: Kent Integrated Dataset (KID), 2016/17

- **We know that the current** costs of health and social care are **significantly greater for older people;** (Kings Fund)
- **Currently 70% of non-elective beds days are utilized by patients over 65 years old.**
- **We know that there will be an increasing demand** on social care services to support people **to remain in their own homes.** (Kings Fund)

This is all in line with work done nationally on the care and cost impact of an ageing population. It is nationally recognised that health and social care services will need to be transformed to meet the very significant care, quality and financial challenges this demographic profile will bring.

Overall East Kent's proportion of people over 65years old is greater than the Kent average, particularly in South Kent Coast. This is important for planning services because older people are higher users of health services due to greater multi-morbidity (more than one long term health condition). The trend will continue over the next 10 years **and health and social care services for older people and proactive primary care will be critical in order to prevent pre-mature death and illness.**

In East Kent there are only 13 practices with relatively high rates of babies and infants. However, this needs to be read in light of other factors such as migration, poverty, infant mortality and fertility rates. All children need a healthy start in life and as such high quality children's services are important.

Prioritise early years health care in areas of deprivation particularly Margate and Ramsgate in Thanet CCG.

Health inequalities are the differences in health outcomes within and between communities.

- Deprivation (a proxy for health inequalities) shows a wide range of variation with **more of the population classified as deprived** in east Kent than the rest of Kent.
- The difference between all age all cause mortality when segmenting the population for deprivation has not reduced, and **premature mortality rates (under 75s) show wide variation.**
- The main cause of early death include **circulatory disease, respiratory and cancer.**
- Almost **two thirds** of the Kent population with the highest rates of **premature deaths live in East Kent.**
- Some of the **electoral wards of Thanet** are amongst the most deprived in England and other deprived areas include **Dover, Folkestone, and Romney Marsh in South Coast Kent.**
- **21% of Thanet's** population (LSOA's - Lower layer super output area) are living in the **bottom 10 % of the most deprived nationally.** (ONS)
- Numbers of years between highest and lowest life expectancy at birth by electoral ward in Thanet is:
    - 12 years for males
    - 21 years for females
- Mortality from all causes is significantly higher in Thanet than in other Kent districts and England.

        - Utilisation of **emergency services** is proportionately greater by deprived populations.
    - There is a **direct correlation** between deprivation, unemployment, lifestyle choices and poor health outcomes.
    - There is a direct correlation between deprivation and mortality of all causes by around **400 deaths per 100,000 population** between the least and most deprived areas.

Mortality

- Both Ashford and Thanet CCG's have **large gaps** in female life expectancy (18 and 21) years.
- Thanet and SKC CCG's **have high mortality from all causes** and from circulatory & respiratory diseases and cancer.
- Thanet and SKC CCG's have **high prevalence** across a range of diseases, particularly **hypertension, COPD and diabetes**.

Thanet has the **lowest life expectancy** of all Kent CCGs (**80.2**); however shows a similar distribution in life expectancy between wards, **highlighting health inequalities** in that there is a gap in life expectancy between the affluent and those living in relative deprivation.

- **Ashford** has the **highest life expectancy** at birth in east Kent (**82.5**), and is higher than the Kent life expectancy (81.7).
- The life expectancy for **Canterbury and Coastal** CCG is **82.1** years, just **above** the Kent life expectancy of 81.7 years.
- Life expectancy at birth for **South Kent Coast CCG** is estimated to be **81.1** years, **marginally lower** than the Kent life expectancy of 81.7 years.

A high disease prevalence as described impacts health and mortality. The profile of disease prevalence and mortality in Thanet and SKC CCGs will directly impact on non elective access to health care.

Reducing health inequalities and focussing on disease management will need to be a focus.

Maternity and Children

- The percentage of teenage mothers is higher in east Kent than the rest of Kent, **particularly in Thanet and South Coast Kent CCG's**.
- There are also **higher rates of smoking** during pregnancy and **lower rates of breast feeding** in these areas.
- Currently **infant mortality** is generally higher than the Kent rate and **Thanet has the highest rate.**
- Thant and South Coast Kent CCG's also have **higher child poverty and childhood obesity**
- There are some indicators that stand out as being poor in comparison to those achieved nationally for east Kent CCG's, including:
    - **Immunisation rates** (Ashford and SKC CCG's)
    - **Admissions for substance misuse** (all except Ashford) and;

- **Admissions for dental decay** (except Canterbury & Coastal).

Teenage pregnancy is associated with a range of poor outcomes for both mother and child. Incidence of teenage pregnancy is also directly related to deprivation.

It is clear that deprivation is also linked to poor child health leading to poor adult health and early death and further intervention is required to improve health.

Primary Care

- There are around **693,000 residents** registered with an **East Kent GP**.
- To serve this population there are **446 GP's located across 82 practices**.
  - The GP and practice nursing workforces are also ageing, with **27 and 26% respectively aged 55 and over.**
  - Recruitment of **GP's and practice nurses is challenged** (need some data)
  - The **general list sizes** of GP practices in east Kent **are significantly below the aspirations in the NHS Five Year Forward View** and the more recently published General Practice Forward View.

The ageing workforce, recruitment issues for GP's/practice nurses and the profile of the size of the practice lists of GP practices in east Kent result in unsustainable primary care services. In some areas that pressure is being demonstrated now and, in other areas, the challenges will develop over time. It is clear that primary care needs to be redesigned in line with the Five Year Forward View to be sustainable for the future.

Access to acute services

The majority of acute care is provided by East Kent Hospitals NHS University Foundation Trust

- A **large range of services** are provided on **multiple** sites
- The Trust has been **failing** to deliver a number of national **constitutional standards**, most notably A/E 4 hours, 18 weeks and some cancer standards.
- There are several wards in across the 4 CCGs's where **emergency admissions** are above the Kent and east Kent rates.
- Whilst over 65's make up less than half the emergency spells, they account for **70% of the bed days.**

The current configuration of some services is unsustainable. Sustained failure to meet the constitutional access standards will have a negative impact on health and outcomes. The growing and ageing population will have an increasing impact on demand for acute services as will increasing acuity based on a growing number of patients with multiple long-term conditions. Currently services are delivered specific to individual diseases and this model is not fit for the future need.

Mental Health

- **92,946 (14 %)** will have a common mental health problem such as **anxiety and depression**

    - **34,632 (5%)** will have longer term and more **complex mental health problems**
    - **45,454 (7%)** will have mental health problems associated with their **physical health needs**
    - This equates to **26%** of the **East Kent population** being affected by mental health problem at any one time
    - Both Canterbury and Coastal CCG and Thanet CCG have **higher than the average** mental health contacts for patients under 65.
- **All 4 CCGs are above** the Kent rates for mental health contacts for patients over 65.
- Thanet and Canterbury and Coastal CCGs both have **high mental health hospital admission rates** for psychoactive substance misuse.
- All 4 CCGs have **high smoking rates** for people with serious mental illness.
- All four CCGs have **poor uptake rates for physical health checks** for patients with serious mental illness.
- **Dementia diagnosis rates** are below the national benchmark for all four CCGs.

High mental health contacts for patients over 65 and lower than expected dementia diagnosis rates will exacerbate the impact on health and social care as the population both grows and ages over the next 10 years. The current system needs to be redesigned to improve mental health for the population and also improve mental health for patients over 65 and from deprived areas

Social Care

- **3 out of 4 CCG's have high rates** of nursing and residential care home placements for patients over 65.
- Access to **home care services** are generally lower than the rest of Kent for all 4 CCGs for patients over 65 years of age.
- A number of **care homes have closed** in the last two years, particularly affecting Thanet CCG.
- The utilisation of residential and nursing home placements is higher than the Kent average in east Kent and **highest in Thanet and Dover**.
- 60% of the residential care homes in the county are located in Canterbury, South Kent Coast and Thanet CCGs.
- There is an **over provision of residential care** and an **under provision of nursing home care** across Kent and Medway.
- There is a very **uneven distribution** of specialist dementia care beds across east Kent with 14% of the beds in Ashford CCG, 22% in Thanet and the majority in South Kent Coast.
- South Kent Coast also has the **most extra care** facilities of all CCGs
- South Kent Coast has **the highest numbers** of clients with **learning disabilities** in residential care.
- South Coast Kent has the **highest number**s of clients receiving **family and social services**.

Key Recommendations:

Considering the projected population growth, it is essential that Commissioners prevent ill health through primary prevention as well as commission services for secondary and tertiary prevention.

Given the increasing complexity of health needs, the context of COVID19 and the health inequities in East Kent – ensure the whole WORKFORCE is supported, has training and supervision and development on prevention, professional curiosity and is mental health Trauma Informed.

Given the variations across Kent and East Kent – ensure that equity audit cycle is built into both commissioning and delivery.

Given that 55% of all people over 60 will have over 2 Long Term Conditions – ensure that delivery of care and commissioning of care is focused on the needs of the patient and managed proactively and in a joined up fashion.

Given that there are some health needs that are below England average These should be priority areas for improvement in both treatment and prevention:

- Mental Health
- Obesity and Vascular Health
- Maternal Health and health of baby
- Cancer Treatment and Prevention

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1 Introduction to Population Health Needs in East Kent

1.1 Health Inequalities

There are 741,820 people registered with a GP in east Kent. It is an aging population and as such many people will have over two long-term conditions. In east Kent 22% of all adults over 25 have more than one long-term condition. For people over 60 years old this rises to 51%. There are pockets of ethnic and cultural diversity as well as areas where rapid housing and population growth is expected. east Kent's population is more economically deprived compared to many areas in the South East of England.
The economically deprived population of east Kent is vulnerable to premature death (before the age of 75). In the deprived areas of east Kent people's stressful lives can lead to high degrees of multi-morbidity and in some cases this causes premature 'aging'.

The geography of East Kent is challenging, both for people who live and work there as well as health and social care providers. This is because it contains deprived coastal areas, urban areas and a rural population who live in areas where access to health services can be a problem and road networks are hard for those relying on public transport. In addition, the health care providers can face challenges to fill posts and sustain a dynamic and high quality health care system spread across this challenging and diverse landscape.

1.2 Improving the Public's Health

In the backdrop of health inequalities, COVID-19 and the geography of East Kent, it is important to keep to the principles of health and social care that the population of East Kent have asked for in countless public engagement events. These are: care close as possible to home, care and treatment at the right time, attention paid to prevention, proactive primary and local care and high quality services. They also ask for care provided by well trained and motivated people. These are also the aims of the NHS's Strategic Transformation Programme in Kent and Medway and the Long Term Plans as well as helping to protect the population from re-occurring outbreaks of COVID-19.

1.3 Population Health Needs for Better Proactive and Integrated Care

This East Kent Health Needs Assessment is part of the Kent Joint Strategic Needs Assessment (JSNA) which is also referred to as the "Case for Change". This Needs Assessment is also a case for action. The job of the JSNA/ Case for Change is to assess the health needs and provide recommendations to both commissioners and providers in order to improve health and social care outcomes for the population. It is an opportunity to step back and understand what needs to change to improve population health.

1.4 Population Health

Population health is both about ensuring health care is effective, targeted and proactive as well as ensuring that health inequalities are addressed. There are a number of areas in this health needs assessment which show Thanet bears the brunt of the health inequalities and so it will be a challenge for the ICS, ICP and PCNs to work together to address this while balancing the needs of the whole Kent population. Please read this needs assessment alongside the ICP health profile for East Kent:

http://medwayjsna.info/profiles/icps/East%20Kent%20ICP%20profile.pdf

Using this needs assessment and making sense of data sets

There is a vast quantity of data contained in this report. The summaries provided at the head of each section will point to the key elements requiring action.

This document should be the **beginning** of the conversation to improve health and not the definitive summary of health needs. If the reader wishes, more information can be accessed on request from the Kent Public Health Observatory. If the reader needs help with interpretation and action based on the data and recommendations, then Public Health consultants and specialists are available. The range of data and data sources are available in the Appendix of this report.

It is also important to note that behind the vast quantity of data supplied in this report are more in-depth needs assessments which are available from the Public Health Observatory website and available on request.

1.5 Summary of East Kent Population Health Needs

East Kent is comprised of one ICP and 16 PCNs, and one county council and seven district councils. These will increasingly work together to provide a clarity of approach for commissioning services across East Kent. Local providers will work together with locality commissioners in the form of 'Integrated Care Partnerships' (ICPs) under the Kent Integrated Care System. This gives providers opportunities to come up with solutions alongside commissioners and the public. GP care will also remain influential and proactive to population need by coming together and forming Primary Care Networks (PCNs). There will be an expected 17 networks and 70 GP practices across the East Kent area at the time of writing. In total they are responsible for a registered practice population of 718.000[2] (44.5% of the total Kent registered practice population).

Key Facts about the East Kent population

- The registered population of East Kent is typically older than the rest of Kent
- South Kent Coast and Thanet CCG areas have higher proportions of **50-75** year olds

[2] Source: PCIS, March 2019

- Canterbury & Coastal CCG has a large student population concentrated in the city of Canterbury, the rest of the CCG area has the same ageing population as East Kent
- Ashford will see large increases of working age families due to the planned housing developments. Between 2017 and 2037 the number of people aged 65+ is predicted to increase by around 50% and the number of people aged 85+ is expected to roughly double.

1.5.1 Life Expectancy

Definition: Life expectancy is the term for the average amount of life a person is expected to have if they live in a particular area.

Life expectancy at birth is significantly **lower** in parts of East Kent than the Kent average, and is strongly linked with deprivation. For better outcomes – life expectancy should be higher.

This means a child born in East Kent is expected to die earlier then a child in West – simply because they live in East Kent.

Some wards in Thanet and South Kent Coast CCGs have particularly reduced life expectancy compared with less deprived areas in Kent and Medway.

This needs assessment will give recommendations on how to address this, focusing on provision of good proactive primary care, prevention, self care and joined up treatment of all care providers for the most vulnerable. (*See section on Mortality*).

1.5.2 Fertility

The fertility rates (the rate of births to women in a population) in both Ashford and Thanet CCGs are higher than the Kent average, but trends are stable overall.

There is considerable variation in fertility rates between electoral wards.

The most deprived areas of Canterbury & Coastal and South Kent Coast CCGs have fertility rates that are more than double the rate in the least deprived areas.

1.5.3 Ethnicity

East Kent has a lower proportion of Black and minority ethnic (BME) people than England, varying between 3% in Dover to 7% in Canterbury compared to 14.5% in England.

In all districts there is a higher proportion of BME children age 0-15, and lower elderly aged 65+ which makes up only 1% of the elderly.

This is important because in areas where there are higher density of BME populations this can provide a 'protective' factor whereas areas of lower BME populations can lead to people experiencing greater social isolation and racism – which in turn can lead to poorer health outcomes contributing to health inequalities.

1.5.4 Deprivation

East Kent has significant 'pockets' of deprivation, and 55% of these pockets of most deprived areas or *lower super output areas* (LSOAs) in Kent are found in East Kent.

They tend to be located mainly in urban areas. There are 24 (27%) LSOAs within Thanet CCG and 19 within South Kent Coast CCG, eight in Canterbury & Coastal CCG and four in Ashford CCG which are highlighted as being in the most deprived decile in Kent.[3]

This means that although all areas in East Kent have pockets of areas with high deprivation Thanet and South Kent Coast CCGs have by far the most. This in turn is associated with poorer health and poorer life expectancy and higher vulnerability of these populations.

1.6 Recommendations

Tailor health care to the local vulnerable populations

The ICS and ICP must be aware that 'one size does not fit all' for the commissioning and provision of all services and there is a need to tailor approaches to providing services to the local population's health vulnerabilities.

Offer Proactive health and social care

The approach for Thanet and South Kent Coast will need to be different from an overarching East Kent model. In those areas primary and local care will need to be more supported and proactive, linked more closely with voluntary/community and social care services and outreach models.

Ensure services are accessible and timely

Self care and peer support will need to be prioritised in some of the most deprived communities and transport and access will need to be addressed for this economically deprived group. Embed Equity Audit Cycle in both commissioning and delivery and make sure data flows between them.

Efficient care is ultimately sustainable care

It is hoped that these will be local proactive solutions to support the over-arching sustainable health care models because sustaining the health care system is an overarching priority in East Kent due to the overall deprivation and aging nature of the people living there. Build a strong and capable workforce.

[3] Further analysis of the most deprived decile LSOAs and their characteristics can be found at https://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report

2 | Data used for this East Kent Health Needs Assessment

This needs assessment has used information from a variety of sources currently available on the Kent Public Health Observatory (KPHO) website, the Kent County Council website, from NHS Digital (including Hospital Episode Statistics (HES)), Public Health England (PHE) and the Office for National Statistics (ONS), and supplemented by additional analysis of data conducted by KPHO, including analysis using the Kent Integrated Dataset (KID).

The analysis focuses on East Kent (Ashford, Canterbury & Coastal, South Kent Coast and Thanet CCGs), comparing East Kent with Kent (excluding Medway) as a whole, exploring variations by CCG, electoral ward or GP practice, and commenting on trends over time and inequality gaps. Graphs of GP practice catchments have been provided in Appendix A.

The ward codes and ward boundaries used in our analysis are those published in 2011 and may differ from subsequent updates to ward boundaries, names or code changes.

2.1 Deprivation Quintiles (Twenty Per Cent most Deprived Groups)

There are lots of ways to measure deprivation and assess the outcomes of the least well off. The Indices of Deprivation produced by Communities and Local Government (CLG) are measures of deprivation for every Lower Layer Super Output Area (LSOA) and local authority area in England. Separate Indices at LSOA level are provided for each of the seven domains of deprivation. This allows all 32,844 LSOAs to be ranked according to how deprived they are relative to each other. This information is then brought together into one overall Index of Multiple Deprivation.

Where analysis in this report is provided by deprivation quintiles (groups divided into fifths: covering 20 per cent of the population), the quintiles shown are the population weighted *Kent* quintiles (excluding Medway), with the first quintile being the most deprived and the fifth being the least deprived. Care should be taken in interpreting quintiles as CCGs have differing proportions in the most and least deprived quintiles. For example, Thanet CCG only has two out of 84 quintiles that are the least deprived and South Kent Coast has six out of 124 Lower Super Output Areas (circa 1,500 pop each) in the least deprived quintile for Kent. This shows they have less affluence and more deprivation then Ashford and Canterbury.

2.2 GP Practice Population

Analysis of practice populations by GP practice is based on the 70 practices open as at December 2018. Analysis of recorded disease prevalence (QOF) and hospital admissions is based on 73 practices that data was submitted for at time of publication within the 2017/18 QOF returns. Where practices have closed/merged no adjustments have been made to historical data by GP practice i.e. data is presented as originally published and based on the patients registered at the practice at that point in time.

The Kent Integrated Dataset (KID) has been used for analysis in several of the chapters in this needs assessment. It represents the data collated from the majority of the practice population of Kent. The data is anonymised. In development of the dataset, GP practices have been requested to authorise their populations for inclusion. There are 13 practices in Kent where their data is not used. However, due to the representative size of the KID data the overall conclusions can still be applicable to those populations even though those practices have not shared their data. The following practices in East Kent have not given permission for their populations to be included, or had not prior to mergers:

- Cossington House Surgery
- Faversham Medical Practice
- The Coach House Surgery
- Sydenham House Medical Centre
- The Charing Surgery
- Sandgate Surgery
- Boughton Medical Centre
- Folkestone East Family Practice
- William Street Surgery
- Sellindge Surgery
- Singleton Surgery
- Saddleton Road Surgery
- The Old School Surgery

NOTE: Primary Care Networks presented in this needs assessment are based on information received in March 2019, and are subject to future change.

2.2.1 Assessment of Multimorbidity (multiple illness in the same persons across the population)

Analysis of multimorbidity has been conducted using data from the Kent Integrated Dataset (KID). The KID is a whole population, person level, pseudonymised dataset that currently collects information from almost all NHS providers across Kent and Medway.

Analysis drawing on the Kent Integrated Dataset is based on c1.5million patients (about 93% of the Kent population) which was available from 142 medical practices in Kent (and 61 practices in East Kent), who lived in a Kent Lower Super Output Area (LSOA), at the time of the analysis. In this analysis patients were considered *morbid* if they had one, or *multimorbid* if they had two or more of the following 19 long-term conditions: Atrial fibrillation (AF), coronary heart disease (CHD), hypertension, heart failure (HF), peripheral artery disease (PAD), stroke, diabetes, asthma, chronic obstructive pulmonary disease (COPD), dementia, mental health (MH), cancer, chronic kidney disease (CKD), epilepsy, learning difficulties (LD), osteoporosis, rheumatoid arthritis (RA), obesity, depression.

3 | Population Demographics: The Population of East Kent

Recommendations

- The lines between what is health care and what is social care blur where populations age in deprived communities. Health and Social Care providers will need to understand their capacity to co-operate and provide care and treatment to people with long-term conditions as they live longer and age in greater numbers. Understanding health and delay/ prevention of long-term conditions will be important in designing services – and prevention and self care post age 40 will need to become the norm in delivering services making training of the workforce and engagement of patients important.
- People's mobility and ability to understand complex and changing environments and technology will be important. Care for over 85s needs to be planned and most importantly involve the patient and carers well before frailty sets in. Once people become in need of services those services need to be of high quality and easy to access.
- Maternity and child health (including public health) services need to be of high quality and situated near or accessible to areas of greater planned housing developments and places of deprivation.
- Ensuring there is a skilled and able working population that is able to service rural and urban communities is also a key factor in planning health care in the next 10 years.

3.1 Population Size and Age Structure

As of March 2019, the registered GP populations of East Kent CCGs are as follows:

Table 1: Population numbers of East Kent CCGs (March 2019).

CCG	Population numbers	Number of GP Practices
Ashford CCG	135,007	11
Canterbury & Coastal CCG	228,108	15
South Kent Coast CCG	208,378	30
Thanet CCG	146,710	14

Together the GP population of East Kent makes up 44.8% of the total Kent registered practice population[4]. As of March 2019, Ashford CCG had 11 practices, Canterbury & Coastal CCG had 15 practices, South Kent Coast CCG had 30 practices and Thanet CCG had 14 practices.

[4] Source: PCIS, March 2019

The population structure of the East Kent CCGs are shown in Figures 1 to 4. In comparison with Kent, Ashford CCG has a largely comparative population structure, with a marginally smaller proportion of older people above 60 years old (Figure 1).

Canterbury & Coastal CCG (Figure 2) has a larger proportion of 15-29-year olds (particularly 20-24-year olds) and a smaller proportion of 35 to 65 year olds than the CCG Kent average. This may be affected by the large student population within the catchment under this CCG.

South Kent Coast CCG and Thanet CCG (Figures 3 and 4) both have a slightly larger proportion of 60-74-year olds than the Kent CCG average, with South Kent Coast also having a slightly larger proportion of 50-59-year olds. Both have a slightly smaller proportion of 15 to 49-year olds than Kent.

In summary: Canterbury has a greater proportion of younger people than the Kent average and South Kent Coast and Thanet have a higher proportion of older people than average CCG populations in Kent.

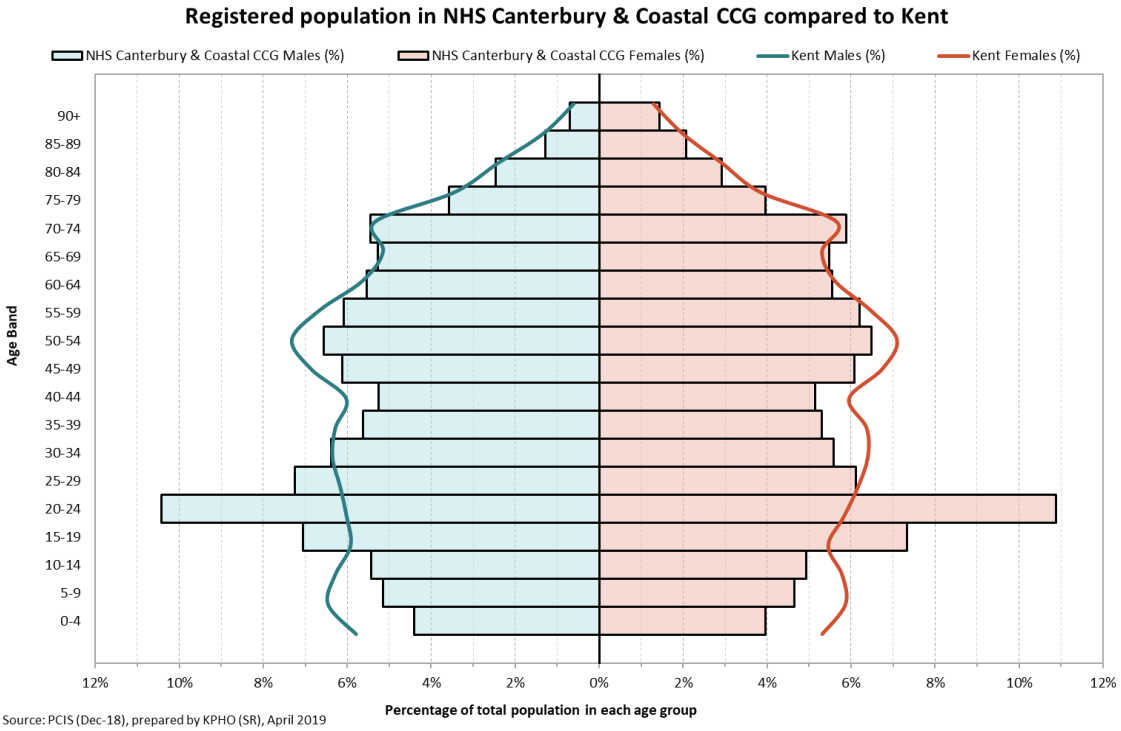
Please also refer to ICP and PCN Profiles:

http://medwayjsna.info/profiles/icps/East%20Kent%20ICP%20profile.pdf

Figure 1: Population structure based on GP registered populations

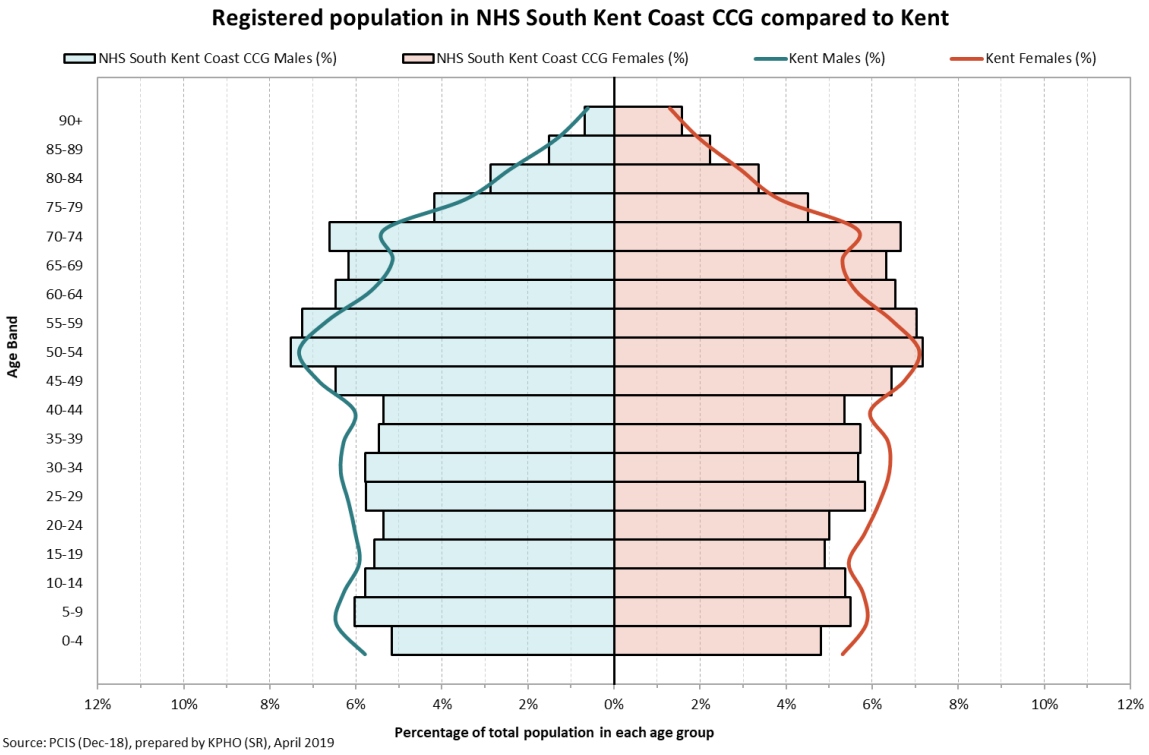
Source: PCIS (Dec-18), prepared by KPHO (SR), April 2019

Figure 2:



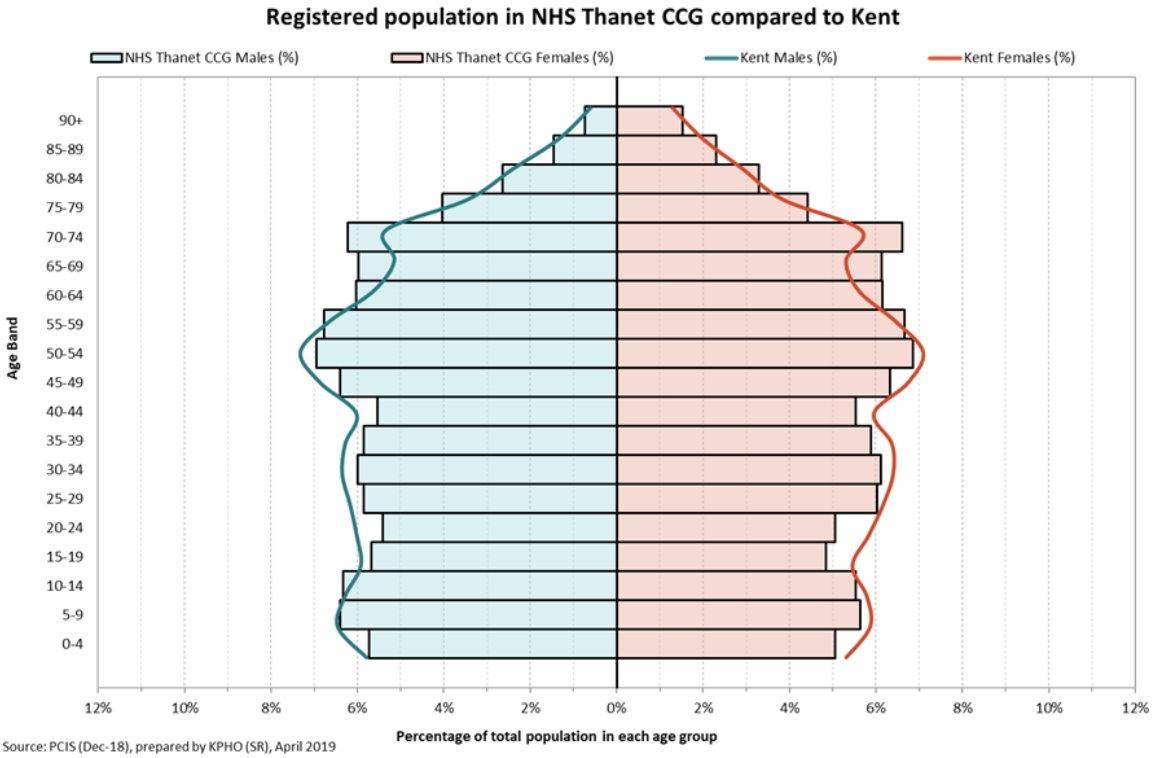
Source: PCIS (Dec-18), prepared by KPHO (SR), April 2019

Figure 3:



Source: PCIS (Dec-18), prepared by KPHO (SR), April 2019

Figure 4:



Source: PCIS (Dec-18), prepared by KPHO (SR), April 2019

Males and Females

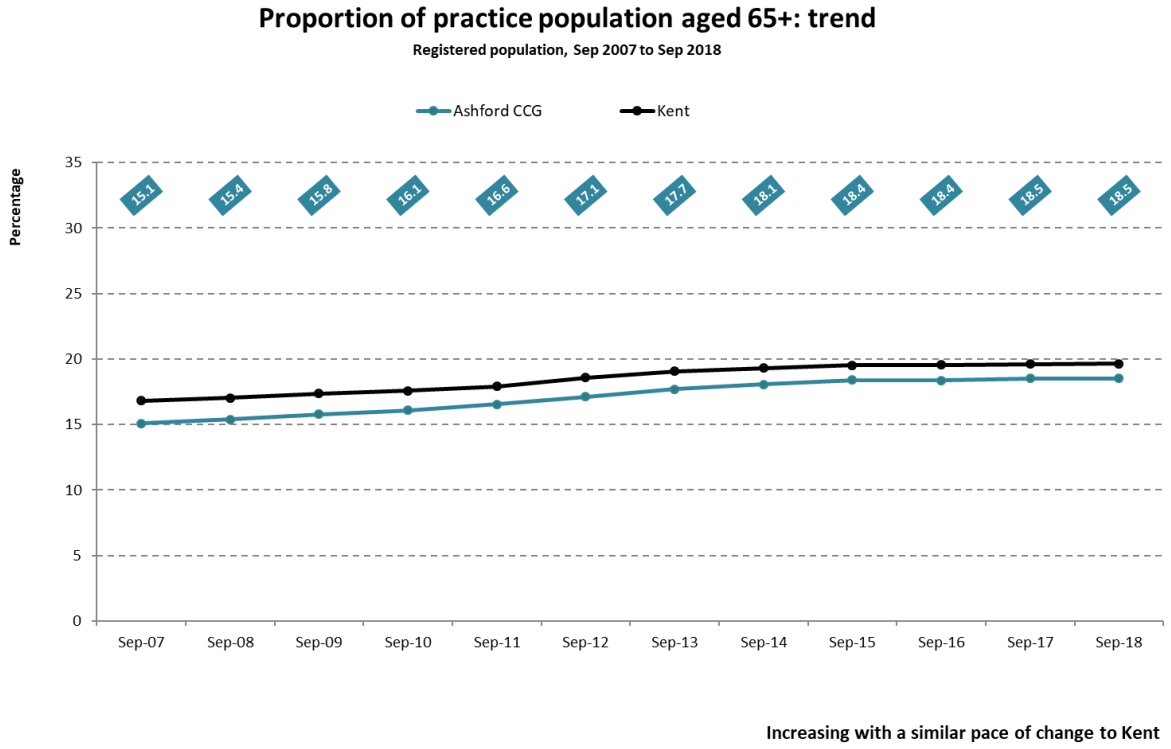
East Kent CCGs have roughly similar rates of males as females in all four CCGs (Ashford 50.6%, Canterbury & Coastal 50.8%, South Kent Coast 50.9%, Thanet 51.1%). This is similar to both Kent and national.

Older People

People aged 65 years and older tend to be higher users of health services than younger populations. In East Kent (as in Kent and England as a whole) the population of over 65s has increased year on year over the last 10 years. The East Kent CCG's older population (over 65) are increasing at the same rate as the Kent average apart from South Kent Coast CCG – whose population of older people is increasing at a faster rate.

Figure 5: Proportion of registered population aged 65+ - trend

Graph showing proportion of practice population aged 65+Gg



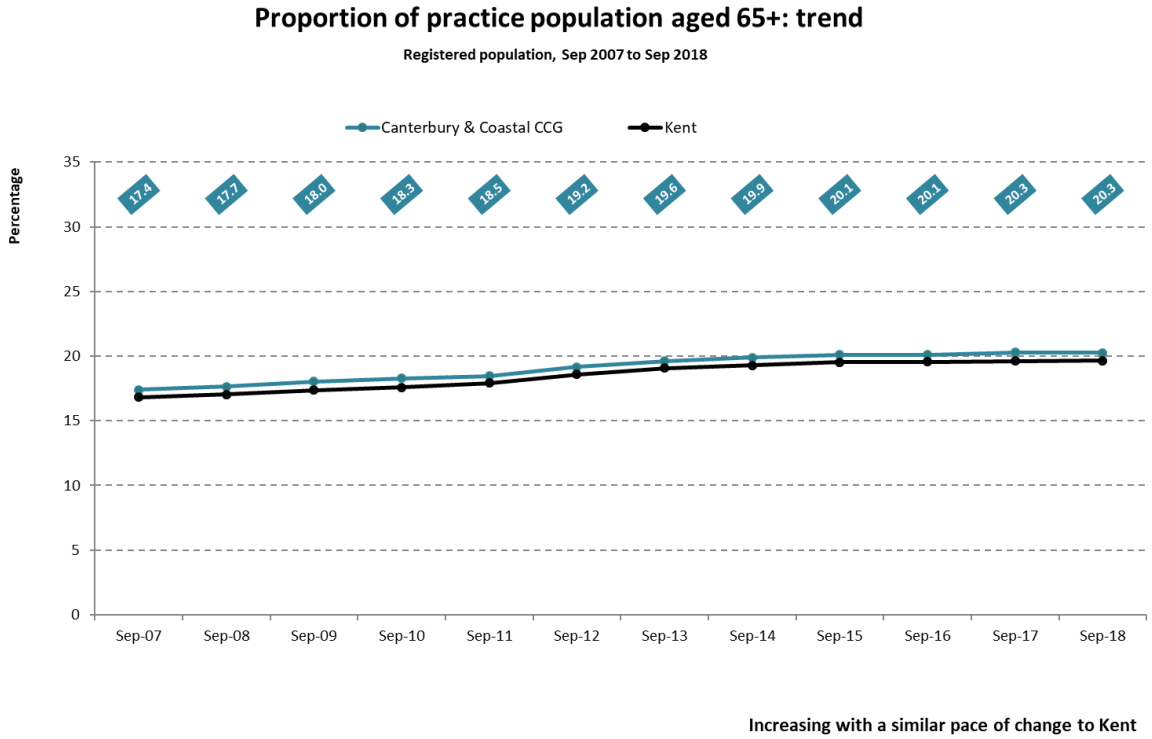
Source: PCIS, prepared by KPHO (SR), Apr-19

Ashford CCG is the only East Kent CCG where the trend in the increase of the practice population over 65years is below the Kent average. Overall South Kent Coast and Thanet have a higher proportion of people aged over 65 than the Kent average and this is increasing at a faster rate than in Kent.

Across the four CCGs, 40 practices (six in Ashford CCG, nine in Canterbury & Coastal CCG, 16 in South Kent Coast CCG and nine in Thanet CCG) have a significantly higher proportion of their registered population aged 65 and over than the Kent average. The practice with the

greatest proportion has 39.3% of registered patients who are aged 65 and over is in Thanet CCG.

Figure 6:

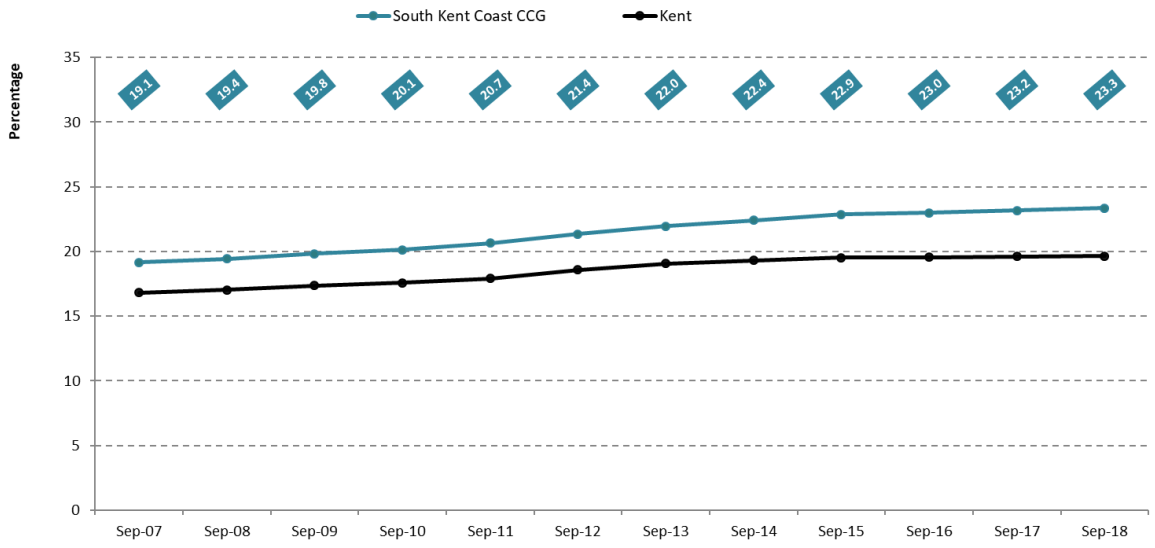


Source: PCIS, prepared by KPHO (SR), Apr-19

Figure 7:

Proportion of practice population aged 65+: trend

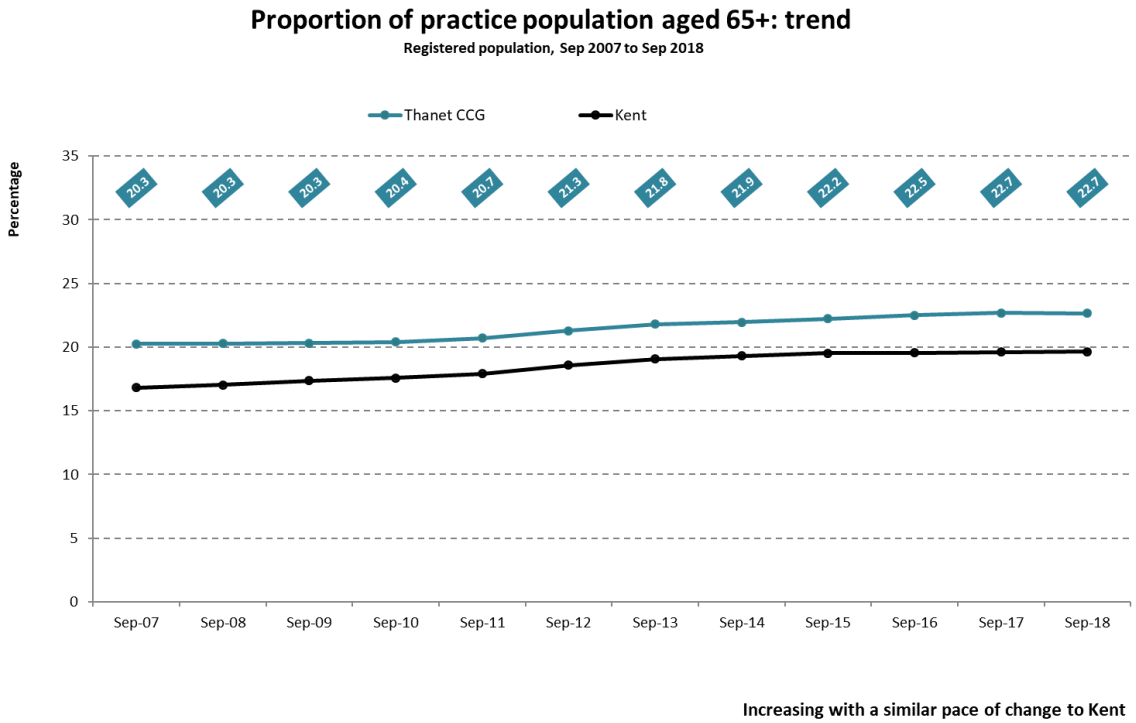
Registered population, Sep 2007 to Sep 2018



Increasing with a faster pace of change than Kent

Source: PCIS, prepared by KPHO (SR), Apr-19

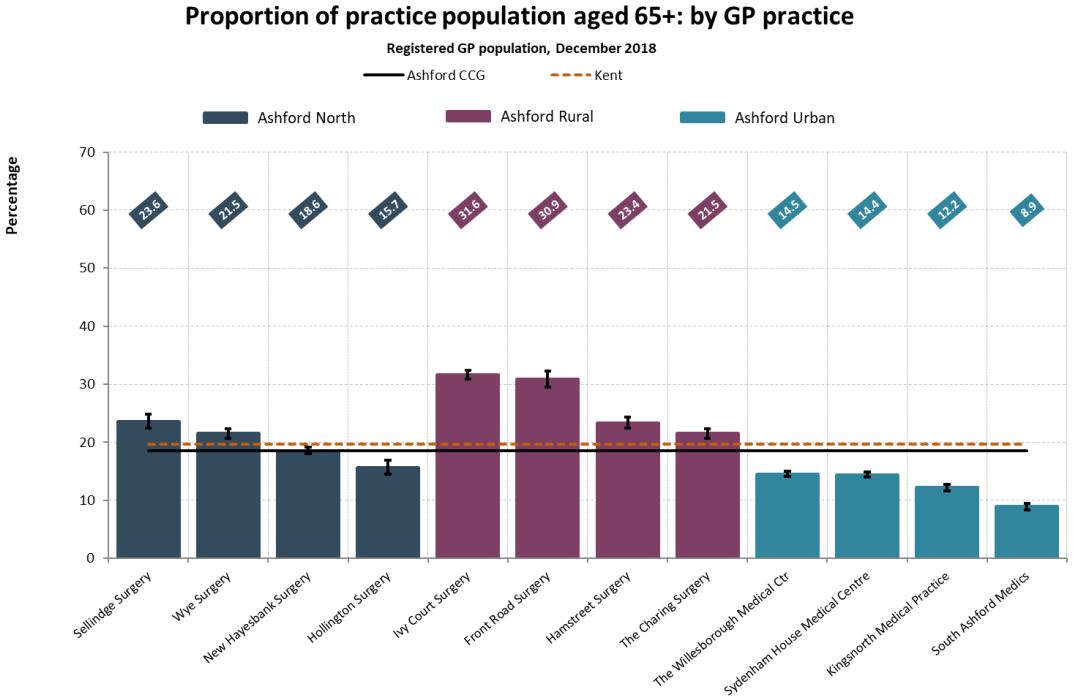
Figure 8:



Source: PCIS, prepared by KPHO (SR), Apr-19

Summary and Recommendation: Overall East Kent's proportion of people over 65years old is greater than the Kent average, particularly in South Kent Coast. This is important for planning services because older people are higher users of health services due to greater multi-morbidity (more than one long-term health condition). The trend will continue over the next 10 years **and health and social care services for older people and proactive primary care will be critical in order to prevent premature death and illness.**

Figure 9: Registered population aged 65+ - by GP practice and provisional PCNs.



Source: PCIS, prepared by KPHO (SR), May-19

In Ashford CCG it is the **Ashford rural** practices that have higher than Kent and Ashford CCG rates of older people (Figure 9).

In Canterbury & Coastal there are six surgeries with higher than Kent rates of older people. The highest overall rates of older people in Canterbury & Coastal CCG are in Ash and St Ann's (Figure 10).

In South Kent Coast there are 16 practices with higher than Kent average rates of over 65 population and Martello practice has the highest proportion in South Kent Coast (Figure 11).

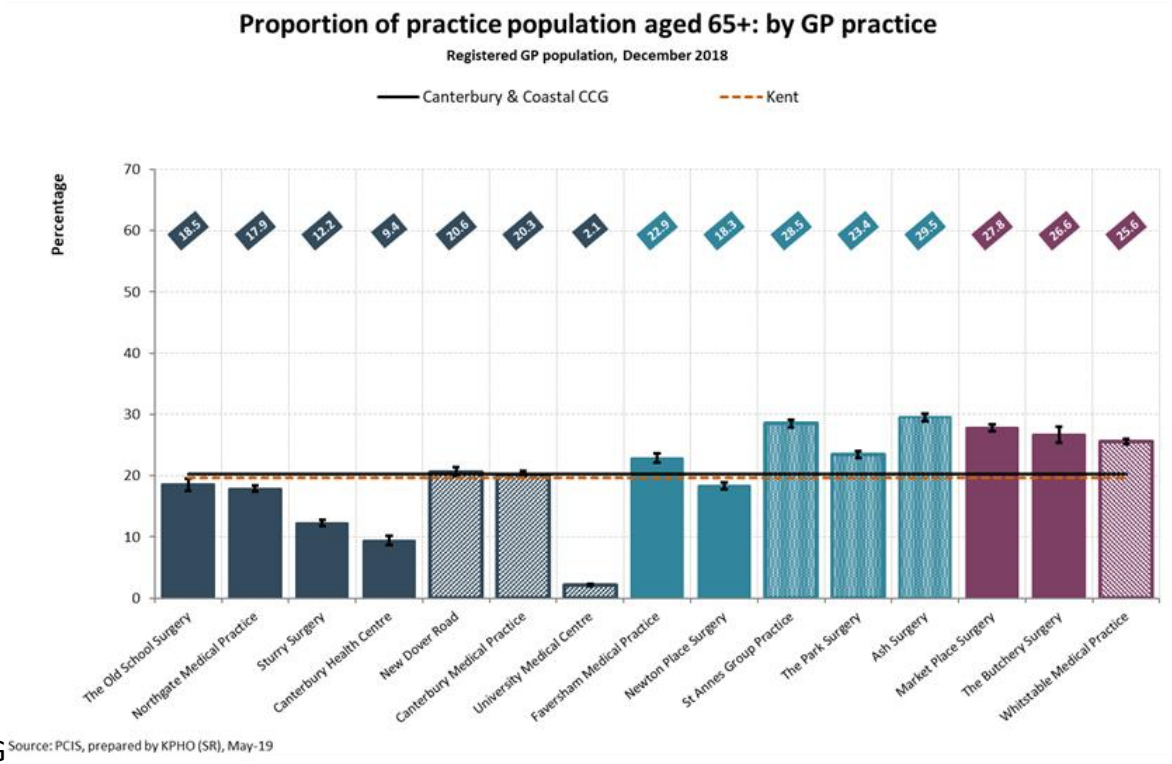
In Thanet the group of practices currently called **Quex Group** have the highest rates of older people in Thanet, and Birchington practice has highest rates of older people compared to East Kent as a whole (Figure 12).

Summary and Recommendation:

East Kent has an aging population and each CCG has pockets where there are higher rates of older people. This will pose challenges for practices with higher than average rates as older users use a higher proportion of services.

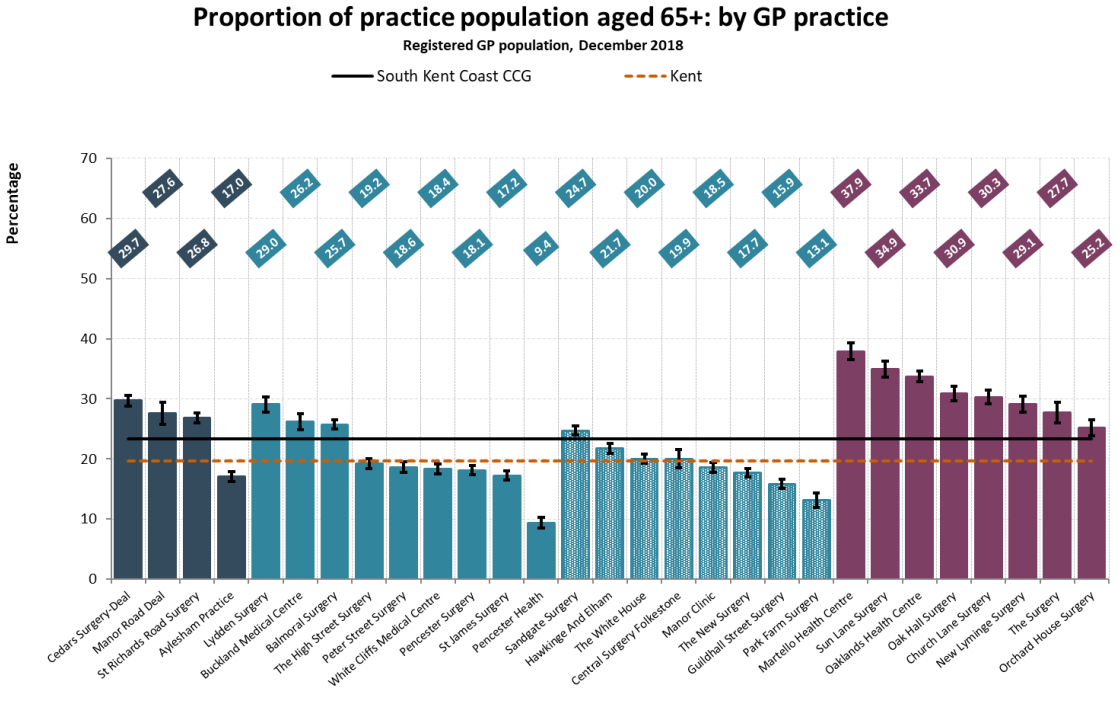
It will be important for the PCNs which contain the highest proportion of older people to prioritise proactive and preventative primary care in order to prevent early death and premature morbidity. Practices in Thanet and South Kent Coast are particularly vulnerable and need proportionate and equitable service capacity to provide proactive care.

Figure 10:



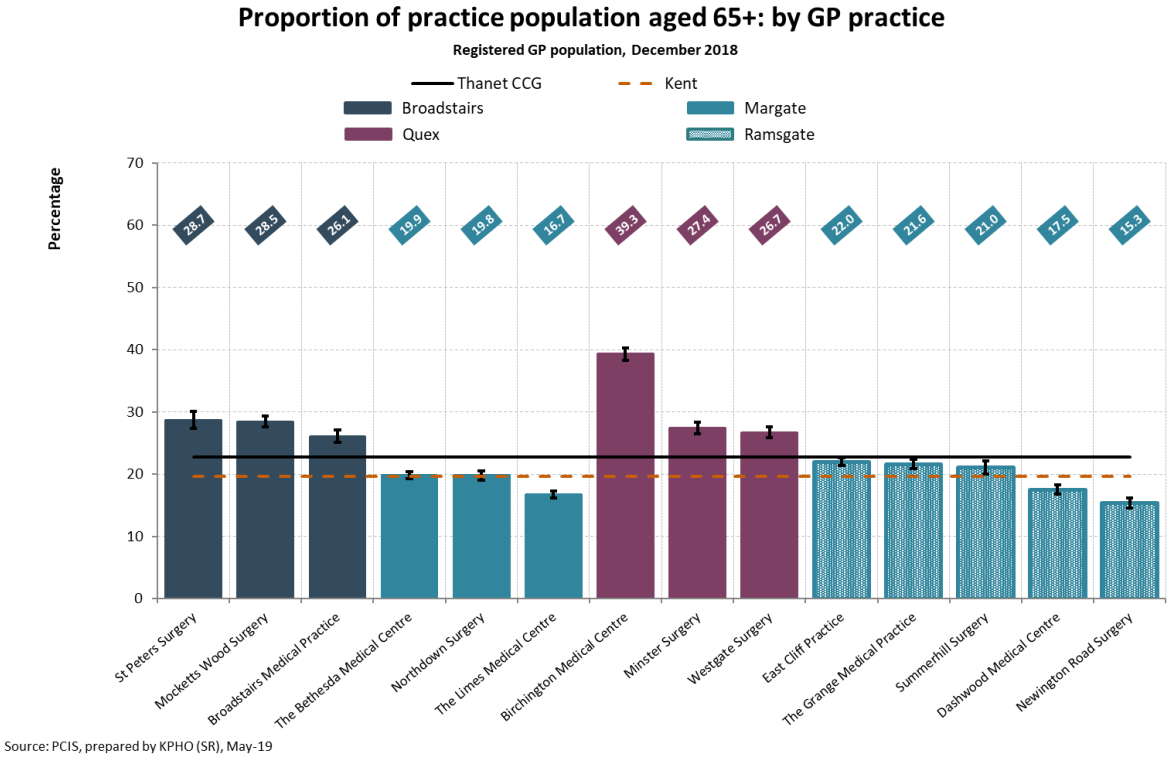
G Source: PCIS, prepared by KPHO (SR), May-19

Figure 11:



Source: PCIS, prepared by KPHO (SR), May-19

Figure 12:



Source: PCIS, prepared by KPHO (SR), May-19

Babies and Infants

The number of babies and infants in the population is important for planning maternity services, child health services and links to social care and public health.

The proportion of practice populations that are aged 0-4 is higher than the Kent average in Ashford CCG. It is lower than the Kent average in Canterbury & Coastal, South Kent Coast and Thanet CCGs.

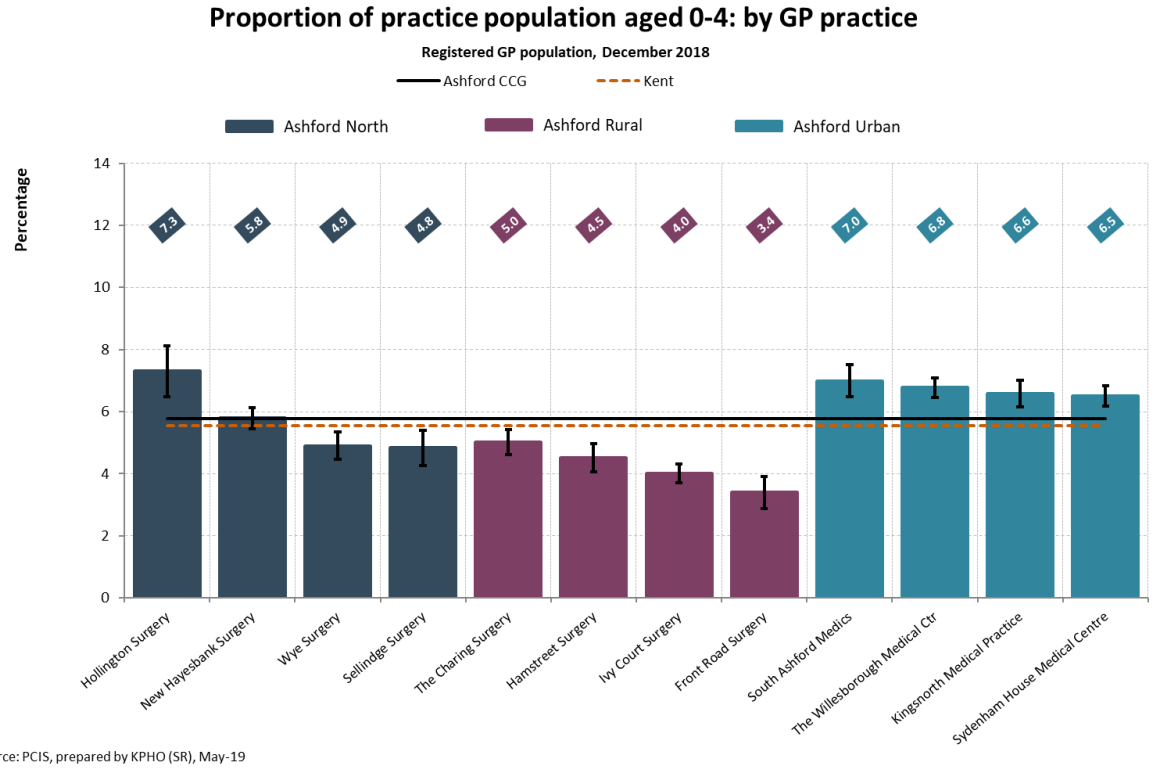
Across the CCGs, **13 practices** (five in Ashford, three in South Kent Coast and five in Thanet) have a significantly higher proportion of their registered population aged 0-4 than the Kent average. The highest proportion of children aged 0-5 in any East Kent practice are in Hollington Surgery (in Ashford CCG) where 7.3% of the registered population are 0-4 year olds (Figure 13). There are no practices in Canterbury & Coastal that have above Kent average rates of children aged 0-4.

Summary and Recommendations:

In East Kent there are only 13 practices with relatively high rates of babies and infants. However, this needs to be read in the light of other factors such as migration, poverty, infant mortality and fertility rates. All children need a healthy start in life and as such, high quality children's services are important.

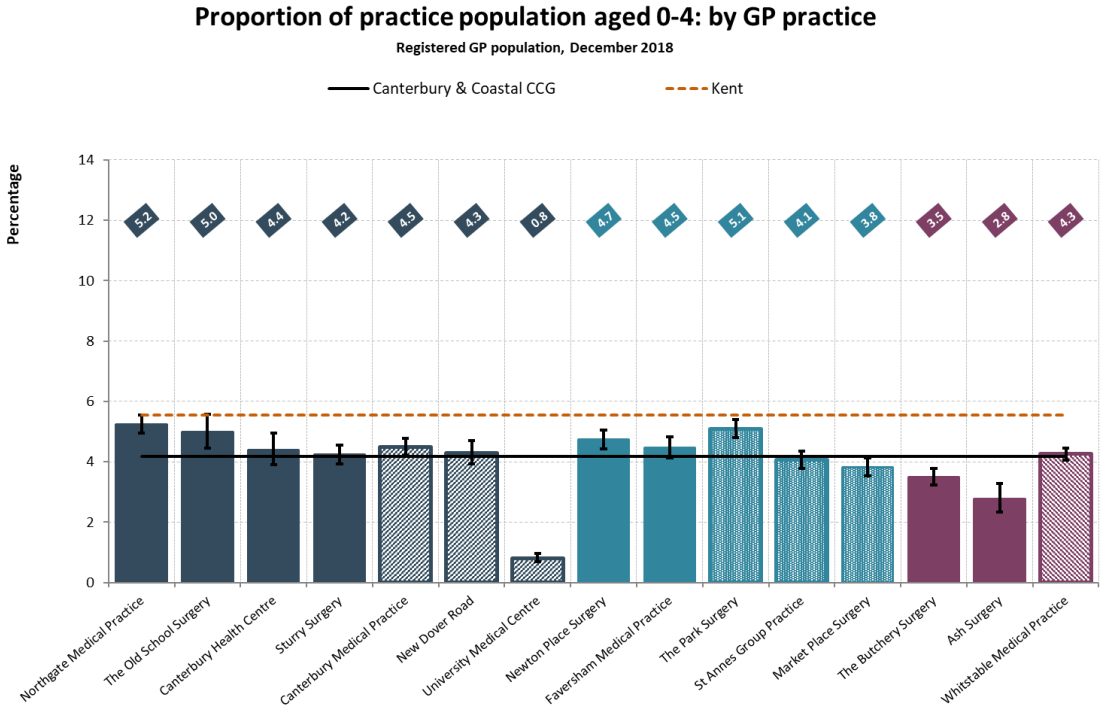
Prioritise early years health care in areas of deprivation particularly Margate and Ramsgate in Thanet CCG.

Figure 13: Registered population aged 0-4 - by GP practice



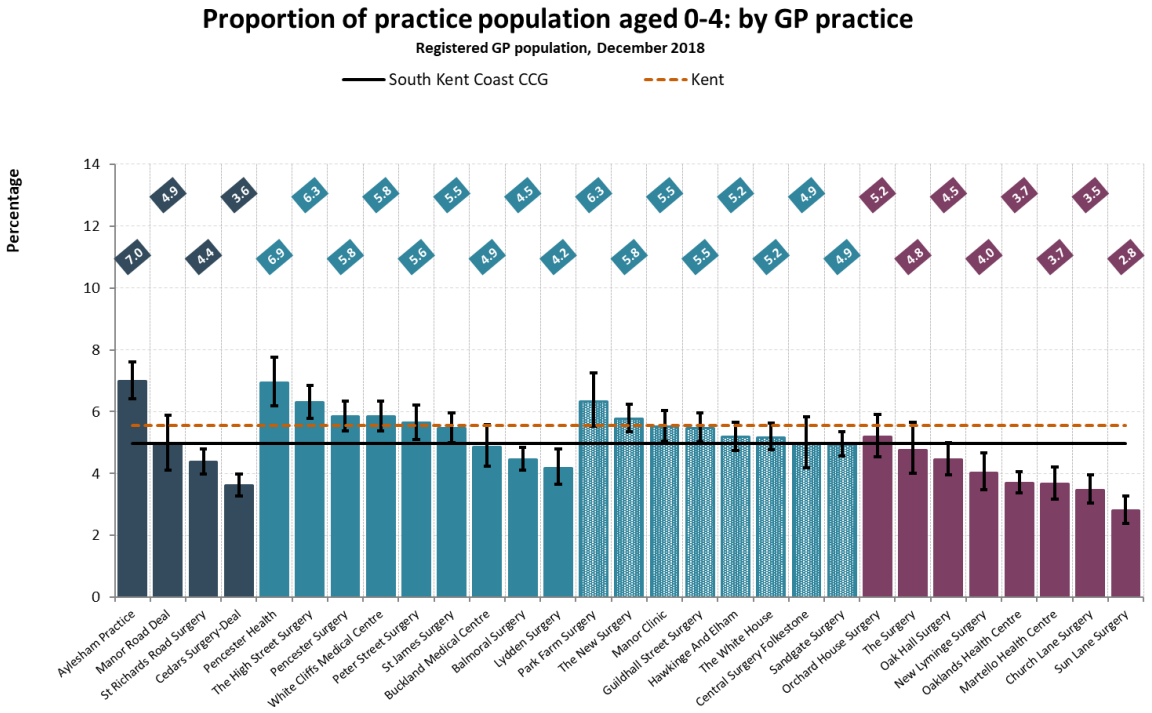
Source: PCIS, prepared by KPHO (SR), May-19

Figure 14:



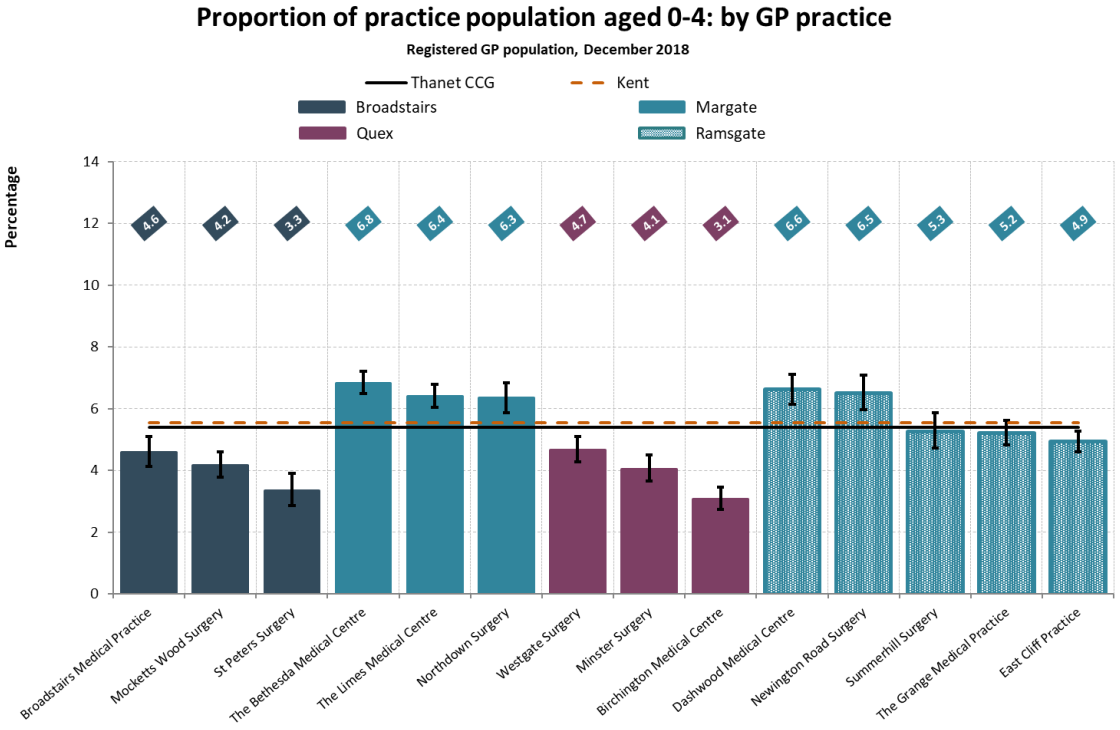
Source: PCIS, prepared by KPHO (SR), May-19

Figure 15:



Source: PCIS, prepared by KPHO (SR), May-19

Figure 16:



Source: PCIS, prepared by KPHO (SR), May-19

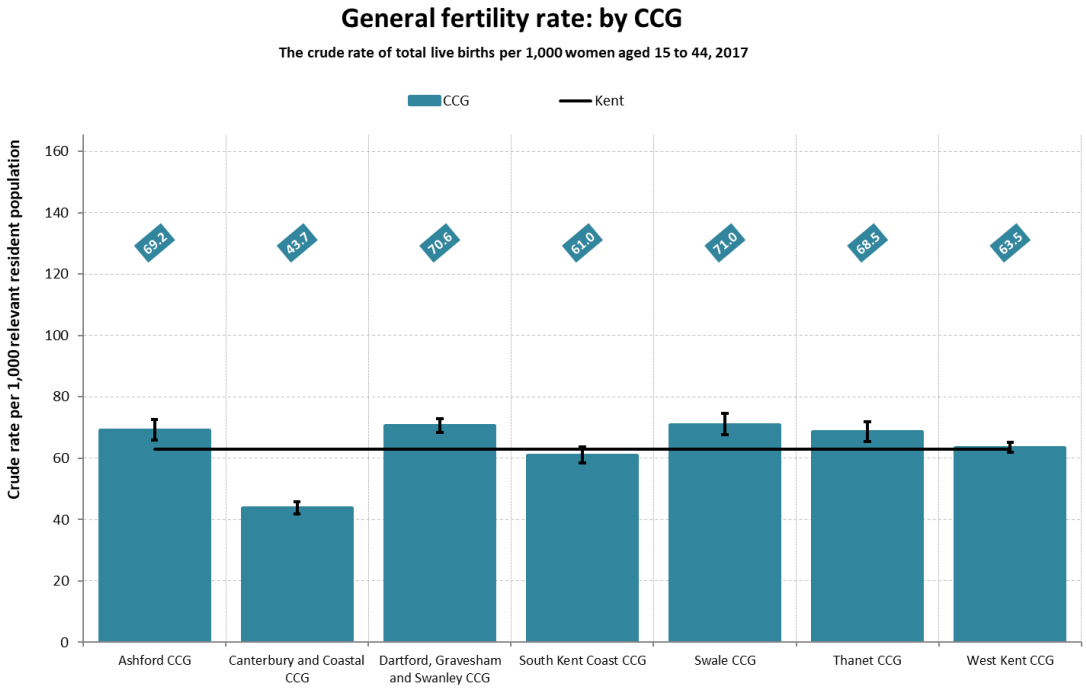
3.2 East Kent's Fertility Rates: Maternity, Babies and Population Growth

The general fertility rate is important in order to measure the stability of the population's growth. The general fertility rate is the average number of children born to women in their fertile years (aged 15 to 44) in an area. For the population in East Kent to remain stable a total fertility rate of 2.1 is needed (assuming no migration). The total fertility rate is the predicted number of children a woman will have over her lifetime. This, along with migration and death rates, helps to calculate the overall population growth over time in East Kent.

East Kent CCGs do not have uniform fertility rates and this means some populations are aging faster. The general fertility rates in Ashford and Thanet CCG areas are higher than the Kent average. Canterbury & Coastal CCG has a relatively low fertility rate although this may be artificially lower due to a high resident student population. In east Kent, only Ashford has a total fertility rate of 2.1 (Table 2) The full assessment will take into account migration and mortality to assess overall population growth. General fertility rates are also important to plan maternity and early years services. General fertility rates are stable across Ashford, South Kent Coast and Thanet CCGs and there is a decreasing trend in Canterbury & Coastal CCG (Figure 17).

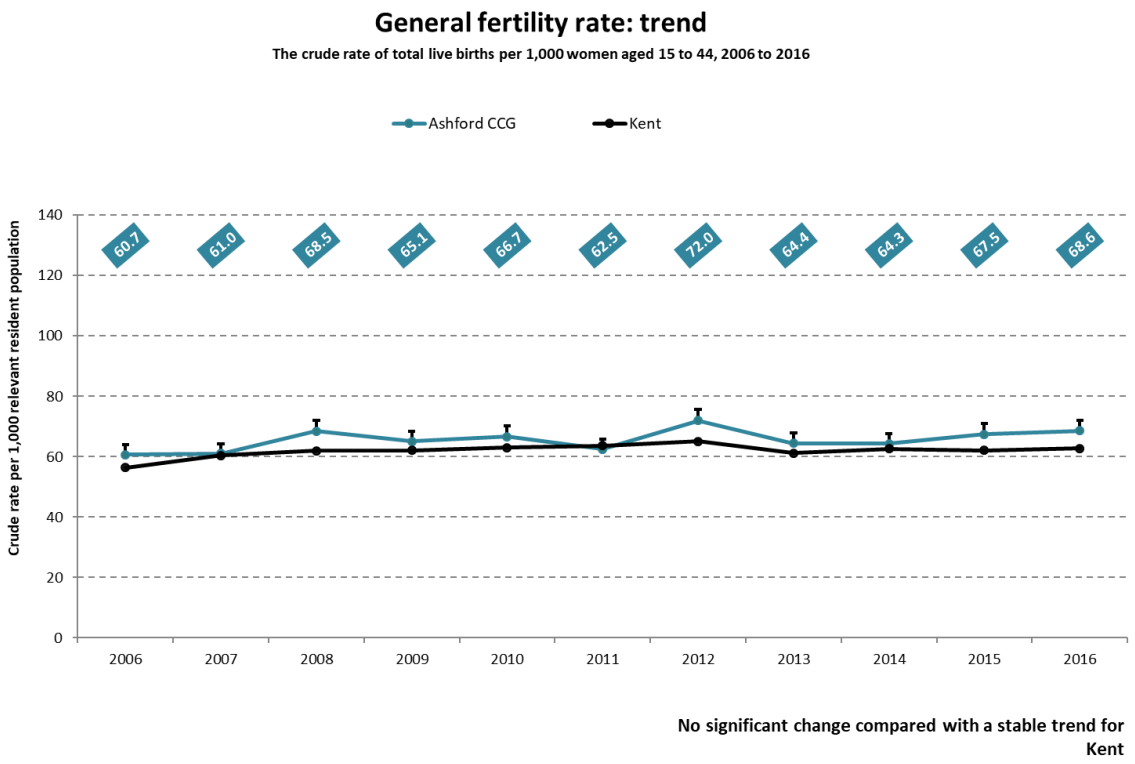
Fertility rates are higher than the Kent average in 20 East Kent wards (seven in Ashford CCG, one in Canterbury & Coastal CCG, seven in South Kent Coast CCG and five in Thanet CCG).

Figure 17: General fertility rate – by CCG



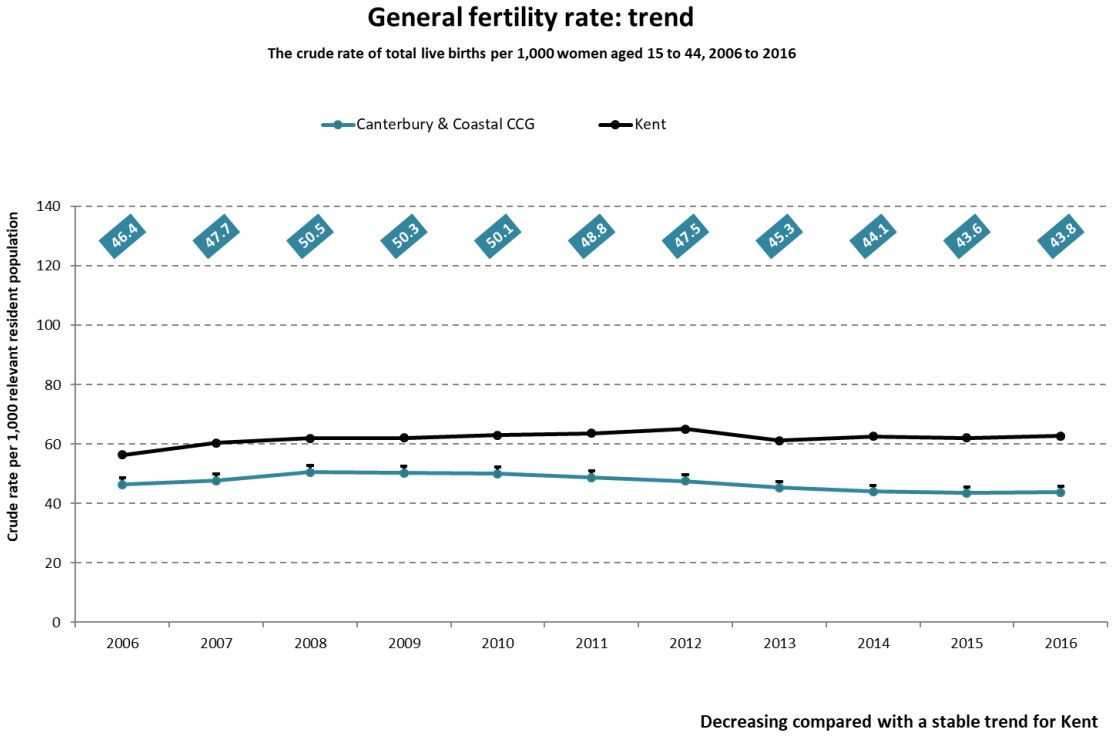
Source: ONS, prepared by KPHO (SR), Jun-19

Figure 18: General fertility rate – 10 year trend for Ashford CCG



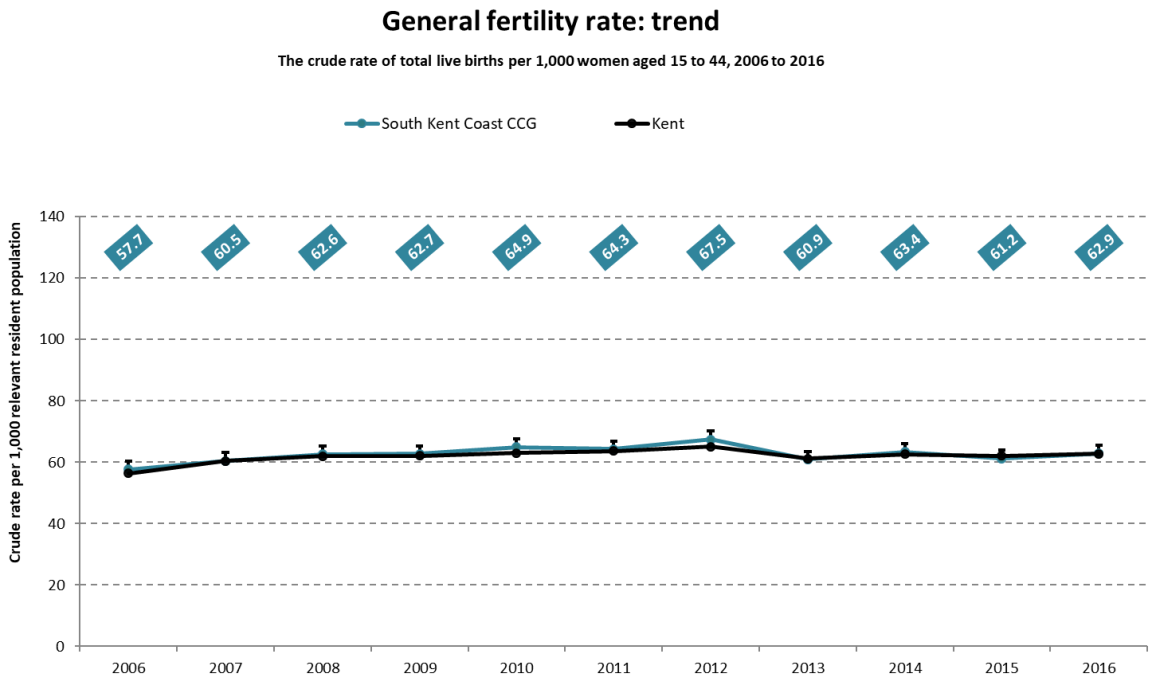
Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 19: 10 year General Fertility rate Trend for Canterbury and Coastal CCG



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

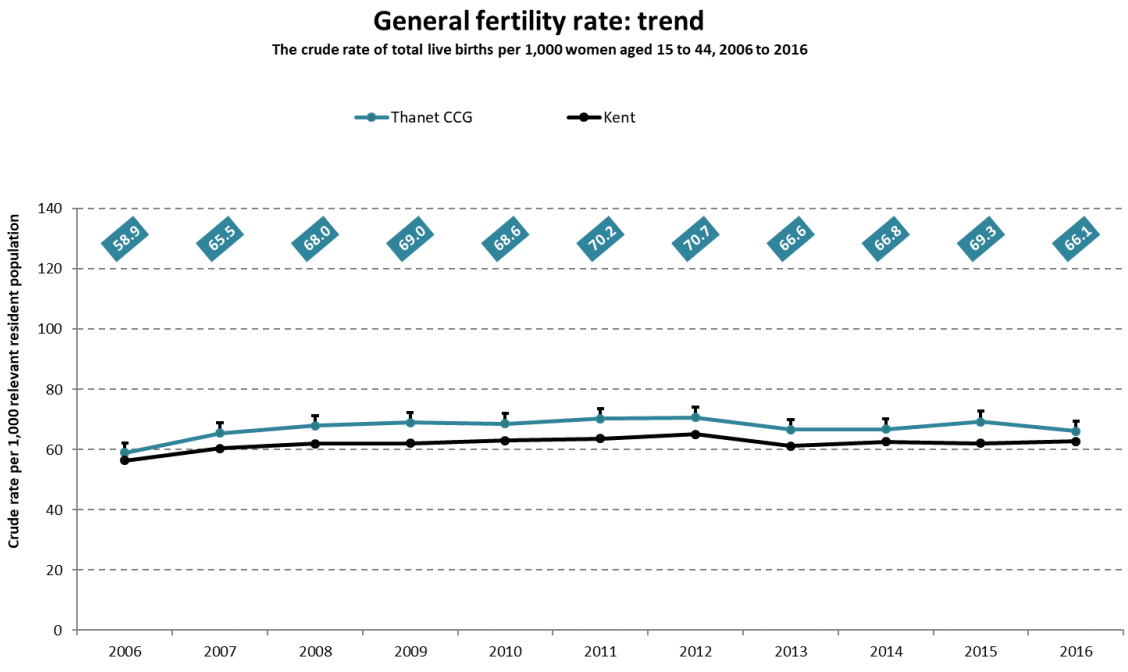
Figure 20: 10 year General Fertility rate Trend for South Kent Coast CCG



No significant change compared with a stable trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 21: 10 year General Fertility rate Trend for Thanet CCG



No significant change compared with a stable trend for Kent

Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

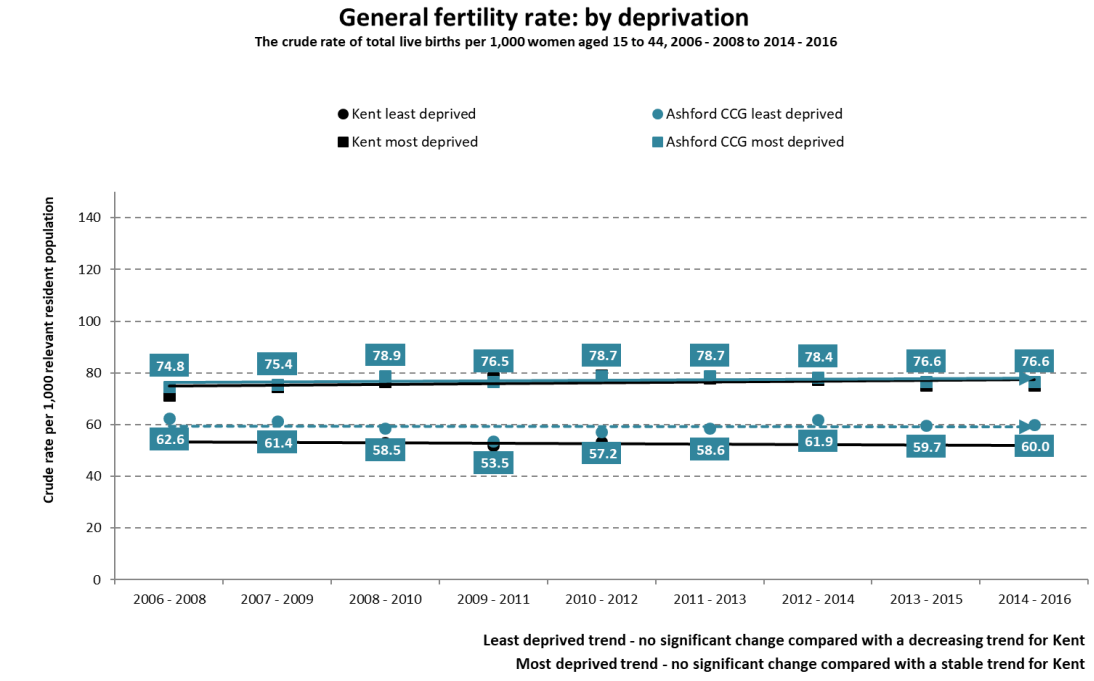
In the Figures 18 to 21 the 10 year trends for general fertility rates are shown. Ashford CCG's general fertility trend has been relatively stable over the last 10 years and is higher than the Kent average rate. Canterbury & Coastal CCG's fertility rate is lower than the Kent average rate (Figure 19).

Deprivation and Fertility Rates

The largest difference in the general fertility rate by deprivation is in Canterbury & Coastal CCG where the rate is around 125% higher in the most deprived areas of the CCG compared to the least deprived areas (2014-16). This is not easy to understand. One possibility may be that fertility rates are influenced by two main things, deprivation and female education. In Canterbury & Coastal there are wards where there are high rates of deprivation and high rates of students and these are likely to be separate populations and this may create lower fertility rates than would be expected in some wards given the deprivation. The areas of high deprivation where the student population are not living is expected to be similar to the rest of east Kent.

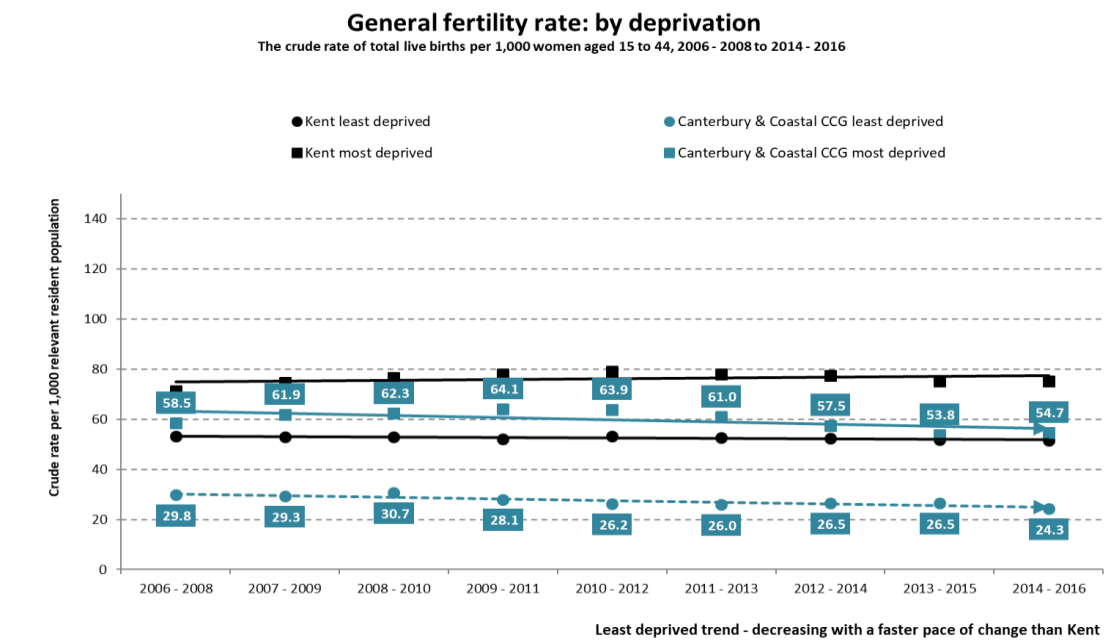
The rates for South Kent Coast, Thanet and Ashford CCGs are 87%, 47% and 28% higher respectively in the most deprived areas compared to the least deprived. South Kent Coast CCG shows a high variation in fertility rate based on deprivation (Figures 22 – 25).

Figure 221: Ashford's General fertility rate – by deprivation



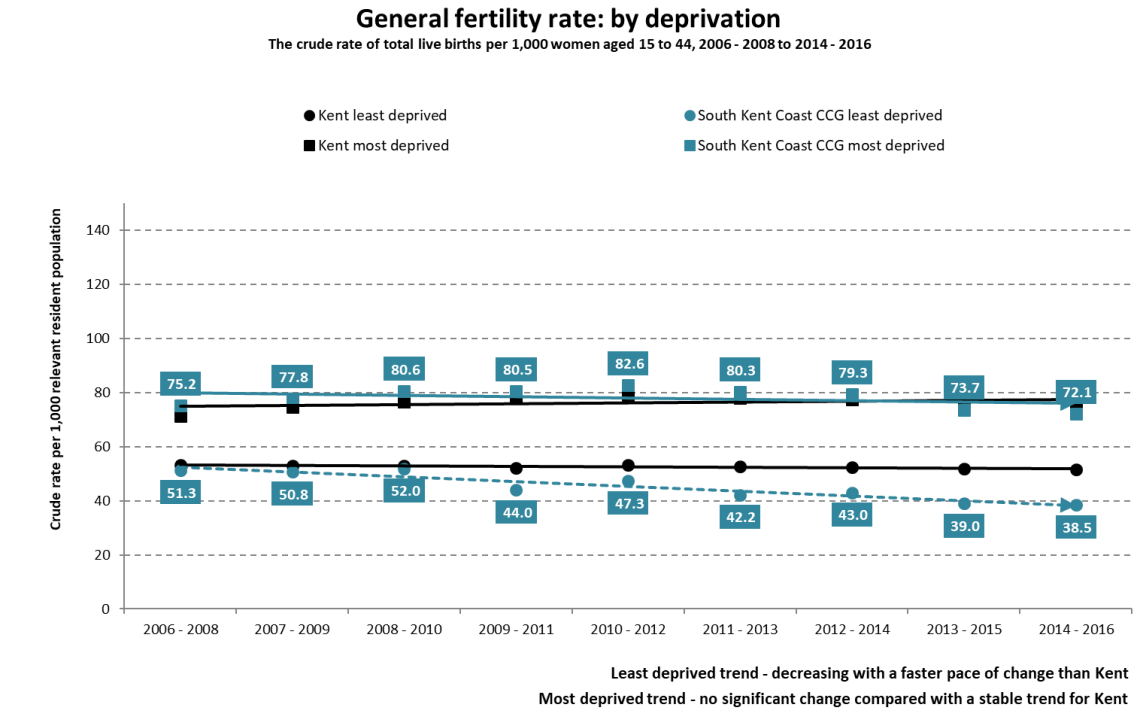
Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 23:



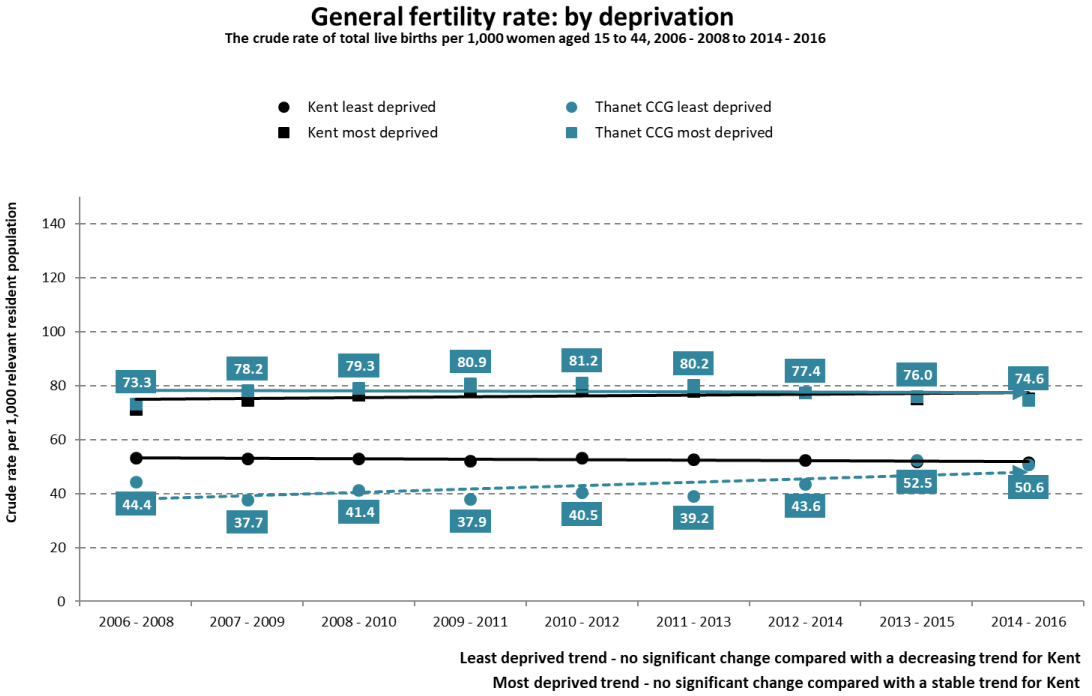
Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 24:



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 25:



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

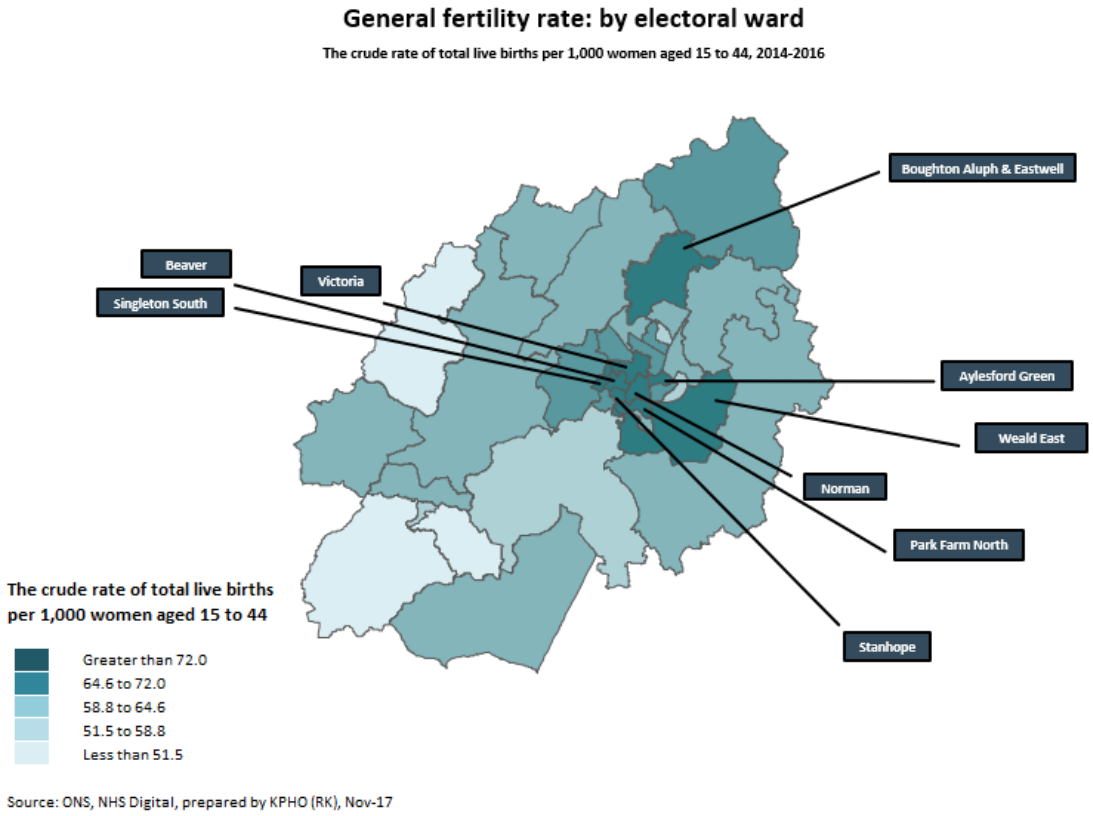
In Figures 26 to 29 the East Kent CCGs are mapped and the fertility rates of the wards are shown. The maps show that fertility rates are higher in areas of greatest deprivation.

This means that there will be higher need for maternity and early years services in areas of greatest deprivation.

Deprivation and poverty impacts on the health of both mothers and infants and can have lasting consequences. Some of the key issues effecting the health of mothers and babies in East Kent are:

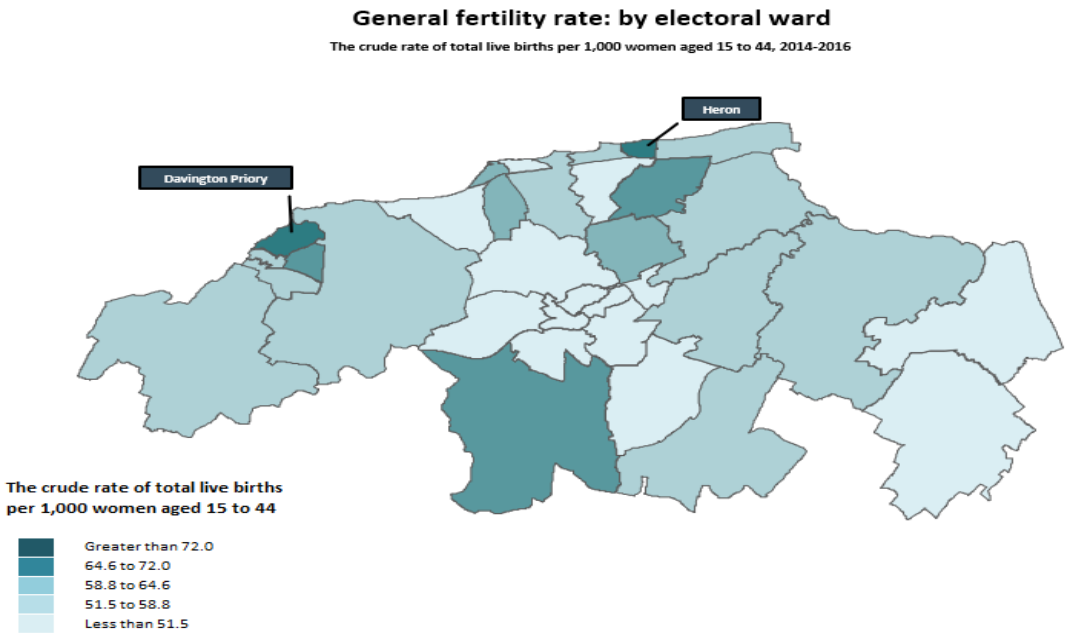
a/ Smoking in pregnancy
b/ Maternal and childhood obesity
c/ Early nutrition, low birthweight (milk and vitamins)
d/ Maternal depression and bonding with infant
e/ Access to vaccinations and Immunisations.

Figure 262: General fertility rate – by ward in Ashford CCG



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 27: General fertility rate – by ward in Canterbury and Coastal CCG



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 28: General fertility rate – by ward in South Kent Coast CCG

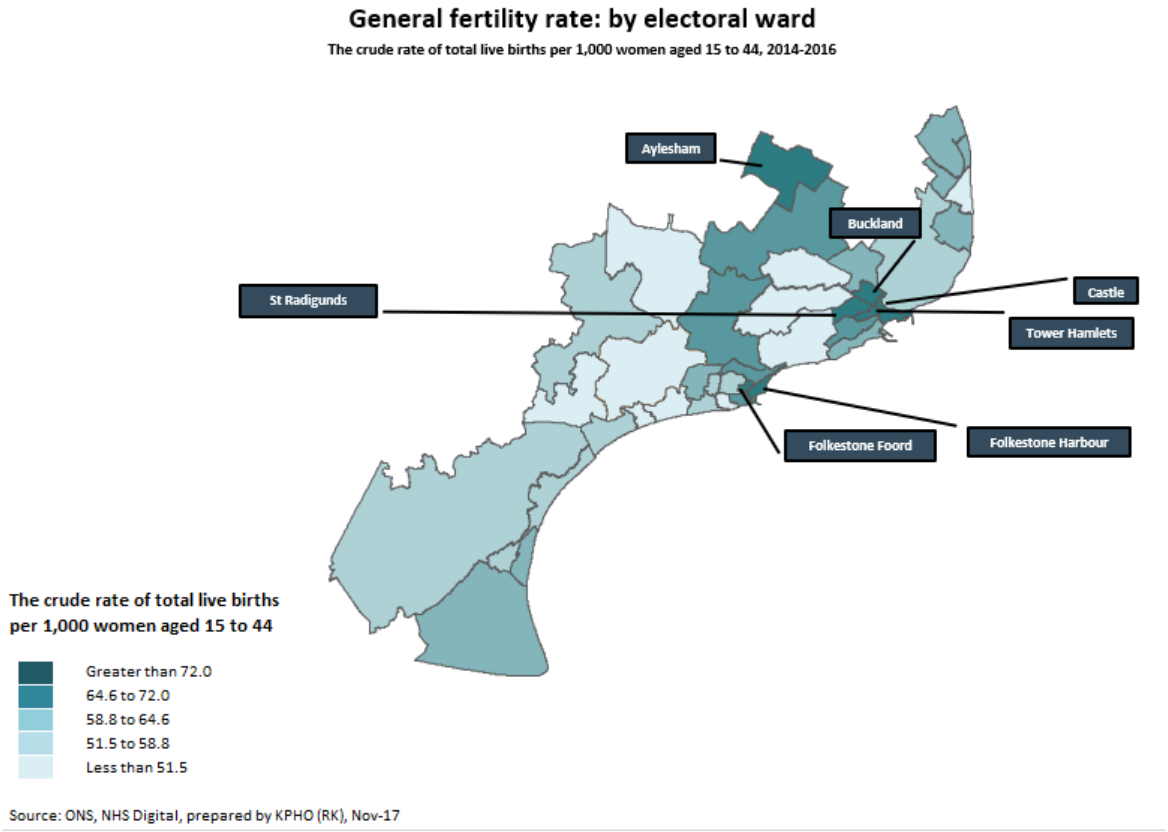
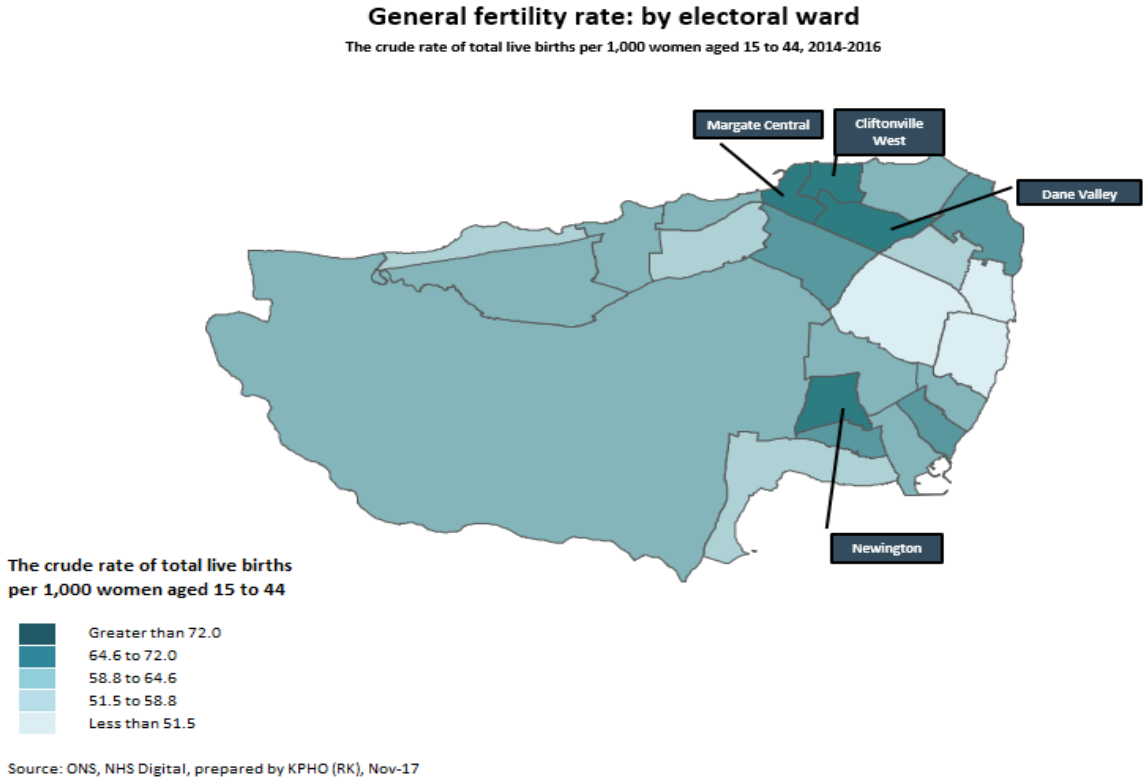


Figure 29: General fertility rate – by ward in Thanet CCG



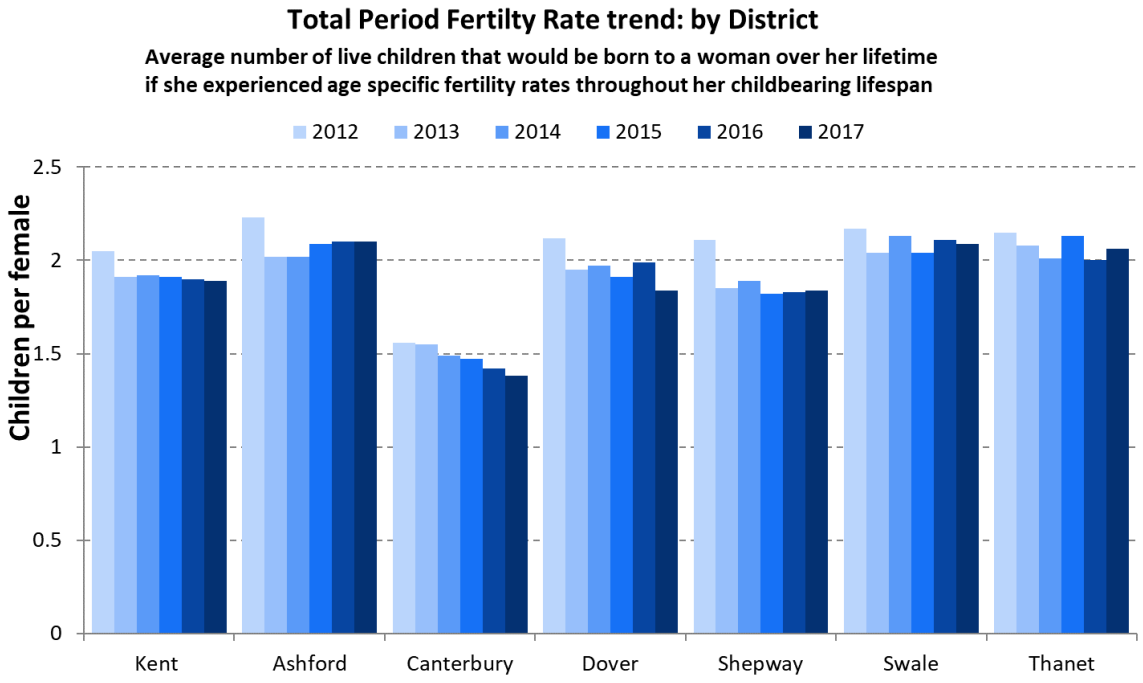
The total period fertility rate [TFR] is the average number of live children a woman would have over her lifetime if she experienced current age-specific fertility rates throughout her childbearing lifespan. The highest TFR across the Kent districts in the period 2012-17 was in 2012 (Figure 30). Canterbury district has the lowest TFR in East Kent with a clear decreasing trend.

Table 2: Total period fertility rate, 2017

Area	Total period fertility rate (TFR), 2017
England and Wales	1.76
Kent	1.89
Ashford	2.1
Canterbury	1.38
Dover	1.84
Folkestone & Hythe	1.84
Swale	2.09
Thanet	2.06

Source: ONS

Figure 30:



Source: ONS, prepared by KPHO (SR), June-19

3.3 The Impact of Population Migration for East Kent

Overall population is the result of birth rates, death rates and migration (both emigration and immigration). The term 'Natural Change' refers to the difference between birth rate and death rate. It describes by how many the population will grow per 1,000 of population per year. In east Kent overall the 'natural change' is negative (more people dying then being born) but more people are migrating into east Kent which means that the population level remains slightly increased and thereby preventing stagnation.

Kent County Council produce annual reports on population demographics and population growth based on ONS mid-year estimates and migration figures[5]. Between mid-year 2017 and 2018, the east Kent districts (excluding Swale) population grew by 5,100. For east Kent, this is entirely driven by migration; natural change was -700, compared with +1,900 for Kent overall, as shown in table 3 below.

Table 3: Population change by district

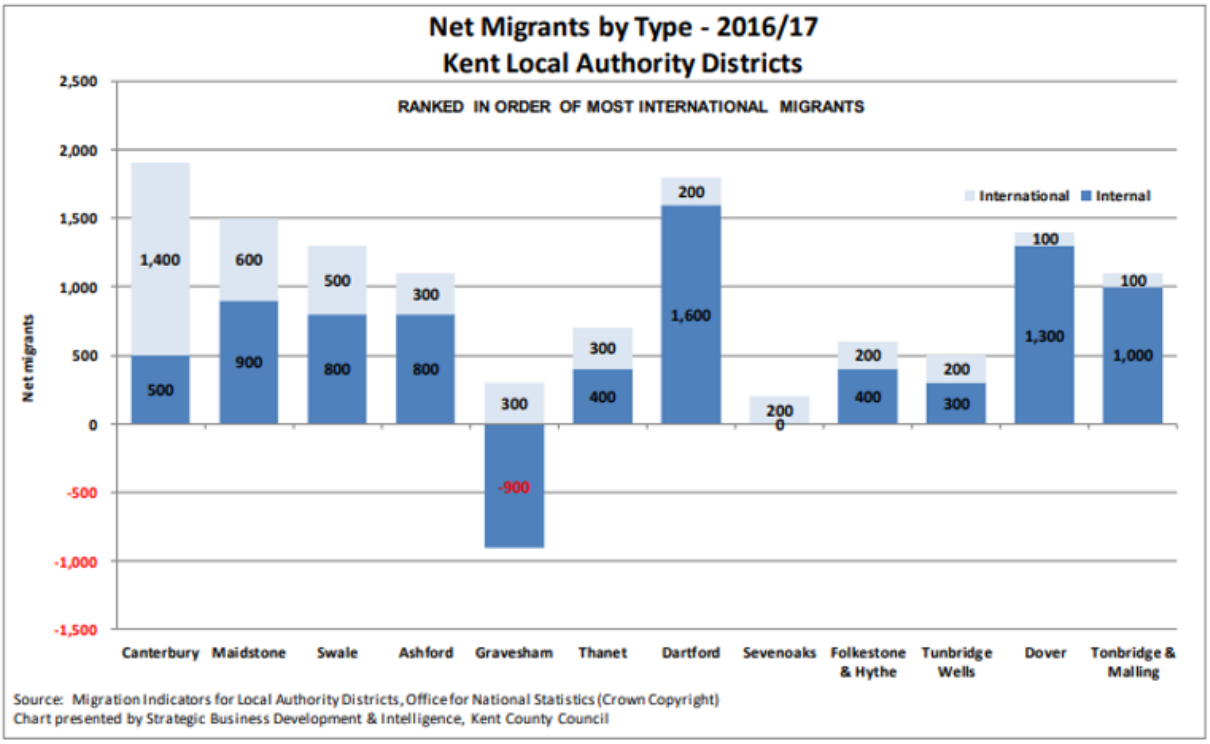
	Natural change		Net Migration		
	Number	% of total change	Number	% of total change	Total change
England	**124,600**	*34.8%*	**233,200**	*65.2%*	**357,700**
Kent	**1,900**	*13.7%*	**12,100**	*86.3%*	**14,000**
Ashford	400	*21.3%*	1,400	*78.7%*	1,800
Canterbury	-400	*-83.2%*	800	*183.2%*	500
Dartford	700	*32.7%*	1,500	*67.3%*	2,200
Dover	-200	*-16.9%*	1,400	*116.9%*	1,200
Folkestone & Hythe	-300	*-26.6%*	1,500	*126.6%*	1,200
Gravesham	400	*160.6%*	-200	*-60.6%*	300
Maidstone	500	*20.9%*	1,800	*79.1%*	2,200
Sevenoaks	100	*14.0%*	700	*86.0%*	900
Swale	400	*21.2%*	1,400	*78.8%*	1,800
Thanet	-200	*-36.1%*	700	*136.1%*	500
Tonbridge & Malling	400	*24.2%*	1,200	*75.8%*	1,600
Tunbridge Wells	100	*n/a*	-100	*n/a*	0
Medway Unitary Authority	**1,100**	***477.4%***	**-900**	***-377.4%***	**200**

Source: Office for National Statistics (Crown Copyright).
Presented by Strategic Commissioning - Analytics, Kent County Council
All figures have been separately rounded to the nearest hundred so may not sum
Percentages have been calculated using unrounded numbers

The graph figure 31 below shows Kent district breakdown by type of net migration (internal vs international). Canterbury has the highest total migrants in east Kent, likely represented here by international migration, mainly in student populations. Dover has the highest number of internal migrants and the second highest net migrations in east Kent.

[5] https://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/population-and-census#null

Figure 31: Net migrants by type



The table below (Table 4) shows the migration 'churn', and clearly shows a higher rate in Canterbury amongst the east Kent districts.

Table 4: Migrant turnover in Kent

	2014/15			2015/16			2016/17		
Local Authority	IN	OUT	NET	IN	OUT	NET	IN	OUT	NET
Ashford	6,600	6,100	500	7,100	5,700	1,400	7,200	6,100	1,100
Canterbury	15,500	12,500	3,000	15,400	12,300	3,000	16,200	14,300	1,900
Dartford	7,000	6,100	900	7,200	6,200	1,000	8,500	6,800	1,800
Dover	5,000	4,700	400	5,300	4,100	1,200	5,900	4,400	1,500
Folkestone & Hythe	5,700	4,800	900	5,900	4,500	1,300	5,400	4,900	600
Gravesham	5,600	5,200	400	5,300	5,400	0	5,500	6,100	-600
Maidstone	10,100	8,100	2,000	9,800	8,600	1,200	10,400	8,900	1,500
Sevenoaks	7,600	7,300	300	7,300	6,700	600	7,600	7,300	300
Swale	6,900	5,600	1,200	7,300	5,400	1,900	7,200	5,900	1,300
Thanet	6,700	5,300	1,400	6,400	5,400	1,100	6,300	5,600	700
Tonbridge & Malling	8,100	7,300	800	8,200	7,100	1,200	8,400	7,200	1,100
Tunbridge Wells	7,100	7,100	0	7,500	6,900	600	7,700	7,200	500

Source: MYE3: Components of population change for local authorities in the UK, 28/06/2018.

Table produced by Strategic Business Development & Intelligence, Kent County Council. All figures rounded to the nearest 100 so may not sum when added

3.4 The Future Population of East Kent: Predictions of Population Growth

Summary of Changing Demographics to 2041: Using resident populations for the districts of Ashford, Canterbury, Dover, Shepway, Swale and Thanet, the following changes are predicted:

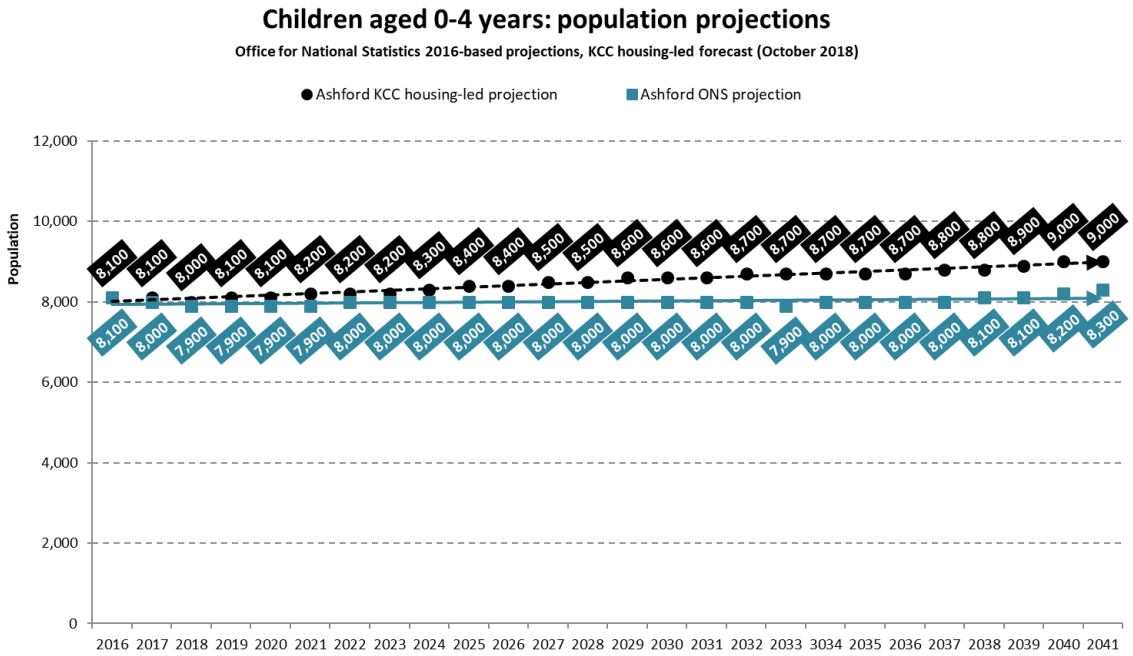
- The under five population will increase more slowly than the population as a whole. KCC housing-led forecasts suggest that the number of 0-4s will increase slightly in Ashford, Canterbury and Thanet and decrease slightly in Dover, Shepway and Swale.
- The 0-19 population is also projected to increase more slowly than the population as a whole. The ONS and KCC housing-led forecasts suggest a slight increase in 0-19 year olds for Ashford and Canterbury, Swale and Thanet and a slight decrease for Dover and Shepway.
- **The population of 65+ is predicted to increase much more significantly**: by 56% in Ashford, 48% in Canterbury, 53% in Dover, 52% in Shepway, 58% in Swale and 53% in Thanet based on the ONS projections, and by 62%, 49%, 54%, 54%, 56% and 57% respectively based on the housing-led forecasts between 2017 and 2037.
- **This population increase is even greater in the 85+ group**, with the ONS projections suggesting increases of 116% in Ashford, 90% in Canterbury, 103% in Dover, 103% in Shepway, 125% in Swale and 85% in Thanet, and the KCC housing-led forecasts 122%, 92%, 99%, 106%, 120% and 90% respectively. Please note that both the ONS and KCC projected increases for this age group have been revised downwards in the latest figures.

There are two sets of population projections which are available at district-level; the ONS projections (which take into account births, deaths and migration) and KCC's own housing-led forecasts (which also take into account local housing plans). Over the next twenty years the overall population of all six local authorities in the east Kent CCG areas are expected to increase.

Generally, the KCC housing-led forecasts suggest a higher level of population growth (19% for Kent as a whole between 2017 and 2037, compared with 15% using the ONS projections) and should be considered the more accurate forecast to use for Kent. 2016 based projections are the latest available from ONS for local authorities.

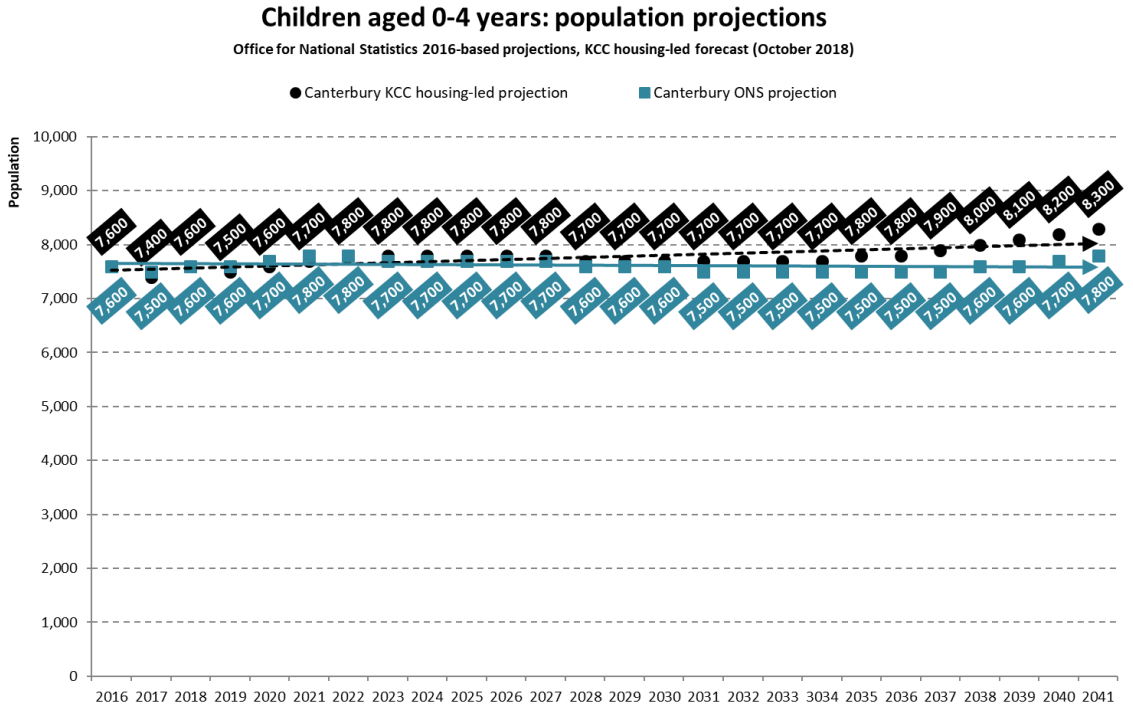
The following graphs: Figures 32 to 55 show population changes in east Kent by age bands from 2016- 2041.

Figure 32: Population projections - Ages 0-4 Ashford



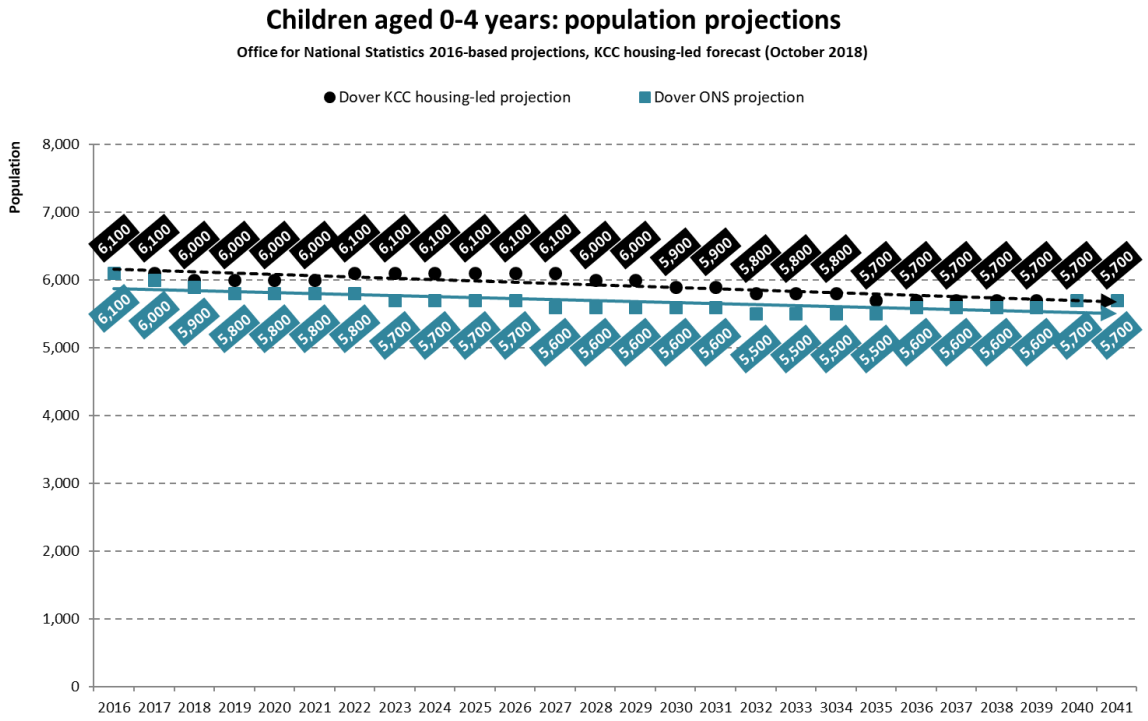
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 33: Population projections - Ages 0-4 Canterbury



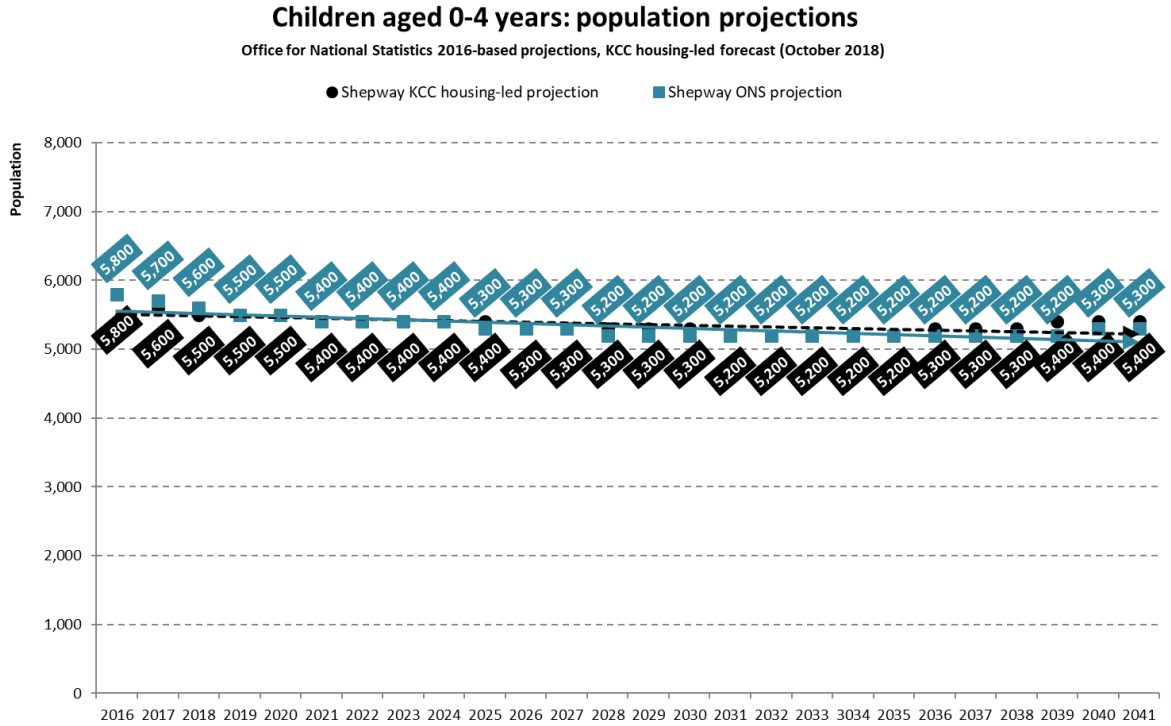
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 34: Population projections - Ages 0-4 Dover



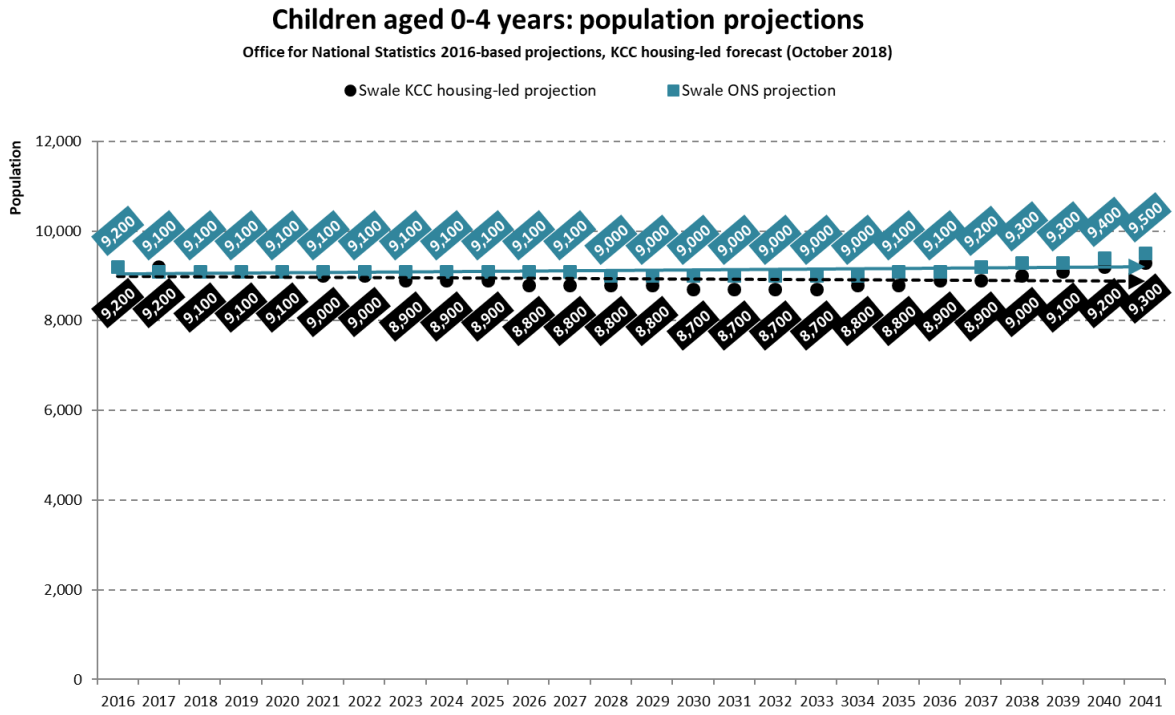
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 35: Population projections - Ages 0-4 Folkstone and Hythe



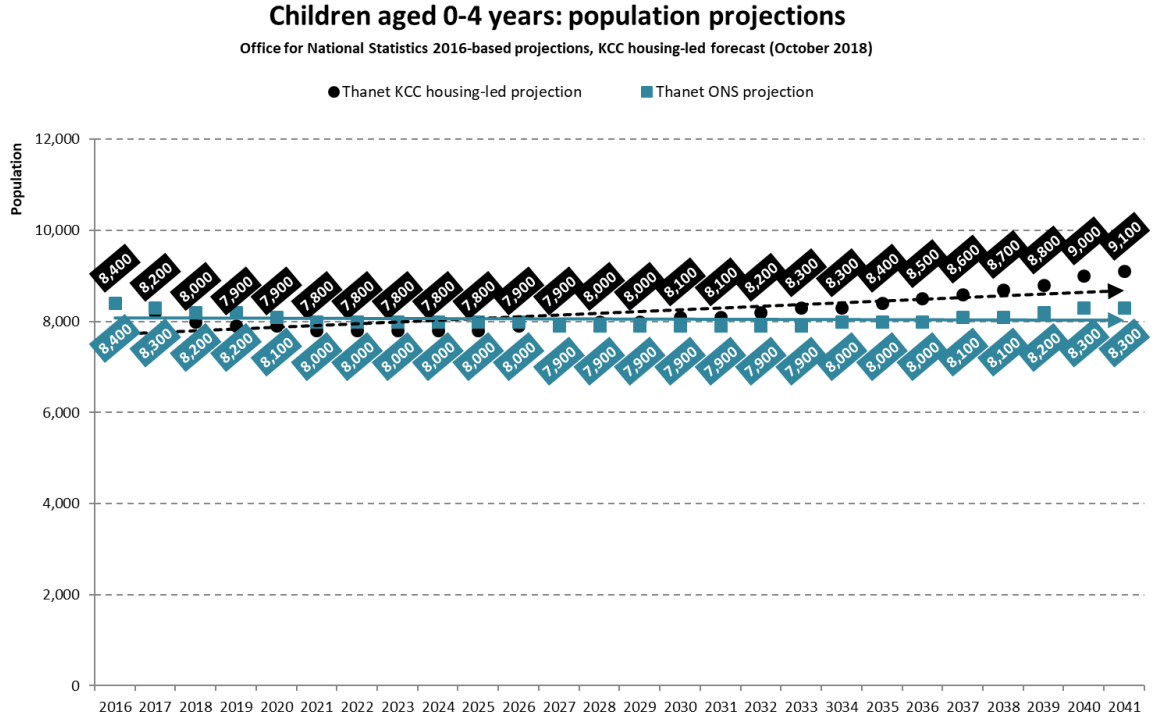
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 36: Population Projections Ages 0-4 Swale



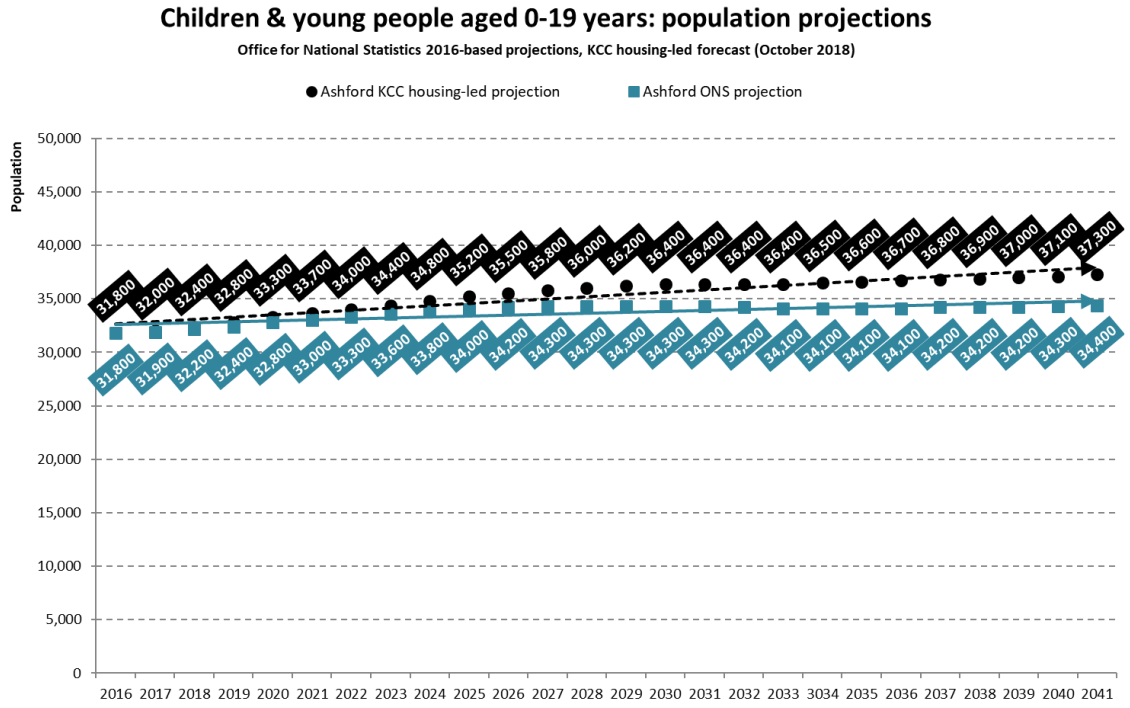
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 37: Population Projections Ages 0-4 Thanet



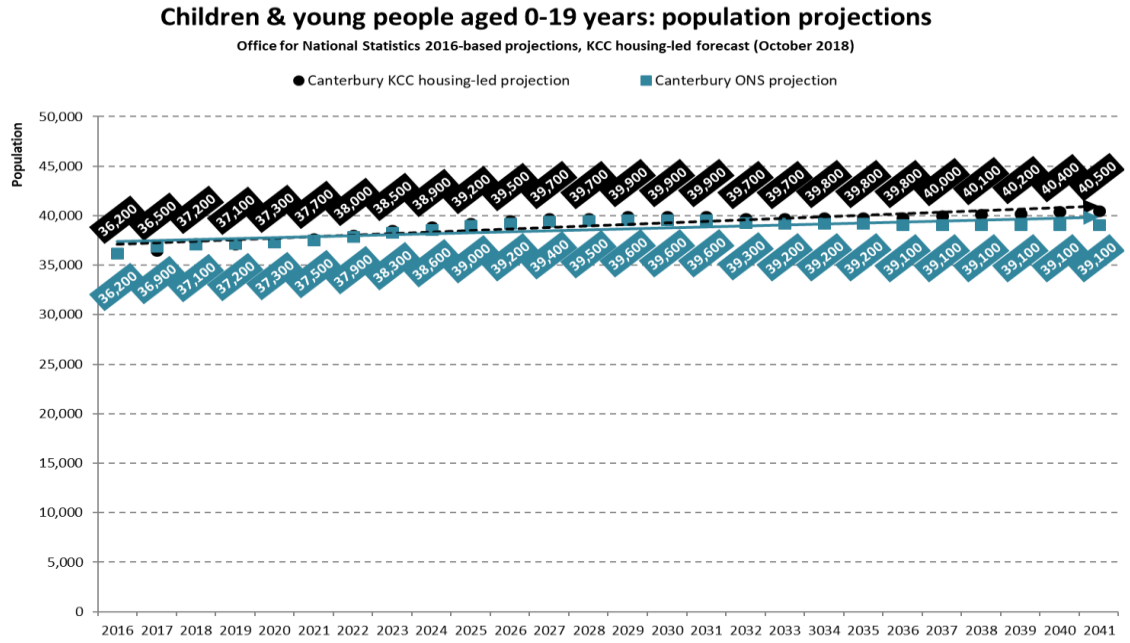
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 38: Population projections - Ages 0-19 Ashford



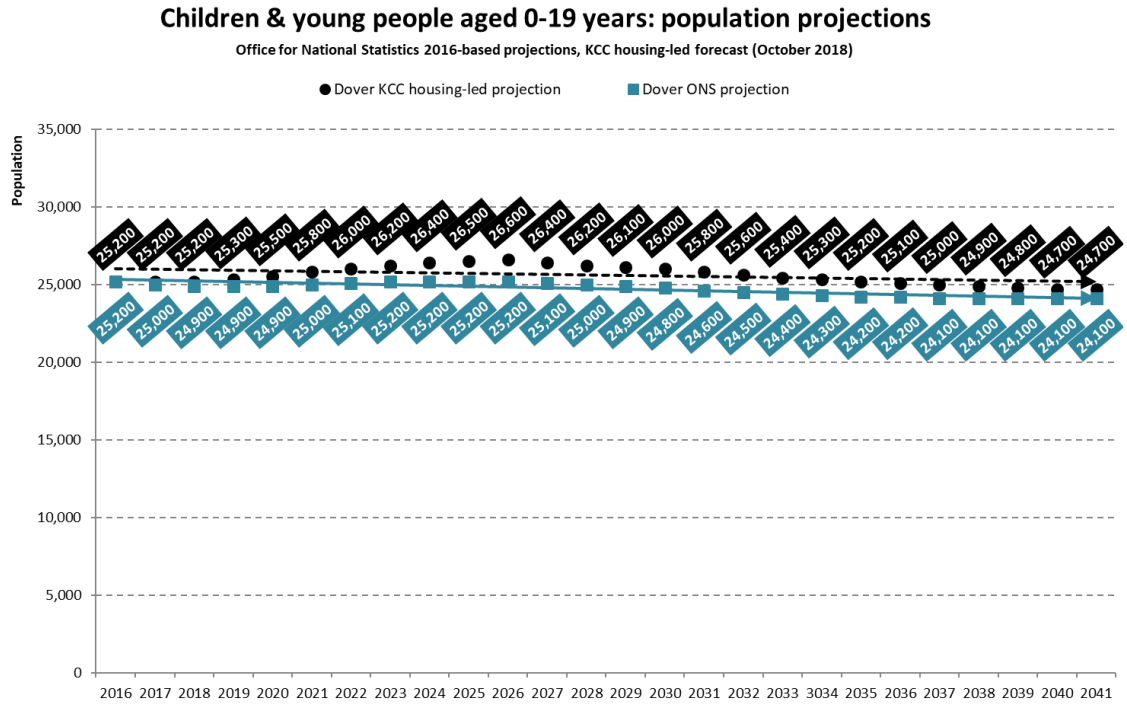
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 39: Population projections - Ages 0-19 Canterbury



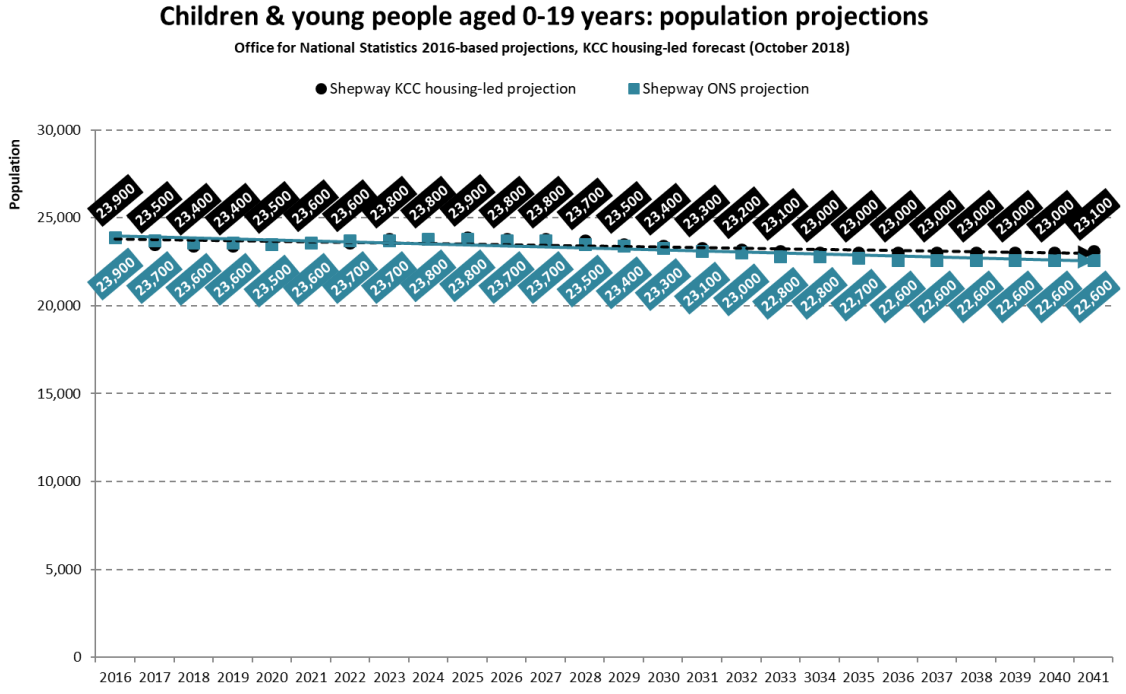
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 40: Population projections - Ages 0-19 Dover



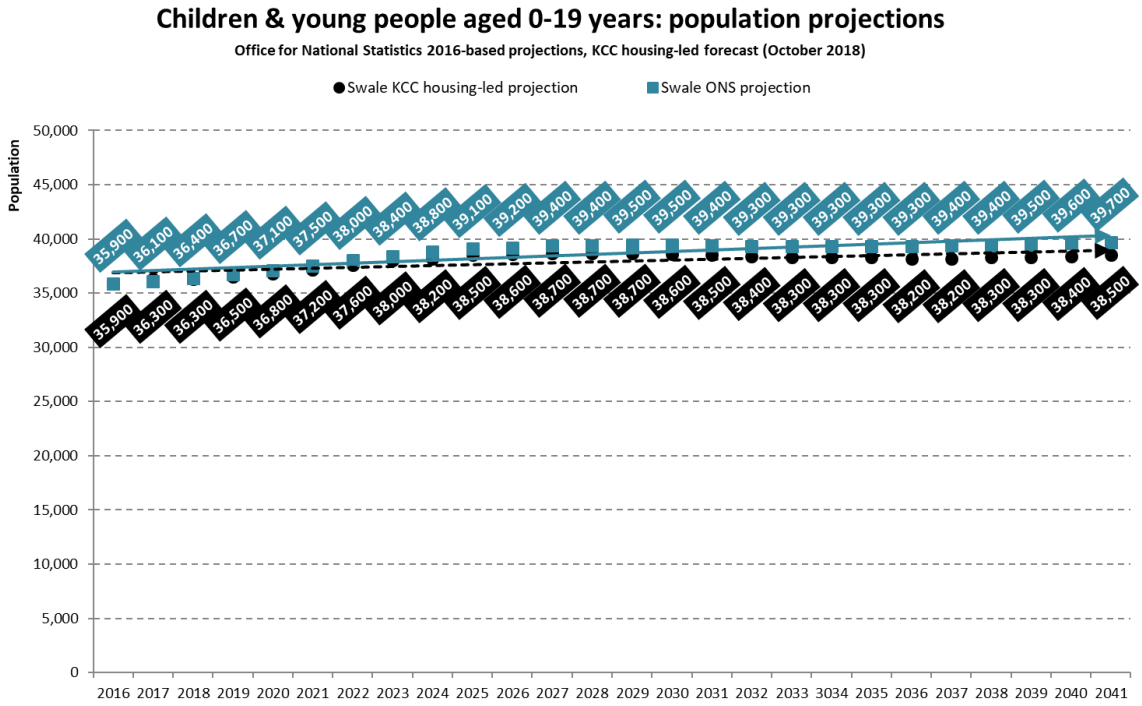
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 41: Population projections - Ages 0-19 Folkstone and Hythe



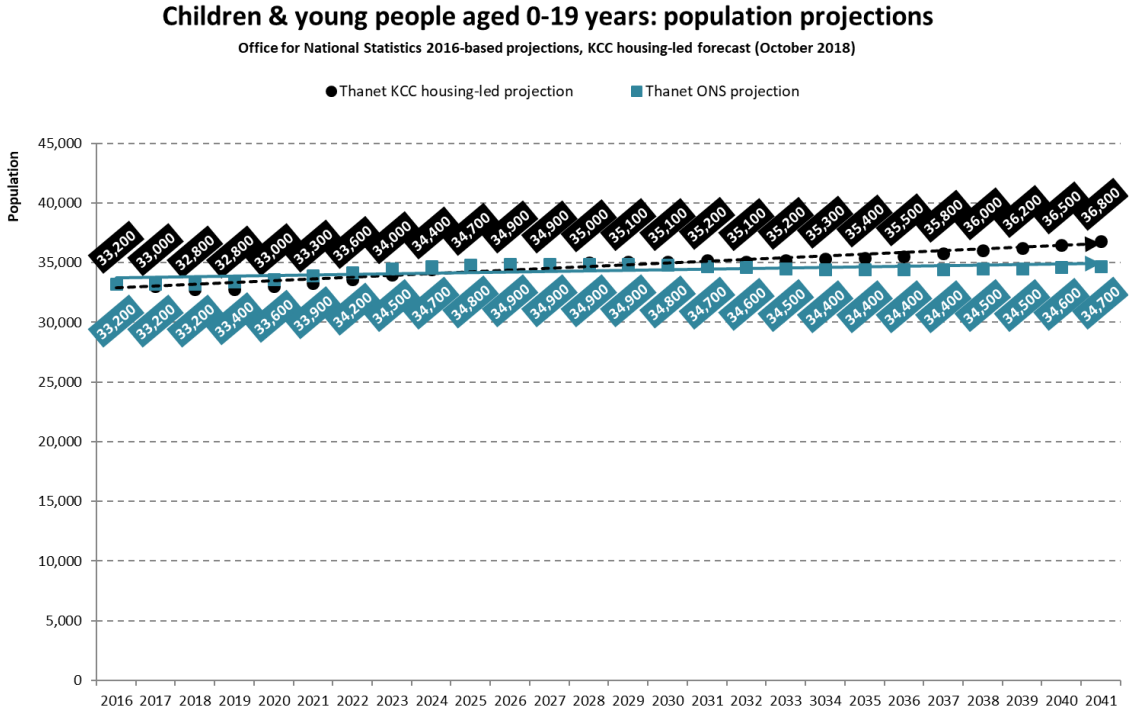
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 42: Population projections - Ages 0-19 Swale



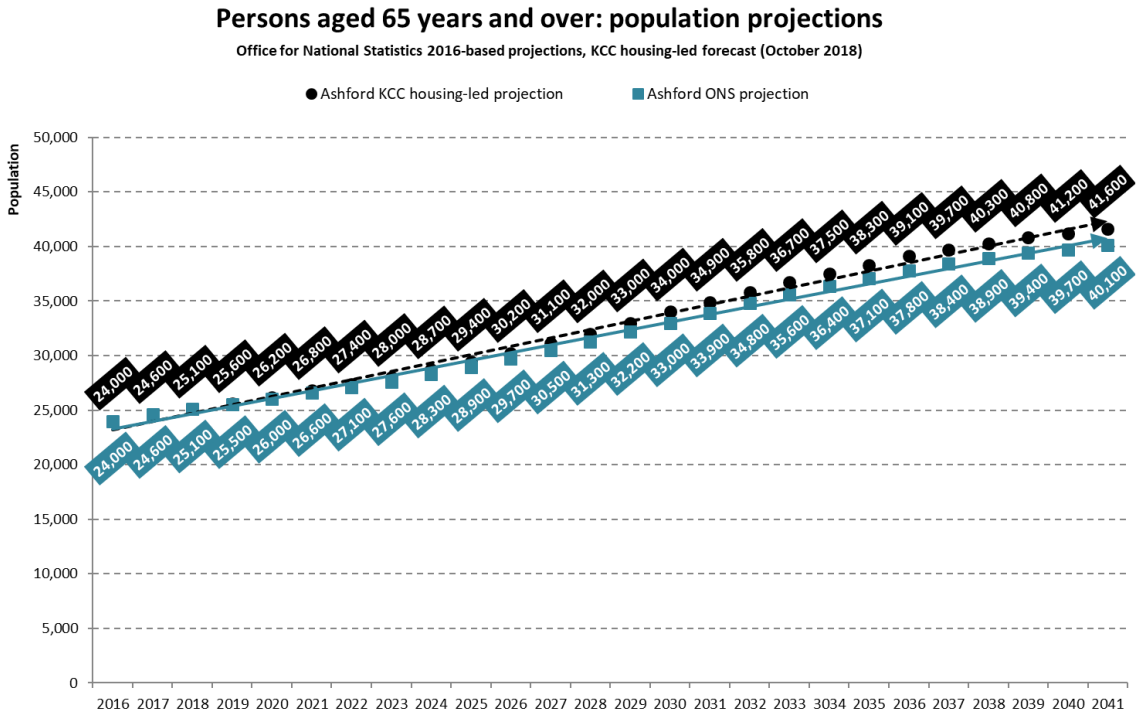
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 43: Population projections - Ages 0-19 Thanet



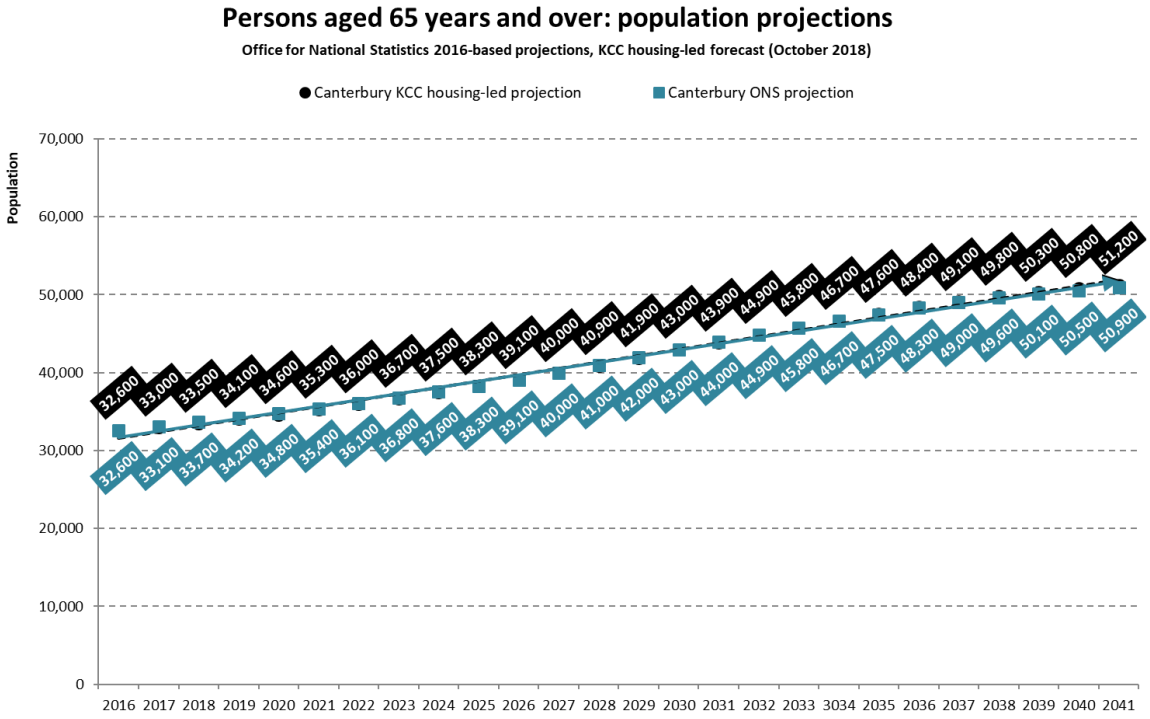
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 44: Population projections - Ages 65+ Ashford



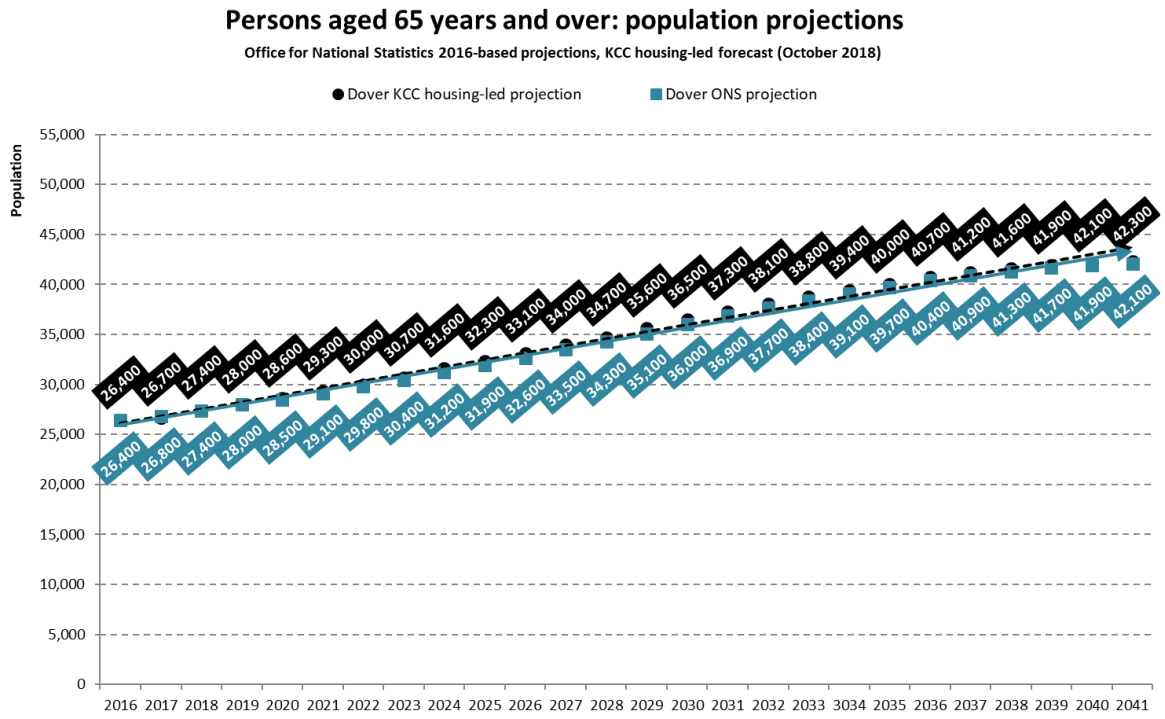
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 45: Population projections - Ages 65+ Canterbury



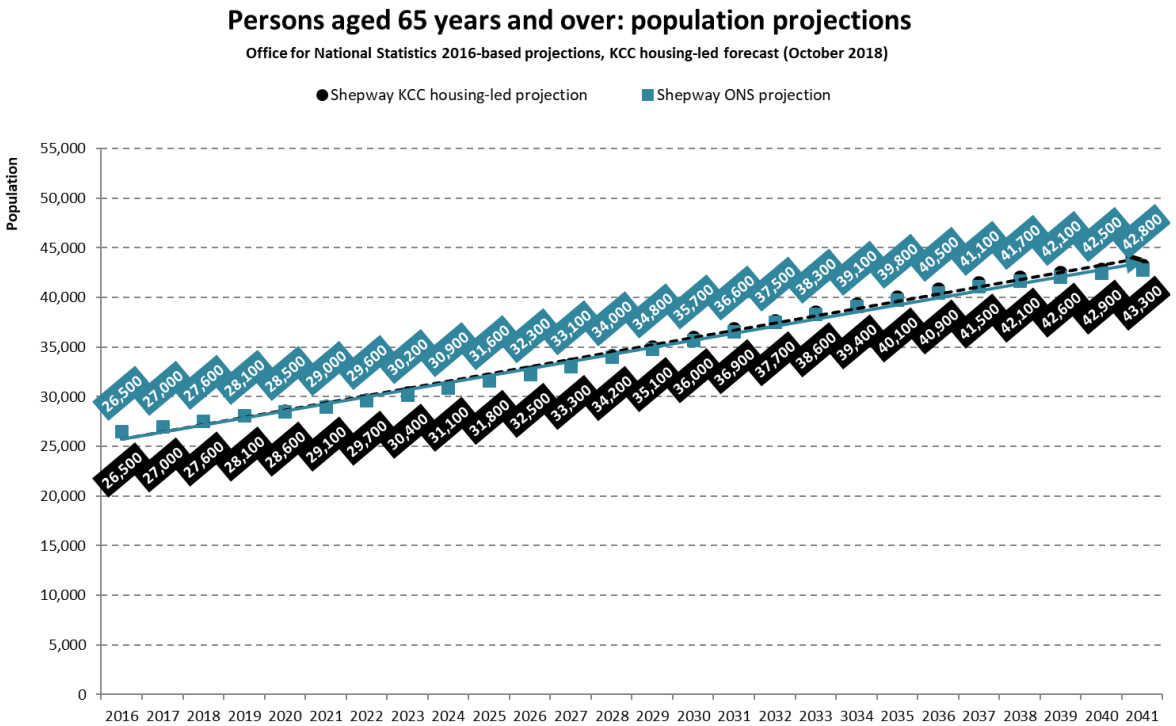
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 46: Population projections - Ages 65+ Dover



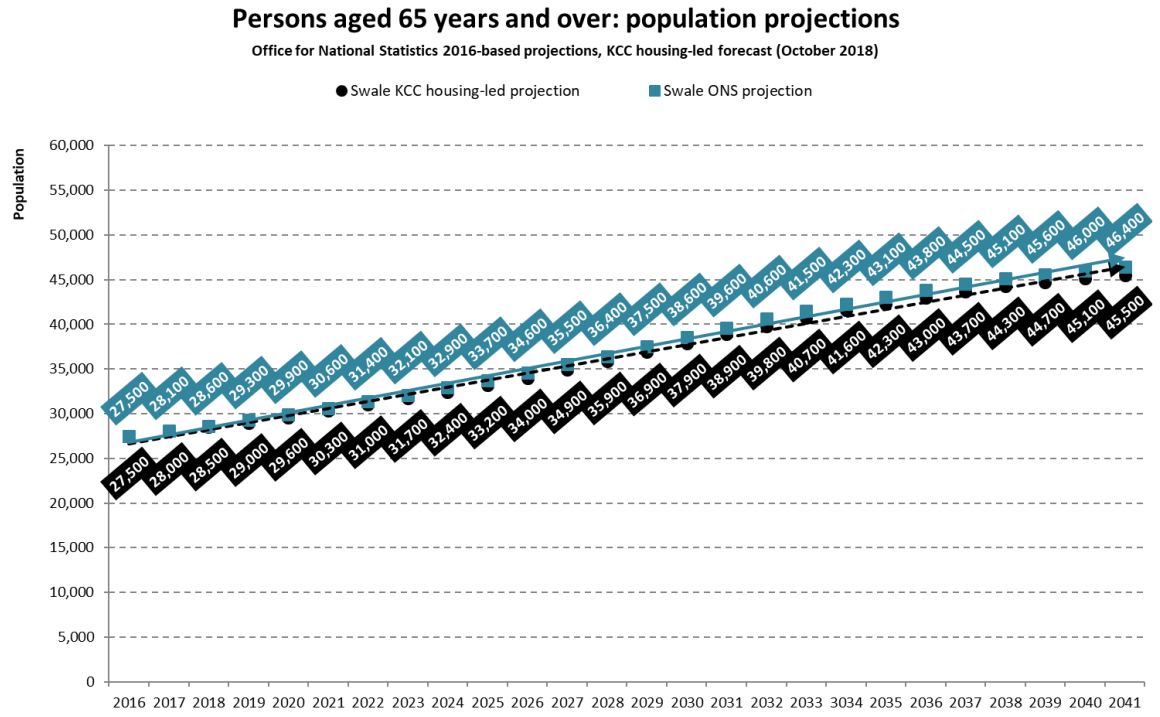
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 47: Population projections - Ages 65+Folkstone and Hythe



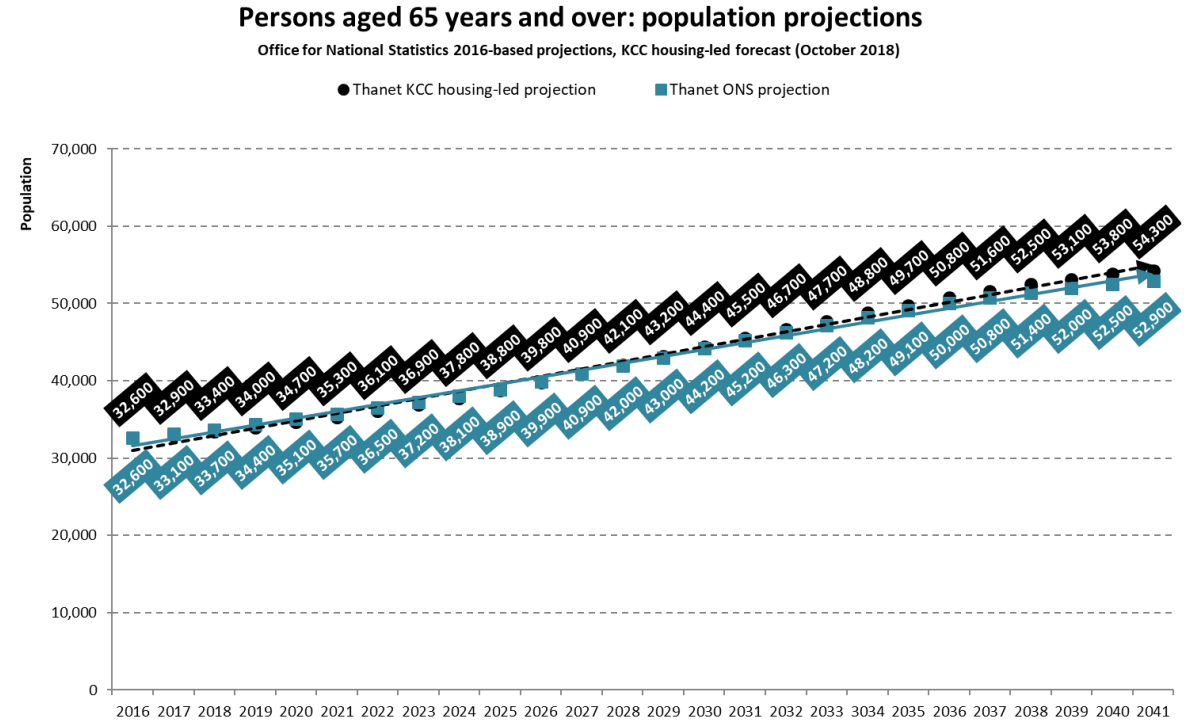
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 48: Population projections - Ages 65+ Swale



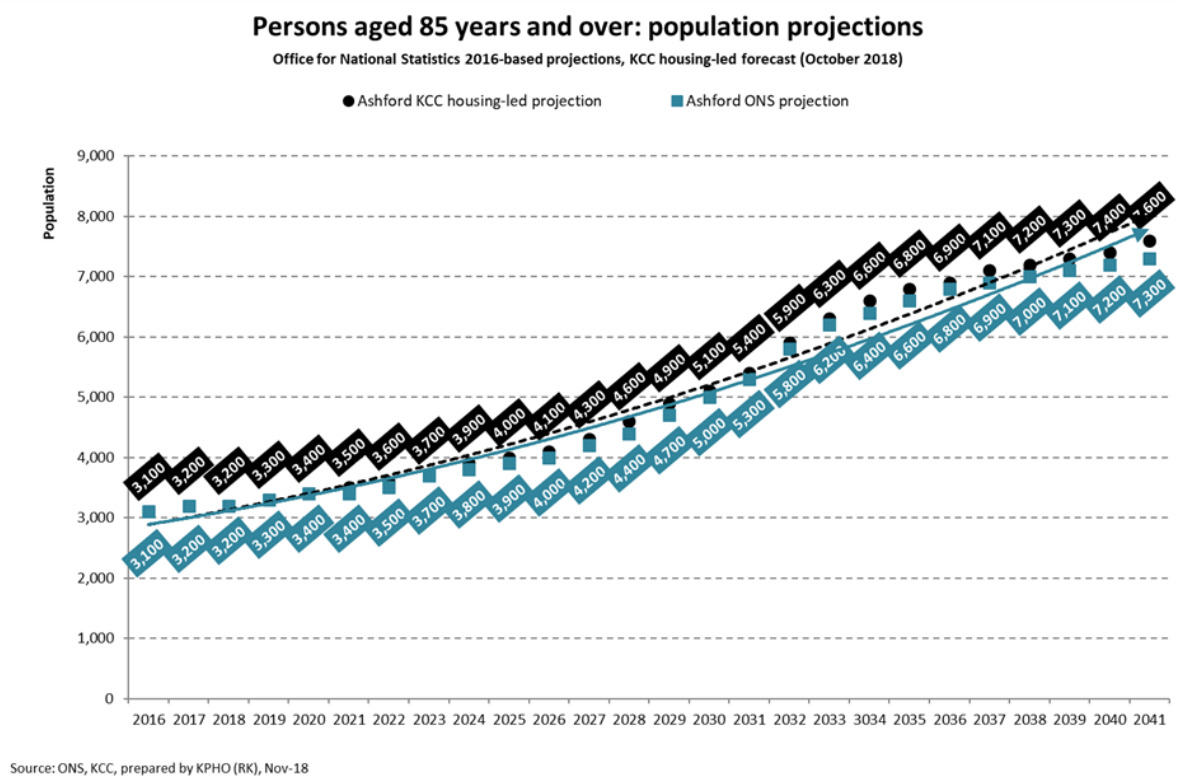
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 49: Population projections - Ages 65+ Thanet



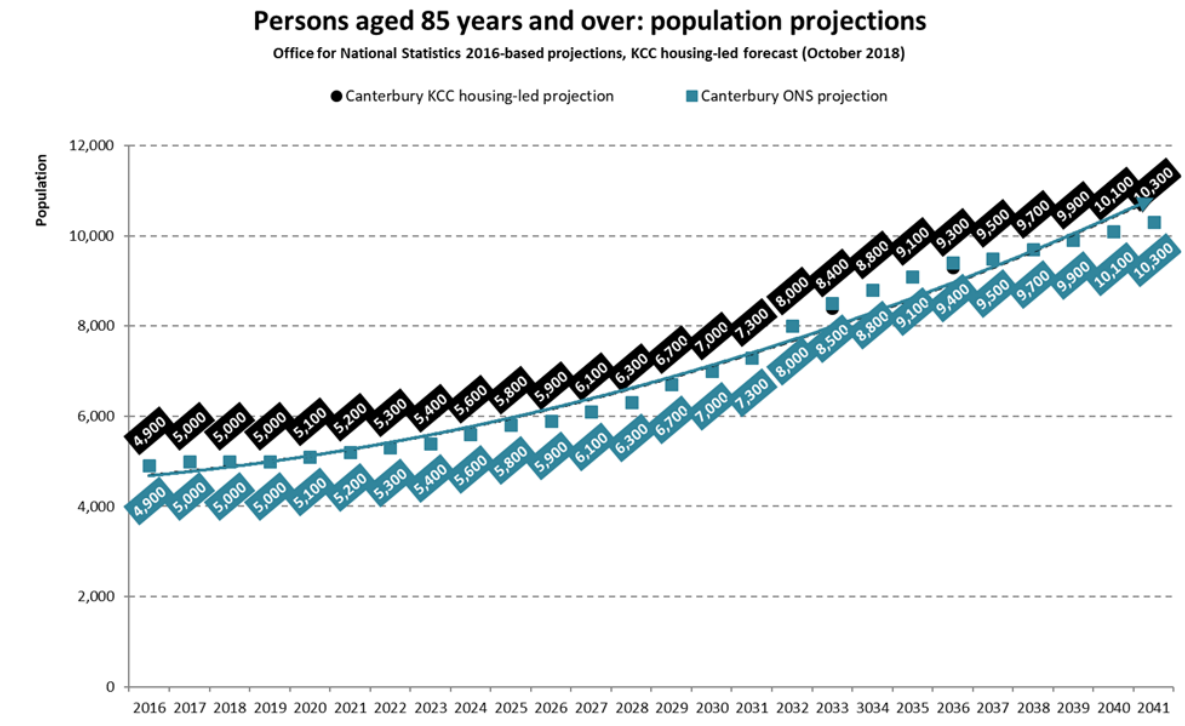
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 50: Population projections - Ages 85+ Ashford



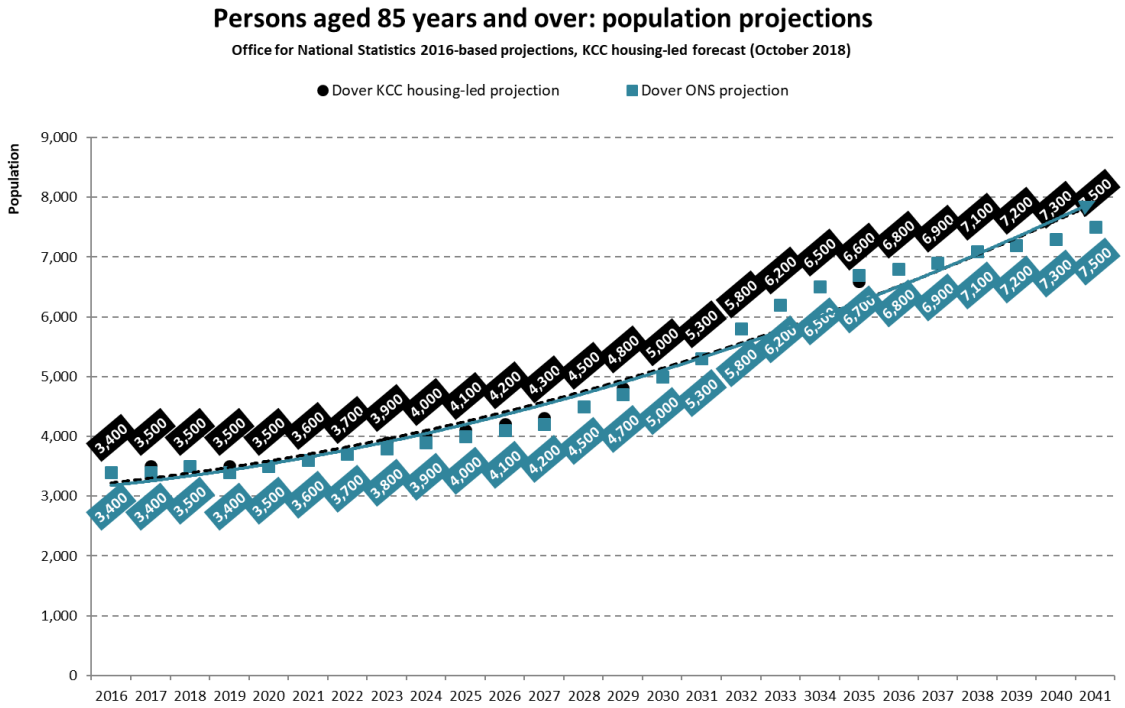
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 51: Population projections - Ages 85+ Canterbury



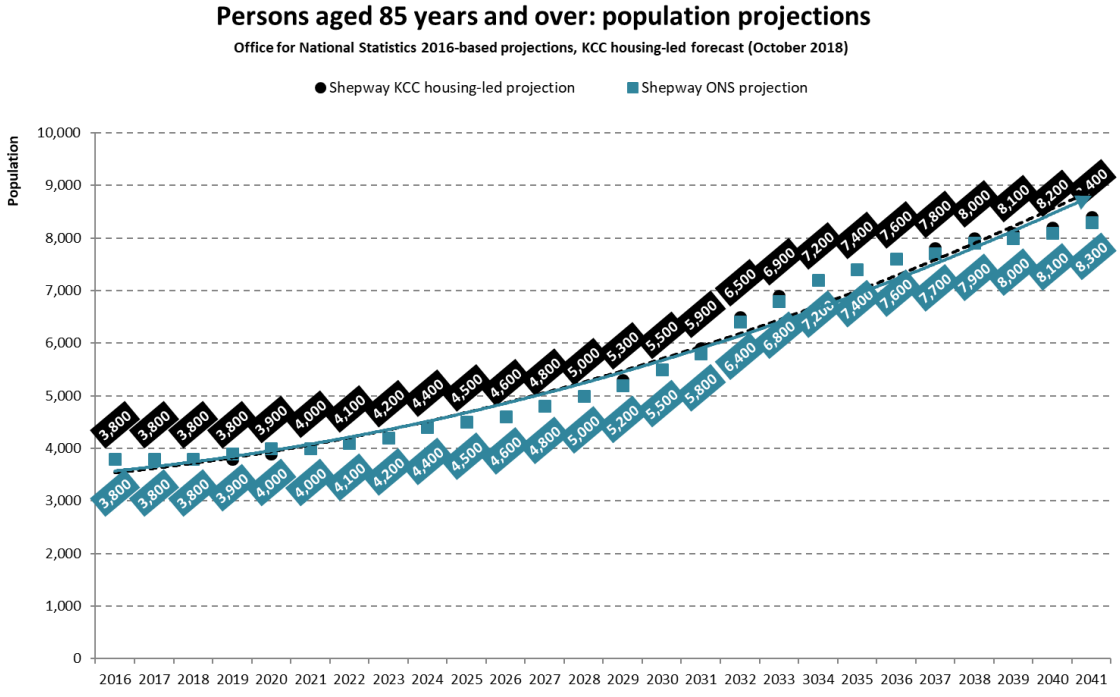
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 52: Population projections - Ages 85+ Dover



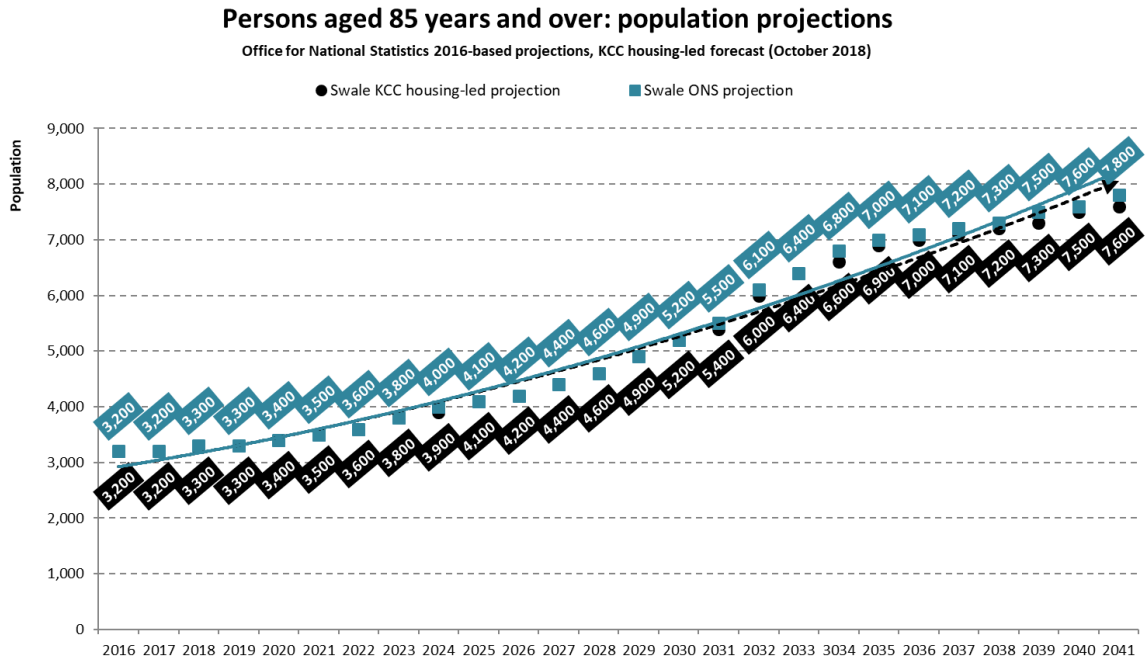
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 53: Population projections - Ages 85+ Folkstone and Hythe



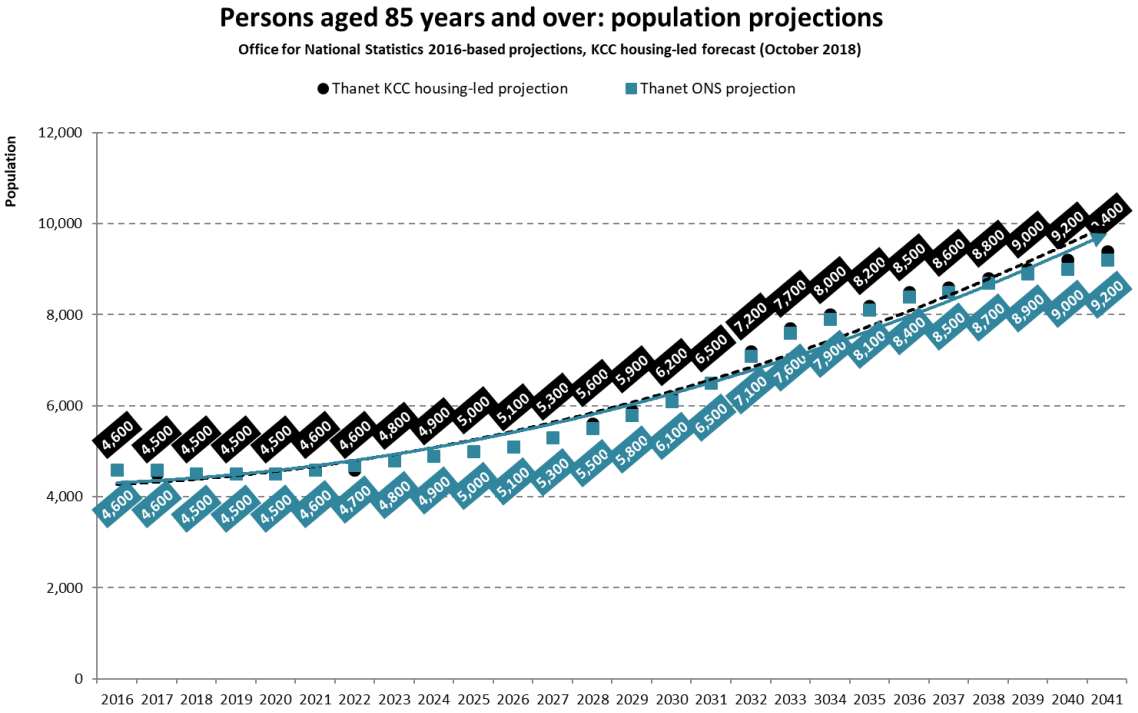
Source: ONS, KCC, prepared by KPHO (RK), Nov-18

Figure 54: Population projections - Ages 85+ Swale



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

Figure 55: Population projections - Ages 85+ Thanet



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

3.5 The Diversity and Ethnicity of the East Kent Population

Ethnicity is recorded during each census round and there are no other reliable sources of this information available at whole population level. Consequently, estimates are less reliable the more time that has elapsed since the previous census.

There are small variations in ethnicity across the six East Kent districts. In 2011, just 3.3% of the population of Dover, and 3.4% of the population of Swale District were of Black and ethnic minority origin compared with 7% of the population of Canterbury. These compare with a Kent average of 6.3% and the England average of 14.6%.

The proportion of the population that are of Black and minority ethnic origin tends to decrease with increasing age across the districts, apart from in Canterbury where the 16-64 group has the highest proportion of BME people, likely to be high due to the local student population. Whilst 9% of 0-15s in Ashford are BME, this decreases to 6.7% of those of working age, and 1.5% of those aged 65+.

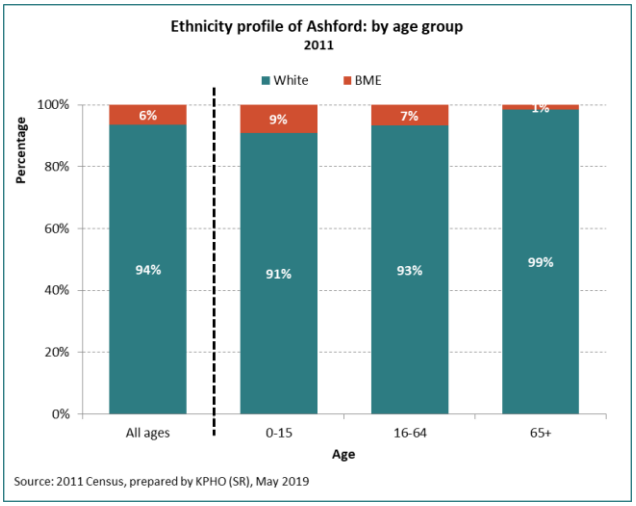
Ethnicity is important to understand in planning health care services for three main reasons:

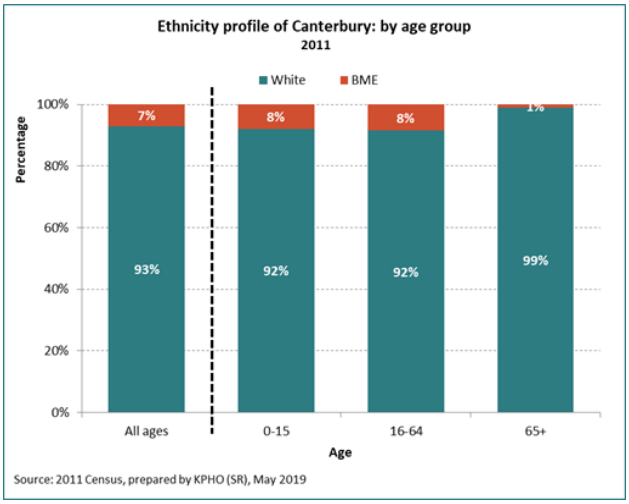
a **Physical and biological differences**: There may be differential needs e.g sickle cell, skin cancer, diabetes etc

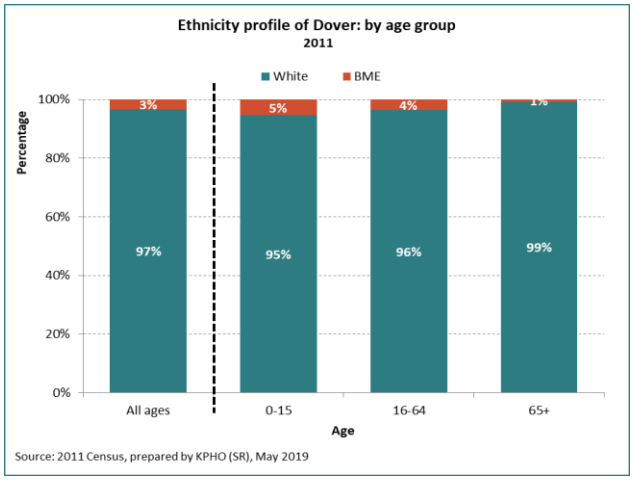
b **Impact of racism and discrimination**: People who are more isolated from communities may lose a protective factor of community engagement and safety and this may lead to feelings of isolation and discrimination. People may also be less understood and/ or targeted for hate crimes.

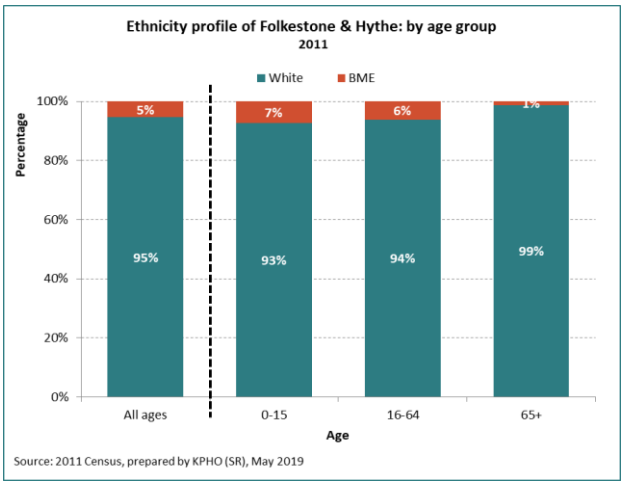
c **Cultural and structural differences**: People may not speak English fluently, they may not understand how the health care system works, they may carry different expectations of health care and health seeking behaviour than the indigenous group.

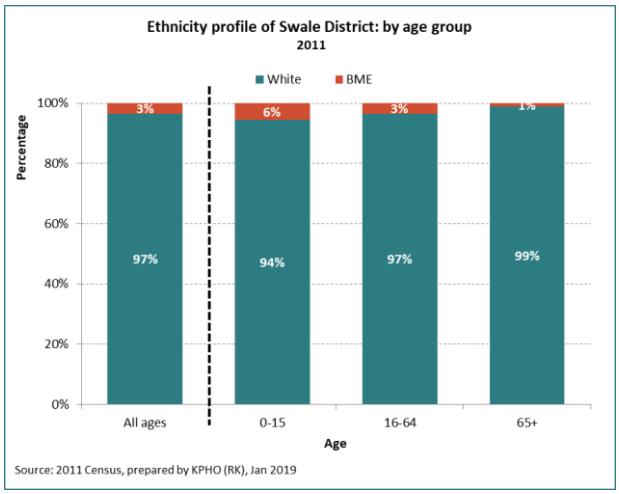
Figure 56: Ethnicity by age group, 2011 across all East Kent Districts











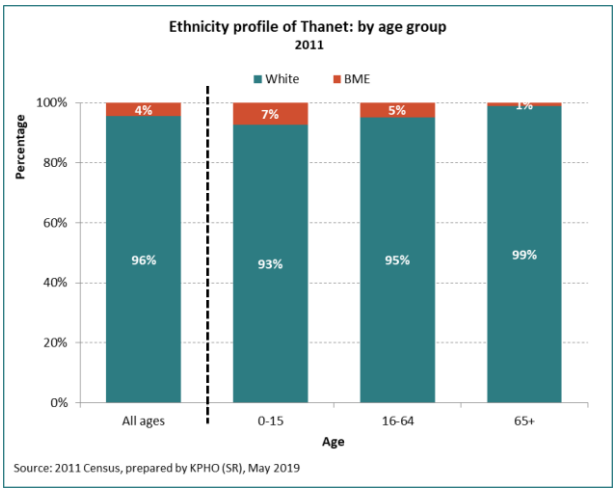


Figure 57: Ethnic breakdown by District, 2011 Census

	Ashford		Canterbury		Dover	
	Number	**%**	**Number**	**%**	**Number**	**%**
All people	**117,956**	***100.0%***	**151,145**	***100.0%***	**111,674**	***100.0%***
White: Total	**110,520**	***93.7%***	**140,620**	***93.0%***	**107,966**	***96.7%***
Total BME	**7,436**	***6.3%***	**10,525**	***7.0%***	**3,708**	***3.3%***
White: English/Welsh/Scottish/Northern Irish/British	105,498	*89.4%*	132,269	*87.5%*	103,848	*93.0%*
White: Other White	3,738	*3.2%*	6,717	*4.4%*	3,312	*3.0%*
White: Irish	753	*0.6%*	1,260	*0.8%*	572	*0.5%*
White: Gypsy or Irish Traveller	531	*0.5%*	374	*0.2%*	234	*0.2%*
Asian/Asian British: Indian	958	*0.8%*	1,448	*1.0%*	397	*0.4%*
Asian/Asian British: Other Asian	2,256	*1.9%*	1,694	*1.1%*	1,169	*1.0%*
Black/African/Caribbean/Black British: African	948	*0.8%*	1,338	*0.9%*	265	*0.2%*
Mixed/multiple ethnic group: White and Asian	507	*0.4%*	897	*0.6%*	360	*0.3%*
Mixed/multiple ethnic group: White and Black Caribbean	544	*0.5%*	680	*0.4%*	281	*0.3%*

Asian/Asian British: Chinese	431	*0.4%*	1,436	*1.0%*	274	*0.2%*
Mixed/multiple ethnic group: Other Mixed	396	*0.3%*	669	*0.4%*	255	*0.2%*
Other ethnic group: Any other ethnic group	301	*0.3%*	497	*0.3%*	197	*0.2%*
Asian/Asian British: Bangladeshi	185	*0.2%*	251	*0.2%*	151	*0.1%*
Black/African/Caribbean/Black British: Caribbean	327	*0.3%*	437	*0.3%*	85	*0.1%*
Mixed/multiple ethnic group: White and Black African	235	*0.2%*	305	*0.2%*	133	*0.1%*
Asian/Asian British: Pakistani	161	*0.1%*	306	*0.2%*	40	*0.0%*
Other ethnic group: Arab	87	*0.1%*	405	*0.3%*	65	*0.1%*
Black/African/Caribbean/Black British: Other Black	100	*0.1%*	162	*0.1%*	36	*0.0%*

	Folkestone & Hythe		**Swale**		**Thanet**	
	Number	**%**	**Number**	**%**	**Number**	**%**
All people	**107,969**	***100.0%***	**135,835**	***100.0%***	**134,186**	***100.0%***
White: Total	**102,215**	***94.7%***	**131,155**	***96.6%***	**128,194**	***95.5%***
Total BME	**5,754**	***5.3%***	**4,680**	***3.4%***	**5,992**	***4.5%***
White: English/Welsh/Scottish/Northern Irish/British	98,029	*90.8%*	126,130	*92.9%*	121,346	*90.4%*
White: Other White	3,277	*3.0%*	3,515	*2.6%*	5,635	*4.2%*
White: Irish	745	*0.7%*	780	*0.6%*	1,026	*0.8%*
White: Gypsy or Irish Traveller	164	*0.2%*	730	*0.5%*	187	*0.1%*
Asian/Asian British: Indian	413	*0.4%*	545	*0.4%*	738	*0.5%*
Asian/Asian British: Other Asian	2,686	*2.5%*	398	*0.3%*	954	*0.7%*
Black/African/Caribbean/Black British: African	277	*0.3%*	993	*0.7%*	585	*0.4%*
Mixed/multiple ethnic group: White and Asian	420	*0.4%*	441	*0.3%*	598	*0.4%*
Mixed/multiple ethnic group: White and Black Caribbean	387	*0.4%*	533	*0.4%*	720	*0.5%*
Asian/Asian British: Chinese	281	*0.3%*	233	*0.2%*	450	*0.3%*
Mixed/multiple ethnic group: Other Mixed	311	*0.3%*	376	*0.3%*	539	*0.4%*
Other ethnic group: Any other ethnic group	266	*0.2%*	174	*0.1%*	274	*0.2%*
Asian/Asian British: Bangladeshi	226	*0.2%*	206	*0.2%*	178	*0.1%*
Black/African/Caribbean/Black British: Caribbean	130	*0.1%*	277	*0.2%*	239	*0.2%*
Mixed/multiple ethnic group: White and Black African	149	*0.1%*	225	*0.2%*	329	*0.2%*
Asian/Asian British: Pakistani	93	*0.1%*	107	*0.1%*	184	*0.1%*
Other ethnic group: Arab	64	*0.1%*	47	*0.0%*	118	*0.1%*
Black/African/Caribbean/Black British: Other Black	51	*0.0%*	125	*0.1%*	86	*0.1%*

Conclusions: The Population of East Kent is aging and in the next 20 years there will be 50% more people aged over 65.

The population of east Kent is increasing, and the average age of the population is getting older each year.

Each of the east Kent CCG areas has a different population makeup. Canterbury & Coastal CCG has a high student population and consequently a higher proportion of residents aged 15 to 29. South Kent Coast and Thanet CCGs have higher proportions of their population aged over 50. GP practice populations in South Kent Coast, Thanet and Canterbury CCGs have a higher proportion of their population aged 65+ than the Kent average.

The overall population is expected to increase by 19% for Kent over the next 20 years, with particular increases in elderly populations, with 50% increases in ages 65+ and double the 85+ populations. This will have implications for age related diseases, and place further pressure on NHS services.

Net migration plays a larger role in population increases than natural change, accounting for around 86% of the 14,000 population increase in Kent between mid-2017 and 2018, a higher proportion than England at 65.2%. Kent is not as ethnically diverse as England, with 6.3% thought to be from a black or minority ethnic background. There are ethnic populations in all major towns, with some communities of particular backgrounds living closer together. It is always important to be aware of their healthcare issues and requirements. Fertility rates are generally stable across east Kent, although Canterbury has shown a slight decline. Deprivation rates are typically higher in child-bearing age females, partly a factor of general lower incomes in younger age groups and child raising responsibilities.

Recommendations:

The lines between what is health care and what is social care blur where populations age in deprived communities. Health and Social Care providers will need to understand their capacity to co-operate and provide care and treatment to people with long-term conditions as they live longer and age in greater numbers. Understanding health and delay/ prevention of long-term conditions will be important in designing services – and prevention and self care post age 40 will need to become the norm in delivering services making training of the workforce and engagement of patients important.

People's mobility and ability to understand complex and changing environments and technology will be important. Care for over 85s needs to be planned and most importantly involve the patient and carers well before frailty sets in. Once people become in need of services those services need to be of high quality and easy to access.

Maternity and child health (including public health) services need to be of high quality and situated near or accessible to areas of greater planned housing developments and places of deprivation.

Ensuring there is a skilled and able working population that is able to service rural and urban communities is also a key factor in planning health care in the next 10 years.

4 | Wider Social Determinants Affecting Health Outcomes

Recommendations

- **Create partnership wide linked development plans to tackle deprivation in east Kent led by district councils.**
- **Create opportunities for social and economic support, social engagement and cohesion and poverty mitigation programmes for the populations living in the highest areas of deprivation in east Kent.**
- **Ensure that the wards and lower super output areas in east Kent with the greatest deprivation have high quality access to maternity, early years and proactive primary care services and mental health support.**
- **Create a plan to prevent frailty in the older population of east Kent and promote healthy aging including strengthen bone health, walking and preventing falls.**

4.1 Deprivation - Index of Multiple Deprivation (IMD)

The Index of Multiple Deprivation (IMD) is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower Layer Super Output Area (LSOA), or neighbourhood, in England.

The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains[6] of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015).

IMD has been analysed by ward for the purposes of this needs assessment, each ward covers around 4,000 – 5,000 people and is a suitable level of aggregation for reporting. There are areas of deprivation throughout the four East Kent CCGs, many within urban areas. The maps presented below quintile (fifth) the relative deprivation scores for the whole of Kent, and the most deprived 5th of wards are named.

Why Deprivation is Important to Health

There are five main reasons why deprivation is important to understand when planning services in Kent:

- Poverty and access: poorer people will have restricted access to transport and ability to pay for transport which may restrict ability to access health and social care services.
- Stress and impact of vulnerability and poverty leading to lowered immune system and poorer health outcomes and poor self soothing behaviours e.g. drugs, alcohol, food, gambling etc. Poverty and stress can increase the aging process.

[6] These are Income Deprivation; Employment Deprivation; Health Deprivation and Disability; Education, Skills and Training Deprivation; Crime; Barriers to Housing and Services; and Living Environment Deprivation.

- Poorer access to high quality air, living conditions, safety, food, employment and recreation.
- Poor access to high quality health services and health and social care professionals.
- Higher degree of crime and violence leading to injury.

Figure 58: Index of Multiple Deprivation (IMD) – by ward: Ashford

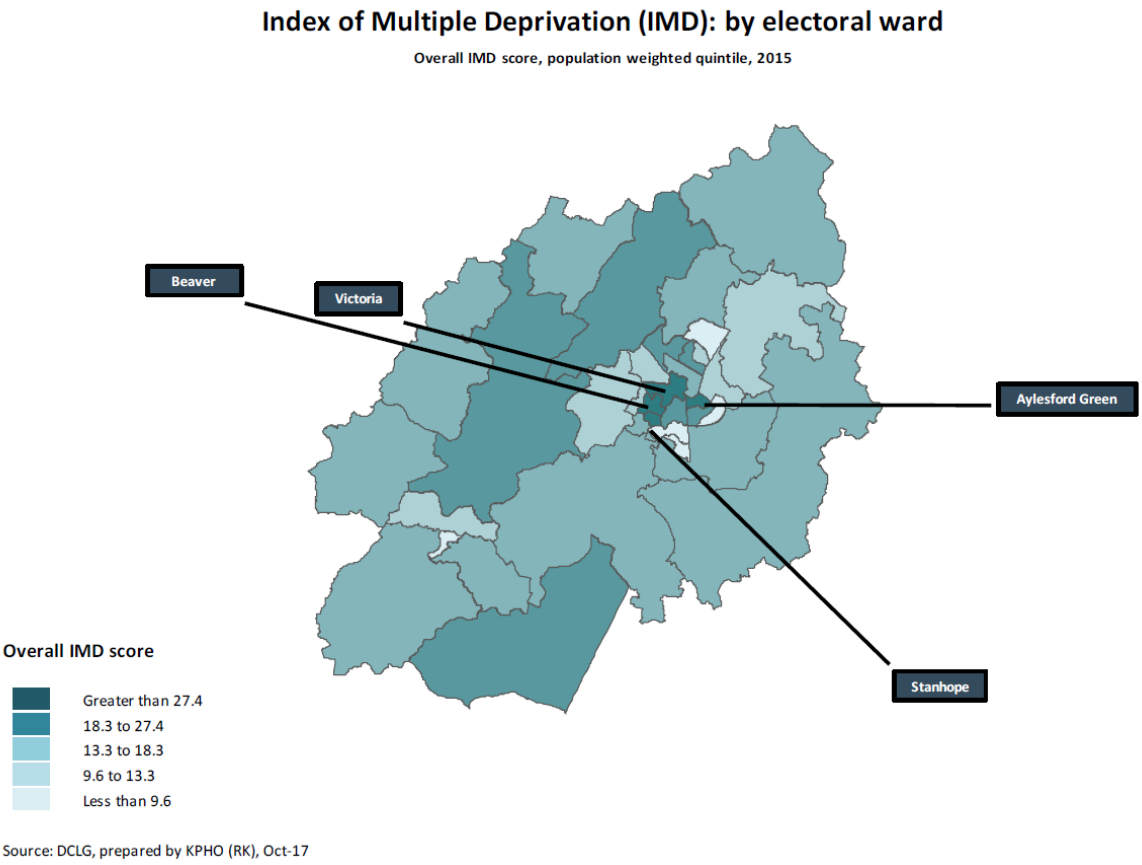


Figure 59: IMD by Ward in Canterbury

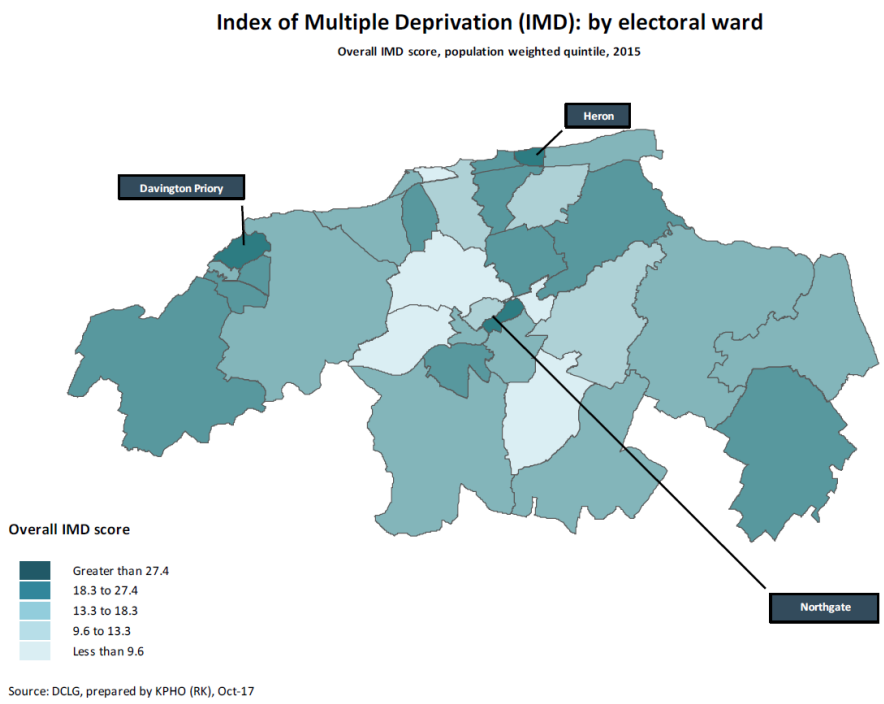


Figure 60: IMD South Kent Coast

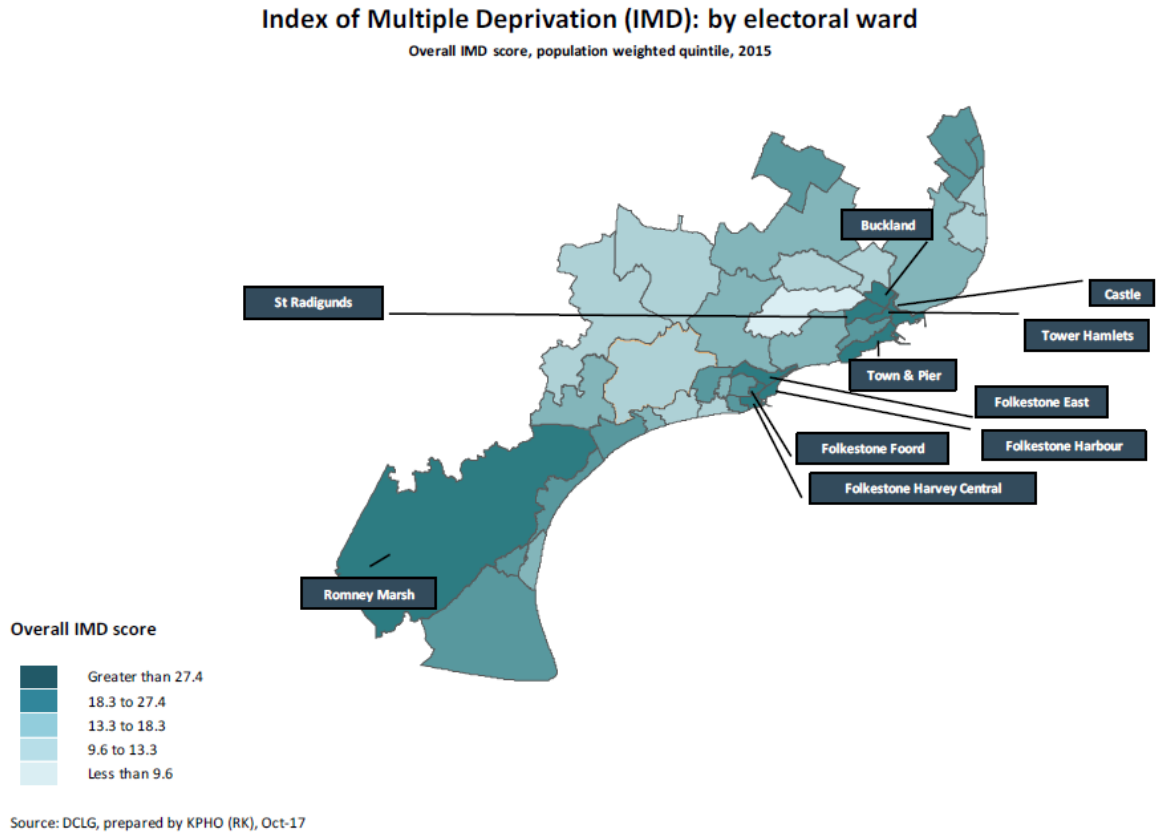
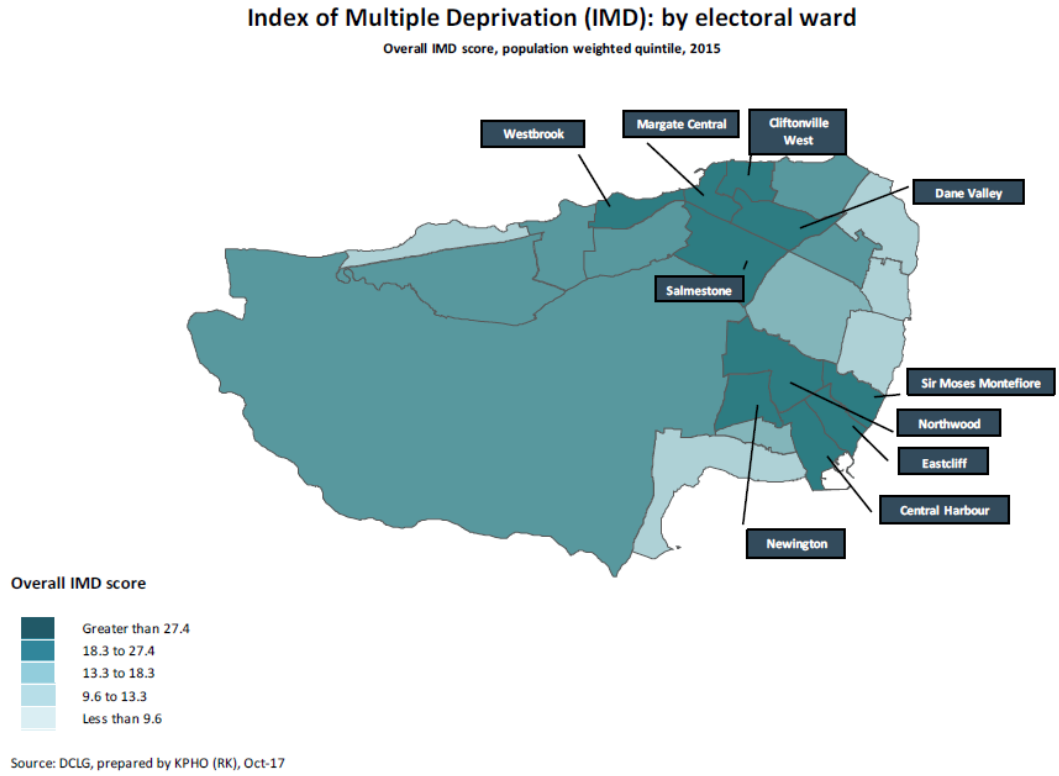


Figure 61: IMD Thanet



The Most Deprived Small Areas and Wards In East Kent

The 2015 Kent Annual Public Health Report[7] on health inequalities placed a focus on LSOAs within the most deprived decile in Kent, as defined by IMD 2015. The Mind the Gap[8] analytical report identified the following LSOAs within the most deprived decile, four within Ashford CCG, eight within Canterbury & Coastal CCG, 19 within South Kent Coast CCG and 24 within Thanet CCG.[9]

- E01023973 (Ashford 005A) – located within Aylesford Green ward
- E01024020 (Ashford 008C) – located within Stanhope ward
- E01024019 (Ashford 008B) - located within Stanhope ward
- E01024028 (Ashford 007F) – located within Victoria ward
- E01024563 (Swale 015D) – located within Davington Priory ward
- E01024080 (Canterbury 001B) – located within Heron ward
- E01024081 (Canterbury 001C) – located within Heron ward
- E01024078 (Canterbury 001A) - located within Heron ward
- E01024091 (Canterbury 011A) – located within Northgate ward
- E01024061 (Canterbury 007B) – located within Gorrell ward

[7] https://www.kpho.org.uk/__data/assets/pdf_file/0005/57407/Final-Public-Health-Annual-Report-2015.pdf
[8] https://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report
[9] Further analysis of the most deprived decile LSOAs and their characteristics can be found at https://www.kpho.org.uk/health-intelligence/inequalities/deprivation/mind-the-gap-analytical-report

- E01024108 (Canterbury 009D) – located within Seasalter ward
- E01024128 (Canterbury 019A) – located within Wincheap ward
- E01024192 (Dover 006C) – located within Aylesham ward
- E01024196 (Dover 011D) – located within Buckland ward
- E01024193 (Dover 011A) - located within Buckland ward
- E01033211 (Dover 012F) – located within Castle ward
- E01024215 (Dover 013B) – located within Maxton, Elms Vale and Priory ward
- E01024214 (Dover 013A) - located within Maxton, Elms Vale and Priory ward
- E01024240 (Dover 011F) – located within St Radigunds ward
- E01024247 (Dover 012D) – located within Tower Hamlets ward
- E01024246 (Dover 013D) - located within Tower Hamlets ward
- E01024248 (Dover 011H) - located within Tower Hamlets ward
- E01024249 (Dover 013E) - located within Town and Pier ward
- E01024498 (Shepway 003C) – located within Folkestone East ward
- E01024496 (Shepway 003A) - located within Folkestone East ward
- E01024500 (Shepway 004B) – located within Folkestone Foord ward
- E01024504 (Shepway 014A) – located within Folkestone Harbour ward
- E01024505 (Shepway 004E) – located within Folkestone Harbour ward
- E01024507 (Shepway 014B) – located within Folkestone Harvey Central ward
- E01033215 (Shepway 014D) – located within Folkestone Harvey Central ward
- E01033212 (Shepway 014C) – located within Folkestone Harvey Central ward
- E01024678 (Thanet 001E) – located within Margate Central ward
- E01024676 (Thanet 003A) - located within Margate Central ward
- E01024677 (Thanet 003B) - located within Margate Central ward
- E01024657 (Thanet 001A) – located within Cliftonville West ward
- E01024660 (Thanet 001D) - located within Cliftonville West ward
- E01024658 (Thanet 001B) – located within Cliftonville West ward
- E01024661 (Thanet 004A) - located within Cliftonville West ward
- E01024659 (Thanet 001C) - located within Cliftonville West ward
- E01024663 (Thanet 006D) – located within Dane Valley ward
- E01024666 (Thanet 006E) - located within Dane Valley ward
- E01024662 (Thanet 006C) - located within Dane Valley ward
- E01024664 (Thanet 004B) - located within Dane Valley ward
- E01024672 (Thanet 005A) – located within the Garlinge ward
- E01024667 (Thanet 016D) – located within the Eastcliff ward
- E01024670 (Thanet 015D) - located within the Eastcliff ward
- E01024671 (Thanet 016E) - located within the Eastcliff ward
- E01024649 (Thanet 016C) – located within the Central Harbour ward
- E01024646 (Thanet 016A) - located within the Central Harbour ward

- E01024683 (Thanet 013B) -located within the Newington ward
- E01024682 (Thanet 013A) – located within the Newington ward
- E01024687 (Thanet 013E) – located within the Northwood ward
- E01024699 (Thanet 012C) – located within the Sir Moses Montefiore ward
- E01024697 (Thanet 003D) – located within the Salmestone ward
- E01024710 (Thanet 003E) – located within the Westbrook ward

Deprivation is a key contribution to poor health outcomes and is closely related to wealth. The IMD is a relative measure rather than an individual measure. Knowledge of the location of the most deprived communities is important to understand where the varying health need may be the greatest.

4.2 Unemployment

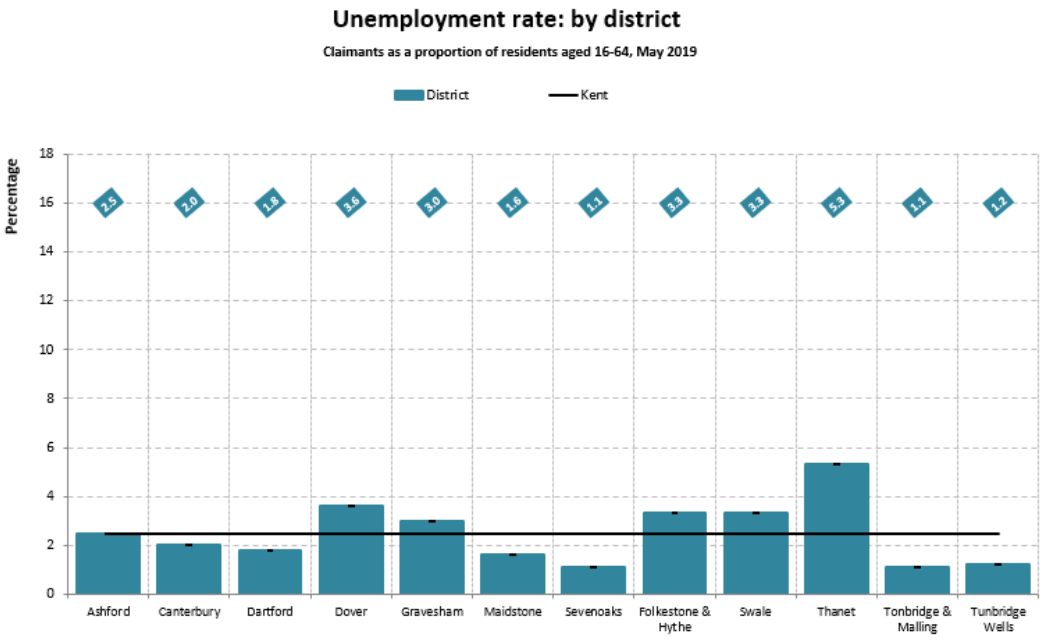
Chronic unemployment is a key driver of poverty and deprivation, which has been clearly shown to increase risks of a large range of poor health outcomes and premature mortality.

In May 2019, Thanet district had the highest unemployment rate in Kent, with Dover, Swale and Folkestone & Hythe also significantly above the Kent average (Figure 62).

There is variation in unemployment rates at ward level (Figures 63 - 67). The following 20 wards have an unemployment rate which is more than double the Kent average as at May 2019:

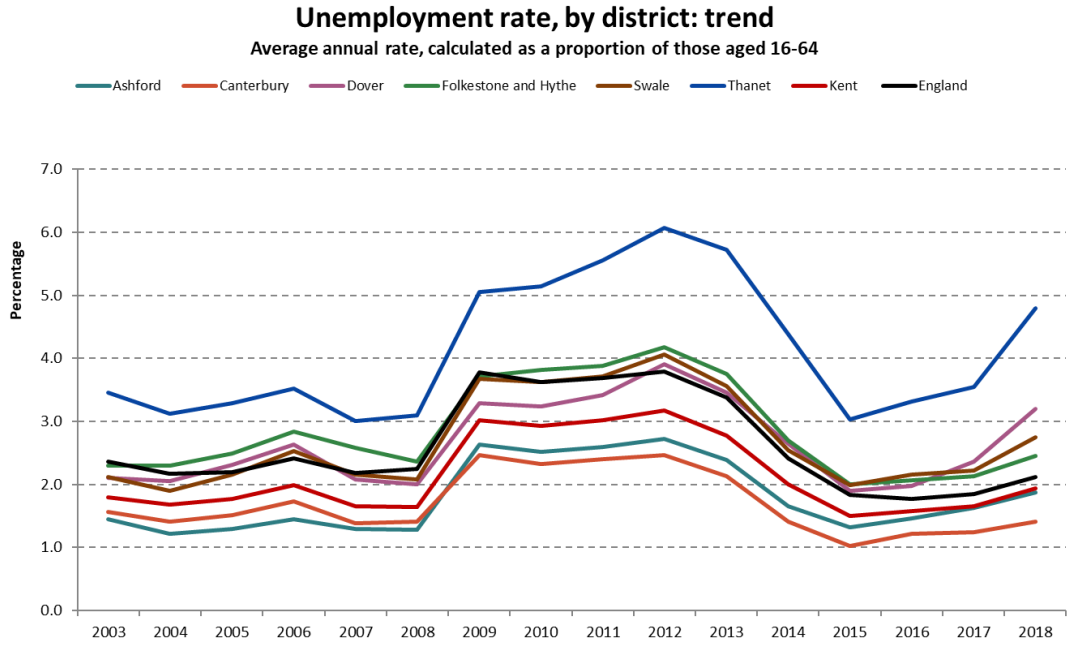
- Stanhope
- Victoria
- Buckland
- Castle
- Maxton, Elms Vale and Priory
- St Radigunds
- Tower Hamlets
- Town and Pier
- Folkestone East
- Folkestone Foord
- Folkestone Harbour
- Folkestone Harvey Central
- Davington Priory
- Central Harbour
- Cliftonville West
- Dane Valley
- Eastcliff
- Margate Central
- Newington
- Northwood

Figure 62: Unemployment rate – by district



Source: NOMIS, prepared by KPHO (SR), Jun-19

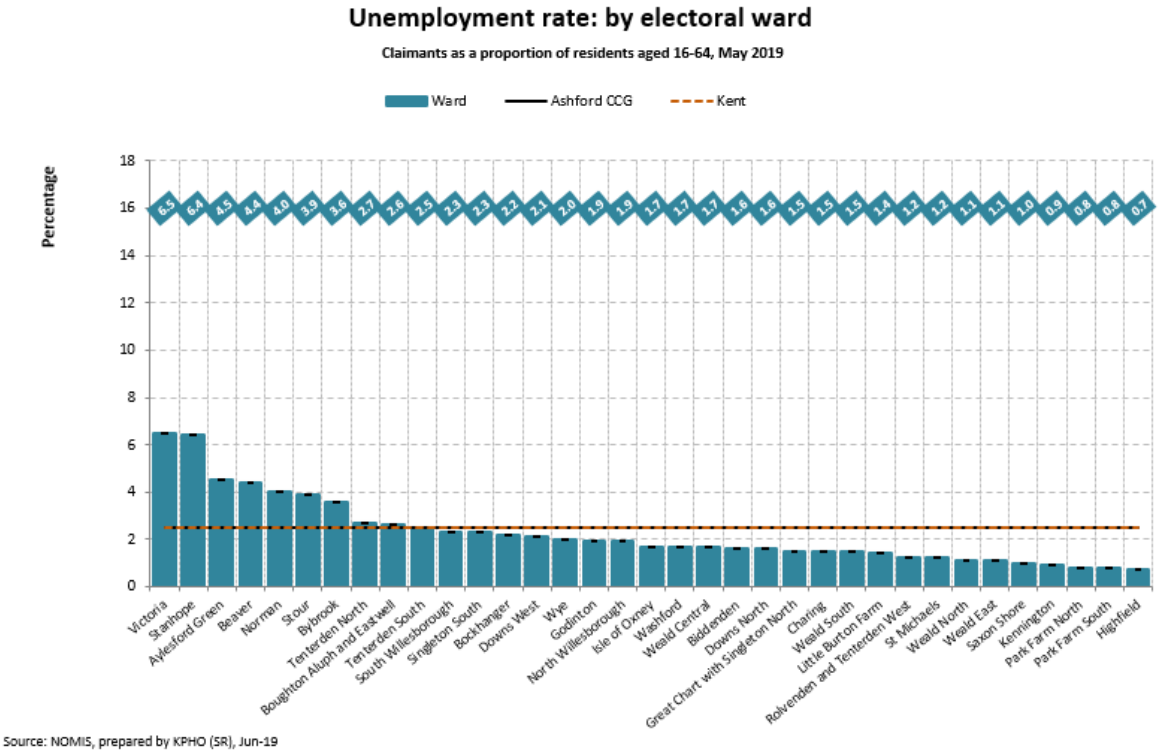
Figure 63: Unemployment rate – trend



Source: NOMIS, prepared by KPHO (SR), June-19

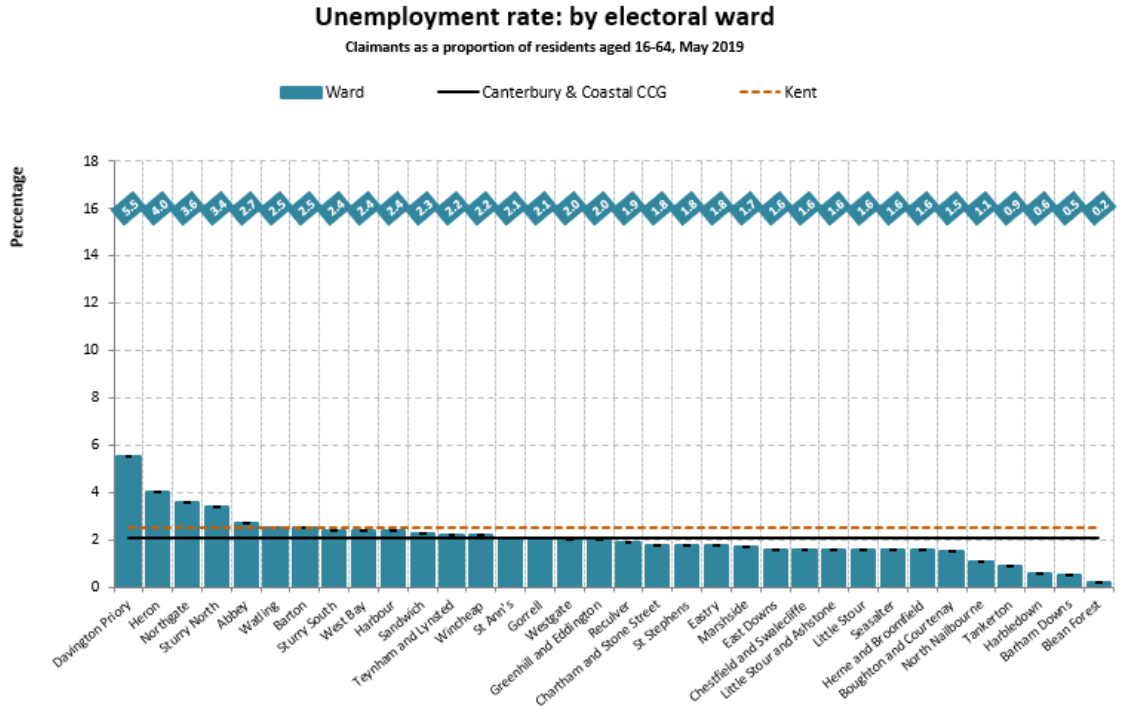
Unemployment fell in all of East Kent in 2015 and is rising again in 2018 (Figure 63).

Figure 64: Unemployment rate – by ward: Ashford



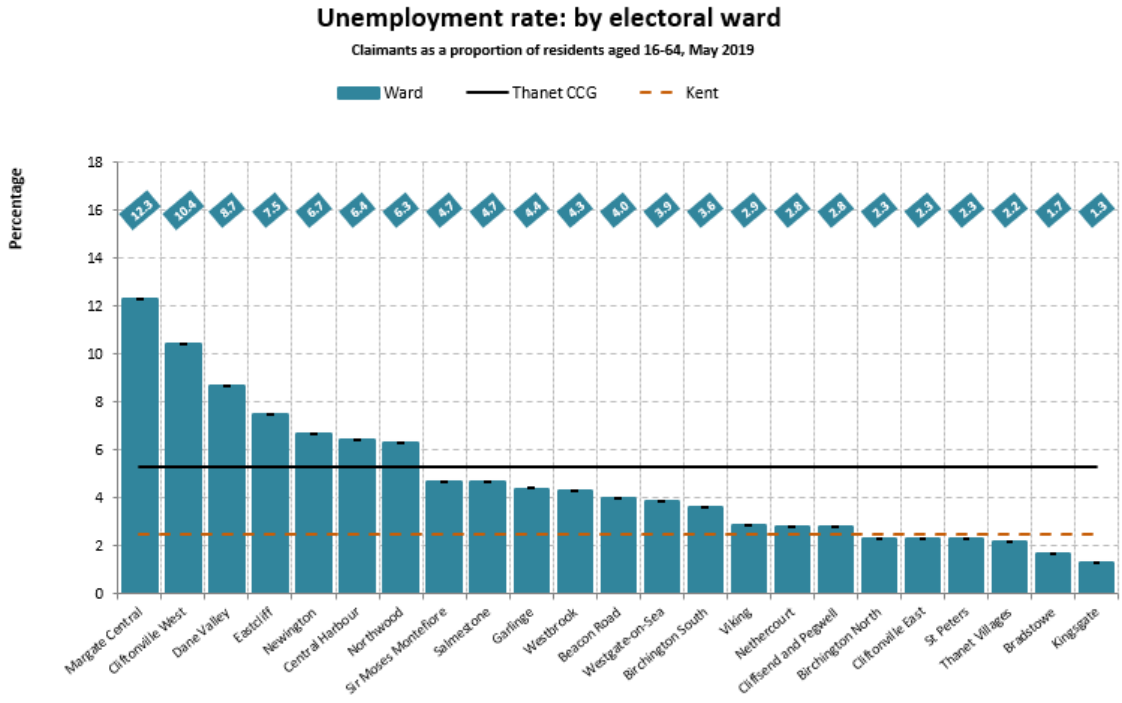
Source: NOMIS, prepared by KPHO (SR), Jun-19

Figure 65: Unemployment rate – by ward: Canterbury and Coastal



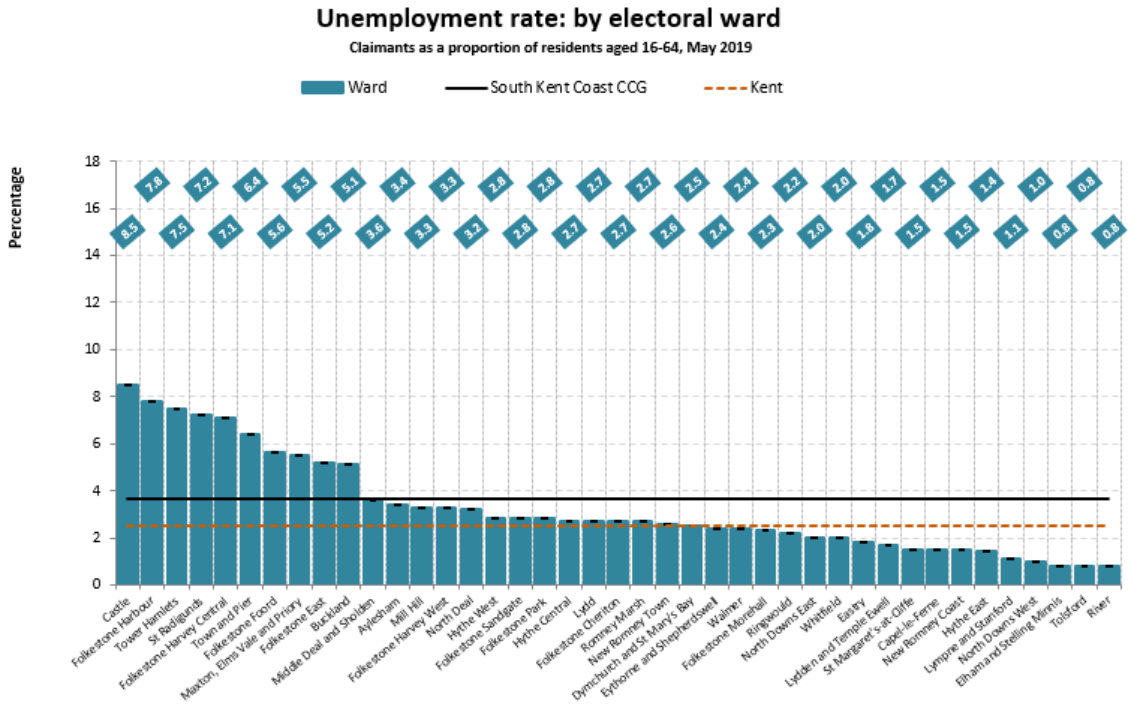
Source: NOMIS, prepared by KPHO (SR), Jun-19

Figure 66: Unemployment rate – by ward: Thanet



Source: NOMIS, prepared by KPHO (SR), Jun-19

Figure 67: Unemployment rate – by ward: South Kent Coast



Source: NOMIS, prepared by KPHO (SR), Jun-19

4.3 Education

The education domain of IMD measures lack of attainment and skills in the local population. The indicators are structured into two sub-domains: one relating to children and young people and one relating to adult skills.

Collectively, a large number of wards all East Kent CCGs are highlighted as being amongst the 20% most deprived wards in Kent in respect of the risk of lack of attainments and skills.

Ashford CCG

- Aylesford Green
- Beaver
- Norman
- Stanhope
- Victoria

Canterbury & Coastal CCG

- Davington Priory
- Greenhill & Eddington
- Northgate

South Kent Coast CCG

- Maxton, Elms Vale and Priory
- St Radigunds
- Aylesham
- Buckland
- Castle
- Town & Pier
- Tower Hamlets
- Folkestone East
- Folkestone Foord
- Folkestone Harbour
- Folkestone Harvey Central
- Dymchurch & St Mary's Bay
- Lydd

Thanet CCG

- Garlinge
- Margate Central
- Cliftonville West
- Dane Valley
- Northwood
- Eastcliff
- Newington
- Salmestone
- Birchington South

Figure 68: IMD 2015 – Education domain Ashford

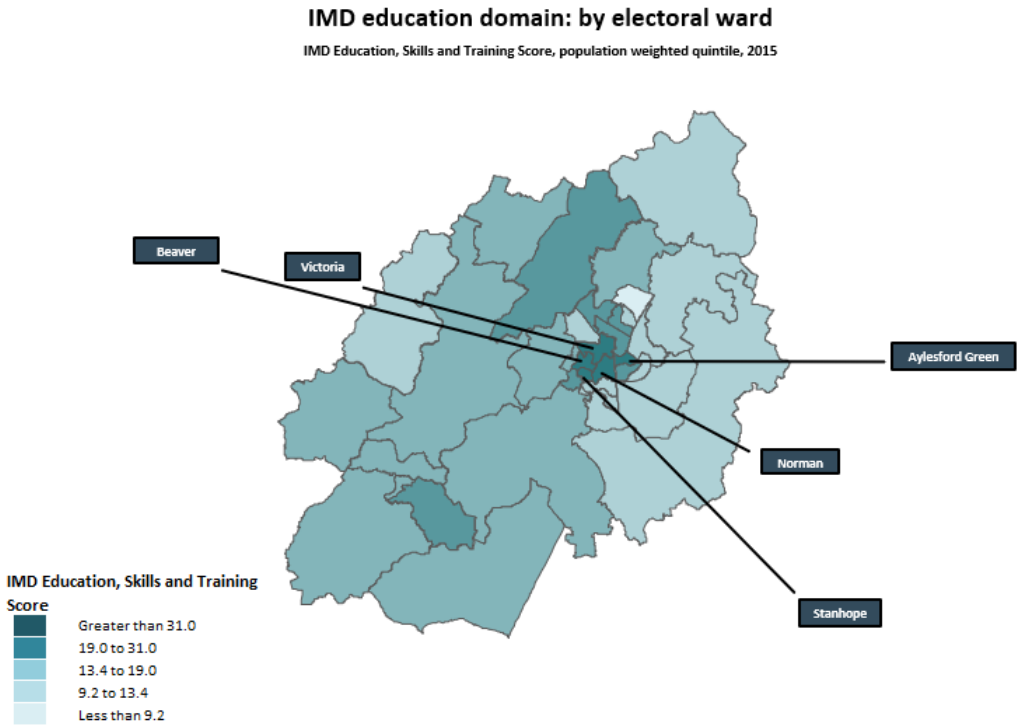


Figure 69: IMD 2015 – Education domain Canterbury and Coastal

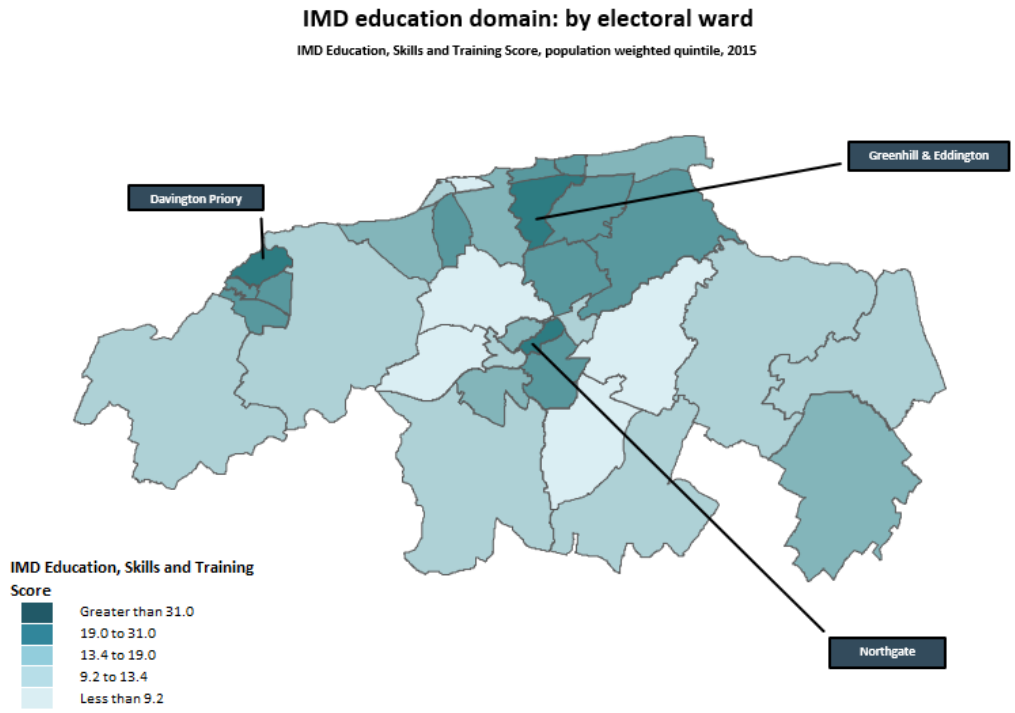


Figure 70: IMD 2015 – Education domain South Kent Coast

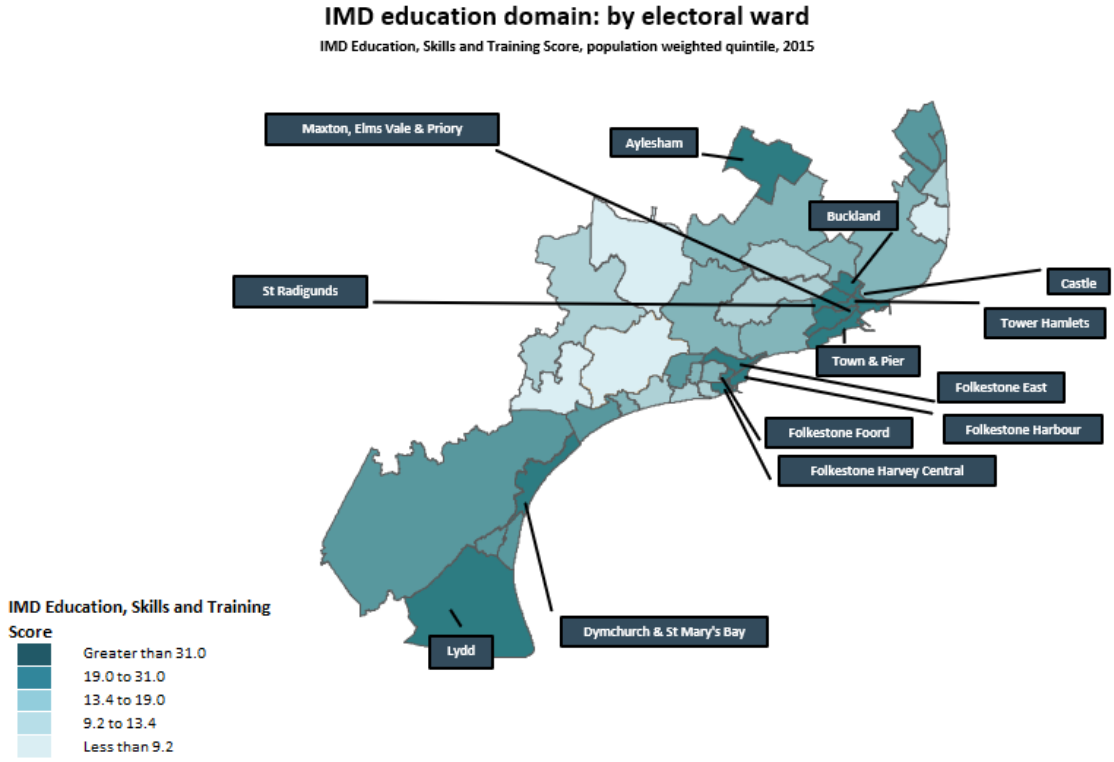
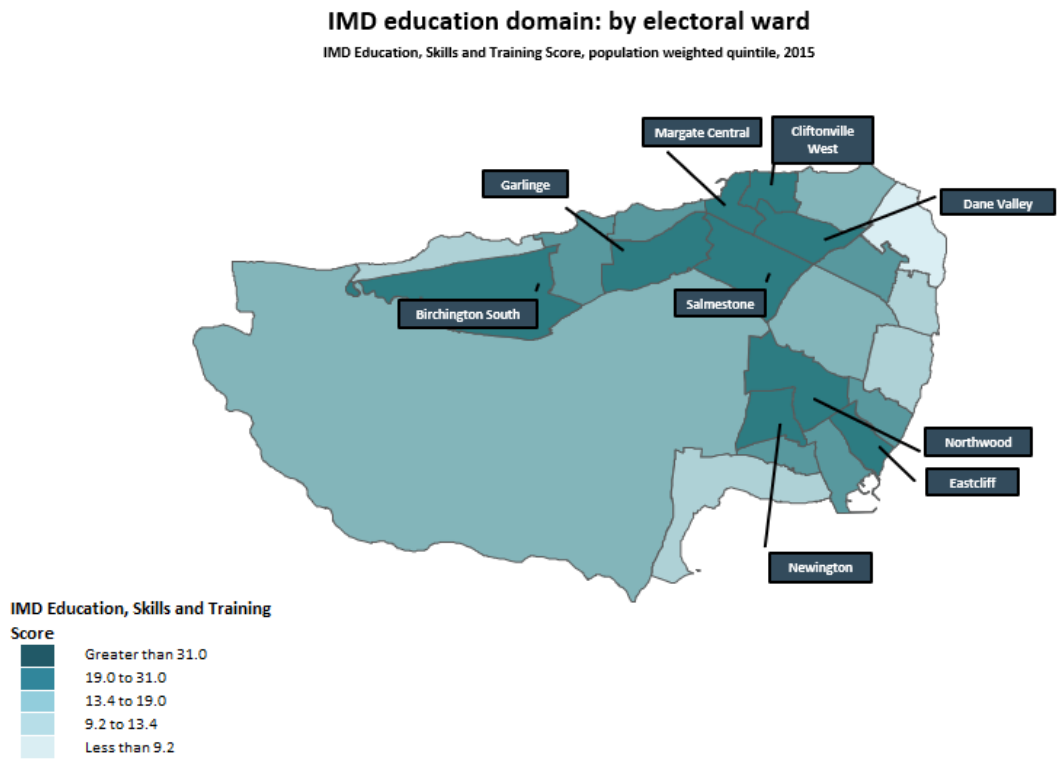


Figure 71: IMD 2015 – Education domain Thanet



4.4 Crime Risk

The crime domain of IMD measures the risk of personal and material victimisation at local level.

Collectively, a larger number of wards in East Kent CCGs are highlighted as being amongst the 20% most deprived for the risk of crime in Kent. Typically wards that cover town centre locations have significantly high rates of unemployment and crime, particularly violent crime associated with the night-time economy.

Ashford CCG

- Beaver
- Stanhope
- Victoria

Canterbury & Coastal CCG

- Davington Priory
- Heron
- Northgate
- Wincheap

South Kent Coast CCG:

- Maxton, Elms Vale and Priory
- St Radigunds
- Castle
- Tower Hamlets
- Folkestone East
- Folkestone Harbour
- Folkestone Harvey Central

Thanet CCG:

- Garlinge
- Westbrook
- Margate Central
- Cliftonville West
- Cliftonville East
- Dane Valley
- Beacon Road
- Sir Moses Montefiore

- Northwood
- Eastcliff
- Central Harbour
- Newington
- Salmestone

The district councils in East Kent create Crime Strategic Assessments and it is important that the health impact of crime as well as crime's impact on health is tackled in partnership. The key issues for health and social services linked with crime are:

- Domestic violence and domestic homicide and suicide
- Illegal drugs and drug related deaths (including illicit tobacco/ alcohol sales)
- Alcohol and drug related injury and deaths (including road traffic accidents)
- Violence and injury included sexual assault and violence
- Mental health problems including vulnerability to terrorism and extremism
- Trafficking and sexual exploitation
- Hate crimes

High rates of crime in these hot spots can lead to higher use of emergency services.

Figure 72: IMD 2015 – Crime domain

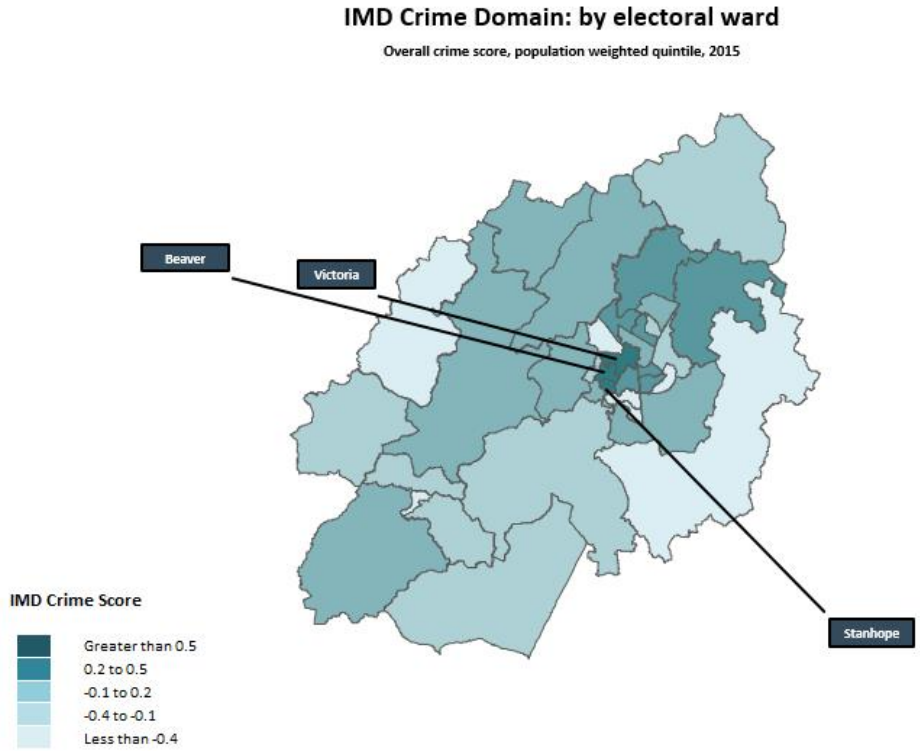


Figure 73:

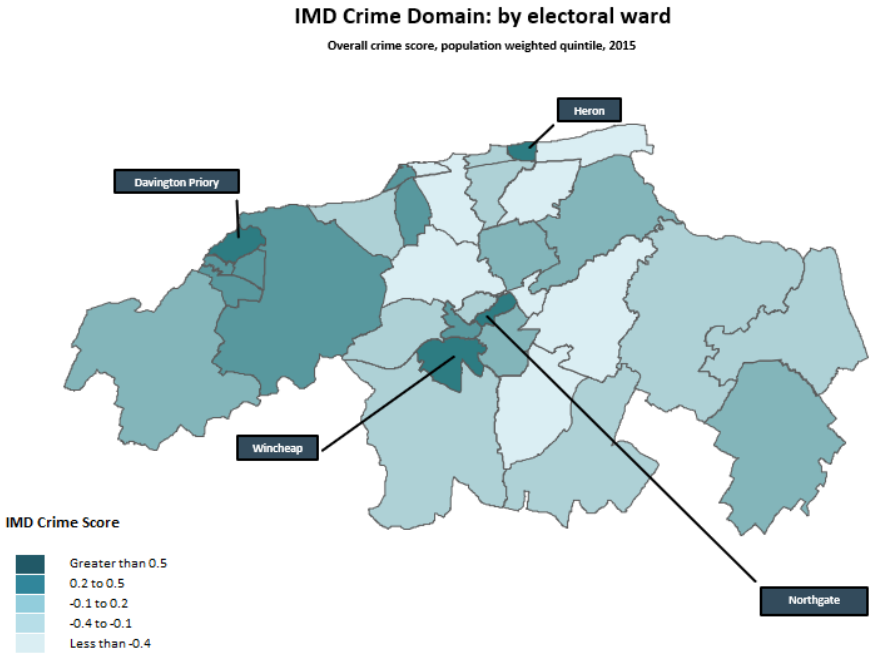


Figure 74:

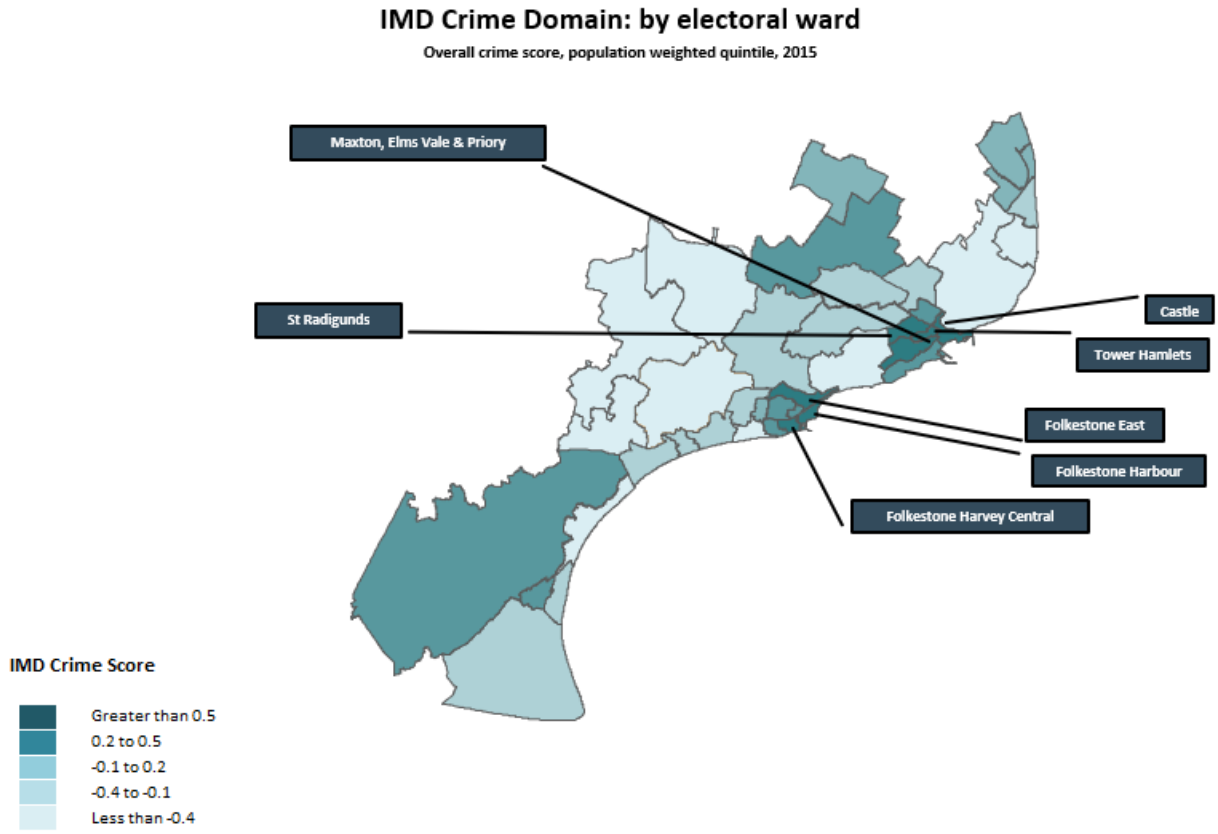
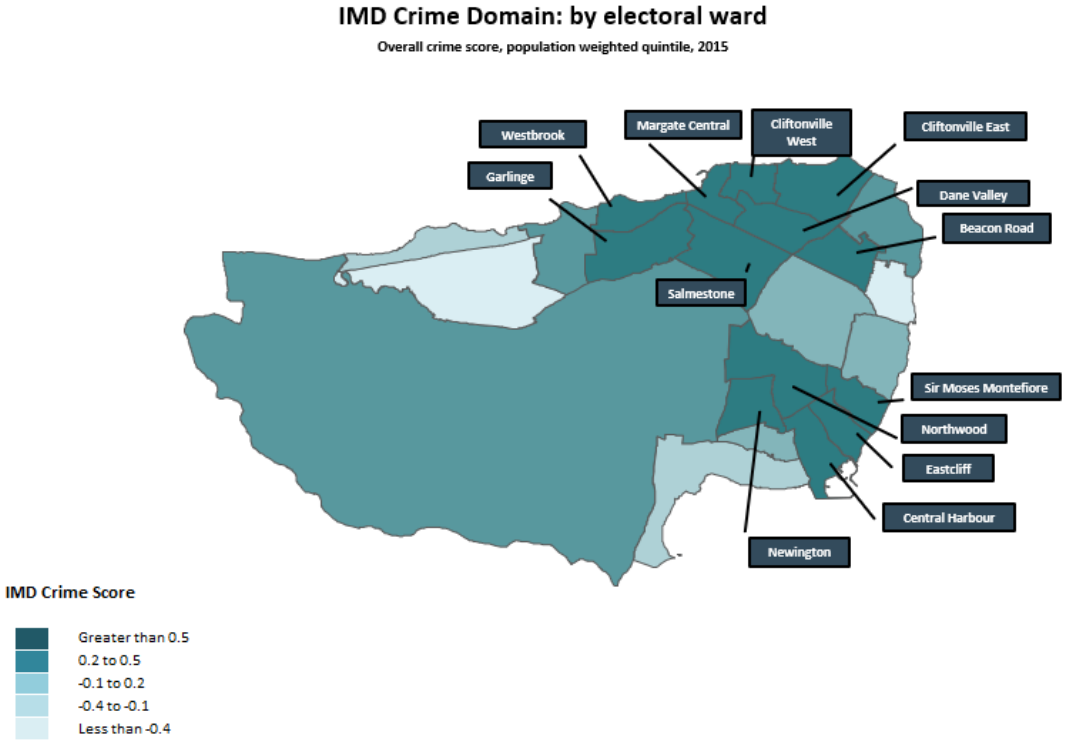


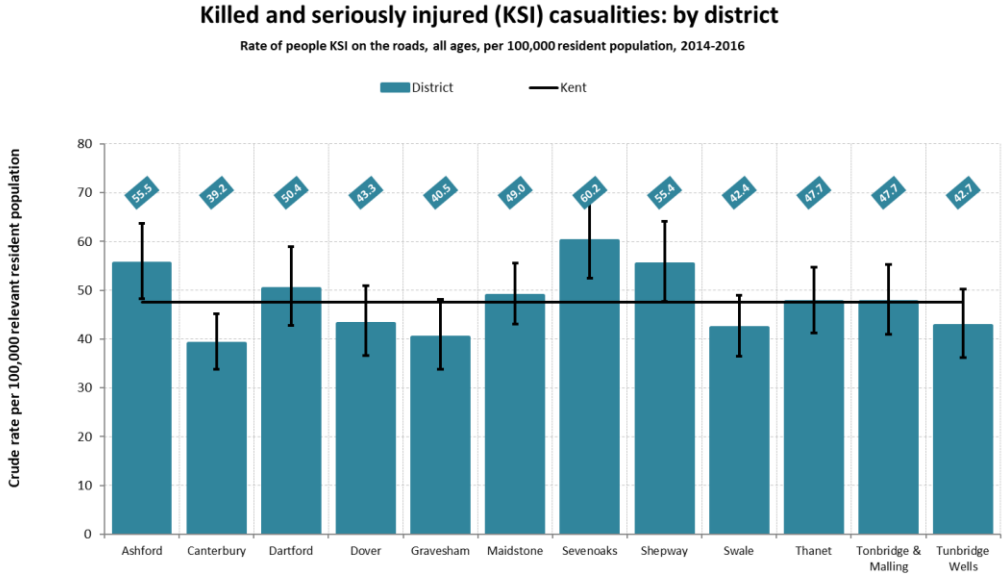
Figure 75:



4.5 Road Traffic Accidents

Road traffic accident figures produced by the Department for Transport highlight key hotspots where accidents and fatal accidents occur. Fatal accidents in Kent are higher than the England average, and in East Kent, Ashford and Folkestone & Hythe districts are significantly high over the last three years (Figure 76).

Figure 763: Killed and seriously injured (KSI) casualties – by district

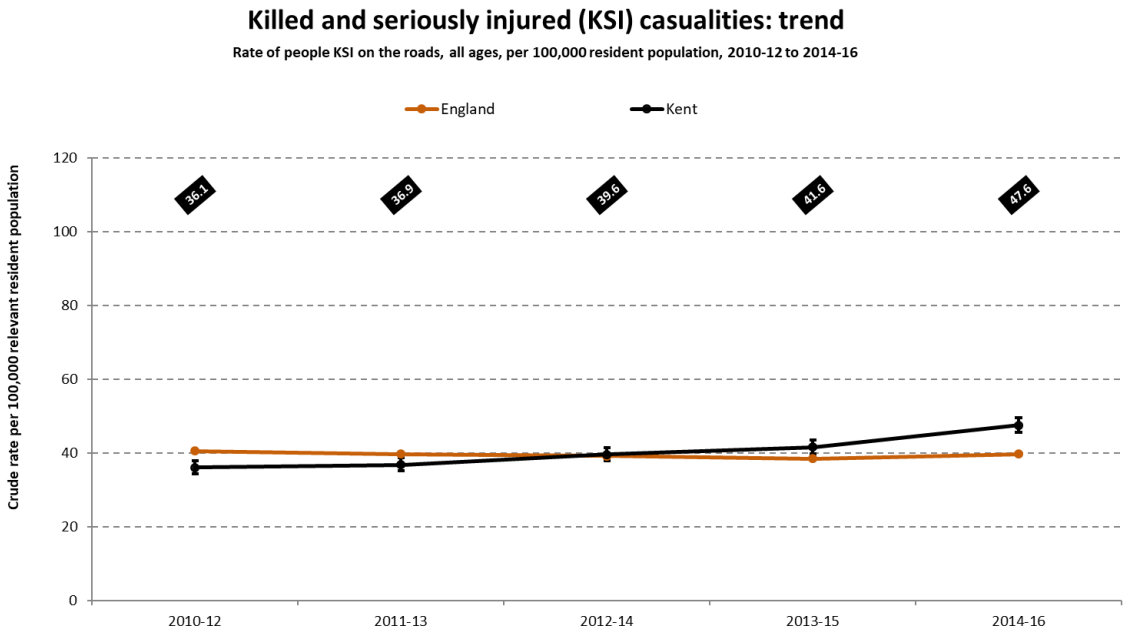


Source: Department for Transport, prepared by KPHO (RK), Jan-19

The rate of killed and seriously injured (KSI) casualties on the roads is increasing in Dover, Shepway, Swale and Thanet districts, reflecting the overall trend for Kent. Increasing trends have not been seen in Ashford or Canterbury districts.

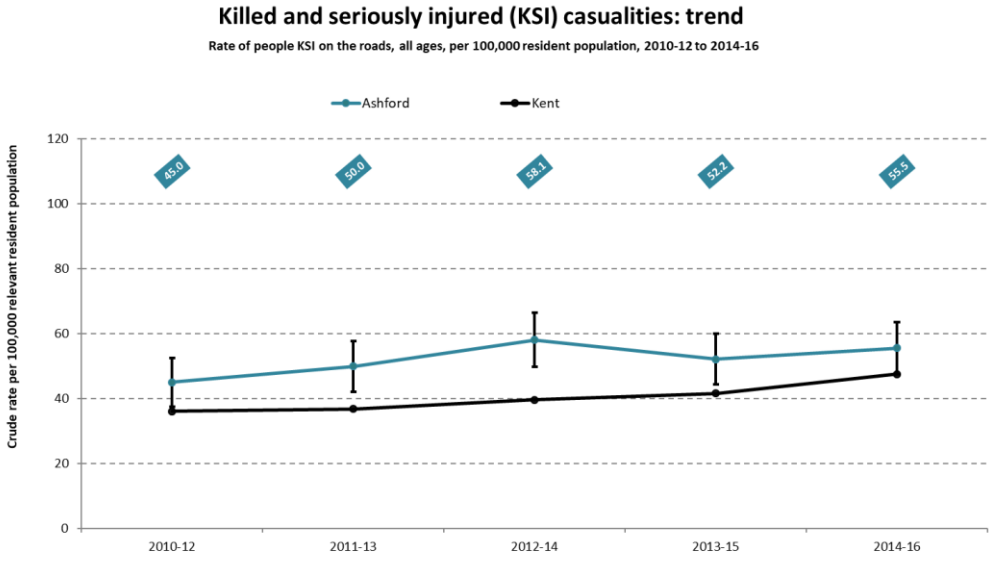
Increases in road traffic accidents can lead to demand on emergency services and increased levels of injury and disability.

Figure 77: Killed and seriously injured (KSI) casualties – trend for Kent



Source: Department for Transport, prepared by KPHO (RK), Jan-19

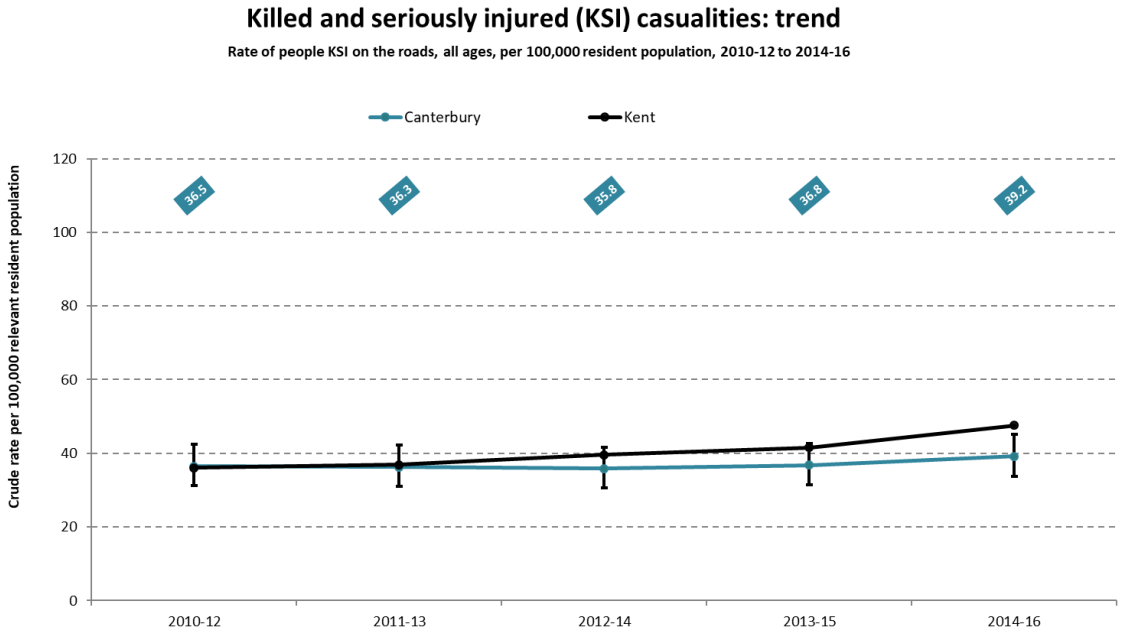
Figure 78: Killed and seriously injured (KSI) casualties – trend for Ashford



No significant change compared with an increasing trend for Kent

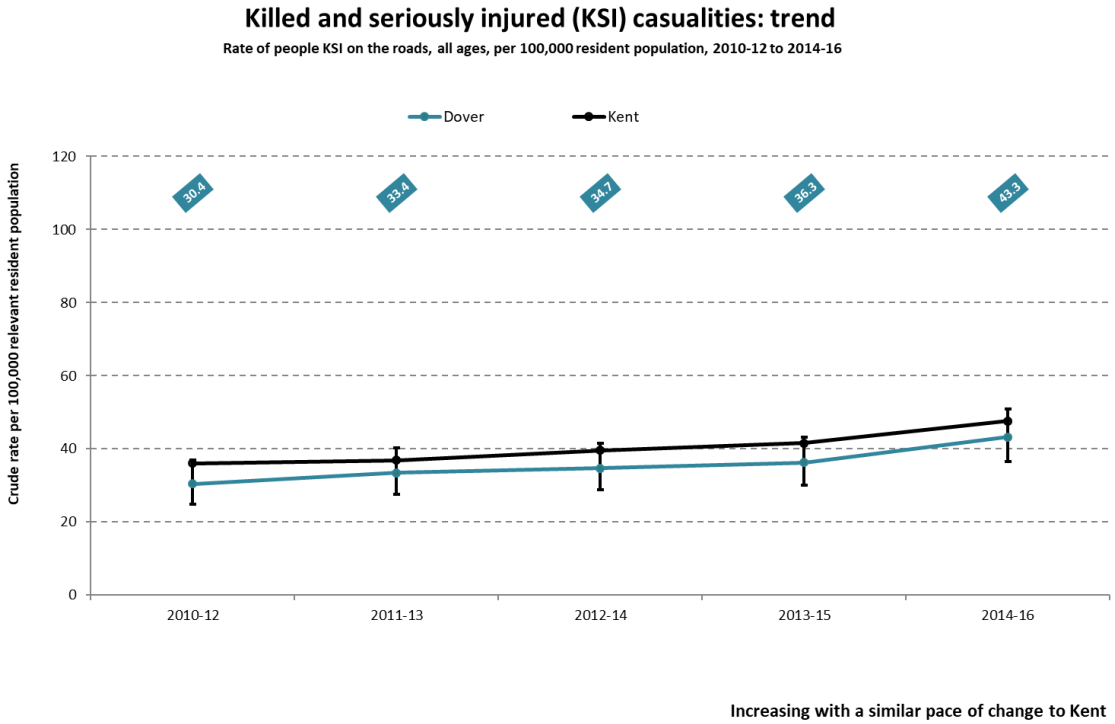
Source: Department for Transport, prepared by KPHO (RK), Jan-19

Figure 79: Killed and seriously injured (KSI) casualties – trend for Canterbury



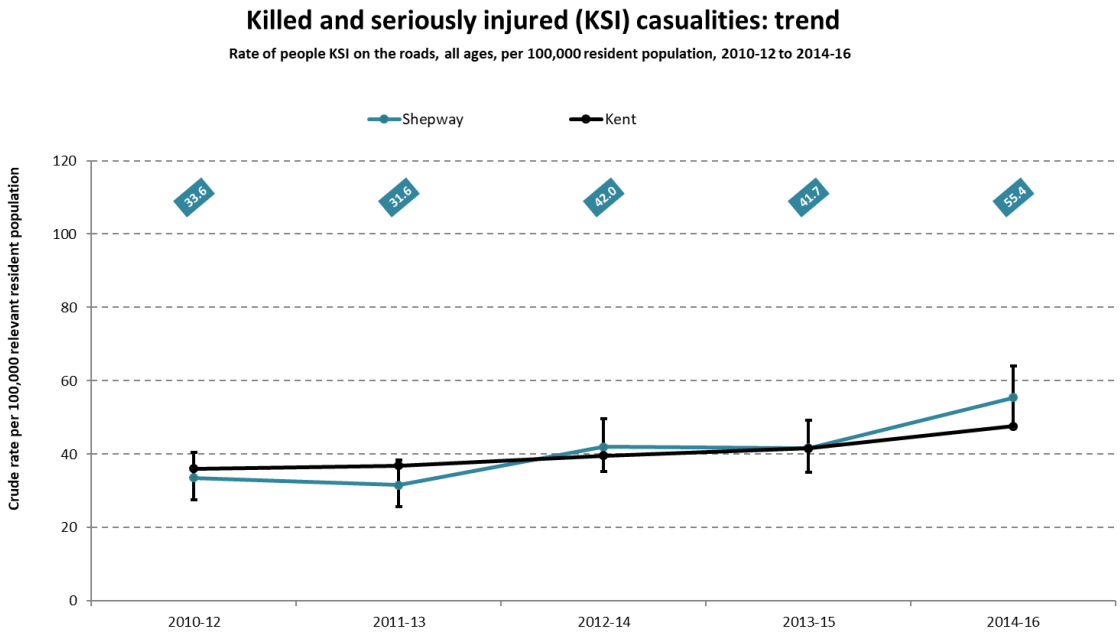
Source: Department for Transport, prepared by KPHO (RK), Jan-19

Figure 80: Killed and seriously injured (KSI) casualties – trend for Dover



Source: Department for Transport, prepared by KPHO (RK), Jan-19

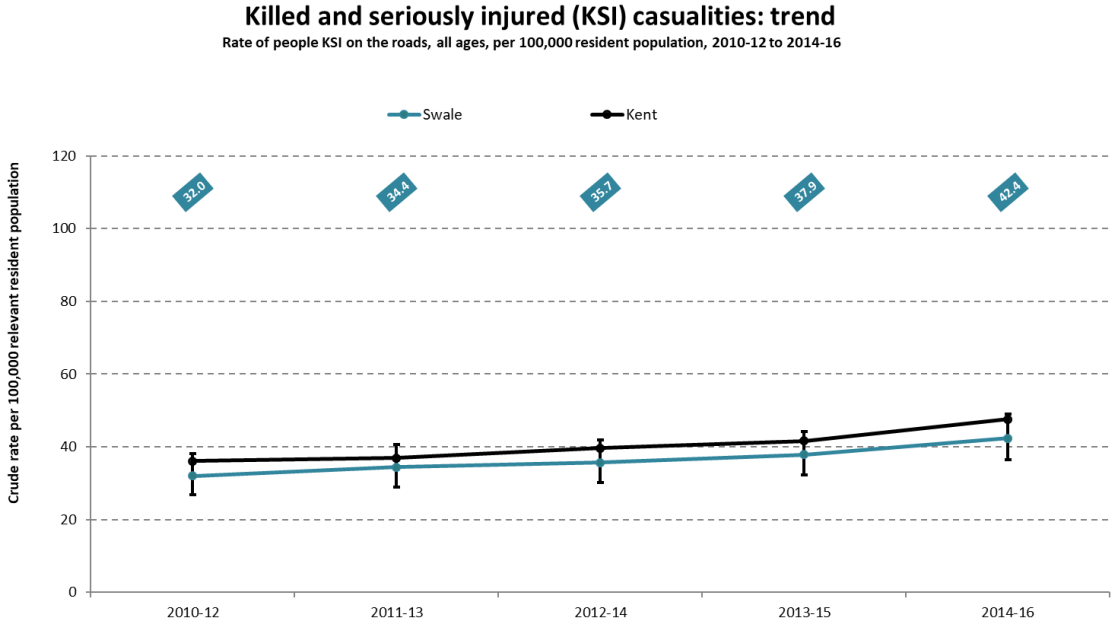
Figure 81: Killed and seriously injured (KSI) casualties – trend for Folkstone and Hythe



Increasing with a similar pace of change to Kent

Source: Department for Transport, prepared by KPHO (RK), Jan-19

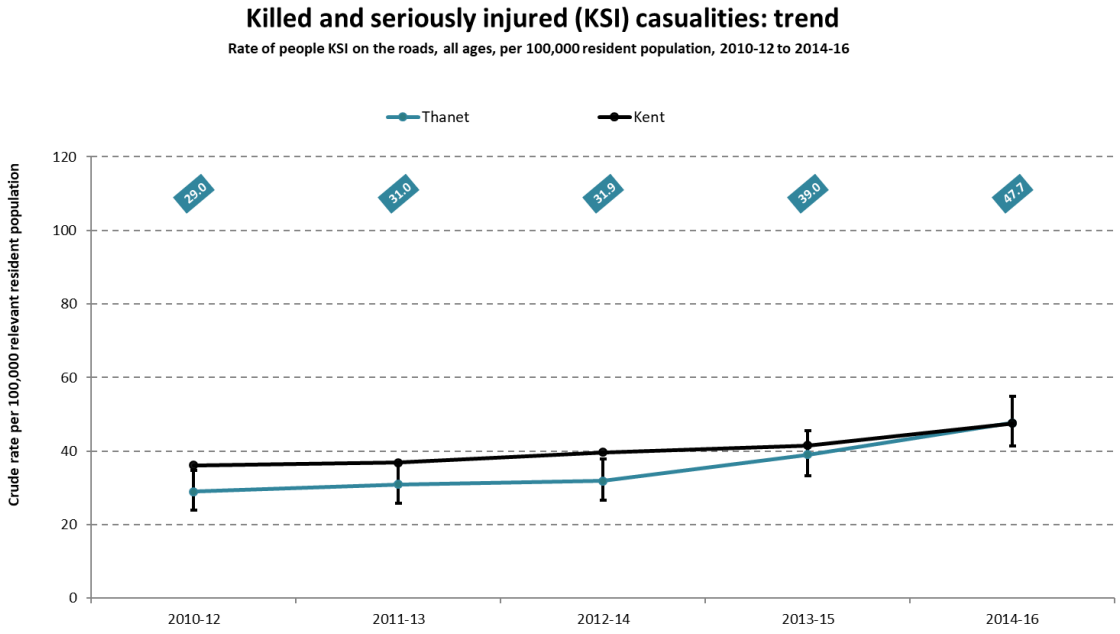
Figure 82: Killed and seriously injured (KSI) casualties – trend for Swale



Increasing with a similar pace of change to Kent

Source: Department for Transport, prepared by KPHO (RK), Jan-19

Figure 83: Killed and seriously injured (KSI) casualties – trend for Thanet



Source: Department for Transport, prepared by KPHO (RK), Jan-19

4.6 Frailty in East Kent

The higher levels of deprivation in east Kent (compared to Kent as a whole) and the aging population demographic make frailty an issue in East Kent. Poverty and socio-economic vulnerability can create premature aging and increased risks of longer years of disability and illness. Increased levels of drug and alcohol problems can also increase the risks of premature frailty. In addition to these issues the increasing aging population and incidence of dementia can also pose additional burdens on frail populations in east Kent.

Frailty is particularly important from a population health management perspective. Older people with frailty are at increased risk of adverse outcomes including disability, hospitalisation, nursing home admission, urgent care and mortality. However, there is evidence that frailty may be modifiable. Many of the factors that cause people to appear to age and develop frailty are amenable to population-level or lifestyle intervention, for example increasing physical activity and cutting down drug and alcohol.[10]

NHS and international guidance recommend identification of frailty as part of routine clinical encounters, or wider population screening, to facilitate the planning and delivery of

[10] Clegg, A et al. Development and validation of an electronic frailty index using routine primary care electronic health record data. *Age and Ageing*, Volume 45, Issue 3, May 2016, Pages 353–360

services for older people, this is particularly important in the reviewing interactions of medications.[11]

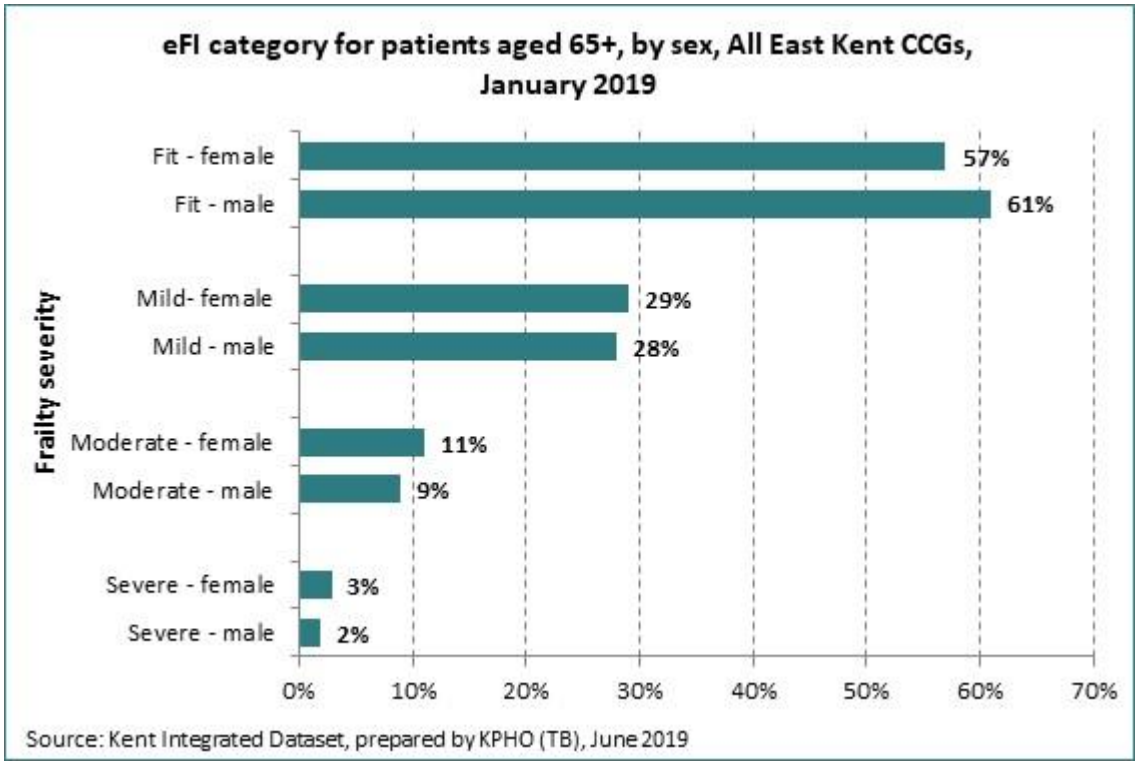
Understanding Frailty in East Kent: The Frailty Index

Using the Kent Integrated Dataset, the Kent Public Health Observatory accessed electronic Frailty Index (eFI) scores,[12] and explored the prevalence and demographic patterns of frailty severity in the over 65 population of Kent. The eFI uses existing primary care data to cumulatively count 36 'deficits', constructed from around 2,000 GP Read Codes.

Deficits include clinical signs (e.g tremor), symptoms (e.g. breathlessness), conditions (e.g. hypertension), and disabilities. This process generates a frailty score, which is grouped by severity into four categories: (1) fit, (2) mild frailty, (3) moderate frailty and (4) severe frailty. A major advantage of the eFI algorithm is that it allows analysts to identify frailty from routinely available general practice pseudo anonymised data.

Frailty in the 65+ population is highly prevalent in East Kent. Just over 40% of the 65+ population have some degree of frailty (2, 3 or 4) and just under 3% of patients were classified as severely frail. Slightly more women than men are frail, with just over 43% of women and approximately 39% of men categorised with some level of frailty (Figure 84).

Figure 84 - Electronic frailty categories by sex



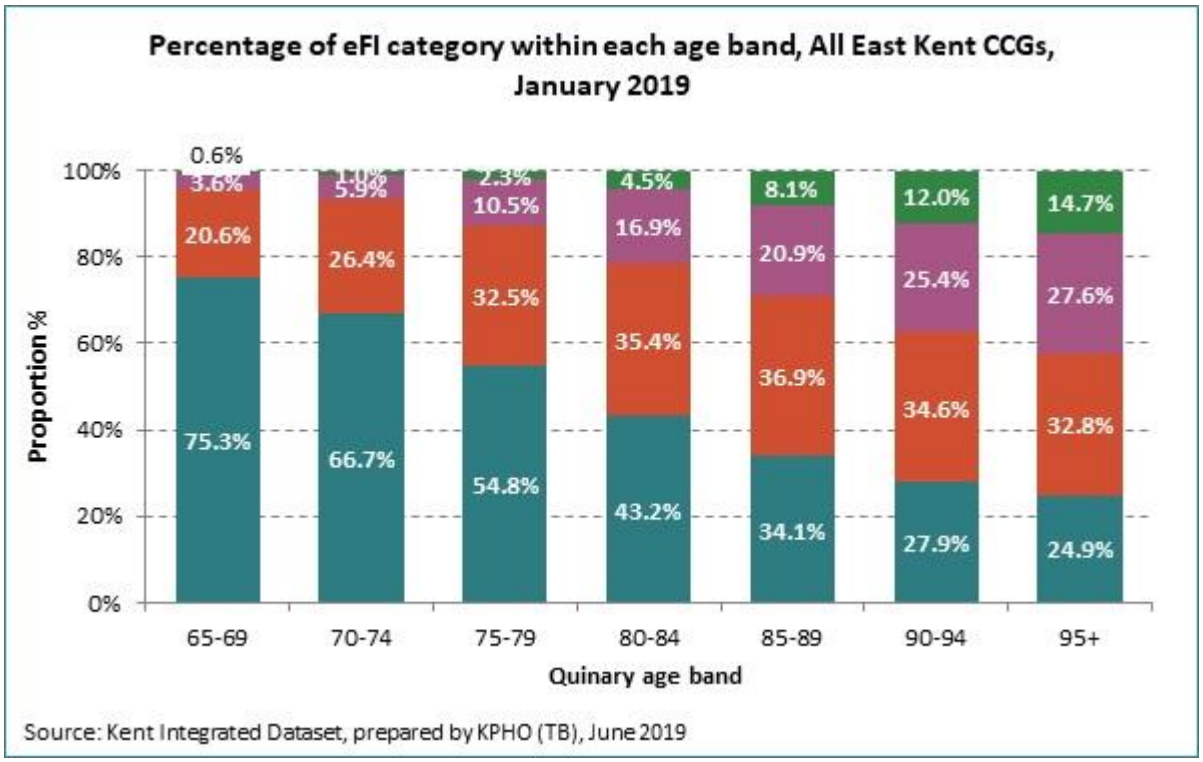
[11] Ibid
[12] Ibid

As with Kent as a whole, the prevalence and degree of frailty increases with age in East Kent (Figure 85). For example, less than one percent (0.6%) of patients aged 65-69 are classified as severely frail, but this increases to almost 1 in 10 patients (8.1%) aged 85-89. This increase with age is thought to be the eFI algorithm cumulatively capturing frailty deficits, which are likely to increase with age.

This makes the 65-69 age cohort and the 70 to 84 years age cohort of people in East Kent a target group for interventions and design of services to reduce severe frailty given that at people aged over 65 is set to double in the next 20 years.

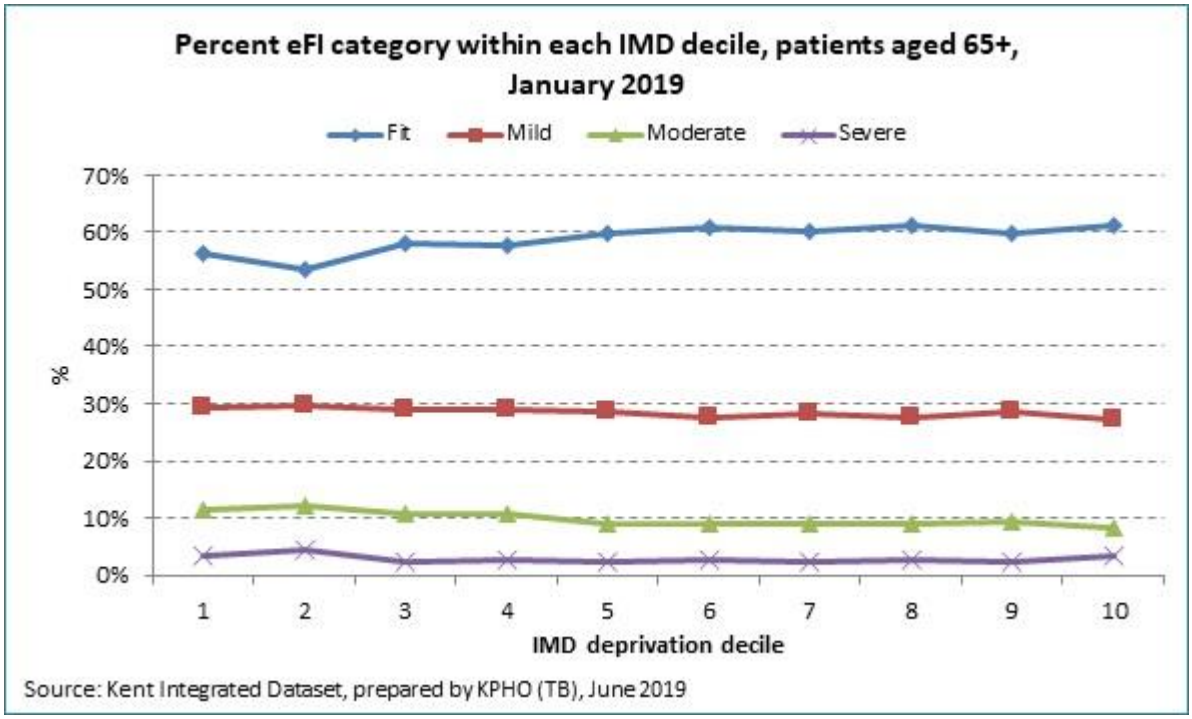
The reduction of severe frailty by 5% may make significant impact on a service to run less reactive and costly services as interventions to reduce frailty in a fit or moderately fit older person are relatively cost effective e.g. physical activity, medicine review and proactive primary and local care, social support and stimulation particularly in areas of deprivation (Figure 85).

Figure 85:- Electronic frailty category by quinary age band



Analysis based on the Kent Integrated Dataset also found an association between frailty severity and levels of deprivation in East Kent. **Figure 86 shows that areas with highest levels of deprivation (deciles 1 and 2) have the lowest proportion of patients who are fit and with a corresponding higher percentage in all levels of frailty, compared with most segments of the population with lower levels of deprivation.**

Figure 86: Frailty and deprivation



Conclusions:

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health.

The index of multiple deprivation (IMD) is a commonly used index to measure some of these factors. The areas covered by the four east Kent CCGs have a higher level of deprivation than the rest of Kent and 55% of Kent's lower super output areas in the most deprived decile are located in east Kent, with 44% of Kent's population residing there. In the health deprivation and disability domain of IMD, East Kent has 65% of Kent's most deprived LSOAs.

The education and crime risk domains of the IMD are also proportionally higher in east Kent. Typically, the same wards in each CCG feature as high across a range of different deprivation domains.

Unemployment is a key driver of deprivation and appears to be increasing in Kent since 2015. Unemployment has been higher in general in east Kent than the rest of the county and appears to be increasing more in Thanet and Dover districts.

Road traffic accidents appear to be on the increase in Kent, and the latest data shows Kent is now higher than the England average.

Frailty in the population increases risk of adverse health outcomes, but is thought to be partially modifiable or preventable with lifestyle interventions like physical activity. Guidance recommends identification of frailty as part of routine clinical encounters, or wider population screening. 40% of the east Kent over 65 population had some degree of frailty and 3% were severely frail. Frailty, and associated healthcare requirements and costs,

is expected to increase as the average age of the population increases.

A population living in deprivation will become unhealthy earlier in their lives, have poorer starts to their lives and die earlier. In east Kent unemployment is increasing particularly in Thanet and Dover.

To improve health outcomes statutory partners can work and plan together to increase the skills and education of the workforce of Thanet and Dover, create employment opportunities and create programmes to mitigate the impact of poverty on the population which will improve health outcomes in the long-term.

Recommendations:

Create partnership wide linked development plans to tackle deprivation in east Kent led by district councils.

Create opportunities for social and economic support, social engagement and cohesion and poverty mitigation programmes for the populations living in the highest areas of deprivation in east Kent.

Ensure that the wards and lower super output areas in east Kent with the greatest deprivation have high quality access to maternity, early years and proactive primary care services and mental health support.

Create a plan to prevent frailty in the older population of east Kent and promote healthy aging including strengthening bone health, walking and preventing falls.

5 | Mortality

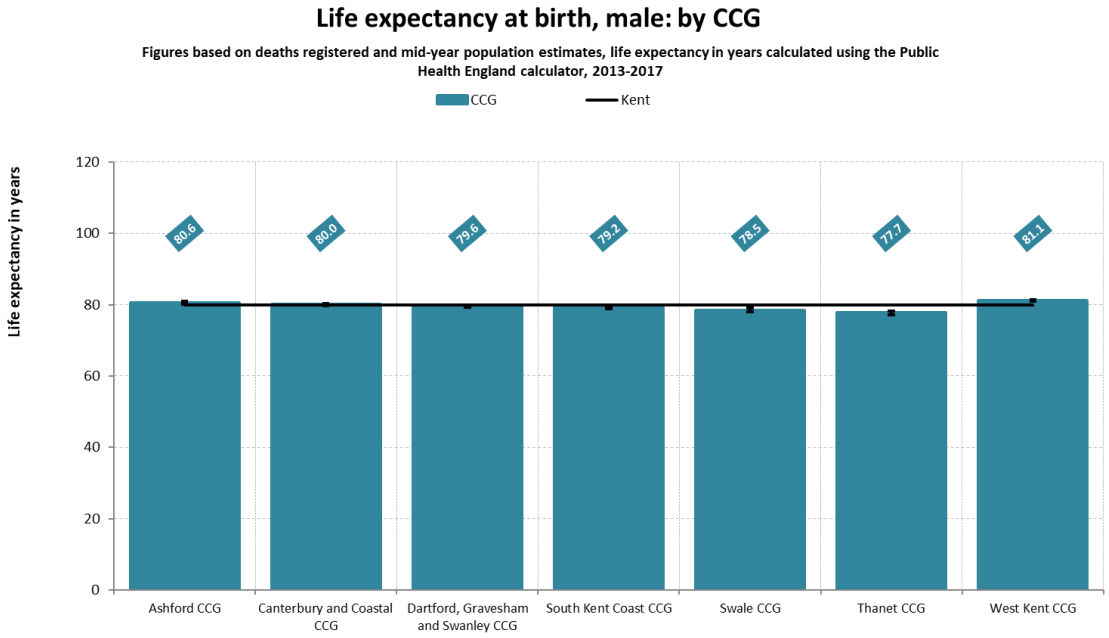
5.1 Life Expectancy

Life expectancy at birth is the term for how long (on average) a baby can expect to live in a particular place and is used as a proxy measure of overall health of the community. Small increases in life expectancy can have beneficial impacts on a large number of the population. The average life expectancy in Kent is 80 years.

East Kent has on average a lower life expectancy then Kent as a whole but there are differences across East Kent (Figures 87 and 88). The Life expectancy at birth reported for the period 2013-2017 is 80.6 years for males and 84.1 years for females in Ashford CCG and 80 years for males and 83.5 years for females in Canterbury & Coastal CCG. In South Kent Coast and Thanet it is considerably lower. In South Kent Coast CCG it is 79.2 for males and 82.6 years for females and it is 77.7 years for males and 82.4 years for females in Thanet CCG.

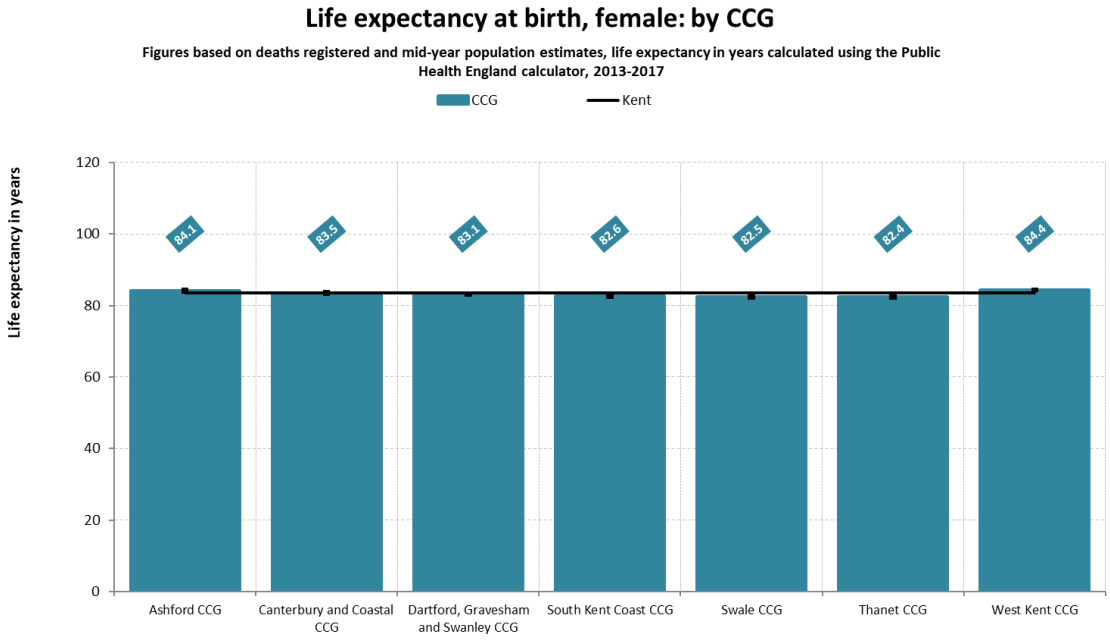
In Ashford CCG life expectancy at birth is significantly higher than the Kent average for both males and females. This means in public health terms that the population is relatively healthy. In South Kent Coast and Thanet CCGs life expectancy at birth is significantly lower than the Kent average for both males and females, this means that in these CCGs people are predicted to die earlier then in the rest of Kent.

Figure 87: Life expectancy at birth – by CCG



Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

Figure 88:



Source: PCMD, ONS, PHE, prepared by KPHO (ZC), Nov-18

There are variations (inequalities) in life expectancy within wards in East Kent and these map to deprivation. These are mapped in the graphs Figures 89-96 for males and females across all four East Kent CCGs).

Wards: Better than Kent Average: Longer Lives

The following wards have significantly higher life expectancy at birth than the Kent average for males and females: Rolvenden and Tenterden West, Tankerton, St Margaret's-at-Cliffe, Sandwich, Elham & Stelling Minnis and Kingsgate.

Wards: Worse than Kent Average: Shorter Lives

The following wards have significantly lower life expectancy at birth than the Kent average for males and females: Heron, Buckland, Maxton Elms Vale & Priory, Middle Deal & Sholden, St Radigunds, Abbey, Beacon Road, Central Harbour, Cliftonville West, Eastcliff, Margate Central, Newington, Salmestone and Westbrook.

Figure 89: Life expectancy at birth – by ward

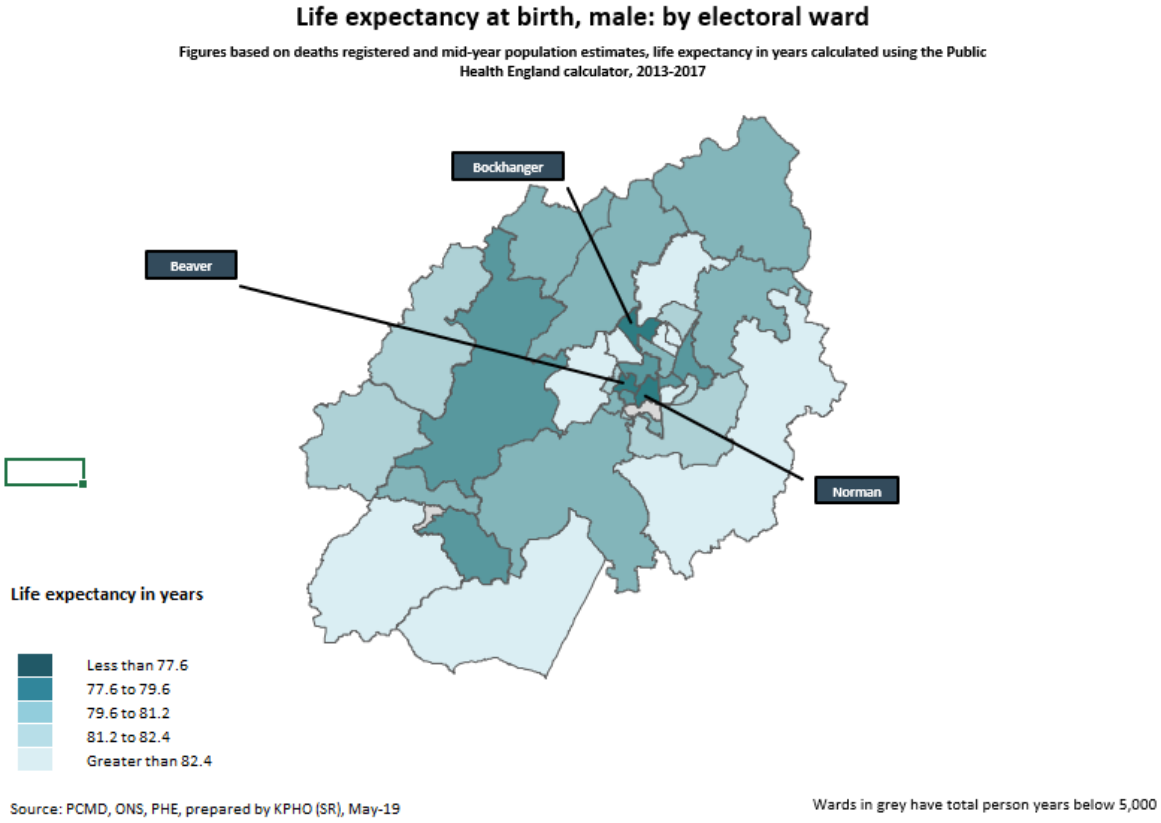


Figure 90:

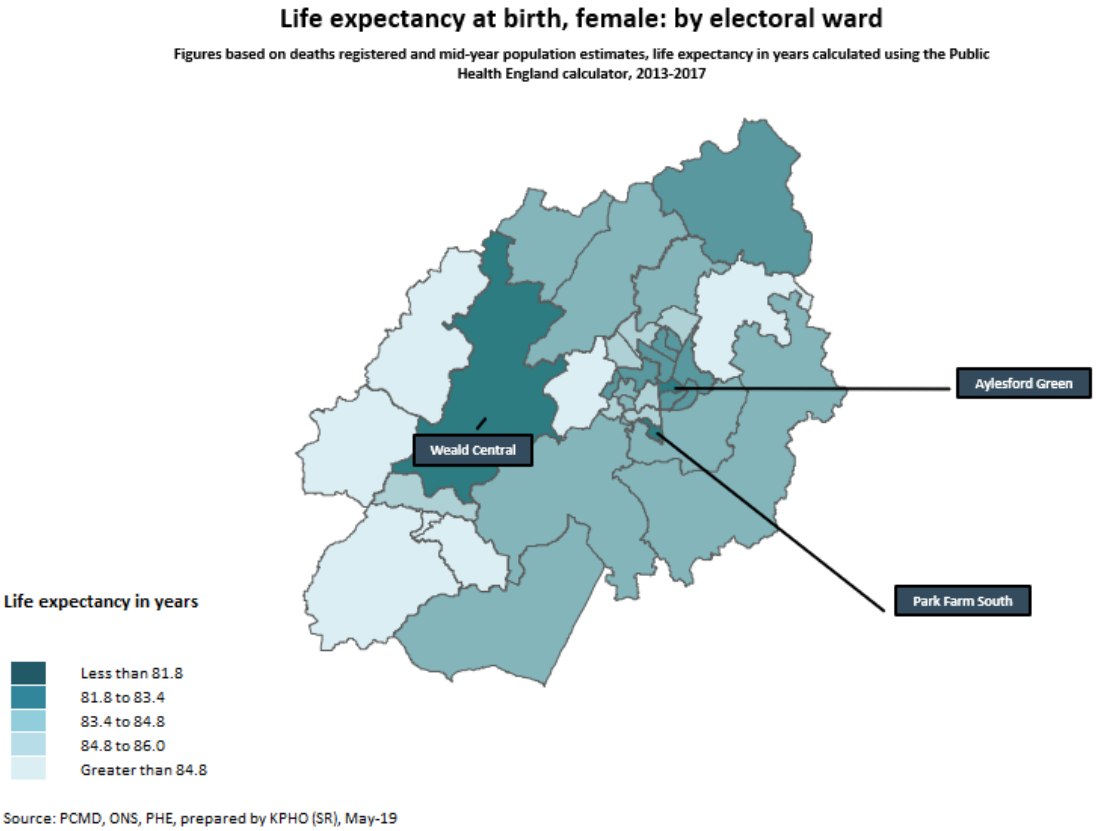
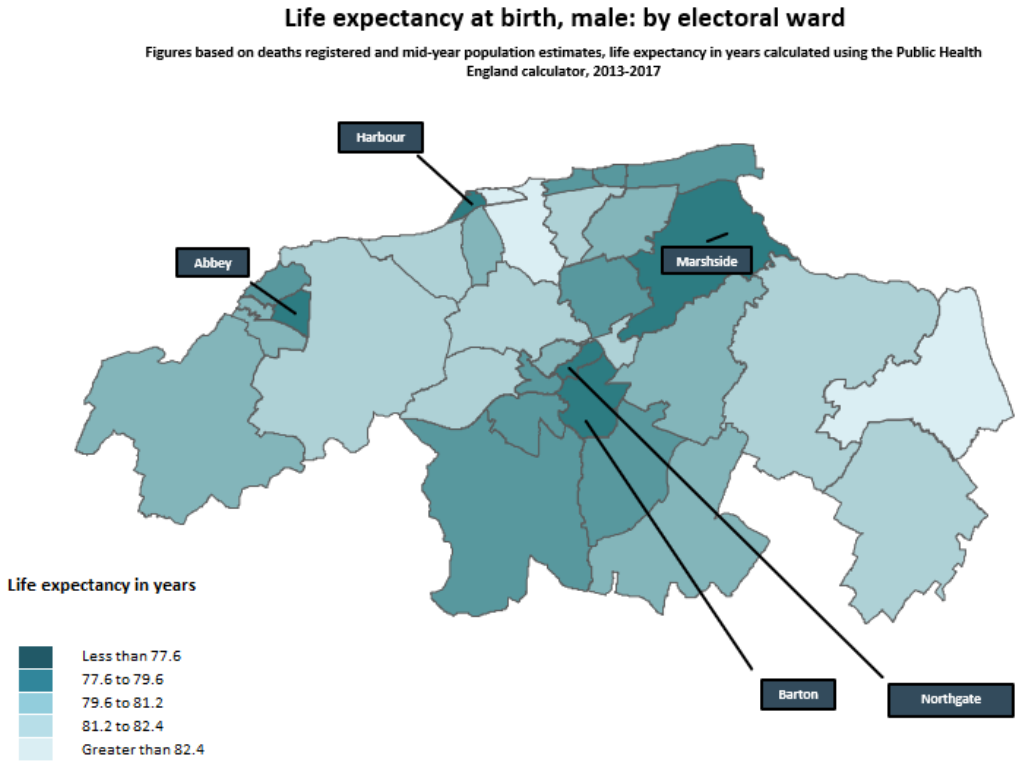
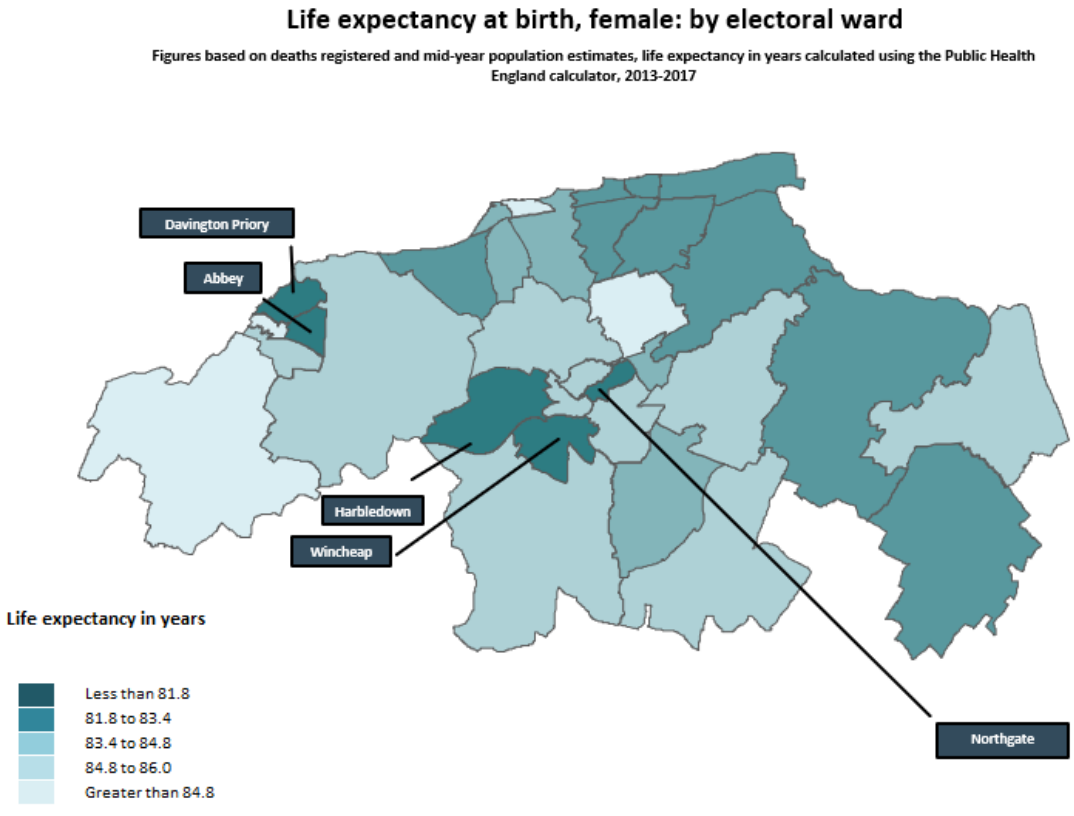


Figure 91



Source: PCMD, ONS, PHE, prepared by KPHO (SR), May-19

Figure 92:



Source: PCMD, ONS, PHE, prepared by KPHO (SR), May-19

Figure 93:

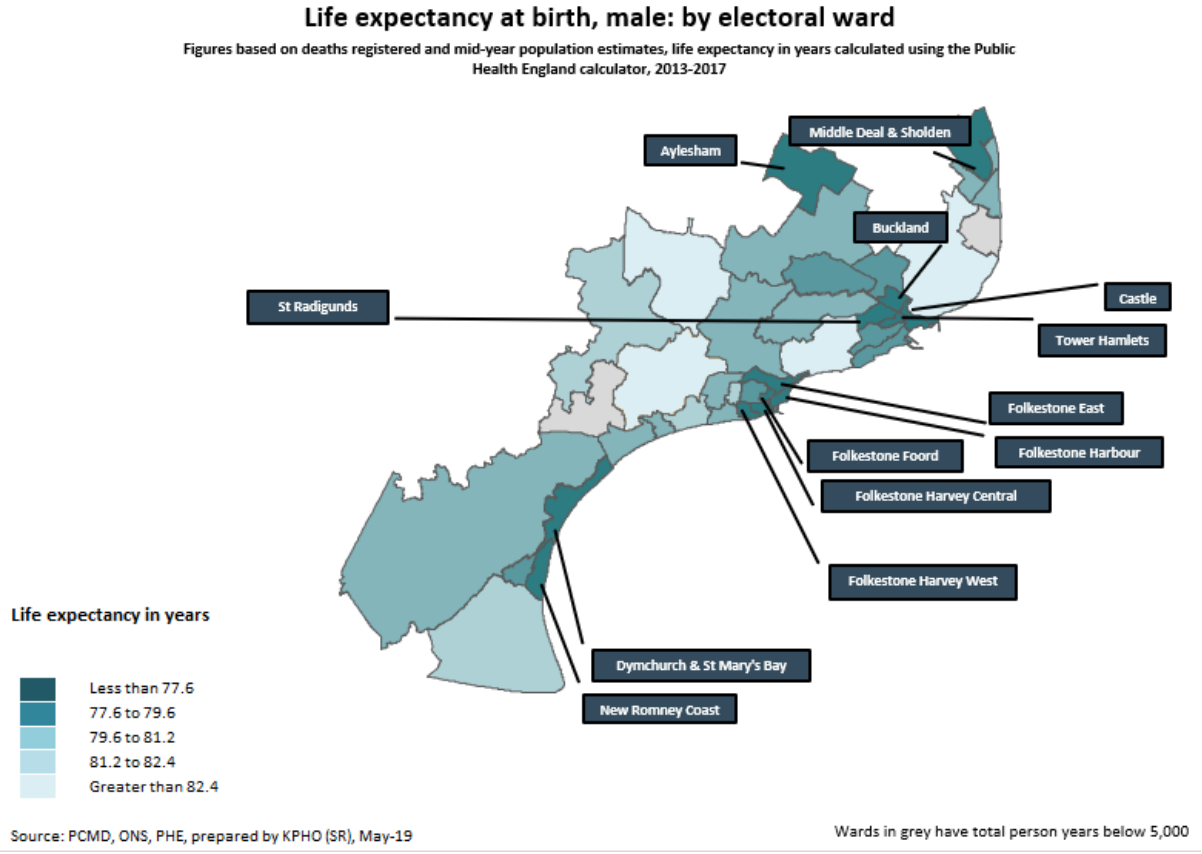


Figure 94:

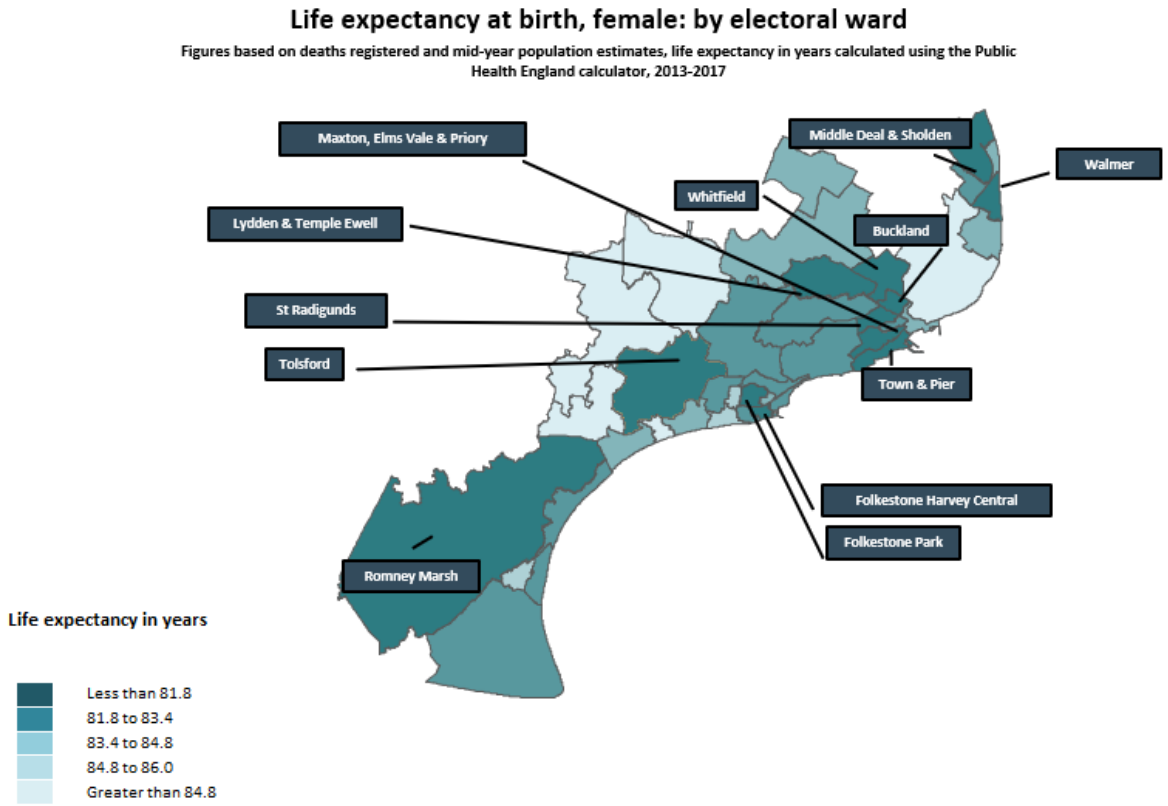

Life expectancy at birth, female: by electoral ward
Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017
Maxton, Elms Vale & Priory
Middle Deal & Sholden
Walmer
Whitfield
Lydden & Temple Ewell
Buckland
St Radigunds
Tolsford
Town & Pier
Folkestone Harvey Central
Folkestone Park
Romney Marsh
Life expectancy in years
Less than 81.8
81.8 to 83.4
83.4 to 84.8
84.8 to 86.0
Greater than 84.8
Source: PCMD, ONS, PHE, prepared by KPHO (SR), May-19

Figure 95

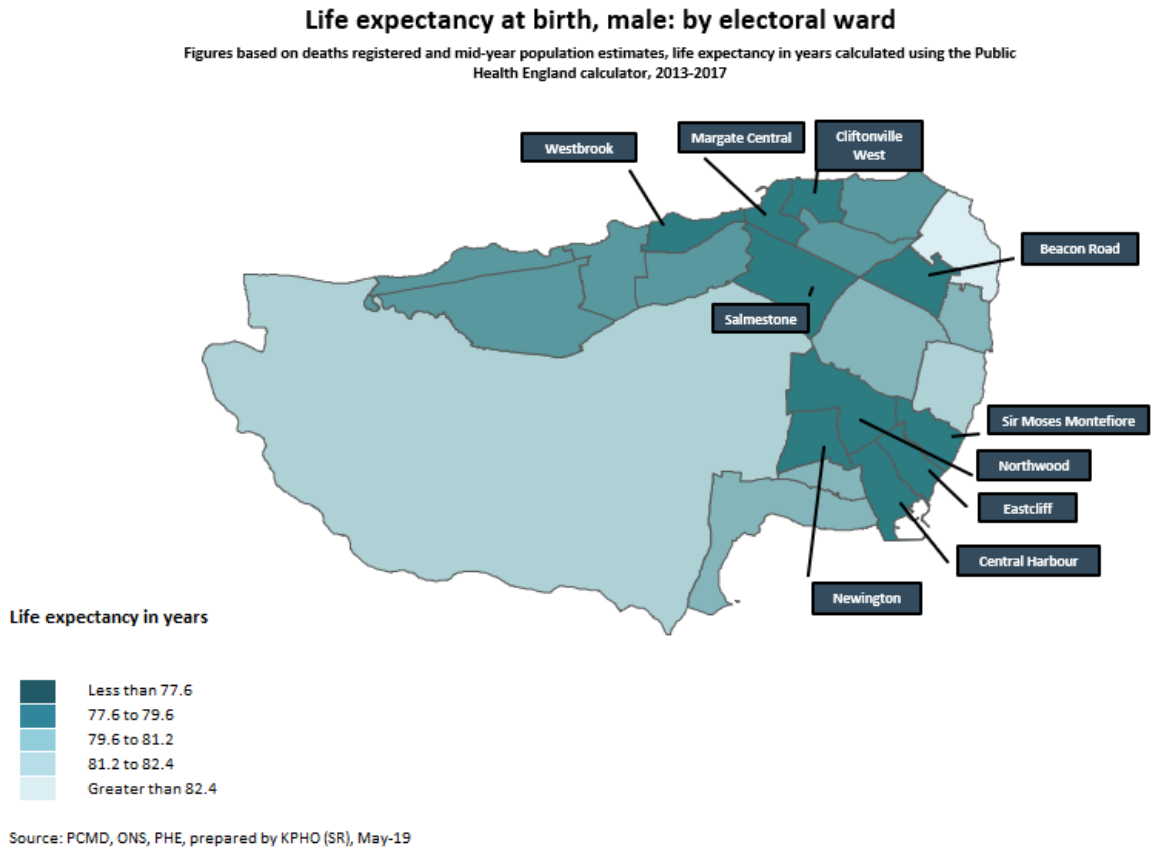
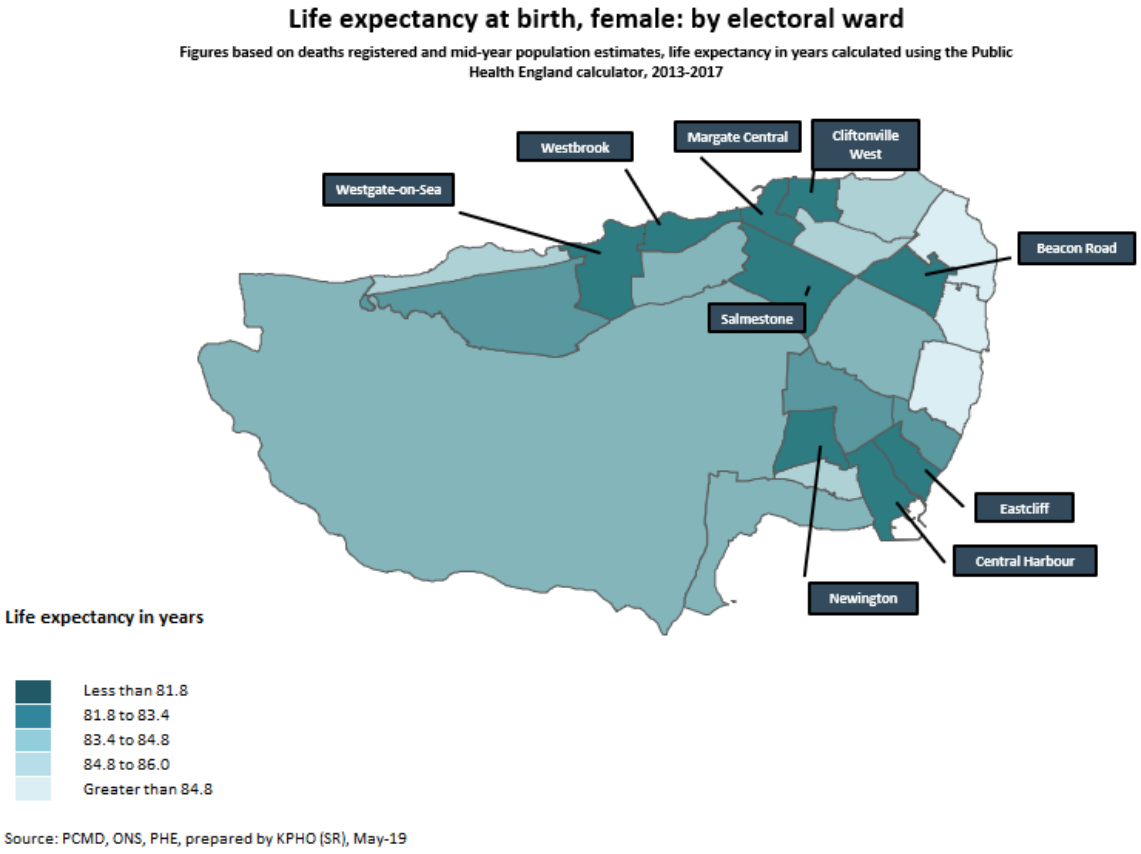

Life expectancy at birth, male: by electoral ward
Figures based on deaths registered and mid-year population estimates, life expectancy in years calculated using the Public Health England calculator, 2013-2017
Westbrook
Margate Central
Cliftonville West
Beacon Road
Salmestone
Sir Moses Montefiore
Northwood
Eastcliff
Central Harbour
Newington
Life expectancy in years
Less than 77.6
77.6 to 79.6
79.6 to 81.2
81.2 to 82.4
Greater than 82.4
Source: PCMD, ONS, PHE, prepared by KPHO (SR), May-19

Figure 96:



5.2 Causes of Premature Death before Age 75

5.2.1 Recommendations for Tackling Health Inequalities and Premature Death

- Encourage public/patient led health inequalities task groups in areas of vulnerabilities and increase the need for public sector agencies to listen to user voices. However, this must be a dialogue – as the public must also be aware of their responsibility for their own health and their care of the health services.
- Make prevention routine work. Train staff in MECC (Making every contact count) and secondary prevention. Routinely having the perceived 'difficult' conversations around smoking, drinking, drugs, mental health, eating and physical activity will normalise the public's need to engage with health services in better care of their health.
- Work proactively with public health services: smoking, addictions and healthy weight services in order to build a sustainable model of prevention and self care for east Kent.
- Cancer services need to be more proactive and joined up with screening services particularly in areas of greatest deprivation. There needs to be a more proactive care for lung cancer.
- Target areas of most deprivation for community action (e.g men's sheds, social prescribing, healthy walks, cardiac rehab, heart health) linked with local care / primary care to find ways to create a health improving environment.

- Support primary care in areas of greatest deprivation via community wellbeing programmes and co-ordinated social prescribing.
- Wherever possible – link mental health with physical health for a person. All health behaviours have a psychological component. Health Education England has resources that may make effective links between mental and physical health care, e.g obesity, diabetes, hyper-tension and respiratory disease.
- Conduct health equity audits regularly to asses how services are reaching the most vulnerable groups. Check these results out with local people.
- Have local strategic plans to tackle the health inequalities and be ambitious for the community: The NHS Long Term Plan prioritises tackling health inequalities – however the local plans must involve Districts and County Councils and local people.

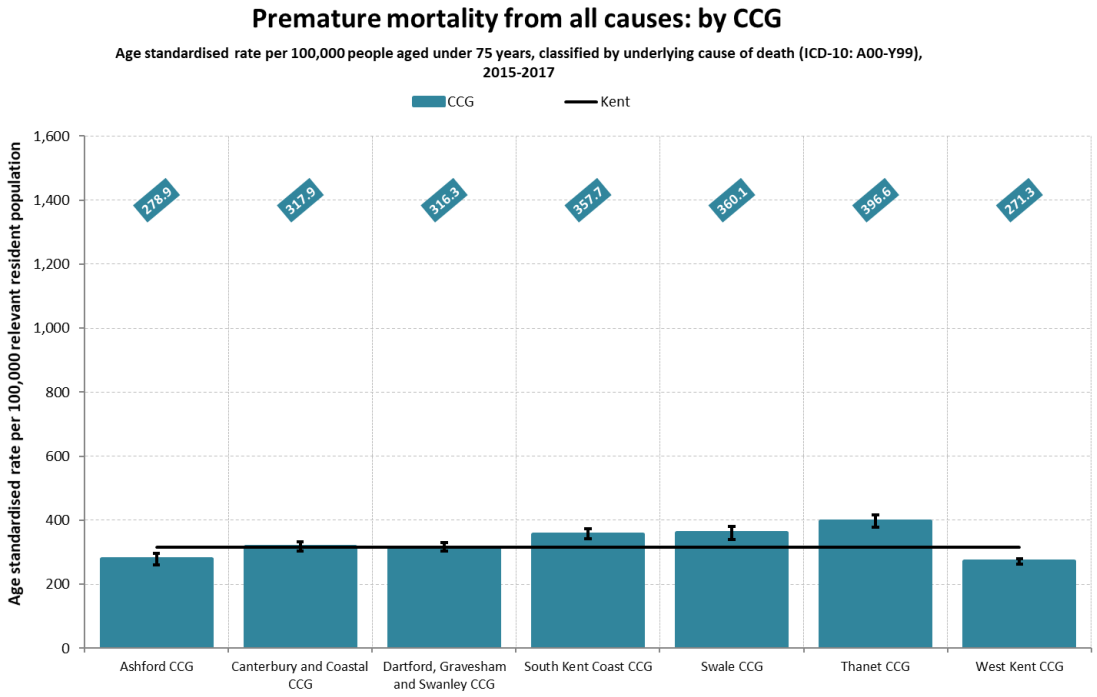
5.2.2 Premature Deaths – before 75 years in East Kent

The average life expectancy in Kent is 80 years and this is slightly higher in women than men. The figure 95 shows that in Thanet there are people in wards who are dying over 10 years earlier than the Kent average. This is called 'premature mortality'. The Long Term Plan and a series of governments have pledged to reduce this because it is avoidable, linked to deprivation and costly to the people and society. This section looks at the causes of premature deaths in East Kent.

Cancer, Lung Cancer and Circulatory Disease (Heart Disease)

Cancer is the largest cause of premature mortality (deaths under age 75) in East Kent. Around 40% of all premature deaths are caused by cancer with lung cancer accounting for around 10% of the total. The next leading cause of premature death is circulatory disease (heart disease) which accounts for 17 - 20% of premature deaths. Thanet and South Kent Coast have age standardised premature mortality rates that are higher than the Kent average, similar to Kent in Canterbury & Coastal CCG and lower in Ashford CCG (Figure 97).

Figure 97: Premature mortality – by CCG



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

Health Inequalities and Premature Death

When the figures for premature mortality are analysed in more detail for each CCG in East Kent (Figures 98 to 105) a picture emerges. In Ashford 48% of all premature death is caused by cancer. It should be noted that 10% are caused by lung cancer, 8% by respiratory disease and 19% by circulatory disease and for all these, smoking tobacco is a major contributor/ exacerbator. In Thanet 12% of early deaths are due to respiratory disease. There are stark differences in premature mortality comparing the most and least deprived quintiles across Kent, with rates of early death nearly twice as high[13] in the most deprived areas of the county.

The percentages are slightly different across the East Kent CCGs (Table 5) but the patterns are the same. Not all premature deaths can be prevented however a considerable number can. Smoking, regular diets of poor quality food, alcohol intake coupled with stressful and injury prone lives stimulate premature aging and cause conditions that lead to a high demand on health services. Primary Care and Local Care can use their new skills in motivational interviewing, having difficult conversations with people, joining forces with public health funded services and co-ordinated care across physical and mental health services to tackle premature death in east Kent. CCGs will need the support of community, district and county council services to work proactively with local people to encourage and support better self care and targeted and proactive care for the most vulnerable people.

Smoking Tobacco causes Illness and Death

[13] based on Kent IMD 2015 quintiles.

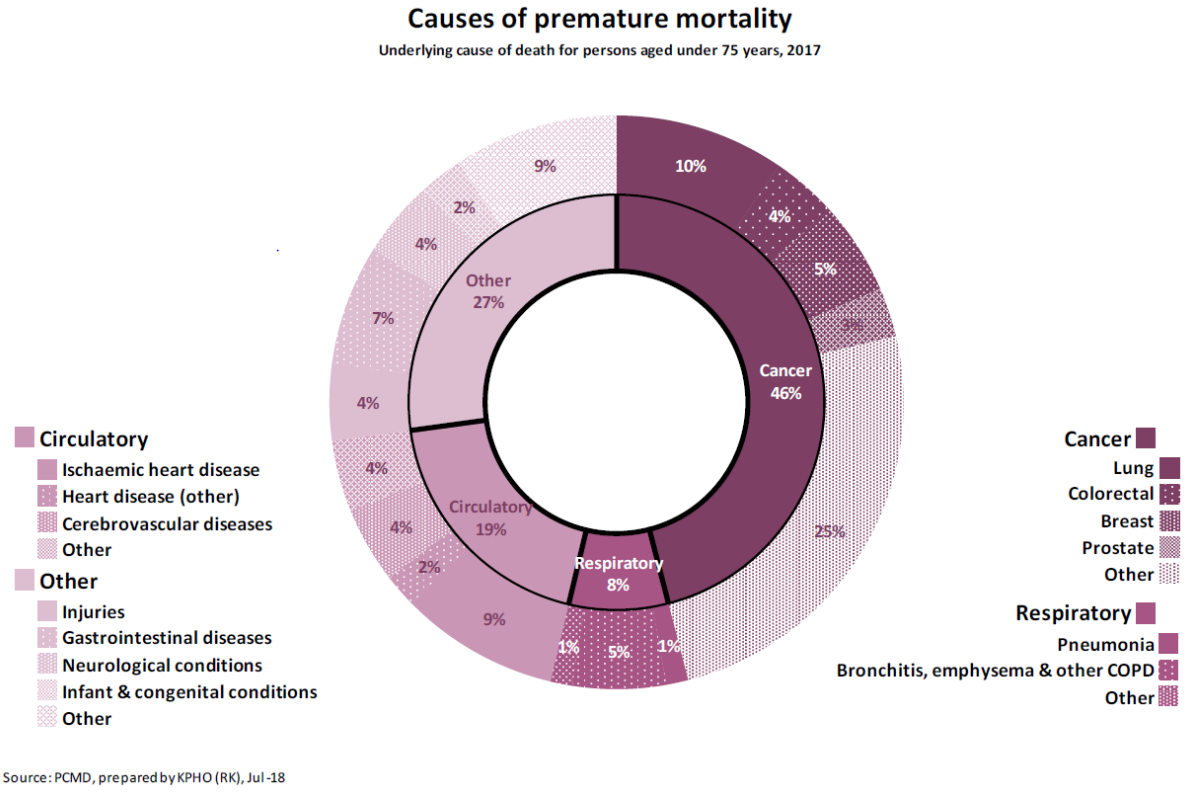
The health inequalities trends (Figures 102-105) for the CCGs in East Kent show negligible changes compared to the Kent average over the last seven years. However, Canterbury CCG's figures for the most deprived are showing some increased levels of premature mortality over time. The health inequalities for Thanet and South Kent Coast CCGs are not significantly changed over the last seven years and given the pressures on the health economy it may be argued that keeping rates stable are indeed a small success.

Health Inequalities persist in East Kent. In the most deprived areas of Thanet CCG mortality rates amongst those aged 65+ are considerably higher than the least deprived in other parts of the county. Rates are around 25% higher in the most deprived areas compared to the least deprived in Canterbury & Coastal and South Kent Coast CCGs.

It points to all CCGs needing to target their most vulnerable sections of society who traditionally are the people who die earlier, seek help later, use services at a higher rate and are less able and or willing to advocate for themselves.

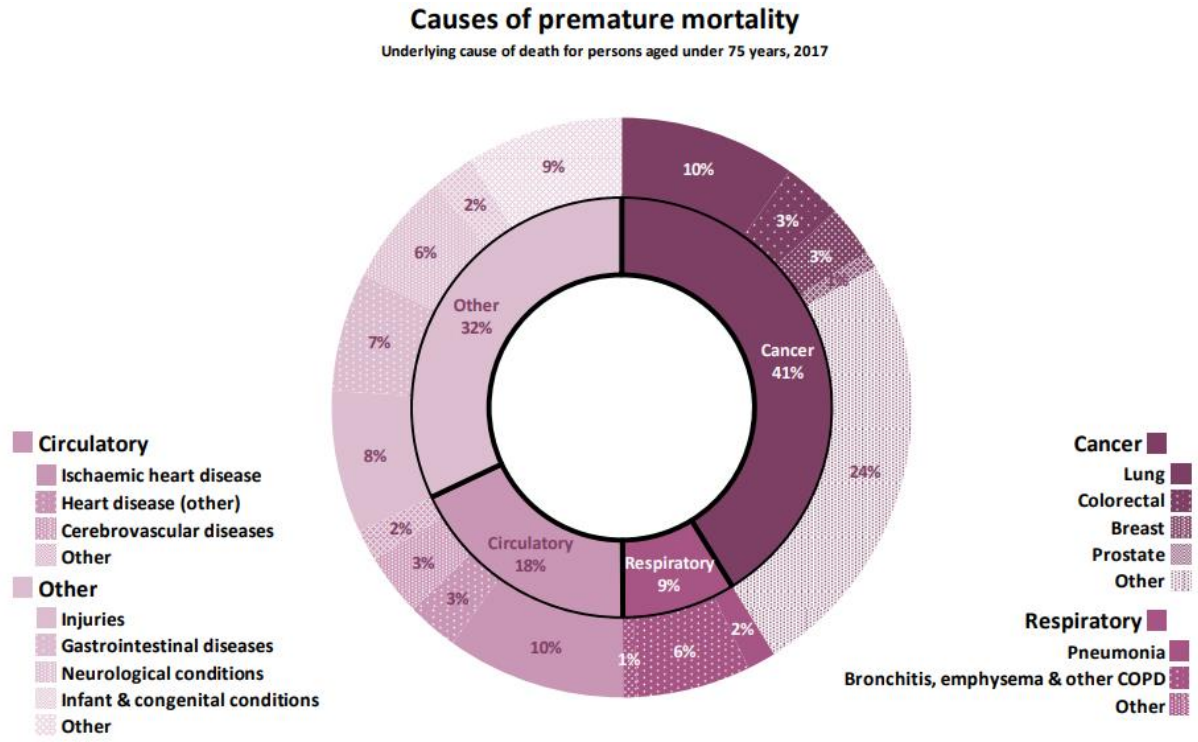
Figure 98: Causes of premature mortality

Ashford CCG



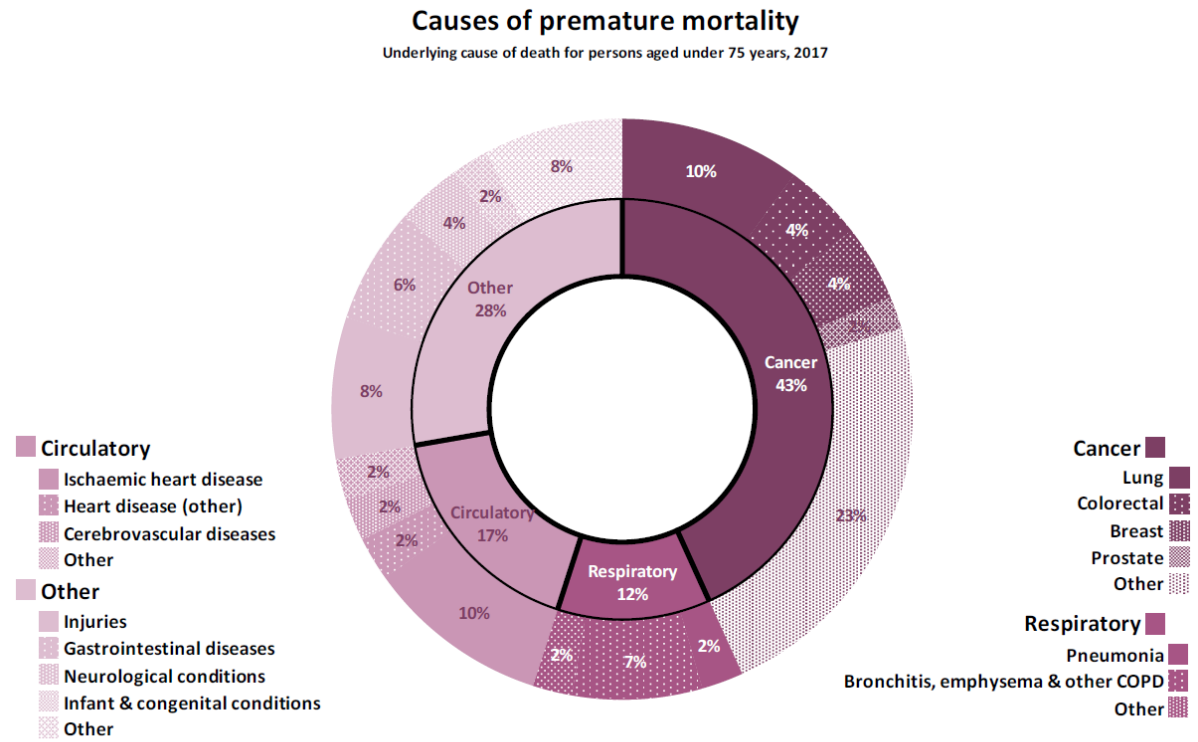
Source: PCMD, prepared by KPHO (RK), Jul-18

Figure 99: Canterbury and Coastal CCG



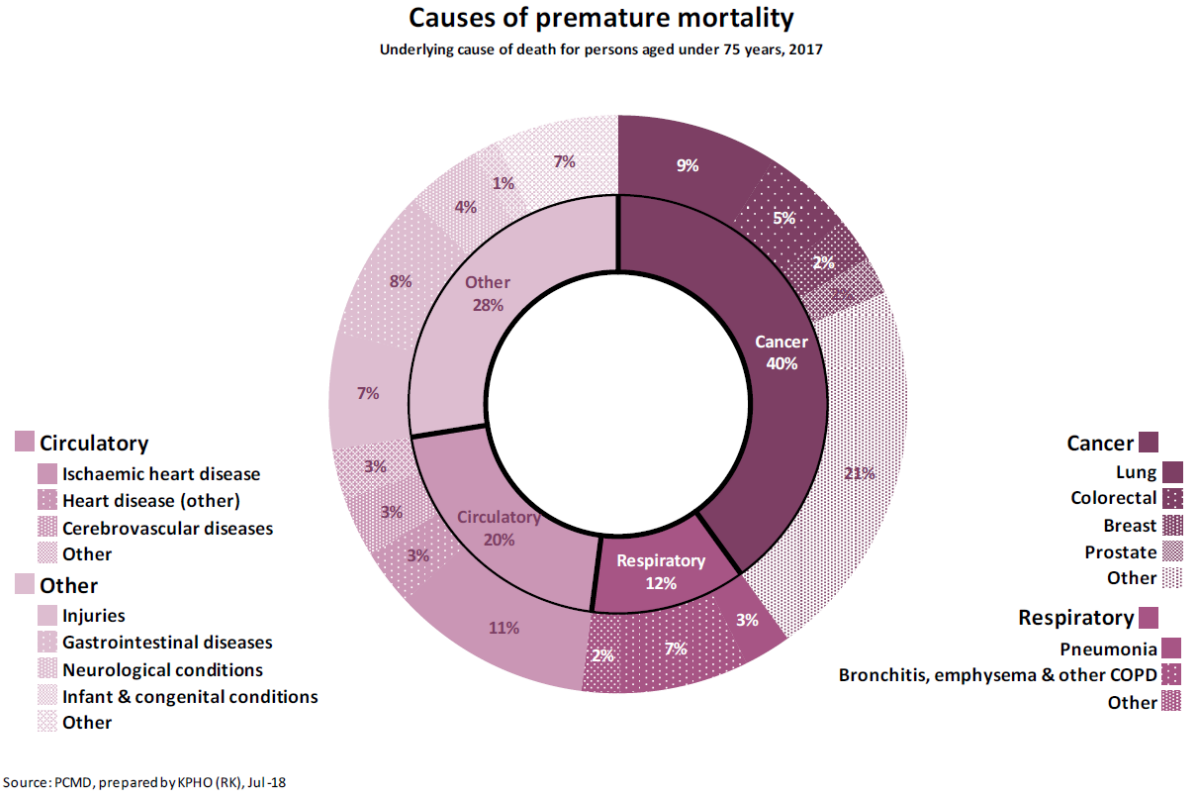
Source: PCMD, prepared by KPHO (RK), Jul-18

Figure 100: South Kent Coast CCG



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

Figure 101: Thanet CCG



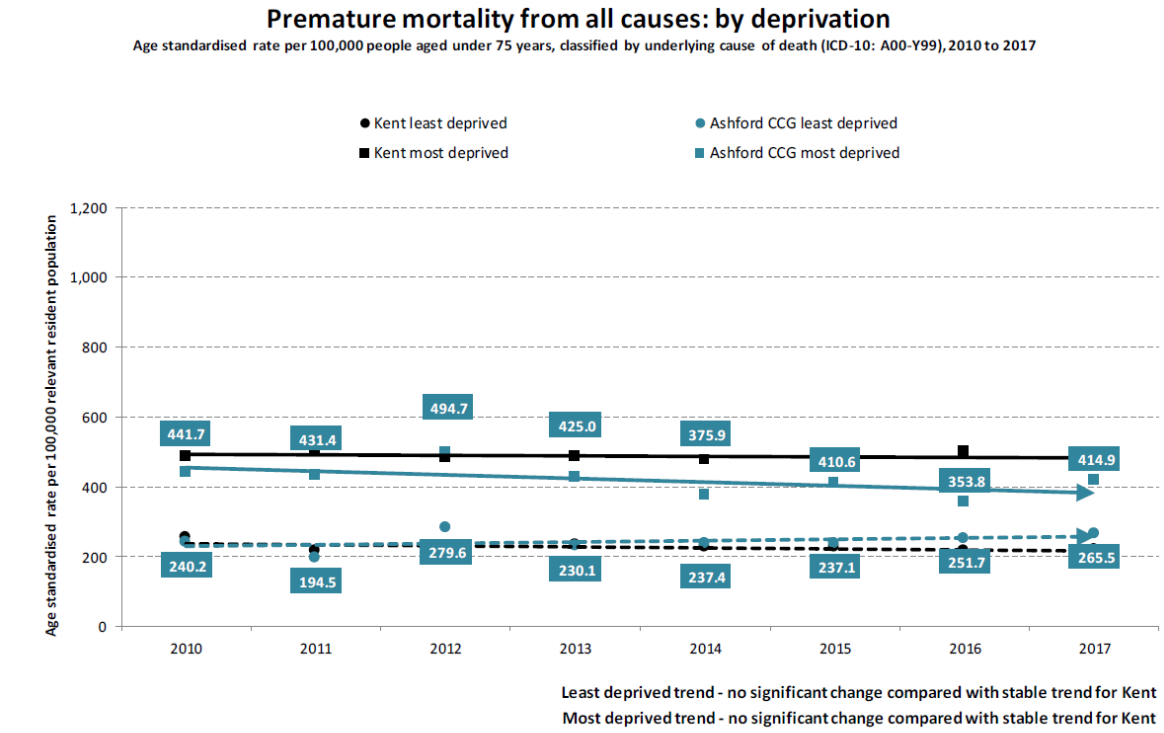
Source: PCMD, prepared by KPHO (RK), Jul-18

Table 5: Causes of premature mortality: by CCG

Causes of premature mortality Underlying cause of death for persons aged under 75 years, 2017	Ashford CCG	Canterbury & Coastal CCG	South Kent Coast CCG	Thanet CCG	Kent
Cancer	**46.0%**	**41.2%**	**43.2%**	**40.0%**	**42.9%**
Lung	9.6%	9.8%	10.1%	9.0%	8.7%
Colorectal	3.7%	3.3%	4.4%	5.1%	4.4%
Breast	5.2%	2.9%	4.3%	2.5%	3.8%
Prostate	2.8%	1.0%	1.8%	2.1%	1.9%
Other	24.7%	24.2%	22.7%	21.3%	24.1%
Respiratory	**7.7%**	**8.7%**	**11.7%**	**12.0%**	**9.6%**
Pneumonia	1.2%	1.6%	2.3%	2.6%	2.3%
Bronchitis, emphysema & other C	5.2%	6.3%	7.2%	7.2%	5.4%
Other	1.2%	0.8%	2.2%	2.1%	1.9%
Circulatory	**19.1%**	**18.1%**	**17.3%**	**20.5%**	**19.6%**
Ischaemic heart diseases	9.0%	10.0%	10.2%	11.1%	10.3%
Heart disease (other)	1.9%	2.9%	2.5%	3.2%	2.9%
Cerebrovascular diseases	4.3%	3.5%	2.3%	3.4%	3.7%
Other	4.0%	1.7%	2.3%	2.8%	2.6%
Other	**27.2%**	**32.0%**	**27.7%**	**27.5%**	**27.9%**
Injuries	4.3%	7.9%	7.9%	6.5%	6.9%
Gastrointestinal diseases	6.8%	6.7%	6.5%	8.5%	6.5%
Neurological conditions	4.3%	6.3%	3.6%	4.2%	4.8%
Infant & congential conditions	2.5%	2.4%	2.1%	1.4%	1.9%
Other	9.3%	8.7%	7.7%	6.9%	7.7%

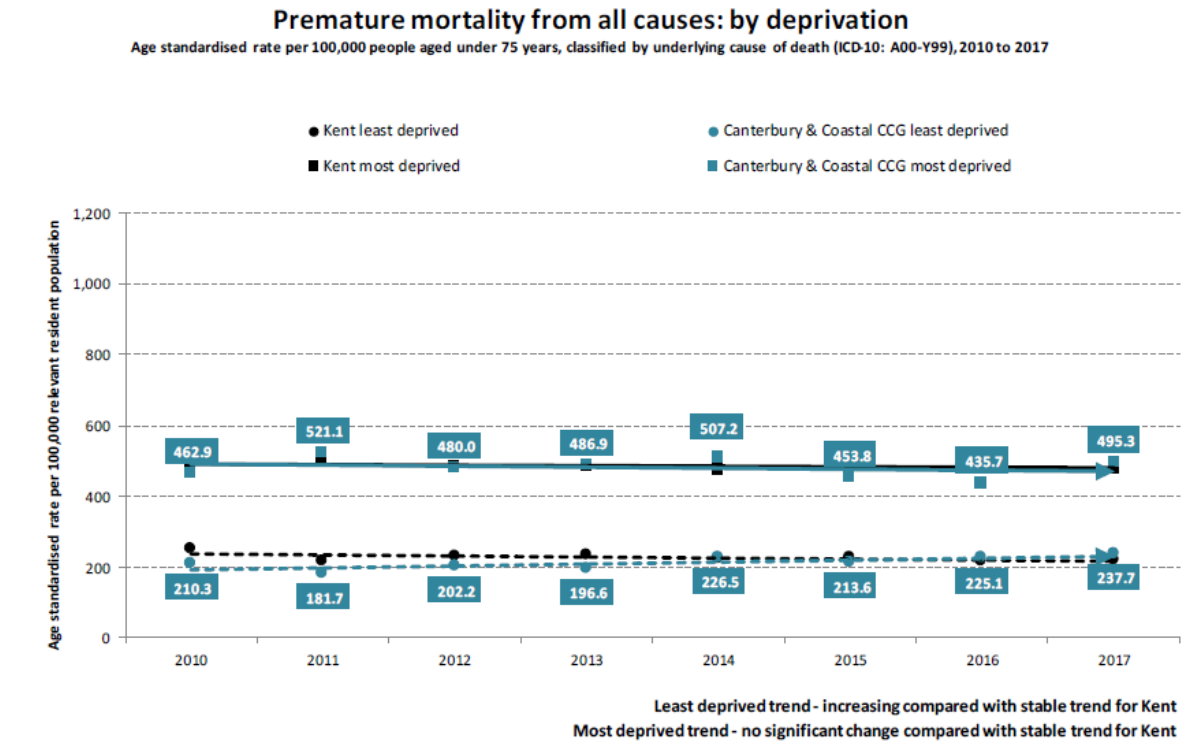
Source: PCMD, prepared by KPHO (SR), June-19

Figure 102: Premature mortality – by deprivation in Ashford



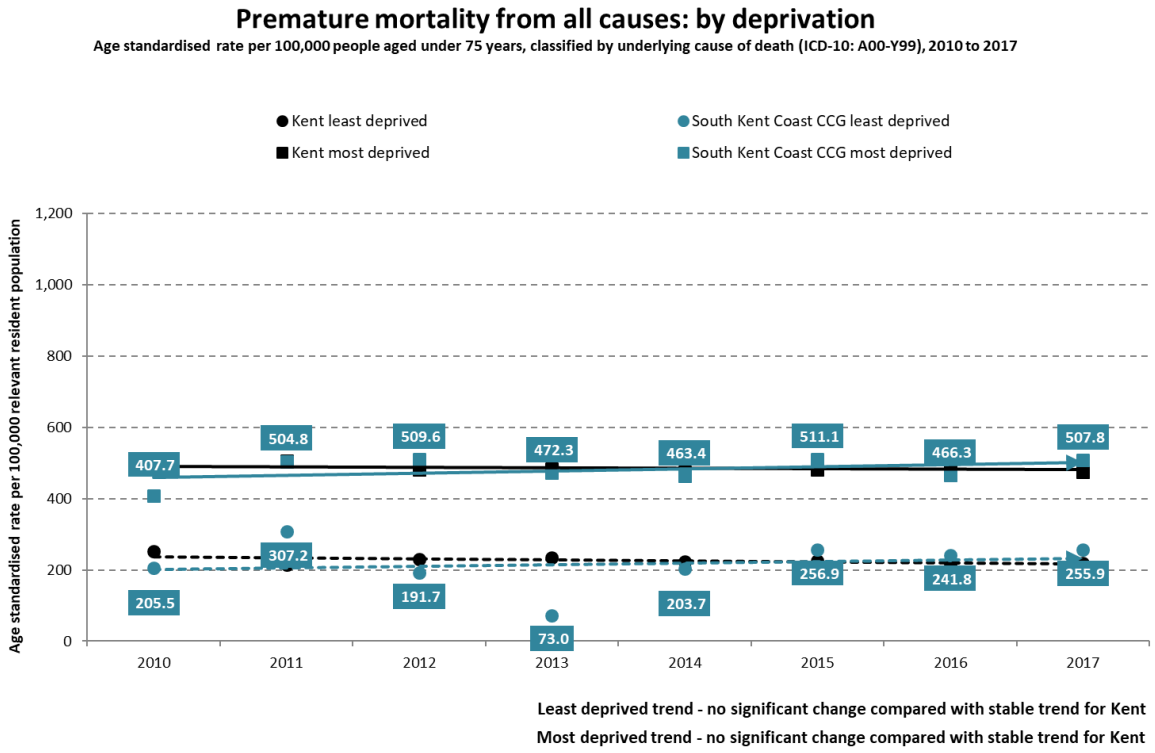
Source: PCMD, prepared by KPHO (RK), Nov-18

Figure 103: Premature mortality – by deprivation in Canterbury



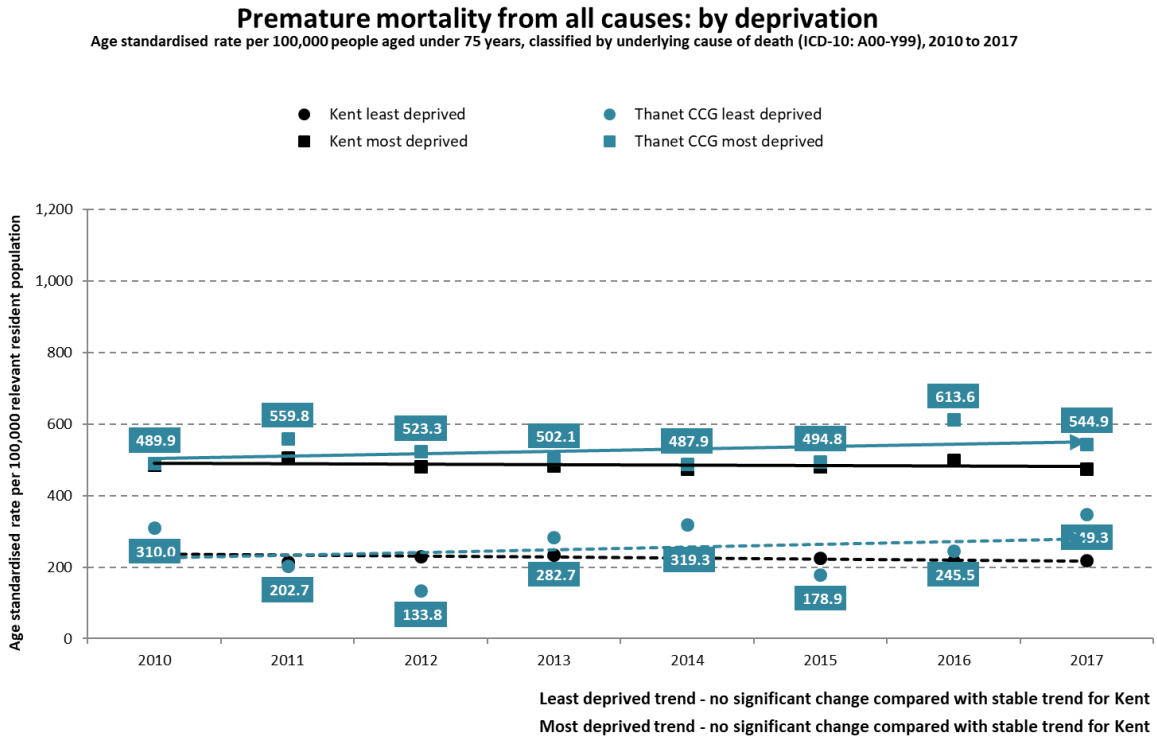
Source: PCMD, prepared by KPHO (RK), Nov-18

Figure 104: Premature mortality – by deprivation in South Kent Coast



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

Figure 105: Premature mortality – by deprivation in Thanet.



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

5.3 Causes of Mortality in Older People

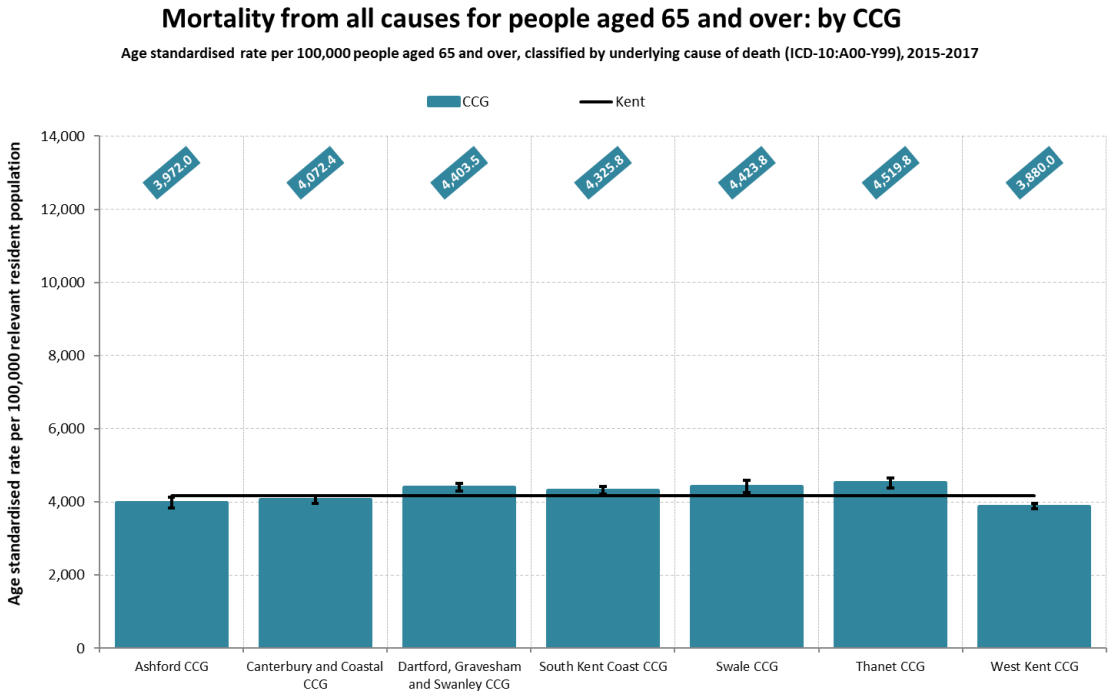
The patterns of mortality in older people remain similar to those of all ages although there is increased respiratory disease and mental health problems. Areas with greater deprivation appear to suffer the most.

Cancer is the leading cause of mortality in those aged 65 and over, accounting for circa 28% of deaths in 2017. Rates of mortality from all causes for those aged 65+ are higher than the Kent average in South Kent Coast and Thanet CCGs and lower in Ashford CCG.

In Thanet CCG 30% of deaths of those 65 and above in 2017 were due to cancer compared to 27% in Ashford and Canterbury & Coastal CCGs. Across the East Kent CCGs between 9% (Thanet) - 11% (Canterbury & Coastal) of deaths of people aged 65 and over were due to mental health and behavioural disorders (mainly dementia). Deaths due to respiratory conditions accounted for 16% of all deaths in this age group, which is consistent across all four CCGs.

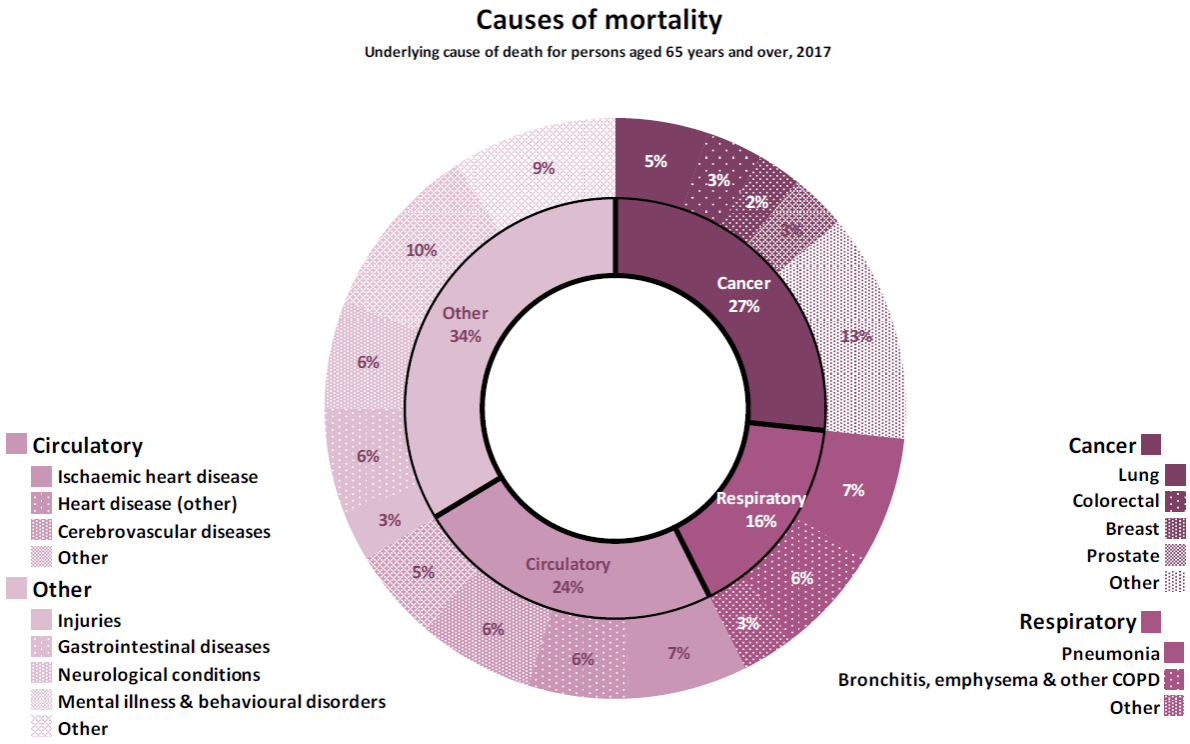
In the most deprived areas of Thanet CCG mortality rates amongst those aged 65+ are considerably higher than the least deprived in other parts of the county. Rates are around 25% higher in the most deprived areas compared to the least deprived in Canterbury & Coastal and South Kent Coast CCGs.

Figure 106: Mortality for people aged 65 and over – by CCG



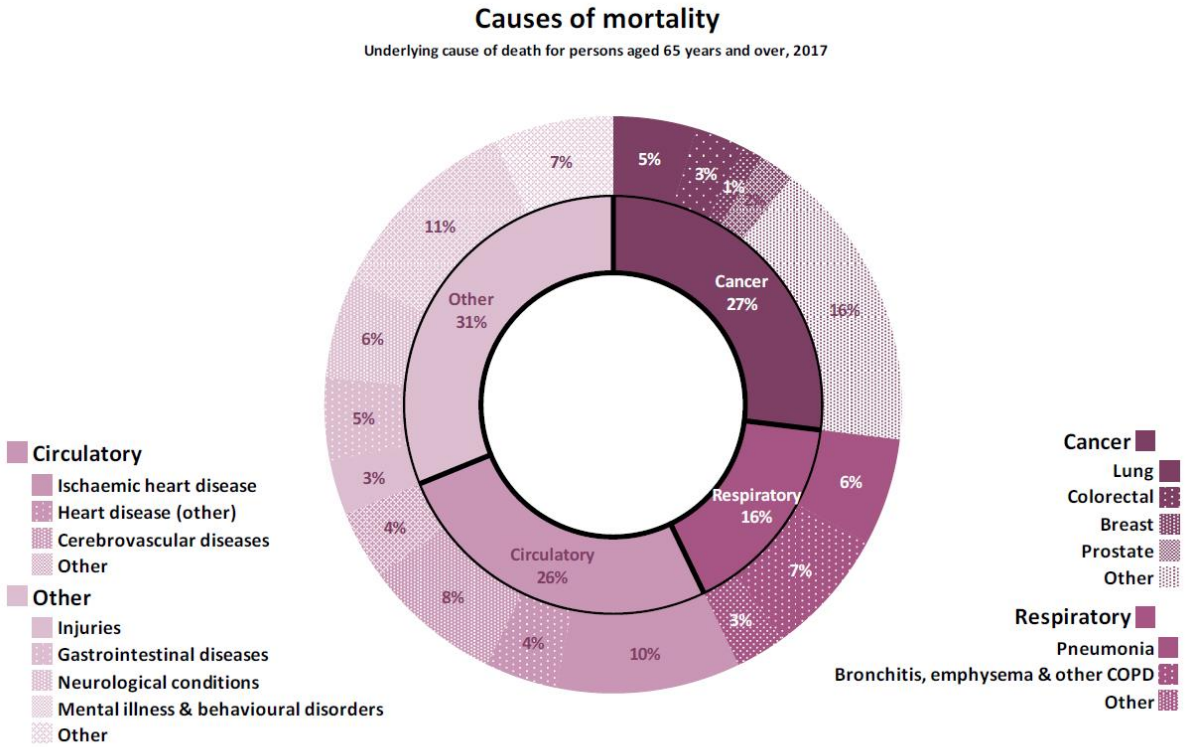
Source: PCMD, prepared by KPHO (RK), Nov-18

Figure 107: Causes of mortality in people aged 65 and over Ashford CCG



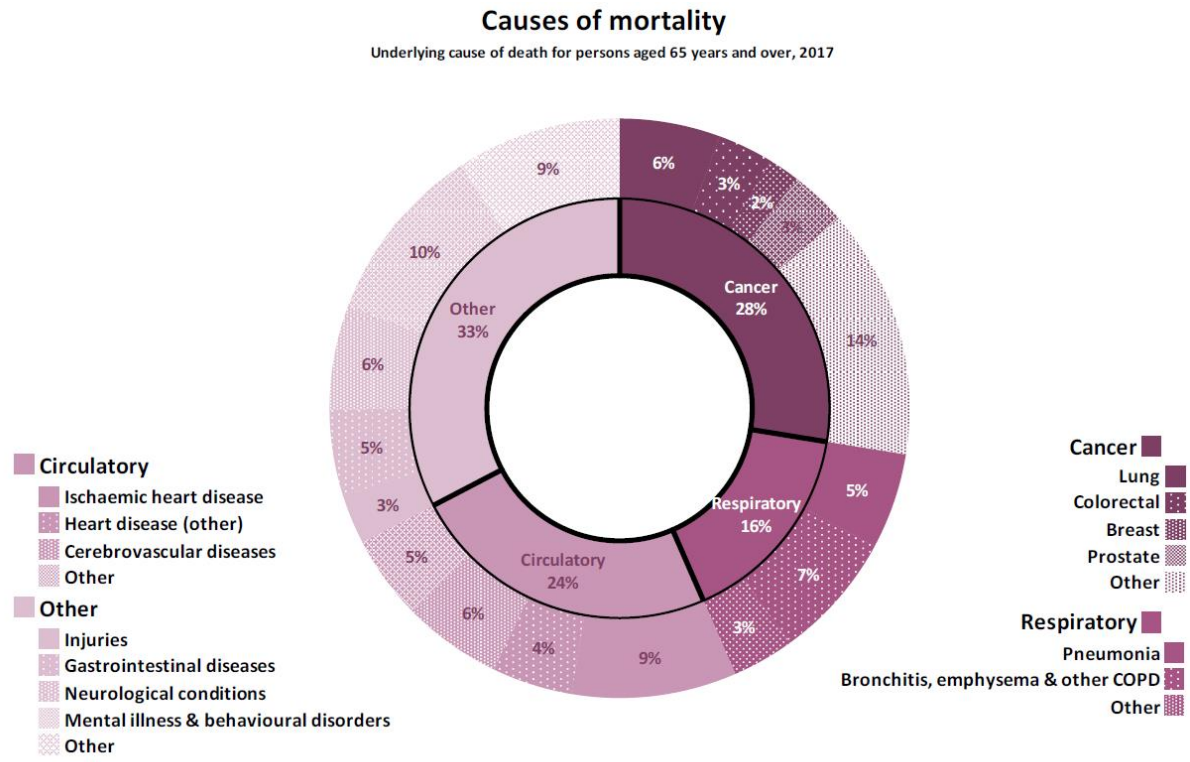
Source: PCMD, prepared by KPHO (RK), Jul-18

Figure 108: Causes of mortality in people aged 65 and over Canterbury & Coastal CCG



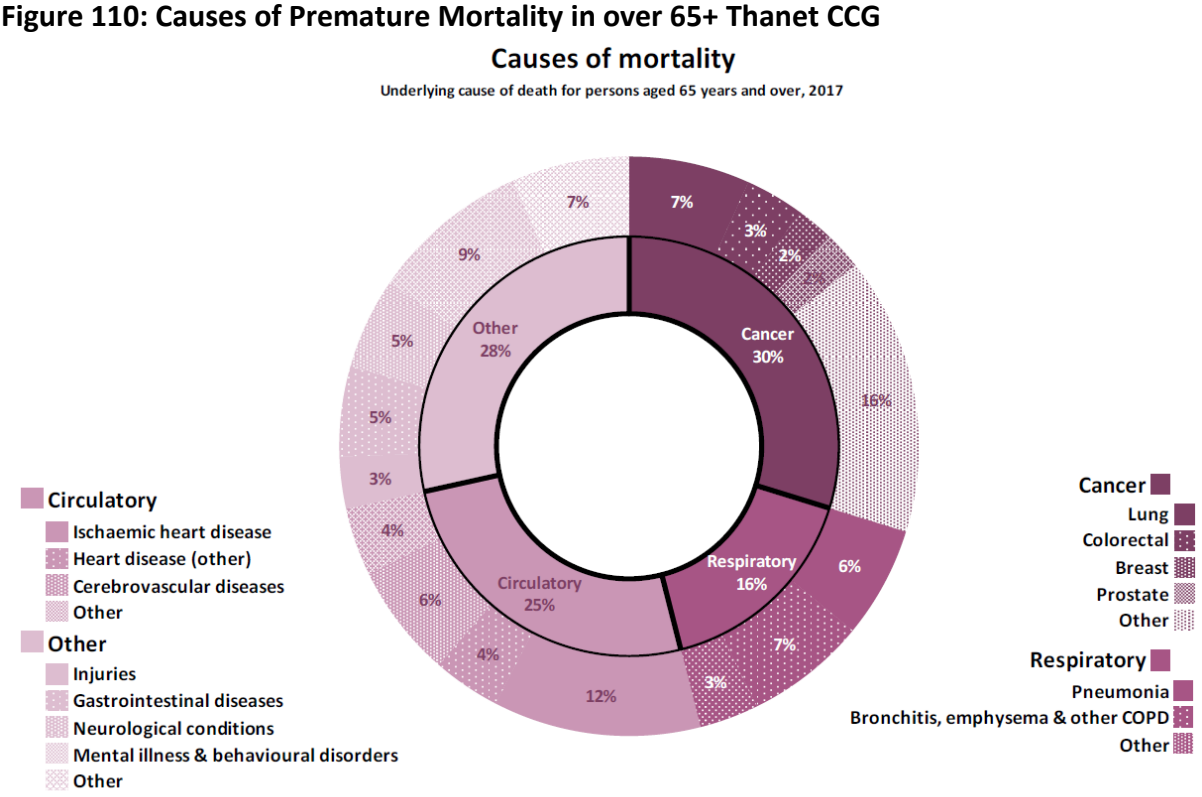
Source: PCMD, prepared by KPHO (RK), Jul-18

Figure 109: Causes of mortality in people aged 65 and over South Kent Coast CCG



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

Figure 110: Causes of Premature Mortality in over 65+ Thanet CCG



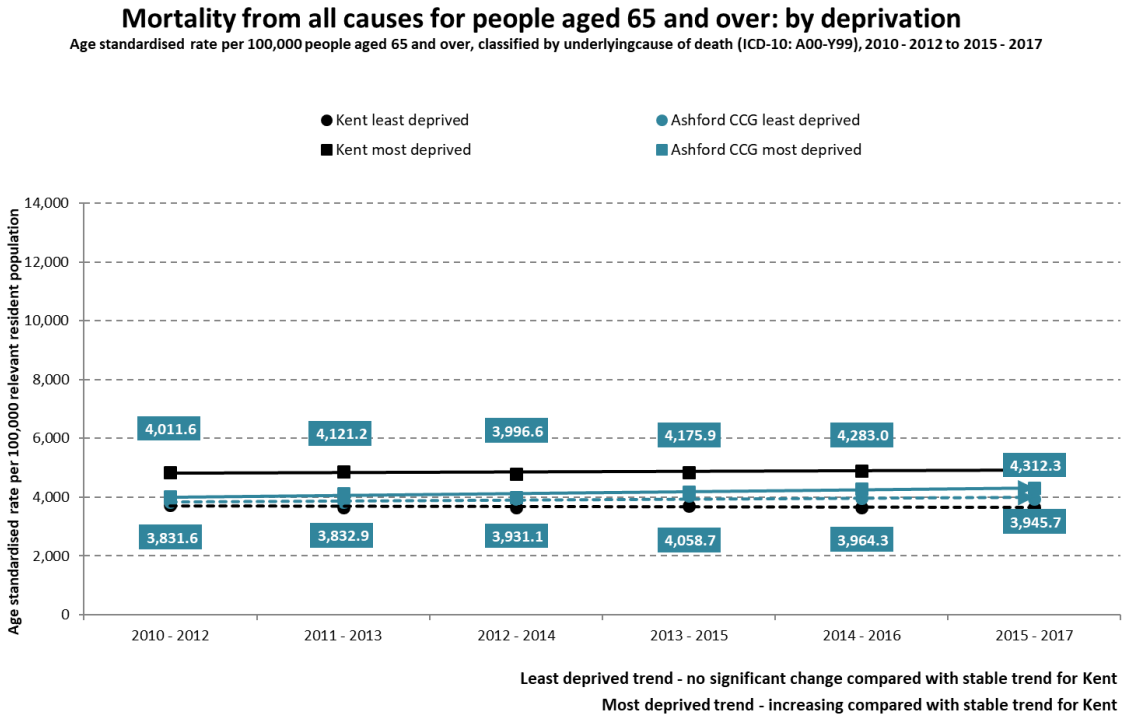
Source: PCMD, prepared by KPHO (RK), Jul-18

Table 6: Mortality for people aged 65 and over: by CCG

Causes of mortality Underlying cause of death for persons aged 65 and over, 2017	Ashford CCG	Canterbury & Coastal CCG	South Kent Coast CCG	Thanet CCG	Kent
Cancer	**26.7%**	**26.9%**	**27.6%**	**29.8%**	**27.4%**
Lung	5.2%	4.7%	5.6%	6.8%	5.3%
Colorectal	3.2%	2.8%	3.1%	3.3%	3.0%
Breast	2.4%	1.1%	1.7%	2.1%	1.7%
Prostate	3.2%	2.0%	3.2%	2.1%	2.5%
Other	12.8%	16.3%	13.9%	15.5%	14.9%
Respiratory	**15.9%**	**15.9%**	**15.9%**	**16.3%**	**15.5%**
Pneumonia	7.0%	6.0%	5.3%	6.2%	5.9%
Bronchitis, emphysema & other C	6.0%	7.1%	7.1%	6.8%	6.2%
Other	3.0%	2.8%	3.4%	3.3%	3.5%
Circulatory	**23.7%**	**26.0%**	**23.9%**	**25.5%**	**24.7%**
Ischaemic heart diseases	6.6%	10.3%	9.2%	11.6%	9.4%
Heart disease (other)	5.6%	4.0%	4.5%	3.8%	4.7%
Cerebrovascular diseases	6.4%	7.8%	5.5%	6.3%	6.4%
Other	5.1%	3.9%	4.7%	3.8%	4.1%
Other	**33.6%**	**31.2%**	**32.7%**	**28.5%**	**32.4%**
Injuries	2.7%	3.1%	2.8%	2.9%	2.7%
Gastrointestinal diseases	5.9%	4.6%	4.8%	5.0%	4.4%
Neurological conditions	6.0%	5.7%	5.8%	5.1%	5.5%
Mental illness & behavioural disor	9.8%	11.2%	10.1%	8.9%	11.9%
Other	9.2%	6.5%	9.1%	6.5%	7.8%

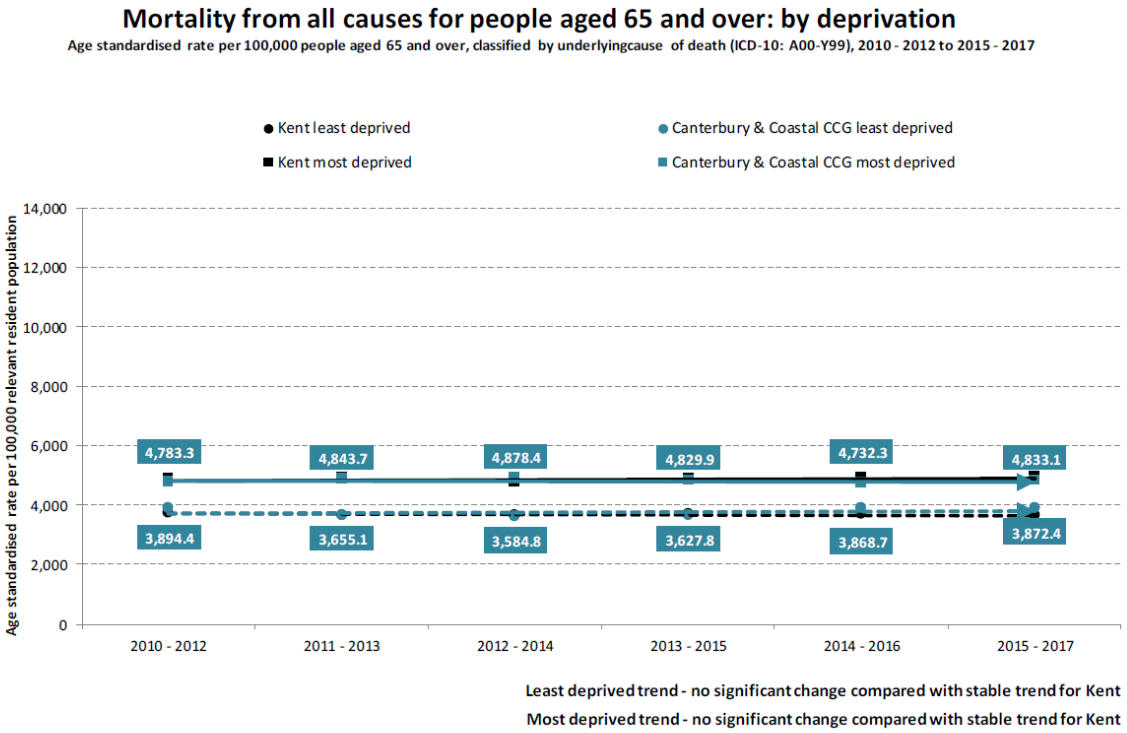
Source: PCMD, prepared by KPHO (SR), June-19

Figure 111: Mortality for people aged 65 and over – by deprivation



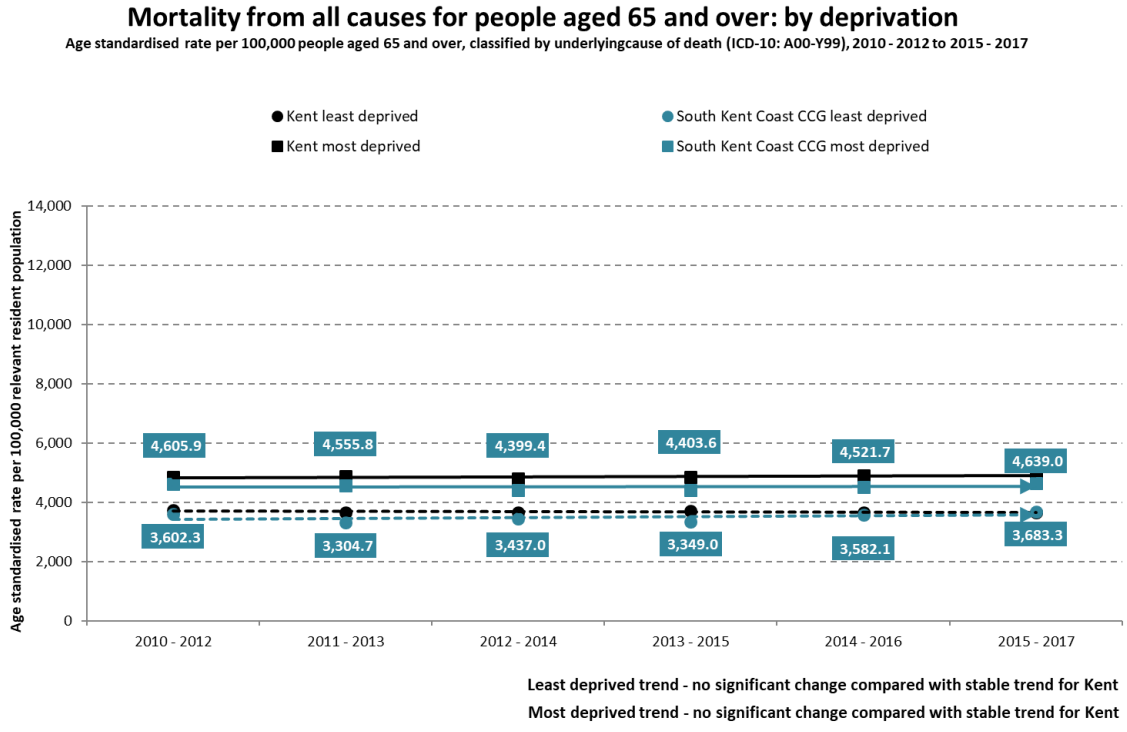
Source: PCMD, prepared by KPHO (RK), Nov-18

Figure 112:



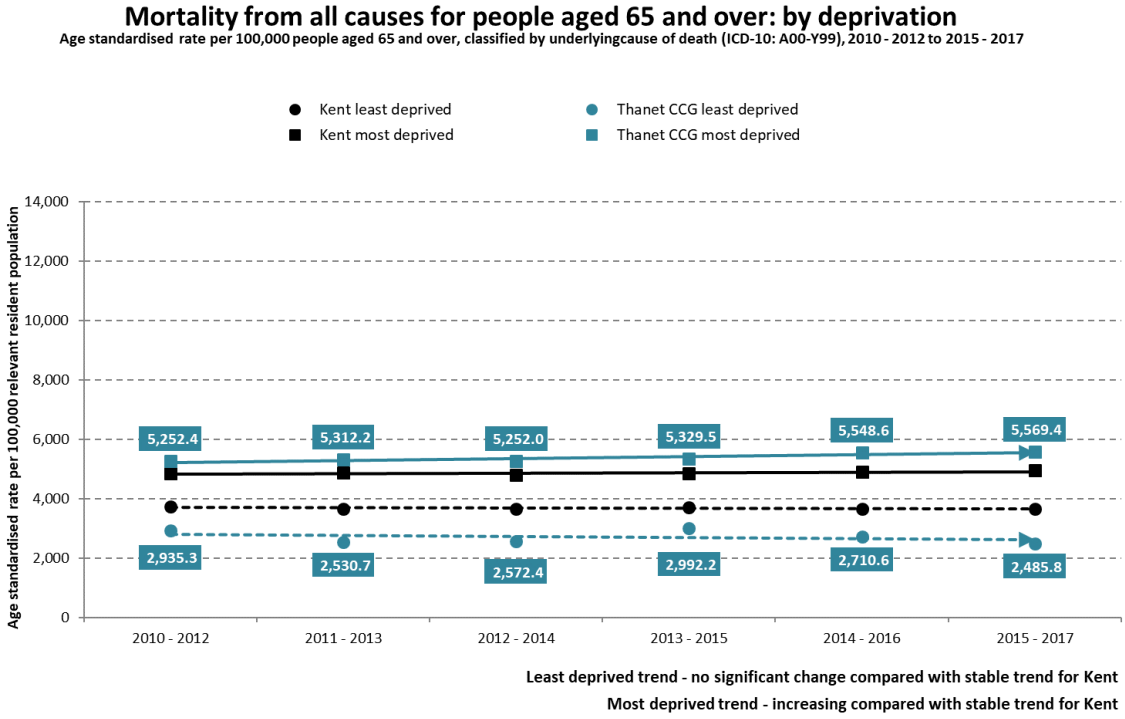
Source: PCMD, prepared by KPHO (RK), Nov-18

Figure 113:



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

Figure 114:



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

Conclusions:

There are large disparities that remain in life expectancy and mortality rates between the most and least deprived parts of the population. This is a common pattern both nationally and locally. These inequalities have remained largely unchanged over the last 10 years. However, it can be argued that keeping inequalities relatively stable over a period of economic austerity is some success for the CCGs.

However, Inequalities persist and are deep between areas of greatest deprivation compared with most affluent. Life expectancy has broadly stopped increasing across the country, and in Kent there is considerable variation depending on place of birth. Those born in Thanet CCG are on average likely to live 3.5 year less than those born in West Kent CCG if they are male, or 2 years less if female. Individual wards can show even more variation, with the lowest ward's life expectancy in males at only 71.2 years.

Premature (under 75 years) all-cause death rates can vary considerably by area, with Ashford CCG having nearly 30% lower early death rates than Thanet CCG. A large deprivation difference in premature death (mortality) rates has not narrowed over time, with double the mortality rate in the most deprived populations than the least in some CCGs.

All people will die. It is expected that people over 65 will have higher mortality rates but the differences in mortality rates amongst the older populations from different areas is not as stark as with premature mortality. However most CCGs still show a clear difference in rates between over 65 death rates between the least and most deprived areas.

This is a trend which is not showing signs of reducing over time and may even be widening in Canterbury and Thanet. Areas of socio-economic deprivation are not easy places to live and work. They require considerably more collaborative working across agencies and cooperation from different staff groups to work effectively. They need to build the trust of local people and build collaborative relationships with local people to empower them to make the difficult steps to reduce risky behaviours and see other options for life. Any local plans will need a long-term commitment- which is a challenge when local health economy changes.

Recommendations:

Encourage public/patient led health inequalities task groups in areas of vulnerabilities and increase the need for public sector agencies to listen to user voices. However, this must be a dialogue – as the public must also be aware of their responsibility for their own health and their care of the health services.

Make prevention routine work. Train staff in MECC (Making every contact count) and secondary prevention. Routinely having the perceived 'difficult' conversations around smoking, drinking, drugs, mental health, eating and physical activity will normalise the public's need to engage with health services in better care of their health.

Work proactively with public health services: smoking, addictions and healthy weight services in order to build a sustainable model of prevention and self care for east Kent.

Cancer services need to be more proactive and joined up with screening services particularly in areas of greatest deprivation. There needs to be a more proactive care for lung cancer.

Target areas of most deprivation for community action (e.g men's sheds, social prescribing, healthy walks, cardiac rehab, heart health) linked with local care / primary care to find ways to create a health improving environment.

Support primary care in areas of greatest deprivation via community wellbeing programmes and co-ordinated social prescribing.

Wherever possible – link mental health with physical health for a person. All health behaviours have a psychological component. Health Education England has resources that may make effective links between mental and physical health care, e.g obesity, diabetes, hyper-tension and respiratory disease.

Conduct health equity audits regularly to assess how services are reaching the most vulnerable groups. Check these results out with local people.

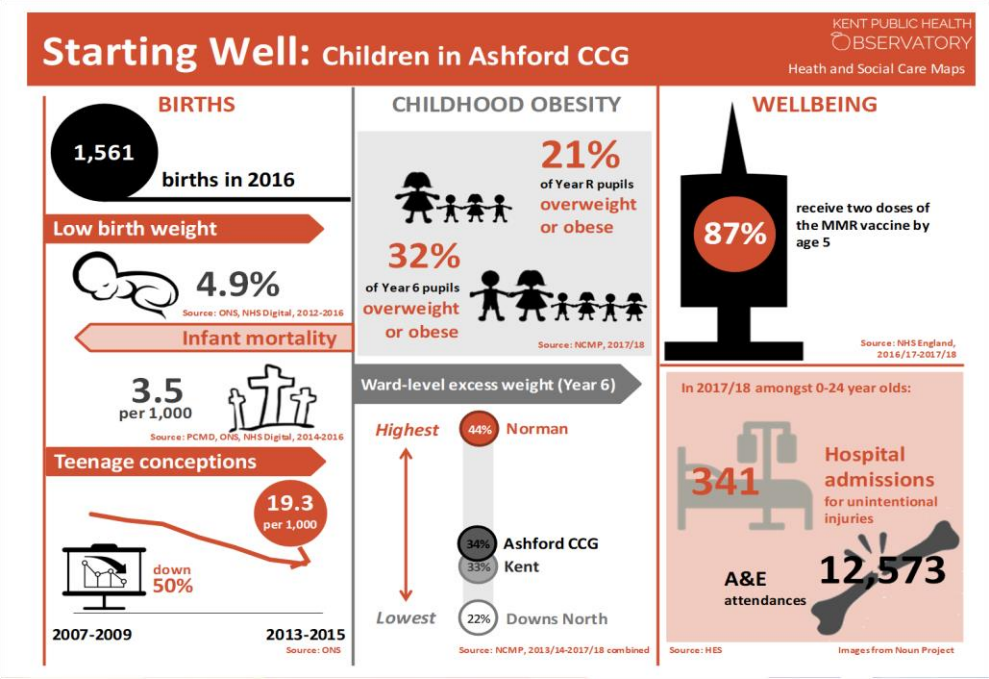
Have local strategic plans to tackle the health inequalities and be ambitious for the community: The NHS Long Term Plan prioritises tackling health inequalities – however the local plans must involve Districts and County Councils and local people.

6 | Health of Mothers, Children and Young People

6.1 Infographic Summary

The infographic below (Figure 115) provides a summary of key data relating to the health and wellbeing of children and young people in Ashford, Canterbury & Coastal, South Kent Coast and Thanet CCGs taken from the KPHO Health and Social Care Maps[14].

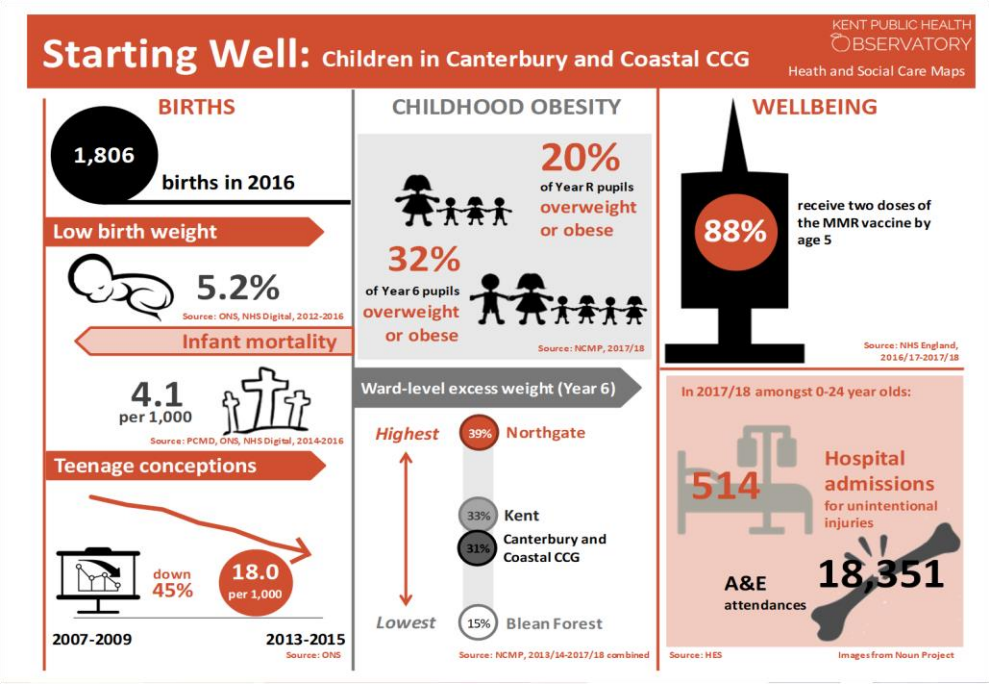
Figure 115:



Ashford CCG has reduced its teenage conceptions by 50% over the last 7 years. It has relatively low infant mortality for East Kent. Ashford CCG can work with parents to increase MMR vaccine rates and reduce the variations in ward level excess weight in year 6 pupils.

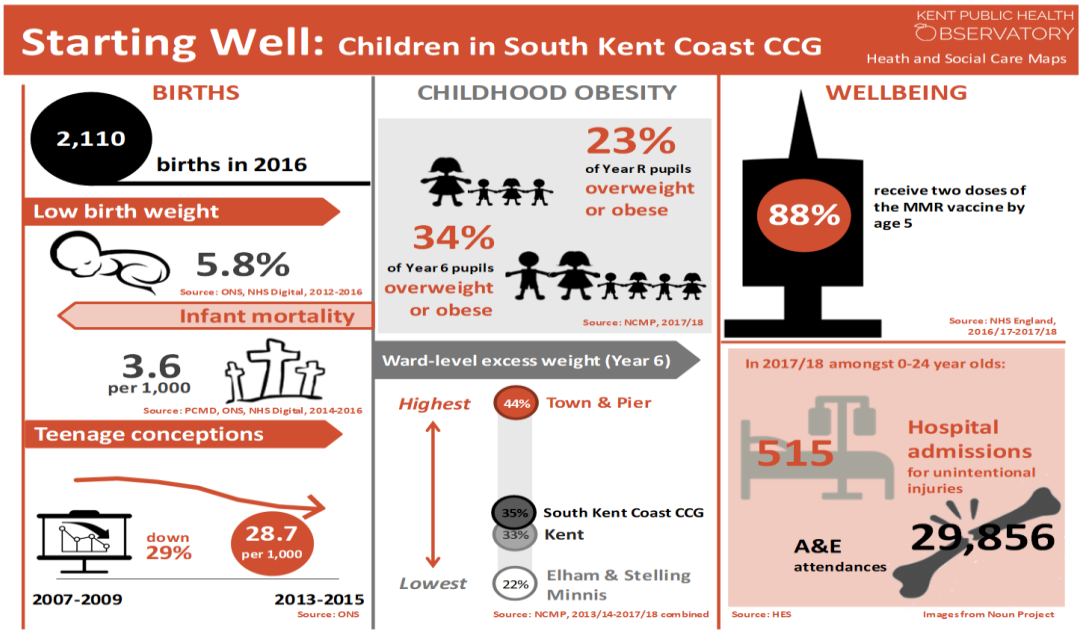
[14] https://www.kpho.org.uk/health-and-social-care-maps/pdf-social-care-maps

Figure 116:



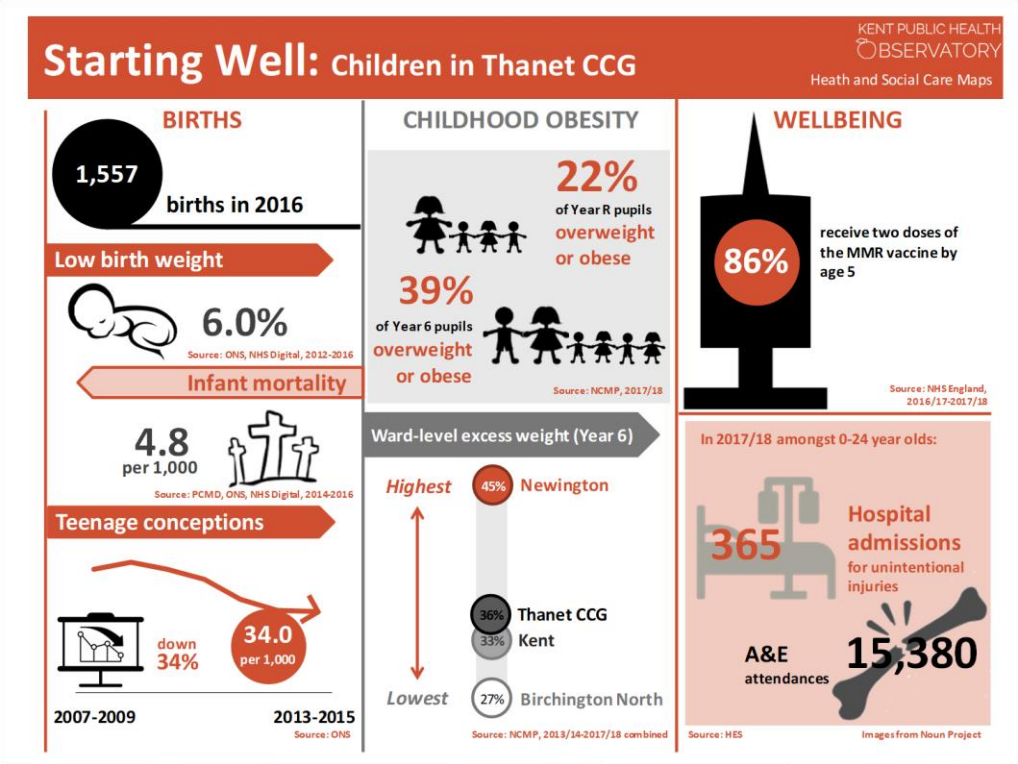
Canterbury and Coastal CCG has lower rates of excess weight in year 6s then the Kent average but has high degree of inequalities. It has relatively high rates of children's hospital admissions for injuries and can work with parents to improve it's low birth weight.

Figure 117



South Kent Coast faces challenges for it's children's health. It's focus and plan of action should be to continue to reduce teenage conceptions, reduce the number of accidents and improve infant nutrition and reduce smoking in pregnancy.

Figure 118



Thanet faces challenges for its children's health. Its focus and plan of action should be to continue to reduce teenage conceptions, reduce the number of accidents and improve infant nutrition and reduce smoking in pregnancy and childhood obesity. It should also understand its infant mortality rate and seek to improve maternity services for its vulnerable population.

6.2 Income Deprivation and Child Poverty

Low income has a direct impact on much of children's and parents' lives. Children living in deprived areas are much more likely to be overweight, have poor dental health, have poor control over their diabetes and have a special educational need identified.

There is a separate index of deprivation, The Income Deprivation Affecting Children Index (IDACI), which is used to describe deprivation in children. It measures the proportion of all children aged 0 to 15 living in income deprived families and is a subset of the Income Deprivation Domain, which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

Collectively, a larger number of wards in all East Kent CCGs are highlighted as being amongst the 20% most deprived wards in respect of those aged 0-15 years and who live in income deprived households. (Figures 119 – 122)

Ashford CCG

- Beaver
- Victoria
- Bockhanger
- Bybrook
- Aylesford Green
- Norman
- Stanhope

Canterbury & Coastal CCG

- Davington Priory
- Heron
- St Stephens
- Northgate

South Kent Coast CCG

- St Radigunds
- Maxton, Elms Vale & Priory
- Aylesham
- Middle Deal & Sholden
- Buckland
- Castle
- Tower Hamlets
- Town & Pier
- Folkestone East
- Folkestone Foord
- Folkestone Harbour
- Folkestone Harvey Central
- Lydd

Thanet CCG

- Margate Central
- Cliftonville West
- Dane Valley
- Salmestone
- Sir Moses Montefiore
- Northwood
- Eastcliff
- Central Harbour
- Newington

Figure 119: IMD 2015 – Income deprivation affecting children (IDACI) Ashford

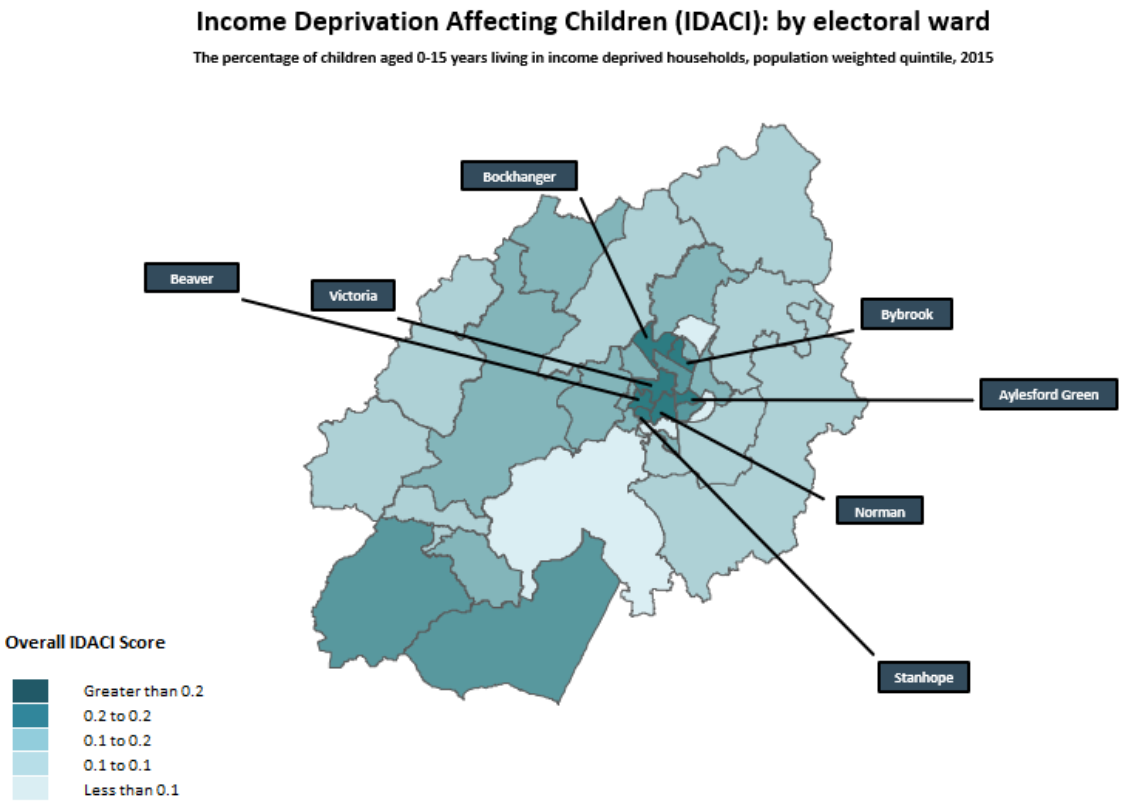


Figure 120: IMD 2015 – Income deprivation affecting children (IDACI)Canterbury

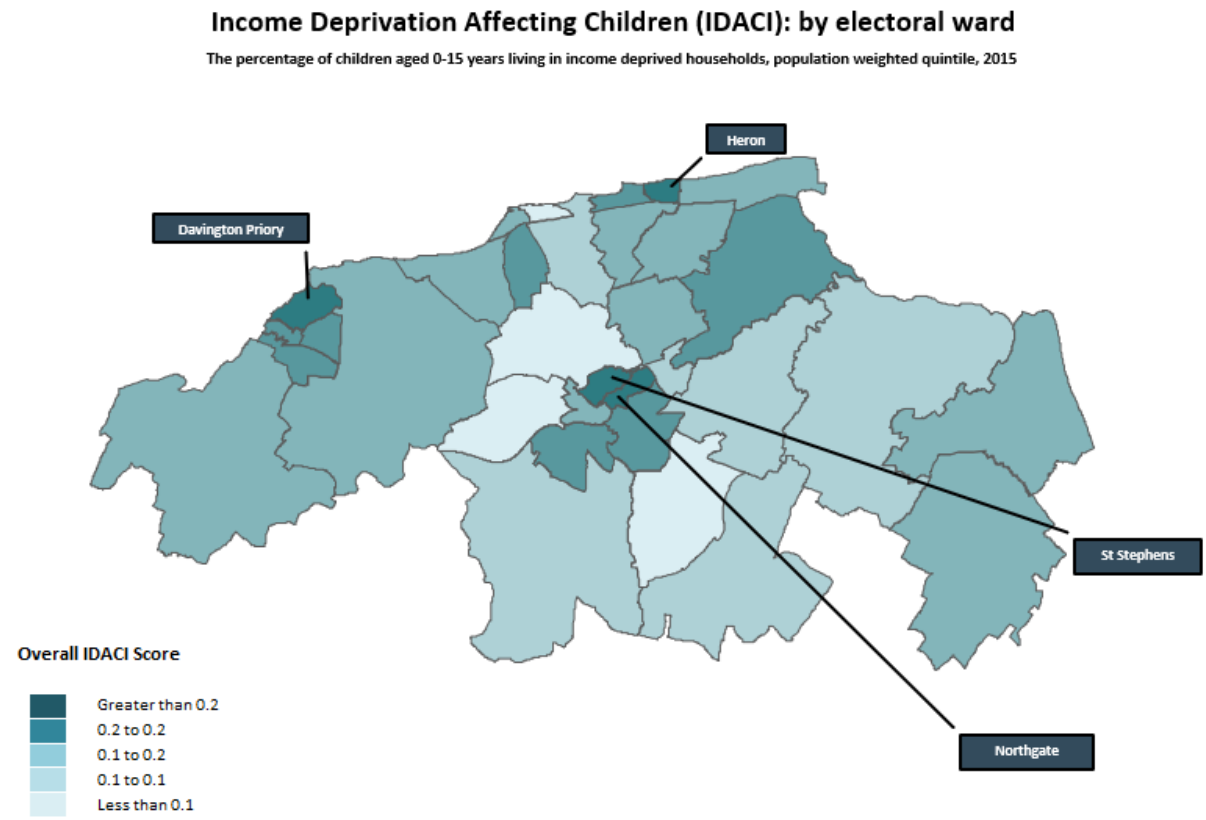


Figure 121: IMD 2015 – Income deprivation affecting children (IDACI) South Kent Coast

Income Deprivation Affecting Children (IDACI): by electoral ward

The percentage of children aged 0-15 years living in income deprived households, population weighted quintile, 2015

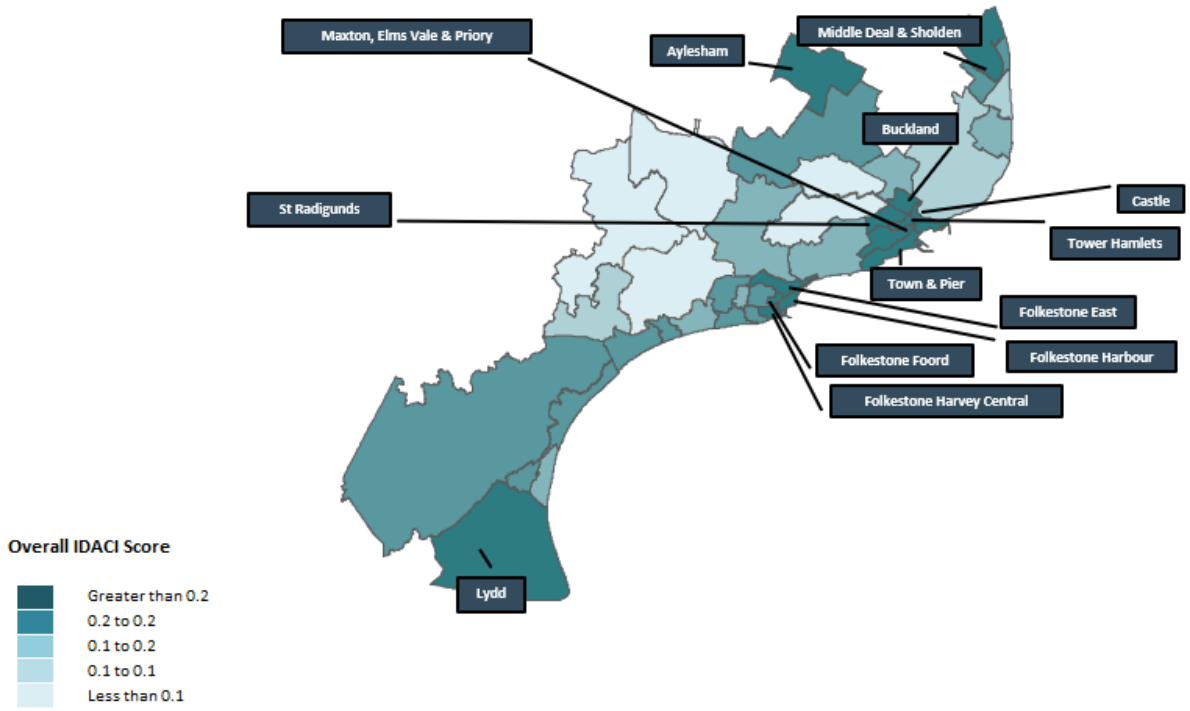
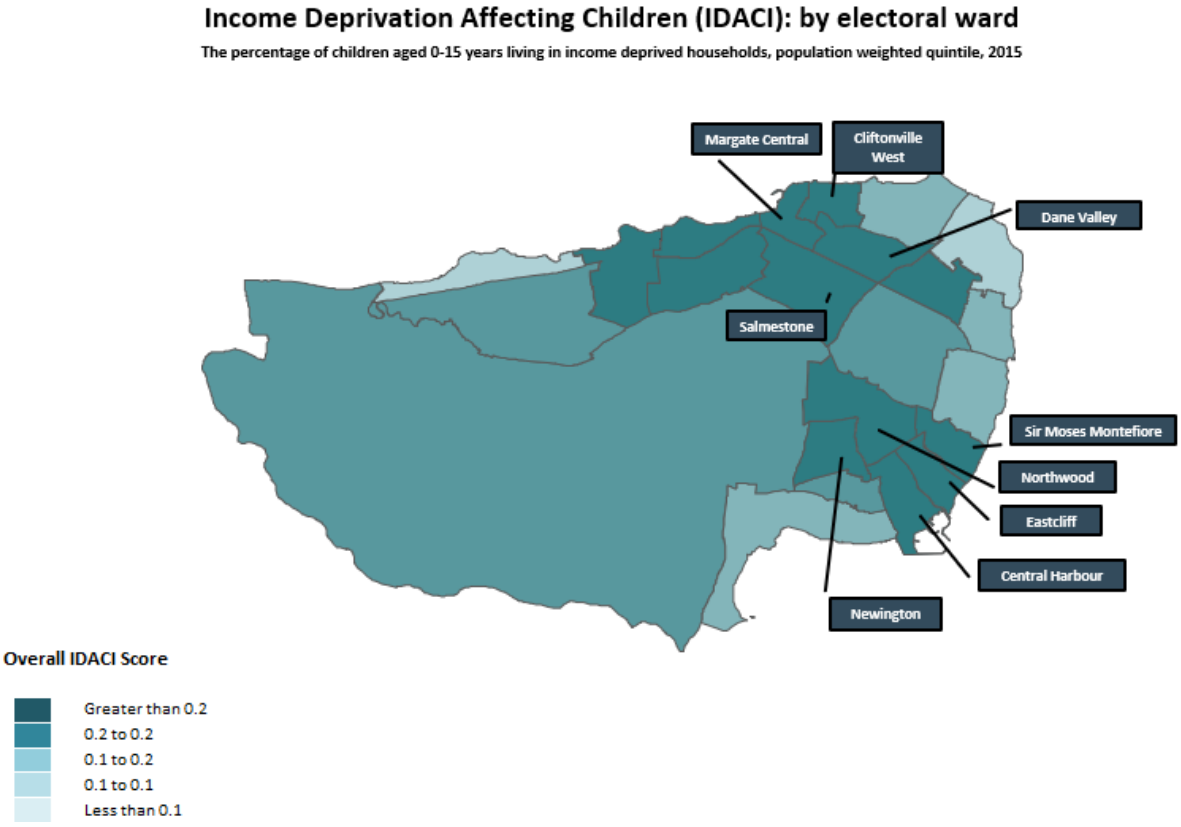


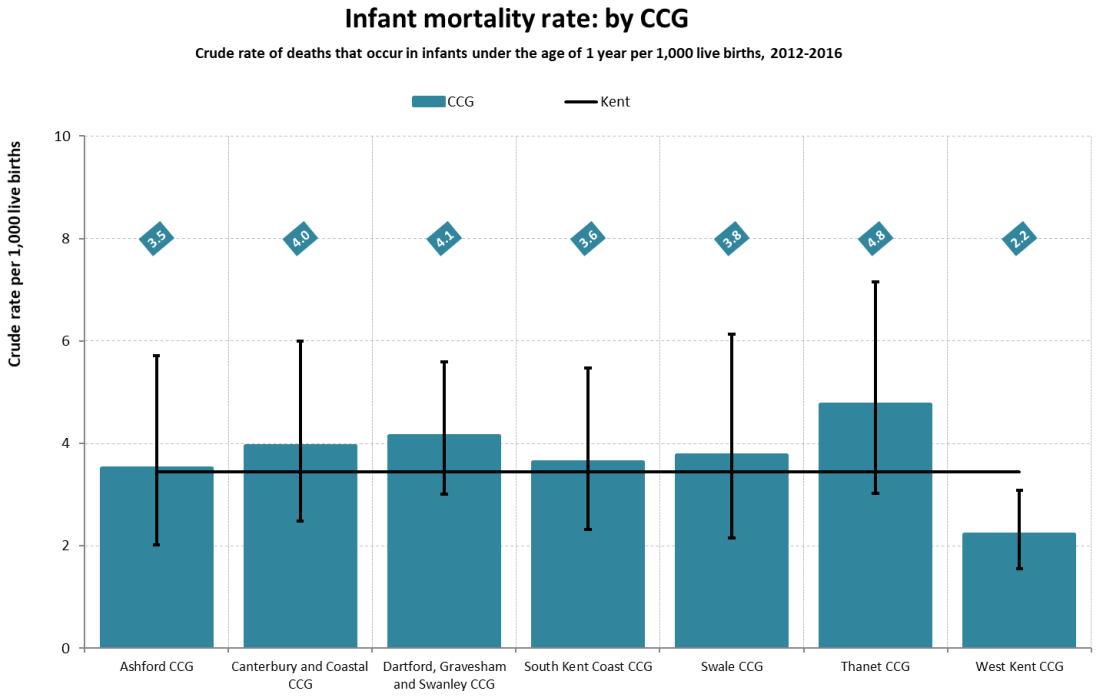
Figure 122: IMD 2015 – Income deprivation affecting children (IDACI)Thanet



6.3 Infant Mortality

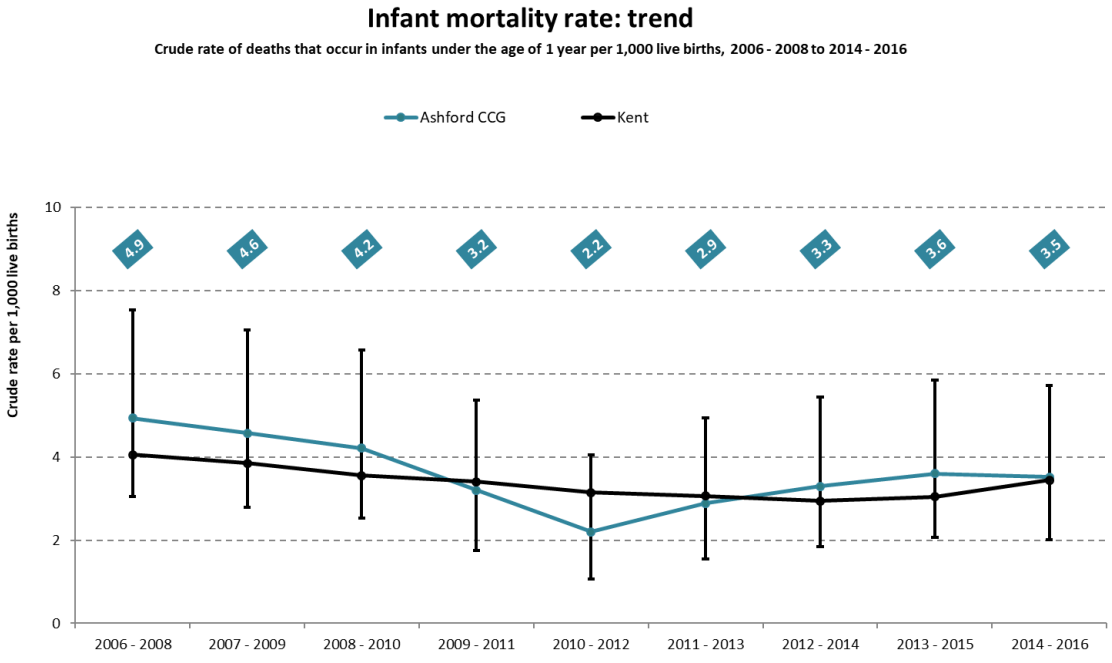
The rate of infant mortality in East Kent is similar to the Kent average. Thanet CCG had the highest rate of infant mortality at 4.8 per 1,000 live births for 2012-2016, but low numbers of deaths meant it was not statistically higher than the Kent average of 3.4 per 1,000. Nevertheless as it has the highest numbers and rates and is an area of deprivation it is good practice to understand the impact of this on the population and seek to improve these rates relative to Swale and South Kent Coast CCGs.

Figure 123: Infant mortality – by CCG



Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

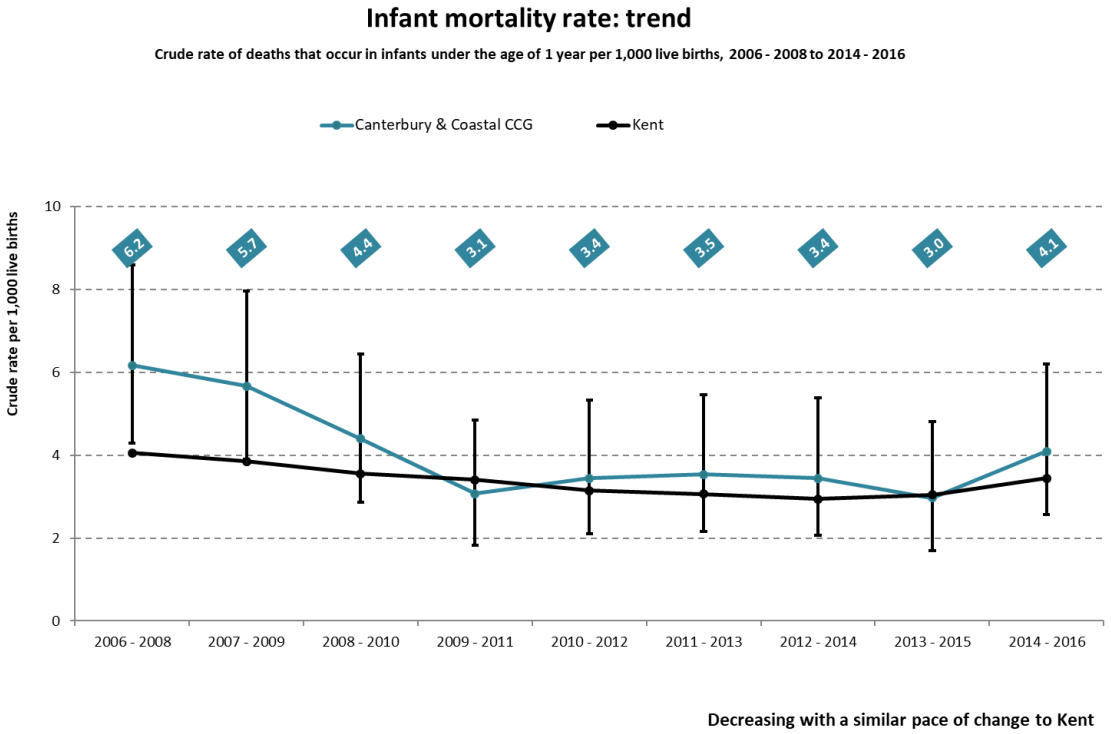
Figures 124: Infant mortality – trends for each East Kent CCG



No significant change compared with a decreasing trend for Kent

Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

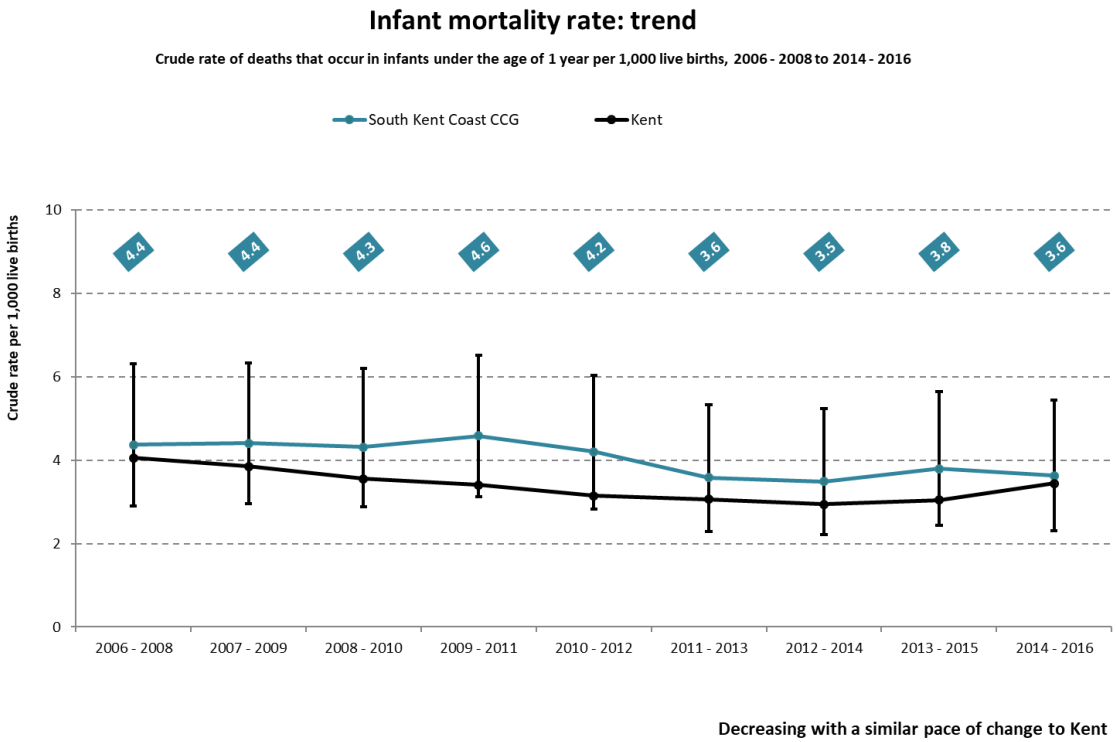
Figure 125



Decreasing with a similar pace of change to Kent

Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

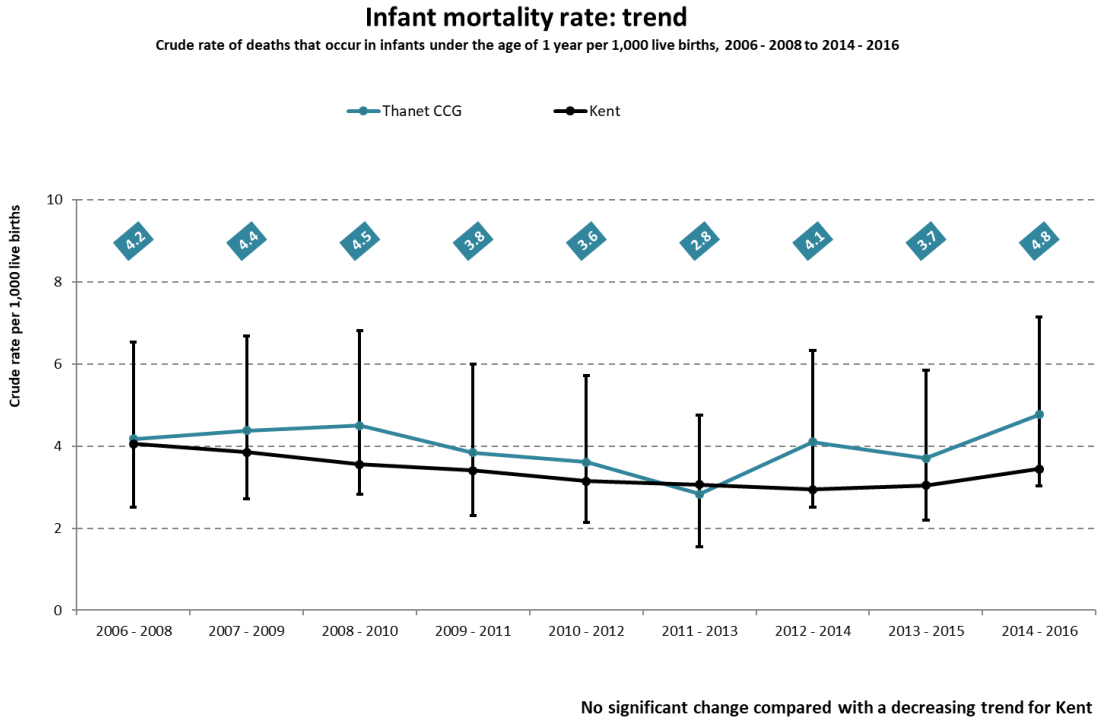
Figure 126



Decreasing with a similar pace of change to Kent

Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 127

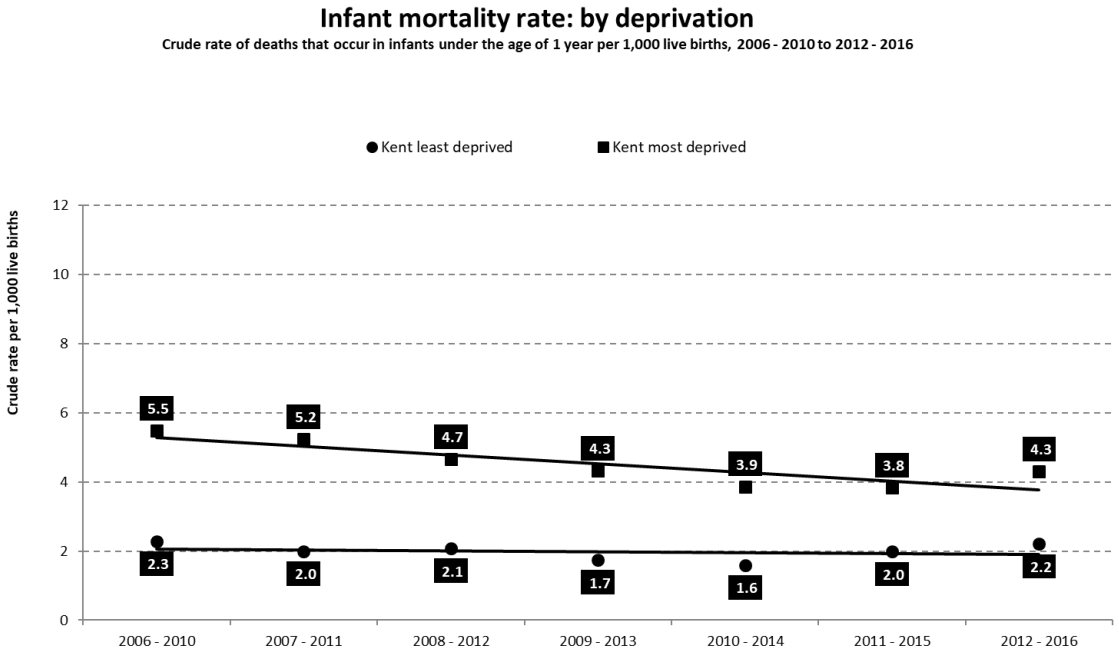


Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Whilst infant mortality rates for Kent residents living in the most deprived 20% areas remain higher than for those living in the least deprived areas, there is some evidence to suggest that the gap is decreasing[15] though it may be important to focus on Thanet and Canterbury CCGs in order to continue the decreasing trend Figure 128).

[15] It has not been possible to conduct robust analysis by deprivation at CCG level due to small numbers of infant deaths in each deprivation quintile at these smaller geographies.

Figure 128: Infant mortality – by deprivation



Source: PCMD, ONS, NHS Digital, prepared by KPHO (RK), Nov-17

6.4 Low Birth Weight

The main cause of low birth weight is prematurity and babies born earlier than 26 weeks gestation have greatly increased chances of disability as they grow. There are many causes associated with low birth weight babies including lifestyle issues such as smoking in pregnancy, alcohol and drug misuse.

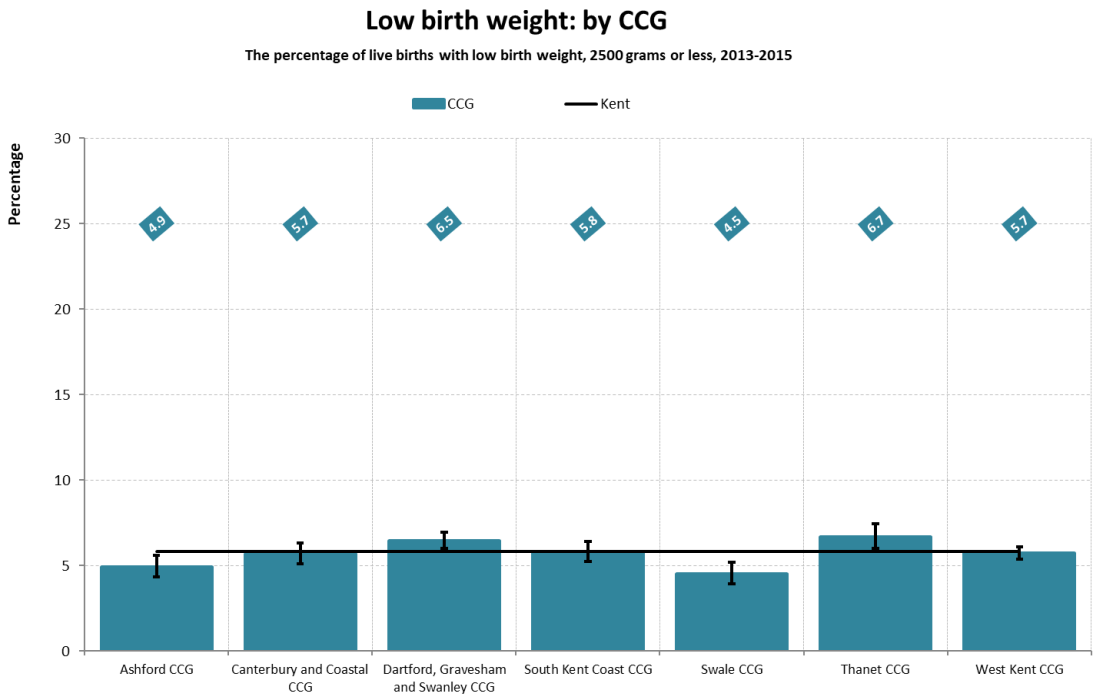
Levels of low birth weights (the percentage of live births with a birth weight of 2500g or less) are higher than the Kent average in Thanet CCG, but lower than the Kent average in Ashford CCG (Figure 129). There is considerable variation between electoral wards. The percentage of babies born with low birth weight (typically around 10% or higher) is statistically significantly higher than the Kent average (5.8%) in:

- Kennington
- Heron
- Davington Priory
- Dane Valley
- Kingsgate
- Newington

The rate of low birthweight is reducing over time across all CCGs in East Kent. This means that more babies are being born at a healthy weight (Figures 130 to 133). The wards at highest risk of low birthweight for each CCG are mapped in figures 134-137. They align to

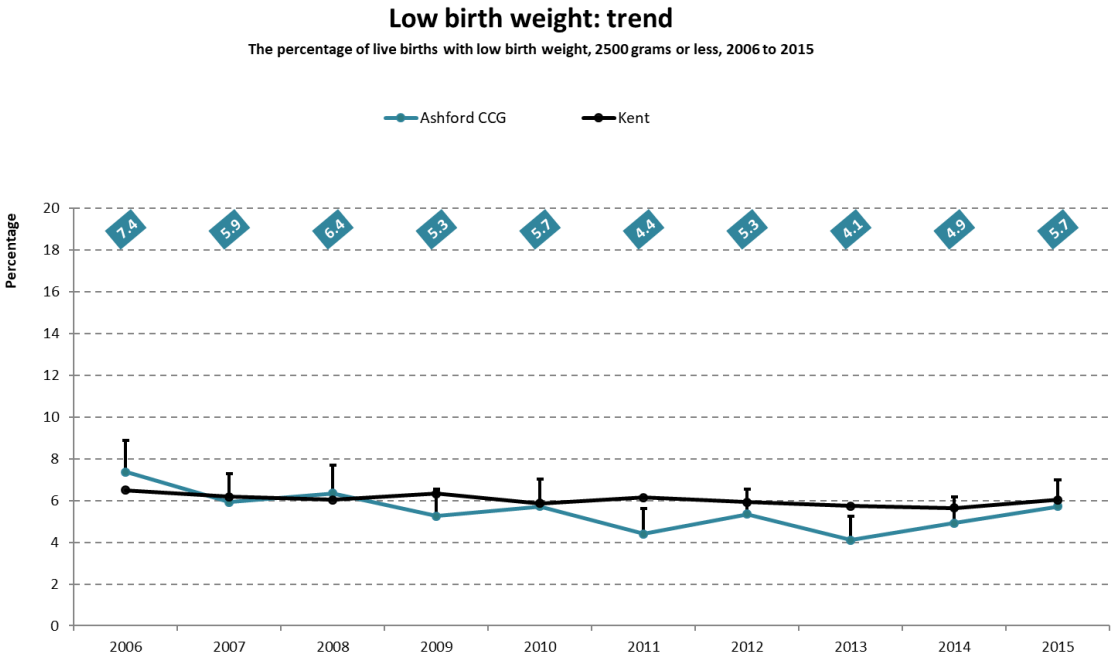
deprivation. The health and wellbeing of pregnant women in the wards of greatest deprivation should be a priority for local care providers.

Figure 129: Low birth weight – by CCG



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

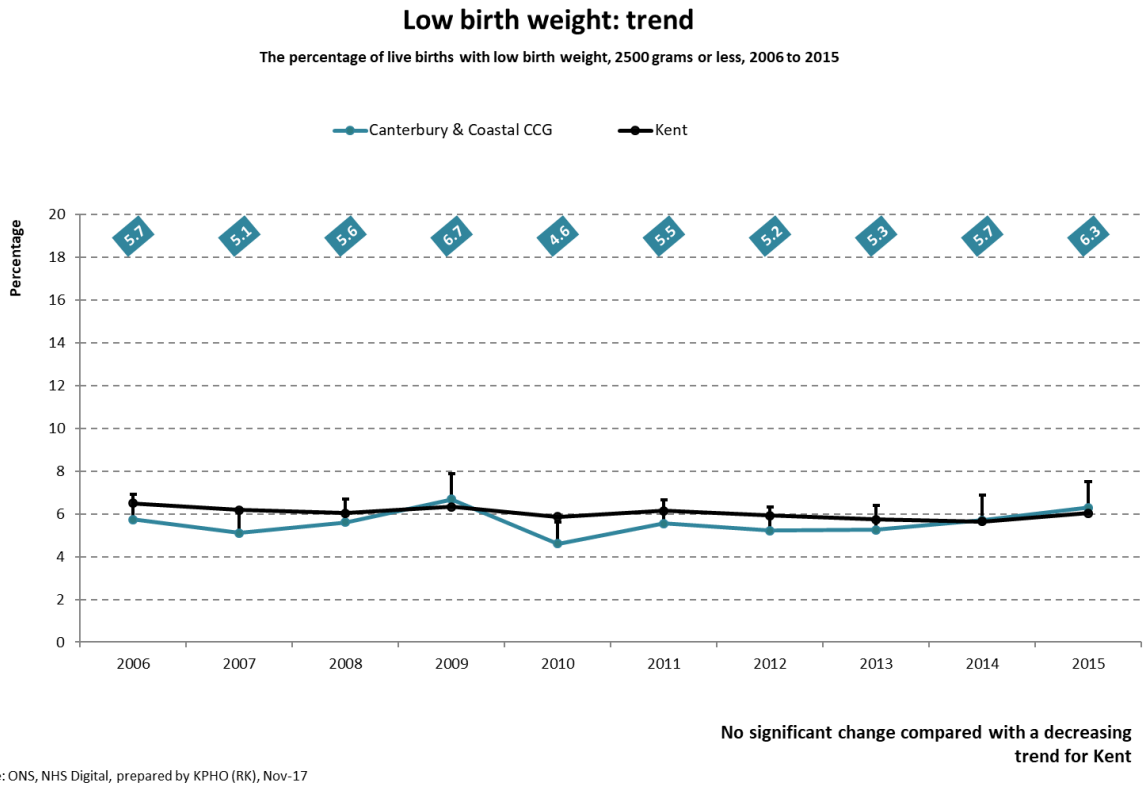
Figure 130: Low birth weight – trend Ashford



Decreasing with a similar pace of change to Kent

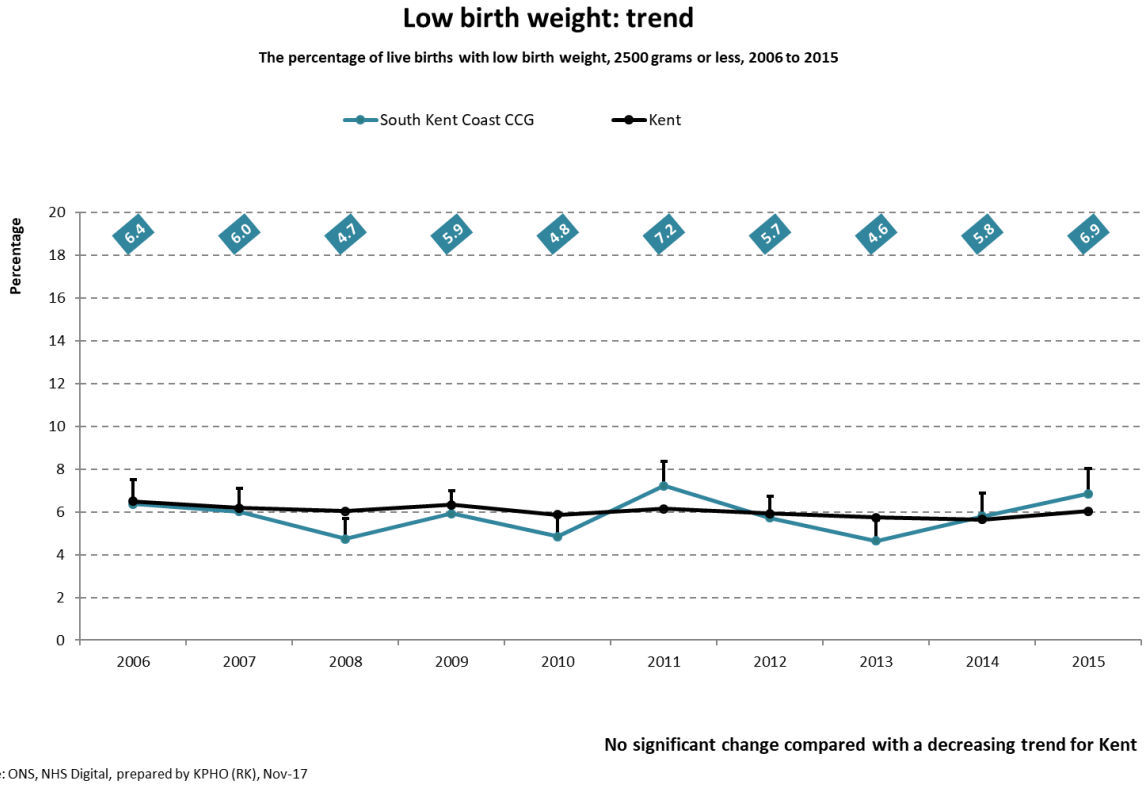
Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 131: Low birth weight – trend Canterbury



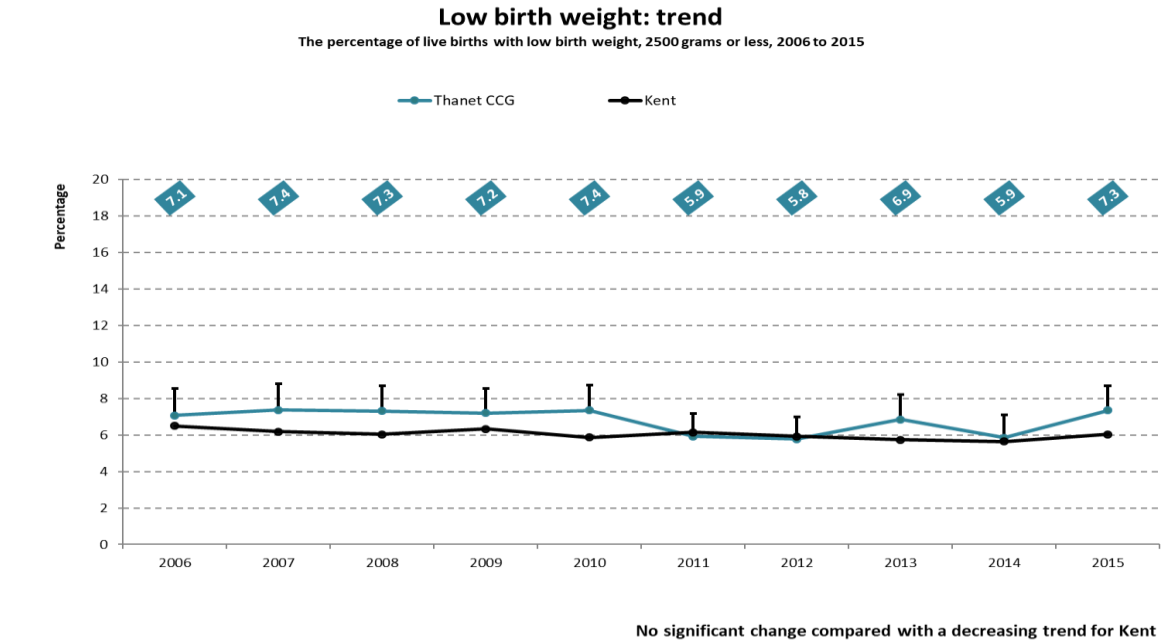
Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 132: Low birth weight – trend South Kent Coast



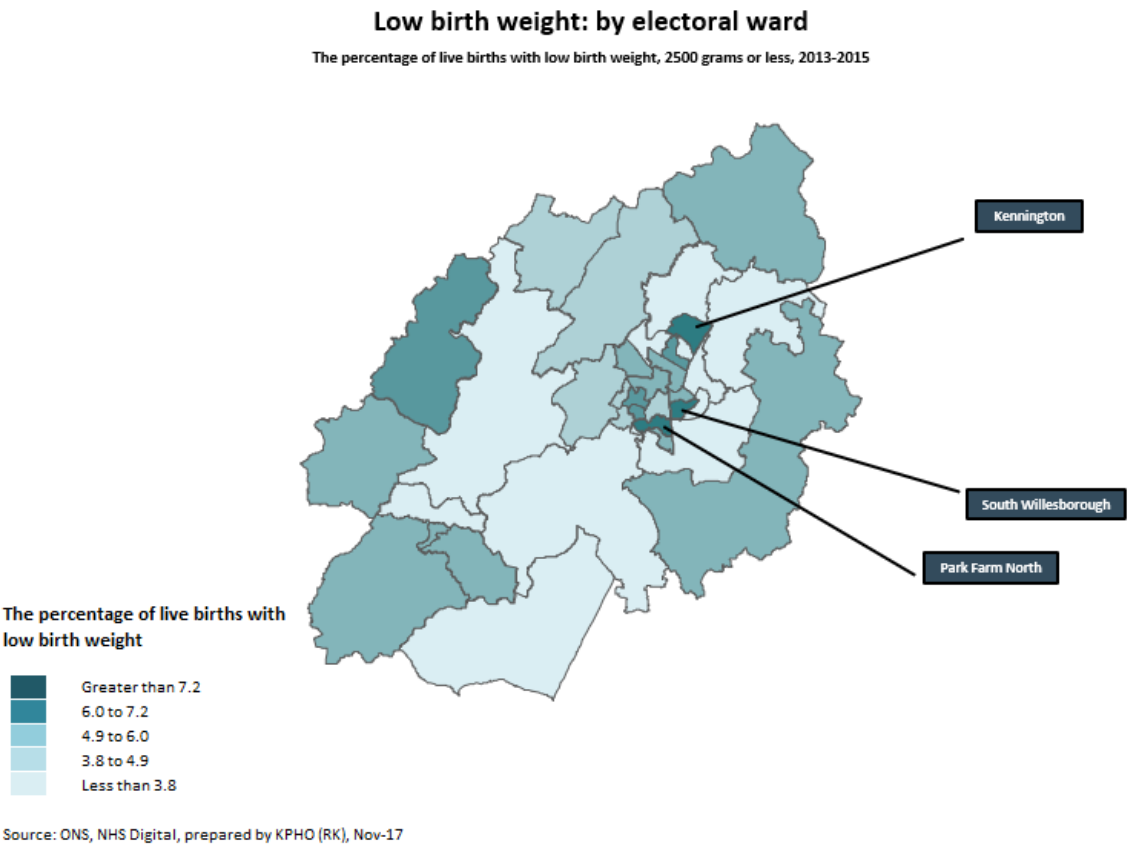
Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 133: Low birth weight – trend Thanet



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 134: Low birth weight – by ward



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

Figure 135

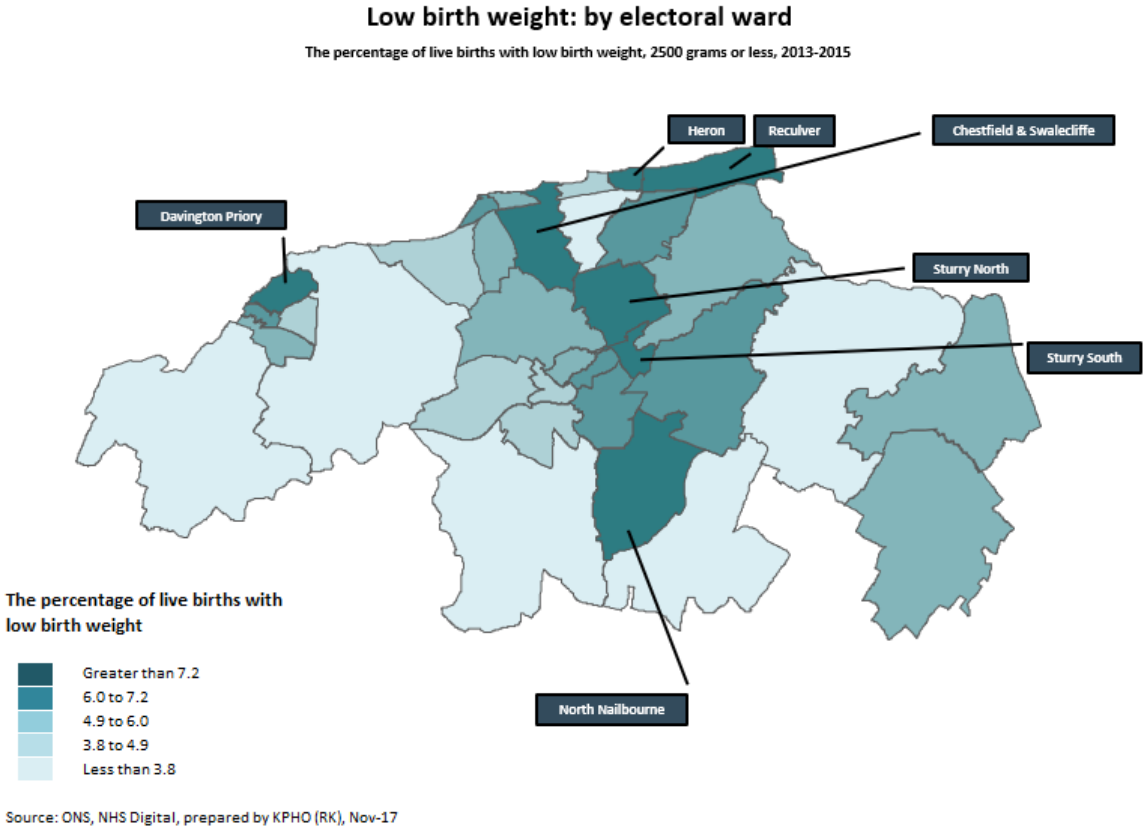


Figure 136

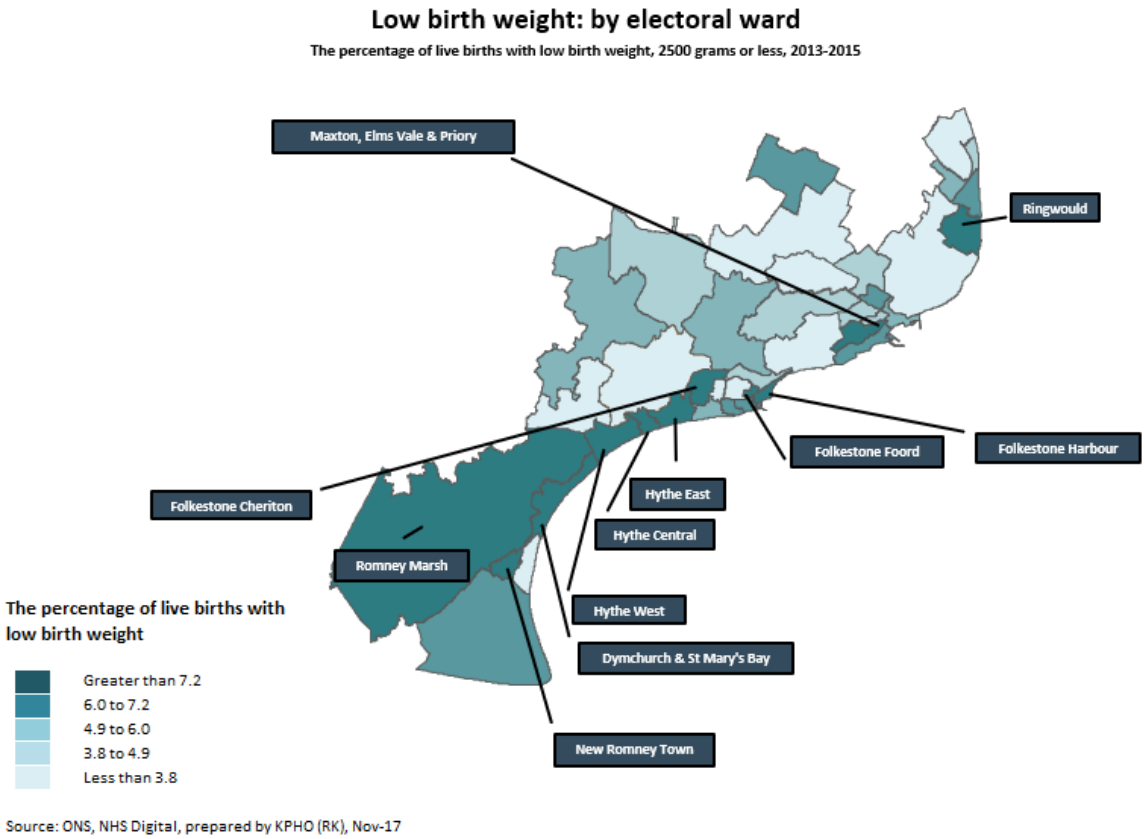
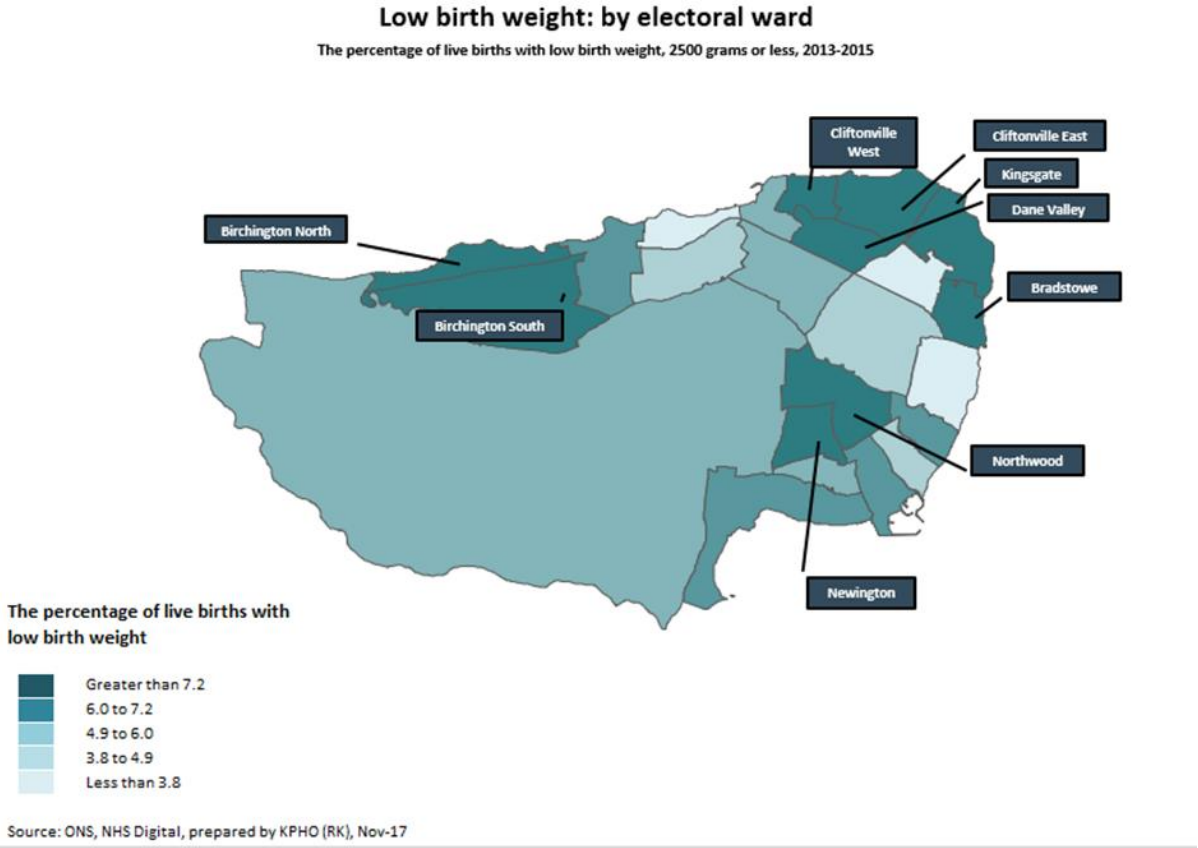


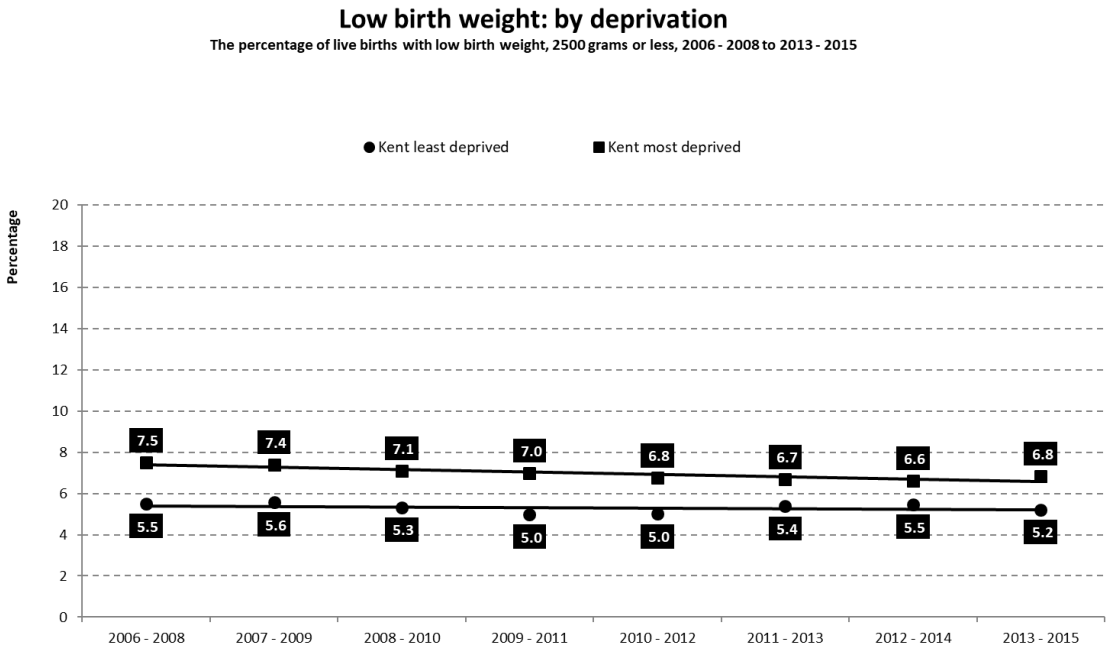
Figure 137



A higher proportion of babies born to mothers living in the most deprived areas of Kent are born with low birth weight (6.8% in 2013-2015) than in the least deprived areas (5.2%)[16]

[16] based on Kent IMD 2015 quintiles.

Figure 138: Low birth weight – by deprivation



Source: ONS, NHS Digital, prepared by KPHO (RK), Nov-17

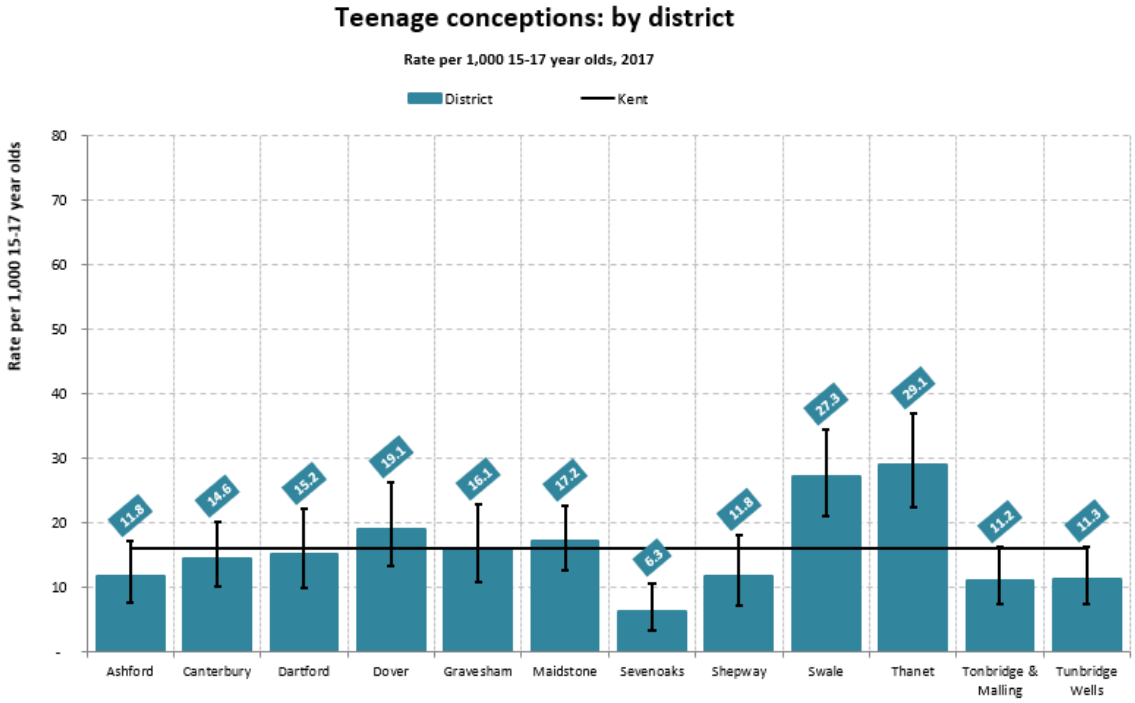
6.5 Teenage Conceptions (Conceptions to Girls aged 15-17)

For many years the rates of conceptions to under 18 girls in UK was one of the highest in Europe. Over the last 20 years these rates are falling nationally. There has been much investment since 2000 to help reduce the rates of conception amongst teenagers. Under 18 conception rates across Kent have been steadily declining and have decreased by 51% since 2011 from 871 to 423, a similar pattern to England & Wales and the South East, with most East Kent districts at significantly lower levels than in 2010 or 2011.

The reason this is important is the health and social care outcomes for young mothers and their children are often worse than that of mothers in their 20s. Conceptions to very young girls (under 15) are risky both for mentally and physically as well as being subject to safeguarding.

Teenage conception rates in Dover, Swale and Thanet (Figure 139) are still higher than the rest of Kent. Thanet's rates are the highest in Kent. Though all of East Kent is decreasing at a similar pace of change to Kent.

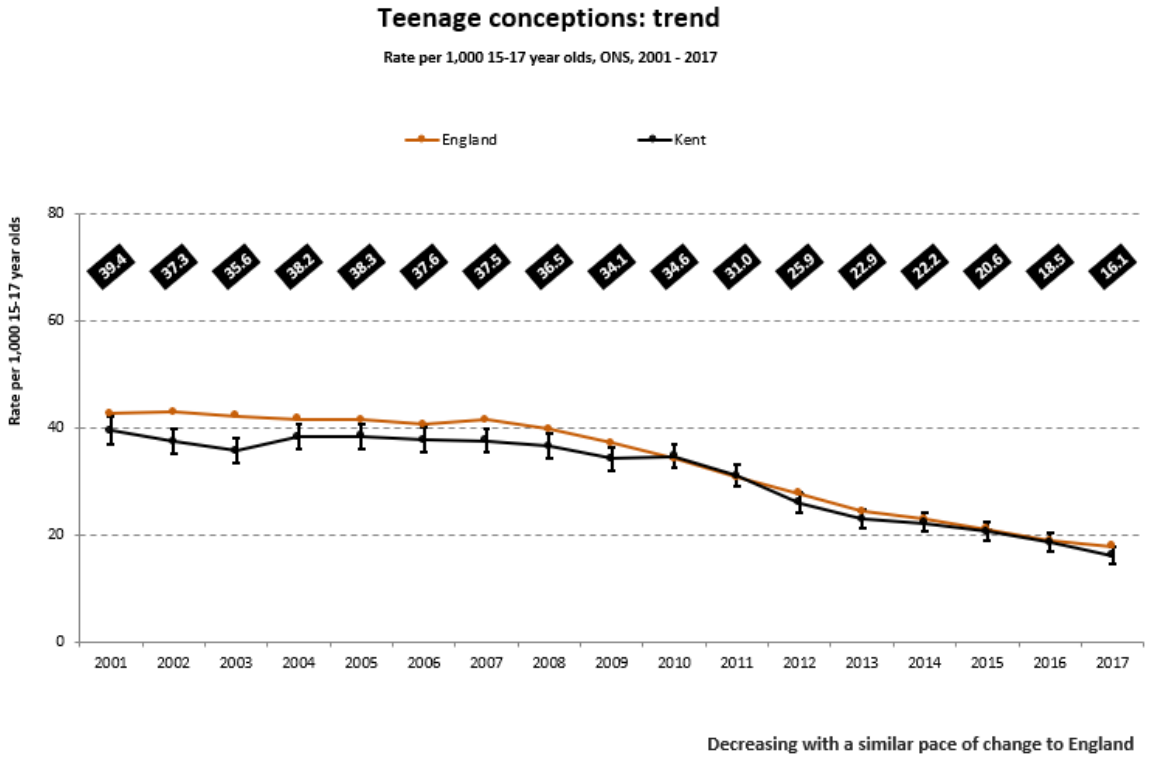
Figure 139 – Teenage Conception rate by district, 2017



Source: ONS, prepared by KPHO (LLY), Jun-19

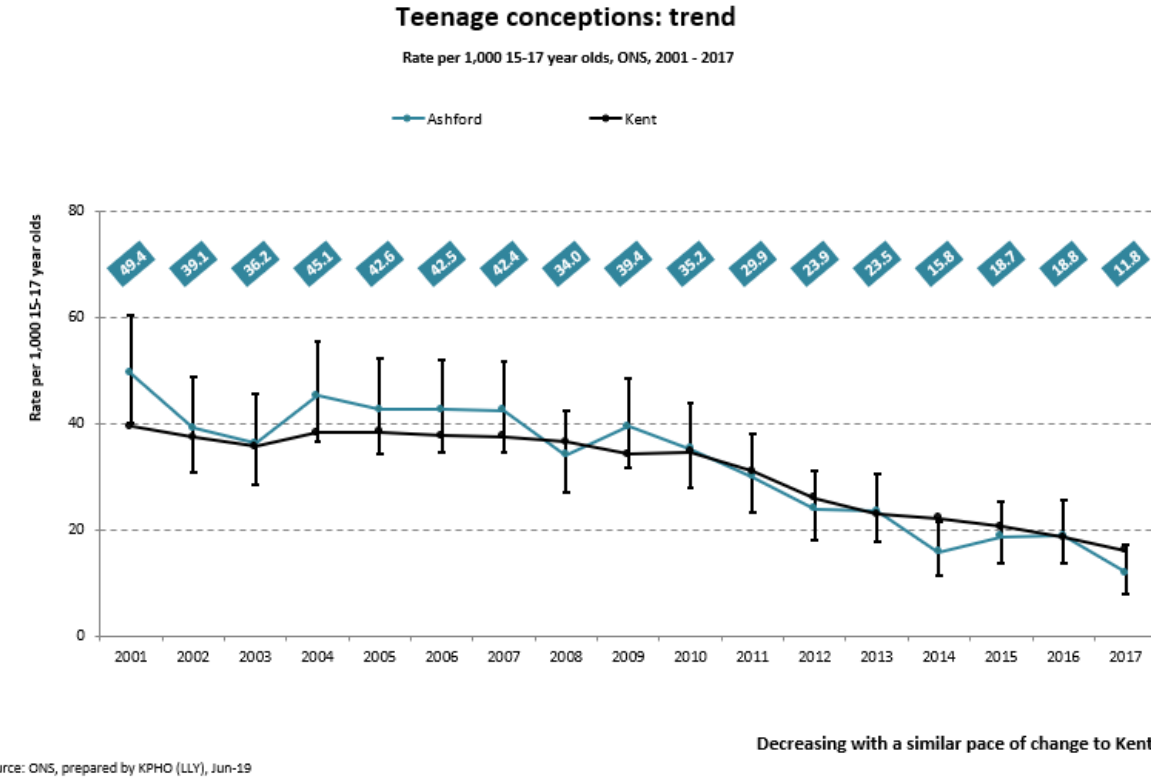
Teenage conception rates have increased in Thanet to 29.1 per 1,000 population aged 15-17 years in 2017, significantly higher than the reducing rates seen in Kent at 16.1 and England at 18.8 per 1,000. Dover and Folkestone & Hythe districts had seen reductions to 19.1 and 11.8 per 1,000 respectively. Canterbury district was also similar to Kent at 14.6 per 1,000, and Ashford significantly lower than Kent at 11.8 per 1,000. In Swale the high rates per 1,000 population aged 15-17 years are unchanged from 2016 at 27.3 in 2017.

Figure 140 – Teenage Conception rates, trend



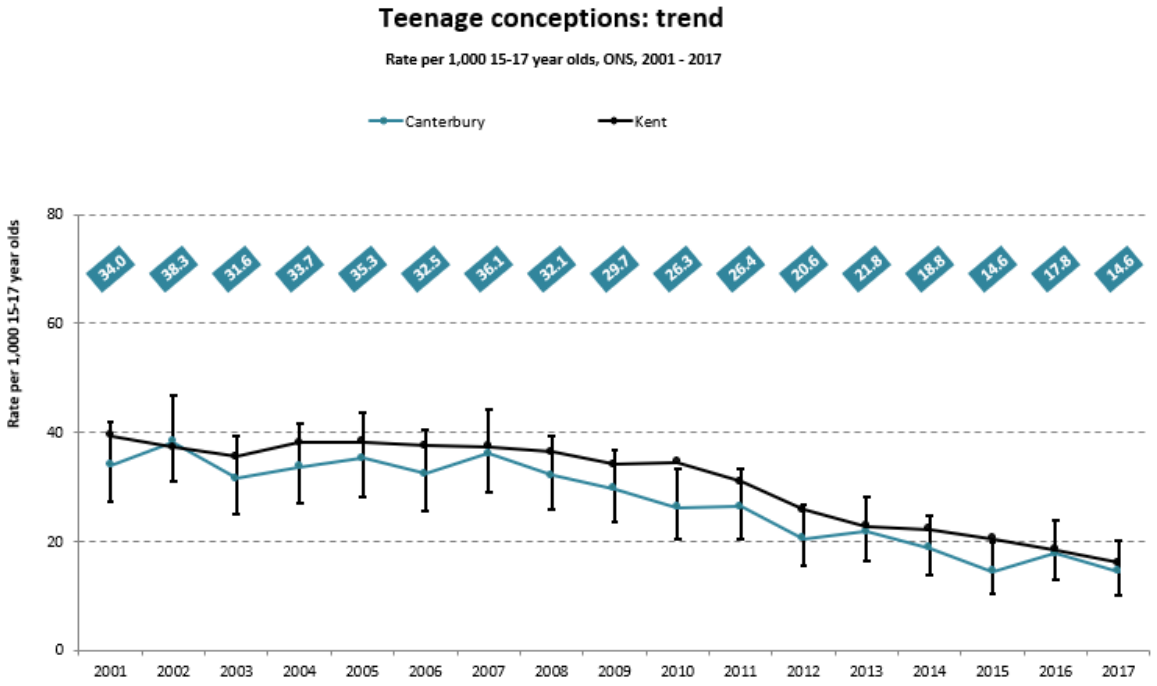
Source: ONS, prepared by KPHO (LLY), Jun-19

Figure 141



Source: ONS, prepared by KPHO (LLY), Jun-19

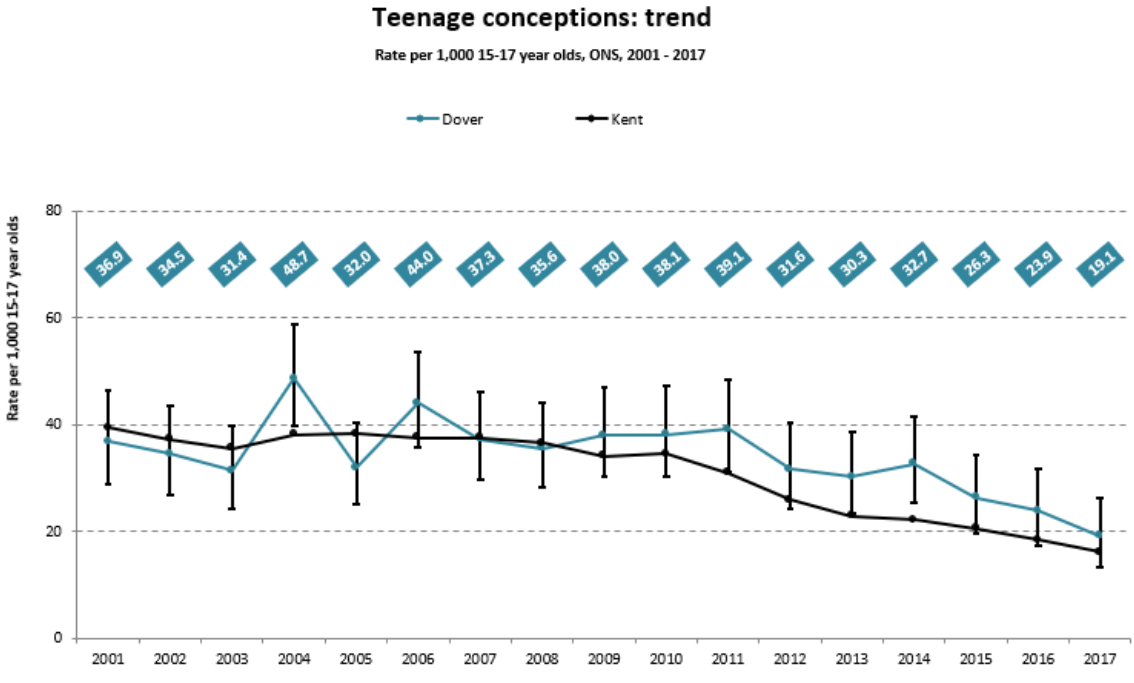
Figure 142



Decreasing with a similar pace of change to Kent

Source: ONS, prepared by KPHO (LLY), Jun-19

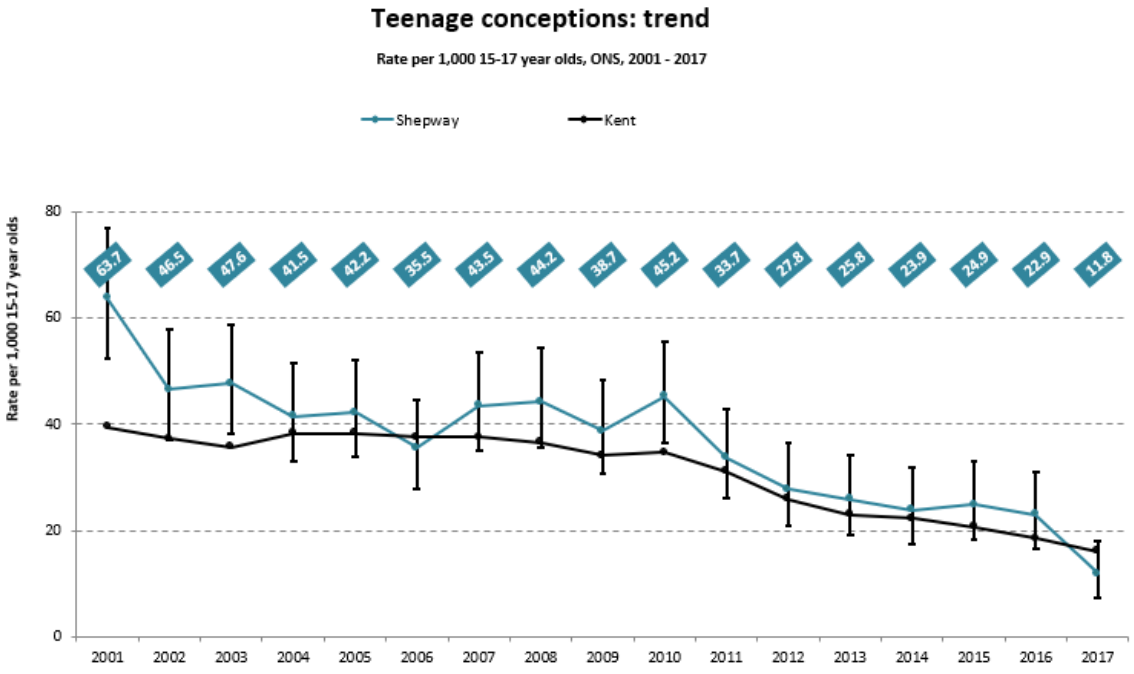
Figure 143



Decreasing with a similar pace of change to Kent

Source: ONS, prepared by KPHO (LLY), Jun-19

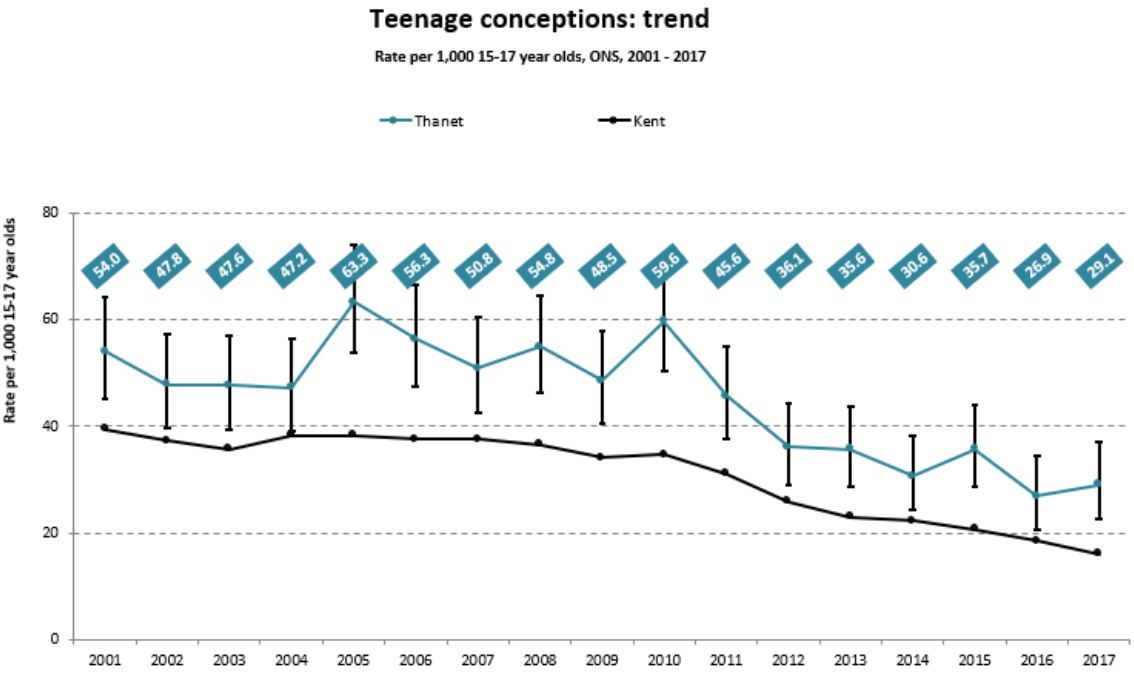
Figure 144



Decreasing with a similar pace of change to Kent

Source: ONS, prepared by KPHO (LLY), Jun-19

Figure 145



Decreasing with a similar pace of change to Kent

Source: ONS, prepared by KPHO (LLY), Jun-19

6.6 Breastfeeding

Research has shown that breastfeeding is beneficial for both mothers and babies. Local needs assessment has shown that breastfed babies benefit the health economy in reduced consultations, prescription costs and reducing hospital admissions. Improving breastfeeding rates will impact on ill-health associated with social deprivation, giving the next generation a better start in life. Breastfeeding can also improve the bond and attachment between mother and baby which is good for the emotional health of both.

Breastfeeding may not always be possible due to a range of factors e.g. shift work patterns and lack of support. The most important issue is the health of the newborn and support for the new mother over time.

Breastfeeding rates are captured for newborn (babies aged between 10-14 days) by midwives and contact with Health Visiting teams. These rates in East Kent are similar to the Kent average in Ashford and Canterbury CCGs, they are significantly lower in South Kent Coast and Thanet CCGs. (Figure 146)

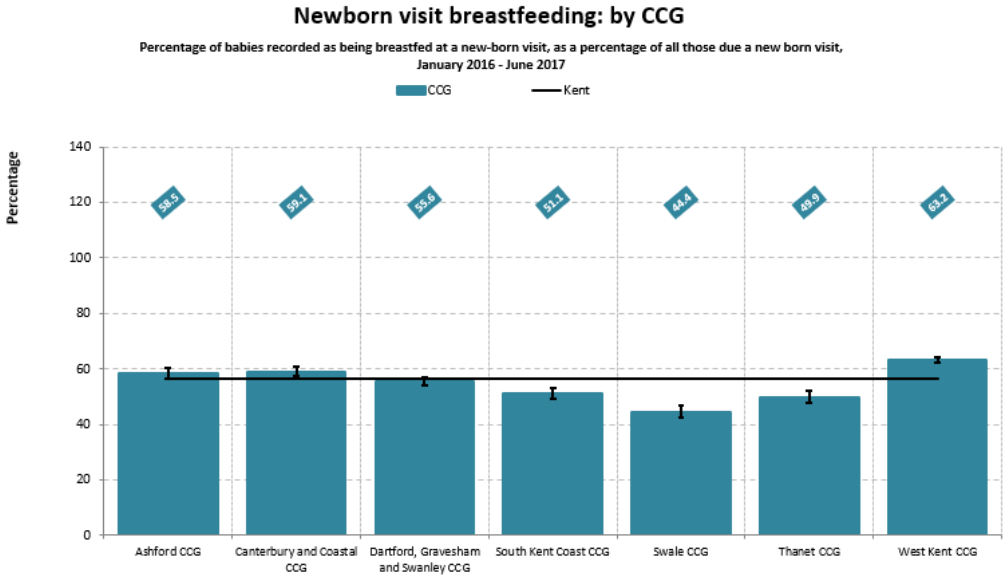
At the six-eight week stage the rates are captured by health visitor contact. These breastfeeding rates remain lower than the Kent average in South Kent Coast and Thanet CCGs and they are higher than the Kent average in Canterbury and Coastal CCG. (Figure 151)

Breastfeeding prevalence is significantly lower than the Kent average both at the newborn visit and at 6-8 weeks in the following Wards:

- Stanhope
- Greenhill and Eddington
- Heron
- West Bay
- Buckland
- St Radigunds
- Tower Hamlets
- Town and Pier
- Folkestone Harbour
- Lydd
- Cliftonville West
- Dane Valley
- Eastcliff
- Margate Central
- Newington
- Salmestone

Breastfeeding prevalence at 6-8 weeks is lower in the most deprived areas of all East Kent CCGs. For Ashford, Canterbury & Coastal and South Kent Coast CCGs, the breastfeeding rate in the areas falling into the most deprived Kent quintile is around half that of those falling into the least deprived Kent quintile in each CCG (30% compared to 60% in Ashford CCG, 30.4% compared to 60.1% for Canterbury & Coastal CCG, 29% compared to 58.8% in South Kent Coast CCG).

Figure 146: Breastfeeding at newborn visit – by CCG



Source: KCHFT, prepared by KPHO (LLY), Nov-18

Figure 147: Breastfeeding at newborn visit – by ward

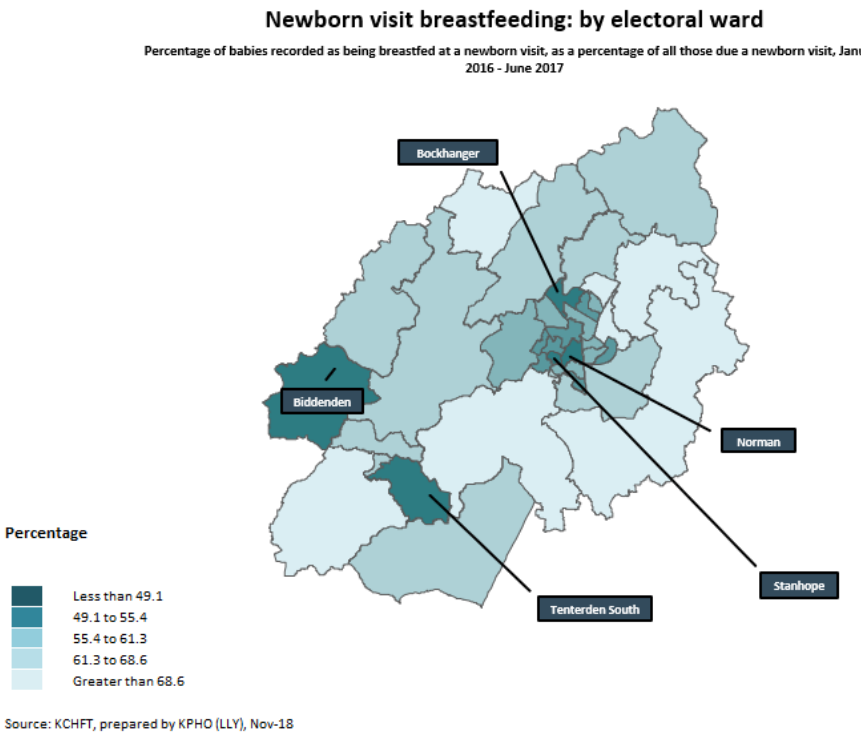


Figure 148

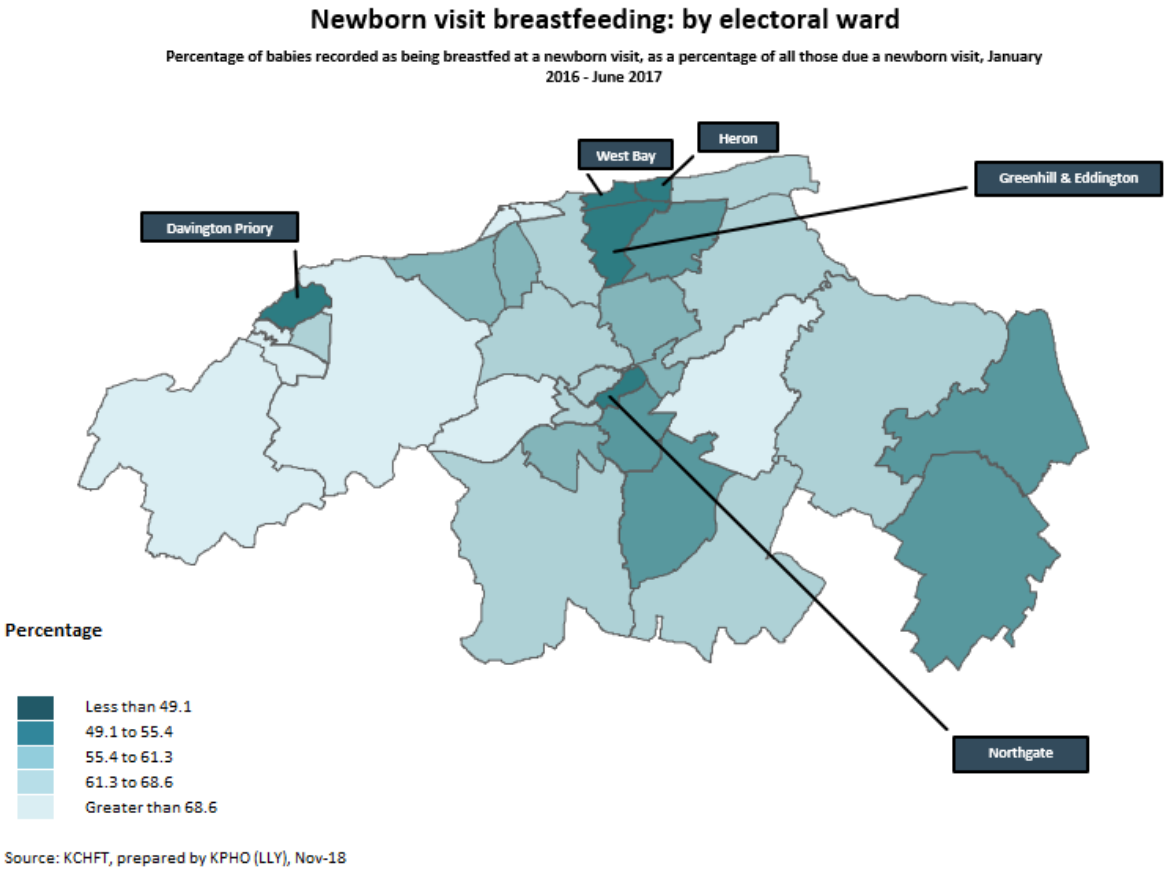


Figure 149

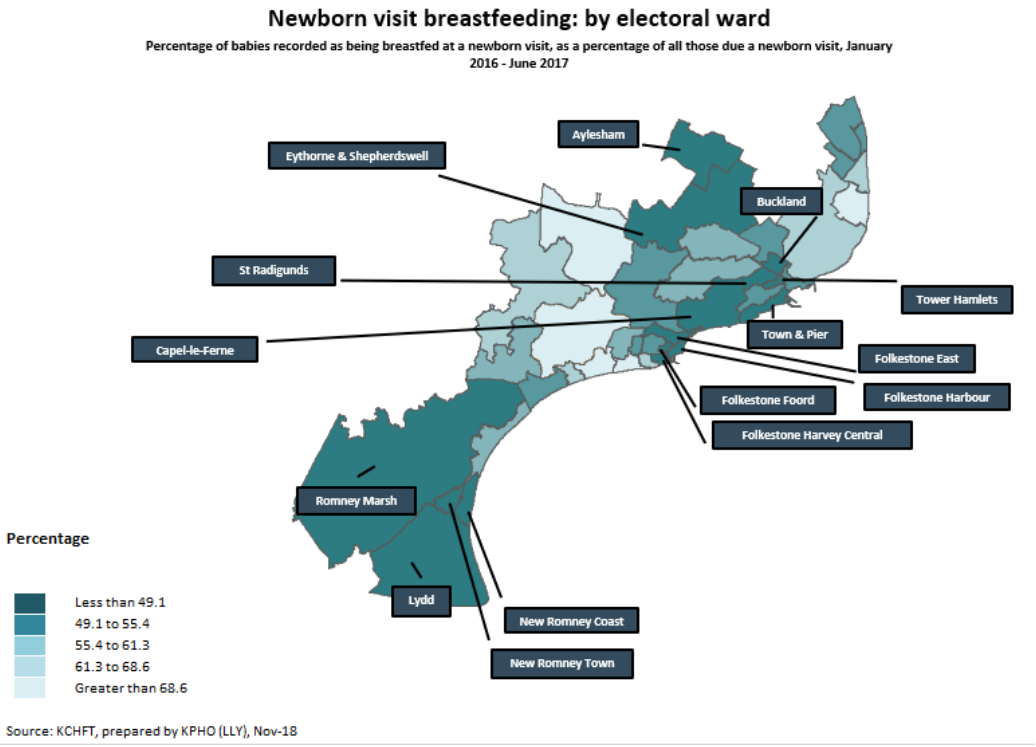
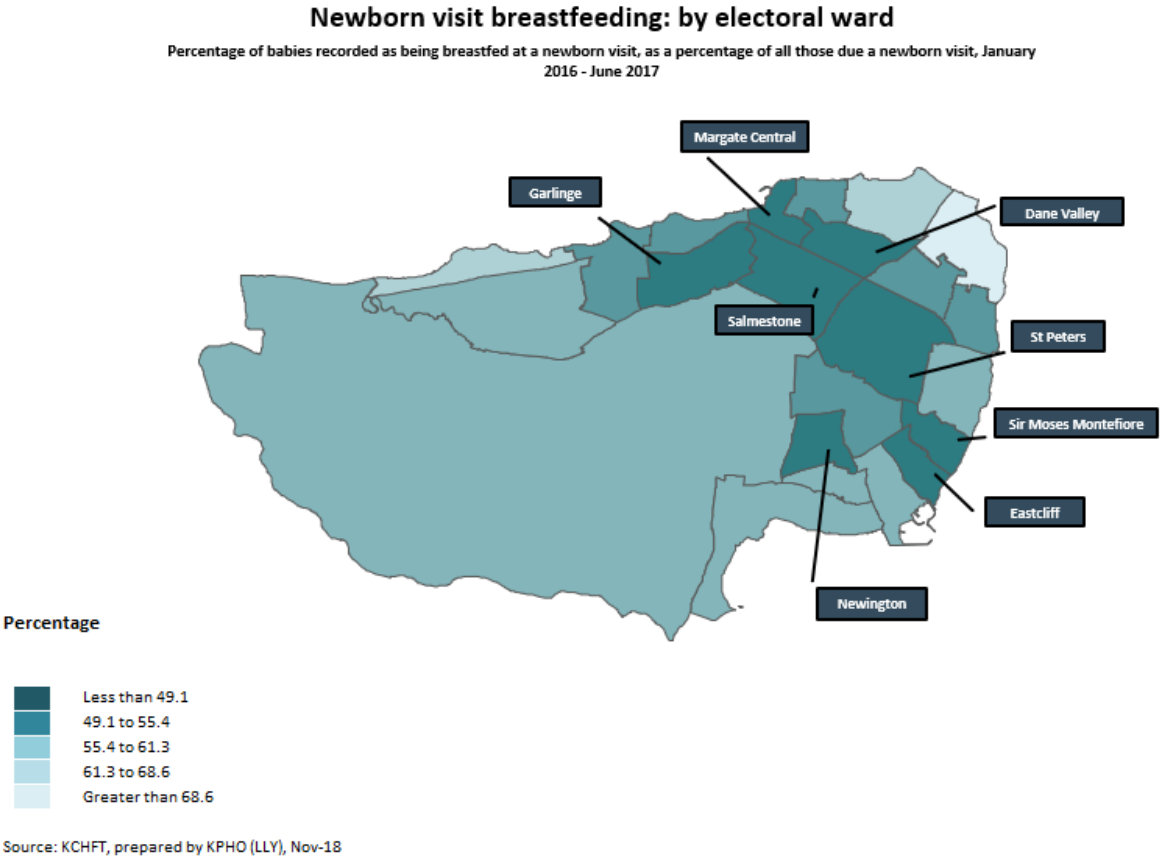
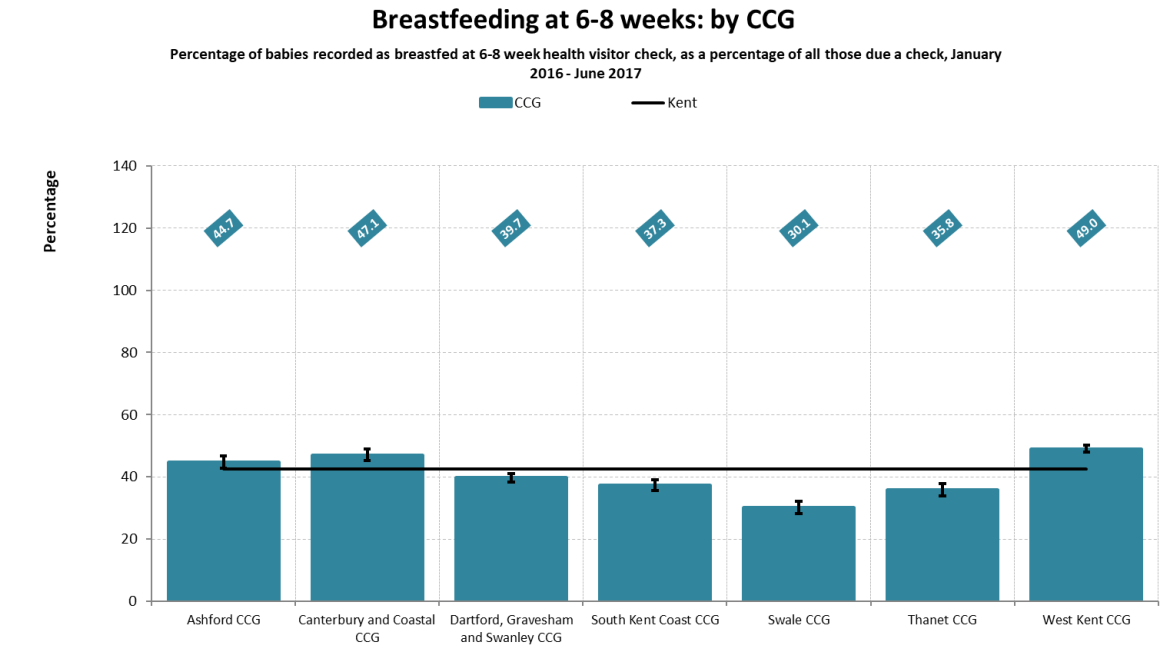

Newborn visit breastfeeding: by electoral ward
Percentage of babies recorded as being breastfed at a newborn visit, as a percentage of all those due a newborn visit, January 2016 - June 2017
Aylesham
Eythorne & Shepherdswell
Buckland
St Radigunds
Tower Hamlets
Capel-le-Ferne
Town & Pier
Folkestone East
Folkestone Foord
Folkestone Harbour
Folkestone Harvey Central
Romney Marsh
Lydd
New Romney Coast
New Romney Town
Percentage
Less than 49.1
49.1 to 55.4
55.4 to 61.3
61.3 to 68.6
Greater than 68.6
Source: KCHFT, prepared by KPHO (LLY), Nov-18

Figure 150



Source: KCHFT, prepared by KPHO (LLY), Nov-18

Figure 151: Breastfeeding at 6-8 weeks – by CCG



Source: KCHFT, prepared by KPHO (LLY), Nov-18

Figure 152: Breastfeeding at 6-8 weeks – by ward

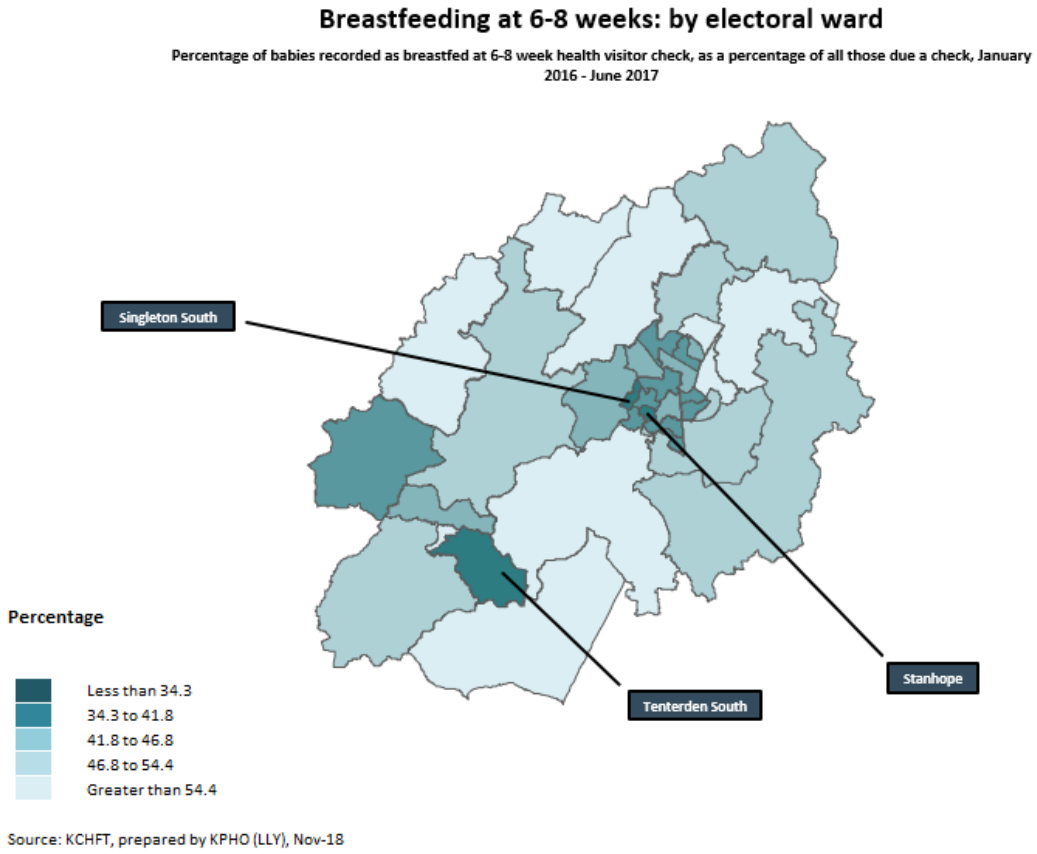


Figure 153

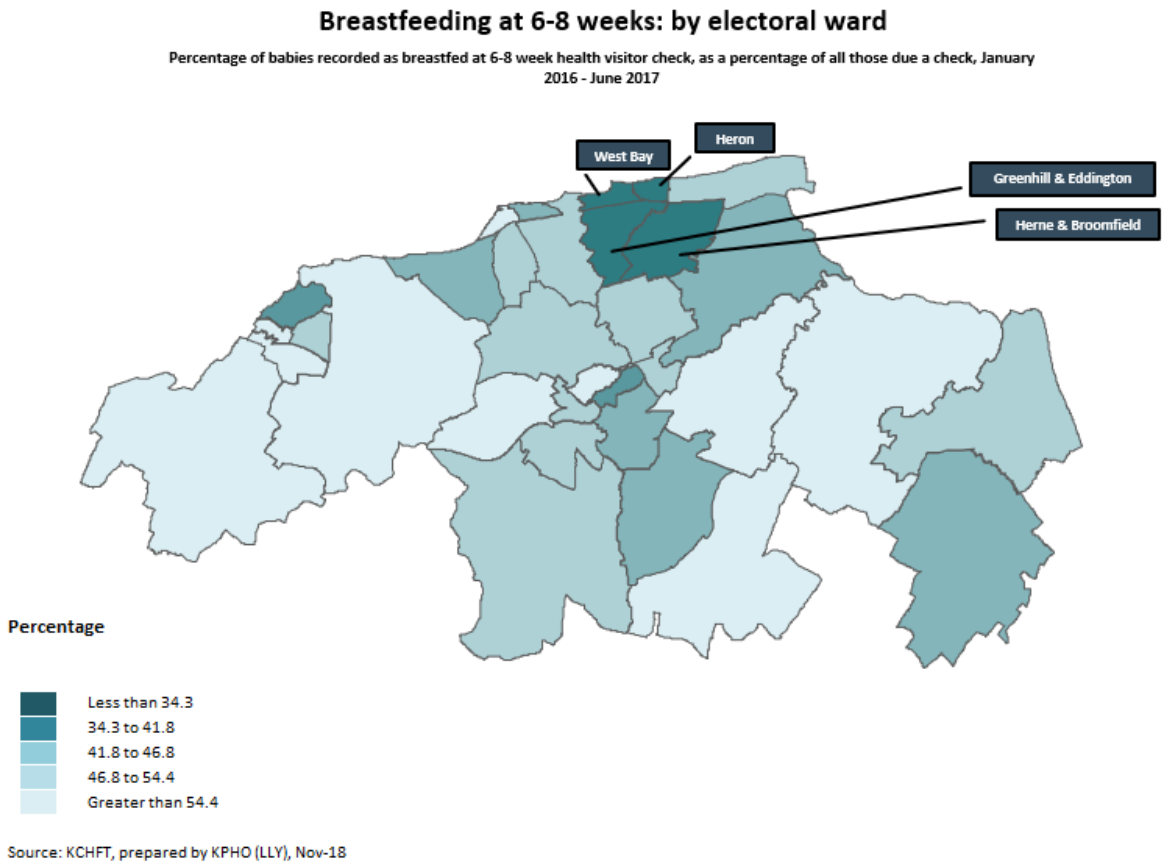


Figure 154

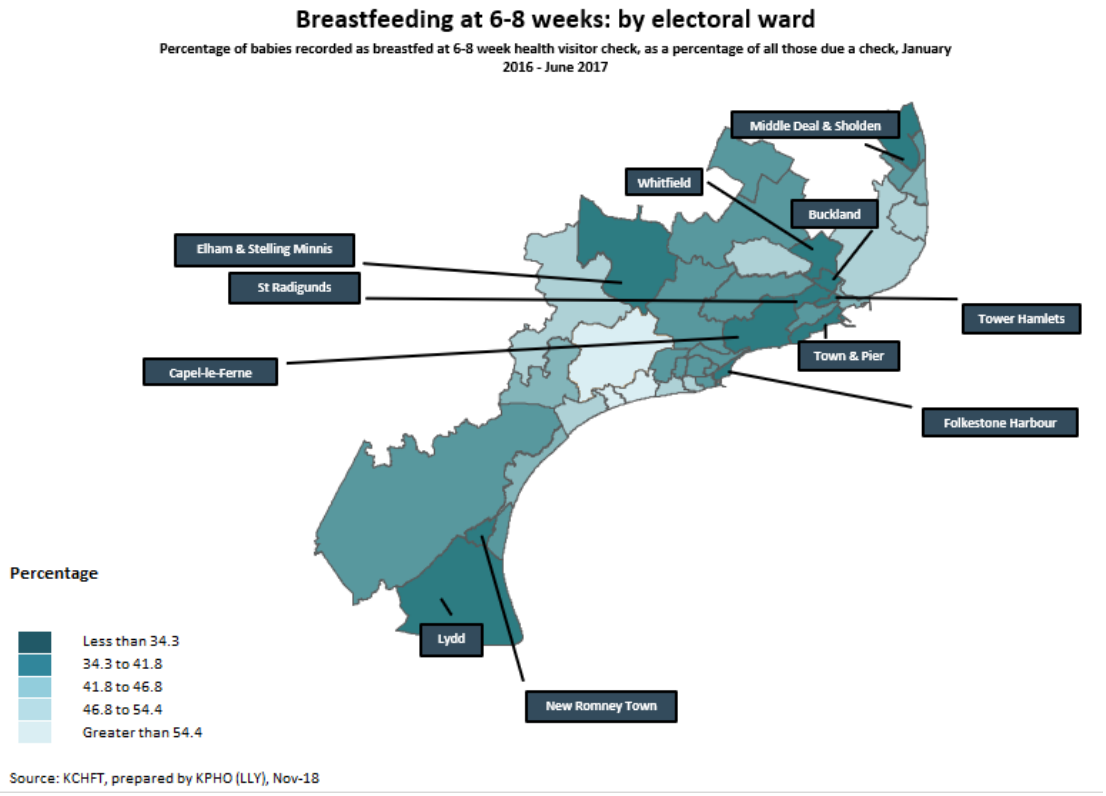
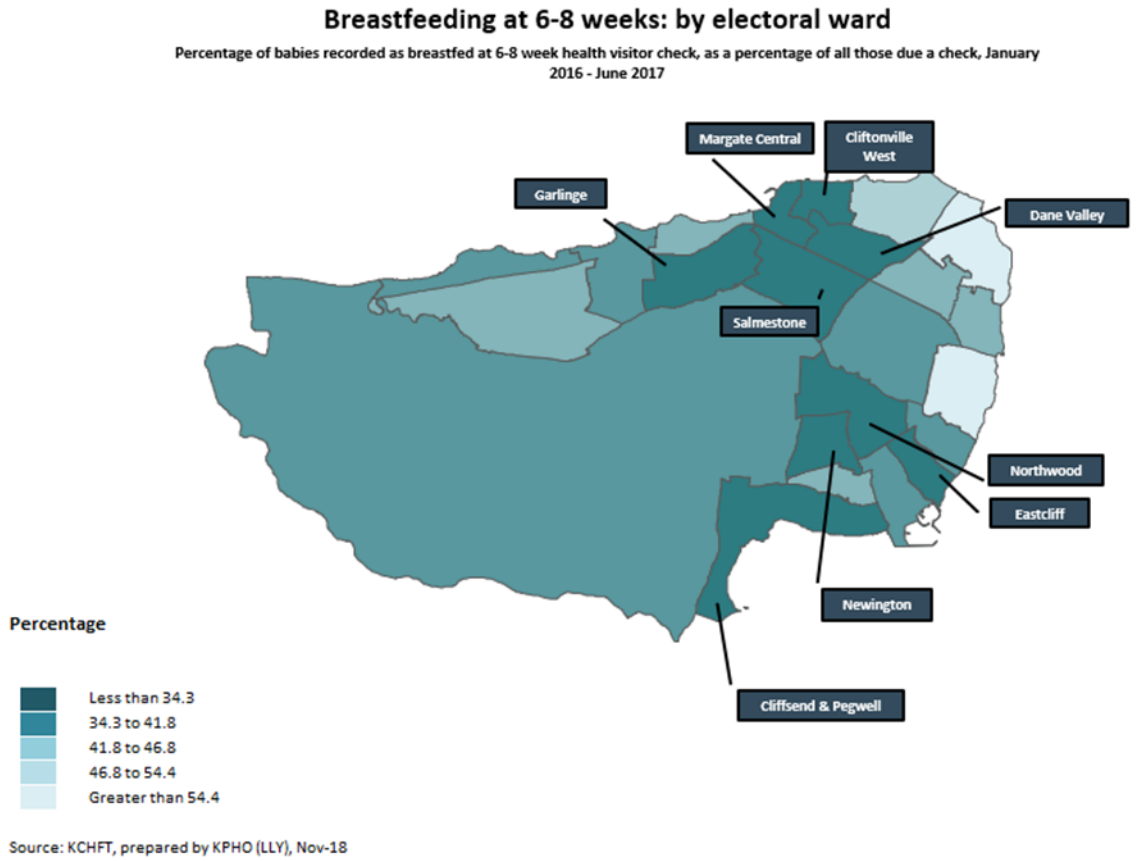


Figure 155



Source: KCHFT, prepared by KPHO (LLY), Nov-18

6.7 Childhood Obesity and Excess Weight

6.7.1 Childhood Obesity

The National Childhood Measurement Programme (NCMP) is a nationwide programme that measures rates of overweight and obese children at primary school in reception year (age 4 to 5) and year 6 (age 10 to 11).

Obesity weight levels amongst reception year pupils are higher than the Kent average for South Kent Coast and Thanet CCGs whereas Canterbury and Coastal CCG has a lower prevalence of obesity weight compared to Kent. Amongst year 6 pupils, obesity levels are also higher than the Kent average in South Kent Coast and Thanet CCG.

There is a significant gap between children living in the most and least deprived parts of Kent, and the size of this gap is increasing. In 2017/18 obesity levels amongst reception year children living in the most deprived areas of Kent were **78% higher** (12.0%) than those living in the least deprived areas (6.7%)[17]. Obesity levels amongst year 6 pupils living in the most deprived areas were **84% higher** than for pupils living in the least deprived areas.

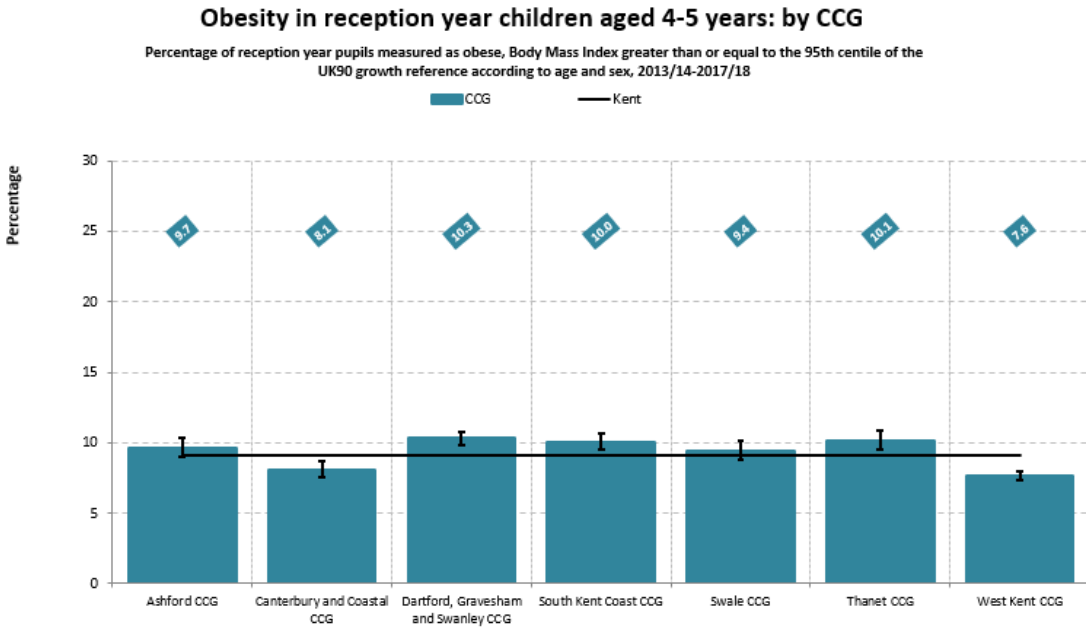
There are some variations between electoral wards. Obesity levels are significantly higher than the Kent average for both reception year and year six pupils in:

[17] based on Kent IMD 2015 quintiles.

- Stour
- Stanhope
- Folkestone Food
- Buckland
- Cliftonville West

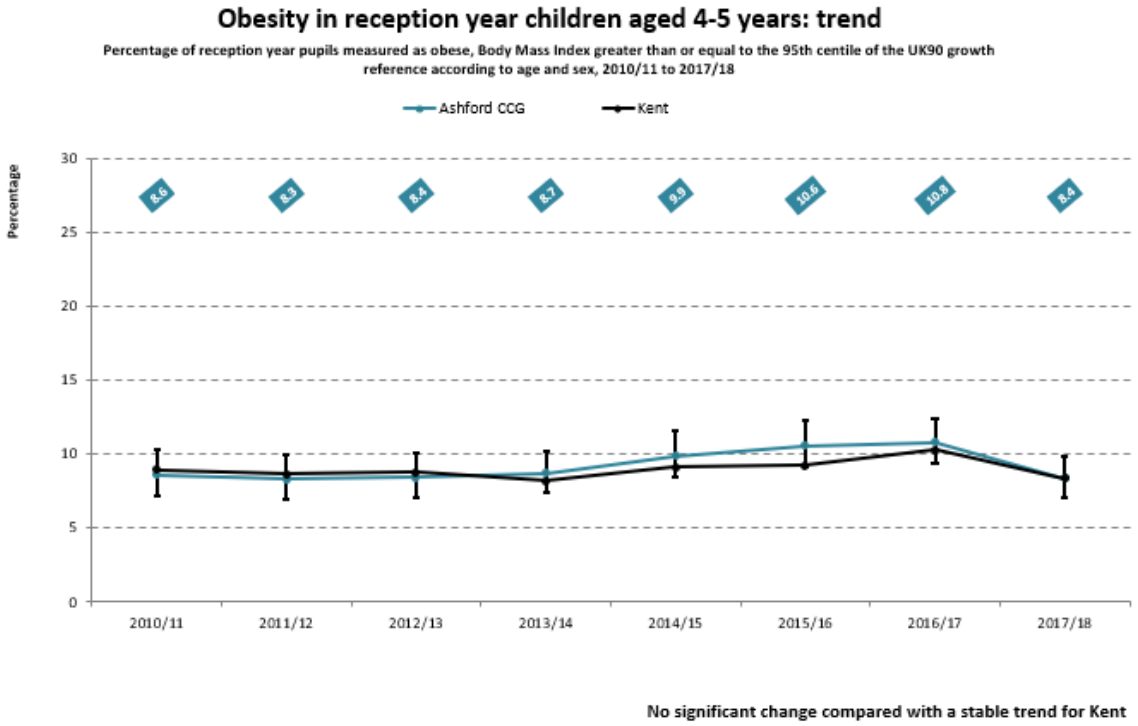
The fact that obesity at year 6 (where children are 11) is still significantly higher in the areas of greatest deprivation in East Kent means that these children have a higher likelihood to be obese and overweight in adulthood. Preventing this happening for these children will have a marked impact on their health outcomes for the future. The trend for inequalities in childhood obesity is increasing in East Kent for children aged four and stable for children aged 11 (Figure 166).

Figure 156: Obesity in reception year children – by CCG



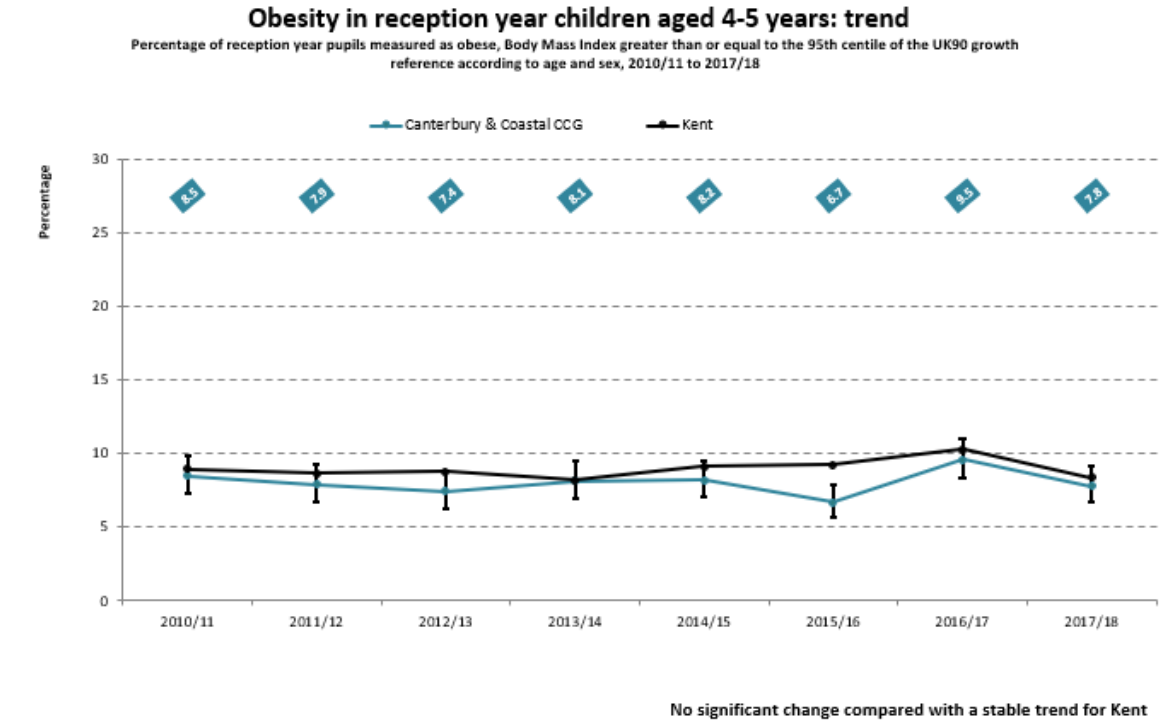
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 157: Obesity in reception year children – trend



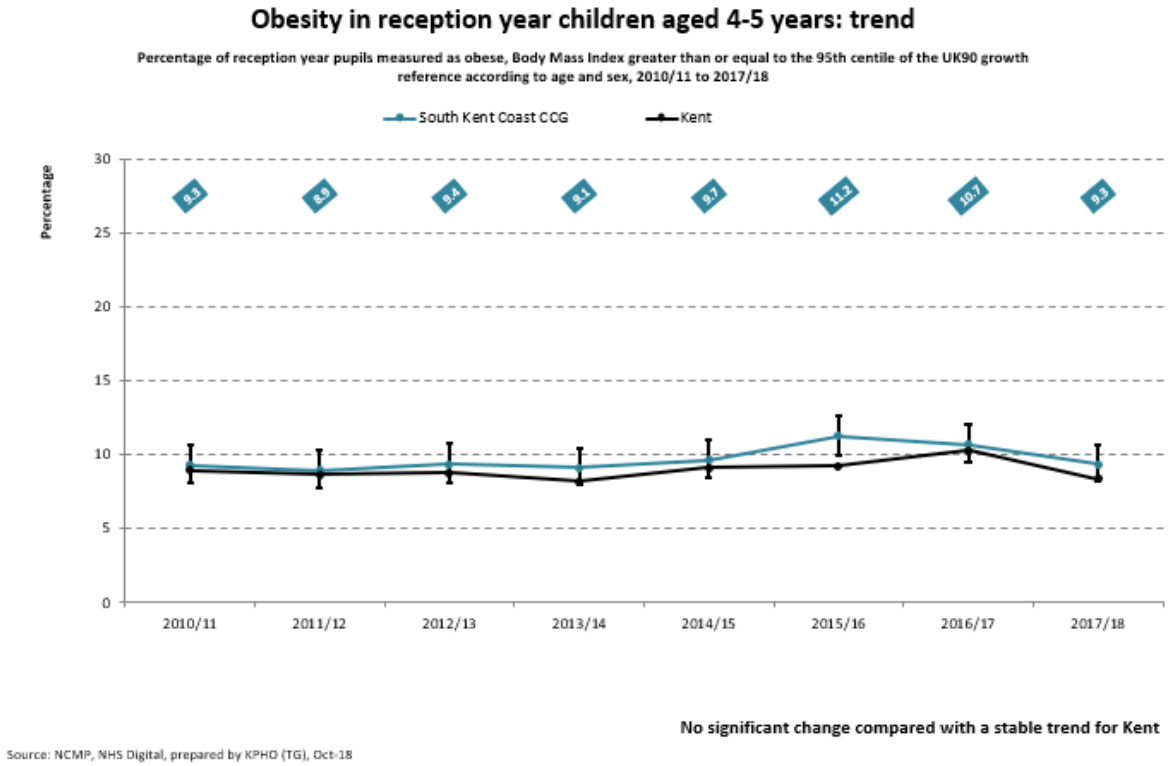
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 158



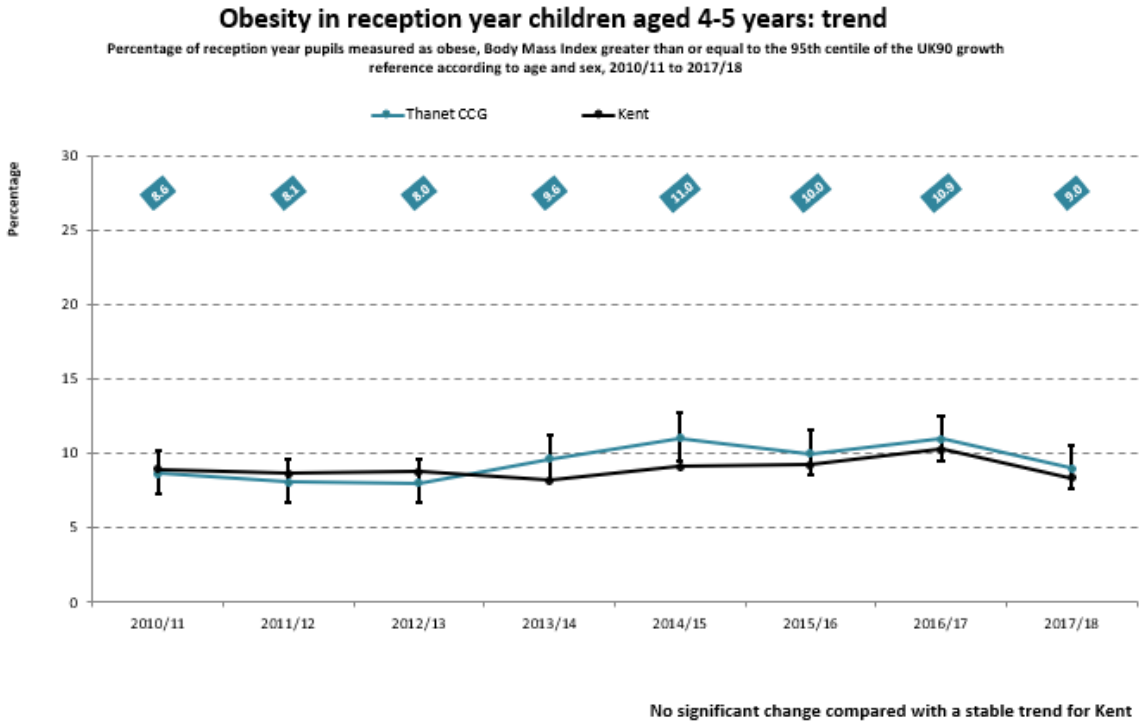
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 159



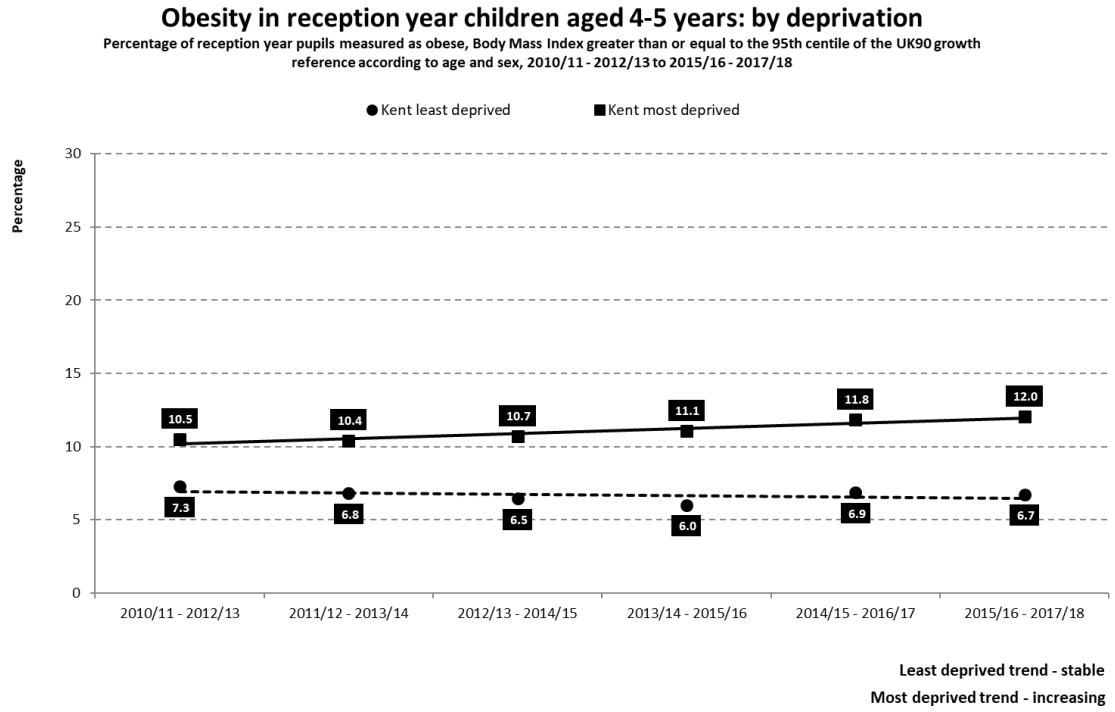
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 160



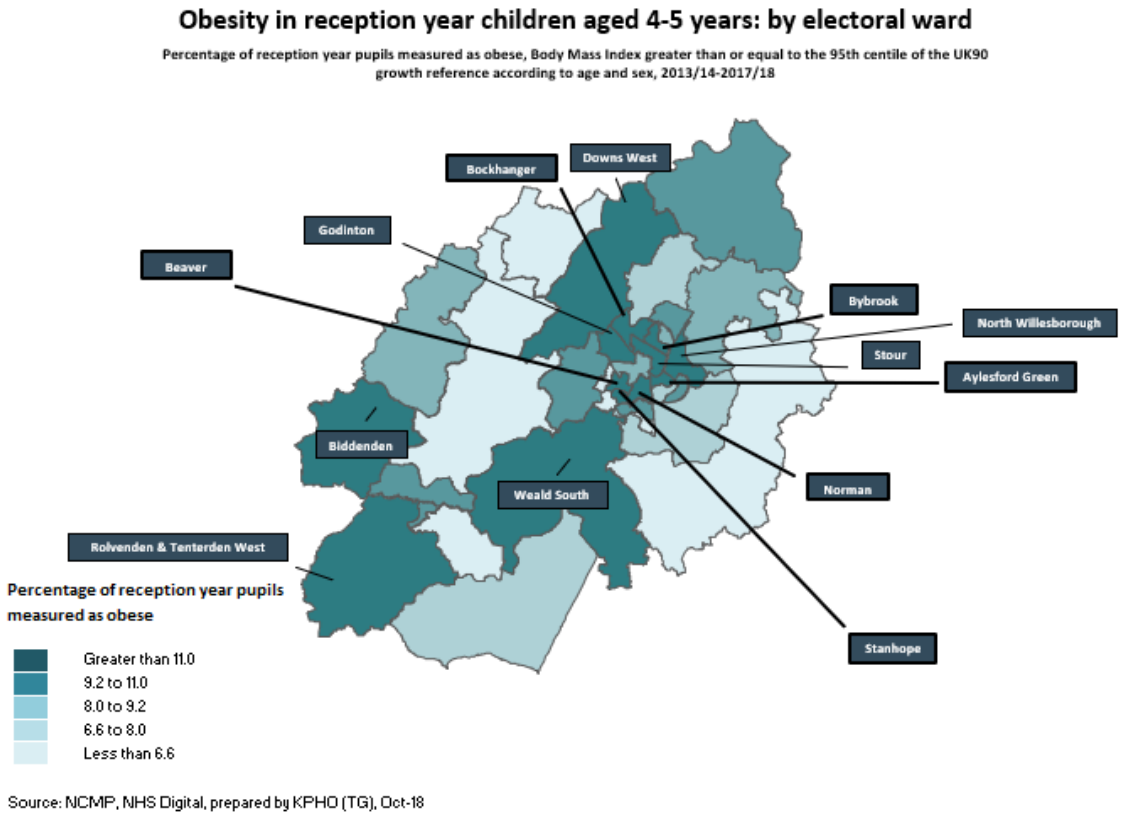
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 161: Obesity in reception year children – by deprivation



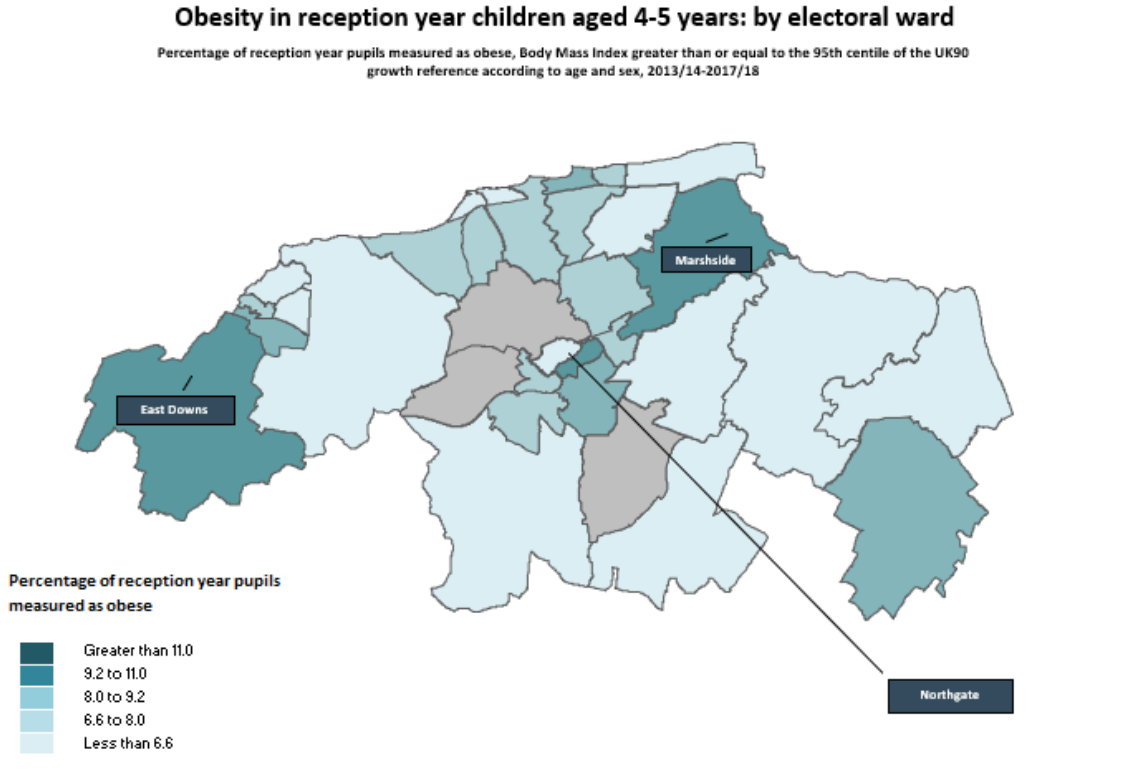
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 162: Obesity in reception year children – by ward



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 163



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Wards in grey have been subject to suppression rules

Figure 164

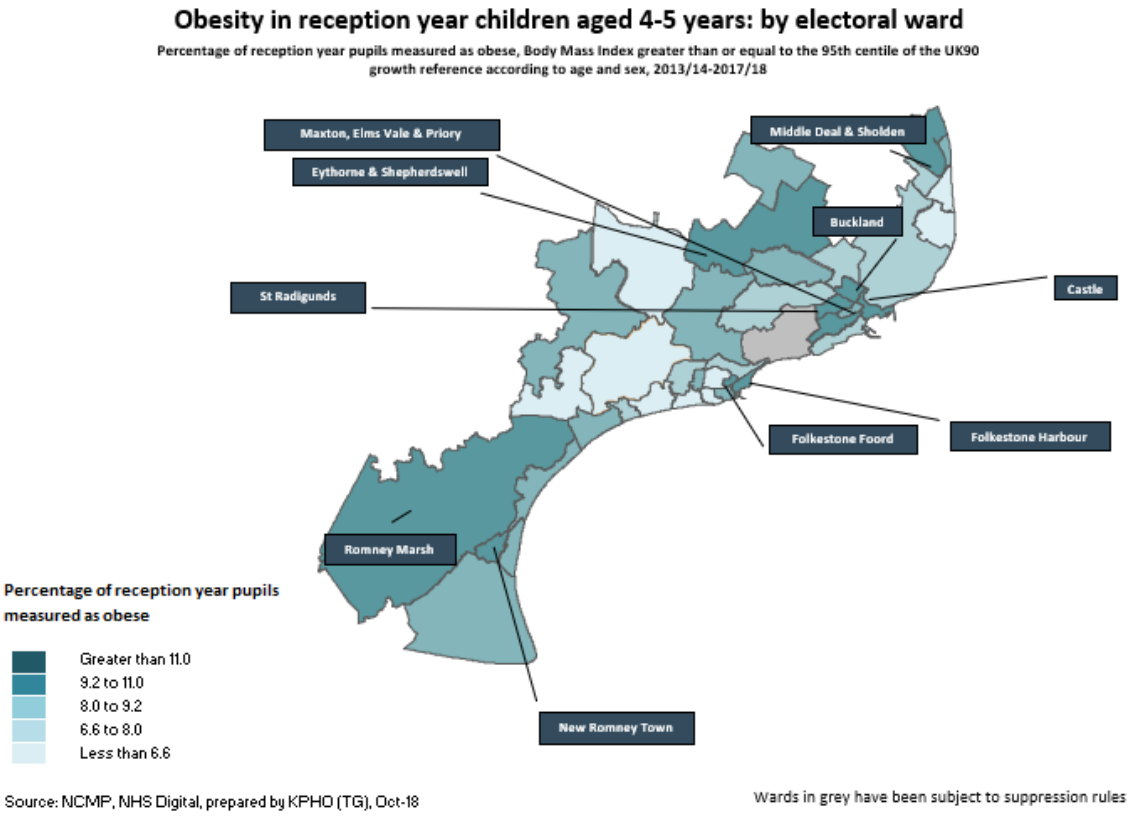


Figure 165

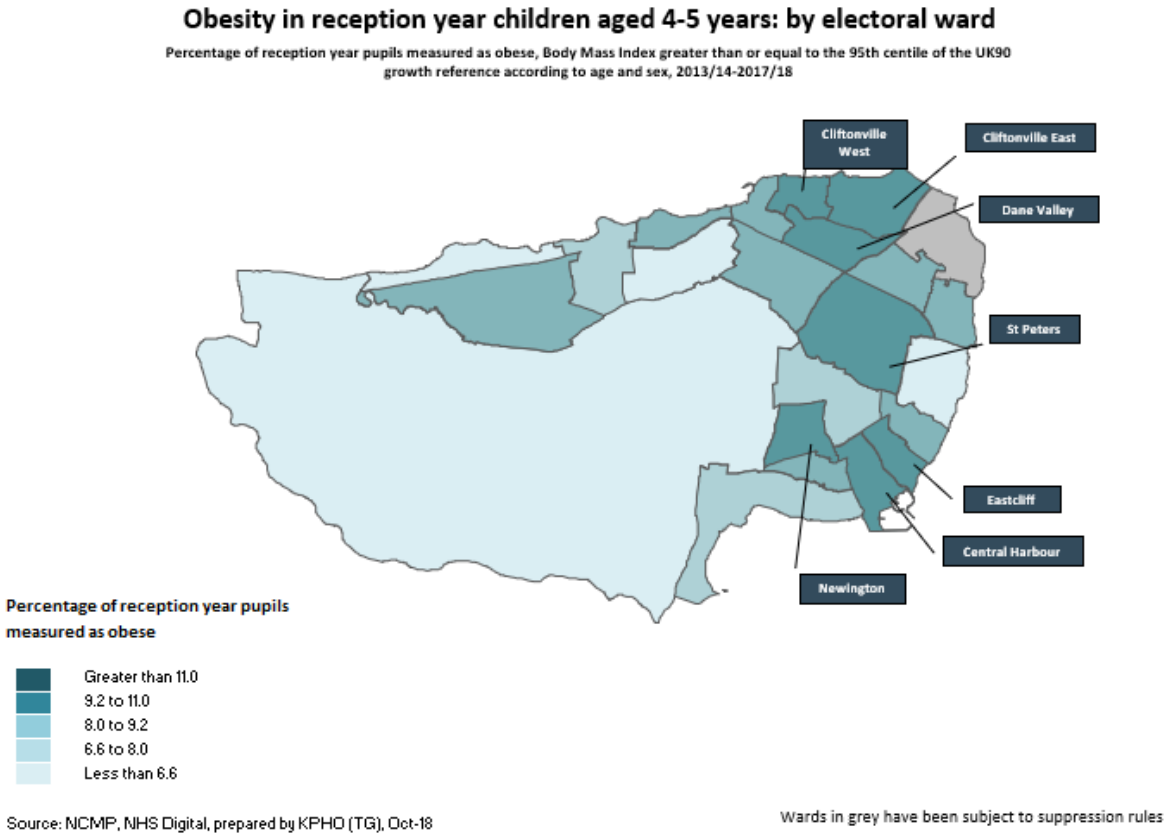
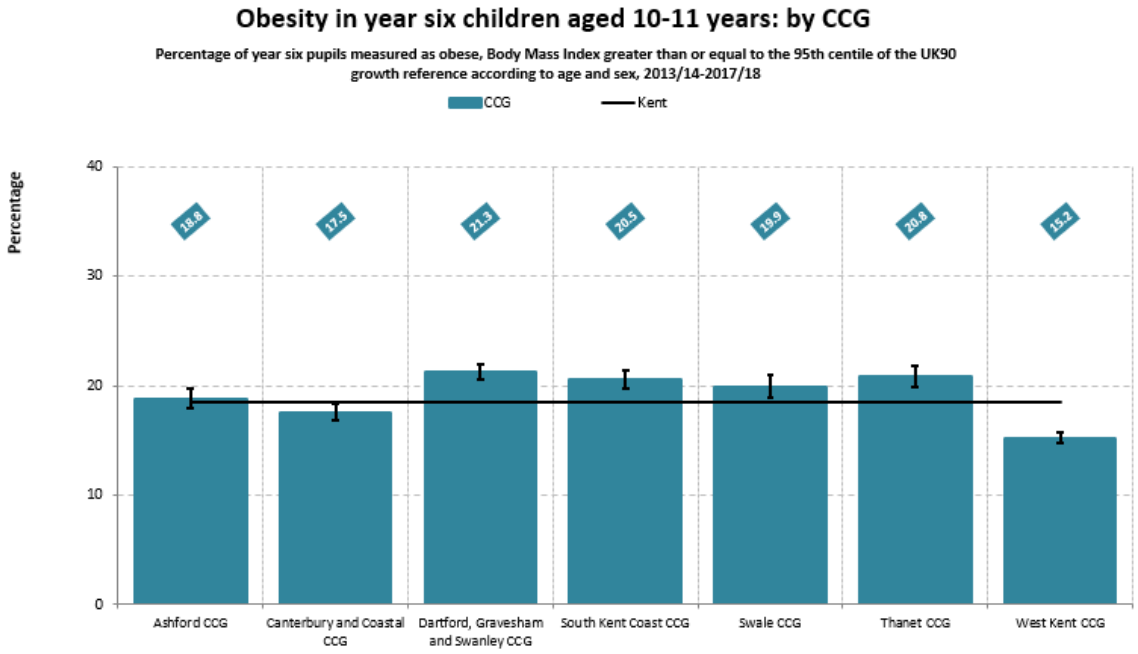
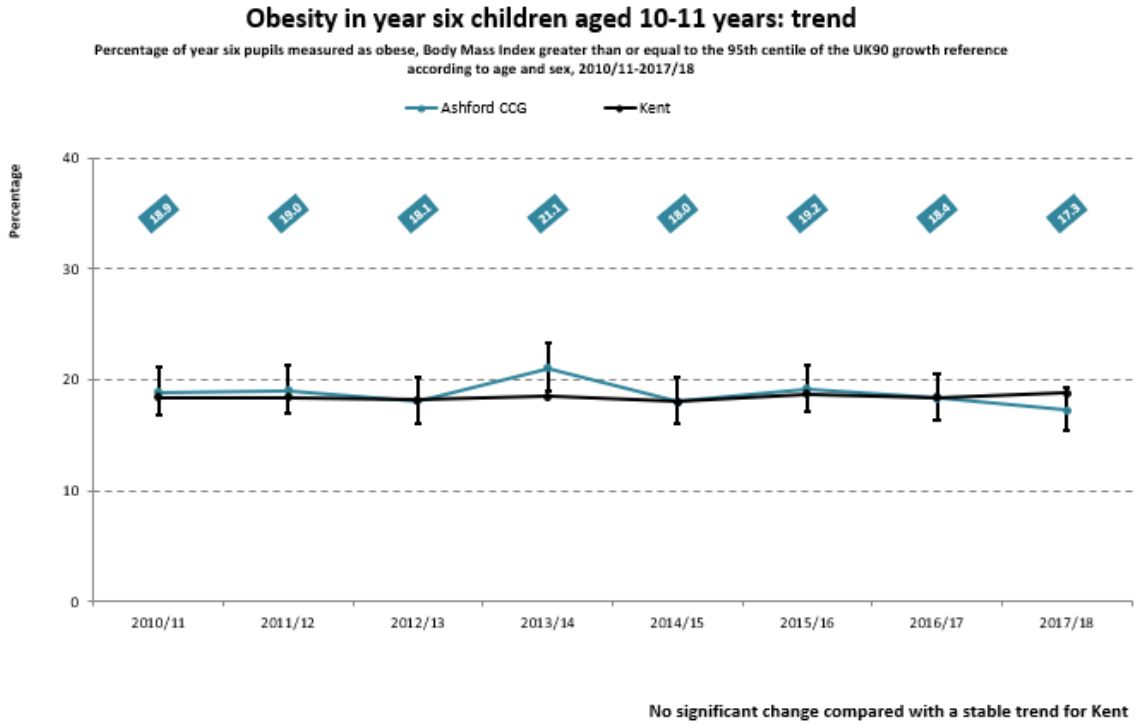


Figure 166: Obesity in year six children – by CCG



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

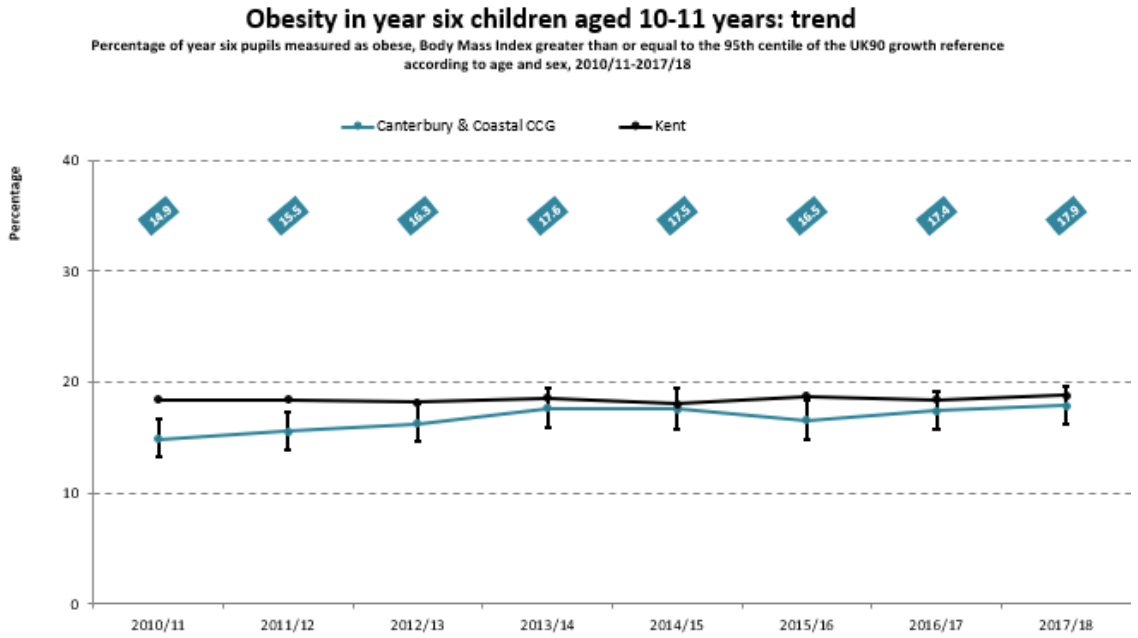
Figure 167: Obesity in year six children – trend



No significant change compared with a stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

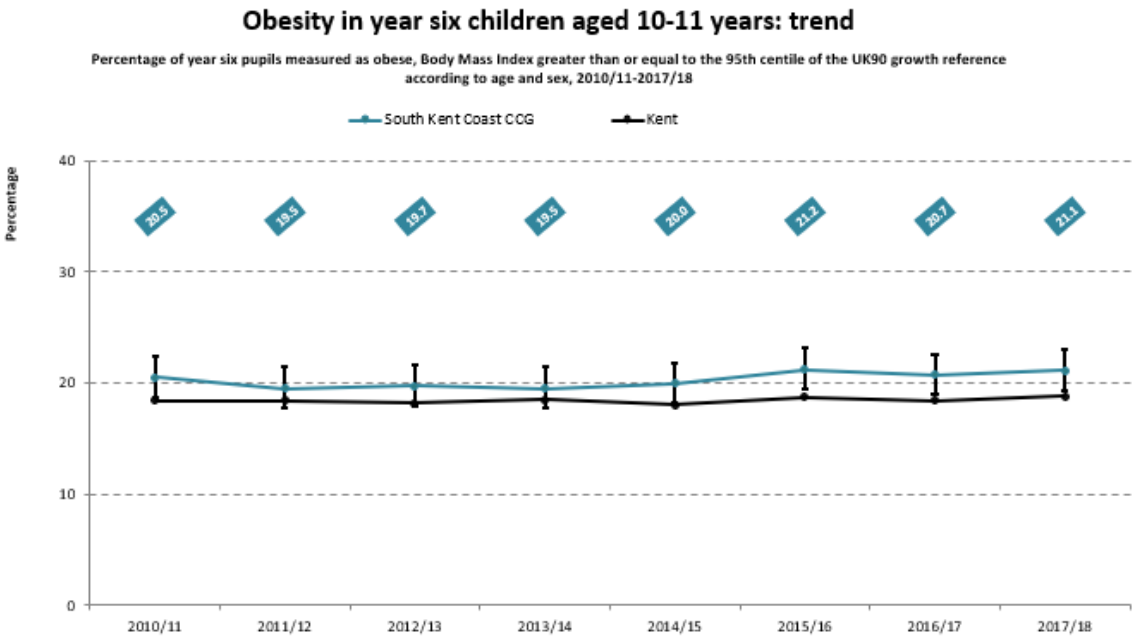
Figure 168



Increasing compared with a stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

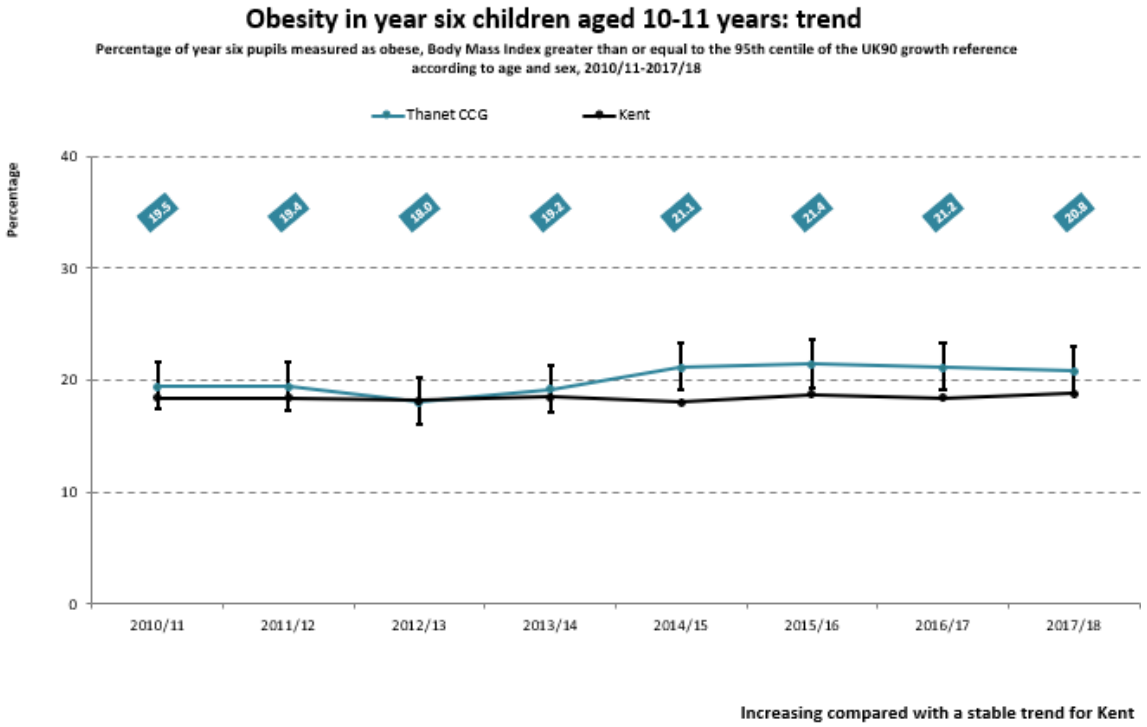
Figure 169



No significant change compared with a stable trend for Kent

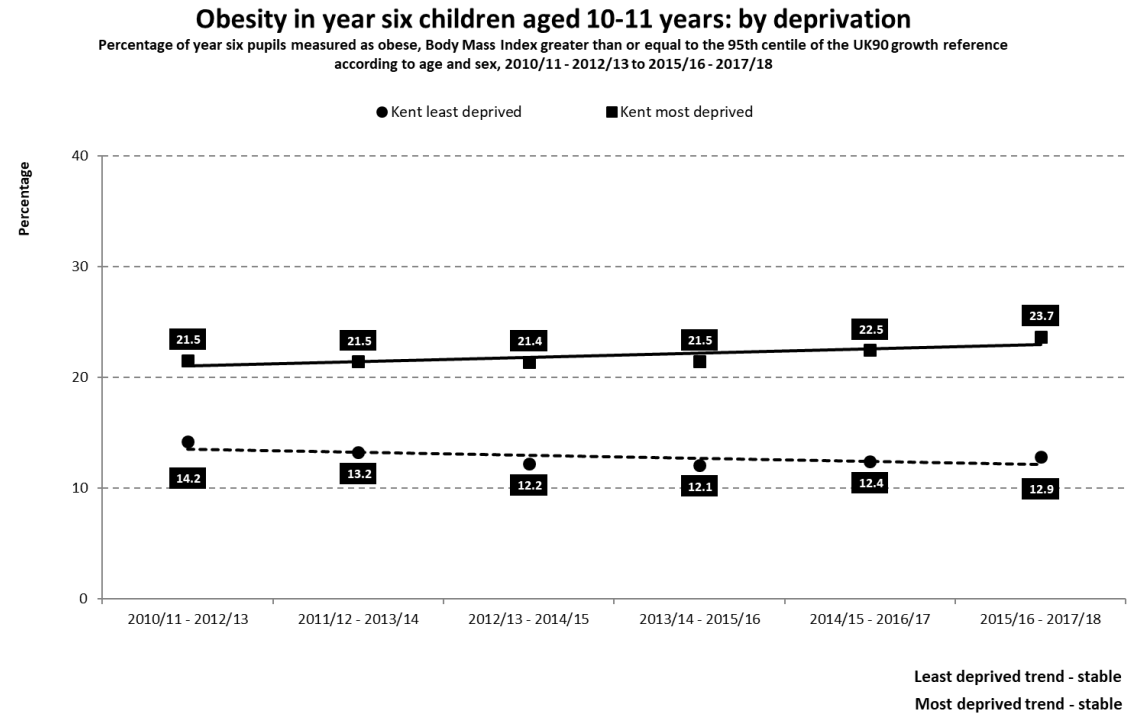
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 170



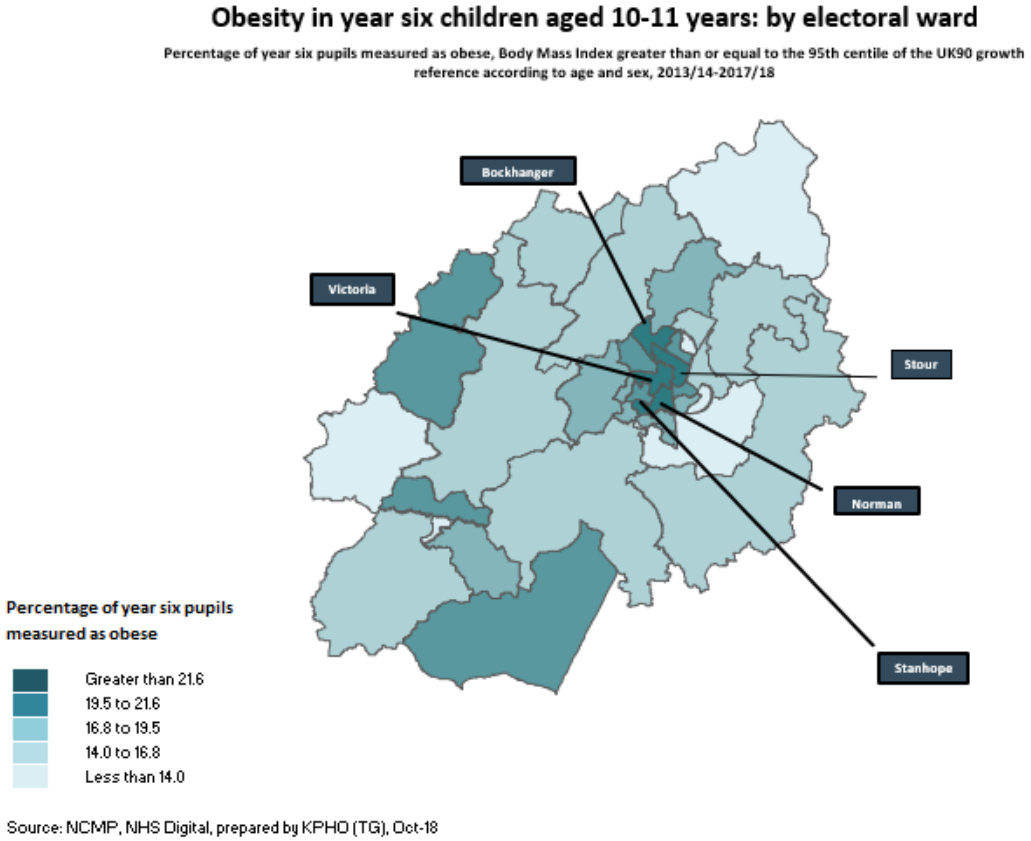
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 171: Obesity in year six children – by deprivation (Kent)



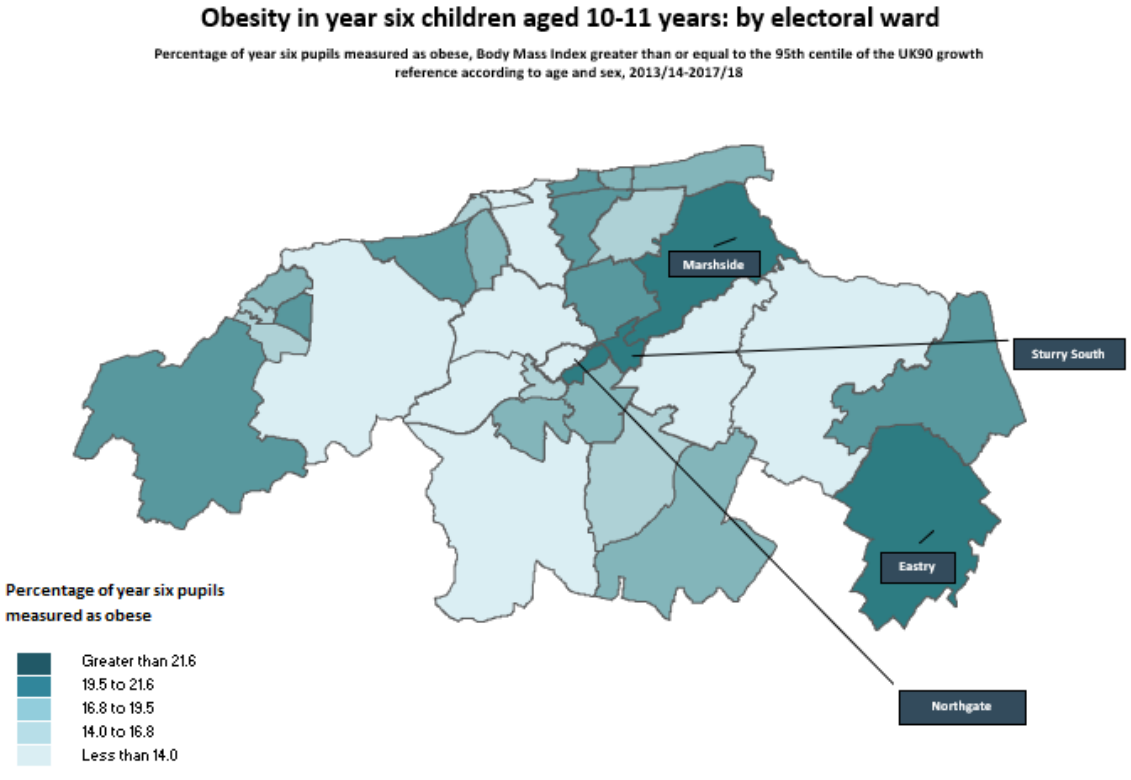
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 172: Obesity in year six children – by ward



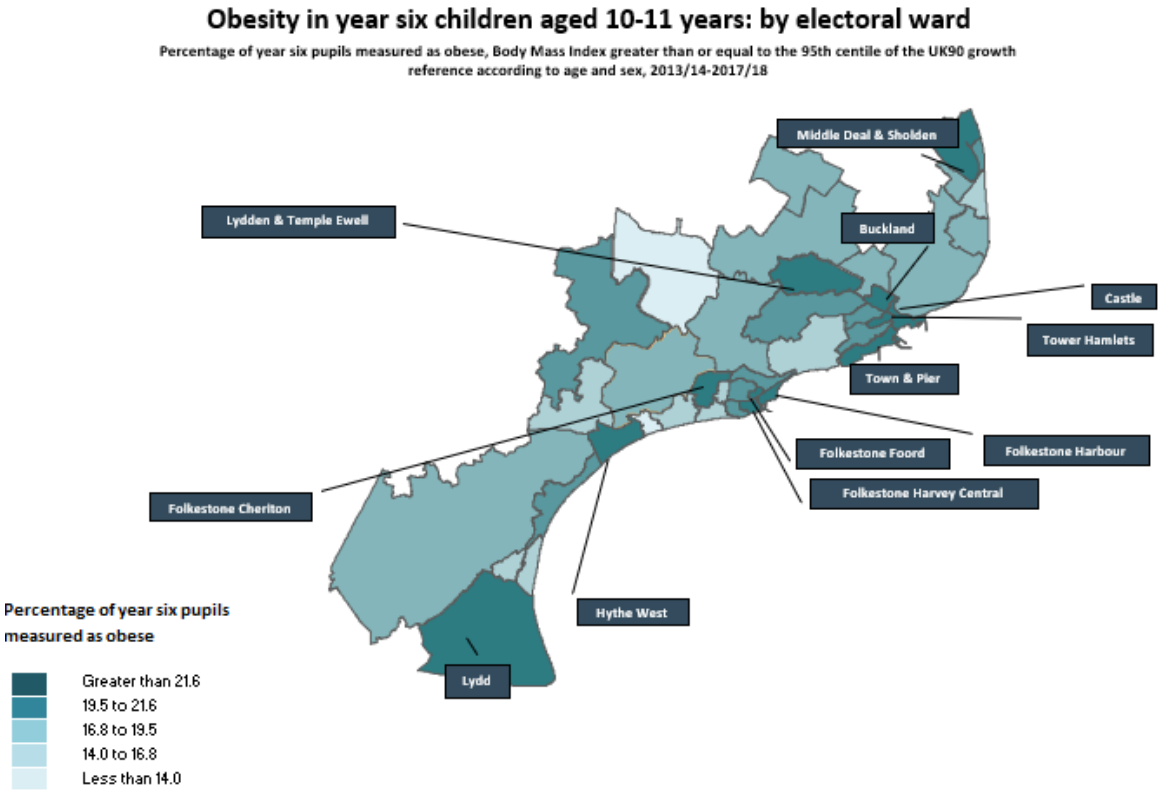
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 173



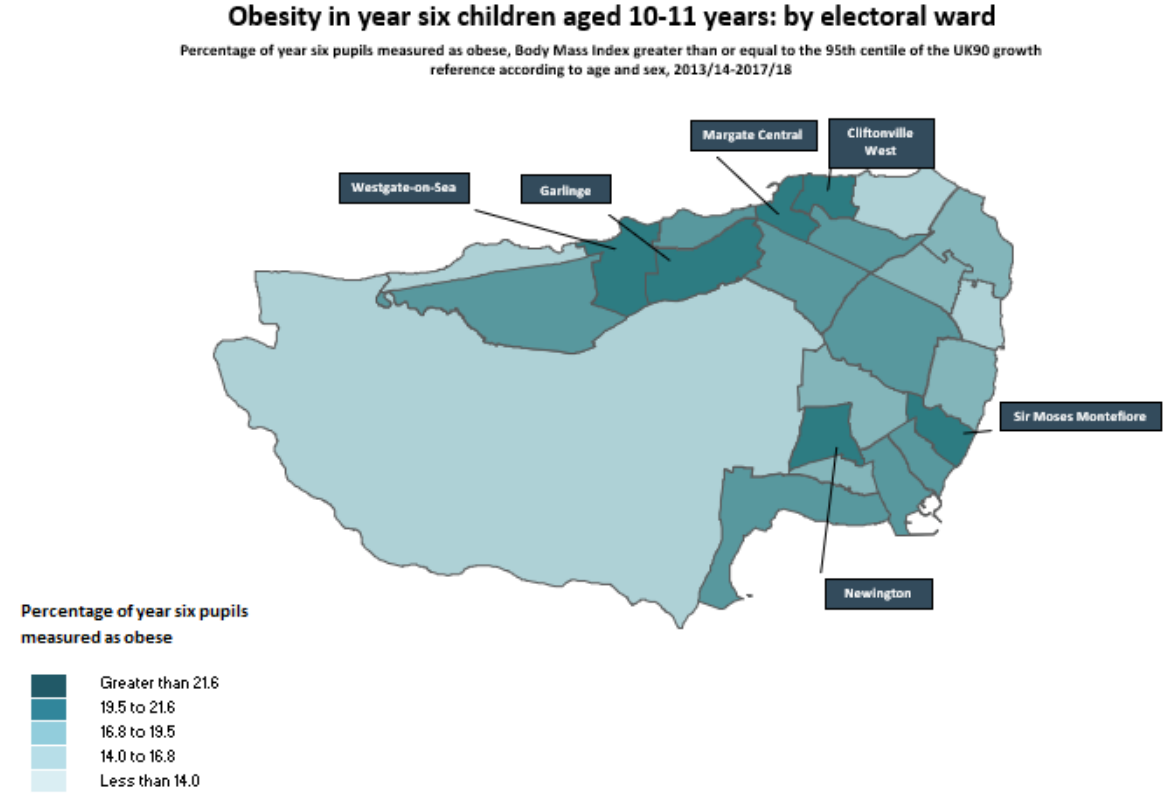
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 174



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 175



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

6.7.2 Childhood Excess Weight

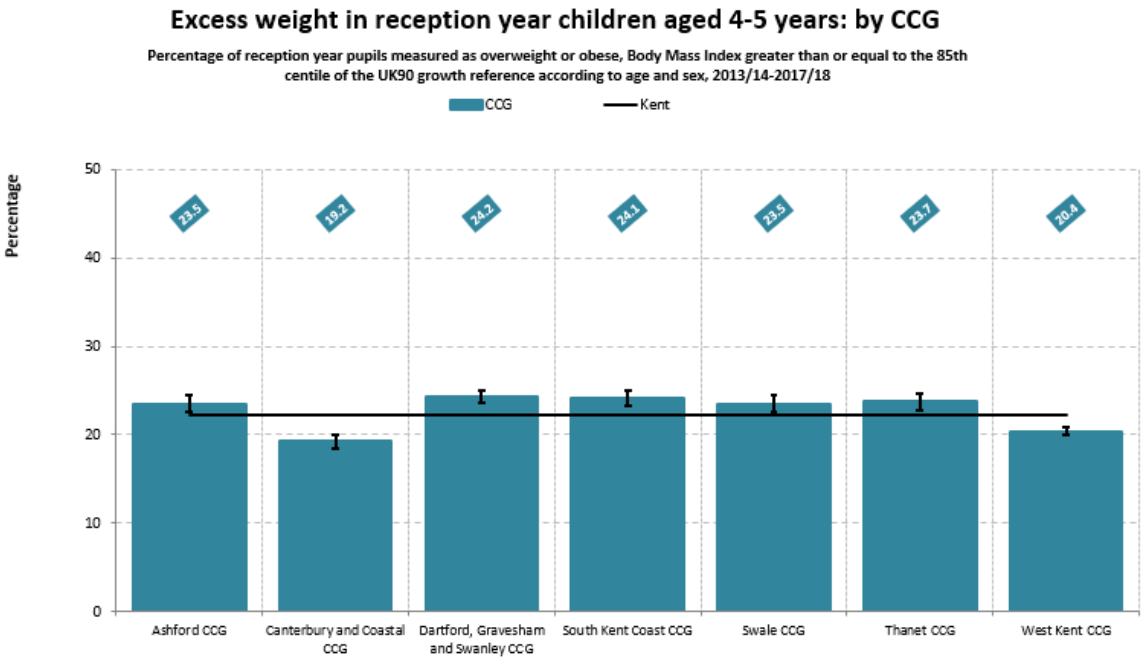
Excess weight levels amongst reception year pupils are higher than the Kent average for Ashford, South Kent Coast and Thanet CCGs whereas Canterbury and Coastal CCG has a lower prevalence of excess weight compared to Kent. Amongst year 6 pupils, excess weight levels are higher than the Kent average in South Kent Coast and Thanet CCG.

As for obesity, there is some evidence to show the inequalities gap is widening with the most deprived quintile in Kent significantly increasing overweight in reception year pupils. There is a significant gap between the lowest and highest deprivation quintiles, although less stark than for obese children. For the period 2015/16 to 2017/18 there was a 41% difference between the lowest and highest quintiles in reception year, and 45% in year 6.

There is considerable variation between electoral wards. Excess weight levels are significantly higher than the Kent average for both reception year and year six pupils in:

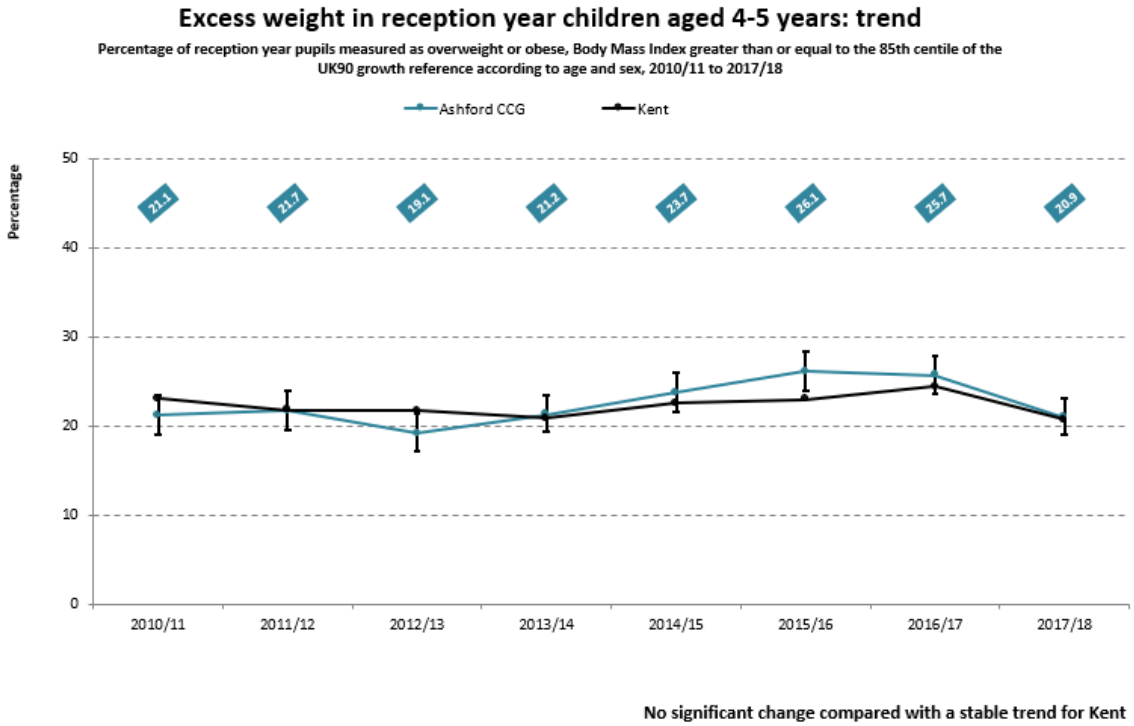
- Norman
- Stanhope
- Buckland
- Folkestone Foord

Figure 176: Excess weight in reception year children – by CCG



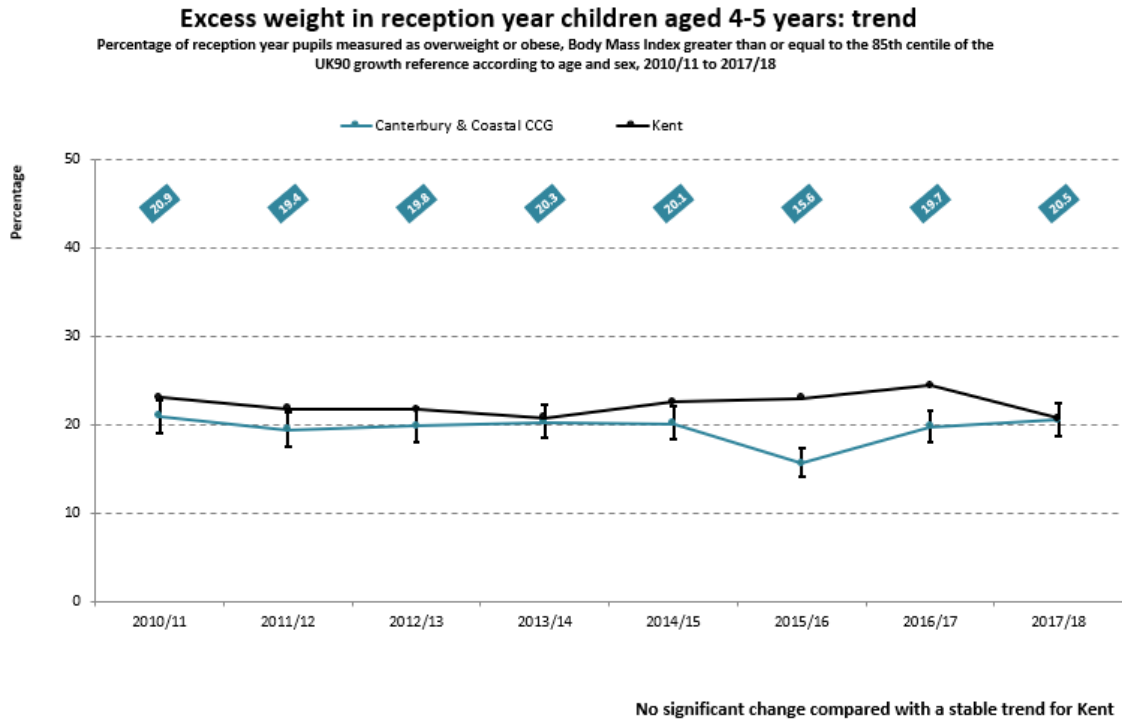
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 177: Excess weight in reception year children – trend



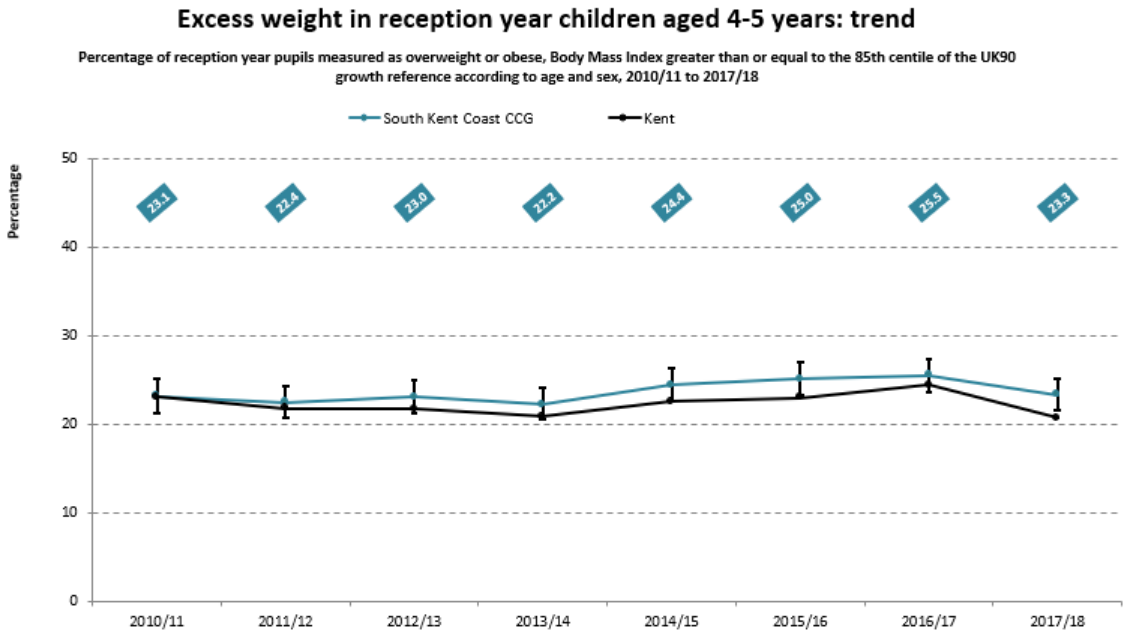
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 178



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

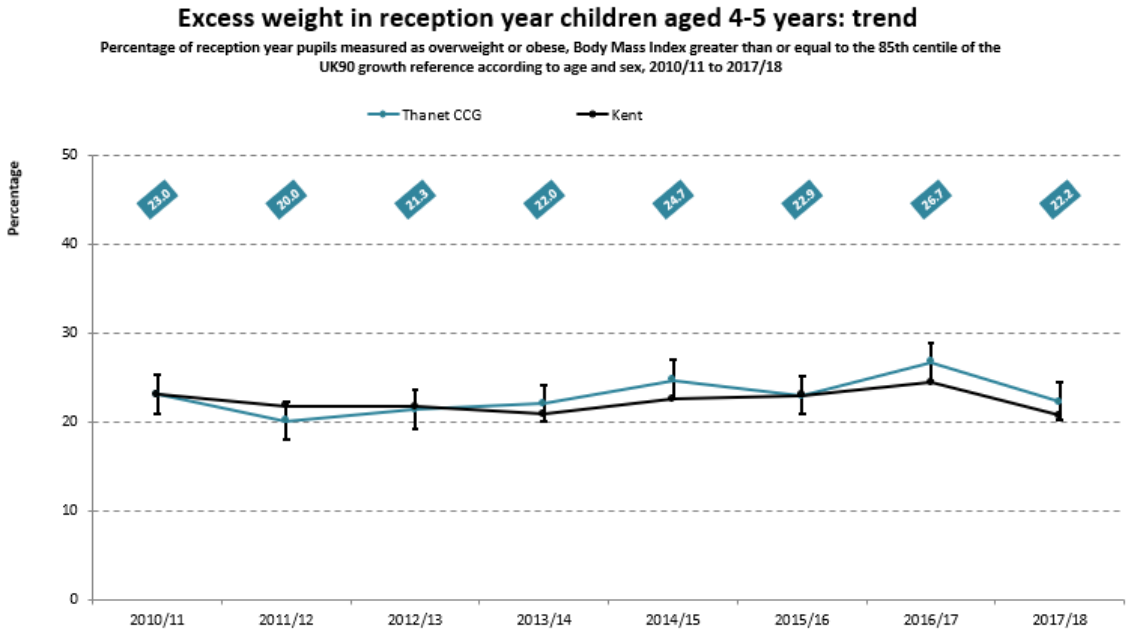
Figure 179



No significant change compared with a stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

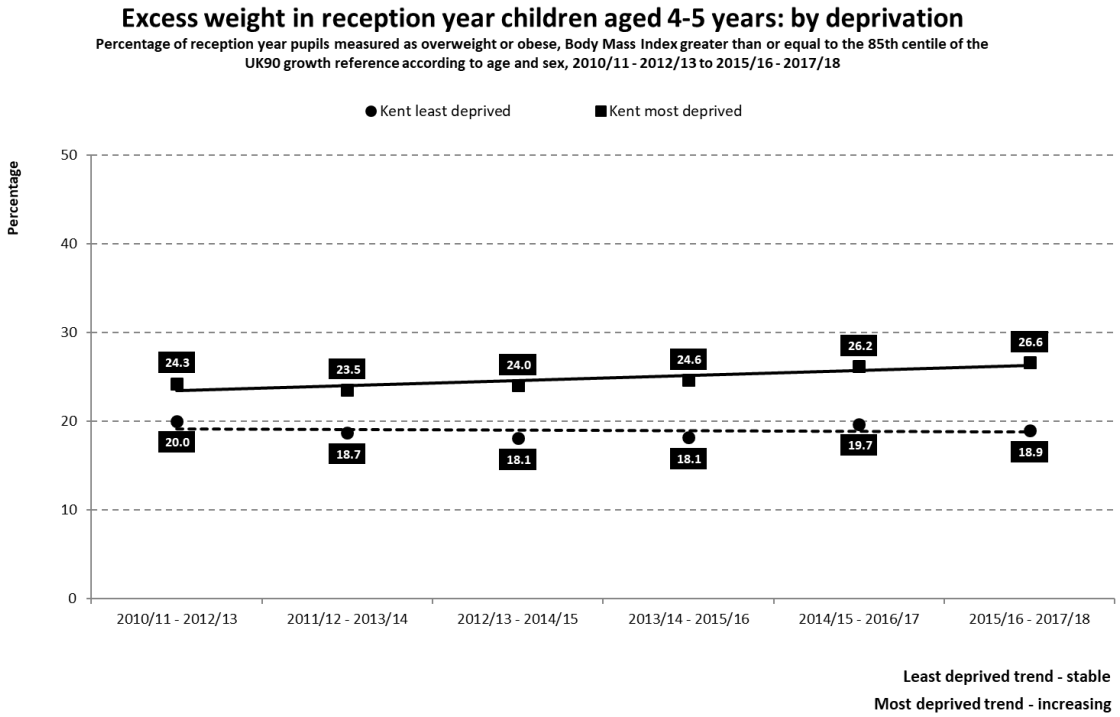
Figure 180



No significant change compared with a stable trend for Kent

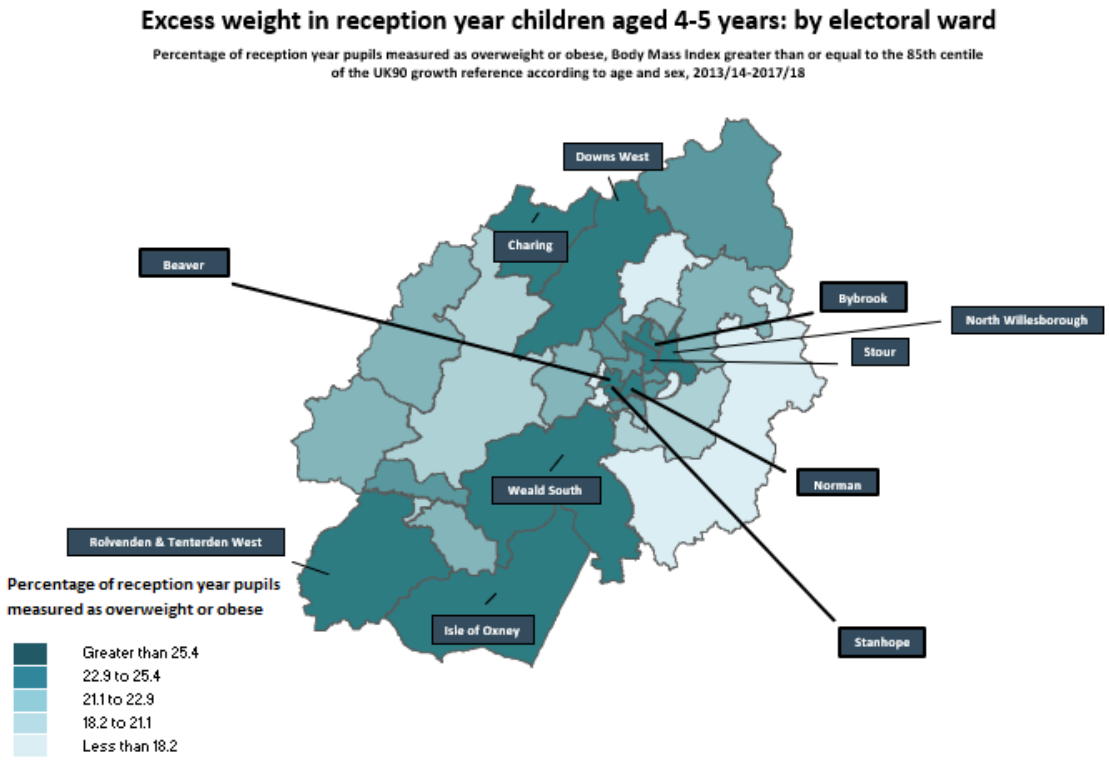
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 181: Excess weight in reception year children – by deprivation (Kent)



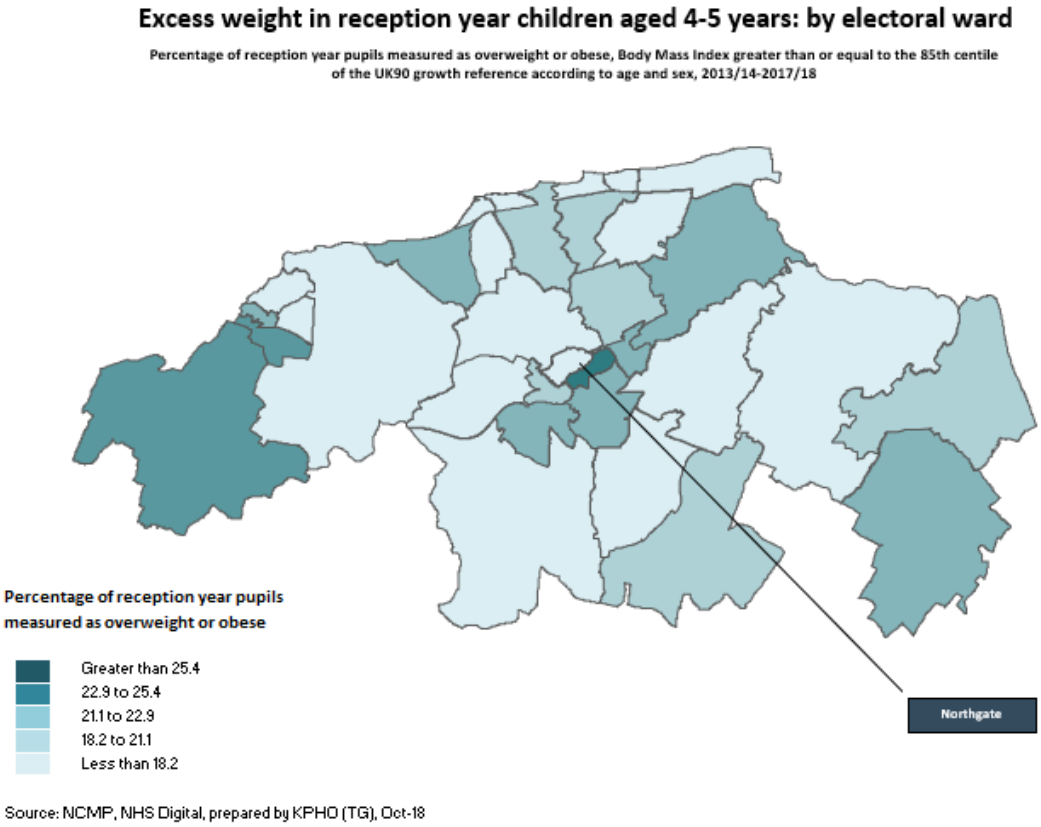
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 182: Excess weight in reception year children – by ward



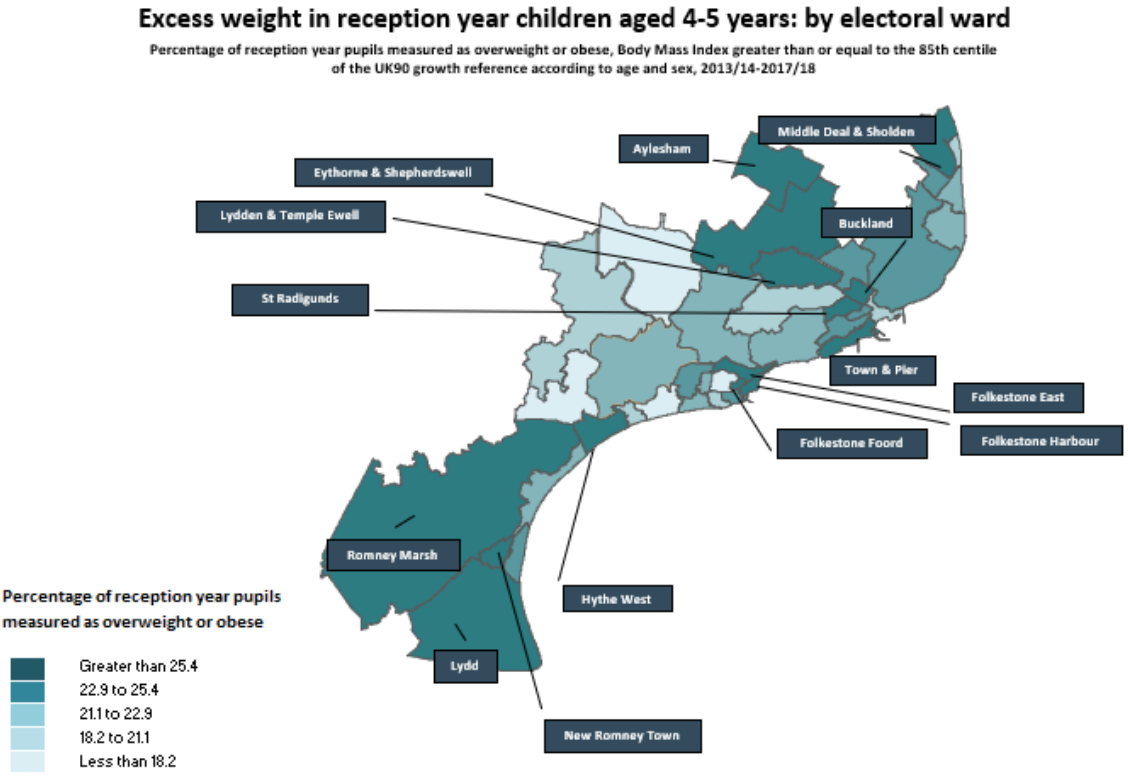
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 183



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 184



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 185

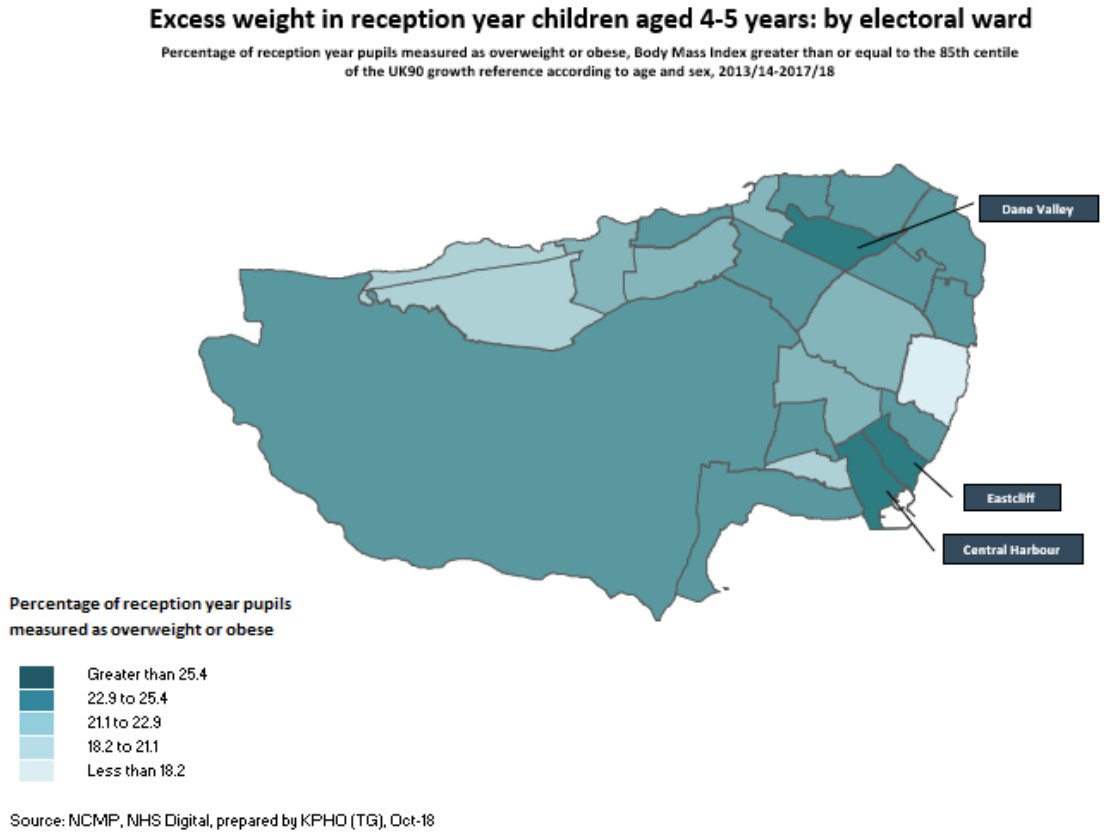
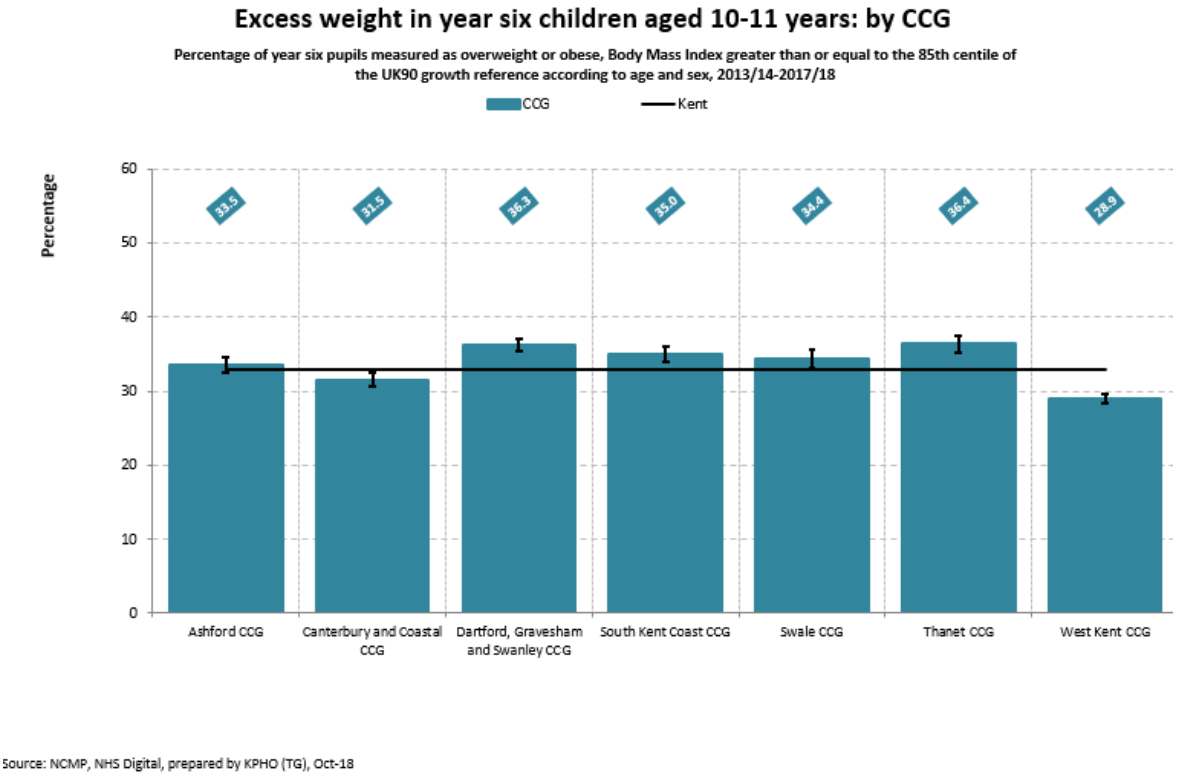
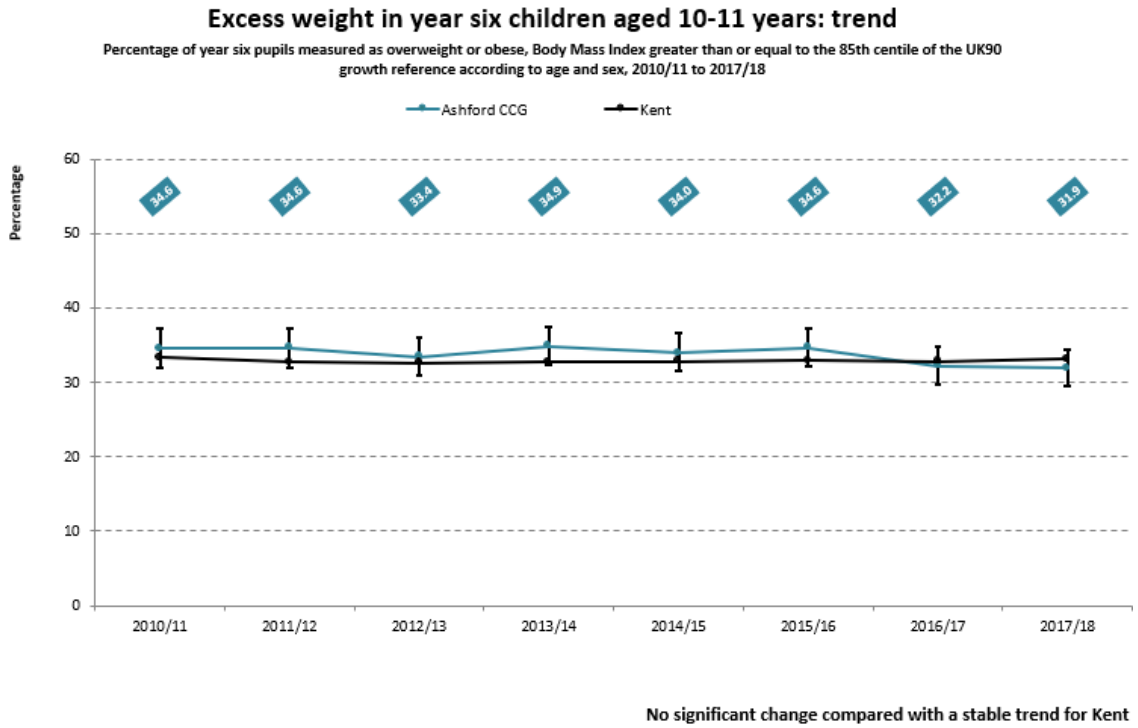


Figure 186: Excess weight in year six children – by CCG



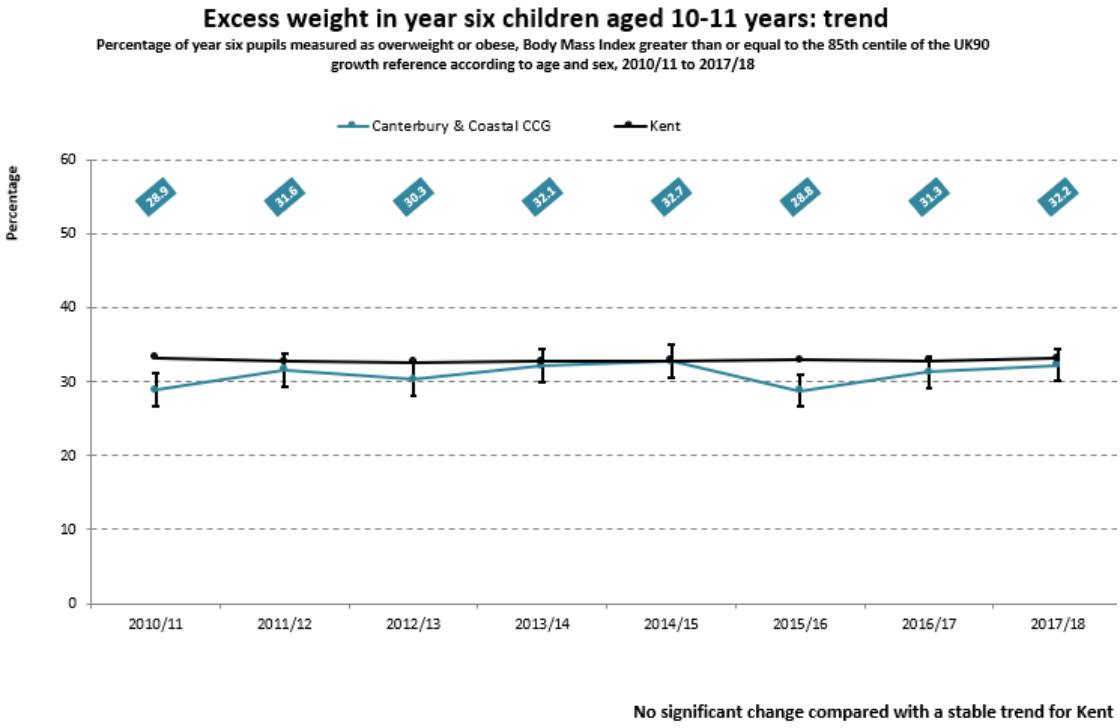
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 187: Excess weight in year six children – trend



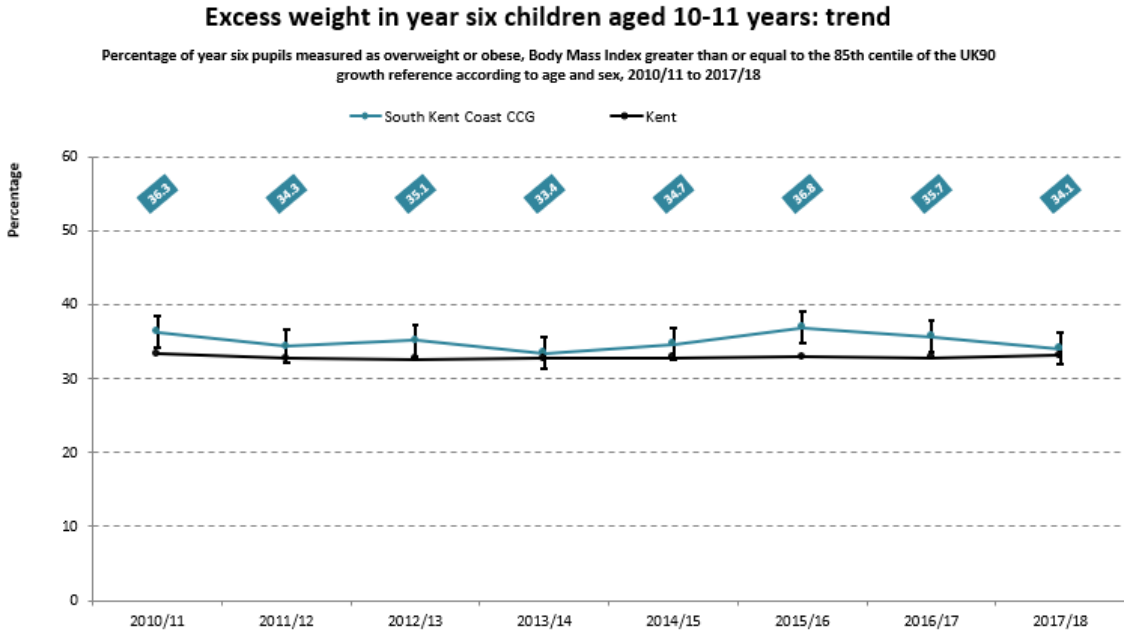
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 188



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

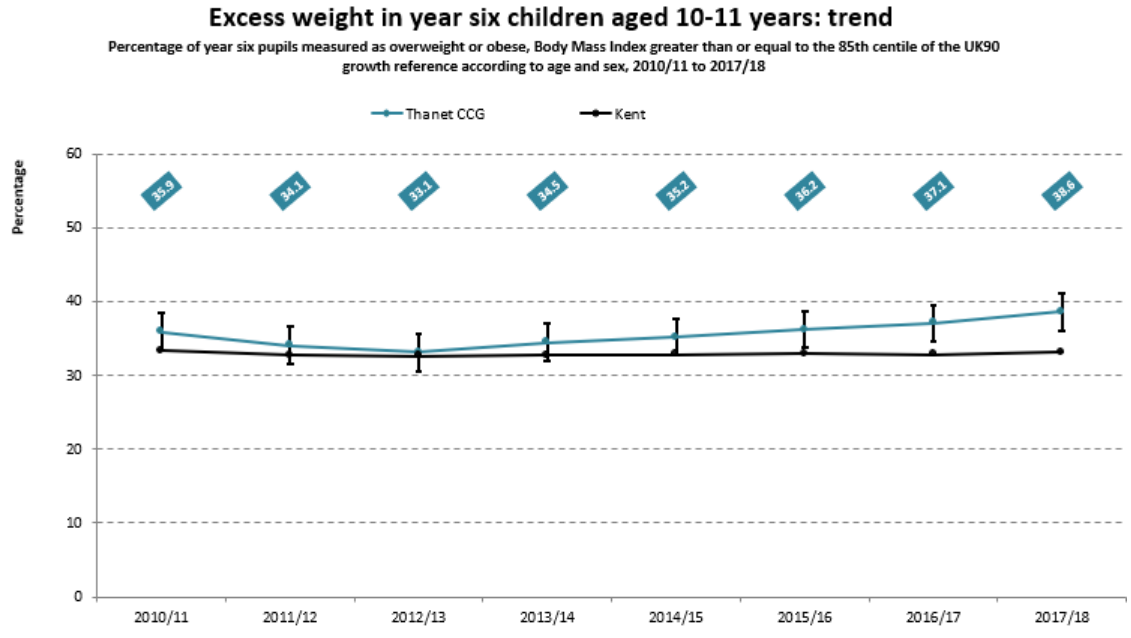
Figure 189



No significant change compared with a stable trend for Kent

Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

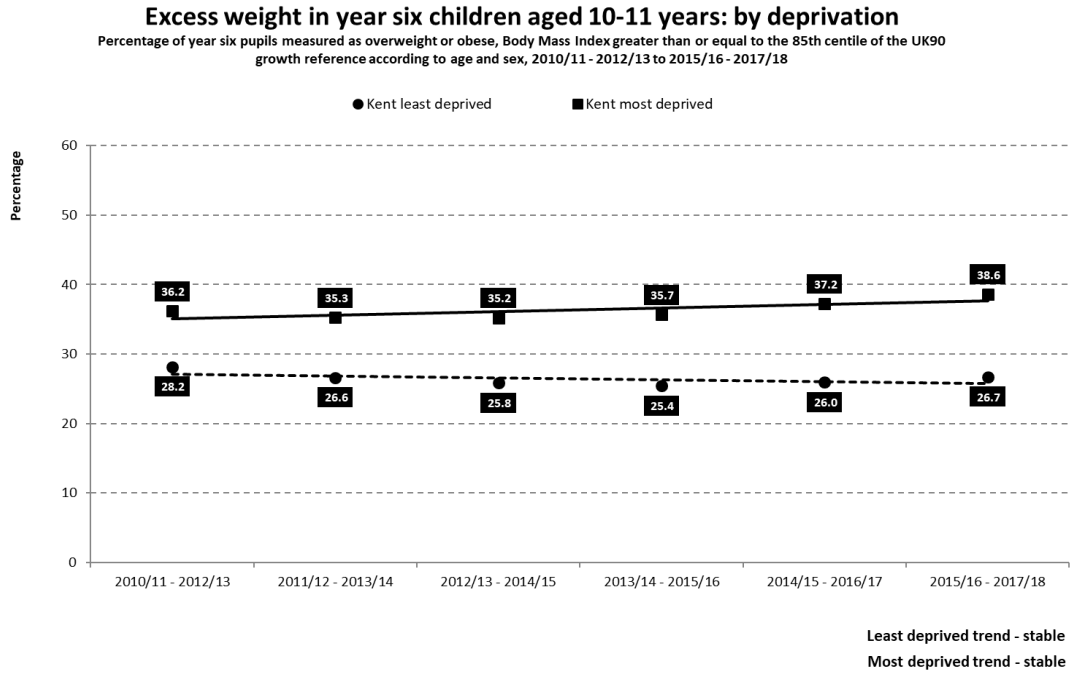
Figure 190



Increasing compared with a stable trend for Kent

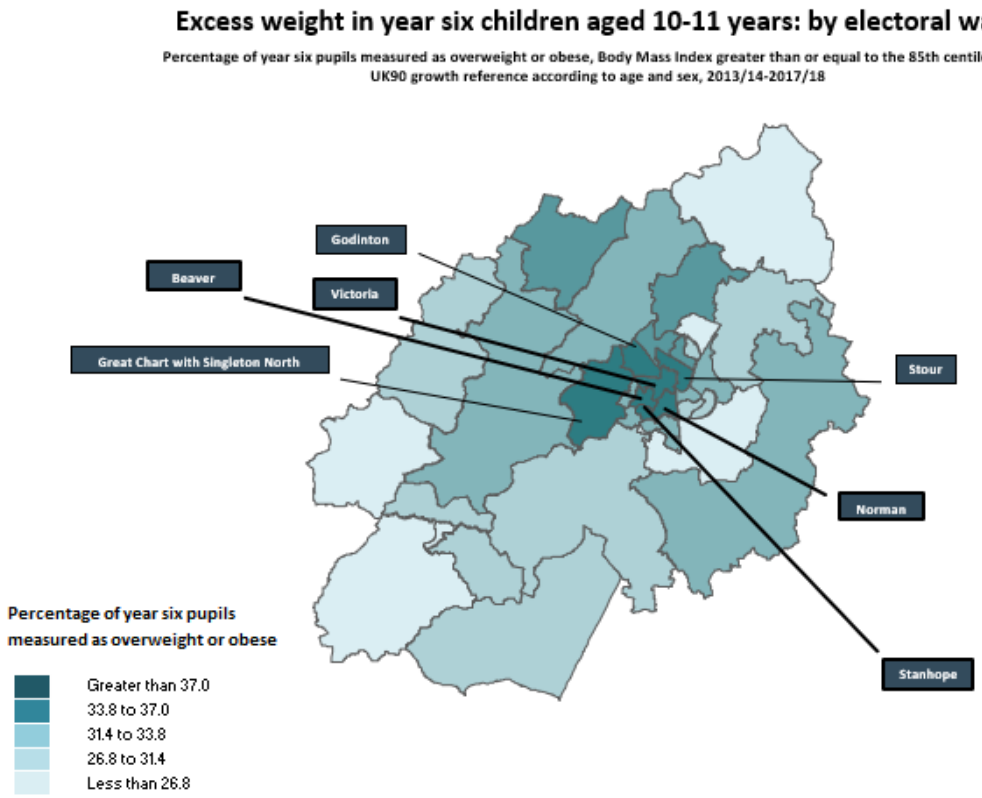
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 191: Excess weight in year six children – by deprivation (Kent)



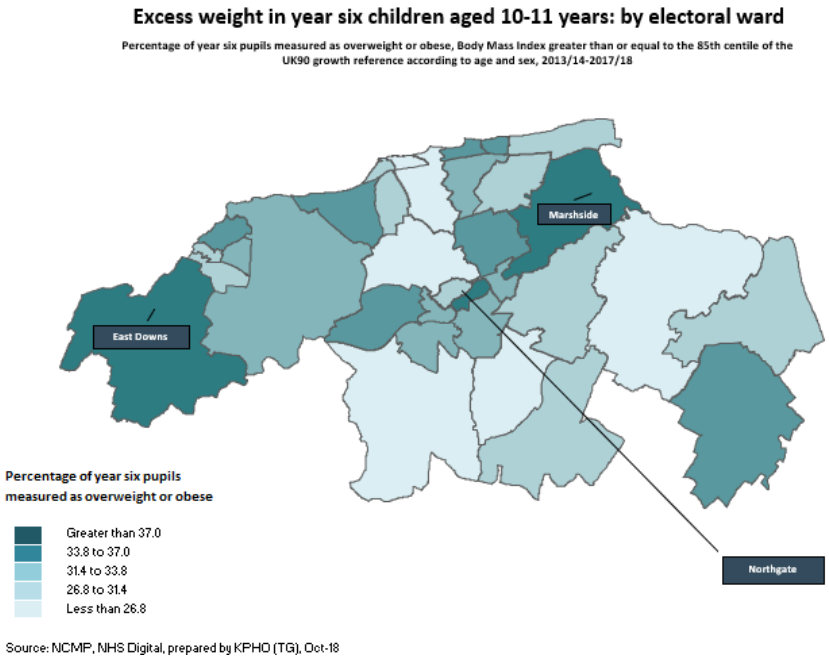
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 192: Excess weight in year six children – by ward



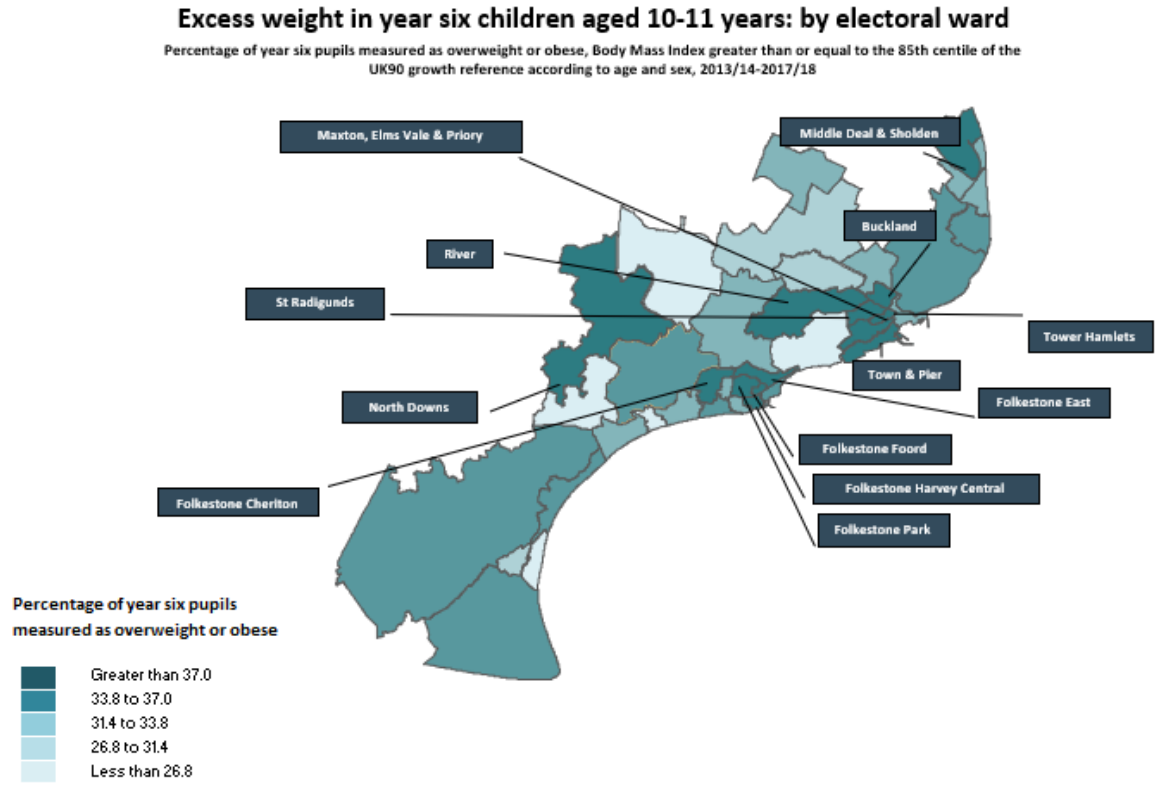
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 193



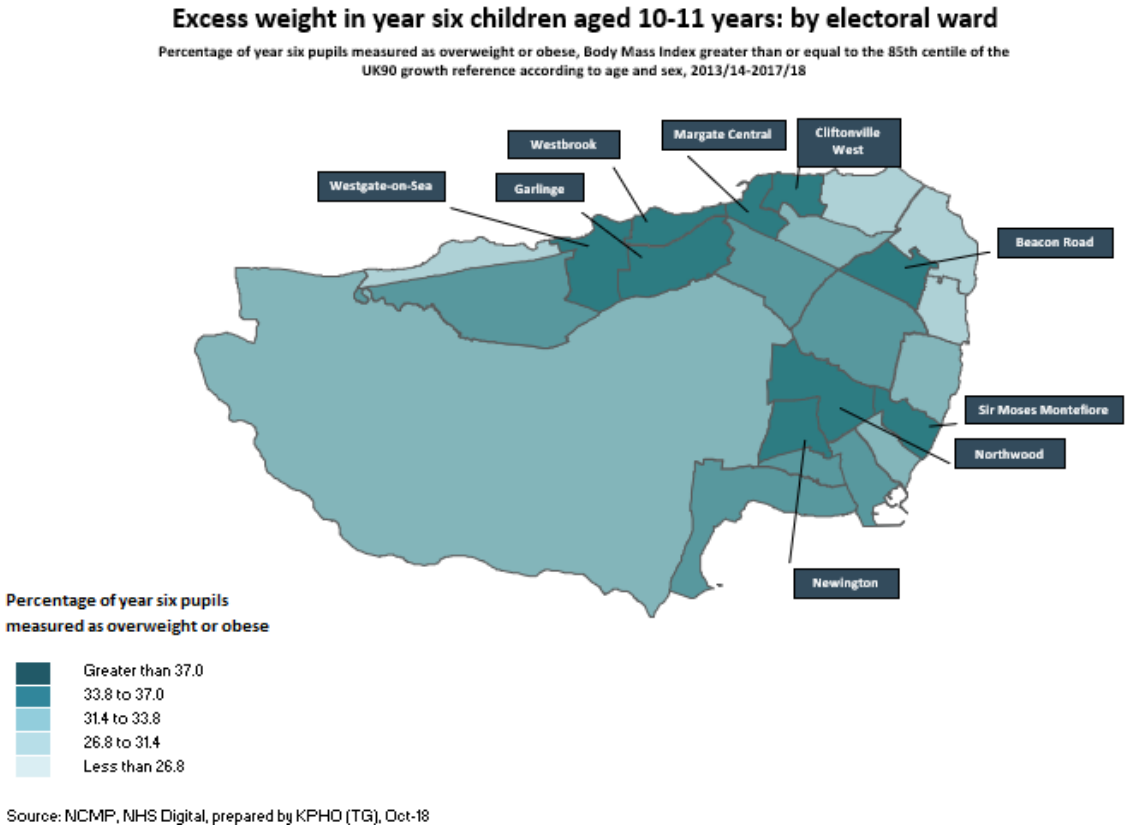
Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 194



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

Figure 195



Source: NCMP, NHS Digital, prepared by KPHO (TG), Oct-18

6.8 A&E Attendances in Children

The rate of A&E attendances in children aged 0-4 is higher than the Kent average in South Kent Coast and Thanet CCGs. In South Kent Coast CCG the rate is also higher than the Kent average in 0-19 year olds.

Trend analysis suggests that the A&E attendance rates in Ashford and South Kent Coast CCGs have increased, reflecting the pattern in Kent as a whole, whereas Canterbury & Coastal CCG rates have increased more slowly. There is considerable variation between electoral wards. A&E attendance rates are significantly higher than the Kent average for both 0-4 year olds *and* 0-19 year olds in these 21 wards:

- Aylesford Green
- Aylesham
- Buckland
- Castle
- Middle Deal & Sholden
- Mill Hill
- North Deal
- St Radigunds
- Tower Hamlets
- Town & Pier
- Walmer

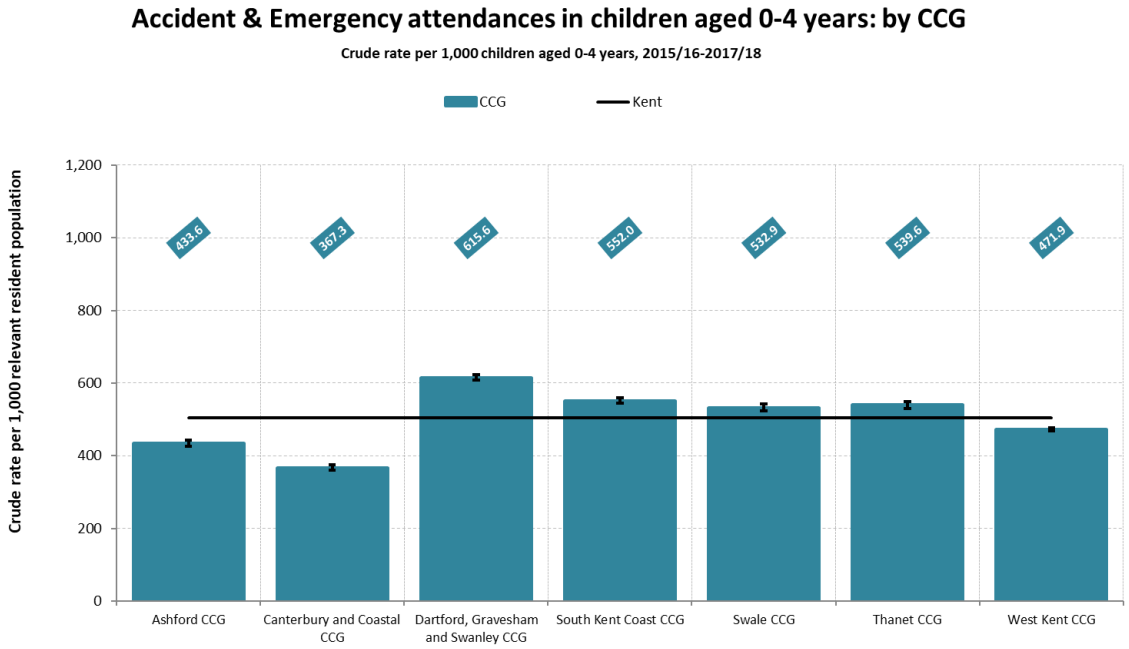
- Folkestone Cheriton
- Folkestone Foord
- Folkestone Harbour
- Folkestone Harvey Central
- Folkestone Park
- Dane Valley
- Margate Central
- Newington
- Northwood
- Salmestone

A&E attendance rates are higher in the most deprived areas of Ashford, Canterbury & Coastal and South Kent Coast CCGs than the least deprived areas, for both 0-4 year olds and 0-19 year olds, and for Thanet CCG for 0-19 year olds.

However, attendance rates in 0-4 year olds in Thanet CCG are lower in the most deprived group than the highest. Additionally, contrary to the increasing trend in the rest of Kent, Thanet CCG has seen a steady decline in A&E attendances in the most deprived quintiles in both the 0-4 and 0-19 age groups.

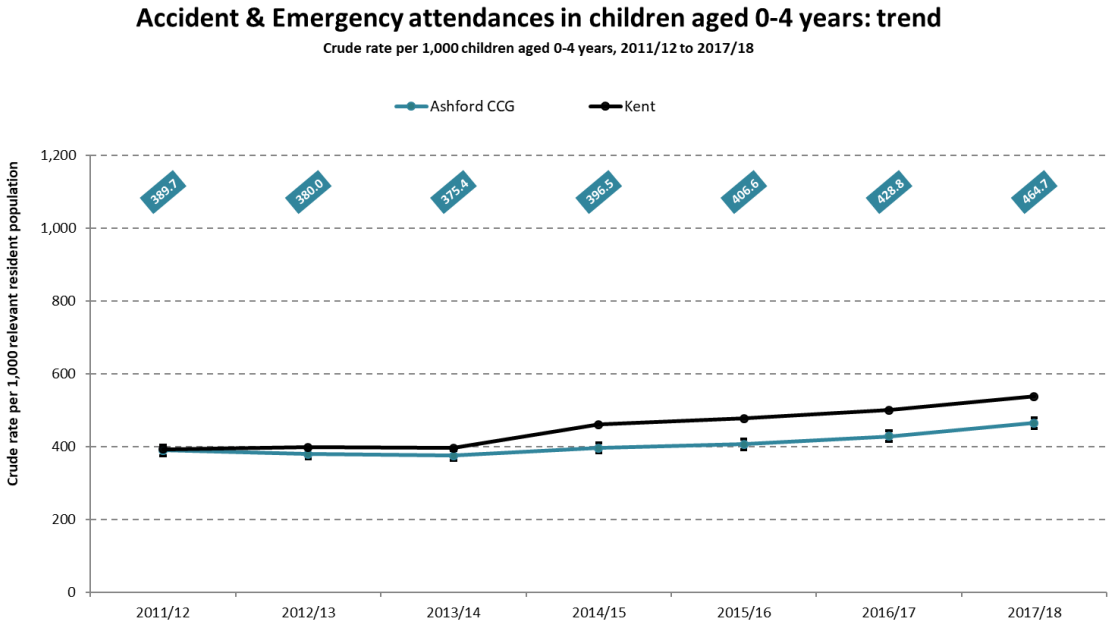
6.8.1 A&E Attendances in 0-4 year olds

Figure 196: A&E attendances in children aged 0-4 years – by CCG



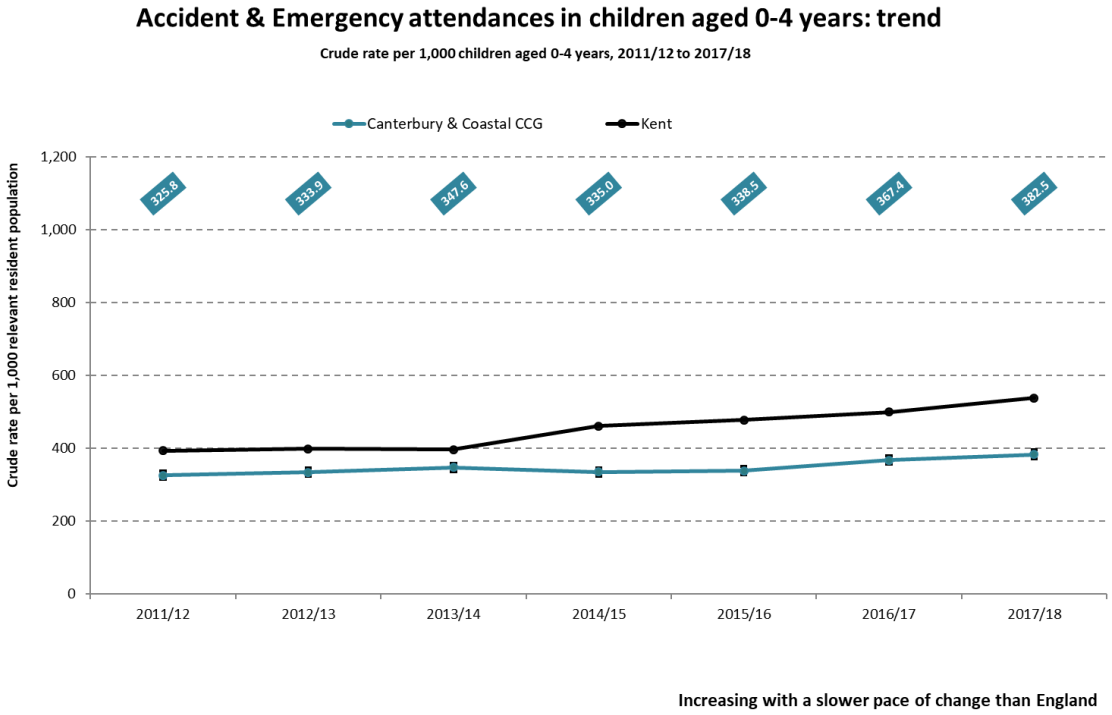
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 197: A&E attendances in children aged 0-4 years – trend



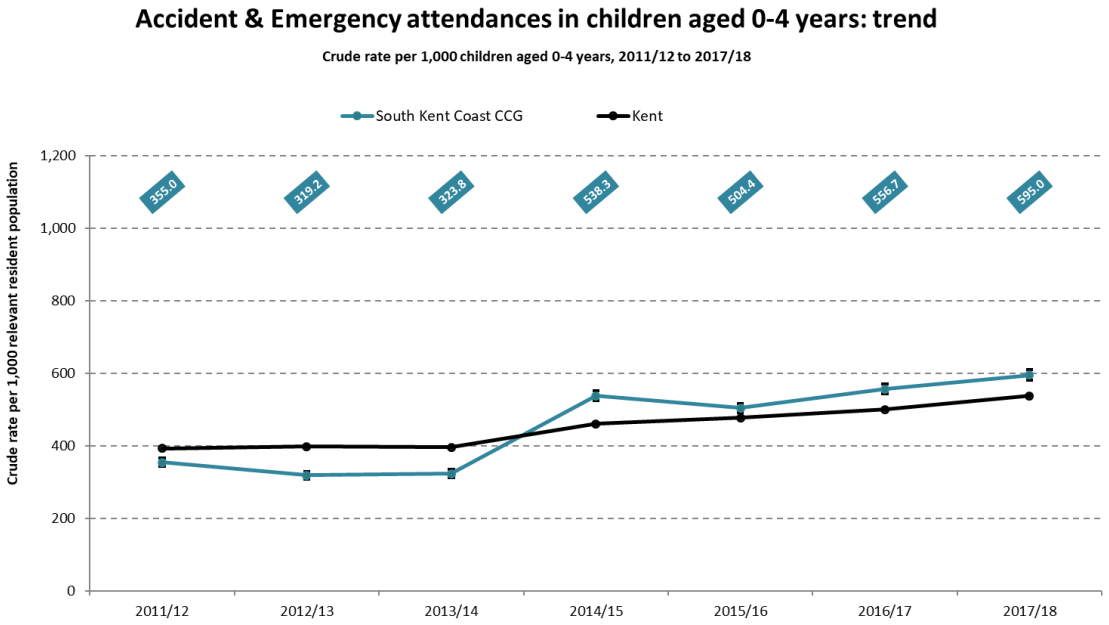
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 198



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

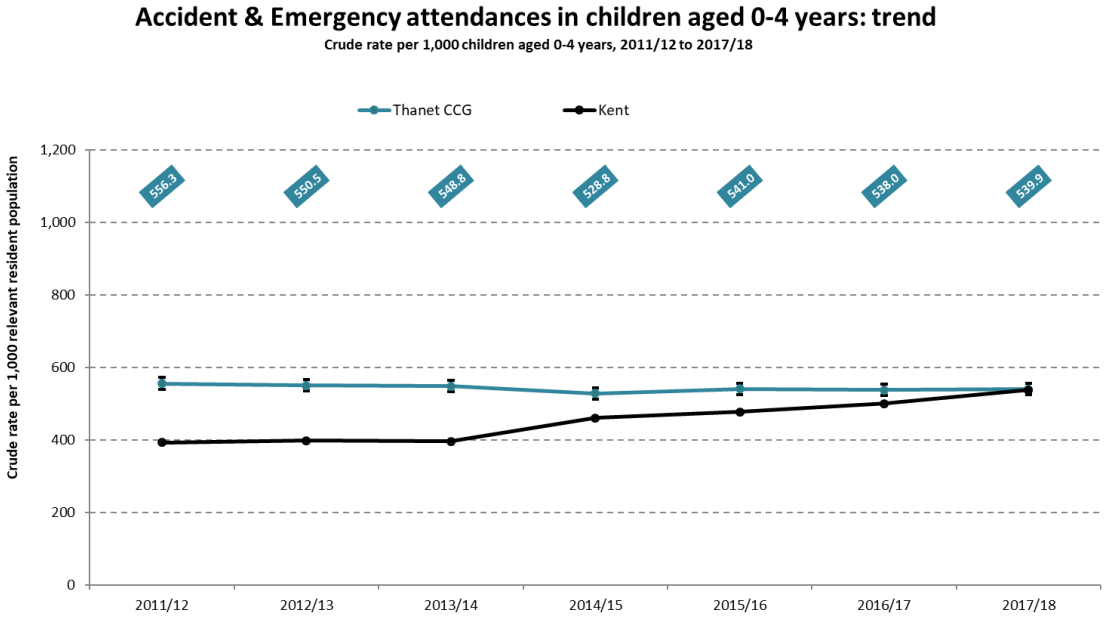
Figure 199



Increasing with a similar pace of change to Kent

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

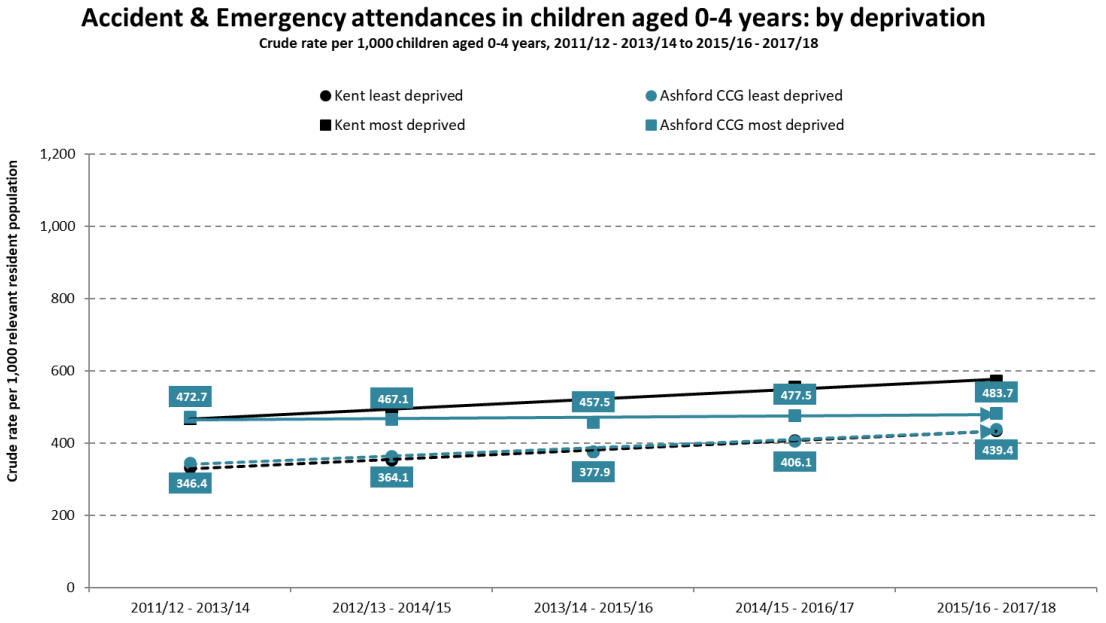
Figure 200



No significant change compared with an increasing trend for Kent

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

Figure 2014: A&E attendances in children aged 0-4 years – by deprivation

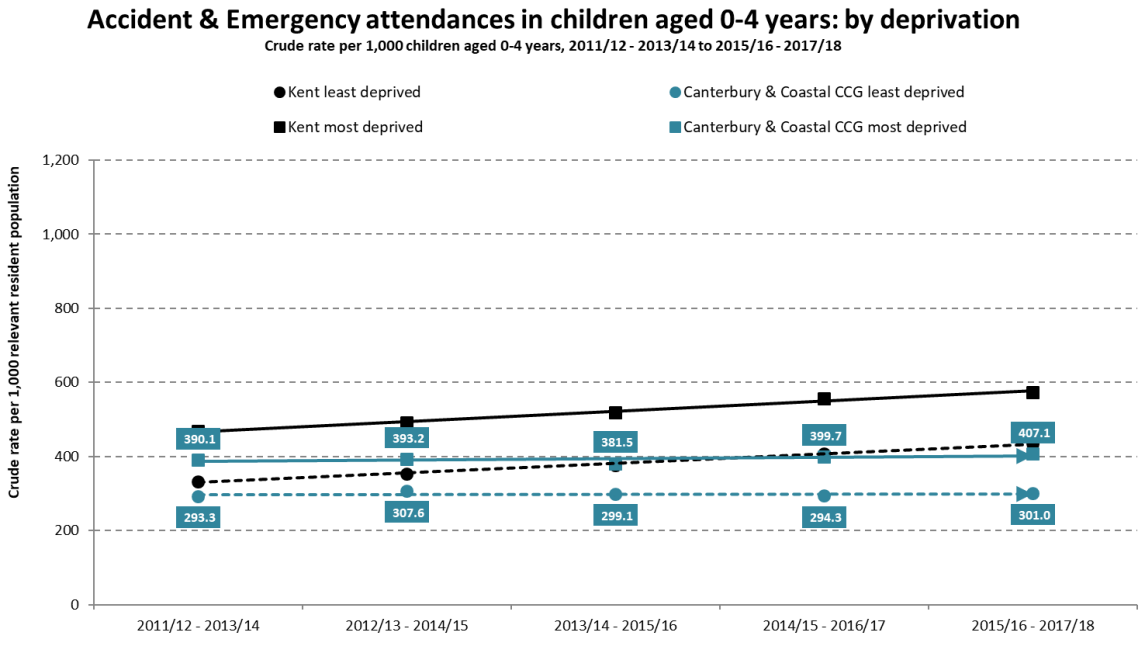


Least deprived trend - increasing with a similar pace of change to Kent

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

Figure 202

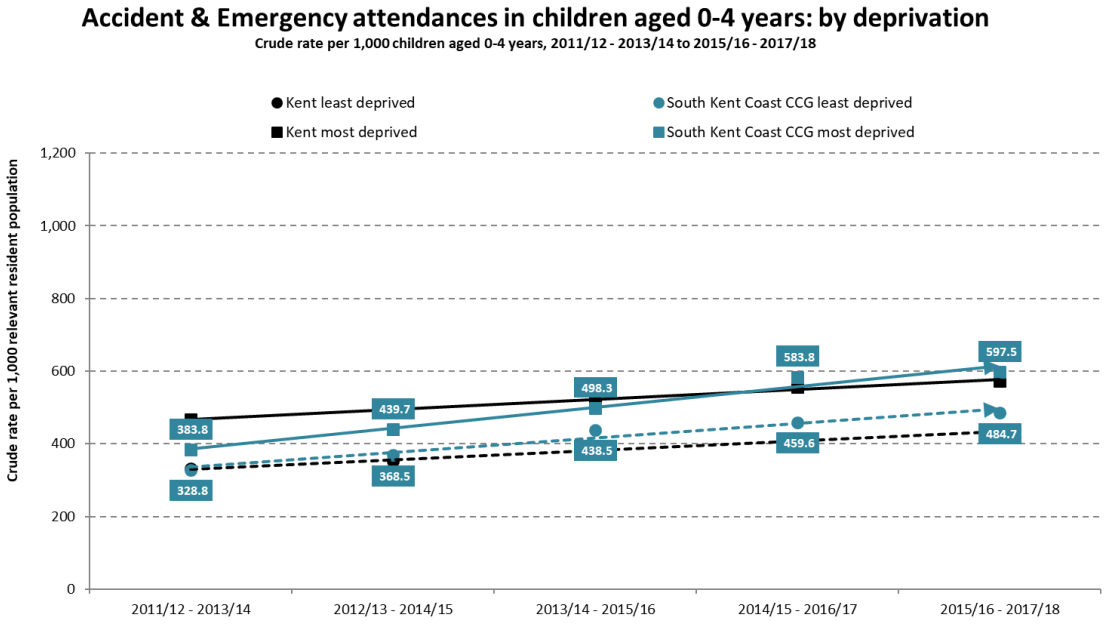


Least deprived trend - no significant change compared with an increasing trend for Kent

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

Figure 203

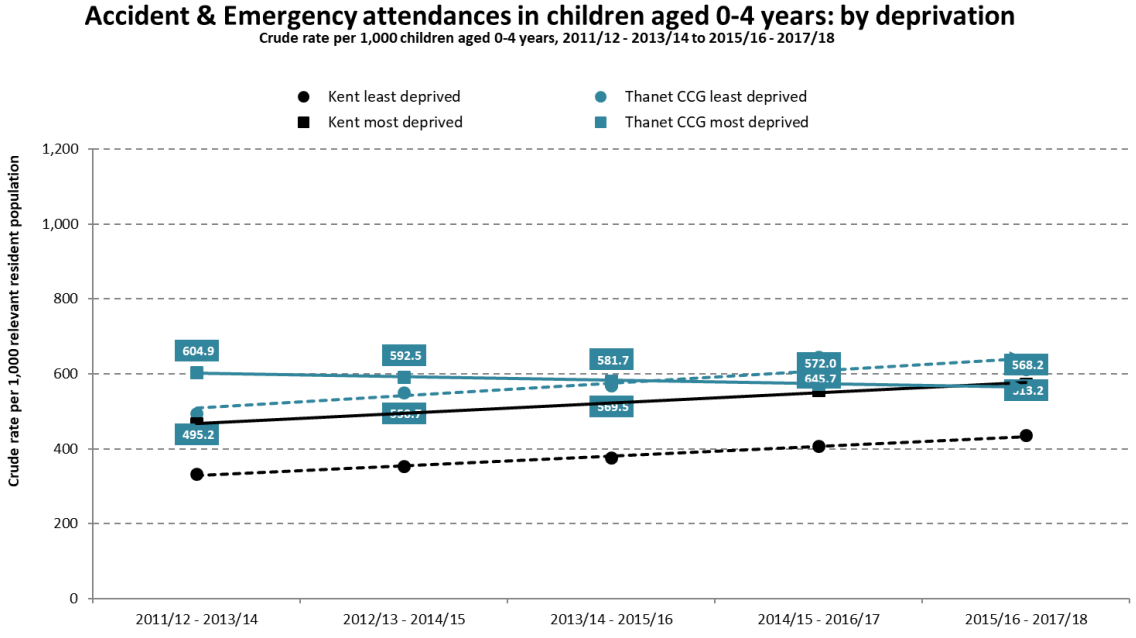


Least deprived trend - increasing with a similar pace of change to Kent

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

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

Figure 204

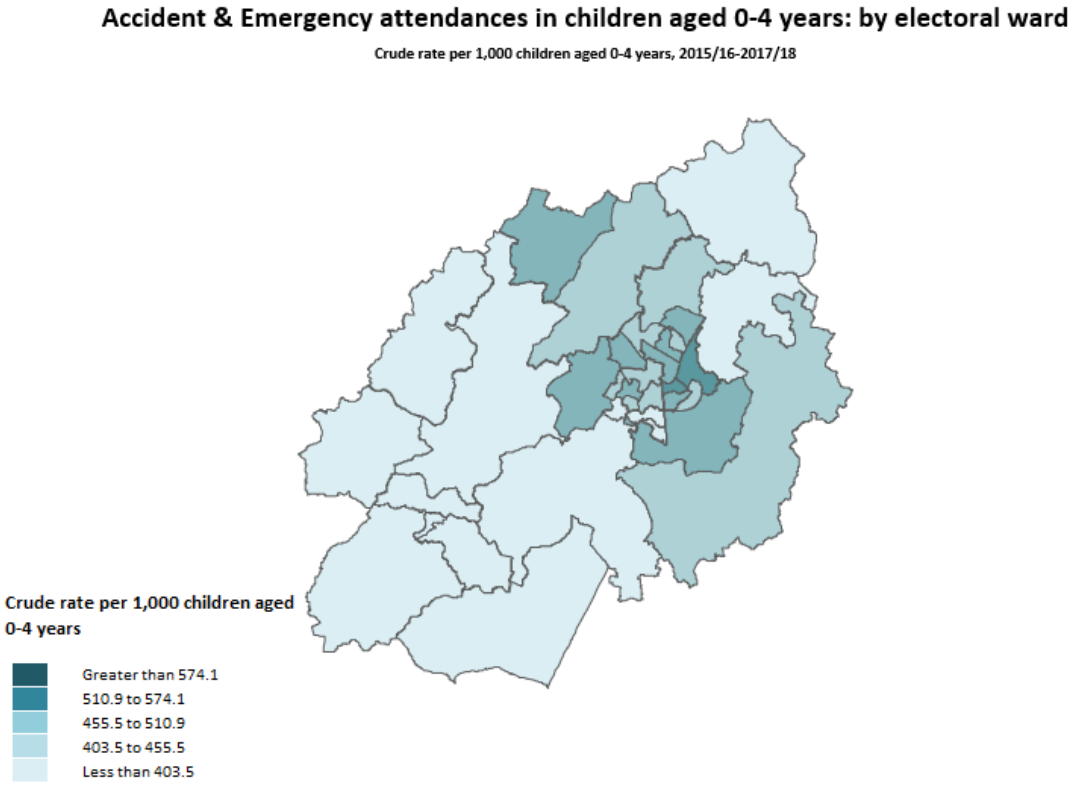


Least deprived trend - increasing with a similar pace of change to Kent

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

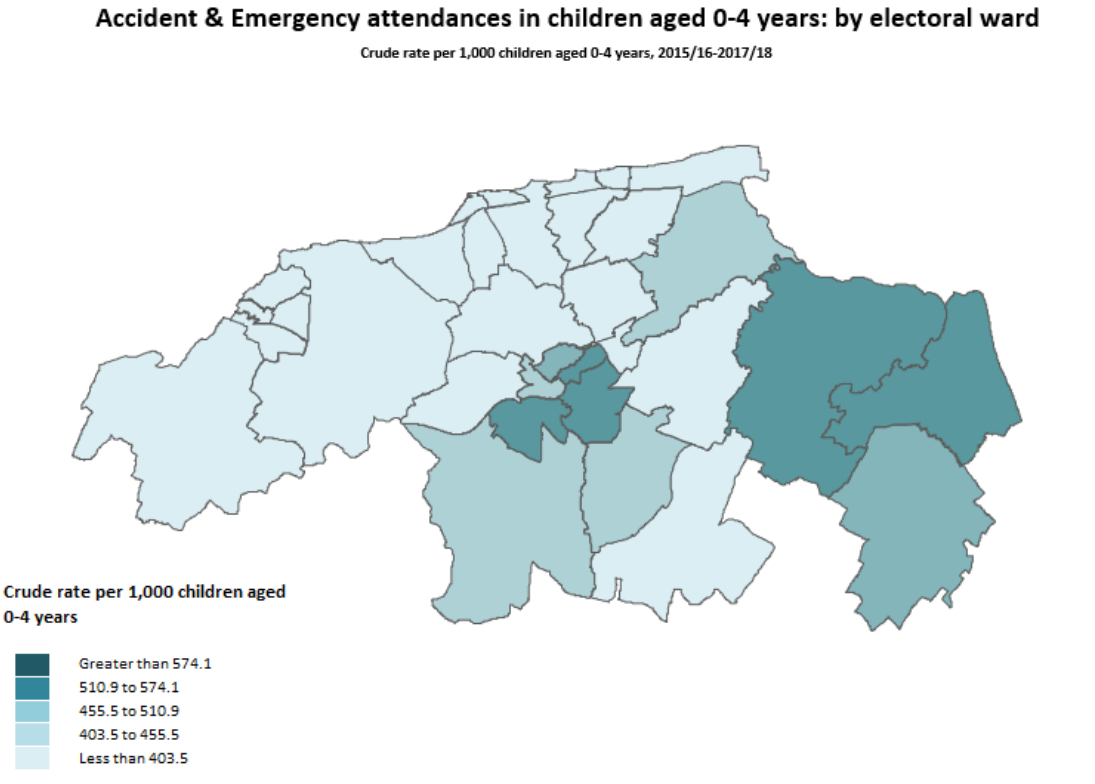
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 2055: A&E attendances in children aged 0-4 years – by ward



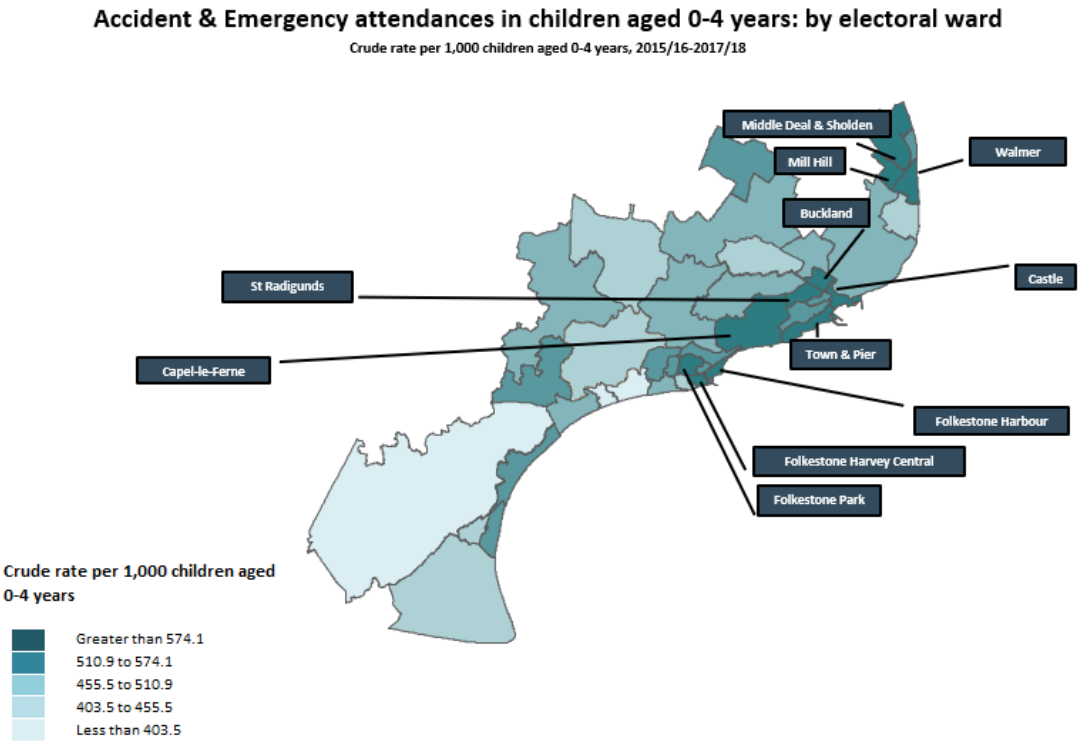
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 206



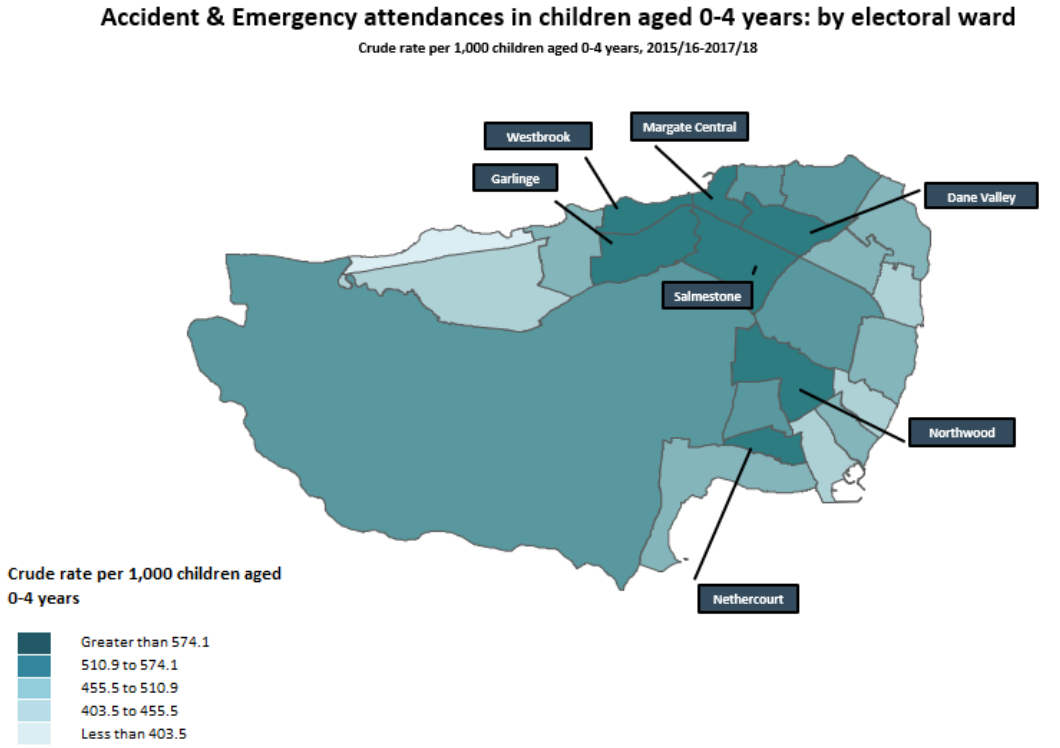
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 207



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

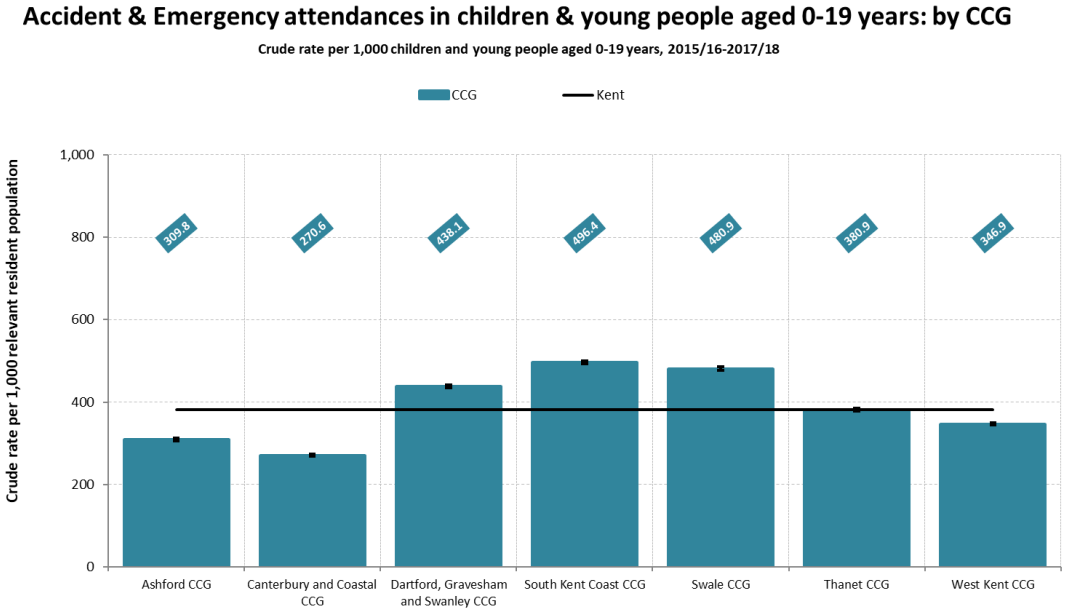
Figure 208



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

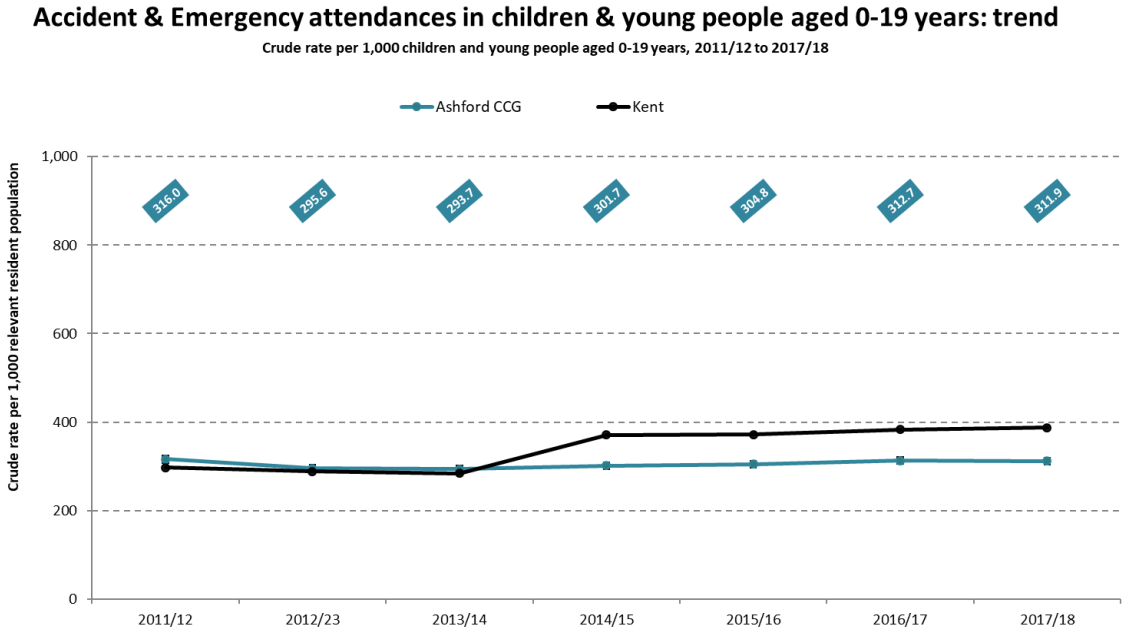
6.8.2 A&E Attendances in 0-19 year olds

Figure 2096: A&E attendances in children aged 0-19 years – by CCG



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

Figure 210: A&E attendances in children aged 0-19 years – trend



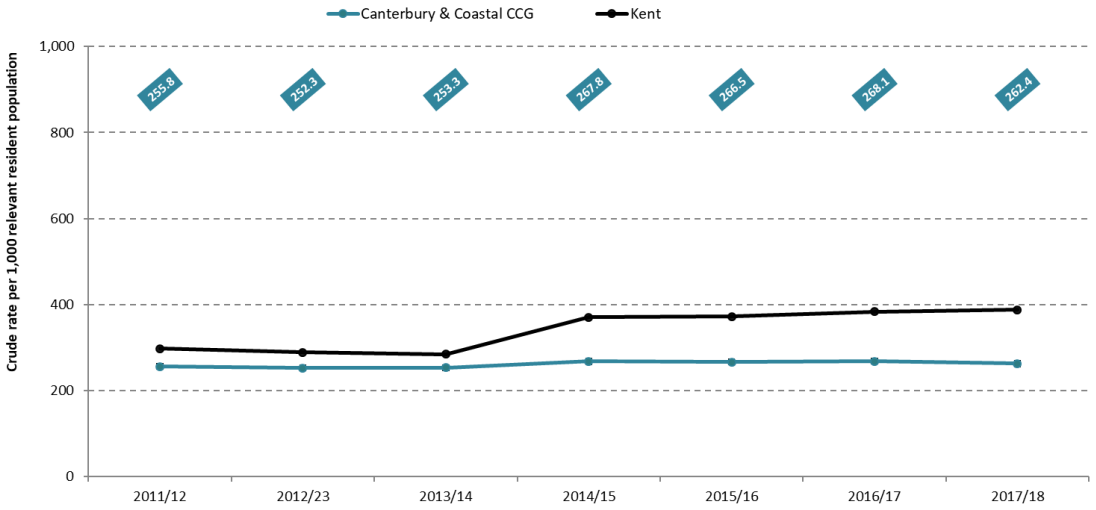
No significant change compared with an increasing trend for Kent

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

Figure 211

Accident & Emergency attendances in children & young people aged 0-19 years: trend

Crude rate per 1,000 children and young people aged 0-19 years, 2011/12 to 2017/18



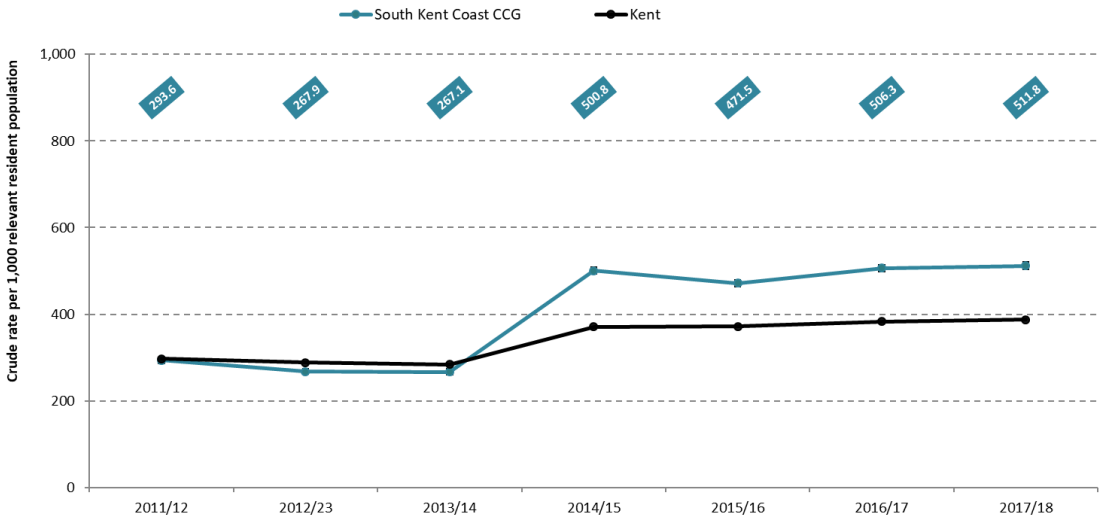
No significant change compared with an increasing trend for Kent

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

Figure 212

Accident & Emergency attendances in children & young people aged 0-19 years: trend

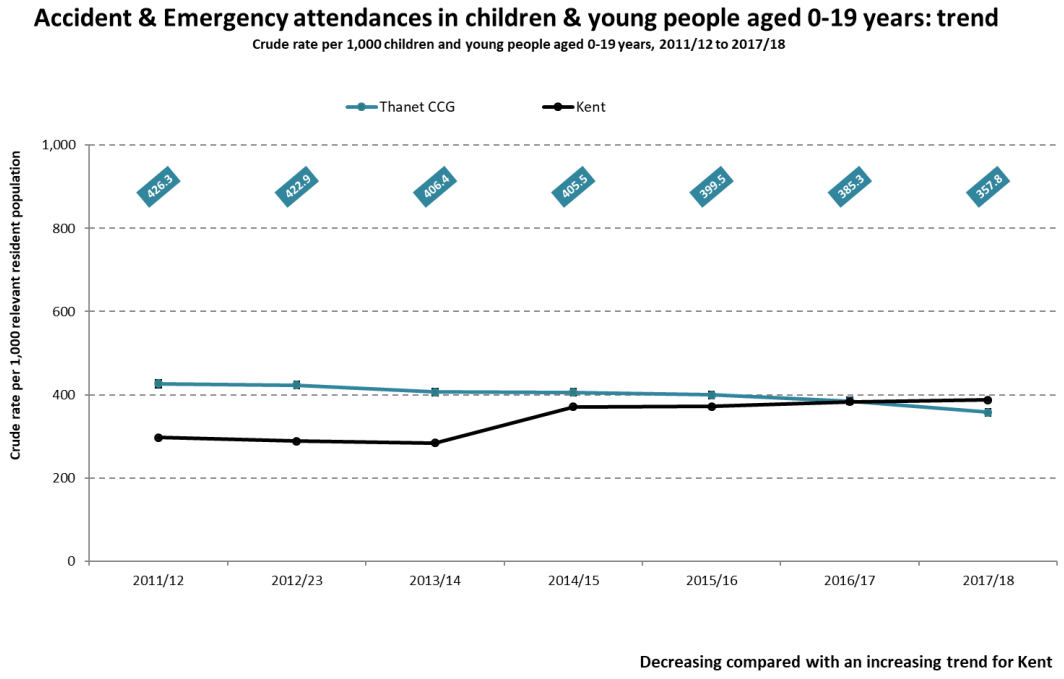
Crude rate per 1,000 children and young people aged 0-19 years, 2011/12 to 2017/18



Increasing with a similar pace of change to Kent

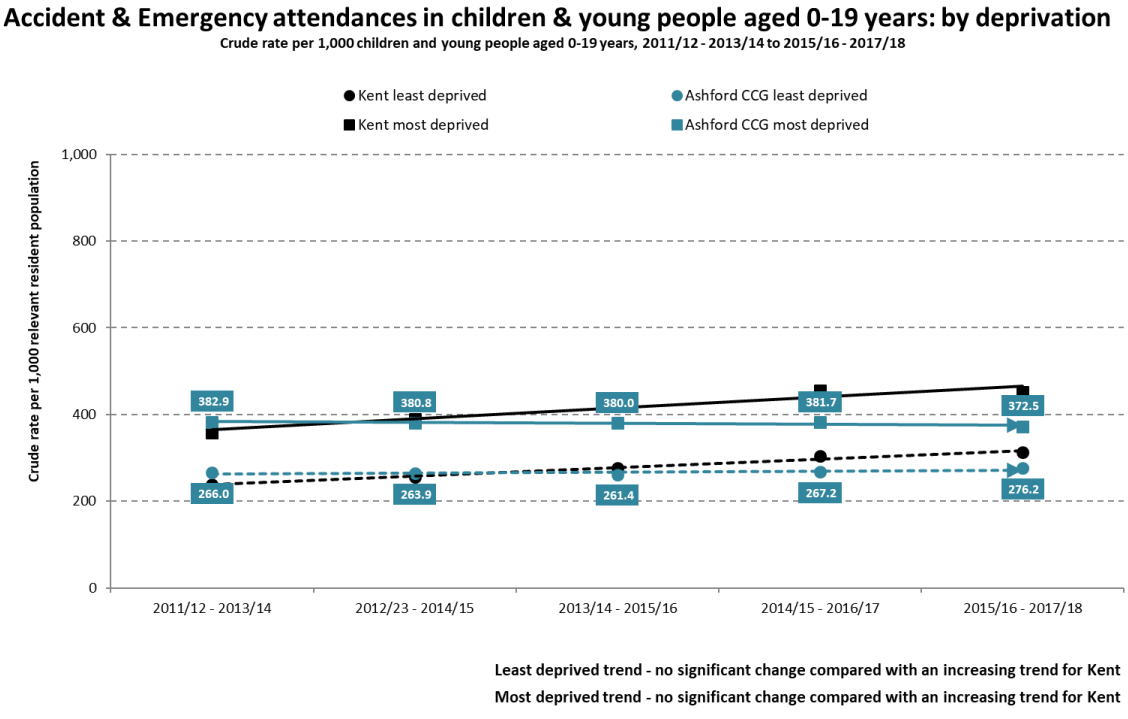
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 213



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

Figure 214: A&E attendances in children aged 0-19 years – by deprivation

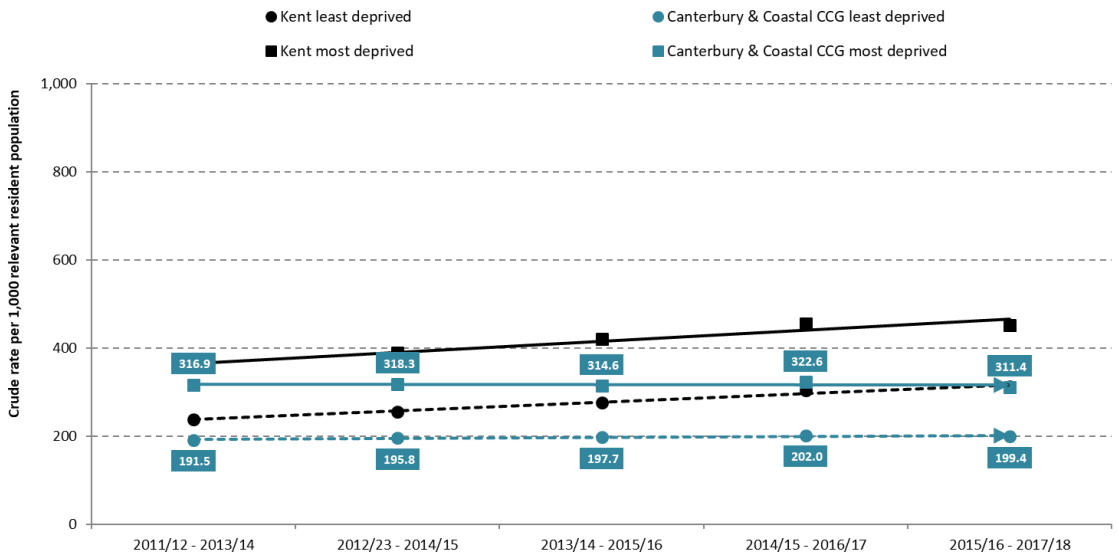


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 215

Accident & Emergency attendances in children & young people aged 0-19 years: by deprivation

Crude rate per 1,000 children and young people aged 0-19 years, 2011/12 - 2013/14 to 2015/16 - 2017/18



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

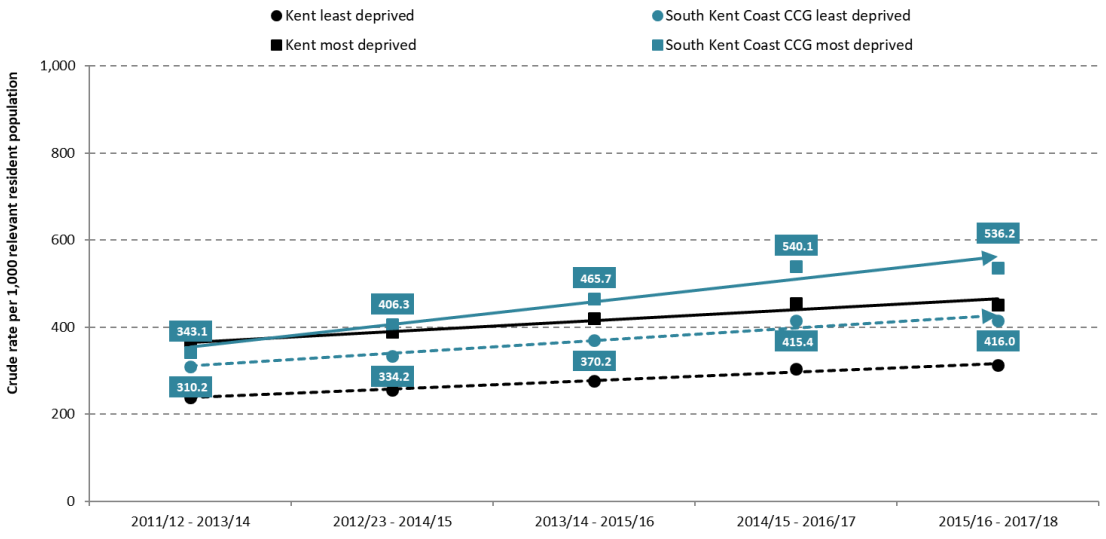
Most deprived trend - no significant change compared with an increasing trend for Kent

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

Figure 216

Accident & Emergency attendances in children & young people aged 0-19 years: by deprivation

Crude rate per 1,000 children and young people aged 0-19 years, 2011/12 - 2013/14 to 2015/16 - 2017/18



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

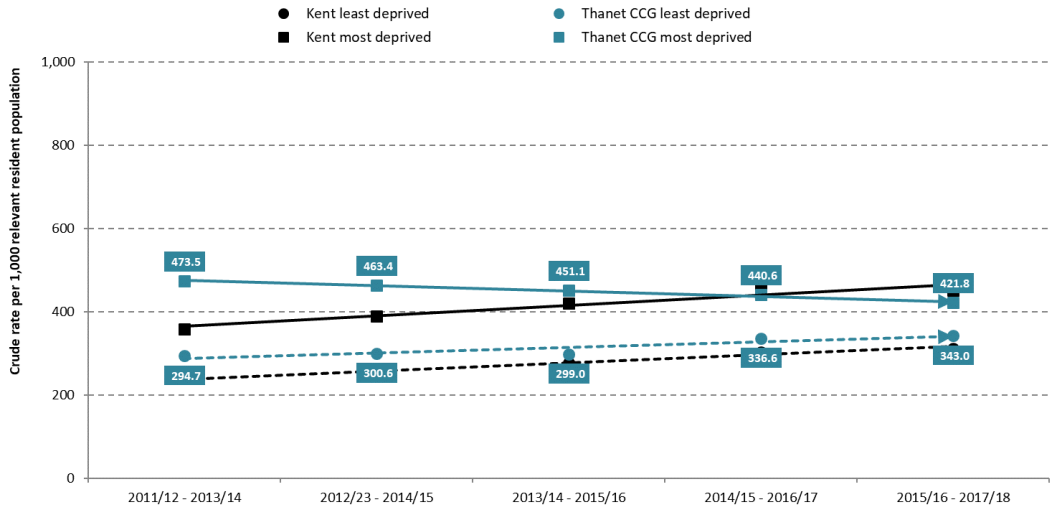
Most deprived trend - increasing with a similar pace of change to Kent

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

Figure 217

Accident & Emergency attendances in children & young people aged 0-19 years: by deprivation

Crude rate per 1,000 children and young people aged 0-19 years, 2011/12 - 2013/14 to 2015/16 - 2017/18



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

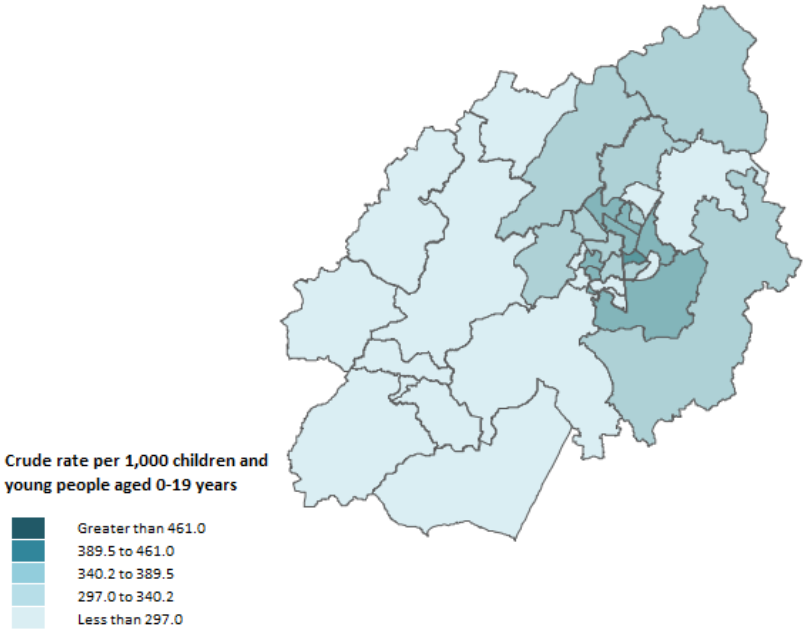
Most deprived trend - decreasing compared with an increasing trend for Kent

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

Figure 2187: A&E attendances in children aged 0-19 years – by ward

Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward

Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

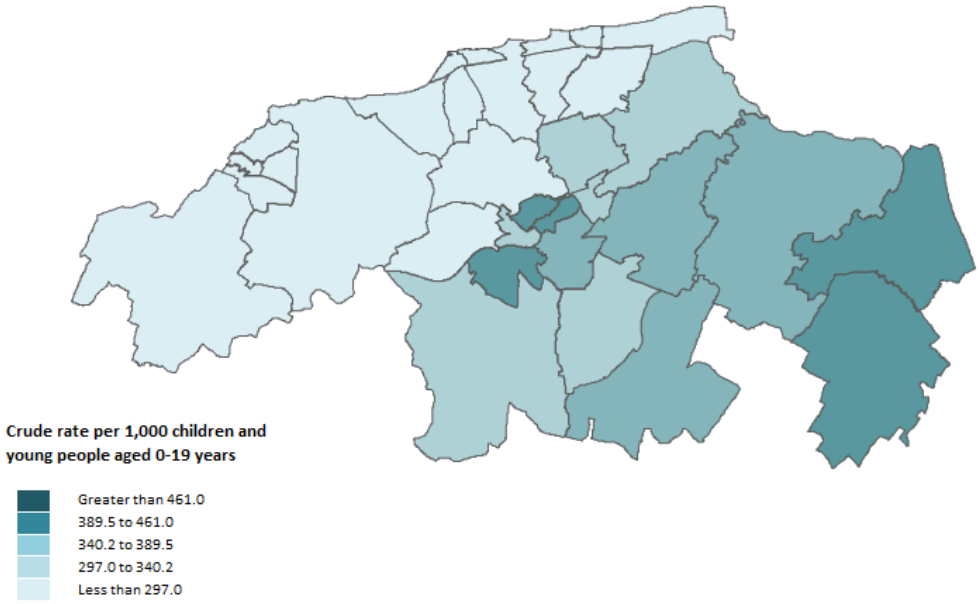


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 219

Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward

Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

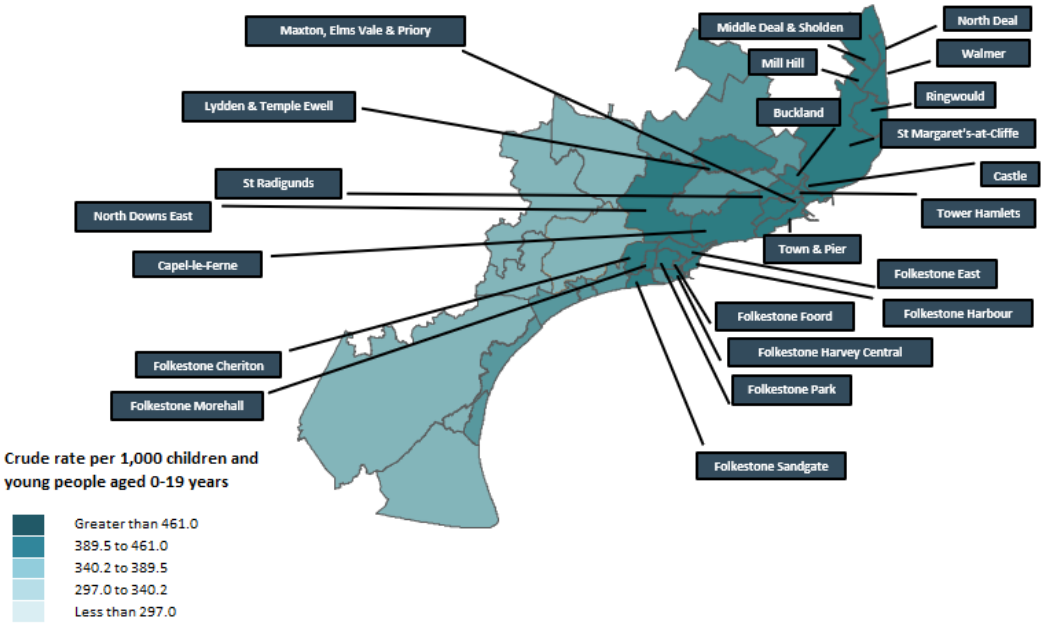


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 220

Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward

Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

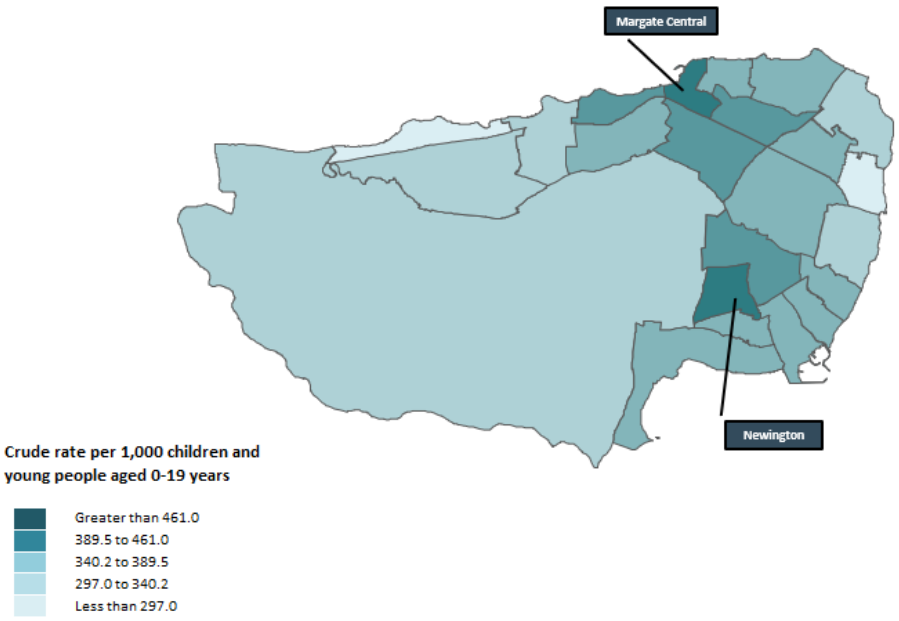


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 221

Accident & Emergency attendances in children & young people aged 0-19 years: by electoral ward

Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18



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

6.9 Elective (Planned) Hospital Admissions to Children

The rate of elective hospital admissions in children in Ashford and Canterbury & Coastal CCGs is lower than the Kent average, both for children aged 0-4 and for children aged 0-19. However, for South Kent Coast and Thanet CCGs, the rate of elective hospital admissions for children aged 0-4 is higher than the Kent average, and similar to the Kent average for 0-19 year olds.

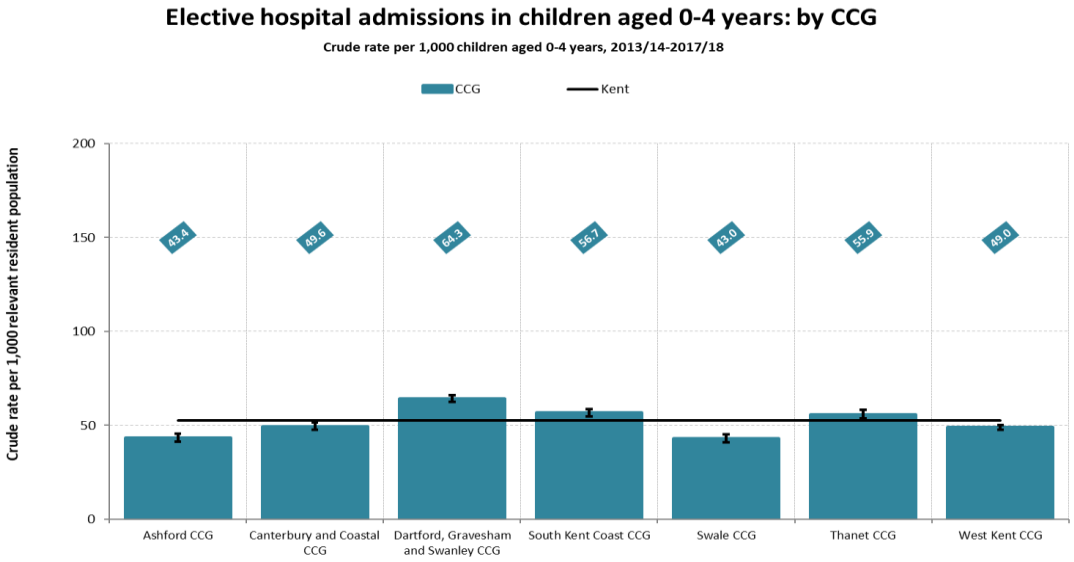
Trend analysis shows that whilst elective hospital admission rates have seen modest increases across Kent as a whole, there has been a decreasing trend in Ashford and Canterbury & Coastal CCGs, and no significant change in South Kent Coast and Thanet CCGs for both age groups. **There is a deprivation difference across Kent with approximately 23% higher use in the most deprived compared to the least deprived in 0-4s and 20% in 0-19s.**

There is considerable variation between electoral wards. Elective hospital admission rates are significantly higher than the Kent average for both 0-4 year olds and 0-19 year olds in the following wards:

- St Margaret's-at-Cliffe
- Walmer
- St Ann's
- Watling
- Birchington South
- Northwood

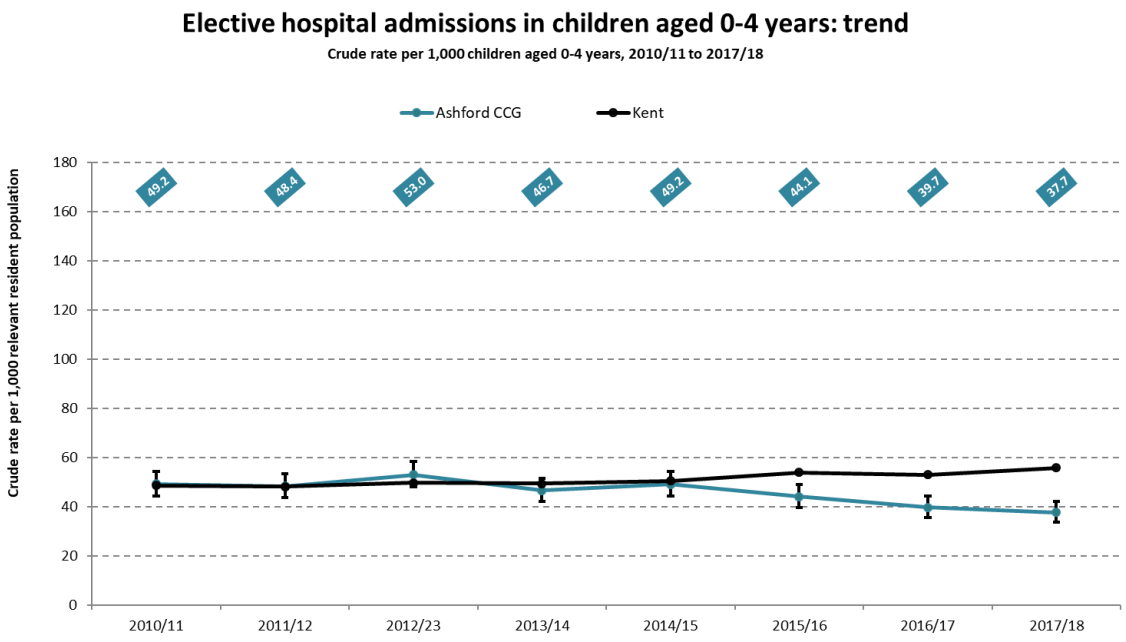
6.9.1 Elective Hospital Admissions in 0-4 year olds

Figure 222: Elective hospital admissions in children aged 0-4 years – by CCG



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

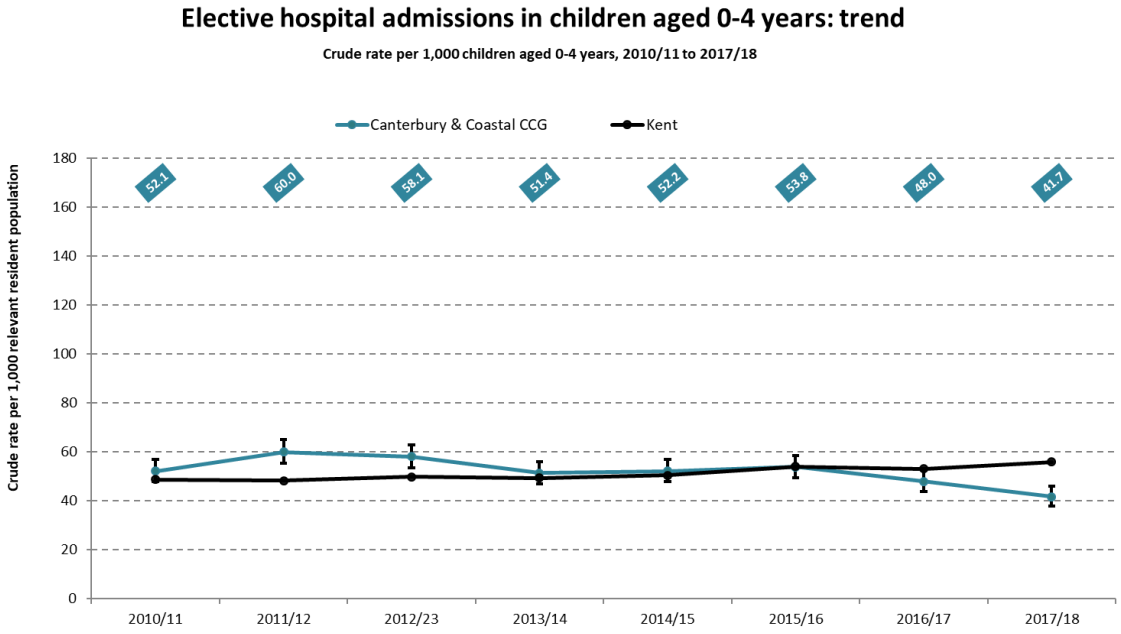
Figure 223: Elective hospital admissions in children aged 0-4 years – trend



Decreasing compared with an increasing trend for Kent

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

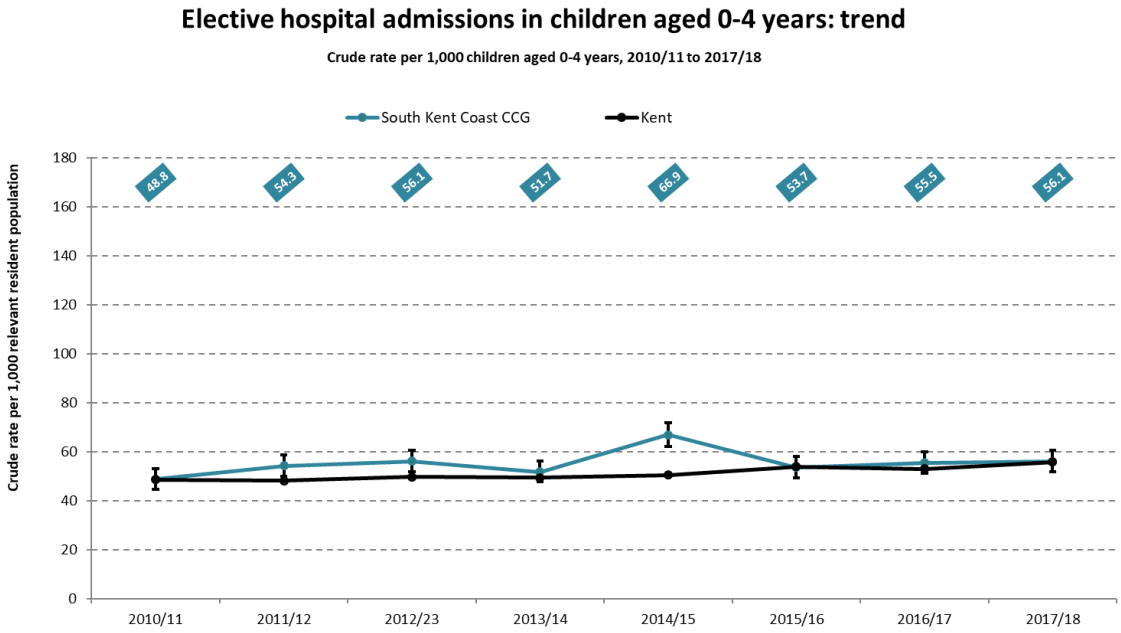
Figure 224



Decreasing compared with an increasing trend for Kent

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

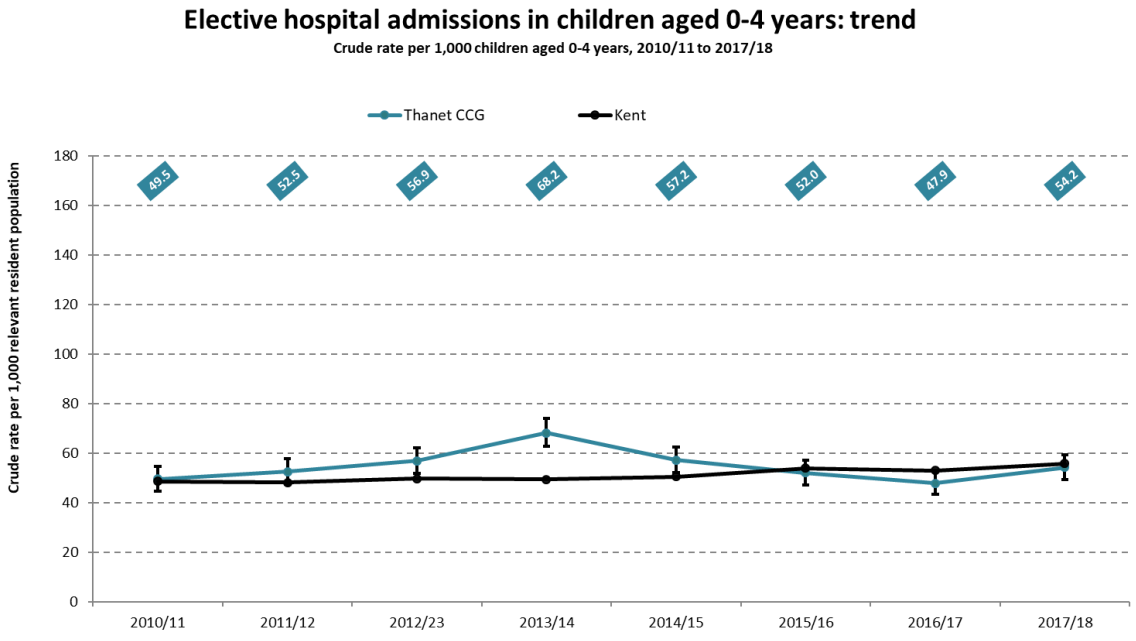
Figure 225



No significant change compared with an increasing trend for Kent

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

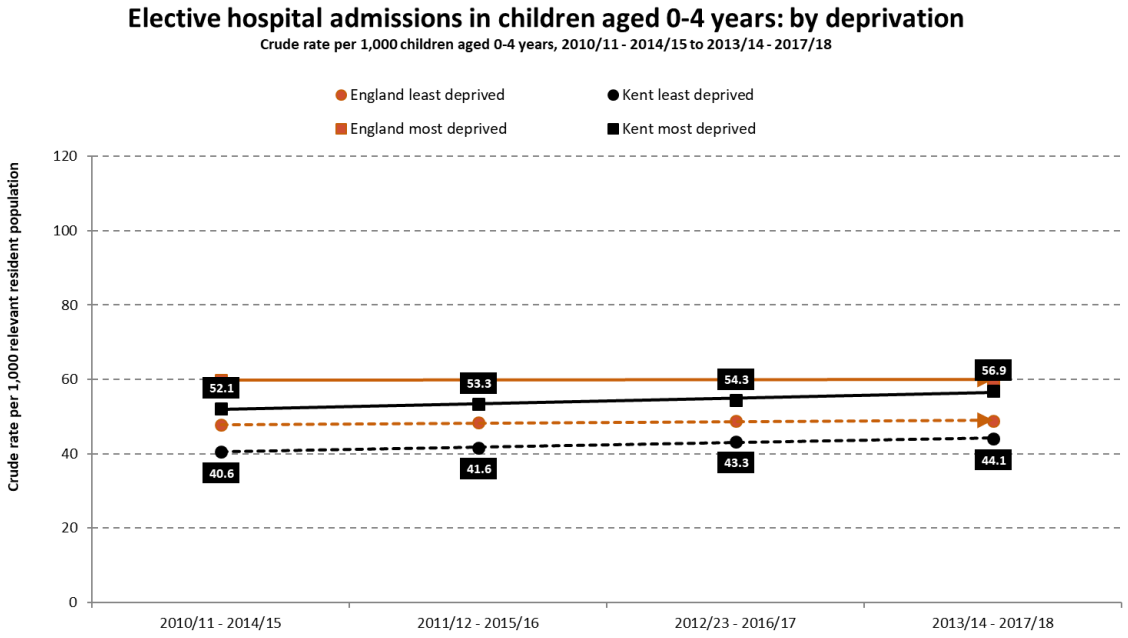
Figure 226



No significant change compared with an increasing trend for Kent

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

Figure 227: Elective hospital admissions in children aged 0-4 years – by deprivation

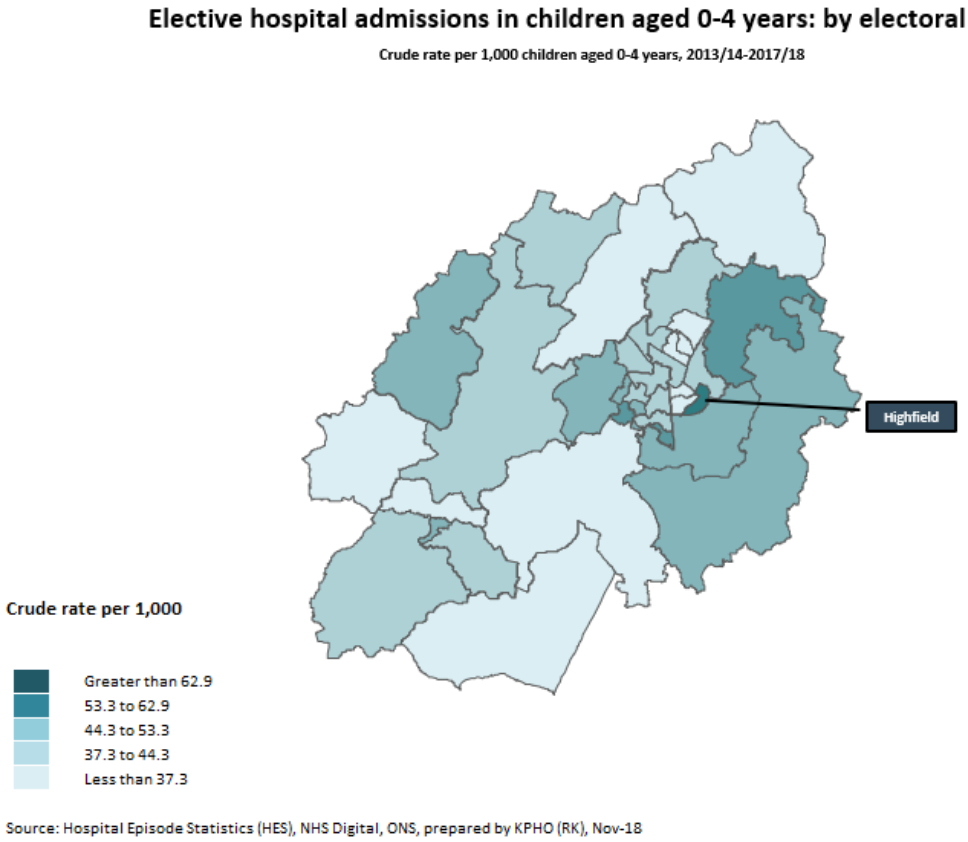


Least deprived trend - increasing compared with a stable trend for England

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

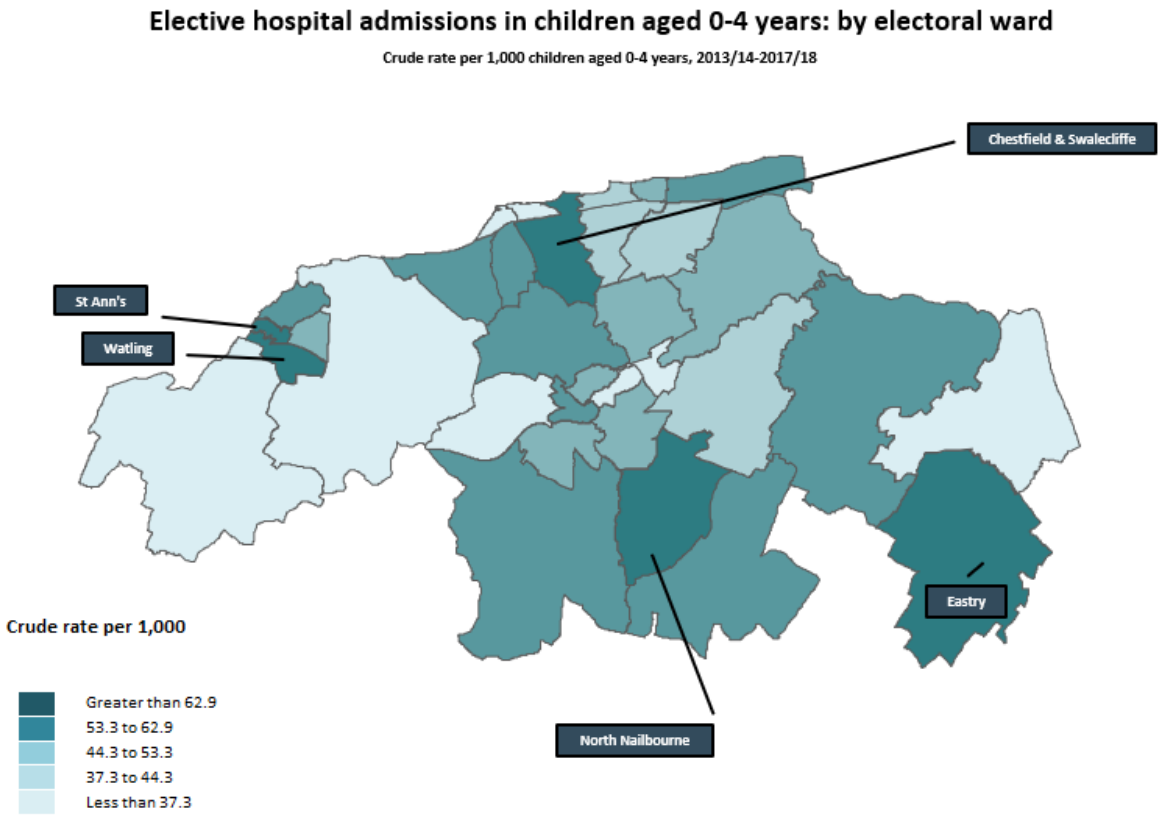
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 228: Elective hospital admissions in children aged 0-4 years – by ward



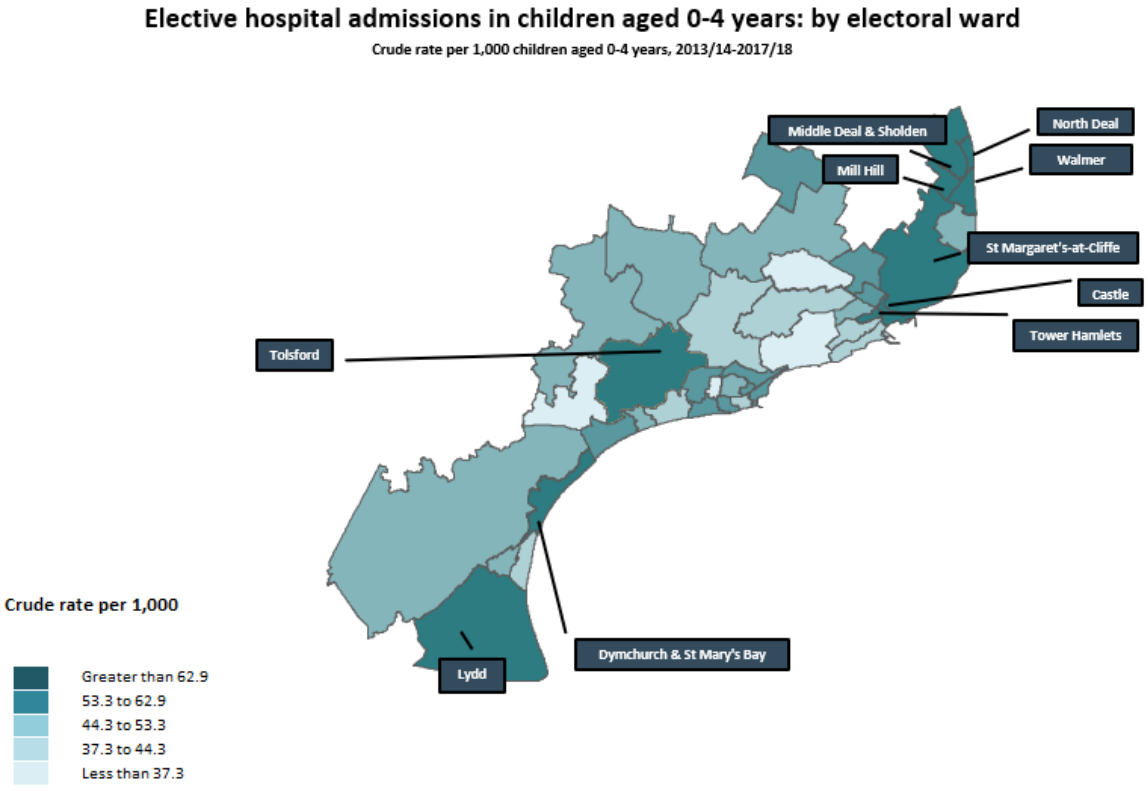
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 229



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

Figure 230

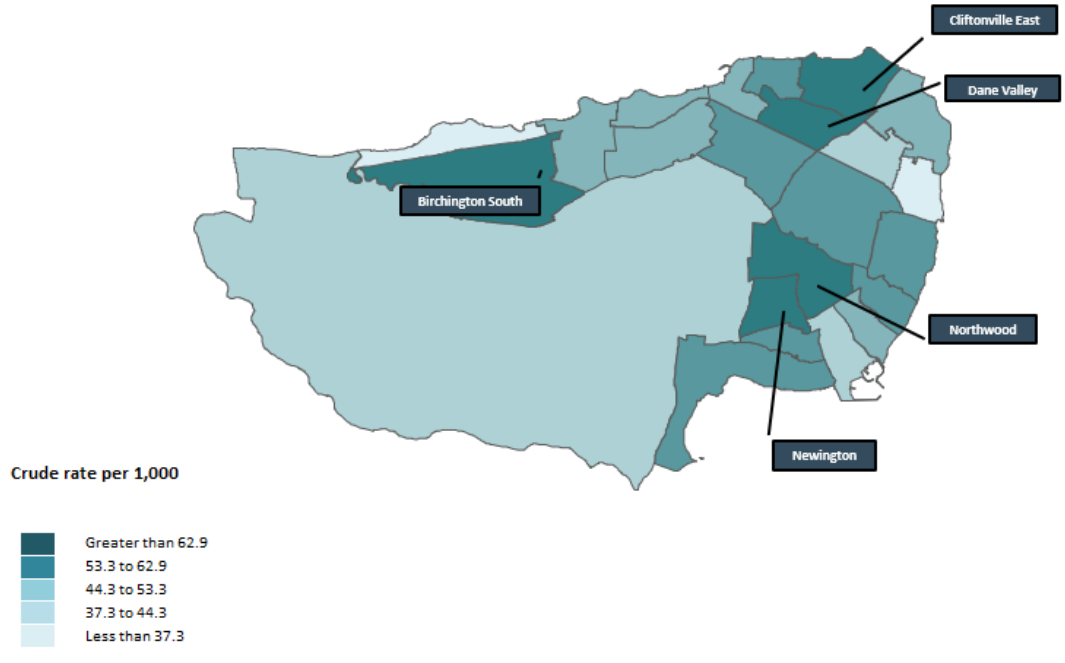


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 231

Elective hospital admissions in children aged 0-4 years: by electoral ward

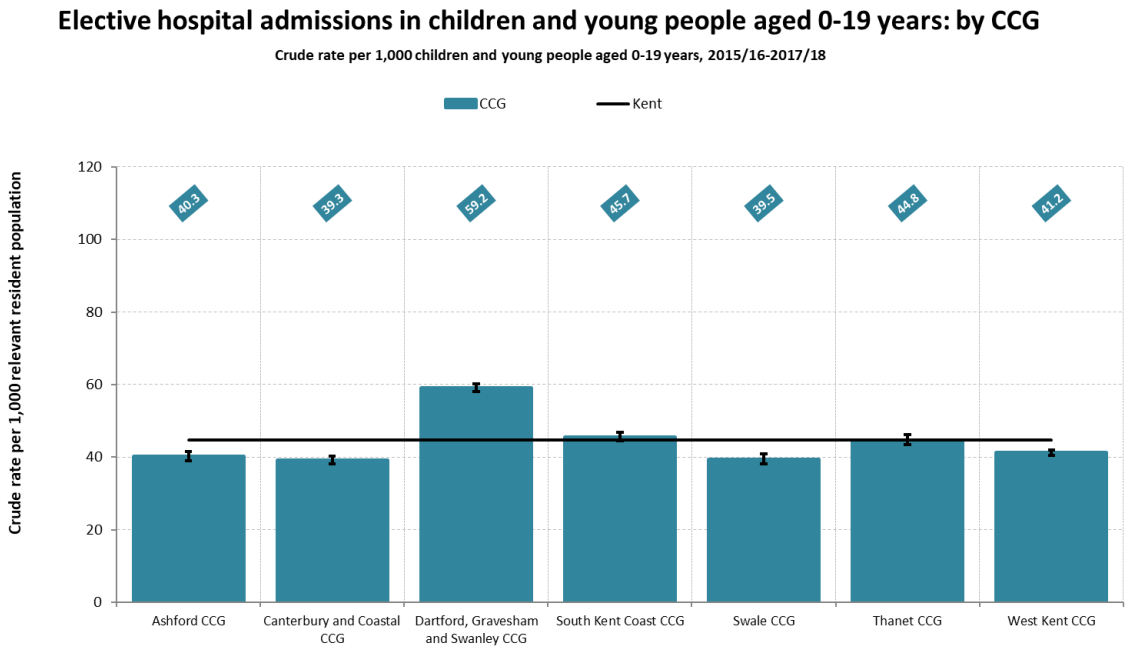
Crude rate per 1,000 children aged 0-4 years, 2013/14-2017/18



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

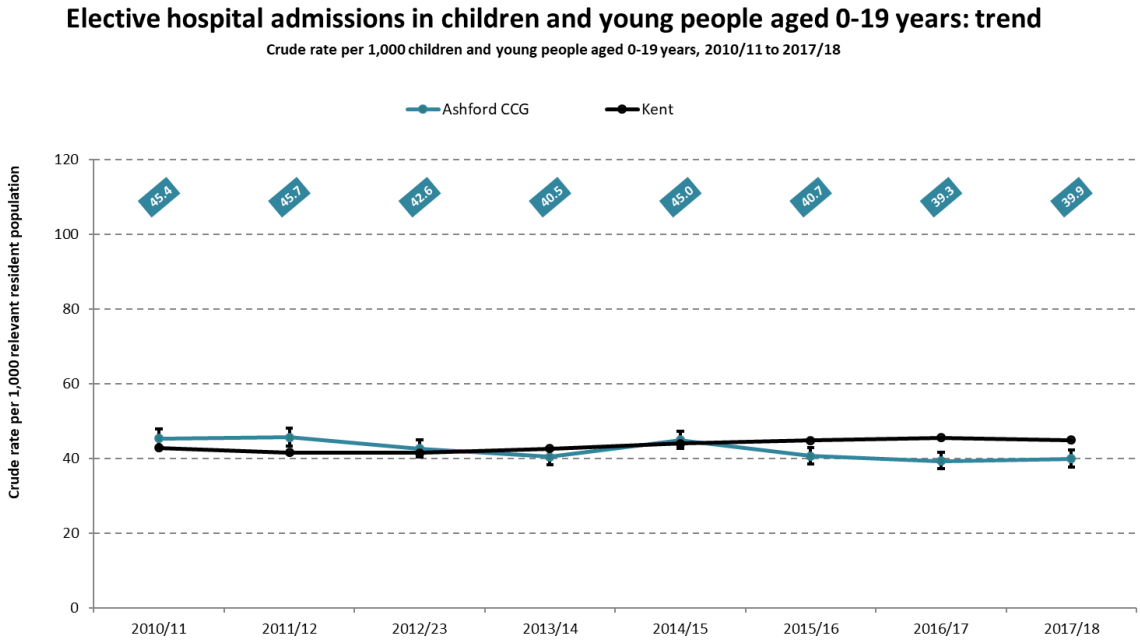
6.9.2 Elective Hospital Admissions in 0-19 year olds

Figure 232: Elective hospital admissions in children aged 0-19 years – by CCG



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

Figure 233: Elective hospital admissions in children aged 0-19 years – trend



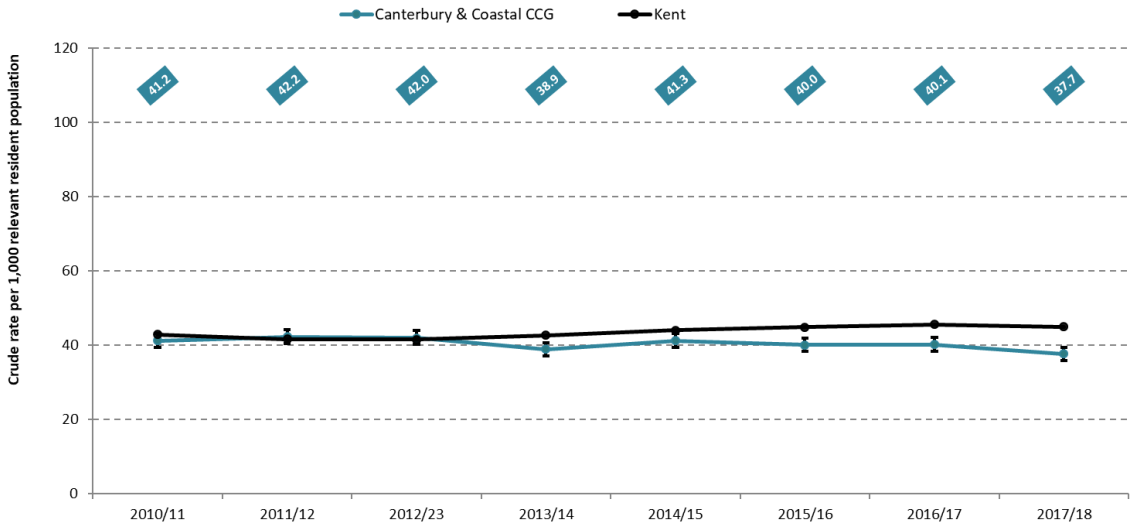
Decreasing compared with an increasing trend for Kent

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

Figure 234

Elective hospital admissions in children and young people aged 0-19 years: trend

Crude rate per 1,000 children and young people aged 0-19 years, 2010/11 to 2017/18



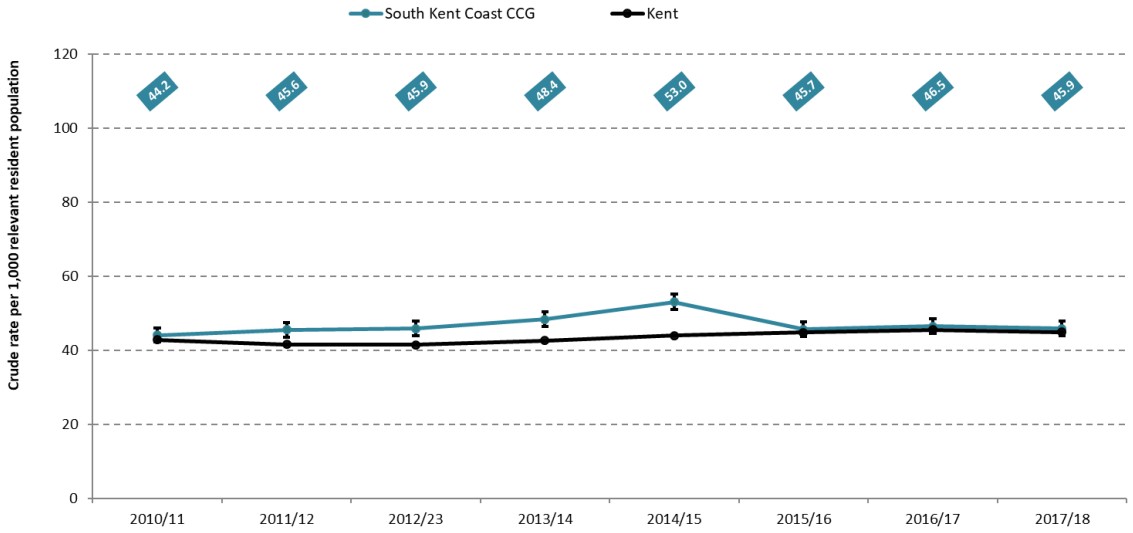
Decreasing compared with an increasing trend for Kent

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

Figure 235

Elective hospital admissions in children and young people aged 0-19 years: trend

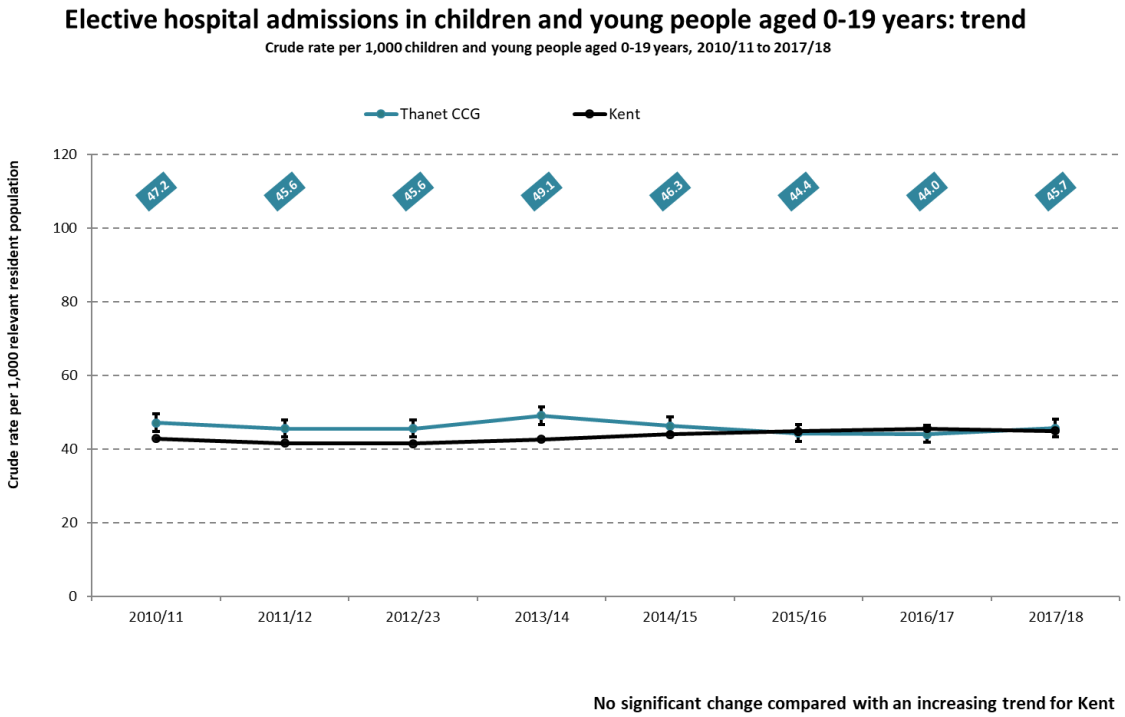
Crude rate per 1,000 children and young people aged 0-19 years, 2010/11 to 2017/18



No significant change compared with an increasing trend for Kent

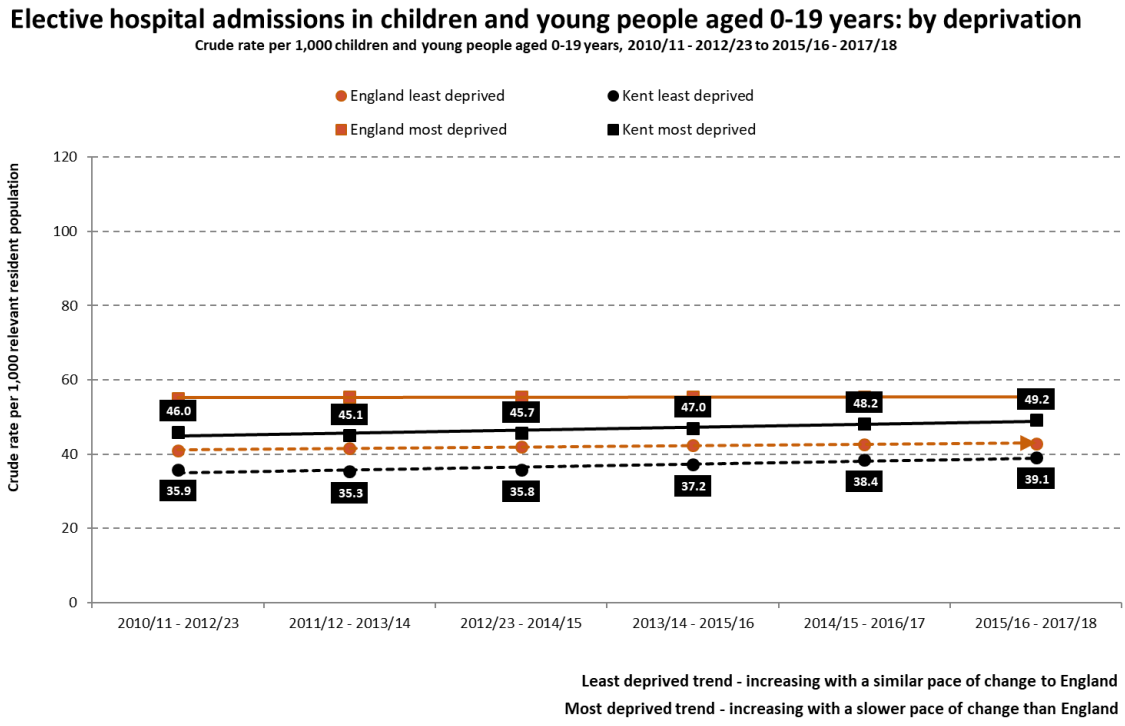
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 236



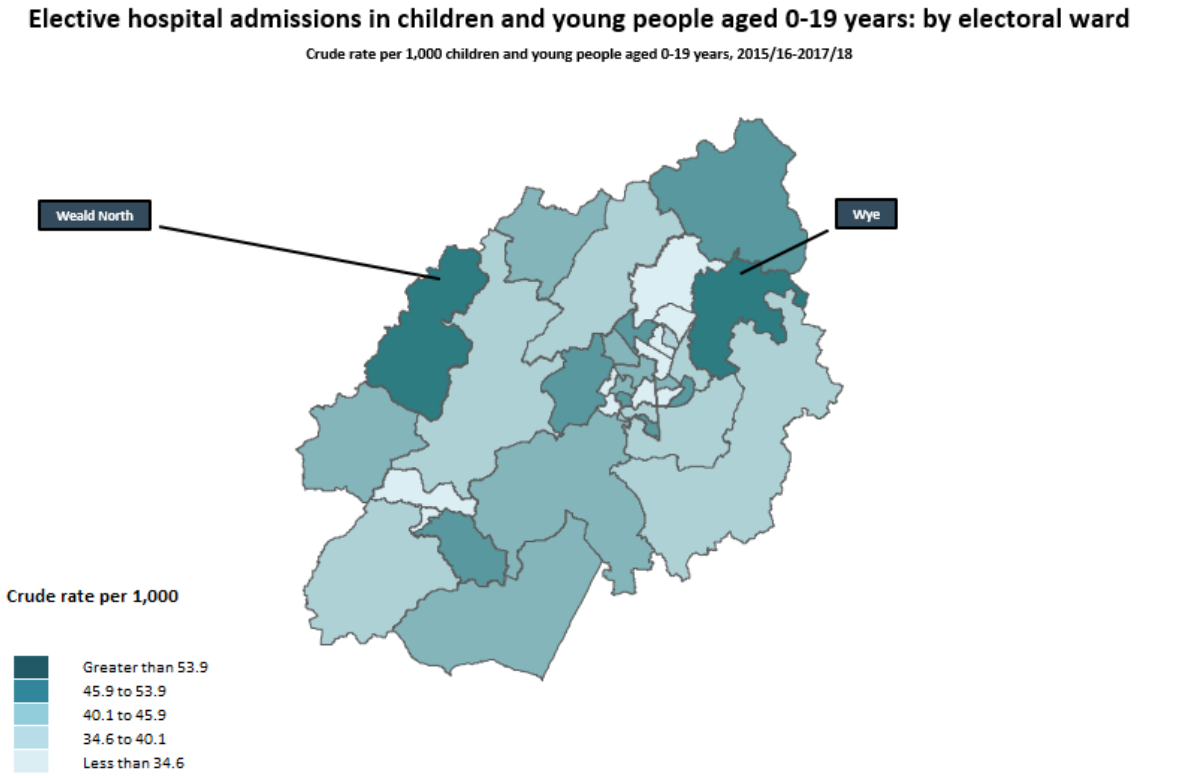
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 237: Elective hospital admissions in children aged 0-19 years – by deprivation



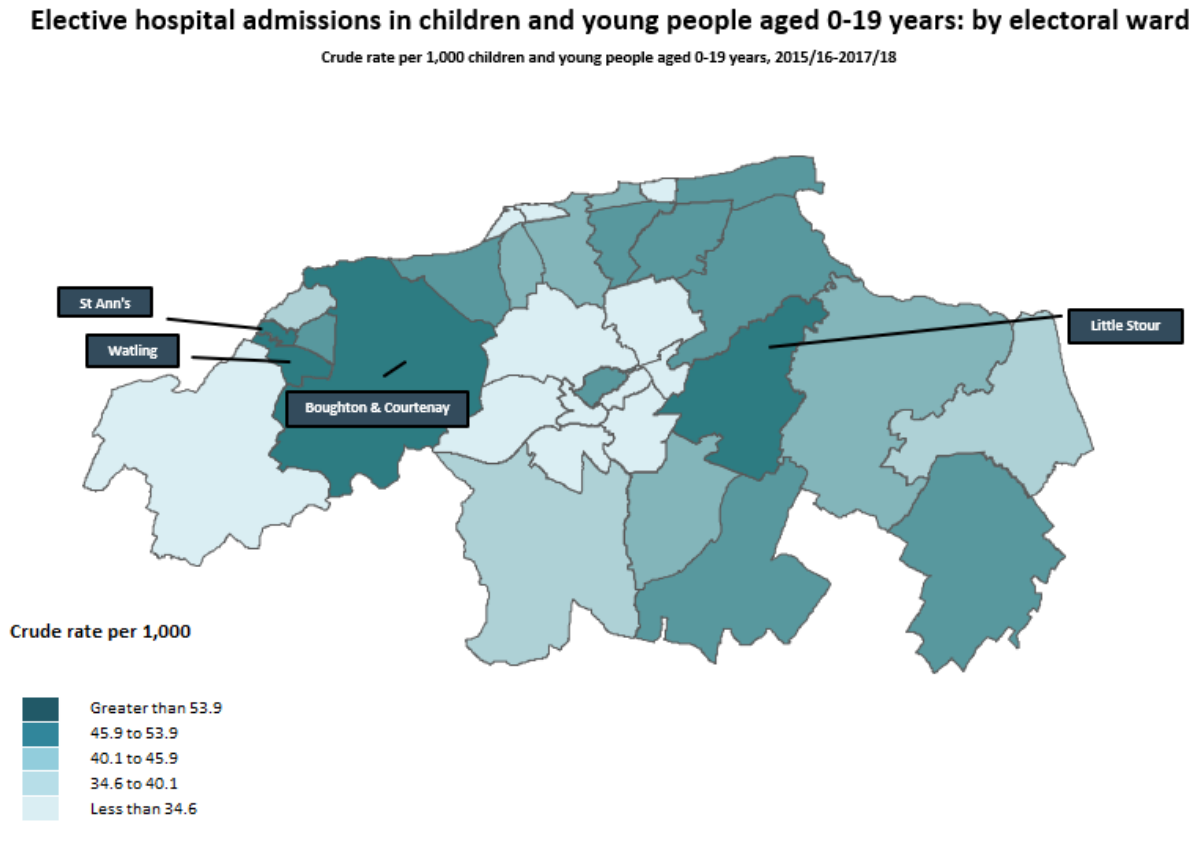
Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 238: Elective hospital admissions in children aged 0-19 years – by ward



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

Figure 239

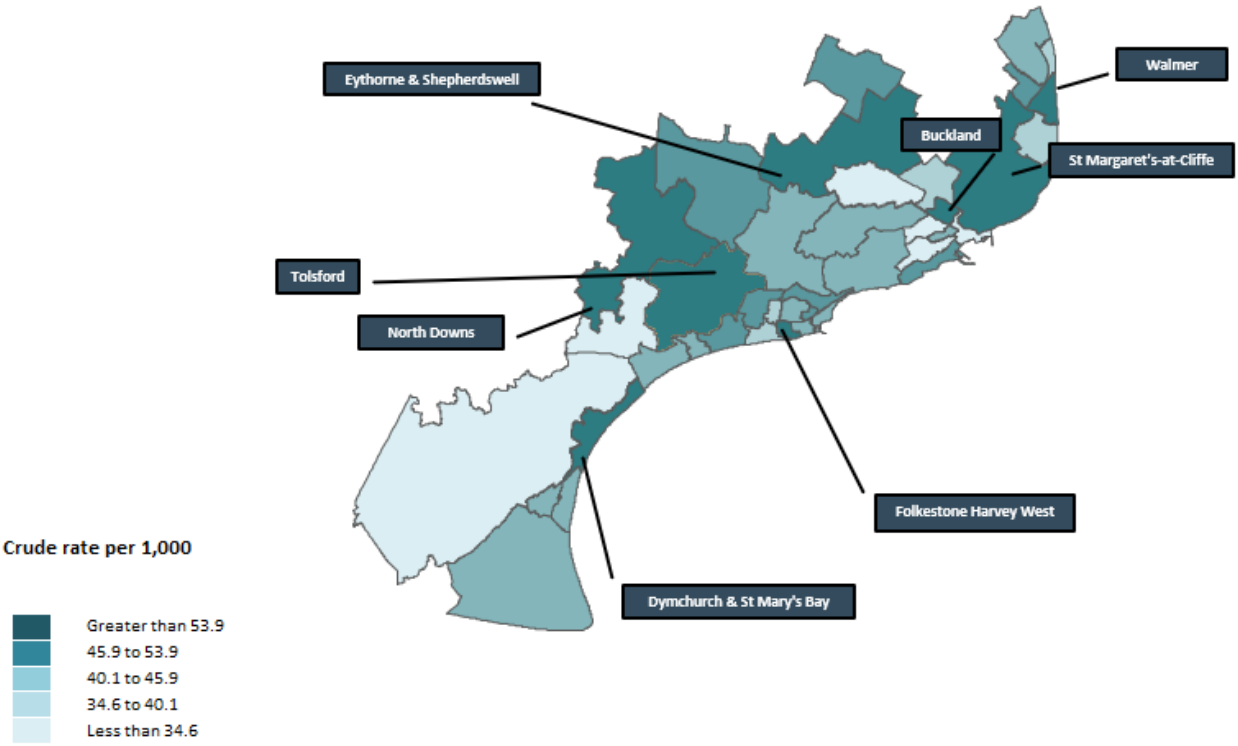


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 240

Elective hospital admissions in children and young people aged 0-19 years: by electoral ward

Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18

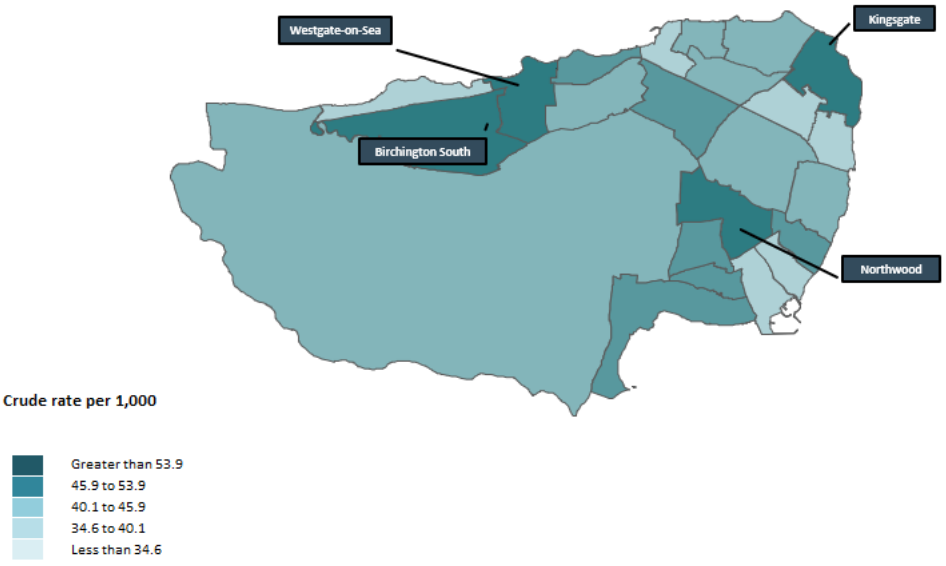


Source: Hospital Episode Statistics (HES), NHS Digital, ONS, prepared by KPHO (RK), Nov-18

Figure 241

Elective hospital admissions in children and young people aged 0-19 years: by electoral ward

Crude rate per 1,000 children and young people aged 0-19 years, 2015/16-2017/18



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

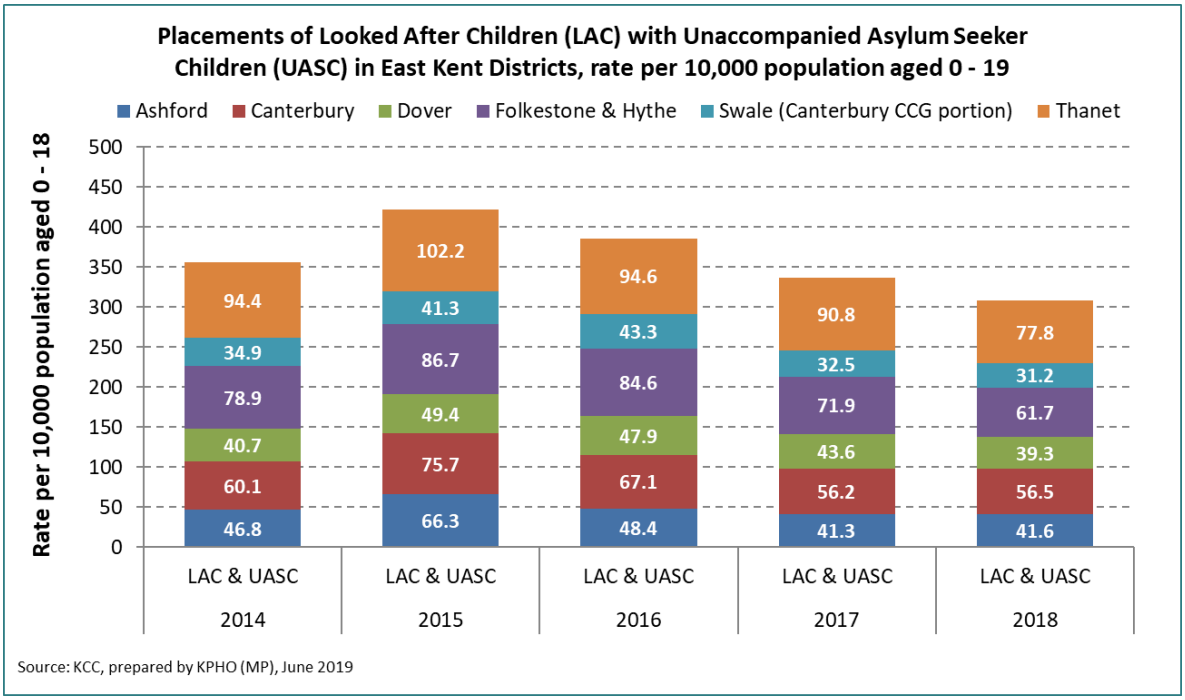
6.10 Looked after Children (LAC) and Unaccompanied Asylum-Seeking Children (UASC)

Some of the most vulnerable children in Kent are those who are 'looked after' by the Local Authority (i.e 'in care') and these include Asylum Seeking Children. These children are between 0 and 21. Those who are between 16 and 21 are termed to be in 'continuing care'. These children often have some of the worst outcomes of all children and young people. Children and young people who are in foster care and residential care are deemed 'looked after'. Children and young people who are adopted from care are no longer termed 'looked after'.

The rate of looked after children and unaccompanied asylum-seeking children in East Kent is reducing. However, when looked at separately this decrease is due to reduced rates in the rate of unaccompanied asylum-seeking children [USAC]. The rates of 'looked after children' (or children in care) have [LAC] not changed much in 5 years.

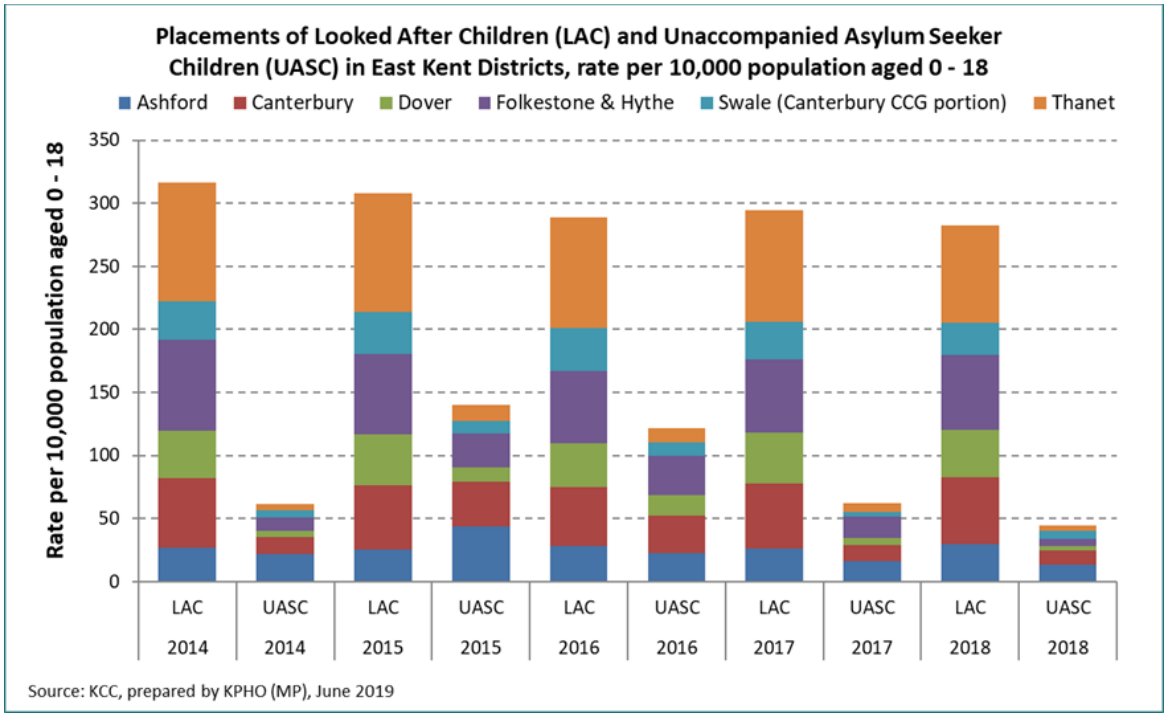
The figures below detail the 'case-holding' districts where LAC and UASC are placed in East Kent. They are snap-shots of a count of young people in a 'placement' at the end of September (as a mid-point for each financial year). In total for East Kent, there are typically between **900 to 1,100** LAC on 'placements' at any one time.

Figure 242: LAC placements as a rate per 10,000 resident population age 0 – 19, by 'case-holding' district in East Kent



Source: KCC, prepared by KPHO (MP), June 2019

Figure 243: Placements of Looked after Children and Unaccompanied Asylum Seeker Children in East Kent as a rate per 10,000 population age 0 – 18



There is a legal requirement for all LAC and USAC to have an up-to-date individual health plan[18], as part of the child's overall care plan. This initial health assessment is to be undertaken by a medical practitioner, but review health assessment may be carried out by a registered midwife or nurse.

It is well documented that LAC are at greater risk of having poorer mental and physical health outcomes. Similarly, those USAC with experiences of war, or life with poor health provision are at greater risk of skin conditions, oral health needs and poor mental health. Understandably, the use of heath cares services is greater amongst LAC and UASC than the general population.

Some initial analysis using the Kent Integrated Dataset suggested that there was an expected higher use of health services. However, many data sets were incomplete as recording of LAC or UASC status in healthcare data was lower than expected.

It is probable that the health professionals most commonly in direct contact with these groups of children is the school nurse or consultant paediatrician.

School nurses and paediatricians must be more effectively supported to complete the datasets so the health of these vulnerable children can be assessed and recorded so they gain access to the health care they need.

[18] https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

6.11 Pupils with Special Educational Needs and Disabilities (SEND) and Educational Healthcare Plans (EHCP)

According to the SEN Code of Practice[19], children and young people have a 'special educational need' (SEN) when they have a *learning difficulty* or *disability* which calls for additional educational provision to be made for him or her, including behavioural and emotional mental health needs. Educational and Health Care Plans (EHCPs) were introduced in September 2014 and provide an integrated plan of care for children who are assessed as needing more support than can be provided through SEN support in schools and this would include accessing Special School provision. EHCPs replaced statements in a phased approach.

Overall, **12.6%** of pupils receive SEN support or an EHCP in Kent, **2% less than England**[20]. Kent and the East Kent CCGs have a lower proportion of pupils receiving SEN support than England, but a similar number have EHCPs/statements than the national rate (2.9% in England vs 3% in Kent).

Strategic Commissioning – Analytics have created an integrated dataset of children and young people educated in Kent (state schools only) in the academic years R to 11. The figures below take a snapshot at the end of January 2018 of all pupils on the Kent school census for the East Kent CCG areas and their SEN or EHCP primary need.

Table 7: SEN support provision for school age children in East Kent.

SEN Primary Need for SEN support (Highest 8)	NHS Ashford		NHS Canterbury & Coastal		NHS South Kent Coast		NHS Thanet		Grand total (East Kent CCGs)	Percentage
Speech, Language & Communication Needs	577	32.7%	551	22.7%	699	24.0%	594	29.5%	2421	26.6%
Social, Emotional and Mental Health	325	18.4%	504	20.8%	706	24.3%	524	26.1%	2059	22.6%
Moderate Learning Difficulty	284	16.1%	317	13.1%	534	18.3%	366	18.2%	1501	16.5%
Specific Learning Difficulty	278	15.8%	579	23.9%	401	13.8%	212	10.5%	1470	16.1%
Autistic Spectrum Disorder	127	7.2%	255	10.5%	326	11.2%	127	6.3%	835	9.2%
Other Difficulty/Disability	67	3.8%	79	3.3%	84	2.9%	64	3.2%	294	3.2%
Physical Disability	34	1.9%	63	2.6%	83	2.9%	47	2.3%	227	2.5%
Total SEN support	1765	8.9%	2422	9.0%	2911	10.6%	2011	10.1%	9109	9.7%

[19] DH and DoE (2014) 'Special Educational Needs and Disability Code of Practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities' https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEN_Code_of_Practice_January_2015.pdf Accessed 06/09/18

[20] [20] DofE (2018) 'Special educational needs in England: January 2018' https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729208/SEN_2018_Text.pdf Accessed 1/08/18

Table 8: SEN support and EHCP provision for school age children in East Kent.

SEN Primary Need for EHCP (Highest 8)	NHS Ashford		NHS Canterbury & Coastal		NHS South Kent Coast		NHS Thanet		Grand total (East Kent CCGs)	Percentage
Autistic Spectrum Disorder	199	41.2%	300	37.2%	328	37.8%	270	39.8%	1097	39.5%
Speech, Language & Communication Needs	58	12.0%	159	19.7%	149	17.2%	113	16.7%	479	17.0%
Social, Emotional and Mental Health	62	12.8%	107	13.3%	127	14.6%	132	19.5%	428	13.0%
Severe Learning Difficulty	60	12.4%	60	7.4%	78	9.0%	46	6.8%	244	8.7%
Physical Disability	27	5.6%	46	5.7%	41	4.7%	30	4.4%	144	5.5%
Moderate Learning Difficulty	20	4.1%	42	5.2%	57	6.6%	22	3.2%	141	4.8%
Profound & Multiple Learning Difficulty	30	6.2%	25	3.1%	33	3.8%	27	4.0%	115	4.2%
Specific Learning Difficulty	10	2.1%	31	3.8%	20	2.3%	13	1.9%	74	2.4%
Total EHCP	484	2.4%	807	3.0%	868	3.2%	678	3.4%	2837	3.0%

Source: Strategic commissioning – analytics

Autism makes up the largest proportion of the primary need for EHCP in East Kent and a large proportion of the SEN support received. Nationally, **Kent has a high proportion of children with recorded autism in its schools, with a rate of 19.7 per 1,000 pupils, compared to 14.0 in the South East and 13.7 per 1,000 in England**[21].

The rate per 1,000 resident children age 5 to 16 shown below shows that the East Kent CCGs have broadly similar rates, with South Kent Coast and Thanet CCGs having higher rates of both SEN support and EHCP than Ashford and Canterbury & Coastal CCGs. The intelligence should be analysed retrospectively to better understand whether this is a trend change or sustained difference across the East Kent CCG area.

Table 9: Rate of SEND and ECHP per 1,000 residents age 5 to 16

SEN and EHCP - Rate per 1,000 resident population aged 5 to 16	NHS Ashford	NHS Canterbury & Coastal	NHS South Kent Coast	NHS Thanet	Grand total (East Kent CCGs)
SEN	89.0	89.8	106.2	100.8	96.7
EHCP	24.4	29.9	31.7	34.0	30.1

Source: Strategic commissioning – analytics & ONS

In Kent, more males are receiving SEN support (66%) than females (34%), and an even higher proportion, 75%, have an EHCP than females. The proportion of children with SEN support increased in primary school and drops lower upon transition to secondary school. EHCP do not follow the same pattern, and typically the proportion of children with an EHCP increases linearly with age.

21 https://fingertips.phe.org.uk/search/autism#page/4/gid/1/pat/6/par/E12000008/ati/102/are/E10000016/iid/92133/age/217/sex/4

Figure 244: SEN and EHCP by age in Kent

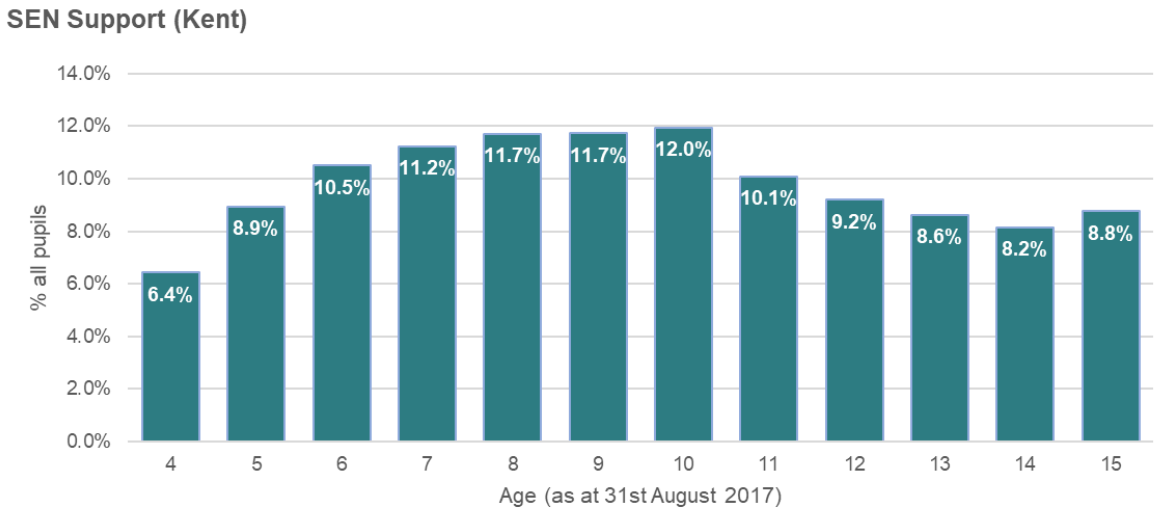
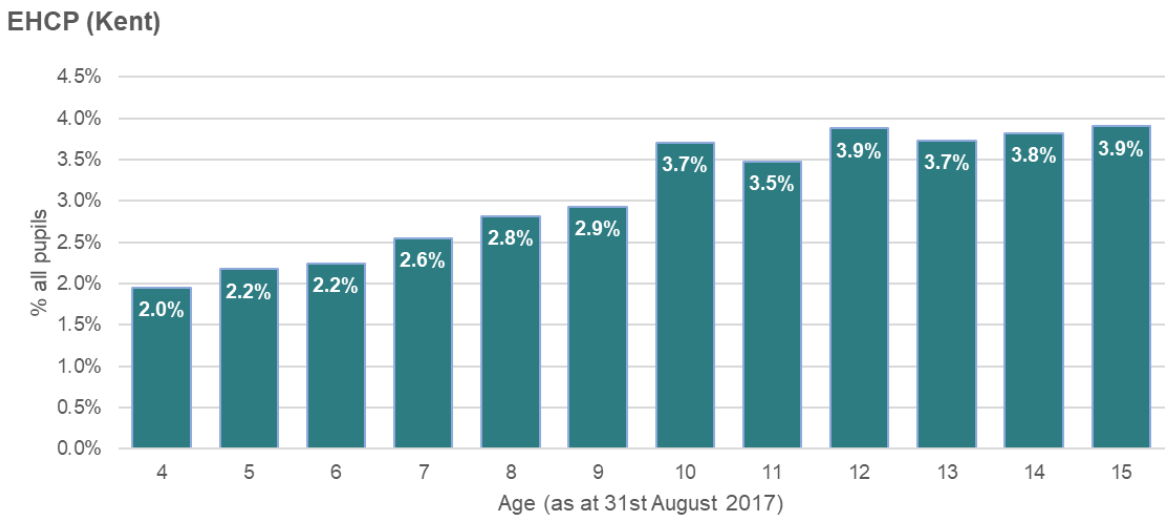


Figure 245:



Conclusion: Children's Health

East Kent typically has an older population than the rest of Kent. although Ashford has a proportionally higher number of children. Overall, there are a range of specific health issues that affect children and some changing patterns in healthcare utilisation.

Income deprivation is a key domain of the IMD that is thought to impact the wellbeing of children and young families. Many wards in East Kent have been highlighted as being in the most deprived quintile, typically in town centre areas.

Infant mortality is marginally higher in some parts of East Kent than West Kent, although low numbers mean that differences are not statistically significant. Thanet has the highest rate of infant mortality across East Kent CCGs. There is a gap in mortality with deprivation, but it appears to be narrowing and decreasing in the more deprived areas in Kent.

Rates of low birthweight are highest in Thanet CCG. Trends in recent years have been relatively stable. There is around 30% higher rate of low birth weight in the more deprived areas, although the difference appears to be gradually narrowing.

Teenage conception rates have been continuing to fall across East Kent overall, although they remain significantly higher than the Kent rate in Thanet CCG.

Breastfeeding prevalence in new-born and at 6-8 weeks are significantly lower than the Kent rate in South Kent Coast and Thanet CCGs, again with more deprived wards being more likely to have lower rates.

Excess weight and obesity in children is a particular area of concern as it is appearing to increase and is well recorded by a national measurement programme. South Kent Coast and Thanet CCGs have the highest rates for both reception and year 6 measurements. Deprivation differences are clear and appear to be widening with time. For reception year, excess weight was 41% and obesity 78% more prevalent in the most deprived quintile. By year 6, excess weight in children in the most deprived areas was 45% and obesity 84% more prevalent.

Healthcare usage in children is changing. A&E usage in particular is increasing in Kent, although individual CCGs show differing patterns in the two age groups shown. In 0-4s, usage is significantly higher in South Kent Coast and Thanet CCGs, and is high in South Kent Coast in 0-19's. Deprivation differences have been observed with the more deprived using A&E more often in both age groups. Both the most and least deprived usage is increasing overall and the gap has been consistent, but individual CCGs show differing patterns.

Elective healthcare usage has seen much more modest growth in both age groups. Deprivation differences are still apparent as for A&E usage, but usage for the most and least deprived are closer together.

Numbers of LAC placements have modestly declined over the last few years in East Kent, and UASC have slowed after a peak in 2015. Both groups require more healthcare and mental health support than other children, but difficulties in identifying them in datasets makes quantifying this difficult.

Other chapters detail some other important issues for CYP. In summary:

- The Sexual health chapter shows that chlamydia detection and screening rates

remain low in Kent. Access to services and contraception may be problematic for some teenagers, although services are realigning to address this.

- Mental health in children is becoming an increasingly important focus. Hospital admissions for self-harm in young people is similar in East Kent CCGs to the rest of Kent. Recent trend show there is a small decline in overall self-harm admission rates, however rates for females in some age bands appear to be increasing.
- Childhood vaccination rate programme uptake has gradually been declining nationally. Kent in 2017/18 has been significantly lower than England in MMR 2 dose at age 5, and Hib/MenC at age two and age five. Thanet CCG has been significantly low for the first MMR dose at 2 years, and a steep rise in cases of measles seen nationally in 2018 compared to the previous year is a cause for concern.

- **Ashford CCG** has reduced its teenage conceptions by 50% over the last seven years. It has relatively low infant mortality for East Kent. Ashford CCG can work with parents to increase MMR vaccine rates and reduce the variations in ward level excess weight in year 6 pupils.

- **Canterbury and Coastal CCG** has lower rates of excess weight in year 6s then the Kent average but has high degree of inequalities. It has relatively high rates of children's hospital admissions for injuries and can work with parents to improve its low birth weight.

- **South Kent Coast** faces challenges for its children's health. It's focus and plan of action should be to continue to reduce teenage conceptions, reduce the number of accidents and improve infant nutrition and reduce smoking in pregnancy.

- **Thanet** faces challenges for its children's health. Its focus and plan of action should be to continue to reduce teenage conceptions, reduce the number of accidents and improve infant nutrition and reduce smoking in pregnancy and childhood obesity. It should also understand its infant mortality rate and seek to improve maternity services for its vulnerable population.

Children's Public Health in East Kent

- **Sexual health:** chlamydia detection and screening rates remain low in Kent. Access to services and contraception may be problematic for some teenagers, although services are realigning to address this.

- **Mental health** in children is becoming an **increasingly important** focus. Hospital admissions for **self-harm** in young people is similar in East Kent CCGs to the rest of Kent. Recent trends show there is a **small decline in overall self-harm admission rates**, however rates for females in some age bands appear to be increasing.

- **Childhood vaccination rate programme uptake has gradually been declining nationally. Kent in 2017/18 has been significantly lower than England in MMR 2** dose at age 5, and Hib/MenC at age 2 and age 5. Thanet CCG has been significantly low for the first MMR dose at 2 years, and a steep rise in cases of measles seen nationally in 2018 compared to the previous year is a cause for concern.

Recommendations:

- **What is good for the mother is often good for the baby**: Prioritise more intensive

support **maternity support** in areas of deprivation acknowledging women in poorer places have different priorities and demands then more affluent women.

- Health visitors and midwives need to understand the local context and support women in the community to look after themselves and their babies' **nutritional needs**. Targeted support to **reduce smoking in pregnancy** is vital.
- Ensure **a good mental health system** of support is available both for new mothers and their children. Parenting support is key.
- Ensure that **children who are in care have a health and social wellbeing plan in place.**
- Ensure that there is universal and equitable **access to Long Acting Contraception** for vulnerable young women.
- Work with local communities and parents to have the 'difficult' conversations around health **weight and childhood obesity**.
- Ensure that there is good herd immunity for **vaccination programmes in east Kent**.
- Improve **dental health** for children in east Kent.

Childhood is the key time in a person's life for setting the foundations of good lifestyle choices, wellbeing and happiness. It is also a time of increased healthcare need and different priorities to adults. Services should deliver a stronger focus on these issues with a long-term view of health and wellbeing.

7 | Sexual Health

WHO sexual health definition

'Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.'[22]

Sexual health is affected by many factors. These include lifestyles, childhood and adolescent experiences, adult experiences and exposure to risk and health status. Key challenges include Adverse Childhood Experiences [ACE]s, domestic violence, mental health, alcohol use and Harmful Sexual Behaviours (HSB)s.

Summary and Recommendations: The population in need of sexual and reproductive health services are a significant proportion of the total residents in East Kent. General fertility rates remain stable and although still higher than Kent, teenage pregnancy rates in East Kent have fallen. Rates of terminations are stable, although there has been a shift to more widespread use of medical methods over surgical. In terms of contraception the combined pill remains the most prevalent form of contraception provided by healthcare services.

Increases in STI rates for some parts of East Kent and for some infections are of concern. The diagnosis of new STIs has been higher than the England average in one district which may be a reflection of the increasing use of online STI testing, and as such help to prevent onward transmission of infection. Increasing rates of detected syphilis and gonorrhoea locally reflect national trends, although rates are lower than national rates. The rates of chlamydia screening amongst 15-24 year olds remain low in Kent, but the detection has increased in East Kent.

The prevalence of detected HIV amongst 15-59 years olds continues to increase. Of concern is the continued late diagnosis of HIV in East Kent.

Recommendations

- **Workforce**: Increase awareness of the clinical indicators for HIV amongst secondary and primary care clinicians
- **Primary Care**: Promote access to planned contraception
- **Improve Equity**: Consider reviewing local policies that limit the volume of oral contraception prescribed at any one time leading to inequity in the distribution of oral contraception. How will local areas ensure equity.
- **Research and Audit**: There is greater demand for medical termination of pregnancy services in East Kent.

[22] WHO http://www.who.int/topics/sexual_health/en/

7.1 Demographics of Sexual Health in East Kent

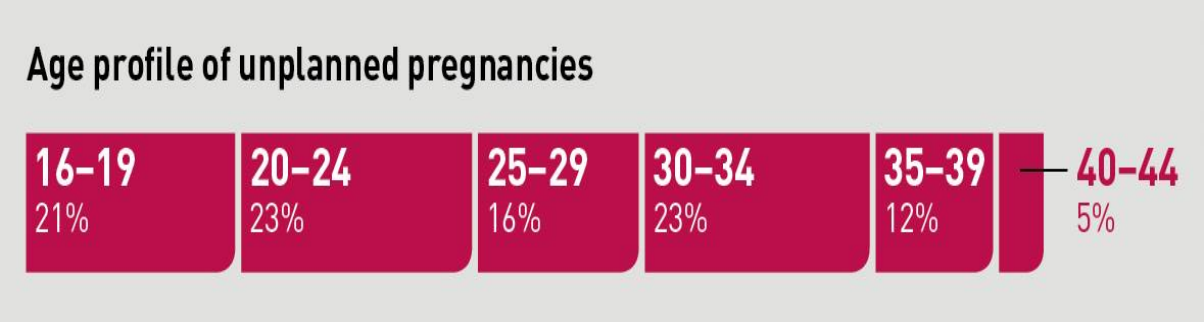
The male and female population in East Kent needing or potentially needing sexual health services is significant. The female population aged 15-44 years across East Kent is 121,000 - a population needing services which enable and allow them to understand and know about: positive, safe sexual health and relationships; information and support to enable them to prepare and plan their contraception and conceptions. In addition, females 45 years and over require protection against pregnancy, sexually transmitted infections [STIs], peri menopausal symptoms and the menopause.

The male population in East Kent equally need to have services which enable them to understand and know about positive, safe sexual health and relationships. All sexually active or potentially sexually active males and females need to know about and how to protect themselves against sexually transmitted infections. Fertility has been discussed in chapter 4.5.

7.2 Reproductive Health

Many pregnancies are unplanned. It is a helpful, using the NATSAL study below, to retrospectively estimate unplanned pregnancy in a subsequent year and consider how to support those age ranges where this is higher.

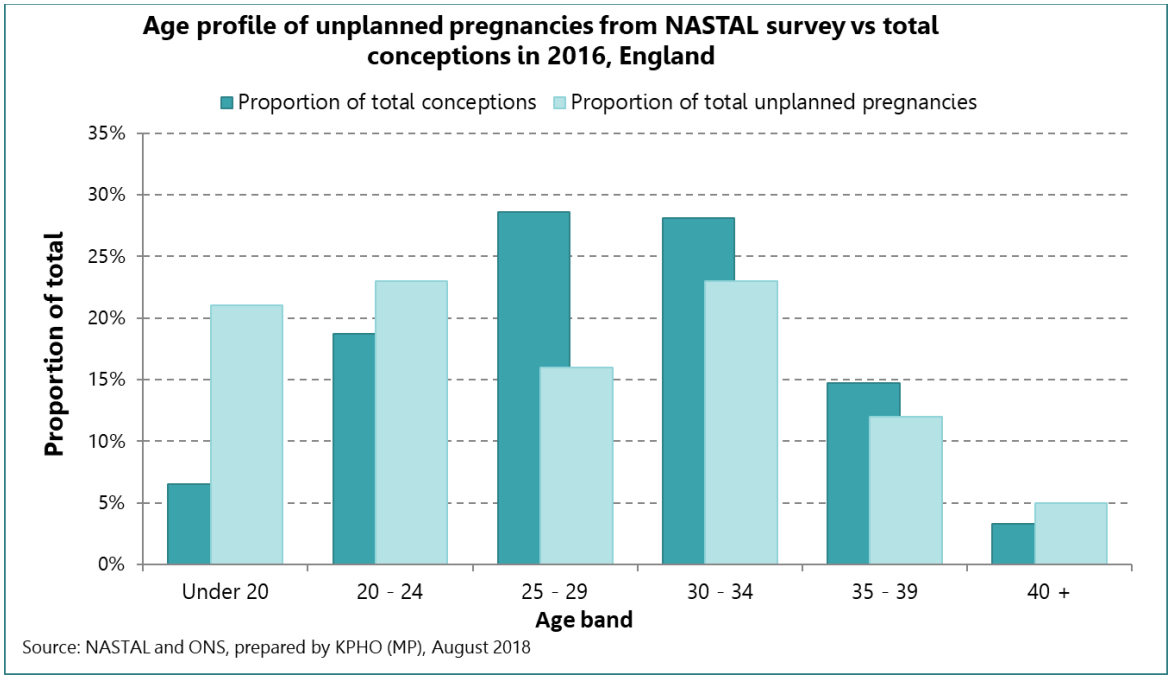
Figure 246: Age profile of unplanned pregnancies from the NATSAL[23]



Source: PHE presentation 2017

[23] NATSAL http://www.natsal.ac.uk/media/2102/natsal-infographic.pdf

Figure 247: Age profile of unplanned pregnancies from NATSAL survey vs total conceptions in 2016, England



7.3 Pregnancy and Birth

The number of births in Kent has remained similar in recent years at approx. 17,500 per annum in 2017, the most recent data. The approximate number of live births across East Kent has been 7,100 in 2017, with 1,571 in Ashford, 1,347 in Canterbury & Coastal, 1,128 in Dover, 1,061 in Folkestone & Hythe, 1,606 in Thanet and approximately 380 in Faversham. For discussion on teenage pregnancy please see chapter 7.5.

7.3.1 Termination of Pregnancy

The rate of terminations in England overall has not changed in the last few years and in Kent there has been there little change. In some cultures, termination is used as a form of contraception; this does not, however, explain uptake of this service.

The preferred method of abortion has been changing in recent years from surgical to medical methods. The most recent available data for 2017 proportions are illustrated below for East Kent.

Table 10: Percentages of method of abortion and repeat abortions, 15 –44-year-old females by CCG and locality office of residence 2015-2017

Method and repeat abortions, 2017	Age standardised rate per 1,000 females age 15-44, 2017	Method - Medical %	Method - Surgical %	Repeat abortion % - all ages	Repeat abortions - under 25s	Repeat abortions age 25+
England	16.8	65.0	35.0	38.5	26.4	46.3
Kent & Medway	17.0	54.7	45.3	41.4	27.8	51.0
Ashford CCG	15.8	57.9	42.1	42.7	34.5	48.1
Canterbury & Coastal CCG	12.8	54.1	45.9	36.1	21.4	51.8
SKC CCG	17.7	57.0	43.0	39.3	24.7	51.1
Thanet CCG	19.8	48.4	51.6	40.2	27.0	50.8

Source: ONS

Table 11: Legal abortions: Number and rates of abortion, 15- 44-year-old females by CCG and 2013-2017

	Total number					Abortion rate per 1,000 resident females aged 15-44 years				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
England						16.1	16.1	16.0	16.0	16.8
Kent	4,343	4,323	4,432	4,217	4,675	15.7	15.6	16.0	15.2	16.6
Ashford CCG	368	352	371	319	356	16.7	15.9	16.0	14.3	15.8
Canterbury & Coastal CCG	534	500	555	542	571	12.3	11.6	13.0	12.4	12.8
SKC CCG	595	591	584	563	596	17.1	17.1	17.0	16.5	17.7
Thanet CCG	473	421	482	395	475	19.7	17.1	19.0	16.0	19.8

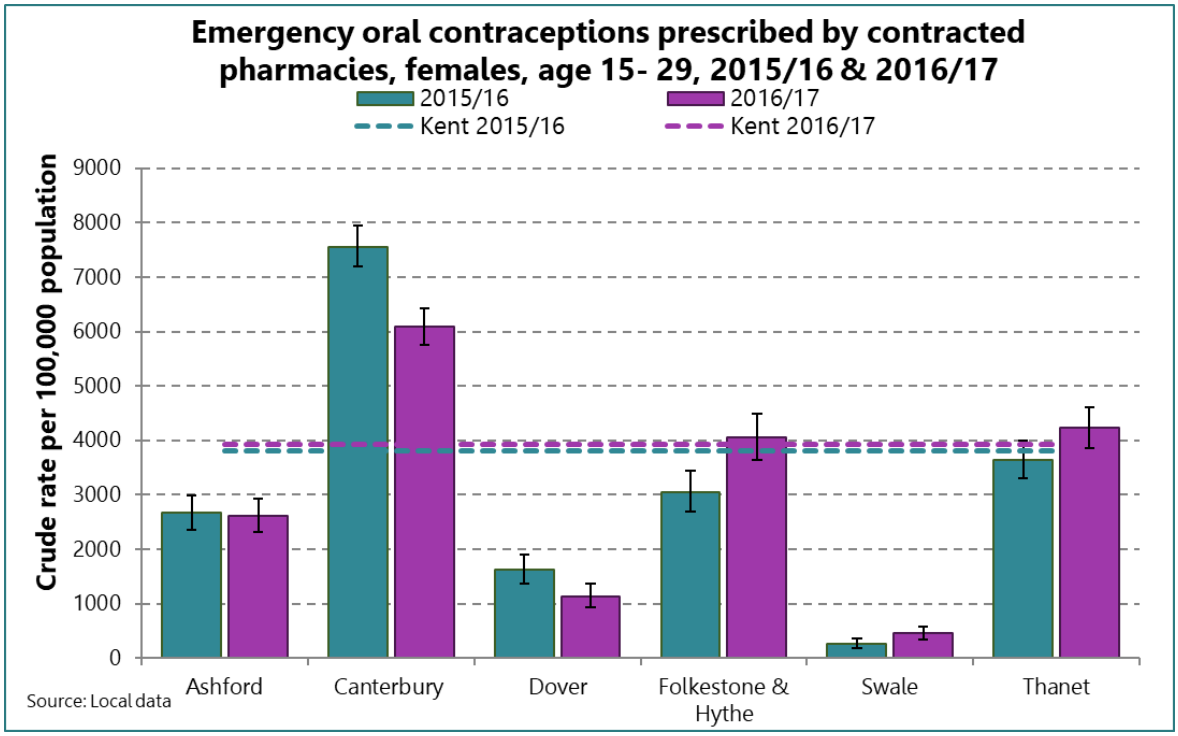
Source: ONS

7.3.2 Contraception and Sterilisation

The most common form of contraception used in Kent is oral contraception with *microgynon* [a combined pill] being the most frequently prescribed in primary care.

Trained commissioned community pharmacists offer free emergency oral contraception to females aged 30 and under. This offers *levonelle* and *ella one.*

Figure 248: Free emergency oral contraception provided to 30-year-old and under females through pharmacies in North Kent 2015/16 – 2016/17



The graph above highlights the low coverage of service from community pharmacies in Ashford, Dover and Swale districts. Investment in training with community pharmacies is difficult when turnover of pharmacists is high as experienced in Swale. Please note these services are open access. Across Kent most uptake of this service is amongst 17 and 18-year olds.

Public health has invested in the workforce development of primary care practitioners in East Kent CCGs to attain the letters of competency [LoC] to provide long acting reversible contraception (LARC) for over three years. Firstly, between April 2015 and December 2017 and then where uptake was lower than expected additional training was offered until December 2018.

There are two LoCs one for Intrauterine therapy [IUT] and one for Sub-dermal implants (SDI). The need for workforce development was identified through initial audit which highlighted that approximately one in three LARC procedures were removed early. Follow up audit from quarters 1 and 2 in 2015/16, and subsequently in 2017/18 suggests that these have reduced in Kent to 14.2%, a 97% reduction.

Table 12: LARC excluding injections prescribed in primary care, specialist and non-specialist SHS per 1,000 females aged 15-44 years 2015 -2017.

	LARC excluding injections prescribed in primary care, specialist and non-specialist SHS per 1,000 females aged 15-44 years			LARC prescribed in primary care per 1,000 females aged 15-44 years		
District	2015	2016	2017	2015	2016	2017
Ashford	55.7	52.7	57.8	45.7	45.9	50.9
Canterbury	45.0	41.9	43.6	35.0	34.2	36.8
Dover	42.9	43.8	44.0	22.0	22.8	23.6
Folkestone & Hythe	37.8	40.3	42.3	20.3	20.8	24.5
Swale	44.7	42.3	43.5	28.1	25.7	25.4
Thanet	52.6	51.0	51.8	37.9	36.9	36.4
England	48.2	46.4	47.4	29.8	28.8	29.2
Kent	48.4	47.8	49.2	36.4	36.3	36.9

Source: PHE fingertips

If the reported figures on LARC (excluding injections) prescribed in primary care included women up to age 54 years these would show highest uptake in Thanet and Ashford districts. This would include LARC prescribed to manage menopausal symptoms.

The responsibility for commissioning vasectomy services are the CCGs[2], but vasectomy reversals are not routinely funded. There is variation in activity between CCGs, with Ashford and South Kent Coast CCGs showing considerably higher rates than the rest of Kent.

The vast majority of vasectomies are delivered in primary care, with only 222 (4.5%) of the 4,898 procedures from 2014 to 2017 being done in a hospital setting.

The mean age profile 2014-2017 of Kent residents having a vasectomy is 40 years.

Table 13: Combined primary and secondary Sterilisation procedure counts, by CCG 2014-2017

Vasectomy Procedure Counts	2014	2015	2016	2017	Total
NHS Ashford CCG	170	163	161	195	689
NHS Canterbury And Coastal CCG	95	103	109	181	488
NHS Dartford, Gravesham And Swanley CCG	139	178	143	177	637
NHS South Kent Coast CCG	178	228	245	326	977
NHS Swale CCG	44	64	75	157	340
NHS Thanet CCG	85	68	112	145	410
NHS West Kent CCG	370	359	356	272	1357
Kent	1081	1163	1201	1453	4898

Source: Kent Integrated dataset [KID]

There is no national data available at sub-England level for female sterilisation.

Most of the activity was delivered in secondary care. Of these, 342 of 364 sterilisation procedures across the four years were also coded with a caesarean procedure. 90 procedures were found in primary care.

Table 14: Combined primary and secondary Sterilisation procedure counts, 2014-2017

Female Sterilisation Counts	2014 & 2015	2016 & 2017	Total
NHS Ashford CCG	27	26	53
NHS Canterbury And Coastal CCG	22	24	46
NHS Dartford, Gravesham And Swanley CCG	52	59	111
NHS South Kent Coast CCG	48	37	85
NHS Swale CCG	31	24	55
NHS Thanet CCG	33	41	74
NHS West Kent CCG	18	12	30
Kent	231	223	454

Source: Kent Integrated dataset

There were differences seen across the Kent CCGs, with Canterbury & Coastal CCGs notably lower.

In England and Wales, the mean age of first-time mothers in 2016 was 28.8 years[24]. The mean age of Kent female residents 2014-2017 having a sterilisation is 33.5 years. The need to maintain fertility for longer may go some way to explain the change in demand for female sterilisation.

7.4 Sexually Transmitted Infections [STI]

The main STIs reported on and with data publicly available include gonorrhoea, syphilis, chlamydia, genital herpes, genital warts and HIV. New STI diagnoses are reducing in Kent but there are pockets where infections are higher. The most commonly diagnosed STI in Kent is chlamydia. Rates in Kent need to improve but a recent Kent wide needs assessment has identified that the proportion of females being offered a sexual health screen at first attendance in sexual health services has dropped sharply since 2015. Highest levels of positivity are detected through the online service online and with the number of people using this service increasing, rates overall should increase.

The increase in the detection of gonorrhoea and syphilis in Kent has mirrored national trends. None of the East Kent district was significantly higher than the Kent average of 31.0 per 100,000 for rates of detected gonorrhoea in 2017, and Ashford was significantly lower at 18.3 per 100,000. Kent as a whole was lower than the South East rate of 45.9 and the average England rate of 78.8 per 100,000. There has been an increase in detected

24 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2016

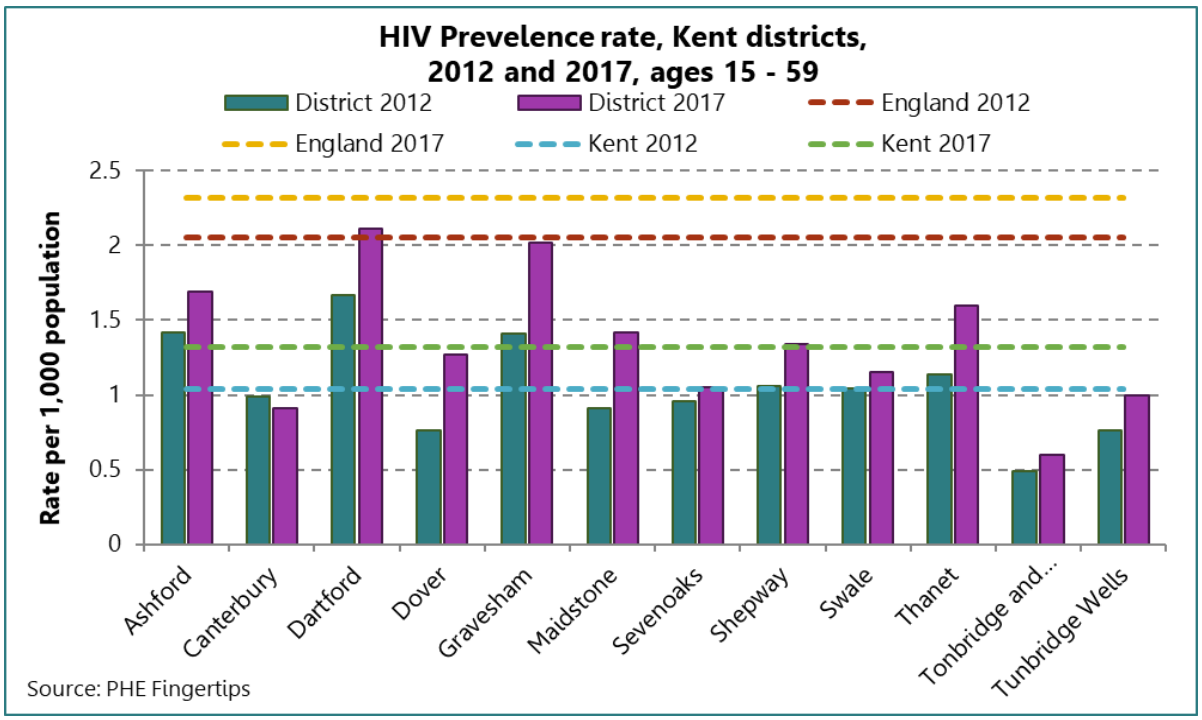
gonorrhoea nationally and locally, with Kent residents increasing from 18.6 per 100,000 in 2012 to 31.0 in 2017.

The rates of detected syphilis in Kent in 2017 was 6.0 per 100,000, significantly lower than the national rate of 12.5 per 100,000. The East Kent districts were all statistically similar to Kent, with Thanet the highest at 8.5 per 100,000. There has been a significant increase in detected syphilis nationally, with Kent increasing from 2.0 per 100,000 in 2012 to 6.0 in 2017. Further national exploration of the increase in detected syphilis has been undertaken with report expected in 2019. Expected recommendations include improvements in partner notifications and 3 monthly STI testing for those using HIV Pre exposure prophylaxis [PrEP].

Stigma and ignorance of HIV remain an issue. The late diagnosis of HIV is exacerbated by the missed opportunities for HIV testing in secondary and primary care where other conditions are considered. The vast majority of HIV infections are contracted sexually, although there are other routes of transmission. Around a quarter of the estimated 100,000 people living with HIV do not know that they have the infection; and around half of people newly diagnosed with HIV are diagnosed after the point at which they should have started treatment. This can have implications not just for the care of the individual person with HIV, but also for the onward transmission of the infection.

There has been a steady increase in the prevalence of HIV in Kent over the last five years. The prevalence rate of diagnosed HIV amongst 15-59-year olds does not capture all diagnosed infections but is a reliable indicator. In December 2016 PHE revised the definition of high prevalence of HIV. 'Local authorities in England are now categorised by diagnosed HIV prevalence levels into low prevalence (<2/1,000 among 15-59-year olds), high prevalence (2-5/1,000 among 15-59-year olds) and extremely high prevalence areas (>5/1,000 15-59-year olds).' Kent is identified as a low prevalence area when looked at as one area however, looked at by district, Ashford [1.69] and Thanet [1.60] districts are the highest district in East Kent, but are statistically similar to Kent, and lower than England. Detected prevalence rates have been gradually increasing, with Kent increasing from 1.10 per 1,000 age 15-59 in 2010 to 1.66 in 2017.

Figure 249: Prevalence of diagnosed HIV infection per 1,000 15-59 year olds by district in Kent 2012 and 2017



The changes in prevalence rate are shown and highlight where the burden of detected infection is highest. The greatest rate of change in the prevalence of diagnosed HIV per 1,000 population aged 15-59 years from 2012 shown above includes Dover and Thanet districts.

Most late diagnosis of HIV is amongst the heterosexual community in Kent. Offering and encouraging uptake of HIV tests amongst this group and in a range of settings, including primary care as well as offering access to online testing, should help with the earlier diagnosis of new cases and onward referral to treatment. Everyone is at risk of HIV if they are sexually active however the stigma around HIV testing continues to influence peoples' decision to test.

New episodes of genital warts or Human Papilloma Virus (HPV) and can present around the penis, anus or vagina are the most common viral STI. The diagnosis rate of genital warts per 100,000 has decreased since 2013 in Kent and England. This is likely to be as a result of the HPV vaccination programme which was introduced in 2008. The impact for individuals with this infection can be a prolonged course of treatment requiring multiple visits to the service and reoccurring outbreaks.

Pelvic inflammatory disease [PID] can be present without any symptoms and may become evident when conception is difficult or a conception results in an ectopic pregnancy. An untreated sexually transmitted infection, for example chlamydia or gonorrhea could be a

cause. Emerging evidence[25] is suggesting that *Mycoplasma Genitalium* may be another undetected infection responsible for PID. Kent has a rate of 272.5 PID hospital admissions per 100,000 females aged 15 – 44 years old, which is significantly higher than England. Thanet has the highest rate in East Kent at 407.5 per 100,000 in 2016/17, significantly higher than the Kent average.

Ectopic pregnancy is a pregnancy, sometimes referred to as tubal pregnancy which attempts to grow outside of the uterus. The rates in Kent vary but had been consistently similar to the England average with the exception of the last three years, where Kent are now higher than the England average. This needs to be better understood.

Untreated chlamydia and gonorrhoea are risk factors but more clearly associated with ectopic pregnancy is cigarette smoking, both exposure to second-hand smoke and smoking status which have been demonstrated to increase risk. Kent as a whole is significantly higher than England with an admission rate of 114.8 per 100,000 in 2016/17 compared to 90.3 for England. No districts in East Kent were amongst the highest in Kent however, with all at similar rates.

7.5 Local Sexual Health Service Provision

The sexual health services available to the resident and non-resident population in East Kent identified on the website www.kent.gov.uk/sexualhealth are as follows:

Integrated sexual health clinics – with all age provision services or services for those aged 25 years and under.

60 pharmacies in East Kent CCGs have contracts to provide free emergency oral contraception to women aged 30 years and under.

Resident only services

Psychosexual therapy is available through GP referral and is held in venues across East Kent CCGs.

46 practices in East Kent CCGs have contracts with the local authority to provide LARC.

Online STI testing for those aged 16 and over provides testing for chlamydia, gonorrhoea, syphilis, HIV, Hepatitis B and/or Hepatitis C depending on the risk identified by the service user.

Condom provision through the 'Get it' programme is accessible to under 25-year olds from many outlets across the CCG areas.

[25] DH [2013] Commissioning Sexual Health Service and Interventions https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144184/Sexual_Health_best_practice_guidance_for_local_authorities_with_IRB.pdf

Online condom provision through the 'Get it' programme is accessible for those aged 16 -24 years.

Out of area

A small proportion of Kent residents accessing sexual health services out of area, access them in London.

Conclusions

The population in need of sexual and reproductive health services are a significant proportion of the total residents in East Kent. General fertility rates remain stable and although still higher than Kent, teenage pregnancy rates in East Kent have fallen. Rates of terminations are stable, although there has been a shift to more widespread use of medical methods over surgical. In terms of contraception the combined pill remains the most prevalent form of contraception provided by healthcare services.

Increases in STI rates for some parts of East Kent and for some infections are of concern. The diagnosis of new STIs has been higher than the England average in one district which may be a reflection of the increasing use of online STI testing, and as such help to prevent onward transmission of infection. Increasing rates of detected syphilis and gonorrhoea locally reflect national trends, although rates are lower than national rates. The rates of chlamydia screening amongst 15-24 year olds remain low in Kent, but the detection has increased in East Kent.

The prevalence of detected HIV amongst 15-59 years olds continues to increase. Of concern is the continued late diagnosis of HIV in East Kent.

Recommendations

- **Workforce**: Increase awareness of the clinical indicators for HIV amongst secondary and primary care clinicians
- **Primary Care**: Promote access to planned contraception
- **Improve Equity**: Consider reviewing local policies that limit the volume of oral contraception prescribed at any one time leading to inequity in the distribution of oral contraception. How will local areas ensure equity.
- **Research and Audit**: There is greater demand for medical termination of pregnancy services in East Kent.

Issues for consideration:

Localised policies which limit the volume of oral contraception prescribed at any one time means that access is rapidly changing. A change in practice to enable the distribution of oral contraception will require transformation and innovation of the provision of contraceptive services to meet user demand.

Access to a medical termination of pregnancy service in East Kent.