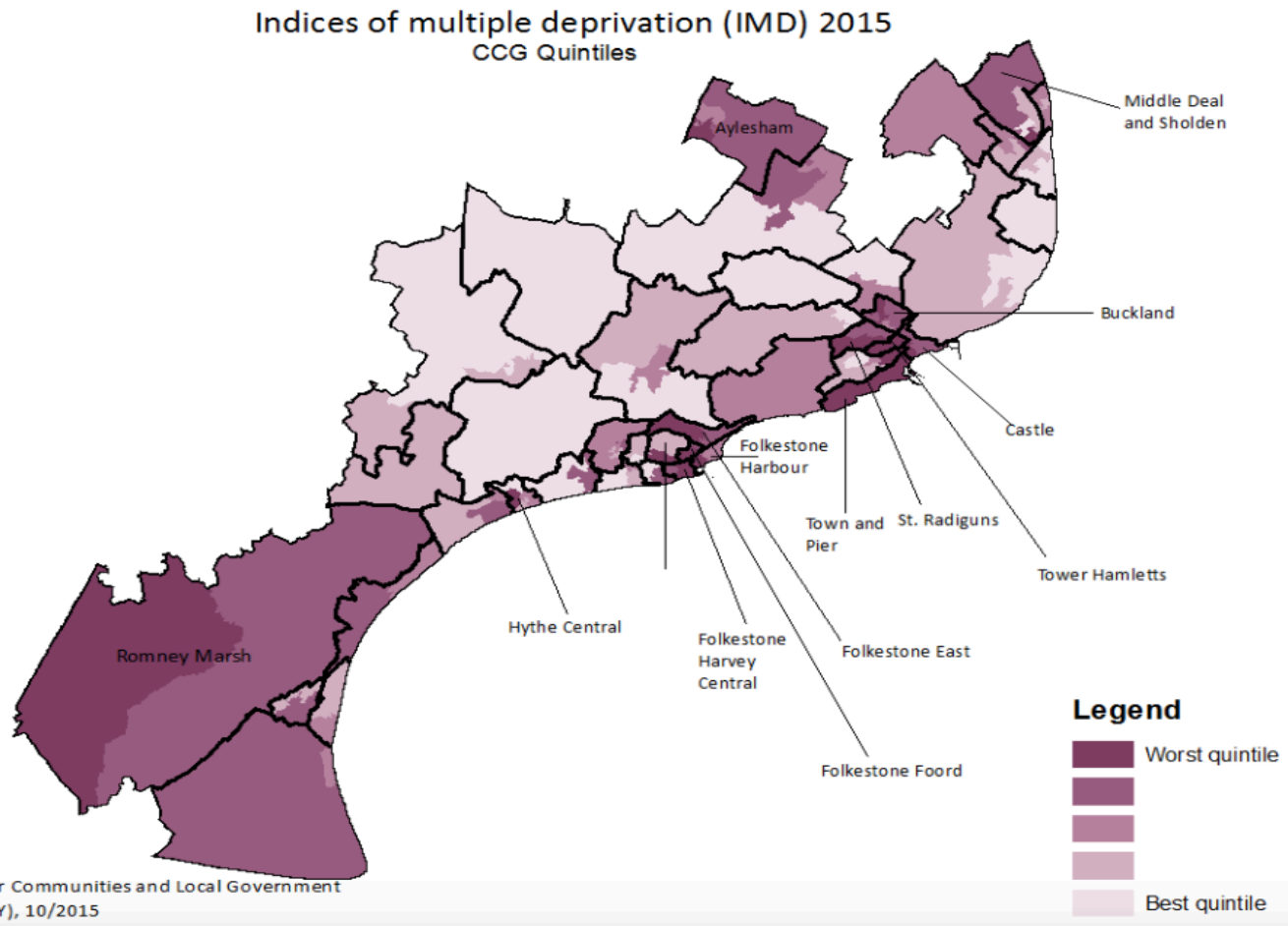


South Kent Coast, Dover and Shepway: Public Health Priorities for 2017-8.

Jessica Mookherjee, Consultant in Public Health
Kent Public Health.

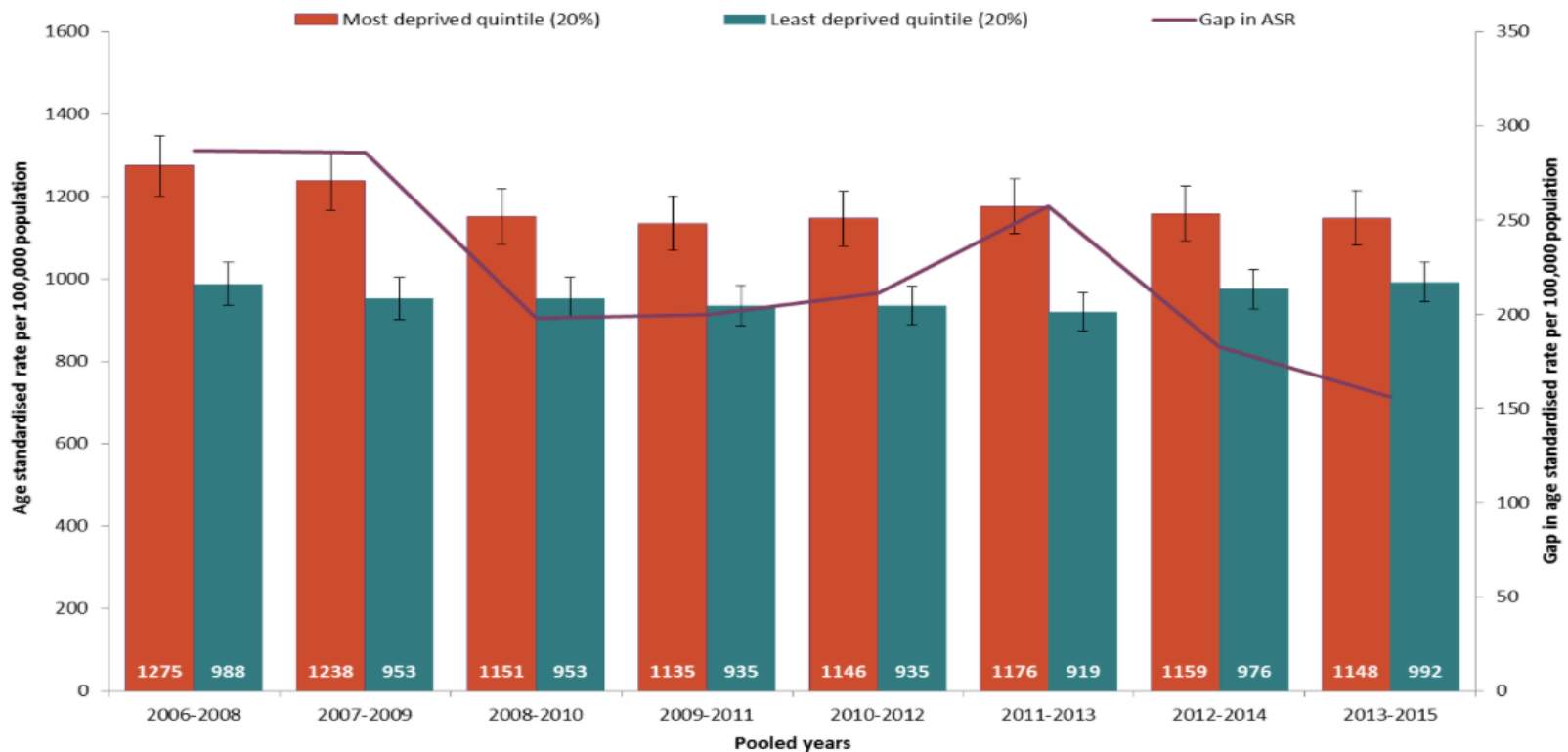
Ivan Rudd, Specialist in Public Health
Kent Public Health

Still a High Degree of Socio-economic Deprivation across South Kent Coast CCG



The Health Inequalities Gap for 'All Age All Cause Mortality' is reducing

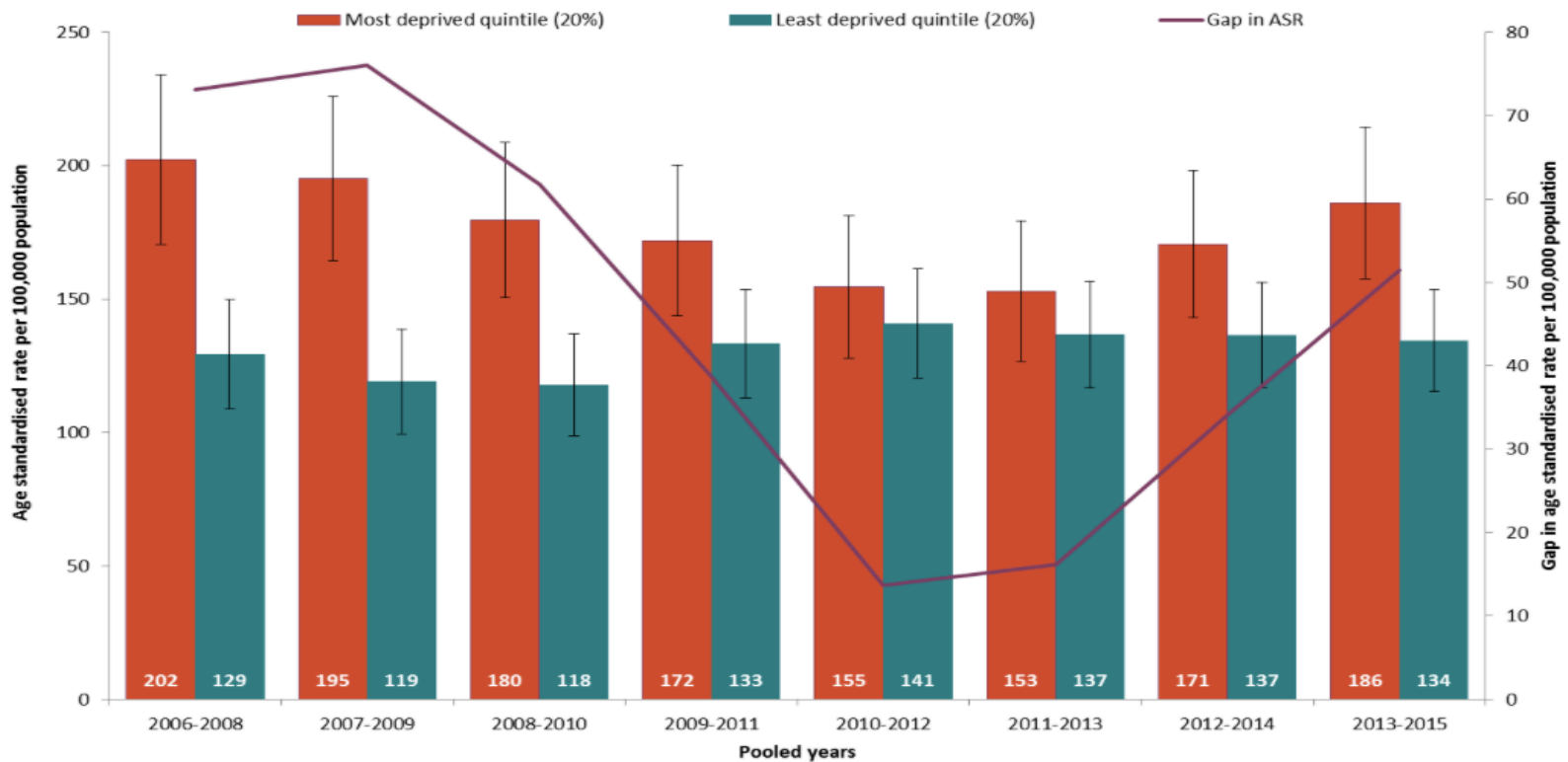
Inequalities trend for all age, all cause mortality in South Kent Coast CCG, 2006-08 to 2013-15



Source: PCMD, ONS, prepared by KPHO (NH), April 2016

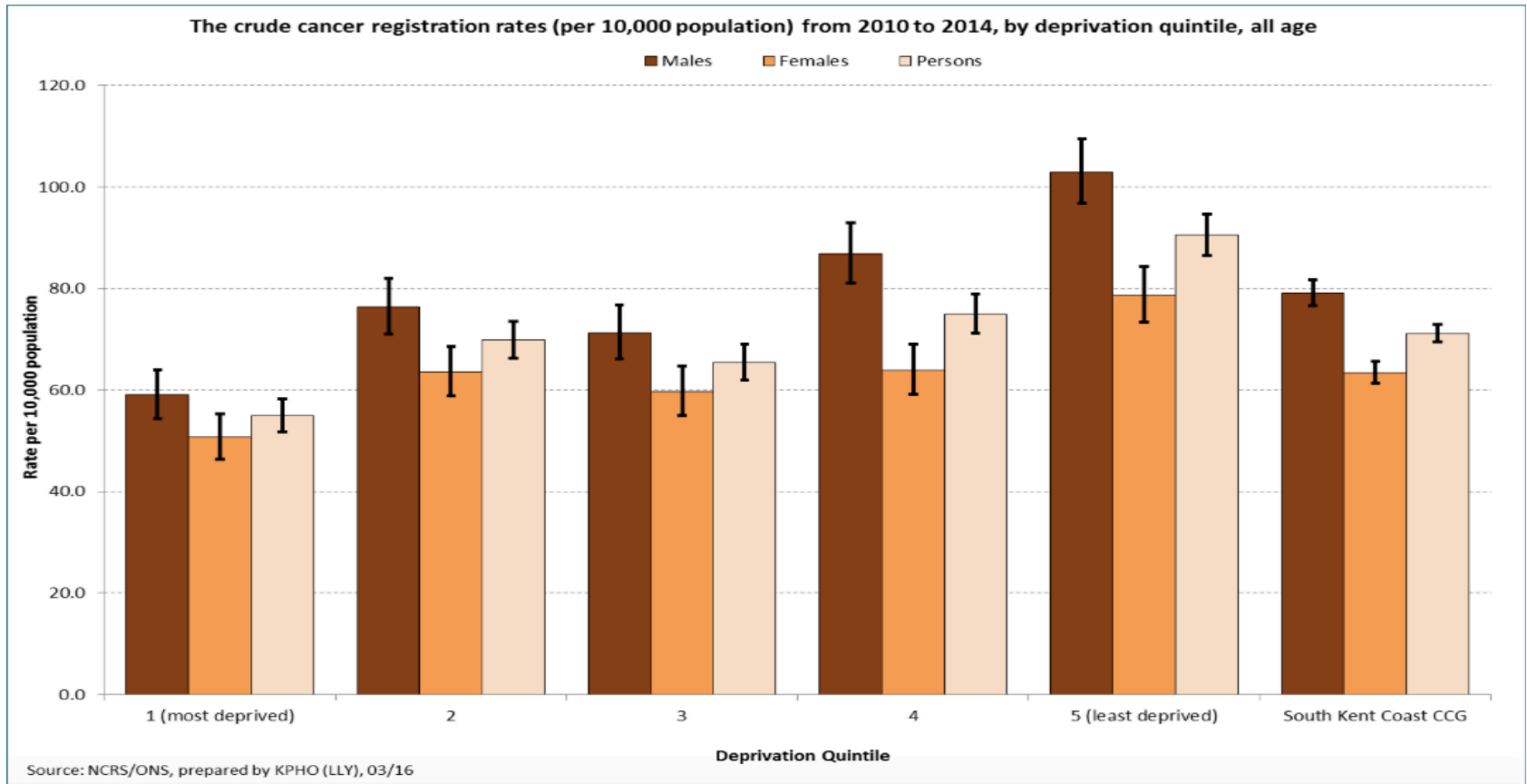
Health Inequalities in Cancer Mortality are a priority for SKC (Dover and Shepway). Mainly Lung Cancer

Inequalities trend for cancer mortality in under 75's in South Kent Coast CCG, 2006-08 to 2013-15



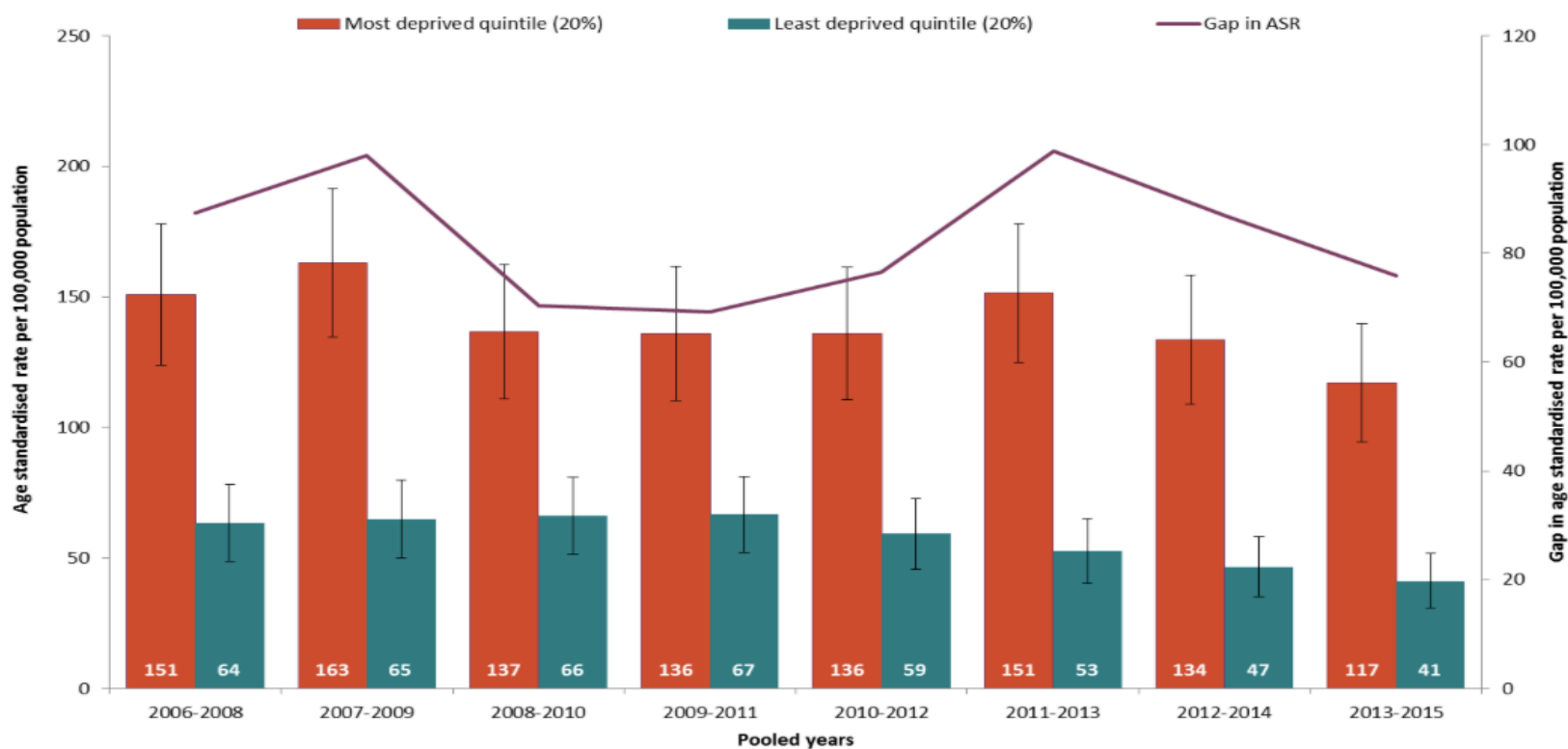
Source: PCMD, ONS, prepared by KPHO (NH), April 2016

Cancer Registrations Rate by Deprivation



Trends in Health Gap for Circulatory Disease is Improving

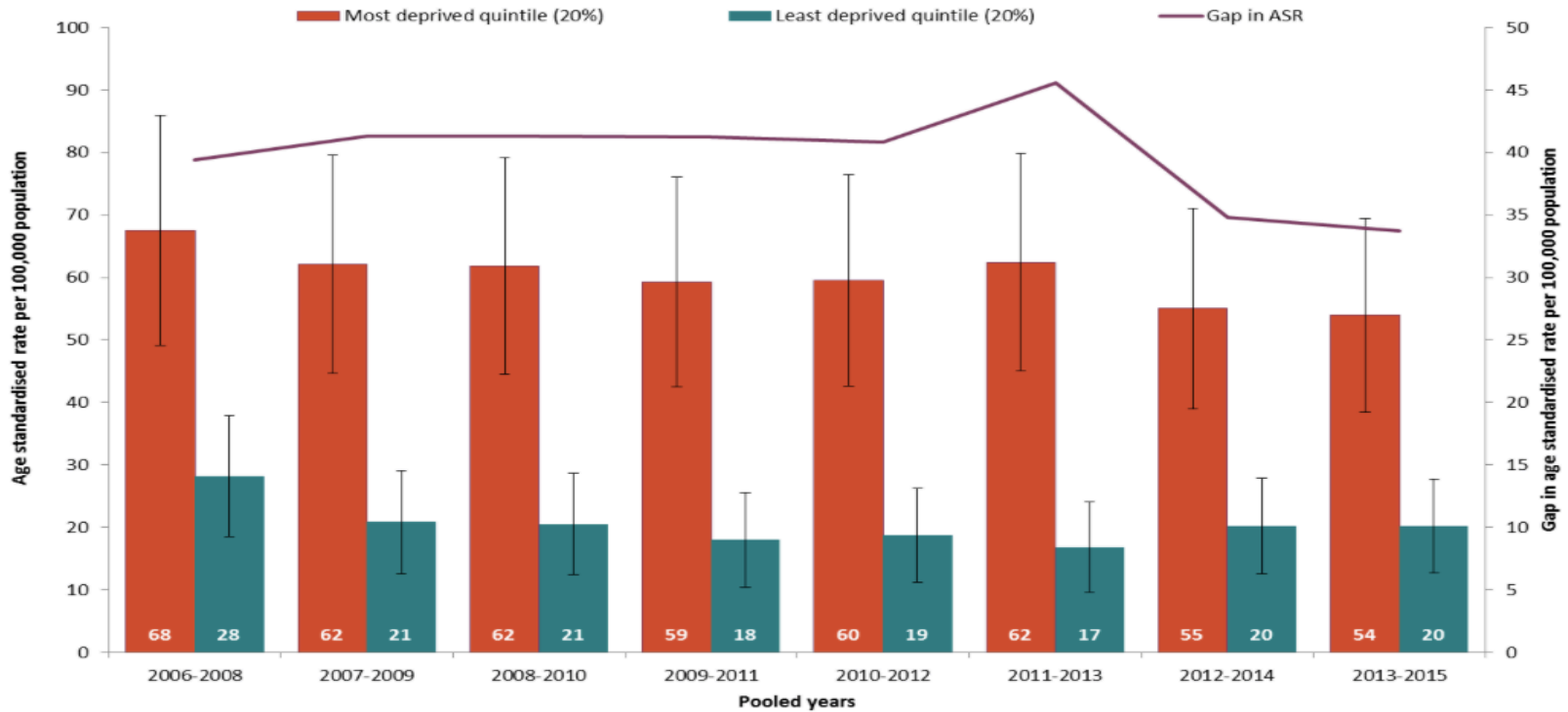
Inequalities trend for mortality in under 75's, circulatory disease, South Kent Coast CCG, 2006-08 to 2013-15



Source: PCMD, ONS, prepared by KPHO (NH), April 2016

The Health Gap for Respiratory Disease: Trend is Decreasing

**Inequalities trend for mortality, under 75's, respiratory disease,
South Kent Coast CCG, 2006-08 to 2013-15**



Source: PCMD, ONS, prepared by KPHO (NH), April 2016

There is an Average 10 year Gap in Life Expectancy by Electoral Ward (2011-2015)

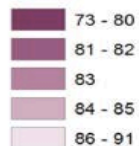
Life expectancy at birth, based on 2011 to 2015 data

Numbers of years between highest and lowest life expectancy at birth by electoral ward:-

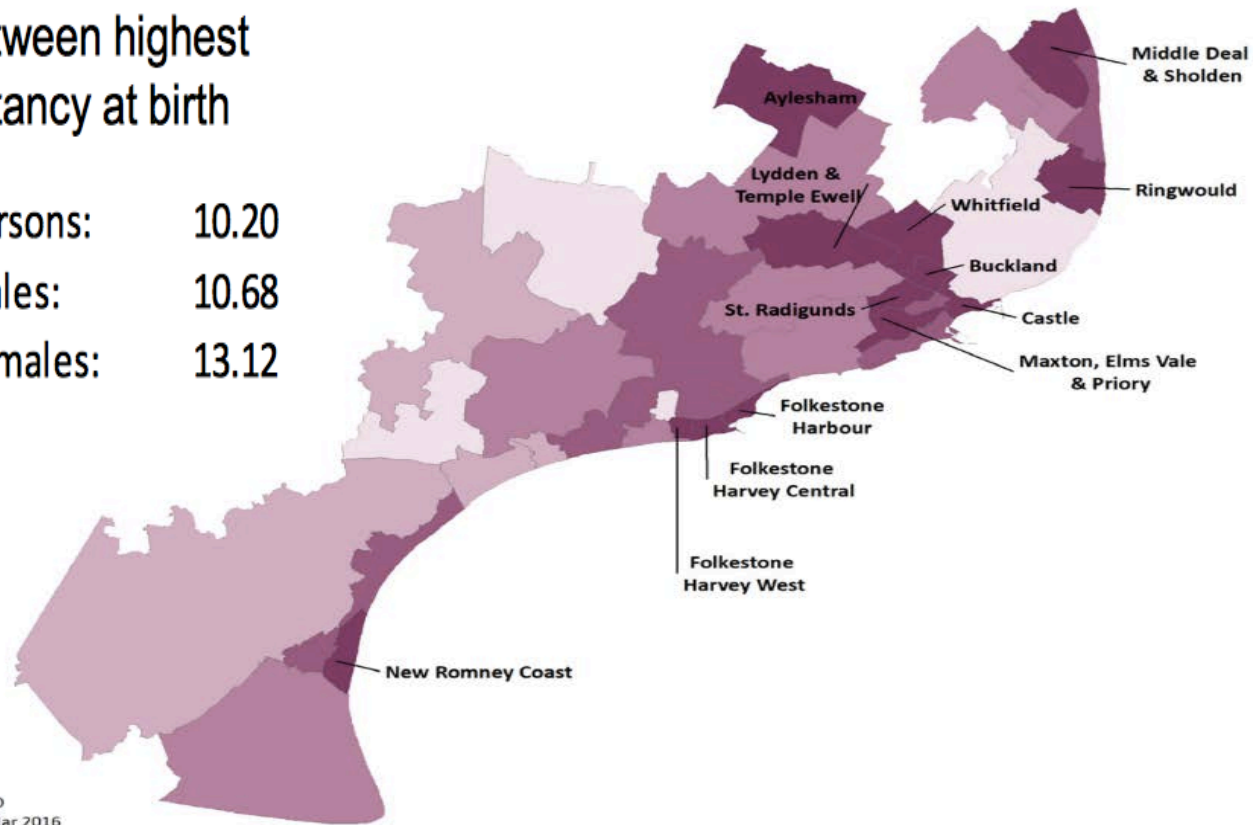
Persons: 10.20
Males: 10.68
Females: 13.12

Legend

Years



Source: PCMD, ONS, SEPHO
Produced by: KPHO (NH) Mar 2016

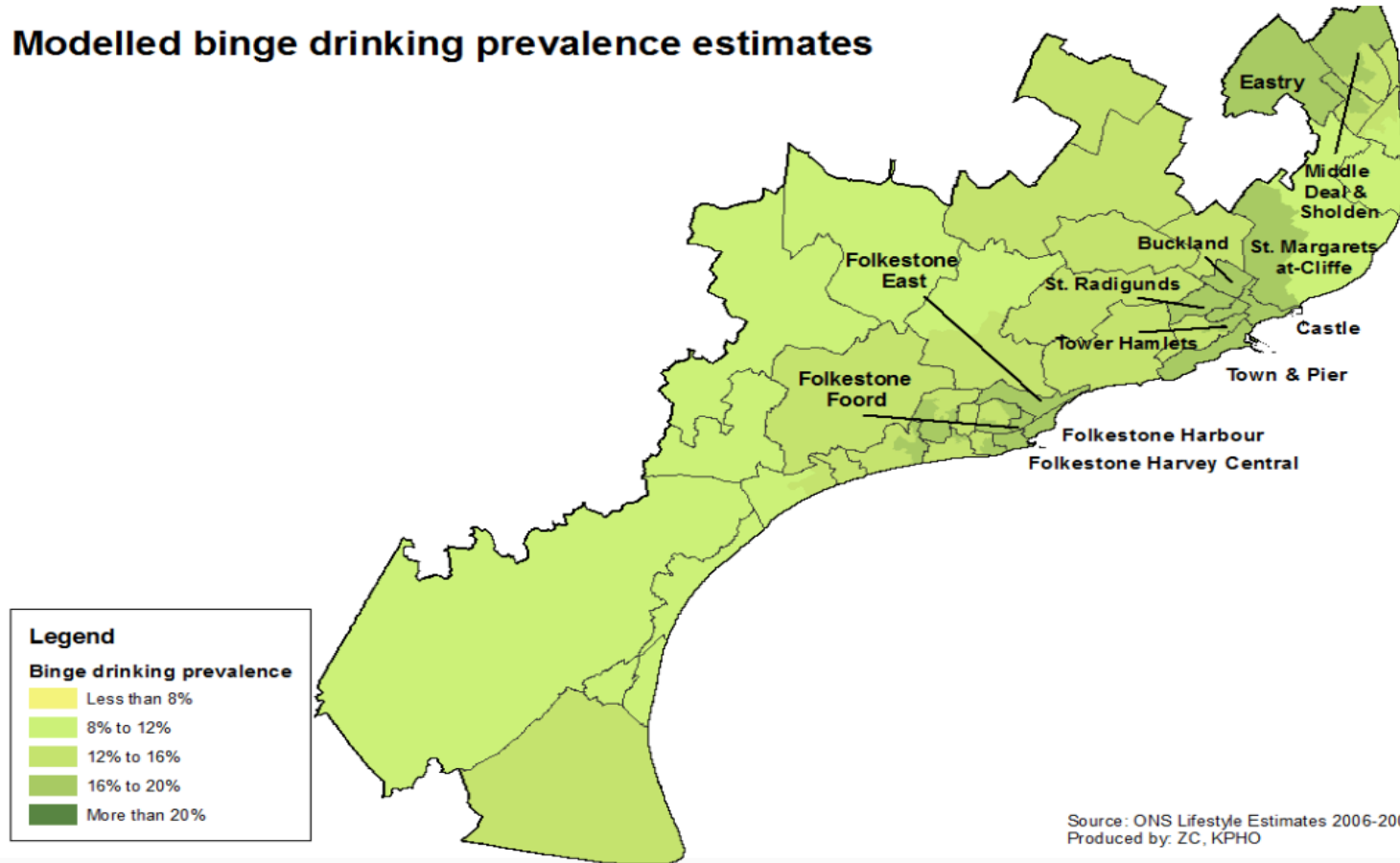


Risky Behaviours Leading to Early Death and Illness

- Binge drinking & alcohol
- Obesity
- Healthy eating
- Smoking

Alcohol and Drinking

Modelled binge drinking prevalence estimates



Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

* a note is attached to the value, hover over to see more details



Recent trends:
(in development)

— Could not be calculated

↑ Increasing / Getting worse

↑ Increasing / Getting better

↓ Decreasing / Getting worse

↓ Decreasing / Getting better

→ No significant change

↑ Increasing

↓ Decreasing

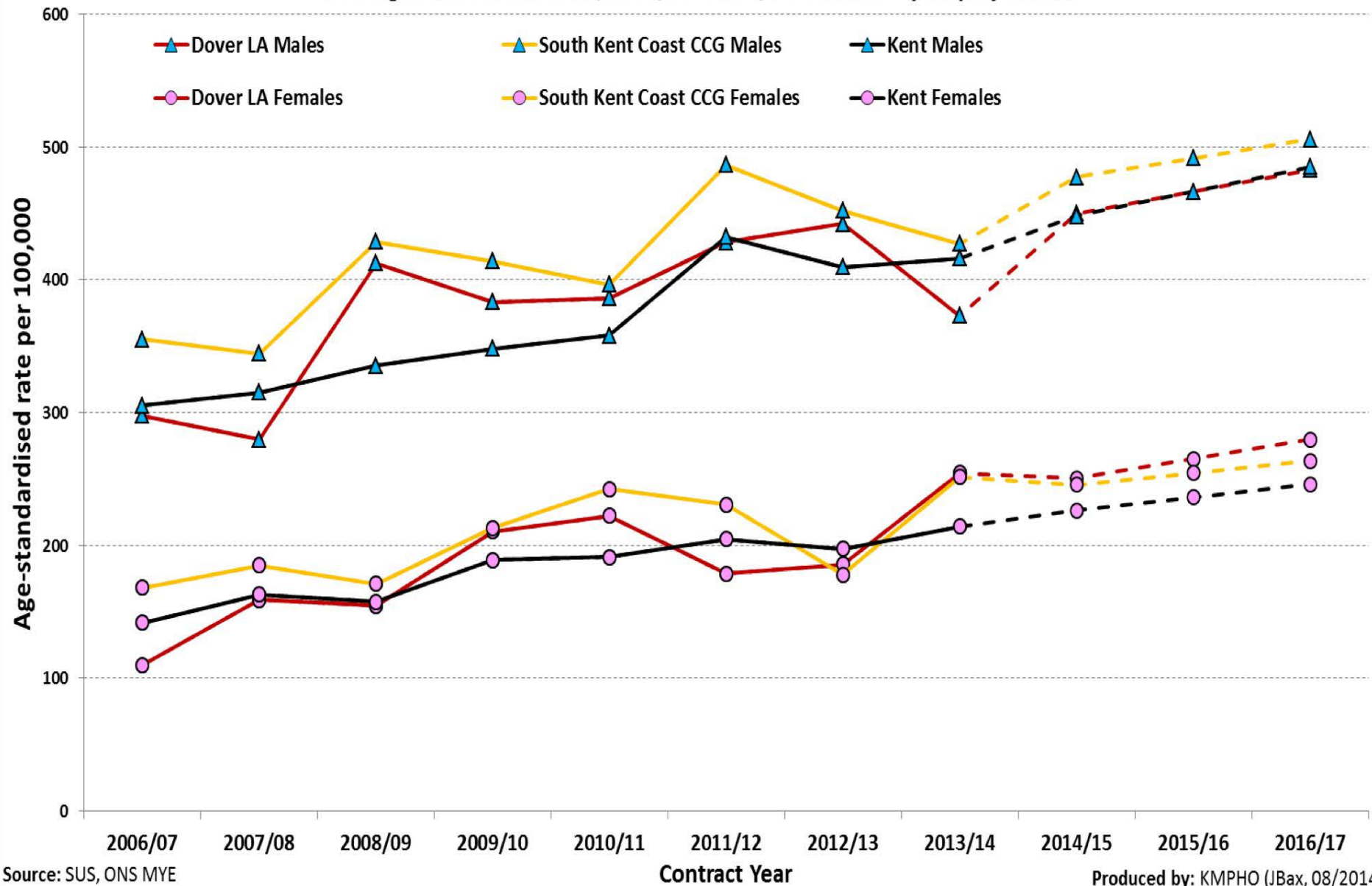


Export table as image



Indicator	Period	South Kent Coast			Sub-region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
1.02 - Years of life lost due to alcohol-related conditions (Persons)	2015	—	1,396	707	-	552	1,579		273
1.02 - Years of life lost due to alcohol-related conditions (Male)	2015	—	1,065	1,109	-	797	2,332		411
1.02 - Years of life lost due to alcohol-related conditions (Female)	2015	—	331	311	-	311	822		130

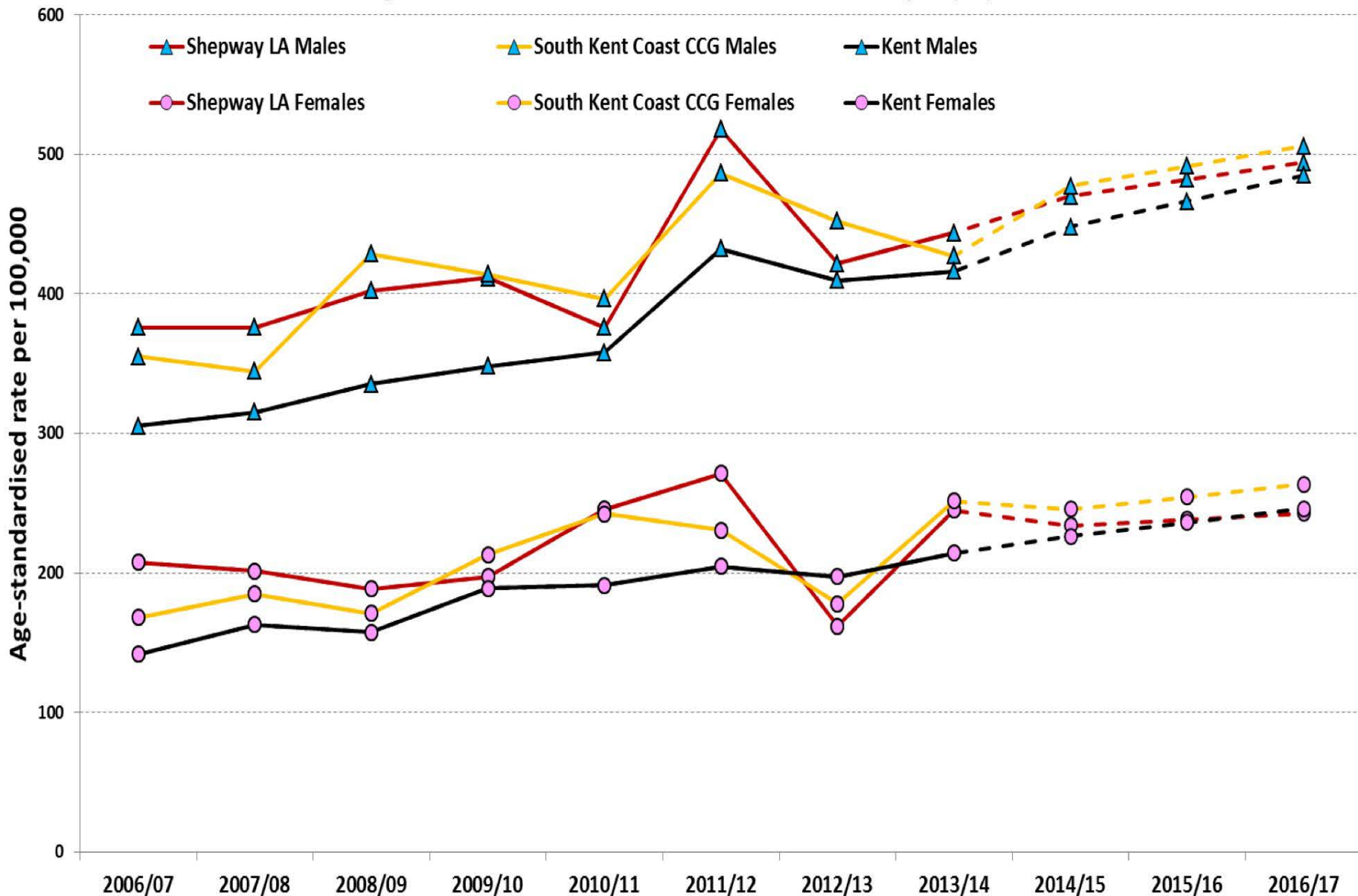
Trends in directly age-standardised emergency alcohol specific admissions to hospital for Dover residents of All Ages at LA & CCG level, 2006/07 - 2013/14 with three year projections



Source: SUS, ONS MYE

Produced by: KMPHO (JBax, 08/2014)

Trends in directly age-standardised emergency alcohol specific admissions to hospital for Shepway residents of All Ages at LA & CCG level, 2006/07 - 2013/14 with three year projections

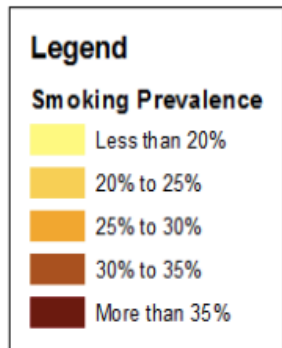
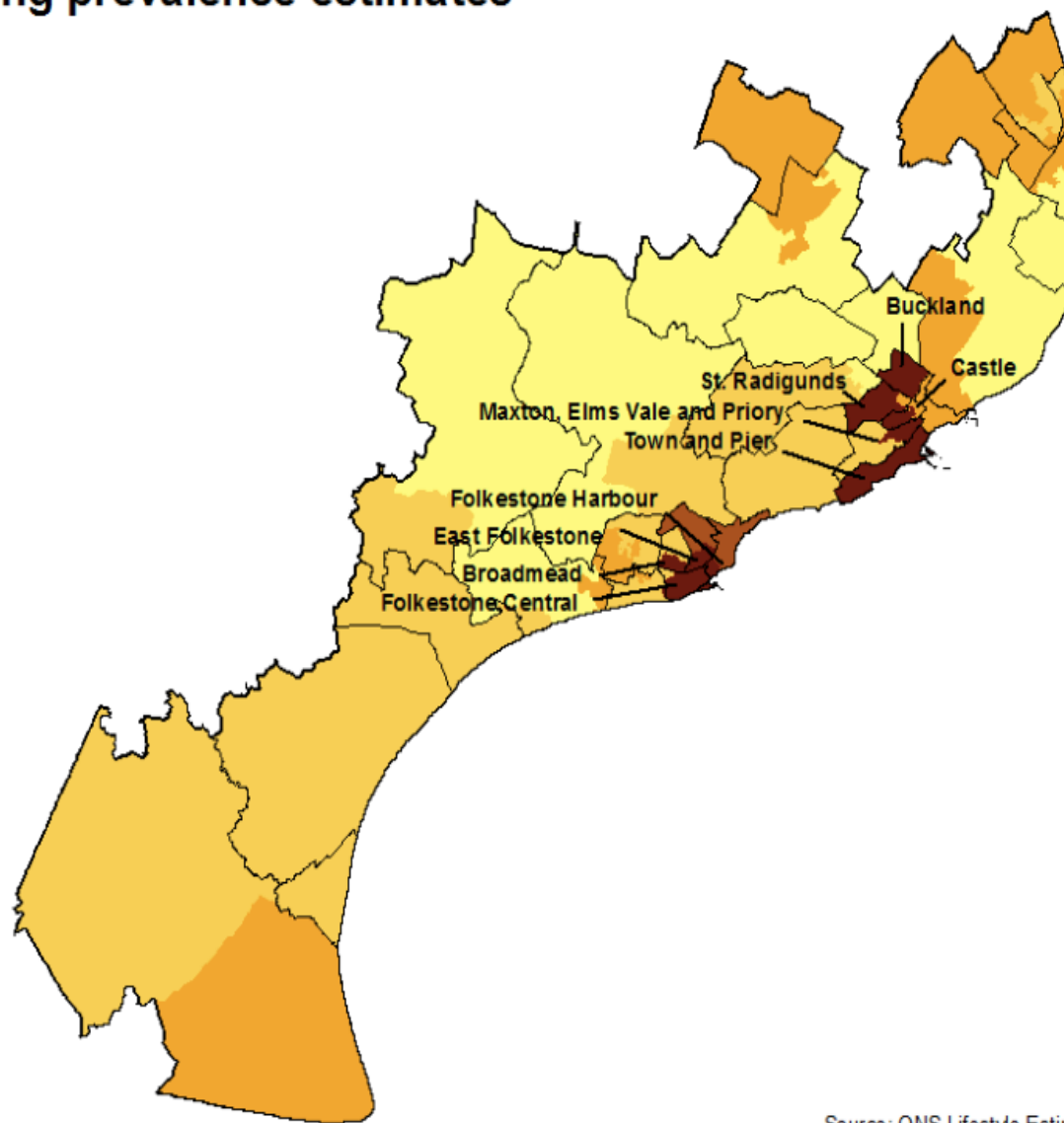


Source: SUS, ONS MYE

Contract Year

Produced by: KMPHO (JBax, 08/2014)

Modelled smoking prevalence estimates

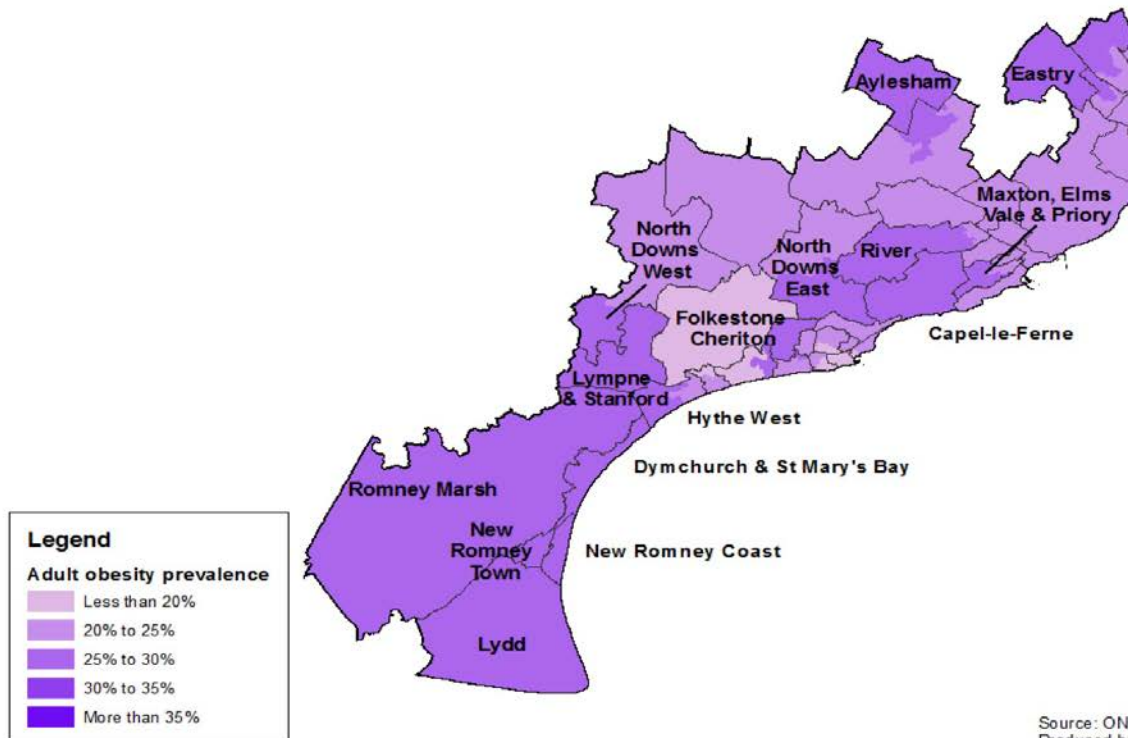


Source: ONS Lifestyle Estimates 2006-2008
Produced by: ZC, KPHO

Obesity and Healthy Weight

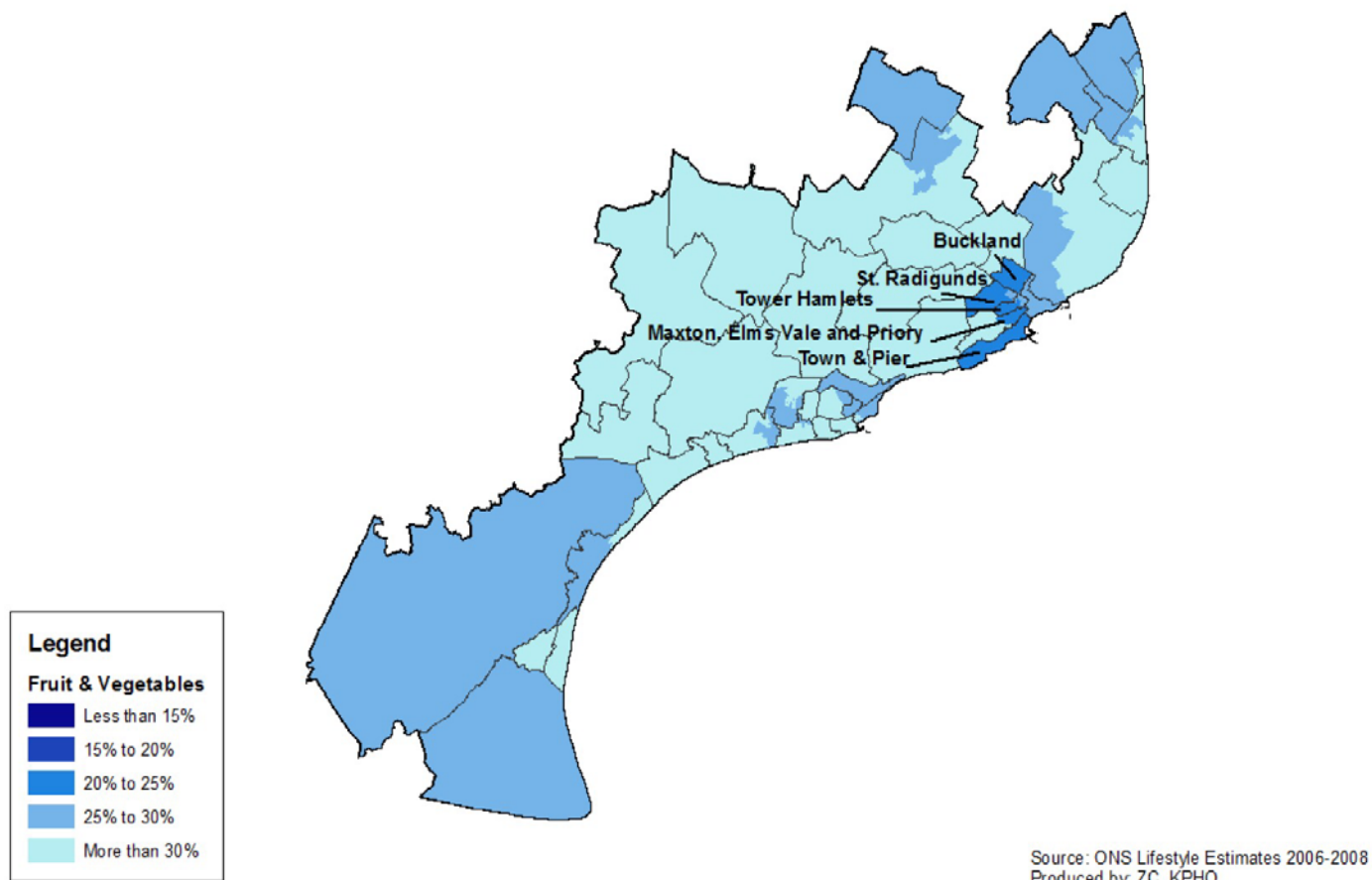
Lifestyle

Modelled adult obesity prevalence estimates



Source: ONS Lifestyle Estimates 2006-2008
Produced by: ZC, KPHO

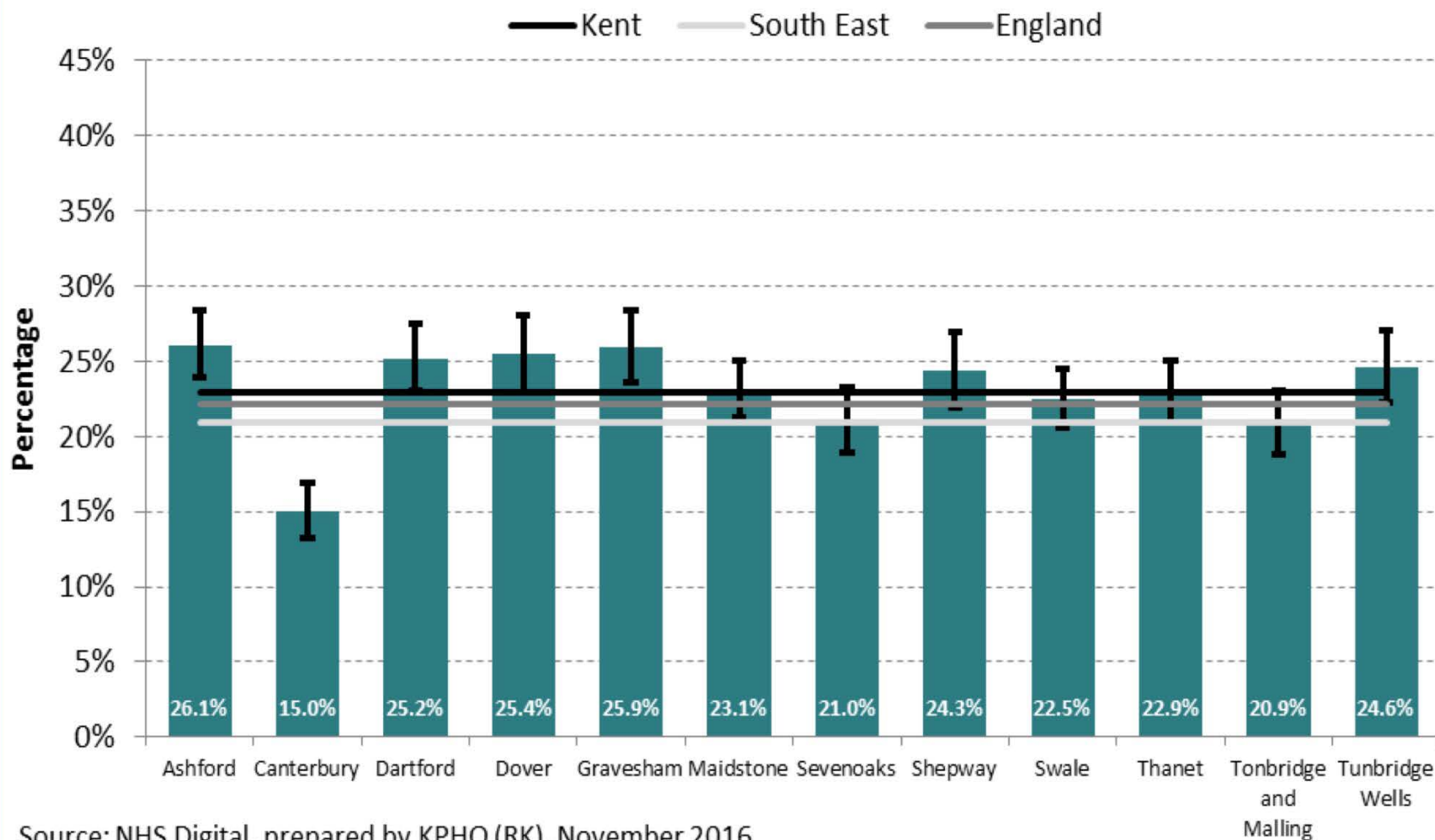
Modelled fruit & vegetable consumption prevalence estimates



The healthy lifestyle measure for fruit and vegetable consumption for adults (aged 16 years or more) was generated from the data collected in the 2001 and 2002 Health Surveys for England. It was estimated by modelling data found about the quantities of different types of fruit and vegetables consumed on the previous day.

Prevalence of excess weight: Reception year

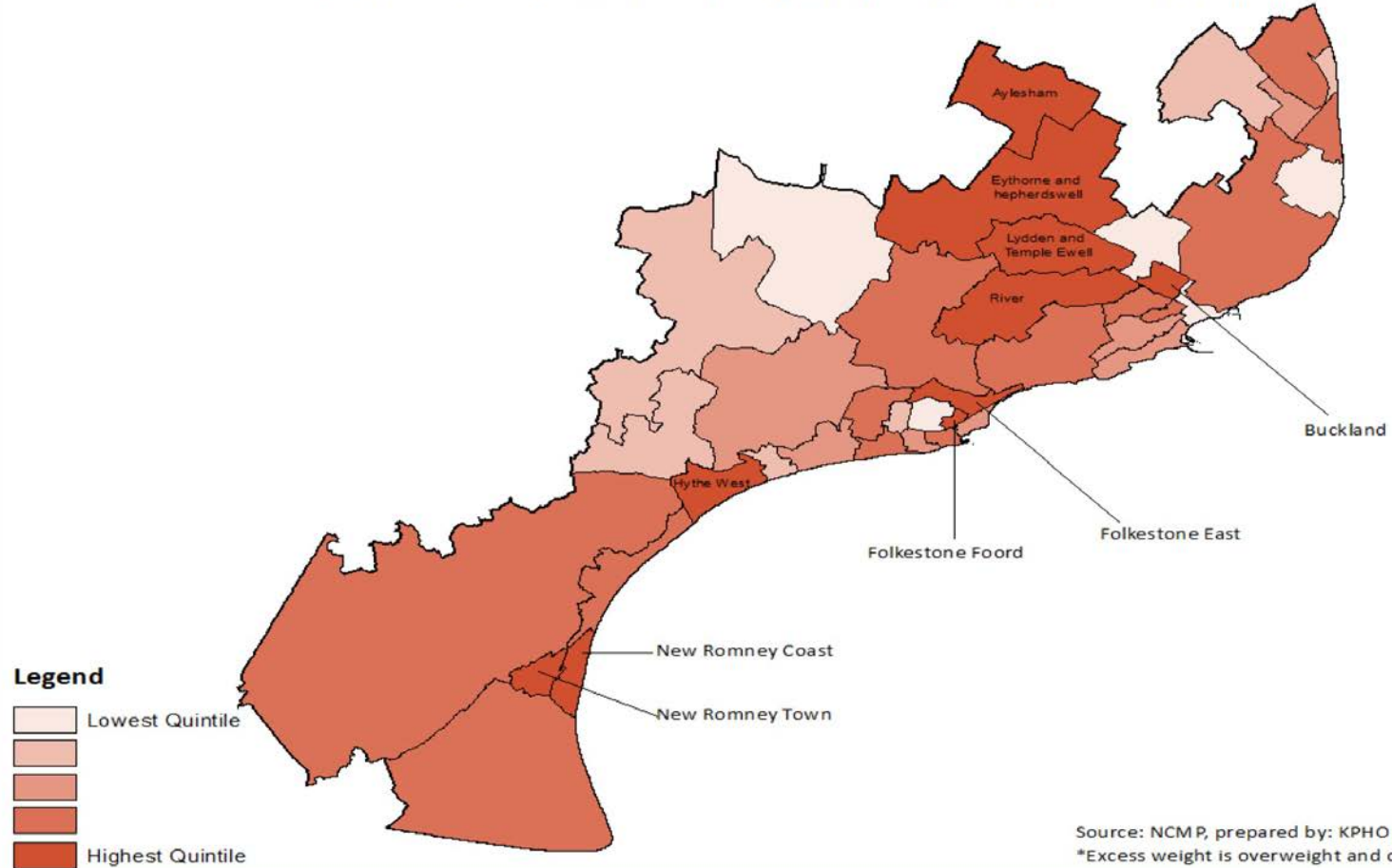
Prevalence of body mass index classifications for overweight and obesity, districts, 2015/16



Source: NHS Digital, prepared by KPHO (RK), November 2016

Childhood Obesity

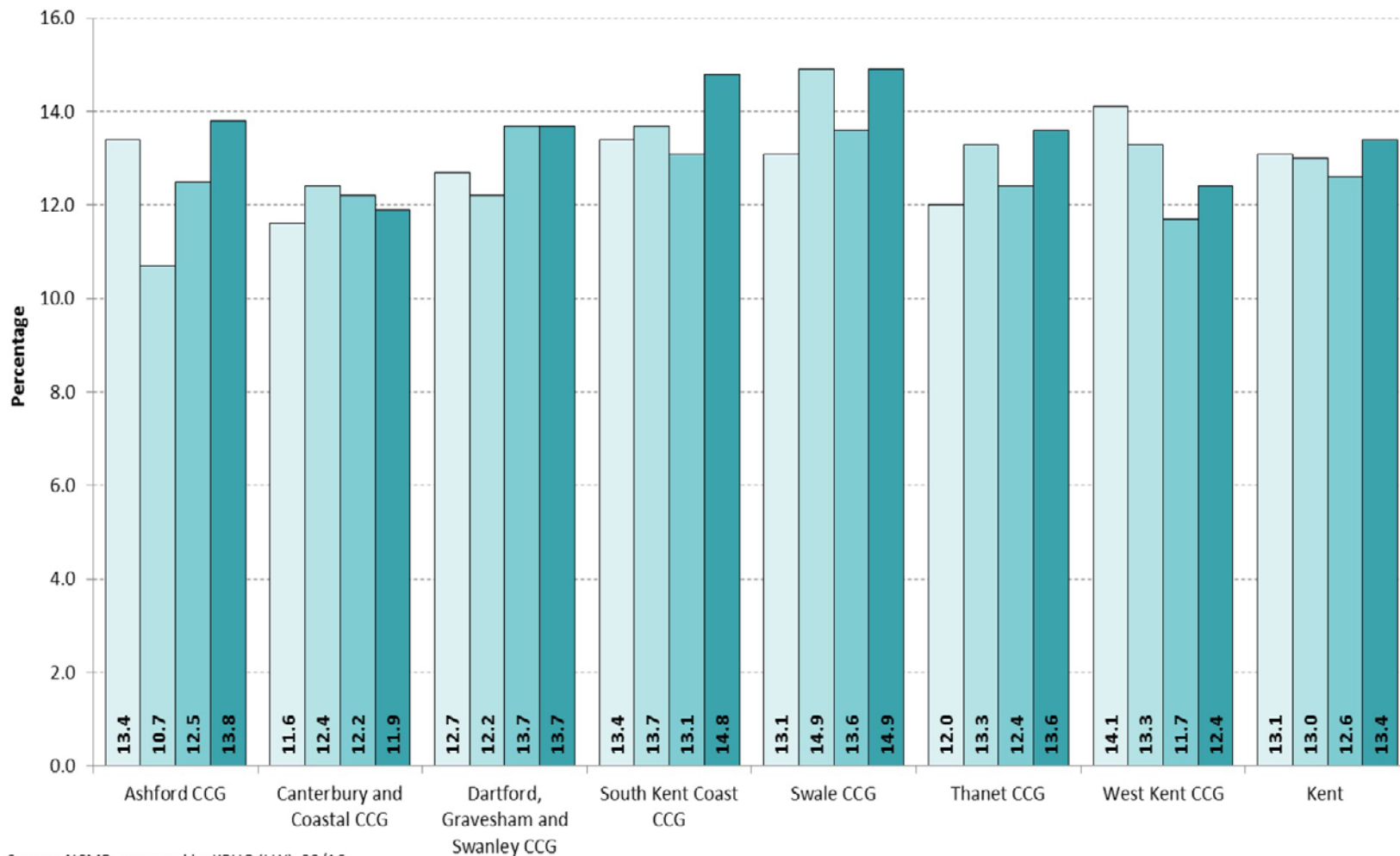
National Child Measurement Programme: by quintiles
Prevalence of excess weight*, reception year, by ward, 2013/14 to 2014/15 combined



Source: NCMP, prepared by: KPHO (LLY), 05/16
*Excess weight is overweight and obesity combined

National Child Measurement Programme: Overweight
The percentage of Reception Year pupils who are overweight, 2011/12 to 2014/15, persons

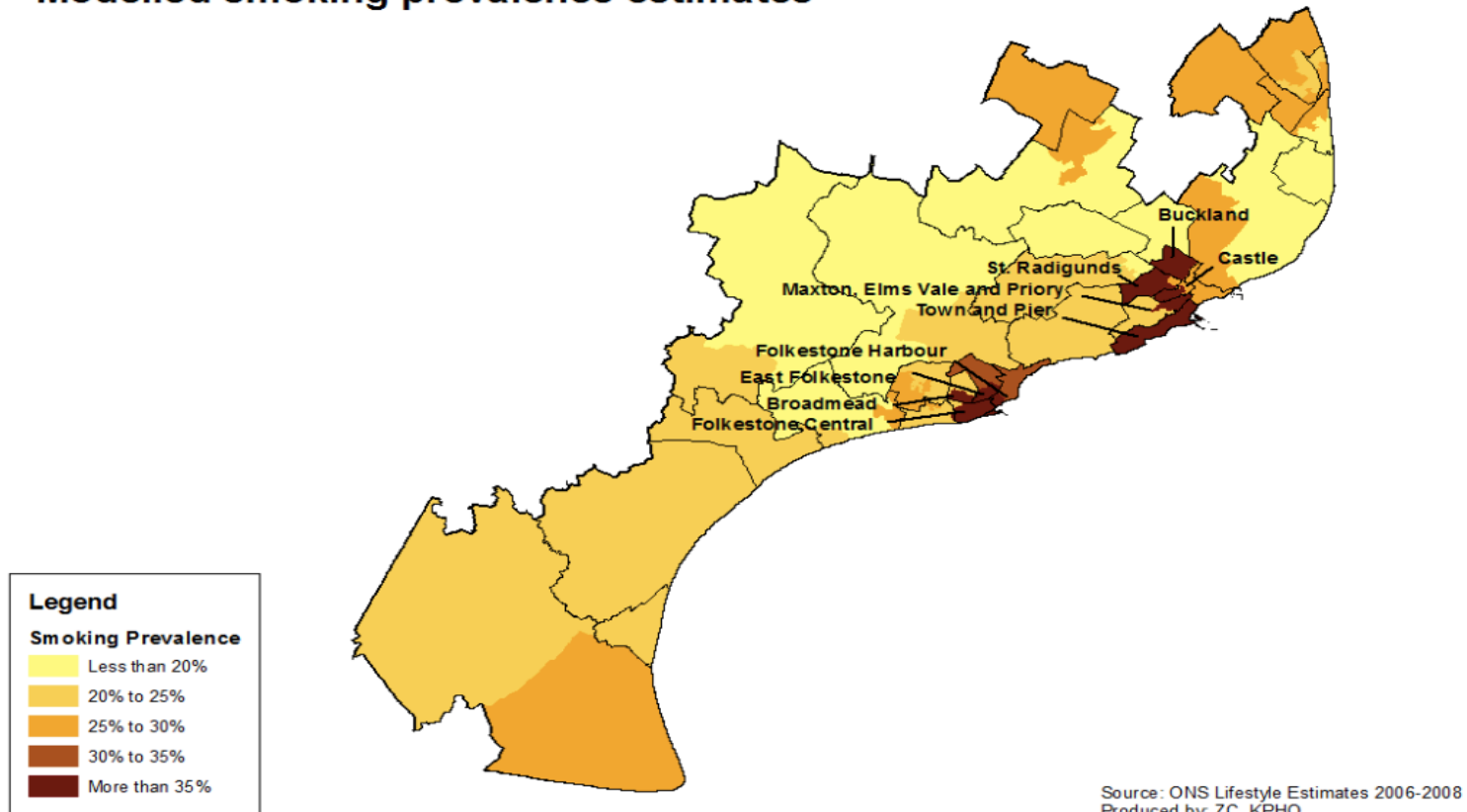
2011-2012 2012-2013 2013-2014 2014-2015



Source: NCMP, prepared by KPHO (LLY), 09/16

Smoking

Modelled smoking prevalence estimates



Identification and Brief Advice for Alcohol

- South Kent Coast – Healthcare costs relating to alcohol misuse are estimated at £15.76 million per year which equates to £96 per person per year (16+ population)
- Depending on the number of patients, and rounding £96 up to £100, a practice adult population of:
 - 2,000 patients - alcohol healthcare costs of £200,000,
 - 6,000 - alcohol misuse healthcare £600,000 / year
 - 20,000 - alcohol misuse healthcare £2,000,000 / year

Public Health Ambitions: Smoking

Reduce national smoking rates across the population and associated burden on NHS, local authorities and wider society to:

- Reduce the number of smoking attributable admissions by 2020/21
- Increase delivery of very brief advice on smoking cessation in secondary health care settings (see section 9.3)
- Decrease rates of smoking during pregnancy

Reduce Harm to Patients who Smoke

- Aim: to reduce harm from smoking for individuals who are unable or unwilling to stop smoking. The best thing a smoker can do is to stop. Not all smokers are willing to quit permanently, immediately and forever, but there are ways we can help them reduce their harm by temporary abstinence and cutting down to quit
- Implementing NICE guidance PH45 within treatment / care pathways is recommended. This supports a programme of harm reduction enabling temporary abstinence or smoking reduction, such as a 'stop before the op' initiative. This improves medical outcomes and reduces complications

Obesity: Selected Interventions

- CCGs and local authorities ensure there are evidence-based weight management services accessible to their local population through co-commissioning across the obesity pathway and that these are robustly evaluated – see section 3.2
- Integrate weight management and mental health services. CCGs and local authorities work together with providers to enable access into appropriate community and clinical obesity services for individuals suffering with mental health illness and/or with learning disabilities
- Tackle the obesogenic environment. CCGs and local authorities work together to support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks
- Make every contact count. Health and care professionals empower healthier lifestyle choices and improve access to relevant and appropriate obesity services supported by All Our Health:
- <https://www.gov.uk/government/publications/all-our-health-about-the-framework>

Public Health Ambitions: Physical Activity

Prevent premature deaths and long term conditions by:

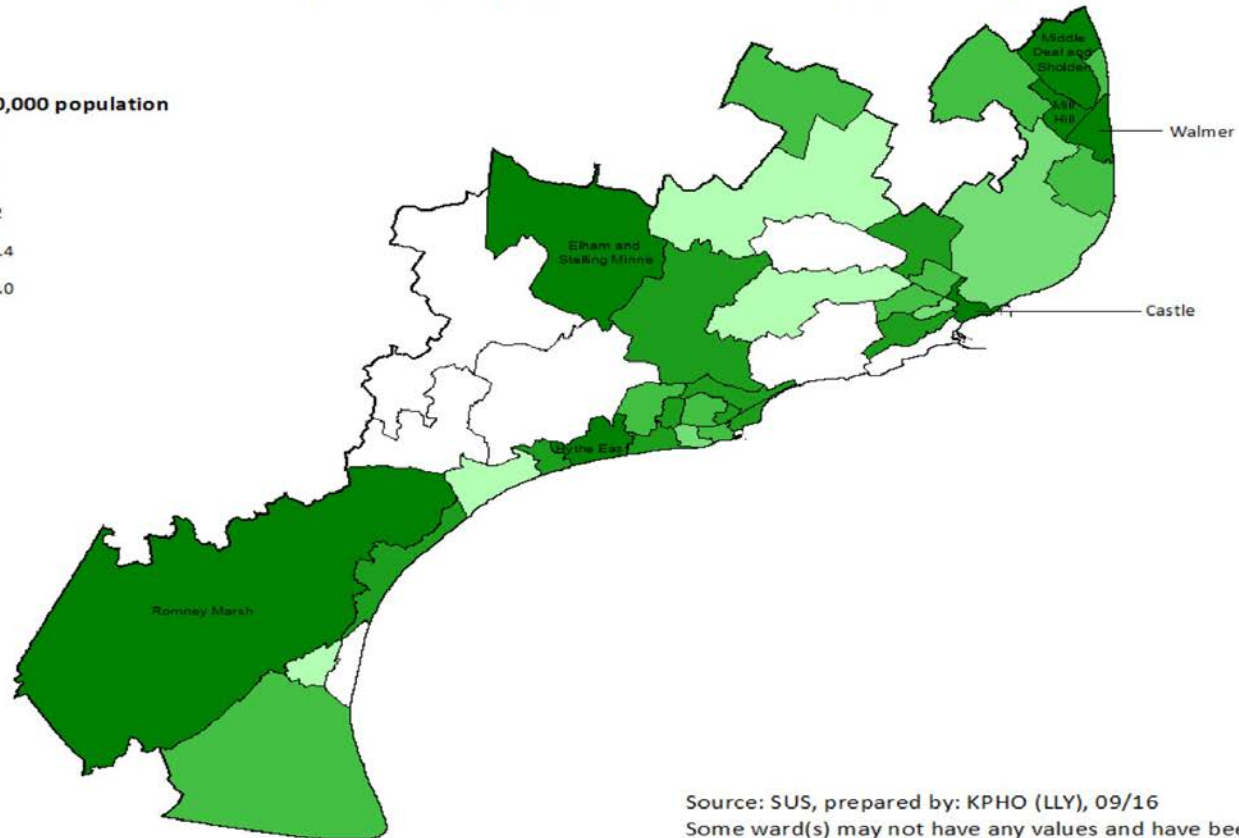
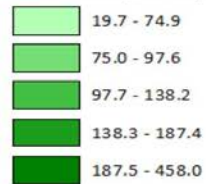
- Reducing the number of physically inactive people and increasing the number of people achieving the level of activity in the CMO guidelines
- Ensuring health care professionals have the skills to deliver brief advice on physical activity to patients to make every contact count

Children

Deliberate and unintentional injury hospital admissions, 2015/16
Crude rate per 10,000 population, children aged 0-4 years

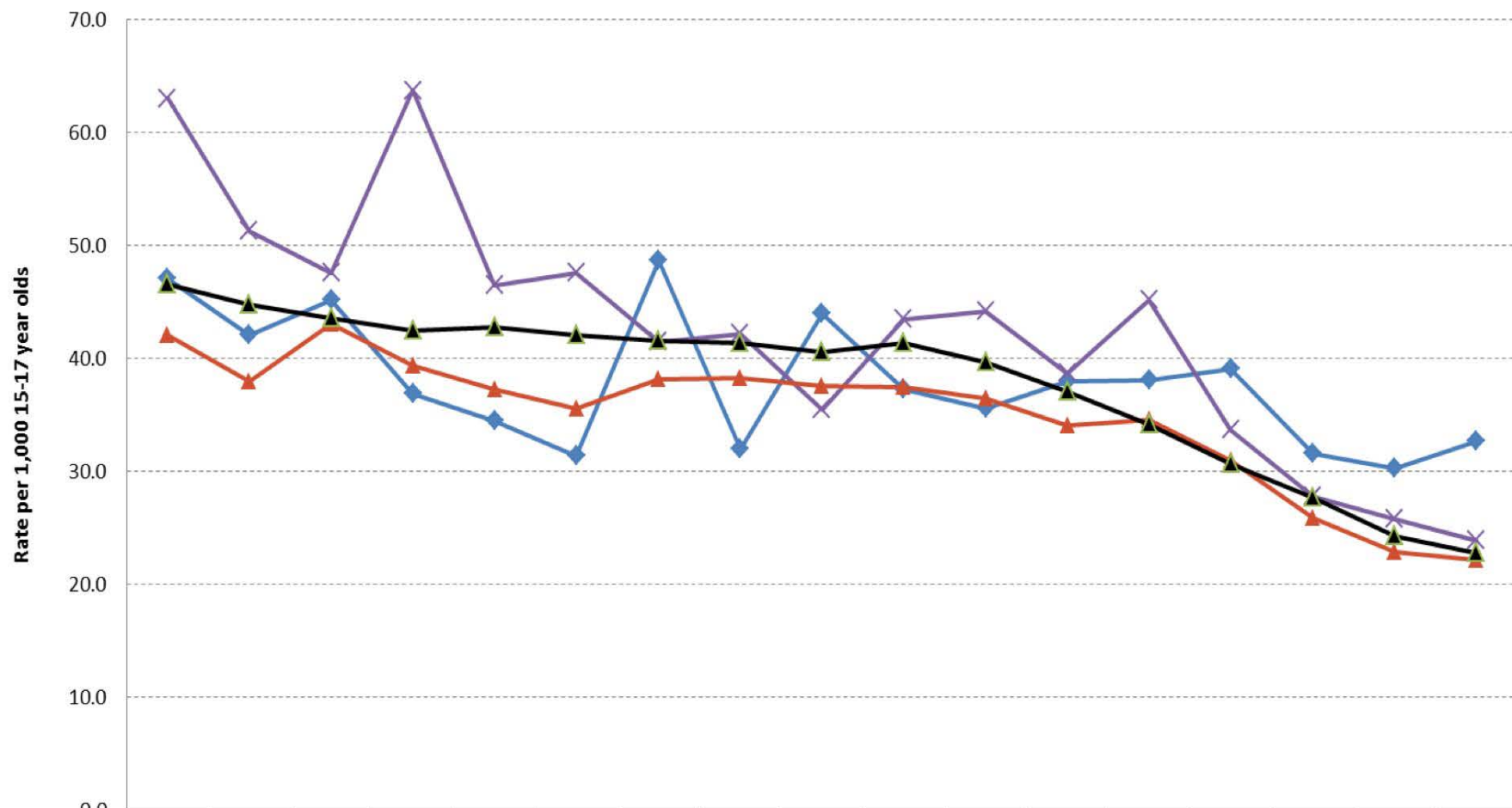
Legend

Crude rate per 10,000 population



Source: SUS, prepared by: KPHO (LLY), 09/16
Some ward(s) may not have any values and have been left blank

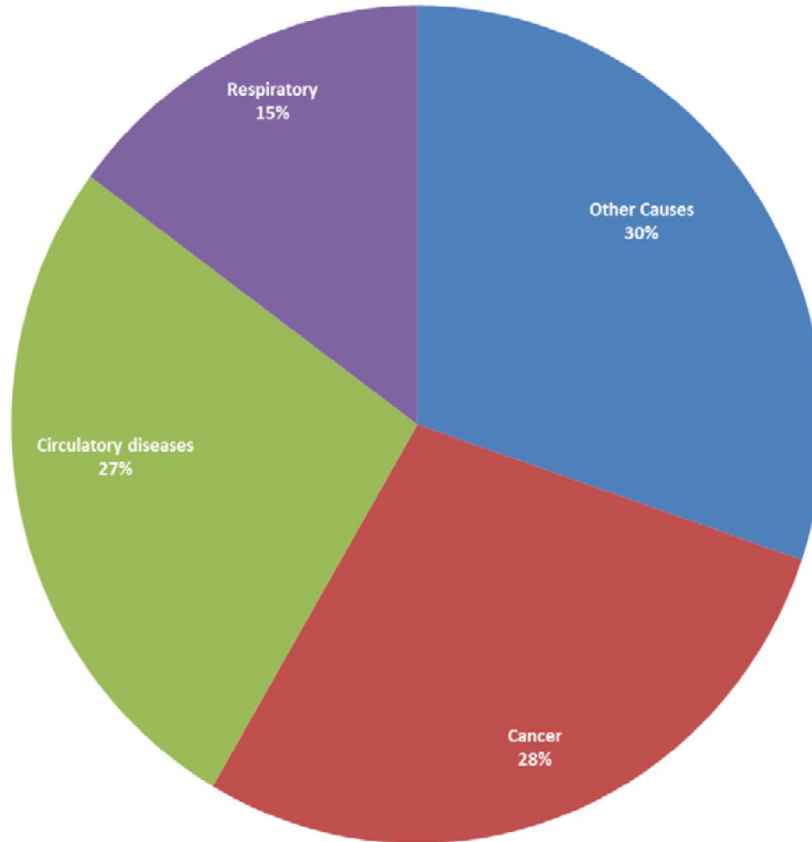
Teenage Conception Rate Trend (1998-2014)



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
◆ Dover	47.1	42.1	45.2	36.9	34.5	31.4	48.7	32.0	44.0	37.3	35.6	38.0	38.1	39.1	31.6	30.3	32.7
✕ Shepway	63.0	51.3	47.6	63.7	46.5	47.6	41.5	42.2	35.5	43.5	44.2	38.7	45.2	33.7	27.8	25.8	23.9
▲ Kent	42.1	38.0	43.1	39.4	37.3	35.6	38.2	38.3	37.6	37.5	36.5	34.1	34.6	31.0	25.9	22.9	22.2
▲ England	46.6	44.8	43.6	42.5	42.8	42.1	41.6	41.4	40.6	41.4	39.7	37.1	34.2	30.7	27.7	24.3	22.8

Source: ONS, prepared by KPHO (LLY), 09/16

Underlying cause of death, all ages, South Kent Coast CCG, 2015 - Overview



The main underlying causes of death were cancer (28%) and circulatory disease (27%). A fifth (20%) of deaths from cancer were due to bronchus or lung cancer. Of those deaths with an underlying cause of death of circulatory disease, 40% of deaths were due to ischaemic heart diseases, and 25% due to cerebrovascular disease.

Summary

- Preventing people becoming ill and having a long-term condition is a priority - this means all services being proactive and having the confidence to have 'difficult' conversations in engaging people to make healthy choices and getting help with changing. The Public Health "One You" service via KCHFT can help. The new Substance Misuse Services via RAPt will also be available.
- South Kent Coast has an ageing population - so healthy aging is essential. Proactive primary care and programmes addressing mobility, physical activity and hypertension as well as self care in long-term conditions are vital. Health Checks and proactive prevention is key.
- South Kent Coast has made good strides in work with children's health - particularly teenage conceptions. STI rates are still high and terminations are increasing.
- South Kent Coast has average rates (compared to England) for mental illness. However this is a national priority. Kent Live Well is available.