DOVER DISTRICT COUNCIL

Democratic Services
White Cliffs Business Park
Dover
Kent CT16 3PJ

Telephone: **(01304) 821199**
Fax: **(01304) 872452**
DX: **6312**
Minicom: **(01304) 820115**
Website: **www.dover.gov.uk**
e-mail: **democraticservices@dover.gov.uk**

14 September 2016

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** on Tuesday 20 September 2016 at 3.00 pm, the following reports that were unavailable when the agenda was printed.

11 **HEALTH INEQUALITIES STRATEGY** (Pages 2 - 57)

To consider the report (to follow).

Presenter: Jess Mookherjee, Consultant in Public Health, Kent County Council

Yours sincerely

Chief Executive

From: Jessica Mookherjee, Consultant in Public Health – Kent County Council and South Kent Coast

To: South Kent Coast Health and Well Being Board

Date: September 12th 2016

Title: Closing the Gap in Health Inequalities in South Kent Coast

Authors: Jessica Mookherjee, Consultant in Public Health. Ivan Rudd, Specialist in Public Health.

Introduction

1.1 The Kent Health Inequalities Strategy – Mind the Gap (2013-15) brought the wider determinants of health to the attention of local Health and Well Being Boards. A South Kent Coast Health Inequalities Strategy, "Right Treatment, Right Care, Right Time" was published in 2013/4. However, across Kent Health Inequalities have been flat-lining at best and, in places, getting worse.

1.2 The Director of Public Health's Annual Public Health Report for 2015 concentrated on Kent's Health Inequalities. He was clear that in order to narrow the health inequalities across Kent concentration was needed on those areas where there was greatest deprivation.

1.3 Over a range of health indicators, Kent usually has better then the England average e.g. life expectancy and mortality rates. However, this is not the case for Dover and Shepway Districts. Deprivation statistics in South Kent Coast Clinical Commissioning Group area are higher than the Kent average and the England average, with generally worse health outcomes. Across Kent most people die of Cancer, but the most significant causes of death (in both men and women) in South Kent Coast CCG and Dover and Shepway districts are cardiovascular disease, respiratory disease and Gastro-Intestinal disease as well as Cancer. In the main these diseases are preventable through earlier detection, behavioural modification and optimal risk management. However, it is understandable that people who live with more economic hardship often have to make hard and stressful decisions in order to survive. Therefore, this report supports prioritising the people in the areas of greatest deprivation to improve their health outcomes. This will be done taking a three-fold approach, equity in health services and proactive care, community engagement and support and place shaping and population based interventions.

2. Health Inequalities in South Kent Coast

2.1 The data presented in the report showed that people in the most deprived communities in Kent had a statistically significant chance of dying at far greater rates then the rest of the Kent population. The report cuts the smaller geographical areas (or Lower Level Super Output Areas) into groups of ten (deciles). The 10th (most) deprived decile is where the people with highest rates of premature mortality live. The people living in these areas also suffer higher rates of diseases and behaviours that contribute to early death. The difference between the most affluent deciles and the poorest deciles is called the Health Inequalities GAP. The challenge across Kent, is to reduce this GAP.

2.2 There are 88 Lower Level Super Output Areas (LLSOAS) that feature in the most deprived decile for deprivation across Kent. The Majority of these economically poorer areas are in East Kent. Out of these 88, there are **19** LLSOAS in South Kent Coast. There are 11 in Dover (six wards) and 8 in Shepway (three wards). The wards and lower level super output areas are shown in Table 1.

2.3 Attached are two papers *The Mind the Gap: Health Inequalities Action Plan for Kent Analytical Report 2016*[1] and a more localised specific report for South Kent Coast CCG[2]. This report provides an overview of inequalities in Kent since Kent's 2012 Strategy 'Mind the Gap'.

Inequalities in South Kent Coast Clinical Commissioning Group area.

Table 1. Summary of the of the most deprived deciles for SCK CCG (Dover and Shepway)

District Council	CCG Hub	Ward Name	2011 LSOA Name	Kent LSOA Rank
Dover	**Dover**	Aylesham	Dover 006C	88
		Buckland	Dover 011D	48
		Buckland	Dover 011A	72
		Castle	Dover 012F	32
		Maxton, Elms Vale and Priory	Dover 013B	37
		Maxton, Elms Vale and Priory	Dover 013A	70
		St Radigunds	Dover 011F	24
		Tower Hamlets	Dover 012D	58
		Tower Hamlets	Dover 013D	71
		Tower Hamlets	Dover 011H	81
		Town and Pier	Dover 013E	74
Shepway	**Folkestone**	East Folkestone	Shepway 003C	26
		East Folkestone	Shepway 003A	83
		East Folkestone	Shepway 004B	86
		Folkestone Harbour	Shepway 014A	12
		Folkestone Harbour	Shepway 004E	68
		Folkestone Central	Shepway 014B	23
		Folkestone Central	Shepway 014D	49
		Folkestone Central	Shepway 014C	53

Source: KPHO 2016

3. Taking Action

The new Kent Health Inequalities Strategy for 2016 onwards wants local Health & Well Being Boards to prioritise these most deprived areas in order to tackle the health inequalities GAP. There are three key ways this can be done:

1. **Service Approach**: Where **preventative**, **assertive and proactive health care** is possible (e.g. the key killers and illness in these areas are lung cancer, alcohol related illness, COPD and heart disease) these health related interventions such as routine screening, primary care follow up, assertive reach and self care - should be carried out. A detailed health inequalities strategy for the CCG will be devised and represented to Health and Well Being Board in November 2016. Delivery will be via three key work strands of the CCG (and health partnerships). These are Prevention and Self Care Plan, The Primary Care Strategy and the Organisational Development and Work Force Strategy. These strategies will ensure there is a

[1] http://www.kpho.org.uk/__data/assets/pdf_file/0011/58835/Mind-the-Gap-Analytical-Report-D2.pdf

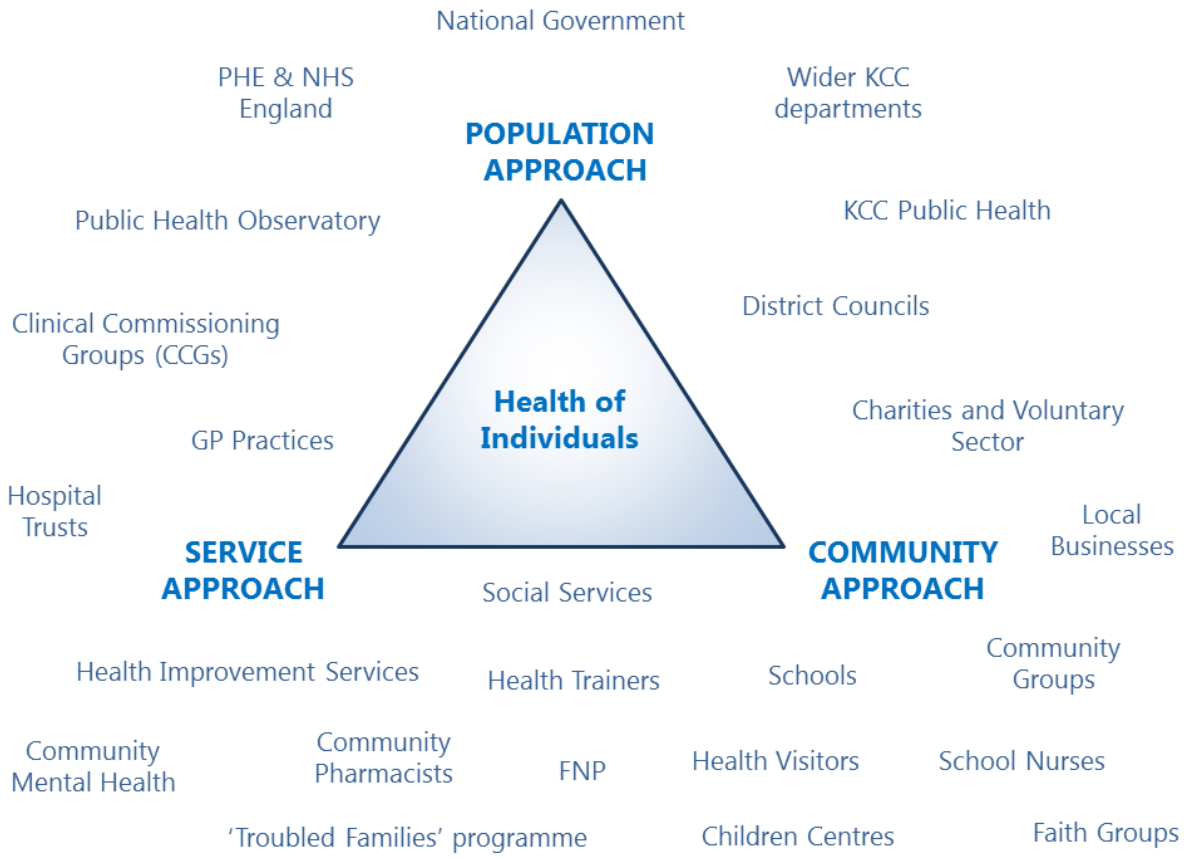
focus on the right care for those with drug and alcohol problems, smoking related illness (e.g. lung cancer) and heart disease.

2. **Community Approach: Area based approaches including community and asset development** will take place in each of the communities that are identified as priority. For this to take place the local public health teams will co-ordinate some local community research and information gathering on the communities in question. It is clear that District Councils and local members have a wealth of information. Once this is collated and the communities are identified, engagement with the communities is vital – and the health and Well Being Board members are asked to advise on how best to progress this for Dover and Shepway. Pooling of resources from all partners such as engagement workers, communications teams, care navigators and local people will be vital. Once the communities have been identified and engaged – it is hoped that local community health plans will drawn up to address people's concerns.
3. **Population Approach: Place Shaping and Preventative Plans** will be brought together The Health and Well Being Board are asked to advise on how the district plans can be shaped to target the vulnerable communities e.g. links with planning and licencing, the workforce and economy and leading on a plan to reduce obesity, smoking and alcohol harm.

4. Conclusion

The South Kent Coast Health and Well Being Board is asked to

a/ Note and comment on the Health Inequalities papers from KCC – in particular reference to the new locality data profiles published by PHE.
b/ Comment on the feasibility and approach to tackling the most economically vulnerable communities first and gathering more information on the communities in question.
c/ Advise the public health team on resources needed to conduct the community research – i.e. one meeting, or small task and finish group?


National Government
PHE & NHS England
Wider KCC departments
POPULATION APPROACH
Public Health Observatory
KCC Public Health
Clinical Commissioning Groups (CCGs)
District Councils
Health of Individuals
GP Practices
Charities and Voluntary Sector
Hospital Trusts
Local Businesses
SERVICE APPROACH
COMMUNITY APPROACH
Social Services
Health Improvement Services
Health Trainers
Schools
Community Groups
Community Mental Health
Community Pharmacists
FNP
Health Visitors
School Nurses
'Troubled Families' programme
Children Centres
Faith Groups

KENT PUBLIC HEALTH OBSERVATORY

Mind The Gap: Health Inequalities Action Plan for Kent

Analytical Report

June 2016

Produced by

Dr Wikum Jayatunga: Public Health Registrar
Rachel Kennard: Senior Intelligence Analyst (rachel.kennard@kent.gov.uk)
Natasha Hobbs: Information Officer (natasha.hobbs@kent.gov.uk)

Many thanks for Professor Chris Bentley for his advice and guidance

Correspondence to: Rachel Kennard

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1. Executive summary

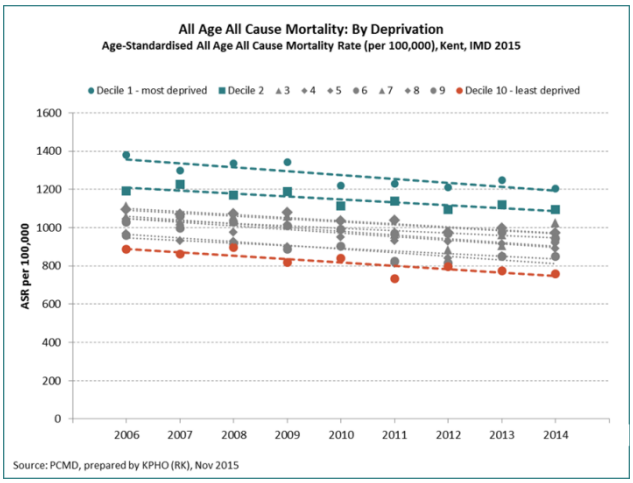
1.1 Introduction

This analysis was conducted to help inform the 2015 Public Health Annual Report and the forthcoming Mind the Gap: Health Inequalities Action Plan for Kent 2016. The analysis seeks to provide greater understanding of the true nature of the health inequalities in Kent.

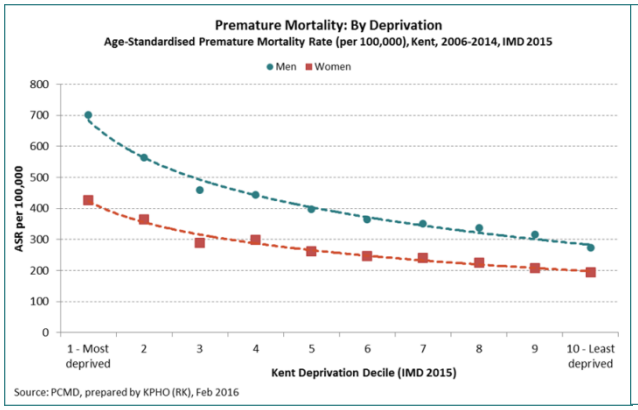
1.2 Key findings

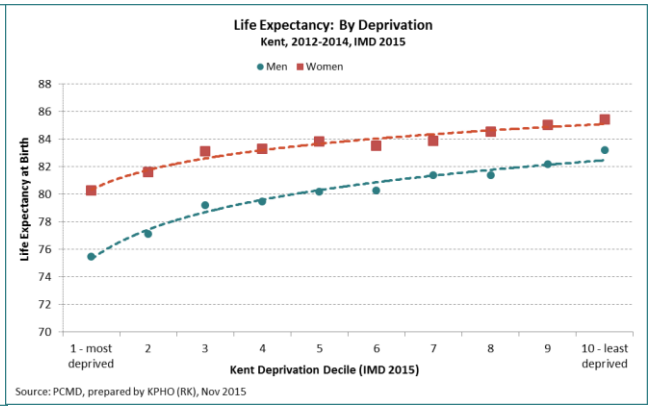
1.2.1 Inequalities in health outcomes

Whilst mortality rates in Kent have been falling over the last decade, the 'gap' in mortality rates between the most deprived and least deprived persists. This gap is particularly large for the most deprived deciles.



The most deprived populations have disproportionately worse premature mortality rates and life expectancy. This is demonstrated by the non-linear nature of the relationship between these high level health outcomes and deprivation.





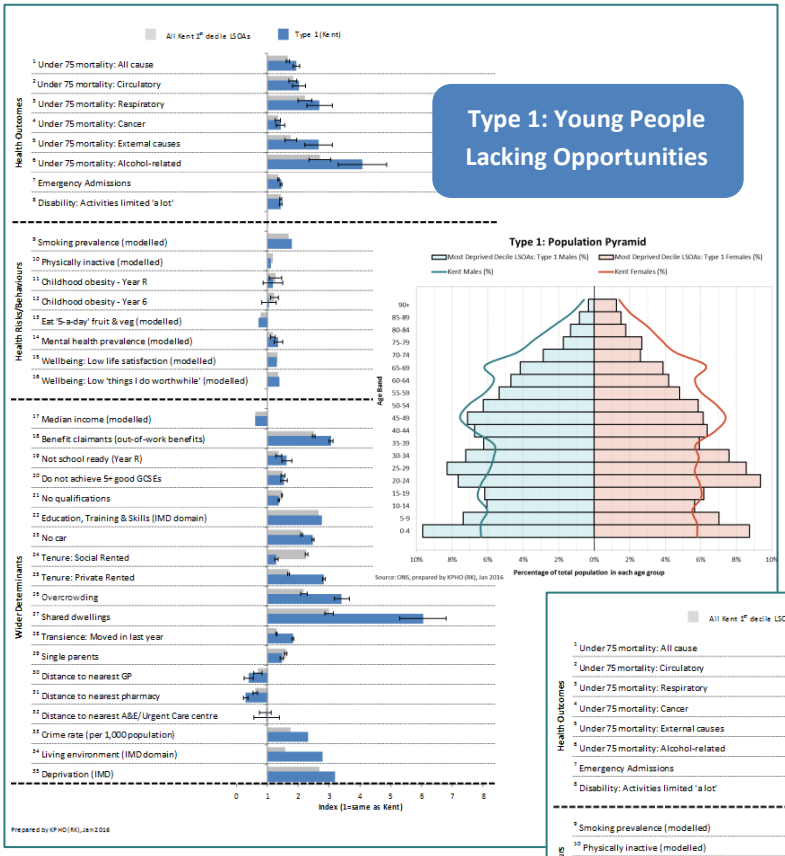
There are also inequalities in the causes of premature mortality. In the more deprived deciles, an increased proportion of the deaths are caused by cardiovascular, respiratory and GI disease.

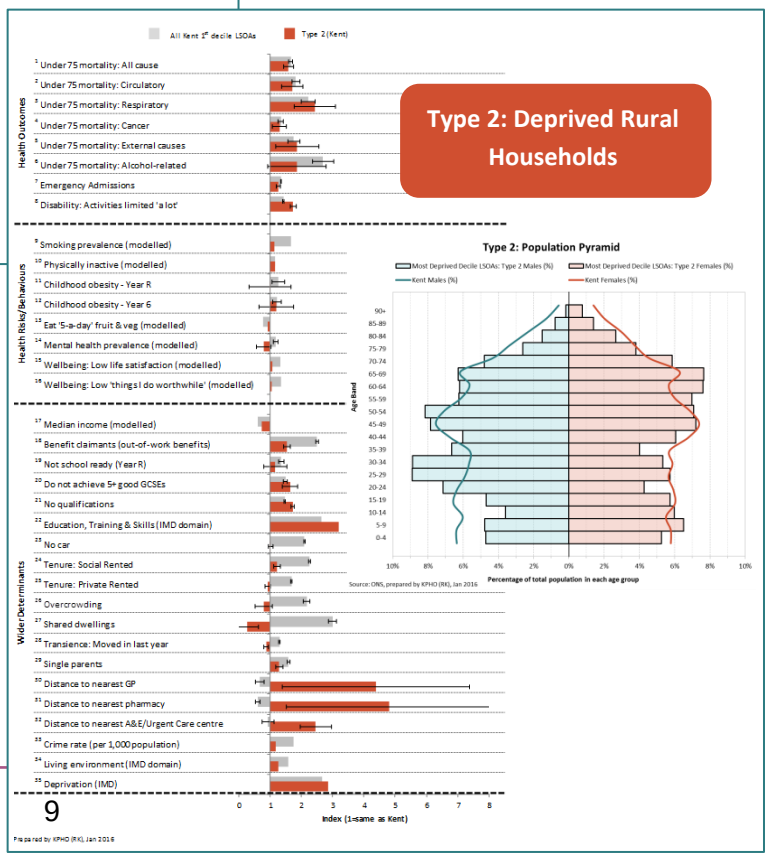
1.2.2 Inequalities in the wider determinants of health

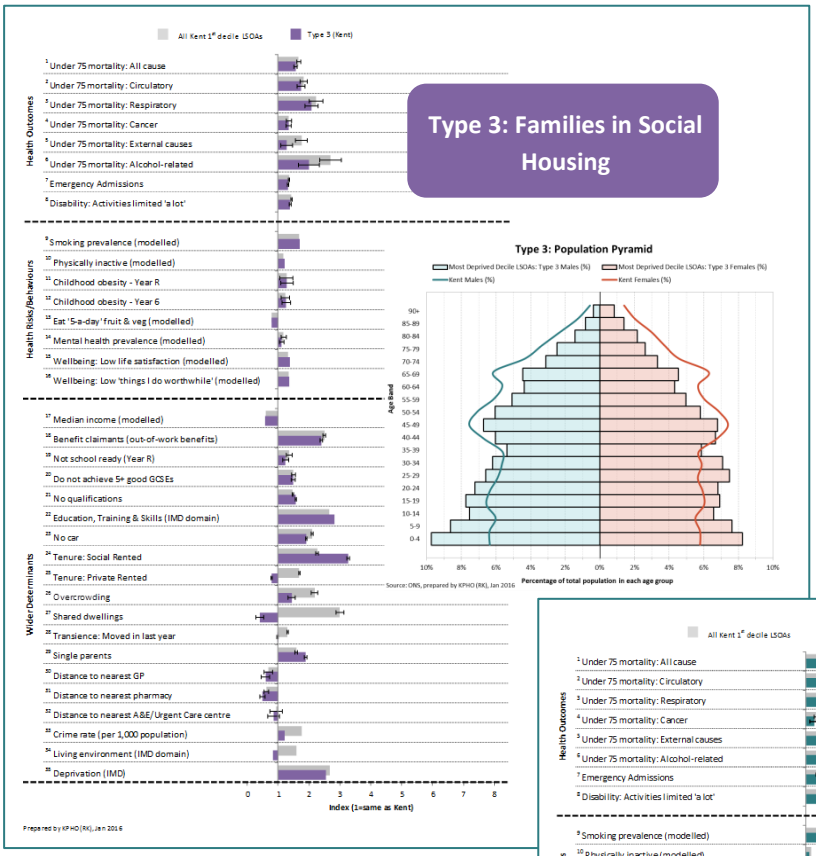
Steep inequality gradients are also evident across a large number of health and social indicators in Kent. On many measures the most deprived deciles fare disproportionately worse than their more affluent counterparts (i.e. there is a non-linear relationship with deprivation). For example, alcohol-related premature mortality is six times higher in the most deprived decile than the most affluent decile.

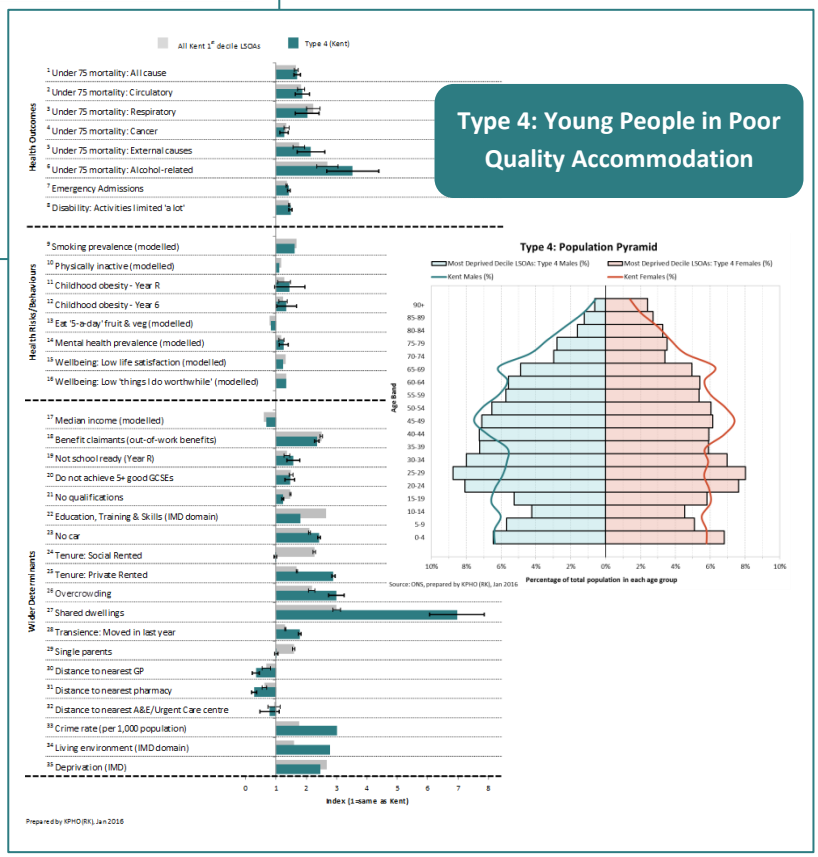
1.2.3 Types of deprivation

The LSOAs identified as falling into the most deprived decile in Kent have been subdivided using multivariate segmentation techniques. This segmentation sought to divide the most deprived LSOAs into 'types', so that within a 'type' areas are similar and between 'types' they differ. The analysis produced four distinct types.









1.3 Call to action

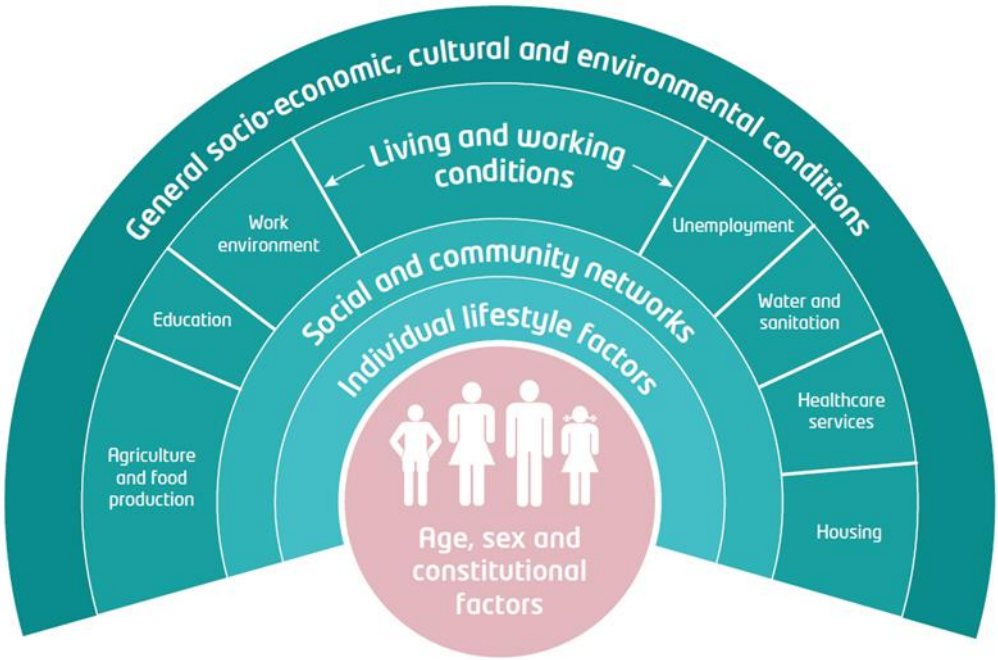
The forthcoming Mind the Gap: Health Inequalities Action Plan for Kent 2016 will include recommendations for action on health inequalities.

2. Introduction & objectives

Health inequalities are the differences in health outcomes within and between communities. We measure health inequalities overall through health statistics such as life expectancy or all-age, all-cause mortality rates or more specifically for specific disease mortality rates such as cancers, cardiovascular or respiratory disease rates.

It is now widely recognised that our health as individuals is shaped by the conditions in which we are born, grow, live, work and age[1].

Thus policy makers for health have to consider the wider set of economic, political, and social forces and systems which influence our daily lives. These wider determinants of health drive the health inequalities which exist in society; that is, the unfair and avoidable differences in health status between individuals depending on their life circumstances.



Dahlgren and Whitehead's Social Model of Health (1991)

Whilst Kent as a whole scores above the England average on a range of health indicators, this hides the great diversity and disparities which exist within, and between, Kent's communities.

[1] UCL Institute of Health Equity. Fair Society, Healthy Lives: The Marmot Review - Strategic Review of Health Inequalities in England post-2010. 2010.

In 2012 the 'Mind the Gap' action plan was formulated by Kent County Council to reduce the gap in health status between the least deprived and most deprived communities in Kent[2]. The 2015 Public Health Annual Report[3] is dedicated to health inequalities and reinforces the need to remain focussed on reducing the 'gap' in health outcomes across the county.

As part of the work surrounding the production of the 2015 Public Health Annual Report, the Kent Public Health Observatory (KPHO) were asked to provide intelligence and analytic support to bring greater understanding of the true nature of the health inequalities we see in Kent. This work has also been used to inform the forthcoming Mind The Gap: Health Inequalities Action Plan for Kent 2016[4].

The specific objectives of our analysis were as follows:

- To explore trends in inequalities in health outcomes in Kent
- To explore inequalities in both health outcomes and the wider determinants of health
- To provide further understanding of the most deprived areas in Kent, using segmentation techniques to help describe our most deprived areas.

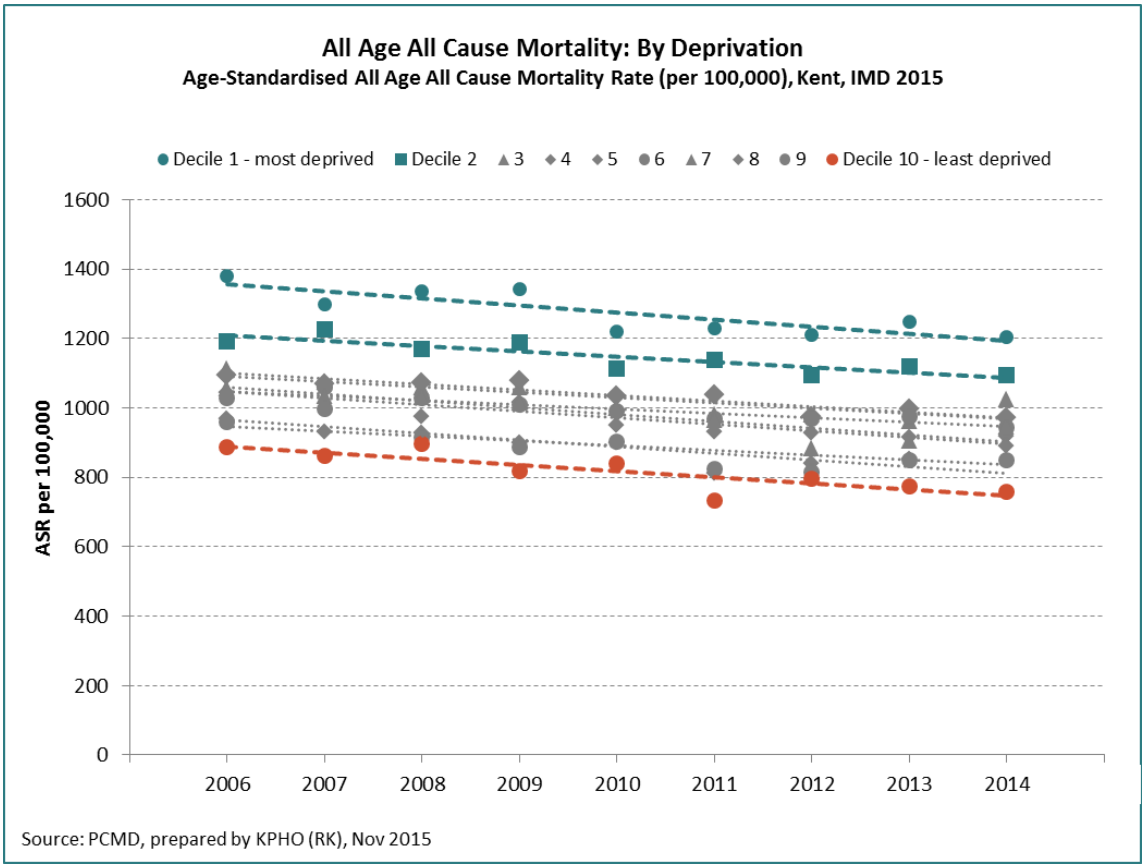
This analytical report describes the analysis we conducted and details the key findings. It should be read in conjunction with the 2015 Public Health Annual Report and the Mind The Gap: Health Inequalities Action Plan for Kent 2016 which it informs.

[2] Kent County Council. Mind The Gap: Kent's Health Inequalities Action Plan 2012/15. 2012:1-62
[3] Kent County Council. Kent Annual Public Health Report 2015: Health Inequalities (http://www.kpho.org.uk/__data/assets/pdf_file/0005/57407/Final-Public-Health-Annual-Report-2015.pdf).
[4] Kent County Council. Mind The Gap: Health Inequalities Action Plan for Kent 2016. Due for publication following County Council on 15th September 2016.

3. Inequalities in mortality & life expectancy

3.1 Trends in health inequalities

The chart below shows how the differences in all age, all cause mortality rates in Kent by deprivation decile have changed over time[5].



This analysis demonstrates that, whilst mortality rates in Kent have been falling over the last decade, the 'gap' in mortality rates between the most deprived and least deprived persists. The gap is particularly large for the most deprived deciles. This demonstrates how improving the health of an entire population does not necessarily address the health inequalities that exist between different parts of society. This persistent gap in health outcomes is not a phenomenon that is unique to Kent; the ONS recently reported that there has been a persistent fixed gap in the life expectancy across England as a whole[6]. This is consistent with the latest findings from the Global Burden of Disease Study[7]: that there are marked health

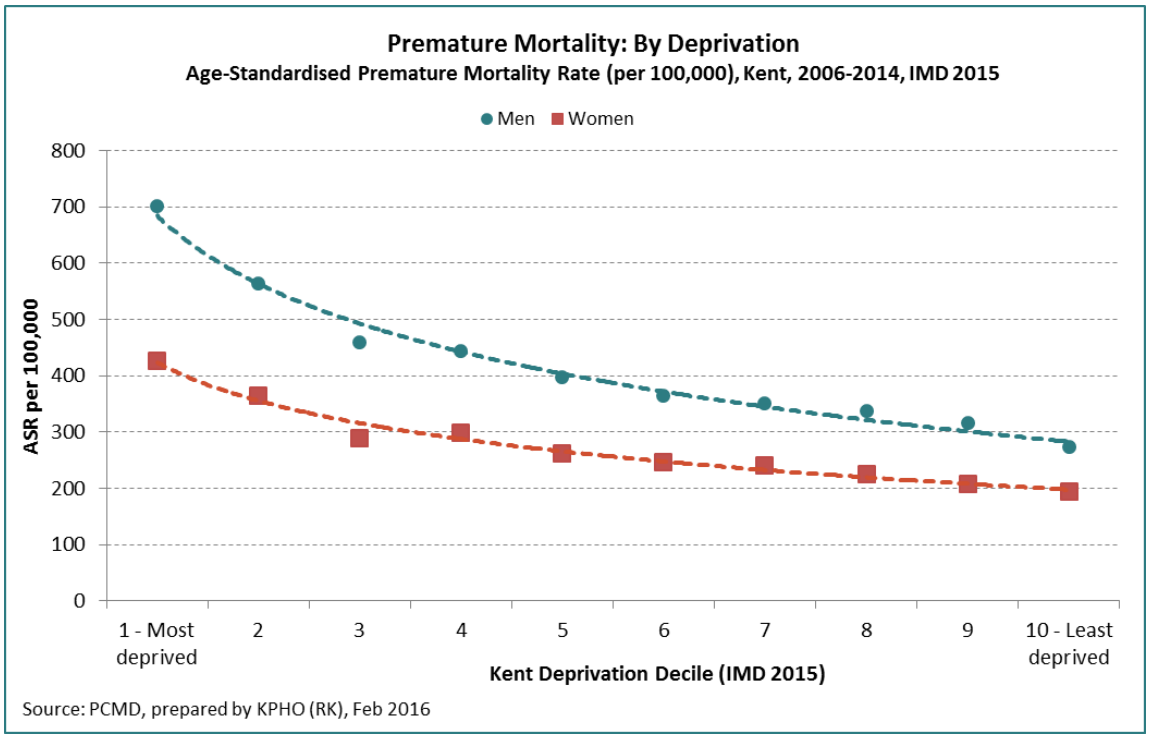
[5] In this analysis deprivation is measured via the Indices of Multiple Deprivation (IMD 2015) at LSOA-level, with the 902 LSOAs in Kent divided into population weighted deciles based on the overall IMD scores.
[6] Office for National Statistics. Statistical Bulletin Health Expectancies at birth by Middle Layer Super Output Areas , England , Inequality in Health and Life Expectancies within Upper Tier Local Authorities : 2009 to 2013. 2015:1-22.
[7] Newton JN, Briggs ADM, Murray CJL, et al. Changes in health in England, with analysis by English regions and areas of deprivation , 1990 – 2013 : a systematic analysis for the Global Burden of Disease Study 2013. Lancet.

inequalities between the most and least deprived in England despite increases in overall life expectancy.

3.2 Inequality slopes

Health inequalities lead to inequalities in life expectancy. The analysis below looks both at life expectancy and premature mortality (deaths occurring under the age of 75 years) as it is these early deaths which lead to shorter life expectancy.

3.2.1 Premature mortality



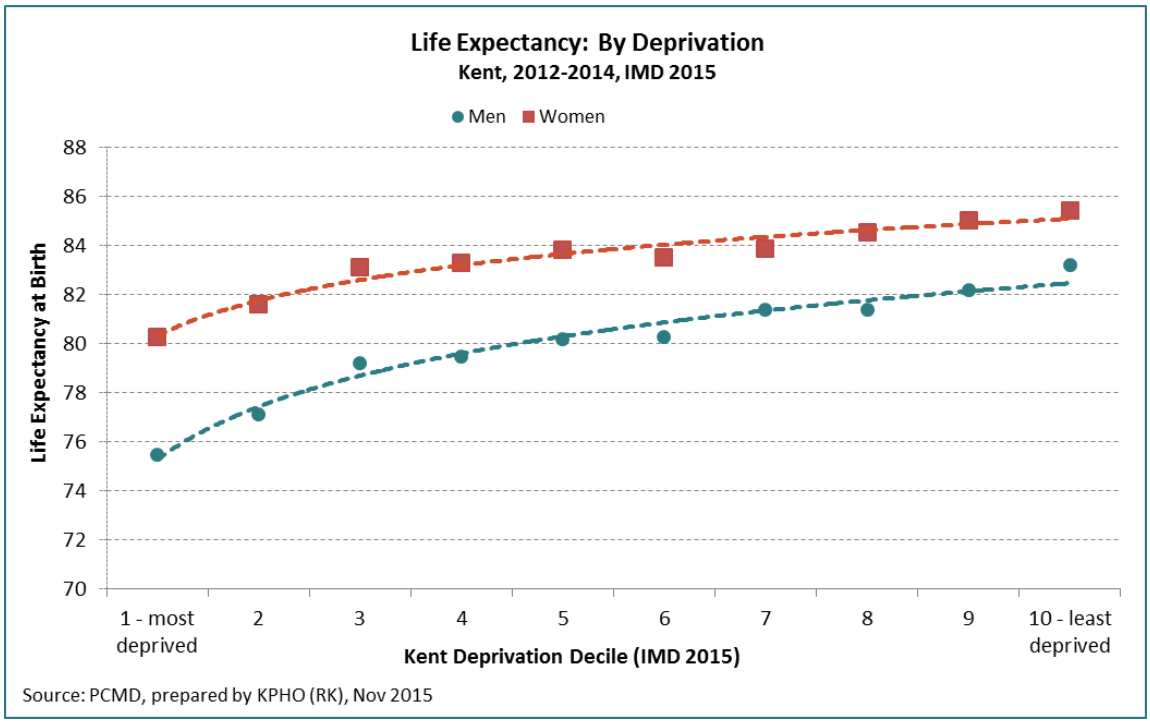
It is notable that the most deprived populations have disproportionately worse premature mortality, demonstrated by the non-linear curves of best-fit[8]. The most deprived decile in both men and women fare particularly poorly. In fact, in the most deprived decile, the premature mortality rate is more than double the rate in the most affluent decile.

In this analysis logarithmic trend lines have been used. It is clear from visual inspection alone that the relationship between deprivation and premature mortality is non-linear. In particular, the deviations from a linear trend line are clearly systematic in nature for the most deprived deciles. In the case of premature mortality the logarithmic trend lines for men and women have R^2 values of 99% and 98% respectively (compared with 86% and 87% for a linear trend line).

[8] Based on logarithmic trend lines.

3.2.2 Life expectancy

The chart below shows a similar analysis for life expectancy at birth.

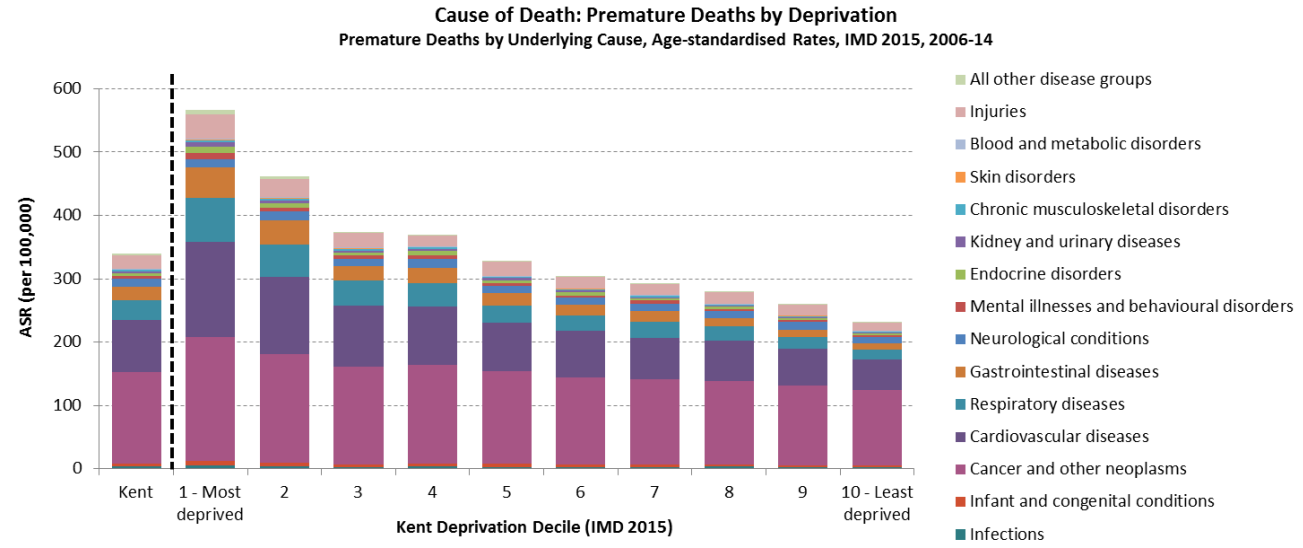


Again, the most deprived populations have disproportionately worse life expectancy, demonstrated by non-linear curves of best-fit. The most deprived decile in both men and women fare particularly poorly.

As with premature mortality, it is clear from visual inspection alone that the relationship between deprivation and life expectancy is non-linear. In particular, the deviations from a linear trend line are clearly systematic in nature for the most deprived deciles. In the case of premature mortality the logarithmic trend lines for men and women have R^2 values of 95% and 97% respectively (compared with 87% and 92% for a linear trend line).

3.3 Causes of death

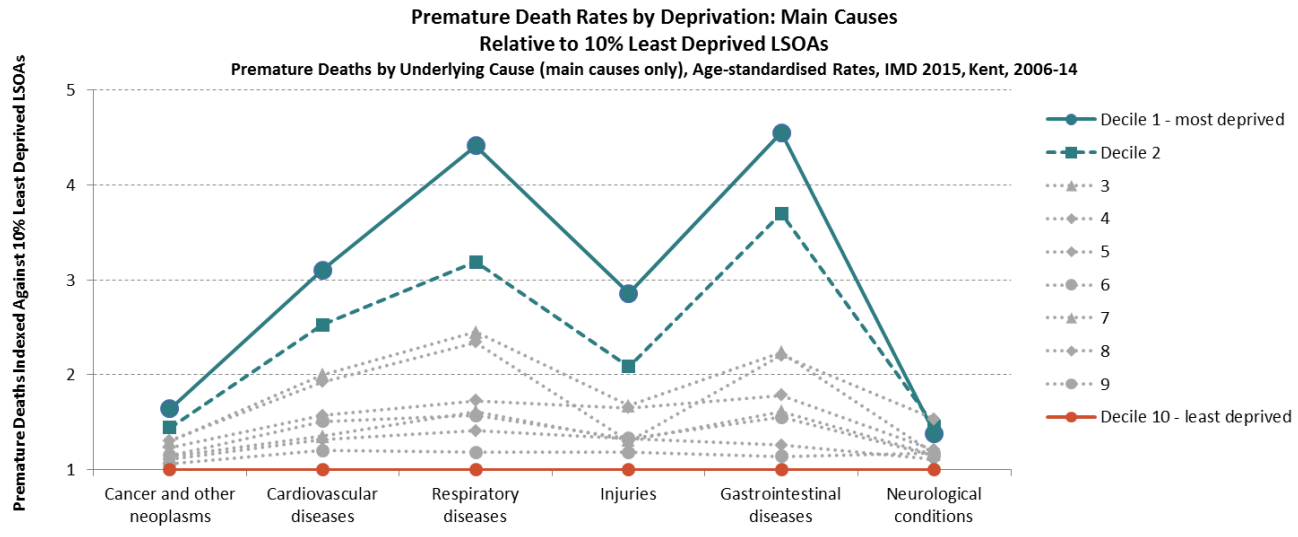
The chart below provides further analysis of premature deaths by deprivation in the context of cause of death.



Source: PCMD, prepared by KPHO (RK), April 2016

This analysis not only demonstrates the higher rate of premature deaths in the most deprived deciles but also differences in the causes of premature mortality.

Cancer is the largest cause of premature mortality overall. But in the more deprived deciles, an increasing proportion of the deaths are caused by cardiovascular, respiratory and GI disease. This is demonstrated more clearly in the chart below, which indexes cause-specific premature mortality rates against the least deprived decile.



Source: PCMD, prepared by KPHO (RK), May 2016

This analysis very clearly demonstrates the inequalities in the causes of premature mortality. In particular, it highlights striking differences in cardiovascular disease, respiratory disease, GI disease and external injuries. This is an important finding, since these inequalities are amenable to being reduced through earlier detection and preventative measures, such as lifestyle modification and management of long term health risks.

4. Inequalities in the wider determinants of health

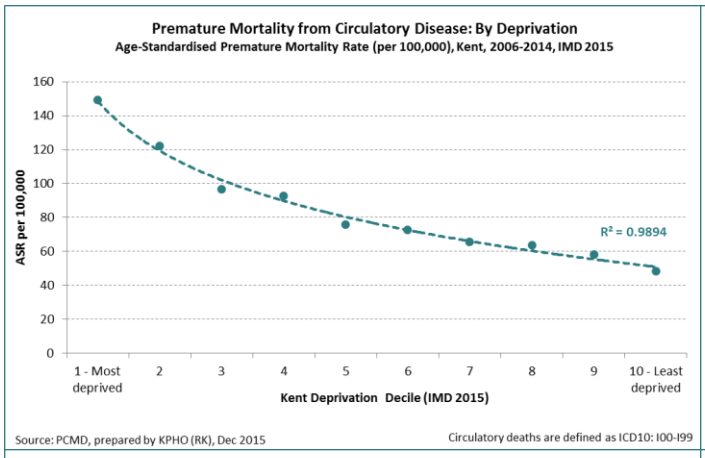
Given the inequalities in mortality rates and life expectancy, we would expect to see inequalities evident in the wider determinants of health. In this section we explore the relationship between deprivation and a range of measures of health outcomes, health risks and behaviours and the wider determinants of health. This analysis is again based on LSOA-level deprivation, with LSOAs grouped into deciles, and so requires LSOA-level data for each of the wider determinants. Analysis has been conducted for known social determinants of health, for which data exists or can be modelled at LSOA level[9].

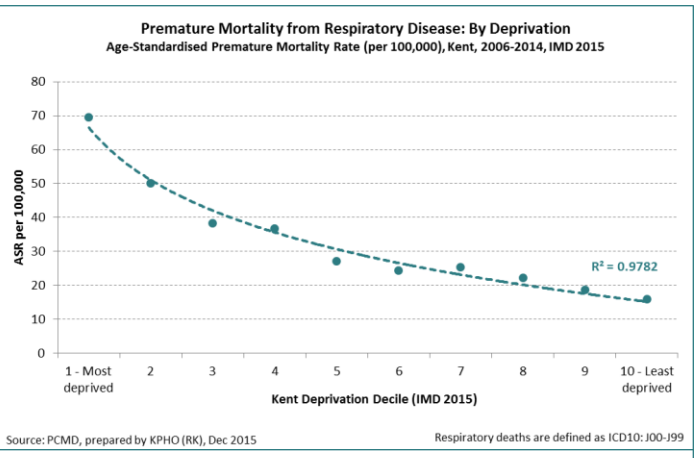
The charts overleaf show inequality slopes for a range of health outcome measures, measures of health risks and behaviours, and wider determinants of health.

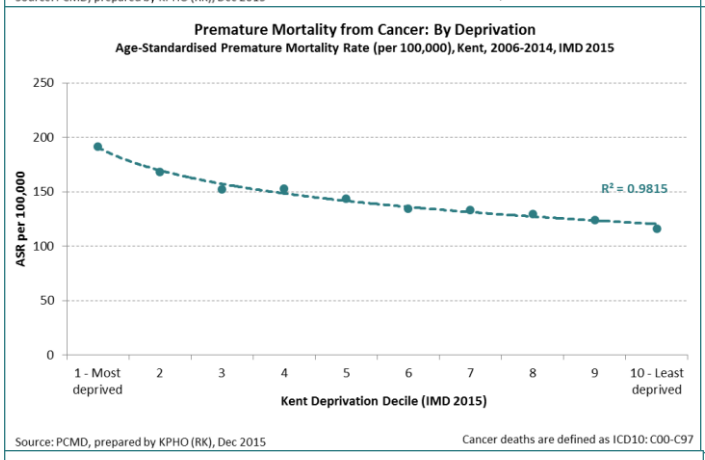
It is striking how steep inequality gradients are evident across a large number of health and social indicators in Kent. For example, in the most deprived decile, 66% of children do not achieve 5 good GCSEs, compared to 23% in the most affluent decile. Taking all the charts together, it is clear to see how poor social conditions and unhealthy behaviours reinforce one another and accumulate in individuals throughout their lives. Where the relationship is linear, those in the most deprived deciles fare worse than those in the least deprived deciles, to a degree that is proportionate to the slope of inequality. On many measures the gradient is not linear but rather curves sharply for the most deprived deciles. In these instances the most deprived deciles fare disproportionately worse than their more affluent counterparts. For example, alcohol-related premature mortality is six times higher in the most deprived decile than the most affluent decile.

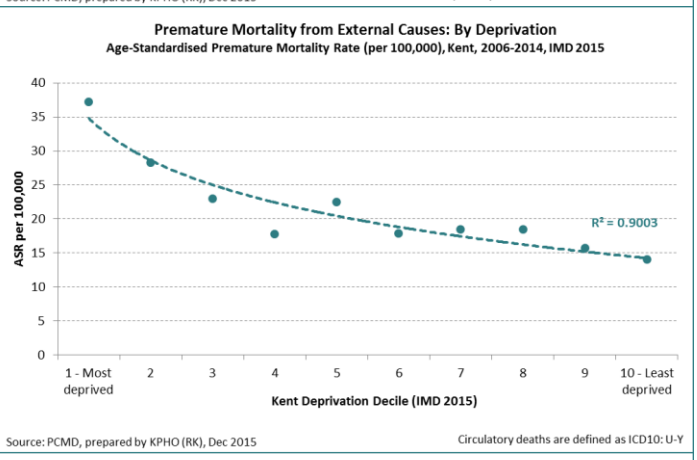
[9] Appendix A provides details of the data sources and modelling approaches.

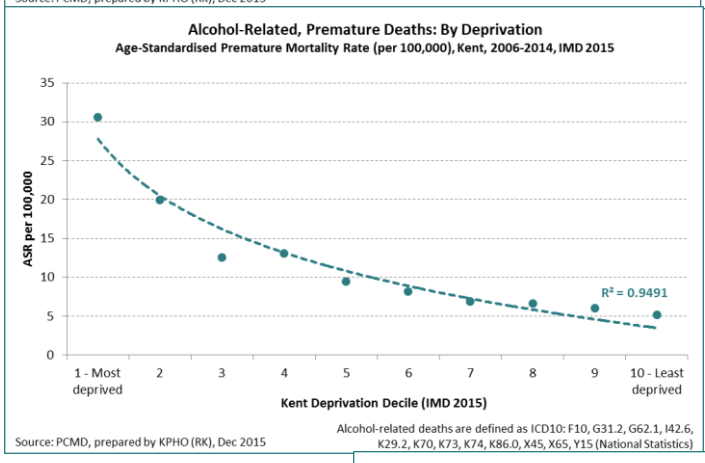
4.1 Inequality slopes: Health outcomes

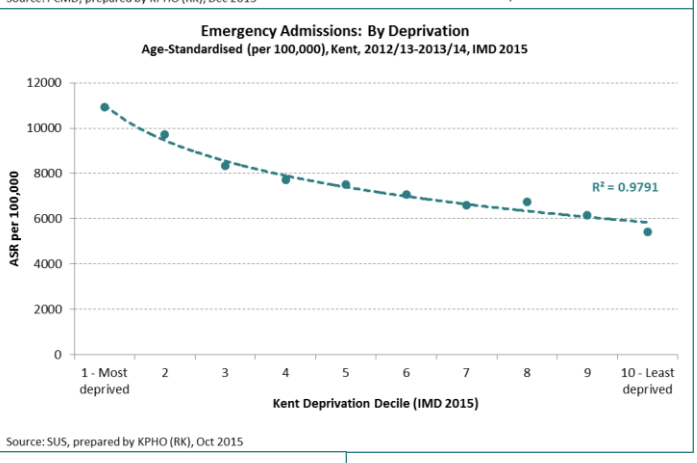


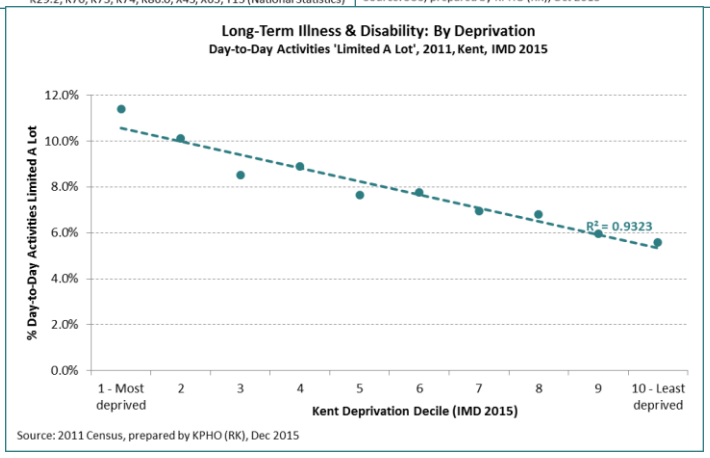




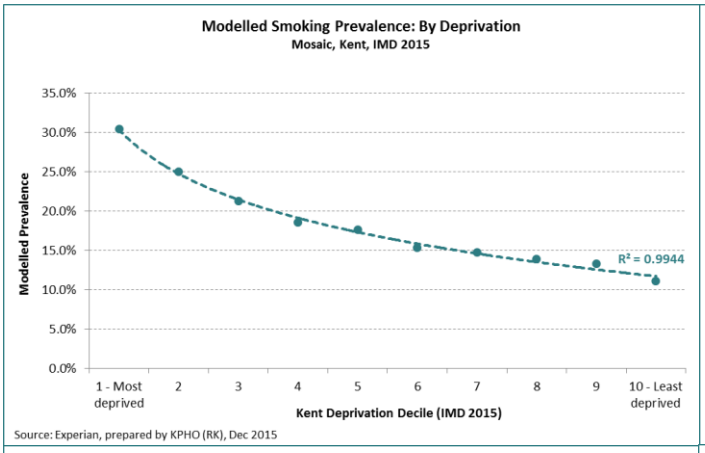


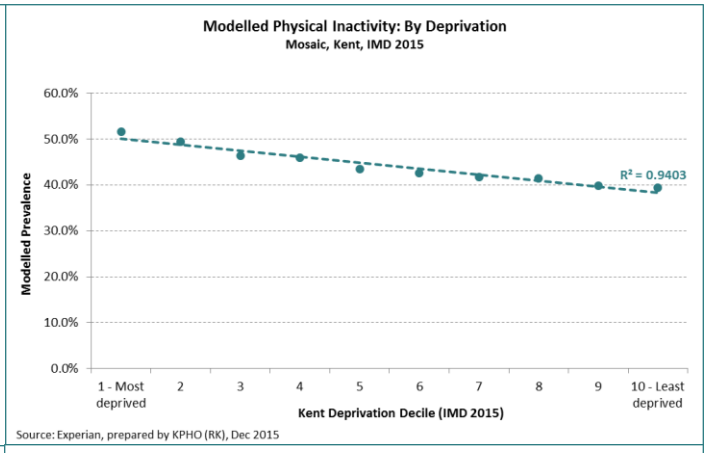


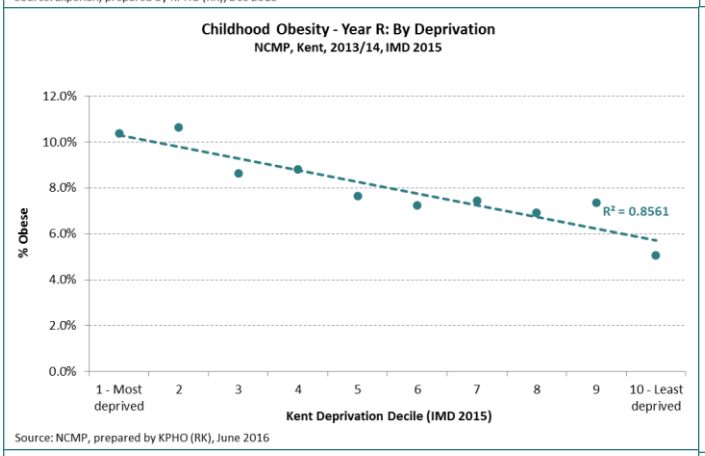


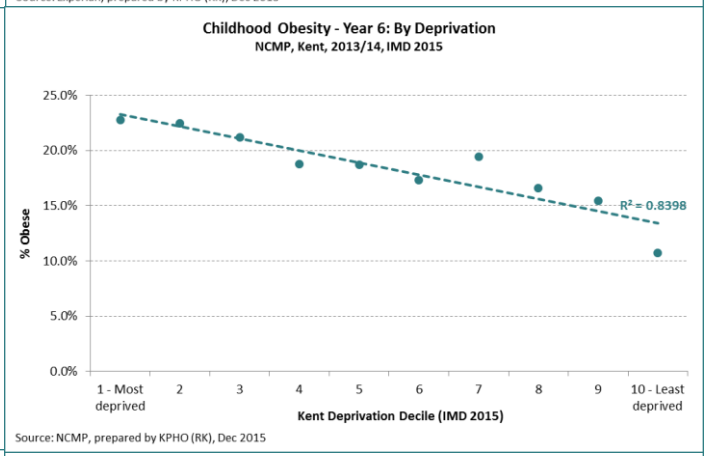


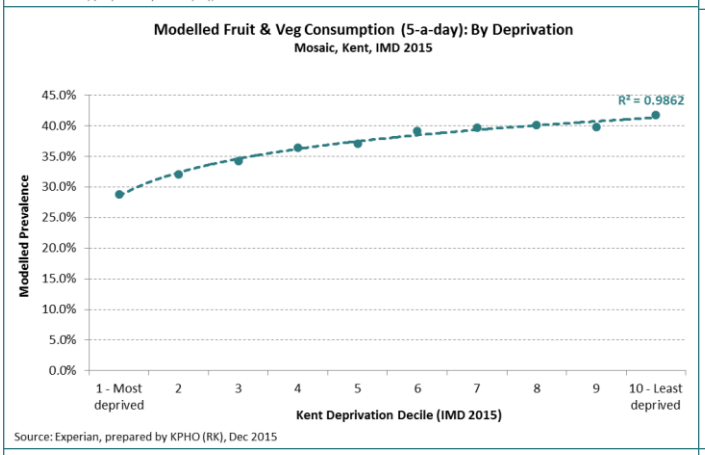
4.2 Inequality slopes: Health risks & behaviours

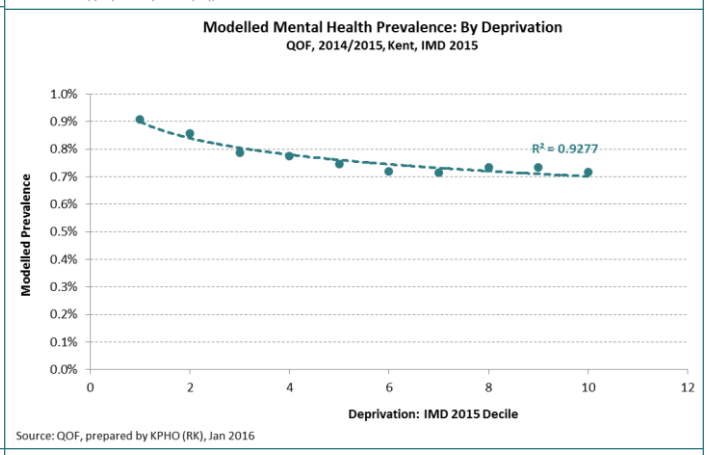


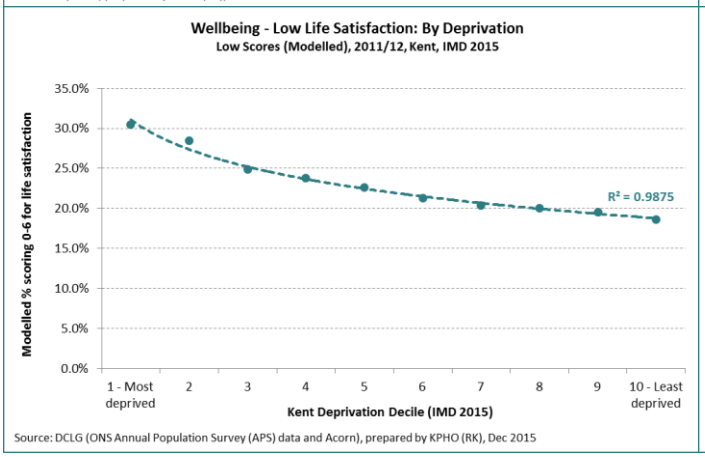


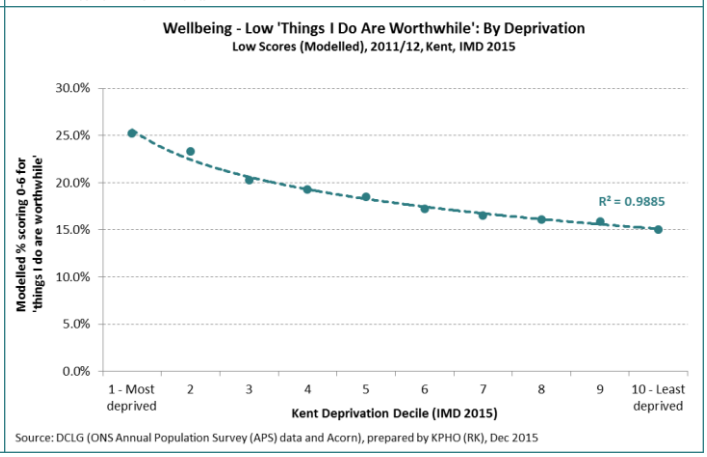




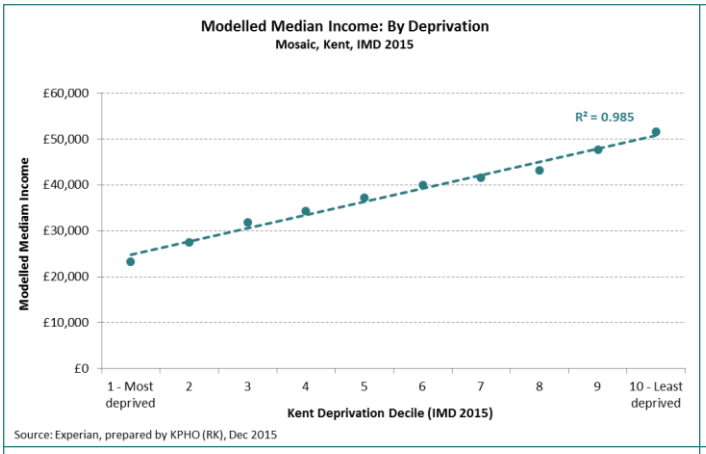


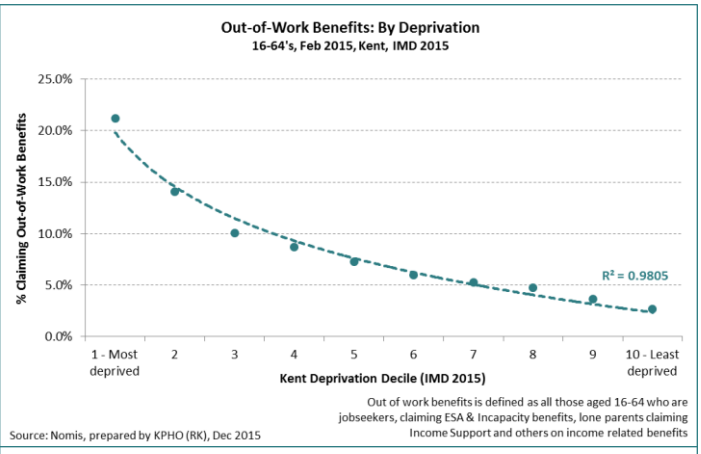


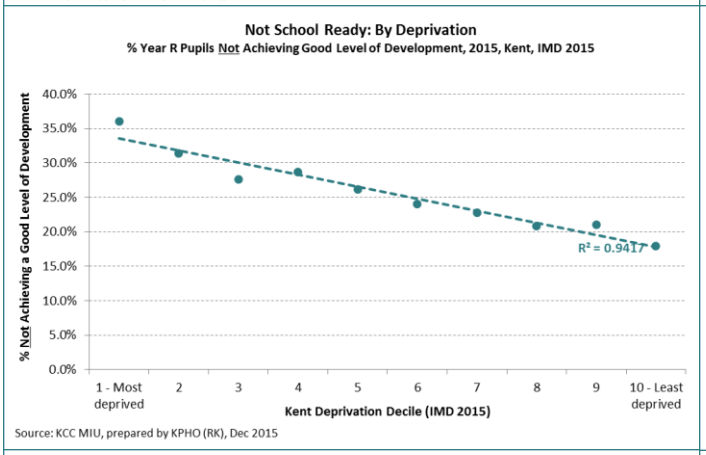


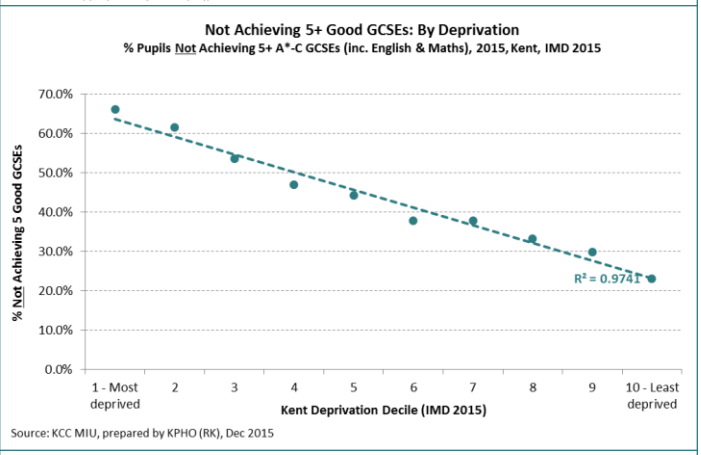


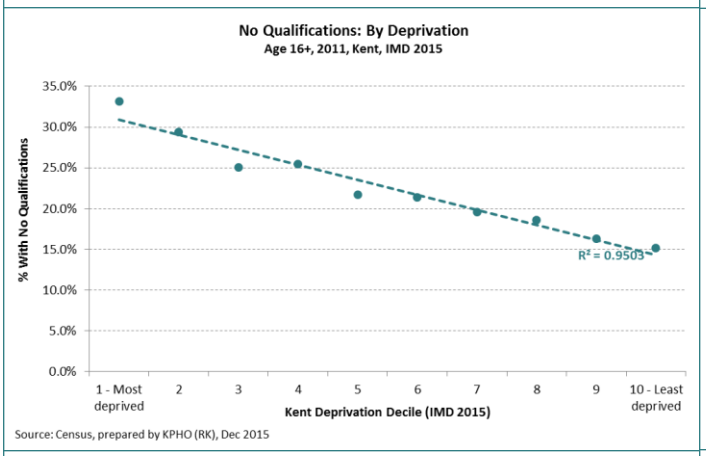
4.3 Inequality slopes: Wider determinants of health

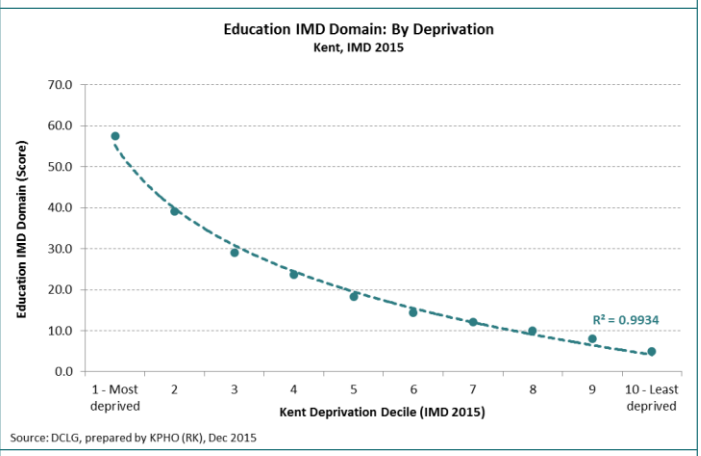


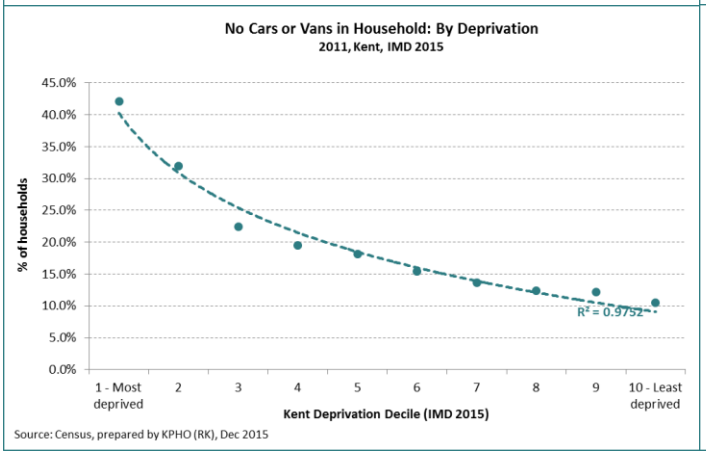


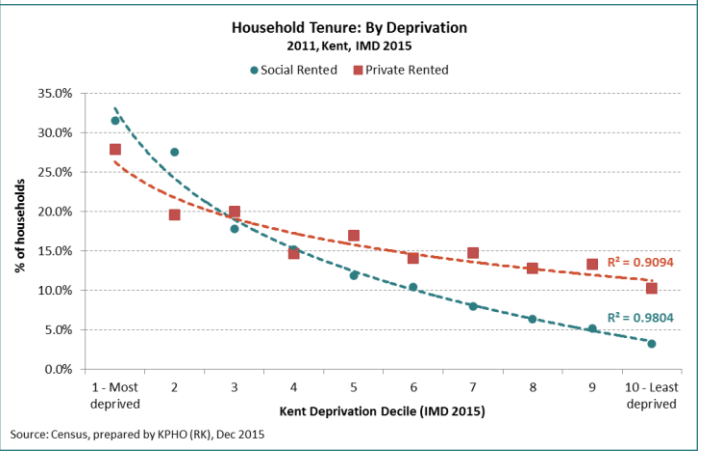




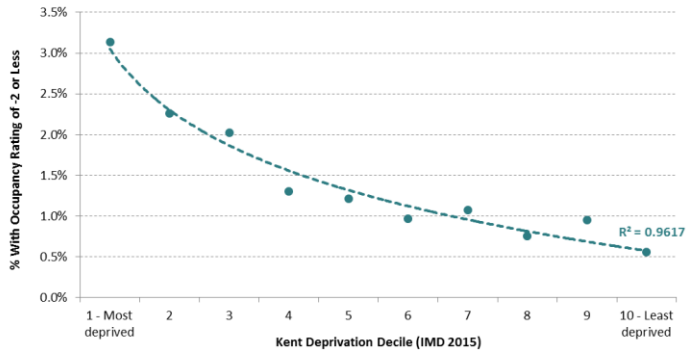






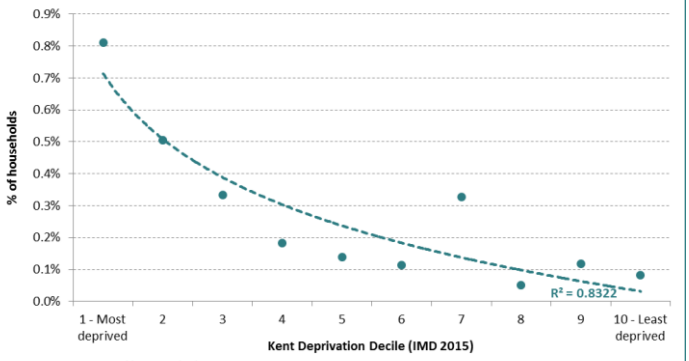


Overcrowding: By Deprivation
Occupancy Rating (Rooms) of -2 or Less, 2011, Kent, IMD 2015



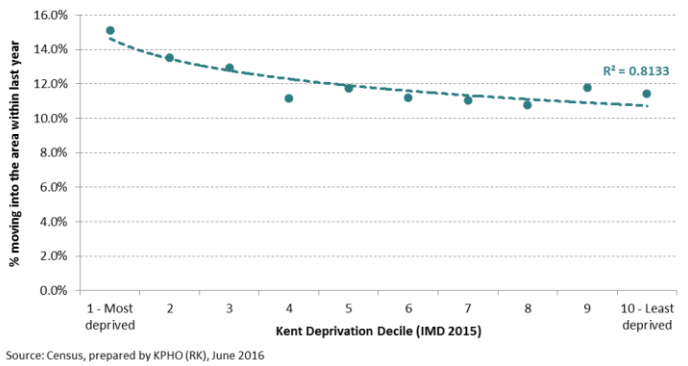
Source: Census, prepared by KPHO (RK), Dec 2015

Shared Dwellings: By Deprivation
2011, Kent, IMD 2015



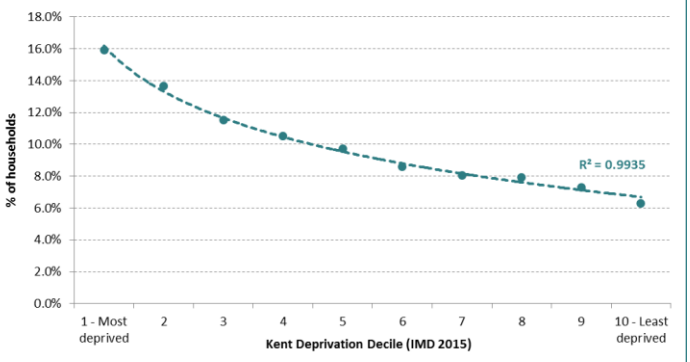
Source: Census, prepared by KPHO (RK), Dec 2015

Transience: By Deprivation
% Moving Within The Last Year, 2011, Kent, IMD 2015



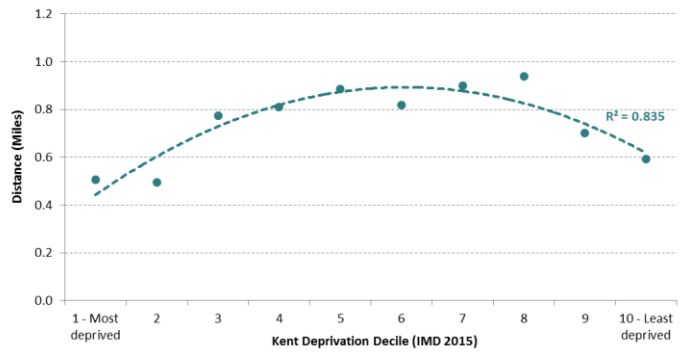
Source: Census, prepared by KPHO (RK), June 2016

Single Parents: By Deprivation
2011, Kent, IMD 2015



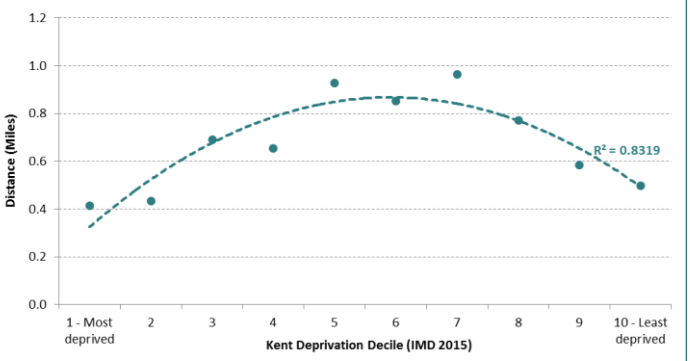
Source: Census, prepared by KPHO (RK), Dec 2015

Distance to Nearest GP: By Deprivation
Kent, IMD 2015



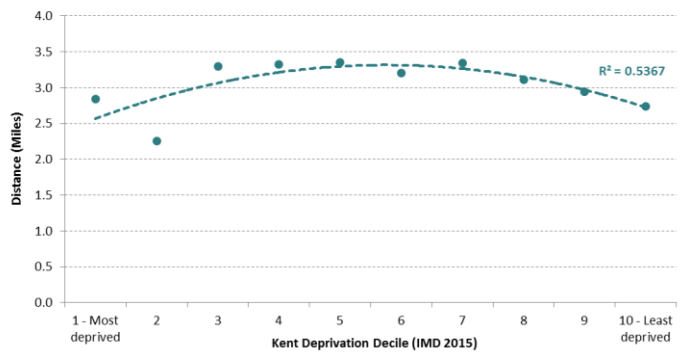
Source: KCC Business Intelligence, prepared by KPHO (RK), Dec 2015

Distance to Nearest Pharmacy: By Deprivation
Kent, IMD 2015



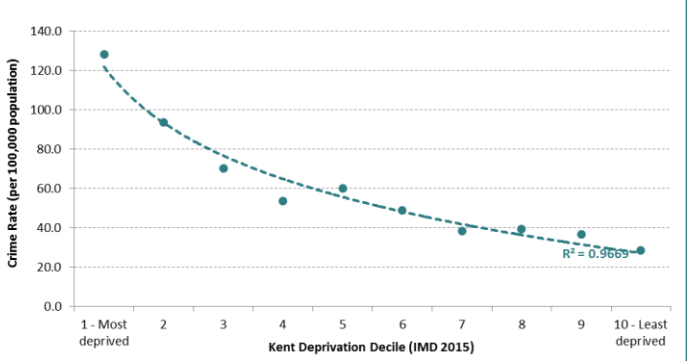
Source: KCC Business Intelligence, prepared by KPHO (RK), Dec 2015

Distance to Nearest A&E/Urgent Care Centre: By Deprivation
Kent, IMD 2015

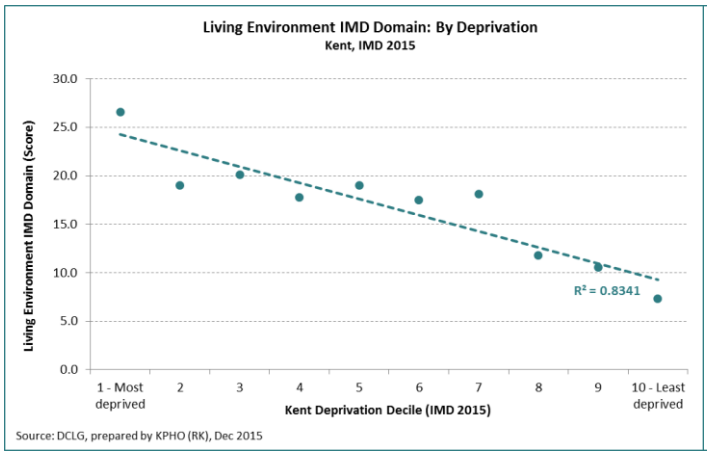


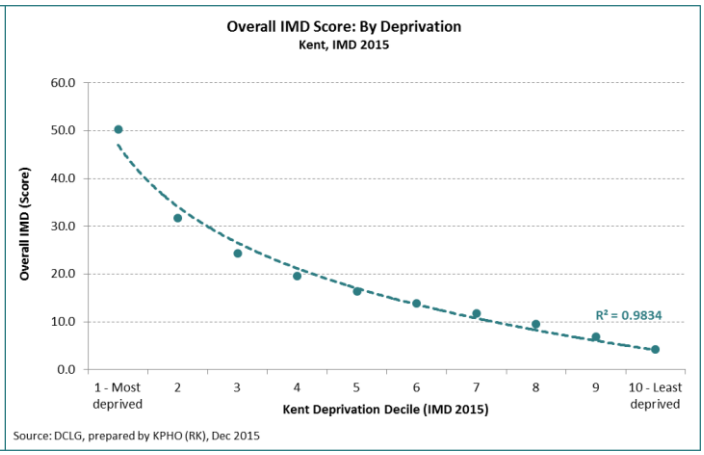
Source: KCC Business Intelligence, prepared by KPHO (RK), Dec 2015

Crime Rate: By Deprivation
Rate per 100,000 population, Kent, Oct 2013 - Sept 2015, IMD 2015



Source: Data.police.uk, prepared by KPHO (RK), Dec 2015





5. Types of deprivation

The above analysis clearly identifies the populations of the areas falling into the most deprived decile in Kent as suffering from disproportionately poor health outcomes and being disproportionately likely to display a number of characteristics associated with poor health outcomes. Before we can improve health outcomes in the most deprived areas, we need to gain deeper insights into the characteristics of the populations and the challenges they face.

The analysis in this section attempts to address concerns relating to treating the most deprived decile as a single homogenous group. Within this decile different local areas will face different challenges and so potentially require different interventions and approaches. However, it was our hypothesis that there exists some degree of commonality between certain groups of LSOAs falling into the most deprived decile.

5.1 Segmentation

The 88 LSOAs identified as falling into the most deprived decile have been subdivided using multivariate segmentation techniques. This segmentation seeks to divide the most deprived LSOAs into 'types', so that within a 'type' areas are similar and between 'types' they differ. Mosaic[10] has been used as the basis for the segmentation.

SPSS was used to run a k-means cluster analysis, which has identified relatively homogeneous groups of LSOAs based on their Mosaic profiles. The method allowed iterative identification of cluster centres. The 4-cluster solution was selected as the most

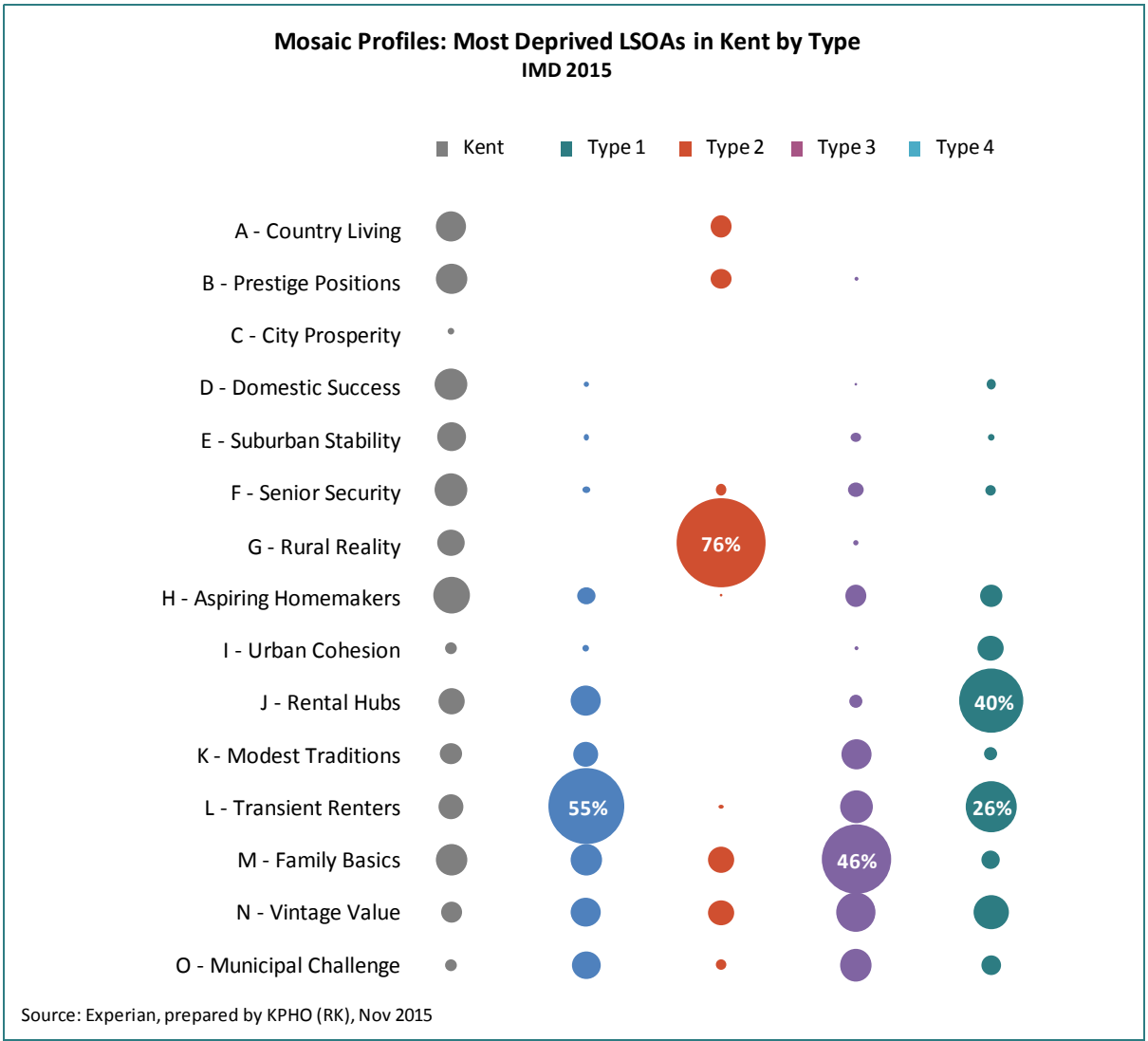
[10] MOSAIC is a population segmentation tool produced by Experian, which is increasingly being used in the public sector to better understand local populations. The classification system draws upon 450 different sources of data relating to socio-demographics, lifestyle, culture and behaviour, and then categorises households based on this.

appropriate, with the clusters labelled 'Type 1', 'Type 2', 'Type 3' and 'Type 4'. Appendix C gives a full listing of the type allocated to each of the 88 LSOAs falling within Kent's most deprived decile.

Based on the detailed analysis contained later within this section, the clusters were given names as follows:

- Type 1: Young people lacking opportunities
- Type 2: Deprived rural households
- Type 3: Families in social housing
- Type 4: Young people in poor quality accommodation.

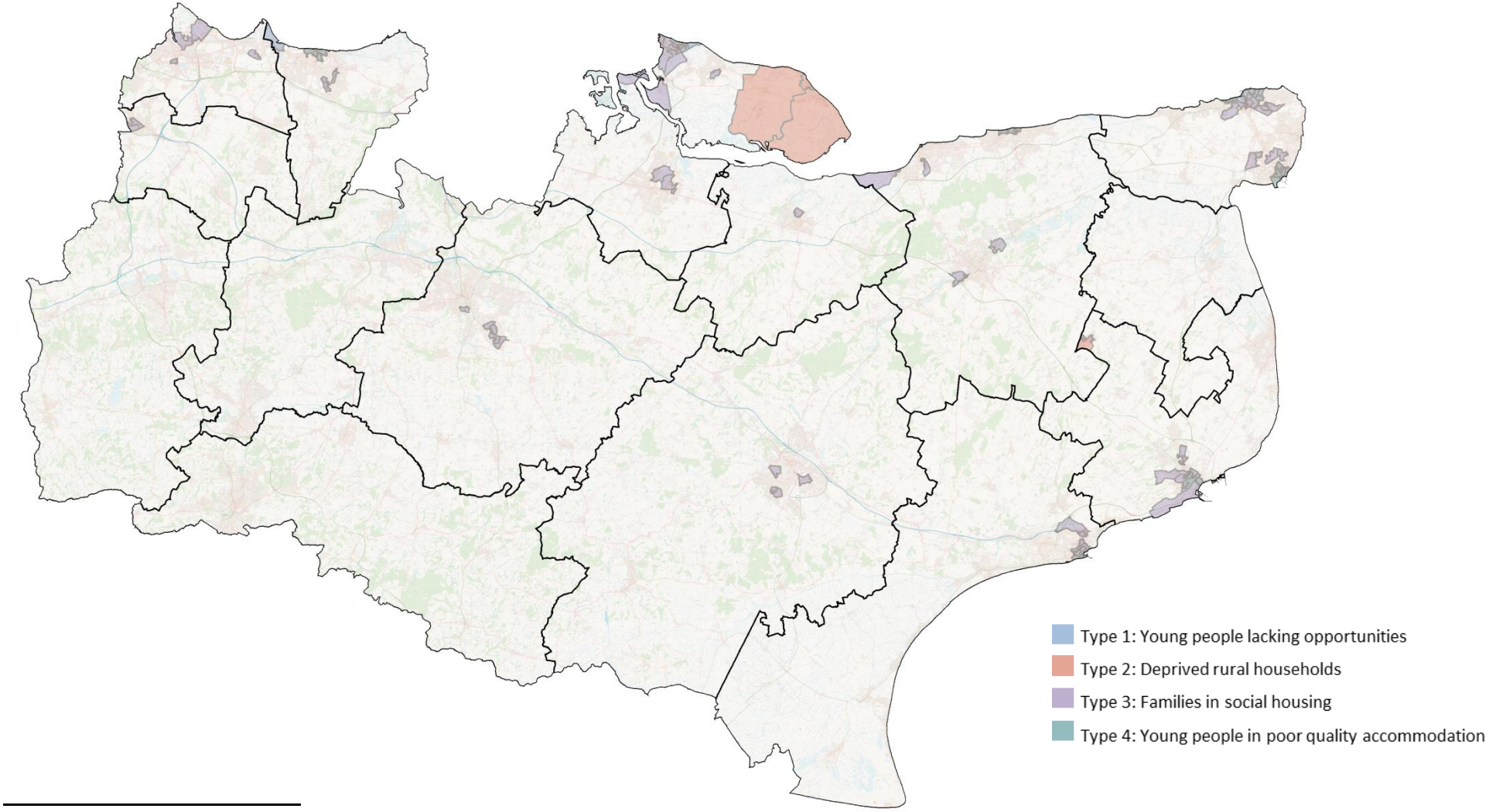
The chart below shows the Mosaic profiles of each of the four types.



There are clear differences between the four deprivation types in respect of their Mosaic profiles.

The map below shows Kent's most deprived decile LSOAs by type[11].

Most Deprived Decile LSOAs in Kent: By Deprivation Type

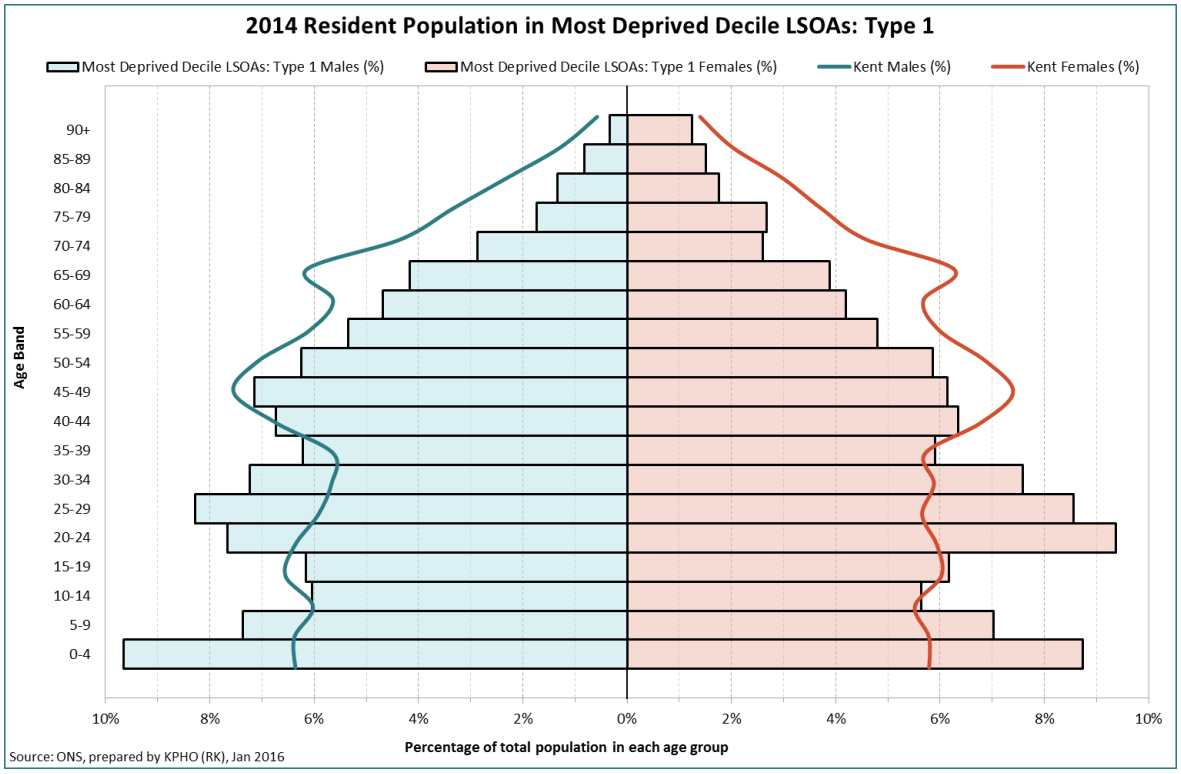


[11] More detailed local maps can be found in the CCG-level summaries contained within Appendix B.

5.2 Type 1: Young people lacking opportunities

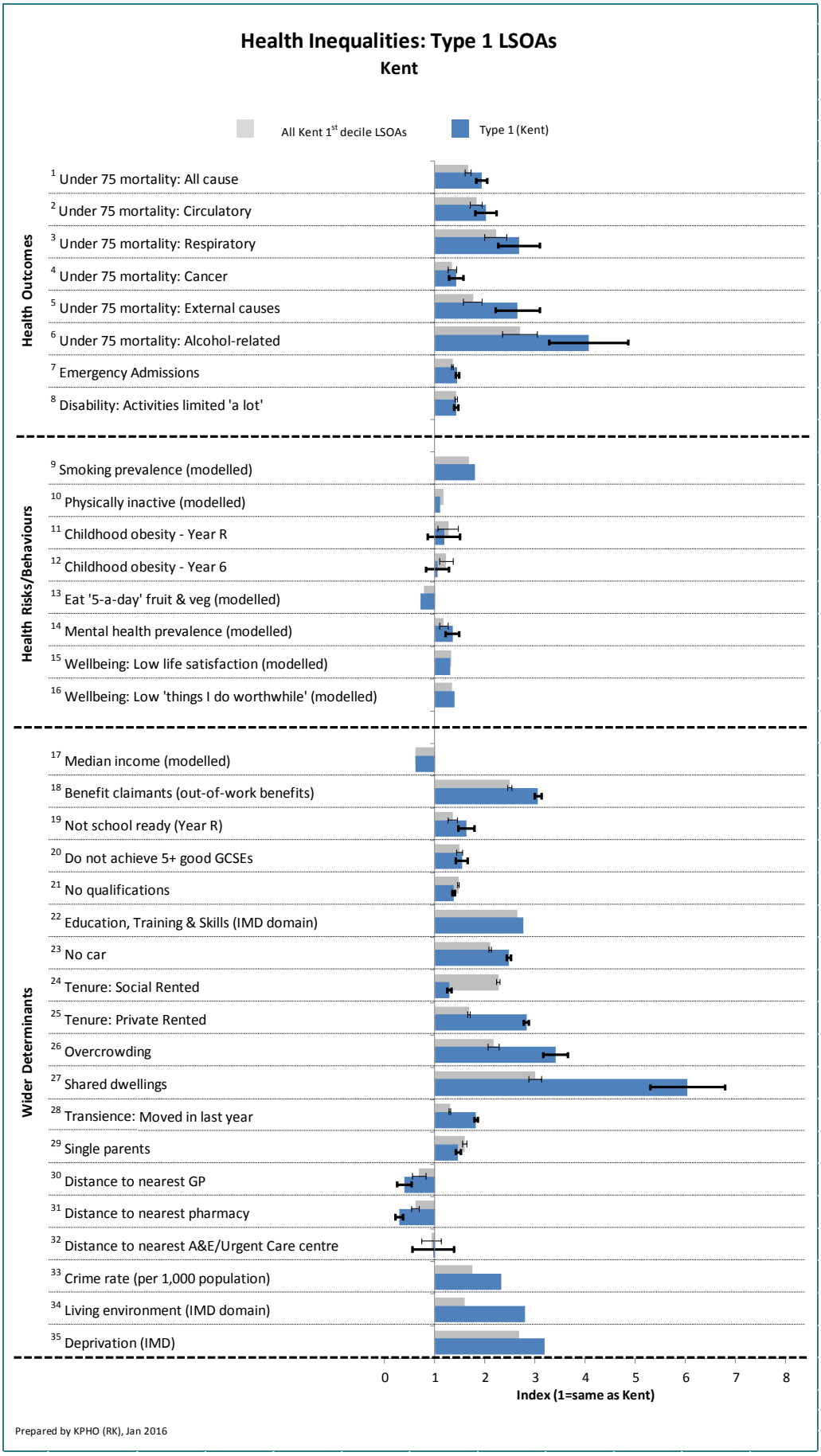
A total of 18 of the 88 most deprived decile LSOAs in Kent fall into type 1. These include LSOAs in Northfleet, Folkestone Harbour, Clarendon, Tower Hamlets, Sheerness East Margate Central, Cliftonville West and Eastcliff. For detailed local maps of the individual LSOAs falling into this cluster see the CCG-level summaries in Appendix B.

The chart below shows the age structure of the population of type 1 deprived areas in comparison with Kent as a whole.



This analysis shows that type 1 deprived areas have high numbers of young adults and of young children.

The chart overleaf provides a summary of the characteristics of type 1 deprived areas in terms of health outcomes, health risks and behaviours, and the wider determinants of health. In this analysis type 1 deprived areas have been indexed against the average for Kent for each individual characteristic. Also shown is data for the most deprived decile as a whole. For details of the data sources used for each characteristic see Appendix A.


Health Inequalities: Type 1 LSOAs
Kent
All Kent 1st decile LSOAs
Type 1 (Kent)
Health Outcomes
1 Under 75 mortality: All cause
2 Under 75 mortality: Circulatory
3 Under 75 mortality: Respiratory
4 Under 75 mortality: Cancer
5 Under 75 mortality: External causes
6 Under 75 mortality: Alcohol-related
7 Emergency Admissions
8 Disability: Activities limited 'a lot'
Health Risks/Behaviours
9 Smoking prevalence (modelled)
10 Physically inactive (modelled)
11 Childhood obesity - Year R
12 Childhood obesity - Year 6
13 Eat '5-a-day' fruit & veg (modelled)
14 Mental health prevalence (modelled)
15 Wellbeing: Low life satisfaction (modelled)
16 Wellbeing: Low 'things I do worthwhile' (modelled)
Wider Determinants
17 Median income (modelled)
18 Benefit claimants (out-of-work benefits)
19 Not school ready (Year R)
20 Do not achieve 5+ good GCSEs
21 No qualifications
22 Education, Training & Skills (IMD domain)
23 No car
24 Tenure: Social Rented
25 Tenure: Private Rented
26 Overcrowding
27 Shared dwellings
28 Transience: Moved in last year
29 Single parents
30 Distance to nearest GP
31 Distance to nearest pharmacy
32 Distance to nearest A&E/Urgent Care centre
33 Crime rate (per 1,000 population)
34 Living environment (IMD domain)
35 Deprivation (IMD)
0 1 2 3 4 5 6 7 8
Index (1=same as Kent)
Prepared by KPHO (RK), Jan 2016

Type 1 deprived areas are characterised by high numbers of young adults in private rented accommodation.

This analysis highlights the following key characteristics of type 1 deprived areas in respect of some of the wider determinants of health, and in comparison with Kent as a whole:

- Particularly high levels of shared dwellings and overcrowding
- Particularly poor living environment with particularly high crime rates
- Low incomes
- Particularly high levels of out-of-work benefit claimants
- Poor scores for education
- Particularly high levels of movement/transiency.

In terms of health risks and behaviours, type 1 deprived areas have:

- High smoking prevalence
- Low levels of wellbeing.

In terms of health outcomes, type 1 deprived areas have:

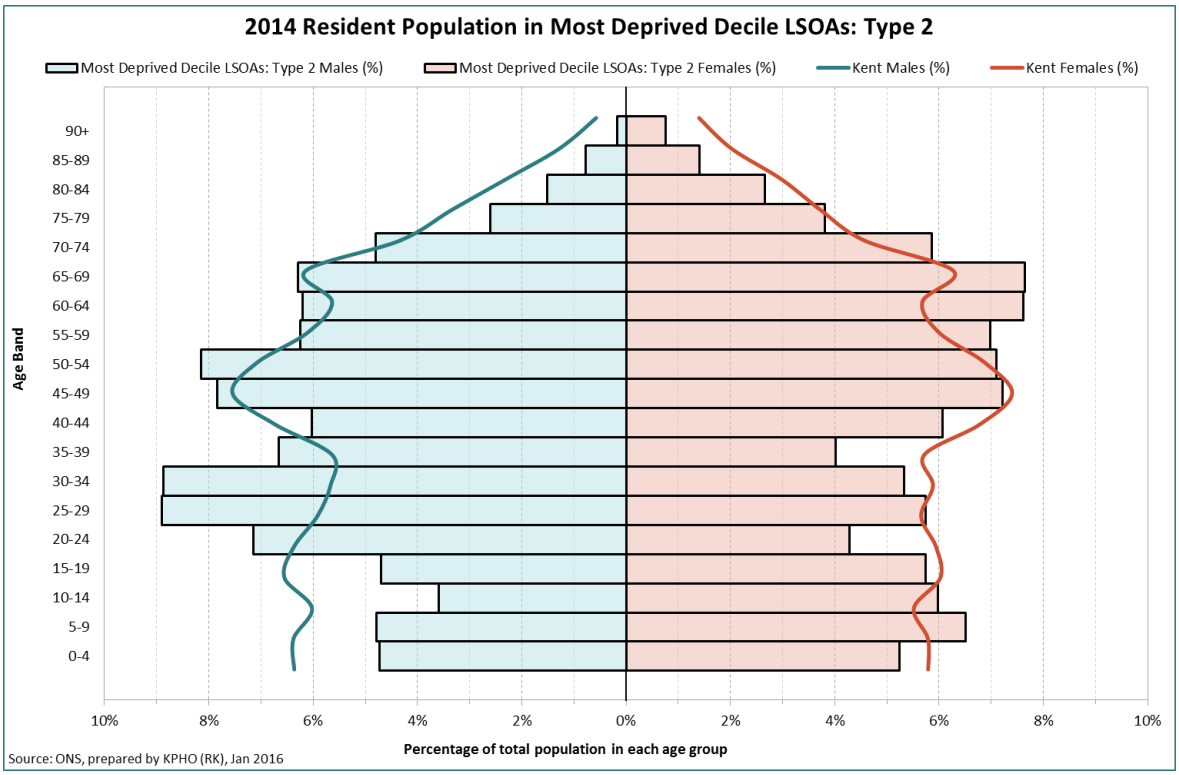
- Particularly high premature mortality rates, with alcohol-related premature mortality, premature mortality from 'external causes' particularly high
- High emergency hospital admission rates
- High rates of disability ('activities limited a lot').

Please see Appendix B for analysis of type 1 deprived areas at CCG-level, including detailed local maps for individual LSOAs falling into this cluster.

5.3 Type 2: Deprived rural households

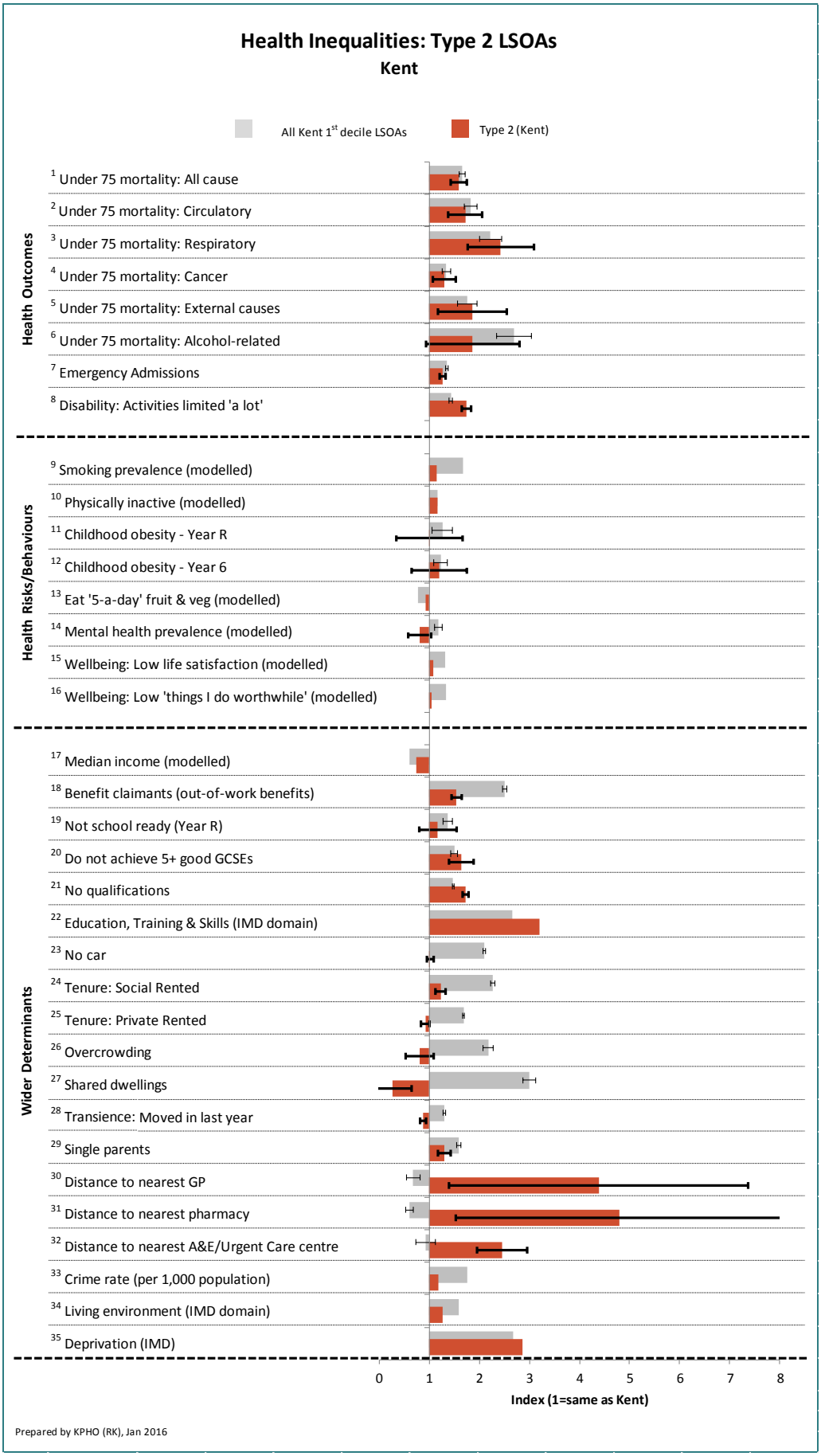
A total of 4 of the 88 most deprived decile LSOAs in Kent fall into type 2. These include LSOAs in Aylesham, Leysdown-On-Sea, Warden and Eastchurch. It must be borne in mind when interpreting the results for type 2 LSOAs that data is based on a relatively small population. For detailed local maps of the individual LSOAs falling into this cluster see the CCG-level summaries in Appendix B.

The chart below shows the age structure of the population of type 2 deprived areas in comparison with Kent as a whole.



This analysis shows that type 2 deprived areas have lower numbers of children than the Kent population as a whole (and other deprived area types).

The chart overleaf provides a summary of the characteristics of type 2 deprived areas in terms of health outcomes, health risks and behaviours, and the wider determinants of health. In this analysis type 2 deprived areas have been indexed against the average for Kent for each individual characteristic. Also shown is data for the most deprived decile as a whole.


Health Inequalities: Type 2 LSOAs
Kent
All Kent 1st decile LSOAs
Type 2 (Kent)
Health Outcomes
1 Under 75 mortality: All cause
2 Under 75 mortality: Circulatory
3 Under 75 mortality: Respiratory
4 Under 75 mortality: Cancer
5 Under 75 mortality: External causes
6 Under 75 mortality: Alcohol-related
7 Emergency Admissions
8 Disability: Activities limited 'a lot'
Health Risks/Behaviours
9 Smoking prevalence (modelled)
10 Physically inactive (modelled)
11 Childhood obesity - Year R
12 Childhood obesity - Year 6
13 Eat '5-a-day' fruit & veg (modelled)
14 Mental health prevalence (modelled)
15 Wellbeing: Low life satisfaction (modelled)
16 Wellbeing: Low 'things I do worthwhile' (modelled)
Wider Determinants
17 Median income (modelled)
18 Benefit claimants (out-of-work benefits)
19 Not school ready (Year R)
20 Do not achieve 5+ good GCSEs
21 No qualifications
22 Education, Training & Skills (IMD domain)
23 No car
24 Tenure: Social Rented
25 Tenure: Private Rented
26 Overcrowding
27 Shared dwellings
28 Transience: Moved in last year
29 Single parents
30 Distance to nearest GP
31 Distance to nearest pharmacy
32 Distance to nearest A&E/Urgent Care centre
33 Crime rate (per 1,000 population)
34 Living environment (IMD domain)
35 Deprivation (IMD)
0
1
2
3
4
5
6
7
8
Index (1=same as Kent)
Prepared by KPHO (RK), Jan 2016

This analysis highlights the following key characteristics of type 2 deprived areas in respect of some of the wider determinants of health, and in comparison with Kent as a whole:

- Low educational attainment and lack of qualifications
- Fewer out-of-work benefit claimants than other deprived groups
- Car ownership is high
- Lower crime rates than many other deprived areas
- Low levels of movement/transiency.

In terms of health risks and behaviours, type 2 deprived areas have:

- Lower smoking prevalence than other deprived area types
- Higher levels of wellbeing than other deprived area types.

In terms of health outcomes, type 2 deprived areas have:

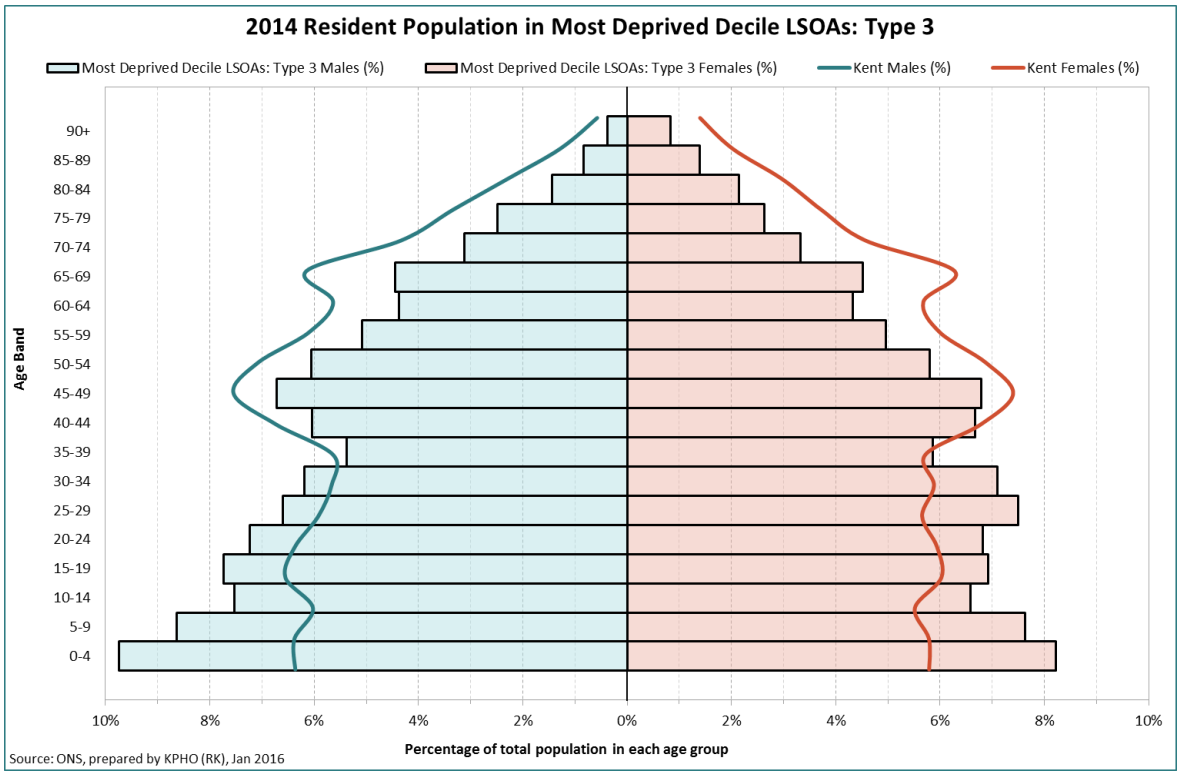
- Particularly high rates of disability ('activities limited a lot')
- High premature mortality.

Please see Appendix B for analysis of type 2 deprived areas at CCG-level, including detailed local maps for individual LSOAs falling into this cluster.

5.4 Type 3: Families in social housing

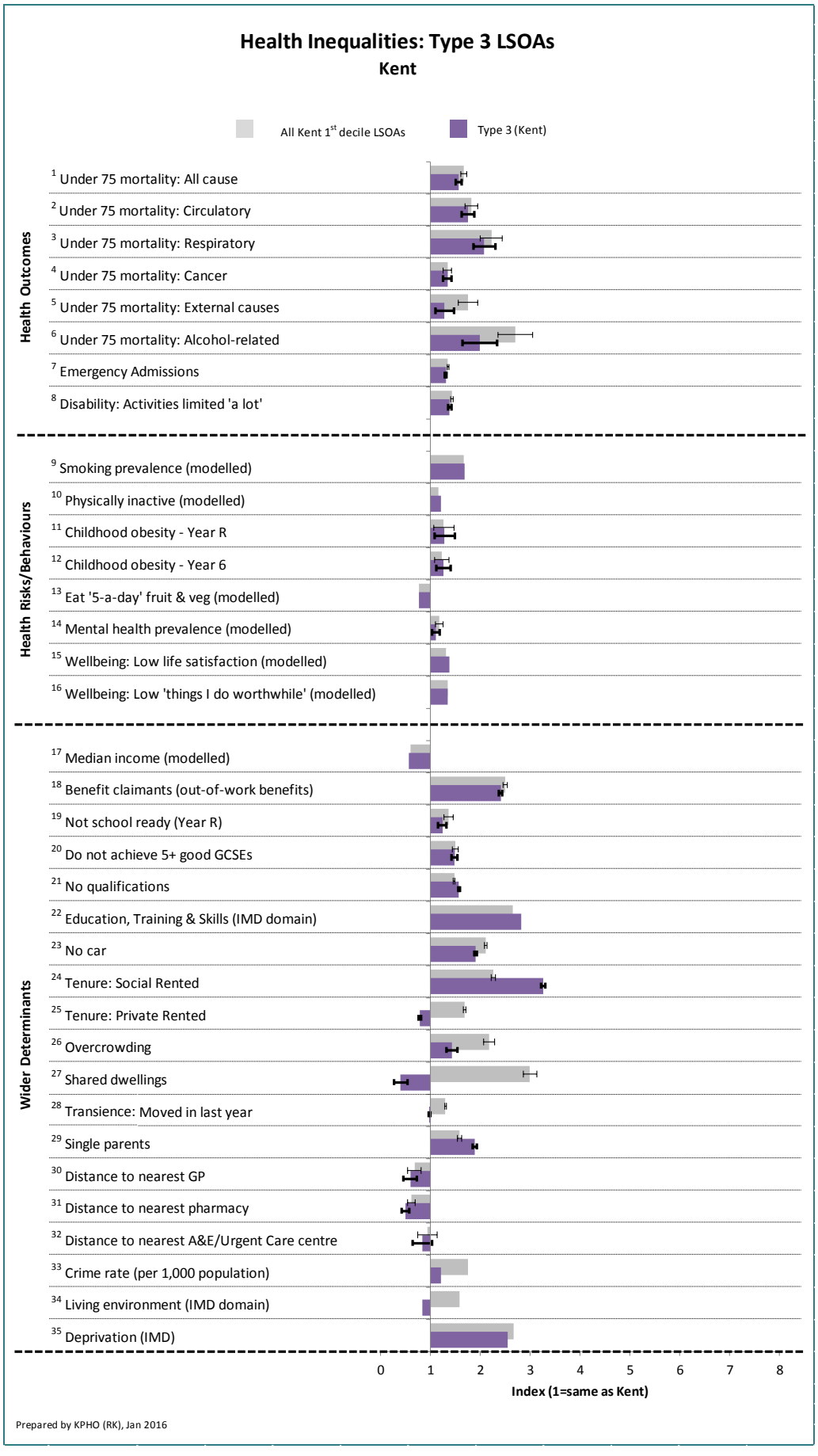
A total of 51 of the 88 most deprived decile LSOAs in Kent fall into type 3. This is the largest of the four deprivation types. These include LSOAs in Folkestone East, Aycliffe, Buckland Valley, St Radigans, Stanhope, Aylesford Green, Victoria, Davington Priory, Northgate, Gorrell, Seasalter, Wincheap, Swanley St Mary's, Dartford, Swanscombe, Kings Farm, Westcourt, Sheerness, Queenborough, Rushenden, Sittingbourne, Dane Valley, Garlinge, Newington, Parkwood, Shepway and Postley Road. For detailed local maps of the individual LSOAs falling into this cluster see the CCG-level summaries in Appendix B.

The chart below shows the age structure of the population of type 3 deprived areas in comparison with Kent as a whole.



This analysis shows that type 3 deprived areas have very high numbers children and lower numbers of over 50s in comparison with the Kent population as a whole.

The chart overleaf provides a summary of the characteristics of type 3 deprived areas in terms of health outcomes, health risks and behaviours, and the wider determinants of health. In this analysis type 3 deprived areas have been indexed against the average for Kent for each individual characteristic. Also shown is data for the most deprived decile as a whole.


Health Inequalities: Type 3 LSOAs
Kent
All Kent 1st decile LSOAs
Type 3 (Kent)
Health Outcomes
1 Under 75 mortality: All cause
2 Under 75 mortality: Circulatory
3 Under 75 mortality: Respiratory
4 Under 75 mortality: Cancer
5 Under 75 mortality: External causes
6 Under 75 mortality: Alcohol-related
7 Emergency Admissions
8 Disability: Activities limited 'a lot'
Health Risks/Behaviours
9 Smoking prevalence (modelled)
10 Physically inactive (modelled)
11 Childhood obesity - Year R
12 Childhood obesity - Year 6
13 Eat '5-a-day' fruit & veg (modelled)
14 Mental health prevalence (modelled)
15 Wellbeing: Low life satisfaction (modelled)
16 Wellbeing: Low 'things I do worthwhile' (modelled)
Wider Determinants
17 Median income (modelled)
18 Benefit claimants (out-of-work benefits)
19 Not school ready (Year R)
20 Do not achieve 5+ good GCSEs
21 No qualifications
22 Education, Training & Skills (IMD domain)
23 No car
24 Tenure: Social Rented
25 Tenure: Private Rented
26 Overcrowding
27 Shared dwellings
28 Transience: Moved in last year
29 Single parents
30 Distance to nearest GP
31 Distance to nearest pharmacy
32 Distance to nearest A&E/Urgent Care centre
33 Crime rate (per 1,000 population)
34 Living environment (IMD domain)
35 Deprivation (IMD)
0
1
2
3
4
5
6
7
8
Index (1=same as Kent)
Prepared by KPHO (RK), Jan 2016

Type 3 deprived areas are characterised by families with children in social housing.

This analysis highlights the following key characteristics of type 3 deprived areas in respect of some of the wider determinants of health, and in comparison with Kent as a whole:

- Low incomes
- Poor scores for education
- High numbers of out-of-work benefits claimants
- Particularly high number of single parents
- Better living environment and lower crime rates than other deprived areas.

In terms of health risks and behaviours, type 3 deprived areas have:

- High smoking prevalence
- Low levels of wellbeing.

In terms of health outcomes, type 3 deprived areas have:

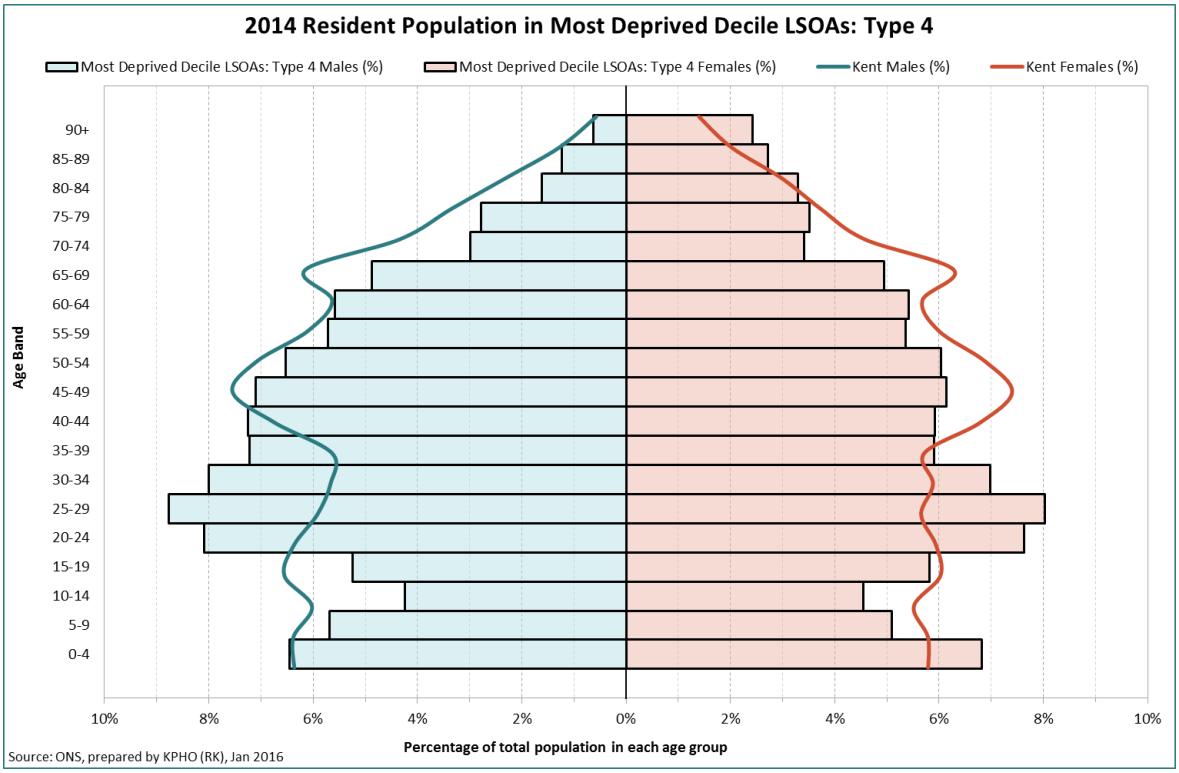
- High premature mortality rates
- High emergency hospital admission rates
- High rates of disability ('activities limited a lot').

Please see Appendix B for analysis of type 3 deprived areas at CCG-level, including detailed local maps for individual LSOAs falling into this cluster.

5.5 Type 4: Young people in poor quality accommodation

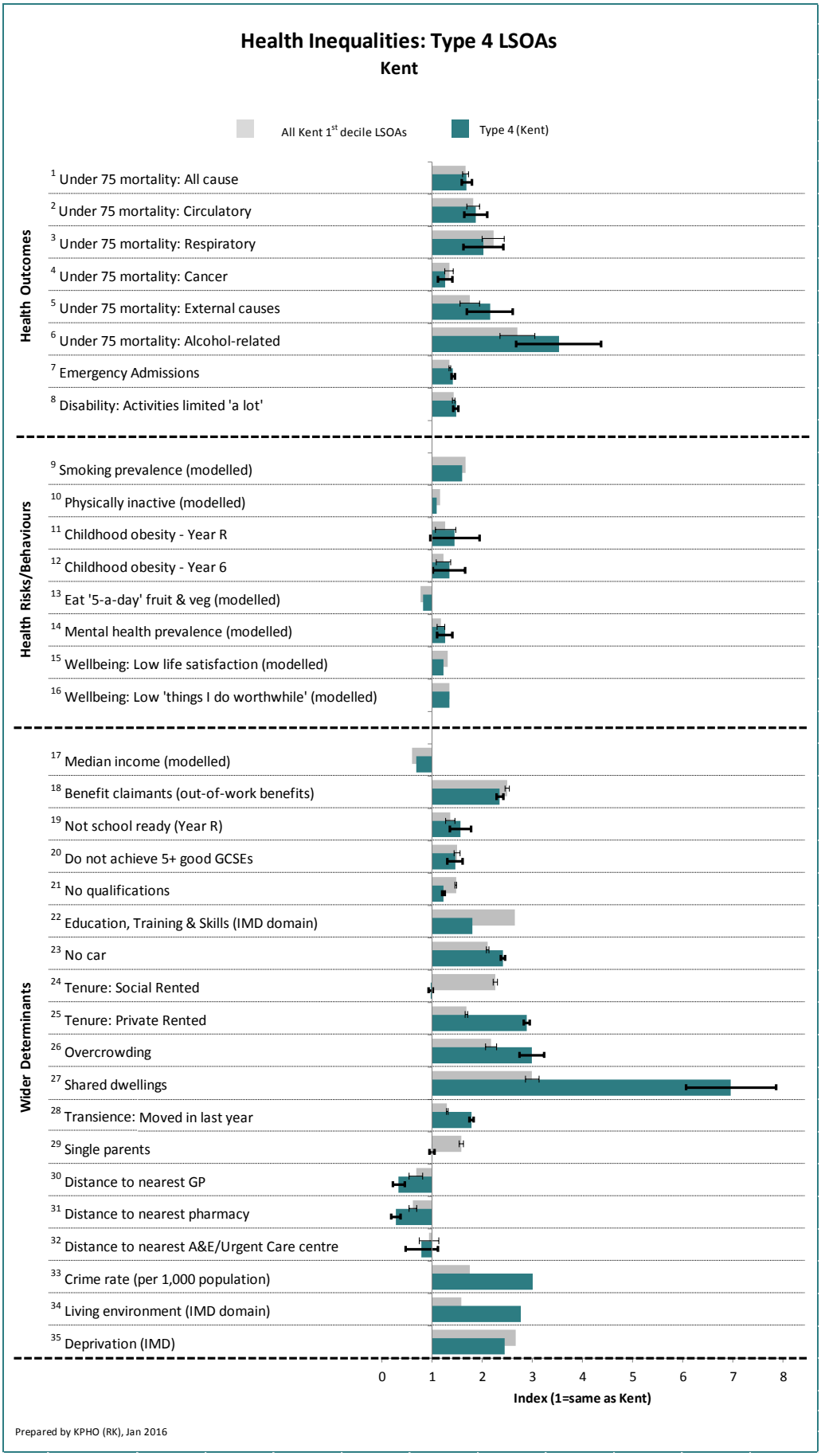
A total of 15 of the 88 most deprived decile LSOAs in Kent fall into type 4. These include LSOAs in Folkestone Harvey Central, Priory, Pencester, Heron, Herne Bay, Central Gravesend, Central Harbour (Ramsgate), Westbrook, Eastcliff and Cliftonville West. For detailed local maps of the individual LSOAs falling into this cluster see the CCG-level summaries in Appendix B.

The chart below shows the age structure of the population of type 4 deprived areas in comparison with Kent as a whole.



This analysis shows that type 4 deprived areas have high numbers of young adults and low numbers of school-age children and teenagers.

The chart overleaf provides a summary of the characteristics of type 4 deprived areas in terms of health outcomes, health risks and behaviours, and the wider determinants of health. In this analysis type 4 deprived areas have been indexed against the average for Kent for each individual characteristic. Also shown is data for the most deprived decile as a whole.


Health Inequalities: Type 4 LSOAs
Kent
All Kent 1st decile LSOAs
Type 4 (Kent)
Health Outcomes
1 Under 75 mortality: All cause
2 Under 75 mortality: Circulatory
3 Under 75 mortality: Respiratory
4 Under 75 mortality: Cancer
5 Under 75 mortality: External causes
6 Under 75 mortality: Alcohol-related
7 Emergency Admissions
8 Disability: Activities limited 'a lot'
Health Risks/Behaviours
9 Smoking prevalence (modelled)
10 Physically inactive (modelled)
11 Childhood obesity - Year R
12 Childhood obesity - Year 6
13 Eat '5-a-day' fruit & veg (modelled)
14 Mental health prevalence (modelled)
15 Wellbeing: Low life satisfaction (modelled)
16 Wellbeing: Low 'things I do worthwhile' (modelled)
Wider Determinants
17 Median income (modelled)
18 Benefit claimants (out-of-work benefits)
19 Not school ready (Year R)
20 Do not achieve 5+ good GCSEs
21 No qualifications
22 Education, Training & Skills (IMD domain)
23 No car
24 Tenure: Social Rented
25 Tenure: Private Rented
26 Overcrowding
27 Shared dwellings
28 Transience: Moved in last year
29 Single parents
30 Distance to nearest GP
31 Distance to nearest pharmacy
32 Distance to nearest A&E/Urgent Care centre
33 Crime rate (per 1,000 population)
34 Living environment (IMD domain)
35 Deprivation (IMD)
0 1 2 3 4 5 6 7 8
Index (1=same as Kent)
Prepared by KPHO (RK), Jan 2016

Type 4 deprived areas have a number of similar characteristics to type 1 deprived areas, including having high numbers of young adults in private rented accommodation.

This analysis highlights the following key characteristics of type 4 deprived areas in respect of some of the wider determinants of health, and in comparison with Kent as a whole:

- High levels of shared dwellings and overcrowding
- Better educated than the other deprivation types
- Particularly poor living environment with high crime rates
- Low incomes, but not as low as Type 1 areas
- High levels of out-of-work benefit claimants, but not as high has Type 1 areas
- Particularly high levels of movement/transiency.

In terms of health risks and behaviours, type 4 deprived areas have:

- High smoking prevalence.

In terms of health outcomes, type 4 deprived areas have:

- High premature mortality rates
- High emergency hospital admission rates
- High rates of disability ('activities limited a lot').

Please see Appendix B for analysis of type 4 deprived areas at CCG-level, including detailed local maps for individual LSOAs falling into this cluster.

Appendix A: Data sources

The charts in Section 5 summarising the characteristics of each deprivation type in terms of health outcomes, health risks and behaviours, and the wider determinants of health show data derived from the following sources:

1-6	Age-standardised mortality rates, 2006-2014. Source: PCMD. **2** ICD10: I00-I99. **3** ICD10: J00-J99. **4** ICD10: C00-C97. **5** ICD10: U00-Y99. **6** ICD10: F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74, K86.0, X45, X65, Y15.
7	Emergency admissions, 2012/13-2013/14. Source: SUS.
8	% self-reporting day-to-day activities 'limited a lot', 2011. Source: Census.
9	Modelled based on smoking prevalence data by Mosaic type. Source: Experian (TGI: 'Heavy', 'Medium' & 'Light' smokers combined).
10	Modelled based on % who do not exercise by Mosaic type. Source: Experian (TGI).
11-12	% children measured who were obese, 2013/14. Source: NCMP.
13	Modelled based on % who claim to eat '5-a-day' fruit and vegetables by Mosaic type. Source: Experian (TGI).
14	Modelled mental health prevalence based on GP practice-level data, 2014/15. Source: QOF.
15-16	Modelled wellbeing based on ONS Annual Population Survey (APS) data by Acorn type, 2011/12. Source: DCLG. **15** % scoring 0-6 for 'Overall, how satisfied are you with your life nowadays?' **16** % scoring 0-6 for 'Overall, to what extent do you feel the things you do in your life are worthwhile?'
17	Modelled based on median household income data by Mosaic type. Source: Experian (ConsumerView).
18	% claiming out of work benefits (defined as all those aged 16-64 who are jobseekers, claiming ESA & incapacity benefits, lone parents claiming Income Support and others on income related benefits), February 2015. Source: DWP (from Nomis).
19	% Year R pupils not achieving a good level of development, 2015. Source: KCC, MIU.

20 % pupils not achieving 5+ A*-C GCSEs (including English & Maths) at the end of Key Stage 4, 2015. Source: KCC, MIU.

21 % with no qualifications (based on persons aged 16+), 2011. Source: Census.

22 Education, Training & Skills IMD domain (average score), 2015. Source: DCLG.

23 % of households with no car or van, 2011. Source: Census.

24 % of households living in social rented accommodation, 2011. Source: Census.

25 % of households living in private rented accommodation, 2011. Source: Census.

26 % of households with an occupancy rating of -2 (i.e. with 2 too few rooms), 2011. Source: Census.

27 % of households with accommodation type 'shared dwellings', 2011. Source: Census.

28 % of households not living at the same address a year ago, 2011. Source: Census. Please note that OAs E00124937 & E00166800 have been removed from this analysis due to the undue influence of Eastchurch prison on levels of transience.

29 % of households with no adults or one adult and one or more children, 2011. Source: Census.

30-32 Distance to nearest GP/pharmacy/A&E or Urgent Care centre (in miles, as the crow flies from population weighted centroid of LSOA), 2015. Source: KCC Business Intelligence.

33 Crime rate (recorded crime per 1,000 population), Oct 2013 - Sept 2015. Source: data.police.uk.

34 Living Environment IMD domain (average score), 2015. Source: DCLG.

35 Index of Multiple Deprivation (IMD) (average score), 2015. Source: DCLG.

For some of the variables above, modelling techniques have been used to derive LSOA-level estimates for use in the analysis.

QOF Prevalence Modelling

Modelled estimates of recorded disease prevalence at LSOA-level have been produced using GP registration data extracted from HSCIC's maintained GP Payments system[12].

Disease prevalence estimates have been produced at LSOA-level by combining the numbers of people in each LSOA registered with each individual GP practice with that GP's disease prevalence rates (as recorded in the 2014/15 QOF). Thus, the model relies on the assumption that disease prevalence rates for the whole GP practice apply to the patients registered to that GP who live in the LSOA in question. This should be borne in mind when interpreting the results.

Mosaic Modelling

Experian's Mosaic classification system has been used to produce modelled estimates for smoking prevalence, physical inactivity, consumption of fruit and vegetables, and income.

Taking smoking as an example, prevalence estimates have been produced at LSOA-level by combining the Mosaic type-level population profile of each individual LSOA with smoking rates for each Mosaic type (as contained within the Mosaic Grand Index). Thus, the model relies on the assumption that smoking rates for a given Mosaic type, calculated by Experian at national level, apply to people of that Mosaic type within Kent.

[12] http://www.hscic.gov.uk/article/2021/Website-Search?productid=19077&q=Numbers+of+Patients+Registered+at+a+GP+Practice&sort=Relevance&size=10&page=1&area=both#top

Appendix B: CCG-level summaries

CCG-level summaries, including detailed local maps.

Ashford Profile.pdf
C&C Profile.pdf
DGS Profile.pdf
South Kent Coast Profile.pdf
Swale Profile.pdf
Thanet Profile.pdf
West Kent Profile.pdf

Appendix C: Deprivation types by LSOA

Data file detailing deprivation types by LSOA.

Appendix C.xlsx

KENT PUBLIC HEALTH OBSERVATORY

SOUTH KENT COAST CCG

Analysis of Deprived Areas

In the most deprived decile for Kent

January 2016

KCC Public Health is taking a new approach to reducing health inequalities in the county, by producing focussed analysis of LSOAs in the most deprived decile. Multivariate segmentation techniques have been used to identify different 'types' of deprivation in Kent. This report shows our analysis of the most deprived areas in the South Kent Coast CCG Area. For more information on the rationale of this approach and our methods, please see the full report.

Produced by

Dr Wikum Jayatunga: Public Health Registrar (wikum.jayatunga@kent.gov.uk)

Rachel Kennard: Senior Intelligence Analyst (rachel.kennard@kent.gov.uk)

Natasha Hobbs: Public Health Information Officer (natasha.hobbs@kent.gov.uk)

Correspondence to: Rachel Kennard

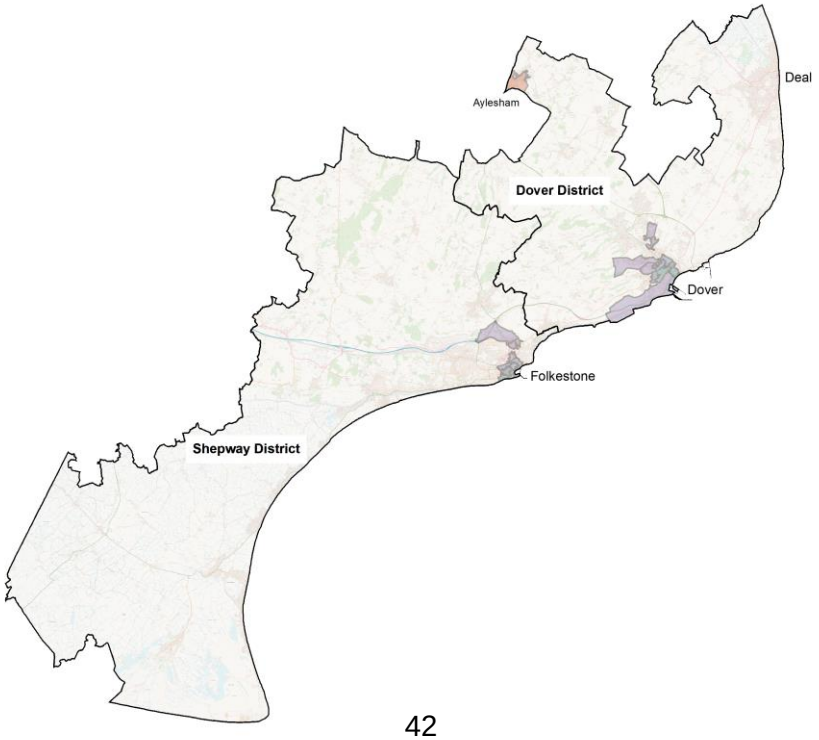
Kent County Council kent.gov.uk

Background

South Kent Coast CCG covers the areas of Shepway and Dover, which include the main towns of Folkestone and Dover respectively. Deprivation statistics are higher than the Kent average and the England average, with generally worse health outcomes. The towns have an important location on the South Coast of England, with major transport routes between mainland Europe and London. 19 LSOAs feature in the most deprived decile for deprivation in Kent, 8 in Shepway (around Folkestone) and 11 in Dover (around Dover town). There is another pocket of deprivation in the village of Aylesham.

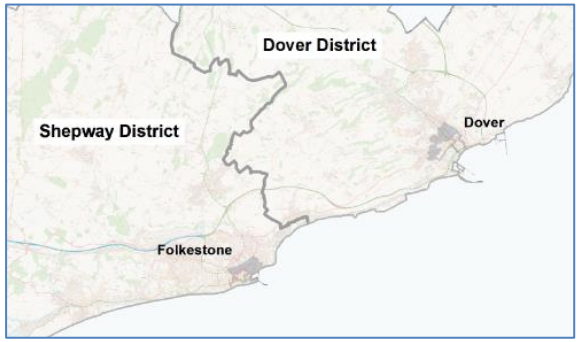
Deprived Areas

Ward Code	Ward Name	LSOA Code	LSOA name	LSOA rank	GP practice codes serving LSOA					Type
E05004943	Aylesham	**E01024192**	**Dover 006C**	**88**	G82211					2
E05004944	Buckland	**E01024196**	**Dover 011D**	**48**	G82015	G82117	G82002	G82128		3
		E01024193	**Dover 011A**	**72**	G82015	G82002	G82128	G82117		3
E05004946	Castle	**E01033211**	**Dover 012F**	**32**	G82015	G82662	G82002			4
E05004951	Maxton, Elms Vale and Priory	**E01024215**	**Dover 013B**	**37**	G82729	G82015	G82662	G82128		4
		E01024214	**Dover 013A**	**70**	G82729	G82015				1
E05004958	St Radigunds	**E01024240**	**Dover 011F**	**24**	G82015	G82128	G82117	G82002		3
E05004960	Tower Hamlets	**E01024247**	**Dover 012D**	**58**	G82662	G82015	G82002	G82117	G82128	1
		E01024246	**Dover 013D**	**71**	G82117	G82128	G82015	G82002		1
		E01024248	**Dover 011H**	**81**	G82015	G82128	G82117	G82002		3
E05004961	Town and Pier	**E01024249**	**Dover 013E**	**74**	G82015	G82002	G82128			3
E05005037	Folkestone East	**E01024498**	**Shepway 003C**	**26**	G82086					3
		E01024496	**Shepway 003A**	**83**	G82086	G82091	G82232	G82187		3
E05005038	Folkestone Foord	**E01024500**	**Shepway 004B**	**86**	G82086					3
E05005039	Folkestone Harbour	**E01024504**	**Shepway 014A**	**12**	G82091	G82187				1
		E01024505	**Shepway 004E**	**68**	G82187	G82091	G82086			1
E05005040	Folkestone Harvey Central	**E01024507**	**Shepway 014B**	**23**	G82091	G82232				1
		E01033215	**Shepway 014D**	**49**	G82232	G82091				4
		E01033212	**Shepway 014C**	**53**	**G82091**	**G82232**				**4**



South Kent Coast CCG
Type 1 Deprived LSOAs
Folkestone Harbour, Clarendon, Tower Hamlets

Young people lacking opportunities



MAIN ISSUES

Characteristics

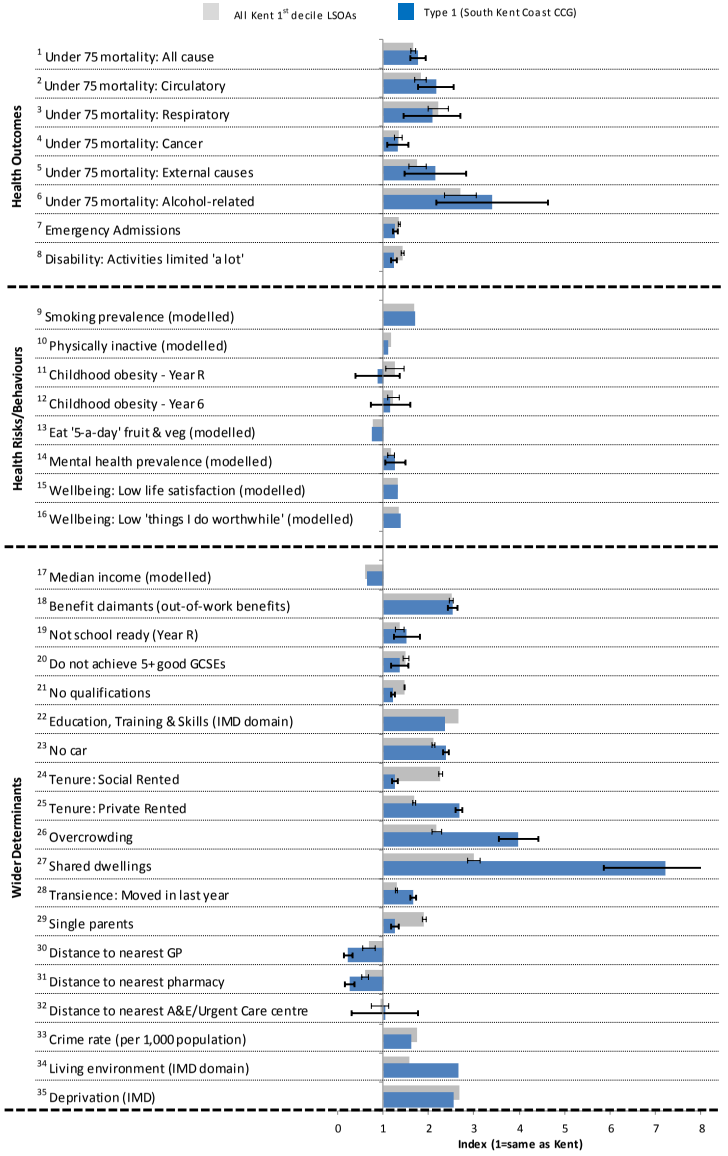
- Young adults in private rented accommodation
- Particularly high levels of shared dwellings and overcrowding
- Particularly poor living environment with high crime rates
- Low incomes
- High levels of out-of-work benefit claimants
- Poor scores for education
- Particularly high levels of movement/ transiency

Health Risks/Behaviours

- High smoking prevalence
- Low levels of wellbeing

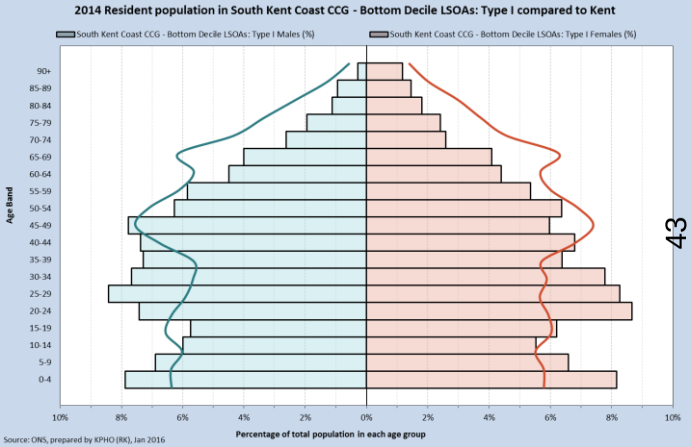
Health Outcomes

- High premature mortality rates
- Alcohol-related premature mortality and from 'external causes' particularly high



Prepared by KPHO (RK), Jan 2016

POPULATION DISTRIBUTION

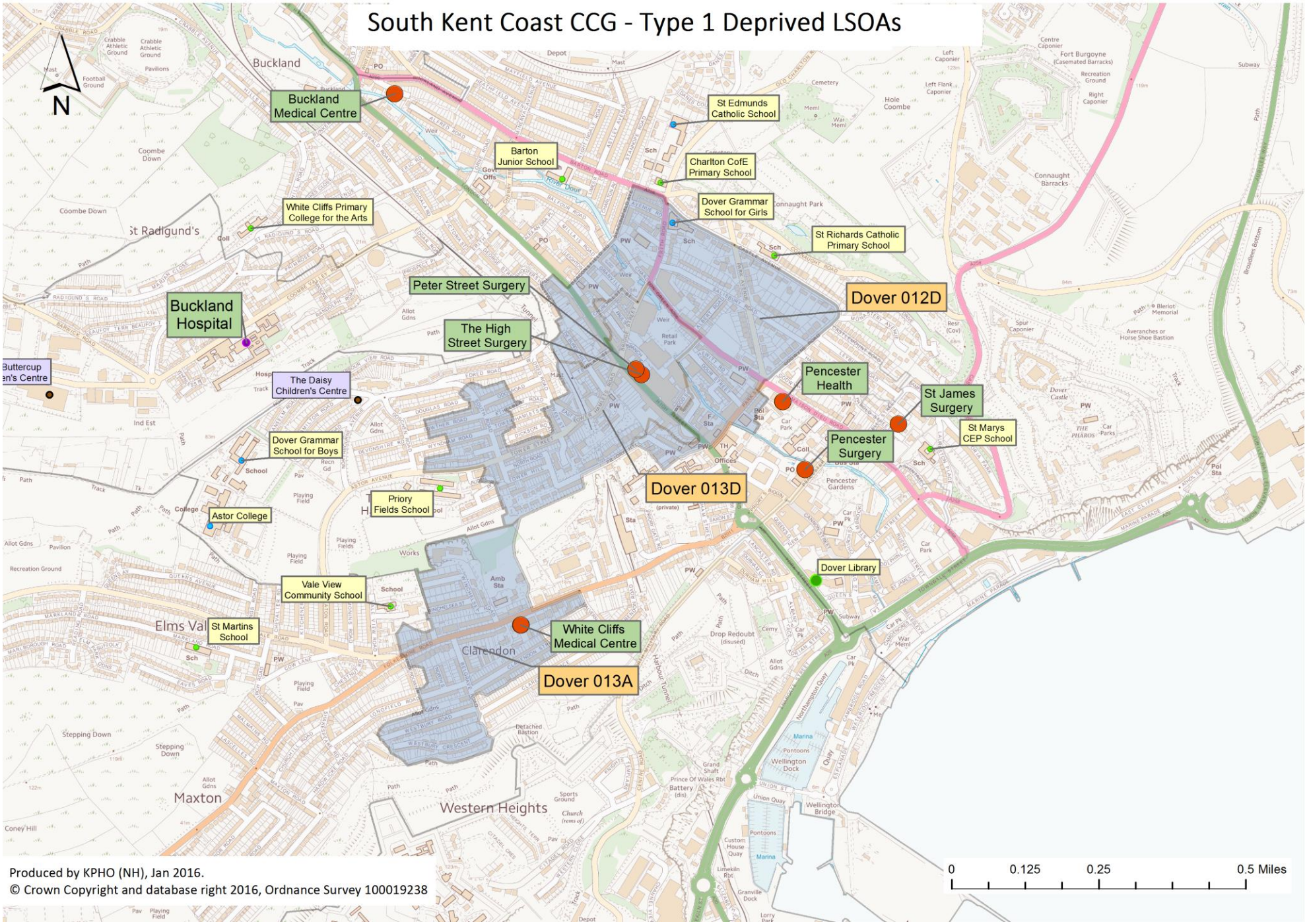


- High numbers of young adults and young children

KEY FOCUS AREAS:

Education and employment opportunities for young people

South Kent Coast CCG - Type 1 Deprived LSOAs



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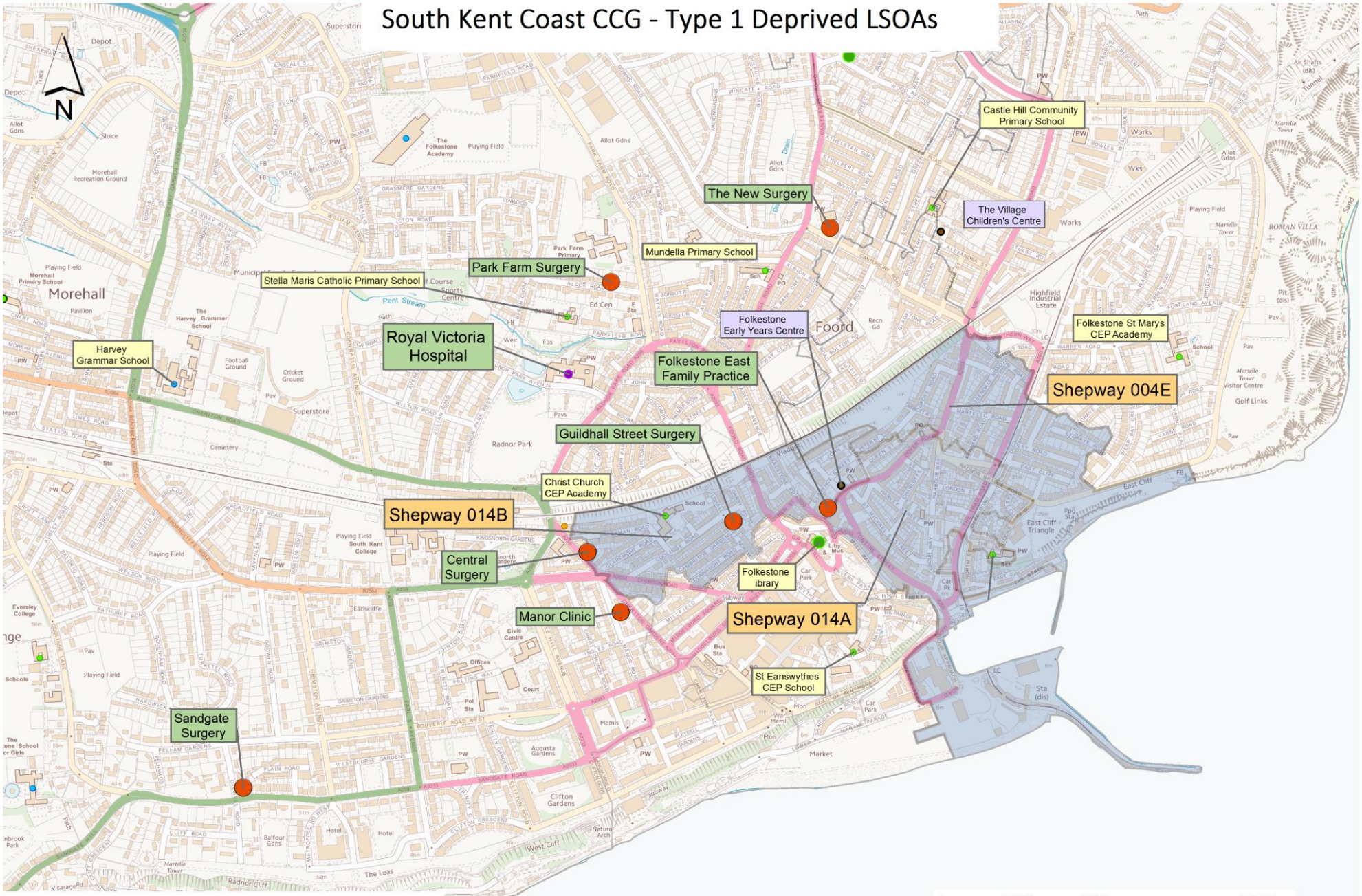
South Kent Coast CCG - Type 1 Deprived LSOAs



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Deprived rural households

South Kent Coast CCG
Type 2 Deprived LSOAs
Aylesham

MAIN ISSUES

**Please note that this analysis is based on a single LSOA, meaning wide confidence intervals for some measures.*

Characteristics

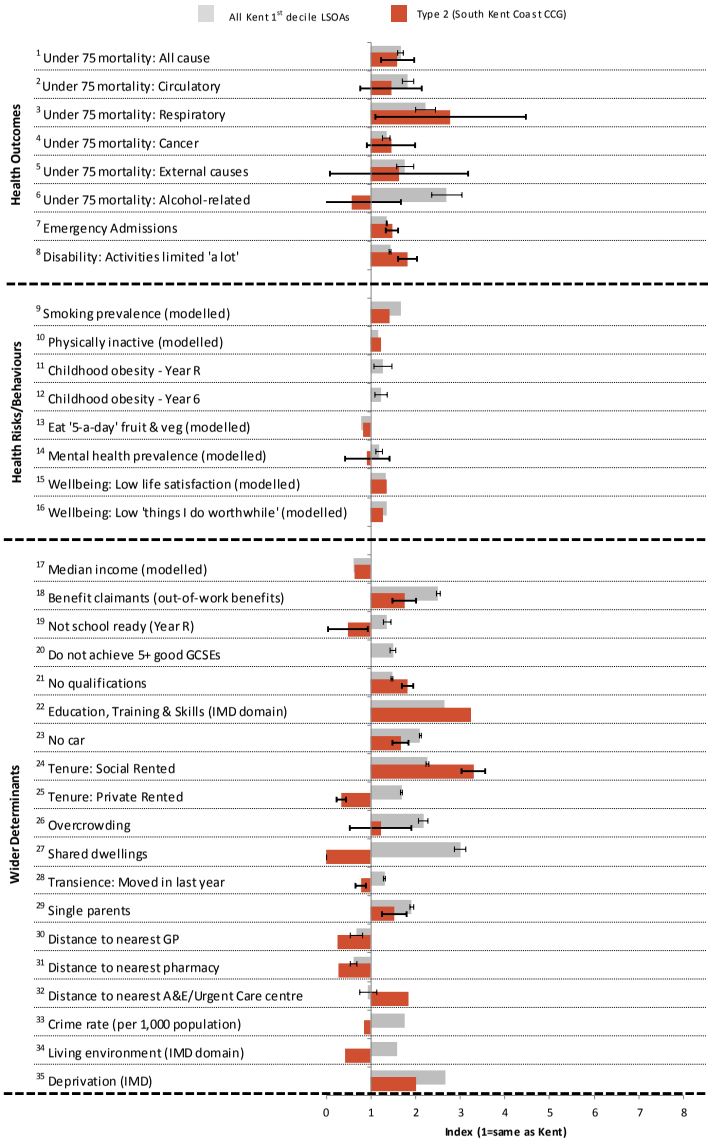
- Low educational attainment and lack of qualifications
- Fewer out-of-work benefit claimants than other deprived groups
- Car ownership is higher than for other deprivation types
- Better living environment and lower crime rates than many other deprived areas
- Low levels of movement/transiency

Health Risks/Behaviours

- Fairly high smoking prevalence
- Low levels of wellbeing

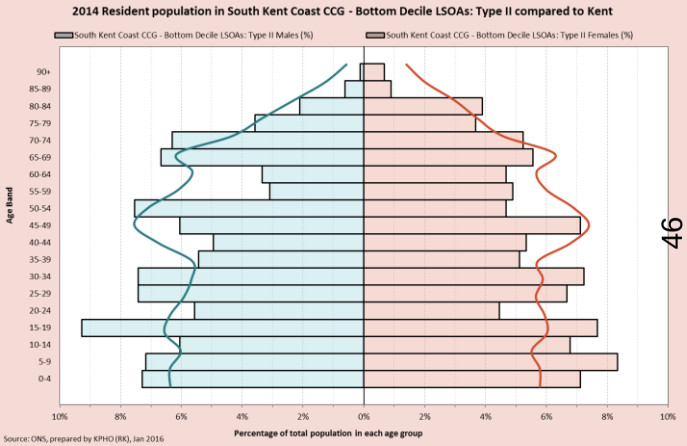
Health Outcomes

- Particularly high rates of disability ('activities limited a lot')
- High premature mortality



Prepared by KPHO (RK), Jan 2016

POPULATION DISTRIBUTION

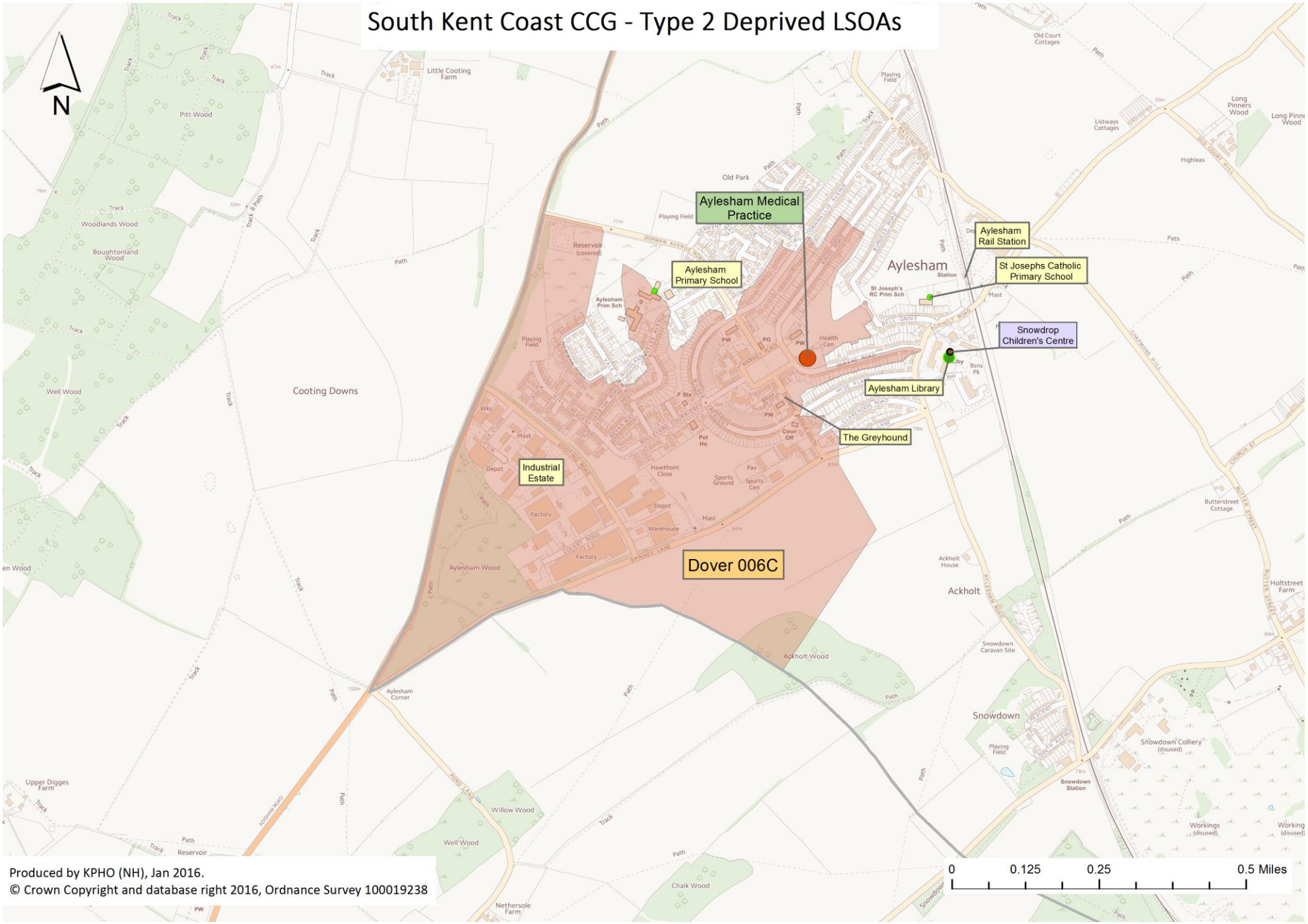


- Low population size makes comment on the population pyramid difficult

KEY FOCUS AREAS:

Education and qualifications

South Kent Coast CCG - Type 2 Deprived LSOAs



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South Kent Coast CCG
Type 3 Deprived LSOAs
Folkestone East, Aycliffe, Buckland Valley, St Radigans

Families in social housing

MAIN ISSUES

Characteristics

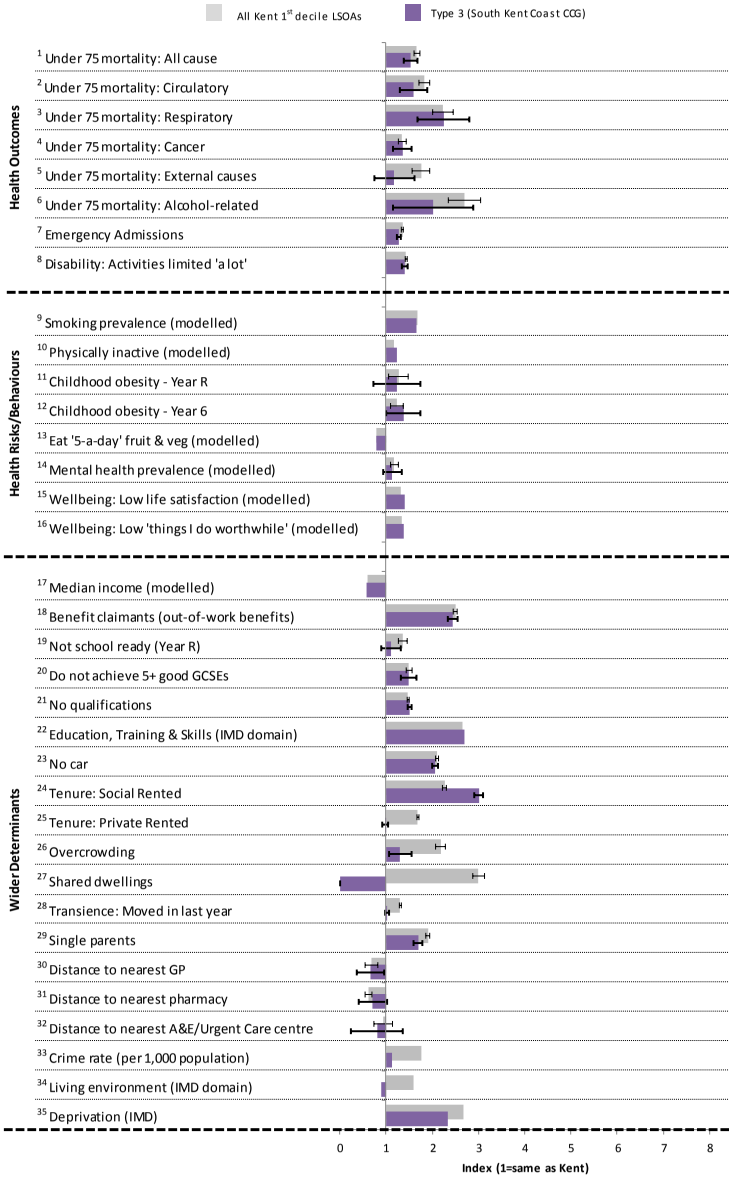
- Families with children in social housing
- Low incomes
- Poor scores for education
- High number of single parents
- Better living environment and lower crime rates than other deprived areas

Health Risks/Behaviours

- High smoking prevalence
- Low levels of wellbeing

Health Outcomes

- High premature mortality rates
- High emergency hospital admission rates
- High rates of disability (‘activities limited a lot’)



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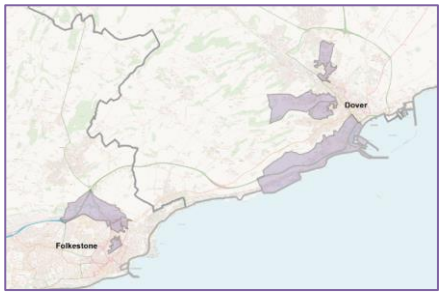
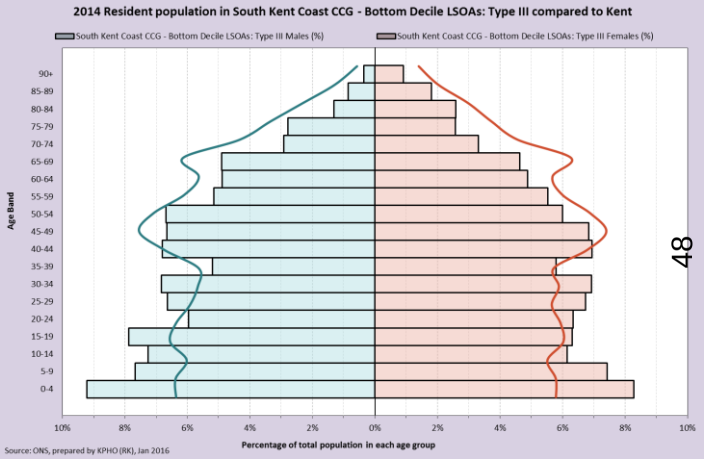


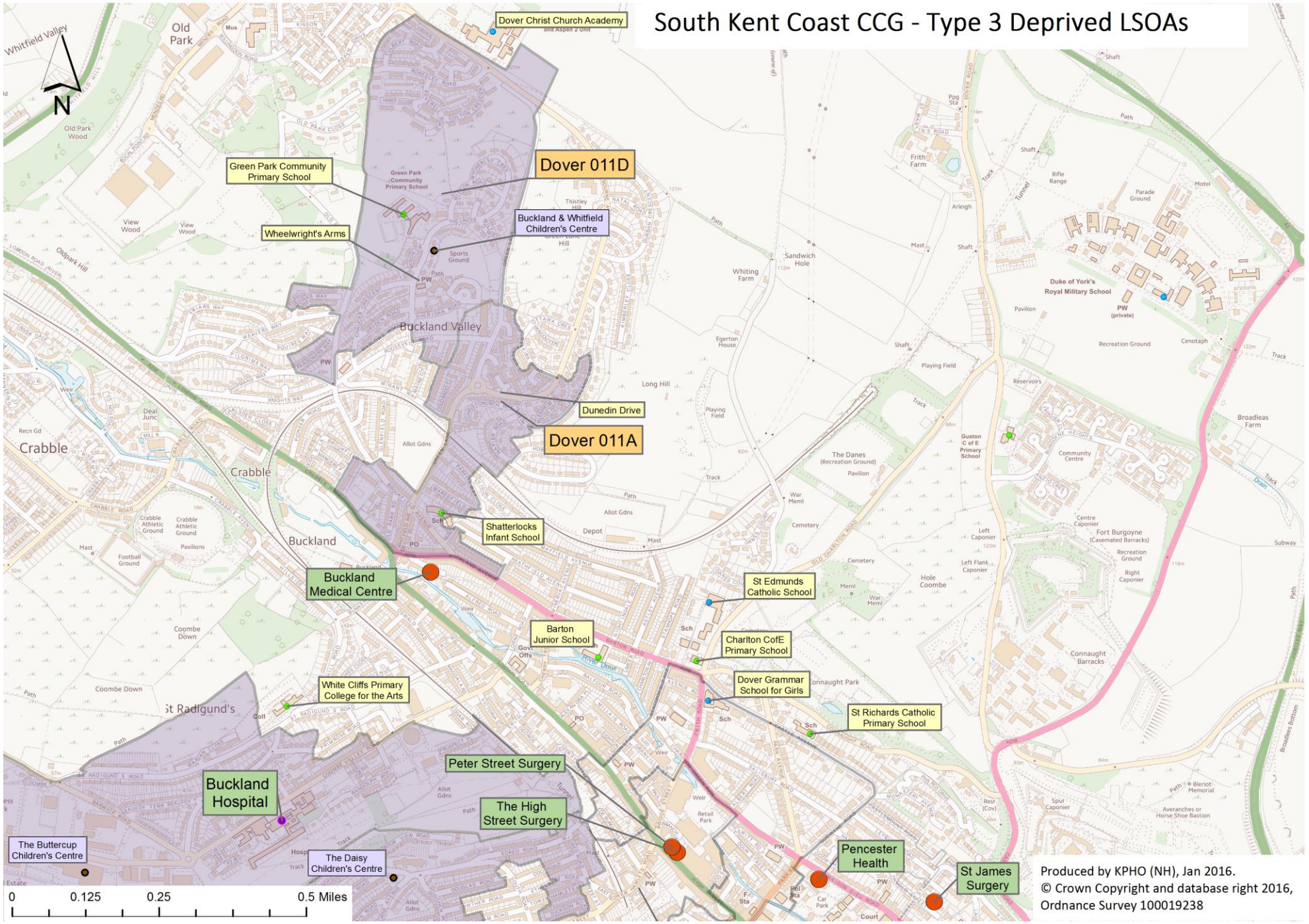
POPULATION DISTRIBUTION



- High numbers of children
- Slightly higher numbers of young adults
- Slightly lower numbers of over 50s

KEY FOCUS AREAS:

Training, qualifications and employment for parents
child health and education


South Kent Coast CCG - Type 3 Deprived LSOAs
Dover Christ Church Academy
Dover 011D
Green Park Community Primary School
Buckland & Whitfield Children's Centre
Wheelwright's Arms
Dunedin Drive
Dover 011A
Shatterlocks Infant School
Buckland Medical Centre
St Edmunds Catholic School
Barton Junior School
Charlton CofE Primary School
Dover Grammar School for Girls
St Richards Catholic Primary School
White Cliffs Primary College for the Arts
Peter Street Surgery
Buckland Hospital
The High Street Surgery
The Buttercup Children's Centre
The Daisy Children's Centre
Pencester Health
St James Surgery
Buckland Valley
Crabble
Buckland
St Radigund's
Old Park
Whitfield Valley
N
0
0.125
0.25
0.5 Miles
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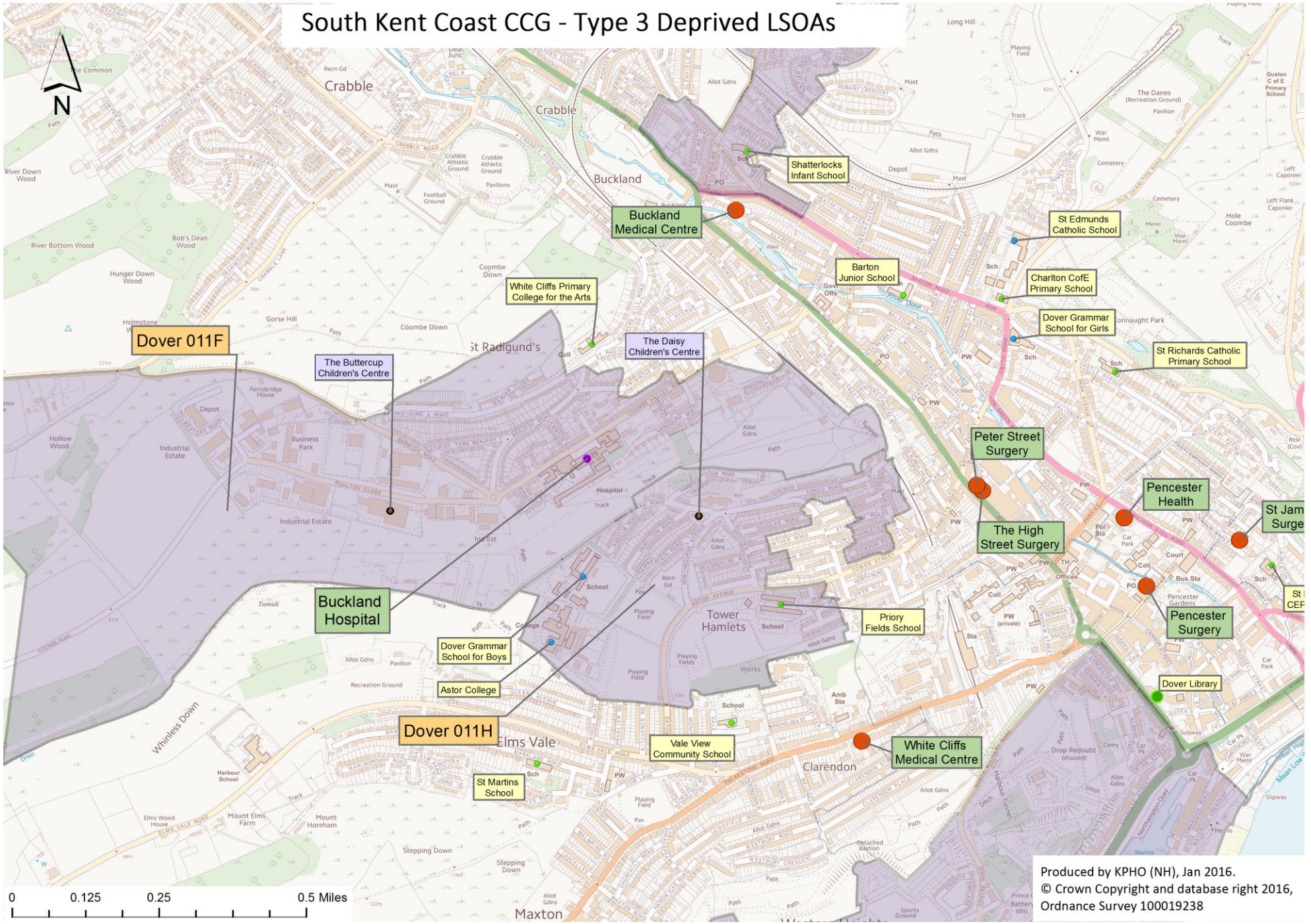
South Kent Coast CCG - Type 3 Deprived LSOAs



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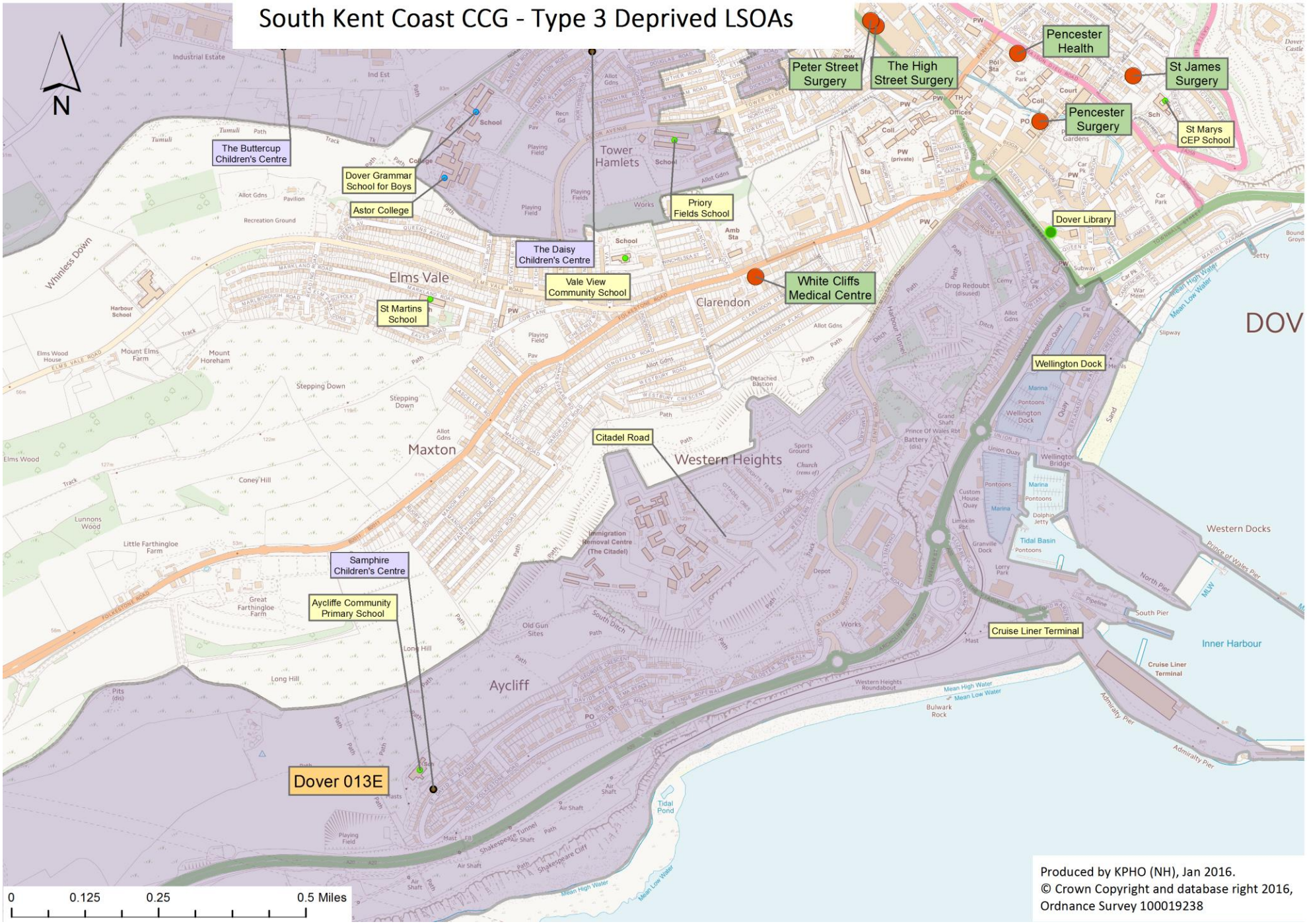
South Kent Coast CCG - Type 3 Deprived LSOAs



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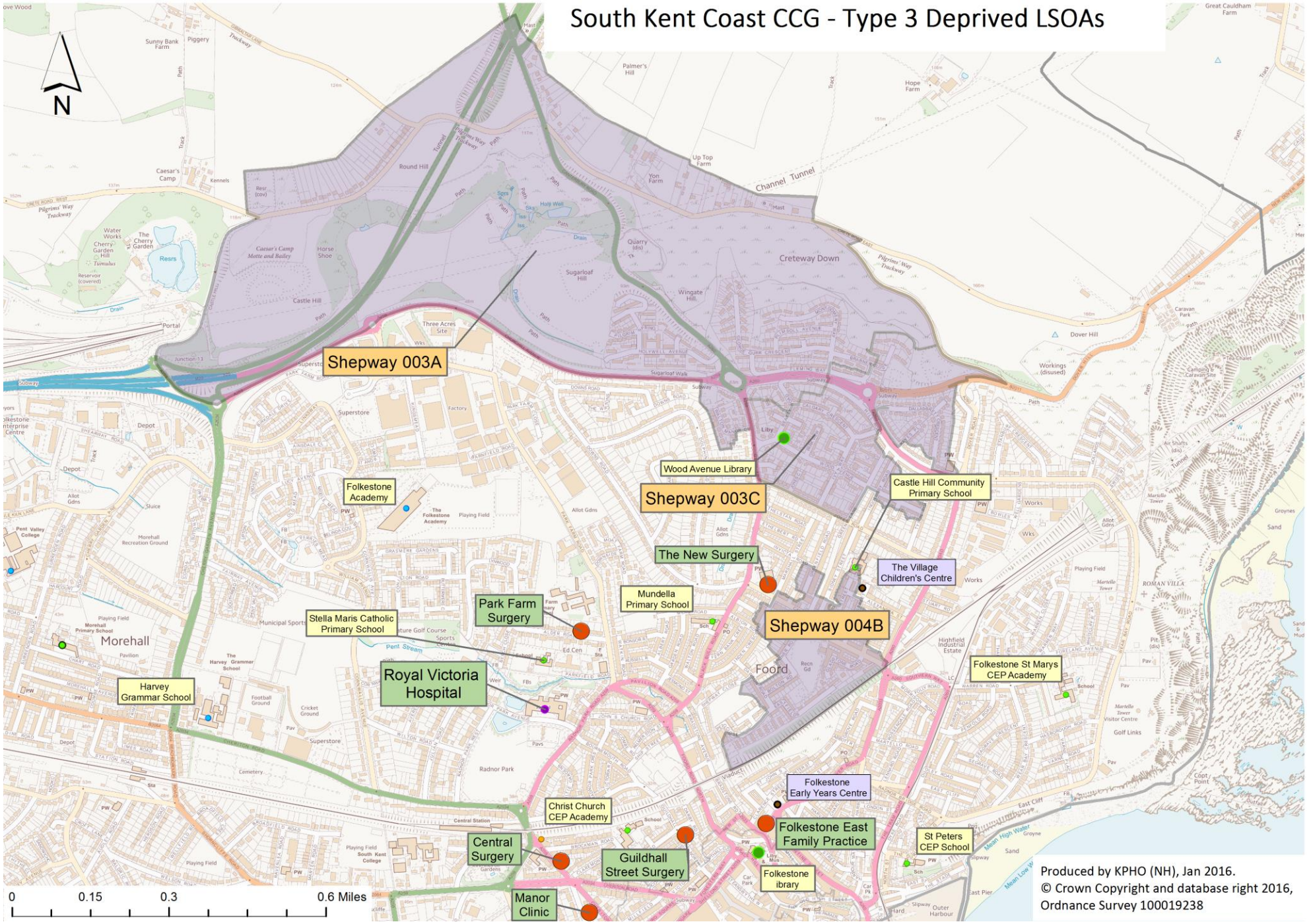
South Kent Coast CCG - Type 3 Deprived LSOAs



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South Kent Coast CCG
Type 4 Deprived LSOAs
Folkestone Harvey Central, Priory, Pencester

Young people in poor quality accommodation

MAIN ISSUES

Characteristics

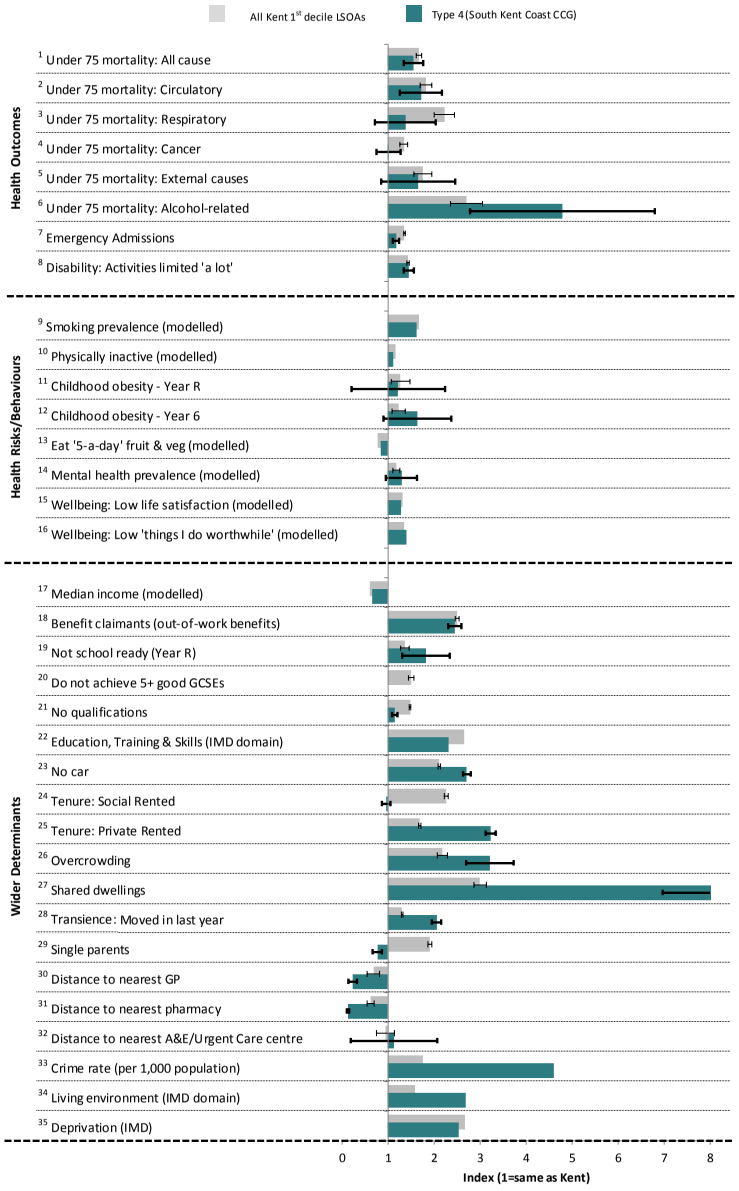
- Young adults in private rented accommodation
- Particularly high levels of shared dwellings and overcrowding
- Better educated than other deprived types
- Particularly poor living environment with particularly high crime rates
- High levels of out-of-work benefit claimants
- Particularly high levels of movement/ transiency

Health Risks/Behaviours

- High smoking prevalence
- Low levels of wellbeing

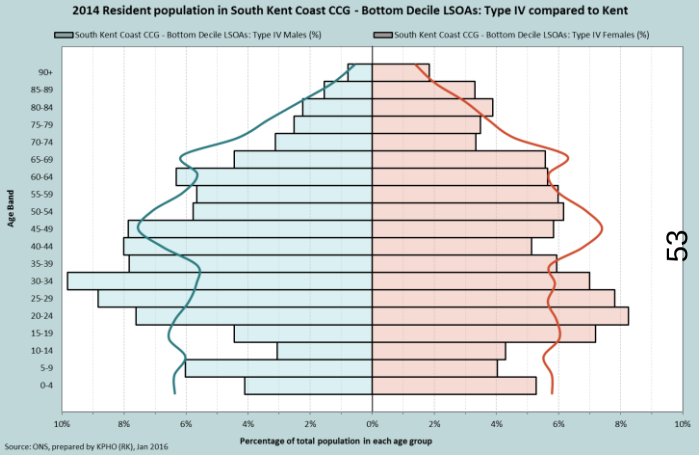
Health Outcomes

- High premature mortality rates
- High rates of disability ('activities limited a lot')



Prepared by KPHO (RK), Jan 2016

POPULATION DISTRIBUTION

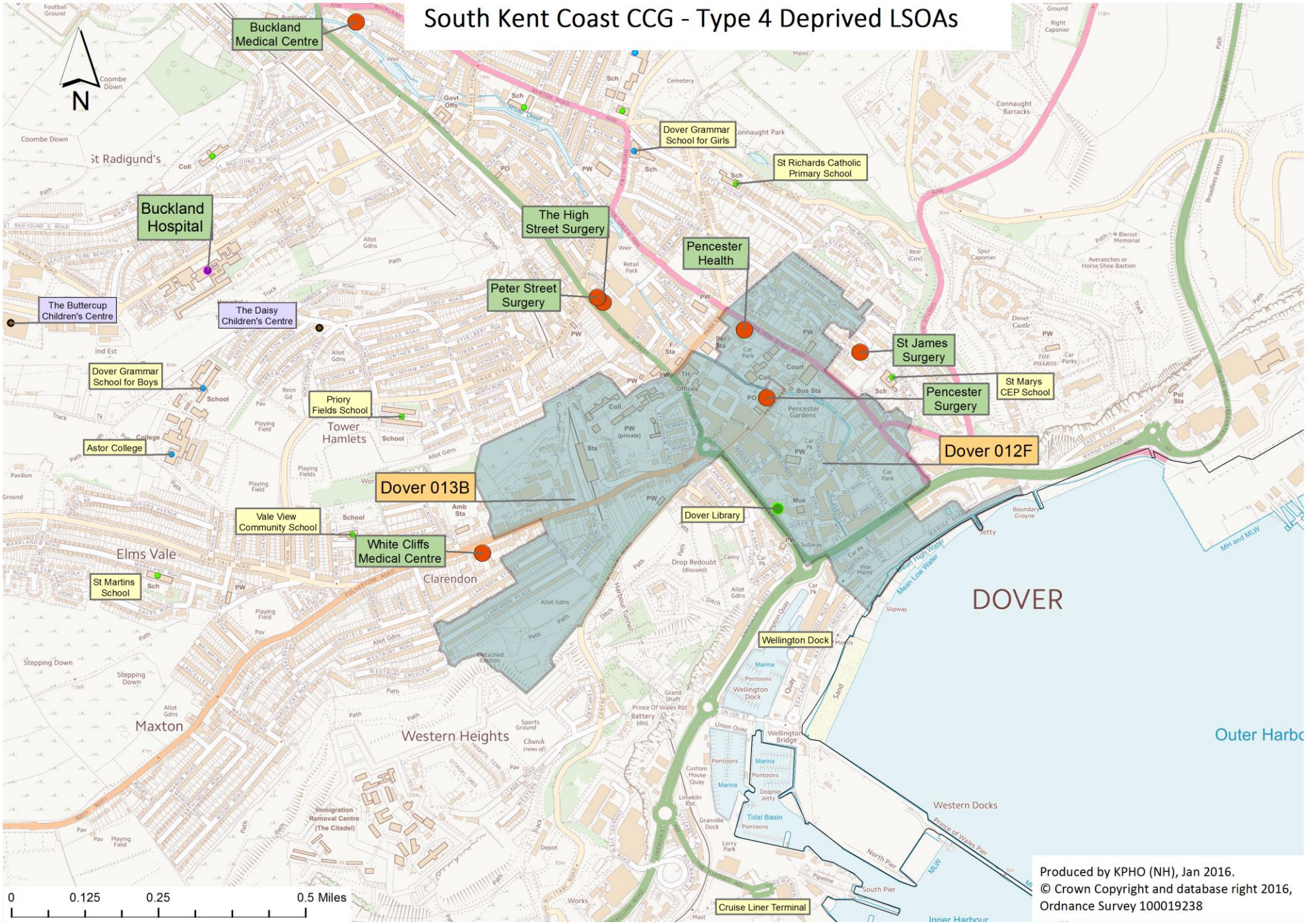


- High numbers of young adults
- Low numbers of children and teenagers

KEY FOCUS AREAS:

Improve living environment and good affordable housing

South Kent Coast CCG - Type 4 Deprived LSOAs



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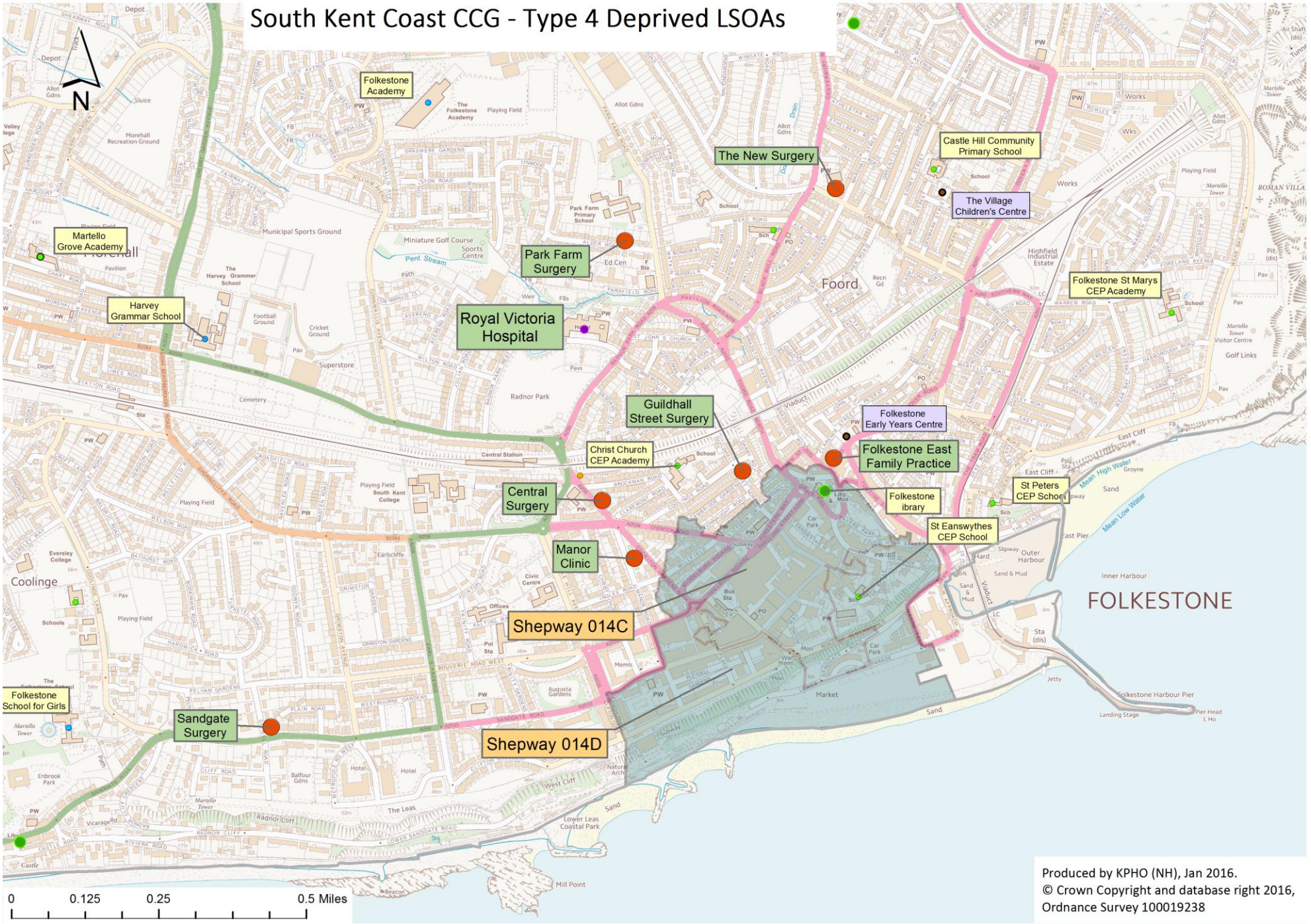

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GP Practices

GP Practices Serving Deprived LSOAs: Recorded Disease Prevalence

For the GP practices that serve LSOAs in the most deprived decile, we have analysed the recorded disease prevalence from QOF data (Quality Outcomes Framework). Note that the data shows recorded disease prevalence, and does not account for undiagnosed disease in the community.

- High recorded prevalence of epilepsy and Chronic Kidney Disease in many of these practices.

GP Practice		Asthma	Atrial Fibrillation	Cancer	Coronary Heart Disease	Chronic Kidney Disease	COPD	Diabetes	Heart Failure	Hyper-tension	Stroke & TIA	Mental health	Dementia	Epilepsy	Depression	Learning Disabilities
G82002	St James' Surgery	5.9	1.5	2.0	2.9	4.9	2.1	6.8	0.4	14.1	1.5	0.7	0.5	1.1	10.4	0.5
G82015	Pencester Surgery	5.9	1.6	2.4	3.2	4.3	1.9	6.7	0.6	13.6	1.9	0.8	0.7	1.1	13.8	0.5
G82086	The New Surgery	6.4	1.7	2.0	3.0	5.5	2.9	6.7	0.4	12.5	1.3	1.0	0.6	1.2	8.1	0.4
G82091	Guildhall Street Surgery	4.9	1.5	2.4	2.9	3.8	1.9	7.4	0.4	12.9	1.8	1.5	0.6	1.0	7.8	0.4
G82117	High Street Surgery	5.4	2.3	2.3	3.6	5.3	1.9	7.2	0.5	15.4	2.1	0.6	1.0	1.2	8.6	0.4
G82128	Peter Street Surgery	5.7	2.1	2.2	3.5	7.1	2.3	7.3	0.7	13.7	2.2	0.9	1.0	1.4	5.0	0.7
G82187	Folkestone East Family Practice	6.4	2.3	2.5	3.9	6.1	3.2	7.6	0.5	16.1	1.6	1.0	0.8	1.1	8.6	0.7
G82211	Aylesham Medical Practice	4.7	1.8	2.8	3.3	7.3	4.4	7.7	0.9	15.0	1.9	0.7	0.7	0.9	6.0	0.5
G82232	Manor Clinic	5.2	1.4	1.8	2.7	4.8	1.6	6.0	0.3	12.5	1.5	1.2	0.5	0.9	5.5	1.1
G82662	Pencester Health	3.2	0.7	1.3	1.8	2.5	1.2	5.2	0.3	8.4	0.9	0.8	0.4	1.1	7.6	1.1
G82729	White Cliffs Medical Centre	5.9	2.1	3.0	3.2	7.6	2.6	6.5	0.6	18.2	1.7	0.9	0.9	0.9	5.1	0.4

Denotes value is in the upper quartile for GP practices in Kent

Denotes value is in the lower quartile for GP practices in Kent

Figures for chronic kidney disease (CKD), epilepsy and depression related to patients aged 18+, figures for diabetes to patients aged 17+. Other measures (including learning disability) related to all ages

Source: HSCIC - Quality and Outcomes Framework (QOF) for April 2014 - March 2015, prepared by KPHO (RK), December 2015

Data Sources

1-6 Age-standardised mortality rates, 2006-2014. Source: PCMD. **2** ICD10: I00-I99. **3** ICD10: J00-J99. **4** ICD10: C00-C97. **5** ICD10: U00-Y99. **6** ICD10: F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74, K86.0, X45, X65, Y15.

7 Emergency admissions, 2012/13-2013/14. Source: SUS.

8 % self-reporting day-to-day activities 'limited a lot', 2011. Source: Census .

9 Modelled based on smoking prevalence data by Mosaic type. Source: Experian (TGI: 'Heavy', 'Medium' & 'Light' smokers combined).

10 Modelled based on % who do not exercise by Mosaic type. Source: Experian (TGI).

11-12 % children measured who were obese, 2013/14. Source: NCMP.

13 Modelled based on % who claim to eat '5-a-day' fruit and vegetables by Mosaic type. Source: Experian (TGI).

14 Modelled mental health prevalence based on GP practice-level data, 2014/15. Source: QOF.

15-16 Modelled wellbeing based on ONS Annual Population Survey (APS) data by Acorn type, 2011/12. Source: DCLG. **15** % scoring 0-6 for 'Overall, how satisfied are you with your life nowadays?' **16** % scoring 0-6 for 'Overall, to what extent do you feel the things you do in your life are worthwhile?'

17 Modelled based on median household income data by Mosaic type. Source: Experian (ConsumerView).

18 % claiming out of work benefits (defined as all those aged 16-64 who are jobseekers, claiming ESA & incapacity benefits, lone parents claiming Income Support and others on income related benefits), February 2015. Source: DWP (from Nomis).

19 % Year R pupils not achieving a good level of development, 2015. Source: KCC, MIU.

20 % pupils not achieving 5+ A*-C GCSEs (including English & Maths) at the end of Key Stage 4, 2015. Source: KCC, MIU.

21 % with no qualifications (based on persons aged 16+), 2011. Source: Census.

22 Education, Training & Skills IMD domain (average score), 2015. Source: DCLG.

23 % of households with no car or van, 2011. Source: Census.

24 % of households living in social rented accommodation, 2011. Source: Census.

25 % of households living in private rented accommodation, 2011. Source: Census.

26 % of households with an occupancy rating of -2 (i.e. with 2 too few rooms), 2011. Source: Census.

27 % of households with accommodation type 'shared dwellings', 2011. Source: Census.

28 % of households not living at the same address a year ago, 2011. Source: Census. Please note that OAs E00124937 & E00166800 have been removed from this analysis due to the undue influence of Eastchurch prison on levels of transience.

29 % of households with no adults or one adult and one or more children, 2011. Source: Census.

30-32 Distance to nearest GP/pharmacy/A&E or Urgent Care centre (in miles, as the crow flies from population weighted centroid of LSOA), 2015. Source: KCC Business Intelligence.

33 Crime rate (recorded crime per 1,000 population), Oct 2013 - Sept 2015. Source: data.police.uk.

34 Living Environment IMD domain (average score), 2015. Source: DCLG.

35 Index of Multiple Deprivation (IMD) (average score), 2015. Source: DCLG.