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The new Buckland Hospital, Dover, opened June 2015

1. HEALTH PROFILE 2015

Public Health England (PHE) released its annual Health Profiles in June 2015 and headlines and summary from the Dover District Health Profile are included in this report:

a) Headlines

Health in Summary

The health of people in Dover is varied compared with the England average. Deprivation is lower than average, however about 20.8% (4,000) children live in poverty. Life expectancy for both men and women is similar to the England average.

Living longer

Life expectancy is 6.6 years lower for men in the most deprived areas of Dover than in the least deprived areas.

Child health

In Year 6, 17.8% (177) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 36.2*. This represents 8 stays per year. Levels of smoking at time of delivery are worse than the England average.

Adult health

In 2012, 22.2% of adults are classified as obese. The rate of alcohol related harm hospital stays was 547*, better than the average for England. This represents 619 stays per year. The rate of self-harm hospital stays was 245.9*, worse than the average for England. This represents 264 stays per year. The rate of smoking related deaths was 305*. This represents 222 deaths per year. Estimated levels of adult smoking are worse than the England average. Rates of sexually transmitted infections and TB are better than average. The rate of violent crime is worse than average. Rates of statutory homelessness and drug misuse are better than average.

Local priorities

Priorities in Dover include improving life expectancy by preventing suicide, heart disease and reducing smoking prevalence, improving teenage pregnancy rates, and improving physical activity in children and adults.

Source: Dover District Health Profile 2015, published by Public Health England (PHE) June 2015.

*rate per 100,000 population

The chart on the following page from the Health Profile 2015 shows the health of people in the Dover district compared with the rest of England. There are six indicators that are classed as significantly worse than the England average (compared to seven in 2014). These are:

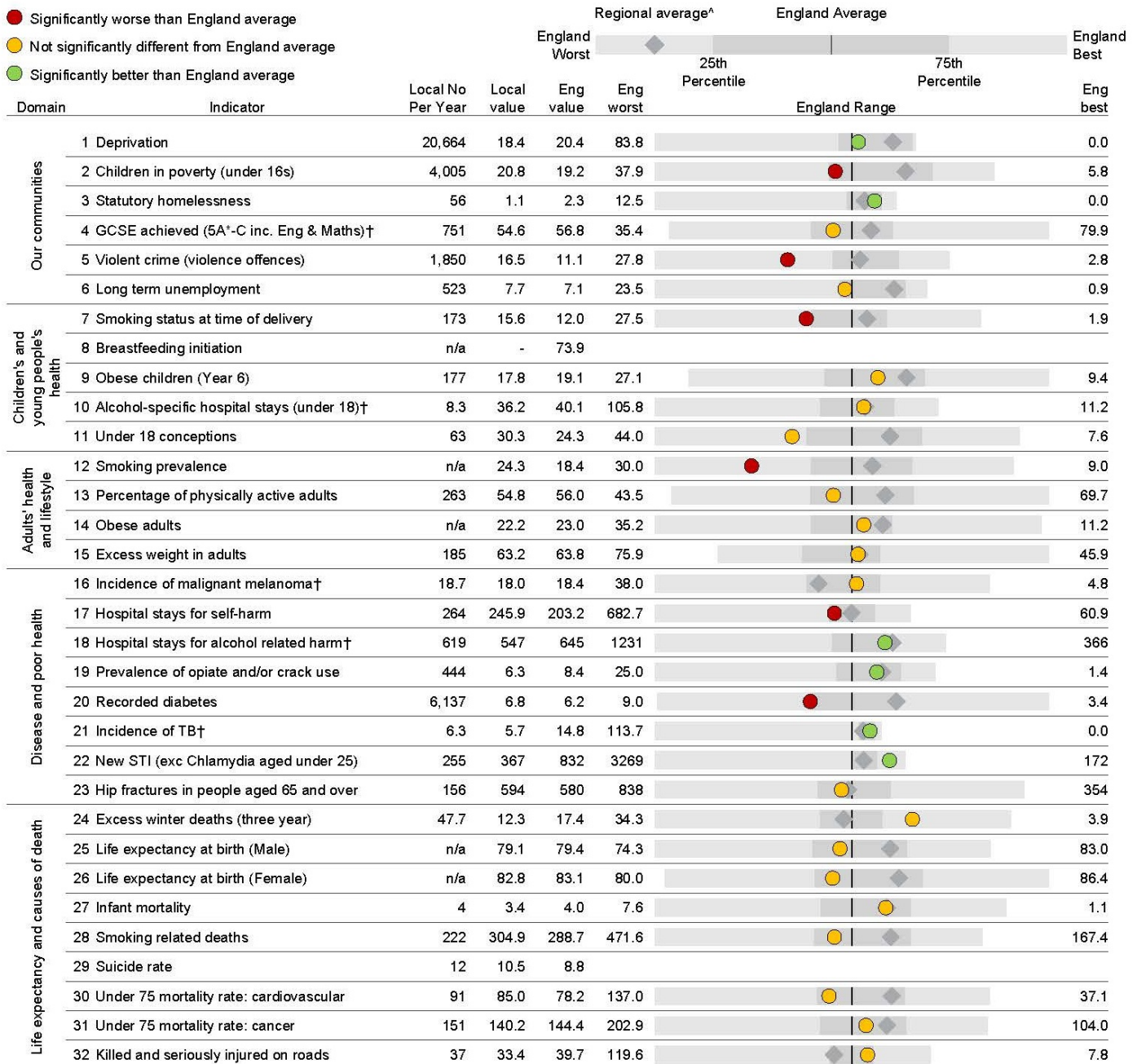
- Children in poverty (under 16's),
- Violent crime,
- Smoking status at time of delivery,
- Smoking prevalence,
- Hospital stays for self-harm and
- Recorded diabetes.

There are also six indicators significantly better than the England average (compared to seven in 2014) and 18 indicators not significantly different from the England average. The indicator notes specify the source and year of the data being used to make these assessments.

The information in the remainder of this Health and Wellbeing Chapter has been taken from a variety of sources – including Public Health England, Kent and Medway Public Health Observatory and the Office for National Statistics.

b) Health Profile 2015: Health Summary for Dover

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013/14 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25, 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^a "Regional" refers to the former government regions.

2. HEALTH INEQUALITIES AND LIFE EXPECTANCY

The term “health inequalities” refers to the unequal health opportunities and outcomes experienced by different groups of people within society. They arise from differences in social and economic conditions that influence people’s behaviours and lifestyle choices, their risk of illness and actions taken to deal with illness when it occurs. Those differences are not inevitable and are therefore considered unfair and avoidable. Tackling health inequalities is a top national and local priority.

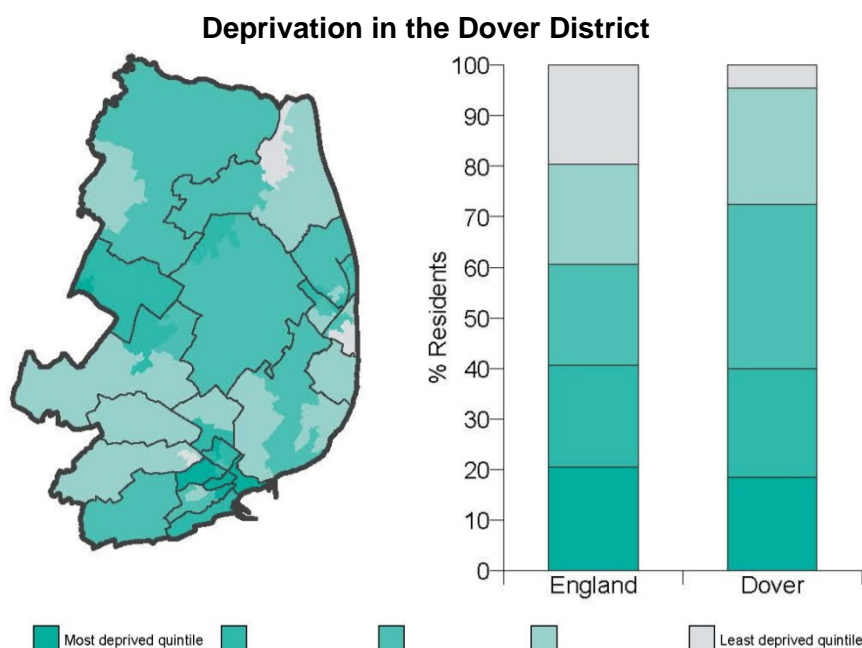
Inequalities may be found between many types of community or population groups – for example there can be disparities by gender, age, sexuality and ethnicity. In general, having a higher socio-economic position will make you more likely to enjoy good health, including mental health, and a longer life.

a) Deprivation

Relative deprivation is the single biggest contributor to health inequalities, with poorer health outcomes generally seen in populations that live in more deprived areas, this can be highlighted by gaps in life expectancy between different areas of the district.

- The map to the right shows differences in deprivation in the district based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area.
- The darkest coloured areas are some of the most deprived neighbourhoods in England.
- The chart on the far right shows the percentage of the population who live in areas at each level of deprivation.

Source: PHE Health Profile 2015



In Dover the highest concentrations of relative deprivation can be found in the town centre as well as the ex-mining village of Aylesham. By and large, where people from deprived areas are coming into contact with health services and primary care in time, their health is improving but still too many are seeking urgent care and die early.

There is a statistically significant relationship between living in the poorest wards in Dover and the likelihood of having an urgent hospital admission. The wards with the highest emergency admissions, aged 65 are Buckland; Lydden and Temple Ewell; Tower Hamlets; Maxton, Elms Vale and Priory; Whitfield; Castle and Aylesham¹.

b) Life Expectancy In the Dover District

80.95 years: average life expectancy in the Dover District

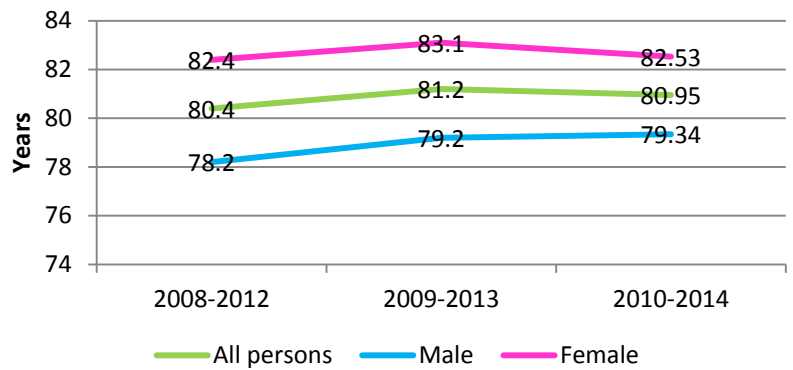
8.05 years: life expectancy gap in the Dover District

¹ Source: KMPHO Emergency Admission Rates for all causes; 2011/12-2013/14 (pooled) 65+, both sexes
Leadership Support Team: State of the District 2015: Health and Wellbeing

Average Life Expectancy

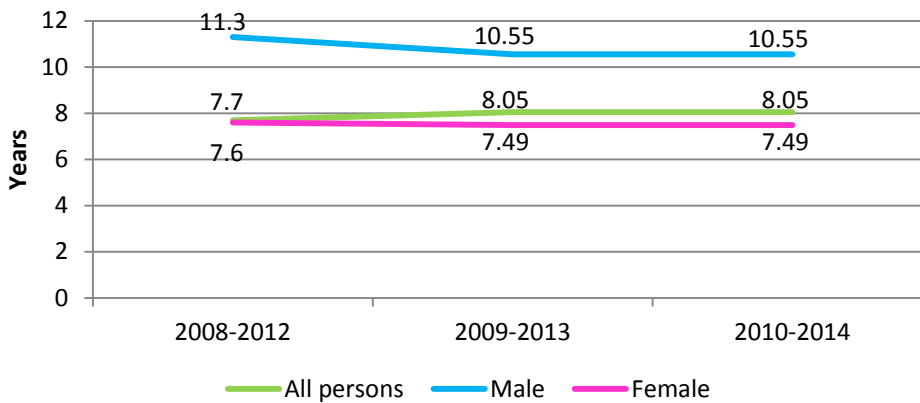
- The average life expectancy in the Dover District (2010-2014, pooled) is estimated to be 80.95 years for all persons (Male 79.34 years and Female 82.53 years).
- The average life expectancy for males has been improving. However, the average life expectancy for females has fallen from 2009-13, as has the average life expectancy for all persons.
- The life expectancy from birth for females is 3.19 years higher than for males in the Dover district.
- Male and female life expectancy from birth in the Dover district are below Kent averages (Male 79.90 years and female 83.46 years).

Average Life Expectancy in the Dover District, 2008-12 to 2010-14



Source: Health and Social Care Map – Dover

Life Expectancy Gap in the Dover District, 2008-12 to 2010-14



Source: Health and Social Care Map – Dover

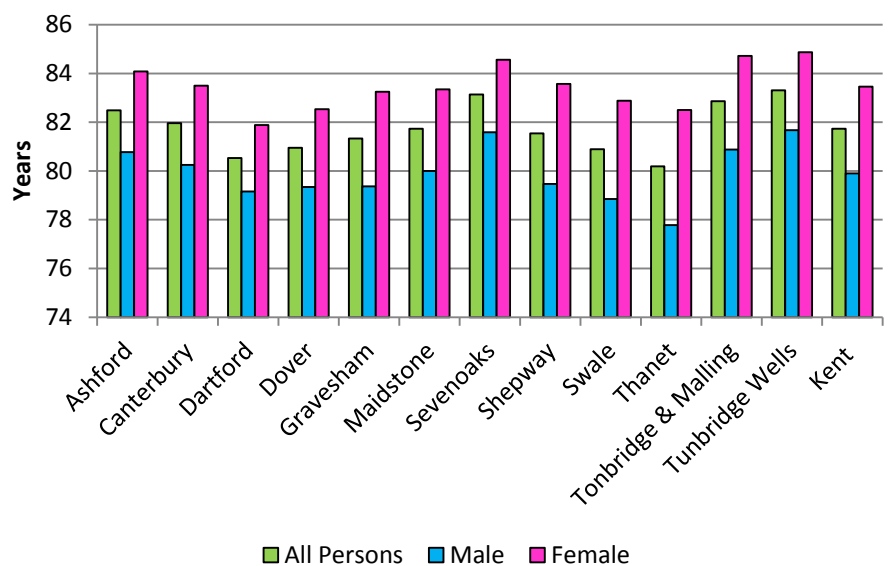
Life Expectancy Gap

- The Life Expectancy Gap in the district (number of years between highest and lowest life expectancy at birth by electoral ward) is estimated to be 8.05 years (Males 10.55 years and Females 7.49 years).
- This gap has increased from 7.7 years from the 2008-2012 pooled figures (Male 11.3 years and Female 7.6 years).

c) Life Expectancies for Kent

- The Dover district has the fourth lowest life expectancy for all persons (80.95 years) across Kent.
- Tunbridge Wells has the highest total life expectancy (83.31 years), whilst Thanet has the lowest total life expectancy (80.19 years).
- The Dover district has the fourth lowest male life expectancy and the third lowest female life expectancy across Kent.

Life expectancy at birth across Kent, 2010-2014

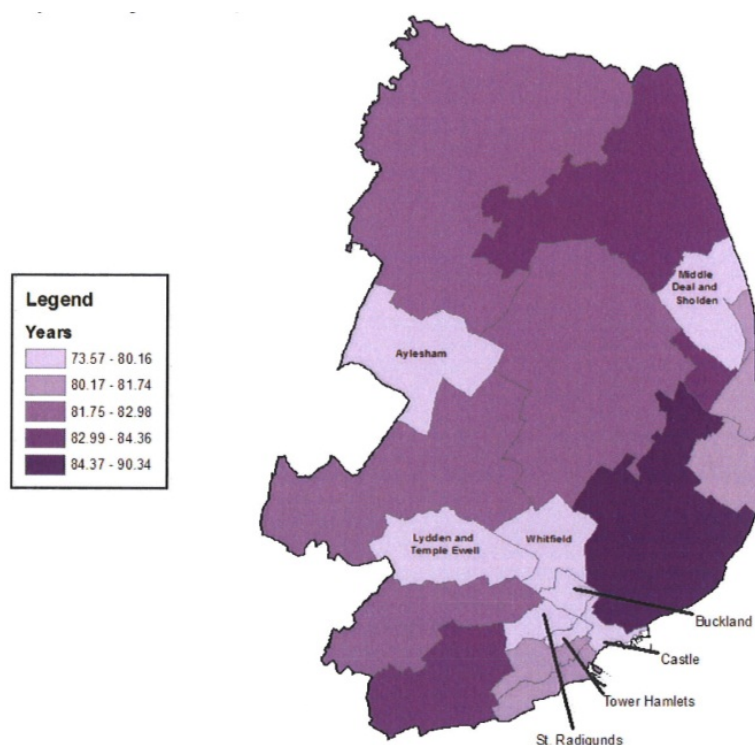


Source: Health and Social Care Map – Dover

d) Ward Level Life Expectancy

- The wards with the **highest life expectancy** at birth in the Dover district are: St Margarets-at-Cliffe, Capel-le-Ferne, Mill Hill, Sandwich and Eastry.
- The wards with the **lowest life expectancy** at birth in the Dover district are: Lydden and Temple Ewell, Castle, Middle Deal and Sholden, St. Radigunds and Tower Hamlets.
- The ward with the highest life expectancy at birth for all persons is St. Margaret's-at-Cliffe (85.68 years), which is **8.68 years** more than the lowest life expectancy which is in Lydden & Temple Ewell (77 years).
- Life expectancy for men living in St.Radigunds is **11.47 years** lower than for men living in Capel-le-Ferne. The largest life expectancy gap for women is **8.78 years** (Mill Hill 86.76 years compared with Castle 77.98 years).

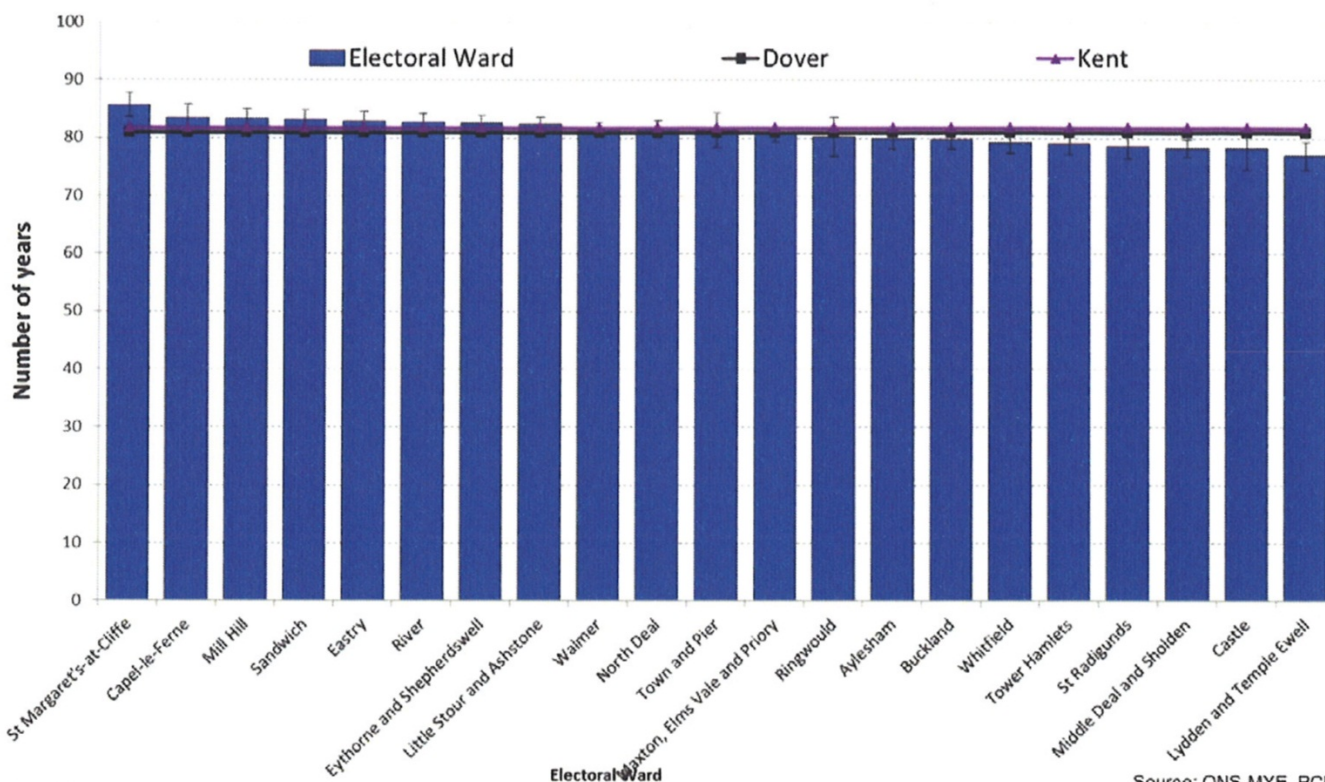
Life expectancy at birth in the Dover District, 2010-2014 pooled



Source: Health and Social Care Maps - KMPHO

e) Life Expectancy at Birth

Life expectancy at birth in Dover, based on 2010-2014 data



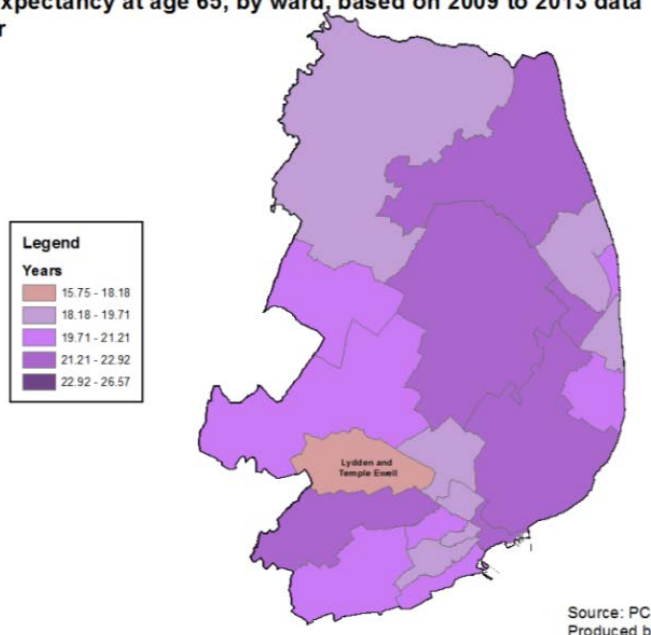
Life expectancy at birth, 2010-2014 (pooled)

Ward name	Persons	Male	Female
Aylesham	80.00	76.95	82.98
Buckland	79.73	77.82	81.86
Capel-le-Ferne	83.41	86.16	82.56
Castle	78.22	77.94	77.98
Dover District	80.95	79.34	82.53
Eastry	82.83	81.33	84.35
Eythorne & Shepherdswell	82.51	81.48	83.49
Little Stour & Ashstone	82.44	81.24	83.86
Lydden & Temple Ewell	77.00	75.83	78.56
Maxton, Elms Vale & Priory	80.64	79.39	82.09
Middle Deal & Sholden	78.28	76.25	80.07
Mill Hill	83.24	79.66	86.76
North Deal	81.50	79.15	83.81
Ringwould	80.22	76.70	84.27
River	82.67	81.21	84.08
Sandwich	83.21	82.47	83.62
St Margarets at Cliffe	85.68	84.70	86.61
St Radigunds	78.50	74.69	82.44
Tower Hamlets	79.04	75.12	83.59
Town & Pier	81.39	83.35	80.66
Walmer	81.53	80.42	82.51
Whitfield	79.17	79.03	79.73

Source: Health and Social Care Maps - KMPHO

f) Life expectancy at age 65

Life expectancy at age 65, by ward, based on 2009 to 2013 data
Dover



Please note this is based on 2009 to 2013 data, unlike the data for life expectancy at birth, which is based on 2010 to 2014 data.

- The five wards with the **poorest** life expectancy at age 65 are: Lydden and Temple Ewell, Tower Hamlets, Middle Deal and Sholden, Buckland and Little Stour and Ashstone.
- The five wards with the **highest** life expectancy at age 65 are: St. Margaret's-at-Cliffe, Castle, Eastry, Mill Hill, and River.

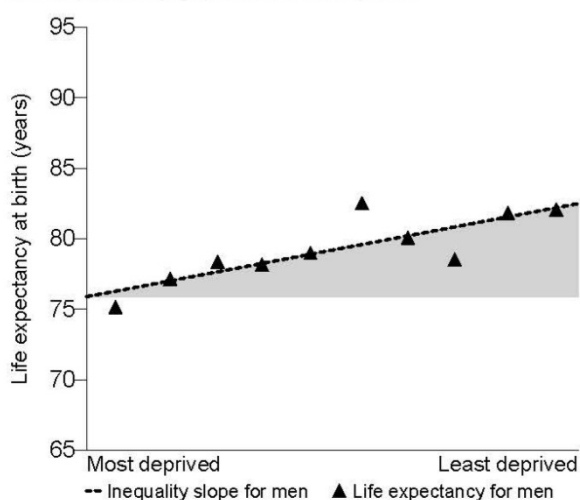
Source: Health and Social Care Maps - KMPHO

g) Life Expectancy: Inequalities in the Dover District

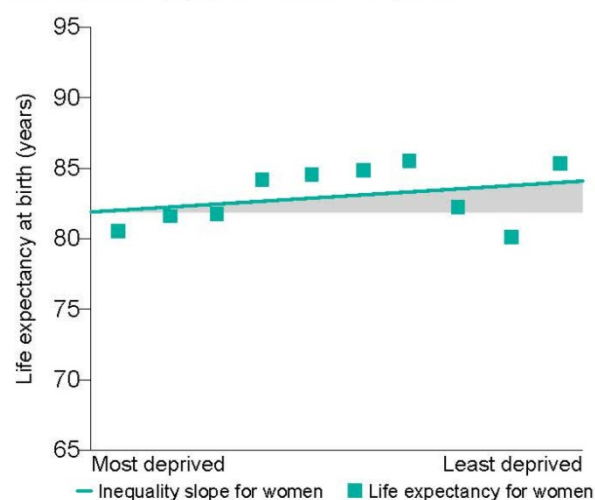
- The following charts show life expectancy for men and women in the Dover district for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right.

- The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

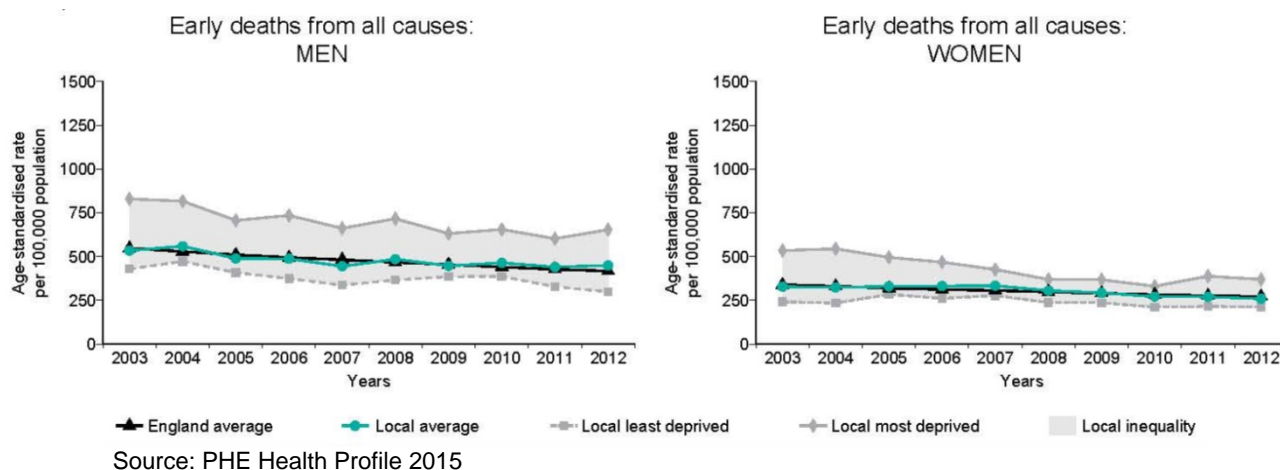
Life expectancy gap for men: 6.6 years



Life expectancy gap for women: 2.2 years



h) Health inequalities: changes over time



The above charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3-year averages of annual rates, for example 2005 represents the period 2004 to 2006).

i) Healthy life expectancy

As life expectancy continues to increase, it is important to understand whether increasing longevity is accompanied by longer periods in favourable or unfavourable health. Variations in the proportion of life spent in good health have impacts on general health and well-being as well as having potentially significant implications for future healthcare resource need and fitness for work in the face of planned state pension age increases.


Across Kent, the Healthy Life Expectancy at birth for males is 62.8 years and for females is 66.4 years (this information is not available at district level)². This compares to 63.3 years for males and 63.9 years for females in England and 65.6 years for males and 66.7 years for females in the South East.

² Source: ONS Healthy Life Expectancy at Birth for Upper Tier Local Authorities: England, 2011 to 2013. The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

3. Census 2011: Self-Reported Health

23,257 people in the Dover district reported some form of disability in 2011, which equates to a disability rate of nearly 21%

Disabilities can make it harder for people to carry out daily activities that we often take for granted. At the time of the Census in 2011, 1 in 5 people in the Dover district (20.8%) reported a disability that limited their daily activities, which is significantly worse than the average for England.

Census 2011: Self reported health	Dover	Kent	England
General health very bad (%)	1.3	1.1	1.2
General health bad or very bad (%)	6.3	5.1	5.5
Limiting long-term illness or disability (%)	20.8	17.6	17.6
Provides 1 hour or more unpaid care per week (%)	11.3	10.4	10.2
Provides 50 hours or more unpaid care per week (%)	2.9	2.5	2.4
 Significantly worse than England			

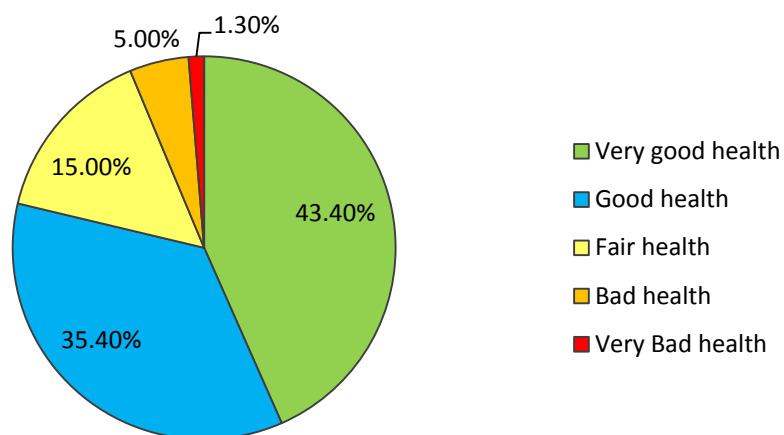
a) Self-Reported Health

- The majority of Dover residents describe their health as very good or good (87,910 people or 78.8%), compared to a Kent average of 81.6%; South East 83.6% and England 81.4%.
- The Dover district has the third lowest percentage of people reporting their health as good or very good in Kent, in front of Shepway on 78.3% and Thanet on 75.8%. Tunbridge Wells had the highest with 85%.

- A lower proportion of the Dover residents (43.4% or 48,433 people) stated that they are in very good health; compared to Kent (46.7%), regional (49%) and national (47.2%) averages.

- In the Dover district, 6.3% (7,019 people) consider their general health bad or very bad, compared to a Kent average of 5.1%; South East 4.4% and England 5.4%.
- A total of 1,481 (1.3%) residents stated that they are in very bad health, compared to Kent average of 1.1%, South East 1.0% and England 1.2%.
- 16,745 people (15.0%) in the district described their health as fair.

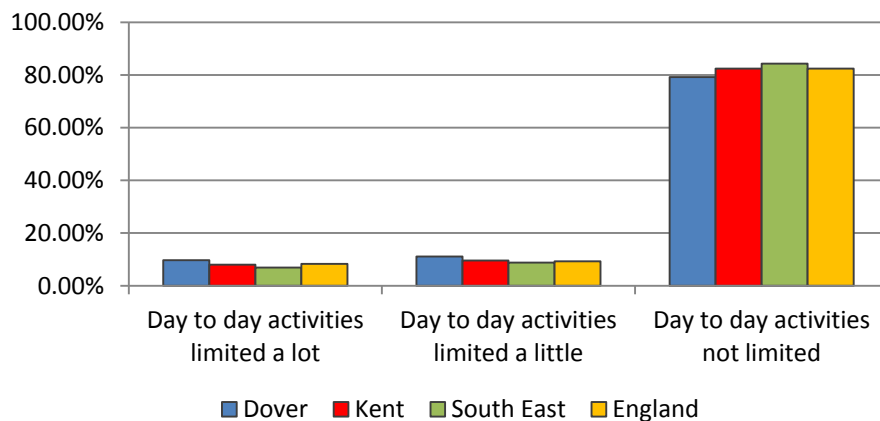
Self Reported Health in the Dover district, Census 2011



Source: ONS, 2011 Census, KS301EW

b) Long Term Health Problems

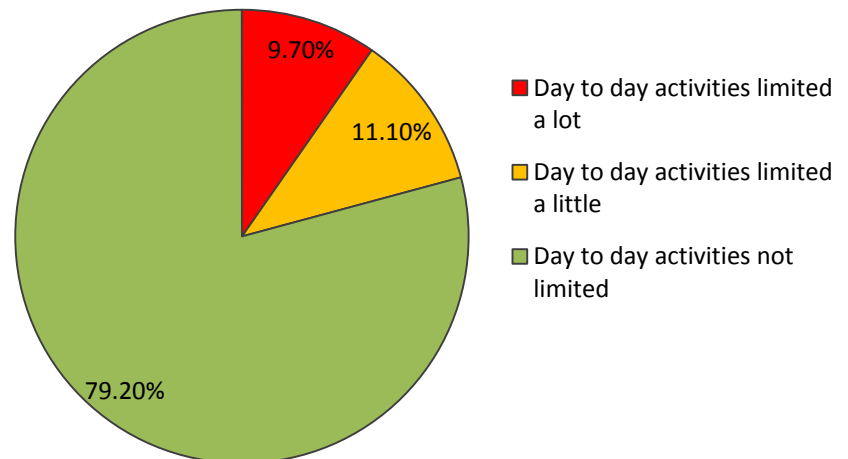
Long Term Health Problems and Disability, Census 2011



Source: ONS, 2011 Census

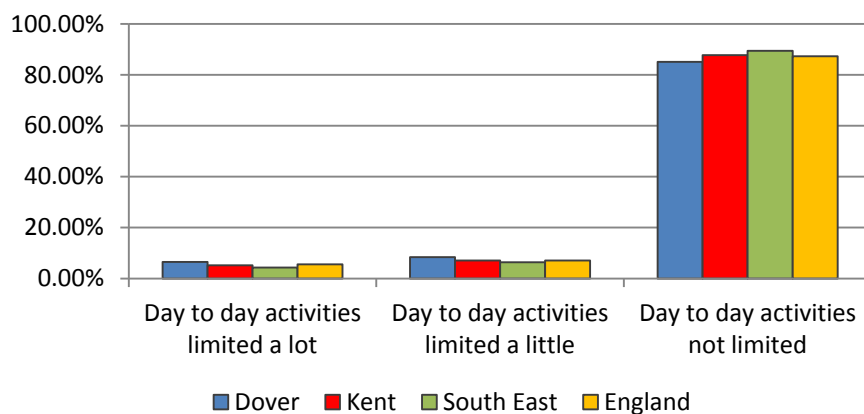
- The Dover district has a higher proportion of residents whose day-to-day activities are limited a little (11.1% or 12,404 people) than the figures for Kent (9.6%), South East (8.8%) and England (9.3%).
- A total of 10,853 (9.7%) Dover residents stated that their day-to-day activities were limited a lot. This proportion is higher than the Kent average of 8.0%; regional average of 6.9% and national average of 8.3%.

Long Term Health Problems and Disability in Dover District, Census 2011



Source: ONS, 2011 Census

Long Term Health Problems and Disability - Working Age Population, Census 2011

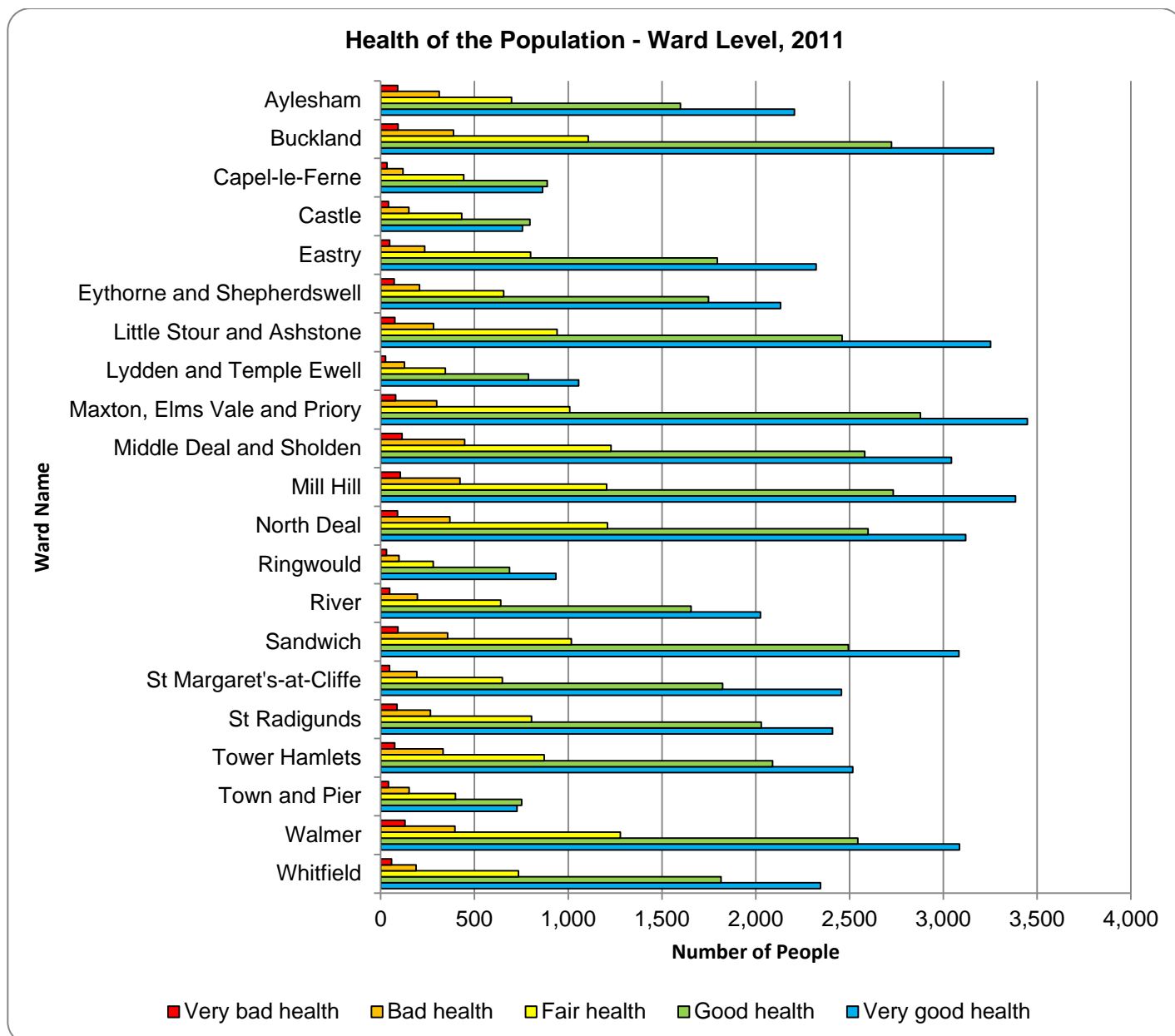


Source: ONS, 2011 Census

- The total working age population (aged 16 to 64) in the Dover district stood at 68,865 as at 2011 Census.
- The majority of working age residents do not consider themselves to be limited in their day-to-day activities by any health condition. 85.1% of the total working age population (58,577 people) stated that they had no limitations.
- This proportion is lower than the Kent average of 87.7%, regional average of 89.4% and national average of 87.3%.

- The Dover district has a higher proportion of people whose day-to-day activities are limited a little than the county, regional and national figures. 5,815 of the district's 16-64 year olds stated that they were limited a little, which equates to 8.4% of the total working age population. This is a higher proportion than that for Kent 7.1%, South East 6.4% and England 7.1%.
- 4,473 of the district's working age residents stated that their day-to-day activities were limited a lot, which equates to 6.5% of the total working age population. This proportion is higher than the Kent average of 5.2%, regional average of 4.3% and national average of 5.6%.

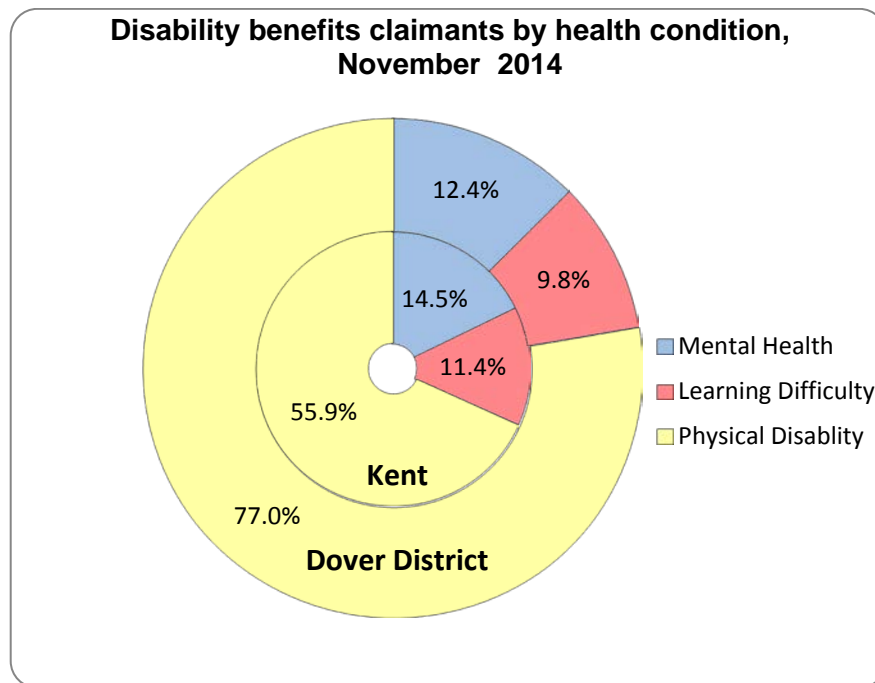
c) Ward-Level Self-Reported Health



Source: ONS Census 2011

- The above chart shows that Maxton, Elms Vale and Priory ward has the highest number of people reporting that they are in 'Very Good Health' (3,448 people). Town and Pier has the lowest number (727 people)
- Walmer ward has the highest number of people reporting that they are in 'Very Poor Health' (130 people). Lydden and Temple Ewell has the lowest number (26 people).

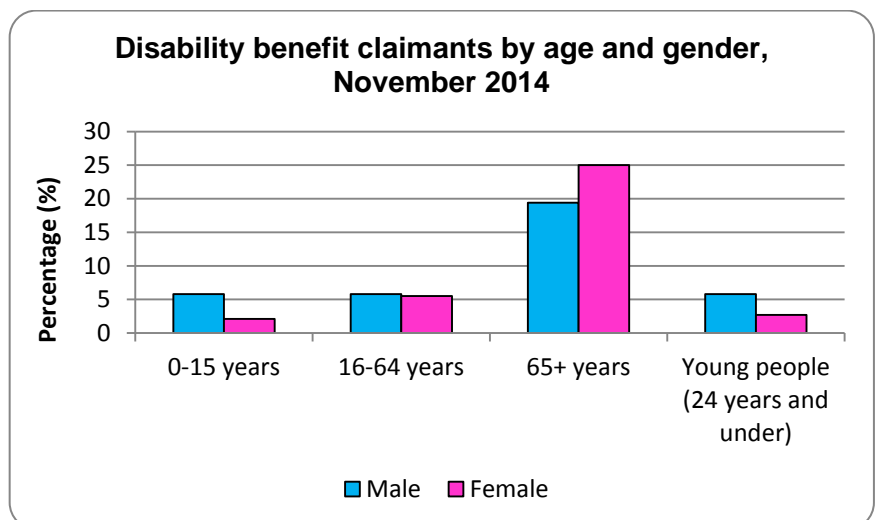
d) Disability Benefit Claimants



- As at November 2014, there are 10,070 people receiving disability benefit in the Dover district. The majority of claims are for physical disability (7,820 people or 77%). Although this is down from 8,220 people or 80% (as at August 2013) it is still higher than the Kent average of 55.9%.
- There are also 1,260 (12.4%) claimants for a mental health condition (up from 10.3% as at August 2013) and 990 (9.8%) claimants for learning difficulty (up from 9.3% as at August 2013).
- The proportion for both of these categories are below Kent averages (14.5% and 11.4% respectively).

Source: DWP 5% sample data, KCC District Profiles

- The broad age groups for those claiming Disability Living Allowance or Attendance Allowance claimants in the Dover district are as follows:
 - 0-15 years: 790
 - 16-64 years : 3,830
 - 65+ years : 5,520
 - 24 years and under: 1,350



Source: DWP Longitudinal Study, KCC District Profiles

4. CENSUS 2011: CARERS

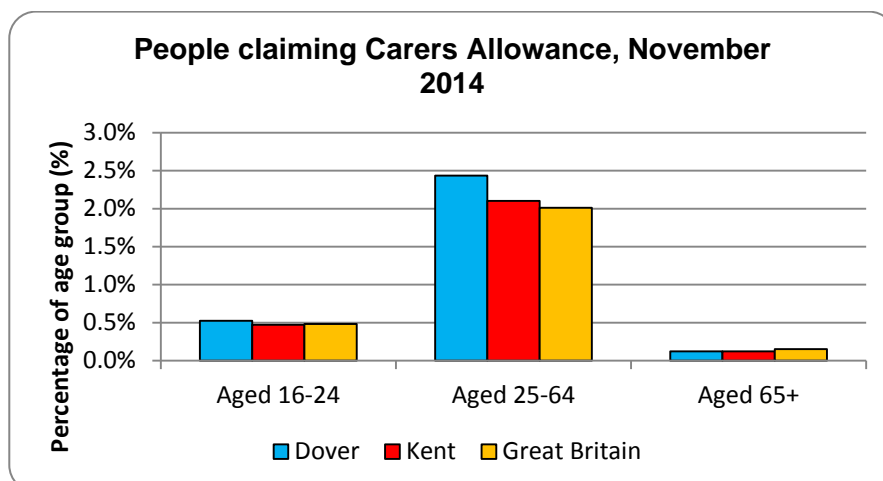
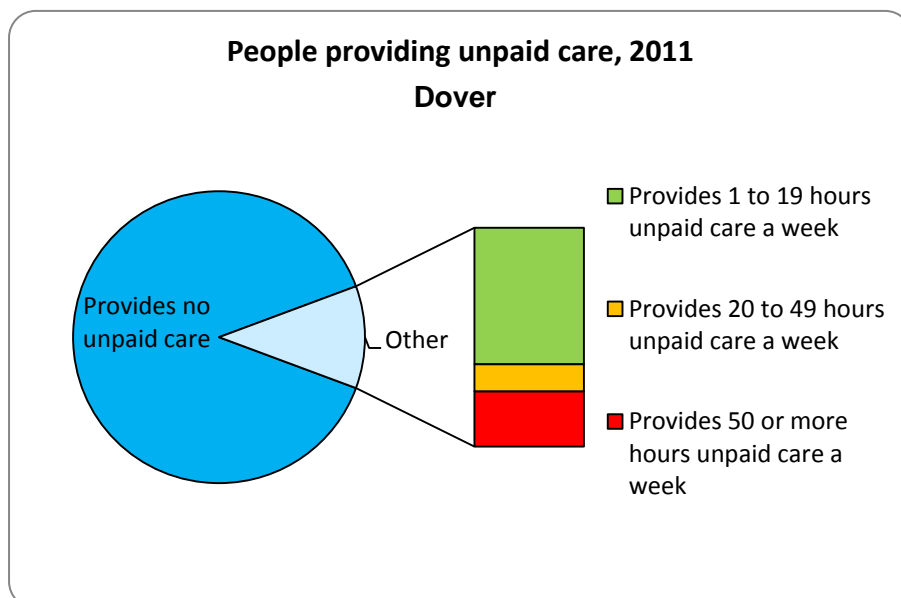
a) Provision of unpaid care in 2011

It is estimated that, nationally, one in ten of us will become a carer at some point in our lives and this figure is growing all the time as the population ages. The types of care people provide is diverse, as many people take on multiple caring roles, for example, caring for ageing parents and disabled children. Increasing numbers of pensioners also now care for their partners and their grandchildren

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment.

It is thought that the numbers of people providing care is under reported as, due to the nature of caring, many carers do not self-declare and consider their 'caring role' to be just a part of being a mother, father, sibling, wife, husband, partner or friend.

- At the time of the Census, 2011, 12,654 people in the Dover district (11.3%) provided unpaid care. This proportion is higher than the averages for Kent (10.4%), South East (9.8%) and England (10.2%).
- Out of the Kent local authority districts, Thanet has the highest proportion of unpaid carers with 11.6% or 15,502 residents. Tunbridge Wells has the smallest proportion of unpaid carers with 9.2% or 10,539 people.
- The majority of unpaid carers in the Dover district provide care for less than 20 hours a week.
- A total of 7,892 people provide care for this amount of time which is 62.4 % of carers in the district. This proportion is lower than the average for Kent (64.2%), South East (68.1%) and England (63.6%).
- However, the Dover district has 3,183 unpaid carers providing care for 50 or more hours per week. This is equal to 25.2% of all unpaid carers in the district and is higher than the average for Kent (23.6%), South East (20.5%) and England (23.1%). A further 1,579 people (12.5% of all unpaid carers) in the district provide unpaid care for 20 to 49 hours per week; this is above the average for Kent (12.1%) and South East (11.4%) but below England (13.3%).



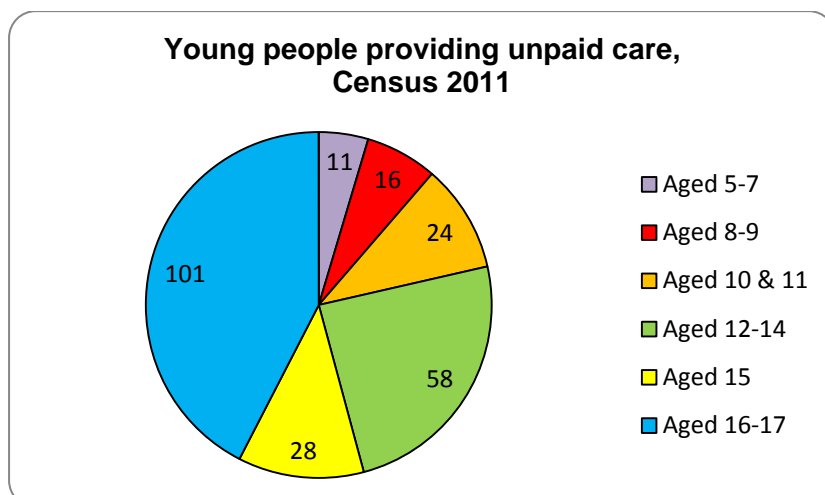
Source: DWP Longitudinal Study

b) Carers Allowance

- Carers Allowance is available for people aged 16 and over who look after a severely disabled person for at least 35 hours a week, are not employed and are not in full-time education.
- A total of 1,460 people are claiming the benefit in the Dover district. 1,370 are aged 25-64 years, 60 are aged 16-24 years and 30 are aged 65+ years.

c) Young People Providing Care

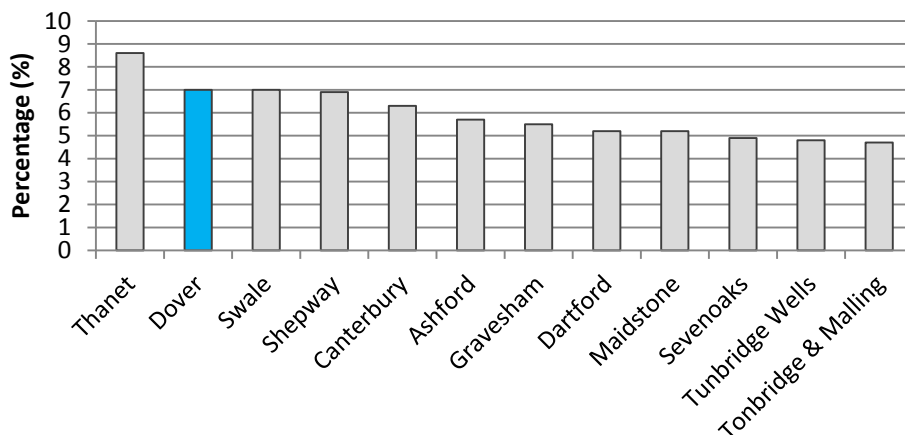
- According to the 2011 Census, there are 238 young people (aged under 18 years) providing unpaid care in the Dover district. Just over 42% are aged between 16-17 years, whilst just over 24% are aged 12-14 years.



Source: ONS Census 2011

d) Health of Carers

Proportion of unpaid carers with bad or very bad health in Kent, Census 2011



- In Kent, the health of people providing unpaid care is poorer than those who do not provide unpaid care, with 6.1% of carers reporting bad or very bad health compared to 4.8% of people who do not provide care.
- Within the Kent local authority districts, Dover has the second highest proportion of unpaid carers reporting bad or very bad health with 7.0% or 885 unpaid carers.

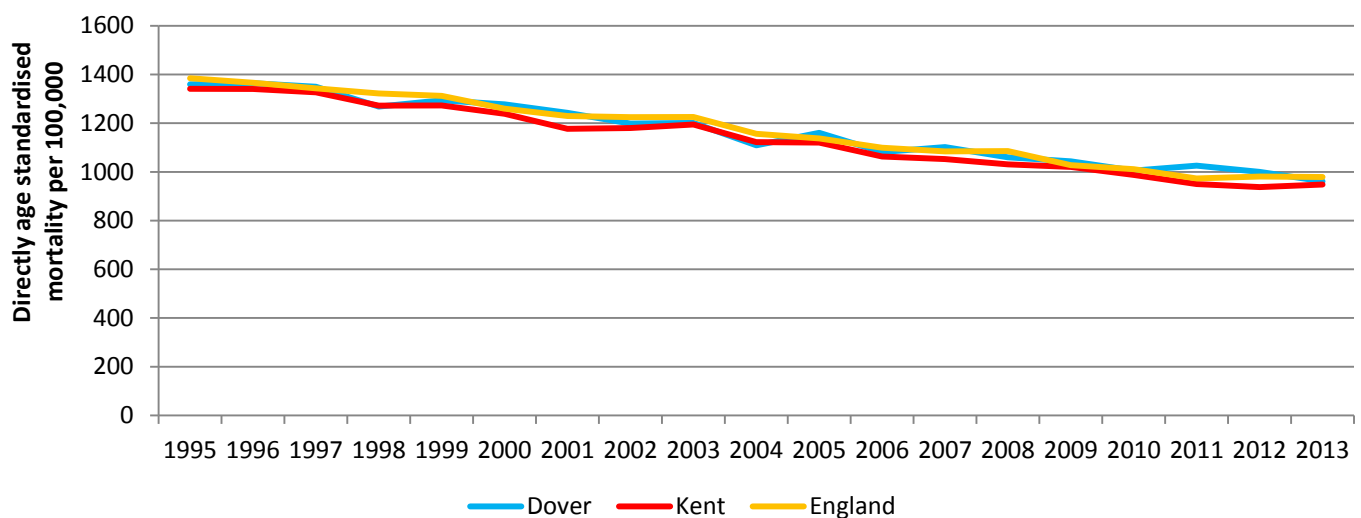
Source: KMPHO, Carers JSNA 2013/14

- Thanet has the highest (8.6%) and Tunbridge & Malling the smallest proportion (4.7%). In Dover district, 71.5% (9,008 unpaid carers) self-declared to be in very good or good health.
- There is predicted to be a significant rise in the number of people aged 65 years and over in Kent in the next 15 years. This rise is proportionately larger than the rise in the numbers of people aged 18 – 64 years. The health and age of carers is important for the continued viability of carer's capacity to continue in their role and could place further pressure on health and social care providers.

5. KEY KILLERS IN THE DOVER DISTRICT

a) All cause mortality

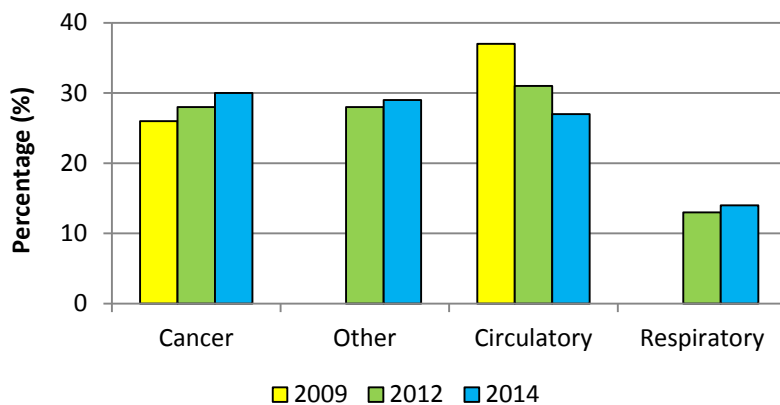
**All cause mortality, all ages, person
1995 to 2013**



Source: Health and Social Care Information Centre

- Trends in all cause all, age mortality in the Dover district have been steadily falling over the past 20 years or so and are comparable with those for Kent and England. The rates in males remain higher than the female rate. The rates have been standardised to take account of an area having a higher crude mortality rate because the population is older.

Underlying cause of Death in the Dover District (all ages) 2009, 2012 and 2014

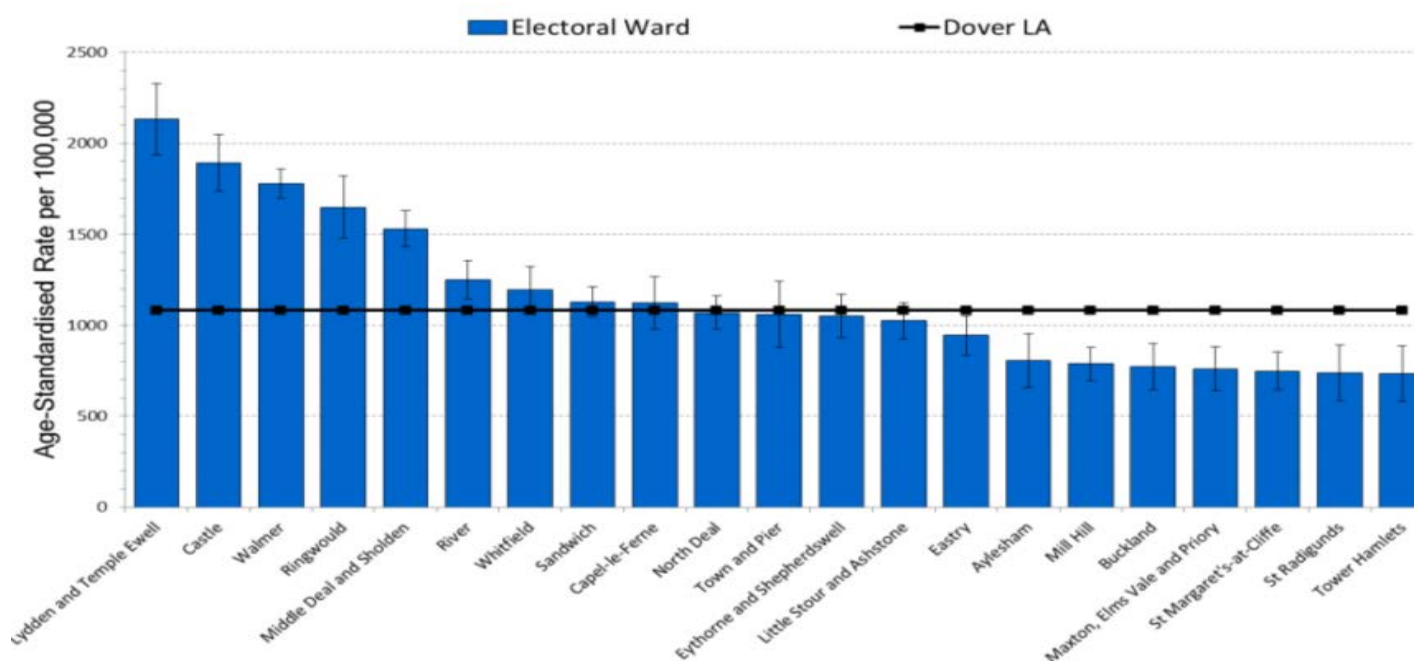


Source: Health and Social Care Maps - Kent and Medway PHO

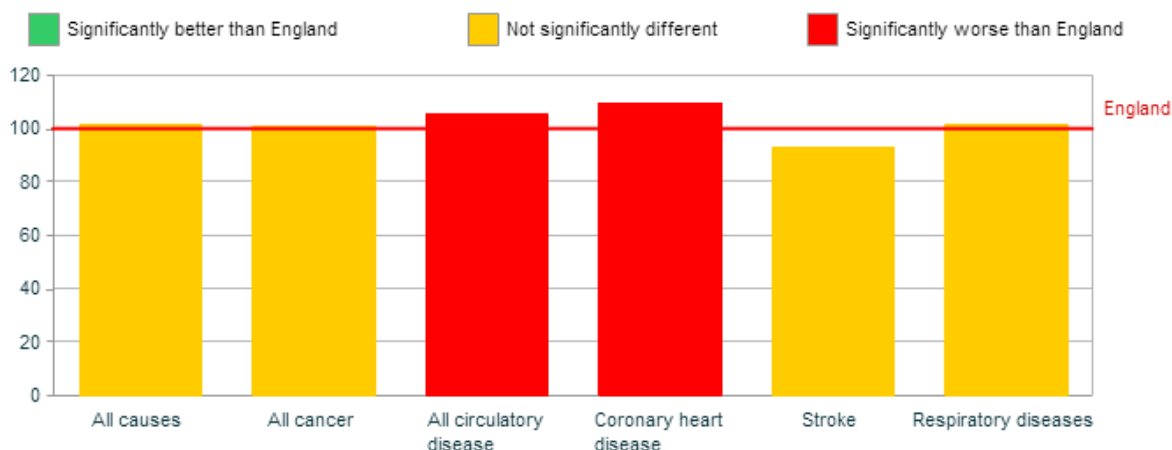
b) Underlying cause of death

- In 2014, the main causes of death (all ages) in the Dover district are from cancer (30%) and circulatory disease (27%).
- Within the cancer cause category, bronchus and lung cancer made up 23% of deaths (up from 18% in 2012).
- Within the circulatory disease cause category, coronary heart disease made up 29% of deaths (down from 43% in 2012) and strokes 10% of deaths (down from 23% in 2012).
- In 2014, cancer was the biggest killer in under 75's, being the underlying cause of death in 44.65% of cases.

c) Ward level Age Standardised Rates – all cause mortality, all ages, persons, 2010 to 2014

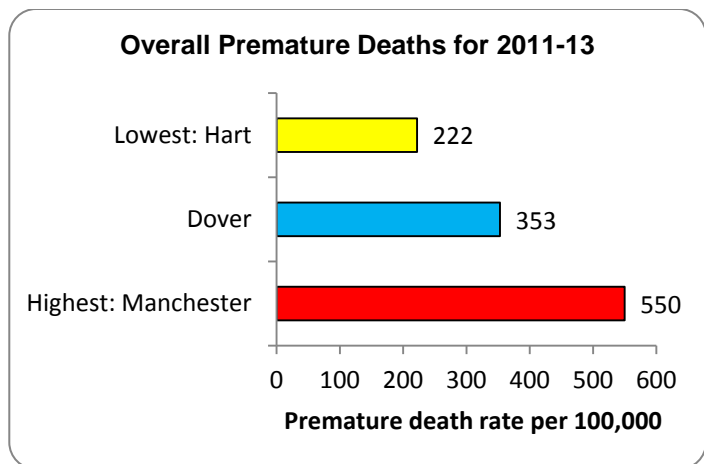


d) Causes of deaths in the Dover district – all ages, SMRs, 2008-2012, (comparing to England average)

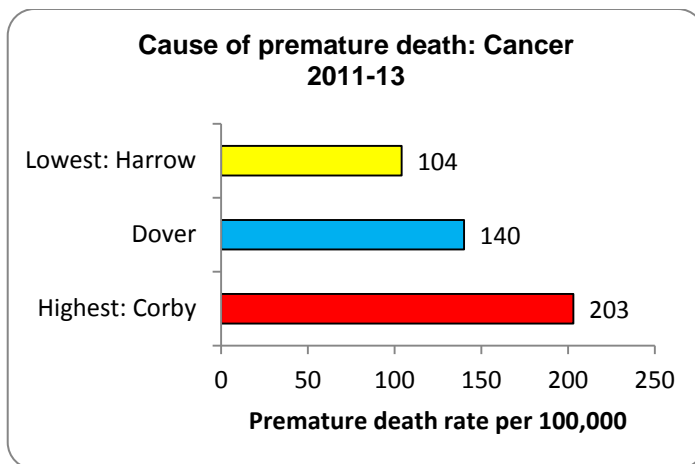


e) Mortality Rankings

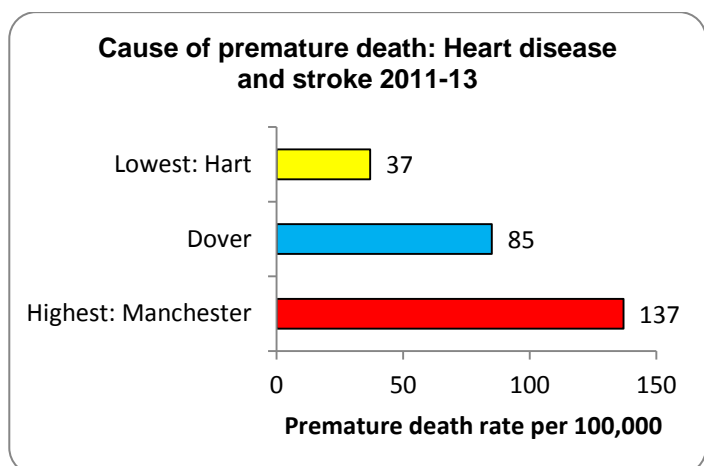
- The total number of premature deaths in the Dover district for the period 2011-13 was 1,130. The overall premature death rate per 100,000 was 353, which means the district is ranked 213th out of 324 local authorities in England. Although this rate is within expected limits it is worse than average.
- The directly standardised rate of mortality makes allowances for the fact that death rates are higher in older populations and adjusts for differences in the age make up of different areas, enabling an accurate comparison.
- The following charts show the standardised rates for the Dover district for overall premature deaths and the underlying causes of each death, compared to the lowest and highest rates in England.



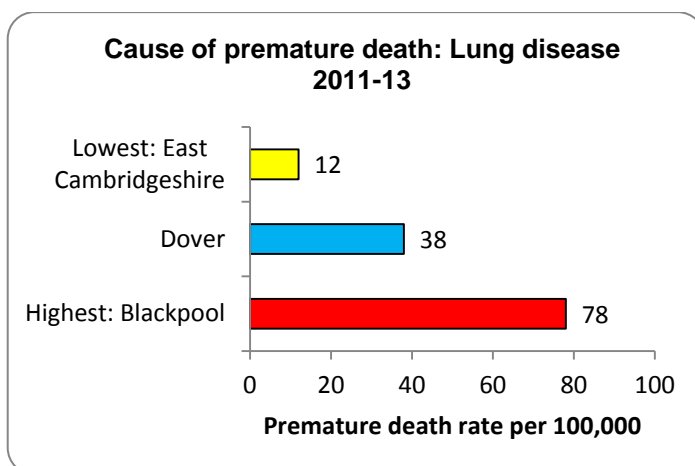
Source: Public Health England, Longer Lives
The Dover district is ranked 213th out of 324 local authorities



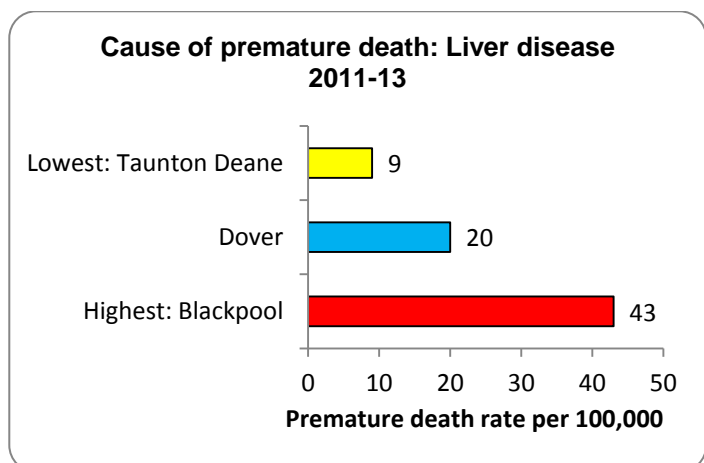
Source: Public Health England, Longer Lives
The Dover district is ranked 171st out of 324 local authorities



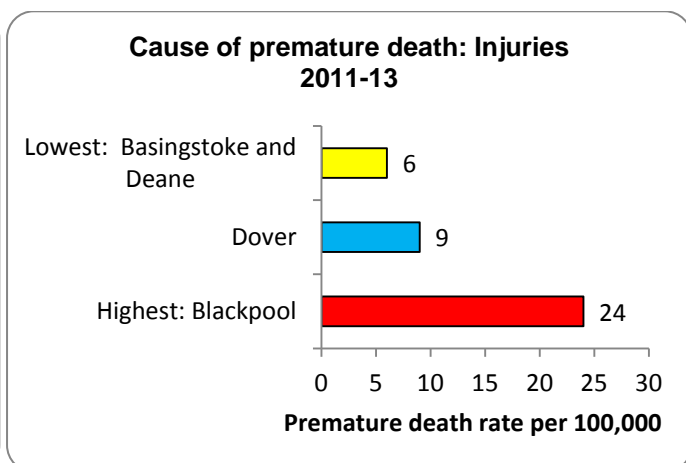
Source: Public Health England, Longer Lives
The Dover district is ranked 224th out of 324 local authorities



Source: Public Health England, Longer Lives
The Dover district is ranked 243rd out of 323 local authorities



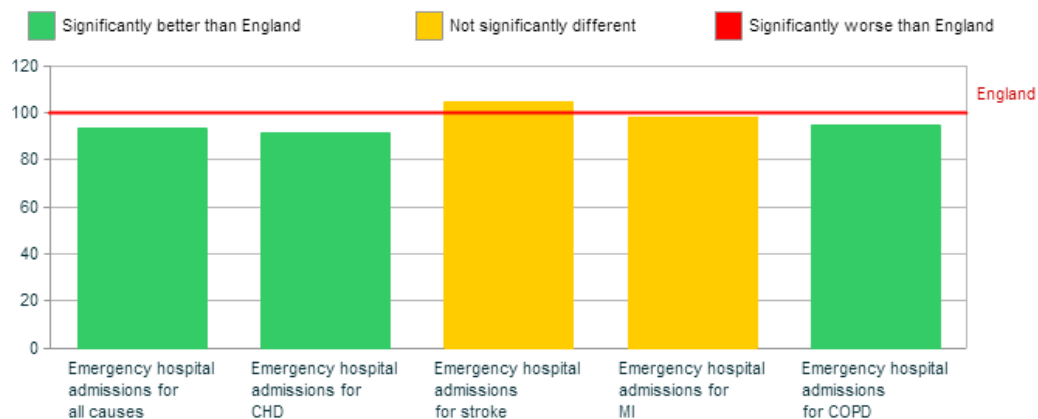
Source: Public Health England, Longer Lives
The Dover district is ranked 219th out of 300 local authorities



Source: Public Health England, Longer Lives
The Dover district is ranked 42nd out of 257 local authorities

f) Emergency Hospital Admissions

Emergency Hospital admissions, SARs, 2008/9 to 2012/13, Selection (comparing to England average)



SAR: Standardised Admission Ratios;
CHD: Coronary Heart Disease
MI: Myocardial Infarction (heart attack);
COPD: Chronic Pulmonary Disease.

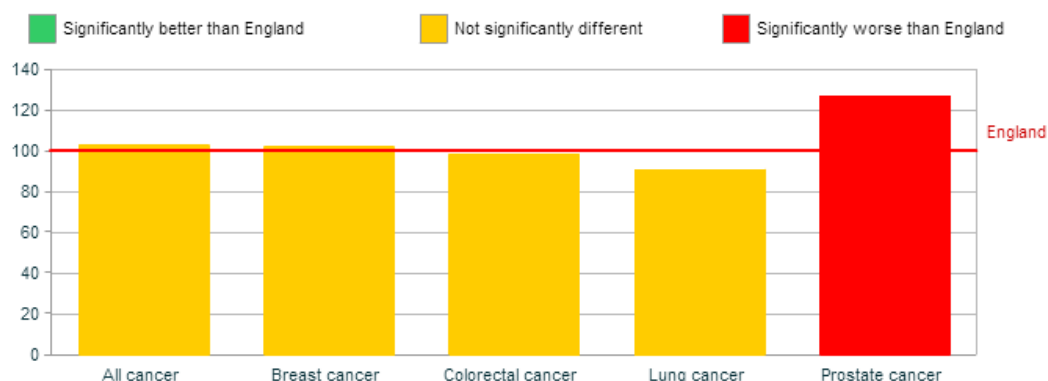
Source: Public Health England, HSCIC © Copyright 2014

- There were a total of 53,906 emergency hospital admissions for all causes in the Dover district 2008/9 to 2012/13 (estimated from MSOA level data). This is up from 50,062 for the period 2006/7 to 2010/11.
- Emergency hospital admissions in the Dover district are either significantly better than, or not significantly different, compared to the England average.

g) Cancer Incidence

- **SIR:** Standardised Incidence Ratios

Cancer incidence, SIRs, 2007-2011, Selection (comparing to England average)

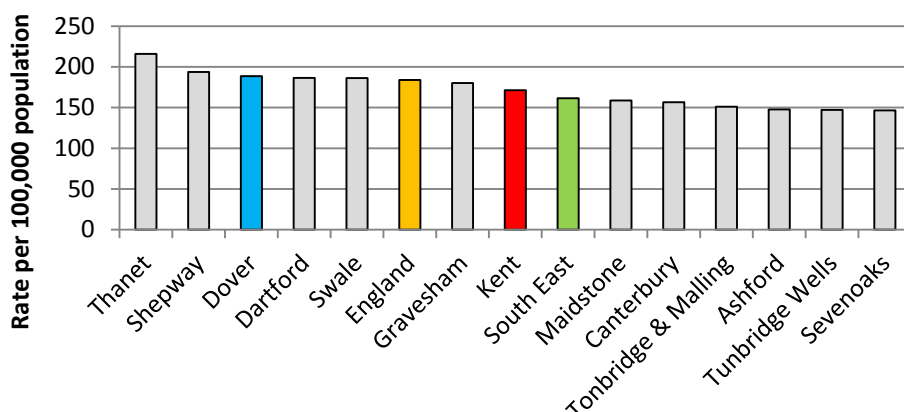


Source: ONS Cancer incidence data, combining cancer registration data from all PHW cancer registration teams

- There were a total of 3,402 incidences of cancer (all) in the Dover district 2007-2011 (estimated from MSOA level data). This is up from 3,044 for the period 2005-2009.
- Prostate cancer is significantly worse than the England average.

h) Mortality Rate

Mortality rate from causes considered preventable, 2011-13



Source: PHE – Public Health Outcomes Framework

- The Dover district has the 3rd highest mortality rate from causes considered preventable (by public health interventions in the broadest sense), with an age-standardised rate of 188.7 per 100,000 population.
- Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths that could potentially be avoided through good quality healthcare.

i) Years of Life Lost

Leadership Support Team: State of the District 2015: Health and Wellbeing

- Modifiable lifestyle factors such as smoking, maintaining a healthy diet and limiting alcohol consumption can have a significant impact on health and social care outcomes. A simple way to identify the impact of poor health and lifestyle choices on life expectancy is by looking at potential years of life lost from causes considered amenable to healthcare.
- In the Dover district, the Directly Standardised Potential Years of Life Lost, per 100,000 population, has increased from 2756.0 in 2012 to 3,306.3 in 2013³. Most years of life are being lost prematurely to coronary heart disease (especially in men), respiratory disease, cancer and liver disease, all of which can be reduced by taking a more proactive approach to health and care. Dementia is beginning to emerge as an increasingly common cause of death, especially in women.
- Potential years of life lost (PYLL) from causes considered amenable to healthcare PYLL rates estimate the average years a person would have lived if he or she had not died prematurely. For example, if a person's life expectancy is 75 but they die at 55 due to cardiovascular disease then this person will have lost 20 years of life. The PYLL rate is a measure of premature mortality and is commonly used as an alternative to death or mortality rates. When comparing PYLL and mortality rates, the difference is that the PYLL rate gives more weight to deaths that occur among younger people.

6. ADULTS

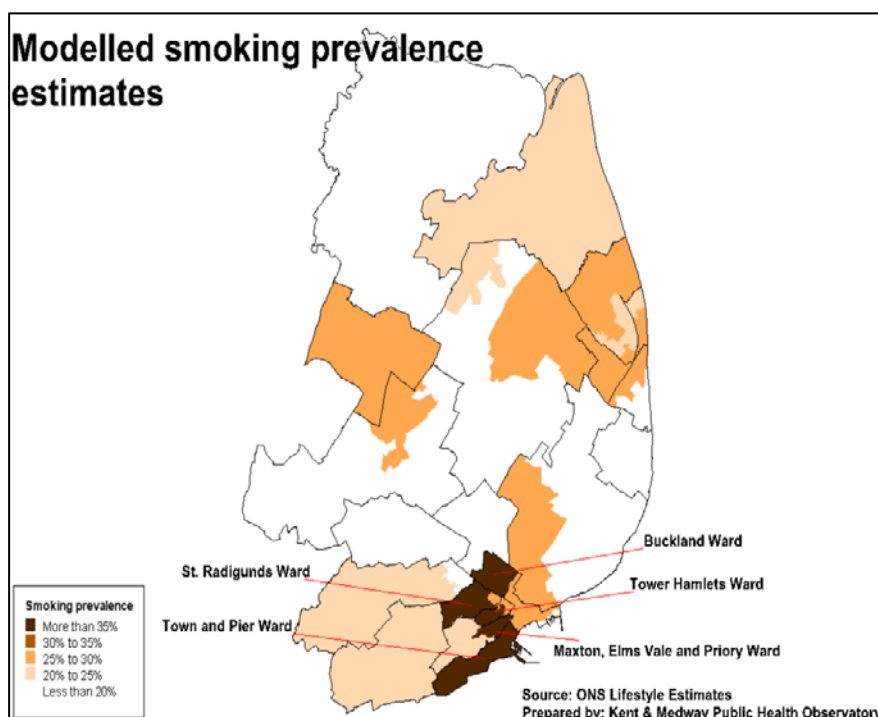
a) **Overview:** In general, people are living longer and managing better with long-term conditions.

- **Aging Population:** The population of the Dover district is older than county, regional and national averages. As the population ages the need for health care increases, with more people are living longer and managing long term conditions.
- **Living with Long Term Conditions:** More people in our area have long-term health conditions such as heart disease, stroke, diabetes, cancer, high blood pressure, epilepsy and learning disabilities than the national average for England. This figure is expected to significantly increase mirroring the growth in the older population. Having long term conditions can have a significant impact on the quality of a person's life – physically, emotionally, psychologically and socially as well as on the lives of those who care for them.

b) **Smoking:**

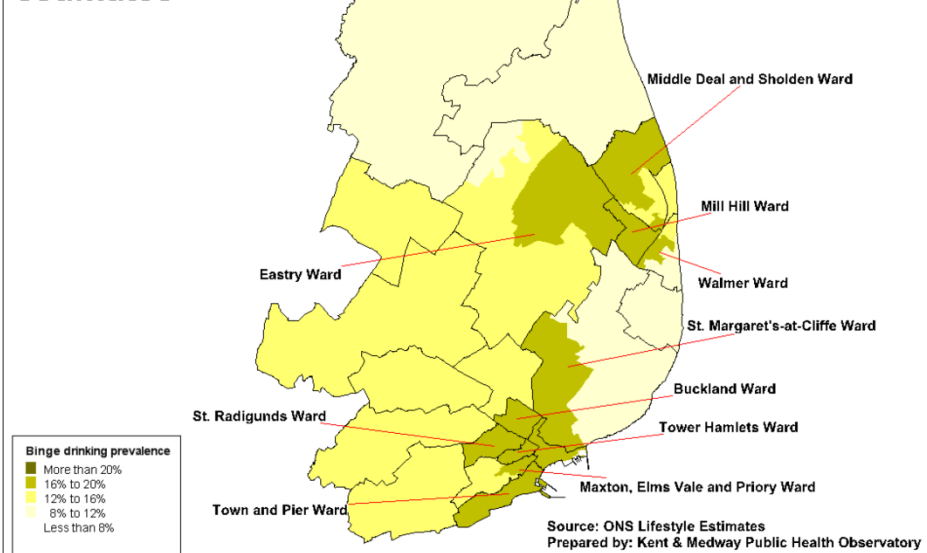
- In 2013, it is estimated that 24.3% of adults smoked in the district.
- This is up from 22.9% in 2012 and is significantly worse than the England average of 18.4%. (Source: Health Profiles 2014 & 2015).
- The percentage of people in the Dover district smoking is higher in deprived areas than in non-deprived areas.
- The wards in the district with the highest levels of smoking are: St Radigunds; Tower Hamlets; Buckland; Maxton, Elms Vale and Priory; and Town and Pier.

Source: Health .
Social Care Map – Dover, KMPHO



³ Number of years of life lost by every 100,000 adults aged 20 and over dying from a condition which is usually treatable measured in a way which allows for comparisons between populations with different age profiles and over time. Source: Health and Social Care Information Centre

Modelled binge drinking prevalence estimates



c) Alcohol:

- Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver. Alcohol also plays a role in many accidents, acts of violence and other instances of criminal behaviour.
- Binge drinking adults is estimated to be 17.0% in the district. This is below the 20% average for England.

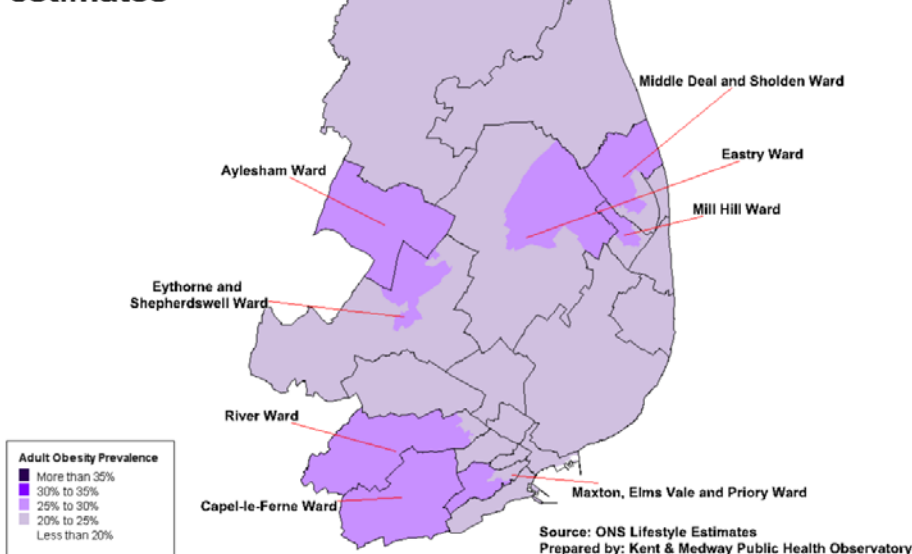
Source: Health and Social Care Map – Dover, KMPHO

The wards in the Dover district with the highest levels of binge drinking, with a prevalence of 16- 20%, are: Middle Deal and Sholden, Mill Hill, Walmer, St Margarets-at-Cliffe, Buckland, Tower Hamlets, Maxton, Elms Vale and Priory, Town and Pier, St Radigunds and Eastry.

d) Obesity:

- Obesity can contribute to a range of health conditions, such as heart disease, high blood pressure, diabetes, indigestion and some cancers.
- The percentage of adults classed as obese in the district is 22.2%, which is below the England average of 23.0%⁴
- The percentage of adults classified as overweight or obese is 63.2%, which is below the England average of 63.8%⁵.
- Obesity prevalence in the district is higher in high

Modelled adult obesity prevalence estimates



Source: Health and Social Care Map – Dover, KMPHO

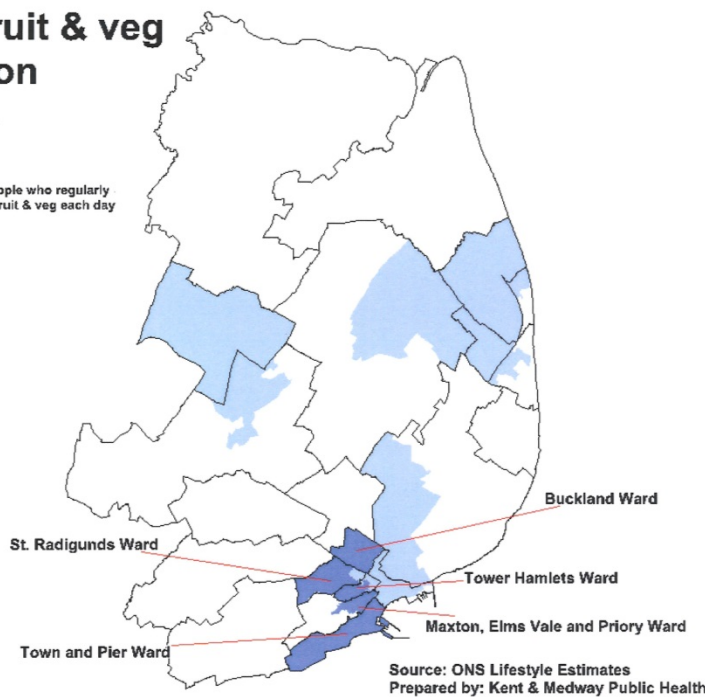
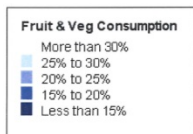
- deprivation areas, with 30-35% of the population classed as obese.
- However, obesity is not confined to areas of deprivation. According to Kent & Medway Public Health Observatory estimates, the wards in the district with the highest levels of obesity are: Aylesham; Eythorne and Shepherdswell; River; Capel-le-Ferne; Maxton, Elms Vales and Priory; Middle Deal and Sholden; Mill Hill and Eastry.
- Childhood obesity is reported in the Children and Young people Section.

⁴ Source: Health Profile 2015

⁵ Source: Health Profile 2015

Modelled fruit & veg consumption prevalence estimates

Defined as the percentage of people who regularly eat the recommended levels of fruit & veg each day



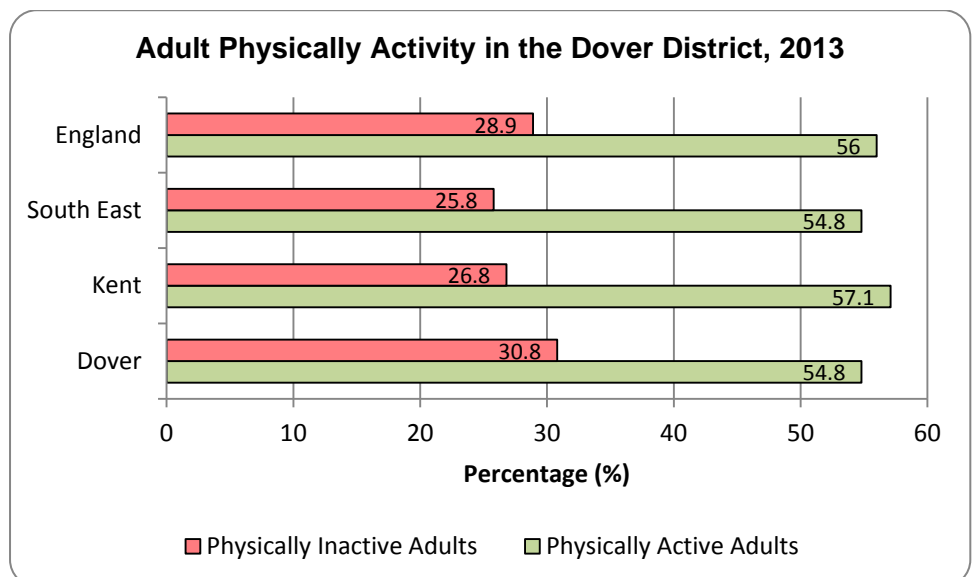
e) Healthy Eating

- Eating a healthy, balanced diet is an important part of maintaining good health.
- The wards that regularly do not regularly eat the recommended level of fruit and vegetables each day are: Buckland; Maxton, Elms Vale and Priory; St. Radigunds, Tower Hamlets and Town and Pier.

f) Active Lifestyle

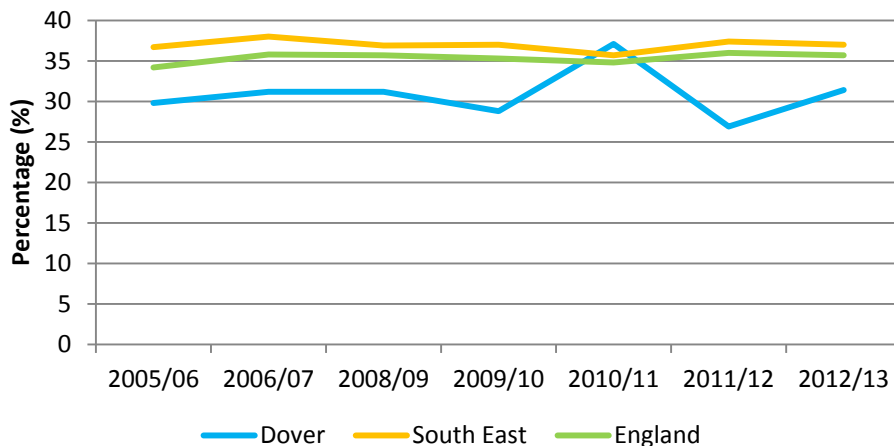
Evidence shows that increasing participation in sport and physical activity can improve the health and wellbeing of individuals as well as boost the economy and save on healthcare costs. Nationally, it is estimated that 17% of deaths are caused by physical inactivity, which is higher nationally than almost every other economically comparable country.

- Improving physical activity in children and adults has been identified as a local priority for the Dover district in the Health Profile 2015. It is estimated that 54.8% of adults in the district are physically active (achieving at least 150 minutes of physical activity per week), which is below the England average of 56.0%.



Source: PHE Health Profiles

Adult (16+ years) Participation in Sport (at least once a week*) timeseries



Source: Sport England, Active People Survey, Year 2005/06 to 2012/13

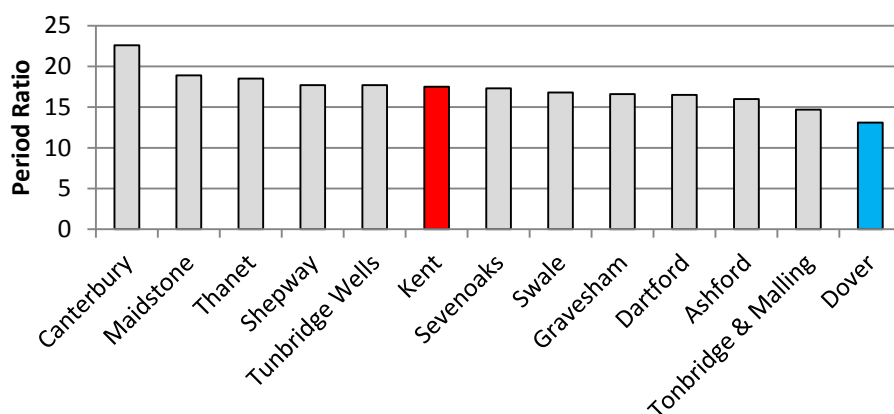
*One session a week (at least 4 sessions of at least moderate intensity for at least 30 minutes in the previous 28 days).

- Locally, it is estimated that 89 deaths could be prevented each year if 100% of the population aged 40-79 years were engaged in the recommended levels of physical activity (with 59 preventable deaths if 75% and 29 preventable deaths if 50%)⁶.
- The estimated health costs of inactivity in the Dover district is £1.6m⁷, whilst the economic value of improved quality and length of life plus health care costs avoided is estimated to be £39.4m⁸.

g) Excess Winter Deaths

- Excess winter deaths are defined as the difference between the number of deaths during the four winter months (December–March) and the average number of deaths during the preceding four months (August–November) and the following four months (April–July).
- The excess winter deaths ratio is not a reflection of the overall mortality rate. It shows the percentage of deaths above the mortality rate if it was stable throughout the year. There is a link between cold weather and excess winter deaths – where mean temperatures are low, mortality increases. Older people have the greatest risk of their health being affected by cold temperature; the majority of excess winter deaths are in people over 75 years.

Excess Winter Deaths in Kent, Period Ratio 2002-04 to 2011-13



Source: KMPHO, JSNA Excess Winter Deaths 2014/15

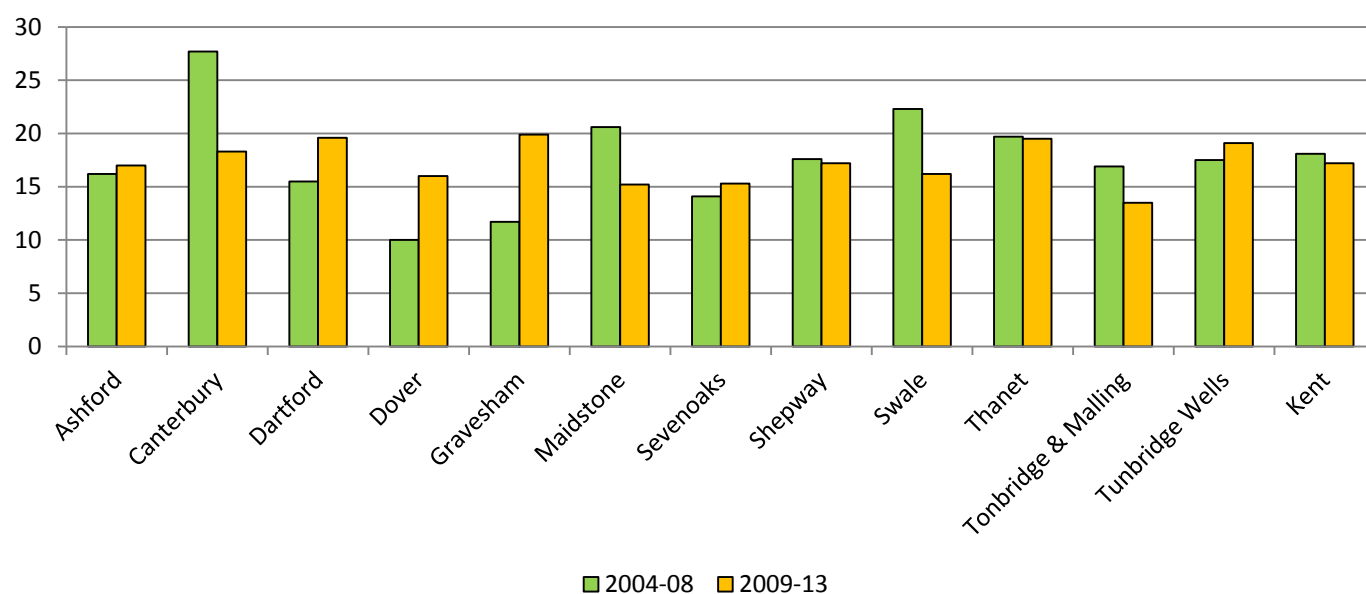
- There are variations between the different districts in Kent.
- The latest available data shows that Canterbury continues to have the highest excess winter death ratio (22.6), whilst Dover district continues to have the lowest (13.1). This compares to a Kent average of 17.5.
- However, the trend in the Dover district is increasing when comparing 2004-08 and 2009-13.

⁶ Sport England Sport Profile Tool (PHE – Health Impact of Physical Activity, 2010)

⁷ Sport England Sport Profile Tool

⁸ Sport England Dover Mini LSP October 2014

**Excess winter deaths in Kent,
comparing 2004-08 and 2009-13**

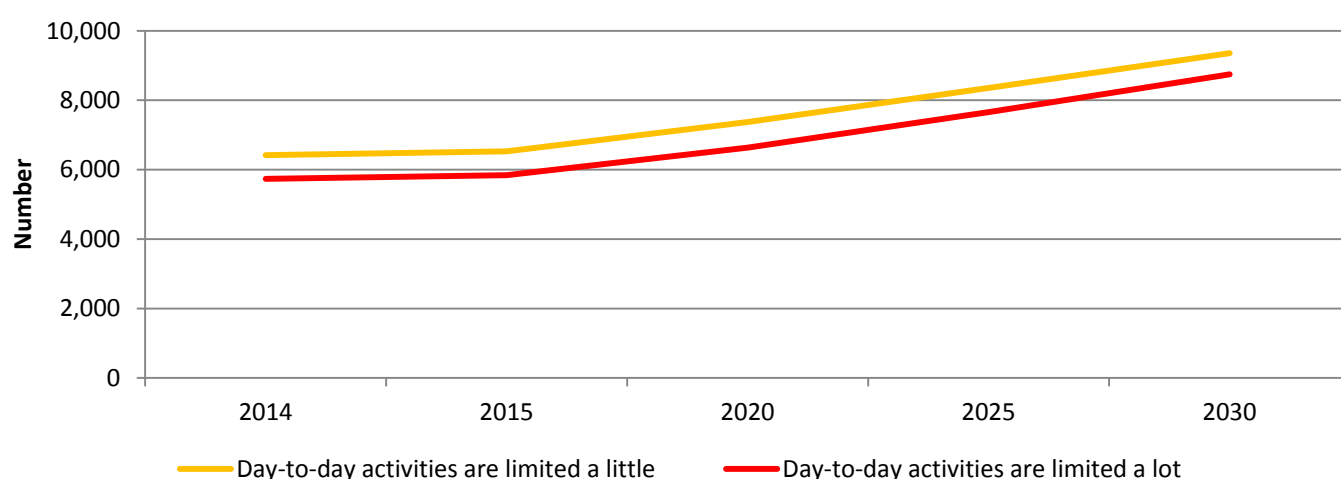


Source: KMPHO, JSNA Excess Winter Deaths 2014/15

- The Dover district does not have any wards in the top 20 wards identified as having a relatively high excess of winter mortality rates between 2002 and 2011.
- Three wards in the Dover district are identified as having the lowest excess winter death, these are: Castle (-20.0); St.Margarets-at-Cliffe (-15.6) and Tower Hamlets (-8.3).

h) Limiting Long Term Illness

Dover District: Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited, projected to 2030

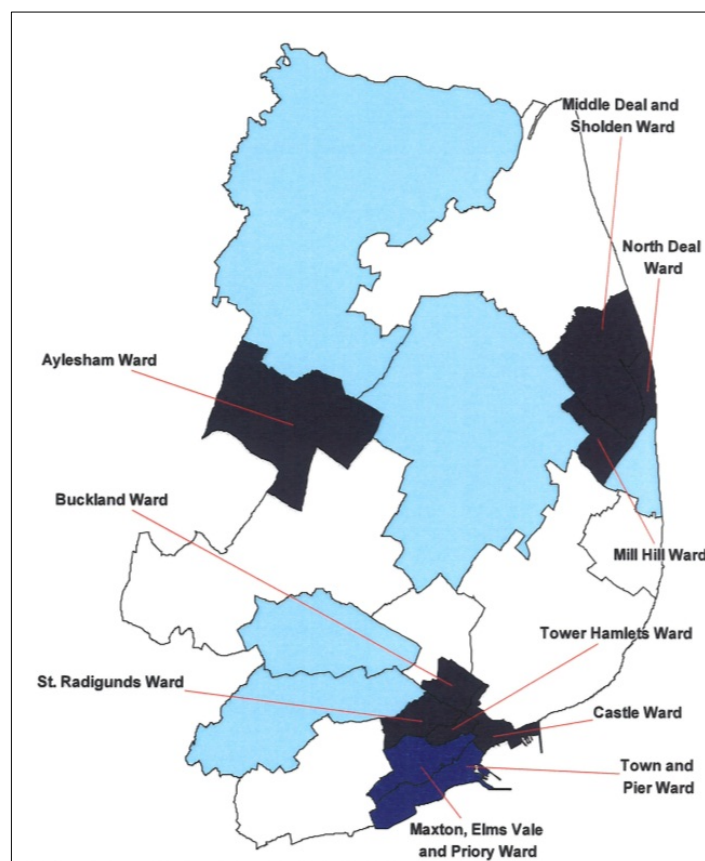


Source: POPPI

- From 2014 to 2030, the number of people aged 65 and over with a limiting long term illness, whose activities are limited a lot, is predicted to increase by 52.4% (from 5,737 to 8,746) in the Dover district.
- Those aged 65 and over with a limiting long-term illness, whose activities are limited a little, is predicted to increase by 45.8% (from 6,416 to 9,356).

Mental Health

Mental Illness Needs Index



Source: [Health and Social Care Map – Dover](#)

Expected Number of Mental Health Admissions Compared to national levels	
20% More	
5%-15% More	
Expected National Rate (+/- 5%)	
5%-15% Less	
20% Less	

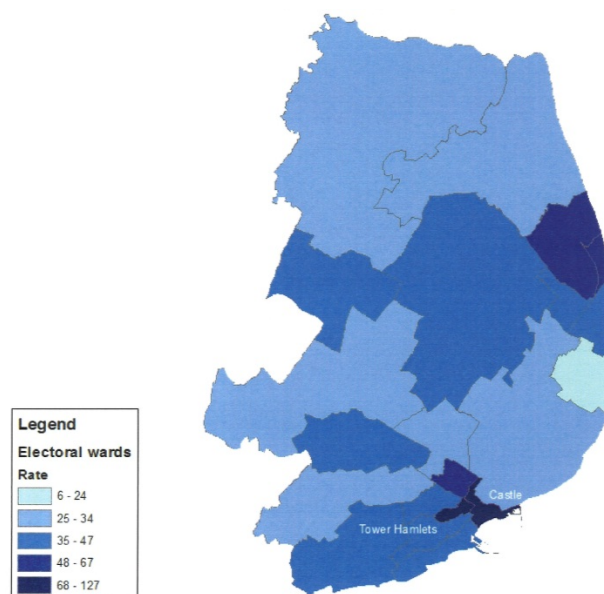
- In different types of area, people are more or less likely to suffer with mental illnesses. To some extent this can be predicted from characteristics of the population measured by the Census or other types of survey. Mental health needs indices estimate by how much. A needs index of 0.8 suggests that there will be 20% less illness in an area than in the country as a whole, an index of 1.2 suggests 20% more.
- The mental health needs index shows that eight wards in the Dover district have an expected rate of mental health admissions at least 20% more than national levels. These wards are: Aylesham; North Deal; Middle Deal and Sholden; Mill Hill; Buckland, St Radigunds, Tower Hamlets and Castle.
- Two more wards have 5-15% more than national levels: Maxton, Elms Vale and Priory; Town and Pier.

Mental Health Contact Rates

- The wards with the highest contact rates in the district are Castle; Tower Hamlets; Buckland; North Deal; and Middle Deal and Sholden.
- The wards with the lowest contact rates in the district are Ringwould, River, Whitfield and Sandwich.

* Contact defined as: number of individuals in contact with services
 Source: Kent & Medway NHS and Social Care Partnership
 Produced by: KMPHO (ZC 02/02/2015)

Electoral ward contact rates* per 1,000 (aged 15-64) for adult mental illness, January 2014 to December 2014

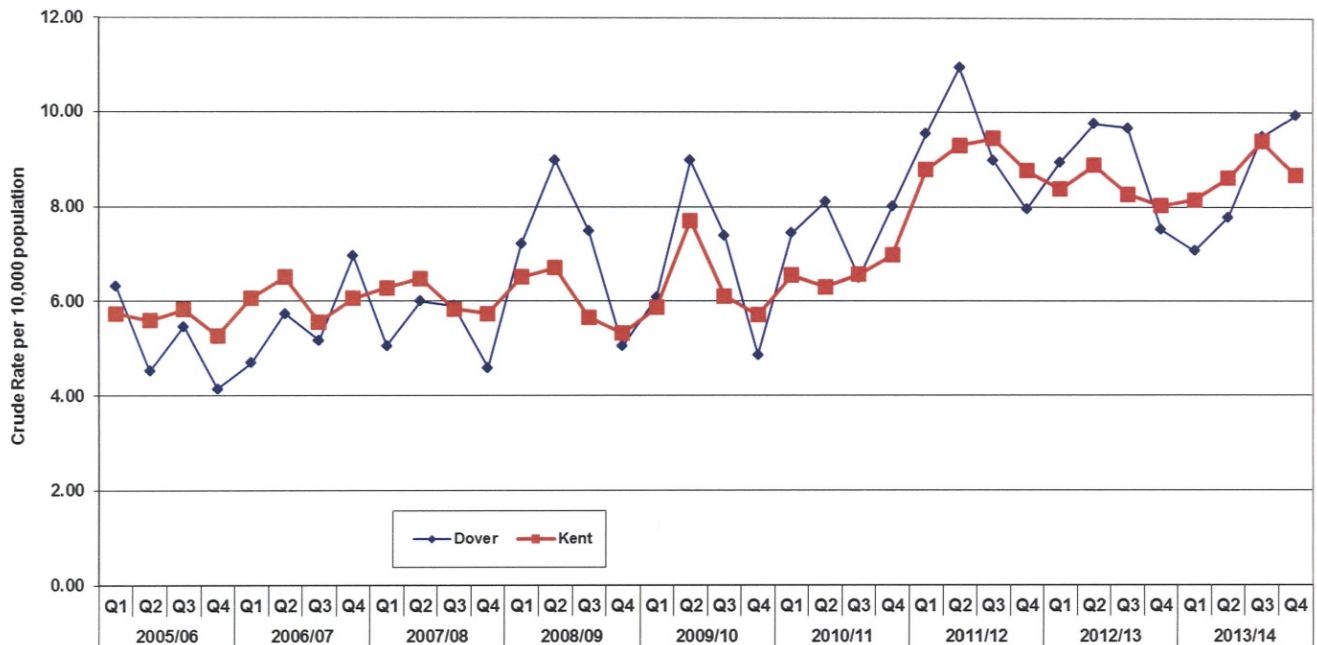


Source: [Health and Social Care Map – Dover](#)

Hospital admissions for Mental and Behavioural Disorders due to Psychoactive Substances

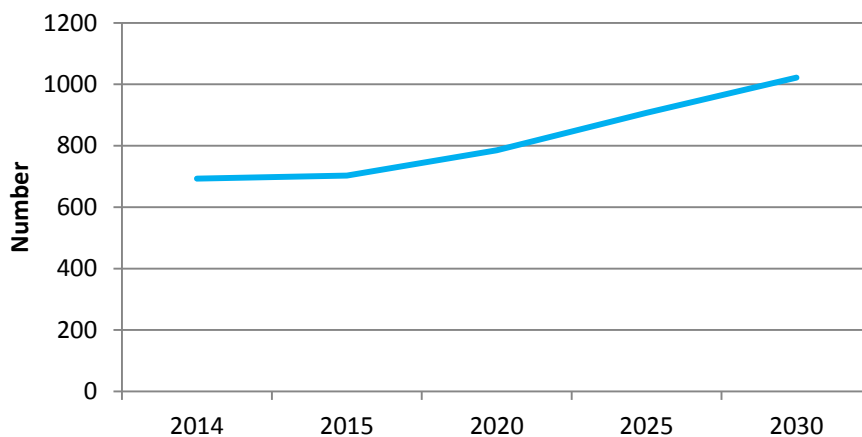
- Admission rates for alcohol and drug related conditions in the Dover district have recently been higher than those for Kent as a whole.

Hospital Admissions for Mental & Behavioural Disorders due to Psychoactive Substances including alcohol (ICD10 F10-F19: excl F17 from Q1 08/09) Crude rates per 10,000 resident population in east Kent - by quarter April 2005 - March 2014



Severe Depression

Dover District: Total population aged 65+ predicted to have severe depression, projected to 2030

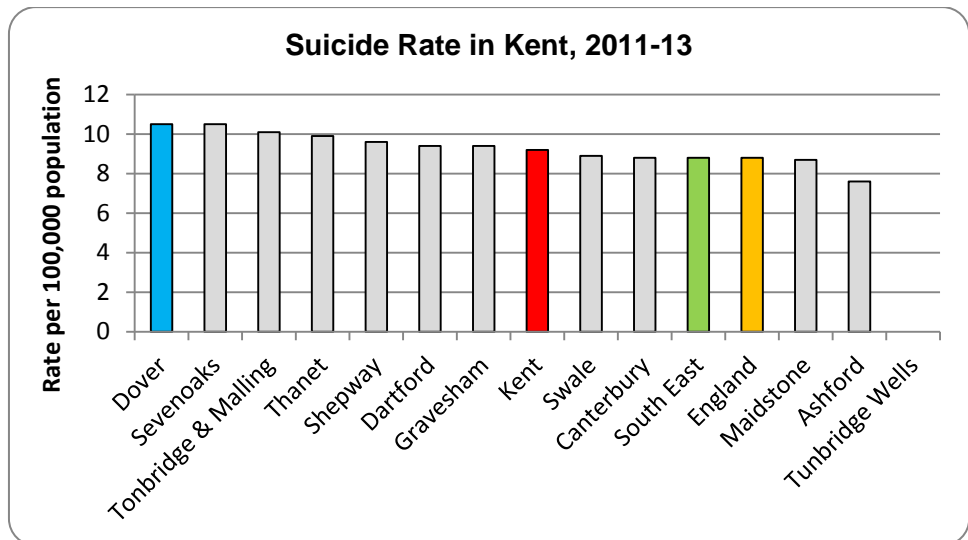


Source: POPPI

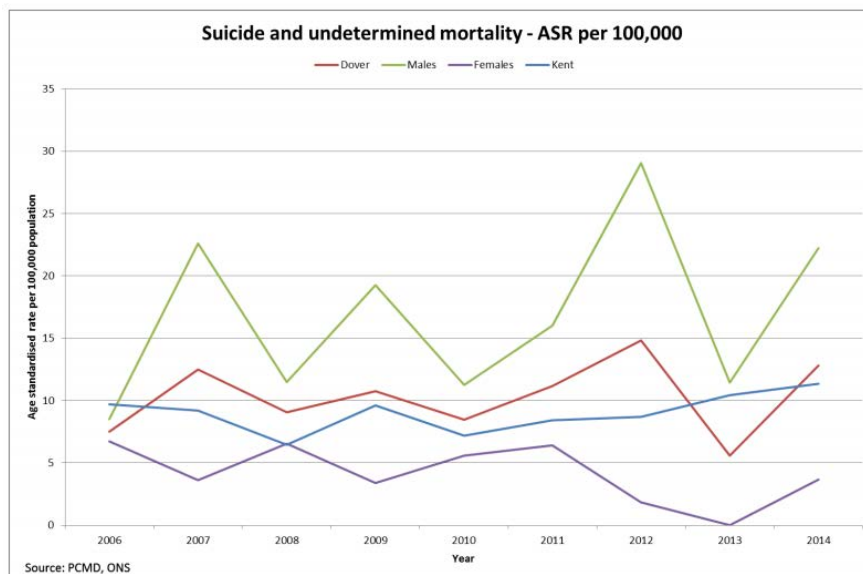
- From 2014 to 2030, the number of people aged 65 and over with severe depression is predicted to increase by 47.5% (from 693 to 1,022) in the Dover district.

Suicide Rates

- Improving life expectancy by preventing suicide is a priority identified for the Dover district.
- For the period 2011-13, the district had a suicide rate of 10.5 per 100,000.
- This is the joint highest rate from suicide and injury of undetermined intent in Kent and is above the averages for Kent, South East and England.



Source: PHE Health Profile; Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population

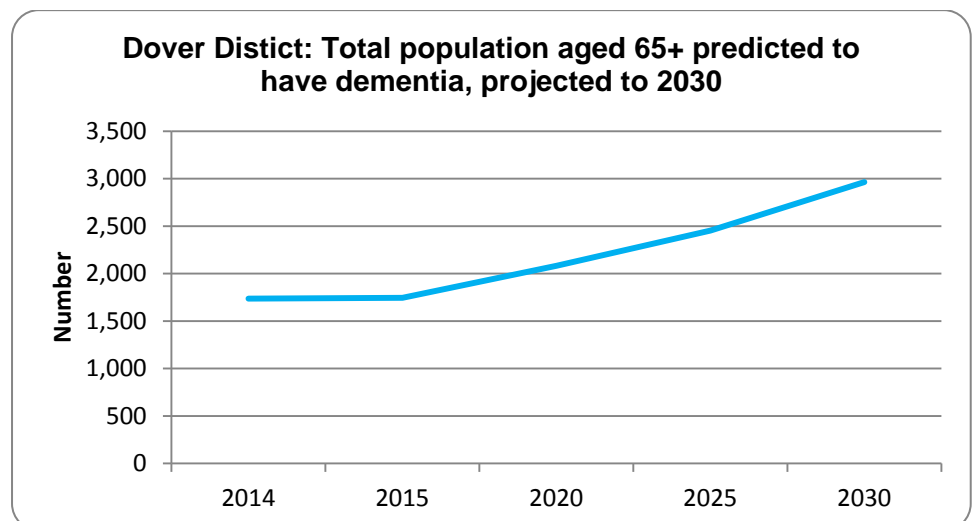


Source: KMPHO Health and Social Care Maps

- The chart shows how the number of deaths from suicide and undertermined causes in the Dover district has fluctuated, from 8 in 2006 to 14 in 2014.

i) Dementia

- From 2014 to 2030, the number of people aged 65 and over with dementia is predicted to increase by 70.7% (from 1,737 to 2,965) in the Dover district.



Source: POPPI

j) Veterans

- There are significant problems with estimating the size of the veteran population. There is no single reliable data source, and the best estimates based on surveys can only state that the figure is likely to be four million in England. A significant number of those who have served in the UK armed forces do not even identify themselves as veterans, particularly the younger veteran (ex-military) population involved in the conflicts occurring post-1990, principally the Gulf Wars, Iraq Conflict and Afghanistan.
- The Ministry of Defence holds data on recruitment locations, but does not hold information on where personnel go on leaving service, or where they subsequently move to. This means that attempts to 'count' veterans can only be a best estimate, based on surveys and modelling of the past, current and future military population. National surveys suggest that in the region of 9-10% of the 16 and over UK population are veterans.
- Given the significant size of the military footprint in the Dover area over the years, the number of veterans in the district is likely to be large. In recent history, the district has been home to regiments in both Deal and Dover (with the Royal Marines Barracks in Deal closing in 1996 and Connaught Barracks in Dover closing in 2007).
- The Royal Gurkha Rifles regiment is based at the Shorncliffe Barracks in Folkestone. Families can join serving Gurkhas and there are established Gurkha communities living around the Shorncliffe area and also in the Dover district at Burgoyne Heights. These communities are also likely to make the area more attractive to Gurkha veterans choosing to make the UK their home following discharge.

Geographical Distribution of Veterans in Kent

Area	Estimated number of veterans	Estimated % of 16 and over population who are veterans
Thanet	14,768	13.7
Dover	11,064	12.5
Shepway	10,051	12.0
Swale	12,382	11.6
Ashford	8,926	9.7
Kent	129,700	9.5
Gravesham	7,555	9.3
Dartford	6,883	9.0
Canterbury	10,537	8.3
Tonbridge and Malling	6,754	7.1
Maidstone	8,298	6.8
Sevenoaks	5,419	5.9
Tunbridge Wells	4,584	5.3

Source: RBL/Combat Stress/Experian Mapping

- Local modelling by the Royal British Legion (RBL)/Experian suggests there are approximately 130,000 veterans in Kent and Medway, with the highest density in Thanet, Dover, Shepway, Swale and Medway; these are all areas with strong serving military connections.

BME Veterans

- There is a smaller percentage of BME population in the armed forces than in the UK as a whole.
- However, Kent is home to the 2nd Battalion Royal Gurkha Rifles, based at Shorncliffe, Folkestone, and nearly half of the soldiers from the Maidstone based 36 Engineers Regiment are Queen's Gurkha Engineers.

- Families can join serving Gurkhas in Kent (an estimated 200 families have moved to the Shorncliffe area), and these communities are likely to make the area more attractive to Gurkha veterans choosing to make the UK their home following discharge.
- There are potential, but as yet unclear, risks to these units in the Army 2020 programme, which is the British Army transformation plan for the 2020s and beyond. It will, for the first time, fully integrate Regulars and Reserves within a whole force, consisting of some 82,000 Regular personnel and 30,000 trained Reserves – ie an integrated Army of around 112,000.
- The Kent Joint Strategic Needs Assessment for Veterans 2014/15 has looked at the level of need for veterans and reports there is no reliable evidence as to the long-term physical effect of military service exists. It has been theorised that for many individuals military service is, at least in the short-term, a positive intervention. The alternative perspective acknowledges the 'toxicity' of war. Military personnel are exposed to extreme conditions, chemicals, and trauma: both mental and physical.

- For the large cohort of elderly veterans, their significant physical health problems are likely to be age-related rather than due to their previous service. The usual cross-section of the chronic diseases of old age will be represented in this veteran population.
- For younger veterans, it is very difficult to unpick whether military service has contributed to any observed ill-health. Recruitment is disproportionately from individuals with deprived backgrounds and poor educational achievement and both these factors are independently associated with poor health and lower life expectancy. The majority of young men are recruited into the infantry and have an average service career of 3.7 years and as such, early service leavers receive limited support and there is a risk they do not register with a GP.

Armed Forces Community Covenant

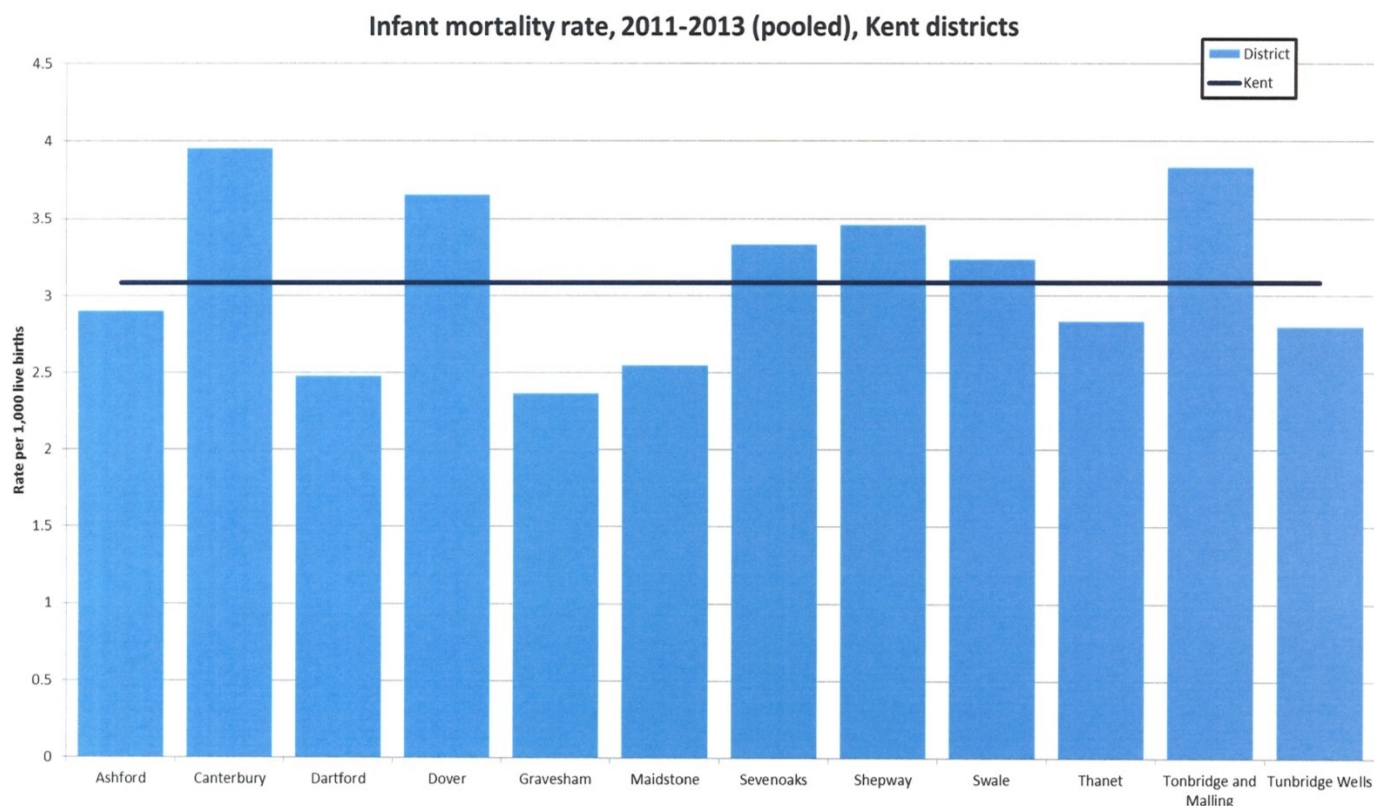
- The Dover District signed its Community Covenant in June 2013. The Armed Forces Covenant exists to make sure service people, veterans and their families are on an equal footing with ordinary citizens when it comes to accessing public and commercial services. It is not about extra-special treatment for all the Forces, although it is about special consideration in some cases (for example, for those injured and the bereaved).
- A Dover District Civilian Military Partnership Board has been set up to champion the Community Covenant and develop an action plan to address particular needs identified. Representatives include: Ministry of Defence, Royal British Legion, SSAFA, South Kent Coast Clinical Commissioning Group, Job Centre Plus, Kent County Council Public Health and a range of services across Dover District Council.
- A focus for the Board so far has been sign-posting to a wide range of services available to the Armed Forces Community and also actively promoting the Armed Forces Community Covenant Grant Scheme. Total funding awarded to projects in the Dover district is £409,605.58.
- An action plan is being updated to look issues affecting the Armed Forces Community in the district such as health and wellbeing, education, skills and employment, housing and integration.



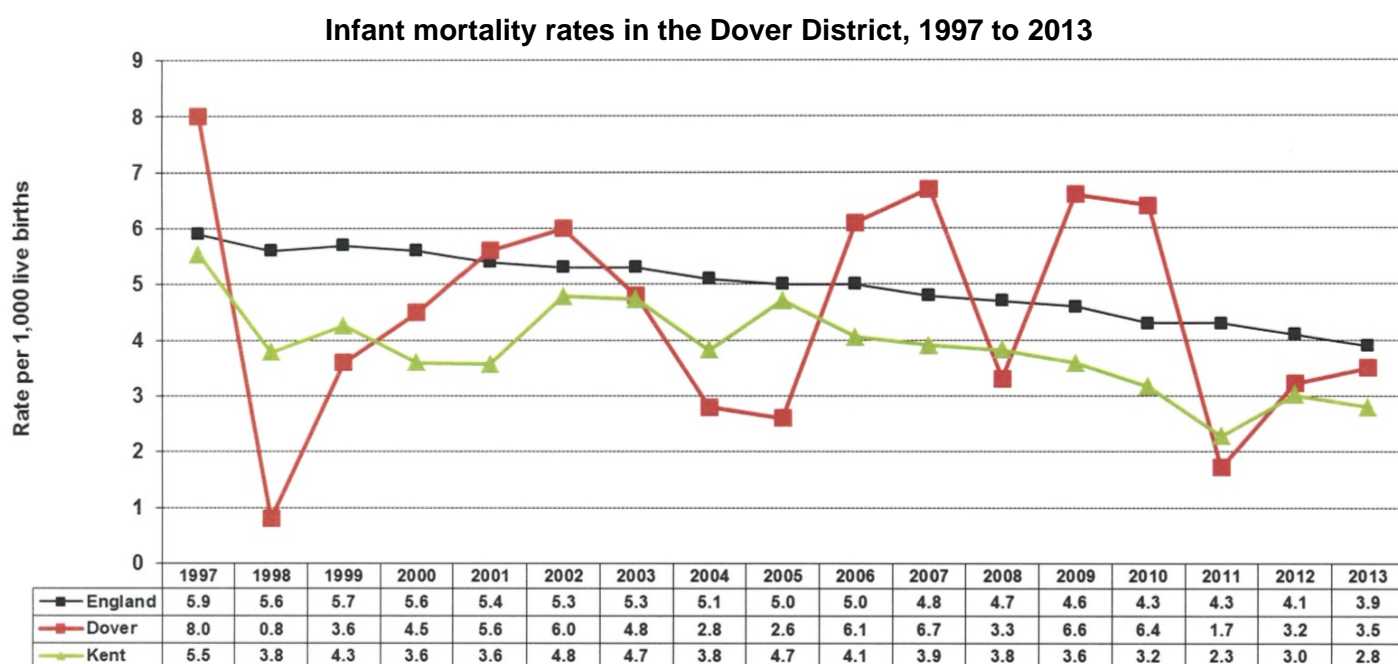
7. CHILDREN AND YOUNG PEOPLE

a) Infant Mortality

- Infant mortality rates in the Dover district is above the Kent average, although the trend fluctuates from year-to-year. The rate is the 3rd highest in Kent, behind Canterbury and Tonbridge & Malling.



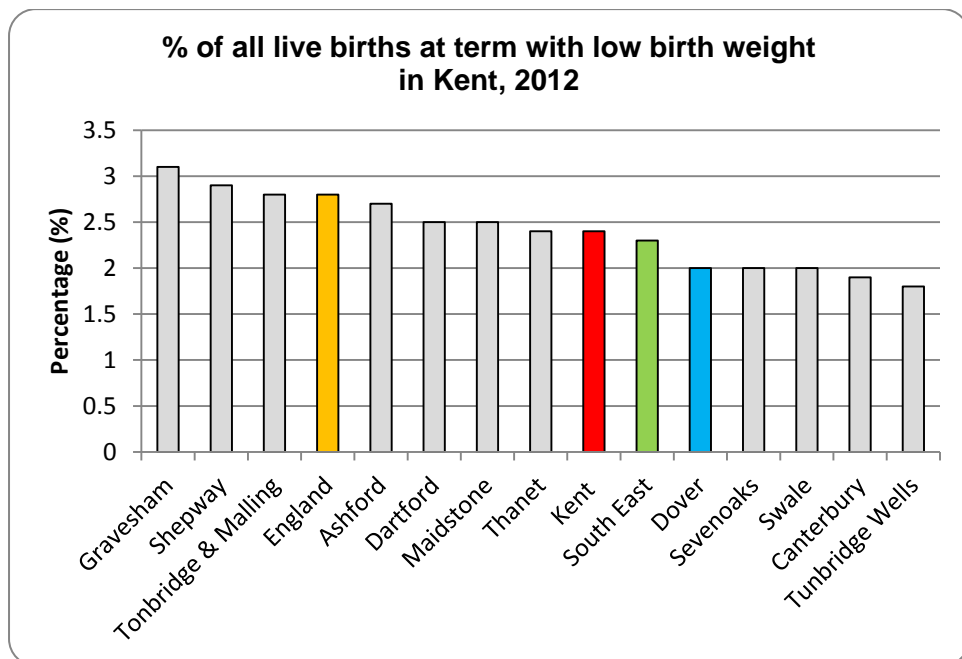
- The following chart shows how the infant mortality rate has fluctuated between 1997 to 2013.
- The rate in the Dover district has risen over the past two years and is above the Kent average but below the national average.



Source: KMPHO Health and Social Care Maps

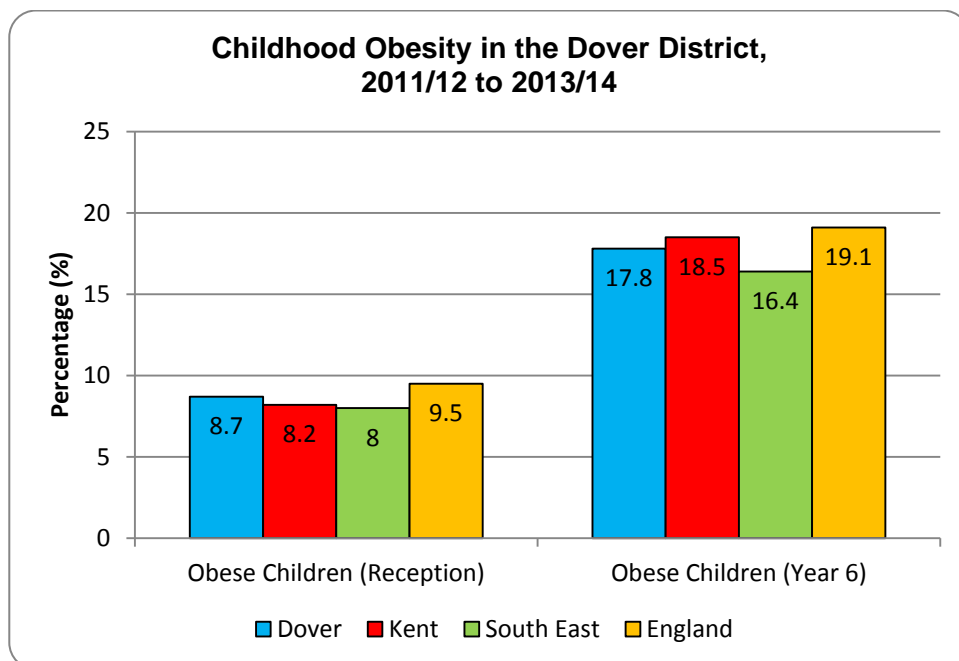
b) Low birth weight

- Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life.
- At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.
- The Dover district has a lower percentage of low birth weight babies (2.0%) than national (2.8%), regional (2.3%) and county (2.4%) levels.



Source: PHE Children and Young People's Health Benchmarking Tool

c) Childhood Obesity

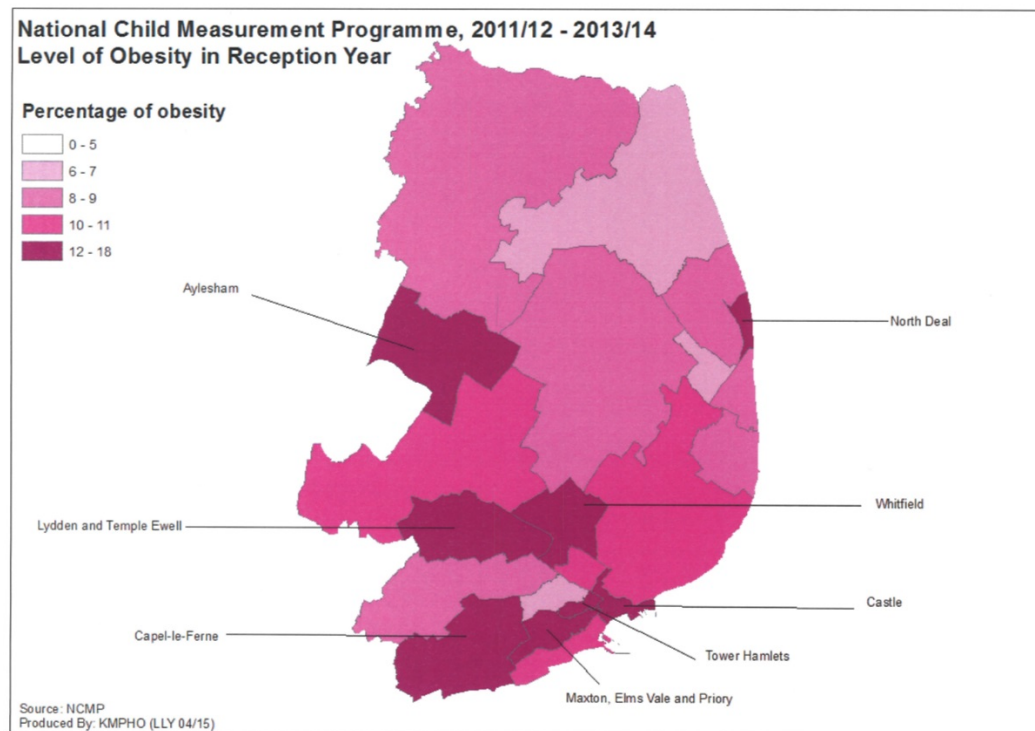


- In the Dover district, 8.7% of children at reception age are obese and 17.8% at Year 6.
- This is a fall from 9.9% (reception) and 19.3% (Year 6) for the period 2009/10 to 2011/12.
- The percentage of obese children at reception age in the district is above the Kent and South East averages' but below the average for England.
- The percentage of obese children at Year 6 is above the average for the South East but below the averages' for Kent and England.

Source: PHE - NCMP Local Authority Profile

Ward Level Childhood Obesity

The maps below show the levels of childhood obesity in the Dover district by Electoral Ward.

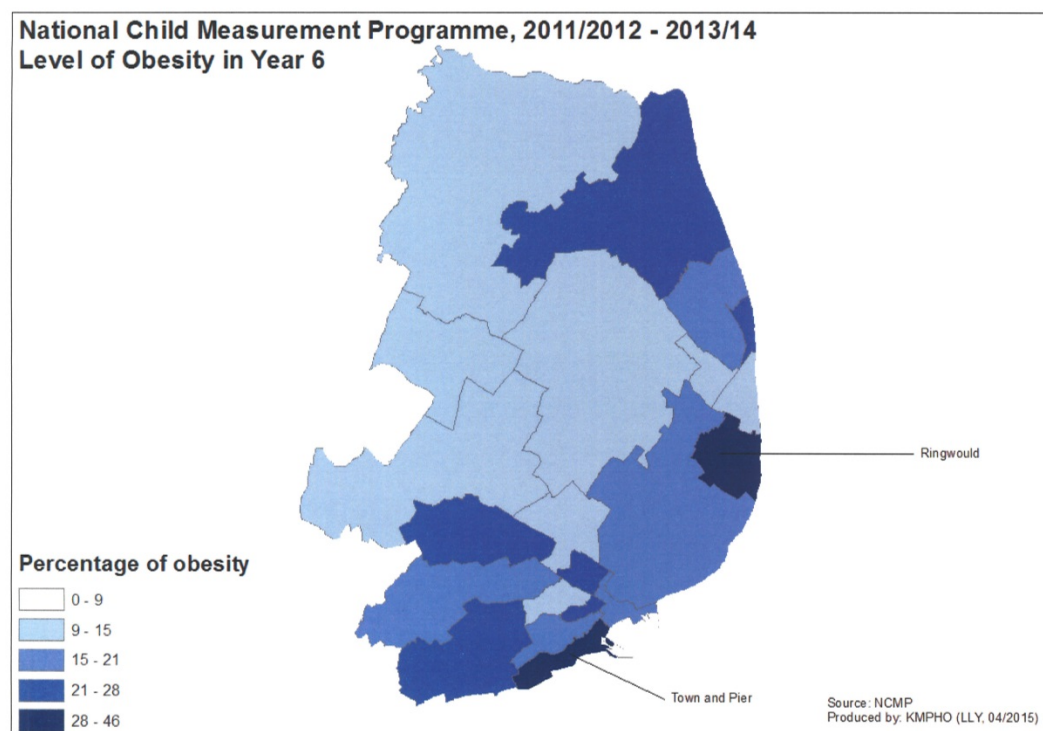


Source:KMPHO Health and Social Care Maps

Reception

- The wards with the highest percentage of obese children in Reception Year are: Aylesham, Capel-le-Ferne, Castle, Lydden and Temple Ewell, Maxton, Elms Vale and Priory, North Deal, Tower Hamlets and Whitfield.

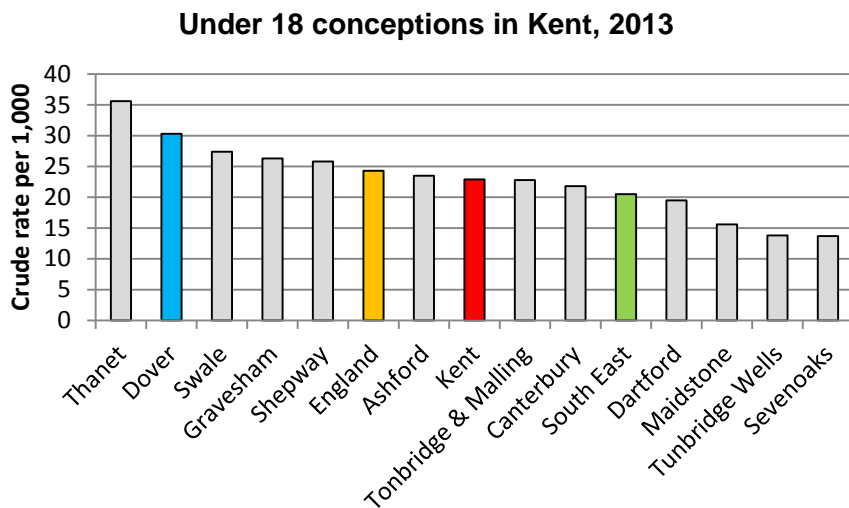
- The wards with the highest percentage of obese children in Year 6 are: Ringwould and Town and Pier.



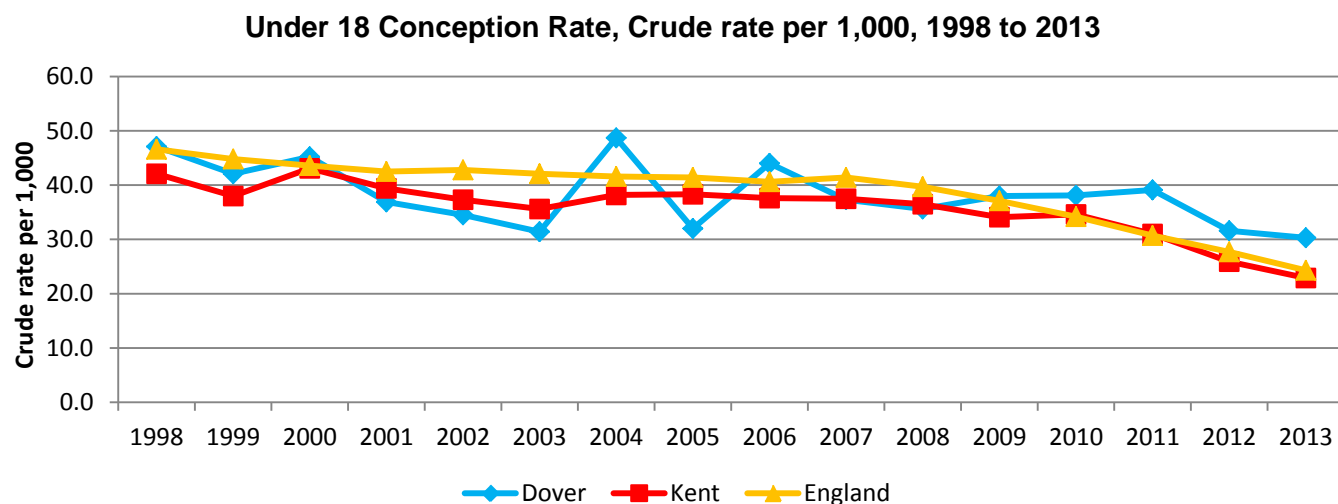
d) Teenage Pregnancy

- For many more teenagers bringing up a child is extremely difficult and can often result in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.
- In 2013, the Dover district had the 2nd highest rates of teenage conception (aged 15-17 years) in Kent. With a rate of 30.3, the Under 18

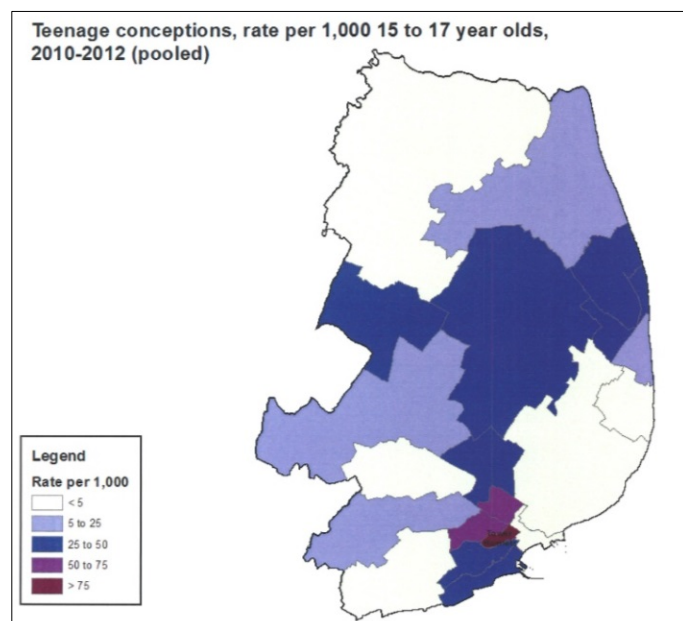
Conception rate in the district is higher than the England (24.3), Kent (22.9) and South East (20.5) averages'. However, teenage pregnancy rates in the Dover district have been reducing over the past couple of years.



Source: PHE Children and Young People's Health Benchmarking Tool



Source: PHE Children and Young People's Health Benchmarking Tool

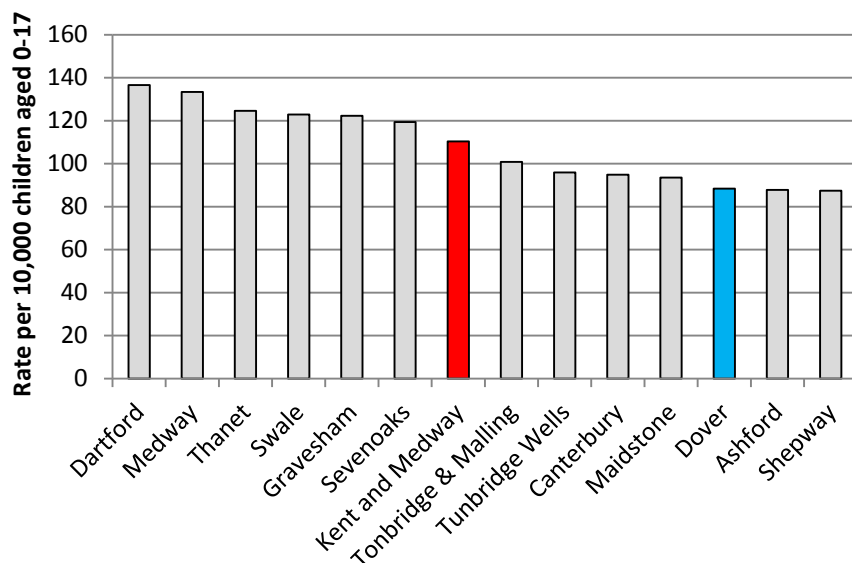


- In general, most of the district has low teenage conception rates. The wards with the highest teenage conception rate are
- Tower Hamlets, St. Radigunds and Buckland

Source: KMPHO Health and Social Care Map

e) Hospital Admissions Rate for deliberate and unintentional injury

Hospital admissions rate for children aged 0-17 years - caused by unintentional or deliberate injury 2013/14



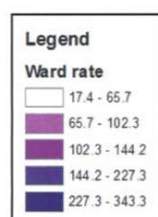
Source: PHE - Local Authority Profile

- In 2013/14, the Dover district had the third lowest hospital admission rate for children aged 0-17 years admitted for deliberate or unintentional injury, with a rate of 88.4.
- This is below the average for Kent and Medway.
- Dartford had the highest admission rate in Kent and Medway with a rate of 136.6 and Shepway the lowest with a rate of 87.4 per 10,000 children aged 0-17 years.
- There were 203 admissions in the Dover district, with 61 (30%) injuries sustained at home.

Ward level Hospital Admissions Rate for deliberate and unintentional injury

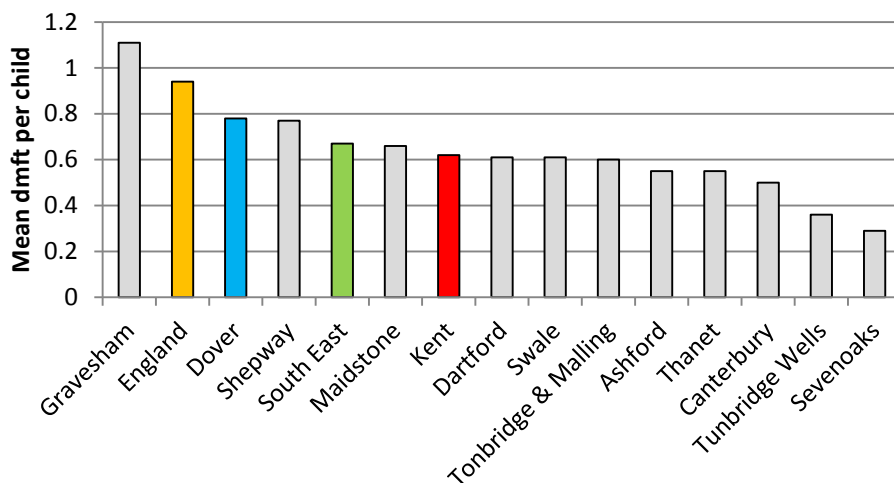
- The wards with the highest rate of hospital admissions for deliberate and unintentional injury per 10,000 children aged 0-17 years in the district are Castle, Tower Hamlets and Little Stour and Ashstone.

Hospital admission rates for deliberate and unintentional injury, per 10,000 children aged 0-17 years, by ward, 2013/14



Source: SUS, ONS
Produced by: KMPHO, (ES, 21/07/14)

Tooth decay in children aged 5, 2011/12



Source: PHE Children and Young People's Health Benchmarking Tool

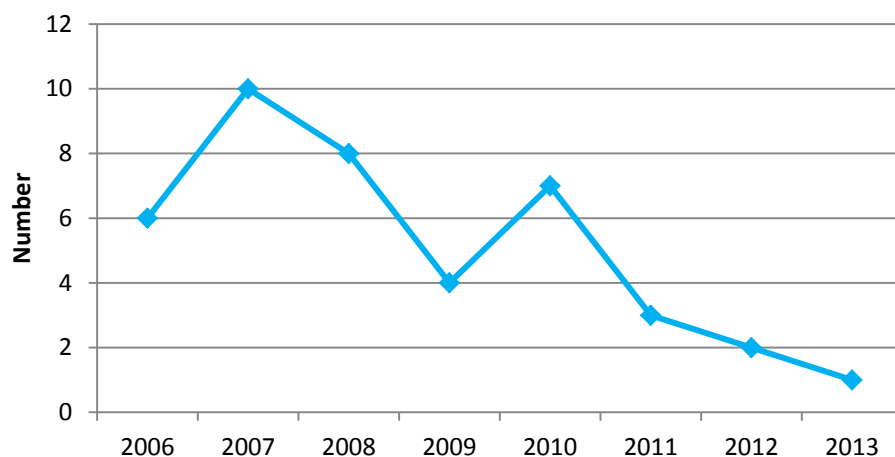
f) Tooth decay

- Tooth decay in children is a cause for concern in the Dover district.
- This indicator shows the mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed/ missing/ filled teeth (d3mft).

g) Road Deaths

- The number of children killed or seriously injured in Dover roads has been falling, from a high of 10 in 2007 to 1 in 2013.

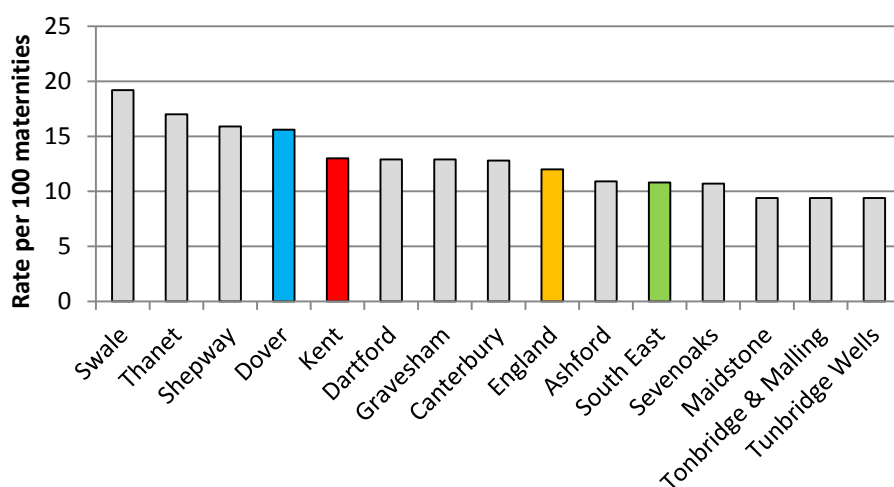
Number of children killed or seriously injured on Dover roads, 2006 to 2013



Source: KMPHO Health and Social Care Maps

h) Smoking status at time of delivery

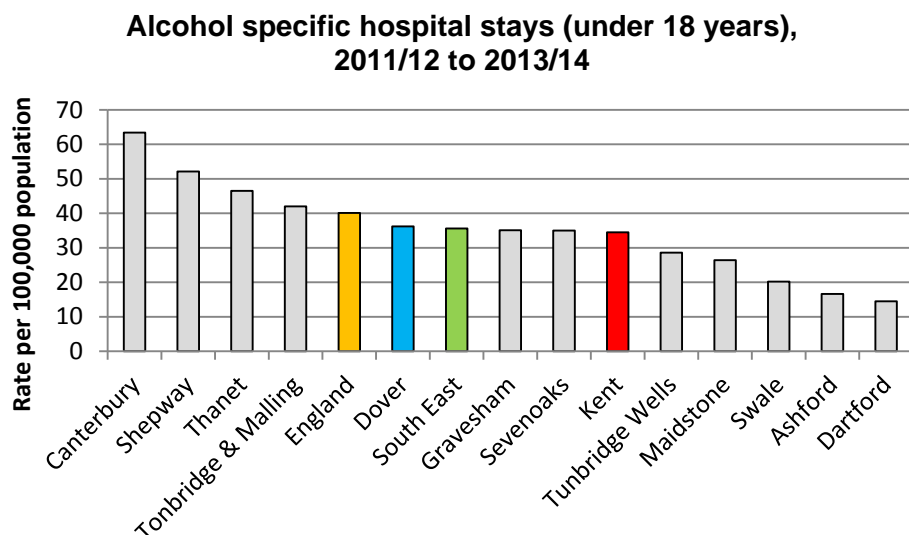
Smoking at time of delivery, 2013/14



- Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.
- The rate of smoking at time of delivery in the Dover district was 15.6 per 100 maternities, which is significantly worse than the England average of 12 (2013/14).

i) Alcohol specific hospital stays

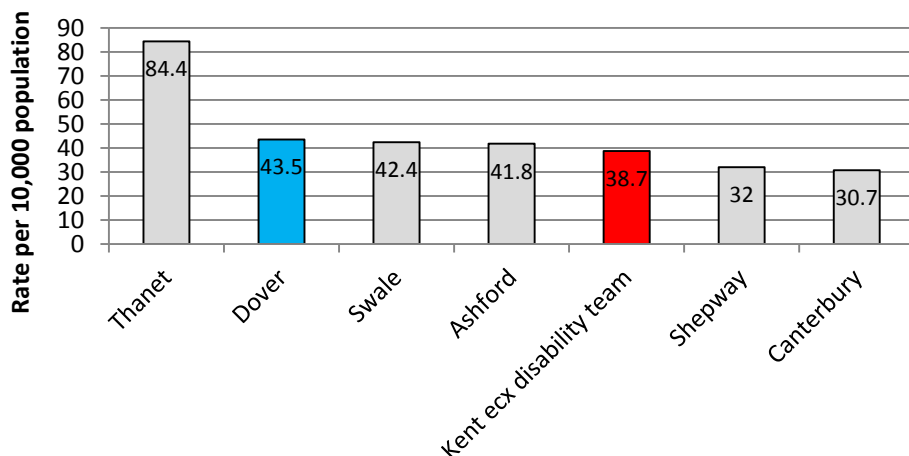
- The rate of alcohol-specific hospital stays among those under 18 was 36.2 per 100,000 population. This represents 8 stays per year.
- Although this rate is below the national average of 40.1, it is above the South East (35.6) and Kent (34.5) averages'.



j) Breastfeeding Initiation

- Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants
- In 2012/13, 71.4% of mothers gave their babies breast milk in the first 48 hours after delivery. This compares to 77.1% in the South East and 73.9% in England. Public Health England has not published data for the Dover district for 2013/14 for data quality reasons.

Children on the child protection register (October 2014) relative to the child population of Kent (2013 estimates)



Source: Health and Social Care Map - KMPHO

k) Child Protection

- As at October 2014, there were 100 children in the Dover district on the Child Protection Register, which is a rate of 43.5 per 10,000 population.
- This is the second highest rate in East Kent.

l) Children and Young People Mental Health

Children and Adolescent Mental Health Services (CAMHS) covers provision of services and interventions from health promotion and primary prevention to highly specialist care. A needs assessment for CAMHS in Kent was completed at the end of 2014, with the results published in February 2015. A supplementary document highlights South Kent Coast CCG level information (covering the majority of the districts of Dover and Shepway) derived from the main report and key findings from the research are presented below:

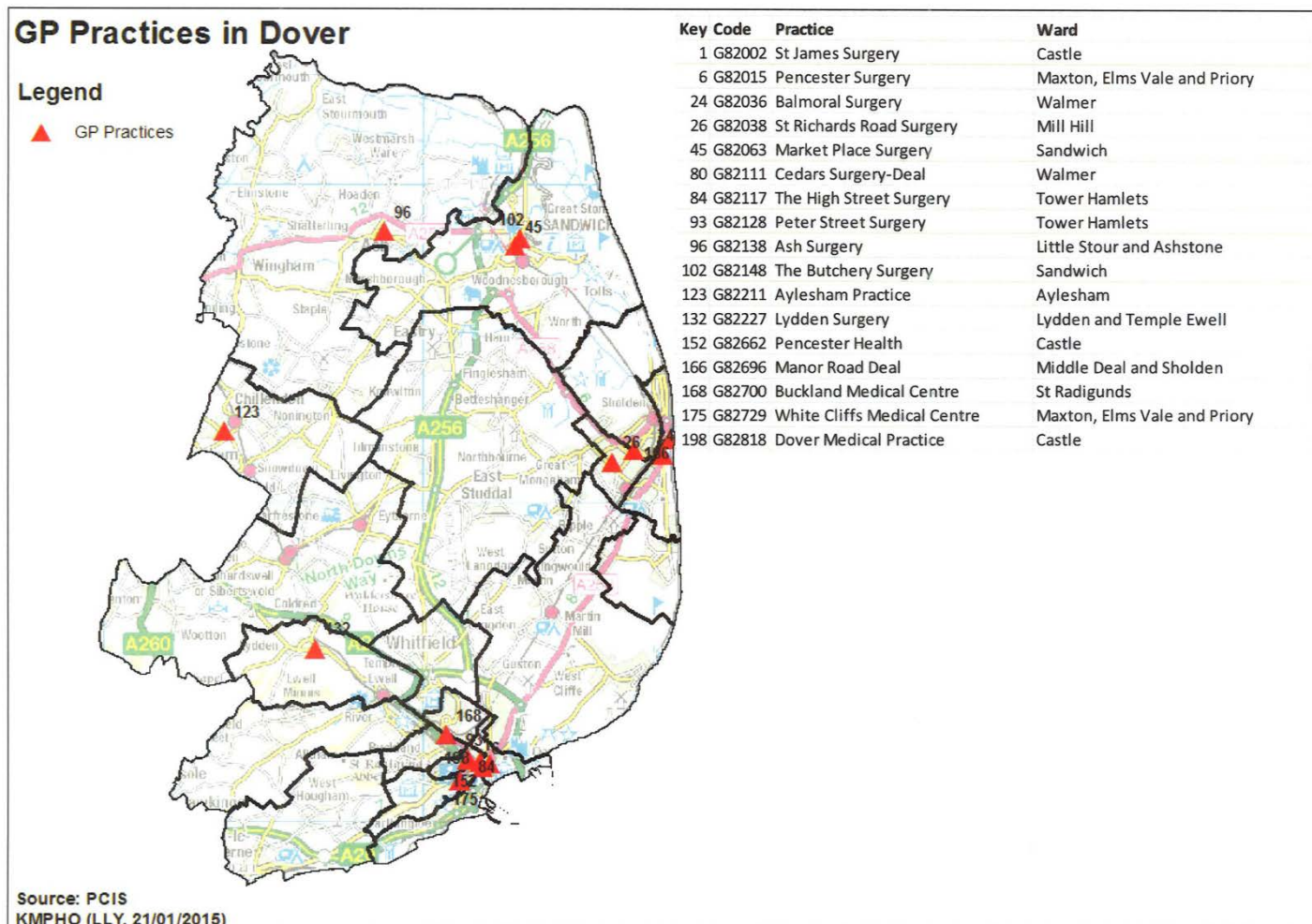
- NHS South Kent Coast has 45,822 children and young people aged 0 to 19 making up 23% of its population. This is a lower proportion of children and young people in this age range than the county

average. The numbers of children and adolescents in SKC is expected to decrease in the coming decade. SKC CCG has 21,121 young people aged 16 to 24 resident, making up 10.4% of its population.

- It is estimated that 1,680 pre-schoolers have a mental health disorder. There are about 988 children aged 5 to 10 and 1,665 children aged 11 to 16 estimated to have a mental health disorder. There are about 1,724 young people aged 16 to 19 estimated to have a mental health disorder.
- It is estimated that nearly 1900 young people aged 16 to 24 living in NHS SKC have self-harmed. For the period reviewed, NHS SKC had an inpatient admission rate for mental health diagnoses lower than the Kent County average for under-25s. Examining the crude rate for 2011/12 to 2013/14 for self-harm admissions in children and young people up to 24 years old shows that NHS SKC had the highest rate in those aged 16 to 19 (nearly double the county average).
- The number of children and young people who may experience mental health problems appropriate to CAMHS in SKC CCG are: between 4000 and 6100 at Tier 1; about 2800 at Tier 2; 756 to 1226 at Tier 3; and between 31 and 192 at Tier 4.
- There are groups of children at greater risk of mental health disorders living in NHS South Kent Coast, including those who experience personal abuse or neglect; witness domestic violence; live in socio-economically disadvantaged areas and/or households; are living with a long-term physical illness or disability; have parents with mental health problems, including post-natal depression; are looked after; are not in education, employment or training; and come from Black, Asian and Minority Ethnic (BAME) backgrounds.
- The proportion of children and young people in South Kent Coast CCG within the main CAMHS service was higher than expected.

8. HEALTH SERVICE PROVISION

a) GP Practices in Dover District



Service Provision in the Dover District	Number
GP Practices	17
Pharmacies	20
Dental Practices	14
Opticians	12
Children's Centres	07
Care Homes	83
Mental Health Residential Care Homes	02 (27 beds)
Mental Health Supported Accommodation Units	07 (18 beds)

Source: KMPHO, Health and Social Care Maps

b) Buckland Hospital, Dover

The East Kent Hospitals University NHS Foundation Trust opened the new Buckland Hospital facility, built on the existing hospital site, to patients and visitors in June 2015.

The following clinical departments are provided in the new Hospital:

- Minor injuries unit;
- Physiotherapies department (all adult therapy services);
- Activities of Daily Living (ADL);
- Renal Dialysis unit;
- Children's ambulatory care;
- Day hospital;
- Adult Ambulatory care provided by multi-disciplinary services to include medical treatment and procedure rooms;
- Pharmacy pod/ retail outlet;
- Maternity ante-natal and day care services;
- Radiology to support a 1 stop OPD model (plain x-ray and ultrasound)
- Hard standing for a Mobile MRI;
- Pathology point of care testing to support the 1 stop model;
- Health Records.

The Outpatient department will provide outpatient services for:

- Anti-Coagulant;
- Cardiology;
- Dermatology;
- Endocrinology;
- ENT (including Audiology for both adults and paediatrics);
- Orthotics;
- Gastroenterology;
- General Medicine and Colorectal;
- Maxillofacial Unit including Orthodontics;
- Ophthalmology;
- Pain Management;
- Phlebotomy;
- Respiratory;
- Rheumatology;
- Trauma and orthopaedics;
- Breast;
- Renal Haemodialysis;
- Women's Health (Gynaecology and Colposcopy);
- Health Care of the Older Person (HCOOP);
- Pre-assessment⁹

⁹ EKHUFT: [New Dover Hospital Exhibition](#) document

c) Victoria Memorial Hospital, Deal

- The Victoria Memorial Hospital in Deal is a Community Hospital operated by Kent Community Health NHS Foundation Trust.
- The hospital has six outpatient rooms, inpatient beds for intermediate care, palliative care and continuing care. There is also a minor injury unit.
- Other services include outpatient consultations with visiting consultants in all major specialities such as child health, dental services, therapy and rehabilitations services other out-of-hour services.
- The hospital has an x-ray department and offers appointment-only blood tests in the phlebotomy department¹⁰.

9. INTEGRATING HEALTH AND SOCIAL CARE

a) Background

- The new health and care system became fully operational from 1 April 2013 to deliver the Government's ambitions set out in the Health and Social Care Act 2012. This is the date when:
 - NHS England and Clinical Commissioning Groups (CCGs) took on statutory responsibility for commissioning health services;
 - Local authorities (upper-tier) took on new public health responsibilities and commissioning;
 - Local Healthwatch organisations came into being;
 - Strategic Health Authorities and Primary Care Trusts were formally abolished.
- Although the legal responsibility for public health now sits with unitary and upper-tier local authorities, lower-tier local authorities (district councils) have a vital role to play in improving the 'wider determinants of health'. Many of our services contribute directly or indirectly to improving health and wellbeing, for example housing, planning, supporting economic growth, community safety, environmental health, air quality, parks and leisure, community development etc.
- Around 80% of the NHS commissioning budget is now managed by 211 clinical commissioning groups (CCGs) around England. These are groups of general practices that come together in an area to commission services for their patients and the local population.
- The majority of GPs in the Dover district have joined with all Shepway GP practices to form the **South Kent Coast CCG**. However, 2 practices are part of the **Canterbury & Coastal CCG**: Ash Surgery, Ash and Market Place Surgery, Sandwich.

b) Health and Wellbeing Boards

- The Health and Social Care Act established health and wellbeing boards (HWBBs) as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population, reduce health inequalities and promote the integration of services.
- The Kent Health and Wellbeing Board is the statutory upper-tier HWBB for this area and it became live on 01 April 2013, following a shadow period during 2012.
- The South Kent Coast Health and Wellbeing Board is a sub-group of the Kent HWBB and covers the Dover and Shepway districts (following the boundary of the South Kent Coast CCG); it also became live in April 2013. The aim of the South Kent Coast HWBB is to ensure a "local" voice and to identify district-wide and neighbourhood-level health needs, priorities and gaps in service provision. The local-level board complements the statutory Kent Health and Wellbeing Board and will feed local views into the overarching Kent strategy and ensure local issues are determined locally.
- The South Kent Coast Health and Wellbeing Board is developing a Health and Wellbeing Strategy to address the health and wellbeing needs of people living in our communities at every stage of their lives.

¹⁰ [KCHT website](#)

c) Integration and the Better Care Fund

- The NHS Call to Action identified £30bn shortfall in NHS funding in 2020. This resulted in the government setting up the £3.8 billion Integrated Transformation Fund – now called the Better Care Fund – to integrate health and social care.
- The Government expect a fully integrated system by 2018 on actions starting in 2014/15 and delivery, through the pooled budget, in 2015/16.
- The 'transformation' is for a single pooled budget based on a plan agreed by CCGs and local authorities – signed off by upper-tier HWBB. There is **no new money** in the system - it is a redistribution of existing commitments and future allocations.
- The Better Care Fund (BCF) can be thought of as 'out of hospital care' and is primarily for addressing the needs of the older population. Each CCG has to develop and deliver a 'Commissioning Plan' – these are for a 5-year period, with a detailed 2-year plan. The BCF is an element of these Plans, but must also be seen as a stand-alone document.
- The Kent-wide Better Care Fund plan, including all local CCG BCF plans, submitted to NHS England in April 2014, has now been classified as "Approved"
- The Kent-wide BCF Plan is based upon:
 - A 15% reduction of hospital admissions by 2016
 - Availability of services on an extended hours basis
 - Integrated commissioning of health and social care
 - Continued development of enablement services, telecare/telehealth, self-care and prevention.
- The South Kent Coast BCF Plan focuses on the following themes (some of this work is already being delivered, however the pace and scale will be stepped up):
 - Integrated Teams, Rapid Response and Reablement
 - Enhanced Neighbourhood Care Teams and Care Co-ordination
 - Enhanced Primary Care
 - Enhanced Support to Care Homes
 - Integrated Health and Social Housing Approach (including DFGs)
 - Falls Management and Prevention