



# STATE OF THE DISTRICT 2017

## HEALTH AND WELLBEING

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## 1. HEALTH PROFILE 2017

- Health profiles provide a snapshot of health and wellbeing in a local area. Public Health England (PHE) produces the profiles annually using key indicators, and they enable comparison locally, regionally and nationally. The profiles are designed to help local commissioners and providers across the health and social care system understand the health needs of their population, so that they can work together to improve health and reduce health inequalities.
- Public Health England (PHE) released its annual Health Profiles in July 2017 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. About 23% (4,400) of children live in low-income families. Life expectancy for both men and women is similar to the England average. In 2016, about 21%, or 4,000 children, lived in low-income families.

#### Health inequalities

Life expectancy is 7.7 years lower for men and 2.7 years lower for women in the most deprived areas of the Dover district than in the least deprived areas. The gap is widening – in 2016, life expectancy was 6.9 years lower for men and 1.4 years for women.

#### Child health

- In Year 6, 21.5% (232) of children are classified as obese (up from 20.6%, or 206 children, in 2016).
- The rate of alcohol-specific hospital stays among those under 18 is 22\*, better than the average for England. This represents 5 stays per year. This is down from a rate of 27.6\*, representing 6 stays per year, in 2016.
- Levels of GCSE attainment and smoking at time of delivery are worse than the England average. This is the same as in 2016, however, levels of teenage pregnancy have improved and are no longer highlighted as a key for the district.

#### Adult health

- The rate of alcohol-related harm hospital stays is 532\*, better than the average for England. This represents 617 stays per year. Although this indicator is 'green', the local value has increased from 495\* in 2016, representing 571 stays per year.
- The rate of self-harm hospital stays is 193\*. This represents 202 stays per year. This has improved from 207.9\*, representing 227 stays per year, in 2016.
- Estimated levels of adult excess weight are worse than the England average.
- Rates of sexually transmitted infections and TB are better than average – same as 2016.
- Rates of violent crime and long-term unemployment are worse than average – violent crime is the same as 2016.
- The rate of statutory homelessness is better than average – same as 2016.
- In 2016, the rate of smoking related deaths was highlighted as being worse than the average for England, with a value of 300\*, representing 223 deaths per year. Estimated levels of adult smoking were also worse than the England average. In 2017, this data for smoking related deaths is not available and we therefore do not know if there has been any improvement or not. However, smoking prevalence in adults has reduced from 29.7% to 17.7%, according to the Annual Population Survey.

#### 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. These are all unchanged from the 2016 Health Profile.

For more information see [www.southkentcoastccg.nhs.uk](http://www.southkentcoastccg.nhs.uk) and [www.kpho.org.uk](http://www.kpho.org.uk)

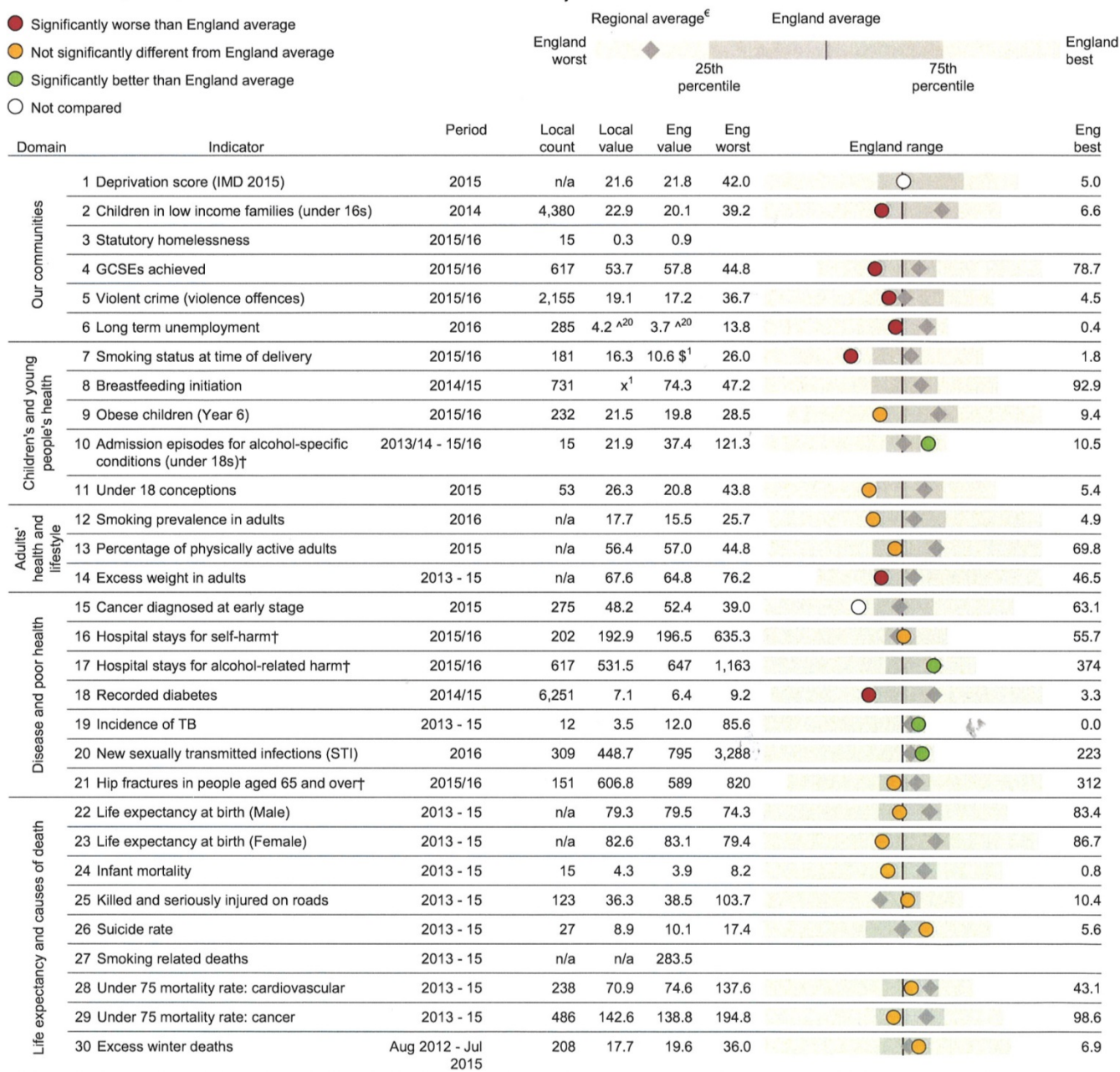
Source: Dover District Health Profile 2017, published by Public Health England (PHE) July 2017

\*rate per 100,000 population

## b) Health Summary for the Dover District – Spine Chart

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.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



### Indicator notes

<sup>1</sup> Index of Multiple Deprivation (IMD) 2015 <sup>2</sup> % children (under 16) in low income families <sup>3</sup> Eligible homeless people not in priority need, crude rate per 1,000 households  
<sup>4</sup> 5 A\*-C including English & Maths, % pupils at end of key stage 4 resident in local authority <sup>5</sup> Recorded violence against the person crimes, crude rate per 1,000 population  
<sup>6</sup> C rate per 1,000 population aged 16-64 <sup>7</sup> % of women who smoke at time of delivery <sup>8</sup> % of all mothers who breastfeed their babies in the first 48hrs after delivery  
<sup>9</sup> % school children in Year 6 (age 10-11) <sup>10</sup> Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population <sup>11</sup> Under-18  
conception rate per 1,000 females aged 15 to 17 (crude rate) <sup>12</sup> Current smokers (aged 18 and over), Annual Population Survey <sup>13</sup> % adults (aged 16 and over) achieving at  
least 150 mins physical activity per week, Active People Survey <sup>14</sup> % adults (aged 16 and over) classified as overweight or obese, Active People Survey <sup>15</sup> Experimental  
statistics - % of cancers diagnosed at stage 1 or 2 <sup>16</sup> Directly age sex standardised rate per 100,000 population <sup>17</sup> Admissions involving an alcohol-related primary diagnosis  
or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population <sup>18</sup> % people (aged 17 and over) on GP registers with a  
recorded diagnosis of diabetes <sup>19</sup> Crude rate per 100,000 population <sup>20</sup> All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to  
64 <sup>21</sup> Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over <sup>22, 23</sup> The average number of years a person would expect to  
live based on contemporary mortality rates <sup>24</sup> Rate of deaths in infants aged under 1 year per 1,000 live births <sup>25</sup> Rate per 100,000 population <sup>26</sup> Directly age standardised  
mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) <sup>27</sup> Directly age standardised rate per 100,000 population aged 35 and  
over <sup>28</sup> Directly age standardised rate per 100,000 population aged under 75 <sup>29</sup> Directly age standardised rate per 100,000 population aged under 75 <sup>30</sup> Ratio of excess  
winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

<sup>†</sup> Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

<sup>^20</sup> Value based on an average of monthly counts <sup>x</sup> Value not published for data quality reasons <sup>\$</sup> There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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### c) Health Profile 2017 Summary

PHE has made some changes to the indicators included in the 2017 Health Profiles – some indicators have been removed or replaced and some have had definitional or methodological changes.

In 2017, there were seven indicators classed as significantly worse than the England average in the Dover district. These are:

- Children in low income families (under 16s)
- GCSEs achieved
- Violent crime (violence offences)
- Long term unemployment
- Smoking status at time of delivery
- Excess weight in adults
- Recorded diabetes

There are also four indicators significantly better than the England. These are:

- Admission episodes for alcohol-specific conditions (under 18s) †
- Hospital stays for alcohol-related harm †
- Incidence of TB
- New sexually transmitted infections (STI)

14 indicators are classed as being not significantly different from the England average. The indicator notes specify the source and year of the data being used to make these assessments.

### d) RAG Rating Change 2016 and 2017

- For each indicator, a RAG rating is assigned to the local value contained in the Health Profile. The RAG rating shows how the local value compares with the England value; being red if the local area is significantly worse than, amber if similar to, or green if significantly better than the England average value. A green rating should not be interpreted to mean that the issue is not an important public health problem for the local area, rather, comparatively to England, the local area is significantly better.
- This section looks at any 'change' between the 2016 and 2017 RAG ratings when compared to the England average value for each indicator. This 'change' compares the RAG ratings assigned in these years, described as either, improved ↑, worsened ↓, or no change ▬.
- For example, if an area had been assigned a red rating in the 2016 Health Profile and has an amber rating in the 2017 Health Profile, this would indicate an improvement ↑. Not all indicators are comparable between the 2016 and 2017 Health Profile data (see indicator notes for further details).

#### Overall, since publication of the previous profile:

- 03 indicators have improved.
- 19 indicators have experienced no real change.
- 02 indicators have deteriorated.
- 01 indicator n/k

#### Improved performance compared with 2016 profile:

- Admission episodes for alcohol-specific conditions (under 18s) has moved from amber to green. However, methodological changes mean that it is not directly comparable.
- Under 18 conceptions has moved from red to amber
- Smoking Prevalence in adults has moved from red to amber

#### Fall in performance compared with 2016 profile:

- Long term unemployment has moved from amber to red
- Excess weight in adults has moved from amber to red

### RAG rating / comparison not available:

- The 'smoking related deaths' indicator does not have a RAG rating in 2017 - in 2016 it was rated as 'red' ("significantly worse than the England average"). A local value is not available, therefore do not know if there has been any improvement or not for this indicator.
- The 'suicide rate' is now rated as amber ("not significantly different from the England average") but a RAG rating was not given in 2016 for comparison purposes. However, the local value has fallen from 12.3 in 2016 to 8.9 in 2017, therefore assume an improved performance.
- It is not possible to make a comparison for the 'breastfeeding initiation' indicator, as the local value is not available due to data quality reasons. This was a concern raised last year and we need to understand what the issues are with the data to ensure that we are able to check progress and make future comparisons. Shepway does not have any data quality issues with this indicator, therefore assume it is a localised issue that needs to be resolved.
- PHE has not compared the 'deprivation score (IMD 2015)' and 'cancer diagnosed at early stage' indicators - both new in 2016 – to calculate a RAG rating.
- The 'statutory homelessness' indicator has not been RAG rated in 2017 – in 2016 this was rated as green ("significantly better than the England average"). The local value of 0.3 is below the England average of 0.9 – therefore assume that this indicator remains the same.
- The 'deaths from drug misuse' indicator (new in 2016) has been removed.

### DOVER DISTRICT: 2017 summary spine chart

Significantly worse than the England average	RAG Change	Not significantly different to the England average	RAG Change	Significantly better than the England average	RAG Change
Children in low income families (under 16s)	-	Obese children (Year 6)	-	Admission episodes for alcohol-specific conditions (under 18s) †	↑
GCSEs achieved	-	Under 18 conceptions	↑	Hospital stays for alcohol-related harm †	-
Violent crime (violence offences)	-	Smoking Prevalence in adults	↑	Incidence of TB	-
Long term unemployment	↓	Percentage of physically active adults	-	New sexually transmitted infections (STI)	-
Smoking status at time of delivery	-	Hospital stays for self-harm †	-		
Excess weight in adults	↓	Hip fractures in people aged 65 and over †	-		
Recorded diabetes	-	Life expectancy at birth (Male)	-		
		Life expectancy at birth (Female)	-		
		Infant mortality	-		
		Killed and seriously injured on roads	-		
		Suicide rate	?		
		Under 75 mortality rate: cardiovascular	-		
		Under 75 mortality rate: cancer	-		
		Excess winter deaths	-		

† Indicator has had methodological changes so is not directly comparable with previous values

? This indicator was not RAG rated in 2016

## Indicators worse than the national average in the 2017 Health Profile:

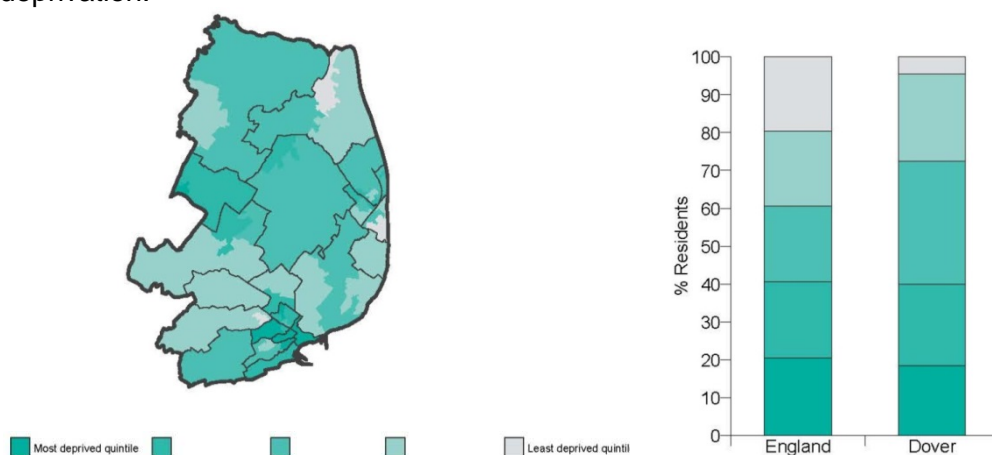
DOVER DISTRICT		
Children in low income families (under 16s)	▪	This indicator remains red. The local value has increased from 20.9 to 22.9
GCSEs achieved	▪	This indicator remains red. The local value has improved from 53.3 to 53.7
Violent crime (violence offences)	▪	This indicator remains red. The local value has increased from 17.6 to 19.1
Long term unemployment	↓	This indicator has moved from amber to red. However, the local value has fallen from 5.1 to 4.2
Smoking status at time of delivery	▪	This indicator remains red. The local value has increased from 15.0 to 16.3
Excess weight in adults	↓	This indicator has moved from amber to red. The local value has increased from 64.0 to 67.6
Recorded diabetes	▪	This indicator remains red. The local value remains unchanged at 7.1

## 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 following map shows differences in deprivation in the district based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015, 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.



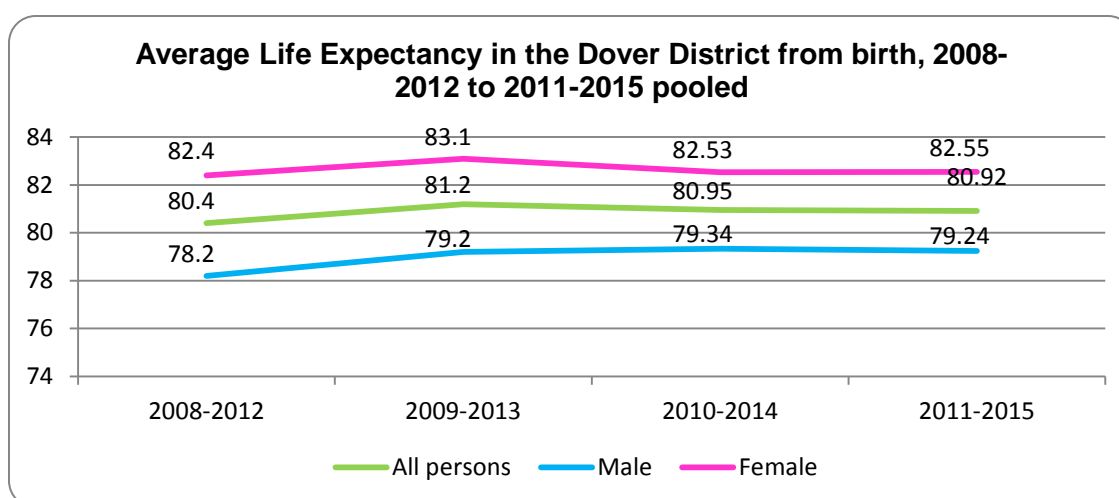
- In Dover the highest concentrations of relative deprivation can be found in the town centre as well as the ex-mining village of Aylesham. By and large, where people from deprived areas are coming into contact with health services and primary care in time, their health is improving but still too many 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 Lydden and Temple Ewell; Buckland; Tower Hamlets; Castle and Town and Pier.<sup>1</sup>

## b) Life Expectancy in the Dover District

**80.92 years:** average life expectancy in the Dover District

**7.99 years:** life expectancy gap in the Dover District

- Life expectancy is the estimated number of years a person would be expected to survive if he or she continued to experience the area's mortality rate at that time throughout the rest of their life. The figures reflect mortality of those living in an area at that point in time rather than those born in the area.
- Two sets of figures are produced:
  - Life expectancy at birth is the number of years a person living in an area could be expected to survive if they were to experience that area's mortality rates for all people for the rest of their life.
  - Life expectancy at age 65 is the number of years a person aged 65 or over living in an area could expect to live if they were to experience that area's mortality rates for people aged 65 and above.



Source: Health and Social Care Map – Dover

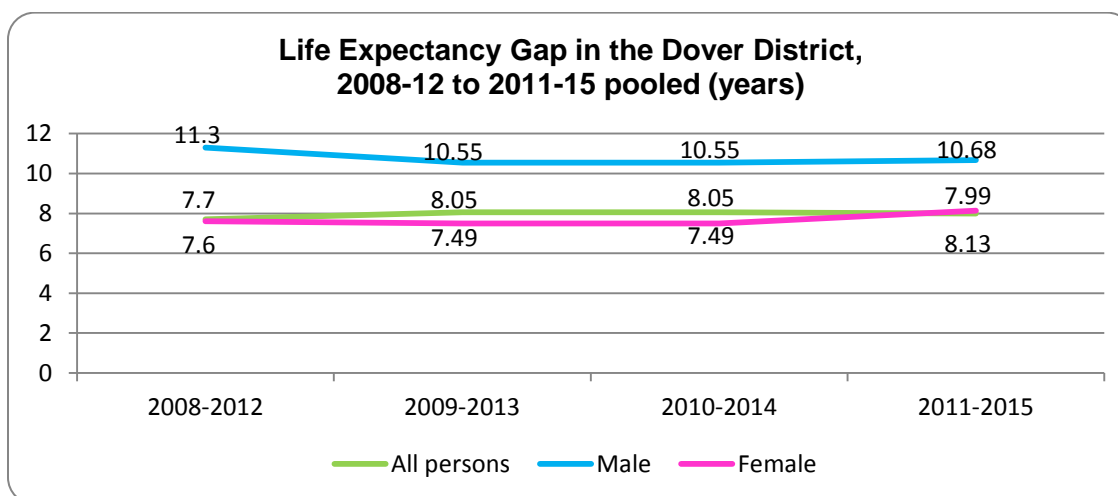
### Average Life Expectancy

- The average life expectancy in the Dover District (2011-2015, pooled) is estimated to be 80.92 years for all persons. This has declined slightly from 80.95 years using 2010-2014 data.
- The average life expectancy for males has declined slightly from 79.34 years to 79.24 years, whilst the average life expectancy for females has improved slightly from 82.53 years to 82.55 years.

<sup>1</sup> Source: KMPHO Age Standardised Rate for Emergency Admissions in those aged 65+ year; 2013/14-2015/16



- The life expectancy from birth for females is 3.31years higher than for males in the Dover district.
- Male and female life expectancy from birth in the Dover district are below Kent averages (Male 79.94 years and female 83.53 years).

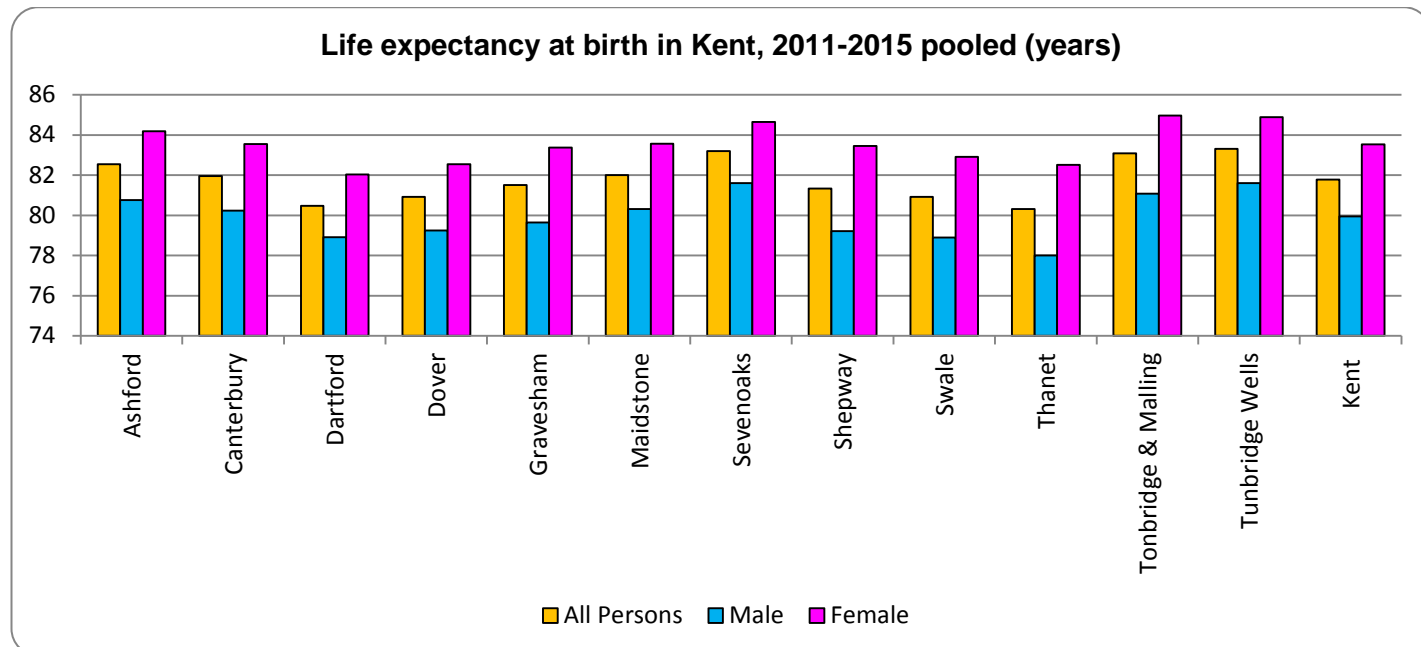


Source: Health and Social Care Map – Dover

### 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 7.99 years (Males 10.68 years and Females 8.13 years).
- This gap has fallen from 8.05 years from the 2010-2014 pooled figures.

### c) Life Expectancies for Kent



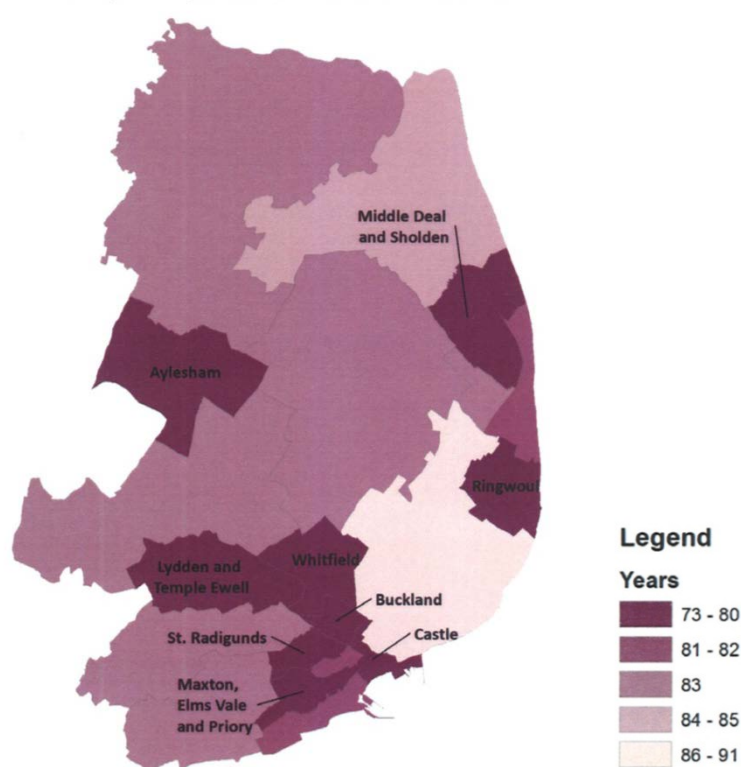
Source: Health and Social Care Map – Dover

- The Dover district has the fourth lowest life expectancy for all persons (80.92 years) across Kent.
- Tunbridge Wells has the highest total life expectancy (83.3 years), whilst Thanet has the lowest total life expectancy (80.31 years).
- The Dover district has the fifth lowest male life expectancy and the third lowest female life expectancy across Kent.

#### d) Life Expectancy at Birth

- The three wards with the **highest life expectancy** at birth in the Dover district are: St Margarets-at-Cliffe, Sandwich, and Eythorne and Shepherdswell.
- The three wards with the **lowest life expectancy** at birth in the Dover district are: Lydden and Temple Ewell, St. Radigunds, and Middle Deal and Sholden.
- The ward with the highest life expectancy at birth for all persons is St. Margaret's-at-Cliffe (85.63 years), which is **7.99 years** more than the lowest life expectancy which is in Lydden & Temple Ewell (77.64 years). This gap has reduced from 8.68 years using 2010-2014 pooled data.
- Life expectancy for men living in St.Radigunds is **10.67 years** lower than for men living in St. Margarets-at-Cliffe. The largest life expectancy gap for women is **8.13 years** (St. Margaret's-at-Cliffe 86.21 years compared with Lydden and Temple Ewell 78.08 years).

Life expectancy at birth in Dover, based on 2011-2015 (pooled)



Source: Health and Social Care Maps – KPHO, prepared March 2016

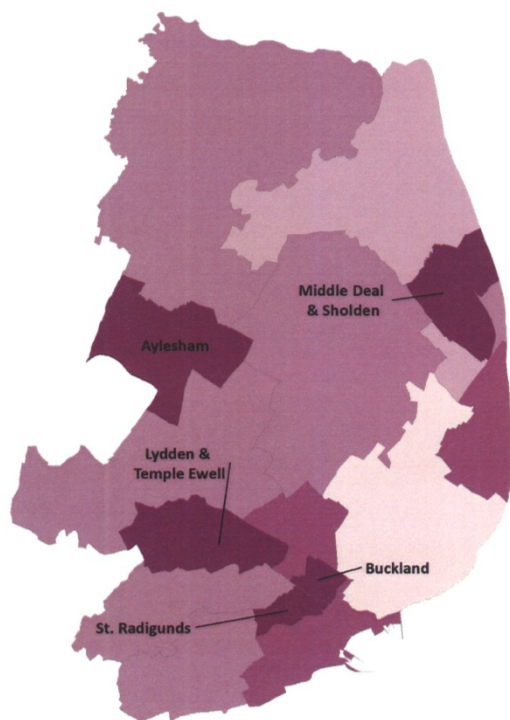
Life expectancy at birth, 2011-2015 (pooled)

Ward name	Persons	Male	Female
Aylesham	79.86	76.96	82.83
Buckland	79.78	77.91	82.14
Capel-le-Ferne	82.66	84.84	81.86
Castle	82.00	80.22	82.83
Eastry	82.72	81.35	84.00
Eythorne & Shepherdswell	82.89	81.09	84.72
Little Stour & Ashstone	82.87	81.93	84.09
Lydden & Temple Ewell	77.64	77.33	78.08
Maxton, Elms Vale & Priory	79.81	78.74	81.02
Middle Deal & Sholden	78.22	75.33	80.81
Mill Hill	82.62	79.38	85.72
North Deal	81.72	78.42	85.19
Ringwoud	79.94	77.06	83.82
River	82.67	81.74	83.79
Sandwich	83.56	83.37	83.45
St Margarets at Cliffe	85.63	84.95	86.21
St Radigunds	77.89	74.28	81.97
Tower Hamlets	80.11	76.13	84.66
Town & Pier	80.74	81.16	80.54
Walmer	80.68	80.04	81.07
Whitfield	79.22	78.39	80.41

Dover District	80.92	79.24	82.55
Kent	81.80	79.90	83.50

e) Life expectancy at age 65

Life expectancy at aged 65 in Dover, based on 2011-2015 (pooled)



Legend



- The three wards with the **poorest** life expectancy at age 65 are:
  - Lydden and Temple Ewell
  - Aylesham
  - Middle Deal and Sholden,
- The three wards with the **highest** life expectancy at age 65 are:
  - St. Margaret's-at-Cliffe,
  - Sandwich
  - Mill Hill.

Source: Health and Social Care Maps - KMPHO

f) 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 63.7 years (compared to a Life Expectancy of 80.1 years) and for females is 65.0 years (compared to a Life Expectancy 83.6 years)
- The average Healthy Life Expectancy at birth for males across England is 63.4 years and for the South East region is 65.9 years. The average Healthy Life Expectancy at birth for females across England is 64.0 years and for the South East region is 66.6 years. The data is only available for upper-tier local authority areas<sup>2</sup>.

<sup>2</sup> Source: ONS Healthy Life Expectancy at Birth for Upper Tier Local Authorities: England, 2012 to 2014. 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.

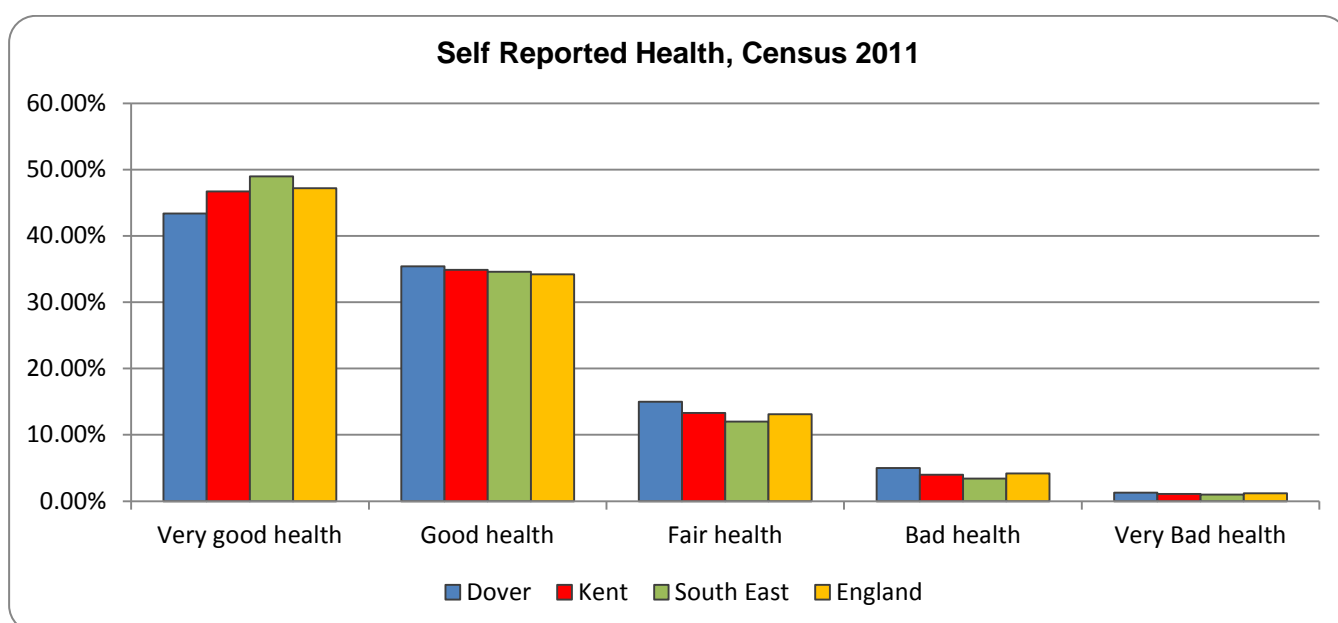
### 3. Census 2011: Self-Reported Health

**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
<span style="background-color: red;"> </span> Significantly worse than England			

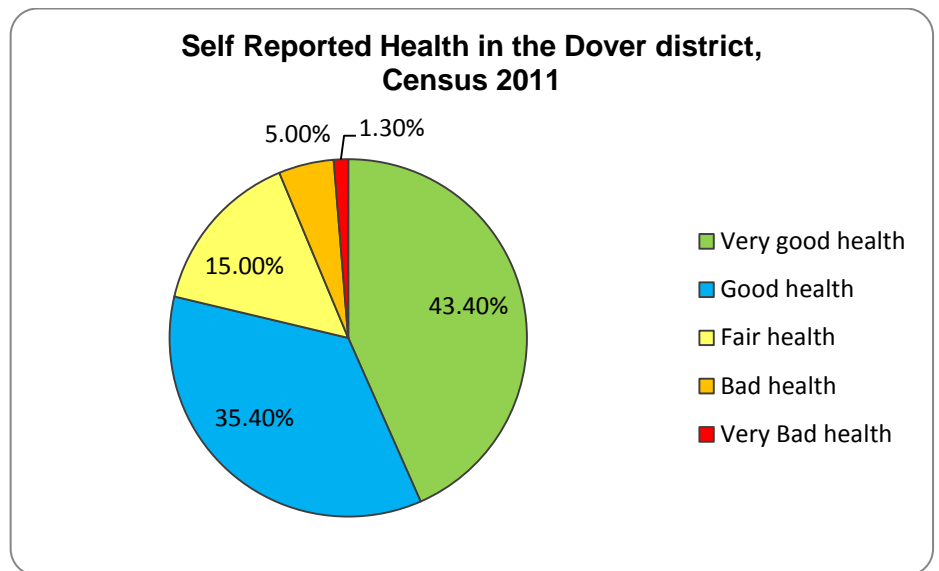
#### a) Self-Reported Health



Source: ONS, 2011 Census, KS301EW

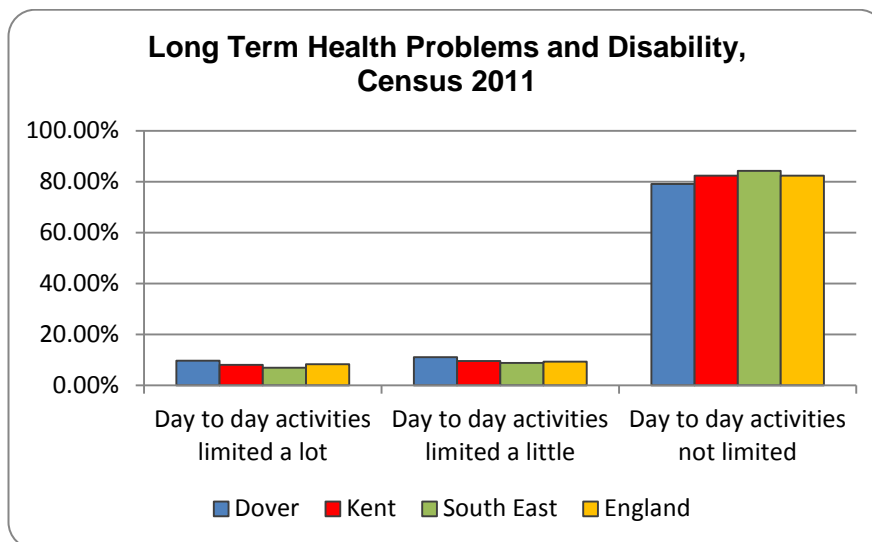
- The majority of Dover residents describe their health as very good or good (87,910 people or 78.8%), compared to a Kent average of 81.6%; South East 83.6% and England 81.4%.
- The Dover district has the third lowest percentage of people reporting their health as good or very good in Kent, in front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



Source: ONS, 2011 Census, KS301EW

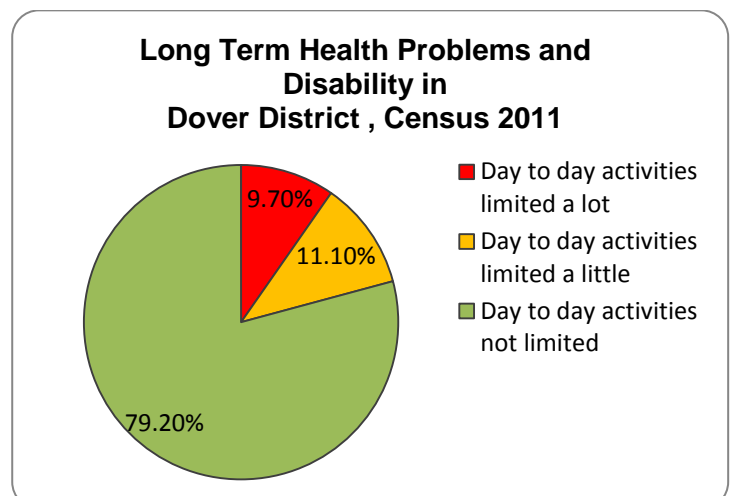
## b) Long Term Health Problems



Source: ONS, 2011 Census

- The majority of residents in the Dover district do not consider themselves to be limited in their day-to-day activities by any health condition.
- Just under 88,500 residents stated that they had no limitations – this is equal to 79.2% of the total population.
- This proportion is lower than averages for Kent (82.4%), regional (84.3%) and national (82.4%).

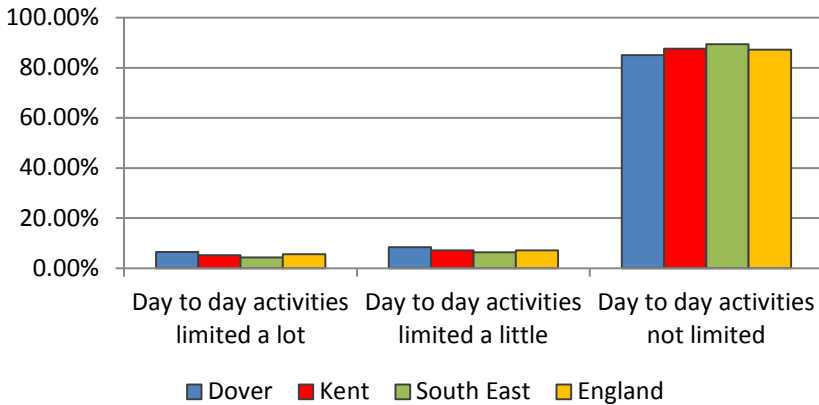
- The Dover district has a higher proportion of residents whose day-to-day activities are limited a little (11.1% or 12,404 people) than the figures for Kent (9.6%), South East (8.8%) and England (9.3%).
- A total of 10,853 (9.7%) Dover residents stated that their day-to-day activities were limited a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



Source: ONS, 2011 Census



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

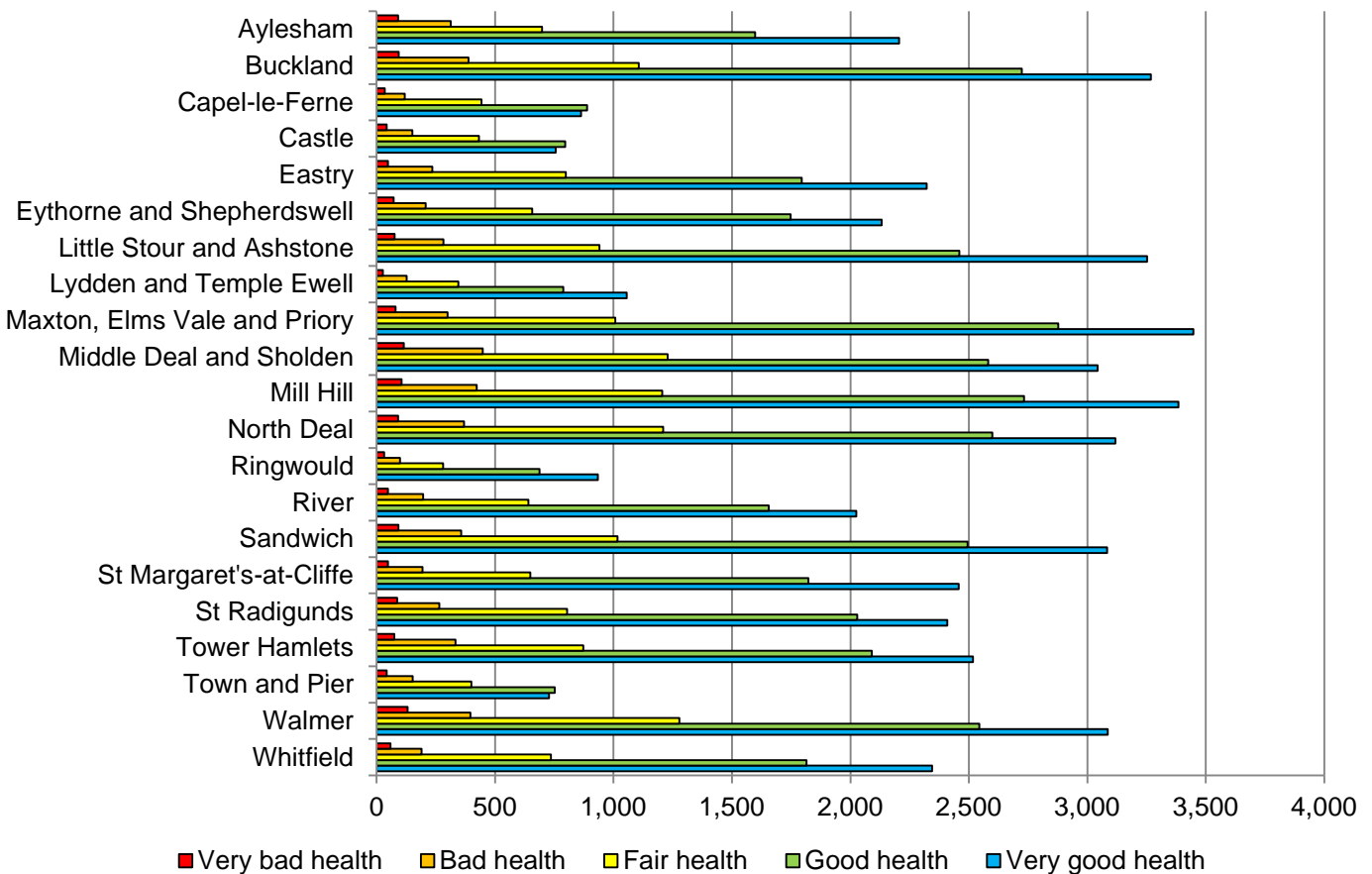


- The total working age population (aged 16 to 64) in the Dover district stood at 68,865 as at 2011 Census.
- The majority of working age residents do not consider themselves to be limited in their day-to-day activities by any health condition. 85.1% of the total working age population (58,577 people) 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

#### Health of the Population - Ward Level, Census 2011 (number of people)

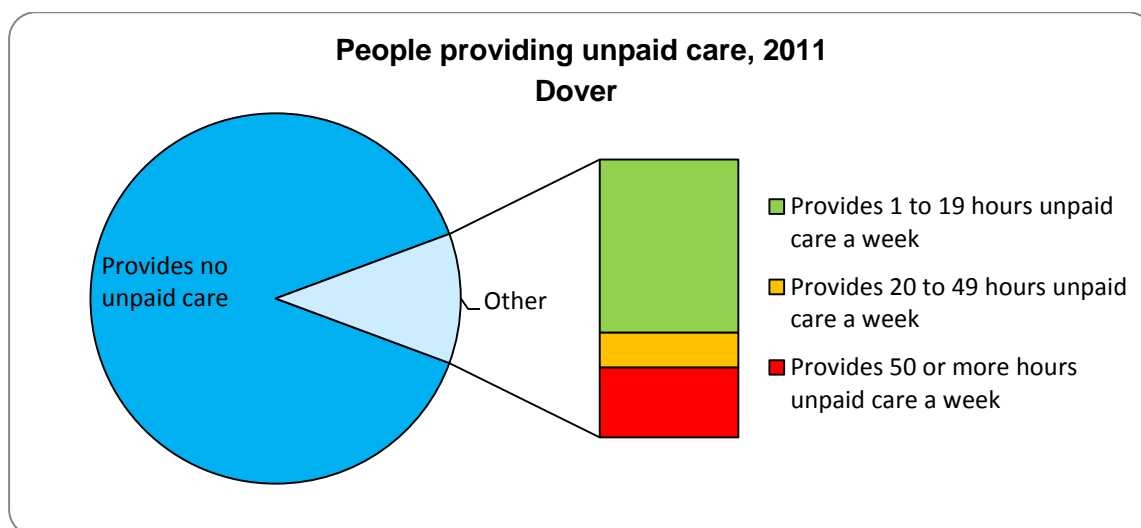


- This chart shows that Maxton, Elms Vale and Priory ward has the highest number of people reporting that they are in 'Very Good Health' (3,448 people). Town and Pier has the lowest number (727 people).
- Walmer ward has the highest number of people reporting that they are in 'Very Poor Health' (130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

#### 4. CENSUS 2011: CARERS

##### a) Provision of unpaid care in 2011

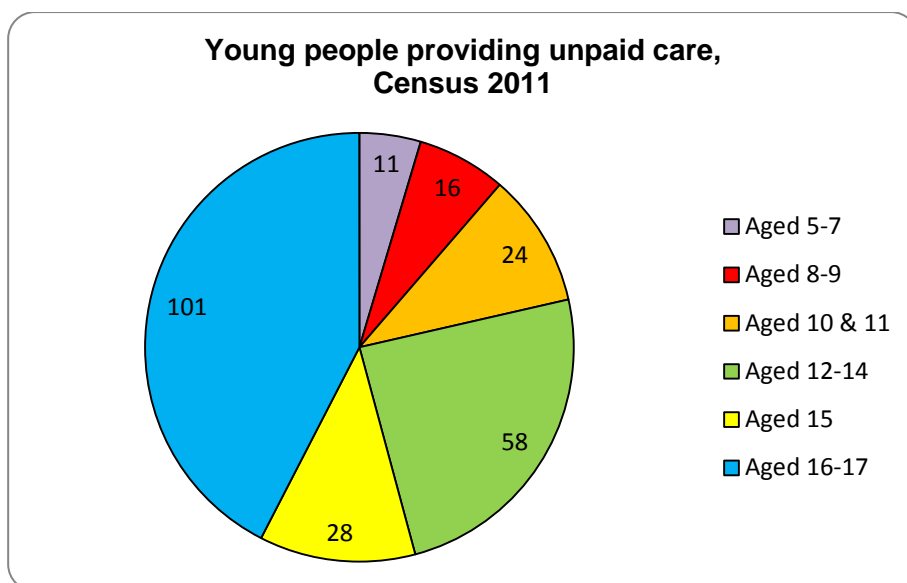
- It is estimated that, nationally, one in ten of us will become a carer at some point in our lives and this figure is growing all the time as the population ages. The types of care people provide is diverse, as many people take on multiple caring roles, for example, caring for ageing parents and disabled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

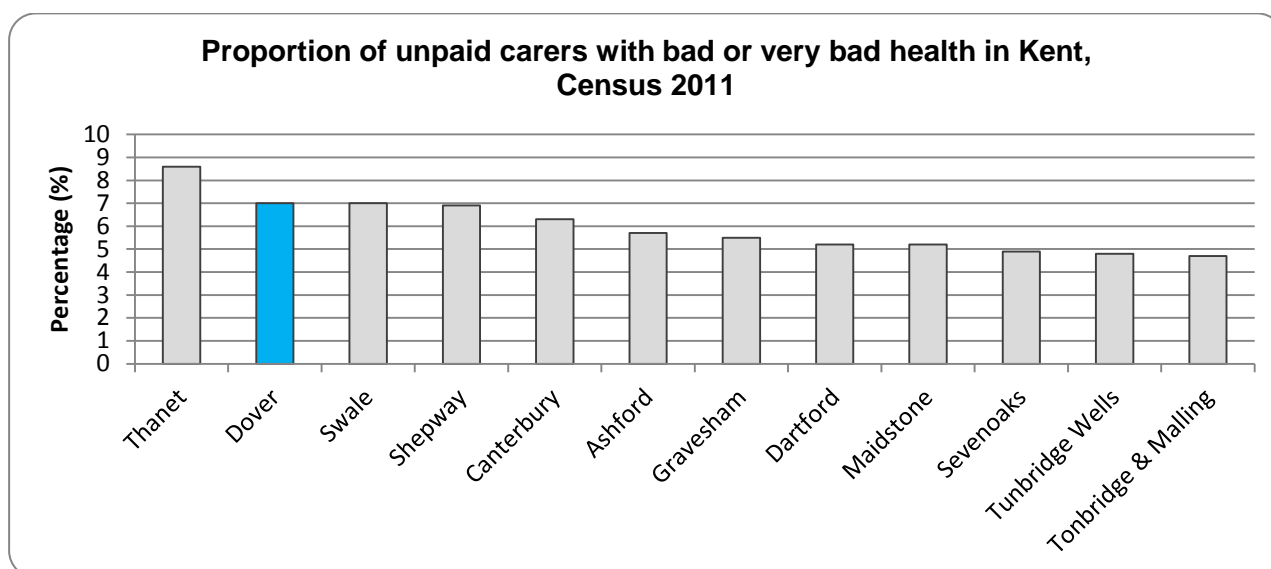
## b) Young People Providing Care

- 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

## c) Health of Carers

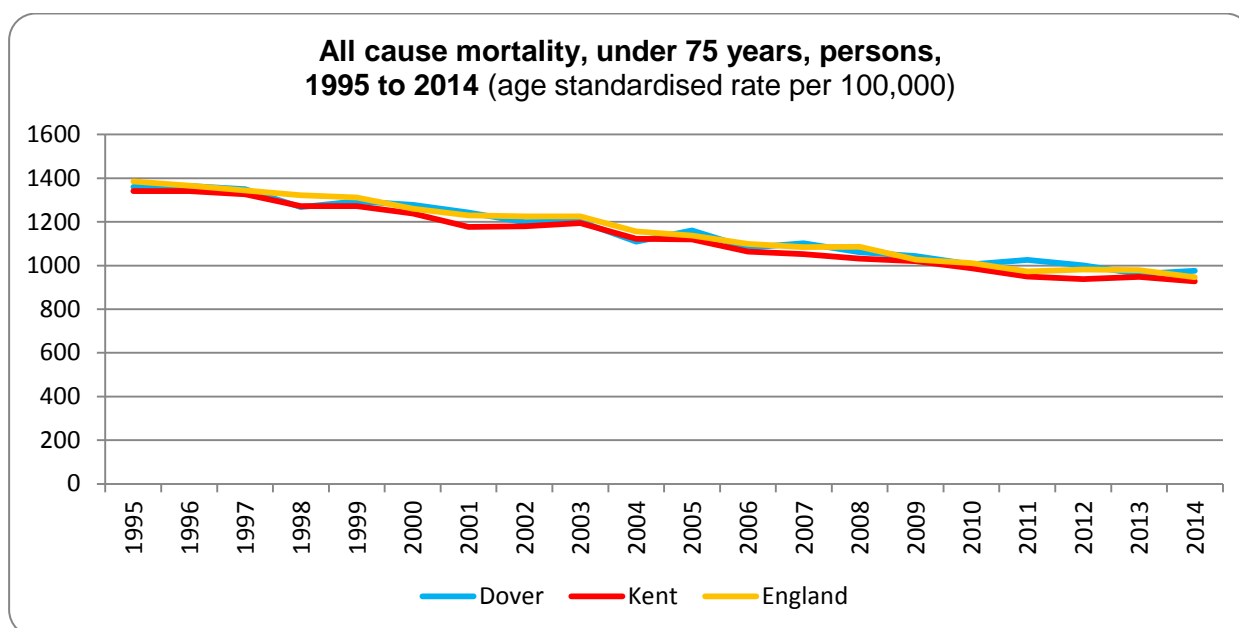


Source: KMPHO, Carers JSNA 2013/14

- 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.
- 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

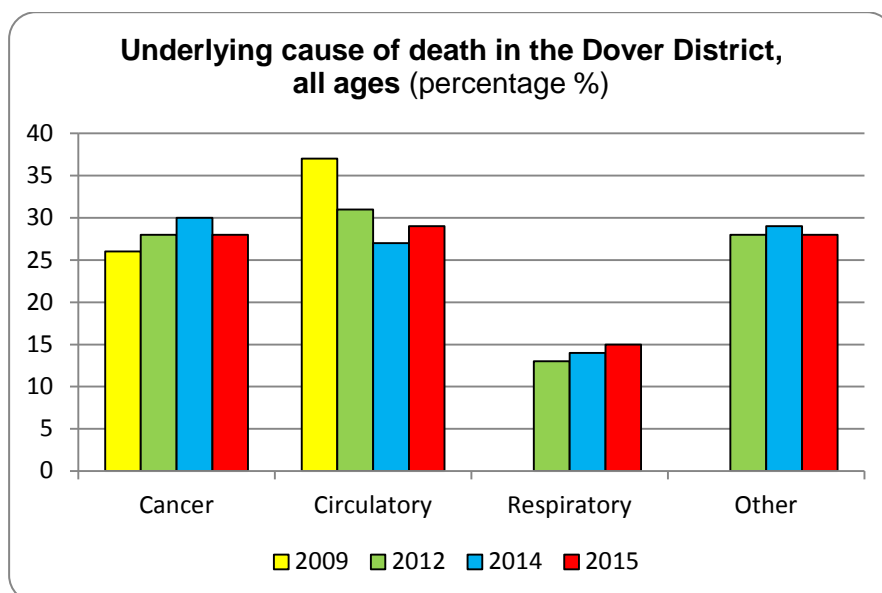
### a) All cause mortality



Source: NHS Digital

- 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.

### b) Underlying cause of death

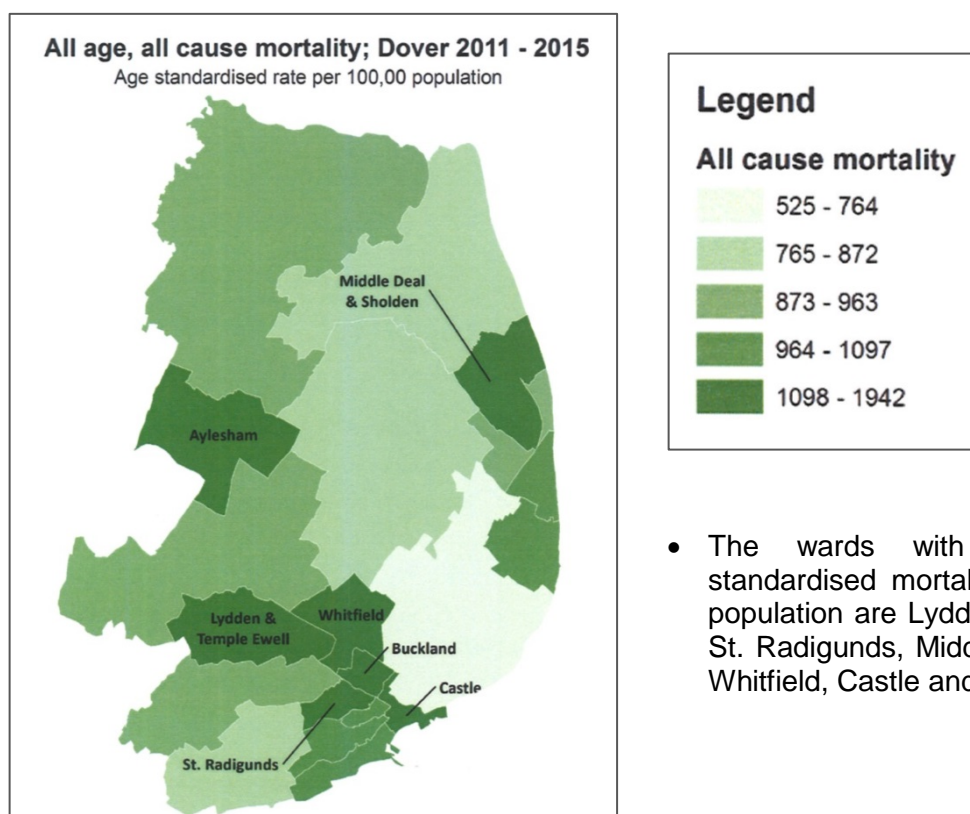


Source: Health and Social Care Maps - KPHO

- In 2015, the main causes of death (all ages) in the Dover district are circulatory (29%) and cancer (28%); respiratory causes make up 15% of all mortality.
- Of those deaths due to cancer, 30% were due to cancers of the digestive organs and 19% to cancers of the bronchus and lung.
- Ischaemic heart disease accounts for 44% of circulatory deaths.

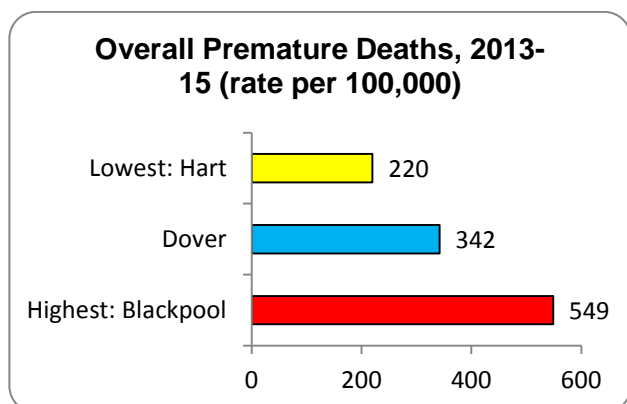
- In 2015, cancer was the biggest killer in under 75's, being the underlying cause of death in 43% of cases.

### c) Ward level - all cause mortality

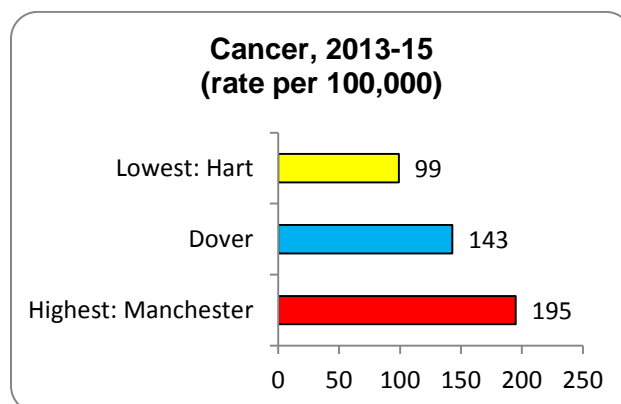


### d) Premature Mortality

- 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 total number of premature deaths in the Dover district for the period 2013-15 was 1,145. The overall premature death rate per 100,000 was 342, which means the district is ranked 203rd out of 324 local authorities in England, which is worse than average (1<sup>st</sup> is the lowest). In 2011-13, the Dover district was ranked 213<sup>th</sup> out of 324, with an overall premature death rate per 100,000 of 353.
- 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



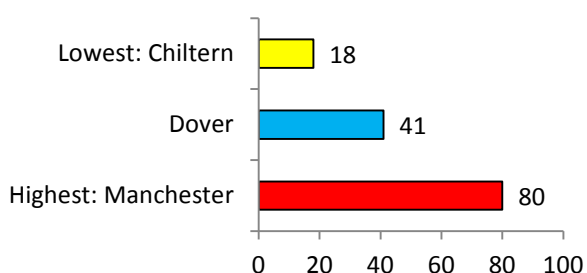
Source: Public Health England, Longer Lives

- The Dover district is ranked 203<sup>rd</sup> out of 324 local authorities

- The Dover district is ranked 208<sup>th</sup> out of 324 local authorities



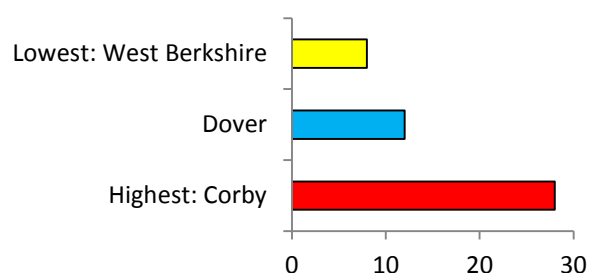
### Heart disease, 2013-15 (rate per 100,000)



Source: Public Health England, Longer Lives

- The Dover district is ranked 192<sup>nd</sup> out of 324 local authorities

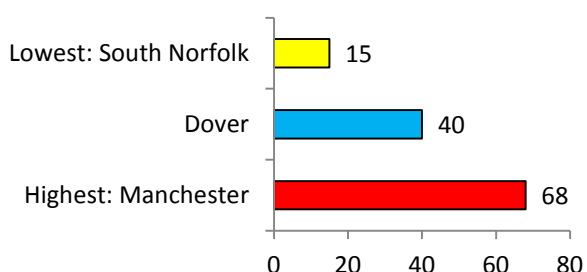
### Stroke, 2013-15 (rate per 100,000)



Source: Public Health England, Longer Lives

- The Dover district is ranked 101<sup>st</sup> out of 284 local authorities

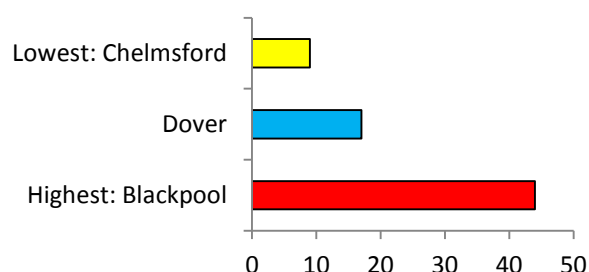
### Lung disease, 2013-15 (rate per 100,000)



Source: Public Health England, Longer Lives

- The Dover district is ranked 252<sup>nd</sup> out of 323 local authorities

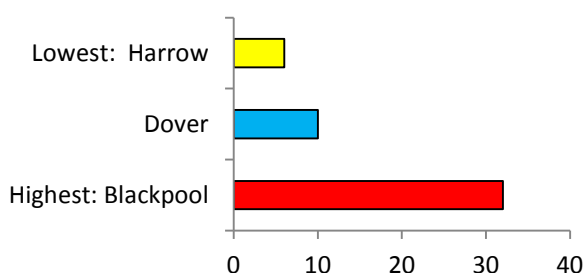
### Liver disease, 2013-15 (rate per 100,000)



Source: Public Health England, Longer Lives

- The Dover district is ranked 153<sup>rd</sup> out of 301 local authorities

### Injuries, 2013-15 (rate per 100,000)

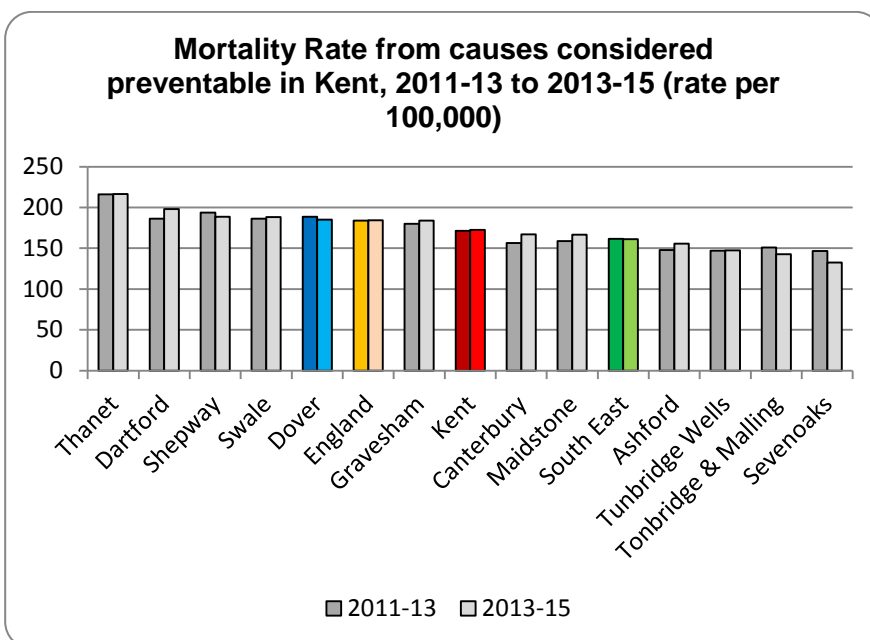


Source: Public Health England, Longer Lives

- The Dover district is ranked 79<sup>th</sup> out of 264 local authorities

## e) Preventable Mortality

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.



- In 2013-15, the Dover district had the 5<sup>th</sup> highest mortality rate in Kent from causes considered preventable (by public health interventions in the broadest sense), with an age-standardised rate of 185.1 per 100,000 population.
- This is an improvement upon the period 2011-13 when the Dover district had the 3<sup>rd</sup> highest mortality rate, with an age-standardised rate of 188.7 per 100,000 population.

## f) Years of Life Lost

- 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.
- 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.
- 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 2013<sup>3</sup>. 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.
- The NHS Outcome Framework Indicators (November 2016 release) states that the PYLL indicators<sup>4</sup> were expected to be published in the release but they have not been included. This is because the methodology is currently under review and the indicators will be updated once this is completed. The timescale for this is not yet known.

<sup>3</sup> 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.

<sup>4</sup> 1a.i and 1a.ii

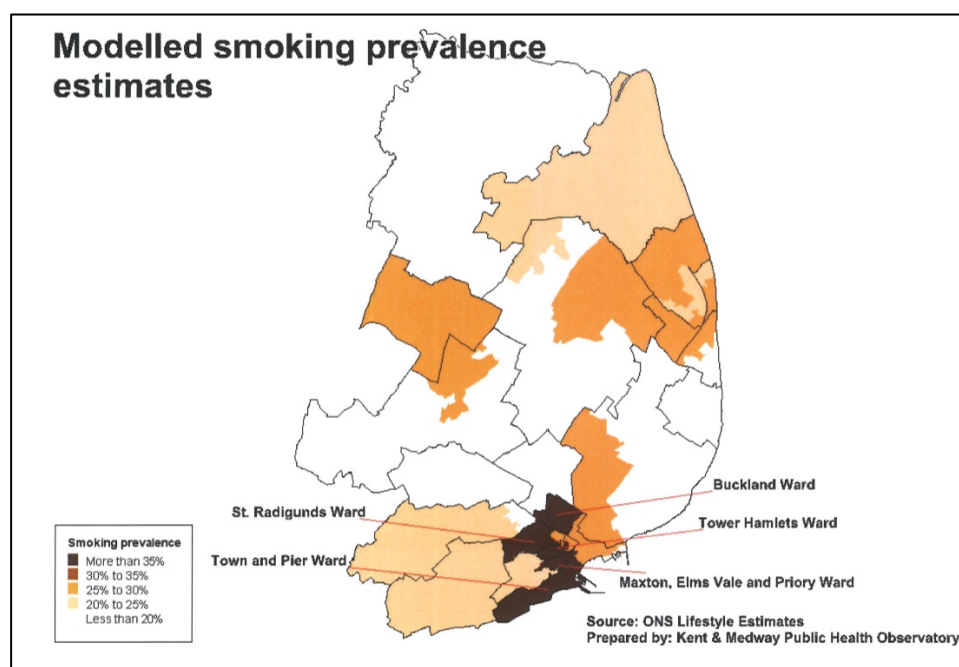
## 6. ADULTS

### 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:

- An estimated 29.7% of adults smoke in the district. This is up from 24.3% and is significantly worse than the England average of 16.9%<sup>5</sup>.
- The percentage of people in the Dover district smoking is higher in deprived areas than in non-deprived areas.
- The prevalence of smoking in Dover is relatively high. Aylesham, Buckland, St Radigunds, Town & Pier and Tower Hamlets wards have the highest estimated prevalence.



Source: Health and Social Care Map – Dover, KPHO

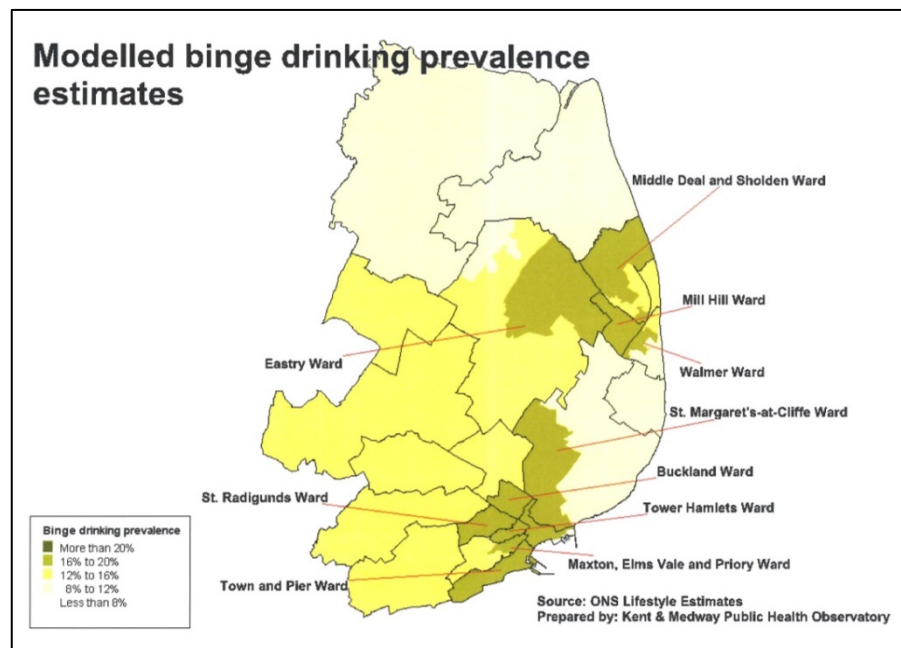
All of these wards are estimated to have a prevalence level of over 30%.

- The synthetic estimate for current smoking was generated from the Health Survey for England. Adult respondents (aged 16 years or more) were defined to be smokers if they reported that they were a current cigarette smoker in the survey.

<sup>5</sup> Source: Health Profiles 2016 & 2015

### 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.

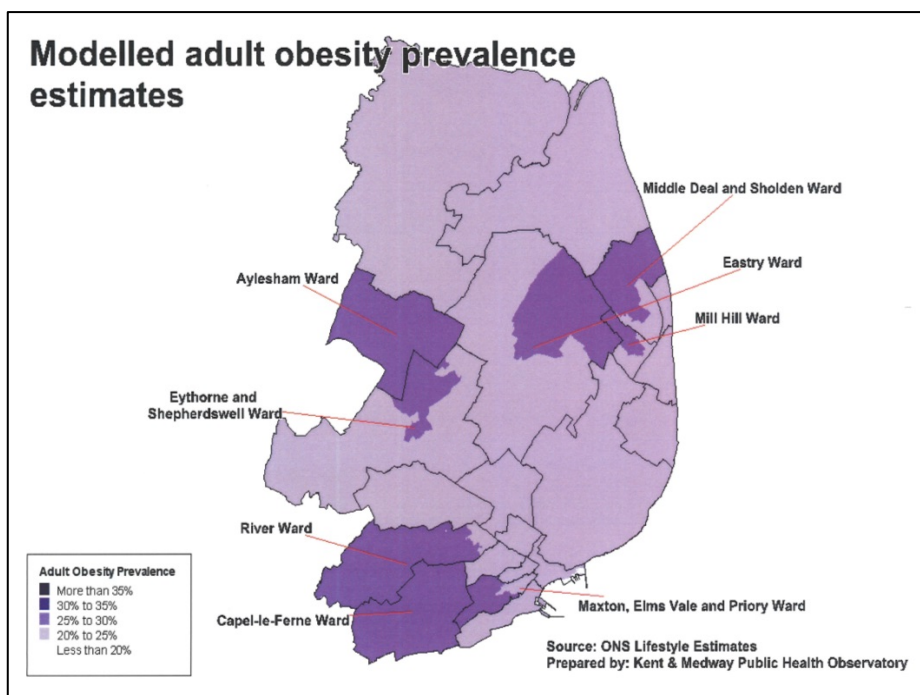


Source: Health and Social Care Map – Dover, KMPHO

- Binge drinking adults is estimated to be 17.0% in the Dover district. This is below the 20.1% average for England<sup>6</sup>.
- The wards around the town of Dover, North Deal and Lydden and Temple Ewell have the highest predicted prevalence of between 15% and 20%.
- This estimate was generated from the data collected in the Health Survey for England about the quantities of all the different types of alcoholic drinks (beer, wine, spirits, sherry and alcopops) consumed on a respondent's heaviest drinking night in the previous week.

### d) Obesity:

- Obesity can contribute to a range of health conditions, such as heart disease, high blood pressure, diabetes, indigestion and some cancers.
- 64% of adults in the district are classed as overweight or obese, which is up from 63.2%. This is slightly below the England average of 64.6%<sup>7</sup>.
- The wards with the highest adult obesity prevalence are Aylesham and Town and Pier. These wards have an estimated prevalence of obesity of over 30%. The ward with the lowest estimated prevalence levels is St Margaret's-at-Cliffe (less than 20%)
- Childhood obesity is reported in the Children and Young people Section.



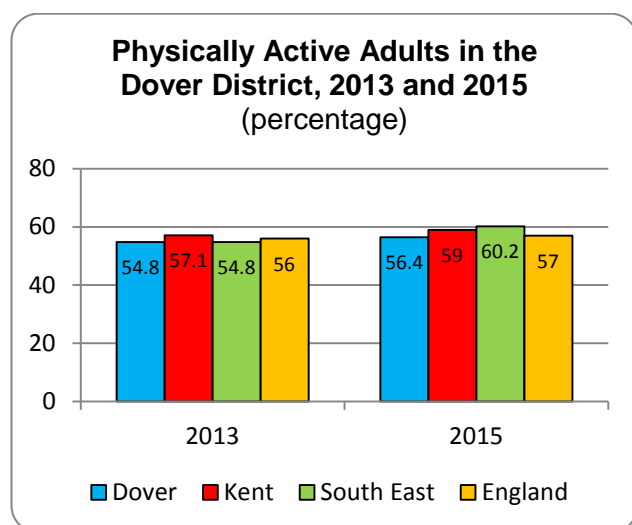
Source: Health and Social Care Map – Dover, KPHO

<sup>6</sup> Source: [Local Alcohol Profile for England](#)

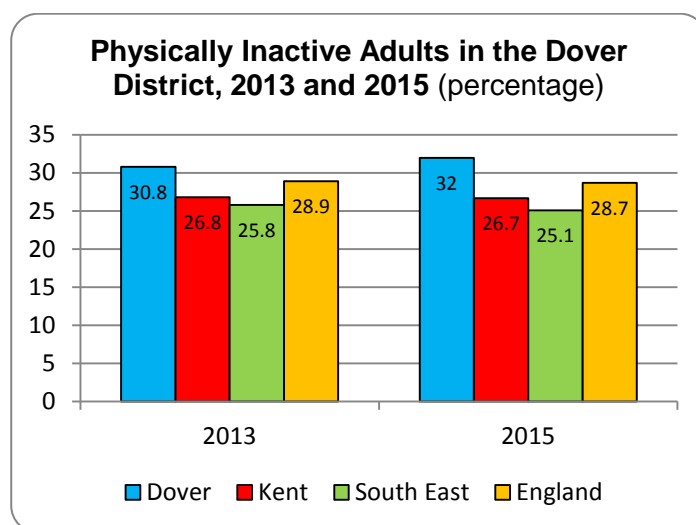
<sup>7</sup> Health Profiles 2015 / 2016

## e) 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.

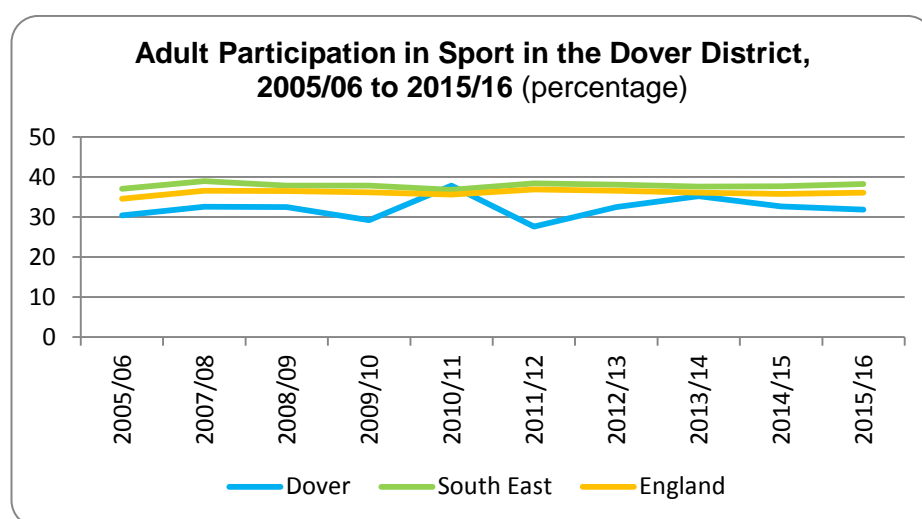


Source: PHE Outcomes Framework



Source: PHE Outcomes Framework

- Improving physical activity in children and adults has been identified as a local priority for the Dover district in the Health Profile 2017. It is estimated that 56.4% of adults in the district are physically active (achieving at least 150 minutes of physical activity per week). This is up from 54.8% but below the England average of 57.0%.



Source: Sport England, Active People Survey, Year 2005/06 to 2015/16

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

- According to Sport England figures, the proportion of people participating in sport in the district is declining, from 32.7% in 2014/15 to 31.9% in 2015/16.
- This is lower than the averages for the South East region (38.3%) and nationally (36.1%).
- 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%)<sup>8</sup>. The estimated health costs of inactivity in the Dover district is £1.6m<sup>9</sup>.

- The economic value to the district of improved quality and length of life plus health care costs avoided due to participation in sports is estimated to be £40.4m<sup>10</sup>.

<sup>8</sup> Sport England Sport Profile Tool (PHE – Health Impact of Physical Activity, 2010)

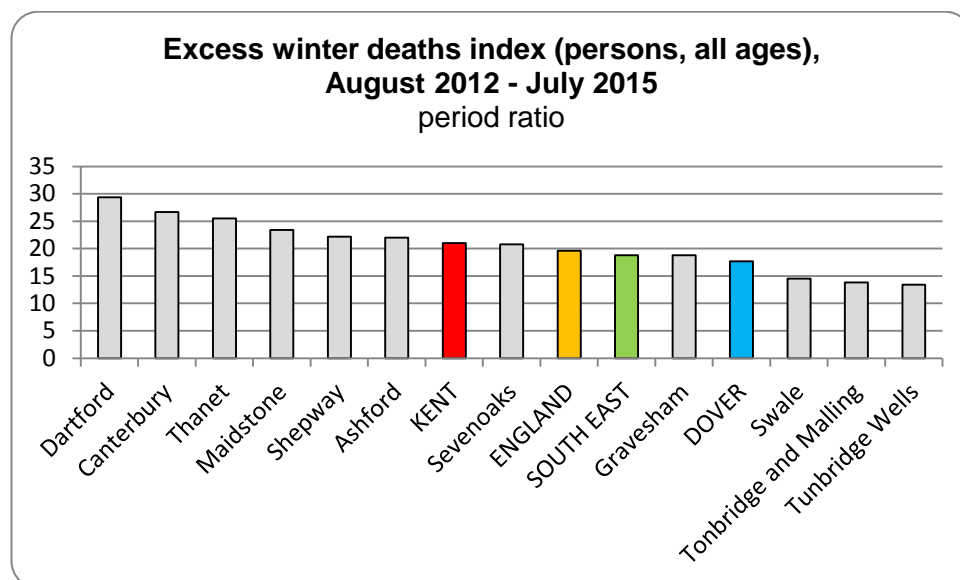
<sup>9</sup> Sport England Sport Profile Tool

<sup>10</sup> Sport England Local Sport Profile



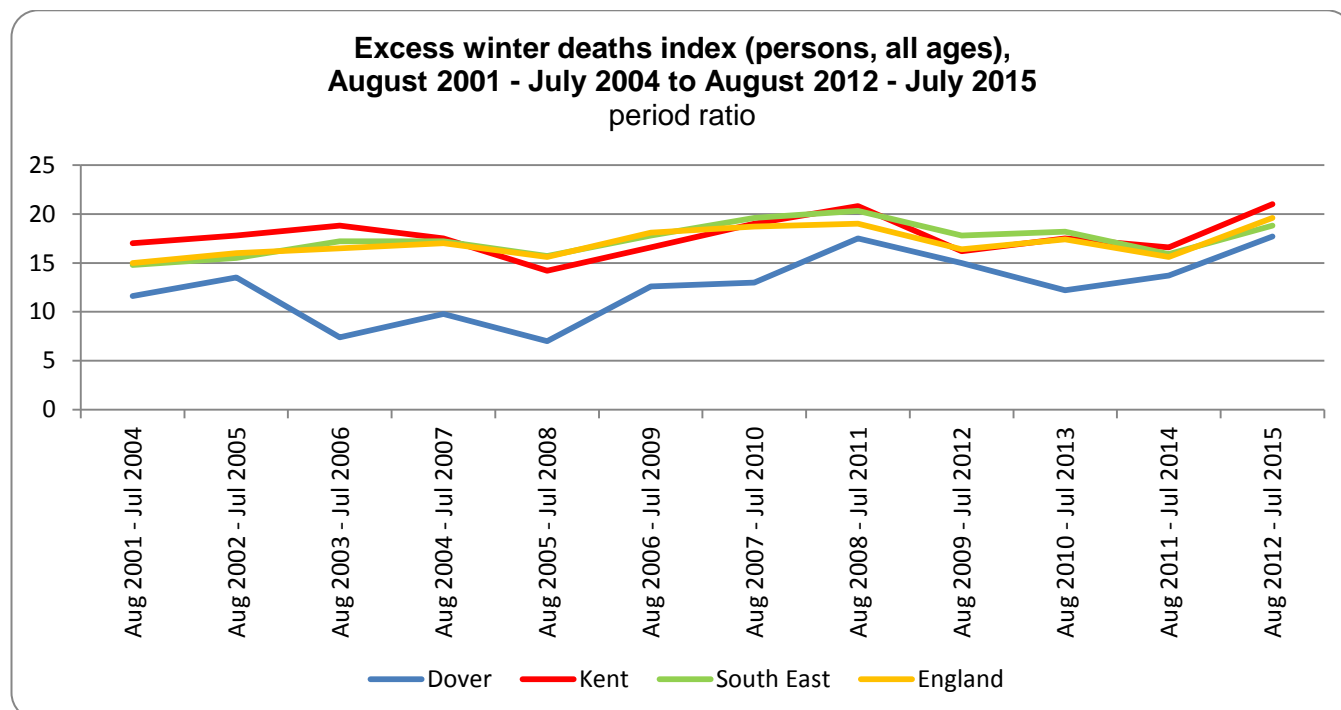
## f) Excess Winter Deaths

- 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.



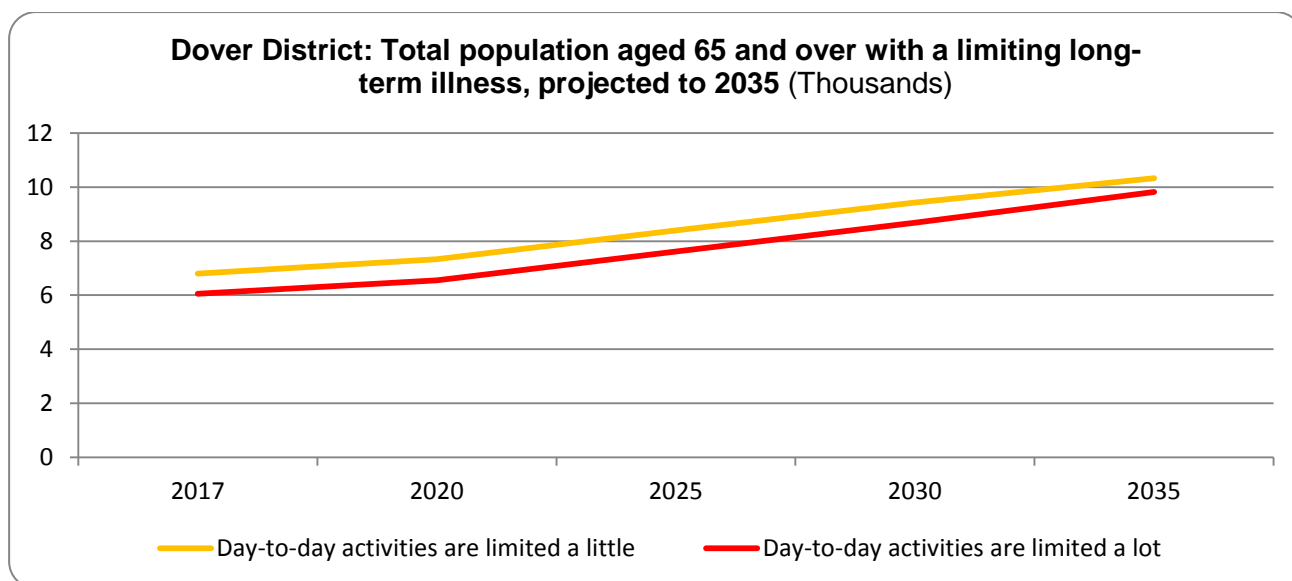
- There are variations between the different districts in Kent.
- The latest available data shows that Dartford has the highest excess winter death ratio (29.4), whilst Dover has the fourth lowest (17.7). This compares to a Kent average of 21.
- The trend in the Dover district is increasing when comparing previous time periods – please see chart below.

Source: PHE Public Health Profiles



Source: PHE Public Health Profiles

## g) Limiting Long Term Illness

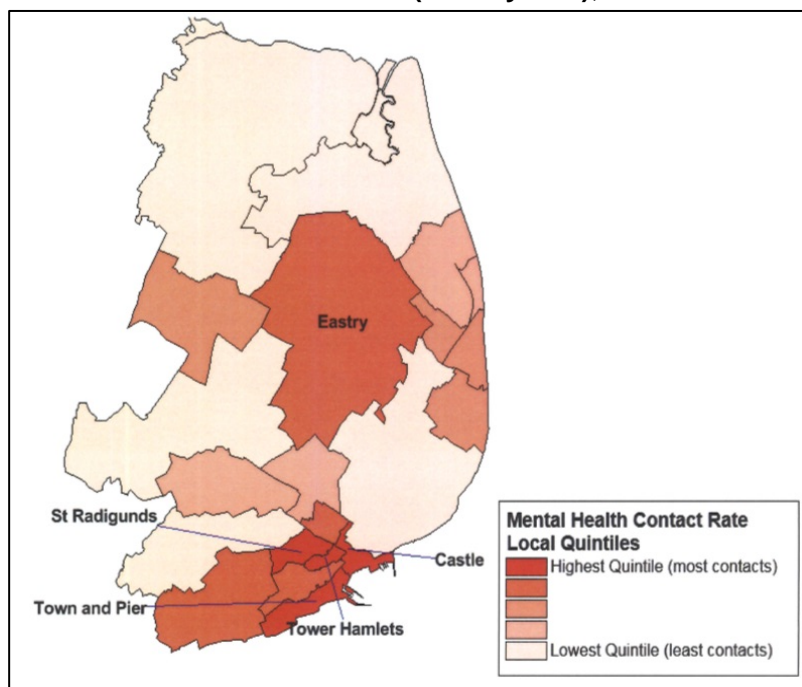


- From 2017 to 2035, the number of people in the Dover district, aged 65 and over, with a limiting long-term illness, whose activities are limited a lot, is predicted to increase by +62.3% (from 6,047 to 9,824).
- The number of people, aged 65 and over, with a limiting long-term illness whose activities are limited a little, is predicted to increase by 52% (from 6,800 to 10,334).

## 7. ADULTS - MENTAL HEALTH

### a) Mental Health Contact Rates

#### Mental Health Contact Rates (16-64 years), 2015

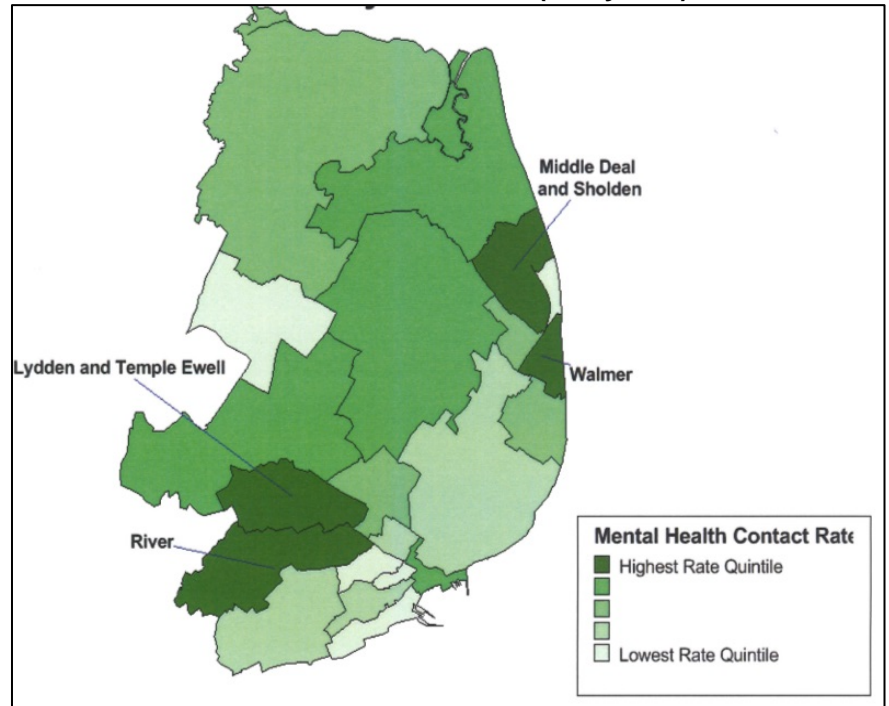


Source: KPHO Health and Social Care Maps

- Contact is defined as people seeing any Mental Health Professional (people counted once).
- In 2015, the wards with the highest contact rates for people aged 16-64 years in the district are Castle; Tower Hamlets; St. Radigunds; and Town and Pier.
- The wards with the lowest contact rates are: St. Margaret's-at-Cliffe; River; Little Stour and Ashstone; and Sandwich.

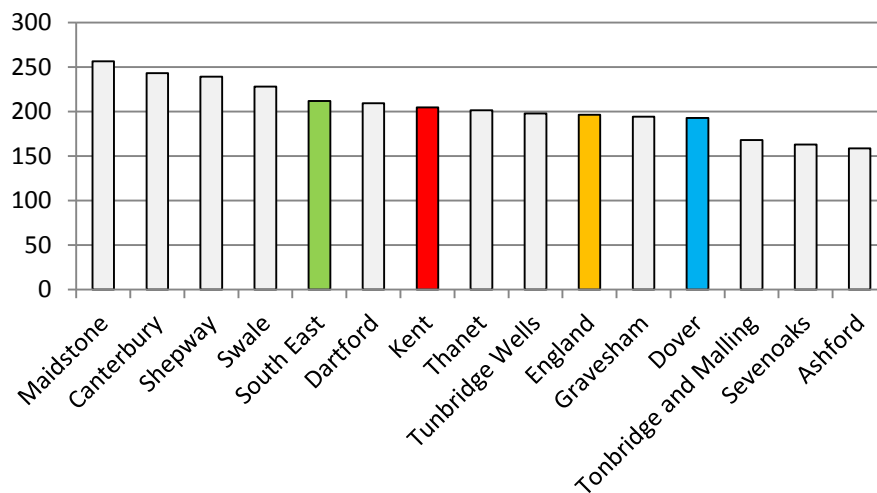
## Mental Health Contact Rates (65+ years), 2015

- Contact is defined as people seeing any Mental Health Professional (people counted once).
- In 2015, the wards with the highest contact rates for people aged 65+ years in the district are Lydden and Temple Ewell; Walmer; Middle Deal and Sholden; and River.
- The wards with the lowest contact rates are: St. Radigunds; North Deal; Tower Hamlets; and Aylesham.



Source: KPHO Health and Social Care Maps

## Emergency Hospital Admissions for Intentional Self-Harm, 2015/16 (Directly standardised rate - per 100,000)



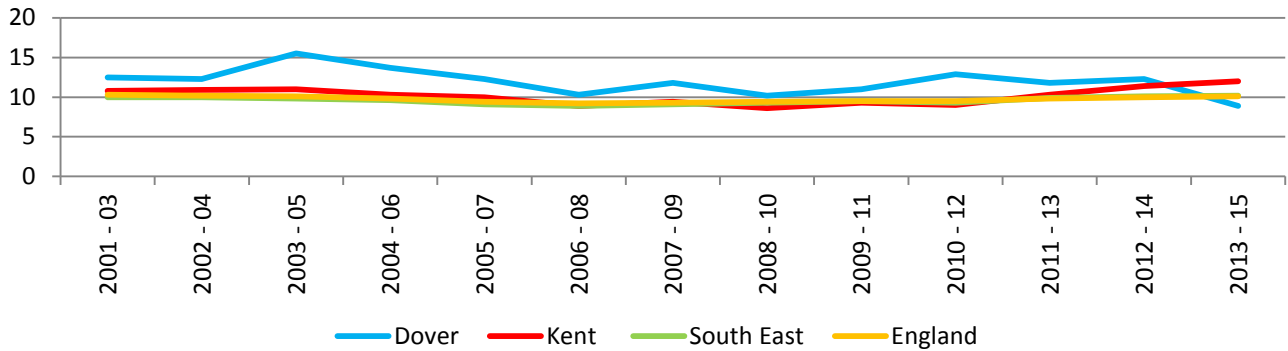
Source: Public Health Profiles

- In 2015/16 the rate of emergency hospital admissions for intentional self-harm in the Dover district had reduced to 192.92.
- This is now the fourth lowest in Kent, and is below the average for the South East (211.8), Kent (204.8) and England (196.5).

## b) Suicide Rates

There have been changes to the way that this indicator is calculated and, to ensure consistency across different time points, a revision of the back series was required using newly calculated comparability ratios.

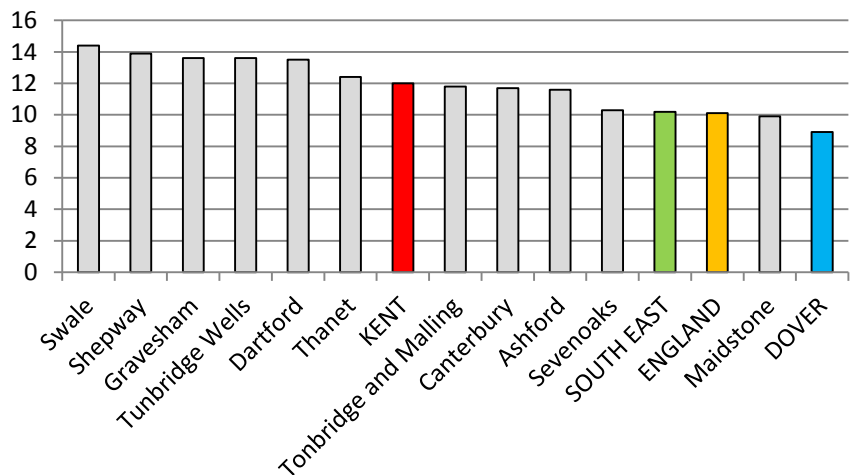
**Suicide rate (persons) in the Dover District, 2001-03 to 2013-15,**  
Directly standardised rate - per 100,000



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

- There has been an improvement in improving life expectancy by preventing suicide in the Dover district.
- The suicide rate has fallen from 12.3 per 100,000 for the period 2012-14 to 8.9 for the period 2013-15.
- This means that the district now has the lowest suicide rate in Kent and is below the averages for Kent, South East and England.

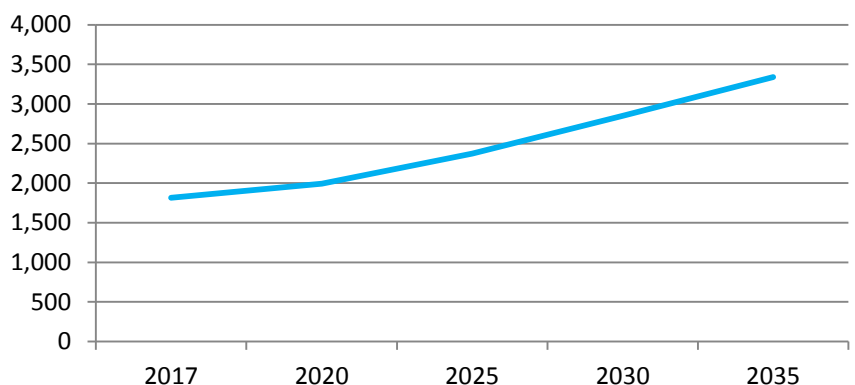
**Suicide Rate in Kent, 2013-15**  
Directly standardised rate - per 100,000



### c) Dementia

- From 2017 to 2035, the number of people aged 65 and over with dementia in the Dover district is predicted to increase by 83.8% (from 1,816 to 3,338).

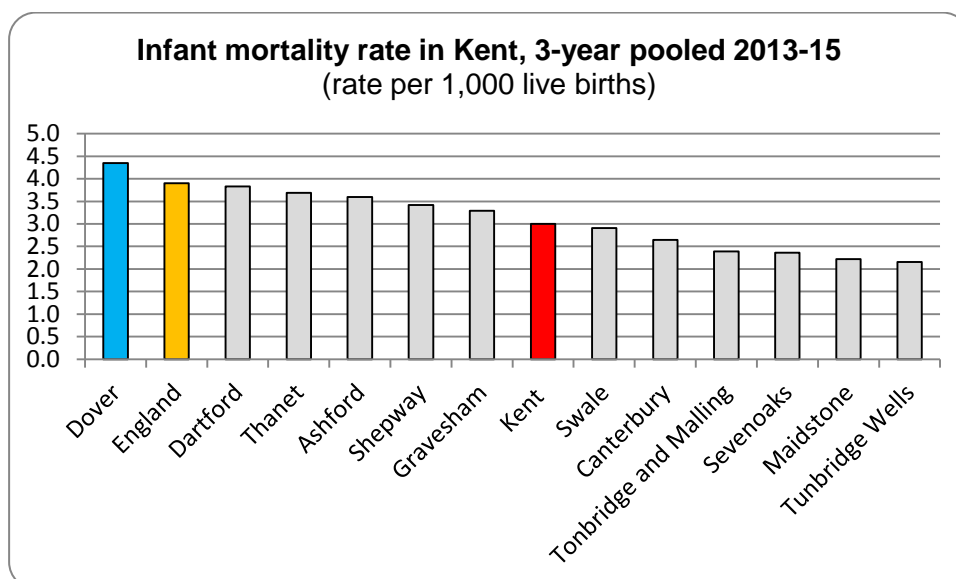
**Total population aged 65 and over predicted to have dementia in the Dover district, projected to 2035**



Source: POPPI

## 8. CHILDREN AND YOUNG PEOPLE

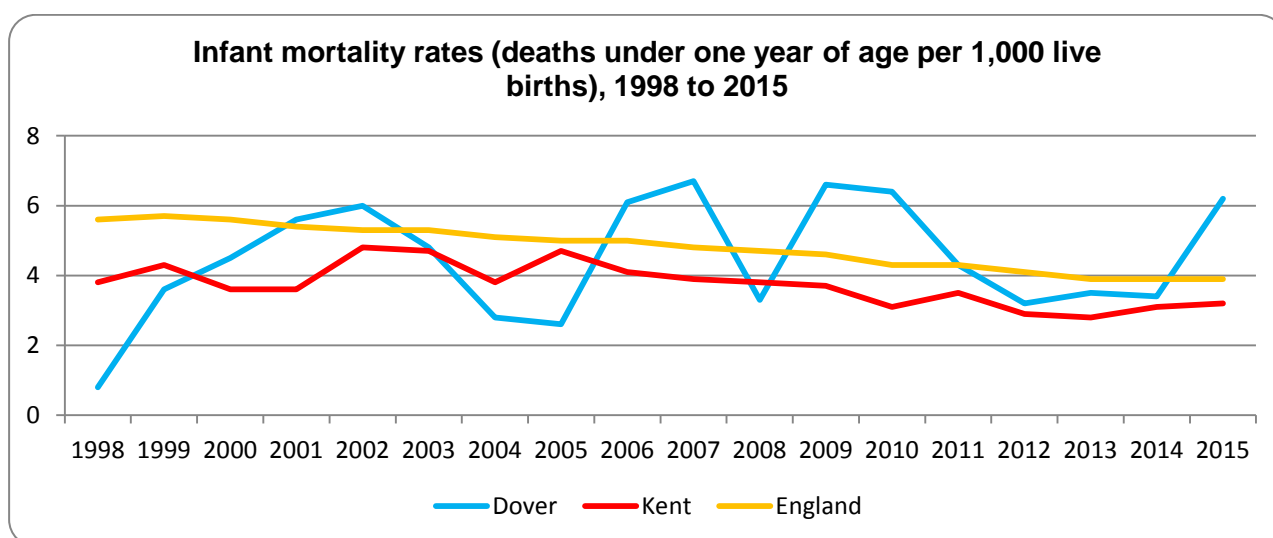
### a) Infant Mortality



Source: Public Health and NHS Outcomes Frameworks for Children

- The infant mortality rate in the Dover district, for the 3-year pooled period 2013/15, is 4.3.
- This is the highest across the Kent local authorities and the England average, although the trend does fluctuate from year-to-year.
- The chart below shows how the infant mortality rate has fluctuated between 1998 to 2015.

- The rate in the Dover district has risen over the past four years and is above the Kent and national averages.

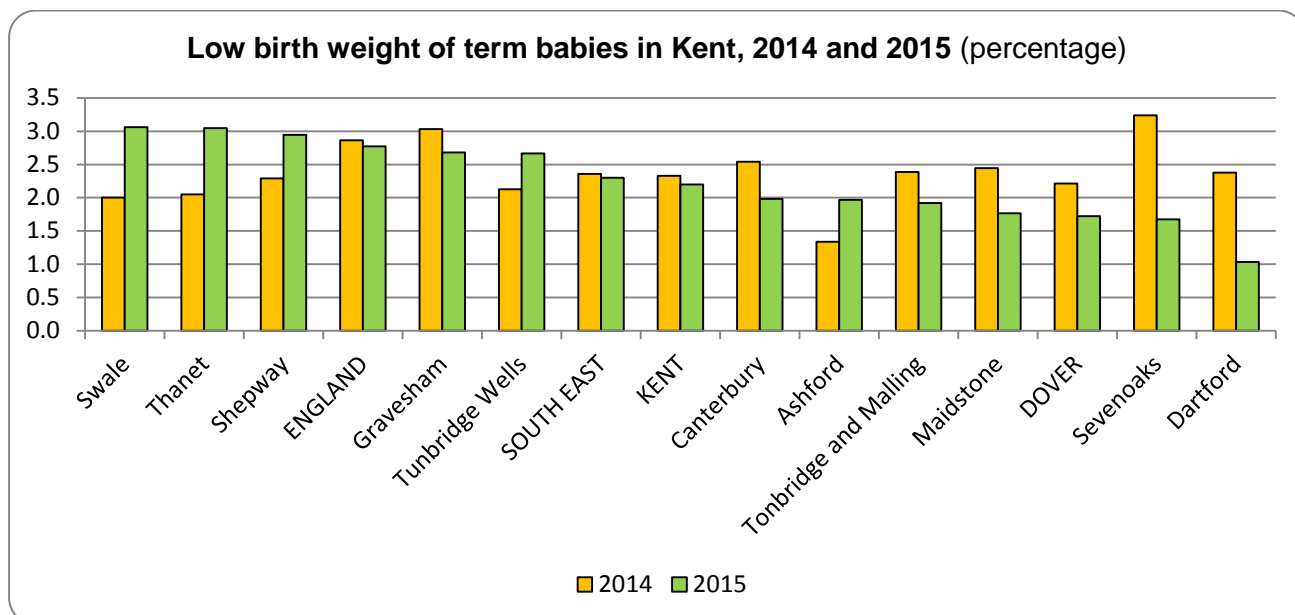


Source: NHS Digital

### 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 (1.72%) than national (2.77%), regional (2.3%) and county (2.2%) levels.

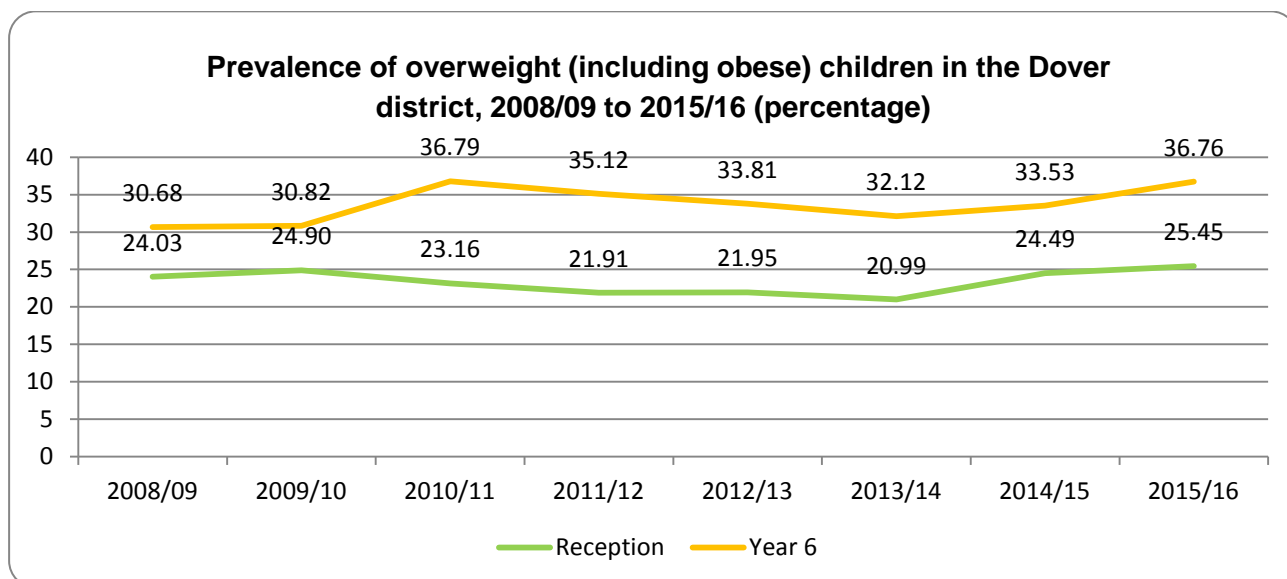




Source: PHE Children and Young People's Health Benchmarking Tool

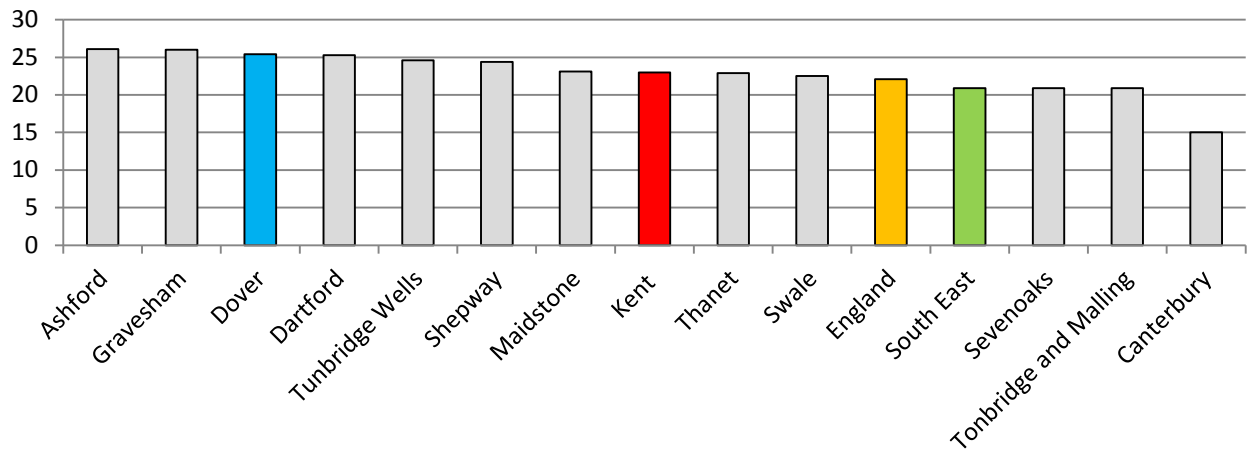
### c) Childhood Excess Weight

- In the Dover district, in 2015/16, 25.4% of children in reception (age 4-5 years) were classed as overweight, which is up from 24.49% in 2014/15.
- In the Dover district, in 2015/16, 36.8% of children at Year 6 (age 10-11 years) were classed as overweight, which is up from 33.53% in 2014/15.



Source: PHE - NCMP Local Authority Profile

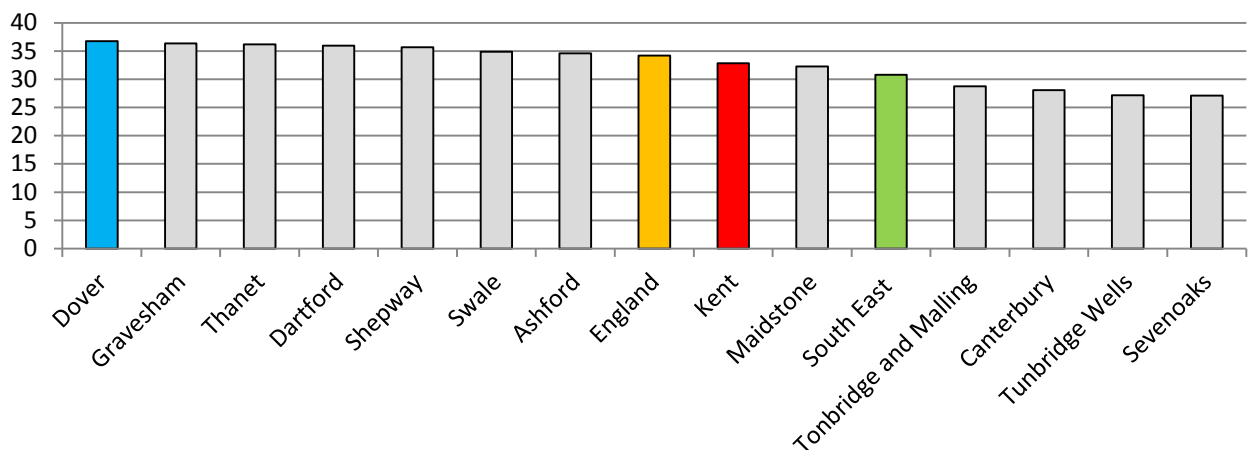
**Reception: Prevalence of overweight children  
(including obese), 2015/16 (percentage)**



Source: PHE - NCMP Local Authority Profile

- The percentages of overweight children in the district at both Reception and Year 6 are above the averages for Kent, South East and England. The district has the 3<sup>rd</sup> highest prevalence of overweight children at Reception age in Kent and the highest prevalence of overweight children at Year 6.

**Year 6: Prevalence of overweight children  
(including obese), 2015/16 (percentage)**



Source: PHE - NCMP Local Authority Profile

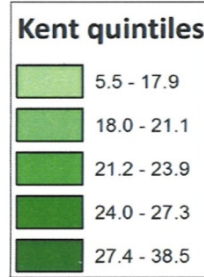
### Ward Level Childhood Excess Weight

The following charts show the levels of childhood excess weight in the Dover district by Electoral Ward. Excess weight is overweight and obesity combined.

**National Child Measurement Programme: by quintiles**  
**Prevalence of excess weight, reception year, by ward, 2014/15 to 2015/ 16 combined**



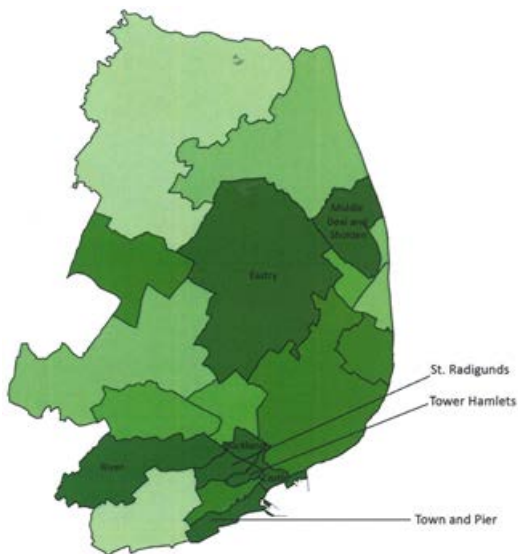
Source: KPHO Health and Social Care Maps



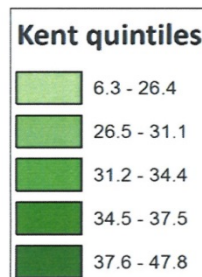
**Reception Year**

- The wards with the highest prevalence of excess weight of children in Reception Year are: Eythorne and Shepherdswell (32.9), Lydden and Temple Ewell (32.4), Middle Deal and Sholden (31.7), St. Radigunds (30.96), Capel-le-Ferne (30.8) and Buckland (29.0).
- Ringwould (10.0), Little Stour and Ashstone (14.5) and River (17.3) have the lowest prevalence.

**National Child Measurement Programme: by quintiles**  
**Prevalence of excess weight, year 6, by ward, 2014/15 to 2015/16 combined**



Source: KPHO Health and Social Care Maps

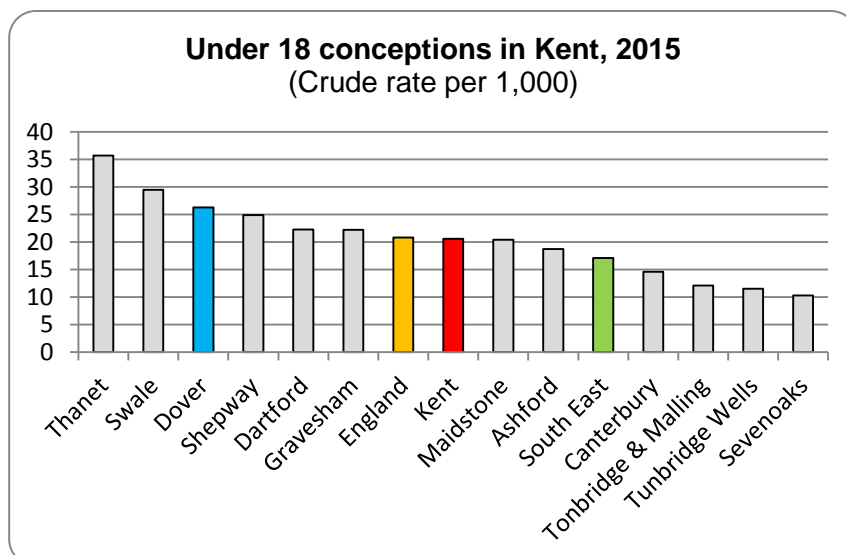


**Year 6**

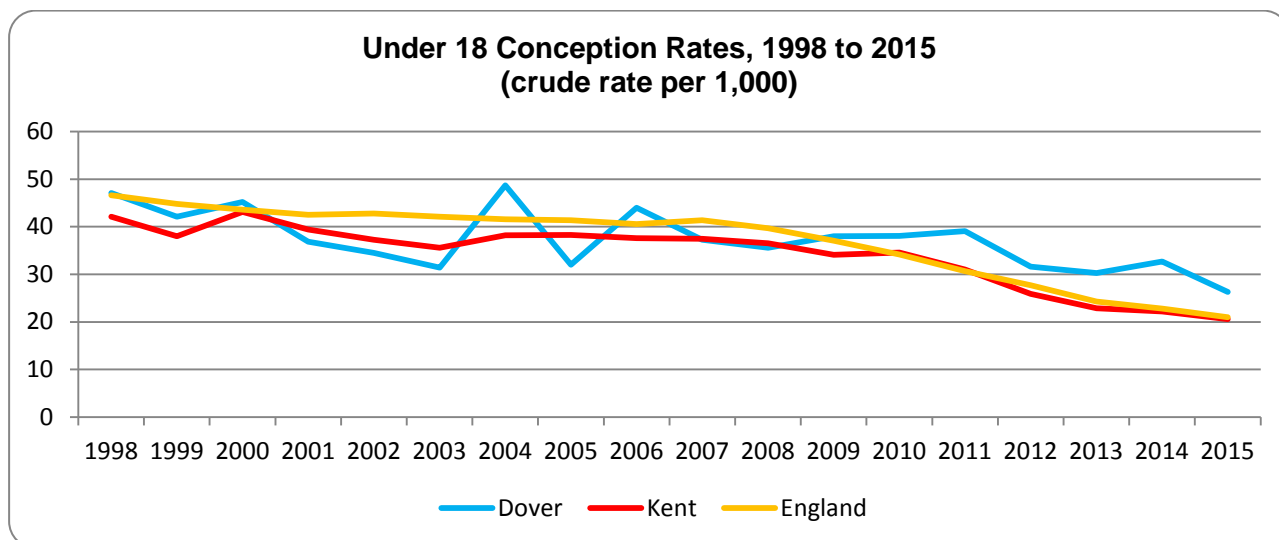
- The wards with the highest prevalence of excess weight of children in Year 6 are: River (43.3), Tower Hamlets (43.2), Town and Pier (43.2), Middle Deal and Sholden (41.2), Castle (40.6), St. Radigunds (40.3), Buckland (39.4) and Eastry (38.5).
- Little Stour and Ashstone (20.5), Capel-le-Ferne (25.0) and Walmer (30.2) have the lowest prevalence.

#### d) Teenage Pregnancy

- In 2015, the Dover district had the third highest rates of teenage conception (aged 15-17 years) in Kent.
- Although the rate of 26.3 per 1,000 is still above the average for England (20.8), Kent (20.6) and the South East (17.1), it is down significantly from the previous year when it stood at 32.7 per 1,000 and the district had the highest rate in Kent.

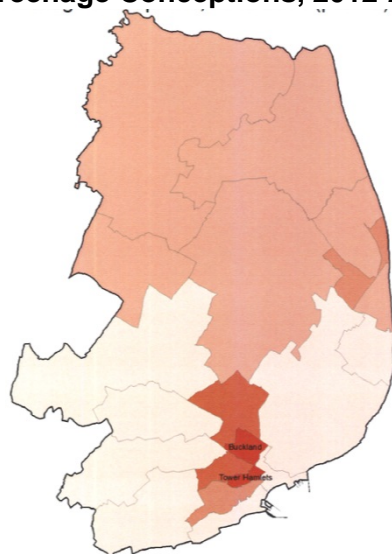


Source: PHE Children and Young People's Health Benchmarking Tool



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

#### Teenage Conceptions, 2012-2014 (pooled) in the Dover District



##### Legend

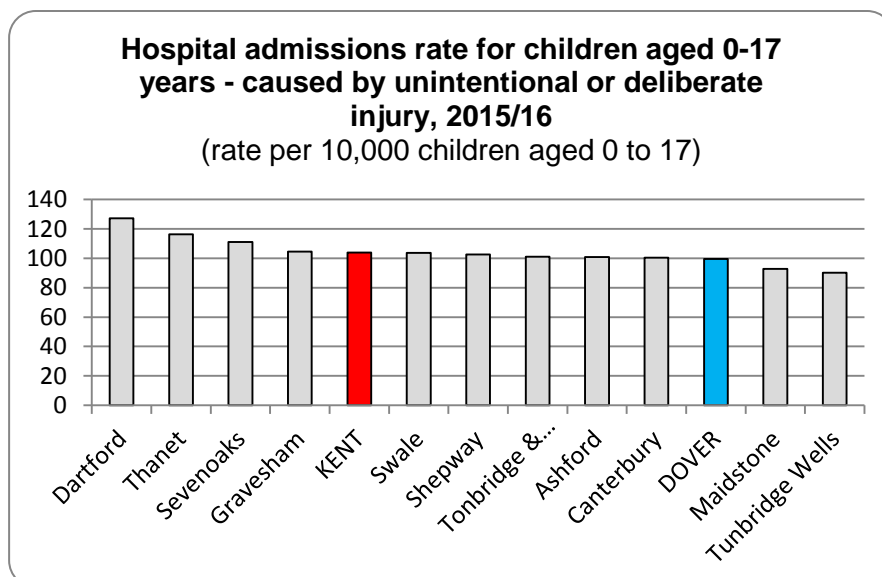
Rate per 1,000 15 to 17 year old females

- Suppressed
- <25
- 25 - 36
- 36 - 52
- >52

- In general, most of the district has low teenage conception rates.
- The wards with the highest teenage conception rate (2012-2014 pooled) are: Buckland and Tower Hamlets

Source: KMPHO Health and Social Care Map

## e) Hospital Admissions Rate for deliberate and unintentional injury

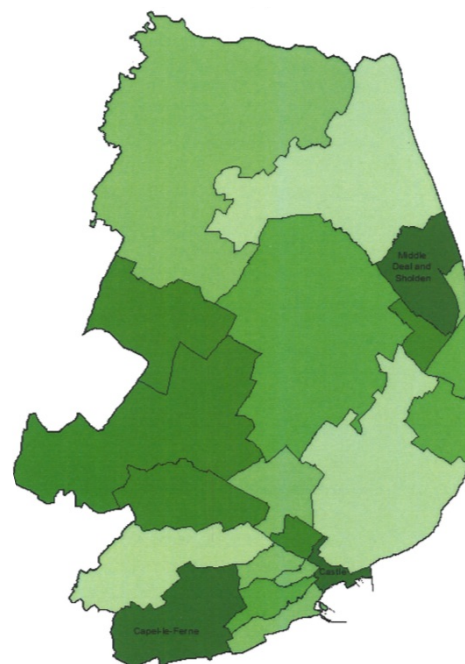
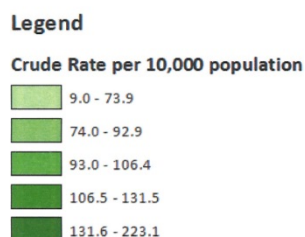


Source: KPHO Instant Atlas

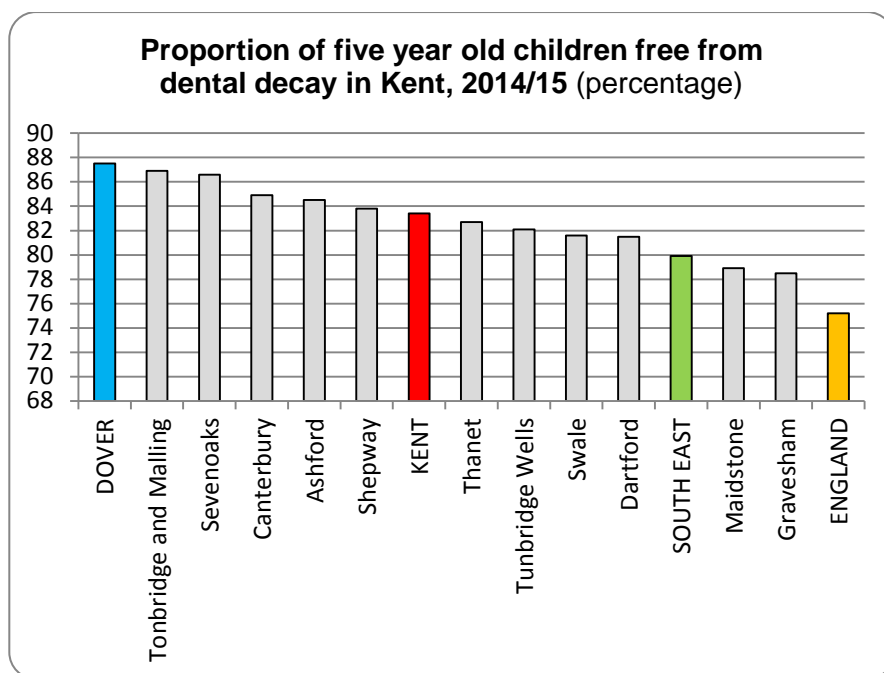
- In 2015/16, the Dover district had the third lowest hospital admission rate for children aged 0-17 years admitted for deliberate or unintentional injury, with a rate of 99.5. This is below the average for Kent.
- Dartford had the highest admission rate in Kent with a rate of 127.09 and Tunbridge Wells the lowest with a rate of 90.16 per 10,000 children aged 0-17 years.

## Deliberate and unintentional injury hospital admissions for people aged 0-17 years, 2015/16 (crude rate per 10,000 population,)

- 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 (165.3),
  - Capel-le-Ferne (162.9)
  - Middle Deal and Sholden (159.4).



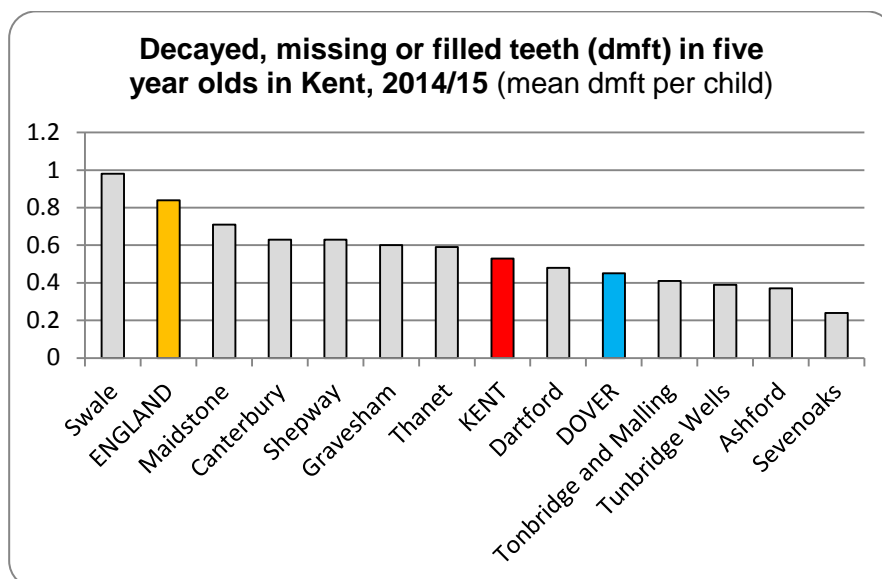
## f) Tooth decay



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

- Tooth decay in children has previously been a cause for concern in the Dover district.
- For the period 2007/08 the value for the district was 70.6% and then 76.2% in 2011/12.
- However, the latest figures now show that the Dover district has the highest proportion of five-year old children free from dental decay in Kent, with 87.5%. This is higher than the county, regional and national averages.

- 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 - dmft) has improved in the Dover district from 0.78 in 2011/12 to 0.45 in 2014/15.
- In 2011/12 the Dover district had the second highest mean dmft per child in Kent and was above the average for Kent. In 2014/15, the district has the fifth lowest mean dmft and is below the average for Kent.

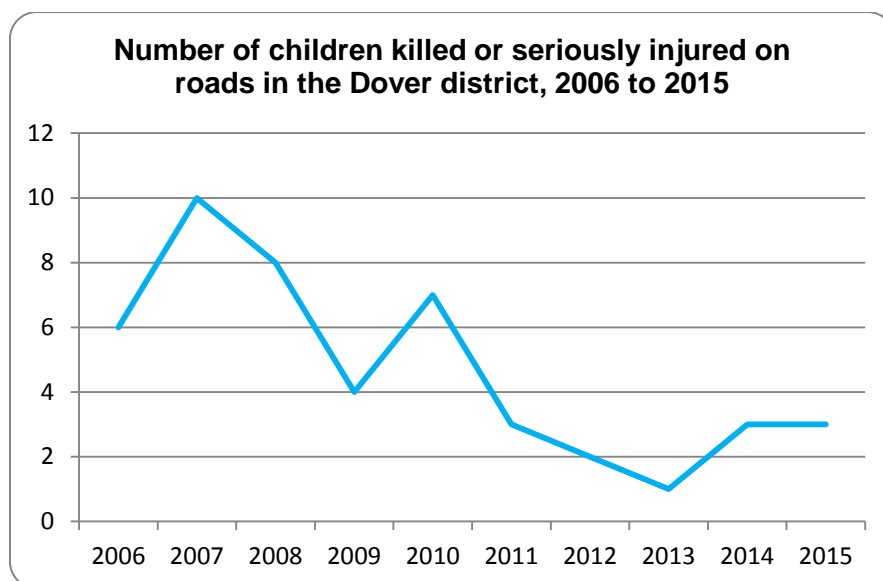


Source: PHE Public Health Profiles



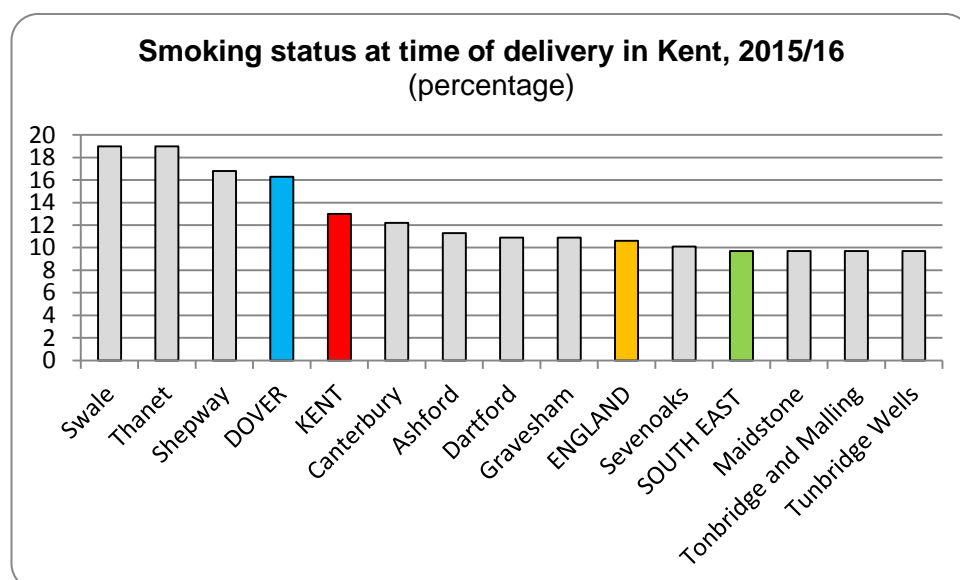
## g) Road Deaths

- The number of children killed or seriously injured on roads in the Dover district has remained the same over the past year.
- During 2013 to 2015, Thanet had the highest number of children killed or seriously injured with 21 and Maidstone the fewest with 6.



Source: KMPHO Health and Social Care Maps

## h) Smoking status at time of delivery



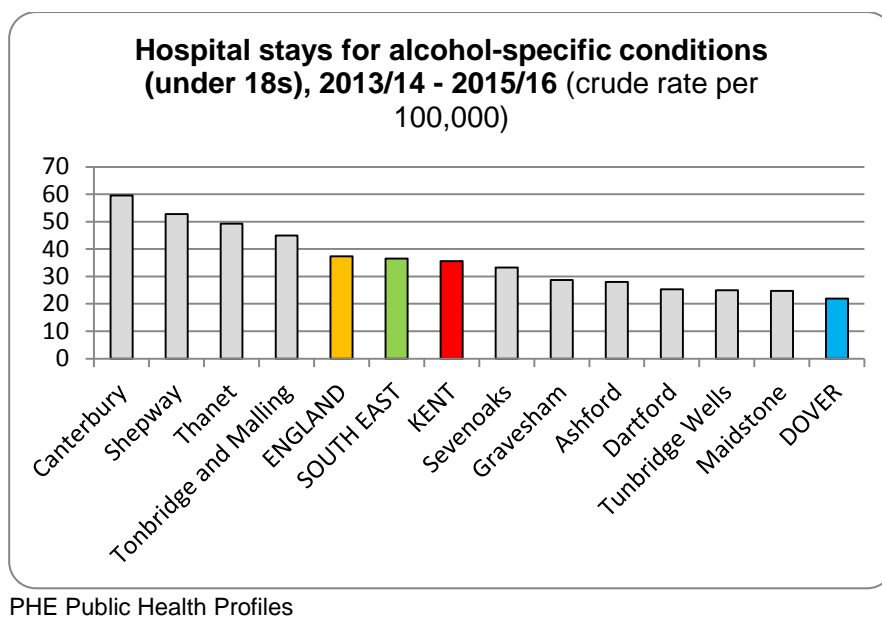
PHE Public Health Profiles

- In 2013/14, the rate in the Dover district was 15.6%, compared to a national average of 12% and Kent average of 13%.

- Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.
- Smoking at time of delivery is still a concern in the district and the rate has been increasing.
- In 2015/16, 16.3% of women were smoking at time of delivery in the Dover district, which is worse than the England average of 10.6% and the Kent average of 13%.

## i) Alcohol specific hospital stays

- The rate of alcohol-specific hospital stays among those under 18 is falling in the Dover district.
- For the period 2013/14 to 2015/16, the rate was 21.9 per 100,000 population, compared to the period 2012/13 to 2014/15 when the rate was 27.6 and 2011/12 to 2013/14 when the rate was 36.2.
- The rate in the Dover district is now below the averages for England (37.4), South East (36.5) and Kent (35.6).



## 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
- There are ongoing data quality issues for the Dover district and Public Health England has not published data for the district in 2013/14 or 2014/15 (latest available).

## k) Mental Health

- Children and Adolescent Mental Health Services (CAMHS) cover provision of services and interventions from health promotion and primary prevention to highly specialist care. The needs assessment for CAMHS in Kent is being updated in 2017 (currently unpublished); however, the following information has been provided by Kent County Council's Public Health department relating to NHS South Kent Coast (SKC) CCG area, which covers the majority of the districts of Dover and Shepway).
- Based on GP registration data<sup>11</sup> the SKC has 40,458 children and young people aged 0 to 18 making up 20% of its population. This is a lower proportion of children and young people in this age range than the county average (21%). The numbers of children and adolescents in SKC is expected to decrease marginally in the coming decade. SKC has 20,018 young people aged 16 to 24, making up 10% of its population.
- It is estimated 19.5% of pre-schoolers (age 2 to 5 years) have a mental health disorder<sup>12</sup>, in SKC this would be approximately 1,774 children. Public Health England figures suggest that 9.58% of children aged 5 to 16 have a diagnosable mental health condition in SKC, slightly higher than the Kent prevalence of 8.99%. Based on these estimates, 2,543 children aged 5 to 16 would have a diagnosable mental health condition in SKC. The Adult Psychiatric Morbidity Survey (APMS, 2014) modelled the prevalence of common mental disorders as 18.9%, which would be approximately 3,783 young people in SKC.
- Modelled APMS estimates suggest that 2,740 individuals aged 16 to 24 will have self-harmed in SKC, 1,677 will have had suicidal-thoughts and 450 will have attempted suicide.

<sup>11</sup> PCIS, December 2016

<sup>12</sup> Egger et al., 2006

- Based on 2013/14 and 2015/16 (pooled) data, SKC had a significantly higher A&E attendance rate and admission rate than Kent for individuals aged under 25. Among 18 to 24 year olds, SKC has the highest self-harm admission rate in Kent, with 56 admissions per 10,000 population.
- The number of children and young people who may experience mental health problems appropriate to CAMHS in SKC are approximately: 5,700 at Tier 1; 2700 at Tier 2; 700 at Tier 3; and less than 5 at Tier 4<sup>13</sup>.
- The rate of children and young people in SKC within the main CAMHS service was higher than Kent, and exceeded only by Canterbury and Coastal and Thanet CCGs in February 2017.

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<sup>13</sup> Kurtz, 1996, PCIS (registered population, December 2016)