

Coastal And Rural East (Care) Public Health PCN profile Life course indicators East Kent ICP

Created by Medway Council Public Health Intelligence Team and Kent Public Health Observatory

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.









Summary part 1: Coastal And Rural East (Care)

Indicator	Compared to England
Job Seekers Allowance rate (16-64 years)	Lower
Fuel poverty	Not compared
Life expectancy (Female)	Not compared
Life expectancy (Male)	Not compared
Smoking prevalence	Lower
Hospital admissions for alcohol-related harm (narrow definition)	Better
Total number of prescribed antibiotic items per STAR-PU by quarter	Higher
Bowel screening coverage	Better
Breast screening coverage	Better
Cervical screening coverage	Better
A&E attendances (<18 years)	Better
Reception: Prevalence of overweight (including obesity)	Similar
Hospital admissions for asthma (under 19 years)	Similar
Hospital admissions as a result of self-harm (10-24 years)	Similar
CHD prevalence	Higher
Stroke prevalence	Higher
PAD prevalence	Higher
Heart failure prevalence	Higher



Summary part 2: Coastal And Rural East (Care)

Indicator	Compared to England
AF prevalence	Higher
Hypertension prevalence	Higher
Cancer prevalence	Higher
Diabetes prevalence	Higher
COPD prevalence	Higher
Serious mental illness prevalence	Similar
Depression prevalence	Higher
Dementia prevalence	Higher
Premature mortality from all causes	Similar
Cancer mortality U75	Similar
CVD mortality U75	Better
Osteoporosis prevalence 50+	Similar
Hip fracture adm 65+	Similar



Contact details

- If you have any questions or would like further information about these profiles, please contact either:
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- Tom Bourne | Kent County Council | tom.bourne@kent.gov.uk | 03000 416543
- This profile and links to further resources are available from the website address below:

INTRODUCTION





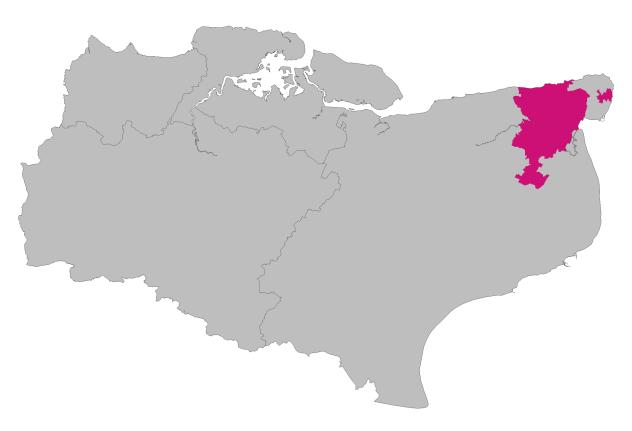
Purpose and rationale

- Profiles have been created for each of the Primary Care Networks (PCNs) in the Kent and Medway Integrated Care System (ICS).
- There are 42 PCNs in Kent and Medway.
- The aim of the PCN profiles is to identify the health and social care needs of an area. In addition to identifying priority areas to explore further, contextual information about the population characteristics is presented to help PCNs understand the underlying causes for these differences.
- Key stakeholders were consulted to identify the indicators that should be included.
- Limited data is available in the public domain at small area level so some indicators have been presented at a Kent and Medway level on the final slide.

Location of the PCN

Map of Kent and Medway with ICP boundaries and PCN highlighted

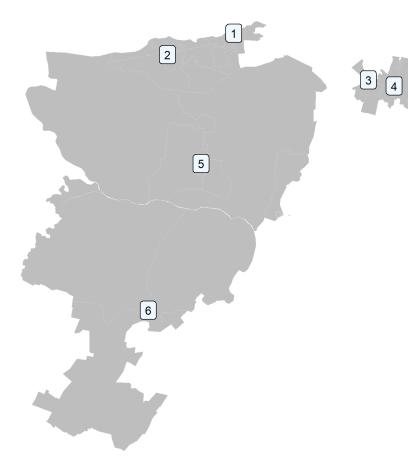




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In Coastal And Rural East (Care) PCN, there are 6 practices.



Practices

- 1 Westgate Surgery
- 2 Birchington Medical Practice
- 3 St Peter's Surgery
- 4 Broadstairs Medical Practice
- 5 Minster Surgery
- 6 Ash Surgery

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Source: NHS Digital. GP and GP practice related data. GP Practices (epraccur).



- Data at several small area levels has been used as building blocks to calculate the PCN values: Lower Super Output Area (LSOA), ward, general practice and school.
- LSOAs have a defined geographical boundary. On average the population is about 1,700 people so they can be thought of as representing a neighbourhood. There are 1,065 LSOAs within Kent and Medway.
- LSOAs and wards were assigned to PCNs on a first passed the post basis,
 e.g. LSOAs or wards were mapped to PCNs based on which PCN has the highest count of registered patients living in that LSOA/ward.
- School level data was assigned to PCNs based on the ward the school was located in. Only primary and nursery school data was used as this more likely reflects the child profile of the local area due to the larger catchment areas of secondary schools.



PCN value and RAG rating

- The PCN values have been calculated from LSOA, ward, practice or school level data using one of two methods:
- 1) Aggregated data: PCN values are created from aggregated counts and denominators, where data is available.
- 2) Small areas averaged: Where count and/or denominator data is not available, the PCN value is the median of the small area values.
- A RAG rating (red, amber, green) has been applied to the majority of indicators to show how well an area is performing compared to a benchmark (England). The RAG rating is assigned by comparing an area's value to a reference range, which was created using either confidence intervals (CIs) or a 5% range around the England average. Green corresponds to a value that is better than England, red to a value that is worse, and amber indicates that there is no difference. An indicator is shaded grey where it is inappropriate to apply a RAG rating due to the methods used in the calculation.
- Where it is inappropriate to label high or low values as 'better' or 'worse', for example osteoporosis prevalence, the terms 'higher' and 'lower' have been used with neutral colouring such as shades of blue, from light to dark. Such labelling does not imply that high values of these indicators, for example, are 'worse'.



Peer groups

- Peer groups were created to enable the comparison of PCNs with similar characteristics.
- Cluster analysis was used to determine the PCN peer groups. Clustering divides the population into a number of groups with similar traits.
- Two clustering algorithms were used to explore the data: K-means and hierarchical clustering.
- The characteristics input into the cluster analysis were:
- 1) Total PCN population
- 2) Percentage aged 0 to 4 years
- 3) Percentage aged 5 to 18 years
- 4) Percentage aged 65 to 84 years
- 5) Percentage aged 85 years and over
- 6) Index of Multiple Deprivation (IMD) score
- 7) Total QOF points
- The cluster analysis indicates that the optimum number of distinct groups is two, based on these inputs.
- This methodology is being developed and additional characteristics may be added in the future, which may alter the peer groups.



Indicator slides explained

Lollipop plot -

Compares the PCN value to its peer group, ICP and the ICS.

England value shown as blue dotted line.

RAG rating applied. Compared to England.

Green = Better

Amber = Similar

Red = Worse

Lilac = Lower Light blue = Higher

Blue line = England

Trend plot

PCN and England values over time.

Pink = PCN

Blue = England

Map

Boundaries are either ward or LSOA.

Dots represent a practice or school.

Colour scale from best to worst:

Yellow = Best

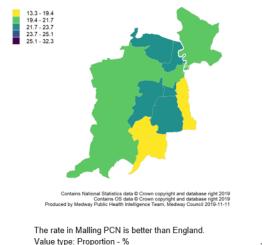
Purple = Worst

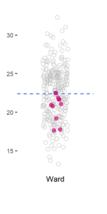
Grey = LSOA/ward in other PCN

Scatter plot

Shows values for all small areas (LSOA/ ward/ practice/school) in Kent and Medway.

Pink = Area in PCN
Grey = Area in other PCN
Blue line = England value





England

Other PCN

Metadata

Key information about the data and analysis.

Latest time period: 2015/16-2017/18

Source: GOV.UK. Public Health England. Child obesity and excess weight: small area level data.

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Wilson Score method Small area type: Ward

Last 6 years to 2015/16-2017/18

Compared to England

PCN

group

ICP

ICS

Better

Worse

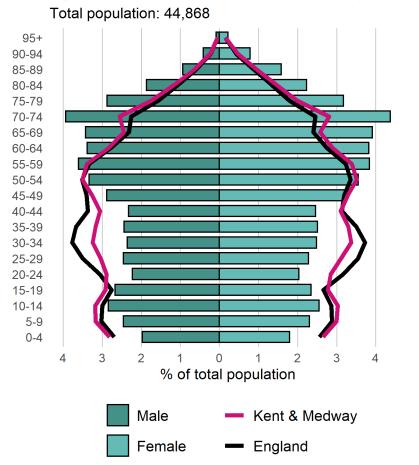
England

DEMOGRAPHICS



Population

Age Profile for Coastal And Rural East (Care)



Source: NHS Digital. Patients Registered at a GP Practice. 01JUL2020

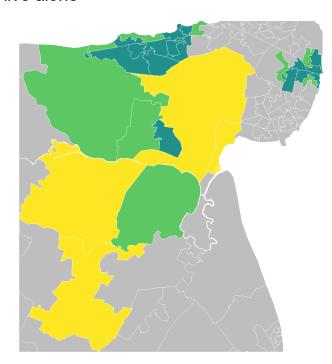
Percentage of people aged over 65 who live alone

9.4 - 20.7

20.7 - 27 27 - 34.1

34.1 - 43.4

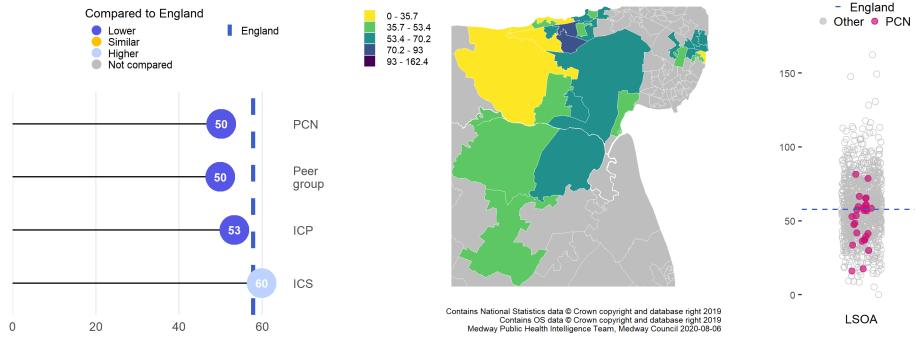
43.4 - 62.3

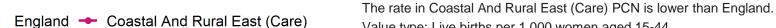


Data Source: Kent Integrated Database
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General fertility rate





Value type: Live births per 1,000 women aged 15-44

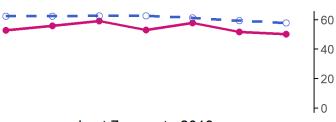
Latest time period: 2019

Source: Nomis, Office for National Statistics

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

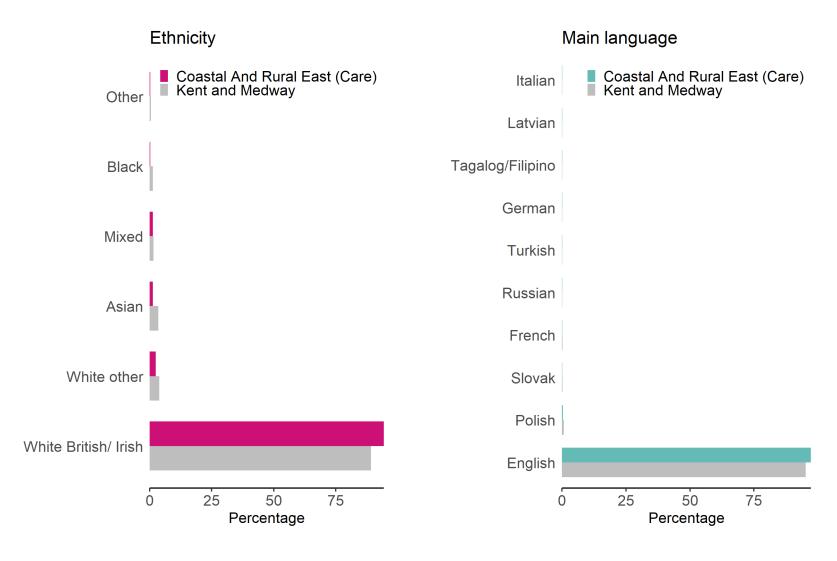
Small area type: LSOA



Last 7 years to 2019

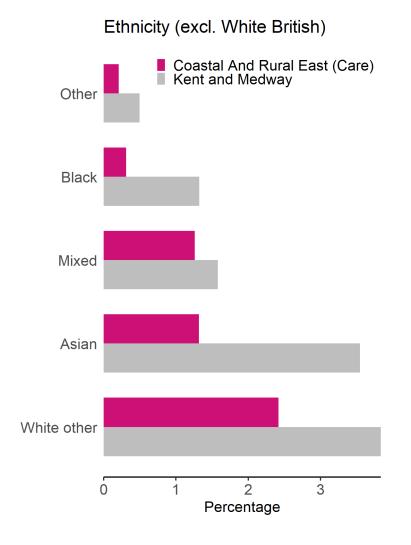


Ethnicity and main language

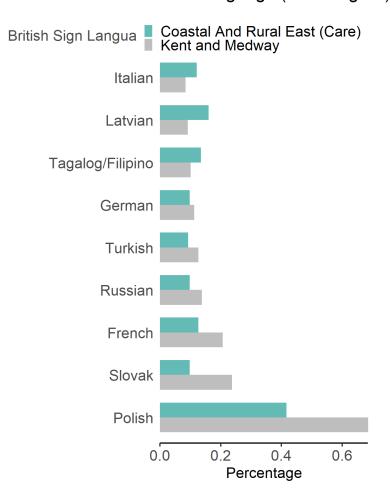




Ethnicity and main language



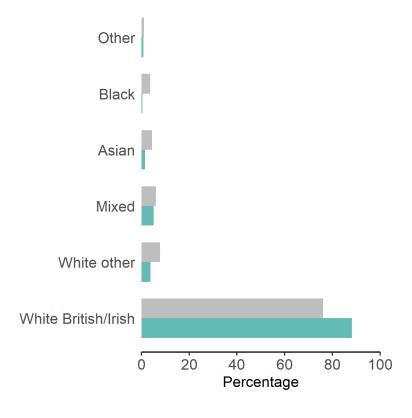
Main language (excl. English)





School Census, January 2020 Nursery and Primary schools

- Coastal And Rural East (Care)
- Kent and Medway



English as first language:

- 94.2% of pupils in Coastal And Rural East (Care).
- 86.9% of pupils in Kent and Medway.

Other than English as first language:

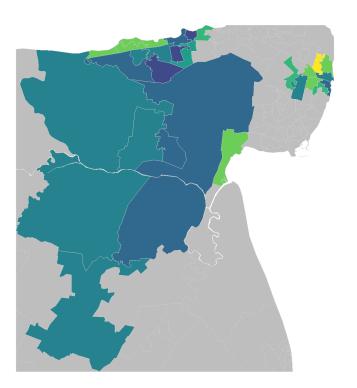
- 5.8% of pupils in Coastal And Rural East (Care).
- 13% of pupils in Kent and Medway.



Index of Multiple Deprivation (IMD)

2019 National decile (1 = most deprived)

1 2 3 4 5 6 7 8 9 10

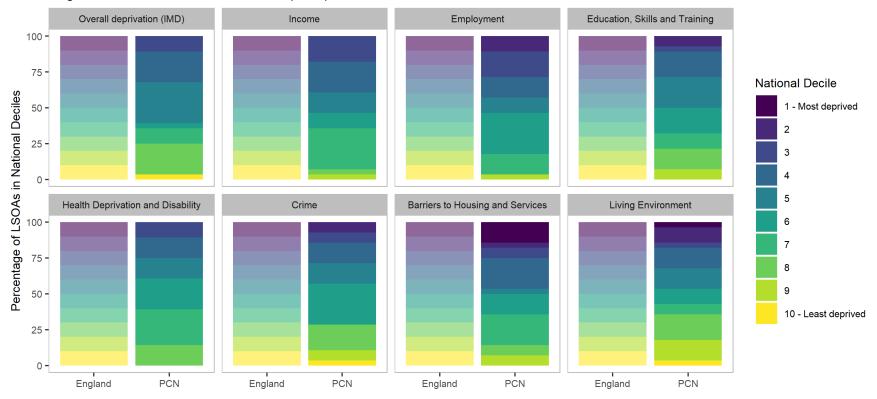


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Domains of deprivation

England and Coastal And Rural East (Care) PCN

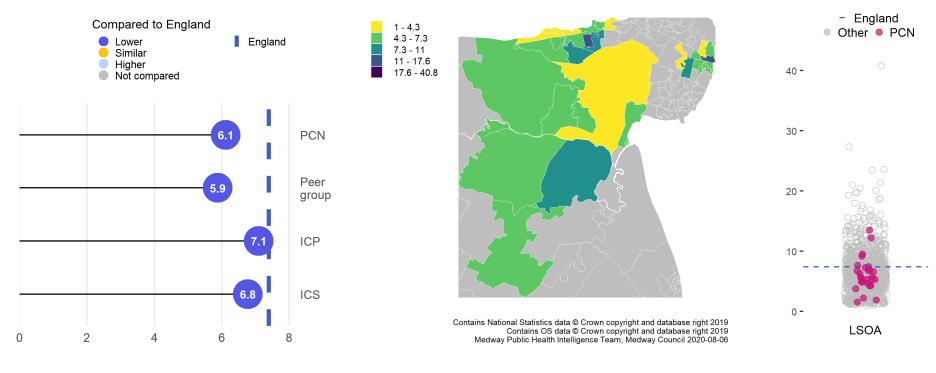


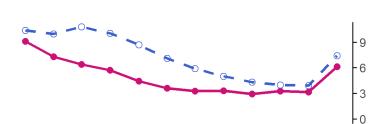
Source: GOV.UK. Ministry of Housing, Communities & Local Government. English Indices of Deprivation 2019.

There are seven domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD2019). Each of these domains describe different aspects of deprivation. The graphic shows the proportion of the PCN population ranked in one of 10 groups across all lower super output areas in England for each of these domains. The darker colours indicate the most deprived groups or 'deciles'.



Job Seekers Allowance rate (16-64 years)





Coastal And Rural East (Care)

Last 12 quarters to Jun 2020

The rate in Coastal And Rural East (Care) PCN is lower than England.

Value type: Rate per 1,000 residents aged 16-64

Latest time period: Jun 2020

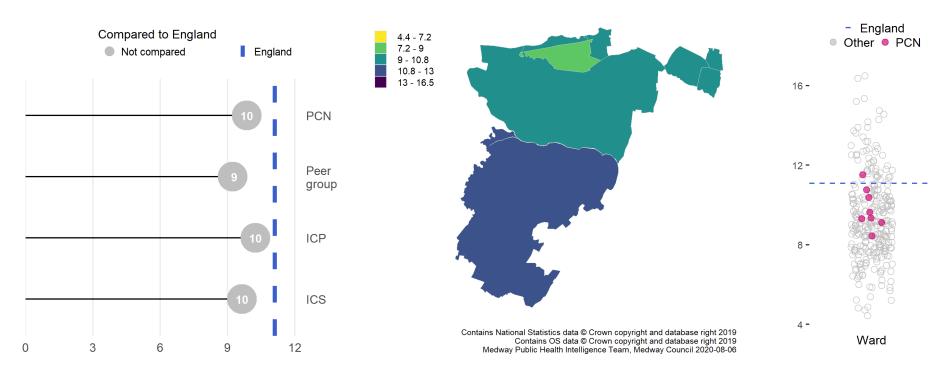
Source: Nomis, Office for National Statistics.

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: LSOA





Trend data not available. A household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line.

This is used as a proxy indicator of need especially for those people who do not meet the usual criteria of living in a deprived area but have homes which are expensive to heat adequately.

This is a modelled estimate so cannot be compared.

Coastal And Rural East (Care) PCN cannot be compared to England statistically.

Value type: Percentage households

Latest time period: 2016

Source: Public Health England. Fingertips. Indicator ID: 93280. Office for National

Statistics, © Crown Copyright.

PCN average type: Mean

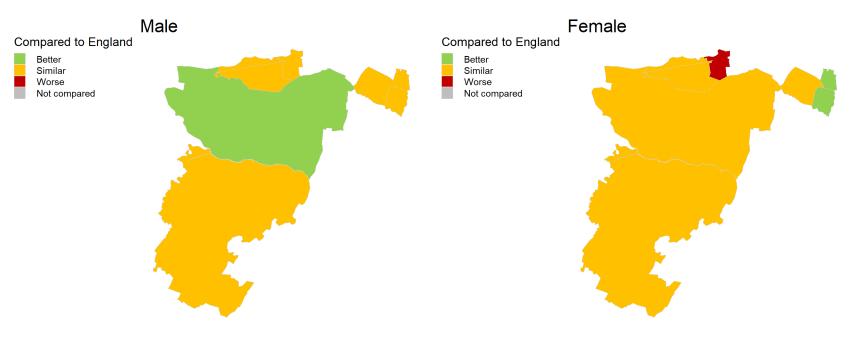
PCN RAG method: None applied

Small area type: Ward

PREVENTION AND HEALTH INEQUALITIES



Life expectancy



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Coastal And Rural East (Care) PCN cannot be compared to England

statistically.
Value type: Years

Latest time period: 2013 - 17

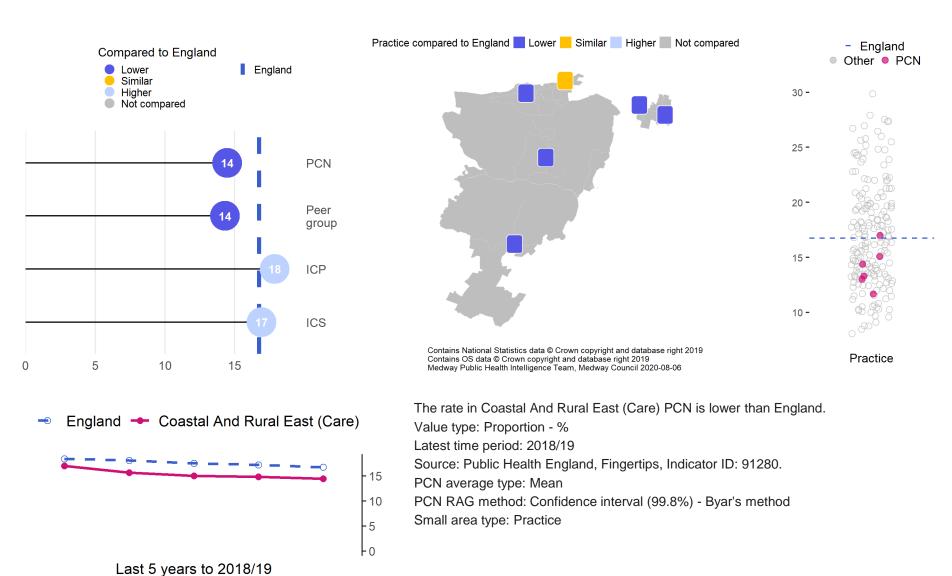
Source: Public Health England. Fingertips. Indicator ID: 93283. Office for

National Statistics, © Crown Copyright.

PCN average type: Median PCN RAG method: None applied

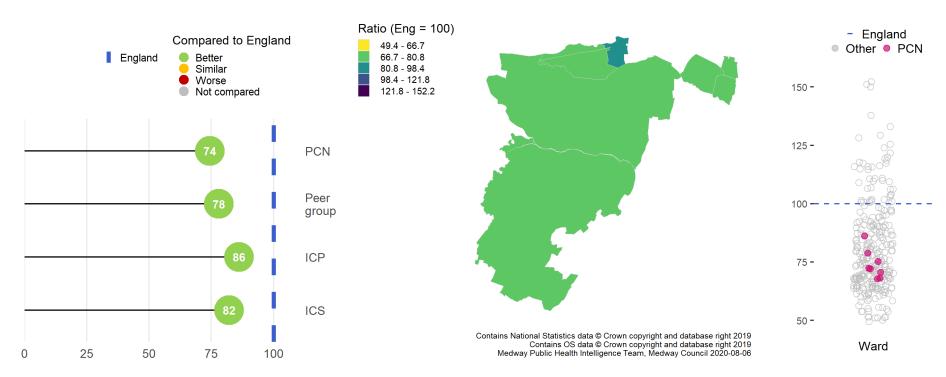
Small area type: Ward

Smoking prevalence





Hospital admissions for alcohol-related harm (narrow definition)



Trend data unavailable

The rate in Coastal And Rural East (Care) PCN is better than England.

Value type: Indirectly standardised admission ratio, per 100

Latest time period: 2013/14 - 17/18

Source: Public Health England, Fingertips, Indicator ID: 93240. © Crown Copyright.

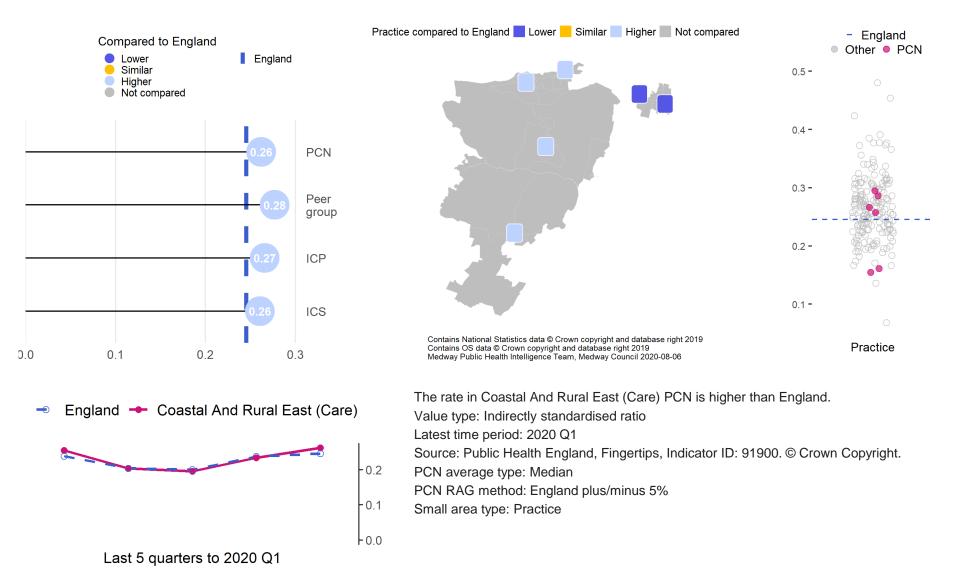
PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: Ward

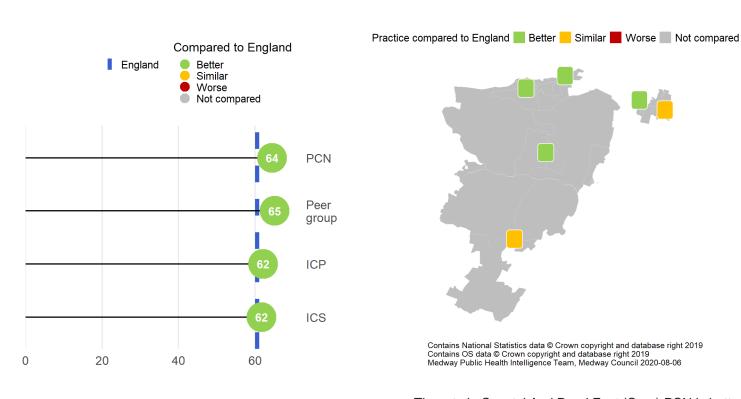


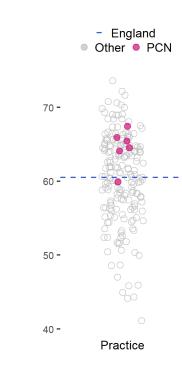
Total number of prescribed antibiotic items per STAR-PU by quarter

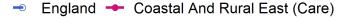




Bowel screening coverage









The rate in Coastal And Rural East (Care) PCN is better than England.

Value type: Proportion - % Latest time period: 2018/19

Source: Public Health England. Fingertips. Indicator ID: 92600.

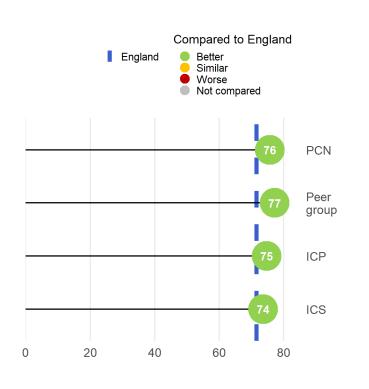
PCN average type: Mean

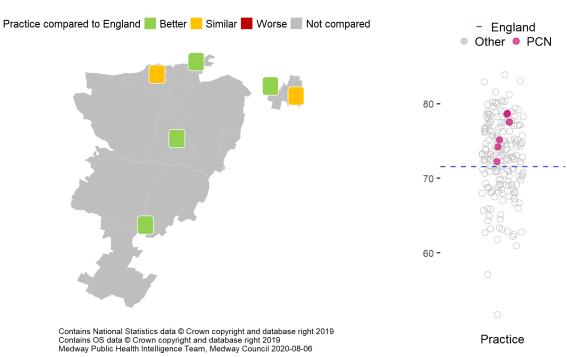
PCN RAG method: Confidence interval (99.8%) - Wilson Score method

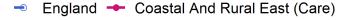
Small area type: Practice

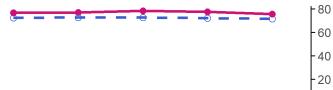


Breast screening coverage









The rate in Coastal And Rural East (Care) PCN is better than England.

Value type: Proportion - % Latest time period: 2018/19

Source: Public Health England. Fingertips. Indicator ID: 91339.

PCN average type: Mean

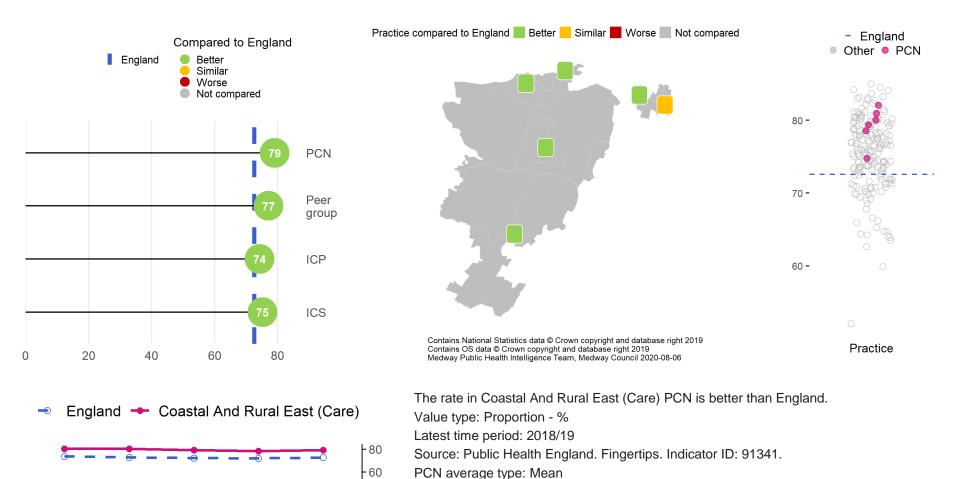
PCN RAG method: Confidence interval (99.8%) - Wilson Score method

Small area type: Practice

-0



Cervical screening coverage



Small area type: Practice

40

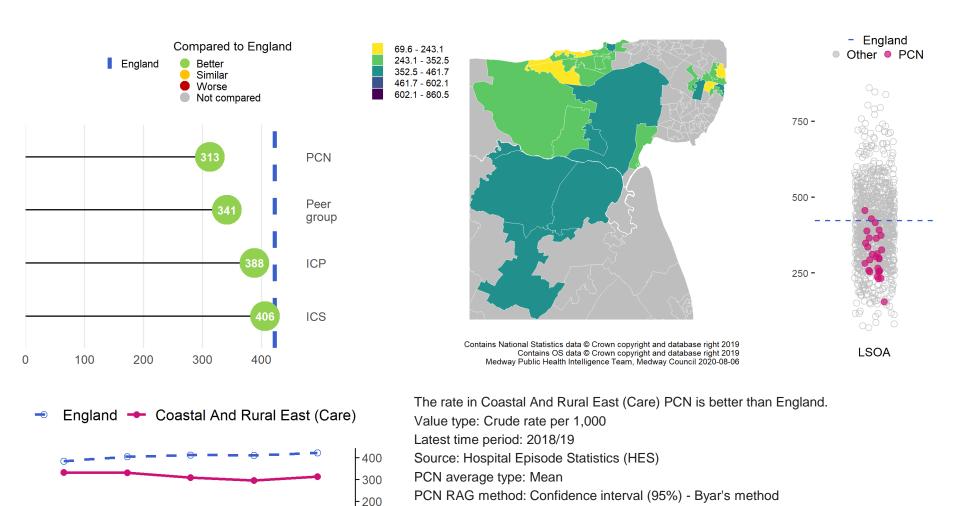
-20 -0 PCN RAG method: Confidence interval (99.8%) - Wilson Score method

BEST START IN LIFE



(G)

A&E attendances (<18 years)

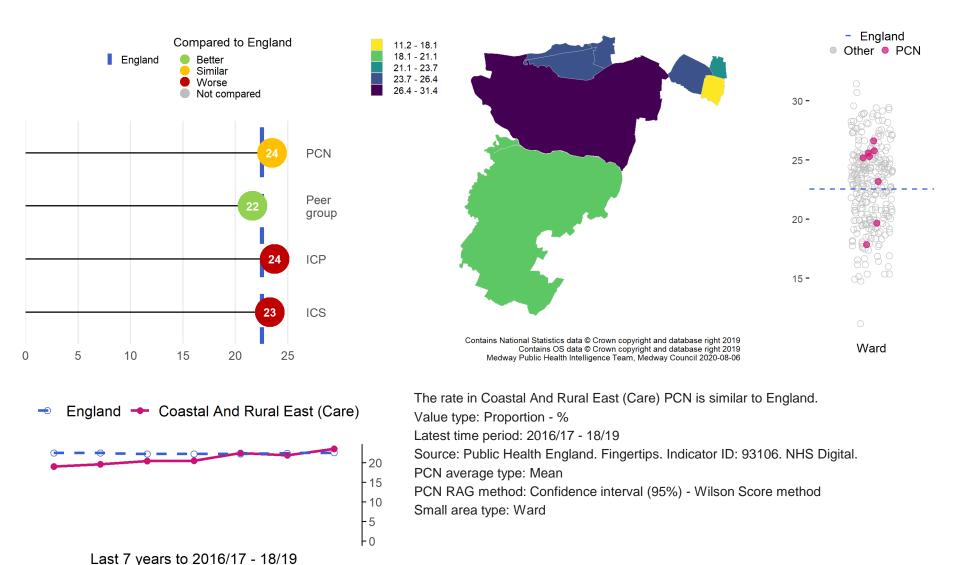


Small area type: LSOA

- 100 - 0

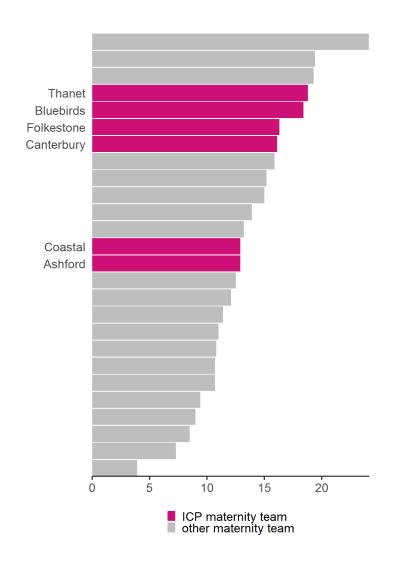


Reception: Prevalence of overweight (including obesity)



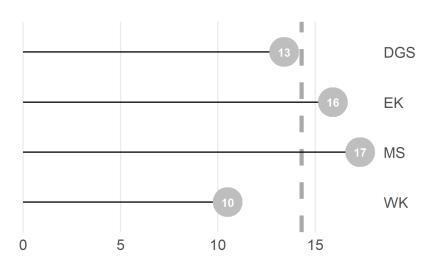


Smoking at time of booking



Compared to Kent & Medway (dotted grey)

Not compared



England level data is currently unavailable, as it is derived from SNOMED codes and is still being developed by NHS Digital.

East Kent ICP cannot be compared to England statistically.

Value type: Proportion - % Latest time period: 2019/20

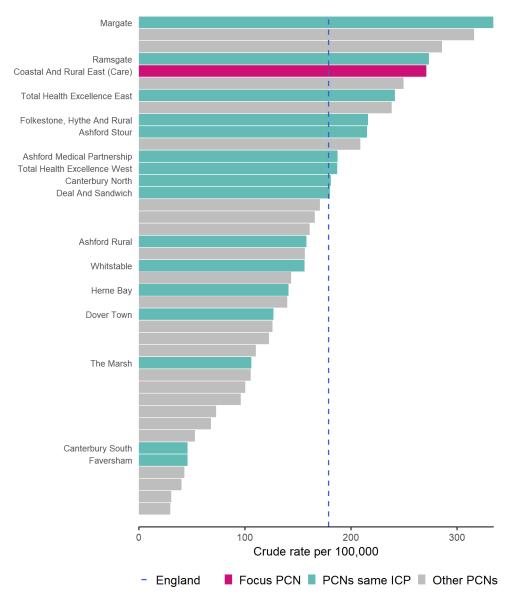
Source: Unofficial data from smoking in pregnancy midwives.

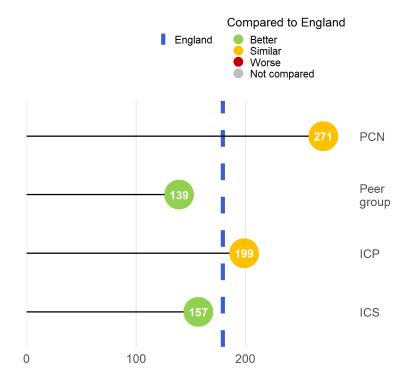
ICP average type: Mean

ICP RAG method: None applied Small area type: Maternity team



Hospital admissions for asthma (under 19 years)





Numerator values between 1 and 7 (inclusive) replaced with value of 3 for crude rate calculation.

The rate in Coastal And Rural East (Care) PCN is similar to

England.

Value type: Crude rate per 100,000

Latest time period: 2018/19

Source: Hospital Episode Statistics (HES)

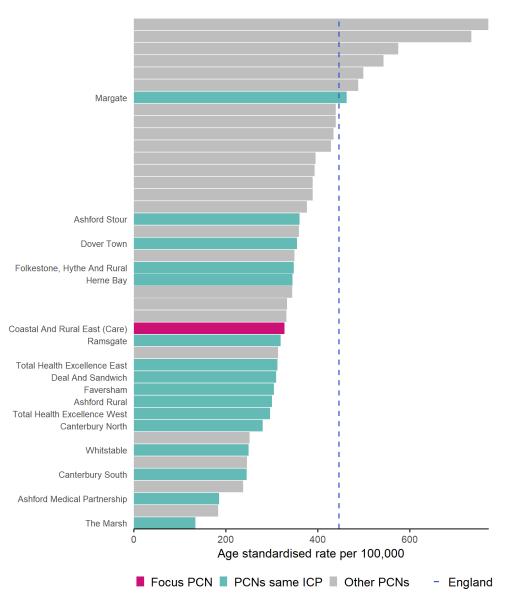
PCN average type: Mean

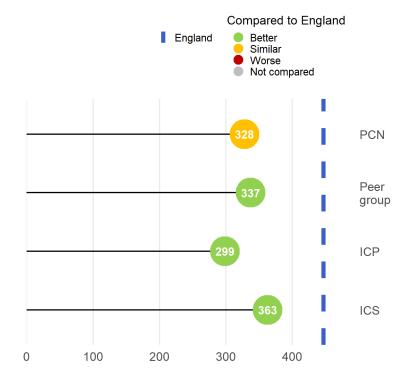
PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: LSOA to PCN



Hospital admissions as a result of self-harm (10-24 years)





The rate in Coastal And Rural East (Care) PCN is similar to England.

Value type: Age standardised rate - per 100,000

Latest time period: 2018/19

Source: Hospital Episode Statistics (HES), NHS Digital

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Dobson's method

Small area type: LSOA to PCN

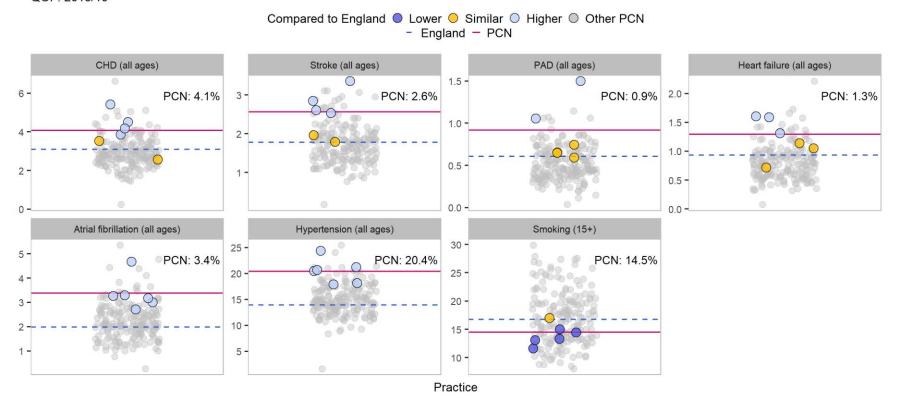
MAJOR HEALTH CONDITIONS





QOF: Cardiovascular disease

QOF: 2018/19



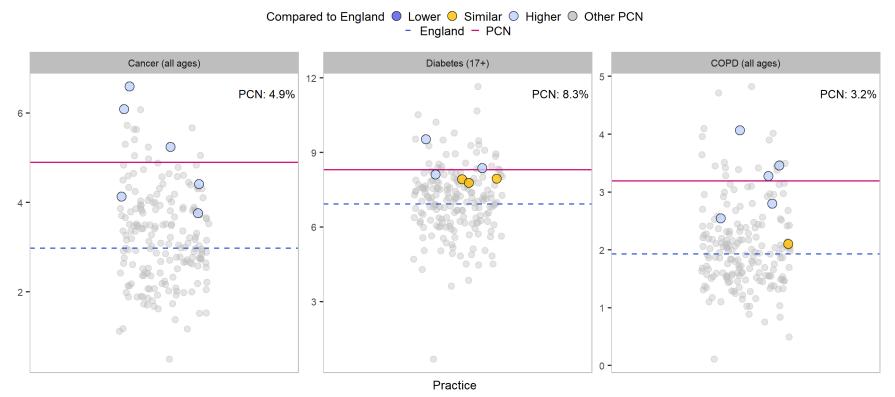
Public Health England. Fingertips. Indicator IDs: 273; 212; 92590; 262; 280; 219; 91280.

In addition to measuring current recorded prevalence, from a public health perspective it is also important to understand the effectiveness of efforts to detect new cases of health conditions. It is also important to gauge if and how detection efforts vary across subgroups of our population - for example, by level of deprivation. As a result, both Medway Public Health Intelligence team and Kent Public Health Observatory plan to develop robust modelled estimates of undiagnosed prevalence in future versions of this PCN profile.



QOF: Cancer, diabetes and COPD

QOF: 18/19

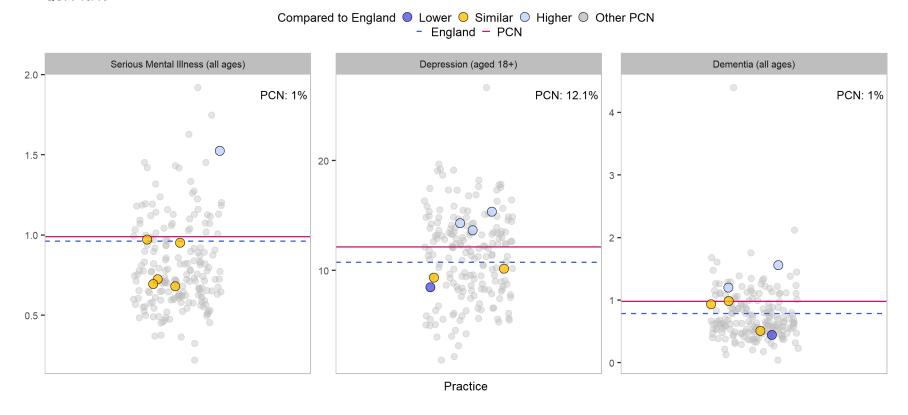


Public Health England. Fingertips. Indicator IDs: 276; 241; 253.

In addition to measuring current recorded prevalence, from a public health perspective it is also important to understand the effectiveness of efforts to detect new cases of health conditions. It is also important to gauge if and how detection efforts vary across subgroups of our population - for example, by level of deprivation. As a result, both Medway Public Health Intelligence team and Kent Public Health Observatory plan to develop robust modelled estimates of undiagnosed prevalence in future versions of this PCN profile.

QOF: Mental health

QOF: 18/19

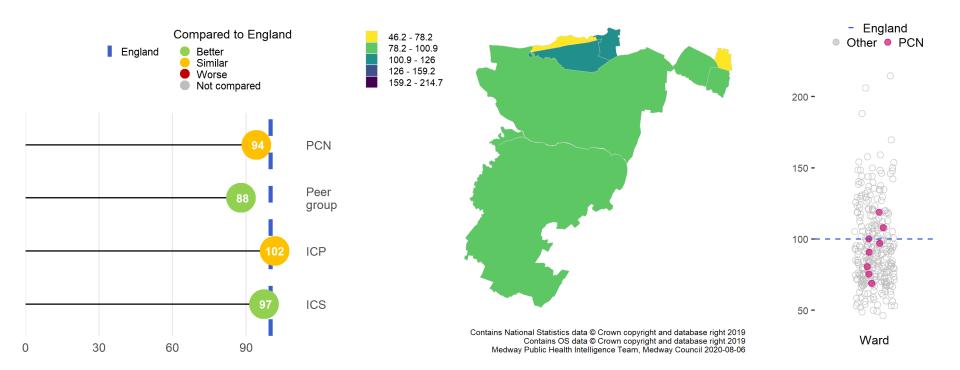


Public Health England. Fingertips. Indicator IDs: 90581; 848; 247.

In addition to measuring current recorded prevalence, from a public health perspective it is also important to understand the effectiveness of efforts to detect new cases of health conditions. It is also important to gauge if and how detection efforts vary across subgroups of our population - for example, by level of deprivation. As a result, both Medway Public Health Intelligence team and Kent Public Health Observatory plan to develop robust modelled estimates of undiagnosed prevalence in future versions of this PCN profile.



Premature mortality from all causes



Trend data not available

The rate in Coastal And Rural East (Care) PCN is similar to England.

Value type: Age-standardised mortality ratio

Latest time period: 2013 - 17

Source: Public Health England. Fingertips. Indicator ID: 93252. Office for National

Statistics, © Crown Copyright.

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: Ward



Premature mortality from all cancers and cardiovascular disease

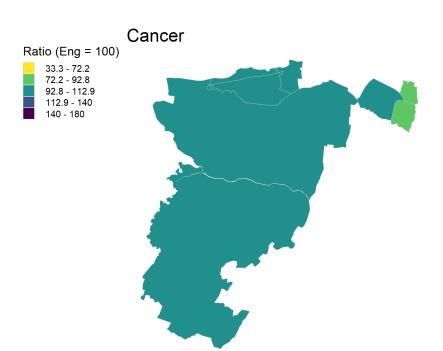
Ratio (Eng = 100)

18.2 - 56.1

56.1 - 82.6

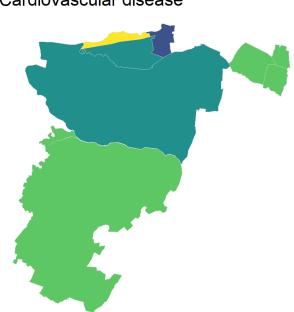
82.6 - 115.3

115.3 - 158.7 158.7 - 242.3



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Cardiovascular disease



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The rate in Coastal And Rural East (Care) PCN is similar to England.

Value type: Age-standardised mortality ratio

Latest time period: 2013 - 17

Source: Public Health England. Fingertips. Indicator ID: 93254. Office for

National Statistics, © Crown Copyright.

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: Ward

The rate in Coastal And Rural East (Care) PCN is better than England.

Value type: Age-standardised mortality ratio

Latest time period: 2013 - 17

Source: Public Health England. Fingertips. Indicator ID: 93256. Office for

National Statistics, © Crown Copyright.

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: Ward

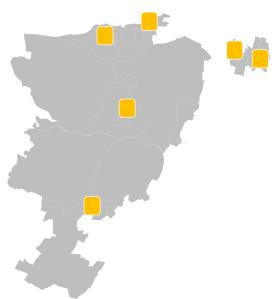
AGEING WELL





Osteoporosis prevalence and hip fracture hospital admissions





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The rate in Coastal And Rural East (Care) PCN is similar to England.

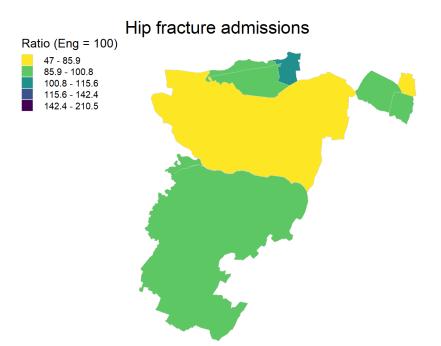
Value type: Prevalence (%) Latest time period: 2018/19

Source: Public Health England. Fingertips. Indicator ID: 90443.

PCN average type: Mean

PCN RAG method: Confidence interval (99.8%) - Wilson Score method

Small area type: Practice



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Medway Public Health Intelligence Team, Medway Council 2020-08-06

The rate in Coastal And Rural East (Care) PCN is similar to England.

Value type: Age-standardised admission ratio

Latest time period: 2013/14 - 17/18

Source: Public Health England. Fingertips. Indicator ID: 93241.

PCN average type: Mean

PCN RAG method: Confidence interval (95%) - Byar's method

Small area type: Ward

OTHER INDICATORS





Indicators at County & UA level

		Compared with England: ■ Better ■ Similar ■ Worse ■ Not compared ■ Lower ■ Similar ■ Higher			
	Period	England	Kent	Medway	
Proportion of New Birth Visits (NBVs) completed within 14 days	2018/19	88.8	91.5	84.6	
Proportion of infants receiving a 6 to 8 week review	2018/19	85.4	87.9	88	
Proportion of children receiving a 12- month review	2018/19	82.3	86.9	87.8	
Proportion of children who received a 2-2½ year review	2018/19	77.6	80.6	75.9	
Children in care	2019	65	47	66	
Children in care immunisations	2019	86.8	89.6	83.2	
Unaccompanied Asylum Seeking Children looked after: count	2018	4480	235		
Children with Autism known to schools	2018	13.7	19.7	20.5	
Pupils with Learning Disability: % of school aged pupils	2017	5.6	3.6	4.6	
Admissions for diabetes for children and young people aged under 19 years	2018/19	50.7	53	51.7	
Homeless young people aged 16-24	2017/18	0.5	0.6	0.7	



Indicators at District & UA level

