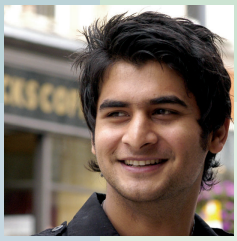
2008/09

joint strategic needs assessment

annual public health report 2008 / 2009

NHS Medway

Medway Council
Serving You

Foreword

We are pleased to present the first Joint Strategic Needs Assessment (JSNA) for Medway. This document outlines the key issues relating to the health and wellbeing of the local population. It builds on previous Annual Public Health Reports as well as earlier health needs assessments. This JSNA brings together information from a range of sources highlighting the key priorities to improve health and wellbeing and reduce inequalities in Medway.

This analysis supports the earlier work that identified the priorities outlined in Medway's Community Plan as well as the 50 targets identified in the Local Area Agreement. The LAA sets out how not just the council but all the agencies working in Medway will share resources and expertise to make life better for local people The Community Plan and Local Area Agreement are companion documents, with the LAA taking forward the elements of the Community Plan that will most benefit from a co-ordinated joint partnership approach.

Based on the information presented in this JSNA we will work with local stakeholders to develop programmes to improve health, focussing on the groups with greatest need in order to reduce health inequalities.

Joint Strategic Needs Assessments for mental heath and dementia have also been commissioned for Kent and Medway and will give a detailed consideration of these needs. Reports will be available within 2008/9.

Much of the information contained within this report is similar to that used in previous Annual Public Health Reports so this year the JSNA is also presented as the Annual Public Health Report.

Dr Alison Barnett
Director of Public Health

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Director Children and Adults, Caring and Learning

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Joint strategic needs assessment

1 Joint Strategic Needs Assessment

1.1 Definition

1.1.1 A Joint Strategic Needs Assessment (JSNA) is defined in the Department of Health guidance (December 2007) as a "systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities."

1.1.2 The premise behind the JSNA is a simple one; to enable organisations to deliver the most appropriate services, those that design, commission and provide services must have a full understanding of the local needs. In order to do this it is necessary for the JSNA to provide the evidence base to identify the segments of the community which have specific needs.

1.1.3 A JSNA needs to answer a number of questions to enable local organisations to target their resources and reduce inequalities:

- What types of inequalities exist?
- Which of the inequalities are of most concern, to the local bodies and the population?
- Which groups suffer from these inequalities?
- What are the likely effects on the overall need of the population from trend and demographic change?

1.1.4 There is a temptation to interrogate the information to further identify the key individuals or families but the guidance is specific in that the JSNA needs to be strategic. The Guidance on Joint Strategic Needs Assessment states "JSNA examines aggregated assessment of need and should not be used for identifying need at the individual level. Specially, JSNA is a tool to identify groups where needs are not being met and that are experiencing poor outcomes".

1.1.5 In order to provide this strategic oversight, the JSNA needs to provide a holistic view of each group. Often groups of people have interrelated poor outcomes in different spheres of their lives; it is important to understand the socio-economic factors as well as health and other factors to provide strategic approaches to tackling any inequalities.

1.1.6 The strategic view also needs to encompass the longer term as well as the immediate needs, and by applying anticipated trends and changing demographics, the scale of potential issues in the future should be estimated.

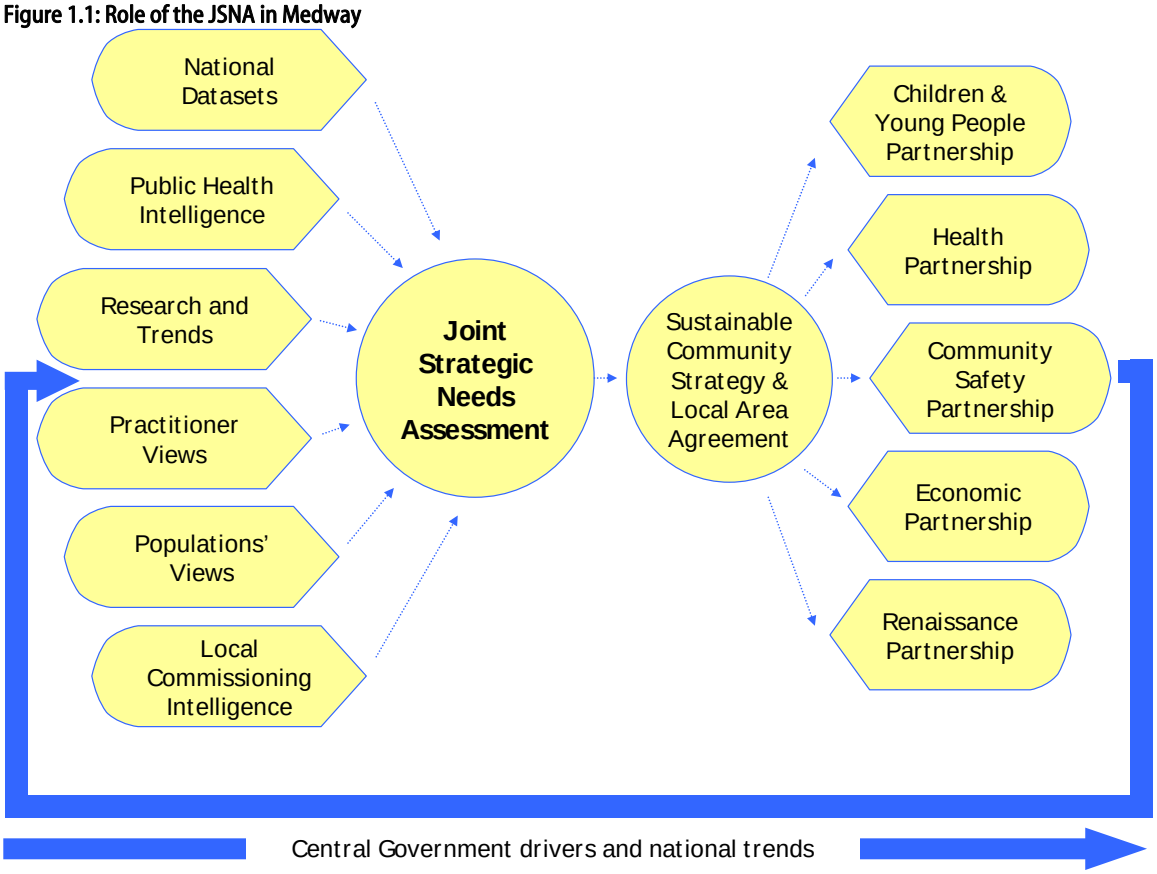
1.2 Process

1.2.1 The guidance informs us that the JSNA is a continuous process and at a minimum should be updated in line with the three year Local Area Agreement cycle. The purpose of the JSNA is to inform the priority setting of local organisations and partnerships. These priorities should be reflected in the Sustainable Community Strategy and other supporting strategies and plans.

1.2.2 The JSNA is a data/intelligence centric report pulling information from local and national datasets, local residents' views and current strategies. Any priorities already identified should be examined to ensure

sufficient analytical focus is applied to these issues. The key purpose is the focus on outcomes to make a measurable difference through evidence based decision making.

Figure 1.1: Role of the JSNA in Medway



1.3 Responsibilities

1.3.1 The guidance identifies the Directors of Public Health and Children and Adults, Caring and Learning as having joint responsibility for undertaking the JSNA. Once complete the same team should work closely with the Directors of Commissioning and Finance to help set strategic priorities and make evidence based investment.

Medway requirements

2 Medway Requirements

2.1 Requirements

2.1.1 CPC were commissioned to undertake the JSNA in June 2008. This report has been based upon the "core data set" (as outlined in the JSNA guidance notes), survey outputs, existing internal reports, and from data held within management information systems.

2.1.2 Our experience has shown it is better to employ an issue led approach rather than a data led approach to such situations. Basing the discussion around key priorities means that the information will be presented in such a way to identify the 'real issues on the ground', and consider these in the context of the evidence.

2.1.3 Consequently as part of the project, meetings were held with the executive teams of the PCT and the Children and Adults, Caring and Learning Directorate to define their requirements of the JSNA.

2.1.4 The guidance states that community engagement is an essential element of the Joint Strategic Needs Assessment. Not only does the process of engaging with the community strengthen the link between the community and the authorities, but it will provide an understanding of whether services that are currently being delivered meet expectations and need. The findings of this report will link to previous, existing and future engagement activity.

Key observations

3 Key Observations

3.1 Demographics

3.1.1 ONS projections suggest the overall population is expected to grow by 4.6% (11,700) by 2018 (when compared to the projection of the 2008 population). ONS projections do not take into account the development of the Thames Gateway, or the expected growth of the Universities.

3.1.2 Medway has a smaller proportion of older people aged 65 and over than the England as a whole, and this is expected to continue into the future. Nevertheless, the rate of growth for those 65 years of age or over is greater than the England rate. By 2018 the number of people 65 and over is projected to grow by 29% (10,100) and the number over 85 years of age will grow by 32% (1,300).

3.1.3 By 2018 the number of young children under 5 years of age is expected to grow by 7%. (1,100)

3.1.4 These demographic changes will drive growth in the number of relatively high intensity users; it is likely that service demand will more quickly in Medway than in England as a whole. Even so, these groups will continue to represent a smaller proportion of the population in Medway than the England in mid to long term future.

3.2 Deprivation

3.2.1 Medway has a relatively diverse level of deprivation with three wards falling within the 20% most deprived wards of England and two wards falling within the 20% least deprived. Relative differences of deprivation can be found within small areas; in River ward 35% of people live within neighbourhoods assessed to be in the 20% most deprived neighbourhoods in England and 28% live within the 20% least deprived.

3.2.2 As expected those areas with high levels of deprivation typically suffer on most domains of deprivation; income, employment, health, education, crime and living environment. The only domain that is an exception to this rule is the barriers to housing and services domain; this partly relates to the distance to services, and so rural communities perform poorly on this measure.

3.2.3 Children are marginally more likely to live in deprived neighbourhoods. Older people are more likely to live within the least deprived neighbourhoods.

3.3 Social and Environmental Context

3.3.1 Approximately 70% of the members of the 2006 Citizens' Panel agreed that their neighbourhood is a place where people can get on well with one another. The 2007 OfSTED TellUs2 survey of young people reported that 68% of Medway respondents answered "fairly good" or "good" to the question "What do you think of the your place as a place to live in?".

3.3.2 40% of Medway's young people in the TellUs2 survey reported that it is either 'not easy' or 'difficult' to contribute to the decision making process in the local area.

3.3.3 26% of Medway's workforce commute out of the area. Almost half the jobs in Medway are within the public or retail sectors, and within the other sectors Medway has a relatively low percentage of higher paid jobs. Consequently the average income in Medway is 10% less than the national average.

3.3.4 Kent Crimeview stated that Medway moved from being 'in line with peers' to 'better than peers and improving strongly' during 2007/08.

3.3.5 In common with national trends the number of households accepted as Statutory homelessness in Medway was down in 2007/8 to 1.7 households per 1,000 households, this is slightly above the figure for the rest of the South East at 1.6, but below the National figure of 2.5. (Source: Communities & Local Government and Medway statutory returns)

3.4 Life Style/Health Risk Factors

3.4.1 HealthAcorn categorise a location's residents into a number of broad health groups; Existing Problems, Future Problems, Possible Future Concerns and Healthy. They estimate that only 18% of local authorities have a larger proportion of people falling in the "healthy" category. This is partly due to the relatively young age profile of Medway.

3.4.2 The three most deprived wards – Gillingham North, Chatham Central and Luton & Wayfield – have the highest levels of people estimated to have future health problems.

3.4.3 Smoking is a major concern in Medway. The latest available data suggest that Medway has the highest level of smoking of all Local Authority areas in the South East at 31.3% of the adult population, enhancing the prospect of future smoking related illness in Medway.

3.4.4 Compared to the rest of the South East, the synthetic estimates of diet and obesity paints a poor picture of Medway. Of the 67 Local Authorities in the South East, Medway has the sixth highest percentage of people that are obese and the third lowest percentage of adults that consume five or more fruits or vegetables per day.

3.4.5 Alcohol consumption and drug misuse amongst adults is typical of other localities. Alcohol consumption amongst young people is also in line with other localities, though the percentage of young people that stated in the 2007 OfSTED TellUs2 survey that they have never taken any drug is marginally lower than the National average.

3.4.6 The teenage pregnancy rate in Medway has remained stubbornly high. 26% of 14 year old girls have become sexually active and 33% of 11-15 year olds do not always use contraception.

3.4.7 The high levels of risk factors for ill health will have an impact on health and health inequalities increasing the risk of cardiovascular disease and cancer. Commissioners will need to review the scale and impact of health promotion interventions.

3.5 Burden of ill health

3.5.1 The life expectancy of those born in Medway today is lower than the South East and England as a whole, but the number of years which the new born are expected to be either in good health or disability free is equal to the National average.

3.5.2 The 2001 census reported 15.6% of the population stating that they had a limiting long term illness compared to 17.9% in England. This may partly be due to the younger population in Medway. Because of the ageing population the numbers of people over 65 years of age with limiting long term illness is expected to increase by 34% by 2020.

3.5.3 The ageing population will have a significant effect on the numbers with illnesses such as diabetes; from 2005 to 2020 the number with diabetes is expected to increase by 46% to over 14,700 people.

3.5.4 The life expectancy of a population is linked to deprivation; in Medway deprivation drives a significant loss of life years resulting from coronary heart disease and lung cancer. This is consistent with the link between deprivation and the lifestyle risk factors such as smoking, poor diet and obesity.

3.6 Vulnerable People and Services

3.6.1 The ageing population will also increase those that fall into vulnerable groups; there is an expected 34% increase in the number of people aged 65 or over with a long term limiting illness by 2020.

3.6.2 BME children do not appear to have worse life outcomes than their white counterparts; white children are the least likely to attain 5 grade A*-C GCSEs. The young BME population are less likely to drink alcohol regularly.

3.6.3 Further more detailed analysis is required with partners to inform the realignment of services to meet the changing needs of vulnerable people of all ages.

Using the JSNA

4 Using the JSNA

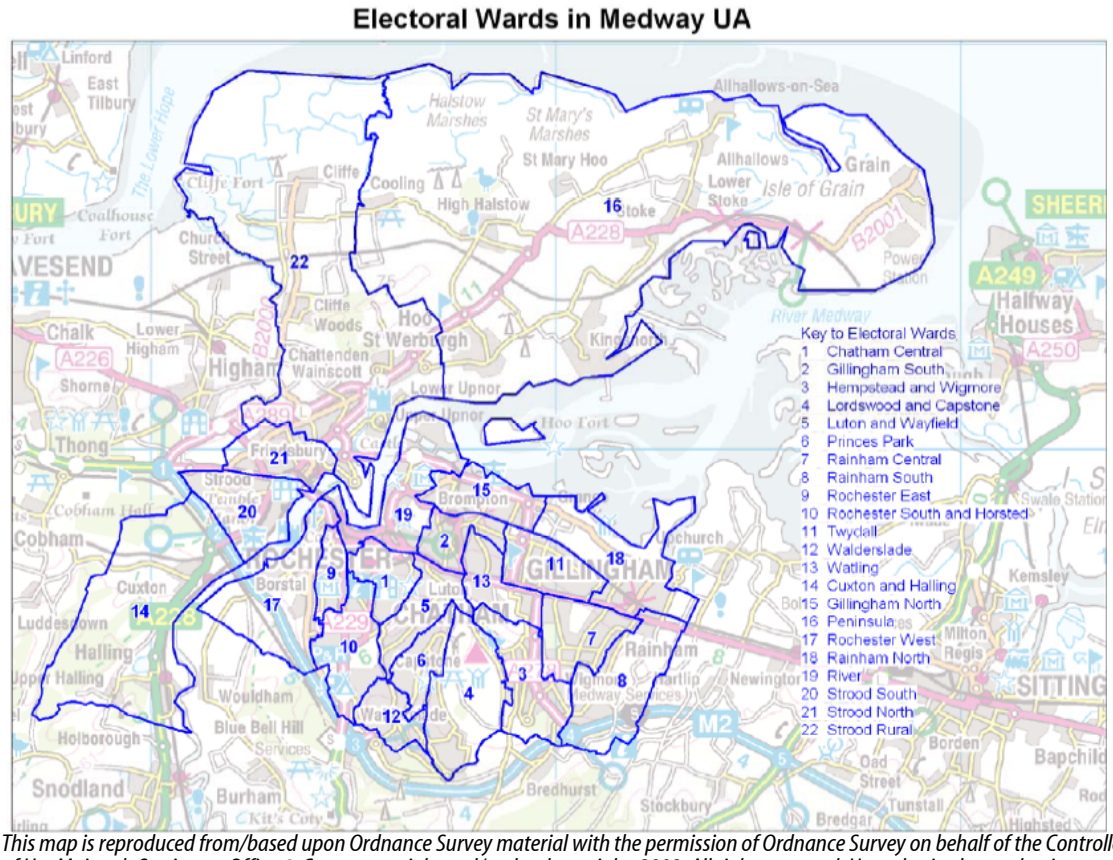
4.1 Output

4.1.1 The analysis of the factors of health and well-being has been carried out using the same structure where ever possible and appropriate, namely;

- Medway compared to National / Regional comparators to size the problem
- Medway trends to identify whether an issue is improving or deteriorating
- Medway projections to identify whether an issue is likely to improve
- Demographic breakdowns of each factor to identify which segments of society are most adversely affected by any inequality
- Ward breakdowns to identify any geographic differences

4.1.2 There are 22 wards in Medway as shown in figure 4.1.

Figure 4.1: Medway's Wards



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4.1.3 Super output areas (SOA) are areas of consistent size whose boundaries do not change and form the basis of much of the 2001 Census reporting. Lower level SOAs, which consist of an average of 1,500 residents

and a minimum of 1,000, have been used occasionally in the report to highlight differences within wards, but are not used extensively to ensure the paper remains strategic.

4.1.4 Throughout the paper, tables have been colour coded to identify wards with the highest and lowest dimension of any factor. Those shaded blue have one of the three highest levels of the factor, and those shaded yellow have one of the three lowest levels of the factor. This has been done to assist the reader in identifying those wards with consistently high or low values across a number of variables. An example is shown in table 4.1.

Table 4.1: Population size estimates by Ward in 2005

	Population Estimates
Gillingham South	15,555
Gillingham North	15,171
Chatham Central	15,062
Strood South	14,062
Rainham North	8,465
River	8,233
Hempstead and Wigmore	8,115
Cuxton and Halling	5,405

Source: ONS, 2006

4.1.5 As deprivation drives many of the outcomes experienced by people many of the tables are ordered by the deprivation levels within each ward.

Demographics

5 Demographics

5.1 Population Data & Methodology used

5.1.1 The population projections in this section use Office of National Statistics (ONS) projections.

- The projections are trend based which means assumptions on births, deaths and migration are based on observed levels over the previous 5 years (2001 – 2006). They show what the population will be if these trends hold going forward. The projections do not take into account future policy changes and the behavioural effects of such changes.
- Given these are based on the ONS methodologies and data, the outputs are provided within the standard ONS age bands. This does limit the ability to "cut and splice" the data as you might wish; the ONS age bands mean we cannot construct the split standard child definition of 0 to 15. Generally the report will use 0 to 14 unless specified.

5.2 ONS Limitations and other data sets

5.2.1 ONS projections have their limitations; the historical ONS mid-year based projections show that they can vary a great deal year on year. For example, the 2002, 2003 and 2004-based projections indicate that by 2027 Medway's population would be 299,500, 287,600 or 276,900 respectively. This is a maximum difference of over 22,000 people. The 2006-based projection for 2027, however, is broadly consistent with the 2004-based projection – with the difference being only 800. Of course, there is the risk that these projections will fluctuate again in the future.

5.2.2 There are some additional factors that are particularly difficult to model and are not included in the ONS estimates:

- It is extremely difficult to project how long the current level of inflow of migrants to Medway will last or whether the rate of inflow will change over time. This of course will be dependant on future unknown legislation, employment opportunities and behavioural assumptions.
- In 2007 there were around 6,000 students enrolled at universities in Medway, this number is expected to rise to 10,000 by 2010. Not all students will be resident in Medway, but it should be noted that the expected increase in student population has not been taken into account in ONS estimates, leading to potential under-forecasting of 19-24 year olds.
- Medway development expectations within the Thames Gateway could be adversely affected by the 'credit crunch' with the appetite of property developers to build new property and potential buyers' ability to buy both diminishing. This could result in lower than expected inward migration from other locations. Current estimates of growth in households due to the Thames Gateway regeneration associated with Medway is between 12,500 and 16,000 extra homes by 2026.

5.2.3 There is no perfect model for predicting population trends and councils use various methods. For example, Kent County Council produces population and household policy-based projections using its own

version of the Chelmer[1] model. Past projections have predicted a decline in population despite an increase in the number of households.

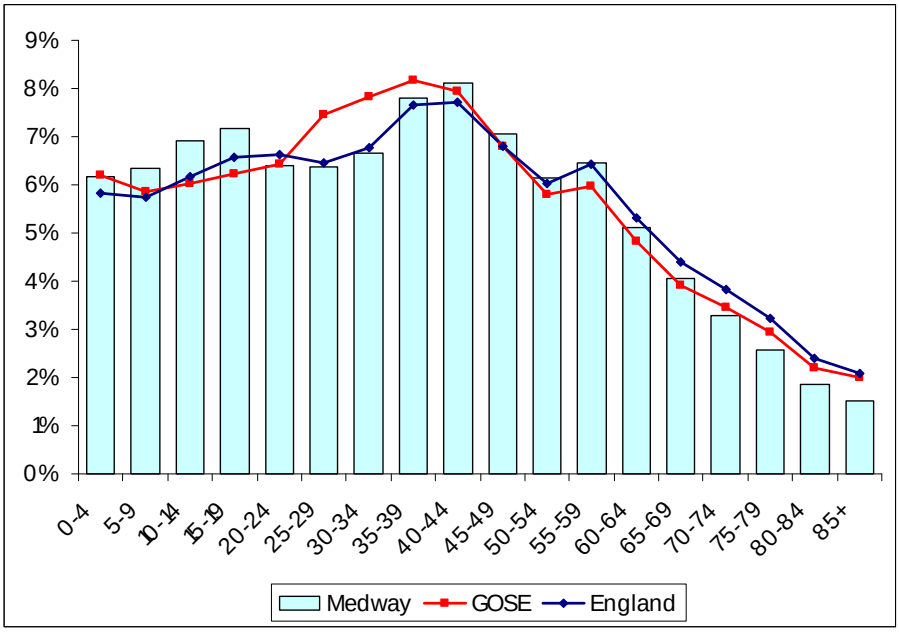
5.2.4 ONS population estimates and projections are considered to be the most reliable and robust available, so population assumptions going forward will be based on this data.

5.3 Medway's current Age Profile

5.3.1 The population of Medway as given by the 2001 Census was 249,488; the 2006 mid-year population estimates for Medway (produced by ONS) shows a 0.9% increase in population at 251,700 (rounded to nearest 100).

5.3.2 The 2006 Mid-year Estimates indicate Medway has a younger population profile than the England as a whole; a similar result is replicated when Medway is compared against the South East of England. The average age of the population of Medway is 37.4 years, compared with 39.1 years for the England and 38.1 years for the South East.

Figure 5.1 Medway and England/Government Office for the South East (GOSE) age distribution



Source: 2006-based subnational population projections, ONS

[1] The Chelmer Population and Housing Model (CPHM) is a demographic regional housing model developed by the Population and Housing Research Group (PHRG) as part of a research project supported by the Housing Research Foundation.

5.3.3 As shown in Table 5.1 below a larger proportion of Medway residents are children compared to the national picture. Measured in these broad ranges Medway has a greater proportion of its population in each of the age band except for those over 65 years old.

Table 5.1: 2006 Age Profile of Medway Vs. England

Age Band	Medway	England	Variance
0-14	19.4%	17.7%	1.7%
15-24	13.6%	13.2%	0.4%
25-39	20.8%	20.9%	0.0%
40-64	32.9%	32.3%	0.6%
65+	13.4%	15.9%	-2.6%

Source: 2006-based subnational population projections, ONS

5.4 Medway's changing Age Profile

5.4.1 We have used the ONS 2006-based Sub National Population Projections, combined with the ONS mid-year estimates to model population changes within Medway over the next 15 years. Table 5.2 shows the estimated population sizes for 2011, 2013, 2018 and 2023.

5.4.2 The model predicts the overall population will increase by 1.2%, 2.1%, 4.6% and 7.2% by 2011, 2013, 2018 and 2023 respectively. Comparing to the National Population growth rate it can be seen that in the Medway's population grows at a slower rate over time. Given the planned regeneration associated with the Thames Gateway development is not included in the ONS' projection calculations it is likely that these projections underestimate the true growth.

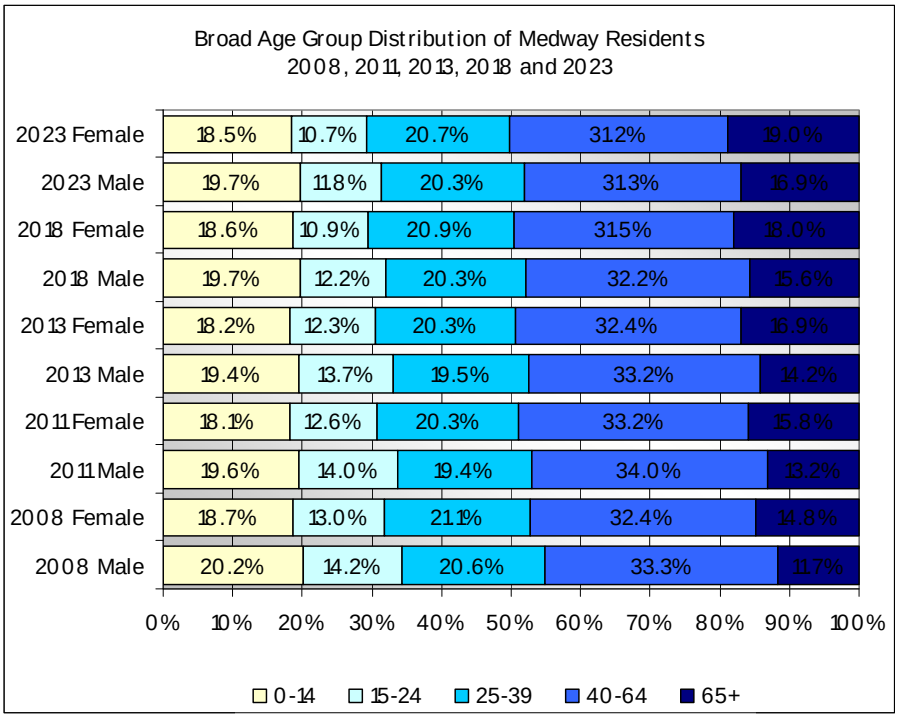
Table 5.2: Medway population growth

Year	Population Count	Medway Population Growth (over 2008)	England Population Growth (over 2008)
2008	253,200	-	-
2011	256,200	1.2%	2.4%
2013	258,600	2.1%	3.9%
2018	264,900	4.6%	7.9%
2023	271,400	7.2%	11.8%

Source: 2006-based subnational population projections, ONS

5.4.3 Figure 5.2 and Table 5.3 reports the latest and projected age group distribution of Medway residents. By 2023, each age group will see a reduction in the proportion of its residents except for the 65 and over group.

Fig 5.2: Medway growth by age band



Source: 2006-based subnational population projections, ONS

Table 5.3: Projected Age Profiles for Medway over time

AGE GROUP	2008	2011	2013	2018	2023
0-4	16,200	17,100	17,300	17,300	17,100
5-9	15,400	15,500	16,200	17,300	17,300
10-14	16,800	15,700	15,200	16,100	17,200
15-19	17,700	16,900	16,300	14,800	15,900
20-24	16,900	17,200	17,000	15,800	14,500
25-29	16,500	17,400	18,300	18,500	17,400
30-34	15,900	16,600	17,100	18,900	19,300
35-39	18,800	16,800	16,000	17,200	19,000
40-44	20,200	19,400	18,600	16,000	17,200
45-49	18,700	19,900	19,800	18,300	15,900
50-54	15,800	17,000	18,000	19,100	17,700
55-59	14,800	14,500	14,900	17,000	18,100
60-64	14,900	15,100	13,700	13,900	15,900
65-69	10,400	11,700	13,700	12,600	12,900
70-74	8,700	9,200	9,400	12,400	11,600
75-79	6,700	7,000	7,500	8,200	10,900
80-84	4,600	4,900	5,200	6,000	6,700
85+	4,100	4,300	4,500	5,400	6,700
Total	**253,200**	**256,200**	**258,600**	**264,900**	**271,400**

Source: 2006-based subnational population projections, ONS

5.4.4 Over the next 10 years the age profile of Medway's population will change significantly. Table 5.4 shows that growth is slower in the four younger age groups compared to the England average. Where the anticipated growth rate for Medway is greater than the England average the table has been marked in blue, and in yellow where slower growth is expected.

Table 5.4: Medway population change compared with the National average

	0-14		15-24		25-39		40-64		65+		85+	
	Med	Eng.	Med	Eng.	Med	Eng.	Med	Eng.	Med	Eng.	Med	Eng.
2011	-0.2%	2.0%	-1.4%	0.0%	-0.8%	1.4%	1.8%	2.5%	7.5%	5.7%	4.9%	7.9%
2013	0.6%	3.7%	-3.8%	-1.4%	0.4%	3.3%	0.7%	2.4%	16.8%	12.5%	9.8%	13.3%
2018	4.8%	10.1%	-11.6%	-7.6%	6.6%	11.6%	-0.1%	3.0%	29.3%	23.5%	31.7%	31.4%

Source: 2006-based subnational population projections, ONS

5.4.5 Figure 5.3 charts the projected changes of population over time for 5-year age bands. Figure 5.4 focuses on the main changes in Medway's age profile that will be seen by 2018.

5.4.6 The projections suggest that by 2011:

- 8 of the 9 five year age bands aged 45 and over see an increase in population.
- The 65 and over group will increase by 7.5% and the 85 and over by 4.9%.
- There is growth in the number of young adults. These predictions may over-estimate the number of people in this group if there are socio-economic reasons for migration out of the area.
- 5 to 19 year olds and 30 to 44 year olds see a decline in population.

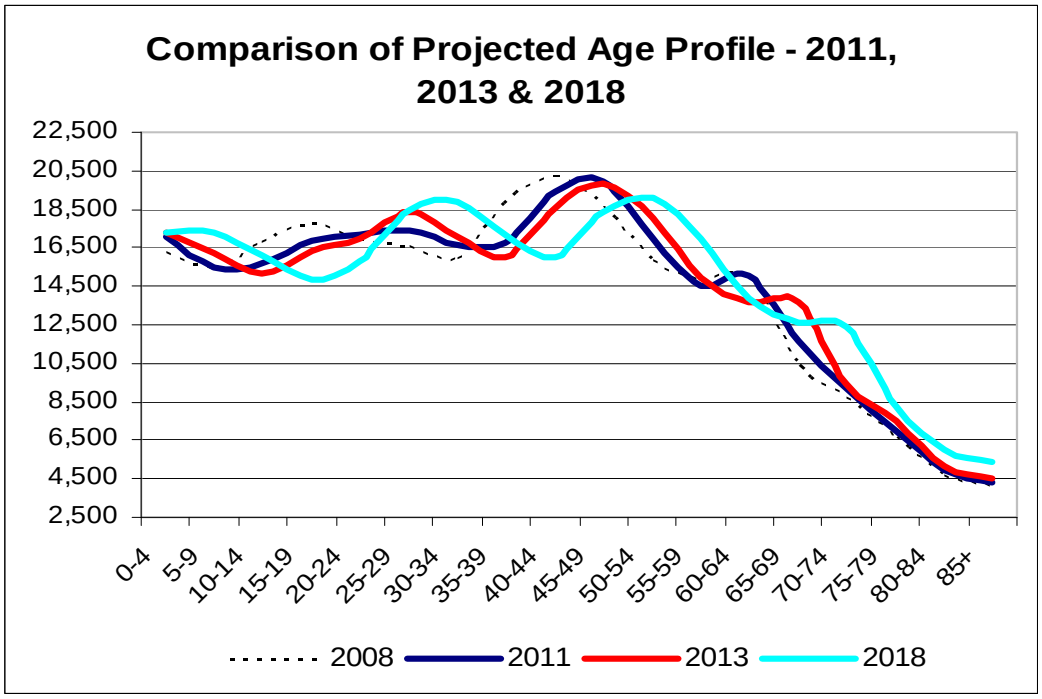
5.4.7 By 2013:

- 8 of the 9 five year age bands aged 45 and over see an increase in population.
- Increases of 16.8% for those 65 and over, and 9.8% for those 85 and over are predicted.
- The 10 to 19 year olds and 35 to 44 year olds see a decline in population.

5.4.8 By 2018:

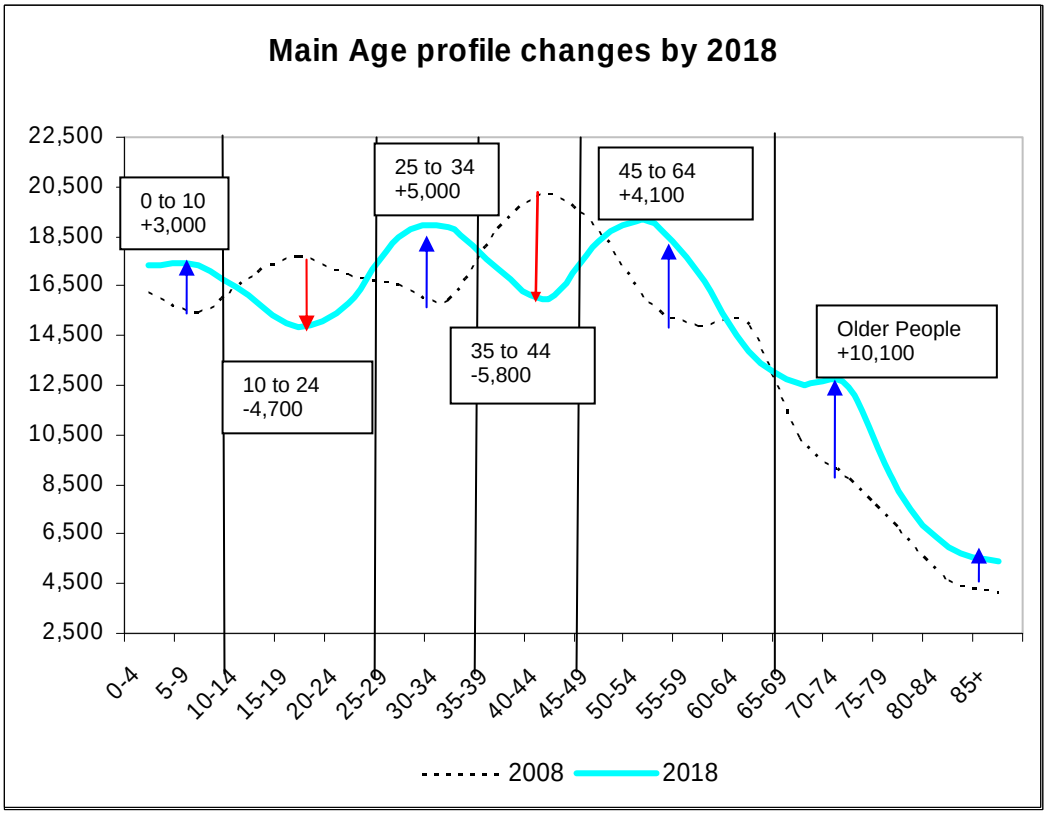
- 8 of the 9 five year age bands aged 45 and over see an increase in population, however at a slower rate than the National average.
- Increases of 29.3% for those 65 years old and over, and 31.7% for those 85 years old and over are predicted. Both rates of increase are faster than the National picture.
- The 10 to 19 year olds and 35 to 44 year olds see a decline in population.

Figure 5.3: Medway population for 2011, 2013 and 2018 by age



Source: 2006-based subnational population projections, ONS

Figure 5.4: Medway population changes by 2018



Source: 2006-based subnational population projections, ONS

5.5 Medway's Age Profile – Geographical spread

5.5.1 The age distribution between wards differs significantly. The percentage of a ward's population that were children at the last census varied between 18.2% (Rochester West) and 25.8% (Princes Park). Given the numbers of children are related to the housing stock, proximity to schools and adult demographics the differences at SOA level are much more marked. The SOA with the lowest percentage of children with 11.1% is one within River ward. The SOA with the highest percentage of children with 34.9% of residents is one within Chatham Central.

5.5.2 The distribution of those over 65 years of age is even more marked. 5.8% of those in Princes Park ward are within this age group compared to 16.3% of those in Rainham North. The variation at SOA level varied between 2.3% (in Princes Park) and 28.1% (in Rainham North). The concentration of older population is likely to partly a result of the location of nursing and residential homes, and sheltered housing.

5.5.3 Future variation depends largely on current demographics and regeneration plans as the housing stock is one of the main drivers of the age profile of an area.

5.6 Life Expectancy

5.6.1 The 3-yr (2004-2006) rolling average for life expectancy at birth in Medway was lower than both the South East and England at 80.8 for females and 76.4 for males. The "remaining years" life expectancy for those at 65 years of age in Medway, shown in table 5.6, shows that the lower than national life expectancy affects a range of age groups.

Table 5.5: Average Life Expectancy (yrs)

	Females	Males
Medway	80.8	76.4
South East	82.4	78.5
England	81.6	77.3

Source: ONS Life Expectancy at birth for all persons, 2004-2006

Table 5.6: Additional Average Life Expectancy at the age of 65 (life yrs remaining)

	Females	Males
Medway	19.2	16.4
South East	20.5	17.9
England	19.9	17.2

Source: ONS Life Expectancy at 65 for all persons, 2004-2006

5.6.2 The gap in life expectancy between the wards with the lowest and highest values (River and Cuxton & Halling respectively) widened between 1998 and 2005 (see Table 5.7 below). This reflects the consistent increase in life expectancy for Cuxton & Halling ward since 1998 with the contrasting consistent reduction seen for River ward over the same time period (appendix 11.3). However, the latest data for 2002-06 show a change in trend with a decrease in the inequality gap between the top and bottom wards of 0.8 years compared with 2001-05.

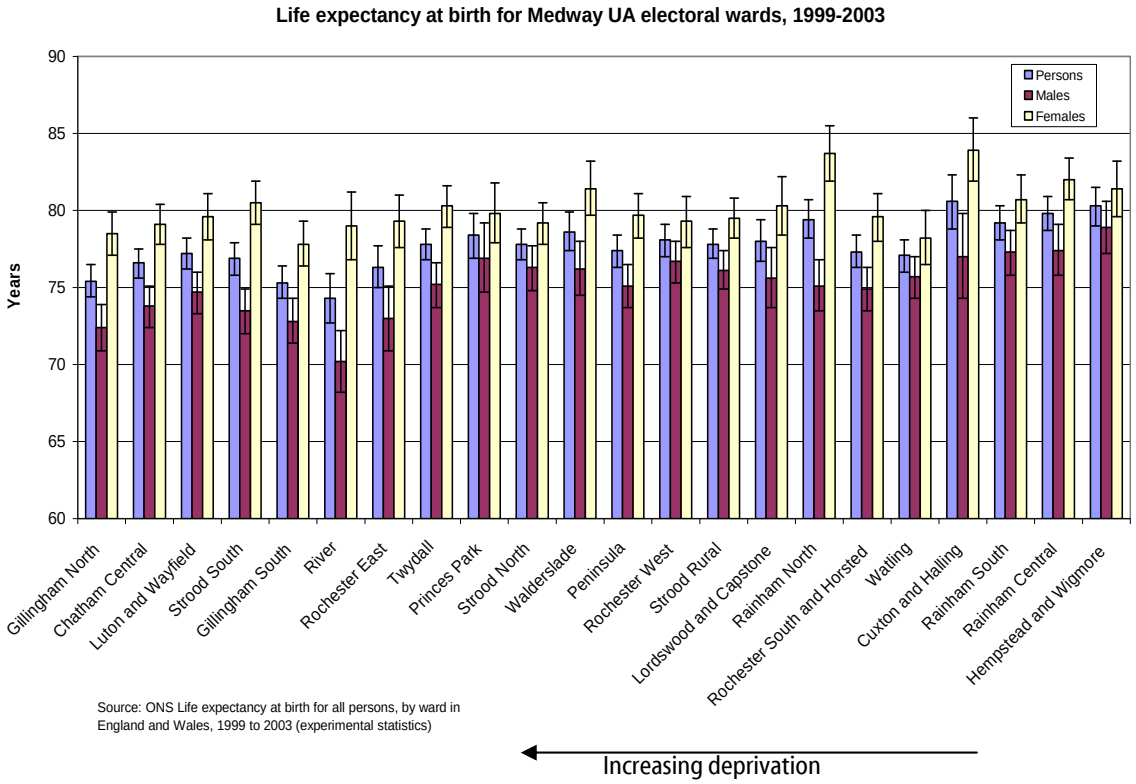
Table 5.7: Difference between Wards with the Lowest & Highest Life Expectancy (yrs)

1998-02*	1999-03	2000-04	2001-05	2002-06
5.5	6.3	7.2	7.6	6.8

Source: Deaths from Annual District Death Extracts 1998 - 2006, populations from Census 2001
**Cuxton & Halling ward had the 2nd highest life expectancy in 1998—02.*

5.6.3 Figure 5.5 gives life expectancy by gender and ward with wards sorted by deprivation level (as defined by the Index of Multiple Deprivation). There is a negative correlation between life expectancy for both males and females and deprivation at Medway ward level. The relationship is stronger for males than females.

Figure 5.5: Life expectancy at Birth by Ward and gender (yrs)



5.7 Fertility and Mortality

5.7.1 The average General Fertility Rate (GFR) for Medway over the period 2001 – 2005 was 58.1 per thousand, this is higher than the average GFR for the South East and England over the same period (55.8 per thousand and 56.8 per thousand respectively).

5.7.2 Table 5.8 shows rates for General Fertility as well as the average number of live births by ward for mothers whose usual residence is in Medway. Gillingham North and Chatham Central have high levels in both indicators, reinforcing the association between high levels of deprivation and fertility.

Table 5.8: Fertility and Live births by ward

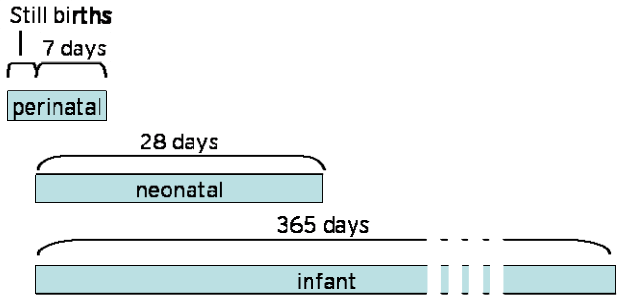
	Average annual General Fertility Rate (2001-05: per 1,000 females aged 15 – 44)	Average annual Live Births (2001-05)
Gillingham North	69.5	243
Chatham Central	70.6	244
Luton and Wayfield	68.3	205
Strood South	60.1	186
Gillingham South	69.3	247
River	88.8	152
Rochester East	58.7	124
Twydall	49.6	125
Princes Park	63.1	166
Strood North	58.4	168
Walderslade	52.6	100
Peninsula	51.8	126
Rochester West	48.3	101
Strood Rural	59.7	148
Lordswood and Capstone	49.6	106
Rainham North	58.0	102
Rochester S & Hors.	43.9	105
Watling	48.1	88
Cuxton and Halling	58.0	64
Rainham South	48.7	158
Rainham Central	41.4	95
Hempstead & Wig.	64.2	64
Medway	58.1	3,117

Source: OND ADBE/ONS VS1

5.7.3 In terms of overall infant mortality Medway performs less well than England and the South East. Average annual deaths at ages under one year per 1,000 live births between 1997 and 2005 for Medway were 5.53, for the South East the rate is 4.45, and for England, 5.44 per 1,000 births.

5.7.4 Two key indicators of infant mortality are neonatal (deaths during the first 28 days of life) and perinatal mortality (stillbirths and deaths in the first week of life). Figure 5.6 graphically shows the different definitions of mortality. These rates are indicative of perinatal and neonatal care, as well as living standards, maternal health, medical intervention and care.

Figure 5.6: Definition of perinatal, neonatal and infant mortality



5.7.5 From table 5.9 it can be seen that Medway's neonatal mortality rates compare favourably against England but less favourably against the South East. Perinatal mortality rates for Medway are slightly higher than the South East rate but lower than the overall England rate.

Table 5.9: Neonatal & Perinatal mortality rates, Medway Vs. Locality, 1997 – 2005

Area	Neonatal mortality rate per 1000 live births	Perinatal mortality rate per 1000 live births & stillbirths	Infant mortality per 1000 live births
Medway	**3.48**	**7.04**	**5.53**
South East	2.97	6.89	5.44
England	3.69	8.21	4.45

Source: ONS Annual District Death Extracts & Vital Statistics Tables

5.7.6 Table 5.10 gives all cause, neonatal and perinatal mortality rates by Ward. All cause Mortality rates are lowest for the most affluent wards. Numbers of perinatal, neonatal and infant deaths are small at ward level and comparison should be made with caution.

Table 5.10: All cause, perinatal, neonatal and infant mortality rates in Medway wards

Ward	Age standardised Mortality rates (per 100,000 population)[2]	Perinatal rates (per 1,000 live births and still births)[3]	Neonatal rates (per 1,000 live births)[4]	Infant mortality (per 1,000 live births)[5]
Gillingham North	953.3	8.2	2.3	5.5
Chatham Central	757.8	9.5	0.8	2.8
Luton and Wayfield	693.3	10.0	1.9	4.8
Strood South	660.2	9.8	0.0	3.6
Gillingham South	740.6	8.3	0.8	7.1
River	818.6	4.9	2.4	3.3
Rochester East	677.1	8.1	0.8	7.3
Twydall	658.7	3.0	0.0	0.7
Princes Park	682.8	4.3	0.0	3.7
Strood North	664.5	9.0	1.1	1.7
Walderslade	619.0	6.8	1.9	2.0
Peninsula	623.2	4.1	0.8	2.4
Rochester West	679.8	5.6	0.9	0.0
Strood Rural	587.4	5.7	1.4	1.4
Lordswood & Capstone	655.3	6.0	1.7	4.2
Rainham North	555.0	6.8	0.0	3.8
Rochester S & Hors.	638.6	5.3	0.0	2.6
Watling	815.8	3.3	1.1	2.2
Cuxton and Halling	556.1	12.1	0.0	1.5
Rainham South	552.9	8.9	0.6	3.6
Rainham Central	504.9	6.2	2.1	5.2
Hempstead & Wig.	539.0	1.5	0.0	3.0

Source: ONS Annual District Death extract, ONS Annual District Birth extract,

5.7.7 The average annual rate of premature births (defined as delivery prior to 37 weeks completed gestation) in Medway based on births in 2002-2006 was 8.9% of all births.

5.7.8 The national average rate for low-weight births is 7.8 per 100 births, the average for Medway is slightly higher at 8.0 per 100 births.

[2] Average annual all cause age standardised mortality rates by electoral ward in Medway UA, 2004-06, per 100,000, Source: Deaths from ONS Annual District Death Extract; populations from ONS 2005 ward population estimates
[3] Perinatal mortality rates for Medway UA electoral wards 1996-2005, Sources: ONS Annual District Death Extract, ONS Annual District Birth Extract
[4] Average Annual Neonatal Mortality Rates for Medway UA electoral wards, 1996-2005
[5] Average Annual Infant Mortality Rates for Medway UA electoral wards, 1996-2005

5.7.9 Table 5.11 shows rates for premature birth and low-weight births by ward. Gillingham North scores highly for both indicators, confirming the link between high levels of deprivation and premature birth. Note: figures on premature births to mothers resident in Medway do not include births at hospitals other than Medway Maritime Hospital.

Table 5.11 Premature births and low birth weights by ward

	Average annual Premature Birth Rate per 100 births (2002-06)[6]	Low Birth weight rate (per 100 where birthweight < 2,500g) [7]
Gillingham North	11.3	11.2
Chatham Central	8.9	8.4
Luton and Wayfield	9.7	9.7
Strood South	9.1	7.3
Gillingham South	8.5	11.0
River	10.3	7.1
Rochester East	8.8	7.8
Twydall	8.4	6.9
Princes Park	8.4	6.7
Strood North	10.0	9.6
Walderslade	11.3	8.8
Peninsula	6.7	4.4
Rochester West	5.5	5.1
Strood Rural	8.5	6.5
Lordswood and Capstone	10.3	9.3
Rainham North	8.4	6.4
Rochester S & Hors.	6.8	6.4
Watling	8.6	5.0
Cuxton and Halling	10.7	10.2
Rainham South	8.0	6.4
Rainham Central	8.7	8.2
Hempstead & Wig.	5.9	6.5

Source: Premature Births - Medway Maritime Hospital Maternity System, Jan 2007
Low Birthweight - ONS ADBE, ONS Compendium of Clinical and Health Indicators

[6] Medway Maritime Hospital Maternity System, Jan 2007
[7] Annual average between 2001 – 2005.

5.7.10 Table 5.12 gives all cause child mortality rates by Ward and age band.

Table 5.12: Annual average child mortality rates in Medway wards – 1997 to 2005

Ward	Mortality Rates: 0-19 year olds (per 100,000)[8]	Mortality Rates: 0-4 year olds (per 100,000)[9]	Mortality Rates: 5-15 year olds (per 100,000)[9]	Mortality Rates: 16-19 year olds (per 100,000)[9]
Gillingham North	68.9	146.5	25.7	76.5
Chatham Central	46.6	122.1	19.9	12.9
Luton & Wayfield	56.8	154.6	17.2	28.7
Strood South	61.2	158.9	28.3	13.5
Gillingham South	53.2	154.3	11.7	24.3
River	59.4	167.5	13.0	34.2
Rochester East	76.8	131.2	60.2	43.5
Twydall	55.7	91.6	32.5	68.0
Princes Park	50.5	122.6	25.7	18.5
Strood North	35.6	33.5	38.9	29.7
Walderslade	43.7	91.9	26.5	20.6
Peninsula	41.1	83.5	5.4	79.4
Rochester West	31.3	52.4	7.7	64.9
Strood Rural	41.1	52.9	10.6	110.6
Lordswood & Capstone	55.4	99.5	6.3	128.7
Rainham North	69.7	218.7	9.0	23.3
Rochester S & Hors.	43.0	29.2	37.6	77.9
Watling	27.2	58.6	6.7	38.0
Cuxton & Halling	71.1	150.6	40.0	47.0
Rainham South	40.6	96.4	12.8	36.8
Rainham Central	41.3	117.5	5.3	30.8
Hempstead & Wig.	31.4	50.4	17.0	43.7

Source: ONS Annual District Death extract, ONS Annual District Birth extract

5.8 Medway's Ethnic Profile

5.8.1 The mid-2005 estimates provides the latest accurate ethnic breakdown in Medway. The statistics show that Medway has a predominantly white population. The largest ethnic minority group is the Asian or Asian British[9] group with 3.4% of population falling within this group, 2.2% of which are Indian and 1.2% other Asian or Asian British.

Table 5.13: Ethnic Groups – Overall Population

Ethnicity	Thousands	Percentage
White	234.0	93.0%
Indian	5.5	2.2%
Mixed	3.4	1.4%
Other Asian/Asian British	3.0	1.2%
Black	3.2	1.3%
Chinese	1.5	0.6%
Other	1.0	0.4%

Source: ONS, mid-2005

[8] Average annual all cause age standardised mortality rates by electoral ward in Medway UA, 1996-2005, per 100,000, Source: Deaths from ONS Annual District Death Extract; populations from ONS 2005 ward population estimates
[9] Composed of Indian, Pakistani, Bangladeshi and Other Asian sub-groups, (Other Asian does not include Chinese).

5.8.2 The age profile for each ethnic group is very different.

Table 5.14: Age distribution of ethnic groups

Ethnicity	<16 years old	16-64/59*	65/60+**
White	20.8%	62.9%	16.3%
Asian or Asian British	22.1%	68.6%	9.3%
Mixed	47.1%	50.0%	2.9%
Black or Black British	21.9%	71.9%	6.3%
Other	16.7%	79.2%	4.2%

Source: ONS, Estimated resident population by broad ethnic group and sex, mid-2005
** 16-64 for males; 16-59 for females; ** 65 and over for males; 60 and over for females*

5.8.3 Consequently the proportion of those from ethnic minorities is higher for children (8.6%) than the population as a whole (7.0%).

Table 5.15: Ethnic Groups – Children and Older People

Ethnicity	<16 years old	65/60+**
White	91.4%	96.9%
Asian or Asian British	3.6%	2.0%
Mixed	3.0%	0.3%
Black or Black British	1.3%	0.5%
Other	0.8%	0.3%

Source: ONS, estimated resident population by broad ethnic group and sex, mid-2005
*** 65 and over for males; 60 and over for females*

5.8.4 The 2001 Census shows all wards in Medway have a predominately white population. Chatham Central is the only ward where the White proportion of the population is less than 90%.

5.8.5 Chatham Central is also the ward that has the largest Asian population, with 7.4% of the population falling within this category, followed by Rochester South and Horsted ward (5.7%) and Strood North ward (4.9%).

Table 5.16: Distribution of minority ethnic groups amongst Wards

Ward	% White	% Asian or Asian British	% Mixed	% Black or Black British	% Other
Gillingham North	94.4	2.6	1.6	0.9	0.5
Chatham Central	89.4	7.4	1.4	1.1	0.7
Luton and Wayfield	94.4	2.7	1.3	1.0	0.6
Strood South	96.5	1.5	0.8	0.6	0.6
Gillingham South	91.6	4.8	1.6	1.1	0.9
River	91.7	2.8	1.4	1.6	2.6
Rochester East	92.7	4.4	1.3	0.8	0.8
Twydall	96.6	1.8	1.0	0.5	0.2
Princes Park	96.0	1.6	1.2	0.7	0.5
Strood North	92.7	4.9	1.0	0.7	0.7
Walderslade	96.3	1.8	1.0	0.5	0.4
Peninsula	98.1	0.7	0.5	0.3	0.4
Rochester West	93.8	2.3	1.3	1.7	1.0
Strood Rural	96.7	1.7	0.7	0.4	0.5
Lordswood and Capstone	96.1	1.7	1.0	0.5	0.6
Rainham North	97.3	1.3	0.8	0.3	0.3
Rochester S. and Hors	91.9	5.7	1.1	0.5	0.7
Watling	93.2	4.3	1.0	0.8	0.8
Cuxton and Halling	97.8	1.1	0.7	0.0	0.4
Rainham South	96.3	1.5	1.1	0.5	0.7
Rainham Central	96.4	1.9	0.9	0.4	0.4
Hempstead and Wigmore	93.9	3.6	1.0	0.6	1.0

Source: Census 2001

5.8.6 The census data are clearly out of date, and national data suggest that women born outside the UK are more likely to have a higher birth rate and it is likely this picture has changed.

5.8.7 Table 5.17 below shows the number of successful applications for a National Insurance Number (NINO) during 2006/07 by applicant's country of origin for Medway.

Table 5.17: NINO registrations in respect of non-UK Nationals in 2006/07 by country of origin

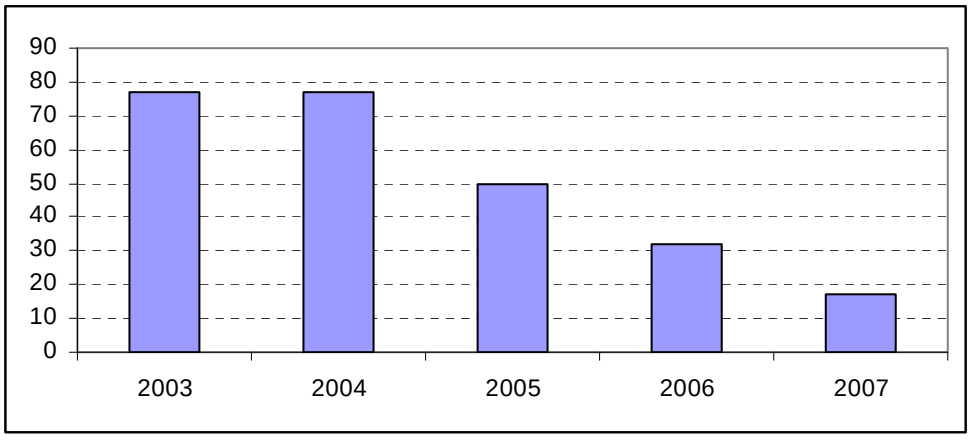
Local Authority	Medway
Eastern Europe	1150
Asia	350
Western Europe	210
Africa	170
Pacific	70
Americas	50
Middle East	10

Source: National Insurance Number Allocations to Overseas Nationals entering the UK, DWP.

5.8.8 These figures do not paint the full picture of migration as they do not represent the total numbers immigrating into the area; they do not take into account the self-employed or unemployed, and nor do they count the number of dependents that the person receiving the NI number might be supporting. Lastly it is important to note that it is a count of inward migration but does not reflect emigration or the overall migrant population. Crude estimates suggest that for every migrant with a registered NINO in the South-East there are 2 more migrants in the self-employed/unemployed categories.

5.8.9 Figure 5.7 below gives the number of asylum seeker pupils in Medway schools for the period 2003-2007. As can be seen pupil numbers have fallen over time.

Figure 5.7: Asylum seeker pupils in Medway Schools: 2003 - 2007



Source: School Census

5.8.10 It is extremely difficult to project how long the current level of inflow of migrants/asylum seekers to Medway will last or whether the rate of inflow will change over time. This of course will be dependant on future unknown legislation, employment opportunities and behavioural assumptions.

5.9 Implications for Medway's Future Health and Well-being needs

5.9.1 Ageing Population: The key implication and challenge resulting from the projected demographic change described in this section is strategic commissioning that meets the expected increase in demand for health and social care services for the elderly. By 2018 the number of over 65 year olds in Medway will grow by 29%, a faster rate than the 26% growth expected for this group nationally. This is approximately a 10,000 increase in the numbers of people aged 65 or over.

5.9.2 Although the older population is growing faster in Medway than England, it is starting at a lower base, and by 2018 England continues to have approximately 3% more of its population in the over 65 year age group than Medway.

5.9.3 More young children: The number of children aged 0-4 is projected to see an increase of 6.8% by 2018. This represents around 900 children.

Deprivation

6 Deprivation

6.1.1 The Index of Multiple Deprivation (IMD) 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each neighbourhood in England. This allows the ranking of areas relative to each other according to their level of deprivation. As with the 2004 Indices, the 2007 IMD have been produced at Lower Super Output Area (LSOA) level, of which there are 32,482 in the country. Both the 2004 IMD and 2007 IMD are made up of seven distinct dimensions of deprivation called Domain Indices; the weighting attributed to each domain is given in brackets:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Health Deprivation and Disability (13.5%)
- Education, Skills and Training Deprivation (13.5%)
- Barriers to Housing and Services (9.3%)
- Crime (9.3%)
- The Living Environment Deprivation (9.3%)

6.1.2 Medway has higher levels of general deprivation than Local Authority neighbours within Kent and the South East of England. 9.8% of Medway's SOAs are amongst the most generally deprived in England. Medway ranks as the 150th most deprived Local Authority out of the 354 Local Authorities in England

6.1.3 Table 6.1 below ranks Medway wards by 2007 IMD and reports which England quintile each ward falls in. Three Wards fall within the 20% most deprived neighbourhoods, and two fall within the 20% least deprived. This though does not tell the entire story; for instance within River ward alone 35% of people live within one of the most deprived neighbourhoods and 28% live within one of the least deprived neighbourhoods in England.

6.1.4 As all aspects of outcomes for the population are typically linked to deprivation all subsequent ward based tables report the results in the deprivation order of Wards, with the most deprived at the top.

Table 6.1: Medway deprivation by Ward

	IMD	Quintile (5=Most deprived)	% living in 20% most deprived LSOAs in England	% living in 20% most affluent LSOAs in England
Gillingham North	30.1	5	27.1	0.0
Chatham Central	29.6	5	31.6	0.0
Luton and Wayfield	27.6	5	32.8	0.0
Strood South	24.4	4	10.4	0.0
Gillingham South	24.1	4	10.9	0.0
River	23.4	4	35.2	28.2
Rochester East	20.6	4	16.4	0.0
Twydall	20.2	4	11.1	0.0
Princes Park	16.7	3	13.1	0.0
Strood North	16.7	3	0.0	10.3
Walderslade	16.4	3	0.0	33.6
Peninsula	16.1	3	0.0	0.0
Rochester West	15.3	3	0.0	15.5
Strood Rural	14.3	3	0.0	0.0
Lordswood and Capstone	14.0	3	0.0	18.8
Rainham North	12.1	2	0.0	15.8
Rochester S. and Hors	11.8	2	0.0	11.9
Watling	11.0	2	0.0	35.5
Cuxton and Halling	11.0	2	0.0	27.8
Rainham South	10.4	2	0.0	22.2
Rainham Central	7.3	1	0.0	62.0
Hempstead and Wigmore	4.7	1	0.0	100.0

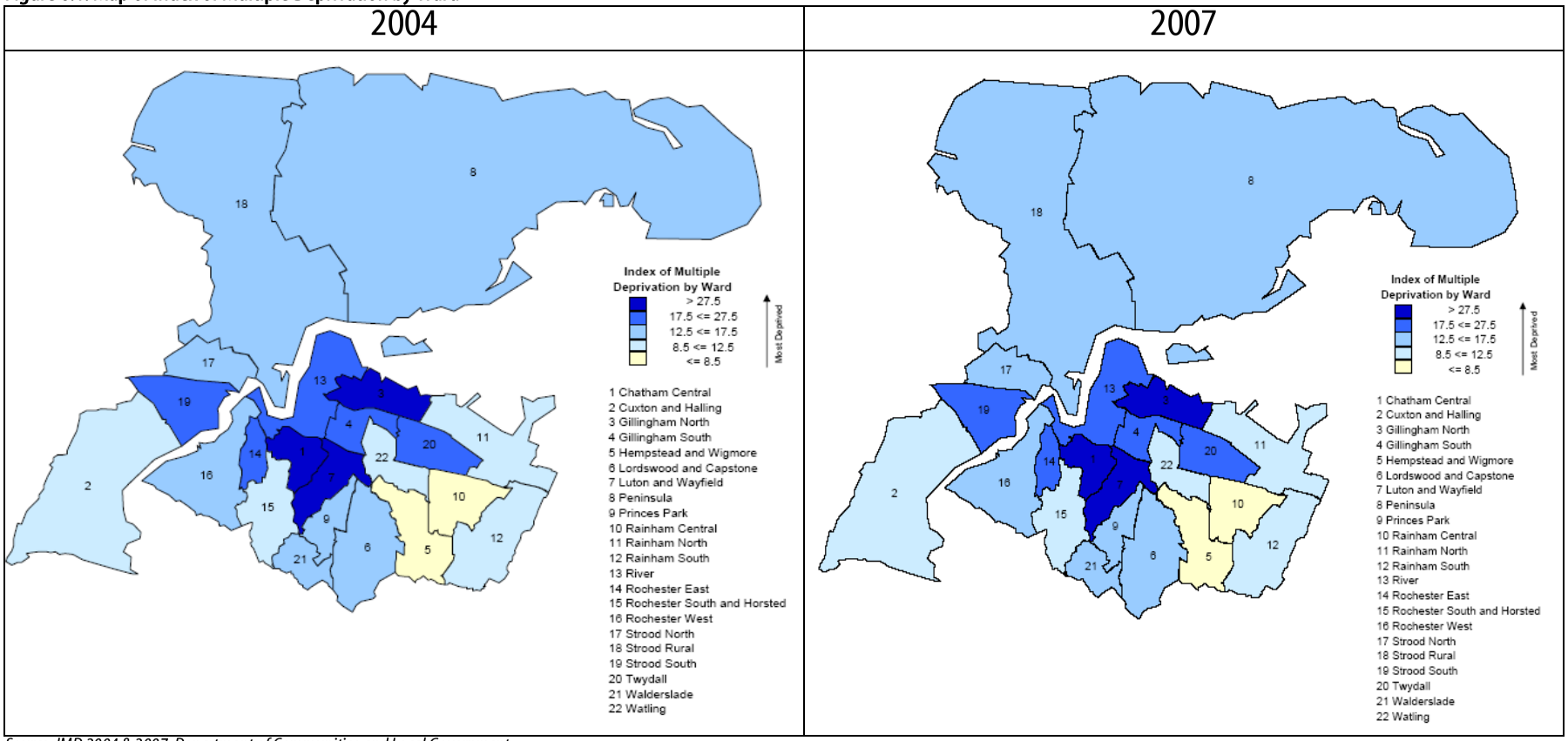
Source: IMD 2007, Communities and Local Government.

6.1.5 Figures 6.1 to 6.3 show some of key outputs of the deprivation scores, comparing IMD scores for 2004 to the 2007 scores. Unsurprisingly the relative level of deprivation remains relatively constant between 2004 and 2007, but it is important to understand that the IMD scores are relative scores and comparisons between locations over time need to be made with caution; if one locality becomes relatively more deprived than another over time it does not follow that that locality is actually more deprived.

6.1.6 The proportion of children and older people suffering from income deprivation have been calculated by estimating the number of people reliant on means tested benefits and so the results are dependent on change of policies. Nevertheless it is a valid comparison to examine any change of people being reliant on means tested benefits.

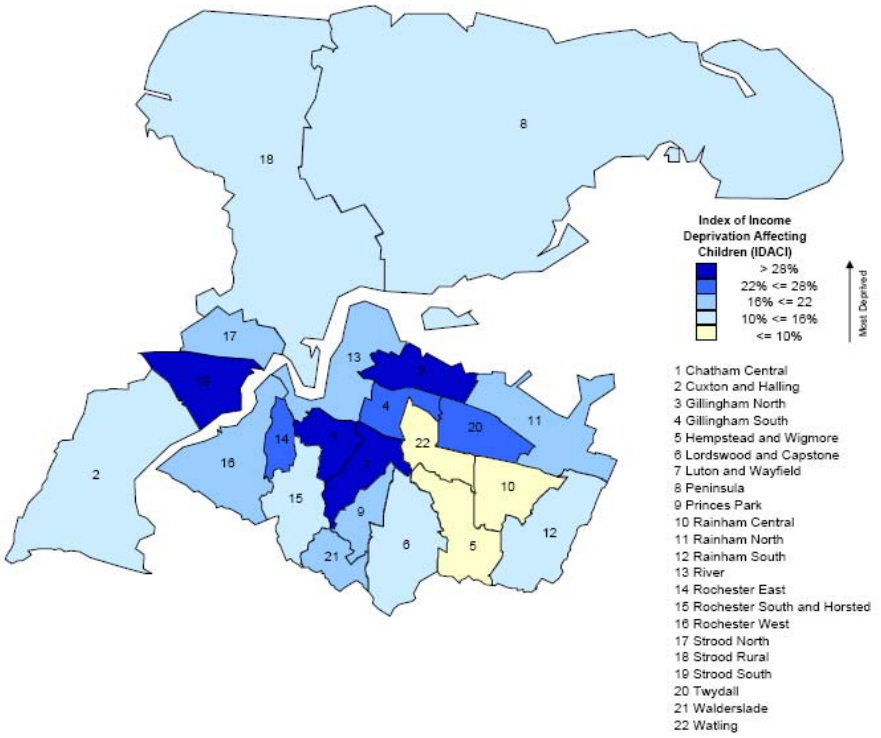
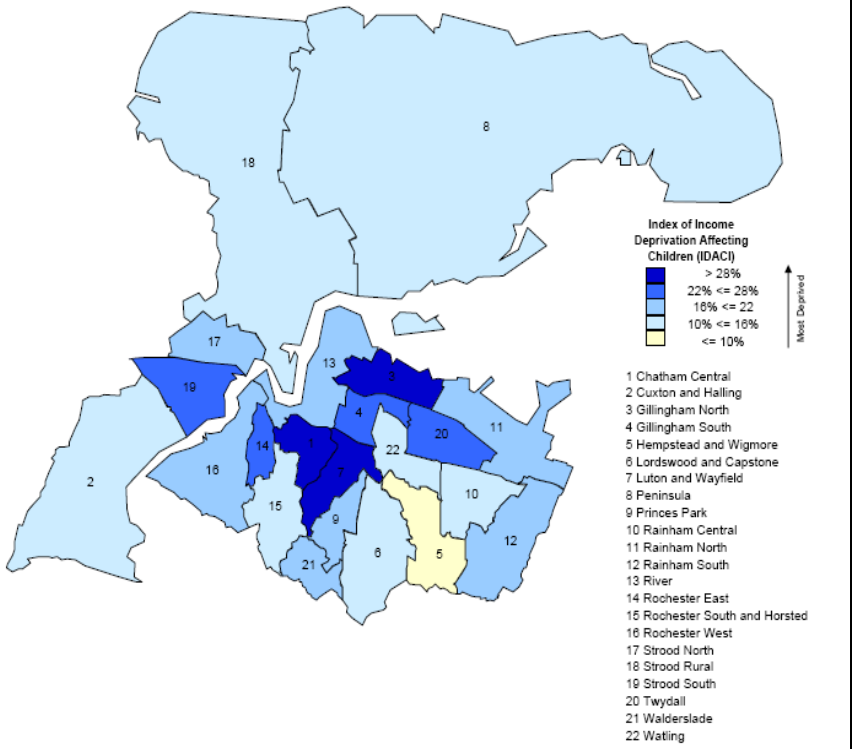
6.1.7 There is an increase in the proportion of older population suffering from income deprivation. Also, the proportion of children who live in households suffering from income deprivation has increased in Rainham Central, Rainham South and Watling over the 3 year period.

Figure 6.1: Map of Index of Multiple Deprivation by Ward



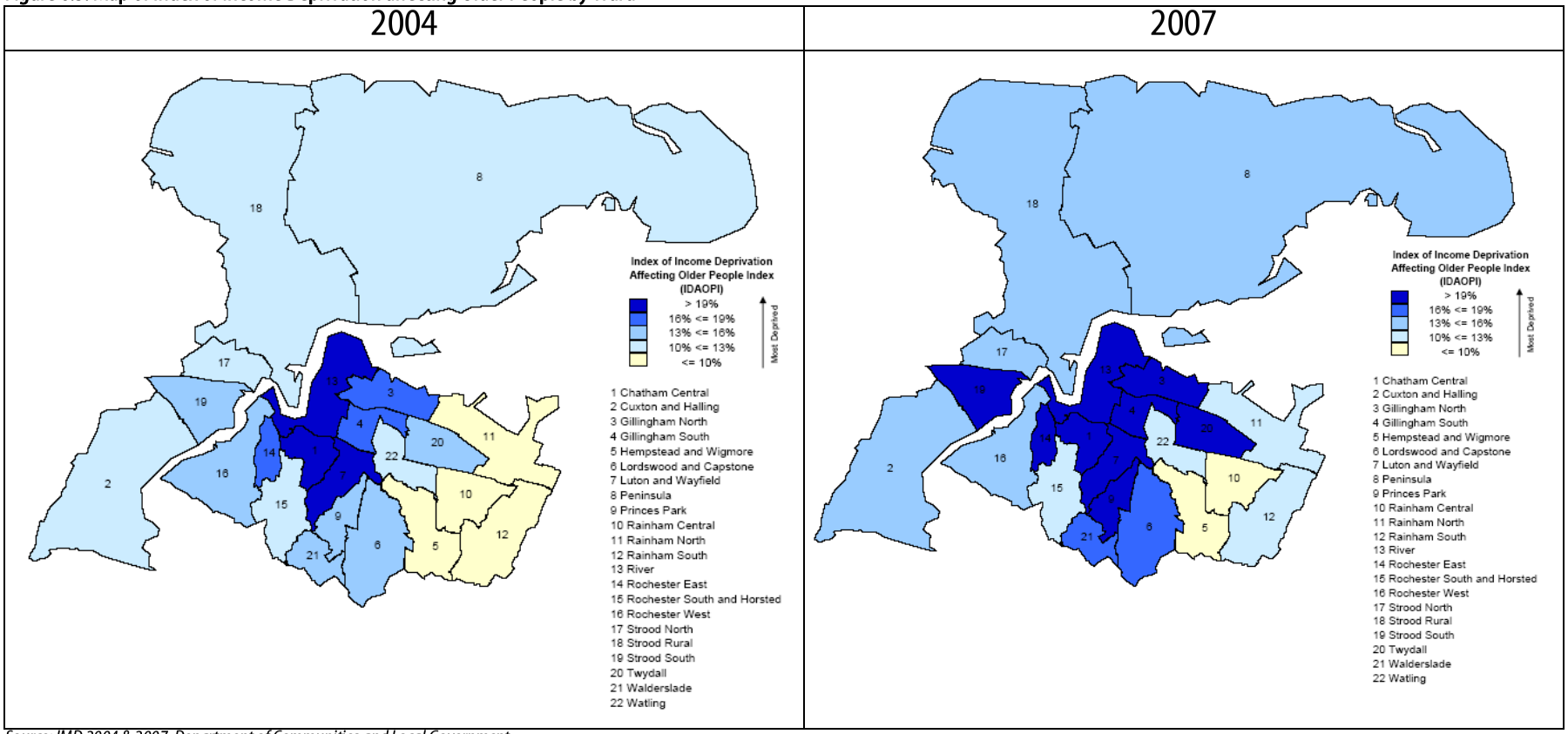
Source: IMD 2004 & 2007, Department of Communities and Local Government.

Figure 6.2: Map of Index of Income Deprivation affecting Children by Ward

2004	2007
	

Source: IMD 2004 & 2007, Department Communities and Local Government.

Figure 6.3: Map of Index of Income Deprivation affecting Older People by Ward



Source: IMD 2004 & 2007, Department of Communities and Local Government.

6.1.8 Using the IMD data alongside the latest ONS mid-year population estimates we can calculate the proportions of Children and Older people living under various levels of deprivation. Table 6.2 below shows these proportions.

6.1.9 Medway children are marginally more likely to live in more deprived neighbourhoods; 21.9% of children live in the 20% most deprived SOAs in Medway.

Table 6.2: Medway older people & children and deprivation levels

IMD Deprivation	% of Children	% of Older People
20% Most Deprived	21.9%	17.1%
21-40% Most Deprived	20.4%	18.2%
Average	19.7%	21.0%
61-80% Most Deprived	19.1%	20.9%
20% Least Deprived	18.9%	22.7%

Source: Deprivation - IMD 2007, Communities and Local Government
Population – Source: 2006-based subnational population projections, ONS

6.1.10 Those in the 65 and over age bracket are less likely to live in the more deprived areas; 17.1% of older people live in the 20% most deprived SOAs in Medway. However, this needs to be considered in the context of evidence shown in figure 6.3 which shows that the proportion of older people experiencing Income deprivation has grown across Medway between 2004 and 2007.

6.1.11 Table 6.3 below gives ward rankings for each of the 7 IMD Domain indices.

6.1.12 The pattern for the first 3 domains is very similar with sub-domain deprivation closely matching the overall deprivation score. For the Education, Skills and training domain Rochester East and River out-performs their overall scores while Peninsula and Rainham South ranks are significantly lower compared to their overall ranking.

6.1.13 The picture for the Barriers, Housing and Services domain looks erratic, with relatively affluent wards scoring poorly in this domain. It is likely to be because rural areas such as Strood Rural/Peninsula will have more transport/service access issues than urban areas such as the Gillingham/Rochester wards irrespective of the level of overall deprivation.

Table 6.3: Ward rankings for 2007 IMD domains (1 = most deprived)

Ward	Income	Employment	Health Deprivation and Disability	Education Skills & Training	Barriers to Housing & Services	Crime	Living Environment
Gillingham North	2	3	1	2	6	3	3
Chatham Central	1	2	3	4	15	2	2
Luton and Wayfield	3	1	2	3	10	4	5
Strood South	4	5	5	1	12	1	8
Gillingham South	6	7	4	8	21	5	1
River	8	4	6	15	7	11	9
Rochester East	5	6	7	11	20	7	4
Twydall	7	8	8	5	18	18	11
Princes Park	12	13	11	7	2	10	20
Strood North	10	10	10	12	14	9	7
Walderslade	9	12	12	9	17	14	17
Peninsula	13	9	9	6	4	16	16
Rochester West	11	11	13	20	8	6	6
Strood Rural	16	16	19	14	1	19	15
Lordswood & Capstone	14	17	18	10	3	8	21
Rainham North	17	15	15	16	9	13	14
Rochester S & Horsted	18	14	17	17	22	17	12
Watling	19	18	14	19	19	15	10
Cuxton and Halling	20	20	20	18	11	12	13
Rainham South	15	19	16	13	13	20	19
Rainham Central	21	21	21	21	16	21	18
Hempstead & Wigmore	22	22	22	22	5	22	22

Source: IMD 2007, Communities and Local Government.

Medway Renaissance

6.1.14 Medway is the biggest regeneration zone in the Thames Gateway. There are a number of key sites named 'Waterfront sites' where activity will be focussed in the immediate and short term. The key Waterfront regeneration sites are summarised below in table 6.4.

Table 6.4: Summary of key Medway Renaissance sites

Key Sites	Ward	Size (Hectares)	Homes	Jobs	Development Period
Chatham Waterfront	Chatham Central	64	1500	3000	2004 - 2024
Rochester Riverside	Rochester East	30	1500-1800	550-800	2004 - 2012
Strood Riverside	Strood North	10	500	10-50	2004 - 2008
Temple Waterfront	Rochester West	98	100-500	150-250	2004 - 2024
Gillingham Waterfront	Gillingham North	32	800-1000	200	2005 - 2010

Source: Medway Council - www.medwayrenaissance.com

Social and environmental context

7 Social and Environmental Context

7.1 General

7.1.1 70.1% of members of the May 2006 Citizens Panel agreed that their neighbourhood is a place where people can get on well with one another. This is very much found to be a view held by older members of the public with 81% of the 65 to 74 year age group agreeing, compared to 50% of the 16 to 24 year age group.

7.1.2 In broad terms, respondents tended to be positive about their own neighbourhood but more negative about Medway as a whole. This was reflected in the response from a number of questions on satisfaction of their neighbourhood, perception of crime and feeling of safety in the locality.

7.1.3 The 2007 OfSTED TellUs2[10] survey of young people showed that 68% of Medway respondents answered "fairly good" or "good" to the question "What do you think of your area as a place to live in?"; this is less than the national average of 74%.

7.1.4 Eight out of ten respondents to the May 2006 Citizen's Panel felt they had no influence on decisions which affected the area in which they live.

7.1.5 The TellUs2 survey provides the following evidence:

- 61% of children and young people in Medway are unsatisfied with the extent to which their views are listened to regarding decisions in the local area; however, Medway is no better or worse than the national average in this respect.
- 40% of Medway respondents in the survey answered either 'not easy' or 'difficult' to contribute to decisions in the local area.
- Figures for contributing to decisions and helping in the community for Medway (average: 38%) are slightly less than the national average (41%).

7.2 Employment and Income

7.2.1 Medway has a low number of jobs relative to the proportion of economically active people. 26% of the workforce commute out of the area, with workers in Medway travelling further to work than any other area in the South East.

7.2.2 One of the key priorities set out in the LAA is to increase and improve local employment opportunities so more local people can work in Medway.

7.2.3 Almost half of the jobs in Medway are within the public or retail sectors with a relatively low percentage of higher paid jobs in the other sectors, with the outcome of an average income in Medway that is 10% less than the national average.

7.2.4 Medway's Community Plan states "*based on trends and recent experience in bringing employment sites forward, Medway can expect to create another 7,500 jobs by 2016. Medway has set a target of creating 40,000 jobs by 2026, which can be achieved by creating sustainable communities to realise the vision for Medway's*

[10] The TellUs2 national online survey, developed by OfSTED, DfES and MORI, consulted children and young people about their local area and included questions about the five Every Child Matters outcomes. The survey was conducted during May and June 2007 and 111,385 participated nationally, of which 1,308 were residents of Medway.

economy. The Thames Gateway regeneration programme will go a long way in reaching this vision by stimulating economic activity and creating opportunities for growth." It is unsure at this stage how the credit crunch will affect private and future public investment.

7.2.5 Cuxton & Halling and Chatham Central perform worst in terms of household income. Chatham Central ranks as the second most deprived ward in Medway, the result for Cuxton and Halling however is rather surprising which ranks as the 4th least deprived ward.

7.2.6 Luton & Wayfield and Chatham Central perform worst in terms of out of work related benefits. These are the second and third most deprived wards when measured using the 2007 IMD. These wards also showed high levels of unemployment in 2001 Census data, suggesting the possibility of long-term structural unemployment in these areas.

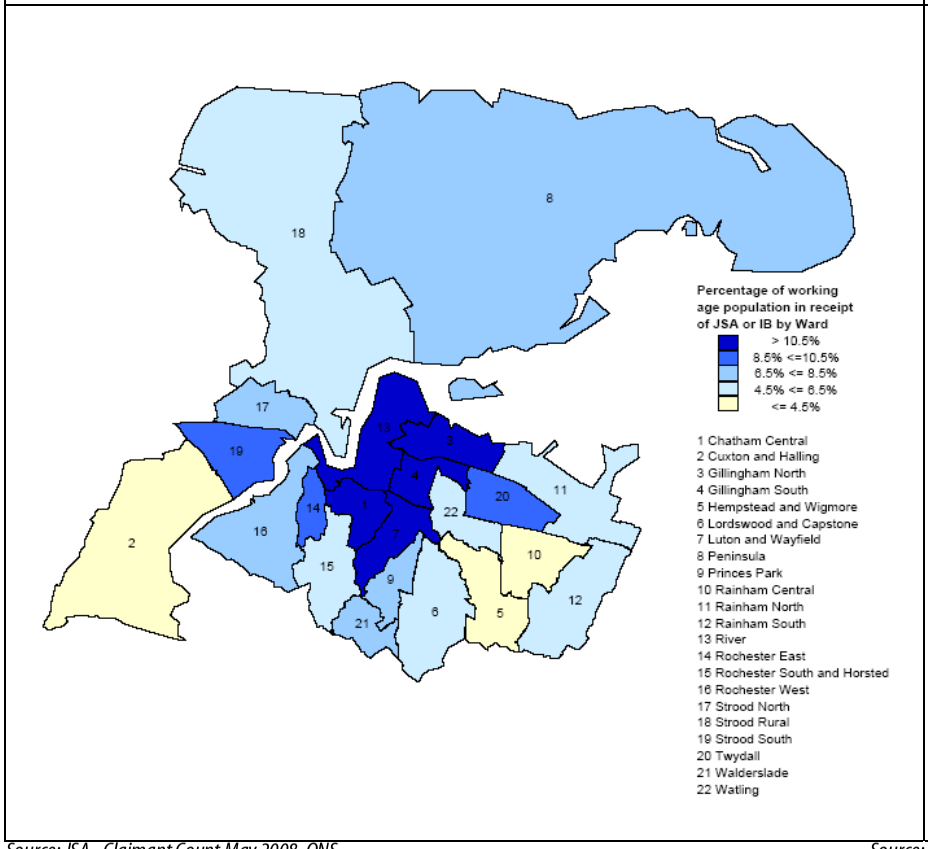
Table 7.1: Employment and Income Factors

Ward	Children and Young People	Working Age Population			Older People	
	% Children in income deprived households	Average Household Income £ (000s)	% Job Seekers Allowance working age population	% Incapacity Benefit working age population	% Older People living in poverty	% Pensioner receiving pension credit
Gillingham North	36.6	30.3	3.8	8.3	24.9	36
Chatham Central	37.7	17.4	4.9	8.4	28.5	40
Luton & Wayfield	33.9	19.8	4.2	9.2	24.8	35
Strood South	27.7	21.8	2.5	7.5	19.4	29
Gillingham South	26.9	23.7	3.4	7.4	21.3	29
River	20.4	32.7	4.2	7.9	28.9	40
Rochester East	25.5	28.0	2.8	6.5	24.5	33
Twydall	22.3	32.2	2.2	7.4	20.6	28
Princes Park	18.9	27.5	1.9	4.8	20.2	27
Strood North	21.6	26.9	2.1	5.6	15.6	20
Walderslade	19.8	23.3	1.8	5.2	16.7	21
Peninsula	15.6	23.3	1.2	5.7	13.2	19
Rochester West	21.8	29.5	2	5.4	14.8	23
Strood Rural	14.6	29.7	1.4	4.7	13.3	18
Lordswood & Capstone	15.0	30.6	1.2	3.8	18.1	23
Rainham North	16.3	30.1	1.2	4.1	11.6	16
Rochester S & Horsted	12.8	31.0	1.3	4.4	12.6	19
Watling	10.5	27.1	1.8	4.5	12.4	17
Cuxton & Halling	11.2	18.3	0.8	3.5	13.1	17
Rainham South	16.9	20.3	1.2	3.9	12.9	17
Rainham Central	10.0	29.5	1	3.4	8.3	13
Hempstead & Wigmore	6.3	24.2	0.7	2.2	6.7	9

Sources:
% Children in deprived households / % Older People living in Poverty – IMD 2007 & ONS
Average Household Income – Medway Housing Needs Survey 06/07
% Working Age population on Job Seekers Allowance - Claimant Count May 2008, ONS
% Working Age population on Incapacity Benefit - DWP Benefit Claimants May 2007, ONS
% Pensioner receiving pension credit – DWP, May 2008

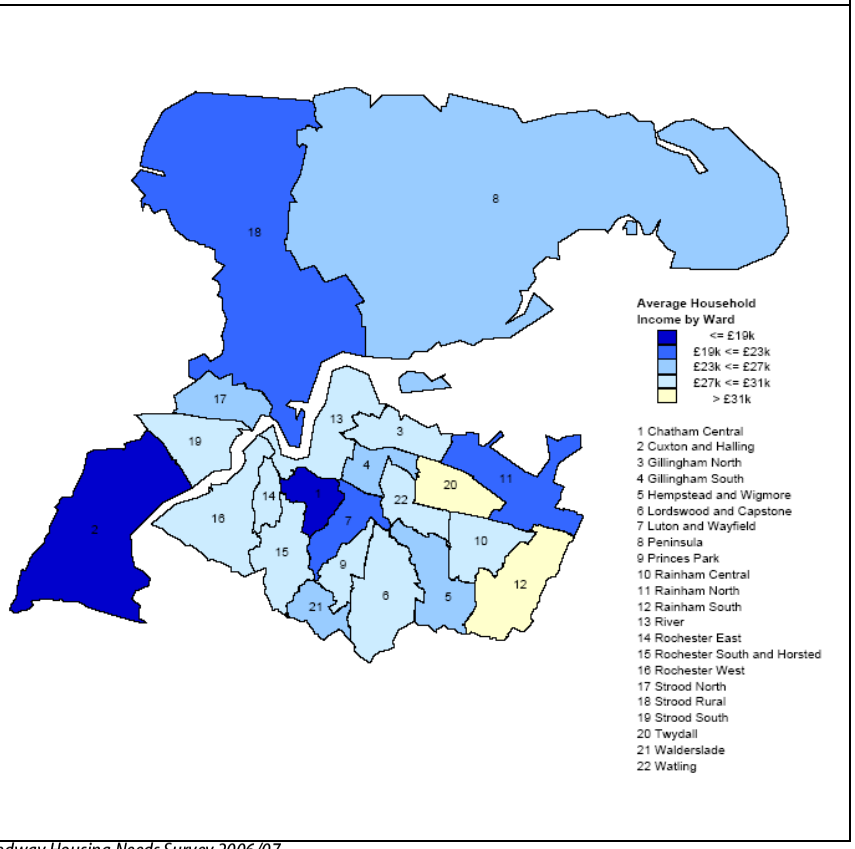
Figure 7.1: Maps of Unemployment related benefits and Household Income by Ward

Job Seekers Allowance & Incapacity Benefit



Source: JSA - Claimant Count May 2008, ONS
IB - DWP Benefit Claimants May 2007,

Income



Source: Medway Housing Needs Survey 2006/07

7.3 Education

Early Stage

7.3.1 The Early Years Foundation stage profile considers thirteen aspects of children's physical, personal, social, emotional and cognitive development. A nine point scale in each of these areas of development enables a holistic picture of the child's development to be assessed. The expected level is defined as:

- Achieving 78 out of a maximum 117.
- Achieving 6 or more points out of 9 in all strands of two particular areas; Personal, Social and Emotional Development and Communication, Language and Literacy.

7.3.2 The table below shows the percentage of children that have achieved this expected level. It shows that Medway has progressed well in the last 2 years.

Table 7.2: Early Years Foundation assessment

	2005	2006	2007	2008
Medway	39%	37%	43%	50%
England	48%	45%	46%	49%

Source: Medway Council

7.3.3 The gap between the children with the poorest outcome and the remainder of their peer group (measured by the mean score of the bottom 20% compared to the median score of the cohort) is shown below. The gap has reduced over time for Medway.

Table 7.3: Early Years Foundation, gap analysis between poorest outcome and peer group

	2005	2006	2007	2008
Medway	39.8%	36.6%	36.7%	35.4%
England	38.9%	38.3%	37.2%	35.6%

Source: Medway Council

Primary (Key Stage 2) and Secondary School

7.3.4 Tables 7.4a and 7.4b below show the main achievement and attainment indicators for Primary and Secondary schools respectively. (2008 Provisional results are available for Key Stage 2, but not for Secondary school results). These results would suggest that Medway has lower levels of attainment at Key Stage 2, but by GCSE the situation has reversed.

Table 7.4a: Primary School (Key Stage 2) Achievement and Attainment – 2008 Provisional Results

	Medway (%)	England (%)
Pupils with statements or SEN supported at School Action Plus	12.7	8.6
Pupils with statements or SEN supported at School Action	16.9	11.1
KS2 English L4+	77	80
KS2 Maths L4+	74	78
KS2 Science L4+	84	88
% of half days missed due to authorised absence	5.3	5.3
% of half days missed due to unauthorised absence	0.4	0.5

Source: Medway Council

Table 7.4b: Secondary School (Key Stage 3 & GCSE) Achievement and Attainment - 2007

	Medway (%)	England (%)
KS3 English L5+	75	74
KS3 Maths L5+	75	76
KS3 Science L5+	71	73
GCSE: 5 or more A* - C	63.5	62
GCSE: 5 or more A* - G	93.1	91.7
GCSE: 5 or more A* - C (inc. English and Mathematics)	46.9	46.7

Source: Medway Council

7.3.5 There are large, statistically significant variations in educational attainment between Medway's pupils at ward of residence level, with the general trend being that pupils living in wards with high levels of general deprivation have lower levels of educational attainment, this finding is supported nationally.

7.4 Crime

7.4.1 Kent Crimeview stated that Medway moved from being 'in line with peers' to 'better than peers and improving strongly'. The recorded crime BCS comparator rate[11] improved from 66.0 in 2006/07 to 58.8 crimes per 1,000 population in 2007/08[12].

7.4.2 Table 7.5 below gives the recorded crime per 1,000 population for seven key offences and BCS comparator rates for Medway, Kent and England. Generally crime rates are higher for Medway in comparison to Kent and England. Crime rates have dropped between 2006/07 and 2007/08 in line with the national picture.

Table 7.5: Recorded crime for seven key offences and BCS comparator 2006/07 to 2007/08, offences per 1,000 population.

	2006/07			2007/08		
Crime	Medway	Kent	England	Medway	Kent	England
Violence against the person	22.0	16.8	19.2	17.8	15.4	17.6
Sexual Offence	1.5	1.1	1.1	1.3	1.0	1.0
Robbery	1.3	0.9	1.9	0.9	0.7	1.6
Burglary dwelling	4.7	4.4	5.4	4.8	3.7	5.2
Theft of motor vehicle	4.8	3.5	3.6	4.6	3.0	3.2
Theft from vehicle	8.3	7.2	9.3	7.5	6.1	8.0
Interfering with motor vehicle	1.9	1.3	1.3	1.7	1.1	1.0
Recorded Crime BCS comparator	**66.0**	**54.9**	**60.3**	**58.8**	**48.2**	**53.7**

Source: Home Office, 2008

7.4.3 Within the Citizen's Panel May 2006, 18.4% said crime was either high or very high in their neighbourhood. Interestingly when asked about Medway as a whole 72% said that it was high or very high. Typically it was the younger respondents that thought there was more crime.

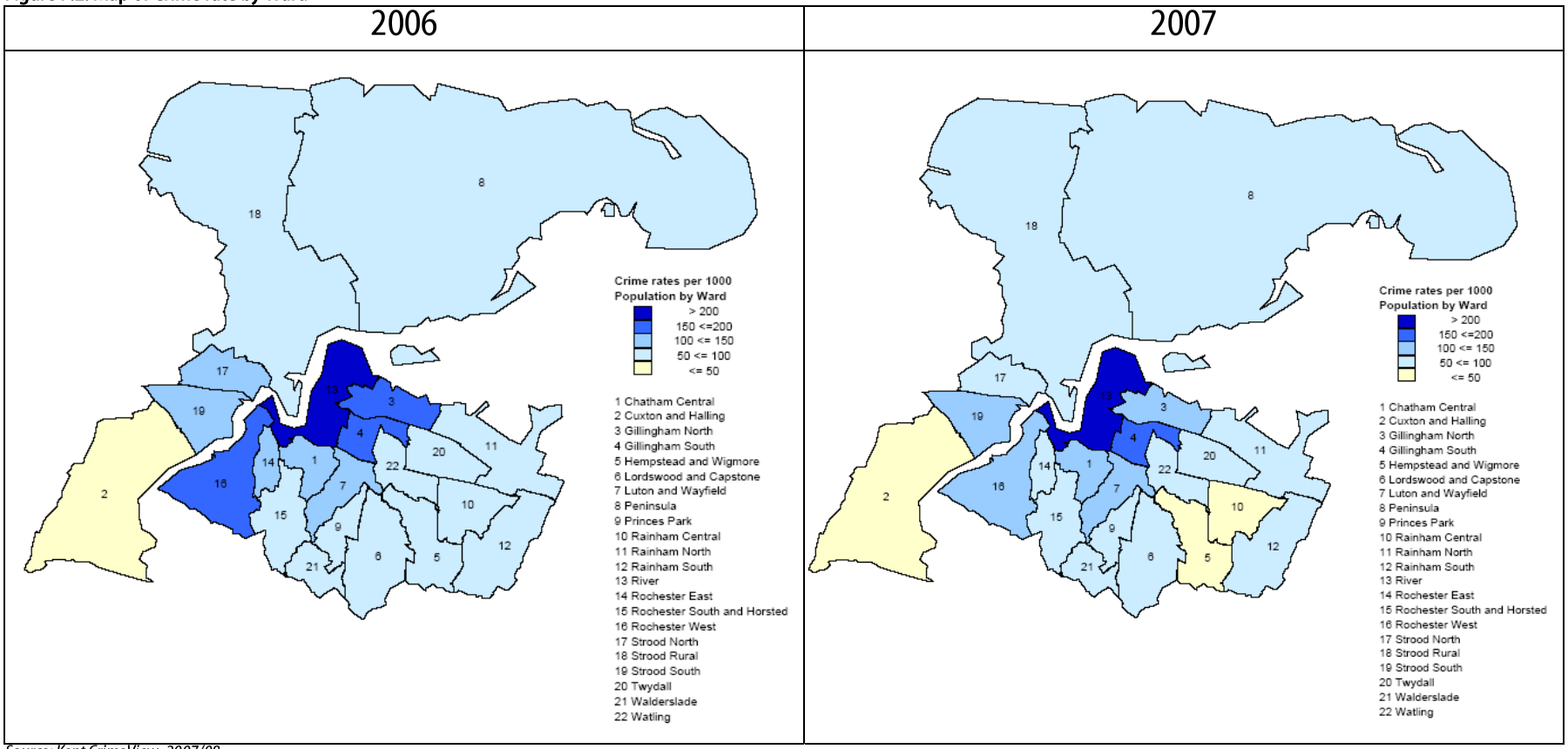
7.4.4 31.8% of the same panel thought that they were unsafe or very unsafe in their local neighbourhood at night time. For young people 35.5% reported that they felt unsafe in their neighbourhood after dark. (Communities that Care survey)

[11] Recorded crime rate per 1,000 population, the recorded crime BCS comparator includes recorded theft of and from a vehicle, vehicle interference and tampering, domestic burglary, theft or unauthorised taking of a pedal cycle, theft from the person, criminal damage (including arson), common assault, wounding and robbery.
[12] Source: Kent Police Authority

7.4.5 Between April and June 2008 there were 163 first time entrants (aged 10 -17) to the Youth Justice System. This quarterly count is expected to be reduced by the end of the year as a direct result of prevention activities by the Medway Youth Offending Team.

7.4.6 Figure 7.2 maps the crime rate for all crime by Ward for 2006 and 2007. River ward suffers from the highest crime rates, followed by Gillingham South. Cuxton & Halling, Hempstead & Wigmore and Rainham Central suffer the least from crime.

Figure 7.2: Map of Crime rate by Ward



Source: Kent CrimeView, 2007/08

7.5 Housing

7.5.1 The key features of demographic change impacting on living arrangements are:

- An ageing population with increasing care and support needs – this will increase the demand for supported housing, support services and adaptations. Likely to see a growing shift of demand towards smaller households.
- Single person homes make up almost a third of total households in Medway, reflecting trends in family composition and the numbers of older people living on their own. The proportion of traditional families has declined to 50%; this is higher than the rest of the South East.

7.5.2 In common with national trends the number of households accepted as Statutory homelessness in Medway was down in 2007/8 to 1.7 households per 1,000 households, this is slightly above the figure for the rest of the South East at 1.6, but below the National figure of 2.5. (Source: Communities & Local Government and Medway statutory returns)

7.5.3 Table 7.6 shows housing factors including the level of overcrowding, energy efficiency and general housing conditions by ward. The level of overcrowding as defined by the IMD varies significantly by ward.

Table 7.6: Housing

	Housing tenure			Housing Size							Energy Efficiency		
	% Owner Occupied	% Social Rented	% Private Rented	% Bedsit	% 1 Bed	% 2 bed	% 3 bed	% 4 bed	% 5 bed	% Over Crowding	% Full Central	Avg NHER[13]	Avg SAP[14]
Gillingham North	64.1	20.5	15.4	0.0	3.7	36.6	53.3	5.5	0.8	9.2%	82.4	6.3	56
Chatham Central	63.5	20.3	16.2	0.0	6.2	33.1	55.6	5.2	0.0	8.5%	82.0	6.6	60
Luton & Wayfield	65.5	21.8	12.7	0.8	18.1	20.5	56.7	3.8	0.0	8.9%	86.1	6.6	60
Strood South	73.0	19.9	7.1	0.6	6.9	16.1	69.9	5.6	1.0	6.1%	82.8	6.4	57
Gillingham South	74.5	5.9	19.6	1.5	4.9	28.7	58.2	4.9	1.9	6.7%	77.2	6.3	56
River	43.4	29.7	26.9	5.0	17.7	32.1	30.2	13.4	1.6	15.7%	77.3	6.6	60
Rochester East	67.8	20.3	11.9	0.7	9.9	24.5	57.3	5.6	2.0	7.0%	78.9	6.3	56
Twydall	71.6	24.3	4.0	0.0	11.1	22.3	58.6	5.6	2.4	5.5%	91.3	6.4	57
Princes Park	78.9	14.4	6.8	0.0	14.1	25.8	36.8	18.9	4.3	6.5%	84.4	6.4	57
Strood North	82.7	7.9	9.3	0.9	6.9	19.0	56.2	14.2	2.8	4.0%	89.1	6.4	57
Walderslade	79.1	15.1	5.7	0.0	4.7	22.7	60.7	10.0	1.9	5.1%	91.2	6.4	57
Peninsula	83.2	10.6	6.1	0.0	5.8	36.3	42.7	10.7	4.4	4.2%	76.9	6.0	53
Rochester West	69.2	17.3	13.5	0.0	12.4	28.1	43.2	11.9	4.5	7.6%	87.3	6.3	56
Strood Rural	81.5	12.8	5.7	0.0	3.1	16.5	50.4	28.0	2.0	3.3%	85.3	6.0	53
Lordswood & Capstone	85.7	9.9	4.3	0.0	6.4	29.6	57.2	5.6	1.2	5.2%	91.6	6.4	57
Rainham North	84.2	8.1	7.7	1.7	5.5	24.2	53.1	12.6	3.0	5.6%	83.3	6.4	57
Rochester S & Horsted	88.0	7.1	4.9	0.0	5.3	23.4	55.0	11.0	5.3	3.8%	80.9	6.3	56
Watling	88.5	3.5	8.0	1.5	2.4	6.4	59.9	25.3	4.5	3.2%	83.3	6.3	56
Cuxton & Halling	86.1	7.3	6.6	0.0	4.7	26.7	45.9	21.6	1.1	2.9%	92.7	6.0	53
Rainham South	86.3	8.4	5.2	0.0	10.5	20.7	47.2	19.0	2.6	5.3%	89.6	6.4	57
Rainham Central	91.1	5.1	3.8	0.0	3.9	19.3	51.0	22.4	3.5	3.8%	94.0	6.4	57
Hempstead & Wigmore	94.8	1.0	4.1	0.0	5.5	12.9	41.9	36.9	2.7	2.4%	98.4	6.4	57

Sources:
Housing tenure: Census 2001
Housing Size: Medway Council HCS 2006
% Over crowding: Percentage of households overcrowded, IMD 2004
Energy Efficiency: Medway Council HCS 2006

[13] National Home Energy Rating (NHER). The NHER rating takes into account the local environment and the effect it has on the building's energy rating. The NHER calculates the costs of space and water heating as well as cooking, lights and appliances. The NHER was conceived as a rating with as scale of 0.0 to 10.0. 0.0 being poor, 10.0 being excellent.
[14] The Standard Assessment Procedure (SAP) is the Government's recommended calculations system for the home energy rating. The SAP energy cost rating is based on energy costs for space and water heating only. It has a scale of 1 to 100 +. 1 being very poor, 100 being excellent. A typical SAP for an average house in England is about 45.

7.6 Overall Social Context

7.6.1 Table 7.7 identifies some of these social factors by Ward. Many of the factors are clearly connected; River ward is an exception to this. In some cases this is because of its night time economy and the associated social issues, and in other cases because it contains both pockets of high deprivation and pockets of high affluence.

Table 7.7: Social Factors

	Housing Structure		Education				Crime				
	% One Parent Families	% living alone	% No. Qualif.s (Adults)	Ave % attaining KS1 L2	GSCE >5 A*-C Inc. Eng & Maths	School Exclusions	Drug Offence	Violence against the person	Anti-Social Behaviour	Road Traffic Accidents	% CYP - Feeling unsafe at night
Gillingham North	16.9	12.8	40.3	78.9	27.3	15.5	2.5	27.3	37.5	3.0	45.3
Chatham Central	14.3	13.9	42.2	74.8	33.9	15.8	4.3	25.8	40.9	2.4	47.2
Luton & Wayfield	13.7	14.2	43.6	64.3	37.4	14	2.1	20.9	31.3	2.5	44.5
Strood South	12.4	10.1	45.9	84.0	25.5	10.1	1.6	21.5	43.4	2.8	37.9
Gillingham South	12.3	12.5	37.7	76.6	39.3	12	3.0	32.5	30.0	2.6	45.3
River	8.4	17.3	25.1	80.5	56.1	15.8	15.4	75.0	59.0	8.3	30.7
Rochester East	12.6	14	39.3	81.3	46.7	9.5	1.8	16.6	27.7	2.1	34.6
Twydall	11.2	10.9	46.4	87.3	42.8	9.2	1.1	11.4	18.7	1.6	36.1
Princes Park	11.1	8.5	32.1	86.2	43.0	13	0.7	9.1	19.9	0.6	27.6
Strood North	10.0	9.6	35.4	84.6	45.6	9.8	1.4	14.8	20.1	2.2	37.9
Walderslade	10.4	9.1	42.2	81.9	51.3	10.5	1.4	9.1	21.1	1.8	30.1
Peninsula	7.3	9.1	44.0	86.4	37.6	10.4	0.8	11.2	19.5	3.0	27.8
Rochester West	10.5	15.3	31.2	72.2	58.5	8.8	2.4	21.8	19.8	2.6	32.9
Strood Rural	8.4	8.3	36.7	87.0	30.5	9.2	0.9	9.4	16.6	4.2	30.3
Lordswood & Capstone	9.3	8.7	35.6	92.3	44.7	7.9	1.0	8.9	12.6	3.1	37.5
Rainham North	9.4	11.4	39.0	89.3	57.5	11.2	0.6	12.2	15.0	1.4	35.2
Rochester S & Horsted	7.7	9.1	40.1	92.5	62.4	6.3	1.1	9.4	13.1	3.6	34.1
Watling	8.3	8.6	31.9	89.4	55.9	6.4	1.8	13.0	14.9	3.4	34.0
Cuxton & Halling	8.5	8.9	35.3	76.8	69.4	5.7	0.6	6.3	11.6	2.7	30.8
Rainham South	10.7	8.4	31.6	85.6	45.7	10.3	1.0	8.3	15.3	4.2	28.5
Rainham Central	6.2	8.0	35.4	90.7	67.5	8	1.2	6.7	7.8	3.0	27.6
Hempstead & Wigmore	5.7	6.9	30.1	94.0	73.9	6.8	0.7	5.0	7.0	1.4	19.0

Sources:
% One parent families – Census 2001
% Living Alone – Census 2001
% No qualifications – NOMIS (Census 2001)
% Key Stage 1 (average % L2 attainment for Writing, Reading and Maths) – School Census, 2007
GCSE results – School Census, 2007
% School Exclusions – CtC survey, 2007
Crime statistics – Kent CrimeView, 2007/08
% CYP - Feeling unsafe at night – CtC survey, 2007

Lifestyle/health risk factors

8 Life Style / Health Risk Factors

8.1 Context

8.1.1 Many of the estimates of lifestyle factors come from CACI HealthACORN data or ONS synthetic estimates. Given the way these statistics are constructed it is important to note that these statistics are not entirely the result of Ward specific analysis but by using national data sets applied to the demographics of the localities.

HealthACORN

8.1.2 ACORN is a geo-demographic tool used to identify and understand the UK population and the demand for products and services. HealthACORN offers an insight into the diet, exercise and illness attributes of the people in a locality. It gives healthcare practitioners a 'pen portrait' of their local communities and can use patients' postcodes to describe the health style characteristics of any group of patients. It is equally applicable to finding people likely to have health problems in the future as it is in examining the characteristics of existing patients.

8.1.3 HealthACORN looks at the mix of people within a neighbourhood and identifies four broad person types shown in Table 8.1. The model predicts that 49% of Medway's population fall into the "Healthy" category.

8.1.4 HealthACORN have ranked each Local Authority within England, Wales and Scotland for each of these broad groups. We have put these into percentiles for ease of comparison. Medway does comparably well, with only 18% of Local authorities having a larger proportion of people in the "Healthy" group. Though this may be partly due to the young profile of Medway.

Table 8.1: Health Acorn group definitions

Group	% of Medway Population	Medway Percentile of all Local Authorities (1=top)	Definition
Existing Problems	7%	70th	High levels of serious illness and poor diet and consumption patterns
Future Problems	13%	29th	High levels of severely unhealthy lifestyles likely to lead to serious illness
Possible Future Concerns	30%	72nd	Generally good health but with some potentially unhealthy lifestyle traits
Healthy	49%	19th	Good health with few lifestyle issues

Source: www.caci.co.uk/acorn/healthacorn

8.1.5 Correspondingly Medway has comparatively lower levels of people estimated to have "Existing Problems" or "Possible Future Concerns". 69 percent of Local Authorities have more "Existing Problems", 71 percent of Local Authorities have more "Possible Future Concerns".

8.1.6 The one area of concern is that Medway has a proportionately high number of people classified that are likely to have "Future Problems". The categories of people that fall in "Future Problems" are:

- Poor single parent families with lifestyle related illnesses
- Multi-ethnic, high-smoking, high fast food consumption
- Urban estates with sedentary lifestyle and low fruit & vegetable consumption

- Metropolitan multi-ethnic, smokers and overweight
- Disadvantaged multi-ethnic younger adults, with high levels of smoking

8.1.7 A full list of HealthACORN categories and results by Ward is shown in the Appendix.

8.1.8 The percentage of each ward falling into these categories can be seen in table 8.2. As expected the existing problems and future problems are broadly related to the deprivation of an area. It is interesting to note that those categorised under "possible future problems" tend to come from the more affluent areas where there are potential long term issues with diet and alcohol consumption.

Table 8.2: Ward View of Health

	Existing Problems	Future Problems	Possible Future Problems	Healthy	Unclass.
Gillingham North	1.6 (18)	35.9 (2)	28.4 (12)	34 (3)	0
Chatham Central	7.6 (11)	41.6 (1)	28.1 (13)	22.6 (1)	0
Luton and Wayfield	15.4 (3)	32.5 (3)	17.7 (21)	34.2 (4)	0
Strood South	12.7 (5)	17.2 (6)	31.1 (11)	38.8 (5)	0
Gillingham South	3.6 (15)	11.8 (8)	39.1 (3)	45.3 (8)	0
River	10.5 (7)	27.5 (4)	23.5 (15)	28 (2)	10
Rochester East	11.8 (6)	10.7 (10)	21.1 (18)	56.2 (13)	0
Twydall	16 (2)	6.6 (12)	31.2 (10)	46 (10)	0
Princes Park	8.1 (9)	17.8 (5)	13.1 (22)	60.8 (17)	0
Strood North	2 (17)	14 (7)	38.2 (4)	45.7 (9)	0
Walderslade	8.1 (10)	6.3 (13)	20.8 (19)	64.6 (19)	0
Peninsula	14.6 (4)	2.8 (16)	23.1 (16)	59.2 (14)	0
Rochester West	9.1 (8)	10.8 (9)	22.4 (17)	49.5 (12)	8
Strood Rural	4.9 (13)	3.3 (15)	32.3 (7)	59.3 (15)	0
Lordswood and Capstone	0 (19)	3.7 (14)	26.9 (14)	69.2 (21)	0
Rainham North	16.5 (1)	0 (19)	35.7 (6)	47.7 (11)	0
Rochester S & Hors.	4.7 (14)	0 (19)	31.8 (9)	63.4 (18)	0
Watling	0 (19)	1.9 (18)	37.8 (5)	60.1 (16)	0
Cuxton and Halling	0 (19)	0 (19)	32.3 (8)	67.6 (20)	0
Rainham South	0 (19)	8.3 (11)	17.9 (20)	73.6 (22)	0
Rainham Central	6.1 (12)	2.6 (17)	48.8 (2)	42.3 (7)	0
Hempstead & Wig.	2.9 (16)	0 (19)	55.1 (1)	41.9 (6)	0

Source: CACI HealthACORN, 2008

ONS Synthetic Estimates

8.1.9 The ONS synthetic estimates were produced as part of a research project to test and produce area-level estimates of healthy lifestyle behaviours. The estimates were produced in response to the twin requirements to develop small area estimates for Neighbourhood Statistics and to meet local public health information needs.

8.1.10 The synthetic estimates are not estimated counts of the number of people or prevalence of behaviour. They are estimates based on a model and represent the expected prevalence of a behaviour for any locality given the demographic and social characteristics of that area.

8.1.11 Given the calculation involved synthetic estimates, which typically have relatively broad confidence intervals, caution should be adopted when making comparisons of one area with another.

8.2 Smoking

8.2.1 The estimates provided by ONS' Healthy Lifestyle Behaviours suggest that Medway has the highest level of smoking of all local authority areas in the South East at 31.3% of the adult population. This data is from 2003-2005, and so does not include any changes that could have occurred since the smoking ban in enclosed public places.

8.2.2 There are two sources of information regarding children's lifestyles:

- The Communities that Care survey (2007) interviewed 12,837 young people between 10 and 16 years of age, though over 98% were age between 11 and 15 years of age (inclusive). The age of respondents were broadly equally spread through this age group.
- The Medway Young People's Lifestyle 2004 was a survey of 1,163 young people between 11 and 18 years of age.

8.2.3 The results differ considerably between the two surveys. This may be a result of a potential difference in respondents' age profile of the two surveys. For those under 16 the numbers that currently smoke varies between 10.4% and 20%. For those aged between 16 and 18 the smoking rate is estimated to be 26%.

Table 8.3: Smoking Rates in Medway

	CtC, 2007	Lifestyle 2004	
	10-16	11-15	16-18
Ever Smoked	28.1%	49%	62%
Regularly /Currently Smoke	10.4%	20%	26%

8.2.4 The Lifestyle survey provides details of gender and ethnic splits.

- Young women are more likely to smoke (27%) compared to young men (19%).
- Young people from BME background are less likely to smoke (13%) than the white young people (24%).

8.2.5 In households where the parents or step-parents smoke 29% of young people smoke, whereas this percentage is only 13% where the guardians do not smoke. (Lifestyle survey)

8.2.6 Interestingly understanding of the damage smoking can do to someone is not low; 86% stated that lung cancer is related to smoking, and 83% thought it is likely to damage their health. The Communities that Care Survey identified that only 7% of respondents reported that it is "not wrong at all to smoke".

8.2.7 51% of 16 year old mothers to be in Medway were smokers. This number reduces to 40% for 19 year old mothers to be. (2002–06, Medway Maternity System).

8.2.8 The number of teenage mothers smoking during pregnancy had increased through the years 2002 to 2005 but reduced to 2002 levels in 2006. In 2006 39% of teenage mothers smoked at delivery.

8.2.9 The percentage of mothers that quit has steadily increased over time; 20.4% of women that stated they were smokers at the time of their first appointment had quit during pregnancy.

Table 8.4: Maternal Smoking of mothers aged 19 years old and under

	2002	2003	2004	2005	2006
Smokers at delivery	38%	42%	46%	47%	39%
Quit during pregnancy	11.3%	1.5%	14.7%	18.7%	20.4%

Source: Medway Maritime Maternity System, Feb 2007

8.2.10 The Medway Stop Smoking Service reported that 39% of pregnant women (all ages) who set a quit date with the service successfully quit smoking and remain quit after 4 weeks. (April 2007 to April 2008). The equivalent figure for England in the latest year for which we have data is 52%. (2006/07 data, The Information Centre for health and social care, www.ic.nhs.uk)

8.2.11 The Medway Stop Smoking Service helped 5,324 people stop smoking in the last 5 years. Additional funding has been made available by the PCT to increase capacity to deliver extra services and engage in further projects.

8.2.12 Table 8.5 overleaf shows a number of key smoking related statistics. Rates of smoking and smoking related admissions appear to be correlated to deprivation, but deaths appear to be less so. The admission and death rates shown in the table are expected rates given the regional cases attributed to smoking applied against ward cases. There are a number of HealthACORN categories that have smoking as a key contributory factor. Again these strongly relate to deprivation.

Table 8.5: Smoking Statistics by Ward

					Current Problems		Future Problems			Potential
	Adult smokers (%)	Young Smokers (%)	Admissions – Crude Rate per 1,000 population	Deaths – Crude Rate per 100,000 population	% Vulnerable disadvantaged, smokers with high levels of Obesity	% Deprived neighbourhoods with poor diet, smokers	% Multi-ethnic, high smoking, high fast food consumpt.	% Deprived multi-ethnic estates, smokers and overweight	% Disadvantag.d multi-ethnic younger adults, with high levels of smoking	% Low income families with some smokers
Gillingham North	36.4 (1)	11.2 (4)	30.7 (9)	7.4 (8)	0	0	8.7	2.1	18.2	24.9
Chatham Central	33.4 (6)	8.8 (14)	29.4 (12)	7.2 (10)	0	0	3.3	6.4	28.0	24.2
Luton and Wayfield	33.7 (5)	10.7 (5)	35 (2)	7.2 (11)	1.1	0	1.4	8.7	20.3	6.9
Strood South	34.9 (3)	13.0 (1)	32.2 (5)	7.0 (12)	0	1.3	1.7	8.8	6.7	13.6
Gillingham South	34.4 (4)	9.6 (11)	26.1 (16)	6.9 (14)	0	0	0	1.8	10.1	39.1
River	35.4 (2)	9.4 (12)	20.1 (21)	5.1 (19)	0	4.7	0	0	24.7	0
Rochester East	30.1 (7)	7.8 (17)	30.7 (8)	7 (13)	0	0	0	5.2	2.7	5.9
Twydall	28.7 (8)	9.9 (10)	41.4 (1)	9.2 (2)	0	1.8	2.7	4.0	0	2.6
Princes Park	27.2 (10)	10.2 (8)	21.7 (20)	4.0 (22)	0	0	3.0	3.3	11.6	3.4
Strood North	24.4 (15)	8.5 (16)	32.6 (4)	7.5 (6)	0	0	2.9	4.5	6.7	9.4
Walderslade	25.7 (11)	10.1 (9)	29.9 (10)	6.1 (17)	0	2.2	0	3.8	0	3.6
Peninsula	24.4 (15)	12.2 (3)	34.9 (3)	8.5 (5)	0	0	0	2.9	0.0	5.5
Rochester West	24 (17)	10.4 (7)	26.8 (14)	8.7 (4)	0	0	8.6	2.2	0	3.0
Strood Rural	25.1 (13)	12.6 (2)	25.8 (17)	6.8 (15)	0	0	3.3	0	0	2.4
Lordswood and Caps.	27.4 (9)	5.0 (22)	26.3 (15)	4.4 (21)	0	0	0	0	3.8	17.6
Rainham North	24.6 (14)	9.3 (13)	29.6 (11)	7.4 (7)	0	3.1	0	0	0	6.2
Rochester S & Hors.	21.2 (19)	7.0 (18)	31.3 (7)	9.1 (3)	0	0	0	0	0	5.2
Watling	20.8 (20)	6.4 (19)	29.1 (13)	9.8 (1)	0	0	0	2.0	0	7.6
Cuxton and Halling	22.4 (18)	8.6 (15)	16.6 (22)	5.5 (18)	0	0	0	0	0	0
Rainham South	25.2 (12)	10.5 (6)	22.2 (18)	4.7 (20)	0	0	0	5.3	0	2.1
Rainham Central	18.3 (21)	5.9 (20)	32.1 (6)	7.3 (9)	0	0	2.6	0	0	0
Hempstead & Wig.	16.4 (22)	5.8 (21)	21.7 (19)	6.3 (16)	0	0	0	0	0	0

Sources: Young Smokers – Communities that Care Survey
Current Smokers - Synthetic estimate of the no. of people aged 16+ who reported that they currently smoked, ONS Synthetic Estimates of Healthy Lifestyle Behaviours 2000-02
.Admissions Crude Rate per 1,000 – Regional estimates of percentage of admissions attributable to smoking (SEPHO, 2005) applied to local admissions, ONS. Crude rates have been used as the rates have been determined from regional averages
Deaths Crude Rate per 1,000 - Regional estimates of percentage of deaths attributable to smoking (SEPHO, 2005) applied to local population deaths, ONS
Existing, Future and Potential problems associated with smoking: CACI HealthACORN, 2008

8.3 Alcohol Consumption

8.3.1 The estimates provided by ONS' Healthy Lifestyle Behaviours suggest that Medway has fairly typical levels of binge drinking in the South East. 16.1% of the population are estimated to have consumed more than 8 units of alcohol if they are a man and 6 units of alcohol if they are a woman in any day in the last week. These data are from 2003-2005.

Table 8.6: Synthetic Alcohol consumption estimation

	Medway	South East	England
Hazardous	19.3%	21.0%	20.1%
Binge	16.1%	15.4%	18%
Harmful	5.2%	4.3%	5.0%

Source: NWPHO
Hazardous drinking is consuming more than 21 (men) or 14 (women) units in a week
Binge drinking is consuming more than 8 (men) or 6 (women) units in a day in the last week
Harmful drinking occurs when there is evidence of problems from the drinking.

8.3.2 The admission rates for alcohol related and alcohol specific conditions for those less than 85 years old have increased since 2001/02. The rates for under 18 year olds has also increased but the numbers are low with eight people being admitted in 2005/06.

8.3.3 The relative split between the genders remains consistent for alcohol related admissions, but for those alcohol specific admissions the gap between males and females has diminished for years 2004/05 and 2005/06.

Table 8.7: Alcohol Related and Specific Admissions

	Alcohol related Admission Rate (for <85)	Males	Females	Alcohol specific Admission Rate (for <85)	Males	Females	Crude Admission rate aged <18 (alcohol specific)
2001/02	792	62%	38%	30	66%	34%	0.00
2002/03	730	61%	39%	20	61%	39%	1.60
2003/04	818	62%	38%	35	70%	30%	3.24
2004/05	915	62%	38%	54	50%	50%	4.90
2005/06	1039	60%	40%	59	52%	48%	13.25
2006/07	1381	64%	36%	*n/a*	*n/a*	*n/a*	41.24

Definition and Source: NWPHO
Admissions for alcohol specific conditions in Medway UA, 2001/02 - 2006/07, NWCS via HPS
Rates are admissions per 100,000

8.3.4 The estimates of young people drinking regularly differ considerably between the two sources available. For those under 16 the numbers that drink at least once a week varies between 15.0% and 35%. For those aged between 16 and 18 the rate is estimated to increase to 58%.

Table 8.8: Alcohol Consumption

	CtC	Lifestyle 2004	
	10-16	11-15	16-18
At least once a week	15.0%	35%	58%
At least three times a week	n/a	11%	18%

Source: CtC survey, 2007 and The Medway Young Peoples Lifestyle Survey 2004
The CtC estimate is calculated excluding those that did not respond

8.3.5 The lifestyle survey provides evidence of different drinking patterns for different groups:

- There is a difference between young males and young females with 18% and 11% drinking at least three times a week.

- The young BME population are less likely to drink regularly. 8% of BME respondents stated that they drink three times a week, compared to 16% of white respondents.

8.3.6 The TellUs2 survey stated that Medway figures for consuming alcoholic drinks are marginally higher than the national average, but incidences of drunkenness are on a par with the national picture.

8.3.7 The Lifestyles survey also provides some insight to the views of young people to drinking alcohol:

- 71% agreed or strongly agreed to the statement "alcohol is likely to damage my own health"
- 46% agreed or strongly agreed to the statement " there is nothing wrong with getting drunk"

8.3.8 The table 8.9 overleaf identifies a number of key alcohol related statistics.

8.3.9 The Wards with relatively high synthetic estimates of binge drinking are broadly consistent with higher levels of alcohol related admissions. It would be interesting to identify whether these locations have higher levels of people accessing services.

8.3.10 The statistics relating to binge drinking and admissions show that these figures are correlated to deprivation. The percentage of young people drinking at least once a week does not seem highly correlated to either the adult drinking statistics or deprivation, though there is not a very large spread of results by Ward for this statistic.

8.3.11 CACI HealthACORN includes health classifications of the population. The only one that specifically highlights alcohol consumption is "Affluent professionals, high alcohol consumption, dining out". These by definition are found in less deprived neighbourhoods and highlight different locations of above sensible alcohol consumption to other statistics. As these identify areas where potential future health issues may occur it is important to identify whether these classifications reflect reality. If so what services are provided in these areas, and are different marketing messages or routes to services required for these groups.

Table 8.9: Alcohol Consumption

	Binge Drinking	Youth Drinking	Alcohol Related Admissions	Alcohol Specific Admissions	Alcohol related deaths	Liver disease	CACI - Affluent Drinkers
Gillingham North	18.9 (2)	12.1 (17)	1060 (4)	50 (5)	15 (6)	9.2 (10)	0 (9)
Chatham Central	18.7 (4)	13.9 (7)	1091 (3)	49 (6)	21 (2)	16.0 (4)	0 (9)
Luton and Wayfield	17.9 (6)	16.7 (1)	1034 (5)	70 (3)	22 (1)	16.0 (3)	0 (9)
Strood South	15.9 (11)	13.1 (11)	828 (13)	41 (8)	17 (4)	11.0 (7)	0 (9)
Gillingham South	18.8 (3)	13.3 (10)	1103 (2)	71 (2)	17 (4)	12.0 (6)	0 (9)
River	21.2 (1)	11.8 (19)	1633 (1)	102 (1)	13 (7)	22.4 (1)	0 (9)
Rochester East	16.9 (10)	9.4 (22)	872 (8)	21 (19)	18 (3)	20.9 (2)	0 (9)
Twydall	15.4 (13)	13.5 (8)	871 (9)	38 (10)	10 (12)	6.5 (16)	0 (9)
Princes Park	18.1 (5)	14.8 (5)	898 (6)	26 (17)	4 (20)	6.4 (17)	0 (9)
Strood North	14.3 (17)	13.5 (8)	880 (7)	58 (4)	11 (11)	9.5 (9)	9.6 (4)
Walderslade	15.3 (14)	11.0 (20)	783 (18)	40 (9)	6 (18)	6.0 (18)	0 (9)
Peninsula	14.1 (18)	13.1 (11)	803 (16)	49 (7)	12 (10)	7.2 (15)	0 (9)
Rochester West	17.4 (8)	13.1 (11)	809 (14)	24 (18)	6 (18)	5.9 (19)	11.6 (2)
Strood Rural	14 (19)	12.2 (16)	844 (10)	28 (16)	10 (12)	8.2 (11)	2.2 (8)
Lordswood and Capstone	17.6 (7)	10.5 (21)	834 (12)	18 (20)	7 (16)	7.8 (12)	0 (9)
Rainham North	15.3 (14)	15.7 (2)	785 (17)	30 (13)	8 (15)	7.3 (14)	0 (9)
Rochester S & Hors.	13.7 (20)	12.8 (15)	806 (15)	30 (15)	13 (7)	10.4 (8)	3 (7)
Watling	15.8 (12)	13.0 (14)	838 (11)	33 (11)	13 (7)	15.8 (5)	7.3 (5)
Cuxton and Halling	14.4 (16)	15.5 (4)	683 (21)	30 (14)	0 (22)	0 (22)	5 (6)
Rainham South	17.3 (9)	15.7 (2)	704 (20)	13 (21)	9 (14)	7.6 (13)	0 (9)
Rainham Central	12.7 (22)	14.6 (6)	721 (19)	32 (12)	7 (16)	4.3 (20)	10.9 (3)
Hempstead & Wig.	13.5 (21)	12.1 (17)	626 (22)	8 (22)	2 (21)	0.8 (21)	21.3 (1)

Definitions & Sources:
Binge Drinking: % of People that had binge drunk in the previous week, 2003-05, ONS Synthetic Estimates of Healthy lifestyles at Ward Level 2003-05
Youth Drinkers: CtC survey – percentage of young people (10-16) that drink at least once a week, non respondents removed
Alcohol Related Admissions rate: Admissions for alcohol attributable conditions in Medway UA residents in <85s 2001/02 - 2005/06, All Persons. Hospital admissions from NWCS via HPS
Alcohol Specific Admissions rate: Admissions for alcohol specific conditions in Medway UA residents in <85s 2001/02 - 2005/06, All Persons. Hospital admissions from NWCS via HPS
Alcohol Related Deaths: Number of alcohol specific deaths by Medway UA electoral ward for under 75s, 1996-2005, ONS Annual District Death Extract
Liver Disease: Average annual chronic liver disease ASMRs by Medway UA electoral ward, 1996-2005
Services Accessed:
Affluent Drinkers: As defined by CACI HealthACORN, 2008- % of ward Affluent professionals, high alcohol consumption, dining out, 2008

8.4 Drug Misuse

8.4.1 In comparison to other localities in the South East Medway sits in the middle in terms of mental health admissions, drug related deaths and numbers of people receiving treatment as shown in table 8.10.

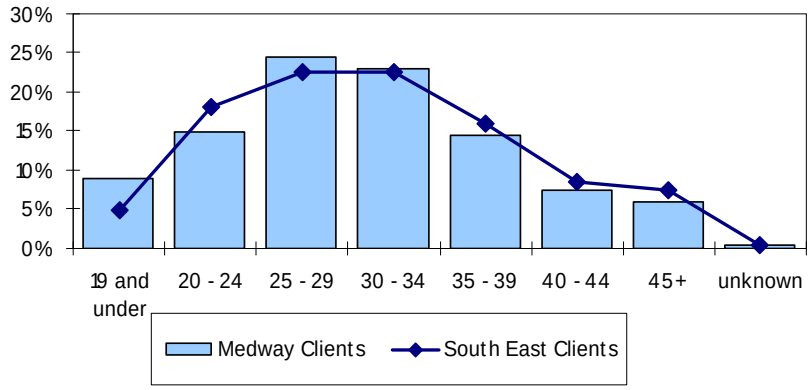
Table 8.10: Medway compared to other South East DATs

	Medway	Out of 19 DATs	Average in South East
Number of hospital admissions (HES) for Mental health and behavioural disorders due to problem drug use, per 100,000	9.46	10th	11.90
Number of people (18-64) in South East receiving structured drug treatment (2005)	202	9th	180
Drug related deaths in the South East per 100,000	2.20	7th	2.37

Source: Hospital Admissions - Hospital Episode Statistics, 2005
National Drug Treatment Monitoring System 2005

8.4.2 The profile of the Medway DAT clients is not too dissimilar to the South East profile except for a slight increase in "under 19's" and "25-29" year olds in the place of the "20-24" year olds.

Figure 8.1: Age Profile of DAT Clients



Source: Medway clients – SEPHO 07, South East Clients - National Drug Treatment Monitoring System 2005

8.4.3 Medway DAT had more than twice as many male clients (69.9%) in treatment as females during the period April 2004 to March 2007. This follows nationally observed trends.

8.4.4 The vast majority of Medway DAT clients use heroin as their primary drug. The drugs used by DAT Clients are:

Table 8.11: Drug Use

Primary Drug	% of Medway DAT Clients
Heroin	65.6
Cannabis	11.1
Cocaine (exc. Crack)	5.4
Other Opiates	4.4
Crack	3.9
Amphetamines (exc. Ecstasy)	2.7
Methadone	2.6
Unknown	3.9

Source: SEPHO May 07

8.4.5 Again the CtC survey and Lifestyles survey have different results, with estimates of drug misuse by young people ranging from 10.5% to 29%. This analysis would suggest that the level of youth drug taking is below national averages. National data indicate that 6% of 11 year olds and 36% of 15 year olds had used drugs in the last year (National Statistics, Statistical Bulletin, 2003/4, July). This is supported by the TellUs2 survey which identified that the percentage of children and young people that have never taken any drug is 4% higher than the national average.

Table 8.12: Misuse of Drug

	CtC	Lifestyle 2004	
	10-16	11-15	16-18
Have tried illegal drugs	10.5%	17%	29%

Source: CtC survey,2007 and The Medway Young Peoples Lifestyle Survey 2004

8.4.6 The Lifestyles survey reported that the most common drug that young people had been offered and taken was cannabis – 38% had been offered, and 20% of young people had taken cannabis. Almost half of 16-18 year olds in this survey had been offered cannabis; and a quarter of those had used it.

Table 8.13: Types of drugs use

% of young people who had been offered / taken drugs	Have been offered %			Have taken %		
	11-15	16-18	All	11-15	16-18	All
Alkyl Nitrites	9	21	14	4	8	6
Amphetamines	8	14	10	2	5	3
Anabolic Steroids	3	6	5	1	-	1
Cannabis	28	48	38	14	26	20
Cocaine & Crack	11	17	14	3	4	3
Ecstasy	8	14	11	2	4	3
Heroin	5	6	6	1	2	2
LSD	4	10	7	1	3	2
Tranquillizers	2	3	2	1	1	1
Gasses, Glue & Aerosols	9	10	10	5	4	4

Source: The Medway Young Peoples Lifestyle Survey 2004

8.4.7 Overall, 81% of young people agreed or strongly agreed with the statement 'Illegal drugs have a long term effect on my health'. (Lifestyle Survey)

8.4.8 Of the 13 districts in Kent and Medway, Medway has the 10th lowest level of drug offences. (Kent Crimeview). Table 8.14 shows that these are highly focused in River ward which has the largest night time economy.

Table 8.14: Ward View of Health

	% Youth stating that they have tried illegal drugs	Drug Offences per 1,000 (where committed)	Ambulance Call Outs – Drug or Alcohol related (location of call out)
Gillingham North	9.1 (12)	2.51 (4)	4.4 (2)
Chatham Central	9.1 (13)	4.32 (2)	0.9 (9)
Luton and Wayfield	9.9 (9)	2.14 (6)	1.5 (3)
Strood South	10.3 (7)	1.62 (9)	1.3 (4)
Gillingham South	10.1 (8)	2.96 (3)	1.1 (5)
River	8.2 (17)	15.36 (1)	6.3 (1)
Rochester East	8.8 (16)	1.77 (7)	0.7 (13)
Twydall	6.4 (22)	1.06 (13)	0.6 (15)
Princes Park	9 (14)	0.67 (20)	0.6 (15)
Strood North	10.9 (5)	1.35 (11)	1 (7)
Walderslade	6.9 (21)	1.4 (10)	0.9 (9)
Peninsula	11.8 (3)	0.78 (18)	0.7 (13)
Rochester West	13.7 (1)	2.37 (5)	1 (7)
Strood Rural	9.6 (10)	0.89 (17)	0.3 (20)
Lordswood and Capstone	7.1 (20)	0.95 (16)	0.6 (15)
Rainham North	10.8 (6)	0.58 (21)	0.8 (11)
Rochester S & Hors.	8.1 (18)	1.05 (14)	0.8 (11)
Watling	9.4 (11)	1.76 (8)	1.1 (5)
Cuxton and Halling	11.5 (4)	0.57 (22)	0 (22)
Rainham South	11.9 (2)	1 (15)	0.4 (19)
Rainham Central	7.2 (19)	1.19 (12)	0.6 (15)
Hempstead & Wig.	8.9 (15)	0.74 (19)	0.3 (20)

Source:
Youth drug taking: CtC survey, 2007
Drug Offences per 1,000 population, Kent Viewcrime, 2006-07
South East Coast Ambulance Service NHS Trust, 2006-07, (also includes drug (e.g. paracetamol overdoses)

8.5 Diet, Physical Exercise and Obesity

8.5.1 Compared to the rest of the South East, the synthetic estimates of diet and obesity paints a poor picture of Medway. Of the 67 local authorities in the South East Medway has:

- the sixth highest percentage (25.3%) of people that are obese, and,
- the third lowest percentage (21.8%) of adults that consume five or more fruits or vegetables

Source: ONS, Healthy Lifestyle Behaviours: Model Based Estimates, 2003-2005

8.5.2 **Table 8.15: Obesity in school children**

	% Overweight	% Obese	% Overweight or Obese
YEAR R			
Medway	11.5%	8.9%	20.4%
England	13.0%	9.9%	22.1%
YEAR 6			
Medway	15.3%	19.3%	34.6%
England	14.2%	17.5%	31.6%

Source: Data from Information Centre for Health & Social Care

8.5.3 The CtC survey investigated the levels of healthy eating and exercise for the young people of Medway. 29% of young people stated that they eat more than three fruits or vegetables per day.

8.5.4 The 2007 OfSTED TellUs2 survey stated that consumption of fruit and vegetables in Medway is similar to national figures. Results of the survey show that 20% of children in Medway consume 5 or more portions of fruit and vegetables each day, nationally the figure is 23%. Results from the CtC survey showing consumption of fruit and vegetables are given in table 8.16.

Table 8.16: Young People eating fruit and vegetables

I don't eat fruits / vegetables daily	Once a day	Twice a day	Three times a day	More than three times a day
10.9	17.6	20.8	21.4	29.1

Source: Rainer Communities that Care Survey, 2008

8.5.5 In the lifestyle survey 47% agreed or strongly agreed that they eat healthily. 31% of respondents said that they did not know.

8.5.6 43% of young people undertake at least one hour of physical activity such as walking, cycling, dancing, or sports every day.

Table 8.17: Young People - levels of daily exercise

Less than 15 minutes	15-30 minutes	31-45 minutes	40-60 minutes	More than 60 minutes
4.8	20.5	14.2	16.9	43.3

Source: CtC survey

8.5.7 The Lifestyle survey stated that 51% of respondents either agreed or strongly agreed to the statement "I believe I have enough exercise". The TellUs2 survey stated that exercise levels were broadly consistent with the national picture.

8.5.8 As expected the issues are related in some respects to the deprivation of an area, and there are some Wards such as South Strood exhibit poor scores on many of the factors.

8.5.9 At the moment it is not possible to analyse obesity by ward of residence of the child.

Table 8.18: Proportion of Population experiencing Obesity, Dietary and Exercise issues

	Dietary			Exercise
	Adult fruit & veg (%)	Child fruit & veg (%)	Young People- fruit & veg (%)	Young People (%)
Gillingham North	19.6 (2)	27.4 (6)	47.8 (9)	43.8 (12)
Chatham Central	21.1 (9)	29.6 (15)	46.4 (6)	45.5 (16)
Luton and Wayfield	20.9 (7)	26.1 (4)	43.2 (2)	43 (11)
Strood South	19.6 (2)	25.3 (2)	46.1 (5)	40.9 (7)
Gillingham South	20.1 (5)	31.5 (18)	46.9 (7)	41.5 (8)
River	21.5 (10)	38.4 (22)	54.8 (18)	47.2 (19)
Rochester East	22 (11)	31.1 (17)	49.7 (10)	49 (21)
Twydall	20.2 (6)	23.9 (1)	53.9 (14)	44.7 (14)
Princes Park	19.3 (1)	27.8 (9)	47.0 (8)	44.2 (13)
Strood North	22.2 (12)	28.1 (11)	54.2 (15)	44.7 (14)
Walderslade	22.2 (12)	28.4 (12)	41.2 (1)	39 (5)
Peninsula	22.2 (12)	25.6 (3)	44.3 (3)	48.6 (20)
Rochester West	27 (20)	35.5 (21)	56.7 (21)	49.2 (22)
Strood Rural	22.7 (15)	27.4 (6)	53.3 (13)	42.8 (10)
Lordswood and Capstone	20 (4)	27.8 (9)	45.6 (4)	45.5 (16)
Rainham North	22.8 (16)	27.2 (5)	56.6 (20)	38.6 (4)
Rochester S & Hors.	23.7 (17)	28.4 (12)	51.7 (11)	37.2 (2)
Watling	24.5 (19)	32.4 (19)	52.8 (12)	40.7 (6)
Cuxton and Halling	24.2 (18)	27.7 (8)	54.8 (18)	35 (1)
Rainham South	21 (8)	28.7 (14)	54.4 (16)	46.5 (18)
Rainham Central	27 (20)	30 (16)	64.1 (22)	41.9 (9)
Hempstead & Wig.	27.4 (22)	32.7 (20)	54.4 (16)	38.3 (3)

Definitions & Sources:
Adult Fruit & Veg (%) – ONS Synthetic Estimates of consumption of 5+ fruits/vegetables per day, 2003-05
Child Fruit & Veg(%) - ONS Synthetic Estimates of consumption of 3+ fruits/vegetables per day, 2003-05
Young People Fruit & Veg(%) – CtC survey, 2007 (with non respondents removed) Percentage of young people that self reported that they consume 3 or more fruit and vegetables per day
Exercise – Young People – CtC survey, 2007 (with non respondents removed) Percentage of young people that undertake 60 minutes daily.

8.6 Sexual Health

Teenage Pregnancy

8.6.1 England as a whole has shown a consistent fall in teenage pregnancy rates in the last 9 years, with only one year showing an increase. Kent has shown falls, although less consistently. Medway has not shown similar changes and the rate has returned to the 1998 level.

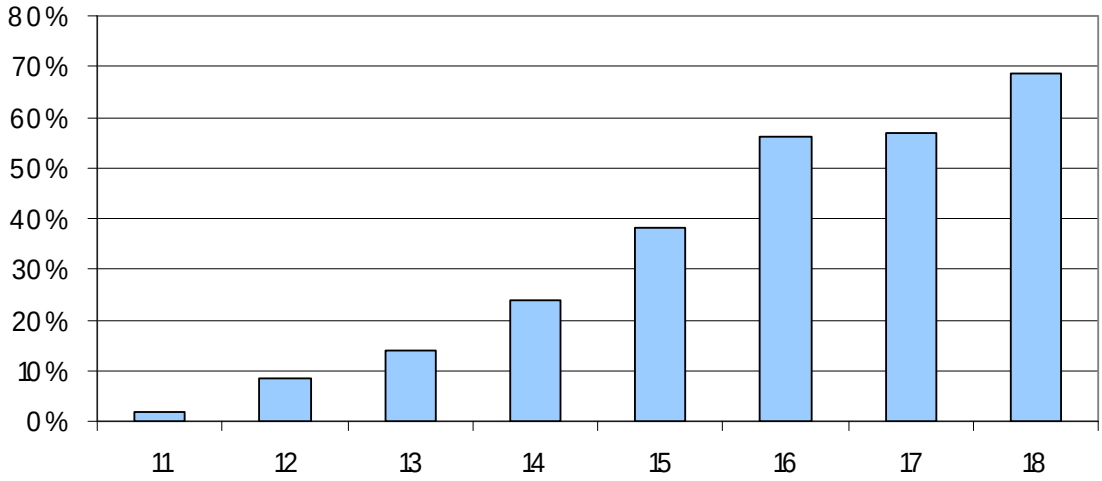
Table 8.19: Teenage Pregnancies in Medway

	1998	2004	2005	2006
Medway	46.2	40.7	44.5	46.2
Kent	42.1	37.9	37.7	37.1
England	47.1	44.8	41.4	40.7

3 year average rates, per 1000 female population aged 15-17.
Sources: Office for National Statistics and Teenage Pregnancy Unit

8.6.2 The Medway Lifestyles survey, 2004 undertook some detailed analysis of sexual behaviour of young people in Medway. Almost 10% of 12 year olds and 70% of 18 year olds were sexually active. Over a quarter (26%) of girls reported being sexually active by age 14.

Figure 8.2: Proportion of Young People that are sexually active



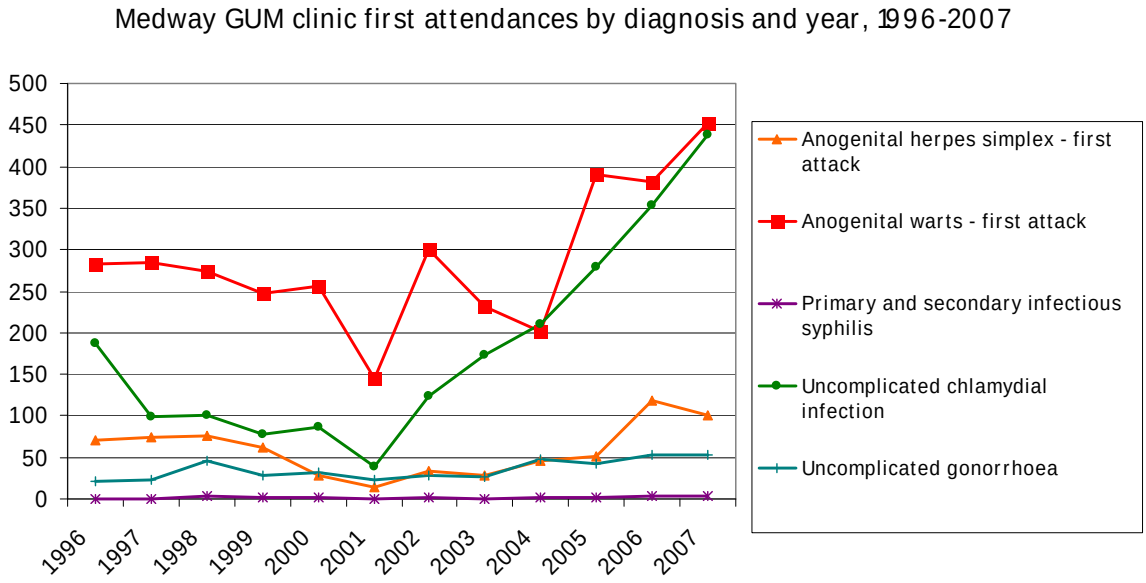
Source: Medway Lifestyles survey, 2004

Sexually Transmitted Diseases

8.6.3 Medway has one of the lowest levels of Chlamydia screening of young people of the authorities in Kent, with 10 of the 13 district authorities having a higher screening rate. For the first nine months of 2007, 1.26% of people between 15 and 24 years of age have been screened compared to an average of 2.08% across Kent. The national target is 17%.

8.6.4 The gradual decline in Genitourinary Medicine Clinic (GUM) attendances from 1996 to 2001 has been dramatically reversed, largely by a significant increase in chlamydia and anogenital warts.

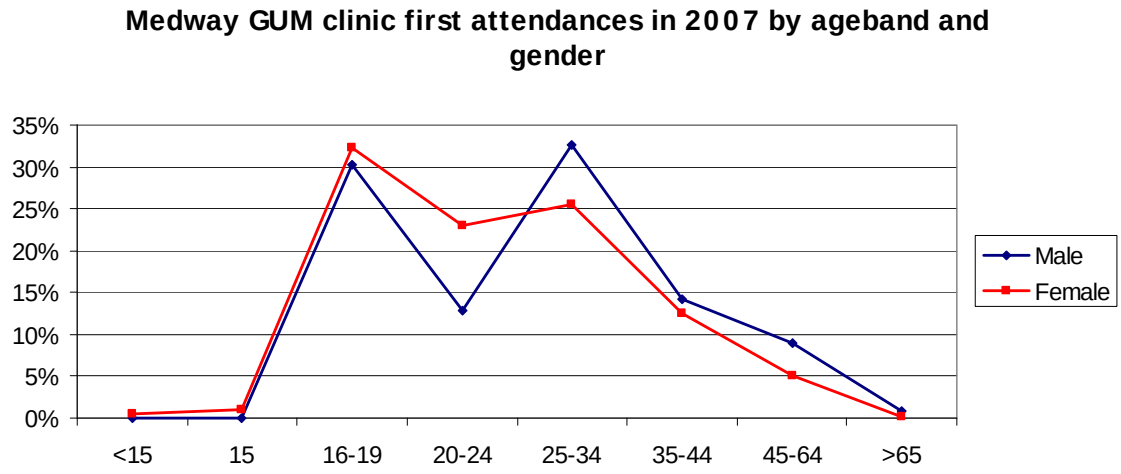
Figure 8.3:



Source: HPA KC60 returns

8.6.5 In Medway, 53.5% of first attendances are by men. The typical age of the attendees is generally younger for females. The age profile follows similar patterns experienced in West Kent GUM and East Kent GUM.

Figure 8.4:



Source: HPA KC60 returns

8.6.6 The Medway Lifestyles survey reported on the level of safe sex practiced by young people in Medway. Of those who were sexually active, 71% said they had always used contraception when they had sex. 29% said they had not always used contraception. Females and younger people are less likely to use contraception.

Table 8.20: Proportion not always using contraception

Young women	32%	Aged 11-15	33%
Young men	26%	Aged 16-18	28%

Source: Medway Lifestyles Survey, 2004

8.6.7 88% of the young people acknowledged that a male/female condom could prevent a sexually transmitted infection (STI). Nearly a third (30%) of 11-15 year olds and 16% of 16-18 year olds thought that an STI could be prevented by the contraceptive pill. Smaller proportions thought there were other methods that could prevent an STI.

8.6.8 Respondents were asked about their awareness of sexually transmitted infections and ways of preventing sexually transmitted infections and pregnancy. Overall young people were most likely to have heard of HIV/AIDS with 89% of the respondents stating that they have heard of it.

8.6.9 With the exception of HIV/AIDS, young people from BME groups were less likely to have heard of each of the STI's than those from the white ethnic group. It is not until the age of 14 or 15 and over that half of young people are aware of more common STI's.

8.6.10 More deprived wards have higher rates of teenage pregnancy. For reasons of confidentiality we have been requested to only show the ranking of the wards. Chlamydia screening rates are higher in the more deprived wards but all are significantly lower than the target of 17% of 16-24 year olds.

Table 8.21: Sexual Health

	Teenage Pregnancies Ward Ranking	% Chlamydia Screening Rates
Gillingham North	2	1.07 (10)
Chatham Central	1	2.08 (21)
Luton and Wayfield	6	1.93 (20)
Strood South	4	1.45 (15)
Gillingham South	3	1.17 (12)
River	7	1.69 (17)
Rochester East	5	2.28 (22)
Twydall	9	0.53 (1)
Princes Park	10	0.8 (5)
Strood North	11	1.15 (11)
Walderslade	15	0.97 (9)
Peninsula	8	0.69 (4)
Rochester West	12	1.72 (18)
Strood Rural	16	1.61 (16)
Lordswood and Caps.	13	1.23 (13)
Rainham North	17	0.84 (6)
Rochester S & Hors.	20	1.82 (19)
Watling	19	0.58 (2)
Cuxton and Halling	18	1.24 (14)
Rainham South	22	0.66 (3)
Rainham Central	21	0.91 (8)
Hempstead & Wig.	14	0.86 (7)

Source: ONS & HPA KC60 returns

8.7 Summary

8.7.1 Local organisations may prioritise their activity to reduce the lifestyle risks identified in this chapter. If the same group smoke, drink alcohol above sensible limits and have poor diets then the number of people that need to change their lifestyles is smaller but the message and task becomes more complex. This would suggest that work to identify the extent of multiple risky lifestyle decisions being made would be useful.

8.7.2 Much of the data in this section is based on synthetic estimates, and so without local research Medway will have to rely on HealthACORN data to provide clues of the overlap of such lifestyle decisions.

	Adult	Young People
Smoking	The estimate of smoking prevalence in Medway is higher than other Local Authorities in the South East.	The smoking rates are higher for young women. Evidence of very high levels of smoking in pregnant teenage women.
Alcohol	Alcohol Consumption is typical of other localities, but there is an increasing level of alcohol specific admissions and in particular for females.	Alcohol consumption for young people is consistent with other localities. Young people typically understand that alcohol is likely to damage health, but 46% of people stated there is nothing wrong with getting drunk. But 73% of Medway's Citizen Panel said that reducing alcohol and substance misuse among children and young people as a top priority.
Drug misuse	Drug misuse seems to be typical of other localities.	Drug misuse appears to be below national averages.
Diet, Exercise and Obesity	Diet and obesity appear to be a significant issue in Medway.	Consumption of fruit and vegetables and exercise levels appear to be similar to national picture.
Sexual Behaviour		The teenage pregnancy rate in Medway has remained stubbornly high. 25% of 14 year old girls have become sexually active, but only 50% of this group know of some of the common STIs, and 33% do not always use contraception.

Burden of ill health and disability

9 Burden of Ill Health and Disability

9.1 Overview

9.1.1 This section considers a range of broad health outcomes and conditions in Medway, comparisons are made regionally and nationally, with Medway projections provided where possible and prevalence data compared at ward level.

9.1.2 One of the Index of Multiple Deprivation domains focuses on health deprivation and disability. It identifies localities with relatively high rates of people who die prematurely or whose quality of life is impaired by poor health or disability. Table 9.1 shows the percentage of the Medway population that fall within the quintiles of deprivation for Health, and as a comparison to the overall deprivation levels. It is noticeable that only 3.5% of Medway residents live in England's 20% most health deprived neighbourhoods. This broad measure would suggest that the level of health deprivation of the Medway population is lower than the English average.

Table 9.1: Health and Overall Deprivation of Medway compared to England.

IMD Deprivation	% of Medway Population that live in health deprived neighbourhoods	% of Population that live in deprived (overall) neighbourhoods
20% Most Deprived	3.5%	9.4%
21-40% Most Deprived	17.6%	34.3%
Average	31.9%	17.9%
61-80% Most Deprived	29.7%	23.9%
20% Least Deprived	17.3%	14.5%

Source: Deprivation - IMD 2007, Communities and Local Government

9.2 Life expectancy

9.2.1 Total life expectancy at birth can be used as an indicator of the state of a population's health. Table 9.2 identifies that Medway has a lower life expectancy than the South East as a whole, or England and Wales.

9.2.2 Life expectancy has seen consistent increases over the last century and there has been growing emphasis on whether the extra years lived are in good health or not. This question has been addressed by examining the following two concepts:

- Healthy Life Expectancy – length of life expected in good or fairly good general health
- Disability Free Life Expectancy – length of life expected free from disability.

9.2.3 In 2004, life, healthy life and disability free life expectancy figures at birth were published for all Local Authorities (see Table 9.2). Though the life expectancy at birth is less than the national picture the expected numbers of healthy years and disability free years are remarkably similar. The difference between life expectancy for Medway and the South East is even greater, and the average South East figures suggest that they have a proportionately longer part of their lives in good health and disability free. Note: these are not the most up-to-date total life expectancy figures, but are used for comparison to 'healthy' and 'disability free' years (which are only available for 2001). For most up-to-date total life expectancy figures see section 5.6.

Table 9.2: Life expectancy; total, healthy and disability-free, total years at birth (2001 data)

	Males			Females		
Life expectancy (years) at birth	Total	Healthy	Disability free	Total	Healthy	Disability free
Medway	75.0	69.0	61.9	79.9	72.3	64.2
South East	77.2	71.7	64.7	81.5	74.8	67.0
England & Wales	76.0	69.1	61.7	80.7	72.3	64.2

Source: ONS, 2001

9.2.4 Table 9.3 below shows that the remaining life, healthy life and disability free life years at 65 in Medway was worse than both the South East and England & Wales for males and females. Again the proportion of the expected remaining life spent in a healthy and disability free state (in brackets) is higher in the South East as a whole than in Medway.

Table 9.3 Life expectancy; total, healthy and disability-free, remaining years at age 65, figures in brackets indicate the proportion of remaining life (2001 data)

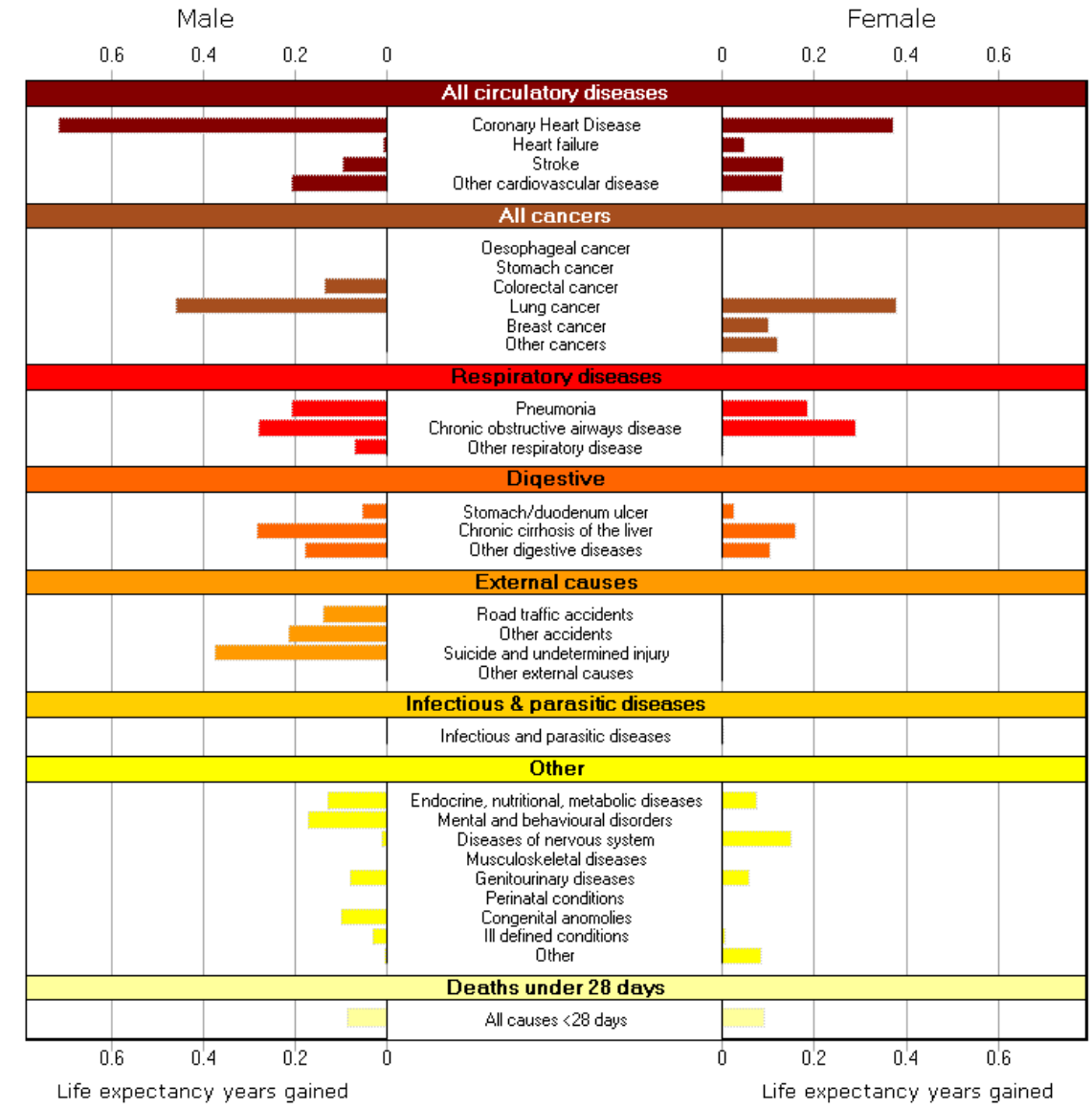
	Males			Females		
Life expectancy (years) at 65	Total	Healthy	Disability free	Total	Healthy	Disability free
Medway	15.3	12.0 (78%)	7.7 (50%)	18.5	14.3 (77%)	8.8 (48%)
South East	16.8	13.7 (82%)	9.3 (55%)	19.8	15.8 (80%)	10.3 (52%)
England & Wales	16.1	12.5 (78%)	8.1 (50%)	19.2	14.5 (76%)	9.1 (47%)

Source: ONS, 2001

9.2.5 Figure 9.1 below shows the breakdown of life expectancy gap between the most deprived quintile (MDQ) of Medway and the average for the four other quintiles in the local authority by cause of death. It can be seen that deprivation drives a significant loss of life years resulting from coronary heart disease (CHD) and lung cancer. This is consistent with the link between deprivation and the risk factors discussed in Chapter 8 such as smoking, poor diet and obesity.

9.2.6 Deprivation driven life years lost from CHD is far higher for males than females, life years lost are also higher in males than in females from other cardiovascular diseases, chronic cirrhosis of the liver and external causes.

Figure 9.1: Breakdown of life-expectancy gap between most deprived quintile of Medway and the rest of Medway by cause of death



Source: London Health Observatory

9.3 Reported ill health: summary

9.3.1 The 2001 Census identifies that there were estimated to be 39,000 people in Medway (15.6% of the population) reporting a Limiting Long Term Illness (LLTI), compared to the national average of 17.9%. An element of this may be related to the younger age distribution of Medway.

9.3.2 69.8% of adults in Medway reported their general health over the previous year was 'good', this compares with 71.5% in the South East and 68.8% in England.

9.3.3 The 2007 OfSTED TellUs2 survey stated that 85% (96% in 2006) of Medway respondents (aged 10 – 15) consider themselves to be either 'very healthy' (27%) or quite healthy (58%). This is fractionally below the national figure of 86%.

9.4 Limiting Long-Term Illness (LLTI)

9.4.1 Currently in Medway it is estimated using POPPI 2.2 that 46.8% of people over 65 and 58% of people over 85 suffer from a limiting long-term illness. (The estimate percentage of people 65 years and over suffering from a LLTI in England is 47.0%; in order to calculate these data sets POPPI apply national prevalence data to gender and age bands so any differences between Medway and national estimates relate to the differing demographic distributions of the over 65s).

9.4.2 By 2020 it is expected that the number of people aged 85 and over with a limiting long-term illness will increase by 41.5%, the number of people over 65 with a LLTI will increase by 34.3%.

Table 9.4: People aged 65 and over with a limiting long-term illness, by age projected to 2025

Age	2008	2010	2015	2020	2025
65 -74	7,688	8,171	9,701	10,144	10,023
75-84	6,088	6,250	7,166	8,189	10,021
85 and over	2,379	2,437	2,786	3,366	4,236
Total: 65 and over	**16,156**	**16,859**	**19,652**	**21,699**	**24,281**

Source POPPI 2.2

9.4.3 Currently in Medway it is estimated that 18.3% of all older people over 65 and 36.4% of all people over 85 suffer from a limiting long-term illness and live alone. The number of those over 65 years of age will increase by 34.8%, and 36.5% for those over 85.

Table 9.5: People aged 65 and over by age with a limiting long-term illness, living alone, projected to 2025

Age	2008	2010	2015	2020	2025
65 -74	2,047	2,172	2,543	2,759	2,670
75-84	2,784	2,865	3,276	3,762	4,561
85 and over	1,492	1,529	1,747	2,111	2,657
Total: 65 and over	**6,323**	**6,566**	**7,566**	**8,632**	**9,888**

Source POPPI 2.2

9.4.4 In Medway 8% of 65-74 year olds, and 24% of men and women aged 75 and over are unable to manage on their own at least one of the mobility activities listed[17]. This will increase the service demand for Older People Day Services and Equipment and Adaptations for Older and Disabled people.

Table 9.6: People aged 65+ unable to manage at least one mobility activity[15] on their own projected to 2025[16]

Age	2008	2010	2015	2020	2025
65 -74	1,528	1,624	1,928	2,016	1,992
75 and over	3,696	3,792	4,344	5,040	6,216
Total: 65 and over	**5,224**	**5,416**	**6,272**	**7,056**	**8,208**

Source: POPPI 2.2

9.5 Mortality: causes of death

9.5.1 Table 9.7a illustrates the causes of mortality for Medway's population by age. Children under 4 are most likely to die from conditions originating in the perinatal period, those aged 5-15 are most likely to die from cancer or

[15] Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

[16] The data is taken from Bridgwood, A. (1998) People Aged 65 and Over: Results of an Independent Study Carried Out on Behalf of the Department of Health as Part of the 1998 General Household Survey, page 43.

endocrine, nutritional and metabolic diseases, and young people over 16 are most likely to die from accidents. Adults and older people will most likely die from cancer or diseases of the respiratory or circulatory system.

Table 9.7a: Underlying causes of Death in Medway, 2001-05 (excluding Neonatal deaths)

Cause	Aged 0-4	Aged 5-15	Aged 16-19	Aged 20-74	Aged 75+
Diseases of the respiratory system	4%	4%	4%	9%	17%
Malignant Neoplasms	2%	17%	7%	39%	20%
Diseases of the Circulatory system	2%	4%	7%	31%	42%
Diseases of the genitourinary system	2%	-	-	1%	3%
Certain conditions originating in the perinatal period	23%	-	-	-	-
Congenital malformations, deformations and chromosomal abnormalities	19%	13%	4%	-	-
Symptoms, signs, abnormal clinical & lab. findings not elsewhere classified	10%	-	-	-	2%
Diseases of the nervous system	8%	16%	7%	2%	2%
Event of undetermined intent	8%	-	4%	1%	-
Accidents	6%	16%	49%	2%	2%
Certain infectious and parasitic diseases	6%	-	10%	1%	1%
Diseases of the digestive system	6%	13%	-	7%	4%
Endocrine, nutritional and metabolic diseases	4%	17%	-	1%	2%
Mental and behavioural disorders	-	-	4%	2%	4%
Neoplasms of uncertain or unknown behaviour	-	-	4%	1%	1%
Other	-	-	-	3%	2%

Source: ONS Annual District Death Extract

9.5.2 Table 9.7b gives the top ten underlying causes of death for people aged under 75.

Table 9.7b:

2004-2006	No	%
I20-I25 Coronary Heart Disease	417	17.1%
C34 Lung Cancer	233	9.5%
I60-I69 - Stroke	138	5.6%
J43-J44 - Emphysema and COPD	128	5.2%
C50 Breast Cancer	88	3.6%
C80 malignant neoplasm without specification of site	61	2.5%
C18 Cancer of the colon	56	2.3%
K70 Alcoholic Liver Disease	53	2.2%
I71 Aortic aneurysm and dissection	51	2.1%
J18 Pneumonia	44	1.8%
All deaths	2444	

Source: ONS Annual District Death Extract

9.6 Morbidity: prevalence of disease

Table 9.8: Prevalence and projections of key health areas

	Medway, %		Medway Practice, %		National %	Medway Projections, %			
	2006 /07	2007/08	Min	Max	2007 /08	2010	2015	2020	2025
Diabetes	3.8	4.1	1.9	6.0	3.9	4.5	4.9	5.4	5.9
Cancer	0.7	0.9	0.1	1.9	1.1	-	-	-	-
CHD	2.9	2.9	1.0	4.6	3.5	3.8	3.8	3.8	3.8
Stroke	1.2	1.2	0.3	2.5	1.6	-	-	-	-
COPD	1.3	1.4	0.4	2.9	1.5	1.6	1.7	1.7	1.8
Hypertension	12.5	12.9	6.7	23.4	12.8	22.4	22.4	22.4	22.4
Mental Health	0.5	0.5	0.0	1.3	0.7	-	-	-	-
Dementia*	0.28*	0.29*	0.0*	2.4*	0.41*	0.9**	1.0**	1.2**	1.3**

Source: Diabetes, Cancer, CHD, Stroke, COPD, Hypertension & Mental Health: QOF Data 2006/07 & 2007/08,
*Dementia: * Medway & National – QOF data – percentage of GP list*
*** Medway Projections - POPPI 2.2 – percentage of older people rebased for entire population*
COPD projections: APHO Modelled COPD Prevalence tool
CHD/Hypertension projections: APHO 'Modelled data for 2007/08 LDPs'

9.6.1 The prevalence rates for cancer, COPD and hypertension in Medway match national rates. Prevalence of dementia is lower than the national average, (see section 9.6.11 for more detail). The population bases used to calculate prevalence rates for cancer, CHD, stroke, COPD, hypertension & mental health are the total number of patients registered at GPs in Medway and England. Current dementia information is based on QOF data; dementia projections are POPPI projections rebased for entire population rather than just the over 65 year olds. The population base used for diabetes is the mid-2006 population estimates.

9.6.2 QOF data has its limitations when used to determine disease prevalence:

- There has been concern raised in using QOF data that diagnoses are always recorded with the appropriate codes and so information is not fully captured.
- There is a general view that the disease register counts on the QMAS system represent under-estimates of the prevalence of disease in the general population (see table 11.1 in Appendix).
- The prevalence rates are not adjusted for the age distribution of the population.
- In 2006/07 a number of practices were excluded from published tables as their 2005/06 QOF achievement had not been approved for payment by the end of June 2006.
- Information is collected at an aggregate level for each general practice. There is no patient-specific data within QMAS and it is not possible to identify information about individual patients from the published figures so it is not possible to perform analysis of the extent of co-morbidity.

Figures from such data therefore should be viewed with these limitations in mind.

9.6.3 For Medway PCT the CHD prevalence rate is 2.9%, this is statistically significantly lower than the national rate which is 3.5%. For Medway UA, however, the 2004-06 age-standardised mortality rate from all circulatory diseases for under 75s of 97.8 per 100,000 is higher than that of the South East (70.2) and England (84.2). These differences are statistically significant.

9.6.4 For Medway UA, the age-standardised mortality rate from all cancers for persons under 75 is 123.1 per 100,000 using 2004-06 data, this is significantly higher than the equivalent figure for the South East (109.8). The difference between Medway and England (117.1), however, is not statistically significant.

9.6.5 Another measure of mortality is the standardised mortality ratio (SMR[17]). For Medway this was 109, comparing less favourably with the SMR for the South East of 90, this result is again statistically significant.

Heart attack and stroke

9.6.6 The table below gives projected numbers of people aged over 65 in Medway expected to have a longstanding health condition caused by a heart attack. By 2020 the number of such people will increase by 34.1%.

Table 9.9: People aged 65 and over predicted to have a longstanding health condition caused by a heart attack, by gender and age projected to 2025

Age	2008	2010	2015	2020	2025
Males 65 -74	764	815	966	1,000	1,016
Males 75 and over	498	531	631	764	946
Females 65 -74	515	541	643	673	658
Females 75 and over	630	630	704	791	965
Total: 65 and over	2,407	2,516	2,943	3,227	3,585

Source POPPI 2.2

9.6.7 Table 9.10 gives projected numbers of people aged over 65 in Medway expected to have a longstanding health condition caused by a stroke. By 2020 the number of such people will increase by 37.7%.

Table 9.10: People aged 65 and over predicted to have a longstanding health condition caused by a stroke, by gender and age projected to 2025

Age	2008	2010	2015	2020	2025
Males 65 -74	155	165	196	202	206
Males 75 and over	324	346	410	497	616
Females 65 -74	121	127	151	158	155
Females 75 and over	263	263	294	330	403
Total: 65 and over	863	901	1,051	1,188	1,379

Source POPPI 2.2

[17] Standardised Mortality Ratios for deaths of persons aged under 85, local authorities in England and Wales, 1999-2003. Notes on the calculation and interpretation of these figures can be found on the National Statistics website at: http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14359

Diabetes

9.6.8 The table below gives projected diabetes prevalence rates with comparators. From 2005 to 2020 there is a 46.4% increase in prevalence.

Table 9.11: Estimated and projected prevalence of diabetes (Type 1 & 2)

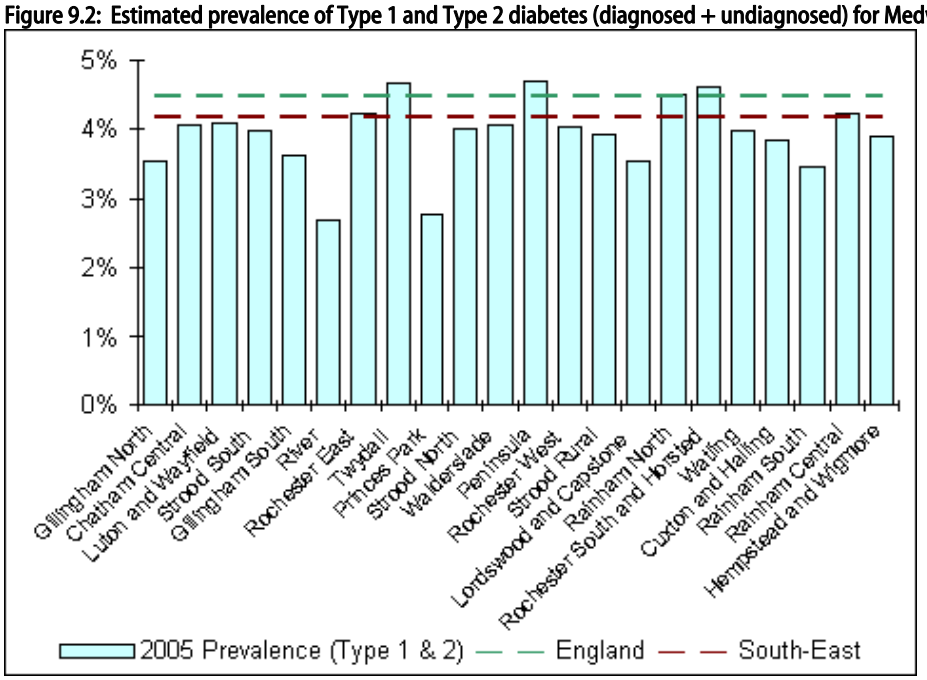
	2005	2010	2015	2020	2025
Medway LA (No.)	10,068	11,533	13,022	14,744	16,461
Medway LA (%)	4.0%	4.5%	4.9%	5.4%	5.9%
Medway PCT	4.0%	4.5%	4.9%	5.4%	5.9%
England	4.5%	5.0%	5.4%	5.9%	6.5%
South East	4.2%	4.6%	5.0%	5.5%	6.0%
South East Coast SHA	4.4%	4.8%	5.3%	5.7%	6.3%

Source: Yorkshire & Humber Public Health Observatory

9.6.9 The following chart shows the estimated prevalence rate of Type 1 and Type 2 diabetes in 2005 by ward, 73% of Medway wards have a lower prevalence compared with both England and the South East.

9.6.10 Twydall, Peninsula, Rochester South and Horsted and Rainham North are wards with prevalence rates above the national average.

Figure 9.2: Estimated prevalence of Type 1 and Type 2 diabetes (diagnosed + undiagnosed) for Medway, 2005



Source: Yorkshire & Humber Public Health Observatory

Mental Health

9.6.11 Joint Strategic Needs Assessments have been commissioned for mental health and dementia and will provide more detailed information on local needs.

9.6.12 Dementia is a major cause of disability in people aged over 60. It contributes 11% of all years lived with disability.

9.6.13 The numbers of people aged 65 and over predicted to have dementia by 2020 is predicted to increase by 36%.

Table 9.12 People aged 65 and over predicted to have dementia, by age band and gender, projected to 2025

Gender/Age	2008	2010	2015	2020	2025
Male 65 -74	201	213	250	273	268
Male 75-84	337	362	419	495	597
Male 85 and over	236	256	335	453	591
Male 65 and over	**774**	**831**	**1002**	**1221**	**1456**
Female 65 -74	167	175	200	227	213
Female 75-84	613	613	685	785	929
Female 85 and over	731	731	781	882	1084
Female 65 and over	**1511**	**1518**	**1666**	**1894**	**2225**
All 65 -74	368	388	450	500	481
All 75-84	950	975	1,104	1,280	1,526
All 85 and over	967	987	1,116	1,335	1,675
All 65 and over	**2,285**	**2,349**	**2,668**	**3,115**	**3,681**

Source POPPI 2.2

9.6.14 The numbers of people aged 65 and over predicted to have depression by 2020 is predicted to increase by 34%. These estimates are calculated using national prevalence figures and do show relatively wide confidence limits to the estimates.

Table 9.13 People aged 65 and over with depression, projected to 2025

	2008	2010	2015	2020	2025
Depression: Lower est.	3,450	3,610	4,220	4,620	5,080
Depression: Upper est.	5,175	5,415	6,330	6,930	7,620
Severe depression: Lower est.	1,035	1,083	1,266	1,386	1,524
Severe depression: Upper est.	1,725	1,805	2,110	2,310	2,540

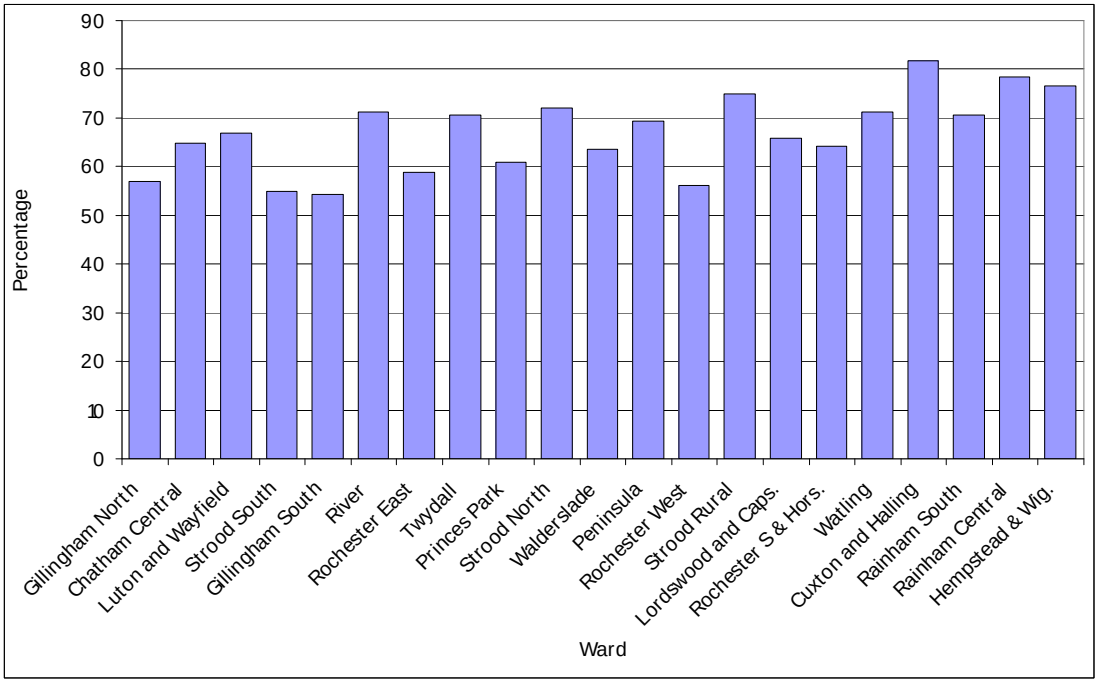
Source POPPI 2.2

9.7 Oral Health

9.7.1 In 2005/06 the mean number of teeth per school-child aged 5 sampled which were either actively decayed or had been filled/extracted for Medway was 0.90, this is lower than both the South East Coast SHA (0.96) and England (1.47)[18], suggesting oral health for children in Medway is better than average. In the same year, 67% of year one schoolchildren in Medway had no experience of tooth decay. This ranged from 54% in Gillingham South ward to 82% in Cuxton & Halling ward (Figure 9.3).

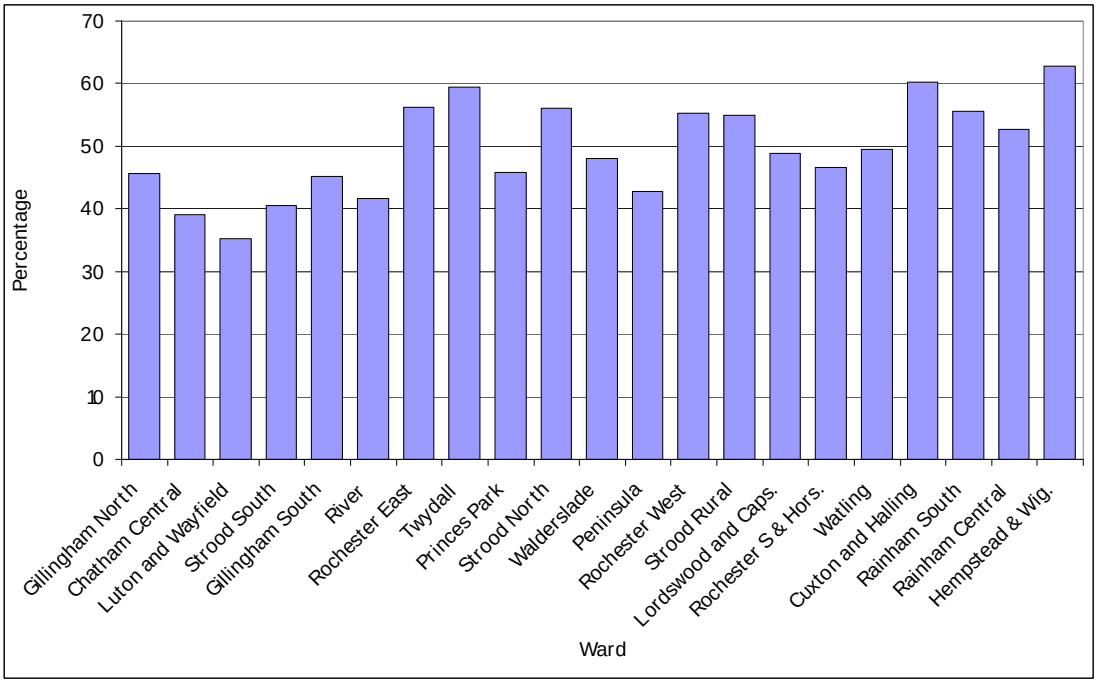
[18] Source: The British Association for the Study of Community Dentistry.

Figure 9.3: Proportion of Year 1 pupils with no tooth decay, 2005/06



Source: Medway PCT Dental Service

Figure 9.4: Proportion of Year 3 pupils with no tooth decay, 2005/06



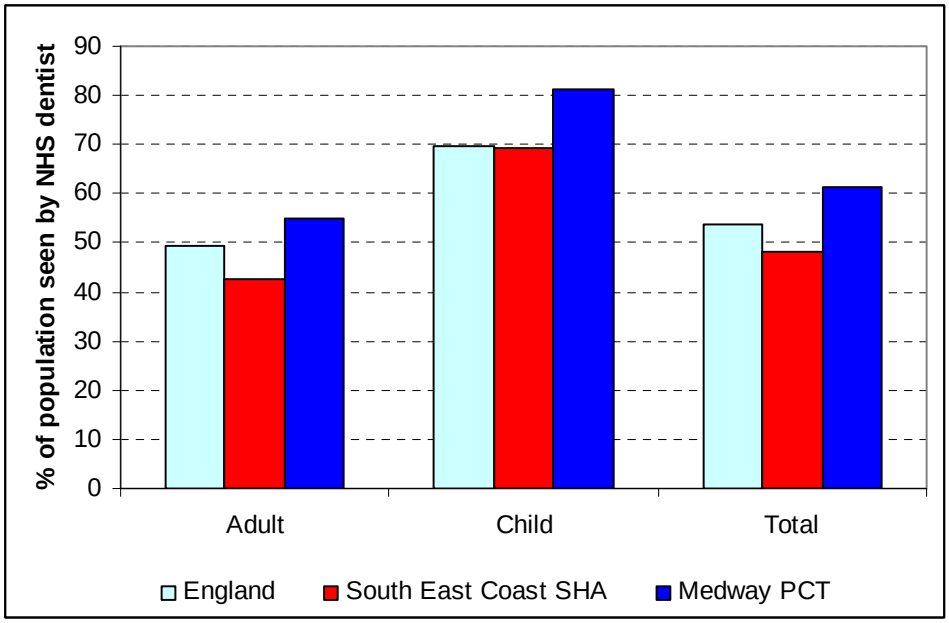
Source: Medway PCT Dental Service

9.7.2 In the same academic year, 49% of year 3 school children in Medway had no experience of tooth decay. This ranged from 36% in Luton and Wayfield ward to 63% in Hempstead and Wigmore ward (Figure 9.4). Again, for

this age group, inequalities in dental health existed across Medway. There was a significant positive correlation between prevalence and severity of tooth decay and estimated level of deprivation at ward level.

9.7.3 In the 24 months to 31 December 2007 106,000 adults and 49,000 children were seen by an NHS dentist. Figure 9.5 shows these numbers as a proportion of Medway's population, with comparisons provided for England and South East Cost SHA. These data need to interpreted with caution as they represent the number of people (whether from Medway or elsewhere) visiting Medway dentists.

Figure 9.5: Proportion of population seen by NHS dentist – Jan 2006 to Dec 2007



Source: The Information Centre, NHS

9.7.4 In summary, whilst levels of oral health are comparatively good in relation to national figures, geographical inequalities in oral health still exist in schoolchildren living in Medway. In common with other chronic diseases and conditions, these inequalities are related to deprivation and children living in the poorest parts of Medway have the worst oral health.

9.8 Accidents and falls

9.8.1 The table below gives projected numbers of people aged over 65 in Medway expected to attend hospital Accident and Emergency (A&E) departments as a result of falls. By 2020 the number of such people will increase by 35.5%.

Table 9.14 People aged 65 and over predicted to attend hospital Accident and Emergency (A&E) departments as a result of falls by age projected to 2025

Age	2008	2010	2015	2020	2025
65 -69	299	319	402	356	388
70-74	320	338	372	471	419
75 and over	1,456	1,494	1,711	1,985	2,448
Total: 65 and over	2,075	2,151	2,485	2,812	3,256

Source POPPI 2.2

9.8.2 The table below gives projected numbers of people aged over 65 in Medway expected to be admitted to hospital as a result of falls. By 2020 the number of such people will increase by 36.2%.

Table 9.15 People aged 65 and over predicted to be admitted to hospital as a result of falls projected to 2025

Age	2008	2010	2015	2020	2025
65 -69	54	58	73	65	70
70-74	80	85	93	118	105
75 and over	567	581	666	773	953
Total: 65 and over	701	724	832	955	1,128

Source POPPI 2.2

9.8.3 The age standardised rate for emergency hospital admission in 2006/07 for fracture neck of femur (hip fracture) in over 65s in Medway was 550.4 per 100,000, this compares with 467.5 for the South East and 479.8 for England[19], however the difference between the Medway and England figures is not statistically significant.

9.8.4 Tables 9.16a and 9.16b below show the rates of Killed and Seriously Injured (KSI) casualties from road accidents for all persons and children respectively standardised by road traffic levels (for which vehicle kilometres is used as a proxy). The Medway figures relate to accidents reported to police in Medway. For all persons the KSI rate is marginally less than the national figure and higher than the South East rate. However the rate in Medway has reduced more rapidly since 1994/8.

9.8.5 The KSI rate for children in Medway is higher than both the South East and England rates. In Medway this rate has declined more slowly than in the South East and England. (Table 9.16b).

Table 9.16a: Rate of Killed and Seriously Injured casualties (all persons) per 100 million vehicle kilometres: 1994-98 average, 2005 and 2006

	1994-1998 Average	2005	2006	% Change 94/98 to 06
Medway	12.3	7.0	6.0	-51
South East	7.9	5.1	5.1	-35
England	10.8	6.4	6.3	-42

Source: Road Casualties in Great Britain, Department for Transport

Table 9.16b: Rate of Killed and Seriously Injured casualties (children) per 100 million vehicle kilometres: 1994-98 average, 2005 and 2006

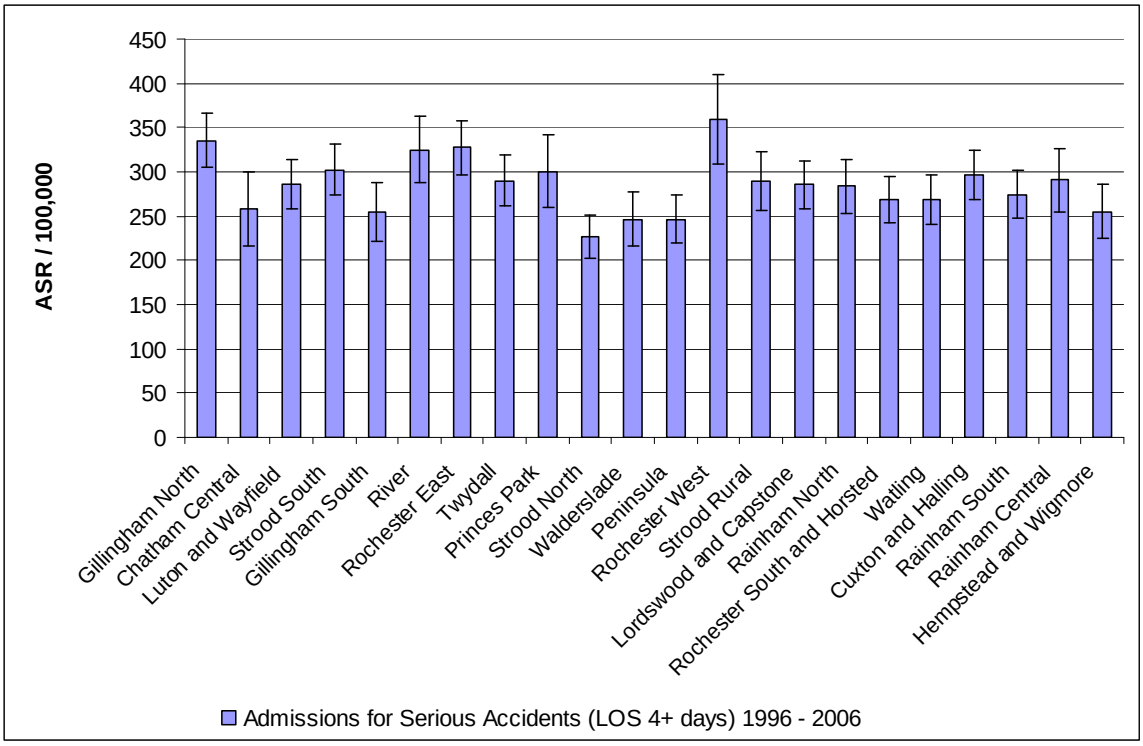
	1994-1998 Average	2005	2006	% Change 94/98 to 06
Medway	2.5	0.7	1.2	-52
South East	0.9	0.4	0.4	-56
England	1.5	0.7	0.6	-60

Source: Road Casualties in Great Britain, Department for Transport

[19] Collection and collation from Hospital Episodes Statistics (HES) via the NHS Information Centre

9.8.6 Figure 9.6 below reports admissions for serious accidents caused by falls, road accidents, and injuries at ward level. There is no obvious link between admissions and deprivation.

Figure 9.6: Admissions for Serious accidents: 1996-2006



Source: NWCS/HPS, ONS

Vulnerable people and services

10 Vulnerable People and Services

10.1 Children

10.1.1 Academic studies have identified socio-economic factors are key determinants of health and life outcomes. Table 10.1 shows some of the key factors that are correlated with inequalities such as mental health and youth offending; these have been shown by ward.

Table 10.1: Factors correlated with a Child's outcome

	Deprivation & Income				Social	Education	Household		Crime
	Quintile (5=Most deprived)	% living in 20% most deprived LSOAs in England	% living in 20% most affluent LSOAs in England	% Children in income deprived households	% One Parent Families	% No. Qualific.s (Adults)	% Social Rented	% Private Rented	Anti-Social Behaviour
Gillingham North	5	27.1	0.0	36.6	16.9	40.3	20.5	15.4	37.5
Chatham Central	5	31.6	0.0	37.7	14.3	42.2	20.3	16.2	40.9
Luton & Wayfield	5	32.8	0.0	33.9	13.7	43.6	21.8	12.7	31.3
Strood South	4	10.4	0.0	27.7	12.4	45.9	19.9	7.1	43.4
Gillingham South	4	10.9	0.0	26.9	12.3	37.7	5.9	19.6	30.0
River	4	35.2	28.2	20.4	8.4	25.1	29.7	26.9	59.0
Rochester East	4	16.4	0.0	25.5	12.6	39.3	20.3	11.9	27.7
Twydall	4	11.1	0.0	22.3	11.2	46.4	24.3	4.0	18.7
Princes Park	3	13.1	0.0	18.9	11.1	32.1	14.4	6.8	19.9
Strood North	3	0.0	10.3	21.6	10.0	35.4	7.9	9.3	20.1
Walderslade	3	0.0	33.6	19.8	10.4	42.2	15.1	5.7	21.1
Peninsula	3	0.0	0.0	15.6	7.3	44.0	10.6	6.1	19.5
Rochester West	3	0.0	15.5	21.8	10.5	31.2	17.3	13.5	19.8
Strood Rural	3	0.0	0.0	14.6	8.4	36.7	12.8	5.7	16.6
Lordswood & Capstone	3	0.0	18.8	15.0	9.3	35.6	9.9	4.3	12.6
Rainham North	2	0.0	15.8	16.3	9.4	39.0	8.1	7.7	15.0
Rochester S & Horsted	2	0.0	11.9	12.8	7.7	40.1	7.1	4.9	13.1
Watling	2	0.0	35.5	10.5	8.3	31.9	3.5	8.0	14.9
Cuxton & Halling	2	0.0	27.8	11.2	8.5	35.3	7.3	6.6	11.6
Rainham South	2	0.0	22.2	16.9	10.7	31.6	8.4	5.2	15.3
Rainham Central	1	0.0	62.0	10.0	6.2	35.4	5.1	3.8	7.8
Hempstead & Wigmore	1	0.0	100.0	6.3	5.7	30.1	1.0	4.1	7.0

Sources: Deprivation – IMD 2007, % One parent families, % No qualifications – NOMIS, Household information – Census 2001, Crime statistics – Kent CrimeView, 2007/08

Children with Disabilities

10.1.2 2.5% of secondary school pupils across Medway LEA have special education needs, which is higher than the average for the South East (2.0%) but close to the average for England of 2.4%. (CAMHS Needs Assessment, Medway PCT, March 2006).

10.1.3 Details of the children with statements of special education needs (SEN) are stored on the School Census but it should be noted that it relates to state schooling. 72% of the pupils with Special Education needs are male.

Table 10.2: Special Education Needs

	Male	Female	Total
Moderate Learning Difficulty	220 (61%)	143 (39%)	363
Autistic Spectrum Disorder	208 (87%)	31 (13%)	239
Speech, Language and Communication Needs	116 (73%)	44 (28%)	160
Behaviour, Emotional & social difficulties	98 (86%)	16 (14%)	114
Severe learning difficulty	84 (74%)	29 (26%)	113
Physical disability	63 (66%)	32 (34%)	95
Specific learning difficulty	41 (73%)	15 (27%)	56
Profound & Multiple learning difficulty	29 (60%)	19 (40%)	48
Visual Impairment	17 (63%)	10 (37%)	27
Other difficulty / disability	12 (57%)	9 (43%)	21
Hearing Impairment	11 (55%)	9 (45%)	20

Source: School Census, 2007

Mental Health

10.1.4 The ONS' Child and Adolescent Mental Health Survey, 2004 estimates that 9.6% of young people aged between 5 and 16 years of age have a mental disorder. Based on these estimates the Medway PCT Mental Health Needs Assessment approximate the following numbers of children with mental health disorders.

Table 10.3: Estimate number of children with Mental Health disorders, in Medway

Disorder	Expected Number (5-15 year olds)
Conduct	2,160
Emotional	1,670
Hyperactive	570
Depression	370
Less Common disorders	200

Source: Medway PCT Mental Health Needs Assessment

10.1.5 The prevalence of mental disorders in children has been found to be related to a number of factors, though it is important to understand that these are not necessarily the causes of the disorders but linked through other factors.

- The National Social Survey found that the prevalence of mental disorder was related to family income; the prevalence was found to be 16% in families with incomes less than £100 per week, 9% in families with incomes between £300 and £399 per week, and 6% in families with incomes over £500 per week.
- The survey found that 20% of children without a parent in work have mental disorders, whereas the rate is 8% if at least one parent is in work.
- Single parent households is another risk factor leading to greater prevalence of mental health disorders in children and adolescents. The risk of mental health disorders in children and adolescents of lone parents is twice that of children living in two parent households.
- The same survey also showed that the prevalence of mental health disorders was also linked to the type of housing. Prevalence in social housing is 17%, in private rented accommodation 13% and owner/occupied 6%.
- The size of the houses are also linked with the prevalence; with prevalence ranging from 6% for detached houses to 12% for terraced houses, flats and maisonettes.

- The survey noted that 15% of children of parents with no qualification had mental health disorders, compared to 6% of children who had a parent with a degree.
- Boys are more likely to have a mental health disorder (11.4%) than girls (7.6%).

Learning Disability

10.1.6 POPPI base their estimates on prevalence from studies from Emerson and Hatton, 2004. The paper also estimated that two percent of the total child population has a learning disability. Assuming these prevalence rates remain constant over time the number of children and young people expecting to have a learning disability will remain relatively constant in line with the population.

Table 10.4: People aged 65 and over predicted to have dementia, by gender, projected to 2025

	2008	2010	2015	2020	2025
5 to 9 years of age	148	146	161	167	166
10 to 14 years of age	380	364	341	377	391
15 to 19 years of age	473	465	419	398	441
Total	1,000	974	922	942	998

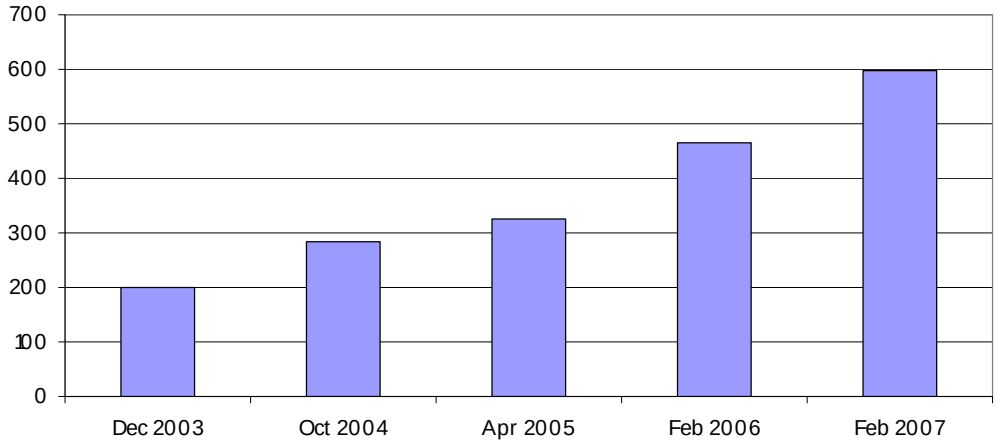
Source: ONS population estimates and Emerson and Hatton prevalence rates

10.1.7 Two studies provide somewhat different estimates of the prevalence of mental health disorder in children and young people with a learning disability. Corbett estimates the prevalence at 40%, and Wallace et al provided an estimate rate of 77%. This will suggest that between 400 and 770 between 5 and 19 years of age will have a mental health disorder and learning disability.

10.1.8 The autism database recorded 595 pupils in mainstream education in February 2007 at all SEN Code of Practice levels i.e. school action, school action plus as well as statemented. This shows that the majority of pupils with autism are supported in school without recourse to a statement of SEN. In addition Medway had a further 177 pupils in specialist provision with a diagnosis of autism. Using national prevalence rates Medway would be expected to have 508 pupils with autism.

10.1.9 The level of autism has increased over time from 200 in December 2003 to almost 600 by February 2007.

Fig 10.1: Numbers of pupils with autism in mainstream school in Medway



Source: Autism Database, 2007

Looked After Children

10.1.10 The number of looked after children has reduced over recent years.

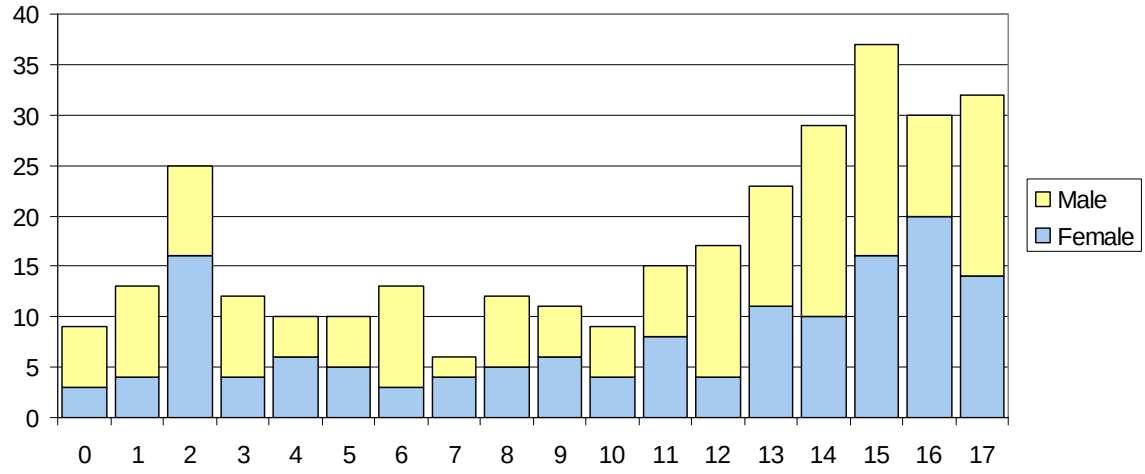
Table 10.5: Looked after children

	2002/03	2003/04	2004/05	2005/06	2006/07	2008*
Male	187	197	181	181	177	170
Female	170	184	184	168	173	143
Total	357	381	365	349	350	313

Source: Medway Council Raise Database, each year end of March. 2008 – August 2008.

10.1.11 Figure 10.2 shows the age profile of looked after children, with weighting towards of older age groups.

Figure 10.2 Age Profile of Looked after children, 2008



Source: RAISE system, Medway Council

10.1.12 Looked after children suffer from an inequality of education attainment with only 19% attaining 5 GCSEs A* to C grades, compared to 63% of the overall student population (in 2007). The population of looked after children will be relatively small but the difference is significantly different.

10.1.13 As at the 30 September 2007, 65% of Looked After Children had an up to date health/dental check. As at the 31 August 2008 this had increased to 80%.

Table 10.6: LAC Health checks

	Sept 07	Aug 08
Dental	68%	77%
Health	63%	82%
Combined	65%	80%

Source: RAISE, Medway Council.

10.1.14 ONS' Child and Adolescent Mental Health Survey 2004 reported that the prevalence of mental health disorders among looked after children is about 45% compared to nearly 10% of the general population. (Meltzar et al, 2003 assess 45% of LAC aged 5-17 as having a mental health problem, and McCann et al found that 67% of LAC had a mental health disorder).

BME Groups

10.1.15 The proportion of those from ethnic minorities is higher for children (8.6%) than the population as a whole (7.0%).

Table 10.7: Ethnic Groups – Children

Ethnicity	<16 years old
White	91.4%
Asian or Asian British	3.6%
Mixed	3.0%
Black or Black British	1.3%
Other	0.8%

Source: ONS, estimated resident population by broad ethnic group and sex, mid-2005

10.1.16 The school census also provides information on self reported ethnicity. By examining the ethnic profile at each Key Stage it can be seen that the younger the age group the larger the overall proportion of BME groups.

Table 10.8: Ethnic Groups – At Key Stages

	Key Stage 1	Key Stage 2	Key Stage 3	Key Stage 4
White	89.3%	90.0%	90.8%	90.7%
Asian or Asian British	4.2%	4.2%	3.4%	4.0%
Black or Black British	1.9%	2.1%	1.9%	1.2%
Chinese	0.2%	0.3%	0.3%	0.4%
Mixed Dual Background	3.8%	3.1%	3.2%	3.2%
Any Other Ethnic Group	0.6%	0.4%	0.4%	0.5%

Source: School Census, 2007. Those with no information / refused have been removed from the analysis.
Those that refused to respond or information was not provided ranged from 0.4% in Key Stage 1 to 4.7% in Key Stage 4

10.1.17 Though the population sizes of some of the ethnic groups are rather low and so need to be used with caution it can be seen that the BME groups overall attain higher GCSE attainment than white children.

Table 10.9: Education Attainment – 5 A*-C GSCEs including English and Maths

Ethnicity	% Attain	Population size
Chinese	73%	15
Asian or Asian British	58%	137
Black or Black British	58%	40
Mixed Dual Background	55%	110
White	45%	3108

Source: School Census, 2007

10.1.18 The data in table 10.10 show that the ethnicity of first time entrants to the Youth Justice Entrants (YJS) is broadly in line with the population profile. Key Stage 3 population figures have been used to estimate the typical age at which young offenders first come into contact with the Youth Justice System (YJS).

Table 10.10: First time entrants to YJS by ethnicity (April to June 2008)

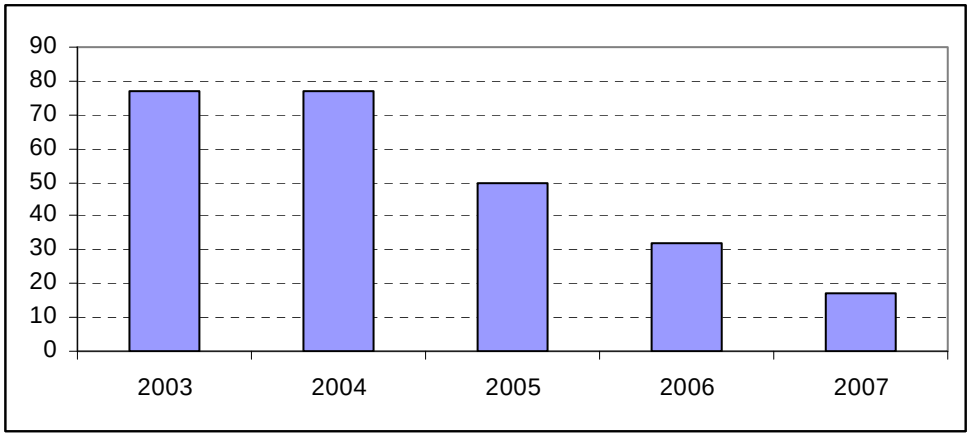
Ethnicity	Proportion - YJS	Population (Key Stage 3)
White	92.0%	90.8%
Black	2.5%	1.9%
Asian	3.7%	3.4%
Mixed	1.2%	3.2%
Other	0.0%	0.7%
Unknown	0.6%	-

Source: YJS, 2008, and ONS 2005 mid year estimates

Children Asylum Seekers / Unaccompanied Minors

10.1.19 Figure below gives the number of asylum seeker pupils in Medway schools for the period 2003-2007. As can be seen pupil numbers have fallen over time.

Figure 10.3: Asylum seeker pupils in Medway Schools: 2003 - 2007



Source: School Census

Young Offenders

10.1.20 There were 163 first time entrants to the Youth Justice System between April and June 2008; 66% of these were male.

Table 10.11: First time entrants to YJS by Age

Age	Count
10-11	13
12	15
13	23
14	40
15	32
16	22
17	18

Source: YJS, 2008

Table 10.12: First time entrants to YJS by ethnicity

Ethnicity	Count
White	150
Black	4
Asian	6
Mixed	2
Other	0
Unknown	1

10.1.21 The Mental Health Foundation estimate that the incidence of mental health problems amongst those within the criminal justice system is at least three times as high as it is within the general population.

School Exclusion

10.1.22 There were 43 permanent exclusions of Medway secondary school pupils in the latest school year; it should be noted that a change in exclusion levels could be in response to a change in behaviour of pupils, or a change of policies and support provided by the school and the council.

Table 10.13: Number of secondary school exclusions

	Permanent Exclusions	Fixed Term Exclusions	Number of Pupils	Days Lost
2005-2006	32	3,387	1,527	13,975
2006-2007	54	3,940	1,799	16,739
2007-2008	43	3,479	1,641	11,131

Source: Medway Inclusion Team

10.1.23 Children with special education needs are 13 times more likely to be permanently excluded from schools. (CAMHS Needs Assessment Medway PCT, March 2006).

10.2 Older People

10.2.1 As previously noted Medway has a significantly smaller percentage of its population over 65 years of age when compared to the South East or England.

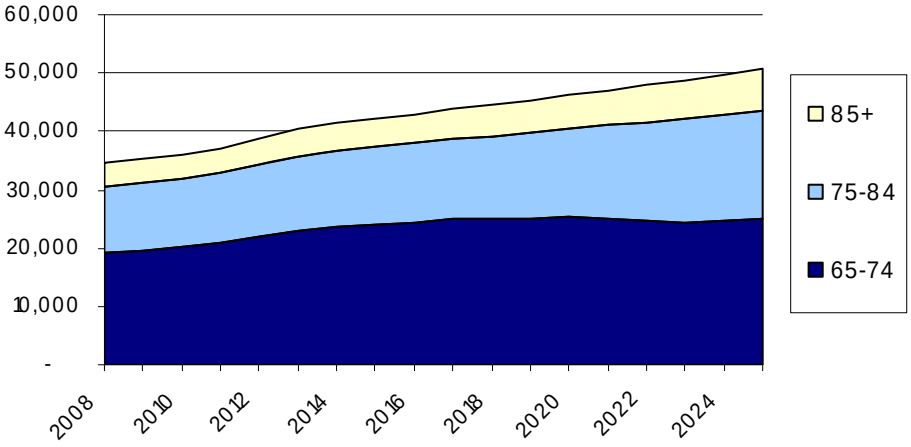
Table 10.14: 2008 Older People as a proportion of General Population

	Medway	GOSE	England
65-74	7.5%	8.4%	8.3%
75-84	4.5%	5.8%	5.6%
85+	1.6%	2.5%	2.2%
Total 65+	13.6%	16.7%	16.1%

Source: 2006-based subnational population projections, ONS

10.2.2 In the years to 2020 there is expected to be a 33% increase in over 65 year olds; the most stark percentage increase is expected in the over 85 year old age group (41.5% increase). As discussed in the demographic section the older population is projected to grow faster in Medway than the national average over the longer term (10-15 years), but will still represent a smaller proportion of overall population.

Figure 10.4: Older People in Medway Projections



Source: 2006-based subnational population projections, ONS

Table 10.15: Older People in Medway Projections

	2008	2010	2015	2020	2025
65-74	19,100	20,300	24,100	25,200	24,900
75-84	11,300	11,600	13,300	15,200	18,600
85+	4,100	4,200	4,800	5,800	7,300
Total, 65+	34,500	36,100	42,200	46,200	50,800

Source: 2006-based subnational population projections, ONS

10.2.3 An increasing number of older people has clear consequences on the demand placed on health and social care services. Table 10.16 shows the current link between age and the usage of social care services. It shows that there were 1,733 clients of over 85 years of age with open referrals to adult social care; this represents 42% of the estimated over 85 year old population.

Table 10.16: Estimated percentage of population with open referrals to adult social care

Age Group	Estimated % of population with open referrals to adult social care
25-34	1.0%
35-44	1.2%
45-54	1.9%
55-64	2.7%
65-74	5.1%
75-84	15.1%
85+	42.3%

Source: ONS Projections, RAISE system extract, July 2008, (Medway Council)

10.2.4 POPPI 2.2 assumes that the proportion of those people over 65 years of age living on their own will stay broadly in line with current proportions, but the implication of this is that the number of people over 65 years of age living on their own will increase by 31.5% (from approximately 12,100 to 15,900).

10.3 Adults with Learning Disabilities

10.3.1 POPPI 2.2 estimates the number of people with learning disabilities for those over 50 years of age. Using the same methodology and sources for prevalence rates the analysis was extended to those under 50 and the results are shown in Table 10.17.

Table 10.17: Numbers of people with learning disabilities

	2008	2010	2015	2020	2025
15-19	496	484	429	399	434
20-29	864	885	911	868	818
30-39	856	834	846	918	946
40-49	918	931	868	799	820
50-59	719	729	812	860	808
60-69	536	557	578	574	648
70-79	342	356	400	481	501
80+	163	170	194	235	284
Total	4,894	4,946	5,038	5,134	5,259

Source: POPPI 2.2, ONS Projections, Prevalence rates – Institute for Health Research

10.3.2 These numbers represent the 'true' prevalence rate; this includes the people that are both known and unknown to local services. Nationally the Institute for Health Research suggest around 21% of the actual numbers of people with learning disability are known to the services. The "Actual" column in table 10.18 shows the number of people that have a primary client classification of learning disability with Adult Social Care. Children and Adults, Caring and Learning are aware of 14% of the anticipated number of people with learning disabilities.

Table 10.18: Numbers of people with learning disabilities

	Modelled 2008	Actual: Known to Adult Social Care	Modelled number not identified	% modelled number identified
15-19	496	51	445	10%
20-29	864	140	724	16%
30-39	856	138	718	16%
40-49	918	143	775	16%
50-59	719	102	617	14%
60-69	536	75	461	14%
70-79	342	23	319	7%
80+	163	5	158	3%
Total	4,894	677	4,217	14%

Source: POPPI 2.2, ONS Projections, Prevalence rates – Institute for Health Research

10.3.3 The numbers that are not identified do appear to increase with age. This may be explained by the fact that the clients may have other primary classifications associated with them.

10.3.4 POPPI also estimates the number of adults with moderate or severe learning disability and this is shown in table 10.19.

Table 10.19: Numbers of adults with moderate or severe learning disabilities

	2008	2010	2015	2020	2025
50-59	157	159	177	189	179
60-69	102	105	108	107	121
70-79	45	47	53	64	65
80+	16	16	18	22	26
Total	320	327	356	382	391

Source: POPPI 2.2

10.3.5 There has been a trend of increasing prevalence of children with severe learning disabilities over time. The latest data published by Emerson and Hatton (who provided the key prevalence data for POPPI) suggest this has increased from 0.19% to 1981, 0.21% in 1991 and then 0.40% in 2001. This though is based on an analysis of a single authority.

10.4 Adults with Physical Disability

10.4.1 Table 10.20 identifies the population with open referrals to adult social care and has the primary classification of physical and sensory disability and frailty. As expected the rate differs quite significantly by age. As the population increases the number of people will be expected to increase.

Table 10.20: Numbers of people with Open Referral - Physical and Sensory Disability and Frailty

	2008	Rate (per 1,000)
18-24	41	0.12
25-34	98	0.30
35-44	174	0.45
45-54	363	1.05
55-64	579	1.95
65-74	873	4.57
75-84	1595	14.12
85+	1661	40.51

Source: RAISE, Medway Council

10.4.2 Long term illness has been projected by POPPI using the prevalence data from the census and applied to the ONS demographic projections. There is expected to be a 34% increase in people aged 65 and over suffering for a long term illness by 2020.

Table 10.21: Long term illness, by age band, projected to 2025

Gender/Age	2008	2010	2015	2020	2025
Aged 65-74	7,688	8,171	9,701	10,144	10,023
Aged 75-84	6,088	6,250	7,166	8,189	10,021
Aged 85 and over	2,379	2,437	2,786	3,366	4,236
Aged 65 and over	16,156	16,859	19,652	21,699	24,281

Source: POPPI 2.2

10.5 Adults with Mental Health issues

10.5.1 Table 10.22 below shows the number of open referrals primarily relating to mental health; again the rate increases significantly in the two older age groups.

Table 10.22: Numbers of people with Open Referrals - Mental Health

Age	2008	Rate
18-24	17	0.05
25-34	83	0.26
35-44	126	0.32
45-54	161	0.47
55-64	127	0.43
65-74	73	0.38
75-84	100	0.88
85+	71	1.73

Source: RAISE, Medway Council, July 2008

10.5.2 The numbers of people over 65 years of age with dementia is expected to increase by 36% by 2020. Prevalence estimates have been applied to the projected age estimates and the results show that depression and severe depression are both expected to increase by 34% by 2020 in the over 65s.

Table 10.23: People aged 65 and over predicted to have dementia, by gender, projected to 2025

Gender/Age	2008	2010	2015	2020	2025
Male 65 and over	774	831	1,002	1,221	1,456
Female 65 and over	1,511	1,518	1,666	1,894	2,225
All 65 and over	2,285	2,349	2,668	3,115	3,681

Source: POPPI 2.2

Table 10.24: People aged 65 and over predicted to have depression, projected to 2025

	2008	2010	2015	2020	2025
Depression	4,313	4,513	5,275	5,775	6,350
Severe Depression	1,380	1,444	1,688	1,848	2,032

Source: POPPI 2.2

10.6 Carers

10.6.1 The number of carers is expected to grow in line with demographic changes.

Table 10.25: People aged 65 and over predicted to be carers, projected to 2025

	2008	2010	2015	2020	2025
Carers over 65	238	249	291	318	350

Source POPPI 2.2

10.7 Adult Social Care - Groups

Table 10.26: Adult Vulnerable Groups

	Physical And Sensory Disability /frailty	Learning Disability	Mental Health	Substance Misuse	Known to Social Care			
					All 18-64	% 18-64 Pop known to Social Care	65+	% 65+ Pop known to Social Care
Gillingham North	332	52	69	<5	214	2.3%	242	15.8%
Chatham Central	247	17	58	8	137	1.5%	193	11.6%
Luton and Wayfield	291	24	40	<5	154	1.9%	203	11.9%
Strood South	278	42	18	<5	142	1.6%	199	11.3%
Gillingham South	235	29	42	<5	133	1.3%	175	11.8%
River	120	6	14	6	43	0.8%	103	15.3%
Rochester East	152	<5	15	<5	51	0.9%	121	9.4%
Twydall	388	28	55	<5	159	2.1%	314	13.4%
Princes Park	114	15	12	<5	65	1.0%	78	11.4%
Strood North	253	20	28	<5	101	1.2%	203	11.7%
Walderslade	162	26	15	<5	72	1.3%	133	9.8%
Peninsula	285	32	24	<5	99	1.3%	243	11.8%
Rochester West	203	16	58	<5	81	1.3%	198	13.0%
Strood Rural	265	23	20	-	76	0.9%	232	13.2%
Lordswood and Capstone	182	17	21	-	70	1.2%	150	15.9%
Rainham North	207	20	22	<5	77	1.5%	173	11.1%
Rochester South and Horsted	554	52	52	<5	147	2.0%	515	23.6%
Watling	247	34	54	<5	120	2.2%	216	17.0%
Cuxton and Halling	94	17	7	<5	42	1.2%	77	11.3%
Rainham South	257	28	20	<5	118	1.3%	188	12.3%
Rainham Central	255	15	14	-	53	0.7%	231	10.3%
Hempstead and Wigmore	97	12	15	-	36	0.7%	88	7.1%
MEDWAY TOT	5218	529	673	45	2190	1.6%	4275	13.3%
Outside Medway	146	71	173	<5	244		147	
Unknown	<5	14	6	<5	23		<5	

Source: RAISE August 2008, Medway Council, Population Base ONS 2005 Mid-Year Estimates.
Small numbers (between 0 and 4) have been suppressed to keep confidentialty

Appendix

11 Appendix

11.1 National Prevalence Rates

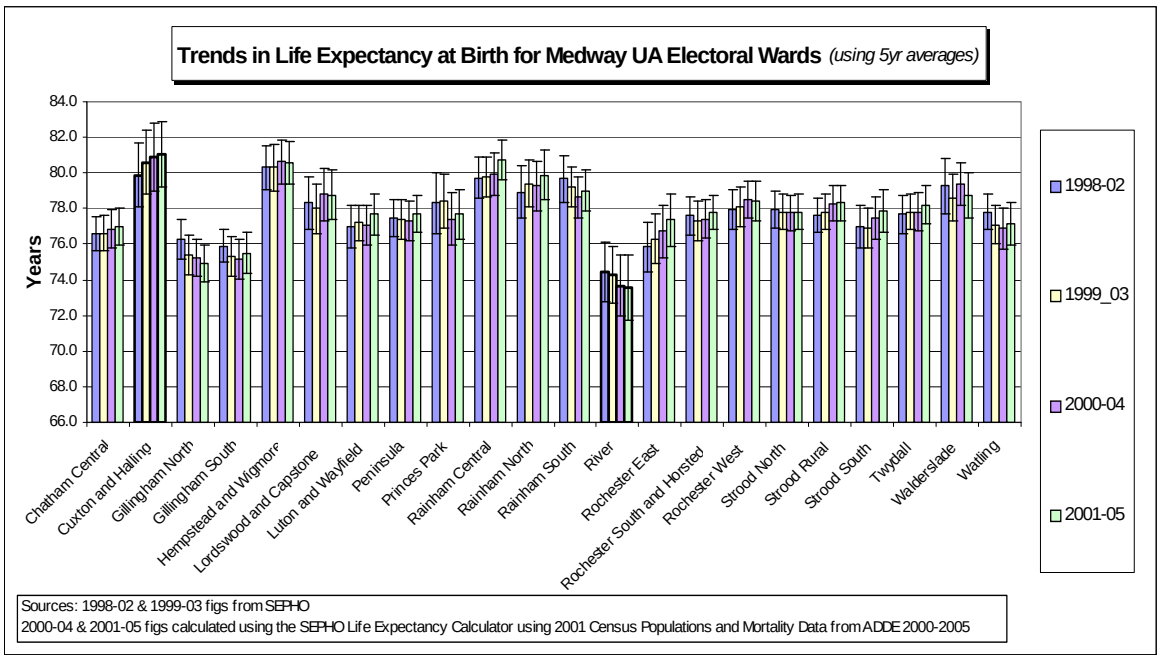
	National Prevalence Rates	
Condition	QMAS 2007/08 (2006/07)	Other Sources
CHD	3.5% (3.5%)	Males 7.4%
		Females 4.5%
Stroke	1.6% (1.6%)	Males 2.4%
TIA	1.6% (1.6%)	Females 2.2%
		0.3%
Hypertension	12.8% (12.5%)	34.3% males
Diabetes	3.9% (3.7%)	30.1% females
		4.4%
COPD	1.5% (1.4%)	1.5%
Epilepsy	0.6% (0.6%)	0.5 - 0.1%
Hypothyroidism	2.7% (2.6%)	1.0 - 2.0%
Cancer	1.1% (0.9%)	Males 0.46
Mental Health	0.7% (0.7%)	Females 0.44
		No comparative data available
Asthma	5.8% (5.8%)	Males 3.5%
		Females 4.6%

Sources:
CHD - Health Survey for England, 2003
Stroke / TIA - Health Survey for England, 2003
Hypertension – Health Survey for England, 2003
Diabetes - Yorkshire Public Health Observatory PBS Diabetes Prevalence Model 2005
COPD - Lung Report III, British Lung Foundation Report 2000
Epilepsy - The National Society for Epilepsy : J.W. Sander, The incidence and prevalence of epilepsy, 2003
Hypothyroidism - Vanderpump MP, Tunbridge WM.Epidemiology and prevention of clinical and subclinical hypothyroidism.Thyroid. 2002 Oct;12(10):839-47.
Cancer - ONS National Cancer Intelligence Database, 2002
Asthma – General Household Survey 2003

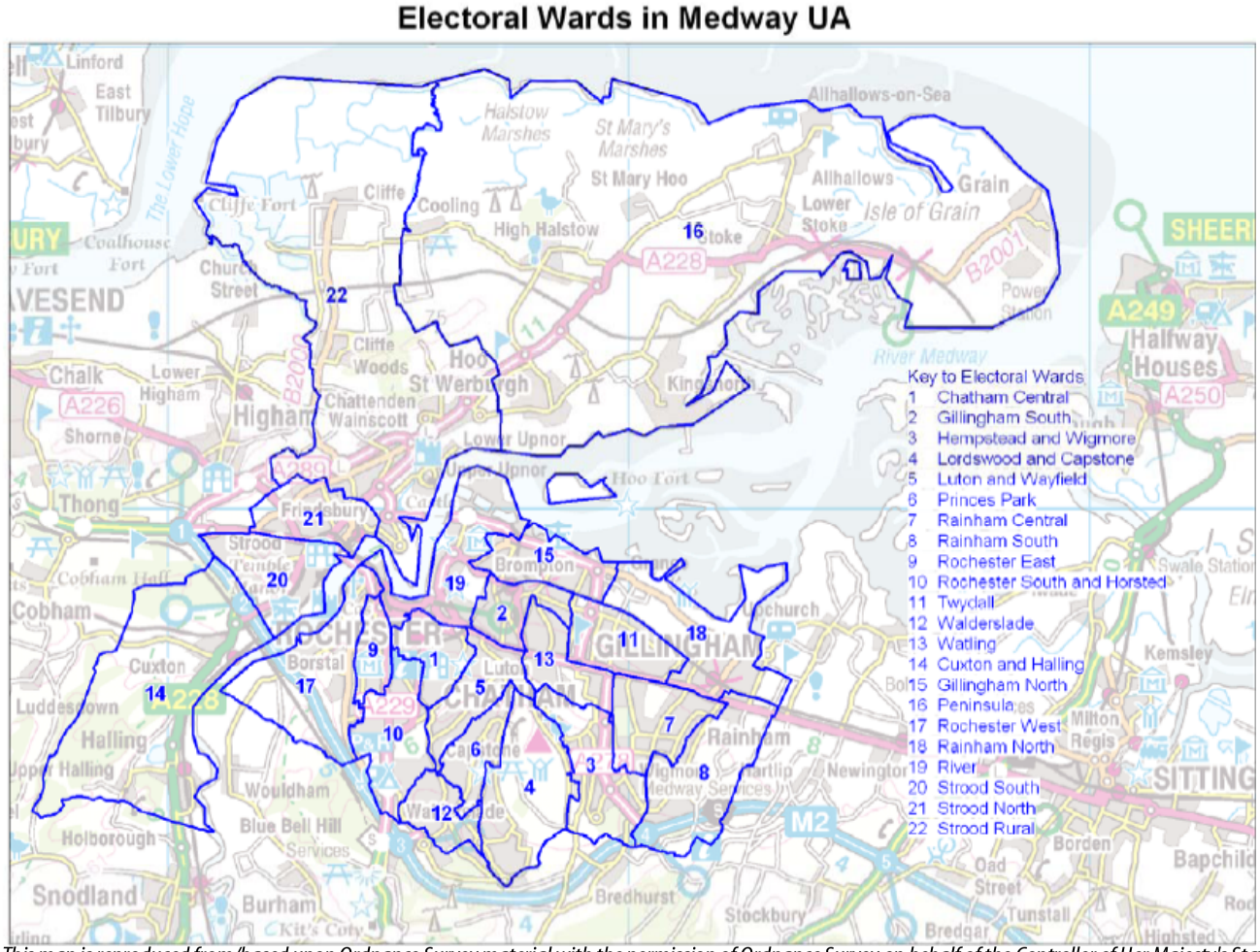
11.2 HealthACORN structure descriptions

Group	Classification
Existing Problems	Older couples, traditional diets, cardiac issues
	Disadvantaged elderly, poor diet, chronic health
	Vulnerable disadvantaged, smokers with high levels of obesity
	Post industrial pensioners with long term illness
	Deprived neighbourhoods with poor diet, smokers
	Elderly with associated health issues
	Home owning pensioners, traditional diets
	Disadvantaged neighbourhoods with poor diets and sever health issues
Future Problems	Poor single parent families with lifestyle related illnesses
	Multi-ethnic, high-smoking, high fast food consumption
	Urban estates with sedentary lifestyle and low fruit/veg consumption
	Metropolitan multi-ethnic, smokers and overweight
	Disadvantaged multi-ethnic younger adults, with high levels of smoking
Possible Future Concerns	Less affluent neighbourhoods, high fast food, sedentary lifestyles
	Affluent healthy pensioners dining out
	Home owning older couples, high levels of fat & confectionary
	Affluent professionals, high alcohol consumption, dining out
	Low income families with some smokers
	Affluent families with minor dietary concerns
Healthy	Mixed ethnic metropolitan areas with good health and diet
	Metropolitan affluent, health professionals
	Students and young professionals, living well
	Towns and villages with average health and diet
	Mixed communities with better than average health
	Affluent towns and villages with excellent health and diet

11.3 Life expectancy by Ward



11.4 Ward Map



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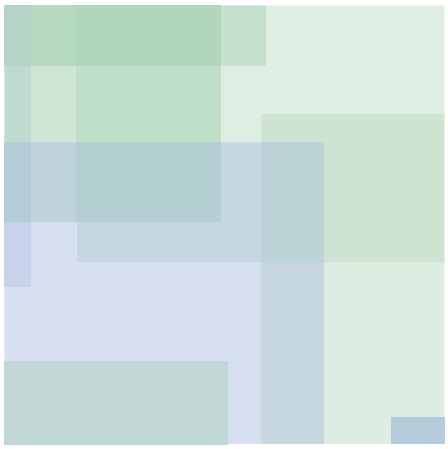
joint strategic needs assessment



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