

# Thanet District Council Child Health Profile

February 2016



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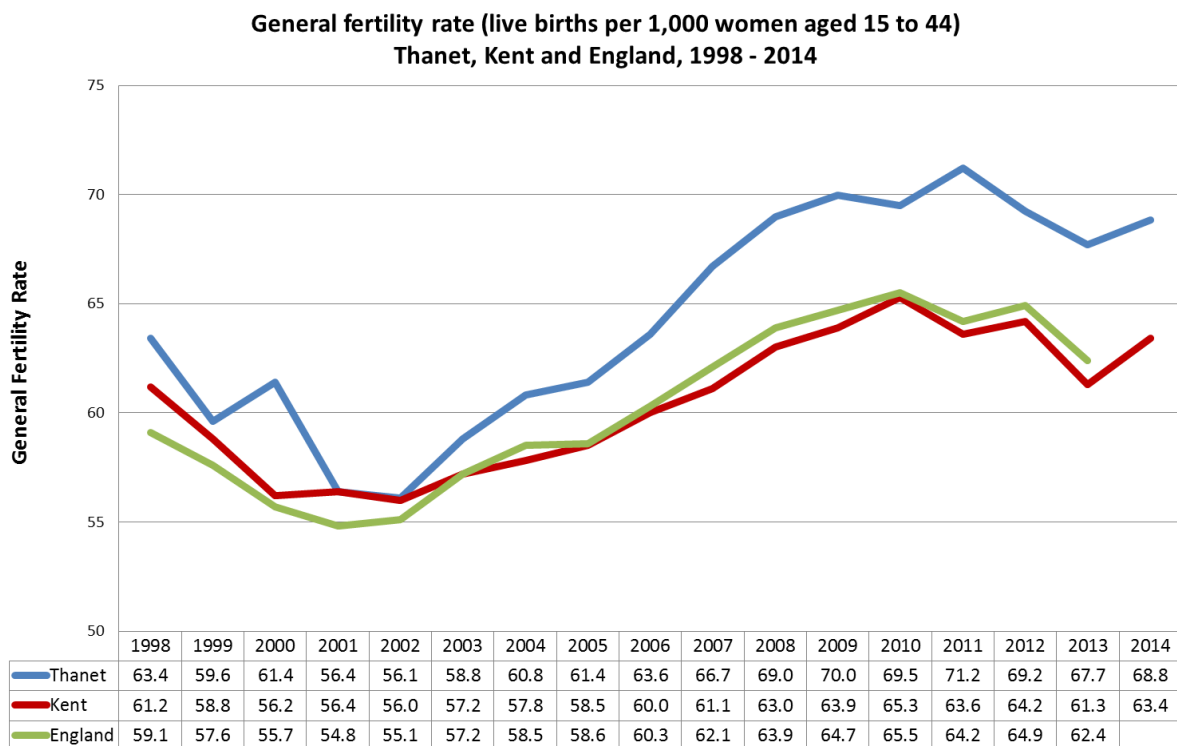
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## 1. Maternity Indicators

### 1.1 General Fertility Rate

The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15-44 years. The recent trend in GFR across both Kent and Thanet shows an increasing rate up to 2009 since when recorded rates have fluctuated. The Thanet GFR has been consistently higher than the rate for Kent, which in turn is consistently a fraction lower than the national GFR.

Figure 1: Trend in General Fertility



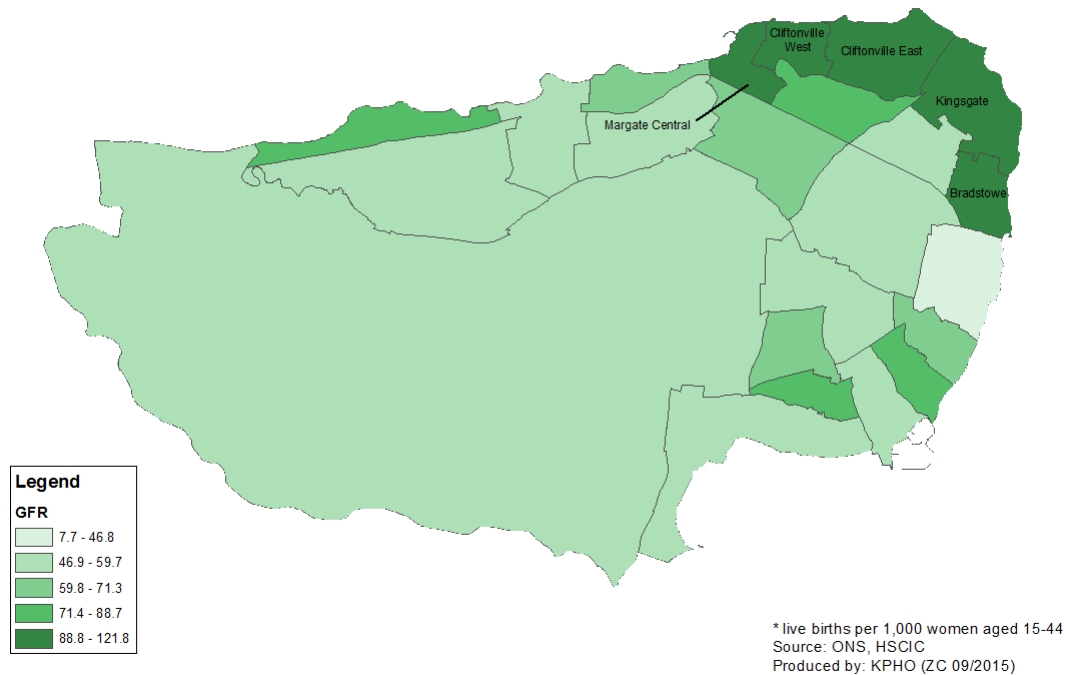
Source: HSCIC

The number of births to Thanet resident mothers has also increased over recent years, with a high of 1,679 in 2012. The overall figure for 2014 was 1,606.

Within Thanet there is a wide variation in GFRs at electoral ward level. Due to relatively small numbers these rates are calculated for a five year rolling period. Figure 2 shows the spread of GFR across electoral wards and clearly shows that those rates are highest on the north-east coast. The GFR for those five highlighted wards is: Kingsgate (121.9), Cliftonville East (100.9), Cliftonville West (97.3), Bradstowe (91.7) and Margate Central (90.2).

Figure 2: General Fertility Rates - Ward level 2010-2014 (pooled data)

General fertility rate\* by ward, 2010-2014



The electoral wards with the greatest number of births in 2014 are: Cliftonville West (199 births), Eastcliff (131), Dane Valley (124), Margate Central (122) and Central Harbour (100). It should also be noted that whilst Kingsgate had the highest GFR for Thanet electoral wards over the period 2010 – 2014, it also had the fewest number of total live births (just 15 in 2014)

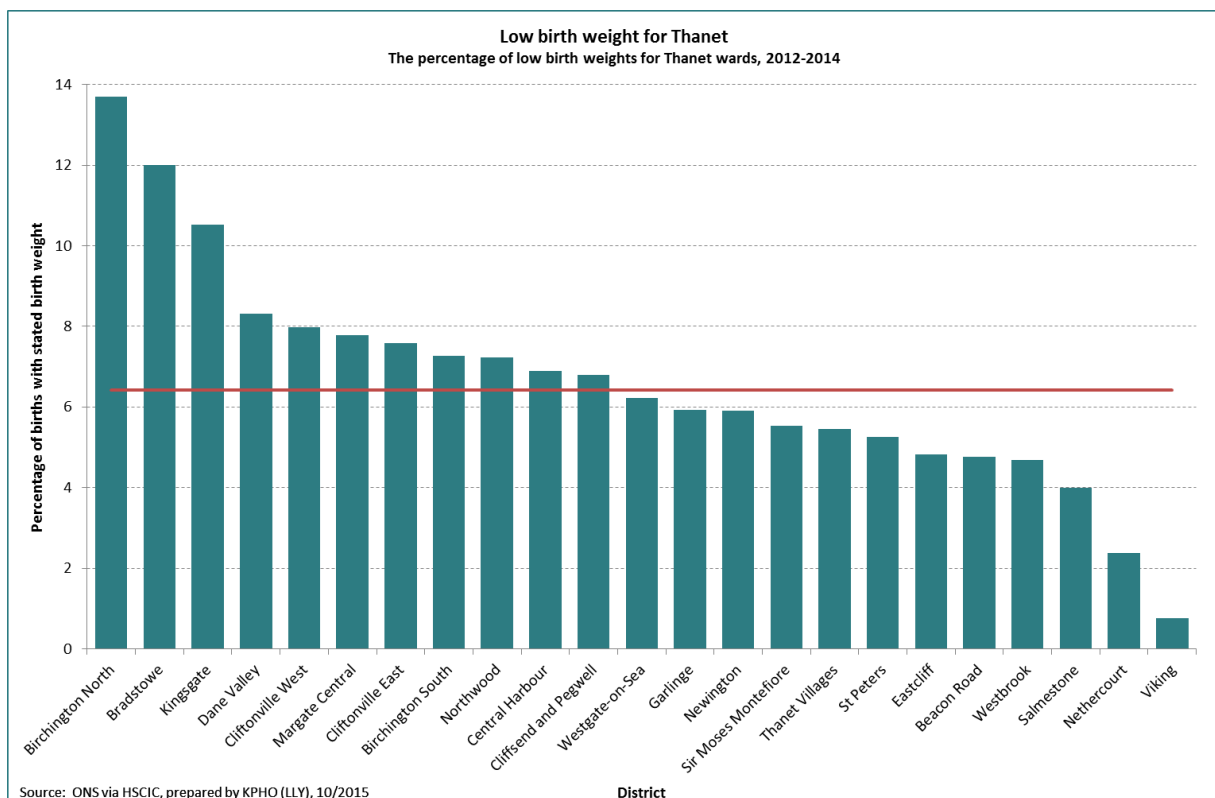
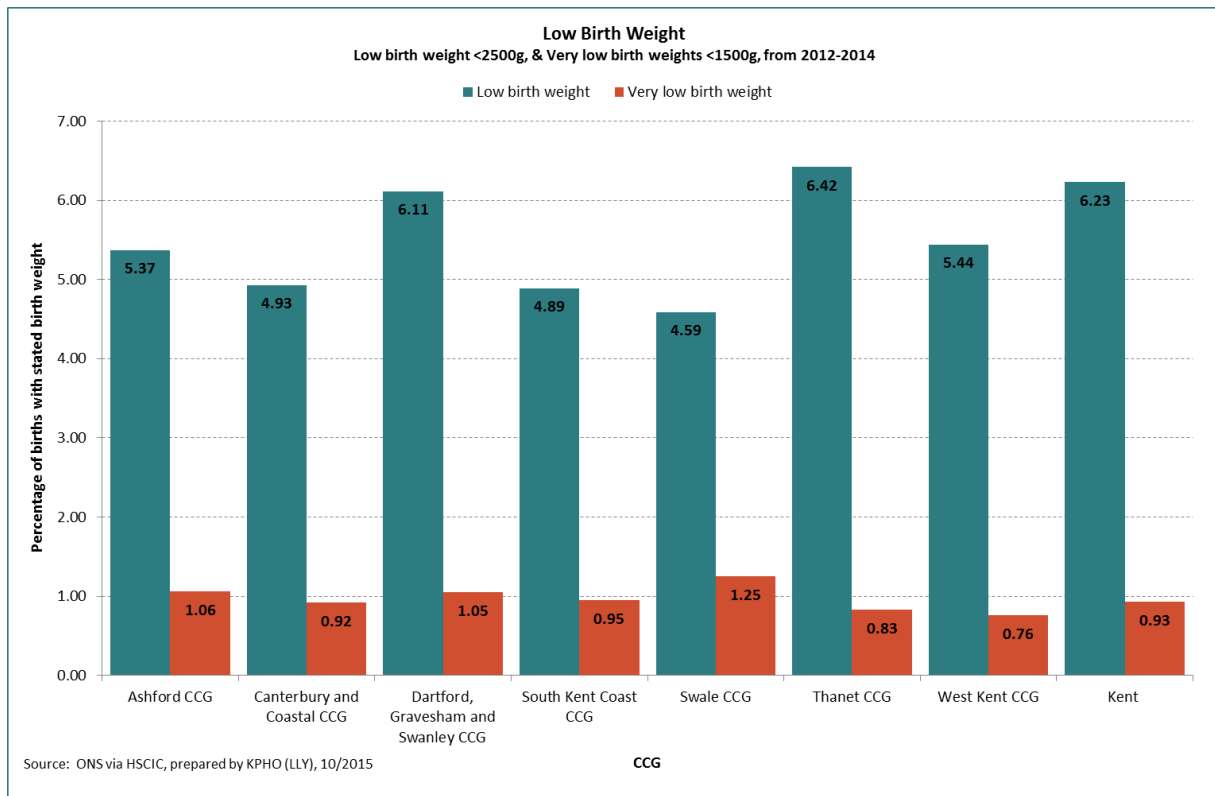
## 1.2 Low Birth Weights

Low birth weight (LBW) is defined as a birth weight of a live born infant of less than 2,500 g (5 pounds 8 ounces) regardless of gestational age. Subcategories include very low birth weight (VLBW), which is less than 1500 g (3 pounds 5 ounces), and extremely low birth weight (ELBW), which is less than 1000 g (2 pounds 3 ounces). A normal weight at term is 2500–4200 g (5 pounds 8 ounces – 9 pounds 4 ounces).

Low birth weight is an indicator of the general health of newborns, and a key determinant of infant survival, health and development. Low birth weight infants are at a greater risk of dying during the first year of life, and of developing chronic health problems.

Thanet district/CCG area experienced the highest percentage of low birth weights across Kent for the period 2012 – 2014, although the Thanet percentage of very low birth weights was one of the lowest (Figure 3).

Figure 3: Low Birth Weight by Kent CCG 2012-2014 (pooled data)



### 1.3 Breastfeeding

Breast milk is the best form of nutrition for babies and can reduce their risk of developing infections. Breastfeeding delivers significant health benefits for both the mother and her baby.

Breastfeeding initiation is recorded by maternity services within each local acute trust and submitted to NHS England who then publishes the rates. The 2014/15 position for all mother's resident in Thanet was low at just 66.7%, this compares to 71.3 across Kent and 74.3 nationally. Sub district measures for breast feeding initiation are currently unavailable.

Breastfeeding continuation prevalence is measured at the 6-8 week check and this data is currently only available at a GP practice level for early 2015/16.

Table 1: Breastfeeding Continuation

#### Breastfeeding Continuation - Q1 2015/16 by Thanet CCG GP Practices

Practice	Number of Births	Coverage	Prevalence
G82020 - The Grange Medical Practice	37	91.9%	35.1%
G82046 - Summerhill Surgery	22	90.9%	4.5%
G82052 - The Limes Medical Centre	38	76.3%	28.9%
G82064 - Dashwood Medical Centre	29	93.1%	24.1%
G82066 - Northdown Surgery	35	88.6%	37.1%
G82079 - Westgate Surgery	15	80.0%	33.3%
G82105 - The Bethesda Medical Centre	54	90.7%	35.2%
G82107 - Minster Surgery	20	95.0%	40.0%
G82126 - East Cliff Practice	36	91.7%	47.2%
G82150 - Newington Road Surgery	24	83.3%	33.3%
G82210 - Osborne Road Surgery	4	50.0%	50.0%
G82219 - St Peters Surgery	14	92.9%	42.9%
G82649 - Union Row Surgery	11	63.6%	18.2%
G82650 - Mocketts Wood Surgery	19	84.2%	47.4%
G82666 - Birchington Medical Centre	19	100.0%	36.8%
G82769 - Cecil Square Surgery	5	20.0%	0.0%
G82796 - Broadstairs Medical Practice	11	90.9%	18.2%
G82810 - Garlinge Surgery	6	0.0%	0.0%
G82812 - Wickham Surgery	6	16.7%	0.0%
<b>Thanet CCG</b>	<b>405</b>	<b>32.1%</b>	<b>84.7%</b>
<b>Kent</b>	<b>4060</b>	<b>33.5%</b>	<b>70.7%</b>

Source: 6-8 week check, Child Health Information System

Whilst Table 1 (above) details the prevalence of breastfeeding at the 6-8 week check, it should be noted that where coverage is lower than 85%, the prevalence figure isn't an

accurate reflection of the local prevalence. If more than 15% of your population isn't being measured then the prevalence should be viewed as inaccurate and not actively used.

Only about half of the Thanet practices currently exhibit prevalence greater than 85%. It is hoped that the recording and performance management of this indicator is enhanced under the new health visitor contract with public health.

## 1.4 Immunisations

Table 2 below details childhood immunisation uptake for the first 6 months of 2015/16, across all Thanet GP practices. Table is split by immunisations for 1yr, 2yr and 5yr olds.

It is generally recognised that achieving 95% uptake on childhood immunisation programmes gives population wide immunity. Whilst there is much variation in the levels of immunisation uptake across Thanet practices overall the CCG is generally in line with the Kent wide uptake.

MMR is one of the immunisations that has low uptake, in Thanet the booster 2<sup>nd</sup> dose uptake is only 81% (and just 86% across the county).



Table 2: Uptake of Childhood Immunisation Q1 & Q2 2015/16 (pooled)

	12 months			24 months					5 years									
	DTaP.IPV.Hib uptake	MenC uptake	PCV uptake	DTaP.IPV.Hib uptake	MMR uptake	MenC.Infant uptake	Hib.MenC.Booster uptake	PCV.Booster uptake	DT.Pol.Primary uptake	DTaP.IPV.Booster uptake	Pertussis.Primary uptake	Hib.Infant uptake	MenC.Infant uptake	Hib.MenC.Booster uptake	MMR.1st.dose uptake	MMR.2nd.dose uptake	PCV.Infant uptake	PCV.Booster uptake
G82020 - The Grange Medical Practice	93.4	97.4	93.4	96.0	98.7	96.0	98.7	29.3	98.8	97.5	98.8	98.8	98.8	95.0	97.5	97.5	98.8	92.5
G82046 - Summerhill Surgery	96.3	96.3	96.3	96.7	90.0	100.0	86.7	10.0	94.3	91.4	94.3	94.3	94.3	88.6	94.3	91.4	94.3	88.6
G82052 - The Limes Medical Centre	92.1	95.2	92.1	94.0	90.4	97.6	89.2	68.7	88.4	86.0	88.4	88.4	83.7	83.7	91.9	87.2	87.2	83.7
G82064 - Dashwood Medical Centre	90.9	92.7	90.9	93.2	86.4	96.6	88.1	35.6	95.9	90.5	95.9	95.9	91.9	94.6	95.9	91.9	93.2	90.5
G82066 - Northdown Surgery	69.2	80.8	71.8	98.3	93.3	98.3	93.3	71.7	96.2	24.4	96.2	96.2	97.4	89.7	88.5	34.6	94.9	85.9
G82079 - Westgate Surgery	94.2	96.2	94.2	98.0	89.8	93.9	89.8	67.3	100.0	97.8	100.0	100.0	100.0	100.0	97.8	95.6	100.0	97.8
G82105 - The Bethesda Medical Centre	87.4	93.7	87.4	88.4	83.2	93.7	80.0	61.1	85.0	81.3	85.0	85.0	85.0	84.1	88.8	81.3	82.2	78.5
G82107 - Minster Surgery	97.4	100.0	97.4	100.0	97.0	100.0	97.0	18.2	90.9	66.7	90.9	90.9	90.9	90.9	93.9	66.7	90.9	90.9
G82126 - East Cliff Practice	95.6	96.7	95.6	93.8	92.5	95.0	92.5	27.5	94.7	93.3	94.7	94.7	97.3	93.3	96.0	90.7	94.7	93.3
G82150 - Newington Road Surgery	97.5	100.0	97.5	90.0	82.0	96.0	82.0	36.0	100.0	86.5	100.0	100.0	98.1	96.2	98.1	86.5	96.2	90.4
G82210 - Osborne Road Surgery	100.0	100.0	100.0	100.0	100.0	100.0	100.0	80.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
G82219 - St Peters Surgery	86.7	93.3	86.7	100.0	100.0	100.0	100.0	76.9	96.0	84.0	96.0	96.0	96.0	96.0	96.0	84.0	96.0	96.0
G82649 - Union Row Surgery	100.0	100.0	100.0	96.7	100.0	100.0	100.0	66.7	100.0	95.2	100.0	100.0	95.2	90.5	95.2	95.2	90.5	85.7
G82650 - Mocketts Wood Surgery	89.3	96.4	92.9	94.4	94.4	100.0	100.0	63.9	95.1	80.5	95.1	95.1	92.7	82.9	92.7	78.0	90.2	82.9
G82666 - Birchington Medical Centre	66.7	87.9	66.7	91.3	87.0	95.7	82.6	73.9	87.9	51.5	87.9	87.9	90.9	87.9	90.9	51.5	87.9	87.9
G82769 - Cecil Square Surgery	91.7	100.0	91.7	92.9	100.0	100.0	92.9	64.3	92.9	71.4	92.9	92.9	85.7	78.6	92.9	71.4	92.9	92.9
G82796 - Broadstairs Medical Practice	60.0	92.0	52.0	81.5	92.6	81.5	81.5	37.0	92.9	78.6	92.9	92.9	92.9	89.3	92.9	82.1	92.9	85.7
G82810 - Garlinge Surgery	95.0	95.0	95.0	100.0	100.0	100.0	95.0	70.0	100.0	88.5	100.0	100.0	100.0	100.0	100.0	88.5	100.0	100.0
G82812 - Wickham Surgery	77.8	77.8	77.8	100.0	100.0	100.0	100.0	50.0	83.3	83.3	83.3	83.3	83.3	83.3	83.3	83.3	83.3	83.3
NHS THANET CCG	88.5	94.1	88.6	94.1	91.4	96.3	90.4	50.1	93.7	80.3	93.7	93.7	92.9	90.4	93.6	81.1	92.2	88.3
Kent	88.3	93.1	89.1	90.2	90.7	93.7	90.2	48.4	95.2	85.8	95.3	95.3	94.5	92.6	94.6	85.9	94.2	90.2

< 85%  
 > 85% but < 95%  
 > 95%

Source: Child Health Information System (Unify2 submission)

## 1.4 Teenage Conceptions

Teenage conception rates are calculated nationally by the Teenage Conception Unit at the Office for National Statistics and released annually. At a district level conception rates are released for single year, the latest release is for 2013. Thanet has the highest district rate in Kent in 2013 at 35.6 per 1,000 females aged 15-17. Thanet has seen a substantial reduction in the teenage conception, from as high as 72.1 in 2001, and is now at its lowest point since the recording of teenage conception rates.

Electoral ward level rates are calculated using three years of conception information. For the period 2011-2013 there were 297 teenage conceptions across Thanet with the highest rates recorded in Cliftonville West (92.5 per 1,000 15-17yr olds), Nethercourt (71.9) and Dane Valley (58.9). Figure 5 (below) shows the all of the wards with high rates.

In the first six months of 2015 there were 55 births to teenage mothers across Thanet, 13 of these were resident in Cliftonville West.

Figure 4: District level teenage conception rates - 2013

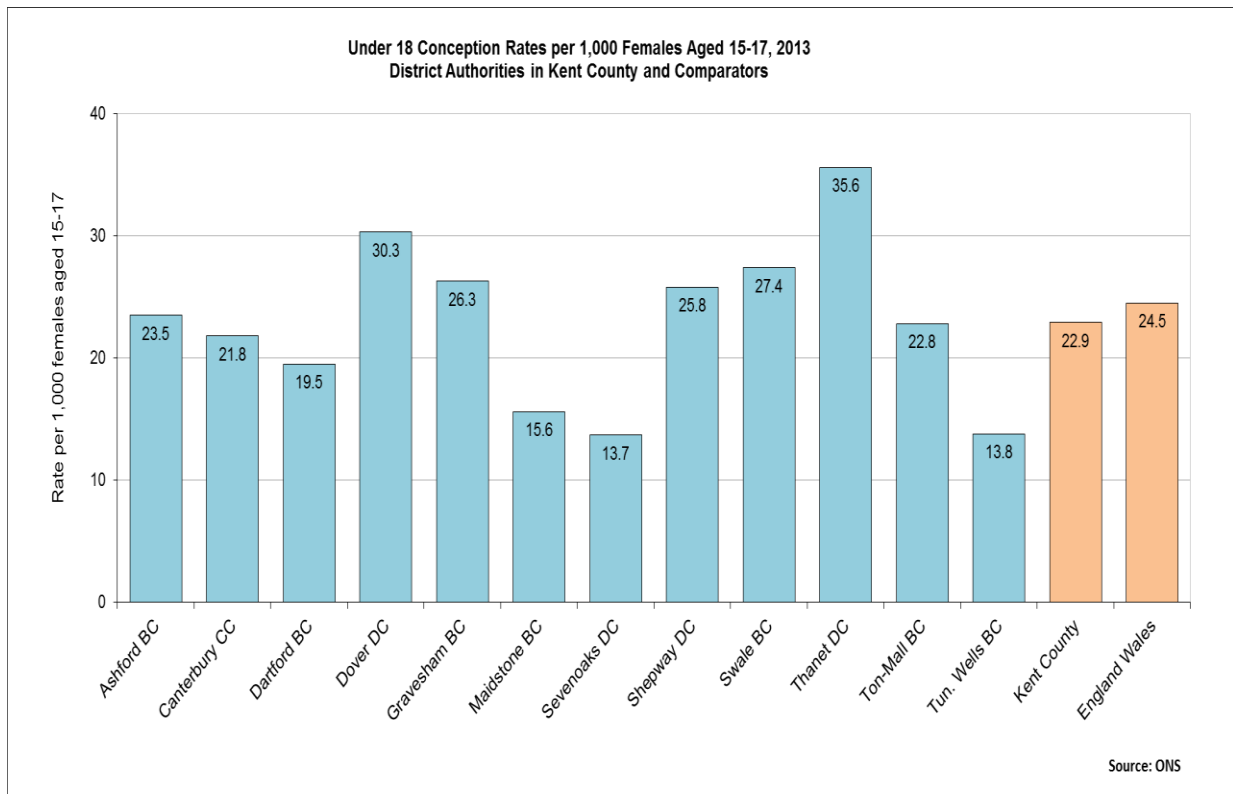
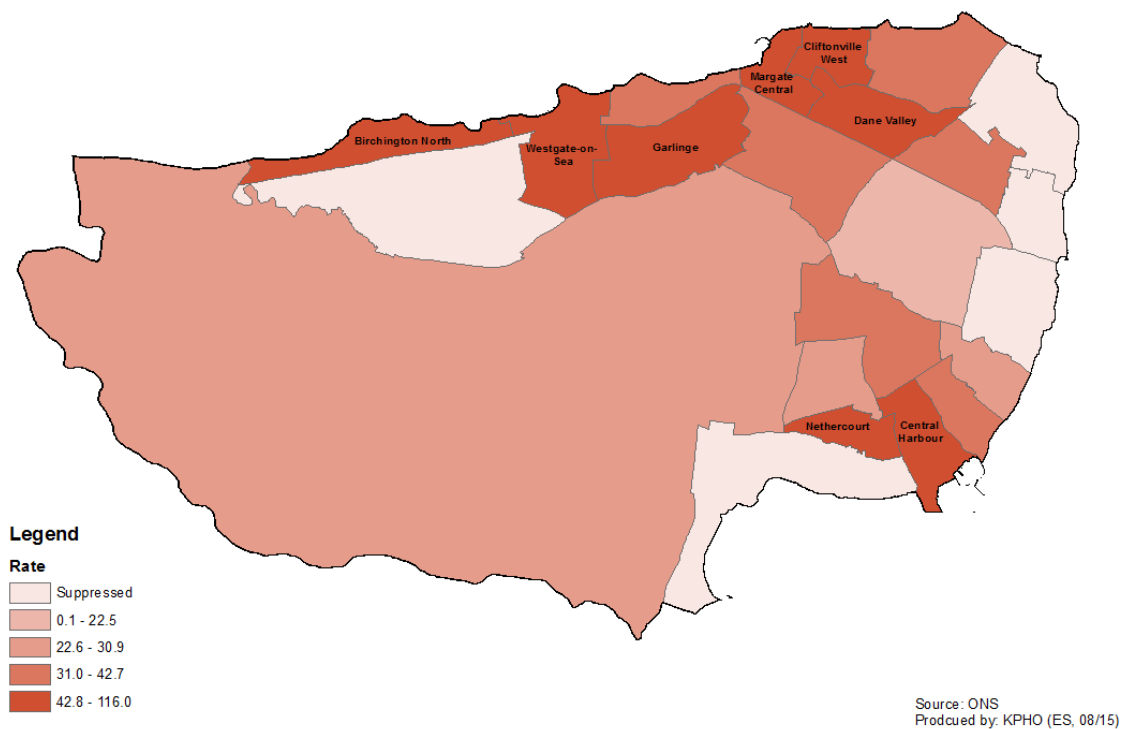


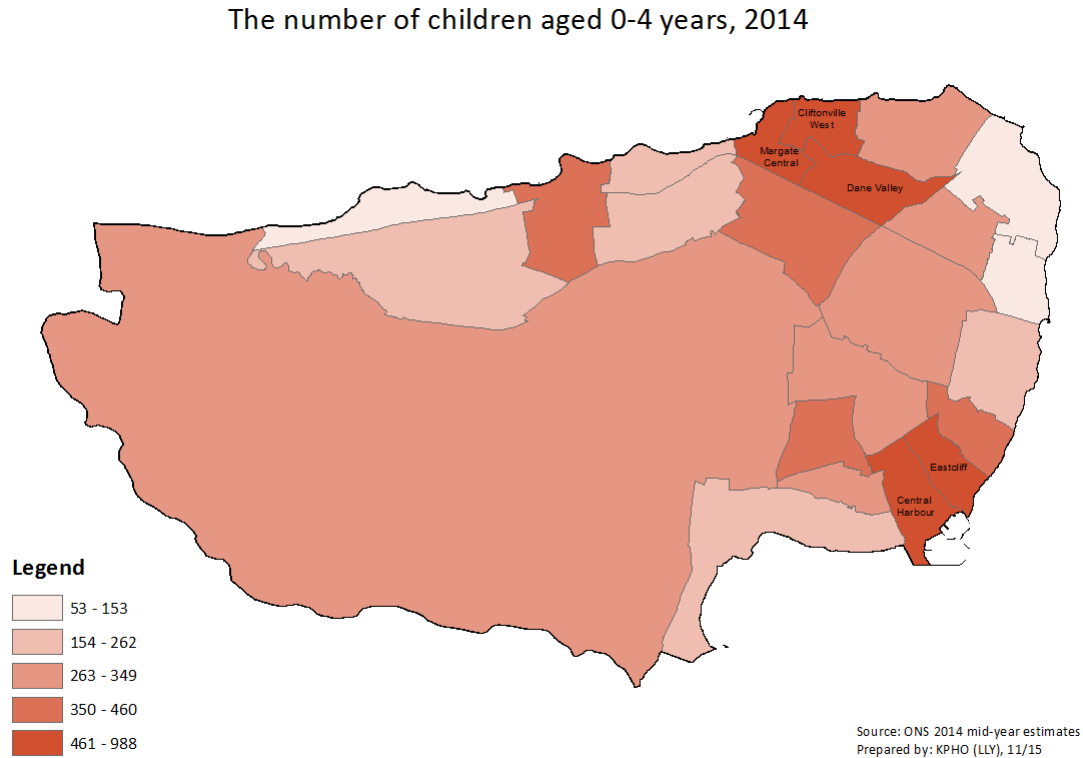
Figure 5: Ward level teenage conception rates - 2011-2013 (pooled data)

Teenage conception rates per 1,000 population, 2011 to 2013 pooled



## 2.1 0-4s & 0-19s population distribution

Figure 6: Distribution of resident 0-4 yr olds in Thanet 2014



The distribution of young children across Kent is mainly centred around Margate and Ramsgate with the highest numbers found in Cliftonville West (950), Dane Valley (747) and Eastcliff (710).

Similarly the distribution for the 0-19 age group is also centred on the two main towns.

There are a total estimated number of 33,056 resident 0-19 year olds in Thanet in 2014, of which 8,385 are aged 0-4 years.

Figure 7: Distribution of resident 0-19 yr olds in Thanet 2014

The number of children and young people aged 0-19 years, 2014

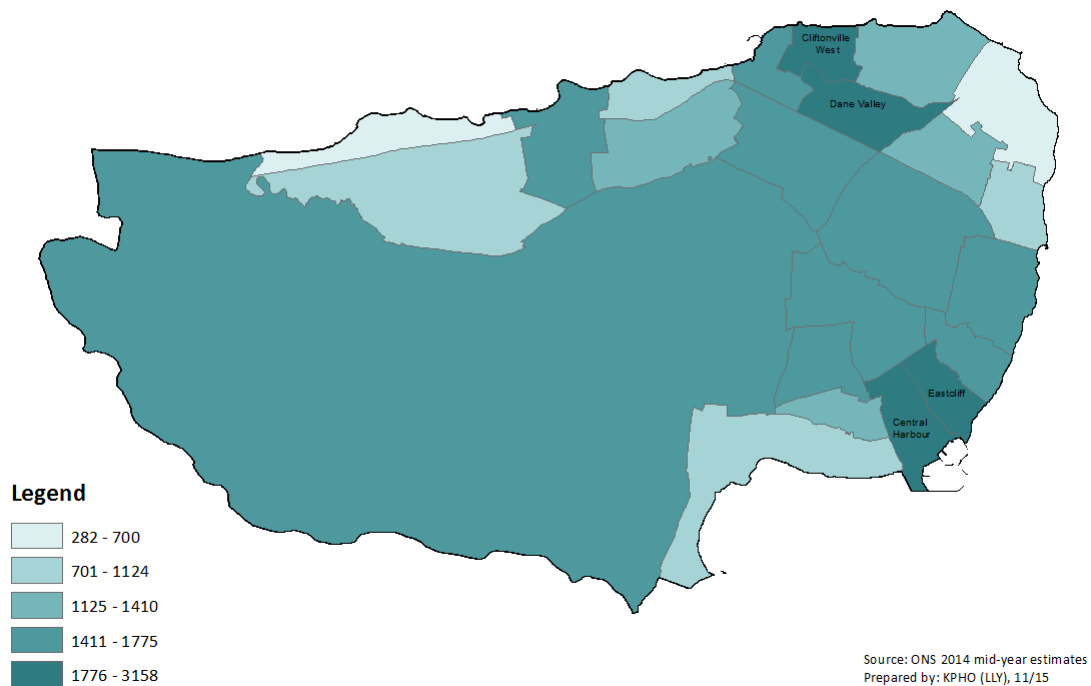


Table 3: Number of resident children and young people in Thanet 2014

The estimated number of resident children  
by Thanet electoral wards

Ward Name	0-4	0-19
Cliftonville West	950	3049
Dane Valley	747	2516
Eastcliff	710	2389
Central Harbour	566	2076
Margate Central	534	1648
Newington	423	1646
Salmestone	413	1559
Westgate-on-Sea	389	1484
Sir Moses Montefiore	381	1416
Northwood	316	1546
Beacon Road	314	1324
Thanet Villages	299	1467
St Peters	288	1523
Nethercourt	277	1135
Cliftonville East	269	1155
Birchington South	261	1093
Viking	255	1462
Garlinge	247	1185
Westbrook	205	900
Cliffsend & Pegwell	199	839
Bradstowe	149	727
Birchington North	124	492
Kingsgate	69	425

Source: ONS

## 2.2 Projecting the children and young people’s population

The 8,385 0-4 year olds in Thanet is set to rise by 1.7% over the next 5 years. This is one of the smallest 0-4 population growths for 0-4 year olds in Kent.

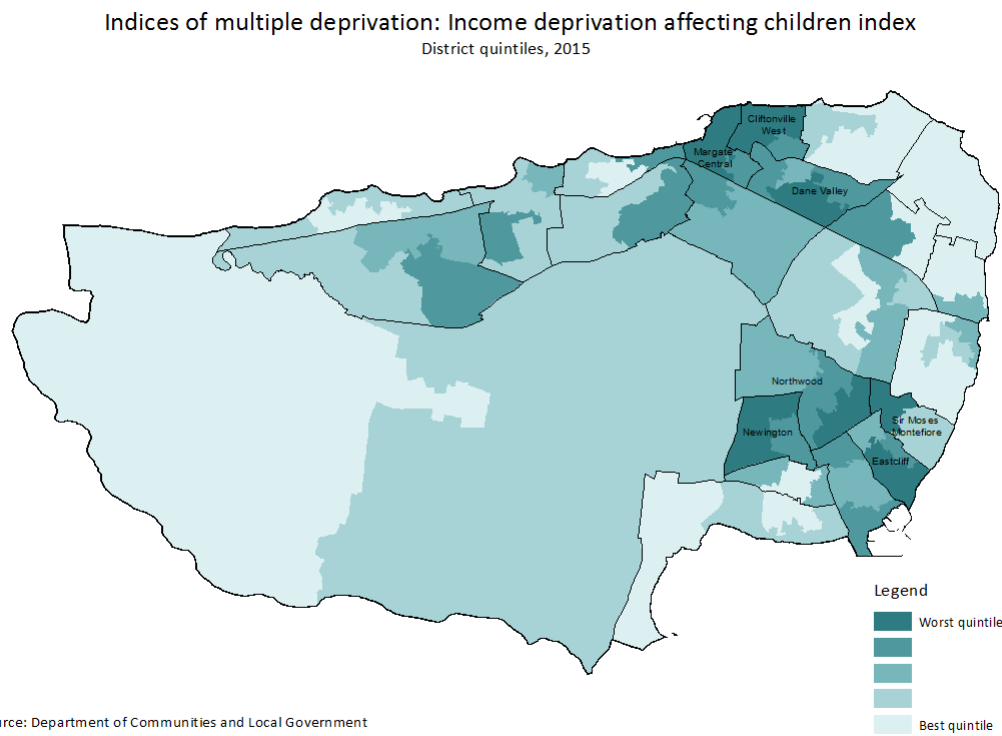
The 0-19 population is also set to rise over the next 5 years, this growth is predicted to rise by 3% which will equate to an extra 1,000 young people by the end of 2020.

## 2.3 Childhood poverty

Childhood poverty is measured using a sub-domain of the Income domain in the Indices of Multiple Deprivation called ‘Income Deprivation Affecting Children Index’ (IDACI).

This indicator measures the percentage of children who live in income deprived households (those in receipt of benefits) by Lower Super Output Area (LSOA) which are geographical small geographical areas comprising of approximately 1,500 population.

**Figure 8: Income Deprivation Affecting Children Index**



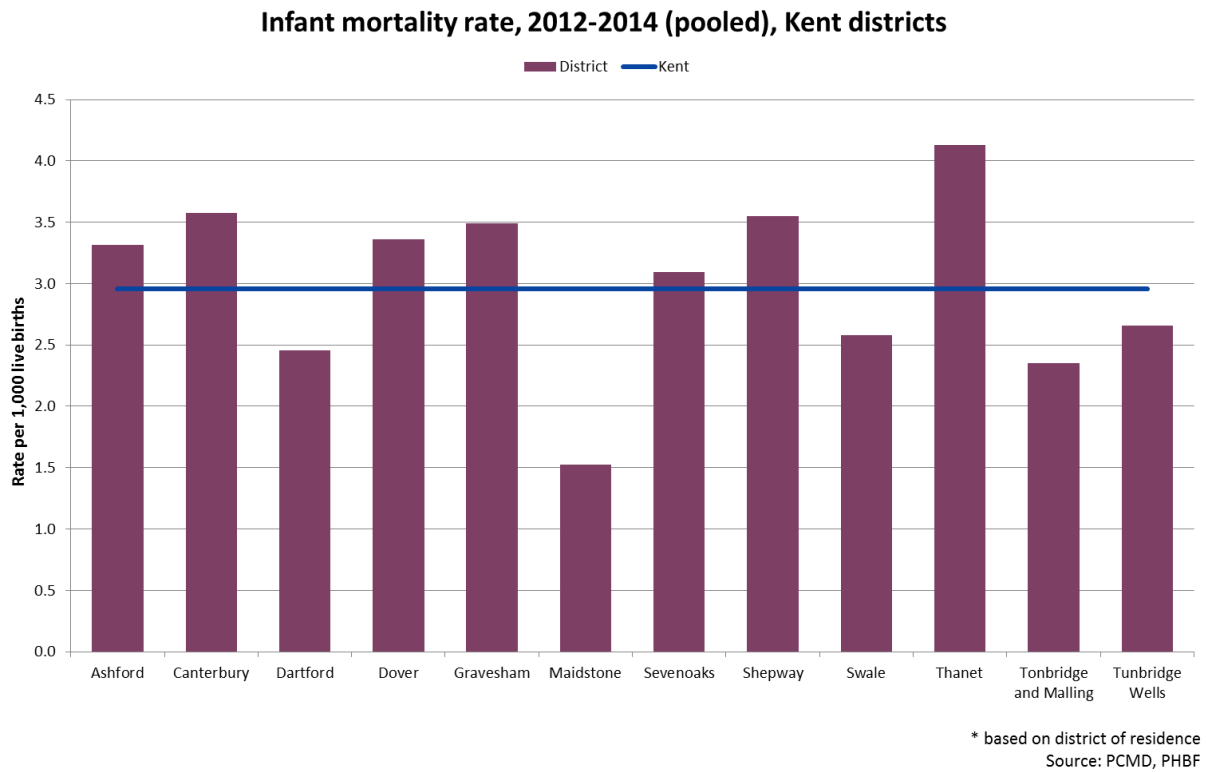
Electoral wards with relatively high levels of child poverty include Margate Central and Cliftonville West, where many of the LSOAs have more than 50% of children living in income deprived households. These particular areas are among the poorest in Kent.

Other wards with relatively high levels of child poverty include Dane Valley, Northwood, Newington and Eastcliff.

## 2.4 Infant Mortality

Infant mortality is defined as the death of a child less than one year of age. It is measured as infant mortality rate (IMR), which is the number of deaths of children under one year of age per 1000 live births.

Figure 9: Infant Mortality Rate (IMR)



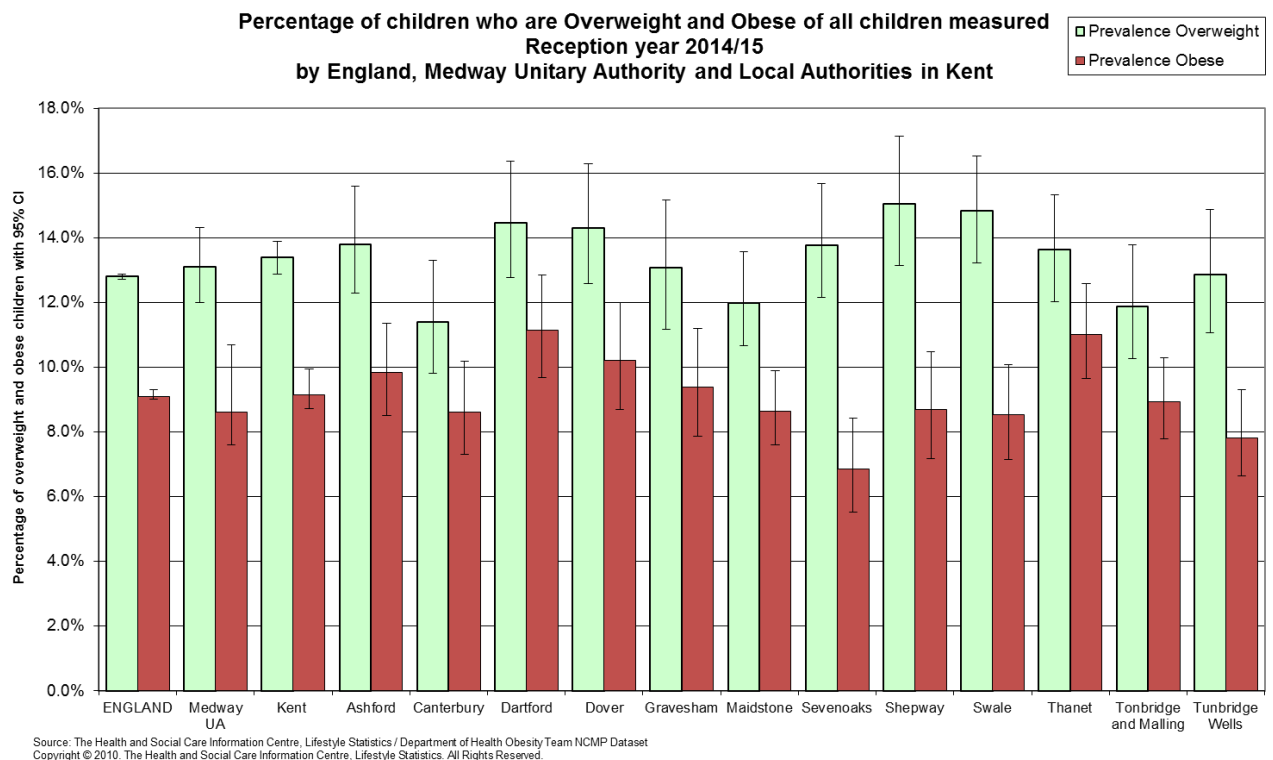
Thanet has the highest IMR for all districts in Kent for the period 2012-2014, other districts with high rates in Kent are Canterbury and Shepway. Lowest rates are found in Maidstone. The most common cause of death for infants is ‘Sudden Infant Death Syndrome’ (approximately 33% of all deaths in this age category) which is often related to extreme prematurity.

### 3. Childhood lifestyles

#### 3.1 National Child Measurement Programme

##### 3.1.1 Reception Year

Figure 10: Percentage of reception year children recorded with excess weight - School Year 2014/15



Levels of excess weight in reception year children have remained at between 21% and 23% since the programme began in 2006/07. In Thanet the levels have always been slightly higher at 22% to 24%. In the information shown in figure 10 Thanet has the third highest percentage of reception year children with excess weight at 24.6% (Dartford 25.6% and Dover 24.5%).

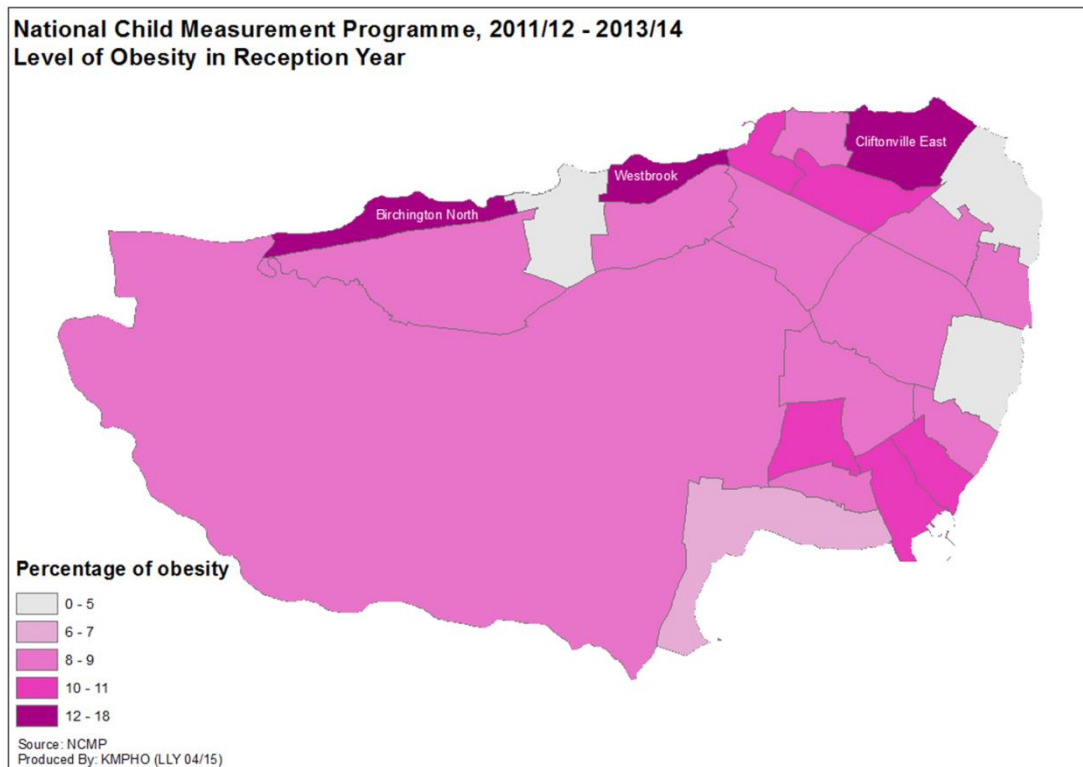
When looking at just obesity in isolation, Thanet (11%) and Dartford (11.1%) are the two worst districts in Kent and compare to a national prevalence of just 9%.

There are three electoral wards: Birchington North, Westbrook and Cliftonville East in Thanet, where more than 12% of the resident children were recorded as obese in their reception year. The wards of Westgate, Kingsgate and Viking have a rate of less than 5% for the three years 2011/12 to 2013/14

NOTE: At the time of writing the ward level 2014/15 NCMP data hadn't been released.

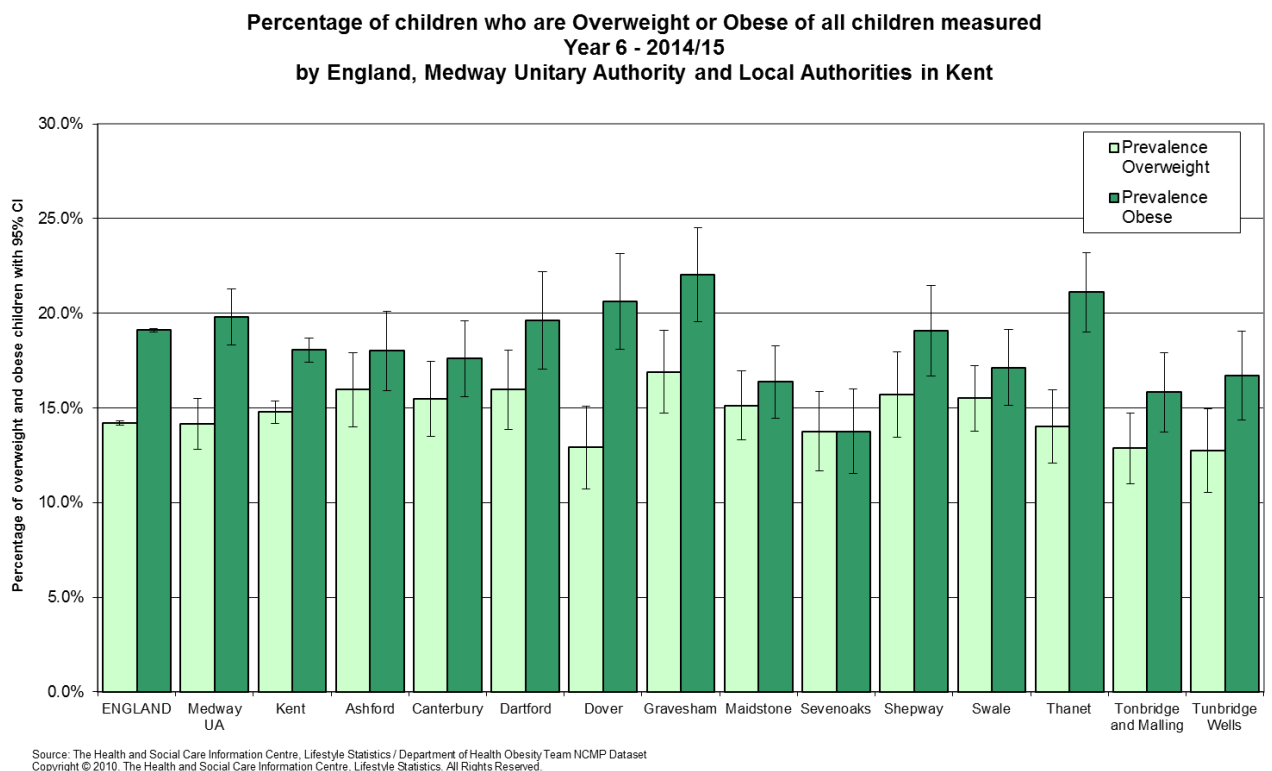


Figure 11: Reception year obesity levels by electoral wards in Thanet



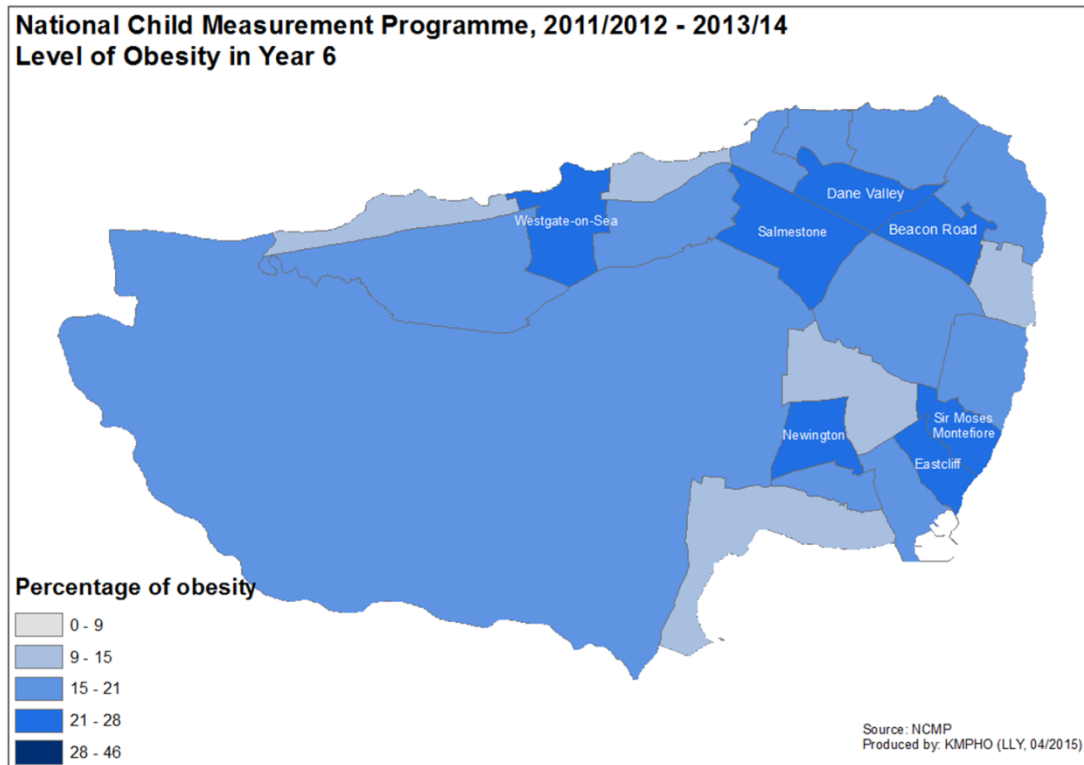
### 3.1.2 Year Six

Figure 12: Percentage of year 6 children recorded with excess weight - School Year 2014/15



Excess weight in year 6 children across Kent has risen from around 30% in 2007/08 to almost 33% in 2014/15. The three districts with the highest prevalence for year 6 children are Dartford 38.9%, Gravesham 35.6% and Thanet 35.1% .

Figure 13: Year 6 obesity levels by electoral ward in Thanet



Thanet District is recorded as the second highest Kent district when looking at obesity prevalence with 21%, compared to around 19% nationally and 18% across Kent.

Locally there were 7 electoral wards where the three year pooled prevalence (2011/12 to 2013/14) was greater than 21%: Westgate, Salmestone, Dane Valley, Beacon Road, Sir Moses Montefiore, Eastcliff and Newington.

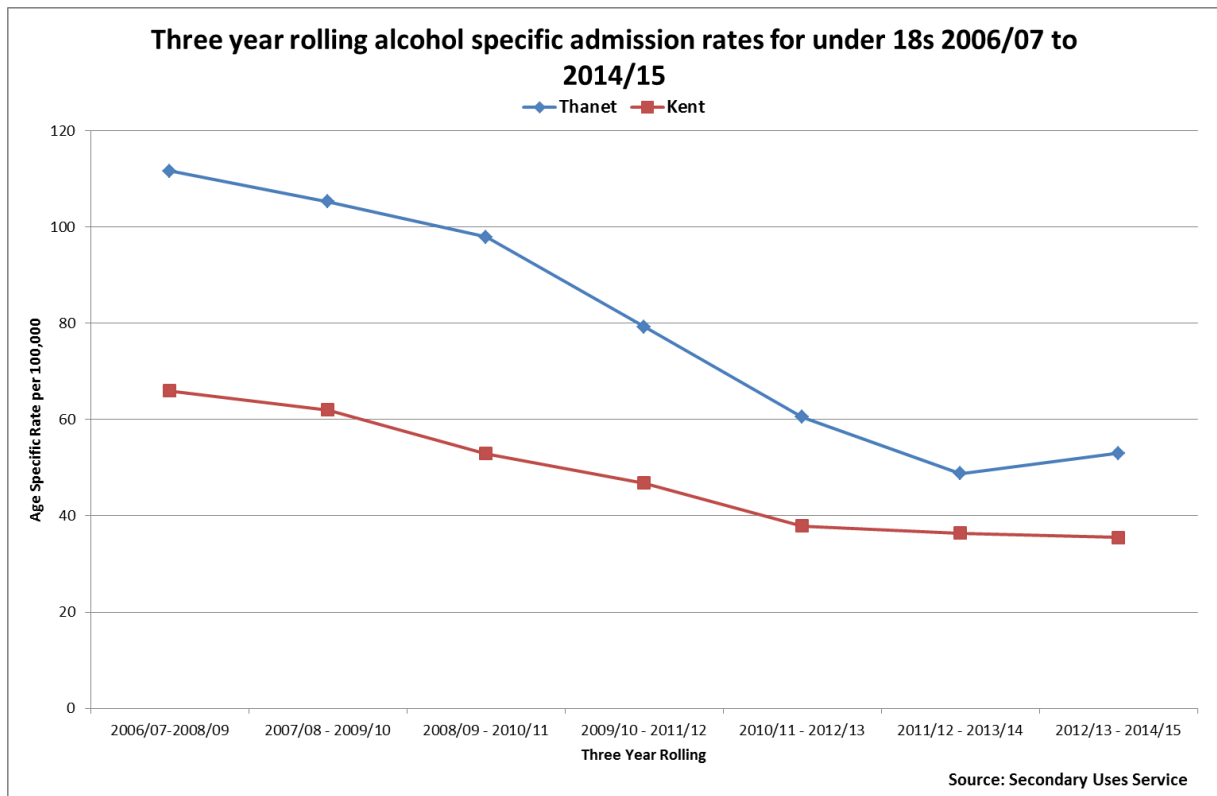
NOTE: At the time of writing the ward level 2014/15 NCMP data hadn't been released.

### 3.2 Under age alcohol

Admissions to hospital for alcohol specific conditions are recorded nationally for under 18s. The alcohol specific conditions that are used to monitor this indicator are detailed in the following document [www.lape.org.uk/downloads/Lape\\_guidance\\_and\\_methods.pdf](http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf)

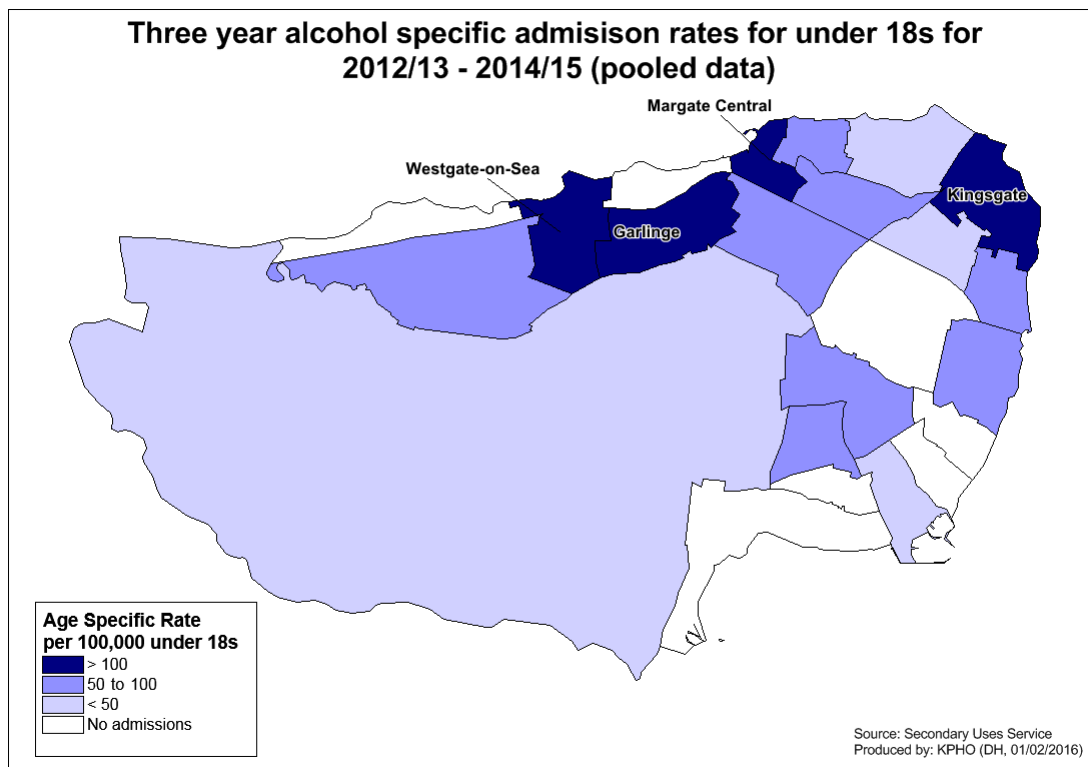
Admission rates for alcohol specific conditions for children aged under 18 has been steadily reducing over recent years. The rate for Thanet residents is higher than the Kent rate and the second highest rate of all districts in the county. Only Canterbury has a consistently higher rate.

Figure 14: Trend in alcohol specific admissions for under 18s



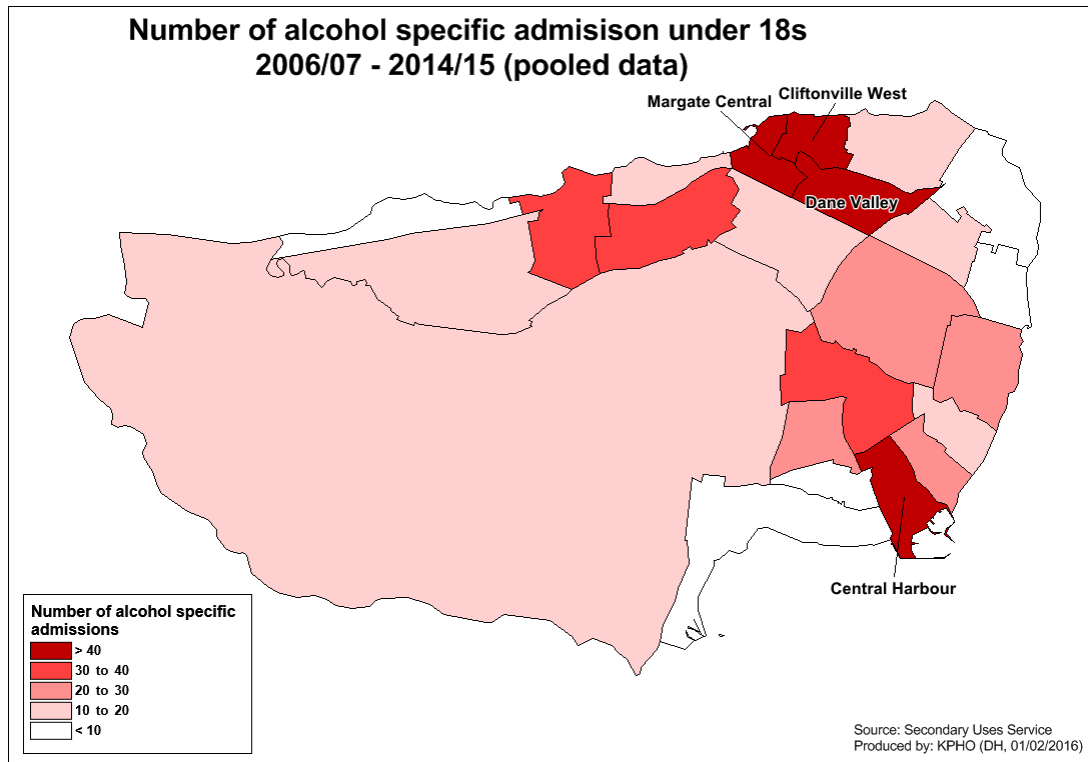
Locally the highest rates of admissions are found in Westgate (147 per 100,000), Garlinge (140), Margate Central (137) and Kingsgate (137) see figure 15.

Figure 15: Under 18 alcohol specific admission rates



However, as the actual numbers involved over a three year period are relatively small it is more helpful to look at the total number of admissions over a longer time period. Figure 16 shows the nine years of admission numbers by electoral ward. Four electoral wards have in excess of 40 admissions over that period:- Margate Central (47), Cliftonville West (53), Dane Valley (45) and Central Harbour (41).

Figure 16: The number of alcohol specific admissions



## 4. Hospital Admissions and Attendances

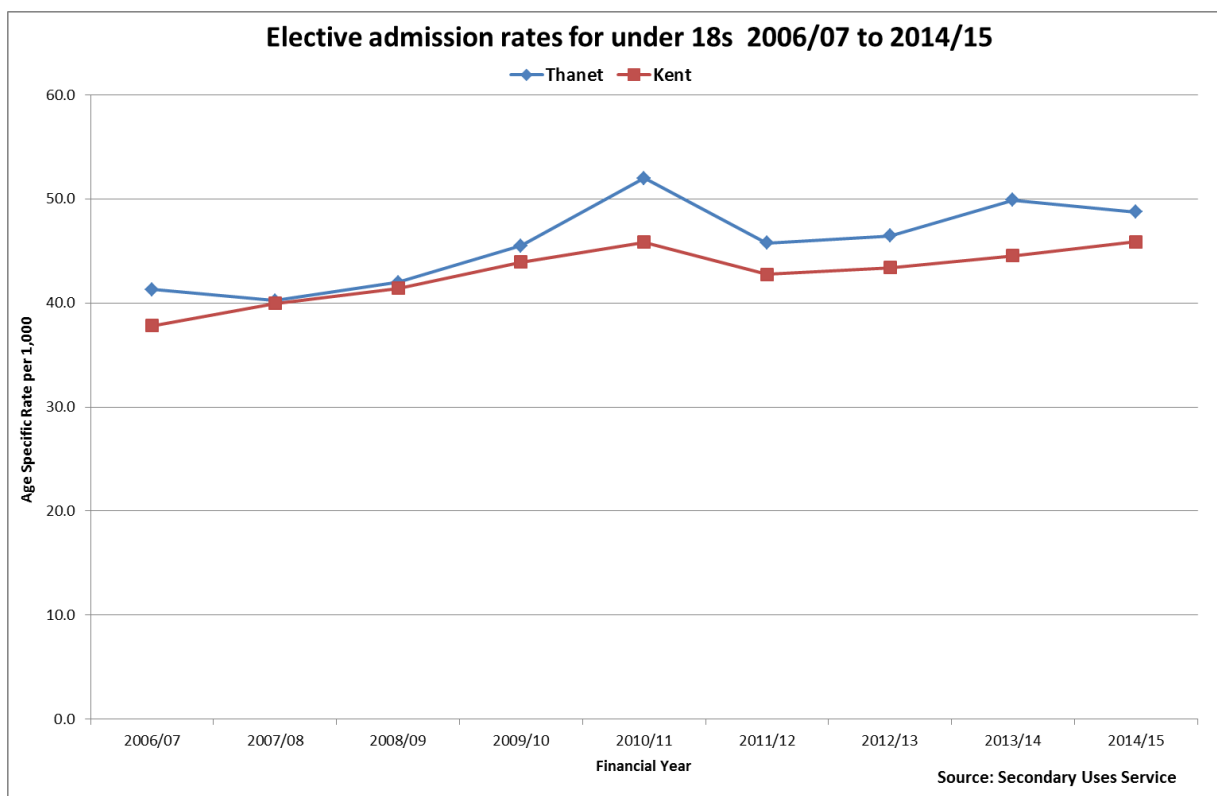
### 4.1 Elective and Emergency Care

#### 4.1.1 Elective Admissions

The rate of elective admissions, for those aged under 18, over the period 2006/07 to 2014/15 is shown for Thanet and Kent in figure 17. The trend in the rate has been steadily increasing over this time period with Thanet consistently higher than Kent. In 2014/15 the rate in Thanet was the fourth highest behind Shepway, Gravesham and Dover.

A breakdown of reason for the elective admissions in the last three years of the trend is shown in table 4. Diseases of oral cavity, salivary glands and jaws form the largest single reason accounting for just over 11% of all elective admissions for this age group.

Figure 17: Trends in under 18 elective admission rates



**Table 4: Primary reason for elective admission - Under 18s**

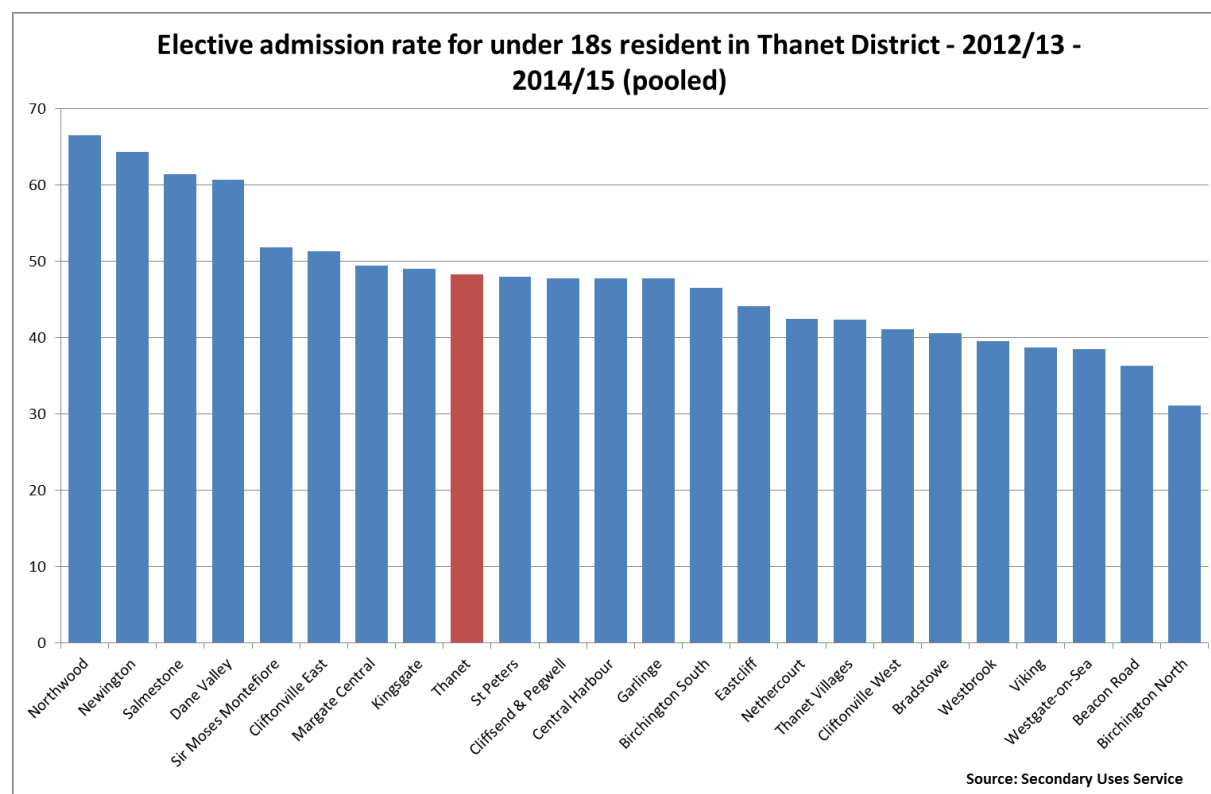
**Primary reason for elective admission for under 18s resident in Thanet - 2012/13 - 2014/15 (pooled data)**

Primary Condition	Number of Admissions
Diseases of oral cavity, salivary glands and jaws	479
Diseases of middle ear and mastoid	262
Acute upper respiratory infections	204
Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue	201
Other congenital malformations of the digestive system	179
Diseases of male genital organs	176
Other diseases of upper respiratory tract	154
Persons encountering health services for examination and investigation	135
Persons encountering health services for specific procedures and health care	114
Congenital malformations of genital organs	110
Benign neoplasms	105
Congenital malformations and deformations of the musculoskeletal system	102
Systemic connective tissue disorders	101
Arthropathies	99
Symptoms and signs involving the circulatory and respiratory systems	81
Other diseases of intestines	74
General symptoms and signs	72
Malignant neoplasm of mesothelial and soft tissue	66
Hernia	66
Congenital malformations of the circulatory system	60
All other conditions	1451

Source: Secondary Uses Service

Locally the highest elective admission rate over the last three years is recorded in Northwood, Newington, Salmestone and Dane Valley areas.

**Figure 18: Elective admission rates for under 18s by electoral ward**

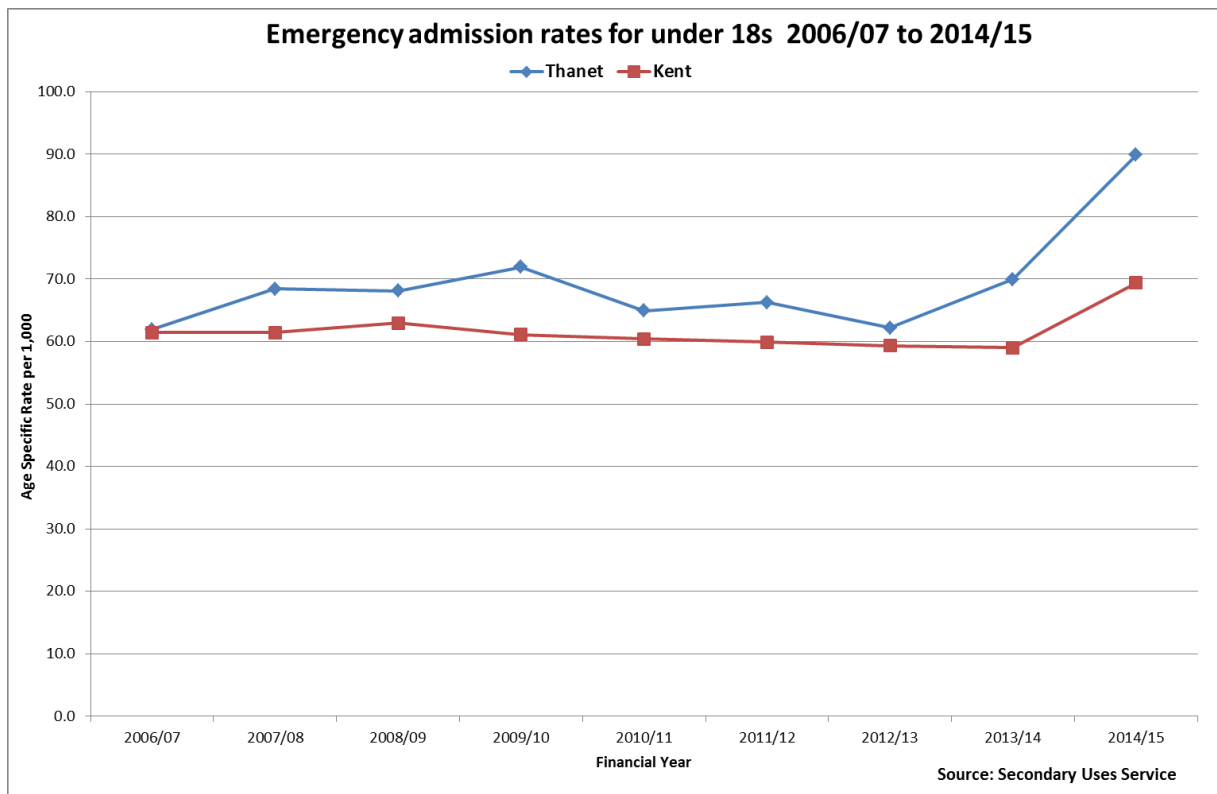


### 4.1.2 Emergency Admissions

The rate of emergency admissions, for those aged under 18, over the period 2006/07 to 2014/15 is shown for Thanet and Kent in figure 17. Whilst the trend in the rate remained fairly constant over this time period, with Thanet consistently higher than Kent, there has been a sharp rise in the rate for 2014/15 reflected across Kent. In 2014/15 the rate in Thanet was the second highest behind Dartford.

A breakdown of reason for the emergency admissions in the last three years of the trend is shown in table 5. Acute respiratory infections (upper and lower) account for just over 17.5% of all emergency admissions for this age group.

Figure 19: Trends in under 18 emergency admission rates



**Table 5: Primary reason for elective admission - Under 18s**

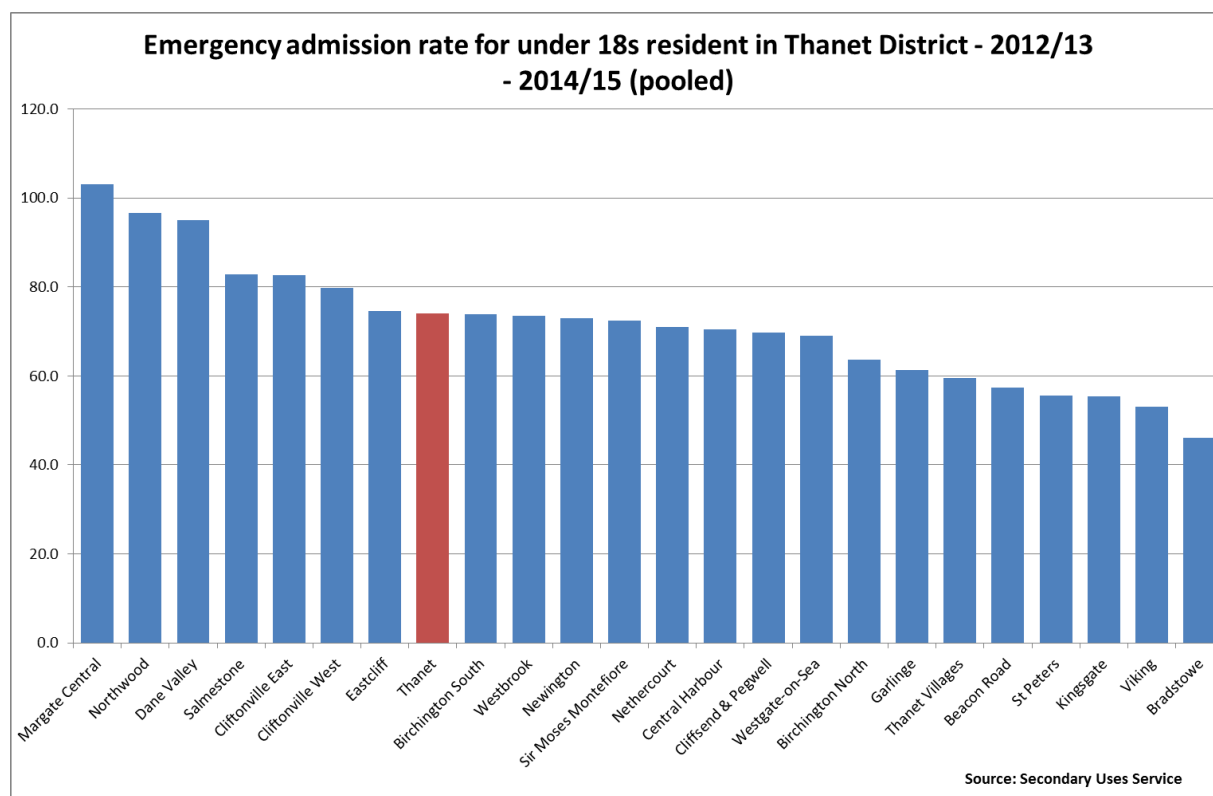
**Primary reason for emergency admission for under 18s resident in Thanet - 2012/13 - 2014/15 (pooled data)**

Primary Condition	Number of Admissions
Acute upper respiratory infections	702
Other acute lower respiratory infections	450
General symptoms and signs	426
Other viral diseases	398
Intestinal infectious diseases	339
Symptoms and signs involving the digestive system and abdomen	298
Injuries to the head	252
Chronic lower respiratory diseases	184
Symptoms and signs involving the circulatory and respiratory systems	170
Poisoning by drugs, medicaments and biological substances	155
Other diseases of intestines	150
Haemorrhagic and haematological disorders of fetus and newborn	127
Diseases of appendix	124
Injuries to the elbow and forearm	123
Episodic and paroxysmal disorders	104
Other disorders originating in the perinatal period	103
Diseases of oesophagus, stomach and duodenum	102
Symptoms and signs involving the skin and subcutaneous tissue	96
Diabetes mellitus	91
Influenza and pneumonia	87
All other conditions	2092

Source: Secondary Uses Service

Locally the highest emergency admission rate over the last three years is recorded in Margate Central, Northwood, Dane Valley and Salmestone areas.

**Figure 20: Emergency admission rates for under 18s by electoral ward**





## 4.2 Deliberate and Unintentional Injury

The recent trend in admissions for deliberate and unintentional injury for children aged under 18 are shown in figure 21. Whilst the rate across Thanet and Kent is falling, it is still higher in Thanet (the second highest district behind Dartford).

Locally the highest admission rate for deliberate and unintentional injury over the last three years is recorded in Margate Central, Northwood, Dane Valley and Newington areas.

Figure 21: Trends in admissions for deliberate and unintentional injury - under 18s

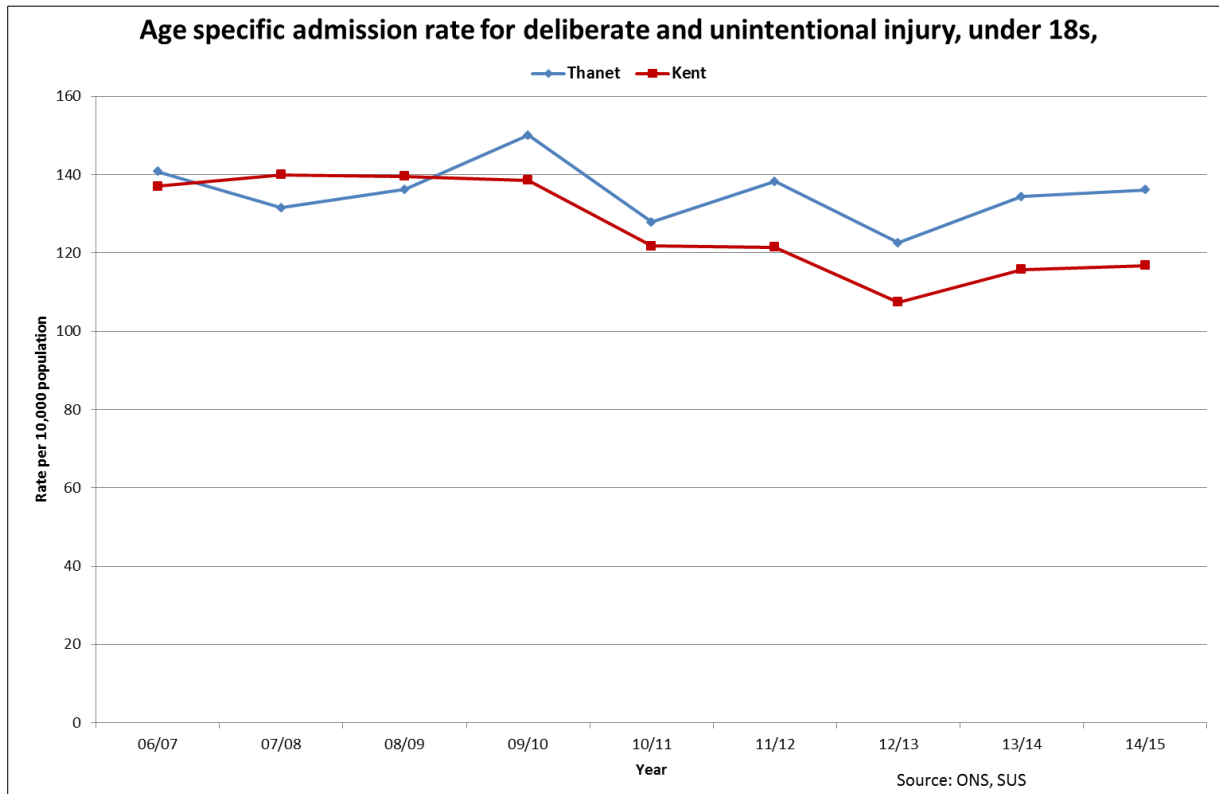
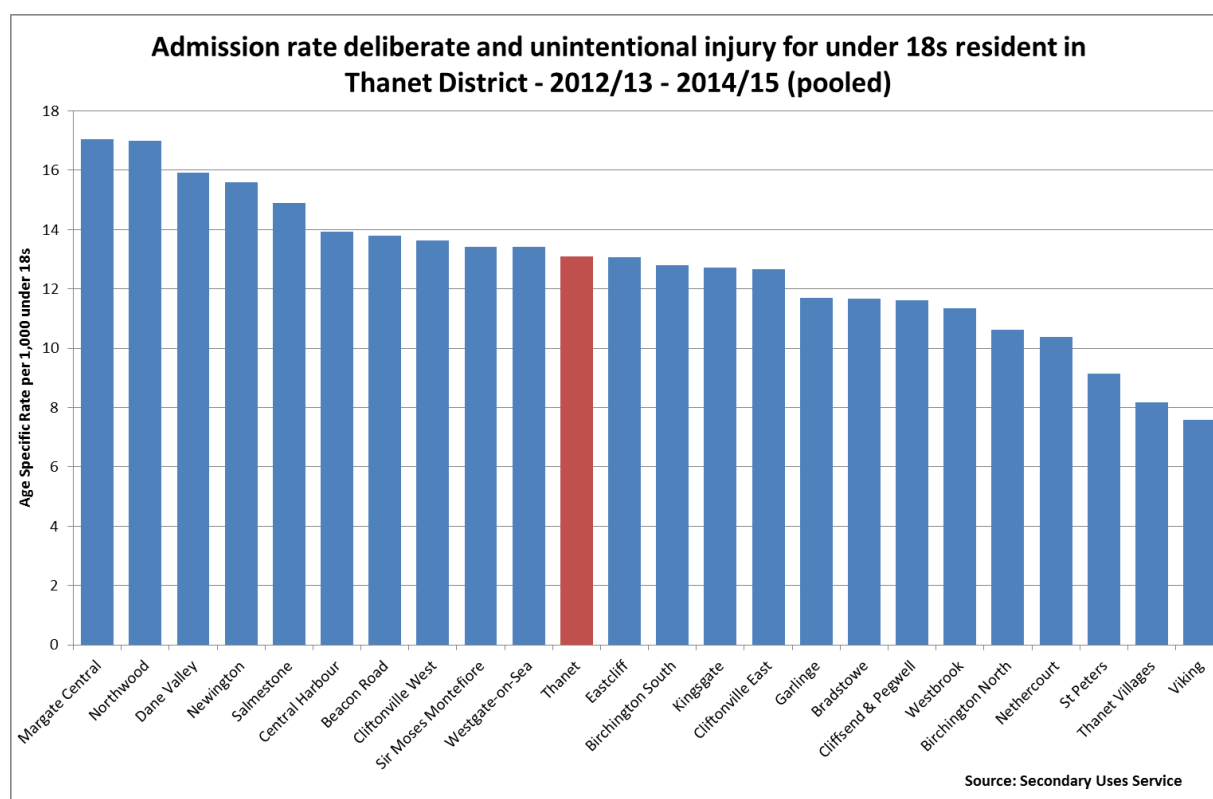


Figure 22: Admissions for deliberate and unintentional injury



Tables 6 and 7 (below) detail the type of injuries, and causes of those injuries, that were most common within age groups 0-4, 5-9, 10-14 and 15-17. The pattern of injuries and causes across Thanet are no different than those for Kent generally.

Table 6: Most common injuries for children admitted for deliberate and unintentional injury

Admissions to hospital for deliberate and unintentional injury in children aged 0-17 years - Top 5 injuries by age group

Under 18	
Injury	%
Head injury	25%
Poisoning by drugs, medicaments and biological substances	14%
Other complications	12%
Injuries to elbow/forearm	11%
Injuries to knee and lower leg	6%

Aged 10-14	
Injury	%
Injuries to elbow/forearm	24%
Poisoning by drugs, medicaments and biological substances	22%
Other complications	14%
Head injury	12%
Injuries to knee and lower leg	7%

Under 5	
Injury	%
Head injury	46%
Complications of healthcare	8%
Poisoning by drugs, medicaments and biological substances	8%
Other complications	6%
Foreign body entering through a natural orifice	4%

Aged 15-17	
Injury	%
Poisoning by drugs, medicaments and biological substances	25%
Other complications	12%
Head injury	12%
Injuries to wrist and hand	10%
Injuries to knee and lower leg	9%

Aged 5-9	
Injury	%
Injuries to elbow/forearm	22%
Other complications	21%
Head injury	13%
Injuries to knee and lower leg	7%
Injuries to upper arm	7%

The most common injury for under 18s is ‘head injury’, although this tends to be in the younger age groups, ‘poisoning by drugs, medicaments and biological substances’ is more common in the older age groups, especially the 15-17 year group.

**Table 7: Most common causes of deliberate and unintentional injury**

**Admissions to hospital for deliberate and unintentional injury in children aged 0-17 years - top 5 causes by age group**

Under 18	
Cause	%
Fall	30%
Exposure to inanimate mechanical forces	14%
Complications of medical and surgical care	12%
Accidental poisoning	9%
Intentional self poisoning	8%

Aged 10-14	
Cause	%
Fall	25%
Intentional self poisoning	16%
Exposure to inanimate mechanical forces	14%
Complications of medical and surgical care	13%
Transport accident	8%

Under 5	
Cause	%
Fall	38%
Accidental poisoning	14%
Complications of medical and surgical care	12%
Accidental exposure to unspecified factors	12%
Exposure to inanimate mechanical forces	11%

Aged 15-17	
Cause	%
Intentional self poisoning	21%
Exposure to inanimate mechanical forces	16%
Fall	14%
Transport accident	9%
Complications of medical and surgical care	8%

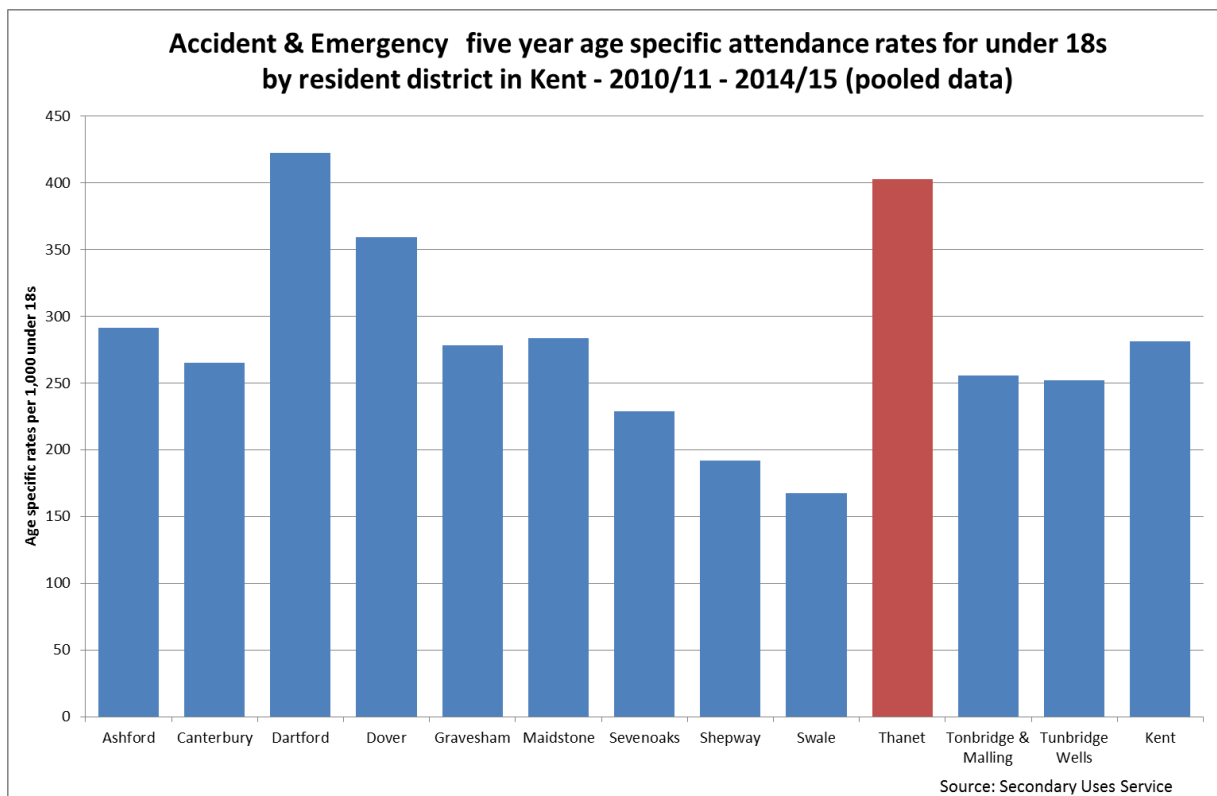
Aged 5-9	
Cause	%
Fall	42%
Complications of medical and surgical care	16%
Exposure to inanimate mechanical forces	15%
Transport accident	9%
Exposure to animate mechanical forces	6%

The most common cause on injury in the younger age groups is for a ‘fall’ of some type. In the older age groups it is ‘intentional self-poisoning’.

### 4.3 Accident & Emergency Attendances

The number of attendances to accident and emergency departments by Thanet resident children, aged under 18, are the highest in Kent for the five year period 2010/11 to 2014/15. However the rate of attendance is the second highest district in Kent, behind Dartford.

Figure 23: A&E attendance rates by district

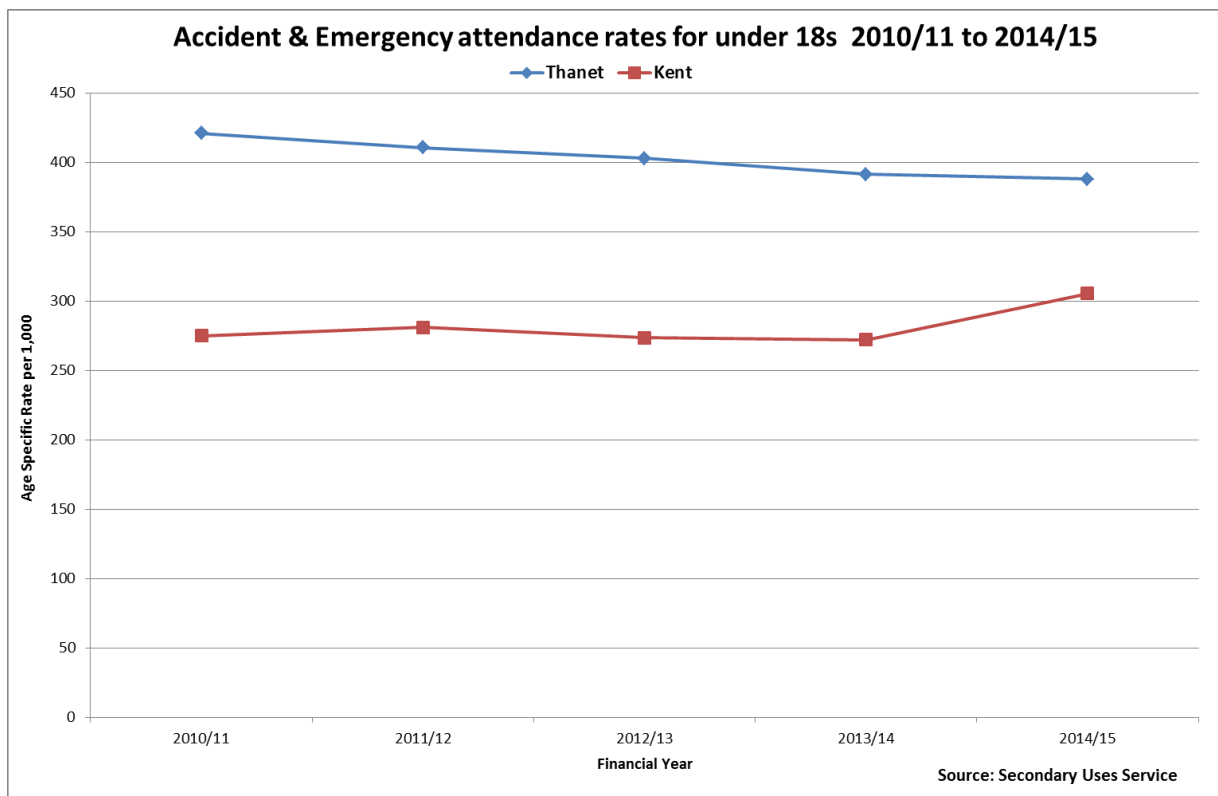


The number of attendances, by Thanet resident under 18s, across this five year period is 59,139 or 11,827 per year or slightly more than 32 per day.

The trend in accident & emergency attendances by Thanet resident under 18s has been steadily falling over the five year period 2010/11 to 2014/15. This is in contrast to the rate across Kent, which has seen a sharp rise in 2014/15.

The Kent level rise is a reflection of data collation rather than an increased number of attendances. Early in 2014/15 a number of Minor Injury Units (MIU) also started to submit their attendance data to the Secondary Uses System (the national systems for collating hospital activity data) which has resulted in an apparent rise in rates. With no MIU based in Thanet, this extra data collation has not affected the Thanet attendance figures in the same way.

Figure 24: A&E attendance rate trend



Accident and emergency attendances by electoral ward of residence are shown in figures 25 (numbers) and 26 (rates).

High numbers of attendances are from Cliftonville West and Dane Valley, where both areas saw more than 5,000 attendances in the five year period. Lowest number of attendances were from Kingsgate and Birchington North (< 1,000).

High age specific rates of attendances were recorded for Cliftonville West, Margate Central, Dane Valley, Newington and Salmestone. Low attendance rates for Bradstowe and Viking wards.

Figure 25: Number of accident & emergency attendances for under 18s

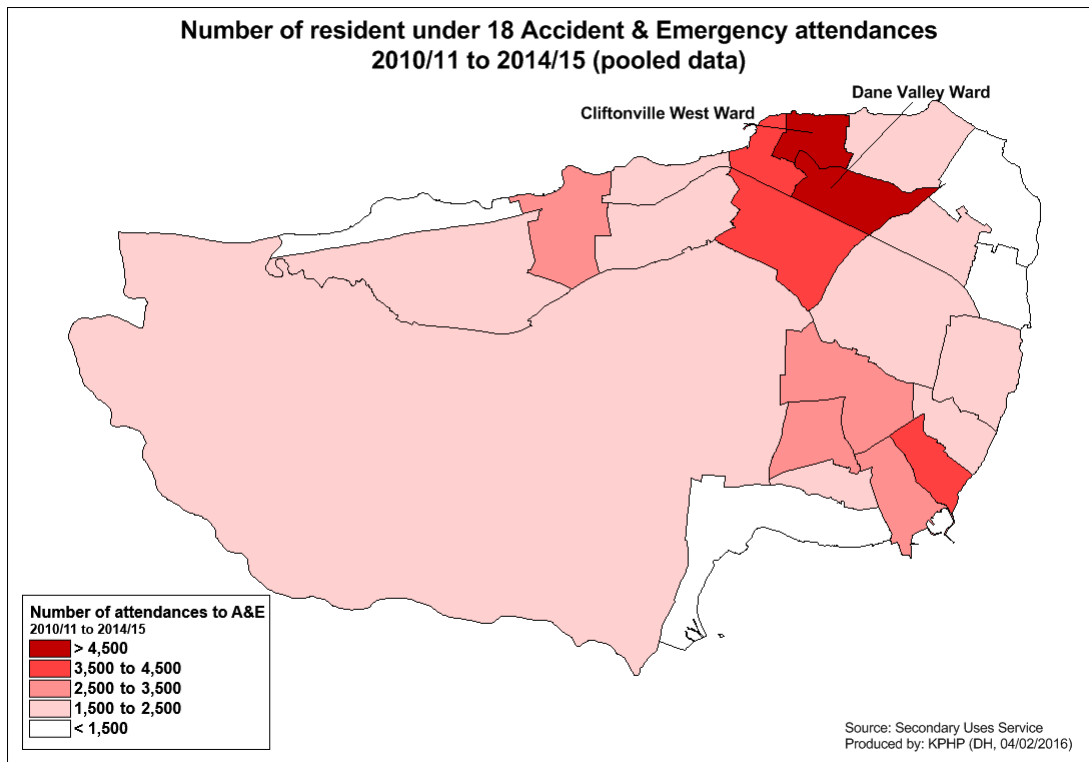
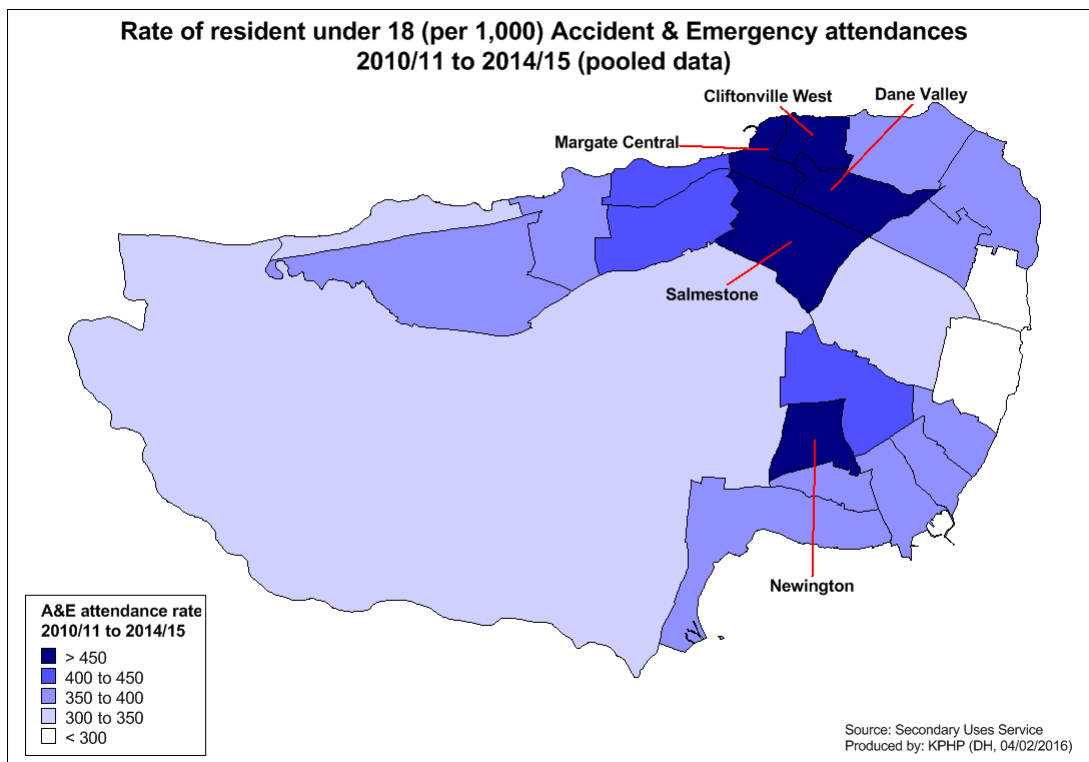


Figure 26: Age specific rate of attendance, per 1,000 under 18s



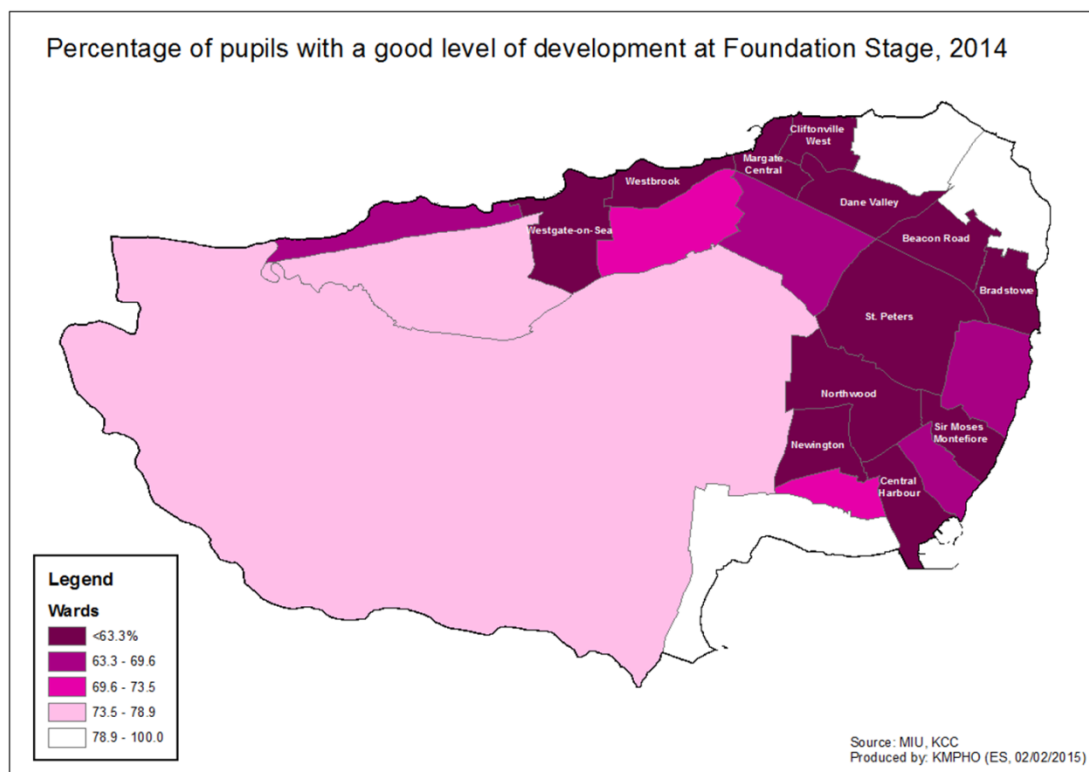
## 5. Education

### 4.1 Good level of development

Children are defined as having reached a good level of development at the end of the Early Year Foundation Stage (EYFS) if they achieve at least the expected level in: the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and; the early learning goals in the specific areas of mathematics and literacy.

The overall percentage for Thanet is 60%, this compares to 66% nationally and 72% across Kent. There are a significant number of electoral wards in Thanet that fall below 60%

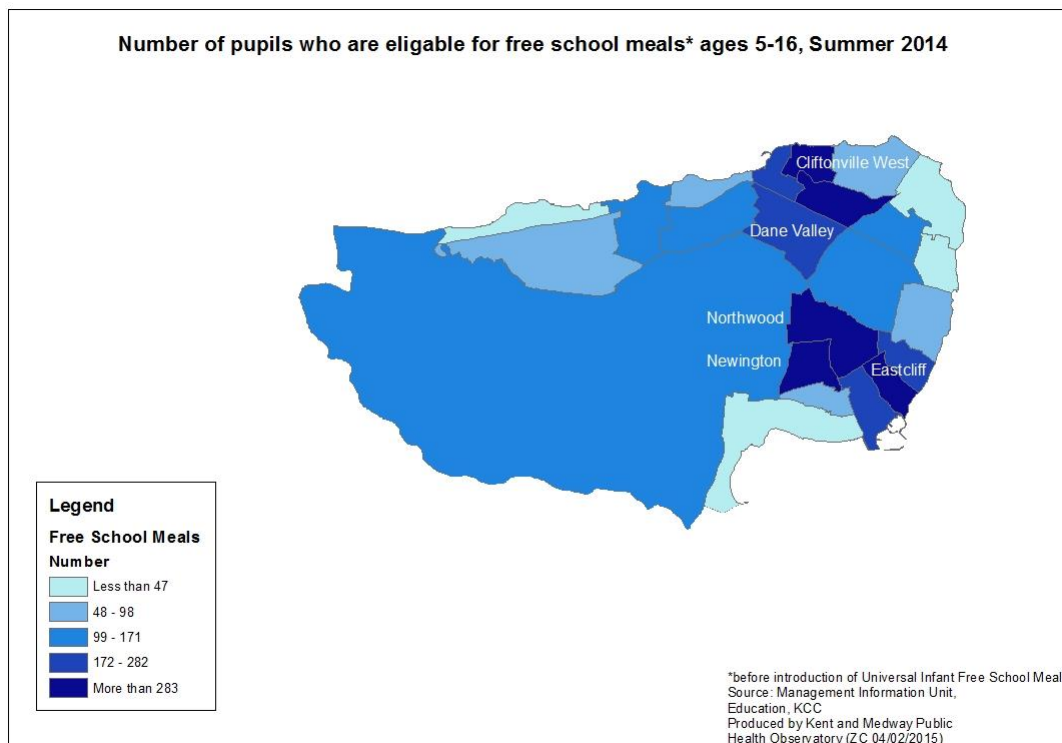
Figure 27: Good level of development



### 4.2 Free school meals eligibility

There are slightly more than 4,100 children eligible for free schools meals who are resident in Thanet. The largest proportion (a little over 50%) of these pupils are resident in Cliftonville West, Dane Park, Northwood, Eastcliff and Newington.

Figure 28: Number of children eligible for free school meals



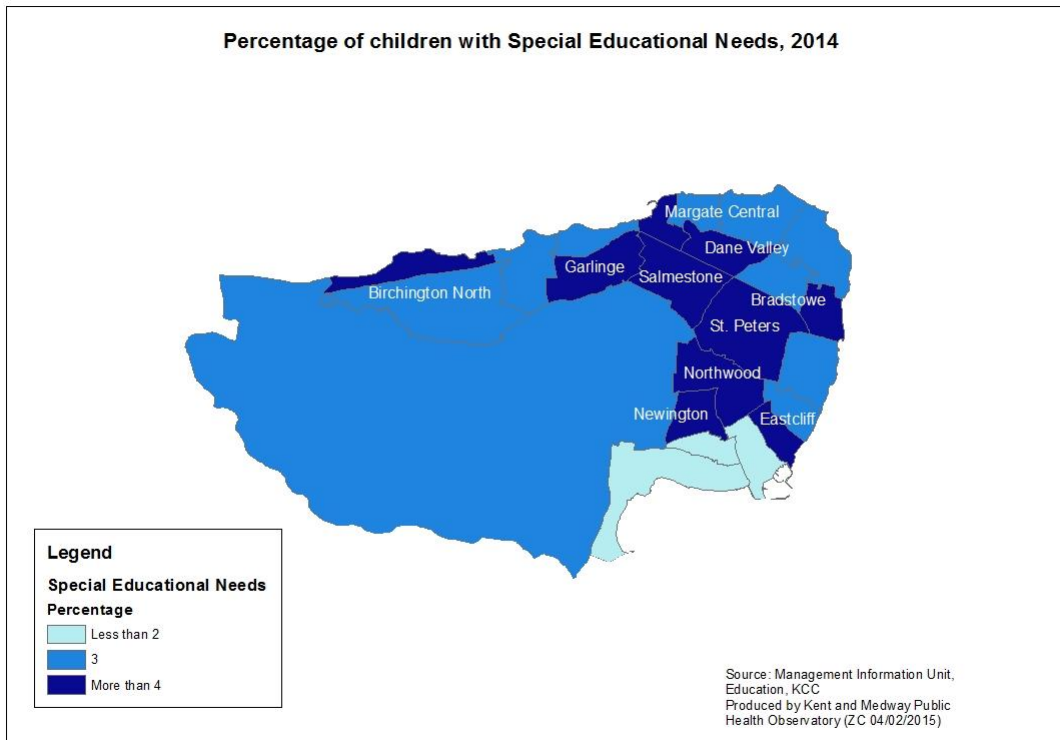
### 4.3 Special Educational Need

Special educational needs are defined as the educational requirements of pupils or students suffering from any of a wide range of physical disabilities, medical conditions, intellectual difficulties, or emotional problems, including deafness, blindness, dyslexia, learning difficulties, and behavioural problems.

Across Thanet there are approximately 3% of pupils who have a special educational need, this relates to around 640 children. Locally that percentage can climb to as high as 4.8% from Garlinge and 4.5 from Newington.

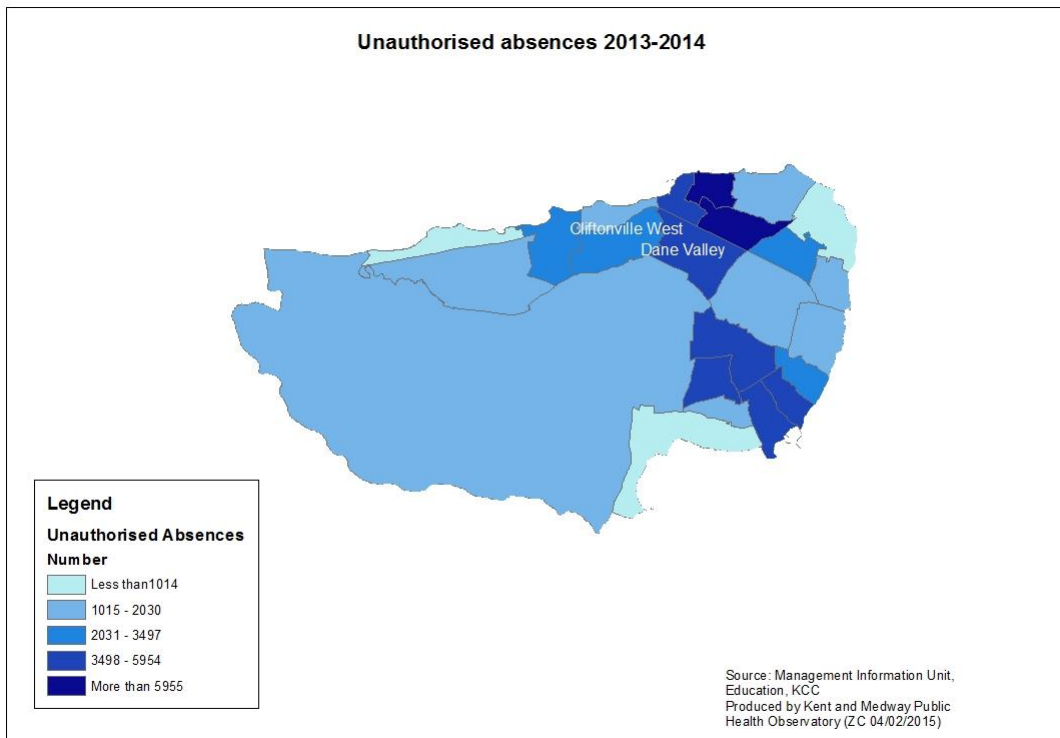


Figure 29: Special educational needs in Thanet



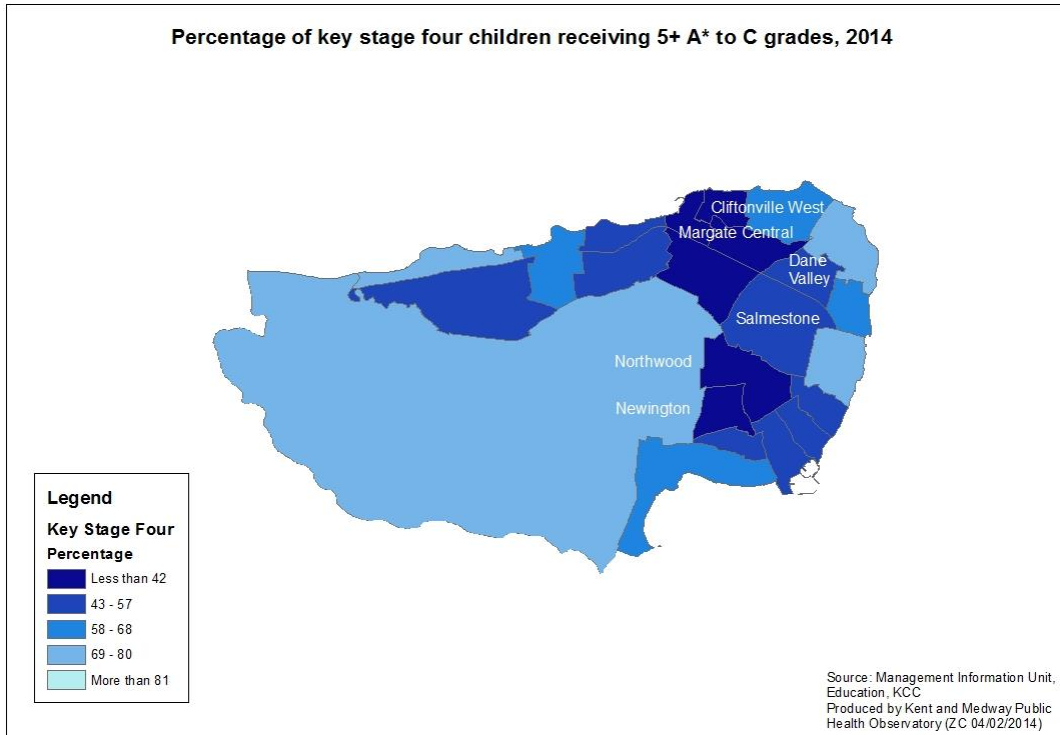
## 4.4 Unauthorised Absences

Figure 30: Unauthorised Absences



Of the 13,500 unauthorised absences across Thanet in the school year, approximately 7,800 (58%) were from Cliftonville West.

## 4.5 Key Stage Four



43% of students entered for KS4 achieved five or more GCSE grades A\*-C, there was considerable variation across the district. In Birchington North 71% of pupils achieved the required standard where as in Newington only 23% achieved.

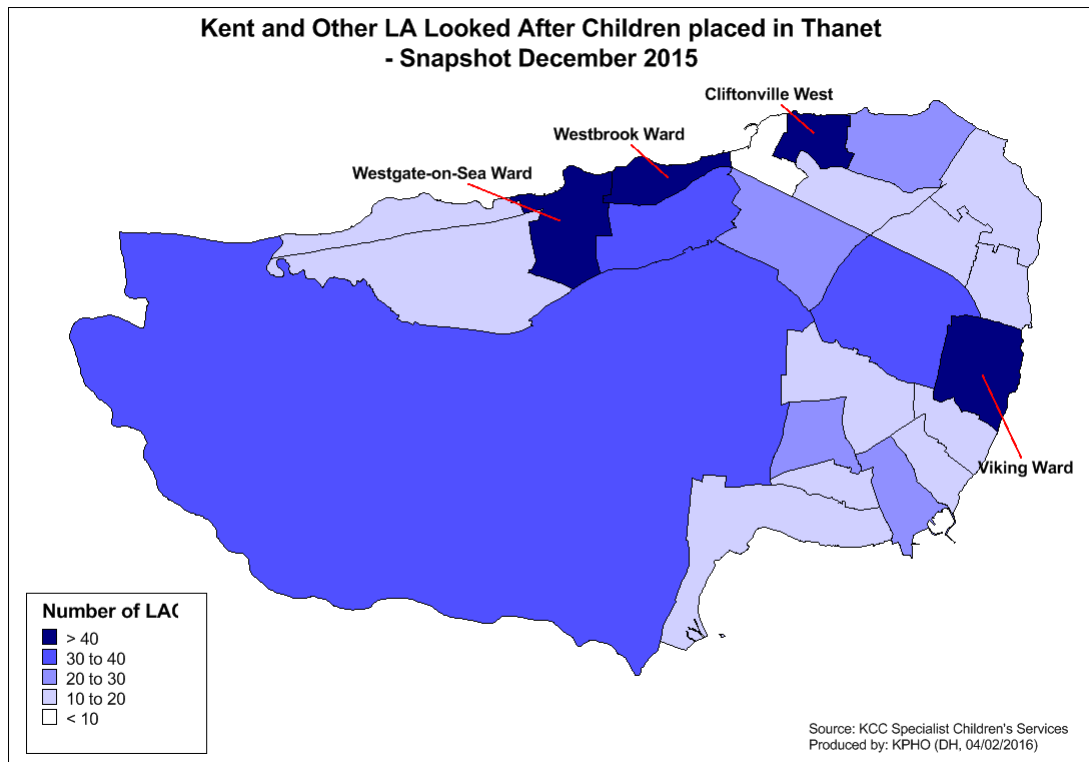
## 5. Social Care

### 5.1 Looked After Children

A snapshot taken at the end of 2015 listed 579 looked after children who had been placed in Thanet – 350 by Kent and 229 by other authorities.

Electoral wards with the greatest number of placements are Westgate-on-Sea, Westbrook, Cliftonville West and Viking.

Figure 31: Looked after children placed in Thanet by Kent and Other Local Authorities - December 2015



## 5.2 Child Protection

The number of children on the child protection register across Kent at the end of 2015 is shown in table 8. There were 133 children, resident in Thanet, who were on the register in December 2015. Proportionately Thanet, Swale and Shepway have the highest number of children.

Table 8: Number of children on child protection register

**Children Aged 0-17 (inclusive) Subject to  
Kent CP Plan (snapshot as at 31/12/2015)**

District Living In	Number of Children
Ashford	98
Canterbury	97
Dartford	48
Dover	67
Gravesham	86
Maidstone	66
Sevenoaks	31
Shepway	117
Swale	154
Thanet	133
Tonbridge and Malling	43
Tunbridge Wells	25
OLA (incl Medway)	19
Not Recorded	29
<b>Grand Total</b>	<b>1013</b>

Children Services:, Kent County Council

### 5.3 Not in Education, Employment and Training (NEETs)

A 'NEET' is a young person who is not in education, employment or training. The total number of NEETs in Thanet in February 2016 is 336, Cliftonville West recorded the highest number of NEETs with 64. Newington and Margate Central also have relatively high numbers with 28 and 25 respectively.

Figure 32: Young People - Not in Education, Employment or Training (NEETs)

